

12/10/01
12/10/01
Layout
11:00
1/4/02 - Tanks
2:00 - 3:00
2/5/02 BPSI (SRK)
Time?
4/15/02 - pm pump test

ISSUE DATE: 12/4/2001

4/16/02
Pump
test
1:00

APPROVAL DATE: 4/16/02

**PERMIT
INDEXED**

03-333000

P516433-C

A 59868-A

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

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Road PHONE NUMBER: (410)795-5670

SUBDIVISION: The Paddocks LOT NUMBER: 5

ADDRESS: 3519 Snow Chief Road PROPERTY OWNER: Pulte Homes Corp.

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): 1250

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour towards rear of lot.
NOTES:	Changes to installation may be made at the time of layout inspection. Basement service by gravity is not proposed.

PLANS APPROVED: FS OK SRK 12/3/01 DATE: 11-06-01

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 SYSTEM 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**

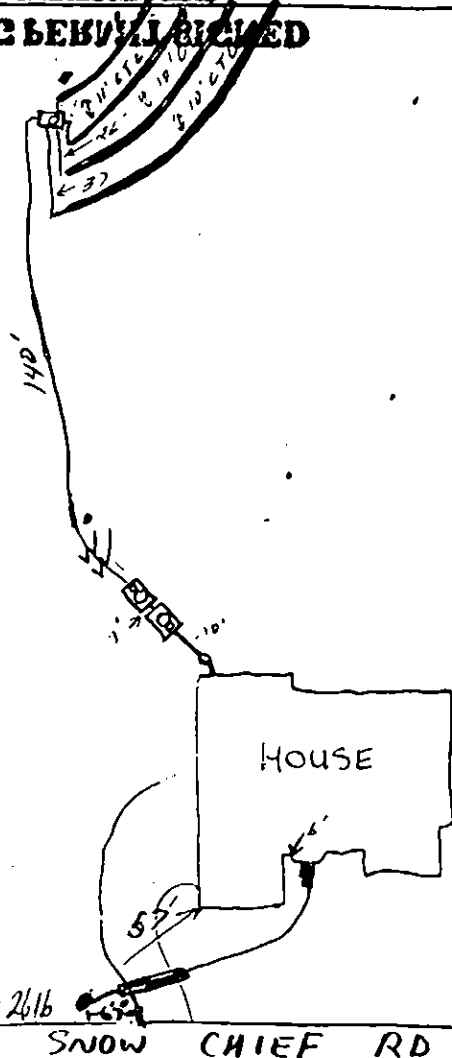
BUILDING PERMIT SIGNED

AND RETURNED 2-15-02

800132704-DECK

A 59868A

30' 55" 70' 85"
VMD KELIN
BUILDING BEYOND RICHED



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3.5'
TRENCH BOTTOM DEPTH 5.5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 240'
ABSORBENT AREA 720 sq
DISTRIBUTION BOX LEVEL 714
BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER Center - 3'
6 INCH INSPECTION PORT front - 3'

PUMP CHAMBER DATA

PUMP CHAMBER 1250 TS
GALLONS
MANHOLE RISER Center - 3.5'
ALARM OPERATIONAL
PUMP PERFORMANCE TEST ✓

PRE-CONSTRUCTION INSPECTION: 12/10/01-MET INSTALLER AT SITE, ON TO PROCEED PER PLAN, KEEP TRENCHES 7' ETC (10' ETC), SDA STAKED - (SRK)

INSPECTION COMMENTS: 1/4/02 No house conn. Noted that gravel is very dusty. Tanks set, 2 trenches in. Contractor indicated he was having a difficult time getting 10' ETC. (SD) 1/8/02 OK to cover all work, pump & alarm test needed (SD) 2/11/02- HOUSE CONN. MADE (SRK) 4/15/02 No one present, insp cancelled (SD) 4/16/02 Pump & Alarm tests OK (SD)

