

INDEXED

PERMIT

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

P 513594

A 58993-FF

ISSUE DATE 5-18-2000

APPROVAL DATE 8/28/00

01-362659

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Cattail Ridge LOT NUMBER 3334 ADDRESS 15013 Rolling Hills Drive

PROPERTY OWNER Richard Rees Goodier Builders PROPERTY OWNER'S ADDRESS 10705 Charter Drive, St. 320
Columbia, MD 21044

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 1180

TRENCHES: Trenches to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth
7.5 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting at the left rear lot corner, place the distribution box 235 feet up the left
lot line and 45 feet off this same lot line. Run trenches on contour to left side of
lot. 4/27/00 OK AM

PLANS APPROVED Mark E. Rifkin DATE 3-24-00

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

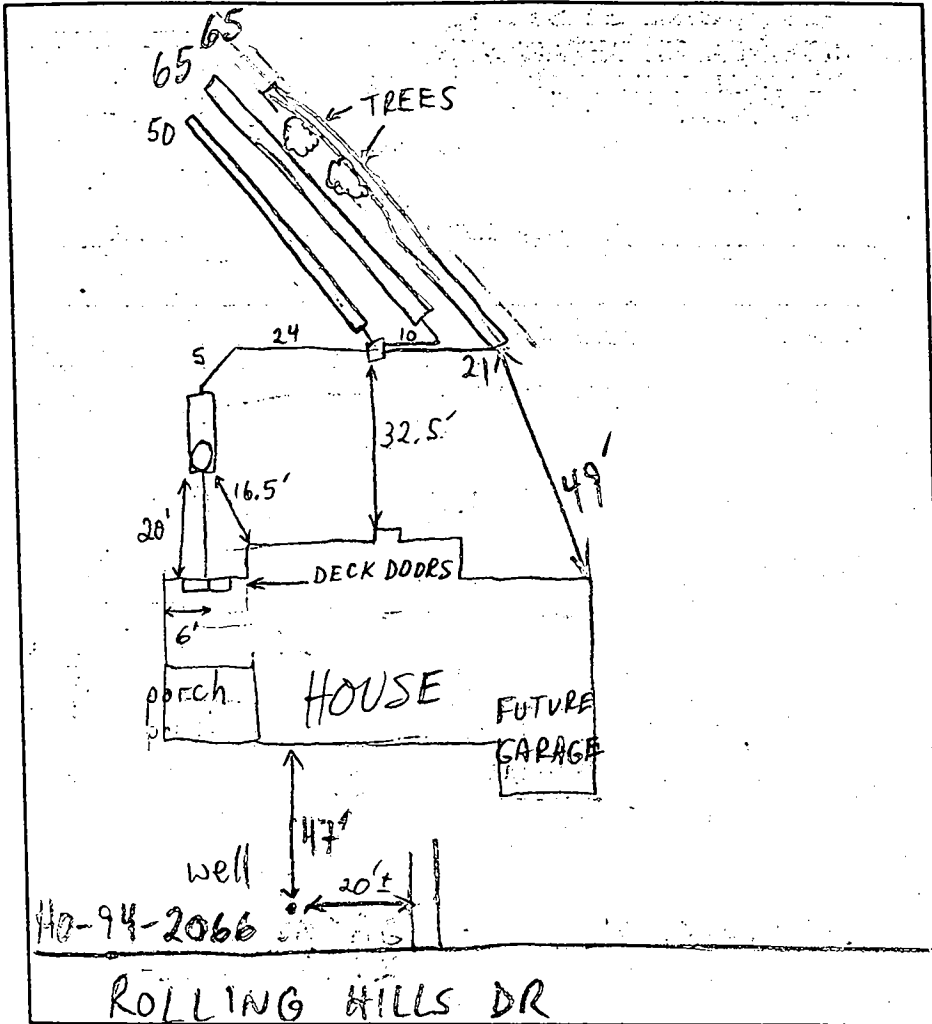
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED
AND RETURNED

1/2/2003 B00139843 FINISH BASEMENT

A58993-FF

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2
TRENCH INLET DEPTH 3.5
TRENCH BOTTOM DEPTH 7.5
DEPTH OF STONE 4
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 180
ABSORBENT AREA 720
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 T.S. GALLONS
MANHOLE RISER ✓
6 INCH INSPECTION PORT —

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS —
MANHOLE RISER —
ALARM —
PUMP PERFORMANCE TEST —

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 8/25/00 OK TO COVER HOUSE TO BOX, 1st TRENCH, CONTINUE (MR)
8/28/00 OK TO COVER ALL (MR)

INSPECTOR

M. Ripkin

DATE SYSTEM APPROVED

8/28/00

"A"

