

LAYOUT 3/19/02 ^{11AM & LATER (PM)} INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 3/11/2002

APPROVAL DATE: 3/15/02

PERMIT INDEXED

P 516 866-F

A 58993CC

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

04-364503

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 4410 Salem Bottom Rd., 21157 PHONE NUMBER: 410-875-4197

SUBDIVISION: Cattail Ridge LOT NUMBER: 27

ADDRESS: 3513 Winding Path Court PROPERTY OWNER: Goodier 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

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 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box as shown per plan. Run trenches on contour.
NOTES:	Trenches to be 10 feet center-to-center. No proposed basement service.

PLANS APPROVED: KG OK SRN 12/13/01 DATE: 12/13/01

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

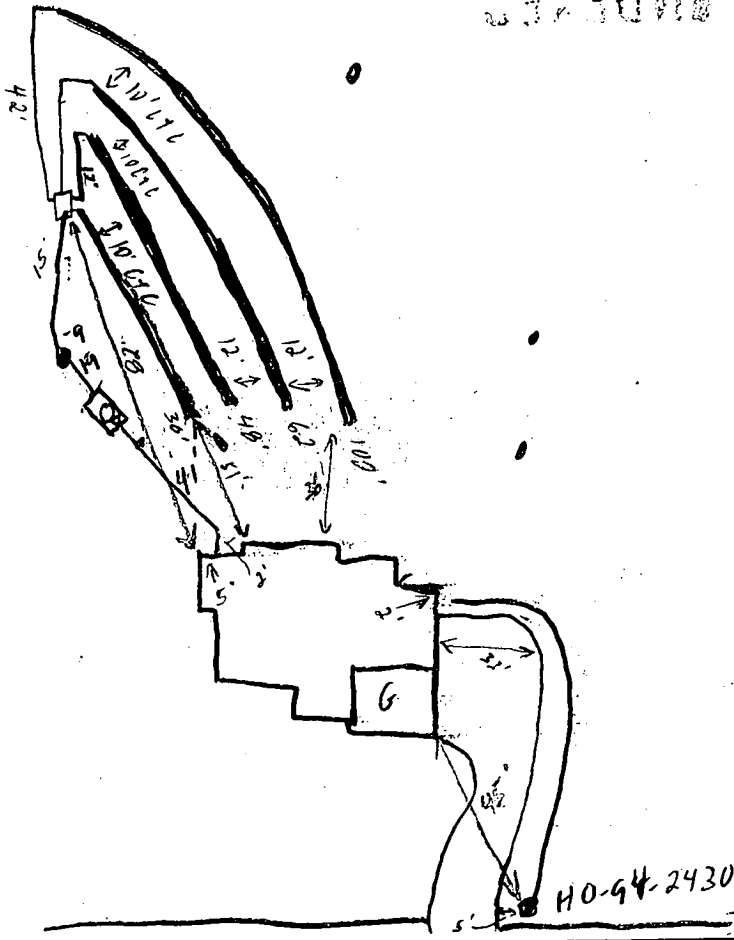
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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

87-03-806143493 - JEN LYM
12-403 806145076 - DECK W/STEPS

A58993-CC

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 2'-3'
TRENCH BOTTOM DEPTH 4'-5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 240
ABSORBENT AREA 720 ft²
DISTRIBUTION BOX LEVEL yes
BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER Centre - 3' h.
6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____
MANHOLE RISER N/A
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 3/19/02 Layout for 30'/45'/65'/100' Trenches,

10' CTL (50)

INSPECTION COMMENTS: 3/19/02 - 62' & 100' trenches, center dropped inlet
to 2.5'-3' because they hit a deeper layer of orange/brown clay
OK to cover all work

INSPECTOR

DATE SYSTEM APPROVED

3/19/02

RECEIVED

3/19/02

WINDING PATH COURT

1. Existing topography
2. Construction Plans
and Carter in Mc
3. Length of trench
of permit issue
Reference: Pl.
A Stone RC-D

Approved Septic System Plan
Howard County Health Department

Greg Mellon (SRV) 11/27/01
Signature Date

7135 MINE
DESIGNED
DRAW

STATE OF MARYLAND
G. NELSON CLARK
PROFESSIONAL ENGINEER
S-25

CERTIFICATE
for Sediment and
Erosion Control
of the site
in accordance
with the
Conservation

- WINDING PATH COURT**
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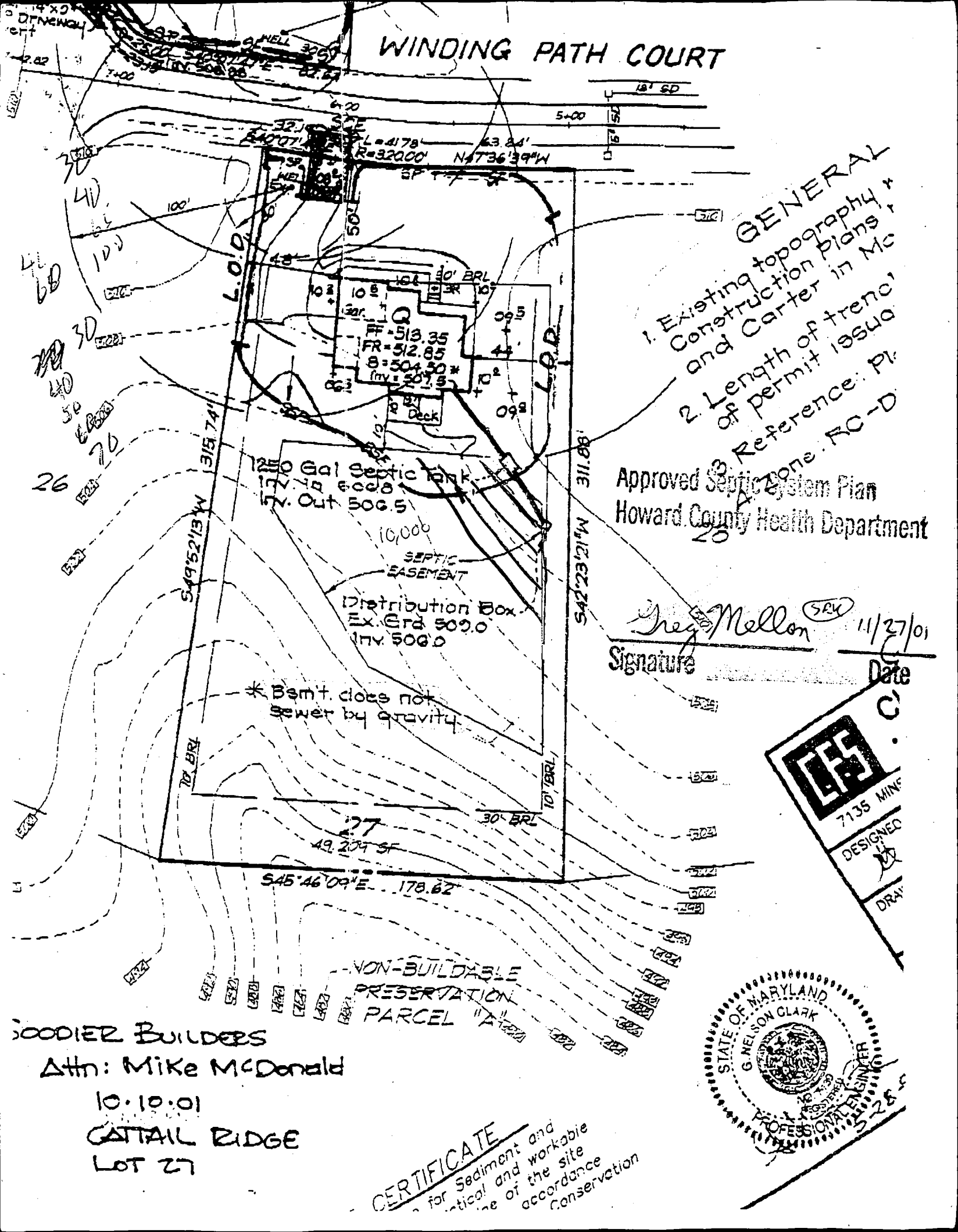
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3/21/02
ASAP

