~~12:20-01 Layout~~ 10:30 a.m.
1/8/02 11:00 1/9/02 11-1pm

ISSUE DATE: 11/19/2001

APPROVAL DATE: 1/9/02

PERMIT

INDEXED

P 516420-A

A 58993-L

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

not found

South Carroll Backhoe IS PERMITTED TO INSTALL ☒ ALTER ☐

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

SUBDIVISION: Cattail Ridge LOT NUMBER: 12

ADDRESS: 3620 Clear Drive Court PROPERTY OWNER: Goodier Builders

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 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:	Starting from the left rear lot corner, place the distribution box 150' down the left lot line and 45' off this same lot line. Run (3) trenches on contour to rear of lot as shown on plan.
NOTES:	Trenches not to extend beyond rear limits of approved septic area due to rock.

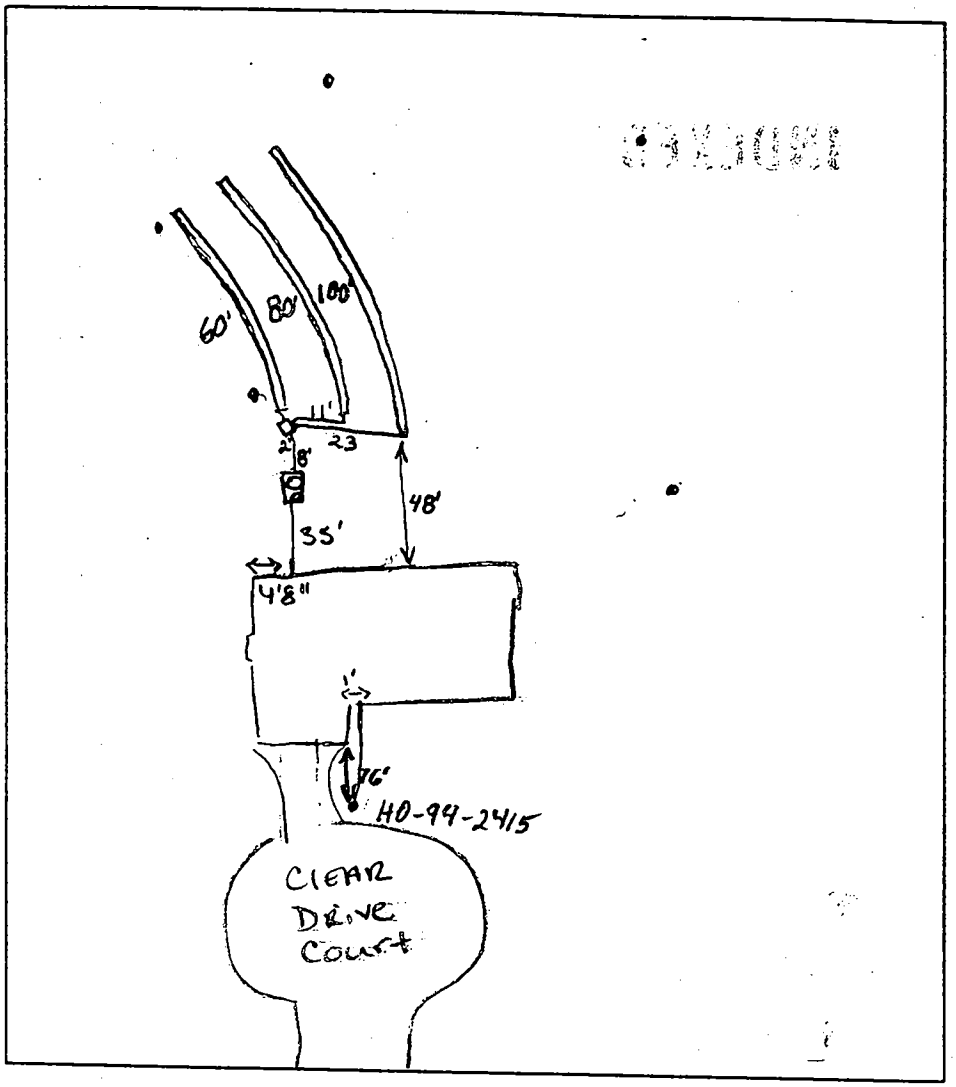
PLANS APPROVED: MER DATE: 9/12/01

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 SYSTMEM 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

458938

NOT TO SCALE



TRENCH DATA

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

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS
MANHOLE RISER back
6 INCH INSPECTION PORT front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N.A.
MANHOLE RISER
ALARM
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 1/8/02 Contour per plan 12' CTC' HOUSE CONN MADE THRU WALL. STAKED CORRECTLY. START PER PLAN (KG)

INSPECTION COMMENTS: 1/9/02 System satisfactory. O.K. to cover. BB
2/5/02 WPI OK (KG)

