

9/27/02 9/30/02
11:00 11:00

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P 517389
A 58993-F

04-364279

410-313-2640
INDEXED

ISSUE DATE _____
APPROVAL DATE 9/30/02

HATFIELD'S EQUIPMENT IS PERMITTED TO INSTALL x ALTER _____
ADDRESS 13785 BURNWOODS ROAD, GLENELG, MD 21737 PHONE 301-854-6172
SUBDIVISION Cattail Ridge LOT NUMBER 6 ADDRESS 15012 Rolling Hills Drive
PROPERTY OWNER MTR Land, Inc. PROPERTY OWNER'S ADDRESS 13920 Baltimore Boulevard
SEPTIC TANK CAPACITY 1250 GALLONS Laurel, MD 20707
PUMP CHAMBER CAPACITY N/A 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 the distribution box 245 feet down the right lot line and 10 feet off
the same lot line. Run trenches on contour to left side of lot.

BUILDING PERMIT SIGNED
AND RETURNED
2/20/03 B00140856-DECKS
9/9/04 B00150288-FINISH BASEMENT

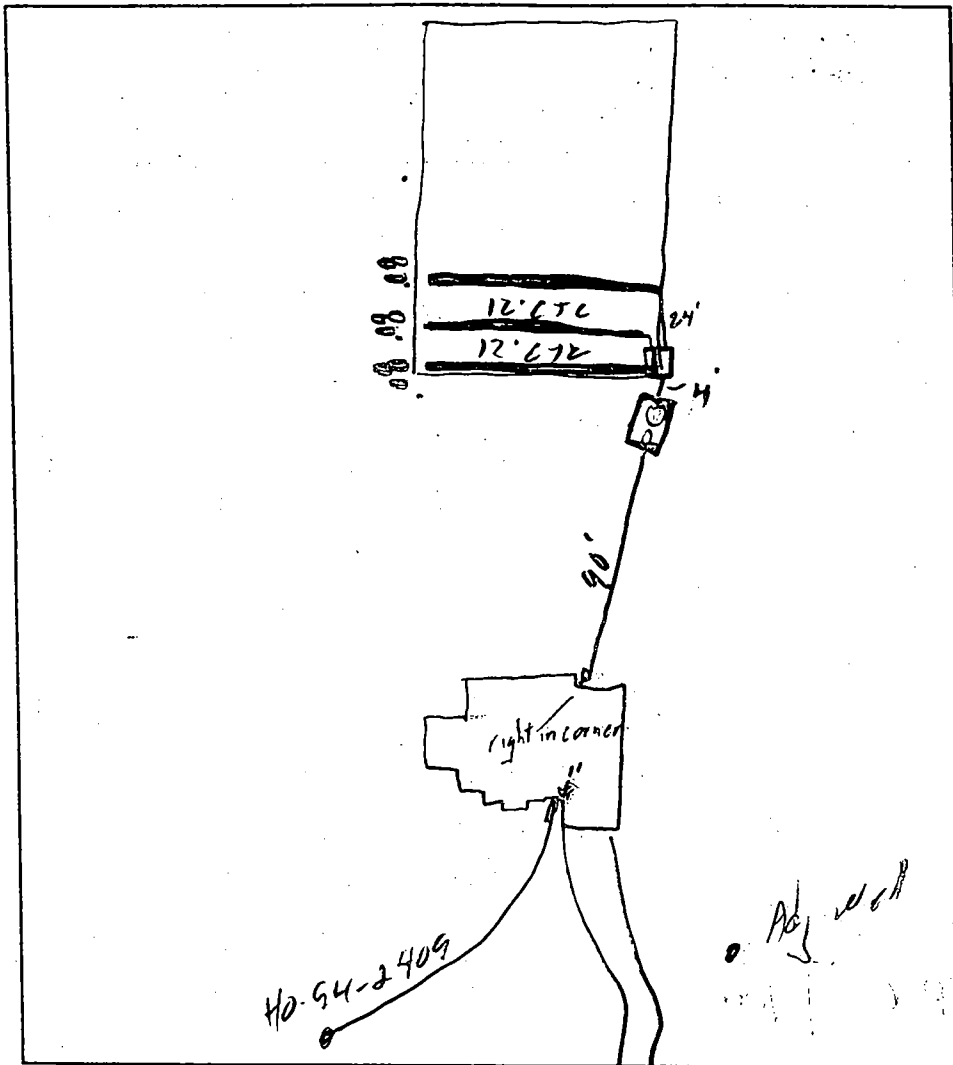
PLANS APPROVED Mark Rifkin OK SRK 10/5/00 DATE 9/12/2000

- 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

458993-F

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 7204
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER Back
6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500
MANHOLE RISER N/A
ALARM
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 9/27/02 Layout per BP Tank set.

