

1/4/00
pm c.o.
1/6/00
Co. 2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513200

A 57659-D

DISTRICT _____

DATE 12/30/1999

INDEXED
05-429919

DATE SYSTEM APPROVED 1/6/00

INSPECTOR S.R.U.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

Hatfield's Equipment IS PERMITTED TO INSTALL X ALTER _____

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

SUBDIVISION Hunterbrooke LOT 4 ROAD 8100 Huntfield Drive

PROPERTY OWNER Winchester Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS *****WATERTIGHT, COMPARTMENTED SEPTIC TANK WITH WASTE=**

WATER EFFLUENT FILTER.***

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Starting at the intersection of the 31.99' and 122.25' lot lines, place the distribution box 92' up the 122.25' and 41' feet off the same lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *O.Z. (BB)*

PLANS APPROVED BY Ronald J. Pinkley DATE 8-27-1999

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

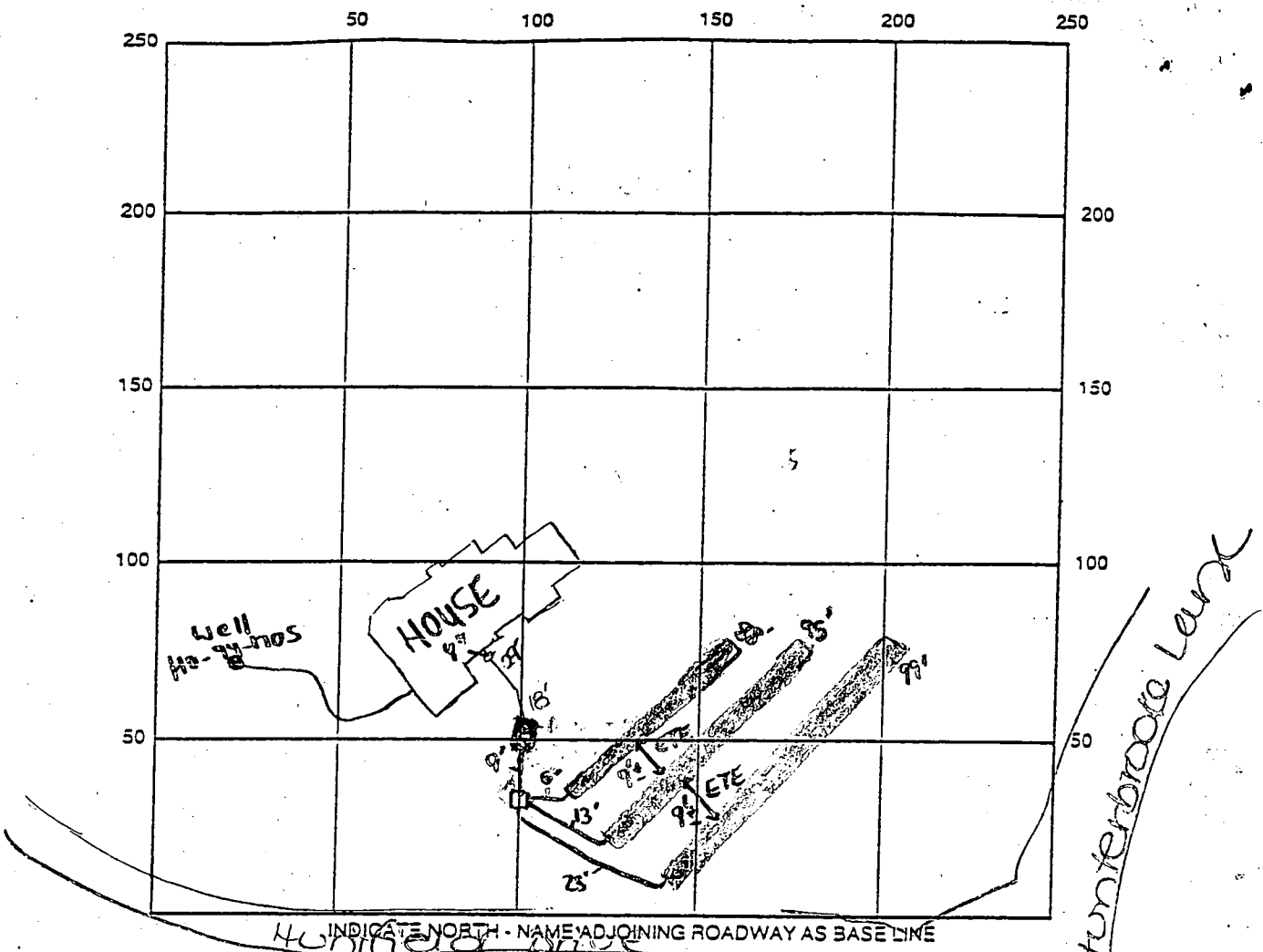
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

