

LAYOUT 5/15/02 1D-00 INSP 4 _____
INSP 2 5/16 Final @ 3 PM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 4/29
4/01/2002

APPROVAL DATE: 5/16/02

P 516 957

A 58947-I

**PERMIT
INDEXED**

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

04-365356

K & K Excavating

IS PERMITTED TO

INSTALL ☒ ALTER ☐

ADDRESS: 14960 Frederick Rd., Woodbine PHONE NUMBER: 410-442-1335

SUBDIVISION: Windridge Farms LOT NUMBER: 10

ADDRESS: 14540 Windridge Court PROPERTY OWNER: Selfridge Builders, 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

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

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 75' from the rear lot line and 80' from the right 215.84' lot line. Run trenches on contour in both directions.
NOTES:	Trenches are to be 10' center to center. Trenches may be slightly off contour (a few inches), if necessary, in order to conserve easement area.

PLANS APPROVED: Brian Baker OK 4/11/02 SO DATE: 3/25/2002

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

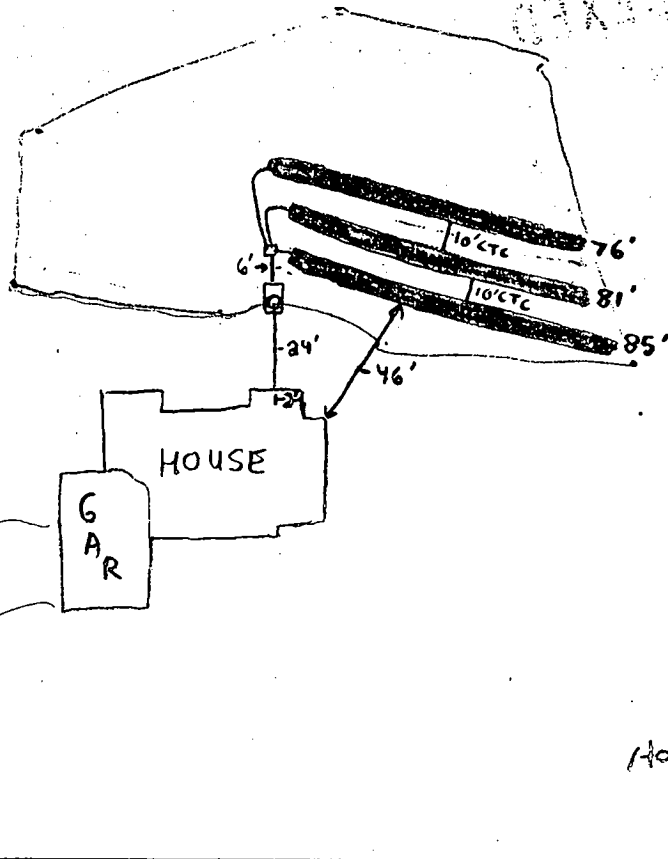
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**BUILDING PERMIT SIGNED
AND RETURNED**

5-1-03 800141626 - DECK

458947-I

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES 3		
TOTAL LENGTH 240'±		
ABSORPTION AREA 720 ft²		
DISTRIBUTION BOX LEVEL ✓		
DISTRIBUTION BOX BAFFLE ✓		
DISTRIBUTION BOX PORT NA		

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL ✓ TS		
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	2'±	
BAFFLES	OK	
BAFFLE FILTER	NA	
MANHOLE LOC	Front	
6" PORT LOC	NA	
WATERTIGHT TEST	NA	
SEPTIC TANK 2 LEVEL NA		
CAPACITY	NA	GAL
SEAM LOC	NA	
TANK LID DEPTH	NA	
BAFFLES	NA	
BAFFLE FILTER	NA	
MANHOLE LOC	NA	
6" PORT LOC	NA	
WATERTIGHT TEST	NA	

PRE-CONSTRUCTION 5/15/02 House cons. changed. Run (3) 80's to right side, 10' CTC. (50)

