

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514945

A 50772-A

ISSUE DATE 2/26/2001

APPROVAL DATE 5/2/03

Layout 1 pm
4/27/01
5/14/01
5/31/01 - 12 pm
6/4/01 PM
6/8/01 - PM
6/14/01 AM
5/29/01 - NOON
Layout

INDEXED

Fogles Septic Clean, Inc

IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Hawksfield LOT NUMBER 26 ADDRESS 3130 Old Oak Drive

PROPERTY OWNER Frances Schrage PROPERTY OWNER'S ADDRESS 7723 Heatherside Lane

SEPTIC TANK CAPACITY 1500 GALLONS ** INSTALL TRENCHES 10 FEET APART CENTER-TO-CENTER

PUMP CHAMBER CAPACITY 1500 GALLONS TO LEAVE ADEQUATE REPAIR AREA ** MR SRK

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 75 feet from left lot line and 130 feet from rear lot line as viewed from Old Oak Drive. Install (5) trenches on contour toward left lot line as shown on site plan.

Well line must be 10' from all parts of septic system

PLANS APPROVED Mark Rifkin, R.S. OK SRK 1/18/01 DATE 1/10/2001

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

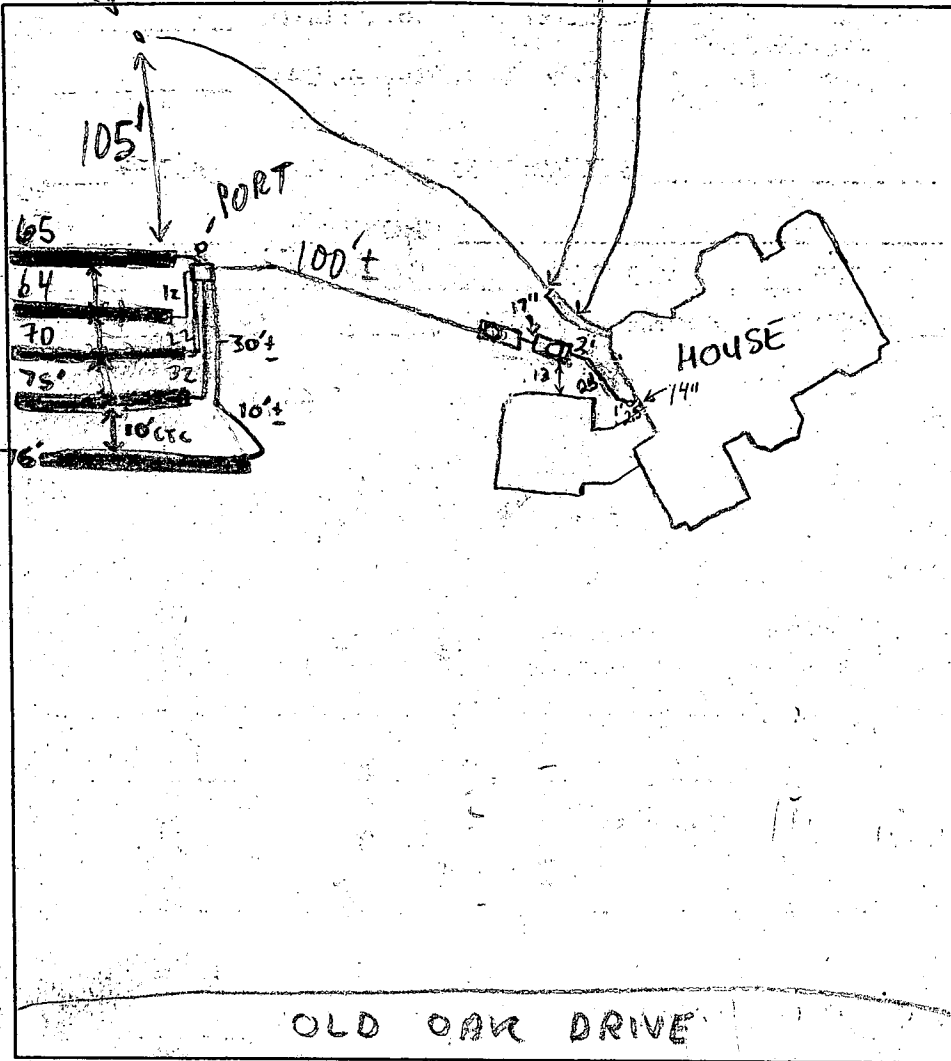
A50772-A

Well 40-94-0663

NOT TO SCALE

BACK FILLED PRIOR TO
INSP. INSTALLER REPORTS
INSTALLATION INTO HOUSE
IS HERE

SCH 40 SLEEVE RAN UNDER FOOTER



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3.5'
 TRENCH BOTTOM DEPTH 5.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 5
 TOTAL TRENCH LENGTH 350'
 ABSORBENT AREA 1050 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX NA

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT on front

PUMP CHAMBER DATA

PUMP CHAMBER
 GALLONS 1500 TS
 MANHOLE RISER
 ALARM Functional
 PUMP PERFORMANCE TEST OK

PRE-CONSTRUCTION INSPECTION: 4/27/01 Records cancelled by contractor. OK

INSPECTION COMMENTS: 5/31/01 No House Connection. Tanks Installed (BB)
6/4/01 OK TO FINISH 2 HIGH TRENCHES; CONTINUE (MR)
6/8/01 OK TO COVER 3rd TRENCH CONTINUE; LEAVE ENDS OF LAST 2 TRENCHES, D.B. OPEN (MR)
6/11/01- ON TO COVER ALL WORK (SRK)
5/2/03 - Pump & Alarm test OK (CG)