ALL PERMITS SIGNED
AND RETURNED 8.00.121770
12'x10' Deck

57659-D



SEPTIC TANK LEVEL OK - 1500 gal w/ filter CLEANOUTS one at house 4" 2 Manholes on Pump Tank
 DISTRIBUTION BOX LEVEL 150 Baffle is in
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.
 NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 1/4/00 OK to cover from house to dist. box after
manholes are installed on septic tank. OK to continue.
1/6/00 - WP I ON, OK TO COVER ALL WORK - (SR)

DATE SYSTEM APPROVED 1/6/00 INSPECTOR Steven R. Huey

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 Winchester Homes

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. 16 B 4

ROAD AND DESCRIPTION Common driveway off Line Keln Rd 300' from
18100 Huntfield Drive

Rt 216

TAX MAP 46 PARCEL # 360 & p/o 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNED
AND RETURNED 8-27-99
Serial # 119922

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. # _____ PERMIT SIGNED DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ AND RETURNED 12-15-99 DATE _____
Serial # 21710

THIS IS NOT A PERMIT

A57659
COUNTY #

SOIL PROFILE

H14

0' dark
brn
SiClM

3.0 dark
red
SiClM
water
melting
frost @
1.5

5.0 lgt tan
beigh
SiM
5%
12.0

H15

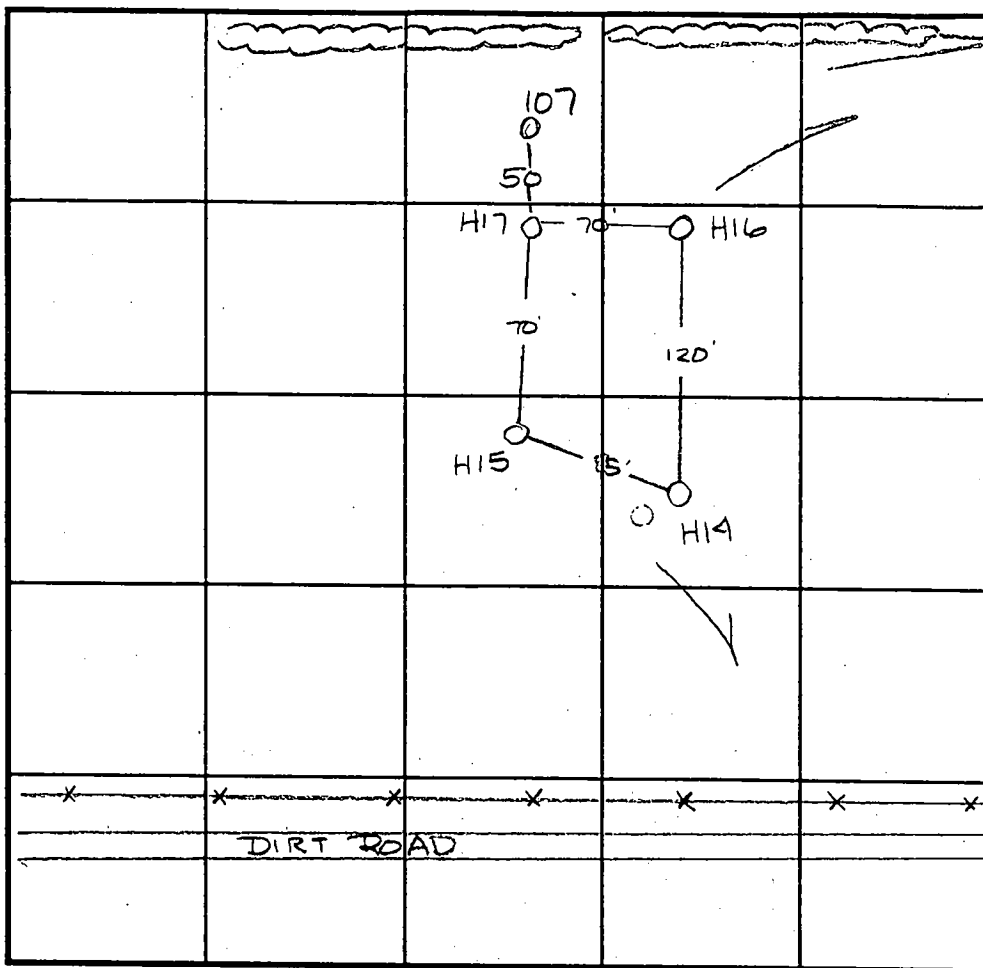
5.0 orange
brn
SiClM

lgt
orange
beigh
SiM
packet
of Rx
large
1 foot x
1 foot
boulders
12.0

H16 & H17

4.0 bright
orange
red
SiClM

pink
SiSalm
15%
Saprolite
at
bottom
12.0



SOIL PROFILE

107

0' heavy
orange
&
grey
mottled
SiClM

10.0 lgt
orange
SiM
micaceous

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	H14	5.0 / V12.0	2:40	2:44	2:44	2:56	12min
	H15	5.5 / V12.0	2:59	2:34	2:34	2:45	11min
	H16	5.5 / V12.0	2:09 ³⁰	2:19	2:19	2:36	17min
	H17	5.5 / V11.5	2:28	2:31	2:31	2:35	4min
9-11-97	107	5.0 / V11.0	1:49	—	—	—	slow
		7.0 / V11.0	2:30	—	—	—	slow

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

(F)

APPLICATION

PERCOLATION TESTING

1 HOLE CONFIRMATION TEST

A _____

P _____

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

DISTRICT _____

DATE 11/9/97

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER JAY MAREKH

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PROP LOT NO. 4

ROAD AND DESCRIPTION LIME KILN

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1 AC TYPE BLDG. SFO
(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 #

