

LAYOUT 3/12/02 1200 INSP 4 _____
 INSP 2 3/14/02 PM INSP 5 _____
 INSP 3 3/15/02 AM INSP 6 _____

05-421769

ISSUE DATE: 3/8/2002

P 516 863

APPROVAL DATE: 3/15/02

A 49411

PERMIT

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Paternal Gift LOT NUMBER: 10
 ADDRESS: 13521 Paternal Gift Drive PROPERTY OWNER: Beth & Sam Lancelotta
 SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	As seen from the road, place the distribution box 150' down the left lot line and 55' off this same lot line. Run trenches on contour as shown on plan (4 to left, 1 to right).
NOTES:	****SECOND SEPTIC TANK TO BE INSTALLED FOR FUTURE PUMPING TO ALLOW ACCESS TO OTHER SIDE OF SEPTIC AREA.****

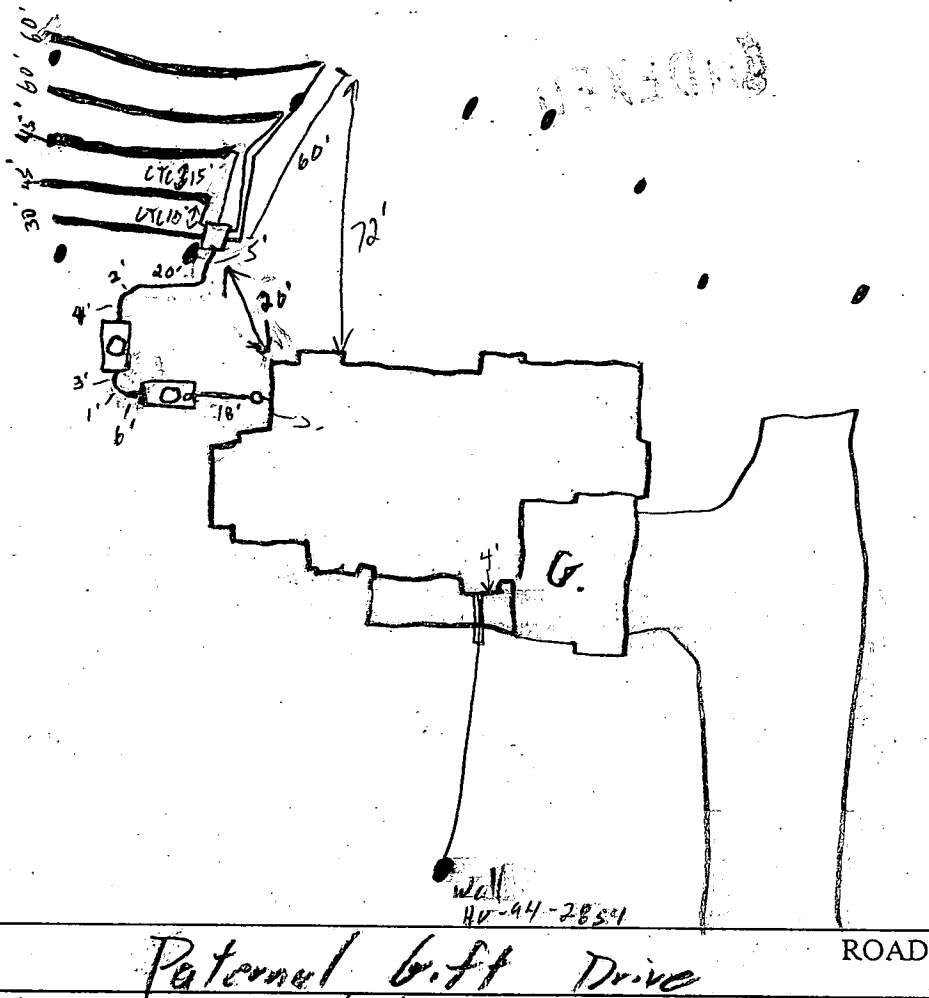
PLANS APPROVED: MER OK SRK 3/8/02 DATE: 2/20/02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A49411

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>2.5</u>	<u>5.5</u>
NUMBER OF TRENCHES		<u>5</u>
TOTAL LENGTH		<u>240'</u>
ABSORPTION AREA		<u>720 #</u>
DISTRIBUTION BOX LEVEL		<u>yes</u>
DISTRIBUTION BOX BAFFLE		<u>-</u>
DISTRIBUTION BOX PORT		<u>-</u>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>yes</u>
CAPACITY	<u>1250</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>yes</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>-</u>
SEPTIC TANK 2 LEVEL	<u>yes</u>
CAPACITY	<u>1250</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>yes</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>

Paternal Gift Drive ROAD

PRE-CONSTRUCTION 3/12/02 Paving (2) 60' trenches instead of 120' (SO)

INSTALLATION 3/14/02 - 3 trenches installed (SO) 3/15/02 OK to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 3/15/02

3/15/02 Well line OK (SO)

GIFT

PATERNAL GIFT DRIVE

STABILIZED CONSTRUCTION ENTRANCE

Total linear feet of trench 9" x 14" CMP required 240 feet

#1
S.O.T. IN 517.60
OUT 517.30

#2
S.O.T. IN 517.20
OUT 516.90

DB IN 516.7

HIGH TRENCH EX. EL. 520.0 INV. 516.5

Approved Septic System Plan
Howard County Health Department

Depth of trench (es) 5.5 feet

Depth of stone required below distribution pipe 2.0 feet

Mark R. Klein
Signature
2/5/02
Date

LIMIT OF DISTURBANCE

LIMIT OF DISTURBANCE

3 Car GAR.
4 BEDROOM DWELLING
FF 530.00
B.F. 520.00
INV 518.00

SEPTIC AREA ADDED
STONE STEPS (Typ)
2' Treads
6" Risers

SEPTIC AREA LOST
STONE STEPS (Typ)
2' Treads
6" Risers

STONE PATIO SEPTIC
AREA LOST
POOL
STONE PATIO

LOT 10
48,828 S.F.
Plot No. H969

ORIG ESMT

11,250.0
SEPTIC EASEMENT

EROSION CONTROL MATTING

EX. SEPTIC FENCE

SUPER SILT FENCE

SEPTIC AREA ADDED

SILT FENCE

SILT FENCE

SILT FENCE

503°31'34" W 71.84'

503°33'41" E

130.70'

1:30

PLAN BY LDE

Building Address 13521 Pedernal Gift Dr
Highland, Md. 20797

Suite/Apt. #: - SDP/WP/Petition #: -

Census Tract 6051.01 Subdivision Pedernal Gift Farm

Section - Area - Lot 10

Tax Map 40 Parcel 90 Grid 10

Zoning RR-P20 Map Coordinates 14513 Lot size 49,828 sq ft

Property Owner's Name Beth & Sam Lancelotta

Address 4801 Woodshire Gar Ln

City Ellicott City State Md. Zip Code 21043

Home Phone 410 978 9993 Work Phone 410 978 0088

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

Phone _____ Fax _____

Existing Use Vacant lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 1500,000

Description of Work 2 story

Contractor Company Charter Homes

Contact Person Sam Lancelotta

Address Dorsey Hill Drive

City Ellicott City State Md. Zip Code 21042

License No. 937

Phone 410 978-0088 Fax 410 940-2220

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company LDE, Inc.