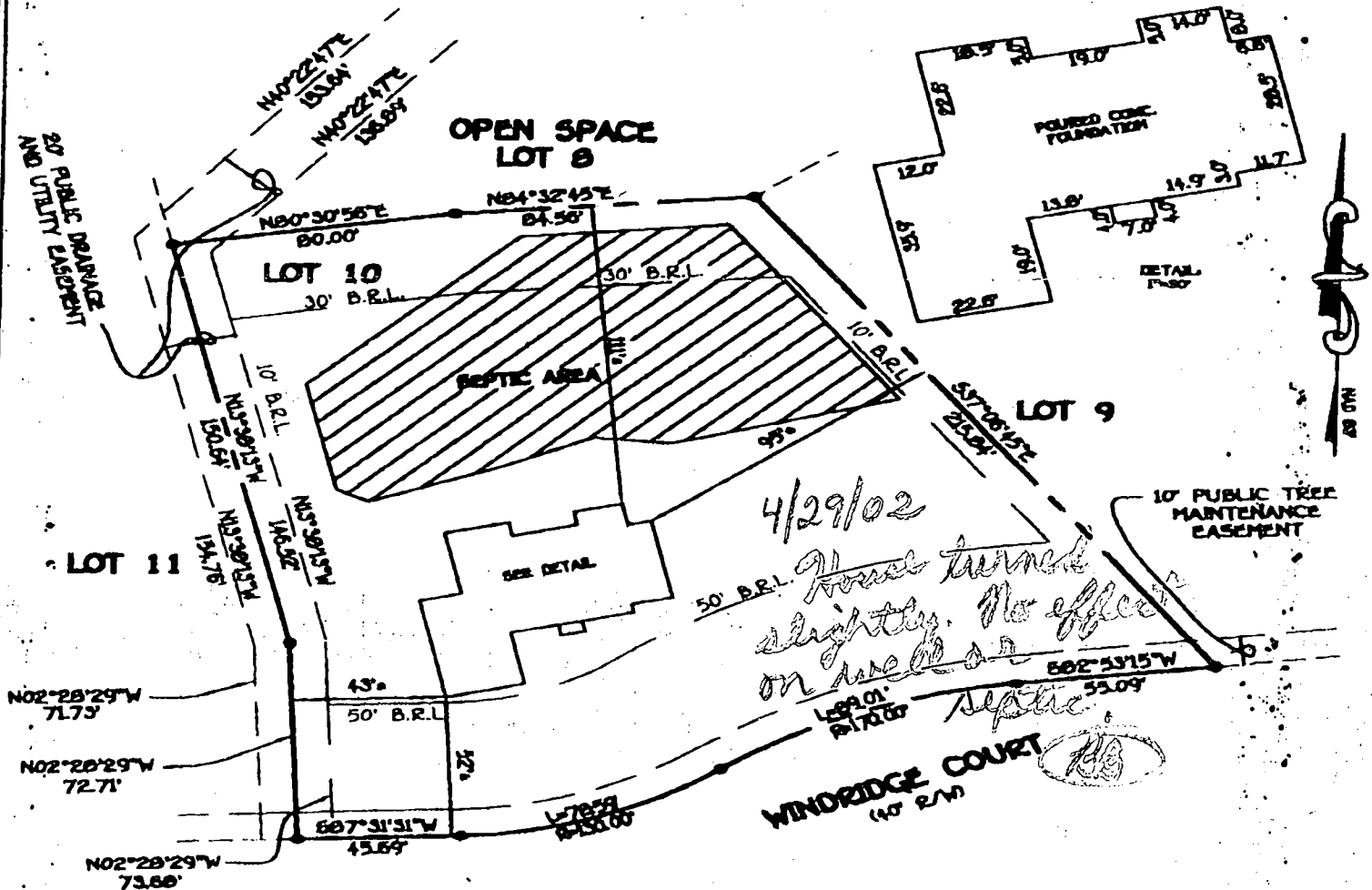
INSTALLATION 5/16/02 - ON TO COVER ALL WORK - (SRK/JB) 5/17/02

FINAL INSPECTOR Steven Roger Krieg DATE OF APPROVAL 5/16/02

BUILDING PERMIT SIGNED AND SIGNED

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 OF 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. 2100440020 BE EFFECTIVE DEC. 4, 1996.
- 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. 516.8'±

LOT 10
WINDRIDGE FARMS
SECTION 2, AREA 2
LOTS 8 THRU 25
(A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL
"B", WINDRIDGE FARMS, SECTION 2, AREA 1,
PLAT Nos. 14319 THRU 14322
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT No. 14685

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 18272 BALTIMORE NATIONAL PIKE
CLLETT CITY, MARYLAND 21042
(410) 461-1895

FCC -



Mark L. Nobel 4/10/02
REGISTERED LAND SURVEYOR DATE
REG. - 339

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION/SIZE/DATE
FINAL LOCATION
BOUNDARY SURVEY

SCALE: 1"=40'
DATE: 4/10/02
DRAWN BY: JAC
CHECKED BY: JAC
PROJECT: NAL0007

**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: Pipe-Rite Plumbing Telephone #: 410-788-3080
Address: 405 Lafayette Ave
Baltimore, MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: License # 2214
Name (Print): George Baker
*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: Brown Telephone #: _____
Subdivision: Wind Ridge Farms Lot #: 10 Well Tag #: HO-99-2776
Site Address: 14540 Windridge Court
Glenwood MD 21739

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Meyer</u>	Make: <u>Martin Sen</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>23152-3</u>	Model #: <u>B18X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.C.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>175</u> feet		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrench or Cable guides are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ☒

Piping to house
Type: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 1/2 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: ☒

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: George Baker
date: 5-31-02

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

Date Insp. Requested: _____ Date Insp. Approved: 5/24/02 SO 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 5" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒

C107885

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY
NUMBER 13

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
09 09 00

Depth of Well
22 185 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0 - 94 - 2796
28 29 30 31 32 33 34 35 36 37

OWNER BRS DEVELOPERS

STREET OR RFD WINDRIDGE CT TOWN GLENELG

SUBDIVISION WINDRIDGE FARMS SECTION LOT 10

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	20	
Sand Stone	20	25	
MICKA	25	30	
Sand Stone	30	35	✓
MICKA	35	60	
Sand Stone	60	65	✓
MICKA	65	145	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ C.M. BENTONITE CLAY ☒ B.C.

