

12/19/00
2:00
12/20/00
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 514286A

A 57313-0

INDEXED

DISTRICT _____

DATE 10/6/2000

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/20/00

INSPECTOR [Signature]

RPS# 361652

Hatfield's Equipment IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Sycamore Valley II LOT 14 ROAD 3700 Championship Drive

PROPERTY OWNER James Crawford

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK REQUIRED 1250 gal top sealed

NUMBER OF BEDROOMS 4 ***INSTALL SECOND TANK FOR FUTURE PUMPED SYSTEM***

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 242.00' and 196.00' lot lines, begin trenches 190 feet up the 242.00' lot line and 105 feet off that same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 516199 OR AUL

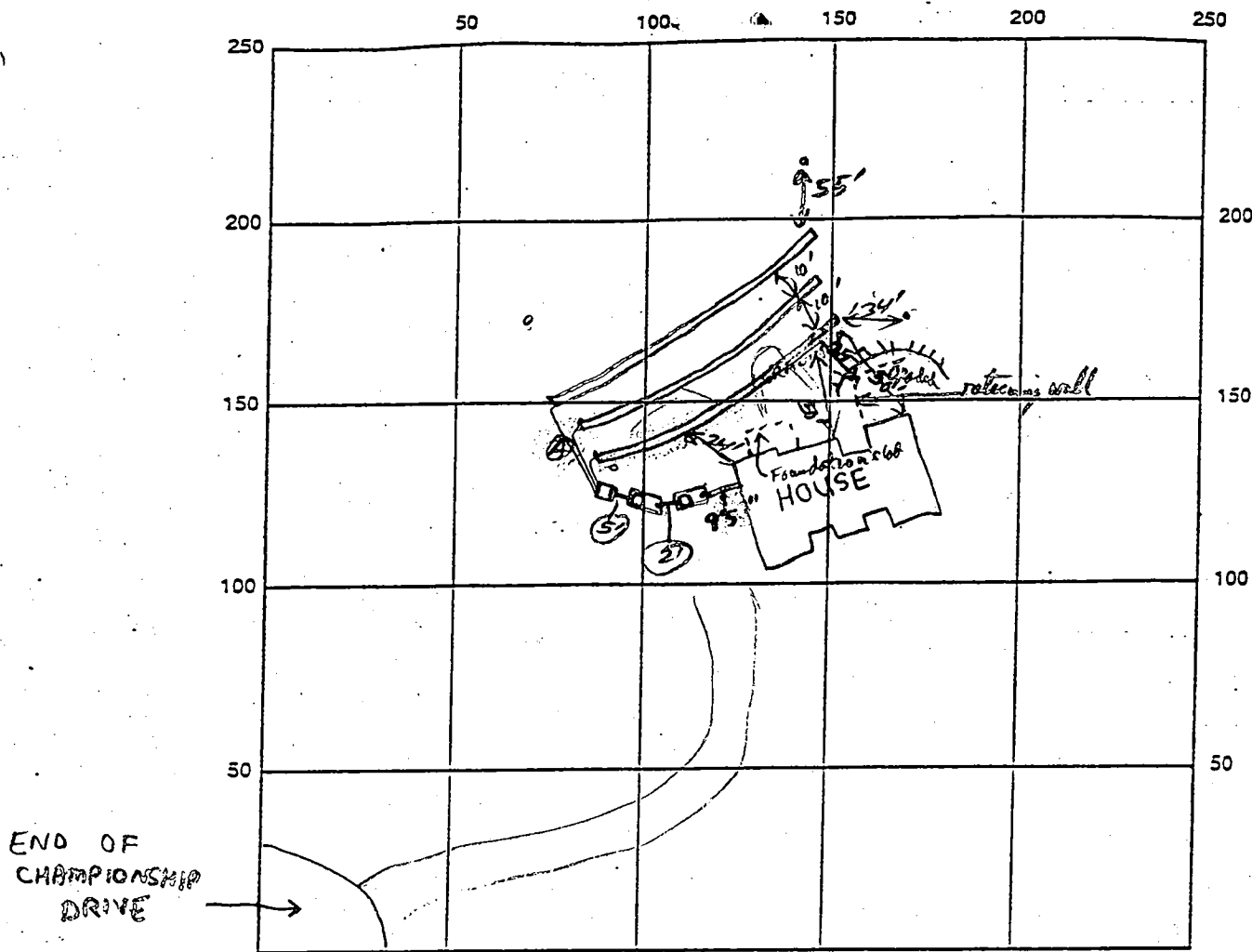
PLANS APPROVED BY Amy McMillen/Mark E. Rifkin DATE 4-27-1999

- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- PERMIT VOID AFTER TWO YEARS
- NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P514286A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

pump chamber ✓ 1500 gallon topseam Septic Tank
 SEPTIC TANK LEVEL ✓ 1500 gallon topseam Pump Tank
 CLEANOUTS ✓ 16" riser hole lines + cleanout
 ✓ 16" Manhole " + "

DISTRIBUTION BOX LEVEL used auto levelers, OK, Puffin Block in Box

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

pipes to within 6 ft of trench ends OK
 NUMBER OF TRENCHES 3 ~~ONE~~ BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER NA FT. EFFECTIVE DEPTH BELOW INLET NA FT.

ABSORBENT AREA NA SQ. FT.

REMARKS: 12/18/00 - EASEMENT STAKED, TANK LOCATION CHANGED, BUILDER ASKED TO MOVE BOX, TO (A)
BECAUSE OF TANK/FILL/GRADING/CONTOUR/EASEMENT ISSUES RUN 2-100' TRENCHES & AND 80' TRENCH
TOWARDS RT. PROPERTY LINE, EXTENDING 80' TRENCH LONGER IF STONE AMT. IS ENOUGH. AND PUT
BOX IN LOCATION (A) (THIS INITIAL SYSTEM WILL BE GRAVITY FED) TRENCH WILL BE PART IN
FILL (1'± OFF FILL) (SRV) Septic Tank is only 9'5" from House, ST. Baffles OK, Trenches OK to finish ends, then Corey
dB OK, House Connection OK, OK to cover work. Pump chamber is for future Reservoir. Affiable, 12/20/00

DATE SYSTEM APPROVED 12/20/00 INSPECTOR R. Parkley

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Ehrhardt Brothers Telephone #: 410-997-8414
Address: 10684 High Beam Ct
Columbia, MD 21044

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael P. Ehrhardt License# 20060
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Crawford, Jim Telephone #: 410-793-013
Subdivision: Sycamore Valley # Lot #: 14 Well Tag #: HO-94-1585
Site Address: 3700 Championship Dr.
Glenwood, MD 21735

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Goulds 46h3p Make: NSP/NSU Two piece watertight cap:
Model #: 5G507412 Model#: 1310X Screened, vented well cap:
Pump Capacity 8 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF/WSC approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house **House Connection**
Type: 1" Polyethylene PVC sleeve to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 48" (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 12/12/01

For Health Department Use Only - Not to be completed by Installer

Date Insp Requested: 12/12/01 Date Insp. Approved: 12/13/01 Inspector: (50) SRK
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not seen outside of well cap/casing to be fixed by builder
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection per plumber
Adequate grout observed below pitless adapter
(homeowner)

C1 01380 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A57313

ST/CG-USE ONLY DATE RECEIVED MM 7 16 98

DATE WELL COMPLETED MM 07 13 98 Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1585

OWNER mid-ATLANTIC DEVELOPMENT STREET OR RFD last name CHAMPIONSHIP DRIVE first name TOWN Glenwood SUBDIVISION Devlin Property SECTION LOT 14

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown Sandstone, Grey Granite, Green Granite, etc.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 952 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch!) 06 Total depth of main casing (nearest foot) 30

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST) BRASS BRONZE PLASTIC (BR, PL, HO, OT)

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE weight Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 34 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MWD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 341 Max S. Jones

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

See Attached

B 1	8774	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 1585 <small>70 fill in this form completely 79</small>
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Date Received (ABA) **06-05-98**

OWNER INFORMATION

8 MM DD YY 1:3
MID-ATLANTIC DEVELOPMENT II L.L.C

15 Last Name Owner First Name 34
5026 DORSEY HALL DRIVE SUITE 200

36 Street or RFD 55
ELLCOTT CITY, MD 21042

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
8 COUNTY **HOWARD** 21
23 SUBDIVISION **DEVLIN PROPERTY** 42
SECTION 44 46 LOT **14** 48 50
52 NEAREST TOWN **GREENWOOD** 71