Mark E. Ruffin 3/24/00
Signature Date

Depth of stone required below
distribution pipe 4 feet

Building address changed to 15013 Rolling Hills Drive
Permits Lot 1 Block 3

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) 313-3900		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00122736				
Building Address <u>3430 Rockwell Rd</u> <u>15013 Rolling Hills Drive</u>		Property Owner's Name <u>Gooder Building</u>					
Suite/Apt. # <u>—</u> SDP/WP/Petition # <u>79-20X</u>		Address <u>10705 Chamber Dr. St 320</u>					
Census Tract <u>6040</u> Subdivision <u>Cottontail Ridge</u>		City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u>					
Section <u>—</u> Area <u>—</u> Lot <u>6</u> <u>33</u>		Home Phone <u>—</u> Work Phone <u>977-7400</u>					
Tax Map <u>21</u> Parcel <u>228</u> Grid <u>3</u>		Applicant's Name & Mailing Address (if other than stated hereon): <u>B.P. Tr. - P.O. Co. Inc.</u> <u>3600 Fagall Rd. #11</u> <u>Adingdon Md. 21007</u>					
Zoning <u>RC-DP</u> Map Coordinates <u>4A8</u> Lot size <u>—</u>		Phone <u>410-915-1717</u> Fax <u>410-515-2213</u>					
Existing Use <u>Vacant Lot</u>		Contractor Company <u>Curran</u>					
Proposed Use <u>SFD Sales Unit</u>		Contact Person <u>Steve Taylor</u>					
Estimated Construction Cost <u>\$100,000</u>		Address <u>—</u>					
Description of Work <u>Build "HQ" House on Sales Unit</u>		City <u>—</u> State <u>—</u> Zip Code <u>—</u>					
<u>Model</u>		License No. <u>—</u> Phone <u>—</u> Fax <u>—</u>					
Occupant or Tenant <u>—</u>		Engineer or Architect Company <u>—</u>					
Contact Name <u>—</u>		Contact Person <u>—</u>					
Address <u>—</u>		Address <u>—</u>					
City <u>—</u> State <u>—</u> Zip Code <u>—</u>		City <u>—</u> State <u>—</u> Zip Code <u>—</u>					
Phone <u>—</u> Fax <u>—</u>		Phone <u>—</u> Fax <u>—</u>					
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL					
Building Characteristics Height: <u>—</u> No. of stories: <u>—</u> Gross area, sq. ft. per floor: <u>—</u> Use group: <u>—</u> 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 Characteristics SF Dwelling ☐ SF Townhouse ☐ 1st floor: <u>Depth</u> <u>Width</u> 2nd floor: <u>—</u> Basement: <u>—</u> Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: <u>—</u> No. of 1 BR units: <u>—</u> No. of 2 BR units: <u>—</u> No. of 3 BR units: <u>—</u> Other Structure: <u>—</u> Dimensions: <u>—</u> Footings: <u>—</u> Roof: <u>—</u> ☐ State Certified Modular ☐ Manufactured Home		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 ☐ ☐ 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 THEREUNTO; (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.							
Applicant's Signature <u>[Signature]</u>		Print Name <u>B.P. Tr. - P.O. Co. Inc.</u>					
Title/Company <u>Agent</u>		Date <u>3-9-00</u>					
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** FOR OFFICE USE ONLY:							
AGENCY <u>Land Development DPZ</u> DATE <u>3/24/00</u> SIGNATURE APPROVAL <u>Mark E. Rafter</u>		PROPERTY ID# <u>45208</u>					
State Highway <u>—</u>		Filing fee \$ <u>—</u>					
Building Official <u>—</u>		Permit fee \$ <u>—</u>					
Dev. Engineering DPZ <u>—</u>		Excise tax \$ <u>—</u>					
Health <u>—</u>		Sub-total paid \$ <u>—</u>					
Fire Protection <u>—</u>		Add'l permit fee \$ <u>—</u>					
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐		TOTAL FEES \$ <u>—</u>					
CONTINGENCY CONSTRUCTION START ☐		Balance due \$ <u>—</u>					
ONE STOP SHOP ☐		Check <u>—</u>					
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		Validation <u>—</u>					
a permit fee		Lot Coverage for New Town Zone <u>—</u>					
SDP/Red-line approval date <u>3/16/00</u> Accepted by <u>[Signature]</u>		Rev. 10/15/98					

**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 PLUMBING Telephone #: 410-781-7051
Address: 6203 PATRICK DR
SUKESVILLE, MD 21788

(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 # 6992

*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: GOODIER BULDER Telephone #: 410-997-7400
Subdivision: CATIA RIDGE Lot #: 53 Well Tag #: HO-94-2066
Site Address: 15013 Rolling Hills
GREENWOOD, MD 21738

Submersible Pump Data

Make: JACOZZI

Model #: _____

Pump Capacity _____ GPM

Well Yield: 6 GPM

Depth of well encountered at time of pump installation: 200 (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 ☒

Pitless Adapter

Make: HOWARD

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: ☒

Piping to house

Type: PRESS LINE

PSI: 110 (160 psi min)

Depth of supply line: ☒ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 6

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.

Signature of company representative responsible for installation: Chris Willoughby

date: 8/28/00

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

Date Insp. Requested: 8/28/00

Date Insp. Approved: 8/28/00

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 ☒

MR SRH

C17003

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
NUMBERA58993 FF

ST/CO USE ONLY
DATE Received
MMDDYY
020349

DATE WELL COMPLETED
MMDDYY
13049

Depth of Well
2220026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
A0-94-2066

OWNERCattail Overlook Inc

STREET OR RFD8808 Centre Park Dr

TOWNColumbia

SUBDIVISIONCattail Creek

SECTION

LOT3033

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		check if water bearing
	FROM	TO	
ORANGE SILT SOIL	0	25	
TAN SILT SOIL	25	53	
WEATHERED TAN ROCK	53	55	
MED HARD	55	200	
GRAY ROCK W/ FEW GREEN STREAKS			
		70	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

YESYNO

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS4515NO. OF POUNDS1470

GALLONS OF WATER90

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to60ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STEELSTCONCRETECO

PLASTICPLOTHEROT

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

ST6"60'

OTHER CASING (if used)

diameter
inch

depth (feet)
fromto

SCREEN RECORD

screen type
or open hole

STEELSTBRASSBR

BRONZEPLPLASTICPL

OPEN
HOLE
OTHEROT

DEPTH (nearest ft.)

