

LAYOUT 4/18/02 PM INSP 4 _____
INSP 2 4/25/02 1:00 INSP 5 _____
INSP 3 6/27/02 10:00 INSP 6 _____

ISSUE DATE: 4/08/2002

APPROVAL DATE: 6/27/02

**PERMIT
INDEXED**

P 5516913

A 58947-L

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

04-365372

Union Paving Company, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

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

SUBDIVISION: Windridge Farms LOT NUMBER: 12

ADDRESS: 14556 Windridge Court PROPERTY OWNER: RICH GIAMPALMO
Hamilton Reed

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

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:	Distribution box and trench layout to be determined in field.
NOTES:	****PUMPED SEPTIC SYSTEM****

PLANS APPROVED: MER OK 4/5/02 SRK DATE: 1/7/02

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**

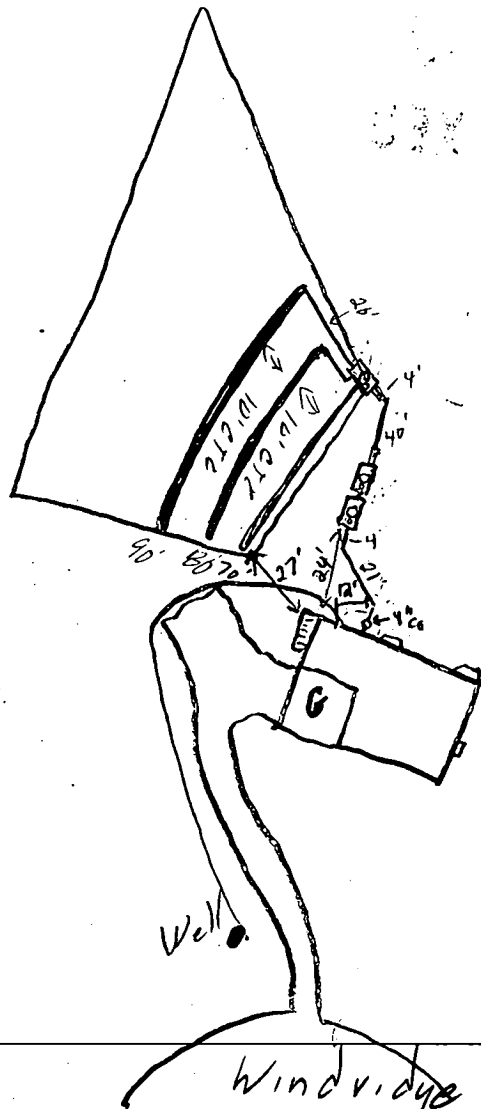
BUILDING PERMIT SIGNED

AND RETURNED

2/12/2003 800140299 INGROUND POOL

458947-L

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	2	4
NUMBER OF TRENCHES 3		
TOTAL LENGTH 240'		
ABSORPTION AREA 720 ft ²		
DISTRIBUTION BOX LEVEL <input checked="" type="checkbox"/>		
DISTRIBUTION BOX BAFFLE <input checked="" type="checkbox"/>		
DISTRIBUTION BOX PORT <input checked="" type="checkbox"/>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	YES
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	36"
BAFFLES	YES
BAFFLE FILTER	NO
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	YES
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	36"
BAFFLES	YES
BAFFLE FILTER	NO
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—

PRE-CONSTRUCTION 4/18/02 Tanks set, Homeowner shows up, say tank a where their pool is. Explained set backs to H/D. Builder, Contr. Tanks to be moved. Relocate D.B. to upper corner, run 20'x20'/30' trenches 10' CTR (SO)

INSTALLATION 4/25/02 - Tanks reset, 1st trench install. OK to cover tanks (SO)
 4/25/02 OK to cover all work. Pump & Alarm test needed (SO)
 6/27/02 Pump and alarm working. (BB)

