

1/10/00
10:00
1/12/00
Go. ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#413583

P 513211

A 40805

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 1/5/2000

DATE SYSTEM APPROVED 1/12/00

INSPECTOR DKS

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION The Warfields LOT 39 ROAD ~~14808~~¹⁴⁸⁰⁸ Chestnut Court

PROPERTY OWNER Eric and Hazel Wolfrey

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 390 feet down the right lot line and 115 feet off this same lot line as seen from Chestnut Court. Run trenches along 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. OK 4/13/99 DKS

1/12/99 OK to place DB on right corner of SAA & run 3-100' trenches An

PLANS APPROVED BY Donna K. Soe DATE 4-12-1999

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

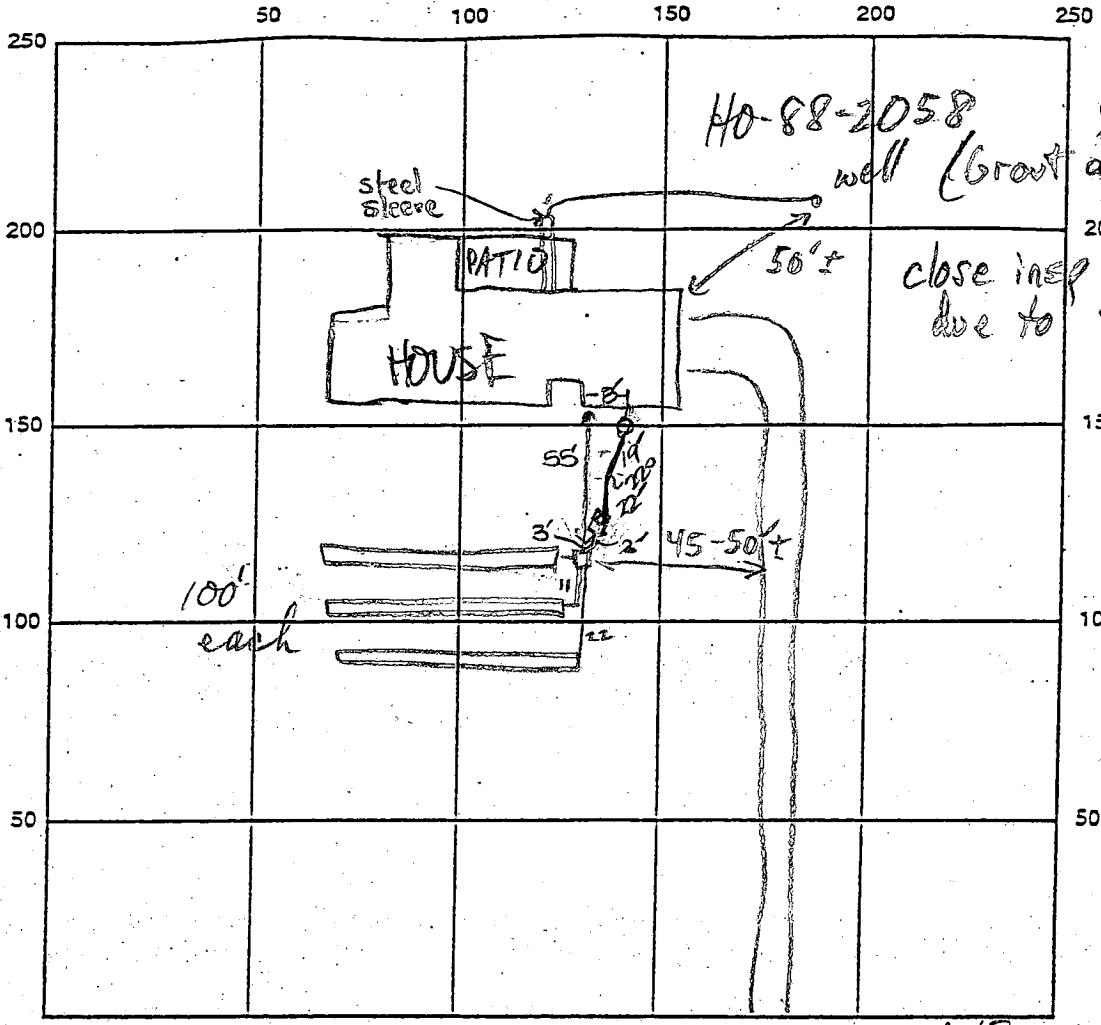
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

40805

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE CHESTNUT CT

SEPTIC TANK LEVEL OK - 1500gal top same CLEANOUTS one on sit.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 300 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 900 SQ. FT.

