

10/19/01

10 A.M. Layout

ISSUE DATE: 10/16/2001

APPROVAL DATE: 10/19/01

**PERMIT
INDEXED**

P 516072

A 49394

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

Kenneth Mayne IS PERMITTED TO INSTALL ALTER

ADDRESS: 11723 Legore Bridge Road, 21757 PHONE NUMBER: 301-898-0955

SUBDIVISION: Paternal Gift LOT NUMBER: 3

ADDRESS: 12740 Hall Shop Road PROPERTY OWNER: George Divver

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting at the intersection of the 115.00' and 138.16' lot lines, place the distribution box 100' down the 138.16' lot line and 60' off this same lot line. Run (5) trenches on contour toward left side of lot as shown on plan.
NOTES:	

PLANS APPROVED: MER ON (SRW) 10/16/01 DATE: 9/4/01

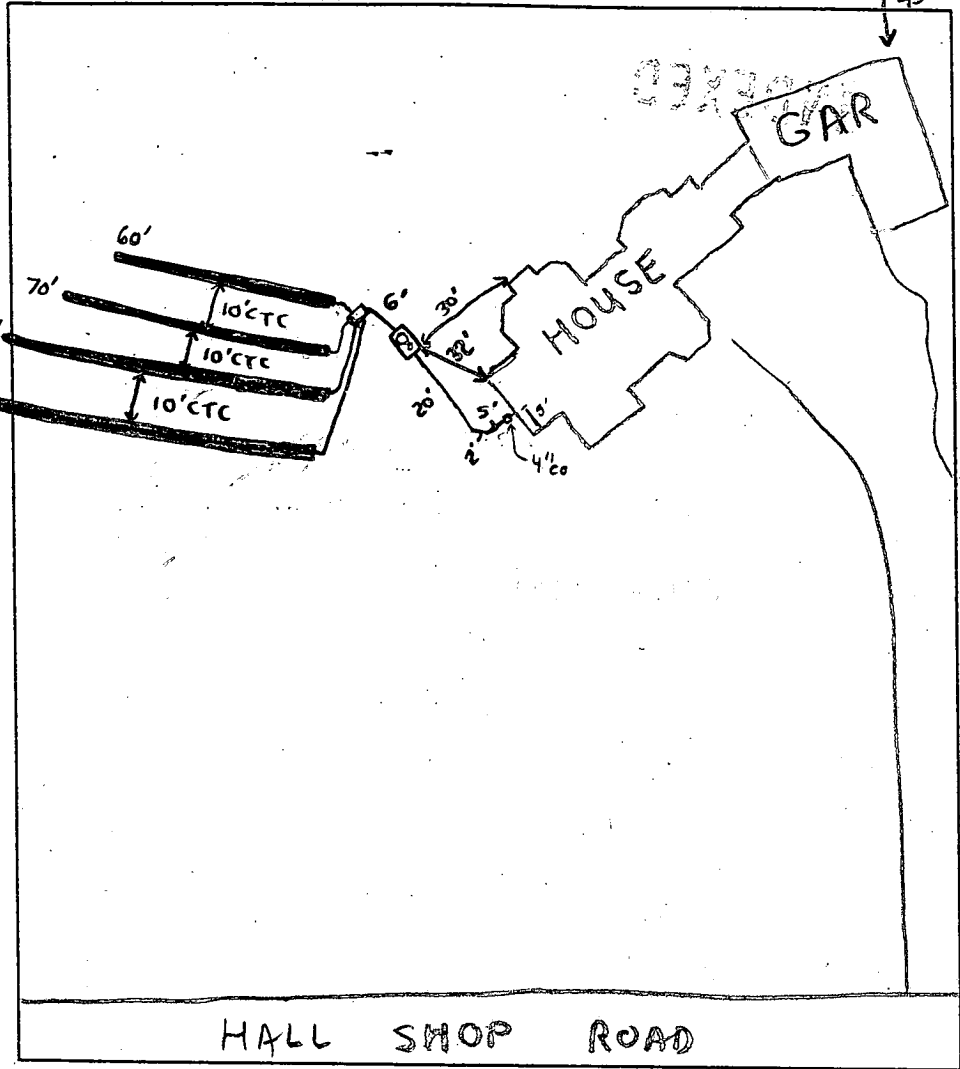
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

**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**

A 49394

HO-94-2898

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>3'</u>
TRENCH INLET DEPTH	<u>5'</u>
TRENCH BOTTOM DEPTH	<u>7'</u>
DEPTH OF STONE	<u>2'</u>
NUMBER OF TRENCHES	<u>4</u>
TOTAL TRENCH LENGTH	<u>300'</u>
ABSORBENT AREA	<u>900 ft²</u>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1250TS</u> GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	<u>NA</u>
MANHOLE RISER	<u>NA</u>
ALARM	<u>NA</u>
PUMP PERFORMANCE TEST	<u>NA</u>

PRE-CONSTRUCTION INSPECTION: 10/19/01 - OK TO PROCEED AS DISCUSSED, 7' ETC, CONTOUR NOT PER PLAN, STAY 100' OFF OF ALL NEIGHBORING WELL RADII

(SRW/KG)

INSPECTION COMMENTS: 10/19/01 - OK TO COVER ALL WORK - (SRW/KG)

INSPECTOR Steven R. Krieg

DATE SYSTEM APPROVED 10/19/01

12740

Building Address 12740 Hall Shop Rd
Humphreys, MD 21777
 Suite/Apt. #: --- SDP/N/P/Petition #: 015 777
 Census Tract 005112 Subdivision Pharmacia Hill Farm
 Section --- Area --- Lot 3
 Tax Map 410 Parcel 910 Grid 11
 Zoning DDD Map Coordinates 801 Lot size 6,614

Property Owner's Name George Christman Dwyer
 Address 4 Alameda CT
 City Burdenville State MD Zip Code 21616
 Home Phone 301-970-7992 Work Phone S/A
 Applicant's Name & Mailing Address, (if other than stated hereon):
301-674-5726
 Phone _____ Fax _____

Existing Use open lot
 Proposed Use 2-1/2 mu SFd
 Estimated Construction Cost \$ 360,000
 Description of Work Custom Single Family Detached Home
4 BR 4 1/2 bath
VA Fin Basement. W/AT

Contractor Company S/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant S/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company F.L. Collins Architects
 Contact Person C. Hill, Esq.
 Address 10330 Baltimore National Pike
 City Ellicott City State MD Zip Code 21112
 Phone 410-411-2000 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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>50</u> <u>30</u> 2nd floor: <u>50</u> <u>30</u> Basement: <u>50</u> <u>30</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: <u>41 x 21.5</u> Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

TIP: 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.