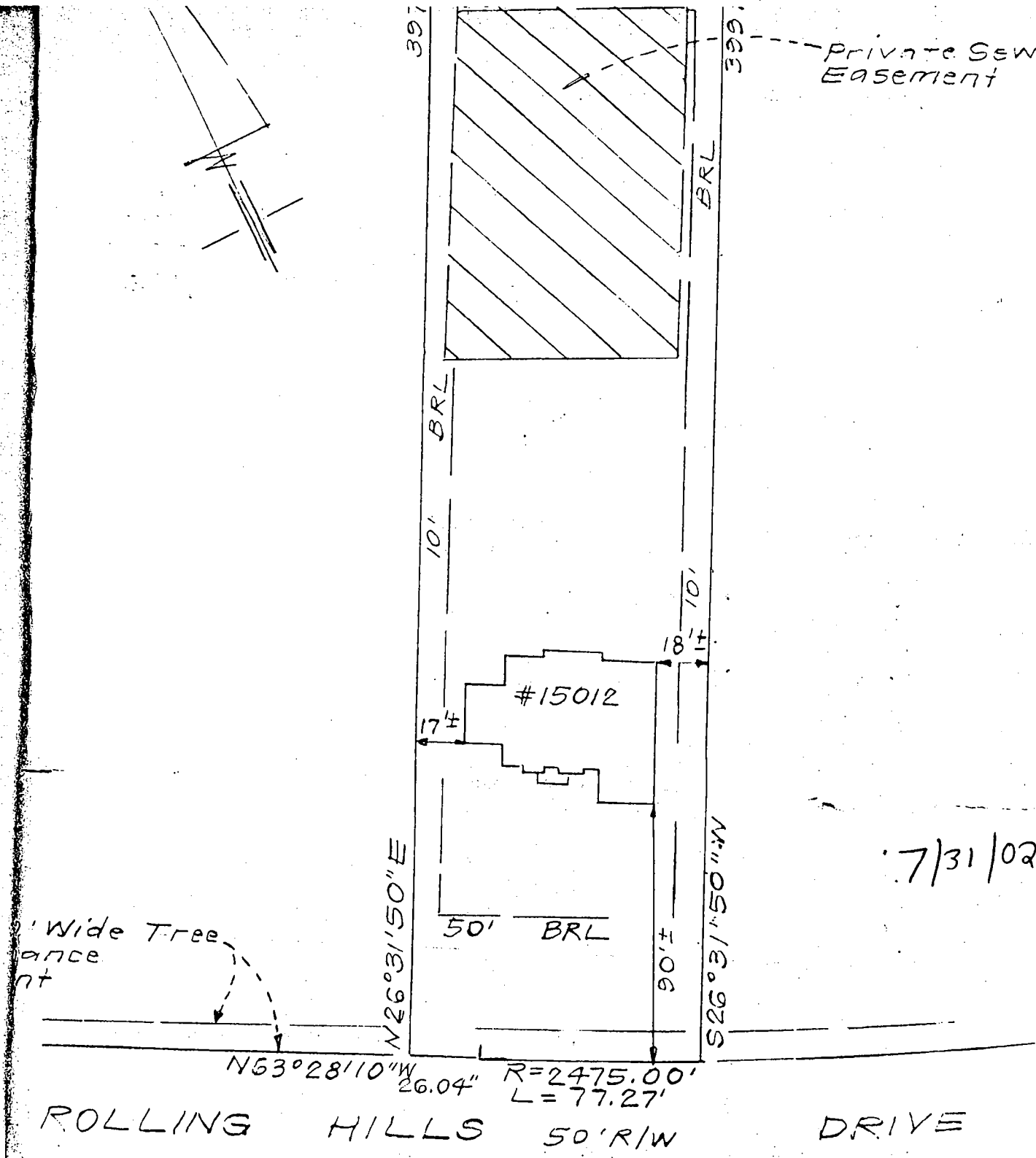
Lot started (SO)

INSPECTION COMMENTS: 9/30/02 OK to cover all work (SO)

INSPECTOR

DATE SYSTEM APPROVED

9/30/02



Private Sewerage Easement

7/31/02 - Wall Check OK - (SRK)

10' Wide Tree
Clearance
Point

ROLLING HILLS DRIVE

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 18.06 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Signature
Don Baker

Date
5/7/02

ROLLING HILLS DRIVE

**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, Fitters 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 QED Well Construction Regulations. Submission of a complete form is required prior to the and necessary approval.

Construction Regulations) 21108
 Company Name: C. MARES, P.H. Telephone #: 410 923 0510
 Address: 638 CECIL AVE
MILBURNVILLE, MD
21108

Circle one: Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation: MANE License # 3276

License # and name of individual responsible for the field installation: License # 8276
Name (Print): CHARLES MAIR
*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. Licensee may be subjected to field verification.
MAIR INC Telephone # 301-933-2110

Name of Property Owner: MTR HAND LLC Telephone: 301.933.8110
 Subdivider: CAROL B RIDGE Lot # B Well Tag #: HO-942409
 Site Address: 7212 FALLEN HILL DR.

Submersible Pump Data
 Make: INVERSA
 Model #: 24952 7600
 Pump Capacity: _____ GPM
 Well Yield: 7.5 GPM
 Depth of well encountered at time of pump installation: 120' (est)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17B.4
~~Remove temporary~~ Cable guards are required - Must circle one
 - Every rope, if used, attached to inside of well casing with eye bolt YES

Pipes Adapter
 Make: CONROY
 Model #: 3X10
 Depth: 92' 06" min
 NSF approved: YES

Well Cap and Electric Conduit
 Two piece watertight cap: YES
 Screwed, vented well cap: _____
 Cap secured to casing: YES
 Conduit min 1" E.G.: YES
 Conduit secured to well cap: YES

Piping to house
 Type: POLY
 PSI: 160 (160 psi min)
 Depth of supply line: 42 (36" min)

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

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 appropriate installation.

Signature of company representative responsible for installation 1-21-03
date

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

Date Insp. Requested: _____ Date Insp. Approved: 10/29/02

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	☒
Two pipe cap installed and attached to casing securely	☒
Elbow 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	☒

HD-215 (Rev. 8/00)

C 1 1951

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. ON SRK 11/9/99
COUNTY NUMBER A58993FV

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
09 24 99

Depth of Well
22 120 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2409

OWNER BRS Developers
STREET OR RFD Rolling Hills AR first name
SUBDIVISION CaHail Ridge SECTION TOWN Glenwood LOT 6

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing
Top Soil	0 2	
Sandy	2 50	✓
Sand Stone	50 55	
MICKA	55 80	
Sand Stone	80 85	✓
MICKA	85 100	
Sand Stone	100 105	✓
MICKA	105 120	

GROUTING RECORD

yes ☒ no ☐
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 16 NO. OF POUNDS 1600
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30+ ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
☒ STEEL ☐ CONCRETE
☐ PLASTIC ☐ OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 63
60 61 63 64 66 70

OTHER CASING (if used)
diameter depth (feet)
inch from to

screen type or open hole
insert appropriate code below
☒ STEEL ☐ BRASS ☐ OPEN HOLE
☐ PLASTIC ☐ OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.
22 25