INSPECTOR [Signature] DATE SYSTEM APPROVED 5/2/03

OLD OAK DRIVE

EX. 100 YEAR FLOODPLAIN/ DRAINAGE AND UTILITY EASEMENT

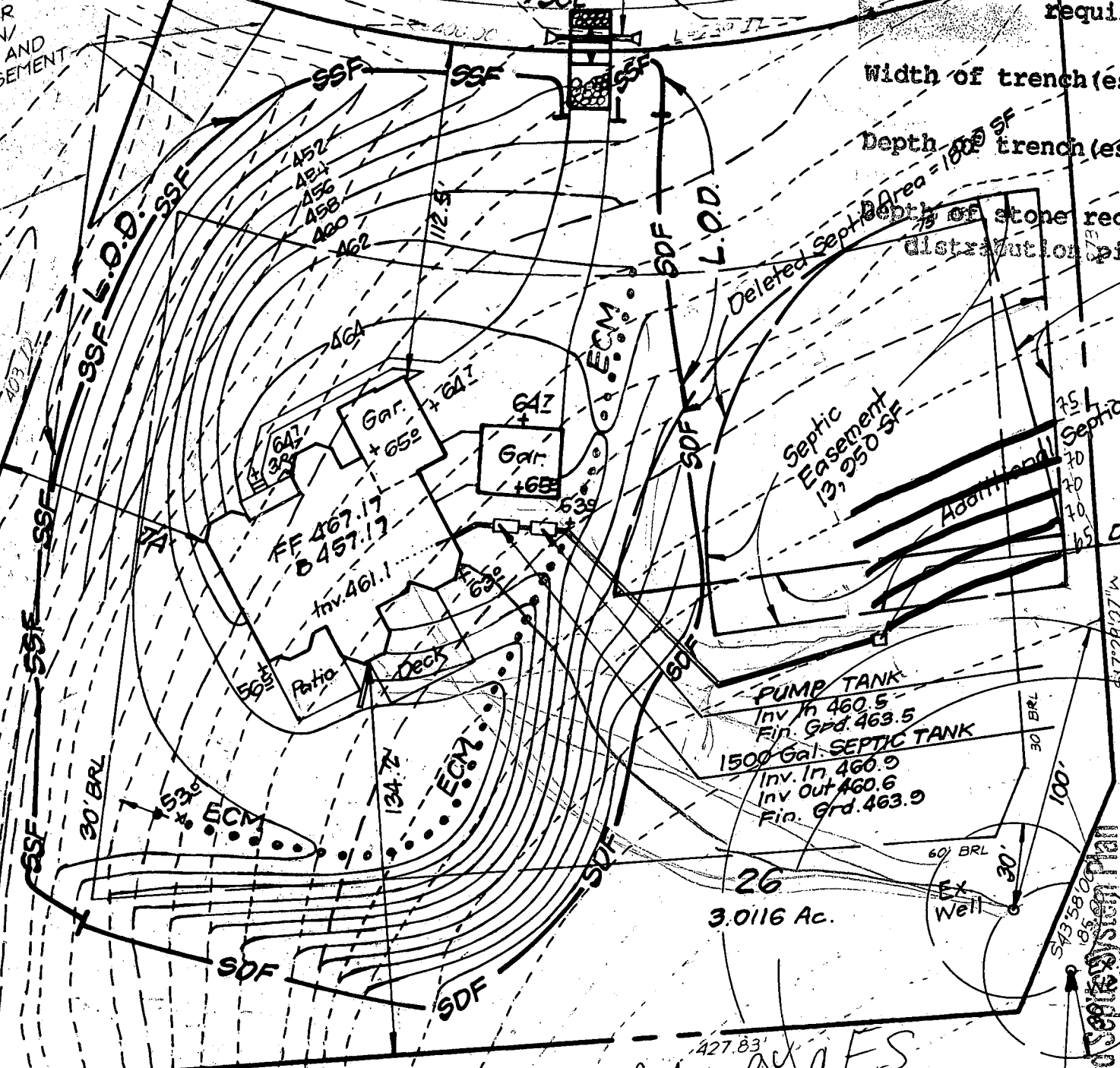
EX. R/W FOR TRANSCONTINENTAL PIPELINE CORPORATION L. 214, F. 483 & L. 367, F. 413

Total linear feet of trench required 350 feet

Width of trench (es) 3 feet

Depth of trench (es) 5 1/2 feet

Depth of stone required for distribution pipe 2 feet



N72°24'14"W

NOTE BASEMENT WILL NOT SEWER BY GRAVITY.

1-50 PLAN BY CFS

Approved Septic System Plan
Howard County Health Department

Mark A. [Signature]
Date

Signature

05874E1
588450

Building Address 3130 OLD OAK DR
ELLICOTT CITY MD 21042

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

Census Tract _____ Subdivision HAIXFIELD

Section _____ Area _____ Lot 26

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name FRANCES SCHAAGE
 Address 7723 HEATHERSIDE LANE
 City ELLICOTT State MD Zip Code 21043
 Home Phone 410 371-1665 Work Phone 410 531-4064
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use UNIMPROVED LOT
 Proposed Use SINGLE FAMILY HOMES
 Estimated Construction Cost \$ 1,000,000

Description of Work SINGLE FAMILY 2 STORY BRICK
HOUSE W/ 4 CAR GARAGE FINISHED BASEMENT
DECK & FENCE, 5 FULL BATHS, 3 1/2
BATHS, 5 BEDROOMS

Contractor Company GREENFIELD HOMES INC
 Contact Person WAYNE / RICK
 Address 6656 LUSTER DR
 City HIGHLAND State MD Zip Code 20777
 License No. _____
 Phone 410 781-6772 Fax 41

Occupant or Tenant _____
 Contact Name N/A
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person MARK BANDY
 Address _____
 City ELLICOTT CITY State MD Zip Code _____
 Phone 410 750-2212 Fax 410 535-0551

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>77</u> Width <u>123</u>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>N/A</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: <u>N/A</u> No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Title/Company GREENFIELD HOMES INC.
 Print Name WAYNE GREENFIELD
 Date 12/1/00

