

4/23/86
Non-irradiated

NO matches found

6/23/86
repair OK
BA

PERMIT

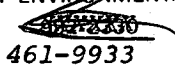
SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 37213

A REPAIR

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH



INDEXED

ELLICOTT CITY

DISTRICT _____

DATE 6/20/86

J. E. Feaga & Son

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 442-5623

SUBDIVISION BRANTWOOD 1 ROAD 3050 Lancelot Cross LOT 26
~~11305 Frederick Road~~

PROPERTY OWNER Charles Columbia Feaga (SYMON MEGHANNE)

ADDRESS prev. addr. 11305 Frederick Road of property

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - call for inspection when ground is opened up so sanitarian can recommend repair.

orange/brown clay to clay loam (= 2 1/2')
below fine powdery tan brown silty mica loam
tank pumped out

PLANS APPROVED BY C. Williams DATE 6/20/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

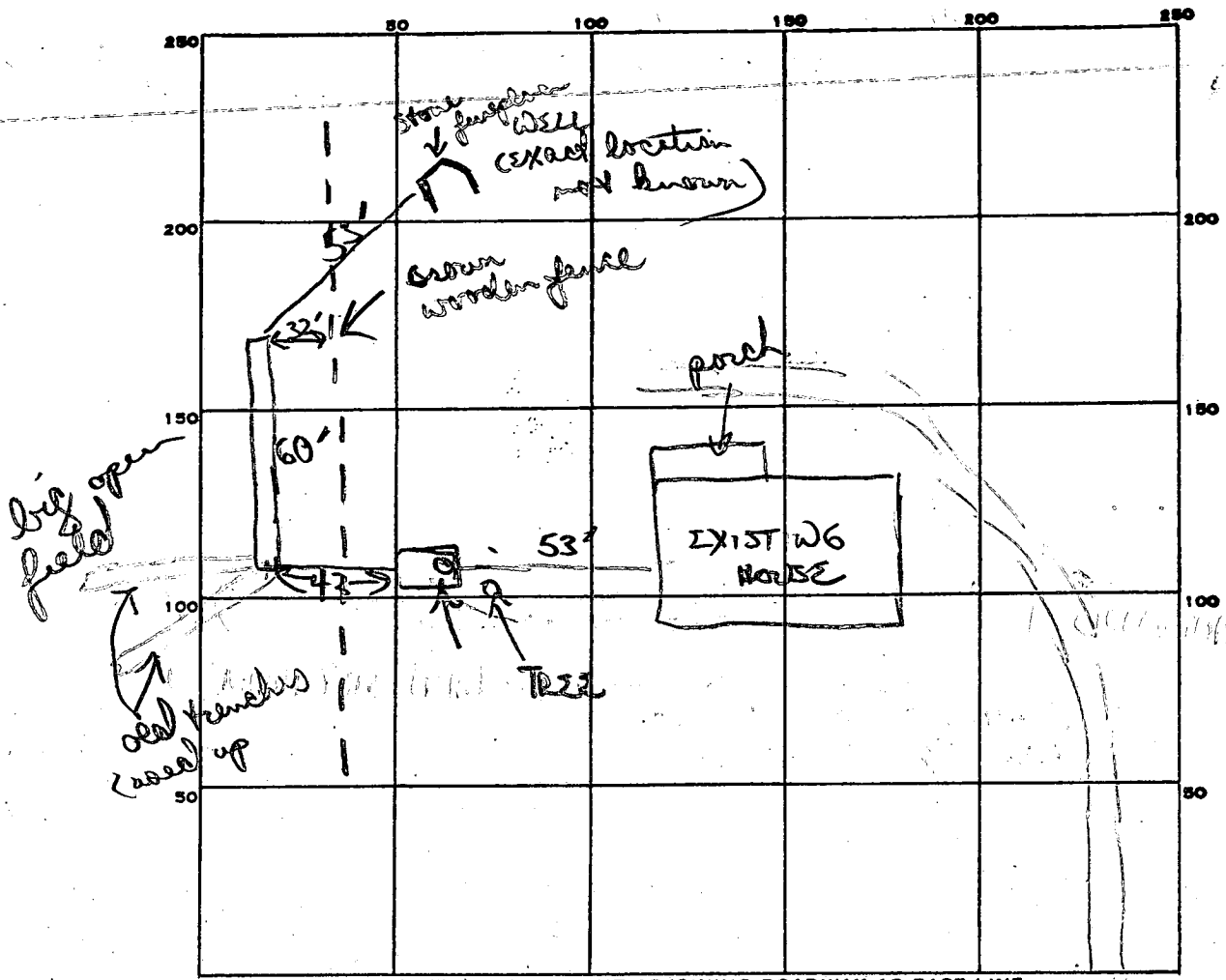
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BLDG. PERMIT SIGNED
AND RETURNED 10/11/91
Serial # 39746
Pool

REPAIR
37213

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

CALL 997-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD final

SEPTIC TANK, LEVEL 1000 gal existing CLEANOUTS S.T. 40

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 390

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 390 SQ. FT.

3
125
3
375 MIN

48
7
326

REMARKS 6/23/86 OK to go 2 1/2' - 9". OK to add stone pipe paper to trench OK to partial cover trench if necessary
6/23/86 OK to cover trench & all work

DATE SYSTEM APPROVED 6/23/86 INSPECTOR B. W. Wiper

10/31/01

Noon

**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: Feaga Plumbing & Heating Telephone #: 465-1401
Address: _____ 984-5725

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____
***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: Charlie Feaga Telephone #: _____
Subdivision: Brantwood Lot #: _____ Well Tag #: HO-94-3137
Site Address: 3050 Lancelot Cross EX. HOUSE (Charlie Feaga)

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 10/31/01 Date Insp. Approved: 10/31/01 MR

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER 13 *BU SRU 9/14/01*

ST/CO USE ONLY DATE RECEIVED MM DD YY DATE WELL COMPLETED 08 28 01 Depth of Well 22 180 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-3137

OWNER *Feaga Charles* STREET OR RFD *Lancelot Cross* TOWN *Ellicott City* SUBDIVISION *Feaga Property* SECTION LOT 1

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	
Top Soil	0	2	
Sandy	2	40	
Sand Stone	40	50	✓
Micka	50	80	
Sand Stone	80	85	✓
Micka	85	180	

GROUTING RECORD YES NO
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE-CLAY BC

NO. OF BAGS: 45 46 16 NO. OF POUNDS 18 46 180
GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.

CASING RECORD

main casing TYPE *PL* Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55

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

SCREEN RECORD

screen type or open hole ST BR HO
STEEL BRASS OPEN HOLE
 PL OT
PLASTIC OTHER

C2 DEPTH (nearest ft.)

1 2 110 53 180

E A C H S C 3 R E E N

SLOT SIZE 1 1/16 2 3

DIAMETER OF SCREEN 4" (NEAREST INCH)

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE *Bucket*

WATER LEVEL (distance from land surface)

BEFORE PUMPING 47 ft.