FROM: HoCo EnvHealth

FAX NO. : 4103132648

Jun. 12 2001 01:42PM P1

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, Pileless 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: WILLOUGHBY PLUMB Telephone #: 410-781-7051
Address: 6203 PATRICK DR
SLYKESVILLE, MD

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

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

Name (Print): CHRIS WILLOUGHBY License #: 6992

*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: GOODIER BUILDERS Telephone #: 410-997-7460
Subdivision: CATTAIL RIDGE Lot #: 27 Well Tag #: HO-99-2430
Site Address: 3513 WINDING PATH CT
GLENWOOD MD 21738

Submersible Pump Data

Make: JACO 1721

Model #: _____

Pump Capacity _____ GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: 125 (feet)

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

Torque wrenches or Cable guards are required - Must circle one

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

Pileless Adapter

Make: BARVARD

Model #: _____

Depth: 48" (36" min)

NSP approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: ☒

Screened, vented well cap: ☒

Cap secured to casing: ☒

Conduit min 1 1/2" B.G.: ☒

Conduit secured to well cap: ☒

Piping to house

Type: CROSS LINE

PSI: 1" (160 psi min)

Depth of supply line: 36" (min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 6'

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: Chris Willoughby

date: 3-18-02

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

Date Insp. Requested: 3/19/02

Date Insp. Approved: 5/23/02

Inspection Data: Pileless 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 ground observed below pileless adapter ☒

MD-215 (Rev. 8/00)

(MR)

5/23/02

T/C to bldr Mike McD.

For barricade

Barrier ON SRN

5/23/02 T/C
From plumber -
OK to cover (MR)

C11972

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
NUMBERA58993CC

ST/CO USE ONLY
DATE Received
MM: DD: YY

DATE WELL COMPLETED
MM: DD: YY
10-2-99

Depth of Well
22: 125 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2430

OWNERCathail Overlook

STREET OR RFDlast nameWindy Path Ctfirst nameTOWNGlenwood

SUBDIVISIONCathail BridgeSECTIONLOT27

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	
Brown clay	0	36	
HARD GRAY Granite	36	125	
		60	✓
		110	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
☒ YES ☐ NO

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT☒ BENTONITE CLAY☐

NO. OF BAGS454610NO. OF POUNDS494560

GALLONS OF WATER60 gals.

DEPTH OF GROUT SEAL (to nearest foot)
from0'ft. to40'ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
☒ STSTEEL☐ COCONCRETE
☐ PLPLASTIC☐ OTOTHER

MAIN
CASING
TYPE
ST0640
606163646670

OTHER CASING (if used)
diameterinchdepth (feet)
fromto

SCREEN RECORD
screen type
or open hole
(insert
appropriate
code
below)
☒ STSTEEL☐ BRBRASS☐ HOOPEN HOLE
☐ PLPLASTIC☐ OTOTHER

C2DEPTH (nearest ft.)

12HO40125

18911151721

2232426303236

3383941454751

E S L O T S I Z E 1 2 3

D I A M E T E R
O F S C R E E N
5660
fromto

G R A V E L P A C K
I F W E L L D R I L L E D
W A S F L O W I N G W E L L
I N S E R T F I N B O X 68

M D E U S E O N L Y
(N O T T O B E F I L L E D I N B Y D R I L L E R)
T (E . R . O . S .) W Q

7072747576

T E L E S C O P E C A S I N G L O G I N D I C A T O R O T H E R D A T A

C3PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)20

METHOD USED TO
MEASURE PUMPING RATEwater
meter

WATER LEVEL (distance from land surface)
BEFORE PUMPING43'ft.
WHEN PUMPING50'ft.

TYPE OF PUMP USED (for test)
☐ Aair☐ Ppiston☐ Tturbine
☐ Ccentrifugal☐ Rrotary☐ Oother (describe below)
☐ Jjet☒ Ssubmersible

PUMP INSTALLED
DRILLER INSTALLED PUMP
(CIRCLE) (YES OR NO) YES☒ NO☐

I F D R I L L E R I N S T A L L S P U M P , T H I S S E C T I O N
M U S T B E C O M P L E T E D F O R A L L W E L L S .

