

8/16/91 11:00
8/19/91 ASAT

05-409713

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47353
A 37277
DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 7/26/91

DATE SYSTEM APPROVED 8-19-91

INSPECTOR R. P. ...

Ben Lewis, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 93 Germantown, Maryland 20875 PHONE 428-3900

SUBDIVISION Fulton Estates LOT 9 ROAD 12120 Fulton Estates Court

PROPERTY OWNER ~~N. V. Homes~~ KWANY

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 150 feet from the front lot line and 60 feet from the left lot line. Run trenches along contour towards the left lot line as seen when facing the property from Estates Court.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR 7/26/91

PLANS APPROVED BY Ray Hodges DATE 9/07/89

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

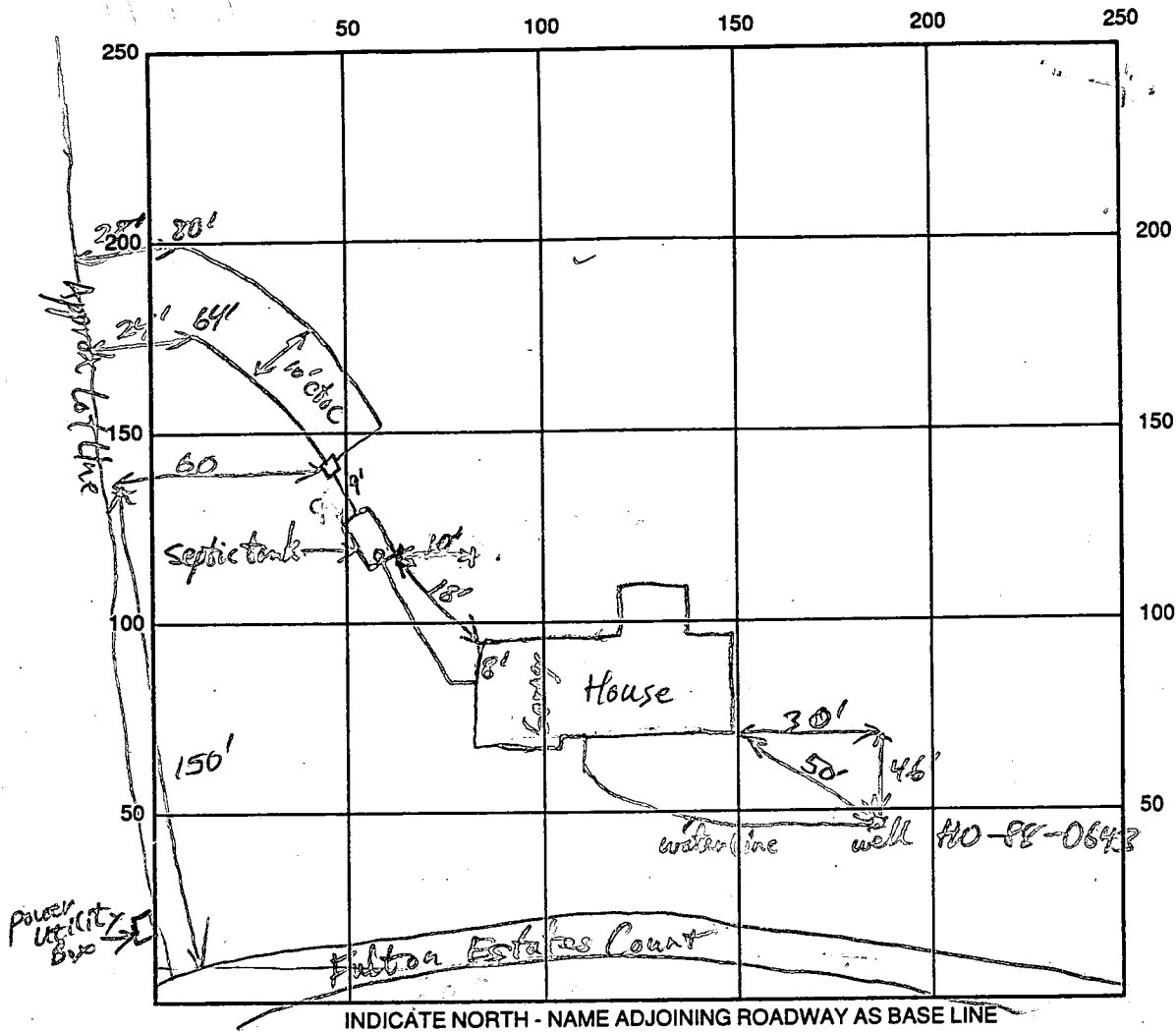
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED AND RETURNED
5/10/91
Shed

