

Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Santa Maria
 PROPERTY ADDRESS 1236 Pleasant View Drive STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. 27 PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S)

DAYTIME PHONE _____ CELL _____ EMAIL _____
 MAILING ADDRESS 1236 Pleasant View Dr STREET CITY, STATE ZIP

APPLICANT

Hotfields Equipment RELATIONSHIP TO OWNER: _____
 DAYTIME PHONE _____ CELL 410 481 5500 EMAIL Hotfields@hotfields-equipment.com
 MAILING ADDRESS PO Box 524 Annapolis Junction MD 20701 STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH _____ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Kira Washburn DATE 11/5/13
 SIGNATURE OF APPLICANT DATE

Bricker, Robert

From: Bricker, Robert
Sent: Wednesday, February 2, 2022 10:46 AM
To: Brian Collins
Cc: Silvast, Zackary; Frank White
Subject: RE: 12363 Pleasant View Drive_Percolation Certification Plan

Good morning Brian,

Resolution of the issue you describe lies in developing plans that account for all of the planned changes. The submitted Perc Cert Plan and Onsite Sewage Disposal System (OSDS) Design Plan, proposed drainfield systems for a 4-bedroom residence -far from the actual plan for 6 or 7-bedrooms. Avoiding future complications and delays requires that all of the improvements are fleshed out at this time at your end. On the plans, show us where footprints will be, observe the regulated setbacks, and provide a realistic OSDS design for the residence that results from all of these modifications.

Fulton Manor, Lot 27 was recorded on December 29, 1994, so it is subject to the requirement that the sewage disposal area contains at least 10,000 sq.ft. AND it has adequate area for an initial drainfield plus 2 replacement drainfields. Applying the regulation to this proposal you will need to illustrate 3 drainfields in the SDA for the total number of bedrooms resulting from all of the modifications.

Robert Bricker, REHS/RS, L.E.H.S.
Environmental Sanitarian II
Bureau of Environmental Health, Well and Septic Program
8930 Stanford Blvd., Columbia, MD 21045

Phone: (410)313-2691
Email: rbricker@howardcountymd.gov



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From: Brian Collins <Brian.Collins@kci.com>
Sent: Tuesday, February 1, 2022 12:10 AM
To: Bricker, Robert <RBricker@howardcountymd.gov>
Cc: Silvast, Zackary <zsilvast@howardcountymd.gov>; Frank White <Frank.White@kci.com>
Subject: RE: 12363 Pleasant View Drive_Percolation Certification Plan

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Thanks Robert, we will update plans per your comments below. I do have one clarification question. I spoke with the client regarding phasing of the various improvements and they identified that the likely order will be:

- 1) Pool and Associated Hardscape
- 2) Rear Bump out and associated over hang
- 3) Pool House
- 4) Master bedroom expansion

At this time they do not have any architectural plans for the future house expansions. We did discuss with them prior to preparing the plans the health departments definition of a bedroom. Based on that conversation we determined that after all the improvements the number of qualifying bedrooms would be six. We added an additional bedroom for the pool house so they had some flexibility in the design. Based on our calculations, the SDA shown would support a 7 bedroom house. Is it possible to show the improvements and clarifying notes that would allow them to have both the Perc Cert Plan and the OSDS plan approved with the first phase so they would not have to revise the OSDS plan three additional times. My thought would be to modify your last note to state that during the permit review architecture would need to be provided to verify that the proposed improvements are in conformance with the approved OSDS plan. I will defer to you, but trying to find a way to avoid having our client revise the plans multiple times moving forward.

I'll be traveling for site meetings this week but I have copied Frank White in our office who will be overseeing the revisions in my absence. If you would like to discuss please feel free to give me a call on my cell phone.

Thanks
Brian

Brian K. Collins, RLA, LEED AP

*Associate - Senior Project Planner
Land Development Practice*



KCI TECHNOLOGIES INC.

936 Ridgebrook Road, Sparks, Maryland 21152
o: 410.472.5253 | m: 410.336.6362 | f: 410.316.7853
Brian.Collins@kci.com | www.kci.com

RISE TO THE CHALLENGE

From: Bricker, Robert <RBricker@howardcountymd.gov>
Sent: Monday, January 31, 2022 11:39 AM
To: Brian Collins <Brian.Collins@kci.com>
Cc: Silvast, Zackary <zsilvast@howardcountymd.gov>
Subject: 12363 Pleasant View Drive_Percolation Certification Plan

Good morning Brian,

The submitted Percolation Certification Plan is not approvable. The issues cited are these:

1. The engineer's certification statement is not signed or sealed.

2. A 1500 sq-ft wellbox or two discreet replacement well locations must be included on the Percolation Certification Plan.
3. The proposed 2000-gallon Septic Tank is within 20 feet to the proposed Master Addition. If the Master Addition will have a full basement beneath it, the required minimum setback for the Septic Tank is 20 feet.
4. The Purpose Note does not include any mention of the 'Proposed Master Addition' or the 'Proposed Rear Addition' that appear on the plan.
5. Under Existing Sewage Disposal System Data, items 2 and 3: the 'proposed grade' data should be deleted as the trenches will be abandoned. Also, delete the statement regarding trenches used as the trenches are being abandoned.
6. Replace all 'Septic Reserve Area' or 'SRA' with labels stating 'SEWAGE DISPOSAL AREA' or 'SDA'.
7. Label existing components being replaced as 'To Be Removed'/'TBR' or 'To Be Abandoned'/'TBA'.
8. The continuation of SDA setback around the front of the residence is nonsensical as the well sites are there.
9. Add a note describing the sequence of proposed improvements. For example, which will occur first, the proposed rear addition or the swimming pool and hardscape. Will the Master Addition be constructed at the same time as the Rear Addition?
10. Add this Note:
 THE EXISTING ONSITE SEWAGE DISPOSAL SYSTEM (OSDS) SHALL BE REPLACED AND ALL COMPONENTS PROPERLY ABANDONED PRIOR TO HEALTH DEPARTMENT APPROVAL OF ANY PROPOSAL REFERENCED HEREON. APPROVAL OF AN OSDS DESIGN PLAN IS REQUIRED FOR RELEASE OF THE SEPTIC SYSTEM PERMIT TO INSTALL THE NEW OSDS.
11. Add this Note:
 THE 10,000 SQ-FT SEWAGE DISPOSAL AREA (SDA) ILLUSTRATED ON THIS PERCOLATION CERTIFICATION PLAN REVISION IS APPROVED TO SUPPORT A RESIDENCE HAVING 4 BEDROOMS. SHOULD MORE BEDROOMS BE PROPOSED FOR THE RESIDENCE, AN EXHIBIT OR A ONSITE SEWAGE DISPOSAL SYSTEM (OSDS) DESIGN PLAN ILLUSTRATING HOW THE INITIAL DRAINFIELD SYSTEM AND TWO REPLACEMENT DRAINFIELD SYSTEMS FIT INTO THE SDA APPROVED ON THIS PLAN MUST BE DEVELOPED BY A QUALIFIED PROFESSIONAL AND SUBMITTED FOR APPROVAL BY THE HEALTH DEPARTMENT. APPROVAL OF EITHER AN EXHIBIT OR OSDS DESIGN PLAN MUST BE SUPPORTED BY FLOOR PLANS THAT ACCURATELY ILLUSTRATE ALL ROOMS IN THE ENTIRE RESIDENCE.

Obviously, the associated OSDS Design Plan will have to be revised.

Robert Bricker, REHS/RS, L.E.H.S.
 Environmental Sanitarian II
 Bureau of Environmental Health, Well and Septic Program
 8930 Stanford Blvd., Columbia, MD 21045

Phone: (410)313-2691

Email: rbricker@howardcountymd.gov



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APPLICATION

PERCOLATION TESTING

A 49668N

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT FIFTH

DATE SEPTEMBER 13,

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 OTHA D. UPCHURCH Mr. & Mrs. Mike Flynn

ADDRESS 457 OLD ORCHARD CIRCLE PHONE 410-381-9901

PROSPECTIVE BUYER SAME AS OWNER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION UPCHURCH PROPERTY (FULTON MAJOR LOT NO. 27

ROAD AND DESCRIPTION 12276 HALL SHOP ROAD 12363 Pleasant View Drive
HIGHLAND MARYL.

TAX MAP 40 PARCEL # 164 & 205

SIZE OF LOT 51,770 \$ TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 2/28/95
Serial # 58248 SFD-4Bm

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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

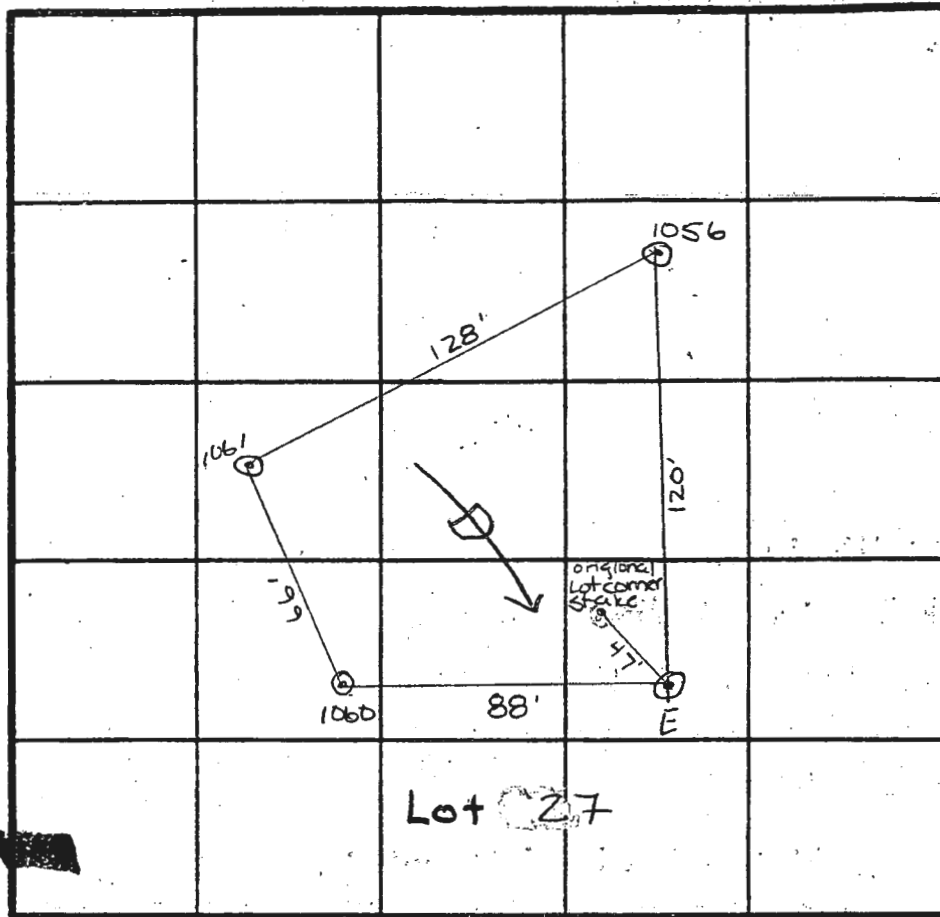
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A49668N



