

LAYOUT 4/9/03 11AM INSP 4 1:30 Layout
 INSP 2 4/15/03 11AM INSP 5 2:00 Pump 6/26/03
 INSP 3 2pm 4/16/03 INSP 6 _____

CANCEL BY CONTRACTOR

ISSUE DATE: 4/30/03
 APPROVAL DATE: 6/26/03

PERMIT INDEXED

04-366921

P 518612
and part of 518604
 A 59898-J

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: McCann Property LOT NUMBER: 10
 ADDRESS: 14700 McCann Farm Road PROPERTY OWNER: Pulte Homes, Inc
 SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 5
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 275

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the upper right corner easement stake (as shown on the building permit plan). Run trenches on contour in both directions
NOTES:	Easement area should be conserved. Trenches should be spaced 9 foot center-to-center when contour allows. The septic line that runs under the driveway should be sleeved and the trench should be filled with gravel to avoid settling.

PLANS APPROVED: Brian Baker DATE: 1/7/2003

- 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

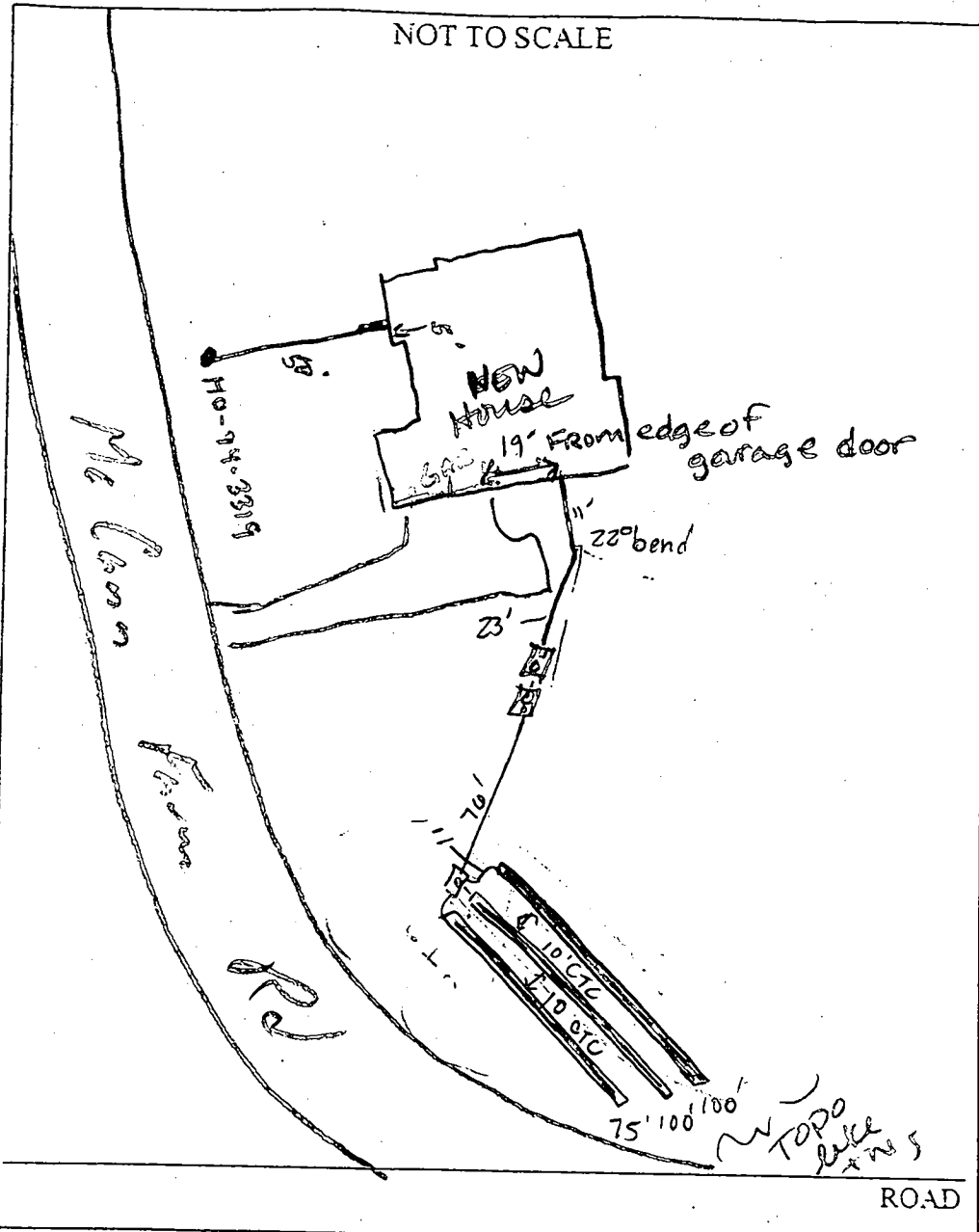
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