INSPECTOR

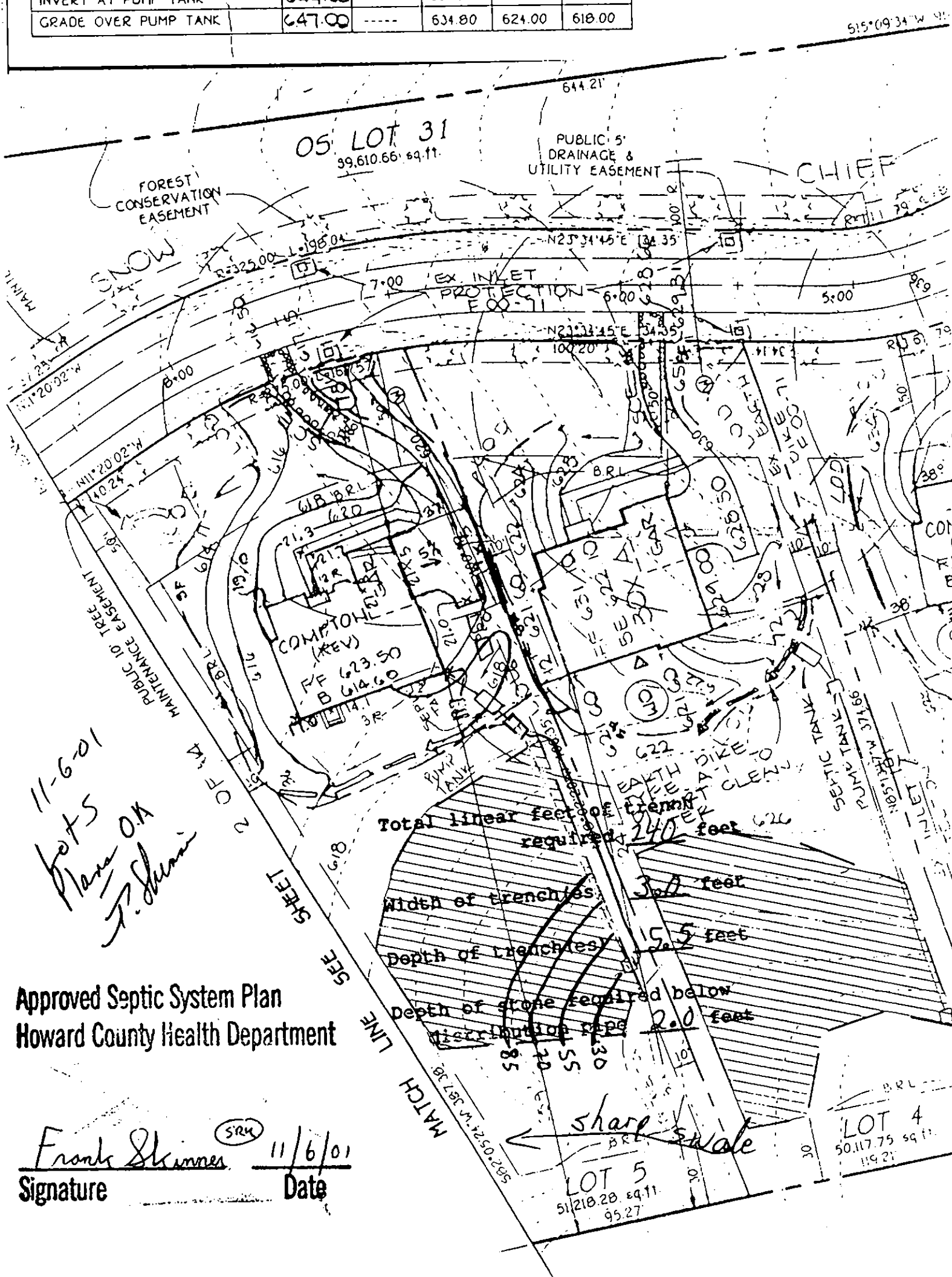
[Signature]

DATE SYSTEM APPROVED

4/16/02

3519 Snow Chief Road Glenelg Md 21737

LOT INFORMATION CHART	LOT 1	LOT 2	LOT 3	LOT 4	LOT 5
INVERT SEPTIC SYSTEM AT HOUSE	645.50	642.83	635.50	624.50	616.80
INVERT IN AT SEPTIC TANK	644.53	642.20	634.90	623.90	616.25
INVERT OUT AT SEPTIC TANK	644.23	641.90	634.63	623.60	615.95
GRADE OVER SEPTIC TANK	647.50	644.50	636.00	626.00	618.00
INVERT AT DISTRIBUTION BOX	648.00	641.00	638.00	622.00	626.00
GRADE OVER DISTRIBUTION BOX	651.00	644.00	641.00	625.00	629.00
INVERT AT PUMP TANK	644.00	-----	633.50	622.50	614.20
GRADE OVER PUMP TANK	647.00	-----	634.80	624.00	618.00



Approved Septic System Plan
Howard County Health Department

Signature Frank Skinner (SRM) Date 11/6/01

**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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht 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): Allen Compton License# msd009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Pulle Homes Telephone #: _____
Subdivision: The Addicks Lot #: 5 Well Tag #: HO-94-2616
Site Address: 3519 Snow Chief RD

Submersible Pump Data

Make: Red Jacket
Model #: 105805
Pump Capacity: 10 GPM
Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 300 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 42' (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 1 1/2" B.G.: yes
Conduit secured to well cap: yes

Piping to house

Type: 1" Black Plastic
PSI: 160 (150 psi min)
Depth of supply line: 42' (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 30
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 approval prior to installation.

Allen Compton
Signature of company representative responsible for installation

4-17-02
date

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

Date Insp. Requested: 2/26/02 Date Insp. Approved: 2/26/02 Inspector: (50) SRH
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

HD-213

Well needs barricades (50) SRH
4/19/02 " needed is 6'7" to paving - (SRH)

Rev. 12/00

4/29/02
Barrier and
Cap O.K. (50)

C1 07674

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 13

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

DATE WELL COMPLETED

MM DO YY
3 27 00
15 20

Depth of Well

22 300 26
(TO NEAREST FOOT)

OK/CW
4/27/00

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94 2616
28 29 30 31 32 33 34 35 36 37