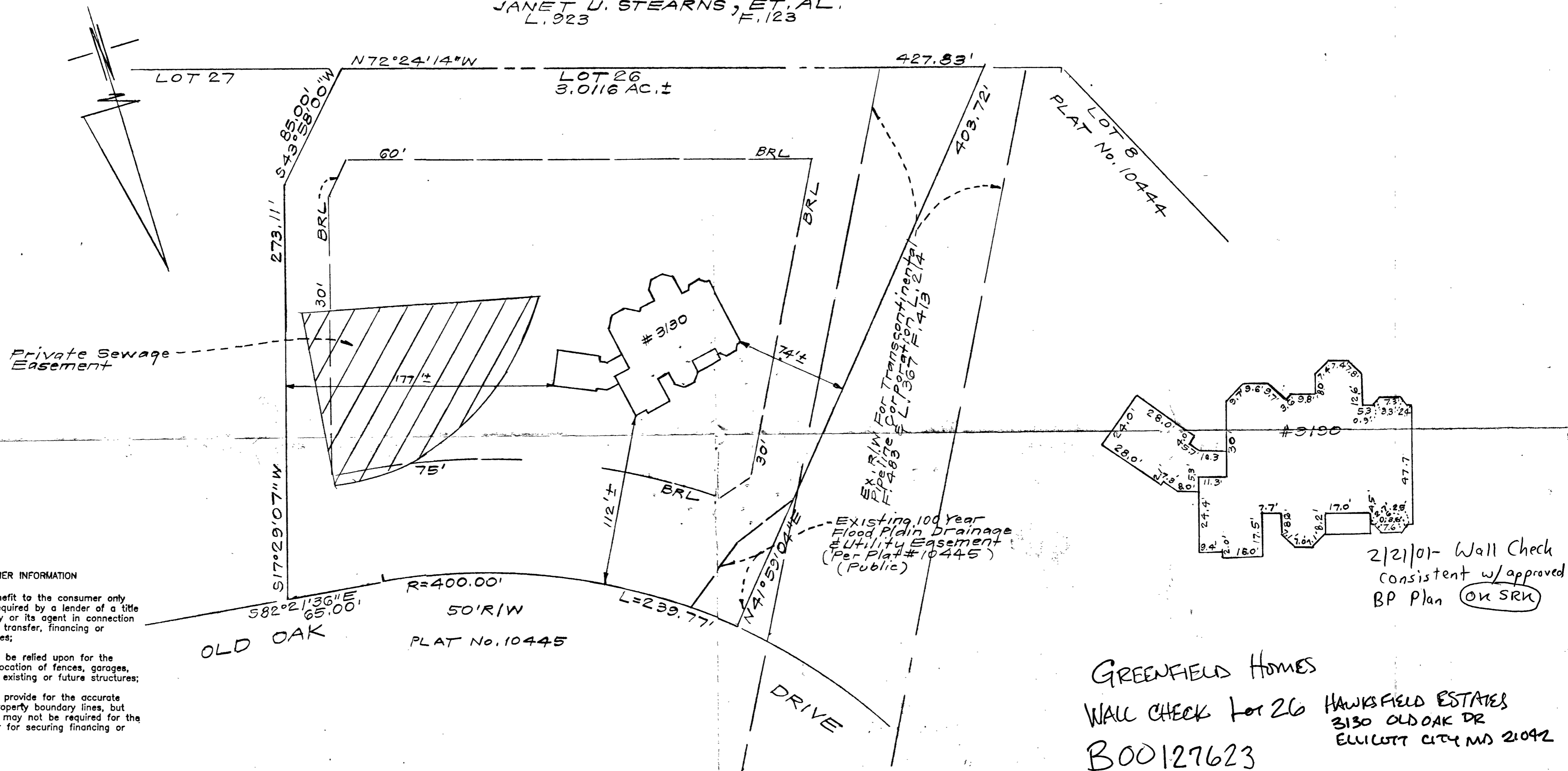
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ <u>75</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>11073</u> Validation # _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ	<u>1/1/01</u>	<u>Mark Bandy</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	Accepted by _____
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

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 2400440016B, Panel 16 of 45, dated December 4, 1986.

Wall Check: 2-13-01
Top of Wall Elev.: 466.3

JANET U. STEARNS, ET AL.
L. 923 F. 123



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 improvements shown hereon, and that they are located as shown.

2-14-01
DATE



NOTES:
1. The setback distance accuracy = 1'.

Plat Reference: PLAT 12045

		CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.	
		DESIGNED DRAWN CHECKED DATE	LOCATION DRAWING 3130 OLD OAK DRIVE LOT 26 RESUBDIVISION PLAT HAWKSFIELD ESTATES LOTS 26 & 27 A RESUBDIVISION OF LOTS 9 & 10 PLAT #10445 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
KWC PAS 2-14-01		99-128-0	

GREENFIELD HOMES
 WALL CHECK Lot 26 HAWKSFIELD ESTATES
 3130 OLD OAK DR
 ELLICOTT CITY MD 21042
 B00127623

2/21/01- Wall Check
 consistent w/ approved
 BP Plan OK SRN

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: Gartland Plumbing Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sykesville 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): S. Joseph Gartland License# 6352

*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: Schrage Frances Telephone #: 410-329-8666
Subdivision: Hawksfield Lot #: 26 Well Tag #: HO-94-0663
Site Address: 3130 Old Oak Dr
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds
Model #: 26507
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: RTK
Model #: P100LT
Depth: 48 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 69 (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 No Safety

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

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

Sleeve under Footer To Tank

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

Signature of company representative responsible for installation: [Signature] date: 03-7-01

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

Date Insp. Requested: 3/1/01 Date Insp. Approved: 3/1/01 (SRK)

- Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

UNDER FOOTER (NOT SEEN)

C1 2820

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 COLUMNS 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 39712

SP/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: 081095

Depth of Well grid: 103

PERMIT NO. grid: 40-94-0663

OWNER Van Lunen Richard STREET OR RFD Old Oak Dr TOWN W. Friendship SUBDIVISION HAWKESFIELD EST SECTION LOT 26

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Clay & Sand, etc.

****WELL COLLAPSED TO 95 FEET****

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 81 ft.

