

11/21/01 2/27/02
12:00
Pump Test

ISSUE DATE: 9/4/2001

APPROVAL DATE: 2/28/02

**PERMIT
INDEXED**

P 516014-E

A 58947-K

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

04-365364

Union Paving Company, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 5977 Sandy Ridge Road, Elkridge PHONE NUMBER: 410-379-6463

SUBDIVISION: Windridge Farm LOT NUMBER: 11

ADDRESS: 14550 Windridge Court PROPERTY OWNER: Hamilton Reed MACDONALD

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A 1250

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

**BUILDING PERMIT SIGNED
AND RETURNED**

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches 65 feet off the front lot line and 45 feet off the left lot line as seen when facing the lot from Windridge court. Run trenches on contour toward the left lot line.
NOTES:	

PLANS APPROVED: Amy Mc Millen 6/21/01 OK (88) DATE: 6-18-01

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

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

BUILDING PERMIT SIGNED

AND RETURNED 6/13/2002

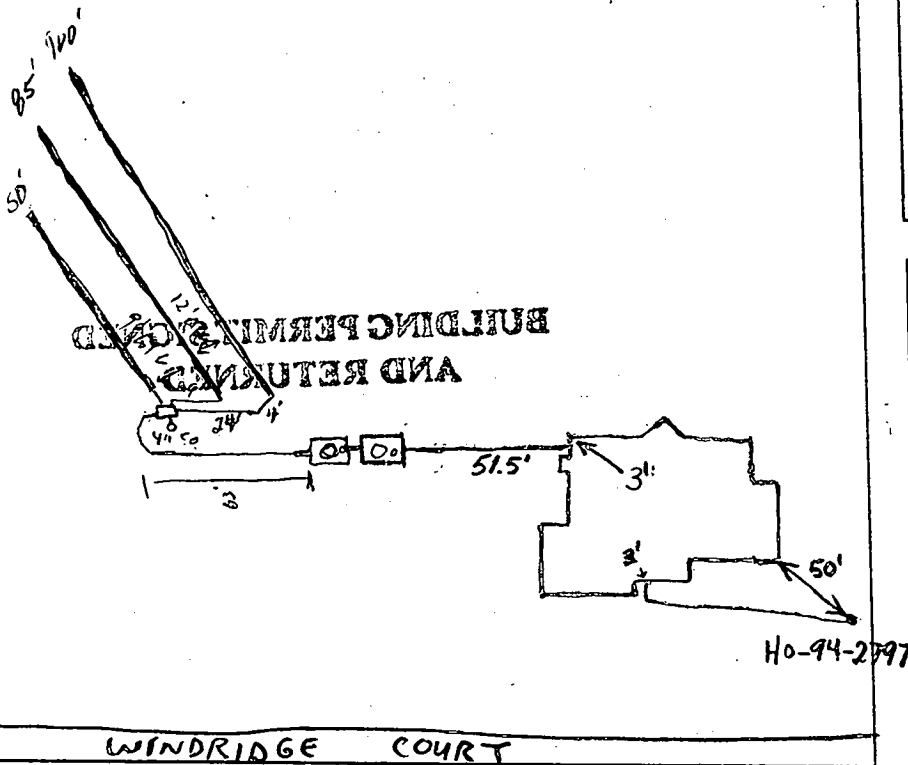
800136 917 ABOVE GROUND POOL
800136 917A " " 8/29/02

009-03-800144515-DECK
10505 800136336-POOL

458947-K

NOT TO SCALE

INDEXED



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 2.5'
TRENCH BOTTOM DEPTH 4.5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 240'
ABSORBENT AREA 720 ϕ
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER Yes - Middle
6 INCH INSPECTION PORT Yes - Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 TS
MANHOLE RISER Middle
ALARM OPERATIONAL
PUMP PERFORMANCE TEST ✓

PRE-CONSTRUCTION INSPECTION: 11/21/01 Can't make gravity to upper 2/3 of septic easement. Need pump system. To install a 55', 80' and 100' trench across

INSPECTION COMMENTS: upper part of easement. (RR) 11/26/01 OK to cover all work. Pump & Alarm tests needed (E) 2/28/02 - Pump & ALARM OPERATIONAL, EFFLUENT DELIVERED TO D. BOX (SRK)

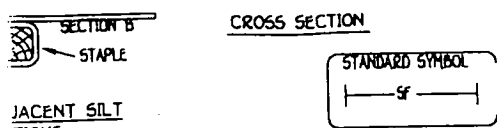
INSPECTOR

Steven R. King

DATE SYSTEM APPROVED 12/18/02

BUILDING PERMITS AND RETURNED

A MINIMUM OF 8" VERTICALLY INTO THE GROUND
 A MINIMUM OF 16" INTO THE GROUND



**JACENT SILT
 TIONS**
 Construction Specifications

a minimum of 36" long driven 16" minimum into the
 shall be 1 1/2" x 1 1/2" square (minimum) cut, or 1 3/4" diameter
 shall be of sound quality hardwood. Steel posts will be
 on weighting not less than 100 pound per linear foot.

fastened securely to each fence post with wire ties
 mid-section and shall meet the following requirements

- | | |
|---------------------------|----------------|
| 50 lbs/in (min) | Test: MSMT 509 |
| 20 lbs/in (min) | Test: MSMT 509 |
| 0.3 gal ft / minute (max) | Test: MSMT 322 |
| 75% (min) | Test: MSMT 322 |

extile fabric come together, they shall be overlapped,
 prevent sediment bypass.

inspected after each rainfall event and maintained when
 sediment accumulation reached 50% of the fabric height.