WHEN PUMPING 25 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 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 YES NO

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. M SD 112

DRILLERS SIGNATURE *[Signature]*

LIC. NO. M D

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

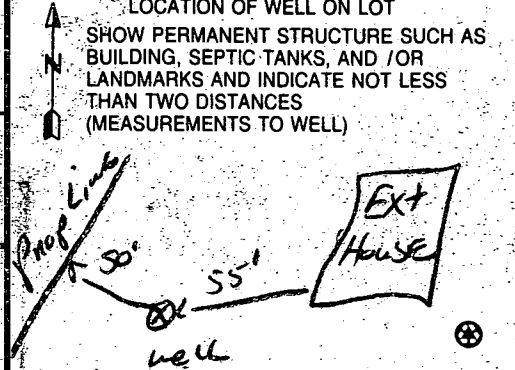
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3137
 Location of property (road) Lancelot Cross
 Subdivision Feaga Property Lot 1 Block Plat Sec.
 Well Driller R. Mayne Owner Feaga

Depth of well 180 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 47 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 75 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	47 ft	6 Sec		10 GPM
8:45	75 ft	6 Sec		10 GPM
9:00	75 ft	6 Sec		10 GPM
9:15	75 ft	6 Sec		10 GPM
9:30	75 ft	6 "		10 "
9:45	75 "	6 "		10 "
10:00	75 "	6 "		10 "
10:15	75 ft	6 Sec		10 GPM
10:30	75 ft	6 Sec		10 GPM
10:45	75 ft	6 Sec		10 GPM
11:00	75 "	6 "		10 "
11:15	75 "	6 "		10 "
11:30	75 ft	6 Sec		10 GPM
11:45	75 ft	6 Sec		10 GPM

HD-224 55 casing 304 gpm
 16 BAYS

B 1	8902	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W515315 please print or type.	STATE PERMIT NUMBER HO-94-3137 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) 07-02-01
8 MM DD YY 13

FRAYA BARBARA E CHARLES
15 Last Name Owner First Name 34

3050 LANCELOT CROSS
36 Street or RFD 55

ELLIOTT CITY MD. 21042
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

RALPH E MAYNE MSD 112
76 Driller's Name License No. 81

Ralph E. MAYNE Well Drilling
Firm Name

17024 Handy Rd. Mt Airy MD. 21071
Address

Ralph E. Mayne 6-25-01
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

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

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY JETTED Jetted & DRIVEN

30 AIR-PERCUSION 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

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

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

APPROP. PERMIT NUMBER _____

PERMIT No. HO-94-3137
70 71 72 73 74 75 76 77 78 79

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

LOCATION OF WELL

Howard
8 COUNTY 21

Fraya Prop.
23 SUBDIVISION 42

SECTION 1 LOT 1
44 46 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

LANCELOT CROSS
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 225 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX. MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 07/02/01 CO SIGNATURE [Signature] EXP. DATE 07/02/02
43 MM DD Y 48

NORTH GRID 827 000 EAST GRID 0529 000
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 8/28/01 Grant 9:00 OK