*2/24/2003 B00140397 U.G. PROPANE TANK
 10/3/2003 B00143806 DECK
 3/11/04 B00146737-IG POOL*

A59898-J

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3	6 1/2
NUMBER OF TRENCHES		3
TOTAL LENGTH		275
ABSORPTION AREA		825 ft ²
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1250 GAL
SEAM LOC	top
TANK LID DEPTH	4' now
BAFFLES	yes 2 1/2 later
BAFFLE FILTER	
MANHOLE LOC	middle
6" PORT LOC	front
WATERTIGHT TEST	no
SEPTIC TANK 2 LEVEL	
CAPACITY	1250 GAL
SEAM LOC	top
TANK LID DEPTH	4' now
BAFFLES	yes 2 1/2 later
BAFFLE FILTER	No
MANHOLE LOC	front
6" PORT LOC	back
WATERTIGHT TEST	No

PRE-CONSTRUCTION 4/15/03 No layout by pile of dirt in SRP (SO) 4/16/03 Not hand (SO)

4-17-03 DUE TO TOPO, CHANGE TRENCH LAYOUT to 75' x 100'

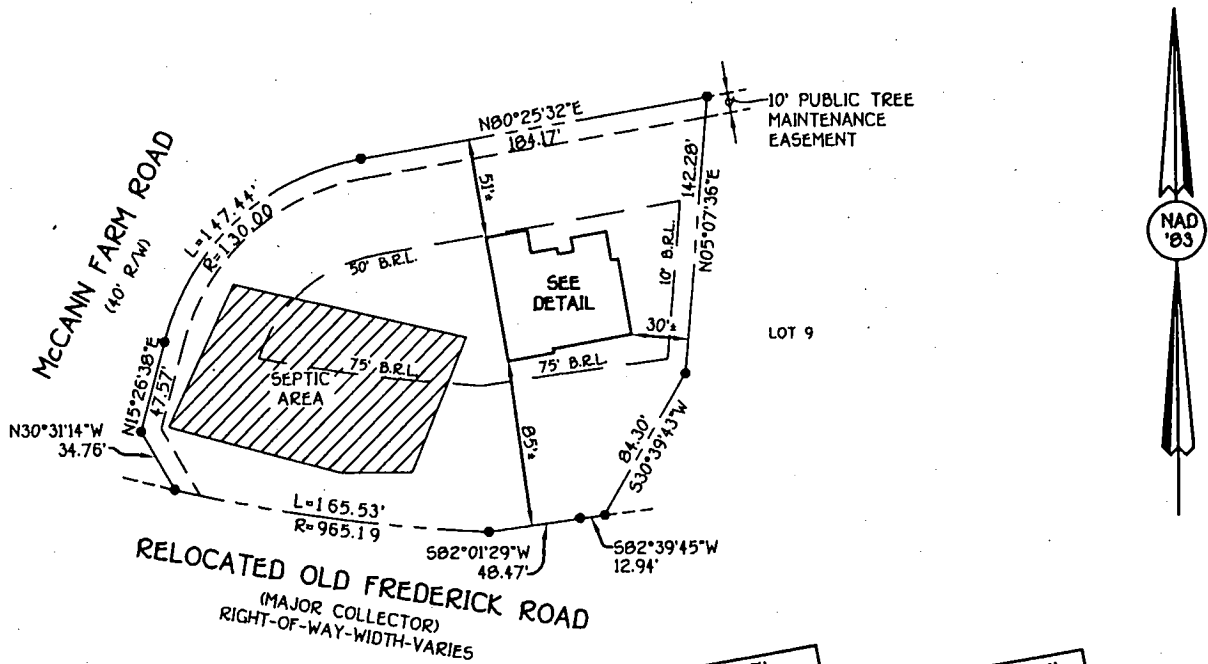
INSTALLATION OR SO. Tanks currently 4' below grade. After grading, tanks to be 2' 1/2' below grade. House Conn. 1st tank 105' off well in front. 10' CTC. OK TO START 4-19-03 OK TO COVER ALL TRENCHES. Need pump test (KN) 6/26/03 Pump & Alarm tests OK (SO)

FINAL INSPECTOR John [Signature] DATE OF APPROVAL 6/26/03

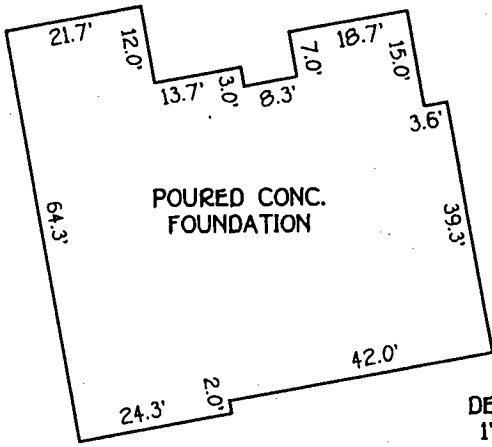
BUILDING PERMIT SIGNED
DATE RECEIVED

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 COMPLETED 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. 2400440008 BEFFECTIVE 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.



