

LAYOUT 7/19/04 11am INSP 4 _____
 INSP 2 7/20/04 Final 12-3 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/15/2004

APPROVAL DATE: 8/9/04

PERMIT INDEXED

P 520420-A

A 58993-Z

ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Hatfields Equipment _____ IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 13785 Burntwoods Rd., Glenelg PHONE NUMBER: 410-531-6773

SUBDIVISION: Cattail Ridge LOT NUMBER: 24

ADDRESS: 3520 Winding Path Ct. PROPERTY OWNER: Williamsburg Group, LLC

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

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 186 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation in the SDA.
NOTES:	Make sure to sleeve the pipe that is going under the driveway. <u>ENSURE DBOX 100' from ex well.</u>

PLANS APPROVED: KB/JAB /KNO DATE: 2/18/04

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

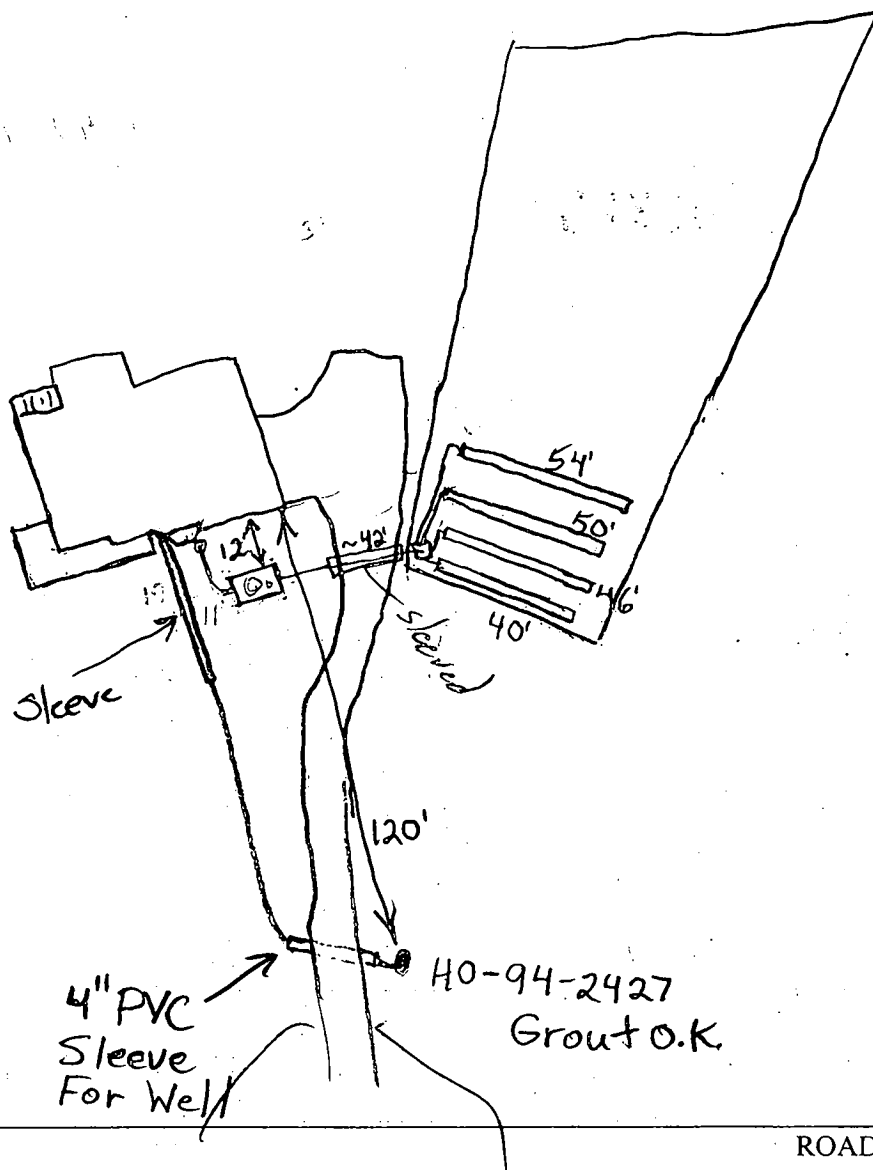
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL
**BUILDING PERMIT SIGNED
 AND RETURNED**

1-4-05 800151760-GARAGE + DECK

A58993-Z

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		190
ABSORPTION AREA		570 + Sidewall
DISTRIBUTION BOX LEVEL		Covered
DISTRIBUTION BOX BAFFLE		Covered
DISTRIBUTION BOX PORT		Covered

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 7/19/04 - SRA staked, contours accurate. Installs 40' / 46' / 50' / 50' trenches. Tank set OK to cover (BB)

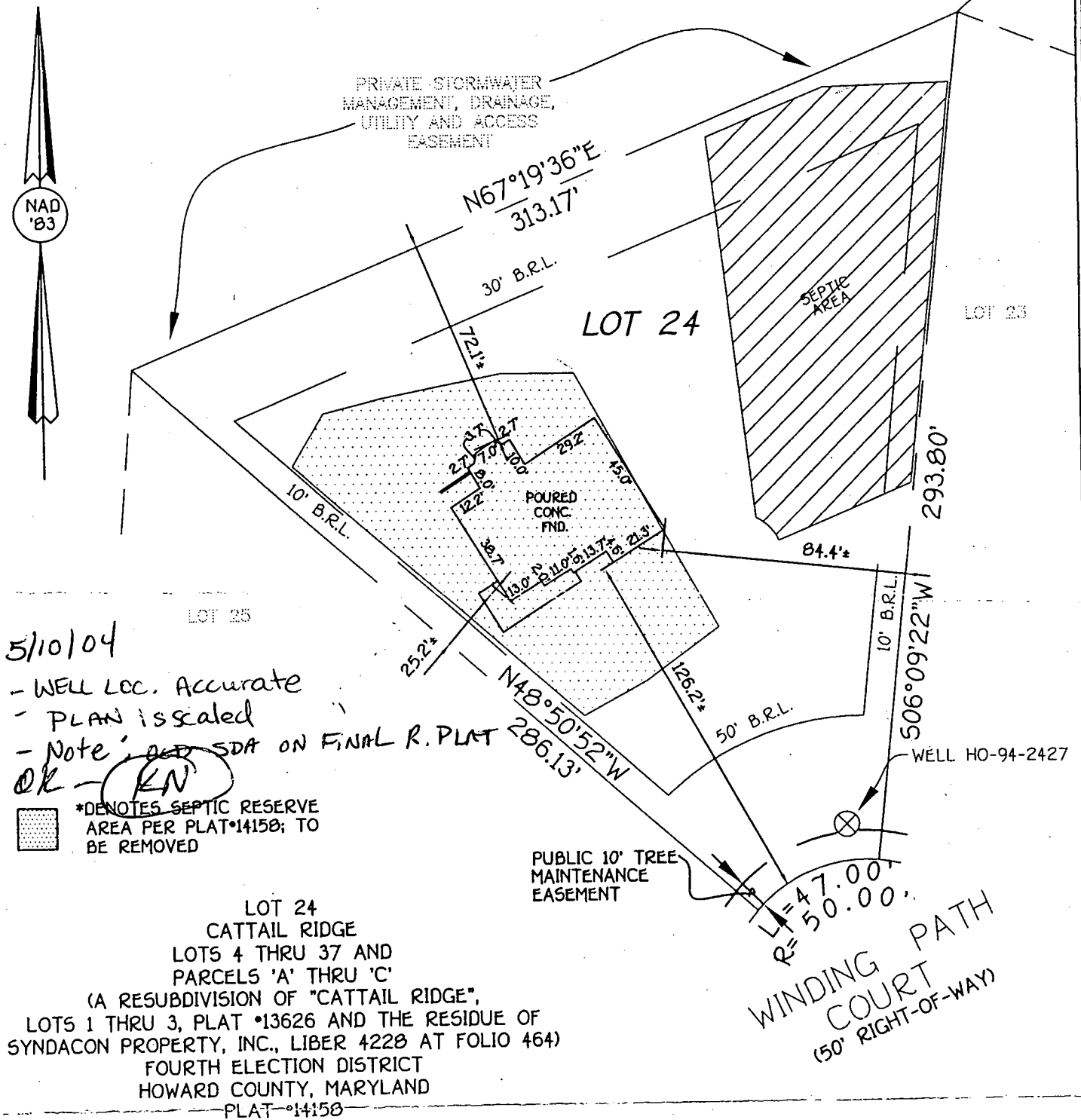
INSTALLATION 7/20/04 System partially covered. Kacie gave O.K. to cover because there was a scheduling screw-up. Well line crossing on top of septic line. Lines must be rerouted. I took the measurements I could. Trench lengths given by Hatfields (BB) 7/22/04 Septic line rerouted. Sleeve well line until 10' past septic tank. Note left on well for plumber. Still need connection through wall. (BB)

