

LAYOUT 10/3/02 11AM INSP 4 _____

INSP 2 10/4/02 12-1pm INSP 5 _____

INSP 3 10/16/02 ANYTIME INSP 6 _____

ISSUE DATE: WPS 9/23/2002

APPROVAL DATE: 10/4/02

**PERMIT
INDEXED**

05-422744

P 517929

A 50211-D

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

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Chapel Woods III LOT NUMBER: 31

ADDRESS: 11770 Chapel Estates Drive PROPERTY OWNER: Williamsburg Group, LLC

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 4.5 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 5.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Assuming the contractor can set box in loction (A) and make 4.5' inlet for future repair, it is okay to place the distribution box as shown on the approved site plan. Run 4-70' trenches on contour.
NOTES:	Contractor to verify 100' well radius to highest trench. Trenches are to be 10' center to center.

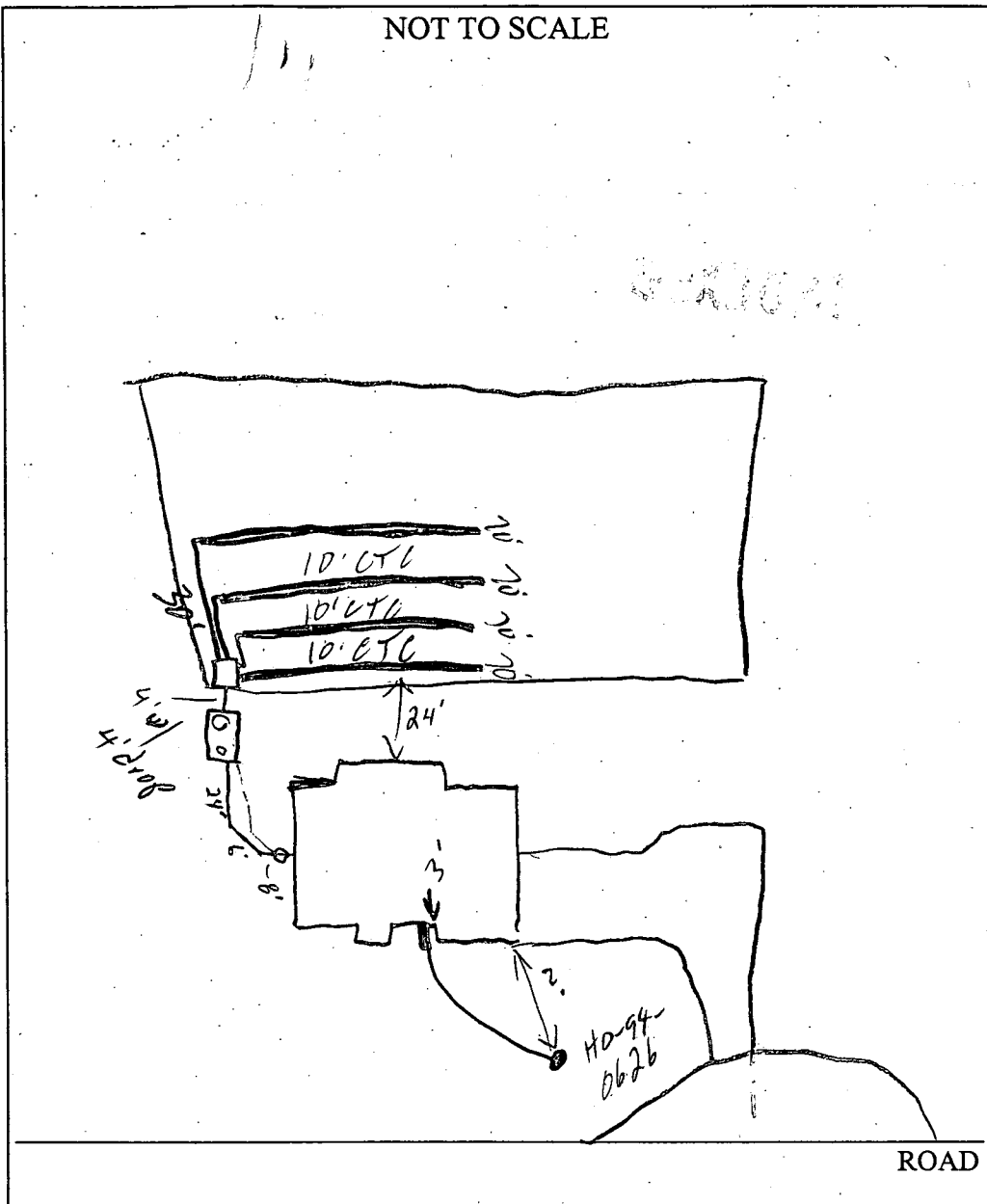
PLANS APPROVED: ~~Steven R. Krieg~~ Brian Baker OK SRK 7/3/02 DATE: 7/03/2002

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**

A50211-D

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM:
3'	4.5'	6'
NUMBER OF TRENCHES		4
TOTAL LENGTH		280'
ABSORPTION AREA		840 sq
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1-2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Back
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	NA
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 10/3/02 hot staked, contour accurate. Layout per B.P. (SO)

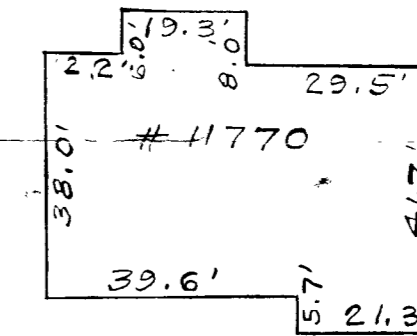
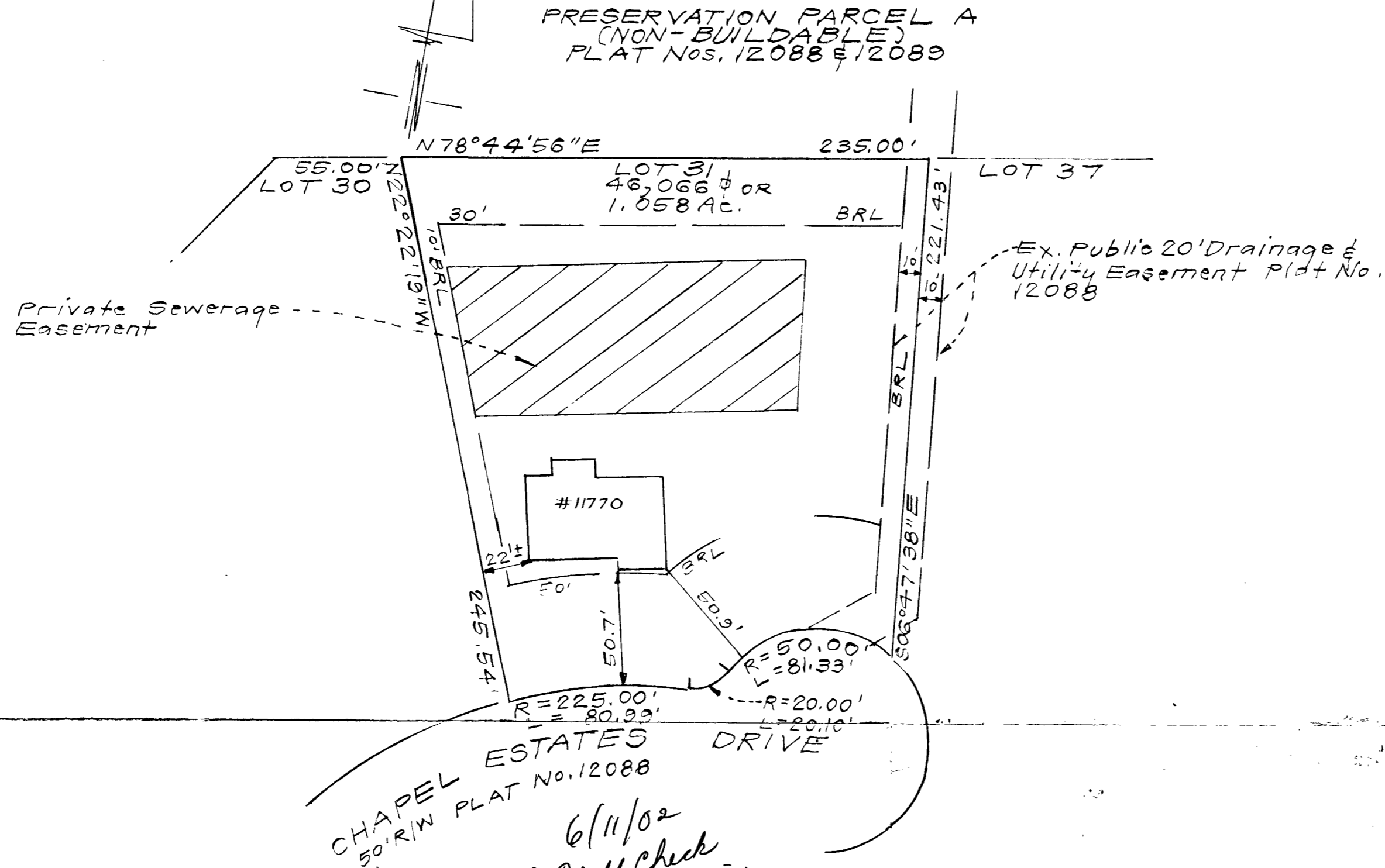
INSTALLATION 10/4/02 OK to cover all work (SO)

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 10/4/02

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440027B, Panel 27 of 45, dated December 4, 1986.

