

04366956

LAYOUT 3/10/03 2:30 INSP 4 3/12/03 11:30  
INSP 2 3/11/03 2:30 INSP 5 6/10/03 11 AM Final  
INSP 3 3/13/03 2PM INSP 6 \_\_\_\_\_

ISSUE DATE: 2/13/2003  
APPROVAL DATE: 6/10/03

**PERMIT  
INDEXED**

04-366956

P 518546  
A 59898

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐  
ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670  
SUBDIVISION: McCann Property LOT NUMBER: 12  
ADDRESS: 14708 Susan Marie Way PROPERTY OWNER: Pulte Homes, Inc  
SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐  
PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐  
NUMBER OF BEDROOMS: 5  
SQUARE FEET PER BEDROOM: 180  
LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 5-10 feet from the corner easement stake that is closest to the house (as shown on the building permit plan). Run trenches on contour toward lot 11.
NOTES:	

PLANS APPROVED: Brian Baker DATE: 12/13/2002

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 UNLESS SPECIFICALLY AUTHORIZED

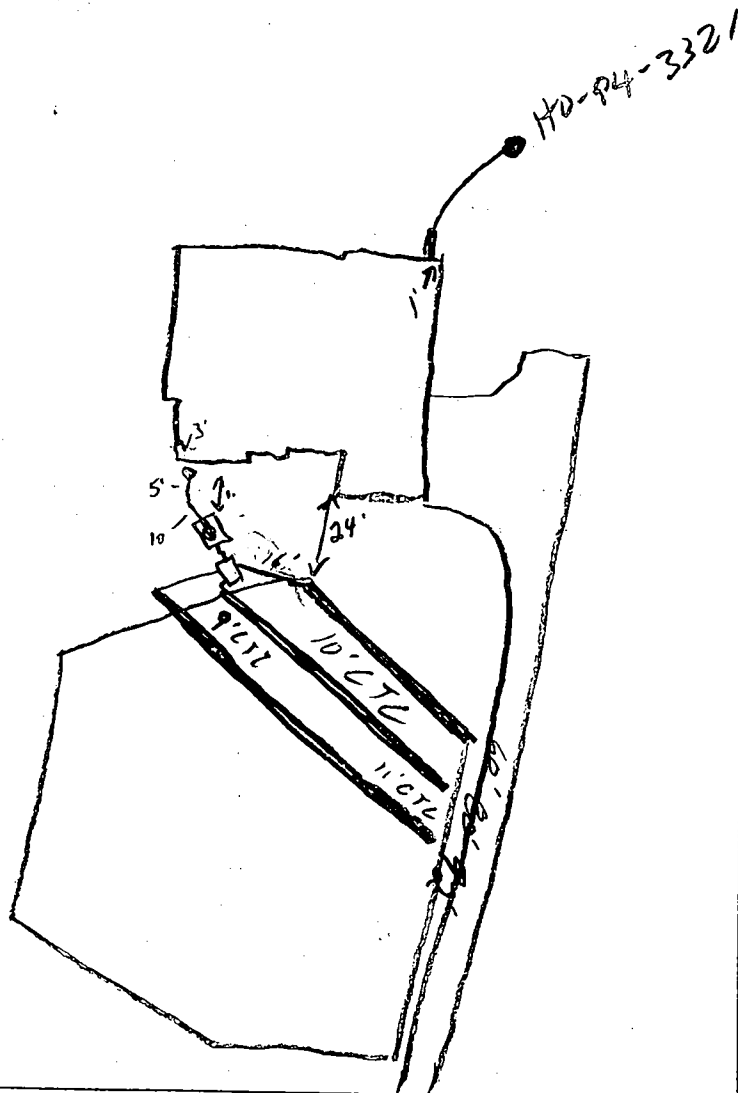
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**BUILDING PERMIT SIGNED  
AND RETURNED**

2/24/2003 B00140404 UG. PROPANE TANK  
4/6/05 800153104-IG POOL

A59898

NOT TO SCALE



Susan Marie Way

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>2</u>	<u>3'</u>	<u>7'</u>
NUMBER OF TRENCHES		<u>3</u>
TOTAL LENGTH		<u>232'</u>
ABSORPTION AREA		<u>9284</u>
DISTRIBUTION BOX LEVEL		<u>✓</u>
DISTRIBUTION BOX BAFFLE		<u>✓</u>
DISTRIBUTION BOX PORT		<u>   </u>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <u>✓</u>	
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2-2.5'</u>
BAFFLES	<u>✓</u>
BAFFLE FILTER	<u>   </u>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<u>   </u>
SEPTIC TANK 2 LEVEL <u>   </u>	
CAPACITY	<u>   </u> GAL
SEAM LOC	<u>   </u>
TANK LID DEPTH	<u>   </u>
BAFFLES	<u>N/A</u>
BAFFLE FILTER	<u>   </u>
MANHOLE LOC	<u>   </u>
6" PORT LOC	<u>   </u>
WATERTIGHT TEST	<u>   </u>

PRE-CONSTRUCTION 3/10/03 Lot staked, contour appears accurate (SO)

3/11/03 First trench will be 60', get 90-100' on last trench (SO)

INSTALLATION 3/13/03 OK to cover all work, needs house conn (SO)

6/10/03 House Conn complete (SO)

