

8/4/00
WPI
2:00
10/5/00 Pump Test - 10AM

Needs Pump Test

PERMIT

P 513678-

SEWAGE DISPOSAL SYSTEM

A 57659-I

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 7-12-2000

410-313-2640

APPROVAL DATE 10/10/00

INDEXED 05-429951

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Hunterbrooke LOT NUMBER 9 ADDRESS 8120 Huntfield Drive

PROPERTY OWNER Winchester Homes, Inc. PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Greenbelt

SEPTIC TANK CAPACITY 1250 GALLONS - WATERTIGHT WITH WASTEWATER EFFLUENT FILTER - COMPARTMENTED SEPTIC TANK

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 70

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Place the distribution box 100 feet from the rear (104.24') lot line and 15 feet off the right (174.06') lot line. Run trenches on contour to the rear of the lot.

NOTES: Maintain 100 feet from the well to all parts of the septic system. 5/9/00 OK AL
KEEP TRENCHES 7'ETE 10' CTC TO CONSERVE SEPTIC AREA
4-70 TRENCHES TO BE INSTALLED

PLANS APPROVED Mark Rifkin DATE 4/21/00

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 AND RETURNED 2/8/01

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED 1300128328 Deck 14x30

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

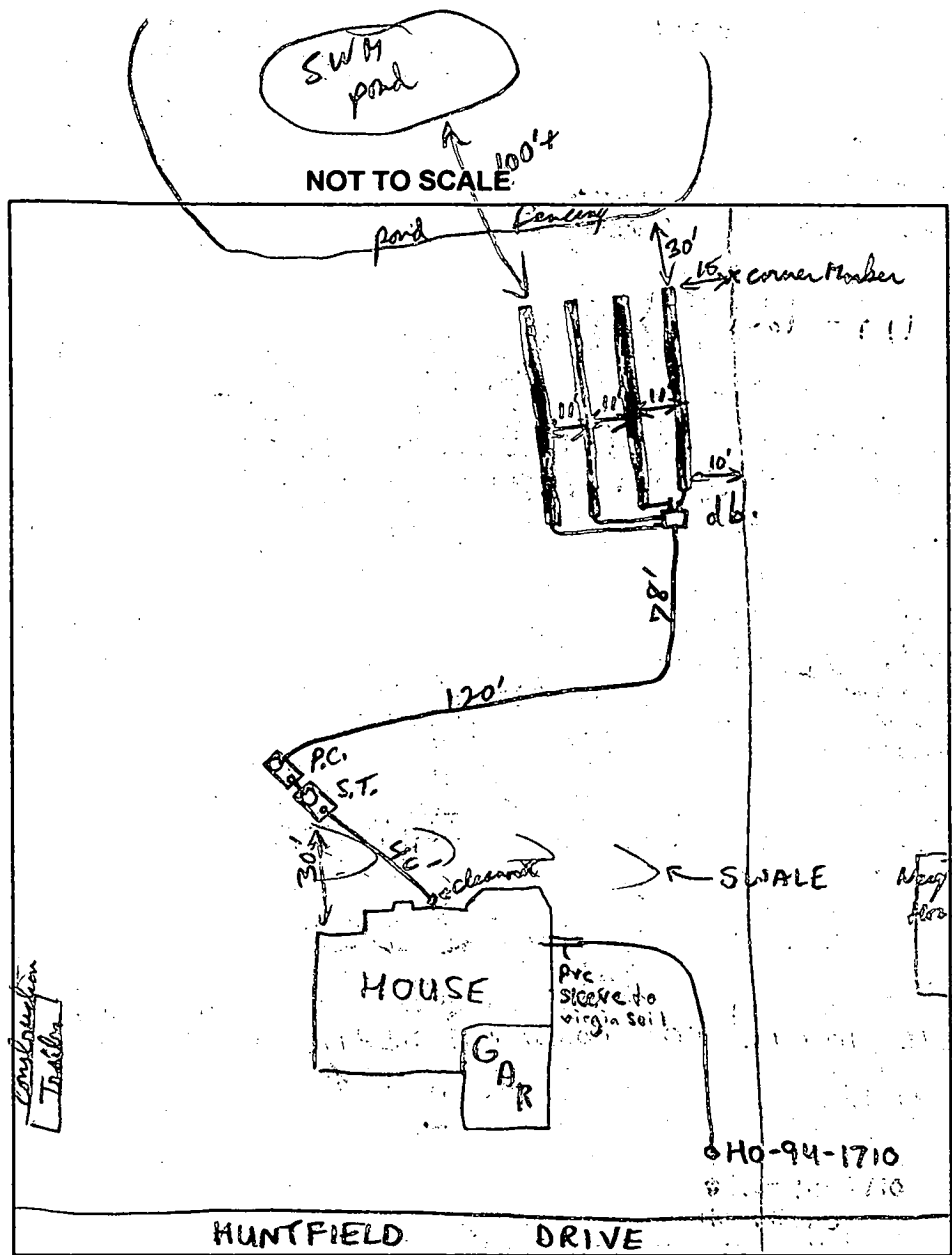
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

