

LAYOUT 7/7/03 10:30 INSP 4 ~~10/16/03 1pm pump test~~ Cancelled
INSP 2 8/11/03 11am Layout INSP 5 10/7/03 2:30 pump test (FA)
INSP 3 8/13/03 4pm INSP 6 _____
ISSUE DATE: 4

APPROVAL DATE: 10/7/03 (FA)

PERMIT INDEXED

P 519023 C

A 59898-R

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 Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: McCann Property LOT NUMBER: (Pres Parcel B) Lot 17

ADDRESS: 14700 Susan Marie Way PROPERTY OWNER: Pulte Homes Inc.

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

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the center of the top of the septic easement. Run trenches on contour in both directions.
NOTES:	

PLANS APPROVED: Brian Baker DATE: 5/14/03

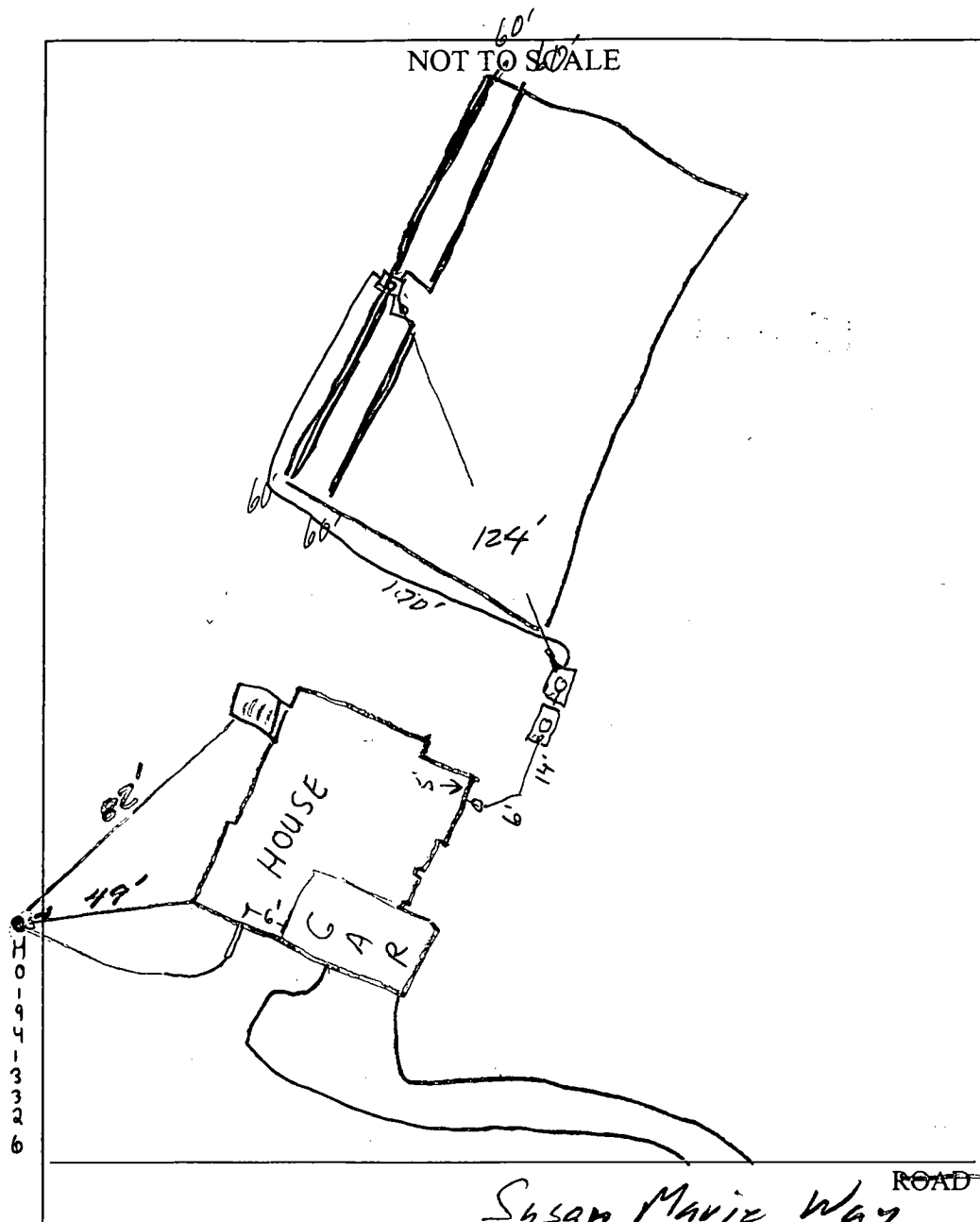
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

BUILDING PERMIT SIGNED AND RETURNED

6/30/03 B00142605 1000 GAL UG PROPANE TANK
8/14/03 B00143609 INGROUND POOL
9/17/03 B00144131 DECK

A 59898-R



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>3'</u>	<u>5'</u>
NUMBER OF TRENCHES		<u>4</u>
TOTAL LENGTH		<u>240'</u>
ABSORPTION AREA		<u>720 sq</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>1250</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1'</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>1250</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1'</u>
BAFFLES	<u>✓</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>—</u>
WATERTIGHT TEST	<u>—</u>

PRE-CONSTRUCTION 7/7/03 not staked (SO) 8/11/03 - SHA staked, contour appears accurate. Install per B.P. (SO)

INSTALLATION 8/13/03 - OK to cover all work. Pump & alarm tests needed (SC) 10/7/03 Pump/alarm test verified (FA)