INSPECTOR B. Baker DATE SYSTEM APPROVED 1/9/02

17

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

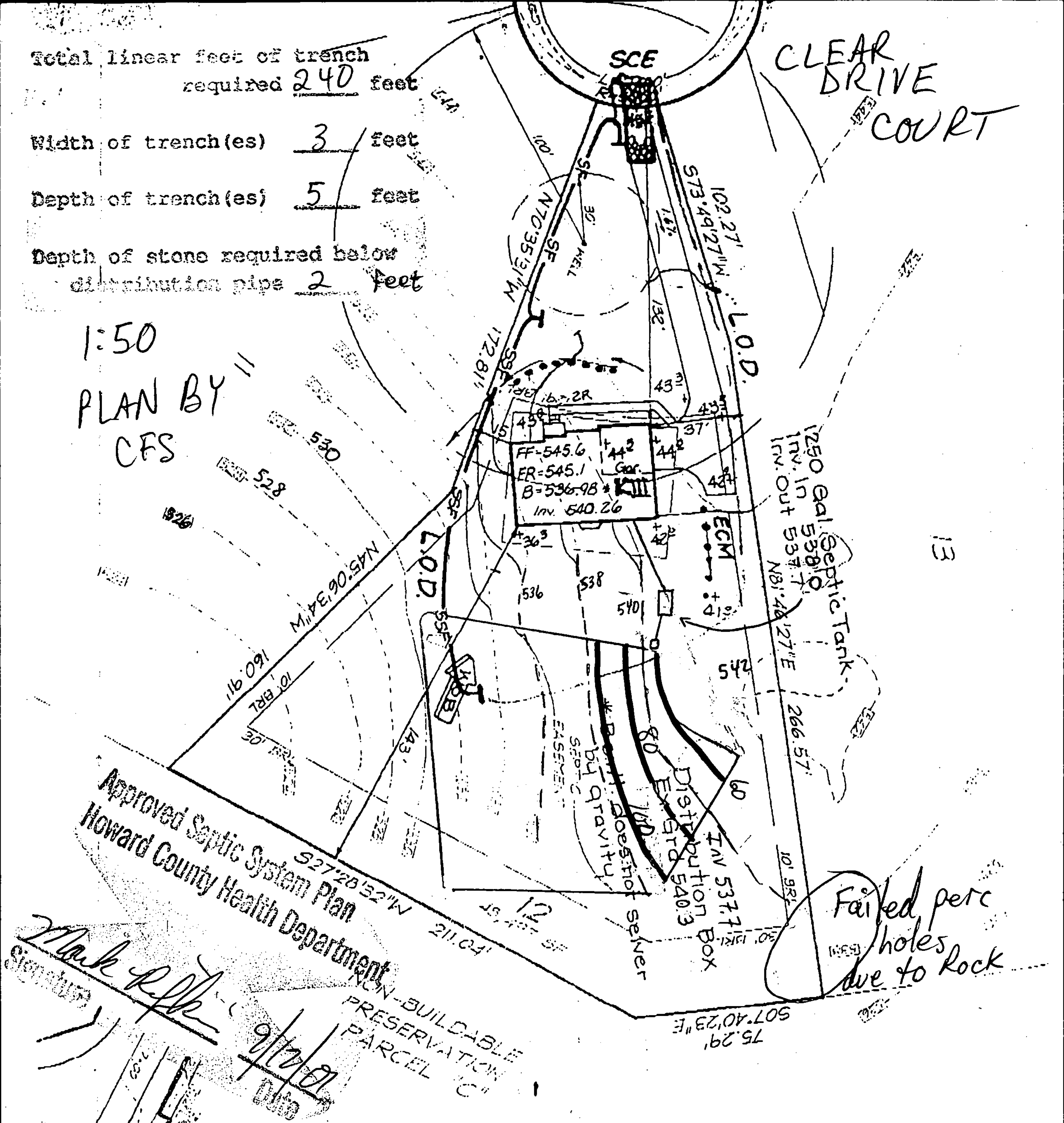
Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

1:50

PLAN BY CFS

CLEAR DRIVE COURT



LOT 12

CATTAIL RIDGE

GOODIER Attn: Mike

07/06/01

99-048

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00131790

Building Address 3620 Clear Drive Ct.
Glenwood, MD 21738
Suite /Ap t.# : N/A SDP/WP/P etition #: GP-99-208
Census Tract 6040 Subdivision Cattail Ridge
Section N/A Area N/A Lot 12
Tax Map 21 Parcel 228 Grid
Zoning RCDEO Map Coordinates 9A8 Lot size

Property Owner's Name Goodier Builders. Inc.
Address 10705 Charter Dr.
City Columbia State MD Zip Code 21044
Home Phone Work Phone 410-997-7400
Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222
Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot
Proposed Use SFD
Estimated Construction Cost $ 150,000.00
Description of Work Const SFD-"K++"- 2sty,full basmt, R
FB, HB,FP & Garage(4Br) - cpl fin LL w/bath

Contractor Company Owner
Contact Person Michael McDonald
Address
City State Zip Code
License No. MHBR# 130
Phone Fax

Occupant or Tenant
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:
No. of stories:
Gross area,sq. ft. per floor:
Use group
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

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

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☒ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4
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

Utilities

Water Supply:
____ Public
x Private
Sewage Disposal
____ Public
x 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 HEREUNTO; (4) THAT HE/SHE WILL PERFORM NO WORK OTHER THAN THAT REFERENCED HEREIN OR 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.

Applicant's Signature
Agent
Title/Company

Building Permit Services, Inc. - Pat Orla
Print Name
7/12/01
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	9/12/01	Mark Rifkin
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 NewTown Zone
SDP/Red-line, approval date Accepted by

PROPERTY ID#: 45433

Filling fee	$ 100.00
Permit fee	$
Excise tax	$
Subtotal paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check #	
Validation	$ 537 44051

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

a:\permit.frm

Rev. 10/15/98

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: Willoughby Plumb Telephone #: 410-781-7051
Address: 6203 Patrick Dr
Sykesville, MD 21784

(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 #: 410-997-7707
Subdivision: Cattail Ridge Lot #: 12 Well Tag #: HO 94-3415
Site Address: 9620 Clear View Drive
Glenwood, MD 21738

Submersible Pump Data
Make: Jacuzzi
Model #:
Pump Capacity: GPM
Well Yield: 6 GPM
Depth of well encountered at time of pump installation: 200 (feet)

Pitless Adapter
Make: Harvard
Model#:
Depth: 48" (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: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house
Type: Polestline
PSI: 160 (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.