SOIL PROFILE

0'	red/bm C
2 1/2'	brn SiCL
5'	brn SSiL
10'	caprolite

4'	1061 brn C
12'	SSiL brn

4'	1056 brn C
10'	Brn to orange SL

2 1/2'	1060 red/bm C
10'	brn SL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		MIN TIME
			START	STOP	START	STOP	
10/15/98	E	2 V10	11:03 ⁴⁵	11:08	11:08	11:17	9
	1056	4 V10	11:19	11:20	11:20	11:21 ⁴⁵	13/4
	1060	4 V10	10:28 ¹⁰	10:28 ⁵⁰	10:28 ⁵⁰	10:29 ²⁵	35 sec
		repour	10:30 ⁵	10:31	10:31	10:32 ¹⁵	1 1/4
	1061	Visual	to 12 ft		—————		OK

REMARKS _____

TYPE OF SOIL MandR

TESTED BY Amy McMillen/Craig Williams ALSO PRESENT Olan Ketterman

trench width 3' inlet depth 3' max bottom depth 6' sq ft/bdrm 210

NOTES:

- 1) B.R.L. Information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building Line and/or Flood Zone Information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1".

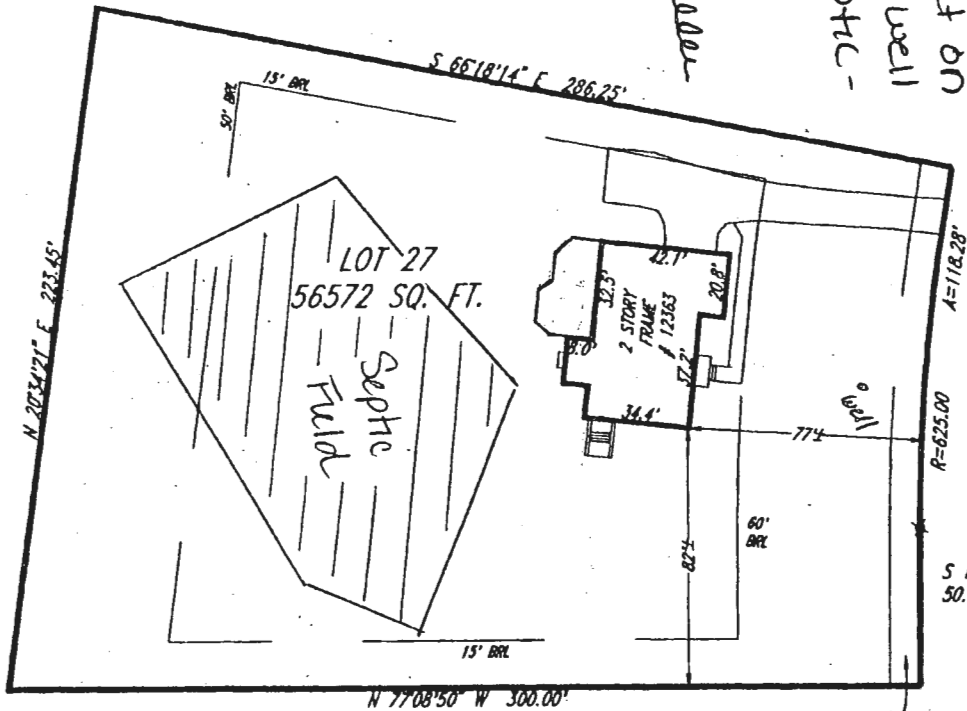
SURVEYORS CERTIFICATION

"I hereby certify, to the Howard County Department of Inspections, Licenses and Permits that a site inspection (based on field observations, measurements, and surveys) was made under my direction on August 30, 1995 at 12363 PLEASANT VIEW DRIVE Except as noted below, to the best of my knowledge, information and beliefs, this lot has been final graded in compliance with the approved Site Development Plan or, if none, the approved Erosion and Sediment Control Plan and Grading Plan. In addition to general compliance with the applicable plan, this inspection was made with the following items being checked for compliance with Section 3.101, Subsection 3008.3 of the Howard County Code, as a minimum:

- a. Drainage Courses - correct direction of flow; (if applicable) located within drainage easements; constructed with a positive and uniform grade, and
- b. Lot Grading - positive drainage away from the structure; fine graded with no local low spots.

Exceptions: This certification is only to the contours and drainage shown on the survey.

This certification in no way guarantees the function of the original design grades, merely that those grades have been established."



5/8/96
Deck location as shown will have no impact on existing well and septic - OK to proceed.
A. W. Mueller

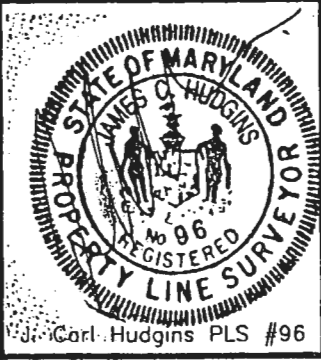
PLEASANT VIEW DRIVE
50' R/W



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland. Panel # 37 of 45 Community Panel # 240044-0037B Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as **LOT 27**
12363 PLEASANT VIEW DRIVE
recorded in the Land Records of Howard County, Maryland in Plat Bk. **11589** Liber **Folio**
for the purpose of locating the improvements thereon.