FINAL INSPECTOR

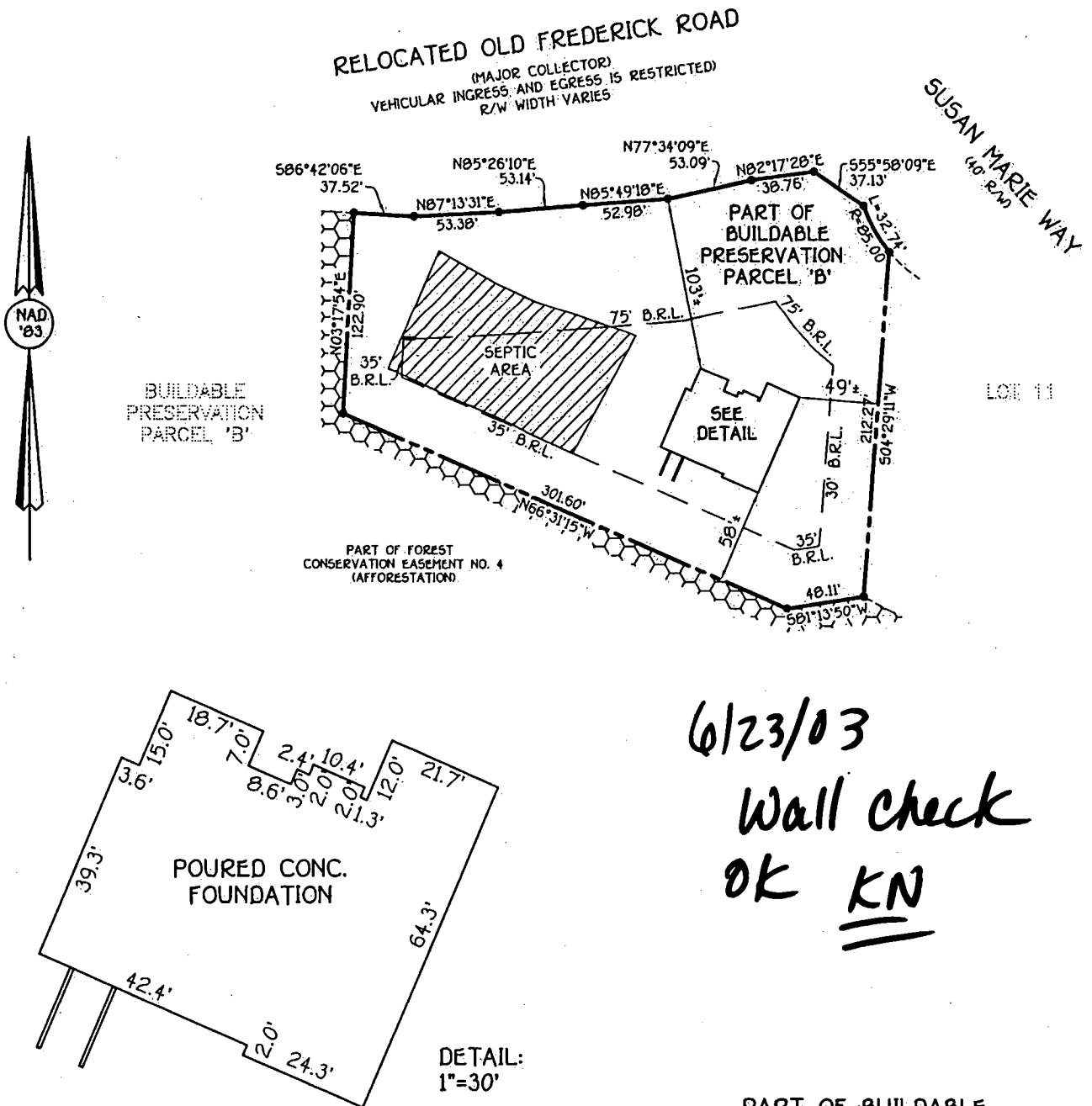
F. Alonso

DATE OF APPROVAL

10/7/03

GENERAL NOTES:

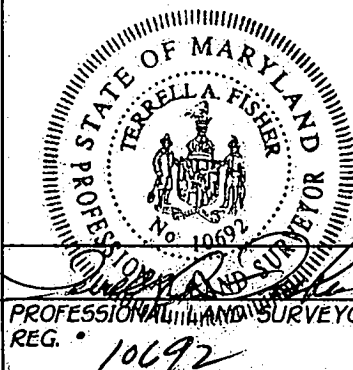
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS 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. 240044000B 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. 641.7'±

PART OF BUILDABLE
PRESERVATION PARCEL 'B'
McCANN PROPERTY
LOTS 1 THRU 16
PRESERVATION PARCELS 'A' THRU 'E'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15477

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



HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 6/12/03
FINAL LOCATION:
BOUNDARY SURVEY:

SCALE: 1"=100'
DATE: 6/19/03
DRAWN BY: A.K.O.
CHECKED BY: S.R.P.
PROJECT No. 61769



SEE MATCH LINE THIS SHEET

SEE MATCH LINE SHEET 3

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461 - 2955

10	Rev. Septic tanks loc. per Health Comments	5-13-03
9	Rev. El. 2 to El. 3 lot 13	5-5-03
8	Rev. hse. & grd. lot 13	4-29-03
7	Rev. Septic Plumbing & hse. lot 17 (Par. B)	4-7-03
6	Revised well location lots 15 & 16 per stakeout	2-3-03
5	Lots 11-16 & Parcel B	12-19-02
4	Rev. all drwy turn around per Pulte spec.	12-18-02
3	Revise ext. topo. Lots 13-16 to show field run cond. add ex well loc lots 15 & 16 & regrade.	12-10-02
2	Rev. Septic Elev's Lot 12	12-9-02
1	Rev FF to Bsm't elev. all lots	11-6-02
NO.	Revisions	Date

STATE OF MARYLAND
TERRELL A. FISHER
NO. 9751
REGISTERED
PROFESSIONAL ENGINEER

ENGINEER'S CERTIFICATE
"I certify that this plan for erosion and sediment control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District."

Terrell A. Fisher
TERRELL A. FISHER
10/2/02
Date

DEVELOPER'S CERTIFICATE
"I/we certify that all development and construction will be done according to this plan for sediment and erosion control and that any responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District."

Michael McCann
MICHAEL MCCANN
10/2/02
Date

Reviewed for HOWARD SCD
John M. ...
U.S.D. Natural Resources
Conservation Service
This development plan is
the HOWARD SOIL CONSERVATION
DISTRICT'S
Howard SCD

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 #: 410-295-5670
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# 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: R. L. H. H. H. H. Telephone #: _____
Subdivision: McLennan Estates Lot #: 17 Well Tag #: HO-94-3326
Site Address: 14700 Susan Lane Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>73B05422</u>	Model #: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>7</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>180</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: NA

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: Allen Compton date: 10-20-03

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

Date Insp. Requested: 8/14/03 Date Insp. Approved: 8/14/03 (50) SRK
Inspection Data:

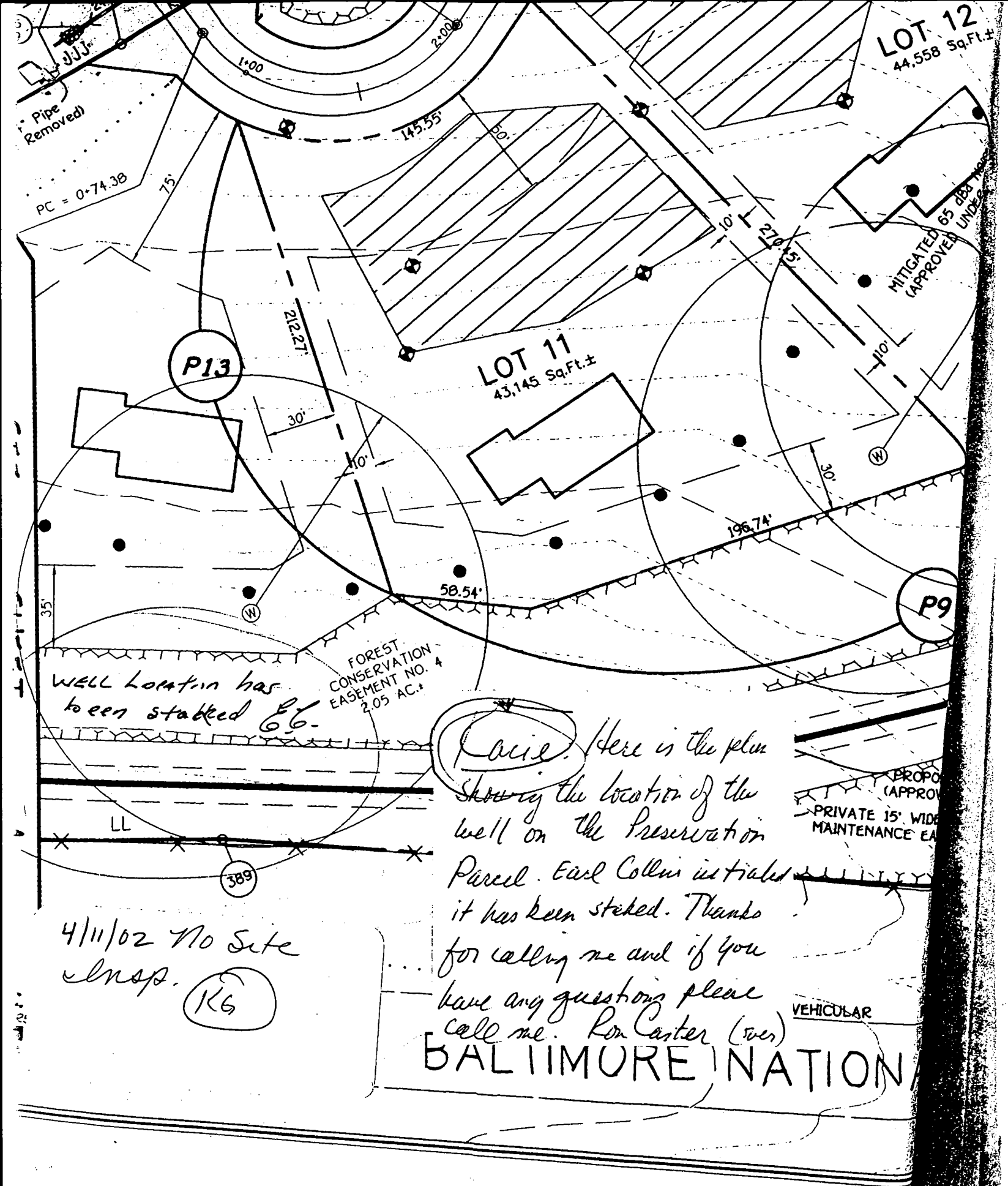
Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

C1	14411	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.																																		
THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)		COUNTY 13 A59898 NUMBER																																				
ST/CO USE ONLY DATE Received MM DO YY 8 13	DATE WELL COMPLETED MM DO YY 04 18 02		Depth of Well 22 180 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3326 28 29 30 31 32 33 34 35 36 37																																		
OWNER Fisher - Collins - Carter STREET OR RFD Susan Marie Way TOWN Woodbine SUBDIVISION McCann Property SECTION _____ LOT B																																						
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 19 NO. OF POUNDS 15 80 GALLONS OF WATER 71 4 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)																																				
<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>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>180</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	90		Brown Slate	90	95		Blue Slate	95	180		CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60 60 61 63 64 66 65 70			ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																			
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PL PLASTIC	OT OTHER																																					
		OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____ E A C H C A S I N G																																				
		SCREEN RECORD screen type or open hole insert appropriate code below <table style="width:100%;"> <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 58 180 1 2 3 4 5 6 7 8 9 11 15 17 21 E A C H 23 24 26 30 32 36 S 38 39 41 45 47 51 R E E S L O T S I Z E 1 _____ 2 _____ 3 _____ N D I A M E T E R O F S C R E E N _____ (NEAREST INCH) 56 60 from _____ to _____																																				
WELL HYDROFRACTURED Y N		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68																																				
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.		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																																				
DRILLERS LIC. NO. M SD 117 DRILLERS SIGNATURE [Signature] (MUST MATCH SIGNATURE ON APPLICATION) 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) 																																				

HD-224 60 A1 Casing 30' open

B 1	8951	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type	STATE PERMIT NUMBER HO - 94 - 3326 fill in this form completely
Date Received (APA) 8 MM OD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		52 NEAREST TOWN
57 Town		70 State	72	Zip 76
DRILLER INFORMATION				
76 Driller's Name		81 License No.		
Firm Name				
Address				
Signature				
Date				
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ GEO-THERMAL				
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 ☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) ☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER #D2002GDD1				
PERMIT No. HO - 94 - 3326				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	Howard	LOCATION OF WELL	
8 COUNTY		21	
23 SUBDIVISION		42	
SECTION		LOT	
44 46		48 50	
52 NEAREST TOWN		71	
MILES FROM TOWN (enter 0 if in town) <u>I</u> M <u>I</u>			
73 76 77 78			
B 4			
1 2			
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
11		30	
NEAR WHAT ROAD			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
34 200		37	
DISTANCE FROM ROAD			
ENTER FT OR MI		38 39	
TAX MAP: <u>8</u>		BLK: <u>16</u> PARCEL <u>78</u>	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
Howard <u>(13)</u>		A 59898	
COUNTY NAME		COUNTY NO.	
STATE SIGNATURE		INSERT S → 41	
DATE ISSUED		EXP. DATE	
02/29/02		02/29/03	
43 MM DD YY 48		CO SIGNATURE	
NORTH GRID		EAST GRID	
50 546 000 55		57 792 000 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 = 558			
E = 798			
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			



4/11/02 No Site
Insp.