Chris Willoughby 1-28-02
Signature of company representative responsible for installation date

---

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

Date Insp. Requested: 2/5/02 AM Date Insp. Approved: 2/5/02 (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 ✓

MD-213(Rev. 8/00)

C 1 — 1955 — 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 NUMBER A589931

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM Oct DD 12 YY 99

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2415

OWNER BRS Dev. (last name)
STREET OR RFD Clear Drive Ct. (first name) TOWN Glenwood
SUBDIVISION Cattail Ridge SECTION LOT 12

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	FEET TO	check if water bearing
Top Soil	0	2	
Sandy	2	45	
Sand Stone	45	50	
MICA	50	60	
Sand Stone	60	65	✓
MICA	65	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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.: MD 116
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: MD 116
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 14 NO. OF POUNDS 1480
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft. to 30' (BOTTOM) 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): 58

EACH CASING — OTHER CASING (if used)

	diameter inch	depth (feet) from	to

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

C 2

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO	56	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

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

from	to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E:R.O.S.) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min.): 6.
METHOD USED TO MEASURE PUMPING RATE: Bucket

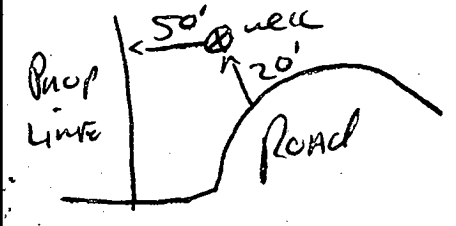
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 64 ft.
WHEN PUMPING: 92 ft.

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 [−] below LAND SURFACE (nearest foot)

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



DENV-CR97 ② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 1943 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-2415

fill in this form completely

Date Received (APA): 08 30 99 (MM DD YY)

OWNER INFORMATION

Last Name: BRS Developers LLC — First Name / Owner

Street or RFD: 8808 Centre Park Dr. Suite 209

Town: Columbia — State: MD — Zip: 21045

DRILLER INFORMATION

Driller's Name: Ralph Mayne — License No.: M S D 116

Firm Name: Ralph Mayne well Drilling

Address: 9120 Brown Church Rd. Mt. Airy

Signature: Ralph Mayne — Date: 8-25-99

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

(AIR-ROTary) — AIR-PERcussion — ROTARY (Hydraulic Rotary)

CABLE — REVerse-ROTary — DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

PERMIT No. HO-94-2415

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Cattail Ridge

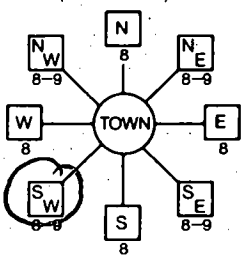
SECTION: - LOT: 12

NEAREST TOWN: Glenwood

MILES FROM TOWN (enter 0 if in town): I M I

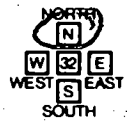
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: ~~Rte~~ Clear Drive Court

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 30 — ENTER FT OR MI: FT

TAX MAP: 21 BLK: ____ PARCEL 3

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard Co — COUNTY NO.: A589936

STATE SIGNATURE: _____ INSERT S

DATE ISSUED: 090799 — CO SIGNATURE: A McMillen — EXP. DATE: 090700

NORTH GRID: 525 000 — EAST GRID: 790 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

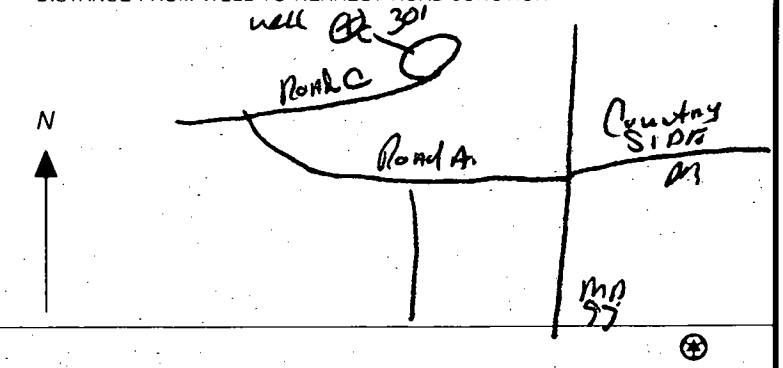
WRITE THE BOX NUMBER FROM THE MAP HERE

E 790

N 525

10/12/99
am Grout
58' Casing Grout complete prior to arrival
30' open
14 Bags
location on SRK

