

9/27/00 WPI
Anytime
4/24/00
12:00-1:00
5/1/00
c.o. 10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

P 513554

A 50617-K

INDEXED

ISSUE DATE 4/21/00

APPROVAL DATE 5/1/00

03-325547

S K Backhoe & Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS 1220 FSK Highway Keymar, MD 21757

PHONE (301) 898-0935

SUBDIVISION Woodfords Grant LOT NUMBER 38 ADDRESS 11364 Barley Field Way

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth

5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 125 feet from the front lot line and 10 feet from the right lot line. Run trenches along contour toward left side of property.

or 4/21/00 [Signature]

BUILDING PERMIT SIGNED

AND RETURNED

3/31/05 B00152939- Screen Porch + DECK

PLANS APPROVED Craig Williams DATE 3-23-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

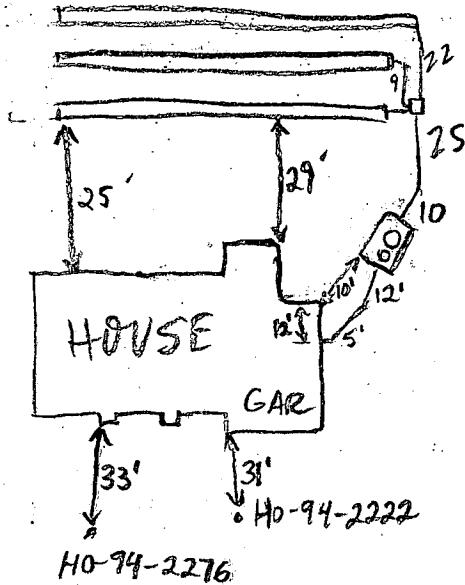
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 50617-K

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240+
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER
 GALLONS 1250
 MANHOLE RISER Yes
 ALARM _____
 PUMP PERFORMANCE TEST _____

Barley Field Way

PRE-CONSTRUCTION INSPECTION: 4/21/00 Fill dirt in high part of septic area - to be moved for installation. Do not adjust downhill. DS

INSPECTION COMMENTS: 4/28/00 Grade O.K. House connection made. O.K. to cover from house to tank. (BB)

5/1/00 OK TO COVER (MR)

4/27/00 WPI OK (DAS)

INSPECTOR 5/1/00 DATE SYSTEM APPROVED _____

WOODFORDS GRANT TBI
LOT 38 10-11-99 99-043

ATTN MICHAEL PFAU

PLEASE REVIEW PRIOR TO
FINAL DRAFTING....

