

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 11/16/2004

APPROVAL DATE: 12/30/04

PERMIT
INDEXED

P 521584

A 511371-H

TAX ID #05-437024

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

05-437024

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS: Back Acre Circle, Mt Airy PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Koandah Gardens LOT NUMBER: 26

ADDRESS: 6800 Koandah Gardens Court PROPERTY OWNER: M/I Homes of D.C., LLC

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

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 210+ HOUSE SERVED BY PUBLIC WATER

| | |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box as shown on the approved plan or alter per sanitarians request. Trench lengths and percent of fall approved at time of layout. |
| NOTES: | Do not drop trenches due to high water table. Run barrier on perimeter of SDA to prevent grading or accidental fill. No basement service proposed |

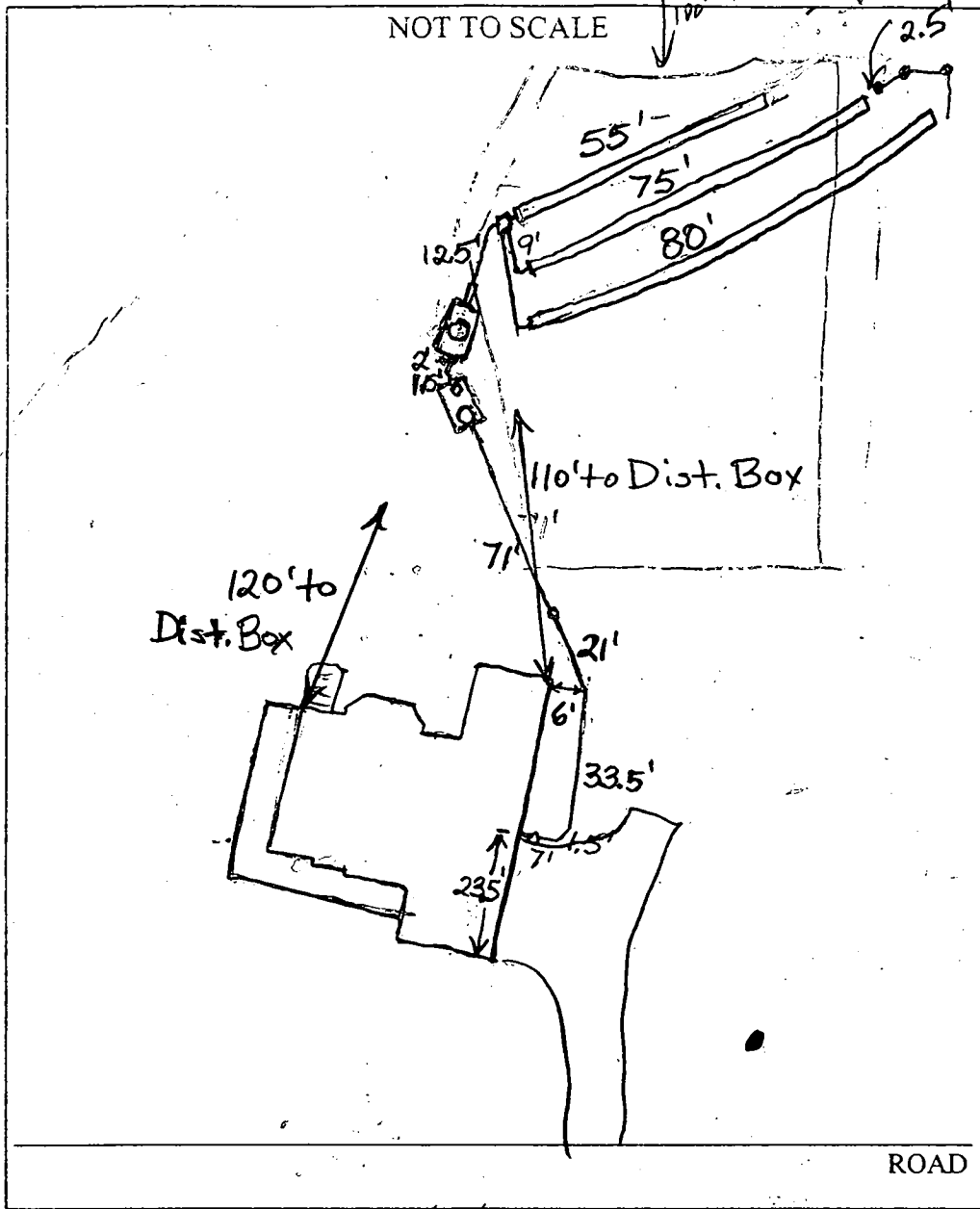
PLANS APPROVED: Kacie Noonan Reviewed by: KN DATE: 9/1/04

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

BUILDING PERMIT SIGNED AND RETURNED

A511371-H



| TRENCH/DRAINFIELD DATA | | |
|-------------------------|-------|--------------|
| WIDTH | INLET | BOTTOM |
| 3' | 2' | 4' |
| NUMBER OF TRENCHES | | 3 |
| TOTAL LENGTH | | 210' |
| ABSORPTION AREA | | 630+Sidewall |
| DISTRIBUTION BOX LEVEL | | Levelers |
| DISTRIBUTION BOX BAFFLE | | Yes |
| DISTRIBUTION BOX PORT | | Yes |

| SEPTIC TANK DATA | |
|-----------------------|----------|
| SEPTIC TANK 1 LEVEL ✓ | |
| CAPACITY | 1500 GAL |
| SEAM LOC | Top |
| TANK LID DEPTH | 1.5' |
| BAFFLES | Yes |
| BAFFLE FILTER | No |
| MANHOLE LOC | Front |
| 6" PORT LOC | Rear |
| WATERTIGHT TEST | No |
| SEPTIC TANK 2 LEVEL ✓ | |
| CAPACITY | 1250 GAL |
| SEAM LOC | Top |
| TANK LID DEPTH | 2' |
| BAFFLES | Front |
| BAFFLE FILTER | |
| MANHOLE LOC | Middle |
| 6" PORT LOC | None |
| WATERTIGHT TEST | No |

PRE-CONSTRUCTION 12/6/04 - SFA stated house can move, looks like a pump tank will be needed. In stall 50/72/90

INSTALLATION trenches per specs (SD) 12/10/04 System finished except for pump and alarm test. Grading needs to be changed near berm to allow water to drain out of septic easement. (BB) 12/30/04

