

11 or before

LAYOUT 10/16/02 INSP 4 11/14/02 11-1130am

INSP 2 10/18/02 2:30-3pm INSP 5 11/21/02 12-1pm

INSP 3 10/21/02 3:00 INSP 6 11/22/02 1pm

ISSUE DATE: 10/17/2002

APPROVAL DATE: 11/21/02

PERMIT

P 517948

A 34727

INDEXED
SO per J

04-344154

**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 Rd., 21157 PHONE NUMBER: 410-875-4197

SUBDIVISION: Sharp Farms LOT NUMBER: 6

ADDRESS: 3705 Shady Lane PROPERTY OWNER: Karzal

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: 210

LINEAR FEET OF TRENCH REQUIRED: 280 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box about 45' from the highest corner easement stake as shown on the building permit plan. Run trenches on contour in both directions.
NOTES:	Trenches should be 10' center to center. Well line and septic line must maintain 10' of separation.

PLANS APPROVED: Brian Baker *OK 7/19/02 ED* DATE: 6/12/2002

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

11/22/02 - 3.5 trenches installed (SO) 11/22/02 OK to cover all trenches (SO)

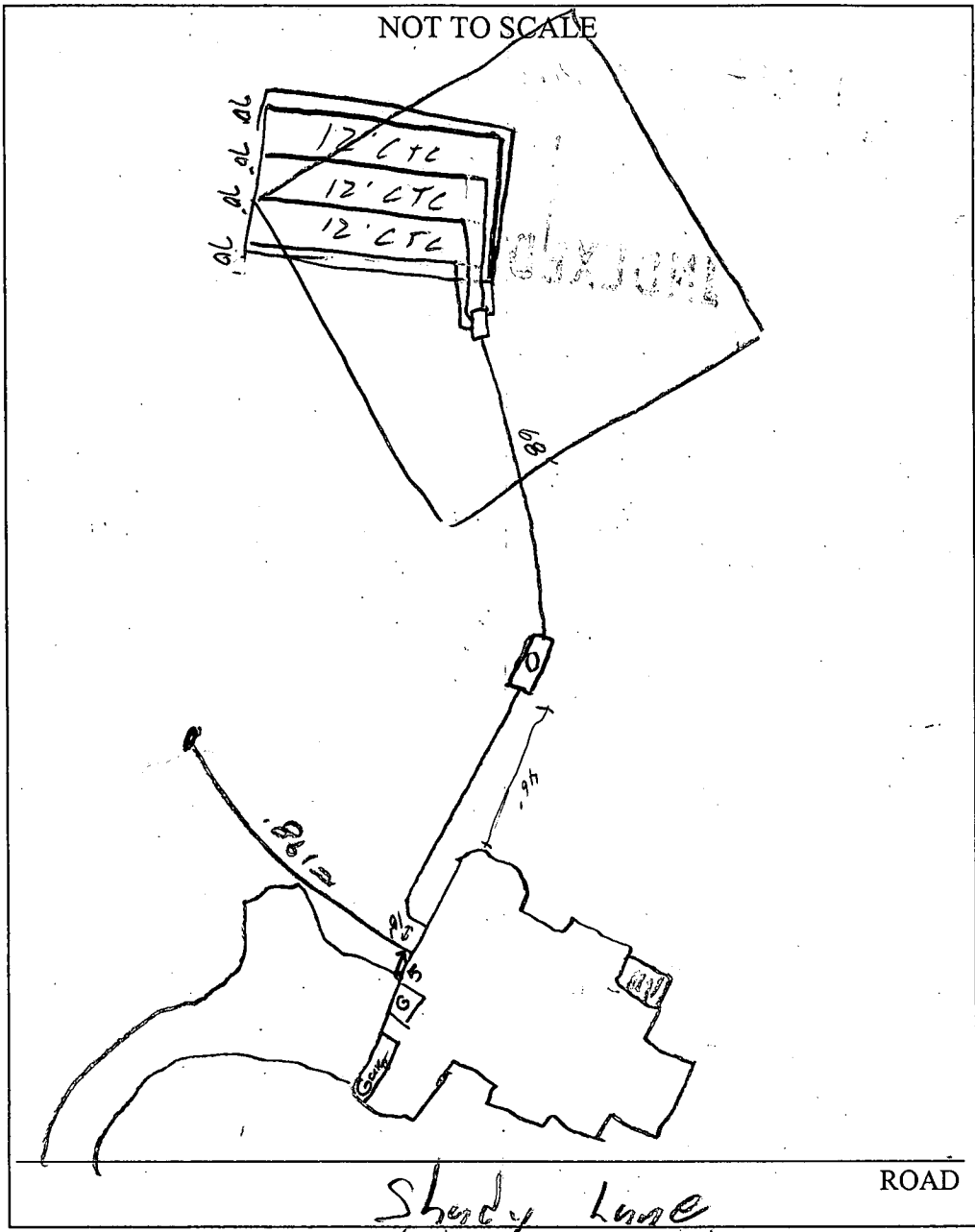
BUILDING PERMIT SIGNED

AND RETURNED

*10-30-02 800139062 = PRO PAID TANK
619-03 800142571 - IG POOL*

34727

3705 SHADY LANE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	1'	1.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		280'
ABSORPTION AREA		840 ^{sq}
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	MA
BAFFLE FILTER	MA
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 10/16/02 lot staked, contours appears accurate, layout per B.P. (SD)

INSTALLATION 10/18/02 Tank set, house corner higher. Contractor hit heavy (10-20") of rock in tank hole. Day visual hole just above SRA - hit vein of rock @ 2'. Told him to call office if they hit rock when digging trenches (SD) 10/19/02 Witnessed rock @ depths less than 3' in SDA. Told contractor to contact Health Dept for re-permit (JB) 11/6/02

