

LAYOUT 10/20/03 - 10:30 Am INSP 4 _____
INSP 2 10/21/03 - 1 pm INSP 5 _____
INSP 3 10/22/03 - INSP 6 _____

ISSUE DATE: 10/14/03

APPROVAL DATE: 10/22/03

**PERMIT
INDEXED**

P 519618

A 59898-0

**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 Rd, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: McCann Property LOT NUMBER: 15

ADDRESS: 14705 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: 180 (2-50' trenches)

LINEAR FEET OF TRENCH REQUIRED: 100' - 150' total HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth <u>8.0</u> feet below original grade. Effective area begins at 3.5 feet below original grade. <u>2.0</u> feet of stone below distribution pipe. <u>final</u> <u>4.0</u>
LOCATION:	Septic tank shown 2 1/2' below grade after grading. Place the distribution box and septic tank as shown on the approved plan. Run trenches on <u>center</u> 12' center to center, (3-50' trenches). No Grading in the in the septic area. <u>Contour</u>
NOTES:	1 st system from 4-6' with sidewall useage. Perc holes down slope indicate deeper clay. Basement gravity service not proposed.

PLANS APPROVED: Kacie Noonan OK SRK 10/8/03 DATE: 6/13/03

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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**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
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

10/20/03 $\frac{720}{3} \times .42 = 101'$ ^{total} trench length

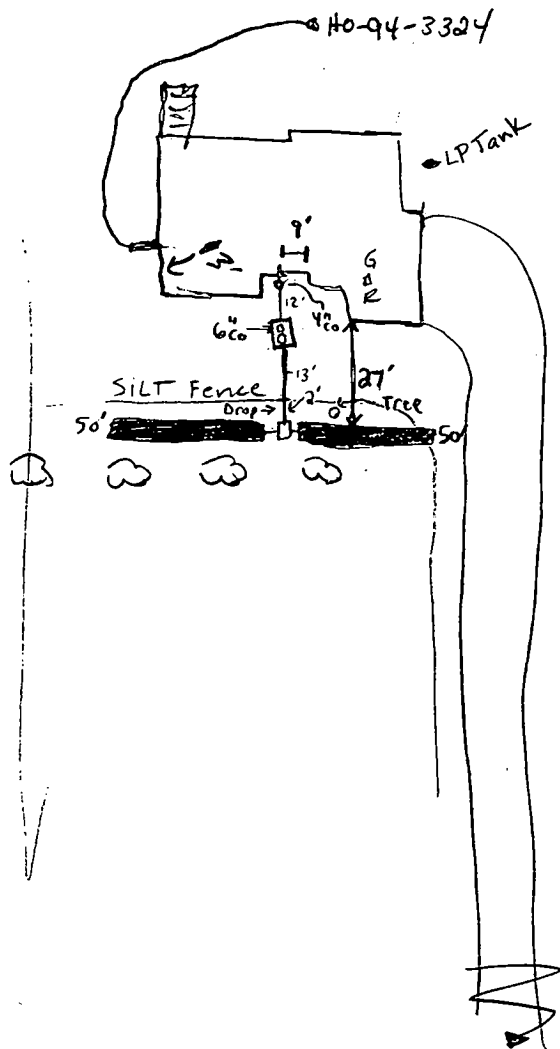
4' inlet & 8' bottom, 4' stone

percolation notes support adjustment

KN

459898-0

NOT TO SCALE



SUSAN MARIE WAY

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	8'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	100'	
ABSORPTION AREA	400 ft ² (one sidewalk only)	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	NA	

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL	✓	
CAPACITY	1250	GAL
SEAM LOC	Top	
TANK LID DEPTH	2-3'±	
BAFFLES	✓	
BAFFLE FILTER	NA	
MANHOLE LOC	center	
6" PORT LOC	front	
WATERTIGHT TEST	NA	
SEPTIC TANK 2 LEVEL	NA	
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