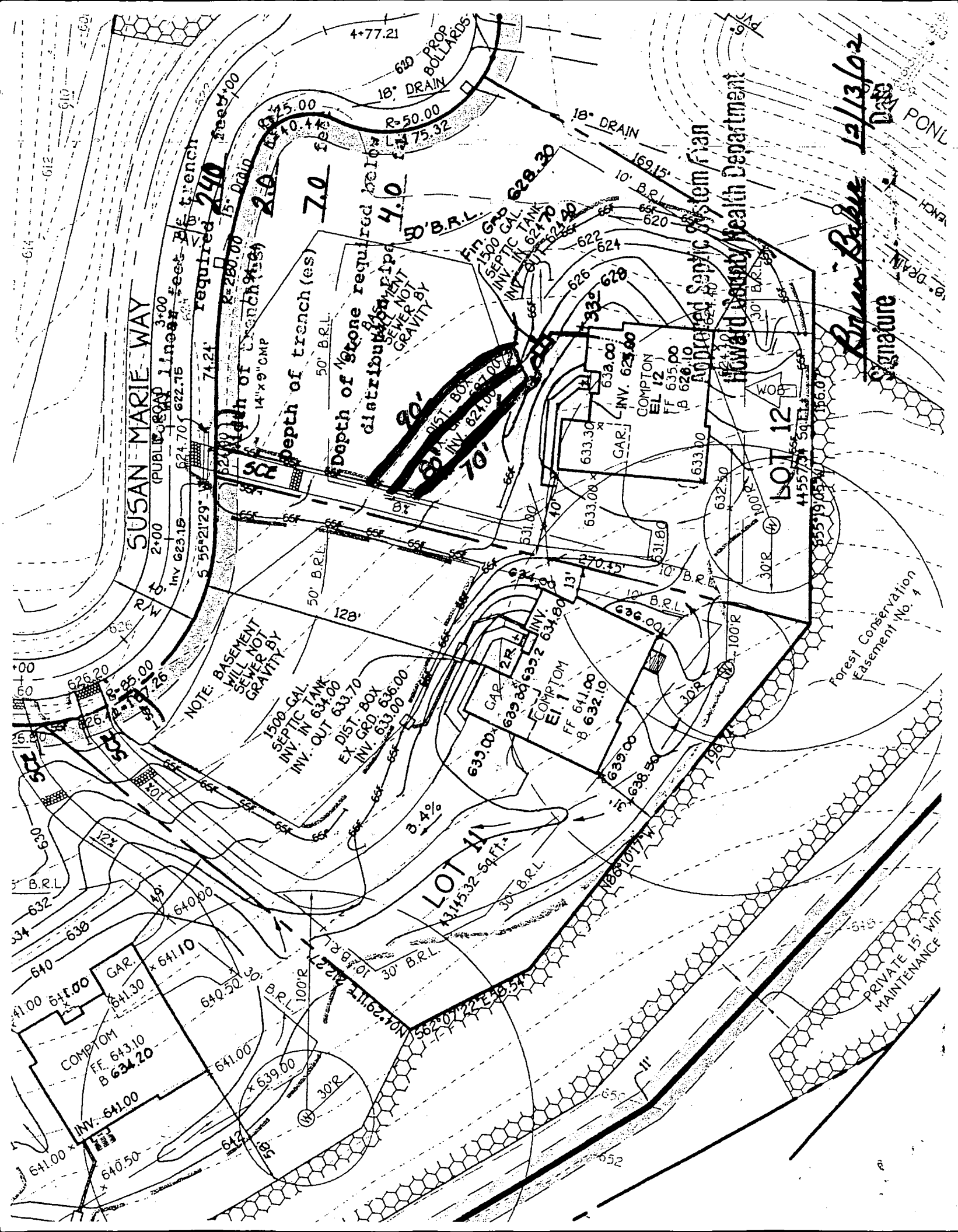
FINAL INSPECTOR

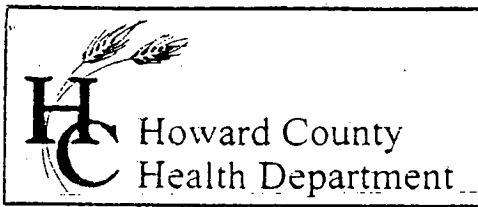
[Signature]

DATE OF APPROVAL

6/10/03

RECEIVED





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

6/11/2003

Pulte Homes  
1501 S. Edgewood Street, #K  
Baltimore, MD 21227

**SENT VIA FACSIMILE 410-644-2643**

RE: McCann Property, Lot # 12  
14708 Susan Marie Way  
BP # B00139315  
Well Permit #HO 94-3321

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 6/10/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO 94-3321. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 6/10/2003