Did 7 more test pits & determined that a shallow system with pipe at 1' + bottom of trench to be at 1 1/2 will work best. Upper area of SDA must be maintained for possible future mound area. See attached new spec criteria. 11/18/02 S.V. to layout design w/ an eye level. Installed stakes for 36x70 box (on contour) to show where system goes. 11/21/02 Two trenches installed @ 11/21/02 No more work done - rain (SD)

FINAL INSPECTOR _____ DATE OF APPROVAL _____

BUILDING PERMIT SIGNED AND RETURNED

PLAT

L=151.82
R=270.00

N35°27'35"E
30.00'

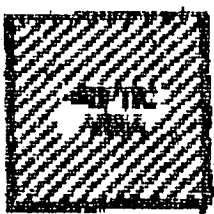
N02°41'37"E
317.16'

30' B.R.L.

150' B.R.L.

DETAILED

LOT 6



30' B.R.L.

567.31' ±
N54°31'06"E

LOT 7

EXISTING 100 YEAR FLOOD PLANE UTILITY,
AND DRAINAGE EASEMENT, PREVIOUSLY
RECORDED IN PLAT NO. 8289

100 YEAR FLOOD PLANE UTILITY, AND
DRAINAGE EASEMENT

355.00'
S55°28'54"W

LOT 5

N54°31'06"E
175.00'

S67°17'16"E
317.16'

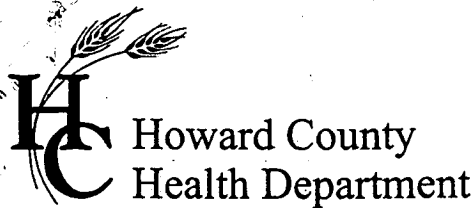
PLAT

10/7/02
Wall Check O.K.
But House Raised
~ 1 foot. Shouldn't
be any impact to
system. (BB)

NICKOLAS
LOUIS
PL

4-85





3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 7, 2002

Subject: New Trench Design Criteria

Location: 3705 Shady Lane, Lot 6

*Keep This w/file
for future permit
considerations*

To Installer;

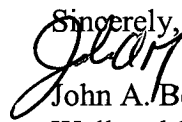
As a result of additional perc testing conducted on November 6, 2002 it was determined that the best system for future replacements for this site will be sand mounds on the upper edges of the approved sewage disposal area (SDA). However, sufficient area for a shallow drain field was found on the east side of the approved SDA. The following requirements for installation are as follows:

1. The distribution box must have a minimum of 3' of cover on top and must be placed on a gravel bed.
2. Speed levelers must be installed in the distribution box and set properly.
3. In order to assure that the trenches are to contour, the grass must be mowed.