CASING RECORD

MAIN CASING TYPE [S] [T] Nominal diameter top (main) casing (nearest inch)! 6 82 Total depth of main casing (nearest foot) 60 63 64 66 70

OTHER CASING (if used)

ACCHSING diameter depth (feet) [P] [L] 4 inch 0 from 65 to [P] [L] 4 85 95

SCREEN RECORD

screen type or open hole [S] [T] [B] [R] [H] [O] STEEL BRASS BRONZE OPEN HOLE [P] [L] [O] [T] PLASTIC OTHER

C 2

DEPTH (nearest ft.) grid: 65 85 SLOT SIZE 1 .010 2 3 DIAMETER OF SCREEN 4 (NEAREST INCH) from 93 to 38

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

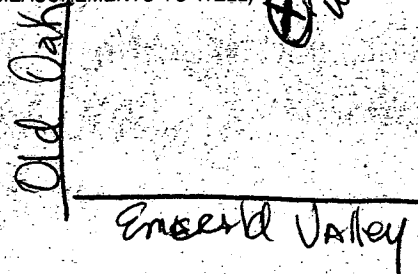
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 50 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES [Y] NO [N] 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below LAND SURFACE (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 256

DANA KYKER JR II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 256

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

APPLICATION

PERCOLATION TESTING

A 50772 A

P _____

DISTRICT 3 RD

DATE 7/11/95

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

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 DIGI-DATA CORPORATION

ADDRESS 9580 DORSEY RUN RD PHONE 772-0611

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HAWKSFIELD ESTATES LOT NO. 9

ROAD AND DESCRIPTION SOUTH SIDE OLD CAR DRIVE OPPOSITE
SHADYVIEW WAY

TAX MAP 16 PARCEL # 40

SIZE OF LOT 3.024 AC 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.

(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

Lot 9
50772A

COUNTY #

SOIL PROFILE

0'
 1/2-3/4" yel red
 HL(Si+)
 1/2-3/4" yel red
 HL-L(Si+)
 few stones
 5-6" red & yel
 SL
 7-8" tan-grey
 micaceous
 micaceous SL
 (weak structure)
 flag 10%
 10'

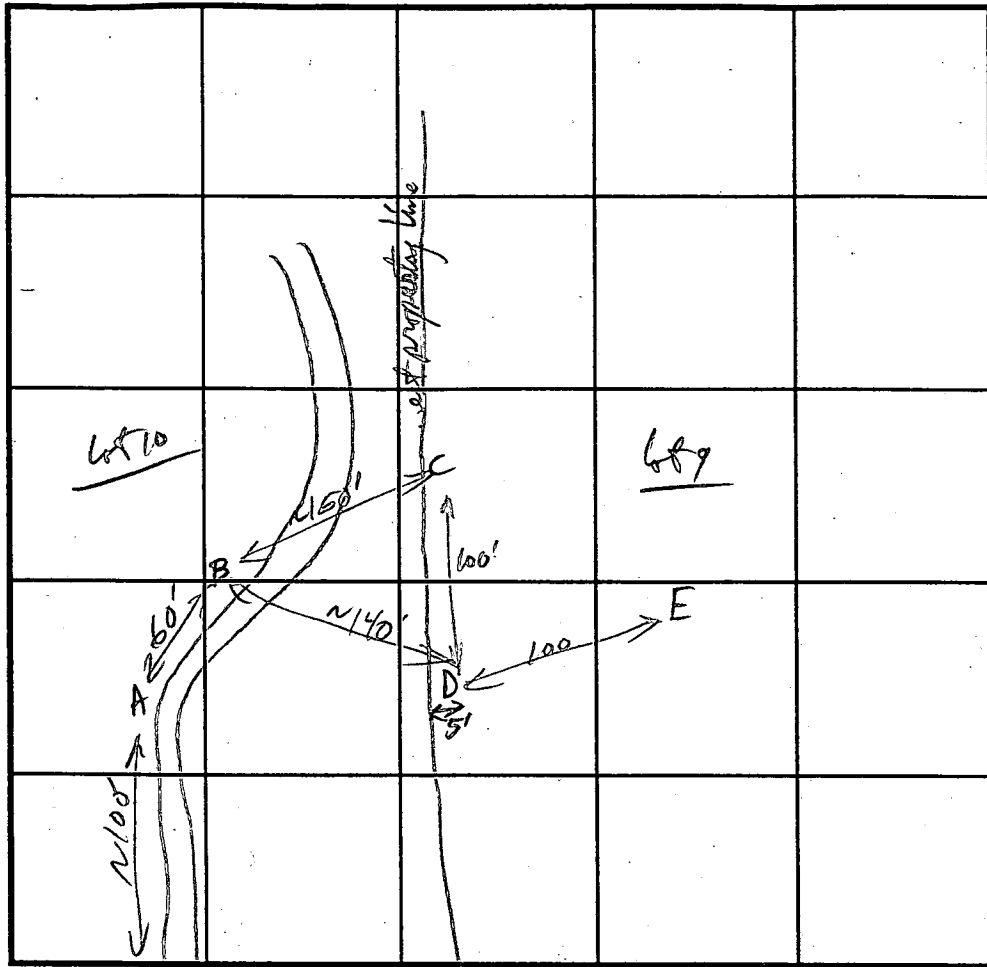
E

Red Yel-
 str Bron
 2 1/2-3 1/2" Si CL
 yel red-
 red Bron
 porous
 SCL
 5-6" Tan
 micaceous
 str separate

white
 to cream
 SCL
 11'

D

Some
 on hole C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/25/96	C	8" dia 3 1/2'	11:26:16	11:28:30	11:30:00			
		note re pour 10'	11:30:50	11:32:28	11:34:30		2 min	
	E	4 1/2'	11:41:33	11:47:40	11:49:40	11:56:00	8 min	
		11"						
	D	4'	11:59:50	12:02:40	12:02:40	12:06:40	4 min	
		11"						
			WATCH FOR FINAL WELL LOCATION ON LOT 10					
			LIKELY DIFFERENT THAN ORIGINALLY PROPOSED.					

