

LAYOUT 8/28/02 11-30-12 INSP 4 9/4/02 1-30
 INSP 2 8/30/02 2-30 INSP 5 _____
 INSP 3 9/3/02 3-00 INSP 6 _____

05-421950

ISSUE DATE: 7/8/2002
 APPROVAL DATE: 9/4/02

**PERMIT
INDEXED**

P 517352
 A 49453

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

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Road PHONE NUMBER: 410-875-4197

SUBDIVISION: Paternal Gift LOT NUMBER: 27

ADDRESS: 13540 Paternal Gift Drive PROPERTY OWNER: Kevin & Karen Groner

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 100' off the well and 55' off the right (217.92') lot line. Run (4) trenches on contour to right side of property as shown on plan.
NOTES:	Install approximately 255' of trench to maximize efficiency of sewage easement. <i>House sewer & unknown feet after tank to be graveled</i> (SC)

PLANS APPROVED: MER OK 6/7/02 (50) DATE: 3/28/02

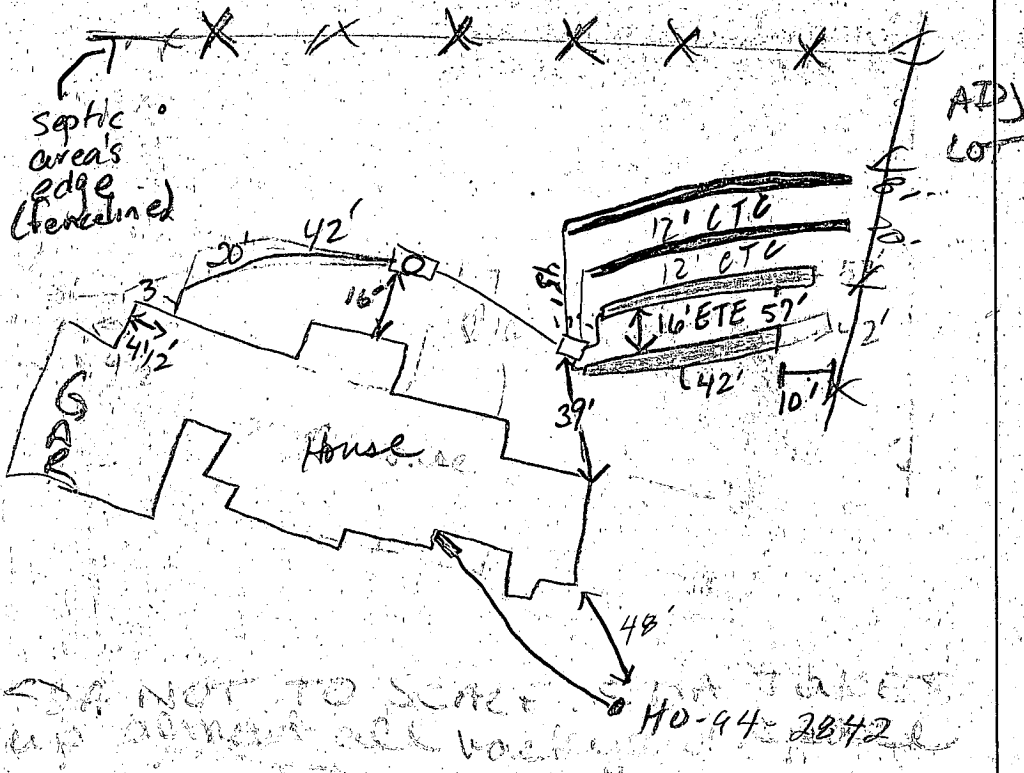
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

449453

NOT TO SCALE

Horse field



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4 1/2'	6' 6"
NUMBER OF TRENCHES		4
TOTAL LENGTH		250'
ABSORPTION AREA		750 sq'
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1 1/2"
BAFFLES	yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	none
WATERTIGHT TEST	NO
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 8/29/02 Topo is accurate. Install per plan.