SOURCES OF DRILLING WATER

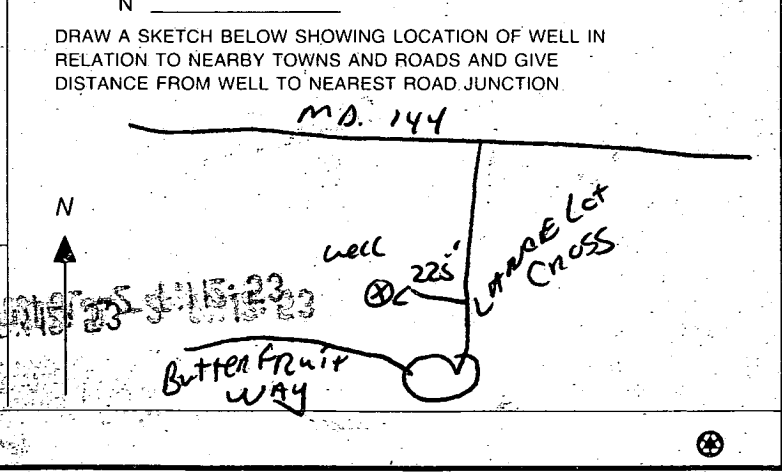
- well
-
-

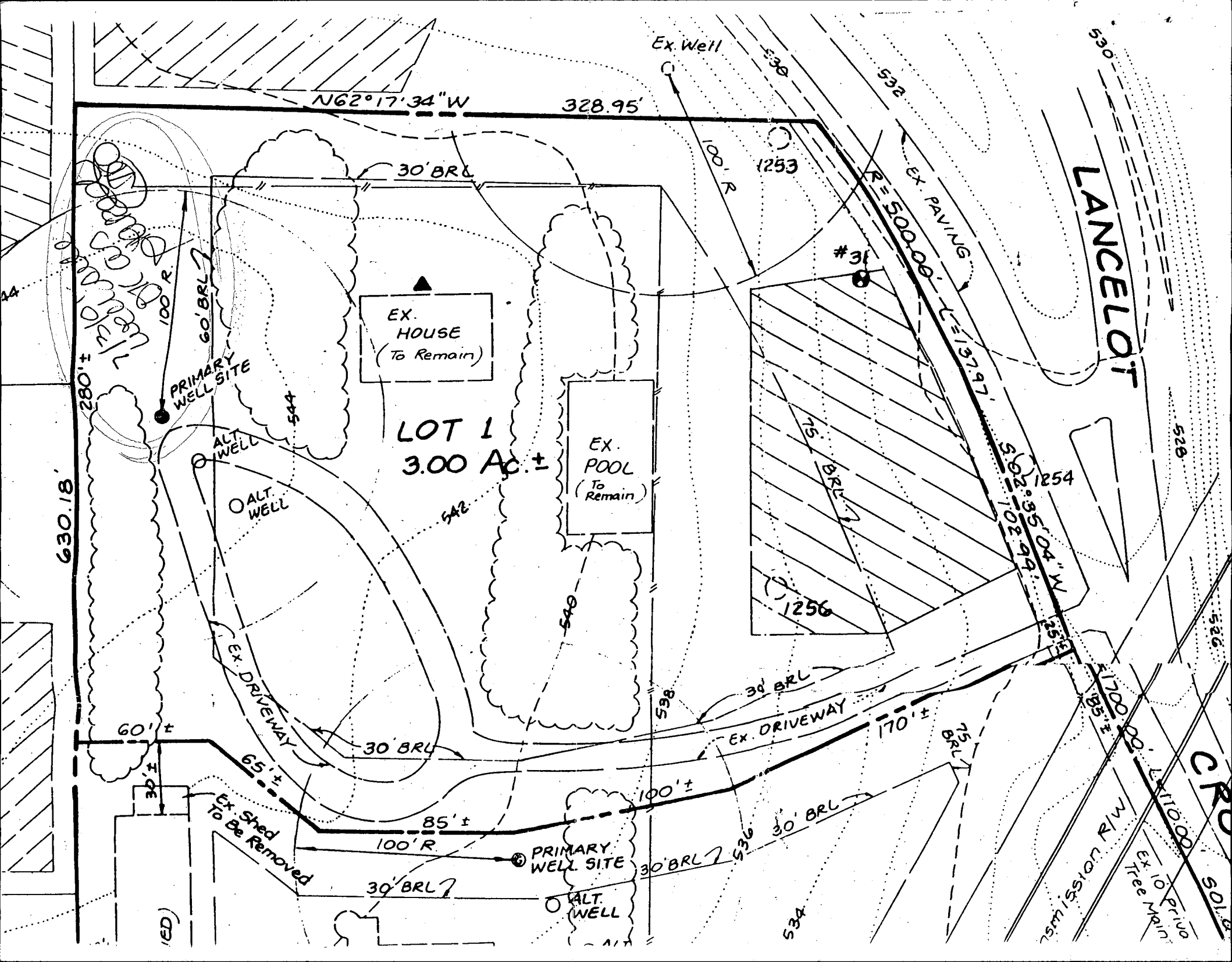
WRITE THE BOX NUMBER FROM THE MAP HERE

E 530

N 825

000
000





NG2°17'34"W 328.95'

30' BRL

EX. HOUSE
(To Remain)

LOT 1
3.00 Ac. ±

EX. POOL
(To Remain)

PRIMARY WELL SITE

ALT. WELL

ALT. WELL

EX. DRIVEWAY

30' BRL

EX. Shed
To Be Removed

PRIMARY WELL SITE

ALT. WELL

30' BRL

Ex. Well

#31

EX. PAVING
R=500.00' L=137.97'

LANCELOT

75' BRL

1256

EX. DRIVEWAY

30' BRL

170' ±

30' BRL

MISSION R/W

EX. Tree Mark
10' Drivng

CRO
SOLB

630.18'

280' ±

100' R

60' BRL

544

542

540

538

536

534

538

532

530

528

526

5185' ±

1700' ±

1100' ±

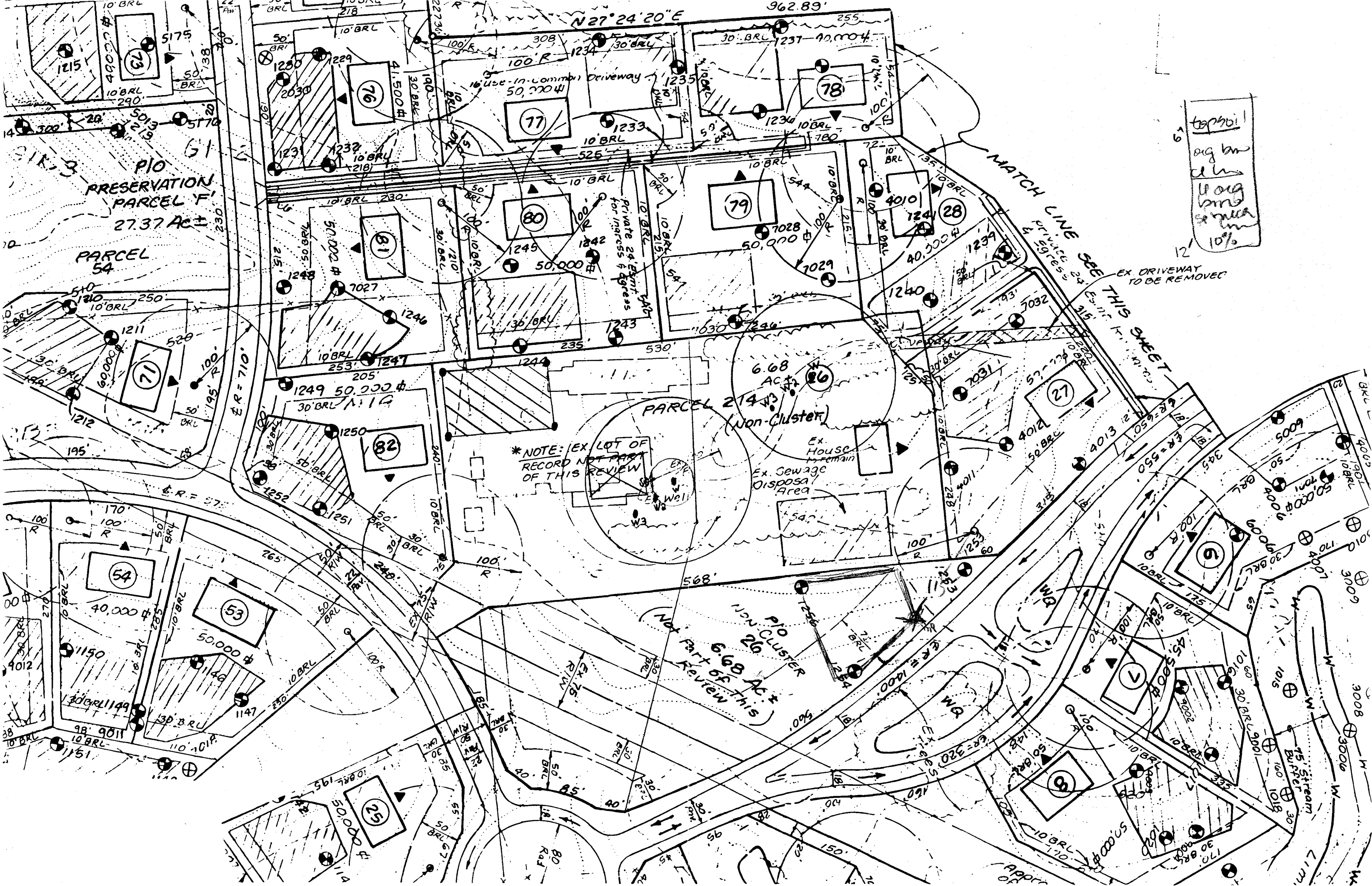
1000' ±

502°35'04"W
502.102.94'

1700' ±

1100' ±

1000' ±



PRESERVATION
PARCEL F
27.37 AC ±

PARCEL
54

PARCEL 214
(Non-Cluster)

*NOTE: EX LOT OF
RECORD NOT PART
OF THIS REVIEW

NON-CLUSTER
6.68 AC ±
Review of this

topo
big br
cl
10%
12'

MATCH LINE SEE
THIS SHEET

EX DRIVEWAY
TO BE REMOVED

Ex. House
to remain

Ex. Sewage
Disposal
Area

75' Stream
Buffer
Lim.