A 37277



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal OK CLEANOUTS

DISTRIBUTION BOX LEVEL 0 lock level OK

DRAIN FIELD/TITLE DEPTH A/B 8 1/2 / 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH A/B 64 / 80 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Trenches OK to place gravel fill, Call Potomac Sanitary Insp 8/16/91 RP
Need to cover drain pipes with gravel (2" minimum cover) - then cover with paper. 8/19/91 RP
OK to cover RP 8/19/91

DATE SYSTEM APPROVED 8/19/91 INSPECTOR [Signature]

8/16/91
8/16/91 11:00

11.45
No work done
8/27/91 No
Well Case
C. Bell

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

PITLESS ADAPTER No.
WELL PUMP No.

New Installation
Replacement

Receipt # 47352
Date 7/26/91

Name of Installer Ben Lewis Inc.

Telephone 301-428-3900

License Number 11202

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner D.V. Abrams

Telephone 4453200

Subdivision Fulton Estates Lot # 9

Well Tag # 40-88-0643

Site Address 1220 Fulton Estates Rd

concrete
used
only

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make Gould
- 3. Model # 2E H05422
- 4. Capacity 6 GPM
- 5. Pump exceeds well capacity Yes No
- 6. If Yes, is low pressure cutoff switch installed? Yes No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

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

Pitless Adapter

- 1. Make Materson
- 2. Model #
- 3. Depth 40"

Tank

- 1. Capacity 80
- 2. Pressure relief valve?

Piping

- 1. Type 160 PSI
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42"

Well data

- 1. Depth 425 ft.
- 2. Yield 2 GPM
- 3. Static water level 35 ft.
- 4. Will water supply be disinfected by installer?

Pitless Adapter supply line OK
+ grounding cable installed 8/16/91 RJP

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

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

Signature of Applicant: *[Signature]*

8/12/91

Date: 7/26/91

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

C1 **2481** SEQUENCE NO. (DENY USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN C.O.L.S. 3-8 ON ALL CARDS)

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

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A37277**

DATE Received
 [] [] [] [] [] []

DATE WELL COMPLETED
07/19/89

Depth of Well
112.5
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-88-0693

OWNER **NV Homes** last name **Estates Ct** first name **TOWN Fulton**
 STREET OR RFD
 SUBDIVISION **FULTON ESTATES** SECTION **9** LOT **9**

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 | |
| OB SANDSTONE SLATE | 0 | 146 | |
| | 146 | 145 | |

HIT #20
 390' (29)

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **26** NO. OF POUNDS **1560**
 GALLONS OF WATER **156**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **90** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** **G** **90**
 Nominal diameter (nearest inch) Total depth of main casing (nearest foot)

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 HOLE
 BRONZE PL **OT**
 PLASTIC OTHER

C2

DEPTH (nearest ft.)

| EACH SCREEN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------|----|----|-------|---|---|---|---|---|---|----|
| 1 | 40 | 90 | 142.5 | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)

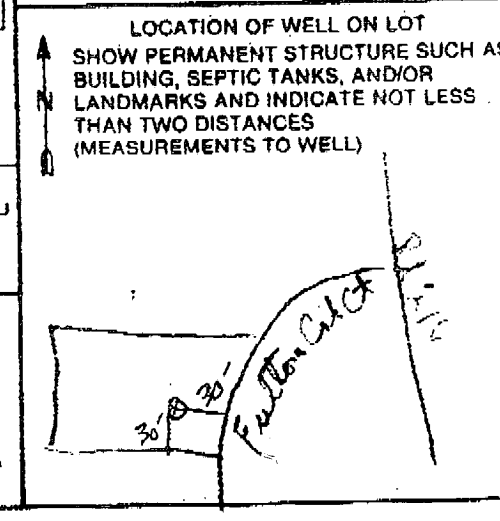
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **4**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **13** WHEN PUMPING **173**
 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 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) **R**
 (-) below }



