

Layout 11 Am 12/11/01  
12/26/01 F/U PH

ISSUE DATE: 12/4/2001

P 516433-B

APPROVAL DATE: 12/26/01

A 59914-P

**PERMIT  
INDEXED**

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

04-363868

Fogle's Septic, Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: Monticello LOT NUMBER: 40

ADDRESS: 14317 Fox Creek Court PROPERTY OWNER: DR Horton Custom Homes

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches 155 feet down the right lot line and 60 feet off that same lot line as seen when facing the lot from Fox Creek Court. Run trenches on contour toward the left lot line. <u>7' ETE (10' CTC)</u>
NOTES:	

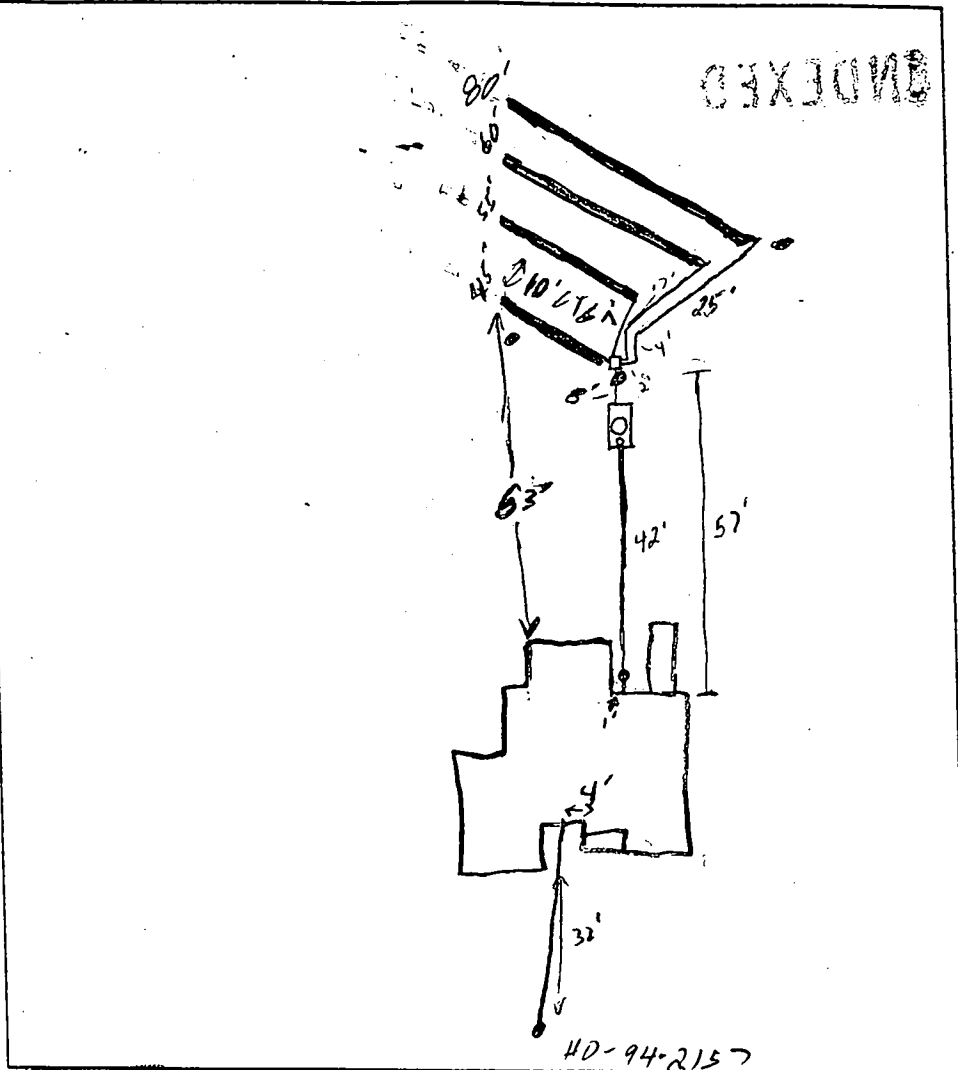
PLANS APPROVED: Amy Mc Millen 7/23/01 OK (BB) DATE: 7-10-01

- 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**

A59914-P

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 4'  
 TRENCH BOTTOM DEPTH 6'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720  $\text{ft}^2$   
 DISTRIBUTION BOX LEVEL yes  
 BAFFLE IN DISTRIBUTION BOX yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER Center - 2' h.  
 6 INCH INSPECTION PORT Front - 2'

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS N/A  
 MANHOLE RISER N/A  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

40-94-2157

PRE-CONSTRUCTION INSPECTION: For Creek CT 12/11/01 Layout per B.P. (signature)