- * This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- * This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- * This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



Carl Hudgins PLS #96

LOCATION DRAWING 12363 PLEASANT VIEW DRIVE FULTON MANOR 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
NTT Associates, Inc.	Scale: 1" = 60'
16205 Old Frederick Road Mt. Airy, Maryland 21771 Ph. (410)442-2031 Fax No. (410)442-1315	Date: AUGUST 30, 1995
	Field by: JLM
	Drawn by: JLM
	Drawing # MISC2496

C1 5989 SEQUENCE NO. (DENV 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 COLUMNS 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE COUNTY NUMBER **A49668N**

ST/CO USE ONLY DATE RECEIVED **7 22 89 4** DATE WELL COMPLETED **01 27 95** Depth of Well **295** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-94-0278**

OWNER **FISHER COLLINS & CARTER** last name **PLEASANT VIEW DR** first name TOWN **HIGHLAND**
 STREET OR RFD SUBDIVISION **FULTON MANOR** SECTION LOT **27**

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	70	✓
Sand Stone	70	80	
MICKA	80	110	
Sand Stone	110	115	✓
MICKA	115	245	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **32** NO. OF POUNDS **2500**
 GALLONS OF WATER **132**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **85**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS BRONZE OPEN HOLE
PL **OT**
 PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED YES NO

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

C2
 DEPTH (nearest ft.)
 1 **H0** **813** **245**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

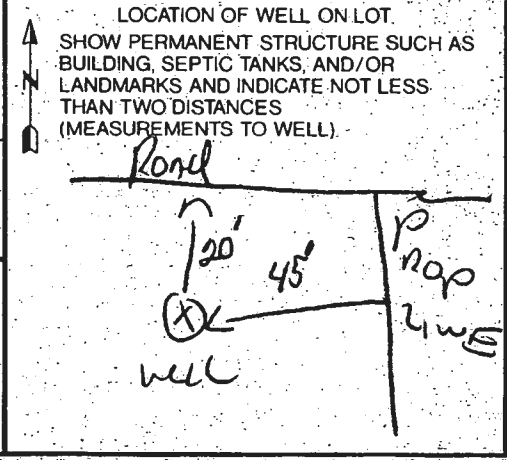
DRILLERS IDENT NO. **116**
Vahh Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **72**
 WHEN PUMPING **42**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below }



APPLICATION

PERCOLATION TESTING

A 49668M

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT FIFTH

DATE SEPTEMBER 13,


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 OTHA D. WPCURCH

ADDRESS 457 OLD ORCHARD CIRCLE PHONE _____

PROSPECTIVE BUYER SALE AS OWNER

ADDRESS _____ PHONE 

PROPERTY LOCATION:

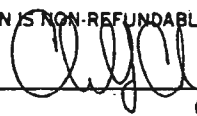
SUBDIVISION WPCURCH PROPERTY (ELTON MAJOR LOT NO. 27

ROAD AND DESCRIPTION 12276 HALL SHOP ROAD
HIGHLAND MARYLAND

TAX MAP 40 PARCEL # 164 & 205

SIZE OF LOT 47,120[#] TYPE BLDG. SINGLE FAMILY DWELLING
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

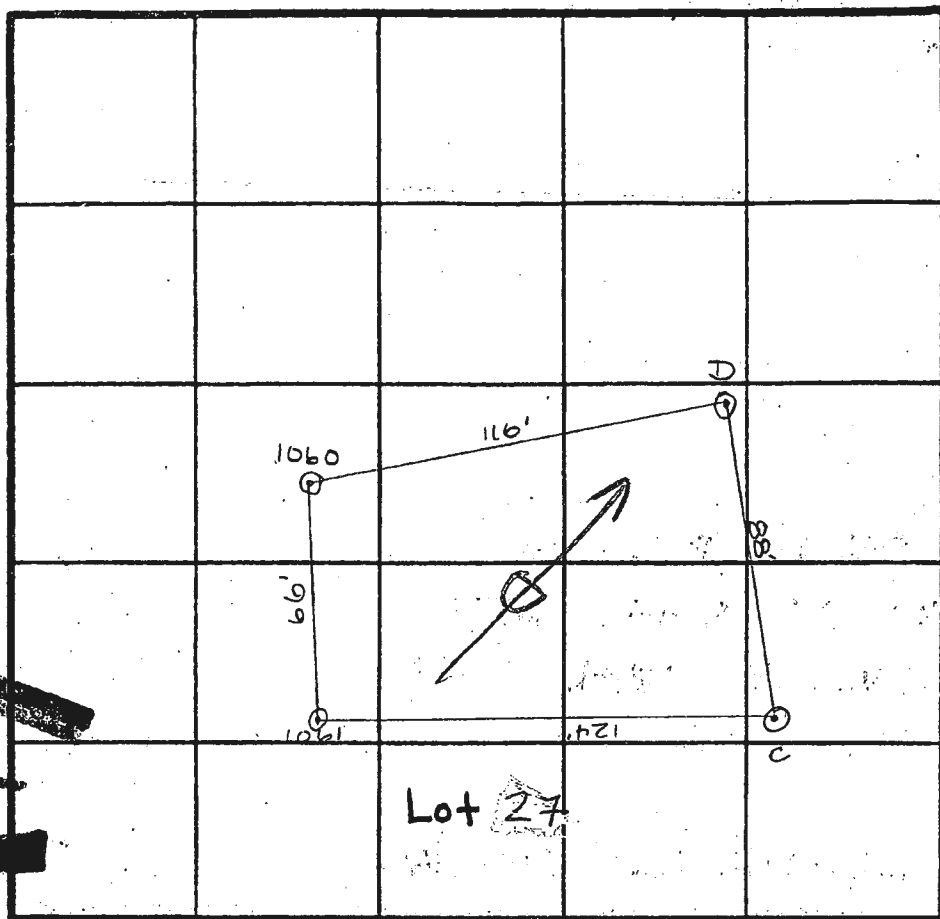
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A49668M