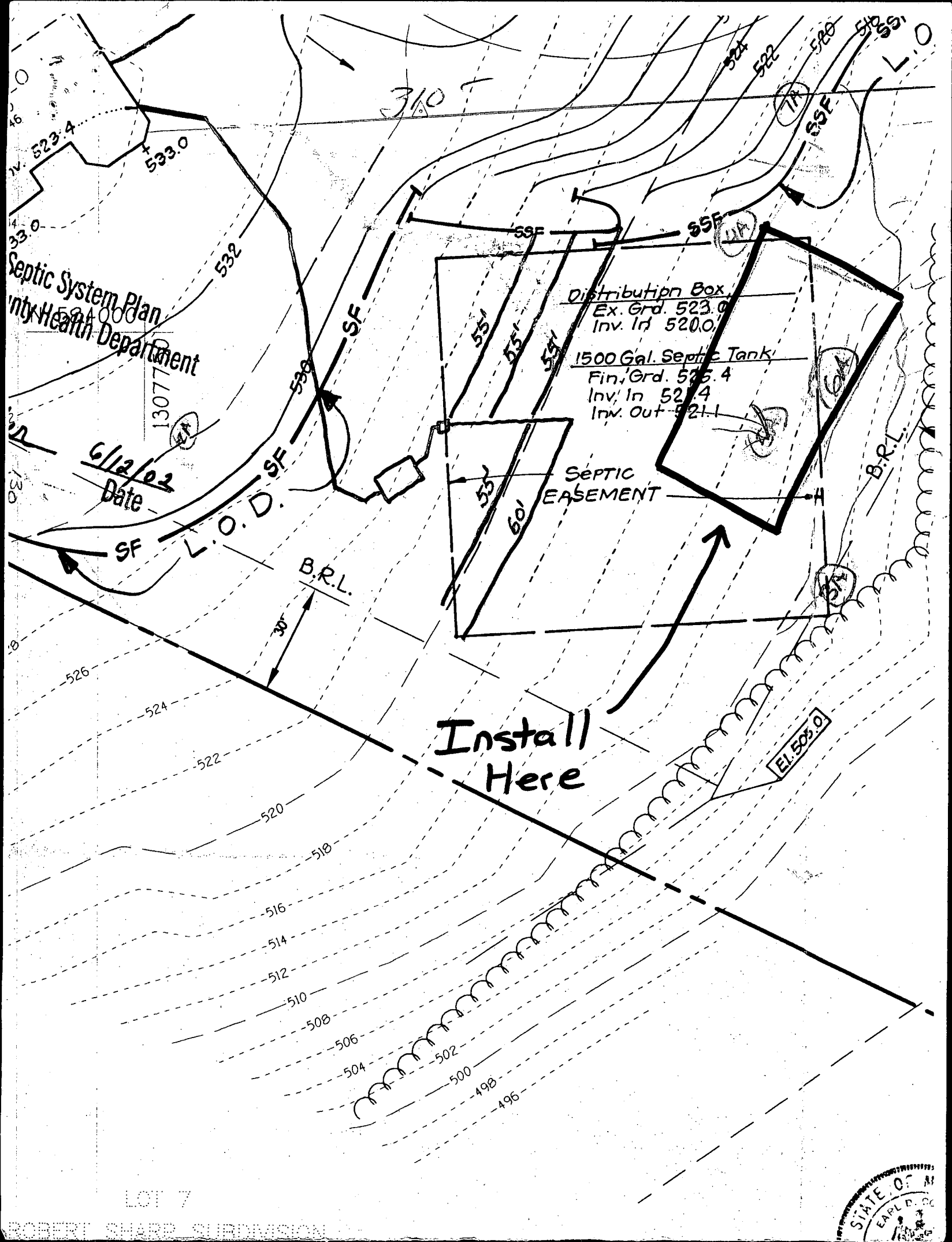
As a result of these requirements it is very important that the system be installed exactly as noted below:

1. A total of 280' of linear trench or 4 trenches 70' long.
2. Dig the trenches 1.5' deep with 6" of gravel and place the pipe on top.
3. All trenches must be placed with an edge-to-edge separation of no closer than 9' or 12' center to center pipe separation. Contour will dictate lay out of fields.
4. Install the pipe with a bottom of 1' and cover with gravel.
5. Cover the trenches with paper and clean over burden that does not contain rock.

A transit will be required to be on-site and must be set up to verify drain field lay out prior to installation. If there are any questions regarding this information it is necessary to contact this office at (410) 313-2640.