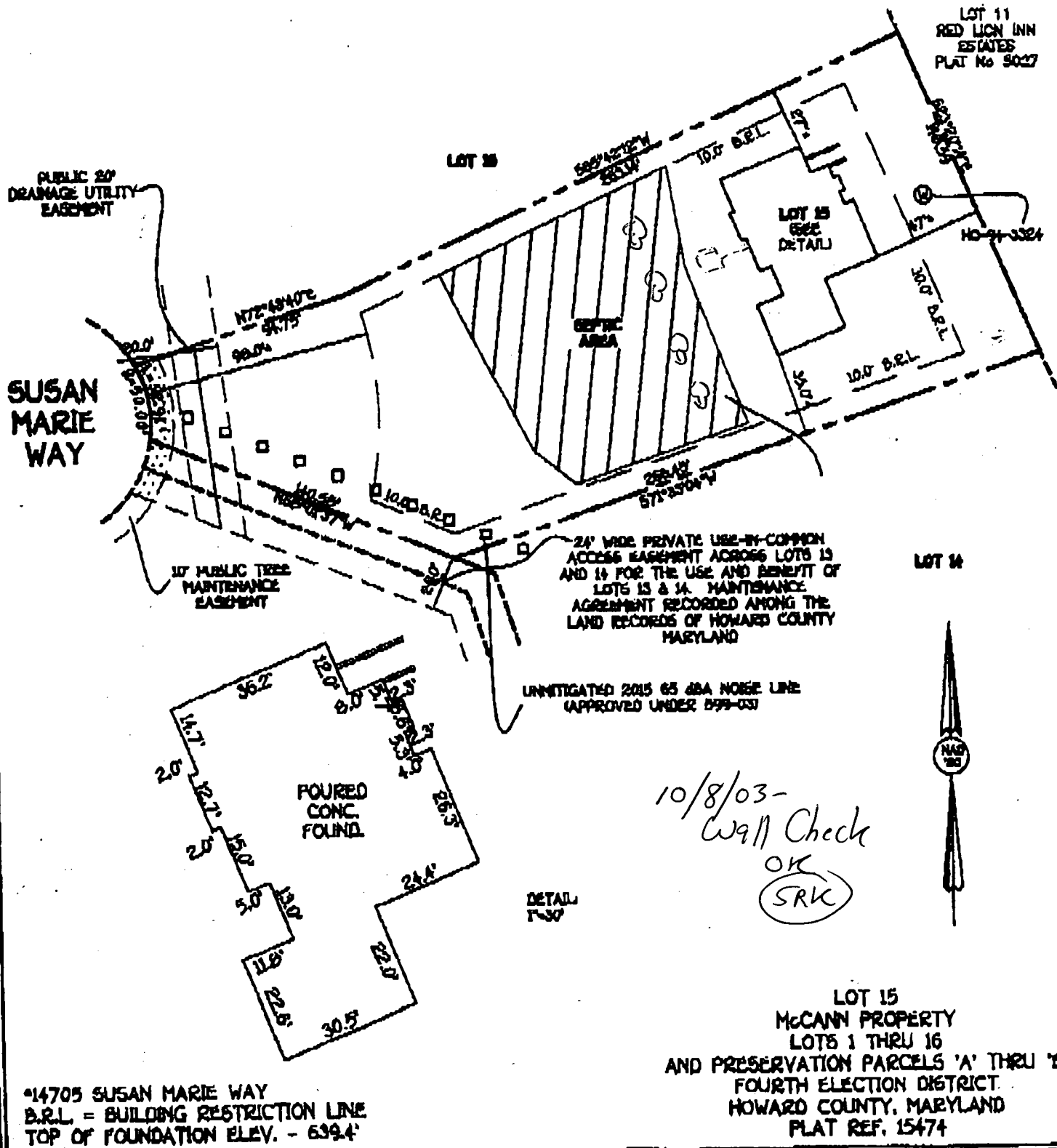
PRE-CONSTRUCTION 10/20/03 Layout not ready. SDA NOT staked. Three
 mature trees in SDA. See New Specs on front @
 INSTALLATION bottom of page (KN) 10/21/03 SDA STAKED. S. Tank
 hole dug. OK TO START TRENCHES. S.T. now arriving - integrity of S. Tank
 OK (KN) 10/22/03 - OK TO COVER ALL WORK (SRK/KB) **RECEIVED PERMIT SIGNED**
AND RETURNED