DRYWELL DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

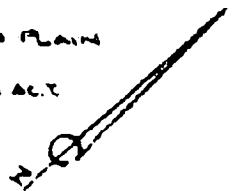
REMARKS: 1/10/00 OK TO COVER TRENCHES (MR)

1/12/00 FINAL INSP - OK TO COVER ALL SEPTIC WORK. DKS

DATE SYSTEM APPROVED 1/12/00 INSPECTOR DOLIAK

D.G. GRANT
615/838
P. 106

100 YEAR FLOOD PLAIN
DRAIN & UTILITY
EASEMENT 0.708 AC.



LOT 4
PLAT # 2017
P. 125

LOT 43

Install (1) 1000
Gallon ASME LP
UNDERGROUND TANK
PER NFPA 58

TANK LOC.

OK *[Signature]*
4/28/00

LOT 40

20 FT

ELEVATIONS

EX WELL	492.8
HOUSE FT. EL.	490.5
INV. HOUSE	490.0
15' DIA. SEPTIC TANK	492.0
INV. IN SEPTIC TANK	489.0
INV. OUT SEPTIC TANK	488.7
EV. DRO. DIST. BOX	493.0
INV. DIST. BOX	488.5
EV. DRO. TRENCH	492.0
INV. TRENCH	488.5

* BSMT EJECTOR

AREA OF DIST. = 29,000 SF

SITE PLAN
LOT 39 - THE WARFIELDS
SITUATED ON
CHESTNUT COURT
SAPLING RANGE
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1"=100' MAR. 1999

CHESTNUT COURT
60' R/W COURT

AREA = 130.41
R = 525.00

LOT 38

LOT 39
4.188 AC.



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLSBOTH CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

7300122139

Building Address 14808 Chestnut Ct
Blensig MD 21737
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision The Warfields
Section _____ Area _____ Lot 39
Tax Map 27 Parcel 56 Grid 5
Zoning R2000 Map Coordinates 1311 Lot size _____

Property Owner's Name Wolfe, Eric - Daniel
Address 7274 Meadow Wood Way
City Crofton, MD State MD Zip Code 21127
Home Phone 301-342-5392 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): _____
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use Same with Tank
Estimated Construction Cost \$ 300,000
Description of Work ONE (1) 1000 GALLON
LP UNDERGROUND TANK

Contractor Company None
Contact Person Tom McLaughlin
Address 10097 Baltimore Highway, P.O. Box
City Beltsville, MD State MD Zip Code 21115
License No. _____
Phone 410-465-0200 Fax _____

Occupant or Tenant _____
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 DESCRIPTION - RESIDENTIAL

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13R _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	State Certified Modular _____ Manufactured Home _____
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: _____	

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 THERETO; (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 Thomas R. McLaughlin
Title/Company _____

Print Name Thomas R. McLaughlin
Date 12/2/00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>1/2/00</u>	<u>Mark E. Zoller</u>
Health		
Fire Protection		
In Sediment Control approval required prior to issuance?		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>10218</u>	
Filing fee	\$ <u>102.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total pay	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>5448</u>
Validation #	_____

CONTINGENCY CONSTRUCTION START
ONE STOP SHOP

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

C1 5134 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 40 805

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-88-2058

OWNER Keich Mark last name first name STREET OR RFD Chestnut CT TOWN Glenely SUBDIVISION THE WAKFIELDS SECTION LOT 39

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 Top Soil, Shale, Sand Stone, MICA, Sand Stone, MICA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 300

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) (A) Total depth of main casing (nearest foot) (35)

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

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

DEPTH (nearest ft.) (HO) 33 205

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

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. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