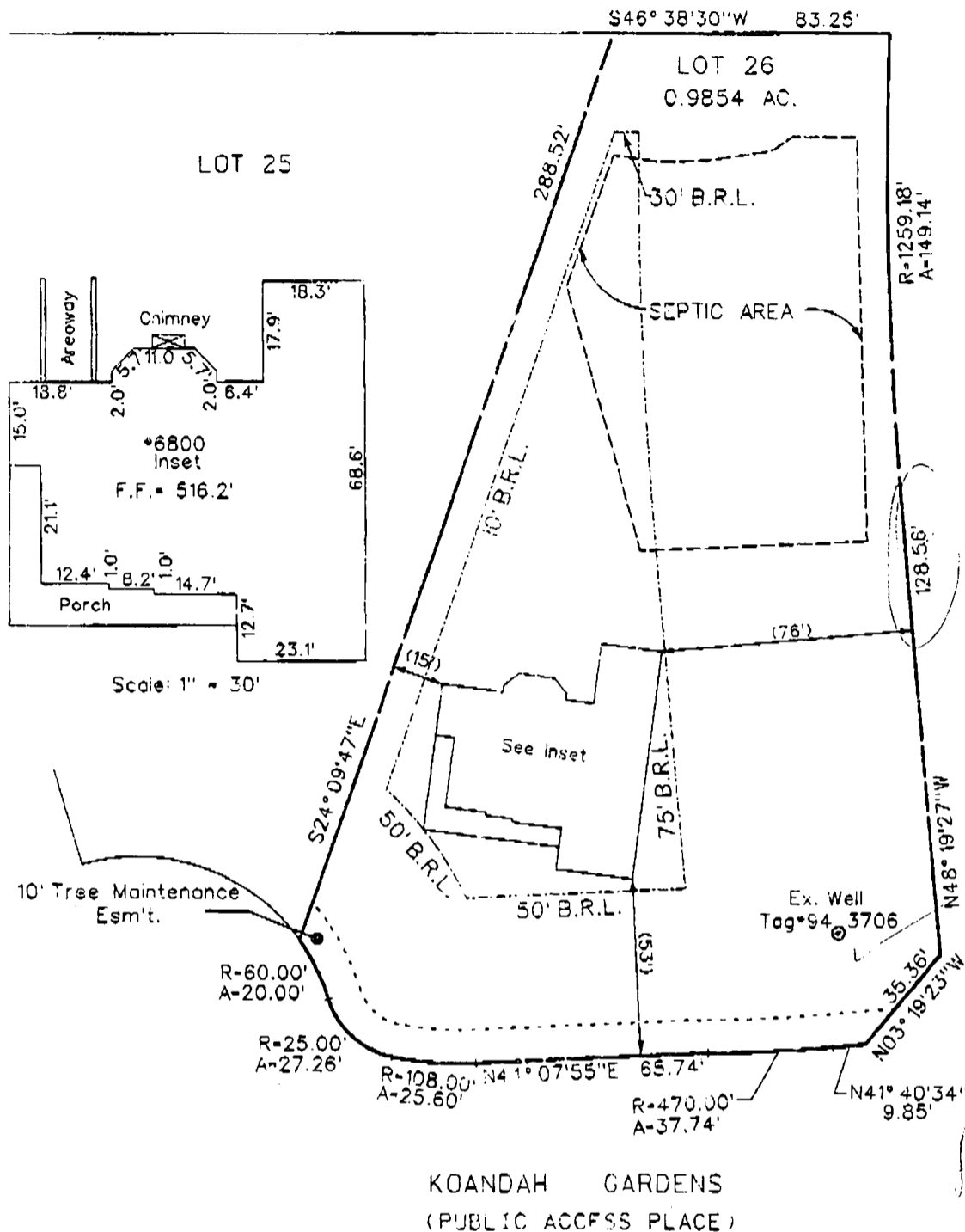
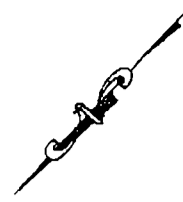
FINAL INSPECTOR Brian Baker

DATE OF APPROVAL 12/30/04

FLOOD CERTIFICATION

The house as shown on this property lies within Zone C, area of minimal flooding, as indicated on Federal Emergency Management Agency maps entitled "FIRM, Flood Insurance Rate Map"

FRED DAVIS
4749/565



HIGHLAND ROAD
(80' R/W)

*11-16-04
House exact
no more
septic & well
see bk
(KW)
Plat to scale*

Building setbacks as shown or noted on approved site development plan.

Front: AS SHOWN
Side:
Rear: AS SHOWN

PERMIT # B00149035

- PLEASE NOTE:
- 1) DIMENSIONS SHOWN WITHIN "()" ARE COMPUTED TO AN ACCURACY OF PLUS OR MINUS ONE FOOT.
 - 2) NO TITLE REPORT WAS FURNISHED. THIS PROPERTY IS SUBJECT TO ALL APPLICABLE EASEMENTS, RIGHTS-OF-WAY, COVENANTS AND THOSE DOCUMENTS WHICH THE UNDERSIGNED HAS NOT BEEN PROVIDED.
 - 3) THIS PLAT IS A BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 - 4) THIS PLAT IS NOT TO BE RELIED UPON FOR THE CONSTRUCTION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS.
 - 5) THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

Job No.: 0711-08-S0

Scale: 1" = 50'

WALL CHECK DRAWING

Date: October 14, 2004

Drawn: D.G.S.

Checked: K.L.D.

FINAL LOCATION DRAWING

Date:

Drawn:

Checked:

Project Directory

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS PLAT OF THE PROPERTY SHOWN ABOVE, DESCRIBED AS: LOT 26 AS SHOWN ON A PLAT OF SUBDIVISION TITLED: KOANDAH GARDENS ESTATES AS RECORDED IN PLAT BOOK N/A AS PLAT NO. 15632 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, WAS PREPARED UNDER MY SUPERVISION AND THAT THE EXISTING VISIBLE IMPROVEMENTS AS SHOWN HEREON WERE LOCATED BY RECOGNIZED SURVEYING PRACTICES AND UNLESS OTHERWISE INDICATED, NO OTHER VISIBLE EVIDENCE WAS OBSERVED OF APPARENT ENCROACHMENTS ACROSS THE PROPERTY LINES.

SIGNATURE: _____ DATE: October 14, 2004

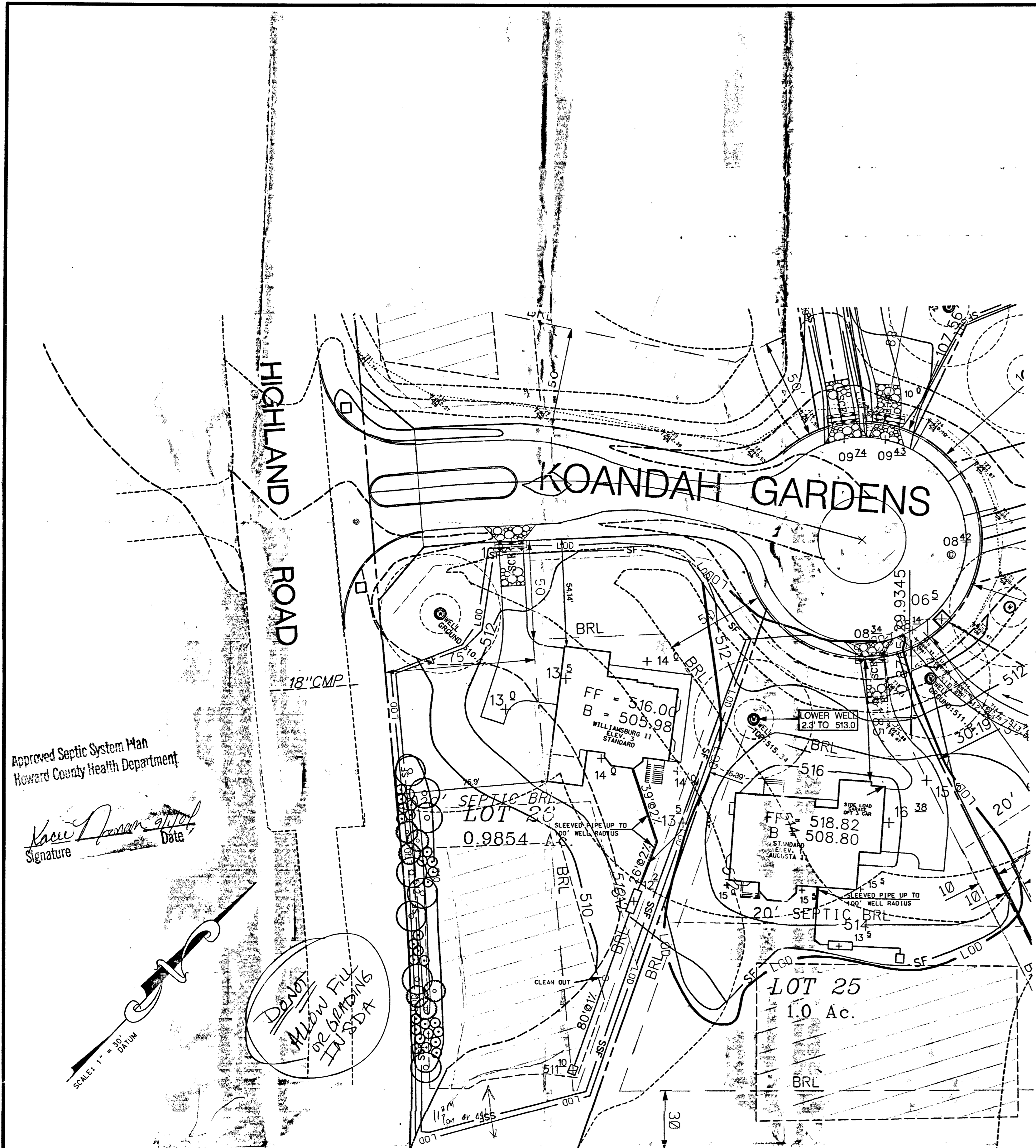
PRINTED NAME: Kenneth L. Dye TITLE: Property Line Surveyor MD. REG. NO.: 556

