

12/14/00 LATE PM  
12/15/00 G. Norm  
3/15/01 Pump Test 10:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514705  
A 57679-G  
ISSUE DATE 12/12/2000  
APPROVAL DATE 3/15/01

INDEXED RPS# 364198

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270  
SUBDIVISION Rosebar LOT NUMBER 19 ADDRESS 3040 Hobbs Road  
PROPERTY OWNER Patuxent Builders PROPERTY OWNER'S ADDRESS 3330 Sang Road  
SEPTIC TANK CAPACITY 1250 GALLONS Glenwood, MD 21738  
PUMP CHAMBER CAPACITY 1250 GALLONS  
NUMBER OF BEDROOMS 4  
SQUARE FEET PER BEDROOM 210  
LINEAR FEET OF TRENCH REQUIRED 280

\*TOP SEAMED SETPIC TANK & PUMP CHAMBER ARE REQUIRED\*

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2.0 feet of stone below distribution box.  
LOCATION: Begin trenches 85 feet down the left lot line and 5 feet off that same lot line as seen when facing the lot from Hobbs Road. Run trenches on contour toward the right lot line.

10/3/00 ok (BB)

(Keep trenches 7' edge to edge - 10' center to center)

PLANS APPROVED Amy Mc Millen DATE 10/2/00

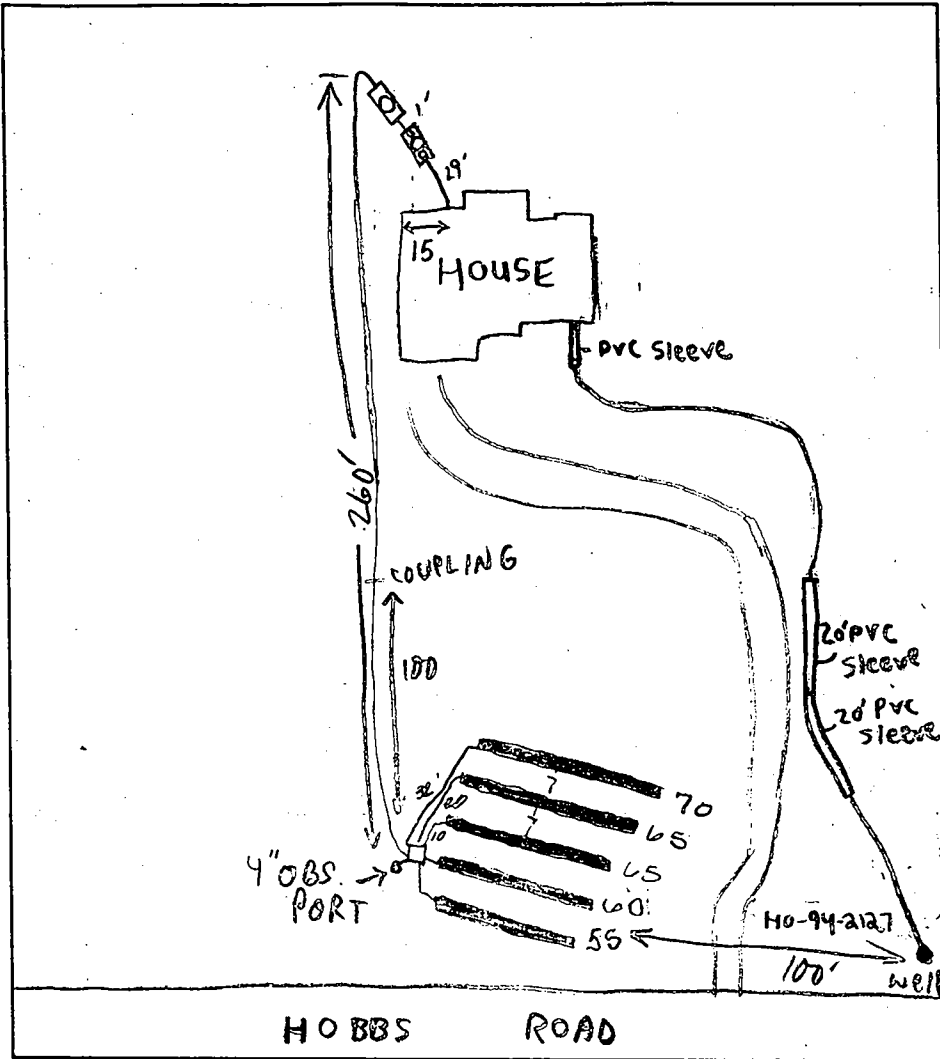
PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 514705

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 3.0'  
 TRENCH BOTTOM DEPTH 5.0'  
 DEPTH OF STONE 2.0'  
 NUMBER OF TRENCHES 5  
 TOTAL TRENCH LENGTH 310'  
 ABSORBENT AREA 930ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX OK

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER   
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250 TS  
 MANHOLE RISER   
 ALARM OPERATIONAL  
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 12/12/00 - EASEMENT STAKED, OK TO INSTALL AS DISCUSSED

KEEP TRENCHES 7' EDGE TO EDGE, CORNER OF SDA UNUSABLE BECAUSE OF CONTOUR, SEE BP PLAN

OK TO BEGIN WORK (SRK)

INSPECTION COMMENTS: 12/14/00 OK to cover trenches

12/15/00 OK TO COVER TANKS + PRESSURE LINE; HOLD FOR PUMP

ALARM INSP (MR) 3/15/01 - PUMP AND ALARM OPERATIONAL (SRK)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 3/15/01

12/28/00

PM

**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: Gaska P+H Inc Telephone #: 521-8137  
Address: PO. BOX 1241  
ELBERSBURG MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): JOHN GASKA License# 3189

\*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: PAFUXENT HOME Telephone #: \_\_\_\_\_  
Subdivision: ROSEBAR Lot #: 19 Well Tag #: HO-94-2127  
Site Address: 3040 HOBBS Rd