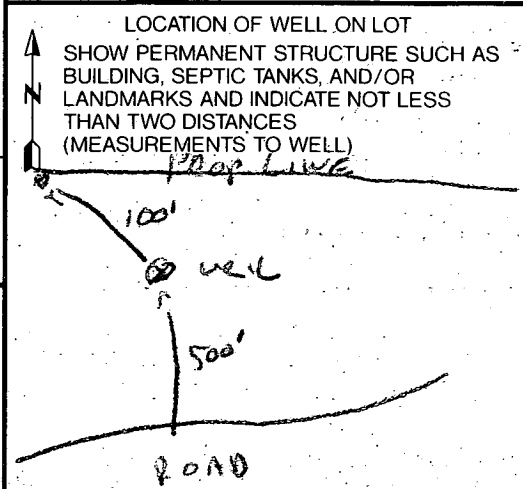
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP 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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 31 TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP, YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED (S) 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 (-) below LAND SURFACE (L) (nearest foot)



B 1 **1409** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-2058
 fill in this form completely

Date Received (APA) **013192**
 OWNER INFORMATION
REVAH MARK
 15 Last Name 13 Owner 34 First Name
12030 R LITTLE PARK
 36 Street or RFD 55
COLUMBIA **MD21044**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
THE WARFIELD
 23 SUBDIVISION 42
 SECTION **4** LOT **39**
 44 46 48 50
GLENELE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE **273**
 Driller's Name 77 License No. 80
Ralph MAYNE WELL DRILLING
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 1/29/92
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD
~~Farmington Rd.~~
chestnut Ct
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **500**
 34 37 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 2 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A40805**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE **Mark E. Liffin** 8/10/92
 DATE ISSUED INSERT S 41
021092 CO SIGNATURE EXP. DATE
 43 48 NORTH GRID **514000** EAST GRID **0794000**
 50 55 57 63

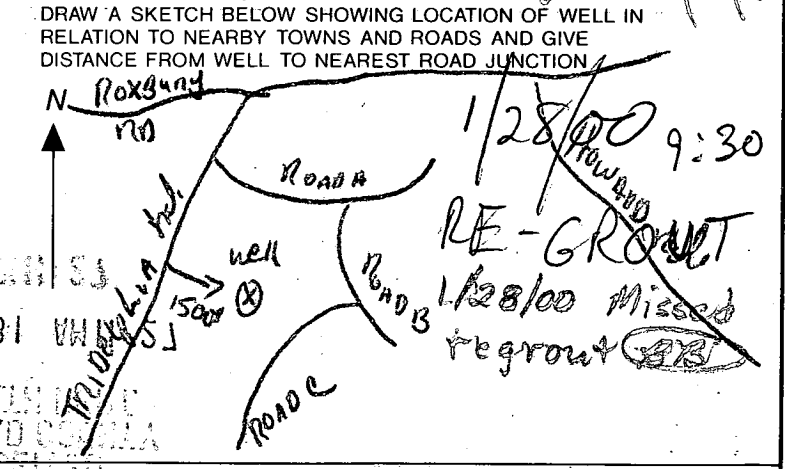
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 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
 E **7904**
 N **5104**
 000 000
35' CASING
7 BAGS LOC OK
31' OPEN GROUT well OK
2' CASING A.G. OK
 NOT OBS'D MR
 1/28/00 OK 2/2/92