WATER TEST D.B. when ready (KN)

INSTALLATION 8/30/02 - with min fall to tank, won't make gravity to D.P. OK to drop trench 6-8" (SB)

9/3/02 OK to cover first two trenches. Dropped 10" deeper. Checked pipe records; seems okay. 10' away from the house for first two trenches. Hence soon made (KN) 9/4/02 OK to cover all work (SB)

FINAL INSPECTOR

John [Signature]

DATE OF APPROVAL

9/4/02

MR 2/22/02

3 systems laid out

w/ Susan Scheidt
total trench length shown = 790' ±

4 BR = 240'
trench ~~13~~
= 720'
required

You can also
add this area
as shaded

REVISED
HOUSE
OUTLINE
FROM 2/19/02 FAX

Final BP
approval

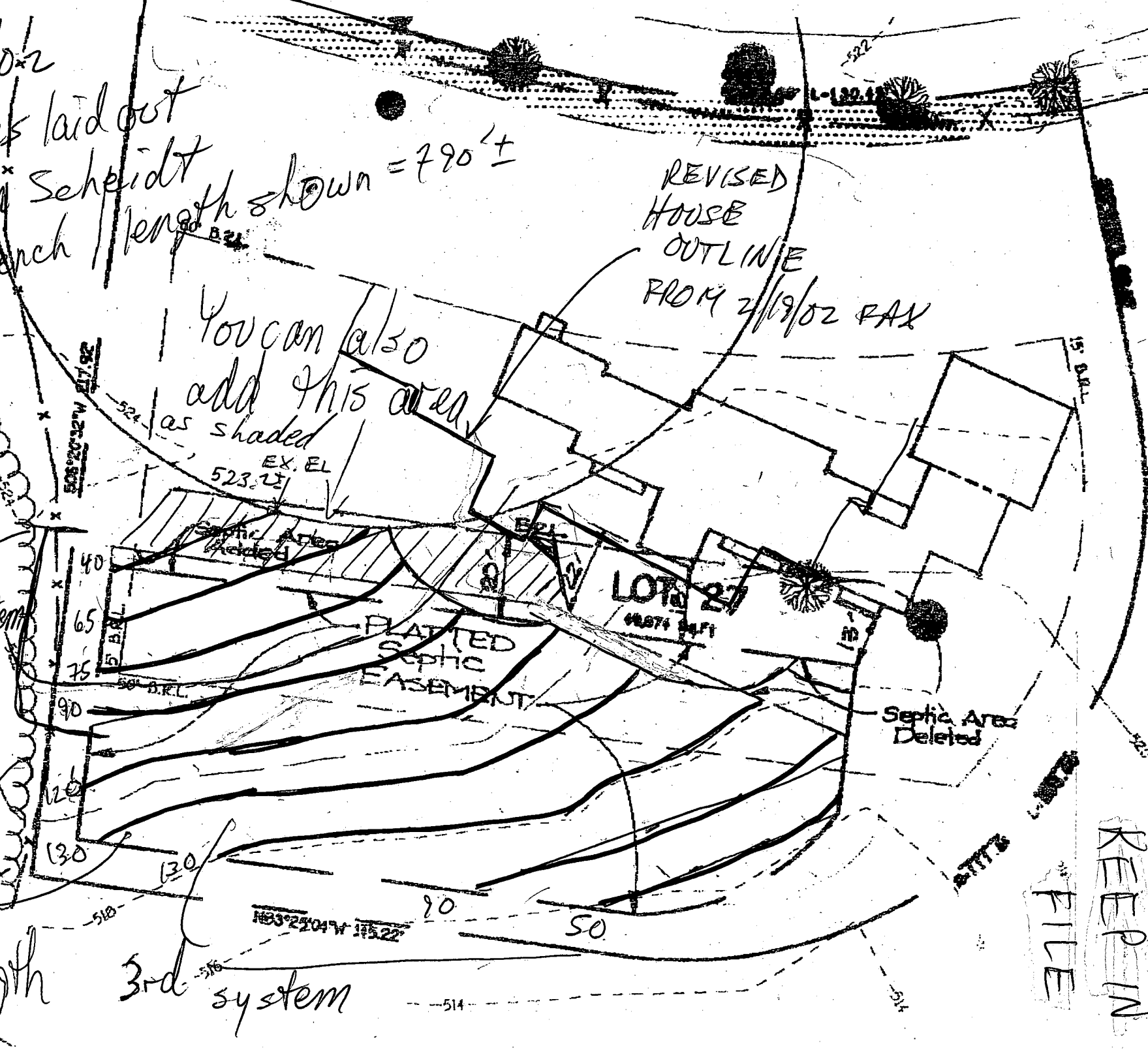
based on 1st
engineered system
plans

one showing
3 systems

one showing
first system
and 2nd system

adequate
trench length

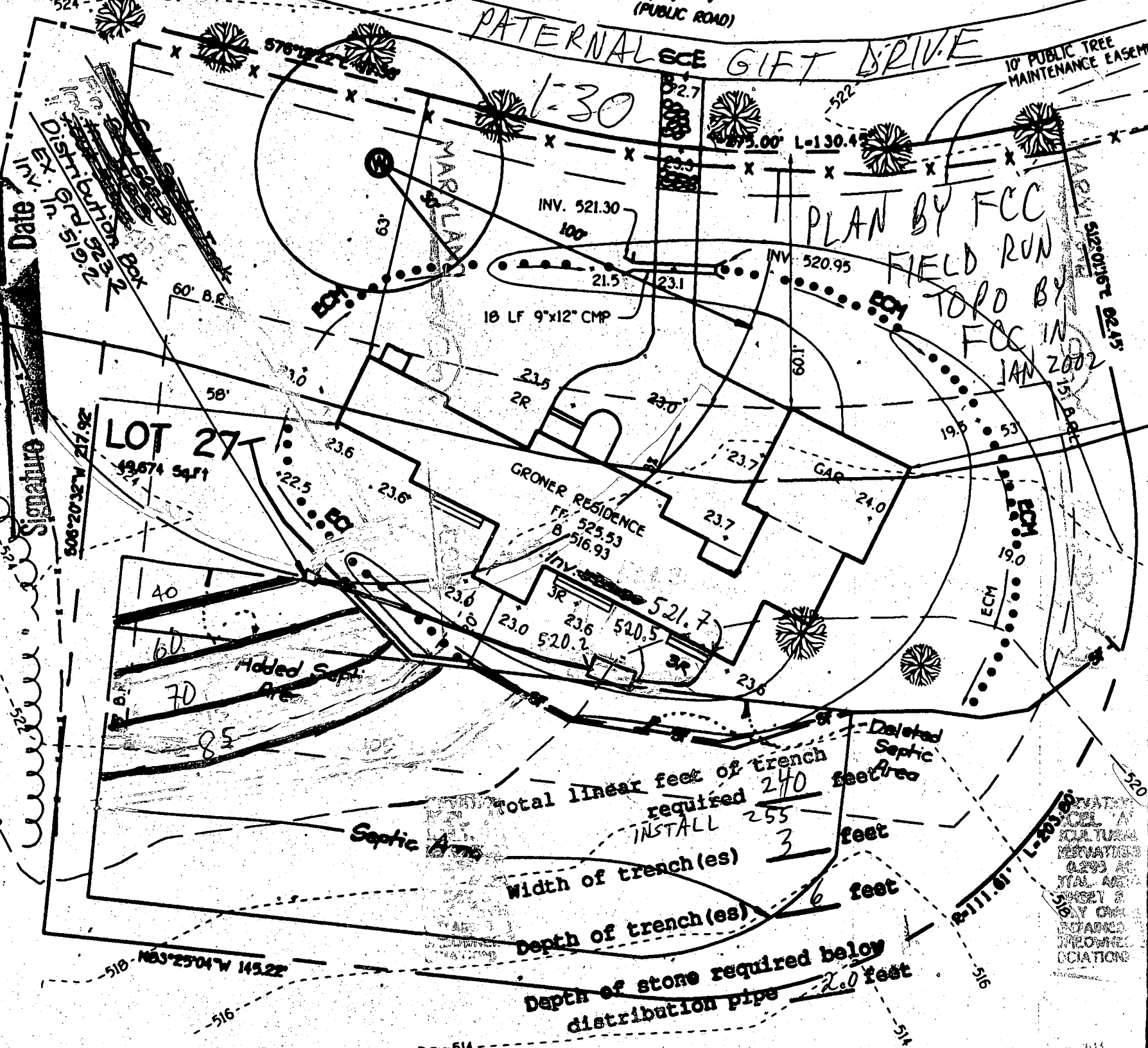
3rd system



KEEP IN
FILE

Approved Septic System Plan
 GRID
 Howard County Health Department

Mark H. [Signature]
 Date 3/26/01



RESERVATION
 LOCAL 'A'
 CULTURAL
 RESERVATION
 0.593 AC.
 TOTAL AREA
 SHEET 2
 FULLY OWNED
 OBTAINED BY
 HOMEOWNERS
 ASSOCIATION

RESERVATION
 LOCAL 'A'
 CULTURAL
 RESERVATION
 0.593 AC.
 TOTAL AREA
 SHEET 2
 FULLY OWNED
 OBTAINED BY
 HOMEOWNERS
 ASSOCIATION