George T Dwyer
 Applicant's Signature
Owner
 Title/Company



George T Dwyer
 Print Name
Aug 6 - 2001
 Date

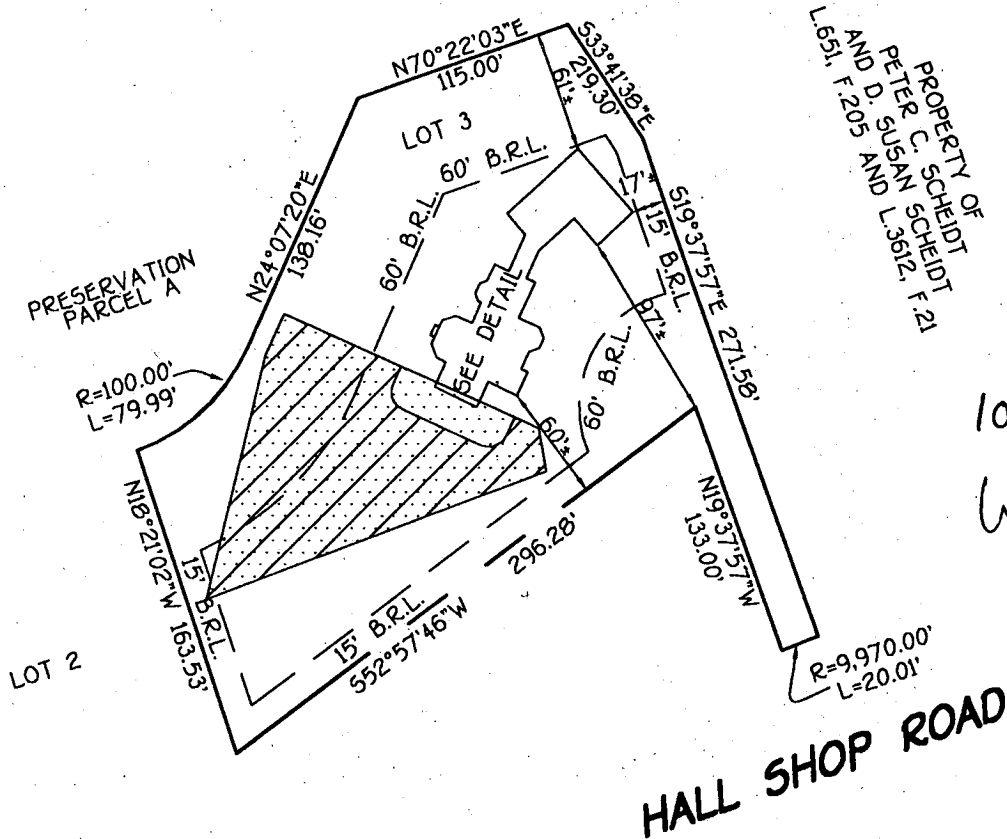
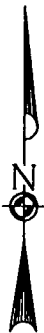
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: 51274
Land Development, DPZ			Front _____ Rear _____ Side _____ Side St _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Easement Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Filing fee \$ <u>100</u> Permit fee \$ _____ Review fee \$ _____ Adm'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>2710</u> Validation # <u>43918</u>
State Highways				
Building Official				
Dev. Engineering, DPZ	<u>9/4/01</u>	<u>Mark Liff</u>		
Health				
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by: _____

GENERAL NOTES:

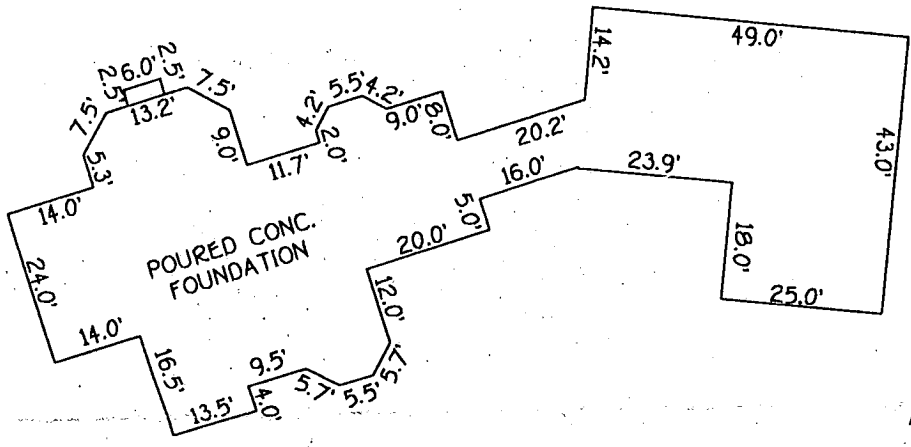
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NO TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0037 EFFECTIVE DEC. 4, 1996.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.5' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