FINAL INSPECTOR Steven R. Krieg

DATE OF APPROVAL 10/22/03

GENERAL NOTES:

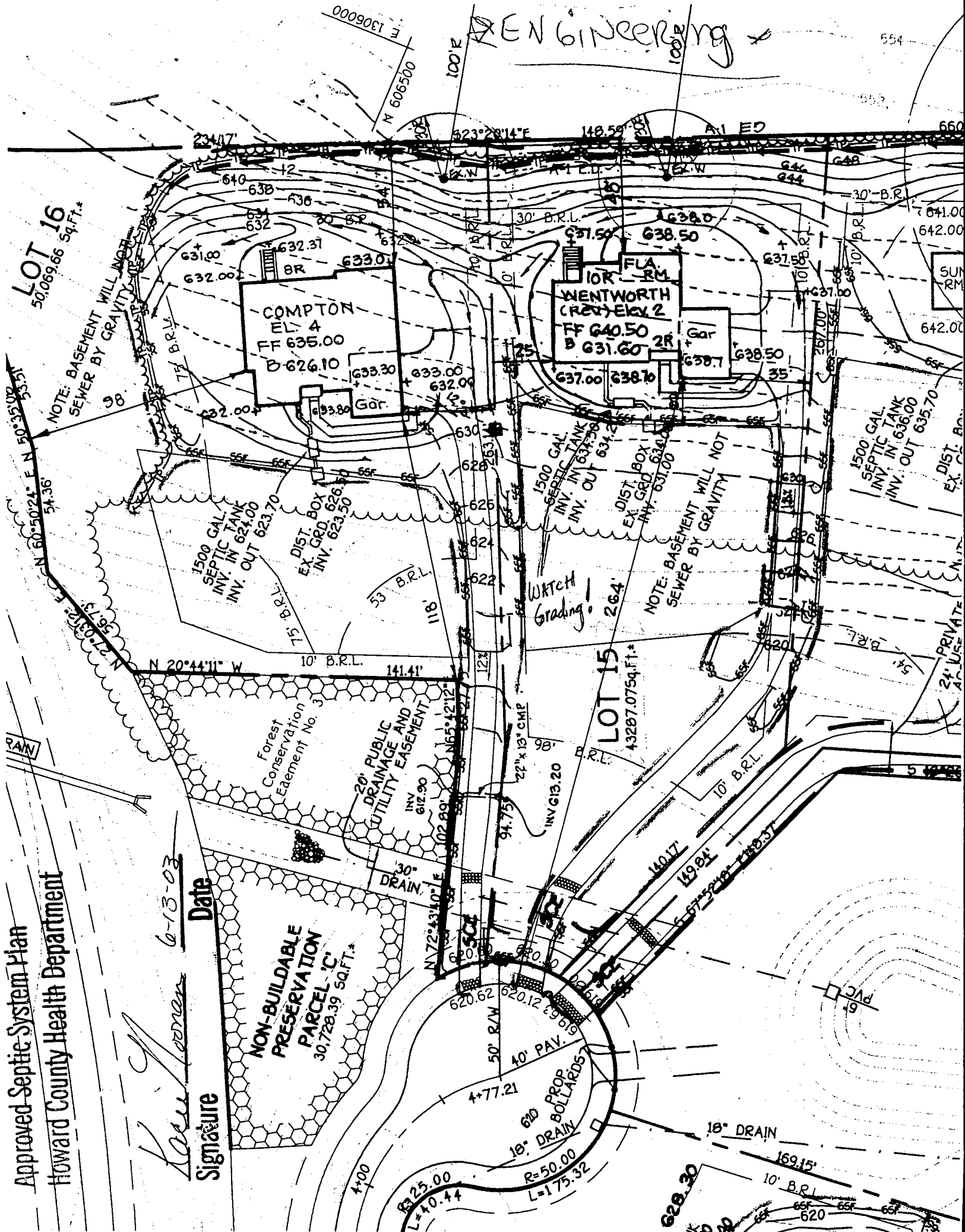
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS 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. 240044-000B BEFFECTIVE DEC. 1, 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' (w)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



Approved Septic System Plan
Howard County Health Department

Karl Loren
Signature
Date 6-13-03

NON-BUILDABLE
PRESERVATION
PARCEL 'C'
30,728.39 SQ.FT.