12060200

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)6

METHOD USED TO MEASURE PUMPING RATEWATER & BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING96ft.

WHEN PUMPING122ft.

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother (describe below)

JjetSsubmersible

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTUREDYESYNO

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. MW355

DRILLERS SIGNATURE

(MUST HAVE SIGNATURE ON APPLICATION)

LIC. NO. MW546

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

C2

DEPTH (nearest ft.)

12060200

18911151721

2232426303236

3383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN

(NEAREST
INCH)

5660

fromto

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.)WQ

7072747576

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP
(CIRCLE) (YES OR 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)

3135

PUMP HORSE POWER

3741

PUMP COLUMN LENGTH
(nearest ft.)

4347

CASING HEIGHT (circle appropriate box
and enter casing height)

+above

LAND SURFACE

below

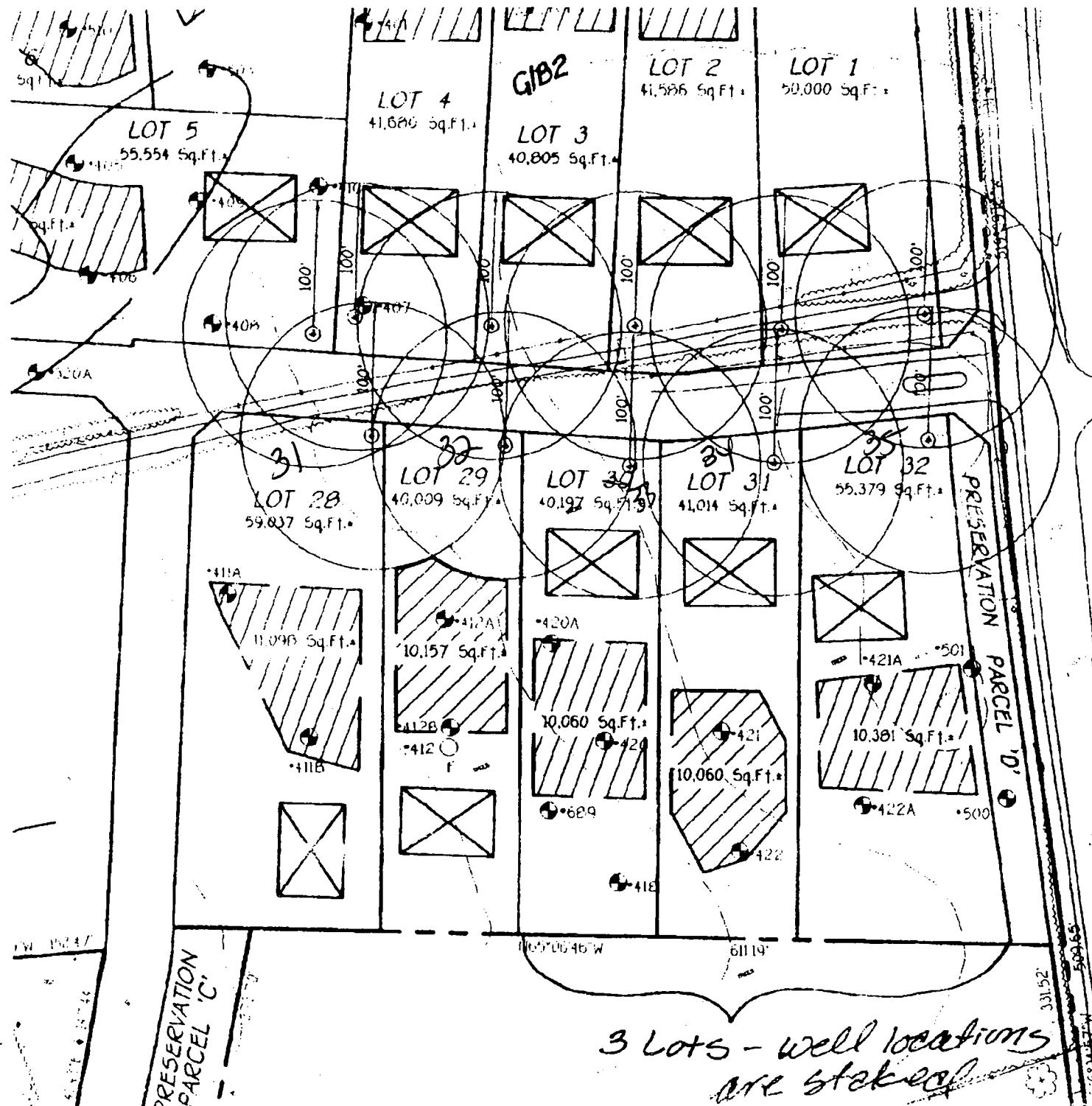
(nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

25'25'

B 1 5125	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2066
Date Received (APA) 1/13/99 8 MM DD YY 13		B 3 Howard 8 COUNTY 21	
OWNER INFORMATION Cattail Overlook Inc 15 Last Name Owner First Name 34 8808 Centre Park Dr. Suite 209 36 Street or RFD 55 Columbia md 21045 57 Town 70 State 72 Zip 76		LOCATION OF WELL CatTail Ridge 23 SUBDIVISION 42 SECTION 44 46 LOT 3433 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78	
DRILLER INFORMATION Michael Barlow MWD355 Driller's Name 76 License No. 81 Michael Barlow Well Drilling Firm Name 912 Fawn Ct Joppa, md 21085 Address 1-1-99 Signature Date		B 4 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 2 Roxbury Mill -11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 280 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A58993-FF COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED 41 1/20/99 A McMillen 1/20/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 790 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ 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. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 520	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		1/30/99 Grout No insp wecken 	
METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☒ JETTED & DRIVEN 30 AIR-ROTARY 37 CABLE other AIR-PERCussion ROTARY (Hydraulic Rotary) Drive-POINT		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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 63 PERMIT No. HO-94-2066	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.			