Date of Well Completion: 4/10/2002

Sincerely,

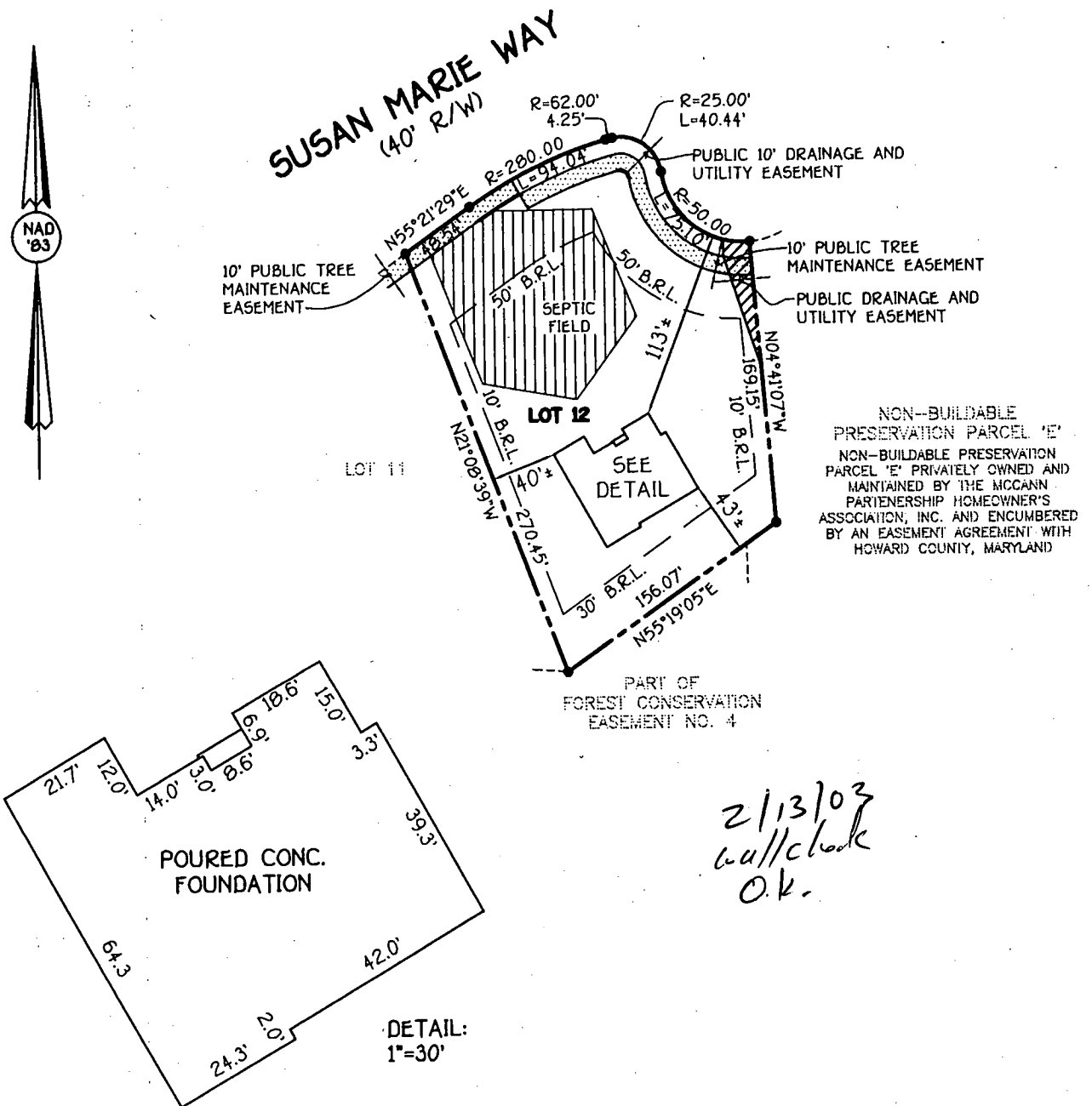
*Brian Baker*

Brian Baker,  
Registered Environmental Sanitarian  
Well and Septic Program

cc: Building Inspector  
Community Services  
File

## GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440008 B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



B.R.L. = BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 633.6'±

MCCANN PROPERTY  
LOTS 1 THRU 16 AND  
PRESERVATION PARCELS 'A' THRU 'E'  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT NO. 15475

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

FCC •



PROFESSIONAL LAND SURVEYOR  
REG. 582

DATE 11/27/03

## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 1/24/03  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=100'  
DATE: 1/27/03  
DRAWN BY: A.K.O.  
CHECKED BY: S.R.P.  
PROJECT No.: 61769

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 #: 410-295-5620  
Address: 580 Obrecht Rd  
Sylkesville, Md 21764

(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# MSD 009

\*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: Pulte Homes Telephone #: \_\_\_\_\_  
Subdivision: McLann Estate Lot #: 12 Well Tag #: HO-94-3321  
Site Address: 14708 Susan Marie Way

Submersible Pump Data

Make: Goulds  
Model #: 2445079004  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: 4 GPM

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 N/A

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5'  
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.

Signature of company representative responsible for installation

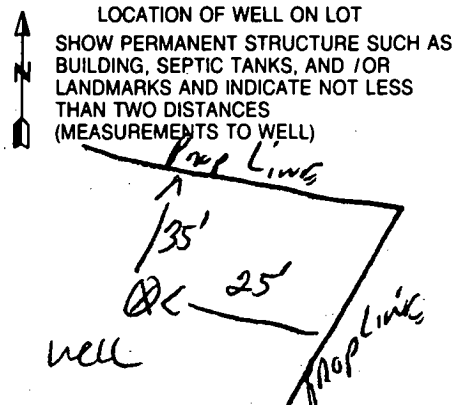
date

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 3/17/03 (50)

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 \_\_\_\_\_

<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C1</div><div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">14417</div></div>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																							
1-2-3-4-5-6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER																																							
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 18 02		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3321 28 29 30 31 32 33 34 35 36 37																																							
OWNER <u>Fisher-Collins-Carter</u> STREET OR RFD <u>Susan Marie Way</u> TOWN <u>Sykesville</u> SUBDIVISION <u>McCann Property</u> SECTION <u>    </u> LOT <u>12</u>																																													
<b>WELL LOG</b> Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Top Soil</td><td>0</td><td>2</td><td></td></tr><tr><td>Brown Shale</td><td>2</td><td>50</td><td>✓</td></tr><tr><td>Brown Slate</td><td>50</td><td>55</td><td></td></tr><tr><td>Blue Slate</td><td>55</td><td>80</td><td></td></tr><tr><td>Brown Slate</td><td>80</td><td>85</td><td>✓</td></tr><tr><td>Blue Slate</td><td>85</td><td>120</td><td></td></tr><tr><td>Flint Rock</td><td>120</td><td>125</td><td>✓</td></tr><tr><td>Blue Slate</td><td>125</td><td>300</td><td></td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	2		Brown Shale	2	50	✓	Brown Slate	50	55		Blue Slate	55	80		Brown Slate	80	85	✓	Blue Slate	85	120		Flint Rock	120	125	✓	Blue Slate	125	300		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1500</u> GALLONS OF WATER <u>114</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30</u> ft. 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)			
					DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																					
FROM	TO																																												
Top Soil	0	2																																											
Brown Shale	2	50	✓																																										
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Brown Slate	80	85	✓																																										
Blue Slate	85	120																																											
Flint Rock	120	125	✓																																										
Blue Slate	125	300																																											
				<b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"><tr><td><input checked="" type="checkbox"/> ST STEEL</td><td><input type="checkbox"/> CO CONCRETE</td></tr><tr><td><input checked="" type="checkbox"/> PL PLASTIC</td><td><input type="checkbox"/> OT OTHER</td></tr></table> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>68</u> 60 61 63 64 66 70				<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																		
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE																																												
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																												
				<b>OTHER CASING (if used)</b> diameter inch depth (feet) from to EACH CASING																																									
				<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"><tr><td><input checked="" type="checkbox"/> ST STEEL</td><td><input type="checkbox"/> BR BRASS</td><td><input checked="" type="checkbox"/> HO OPEN HOLE</td></tr><tr><td><input type="checkbox"/> PL PLASTIC</td><td><input type="checkbox"/> OT OTHER</td><td></td></tr></table>				<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input checked="" type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																	
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<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER																																												
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				<b>C2</b> DEPTH (nearest ft.) 1 <u>170</u> 66 300 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 R E N																																									
WELL HYDROFRACTURED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				SLOT SIZE 1 <u>    </u> 2 <u>    </u> 3 <u>    </u> DIAMETER OF SCREEN <u>    </u> (NEAREST INCH) 56 60 from to																																									
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. <u>M-50112</u> <u>John E. Thym</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  LIC. NO. <u>D</u> <u>Janet</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>  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>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 																																									