A57659I



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	4'
TRENCH BOTTOM DEPTH	6'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	4 (70' each)
TOTAL TRENCH LENGTH	280
ABSORBENT AREA	840
(used out level)	
DISTRIBUTION BOX LEVEL	✓
(and downturned 45° el for 2" inlet pipe)	
BAFFLE IN DISTRIBUTION BOX	✓

SEPTIC TANK DATA	
Top Second, 2 chamber & filter screen outlet	
SEPTIC TANK	1500 GALLONS
MANHOLE RISER	2 1/2' (concrete base)
6 INCH INSPECTION PORT	✓
PUMP CHAMBER DATA	
Top Second, reversed 2 chamber	
PUMP CHAMBER	1500 GALLONS
MANHOLE RISER	2 1/2' (concrete base)
2" sched 40 PVC pressure line exits via base wall	
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: 8/2/00 - WPI OK, WENT OVER TRENCH LAYOUT AT SITE, OK TO INSTALL DBOX SLIGHTLY OUT OF AREA IN BETWEEN EDGE OF EASEMENT AND 174.06' LOT LINE, RUN 4-70' TRENCHES TOWARDS REAR OF PROPERTY. KEEP TRENCHES TETE TO CONSERVE AREA. TANKS SHOULD INSPECTION COMMENTS: ALSO BE SET OUT OF SWALE NEAR REAR OFF HOUSE - (SR)

Site is Too Badly graded to see finished Swale pathway, relative to Septic Tank/P.C.

OK to cover trenches, OK to cover House connection, piping, Tank, etc - Leave dirt box open unless call for Pump Test. 8/4/00 10/10/00 Pump and alarm working. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 10/10/00

b/11
Faxed

10 STEVE

410-313-2648

8/2/00 2pm

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# AWD011

*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: Huntbrook Lot #: 9 Well Tag #: HO-94-170
Site Address: 8120 Huntfield Dr.

Submersible Pump Data

Make: Goulds
Model #: 5B507422
Pump Capacity: 5 GPM
Well Yield: 2 1/4 GPM

Pitless Adapter

Make: Mallinson
Model #: 6-10X
Depth: 3 1/2 (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 400 (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 P.A.

Piping to house

Type: PE
PSI: 80 (160 psi min)
Depth of supply line 3 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 5ft
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.

Lester C Simmons Jr
Signature of company representative responsible for installation

8/2/00
date

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

Date Insp. Requested: 8/2/00 Date Insp. Approved: 8/2/00

- 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
- 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

SRK

STORMWATER MANAGEMENT, DRAINAGE AND UTILITY EASEMENT

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark E. Lefkowitz 4/21/00
Signature Date

PARCEL B

DEDICATED TO HOA
NT HOLDER IS THE
CONSERVANCY, INC.