Appr
of



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 20, 2001

Mr. and Mrs. Charles Feaga
C/o Heritage Land Development
3060 Washington Road, Suite 220
Glenwood, Maryland 21738

RE: **Percolation Test Results**
Application: A514911
Proposal: Subdivision
Property ID: Brantwood, Lot #26 and Parcel #214
Lancelot Cross
Tax Map: 16 Parcel #214

Dear Mr. and Mrs. Feaga:

Percolation testing was conducted February 12, 2001 on the above referenced property. Test results indicated satisfactory soil conditions. A copy of the percolation test results is enclosed.

A **licensed surveyor** should submit a Percolation Certification Plan showing the following information to this office at this time:

- actual locations and elevations of all excavated test holes
- proposed water well locations
- proposed septic reserve areas
- proposed house site on vacant lot
- locations of streams/swales/springs and any other features in the vicinity of the area tested
- field matched contour lines at 2-foot intervals
- location of all existing wells and septic systems within 100 feet of all property boundaries
- location of all existing structures and intent regarding these structures

This plat should be submitted within sixty (60) days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the address below or by calling (410) 313-2640. Thank you in advance for your time and cooperation.

Sincerely,

Donna K. Clark, R.S.
Water and Sewerage Program

DKC

Enclosures

Cc: file

2/2/01
letter not
sent - Jim Feaga
conferred by
phone (DKC)



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 2, 2001

Mr. and Mrs. Charles Feaga
C/o Heritage Land Development
3060 Washington Road, Suite 220
Glenwood, Maryland 21738

RE: **Percolation Test Date**
Application: A514911
Proposal: Subdivision
Property ID: Brantwood, Lot #26
Lancelot Cross
Tax Map: 16 Parcel # 214

Dear Mr. and Mrs. Feaga:

Percolation testing has been tentatively scheduled for the above referenced property for **Monday, February 12, 2001 at 10:00 a.m.** Please call this office at (410) 313-2640 to confirm your acceptance of this percolation test date.

Prior to Friday, February 9, 2001, it shall be necessary for you to submit to this office the additional percolation test fee (\$25) for the existing house, along with a proposed test location.

You shall be responsible for having a contractor on site to excavate the percolation test holes (**to a minimum depth of 14 feet**) as proposed and as required by the Health Department representative at the time of testing.

In the event of uncertain weather (i.e., precipitation or extremes of temperature), please contact this office prior to 9:00 a.m. on the test date to determine whether or not percolation testing can be performed on that date. If it is not feasible to perform the test, a new test date shall be assigned.

Percolation test results may be expected by mail two to three weeks after the completion of the percolation testing. Thank you in advance for your cooperation in this matter.

Sincerely,

Donna K. Clark, R.S.
Water and Sewerage Program
DKC
cc: file

CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Feaga Property

TAX MAP: 16

A 514911

STREET NAME: _____

PARCEL #: 214

LOT NUMBER 2

AVERAGE PERCOLATION RATE: _____

SQUARE FEET PER BEDROOM _____

NUMBER OF BEDROOMS: _____

LINEAR FEET OF TRENCH PER BEDROOM _____

TOTAL LINEAR FEET OF TRENCH _____

SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DESIGN: Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber

YES NO top seamed pump chamber required?

LOCATION:

ADDITIONAL NOTES:

REVIEWER: _____

DATE: _____

APPLICATION

PERCOLATION TESTING

A 514911

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

DISTRICT _____

DATE 1/31/01

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 Charles and Barbara Feaga

ADDRESS 3050 Lancelot Cross, Ellicott City, MD 21042 PHONE 410-531-5100

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION ~~Grantwood~~ / Feaga Property LOT NO. (Lot 26) (2)

ROAD AND DESCRIPTION Parcel 214, Lancelot Cross, Ellicott City, MD 21042

TAX MAP NO. 16 PARCEL # 214

SIZE OF LOT 3 Acres TYPE OF BLDG. SFD
(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.

Charles C Feaga
(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 #

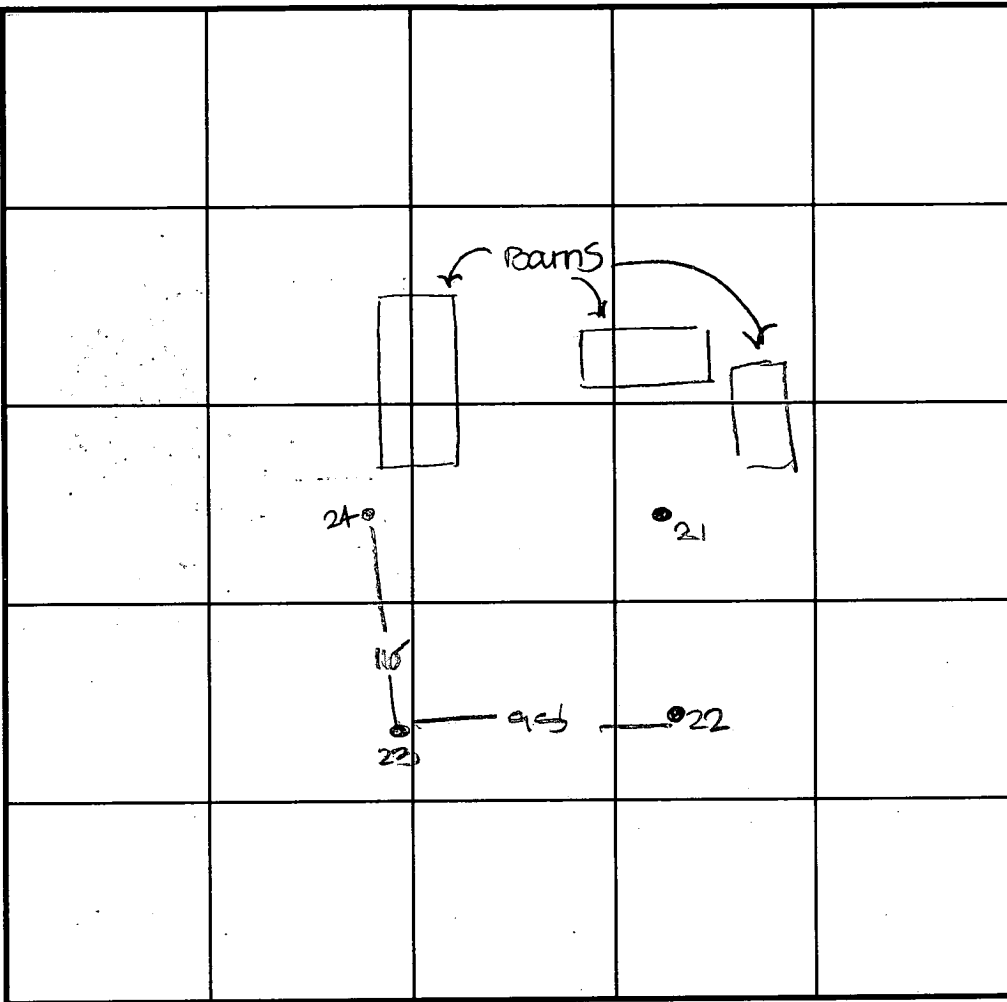
SOIL PROFILE

0' 21

6" fill
 6" topsoil
 18" org brn cl Lm
 4' 1+ org loam si mica Lm
 100%+ sm frag
 22