NO. OF BAGS 45 NO. OF POUNDS 45

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

☒ ST ☐ CO
STEEL CONCRETE
☒ PL ☐ OT
PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35

60 61 63 64 66 70

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

EACH CASING

SCREEN RECORD

screen type or open hole
☒ ST ☐ BR ☒ HO
STEEL BRASS OPEN HOLE
☐ PL ☐ OT
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ Y ☐ N

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. 1 MS D 112

DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

C2

DEPTH (nearest ft.)
33 145

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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 Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Buck

WATER LEVEL (distance from land surface)
BEFORE PUMPING 32 ft.
WHEN PUMPING 34 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 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

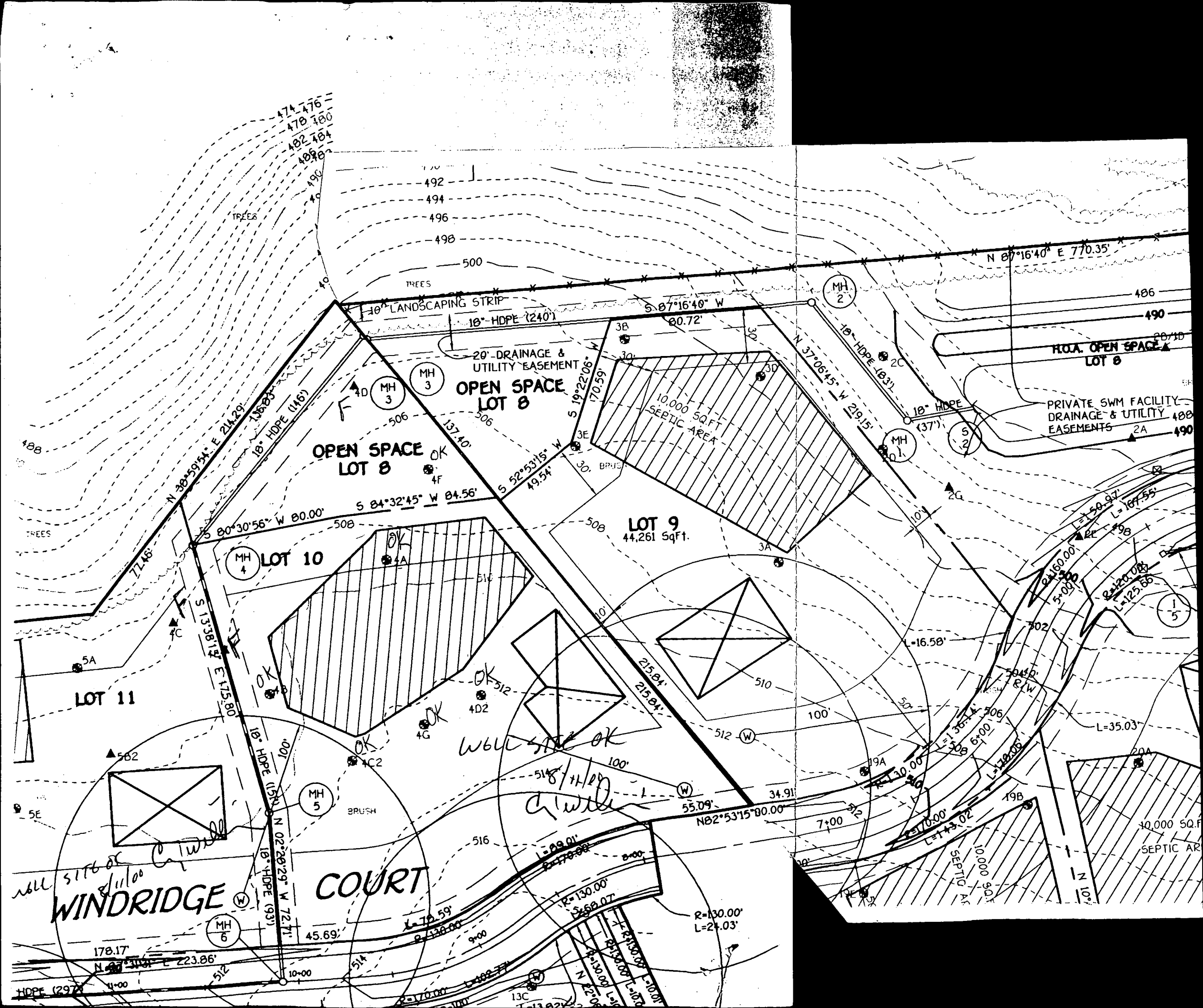
CASING HEIGHT (circle appropriate box and enter casing height)
☒ above LAND SURFACE
☐ below 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