OWNER MOBBENLY GATCHEL
STREET OR RFD PFEFFENBURG RD TOWN GLENELE
SUBDIVISION MOBBENLY PROPERTY SECTION 5 LOT 5

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	
Brown Shale	0	83	
Gray	83	115	
White	115	116	✓
Gray	116	255	
White	255	256	✓
Gray	256	280	
White	280	281	✓
Gray	281	300	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

YES NO
☒ Y ☐ N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO OF BAGS 45 21 NO. OF POUNDS 1974

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 74 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

☒ ST ☐ CO
STEEL CONCRETE
☐ PL ☐ OT
PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter 66 Total depth 89
top (main) casing (nearest inch) of main casing (nearest foot)
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to
EACH CASING

screen type
or open hole

SCREEN RECORD

(insert appropriate code below)

☒ ST ☐ BR ☐ HO
STEEL BRASS OPEN HOLE
☐ PL ☐ OT
PLASTIC OTHER

C 2

DEPTH (nearest ft.)

HO 74 300
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

70 72 74 75 78

70 72 74 75 78

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 03
8 9

PUMPING RATE (gal. per min) 15
11 15

METHOD USED TO MEASURE PUMPING RATE 5946

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.
17 20

WHEN PUMPING 38 ft.
22 25

TYPE OF PUMP USED (for test)

☐ A air ☐ P piston ☐ T turbine
27 27 27

☐ C centrifugal ☐ R rotary ☐ O other (describe below)
27 27 27

☐ J jet ☒ S submersible
27 27

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 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 03 (nearest foot)
49 50 51