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 10.17.13 "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. **1114**
 DRILLERS SIGNATURE **Kevin Horner**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

NAG 920 3/2 1/2

T 10:00 to 12:00

Review OK 9/20/91 CW

Page 1 of 1
Date 7-18-89

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0643
Location of property (road) Estates Rd
Subdivision FULTON ESTATES Lot 9 Block Plat Sec.
Well Driller Austin Garver Owner NY Homes

Depth of well 42.5
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 17.3'

I. High rate pumping - Reservoir drawdown

Time pump started 10:30 Pumping rate 16
Total time 30 to reach pumping water level 17.3 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill N gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 10:30 | | 5 | | 16 |
| 11:00 | 17.3 | 30 | | 2 |
| 11:15 | 17.3 | 30 | | 2 |
| 11:30 | 17.3 | 30 | | 2 |
| 11:45 | 17.3 | 30 | | 2 |
| 12:00 | 17.3 | 30 | | 2 |
| 12:15 | 17.3 | 30 | | 2 |
| 12:30 | 17.3 | 30 | | 2 |
| 12:45 | 17.3 | 30 | | 2 |
| 1:00 | 17.3 | 30 | | 2 |
| 1:15 | 17.3 | 30 | | 2 |
| 1:30 | 17.3 | 30 | | 2 |
| 1:45 | 17.3 | 30 | | 2 |
| 2:00 | 17.3 | 30 | | 2 |
| 2:15 | 17.3 | 30 | | 2 |
| 2:30 | 17.3 | 30 | | 2 |
| 2:45 | 17.3 | 30 | | 2 |
| 3:00 | 17.3 | 30 | | 2 |
| 3:15 | 17.3 | 30 | | 2 |
| 3:30 | 17.3 | 30 | | 2 |
| 3:45 | 17.3 | 30 | | 2 |
| 4:00 | 17.3 | 30 | | 2 |
| 4:15 | 17.3 | 30 | | 2 |
| 4:30 | 17.3 | 30 | | 2 |

B 1 5583 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HO-88-0643

fill in this form completely

Date Received (APA)

050189

OWNER INFORMATION

NV HOMES

1023 NEW HAMPSHIRE AVE

SILVER SPRINGS MD 20903

DRILLER INFORMATION

Austen Hawer 1144 Driller's Name 77 License No. 80

Keenan-Hawer Firm Name

9135 Bethesda Road Address

Austen Hawer 4-27-89 Signature Date

LOCATION OF WELL

R-44153

HOWARD 8 COUNTY

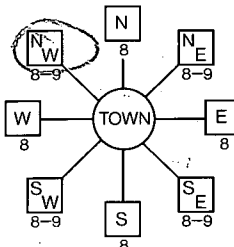
FUKTON EST 23 SUBDIVISION

SECTION LOT

FUKTON 52 NEAREST TOWN

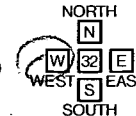
MILES FROM TOWN (enter 0 if in town)

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 10216 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D 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)

APPROX. PERMIT NUMBER GAP

FORCE MR WRITE INITIALS IN BOX PERMIT No. HO-88-0643

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A37277 COUNTY NO.

STATE SIGNATURE DATE ISSUED

053089 Mark E. Pillemer 11/30/89

NORTH GRID 481000 EAST GRID 0818000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

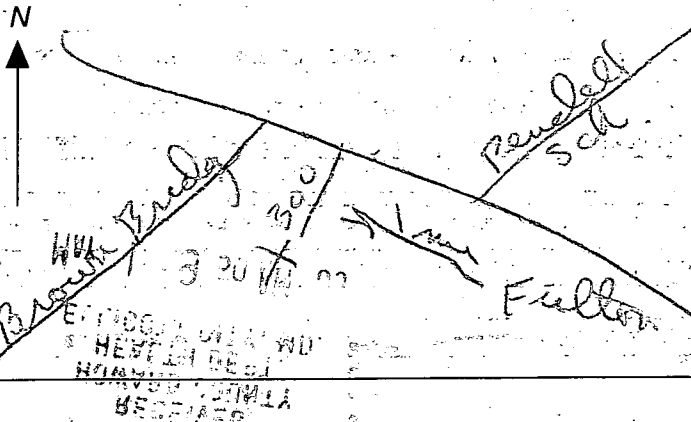
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8188 4881

Handwritten notes: 2-19-89 11:00 Well North, 26 Bags of cement, 92' Case, 50 ft, 32' Case, etc.