ROCKVILLE OFFICE

1390 Piccard Drive, Suite 100 Rockville, MD 20850 t.301.948.2750 f.301.948.9067
Engineering Planning Surveying Environmental Sciences www.LSAssociates.net

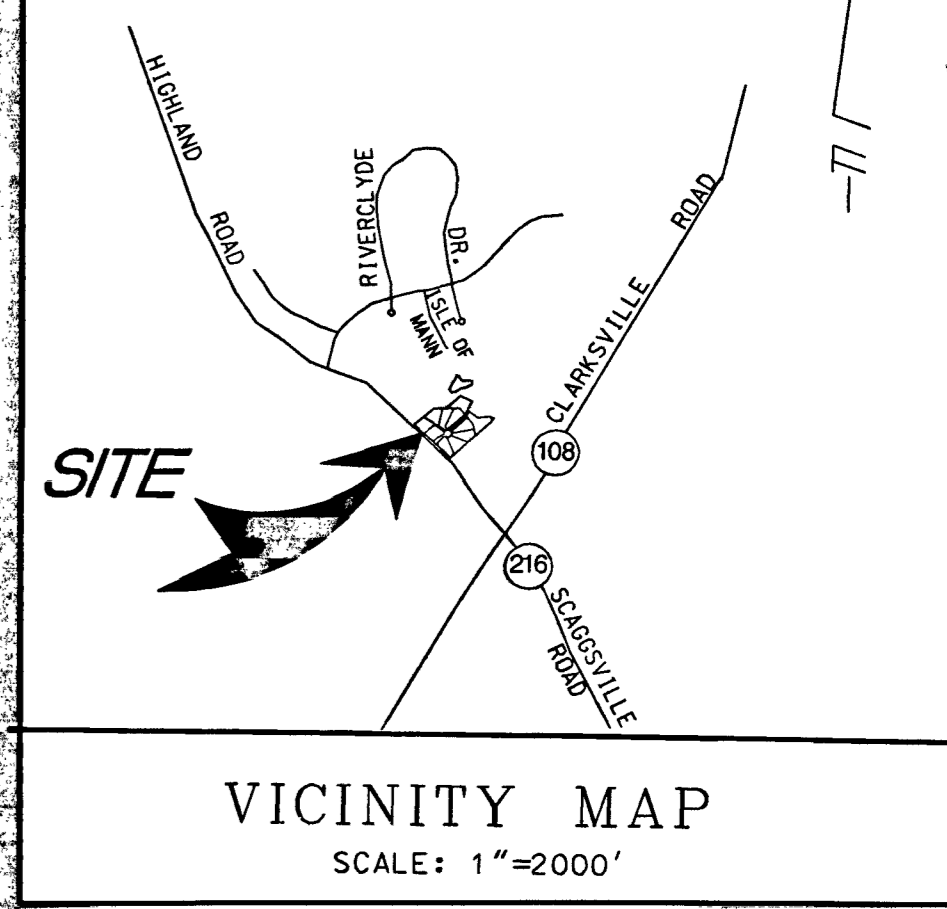
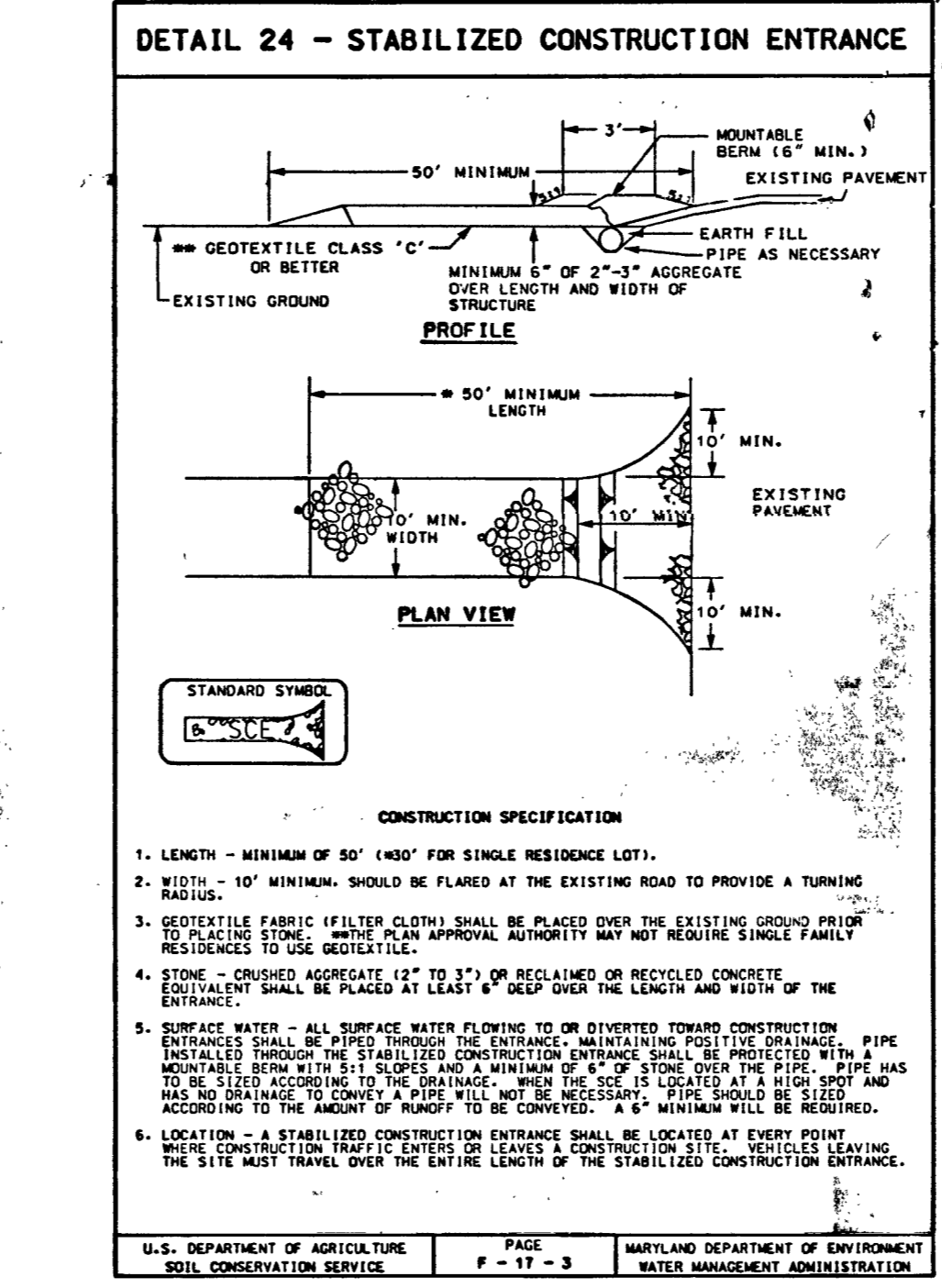
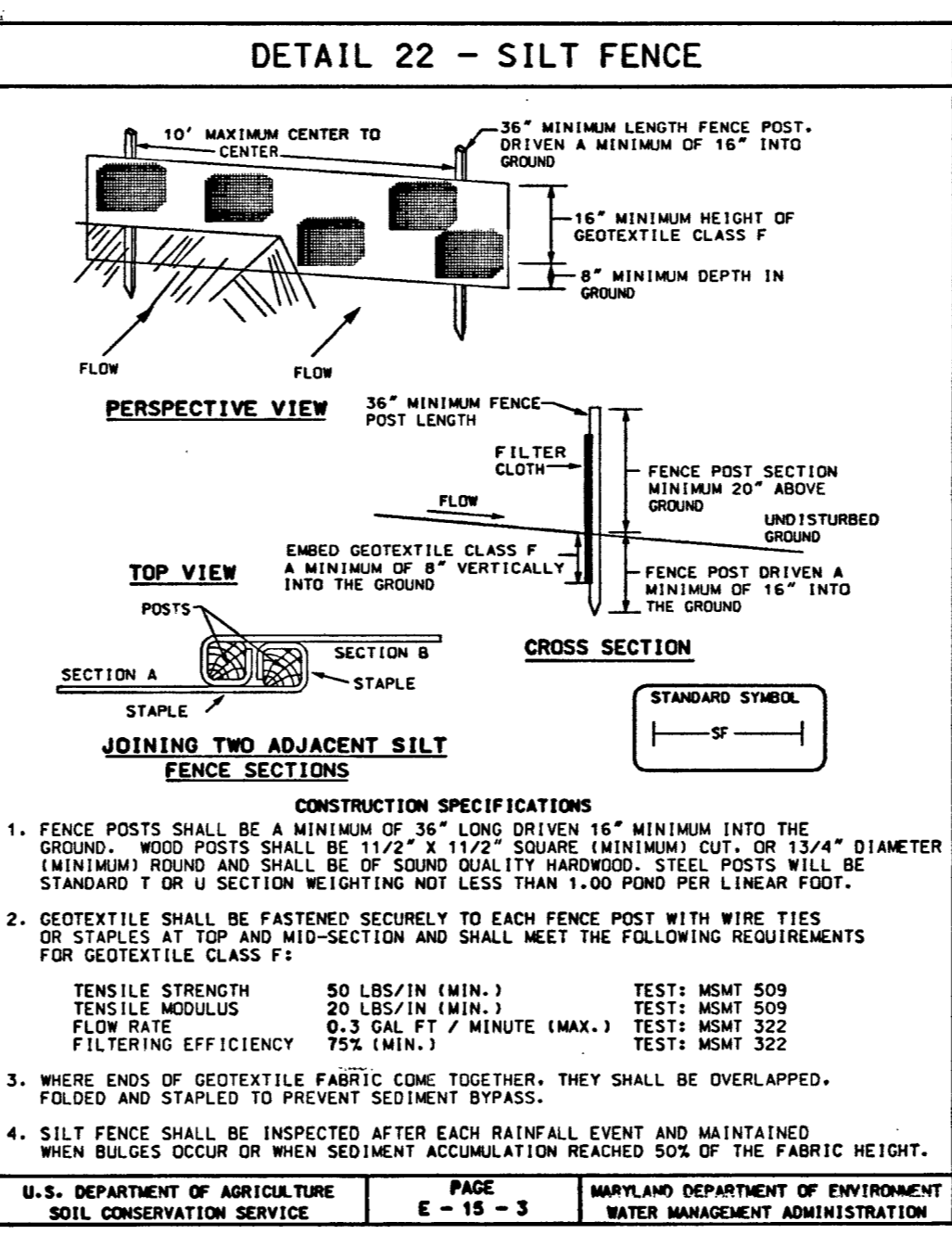