INSPECTION COMMENTS: 12/11/01 House conn. not made, tank set (signature)  
OK to cover all work, house conn. needs to be sealed (signature)

INSPECTOR (signature) DATE SYSTEM APPROVED 12/28/01

Approved Septic System Plan  
Howard County Health Department

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

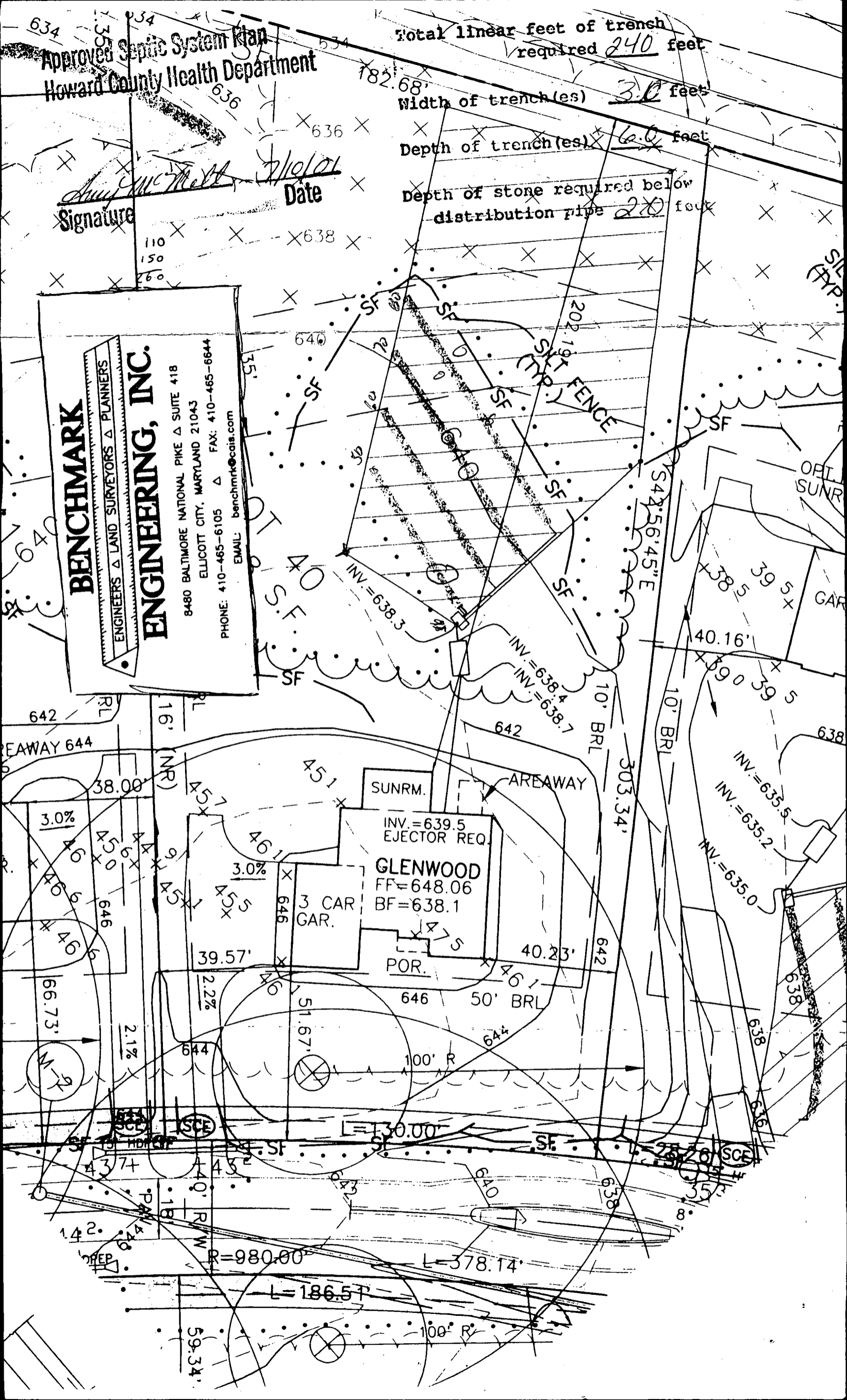
Depth of trench(es) 6.0 feet

Depth of stone required below distribution pipe 2.0 feet

*Anthony M. Mellor*  
Signature Date

**BENCHMARK ENGINEERING, INC.**  
ENGINEERS & LAND SURVEYORS & PLANNERS

8480 BALTIMORE NATIONAL PIKE Δ SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-665-6105 Δ FAX: 410-665-6644  
EMAIL: benchmark@cais.com



B00131248

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00131248

Building Address 14317 Fox Creek Ct.  
Rockville, MD 21163  
Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
Census Tract \_\_\_\_\_ Subdivision Monticello  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 40  
Tax Map 8 Parcel 110 Grid 18  
Zoning RL Map Coordinates 4412 Lot size 11114