1KG

Parcel. Here is the plan showing the location of the well on the Preservation Parcel. Earl Collins indicated it has been staked. Thanks for calling me and if you have any questions please call me. Ron Carter (over)

Call me. Ron Carter (over)
BALTIMORE NATION

8/25/99
10:00

APPLICATION

PERCOLATION TESTING

A 5/2023

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4

DATE 7/21/99

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 ELIZABETH MCCANN

ADDRESS SUITE 303, OWINGS MILLS, MD 21117 PHONE _____

AGENT OR PROSPECTIVE BUYER RONALD CARTER, MCCANN PROPERTY PARTNERSHIP

ADDRESS 1750 DAISY ROAD, WOODBINE, MD. 21797 PHONE (410) 442-1045

PROPERTY LOCATION:

SUBDIVISION MCCANN PROPERTY LOT NO. PRESERVATION PARCEL 'B'

ROAD AND DESCRIPTION S/S OLD FREDERICK ROAD 1/2 MILE WEST OF MD. RTE 97

TAX MAP 8 PARCEL # 78

SIZE OF LOT 10.72 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(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. Ronald S. Carter
(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

5000

topsoil

org red
brn
cl Lmpale org
red
tan
sil Lm35%
Rx

135

topsoil

red org
brn
cl Lmpale org
beige
sil Lm35%
rock
frag

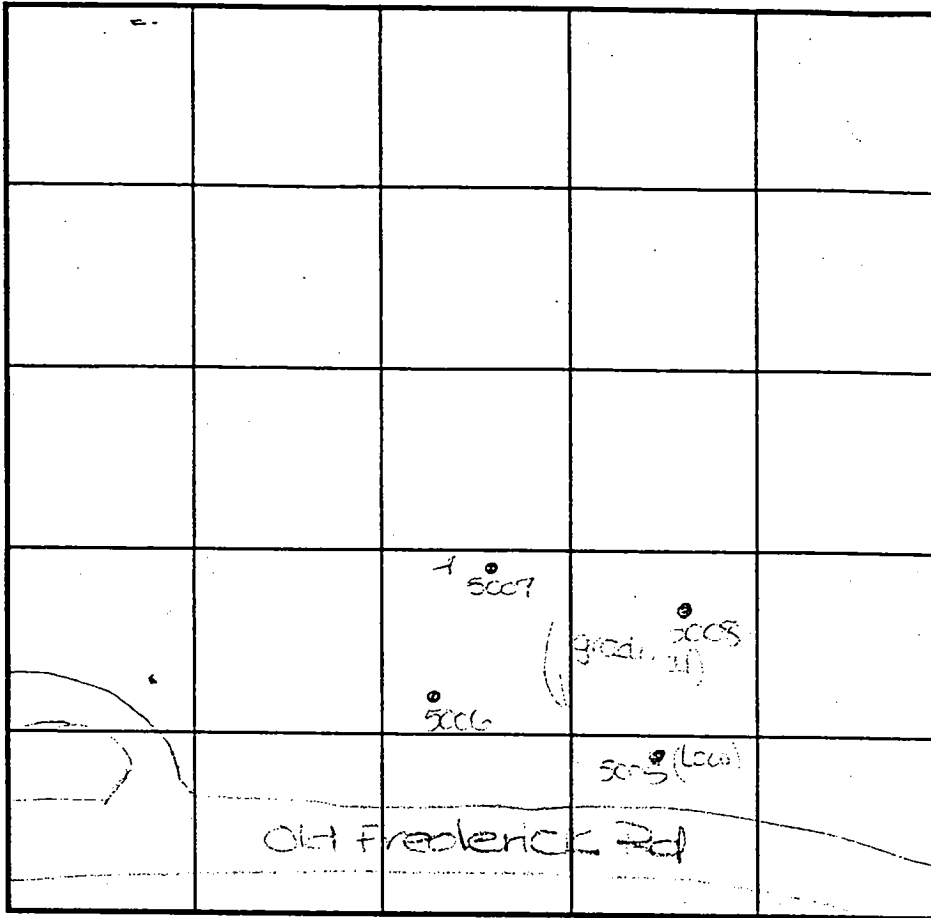
10.5

5000

topsoil

org tan
cl Lmpale red
tanpale beige
sil Lm25%
Rx

13



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

5005

topsoil

red org
brn
cl Lmpale org
tan
beige
sil Lm35%
rock
frag

13

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-25-99	5000	3.0' S	11:58	12:11	12:11	12:25	14
		3.5' D	Visual	- See	profile		OK
	5007	3.5' S	12:04	12:06	12:06	12:09	3
		10.5' D	Visual	- See	profile		OK
	5008	13.0' D	Visual	- See	profile		OK
	5005	3.5' S	12:16	12:18	12:18	12:20	2
		13.0' D	Visual	- See	profile		OK