B 1	<b>8946</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>516494</i> please print or type	STATE PERMIT NUMBER <b>H0-94-3321</b> <small>fill in this form completely</small>
Date Received (APA) <b>01 28 02</b> <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Fisher-Collins Canter Inc <small>15 Last Name Owner First Name 34</small>		10222 Balt. National Pike <small>36 Street or RFD 55</small>		
Ellicott City MD. 21042 <small>57 Town 70 State 72 Zip 76</small>				
DRILLER INFORMATION				
RALPH E. MAYNE <small>Driller's Name 76</small>		M S D 112 <small>License No. 81</small>		
RALPH E. MAYNE WELL DRILLING <small>Firm Name</small>				
17024 Handy Rd Mt Airy MD 21771 <small>Address</small>				
<i>Ralph E. Mayne</i> 1-24-02 <small>Signature Date</small>				
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> <small>8 12</small>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14 20</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				
APPROXIMATE DEPTH OF WELL <b>150</b> FEET <small>24 28</small>				
APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/>				
AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/>				
CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/>				
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 DEEPMAN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPMAN (IF AVAILABLE) _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <b>H02002G001</b>				
PERMIT No. <b>H0-94-3321</b> <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED</small>				

B 3 LOCATION OF WELL

Howard

8 COUNTY 21

McCann Prop.

23 SUBDIVISION 42

SECTION \_\_\_\_\_ LOT **12**

44 46 48 50

Cooksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **I** M I

73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

SUSAN MARIE WAY

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **230** 37

DISTANCE FROM ROAD ENTER FT OR MI **FT**

TAX MAP: **8** BLK: **16** PARCEL **78**

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard **(13)** **A59898**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **02/29/02** *Karen Goedts* **02/29/03**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **545** 000 EAST GRID **792** 000

50 55 57 63

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

**N E 55845**

**E W 792**

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

# APPLICATION

PERCOLATION TESTING

A 59898

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/30/99

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 FISHER COLLINS and CARTER (Agent)

ADDRESS 10272 Baltimore national pike PHONE (410) 461-2855  
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION McCaan Property LOT NO. Pres. Parcel (11)

ROAD AND DESCRIPTION OLD FREDERICK Road

TAX MAP 8 PARCEL # 78

SIZE OF LOT 1 AC. 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.

Isabella Y. Fisch (Agent)  
(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