DESIGNED BY
AND RETURNED

FINAL INSPECTOR B. Baker DATE OF APPROVAL 8/9/04

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. 2400440020B 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.



5/10/04

- WELL LOC. Accurate
- PLAN is scaled

- Note: SDA ON FINAL R. PLAT 286.13'

OK - KN



*DENOTES SEPTIC RESERVE AREA PER PLAT 14150; TO BE REMOVED

LOT 24
CATTAIL RIDGE
LOTS 4 THRU 37 AND
PARCELS 'A' THRU 'C'
(A RESUBDIVISION OF "CATTAIL RIDGE",
LOTS 1 THRU 3, PLAT 13626 AND THE RESIDUE OF
SYNDA CON PROPERTY, INC., LIBER 4220 AT FOLIO 464)
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT 14150

B.R.L. = BUILDING RESTRICTION LINE
TOP OF FND. ELEV. 511.1'



*DENOTES REVISED
SEPTIC RESERVE AREA
ON 6-5-03



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



Mark L. Robel 5/5/04
PROFESSIONAL LAND SURVEYOR DATE
REG. # 339

HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 4/9/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 5/05/04
DRAWN BY: V.L.J.
CHECKED BY: M.L.R.
PROJECT No.: 61034

**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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 588 Obrecht Rd
Sylesville Md 21154

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

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

Name (Print): Allen Compton License# msd009

*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: Williamburg Group Telephone #: _____
Subdivision: Cathol Ridge Lot #: 24 Well Tag #: HO-94-2427
Site Address: 3520 Winding Path Ct

Submersible Pump Data

Make: Goulds
Model #: 55B0422
Pump Capacity 5 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Camwell
Model #: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 350 (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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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: Allen Compton

9-28-04
date

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

Date Insp. Requested: _____

Date Insp. Approved: 8/9/04 BB

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 ☒

HD-215 (Rev. 8/00)

9/29/04
Builder verified that bolt on
well cap was tightened. ICOP
processed. meo

Left Note
for Plumber
To Seal End of
Sleeve for Well Line
at House - Not
Health Issue, But
Water May Leak
Into Basement

C11967

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
NUMBERA58993E

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED
MM DD YY

Depth of Well
22 350 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2427

OWNERCathail Overlook
STREET OR RFDWindy Path Ct
SUBDIVISIONCathail Bldge
TOWNGlenwood
SECTIONLOT 24

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 FROM TO	check if water bearing
Brown Soil	0 10	
Broken Flint	10 18	
Brown Soil	18 68	
Gray Granite	68 124	
Green Granite	124 125	
Gray Granite	125 320	
Green Granite	320 325	
Gray Granite	325 350	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS45 20NO. OF POUNDS45 1880

GALLONS OF WATER120 gal

DEPTH OF GROUT SEAL (to nearest foot)

from0'ft. to72'ft.

CASING RECORD

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.)

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER

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

DRILLERS SIGNATURE

LIC. NO. 1

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

C2

DEPTH (nearest ft.)

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

GRAVEL PACK

MDE USE ONLY

TELESCOPE CASING

PUMP INSTALLED

DRILLER INSTALLED PUMP

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

CAPACITY: GALLONS PER MINUTE

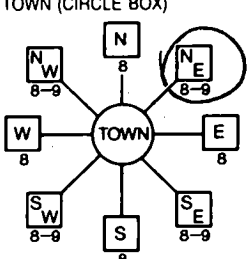
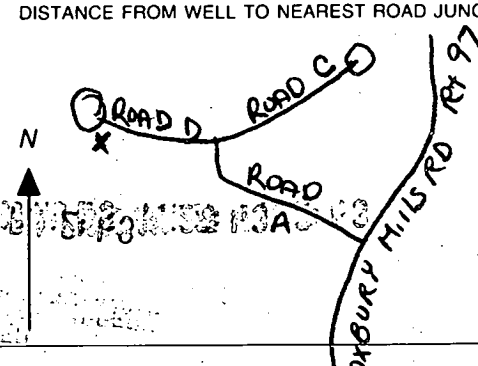
PUMP HORSE POWER