 = APPROVED ON PLAT No. 11966
 = GP02-04



PROPERTY OF
 PETER C. SCHEIDT
 AND D. SUSAN S. SCHEIDT
 L. 651, F. 205 AND L. 3612, F. 121

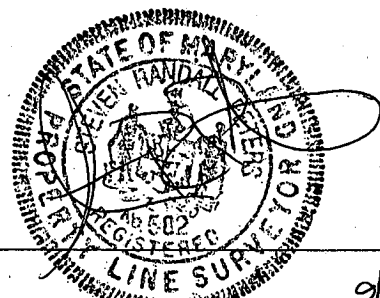
10/16/01 -
 Wall check
 on (S)W



LOT 3
 PATERNAL GIFT FARM
 LOTS 1 - 28
 AND PRESERVATION PARCEL 'A'
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 11966

B.R.L. = BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 531.9'±

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21114
 (410) 481-2955



PROFESSIONAL LAND SURVEYOR DATE 9/18/01
 REG. # 502

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 9/18/01
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=100'
 DATE: 9/18/01
 DRAWN BY: L.P.E.
 CHECKED BY: S.R.P.
 PROJECT No.: 61670

Attn: George

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H 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 202-437-0243

License Number MPL 24866

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner George Divver Telephone 301-890-5097

Subdivision PATERNA GOLF TOWN Lot # 3 Well Tag # HO 94 2898

Site Address 12240 HALL STAMP RD Highland MD 20777

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make JAEU221
- 3. Model # 154521A-52
- 4. Capacity 10 GPM
- 5. Pump exceeds well capacity Yes _____ No

Motor

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

Pitless Adapter

- 1. Make Campbell
- 2. Model # B300X
- 3. Depth 4 feet

- 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

- 1. Type Black well pipe
- 2. Size 1 1/4
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 450 feet

Well data

- 1. Depth 500 ft.
- 2. Yield 6 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? Yes

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.

10/24/01 (50) SRK

Signature of Applicant: George T. Divver

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.

0204
 SEQUENCE NO. (MDE USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED
 COUNTY NUMBER 21101 BK 28
A49394

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
11/13/01

Depth of Well
 TO NEAREST FOOT
 22 500 26

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-94-2898

OWNER Scheidt Susan
 STREET OR RFD Hall Shop Rd TOWN Highland
 SUBDIVISION Paternal Gift Farm SECTION 1 LOT 3

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	1	
SANDY SHALE	1	35	
SANDSTONE	35	46	
SOAPSTONE	46	63	
TAN MICA	63	76	
GRAY MICA	76	89	
TAN MICA	89	92	✓
GRAY MICA	92	270	
OPEN	270	271	✓
GRAY MICA	271	500	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 26 NO. OF POUNDS 2600
 GALLONS OF WATER 156
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 79 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 83
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H I N G

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

NUMBER OF UNSUCCESSFUL WELLS: _____
 WELL HYDROFRACTURED Y N
 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

DEPTH (nearest ft.)
 1 10 2 81 3 300
 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 11 _____ 15 _____ 17 _____ 21 _____
 23 _____ 24 _____ 26 _____ 30 _____ 32 _____ 36 _____
 38 _____ 39 _____ 41 _____ 45 _____ 47 _____ 51 _____
 S L O T S I Z E 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 _____ 60 _____
 from _____ to _____

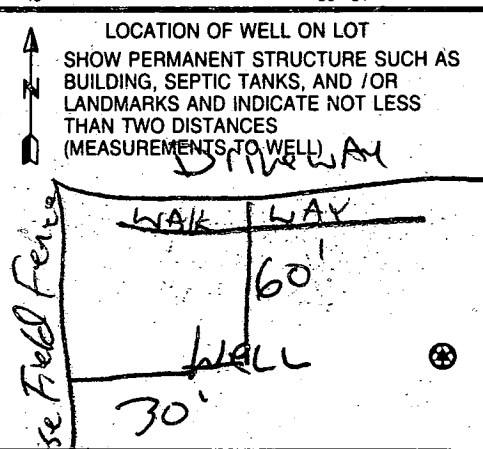
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 040
George F. Bastian
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MWD 328

GRAVEL PACK IF WELL DRILLED (INSERT F IN BOX 68)
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 50 ft.
 WHEN PUMPING 178 ft.
 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. _____
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35
 PUMP HORSE POWER 37 _____ 41
 PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above 49 _____
 - below 49 _____ 50 51
 LAND SURFACE _____ (nearest foot)



B 1 01519

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-94-2898 fill in this form completely

0514669 please print or type

OWNER INFORMATION: Date Received (APA) 11/09/06, Owner Susan, Address 12730 Hall Shop, Highland, Md. 20777

LOCATION OF WELL: Howard, Paternal Gift Farm, SECTION Highland, NEAREST TOWN Highland

DRILLER INFORMATION: George F. Easterday, License No. 040, Firm Name L. Franklin Easterday, Inc., Address 9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) S, NEAR WHAT ROAD Paternal Gift Drive, DISTANCE FROM ROAD 200 Ft.

WELL INFORMATION: APPROX. PUMPING RATE 500 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard, COUNTY NAME, DATE ISSUED 12/26/00, CO SIGNATURE, EXP. DATE 12/26/01

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

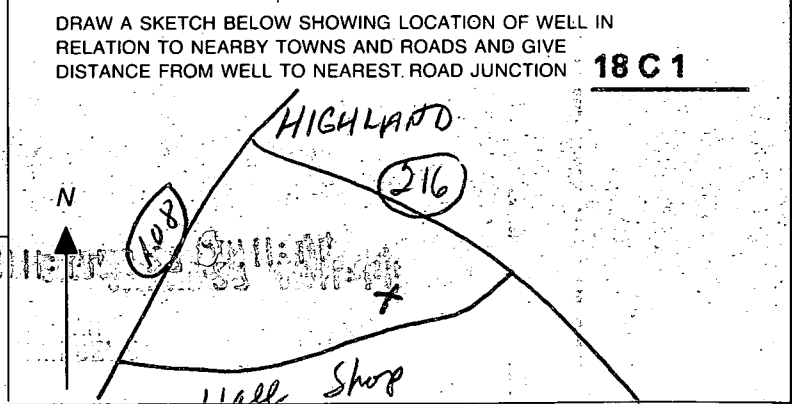
APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER wells, WRITE THE BOX NUMBER FROM THE MAP HERE E 8102, N 4807