Johns
personal a by
noted
6/6/02/1

3 Lots - well locations
are stake

SITE INSPECTION SHEET

OWNER: Syndacon Prop

DATE REQUESTED: _____

ADDRESS: Cattail Ridge

DRILLER: _____

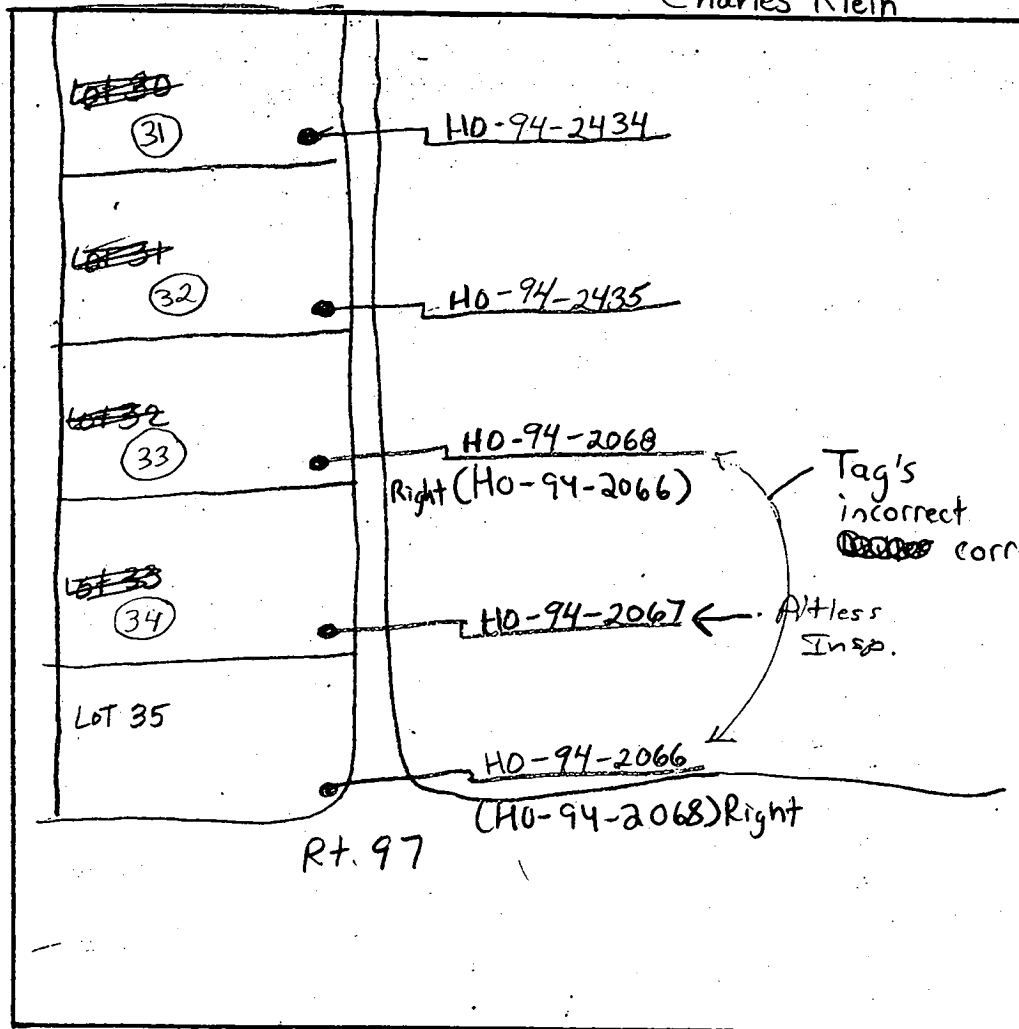
WELL TAG # _____

COUNTY # _____

PROPOSAL: Record 5 well tag #s on lots 31 thru 35 - Return to Amy (Amy call Chris Wiloby 984 0337)