Property Owner's Name D. R. Horton, Inc.  
Address 1370 Piccard Dr., St. 230  
Rockville, MD 20850  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone 301-670-6144  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Victoria Meyer  
Maryland Bldg. Permits, Inc.  
Phone 410-602-8774 Fax \_\_\_\_\_

Existing Use vacant lot  
Proposed Use single fam. dwelling  
Estimated Construction Cost \$ 200,000

Contractor Company D. R. Horton, Inc.  
Address 1370 Piccard Dr., St. 230  
Rockville, MD 20850  
Contact Person \_\_\_\_\_

Description of Work Glenwood w/rear sunrm. opt.  
2 story, full BSM. 1BR, 2FB,  
1BR, sunrm & 3 bay garage (4BR) etc.

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 535  
Phone 301-670-6144 Fax \_\_\_\_\_

Occupant or Tenant see owner  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Benchmark Eng.  
Contact Person John Carney  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone 410 Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>58'</u> Depth <u>54'</u> Width <u>54'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>45'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>45'</u> <u>54'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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 THIS INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (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.

V. Meyer  
Applicant's Signature agent

Victoria Meyer  
Maryland Bldg. Permits, Inc.  
Print Name 6/29/01  
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	<u>7/10/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>81500</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>48145</u>
Accepted by _____	Validation # _____

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

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

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: 580 Drecht Rd  
Sylesville Md 21284

(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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: D.R. Horton Telephone #: \_\_\_\_\_  
Subdivision: Monticello Lot #40 Lot #: 40 Well Tag #: HO-94-2157  
Site Address: 14317 Fox Creek Ct

Submersible Pump Data

Make: Goulds  
Model #: 75807422  
Pump Capacity: 7 GPM  
Well Yield: 1.3 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 42" (36" min)  
NSF/WSC approved: AB

Well Cap and Electric Conduit

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 1 1/2" B.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 390 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

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

House Connection

PVC sleeve 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.

Allen Compton Signature of company representative responsible for installation  
date 3-14-02

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

Date Insp. Requested: 2/13/02 Date Insp. Approved: 2/13/02 Inspector: KG (BB)  
Inspection Date: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 3" above finished grade ✓  
Water supply line sieved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

C1 9655 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. ON 9/8/95 SRK  
COUNTY NUMBER

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

DATE WELL COMPLETED  
MM DD YY  
8 23 99

Depth of Well  
22 360 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-2157

OWNER Midland Development  
STREET OR RFD Fox Creek Ct TOWN Blanesville  
SUBDIVISION Monticello - Krapp SECTION \_\_\_\_\_ LOT 40

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	
Sand	0	23	
gray granite	23	360	✓

*Dry wells backfilled*  
*400-40 drilling materials*  
*40-0 Cement*  
*400-40 drilling materials*  
*40-0 Cement*

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 8 NO. OF POUNDS 752  
GALLONS OF WATER 48  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 23 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE ST  
Nominal diameter top (main) casing (nearest inch)! 6  
Total depth of main casing (nearest foot) 26

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

SCREEN RECORD  
screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2  
WELL HYDROFRACTURED  Y  N

CIRCLE APPROPRIATE LETTER  
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MS DO 24  
DRILLERS SIGNATURE Joseph R. Mayne  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. D

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

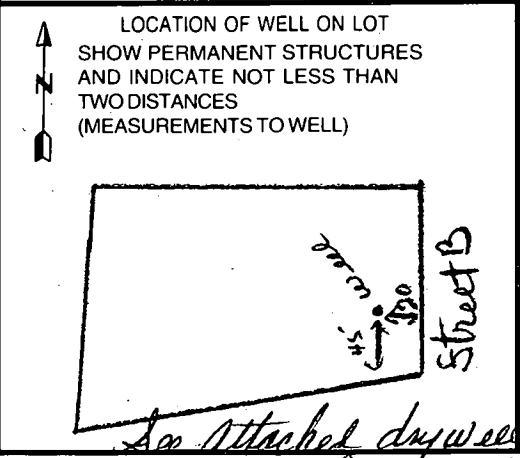
DEPTH (nearest ft.)  
1 25 2 360  
E A C H S R E E N  
8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
56 \_\_\_\_\_ 60 \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_  
70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 1.3  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 59 ft.  
WHEN PUMPING 265 ft.  
TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

PUMP INSTALLED  
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES  NO   
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 \_\_\_\_\_  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
PUMP HORSE POWER \_\_\_\_\_  
PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } \_\_\_\_\_ (nearest foot)



B 1 6748

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2157

Date Received (APA)