THE SEPTIC EASEMENT WILL
NEED TO BE ADJUSTED
APPROX 12', THIS SHOULD BE
APPROVED BY H&CO HEALTH
PRIOR TO FINAL DRAFTING

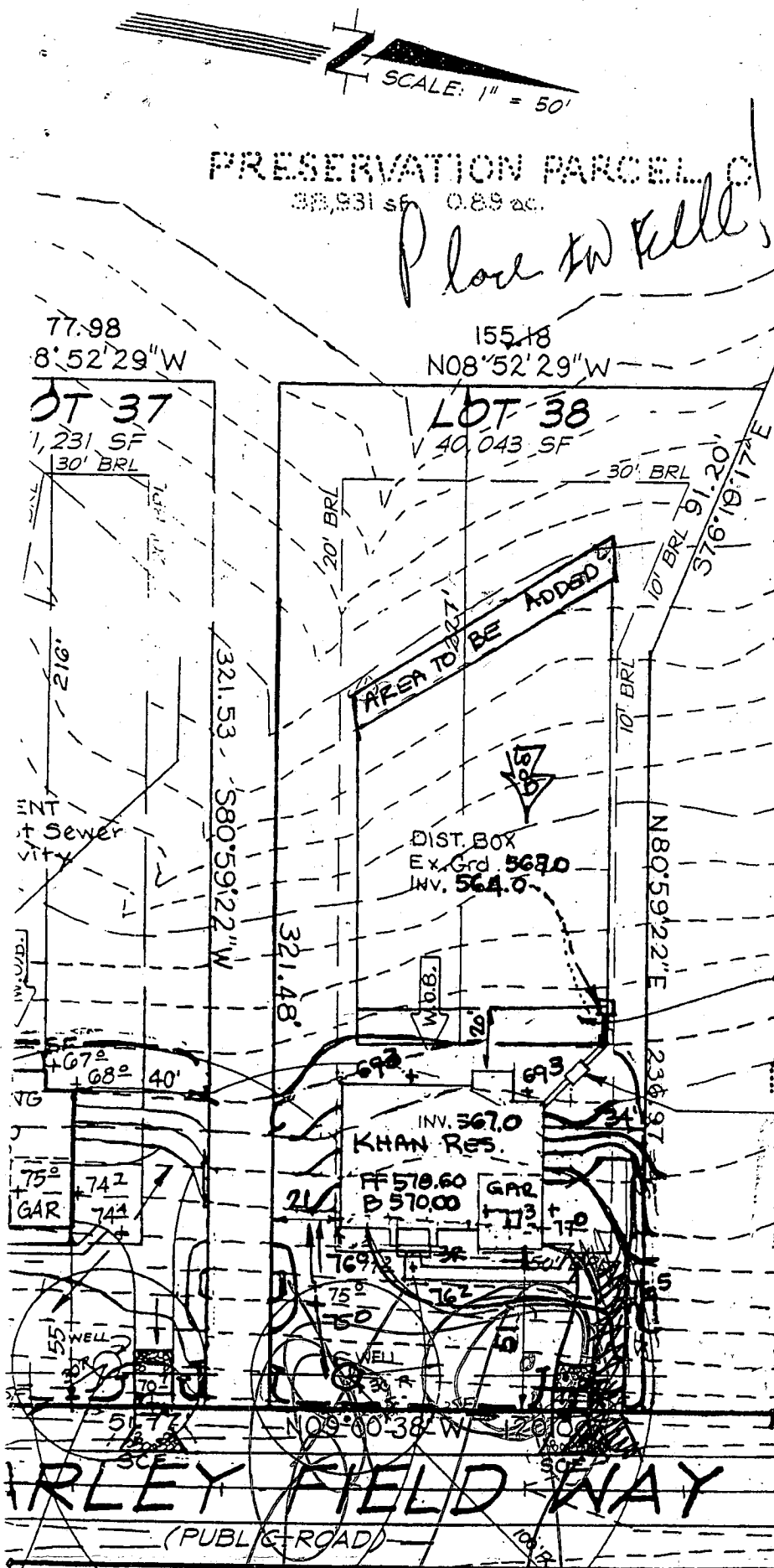
THANKS JOEY @ CFS

* ARMY = 10T HAS
BEEN STAKED

PRESERVATION PARCEL

38,931 sf 0.89 ac.

Place to Kill



Approved Septic System Plan
Howard County Health Department

566 B 00120981 4-BN

AREA TO BE
DELETED

Signature 12/21/99 & 3/29/00

1500 Gal. Septic Tank
Inv. in. ~~565.5~~ 566.1
Inv. out. ~~565.2~~ 566.4

Total linear feet of trench required 240 feet

Width of trench (ea) 3 feet

Depth of trench (ea) 3 feet

Depth of stone required below distribution pipe 2 feet

PLEASE
MOVE DRIVE WAY TO
RIGHT, 10'
DRIVEWAY IS 10' WIDE!

* HEALTH Dept. OK with
Change Please Finalize!!!



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 16, 2000

Attn: Mr. Ralph Mayne
Ralph Mayne Well Drilling
9120 Brown Church Road
Mt. Airy, MD 21771

RE: Well Abandonment Procedures
Woodford's Grant, Lot - 38
11364 Barley Field Way
Well Permit #: HO-94-2222

Dear Mr. Mayne:

Recently, this office received a well abandonment report form for well HO-94-2222. The log of sealing material suggests that the well was abandoned improperly.

As reported, # 4 blue stone was placed in the well from 400 feet up to 25 feet, followed by cement from 25 feet to 1 foot. The well completion report received for well HO-94-2222 states that the depth of the casing is 35 feet. The open hole was reported to be from 33 feet to 400 feet. In this case, proper abandonment procedures would have been to fill the well with stone to a point approximately 5 feet beneath the bottom of the casing (400 feet up to 38 feet) and then fill the remainder of the well with cement.

The reason for filling the well with cement to this point (38' below grade) is to ensure adequate protection from potential groundwater contamination at the bottom of the casing. Refer to COMAR 26.04.04.11.F for additional detail. In the future, please confirm that proper abandonment procedures are employed.

If you have any further questions regarding this matter please call me directly at (410) 313-2669. Thank you in advance for your cooperation in this matter.

Respectfully,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
cc: File ✓

717

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2222 fill in this form completely

Date Received (APA) 032299

OWNER INFORMATION

Trinity Home's Inc, 6212 Devon Dr., Columbia MD, 21041

LOCATION OF WELL HOWARD

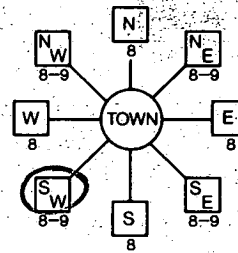
WOODFORDS GRANT, SECTION 1, LOT 38, MARIOTTSTVILLE

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

Ralph MAYNE MS D116, Ralph MAYNE well DRILLING, 9120 Brown Church Rd. Mt Airy, Md, 3/14/99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Barley field way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST

DISTANCE FROM ROAD 25 ENTER FT OR MI

TAX MAP: 10 BLK: 16 PARCEL 2927, 151

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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

Howard Co A50617K COUNTY NAME COUNTY NO., DATE ISSUED 040299 A McMillen 040200, NORTH GRID 50 543 55, EAST GRID 57 0826 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled), AIR-PERCussion, ROTARY (Hydraulic Rotary), JETTED, Drive-POINT, other

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)

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

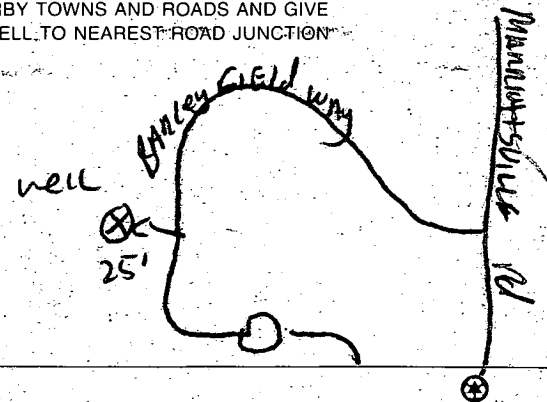
APPROX. PERMIT NUMBER H095 G.A.P. 018(01), PERMIT No. HO-94-2222

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 55043, N 8206

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

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 1981 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2276 fill in this form completely