REMARKS: notes listed as observed

TYPE OF SOIL

TESTED BY: D. See

ALSO PRESENT: 1 Carter, 1 Ballance

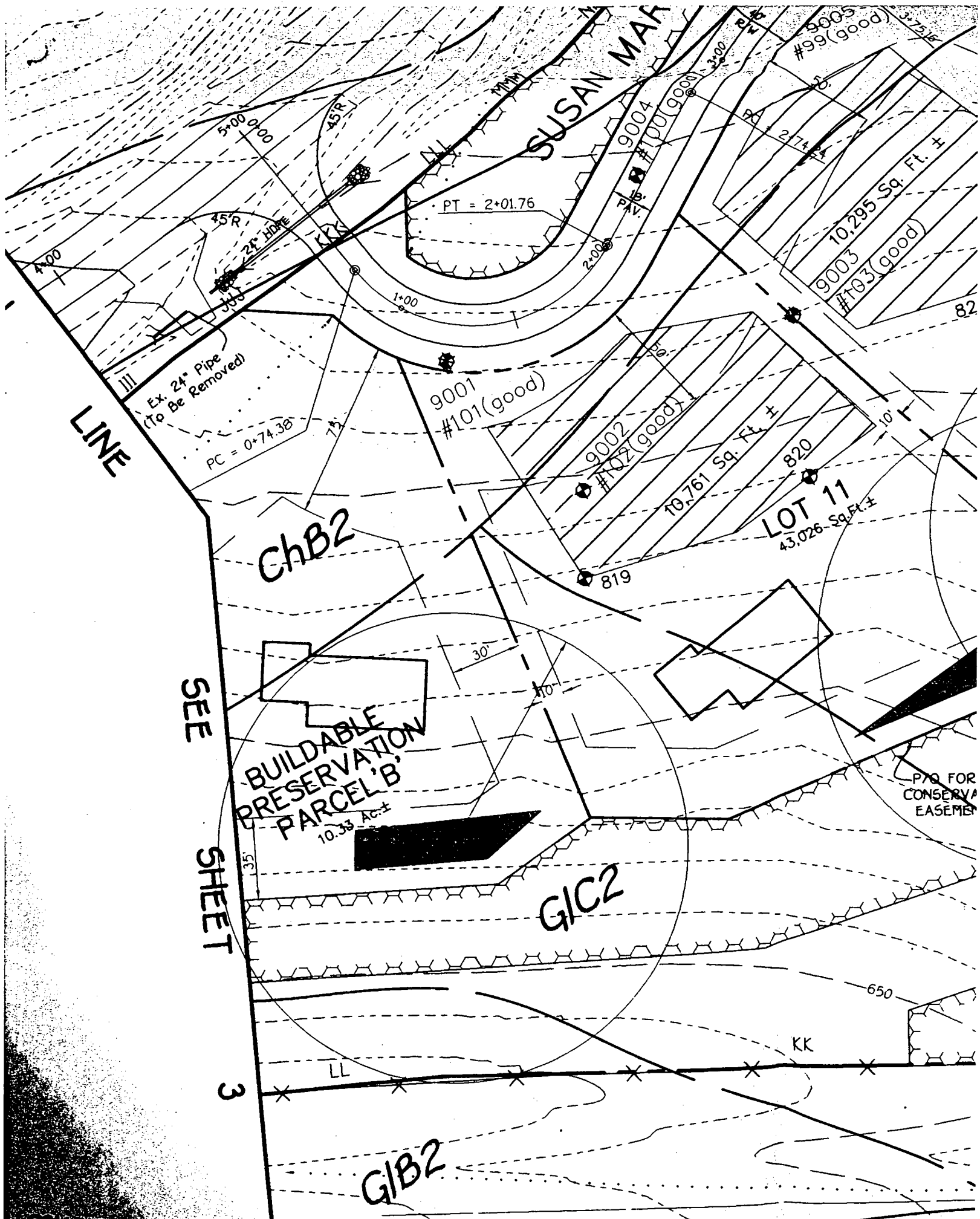
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 6+

TRENCH WIDTH: 3

INLET DEPTH: 3.0

MAXIMUM BOTTOM DEPTH: 5.0

SQ. FT./BEDROOM: 180

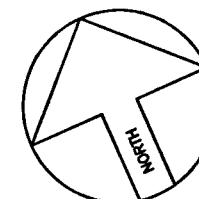


Susan
Marie
Way

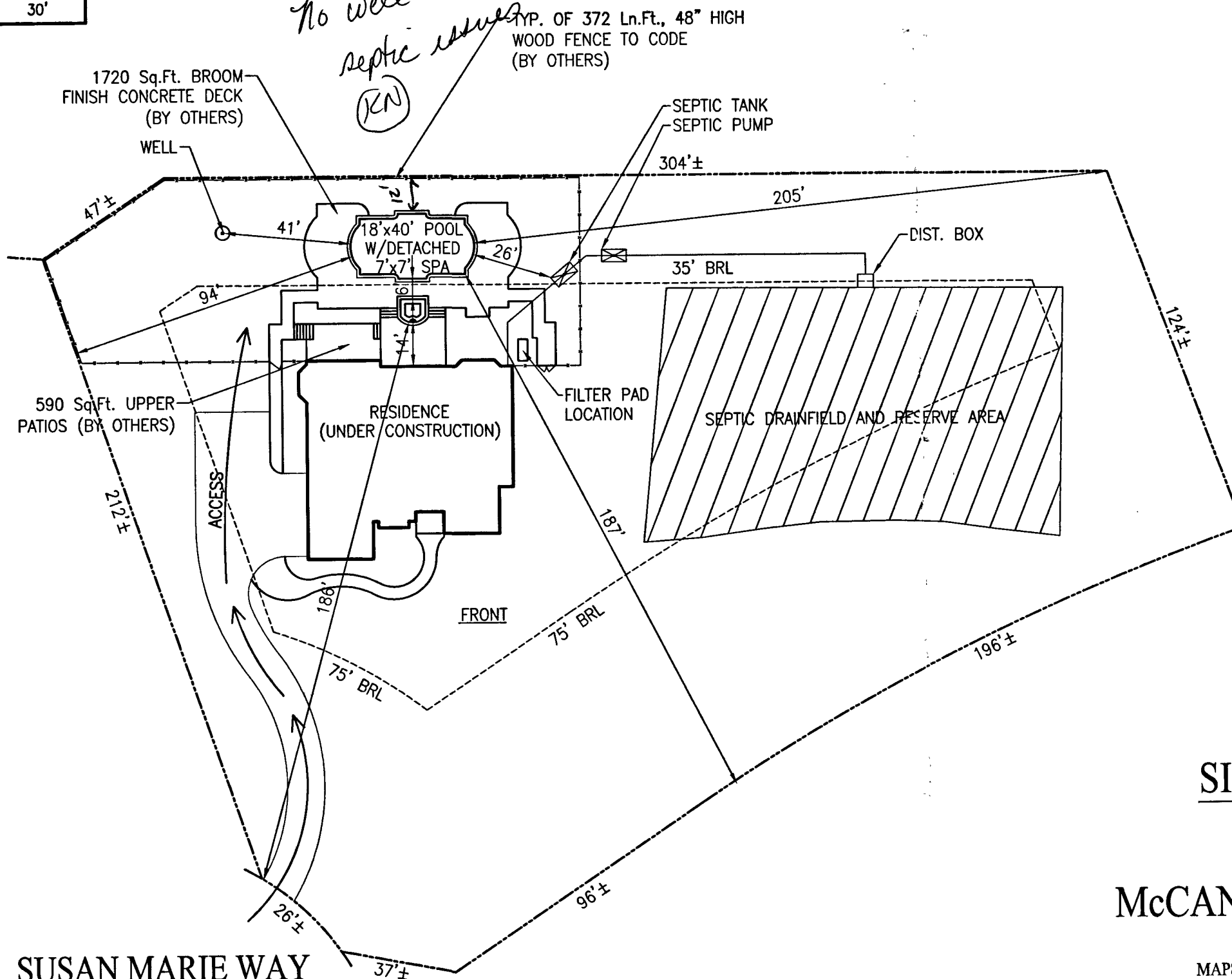
SETBACKS:
 REAR PL. 10'
 SIDE PL. 10'
 HOUSE 0'
 SEPTIC 20'
 WELL 30'

8/14/03 BP00143609
 No well or
 septic issues

PRIVATE WELL & SEPTIC



ZONE 1



SITE PLAN

1"=40'

LOT 17

McCANN PROPERTY

RCDEO

MAP8, GRID 16, PARCEL 78
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

REVISIONS:

00/00/00

Maryland POOLS

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: ON SITE
 SPA: 55 Sq.Ft. W/6 JTS, 100W LGHT, SKM &
 RAISED BEAM: 24" HIGH TILE FACE - SPA ONLY
 TILE: RM06
 COPING: TAN 'SUIT SAVER'
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/3 HP PUMP
 CLEANING SYS: PCC 2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: JANDY AQUALINK RS-8
 HEATER: [REDACTED]
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (2) @ 4' INSIDE
 AQUA BENCH: (2) @ 5' & (2) @ 11' SHALLOW
 RAIL GOODS: NONE
 DECKING: BY OTHERS
 FENCE: BY OTHERS
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: WATERFALL STUBOUT
 WATERFALL PREP W/1HP PUMP

ELECTRIC: 0 FT.