Wall Check: 5-31-02
Top of Wall Elev.: 362.3



SCALE: 1"=30'

6/11/02
Wall Check
Consistent with
B.P. plan.
BB

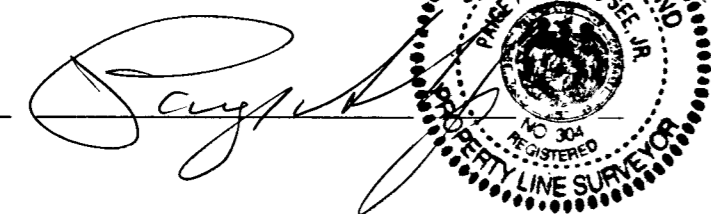
CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon and that they are located as shown.

6-5-02
DATE



NOTES:

1. The ± setback distance accuracy = 1'.

Plat Reference: 14275

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 11770 CHAPEL ESTATES DRIVE LOT 31	SCALE 1"=50'
DRAWN KWC	CHAPEL WOODS III LOTS 30, 31, 35, 36, 37, 38 AND 39 AND CHAPEL WOODS II LOT 8A	DRAWING
CHECKED PAS	<small>(A RESUBDIVISION OF LOTS 28 AND 29 AND LOTS 32, 33 AND 34 AS SHOWN PREVIOUSLY RECORDED "CHAPEL WOODS III LOTS 28 THRU 36" AND PARCEL A RECORDED AS PLAT No. S 12087 THRU 12090) 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND</small>	JOB NO.
DATE 6-03-02		FILE NO. 00-090-0

Approved Septic System Plan Howard County Health Department

YEAR FLOODPLAIN, DRAINAGE AND
EASEMENT PLAT No. 9323

LIMIT OF
WETLANDS

75' STREAM
BUFFER

[Signature]
Signature

[Date]
Date

25' WETLANDS
BUFFER

LOT 31
1.058 ACRES

LOT 30
1.304 ACRES

* BSM does
not sewer by
gravity

DIST. BOX
EX GRD = 349.0
INV. = 346.0

1500 GAL.
SEPTIC TANK
INV. IN. = 346.0
INV. OUT. = 342.0
Fin Grd. = 342.0

1500 GAL.
SEPTIC TANK
INV. IN. = 353.7
INV. OUT. = 353.40

Inv. 347.06
D II MOD.
FF 363.60
B 353.80 + G15 + G12

DIST. BOX
EX GRD = 356.0
INV. = 353.8

DIST. BOX
EX GRD =
INV. = 35

MODIFIED
CUSTOMER
FF 359.00 D II
B 359.30

CHAPEL ESTATES DRIVE
EX. 50' R/W

1:50
BY CFS

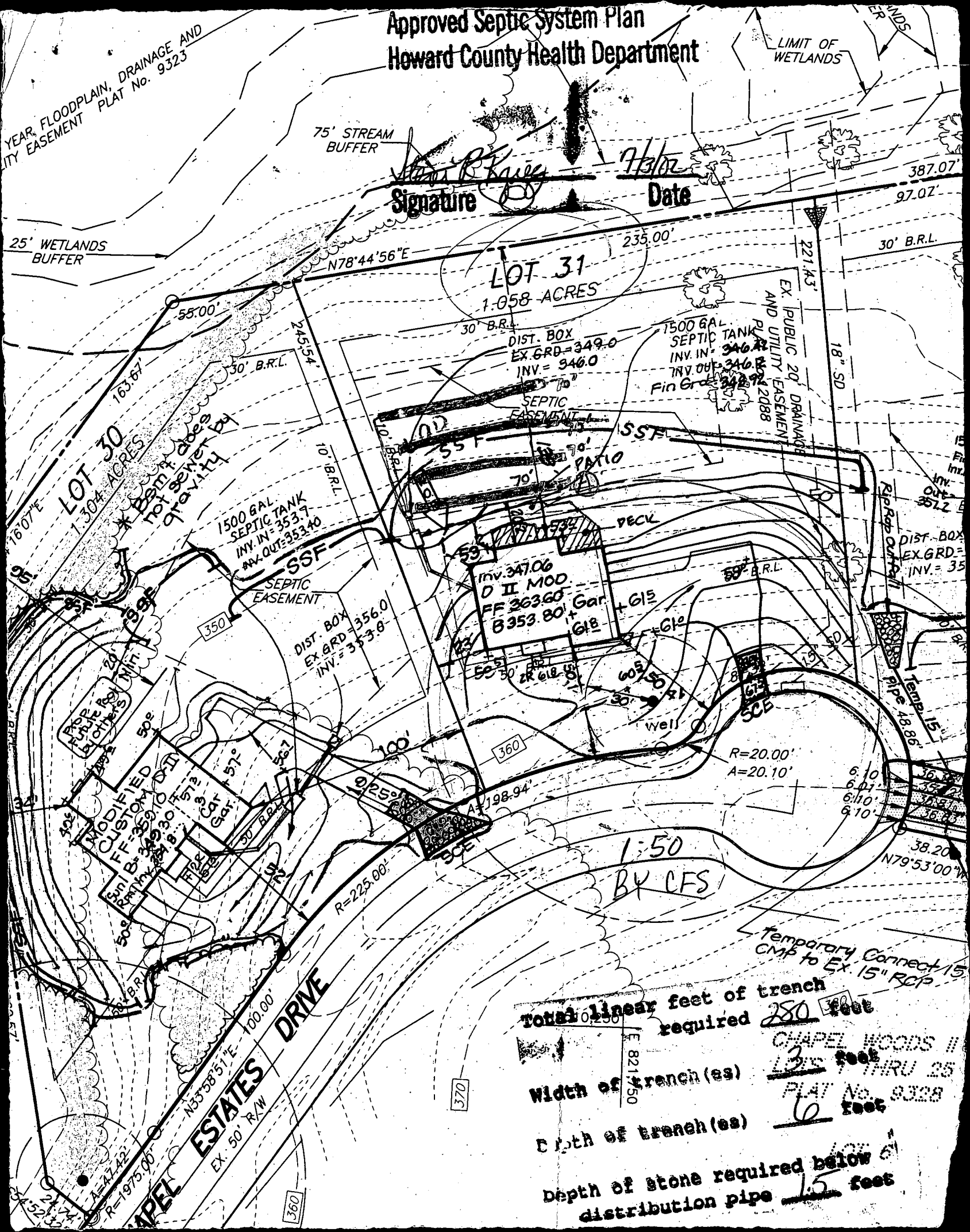
Temporary Connect 15"
CMP to Ex. 15" ROP

Total linear feet of trench
required 280 ³⁸⁰ feet

Width of trench (as)
CHapel Woods II
3 feet THRU 25
PLAT No. 9323

Depth of trench (as) 6 feet

Depth of stone required below
distribution pipe 1.5 feet



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: Charles A. Klein & Son, Inc Telephone #: (410) 549-6960
Address: 5220 Kloss Mill Road, Lymanville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): CHARLES A. KLEIN, JR License# 6521

*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: Williamsburg Graphics Telephone #: (410) 987-8800
Subdivision: Chapel Woods Estate Lot #: 31 Well Tag #: HO-34-0266
Site Address: 11770 Chapel Estate Drive, Carverville, MD 21029

Submersible Pump Data

Make: Jacuzzi
Model #: JS45L13P-52
Pump Capacity: 5 GPM
Well Yield: 8.57 GPM

Pitless Adapter

Make: Hayward
Model #: PA-800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: [checked]
Screened, vented well cap: [checked]
Cap secured to casing: [checked]
Conduit min 18" E.G.: [checked]
Conduit secured to well cap: [checked]

Depth of well encountered at time of pump installation: 350 (feet)
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: Polyethylene
PSI: 1" (160 psi min)
Depth of supply line: (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: [checked]
Approximate length of sleeve:
Sleeve caulked and sealed properly: [checked]

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: Charles A. Klein, Jr date: 6/12/02

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

10/17 anytime Date Insp. Requested: 10/16/02 Anytime Date Insp. Approved: 10/14/02 (SU)

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

10/17/02 (SU) Pitless still under water

10/18/02 A.M.

10/16/02 1' of H2O in ditch can't see (SU)
10/18/02 Well casing will probably need to be extended (SU)

C1 5144

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A50211

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 100395

Depth of Well grid: 350

PERMIT NO. grid: H-94-0626

OWNER: JIM INC last name first name STREET OR RFD: Chapel Estates Drive TOWN: Clarksville, Md 21029 SUBDIVISION: Chapel Woods III SECTION: LOT: 31

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Soft Shale, Gray Rock, and Well #1 350' (Backfilled).

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (9), BENTONITE CLAY (BC), NO. OF BAGS (9), NO. OF POUNDS (900), GALLONS OF WATER (54), DEPTH OF GROUT SEAL (36 ft).

CASING RECORD form: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (40).

OTHER CASING (if used) form: diameter, depth.

SCREEN RECORD form: screen type (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 1; WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A, E, P

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...