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)3135

PUMP HORSE POWER3741

PUMP COLUMN LENGTH
(nearest ft.)4347

CASING HEIGHT (circle appropriate box
and enter casing height)
☒ +above
☐ -below
LAND SURFACE
2 (nearest foot)
5051

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

Right Prop. Line

Front Prop. Line X

DENV-CR97

© COUNTY

B 1	16682	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2430 <small>fill in this form completely</small>
Date Received (APA) 083099 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name CATTAIL		Owner First Name OVERLOOK LLC		
Street or RFD 8808 CENTRE PARK DR. SUITE 108		Town Columbia		
State MARYLAND		Zip 21045		
DRILLER INFORMATION				
Driller's Name MICHAEL BARLOW		License No. M WD 355		
Firm Name MICHAEL BARLOW WELL DRILLING INC.				
Address 912 FAWN CT. JOPPA, MD 21085				
Signature <i>[Signature]</i> Date 8/18/99				
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.) 5				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard Co COUNTY NO. A58993CC STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED 090799 A J McMiller 9-7-00 <small>43 MM DD YY 48</small> CO SIGNATURE _____ EXP. DATE _____ NORTH GRID 520 000 EAST GRID 780 000 <small>50 55 57 63</small>				
APPROXIMATE DEPTH OF WELL 250 FEET <small>24 28</small>			APPROXIMATE DIAMETER OF WELL 6" INCH <small>NEAREST INCH</small>	
METHOD OF DRILLING (circle one)				
BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____ <input checked="" type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____				
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 <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) _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2430 <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - <div style="text-align: right;"> </div>				

APPLICATION

PERCOLATION TESTING

A 58993

P _____

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

DISTRICT _____

DATE 9-25-97

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 J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER C/O L.D. AD

ADDRESS 10805 Hickory Ridge Suite 205 PHONE 410-740-2102
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Han Rei LOT NO. 27

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(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

LOT 7

COUNTY #

SOIL PROFILE

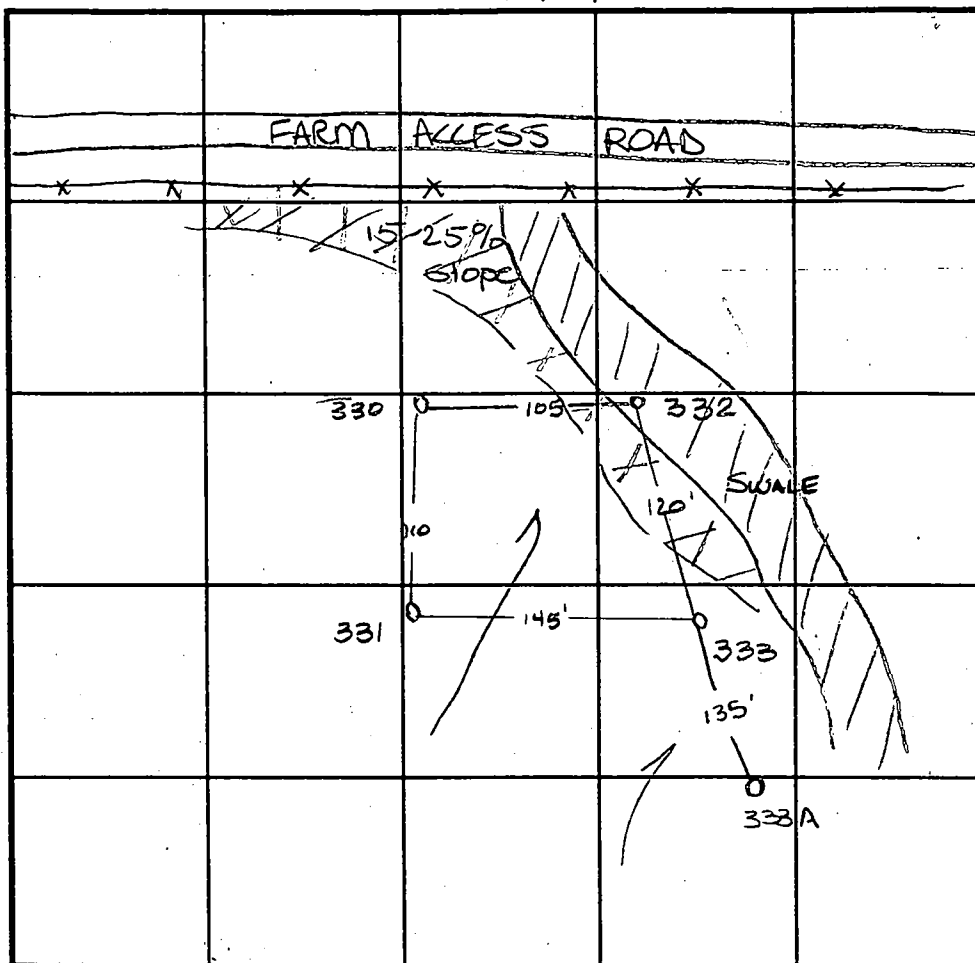
332

orange
beigh
SiClm
1.0
lgt
tan
SiSalm
micaceous
pockets
of decayed
feldspar
possibly
H₂O &
swale

333A

dark
red
brown
SiClm
3.0
lgt
beigh
SiSalm
<5%
Rx
12.0

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-5-97	332	3.0 N11.0	11:31	11:36	11:36	11:51	15min
		6.5 N11.0	11:30 ³⁰	11:32	11:32	11:34	2min
	333A	3.5 N12.0	11:37 ³⁰	3:39	3:39	3:44	5min

REMARKS Not really usable 332

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT D. Reuwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A 58993

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HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT _____

DATE 9-25-97

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Columbia, MD 21041

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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