Sincerely,

John A. Boris, Jr., R.S.,
Well and Septic Program

JAB



Septic System Plan
 County Health Department

130777

6/12/02
 Date

Distribution Box
 Ex. Grd. 523.0
 Inv. In 520.0

1500 Gal. Septic Tank
 Fin. Grd. 525.4
 Inv. In 521.4
 Inv. Out 521.1

SEPTIC
 EASEMENT

Install
 Here

El. 505.0

LOT 7

ROBERT SHARP SUPERVISOR



**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: Van Sant Plumbing Telephone #: 301-829-0444
Address: 3 N. Main St
MT Airy Md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Howard Van Sant License# 1467
*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: Jay Patton Karzal Telephone #: 301-829-2164
Subdivision: Away Builders Sharp Farms Lot #: 6 Well Tag #: HO-94-2675
Site Address: 3705 Shady Lane
Glenwood Md 21738

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Corolds</u>	Make: <u>Cambell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1150N27</u>	Model #: <u>1211</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>34.5</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>34.5</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	House Connection
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓ 15</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>✓ 15</u>
Depth of supply line: <u>1/2</u> (36" min)	Sleeve caulked and sealed properly: <u>✓ 1/2</u>

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: Howard Van Sant date: 11/7/02

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

Date Insp. Requested: 10/19/02 Date Insp. Approved: 10/19/02 **JB** SRK
 Inspection Data: Pitless adapter and water supply line at least 35" 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

C1 07755

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A34727

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2675

OWNER Sharp Robert last name first name STREET OR RFD Shady Lane TOWN Glenwood SUBDIVISION Robert Sharp Sub. SECTION LOT 6

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 FROM TO check if water bearing Sand 0 36 Gray mica Rock 36 400

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

SCREEN RECORD screen type or open hole insert appropriate code below SCREEN RECORD ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0 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

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. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

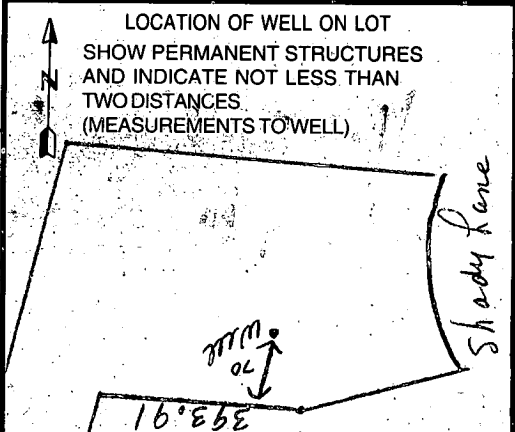
DEPTH (nearest ft.) 400 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.F.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 340 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 LAND SURFACE - below 2 (nearest foot)



B 1 09704

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-94-2675 fill in this form completely

W 513560 please print or type

Date Received (APA) 4/21/00

OWNER INFORMATION

Sharp Robert 700 Weller Dr. Mt. Airy Md. 21771

LOCATION OF WELL

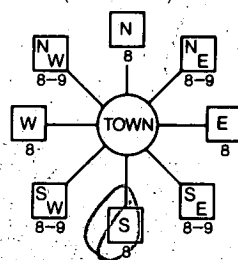
Howard Robert Sharp Sub - Glenwood

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

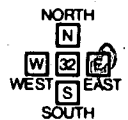
Joseph L. Mayne MSD 24 5512 Ridge Rd Mt. Airy Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Shady Lane NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 11 PARCEL 193

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING... INDUSTRIAL... PUBLIC WATER... TEST... GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A34727 Brian Baker 5/9/00

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) 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

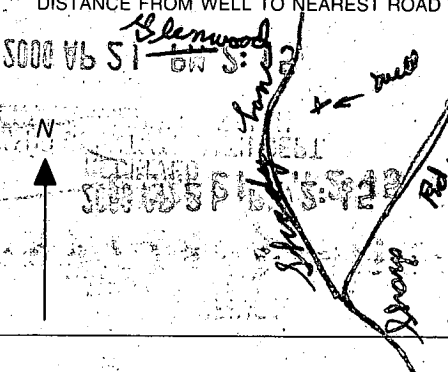
- 1. WELL 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7986

N 5283

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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) 41