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



B 1 **9381** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0053
 fill in this form completely

Date Received (APA) **937 4730**
001488 OWNER INFORMATION
MATZEW **WARREN**
 Last Name Owner First Name
10415 **47th** **AVENUE**
 Street or RFD
BELTSVILLE **MD20705**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
FULTON ESTATES SUBDIVISION
 SECTION **9** LOT **9**
FULTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Harry Edmondson License No. **052**
Edmondson Well Drilling
741 Lee Mill Westminster 21157
 Address
Harry Edmondson Date **6-6-88**
 Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Estates Court NEAR WHAT ROAD
 DISTANCE FROM ROAD **30** FT
 ENTER FT or MI **FT**

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
A37277 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
071588 CO SIGNATURE **B. N. W...** EXPI. DATE **01/15/89**
 NORTH GRID **481000** EAST GRID **0818000**

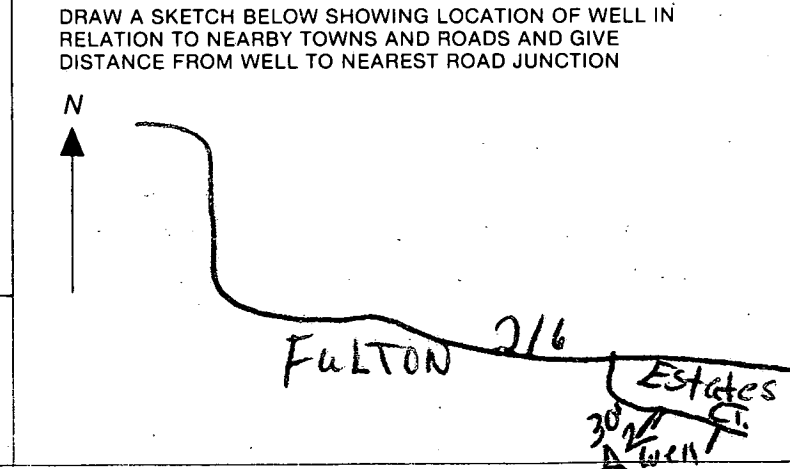
APPROXIMATE DEPTH OF WELL **250** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary Drive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. _____
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
850 18
480 1

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **5** WRITE INITIALS IN BOX PERMIT No. **HO-88-0053**

SPECIAL CONDITIONS

APPLICATION

PERCOLATION TESTING

A 37277

P _____

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

*#31/86
perc OK id pending
certified plat's
Ⓢ*

DISTRICT _____

DATE 6/25/86

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 Robert E. Bessler, et al W.V. Homes

ADDRESS 6389 Ten Oaks Rd., Clarksville, Maryland PHONE 596-9300

PROSPECTIVE BUYER Potomac Building & Development Corporation

ADDRESS 3517 Spencerville Rd., Burtonsville, Md. PHONE 421-4030

PROPERTY LOCATION:

SUBDIVISION Fulton Estates LOT NO. 9

ROAD AND DESCRIPTION Route 216 - south side of Route 216 approximately 1000 feet west of
Pindell School Road (12120 Fulton Estates Court)

TAX MAP 41 PARCEL # 69 & 203

SIZE OF LOT 3 Acre TYPE BLDG. Single Family
(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.