15' Prop. Line
12' Road

B 1 18642 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W513672</i> please print or type	STATE PERMIT NUMBER HO - 94 - 2796 <small>70 fill in this form completely 79</small>
Date Received (APA) <small>8 MM DD YY 13</small> BNS Developens LLC <small>15 Last Name Owner First Name 34</small> 8808 Centen Park Dr. Suite 209 <small>36 Street or RFD 55</small> Columbia mn. 21045 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> WINDRIDGE FARMS <small>23 SUBDIVISION 42</small> SECTION 2 LOT 10 <small>44 46 48 50</small> GLENELG <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) I <small>73 M 76 77 78</small>	
DRILLER INFORMATION Ralph Mayate MSD 116 <small>Driller's Name 76 License No. 81</small> Ralph Mayate well drilling <small>Firm Name</small> 9120 Brown Church Rd Mt Airy <small>Address</small> Phoebe Mayate 7-5-00 <small>Signature Date</small>		B 4 WINDRIDGE CR. <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 20 37</small> DISTANCE FROM ROAD 20 ENTER FT OR MI FT <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED 08/14/00 C. W. W. 8/13/01 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 520 000 EAST GRID 0790 000 <small>50 55 57 63</small>	
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		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 790 N 520 000 000	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		9/18/00 Great 11.5 Location OK, casing 35', over 30' great 8 bags 9/19/00 (⊕)	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 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 well 220' WINDRIDGE CR. Sharp Rd	
REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ G A P 63 PERMIT No. HO - 94 - 2796 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			



APPLICATION

PERCOLATION TESTING

A 58947D

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Windridge Farms LOT NO. 10

ROAD AND DESCRIPTION 14540 Windridge Ct.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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

0'

or Br
Heavy
Loam

3'-3.5'

Tan Sa
LoamPockets of
~40-50%
Rock from
4.5'-8.0'
10-15%
Rock

12.5'

B

Red Br Heavy
Loam and Tan
Loams

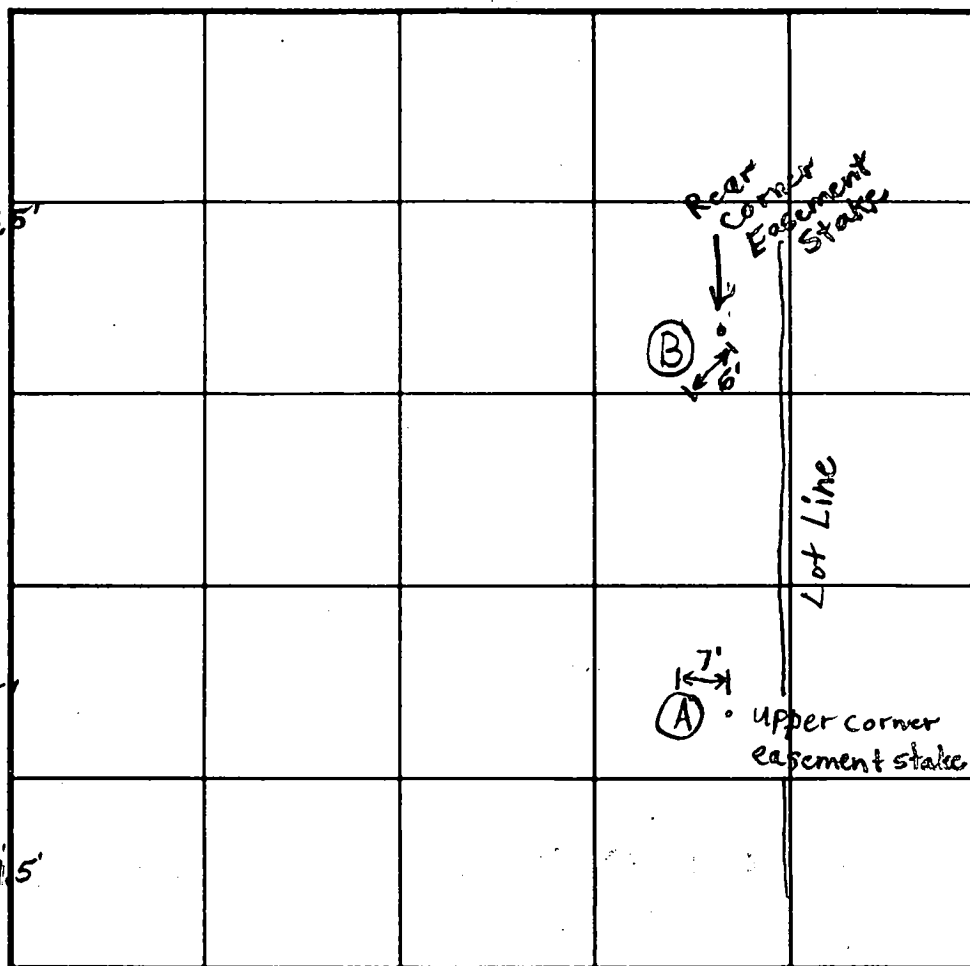
3.5'-4.5'

Tan Sa
Loam10-15%
Rock

12.5'-13'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Windridge Court

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/25/02	A	12.5' ✓	—	See Profile	—	→	OK
	B	12.5'-13' ✓	—	See Profile	—	→	OK