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone 301 596-3424 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

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 THERE TO; (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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Beth E. Lancelotta
 Title/Company Homeowner / Charter Homes

Print Name Beth Lancelotta
 Date 12-31-01

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>2/5/02</u>	<u>Mark B. [Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____

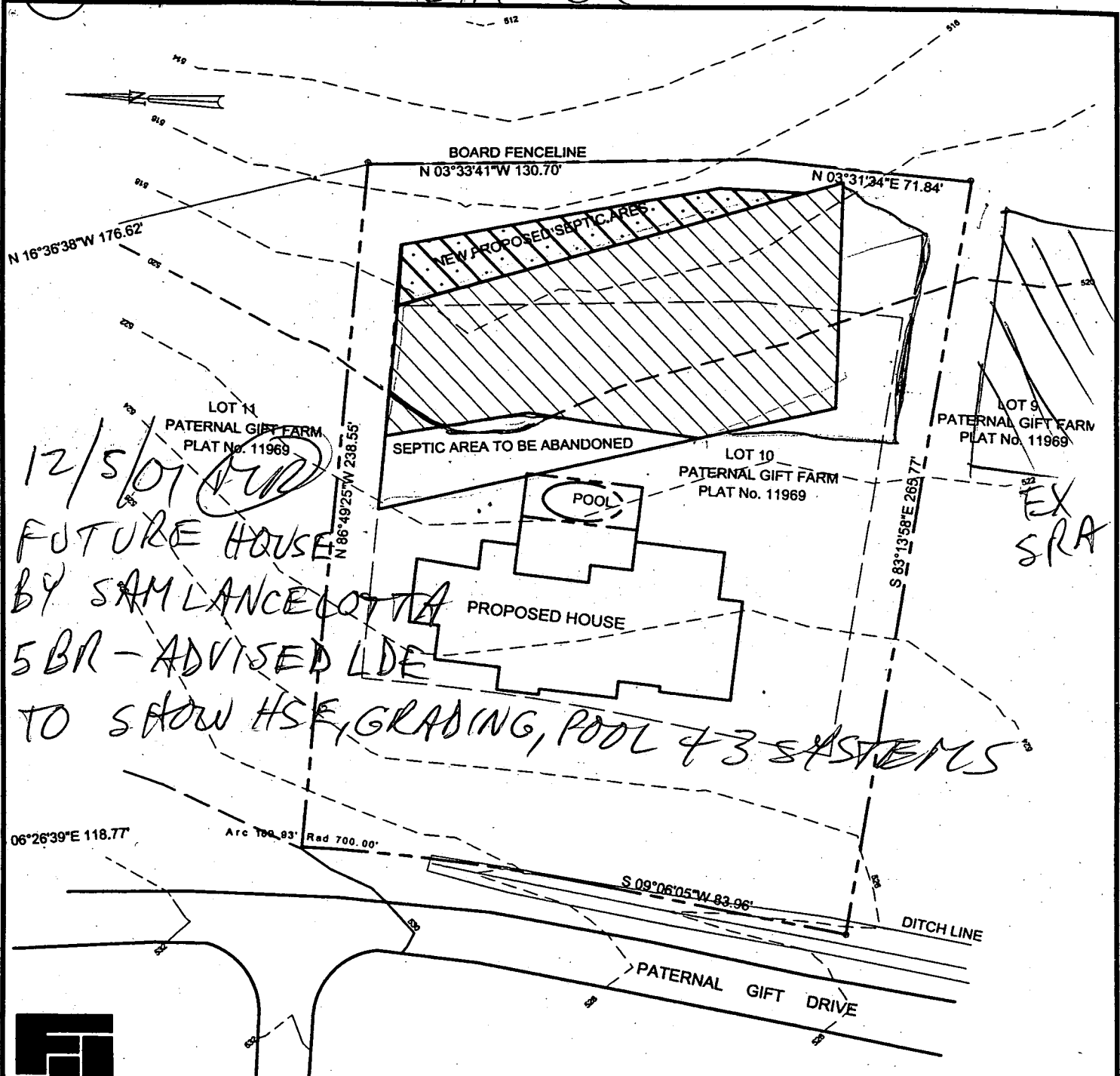
SDP/Red-line approval date _____

Accepted by [Signature]

PROPERTY ID# 53158

Filing fee	\$ <u>100.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>007</u>
Validation	# <u>39922</u>

5/2/01 SAM LANCE LOTTA OF CHARTER ADMES REQUESTED
 DOWNHILL ADJ. AS SHOWN FOR POOL - DENIED, BUT
 ADJ. TO RIGHT OK



FREDERICK WARD ASSOCIATES, INC.

ENGINEERS | 7125 Riverwood Drive Columbia, Maryland 21046-2354
 ARCHITECTS | Phone: 410-290-9550 Fax: 410-720-6226
 SURVEYORS | Bel Air, Maryland Columbia, Maryland Warrenton, Virginia

SCALE 1"=50'
 DRAWN BY SCH
 CHECKED BY JCO
 DATE 05/01/2001
 W. O. # 2017078.00
 SHEET# 1 OF 1

**PATERNAL GIFT FARM
 SEPTIC EXHIBIT
 LOT 10**

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

Attn: George

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3825-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6-5-2002

Name of Installer District cleaning Equipment

Telephone 202-432-0213

License Number MPL 24866

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner Beth/Sam Lancelotta

Telephone 410 242-5553

Subdivision Patrol Gift Park Lot # 10

Well Tag # H.O. 99-2854

Site Address 13521 Patrol Gift Dr

Highland Md 20777

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

- Motor
- 1. Horsepower 3/4
 - 2. RPM 3450
 - 3. Voltage 230
 - a. 110 _____
 - b. 220 _____

- Pitless Adapter
- 1. Make Case
 - 2. Model # 13200K
 - 3. Depth 9 Feet

- 2. Make SACUZZI
- 3. Model # 254720-S2
- 4. Capacity 7 GPM

- 5. Pump exceeds well capacity Yes _____ No
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Tank

- 1. Capacity 120
- 2. Pressure relief valve? Yes

- Piping castline polyethylene
- 1. Type black well pipe
 - 2. Size 1
 - 3. NSF and/or BOCA Code approved Yes
 - 4. Depth of supply line 120