Lot 26



D
Lgt brn
C
tan
SL
<10%
saprolite

SOIL PROFILE
1060
0' red/brn
C
2 1/2' brn
SL
10'

1061
4' brn
C
SSIL
brn
uniform
color
throughout
12'

C
2' brn
C
red/brn
SiCL
4' grey mottles
high
and
only
5' brn/red
SiL
10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

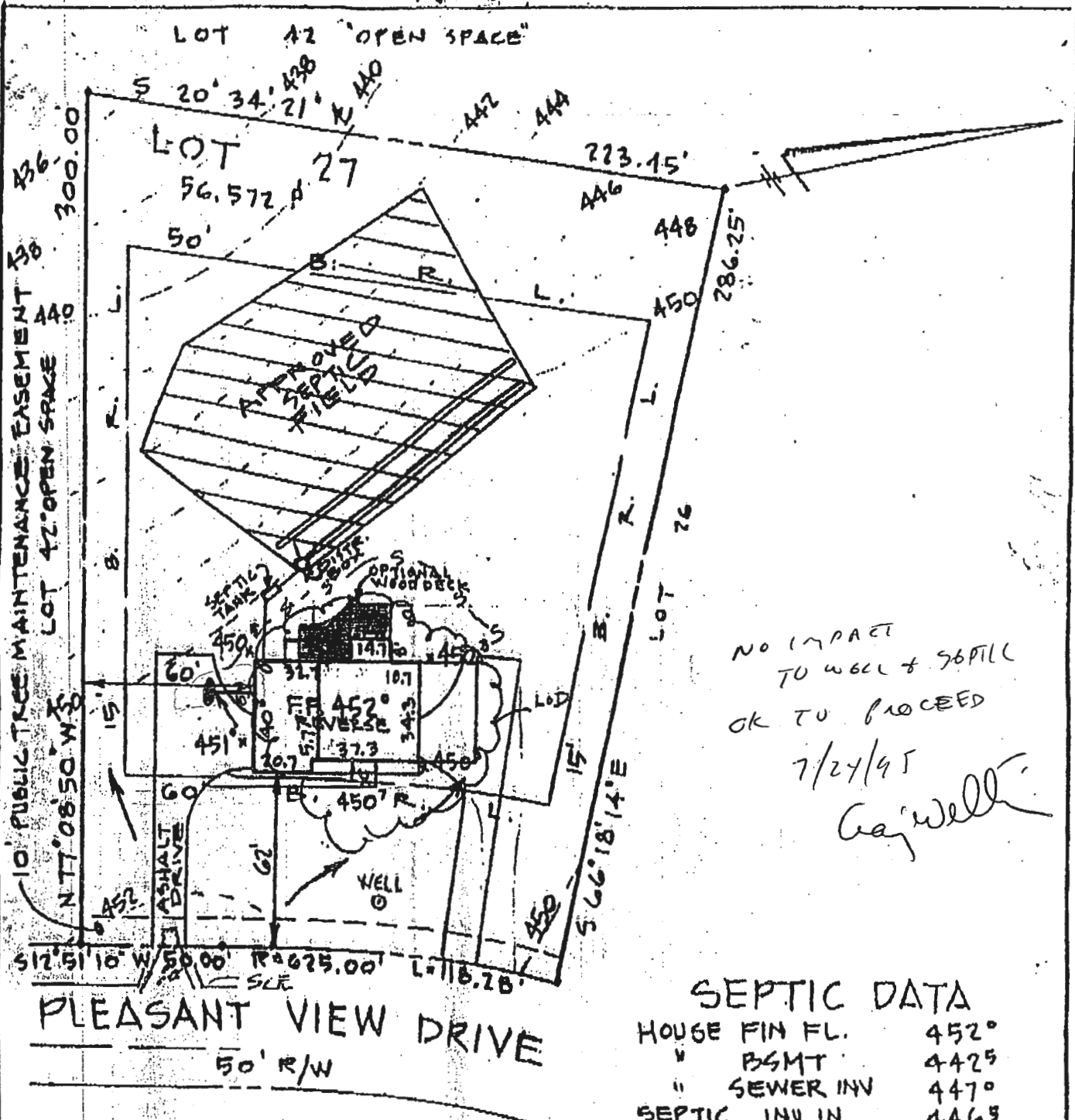
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/15/78	C	2 VI0	10:12 ¹⁵	10:12 ²⁵	10:12 ²⁵	10:13	3/4 min
		repour	10:13	10:14	10:14	10:15	1 min
		6 VI0	10:12	10:13	10:13	10:15 ³⁰	2 1/2 min
	D	4 VII	10:20	10:21	10:21	10:22	1 min
		repour	10:22 ⁴⁵	10:24	10:24	10:25 ³⁰	1 1/2 min
	1060	4 VI0	10:28 ¹⁰	10:28 ⁵⁰	10:28 ⁵⁰	10:29 ²⁵	1 1/4 min
		repour	10:30 ⁵	10:31	10:31	10:32 ¹⁵	1 1/4 min
	1061	Visual to 12'					OK

