LAYOUT 3:30 2/14/03 INSP 4 ~~7/23/03 11AM~~

INSP 2 4pm 7/15/03 INSP 5 1p.m. 8/28 - pumptest

INSP 3 3:30 7/16/03 FU INSP 6

ISSUE DATE: 6/10/2003 P 519005

APPROVAL DATE: 8-28-03 A 49877-B

PERMIT

INDEXED

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

03-331008

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Woodford's Grant II LOT NUMBER: 10

ADDRESS: 11195 Willow Green Way PROPERTY OWNER: C Knudsen Development

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 160

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place distribution as shown on plan.
NOTES:	

PLANS APPROVED: John Boris DATE: 12/13/2002

NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

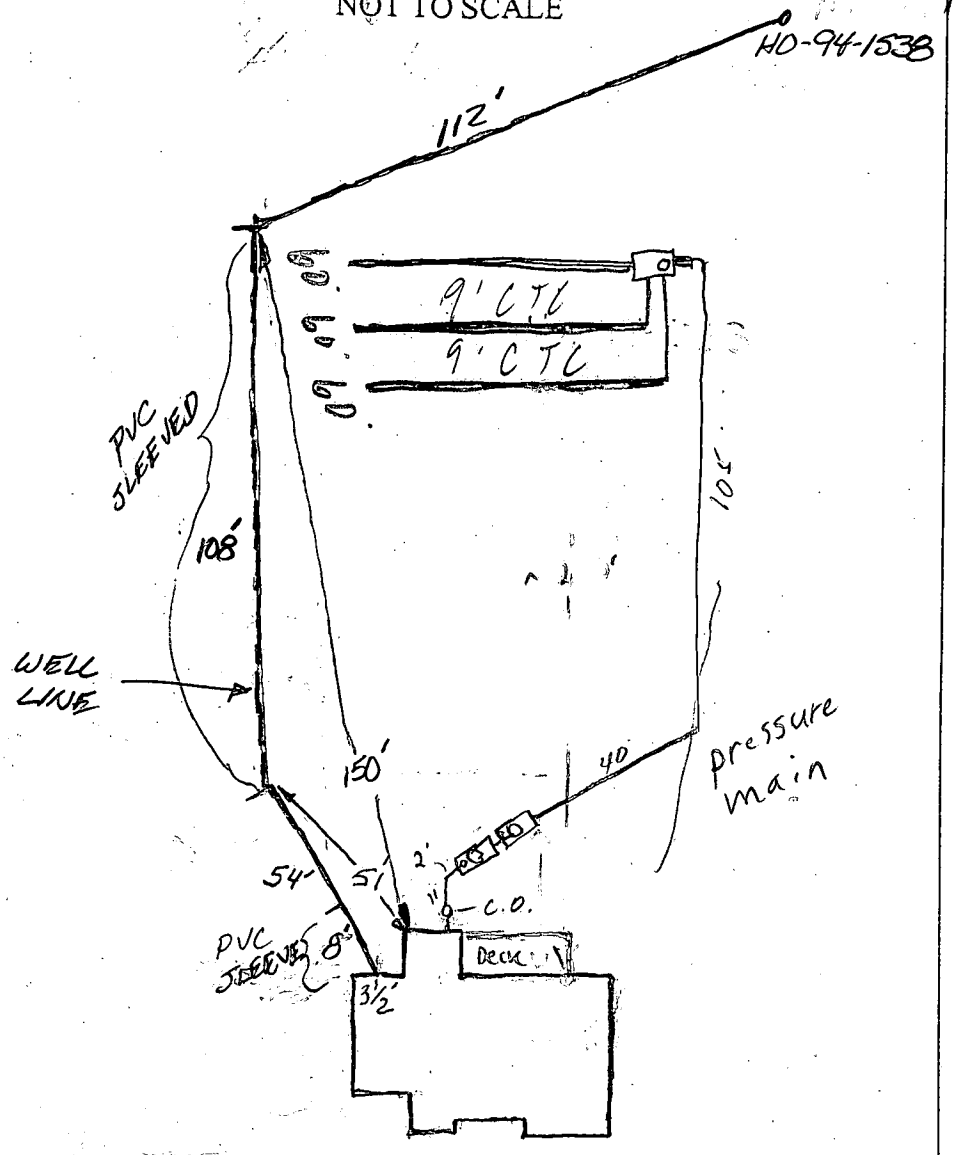
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
AND RETURNED CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED

5-30-03 B00141932 - Deck
7-9-03 - B00142862 - 46 Propane Tank

49877-B

NOT TO SCALE



ROAD

Willow Green Way

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	6'
NUMBER OF TRENCHES	3	
TOTAL LENGTH	180'	
ABSORPTION AREA	540 sq ft	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	✓	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 7/14/03 Part of easement lost because of swale. Install the distribution box near the top center of the

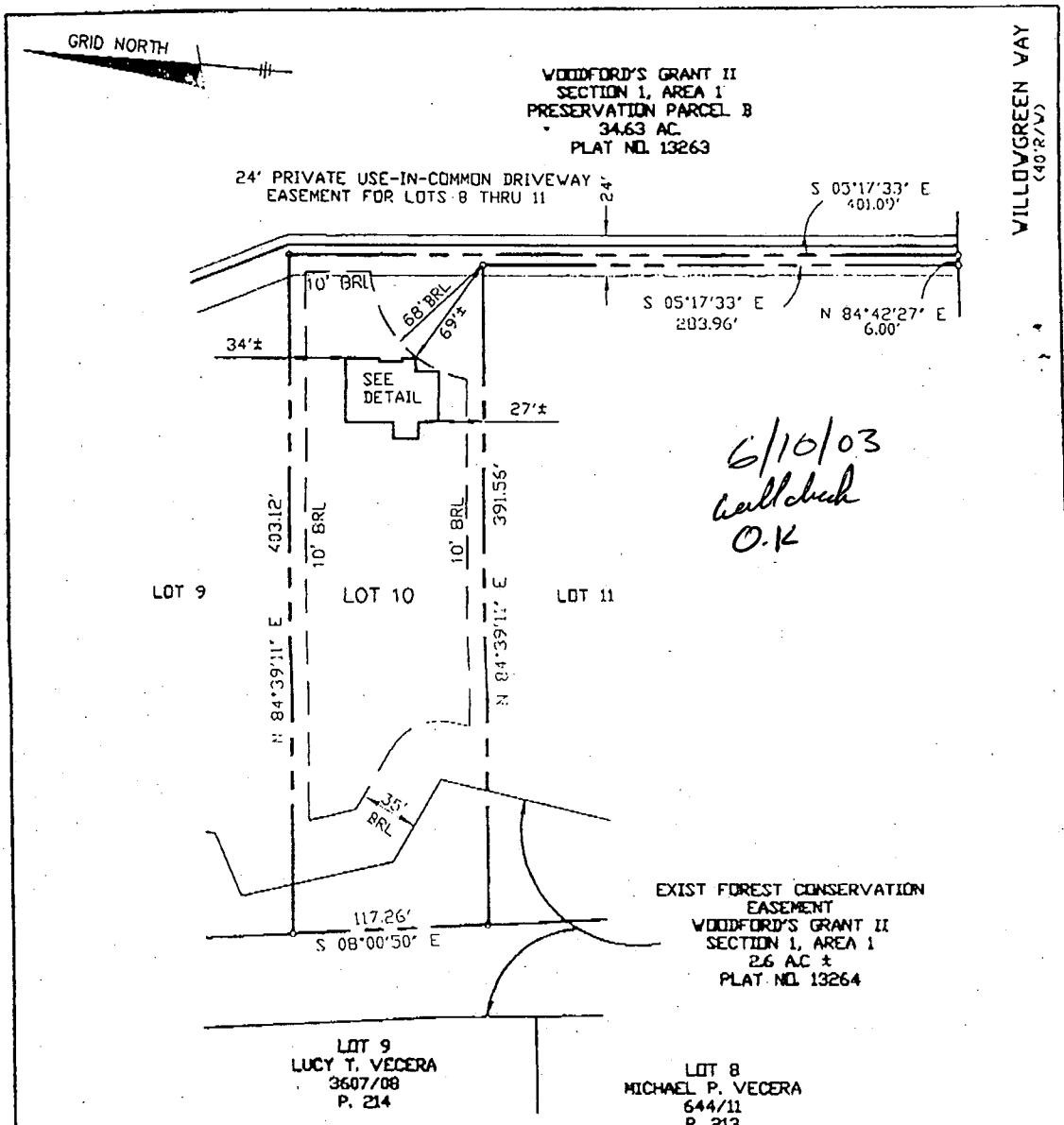
INSTALLATION septic easement. Run trenches on contour towards lot 9. The well line should be installed on the swale side of the easement and sleeved where within 10' of the easement. Install the septic pressure line on the opposite side. BB