**Submersible Pump Data**

Make: GOULDS  
Model #: G505412  
Pump Capacity 5 GPM  
Well Yield: 8.5 GPM

**Pitless Adapter**

Make: 1  
Model #: 3X10  
Depth: 42" (36" min)  
NSF approved: YES

**Well Cap and Electric Conduit**

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 225 (feet)  
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, other - Must circle one TAPP

Safety rope, if used, attached to inside of well casing with eye bolt, \_\_\_\_\_

**Piping to house**

Type: 160 PSI GOR  
PSI: YES (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 60"  
Sleeve caulked and sealed properly: YES

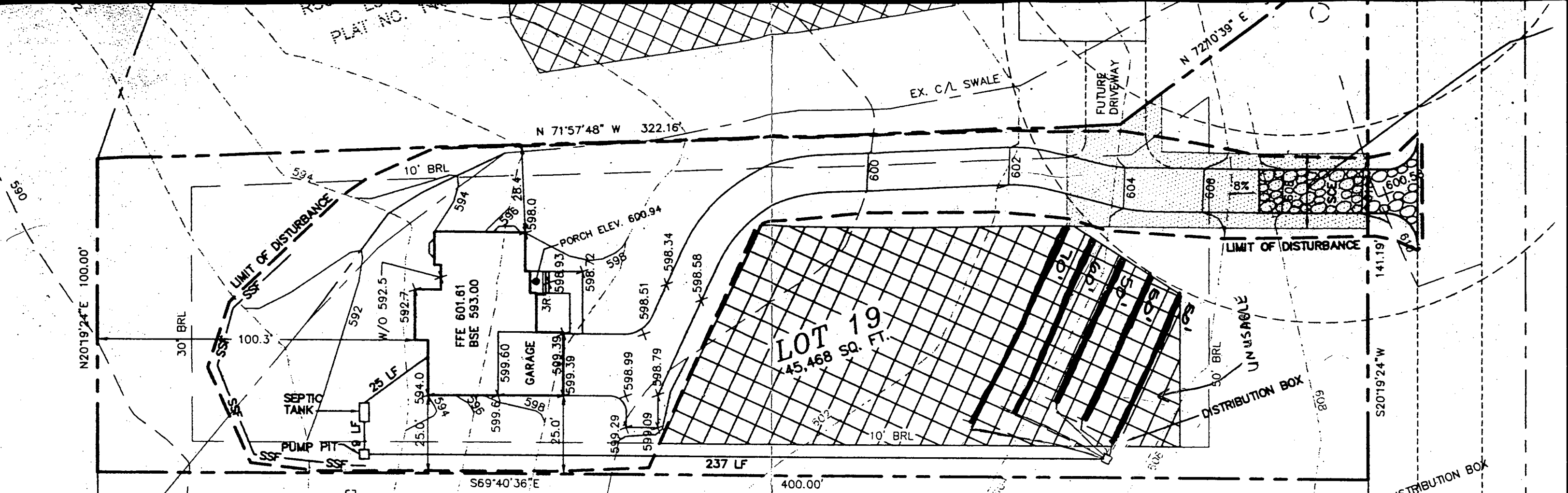
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: John Gaska date: 12-27-00

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

Date Insp. Requested: 12/28/00 Date Insp. Approved: 12/28/00 Inspector: 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   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter





**SEPTIC SYSTEM DATA**

FIRST FLOOR EL.	601.61
BASEMENT EL.	593.00
INV. OUT OF HOUSE	591.00
INV. IN SEPTIC TANK	590.70
INV. OUT SEPTIC TANK	590.40
INV. IN PUMP PIT	590.2
EXIST EL. @ SEPTIC TANK	593.2
PROP EL. @ SEPTIC TANK	592.8
EXIST EL. @ PUMP PIT	593.2
PROP EL. @ PUMP PIT	593.2
EXIST EL. @ DIST. BOX	605.5
INV. IN DIST. BOX	603.5

\* FIRST FLOOR AND BASEMENT SEWERAGE TO BE PUMPED.