Jay D. Anderson
(SIGNATURE OF APPLICANT) *JP*

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified plat with all holes field
located

BLDG. PERMIT SIGNED
AND RETURNED 9/7/89
Serial # 28799
SFD-4(BRS)

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 37277

P _____

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

DISTRICT _____

DATE 4/25/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Robert E. Bessler, et al

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Jerry D. Andrews
(SIGNATURE OF APPLICANT) VP

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

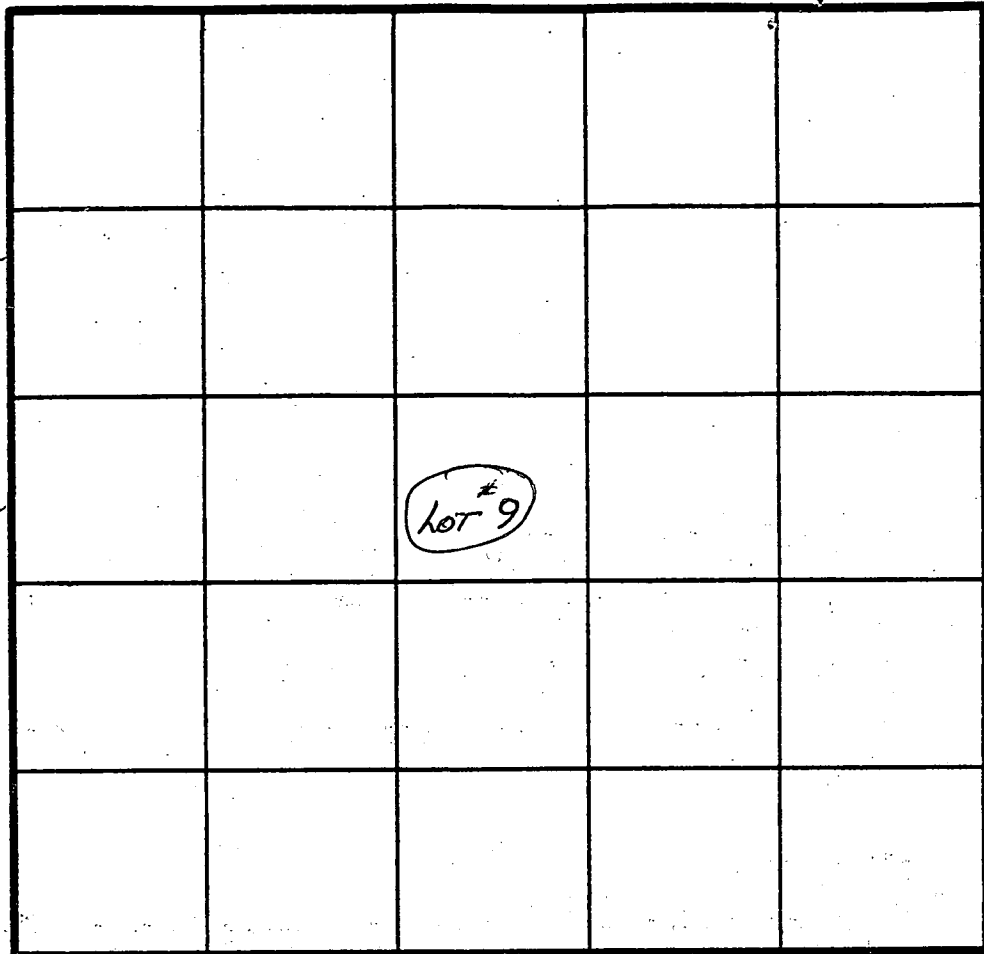
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

3

SOIL PROFILE

0
 chunky orange
 red clay
 brown
 3 1/2'
 powdery
 tan/orange
 silty mica
 loam
 w/ 5-10%
 small frag
 weathered
 ↓
 13' D



