

LAYOUT 4/19/02 11-12 INSP 4 ~~5/1/02~~ 9/18/02 UAM
 INSP 2 4/22/02 ASAP INSP 5 _____
 INSP 3 4/30/02 12pm INSP 6 _____

ISSUE DATE: 3/15/2002

P 516873

APPROVAL DATE: 9/18/02

A 56642F

PERMIT INDEXED

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

05-427134

Wesmar Corporation (Wayne Souder) IS PERMITTED TO INSTALL ALTER

ADDRESS: 13990 Triadelphia Mill Road PHONE NUMBER: 410-531-2166

SUBDIVISION: Twist & Turn Estates LOT NUMBER: 5

ADDRESS: 14140 Twisting Lane PROPERTY OWNER: VICKI P. BAXTER

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): ~~N/A~~ 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 275 (275)
2.0

TRENCHES:	Trench to be <u>2.0</u> feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Facing the lot from the road, place the distribution box 25 feet from the back lot line and 72 feet from the right lot line. Run trenches on contour.
NOTES:	Gravity basement service not proposed. <u>10' CTE</u>

PLANS APPROVED: SRK (16) 2-11-02 DATE: 2-05-02

- 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

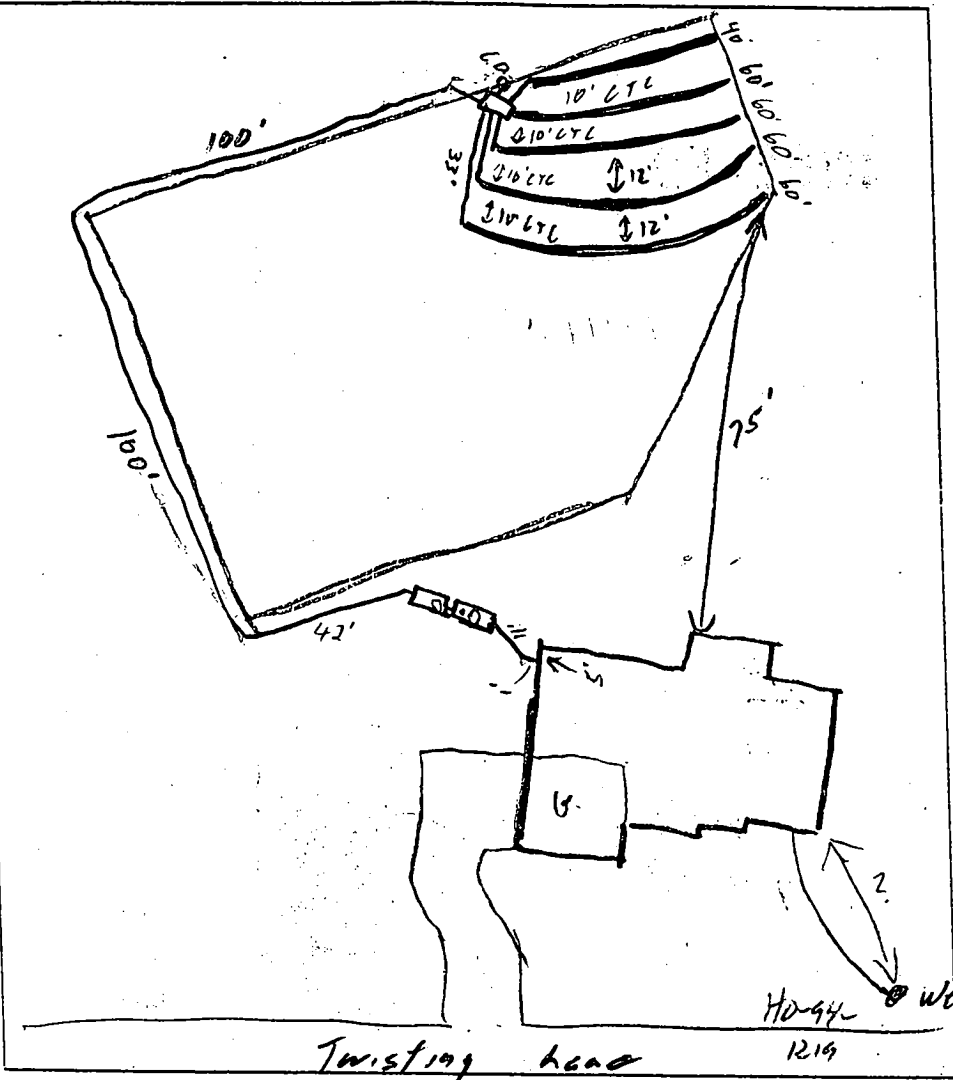
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED
AND RETURNED**