REMARKS Hold till wet season

TYPE OF SOIL MANOR

TESTED BY Amy McMillen / Craig Williams ALSO PRESENT Olan Ketterman

trench width 3 inlet depth 4 max bottom depth 6 sq ft/bd/m 240



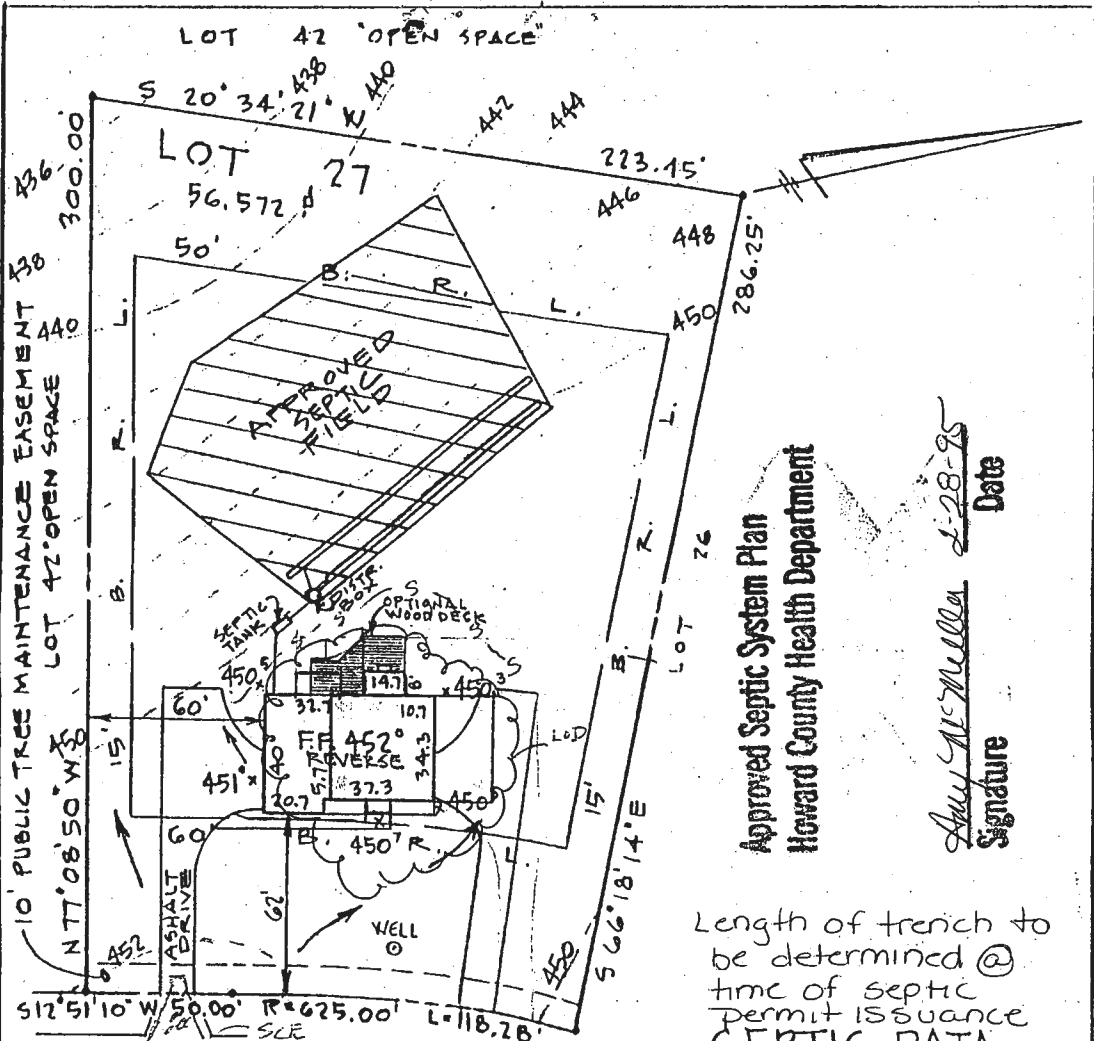
NO IMPACT
 TO WELL & SEPTIC
 OK TO PROCEED
 7/24/95
 Craigwell

SEPTIC DATA

HOUSE FIN FL.	452°
" BSMT	4425
" SEWER INV	447°
SEPTIC INV IN	4463
TANK INV OUT	4462
FIN. GR.	450°
DISTR. INV IN.	446°
BOX FIN. GR.	450°
WATER EX. GR.	451°
WELL PROP. GR.	451°

NOTE: TRENCH LENGTH TO BE
 TERMINED AT TIME OF
 PTIC PERMIT ISSUANCE.

ENGINEER



PLEASANT VIEW DRIVE
50' R/W

Approved Septic System Plan
Howard County Health Department

July McMillan
Signature
2-28-95
Date

Length of trench to be determined @ time of septic permit issuance
SEPTIC DATA

HOUSE FIN FL.	452°
" BSMT	4425
" SEWER INV	447°
SEPTIC INV IN	4465
TANK INV OUT	4462
FIN. GR.	450°
DISTR. INV IN.	446°
BOX FIN. GR.	450°
WATER EX. GR.	451°
WELL PROP. GR.	451°

NOTE: TRENCH LENGTH TO BE TERMINATED AT TIME OF PTIC PERMIT ISSUANCE.