SILT FENCE
 NOT TO SCALE

Surface- 8 inches of compacted crusher run base with tar and chip coating (minimum).
 Geometry- Maximum 15% grade, Maximum 10% grade change and 45 foot turning radius.
 Structures (culverts/bridges)- Capable of supporting 25 gross vehicles tons.
 Drainage Elements- Capable of safely passing 100-year flood with no more than 1-foot depth over driveway
 Structure Clearance- 12 feet minimum.

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 513.00
 B. BASEMENT ELEVATION: 504.00
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 509.20
 D. INVERT IN AT SEPTIC TANK: 508.8
 E. INVERT OUT AT SEPTIC TANK: 510.00
 F. PROPOSED GRADE OVER SEPTIC TANK: 507.5
 G. INVERT AT DISTRIBUTION BOX: 510.00
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 510.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

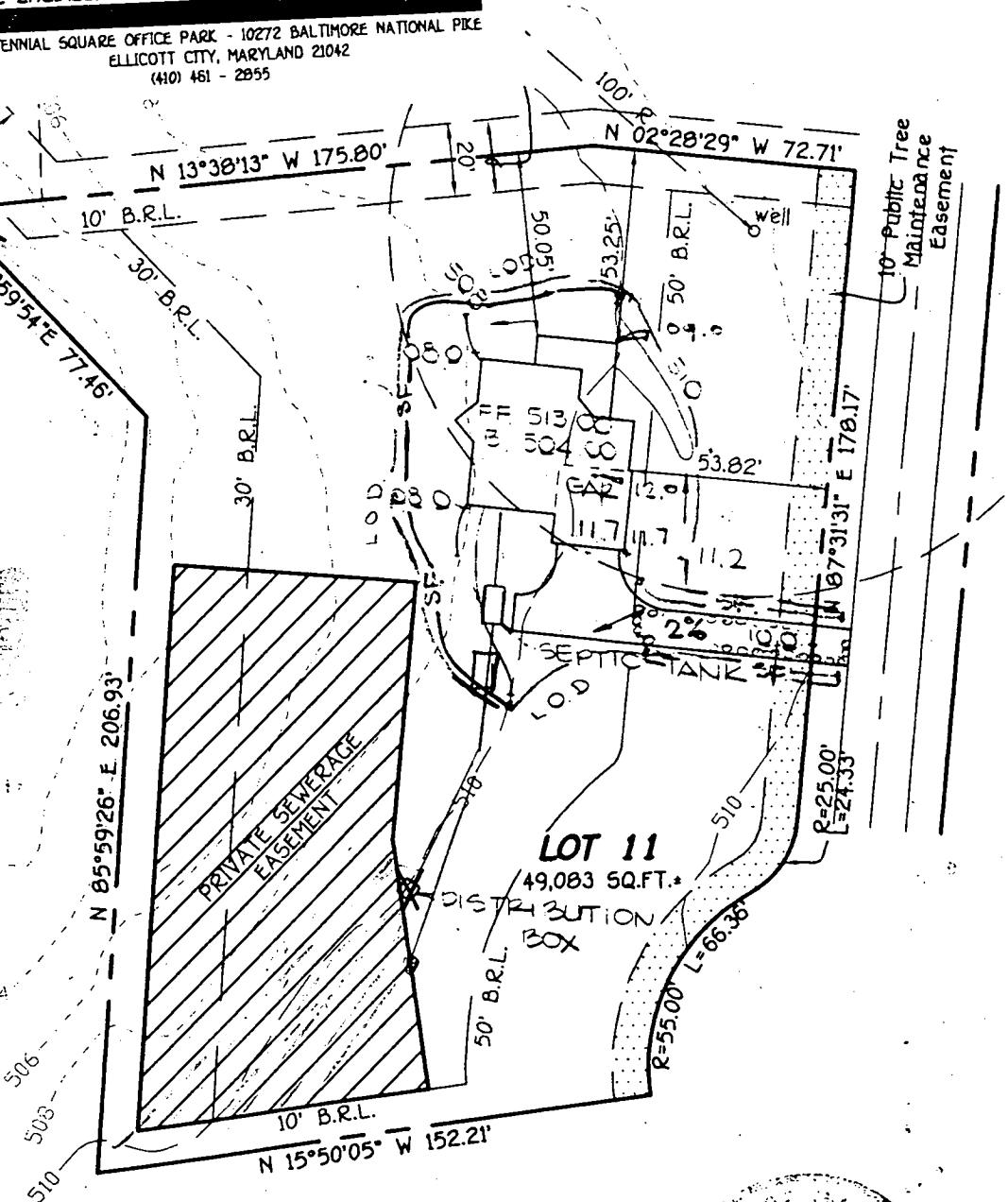


FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

Approved Septic System Plan
Howard County Health Department

56 90.5
Sept 21/2011
Amey M. McMill

Total linear feet of trench required 240 feet
Width of trench (es) 3.0 feet
Depth of trench (es) 4.5 feet
Depth of stone required below distribution box 2.0 feet



14550 WINDRIUGE CT.



**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: CLARKE P+H INC Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Ken Clarke License# 3808

*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: HAMILTON Reed Telephone #: 410-480-9146
Subdivision: Windridge Farms Lot #: 11 Well Tag #: HO-94-2797
Site Address: 14550 Windridge Ct

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: <u>P-7-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>360</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 arrestors or Cable guards 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 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 15'
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: Ken Clarke

2-28-02
date

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

Date Insp. Requested: _____	Date Insp. Approved: <u>12/12/01</u> (50) SRU
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 07886