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

APPROX. PERMIT NUMBER 54 G.A.P. 63

PERMIT No. H0-94-2675

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Per
1-17-85
PM

APPLICATION

SEWAGE DISPOSAL TESTING

A 34727

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE Jan 2 1985

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 V. L. and Frances Sharp

ADDRESS 3699 Shady Lane Glenwood Md PHONE 489-4135

Tax Map 21 Parcel 193 (16.112 A)
PROPERTY LOCATION:

SUBDIVISION Robert Sharp Subdivision. (Proposed) LOT NO. # 36

ROAD AND DESCRIPTION East side Shady Lane, 3,000 feet NW Sharp Road

Valid Percs exist lots 1 & 2, House and system on lot 2. Propose Lot #3

SIZE OF LOT #3 8.170 A TYPE BLDG. Residence

alone, 3 anticip
(NUMBER OF BEDROOMS)
Lot #6

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. Robert V. L. Sharp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-5-85 PERC SATISFACTORY, HOLD FOR CERTIFIED HOLE LOCATION
HOUSE + well site S. Able

THIS IS NOT A PERMIT

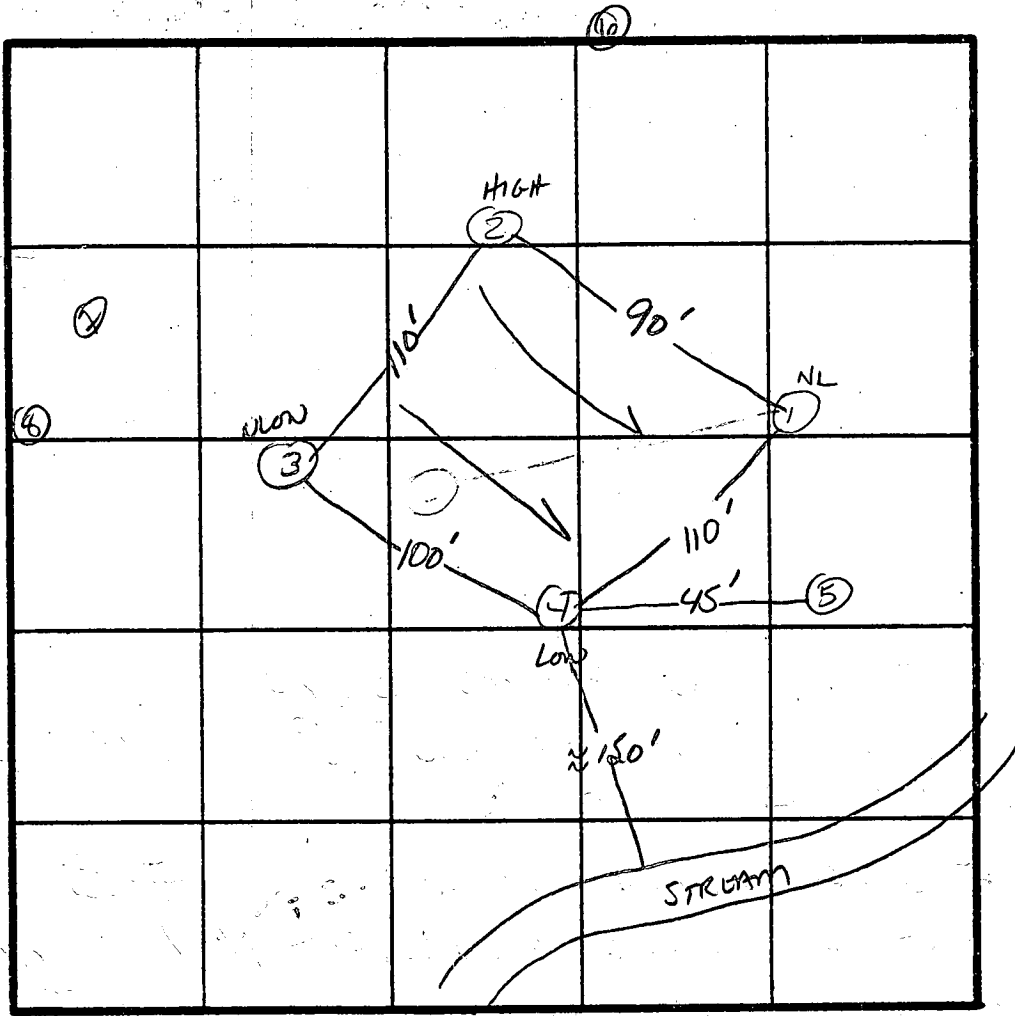
① ②
SOIL PROFILE

0
6" A0-3
BROWN
CLAY LOAM
100%
SAPROLITE

3.5'
BROWN
SANDY
LOAM
10-20%
SAPROLITE

9'
BROWN
SAND SILT
40-50%
SAPROLITE

13.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
SHADY LA

③

0
6" A0-3
BROWN
CLAY LOAM
10%
SAPROLITE

3'
BROWN
SILT SAND
10-20%
SAPROLITE

2'
SAPROLITE
20-30%

④

0
6" A0-3
BROWN
CLAY
LOAM
10%
SAPROLITE

3'
BROWN SILT