WHEN PUMPING 72 ft.
22 25

TYPE OF PUMP USED (for test)
☒ air ☐ piston ☐ turbine
☐ centrifugal ☐ rotary ☐ other (describe below)
☐ jet ☒ submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes ☐ no ☒

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

C 2

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60 64 68

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

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) 31 35

PUMP HORSE POWER 37 41

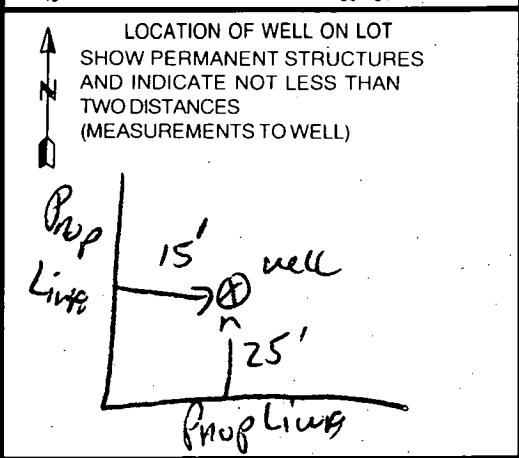
PUMP COLUMN LENGTH (nearest ft.) 43 47

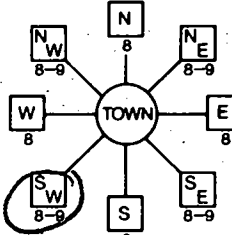
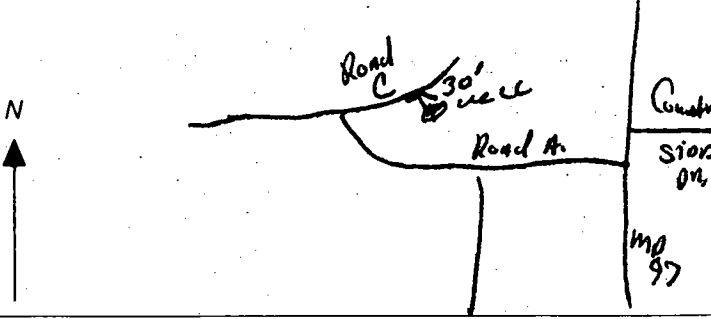
CASING HEIGHT (circle appropriate box and enter casing height)
☒ above } LAND SURFACE 2 (nearest foot)
☐ below }

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. M Sp 116
DRILLERS SIGNATURE John Moore
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 ASD 117
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 1937 1 2 3 4 5 6	SEQUENCE NO. (MDE USE-ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD 94-2409 fill in this form completely
Date Received (APA) 08 30 99 8 MM DD YY 13 OWNER INFORMATION BNS Developers LLC 15 Last Name Owner First Name 34 8808 Centre Park Dr. Suite 209 36 Street or RFD 55 Columbia MA 21045 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Cattail Ridge 42 SECTION 44 46 LOT 48 50 GLEN wood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M 73 76 77 78	
DRILLER INFORMATION Ralph MAYNE M S D 116 Driller's Name 76 License No. 81 Ralph MAYNE well Drilling Firm Name 9120 Brown Church Rd Mt Airy Address Mark Mayne 8-25-99 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD Rolling Hills 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 30 37 DISTANCE FROM ROAD ft ENTER FT OR MI 38 39 TAX MAP: 21 BLK: PARCEL 3	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A58993F COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 090799 A M M L O I 090700 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 525 000 EAST GRID 790 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ GEO-THERMAL		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 290 N 525 000 000	
APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		9/24/99 Grouted Annular 16 3' casing 30' open 16 bags cement Not present for grout BB	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REverse-ROTary Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 63 PERMIT No. HD-94-2409 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

000 Sq.Ft.

•376
F

•375

10,670 Sq.Ft.

•388

•387B

•387

•387A

ChB2

~~4-10-11~~
9-7-99
Well site stated
by Nease
Surveyor

Signed Perc.
Cert

LOT 8
49,135 Sq.Ft.

LOT 7
59,555 Sq.Ft.

•511
•508
•510
11,376 Sq.Ft.

LOT 6
54,456 Sq.Ft.

•504
10,000 Sq.Ft.

•402
•401
10,640 Sq.Ft.

•403
•404
10,650 Sq.Ft.

•399
•400
10,160 Sq.Ft.

•397
•398
10,000 Sq.Ft.

LOT 2
41,586 Sq.Ft.

LOT 1
50,000 Sq.Ft.

LOT 4
41,680 Sq.Ft.

GIB2
LOT 30
40,805 Sq.Ft.

LOT 5
55,554 Sq.Ft.

•320
•406
10,697 Sq.Ft.

•409

•407

•408

•409

•408

RESERVATION
PARCEL 'B'
47,092 Sq.Ft.

GID3

•320A

LOT 29
40,009 Sq.Ft.

LOT 30
40,197 Sq.Ft.

LOT 31
41,014 Sq.Ft.

LOT 32
55,379 Sq.Ft.

PRL

APPLICATION

PERCOLATION TESTING

A 58993

P _____

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

DISTRICT _____

DATE 9-25-97

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 Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o LIDAD

ADDRESS 1885 Wilbur Ridge Suite 205 PHONE 410-740-2102
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Hanover LOT NO. 16

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1.26 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 _____