TYPE: MWD/MSD/MGD; DRILLERS LIC. NO. 399; DRILLERS SIGNATURE: Robert Dine

LIC. NO. MSD017; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) grid: 140, 40, 350

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN grid

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA

PUMPING TEST form: HOURS PUMPED (3), PUMPING RATE (12.0), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (48 ft before, 93 ft when), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED form: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below)

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). NA

EMERGENCY/TEMP NO. IF ANY

B 1 **1-706** SEQUENCE NO. (MDE 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
40-94-0626
 fill in this form completely

Date Received (APA) **07/14/95** OWNER INFORMATION
JJM INC
 15 Last Name Owner First Name 34
5570-205 STERRETT PI
 36 Street or RFD 55
COLUMBIA MD 21044
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 G. Edgar Harr **SOBS** 3991
 77 License No. 80
 Driller's Name **Paul M. Fabiszak**
 Firm Name
 Address **12047 Falls Road, Cockeysville 21030**
 Signature *Paul M. Fabiszak* Date **7/14/95**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

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

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

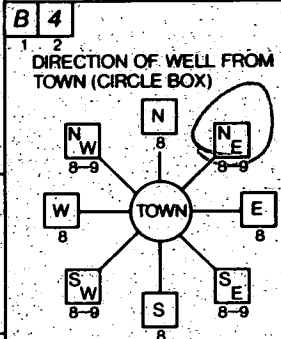
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-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)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-0626**

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

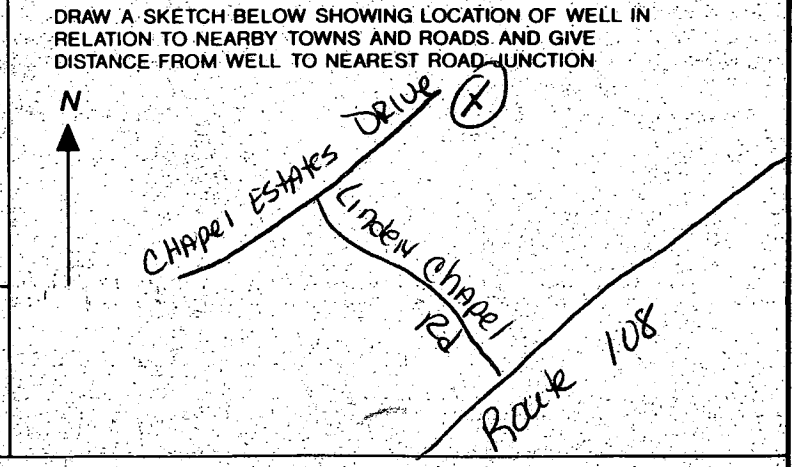
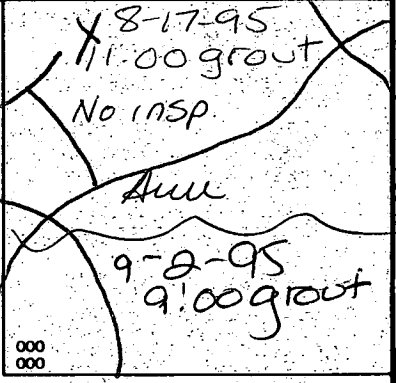
B 3 LOCATION OF WELL
HOWARD COUNTY
CHAPEL WOODS SUBDIVISION
 SECTION **31** LOT **31**
CLARKSMILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI



Chapel Estates Drive NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **200** FT OR MI **17**
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard County COUNTY NAME
A50211-0 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **072595** INSERT S
A. McMiller CO-SIGNATURE EXP. DATE **7-26-95**
 NORTH GRID **509000** EAST GRID **0820000**

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
820



9/26/00
10:00

APPLICATION

PERCOLATION TESTING

A 514235

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

9/11/00 Preview OK
Propose to adjust
SDA as far to the
back & right side of
lot as possible
AW

DISTRICT _____

DATE 9/8/00

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 Williamsburg Group LLC

ADDRESS P.O. Box 1018 PHONE 410-997-8800
COLUMBIA MD 21044

AGENT OR PROSPECTIVE BUYER _____
ADDRESS SAME PHONE _____

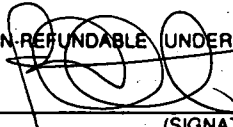
PROPERTY LOCATION:

SUBDIVISION Chapel Woods III LOT NO. 31

ROAD AND DESCRIPTION CHAPEL ESTATES DRIVE

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1.058 Acre 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

0' ²
brn cl lm
30-40% frags
tan sacl lm
30-50% frags
3 1/2'
tan gray
sa lm
10-15% frags
12'

5

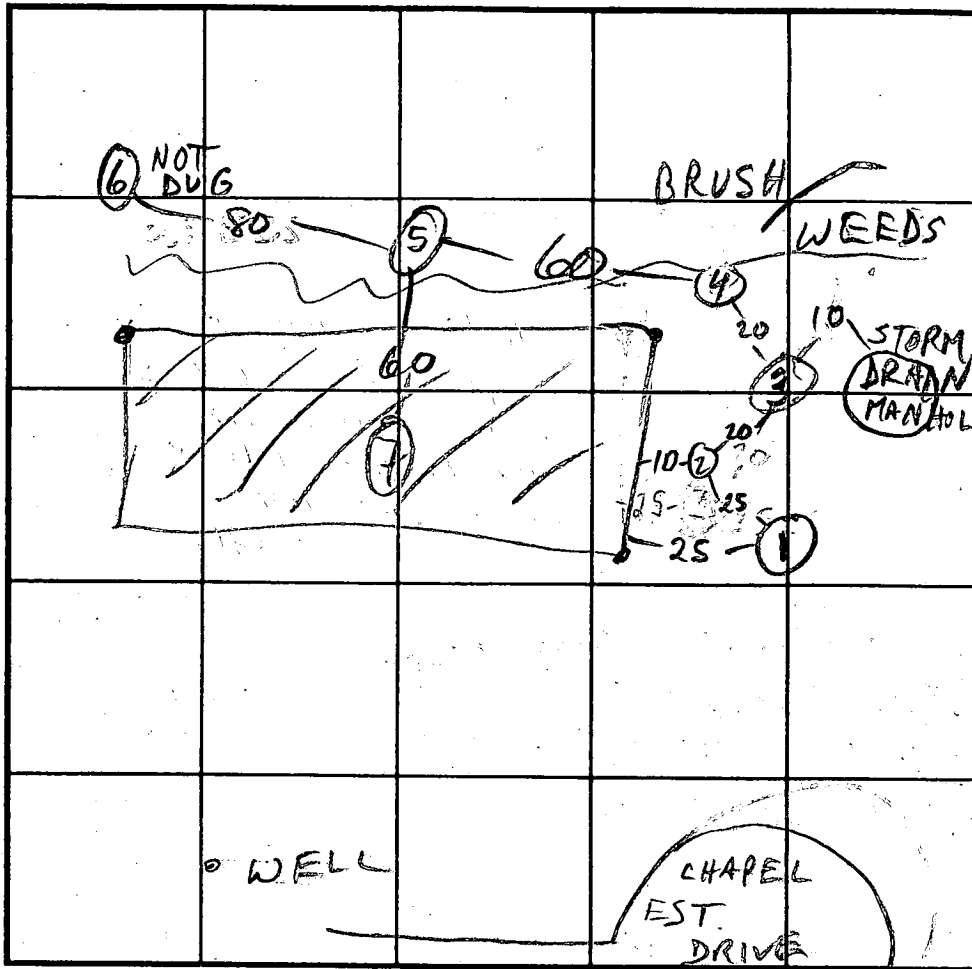
FILL

4'
brn sacl lm
20% frags
8 1/2'
STOPPED

3

FILL

23'
brn cl
7'
brn loam



SOIL PROFILE

0' ¹
red orange
cl lm
40% frags
tan sa lm
20% frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/27/00	2 v	12	OK					
	5 v	8 1/2	FAIL	4' FILL				
	4 v	7 1/2	FAIL	ALL FILL				
	3 v	14 1/2	NOT A PERM HOLE PER PLAN					
	7 v	4	FILL ONLY 1' OR LESS					
	1 v	12 1/2	RE-PERC OF "Y"					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT Matt (Hatfield's) Bob C.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

9/6/00 Failed rock hole in this area

RE-PERC TEST NOT acceptable w/pt
PLAN PERC du

- New holes
- Passed holes
- Failed HOLES

Area for
WELL

PRESERVE
PARCEL
(NON-BUILT)

25' WETLANDS
BUFFER

LIMIT OF
WETLANDS

75' STREAM
BUFFER

Bad
to be added

387.07'
97.02'

LOT
233 AC

235.00'

NEW LOT 31
0.58 ACRES

NEW

New
hole

DOES
SEWER
BY GRAVITY

DIST. BOX
EX. GRA. = 358.8
INV. IN. = 355.6

SEPTIC
INV. IN. = 355.6

SEPTIC
EASEMENT

SSA

SEPTIC
EASEMENT

Area to be Deleted

PROP.
Deck

ROOM PORCH

38.310
354.30

CUSTOM
DI

SSF
SEPTIC
EASEMENT

SSF

SSF

R=20.00'
A=20.10'

SCE

EXHIBIT # 3

PROPOSED SEPTIC ESMT.