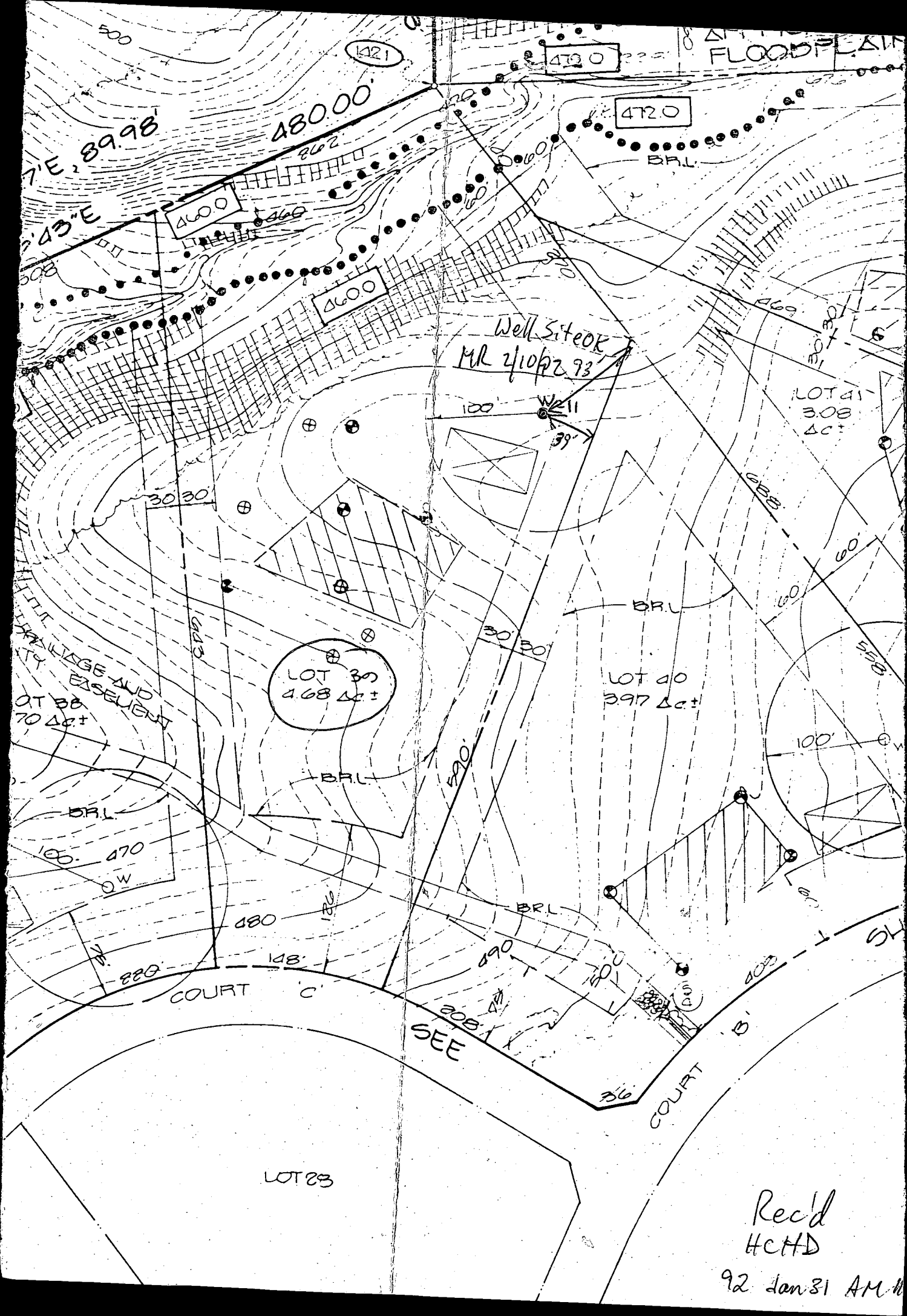
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRive-POINT
 other _____

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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-88-2058**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **work 740-2100** **car 4460365**
410 Home 740-3426 **410**



FLOODPLAIN

421

472.0

472.0

7'E, 89.98'

