11/8/01 - In progress 1:30pm 11/14/01 Follow up 3pm 1/4/02 Pump Test @ 11a.m.
11/13/01 Follow up 3pm 12/5/01 Anytime

ISSUE DATE: 9/21/2001

APPROVAL DATE: 1/8/02

PERMIT

INDEXED

P 516038-A

A 58993-C

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

04-364546

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 4410 Salem Bottom Road, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Cattail Ridge LOT NUMBER: 30

ADDRESS: 15035 Rolling Hills Drive PROPERTY OWNER: Goodier Builders

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): ~~N/A~~ 1250 (TOPSEAM)

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	As seen from Rolling Hills Drive, start the first trench 10' from the right lot line and 10-12' from the rear lot line. Run 3 trenches toward Rolling Hills Drive as shown on plan.
NOTES:	Maintain at least 100' from all parts of the septic system to the well on this lot and the well across Winding Path Court.

PLANS APPROVED: MER ON SRN 8/23/01 DATE: 8/22/01

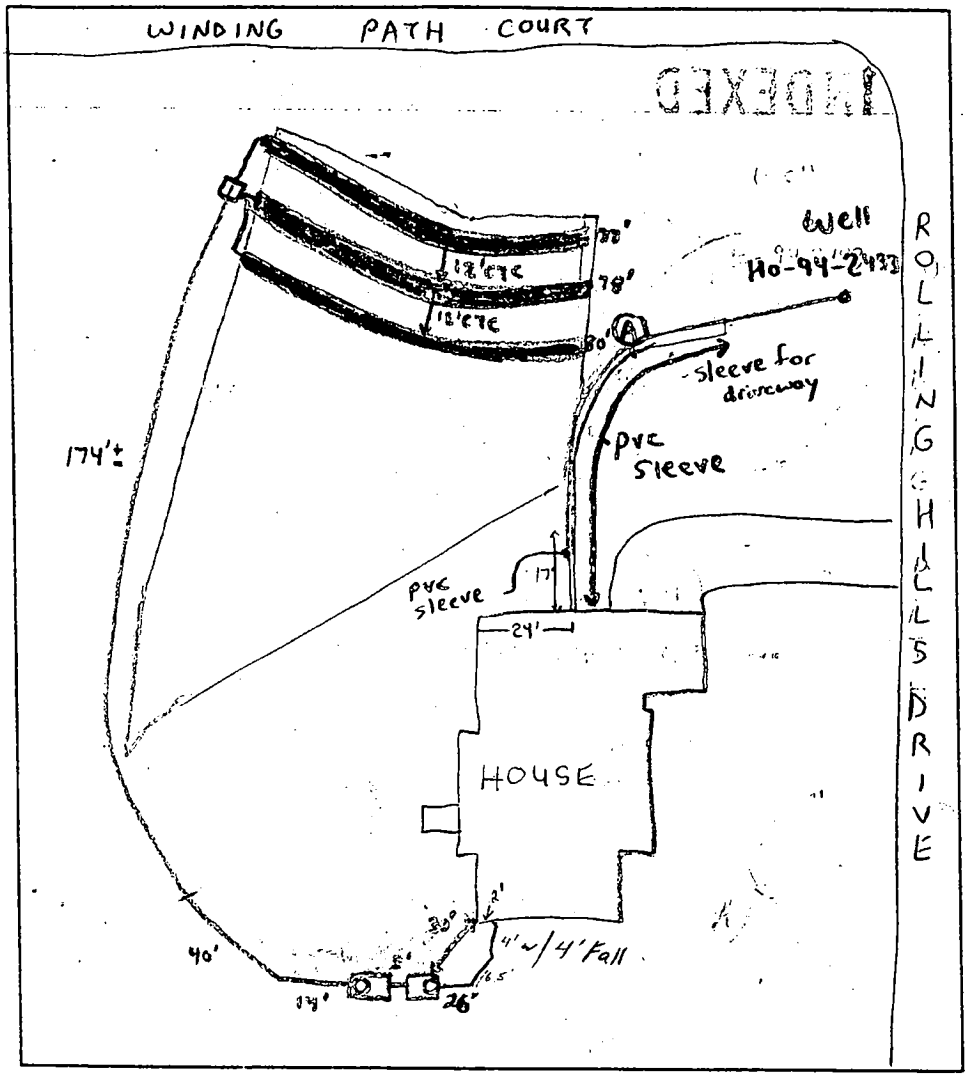
NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

[redacted] 3-14-2002
B00 134849 20x14 DECK

58993-C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 2.5'
TRENCH BOTTOM DEPTH 4.5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 235'
ABSORBENT AREA 705 ft²
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX NA

SEPTIC TANK DATA Baffle in ✓

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER Front 1'
6 INCH INSPECTION PORT NA

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
MANHOLE RISER Rear 2'
ALARM operational
PUMP PERFORMANCE TEST ok