OWNER INFORMATION

Highland Development P.O. Box 228 Clarksville Md. 21029

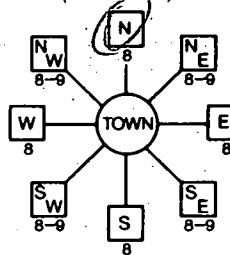
LOCATION OF WELL

Howard Knapp Property Calenwood

DRILLER INFORMATION

Joseph L. Mayre MS D 024 Joseph L. Mayre Well Drilling 5512 Ridge Rd. Mt. Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Street B NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 45 FT

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME HOWARD COUNTY NO. 13 DATE ISSUED 03/23/99 CO. SIGNATURE EXP. DATE 03/22/00

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (circled) JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEIN AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

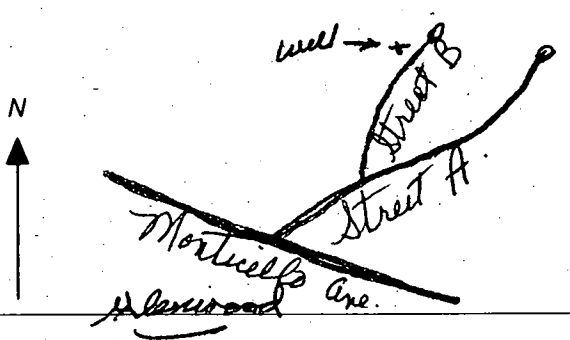
- SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 794 N 544

Handwritten notes: 8/22/99 9:30 AM met Missed...

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)

APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. HO-94-2157

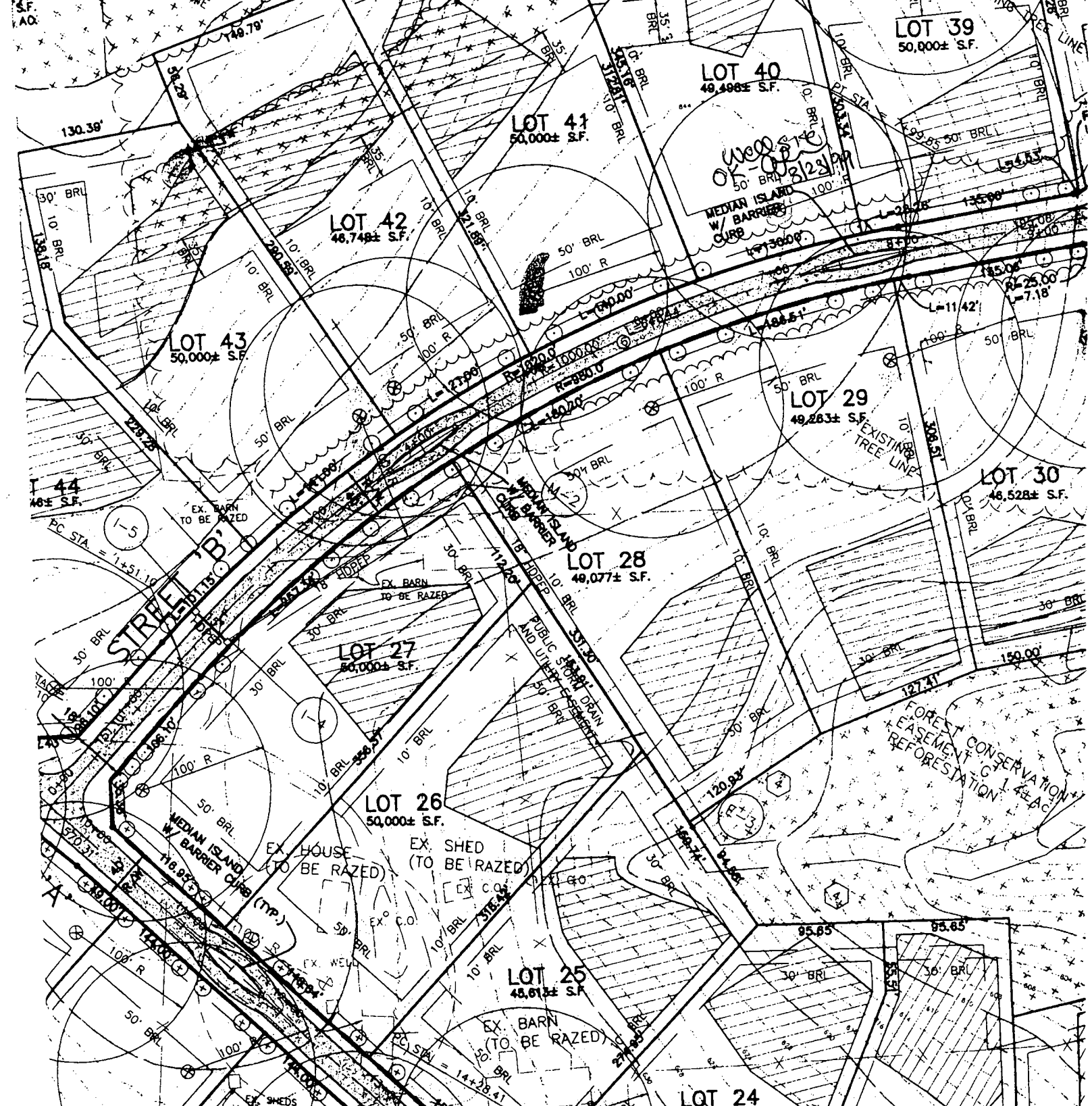
SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