Loledeman
Soltész Associates, Inc.



Approved Septic System Man
Howard County Health Department
Karen Nason
Signature Date

Don't
Allow Fill
on Building
in SDA



GENERAL NOTES
ZONING RR-DEO
MINIMUM LOT SIZE 1 AC.
PROPOSED WATER SYSTEM - PRIVATE - WELL
PROPOSED SEWER SYSTEM - PRIVATE - SEPTIC
ON-SITE TOPOGRAPHY OBTAINED FROM SHANABERGER & LANE - FEBRUARY 1987
UPDATED IN 1998 & JUNE 2000
OFF-SITE TOPOGRAPHY FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMETRY WITH 5' CONTOUR INTERVAL

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MD DEPT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

THE EXISTING WELL SHOWN ON THIS PLAN, IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER EX: HO-94-3708 HAS BEEN FIELD LOCATED BY LOIEDERMAN SOLTEZ ASSOCIATES, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

SEPTIC TEST LOCATIONS AS SET BY OTHERS

TOPOGRAPHY HAS NOT BEEN FIELD VERIFIED BY LSA
ULTIMATE LOCATION OF SEPTIC TRENCHES AND ELEVATION OF DISTRIBUTION SYSTEMS TO BE DETERMINED AT BUILDING PERMIT TIME FOR EACH LOT.

BUILDING SETBACKS

| | |
|---------------|-----|
| FRONT | 50' |
| SIDE | 10' |
| REAR | 30' |
| FROM ARTERIAL | 75' |

WELL SETBACKS

| | |
|-------------------|------|
| FROM BUILDING | 30' |
| FROM SEPTIC FIELD | 100' |

SEPTIC SETBACKS

| | |
|---------------|------|
| FROM WELLS | 100' |
| FROM BUILDING | 20' |

| Lot No. | Lowest Plumbing Elev. | Septic Tank | | Finish Grade Over Tank | Finish Grade Over Distribution Box | Dist. Box Inv. In. | Length of Initial System | Length of Total System | No. of Bedrooms | PERCOLATION TEST DATA | | | | | | | | | |
|---------|-----------------------|-------------|-----------|------------------------|------------------------------------|--------------------|--------------------------|------------------------|-----------------|-----------------------|--------------------|----------------------|-----------|--------------------|----------------------|-----------|--------------------|----------------------|--|
| | | Inv. In. | Inv. Out. | | | | | | | Test Site | Average Time (Min) | Depth of Test (Feet) | Test Site | Average Time (Min) | Depth of Test (Feet) | Test Site | Average Time (Min) | Depth of Test (Feet) | |
| * 26 | 511.5 | 510.2 | 509.9 | 512.2 | 511.1 | 509.1 | 210 | 1000' | 5 | | | | | | | | | | |

* EJECTOR PUMP REQUIRED FOR BASEMENT PLUMBING.

OWNER/DEVELOPER
M/I Homes
5101-B Mountville Road
Frederick, MD 21703
Attn: John Berger

MISS UTILITY NOTE
INFORMATION CONCERNING EXISTING UNDERGROUND UTILITIES WAS OBTAINED FROM AVAILABLE RECORDS. THE CONTRACTOR MUST DETERMINE THE EXACT LOCATION AND ELEVATION OF ALL EXISTING UTILITIES AND UTILITY CROSSINGS BY DIGGING TEST PITS BY HAND, WELL IN ADVANCE OF THE START OF EXCAVATION. CONTACT "MISS UTILITY" AT 1-800-257-7777, 48 HOURS PRIOR TO THE START OF EXCAVATION. IF CLEARANCES ARE LESS THAN SHOWN ON THIS PLAN OR TWELVE (12) INCHES, WHOEVER IS LESS, CONTACT THE ENGINEER AND THE UTILITY COMPANY BEFORE PROCEEDING WITH CONSTRUCTION. CLEARANCES LESS THAN NOTED MAY REQUIRE REVISIONS TO THIS PLAN.