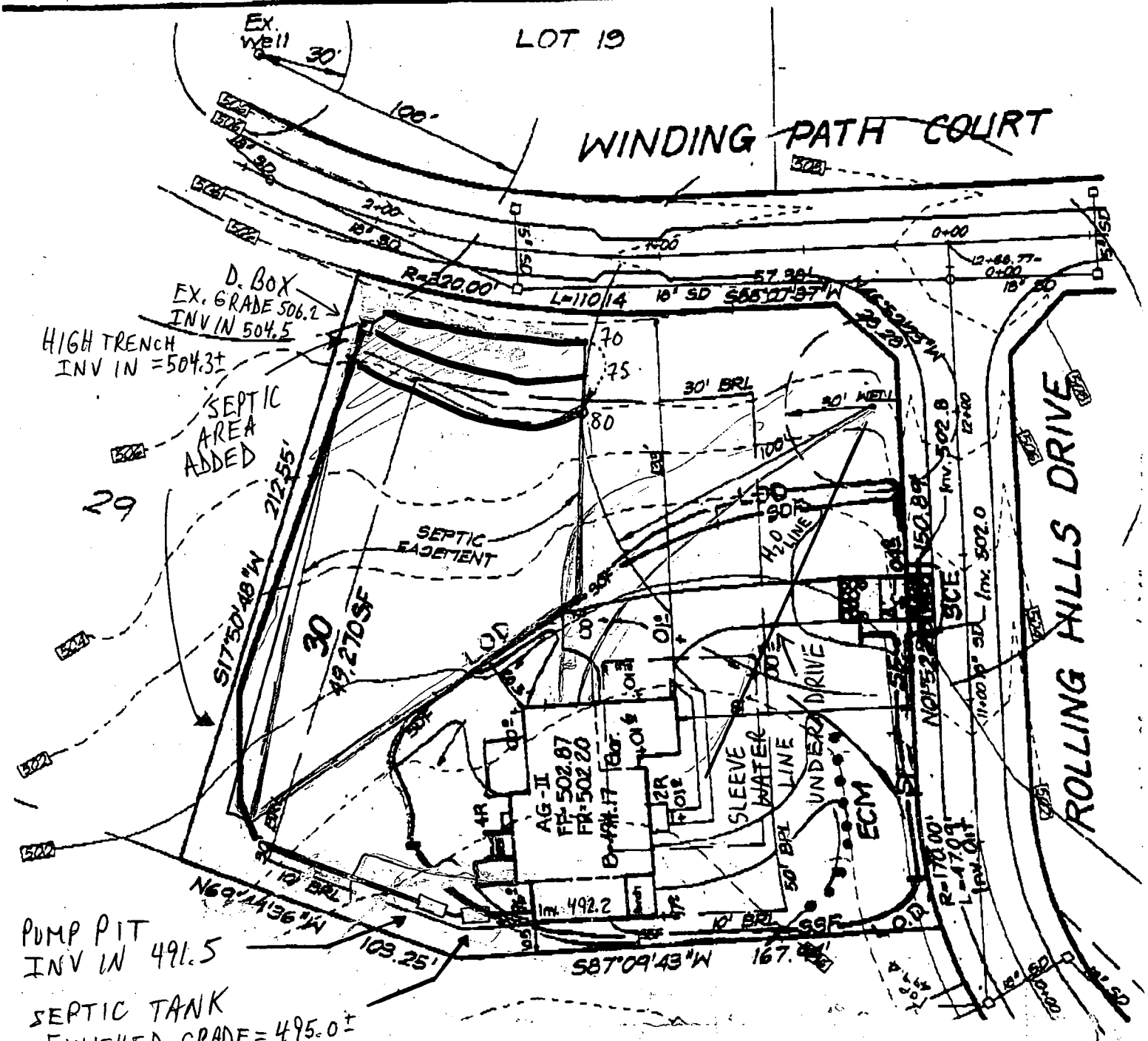
PRE-CONSTRUCTION INSPECTION: 11/1/01 - OK TO INSTALL PER PLAN - SRK

WELL LINE RUNS THRU SLIVER OF SDA BUT TO BE SLEEVED TO POINT (A), MET BUILDER AT SITE - AND CALLED PLUMBER - SRK

INSPECTION COMMENTS: 11/6/01 2" PVC sleeve over supply line to 4" PVC under drive 2 tanks set SD 11/13/01 - OK TO CONTINUE WORK - SRK 11/14/01 House conn.: 10" above current grade, builder needs to lower SD 12/5/01 - HOUSE CONN. LOWERED TO BE 3' BELOW GRADE SRK 1/8/02 Pump Test OK. Water level decreased in S.T., under flow to distribution box ok & alarm functioning properly KG

INSPECTOR Jodie King, Karen DATE SYSTEM APPROVED 1/8/02

410 277-8



Approved Septic System Plan
Howard County Health Department

Mark Rifkin
Signature

8/21/01
Date

total linear feet of trench required 240 feet
225' acceptable

Width of trench(es) 3 feet

Depth of trench(es) 4.5 f

Depth of stone required below distribution pipe 2.0 feet

buyer from Malik 410-750-2905

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 00131472

Building Address 15035 Rolling Hills Dr.
Glenwood, MD 21738
Suite/Apt.#: N/A SDP/WP/P etition #: GP-99-208
Census Tract 6040 Subdivision Cattail Ridge
Section N/A Area N/A Lot 30
Tax Map 21 Parcel 228 Grid
Zoning RCDEO Map Coordinates 9A8 Lot size

Property Owner's Name Goodier Builders, Inc.
Address 10705 Charter Dr.
City Columbia State MD Zip Code 21044
Home Phone Work Phone 410-997-7400
Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222
Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot
Proposed Use SFD
Estimated Construction Cost $ 150,000.00
Description of Work Const SFD-"AG"- 2sty,full basmt, R FB, HB,FP & Garage(4Br)

Contractor Company Owner
Contact Person Michael McDonald
Address
City State Zip Code
License No. MHBR# 130
Phone Fax

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 Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4
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:
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private
Sewage Disposal:
____ Public
X Private
Electric Yes ☒ No ☐
Gas Yes ☒ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☒
Propane Gas ☐
Sprinkler system: N/A ☐
____ 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 HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK OTHER THAN THAT 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.