7/15/03 - Tanks set (SO) 7/16/03 Need house conn, pump & Alarm tests needed (CO). WELL LINE VARIES BETWEEN 4-6' DEPTH;

SLEEVED 8' FROM HOUSE & AT 108' LENGTH ONLY; GROUT APPEARS SOFT LIKE CLAY BELOW

DITTLESS ADAPTOR; WELL LINE APPROVED TO COVER (FA) 7/21/03 8-28-03 Pump + Alarm test OK KNP KB

FINAL INSPECTOR Karen Thomas DATE OF APPROVAL 8/28/03



TOP OF FOUNDATION WALL ELEVATION = 498.0'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

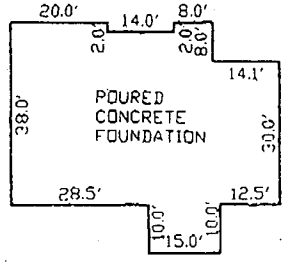
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 01/16/03 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY MILDENBERG,BOENDER & ASSOC., INC. ENTITLED " WOODFORD'S GRANT II SECTION 2, AREA 1 LOTS 9 THRU 12 ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.13803

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 13803
FEMA FIRM No. 240044 0010 B
ZONE: C
DATED: 12/04/86

BENCHMARK
ENGINEERING, INC.
ELLICOTT CITY, MARYLAND 21043

01/21/03



FOUNDATION DETAIL
SCALE: 1" = 30'

WALL CHECK

WOODFORD'S GRANT SECTION 2, AREA 1

LOT No. 10

11195 WILLOW GREEN WAY

3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 80' DATE: 01/16/03

\\benchmark\engineering\projects\1104\dwg\1104B10.dwg, WALL CHECK, 1/20/2003 1:30:48 PM, EWF, 1:1

JAB

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) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 139132

BP C W

Building Address 1119 Willow Brook Road Marriottsville, MD 21104 WILLOW BROOK WAY

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 10

Tax Map 13 Parcel 30 Grid _____

Zoning _____ Map Coordinates 12 Lot size _____

Property Owner's Name C. Knudsen Development LLC

Address 8455 Baltimore National Pike

City Ellicott State MD Zip Code 21043

Home Phone _____ Work Phone 410-465-2222

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

Phone _____ Fax _____

Existing Use vacant lot

Proposed Use Single Family Dwelling

Estimated Construction Cost $ 100,000

Description of Work Customhouse; 2 story, full basement, 11 rooms, 3 full baths, powder room, 2 car garage, 4 bedrooms Basement PL

Contractor Company C. Knudsen Builders LLC

Contact Person Christian S. Knudsen, Jr.

Address 8455 Baltimore National Pike

City Ellicott State MD Zip Code 21043

License No. _____

Phone 410-465-2222 Fax 410-465-2231

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:	48'-0"	56'-0"
2nd floor:	48'-0"	56'-0"
Basement:	42'-0"	56'-0"

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 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.

Applicant's Signature _____ *Print Name* Christian S. Knudsen, Jr.

Title/Company President/C. Knudsen Development LLC *Date* 12/13/02

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	12/13/02	
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 _____

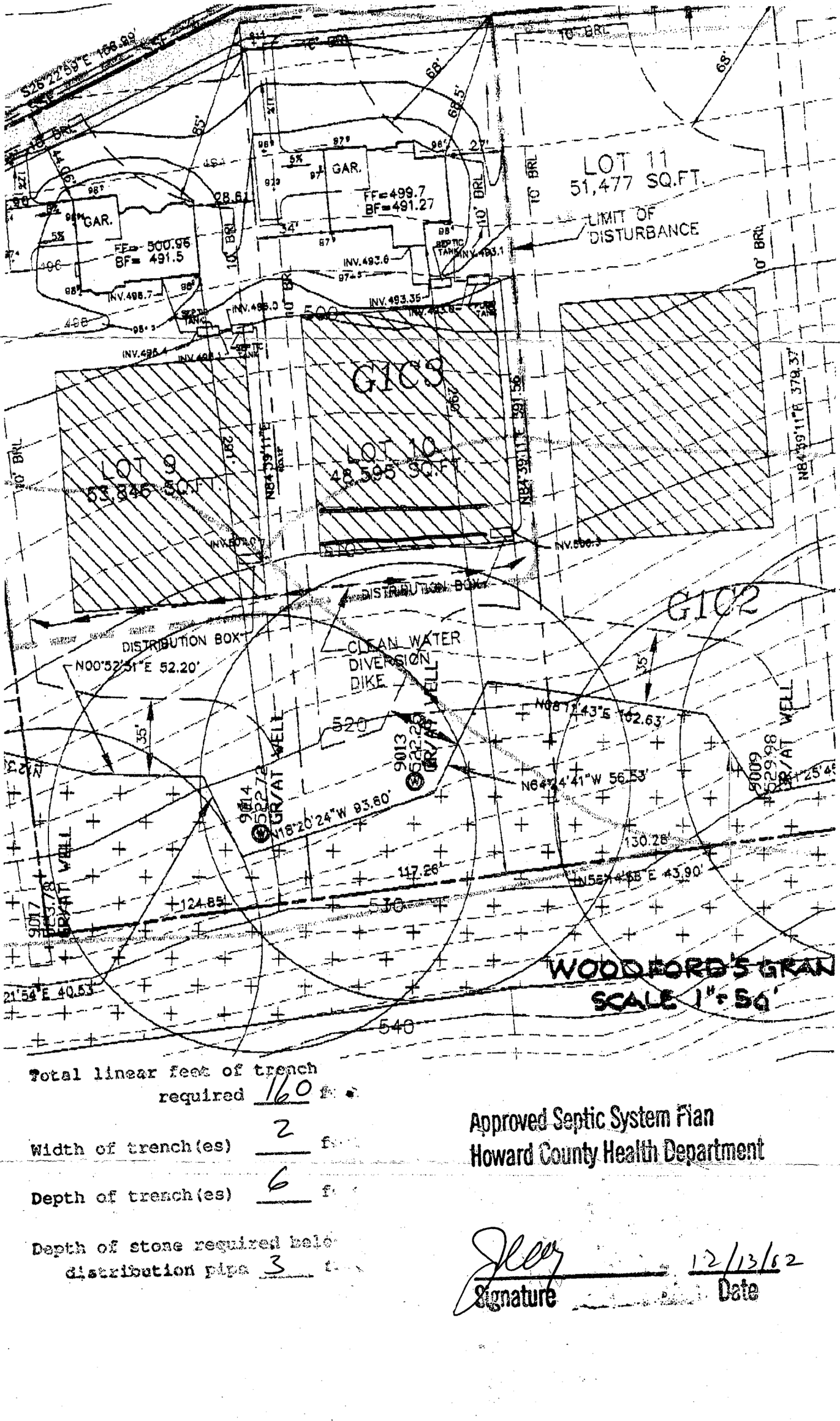
PROPERTY ID#: _____

Filing fee	$
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	#
Validation	#