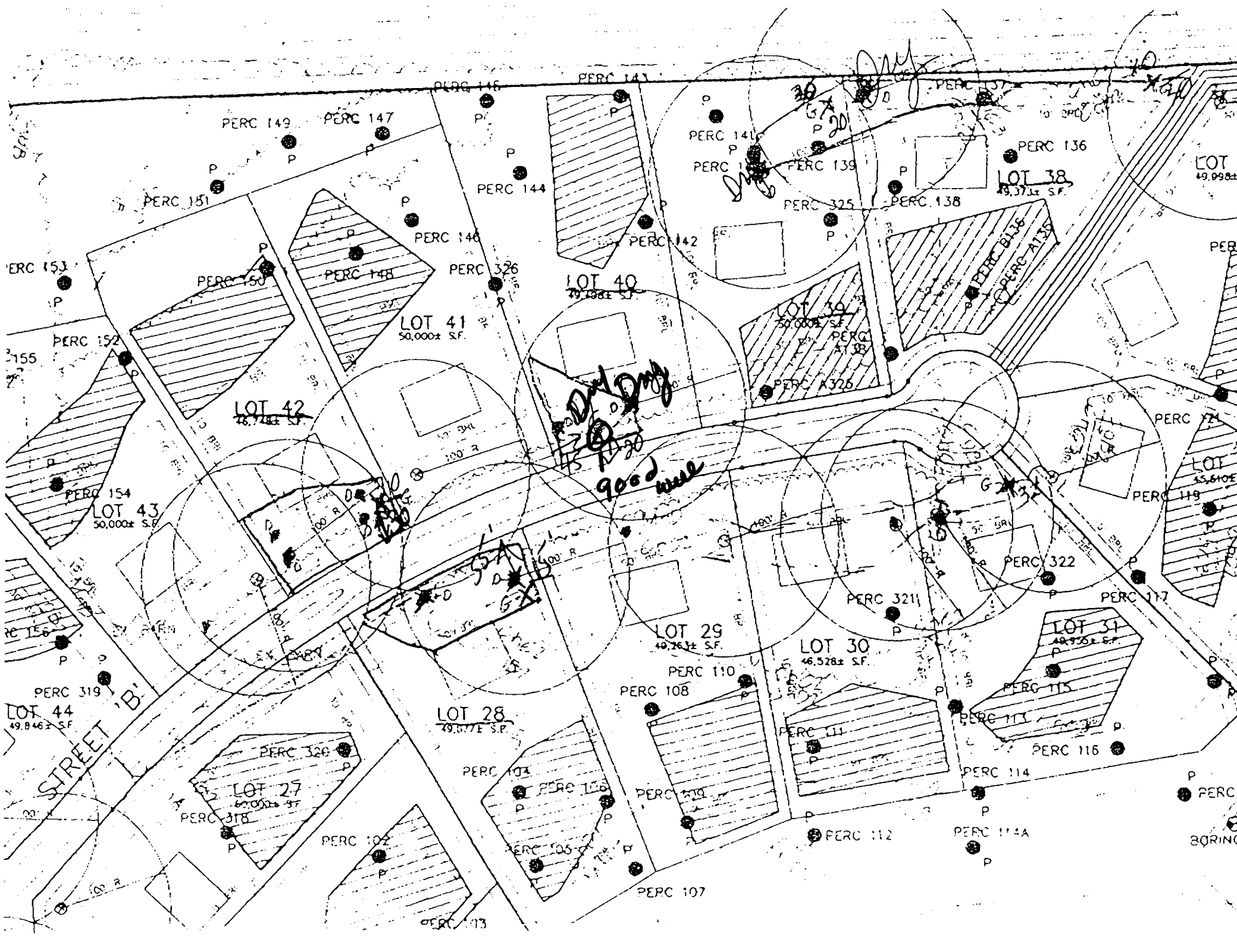
# FORSYTHE ESTATES

N56°26'58"E  
 FOREST CONSERVATION  
 EASEMENT 'B' 0.5± AC  
 RETENTION  
 EXISTING  
 TREE LINE

FOREST CONSERVATION  
 EASEMENT 'R' 1.3± AC  
 RETENTION  
 EXISTING  
 TREE LINE







PERC 149 PERC 147

PERC 151

PERC 144

PERC 141

PERC 136

PERC 150

PERC 148

PERC 326

LOT 40

PERC 325

PERC 138

LOT 38  
49,998± S.F.