BUILDING PERMIT DIVISION
 AND RETURN

FINAL INSPECTOR 6/27/02

DATE OF APPROVAL B. Baker

PLAN BY

FCC

1:50

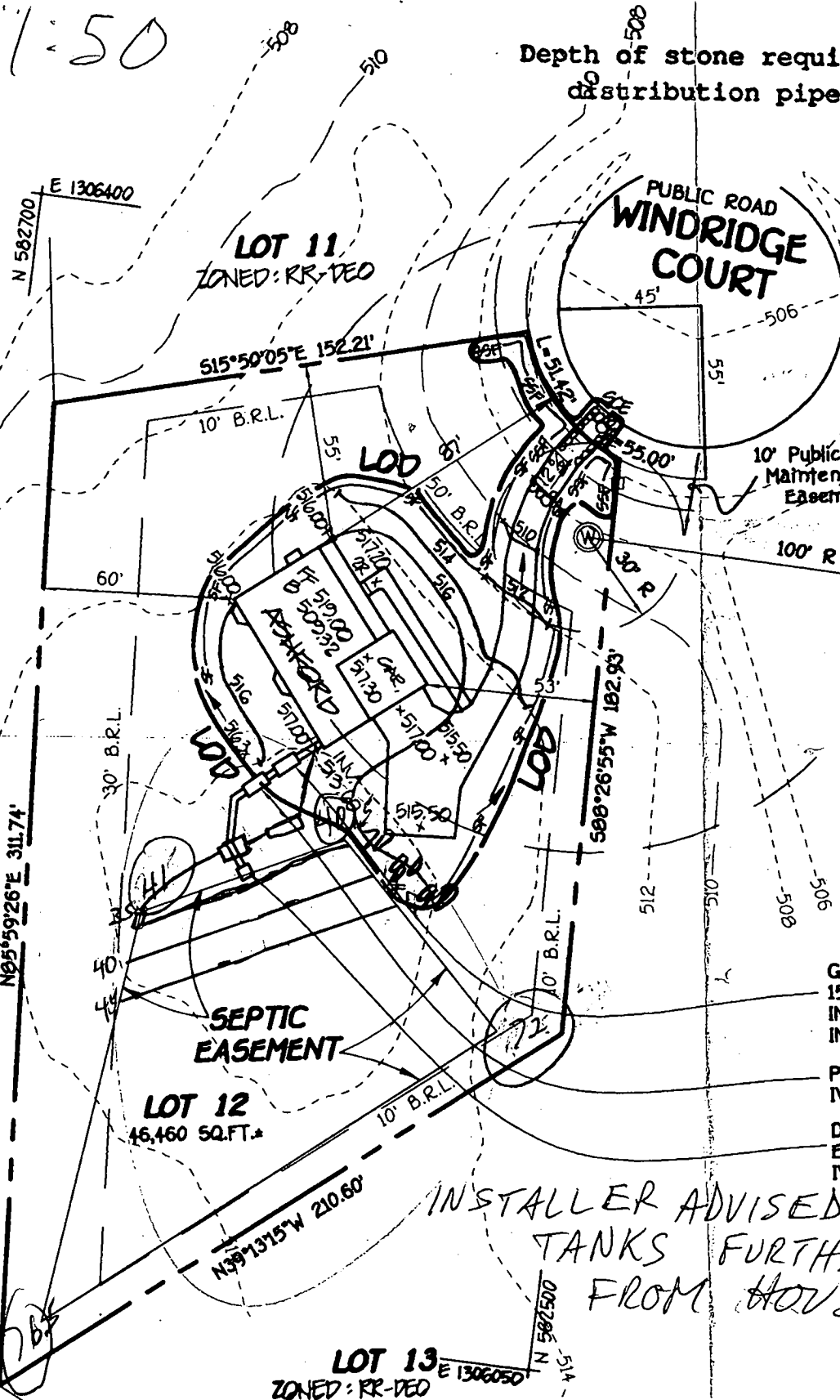
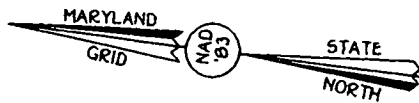
Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

VICINITY MAP
SCALE: 1"=200'



Signature _____
Date 1/1/02

Approved Septic System Plan
Howard County Health Department

GRD OVER SEPTIC TANK 516.30
1500 GAL SEP TANK
INV IN 513.30
INV OUT 513.00
PUMP TANK
IVN 512.70
DIST BOX
EX GRD 517.00
IVN 514.00 - 515.00

INSTALLER ADVISED TO MOVE
TANKS FURTHER
FROM HOUSE

14556 w
Olenoo

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2468 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00133571