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

a:\permit.frm

Rev. 10/15/98



Total linear feet of trench required 160 f

Width of trench(es) 2 f

Depth of trench(es) 6 f

Depth of stone required belo distribution pipe 3 t

Approved Septic System Plan
Howard County Health Department

Signature

12/13/62
Date

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: R&G WATER SYSTEMS INC Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DR.
MANCHESTER, MD. 21102

(Must circle one) Licensed Plumber Licensed Well Driller (Licensed Well Pump Installer)
License # and name of individual responsible for the field installation:
Name (Print): RICKEY L. ROOS License# PW0141
*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: KNUDSEN HOMES Telephone #:
Subdivision: WOODFORDS GRANT Lot #: 10 Well Tag #: HO-94-1538
Site Address: 11195 WILLOW GREEN WAY
MARRIOTTSVILLE, MD. 21104

Submersible Pump Data
Make: GOULDS
Model #: 10GS07422
Pump Capacity 10 GPM
Well Yield: 4 GPM

Pitless Adapter
Make: HARRINGTON
Model#: FF800
Depth: 48" (36" min)
NSF approved: YES

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: ✓

Depth of well encountered at time of pump installation: 165 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arresters 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: POLYETHELENE
PSI: 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES 2" (PVC.)
Approximate length of sleeve: 10'
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.

Rickey L. Roos
Signature of company representative responsible for installation 7/20/03 date

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

Date Insp. Requested: 7/21/03 Date Insp. Approved: 7/21/03 FA

Inspection Data:
Pitless adapter and water supply line at least 36" below grade ✓ 4'
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)

C1 05036 SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A ~~57555-1~~ 49877-B

ST/CO USE ONLY
DATE Received MM 4 DD 20 YY 98

DATE WELL COMPLETED MM 05 DD 22 YY 98

Depth of Well 265' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1538

OWNER Woodfords East LLC (last name / first name)

STREET OR RFD ~~Barley Field Way~~ Willow Green Way TOWN Marriottsville

SUBDIVISION WOODFORDS GRANT # SECTION _____ LOT 10

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	1	
Clay	1	3	
~~Stone~~ Sandy	3	140	✓
Sand Stone	140	145	
MICKA	145	160	
Sand Stone	160	165	✓
MICKA	165	265	

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. MSD 116

Ralph Mayer
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 117

Ralph E. Mayer

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 26 NO. OF POUNDS 2600

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 30' ft. (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	150

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 BRONZE (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	148	265
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.

WHEN PUMPING 165 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 WILL INSTALL 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 _____

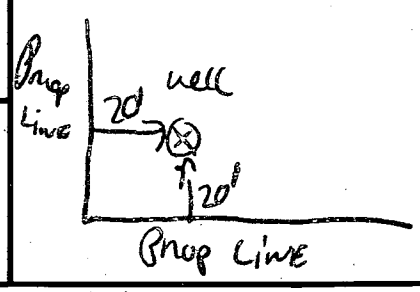
PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (–) below LAND SURFACE

2 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

EMERGENCY/TEMP NO. IF ANY

B 7 8844 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1538
fill in this form completely

Date Received (APA): 04 20 98 (MM DD YY)

OWNER INFORMATION
Last Name / Owner: WOODFORD'S EAST LLC
First Name:
Street or RFD: 6212 Devon Dr.
Town: Columbia
State: MD
Zip: 21044

DRILLER INFORMATION
Driller's Name: Ralph Mayne
License No.: MSD 116
Firm Name: Ralph Mayne well Drilling
Address: 9120 Brown Church Rd. Mt Airy
Signature: Ralph Mayne
Date: 4/14/98

LOCATION OF WELL
COUNTY: Howard
SUBDIVISION: Woodford's Grant II
SECTION: II
LOT: 10
NEAREST TOWN: Marriottsville
MILES FROM TOWN (enter 0 if in town): 1 M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8-9, N 8, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

NEAR WHAT ROAD: Willow Green Way (Barley Fields Way)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 1000 ENTER FT OR MI: FT
TAX MAP: 10 BLK: 16 PARCEL: 317

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL 49877B
COUNTY NAME: Howard
COUNTY NO.: A-5355
STATE SIGNATURE:
INSERT S
DATE ISSUED: 04 30 98 Mark E. Rakin
CO SIGNATURE
EXP. DATE: 4/30/99
NORTH GRID: 543 000
EAST GRID: 0827 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

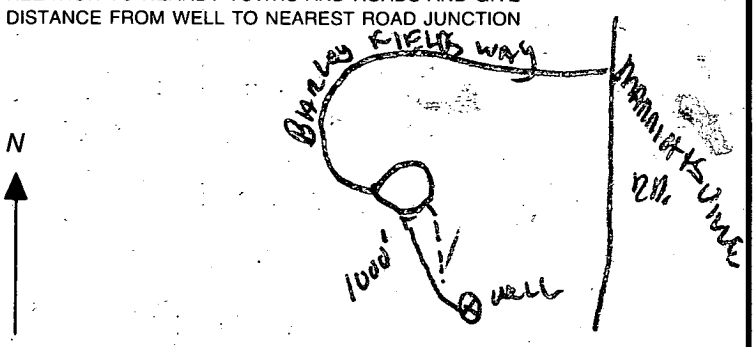
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8287
N 5543

5/20/98
GROUTED
W/O INSP,
REQUEST
REPORTED
MADE
000 000 MR 5/22/98

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)

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)
APPROP. PERMIT NUMBER: GAP
FORCE: M R (WRITE INITIALS IN BOX)
PERMIT No. HO-94-1538

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY

5/22/94
~~5/11/99~~
10/00

APPLICATION

PERCOLATION TESTING

A 49877-B

P _____

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

DISTRICT _____

DATE 2-10-94

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 Fred Wolpert

ADDRESS 7363 Old Columbia Road
Columbia, Maryland 21046 PHONE (301) 596-7387

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. ORIG PERC Lot FOR KENNEL 10

ROAD AND DESCRIPTION Marriottsville Road 800 +/- North of Maryland Route 99

TAX MAP 10 PARCEL # P.O. 30

SIZE OF LOT 24.58 Ac +/- TYPE BLDG. Kennel and Manager's Residence
(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. Fd Wolpert
(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