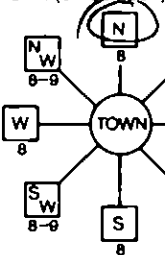

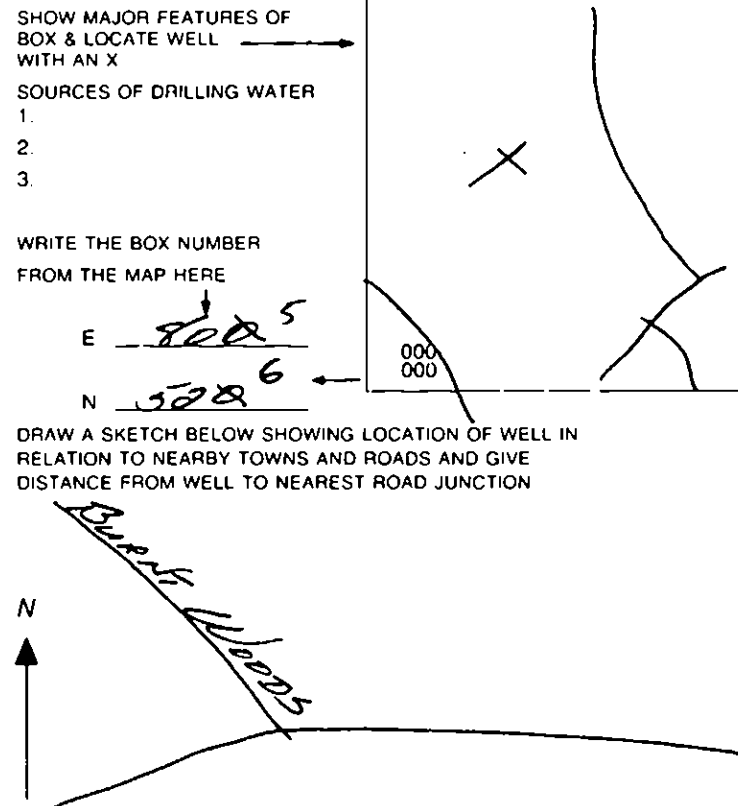
☐ - below

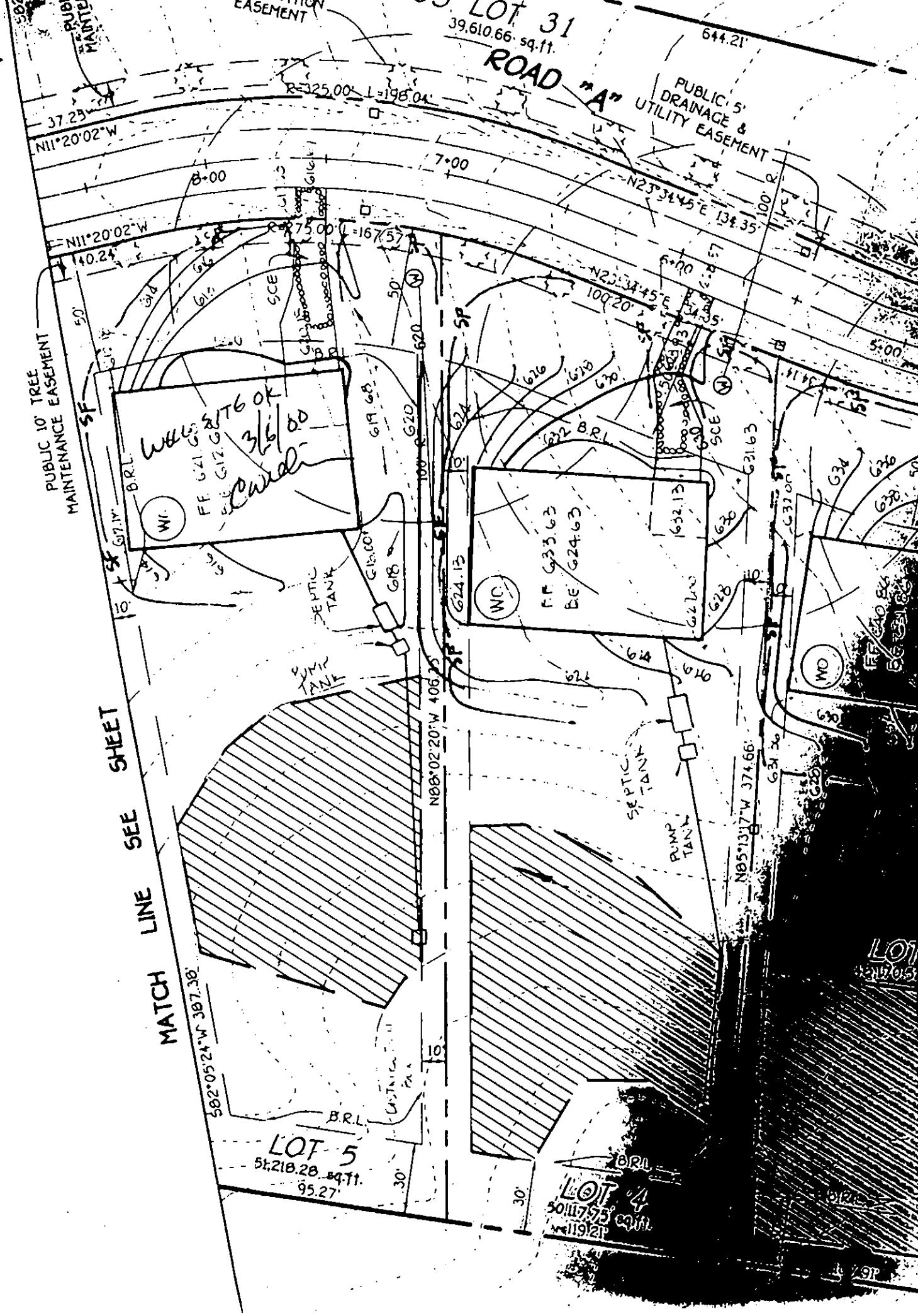
LOCATION OF WELL ON LOT

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



NO Survey stakes

B 1 13830 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 2616 <small>70 fill in this form completely 79</small>
Date Received (APA) <small>8 MM DD YY 13</small> MOORELEY GRETCHEN <small>15 Last Name Owner First Name 34</small> RT 144 <small>36 Street or RFD 55</small> WEST FRIENDSHIP MD 21794 <small>57 Town 70 State 72 Zip 76</small>		B 3 HOWARD LOCATION OF WELL <small>8 COUNTY 21</small> MOORELEY PROP <small>23 SUBDIVISION 42</small> SECTION 44 LOT 5 <small>44 46 48 50</small> GREENE <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 4 <small>73 M I 76 77 78</small>	
DRILLER INFORMATION ALLEN COMPTON M SD 009 <small>Driller's Name 76 License No 81</small> FOGIES WELL DRILLING <small>Firm Name</small> 588 BARRETT RD SIKESVILLE <small>Address</small> Allen Compton 2-22-00 <small>Signature Date</small>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  BUANT WOODS <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  <small>34 840 37</small> DISTANCE FROM ROAD 840 <small>ENTER FT OR MI 38 39</small> TAX MAP 72 BLK 1-7 PARCEL 41-234	
B 2 WELL INFORMATION APPROX PUMPING RATE 5 <small>(GAL PER MIN) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>(GAL PER DAY) 14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 <small>COUNTY NAME COUNTY NO</small> STATE SIGNATURE Chris Weller 3/6/01 <small>DATE ISSUED 41</small> <small>43 MM DD YY 48</small> CO SIGNATURE <small>EXP DATE</small> NORTH GRID 526 000 EAST GRID 0805 000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> 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 8005 N 5006 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>80 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTARY DRIVE-POINT</small> other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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) APPROP PERMIT NUMBER 54 GAP 63 PERMIT No HO - 94 - 2616 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITY IS REQUIRED USE SEPARATE SHEET IF NEEDED.</small>			



APPLICATION

PERCOLATION TESTING

A 59868

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/9/98

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER WINCHESTER HOMES INC. c/o Mr. KEITH KUBISTA

ADDRESS 6305 IVY LANE SUITE 800 PHONE (301) 489-1120
GREENBELT MD. 20770

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. 15 P

ROAD AND DESCRIPTION BURNT WOODS ROAD

TAX MAP 22 PARCEL # 141, 2, 234 & 530

SIZE OF LOT 1 AC. CLUSTER TYPE BLDG. S.F.D.
(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. Zacharia Y. Fisch
(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