Call Cell #301-343-5257

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3900		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00034779	
Building Address <u>Paternal Gift DR</u> <u>13540 Highland MD 20777</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>G-1002-102</u> Census Tract <u>U5107</u> Subdivision <u>Paternal Gift Farm</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>25</u> Tax Map <u>4D</u> Parcel <u>3109</u> Grid <u>11</u> Zoning <u>R1 D50</u> Map Coordinates <u>14C13</u> Lot size <u>1.1404</u> Existing Use <u>Vacant Lot</u> <u>41,671 sq ft</u> Proposed Use <u>Single Family Home</u> Estimated Construction Cost \$ <u>760,000</u> Description of Work <u>Construct New Single Family Home</u> <u>Attached 2 Car Garage / finished basement</u> <u>SDR / 4.5' Fall / 2 1/2' Balis / 2' Curved Porch</u>			Property Owner's Name <u>Kevin & Karen Grover</u> Address <u>1958 Franchise RD.</u> City <u>Annapolis</u> State <u>MD</u> Zip Code <u>21401</u> Home Phone <u>410-269-7372</u> Work Phone <u>410-940-2337</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____ Contractor Company <u>Pine Crest Builders, Inc.</u> Contact Person <u>Neil Garner</u> Address <u>13105 Dove ST</u> City <u>Silver Spring</u> State <u>MD</u> Zip Code <u>20904</u> License No. <u>MILPER # 2493</u> Phone <u>301-384-4345</u> Fax <u>301-384-6223</u> Engineer or Architect Company _____ Contact Person <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

AMENDED TO 4BR
3/26/02
MR

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL					
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads		Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>24'</u> Width <u>130'</u> 1st floor: <u>24'</u> 2nd floor: <u>6'</u> Basement: <u>3'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home		Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other.	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 Neil P. Garner Print Name Neil P. Garner
 Title/Company Pine Crest Builders, Inc. Date 3/12/02

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

AGENCY <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 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>3/26/02</u>	SIGNATURE APPROVAL <u>mark r. ph</u>	DPZ SETBACK INFORMATION Front: <u>LOFT</u> Rear: <u>30FT</u> Side: <u>15FT</u> Side St.: <u>N/A</u> 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 _____ Accepted by _____	PROPERTY ID#: <u>53852</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ iCheck # <u>108167</u> Validation # _____
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**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Ben Lewis Telephone #: 301 428 3900
Address: 23467 Frederick Rd
Chesapeake, MD 20871

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

License # and name of individual responsible for the field installation:
Name (Print): FRANK HENKLE License# 17867

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Pinecrest Bldgs Telephone #: 410 953 2092
Subdivision: Potomac Delt Lot #: 27 Well Tag #: HO-94-2892
Site Address: 13540 Potomac Delt Dr
Hydrome, MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Sundor</u>	Make: <u>Compbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>43</u> GPM	Depth: <u>47</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>315</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house
Type: 3/4" 1"
PSI: 200 (160 psi min)
Depth of supply line: 3' (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 36"
Sleeve caulked and sealed properly:

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

Signature of company representative responsible for installation: [Signature] date: 9/15/02

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

Date Insp. Requested: 9/6/02 After 2 Date Insp. Approved: 9/6/02 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

FISHER, COLLINS & CARTER, INC.

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, PE, L.S.
Earl D. Collins, PE
Ronald B. Carter, L.S.
Charles J. Crovo, Sr. PE, L.S.

Transmittal

Via: Fax Mail Messenger E-Mail To Be Picked Up
 Fax (original to follow via U.S. Mail)

To: Mo. Co. Health Dept.	Attn: MARK RIFKIN
	Fax:
	Phone:

From: BRIAN LUCCAUGH	CC:
-----------------------------	-----

Re: PATERNAL GIFT	W.O.#
Date: 1-31-02	Pages: 2 Page(s) including this cover

We are forwarding:					
<input type="checkbox"/> Prints	<input type="checkbox"/> Copy of Letter	<input type="checkbox"/> Specifications	<input checked="" type="checkbox"/> Shop drawings	<input type="checkbox"/> Other	
<input type="checkbox"/> Urgent	<input type="checkbox"/> For your use	<input type="checkbox"/> As requested	<input type="checkbox"/> For Review & Comment		

Remarks: Is it possible to relocate the septic area as shown on the attached drawing? It is located in PATERNAL GIFT, known as Lot 27. (Paternal Gift Drive) Thank you for your review.