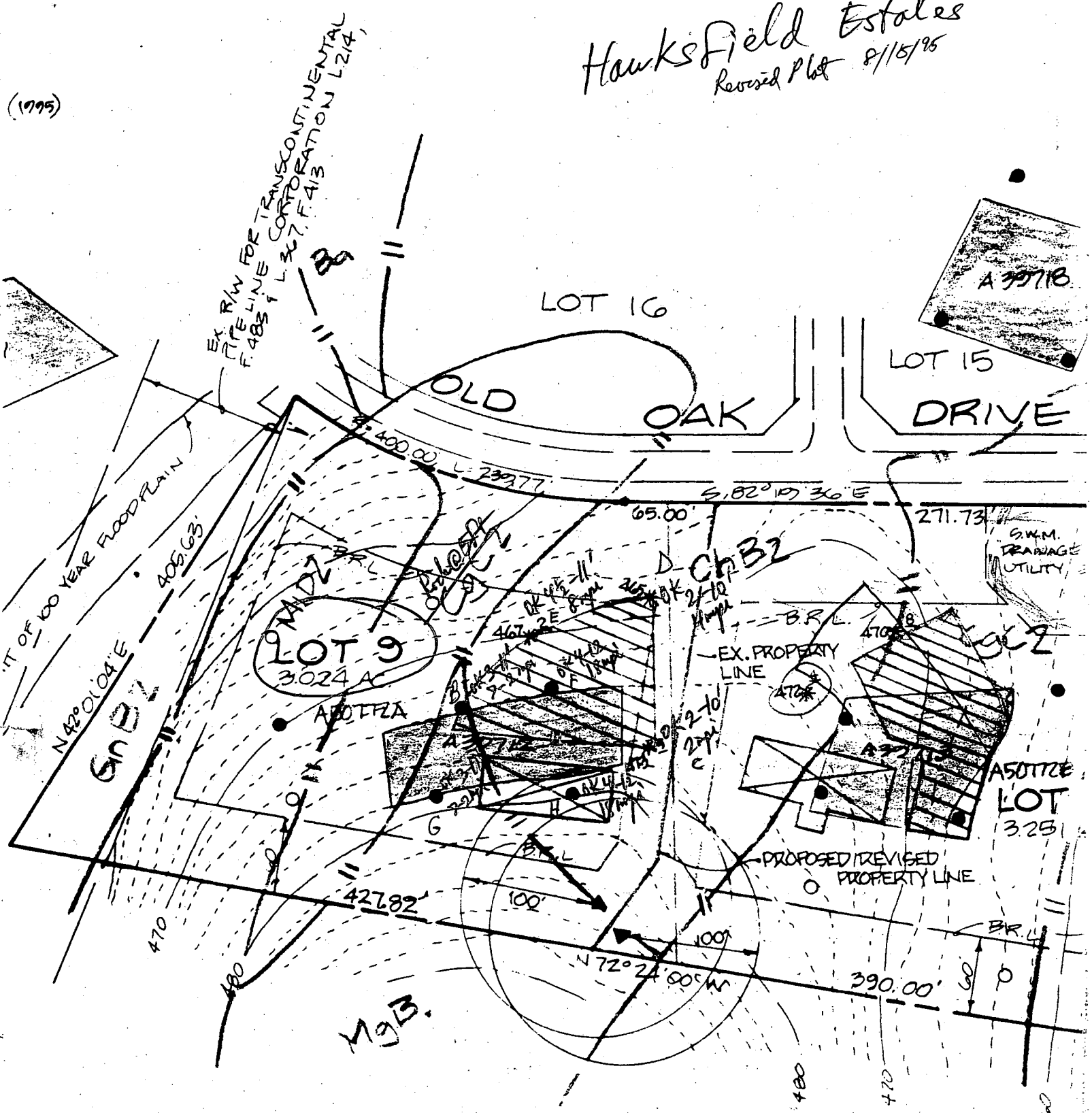
REMARKS _____
 TYPE OF SOIL: Chester/Monor
 TESTED BY: [Signature] ALSO PRESENT Kellerman 2 tests
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 min per inch (over top) TRENCH WIDTH 2
 INLET DEPTH 3-3 1/2 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 20

Based on
 one of old
 New perc
 tests

(1995)

Hawksfield Estates

Revised Plat 8/15/95



KEITH BECK
075 '91

APPLICATION

PERCOLATION TESTING

A 39712
P _____

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

*8/12/87
perc OK'd pending
approved plat*
(B)

DISTRICT _____
DATE 7/15/87

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 RONALD S. LANEVE

ADDRESS 11799 TRIADELPHIA ROAD PHONE 301-531-6161
ELLICOTT CITY, MARYLAND 21043

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 9 Preliminary

ROAD AND DESCRIPTION SOUTH OF MARYLAND ROUTE 144 AND SOUTHEAST OF TRIADELPHIA ROAD

TAX MAP 16E23 PARCEL # 40

SIZE OF LOT 3 ACRES TYPE BLDG. SFD
(SINGLE-FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Ronald Laneve
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes + sub-plat

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 39712
P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 9