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS 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

10 09 00
15 20

Depth of Well

22 385 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2797
28 29 30 31 32 33 34 35 36 37OWNER BRS DEVELOPERS
STREET OR RFD WINDRIDGE CT TOWN GLENELG
SUBDIVISION WINDRIDGE FARMS SECTION 11 LOT 11

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearing

Top Soil	0	2	
Sandy	2	15	
Sand Stone	15	20	
MICKA	20	25	
Sand Stone	25	30	✓
MICKA	30	65	
Sand Stone	65	70	✓
MICKA	70	385	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ Y ☐ N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BCNO. OF BAGS 6 NO. OF POUNDS 650GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 23 ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ ST
STEEL☒ CO
CONCRETE☒ PL
PLASTIC☒ OT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 6 25
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)☒ ST
STEEL☒ BR
BRASS☒ HO
OPEN
HOLE☒ PL
BRONZE☒ OT
OTHER☒ PL
PLASTIC☒ OT
OTHER

C 2

DEPTH (nearest ft.)

1 HO 23 385
8 9 11 15 17 212 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 toGRAVEL PACK IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASKING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

6
8 9

PUMPING RATE (gal. per min.)

I

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

33

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

250 25 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

☒ NOIF 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 29CAPACITY:
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)

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
WELLI 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.

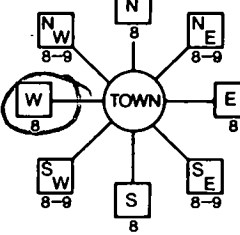
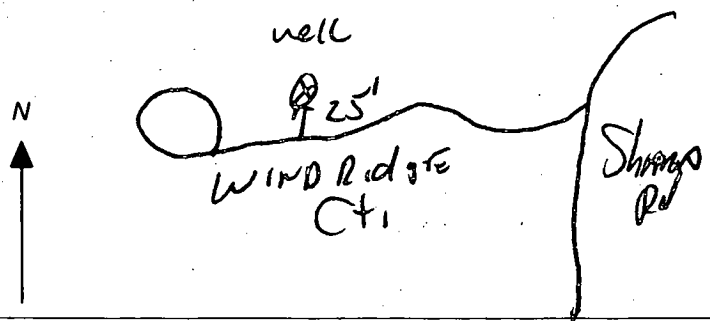
DRILLERS LIC. NO. M S D 117