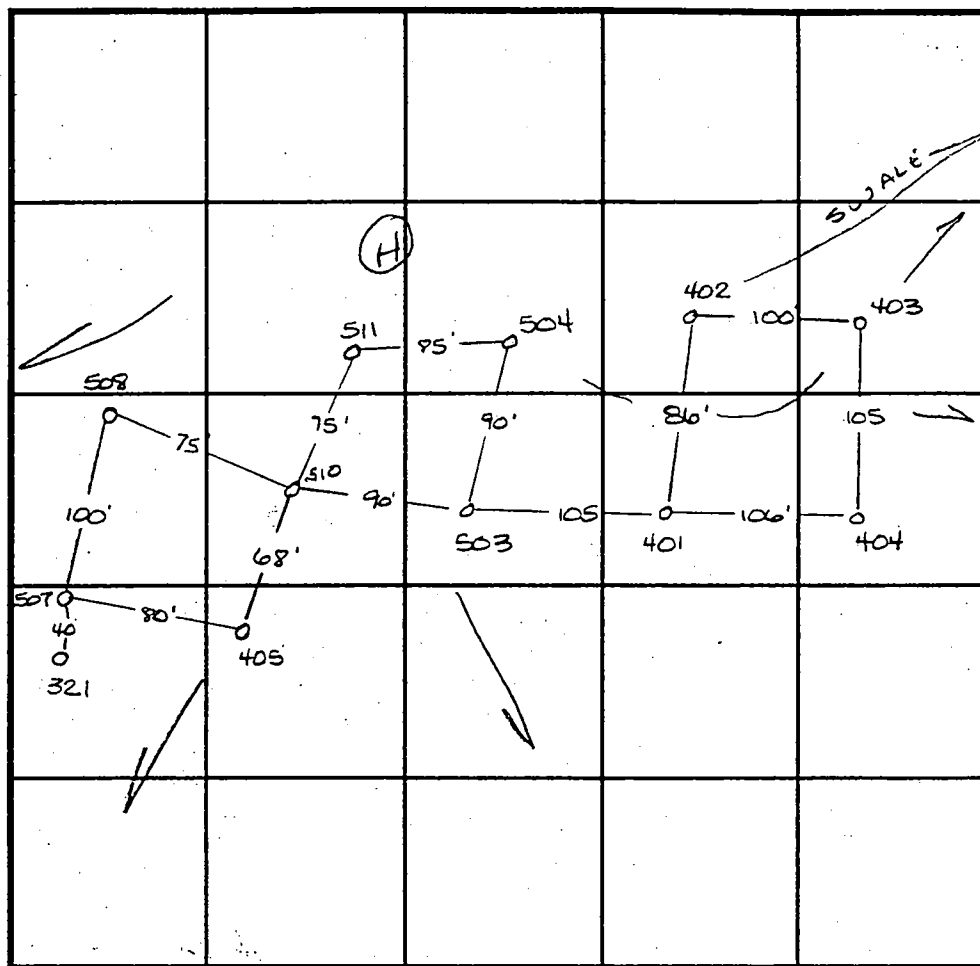
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

11.D

dark
red
siltlm

red
brown
siltlm
25%
decayed
Sand
Stone



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. *Proposed Rd*

Rt. 97

dark red Sicilm	
lgt tan Salm grey decayed sand stone 1070 refusal	

[illegible]

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 58993

P _____

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

DISTRICT _____

DATE 9-25-97

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 Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o LIDAD

ADDRESS 10805 Wilburys Ridge Suite 205 PHONE 410-740-2100
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Haven Hill LOT NO. 51617