ROSEBAR PROPERTY,  
LOT 14  
PLAT NO. 14033

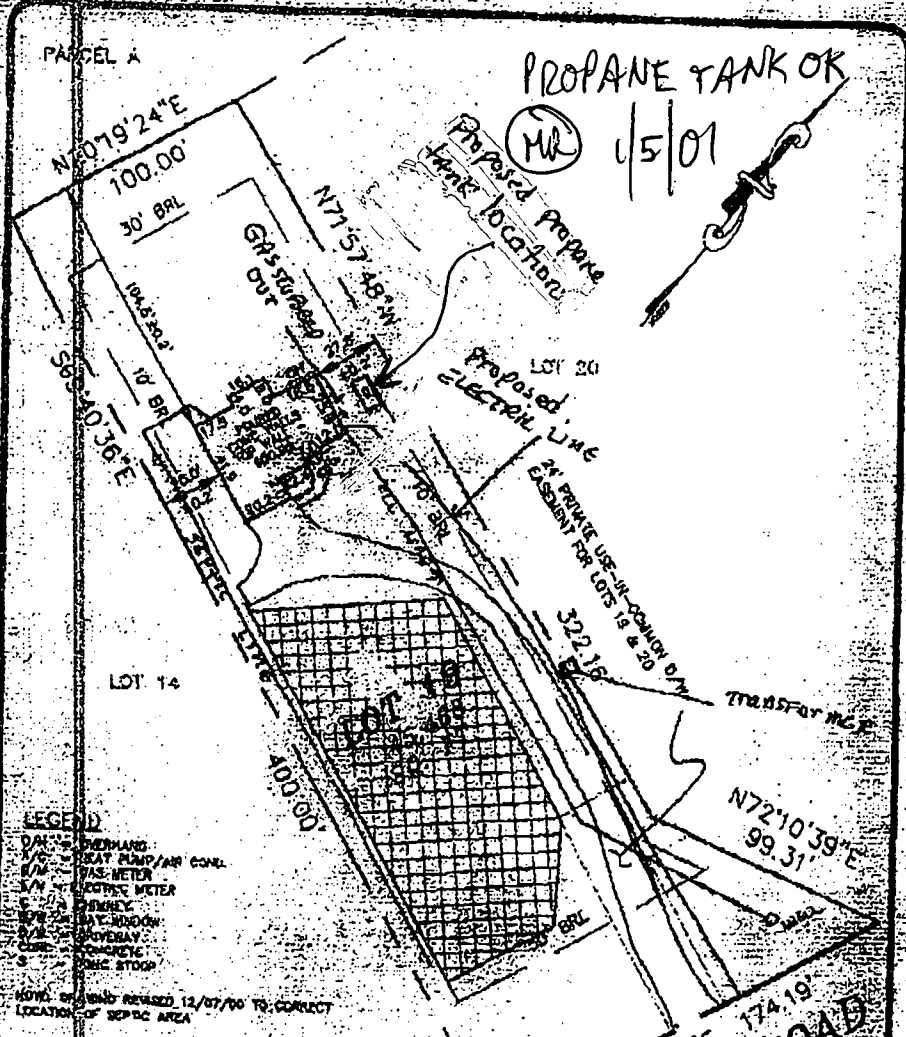
**ENGINEER: MILDENBERG, BOENDER**

Total linear feet of trench required 290 feet  
 Width of trench (es) 3.0 feet  
 Depth of trench (es) 5.0 feet  
 Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
 Howard County Health Department

*[Signature]* 10/3/00  
 Signature Date

ROSEBAR PROPERTY,  
LOT 15  
PLAT NO. 14033



INSTALL 500 GALLON UNDERGROUND PROPANE TANK

1-TANK ONLY

- LEGEND**
- DASH = OVERLAP
  - WAVE = HEAT PUMP/AIR COND.
  - W/M = GAS METER
  - S/W = ELECTRIC METER
  - C = CURB
  - SPR = SPRINKLER
  - S/A = SIDEWALK
  - CON = CONCRETE
  - S = SIGN STOP

NOTE: ROAD REVEALED 12/07/00 TO CORRECT LOCATION OF SEPTIC AREA

**LOT 19**  
**ROSEBAR PROPERTY**  
 LOTS 14 THRU 22  
 & PRRS PARCEL A  
 A RESUBDIVISION OF  
 LOTS 10 THRU 13

**HOBBS ROAD**  
 (50' ROW)  
 N20°19'24"E 174.19'

ADDRESS: 3040 HOBBS ROAD

PLAT NO. 14032  
 ELECTION-DISTRICT No. 4  
 HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT SURVEYING PROCEDURES AND FROM AVAILABLE RECORDS. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER PURPOSES ONLY AND IS NOT TO BE USED FOR DETERMINATION OF PROPERTY LINES, LOCATION OF PERMITS, EASEMENTS OR OTHER MATTERS OF RECORD.

**REDMOND INC.**  
**ENGINEER & ASSOC. INC.**

DATE	NO.	BY	REVISION



X C  
 ML:  
 Return to  
 Septic Drawer  
 P/S,

Building Address 3040 HOBBS RD  
GLENWOOD MD. 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision Forest Hills / Glenwood

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot # 19

Tax Map 14 Parcel 2.21 Grid 23

Zoning RR Map Coordinates 90h Lot size \_\_\_\_\_

Property Owner's Name JEFFREY RODGERS INC  
 Address 1158 OAKLEA CT

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-461-2138 Work Phone 365-1665

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use DWELLING SF Home  
 Proposed Use SEWER  
 Estimated Construction Cost \$ 2000

Description of Work INSTALL 1-500 GALLON  
UNDERGROUND PROpane TANK

Contractor Company MADISON MECHANICAL  
 Contact Person CHRIS KOLB  
 Address 12301 OLD COLUMBA PIKE  
 City SUFFER SPRING State MD Zip Code 20904  
 License No. 15677  
 Phone 201-680-4200 Fax 201-680-4224

Occupant or Tenant N/A  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Single family use <input type="checkbox"/> Multi-family use <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ 3rd floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Number of units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
MADISON MECHANICAL  
 Title/Company

Print Name CHRIS KOLB  
 Date 12-29-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 PLEASE WRITE NEATLY AND LEGIBLY.  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>1/5/01</u>	<u>M. R. Stein</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION STATUS: ONE STOP SHOP

**PROPERTY ID#** 48723

Filing fee	\$ <u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Later fee due	\$ _____
Amount	\$ <u>210.00</u>

Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_ Accepted by [Signature]

# APPLICATION

PERCOLATION TESTING

A 57679

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE 2/11/97

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 RODGER & ROSE MARIE BARGER

ADDRESS 2996 HOBBS ROAD  
GLENWOOD, MD 21738 PHONE (410) 489-4368

AGENT OR PROSPECTIVE BUYER MILDENBERG, BOENDER & ASSOCIATES, INC.

ADDRESS 5072 DORSEY HALL DRIVE, SUITE 202  
ELLICOTT CITY, MD 21092 PHONE (410) 997-0296

PROPERTY LOCATION:

SUBDIVISION ROSEBAR PROPERTY LOT NO. 18

ROAD AND DESCRIPTION WEST SIDE OF HOBBS ROAD - APPROXIMATELY  
1000 FEET NORTHEAST OF THE INTERSECTION OF

TAX MAP 14 PARCEL # 221 HOBBS ROAD & BURNTWOODS ROAD

SIZE OF LOT ≈ 354,125 SQ FT TYPE BLDG. SFD  
(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.