$\bar{X} = 6^+ \text{ MIN}$
 INLET 3'
 MAX 8 1/2'
 174 #/BD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|----------|---------|------|----------------|------|-------|
| | | | START | STOP | START | STOP | |
| 7/31/86 | 3 | 3 1/2 5' | 1100 | 1103 | 1103 | 1109 | 6 MIN |
| | | 8' M | 1107 | 1105 | 1105 | 1110 | 5 MIN |
| | | 13' D | bottom | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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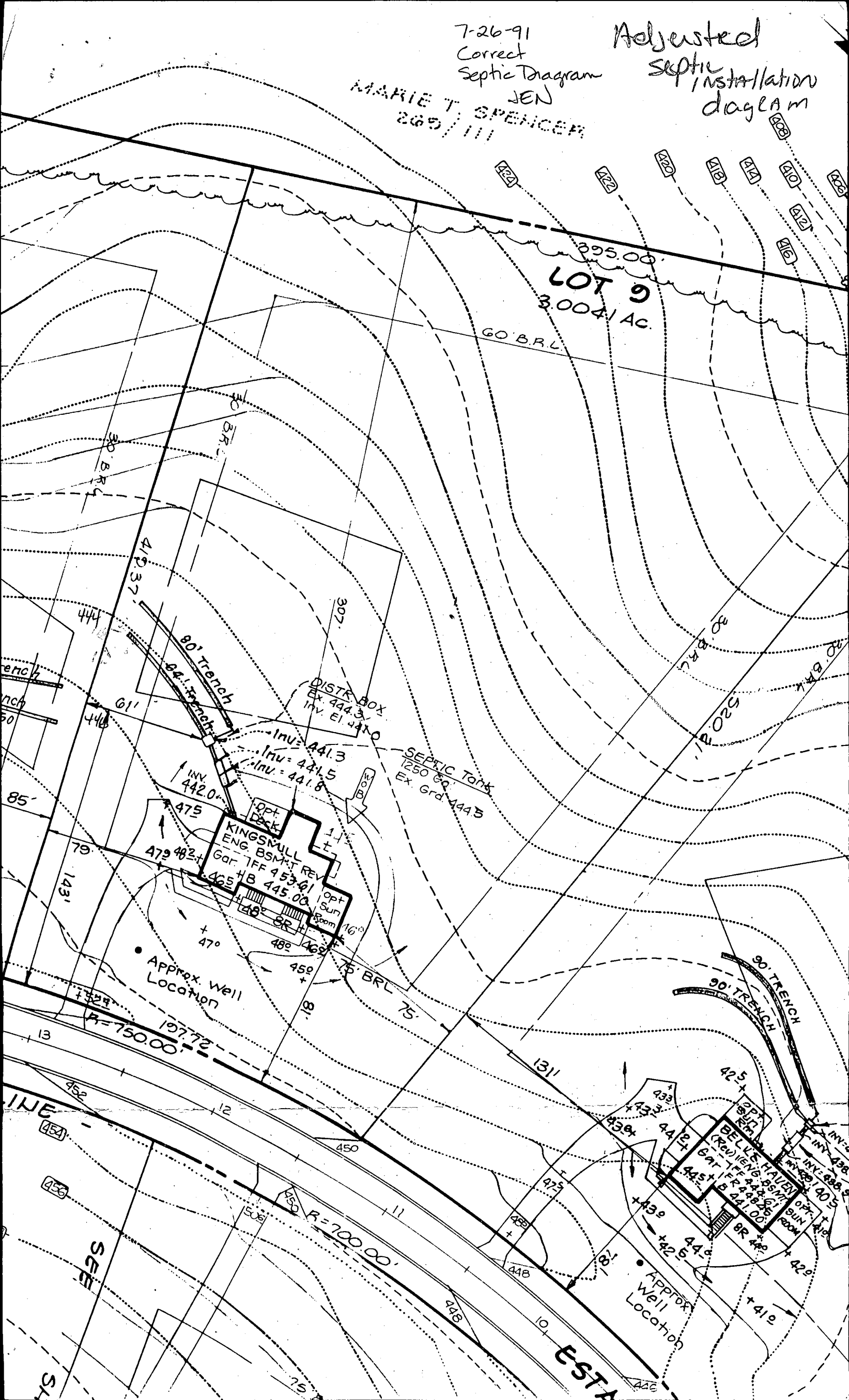
REMARKS: clay layer less pronounced in holes
 when present, orange red clay; predominantly tan/brown
 TYPE OF SOIL: silty loam w/ mica
 TESTED BY: B. Wilson
 ALSO PRESENT: Allen P. Davis

7-26-91
Correct
Septic Diagram
JEN

Adjusted
Septic
Installation
Diagram

MARIE T. SPENCER
205/111

LOT 9
3.0041 Ac.