Building Address **14556 KUMBERG CTR**
Glenwood MD 21738

Property Owner's Name **Hamilton Road**

Suite/Apt. #: _____ SDP/WP/Petition #: **02-67**

Address **8000 N. 13**

Census Tract **604002** Subdivision **W. D. J. F.**

City **Ellicott City** State **MD** Zip Code **21043**

Home Phone _____ Work Phone _____

Section **2** Area **-** Lot **212**

Applicant's Name & Mailing Address, (if other than stated herein): _____

Tax Map **21** Parcel **31** Grid **16**

Phone _____ Fax _____

Zoning **RR** Map Coordinates **9D/16** Lot size **1/4**

Contractor Company _____

Existing Use **Variant Lot**

Contact Person **Sam B. Hunt**

Proposed Use **SFD**

Address _____

Estimated Construction Cost \$ **275,000/12/07**

City _____ State _____ Zip Code _____

Description of Work **BUILD SFD Full detached**

License No. **111** Phone _____ Fax _____

25' x 40' x 12' rain

Kitchen, Dining Room, Living Room

Occupant or Tenant **Land, 2 car garage**

Engineer or Architect Company **SCC**

Contact Name **25 Ball, 4 Bedroom**

Contact Person **John F. Kelly**

Address **Farm with across front**

Address _____

City **1 Pineplace** State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone **410-461-2865** Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public _____ Private _____	1st floor: 41' x 56'	Public _____ Private _____
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	2nd floor: 32' x 46'	Sewage Disposal: _____
Use group: _____	Public _____ Private _____	Basement: 41' x 56'	Public _____ Private _____
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Structural Steel _____	Heating System: _____	No. of Bedrooms 4	Heating System: _____
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Multi-family dwellings: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Full _____	Other Structure: _____	NFPA #13D _____
	Partial _____	Dimensions: _____	NFPA #13R _____
	Other Suppression _____	Footings: _____	Other _____
	# of Heads _____	Roof: _____	
		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 TO THIS, (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 PURPOSES OF INSPECTING THE WORK PERFORMED AND POSTING NOTICES.

Applicant's Signature **[Signature]** Print Name **Sam B. Hunt**

Title/Company _____ Date **12/15/07**

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	53-052
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St: _____	
Health			All minimum setbacks met? <input checked="" type="checkbox"/>	
Fire Protection			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? <input checked="" type="checkbox"/>	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			Historic District? <input type="checkbox"/>	
			1) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	
			Accepted by _____	

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

1 permit fee

Rev. 10/15/98

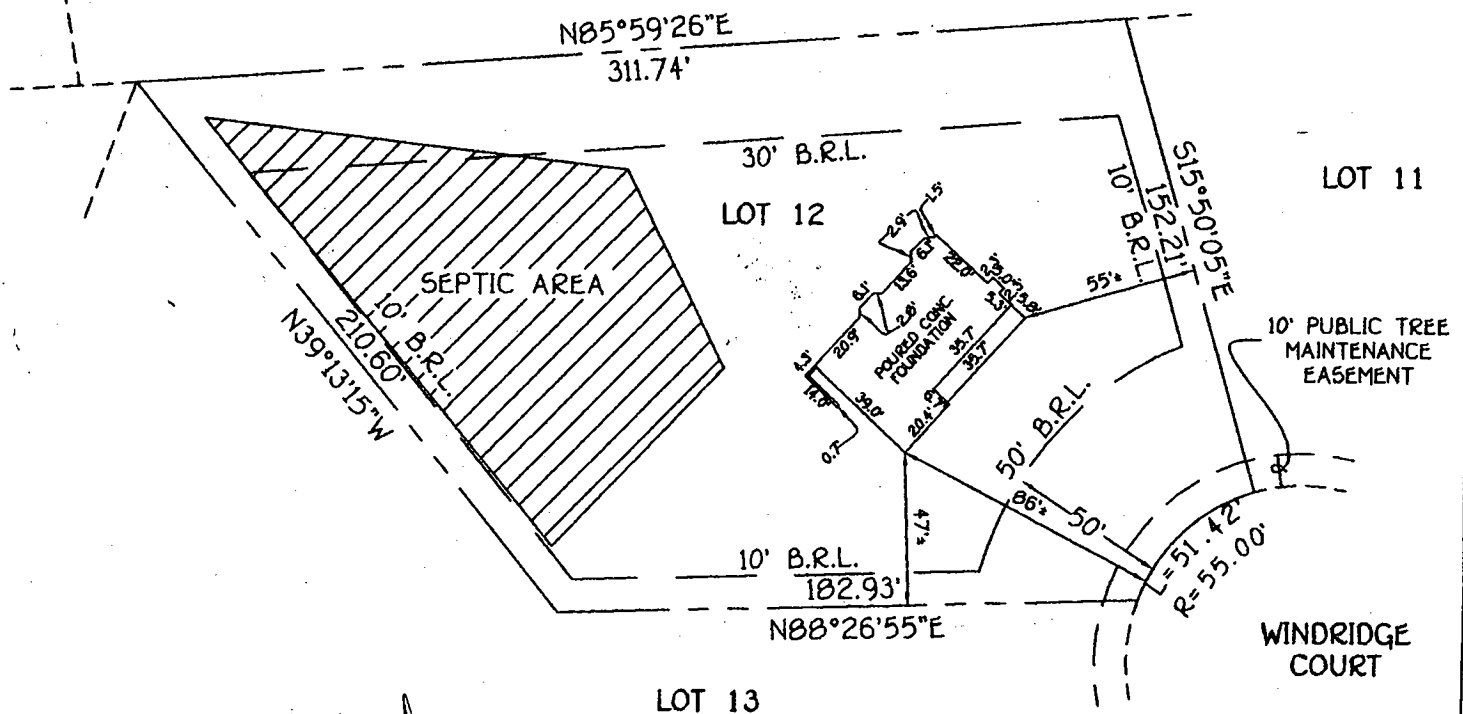
GENERAL NOTES:

- 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. 2400440020 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.

PROPERTY OF THERAPEUTIC
AND RECREATIONAL RIDING
CENTER, INC.
LIBER 3200, FOLIO 268
HOWARD COUNTY
AGRICULTURAL LAND
PRESERVATION EASEMENT
*H091-21E

COLVIN PROPERTY
PARCEL 1
PLAT No. *10430

N



*Rotated
6'
WAC ✓ OK
4/8/02
KG*

B.R.L. - BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 517.5'

LOT 12
WINDRIDGE FARMS
SECTION 2, AREA 2
LOTS 8 THRU 26
FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT No. *14684

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



PROFESSIONAL LAND SURVEYOR
REG. *582

DATE
3/14/02

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/13/02
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 3/14/02
DRAWN BY: D.B.
CHECKED BY: _____
PROJECT No.: 61380

**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): BEN 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 #: 410-480-9196

Subdivision: Windridge Farm

Lot #: 12 Well Tag #: HO 94-2098

Site Address: 14556 Windridge Ct

Submersible Pump Data

Make: Gould

Model #: 75B05422

Pump Capacity 7 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 145 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Pitless Adapter

Make: Hanover

Model#: P-T-800

Depth: 12 (36" min)

NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: ☒

Screened, vented well cap: _____

Cap secured to casing: _____

Conduit min 18" B.G.: ☒

Conduit secured to well cap: ☒

Piping to house

Type: Plastic

PSI: 160 (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: BEN CLARKE

date: 5-21-02

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

Date Insp. Requested: _____

Date Insp. Approved: 5/20/02 KG

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely ☒

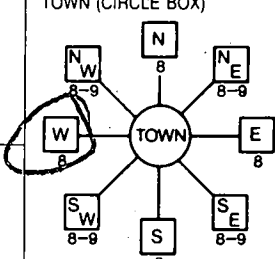
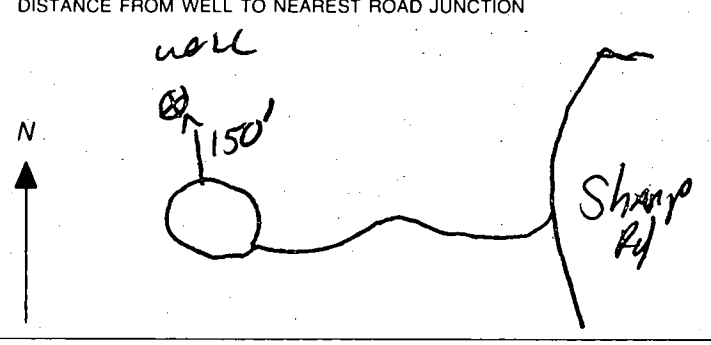
Elec. conduit extends at least 18" below grade/attached to cap properly ☒