# PRES PARCEL

59808  
COUNTY #

SOIL PROFILE

99/100

topsoil

org brn  
cl 1m

pale org  
tan  
si 1m

small  
shale  
veins

30%+  
shale  
frag

101/102

topsoil

red brn  
cl 1m

pale org  
beige  
si 1m

15-20%  
R<sub>x</sub>  
frag

103/104

topsoil

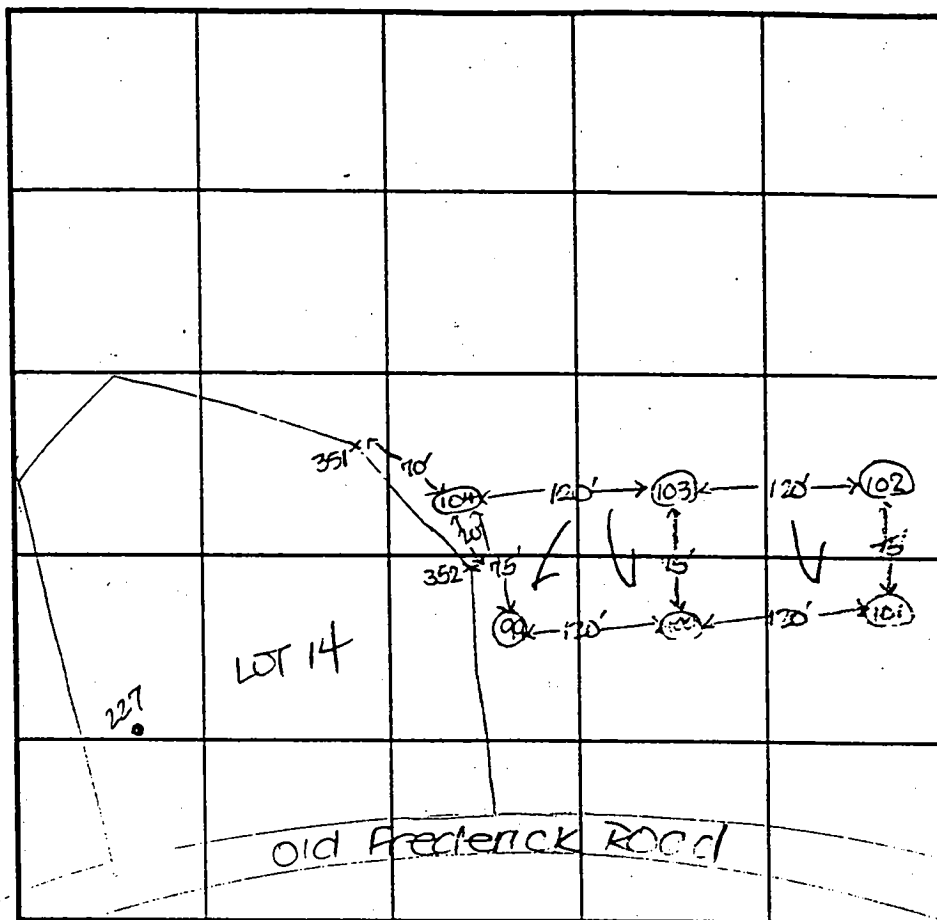
org brn  
cl 1m

pale pk  
tan  
si 1m

esm fx-  
patches

30%  
R<sub>x</sub>  
frag

SOIL PROFILE



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
4-22-08	99	4.5' S	3:07	3:08	3:08	3:09.3	2
		11.0' D	Visual				OK
	100	6.0' S	3:10	3:13	3:13	3:16	3
		11.0' D	Visual				OK
	102	11.0' D	Visual				OK
	103	3.5' S	3:23	3:25	3:25	3:27	2
		7.0' M	3:23.3	3:26	3:26	3:30	4
		11.0' D	Visual				OK
	104	12.5' D	Visual				OK
	101	11.0' D	Visual				OK

REMARKS: holes not staked

TYPE OF SOIL

TESTED BY: D. Sae

ALSO PRESENT: O. Ketherman Jr.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

- LOT 12 -

COUNTY #

SOIL PROFILE

821

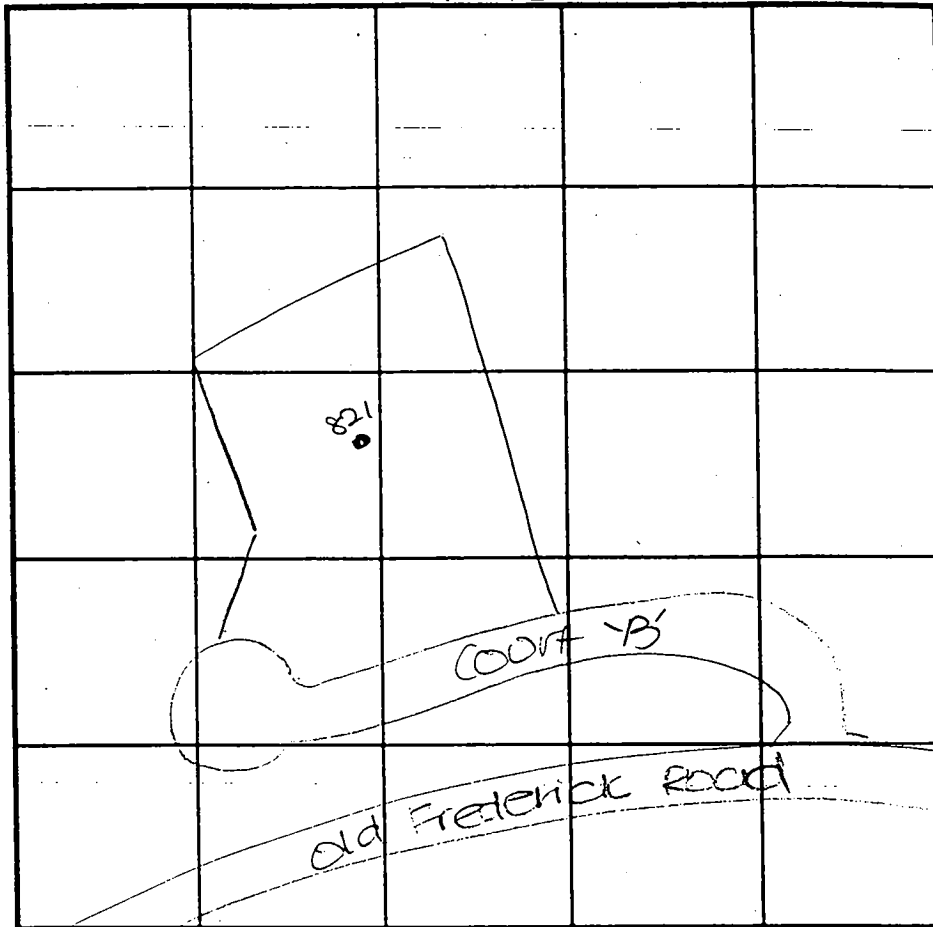
topsoil

org. loam  
cl. loam

pale  
org. brn  
silt loam

35%+  
small  
frag.

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-14-00	821	3.0	1:31	1:33	1:33	1:35	4
		13.0	Visual	See	prof		0.12

REMARKS hole started by engineer

TYPE OF SOIL

TESTED BY DVS

ALSO PRESENT Mr. Carter

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SO FT/BEDROOM

## COUNTY #

## SOIL PROFILE

99/100

topsoil

org bñ  
d lñ

pale.org  
tan  
si lm

[small  
shale  
vein]