*Brian
You moved?
to FCC*

Brian, You'd have to show 3 systems. I believe the owner wants 5-BR house, but may be willing to accept 4BR

*Sincerely,
Brian A. Luccaugh*

Mark *2/1/02*

CONFIDENTIALITY NOTICE

This transmission contains confidential information which may be legally privileged, and is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any distribution (except to the intended recipient), copying, or disclosure of this transmission is strictly prohibited.

C1 08019

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A49453

ST/CO USE ONLY DATE Received 10/31/2008

DATE WELL COMPLETED 10/16/00

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. HO-94-2842

OWNER Scheidt last name Paternal Gift Dr first name Sarah TOWN Highland SUBDIVISION Paternal Gift Farm SECTION LOT 27

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Sandy Shale, Soapstone, Tannin, Gray mica, Tan mica, Gray mica, mica / sand, Gray mica, open, Gray mica.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 30. NO. OF POUNDS: 3000. GALLONS OF WATER: 180. DEPTH OF GROUT SEAL: 0 to 30 ft.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter: 6 inch. Total depth: 71 feet.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD. screen type or open hole: ST (STEEL). BRASS (BR), BRONZE (PL), PLASTIC (PL). OPEN HOLE (HO), HOLE (OT), OTHER (OT).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y).

DEPTH (nearest ft.) table. HO 69, 215. SLOTTED SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 56, 60.

- 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...

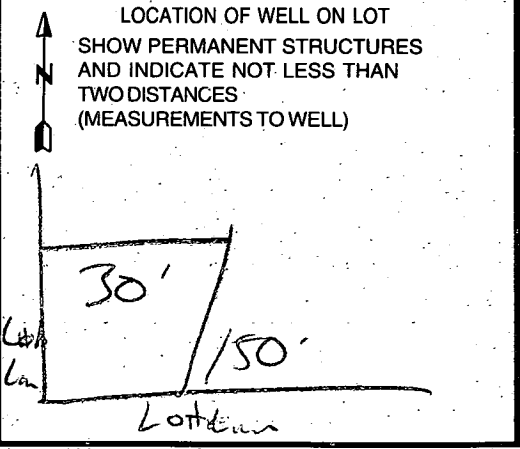
DRILLERS LIC. NO. 1 MWD 040 George F. Easterday DRILLERS SIGNATURE LIC. NO. 1 JW D 328

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

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

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 43 ft. TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED. DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO). 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, (-) below. LAND SURFACE (nearest foot) 49 51.



B 1 01448

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 2842

W 514191 please print or type

fill in this form completely

Date Received (APA)

8/16/00

8372

OWNER INFORMATION

Scheidt Susan 12730 Hall Shop Highland, Md. 20777

B 3

Howard

LOCATION OF WELL

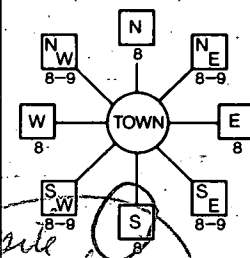
Paternal Gift Farm Highland 27

DRILLER INFORMATION

George F. Easterday M W D 040 Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paternal Gift Drive

NEAR WHAT ROAD 40 ON WHICH SIDE OF ROAD 40 DISTANCE FROM ROAD 40 FT. TAX MAP: 40 BLK: 10 PARCEL 90

WELL INFORMATION

APPROX. PUMPING RATE 500 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

well site at or St. hel Howard 8/21/00

A 49453

COUNTY NAME STATE SIGNATURE DATE ISSUED 9/6/00 CO SIGNATURE EXP. DATE 9/6/01 NORTH GRID 48000 EAST GRID 0811000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary (circled) AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 480

Handwritten notes: 10/17/00, 12/30, No Inspection, 216

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

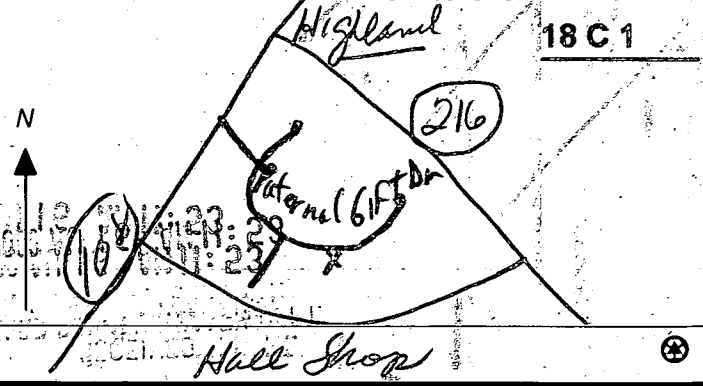
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