Stephanie Demchute  
(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

23 24

0' lgt orange brown SiSaLm

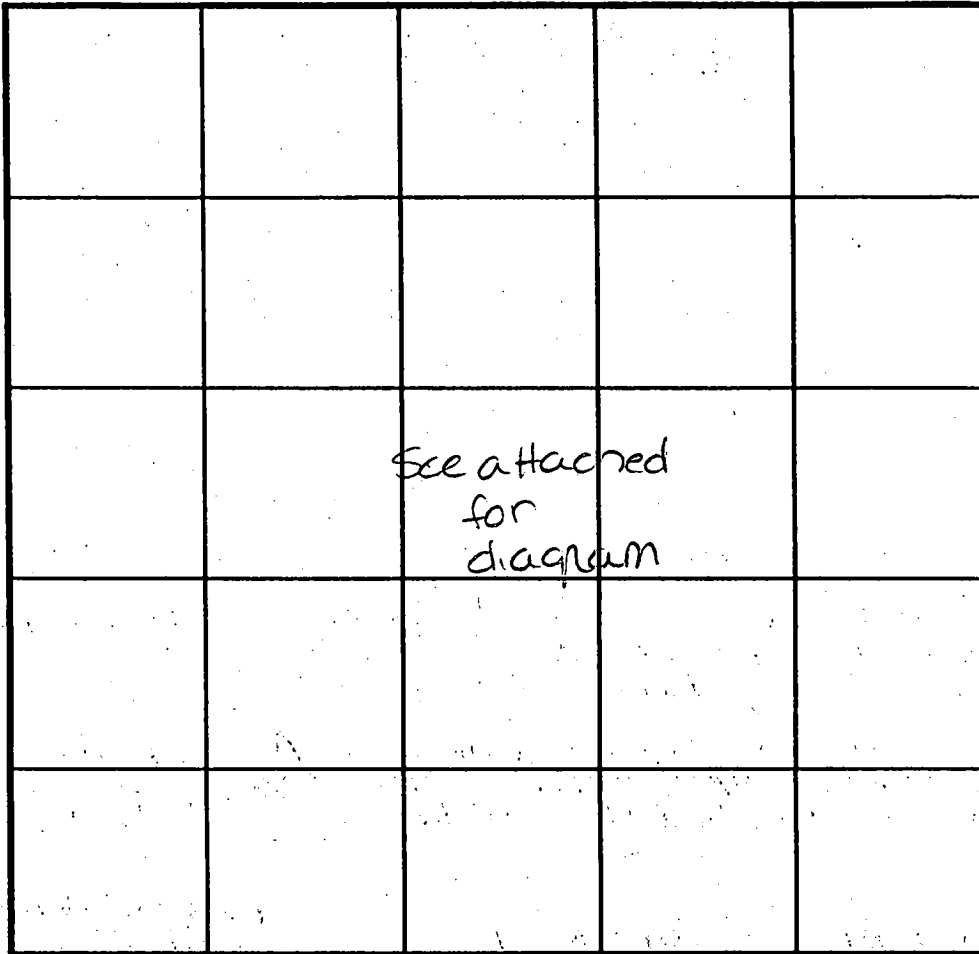
3.0 darker red orange SiLm

5.0 lgt red to pink SiLm 590R refusal

10.0

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-24-97	23	4.0 v10.0	2:07 <sup>30</sup>	2:10	2:10	2:13	3min
	24	6.0 v11.0	2:52	2:58	2:58	3:20	22min
	25	H <sub>2</sub> O at 7.0-mottling at 6.0					
		Insufficient depth to H <sub>2</sub> O table					F

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 57679

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE 2/11/97

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 RODGER & ROSE MARIE BARGER

ADDRESS 2996 HOBBS ROAD  
GLENWOOD, MD 21738 PHONE (410) 489-4368

AGENT OR PROSPECTIVE BUYER MILDENBERG, BOENDER & ASSOCIATES, INC.

ADDRESS 5072 DORSEY HALL DRIVE, SUITE 202  
ELLICOTT CITY, MD 21042 PHONE (410) 997-0296

PROPERTY LOCATION:

SUBDIVISION ROSEBAR PROPERTY LOT NO. 18

ROAD AND DESCRIPTION WEST SIDE OF HOBBS ROAD - APPROXIMATELY  
1000 FEET NORTHEAST OF THE INTERSECTION OF

TAX MAP 14 PARCEL # 221 HOBBS ROAD & BURNTWOODS ROAD

SIZE OF LOT ~ 42000 SQ FT TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Stephanie A. ...  
(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