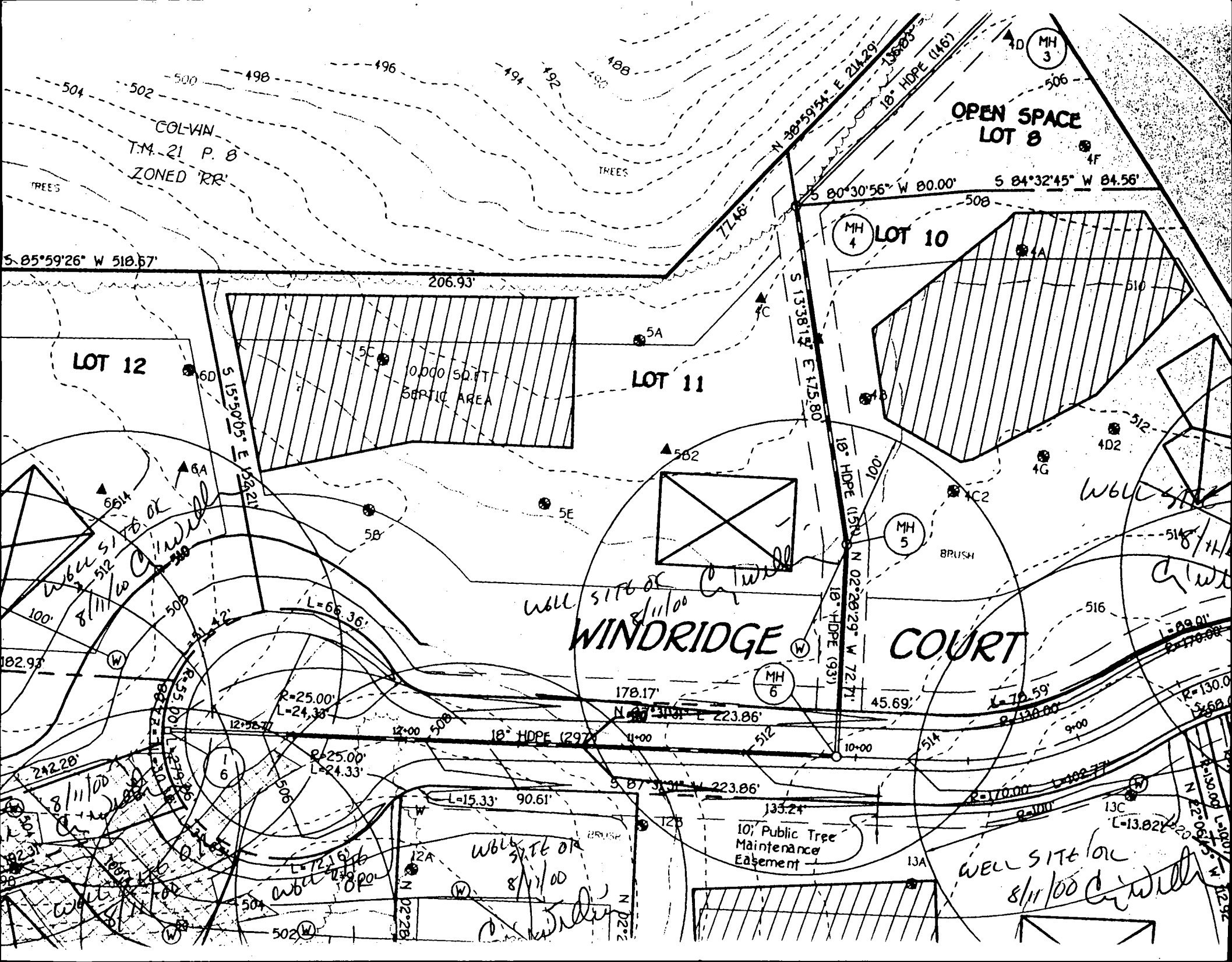
DRILLERS SIGNATURE

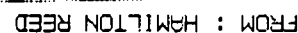
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 18643 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type W513672	STATE PERMIT NUMBER HO - 94 - 2797 <small>70 fill in this form completely 79</small>
Date Received (APA) <small>8 MM DD YY 13</small> BRS Developens LLC <small>15 Last Name 34 First Name</small> 8808 Center Park Dr. Suite 209 <small>36 Street or RFD 55</small> Columbia MD 21045 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <small>8 COUNTY 21</small> Howard <small>23 SUBDIVISION 42</small> WINDRIDGE FARMS <small>SECTION 44 46 LOT 48 50</small> 2 811 GLENELS <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) I <small>73 76 77 78</small>	
DRILLER INFORMATION Ralph Mayne MSD 116 <small>Driller's Name 76 License No. 81</small> Ralph Mayne well Drilling <small>Firm Name</small> 9120 Brown Church Rd. Mt Airy <small>Address</small> Ph Mayne 75-00 <small>Signature Date</small>		B 4 <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
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>		WINDRIDGE CT. <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 25 37</small> DISTANCE FROM ROAD 25 <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED 08/08/00 C. W. Williams 8/7/01 <small>43 MM DD YY 48 CG SIGNATURE EXP. DATE</small> NORTH GRID 000 EAST GRID 000 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3.	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> <small>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTARY Drive-POINT</small> other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 520 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ <small>41 52</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G A P. _____ <small>54 63</small> PERMIT No. HO - 94 - 2797 <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 58947E

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 Cubbage

ADDRESS 14564 Dorsey Mill Rd PHONE 410 489 7017
Glenely MD 21738

AGENT OR PROSPECTIVE BUYER Susquehanna Land Holding Co

ADDRESS 1814 Hyman LA. Crofton MD 21114 PHONE 410 451 3916

PROPERTY LOCATION:

SUBDIVISION Cubbage Sub. LOT NO. 5 (3)

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

58947E

COUNTY #

SOIL PROFILE

(5A)

or / br
Clay
loam1+ tan/
pink
powder
silt
loam
10%
shale

(5B)

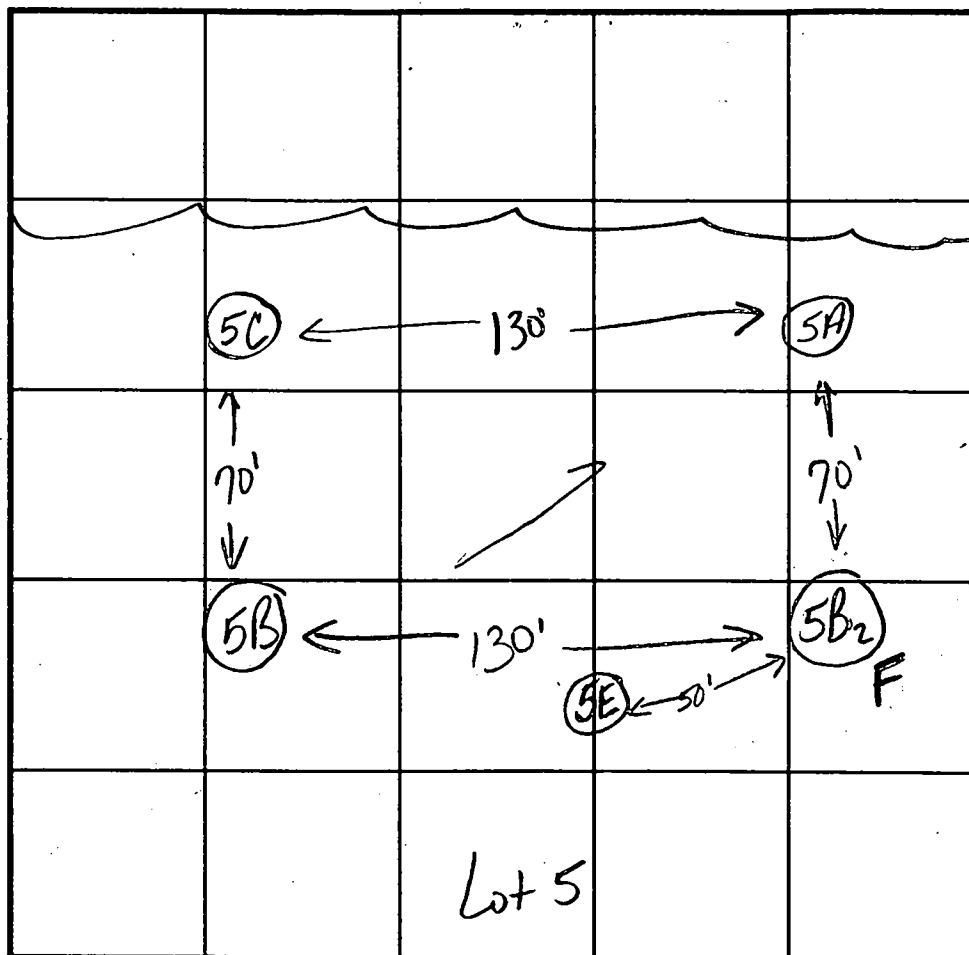
same
as
hole

#5C

(5C)