MILES FROM TOWN (enter 0 if in town) 1 M 11
73 76 77 78

DRILLER INFORMATION

NICHAEAL BARLOW MW D 355

Driller's Name 76 License No. 81

Firm Name **MICHAEL BARLOW WELL DRILLING SRV. INC**

Address **912 FAWN COURT, JOPPA MD 21085**

Signature _____ Date _____

CHAMPIONSHIP DRIVE

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 **90** 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 500 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL**

Howard Co. **A 57313**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **06-12-98** **A McMillon** **6/12/99**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **522** 0 0 0 EAST GRID **792** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR:ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other _____

**REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 _____ G A P _____ 63

FORCE Am WRITE INITIALS IN BOX PERMIT No. **HO-94-1585**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

-
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 792

N 522

1:45 grovt 7-13-98

complete at time of map

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

APPLICATION

PERCOLATION TESTING

A 57313

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT _____

DATE 10/9/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Frances Denton Jim Crawford

ADDRESS W305 Hickory Ridge Rd Site 215 PHONE 740-2100
CI. MD 210-17

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS W305 Hickory Ridge Rd Site 215 PHONE 740-2100
CI. MD 210-17

PROPERTY LOCATION:

SUBDIVISION Devish Property LOT NO. _____

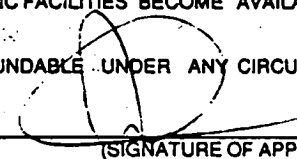
ROAD AND DESCRIPTION Sycamore Rd (3700 Championship Drive)