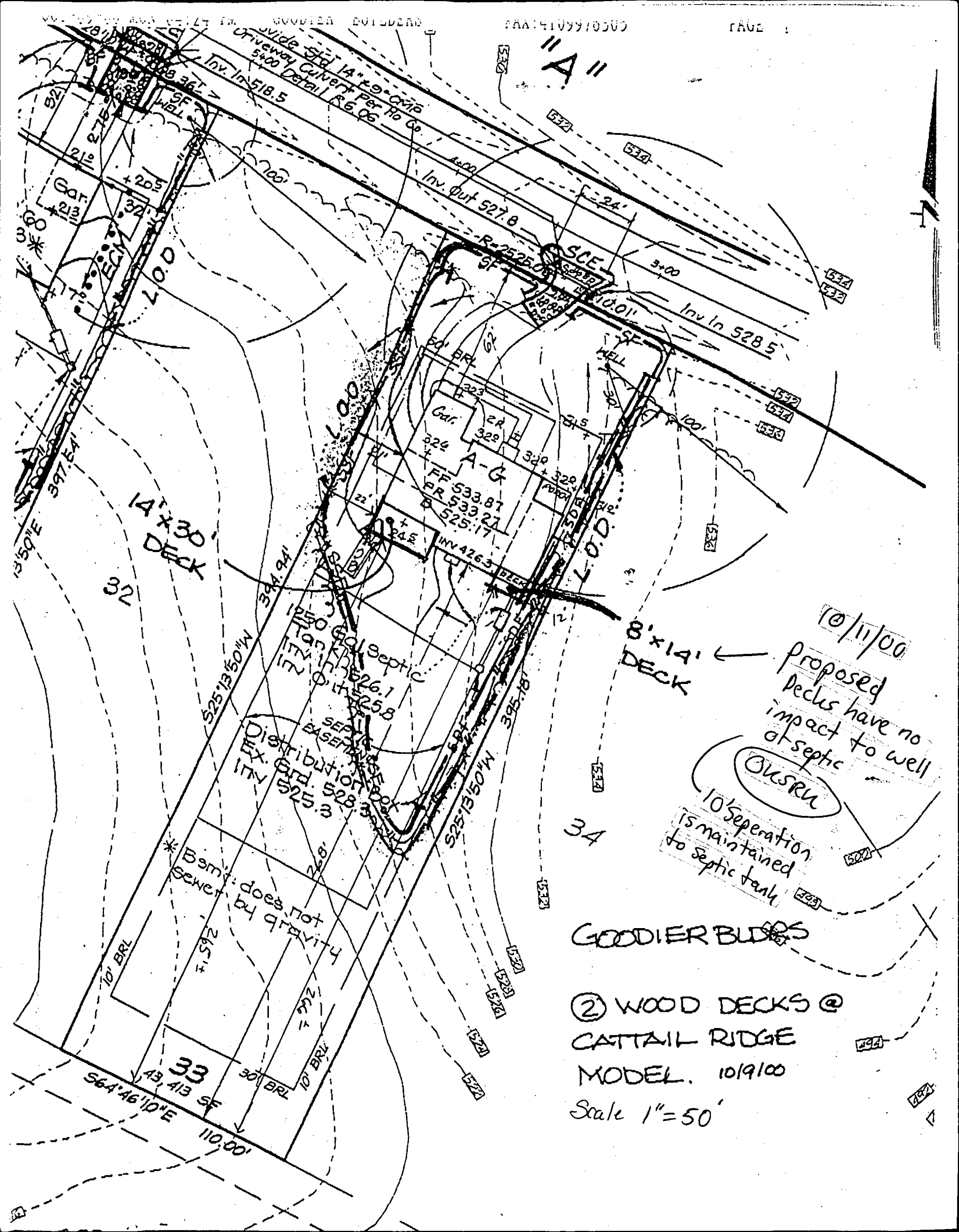
LOCATION DIAGRAM

Charles Klein



COMMENTS: _____

DATE: _____ INSPECTOR: _____



"A"

14'x30'
DECK

8'x14'
DECK

10/11/00
Proposed
Decks have no
impact to well
at septic

10' SEPERATION
is maintained
to septic tank

GOODIER BLUFFS

② WOOD DECKS @
CATTAIL RIDGE
MODEL. 10/9/00
Scale 1"=50'

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 L.D. RD

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

PROPERTY LOCATION:

SUBDIVISION Han Rei LOT NO. 30 thru 32

ROAD AND DESCRIPTION Rte 97

BLIND PERMITS DELETED
AND RETURNED 3/24/00
B00122736

TAX MAP 21 PARCEL # 1377 3

SIZE OF LOT 1.66 TYPE BLDG. SF17 (38 LOTS) 4 BRMS
(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 40