N 510,250

CHAPEL WOODS II
L.O.P. & T.M.P. 1985

L-48
B-359.80
K-348.8

572
56E
56
55

93'
R=225.00'

350
A=198.94'

62
61
60
64
60

110'
81.32'

6.10'
6.01'
6.110'
6.10'

35.57
37.05
35.21
35.63
38.20'
N79°53'00"W

DRIVE

Not acceptable w/out
reperc. du

PRESERVA
PARCEL
(NON-BULL)

AGE AND
9323

4 OK

75' STREAM
BUFFER

25' WETLANDS
BUFFER

LIMIT OF
WETLANDS

387.07'
97.02'

LOT
1,233 AC

Area to be added

LOT 31
0.058 ACRES

B DOES
NOT SEWER
BY GRAVITY

DIST. BOX
EX. GR. 388.5
INV. = 355.0
Prop
SEPTIC
BASEMENT

SEPTIC
INV. IN
INV. 354.6

PUBLIC 20' DRAINAGE
AND UTILITY EASEMENT

30' B.R.L.

18" SD

SEPTIC
EASEMENT

Area to be Deleted

SSF
SEPTIC
EASEMENT

Prop.
Deck
SEPTIC
ROOM
PORCH
INV. 355.8
E = 363.10
B = 354.30 *
CUSTOM
D II

R=20.00'
A=20.10'

6.10'
6.07'
6.10'
6.10'

35.35' SCE
35.81' SCE
35.63'

38.20'
N79°53'00" W

EXHIBIT # 3 PROPOSED SEPTIC ESMT.

N 510,250

CHAPEL WOODS II
L.O.P. # 14111 25

DRIVE

FF = 359.30
BS = 348.8
572 + 572
565
58
60
62
64
66
68
70
72
74
76
78
80
82
84
86
88
90
92
94
96
98
100

53°00'
30' B.R.L.
245.54'
10' B.R.L.

75' STREAM
BUFFER

E 821,750
N 310,750

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 _____

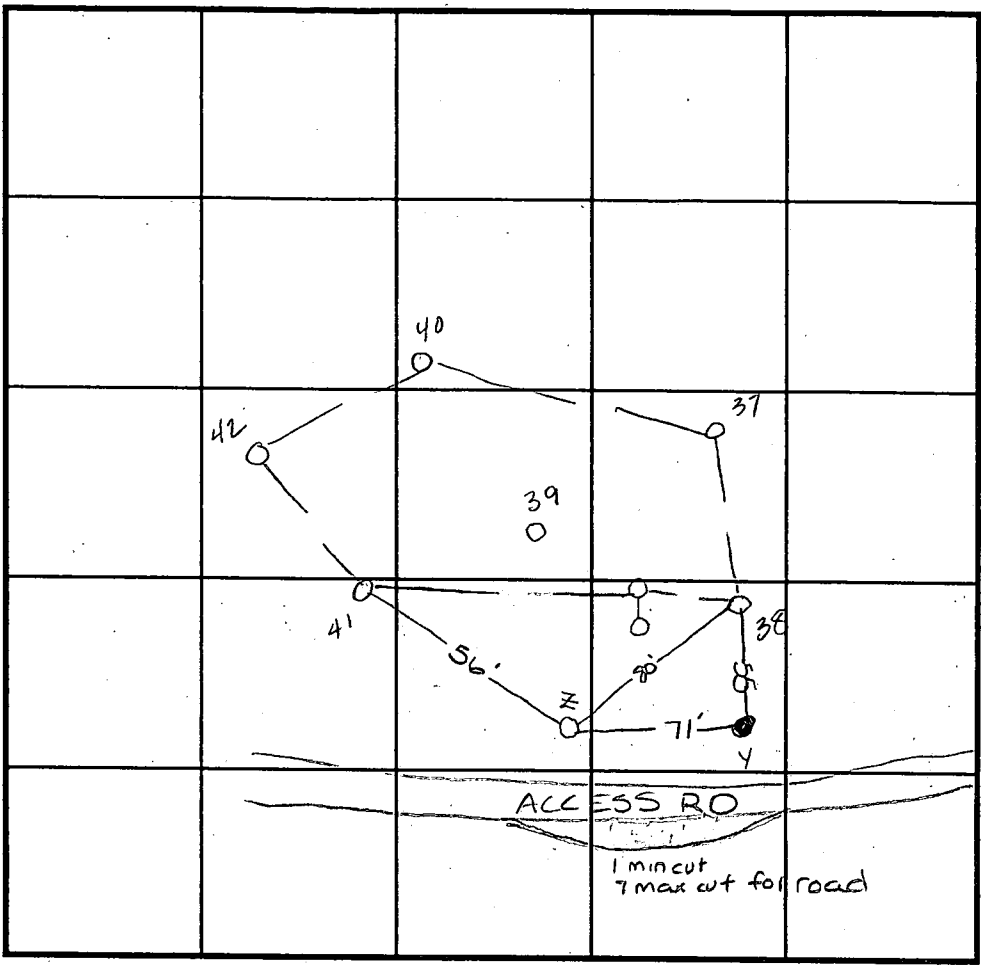
REASONS FOR REJECTION OR HOLDING _____

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
 0' Z
 1' DK GREY Fill
 3' bright orange C
 5' orange CSL
 12' orange brn Sand mica 10% shale Saprillite 5-7'
 Y
 2' orange C
 5.5' lgt orange SCL
 7.5' brn sand approaching >50% rock
 13' ↓



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	
10-27-94	Z	3.5 / v12	5:21 ⁴⁵	5:25 ⁴⁵	5:25 ⁴⁵	5:33	7 1/4 min
	Z	4.5 / v12	5:22	5:42	5:42	>30	slow
	Y	3.5 / v13	5:36	>30 min	—	—	F
	Y	5.5 / v13	5:36	>30 min	—	—	F

will perc at 5.5'

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH 3 SQ. FT./BEDROOM _____

8:30

APPLICATION

PERCOLATION TESTING

A 50211 D

P _____

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

DISTRICT 5th

DATE August 11, 1994

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 Eric M. Plaska, c/o Jgm Inc.

ADDRESS 5570 Herrett Place, Suite 205
Colleyville, MD 21044 PHONE _____

PROSPECTIVE BUYER NA

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Chapel Woods III LOT NO. ~~30~~ 31

ROAD AND DESCRIPTION Chapel Woods Drive off Route 108

TAX MAP 29 PARCEL # 86

SIZE OF LOT _____ TYPE BLDG. SFD - common
area septic field
(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.

Christine A. Richards Agent
(SIGNATURE OF APPLICANT) Remond Mueggli

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 41
topsoil

1' orange/red C

5' tan SSIL
20-30% rock beginning at 8'

13'

40
dk red C

reddish SCL

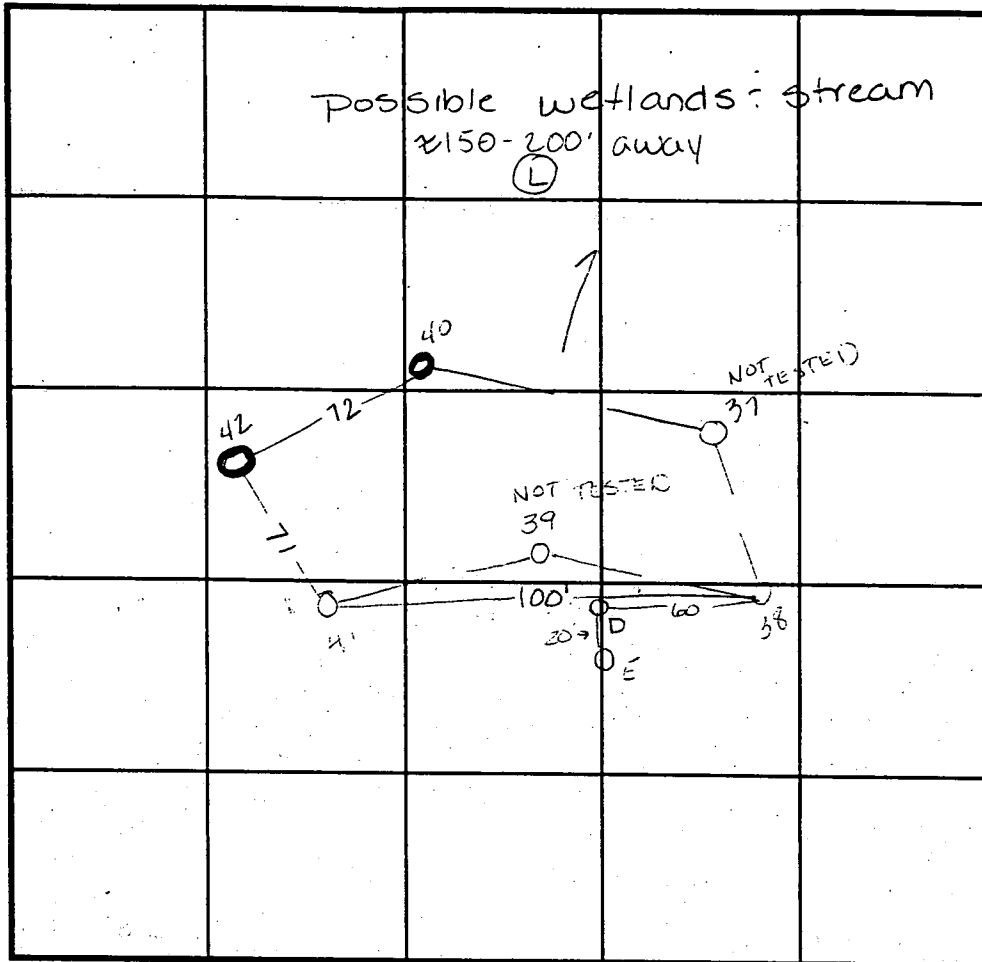
approach 50% rock

9' refusal

38
grey fill material

5' tan SL
50% rock frags

13'