5-28-02 B00136434-46 PROpane TANK
5-18-05 B00153848-26 POOL

A56642-F

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 7'
 DEPTH OF STONE 4'
 NUMBER OF TRENCHES 5
 TOTAL TRENCH LENGTH 280'
 ABSORBENT AREA 1120 #
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER Center
 6 INCH INSPECTION PORT F & B

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
 MANHOLE RISER Front
 ALARM operational
 PUMP PERFORMANCE TEST yes

PRE-CONSTRUCTION INSPECTION: 4/19/02 Lot not staked, Tanks being set today, OK to put in pressure line (SO) 4/22/02 lot staked lay per BP. Tanks set (SO)

INSPECTION COMMENTS: 4/30/02 OK to cover all work (SO) Pump & Alarm tests needed (SO) 9/18/02 Pump & alarm test passed (KN)

INSPECTOR Kacie Dawn Noonan

DATE SYSTEM APPROVED 9/18/02

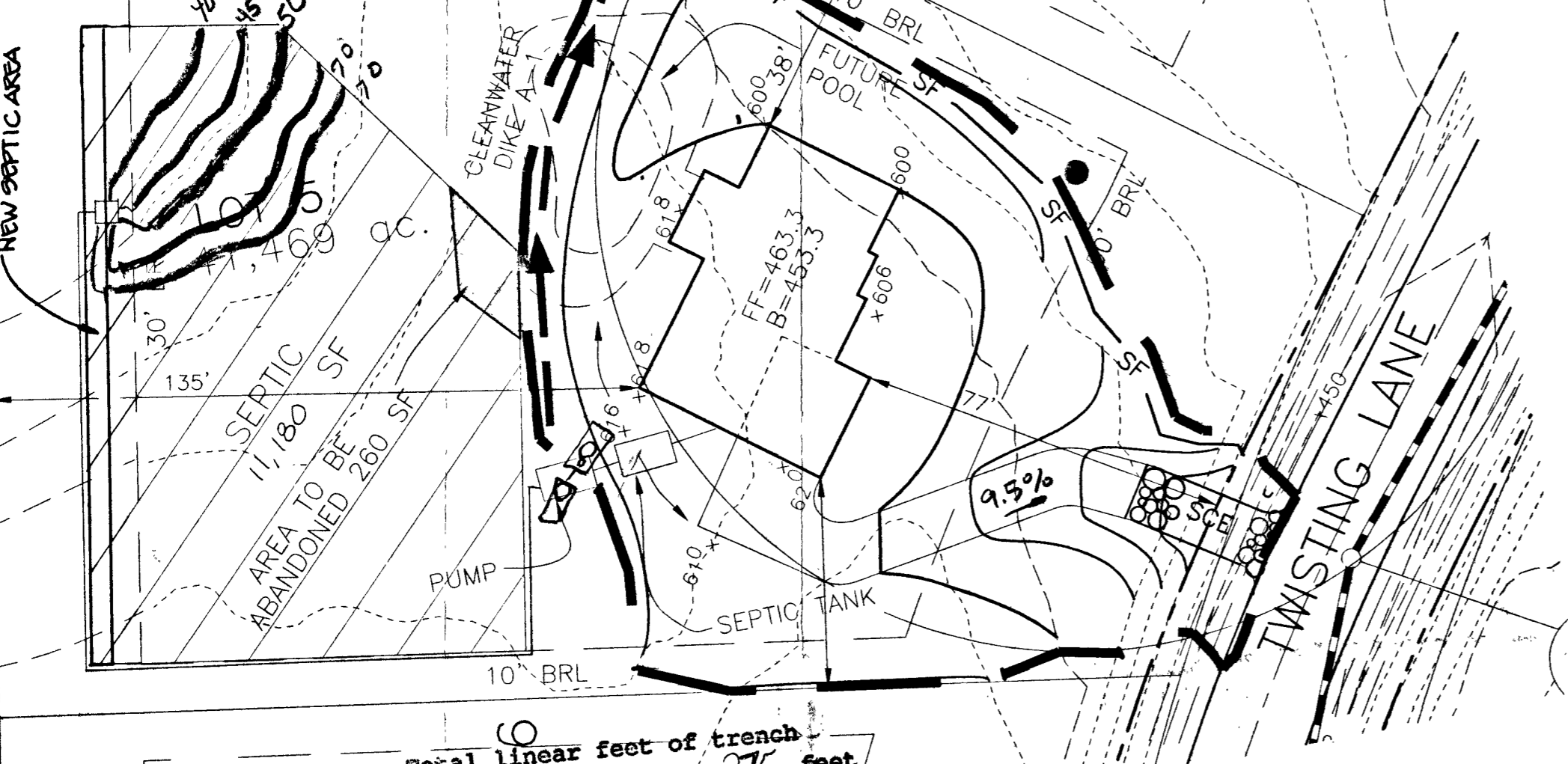
BUILDING PERMIT SIGNED

AND RETURNED

Wesmar Corp.
13990 Tridelpia Mill Road
Dayton, MD 21036
410.531.2166

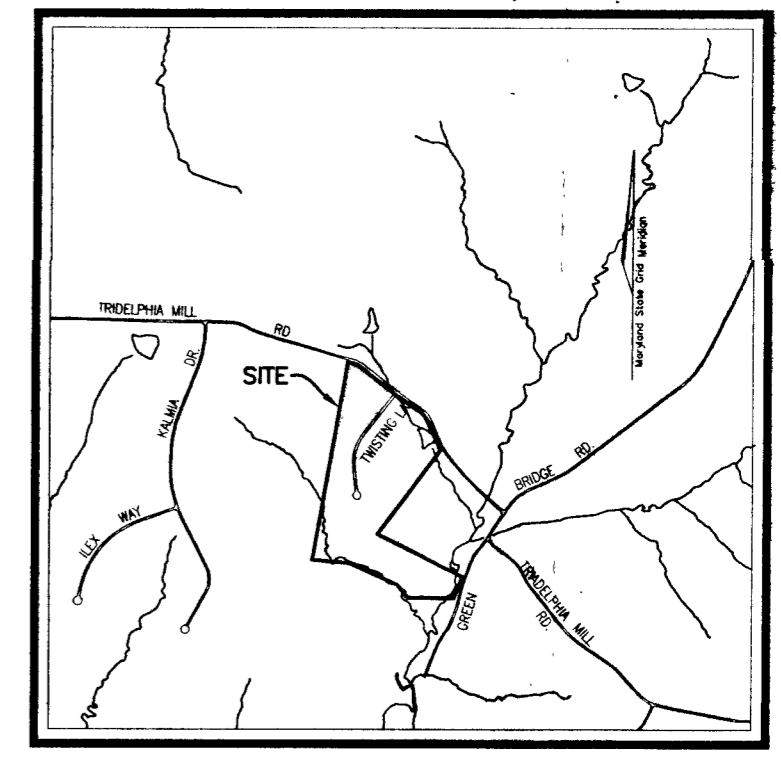
Approved Septic System Plan
Howard County Health Department

Signature: *Steven Kries* Date: 2-5-02



Total linear feet of trench required 275 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet

NO BASEMENT SERVICE BY GRAVITY
 HOUSE: INV.=460.3
 SEPTIC TANK: EX. GRADE=461.6
 INV.IN=460.1 TOP OF TANK= 461.1
 INV.OUT=459.8
 PUMP TANK: EX. GRADE=462.1