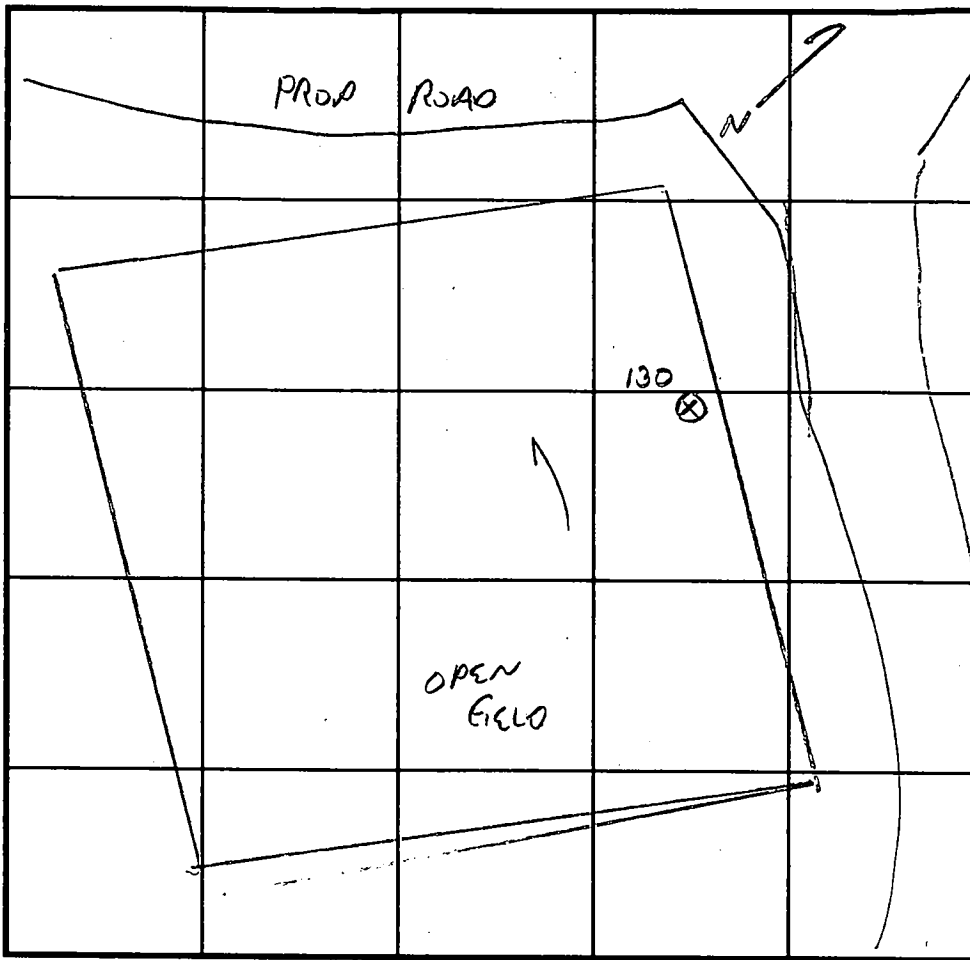
SOIL PROFILE

0'

Empty box for soil profile data.

Empty box for soil profile data.

Empty box for soil profile data.



SOIL PROFILE

130

ORGANIC

AP

7.5 YR 5/6

SCL

WSP

4-5.5'

7.5 YR 5/6

FIVE

GAMMA

SL, d1

12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/97	130	5/12V	2:15	2:17		2:20	3 MIN

