

CANCEL BY CONTRACTOR
LAYOUT 4/6/03 11AM INSP 4 _____
INSP 2 4/15/03 11AM INSP 5 _____
INSP 3 1:00 PM INSP 6 _____

ISSUE DATE: 4/2/03

APPROVAL DATE: 4/16/03

PERMIT

P 518604

A 59898-K

INDEXED

**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: 11

ADDRESS: 14704 Susan Marie Way PROPERTY OWNER: Pulte Homes Inc

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 270

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the upper corner easement stake that is closest to the house. Run trenches on contour toward the opposite side of the easement.
NOTES:	

PLANS APPROVED: Brian Baker OK SRK 4/2/03 DATE: 1/17/2003

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

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

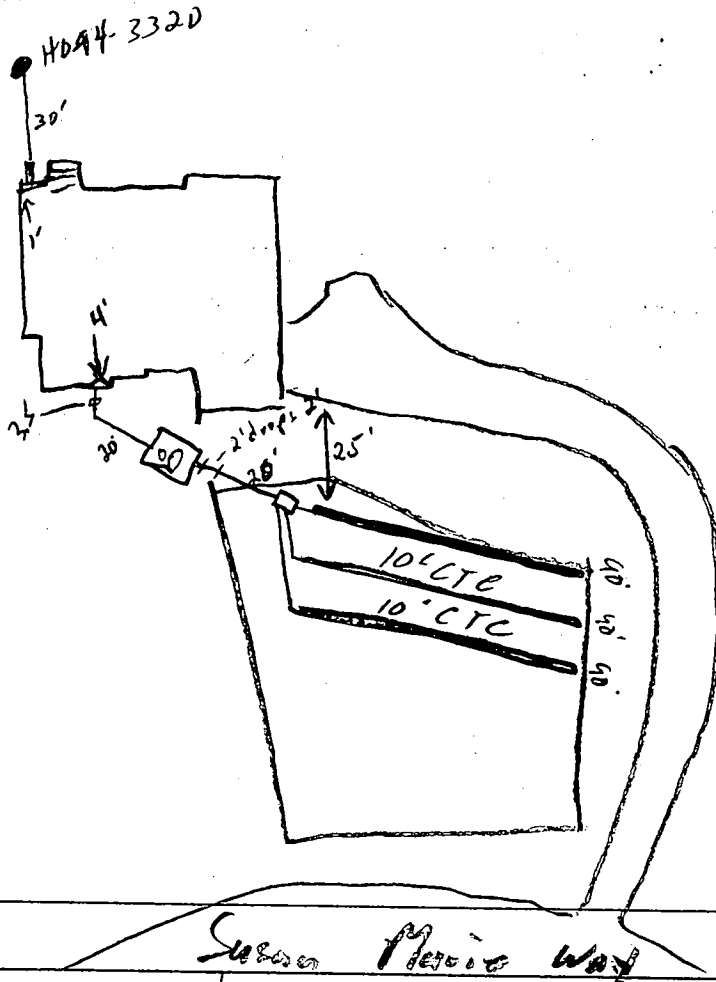
BUILDING PERMIT SIGNED

AND RETURNED

2/24/2003 B00140403 U.G. PROPANE TANK

A59898-K

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		270'
ABSORPTION AREA		810 sq
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	

PRE-CONSTRUCTION 4/15/03 Missing top SRA stakes. Measure off corner of the house to replace. Contours appear accurate. Layout per B.P. Keep

INSTALLATION tank w/ 3' or less cover (SC)

4/16/03 OK to cover all work (SC)

FINAL INSPECTOR

[Signature]