 INV.IN=459.7 TOP OF TANK= 460.7
 INV.OUT=459.4
 DISTRIBUTION BOX: EX. GRADE=468.0
 INV.OUT=465.0



VICINITY MAP
SCALE: 1"=2000'

LEGEND

Existing Contour	--- 352 ---
Proposed Contour	--- 352 ---
Spot Elevation	+32.53
Direction of Flow	→
Existing Trees to Remain	(Tree symbol)
Stabilized Construction Entrance	(Stabilized area symbol)
Silt Fence	SF
Earth Dike	--->---
Limit of Disturbance	LOD

ENGINEERS CERTIFICATE
 "I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION 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."
 SIGNATURE OF ENGINEER: *Robert H. Vogel* DATE: 11/1/01

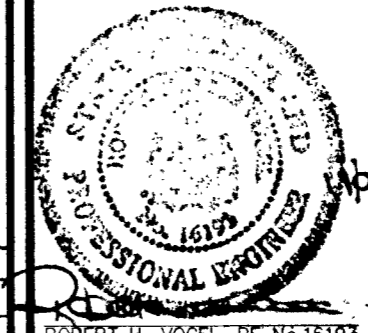
DEVELOPER'S CERTIFICATE
 "I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING 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."
 SIGNATURE OF DEVELOPER: *Jim Myers* DATE: 11/5/01

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS
 SIGNATURE: *John R. Robertson* DATE: 11/5/01
 HOWARD SCD

PLOT PLAN
 14140 TWISTING LANE, DAYTON, MD
 TWIST & TURN ESTATES
 LOTS 5
 TAX MAP 27 BLOCK 24 PARC 24'
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

FREDERICK WARD ASSOCIATES, INC.
 ENGINEERS 7125 Riverwood Drive Columbia, Maryland 2104354
 ARCHITECTS Phone: 410-290-9550 Fax: 410-720-6222
 SURVEYORS Bel Air, Maryland Columbia, Maryland Warrenton, Virginia