COUNTY #

SOIL PROFILE

421 422

1g + vcl.
orange
SiCLm
20%
Rx frags

pink
SiCLm
20%
Rx
frags

420-A
418 420

yellow
brn
SiCLm

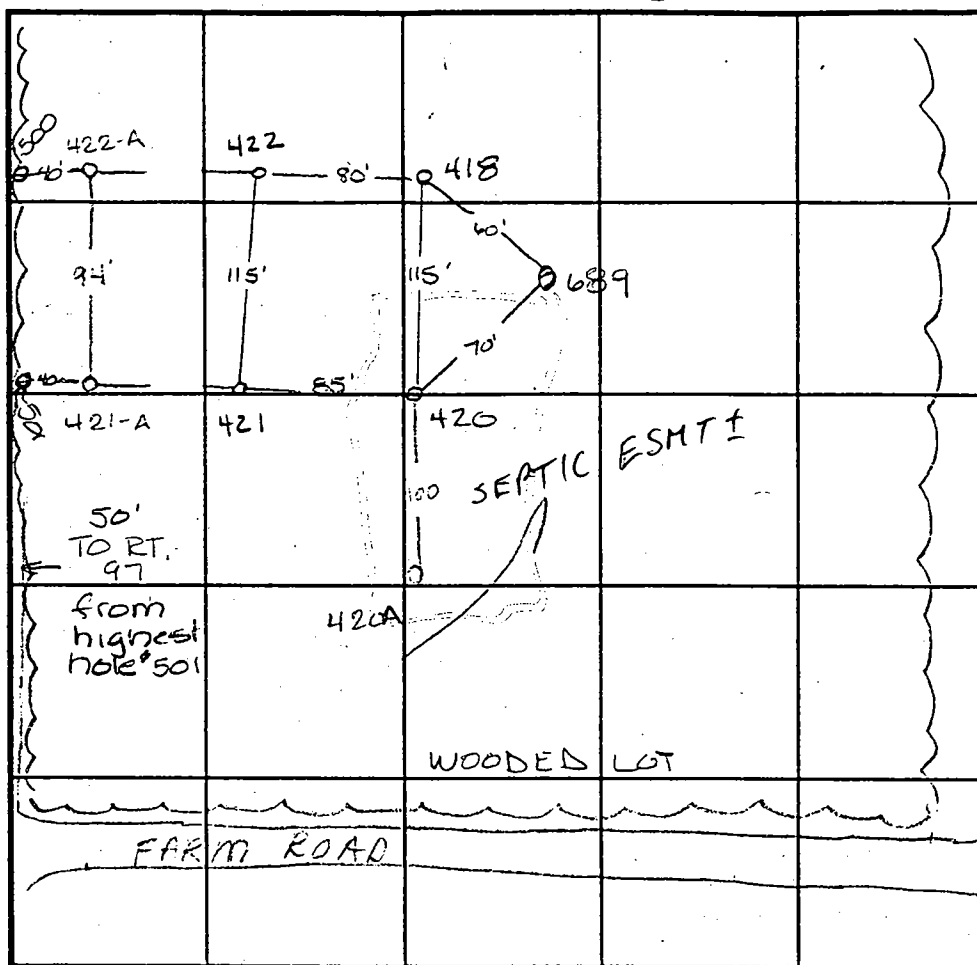
pink
SiCLm
<5%
Rx
frags

421-A

orange
brown
SiCLm

orange
brn
SiCLm

1g + vcl.
Saln
25%
Rx



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

422-A

dark
red pink
SiCLm

pink
SiCLm
15-20%
Rx
frags

500, 501

dark red
SiCLm

1g + pink
powdery
SiCLm
<5%
Rx

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-4-97	421	3.5 V12.0	10:27 ⁴⁵	10:32	10:32	10:37	5min
		7.0 V12.0	10:26 ¹⁵	10:29	10:29	10:32	3min
	422	3.5 V11.5	10:30 ³⁰	10:35	10:35	10:39	4min
	418	5.0 V11.0	11:42 ³⁰	11:43 ³⁰	11:43 ³⁰	11:46	2 1/2 min
	420	Visual	to 12.0 - see profile				OK
	421A	4.0 V12.0	11:22	11:23 ³⁰	11:23 ³⁰	11:28	4 1/2 min
	422A	3.5 V12.0	11:26 ³⁰	11:29 ³⁰	11:29 ³⁰	11:35	5 1/2 min
	420A	3.5 V10.0	11:52	11:55	11:55	12:00	5min
2-9-98	500	Visual	to 12.0 - see profile				OK
	501	4.5 V12.5	11:36 ³⁰	11:39	11:39	11:44	5min

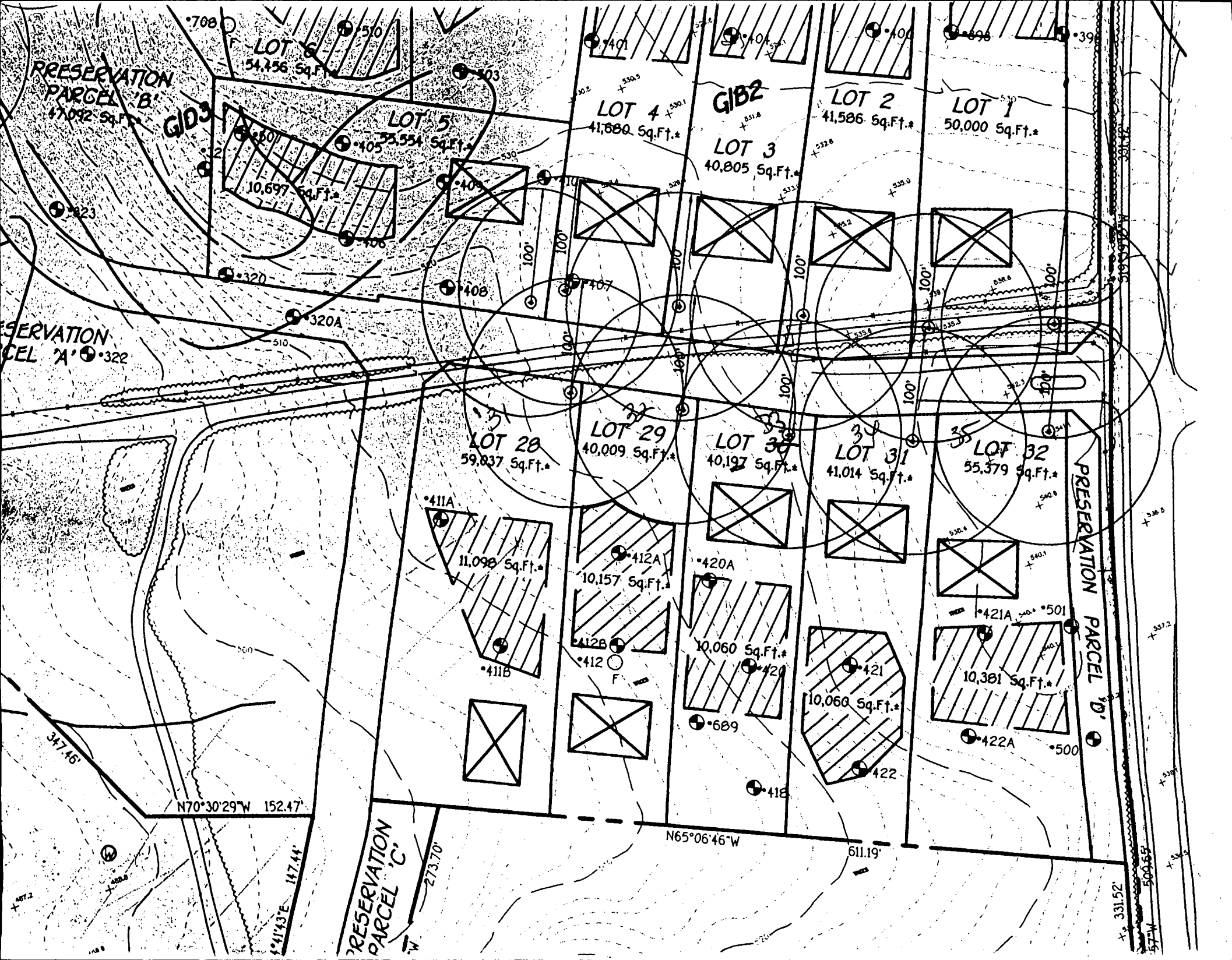
6-1-98 684 Visual OK see profile
REMARKS Measurements between holes from plot - heavily wooded lot