METHOD OF DRILLING (circle one): AIR-ROTARY, JETTED, ROTARY (Hydraulic Rotary)

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER H096 GAP 007, PERMIT No. H0-94-2898



SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

EKB2

Paternal Gift Farm
Hall's Shop Rd Ho-94-898
EX. DRIVEWAY
TO BE ABANDONED

S 44° 36' 00" E
17.82'
S 19° 36' 00" E

311.32'

A = 3.81 ACS²
C = 715'

S
2

7% IMP

Well site of
as shown
Ref 12/1/08

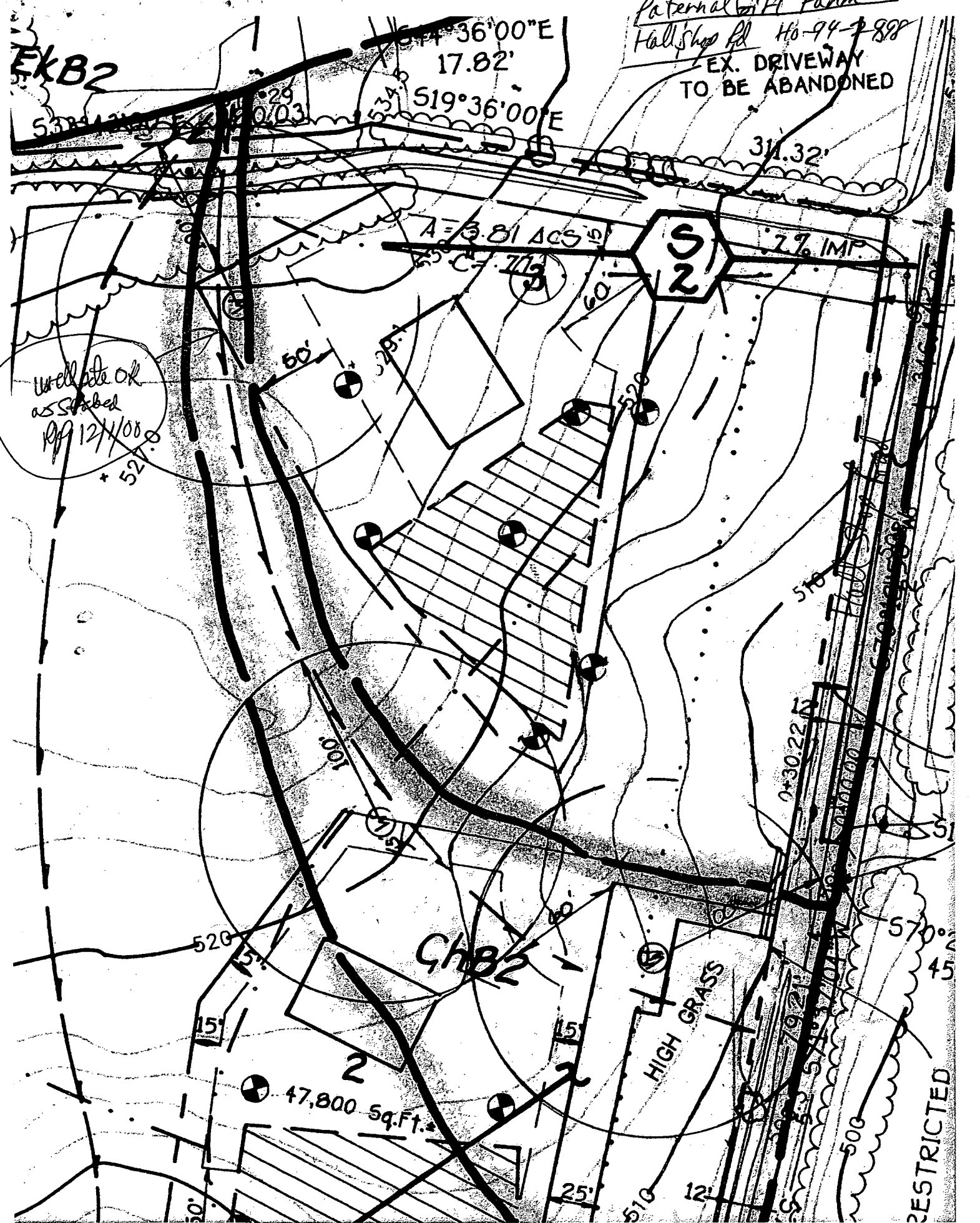
ChB2

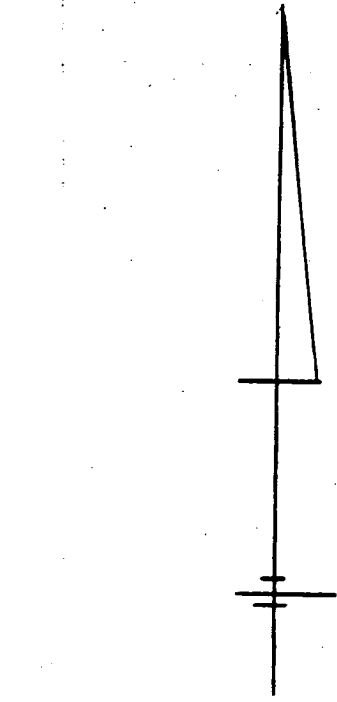
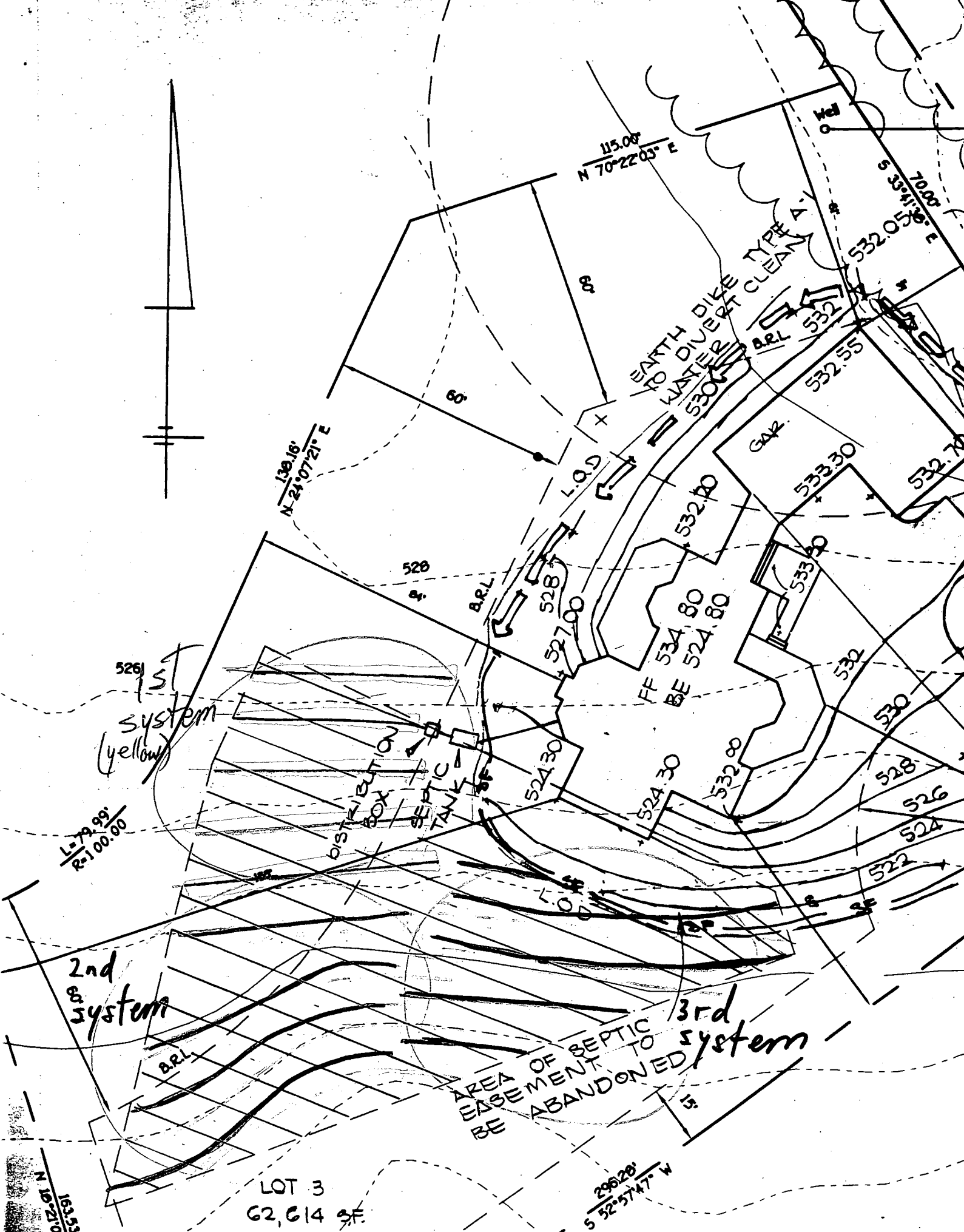
47,800 Sq.Ft.

HIGH GRASS

RESTRICTED

Lot 3





$L=79.99'$
 $R=100.00'$