SAND 10-
20%
SAPROLITE

10'
SAPROLITE
30-40%

12.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/5/85	1S	4.5'	10:10	10:16	10:16	10:26	10min
	1V	13.5'	UNIFORM SOIL BELOW 3.5'-9' + 9'-13.5'				
	2S	4'	10:17	10:22	10:22	10:27	5min
	2V	13'	UNIFORM SOIL BELOW 3.5'-10' 10-13'				
	3S	3'	10:27	10:31	10:31	10:40	7min
	3V	12.5'	UNIFORM SOIL 3-12.5'				
	4S	3.5'	10:33	10:38	10:38	10:48	10min
	4V	12.5'	UNIFORM SOIL BELOW				
	5	WATER AT 9'					
	6	ROCK AT 8'					
	7	ROCK AT					
	8	ROCK AT					

REMARKS _____

TYPE OF SOIL _____

TESTED BY S. Abel

COLLINS BACKHOE
NICK SHARP
CHUCK SHARP

ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

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

COUNTY #

SOIL PROFILE

5A

Brown
SL
w/10-15%
fussy
frag s

5
refused

6A

Brown
SiL
w/10-15%
fussy
greiss

4 1/2
hard
bottom

7A

fill

2
Brown
SiL
w/15-20%
Channery
frag s

7
8 1/2
Brown SiL
w/15-20%
Channery
Hard bottom

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	
11/6/02	5A	1 1/2 5	11:52:15	11:54:00	11:54:00	11:57:00	3 ok
11/6/02	6A	1 1/2	11:47:00	12:00:00	12:00:00	12:25	25 ok
11/6/02	7A	8 1/2 V					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

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

COUNTY #

SOIL PROFILE

①
Brown
Dmp
L

1
Brown
w/ 25-30%
Channery

2
Brown
flussy
L 30%

2 1/2
refusal

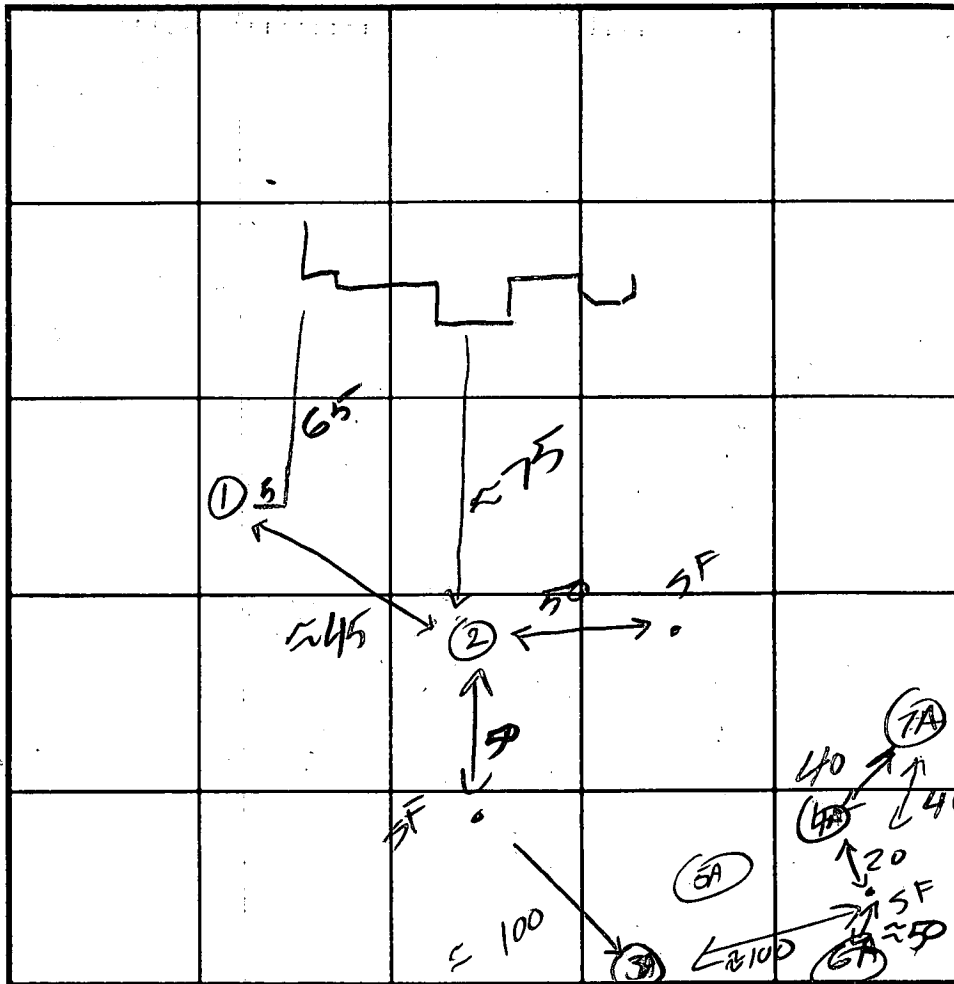
②
Dense
L
w/ 25-30%
gneiss
flussy
frag's