PUMP COLUMN LENGTH

CASING HEIGHT

LAND SURFACE

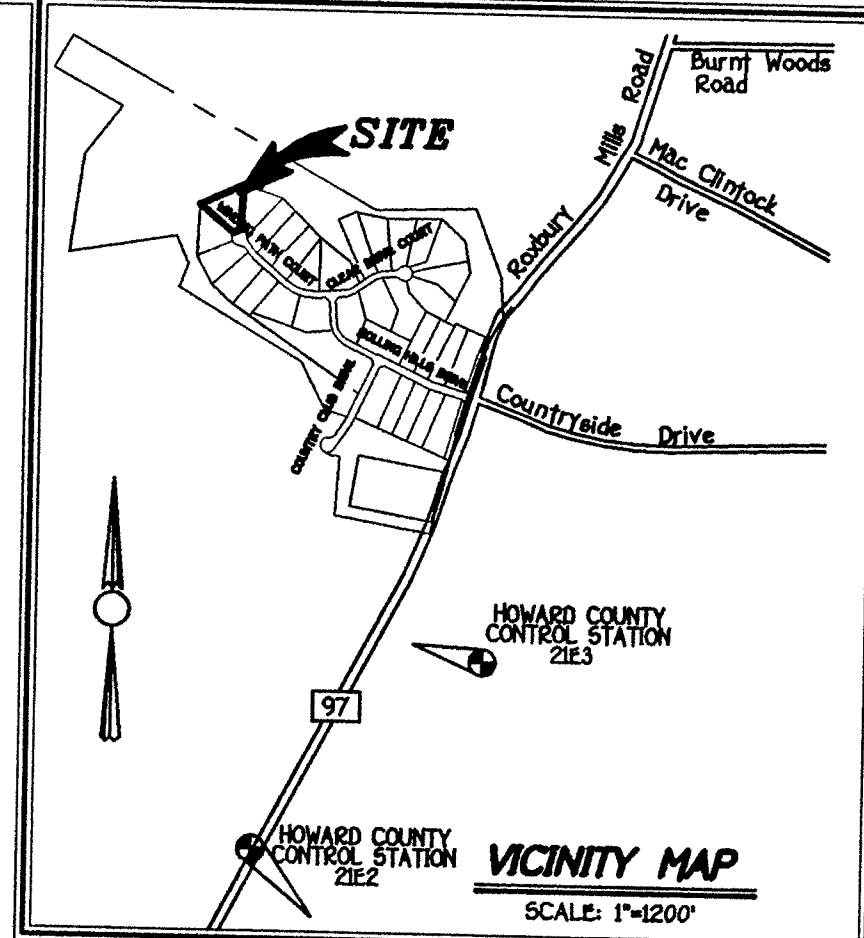
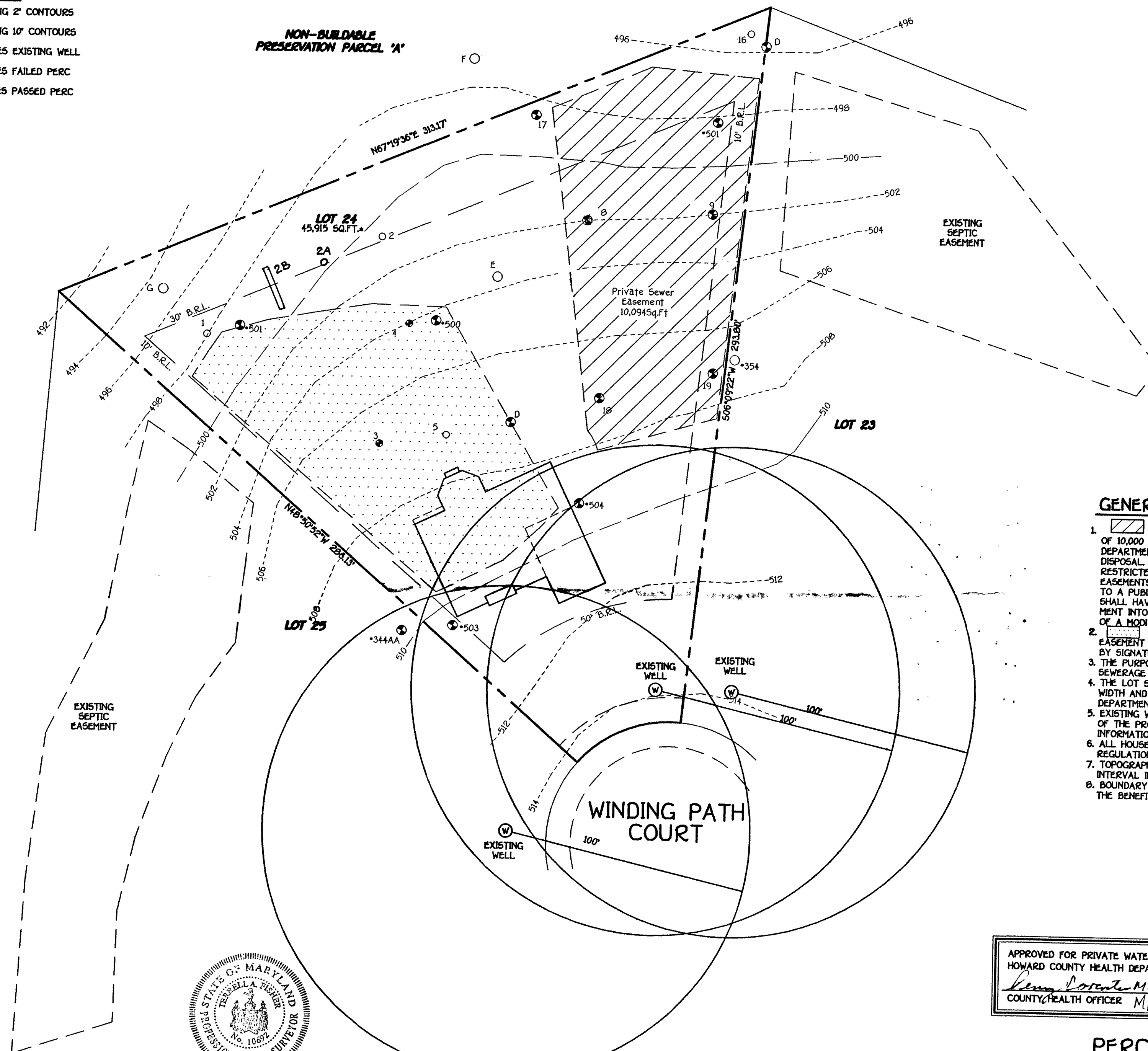
LOCATION OF WELL ON LOT

B 1 16679 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2427 <small>70 fill in this form completely 79</small>
Date Received (APA) 083099 <small>8 MM DD YY 13</small> CATTAIL OVERLOOK, LLC <small>15 Last Name 34 Owner First Name</small> 8808 CENTRE PARK Dr. Suite 108 <small>36 Street or RFD 55</small> Columbia MD 21045 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> CATTAIL RIDGE <small>23 SUBDIVISION 42</small> SECTION 24 <small>44 46 48 50</small> ROXBURY <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 M I <small>73 76 77 78</small>	
DRILLER INFORMATION MICHAEL BARLOW M WD 355 <small>76 License No. 81</small> MICHAEL BARLOW WELL DRILLING SERVICE <small>45 Firm Name</small> 912 FAWN CT. Joppa MD 21085 <small>45 Address</small> <i>[Signature]</i> 8/16/99 <small>45 Signature Date</small>		B 4 Windy Path Ct <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 IS 37</small> DISTANCE FROM ROAD 15 FT <small>38 39 ENTER FT OR MI</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE 5 <small>8 (GAL. PER MIN.) 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>14 (GAL. PER DAY) 20</small>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
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 Howard Co A58993Z <small>43 COUNTY NAME 48 COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 090199 A McMillen 9/7/99 <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" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 72' casing 2. 20 bags cement 3. present for grout WRITE THE BOX NUMBER FROM THE MAP HERE E 780 N 520 <small>000 000</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> 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 	
REPLACEMENT OR DEEPEMED 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 DEEPEMED 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-94-2427 <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>			

LEGEND

- EXISTING 2' CONTOURS
- EXISTING 10' CONTOURS
- ⊙ DENOTES EXISTING WELL
- DENOTES FAILED PERC
- ⊙ DENOTES PASSED PERC

NON-BUILDABLE
PRESERVATION PARCEL 'A'



GENERAL NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- THIS AREA DESIGNATES AN EXISTING PRIVATE SEWERAGE EASEMENT OF 10,000 SQ. FT. PER RECORD PLAT NO. 14150 TO BE ABANDONED BY SIGNATURE OF THIS PLAT.
- THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT RECORDED IN PLAT NO. 14150.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
- ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
- TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY GIS TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 2' CONTOUR INTERVAL.
- BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
Penney Corcoran MD, PhD
COUNTY HEALTH OFFICER *MR*

6-5-03
DATE

PERC CERTIFICATION PLAT
LOT 24
CATTAIL RIDGE

TAX MAP *21 ZONED: RC-DEO PARCEL: 220 GRID No. 3
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"= 30' DATE: APRIL 29, 2003



PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

Terrell A. Fisher
Signature of Professional Land Surveyor
Terrell A. Fisher, Professional Land Surveyor No. 10692

5/22/03
Date

OWNER/BUILDER

WILLIAMSBURG GROUP L.L.C.
5405 HARPER'S FARM ROAD
SUITE 200
COLUMBIA MD, 21044
410-997-8800

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

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 Drive 205 PHONE 410-740-2102

Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Haven Hill LOT NO. 2124

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 16

Draw Diag

COUNTY #

SOIL PROFILE
354

0' dark
orange
red
SiCILM
25% Rx
5.5' orange
red
SiCILM
>50%
rock
10.0' refusal

506

no
distinct
clay
layer
40-50%
Rock
beginning
at
4.0

7.0' refusal

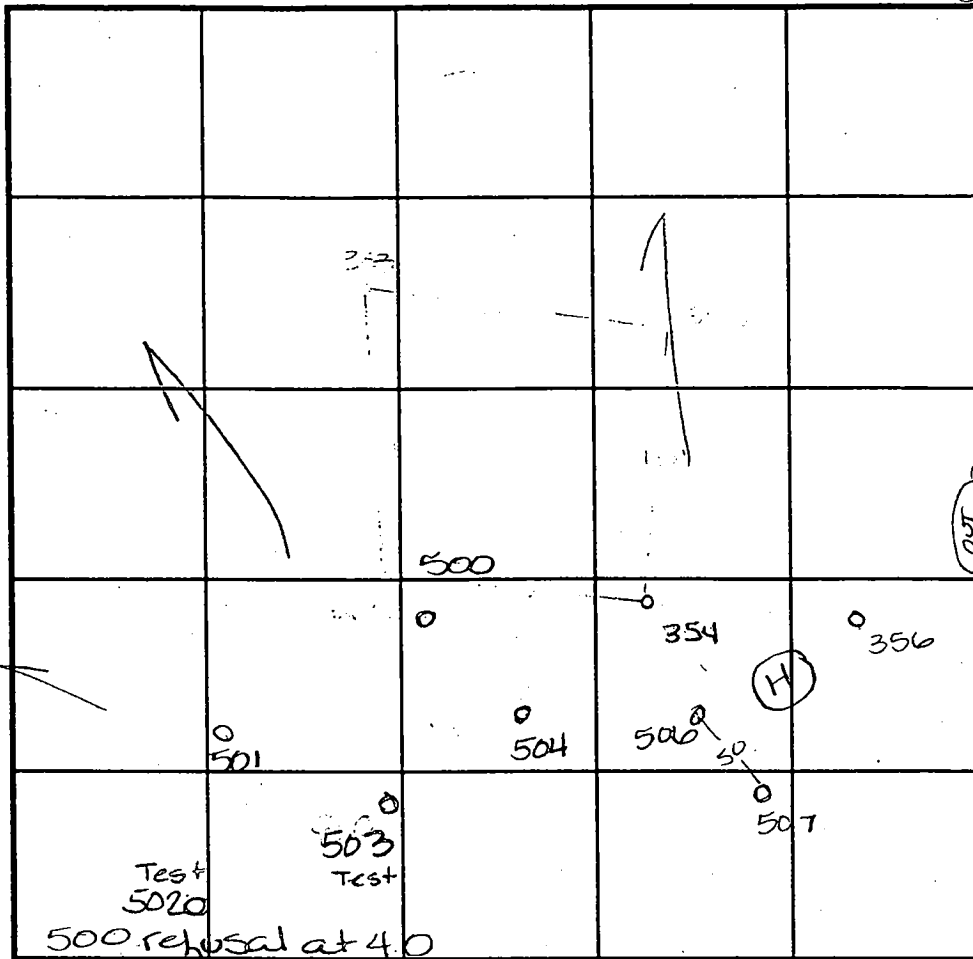
504/344AA

1gt brn
SiCILM

2.0

1gt
tan
salm
<50%
Rx

12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

9.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-5-97	354	>50% rock at	5.5	see profile			
		Insufficient depth to bedrock					F
	507	>50% Rx at	3.0	Insufficient			
		depth to bedrock					F
	506	Insufficient depth to bedrock					F
	504	3.0 V12.0	1:53	1:55	1:55	1:57	2min
		7.0 V12.0	1:53	1:57	1:57	2:03	7min
	501	3.5 V12.0	1:15	1:20	1:20	1:26	6min
11/5/97	344AA	3/11.5	sim	to 504			6min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT D Reuver

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

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 9-23-97

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 Scrimm

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L.D. AD

ADDRESS 10505 Wilburys Ridge Suite 215 PHONE 115-740-2100
Glenview, MD 21041

PROPERTY LOCATION:

SUBDIVISION Hanover LOT NO. 21

ROAD AND DESCRIPTION Rte 97

TAXMAP 21 PARCEL # 1377 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

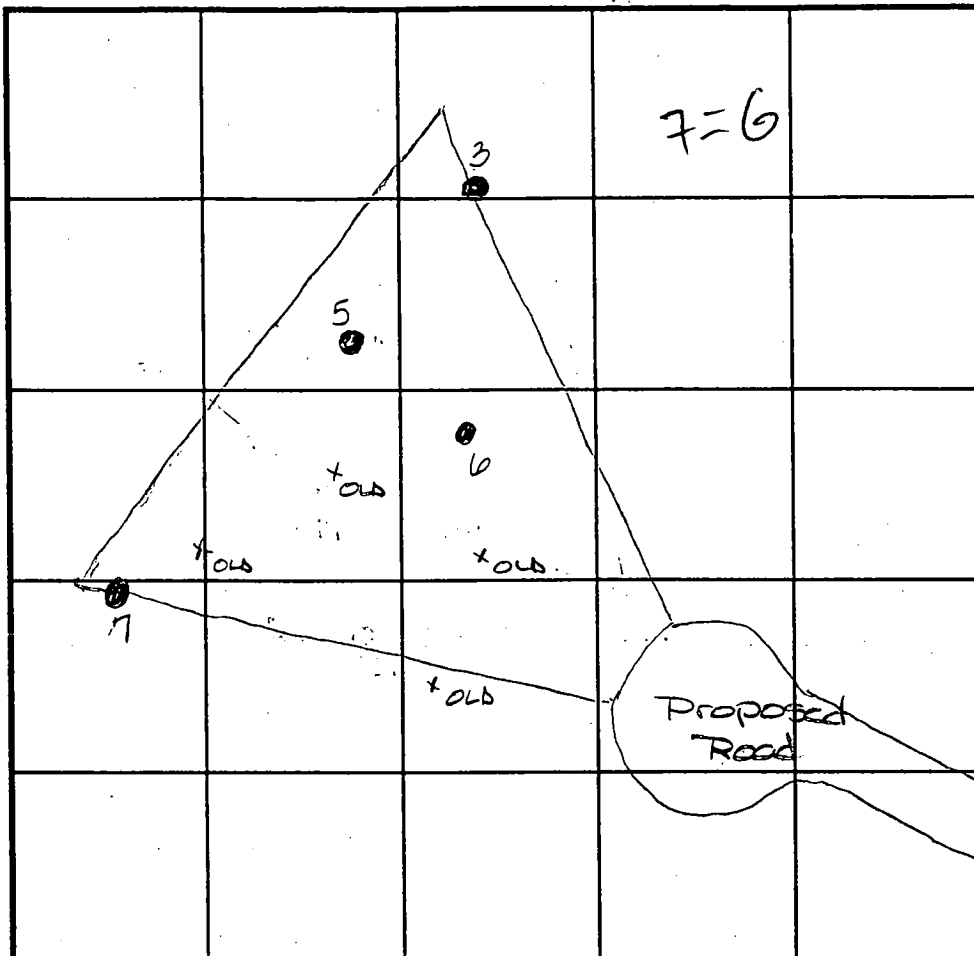
LOT 21

COUNTY #

SOIL PROFILE

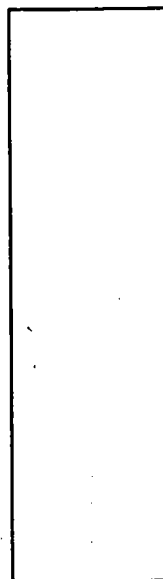
0'

no
distinct
clay
layer
1 ft
pink to
red
Sisalm
20%
large
R_x
frags



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	
6-1-98	3	Visual	to 12.0	-see	profile	—	OK
	5	65% Rock beginning @	3.0				
		insufficient depth to bedrock	—				11
	6	Refusal @ 2.0 - insufficient					
		depth to bedrock	—				11
	7	Refusal @ 2.5 - insufficient					
		depth to bedrock	—				11