$L=163.53'$
 $R=207.02'$

LOT 3
 62,614 SF

AREA OF SEPTIC
 WASTE MENT TO
 BE ABANDONED

1st
 system
 (yellow)

2nd
 system

3rd
 system

WATER DIVER DIKE TYPE A
 WATER TOWER

DISTRIBUTION BOX
 SEPTIC TANK

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

528

528

528

524.30

FF 534.80
BE 524.80

524.30

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APPLICATION

PERCOLATION TESTING

A 49394

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. 3

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 3 49394
COUNTY #

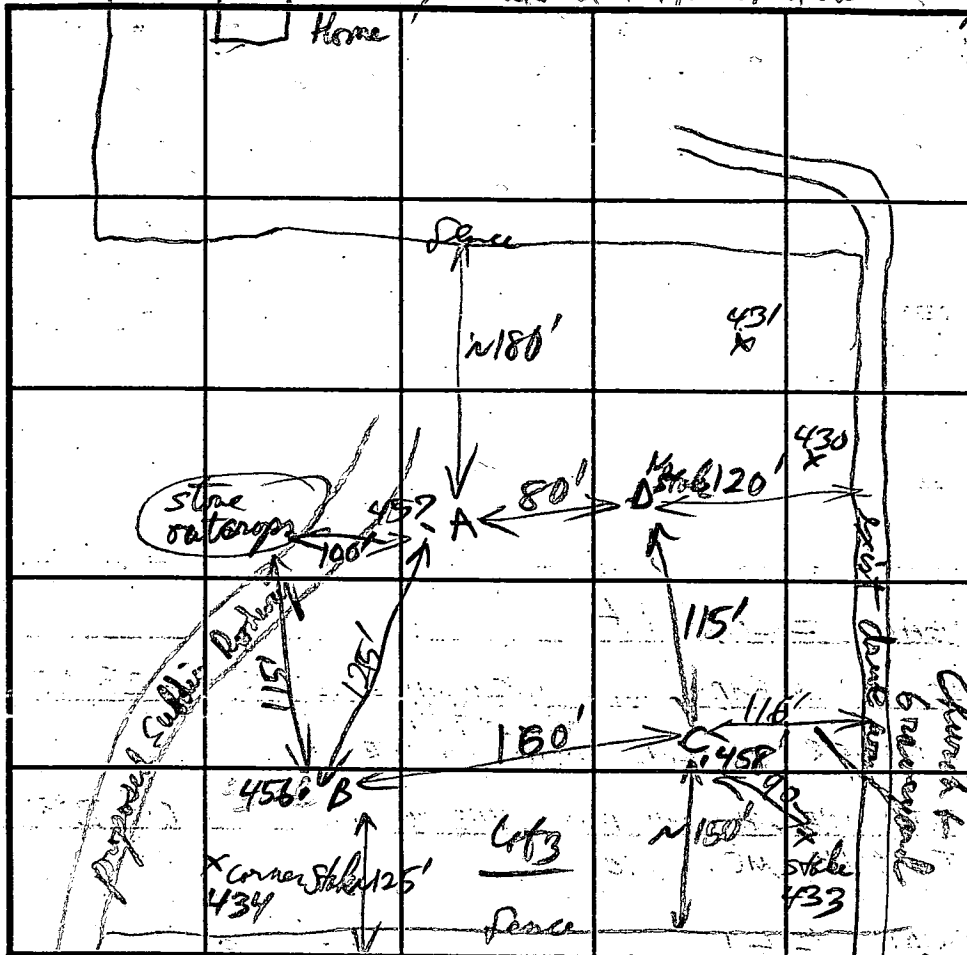
existing Retained Gift from Ford lot 3 Hall Shopt

