

12/7/00 for installation 11:00
12/8/00 PM

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514673

A 57659-A

ISSUE DATE 11/28/2000

APPROVAL DATE 12/8/00

INDEXED

65-429889

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Hunterbrooke LOT NUMBER 1 ADDRESS 8064 Hunterbrooke Lane

PROPERTY OWNER Winchester Homes PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800

SEPTIC TANK CAPACITY 1250 GALLONS - COMPARTMENTED WITH WASTE Greenbelt, MD 20770

PUMP CHAMBER CAPACITY 2000 SRK GALLONS WATER EFFLUENT FILTER

NUMBER OF BEDROOMS 4 WATERTIGHT

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3/4 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 115 feet down the left lot line and 100 feet off this same lot line. Run trenches on contour to the left side of lot.

8/15/00 OK ALM

PLANS APPROVED Mark Rifkin DATE 8/7/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

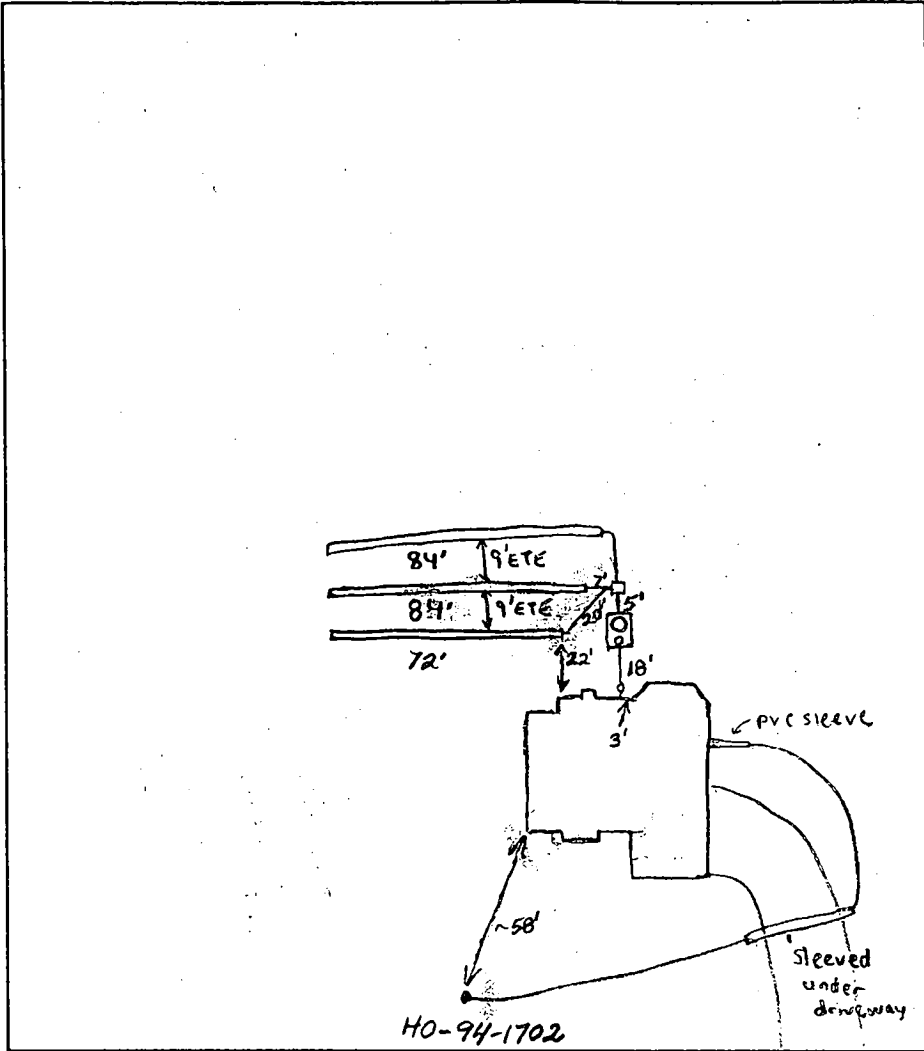
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

57659-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 5"
 TRENCH BOTTOM DEPTH 7'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 740'
 ABSORBENT AREA 720ft²
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 ^{Effluent Filter} TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

~~**PUMP CHAMBER DATA**~~ N/A

~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~

Hunterbrooke Ln.

PRE-CONSTRUCTION INSPECTION: 12/6/00 Went over layout with contractor while inspecting lot 5. Trenches to be placed as shown, tank to be kept close to house. (BB)

INSPECTION COMMENTS: 12/7/00 First two trenches done. Tank set. (BB)

12/8/00 - OK TO COVER ALL WORK - (SRV)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 12/8/00

APPLICATION

PERCOLATION TESTING

A 57659

P _____

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

DISTRICT 5th

DATE 1-31-97
1-29-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes % David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 1-6

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & 1/344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
(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. David E. Meiners
(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 _____