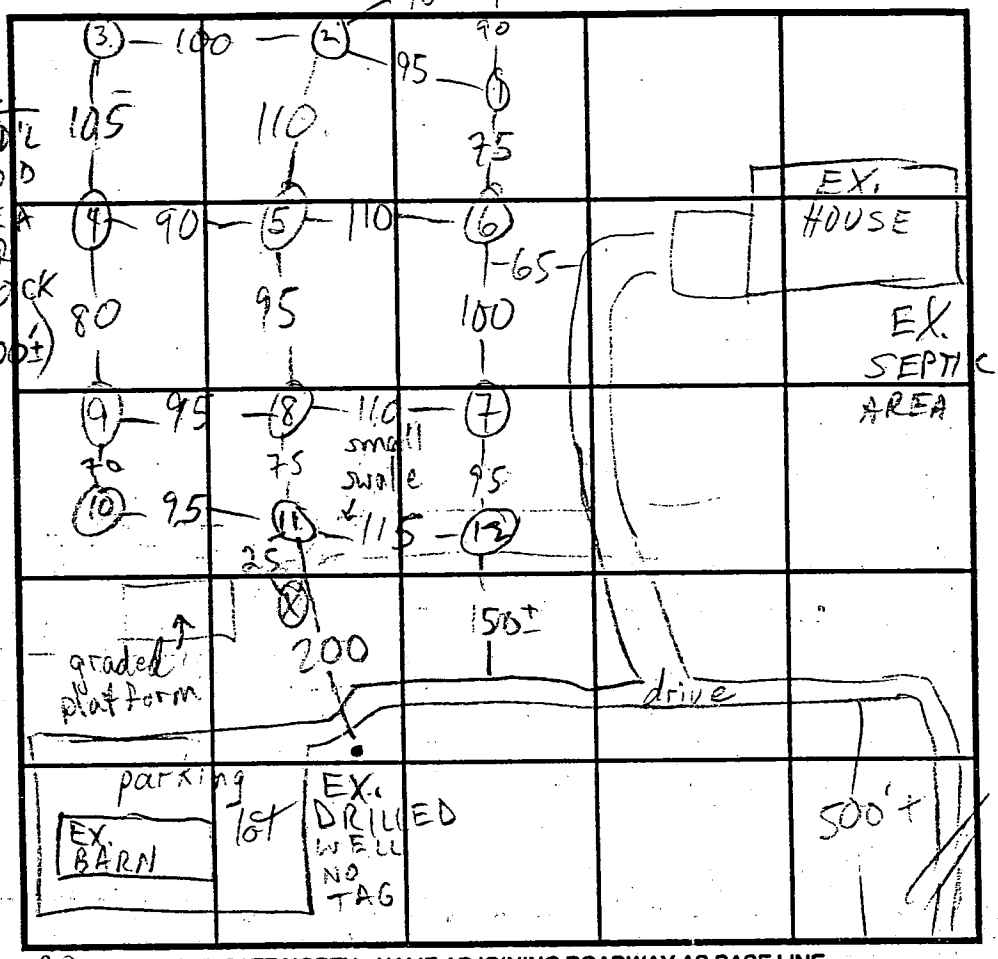
HD-216 (3/92)

woods

HD-73-3608

COUNTY #

SOIL PROFILE
ALL HOLES
0'
brn org sa cl lm
3½
brn tan f-vfg sa mica lm 15% frags
10
13



SOIL PROFILE
0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MARRIOTTSVILLE RD

MARRIOTTSVILLE RD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/22/94	1 S	4½	12:20	12:24	12:24	12:31	7
	1 V	13	20-25	⅓ frags	10'-13'		
	2 V	13	see	profile			
	3 S	4½	12:31	12:34	12:34	12:39	5
	3 V	13	see	profile			
	4 S	5	12:48	12:50	12:50	12:52	2
	4 V	13	rocky	layer	@ ~3½'		
	5 V	13	rocky	@ surface			
	6 S	5	1:03 1:05:45	1:04 1:07:00	1:07	1:05 1:09	½
	6 V	13	25%	frags	7'±, 10% below		

REMARKS

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2

INLET DEPTH 3½ MAXIMUM BOTTOM DEPTH 7½ SQ. FT/BEDROOM 180

3/22/94
3/14/94
10/20

APPLICATION

PERCOLATION TESTING

A 49877

P _____

DISTRICT _____

DATE 2-10-94

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 Fred Wolpert

ADDRESS 7363 Old Columbia Road
Columbia, Maryland 21046 PHONE (301) 596-7387

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

ORIG PERC FOR KENNEL

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Marriottsville Road 800 +/- North of Maryland Route 99

TAX MAP 10 PARCEL # P.O. 30

SIZE OF LOT 24.58 Ac +/- TYPE BLDG. Kennel and Manager's Residence
(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 _____

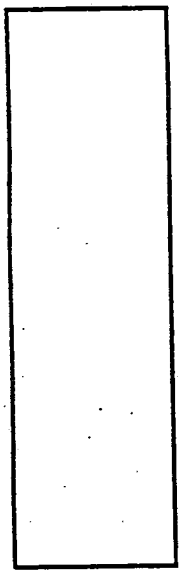
THIS IS NOT A PERMIT

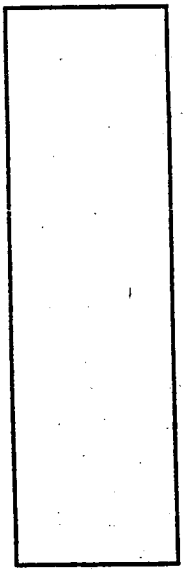
HD-216 (3/92)

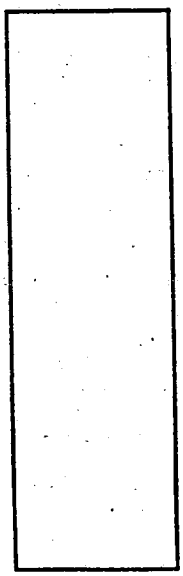
COUNTY #

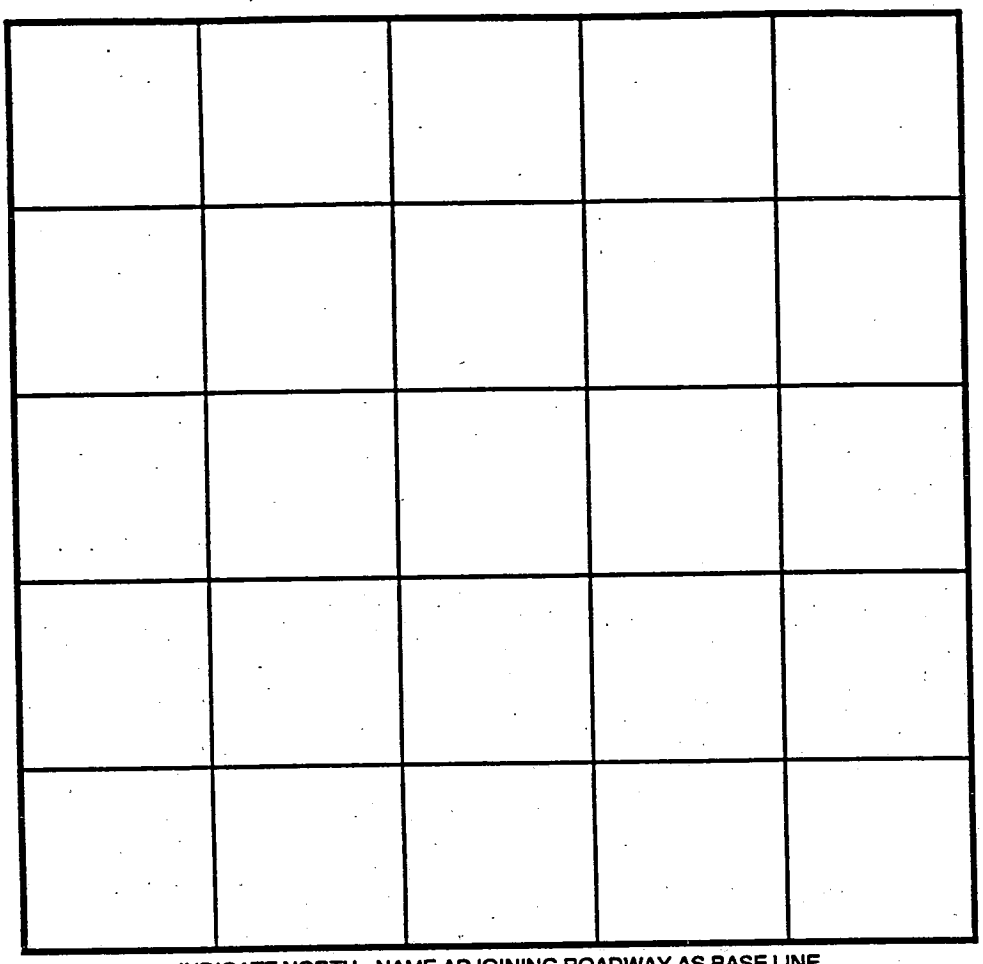
SOIL PROFILE

0'