58

tan  
SiCLM

bright  
orange  
tan  
SiLM  
10%  
micaceous  
shale

59

dark  
red  
orange  
SiCLM

orange  
red  
SaLM

20%  
Rx

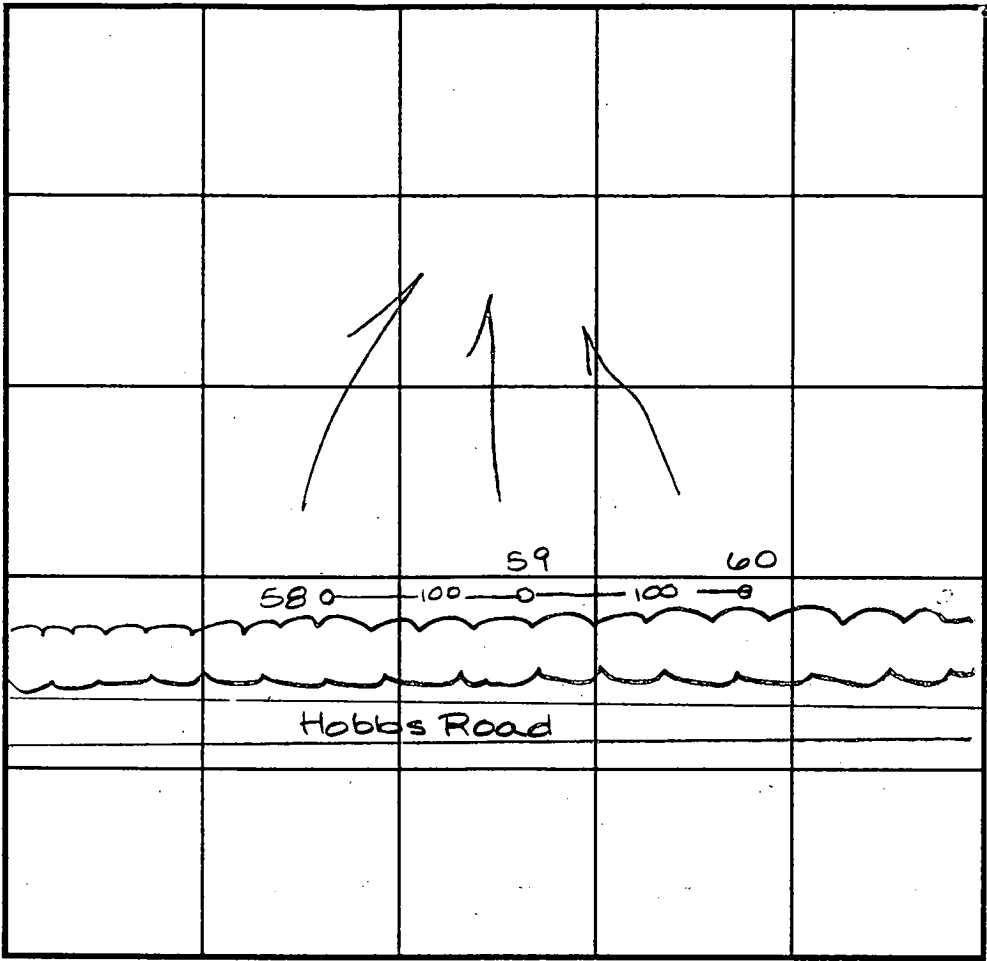
60

orange  
brown  
SiCLM

bright  
red  
orange  
SiSaLM

10%  
Rx

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-2-98	58	3.5 V110	11:20	11:30	11:30	11:42	12min
	59	3.5 V120	11:35	11:38	11:38	11:45	7min
	60	3.5 V120	11:59	12:10	12:10	12:32	22min

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

0'  
3.0  
11.0  
3.0  
12.0  
2.0

# APPLICATION

SEWAGE DISPOSAL TESTING

A 43553

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fourth

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DATE 1.23.89

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Rodger and Rose Marie Barger

ADDRESS 2966 Hobbs Road Glenwood 21738 PHONE 489-4368

PROPERTY LOCATION:

SUBDIVISION Rosebar Section II LOT NO. 3 Final w/ Lot 19

ROAD AND DESCRIPTION West side of Hobbs Road 1000'± northerly of intersection with Burntwoods Road

SIZE OF LOT 3.1 AC. TYPE BLDG. 4 Bdrm. Single Family  
(NUMBER OF BEDROOMS)

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.

Samuel D. Hampton

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

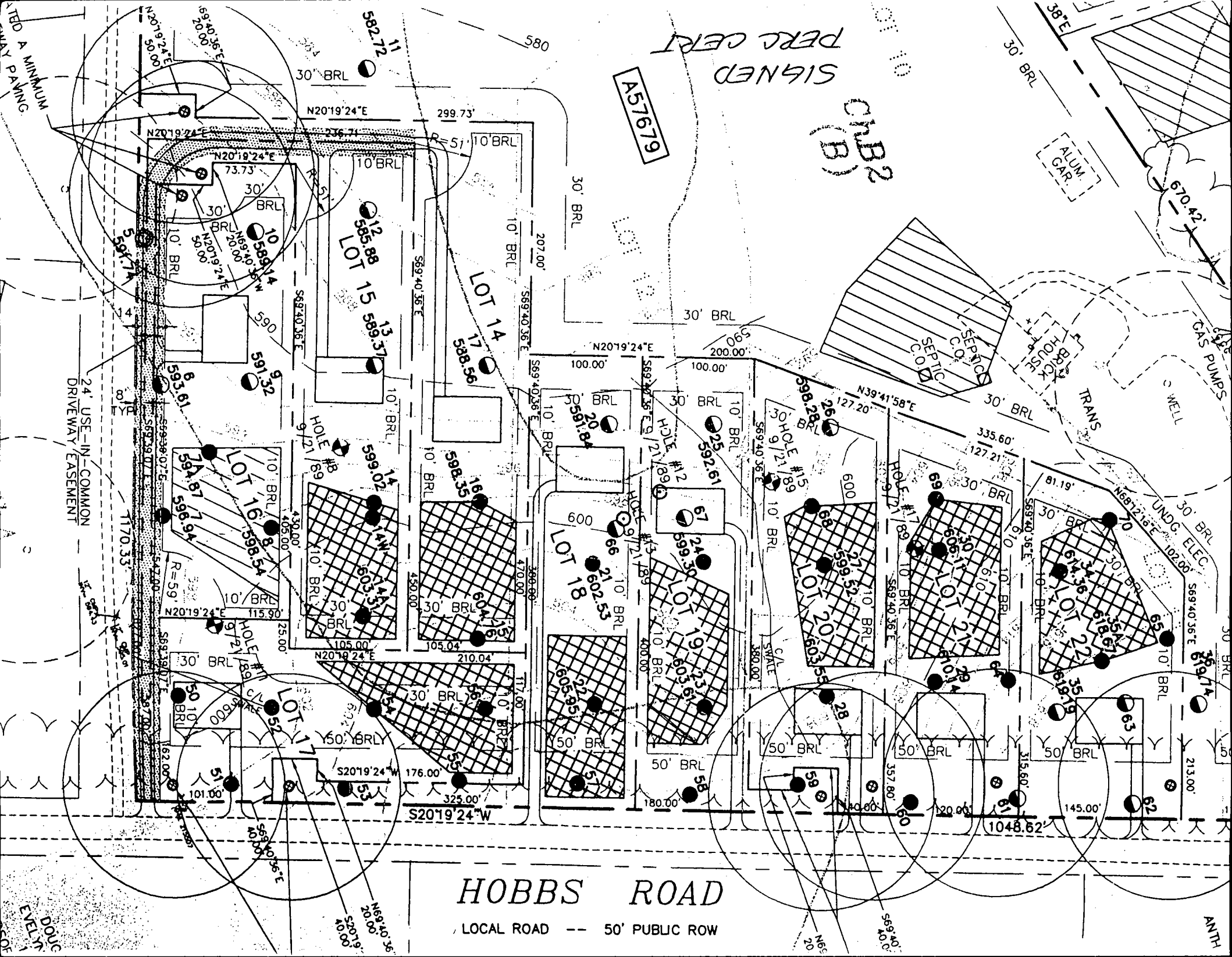
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4-13-89 Per Satisfactory - Hold for Pland. - Solved