LOT 6

COUNTY #

SOIL PROFILE

333

0' or brn
SiCILM
20%
Rx

3.0 dark
red
brn
SiLm

8.0 lgt
bigh
tan
SiSalm
150%
Rx

330

0' bright
red
SiCILM

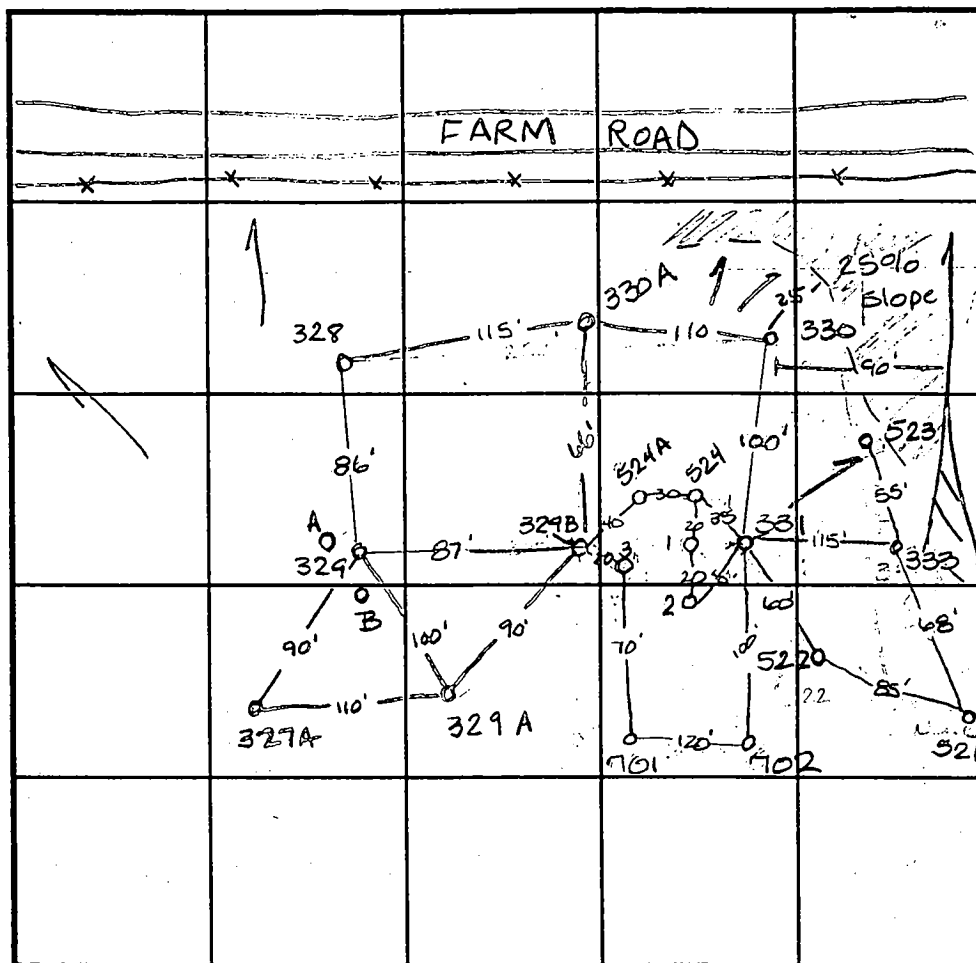
2.0 orange
pink
SiSalm

7.5 >50%
lg. Rx
frags
lgt tan
Salm
refusal

331

0' orange
brown
SiCILM

3.0 lgt tan
red
SiSalm
pockets
of
fedspar
decayed



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

3298

0' dark
or brn
SiCILM
30% Rx

4.0 or brn
Salm
30% Rx

6.0 >50%
Rock
and
Saprolite
lgt white
to or brn
Salm
refusal

523 4524-A

dark red
SiCILM

4.0 lgt or
yellow
SiLm
100%
Shale

DATE	TEST NO.	DEPTH	PRE-WET START	STOP	TEST - 1" DROP START	STOP	TIME
11-4-97	330A	Refusal @ 5.5	Insuffic. depth				
		to bedrock					F
	329B	>50% Rx @ 6.0	Insufficient				
		depth to bedrock					F
	331A	3.5 V10.0	2:46	2:47	2:47	2:51	3min
		6.5 V11.0	2:45	2:47	2:47	2:51	3min
	330	3.5 V10.0	2:49	2:51	2:51	2:53	2min
	333	3.5 V12.0	2:59	3:02 ³⁰	3:02 ³⁰	3:14	11 1/2 min
2-9-98	523	Visual to 12.5	- see profile				OK
	524-A	Visual to 11.0	- see profile				OK
	524	>50% Rx throughout					F

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT D. Renner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

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ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D AD

ADDRESS 10805 Halbury Ridge Suite 205 PHONE 410-740-2102
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Haan Reil LOT NO. _____

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(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

522 521

0'

dark
red
SiCLM

3.5

yellow
brown
SiLM
20%
state

12.0

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	
2-9-98	522	4.0 V120	12:01	12:06	12:06	12:15	9min
	521	Visual	to 120 - see profile -				OK

REMARKS

TYPE OF SOIL

TESTED BY

Amy McMillen

ALSO PRESENT

Don Reusser

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

LOT 2.4

COUNTY #

SOIL PROFILE

0' B
orange
brown
Sicilm
4.0
lgt or
matrix
w/ yellow
mottles
(not H₂O)
9.0
40-50%
Rx
brn
or.
Silm
12.0

2.3

red
brown
Sicilm

3.0
orange
brown
with
some
yellow
30%
Rx

10.0 refusal

702

dark
orange
brown
Sicilm

3.0
lgt
orange
tan
Sicilm

12.0

SOIL PROFILE

0' 701
heavy
brn
Sicilm
3.0
lgt
Pink to
orange
brown
matrix
10%
Rx
12.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-9-98	A	> 50% rock	throughout	—	—	—	F
	B	Visual to 12.0	—	—	—	—	OK
	1	> 50% rock	throughout	—	—	—	F
	2	Visual to 10.0	—	—	—	—	OK
	3	3.0 / 10.0	2:00	2:08	2:08	2:16	8min
	701	Visual to 12.0	—	—	—	—	OK
	702	Visual to 12.0	—	—	—	—	OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT D. Reuser