A59868

COUNTY #

SOIL PROFILE

8242 SRN

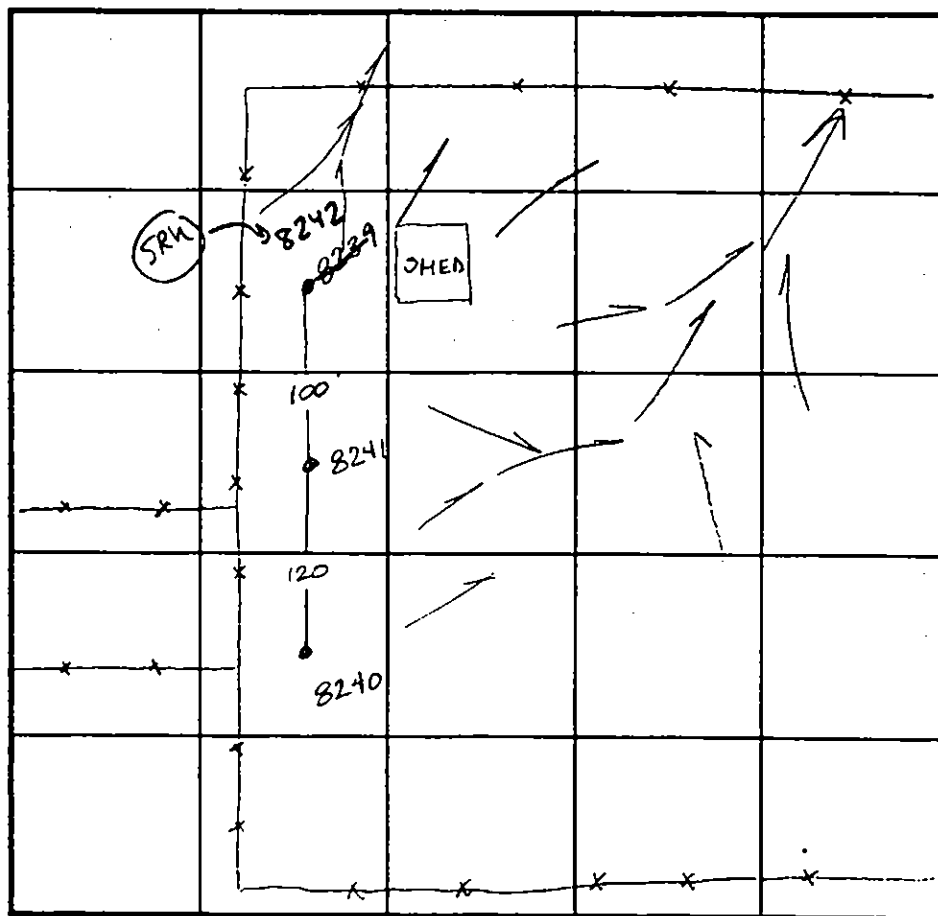
0'
dark
orange
brown
silt
like
8241
12.0

8241

no
distinct
clay
layer
pink &
yellow
mottled
silm
not H₂O
10% lg.
(6-7")
diameter
stone
↓

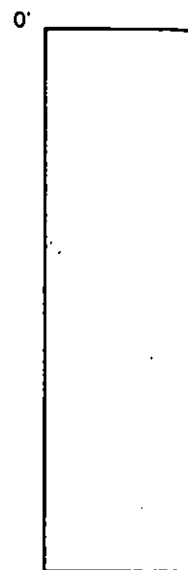
8242

like
8241
but
pockets
of
pink
silm
&
decayed
white
quartzite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-18-99	8240	3.5 V12.0	2 56	3 00	3 00	3:06	6min
	8241	Visual	to 12.0	SEC	profile	—	OK
	8242	4.0 V12.0	3:14	3:16	3:16	3:19	3min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillan

ALSO PRESENT Eggs

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3'

INLET DEPTH 3 1/2' MAXIMUM BOTTOM DEPTH 5 1/2' SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 3/9/98

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER WINCHESTER HOMES INC. c/o MR. KEITH KUBISTA

ADDRESS 6305 IVY LANE SUITE 800 PHONE (301) 489-1120
GREENBELT MD. 20770

PROPERTY LOCATION:

SUBDIVISION MOBBERLY PROPERTY LOT NO. 5

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TAX MAP 22 PARCEL # 141, 2, 234 & 530

SIZE OF LOT 1 AC. CLUSTER TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Zacharia Y. Fisch
(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

↑ TO BURNT WOODS RD. ↑

COUNTY #

SOIL PROFILE

0'