30%+ shale frog

101/102

topsoil

red brn  
clm

pale org  
beige  
si / m

15-20%  
Rx  
frag

103/104

topsoil

org brr  
cl lm

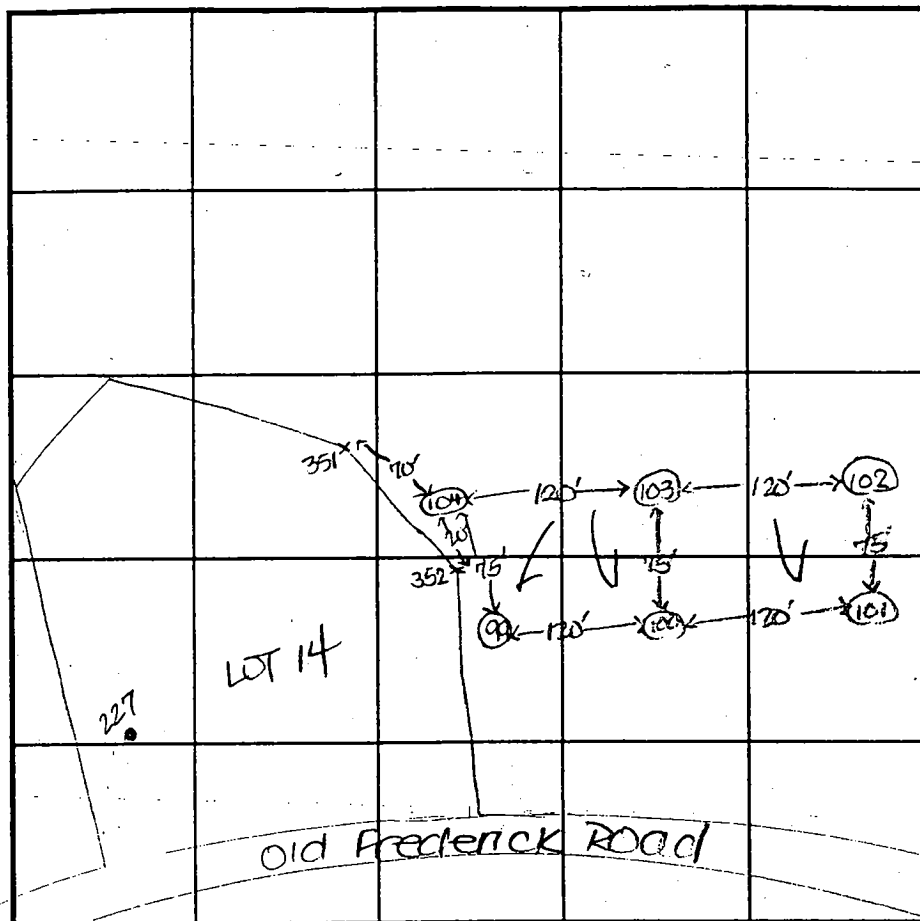
pale pl  
tan  
si/m

[Sm Ry-  
patch]

30%  
Rx  
Amo

### SOIL PROFILE

1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-98	99	4.5'S	3:07	3:08	3:08	3:09 <sub>3</sub>	2
		11.0'D	Visual				OK
	100	6.0'S	3:10	3:13	3:13	3:16	3
		11.0'D	Visual				OK
	102	11.0'D	Visual				OK
	103	3.5'S	3:23	3:25	3:25	3:27	2
		7.0'M	3:23 <sub>3</sub>	3:26	3:26	3:30	4
		11.0'D	Visual				OK
	104	12.5'D	Visual				OK
	101	11.0'D	Visual				OK