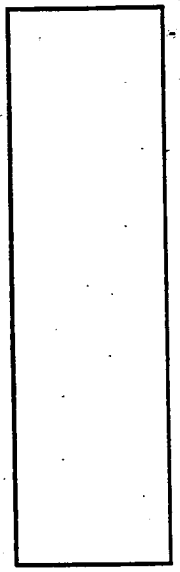






SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/22/94	7S	4	1:14	1:16	1:16	1:18	2
	7V	13	see	profile			
	8V	13	20-25% frags	throughout			
	9S	4½	1:33	1:35	1:35	1:41	6
	9V	13	15-20% frags	throughout			
	10S	4½	1:46	1:48	1:48	1:52	4
	10V	13½	see	profile			
	11V	13	see	profile			
	12S	3½	1:57	2:00	2:00	2:07	7
	12V	13	15-20%	frags	throughout		

REMARKS X 6-7' NOT SEEN-ROCKY PER FROCK CREW

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT Frock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

COUNTY #

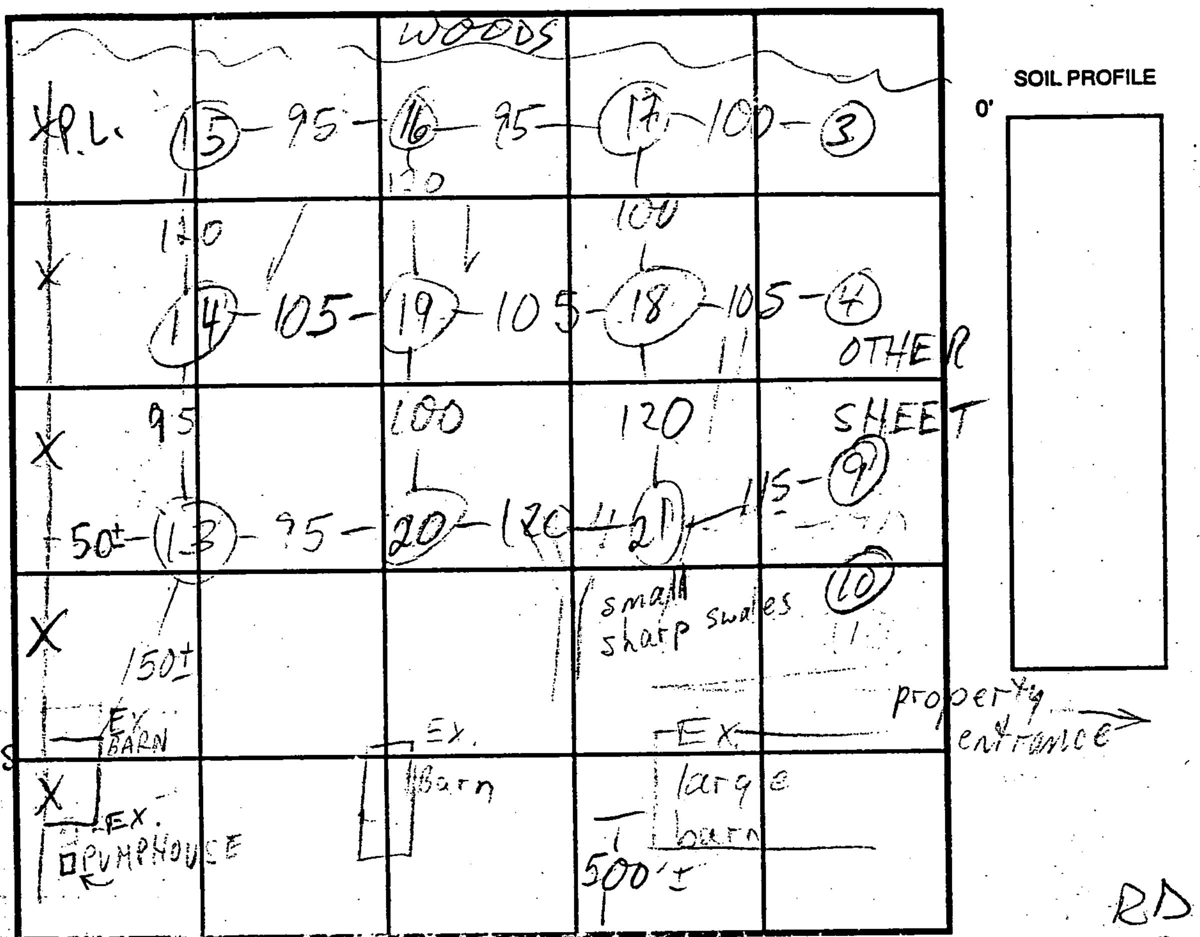
SOIL PROFILE

0' 13

org orn
sa mica
13-3
brn sa
mica lm
7
red yel
purple
silt
30% sand lm
13

ALL OTHER HOLES

brn sa
cl lm
3
brn
sa mica
lm
15%
frags
12-13



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MARRIOTTSVILLE RD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/23/94	13 S	4	10:17 10:18	10:19	10:19	10:18 10:20	FAST 1
	13 M	8½ 13	10:22 see	10:32 profile	10:32	10:47	15
	14 S	4½	10:47 10:50	10:51	10:51	10:47 10:53	FAST 2
	14 V	12	25%	frags	8-13"		
	15 S	4	10:59	11:00	11:00	11:03	3
	15 V	11½	rocky	@ 1½-3'			
	16 V	12½	see	profile			
	17 S	4	11:12	11:14	11:14	11:16	2
	17 V	12	see	profile			
	18 S	3½	11:21	11:22	11:22	11:24	2

REMARKS 18 V 13½ see profile

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT

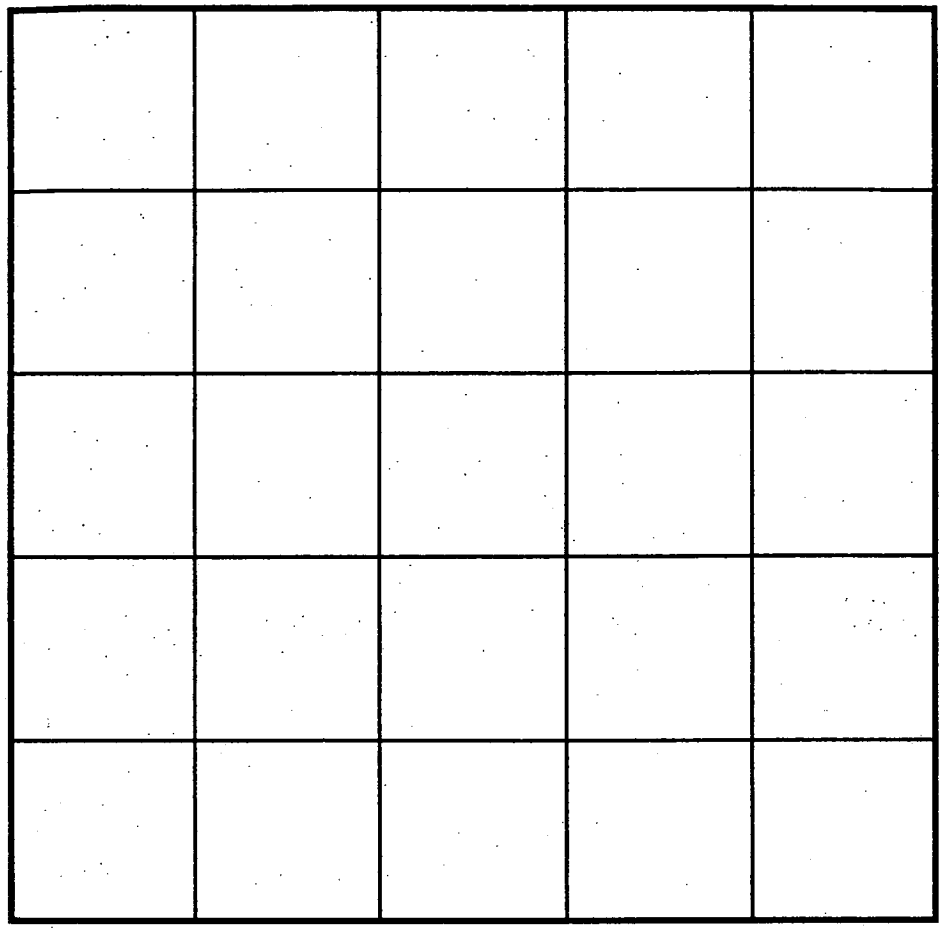
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