DATE RECEIVED (APA) 05/25/99 OWNER INFORMATION TRINITY HOMES INC 6212 DEWON DR. COLUMBIA MD 21044

LOCATION OF WELL HOWARD WOODFORDS GRANT SECTION 1 LOT 38 MANNOTTSVILLE 2 MILES FROM TOWN

DRILLER INFORMATION RALPH MAYNE MS D 116 RALPH MAYNE WELL DRILLING 9120 BROWN CHURCH RD MT AIRY

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 25 ENTER FT OR MI

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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

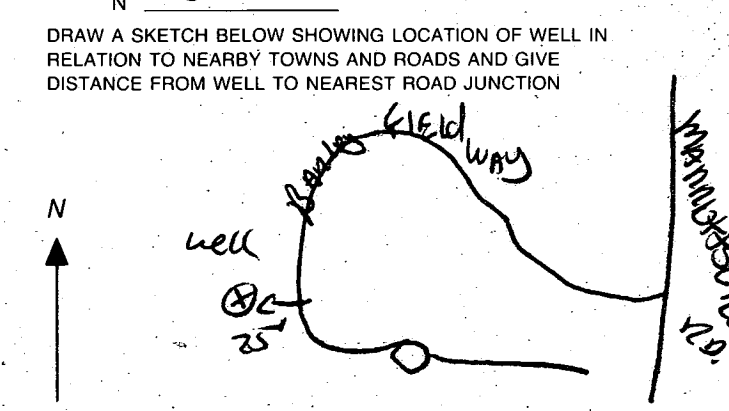
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO A50617K COUNTY NAME COUNTY NO. DATE ISSUED 05/25/99 EXP. DATE 5/25/99

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

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 550 N 820

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER GAP PERMIT No. HO-94-2276

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date _____

Name of Installer S.K. Plumbing & Heating Inc

Telephone 410-775-0562

License Number #12285 MD State

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Trinity Homes

Telephone 410-313-8722

Subdivision Woodford Court I Lot # 38

Well Tag # 16-19-2276

Site Address 11364 Barkley Field way

Pump

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible

Motor

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

Pitless Adapter

1. Make _____
 2. Model # _____
 3. Depth 42"

2. Make Jacobs

3. Model # _____
 4. Capacity 5 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 Seals

Tank

1. Capacity 2 Well-x-trol 302
 2. Pressure relief valve? YES trucks

Piping

1. Type P.K. Pipe
 2. Size 1"
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line 42"

Well data

1. Depth 425 ft.
 2. Yield 10 GPM
 3. Static water level 98 ft.
 4. Will water supply be disinfected by installer? NO

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.

4/27/00-WPI DWS SRH

Signature of Applicant: _____

Date: 6-29-00

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



RETEST TO DO
12/15/99 CW
Hold - will consider
REVISION IN LIES
OF TESTING
12/8/99

11/17/99 PM
BUILD ACKNOWLEDGERS
PER TESTS WERE
IN WRONG SPOT,
WILL EITHER
REPERC OR
WITHDRAW BP
AND RESUBMIT
APPLICATION
CONSISTENT WITH
EXISTING SEPTIC
AREA. CW

HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

November 17, 1999

Trinity Builders
7320 Grace Rd.
Columbia, Md 21044

Attention: Tim Keane

Re: Percolation test results
Application A512797
Lot 38 - Woodford's Grant II
11364 Barley Field Way

Dear Mr. Keane,

Percolation testing conducted November 12, 1999 at the above referenced property revealed satisfactory soil conditions; a copy of the percolation test notes is enclosed.

However the test area was not staked prior to time of excavation and there is concern as to whether or not the test locations were appropriate.

Testing was thought to have occurred approximately 20' below the currently established septic area; however the recently submitted amended septic system site plan suggests the tests were actually run much higher on the property.

Please have your surveyor confirm the locations and submit a corrected plan if appropriate. If it is confirmed that the test locations shown in the current exhibit are accurate, then the proposed adjustment is not be approvable without additional fieldwork.

If you have additional questions and are unable to contact me in a timely fashion, Amy McMillen is also familiar with this project and will likely be able to provide any needed assistance.

Yours truly,
Craig Williams
Craig Williams

✓ FILE

cc: Joey Ecker - CFS

(copies of well completion reports enclosed for your reference)

APPLICATION

PERCOLATION TESTING

A 50617-K

P _____

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

DISTRICT _____

DATE 3-30-95

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 Thomas Powell c/o Land Design & Development, Inc.

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 9/39

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home
(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.

[Handwritten Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR **OLD PERMITS** AND RETURNED 12-22-1999 DATE _____

DISAPPROVED BY _____ FOR Serial # B 00120981 SFD - 4 BRMS 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