SITE DEVELOPMENT PLAN

KOANDAH GARDENS ESTATES
LOT 26
PLAT - M.D.R. #15632
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Rockville Lanham Frederick Waldorf Leonardtown Fairfax
Rockville Office
1390 Piccard Drive, Suite 100
Rockville, MD 20850
t. 301.948.2750 f. 301.948.9067
www.LSAssociates.net

| | | | |
|-----|------|----|------|
| NO. | DATE | BY | DATE |
| 2 | | | |
| 1 | | | |

DESIGNED: _____ CHECKED: _____
DATE: _____

PROJECT NO. 711-08-00
SHEET 1 OF 1

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: Vansant Plumbing Telephone #: 301.829.0444
Address: 3 N Main St.
Middleburg MD

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

License # and name of individual responsible for the field installation:
Name (Print): Larry A Vansant License# 169316

*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: M J Thomas Telephone #:
Subdivision: Brandon Gardens Lot #: 216 Well Tag #: HO -
Site Address: 1800 Brandon Gardens Ct.
Charlton MD 20777

Submersible Pump Data

Make: Goulds
Model #: TG30542
Pump Capacity: GPM
Well Yield: GPM

Pitless Adapter

Make: Campbell
Model #: 510X
Depth: 42 (36" min)
NSF approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 100 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 No

Piping to house

Type: Polyethylene
PSI: 200 (160 psi min)
Depth of supply line: 2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: [checked]
Approximate length of sleeve: [checked]
Sleeve caulked and sealed properly: [checked]

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: 12/29/04

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

Date Insp. Requested: Date Insp. Approved: 11/9/04 BB

- Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]
Sleeved Under Driveway

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

| | | | |
|---|--|---|--|
| C1 3914 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. |
| 1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | FILL IN THIS FORM COMPLETELY PLEASE TYPE | COUNTY NUMBER A51371-H |
| ST/CO USE ONLY DATE Received MM DO YY 8 13 | DATE WELL COMPLETED MM DO YY 6 18 83 | Depth of Well 22 225 26 (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL" OKSRK 6/16/03 HO-94-3706 |
| OWNER SANBORN JAMES | | TOWN HIGHLAND | |
| STREET OR RFD KOANNAH GARDENS CIRCLE | | SECTION 26 | |
| SUBDIVISION KOANNAH GARDENS | | LOT 26 | |

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 | 36 | |
| Gray Mica Rock | 36 | 225 | |

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 **12** NO. OF POUNDS **1128**

GALLONS OF WATER **72**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **36** 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) **40**

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 **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **4.2**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **23** ft.

WHEN PUMPING **141** 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 **(N)**

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 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above LAND SURFACE **2** (nearest foot)
(-) below

NUMBER OF UNSUCCESSFUL WELLS: **0**

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. **MSD 024**
DRILLERS SIGNATURE **James & Maryne**
LIC. NO. **D**

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

C 2

DEPTH (nearest ft.) **38** **225**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

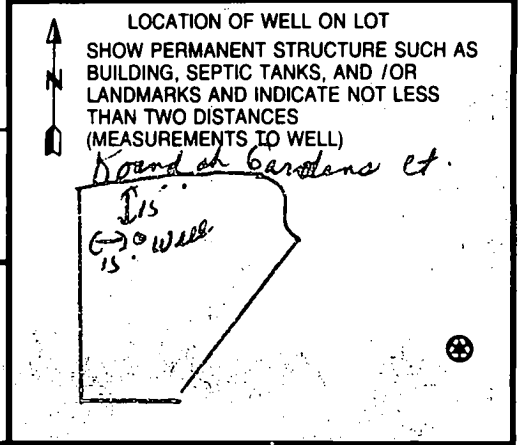
DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

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

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 5125

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518588 please type

STATE PERMIT NUMBER

HO-94-3706 fill in this form completely

Date Received (APA) 03/24/03

OWNER INFORMATION

Sandborn James 4967 Ten Oaks Rd Dayton Md 21036

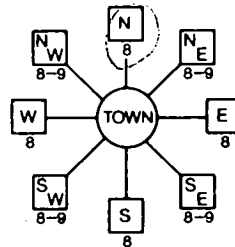
LOCATION OF WELL

Howard County Kosuda Gardens Estate Section 26 Highland

DRILLER INFORMATION

Joseph R Maize M S D O 24 Joseph R Maize Well Drilling 5512 Ridge Rd Mt Airy 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kosuda Garden Ct. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 100 FT TAX MAP: 34 BLK: 22 PARCEL: 78

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD AS11371-4

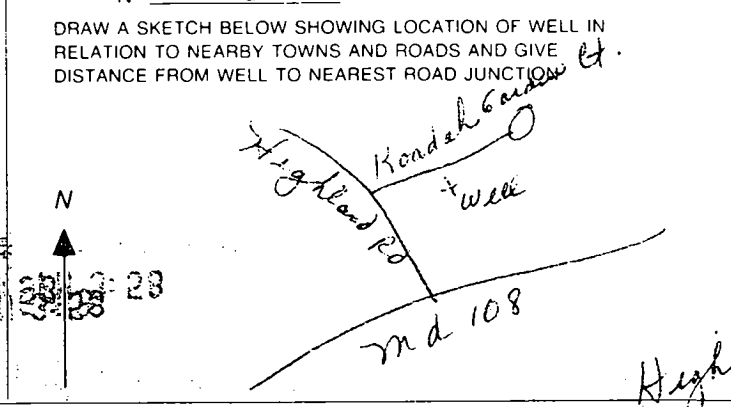
USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well

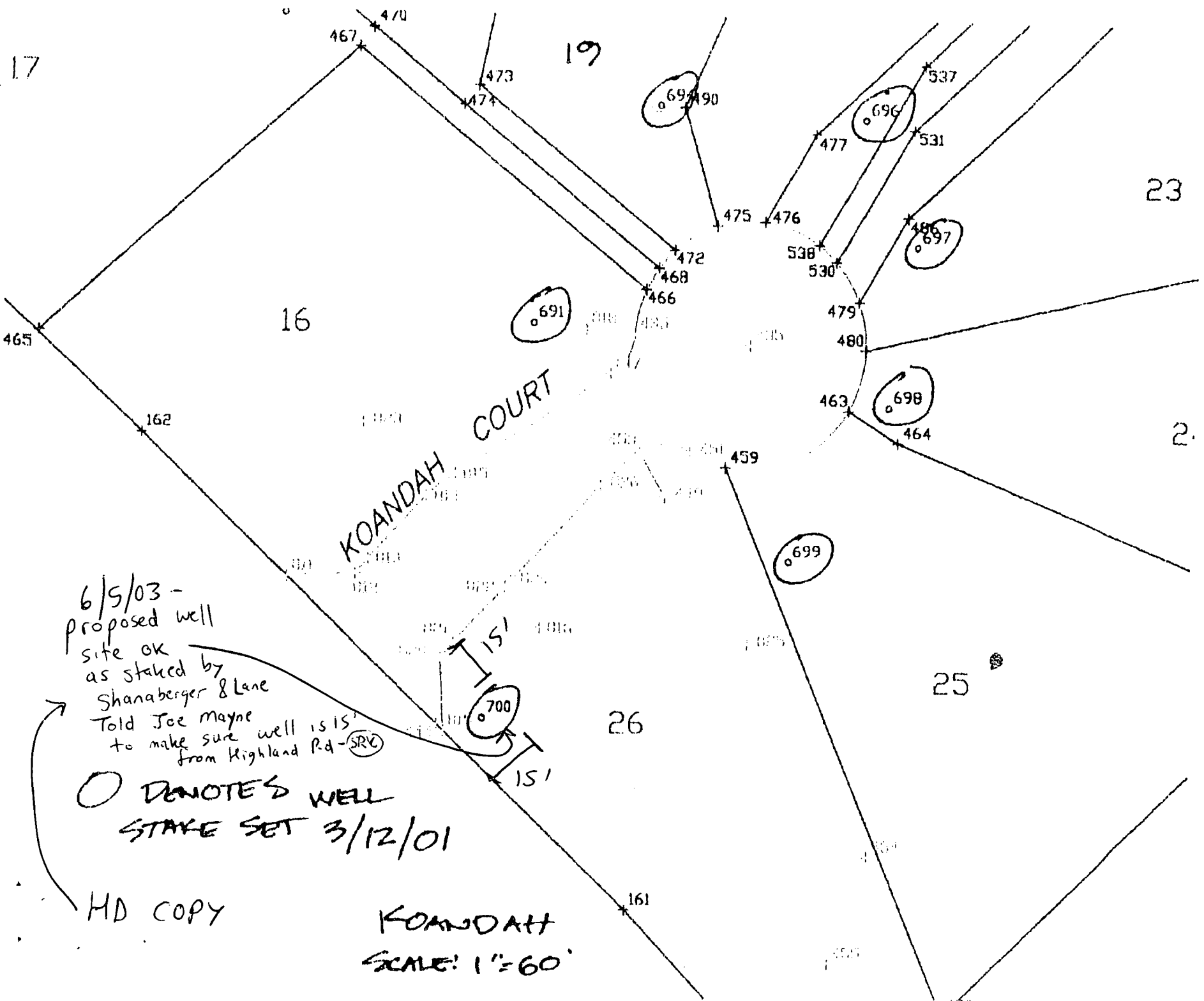
METHOD OF DRILLING (circle one) BORED (or-Auger) JETTED Jetted & DRIVEN