MARIE T. SPENCER
269/111

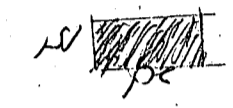
LOT 9
3.0041 Acres

N30°21'48"W

395.00

520.21'

419.37'



60'

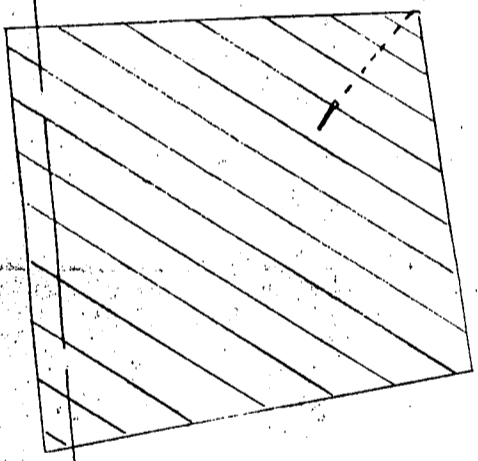
BRL

BRL

30'

30' BRL

Private Sewage Easement
as per Note No. 3 Plat 8180



5/18/93
PLANS OK
BP 48634
RH

KIM

#12120

79.7'

89.3'

75' BRL

Macadam
Drive way

79.3

Well

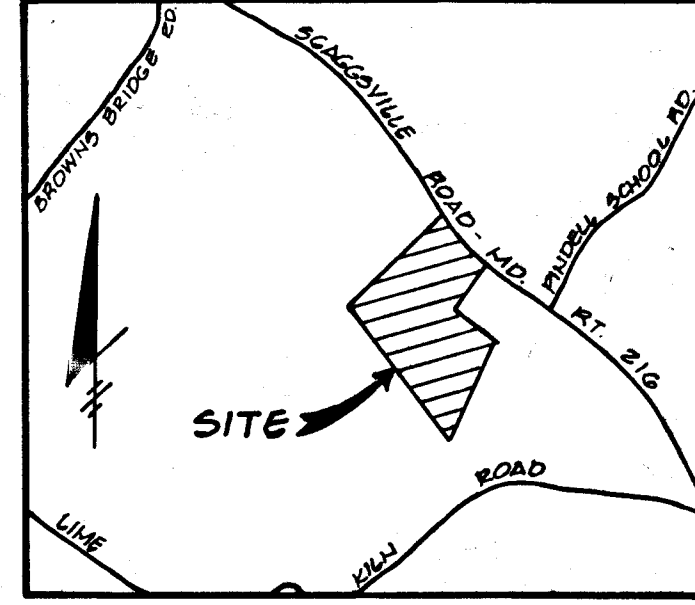
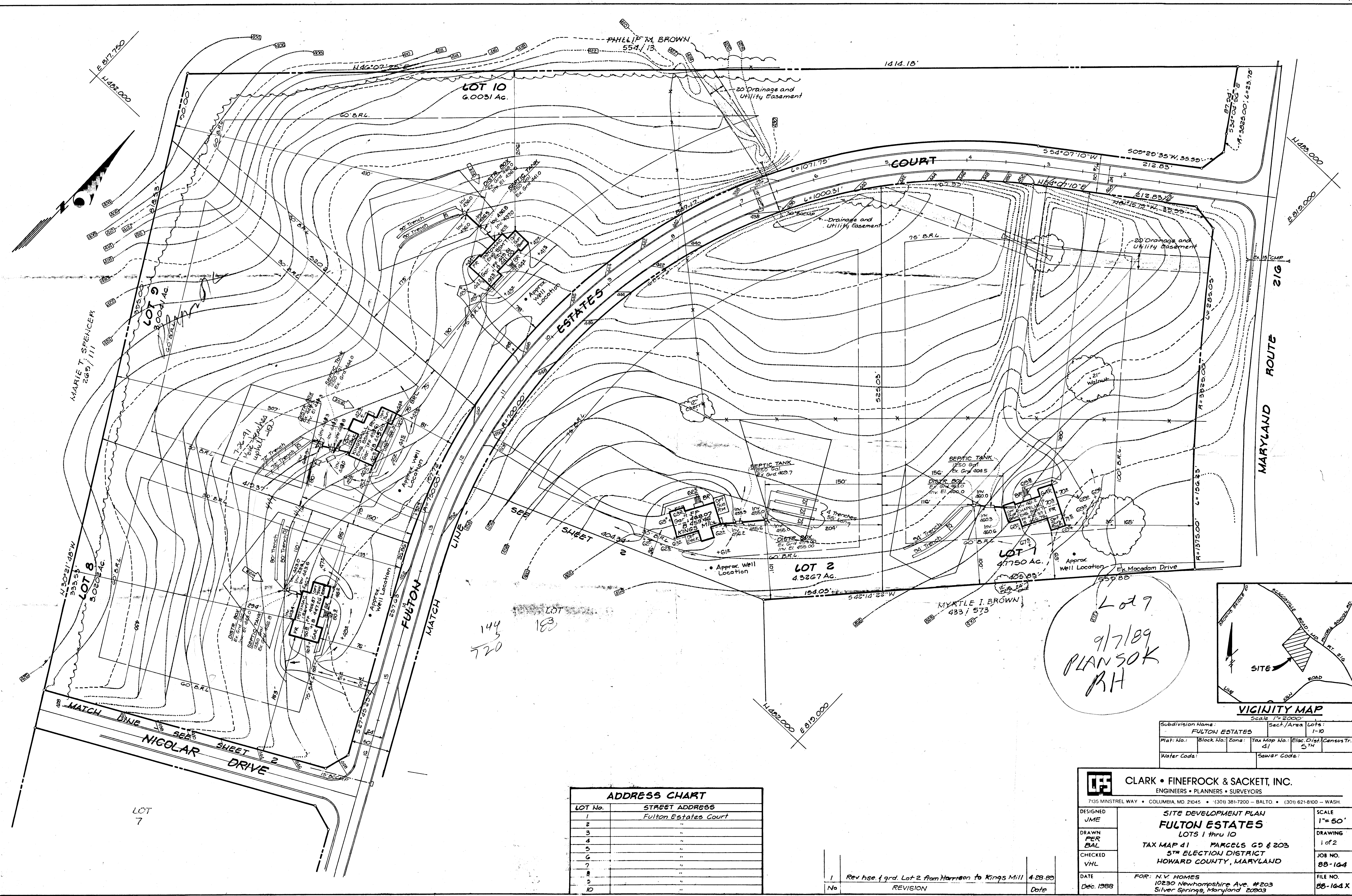
N87°49'11"E