- Well data
- 1. Depth 201 ft.
 - 2. Yield 15 GPM
 - 3. Static water level _____ ft.
 - 4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: George J. Dumas

Date: 6-5-2002

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

3/15/02 (50) OK.
BB

C1 08009

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A49411

ST/CO USE ONLY DATE Received 10/31/2000

DATE WELL COMPLETED 10/16/00

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2854

OWNER Scheidt Susan STREET OR RFD Paternal Gift Dr TOWN Highland SUBDIVISION Paternal Gift Farm SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Sandy Shale, Clay Sandstone, Granite, and Tan mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 34, NO. OF POUNDS 3700, GALLONS OF WATER 204, DEPTH OF GROUT SEAL 50 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE ST, Nominal diameter 6, Total depth 94

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below

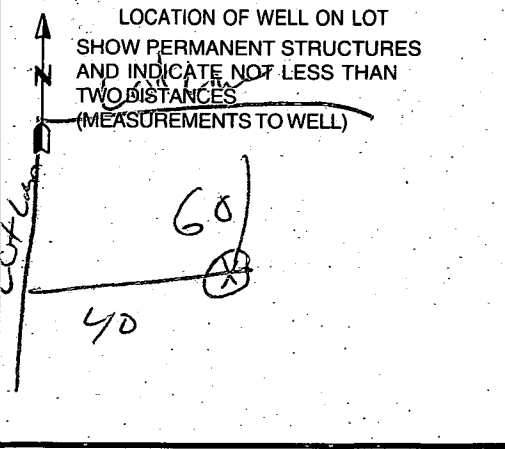
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-36, 38-51) and slot size/diameter of screen.

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

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 32 ft. before pumping, 80 ft. when pumping, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT (+) above, (-) below LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) YES (N) NO

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. 1 MW D 040, DRILLERS SIGNATURE George T. Exstoring, LIC. NO. 1 JW D 328

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

B 1 01462

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL 10514218 please print or type

STATE PERMIT NUMBER HO-94-2854 fill in this form completely

OWNER INFORMATION Scheidt Susan 12730 Hall Shop Highland, Md. 20777

LOCATION OF WELL Howard Paternal Gift Farm Highland

DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

Paternal Gift Drive ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 40 10 90

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 49411

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

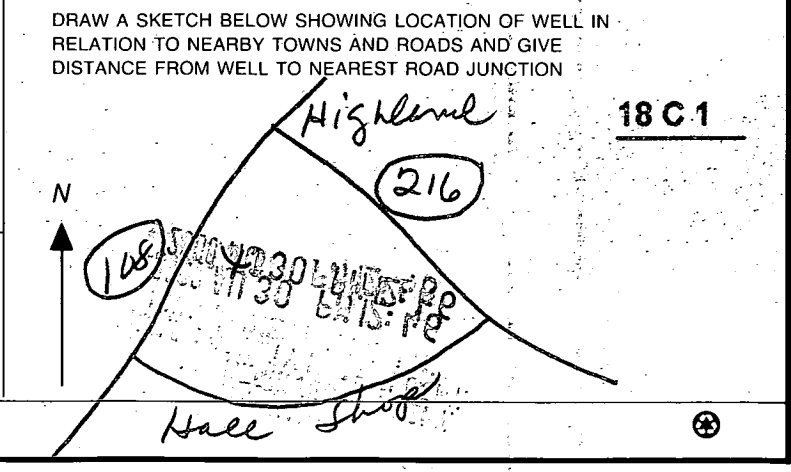
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

METHOD OF DRILLING (circle one) AIR-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 96 GAP 007 PERMIT No. HO-94-2854



B 1 **5811** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO - 94 - 2192**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **02-10-98** OWNER INFORMATION: **RN 7388**
 8 MM DD YY '13
Scheidt Susan
 15 Last Name Owner First Name 34
2730 Hall Shop
 36 Street or RFD 55
Highland, Md. 20777
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **CC#**
 8 COUNTY **Howard**
 23 SUBDIVISION **Paternal Gift Farm**
 SECTION **44** 46 LOT **48** 50
Highland
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 8 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M **WD 040**
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 3/9/98
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) **Paternal Gift Drive**
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH EAST
 WEST SOUTH
 34 100 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP **40** BLK **10** PARCEL **90**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
500
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 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)

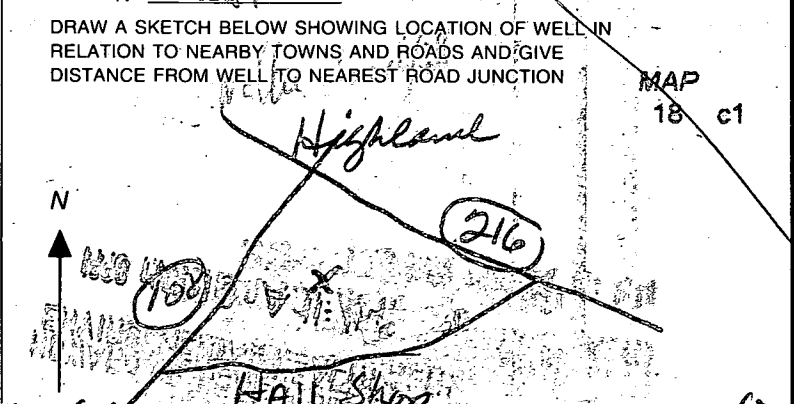
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL.
Howard COUNTY NAME **13-A49411** COUNTY NO.
 STATE SIGNATURE **Howard** INSERT S → 41
 DATE ISSUED **3/3/99** EXP. DATE **3/3/00**
 43 MM DD YY '48 CO SIGNATURE **Howard**
 NORTH GRID **489 000** EAST GRID **0811 000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **810 1** 000 000
 N **489 9**

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 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) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **40-96 GAP 009**
 54 63
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO - 94 - 2192**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS: **All well site inspection of staked well site is required prior to well drilling operations. please call the Health Dept. for more info.**
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
 COUNTY

APPLICATION

PERCOLATION TESTING

A 49411
P _____

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

DISTRICT _____
DATE 7/7/93

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 SUSAN Scheidt

ADDRESS 12730 HALLS SHOP ROAD HIGHLAND PHONE 531-2326
MD. 20777

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC.