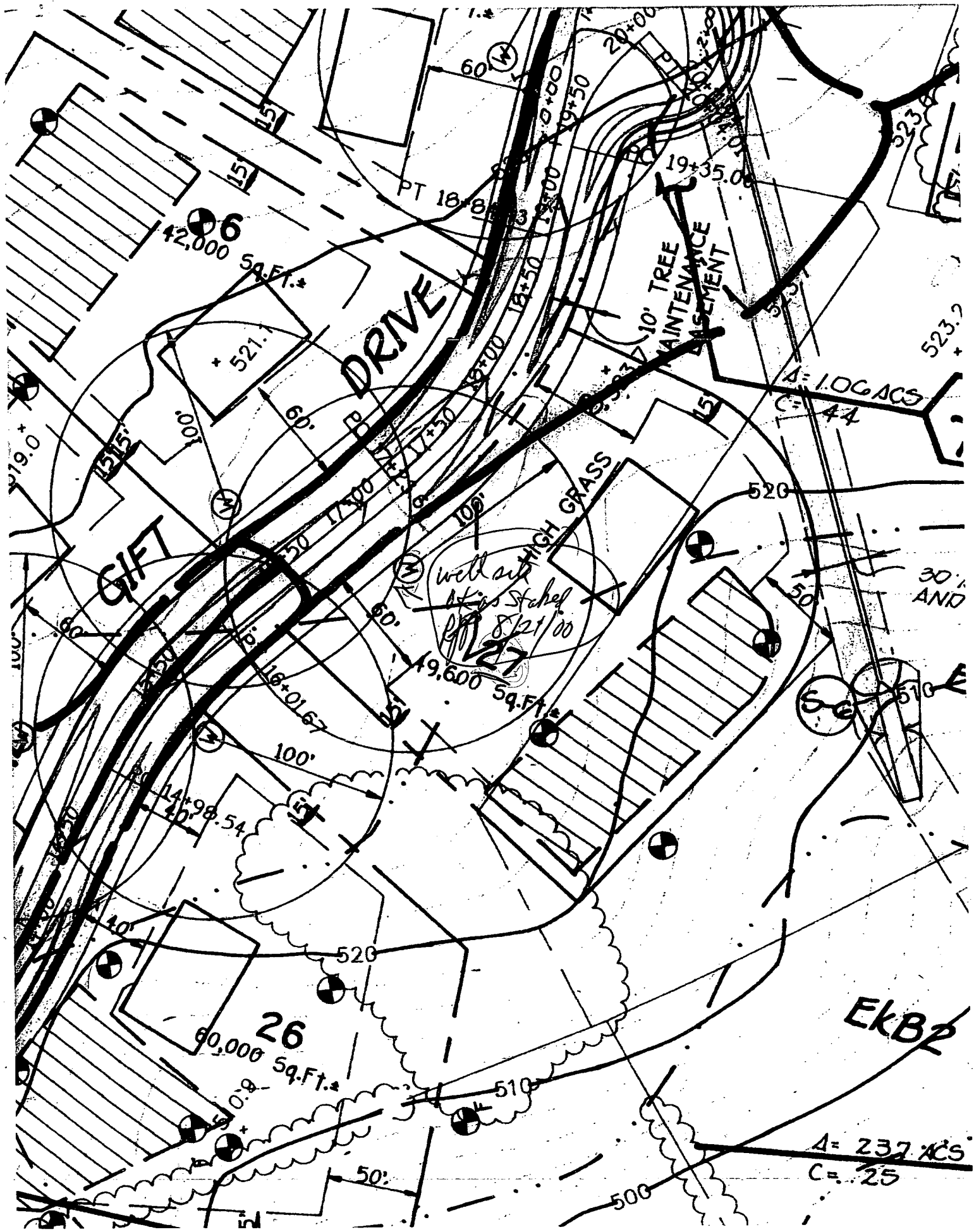
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 96 GAP 007 PERMIT No. HO - 94 - 2842

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS



Lot 27

APPLICATION

PERCOLATION TESTING

Resigned From original lot 27 which failed. Reassigned 49453

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 Scheidt

ADDRESS 12730 Hall Shop Rd PHONE 531-2326

AGENT OR PROSPECTIVE BUYER Fisher, Collins & Carter

ADDRESS 9171 Balt. Nat. Pike Suite 100 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Paternal Gift LOT NO. (Plat 6728) Final lot 27