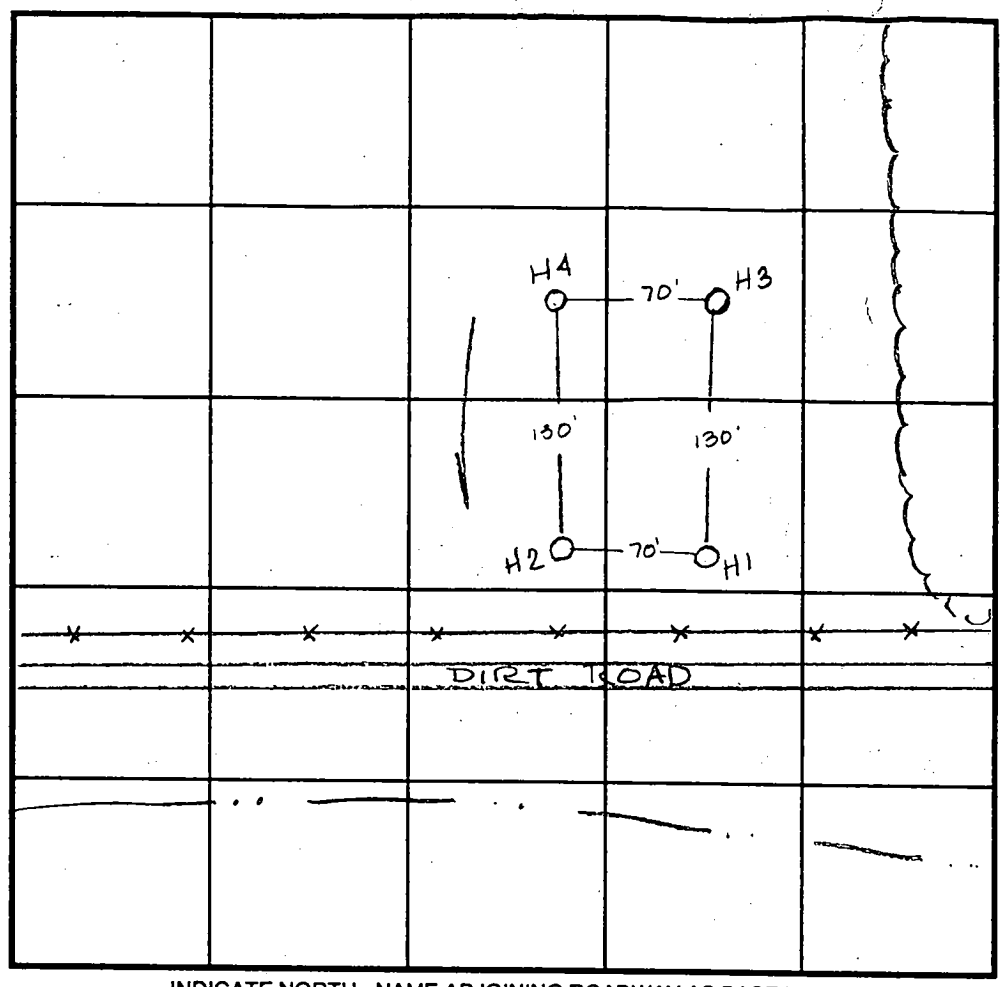
THIS IS NOT A PERMIT

A 47659
COUNTY #

SOIL PROFILE
H1
0' orange brown SiCLM
3.0 lgt tan yellow SiLM
10% micaceous saprolite
2.0

H2
orange brown SiCLM
3.0 lgt tan grey SiSalm
some orange micaceous 5% Saprolite
2.0

H-3
like H-4 but 10% Saprolite
11.5



SOIL PROFILE
H4
0' orange red SiCLM
50 lgt orange to pink SiLM
micaceous 5% Saprolite
110

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-5-97	H1	6.0 V12.0	12:50 ³⁰	1:03	1:03	1:09	6min
	H2	5.0 V12.0	12:49 ³⁰	12:54	12:54	1:03	9min ✓
	H3	5.5 V11.5	12:29	12:31	12:31	12:34	3min
	H4	5.5 V11.0	12:28	12:31	12:31	12:37	6min

REMARKS _____
 TYPE OF SOIL Manor Loam
 TESTED BY Amy McMillen ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 5H

DATE 1-29-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Edward Robert Prince

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meinert

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 2

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
(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.