4/3/03
 Wall check ok
 (RN)



LOT 10
 McCANN PROPERTY
 LOTS 1 THRU 16 AND
 PRESERVATION PARCELS 'A' THRU 'E'
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 15472

B.R.L. = BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 652.2'±

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

FCC •

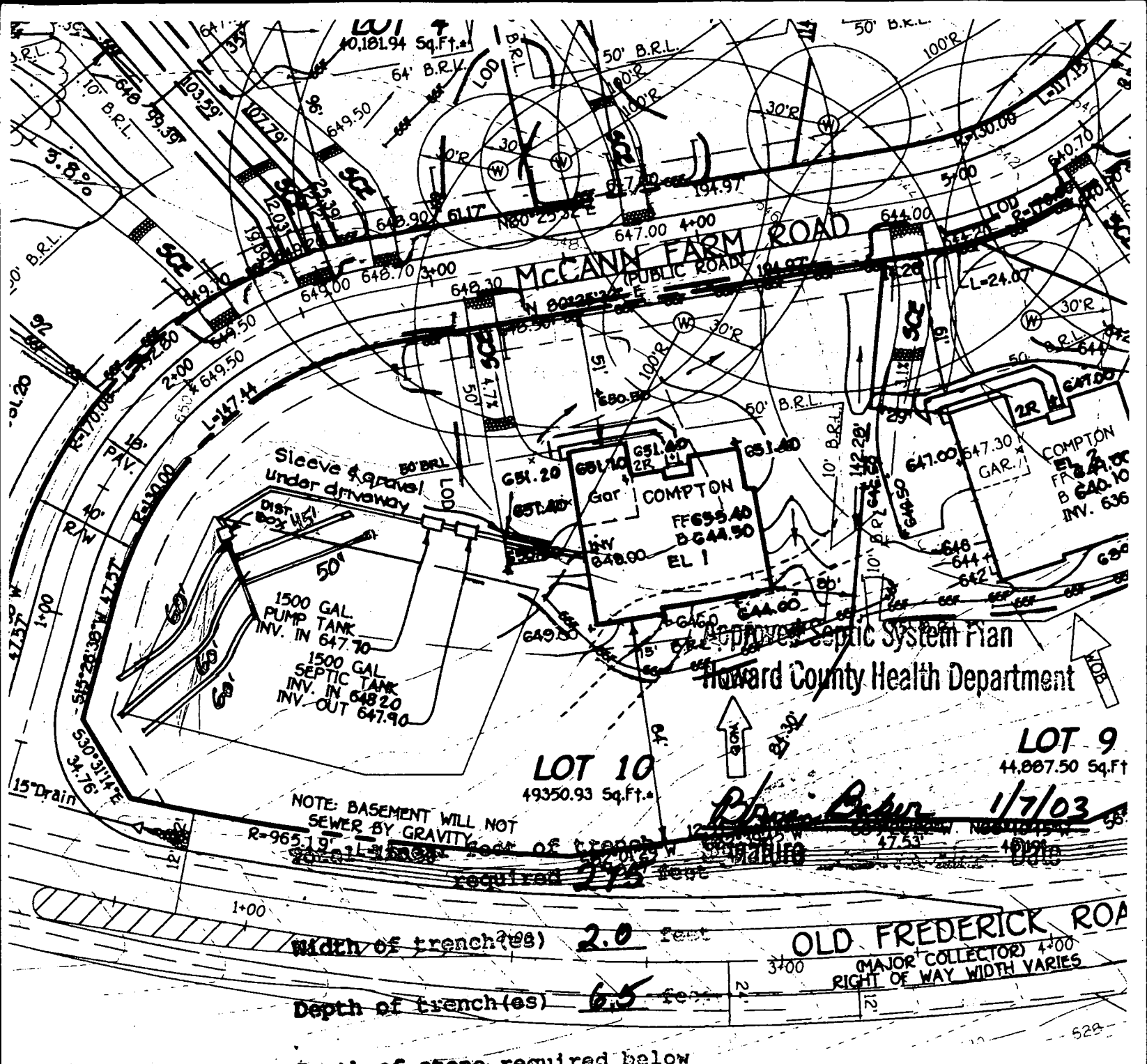
STATE OF MARYLAND
 STEVEN RANCKI
 REGISTERED PROFESSIONAL LAND SURVEYOR
 REG. NO. 582

3/19/03
 DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/7/03
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=100'
 DATE: 3/19/03
 DRAWN BY: A.K.O.
 CHECKED BY: S.R.P.
 PROJECT No.: 61769



ENGINEER'S CERTIFICATE

"I certify that this plan for erosion and sediment 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."

Terrell A. Fisher
 TERRELL A. FISHER

DEVELOPER'S CERTIFICATE

"We certify that all development and construction will be done according to this plan, for sediment and erosion control and that any 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."

McCann
 McCann

10/3/02
 Date

10/2/02

Reviewed for HOWARD SCD

Jim May
 Jim May
 U.S. A.-Natural Resource
 Conservation Service

This development plan is approved by the HOWARD SOIL CONSERVATION DISTRICT

John R. [Signature]
 John R. [Signature]
 Howard SCD

150

6-5-03
Revised
6/9/03

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: Eagles Well Drilling Telephone #: 410-795-5670
Address: 580 Oberholt Rd
Stylesville, 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): Allen Compton License # MSD609
*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: Pulle Telephone #: _____
Subdivision: McCann Estates Lot #: 10 Well Tag #: HO-94-3319
Site Address: 14700 McCann Farm Rd

Submersible Pump Data

Make: Couids
Model #: TSB05422
Pump Capacity: 7 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell
Model #: _____
Depth: 42 (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: 180 (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: [Signature] date: 6-5-03

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

Date Insp. Requested: 4/21/03 Date Insp. Approved: 4/21/03 (50) SRK

- 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 2" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

C1 14425 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY 13 #59898 NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 03 08 02 Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3319

OWNER Fisher - Collins - Carter STREET OR RFD McCann Farm Rd TOWN WOODBINE SUBDIVISION McCann Property SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (4), NO. OF POUNDS (1400), DEPTH OF GROUT SEAL (0 to 36 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (38). Includes casing types ST, CO, PL, OT.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y). CIRCLE APPROPRIATE LETTER (A, E, P).