Applicant's Signature
Agent
Title/Company

Building Permit Services, Inc. - Pat Orla
Print Name
7/12/01
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	8/21/01	Mark Phillips
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line, approval date Accepted by

PROPERTY ID#:

Filling fee	$ 100.00
Permit fee	$
Excise tax	$
Subtotal paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	#
Validation	#

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

Rev. 10/15/98

e:\permit.frm

2:00
11/1/01

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: Willoughby Plumb Telephone #: 410-781-7051
Address: 6203 Peterik Dr. 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): Chris Willoughby License# 6492
*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: Robert E. Bates Telephone #: 410-442-1480
Subdivision: Catonia Dist. Lot #: 20 Well Tag #: HO 94-2433
Site Address: 5035 Rocky Hill Dr. Glenwood, MD 21738

Submersible Pump Data
Make: Jacuzzi
Model #:
Pump Capacity: GPM
Well Yield: 4 GPM
Depth of well encountered at time of pump installation: 200 (feet)

Pitless Adapter
Make: Bermad
Model#:
Depth: 48" (36" min)
NSF approved:

Well Cap and Electric Conduit
Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.6.4
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: POLYLINE
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 4'
Sleeve caulked and sealed properly: ✓

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.

Chris Willoughby 10-25-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 10/29/01 & 11/8/01 Date Insp. Approved: 11/8/01 SC
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 ✓

MD-215(Rev. 8/00)

C 1 975 — SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58993C

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM DD YY 10-4-99

Depth of Well 300 (TO NEAREST FOOT) Mu-150-2905

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2433

OWNER Cattail Overlook (last name)
STREET OR RFD Rolling Hills Dr (first name) TOWN Glenwood
SUBDIVISION Cattail Ridge SECTION LOT 30

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	FEET TO	check if water bearing
Brown clay	0	98	
Hard gray granite	98	300	
		290 ✓	

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

DRILLERS LIC. NO.: MWD 355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 549
Max S. Jones

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

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 26 NO. OF POUNDS 2444
GALLONS OF WATER 156 gals
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft. to 102' (BOTTOM) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	06	102

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
[ST] STEEL [BR] BRASS BRONZE [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

C 2 — DEPTH (nearest ft.)

EACH SCREEN			
1	HO	102	300
2			
3			

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

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

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per. min.) 4.
METHOD USED TO MEASURE PUMPING RATE WATCH BUCKET
WATER LEVEL (distance from land surface)
BEFORE PUMPING 39' ft.
WHEN PUMPING 225' ft.

TYPE OF PUMP USED (for test)
[A] air [P] piston [T] turbine
[C] centrifugal [R] rotary [O] other (describe below)
[J] jet [S] submersible

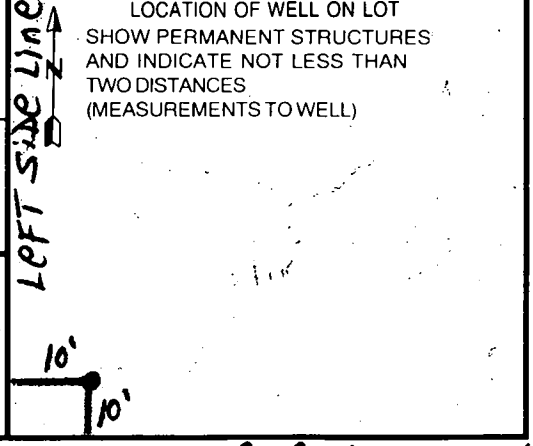
PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES NO

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)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
[+] above LAND SURFACE
[−] below
3 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 ② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 14107 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-2433
fill in this form completely

Date Received (APA): 083099

OWNER INFORMATION

CATTAIL OVERLOOK LLC (Last Name / First Name)
8808 CENTRE PARK DR. SUITE 108 (Street or RFD)
COLUMBIA (Town) MARYLAND (State) 21045 (Zip)

DRILLER INFORMATION

MICHAEL BARLOW MWD 355 (Driller's Name / License No.)
MICHAEL BARLOW WELL DRILLING SVC INC (Firm Name)
912 FAWN CT. JOPPA. MD 21085 (Address)
Signature: [signature] Date: 8/18/99

B 2 **WELL INFORMATION**
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET
APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

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

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER: GAP
PERMIT No. HO-94-2433