**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: Foales Well Drilling Telephone #: 410-795-5670
Address: 5800 Obrecht Rd
Sykesville MD 21084

(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 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: McCann Estates Lot #: 15 Well Tag #: HO-94-3324
Site Address: 14705 Susan Marie Way

Submersible Pump Data

Make: Grundfos
Model #: 75 B05422
Pump Capacity _____ GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Camco
Model #: NA
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: 140 (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 NA

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: 6
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

12-4-03
date

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

Date Insp. Requested: 11/3/03

Date Insp. Approved: 11/3/03 (50) SRV

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 _____

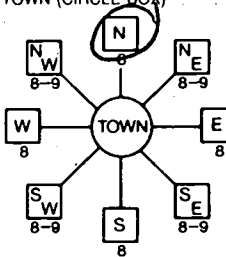
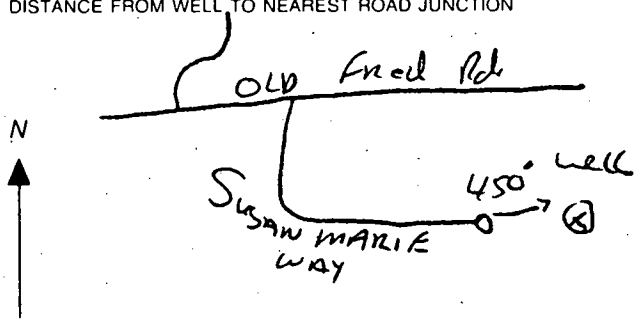
C1	14414	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																														
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY 13 459898 NUMBER																																
ST/CO USE ONLY DATE RECEIVED 04 25 03		DATE WELL COMPLETED 04 18 02		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK H0-94-3324 6/13/03																														
OWNER Fisher - Collins - Carter STREET OR RFD Susan Marie Way SUBDIVISION McCann Property		TOWN Sykesville SECTION LOT 15																																
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) Y N																																
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC																																
<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>10</td> <td></td> </tr> <tr> <td>Brown Slate</td> <td>10</td> <td>15</td> <td></td> </tr> <tr> <td>Blue Slate</td> <td>15</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>140</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	10		Brown Slate	10	15		Blue Slate	15	60		Brown Slate	60	65	✓	Blue Slate	65	140		NO. OF BAGS 45 NO. OF POUNDS 200 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 8 ft. to 23 ft. (enter 0 if from surface)		
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																															
	FROM	TO																																
Top Soil	0	2																																
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		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table>			ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER																										
ST STEEL	CO CONCRETE																																	
PL PLASTIC	OT OTHER																																	
		MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 25																																
		OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____																																
		SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>			ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																									
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PL PLASTIC	OT OTHER																																	
NUMBER OF UNSUCCESSFUL WELLS: 0		C2 DEPTH (nearest ft.) H0 23 140																																
WELL HYDROFRACTURED Y N		TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible																																
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		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 _____																																
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.		CASING HEIGHT (circle appropriate box and enter casing height) + above - below 9 (nearest foot) LAND SURFACE																																
DRILLERS LIC. NO. MS 0117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Samuel LIC. NO. D		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) 																																
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 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O 70 _____ 72 _____ 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																

Well Permit No. HO - 94-3324
Location of property (road) Susan Marie Way
Subdivision McCan Property Lot 15 Block Plat Sec.
Well Driller Ralph Mayne Owner Fisher, Collins + Carter

Depth of well 140
Distance of measuring point (M.P.) above ground 2"
Static water level (S.W.L.) below M.P. 60

Time pump started 1:15 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 61 ft. below M.P.