REMARKS

TYPE OF SOIL

TESTED BY

B. Baker

ALSO PRESENT

Olen Ketherman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 589470

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT #04

DATE _____

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 Ray + Jane Cabbage

ADDRESS 14564 Dorsey Mill Rd PHONE 410. 489. 7017
Glencr, MD 21738

AGENT OR PROSPECTIVE BUYER Susquhanna Land Holding Co

ADDRESS 1814 Hyman LA Crofton MD PHONE 410 451 3916
21114

PROPERTY LOCATION:

SUBDIVISION Cabbage Sub. LOT NO. H (2)

ROAD AND DESCRIPTION _____

TAX MAP 21 PARCEL # 31

SIZE OF LOT 1+ AC. TYPE BLDG. SFD
(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.

(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

5894710

COUNTY #

SOIL PROFILE

(4A)

or/br
clay
1mtan/br/
orange
silty/
sand
loam
10%
shale

(4B)

or/br
clay
loamlt tan/
brown
silty/
sand
loam
10%
shale

(4C)

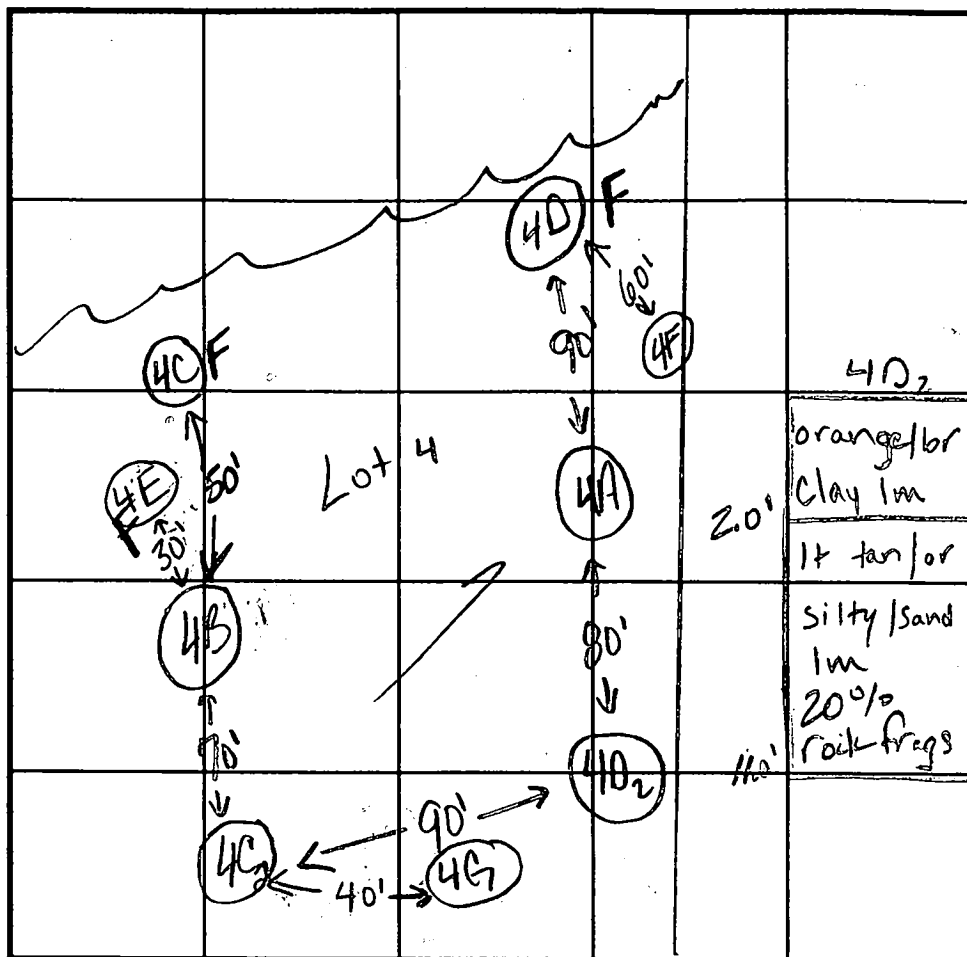
or/br
clay
1mrock
outcrop
HARD

BOTTOM



SOIL PROFILE

(4D)

Same
as
hole
#4C(4C₂)or/br
clay 1mlt tan/or
silty/sand
loamrx outcrop
30% rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-7-97	4A	3.0'S	1:28	1:29	1:29	1:31	2min
		6.5'S	1:2830	1:2930	1:2930	1:31	130
		10.0'D	Visual	ok - see profile			
	4B	2.5'S	1:1720	1:1820	1:1820	1:20	140
		6.0'S	1:1830	1:21	1:21	1:2330	230
		11.5'D	Visual	ok - see profile			
	4C	FAILED DUE TO ROCK					F
	4C ₂	2.5'	11:5230	11:54	11:54	11:56	2min
	4D	FAILED DUE TO ROCK					F
	4D ₂	3.0'S	11:4440	11:47	11:47	11:51	4min
		6.0'S	11:44	11:45	11:45	11:46	1min