DESIGN BY: CMH
 DRAWN BY: CMH
 CHECKED BY: JCO
 DATE: Oct., 2001
 SCALE: 1"=30'
 W.O. NO.: 2014077
 SHEET OF 1



ST. BOX 2.7.02
 DATE

12/10/02
10:00

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: Dickson P.B. HTB + P/C Inc Telephone #: 410-418-5224
Address: 3570 ST JOHNS LANE
SUIT 111 ELICOTT CITY MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Fred D. Dickson Jr License# 10392

*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: DAVE BAXTER Telephone #: 410-916-925-8815
Subdivision: WISBY & TURN Lot #: 5 Well Tag #: HO-94-1219
Site Address: 14140 TWISTING LANE
DAYTON MD 21036

Submersible Pump Data
Make: Rouids
Model #: 52505412
Pump Capacity 6 GPM
Well Yield: 8 GPM

Pitless Adapter
Make: Cambell
Model#: BP10X
Depth: 42" (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: 185 (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 Both installed
Safety rope, if used, attached to inside of well casing with eye bolt yes

Piping to house
Type: 1"
PSI: WT 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: 1 1/2
Approximate length of sleeve: 9'
Sleeve caulked and sealed properly: FERROCO + SILICONE

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: Fred Dickson date: 9/2/02

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

Date Insp. Requested: _____ Date Insp. Approved: 6/21/02 SR4
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 9504

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A56642F

NUMBER IS TO BE PUNCHED IN (ON ALL CARDS)

DATE RECEIVED 080197

DATE WELL COMPLETED 072397

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1219

OWNER Souder Builders, Inc. STREET OR RFD Twist + Turn Lane TOWN Dayton SUBDIVISION Twist + Turn Lane SECTION LOT 5

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sandstone MICKA, Sandstone MICKA, Sandstone MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 1000

CASING RECORD casing types insert appropriate code below (ST) (CO) (PD) (OT)

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 39

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MSD 117

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 40 37 225

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 ft.

WHEN PUMPING 60 ft.

TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (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

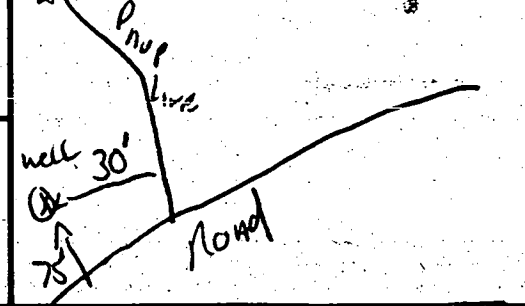
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE (nearest foot) 2

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)



B 1 **8289** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1219
 fill in this form completely

Date Received (APA) **061397**
OWNER INFORMATION
SOWDER BUILDERS INC
 15 Last Name 13 Owner First Name 34
9335 OLD SCAYGUSVILLE
 36 Street or RFD 56
LAUREL MD 20923
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
TWIST & TURN ESTD
 23 SUBDIVISION 42
 SECTION **1** LOT **5**
 44 46 48 50
DAYTON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD MGD/MWD
Ralph MAYNE
 77 License No. **118**
Ralph Mayne Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne **6/13/97**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **50** FT
 34 37 38 39
 ENTER FT OR MI
 TAX MAP: **27** BLK: _____ PARCEL **24**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**
 14 20

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL
Howard **A56642F**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **070397** **Kim Maisto** **7/3/98**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **506000** EAST GRID **0798000**
 50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK, WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** 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 _____

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
 E **850798**
 N **506000**
 000 000
 7-23-97
 39' casing
 30+ open
 10 bags
 casing ok
 grout ok
 location ok (KM)