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1329 3

SIZE OF LOT 1.66 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

LOT 35

COUNTY #

SOIL PROFILE

403

beigh
brn
SiCLm

orange
red
SiLm

lgt
pink
SiSaLm

30% Rx
blk/whk
facs

red brn
SiLm

404 401

red
brn
SiCLm

lgt
pink
SiSaLm

15%
very
decayed
saprolite

402

yellow
brn
SiCLm

lgt tan
micaceous
SaSiLm
<5%
Rx

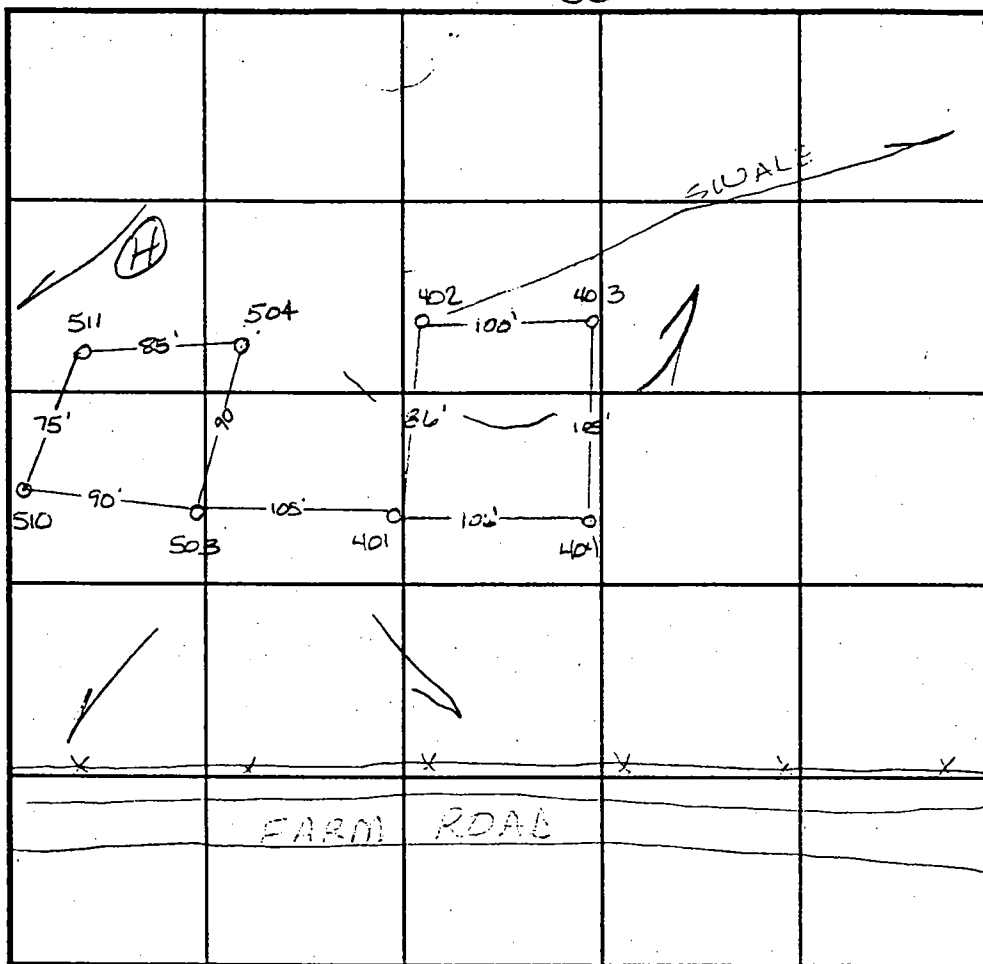
SOIL PROFILE

503 508

dark
red
brown
SiCLm

dark
red
brown
SaSiLm

10%
Rx



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-31-97	403	3.5 V12.5	12:03	12:08	12:08	12:18	10min
		6.5 V12.5	12:02	12:03	12:03	12:05	2 1/2 min
	404	4.0 V12.0	12:42 ⁴⁵	12:46	12:46	12:53	7min
		7.0 V12.0	12:42	12:45	12:45	12:49	4min
	401	4.0 V12.5	12:47 ³⁰	12:53	12:53	12:57	4min
	402	4.5 V13.0	12:55	12:58	12:58	1:01	3min
2-9-98	503	Visual	to 12.0 - see profile		—		OK
	508	4.0 V12.0	10:48	10:57	10:57	11:12	15min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT D Reuver

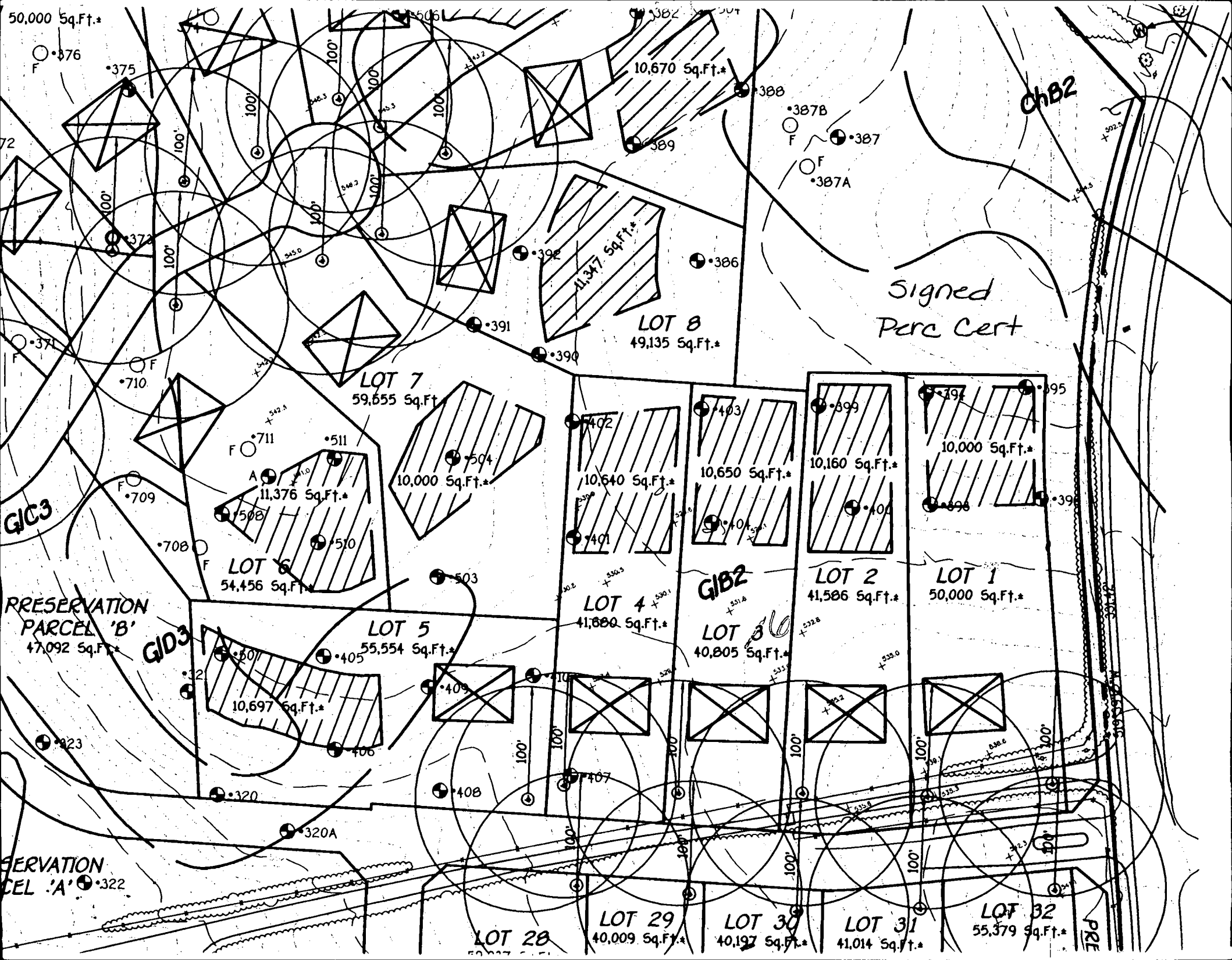
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