[illegible]

B 1 8949 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO-DRILL WELL 516494 please print or type	STATE PERMIT NUMBER HO 94-3324 70 fill in this form completely 79
Date Received (APA) 01 28 02 8 MM DD YY 13 FISLER - COLLINS - CARTER INC 15 Last Name Owner First Name 34 10222 BALT. NATIONAL PIKE 36 Street or RFD 55 ELLICOTT CITY MD. 21042 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 McCANN Prop 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>15</u> 48 50 COOKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>I</u> 73 M 76 77 78	
DRILLER INFORMATION RALPH E MAYNE M S D 117 76 License No. 81 RALPH E MAYNE WELL DRILLING Firm Name 1224 Handy Rd Mt Airy MD. 21221 Address 1-24-02 Signature Date		B 4 Susan Marie Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> 32 EAST WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>350</u> 37 DISTANCE FROM ROAD <u>14</u> ENTER FT OR MI 38 39 TAX MAP: <u>8</u> BLK: <u>16</u> PARCEL <u>78</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL Howard 13 A 59898 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 02/29/02 Kaci Hooley 02/29/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 545 0 0 0 EAST GRID 794 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE NZ 558 E 798.5 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEENED 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 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER A 02002G001 PERMIT No. HO-94-3324 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

APPLICATION

PERCOLATION TESTING

A 59898

P _____

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

DISTRICT _____

DATE 3/30/98

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 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. 16 (15)

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.

Eucharistia Y. 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

COUNTY #

SOIL PROFILE

16219

0°

topsoil:

red brn
cl / brn

3.54

pale pk
brn
sil m

20%+
Rx
Prog

12'

K.2-221

-cp=0:/

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cl / m

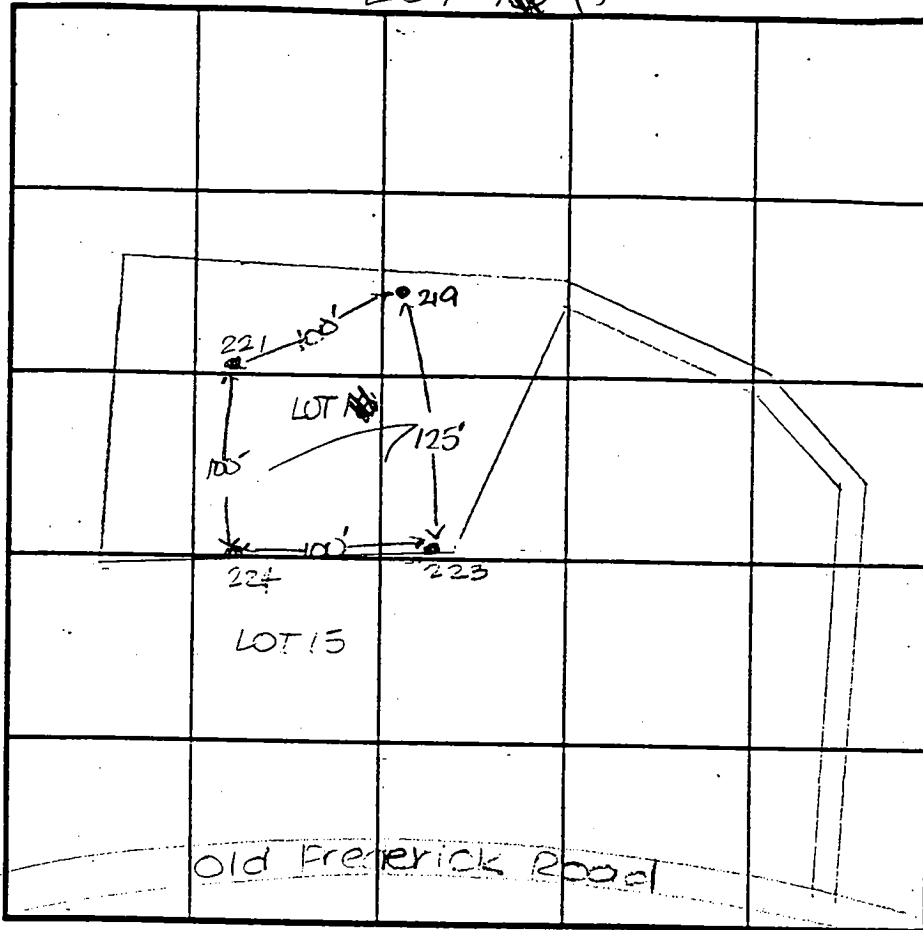
4.5.

pale
org. ber
S m

15-20%
Q4
frag

12.