David F. Meinert
(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
22 23

0'
orange
brown
SiClm

3.0
orange
brown
micaceous
SiSalm

6.0
dull
brown
Salm
micaceous
dry

12.0

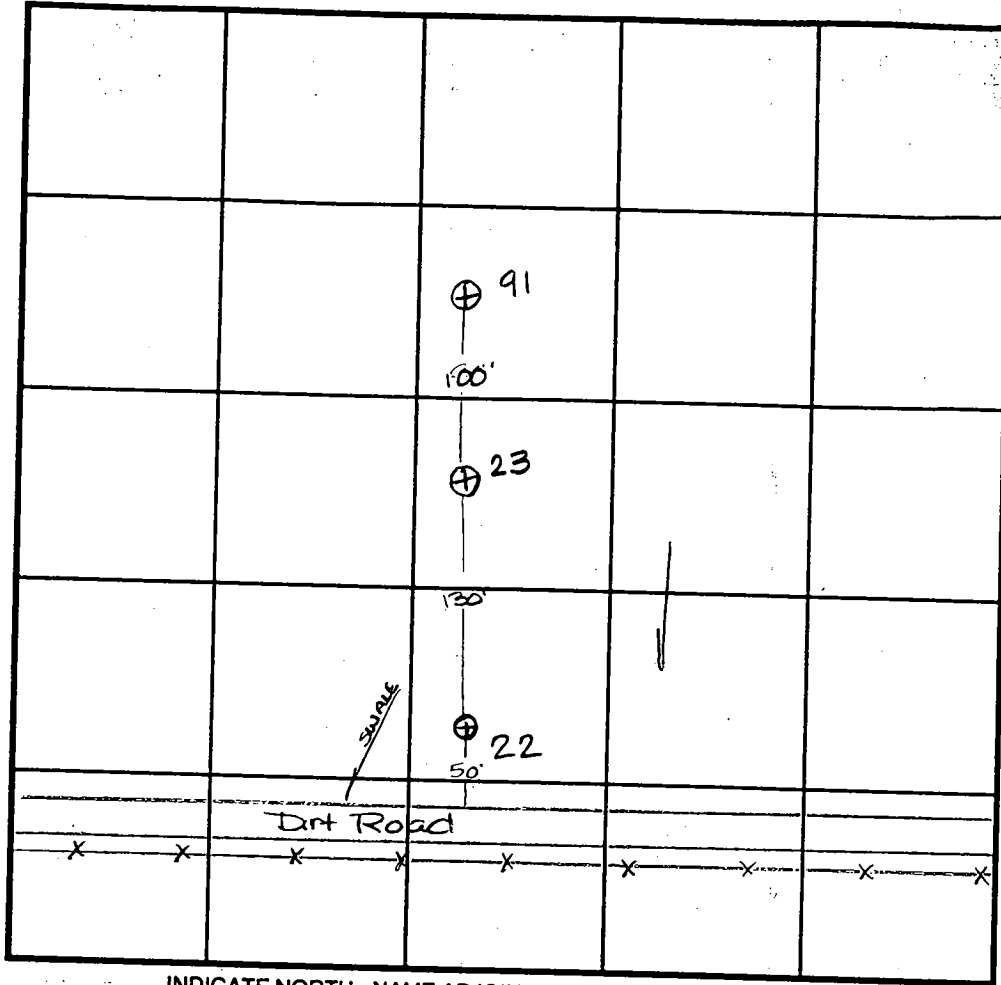
91

bright
red
SiClm
micaceous

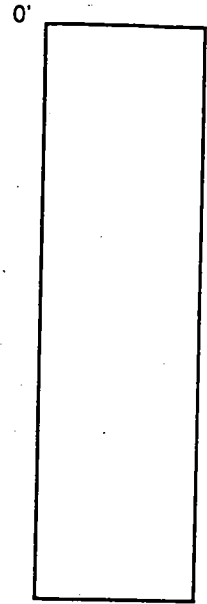
5.0
orange
brown
SiLm

9.0
red
micaceous
SiSalm
20%
decayed
rock
shale

12.0



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-29-97	22	5.5 V12.0	10:14	10:15	10:15	10:17	2min
	23	6.0 V12.0	2:15	2:17	2:17	2:20	3min
5-8-97	91	5.5 V12.0	10:09 ³⁰	10:10	10:10	10:11 ³⁰	1 1/2 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____

SO. FT. 852200M

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 EDWARD PRINCE

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PROD LOT NO. 1

ROAD AND DESCRIPTION R.W. OFF LINE R/W AT 216

TAX MAP 46 PARCEL # 360496344

SIZE OF LOT 1 AC TYPE BLDG. SE0
(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 _____

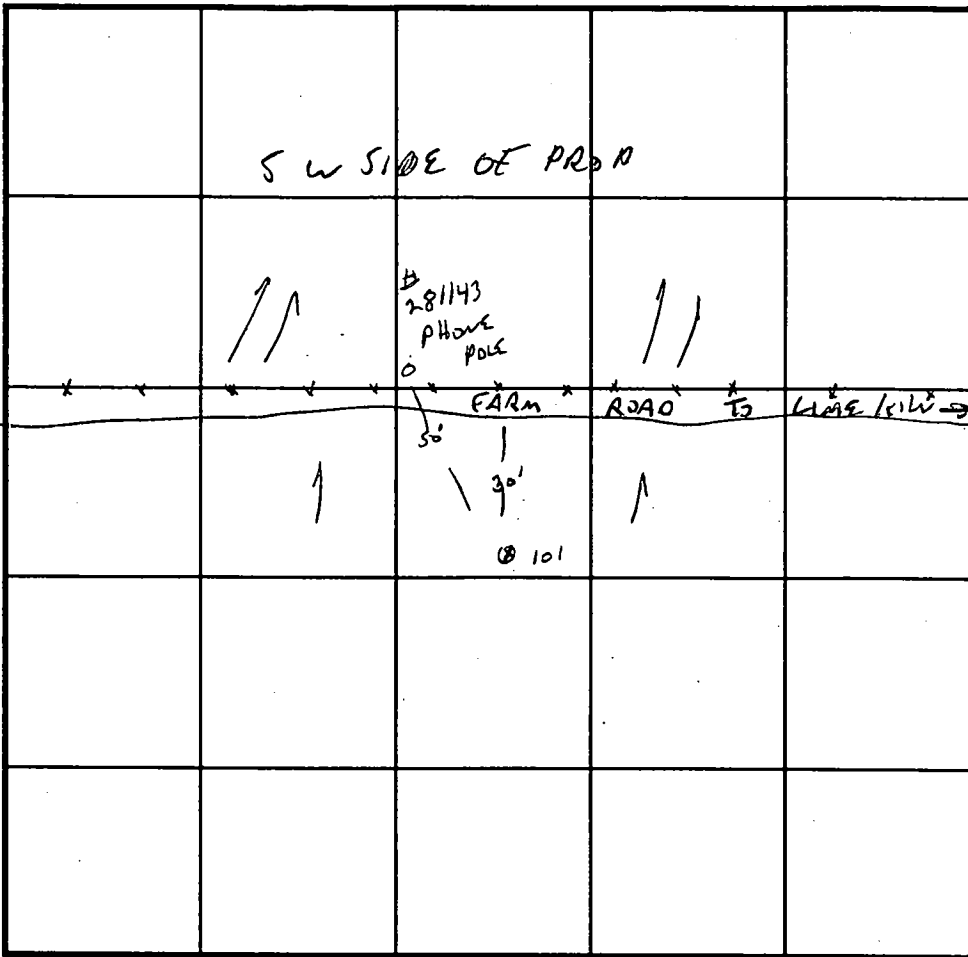
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

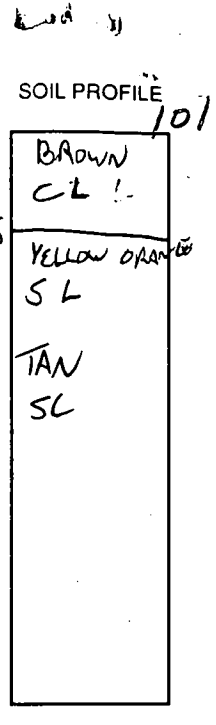
A 57659
COUNTY #

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	
10/16/97	101	5.5' / 11V	2:37	2:39	—	+2:41	2 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT HATELLOS