Safety rope installed inside of well casing ☒

Correct well tag attached properly and casing 8" above finished grade ☒

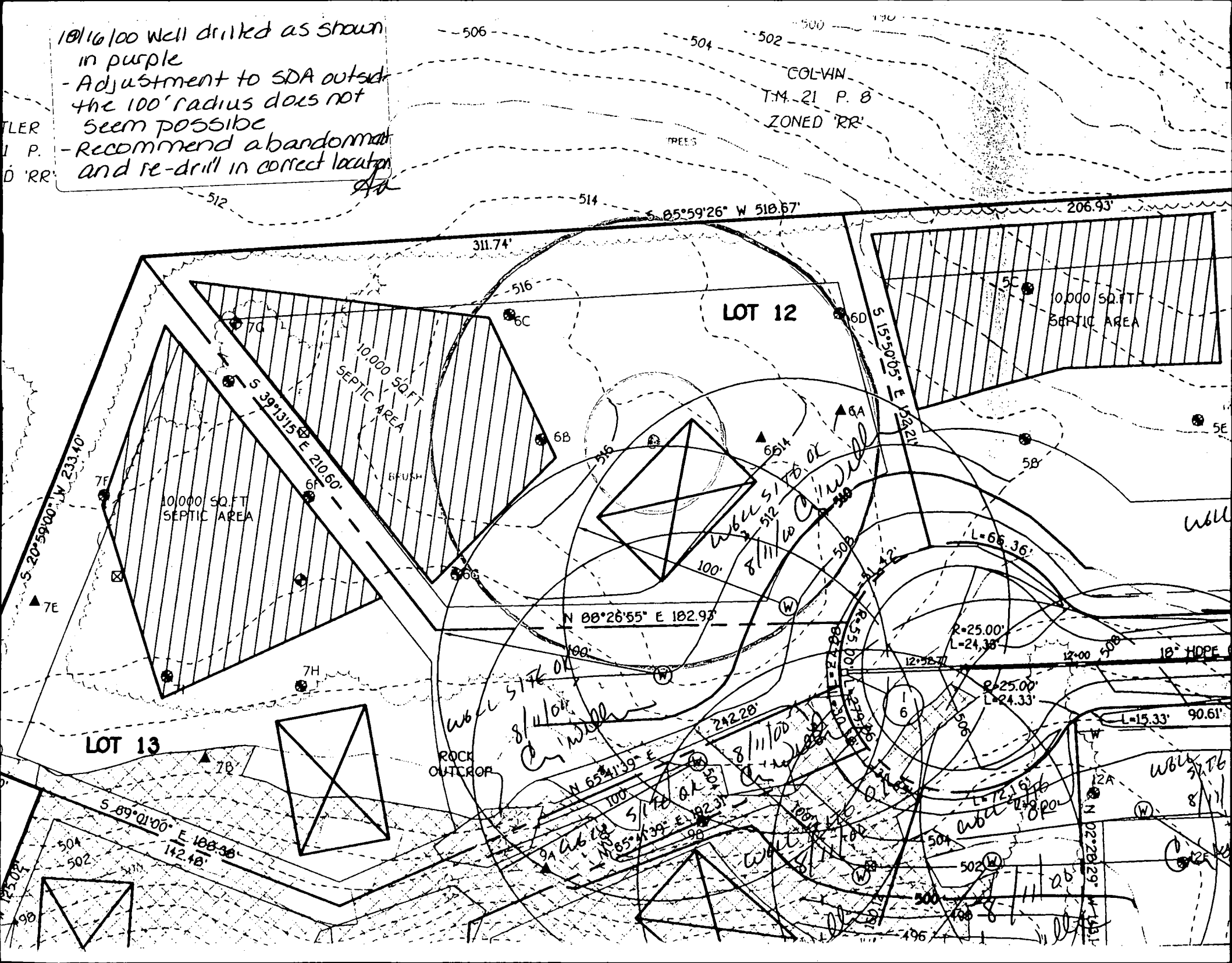
Water supply line sleeved adequately at house connection ☒

Adequate grout observed below pitless adapter ☒

B 1 18644 1 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY) 11513672	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER Ho - 94 - 2798 70 fill in this form completely 79
Date Received (APA) OWNER INFORMATION 8 MM DD YY 13 BMS Developens LLC 15 Last Name Owner First Name 34 8808 Center Bank Dr. Suite 209 36 Street or RFD 55 Columbia MD. 21045 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 WINDRIDGE FARMS 23 SUBDIVISION 42 SECTION 2 LOT 12 44 46 48 60 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I 73 M 76 77 78	
DRILLER INFORMATION Ralph MAYNE MS D 116 Driller's Name 76 License No. 81 Ralph MAYNE well Drilling Firm Name 9120 Brown Church Rd Mt Airy Address Ralph Mayne 7-5-00 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  WINDRIDGE Ct 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 150 37 DISTANCE FROM ROAD ft ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 08 08 00 Cy Withers 8/8/01 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 0 0 0 EAST GRID 0790 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> 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 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 30 <input checked="" type="radio"/> AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <input type="radio"/> CABLE REVERSE-ROTary DRIVE-POINT other _____	
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 39 <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) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 PERMIT No. Ho - 94 - 2798 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

10/16/00 well drilled as shown in purple
 - Adjustment to SDA outside the 100' radius does not seem possible
 - Recommend abandonment and re-drill in correct location

TLER
 I P.
 D 'RR'



APPLICATION

PERCOLATION TESTING

A 58947F

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 Glenclg MD 21738 PHONE 410 489 7017

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. 6 (4)

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]
(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

58947F
COUNTY #

SOIL PROFILE

0'

greater than 50% shale starting at 3.0'