TYPE OF SOIL

TESTED BY Amy McMullen ALSO PRESENT Don Remyer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

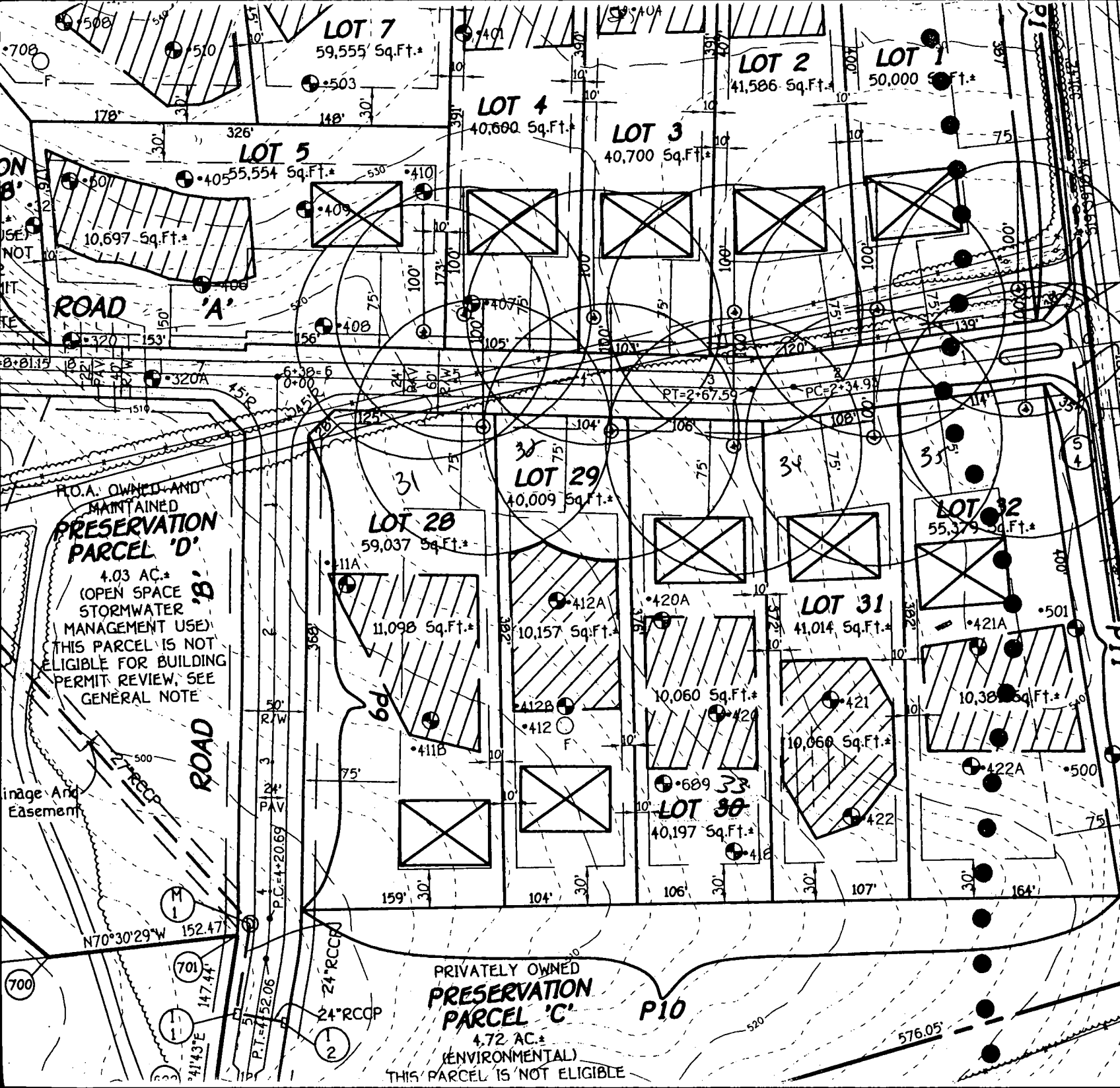


COUNTRYSIDE DRIVE
MARYLAND

ROUTE 97

700' ACCELERATION LANE

P-9902



P.O.A. OWNED AND MAINTAINED
PRESERVATION PARCEL 'D'
4.03 AC.
(OPEN SPACE STORMWATER MANAGEMENT USE)
THIS PARCEL IS NOT ELIGIBLE FOR BUILDING PERMIT REVIEW, SEE GENERAL NOTE