B 3 **LOCATION OF WELL**
COUNTY: HOWARD
SUBDIVISION: CATTAIL RIDGE
SECTION: LOT: 530
NEAREST TOWN: ROXBURY
MILES FROM TOWN (enter 0 if in town): 2 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

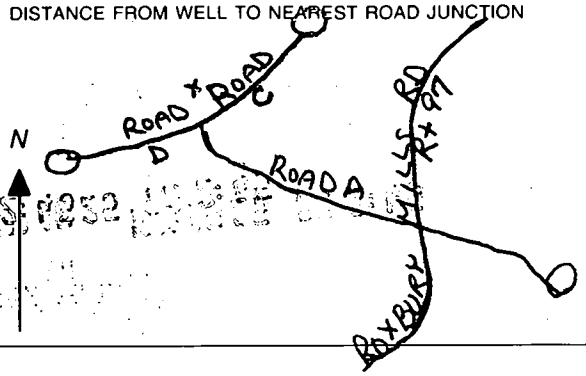
NEAR WHAT ROAD: ROLLING HILLS DR ~~ROAD C~~
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) EAST (E) SOUTH (S)
DISTANCE FROM ROAD: 15 ENTER FT OR MI: FT.
TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Howard Co COUNTY NO.: A58993C
STATE SIGNATURE: ____ INSERT S
DATE ISSUED: 090799 A McMillen CO SIGNATURE 9/7/99 EXP. DATE
NORTH GRID: 520 000 EAST GRID: 780 000