COUNTY #

SOIL PROFILE

0'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/23/14	19 V	11	see	profile			
	20 V	11½	top 3'	25%	frags		
	21 S	4	11:29	11:32	11:32	11:35	3
	21 V	11'9"	beige	gray	sa lm	15-21%	frags

REMARKS _____

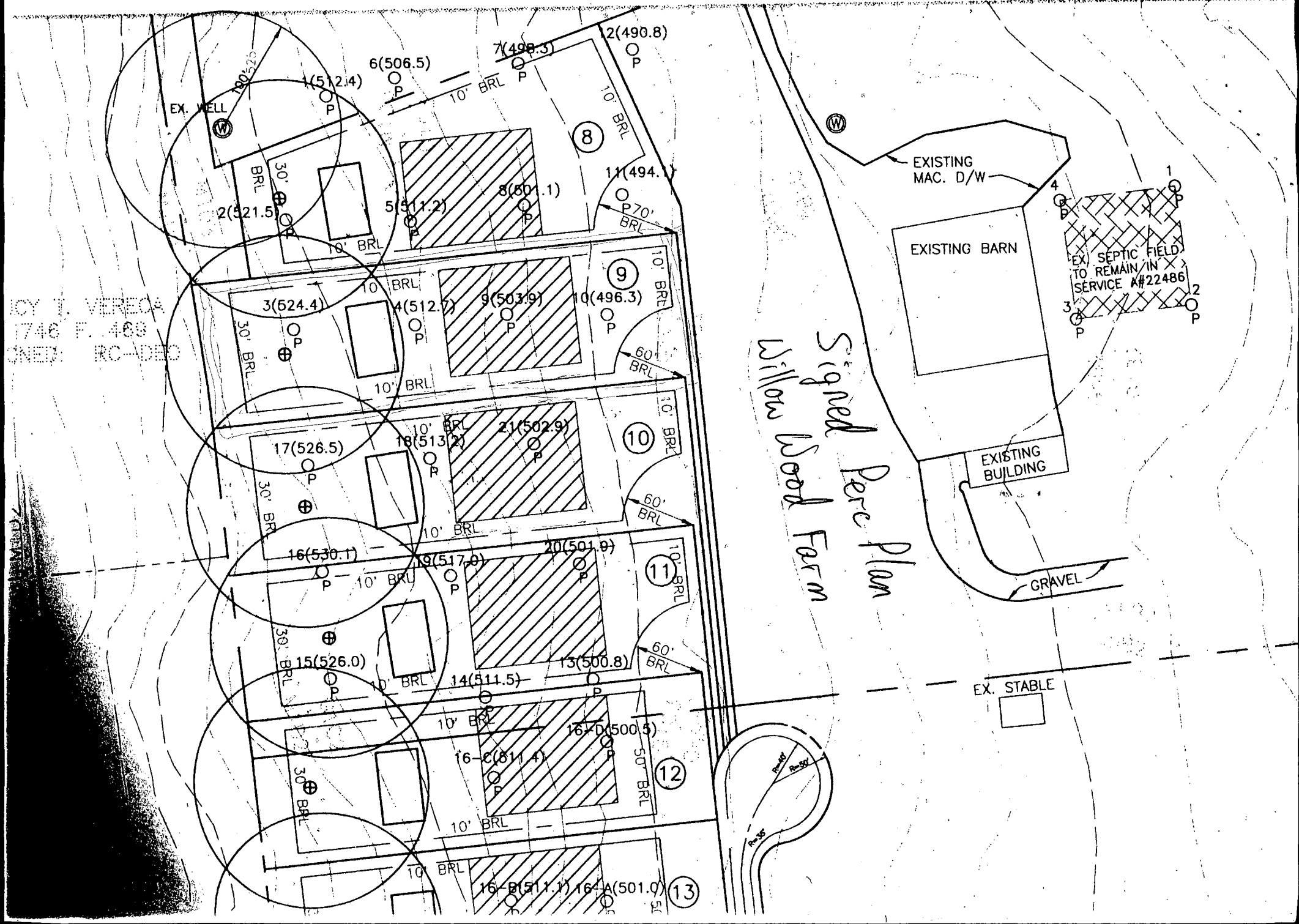