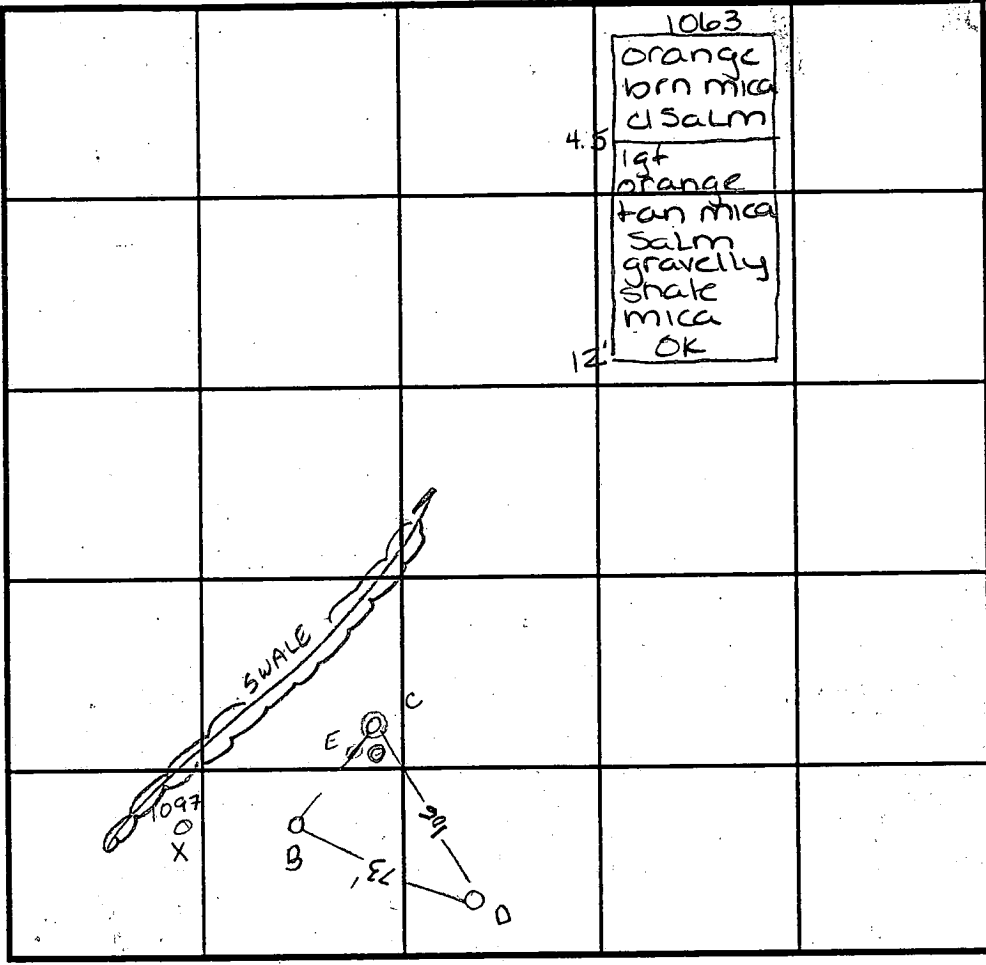
A 50617-K
COUNTY #

SOIL PROFILE
B

0'
brn
CSL
mica
2.5'
grey
brn
mical
45%
shale
saproliite
11.5'

8'
D
>50%
rock
hard
bottom

E
yellow
brown
cl
3'
orange
brn
SL
45%
shale
11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
D

0'
orange
brn
CSL
2.5'
whitish
tan
SL
micaceous
45%
volk
frag's
12'

1062
rocky
cl salm
red/orange
brn
5'
rocky
orange
brn salm
mica
11'
dark grey
salm mica
11.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-1-94	B	3' / 11.5'	7:55 ¹⁵	7:56	7:56	7:57 ¹⁵	1 1/4 min
	B	7.5' / 11.5'	8:02	8:03 ³⁰	8:03 ³⁰	8:06	2 1/2 min
	C	Visual	8				F
	D	Visual to 12'					OK
	E	Visual to 11'					OK
11-23-95	1062	5.5' / 11.2'	9:56	9:57 ³⁰	9:57 ³⁰	10:00	25 min
	1063	Visual to 12'					OK

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

APPLICATION

PERCOLATION TESTING

A 50617-2

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3-30-95

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 Thomas Powell c/o Land Design & Development, Inc.

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. ~~110~~ 939

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home
(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 _____

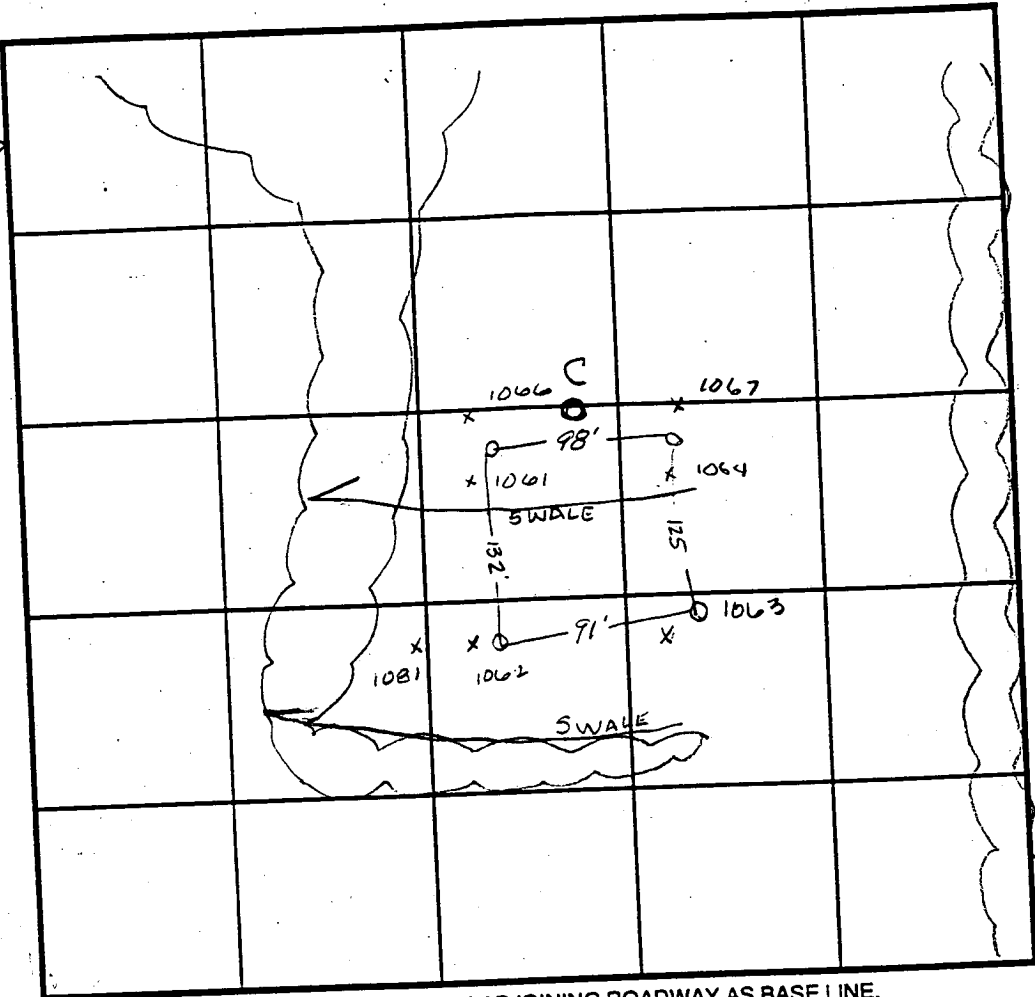
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