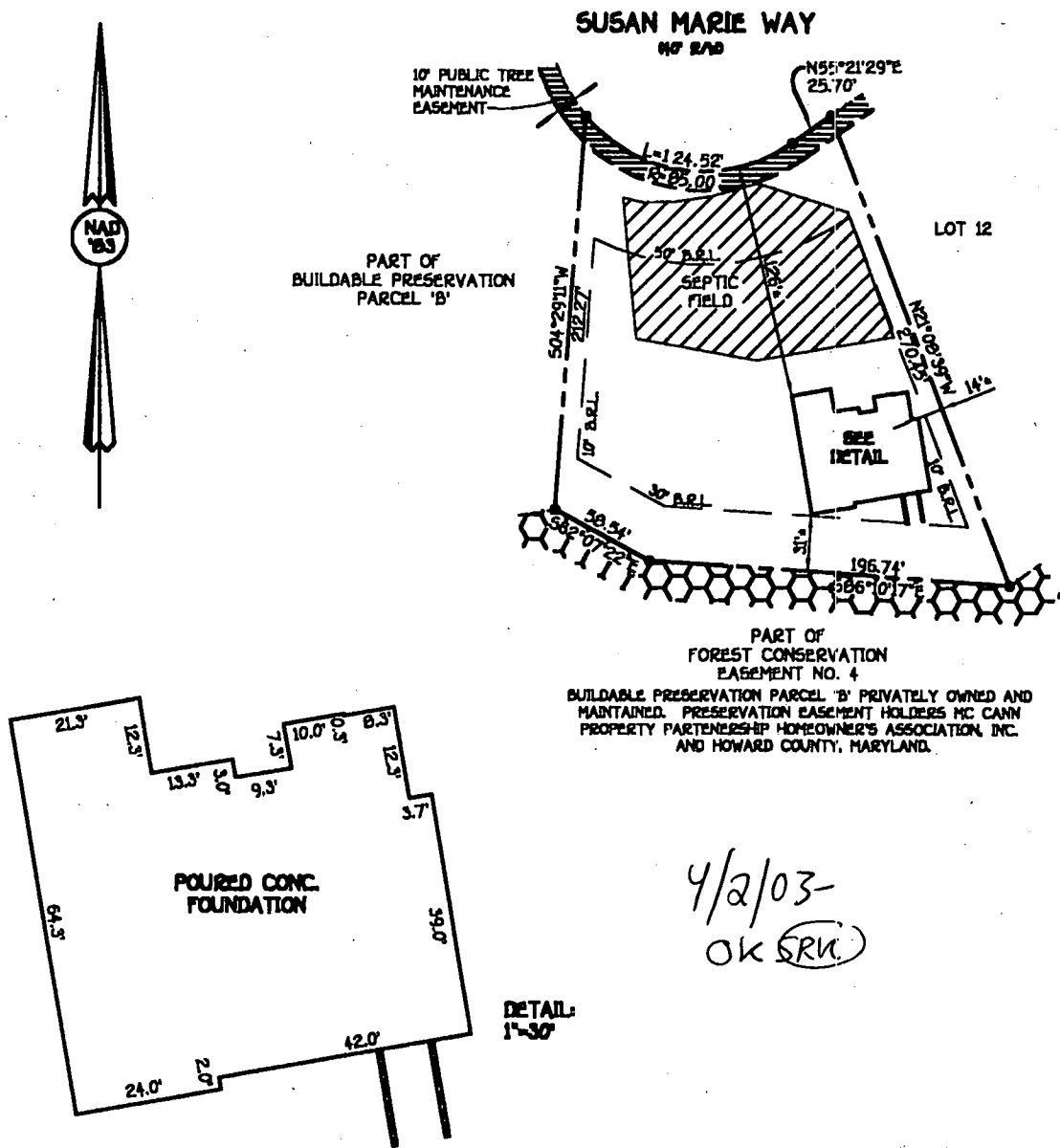
DATE OF APPROVAL

BUILDING PERMIT DIVISION

APPROVED 4/16/03

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 BEFFECTIVE 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 RESRTICTION LINE
TOP OF FOUNDATION ELEV. 640.1'

LOT 11
MC CANN 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 11775 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461-2855

FCC •



PROFESSIONAL LAND SURVEYOR
REG. 582

DATE 2/12/03

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 3/7/03
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 3/12/03
DRAWN BY: A.K.O.
CHECKED BY: S.R.P.
PROJECT No.: 51769

Approved Septic System Plan
Howard County Health Department

Signature: *Brian Baker*
Date: *11/1/11*

1500 GAL SEPTIC TANK
INV. IN 634.00
INV. OUT 633.70
DIST. BOX
EX. GRD. 635.00
INV. 633.80

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY.

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY.

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY.