or / br
Clay loam1+ tan/
yellow
silty/
powder
loam
15%
rock
frags

SOIL PROFILE

(5B₂)or / br
Clay
loamtan
silt
loam
greater
than
50%
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	5A	3.0'S	12:14	12:17	12:17	12:20	3min
		10.0'D	Visual	ok - see profile			
	5B	3.0'S	12:23	12:24:30	12:24:30	12:26:30	2min
		11.0'D	Visual	ok - see profile			
	5C	11.0'D	Visual	only - ok see profile			
	5B ₂	10.0'D	FAILED DUE TO ROCK				F

REMARKS test holes stalked

TYPE OF SOIL

TESTED BY

Kim Maister / Craig Williams

ALSO PRESENT

Hugo + Jeff

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2-3 minutes

TRENCH WIDTH

3

INLET DEPTH

2' 5"

MAXIMUM BOTTOM DEPTH

4.5'

SQ. FT./BEDROOM

180

APPLICATION

PERCOLATION TESTING

A 58947E

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 Cubbage

ADDRESS 14564 Dorsey Mill Rd PHONE 410 489 7017
Glenelg MD 21738

AGENT OR PROSPECTIVE BUYER Susquehanna Land Holding Co

ADDRESS 1814 Hyman Ln. Crofton MD 21114 PHONE 410 451 3916

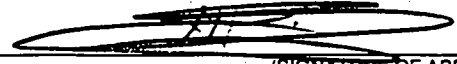
PROPERTY LOCATION:

SUBDIVISION Cubbage Sub. LOT NO. 5 (3)

ROAD AND DESCRIPTION _____

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SIZE OF LOT 1 ± Ac. TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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

58947 E

COUNTY #

SOIL PROFILE

SE

 0'
 or/red
 clay
 loam

 4.0'
 1+ tan
 orange
 clay silty
 loam
 15%
 saprolite
 manganese
 oxide
 12.0' at 600'

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	SE	4.0'S	10:43	10:46	10:46	10:48 ³⁰	230
		5.0'S	10:42 ³⁰	10:43 ³⁰	10:43 ³⁰	10:45	130
		12.0'D	visual ok - see profile				

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

Kim Maisto

ALSO PRESENT

Hugo Pocopic
3

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

2.5

MAXIMUM BOTTOM DEPTH

4.5

SQ. FT./BEDROOM

OPEN SPACE LOT 8
OWNED AND MAINTAINED
BY THE WINDRIDGE FARMS
HOMEOWNER'S
ASSOCIATION, INC.

PART OF OPEN SPACE LOT 8

Area This Sheet =
10,945 SQ.FT.
Total Area See Sheet 4

PROPERTY OF
THERAPEUTIC AND
RECREATIONAL RIDING CENTER,
INC.
LIBER 3200, FOLIO 268
HOWARD COUNTY
AGRICULTURAL LAND
PRESERVATION EASEMENT
#H031-21E

COLVIN PROPERTY
PARCEL 1
PLAT No. 10430

ABULATION THIS SHEET

Buildable Lots To Be Recorded	7
Open Space Lots To Be Recorded	0
Buildable Parcels To Be Recorded	0
Lots/Parcels To Be Recorded	7
Buildable Lots To Be Recorded	7.001 Ac.*
Open Space Lots To Be Recorded	0.251 Ac.
Buildable Parcels To Be Recorded	0.000 Ac.
Total	7.252 Ac.*

Match Line
See

LOT 10
44,111 SQ.FT.

LOT 11
49,083 SQ.FT.

F.00.178

WINDRIDGE COURT

Match Line Or
Not A Lot Lin

MATC

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 <u>800136917</u>
---	---	-----------------------------------

Building Address <u>14550 Windridge Court</u> <u>Glenwood, MD 21738</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>Windridge Farm</u> Section <u>2</u> Area <u>2</u> Lot <u>41</u> Tax Map <u>21</u> Parcel <u>31</u> Grid <u>17</u> Zoning <u>R2D</u> Map Coordinates <u>91510</u> Lot size _____	Property Owner's Name <u>Geoffrey & Janet MacDonald</u> Address <u>14550 Windridge Court</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>410-489-9913</u> Work Phone <u>443-259-6501</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	---

Existing Use <u>SFD</u> Proposed Use <u>SFD @ pool</u> Estimated Construction Cost \$ <u>100</u> Description of Work <u>Above ground pool</u> <u>25' x 15' - 48" high sides - filled by</u> <u>truck, w/retractable/removable ladder</u>	Contractor Company <u>N/A owner</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
---	---

Occupant or Tenant <u>Same as above</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	---

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: <u>52'</u> <u>56'</u> 2nd floor: <u>44'</u> <u>48'</u> Basement: <u>49'</u> <u>42'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT I/HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT I/HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT I/HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT I/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 Geoffrey A. MacDonald Geoffrey A. MacDonald
 _____ Print Name
June 13, 2002 Date

Title/Company

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>6/15/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>6/13/02</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

 CONTINGENCY CONSTRUCTION START: ☐
 ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front:	_____
Rear:	_____
Side:	_____
Side St.:	_____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	

PROPERTY ID#: 50894

Filing fee	\$ _____
Permit fee	\$ <u>250</u> / 100
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>250</u> / 100
Check #	<u>3681</u>
Validation #	_____

Accepted by CWC

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

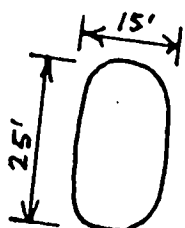
Yellow: DED, DPZ

Pink: Health

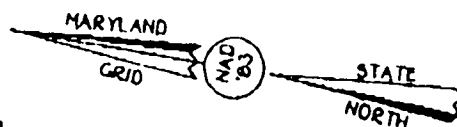
Gold: SHA

GENERAL NOTES:

- 1) THIS PLAT 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 CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT 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 PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR 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 0020 D, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.