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:
SUBDIVISION PATERNAL GIFT LOT NO. 17 10

ROAD AND DESCRIPTION HALLS SHOP ROAD / 216 & 108

TAX MAP 40 PARCEL # 396, 179 & 90

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D.
(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. Zacharia y. Fisch (Agent)
(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

Lot 19

49411

COUNTY #

SOIL PROFILE

489 D

0' Red Brn Clay Loam

4 1/2' Variable M_h Tan clay white, Rd Brn

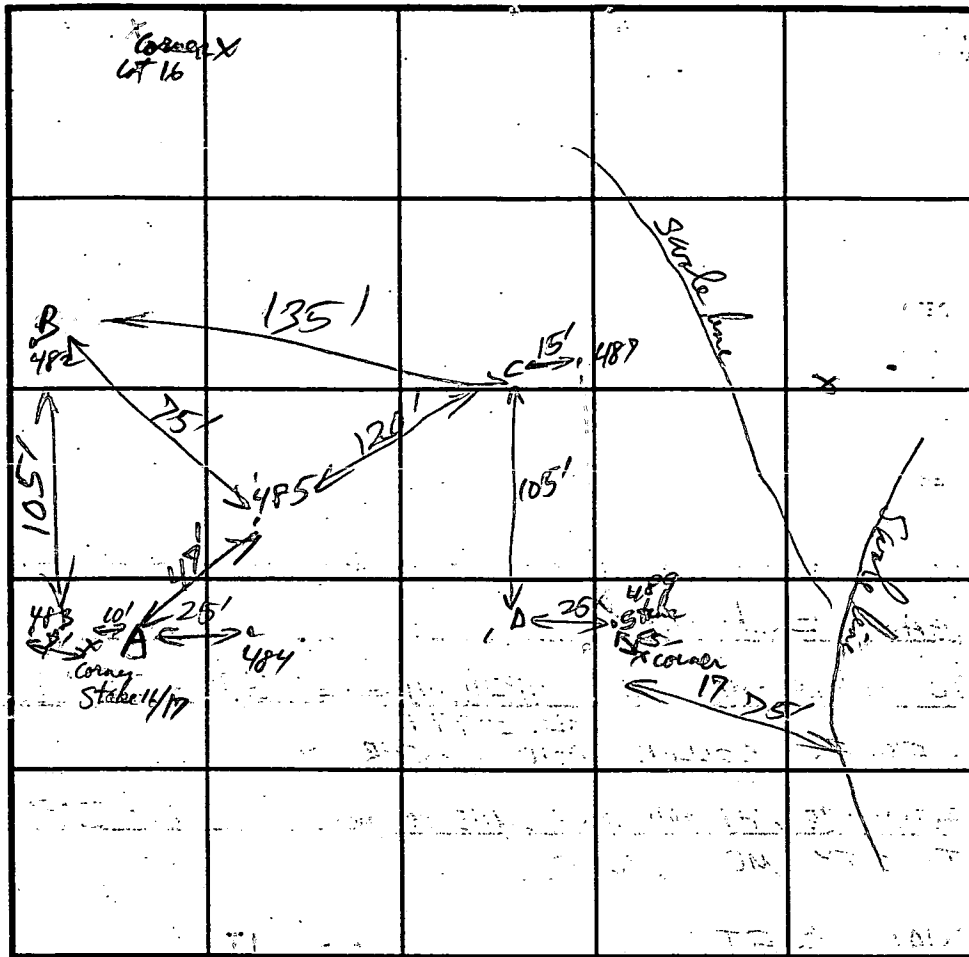
9' ~~Variable M_h Tan clay white, Rd Brn~~
SL-LS

12 1/2' SLUR

487 C

0' Rd hCL

3' Brown Mica Loam (ex Mica) Loam



SOIL PROFILE

0'

1'

2'

3'

4'

5'

6'

7'

8'

9'

10'

11'

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-7-93	489 D	5' ^{retest}	11:25:00	11:29:20	11:29:20	11:39:00	10 min
		V 12 1/2'	V. Moist	gravel 2+ each in 13'	6 1/2 - 10' (variable)		
	487 C	4 1/2'	retest 11:42:00	11:46:52	11:46:52	11:48:20	1 1/2 min
		V 13'	11:40:00	11:41:11	11:41:11	11:42:11	
	483 A	V 12 @ 6'					3 min
	482 B	V 13 @ 6'					1 in 40 sec

Detect
coldest
Season
or Do Not
Use

OK

OK

OK

REMARKS: Need to reconfigure lot 19 or wet Season test if used D

TYPE OF SOIL: Chester / Border Baile

TESTED BY: R.P. Pugh

ALSO PRESENT: _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 5 min TRENCH WIDTH: 3'

INLET DEPTH: 3 1/2' MAXIMUM BOTTOM DEPTH: 6' SQ. FT./BEDROOM: 180

APPLICATION

PERCOLATION TESTING

A 49411

P _____

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

DISTRICT _____

DATE _____

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 Schmidt

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Paternal Gift LOT NO. Lot 17

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 7/20/93 Visual Hole OK but must consult with RP