REMARKS

TYPE OF SOIL

TESTED BY

Kim Maiste/Craig Williams

ALSO PRESENT

Hugo + Jeff

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2-3 minutes

TRENCH WIDTH

3

INLET DEPTH

2

MAXIMUM BOTTOM DEPTH

4

SQ. FT./BEDROOM

180

APPLICATION

PERCOLATION TESTING

A 589470

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

P _____
DISTRICT #04
DATE _____

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 Ray + Jane Cubbage

ADDRESS 14564 Dorsey Mill Rd PHONE 410.489.7017
Glencr, MD 21738

AGENT OR PROSPECTIVE BUYER Susquahanna Land Holding Co

ADDRESS 1814 Hyman LA Crofton MD PHONE 410 451 3916
21114

PROPERTY LOCATION:

SUBDIVISION Cubbage Sub. LOT NO. X (2)

ROAD AND DESCRIPTION _____

TAX MAP 21 PARCEL # 31

SIZE OF LOT 1+ AC. TYPE BLDG. SFD
(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.


(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

589470

COUNTY #

SOIL PROFILE

0' 4F

or/br
clay
loam

3.0'

lt tan
orange
silty
clay lm
15%
Saprolite

12.0'

4G

or/br
clay lm

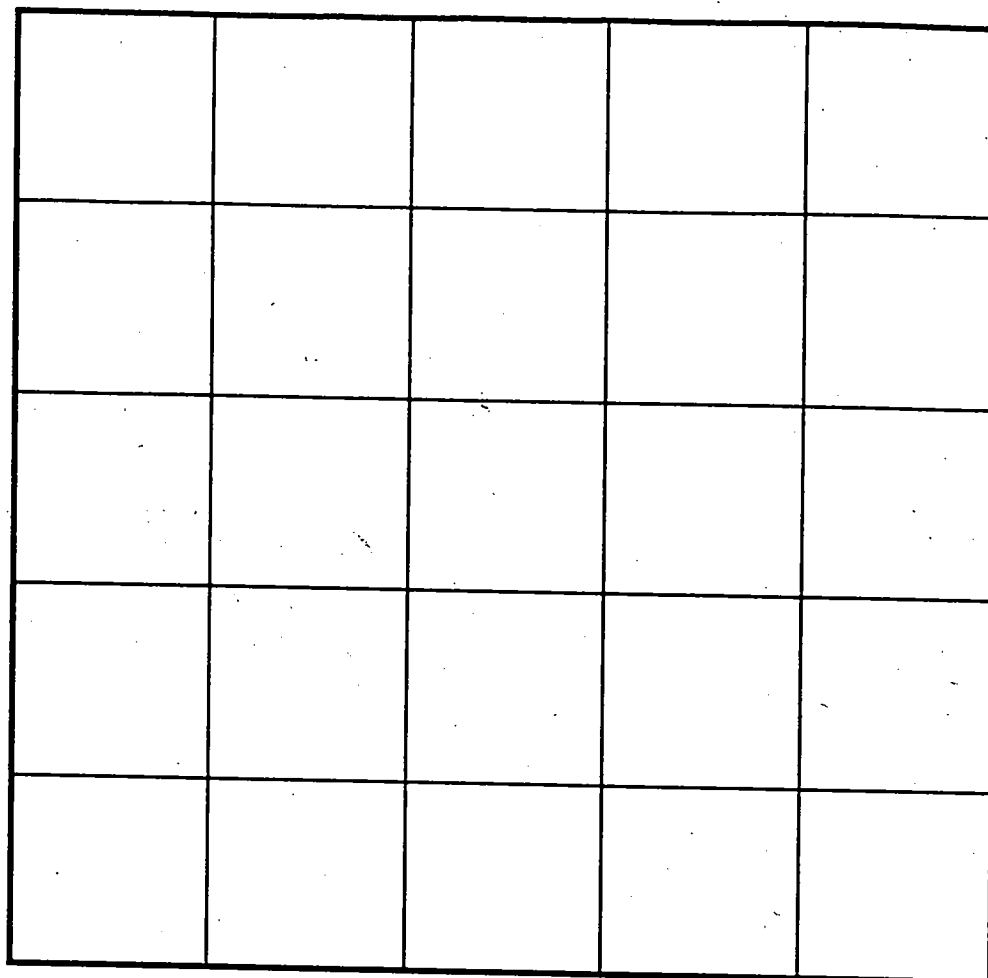
3.0'

lt tan
orange
silt lm
10-15%
Shale
frags
↓

11.0'

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	
11/26/97	4F	4.0'S	11:25 ³⁰	11:26	11:26	11:27	1min
		(repour)	11:27 ⁴⁰	11:28 ⁴⁰	11:28 ⁴⁰	11:30 ⁴⁰	2min
		5.0'S	10:29 ³⁰	10:31	10:31	10:34	3min
		12.0'D	Visual ok - see profile				
	4E	FAILED DUE TO ROCK					
		(Reported by Hugo Procopio - hole not dug)					
4.28.98	4G	11.0'D	Visual only - see profile				