Fin. Grd. G.
1500 GAL SEPTIC TANK
INV. IN 624.70
INV. OUT 624.00

DIST. BOX
EX. GRD. 627.00
INV. 624.00

LOT 11
43145.32 64 FT.

LOT 12
43551.00 64 FT.

Forest Conservation Easement No. 4

Total linear feet of trench required **270** feet

Width of trench(es) **2.0** feet

Depth of trench(es) **6.0** feet

Lot 11 14704 Susan Marie Way
McCann Estates

**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: Eagle Well Drilling Telephone #: 410-795-5670
Address: 580 Church Rd
Sylva, 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# 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: Norcan Estates Lot #: 11 Well Tag #: HO-94-3320
Site Address: 14704 Susan Marie Way

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Cameron</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75007</u>	Model #: <u>WA</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>380</u> (feet)		Conduit secured to well cap: <u>yes</u>
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 <u>yes</u>		

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: [Signature]

date: 5-28-03

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

Date Insp. Requested: _____ Date Insp. Approved: 4/21/03 (50) ^{SRK}
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 ✓

C1 14426 <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY 13 59898 NUMBER																																																
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13 13	DATE WELL COMPLETED MM DD YY 04 13 82	Depth of Well 22 400 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 3320																																																
OWNER <u>Fisher - Collins - Carter</u> STREET OR RFD <u>Susan Marie Way</u> TOWN <u>WOODBINE / Sykesville</u> SUBDIVISION <u>McLann Property</u> SECTION <u>11</u> LOT <u>11</u>																																																			
WELL LOG 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>60</td><td>✓</td></tr> <tr><td>Brown SLATE</td><td>60</td><td>65</td><td></td></tr> <tr><td>Blue SLATE</td><td>65</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>90</td><td></td></tr> <tr><td>Brown SLATE</td><td>90</td><td>95</td><td>✓</td></tr> <tr><td>Blue SLATE</td><td>95</td><td>400</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	60	✓	Brown SLATE	60	65		Blue SLATE	65	80		Brown SLATE	80	85	✓	Blue SLATE	85	90		Brown SLATE	90	95	✓	Blue SLATE	95	400		GROUTING RECORD YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>22</u> NO. OF POUNDS <u>2200</u> GALLONS OF WATER <u>132</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30+</u> ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> STEEL</td> <td><input type="checkbox"/> CONCRETE</td> </tr> <tr> <td><input checked="" type="checkbox"/> PLASTIC</td> <td><input type="checkbox"/> 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>75</u> 60 61 63 64 66 70 OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G _____ screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> STEEL</td> <td><input type="checkbox"/> BRASS</td> <td><input checked="" type="checkbox"/> OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PLASTIC</td> <td><input type="checkbox"/> BRONZE</td> <td><input type="checkbox"/> OTHER</td> </tr> </table>		<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> CONCRETE	<input checked="" type="checkbox"/> PLASTIC	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> BRASS	<input checked="" type="checkbox"/> OPEN HOLE	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> BRONZE	<input type="checkbox"/> OTHER
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																																
	FROM	TO																																																	
Top Soil	0	2																																																	
Brown Shale	2	60	✓																																																
Brown SLATE	60	65																																																	
Blue SLATE	65	80																																																	
Brown SLATE	80	85	✓																																																
Blue SLATE	85	90																																																	
Brown SLATE	90	95	✓																																																
Blue SLATE	95	400																																																	
<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> CONCRETE																																																		
<input checked="" type="checkbox"/> PLASTIC	<input type="checkbox"/> OTHER																																																		
<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> BRASS	<input checked="" type="checkbox"/> OPEN HOLE																																																	
<input type="checkbox"/> PLASTIC	<input type="checkbox"/> BRONZE	<input type="checkbox"/> OTHER																																																	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 SD 117</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		C2 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 99 100 110 73 400 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.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																																	
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 		PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>I</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>40</u> ft. WHEN PUMPING <u>220</u> ft. TYPE OF PUMP USED (for test) <input type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input checked="" type="checkbox"/> submersible PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <u>29</u> 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) <input checked="" type="checkbox"/> above } LAND SURFACE <u>2</u> (nearest foot) <input type="checkbox"/> below }																																																	