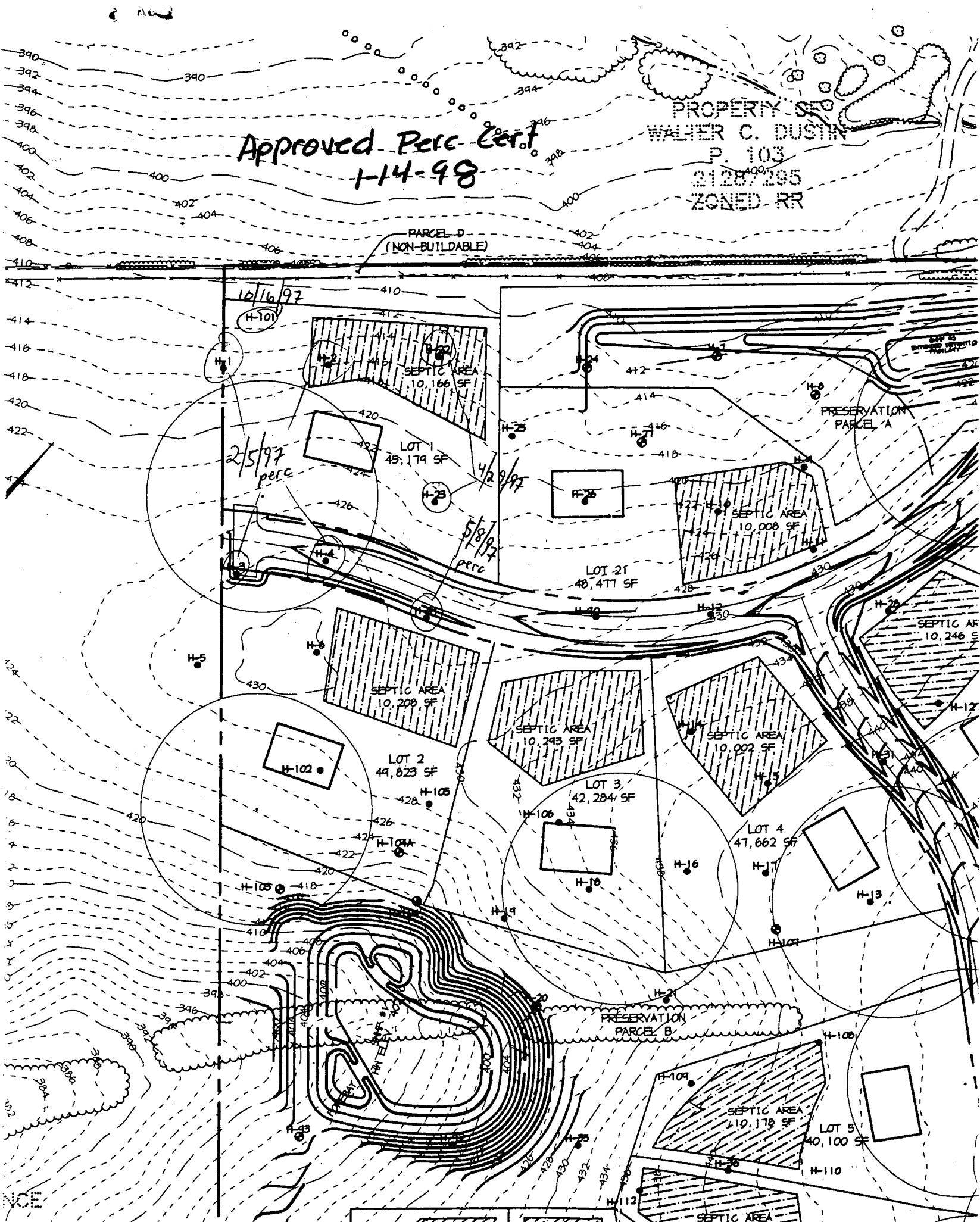
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