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.
E 780
N 520

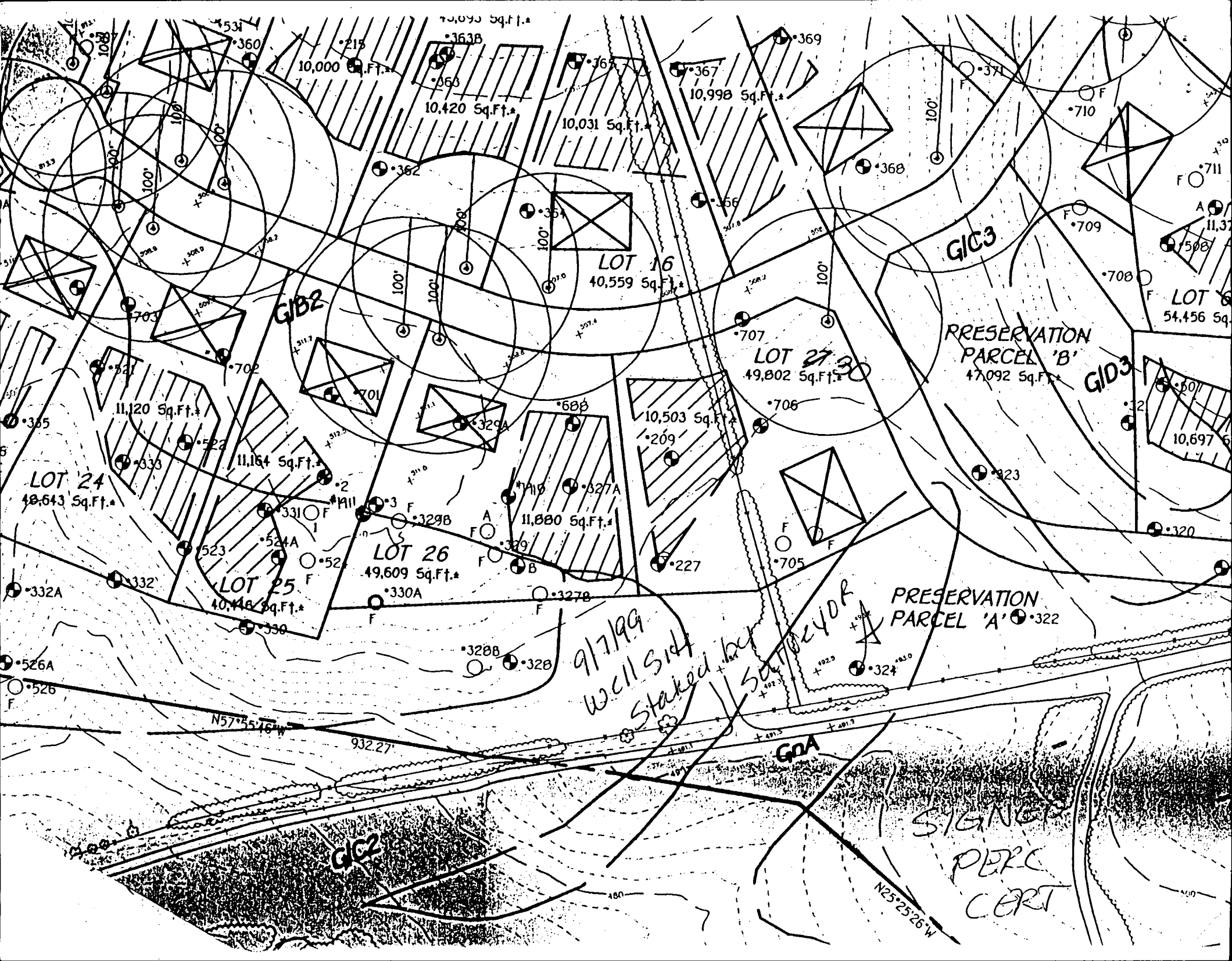
10-1-99
10:00
No insp
A1 x
000
000

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 -

DENV-Permit 97 ② COUNTY


LOT 16
40,559 Sq.Ft.±
LOT 24
48,643 Sq.Ft.±
LOT 25
40,446 Sq.Ft.±
LOT 26
49,609 Sq.Ft.±
LOT 27
49,802 Sq.Ft.±
PRESERVATION PARCEL 'A'
PRESERVATION PARCEL 'B'
47,092 Sq.Ft.±
10,000 Sq.Ft.±
10,420 Sq.Ft.±
10,031 Sq.Ft.±
10,998 Sq.Ft.±
11,120 Sq.Ft.±
11,164 Sq.Ft.±
11,880 Sq.Ft.±
10,503 Sq.Ft.±
54,456 Sq.
10,697
GIB2
GIC3
GID3
GIC2
GOA
N57°55'46"W
932.27'
N25°25'26"W
9/7/99
well sit
Staked by
Sawyer
PERC
CERT

APPLICATION

PERCOLATION TESTING

A 58993

P _____

DISTRICT _____

DATE 9-25-97

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

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 J. Thomas Sachse

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o LDMD

ADDRESS 10275 Wincopin Circle Suite 215 Columbia, MD 21044 PHONE 410-740-2662

PROPERTY LOCATION:

SUBDIVISION Iran Rei' LOT NO. ~~20000~~ 30

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~137~~ 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(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

HD-216 (3/92)

Lot 4

COUNTY #

SOIL PROFILE 327 688

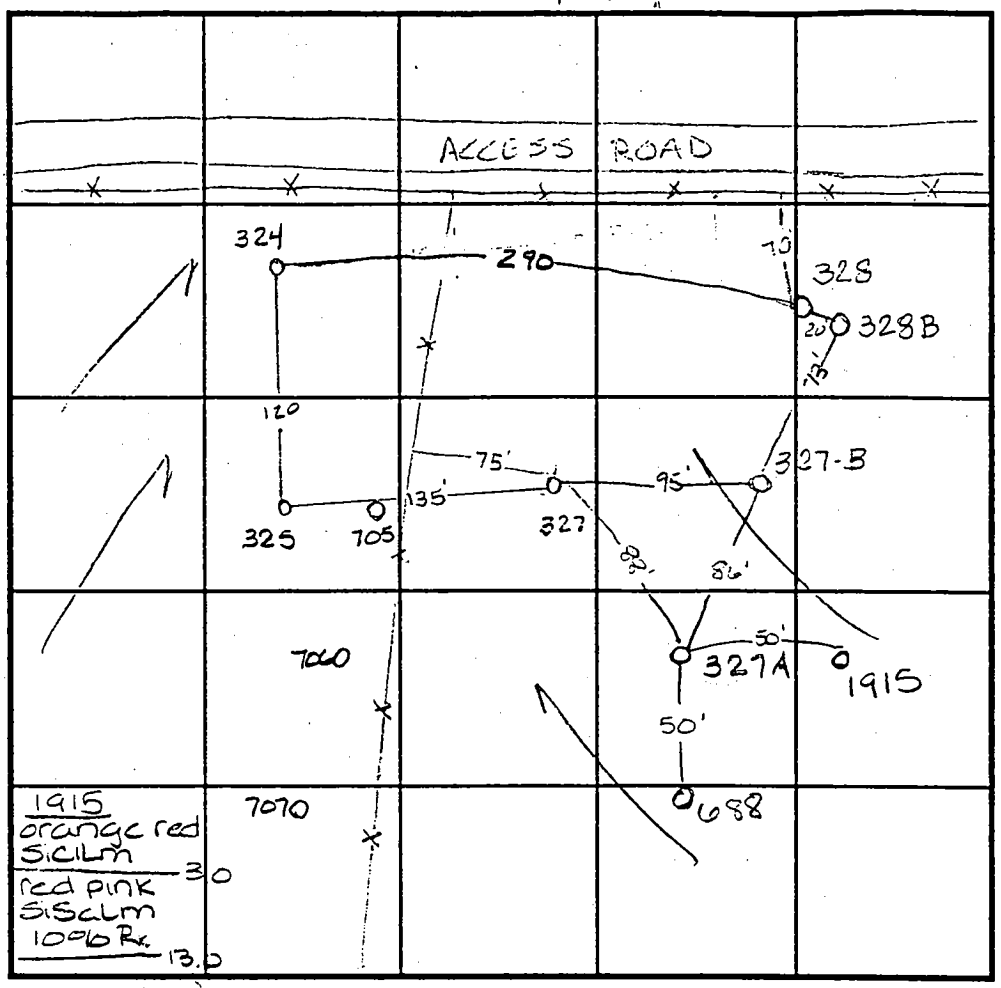
0'
topsoil & dark brn SiCLm
2.5
lgt or brn SiLm
5.5
white to dull grey SiLm 5% feldspar
10.0

327 A|B

orange brown SiCLm
4.0
red brn SiLm
7.0
dull brn grey SiLm mottled
12.0

328

dark or brn SaCLm
3.0
orange brown SiSaLm
7.5
40-50% Rx lgt or brown SiSaLm refusal
10.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 705