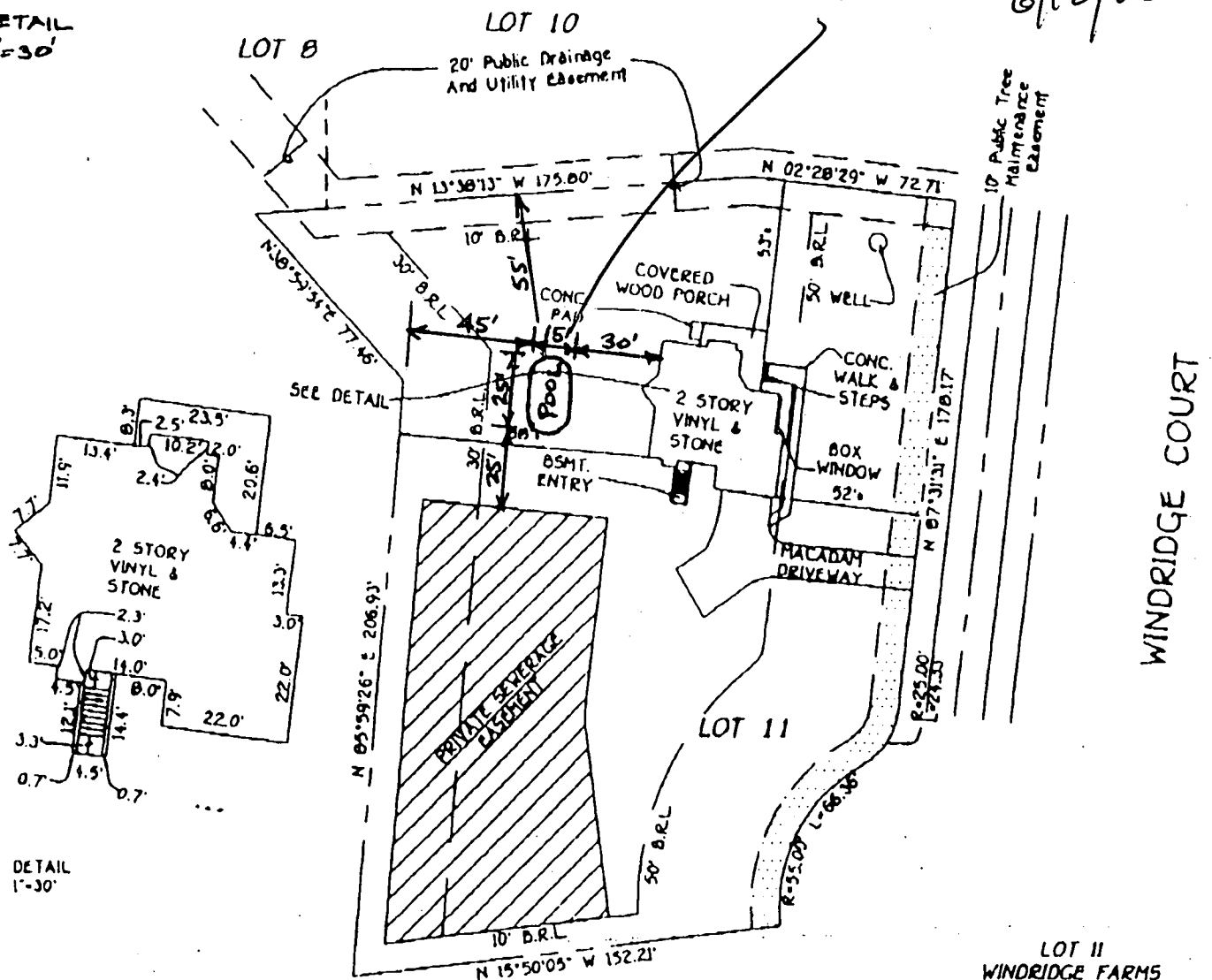
DESCRIPTION

ABOVE GROUND OVAL
POOL, 48" HEIGHT
10,300 GAL. CAPACITY



pool OK MR
... 6/13/02

DETAIL
1"=30'

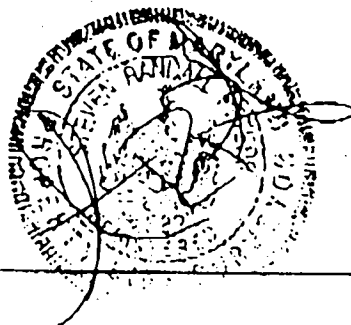


DETAIL
1"=30'

B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 512.2'

LOT 11
WINDRIDGE FARMS
SECTION 2 AREA 2
LOTS 8 THRU 26
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 14605

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING, CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10072 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 401-1000



PROFESSIONAL LAND SURVEYOR
REG. 502

HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 7/31/01
FINAL LOCATION: 2/20/02
BOUNDARY SURVEY:

SCALE: 1"=60'
DATE: 2/22/02
DRAWN BY: D.B.
CHECKED BY: S.R.P.
PROJECT No: 61380

#B00136917

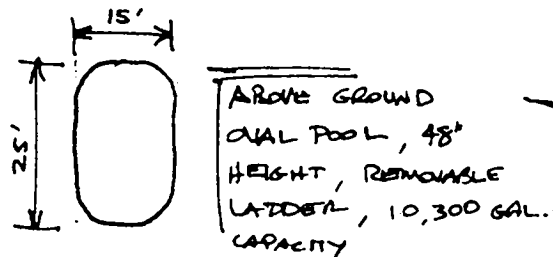
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FISHER, COLLINS & CARTER

410 750 3784 P.03/03

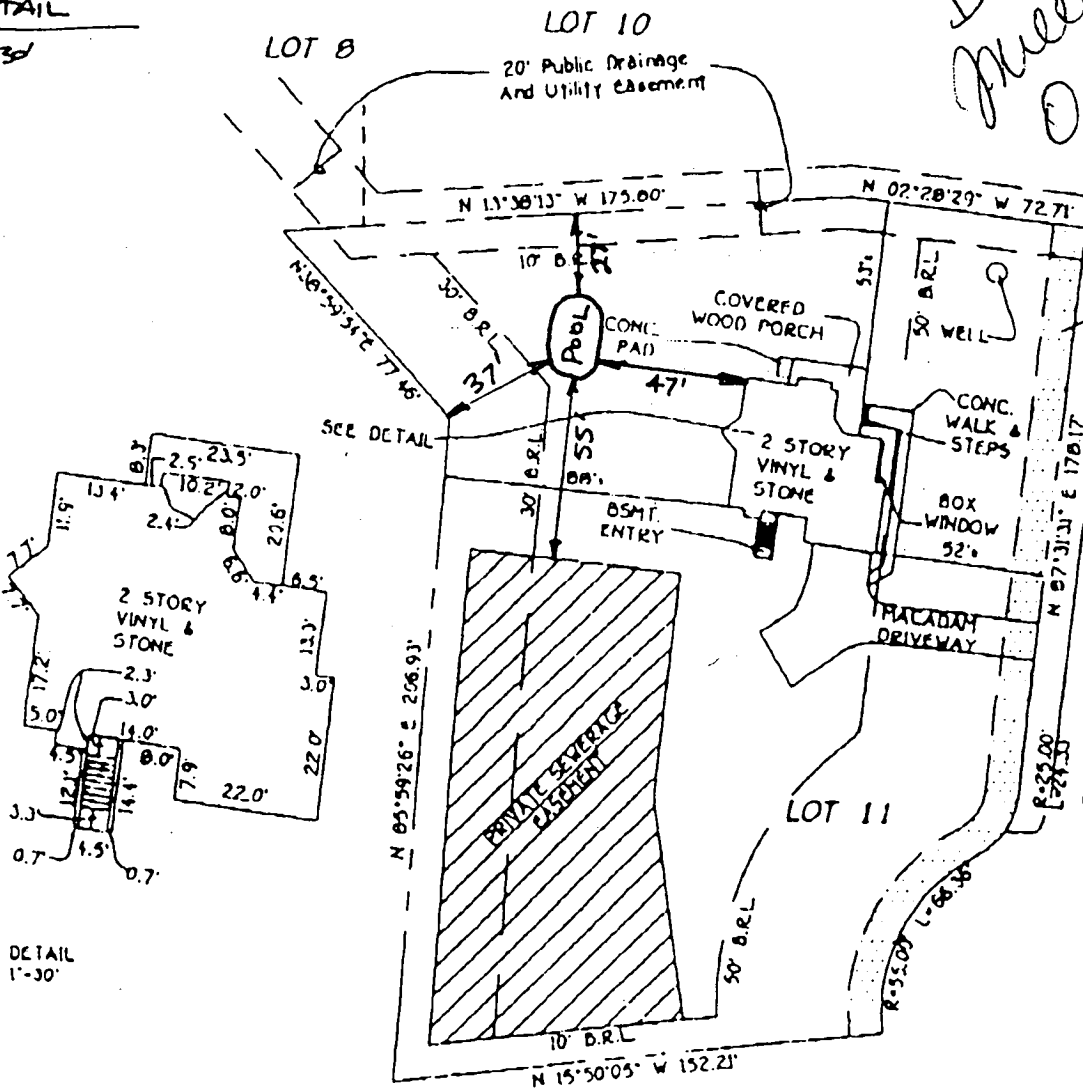
GENERAL NOTES:

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DETAIL

1"=30'

DETAIL
1"=30'B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 512.2'