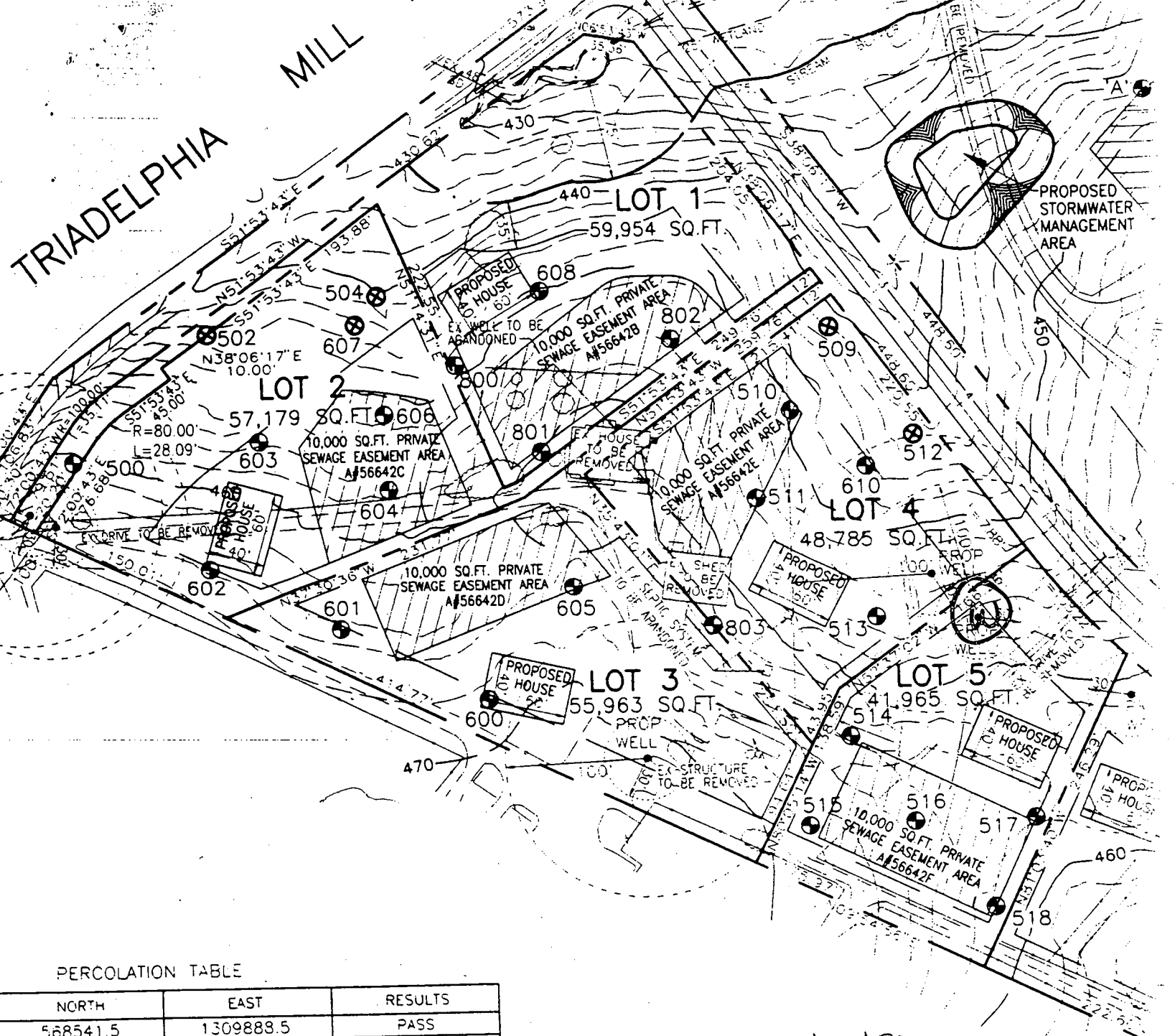
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

 N
 TriDelphin Mill Rd
 50' OK
 Twist & Turn LA.
 Green Bridge Rd.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **Km** WRITE INITIALS IN BOX PERMIT No. **HO-94-1219**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



PERCOLATION TABLE

NORTH	EAST	RESULTS
568541.5	1309888.5	PASS
568473.2	1310003.9	FAIL
568362.3	1310060.2	FAIL
568049.3	1310122.5	FAIL
568059.8	1310057.3	PASS
568066.5	1309990.3	PASS
567972.2	1310063.9	FAIL
567962.8	1309929.5	PASS
567958.2	1309841.5	PASS
567968.9	1309771.9	PASS
567898.4	1309794.6	PASS
567817.8	1309819.7	PASS
567828.5	1309750.1	PASS
567688.9	1309808.7	PASS
567673.7	1309904.3	PASS
567567.0	1309870.4	PASS
567385.4	1309681.1	FAIL
567351.7	1309752.7	PASS
567200.2	1309729.3	PASS
567212.8	1309654.0	FAIL
567152.1	1309669.0	FAIL
567077.0	1309791.2	PASS

6/25/97
 Move well
 to 20' off lot 6
 Lot 6 SDA
 directly upslope
 ALM

7-8-97

well site ok as
 shown, with septic area
 stakes changed as discussed in field km/cw

APPLICATION

PERCOLATION TESTING

A 56642 F

P _____

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

DISTRICT _____

DATE May 22, 1996

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 Donald Sander

ADDRESS 14191 TRIADELPHIA ROAD PHONE (301) 854-3408 (h)
DARTON, MD 21036 792-0834 (o)

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SANDER PROPERTY LOT NO. 5

ROAD AND DESCRIPTION ROAD A' APPROXIMATELY 1500' WEST OF GREENBRIDGE RD
AGE TRIADELPHIA MILK ROAD

TAX MAP 27 PARCEL # 24

SIZE OF LOT 1 ac +/- 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. Donald Sander
(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