PRIVATELY OWNED
PRESERVATION PARCEL 'C'
4.72 AC.
(ENVIRONMENTAL)
THIS PARCEL IS NOT ELIGIBLE

Private Use
Easement Across
Through 3 For The Use
Benefit Of Lots 1 Through 3

PR
SANDACON PRO
L4228 F4E4

R=2500.00' L=285.96'

L=103.01'

L=34.07'

64.43'

26.93'

90.85'

570°20'42"E
70.00'

519°39'18"W
46.42'

Land Dedicate
For The P

R=3741.26'
L=13.54'

B.R.L.

B.R.L.

B.R.L.

B.R.L.

LOT 33
45,659 Sq.Ft.*

LOT 2
43,566 Sq.Ft.*

LOT 1
57,346 Sq.Ft.*

Unmitigated
65 dBA Noise Line

Existing
30' R/W

ROUTE 97
MARYLAND

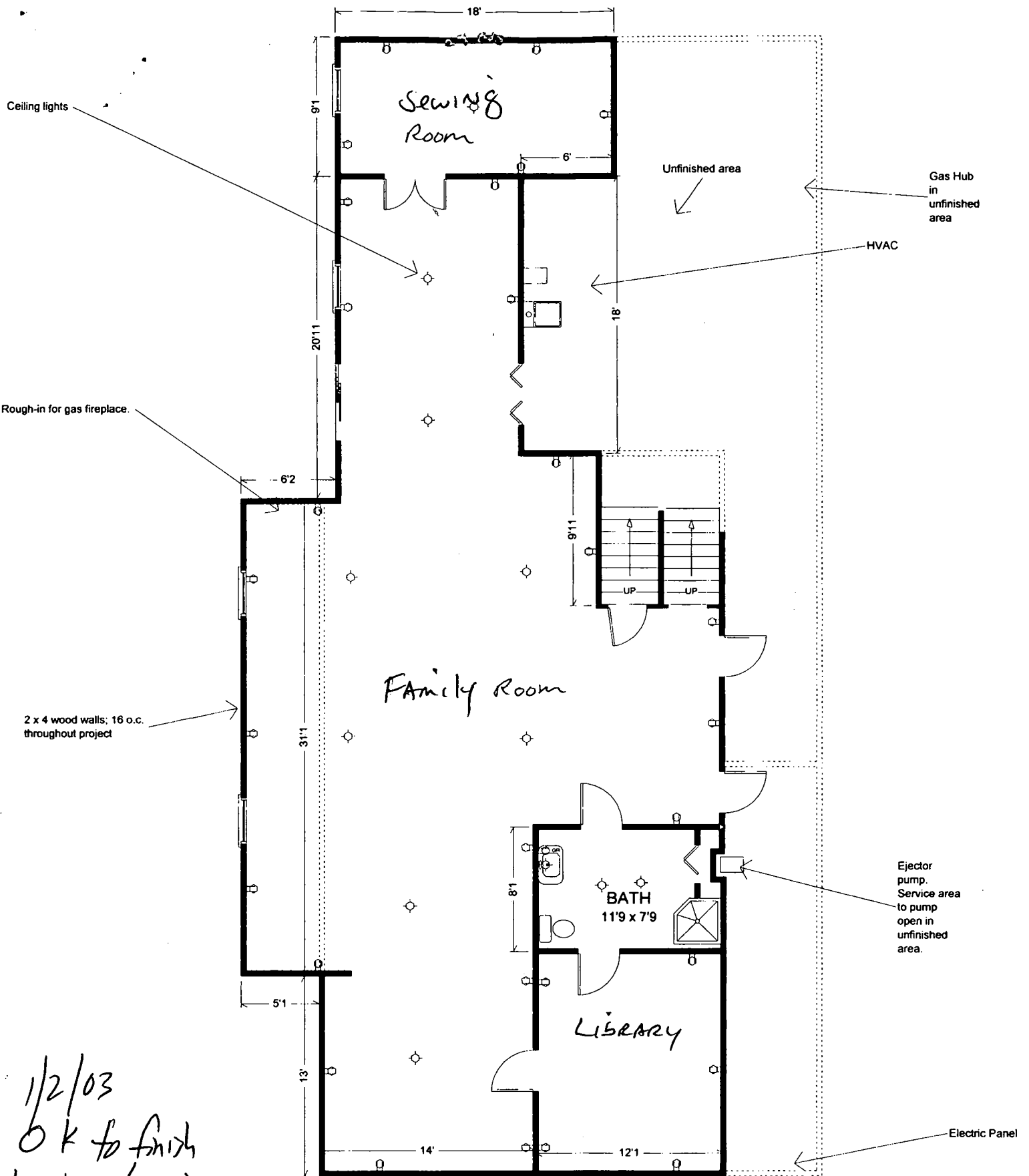
MINOR ARTERIAL
(S.R.C. PLAT No. 9595)

F9921

PROPERTY OF
SANDACON PROPERTY, INC.
L4228 F4E4

N 585500
N 178460.7587

131339171
E 339896050
N 131339171



1/2/03
 OK to finish
 bsmt w/ no increase
 in bed rooms
 JB