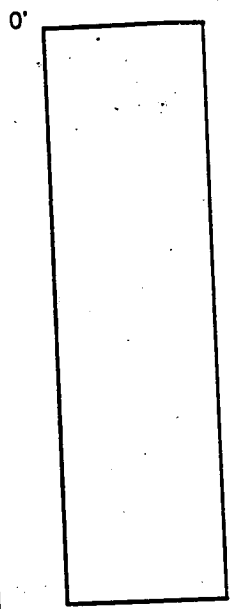
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 50617L
COUNTY #



SOIL PROFILE



SOIL PROFILE
1062 1066
0' rocky CSL red/orange brn
5' rocky orange brn SL mica
11' dark grey SL mica
11.5'

1063
4.5' orange brn mica CSL
1qt orange tan mica SL
gravelly shale mica
OK
12'

1064
2' orange brn CSL
orange brn SSil mica 100% shale

10' darker brn sil mica/shale 20%

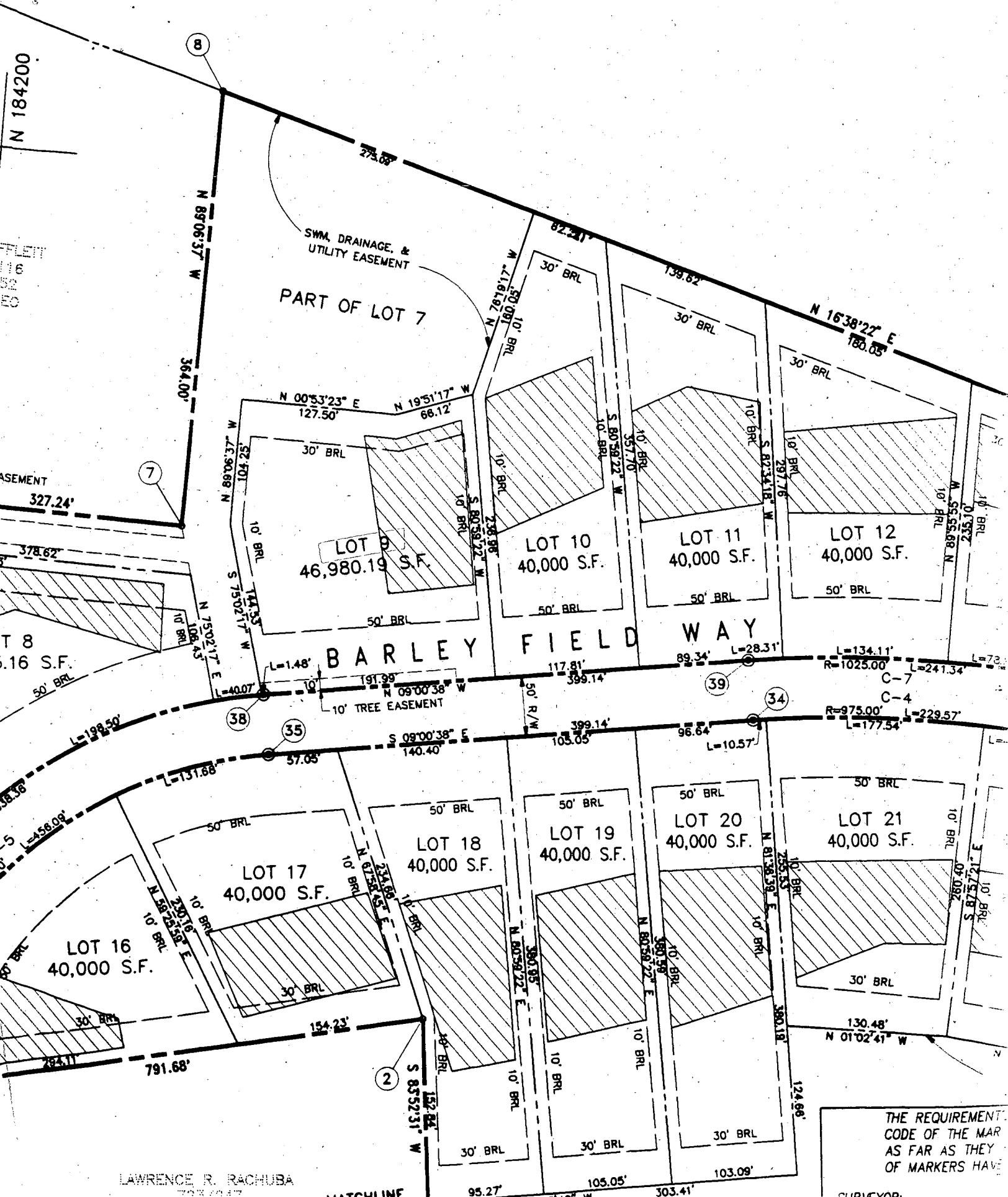
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-23-94	1062	5.5' V12	9:56	9:57 ³⁰	9:57 ³⁰	10:00	2 1/2 min
	1066	3' V11	10:01	10:01 ³⁰	10:01 ³⁰	10:02	30 sec
	1066	repair	10:02 ¹⁵	10:03	10:03	10:03 ⁴⁵	45 sec
	1063	visual to 12'					OK
	1064	8' V11	10:34	10:34 ¹⁵	10:34 ¹⁵	10:36 ⁴⁵	2 1/2 min
	1064	2.5' V11	10:35 ⁴⁵	10:39 ³⁰	10:39 ³⁰	10:44 ³⁰	5 min