POOL DATA

SIZE/SHAPE: 18' x 40' - CRETIAN
 POOL AREA: 670 SPA: 55 OTHER: 30
 TOTAL AREA: 755
 PERIMETER: 111 SPA: 28
 GALLONAGE: 23,400 DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

DIRECTIONS
 52 CHARACTERS MAX PER LINE

MAP #

00

GRID

X0

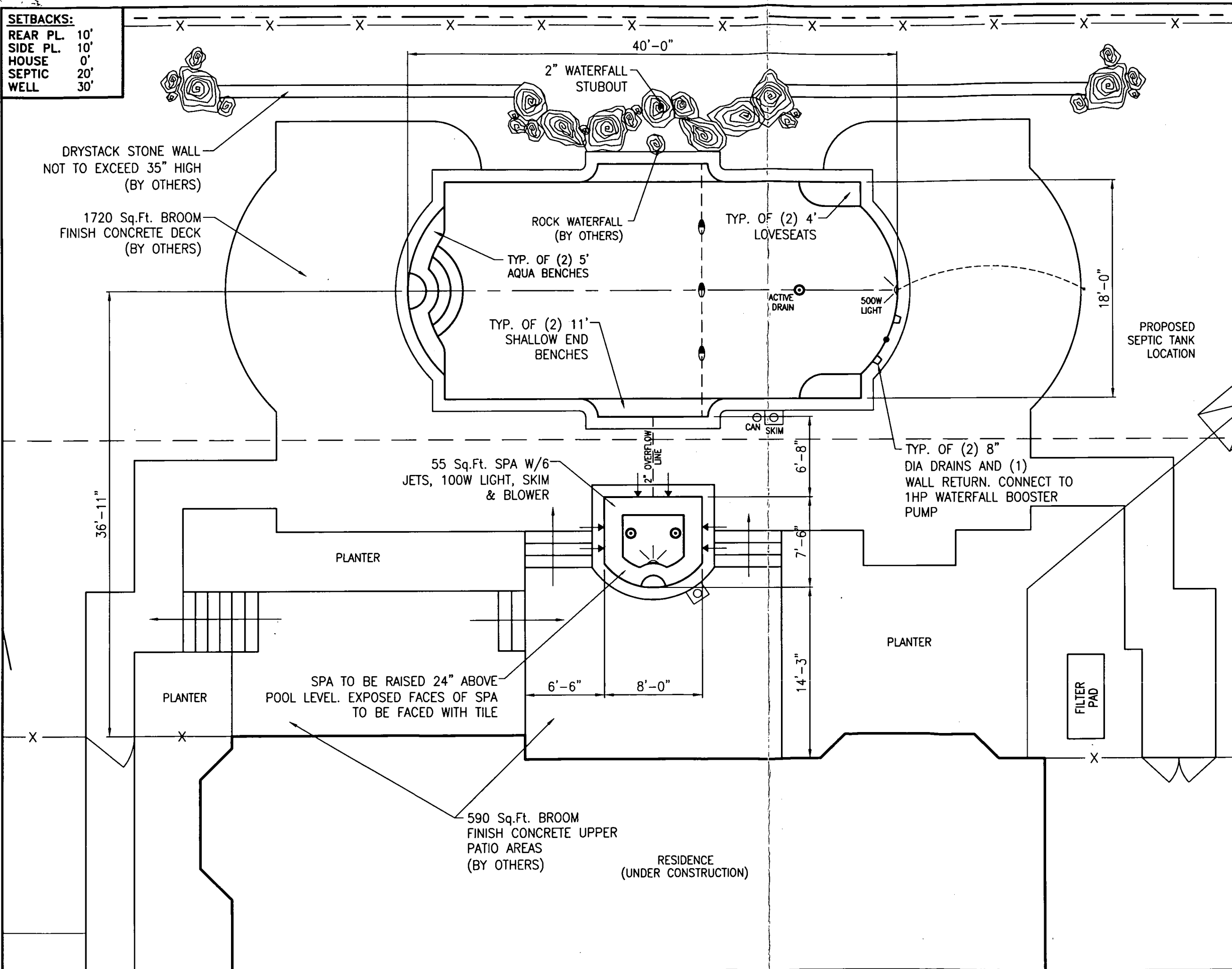
Dr. William Epps & Mr. Lawrence Crenshaw
 14700 Susan Marie Way
 Woodbine, Maryland 21797
 Howard County

HOME PHONE: 202-210-5244 (Epps)
 OFFICE PHONE 1: 202-457-2400 (Crenshaw)
 OFFICE PHONE 2:

SITE PLAN

LOT: 17	SUBDIVISION NAME: McCANN PROPERTY	DISTRICT: 4TH	TAX #
SCALE: 1"=40'	BY: JEK	DATE: 8/9/03	JOB NUMBER: MS03-7487
			SHEET #: S-1

SETBACKS:
REAR PL. 10'
SIDE PL. 10'
HOUSE 0'
SEPTIC 20'
WELL 30'



Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119
COLUMBIA, MD 21046
410-995-6600
800-252-SWIM
WWW.MARYLANDPOOLS.COM

11166 MAIN STREET SUITE 402
FAIRFAX, VA 22030
703-359-7192

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RAISED BEAM: 24" HIGH TILE FACE - SPA ONLY
TILE: RMO6
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PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/3 HP PUMP
CLEANING SYS: PCC 2000
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CONTROL SYS: JANDY AQUALINK RS-8
HEATER: [REDACTED]
LIGHTS: ONE WATTS: 500 VOLTS: 120
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RAIL GOODS: NONE
DECKING: BY OTHERS
FENCE: BY OTHERS
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$50 CHEMICAL ALLOWANCE
OTHER ITEMS: WATERFALL STUBOUT
WATERFALL PREP W/1HP PUMP