ENGINEER

JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21128
301-744-1745

RECORD PLAT N° 11569

GRADING STUDY

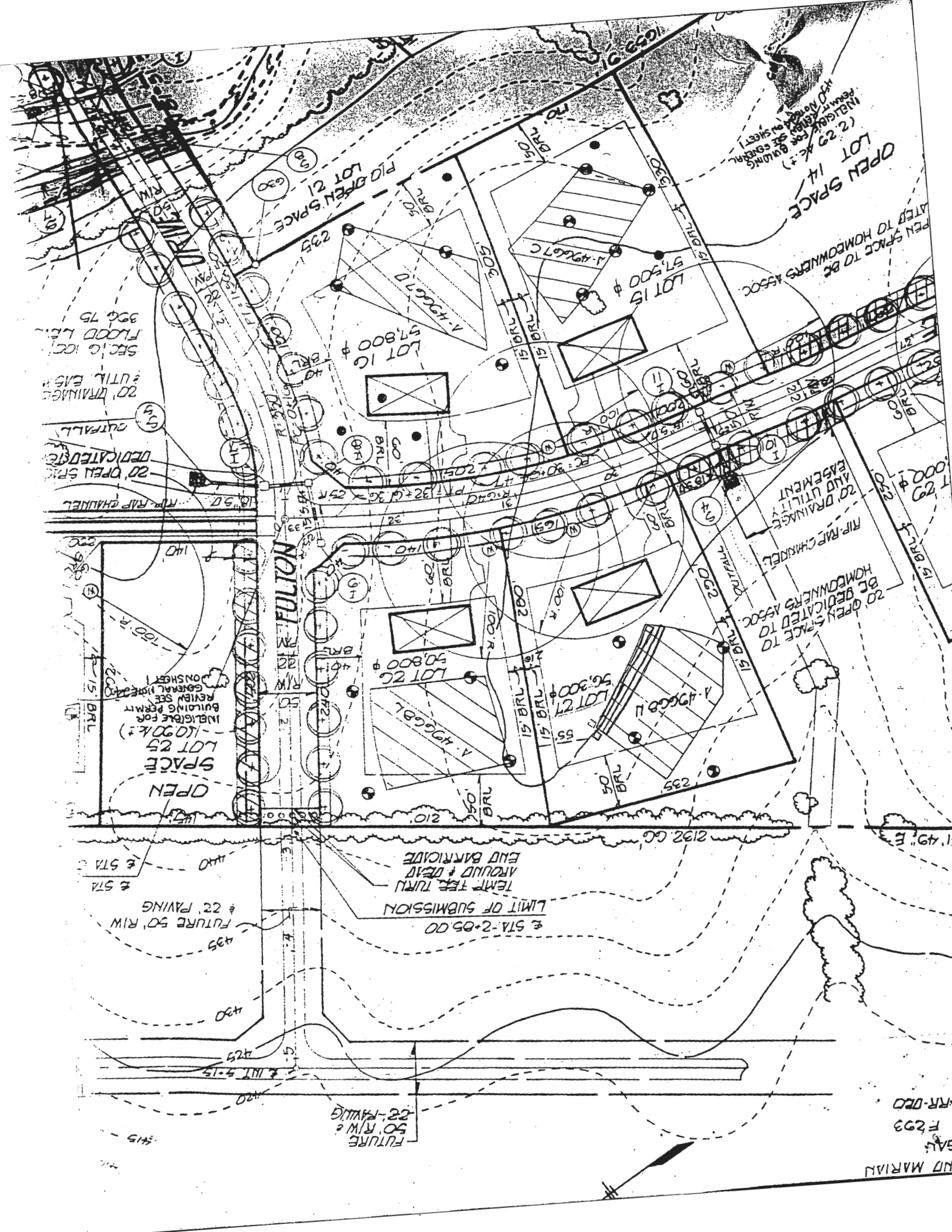
LOT 27 "FULTON MANOR"

5th ELECTION DISTRICT
HOWARD COUNTY - MD.

SCALE: 1" = 50'

DATE: FEB. 13, 1995





INVESTIGATE FOR GENERAL PERMIT NO. 229 (2) BUILDING PERMIT NO. 229 (2) FOR GENERAL PERMIT NO. 229 (2)