OK ✓

Approved Perc Cert
1-14-98

PROPERTY OF
WALTER C. DUSTIN
P. 103
21287285
ZONED RR



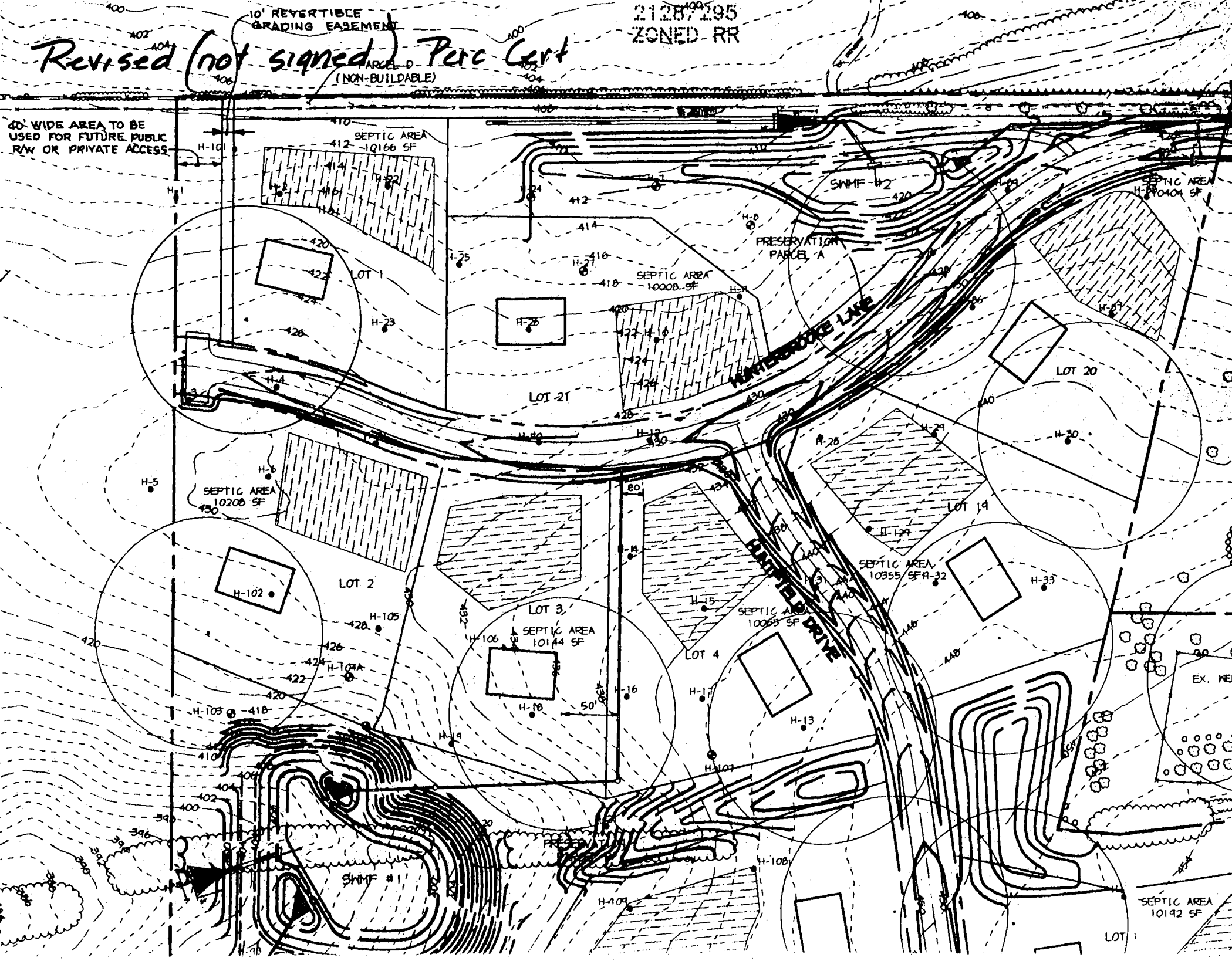
Revised (not signed) Perc Cert

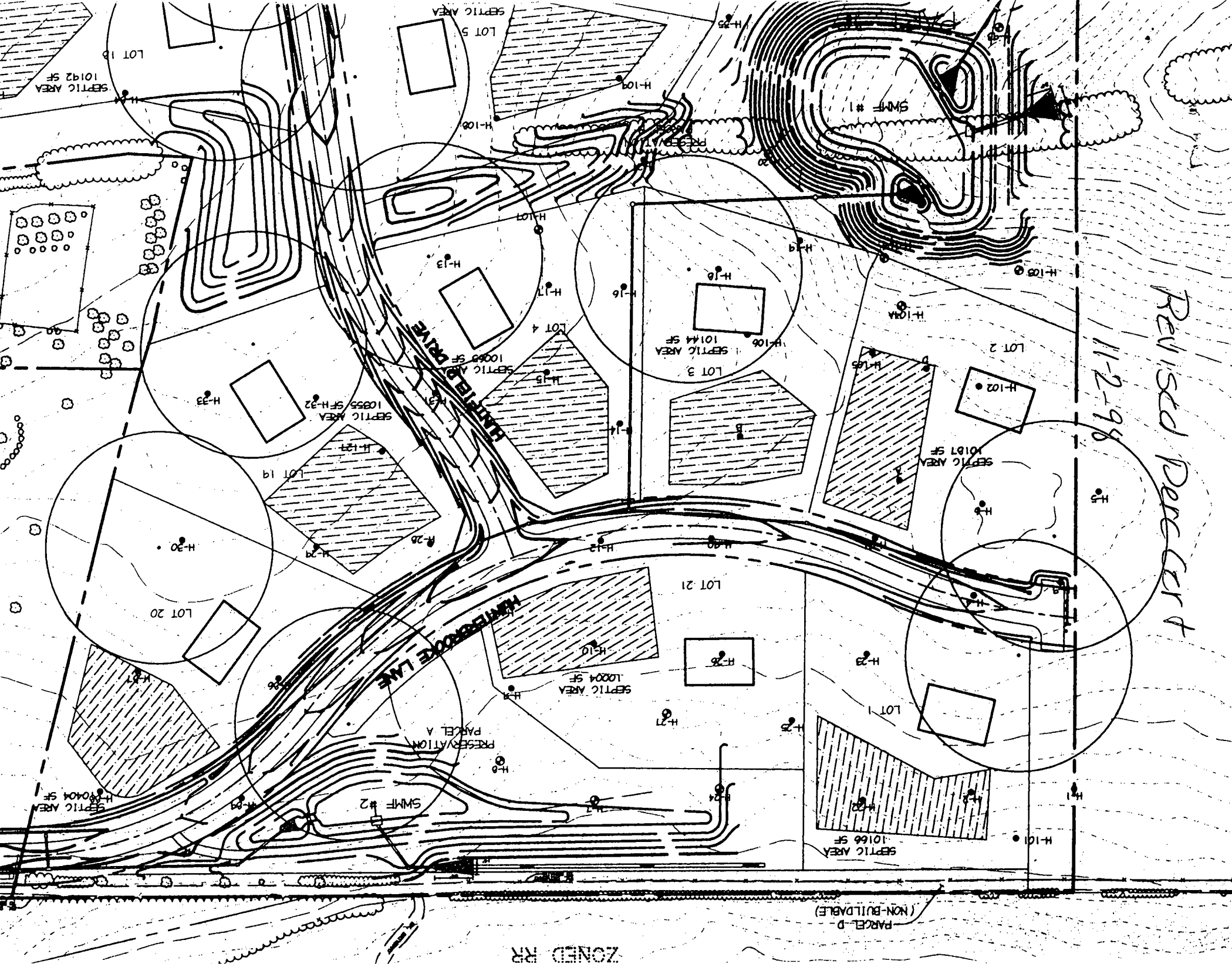
10' REVERTIBLE GRADING EASEMENT

21287295 ZONED RR

PARCEL D (NON-BUILDABLE)

40' WIDE AREA TO BE USED FOR FUTURE PUBLIC RAW OR PRIVATE ACCESS





Revised Parcel A

11-2-98

PARCEL-D
(NON-BUILDABLE)

ZONED RR

SEPTIC AREA
10192 SF
LOT 18

SEPTIC AREA
LOT 5

H-108
H-109

H-13

SEPTIC AREA
10068 SF
LOT 4

SEPTIC AREA
10144 SF
LOT 3

SEPTIC AREA
10355 SF
H-32

SEPTIC AREA
10181 SF
LOT 2

LOT 20

LOT 21

SEPTIC AREA
10004 SF
H-10

SEPTIC AREA
10166 SF
LOT 1

SEPTIC AREA
H-30
10404 SF

PRESERVATION
PARCEL A

SEWER DRAINAGE
SWMF #2

SEPTIC AREA
10166 SF

PROPERTY OF
WALTER T. DUSTIN
L2110, F286
EX. ZONING RR-DL
P. 100

PARCEL 'D'
NON-BUILDABLE
18,411 SQ. FT. OR 0.423 AC. PARTIAL AREA
(TOTAL AREA 30,634 SQ. FT. OR 0.704 AC.)
TO BE DEDICATED TO HOME OWNERS ASSOCIATION