6" topsoil
 6" red org brn cl Lm
 4' 1+ red brn st mica Lm
 100%+ frag
 22/24

6" topsoil
 6" org brn cl Lm
 4' 1+ org loam si mica Lm
 100%+ frag



SOIL PROFILE

Landscape Cross

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Butterfruit Way

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-12-01	21	4.0' S	12:17	12:20	12:20	12:25	5
		13" B" D	Visual	- See profile			OK
	22	12.5' D	Visual	- See profile			OK
	23	4.0' S	12:37	12:40	12:40	12:50	10
		12.0' D	Visual	See profile			OK
	24	12.0' D	Visual	- See profile			OK

REMARKS

holes tested as stated, more or less

TYPE OF SOIL

TESTED BY

DCC

ALSO PRESENT

T. Feaga, D. Feaga

TRENCH DESIGN DATA: AVG. PERCOLATION TIME

7+

TRENCH WIDTH

3'

INLET DEPTH

3.5

MAXIMUM BOTTOM DEPTH

5.5

SQ. FT./BEDROOM

210

APPLICATION

PERCOLATION TESTING

A 514911
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

DISTRICT _____
DATE 1/31/01

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 Charles and Barbara Feaga

ADDRESS 3050 Lancelot Cross, Ellicott City, MD 21042 PHONE 410-531-5100

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION ~~Brentwood's~~ / Feaga Property LOT NO. (~~Lot 26~~) 1

ROAD AND DESCRIPTION Parcel 214, Lancelot Cross, Ellicott City, MD 21042

TAX MAP NO. 16 PARCEL # 214

SIZE OF LOT 3 Acres TYPE OF BLDG. SFD
(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.

Charles C Feaga
(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' 31

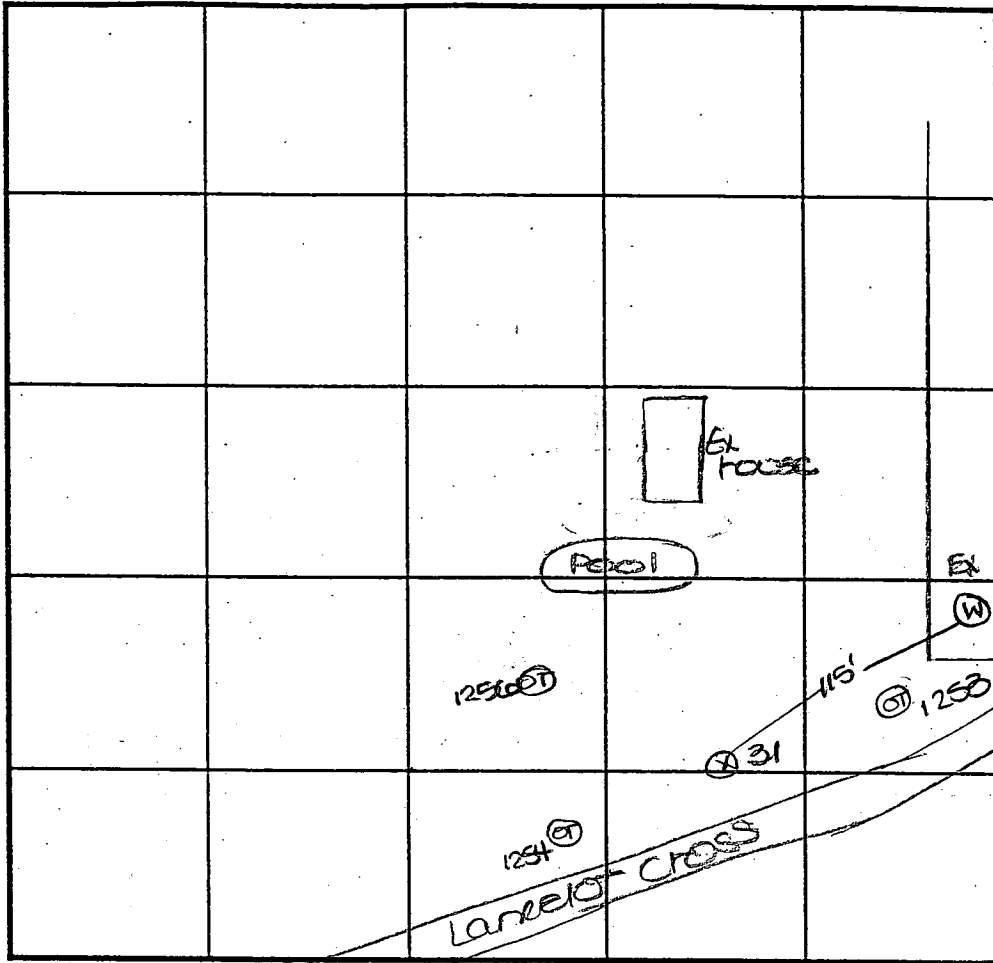
6" topsoil

org lom
cl Lm

3' lt org
lom
si mica
Lm

12' 5-10%
frag

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/12/01	31	12.0'D	Visual	-see	profile		OK

REMARKS test hole not staked

TYPE OF SOIL _____

TESTED BY DKE ALSO PRESENT T. Feaga, D. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

P. 54

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 8/5/95

Dropped Lot -
septic syst. for
existing house in
center of proposed
SBA.

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 Feaga Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. c/o Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 80

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD
(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.