TYPE OF SOIL _____

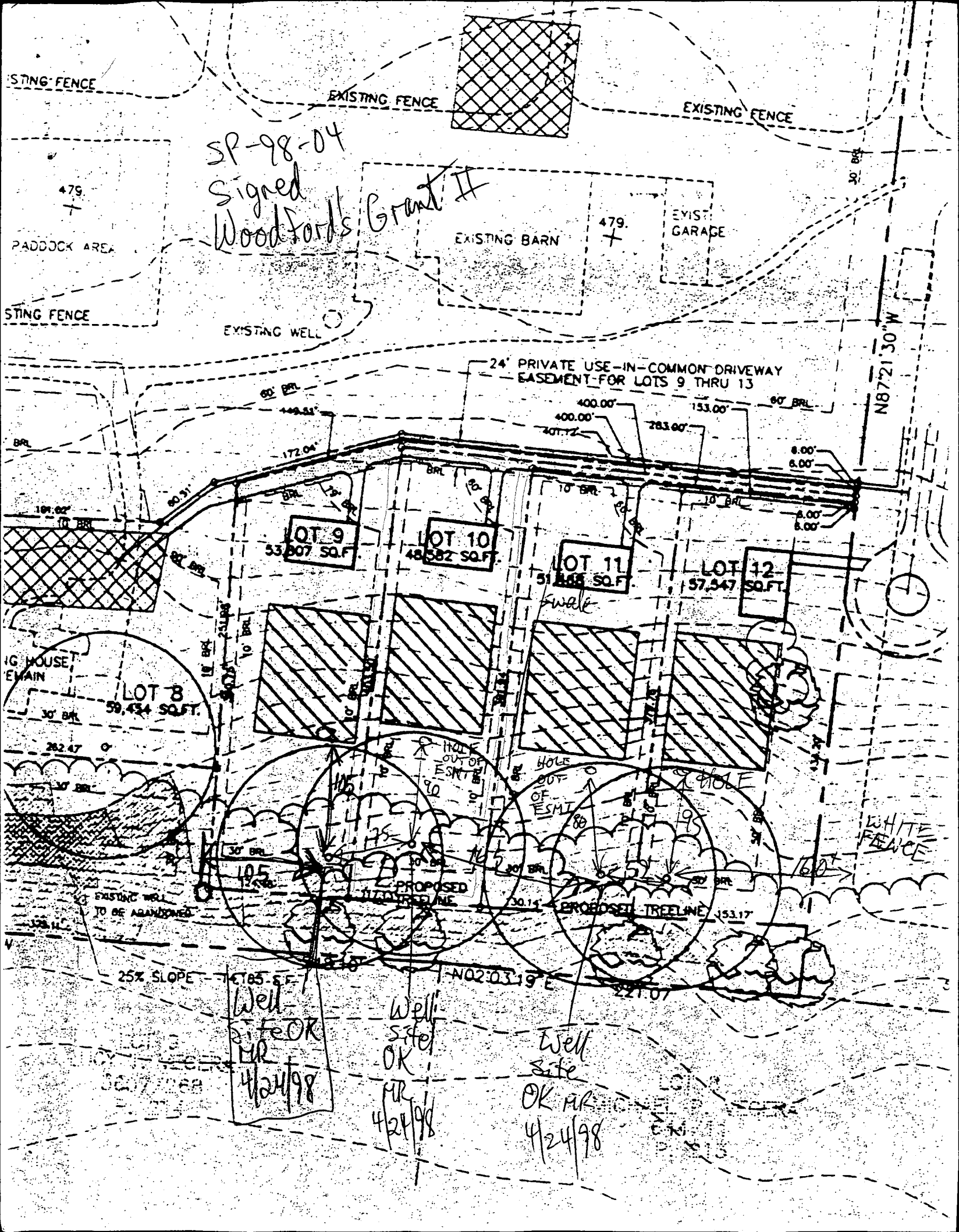
TESTED BY _____ ALSO PRESENT _____

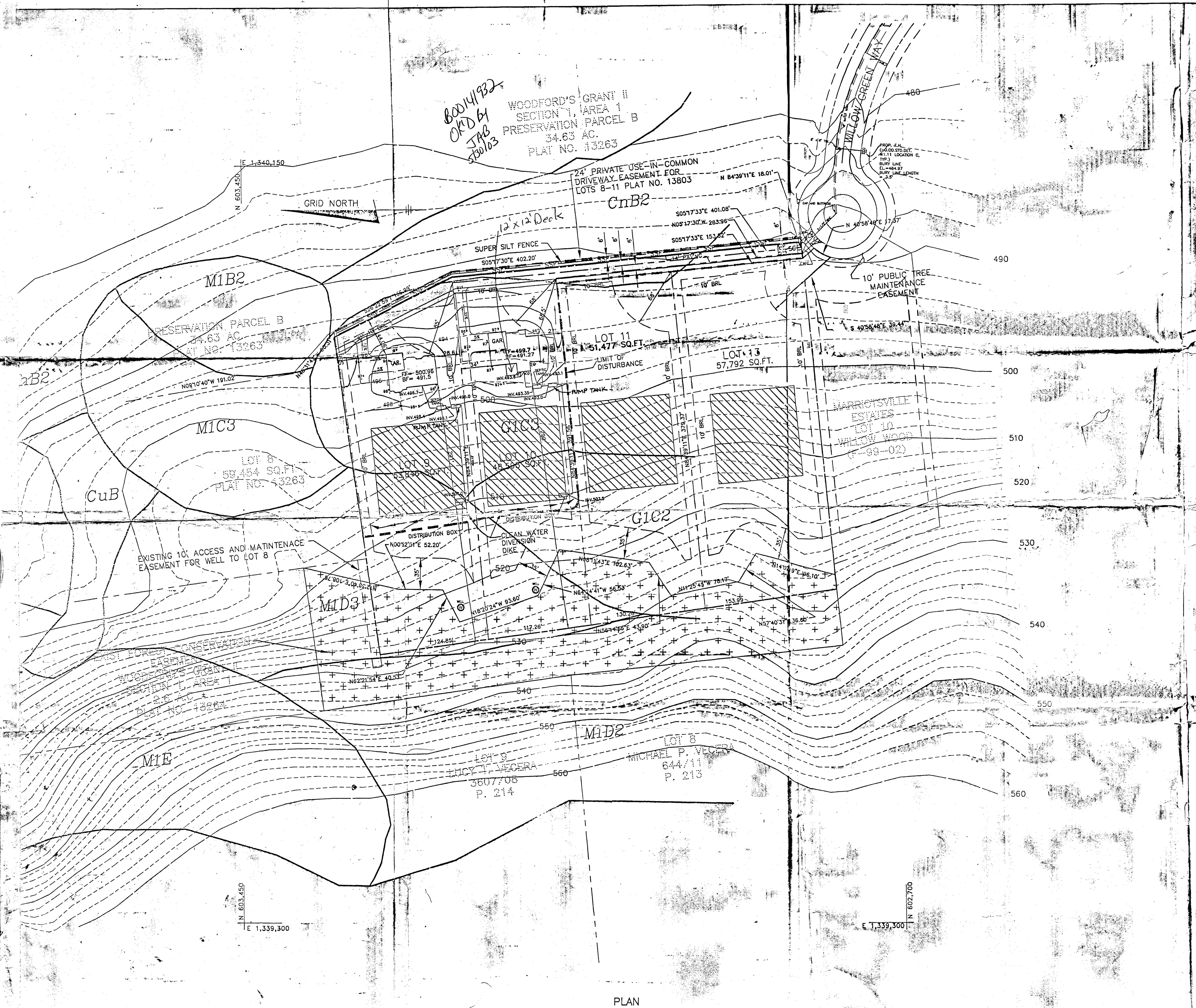
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

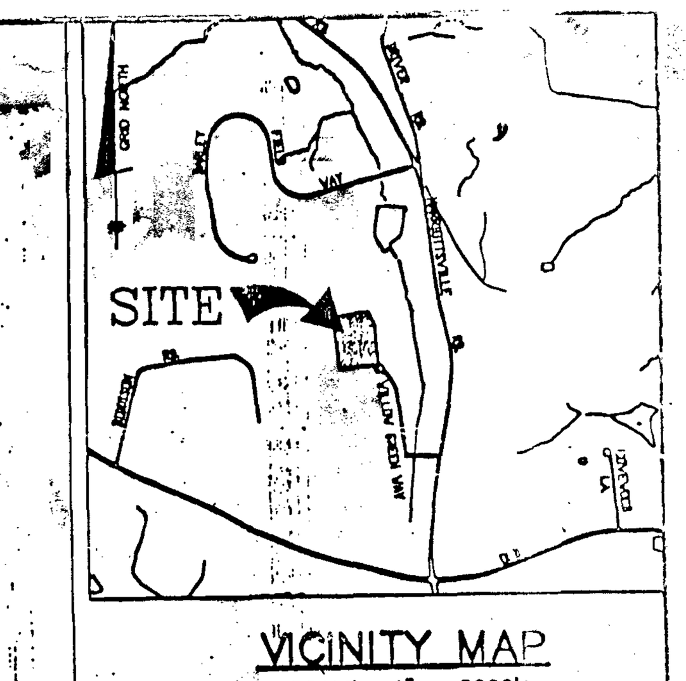
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