REVERTIBLE TEMPORARY ACCESS EASEMENT AREA
TO BE PROVIDED UNTIL PERMANENT CONNECTIONS
ARE MADE TO HUNTERBROOKE LANE

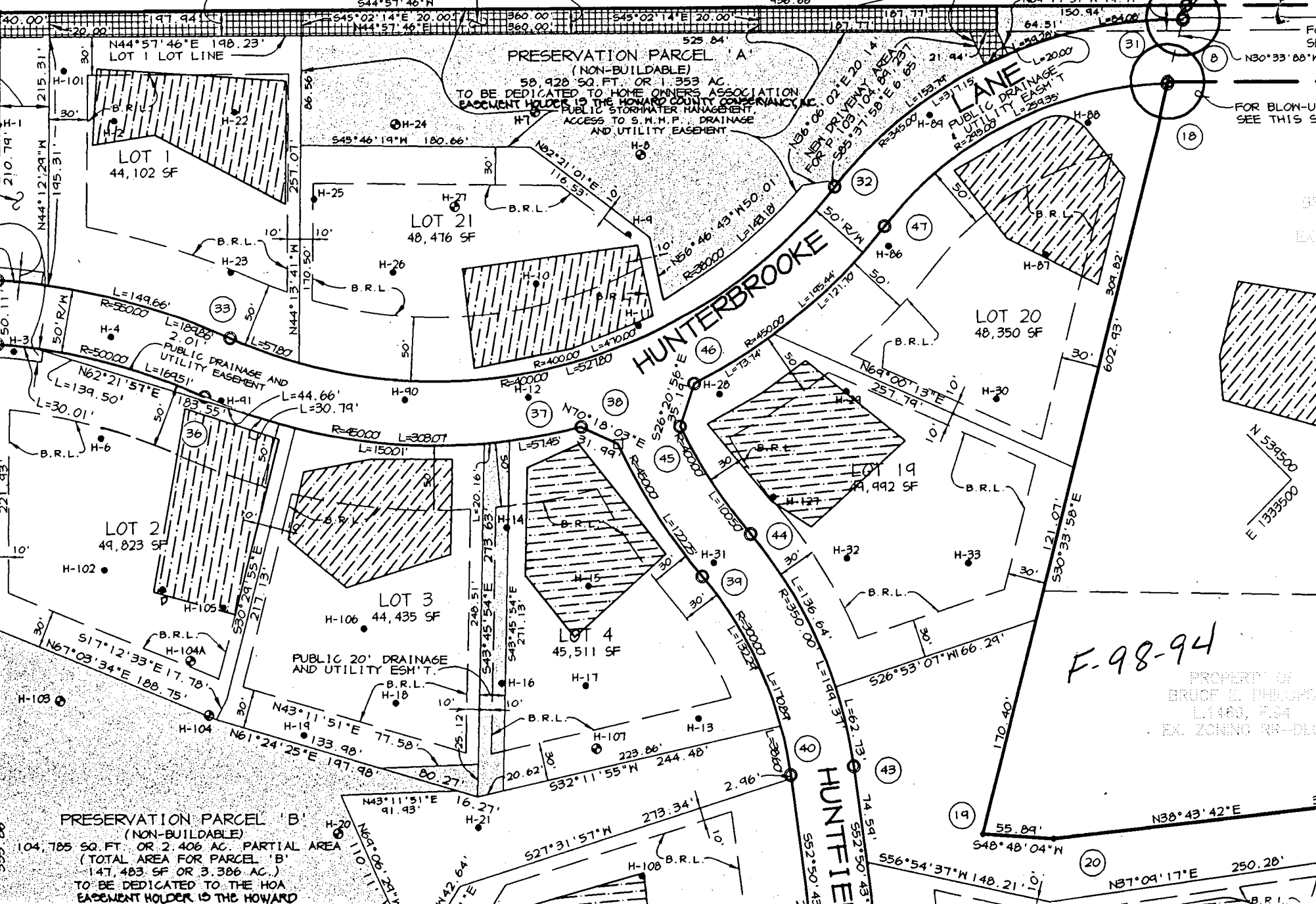
EX. PRIVATE
ACCESS EASEMENT
L 2110, F 286
TO BE ABANDONED

FOR BLOW-UP
SEE THIS SHEET

5/8" I.PIN
FOUND (NOT H)

FOR BLOW-UP
SEE THIS SHEET

EX. PRIVATE ACCESS EASEMENT
L. 2110, F. 286
TO BE ABANDONED



F. 98-94

PROPERTY OF
BRUCE L. PHILLIPS
L1483, F284
EX. ZONING RR-DL

PRESERVATION PARCEL 'B'
(NON-BUILDABLE)
104,785 SQ. FT. OR 2.406 AC. PARTIAL AREA
(TOTAL AREA FOR PARCEL 'B'
147,483 SF OR 3.386 AC.)
TO BE DEDICATED TO THE HOA
EASEMENT HOLDER IS THE HOWARD
COUNTY CONSERVANCY INC.

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00125546

Building Address 8064 Hunterbrook Lane
Fulton MD 20739
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6051.02 Subdivision Hunterbrook e
 Section N/A Area N/A Lot 1
 Tax Map 46 Parcel 360 Grid 2
 Zoning RR Map Coordinates RLS Lot size 44,000 sq ft

Property Owner's Name Winchester Homes, Inc.
 Address 6305 Ivy Ln Suite 800
 City Greenbelt State MD Zip Code 20770
 Home Phone _____ Work Phone 489-1144
 Applicant's Name & Mailing Address, (if other than stated hereon):
301 Phone 489-1144 301 Fax 474-0898

Existing Use Vacant
 Proposed Use Residential Single Family
 Estimated Construction Cost \$ 165,000
 Description of Work Rear w/3 car garage
2 story finished bsmt, 4 FB 110
EP 14 RR, 3 car garage, 10R

Contractor Company Winchester Homes, Inc.
 Contact Person Carol Viers
 Address Same As Above
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

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

Engineer or Architect Company Reimer, Muesse & Associates
 Contact Person Chris Reid
 Address 8818 Centis Park Dr
 City Columbia State MD Zip Code 21045
 Phone 410-997-8900 Fax 410-997-9282

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: <u>62'</u> 2nd floor: <u>52'</u> Basement: <u>47'</u>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input 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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: <u>16 x 8</u> Roof: <u>Flt Gable</u> State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> 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 THEREIN; (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.