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	
10-26-94	42	not seen - too much rock per contractor					F
-	41	3 1/2' V13	8:54 ¹⁵	9:09	9:09	9:33	24min
-	41	5 1/2' V13	8:54	8:56 ³⁰	8:56 ³⁰	9:00	3 1/2 min
-	40	4' V9	9:18	>30 min			F
-	38	7' V13	9:38	9:39	9:39	9:40	1min

REMARKS Hole 37 with 25' waterline bumper

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

HOLES USED ON PRELIMINARY PLAN : 41, 38, 2,

R.#

PROFILE
66

6.11-

beigh
matrix
Salm mica
mottled
yellow
red
platy
structure
parent
rock
1st tan
orange
Sasilm

9'
12'

67

top 2 3'
has been
cut
so
no clay
layer
brn
Sand
micaceous
zones
of white
chalky
rock

12'

68

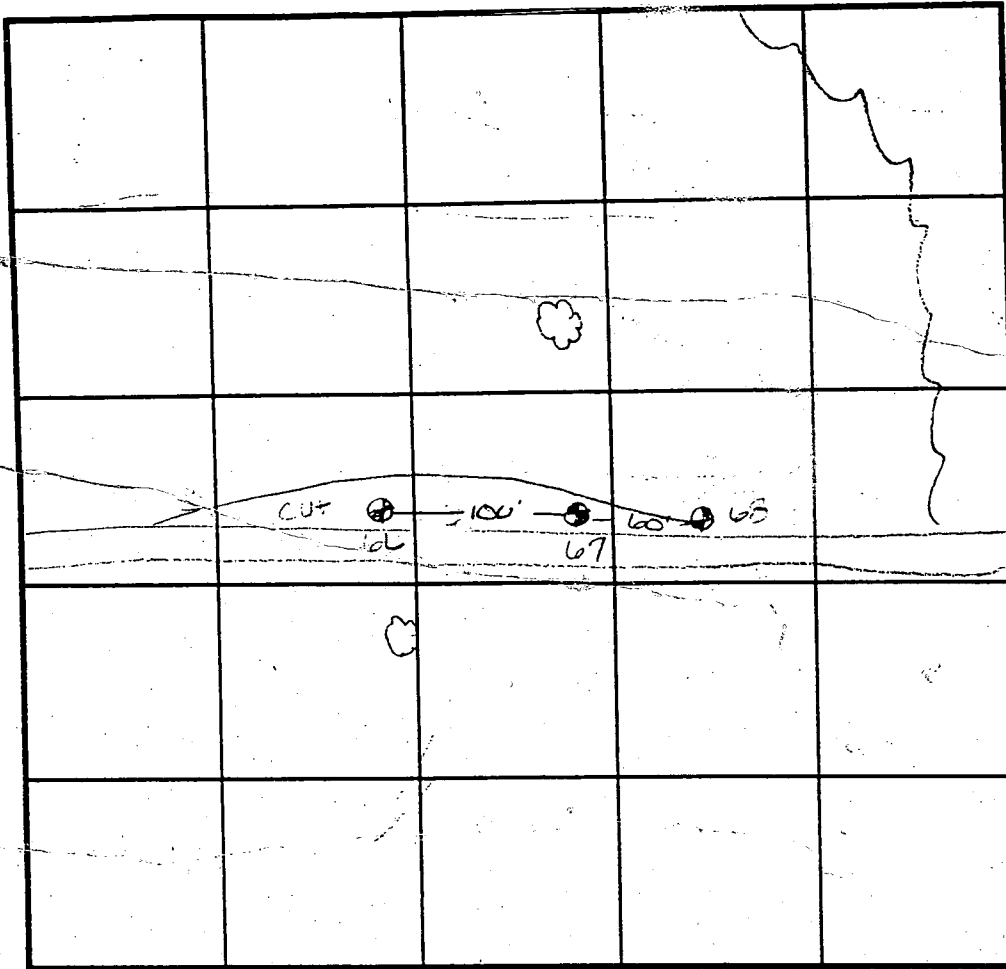
fill

large
grained
sand
mica

4'

brn
salm
50%
small
rock
frag

12'



SOIL PR

0'

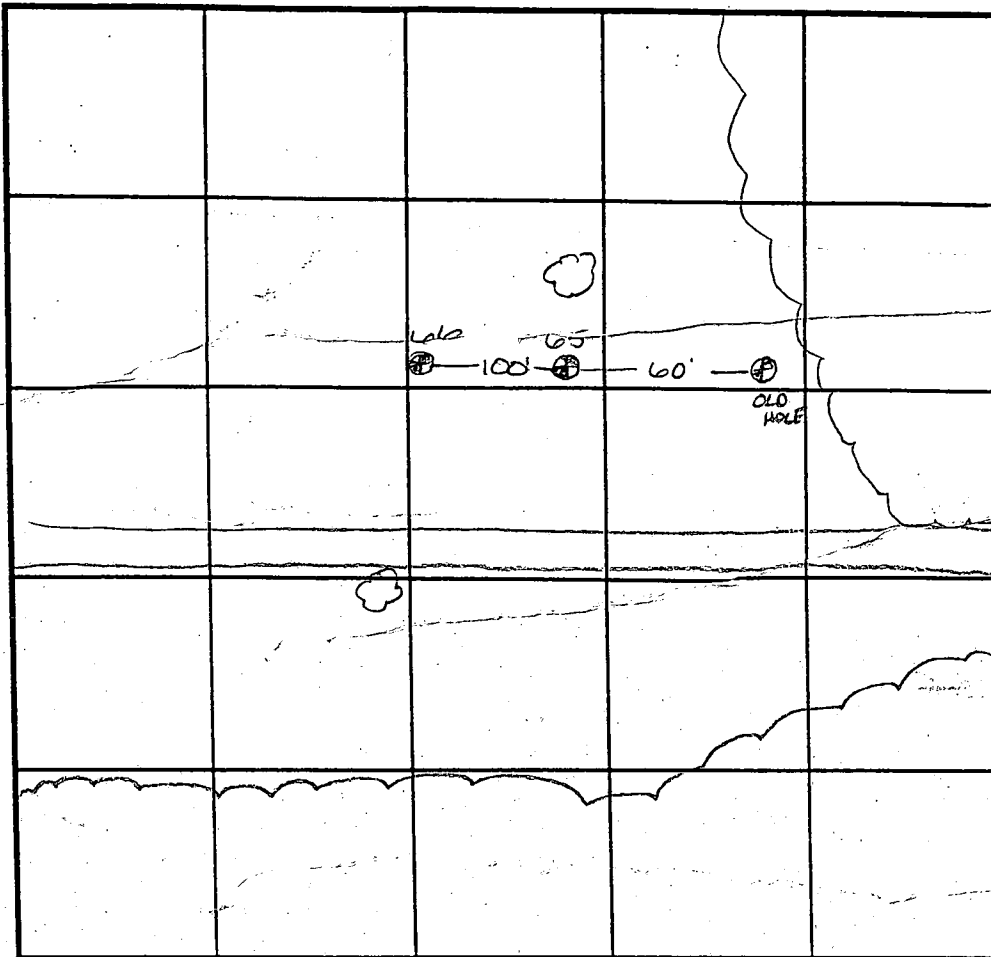
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	66	2' V12	12:20	12:20 ³⁰	12:20 ³⁰	12:21 ³⁰	1min
	66	repair	12:21	12:22 ³⁰	12:22 ³⁰	12:24 ³⁰	2min
	66	5' V12	12:24	12:26	12:26	12:28	2min
	67	2' V12	12:35	12:38	12:38	12:45	8min
	67	5' V12	12:35	12:36 ³⁰	12:36 ³⁰	12:38 ³⁰	2min
	68	5.5' V12	12:55 ¹⁵	1:00	1:00	1:12	12min

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

COUNTY #
 SOIL PROFILE
 0' 65
 top soil
 6" dark red C1M
 4' beige to tan Salm micaceous 5-10% shale
 12'

66
 1' bill
 beige matrix Salm mica mottled yellow red platy structure from parent rock
 9' 1" tan orange Salm
 12'



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	
4-7-95	65	3' / V12'	11:56	12:00	12:00	12:09	9min
	65	5.5' / V12'	11:56 ³⁰	12:03	12:03	12:13	10min
	66	2' / V12'	12:20	12:20 ³⁰	12:20 ³⁰	12:21 ³⁰	1min
	66	repour	12:21	12:22 ³⁰	12:22 ³⁰	12:24 ³⁰	2min
	66	5' / V12'	12:24	12:26	12:26	12:28	2min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen 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 Chapel Woods Sec. III LOT NO. 32