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Don Treuwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

2/24/03
9:30

APPLICATION

PERCOLATION TESTING

A 518548

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

TELEPHONE: 313-2640

DISTRICT _____

DATE 2/14/03

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 BLAIRE COOK

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER WILLIAMS BURG GROUP LLC Bob Corbett

ADDRESS P.O. Box 1018 Columbia 21044 PHONE 410-997-8800 Fax - 4358

PROPERTY LOCATION:

SUBDIVISION CATTAIL RIDGE LOT NO. 24

ROAD AND DESCRIPTION WINDING PATH COURT

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1 ACRE 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.

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' 3
brn orge
hvy lm
15% frags
3-4 1/4
brn beige
tan sa lm
15% frags
10 1/2
HARD BOT

5

brn orge
red hvy lm

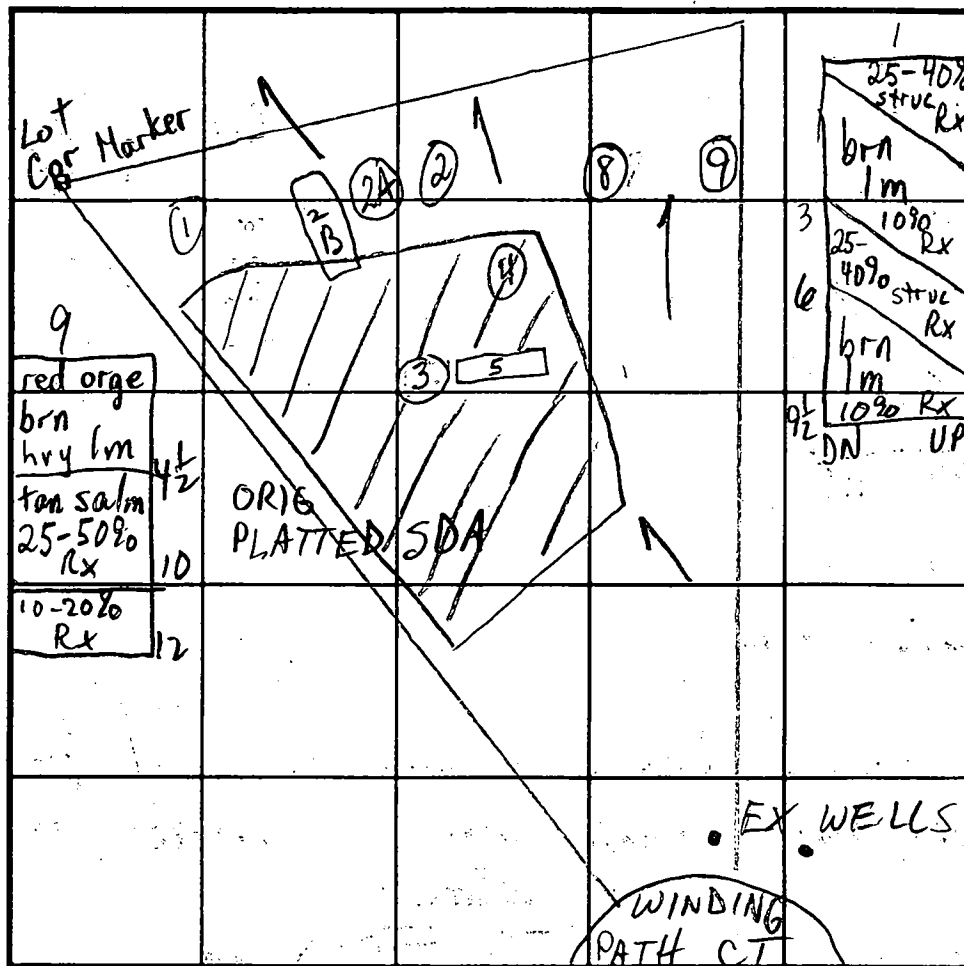
4
tan lt. brn
sa lm
25-50% struc Rx

7 1/2
9
HARD BOT

WEST 4 EAST

brn orge
yel hvy lm
20% 30-40% Rx

4
tan yel
lm
15% frags
10
HARD BOT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 2B
brn orge hvy lm
50-60% Rx
6 1/2
tan gray sa lm
10% Rx
7
HARD BOT
9
DOWN UP

8

brn orge red hvy lm
tan sa lm
10% frags
12 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/24/03	1 ✓	9 1/2	STRATIFIED	STRLC	Rx		FAIL
	2 ✓	7	50%	Rx	THROUGHOUT		FAIL
	3 ✓	10 1/2	OK	see profile			
	5 ✓	7 1/2 - 9	VARIABLE DEPTHS	TO SHALLOW	Rx		FAIL
	4 ✓	10	OK	see profile			
	2A ✓	9	50%	Rx	THROUGHOUT		FAIL
	2B	7-9	MARGINAL	DUE TO Rx-BETTER	DOWN HILL		
	8 ✓	12 1/2	OK	see profile			
	9 ✓	12	OK	PENDING DEEP SHELF	PERC		

REMARKS

TYPE OF SOIL GROUND SNOW-COVERED, ORIG. HOLES NOT VISIBLE

TESTED BY M. Riffkin

ALSO PRESENT Bob Corbett, Mike J. crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

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 _____ LOT NO. _____

ROAD AND DESCRIPTION _____

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

18/17

lt. brn
orge
hvy lm

4

tan pink
sa lm

5-10%

Frag's

13'3"