Carol Viers
 Applicant's Signature
Permit Administrator
 Title/Company

Carol Viers
 Print Name
7-20-00
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>8/2/00</u>	<u>Mark Kaplan</u>
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

DEPT. SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>47253</u>	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check # <u>10843</u>	
Validation # <u>10843</u>	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by C

Total linear feet of trench
required 290 feet

Approved Septic System Plan
Howard County Health Department

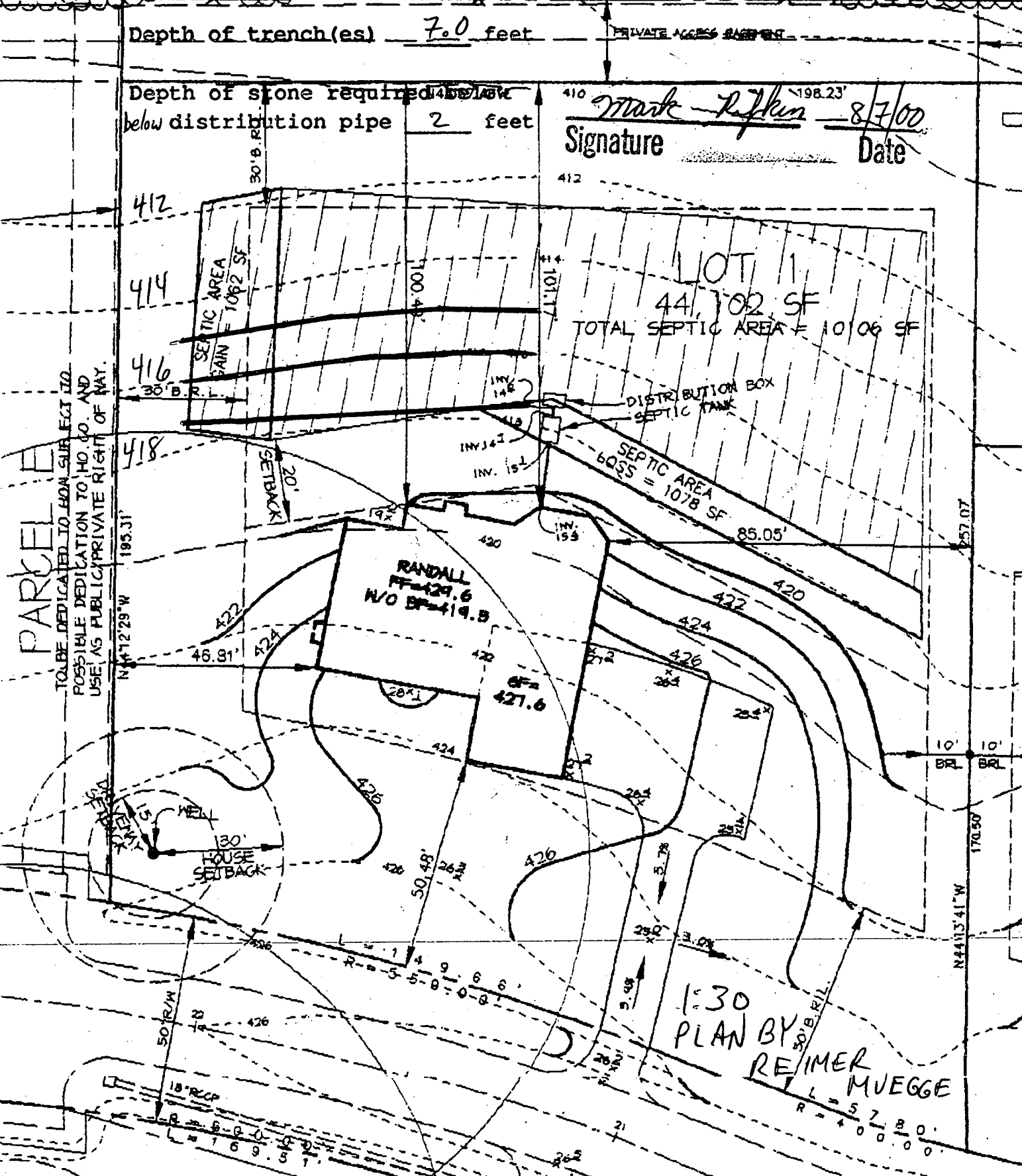
Width of trench(es) 3 feet

Depth of trench(es) 7.0 feet

Depth of stone required below
distribution pipe 2 feet

Signature Mark P. Pflin Date 8/7/00

PARCEL E
TO BE DEDICATED TO HOA SURVEY TO
POSSIBLE DEDICATION TO HOA AND
USE, AS PUBLIC PRIVATE RIGHT OF WAY.



PROPERTY OF
WALTER C. DUSTIN
L.2128, F.295

GRID NORTH

PARCEL D
NON-BUILDABLE
S 44°57'46" W 198.23'
EX. PRIVATE ACCESS EASEMENT
L.2110, F.286
(TO BE ABANDONED)

40' WIDE AREA TO BE USED FOR
FUTURE PUBLIC R/W OR PRIVATE
ACCESS FOR P.89, P.103, P.104 &
P.237 AT TIME OF DEVELOPMENT OF
SAID PARCELS.

PRESERVATION
PARCEL A

EX. PRIVATE
SEWERAGE EASEMENT

PARCEL E
NON-BUILDABLE

LOT 1
44,102 SQ. FT.