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP PERMIT NUMBER PERMIT No. HO-94-3706

SPECIAL CONDITIONS



6/5/03 -
 Proposed well
 site ok
 as staked by
 Shanaberger & Lane
 Told Joe Mayne
 to make sure well is 15'
 from Highland Rd - (SRV)

○ DENOTES WELL
 STAKE SET 3/12/01

HD COPY

KOANDAH
 SCALE: 1"=60'

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY # _____

SOIL PROFILE

0'

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Lot # 2

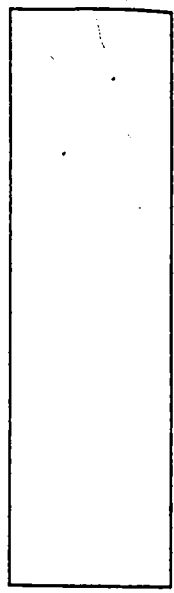
Kroschek Garden Review 8/17/99 continued from 8/10/99

| in 1st 99 then | in 2nd 99 then | Test Date | Test # | Rate - depth (Mpi) - | Visual hole depth | P/F | Remarks | |
|---|-------------------|--------------------------|-----------------------------------|-------------------------|-------------------------|-----|--|---------|
| 25 DA10 | 23 | 1/2/99 (Tested by GS) | 168 | 7 @ 4' | 12' | P | dry dark orange CL @ 5' OK @ 8' | |
| | | | 169 | 5 @ 3' 2 @ 7' | 12' | P | CL @ 5' | |
| | | | 170 | 5 @ 3 1/2' | 12' | P | OK @ 8' | |
| | | | 171 (190) | 9 @ 4' | 12' | P | N: data assume same as 168/169 | |
| | | | 169A | 4 @ 3' | NA | P | | OK @ 8' |
| 24 DA9 | 22 | 1/2/99 | 172 | 7 @ 3 1/2' | 12' | P | dry Brown CL @ 4' | |
| | | | 173 | 8 @ 3' 3 @ 7' | 12' | P | Typical (see 172) | |
| | | | 174 | 4 @ 4' | 11' | P | Typical (see 172) | |
| 23 DA8 | 21 | 1/2/99 | 175 | 18 @ 3 1/2' | 12' | P | orange SCL @ 3' OK @ 8' | |
| | | | 176 | 12 @ 4' | 11' | P | NA OK @ 8' | |
| | | | 196 (21A) | 2 @ 2' 2 @ 5' | 10' | ? | water @ 10' dark CL @ 2'; Br SCL @ 4' Tan/gray/brn SL @ orange (4'-10') | |
| | | | 24 | | | | | |
| | | | 24A | | | | | |
| 22 DA7 | 20 | 1/2/99 | 195 (20A) from above 196 | 3 @ 4' 2 @ 2' | 8 1/2' | F | water @ 8 1/2' dark brn CL @ 6' | |
| | | | 197 | 2 @ 5 1/2' | 10 1/2' | F | water @ 10 1/2' Scaly clay & water table | |
| | | | 198 | No Test | 11' | | dry @ 11' only 35' from 191 @ water @ 11' | |
| | | | 23C | | | | | |
| | | | 23B | | | | | |
| 23A | 1/2/99 | (High) | 191 | 4 @ 2' 2 @ 6' | 11' | | water @ 11' wrong CL @ 3 1/2' dark brn SSL; white/gray low chrome pebbles; alk/ox matter | |
| | | | 192 | 2 @ 3 1/2' 2 @ 4' | 8 1/2' | F | water @ 8 1/2' @ 8' questionable W.T. dark orange sandy @ 3'; dark brn micst & black banding @ 3' | |
| | | | | | | | dry & filled - Not tested - water | |
| <p>about same location as 23B + 23C</p> <p>2 lower tubes</p> <p>one at head of single, lower</p> <p>195 (20A)</p> | | | | | | | | |
| 21 | | | 22A | | | | | |

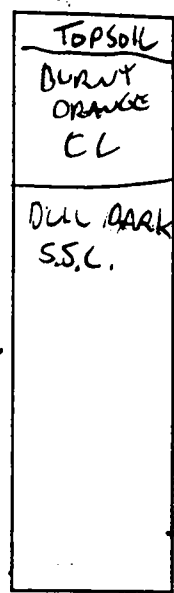
Lot 25
OK as proposed

Lot 24
OK as proposed

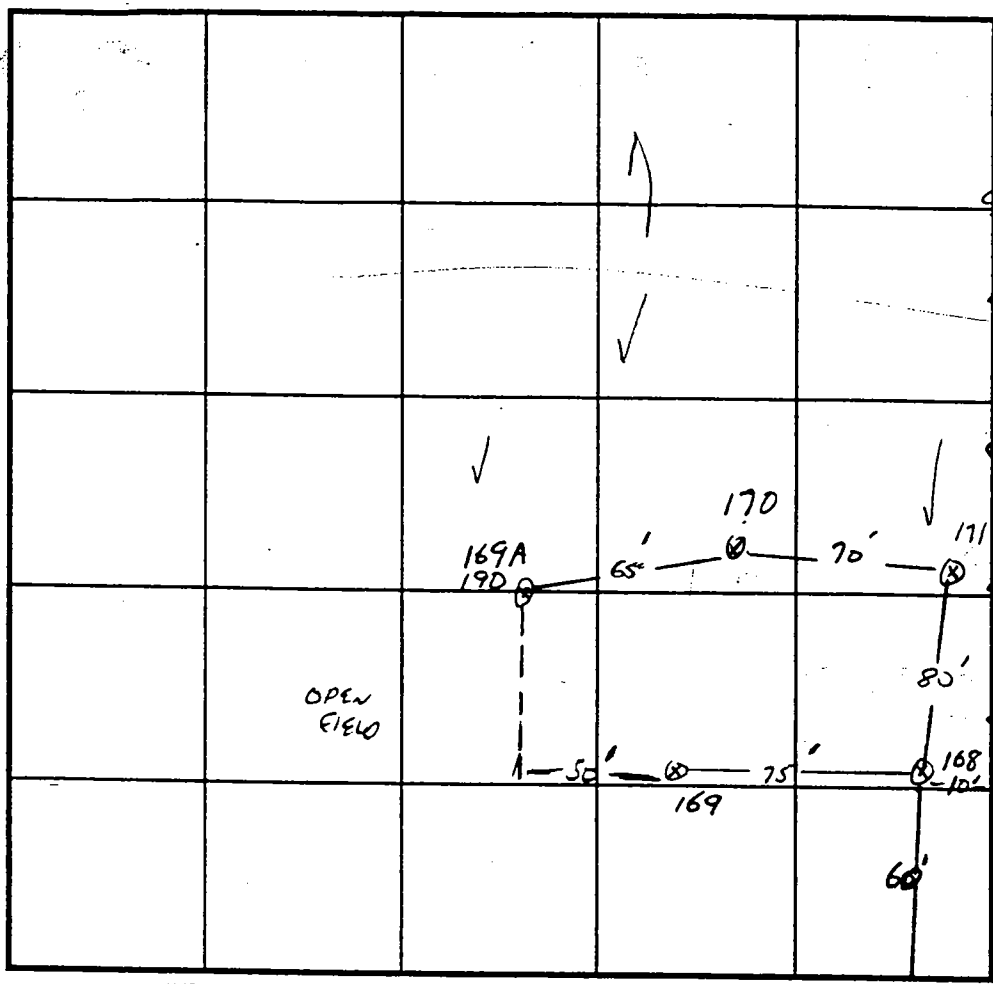
SOIL PROFILE



SOIL PROFILE

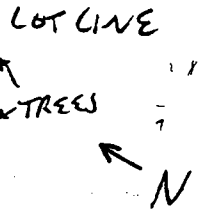


(68)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← HIGHWAY ROAD →



169+
A
TOPSOIL
BROWN CLAY LOAM
5'
BROWN ORANGE S.S.C.
7'
GRAY SANDY LOAM
FEL BANDS OF WHITE SAND w/ ORANGE MOTTLES
12'
DRY