19

brn cl lm
+ hvy lm
20% Rx

2-22

brn red
mic
sa lm

25-30%

Rx

↑ w/depth

1 1/2

HARD BOT

11/6

orge brn
hvy lm1 3/4
4

25-30% Rx

brn sand

6 7/8

25-45% Rx

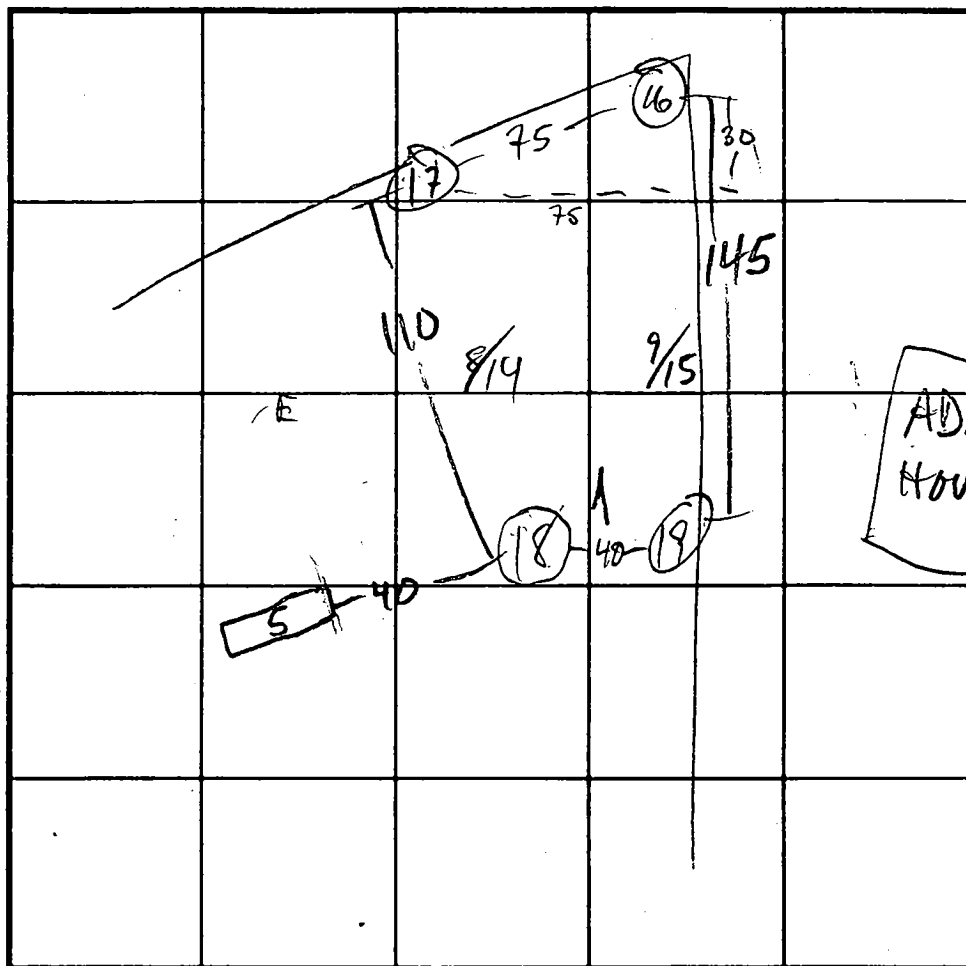
brn sand

10-20%

Rx

1 1/2

HARD BOT



SOIL PROFILE

0'

brn
cl lmbrn red
sand25-60%
Rx

HARD

3

8'4"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/28/03	18 M V	7 13'3"	10:40	10:45	10:45	10:50	5
	19 M V	7 11 1/2'	10:45	10:47	10:47	10:51	4
	OT 9 M	8	10:55	10:57	10:57	10:59	2
LOC NOT PER PLAN	17 M V	7 12'9"	11:03	11:05	11:05	11:08	3
	16 M V	7 11 1/2'	11:09	11:11	11:11	11:13	2
	OT E V	8'4"	HARD	BOT			F

REMARKS

TYPE OF SOIL

TESTED BY

M. Riffin

ALSO PRESENT

Bob Corbett, M. J. Crow

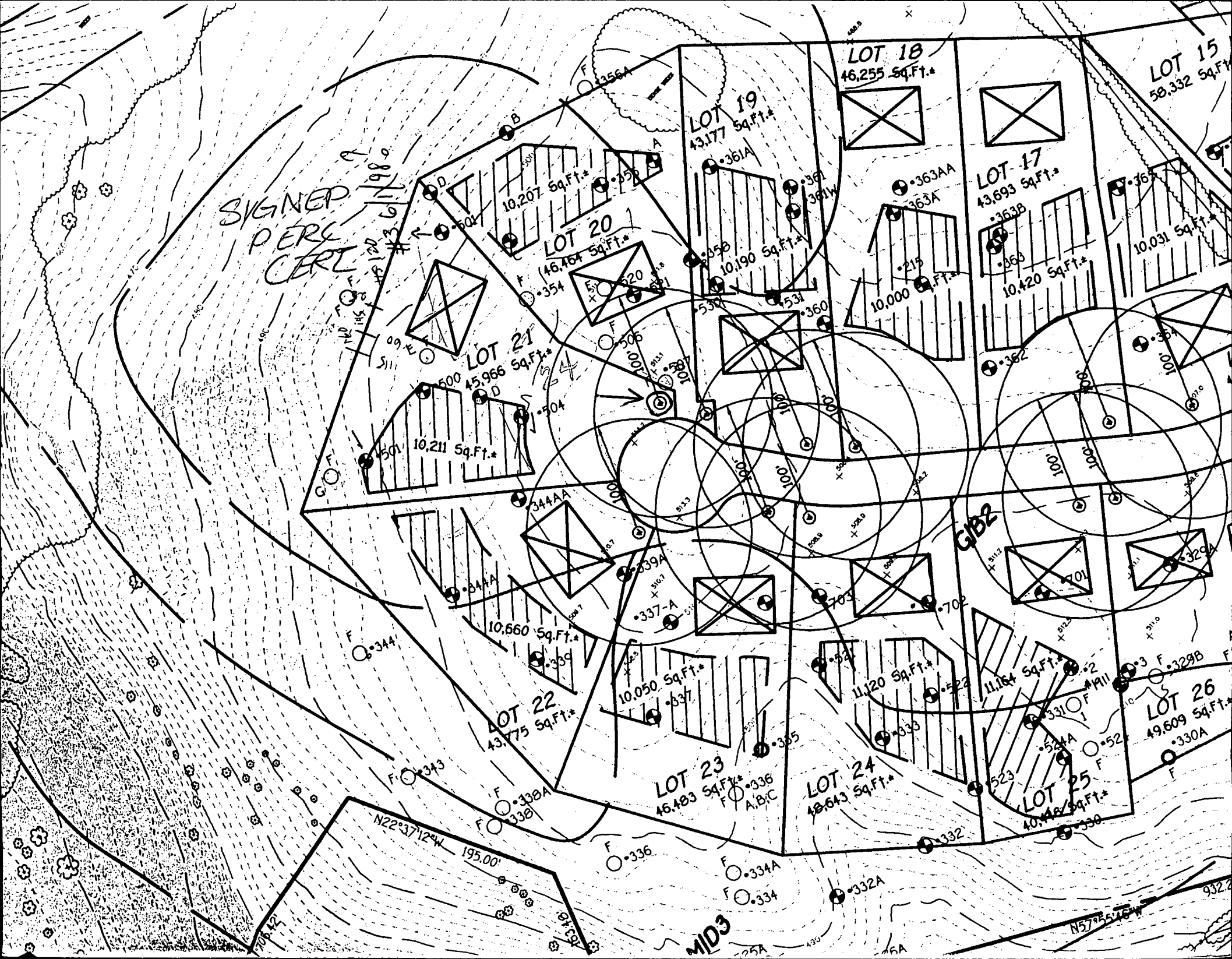
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