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Olav Ketterman
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180 ft²

F-96-601

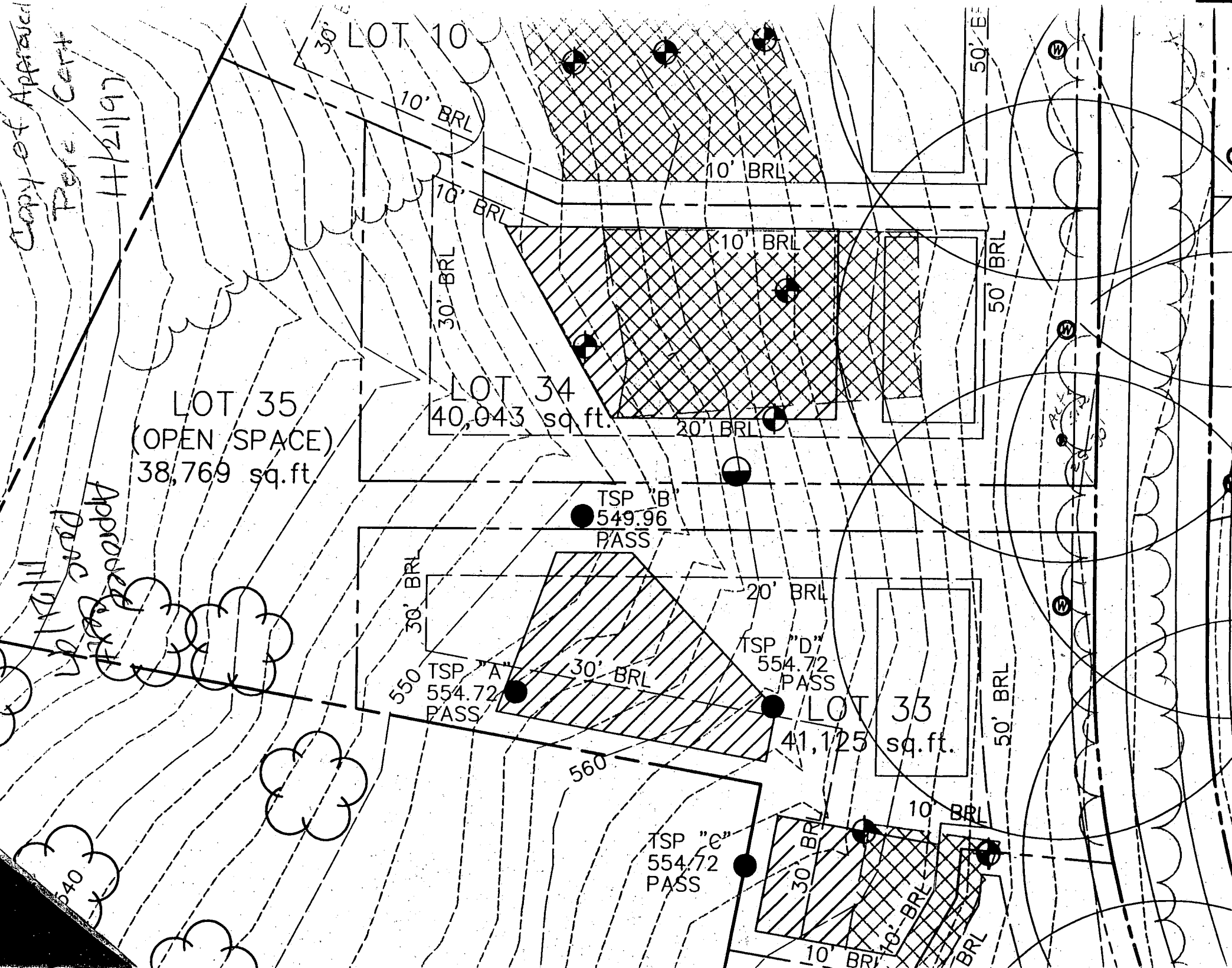
EASEMENT(S), UPON COMPLETION OF THE FOREST CONSERVATION INSTALLATION AND THE DEVELOPER'S SURETY POSTED WITH ACCEPT THE EASEMENTS AND RECORD THE RECORDS OF HOWARD COUNTY."