**BLDG. PERMITS SIGNED
AND RETURNED 4-27-99
Serial # B70116571**

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

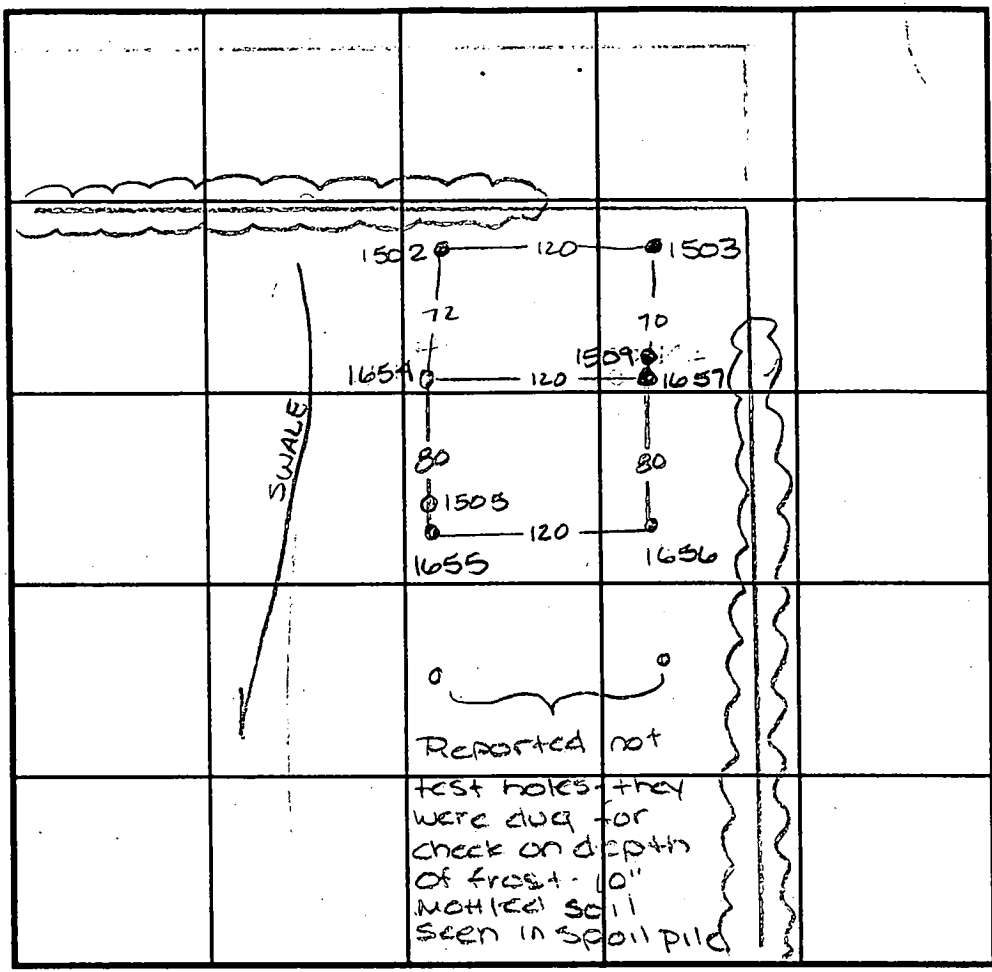
COUNTY #

SOIL PROFILE
1654, 1657

red
brown
SiCLM
3.0
lgt tan
grey
SiLM
1090
Rx

1656
red
brown
SiLM
3.0
beign
SiLM
590
Rx
mottled
appearance
and clump
at
10.0

1655
bright
red
SiLM
8.0
>50%
rock
10.0
refusal



SOIL PROFILE

1502
dark
red
SiCLM
3.0
dark
red
SiLM
9.0
bright
fired
orange
SiSALM

1503, 1509
lgt brn
SiCLM
3.5
dark red
SiLM
7.0
lgt tan
SALM
caved in
not refuse
10.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/18/96	1654	4.0 V12.0	11:08	11:09 ³⁰	11:09 ³⁰	11:12	2 1/2 min
		7.0 V12.0	11:10 ³⁰	11:12	11:12	11:14	2 min
	1657	4.0 V12.0	11:18	11:40	11:40	12:22	42 min
		5.0 V12.0	11:45	>30 min			slow
		6.0 V12.0	11:41	11:44	11:44	11:52	8 min
	1656	3.0 V12.0	11:30	11:34	11:34	11:39	5 min
	1655	4.0 V12.0	11:45	12:00	12:00	12:22	22 min F
1-22-97	1502	Visual	to 110 - see profile				OK
	1503	4.0 V10.0	10:15	10:17	10:17	10:25	8 min
	1509	Visual	only - see profile				OK

REMARKS wet season - try to relocate off rock hole

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Don Reuver

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

Oct 28 29 1996

APPLICATION

PERCOLATION TESTING

A 57313

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 10/9/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Frances Devlin

ADDRESS 10805 Hickory Ridge Rd Ste 215 Cl. MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Law Design and Development

ADDRESS 10805 Hickory Ridge Rd Ste 215 Cl, MD 21044 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. _____

ROAD AND DESCRIPTION Sycamore Run Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

SOIL PROFILE

0'

Empty vertical box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-22-97	1505	Refusal at		3.0	—	—	F

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Mike

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

LOT 14
COUNTRYSIDE
PLAT No. 4783

LOT 13
COUNTRYSIDE
PLAT No. 4783

LOT 12
COUNTRYSIDE
PLAT No. 4783

LOT 11
COUNTRYSIDE
PLAT No. 4783

LOT 10
COUNTRYSIDE
PLAT No. 4783

3/4" ϕ Iron Pipe
Found (0.00' off Title Line)

3/4" ϕ Iron Pipe
Found (0.08' off Title Line)

WOOD SHED
3/4" ϕ Iron Pipe
Found (0.17' off Title Line)

3/4" ϕ Iron Pipe
Found (0.02' off Title Line)

3/4" ϕ Iron Pipe
Found (Held)