REMARKS LOT 4, NO NEARBY REFERENCE POINTS

TYPE OF SOIL

TESTED BY G. SAVAGE

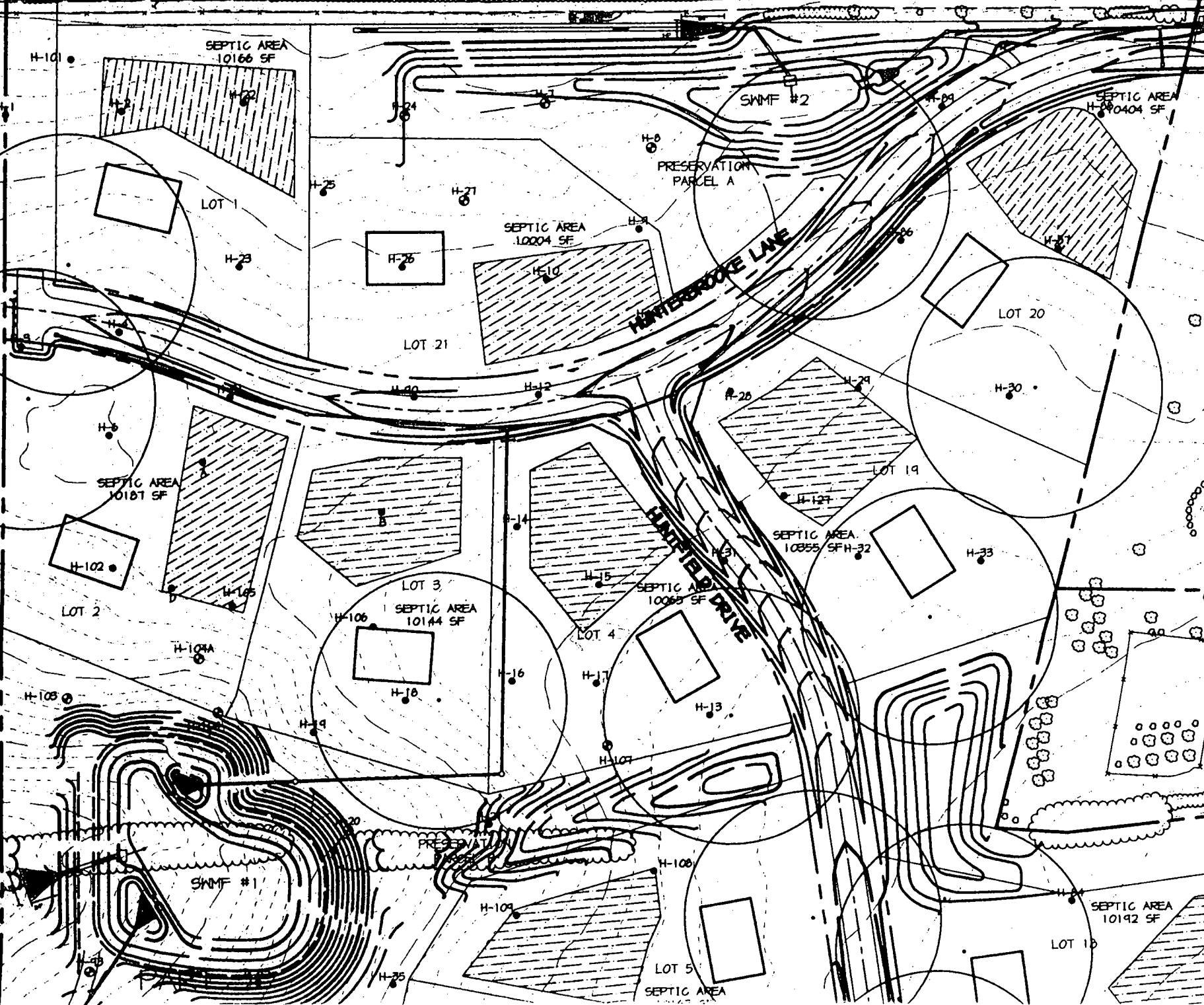
ALSO PRESENT HARTWELL'S JAY PAREKH

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

PARCEL - D
(NON-BUILDABLE)