53 50

18

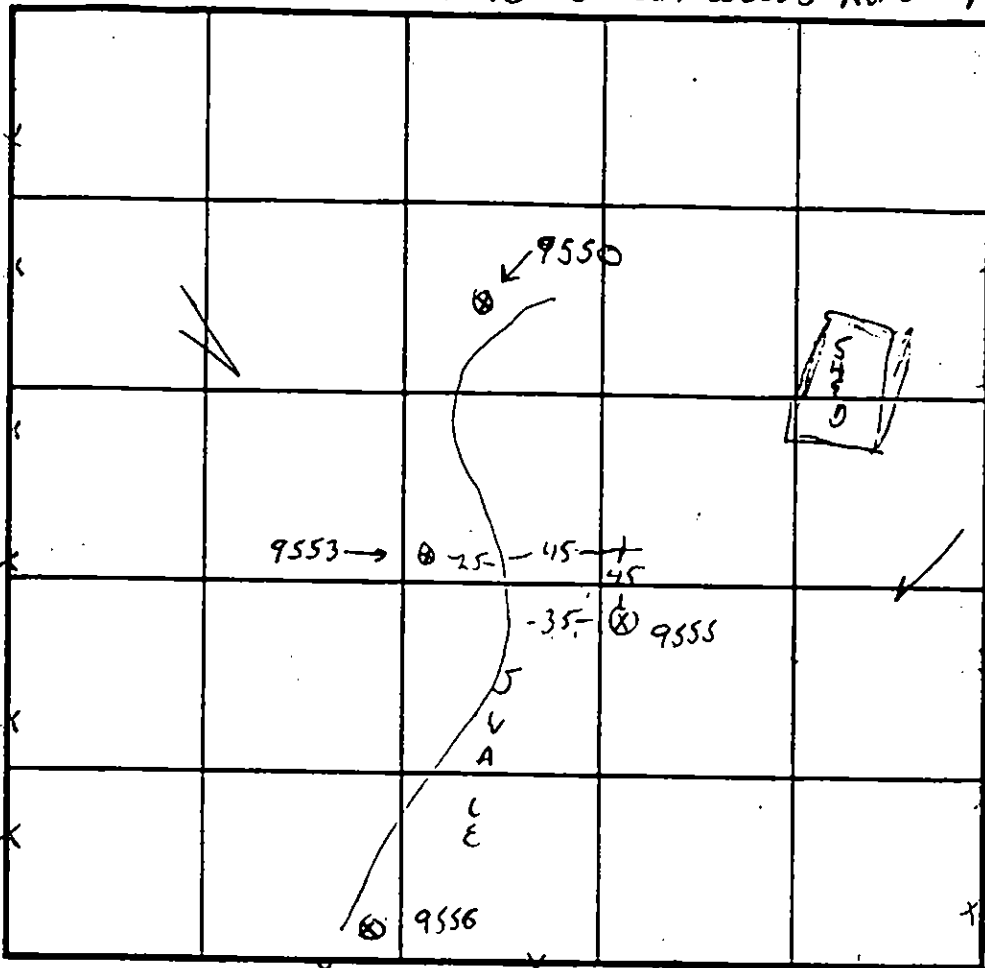
TOP SOIL

STRONG
BROWN
CLAY

TAN
SL

5'

14



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SOIL PROFILE

55

0'

6"

TOP SOIL

STRONG
DR CL

TAN
LS

3

14

LOT 5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-23-98	9555	3.5/14	1.40	1.41	1.40	1.44	34W
	9553	5.1/14	1.54	1.58	→	2.03	5mW
	9550	/14	VISUAL	OK			OK
	9556	SEE SHEET 1	OK	LOT 5	SLOW		F

REMARKS

TYPE OF SOIL

TESTED BY G. SAUNCE

ALSO PRESENT Fyock's CREW

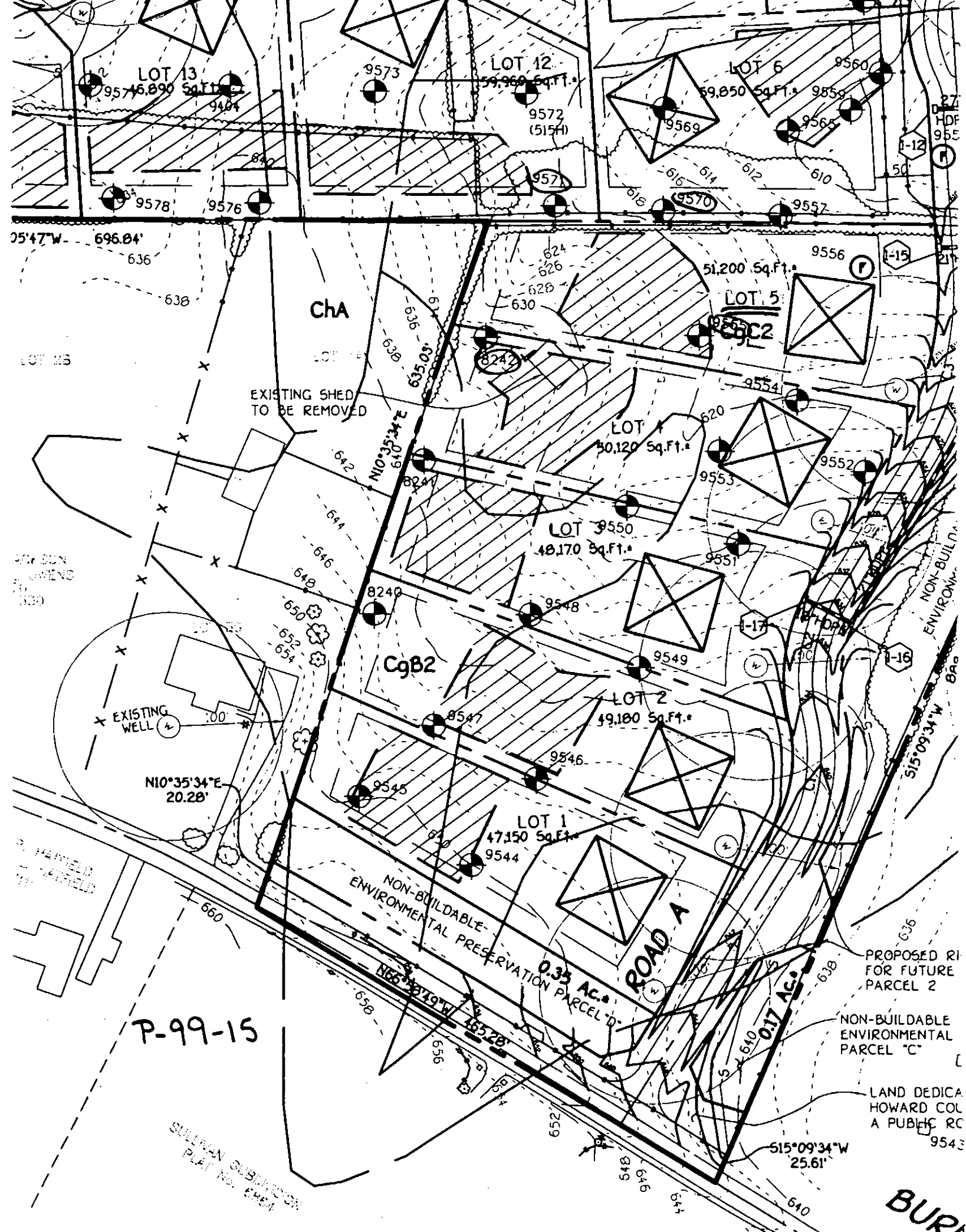
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