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

LOT 17 99411

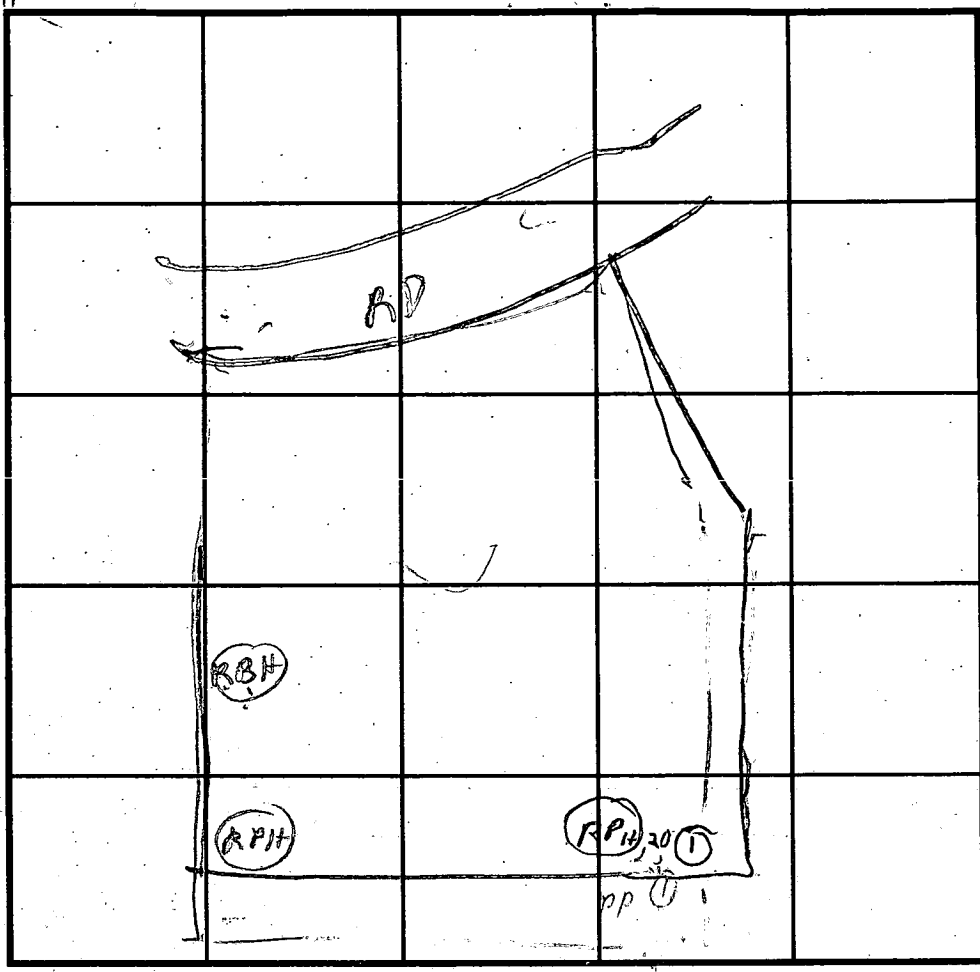
COUNTY #

SOIL PROFILE

0'
 ①
 BROWN
 CLAY
 5'
 WHITE
 &
 TAN
 SAND
 LOAM
 11'

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	
7/20/93	IV	11	OK		deep clay		

Hold
 for well
 screen
 or do
 not use

REMARKS 7/20/93 VISUAL HOLE OK
 TYPE OF SOIL RPH 2 per Pinsky Hole
 TESTED BY R. Hodges ALSO PRESENT Rich & Don of Tyoch
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____
P _____

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

DISTRICT _____

DATE _____

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 Susan Schedt

ADDRESS 12730 Hall Shop Rd PHONE 531 2326

AGENT OR PROSPECTIVE BUYER Fisher, Collins Center

ADDRESS 9177 Balt. Nat. Pike Suite 100 PHONE 461 2855

PROPERTY LOCATION:

SUBDIVISION Paternal Mt LOT NO. _____

ROAD AND DESCRIPTION RL 108-216

TAX MAP 40 PARCEL # 396,179,590

SIZE OF LOT 1 ac ± 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. _____
(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 _____

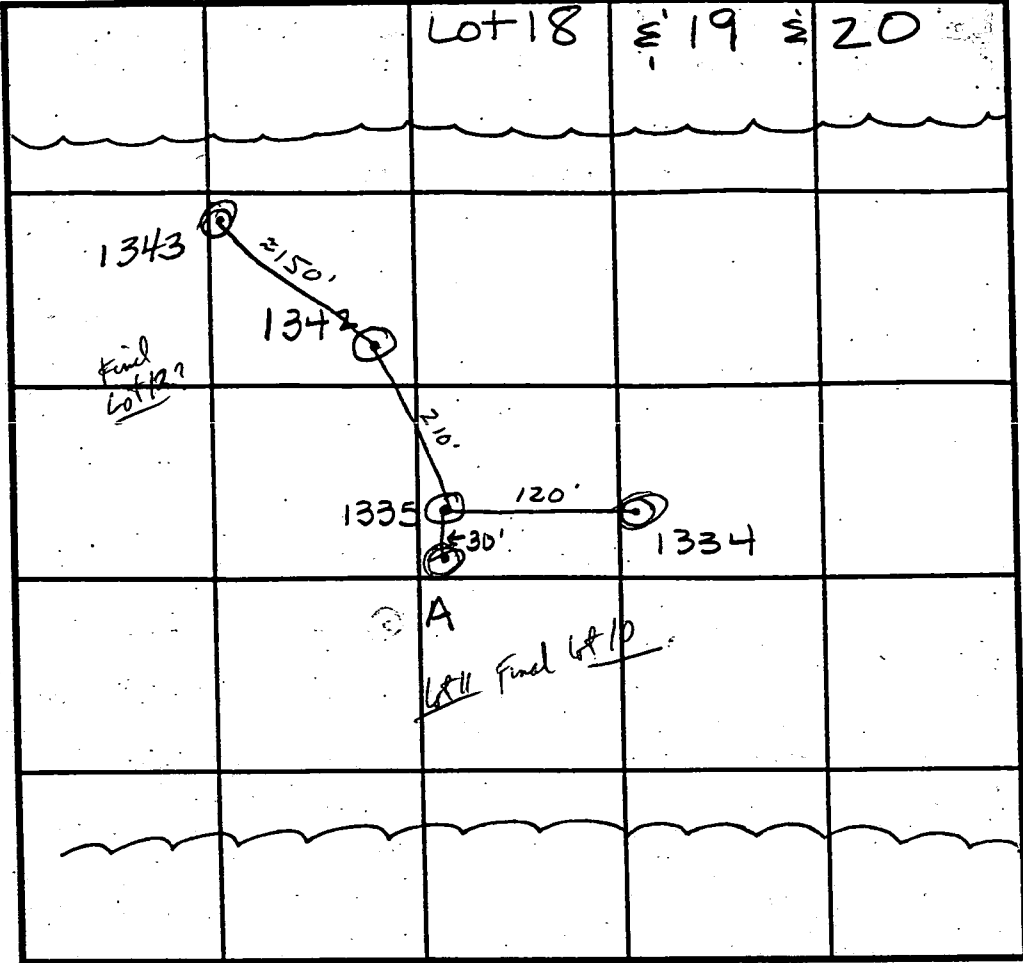
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Lot 18, 19, 20 Final lots 11, 12, 13 (and maybe 10)
Rt 216

Do Not Move SDA downhill without wet season testing!!
9/4/00

COUNTY #
SOIL PROFILE
1334
0' brn w/ tint of orange C
4' orange SL
8' nothing possible H₂O table
12' 1335 orange brn C
4' tan/ brn SL
12' 1342 brn w/ tint of orange C
2' 1st tan S
50% rock frag
13'



SOIL PROFILE
A
0' brn orange C
3' 1st brn SL
8' nothing possible H₂O table
12' 1343
2 1/2' brn C
orange brn SL
5' tan S
9' nothing possible H₂O table
12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/24/93	1334	4' / 12'	12:16 ⁴⁰	12:40	>30 min		F	
			Hold for wet season testing					
	1335	4' / 12'	12:26	12:35	12:35	12:50 ³⁰	15 1/2 min	
	1342	2' / 13'	12:40 ³⁰	12:41 ²⁰	12:41 ²⁰	12:43	1 1/2 min	
			(OK - all sand underneath)					
	A	2' / 12'	1:00	1:13	>30 min		F	
			Hold for wet season if deeper sheet test desired					
	1343	3' / 12'	1:00	1:01	1:01	1:02 ²⁰	1 min	
		repair	103 ³⁰	105 ¹⁰	1:05 ¹⁰	1:07	2 min	