HARD BOTTOM

8.0'

(6B)

or/br clay 1m

1.5'

1+ tan/ or silty sand 1m

20-30% rock frags

11.0'

(6C)

or/br clay 1m

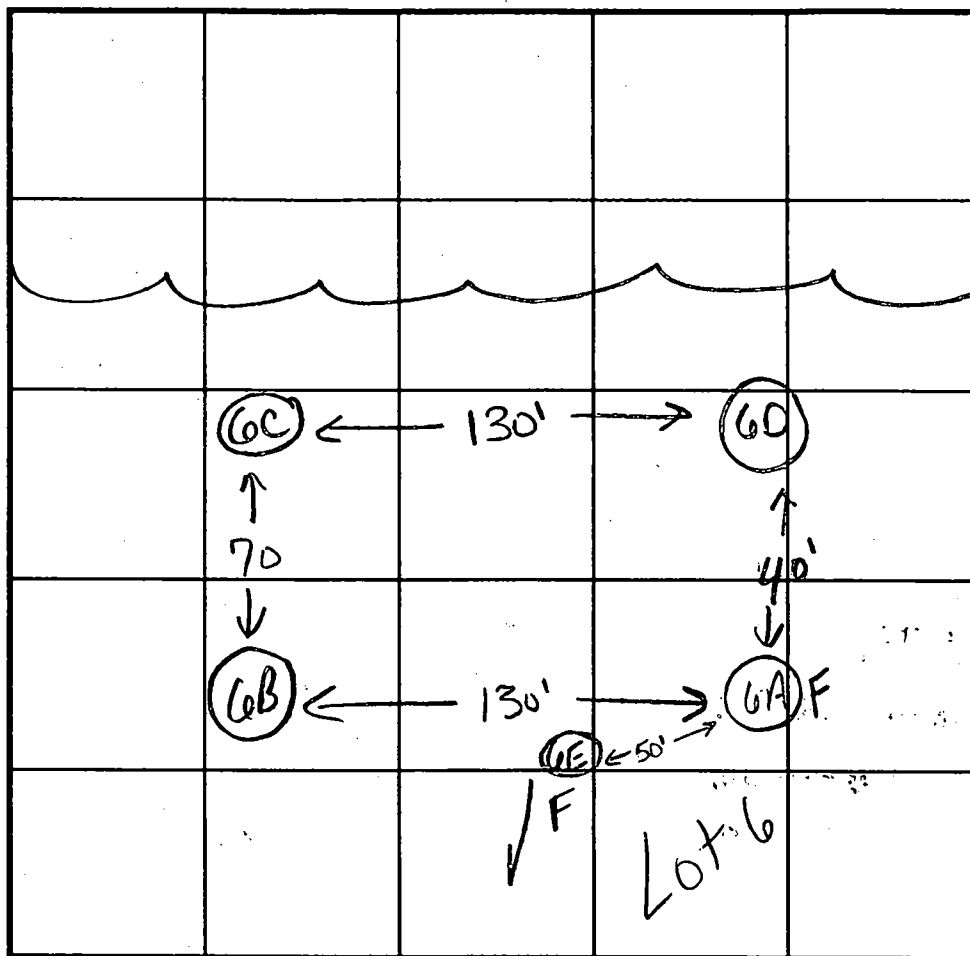
1.5'

1+ tan/ or silty sand 1m

30-40% rock frags

12.0'

HARD BOTTOM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

or/br clay 1m

3.0'

1+ tan/ or silty sand loam 10% shale

11.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-7-97	6A	FAILED DUE TO ROCK					F
	6B	2.0'S	12:00	12:02	12:02	12:04	2min ✓
		11.0'D	Visual	ok-see profile			
	6C	2.0'S	12:0230	12:0430	12:0430	12:0630	2min ✓
		11.0'D	HARD	BOTTOM			
	6D	3.0'S	12:0030	12:02	12:02	12:04	2min
		6.0'S	11:5930	12:01	12:01	12:0330	230
		11.0'D	Visual	ok-see profile			

REMARKS test holes staked

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 58947F

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

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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. Q (4)

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

58947F

COUNTY #

SOIL PROFILE

0'

or/br
cl 1m

3.0'

red/br
sic 1m
15-20%rx
frags

10.5'