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

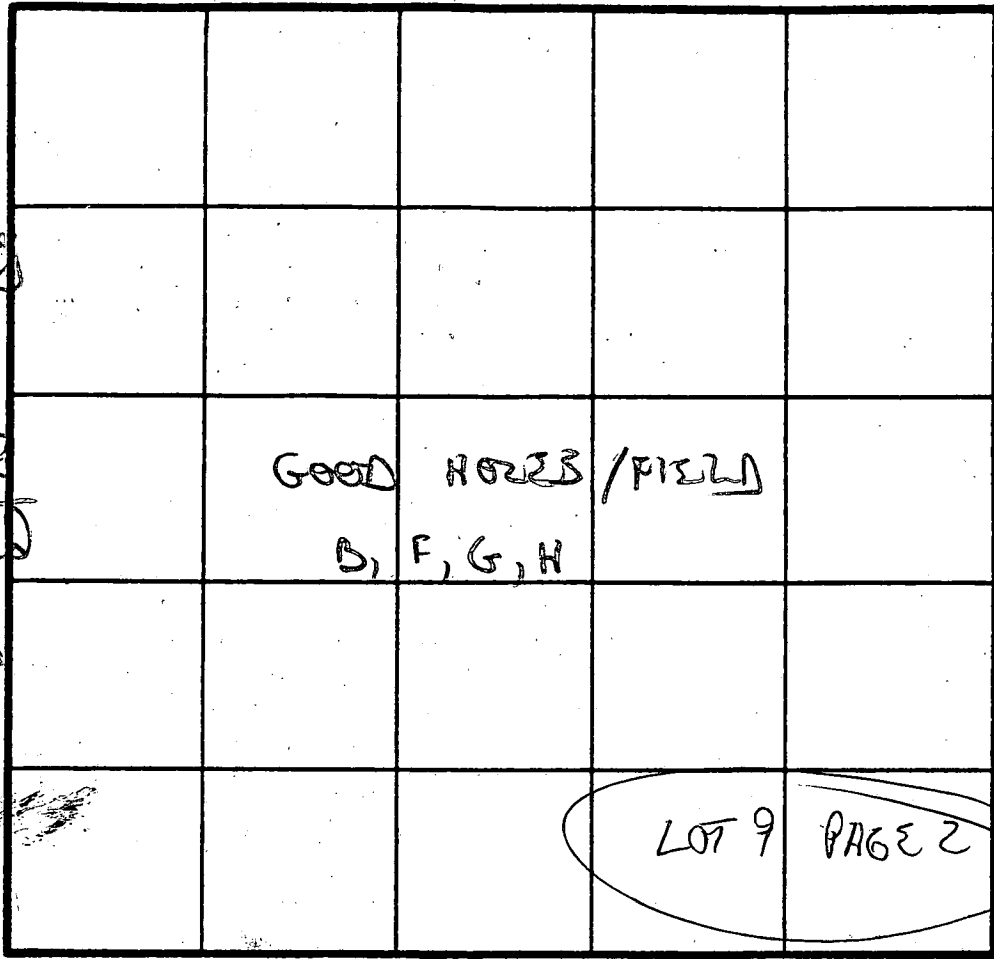
HD-216

THIS IS NOT A PERMIT

F + H
SOIL PROFILE

orange chunks
hard clay
3 1/2 - 4"
quickly to
to tan silty
mud
5% silt
scattered
shard frags
↓

12' D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X Perc 10 min

210 #1 BR

In lot 3.0'

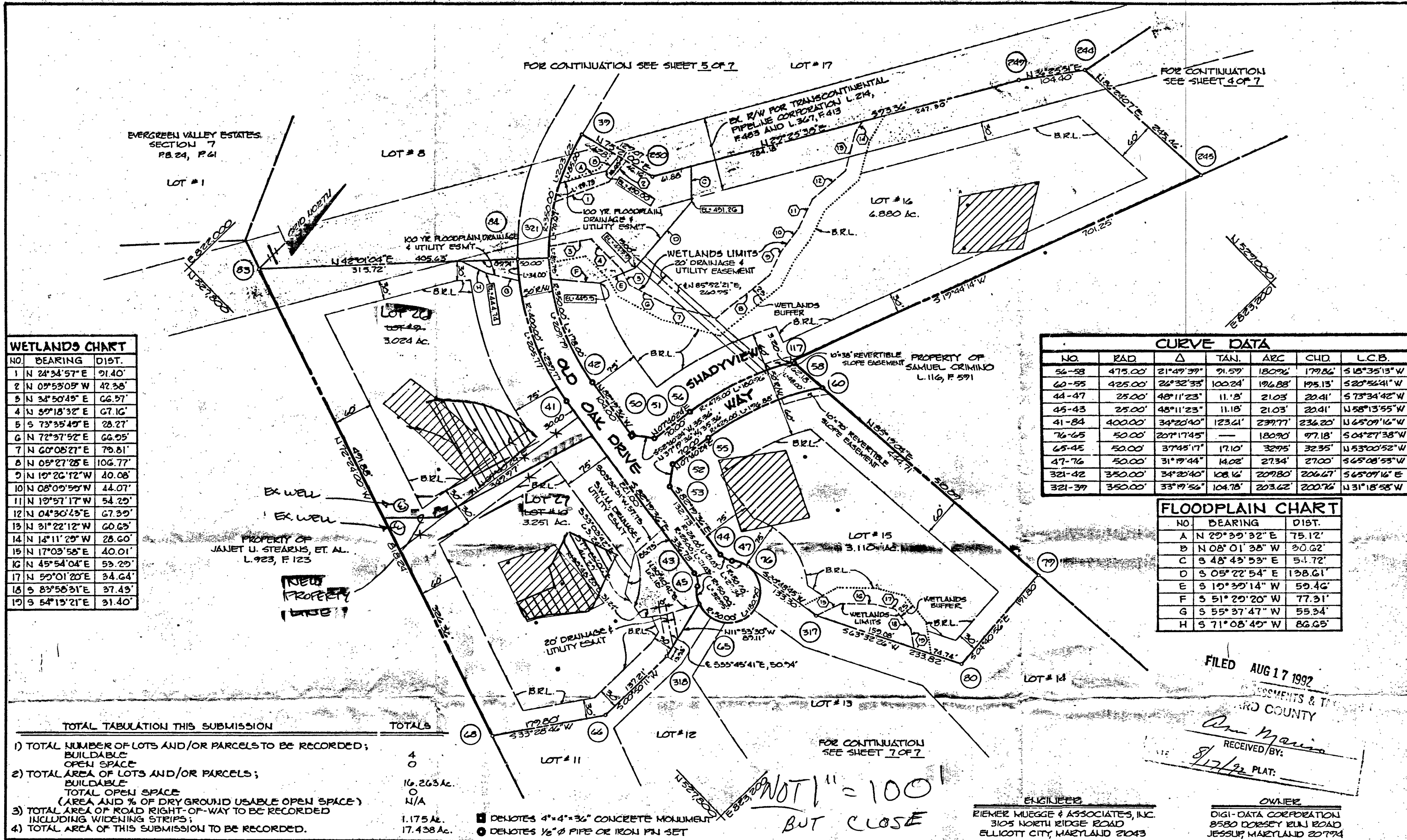
Bottom 4.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/21/87	F	4'5"	210	219	219	237	18 min	
		12' D	bottom (see profile)					
	G	4'2.5"	225	226	226	228	2 min	
		12' D	bottom (see profile)					
	H	VISUAL GOOD AT 4'						
		11'2.5"	bottom					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