REMARKS: This Section Not Used in Final Area for Final 18)
exact location of this Test Holes remains uncertain 1334 + 1335 are probably on lower property line for lots 10/11

TYPE OF SOIL _____

TESTED BY Amy McMullen ALSO PRESENT S. Scheidt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

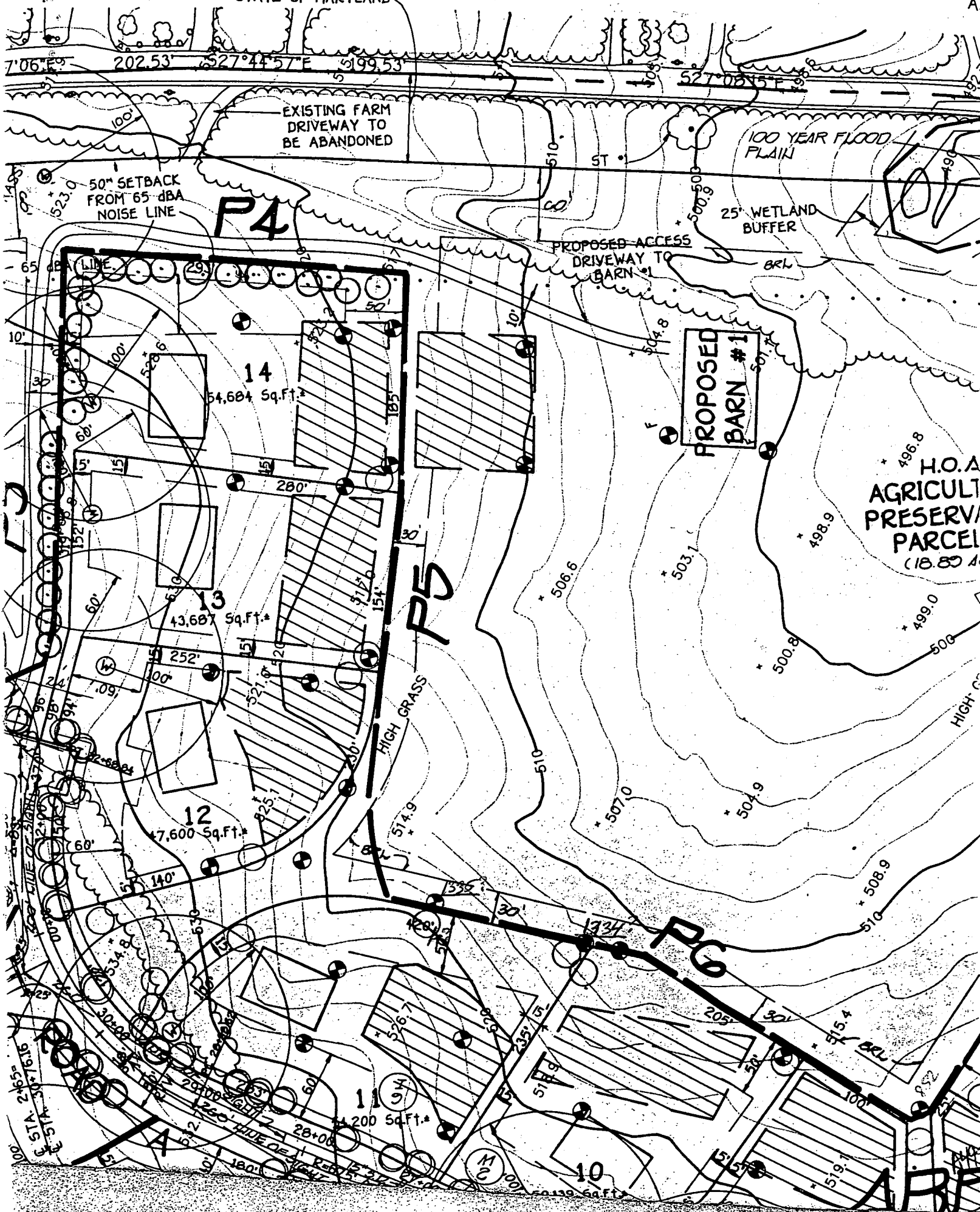
Hol. bor. we see if deep test sheet det

75' PUBLIC RIGHT-OF-WAY TO BE DEDICATED TO THE STATE OF MARYLAND