P-99-15

SULLIVAN SUBDIVISION
PLAT NO. 100

BUR

9553 5'14' 5 MIN 4/23/98
 9554 3 1/2'13' 7 MIN 5/15/98

* L STAKE PERIMETER OF 344 FORD FOR
 VISUAL LANDSCAPE ASSESSMENT
 DIG 3 HOLES AS PROPOSED

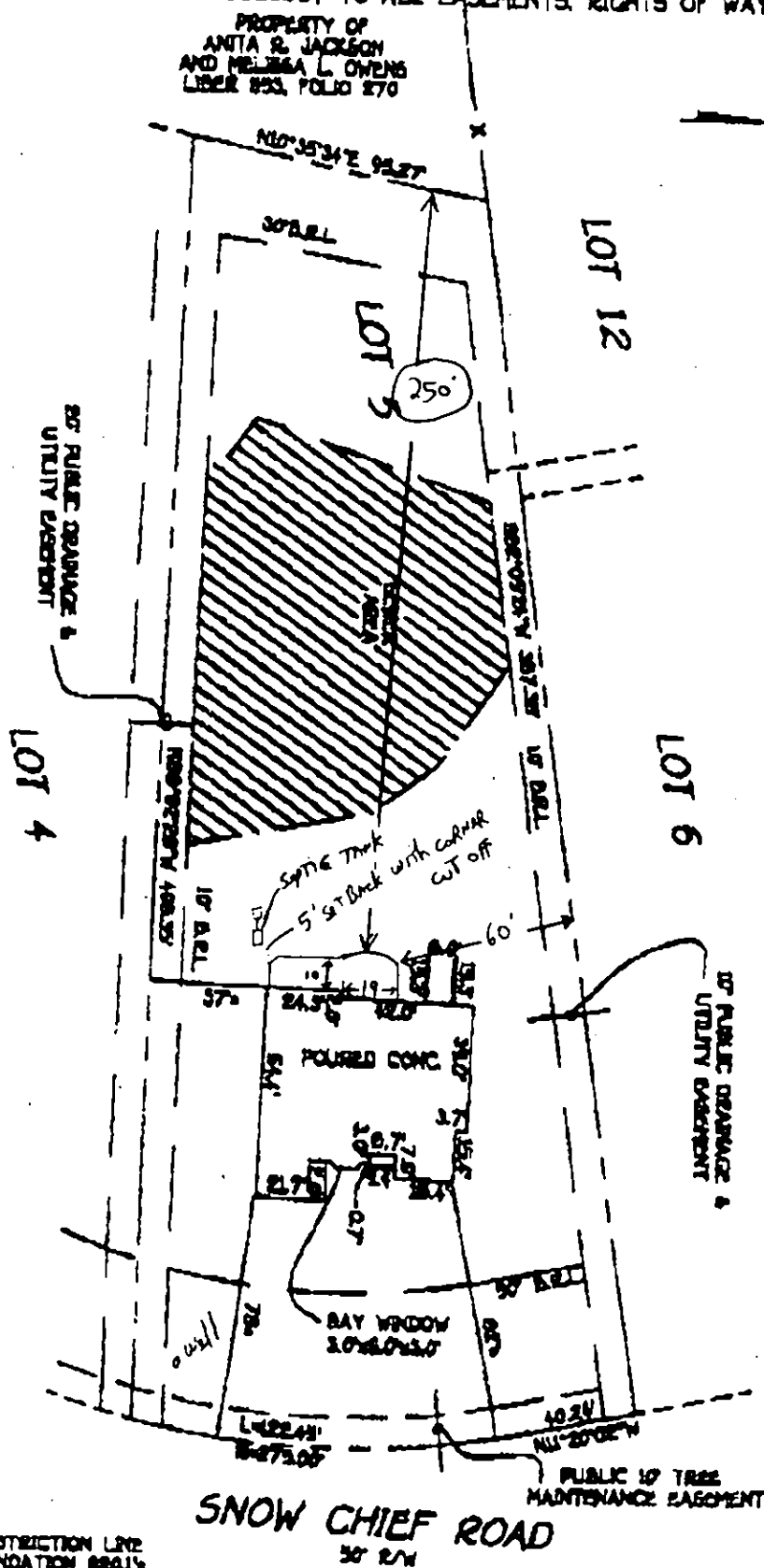
LOT 5 9554 3 1/2'13' 7 MIN 5/15/98
 9555 3 1/2'14' 3 MIN 5/15/98
 9556 5'14' SLOW 4/13/98
 (SHEET MARKED) (OLD 13) 9557 WATER 4/15/98
 9570 4/13 1/2' 6 MIN 4/15/98
 9571 5'13' 3 MIN 4/15/98