POURED
CONCRETE
FOUNDATION

10' X 37' REVERTABLE
SLOPE EASEMENT

HUNTERBROOKE LANE
EX. 50' R/W

11/8/00 - Wall
check
consistent
w/ approved
BP plan
See septic easement adjustment on BP plan

20' to easement
from house maintained

TOP FOUNDATION ELEVATION = 428.6
BRL-BUILDING RESTRICTION LINE

- NOTE:
- a. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING;
 - b. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - c. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.



THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE "C" (AREA OF MINIMAL FLOODING) AS SHOWN ON F.I.R.M. MAP No. 240044 0042B DATED 12-04-86 FOR HOWARD COUNTY, MARYLAND.

Arthur E. Muegge 10-27-00
ARTHUR E. MUEGGE #10751

RIEMER MUEGGE
a division of:
Patton Harris Rust & Associates, pc
SUITE 200
8818 CENTRE PARK DRIVE
COLUMBIA, MARYLAND 21045
TELEPHONE (410) 997-8900 FAX (410) 997-9282

LOCATION DRAWING
LOT 1
HUNTERBROOKE
5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
PLAT Nos. 13489 THRU 13491
SCALE: 1"=40' PROJ. No. 99099 DRAWN BY: D.D.K. DATE: 10-27-00

To Steve 1/16/01

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: EASTERDAY WELL & PUMP Telephone #: _____
Address: 3265 BROWN CHURCH RD
MT. AIRY MD 21771
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Lester Simmons Jr. License# AWD611

*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: Winchester Homes Telephone #: _____
Subdivision: Huntelback Lot #: 1 Well Tag #: HO-94-1702
Site Address: 8064 Huntfield Dr.

Submersible Pump Data

Make: Orville
Model #: 50507422
Pump Capacity: 5 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: Martinson
Model #: B-10X
Depth: 3 1/2 (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: K
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: 3 1/2 (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 Attached to PP

Piping to house

Type: PE
PSI: 200 (160 psi min)
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5ft
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: Lester Simmons Jr. date: 12-8-00

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

Date Insp. Requested: 12/8/00 Date Insp. Approved: 12/8/00
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 NA
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 ✓

OK (SRW)

C-1 04014

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 57659A

ST/CO USE ONLY DATE Received 10 23 98

DATE WELL COMPLETED 09 30 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1702

OWNER Winchester Homes STREET OR RFD Hunterbrooke Lane TOWN Fulton SUBDIVISION Hunterbrook SECTION LOT 1

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, brown sandy Mica, gray Mica, Sand Stone, and gmy Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

PUMPING TEST

HOURS PUMPED (6), PUMPING RATE (3), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (31), WHEN PUMPING (137), TYPE OF PUMP USED (S)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MWD040 DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 MWD501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) HO 84 400

SCREEN RECORD (ST, BR, HO, PL, OT) 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, W, Q

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (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

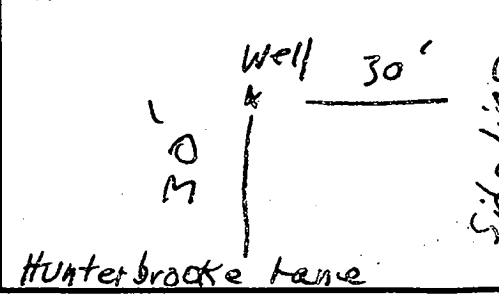
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) 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)



10/15/98

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1702
 Location of property (road) Hunterbrook Lane
 Subdivision Hunterbrook Lot 1 Block Plat Sec.
 Well Driller George Easterday Owner Winchester Homes

Depth of well 400 59pm
 Distance of measuring point (M.P.) above ground 2 feet
 Static water level (S.W.L.) below M.P. 31 feet

I. High rate pumping -- reservoir drawdown

Time pump started 6:20 Pumping rate 1.5 gpm
 Total time 30 min to reach pumping water level 137' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes Pump Set 380'

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:40	137'	12 seconds		5
6:55	137'	12 seconds		5
7:10	137'	12 seconds		5
7:25	137'	14 seconds		4.4
7:40	137'	15 seconds		4
7:55	137'	20 seconds		3
8:10	137'	20 seconds		3
8:25	137'	20 seconds		3
8:40	137'	20 seconds		3
8:55	137'	20 seconds		3
9:10	137'	20 seconds		3
9:25	137'	20 seconds		3
9:40	137'	20 seconds		3
9:55	137'	20 seconds		3
10:10	137'	20 seconds		3
10:25	137'	20 seconds		3
10:40	137'	20 seconds		3
10:55	137'	20 seconds		3
11:10	137'	20 seconds		3
11:25	137'	20 seconds		3
11:40	137'	20 seconds		3
11:55	137'	20 seconds		3
12:10	137'	20 seconds		3
12:25	137'	20 seconds		3

HD-224
12:40

137' 20 seconds

3 Sonny

B 1 6580 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1702 fill in this form completely

Date Received (APA) 8/20/98 OWNER INFORMATION: RN 7568
Winchester Homes, Inc.
6305 Ivy Lane, Suite 700
Greenbelt, Md. 20770

LOCATION OF WELL CC#
Howard
HUNTERBROOKE
Fulton

DRILLER INFORMATION
George F. Easterday M W D 040
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature: George F. Easterday Date: 8/26/1998

Hunterbrooke Lane
NEAR WHAT ROAD.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 30 FT.
TAX MAP: _____ BLK: _____ PARCEL _____

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

NOT TO BE FILLED IN BY DRILLER- HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME A57659A COUNTY NO.
DATE ISSUED 9/2/98 9/2/99 EXP. DATE
NORTH GRID 470 000 EAST GRID 820 000

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 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 470

METHOD OF DRILLING (circle one)
 AIR-ROTARY
 CABLE
 JETTED
 AIR-PERCussion
 REVERSE-ROTARY
 ROTARY (Hydraulic Rotary)
 DRIVE POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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
Lime Kiln
Fulton
Hunter Drive
MAP 18 G5

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-1702

P. 100
2128/295
ZONED RR

PARCEL D
(NON-BUILDABLE)

9/3/98
Well site
OK as
stayed
Pure hoses
usable
ALL