ROAD AND DESCRIPTION Rt. 216-108

TAX MAP 4D PARCEL # 396.9/179:90

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 _____

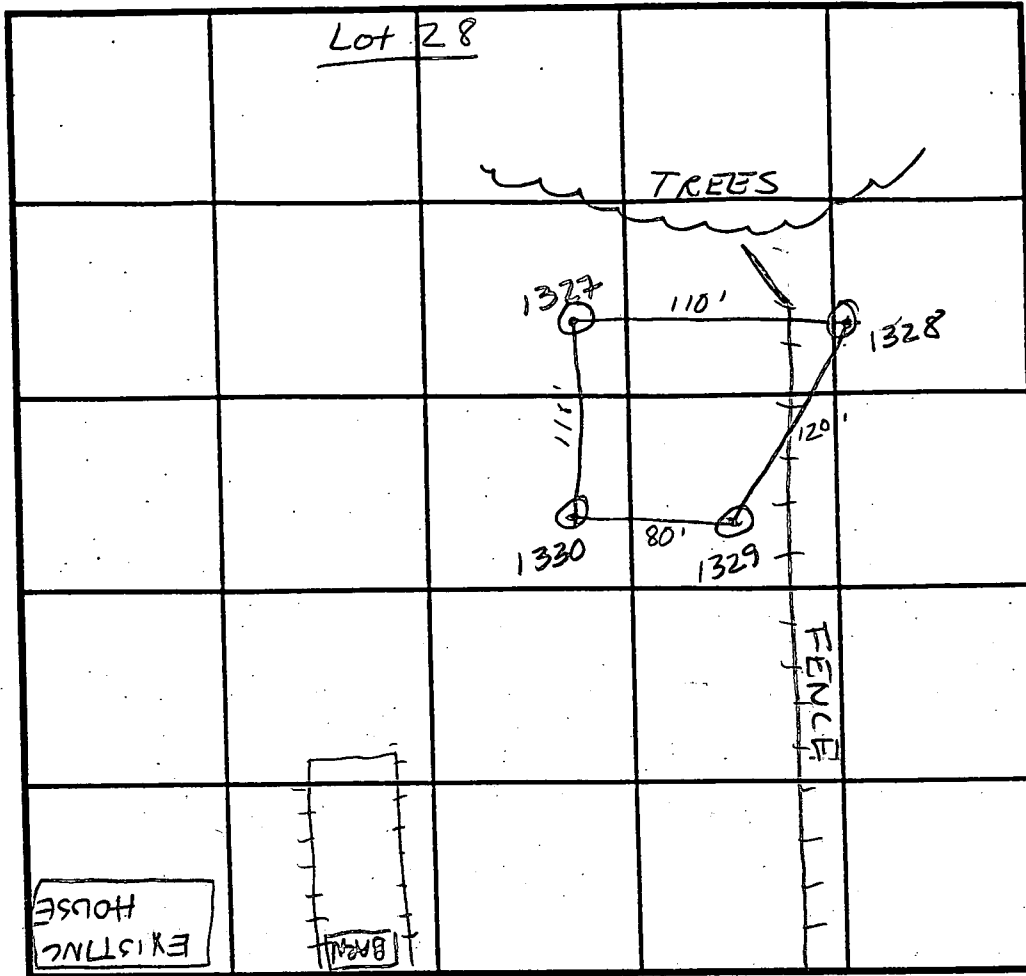
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

(New 28) Final lot 27

Revisions 49453

COUNTY #



SOIL PROFILE

1328
0' orange brn C
4' lgt orange brn CL
5' SL brn/orange
10' whitish tan S
13'

SOIL PROFILE

1329
0' red/orange C
5' lgt brn SL
13'

1327

orange C
4' orange/brn SL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE: R.T. 219

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/24/93	1328	4' / 13'	10:00	10:07 ³⁰	10:07 ³⁰	10:17	9 1/2 min
	1327	3 1/2' / 12'	10:05 ²⁰	10:08	10:08	10:13	5 min
	1330	5' / 11 1/2'	10:09	10:12 ¹⁵	10:12 ¹⁵	10:14 ⁴⁵	1 1/2 min
	1329	5' / 13'	10:13	10:17	10:17	10:22	5 min