480.00

460.0

460.0

Well Site OK
MR 2/10/2 93

LOT 41
3.08
Δc±

LOT 39
4.68
Δc±

LOT 40
3.97
Δc±

EASEMENT
LOT 38
7.0 Δc±

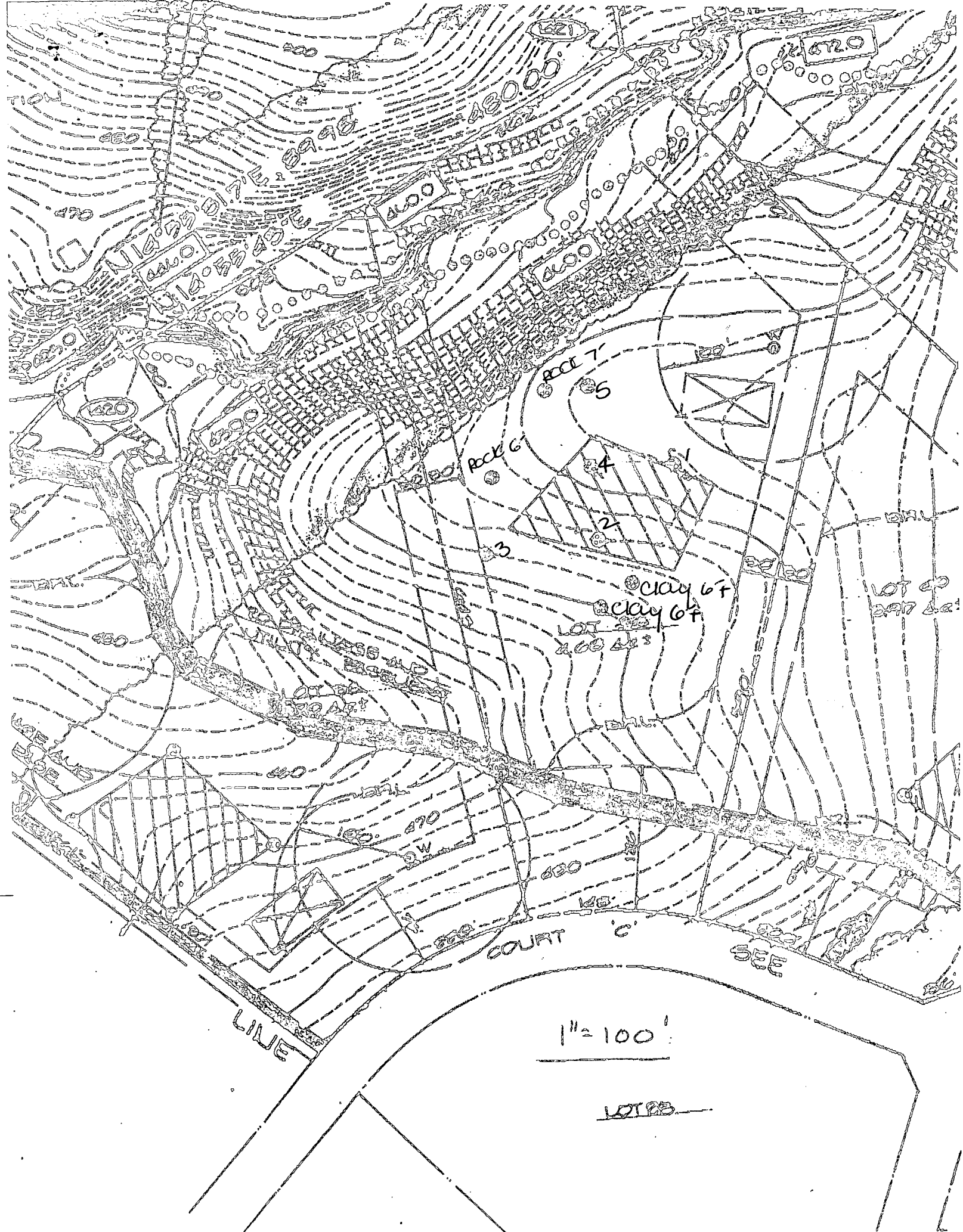
COURT C

COURT B

LOT 23

Rec'd
HCHD

92 Jan 31 AM



APPLICATION

PERCOLATION TESTING

A 40805

P _____

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

DISTRICT 5th

DATE 12/1/87

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 Kennard Warfield Jr. VERNON ERIC WOLFREY

ADDRESS 14663 Triadelphia Rd PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~Sapling Range~~ THE WARFIELDS LOT NO. ~~40~~ 39 Preliminary

ROAD AND DESCRIPTION 14600 Triadelphia Rd just west of Howard Rd
14800 Chestnut Court

TAX MAP 27 PARCEL # 56

SIZE OF LOT 3 acres TYPE BLDG. SFD - 5Bam
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGN'D
AND RETURNED 4-12-99
Sud # B00116753
SFD - 5Bam

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. Myard Reil
(SIGNATURE OF APPLICANT)