SOIL PROFILE
0' 457 A
Red hCL
5' Red-Brown (orange) hSL
7' Light brown SL
13'

456 B
Red Clay hCL
6' Red Brn SL-SL
8' Lt Reddish Brn + white SL-L5
14'

458 C
Red hCL
3 1/2' Red Brn Micaceous variegated spherulite Chlorophyll fossils Micaceous
8-9' light Brn + yellow Lt Mic
12'

SOIL PROFILE
0' D
Red hCL
4' Reddish Yellow Var hL-SL
6' Thin Green SL-L5
14'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Hall Shopt

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-8-93	457 A	6'	1:38:00	1:42:00	1:42:00	1:47:40	6 min
		V13'					
	456 B	6 1/2'	1:56:00	2:06:00	2:06:00	2:36:30	25 min
		V14					
	458 C	4'	2:04:00	2:05:30	2:05:30	2:07:45	2 min East
		V12					
	No Stake D	6 1/2'	retest 2:22:00	2:23:00			1 1/2 min. OK fast
		14'					

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY RIPully ALSO PRESENT Robert Smith of Fogler
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11 min TRENCH WIDTH 2
 INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 210
Can be 8' deep near Hole B - inlet @ 5'

APPLICATION

PERCOLATION TESTING

A 49394

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 Scheidt

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Paternal Gift Favor LOT NO. Final lot 4

ROAD AND DESCRIPTION _____

TAX MAP 40 PARCEL # 90

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 _____

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 3 extra test
49394 files

Paternal Gift Form Final lot 3 - Hall Shop Rd

COUNTY #

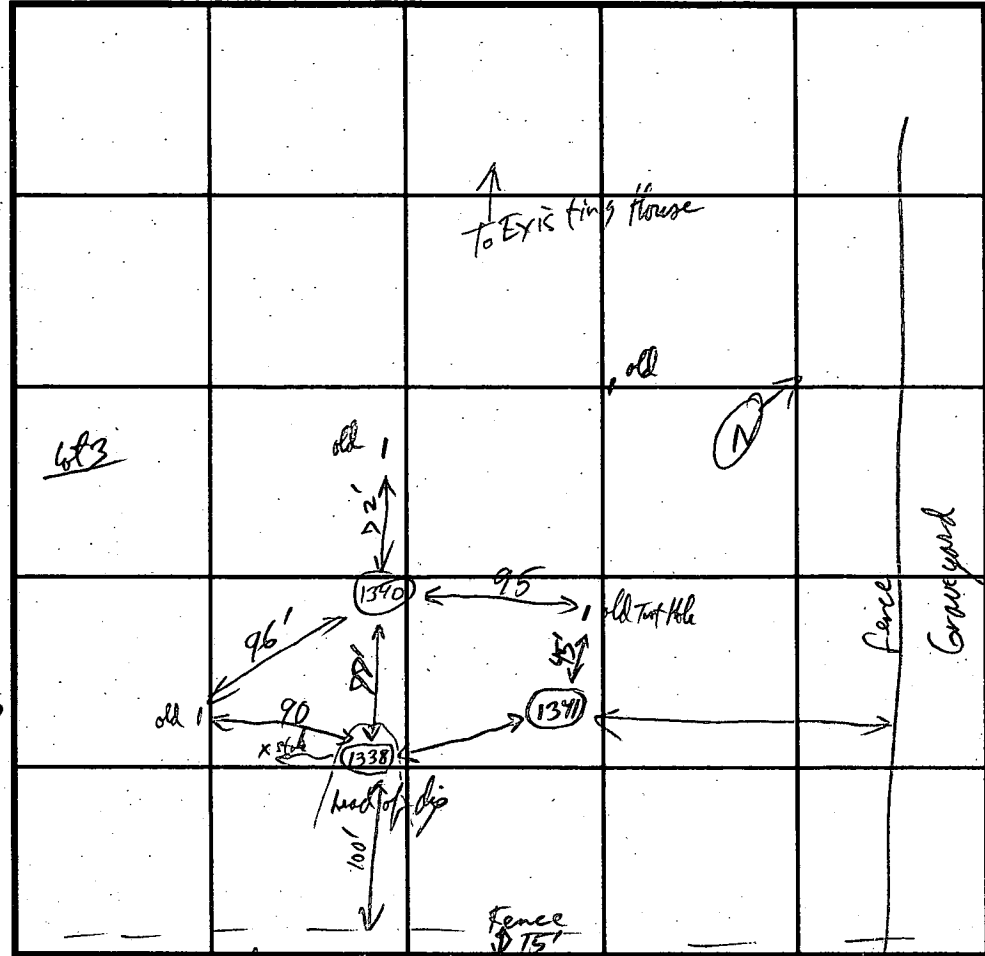
SOIL PROFILE
1340

0' - rd - red brn
MCL
4-6' - rd. brn
HL-L
6-9' - tan - red brn
- yel/white
Mica loam
to sandy
loam
13