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|-------------|-----------|---------|-------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 1/2/97 | 168 | 4 / 12V | 11:00 | 11:03 | 11:03 | 11:10 | 7 MIN |
| | | 8 VOLTS | | | | | |
| | 169 | 7 / 12V | 11:07 | 11:09 | 11:09 | 11:11 | 2 MIN |
| | | 3 | 11:05 | 11:08 | 11:08 | 11:13 | 5 MIN |
| | 190 169A | 3 / 12V | 11:15 | 11:16 | 11:16 | 11:20 | 4 MIN |
| | | 8 VOLTS | | | | | |
| | 170 | 3.5 / 12V | 11:20 | 11:22 | 11:22 | 11:27 | 5 MIN |
| | | 8 VOLTS | | | | | |
| | 171 | 4 | 11:23 | 11:27 | 11:27 | 11:36 | 9 MIN |

REMARKS LOT 23 LOCATE WELL + SEPTIC FOR ADJACENT PROPERTY

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT R. DEATTI, OWNER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

KOANDOAH GARDENS
Phase I
Septic Disposal Areas (SDA)

SDA 1 (11,700 sf)

| Test | Yr. | Depth | Minutes |
|------|------|-------|---------|
| 11 | 4/93 | 36" | 12 |
| 12 | 4/93 | 48" | 11 |
| 13 | 4/93 | 54" | 4 |
| 14 | 4/93 | 42" | 22 |

Lot 17

SDA 2 (11,875 sf)

| Test | Yr. | Depth | Minutes |
|------|------|-------|-----------------|
| 2 | 4/93 | 42" | 4 |
| 17 | 4/93 | 62" | 16 |
| 18 | 4/93 | 42" | 9 |
| 178 | 1/97 | 8'6" | no test - water |

SDA 3 (11,300 sf)

| Test | Yr. | Depth | Minutes |
|------|------|-------|-----------------|
| 8 | 4/93 | 54" | 6 |
| 7 | 4/93 | 48" | 10 |
| 183 | 1/97 | 12' | no test - water |
| 182 | 1/97 | 48" | 7 (adj. area) |

Lot 19

SDA 4 (10,000 sf)

| Test | Yr. | Depth | Minutes |
|------|------|-------|---------|
| 181 | 1/97 | 11' | no test |
| 180 | 1/97 | 42" | 4 |
| 6 | 4/93 | 42" | 3 |

Lot 20

SDA 5 (10,000 sf) *Needs W.S. eval.*

| Test | Yr. | Depth | Minutes |
|------|--|-------|-------------------------------|
| 21A | 7/99 | 42" | 5 ✓ |
| 21B | 7/99 | 40" | 2.9 ✓ (No collection records) |
| A2D | 7/99 | 33" | 10 |
| 21C | 7/99 | 38" | 15.5 ✓ |
| 21D | 7/99 | 39" | 10 ✓ |
| A2C | <i>water level @ 8ft on 7/9/99 (Summer drought year)</i> | | |
| A2E | - | 42" | 15 m |

SDA 6 (10,230 sf) *Needs W.S. eval*

| Test | Yr. | Depth | Minutes |
|------|------|-------|---------|
| 22D | 7/99 | 42" | 28 ✓ |
| 22B | 7/99 | 39" | 7 ✓ |
| 22C | 7/99 | 38" | 7 ✓ |
| 22A | 7/99 | 40" | 2.5 ✓ |

with @ 10' in July drought year - very back at @ 6'4"

SDA 7 (10,440 sf) *Needs W.S. eval*

| Test | Yr. | Depth | Minutes |
|--|---|-------|----------------------------|
| RATG: 20 mpi <i>area @ Head of Swale</i> | | | |
| 23D | 7/99 | 38" | 5.8 min Fail |
| 23B | 7/99 | 39" | 4.5 Fail regular perc test |
| 23C | 7/99 | 40" | 11 ✓ |
| 195 | 1/97 | 48" | 3 |
| 23A | <i>water table @ 8 1/2 ft on 7/9/99 (drought year summer)</i> | | |
| | <i>Fail @ 38 (37 mpi) + 44 (35 mpi)</i> | | |

SDA 8 (10,080 sf) *Needs W.S. eval*

| Test | Yr. | Depth | Minutes |
|---|------|-------|---------|
| <i>area @ Head of Swale</i> | | | |
| 24A | 7/99 | 41" | 14 ✓ |
| 24B | 7/99 | 47" | 2 ✓ |
| 196 | 1/97 | 24" | 2 |
| 175 | 1/97 | 42" | 18 |
| 176 | 1/97 | 43" | 12 |
| <i>see 23A - water table @ 8 1/2' in July</i> | | | |

Lot 24

SDA 9 (10,010 sf)

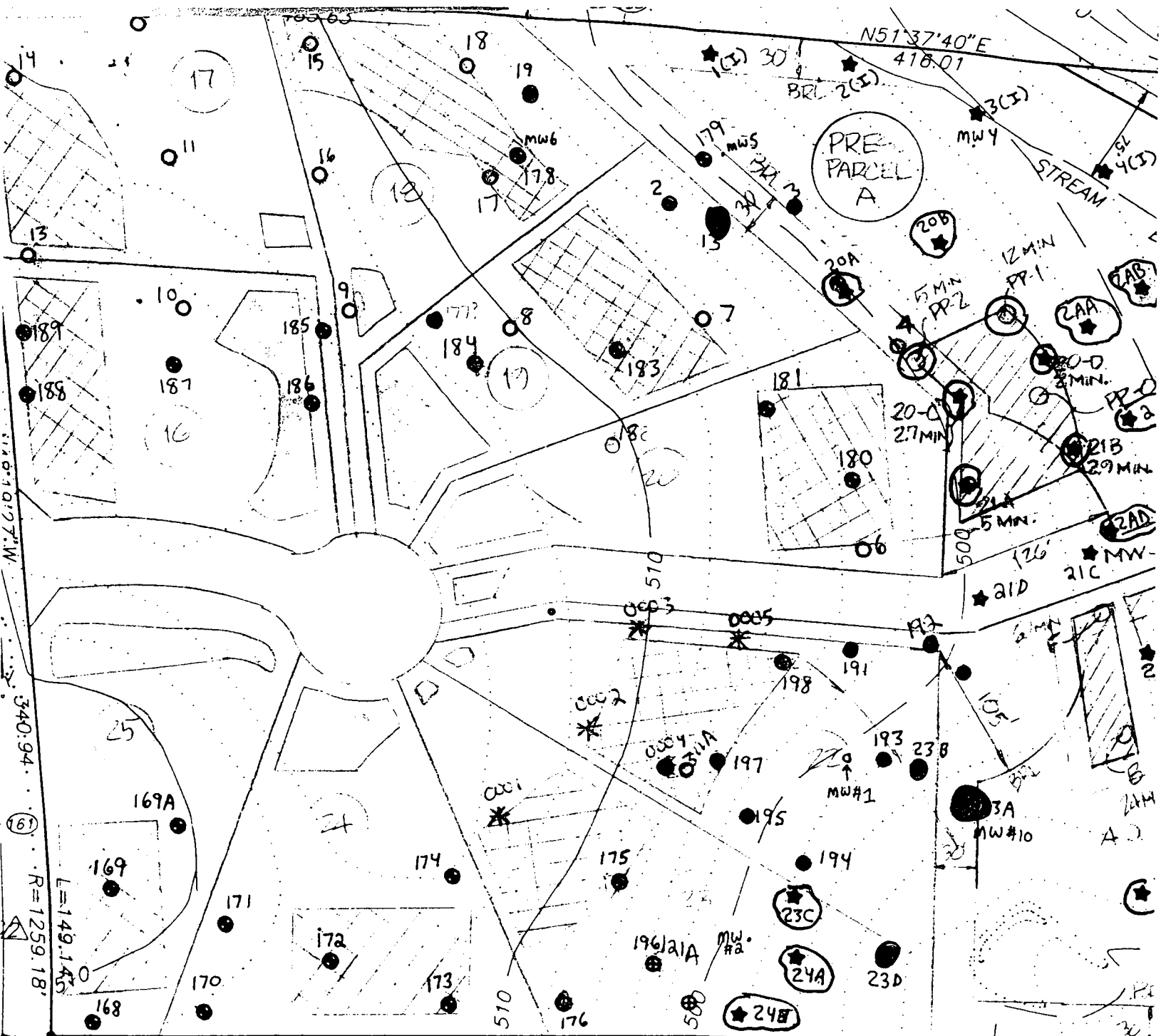
| Test | Yr. | Depth | Minutes |
|------|------|-------|---------|
| 170 | 1/97 | 42" | 5 |
| 171 | 1/97 | 48" | 9 |
| 172 | 1/97 | 42" | 7 |
| 173 | 1/97 | 36" | 18 |
| 174 | 1/97 | 48" | 11 |