*Revised Perc Cert
11-2-98*



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

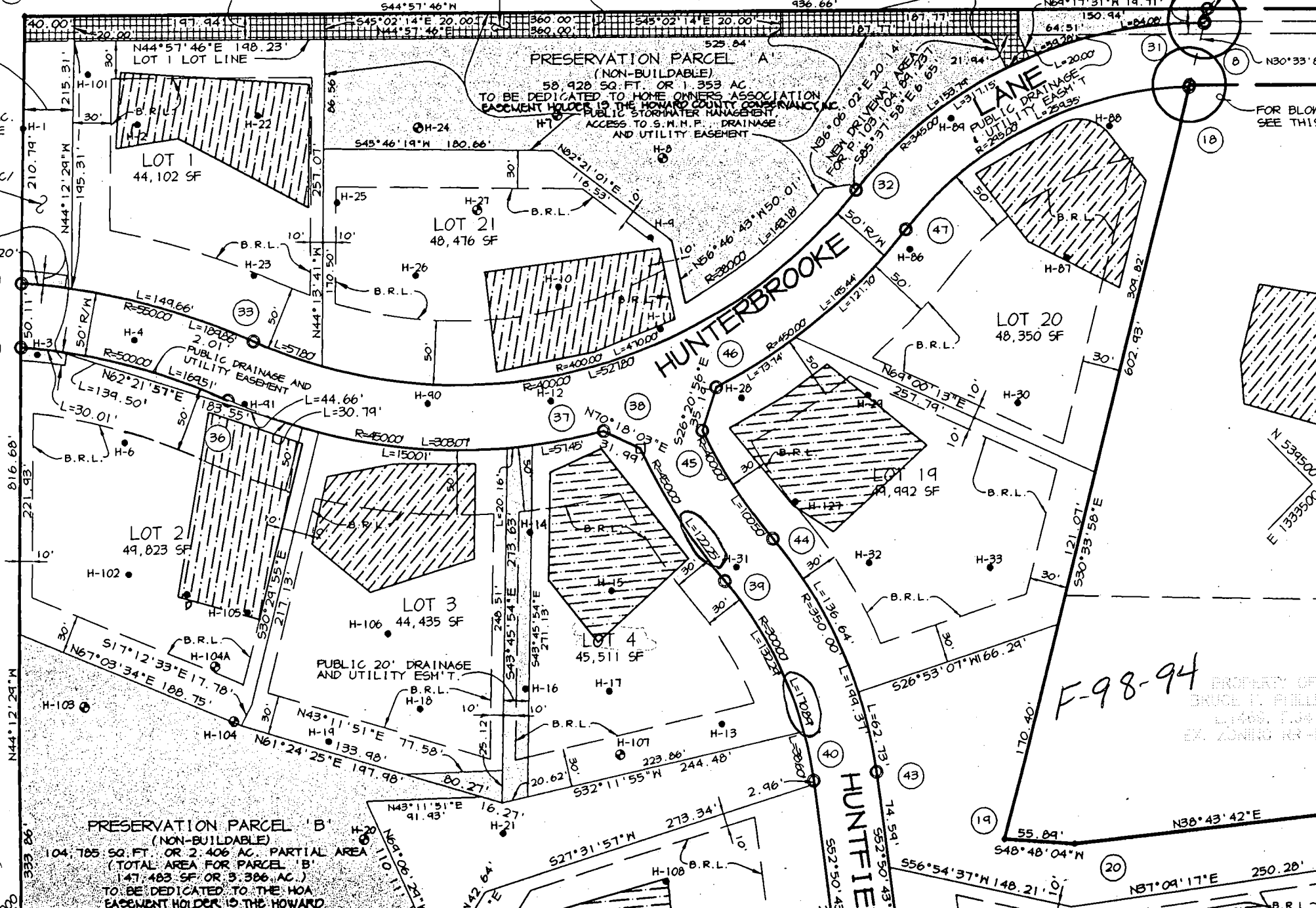
PARCEL 'D'
NON-BUILDABLE
18,411 SQ. FT. OR 0.423 AC. PARTIAL AREA
(TOTAL AREA 30,634 SQ. FT. OR 0.704 AC.)
TO BE DEDICATED TO HOME OWNERS ASSOCIATION