LAWRENCE R. RACHUBA

THE REQUIREMENT CODE OF THE MAR AS FAR AS THEY OF MARKERS HAVE

SURVEYOR



Copy of Approved
Perce Cert
11/21/97

LOT 35
(OPEN SPACE)
38,769 sq. ft.

LOT 34
40,043 sq. ft.

LOT 33
41,125 sq. ft.

30' E
LOT 10

50' E

Approved
Perce
11/21/97

560

540

TSP "B"
549.96
PASS

550
TSP "A"
554.72
PASS

TSP "D"
554.72
PASS

TSP "C"
554.72
PASS

30' BRL

30' BRL

20' BRL

50' BRL

30' BRL

10' BRL

10' BRL

10' BRL

10' BRL

30' BRL

10' BRL

10' BRL

20' BRL

50' BRL

W

W

W

X

F-97-144

WETLAND # 2

8

PRESERVATION PARCEL 'C'

38,931 sq.ft. PART OF 0.89 Acres LOT 7

TO BE DEDICATED TO HOWARD CO. DEPT. OF RECREATION AND PARKS

J.E. SHIFFLETT 263/116 P. 152 RR DEC

6

7

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11/2/99
1:30

APPLICATION

PERCOLATION TESTING

A 512797

P _____

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

11-2-99
Preview OK
Adjustment
to recorded SDA
AM

DISTRICT _____

DATE 11-2-99

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 T. B. I. HOMES

ADDRESS 7320 GRACE DR. Columbia MD 21044 PHONE 410.977.3032

AGENT OR PROSPECTIVE BUYER ~~WALTER WOODFORD~~

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~WALTER WOODFORD'S~~ WOODFORD'S GRANT LOT NO. 38

ROAD AND DESCRIPTION 11364 BARLEYFIELD WAY, MARIOTTVILLE MD 21104

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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.

James D. Keane
(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

A512797

COUNTY#

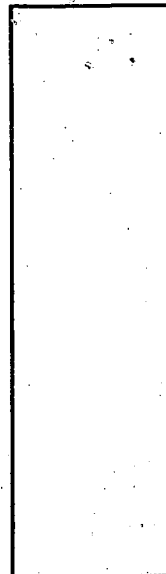
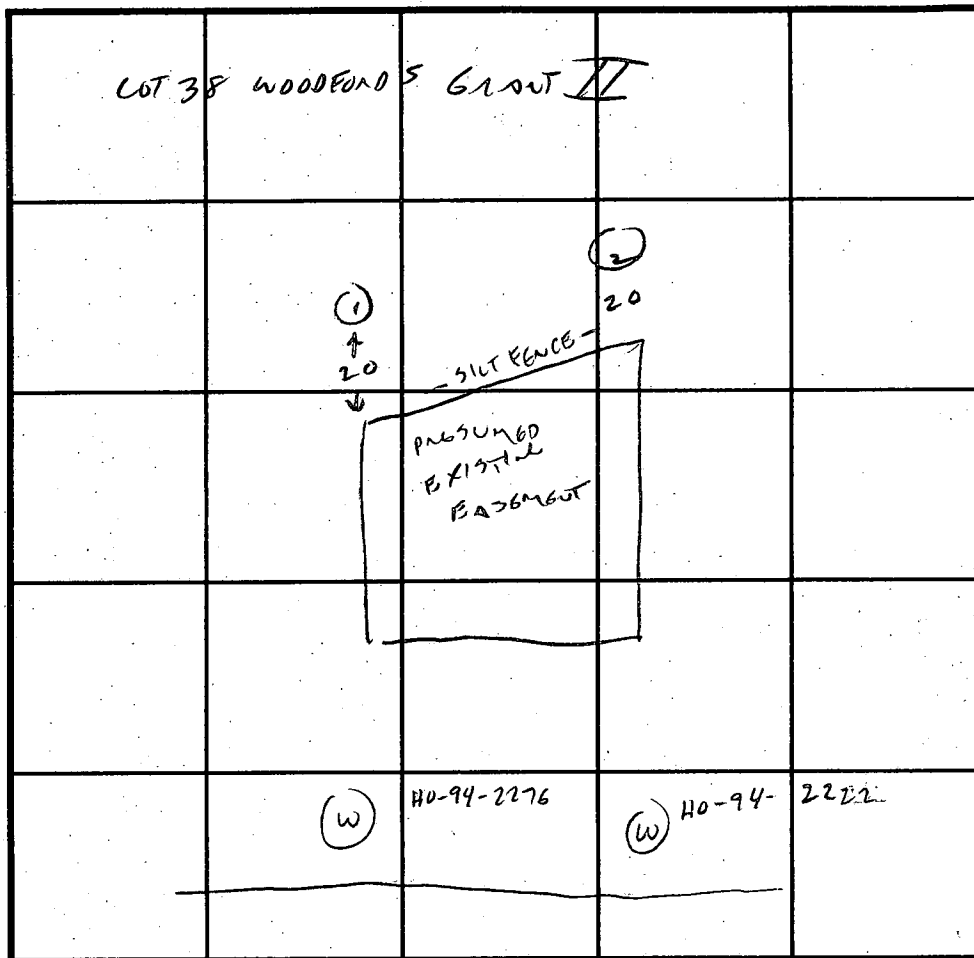
LOT 38 WOODFORD'S GRANT II

SOIL PROFILE

SOIL PROFILE

0'
 3'
 MICA LOAM OCCASIONAL CLAY POCKETS
 3'
 MICA SAND LOAM
 1'
 82' HAND BOTTOM

4'
 5'
 CLAYEY MICA LOAM
 MICA SAND LOAM
 20% ROCK
 1'
 82' HAND BOTTOM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/12/99	1	2 1/2'	12:30	12:31	12:31	12:33	2 MW
		VIS OK	2-8 1/2'				
	2	3'	12:34	MOVING SLOWLY - MAY OR MAY NOT HAVE PASSED IN 30 MINUTES -			
		VIS OK	4-8 1/2'	SOILS OBVIOUSLY FASTER BY 4'			

REMARKS OK FOR ADJUSTED SEPTIC AREA.