LOT 11
WINDRIDGE FARMS
SECTION 2 AREA 2
LOTS 8 THRU 26
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 14503

DPZ
Pleens
0.12
8/29/02

8/29/02
O.K. With
Env. Health
Brian Baker

WINDRIDGE COURT

14550 WINDRIDGE COURT

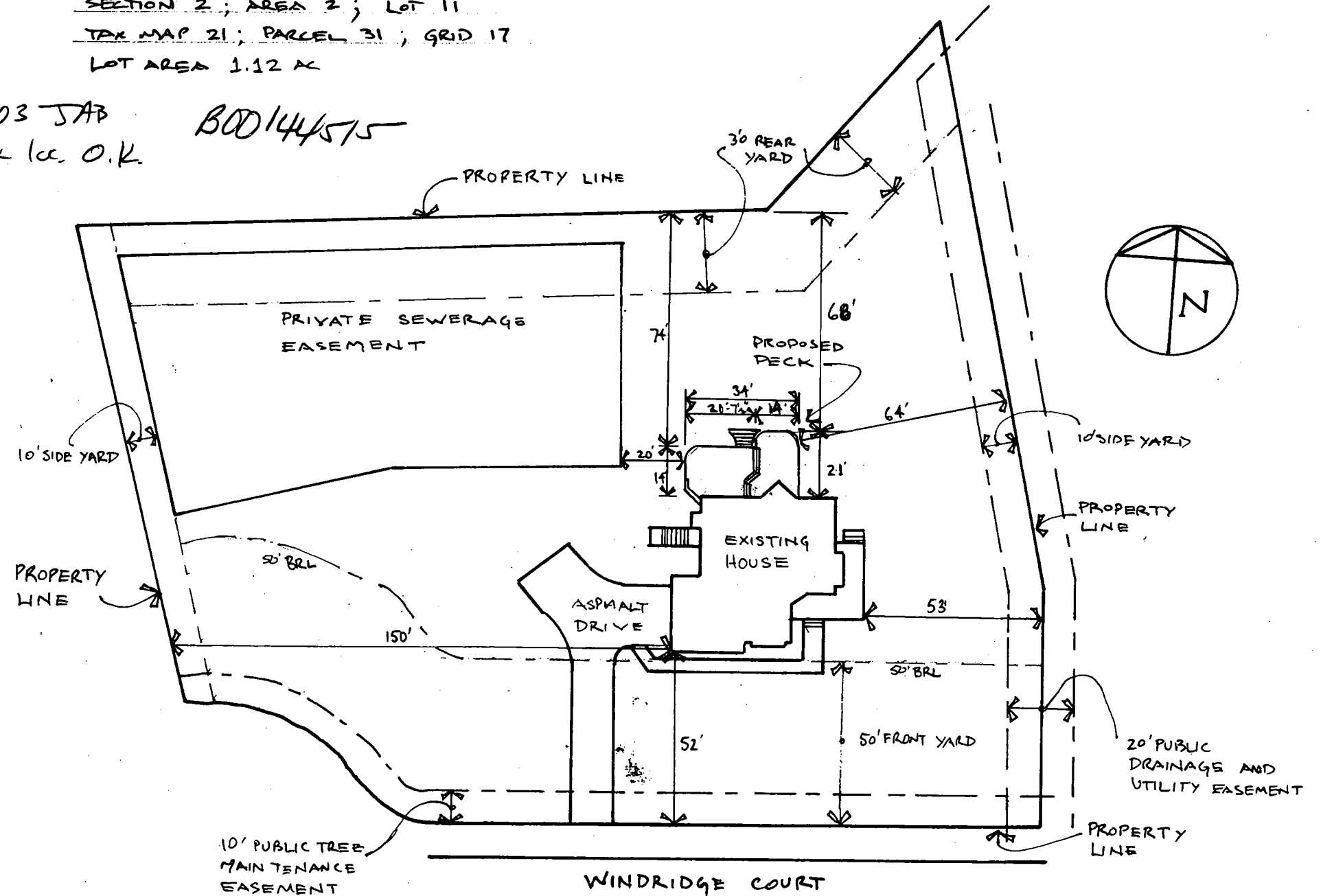
SECTION 2; AREA 2; LOT 11

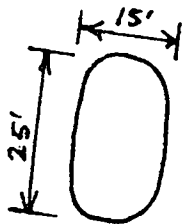
TAX MAP 21; PARCEL 31; GRID 17

LOT AREA 1.12 AC

B00144515

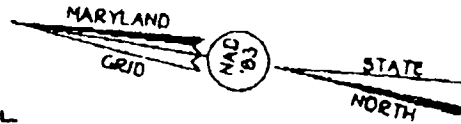
Deck 1a. O.K.





DESCRIPTION

ABOVE GROUND OVAL
POOL, 48' HEIGHT
10,300 GAL. CAPACITY



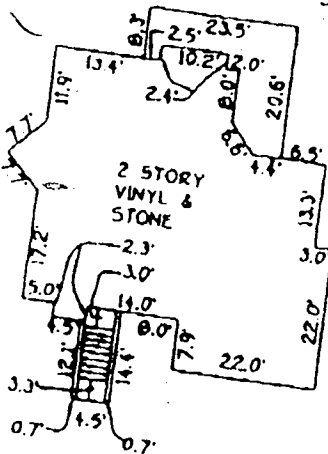
DETAIL
1"=30'

LOT 8

LOT 10

20' Public Drainage
And Utility Easement

10' Public Tree
Maintenance
Easement



SEE DETAIL

N 13°38'13" W 175.00'

N 02°28'29" W 72.71'

N 07°31'31" E 170.17'

N 05°59'26" E 206.93'

LOT 11

WINDRIDGE COURT

DETAIL
1"=30'

WALK-THRU BUILDING PERMIT

BP# B0015103210 A# 58947-K

APP. SAN Kace DATE: 10/5/05

DESC. OF WORK: pool - inground

B.R.L. - BUILDING RESTRICTION LINE
TOP OF FOUNDATION - ELEV. 512.2'

*Verify location
of septic tanks - per Septic
Notes*

LOT 11
WINDRIDGE FARMS
SECTION 2 AREA 2
LOTS 8 THRU 26
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 14605

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - 10072 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 461-1277



PROFESSIONAL LAND SURVEYOR
REG. # 502 DATE 4/22/02

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 2/21/02
FINAL LOCATION: 2/20/02
BOUNDARY SURVEY:

SCALE: 1"=60'
DATE: 2/22/02
DRAWN BY: D.B.
CHECKED BY: S.R.P.
PROJECT No. 61380

FCC -