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

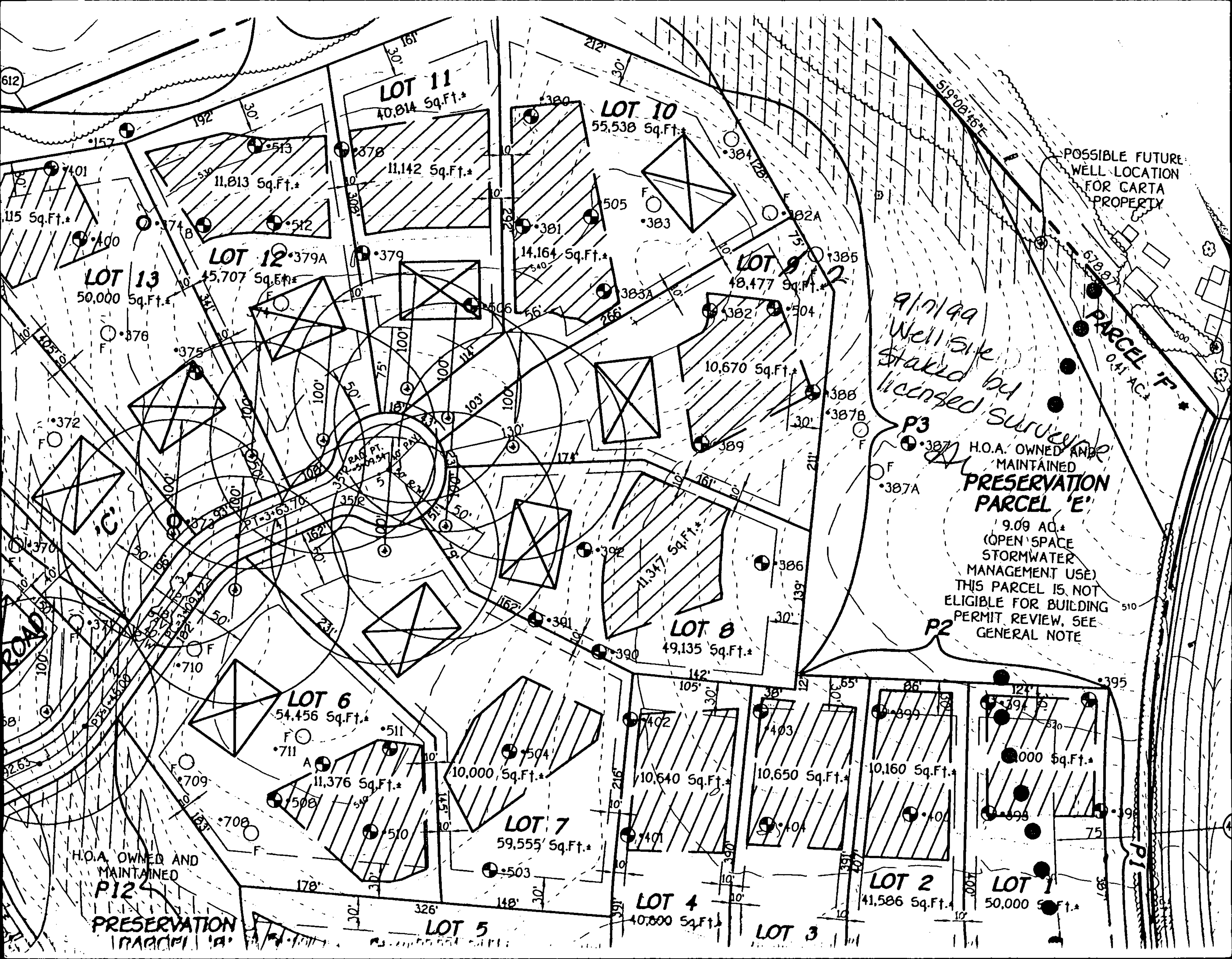


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

DENV-Permit 97

② COUNTY



LOT 11
40,814 Sq.Ft.±
11,142 Sq.Ft.±
LOT 10
55,538 Sq.Ft.±
14,164 Sq.Ft.±
LOT 12
45,707 Sq.Ft.±
11,813 Sq.Ft.±
LOT 13
50,000 Sq.Ft.±
LOT 9
48,477 Sq.Ft.±
10,670 Sq.Ft.±
POSSIBLE FUTURE WELL LOCATION FOR CARTA PROPERTY
S19°08'46"E
PARCEL 'F'
0.41 AC.±
9/7/99
Well site staked by licensed surveyor
P3
H.O.A. OWNED AND MAINTAINED
PRESERVATION PARCEL 'E'
9.09 AC.±
(OPEN SPACE STORMWATER MANAGEMENT USE)
THIS PARCEL IS NOT ELIGIBLE FOR BUILDING PERMIT REVIEW. SEE GENERAL NOTE
P2
'C'
ROAD
LOT 8
49,135 Sq.Ft.±
11,347 Sq.Ft.±
LOT 6
54,456 Sq.Ft.±
11,376 Sq.Ft.±
LOT 7
59,555 Sq.Ft.±
10,000 Sq.Ft.±
10,640 Sq.Ft.±
10,650 Sq.Ft.±
10,160 Sq.Ft.±
LOT 4
40,800 Sq.Ft.±
LOT 3
LOT 2
41,586 Sq.Ft.±
LOT 1
50,000 Sq.Ft.±
LOT 5
P1
H.O.A. OWNED AND MAINTAINED
P12
PRESERVATION PARCEL 'A'

APPLICATION

PERCOLATION TESTING

A 58993

P _____

DISTRICT _____

DATE 9-25-97

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

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 Sachse

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o LDAD

ADDRESS 10365 Wincopin Circle Suite 215 PHONE 410-740-2102
Columbia, MD 21044

PROPERTY LOCATION:

SUBDIVISION Hearn Rei' LOT NO. #12

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~137~~ 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

HD-216 (3/92)