Marl A. Reil
(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

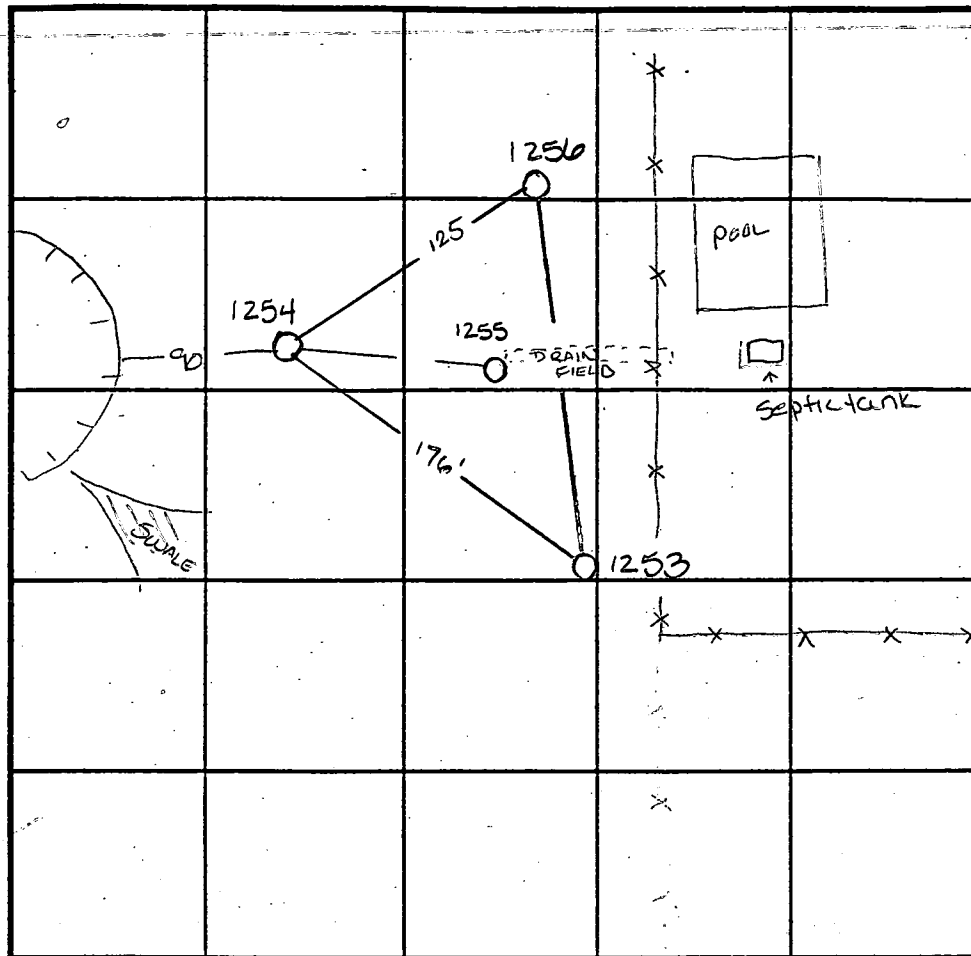
1256
 0' tan SiCLM
 2' orange brn Salm
 4' red brn Salm
 100% Saprolite micaceous
 7' red brn Salm
 white decayed quartz
 11.5'

1253

3' lgt tan orange SiCLM
 dark red brn Salm
 micaceous
 10% Saprolite
 10' red brn Salm
 pockets of white decayed quartz
 12'

1254

3' tan Salm
 pink Salm
 micaceous
 6' brn red Salm
 micaceous
 10-15% decayed Saprolite
 12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

1255
 0' AT
 Around 10' there were many visible an large yellow/red/orange mottles obviously from water
 12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-8-95	1256	7' VII.5	9:00	9:01 ³⁰	9:01 ³⁰	9:03 ³⁰	2min
	1256	4' VII.5	9:57 ¹⁵	9:59 ³⁰	9:59 ³⁰	9:06	6 1/2 min
	1255	Drain field in test hole					F
	1253	3' VI.2	8:55 ¹⁵	8:56	8:56	8:58 ³⁰	2 1/2 min
	1254	2' VI.2	8:47 ³⁰	8:48 ³⁰	8:48 ³⁰	8:50 ³⁰	2min