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

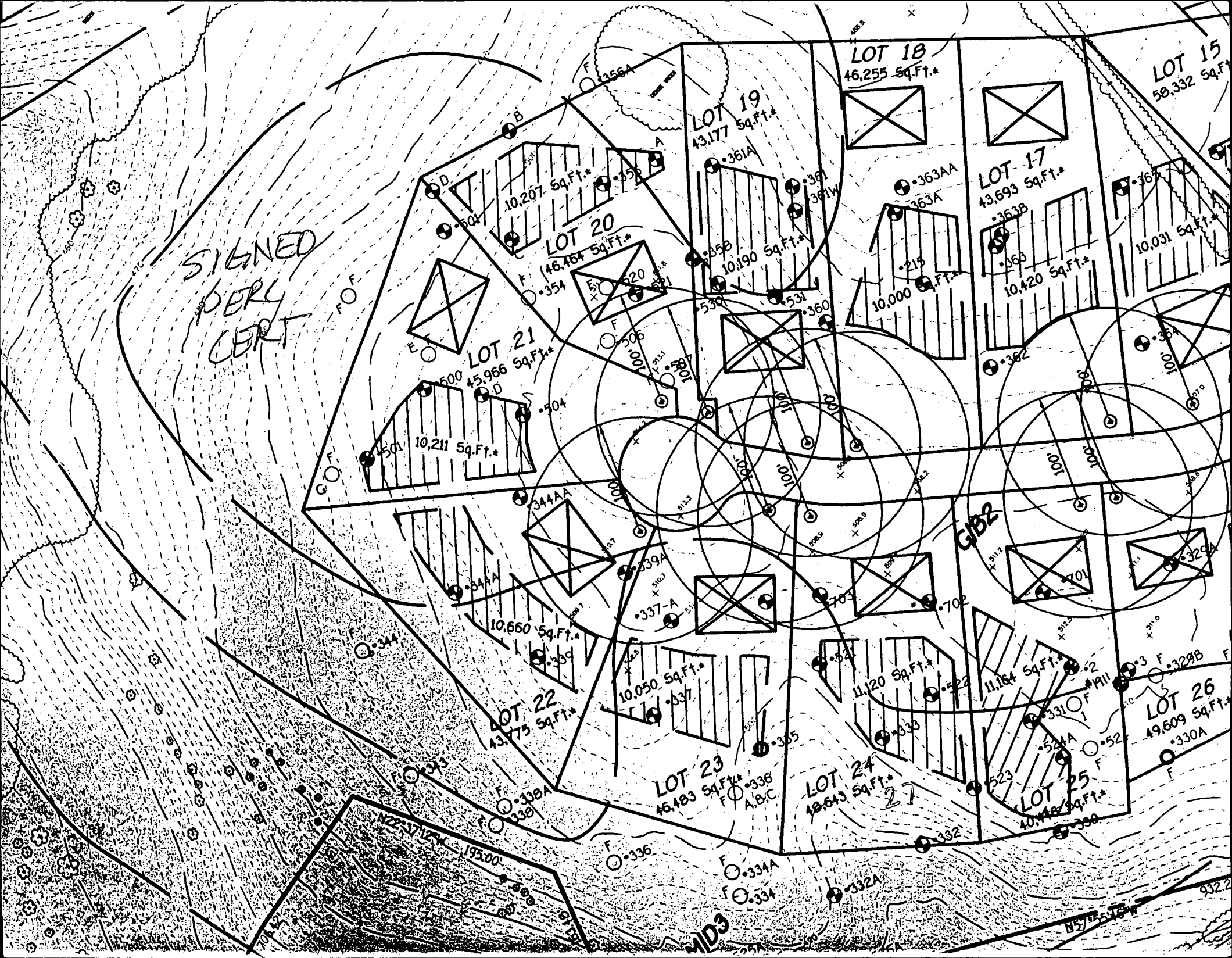
TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