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DIRECTIONS TO SITE

DIRECTIONS 52 CHARACTERS MAX PER LINE	MAP # 00
	GRID X0

Dr. William Epps & Mr. Lawrence Crenshaw
14700 Susan Marie Way
Woodbine, Maryland 21797
Howard County

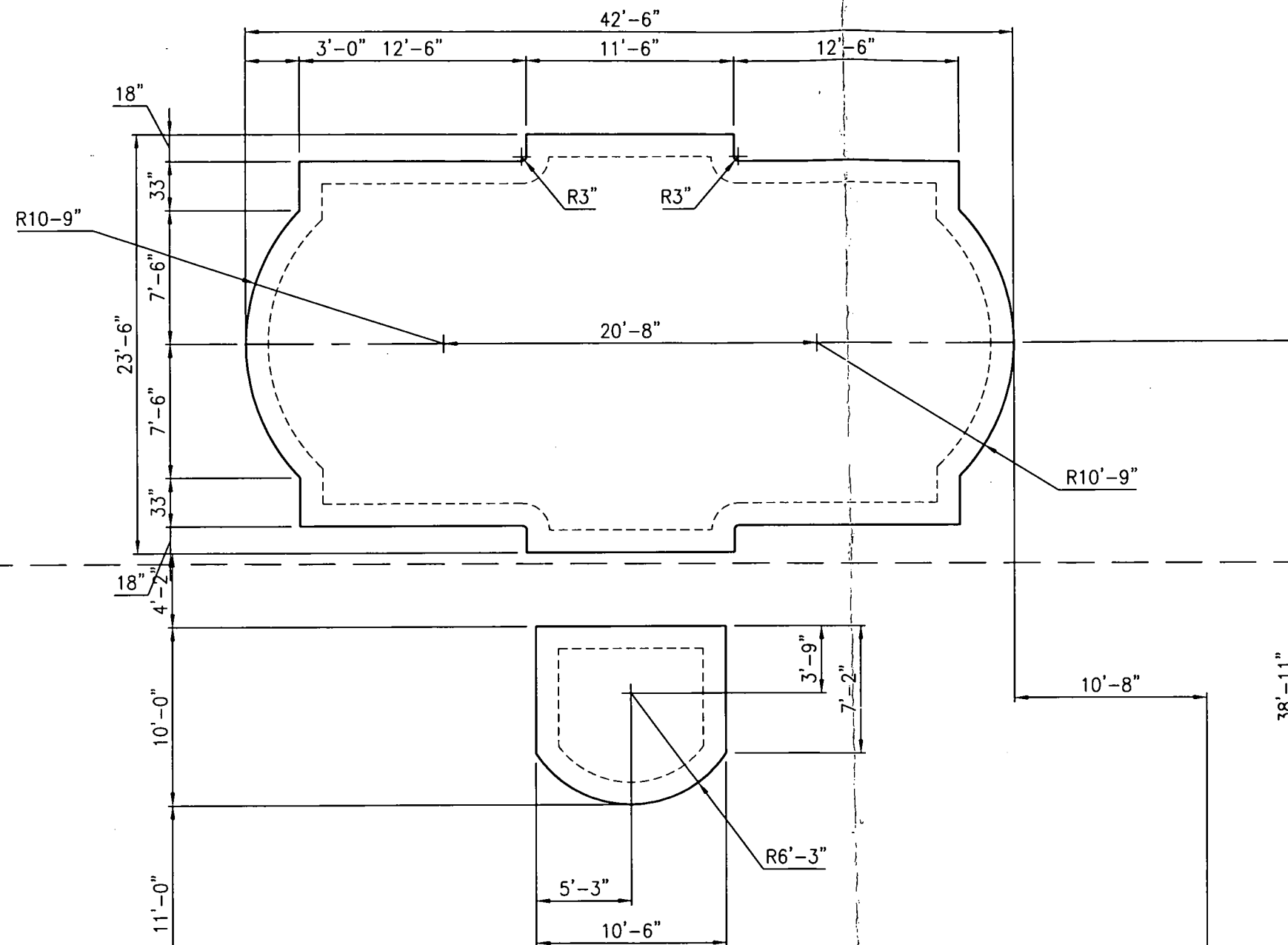
HOME PHONE: 202-210-5244 (Epps)
OFFICE PHONE 1: 202-457-2400 (Crenshaw)
OFFICE PHONE 2:

PLAN VIEW

REVISIONS: 00/00/00	SCALE: 1/8"=1'-0"	BY: JEK	DATE: 8/9/03	JOB NUMBER: MS03-7487	SHEET #: P-1
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SETBACKS:

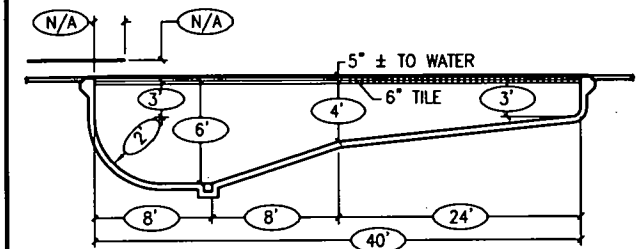
REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	30'



**Maryland
POOLS**
Inc.

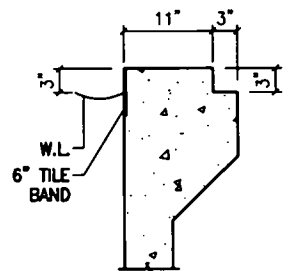
9515 GERWIG LANE | 11166 MAIN STREET
SUITE 119 | SUITE 402
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410-995-6600 | 703-359-7192
800-252-SWIM
WWW.MARYLANDPOOLS.COM

Cross Section - Hopper

**POOL ELEVATION:**

Notes

Bond Beam



COPING: TAN SUIT SAVER

POOL DATA

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TOTAL AREA: 755	
PERIMETER: 111	SPA: 28
GALLONAGE: 23,400	DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

DIRECTIONS
52 CHARACTERS MAX PER LINE

MAP 4

00

GRID

X0

Dr. William Epps & Mr. Lawrence Crenshaw
14700 Susan Marie Way
Woodbine, Maryland 21797
Howard County

HOME PHONE: 202-210-5244 (Epps)
OFFICE PHONE 1: 202-457-2400 (Crenshaw)
OFFICE PHONE 2:

EXCAVATION & PLUMBING

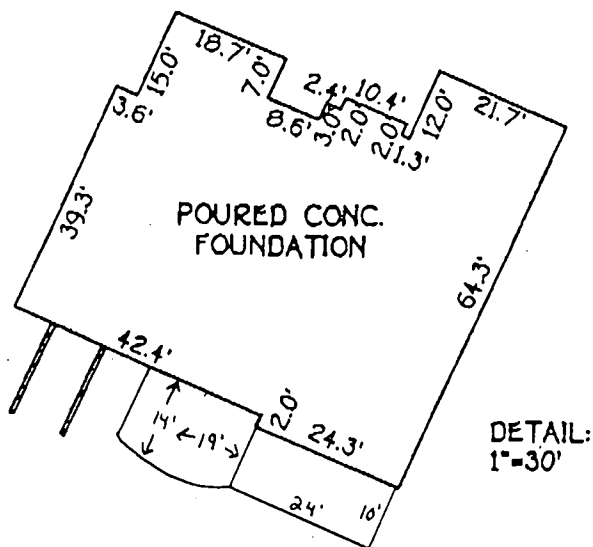
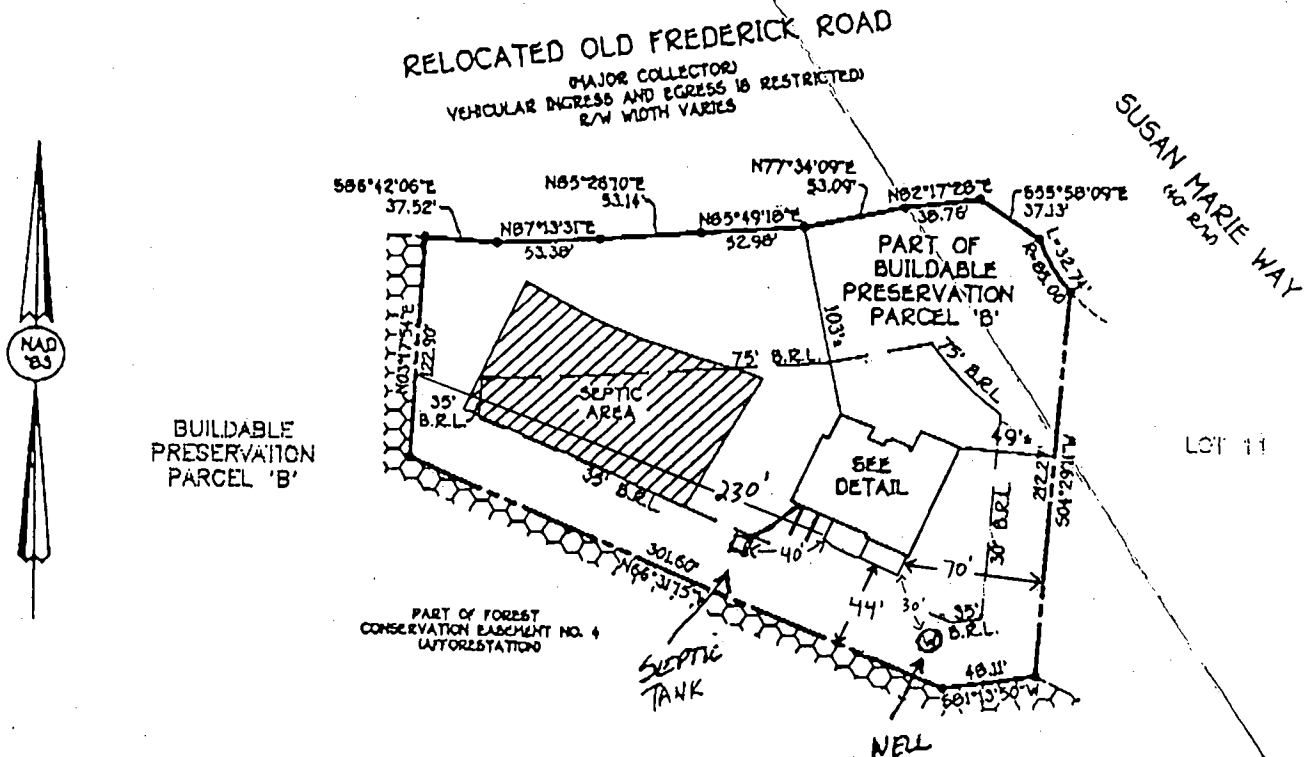
REVISIONS:

00/00/00

SCALE: 1/8"=1'-0"	BY: JEK	DATE: 8/8/03	JOB NUMBER: MS03-7487	SHEET #: E-1
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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. 641.7*

PART OF BUILDABLE
PRESERVATION PARCEL 'B'
McCANN PROPERTY
LOTS 1 THRU 16
PRESERVATION PARCELS 'A' THRU 'E'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15477

15477

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 B00144131
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Building Address <u>14700 SWEET MARIE WAY</u> <u>WOODBRIDGE, MD</u>	Property Owner's Name <u>SOLTE HOMES CORP</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>401 S. EIGHTH AVE</u>
Census Tract <u>604-01</u> Subdivision <u>MCCANN ESTATES</u>	City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21227</u>
Section _____ Area _____ Lot <u>17</u>	Home Phone <u>410-644-5642</u> Work Phone _____
Tax Map <u>8</u> Parcel <u>78</u> Grid <u>12</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>DAVID R. LOMBARD</u> <u>6503 E. BELT RD</u> <u>BALTIMORE, MD 21206</u>
Zoning <u>FC-200</u> Map Coordinates <u>40-</u> Lot size _____	Phone <u>410-254-7360</u> Fax <u>410-254-7601</u>
Existing Use <u>SFD</u>	Contractor Company <u>AMERICAN DIRT, INC.</u>
Proposed Use <u>SFD w/DECK</u>	Contact Person <u>DAVID R. LOMBARD</u>
Estimated Construction Cost <u>\$7000.00</u>	Address <u>6503 E. BELT RD</u>
Description of Work <u>CONSTRUCT 14' x 19' + 24' x 19'</u> <u>IRREGULAR SHAPE DECK ON BACK OF</u> <u>SFD w/DECK APPROX. 487 SQ. FT.</u>	City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21206</u>
Occupant or Tenant _____	License No. <u>255165</u>
Contact Name _____	Phone <u>410-254-7360</u> Fax <u>410-254-7601</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City <u>same as above</u> State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	Basement: _____ Finished Basement ☐ Unfinished Basement ☐	Basement: _____ Finished Basement ☐ Unfinished Basement ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: <u>PIER + POST</u> Roof: _____	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		State Certified Modular _____ Manufactured Home _____	

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

PRESIDENT

Title/Company

MR 9/17/03

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY

9/17/03

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID# 57909

Print Name

DAVID R. LOMBARD

Date

1/17/03