PERC 153

PERC 152

LOT 41  
50,000± S.F.

LOT 39  
50,000± S.F.

LOT 42  
48,748± S.F.

*Handwritten:*  
30  
good well

PERC 154

LOT 43  
50,000± S.F.

PERC 118

LOT 35  
55,610± S.F.

PERC 156

PERC 319

LOT 44  
49,846± S.F.

LOT 28  
49,377± S.F.

LOT 29  
49,763± S.F.

LOT 30  
46,528± S.F.

LOT 31  
48,956± S.F.

STREET 'B'

PERC 326

LOT 27  
50,000± S.F.

PERC 104

PERC 106

PERC 110

PERC 108

PERC 111

PERC 115

PERC 116

PERC 318

PERC 102

PERC 105

PERC 109

PERC 112

PERC 114

PERC 117

PERC 119

BORING

PERC 107

4/21/98 - 4/28  
5/19/98 - 5/22

# APPLICATION

## PERCOLATION TESTING

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

56 LOTS EXISTING HOUSE(S) - WELLS - 5607165  
TO B+ PERMITS  
4 DAYS FOR PERMITS  
WET SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
DISTRICT \_\_\_\_\_  
DATE 4/3/98  
will prompt submit IMPROVED PLAN/ APPLICATION (CW)

A 59915  
P \_\_\_\_\_

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 ALFRED KNAPP

ADDRESS MONTICELLO AVE / Sykesville PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 8480 Ballenger Not. PIKE PHONE 410-465-4244

### PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

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] SECURITY DIV.  
(SIGNATURE OF APPLICANT)  
STEVE SHIPLE - TSA

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

A 59914/5

KNAPP SUBD.