50,000 Sq.Ft.*

•376
F

•375

10,670 Sq.Ft.*

•388

•387B
F

•387

•387A
F

ChB2

Signed
Parc Cert

LOT 8
49,135 Sq.Ft.*

LOT 7
59,555 Sq.Ft.*

•511
•508
11,376 Sq.Ft.*
A

•504
10,000 Sq.Ft.*

•402
10,640 Sq.Ft.*

•403
10,650 Sq.Ft.*

•399
10,160 Sq.Ft.*

•394
10,000 Sq.Ft.*

LOT 6
54,456 Sq.Ft.*

LOT 4
41,880 Sq.Ft.*

GIB2
LOT 3
40,805 Sq.Ft.*

LOT 2
41,586 Sq.Ft.*

LOT 1
50,000 Sq.Ft.*

LOT 5
55,554 Sq.Ft.*

•320
10,697 Sq.Ft.*

•409

•407

•408

•406

•405

PRESERVATION
PARCEL 'B'
47,092 Sq.Ft.*

PRESERVATION
PARCEL 'A'
•322

LOT 28

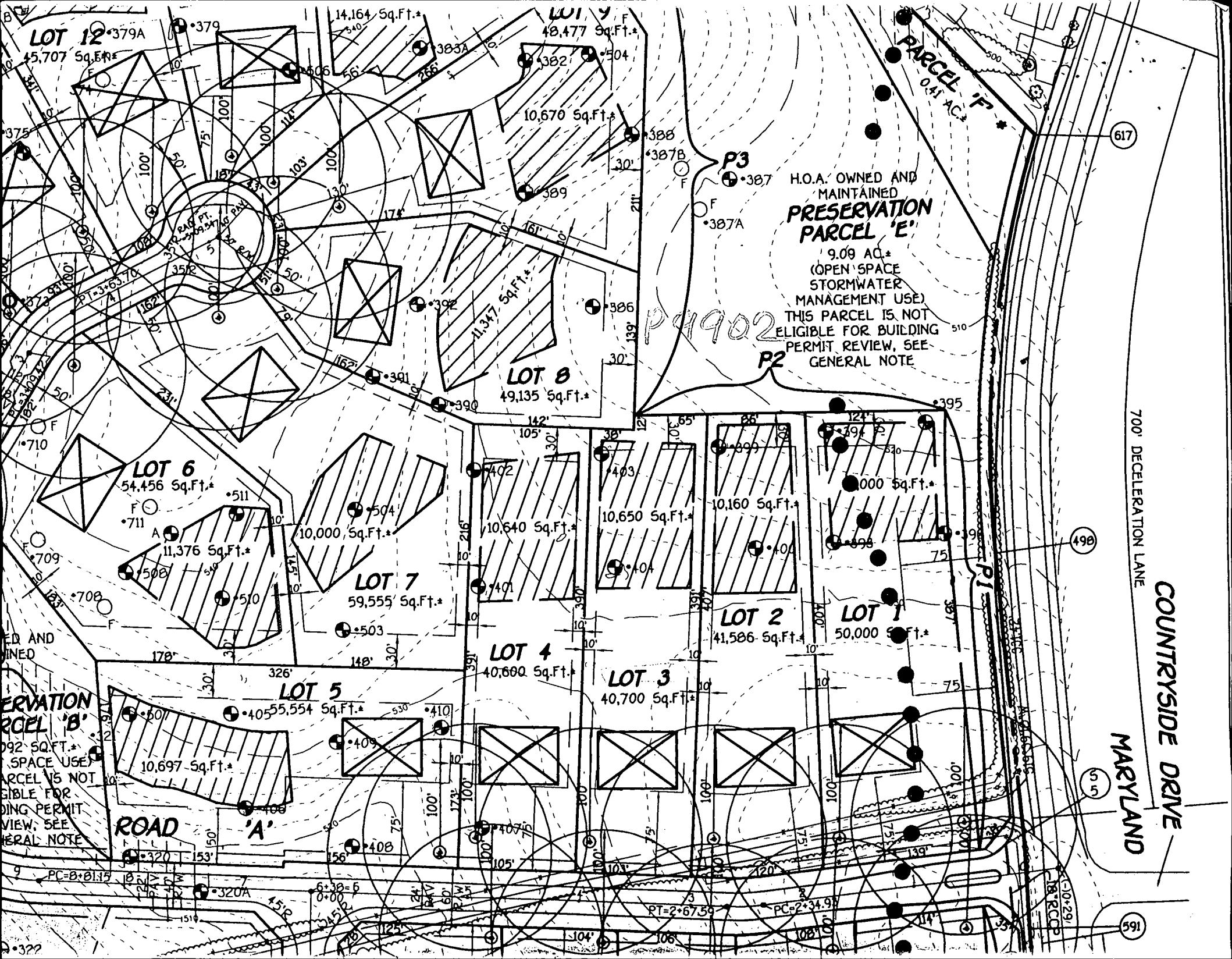
LOT 29
40,009 Sq.Ft.*

LOT 30
40,197 Sq.Ft.*

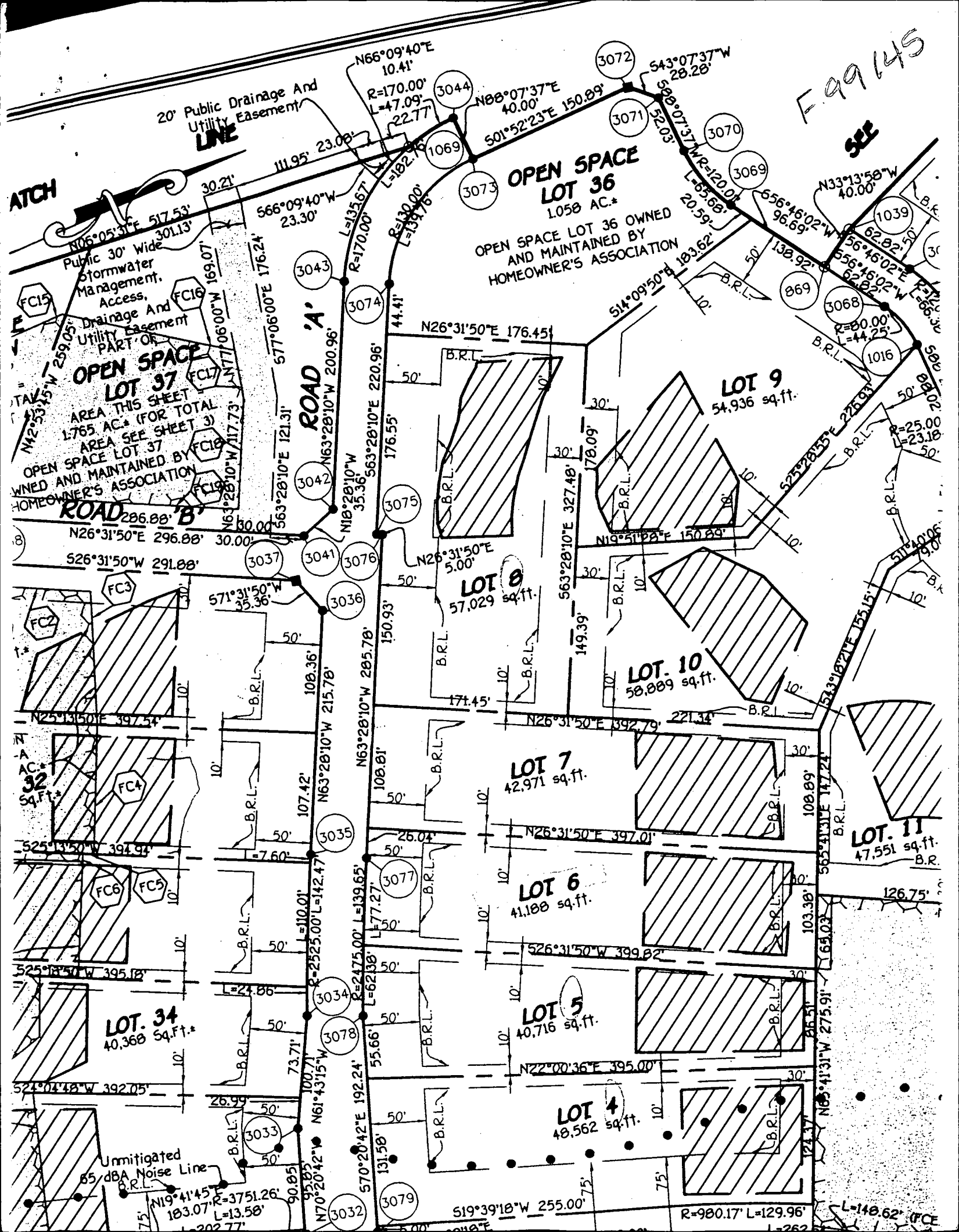
LOT 31
41,014 Sq.Ft.*

LOT 32
55,379 Sq.Ft.*

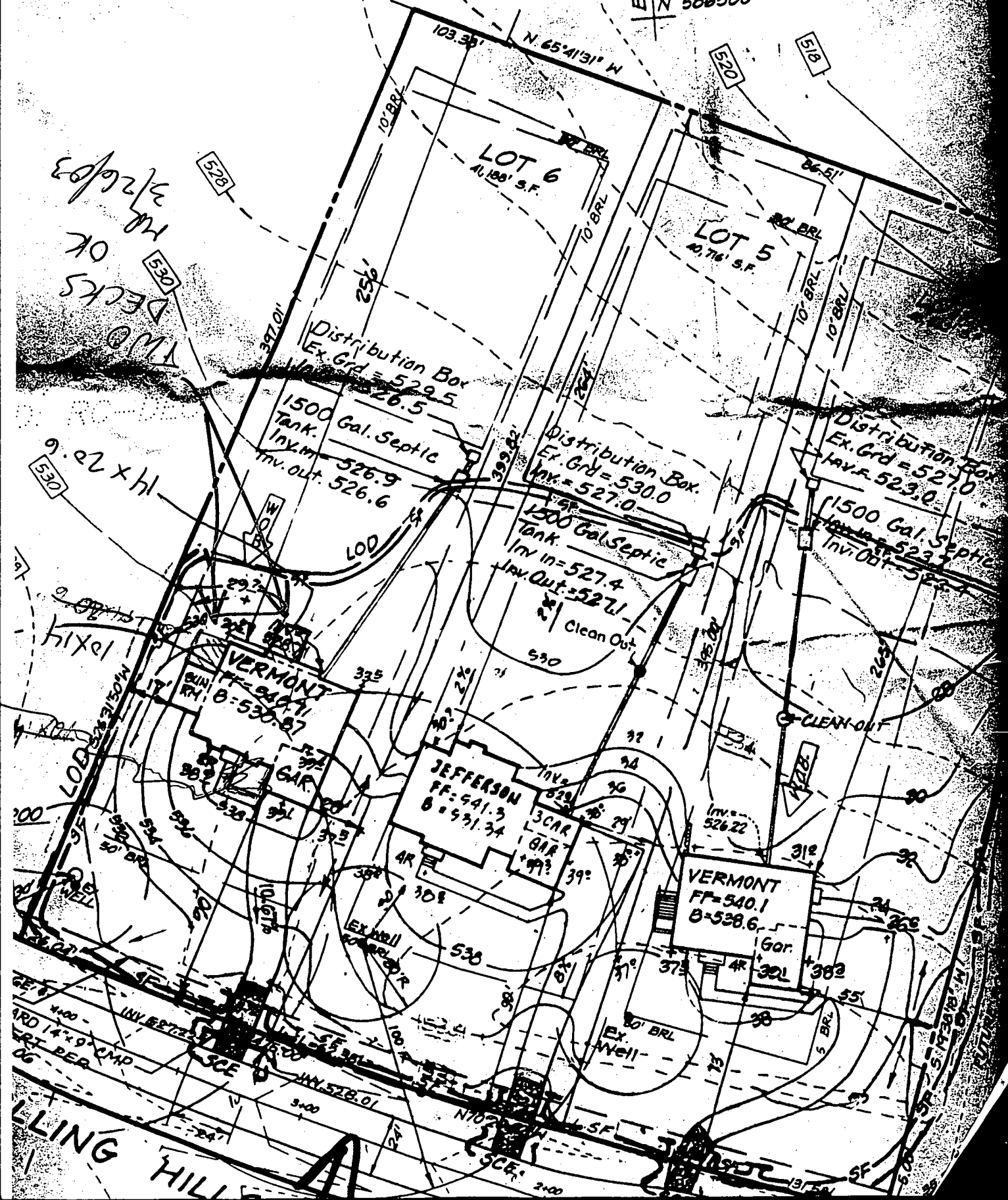
PRL



F-99145



002300
E 1302300
N 586500



HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B 00140856

15012

Building Address ~~15920 Rolling Hills Dr.~~
~~Green Laurel~~
~~Greenwood, MD 20707 21738~~