6G

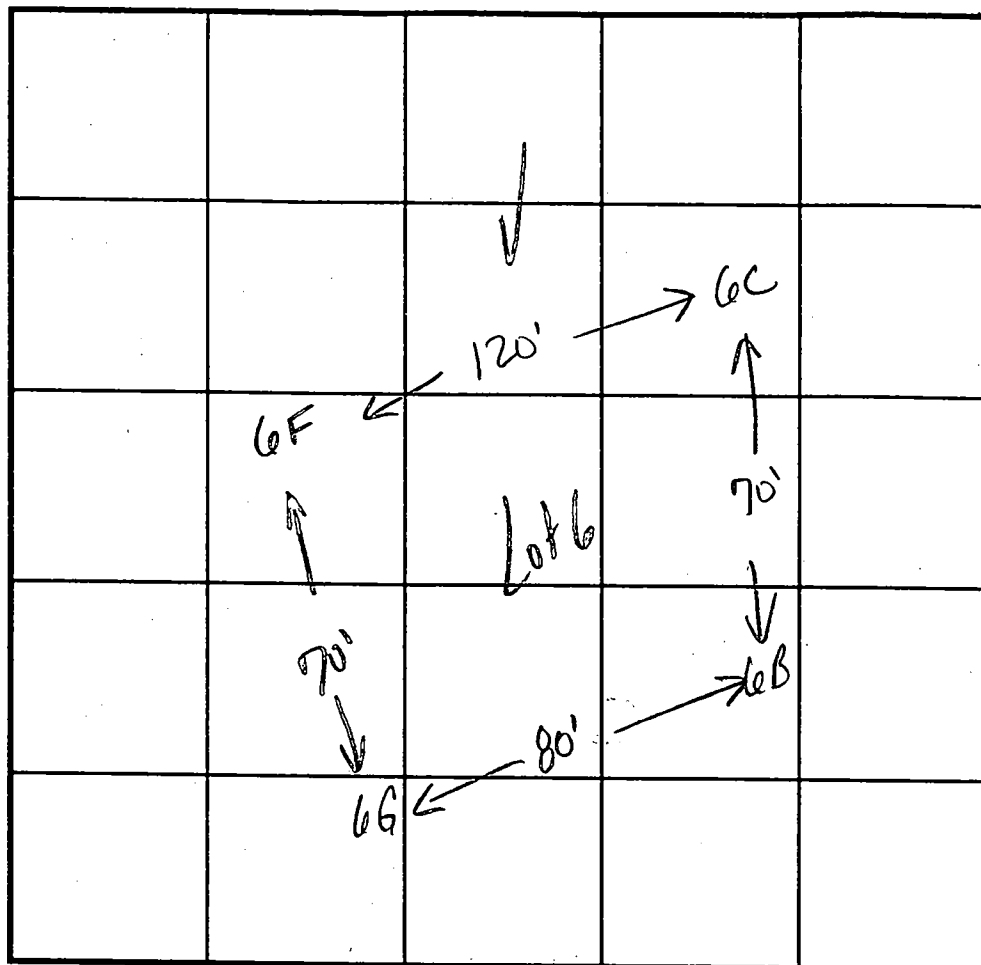
Same
as
hole
#

6F

11.5'

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	6E	FAILED DUE TO ROCK					
	(Reported by Hugo Procopio - hole not dug)						
4.28.98	6F	11.5'D	visual ok - see profile				
	6G	10.5'D	visual ok - see profile				
		3.0' s	10:33	10:34	10:34	10:36	2mins

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

Kim Maisto

ALSO PRESENT

Hugo Procopio

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2-3 min

TRENCH WIDTH

INLET DEPTH

2

MAXIMUM BOTTOM DEPTH

4

SQ. FT/BEDROOM

180

NAD 83
STATE
NORTH

F-00-178

N 177622.5570
Metric
N 582750
E 1306250
E 398145.7963
(Meters)

E 1306000
398069.6002
Metric

Y SMITH
651

N05°59'26"E 311.74'

S15°50'05"E 152.21'

10' Public Tree
Maintenance
Easement

LOT 12
46,460 SQ.FT.

N39°13'15"W 210.60'

N20°59'00"E 233.40'

WINDRIDGE
COURT

LOT 13
47,384 SQ.FT.

LOT
47,525 SQ.FT.