LOT 31

COUNTY #

SOIL PROFILE
389

0'
6.0
12.0

bcigh brown siclm 10% Rx

lgt pink siSalm 5% feldspar Rx frags

386

4.0
11.5

yellow brown siclm

lgt pink siSalm micaceous

possible mottled soil

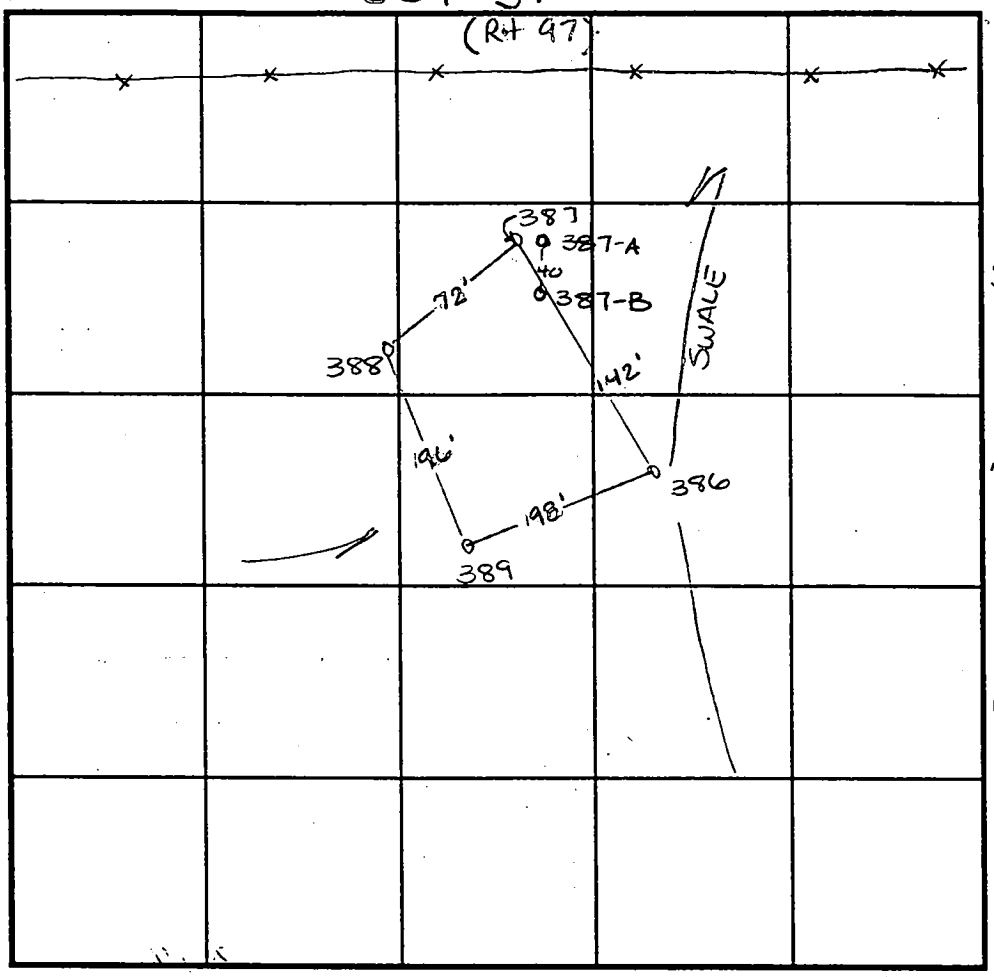
387

3.0
5.0
12.5

yellow orange siclm

30% Rx band

pink / orange siSalm micaceous 15% frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
388

0'
3.0
7.0
12.0

dark red siclm

lgt pink powdery silm

very light pink siSalm 5% Rx

387 A & B

Perched H_2O @ 4.0 · H_2O running out not damp

4.0
11.0

heavy silm pink/red

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
10-31-97	389	6.5 / V12.0	1:32	1:38	1:38	2:02	24min	✓
	386	3.5 / V12.5	1:46:45	>30	min	——	slow	WET
		6.5 / V12.5	1:46	1:48:30	1:48:30	1:54	5½min	
	387	4.0 / V12.5	2:14	2:21	2:21	2:29	8min	
	388	4.0 / V12.0	2:04	2:06	2:06	2:08	2min	✓
2-9-98	387-A	Perched H_2O table - see profile						F
	387B	Perched H_2O table see profile						F

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT

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 9-25-97

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 Sachse

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o LDAD

ADDRESS 10365 Hickory Ridge Suite 215 PHONE 410-740-2102
Columbia, MD 21044

PROPERTY LOCATION:

SUBDIVISION Haan Rei' LOT NO. 9/10

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~137~~ 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

HD-216 (3/92)

LOT 30

COUNTY #

SOIL PROFILE 382 / 383A

0'

beigh micaceous SiCILm

3.0

lgt brown red SiLm pockets of 20% lg Rx frags

13.0

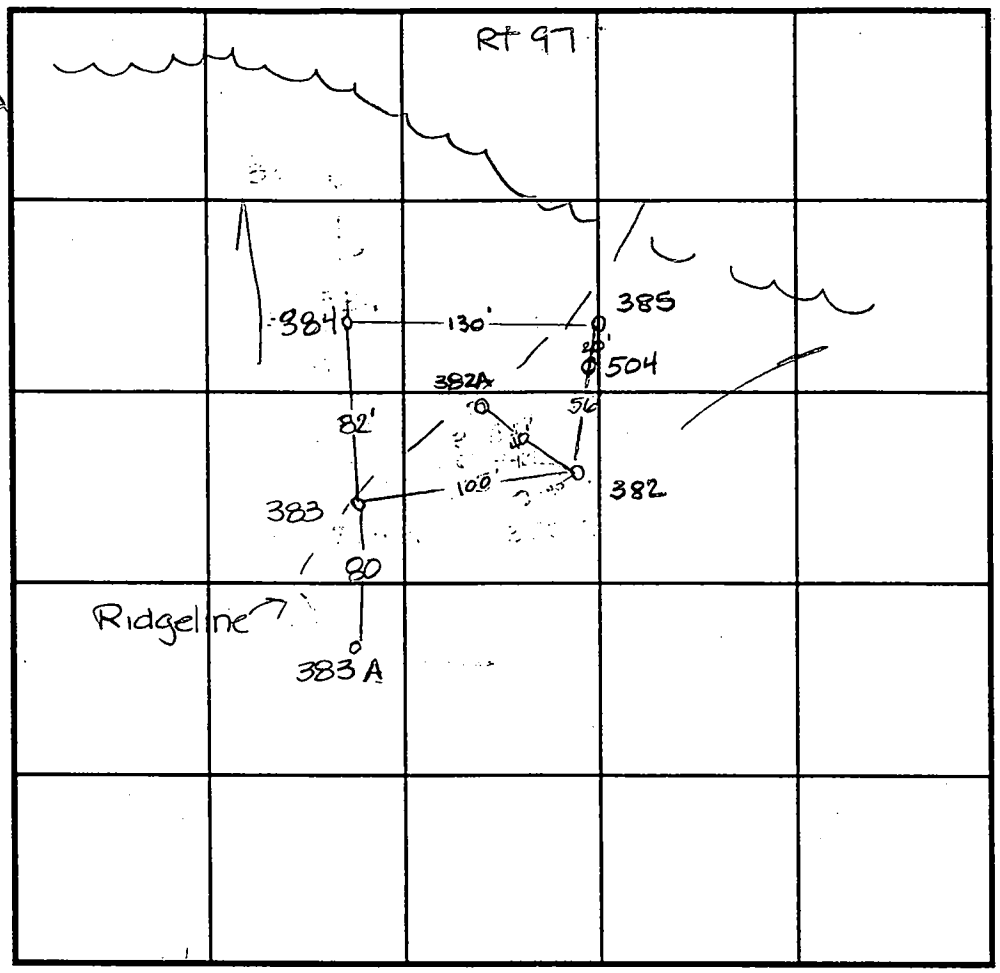
385

1st part of hole Rx at 2.0 (>50%) moved down-hill until it was digable to 9.0 bcf >50% Rx at 6.0 refusal