1341 same as 1340

SOIL PROFILE

0'

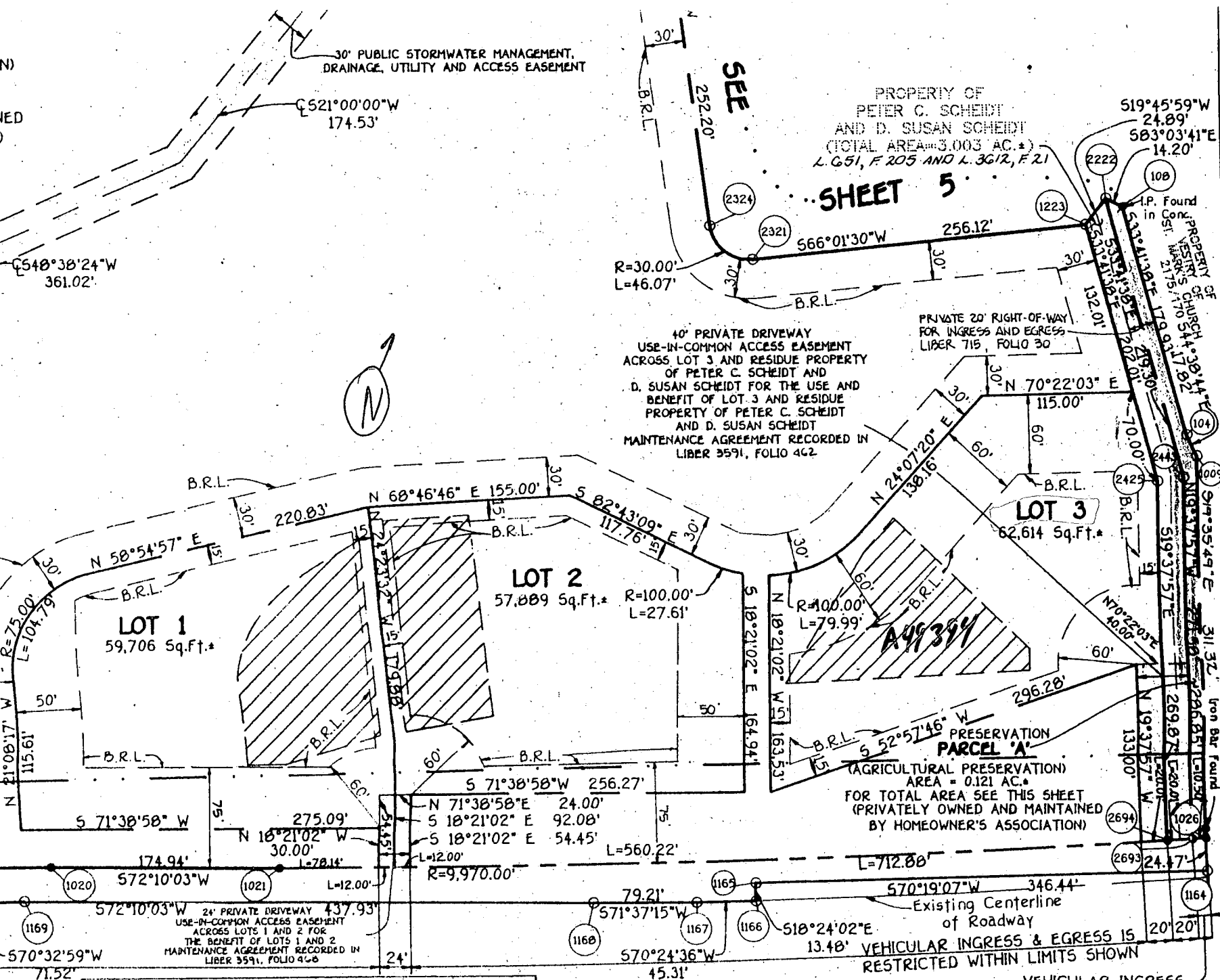


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12-17-93	1340	6 1/2	10:36:40	10:38:40	10:38:40	10:42:00	3 min	OK
		v 13'						
	1341	6 1/2	10:48:25	10:52:00	10:52:00	10:54:50	3 min	OK
		v 13'	10:47:05					
	Near 1338	v 13'	Visual Only					OK

1338
1 1/2' - yel brn -
str brn
Mica HL-CL
4' - yel brn
CL
4' - red brn
Mica loam
13'

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY R. [Signature] ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



PROPERTY OF
 PETER C. SCHEIDT
 AND D. SUSAN SCHEIDT
 (TOTAL AREA=3.003 AC.±)
 L. 651, F. 205 AND L. 3612, F. 21

SHEET 5

40' PRIVATE DRIVEWAY
 USE-IN-COMMON ACCESS EASEMENT
 ACROSS LOT 3 AND RESIDUE PROPERTY
 OF PETER C. SCHEIDT AND
 D. SUSAN SCHEIDT FOR THE USE AND
 BENEFIT OF LOT 3 AND RESIDUE
 PROPERTY OF PETER C. SCHEIDT
 AND D. SUSAN SCHEIDT
 MAINTENANCE AGREEMENT RECORDED IN
 LIBER 3591, FOLIO 462

PRIVATE 20' RIGHT-OF-WAY
 FOR INGRESS AND EGRESS
 LIBER 715, FOLIO 30

**PRESERVATION
 PARCEL 'A'**
 (AGRICULTURAL PRESERVATION)
 AREA = 0.121 AC.±
 FOR TOTAL AREA SEE THIS SHEET
 (PRIVATELY OWNED AND MAINTAINED
 BY HOMEOWNER'S ASSOCIATION)