TYPE OF SOIL MICA SAND LOAM

TESTED BY Cy [Signature] ALSO PRESENT TIM KEANE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 MW TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180

PROPERTY KNOWN AS: LOT 38

- WOODFORDS GRUBT

LOTS 31 THRU 49

PRESERVATION PARCELS B THRU H

RESUB WOODFORDS GRUBT

LOTS 2-10, 16-20, 22-30

PRESERVATION PARCEL A

SHEET 2 OF 4

PROFECTION DISTRICT

HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

PRESERVATION PARCEL C

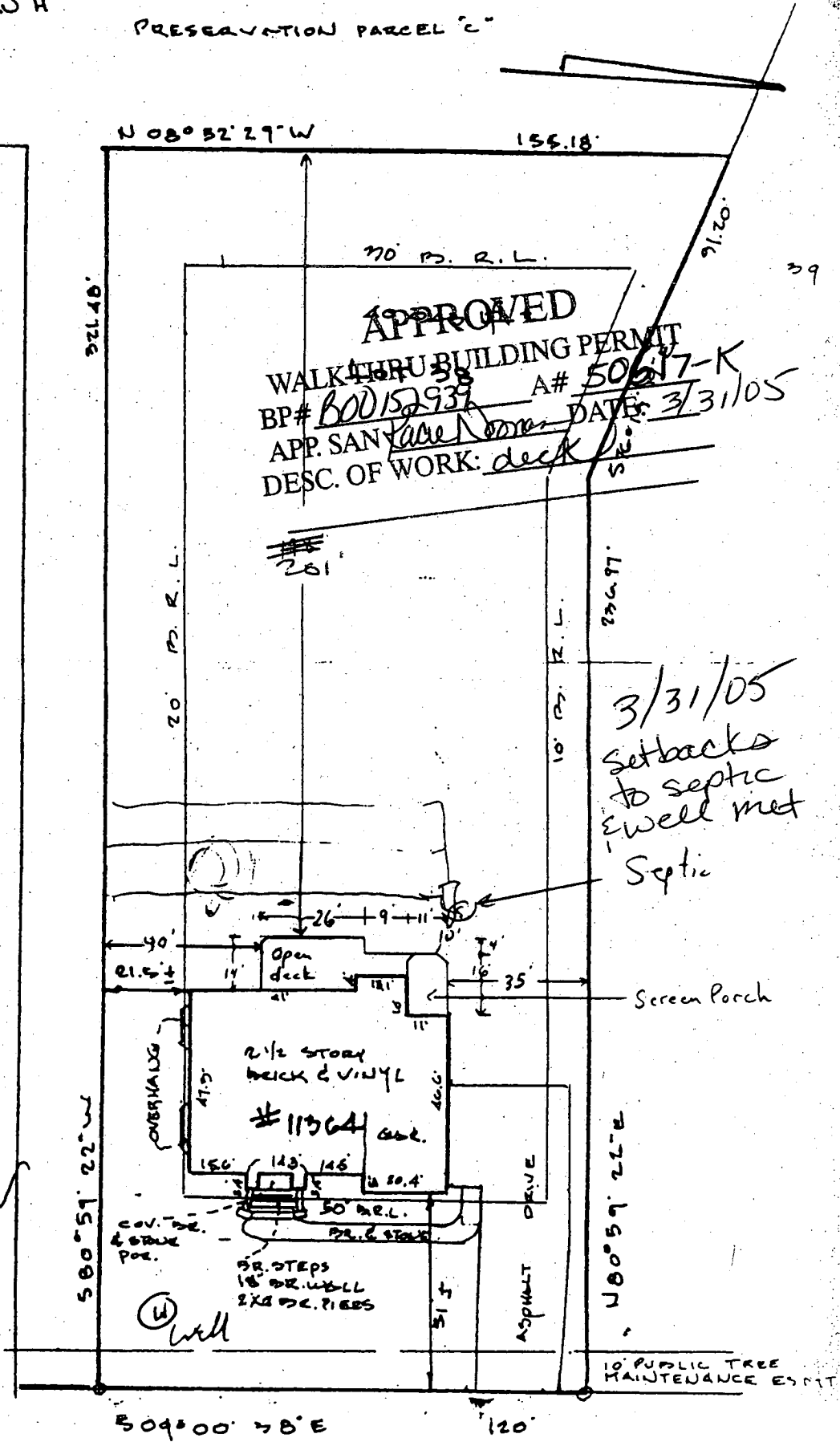
POST 13112

37

1" = 4'
40
Scale



Walter Park



APPROVED
WALK THRU BUILDING PERMIT
BP# B00152937 A# 50617-K
APP. SAN Face Name DATE: 3/31/05
DESC. OF WORK: deck

3/31/05
Setbacks
to septic
well met
Septic

BARLEY FIELD WAY