# THIS IS NOT A PERMIT







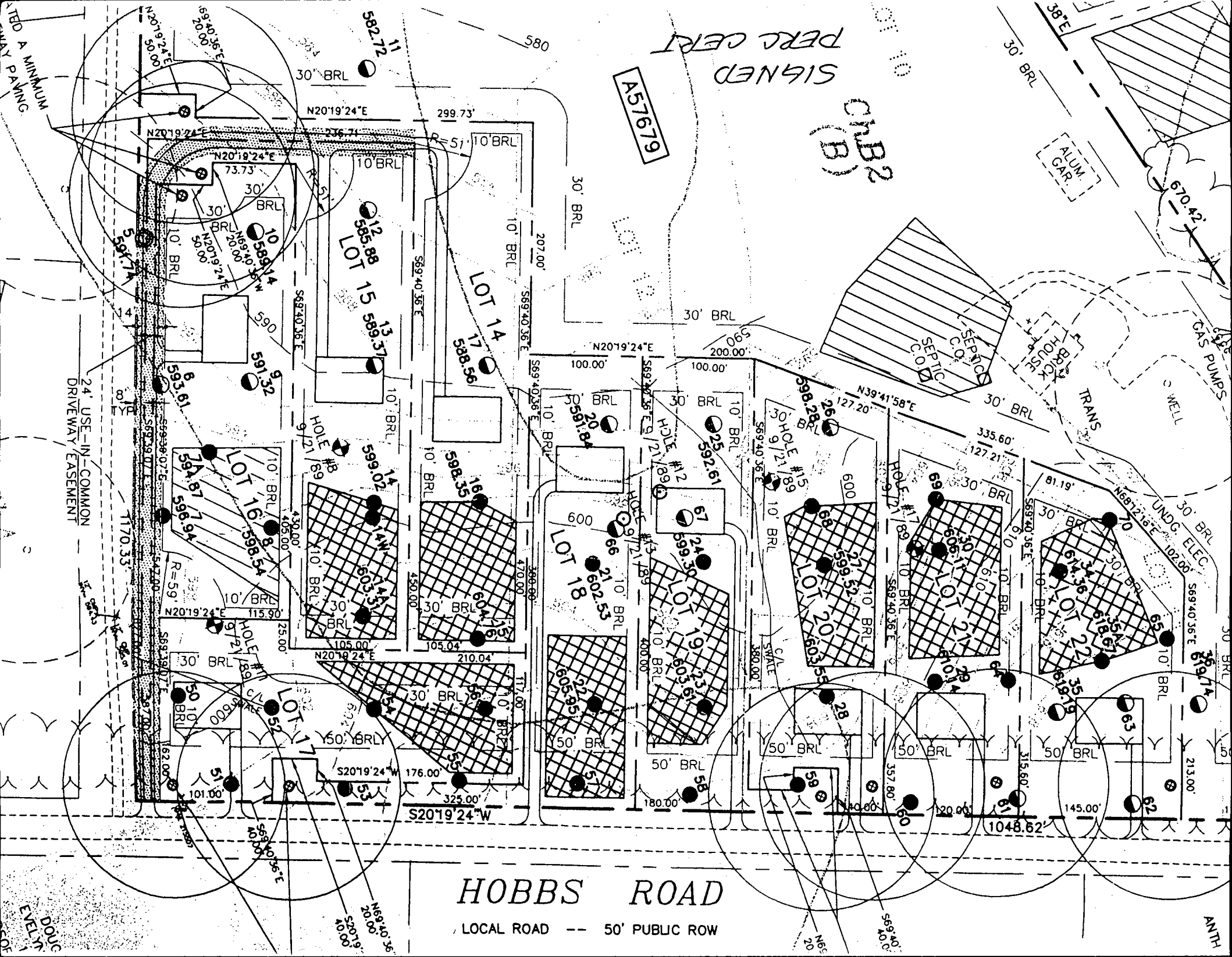
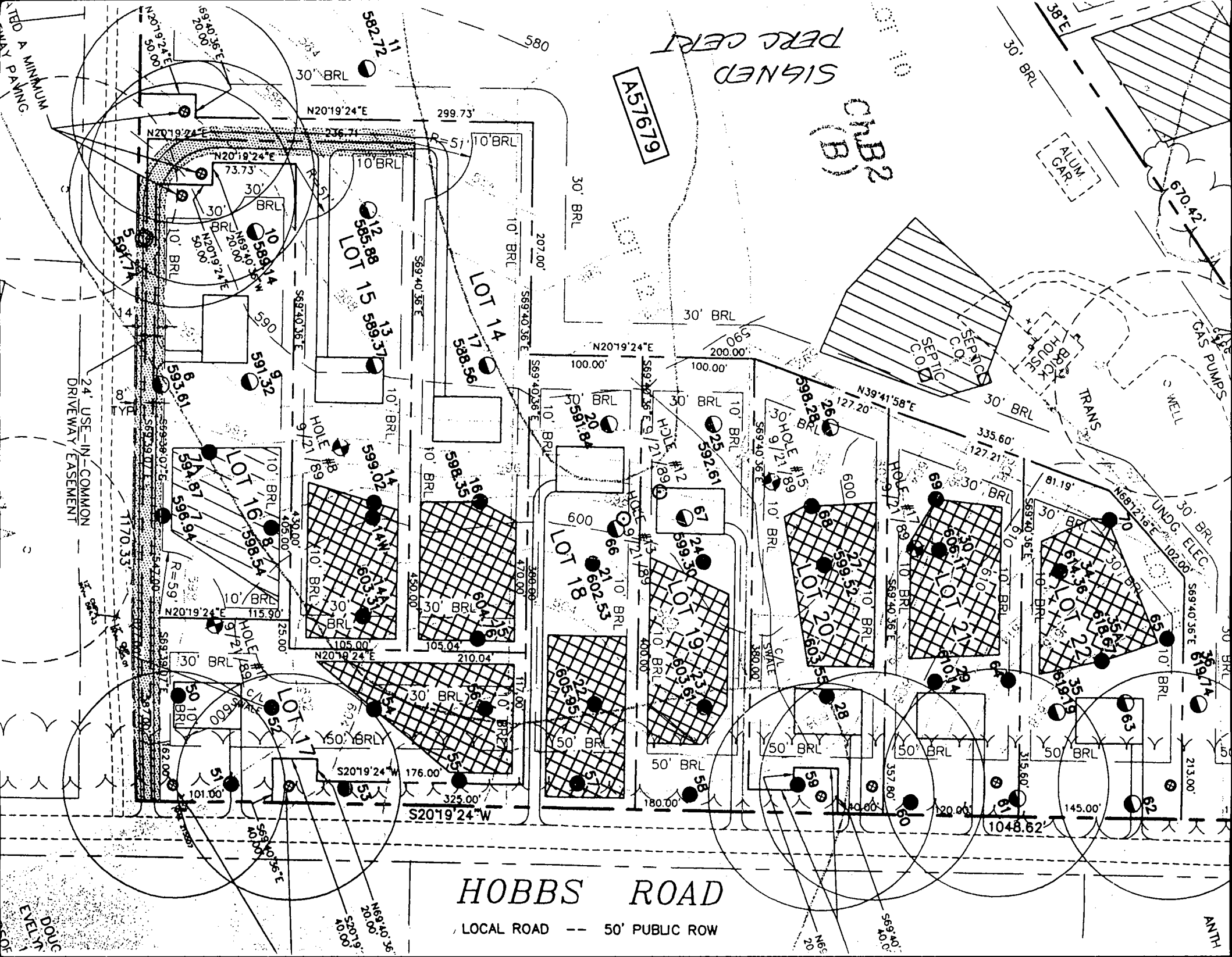
SIGNED  
PER CERT