S65°28'57"W

R=750.00'

A=197.72'

LTON ESTATES COURT
50' R/W



| | | | | | | | |
|-------------------|------------|----------------|--------------|--------------|-------------|------------|--|
| Subdivision Name: | | FULTON ESTATES | | Sect./Area | | Lots: 1-10 | |
| Plat No.: | Block No.: | Zone: | Tax Map No.: | Elec. Dist.: | Census Tr.: | | |
| | | | 41 | 5TH | | | |
| Water Code: | | | | Sewer Code: | | | |

CLARK • FINEFROCK & SACKETT, INC.
 ENGINEERS • PLANNERS • SURVEYORS
 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7200 - BALTO. • (301) 621-8100 - WASH.

| | | | |
|---------------------|--|--|----------------------|
| DESIGNED JME | SITE DEVELOPMENT PLAN FULTON ESTATES LOTS 1 thru 10 TAX MAP 41 PARCELS 60 & 203 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND | SCALE 1" = 50' | |
| DRAWN PER BAL | | DRAWING 1 of 2 | |
| CHECKED VHL | | JOB NO. 88-164 | |
| DATE Dec. 1988 | | FOR: N.V. HOMES 10230 New Hampshire Ave. #203 Silver Springs, Maryland 20903 | FILE NO. 88-164 X |

| ADDRESS CHART | |
|---------------|----------------------|
| LOT No. | STREET ADDRESS |
| 1 | Fulton Estates Court |
| 2 | " |
| 3 | " |
| 4 | " |
| 5 | " |
| 6 | " |
| 7 | " |
| 8 | " |
| 9 | " |
| 10 | " |

| | | |
|----|---|---------|
| 1 | Rev hse. & grd. Lot 2 from Harrison to Kings Mill | 4-28-89 |
| No | REVISION | Date |

LOT 9
 9/7/89
 PLANS OK
 RH

144
 720