0'
mottled low chroma grey with tans & yellows throughout
4.0' of heavy clay
water @ 7.0
12.0

706 707

no distinct clay layer lgt red SiLm - change to slightly mottled or & yel dull gray matrix @ 10.0
12.0

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11-4-97	327A	4.0 / V12.0	2.01	2.03 (15)	2.03 (15)	2.07 (30)	4¼min
	327	4.5 / V10.0	1:55	2.01	2:01	2:12	11 min ✓
	327B	4.0 / V12.0	1:59	2:03	2:03	2:06 (30)	3½ min
	328B	Hole cave	red- Rx	seen in	pile - assumed → F		
	328	3.5 / V10.0	2:10	2:12	2:12	2:15	3 min
2-9-98	705	Visual	to 12.0 - insufficient				
		depth	to H_2O - see profile —				F
	706	Visual	to 12.0 - see profile —				OK ✓
	707	Visual	to 12.0 see profile —				OK ✓
6-1-98	688	Visual	to 12.0 - see		profile	—	OK

REMARKS 327/327A/327B wet

TYPE OF SOIL

TESTED BY Amy McMilken ALSO PRESENT D Reuwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 58993

P _____

DISTRICT _____

DATE 9-25-97

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

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 J. Thomas Sachse

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o LDAD

ADDRESS 10365 Wincopin Circle Suite 215 PHONE 410-740-2122
Columbia, MD 21044

PROPERTY LOCATION:

SUBDIVISION Haan Rei' LOT NO. Pres Pcl A

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~137~~ 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(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

HD-216 (3/92)

LOT 3

COUNTY #

SOIL PROFILE

0'

324 322

heavy lgt orange clLm

5.0

dull orange brn siLm grey mottles many

11.0

325 323

heavy orange brown SiClLm

4.0

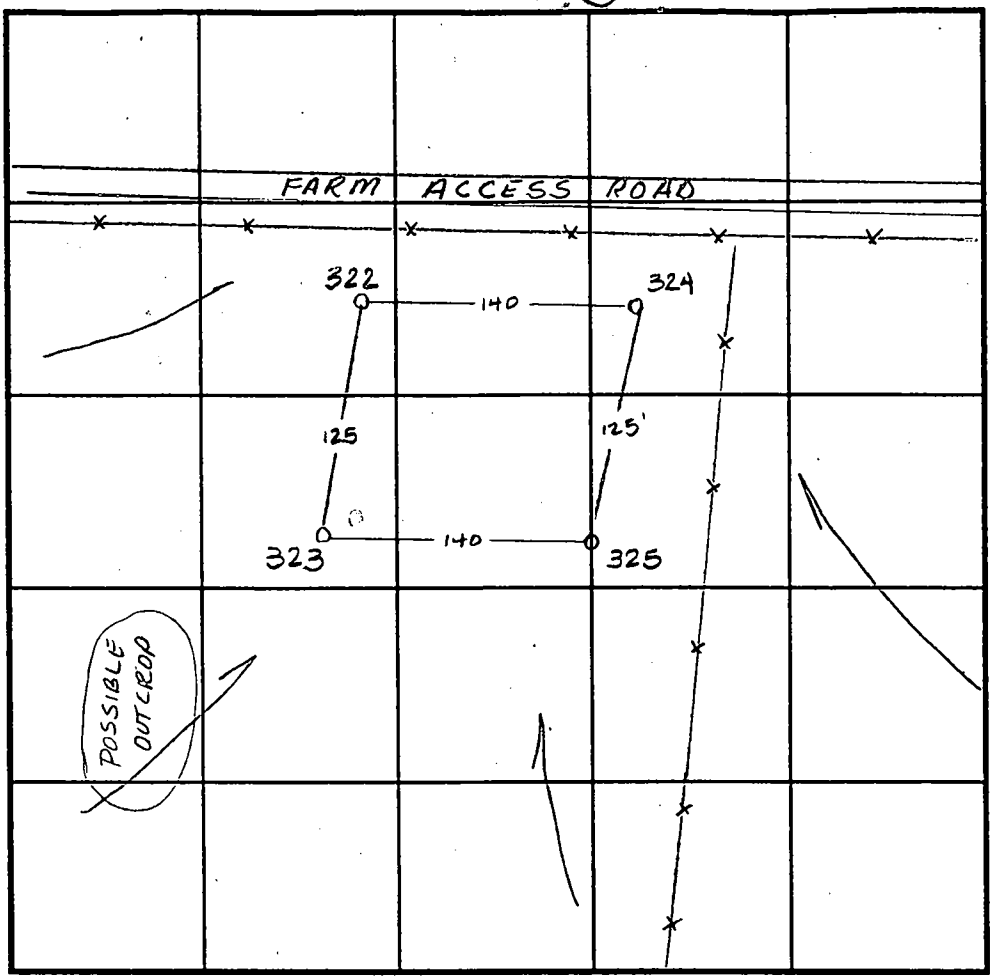
orange brown SiSaLm

6.0

dull brown mottled SaSiLm 15% Rx

11.0

12.0



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
11-6-97	324	Deep	clay - not tested		—		F	
	325	4.0' / 11.0	9:30	9:33 30"	9:33 30"	9:41	7½ min	W
	322	6.5' / 12.0	9:47	9:51	9:51	9:57	6 min	
	323	Not tested - see profile			—		wet	