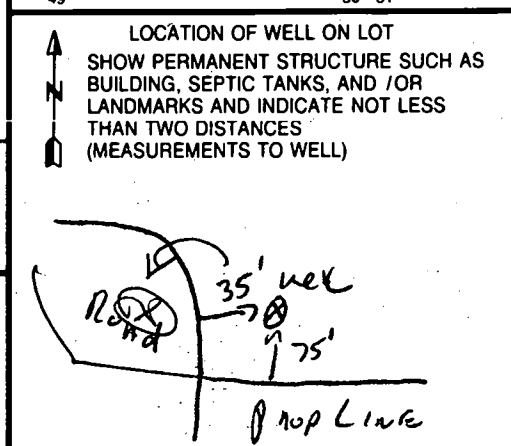
C2 DEPTH (nearest ft.) table with rows 1-5 and columns 8-21. Includes SLOT SIZE and DIAMETER OF SCREEN fields.

C3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (51 before, 55 when pumping).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above).

DRILLERS LIC. NO. M SDJ 12, DRILLERS SIGNATURE, LIC. NO. D, SITE SUPERVISOR (signature).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 7. **8944**
SEQUENCE NO. (MDE USE ONLY)
1 2 3 6

STATE OF MARYLAND
PERMIT TO DRILL WELL
516494 please print or type

STATE PERMIT NUMBER
H0 - 94 - 3319
70 fill in this form completely 79

Date Received (APA) **01 28 02**
8 MM DD YY 13
OWNER INFORMATION
Fisher - Collins - Canter Inc
15 Last Name Owner First Name 34
10272 BALT. NATIONAL PIKE
36 Street or RFD 55
ELlicott City MD. 21042
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
MCCANN Prop.
23 SUBDIVISION 42
SECTION LOT **10**
44 46 48 50
COOKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **I** M I I
73 76 77 78

DRILLER INFORMATION
Ralph E. MAYNE M SD 117
Driller's Name 76 License No. 81
Ralph E. MAYNE WELL DRILLING
Firm Name
17024 Handy Rd. Mt Airy MD 21771
Address
R E Mayne 1-24-02
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
MCCANN FARM Rd. 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **35** 37
DISTANCE FROM ROAD ENTER FT OR MI **FT**
TAX MAP: **8** BLK: **16** PARCEL **78**

B 2 WELL INFORMATION
APPROX. PUMPING RATE **5**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (13) **A 59898**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED **2-14-02** **Kacie Goodley** 2-14-03
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **546** 0 0 0 EAST GRID **792** 0 0 0
50 55 57 63

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

APPROXIMATE DEPTH OF WELL **150** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. ~~WELL~~ **WELL**
2. **(X)**
3. **(W)**
WRITE THE BOX NUMBER FROM THE MAP HERE
NE 550 450
E 7902
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 **AIR-ROtary** AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROtary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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 **H0 20 02000L**
PERMIT No **H0-94-3319**
70 71 72 73 74 75 76 77 78 79

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

APPLICATION

PERCOLATION TESTING

A 59898

P _____

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

DISTRICT _____

DATE 3/30/98

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 FISHER COLLINS and CARTER (Agent)

ADDRESS 10272 Baltimore national pike PHONE (410) 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION McCaan Property LOT NO. 13 (10)

ROAD AND DESCRIPTION OLD FREDERICK Road

TAX MAP 8 PARCEL # 78

SIZE OF LOT 1 AC. TYPE BLDG. S.F.D.
(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. Feacharia G. Fisch (agent)
(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 _____