Use-In-Common
Easement For
Of Lots 11 & 12

LOT 11
46,114 Sq.Ft.*

115

LOT 10
44,778 Sq.Ft.*

LOT 12
52,807 Sq.Ft.*

LOT 13
57,758 Sq.Ft.*

LOT 14
64,612 Sq.Ft.*

LOT 16
WARFIELD ESTATES
SECTION SEVEN
PLAT No. 3708

24' USE-IN-COMMON ACCESS EASEMENT
FOR THE BENEFIT OF LOTS 13 AND 14

Non-Buildable
Agricultural
Preservation
Parcel "C"
7.167 Ac.*

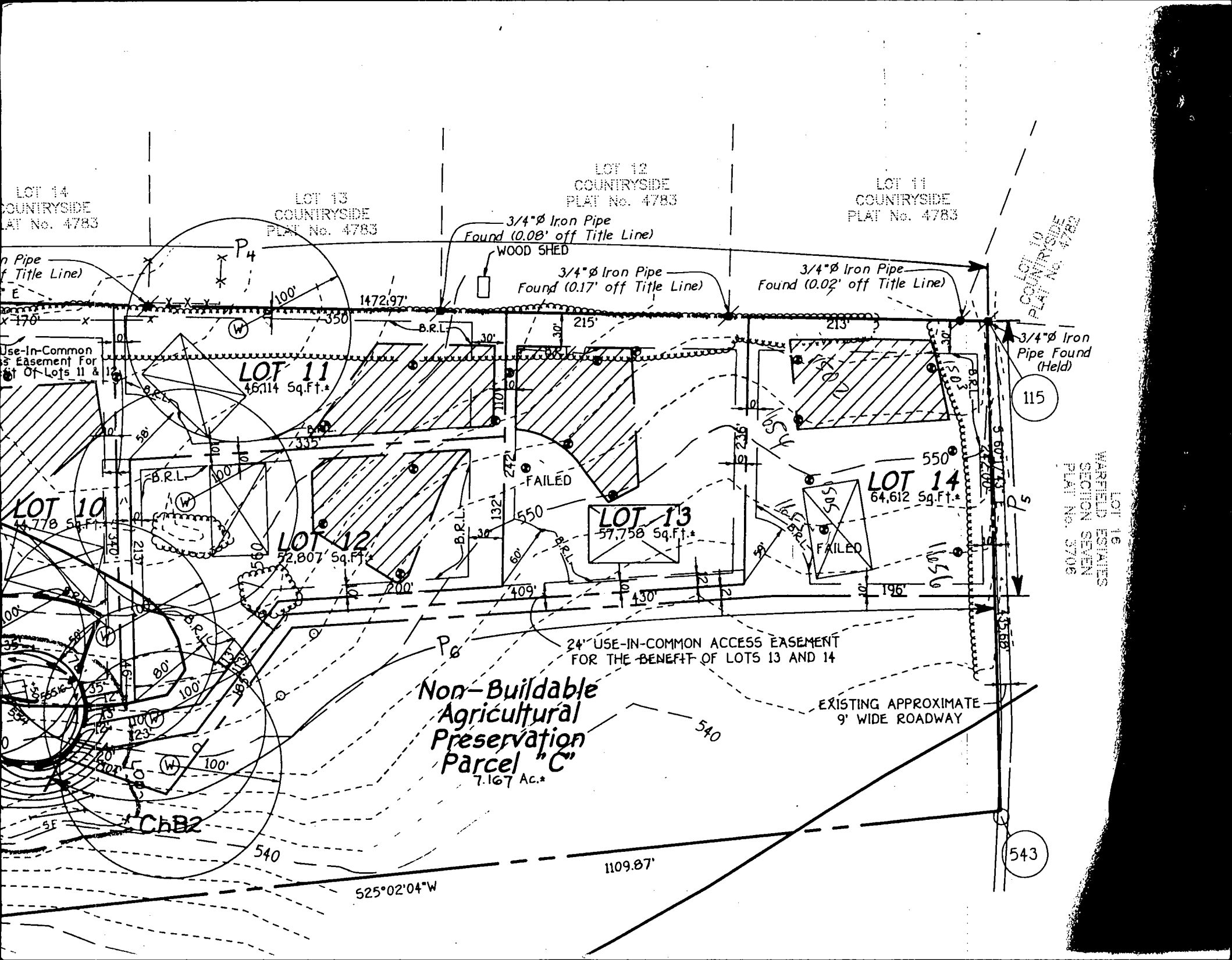
EXISTING APPROXIMATE
9' WIDE ROADWAY

ChB2

525°02'04"W

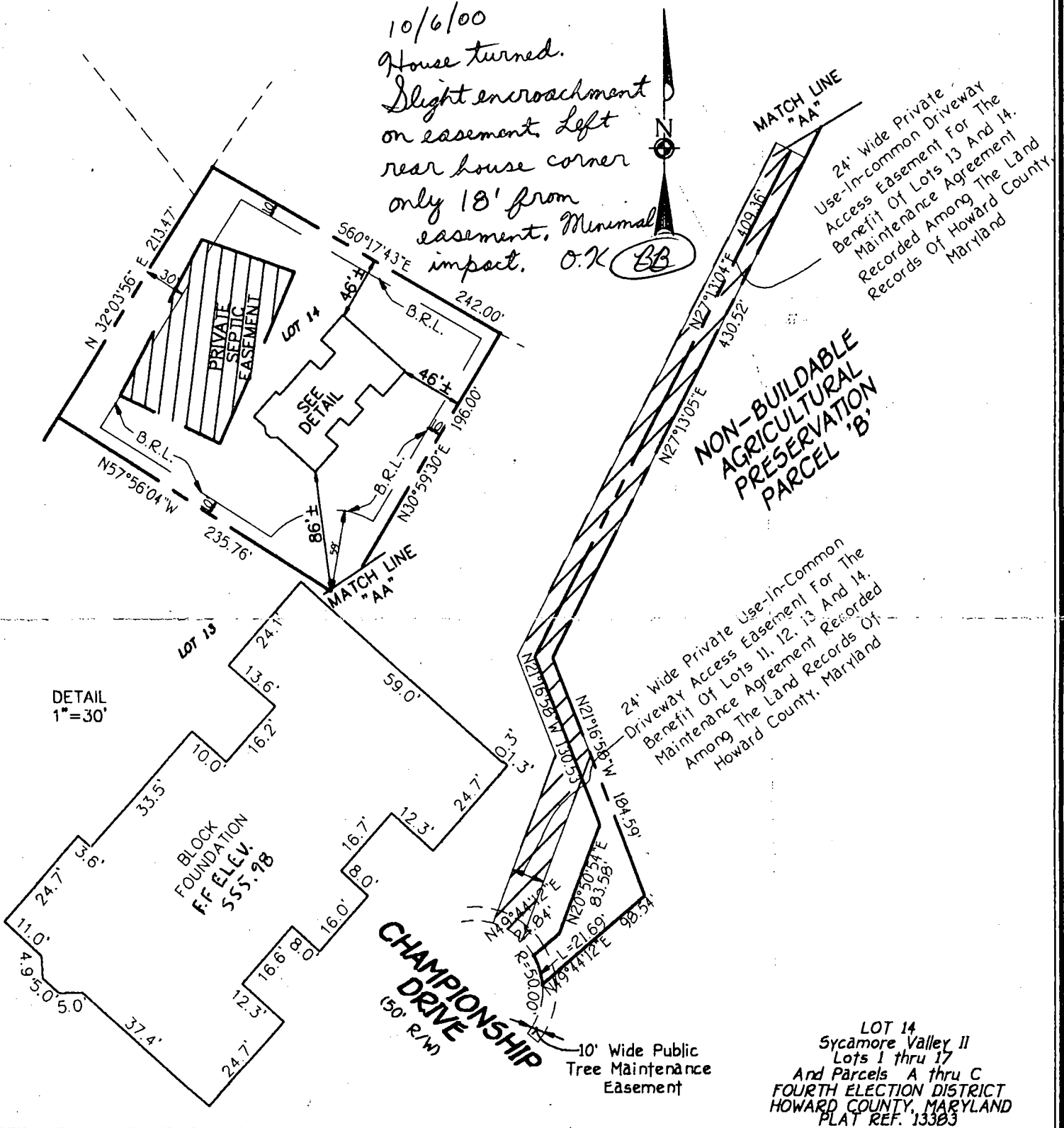
1109.87'

543



GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0020 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

FCC •

STATE OF MARYLAND
 CHARLES J. CROWD, SR.
 PROFESSIONAL LAND SURVEYOR
 No. 10763 REGISTERED

[Signature]
 PROFESSIONAL LAND SURVEYOR DATE
 REG. 10763 9/13/99

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 9/7/99
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=100'
 DATE: 9/13/99
 DRAWN BY: T.P.F.
 CHECKED BY: C.C.
 PROJECT No.: 61343