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3320
Location of property (road) Susan Marie Way
Subdivision McCann Property Lot 11 Block _____ Plat _____ Sec. _____
Well Driller Ralph Mayne Owner Fisher, Collins + Carter

Depth of well 400
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 40

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM
Total time 30 min to reach pumping water level 220 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	40 ft	6 Sec		10 GPM
7:30	220 ft	60 Sec	Test Started	I GPM
7:45	220 ft	60 Sec		I GPM
8:00	220 ft	60 Sec		I GPM
8:15	220 "	60 "		I "
8:30	220 "	60 "		I "
8:45	220 "	60 "		I "
9:00	220 ft	60 Sec		I GPM
9:15	220 ft	60 Sec		I GPM
9:30	220 "	60 "		I "
9:45	220 "	60 "		I "
10:00	220 ft	60 Sec		I GPM
10:15	220 ft	60 Sec		I GPM
10:30	220 ft	60 Sec		I GPM
10:45	220 "	60 "		I "
11:00	220 "	60 "		I "
11:15	220 "	60 "		I "
11:30	220 ft	60 Sec		I GPM
11:45	220 ft	60 Sec		I GPM
12:00	220 ft	60 Sec		I GPM
12:15	220 "	60 "		I "
12:30	220 "	60 "		I "
12:45	220 "	60 "		I "
1:00	220 ft	60 Sec		I GPM
1:15	220 ft	60 Sec		I GPM
1:30	220 ft	60 Sec		I GPM
1:45	220 "	60 "		I "
2:00	220 "	60 "		I "
HD-224.15	220 ft	60 Sec		I GPM
2:30	220 ft	60 Sec		I GPM

B 1	8945	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516474 please print or type	STATE PERMIT NUMBER HO - 94 - 3320 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner First Name		34
36 Street or RFD		55		
57 Town		70 State	72 Zip	76
DRILLER INFORMATION				
Driller's Name		M S D		112
Firm Name		1224 Handy Rd. Mt Airy MD. 21071		
Signature		Date 1-24-02		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 500 12		
		AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		
		14 500 20		
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 <u>150</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVERSE-ROTARY DRIVE-POINT 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 DEEPEN 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 HO 2002G004				
PERMIT No HO - 94 - 3320				
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.</small>				

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION MCCANN PROP 42

SECTION 44 46 LOT 11 48 50

52 NEAREST TOWN COOKSVILLE 71

MILES FROM TOWN (enter 0 if in town) I 73 M 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD SUSAN MARIE WAY 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 225 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 8 BLK: 16 PARCEL 78

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard 13 COUNTY NO. A59898

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 2-14-02 Kane 2-14-03

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 550 45

E N 790 2

000 000

4/12/02 GROUT 12:00-4:00

(X) NO IN SP

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. Facharia G. Fische (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

0'
1'
1.5'
5'
11'

topsoil
org brn
cl m
pale org
tan
si m
[small
shale
vein]
30%+
shale
frag

101/102

0'
1'
5'
11'