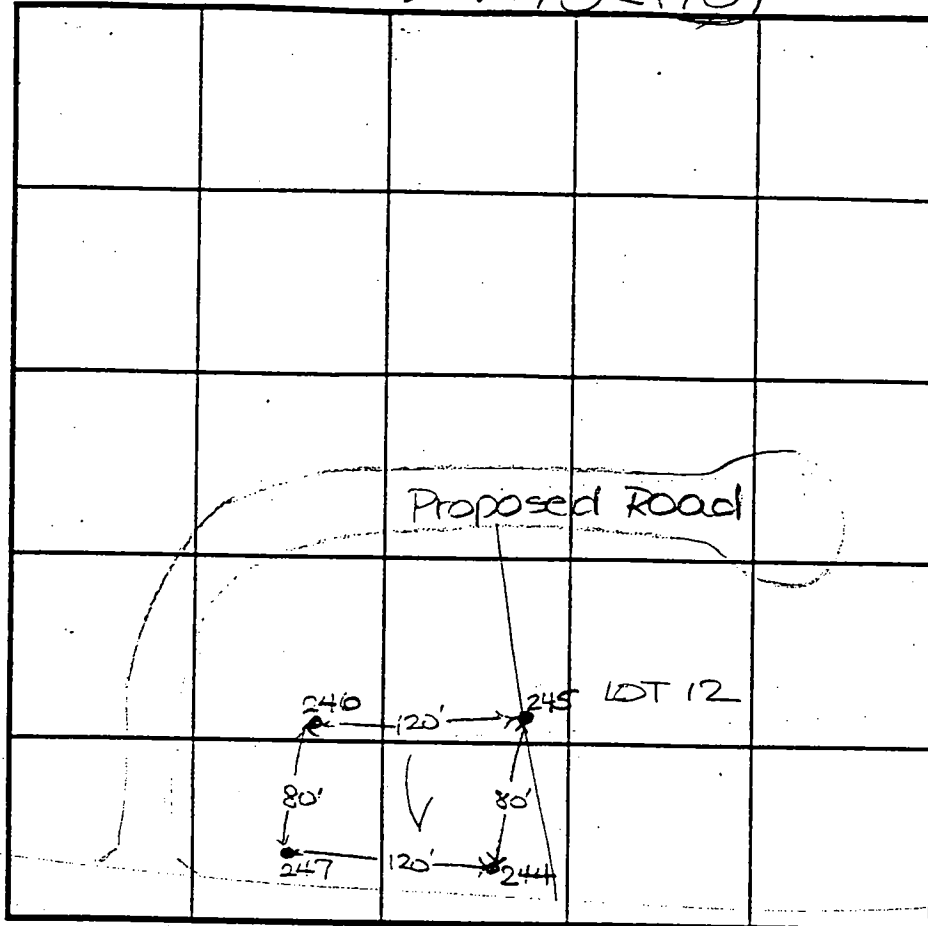
THIS IS NOT A PERMIT

59898
COUNTY #

LOT 13 (10)

SOIL PROFILE
13-244
0' topsoil
1' red org brn cl m
4' pk brn sil m
15-20% R_x frag
12'

SOIL PROFILE
0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Old Frederick Road

13-246
0' topsoil
1' red brn cl m
3.5' pk brn to org for sil m
20% R_x frag
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4-21-98	13-244	5' 2" S	11:59	12:00	12:00	12:02	2
		12.0' D	Visual				OK
	13-246	13.0' D	Visual				OK
	13-247	3' 8" S	3:31	3:33	3:33	3:36	3
		11.5' D	Visual				OK

13-247
0' topsoil
1' org brn cl m
3.5' med to pale pk tan sil m
6' Small patch
11.5' 20% R_x frag

REMARKS holes tested as staked

TESTED BY D. SOE ALSO PRESENT O. Ketterman Tr's
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2+ TRENCH WIDTH 3
INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 59898

P _____

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

DISTRICT _____

DATE 3/30/98

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 FISHER COLLINS and CARTER (Agent)

ADDRESS 10272 Baltimore national pike PHONE (410) 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION McCaan property LOT NO. 12 (10)

ROAD AND DESCRIPTION OLD FREDERICK Road

TAX MAP 8 PARCEL # 78

SIZE OF LOT 1 AC. TYPE BLDG. S.F.D.
(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. Feodora Y. Fische (agent)
(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

59898

COUNTY #

LOT 12 10

SOIL PROFILE

12-242

0'

topsoil

red brn
cl m

3.5'
4'

pale org
tan
sil m

15-20%
R.L

12'

12-243

0'

topsoil

org brn
cl m

4'

pale pk
tan

org beige
sil m

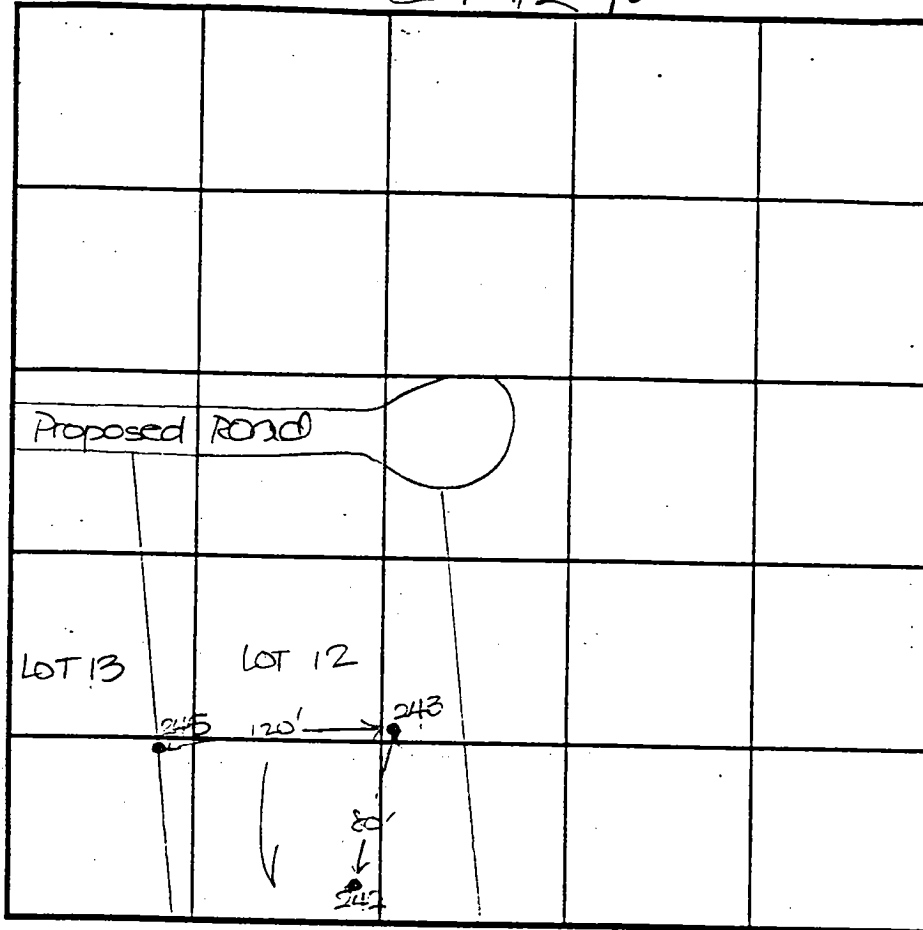
8'