R=25.00'
L=24.33'

502°28'29"E
40.00'

MATCH LINE
ONLY NOT A
LOT LINE

R=25.00'
L=24.33'

R=25.00'
L=15.33'

R=25.00'
L=9.00'

L=66.36'

L=12.16'

R=55.00'
L=27.91'

L=27.98'

L=30.39'

S65°41'39"W 192.33'

S65°41'39"W 242.28'

S88°26'55"W 182.93'

N69°01'00"W 188.38'

142.18'

N69°01'00"W
45.90'

N20°59'00"E 125.02'

446

447

1912

1911

431

37

440

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

PLAT N

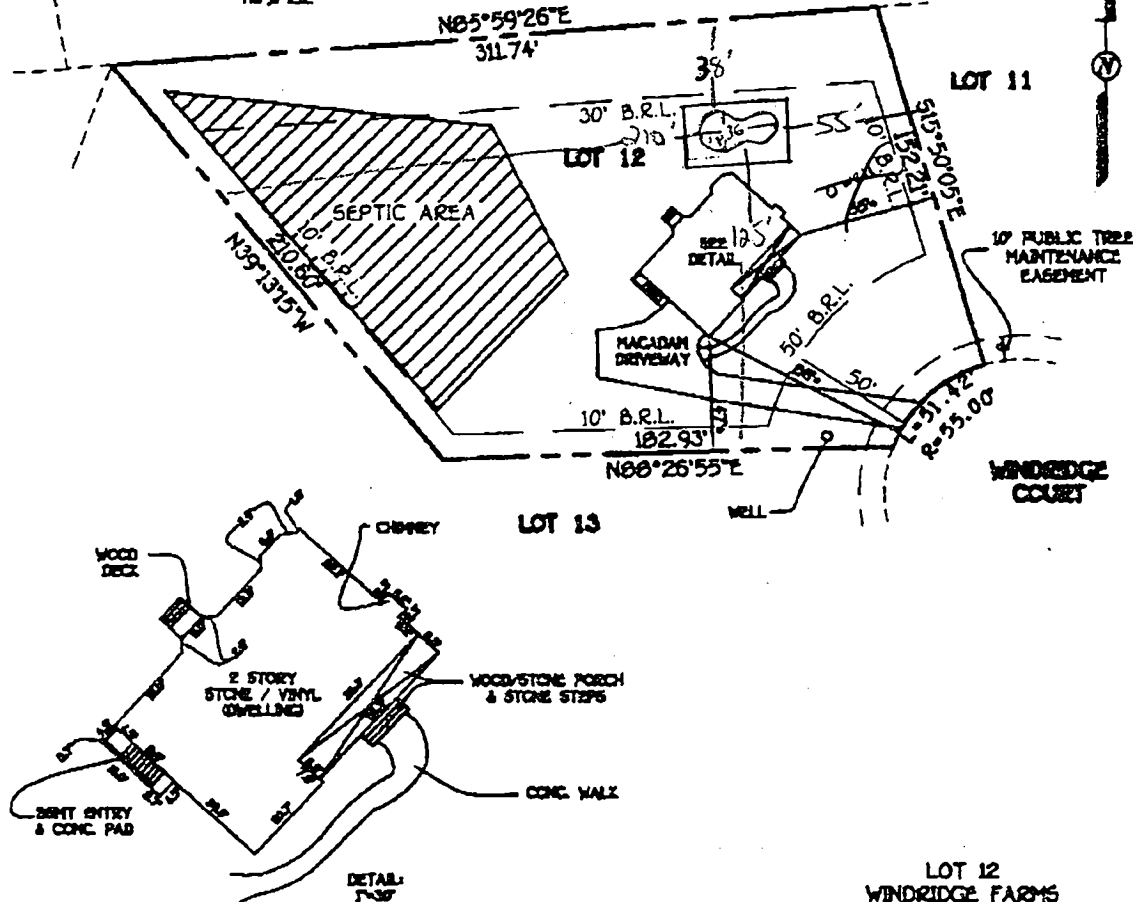
SC

SC

- 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. 2400440020 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.

PROPERTY OF THERAPEUTIC
 AND RECREATIONAL RIDING
 CENTERS, INC.
 LIBER 3800, POL30288
 HOWARD COUNTY
 AGRICULTURAL LAND
 PRESERVATION EASEMENT
 #1093-212

COLVIN PROPERTY
 PARCEL 1
 PLAT No. 40430



B.R.L. BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 517.5'

LOT 12
 WINDRIDGE FARMS
 SECTION 2, AREA 2
 LOTS 8 THRU 25
 FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT No. 74684

Lot 12
 Windsor
 2/12/02
 Pool location
 OK
 Adeq. distances
 to SDA + ex.
 well
 (KN)

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 81072 BALTIMORE AVENUE, #200
 ELLESMERE CITY, MARYLAND 21041
 410 481 - 2910

STATE OF MARYLAND
 PROFESSIONAL LAND SURVEYOR
 REG. # 591
 DATE 12/21/02

**HOUSE LOCATION
 DRAWING**

FOUNDATION LOCATION
 FINAL LOCATION
 BOUNDARY SURVEY

SUBJECT
 DATE
 DRAWN BY
 CHECKED BY
 PROJECT No.