Lot 25

SDA 10 (10,080 sf)

| Test | Yr. | Depth | Minutes |
|------|------|-------|---------|
| 168 | 1/97 | 48" | 7 |
| 169 | 1/97 | 36" | 5 |
| 169A | 1/97 | 36" | 4 |

Lot 26



510
 515
 S46°38'30"W
 458.03
 S48°07'19"W
 490
 402.26
 510
 515

Approved
 Fred
 Cert
 FRED DAVIS
 367/846

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

00143021

Building Address 6800 Koandah Gardens
Highland Rd 2277

Property Owner's Name M/J Flowers D.C. LLC
Address 1803 Roseauh Blvd
City Rockville State MD Zip Code 20850

Suite/Apt. #: 1/A SDP/WP/Petition #: _____
City Rockville State MD Zip Code 20850

Census Tract 60701 Subdivision Koandah Gardens
Home Phone _____ Work Phone 301-315-0191
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 26
Phone _____ Fax _____

Tax Map 0840 Parcel 00 Grid 2274
Contractor Company OWNER
Contact Person _____
Address _____
City _____ State _____ Zip Code _____

Zoning R-1 Map Coordinates (4P)12 Lot size 1/4
Phone _____ Fax _____

Existing Use Vacant land
Proposed Use SALES TRAILOR
Estimated Construction Cost \$ 5000.00
Description of Work 24x50 - metal trailer

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant OWNER
Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|--|--|--|---|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> | Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private | 1st floor: _____ 2nd floor: _____ Basement: _____ | Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ | Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> State Certified Modular | | <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | |

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: Gray Robey Title/Company: County Public Works Supervisor
Print Name: Gray Robey Date: 7/16/03

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 | PROPERTY ID# |
|-----------------------|---------|----------------------------|--|--------------|
| Land Development, DPZ | 7/16/03 | <u>[Signature]</u> | Front: <u>N/A</u> Rear: <u>75'</u> Side St.: <u>N/A</u> All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 57148 |
| State Highways | | | Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Building Official | | | Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Dev. Engineering, DPZ | 7/16/03 | <u>Mark R. [Signature]</u> | Lot Coverage for New Town Zone _____ | |
| Health | | | SDP/Red-line approval date _____ | |
| Fire Protection | | | | |

Is Sediment Control approval required prior to issuance? YES NO

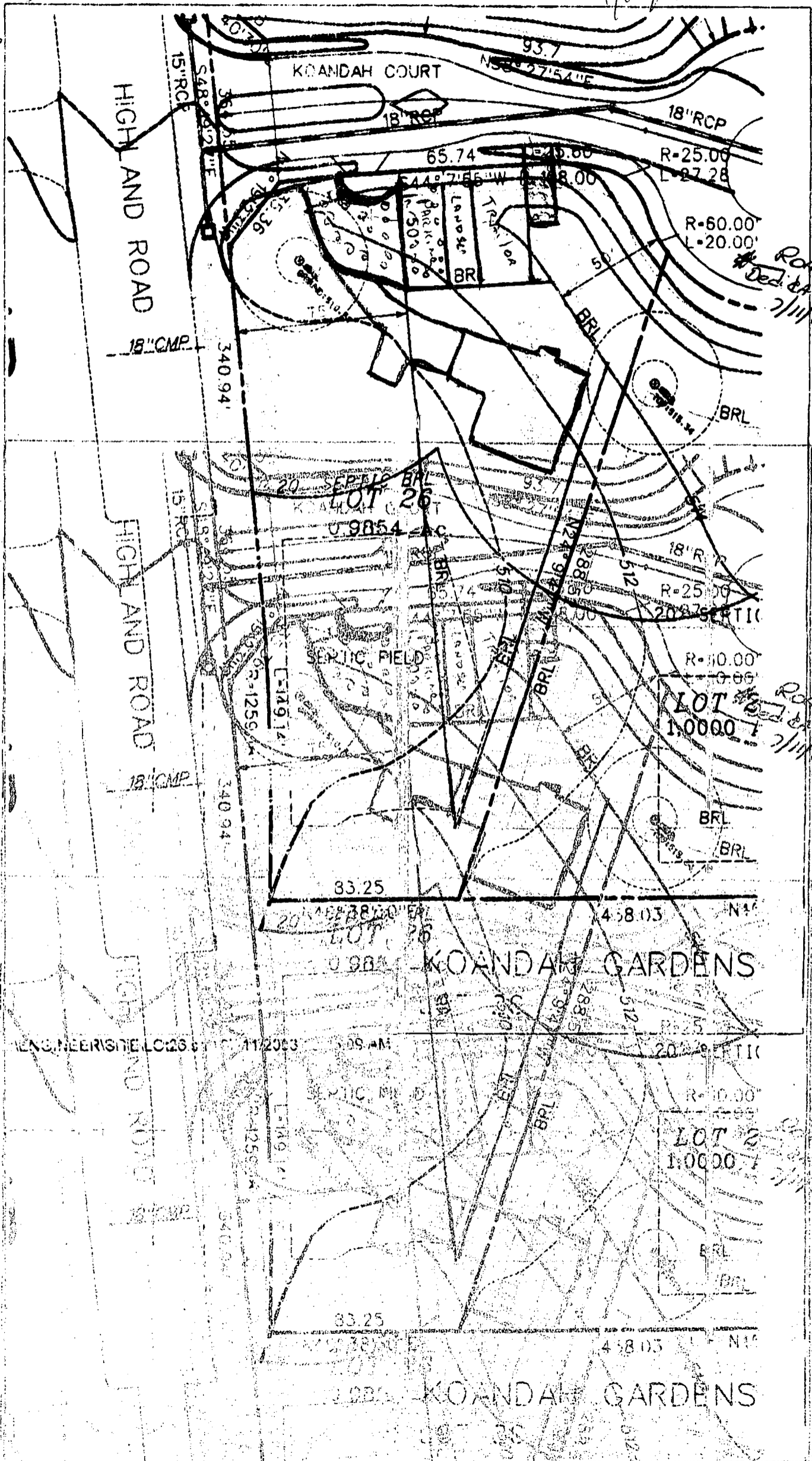
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 14151
Validation # 14151

Accepted by: [Signature]

TRAILER OK MR
7/16/03



Road no
Ded. dated
7/11/03

Road no
Ded. dated
7/11/03

Road no
Ded. dated
7/11/03

GEN. SITE LC:23 5/11/2003 5:09 AM

GEN. SITE LC:23 5/11/2003 5:09 AM