35%
frag

12'8"

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Old Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-21-98	12-242	3.0'S	11:49	11:53	11:53	12:03	10
		12.0'D	Visual				OK
	12-243	12'8" D	Visual				OK
	12-245	3'8" S	2:53	2:56	2:56	3:01	5
		7.0' M	2:45 ₃	2:47 ₃	2:47 ₃	2:51 ₃	4
		11.5' D	Visual				OK

REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY D. Soe

ALSO PRESENT O. Ketterman Jr & Sr
R. Carter

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6t TRENCH WIDTH 3

INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT./BEDROOM 180

COUNTY #

SOIL PROFILE
1001

0' topsoil

1' org red
brn
cl Lm

3.5' med
red brn
sa Lm

10-15%
sap
sh

13.5'

1000

0' topsoil

1' org brn
cl Lm

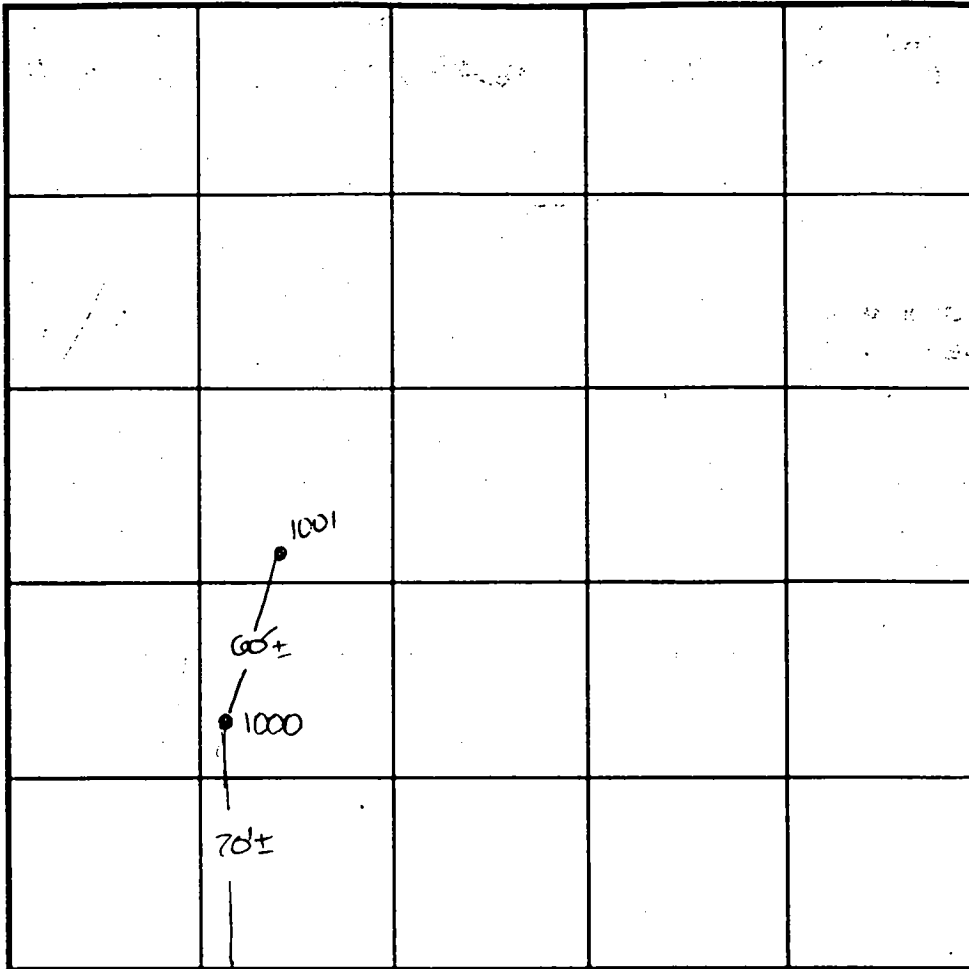
med org
tan
sa Lm

15%+
sh

13'

SOIL PROFILE

0'