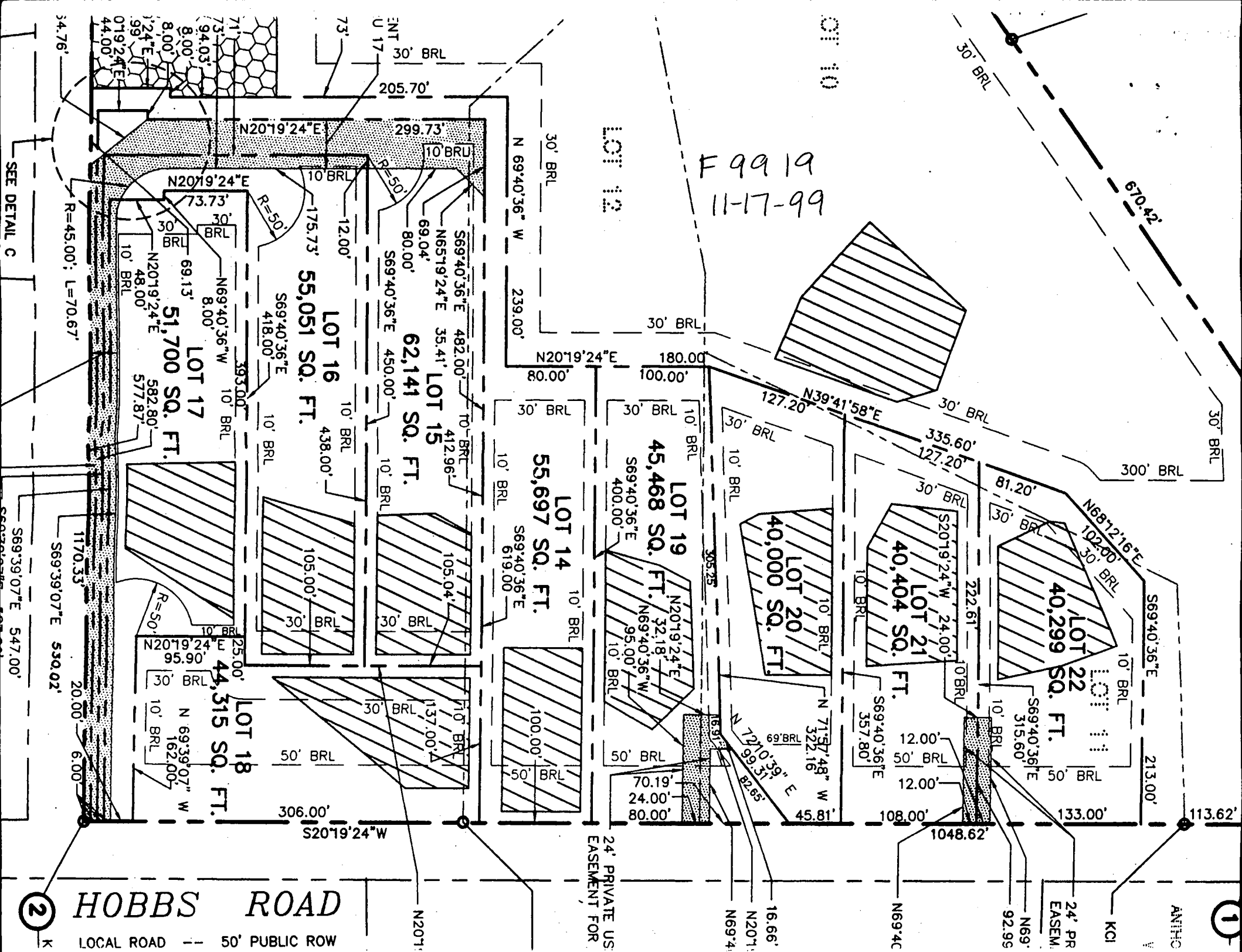
A57679

CRB2  
(B)

# HOBBS ROAD

LOCAL ROAD -- 50' PUBLIC ROW





F9919  
11-17-99

LOT 12

LOT 16  
55,051 SQ. FT.