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

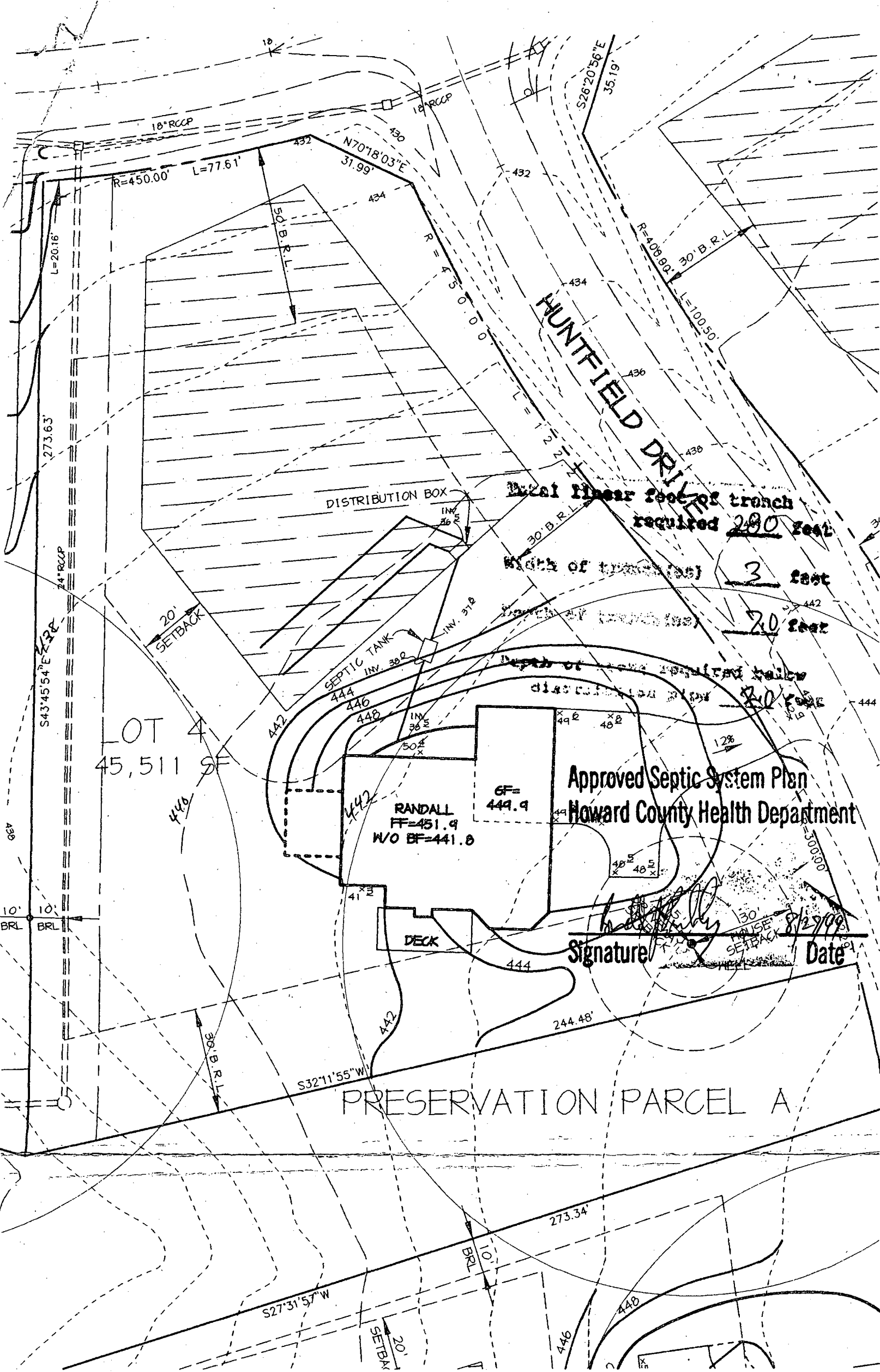
FOR BLOW-UP
SEE THIS SHEET
5/8" I. PIN
FOUND (NOT F)

FOR BLOW-UP
SEE THIS SHEET



F-98-94

PROPERTY OF
BRUCE H. PHILLIPS
L. 448, F. 34
EX. ZONING RR-420



Approved Septic System Plan
Howard County Health Department

Signature _____ Date 8/29/99

PRESERVATION PARCEL A

C1 04017

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 57659 D

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

ST/CO USE ONLY DATE RECEIVED 11 23 98

DATE WELL COMPLETED 10/7/98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1705

OWNER Winchester Homes STREET OR RFD Hunter Lane TOWN Fulton SUBDIVISION Hunter brook SECTION LOT 4

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 like Topsoil, Br. Mica, Clay, Br. mica, Tan mica, Gray mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 70 NO. OF POUNDS 1000 GALLONS OF WATER 50 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 46

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) 400

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MWD 40 GEORGE F. EASTERDAY DRILLERS SIGNATURE

LIC. NO. 1 MWD 386 WENDY BLANGUET SITE SUPERVISOR

Table with columns: E, A, C, H, S, C, R, E, N. Rows for casing and screen data.