A56642-F

COUNTY#

SOIL PROFILE

517, 518

0' dark brown SiCLM
 3.0 dark orange SiSaLM
 5% shale

15.0

516

1.0 lgt orange tan SaCLM
 5% rock sapolite mix
 lgt orange yellow SiLM
 10-15% sapolite micaceous

6.0

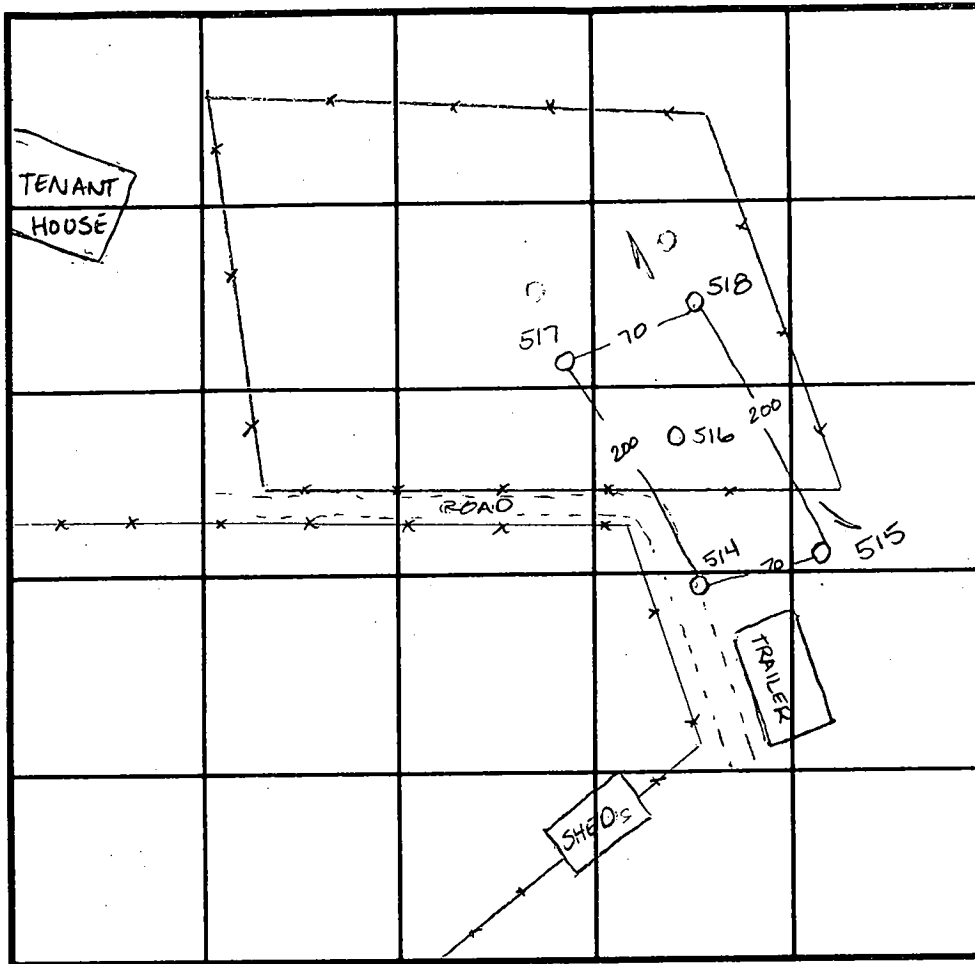
lgt tan grey SiSaLM
 20% micaceous sapolite

14.0

514

3.5 orange brn SiCLM
 ridge of 30% shale
 4.0 lgt orange grey SiSaLM
 20% shale micaceous

15.0



SOIL PROFILE

515

0' reddish brn SiCLM
 3.0 red brn SiLM
 5% sapolite
 7.0 lgt grey brn SiSaLM
 10% sapolite

3.0

7.0

15.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-30-96	517	3.5 / V15.0	2:45	2:50	2:50	2:57	7min
	518	3.0 / V14.5	2:56	2:57	2:57	2:58	1min
6-4-96	516	2.5 / V14.0	9:16	9:19 ³⁰	9:19 ³⁰	9:23	3 1/2 min
	514	4.0 / V15.0	9:27 ³⁰	9:28 ³⁰	9:28 ³⁰	9:30	1 1/2 min
	515	3.5 / V15.0	9:25	9:26	9:26	9:27 ³⁰	1 1/2 min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Wayne Souder