WETLANDS CHART

NO.	BEARING	DIST.
1	N 24°34'57" E	91.40'
2	N 09°59'09" W	42.58'
3	N 34°50'49" E	66.37'
4	N 57°18'32" E	67.10'
5	S 73°35'49" E	28.27'
6	N 72°37'52" E	66.95'
7	N 60°08'27" E	79.81'
8	N 05°27'28" E	106.77'
9	N 10°26'12" W	40.08'
10	N 08°09'59" W	44.07'
11	N 19°57'17" W	54.29'
12	N 04°30'43" E	67.90'
13	N 31°22'12" W	60.65'
14	N 14°11'29" W	28.60'
15	N 17°03'58" E	40.01'
16	N 45°54'04" E	59.29'
17	N 50°01'20" E	34.64'
18	S 83°58'31" E	37.43'
19	S 64°15'21" E	31.40'

CURVE DATA

NO.	RAD.	Δ	TAN.	ARC	CHD.	L.C.B.
56-58	475.00'	21°49'39"	91.59'	180.92'	179.86'	S 16°35'13" W
60-55	425.00'	26°32'33"	100.24'	196.88'	195.13'	S 20°56'41" W
44-47	25.00'	48°11'23"	11.8'	21.03'	20.41'	S 73°34'42" W
45-43	25.00'	48°11'23"	11.8'	21.03'	20.41'	N 58°13'55" W
41-84	400.00'	34°20'40"	123.61'	239.77'	236.20'	N 65°09'16" W
76-65	50.00'	20°17'45"	—	180.90'	97.18'	S 04°27'38" W
65-45	50.00'	37°45'17"	17.10'	32.95'	32.35'	N 53°00'52" W
47-76	50.00'	31°19'44"	14.02'	27.34'	27.00'	S 65°08'53" W
321-42	350.00'	34°20'40"	108.16'	209.80'	206.67'	S 65°09'16" E
321-39	350.00'	33°19'54"	104.78'	203.62'	200.76'	N 31°18'58" W

FLOODPLAIN CHART

NO.	BEARING	DIST.
A	N 29°30'32" E	75.12'
B	N 08°01'38" W	30.62'
C	S 48°43'53" E	54.72'
D	S 05°22'54" E	198.61'
E	S 10°30'14" W	59.46'
F	S 51°20'20" W	77.31'
G	S 55°37'47" W	55.34'
H	S 71°08'40" W	86.05'

TOTAL TABULATION THIS SUBMISSION

	TOTALS
1) TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED;	4
BUILDABLE OPEN SPACE	0
2) TOTAL AREA OF LOTS AND/OR PARCELS;	16.263 Ac.
BUILDABLE TOTAL OPEN SPACE (AREA AND % OF DRY GROUND USABLE OPEN SPACE)	N/A
3) TOTAL AREA OF ROAD RIGHT-OF-WAY TO BE RECORDED INCLUDING WIDENING STRIPS;	1.175 Ac.
4) TOTAL AREA OF THIS SUBMISSION TO BE RECORDED.	17.438 Ac.

■ DENOTES 4" x 4" x 3/4" CONCRETE MONUMENT
 ● DENOTES 1/2" Ø PIPE OR IRON PIN SET

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
Joseph M. Byrd 10/17/92
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING.
Arnell R. Smith 8/19/92
 DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS, HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.
Donald J. Sporn 8/19/92
 DIRECTOR DATE

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY RONALD S. LANEVE AND MARIAN S. LANEVE TO DIGI-DATA CORPORATION BY DEED DATED SEPTEMBER 14, 1987 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1723, FOLIO 617, AND ALL OF THE LANDS CONVEYED BY MADELINE LEONARDI LANCELOTTA (FORMERLY KNOWN AS RECORDS MADELINE LEONARDI) AND JOHN J. SWEENEY, JR., TRUSTEE OF THE CHARITABLE REMAINDER UNITRUST, BY DEED DATED SEPTEMBER 9, 1987 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1724, FOLIO 331; AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED.

Arthur E. Muegge
 ARTHUR E. MUEGGE #10751 DATE

OWNER'S CERTIFICATE

DIGI-DATA CORPORATION, A MARYLAND CORPORATION BY RICHARD VAN LUNEN PRESIDENT AUTHORIZED AGENT HAROLD V. TARBOX SECRETARY, OWNER, OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPTS THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING ESTABLISHES THE MINIMUM BUILDING RESTRICTION LINES AND GRANTS UNTO HOWARD COUNTY, MARYLAND ITS SUCCESSOR AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACES WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHT-OF-WAYS.

WITNESS BY MY/OUR HANDS THIS 14th DAY OF March, 1992

DIGI-DATA CORPORATION
 BY: *Richard Van Lunen* RICHARD VAN LUNEN (PRESIDENT) ATTEST: *Harold V. Tarbox* HAROLD V. TARBOX (SECRETARY)

RECORDED AS PLAT NUMBER _____ ON _____ AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

PREVIOUSLY FILED PLAT
HAWKSFIELD ESTATES
 LOTS 1 THRU 23
 AND A RESUBDIVISION OF THE LEONARDI PROPERTY, LOT 1 AS SHOWN ON PLAT NO. 6266

F-84-128, W-88-72, S-88-52, P-88-82
 PARCEL No. 40 & 228, TAX MAP No. 16 & 23
 3RD ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 SCALE 1" = 100' DATE 3-20-91 SHEET 8 OF 7
 ZONING: R


FILED AUG 17 1992
 RECORDS & TAX DEPARTMENT
 HOWARD COUNTY
Ann Morris
 RECEIVED BY:
 8/17/92 PLAT:

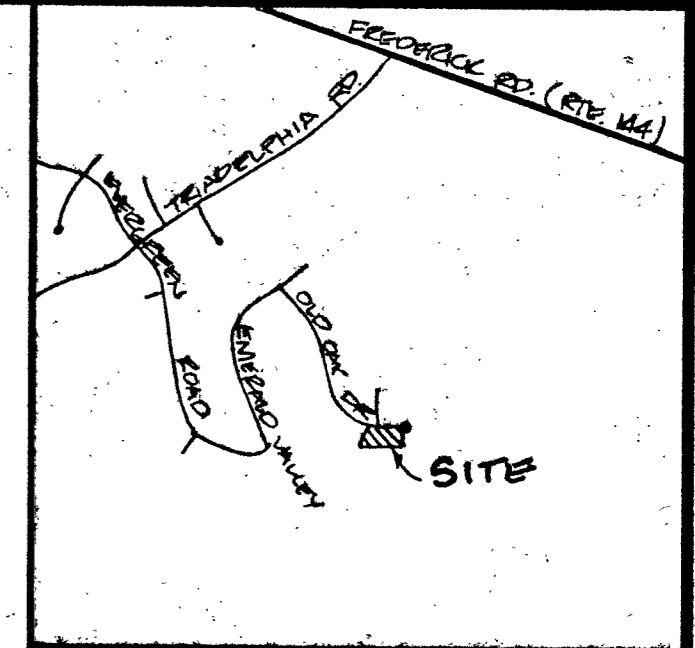
NOT 1" = 100'
 BUT CLOSE



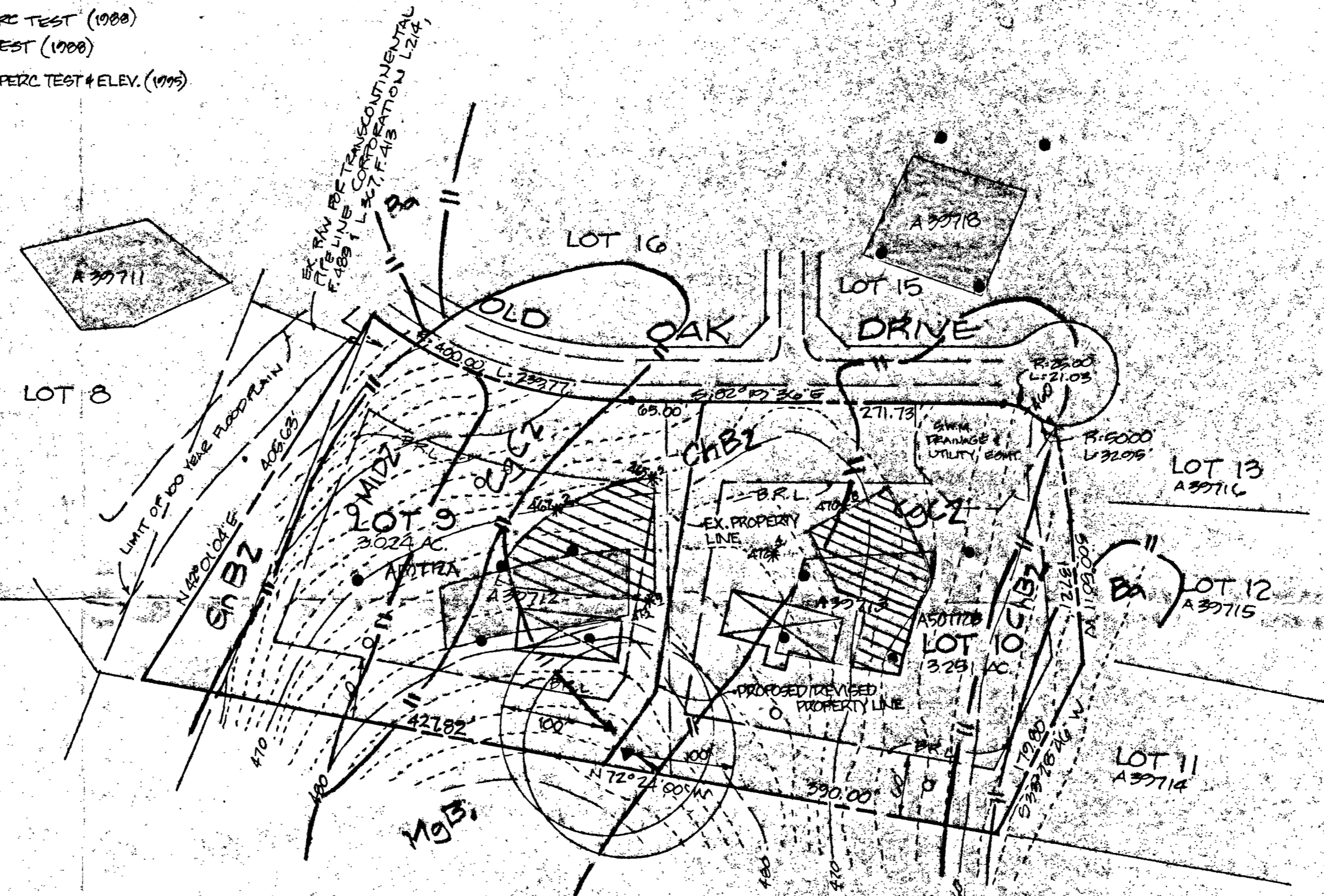
NOTES:

- PROPERTY ZONED: RC-DEO
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
- TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY.
- LEGEND:

- EXISTING CONTOUR
 - △ PROPOSED WELL
 - ▲ EXISTING WELL
 - |- SOIL TYPE BOUNDARY
 - ☒ POSSIBLE HOUSE LOCATION
 - ⊕ PROPOSED PERC TEST LOCATION
 - 75' STREAM BUFFER
 - 6. THERE ARE NO VISIBLE WELLS OR SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPOSED WELLS AND SEWAGE EASEMENTS UNLESS OTHERWISE SHOWN HEREON.
 - 7.  PREVIOUSLY APPROVED PRIVATE SEWAGE EASEMENT.
- SUCCESSFUL PERC TEST (1988)
 - FAILED PERC TEST (1988)
 - ATI #11 SUCCESSFUL PERC TEST + ELEV. (1995)



VICINITY MAP
SCALE: 1"=200'



Scott Shanaberger 8/10/95
G. SCOTT SHANABERGER DATE
PROFESSIONAL L.S. #10849

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 104
ELLICOTT CITY, MD. 21043
(410) 461-9563

APPROVED: FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPT.

Keith Beck 8/11/95
COUNTY HEALTH OFFICER DATE

SIGNED
FIELD LOCATED
PERC TEST PLAT
LOTS 9 & 10
HAWKSFIELD ESTATES
THIRD ELECTION DISTRICT HOWARD CO., MD.
SCALE: 1"=100' JULY 10, 1995
REV 8/10/1995
REV 8/11/1995