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

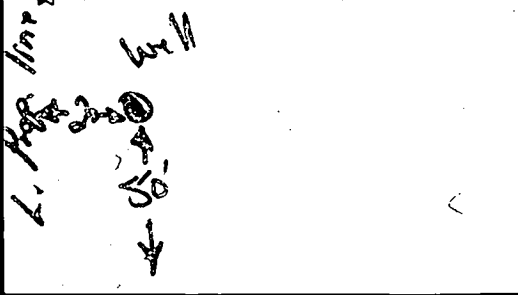
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 175 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO) (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)

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)



B 1 6886

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1705 fill in this form completely

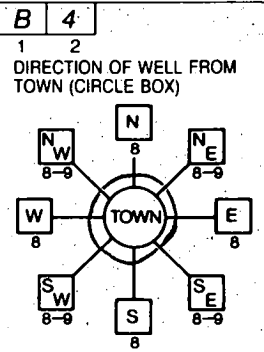
Date Received (APA) 8/28/98

OWNER INFORMATION RN 7571

LOCATION OF WELL HOWARD COUNTY Hunterbrooke SUBDIVISION Fulton NEAREST TOWN MILES FROM TOWN 0

Winchester Homes, Inc. 6305 Ivy Lane, Suite 700 Greenbelt, Md. 20770

DRILLER INFORMATION George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771



Hunter Drive NEAR WHAT ROAD 50 DISTANCE FROM ROAD 50 Ft. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard County A5765D COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 090298 A McMiller 9/2/99

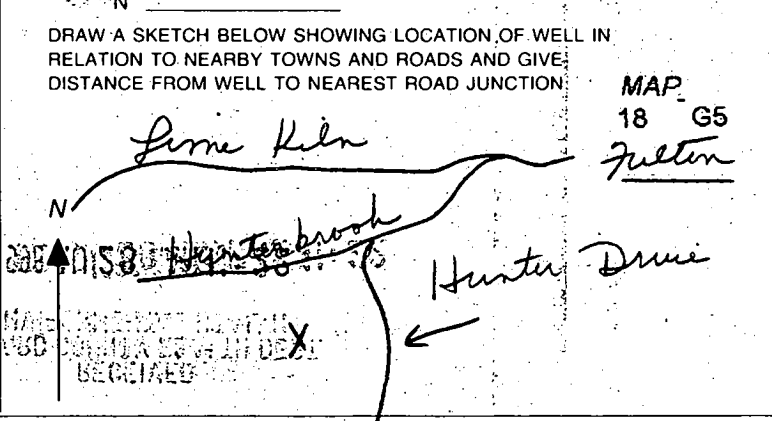
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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

10-7-98 No insp. Dul

METHOD OF DRILLING (circle one) BORED (or Augered) AIR ROTARY JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G.A.P. PERMIT NO. HO-94-1705

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

1/6/00 410-313-2648 faxed

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-W Ellicott Mills Drive
Ellicott City, MD 21043

~~461-0933~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 1-5-00

Name of Installer Daven Wilson

Telephone _____

License Number JS10065

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Winchester Homes

Telephone _____

Subdivision _____ Lot # 4

Well Tag # HO-94-1704

Site Address 8700 Hunterbrook Ln

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower _____
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Martinson
- 2. Model # B-10X
- 3. Depth 3/4

2. Make Grundfos

3. Model # 56507420

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- 1. Capacity 86
- 2. Pressure relief valve? Yes

Piping

- 1. Type PE
- 2. Size 1 1/2
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 3/4

Well data

- 1. Depth 400 ft.
- 2. Yield 5 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Daven Wilson

Date: 1-5-00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