OPEN SPACE LOT 14

OPEN SPACE TO BE DEDICATED TO HOMEOWNERS ASSOC

20' DRAINAGE AND UTILITY EASEMENT

20' OPEN SPACE TO BE DEDICATED TO HOMEOWNERS ASSOC

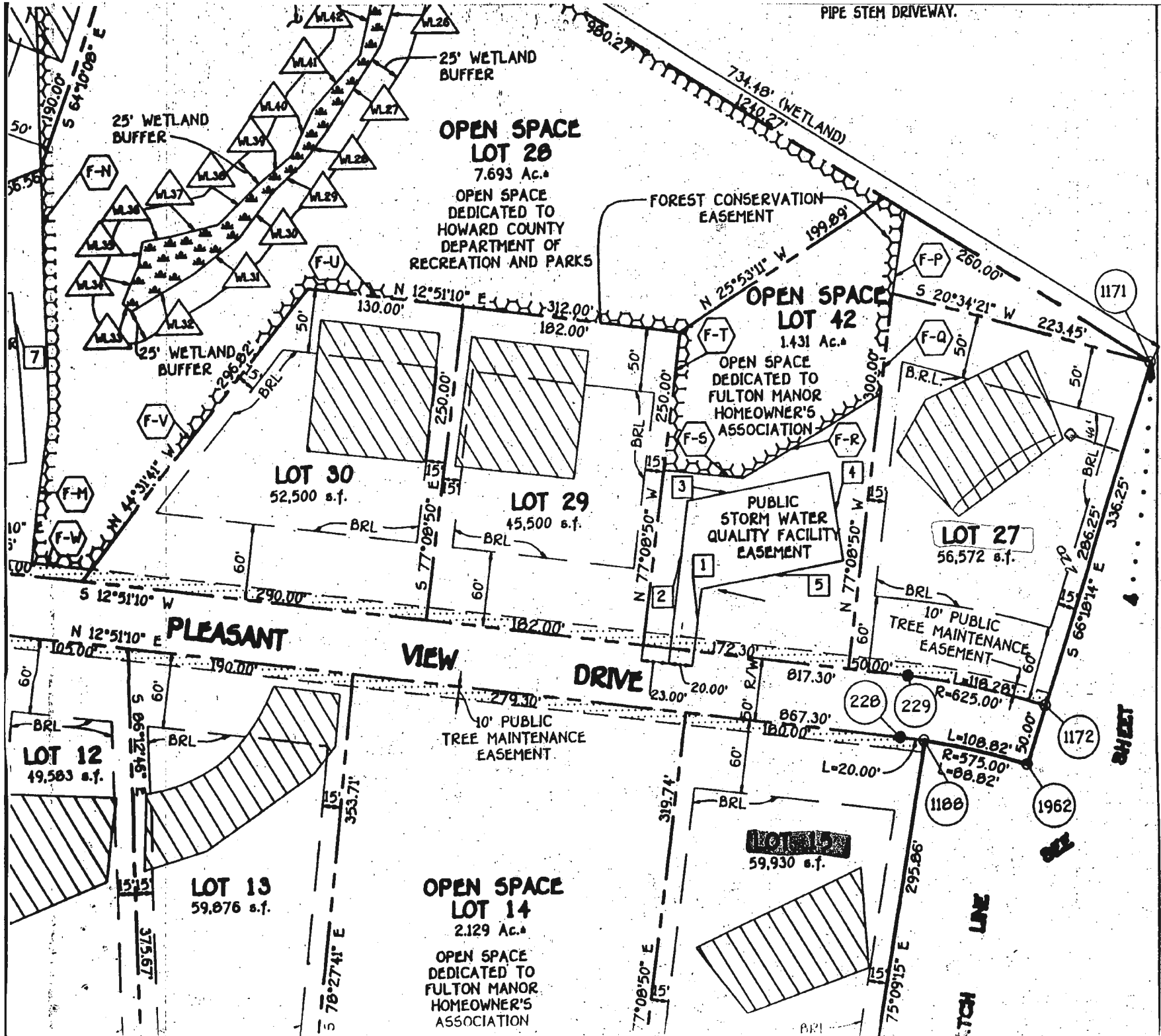
OPEN SPACE LOT 25

FUTURE 50' R/W & 22' PAVING

FUTURE 50' R/W & 22' PAVING

AND MARIAN
F293
RR-020

PIPE STEM DRIVEWAY.



**OPEN SPACE
LOT 28**

7.693 Ac.
OPEN SPACE
DEDICATED TO
HOWARD COUNTY
DEPARTMENT OF
RECREATION AND PARKS

**OPEN SPACE
LOT 42**

1.431 Ac.
OPEN SPACE
DEDICATED TO
FULTON MANOR
HOMEOWNER'S
ASSOCIATION

LOT 30
52,500 s.f.

LOT 29
45,500 s.f.

LOT 27
56,572 s.f.

LOT 12
49,583 s.f.

LOT 13
59,876 s.f.

**OPEN SPACE
LOT 14**

2.129 Ac.
OPEN SPACE
DEDICATED TO
FULTON MANOR
HOMEOWNER'S
ASSOCIATION

LOT 14
59,930 s.f.

**PLEASANT
VIEW
DRIVE**

SHEET

LINE

EMERGENCY/TEMP NO. IF ANY

B 1 **1263** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0278**
(THIS NUMBER IS TO BE PUNCHED IN GOLS. 3-6 ON ALL CARDS) fill in this form completely

OWNER INFORMATION
 Date Received (APA) **1/22/84**
FISHER COLLINS CARTER
15 Last Name 13 Owner 34 First Name
9191 BALT. MATL PIKE
38 Street or RFD 55
ELLICOTT CITY MD 2042
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
UPCHURCH SUBDIVISION
 SECTION **4** LOT **27**
HIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION MSD/MGD/MWD **116**
 Driller's Name **Ralph Mayne (well drilling)** License No. **80**
 Firm Name **9120 Brown Church Rd. Mt. Airy**
 Address **Ralph Mayne 12/12/84**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) **NE**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **S**
 DISTANCE FROM ROAD **25** FT OR MI **FT**
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **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 HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

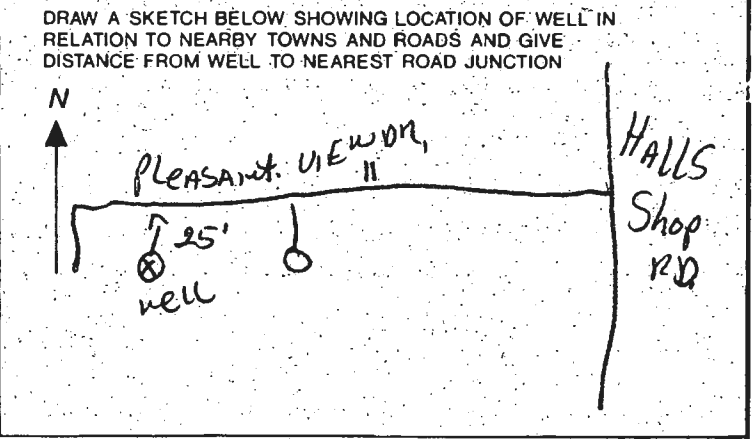
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A49668N** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **010495** **Ann M. Miller** 1/4/96
 NORTH GRID **490000** EAST GRID **315000**

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
815
490
 1-27-95 GROUT to follow @ 30 in same SD
 1-27-95 NO INSPECTION GS

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **Am** INITIALS IN BOX PERMIT No. **40-94-0278**