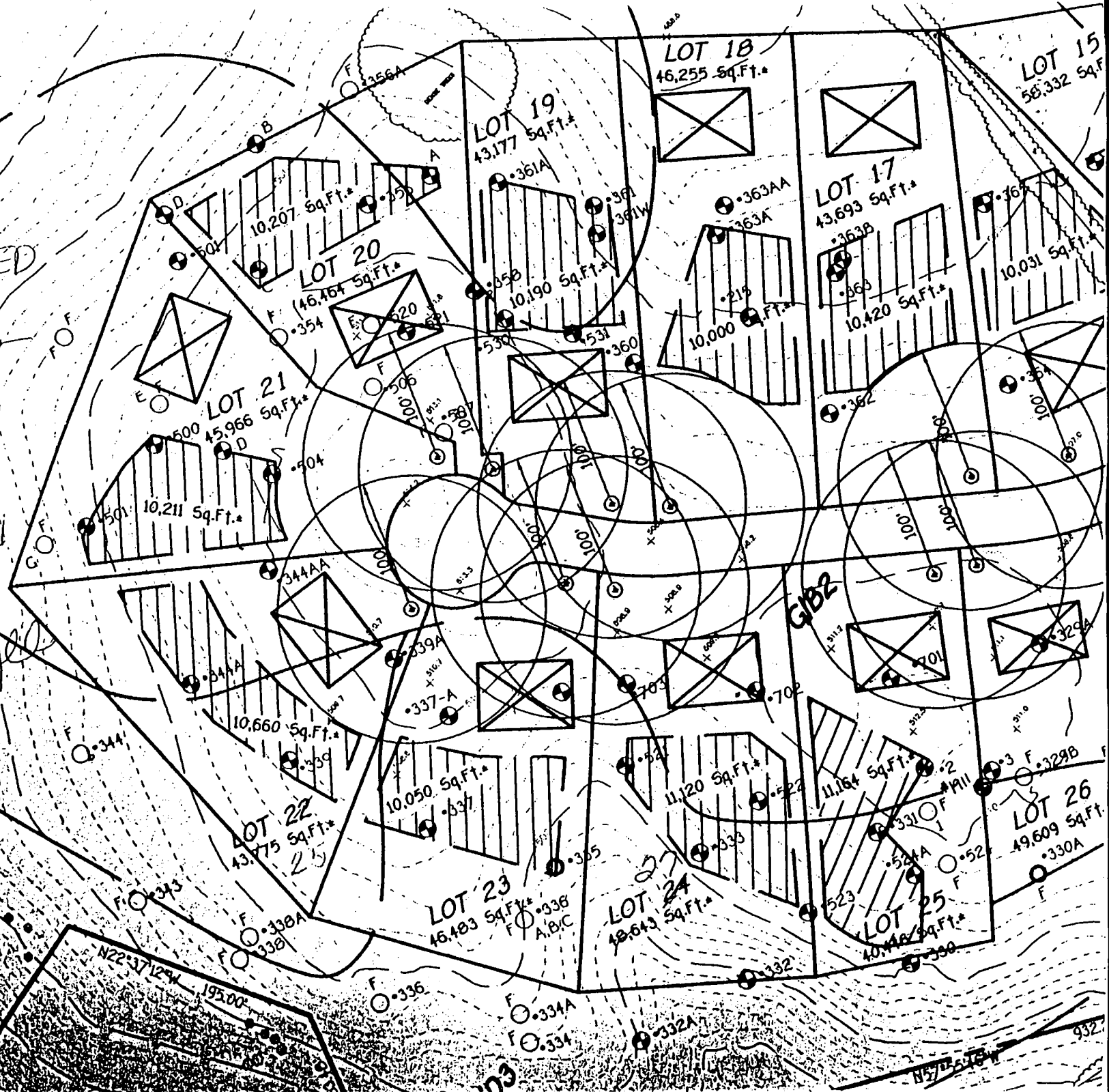
SQ. FT/BEDROOM

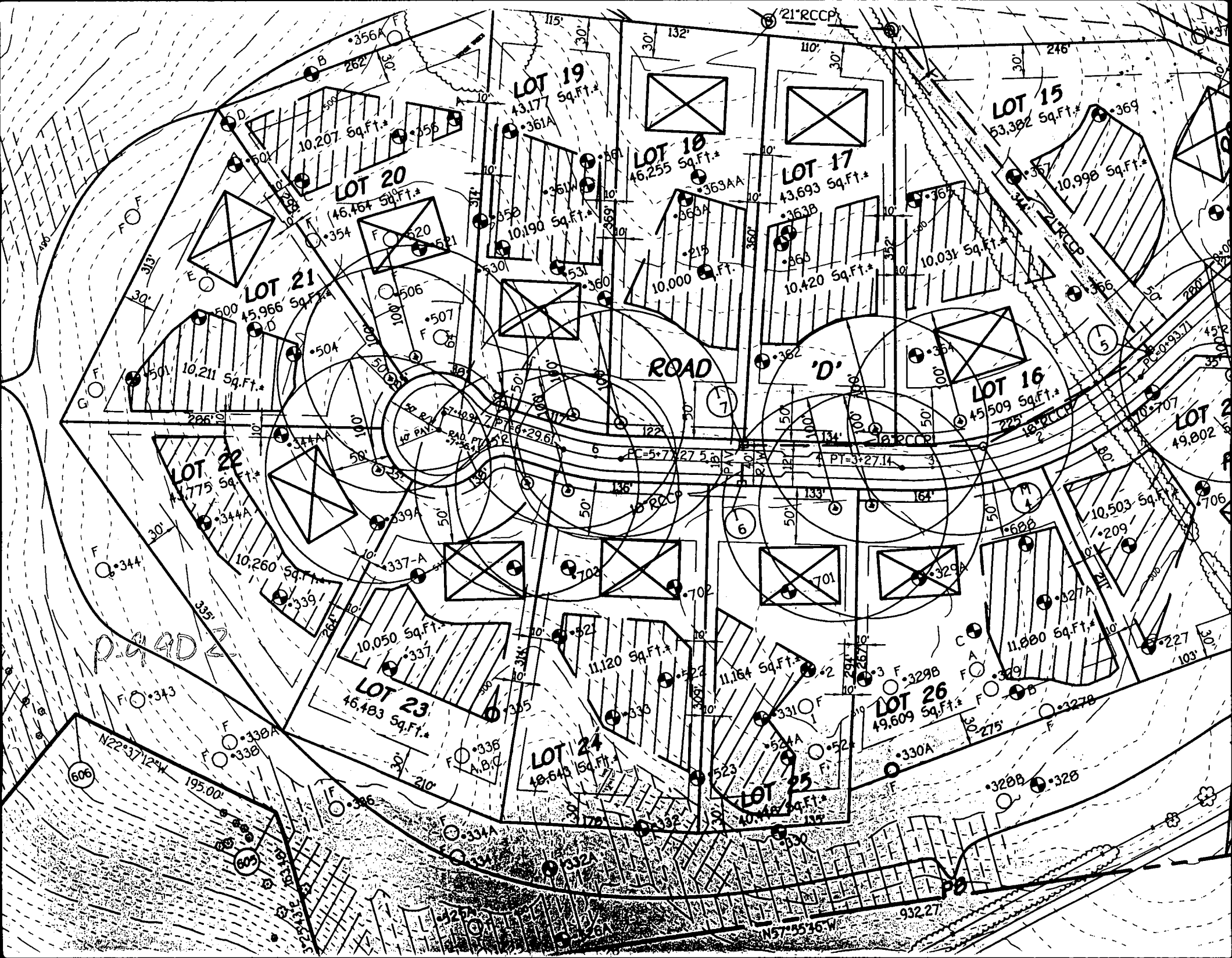
SIGNED
PER
CERT



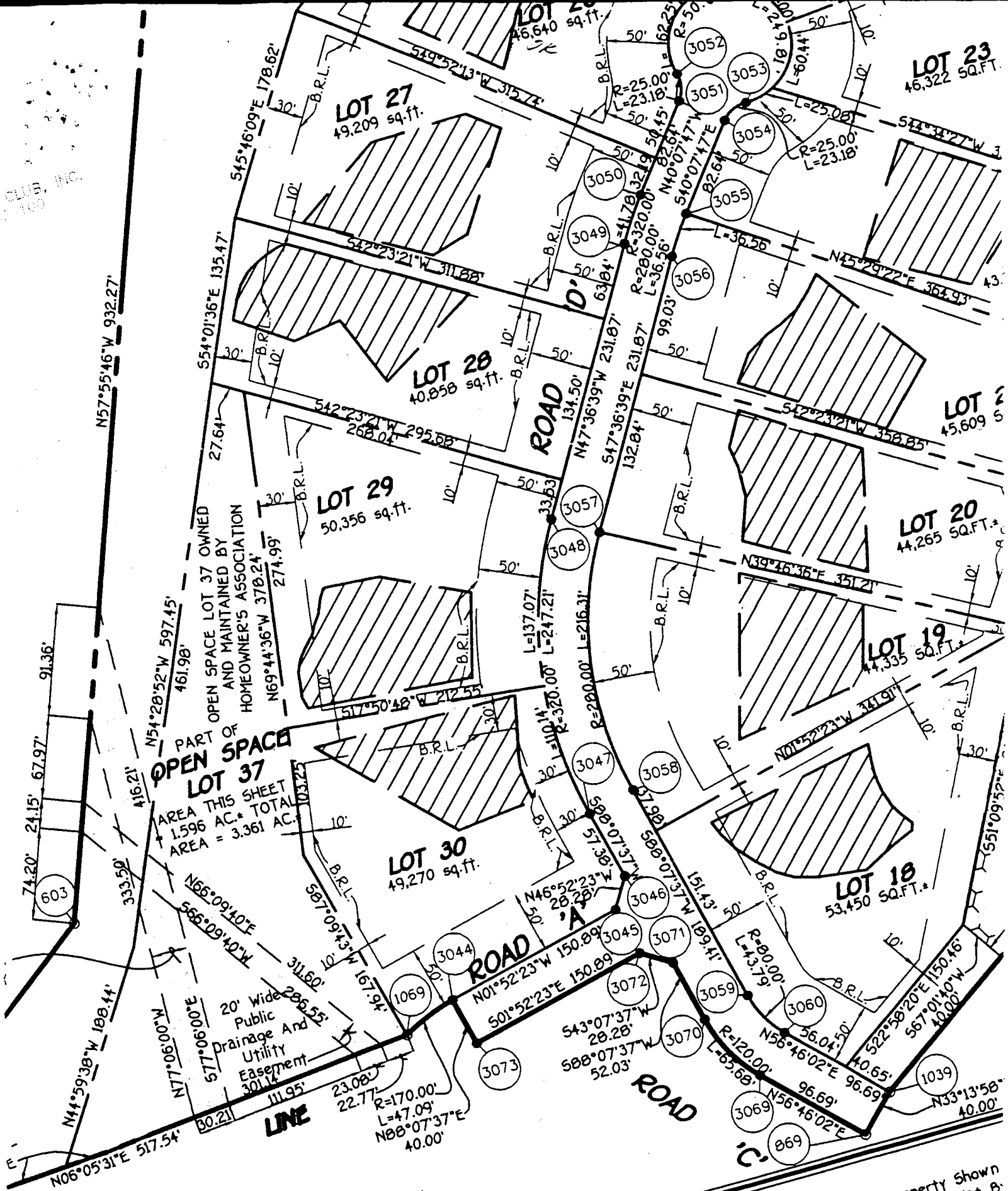
SIGNED
PERU
CERT

9/7/99
well site staked
by licensed
surveyor
A. M. Myle





CLUB, INC.
100



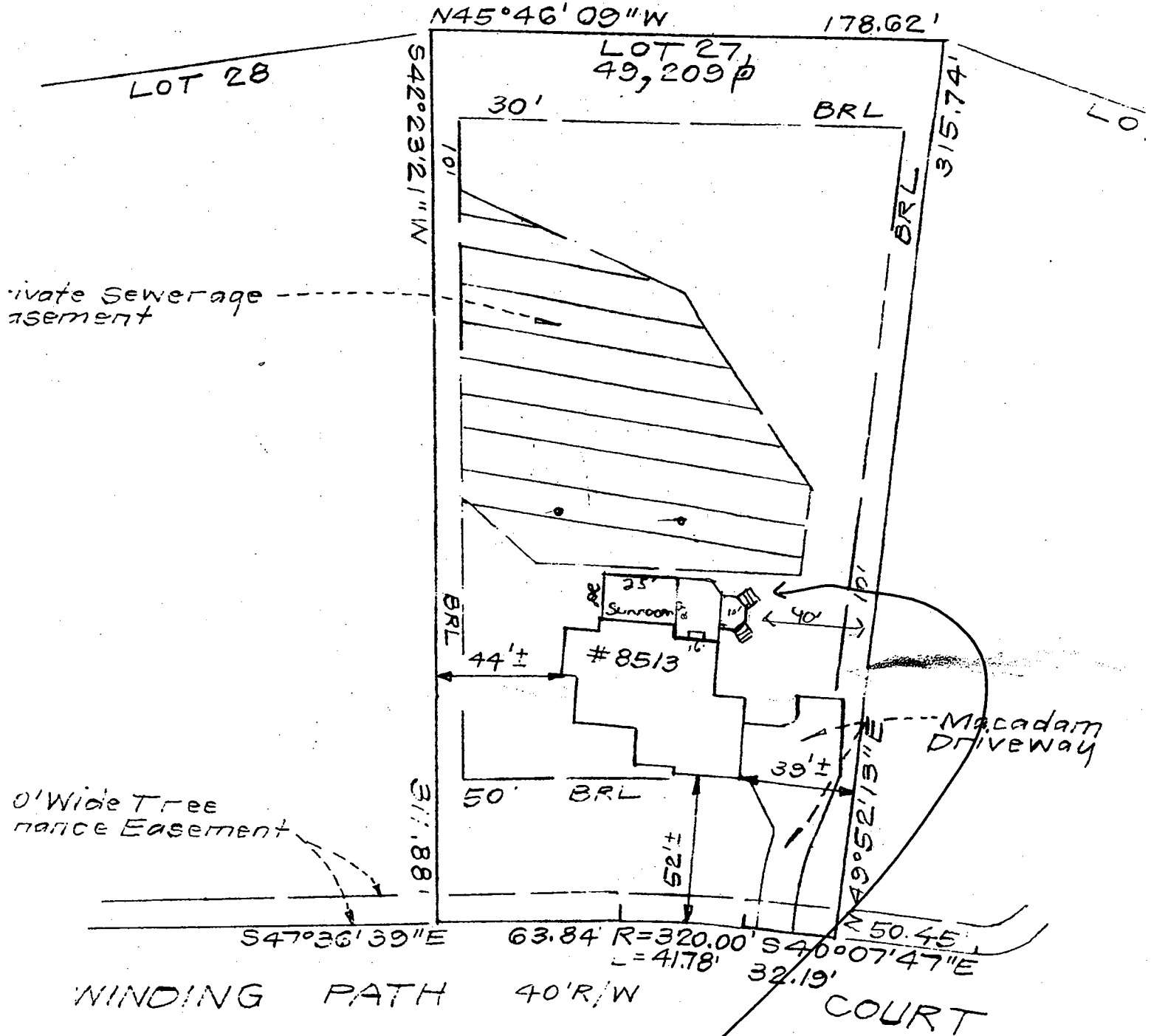
WATCH

F 99145

OWNER'S CERTIFICATE

Developers, LLC, By J. Thomas Scrivener, President, Owner Of The Property Shown
Subdivision, And In Consideration Of The Approval Of This Final Plat B
Minimum Building Restriction Lines And Drains, Water Pipes Ar
Construct And Maintain Sewers, The Specific Easement Are
Rights-Of-Way And The Right And Optio
Streets And Storm Drain
Ea