topsoil
red brn
cl m
pale org
beige
si m
15-20%
R
frag

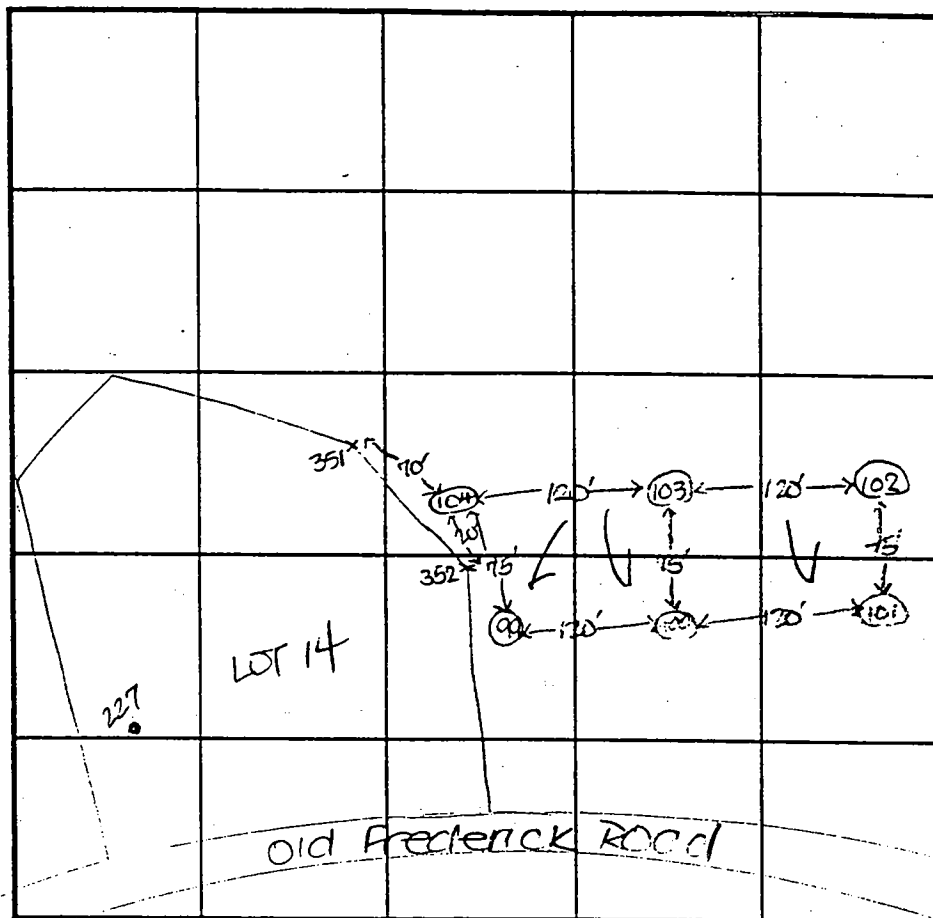
103/104

0'
1'
1.5'
5'
11'

topsoil
org brn
cl m
pale pk
tan
si m
[sm R
patch]
30%
R
frag

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
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 & E. Carter