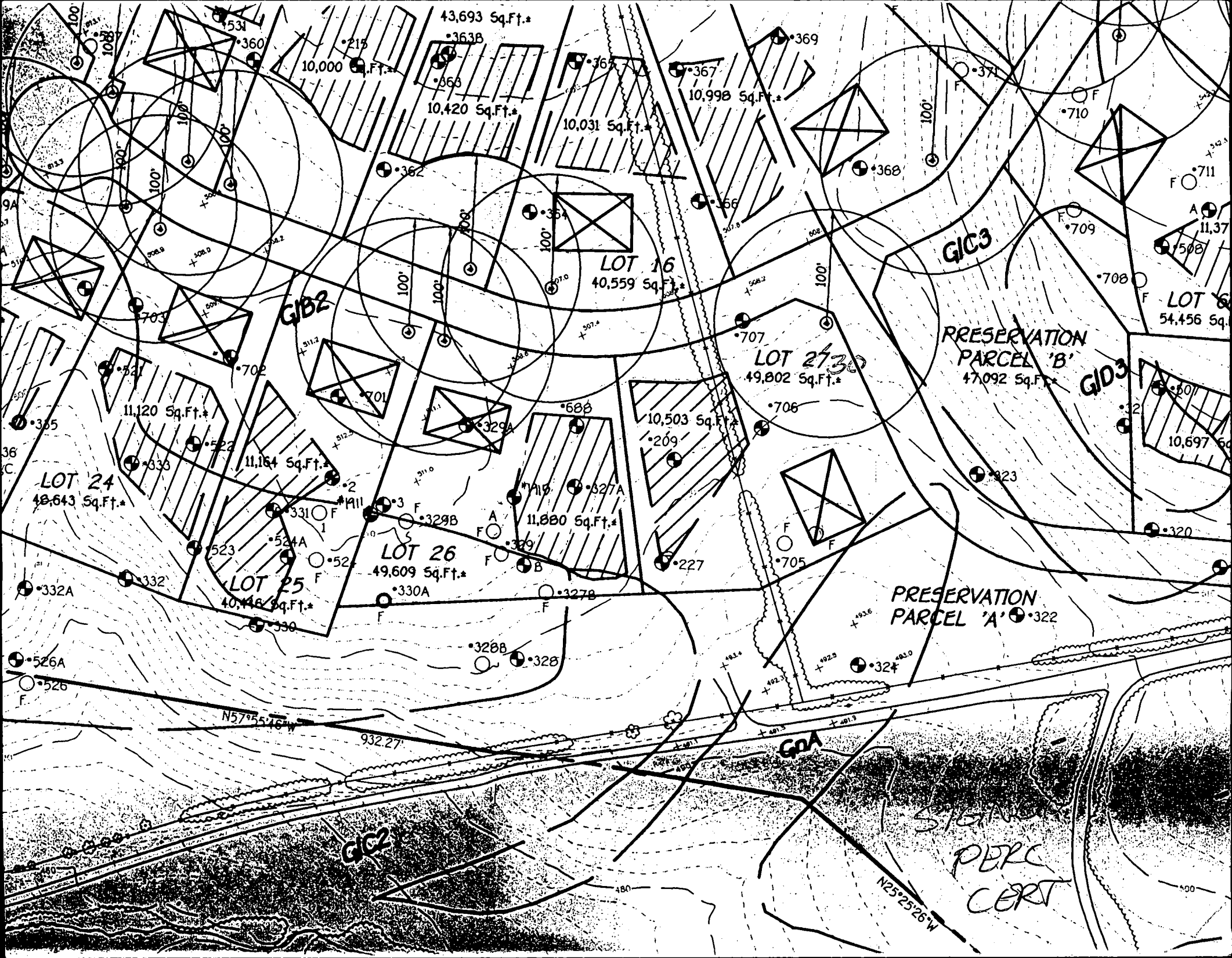
REMARKS

TYPE OF SOIL

TESTED BY Amy McMilken ALSO PRESENT D. Rewer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