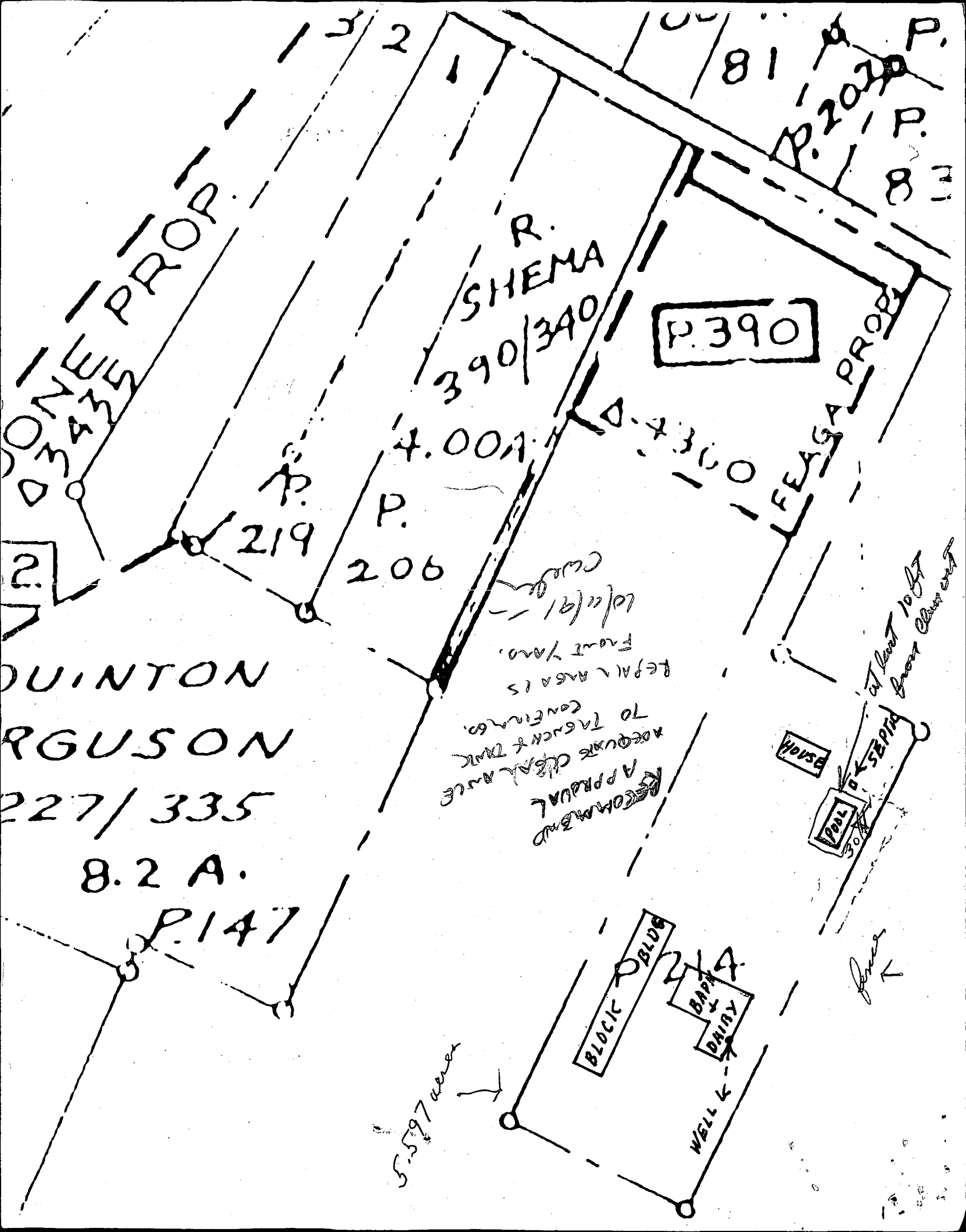
REMARKS shallow only

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



QUINTON
R. GUSON
227/335
8.2 A.
P. 147

R. SHEMA
390/390

P. 390

L. EYGA PROJ

REPAIR AREAS
TO FACULTY TRUCK
APPROVAL
RECOMMEND APPROVAL

BLOC 2BLDG

BAPT &
DAIRY

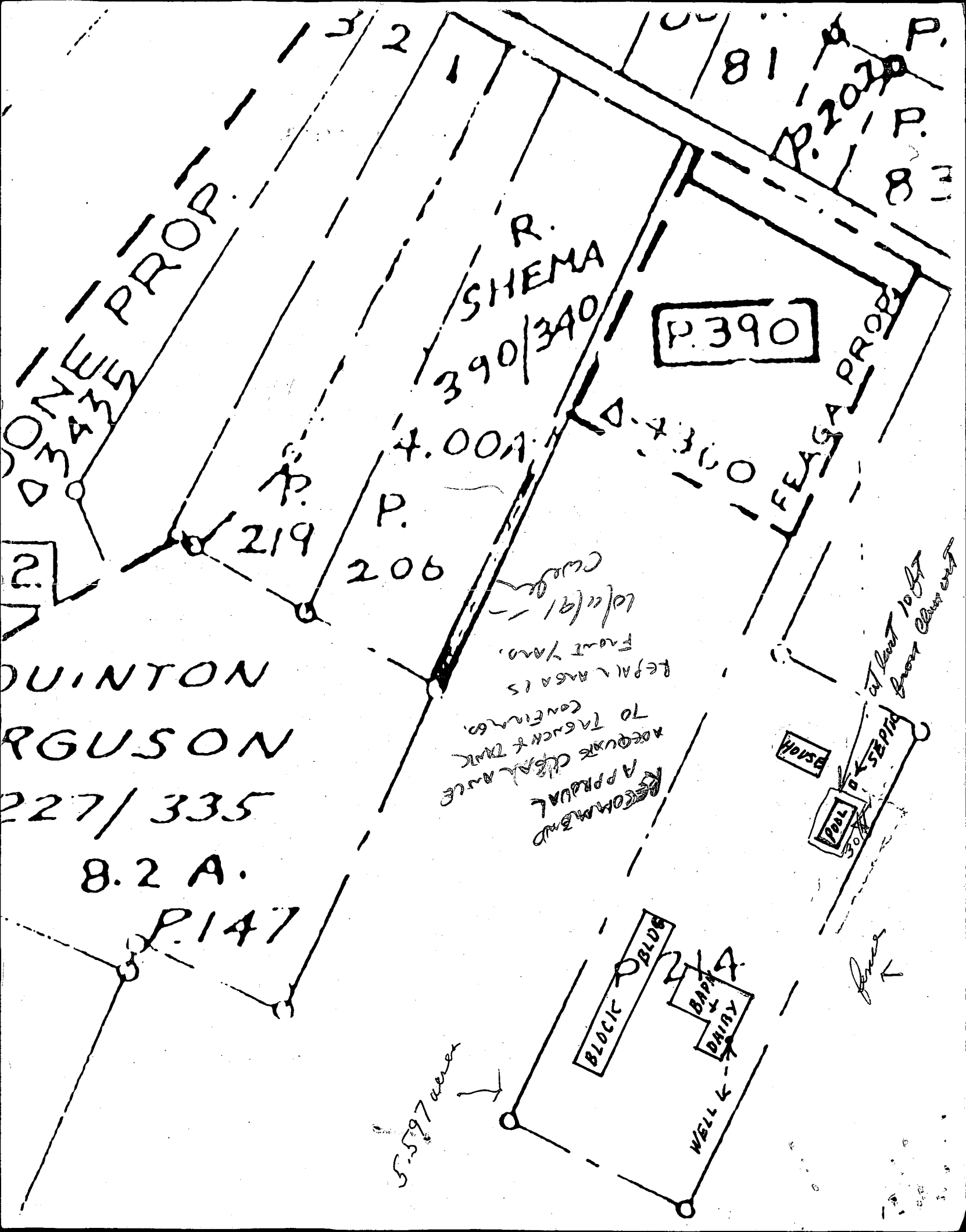
WELL K

POOL 30
SEPTIC

ESKID

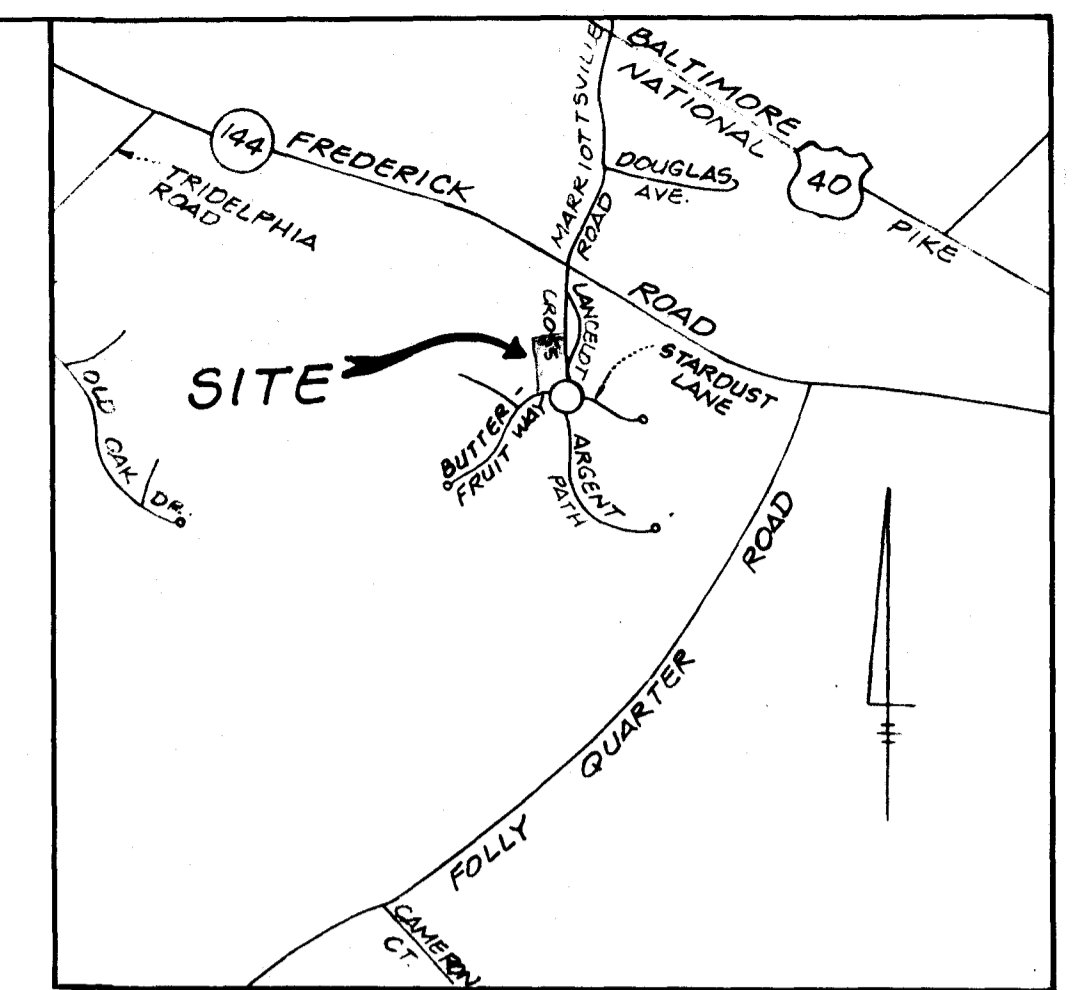
at least 10 ft
front clear way

5.597 units



LEGEND

- PERCOLATION TEST LOCATION (Passed)
- PERCOLATION TEST LOCATION (Passed / Old Test)

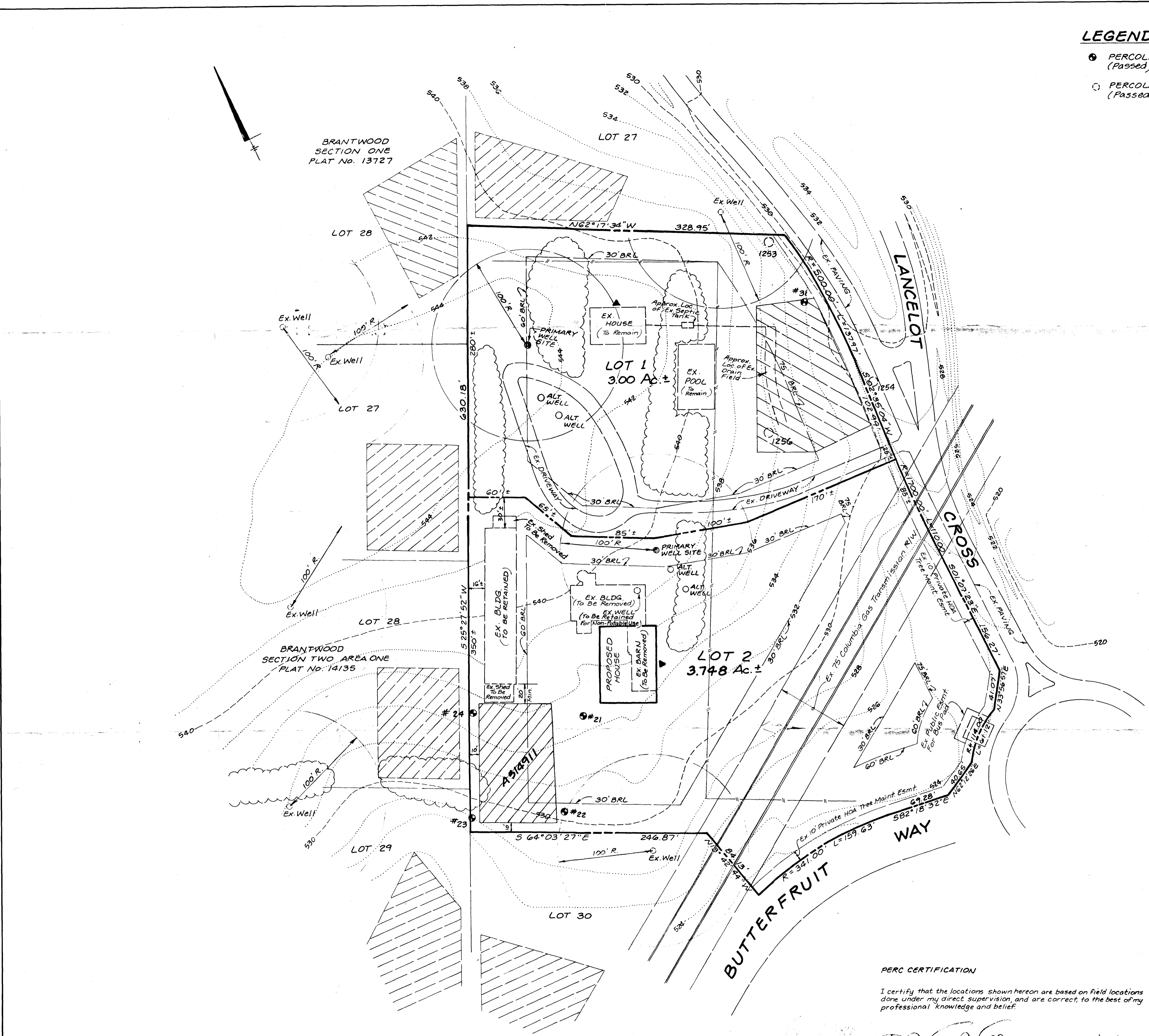


VICINITY MAP
SCALE: 1" = 2000'

NOTES:

1. EXISTING ZONING: RC (RURAL CONSERVATION)
2. DEED REFERENCE: LIBER 4902 FOLIO 245
3. TOTAL AREA OF LOT: 6.7480 Ac.±
4. THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
5. EXISTING WELLS AND SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN WITHIN 100 FEET OF THE PARCEL WHICH MAY AFFECT THIS PROPOSAL.