2
Brown L
w/ 40%
gneiss

3 1/2
refusal

③A
Brown
sil
w/ 10-15%
Classy
gneiss
frag's

5
refusal



SOIL PROFILE

4A
Similar
to hole
#2
on old
results

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
11/6/02	1A	2' 1/2 V					F
11/6/02	2A	3' 1/2 V					F
11/6/02	3A	1' 1/2 / 5	11:51:00	11:59:15	11:59:15	12:16:30	17:15 OK
11/6/02	4A	1' 1/2 / 14	11:33:45	11:40:00	11:40:00	11:48:30	8:30 OK

REMARKS Bob Smith (410) 984 6323 Builder

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

11 51

Mud to cont JAB BP A

Building Address 3705 SHADY LANE
Glenwood, MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 004002 Subdivision Robert Stacey's

Section _____ Area _____ Lot 6

Map 21 Parcel 193 Grid 11

Zoning RRDEN Map Coordinates _____ Lot size _____

Property Owner's Name Robert Awwalt Builders Inc.

Address 9051 Baltimore National Pike

City Ellicott City State MD Zip Code 21042

Home Phone 4104611315 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
MAYWOOD KARZAI
14520 Dorsey Mill Rd
Glenwood, MD 21738

Phone _____ Fax _____

Existing Use Single family Dwelling

Proposed Use _____

Estimated Construction Cost \$ 3,000.00

Description of Work Bury a 1,000 Gallon U.G
Propane Tank to NFPA # 58 Guidelines

Contractor Company Suburban Propane

Contact Person MIKE DEVINCENT

Address 31 Darwood Circle P.O. Box 1766

City Rockville State MD Zip Code 20850

License No. _____

Phone 3012510606 Fax 3012510608

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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <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"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
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	

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.

Michael A. Devincenz
 Applicant's Signature

Account Rep. Suburban Propane
 Title/Company

Michael A. Devincenz
 Print Name

10/25/02
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	5 1470
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>100.00</u>
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>10/30/02</u>	<u>Jean</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2397355</u>
				Validation # _____
				Accepted by _____

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

N35°27'15"E
30.00'

R=270.00'

L=15

N82°41'37"E

317.16'

75' BRL

30' BRL

FRONT

206'

EXISTING
RESIDENCE

LOT 6
223,046 Sq.Ft.
5.35 Ac.

ACCESS

WELL

206'

269'

6/19/03 -
proposed pool
over SRU

20' x 36'
POOL

SEPTIC
TANK

34'

1360 Sq.Ft. BROOM
FINISH CONCRETE DECK
(BY MPI)

289 Ln.Ft., 48" HIGH
METAL FENCE TO CODE
(BY OTHERS)

TYP. SEPTIC
DRAINFIELDS

10000 Sq.Ft.
SEPTIC RESERVE
AREA

S64°33'43"E

30' BRL

711.09'

30' BRL