COUNTY #

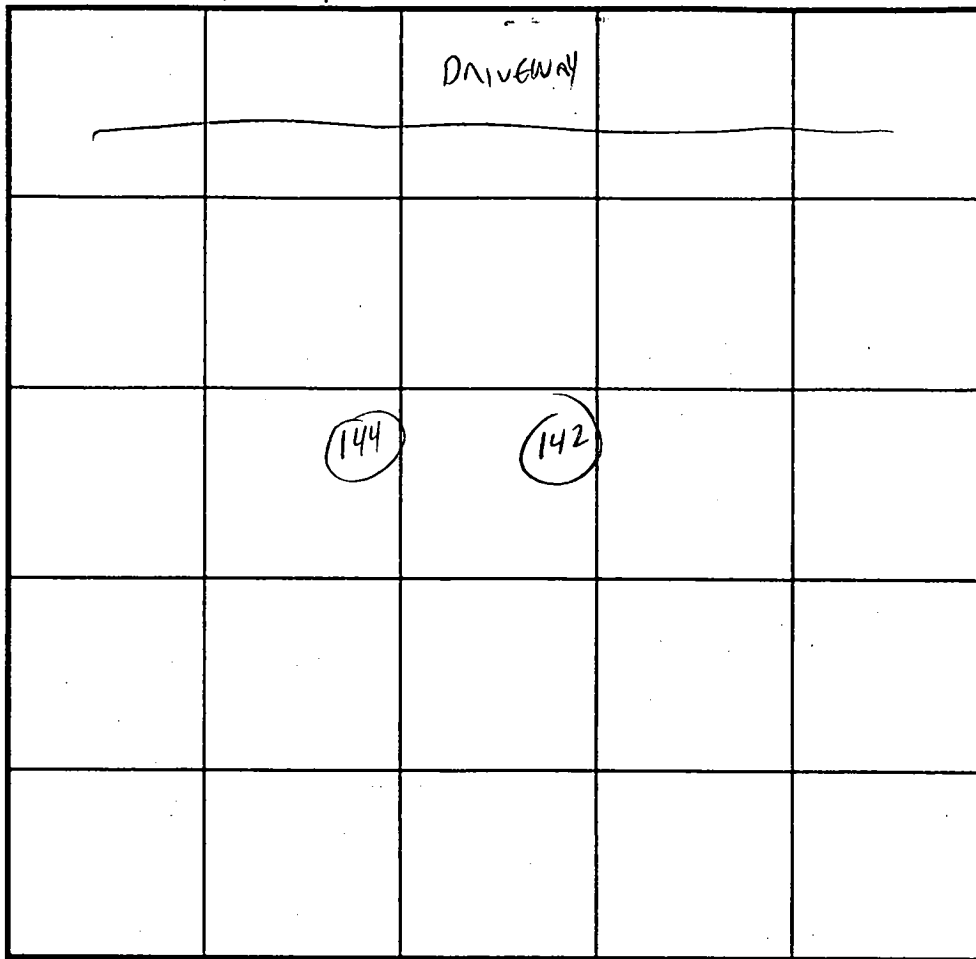
SOIL PROFILE  
144 & 142

DRIVEWAY

SOIL PROFILE

0' —  
3' —  
11' —

CLAY  
SILT  
LOAM  
5%  
SANDSTONE



0' —

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/98	144	3 1/2	5:16	5:17	5:17	5:22	5 MIN
	142	3	5:18	5:19	5:19	5:22	3 MIN

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Willa ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

COUNTY #

SOIL PROFILE

322

0' or/red brown clay loam

5' red/tan sandy clay loam

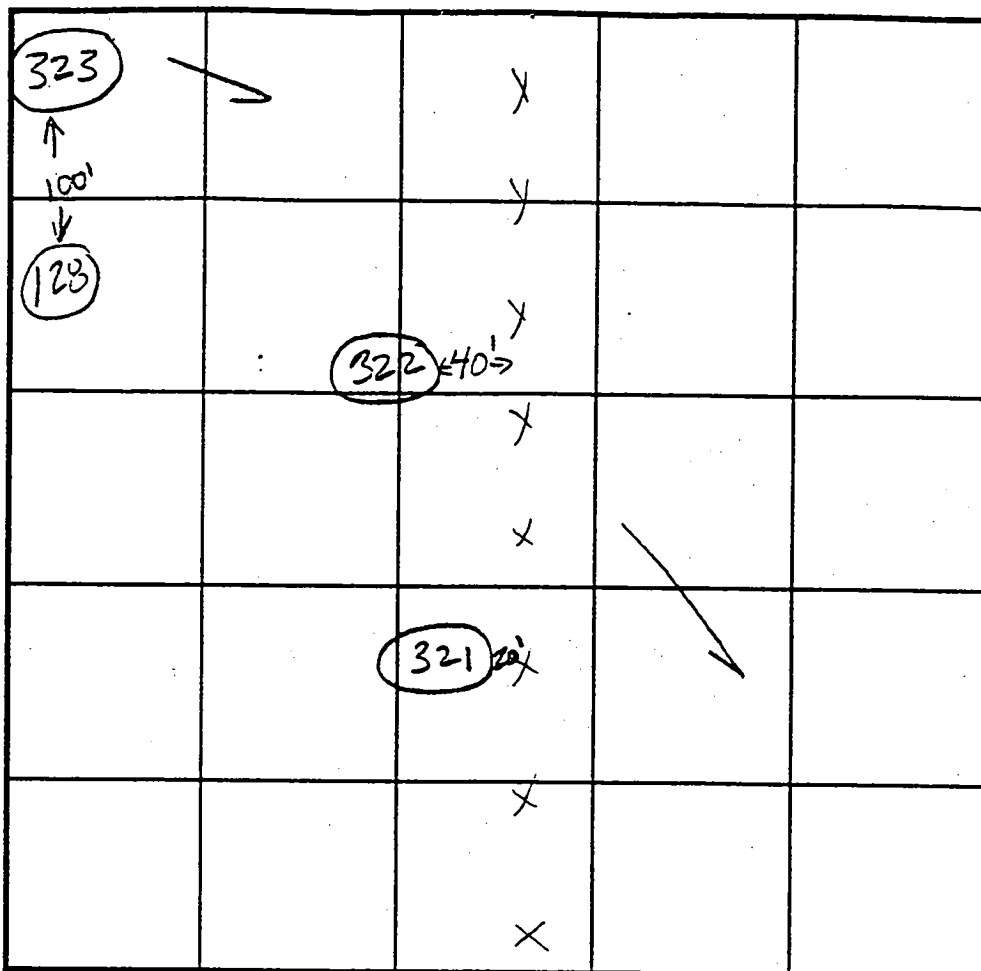
321

some as hole # 326

322

0' or/red clay loam

3.0' tan/red sandy clay loam 10% shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Monticello

SOIL PROFILE

323

0' red/or clay loam

3.0' tan/orange s.c.l.m 15% shale frags

311-A

orange clay tm.

orange/tan s.c.l.m 20% rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	326	12.0'D	visual	ok	- see	profile	
	321	11.0'D	visual	ok	- see	profile	
	322	10.0'D	visual	ok	- see	profile	
	323	11.0'D	visual	ok	- see	profile	
7.21.93	311-A	4.0'S	2:33 <sub>20</sub>	2:34 <sub>20</sub>	2:34 <sub>20</sub>	2:36 <sub>20</sub>	2min
		11.0'D	visual	ok	- see	profile	