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 _____

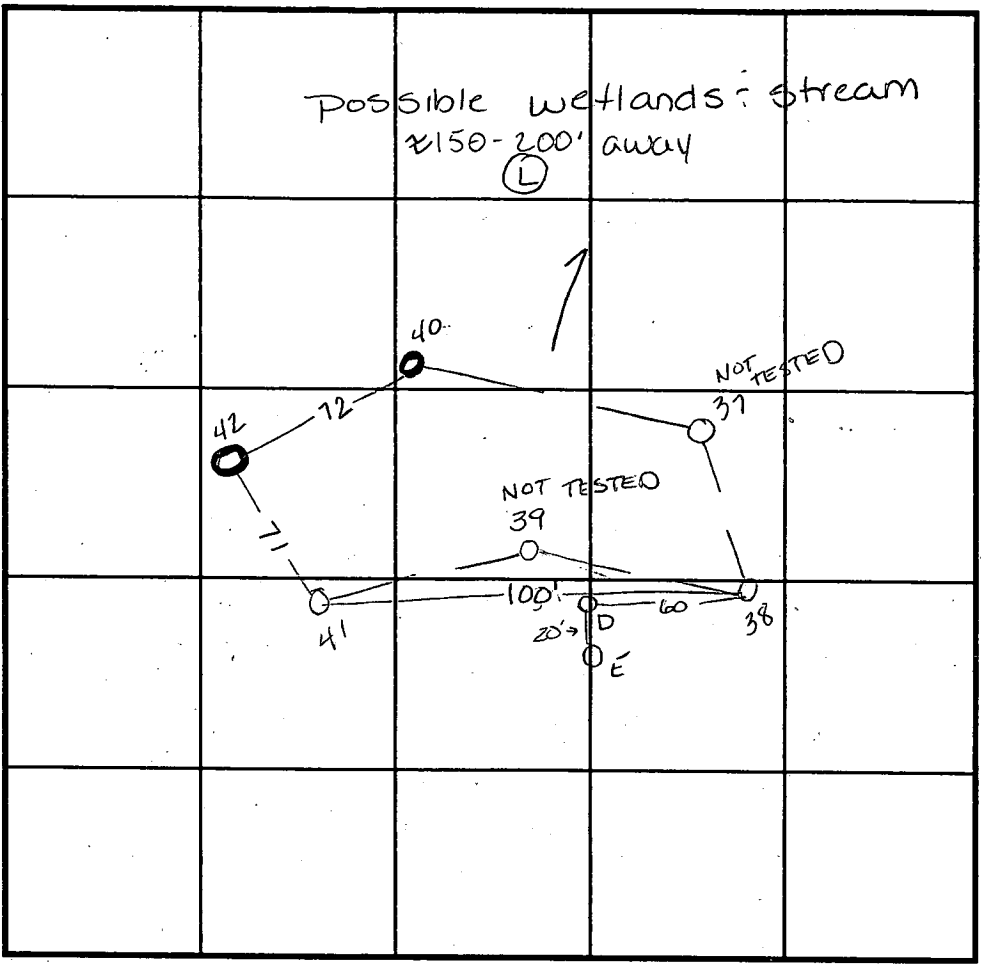
REASONS FOR REJECTION OR HOLDING _____

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 41
 0' topsoil
 1' orange/red C
 5' tan sil
 20-30% rock beginning at 8'



SOIL PROFILE

13' 40
 dk red C
 reddish SCL
 approaching 50% rock
 9' refusal

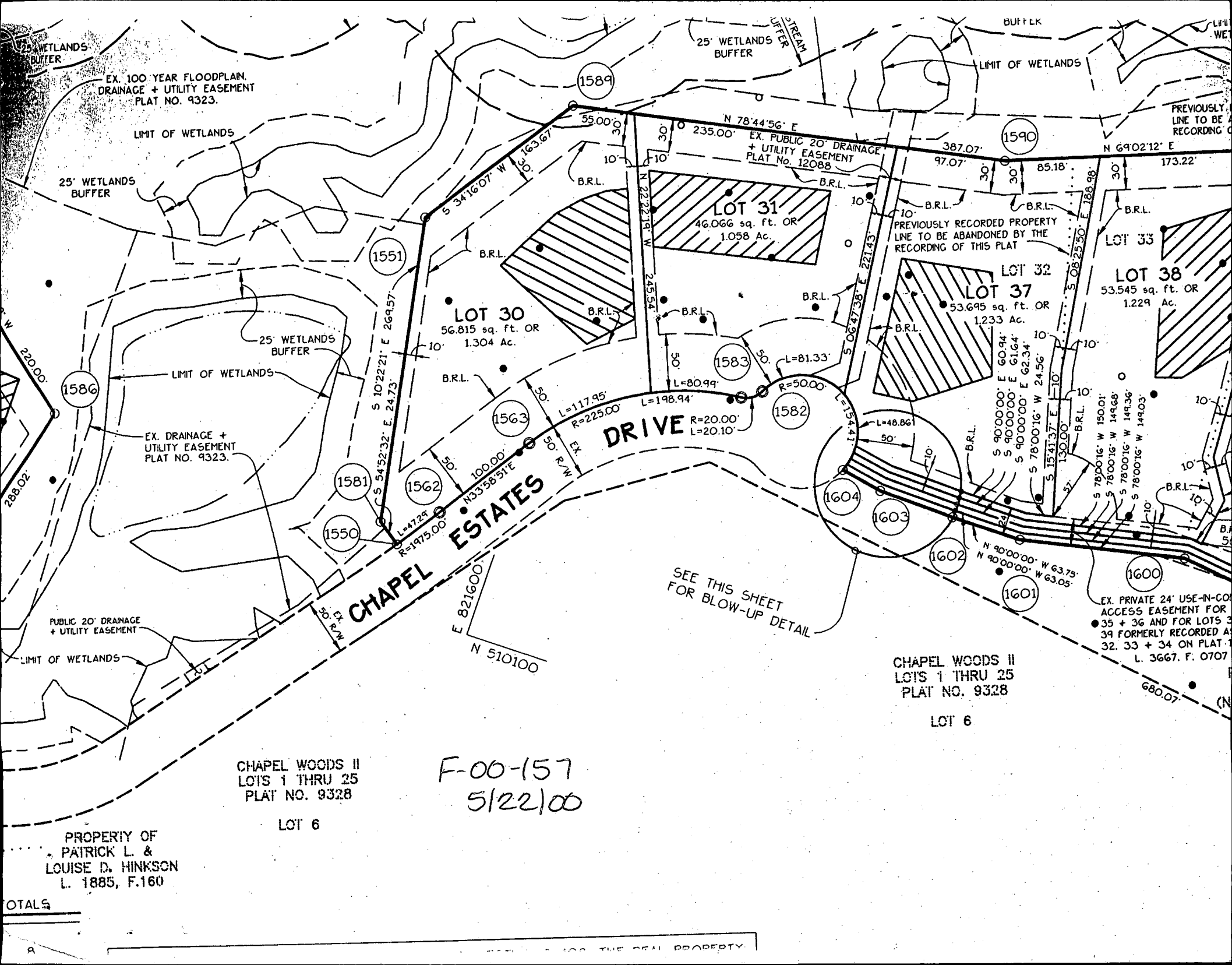
38
 grey fill material
 5' tan sil
 50% rock frags
 13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

D
 FILL to 4'
 E
 NO FILL
 6.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-26-94	42	not seen	too much contractor	rock per			F
	41	3 1/2' V13	8:54 ¹⁵	9:09	9:09	9:33	24min
	41	5 1/2' V13	8:54	8:56 ³⁰	8:56 ³⁰	9:00	3 1/2 min
	40	4' V9	9:18	>30 min			F
	38	6 7/8' V13	9:38	9:39	9:39	9:40	1min

REMARKS Hole 37 w/in 25' wetland buffer
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



EX. 100 YEAR FLOODPLAIN DRAINAGE + UTILITY EASEMENT PLAT NO. 9323.

25' WETLANDS BUFFER

LIMIT OF WETLANDS

25' WETLANDS BUFFER

LIMIT OF WETLANDS

25' WETLANDS BUFFER

LIMIT OF WETLANDS

EX. DRAINAGE + UTILITY EASEMENT PLAT NO. 9323.