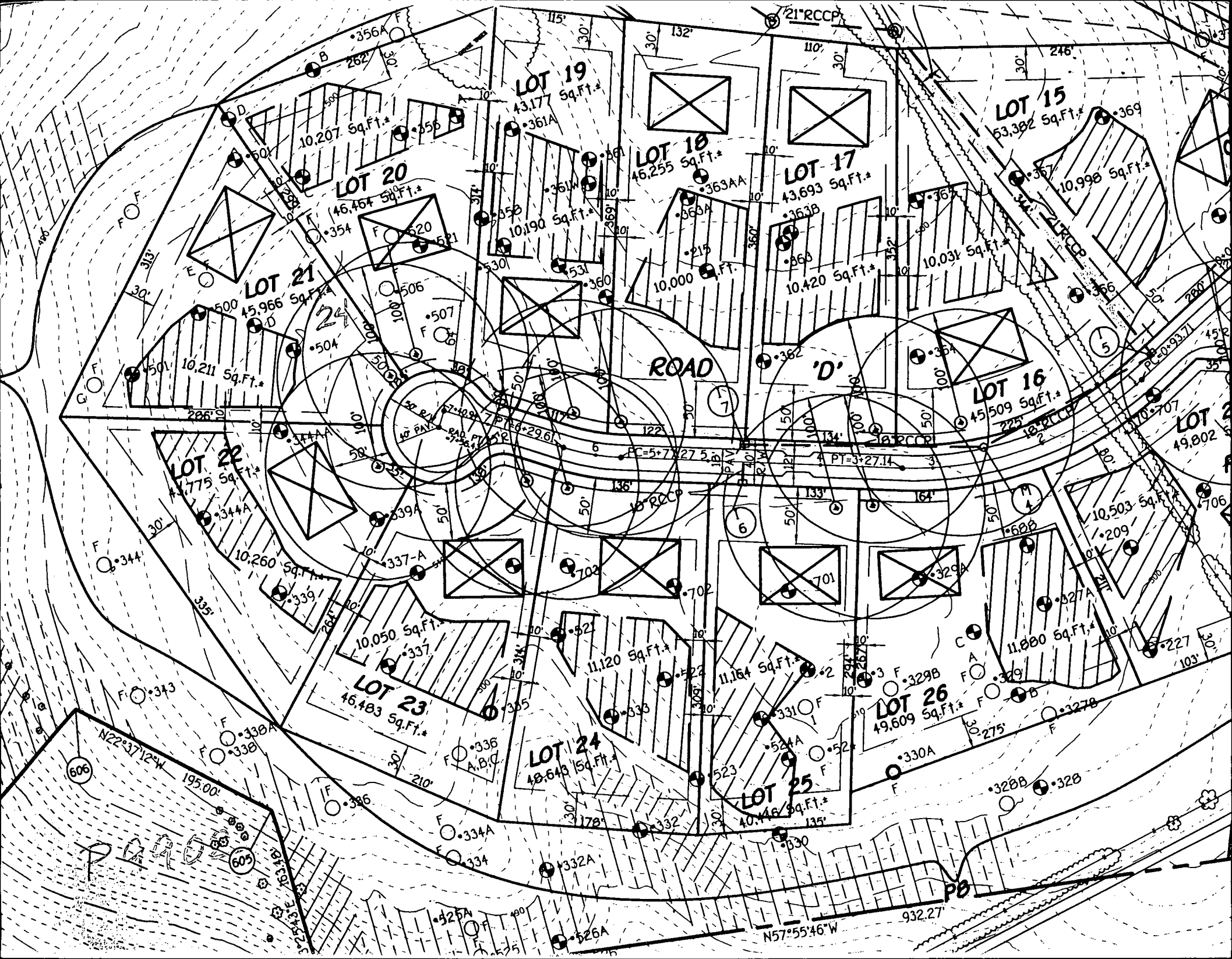
TRENCH WIDTH

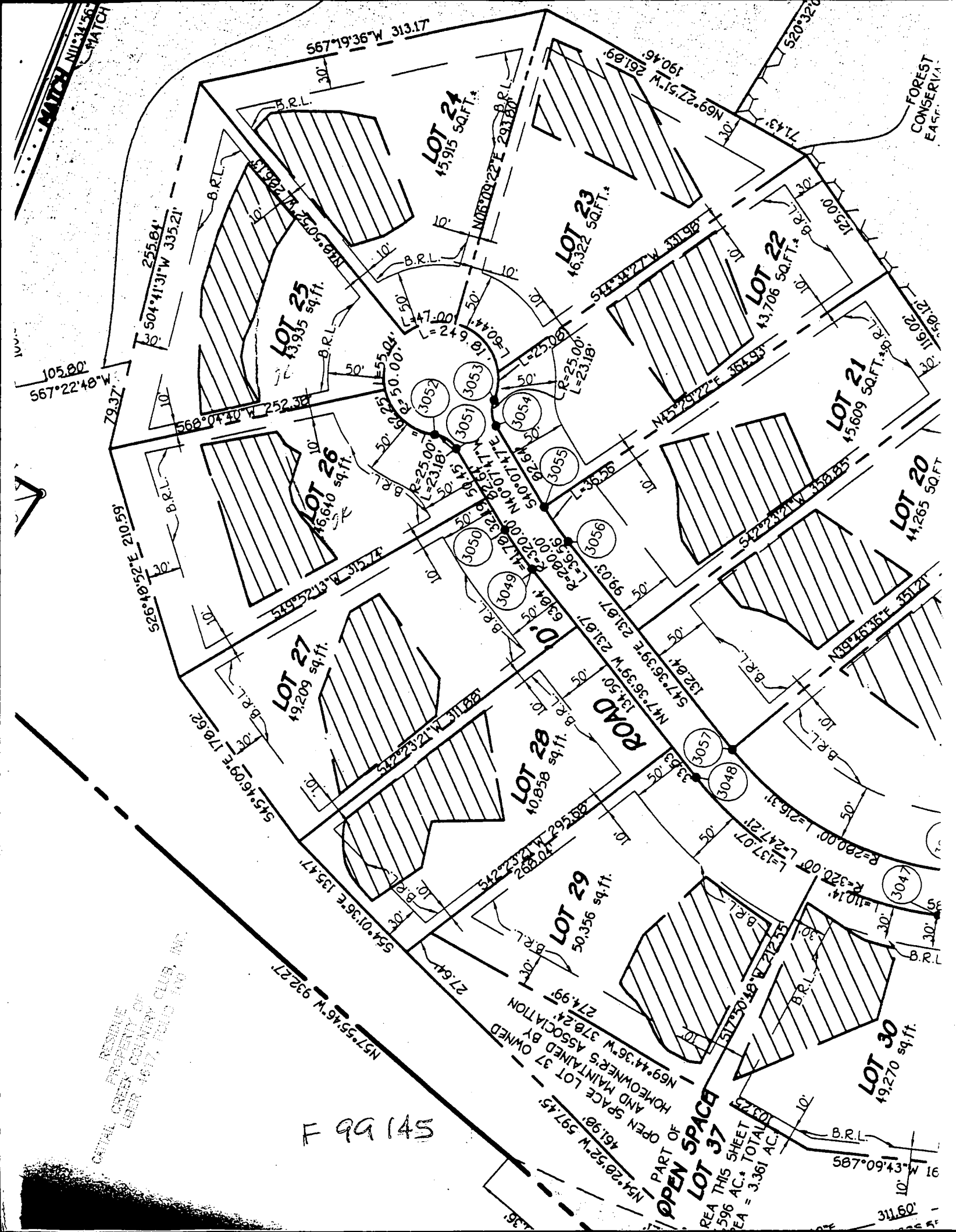
INLET DEPTH

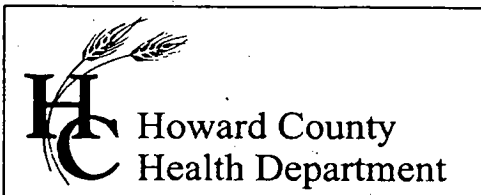
MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM









3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 29, 2004

Williamsburg Group LLC
5485 Harpers Farm Road, Suite 200
Columbia, MD 21044

SENT VIA FACSIMILE 410-997-4358

RE: Cattail Ridge, Lot 24
3520 Winding Path Court
Glenwood, MD 21738
BP # B00146143
Well Permit # HO-94-2427

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 08/09/2004. Final approval of the well line connection to the dwelling was approved on 08/09/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