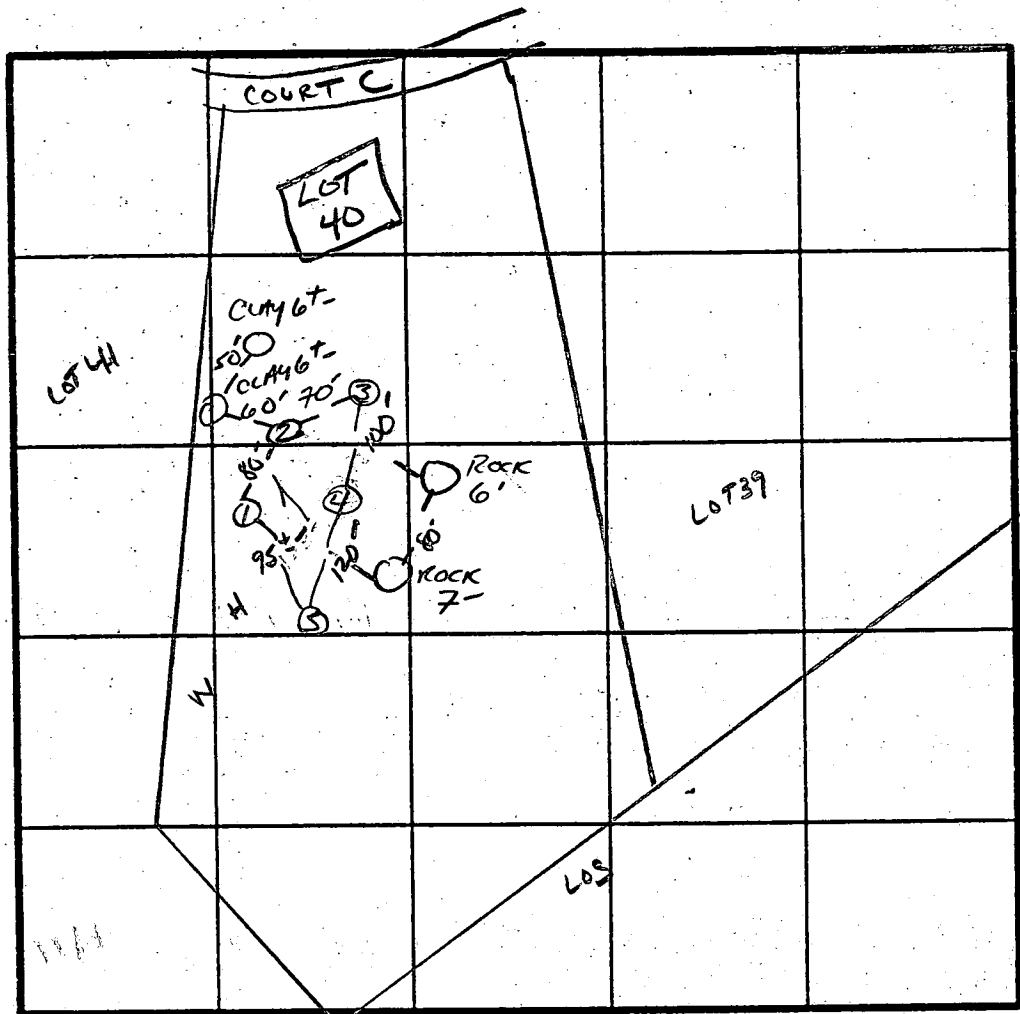
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-2-88 PERC SATISFACTORY - HOLD FOR PLAT SA

THIS IS NOT A PERMIT



X Perc
5 min
INlet 35'
Bottom 5.0'
180 lb BR

① SOIL PROFILE

8" AP
RED BR...
SILTY CLAY
LOAM
10-20% FRAGS

3-4.5" Yellowish
SAND LOAM
25-35% FRAGS

12-13" HARD BOTTOM
4+5
at 9.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
↓ TO TRIADELPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/86	1 S	4.5"	10:05	10:07	10:07	10:11	4 min
	1 M	8"	10:04	10:08	10:08	10:12	4 min
	1 V	13"	UNIFORM SOIL below 4.0"				
	2 S	4.5"	10:06	10:08	10:08	10:11	3 min
	2 V	12"	UNIFORM SOIL below 4.0"				
	3 S	3"	10:06	10:11	10:11	10:19	8 min
	3 V	14.5"	UNIFORM SOIL below 3.0"				
	4 V	9.5"	HARD BOTTOM				
	5 S	4.5"	10:12	10:14	10:14	10:18	4 min
	5 V	9.5"	HARD BOTTOM				

REMARKS Holes DIFF THAN PLAT - SHALLOW SYST.

TYPE OF SOIL MANOR LOAM

TESTED BY S. Abel ALSO PRESENT KETTERMAN & CO. MARK R.

EH-12-1079