LOT 10

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Old Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-7-00	1001	3'8" S	12:25	12:32	12:32	12:41	9
		13.5' D	Visual	- see	profile		OL
	1000	3.5' S	12:33	12:37	12:37	12:41	4
		13.0' D	Visual	- see	profile		OL

REMARKS noies tested as stated

TYPE OF SOIL _____

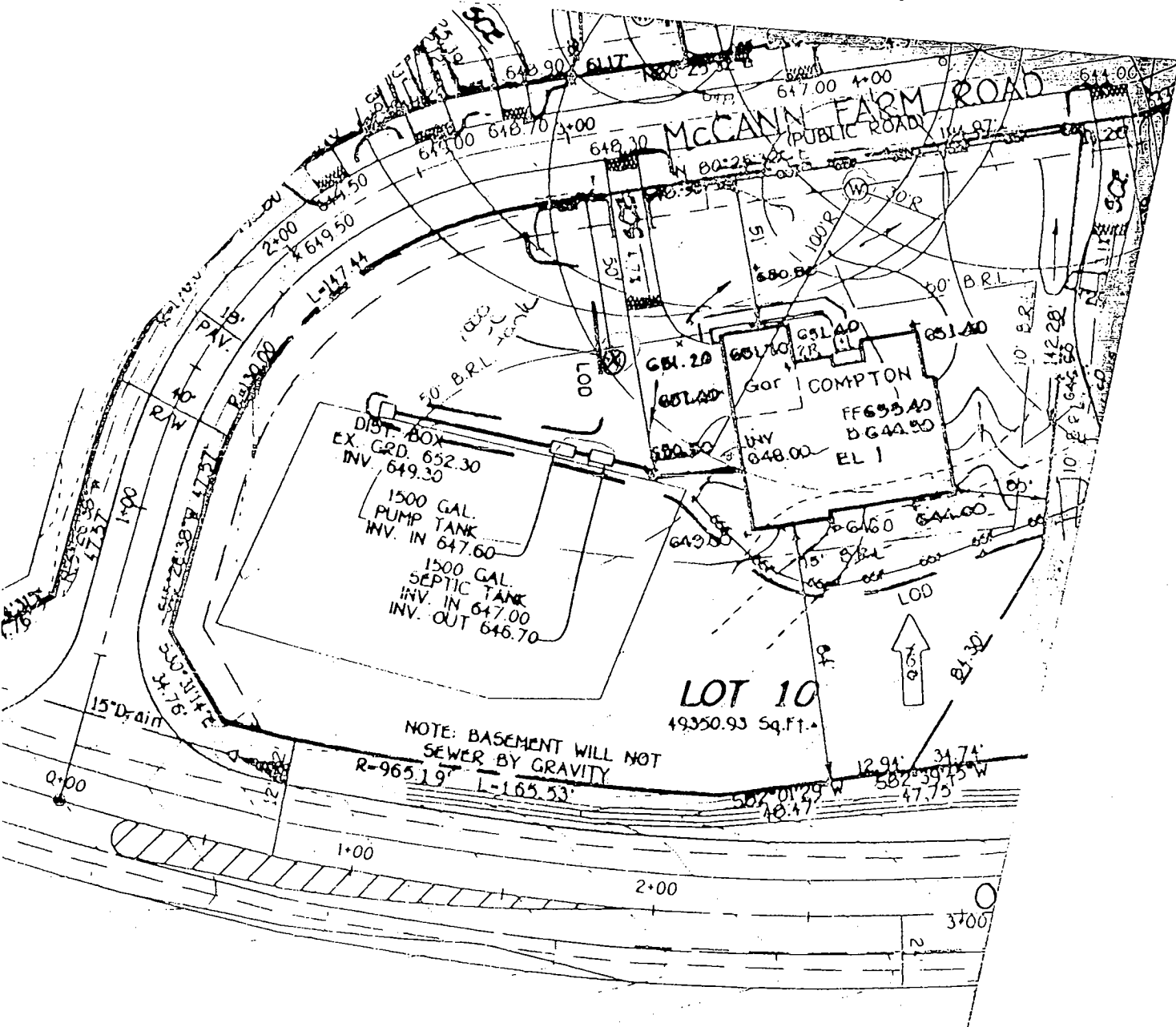
TESTED BY DS ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

000140397

2/24/03
Prop. Tank
Location OK
(KN)



NOTE: BASEMENT WILL NOT
SEWER BY GRAVITY
R-965.19' L-165.53'