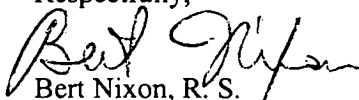
INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2427. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 09/20/2004
Date of Well Completion: 09/27/1999

Respectfully,


Bert Nixon, R. S.
Well and Septic Program

BN/mlb

cc: Building Inspector's Office
Community Services Program
File

G 0000 8744

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 0014 6143

Building Address 3520 WINNING PATH CT.GLENWOOD, MD 21737Suite/Apt. #: N/A SDP/WP/Petition #: GP04-31Census Tract 6010.2 Subdivision CATAIL RIDGESection N/A Area N/A Lot 24Tax Map 21 Parcel 228 Grid 3Zoning RE-1F Map Coordinates 8K7 Lot size 45,915 sq ftExisting Use VACANT LOTProposed Use SFDEstimated Construction Cost \$250,000Description of Work NOVELL BRACHESTER IIW/CUSTOM REVISIONS, 2ND, MIDDLE OF HOUSEPLANS ATTACHED 5TH BORN FAMILY PLANOccupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name WILLIAMS BURY GRAPHICAddress 5425 HARPER FERN RD, SUITE 200City COLUMBIA State MD Zip Code 21044Home Phone _____ Work Phone 410/997-8200 X18

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

Phone _____ Fax 410-997-4358Contractor Company SAME AS OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 155 Phone _____ Fax _____Engineer or Architect Company PLYMOUTH RD. ARCHSContact Person TIM GRAHAMAddress 640 PLYMOUTH RD.City CATONSVILLE State MD Zip Code 21222Phone 410/711-0221 Fax _____BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame
☐ State Certified Modular

Water Supply:
☐ Public
☐ Private
 Sewage Disposal:
☐ Public
☐ Private
 Electric Yes ☐ No ☐
 Gas Yes ☐ No ☐
 Heating System:
 Electric ☐ Oil ☐
 Natural Gas ☐
 Propane Gas ☐
 Sprinkler system: ☐ N/A ☐
☐ Full
☐ Partial
☐ Other Suppression
☐ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐
 Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☒ Unfinished Basement ☐
 Craw space ☐ Slab on Grade ☐
 No. of Bedrooms 3
 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: _____
☐ State Certified Modular
☐ Manufactured Home

Water Supply:
☐ Public
☒ Private
 Sewage Disposal:
☐ Public
☒ Private
 Electric Yes ☒ No ☐
 Gas Yes ☒ No ☐
 Heating System:
 Electric ☒ Oil ☐
 Natural Gas ☒
 Propane Gas ☐
 Sprinkler system: ☐ N/A ☐
☐ NFPA #13D
☐ NFPA #13R
☐ Other:

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 THERE TO, (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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Suzanne P. Davis
 Applicant's Signature

AGENT FOR WGLL
 Title/Company

SUZANNE P. DAVIS
 Print Name

2/10/04
 Date

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☒ Dev. Engineering, DPZ☒ Health 2/23/04 JH☐ Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☒ NO ☐CONTINGENCY CONSTRUCTION START: ☐ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 60937Filing fee \$ 1000

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 365Validation # 41029Accepted by CP

Distribution of Copies:

White: Building Official

Green: LDD, DPZ

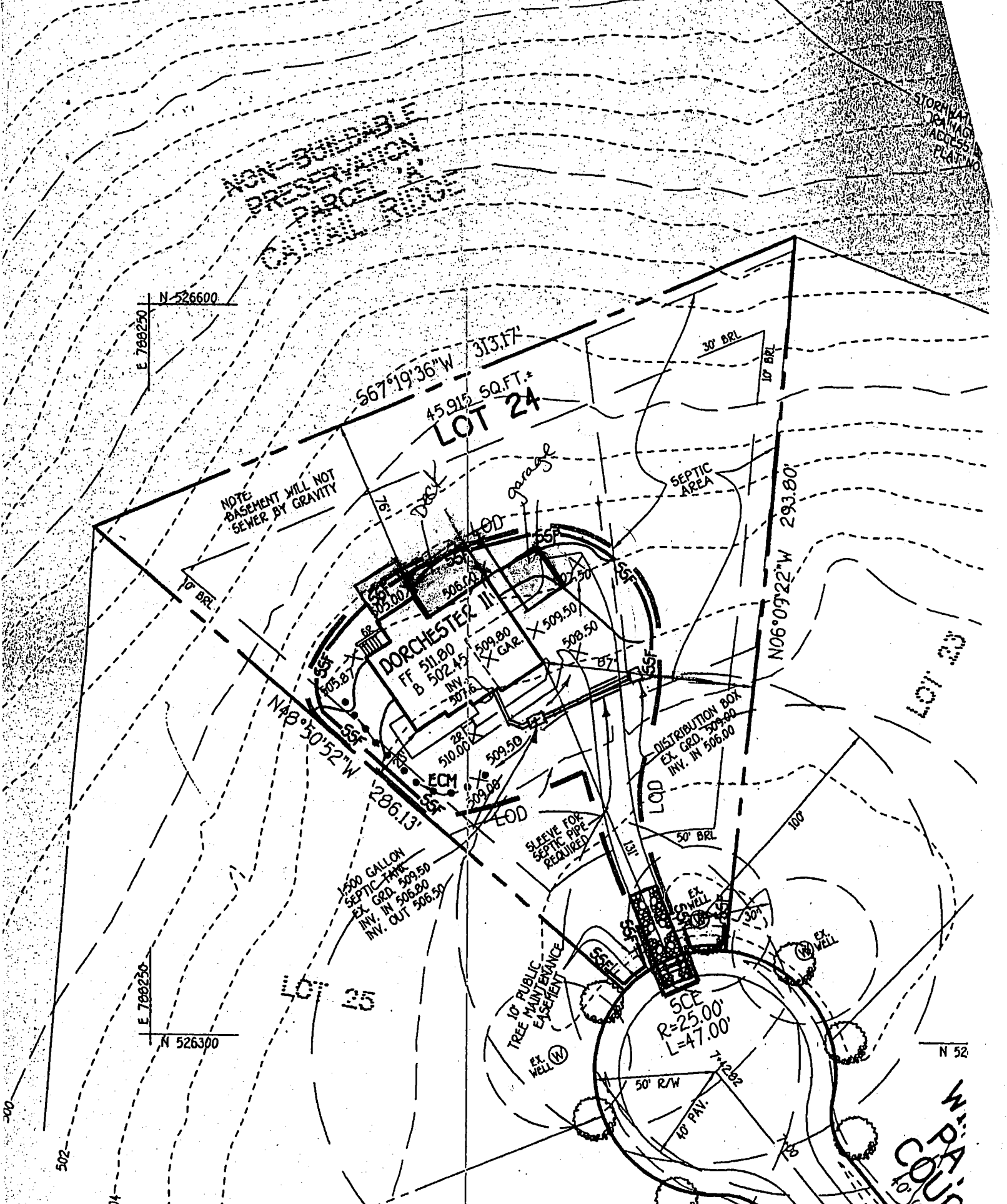
Yellow: DED, DPZ

Pink: Health

Gold: SEA

T:\Forms\PERMIT.FRM

Rev. 5/17/03



APPROVED

WALK-THRU BUILDING PERMIT

BP# 800151760 AP 520420-A

APP. SAN vacation DATE: 1/14/03

DESC. OF WORK: Deck and Garage

note as highlighted
 Future expansion of parking pad not OK unless 2nd system of trench lines installed
 150 Septic area not OK to adjust

ING
R
RE
ERS

W
P
C
P
W