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Kim Maiste ALSO PRESENT Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

A 59914/5  
COUNTY #

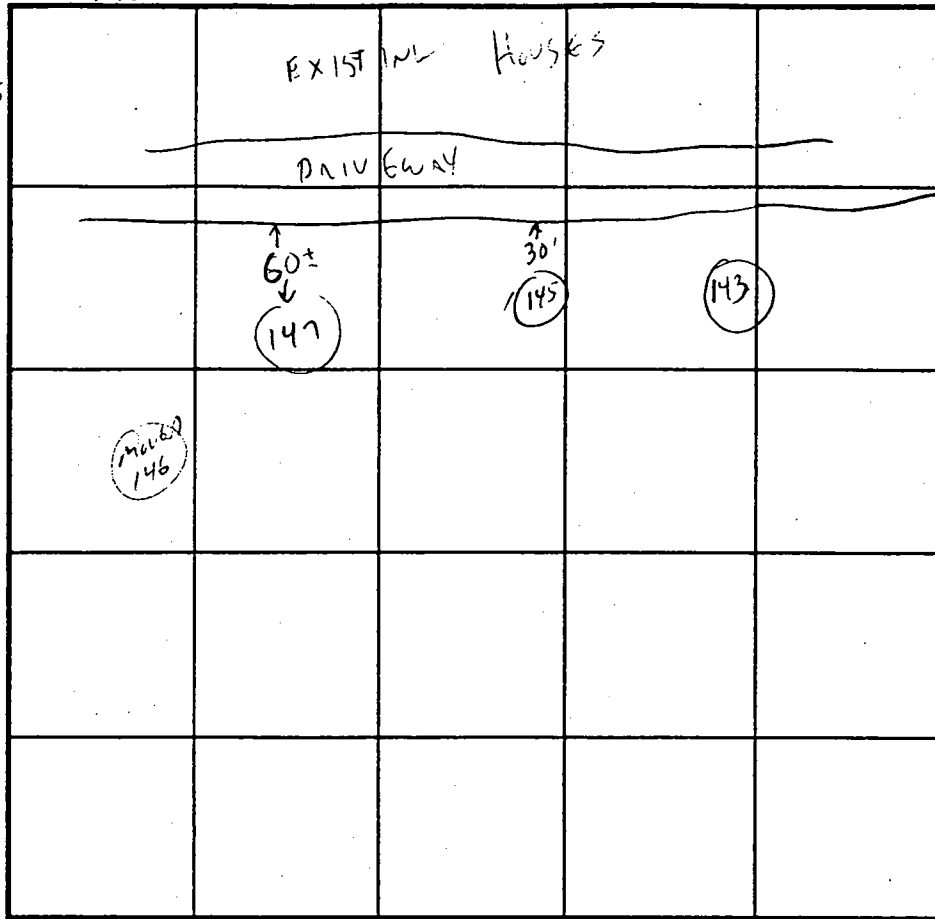
KNAPP SUBO.

SOIL PROFILE  
147 + 145

0' TOP SOIL  
CLAY  
2' ORANGE  
SAND  
SILT  
CLAY  
10' 10  
SAPPHIRE

143

2' CLAY  
LAYERED  
CLAYED  
SAND  
4' ORANGE  
SAND  
SILT  
CLAY  
11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/98	147	3	4:51	4:54	4:54	5:00	6 min
	145	3	4:56	4:57	4:57	4:59	2 min
	143	3	4:58	5:00	5:00	5:05	5 min

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Williams ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



N 605.500

PARCEL 330  
RICHARD H. AND SUSAN OYSIER  
L 1225 F. 0652  
  
PARCEL 274  
MICHAEL E. AND BEIH A. VARNEY  
L 1591 F. 0198

PARCEL 272  
TIMOTHY L AND  
CAROLE E. SIMRSON ET AL  
L 1832 F. 0491  
  
PARCEL 327  
JUSTIN JAMES  
AND DARLENE FIELD  
L 3110 F. 0044

PARCEL 329  
FRANCES A. LAUMANN  
L 2758 F. 0351  
  
PARCEL 276  
RICHARD C. HUDSON  
L 971 F. 0587

PARCEL 273  
JAMES M. HENNESSY  
L 1322 F. 0419

NON-BUILDABLE, PRIVATELY OWNED  
CONSERVATION PRES. PARCEL 'B'  
SEMENT 'A' ENVIRONMENTAL USE  
FORESTATION 1.28 AC.  
102,005 S.F. 2.34 AC.  
ENVIRONMENTAL EASEMENT TO BE HELD  
BY HOWARD COUNTY AND THE  
MONTICELLO HOMEOWNERS ASSOCIATION