REMARKS

TYPE OF SOIL

TESTED BY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

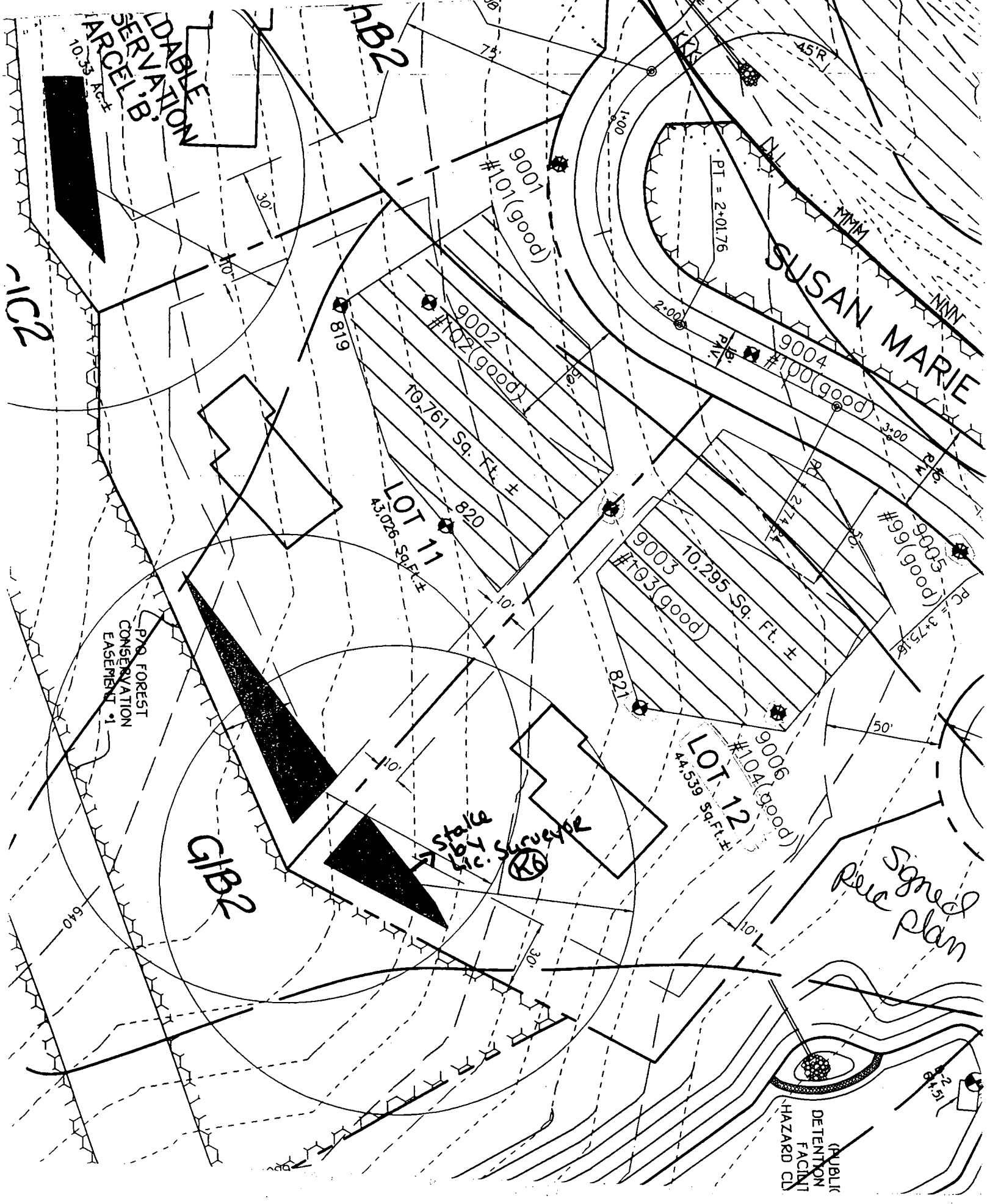
INLET DEPTH

MAXIMUM BOTTOM DEPTH

## ALSO PRESENT

TRENCH WIDTH

SQ. FT./BEDROOM



10.35 AC±

10.35 AC±  
SERVABLE  
ARCELS B.

10.35 AC±

P.O. FOREST  
CONSERVATION  
EASEMENT #1

10.35 AC±

Stake  
#1  
K6

SUSAN MARIE

Signed  
Plan

(PUBLIC)  
DETENTION  
FACILITY  
HAZARD CD

LOT 11  
43,026 Sq. Ft. ±

LOT 12  
44,539 Sq. Ft. ±

LOT 100 (good)  
10,295 Sq. Ft. ±

9001  
#101 (good)

9002  
#102 (good)

9004  
#100 (good)

9005  
#99 (good)

9006  
#104 (good)

9003  
#103 (good)

PT = 2+01.76

PT = 3+73.18

PT = 2+74.41

PT = 3+73.18

PT = 3+73.18

PT = 3+73.18

PT = 3+73.18

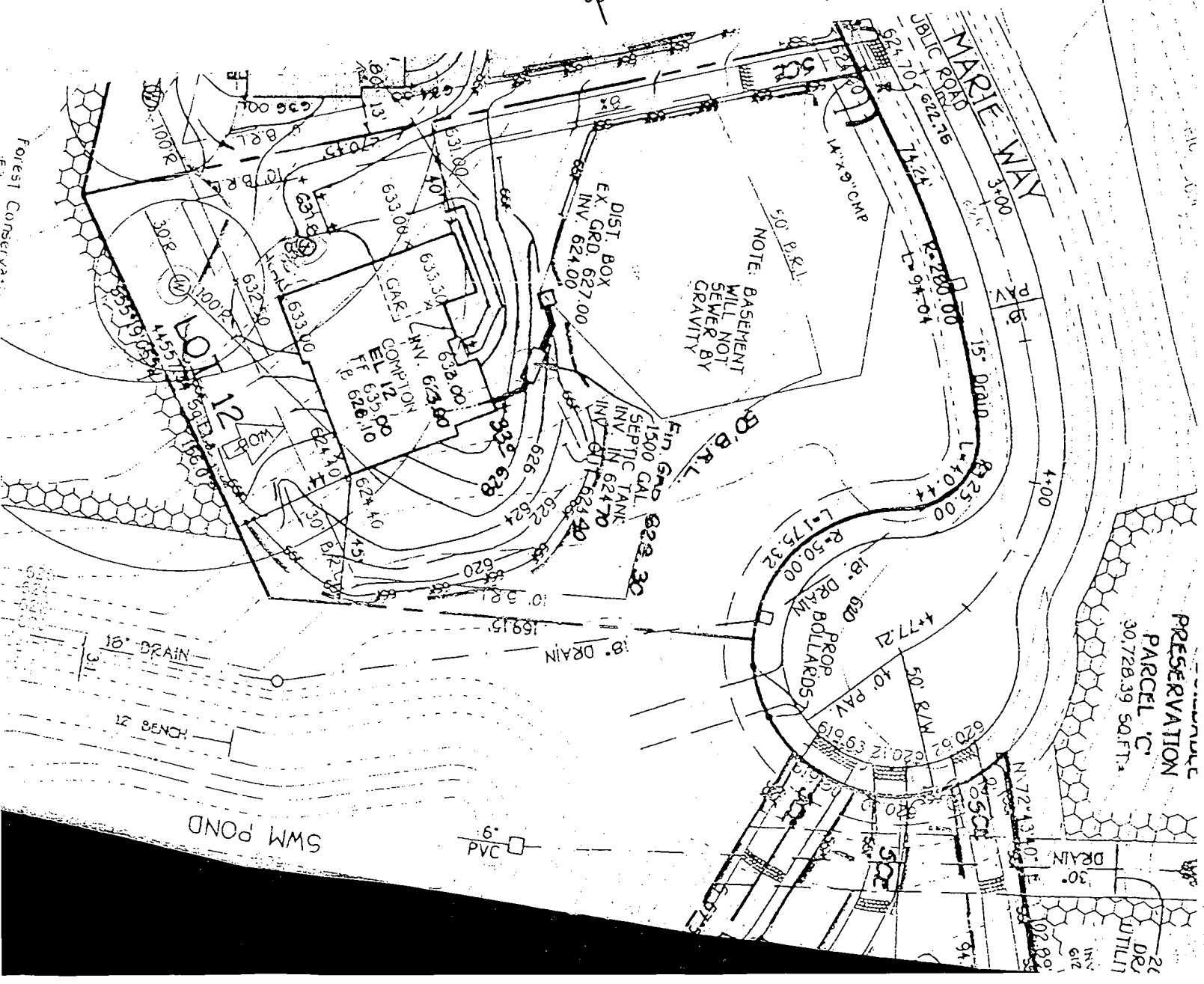
PT = 3+73.18

PT = 3+73.18

PT = 3+73.18

PT = 3+73.18

2/24/03  
 prop. tank location OK  
 (K) BP00140404



12

BB

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  
B00139315

Building Address 14708 SUSAN MARIE WAY  
Woodburn Md 21797  
Suite/Apt # GP SDRWP/Petition # 03-10  
Census Tract 11101 Subdivision McCann Estates  
Section Area Lot 12  
Tax Map 8 Parcel 78 Grid 16  
Zoning P110 Map Coordinates 4B10 Lot size