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

-LOT 11-

COUNTY #

SOIL PROFILE

819

0' topsoil
1' pale
org. brn
cl. m
3' 1" red
brn
sa. m
13' 15-20%
frag

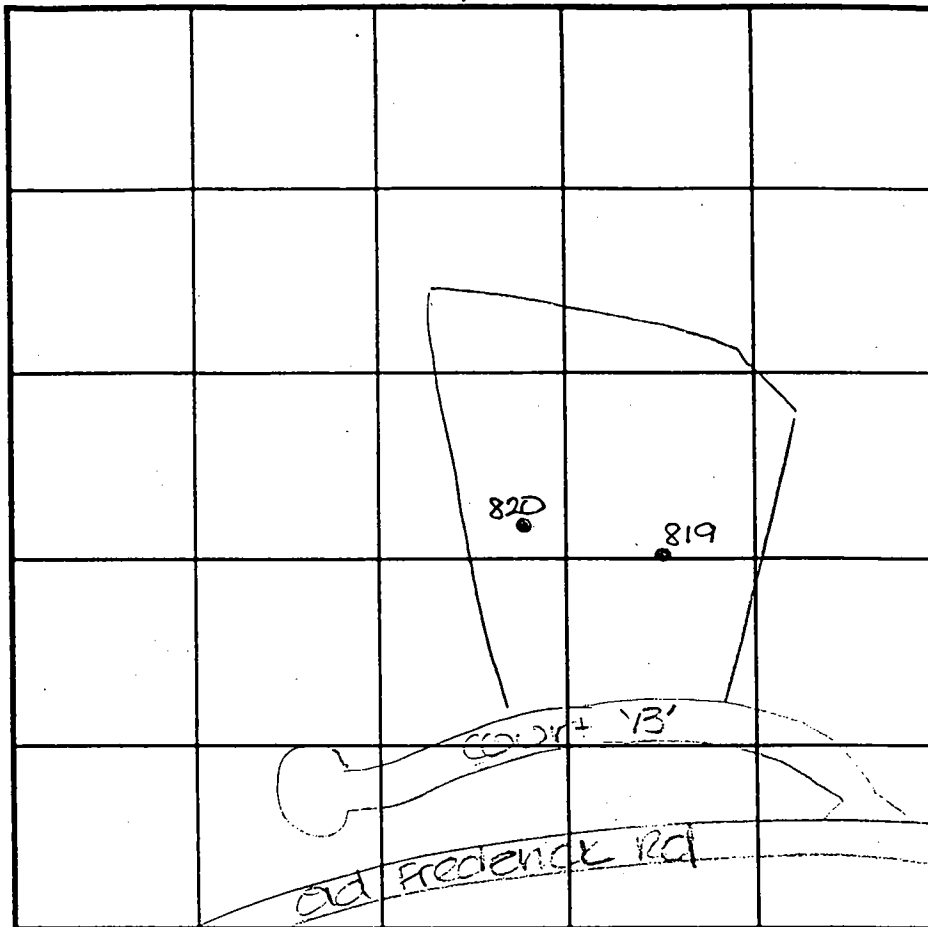
820

like
89

135%
shale
frag

SOIL PROFILE

0'



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	819	3.5 S	11:19	11:21	11:21	11:24	3
		13.0'D	Visual	- See	profile		OK
	820	3.0 S	11:26	11:28	11:28	11:30	2
		12.0'D	Visual	- See	profile		OK

REMARKS holes staked by engineer

TYPE OF SOIL

TESTED BY DKS

ALSO PRESENT Mr. Carter

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

PRES PARCEL

598098
COUNTY #

SOIL PROFILE

99/100

topsoil

org brn
cl 1m

pale org
tan
si 1m

[small
shale
vein]

30%+
shale
frag

101/102

topsoil

red brn
cl 1m

pale org
beige
si 1m

15-20%
R_x
frag

103/104

topsoil

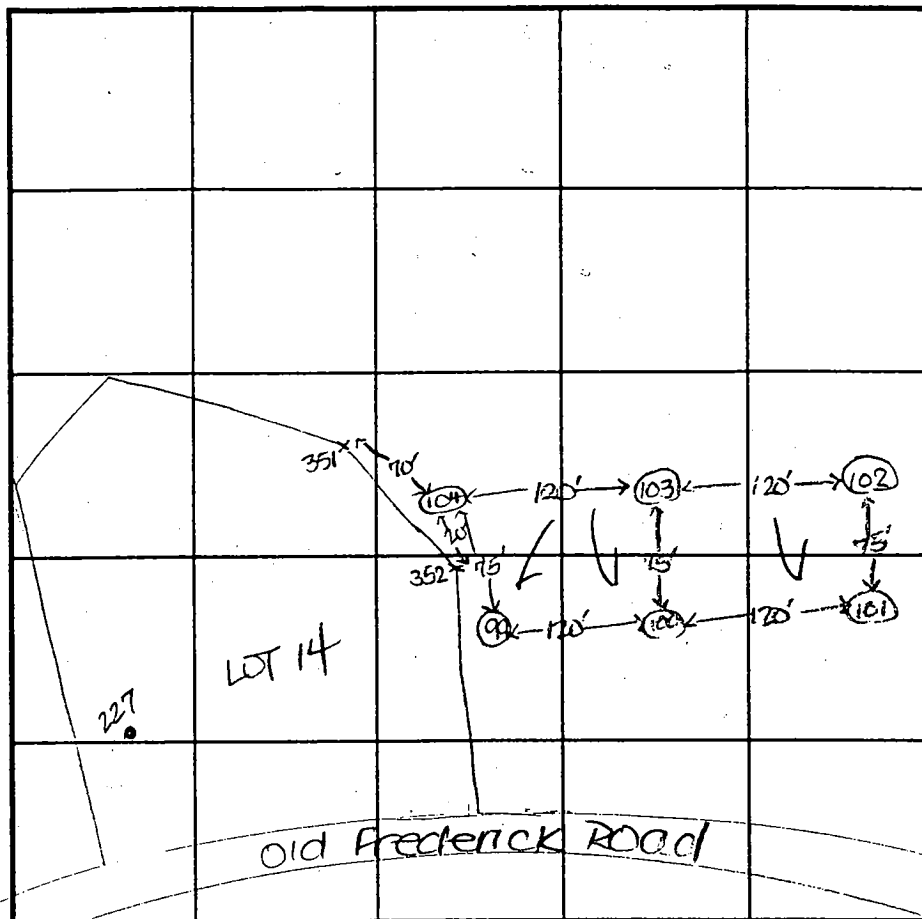
org brn
cl 1m

pale pk
tan
si 1m

[sm R_x
patch]