INGRESS

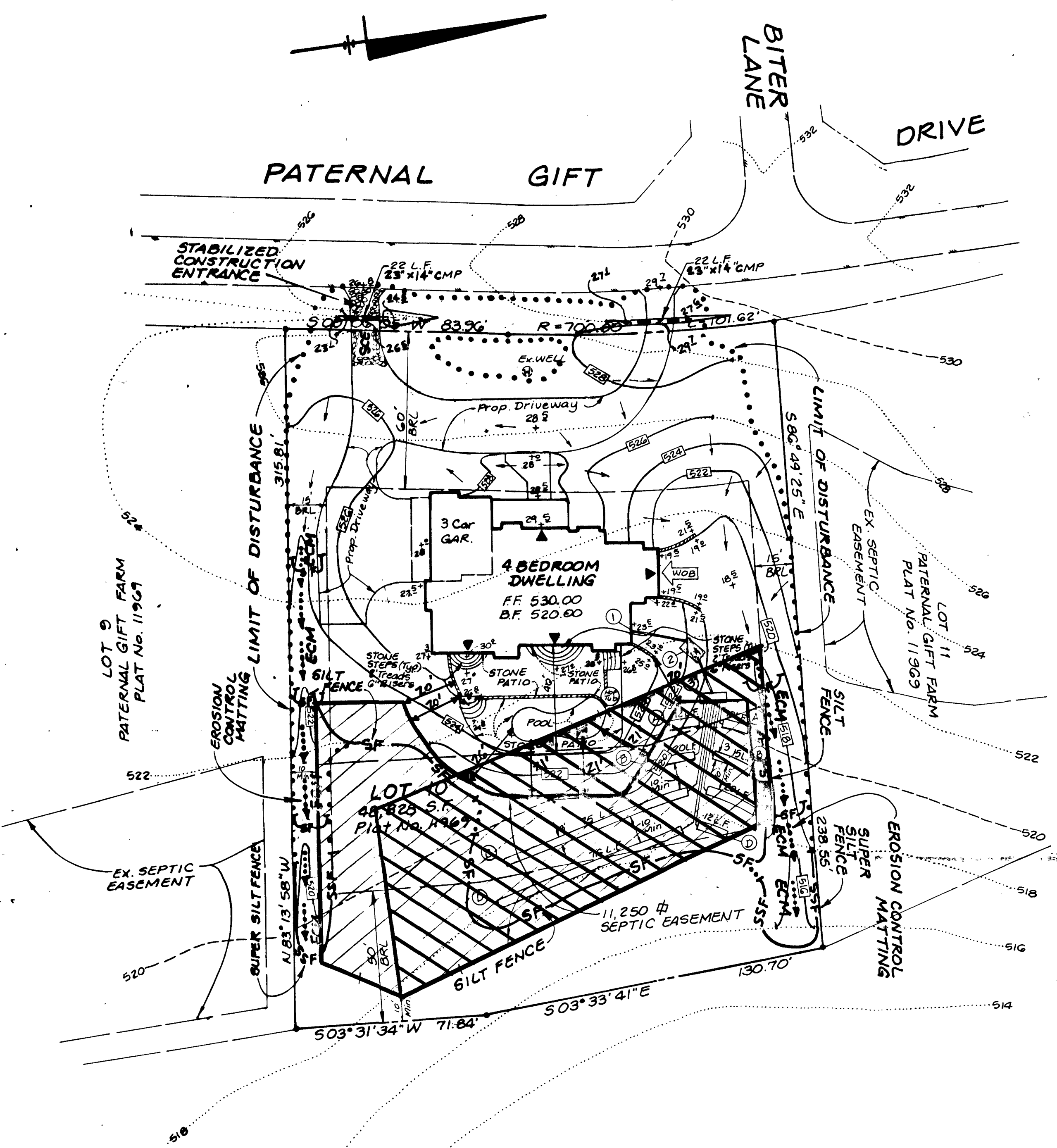
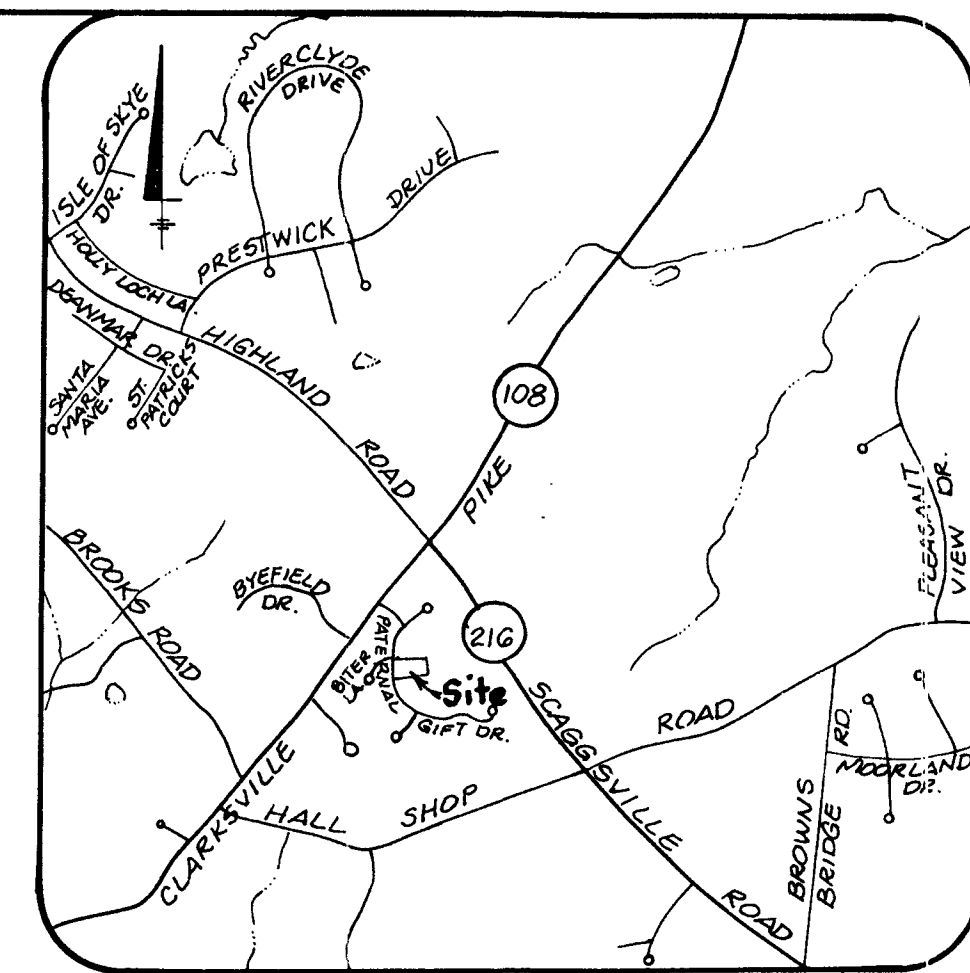
(MARYL

AM



LEGEND

- 520 --- EXISTING GROUND
- 520 --- PROPOSED GRADE
- (W) EXISTING WELL
- > DRAINAGE FLOW
- LIMIT OF DISTURBANCE (L.O.D.)
- [3CE] STABILIZED CONSTRUCTION ENTRANCE
- SF --- SILT FENCE
- SSF --- SUPER SILT FENCE
- ECM --- EROSION CONTROL MATTING



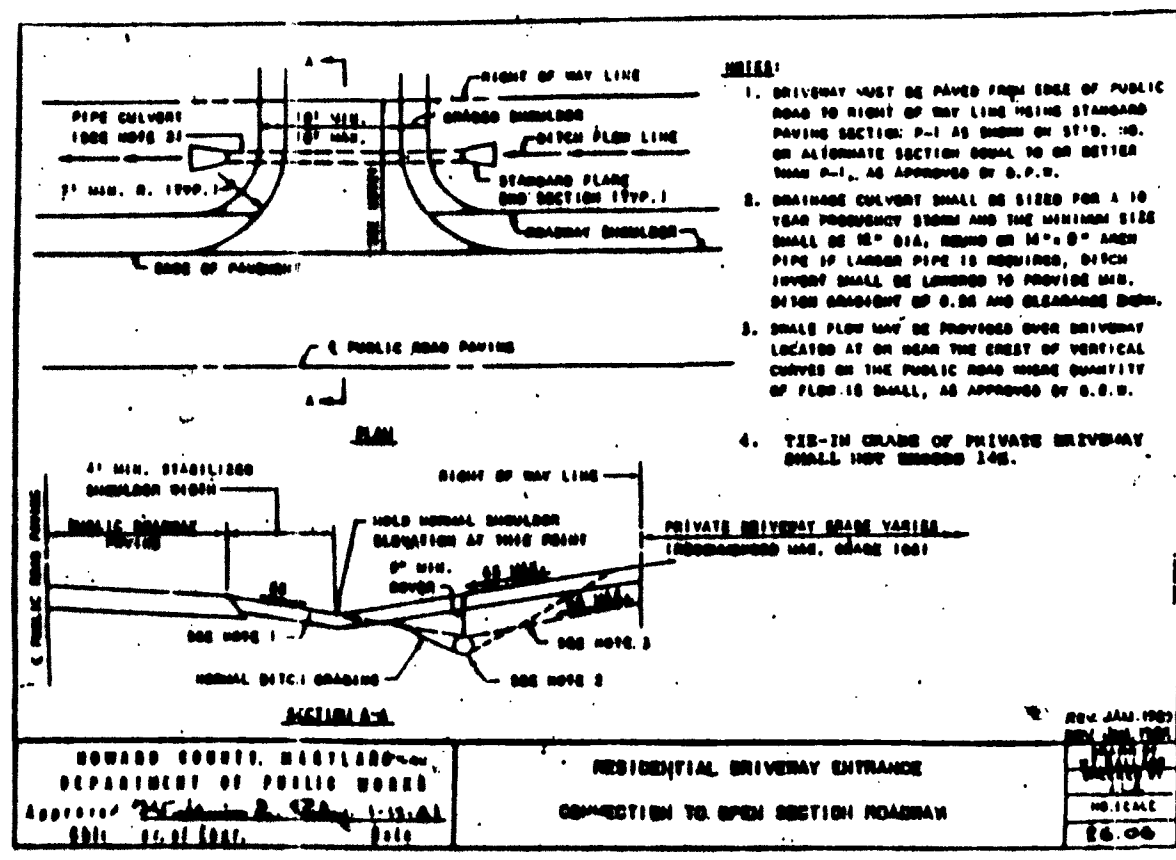
NOTES:

1. EXISTING ZONING: RC (RURAL CONSERVATION)
2. PLAT REFERENCE: No. 11969
3. LIMIT OF DISTURBANCE: 30,590 SF ±
4. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 10 FEET WIDE, 6" CRUSHER RUN WITH 2 1/2" MACADAM SURFACE.
5. THE TOPOGRAPHY SHOWN IS TAKEN FROM A PLAN PREPARED BY FREDERICK WARD ASSOCIATES, INC. DATED 5/01/01.
6. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.

ORIGINALLY APPROVED SEPTIC AREA (2,583 s.f.) TO BE ABANDONED

PROPOSED NEW SEPTIC AREA (3,285 s.f.)

ORIGINALLY APPROVED SEPTIC AREA (AREA OF ORIG. APPROVED SEPTIC EASEMENT TO BE UTILIZED = 7,965 s.f.)



SEWAGE SYSTEM DESIGN DATA:

1. Invert at foundation wall: 517.00
2. 1250 Gallon Septic Tank (4 Bedrooms)
Provide Manhole to Finished Grade
A. Ex. Ground Over Tank: 522.00
B. Prop. Grade Over Tank: 521.00
C. Invert In: 516.70
D. Invert Out: 516.40
3. Distribution Box: (Provide 8 Outlets Minimum)
A. Ex. Ground Over Box: 520.70
B. Prop. Grade Over Box: 519.50
C. Invert In: 516.20
4. Trench Design: 60 LF/Bedrm. X 4 Bedrm. = 240LF

	A	B	C	D
Ex. Gr. Over Trench:	520.20	519.50	519.00	518.00
Invert Trench:	516.70	516.00	515.50	514.50
Bottom Trench:	514.70	514.00	513.50	512.50
Trench Length:	22 Ft.	35 Ft.	95 Ft.	88 Ft.
Trench Width:	3 Ft.	3 Ft.	3 Ft.	3 Ft.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

SEQUENCE OF CONSTRUCTION

1. OBTAIN GRADING PERMIT.	1 DAY
2. NOTIFY THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS AT LEAST 24 HOURS PRIOR TO STARTING CONSTRUCTION.	1 DAY
3. CONSTRUCT STABILIZED CONSTRUCTION ENTRANCE AND DRIVEWAY CHANNEL WITH CHANNEL STABILIZATION.	1 DAY
4. INSTALL SILT FENCE AT LIMIT OF DISTURBANCE SHOWN HEREON.	3 DAYS
5. CLEAR AND GRUB SITE TO SUBGRADE.	5 DAYS
6. BEGIN EXCAVATION FOR HOUSE FOUNDATIONS AND BEGIN HOUSE CONSTRUCTION. INSTALL SEPTIC SYSTEM.	60 DAYS
7. THE CONTRACTOR SHALL INSPECT AND PROVIDE NECESSARY MAINTENANCE ON THE SEDIMENT AND EROSION CONTROL STRUCTURES SHOWN HEREON AFTER EACH RAINFALL AND ON A DAILY BASIS.	DAILY
8. REMOVE SEDIMENT FROM ROADWAYS AND DRESS STABILIZED CONSTRUCTION ENTRANCES AS REQUIRED.	MAINTENANCE
9. FINE GRADE SITE AND STABILIZE WITH PERMANENT SEEDING MIXTURE AND STRAW MULCH. INSTALL INDIVIDUAL DRIVEWAY AND HOUSE WALK.	5 DAYS
10. WITH PERMISSION FROM THE SEDIMENT CONTROL INSPECTOR REMOVE ALL SEDIMENT AND EROSION CONTROL MEASURES AND STABILIZE ANY REMAINING DISTURBED AREAS WITH PERMANENT SEEDING MIXTURE AND STRAW MULCH.	5 DAYS
TOTAL:	84 DAYS

ENGINEER'S CERTIFICATE
I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN OF EROSION CONTROL IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
Space D. Burton
12/10/01

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.
Jim Meyer
12/26/01

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
John M. Burton
12/26/01

SEPTIC EXHIBIT
LDE, INC.
9250 Rumsey Road, Suite 106, Columbia, MD. 21045
(410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)

DESIGNED SDH	GRADING AND SEDIMENT CONTROL PLAN PATERNAL GIFT FARM LOT 10 TAX MAP 40 GRID 11 PARCEL 90 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1"=30'
DRAWN KBW		DRAWING 1 OF 2
CHECKED BDB		JOB NO. 01-072
DATE 12/2001		FILE NO.
OWNER/DEVELOPER CHARTER HOMES 5042 Dorsey Hall Drive Ellicott City, MD 21042		

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 55447 *Lot 10* Account #: 2443
Reference: Beth Lancelotta Company: CASH ACCOUNT
Location: 13521 Paternal Gift Drive Requested By: Beth Lancelotta
 Highland, MD 20777 Source: Well Water
Date/ Time Collected: 07/06/05 1008 Site: Kitchen Sink Tap
Date/Time Rec'd: 07/06/05 1305 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 7.7
Collected By: J. Yeager 6176JY Well #: HO-94-2854

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	<1.0	mg/L	10	601

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Client's Information

Date Reported: 07/07/05