Suite/Apt. #: SDP/WP/Petition #
Census Tract 604002 Subdivision Cattanah rd
Section Area Lot 6
Tax Map 21 Parcel 228 Grid 3
Zoning RE-DEO Map Coordinates 948 Lot size

Existing Use SFD
Proposed Use SFD @ Decks
Estimated Construction Cost \$ 6,940
Description of Work Deck 10x14
Deck 14x20.5 @ steps
to porch

Occupant or Tenant
Contact Name
Address
City State Zip Code
Phone Fax

Property Owner's Name MTR Land
Address 15012 Rolling Hills Ave
15920 BATTLE BLVD
City Green Laurel State MD Zip Code 20707

Home Phone Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Contractor Company Berry Construction
Contact Person Doug Berry

Address
City Olney State MD Zip Code
License No.
Phone 370-5628 Fax

Engineer or Architect Company
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

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

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

Utilities

SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms
Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:
Other Structure:
Dimensions:
Footings:
Roof:
State Certified Modular
Manufactured Home

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 ☐
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 THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

justin Olson
Applicant's Signature

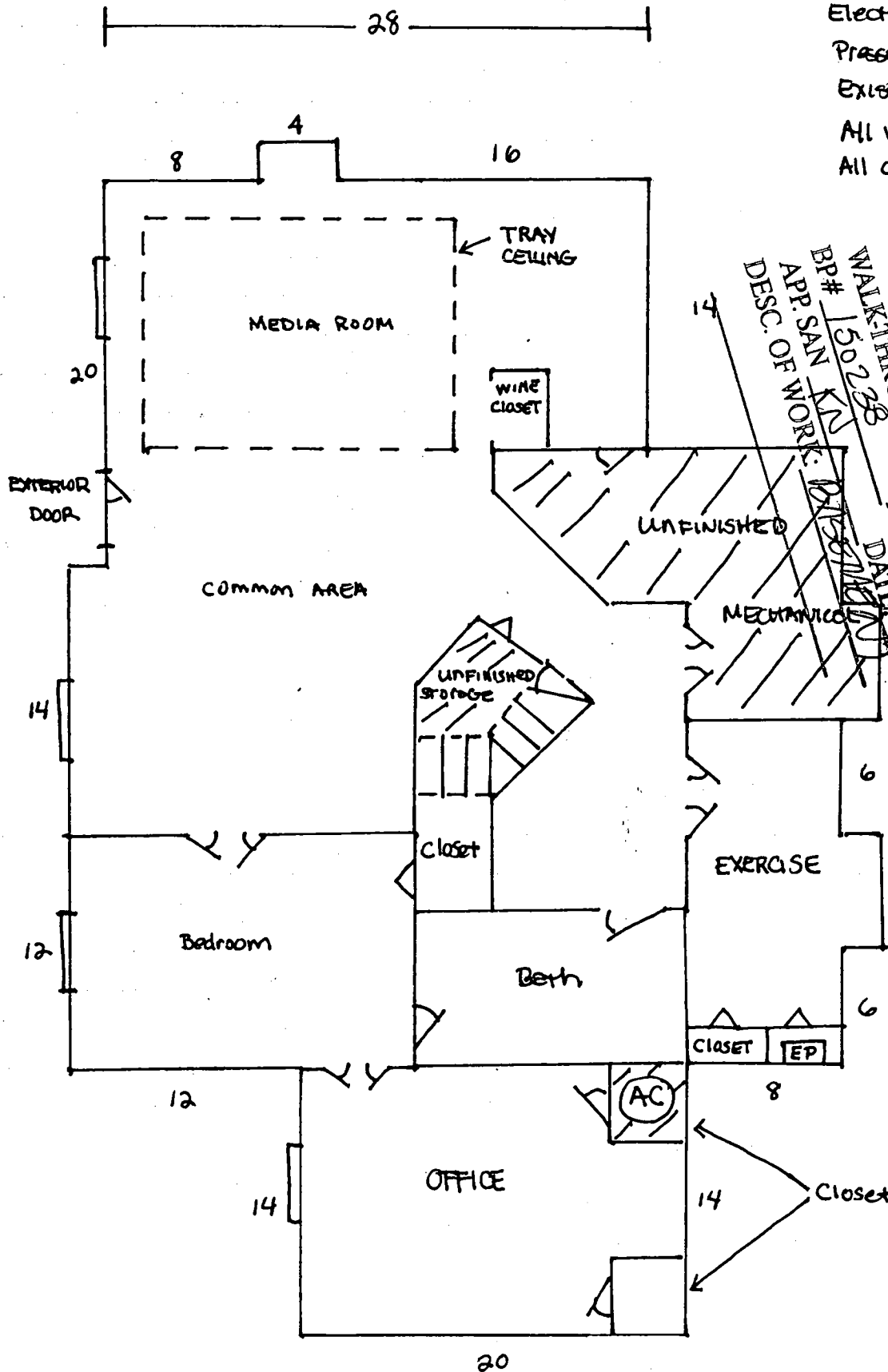
Justin Olson
Print Name
3/26/03

Title/Company
MR 3/26/03

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

P. Alison Harrison
 15012 Rolling Hills Drive
 Glenwood, Md 21738

2X14 X 10 studs 16" OC
 Electrical to code
 Pressure Treated Plates
 Existing Insulation
 All windows 4' x 9' or greater
 All ceilings min. 8'4"



APPROVED
 WALKTHRU BUILDING PERMIT
 BP# 150238
 AP. SAN KN
 DESC. OF WORK: 12/15/04
 DATE: 9/8/04
 A# 5893-F

9/8/04
 Trenches
 designed
 for > 4 bdrm
 May maintain
 Net Septic
 tank is 1500
 gal
 KN