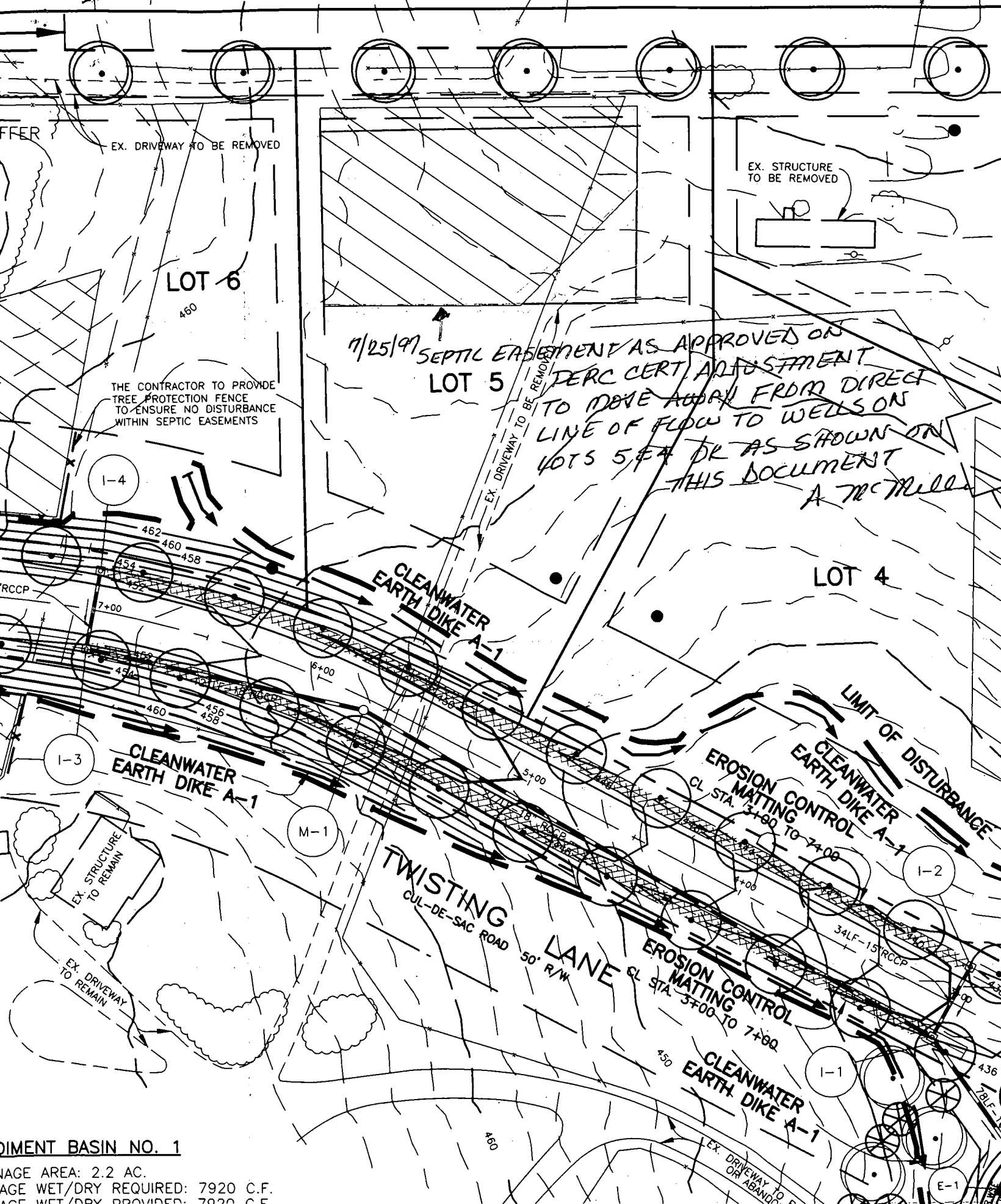
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



EX. DRIVEWAY TO BE REMOVED

EX. STRUCTURE TO BE REMOVED

LOT 6
460

LOT 5

LOT 4

THE CONTRACTOR TO PROVIDE TREE PROTECTION FENCE TO ENSURE NO DISTURBANCE WITHIN SEPTIC EASEMENTS

7/25/97 SEPTIC EASEMENT AS APPROVED ON PERC CERT. ADJUSTMENT TO MOVE AWAY FROM DIRECT LINE OF FLOW TO WELLS ON LOTS 5 & 6 DR AS SHOWN ON THIS DOCUMENT
A McMill