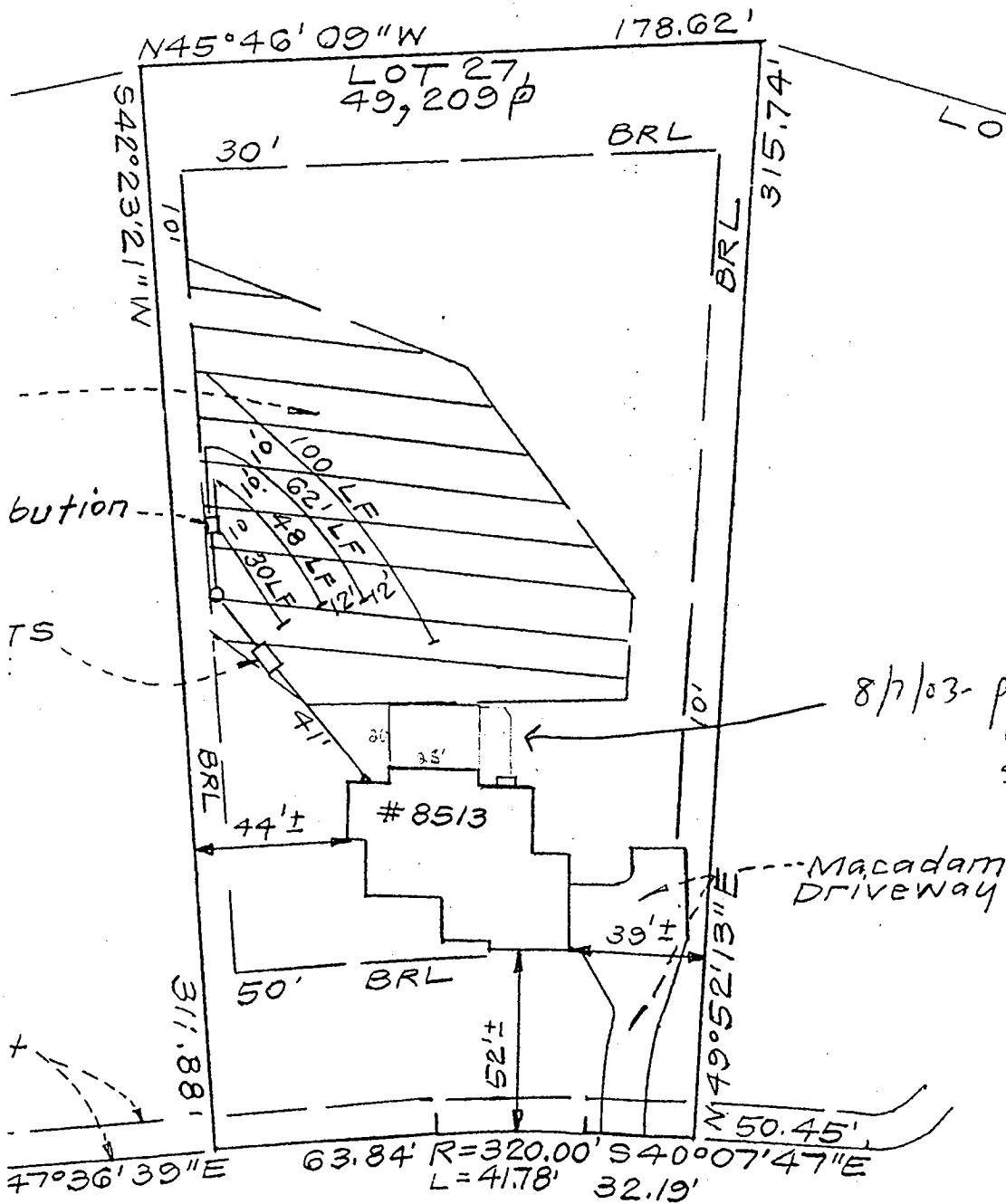
NON-BUILDABLE
PRESERVATION PARCEL 'A'



800145374

12/4/03 - proposed deck
OK (SRK)

NON-BUILDABLE PRESERVATION PARCEL 'A'

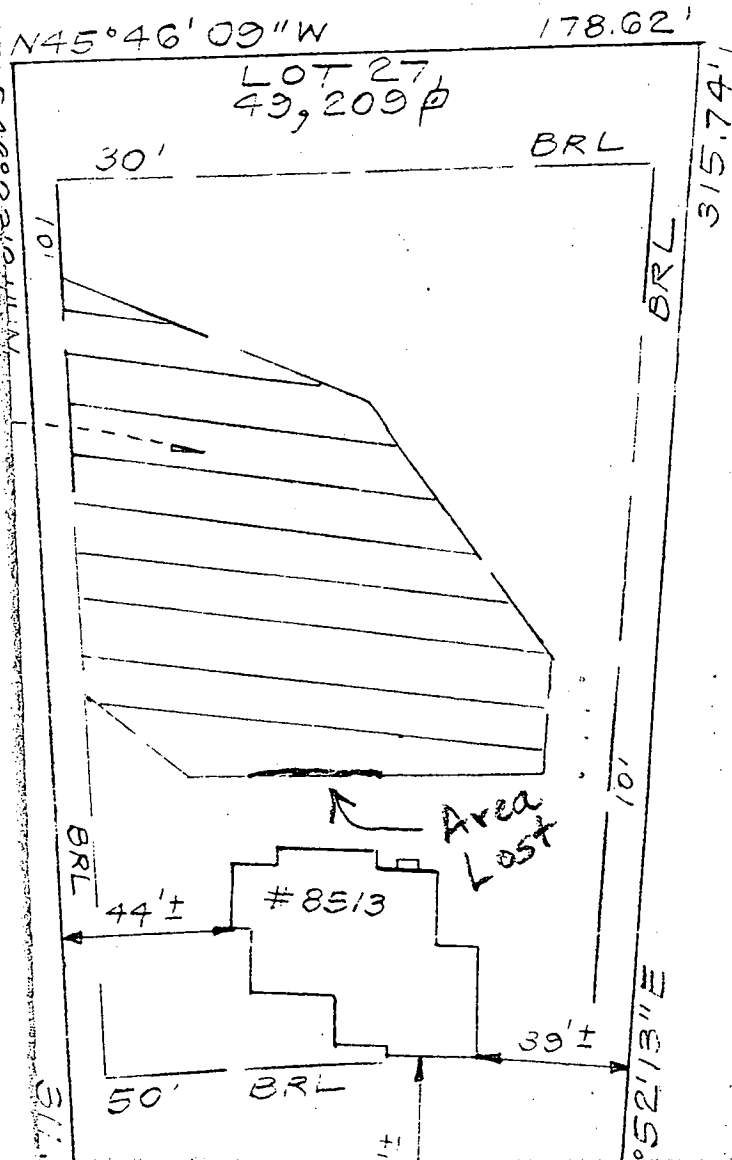


8/7/03- proposed Sunroom addition OK (SRV) Since not on a foundation per Barry Glatfelter.

Wooden (Cover

Wall C
Top of ↓

NON-BUILDABLE
RESERVATION PARCEL 'A'



3/6/02
House moved
2' closer to
septic easement.
Minimal impact.
BB