LOT ~~16~~ 15



SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY D. Soe

ALSO PRESENT D. Ketterman T S

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 4.0 MAXIMUM BOTTOM DEPTH 6.0 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 59898

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
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COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Zechariah 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

COUNTY #

LOT. 15

SOIL PROFILE

15-225

Q

topside

red org
brn
cl / m

4. 54

It org
brn
Si lm

15.20%
Rx

10'	pk: crn si: 100
-----	--------------------

12

15-223

farsn:

red pig
brown
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64

paleo-
tong
stom

25%

frag

12'

15-224

१८३३

red cig
bm
cl kn

4'-
4.5

paté pl.
tân
si m.

75%

Dr.
-Gao

12

SOIL PROFILE

15-226

6

topfs:1

red orig
brn
cl lm

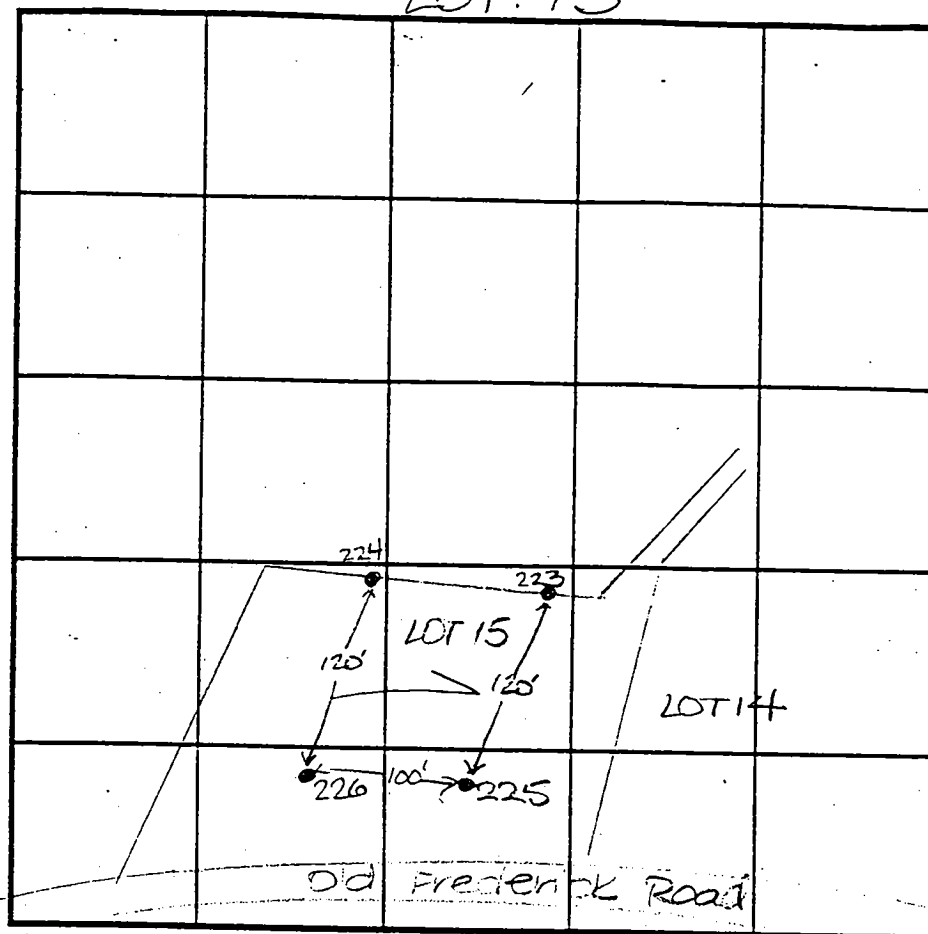
4'-
4.5'

patē pē
bēn
sē im

25%

Frax

10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-21-98	15-225	4.0' S	1:08	8:00	→		OK below
		12.0' D	VISUAL				OK
	15-225	6.0' S	1:20	8:00	→		OK below
		12.0' D	VISUAL				OK
	15-224	4.5' S	1:38	1:40	1:40	1:44	4
		7.5' M	1:37	1:40	1:40	1:43	4
		12.0' D	VISUAL				OK
	15-226	12.0' D	VISUAL				OK

REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY: D. Soe

ALSO PRESENT O. Kettelman Jr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2

INLET DEPTH 5.5 MAXIMUM BOTTOM DEPTH 7.5 SQ. FT./BEDROOM 187

- LOT 15 -

COUNTY #

SOIL PROFILE

0' 1' 3' 13'

topsoil

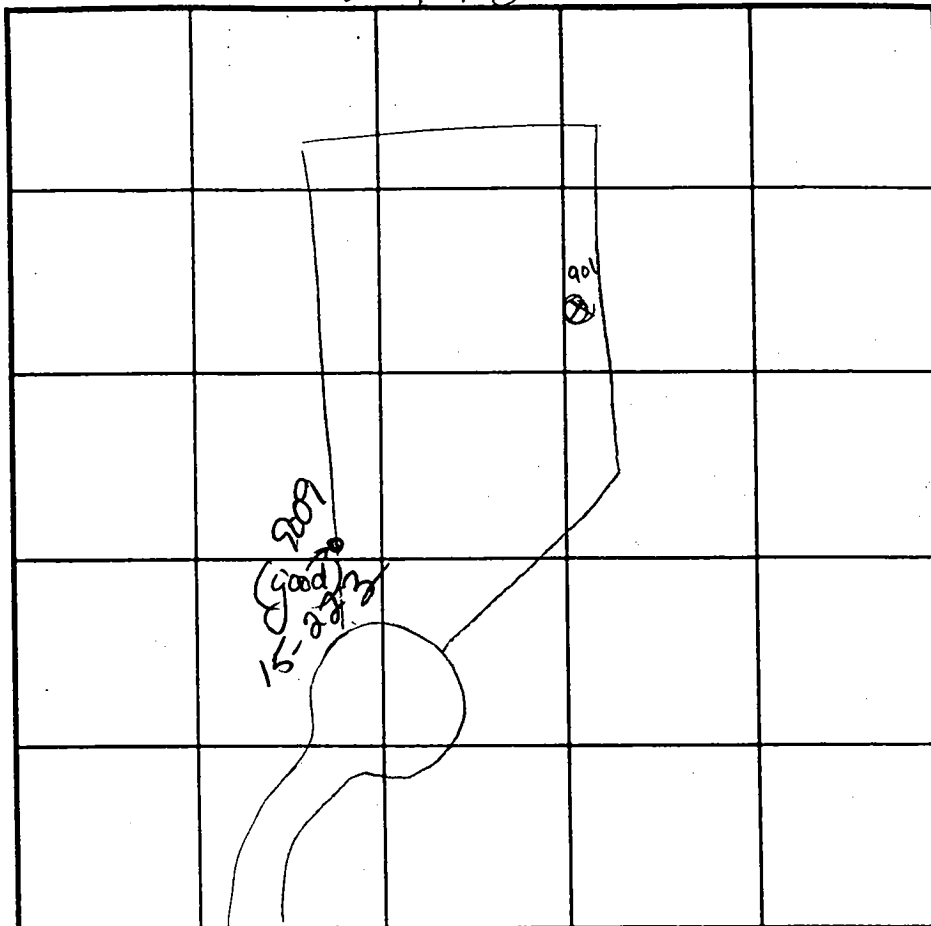
red org
brn
cl lm

pale
pk org
tan
sa lm

30%
frag

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

15-223

6' 12'

topsoil

rd
org
brn
cl lm

pale
org
tan
sa lm

25%
R_x Frag

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-12-00	901	3.5'	2:00	2:05	12:03	12:11	3
		13.0'D	Visual	See	00:00		OK
9009	(aka 223)	6'S	1:20	Slow	→		OK below
		12.0'V	Visual		→		OK