CLEANWATER EARTH DIKE A-1

CLEANWATER EARTH DIKE A-1

CLEANWATER EARTH DIKE A-1
EROSION CONTROL MATTING
CL STA. 3+00 TO 7+00

TWISTING CUL-DE-SAC ROAD 50' R/W

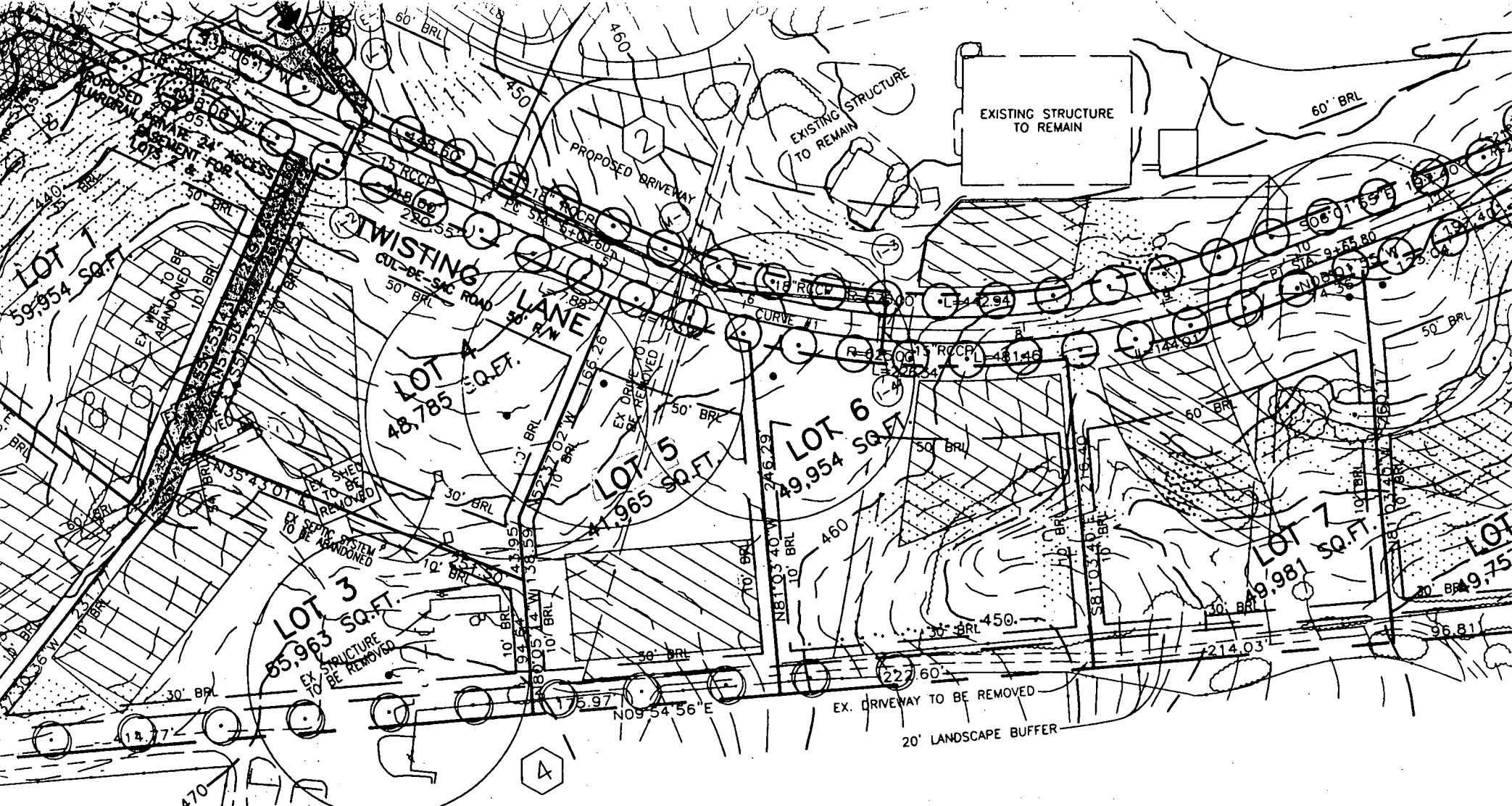
LANE

EROSION CONTROL MATTING
CL STA. 5+00 TO 7+00

CLEANWATER EARTH DIKE A-1

SEDIMENT BASIN NO. 1

AREA: 2.2 AC.
WET/DRY REQUIRED: 7920 C.F.
WET/DRY PROVIDED: 7920 C.F.



DANIEL L. MOSENFELDER
 1908 / 380

R-97-06

**SCHEDULE D
 STORMWATER MANAGEMENT AREA LANDSCAPING**

LINEAR FEET OF PERIMETER	130
NUMBER OF TREES REQUIRED	4
VEGETATION	NO
	NO

- ⊗ EVERGREEN TREES TO BE PROVIDED BY THE DEVELOPER
- STREET TREES TO BE PROVIDED BY THE DEVELOPER
- LANDSCAPE EDGE TREES PROVIDED BY THE DEVELOPER