LOT 17  
51,700 SQ. FT.

LOT 15  
62,141 SQ. FT.

LOT 14  
55,697 SQ. FT.

LOT 19  
45,468 SQ. FT.

LOT 20  
40,000 SQ. FT.

LOT 21  
40,404 SQ. FT.

LOT 22  
40,299 SQ. FT.

LOT 18  
44,315 SQ. FT.

**HOBBS ROAD**

LOCAL ROAD -- 50' PUBLIC ROW

24' PRIVATE US EASEMENT FOR

24' PR EASEM.

ANTI-C

KCI

N69.4

N69.4

N201.1

N201.1

2

1





B 1 **4037** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-94-2127**  
fill in this form completely

Date Received (APA) **020999**  
OWNER INFORMATION  
Patuxent Builders Inc.  
P.O. Box 906  
Garage Md. 20763

B 3 LOCATION OF WELL  
Howard  
Rosebar  
Glenwood  
MILES FROM TOWN (enter 0 if in town) **1 1/2**

DRILLER INFORMATION  
Joseph L. Mayne MSD 024  
Joseph L. Mayne Well Drilling  
5512 Ridge Rd. Mt. Airy 21771  
Joseph L. Mayne 2/9/99

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
Hobbs Rd.  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD **20** FT  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard Co A57679G  
DATE ISSUED **021799** A77-M-1111 021700  
NORTH GRID **530** EAST GRID **790**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** FEET  
APPROXIMATE DIAMETER OF WELL **6** INCH

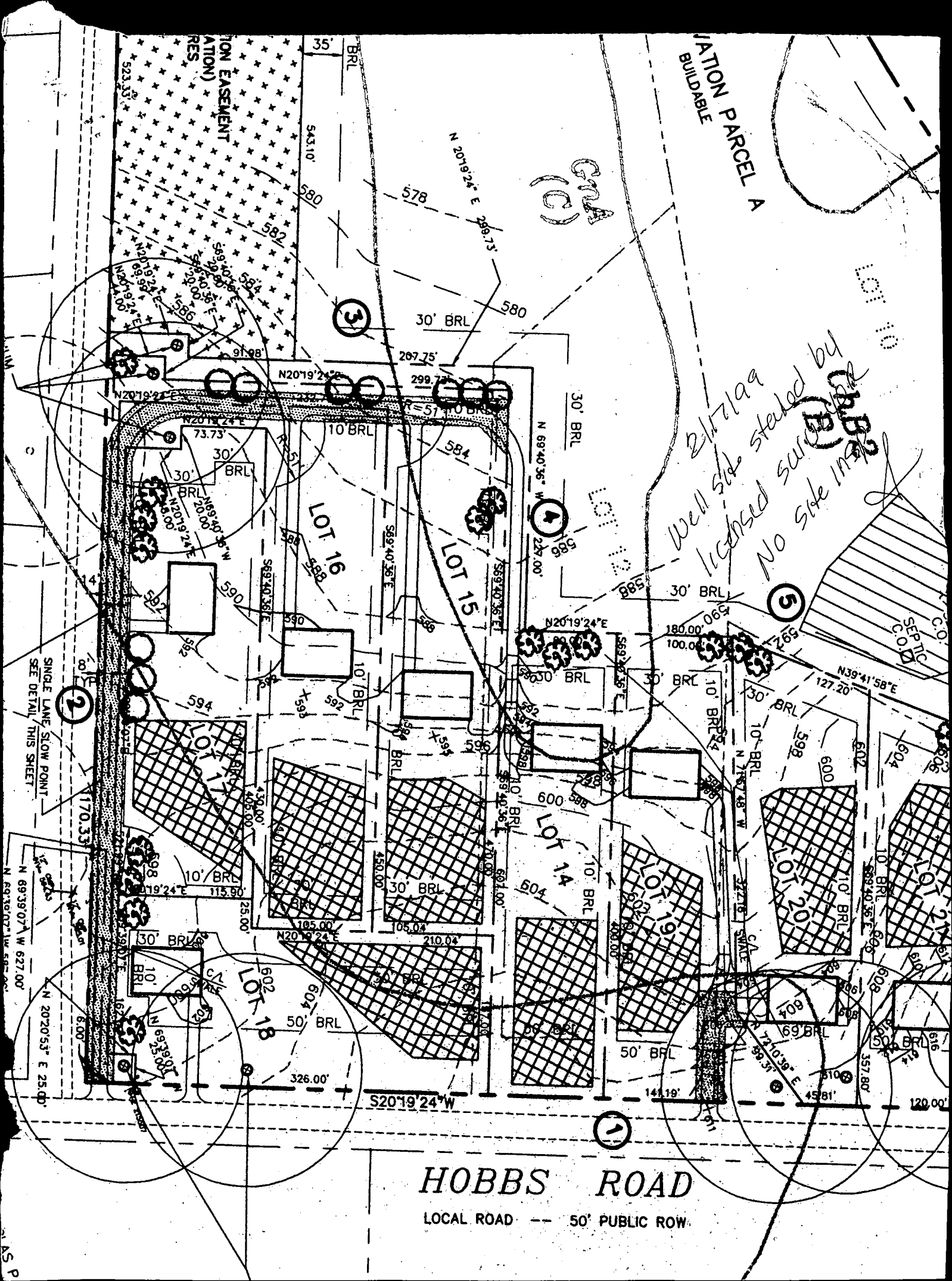
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. Well  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E **790**  
N **530**

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 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 DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
Glenwood  
Hobbs Rd  
Well X  
DRIVEWAY EASEMENT

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_  
PERMIT No. **HO-94-2127**



RESERVATION PARCEL A  
BUILDABLE

RESERVATION PARCEL A  
BUILDABLE

*Well site started by [unclear] licensed surveyor No site [unclear]*

# HOBBS ROAD

LOCAL ROAD -- 50' PUBLIC ROW.

SINGLE LANE SLOW POINT  
SEE DETAIL THIS SHEET.

SEPTIC

AS P