REMARKS Test holes staked

TYPE OF SOIL

TESTED BY Kim Maiste

ALSO PRESENT

Hugo ProcopioTRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 min

TRENCH WIDTH

3

INLET DEPTH

2

MAXIMUM BOTTOM DEPTH

4

SO. FT. PER FOOT

180

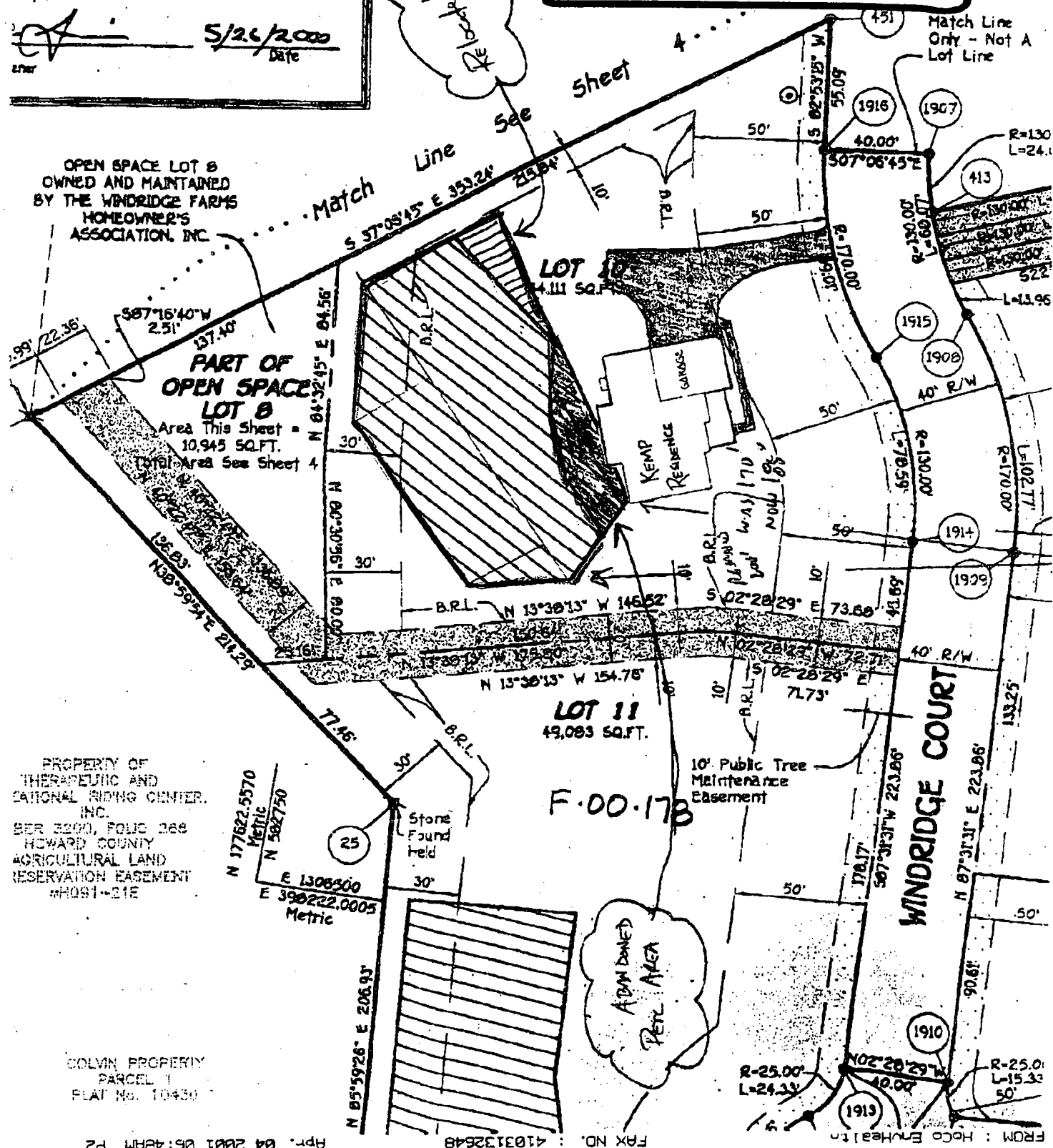
1-10, The Real Property Article, Annotated Code
 Placement Volume, (As Supplemented As Far As
 Making Of This Plat And The Setting Of Markers
 With

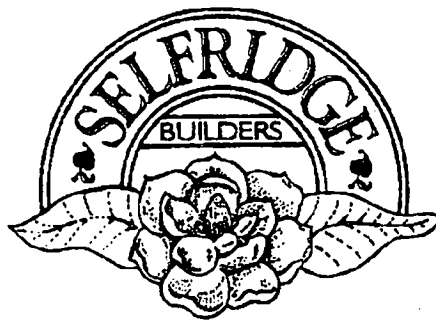
[Signature] 5/26/2000
 Date

[Signature] 5/26/2000
 Date

To: Tim Ragen
 From: Amy McMillen
 Shown adjustment to SDA
 is OK.