ENGINEER'S CERTIFICATE

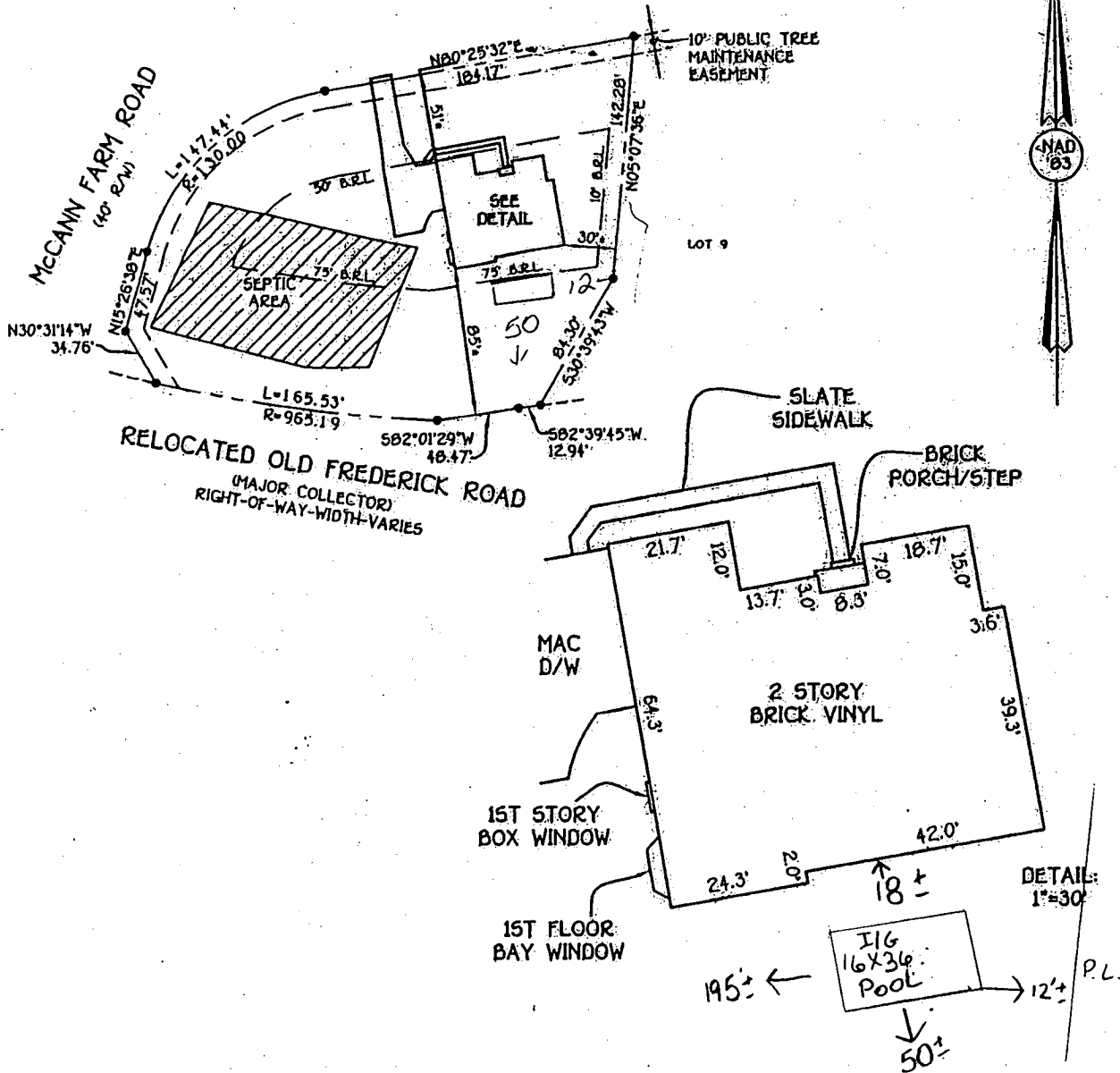
"I certify that this plan for erosion and sediment control represents a practical and plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District."

Terrill A. Fisher
TERRILL A. FISHER

10/3/02
Date

DEVELOPER'S CERTIFICATE

"I/We certify that all development and construction will be done according to this plan."



B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 652.2±

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



PROFESSIONAL LAND SURVEYOR DATE 6/13/03
 REG. 582

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/7/03
 FINAL LOCATION: 6/12/03
 BOUNDARY SURVEY:

SCALE: 1"=100'
 DATE: 6/13/03
 DRAWN BY: BJK
 CHECKED BY: S.R.P.
 PROJECT No: 61269

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

BO046737

Building Address 14700 McCann Farm Rd
Woodbine, MD 21747

Property Owner's Name Linda & Cindy Gibson
 Address 14700 McCann Farm Rd

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

City _____ State _____ Zip Code _____

Census Tract 60000 Subdivision McCann Property

Home Phone _____ Work Phone _____

Section _____ Area _____ Lot 10

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

Tax Map 45 Parcel 78 Grid 16

Zoning RCD20 Map Coordinates 4B10 Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company A & K Construction Inc.

Proposed Use Manufactured Swimming Pool SFD

Contact Person Parilyn Griffith

Estimated Construction Cost \$ 29,000.00

Address P.O. Box 274

Description of Work Asphalt Wall improved

City Libertown State MD Zip Code 21102

Swimming Pool with concrete bottom

License No 79055

vinyl liner - trench filled

Phone 301-640-4000 Fax 301-640-4120

Occupant or Tenant Abba Linda & Cindy

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address 14700 McCann Farm Rd

Address _____

City Woodbine State MD Zip Code 21747

City _____ State _____ Zip Code _____

Phone 410-469-6240 Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

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 _____

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: 16.436
 Basement _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____
 Multi-family dwellings: 3-6
 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 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 _____
 Title/Company _____

Print Name _____
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY _____ DATE _____ SIGNATURE APPROVAL _____

DPZ SETBACK INFORMATION _____
 Front: _____

PROPERTY ID# 569109
 Filing fee \$ _____