9.0

384

>50% Rx at 5.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 382A

0'

Rock ledge at 5'10" on side of hole prop. for septic

lgt or. SiSalm >50% Rx at test. ledge cont refusal dig

10.5

504

no distinct clay layer pink matrix SiLm micaceous pockets of multi-color decayed saprolite

11.0

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10-31-97	382	3.5 / V13.0	2:39	2:42	2:42	2:46	4min ✓
		6.5 / V13.0	2:38 30	2:41	2:41	2:45	4min
	385	Visual - >50% Rx at 6.0			—		
		Insufficient depth to bedrock					F
11-3-97	383	Insufficient depth to bedrock					F
	384	>50% Rx at 4.5 - insufficient					
		depth to bedrock			—		F
	382A	Marginal test hole - see profile					
		Use as last resort			—		?
	383A	4.0 / V13.0	2:40	2:43	2:43	2:50	7min
02-09-98	504	visual to 11.0 - see profile			—		OK ✓

REMARKS

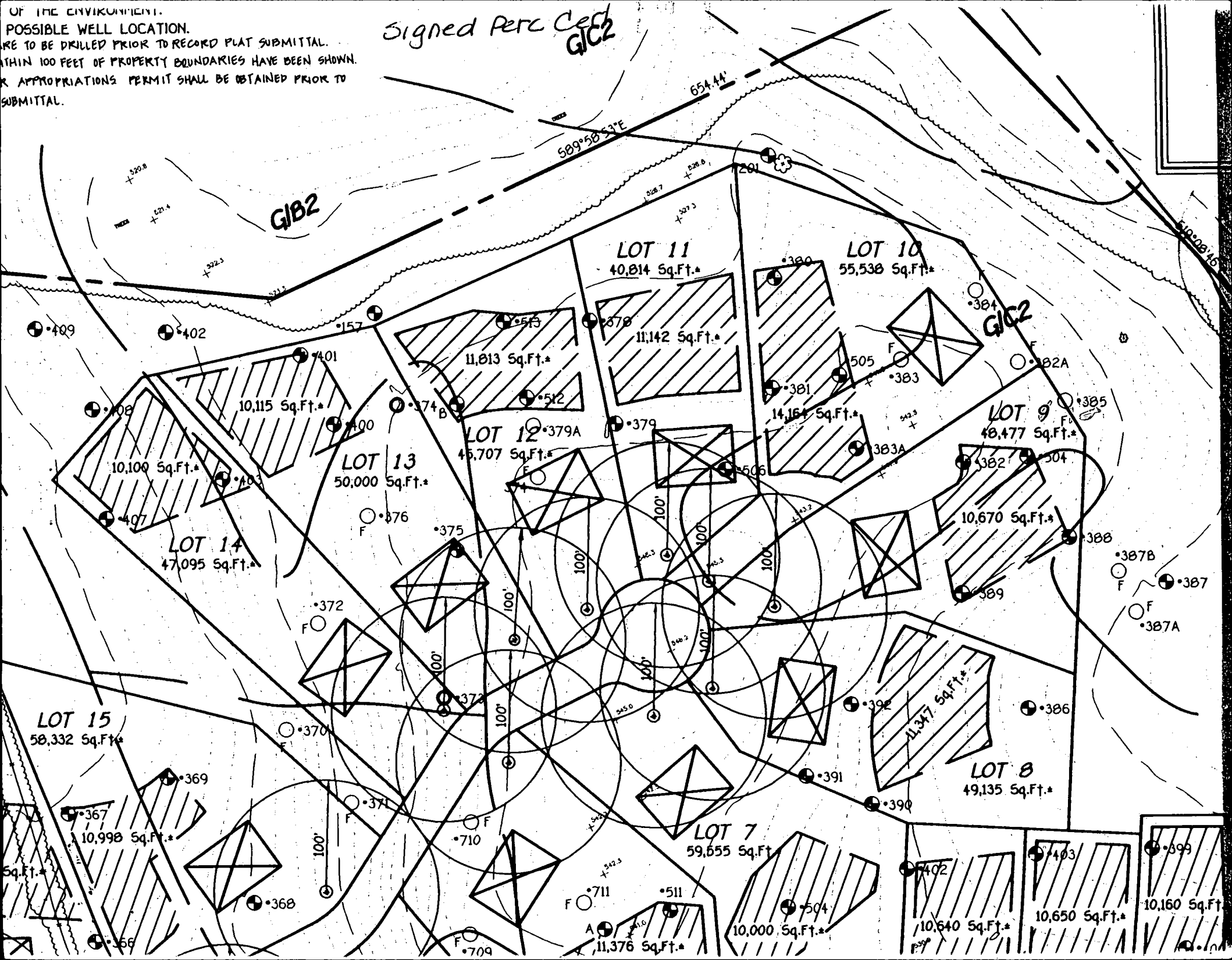
TYPE OF SOIL

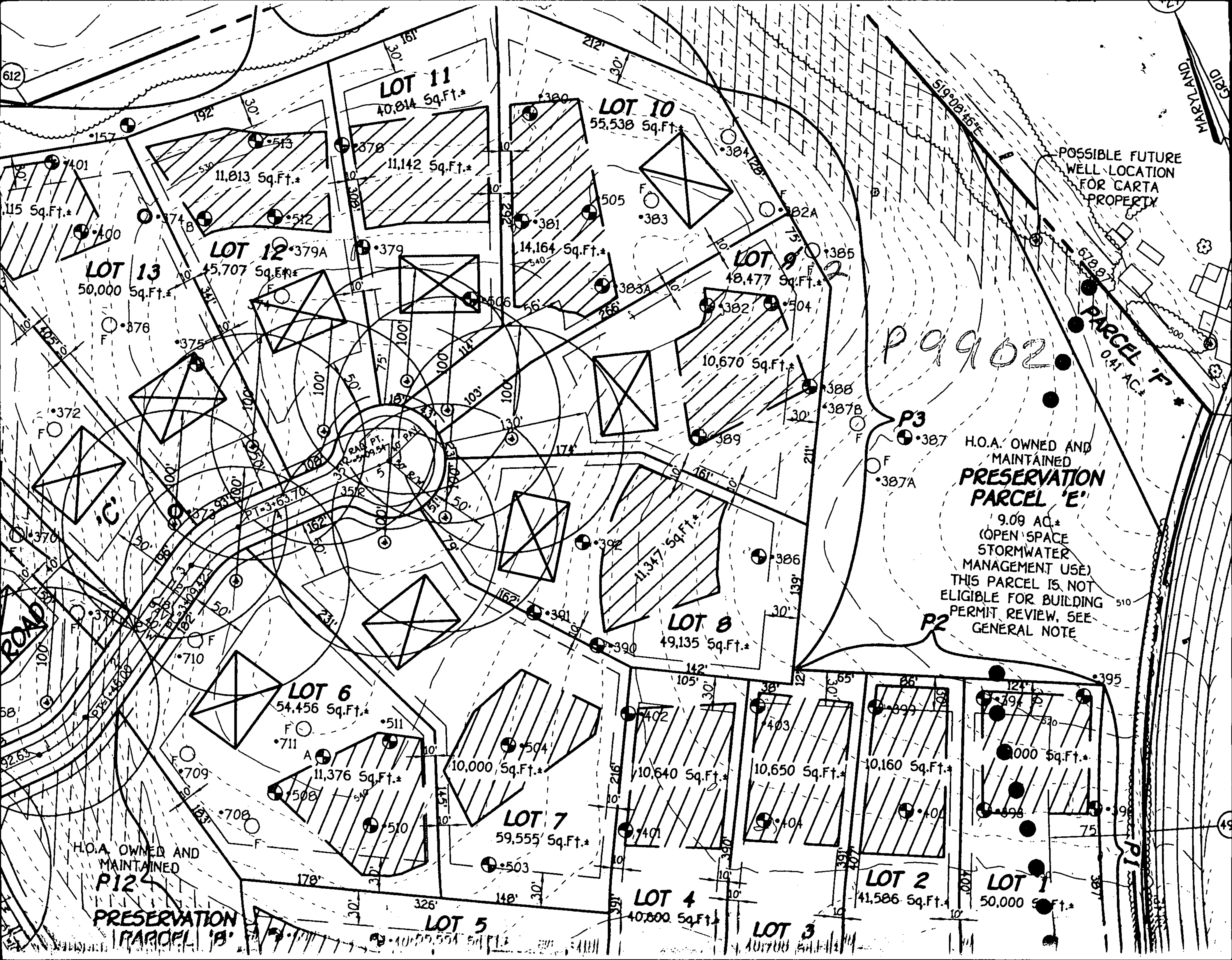
TESTED BY Amy McMillen ALSO PRESENT D Reuser

382 - 504 - 388 - 389

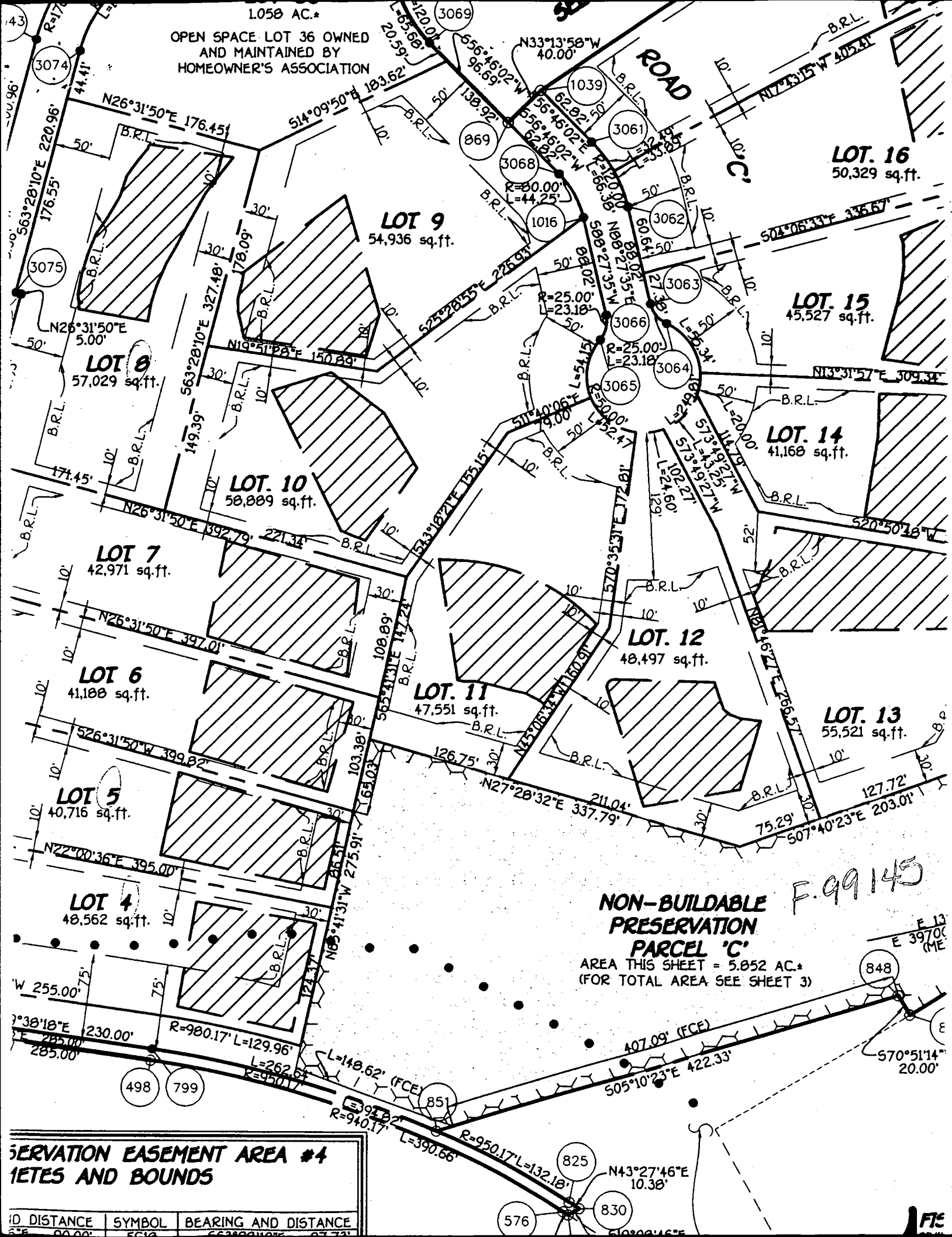
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME <7 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180 / 210 ON REPAIRS