A McMill





James H. Selfridge Builders, Inc.
14045 Gared Drive
Glenwood, Maryland 21738
410-531-8930 Phone
410-531-8939 Fax

FAX TRANSMITTAL SHEET

TO: ~~Amy McMillan~~ Tim Ragen
FROM: ~~Tim Ragen~~ Amy McMillan
SUBJECT: WINDRIDGE FARMS, Lot #10
DATE: 4/3/01

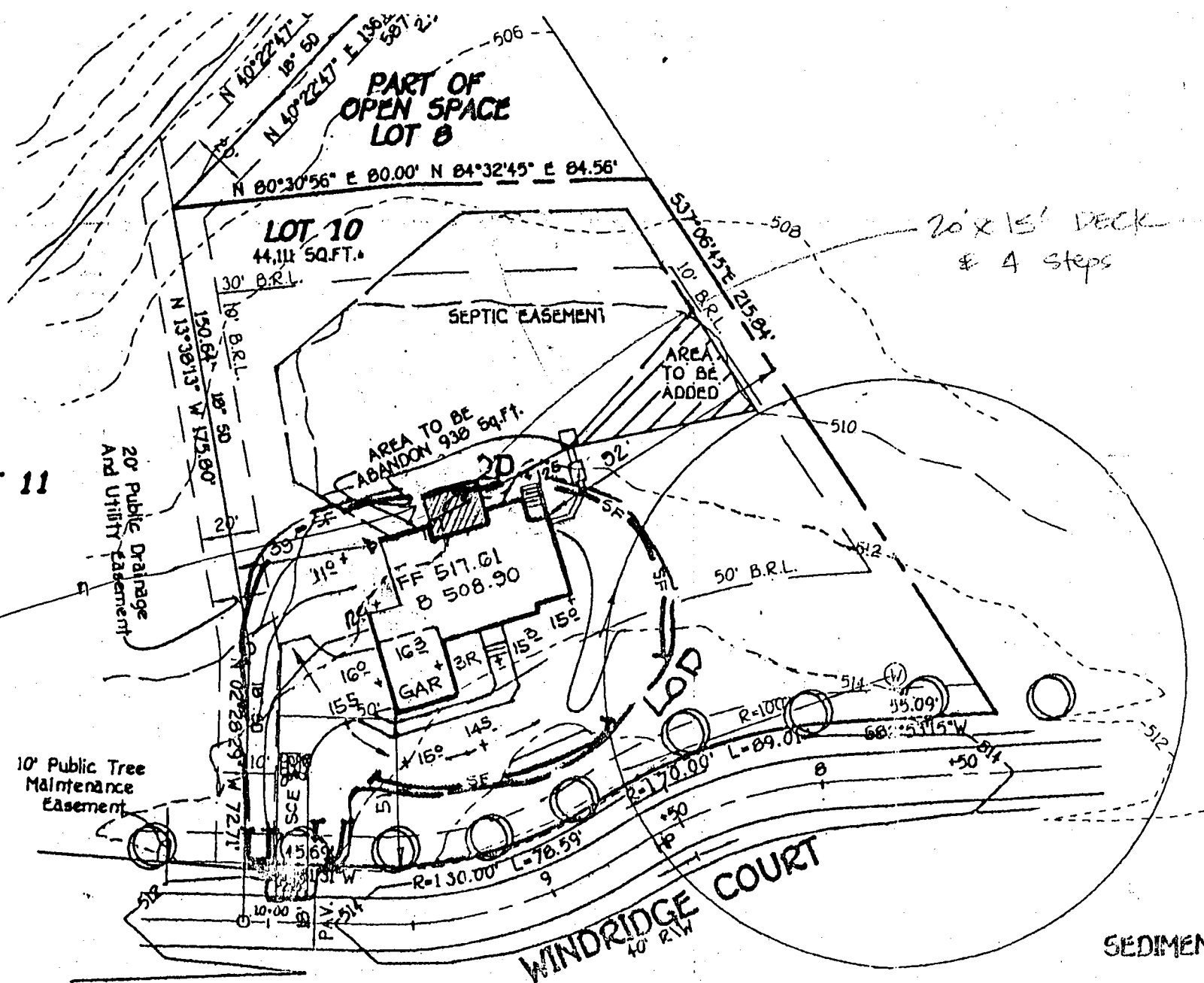
Number of pages including cover sheet: 02

MESSAGE: Amy, Please take a look at this
proposed layout / relocation ? let me know
if you have any INFO that would either
support or oppose this

Call with any Questions.

Thank you for your continued help !!

4/3/01 Attached is what I have for the
recorded septic area on Lot 10 -
is my information incorrect AL



5/1/03
proposed
deck on
SRX
300141626

OWNER/BUILDER

Selfridge Builders
14045 Gared Drive
Glenwood, Maryland 21738
410-531-8930

Tax
Fourth El
Scale 1"=50'