MATCH LINE SEE SHEET 1

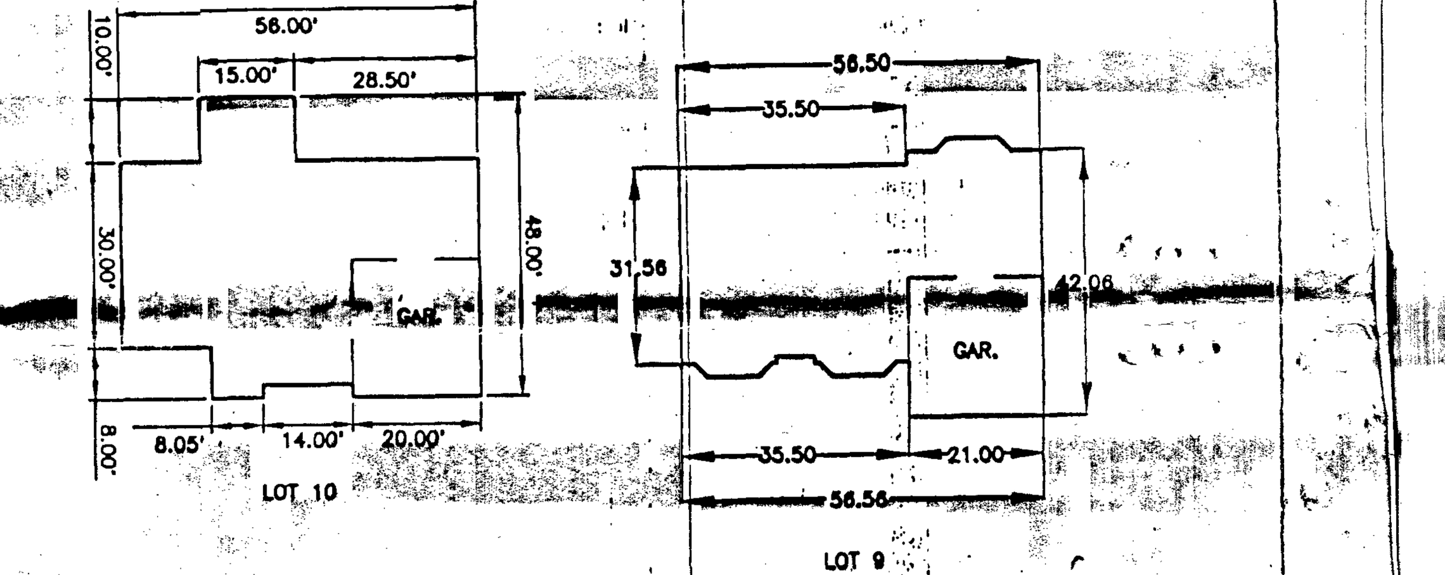



SP-98-04
Signed
Woodford's Grant II
EXISTING FENCE
EXISTING FENCE
EXISTING FENCE
EXISTING FENCE
PADDOCK AREA
EXISTING BARN
EXIST GARAGE
EXISTING WELL
24' PRIVATE USE-IN-COMMON DRIVEWAY EASEMENT FOR LOTS 9 THRU 13
N87°21'30"W
LOT 8
59,434 SQ.FT.
LOT 9
53,807 SQ.FT.
LOT 10
48,582 SQ.FT.
LOT 11
51,868 SQ.FT.
LOT 12
57,547 SQ.FT.
swale
HOUSE REMAIN
EXISTING WELL TO BE ABANDONED
PROPOSED TREELINE
PROPOSED TREELINE
25% SLOPE
WHITE FENCE
Well Site OK MR 4/24/98
Well Site OK MR 4/24/98
Well Site OK MR 4/24/98





VICINITY MAP
SCALE: 1" = 2000'



FOOTPRINT
SCALE: 1" = 30'

ENGINEER'S CERTIFICATE

"I HEREBY CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT."

Donald Mason 10/24/02
ENGINEER – DONALD A. MASON, P.E. # 21443 DATE

DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

11/18/02
DEVELOPER DATE

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS

Jim Myers 11/19/02
USDA – NATURAL RESOURCES CONSERVATION SERVICE DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

John R Robertson 11/19/02
HOWARD SCD DATE

NO.	DATE	REVISION

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 ▲ FAX: 410-465-6644
EMAIL: benchmrk@cais.com

STATE OF MARYLAND — DONALD ALAN MASON — No. 21443 — REGISTERED PROFESSIONAL ENGINEER
10/24/02

OWNER/DEVELOPER:
C. KNUDSEN DEVELOPMENT, LLC
8455 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MD 21043
PHONE: 410-465-2222

PROJECT: WOODFORD'S GRANT II
LOTS 10 and 9

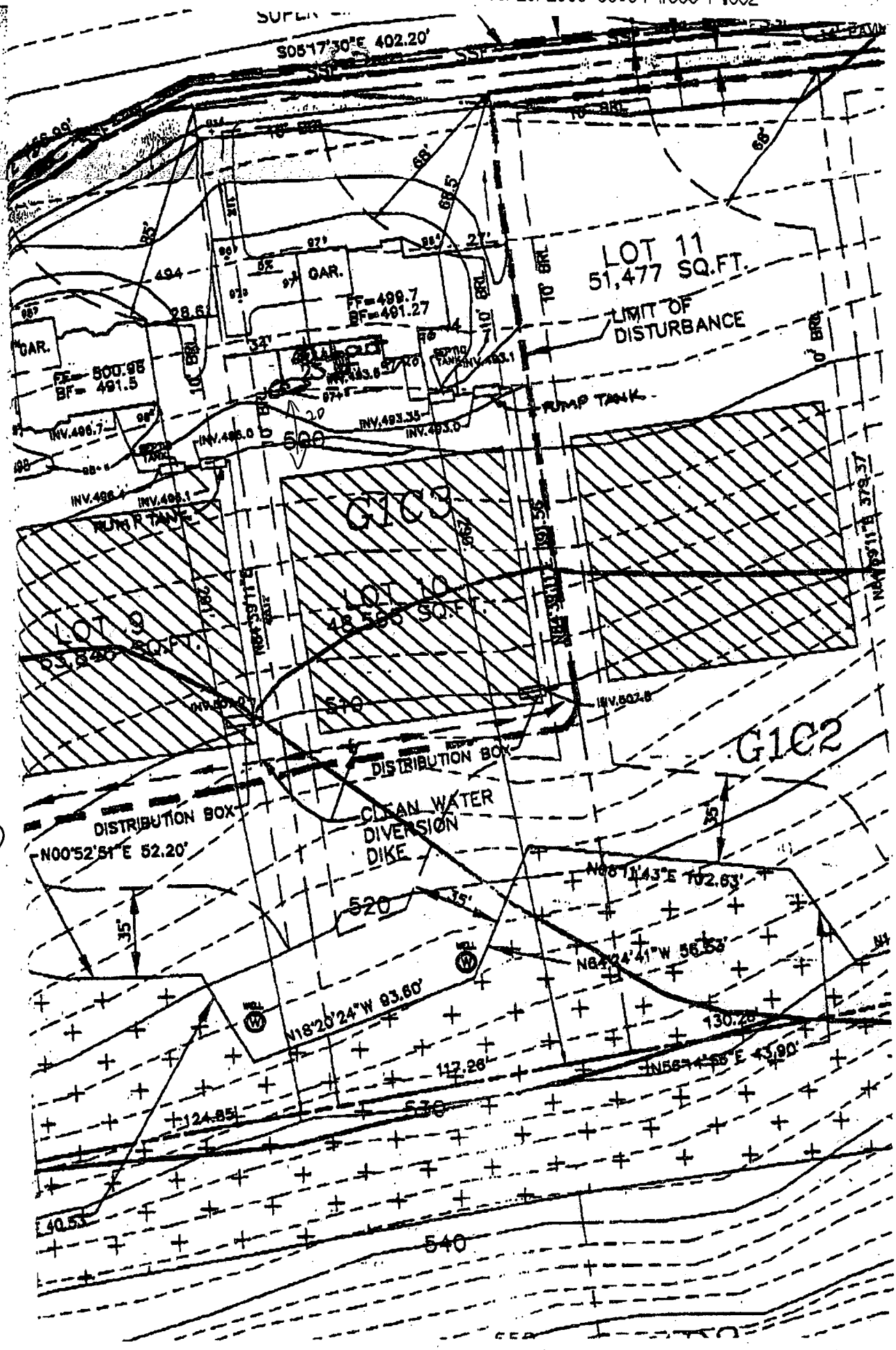
LOCATION: TAX MAP NO. 10, GRID NO. 16
P/O PARCEL 30
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

TITLE: GRADING, SEDIMENT AND EROSION CONTROL PLAN/PLOT PLAN

DATE: OCTOBER 2002 | PROJECT NO. 1594
DESIGN: DAM | DRAFT: JPF | SCALE: 1" = 50' | DRAWING 1 OF 2

GP-03-22

P:\PROJECTS\1594\dwg\8000.dwg, PLOT PLAN-SHEET1, 10/23/2002 3:50:16 PM



60142862
1" = 50'
7/5/03
Proposed
LP Tank OK
(SD)