PUBLIC 20' DRAINAGE + UTILITY EASEMENT

LIMIT OF WETLANDS

SEE THIS SHEET FOR BLOW-UP DETAIL

CHAPEL WOODS II
LOTS 1 THRU 25
PLAT NO. 9328

LOT 6

CHAPEL WOODS II
LOTS 1 THRU 25
PLAT NO. 9328

LOT 6

F-00-157
5/22/00

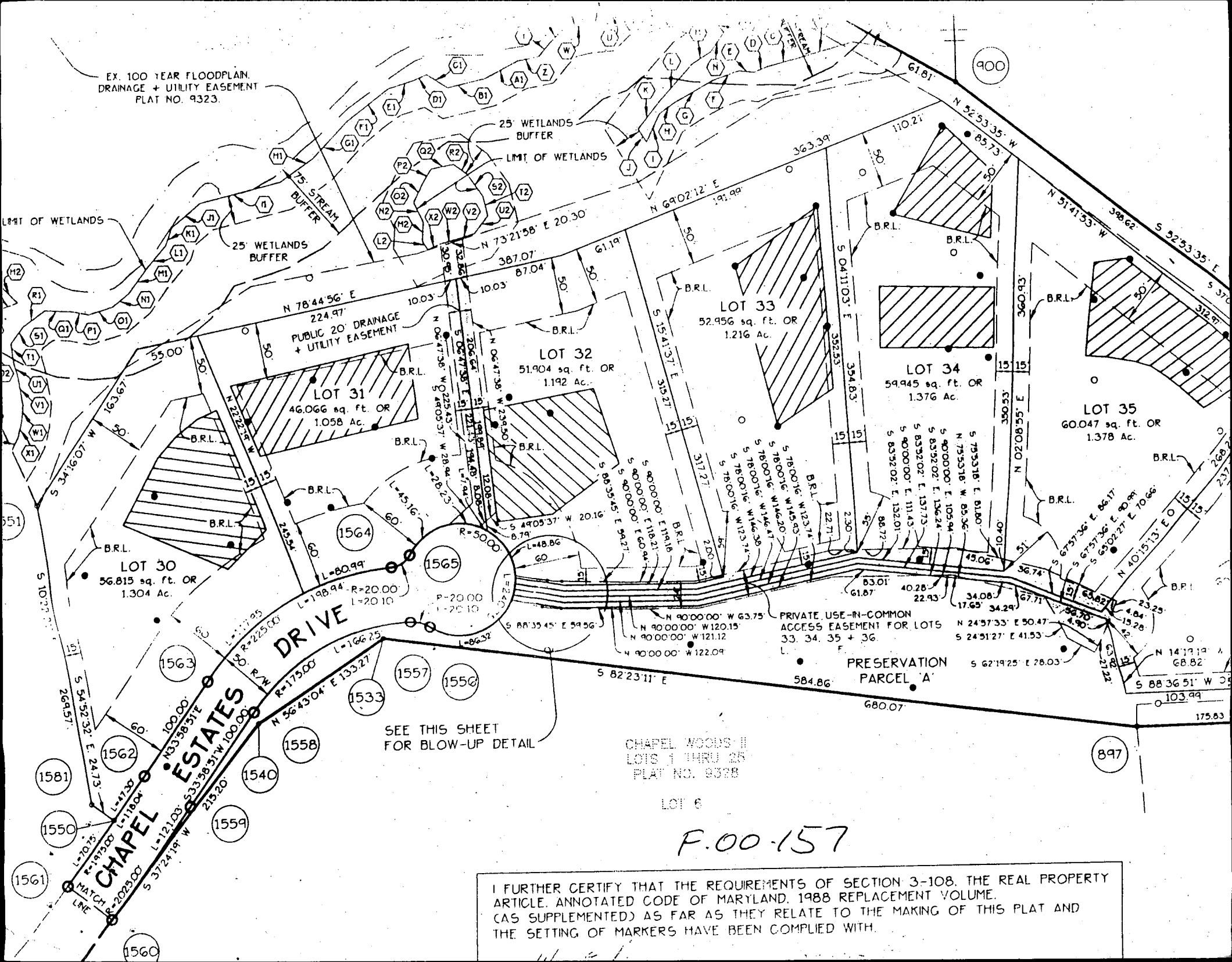
PROPERTY OF
PATRICK L. &
LOUISE D. HINKSON
L. 1885, F.160

EX. PRIVATE 24' USE-IN-CO-ACCESS EASEMENT FOR LOTS 35 + 36 AND FOR LOTS 32, 33 + 34 ON PLAT NO. 9328. L. 3667. F. 0707

TOTALS

SEE THIS SHEET FOR BLOW-UP DETAIL

EX. 100 YEAR FLOODPLAIN.
DRAINAGE + UTILITY EASEMENT
PLAT NO. 9323.



SEE THIS SHEET
FOR BLOW-UP DETAIL

CHAPEL WOODS II
LOTS 1 THRU 25
PLAT NO. 8328

LOT 6

F.00-157

I FURTHER CERTIFY THAT THE REQUIREMENTS OF SECTION 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.

copy of signed Preliminary Plan P-95-19

EX. 100 YEAR FLOODPLAIN,
DRAINAGE AND UTILITY
EASEMENT

75' STREAM
BUFFER

BRANCH

25' WETLANDS
BUFFER

25' WETLANDS
BUFFER

LIMITS OF
WETLANDS

CLYDES

LOT 30
49,523 sq.ft.
1.137 acres

LOT 31
79,056 sq.ft.
1.126 acres

LOT 32
51,137 sq.ft.
1.174 acres

LOT 33
52,793 sq.ft.
1.212 acres

LOT 34
59,779 sq.ft.
1.372 acres

LOT 35
59,878 sq.ft.
1.375 acres

EX. SEPTIC
AREA

PROP. WELL

PROP. WELL

PROP. WELL

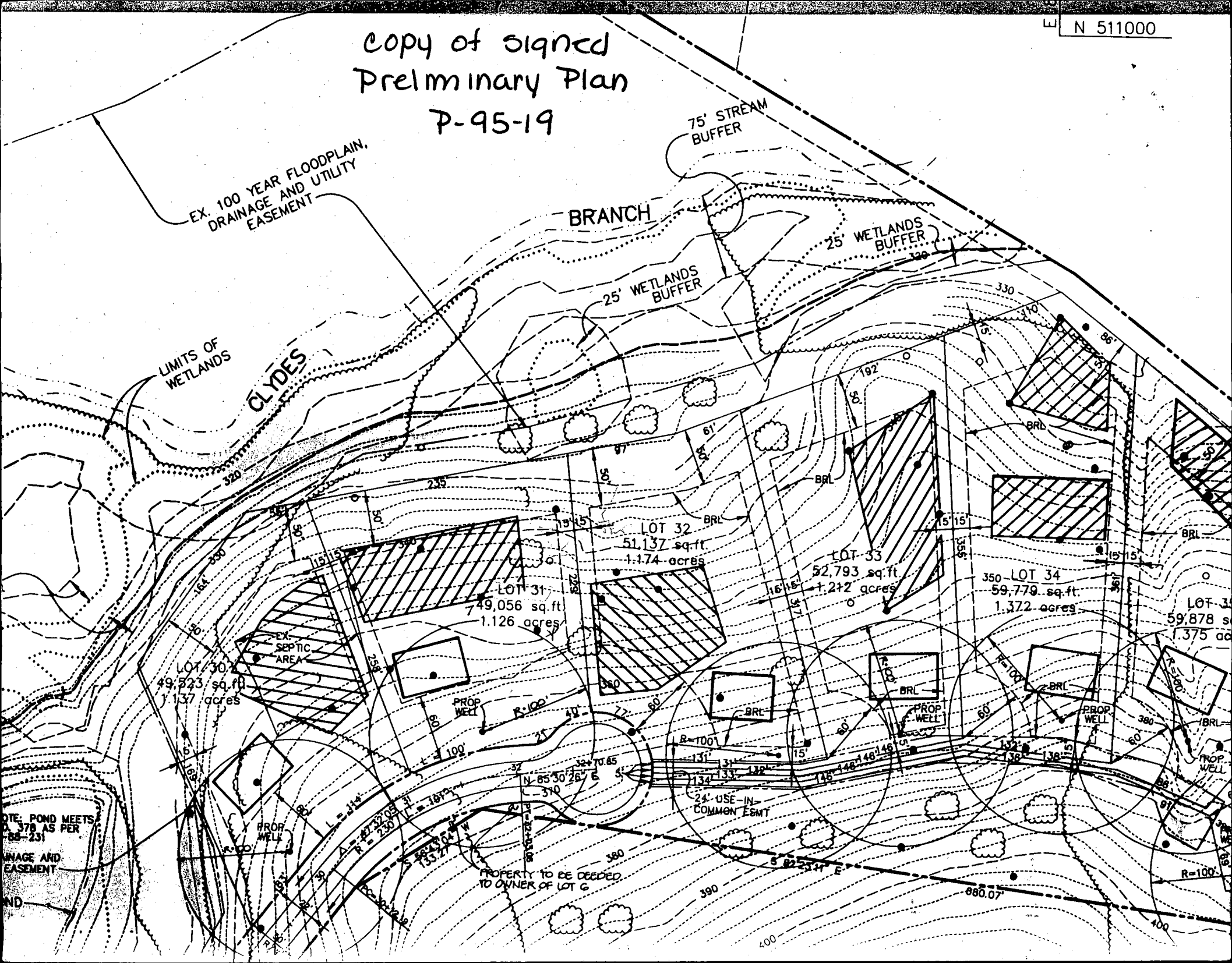
PROP. WELL

PROP. WELL

24' USE-IN-
COMMON EGMT

PROPERTY TO BE DECEDED
TO OWNER OF LOT G

NOTE: POND MEETS
A. 378 AS PER
85-231
DRAINAGE AND
EASEMENT
POND



27

M9C2

EX. 100 YEAR FLOODPLAIN,
DRAINAGE AND UTILITY
EASEMENT

75' STREAM
BUFFER

BRANCH

Cs

25' WETLANDS
BUFFER

LIMITS OF
WETLANDS

CLYDES

M9C3

LOT 32
51,137 sq ft
1.74 acres

LOT 31
49,056 sq ft
1.26 acres

LOT 30
49,323 sq ft
1.37 acres

EX. SEPTIC
AREA

PROP
WELL

B-7001

24' USE-IN-
COMMON ESM

EX. POND MEET
NO. 378 AS PER
88-231

DRAINAGE AND
UTILITY EASEMENT

EX. POND

25'
WETLANDS
BUFFER

PROPERTY TO BE DECEDED
TO OWNER OF LOT G

M1D2

Signed
Percl. Cert
1-29-96

(1)

(1-3)

Donna -

Here is the approved
Perc. Cert. Plan.

Test hole "Y" failed.

Also see attached
perc. notes.