30%
R_x
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	
4-22-98	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

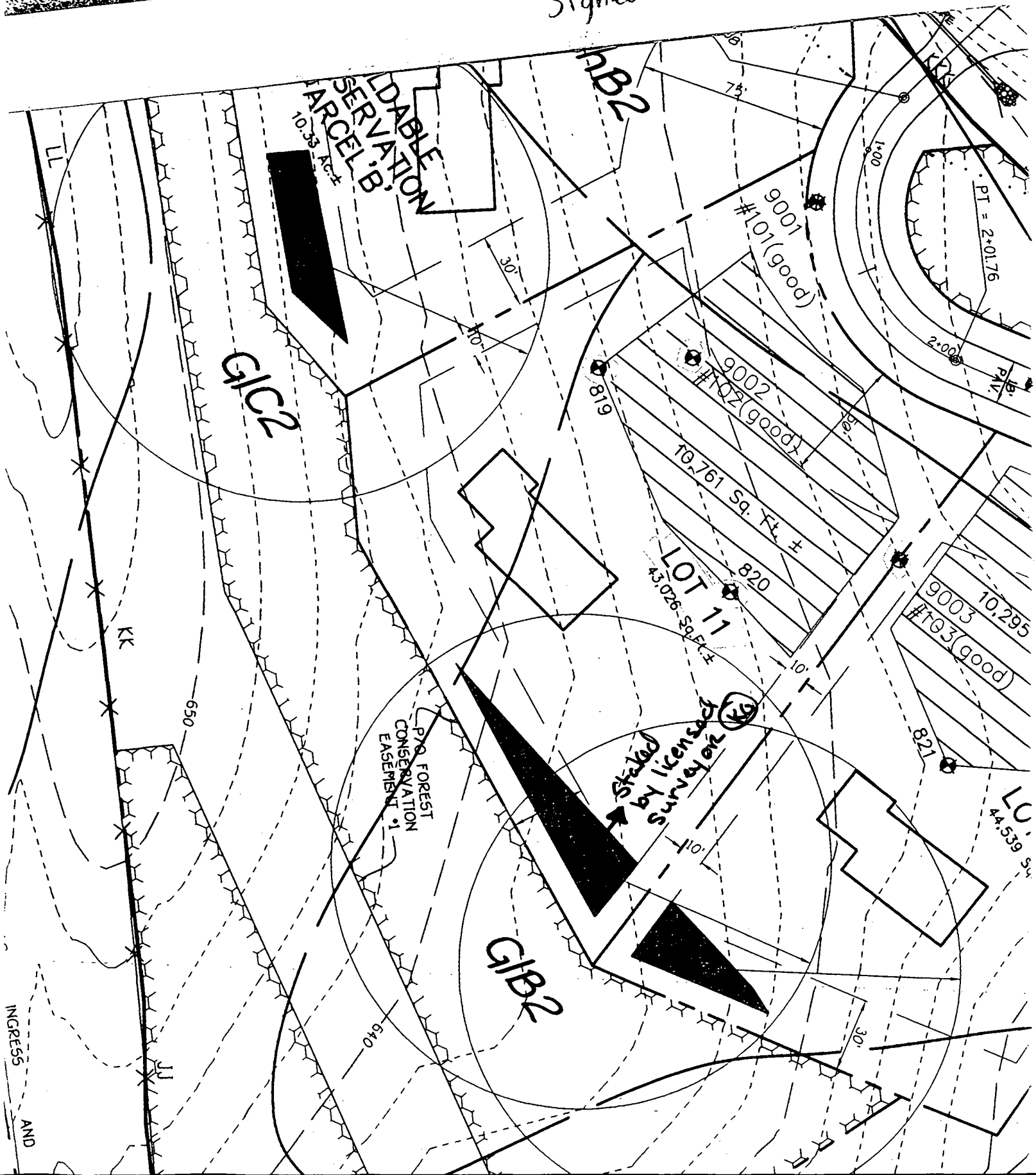
TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT O. Ketterman Jr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Signed Perc Cert 8/1/00



2/4/03
 Prop tank
 location etc
 (N)