OF THE ENVIRONMENT.
POSSIBLE WELL LOCATION.
RE TO BE DRILLED PRIOR TO RECORD PLAT SUBMITTAL.
THIN 100 FEET OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.
R APPROPRIATIONS PERMIT SHALL BE OBTAINED PRIOR TO
SUBMITTAL.
Signed Perc Cert
GIC2
654.44'
S89°58'53"E
GIB2
GIC2
LOT 11
40,814 Sq.Ft.±
LOT 10
55,538 Sq.Ft.±
11,813 Sq.Ft.±
11,142 Sq.Ft.±
14,164 Sq.Ft.±
LOT 12
45,707 Sq.Ft.±
LOT 13
50,000 Sq.Ft.±
LOT 9
48,477 Sq.Ft.±
10,115 Sq.Ft.±
10,100 Sq.Ft.±
LOT 14
47,095 Sq.Ft.±
10,670 Sq.Ft.±
LOT 15
58,332 Sq.Ft.±
41,347 Sq.Ft.±
LOT 8
49,135 Sq.Ft.±
LOT 7
59,655 Sq.Ft.±
10,998 Sq.Ft.±
10,000 Sq.Ft.±
11,376 Sq.Ft.±
10,640 Sq.Ft.±
10,650 Sq.Ft.±
10,160 Sq.Ft.±
100'



LOT 11
40,814 Sq.Ft.±
11,142 Sq.Ft.±
LOT 10
55,538 Sq.Ft.±
14,164 Sq.Ft.±
LOT 12
45,707 Sq.Ft.±
11,813 Sq.Ft.±
LOT 13
50,000 Sq.Ft.±
LOT 9
48,477 Sq.Ft.±
10,670 Sq.Ft.±
POSSIBLE FUTURE WELL LOCATION FOR CARTA PROPERTY
PARCEL 'F'
0.41 AC.±
MARYLAND GRID
P3
P2
H.O.A. OWNED AND MAINTAINED
PRESERVATION PARCEL 'E'
9.09 AC.±
(OPEN SPACE STORMWATER MANAGEMENT USE)
THIS PARCEL IS NOT ELIGIBLE FOR BUILDING PERMIT REVIEW, SEE GENERAL NOTE
'C'
LOT 8
49,135 Sq.Ft.±
11,347 Sq.Ft.±
LOT 6
54,456 Sq.Ft.±
11,376 Sq.Ft.±
LOT 7
59,555 Sq.Ft.±
10,000 Sq.Ft.±
10,640 Sq.Ft.±
10,650 Sq.Ft.±
10,160 Sq.Ft.±
LOT 4
40,800 Sq.Ft.±
LOT 3
LOT 2
41,586 Sq.Ft.±
LOT 1
50,000 Sq.Ft.±
LOT 5
H.O.A. OWNED AND MAINTAINED
P12
PRESERVATION PARCEL 'B'
ROAD
P9902


1.058 AC.±
OPEN SPACE LOT 36 OWNED AND MAINTAINED BY HOMEOWNER'S ASSOCIATION
ROAD 'C'
LOT 16
50,329 sq.ft.
LOT 15
45,527 sq.ft.
LOT 14
41,168 sq.ft.
LOT 13
55,521 sq.ft.
LOT 12
48,497 sq.ft.
LOT 11
47,551 sq.ft.
LOT 10
50,889 sq.ft.
LOT 9
54,936 sq.ft.
LOT 8
57,029 sq.ft.
LOT 7
42,971 sq.ft.
LOT 6
41,188 sq.ft.
LOT 5
40,716 sq.ft.
LOT 4
48,562 sq.ft.
NON-BUILDABLE PRESERVATION PARCEL 'C'
AREA THIS SHEET = 5.852 AC.±
(FOR TOTAL AREA SEE SHEET 3)
F.99145
SERVATION EASEMENT AREA #4
METES AND BOUNDS
ID DISTANCE | SYMBOL | BEARING AND DISTANCE

7/2/01 w/ALM

NO TO PROPOSAL AS SHOWN

BUT MINOR DOWNHILL

ADJUSTMENT OK

W/O PERCS (MD)