Property Owner's Name Pulte Homes, Inc.  
Address 1501 Sidedownwood Street  
City Baltimore State Md Zip Code 21227  
Home Phone Work Phone 410 644 5703  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone Fax

Existing Use VACANT LOT  
Proposed Use SINGLE FAMILY DWELLING  
Estimated Construction Cost \$ 150,000.00  
Description of Work CONSTRUCT "Compton"  
2 sty, full bsmr,

Contractor Company Pulte Homes, Inc.  
Contact Person Dianna Wenzel  
Address 1501 Sidedownwood Street  
City Baltimore State Md Zip Code 21227  
License No. 0316  
Phone 410 644 5703 Fax 410 644 2843

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 DESCRIPTION - RESIDENTIAL

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 THERETO; (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  
Dianna Wenzel  
Title/Company  
Building Permit Clerk/Pulte Homes

Date  
12/13/00

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

AGENCY  
Land Development (DPZ)

DATE  
12/13/00

SIGNATURE APPROVAL  
Dianna Wenzel

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 New Town Zone  
SDP/Red-line approval date

PROPERTY ID#  
8672A  
Filing fee  
\$ 120  
Permit fee  
\$ 100  
Excess tax  
\$  
Add'l per fee  
\$  
TOTAL FEES  
\$ 220  
Sub-total paid  
\$  
Balance due  
\$  
Check  
#  
Validation  
12/13/00  
Accepted by  
12

CONTINGENCY CONSTRUCTION START ☐  
ONE STOP SHOP ☐

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



REAR PL. 10'  
SIDE PL. 10'  
HOUSE N/A  
SEPTIC N/A  
WELL N/A

# SUSAN MARIE WAY

R=280.00'  
A=94.04'

R=62.00'  
A=4.25'

R=25.00'  
L=10.44'

10' PUBLIC  
DRAINAGE &  
UTILITY EASEMENT

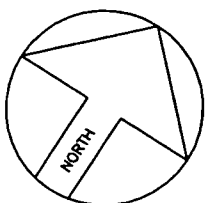
10' PUBLIC TREE  
MAINTENANCE  
EASEMENT

PUBLIC DRAINAGE &  
UTILITY EASEMENT

10' PUBLIC TREE  
MAINTENANCE  
EASEMENT

**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
BP# 000153104 A# 59898  
APP. SAN RAY DATE: 9/6/05  
DESC. OF WORK: 20x50 In-ground  
Pool

**PRIVATE WELL  
& PRIVATE SEPTIC**



ZONE: ONE

## SITE PLAN

1"=30'

LOT 12  
**McCANN PROPERTY**

ACCOUNT # 366956  
MAP 8, GRID 16, PARCEL 78  
ELECTION DISTRICT NO. 04  
HOWARD COUNTY, MARYLAND

397 Ln.Ft., OF  
48" HIGH FENCE  
TO CODE (BY OTHERS)

30' B.R.L.

83.7'

48.4'

N55°19'05"E 156.07'

FRONT

LOT 12  
1.04 Ac.

EXISTING  
DRIVEWAY

EXISTING  
RESIDENCE

20' x 50'  
POOL

SEPTIC  
TANK

FILTER  
LOCATION

ACCESS

1360 Sq.Ft., OF  
EXPOSED AGGREGATE  
POOL DECK (BY MPI)

APPROX. 186 Ln.Ft.,  
OF RETAINING WALLS  
(BY OTHERS)

REVISIONS:  
00/00/00

PERMIT SET

DATE: 04-05-05

**Maryl  
POO**

9515 GERWIG LANE  
SUITE 119  
COLUMBIA, MD 21046  
410-993-6600

800-252-SW1

WWW.MARYLANDPC

## EQUIPMENT

DIRT/GRADING: LEAVE  
SPA: NONE  
RAISED BEAM: 24" HIGH RAISE  
TILE: SURF 240  
COPING: STD. 'SUIT SAVI  
PLASTER: WHITE MARBEL  
FILTER SYS: C&C 420 SF C  
CLEANING SYS: PCC-2000  
TREATMENT SYS: MINERAL SPRIN  
CONTROL SYS: i 5 INTELLITOU  
HEATER: AC-125 (H  
LIGHTS: TWO WATT  
LOVESEAT: (2) @ 5' - IN  
AQUA BENCH: (2) @ 5'  
RAIL GOODS: NONE  
DECKING: 1360 SqFt - E  
FENCE: BY OWNER  
POOL COVER: NONE TYP  
CHEMICALS: \$100 CHEMICAL  
OTHER ITEMS: 8' DIVINGBOARD  
(3) 2' SHEER C  
1.0 HP BOOSTER  
8 TRUCKS OF V  
ELECTRIC: 200 FT.

## POOL D

SIZE/SHAPE: 20' x 50' - CI  
POOL AREA: 950  
TOTAL AREA: 950  
PERIMETER: 136  
GALLONAGE: 40,375 DEI

## DIRECTIONS

RT. 70 WEST TO 97 NORTH TO LEFT ON OL  
LEFT ON SUSAN MARIE WAY. HOUSE ON RI

**Paul Pham &  
14708 Susan  
Woodbine, Mary  
Howard Co**

HOME PHONE: 4  
OFFICE PHONE 1: 3  
CELLULAR PHONE 2: 4

## SITE PLAN

LOT: 12  
SUBDIVISION NAME: McCANN PROPERTY  
SCALE: 1"=30'  
BY: D.L.C.  
DATE: 04/01/05