10' whitish S

1330

orange/red C
5' dk brn w/ hint of orange SL
11 1/2'

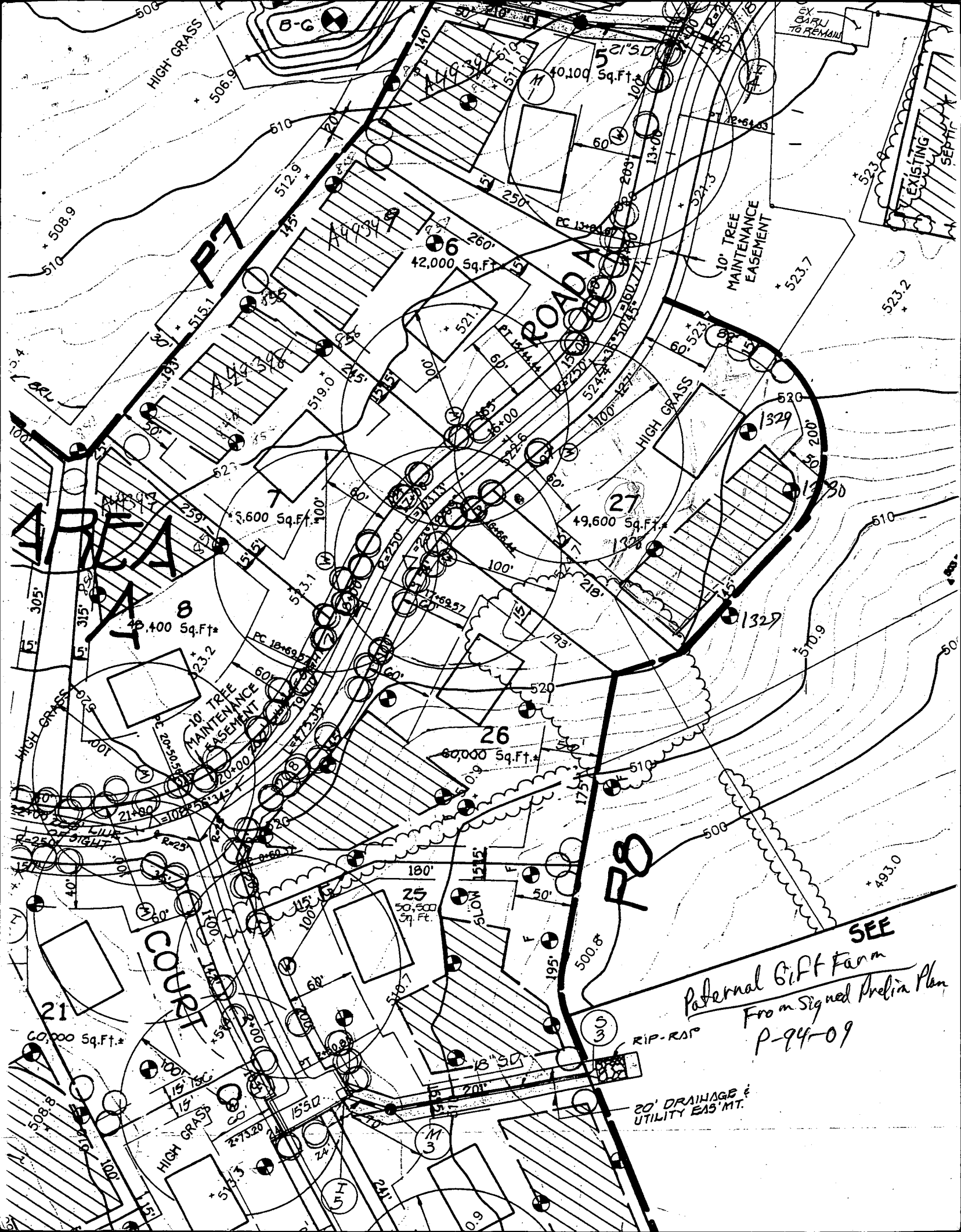
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT S. Schadt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME Initial (high) 9 min TRENCH WIDTH 3

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210



HIGH GRASS

P7

ROAD A

P8

AREA

COURT

SEE

Paternal Gift Farm
From Signed Prelim Plan
P-94-09

20' DRAINAGE & UTILITY EAS' MT.

RIP-RAP

10' TREE MAINTENANCE EASEMENT

10' TREE MAINTENANCE EASEMENT

EXISTING SEPTIC

EX. GARJ TO REMAIN