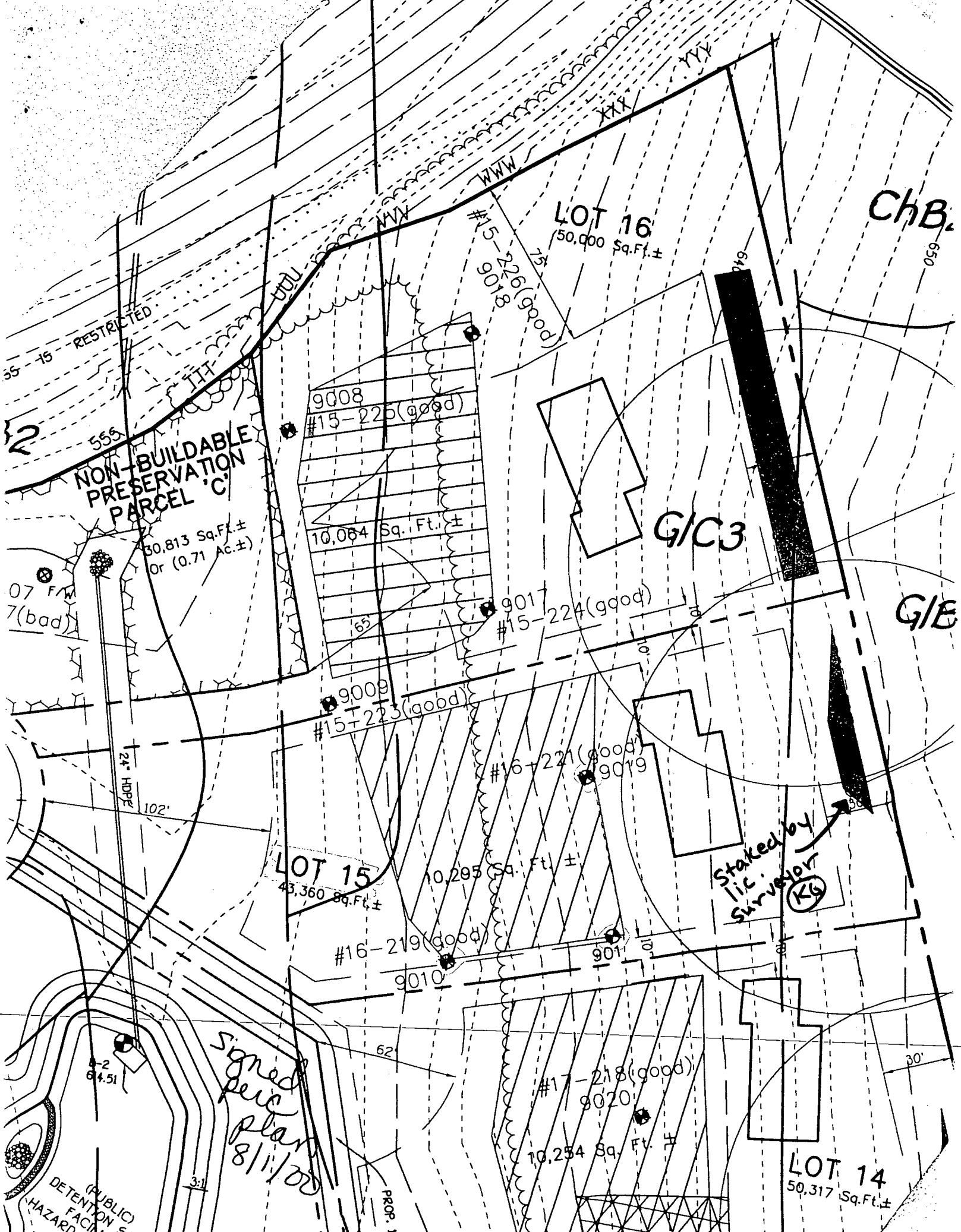
REMARKS hole not staked by engineer

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



ChB.

LOT 16
50,000 Sq.Ft.±

NON-BUILDABLE
PRESERVATION
PARCEL 'C'

30,813 Sq.Ft.±
Or (0.71 Ac.±)

9008
#15-225(good)
10,084 Sq. Ft.±

G/C3

G/E

LOT 15
43,360 Sq.Ft.±

10,295 Sq. Ft. ±

Staked by
lic. Surveyor
KG

#16-219(good)

#16-221(good)
9019

#17-218(good)
9020
10,254 Sq. Ft. ±

LOT 14
50,317 Sq.Ft.±

Signed
per
plan
8/11/00

(PUBLIC)
DETENTION SWAMP
HAZARD

122