Existing Centerline
 of Roadway
**VEHICULAR INGRESS & EGRESS IS
 RESTRICTED WITHIN LIMITS SHOWN**

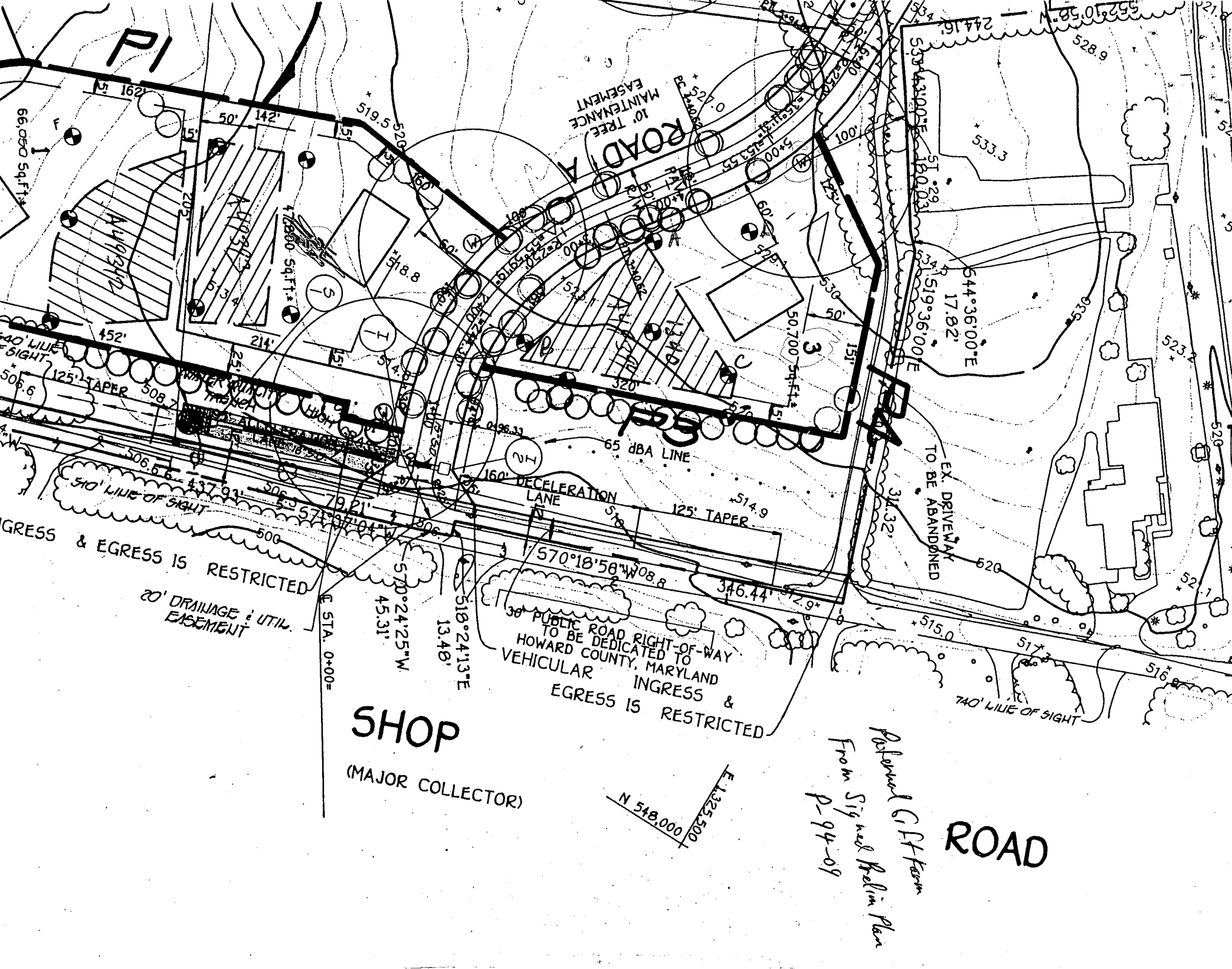
**RESERVATION OF PUBLIC UTILITY AND
 FOREST CONSERVATION EASEMENTS**

"DEVELOPER RESERVES UNTO ITSELF, ITS SUCCESSORS AND
 ASSIGNS, ALL EASEMENTS SHOWN ON THIS PLAT FOR WATER,
 SEWER, STORM DRAINAGE, OTHER PUBLIC UTILITIES AND
 FOREST CONSERVATION (DESIGNATED AS "FOREST
 CONSERVATION AREA"), LOCATED IN, ON, OVER AND THROUGH

VEHICULAR INGRESS
 & EGRESS IS RESTRICTED
 WITHIN LIMITS SHOWN

THE REQUIREMENTS 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED
 CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED);
 AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE
 SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

TERRELL A. FISHER, L.S. *10692
 DATE 10/27/95



PI

10' TREE MAINTENANCE EASEMENT

ROAD A

160' DECELERATION LANE

125' TAPER

30' PUBLIC ROAD RIGHT-OF-WAY TO BE DEDICATED TO HOWARD COUNTY, MARYLAND VEHICULAR INGRESS & EGRESS IS RESTRICTED

EX. DRIVEWAY TO BE ABANDONED

SHOP

(MAJOR COLLECTOR)

ROAD

As shown C.P. from From Sigurd Pedersen Plan P-94-09

66,050 Sq.Ft.

47,500 Sq.Ft.

50,700 Sq.Ft.

100' LINE OF SIGHT

125' TAPER

510' LINE OF SIGHT

INGRESS & EGRESS IS RESTRICTED

20' DRAINAGE & UTIL. EASEMENT

E STA. 0+00=

E 1325.500
N 548.000

700' LINE OF SIGHT

INGRESS

& EGRESS IS RESTRICTED

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