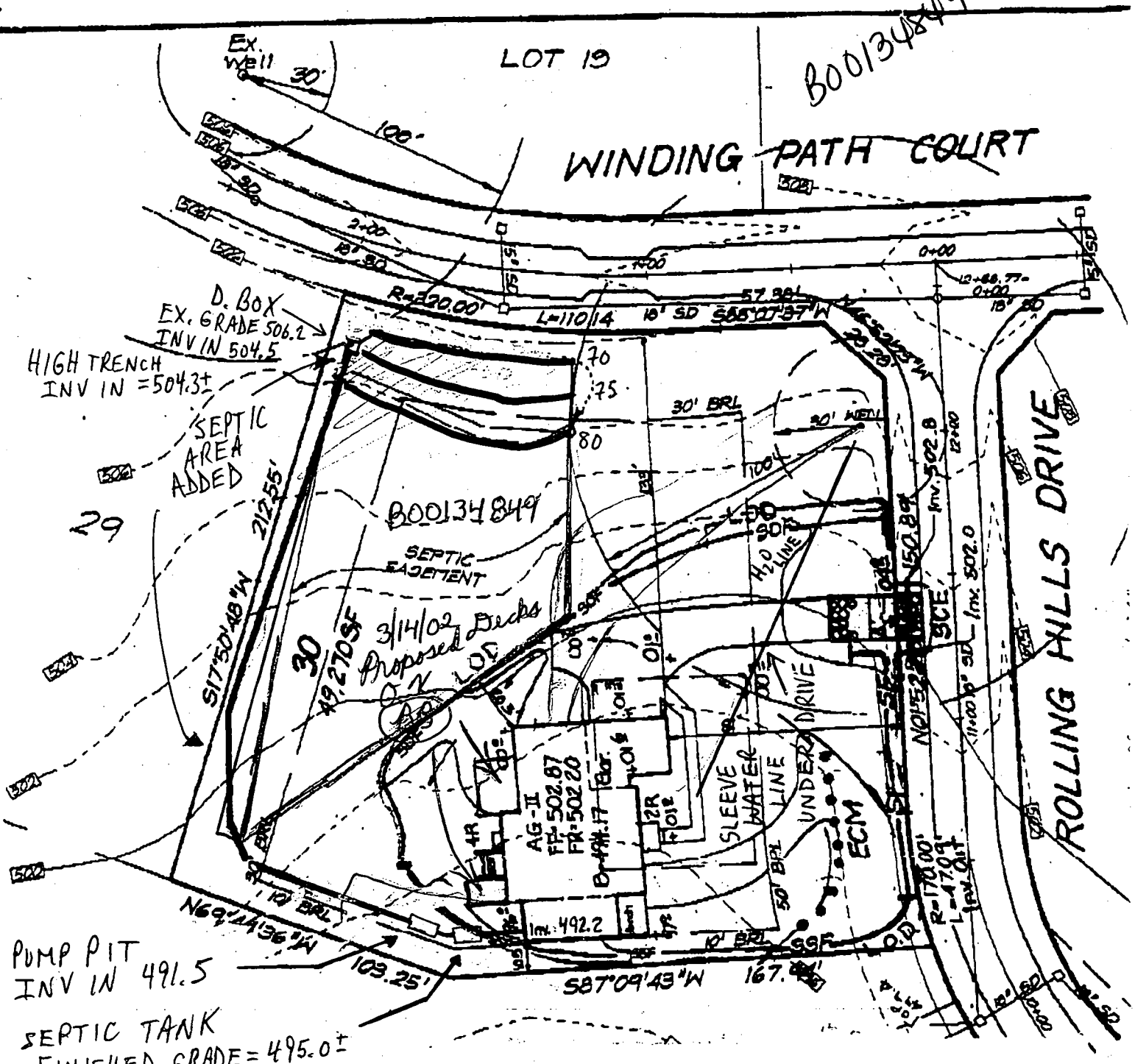

LOT 16
40,559 Sq.Ft.±
LOT 24
48,643 Sq.Ft.±
LOT 25
40,446 Sq.Ft.±
LOT 26
49,609 Sq.Ft.±
LOT 27
49,802 Sq.Ft.±
PRESERVATION PARCEL 'A'
PRESERVATION PARCEL 'B'
47,092 Sq.Ft.±
43,693 Sq.Ft.±
10,000 Sq.Ft.±
10,420 Sq.Ft.±
10,031 Sq.Ft.±
10,998 Sq.Ft.±
11,120 Sq.Ft.±
11,164 Sq.Ft.±
11,880 Sq.Ft.±
10,503 Sq.Ft.±
GIB2
GIC3
GID3
GIC2
GDA
N57°55'46"W
932.27'
N25°25'26"W
PERC CERT

OWNER'S CERTIFICATE

...Developers, LLC, By J. Thomas Scrivener, President, Owner Of The Property Shown A... Of Subdivision, And In Consideration Of The Approval Of This Final Plat By ... Minimum Building Restriction Lines And Grant Unto Howard County ... Construct And Maintain Sewers, Drains, Water Pipes And ... Rights-Of-Way And The Specific Easement Areas ... Streets And/Or Roads And Floodplains ... The Right And Option ... Storm Drainа... Easer...

9/14/01
MR
SLIGHT SEPTIC AREA LOSS
NO OBS. TO SEPTIC PERMIT
Private Sewerage Easement
LOT 29
LOT 31
OPEN SPACE
N17°50'48"E
212.5'
N69°44'36"E 103.25'
BRL
10'
30'
LOT 30
49,270 ±
SLIGHT SEPTIC AREA LOST
#15035
BRL
167.94'
S87°09'43"W
106'
101'
50'
81'±
132'
BRL
COURT
N88°07'37"E R=320.00' L=110.14'
57.38'
S46°52'23"E 28.28'
150.89'
S01°52'23"E
R=170.00'
L=47.09'
ROLLING HILLS 40'R/W
DRIVE
WINDING PATH
40'R/W
Wall Check

410 277-8



total linear feet of trench required 240 feet
225 acceptable

Width of trench(es) 3 feet

Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 2.0 feet

Mark Rifkin 8/21/01
Signature Date