AM

copy of signed Preliminary Plan P-95-19

EX. 100 YEAR FLOODPLAIN,
DRAINAGE AND UTILITY
EASEMENT

75' STREAM
BUFFER

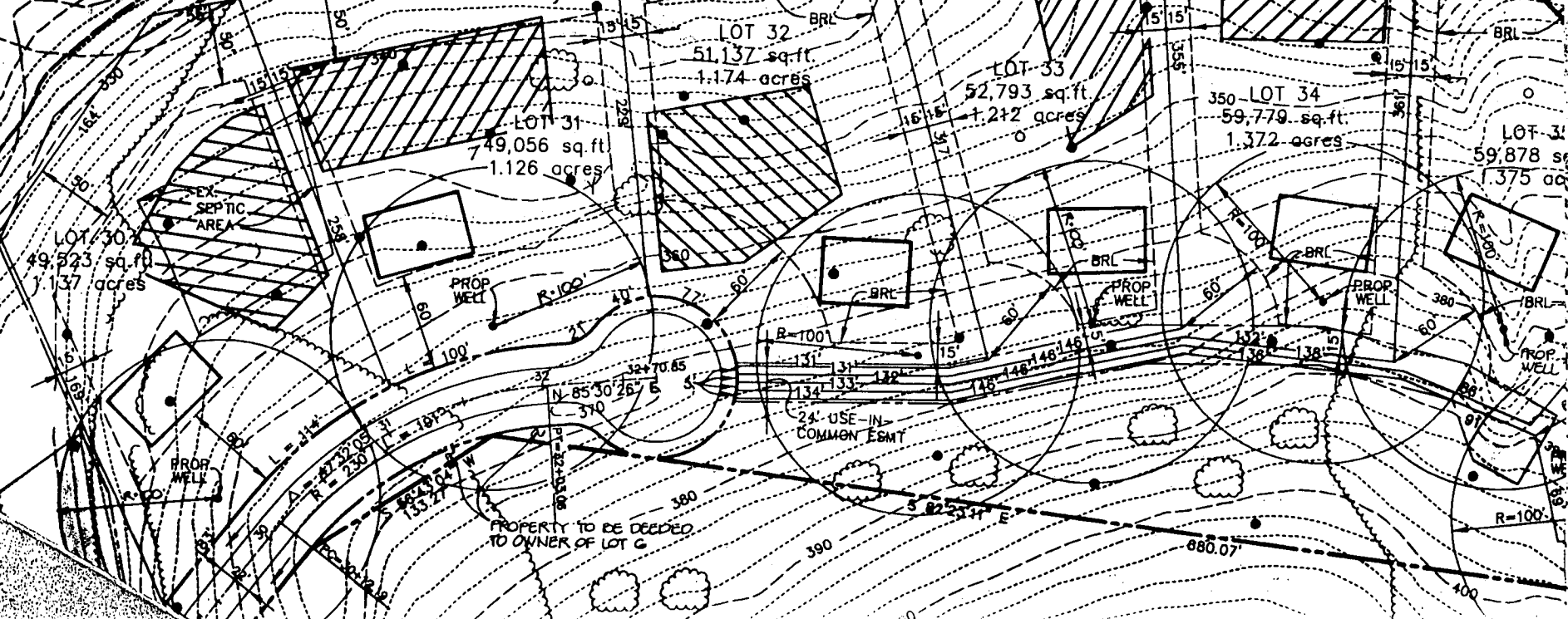
BRANCH

25' WETLANDS
BUFFER

25' WETLANDS
BUFFER

LIMITS OF
WETLANDS

CLYDES



PROPERTY TO BE DEEDED
TO OWNER OF LOT G



CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALTIMORE • (301) 621-8100 WASHINGTON • (410) 381-7533 FAX

HOWARD Co. HEALTH DEPT.	DATE 9-5-00	JOB NO. 00-090
3525-H ELLICOTT MILLS DRIVE	RE: Chapel Woods III	
ELLICOTT CITY, MARYLAND	Lot 31	
ATTENTION: Amy McMillen	G.P. 01-15	

GENTLEMEN:

WE ARE SENDING YOU ATTACHED UNDER SEPARATE COVER THE FOLLOWING ITEMS:

- TRACINGS
- PRINTS
- COMPUTATIONS
- DESCRIPTIONS
- SPECIFICATIONS
- APPLICATIONS
- COPY OF LETTER
- 1 EXHIBIT

- VIA: MAIL INSURED BY HAND MESSENGER PICK UP

COPIES	DATE OR NO.	DESCRIPTIONS
1		EXHIBIT 3

THESE ARE TRANSMITTED AS CHECKED BELOW:

- FOR APPROVAL
- FOR REVIEW
- FOR YOUR USE
- AS REQUESTED BY _____
- AS APPROVED BY _____
- AS SUBMITTED FOR APPROVAL TO _____
- _____
- PLEASE RETURN TO US AFTER USING

REMARKS: Builder has come up w/ an alternative to the prop
Septic esmt. I sent over on 8-29-00 which was rejected.
Would this revision be acceptable? Please let me
know as soon as possible so prospective homebuyer for
this lot will not be in "limbo" any longer than necessary

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US AT ONCE.

SIGNED: Thank You,
James J. [Signature]

CC: WILLIAMSBURG GROUP - Attn: Bob Corbett

9/6/00 Failed rock hole in this area
Not acceptable w/out
reperc. du

Area OK w/out reperc

Area to be added

Area to be Deleted

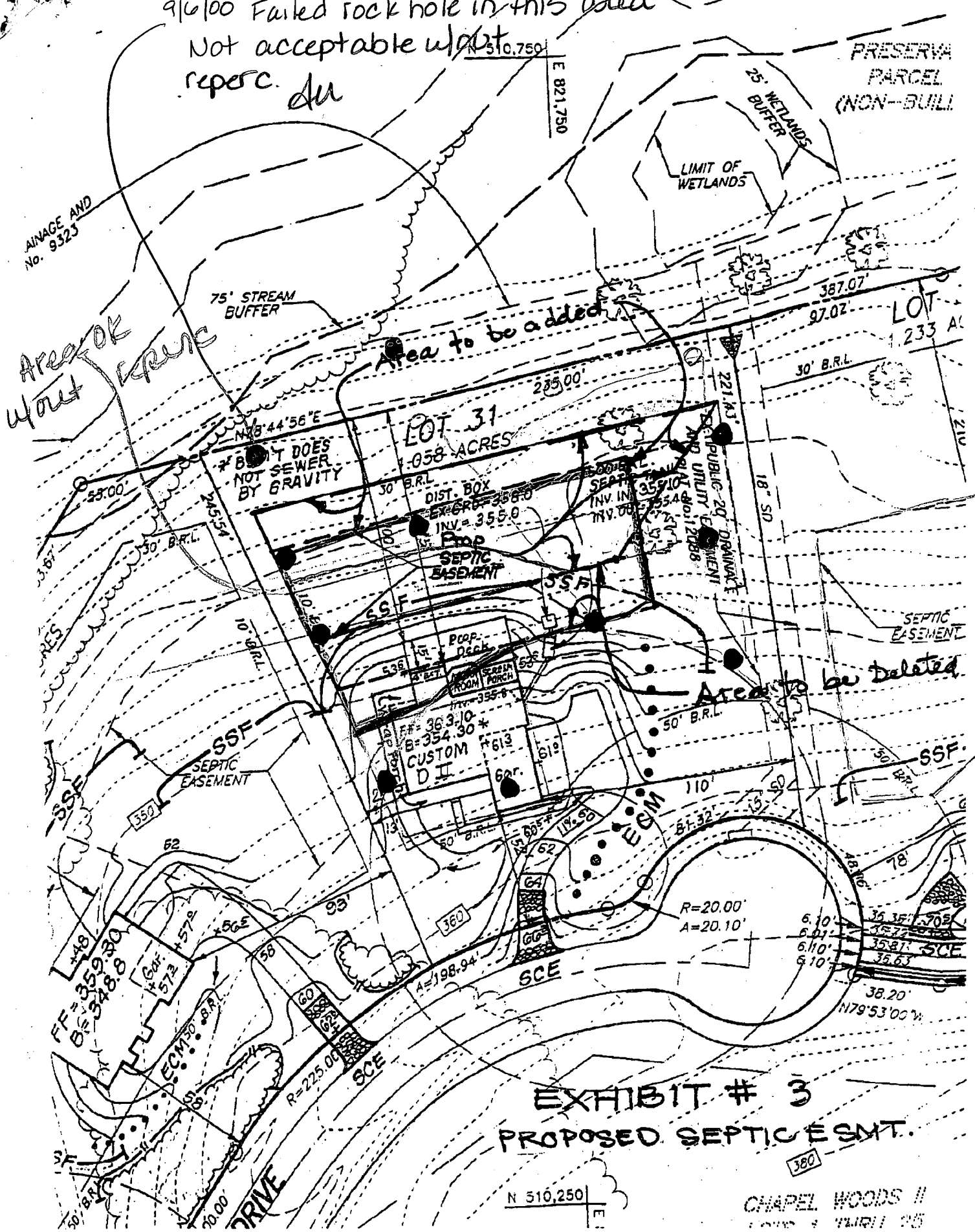


EXHIBIT # 3 PROPOSED SEPTIC ESMT.

N 510,250 | E

CHAPEL WOODS II
1998