CHARTED FROM
 GLEN'S TEST NOTES (CW)

LOT 6 OPEN SPACE 9570 4/13' 3 MIN 4/15/98
 9569 4/13' 3 MIN 4/15/98
 (LOW HOLE) SLOW/WATER

[illegible]

LAND DEDICATED TO HOWARD COUNTY,
MARYLAND FOR THE PURPOSE OF A
PUBLIC ROADWAY. AREA = 0.457 AC.
VEHICULAR INGRESS &
EGRESS IS RESTRICTED



LOT 5
THE PADDOCKS
LOTS 1 THUR 33 & PRESERVATION
PARCEL "A" THUR "B"
ZONE: RR- DOZ
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT NUMBER 14402

S.R.L. BUILDING RESTRICTION LINE
TOP OF CONC. FOUNDATION GRADE

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CHERTON, DENVER OFFICE: 3401 - 130TH AVENUE, NATIONAL FEE
SLICHT CITY, MARYLAND 2084
410 461 - 3900

Dr. David M. Nelson

AGC •



PROFESSIONAL LAND SURVEYOR DATE

HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: IVE
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=40'
DATE: 11/28/01
DRAWN BY: DSK
CHECKED BY:
PROJECT No.: 30844

February 12, 2002

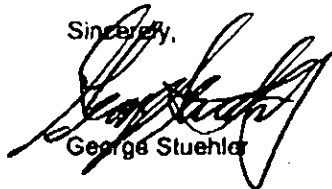
Mr. Frank Skinner
Howard County Health Department
Howard County, MD

Re: Paddocks Lot 5, 3519 Snow Chief Road, Glenelg, MD 21737
Separation from Septic Tank

Dear Mr. Skinner:

We the buyers/owners of Lot 5 at the Paddocks all agree that it will be acceptable to us that the planned rear deck of the house when built will be only approximately five feet from the septic tank.

Sincerely,



George Stuehler

Patricia L. Stuehler



Alexandra Cha

Henry Cho





Mr. Frank Skinner
Director; Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

February 13, 2002

Dear Mr. Skinner;

This letter is to request a variance to the 10' setback requirement from a wood deck's edge to the septic tank edge. The address is 3519 Snow Chief Rd., Glen Elg, MD 21794. It is lot #5 of "The Paddocks" Pulte Home Corporation's development. Please see the attached house location drawing. The current deck plan projects only 10', which leaves 3' from deck edge to the existing tank edge. It would be our intention to improve the distance to a 5' minimum by modifying the deck design with a corner / angular cut with your permission. This distance combined with the flat layout of the ground would allow machinery to dig or repair the tank if ever necessary in the future. Please see the homeowner's letter acknowledging awareness and acceptance of the situation due to the desire for a functional deck design.

As the trio of contractors responsible for this situation with the engineer; we assure that this situation will not arise again in the future. We will communicate and coordinate all potential plans with the engineer so as to avoid this setback issue moving forward. Please consider our variance request for this property, which would allow the homeowner to retain the modified, yet desired deck plan and future access to the tank.

Sincerely,

A handwritten signature in black ink, appearing to read "David R. Lombardo".

David R. Lombardo
President, American Deck
Applicant.

A handwritten signature in black ink, appearing to read "Joel Rensberger".

Joel Rensberger
Site Superintendent;
Pulte Homes; Builder

A handwritten signature in black ink, appearing to read "Kurt Cassell".

Kurt Cassell
Septic Supervisor
Fogle's Septic Clean, Inc.

cc: Mr. Steven R. Krieg; Sanitarian; Bureau of Environmental Health
Mr. George and Ms. Patricia Stuehler; Homeowners
Mr. Henry Cha and Ms. Alexandra Cha; Homeowners

FAX (410) 254-7601

6503r Belair Road • Baltimore, Maryland 21206 • (410) 254-7360