6. THE EXISTING WELL LOCATED ON LOT 2 WILL BE RETAINED AND SHALL BE UTILIZED FOR NON-POTABLE IRRIGATION ONLY. LOT 2 SHALL BE REQUIRED TO DRILL A NEW WELL FOR POTABLE USE PRIOR TO FINAL PLAT SIGNATURE APPROVAL.

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



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT
D. H. Motz
Howard County Health Officer Date: 3/23/01

PERC CERTIFICATION
I certify that the locations shown hereon are based on field locations done under my direct supervision, and are correct, to the best of my professional knowledge and belief.
D. Wayne Wellex
D. Wayne Wellex Professional Land Surveyor MD Reg. No. 10485 Date: 3/26/01

signed

LDE, INC. 9250 Rumsey Road, Suite 106, Columbia, MD. 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)		
DESIGN: TWF	PERCOLATION CERTIFICATION PLAT PROPERTY OF CHARLES C. FEAGA TAX MAP 16 GRID 21 PARCEL G2 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE: 1" = 50'
DRAWN: KBW		DRAWING: 1 OF 1
CHECKED: BDB		LDE JOB No. 01-011
DATE: 2/01	Owner / Developer CHARLES C. FEAGA 3050 Lancelot Cross Ellicott City, MD 21042	FILE No.