LOT 9
49,474 SF

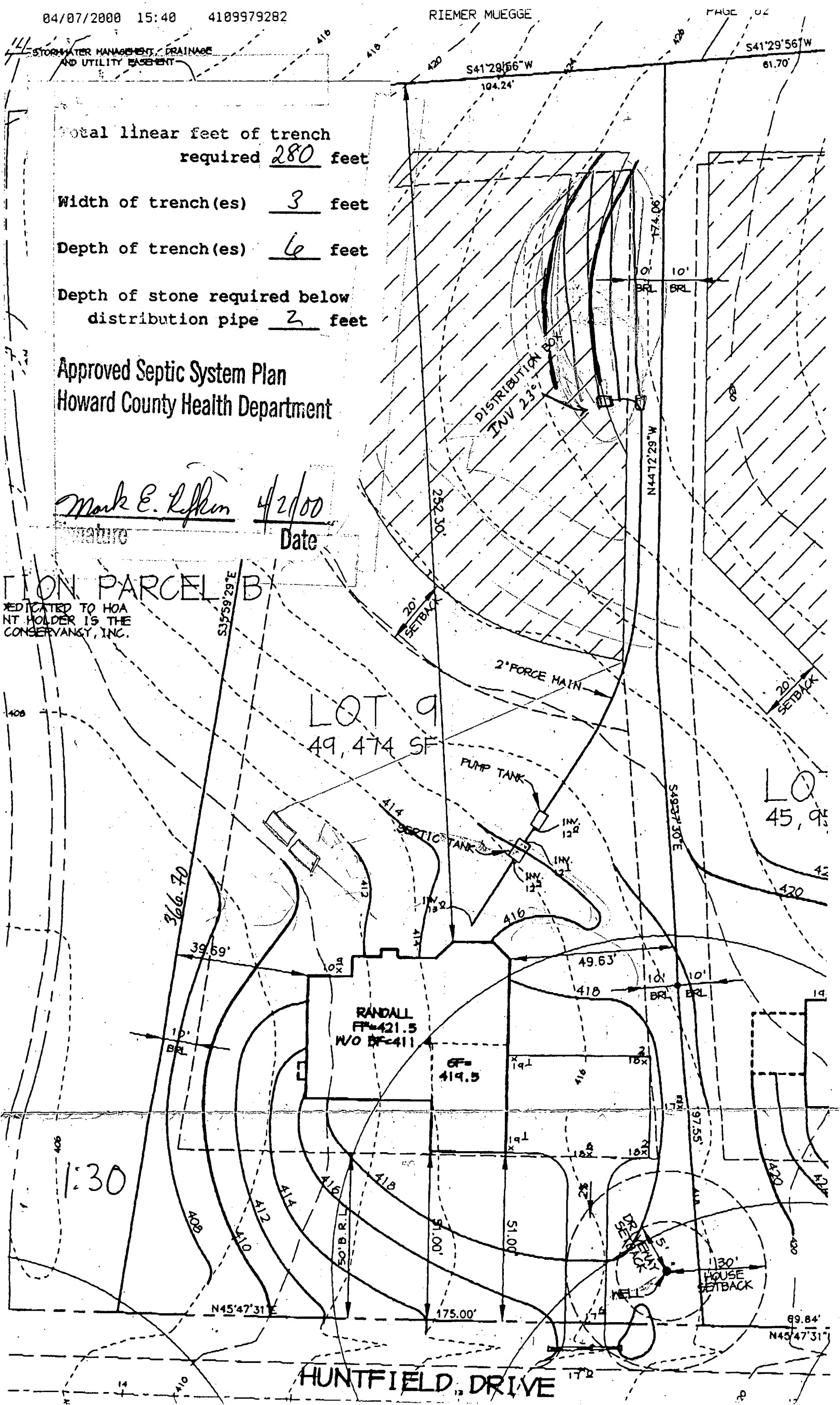
LOT 10
45,950 SF

RANDALL
FT=421.5
W/O SF=411

GF=419.5

1:30

HUNTFIELD DRIVE



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000123473

Building Address 8120 Huntfield Drive
Fulton, MD, 20759
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6051 Subdivision HUNTERBROOKE
Section N/A Area N/A Lot 9
Tax Map 46 Parcel 360 Grid 1
Zoning RR Map Coordinates 1565 Lot size 49,474 sq ft

Property Owner's Name WINCHESTER HOMES INC
Address 6305 IVY LANE SUITE 800
City GREEN BELT State MD Zip Code 20770
Home Phone 301 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 \$ 230,000
Description of Work Rebuilding Rm. w/3 car garage 2 story finished basement, 10 R, 3 FB, 1 HB, 4 BR, FP, 3 car garage

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, MUEGGEL & ASSOC
Contact Person CHRIS REID
Address 8818 CENTRE PARK DR
City COLUMBIA State MD Zip Code 21045
410 Phone 997-8900 410 Fax 997-9282

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>62</u> <u>60</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>52</u> <u>60</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>47</u> <u>60</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
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>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>16x8</u>	
Roof: <u>F/G GABLE</u>	
State Certified Modular _____	
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.

Carol Viers
Applicant's Signature
PERMIT ADMINISTRATOR
Title/Company

CAROL VIERS
Print Name
4-10-00
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	<u>4/21/00</u>	<u>Mark E. Tupper</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

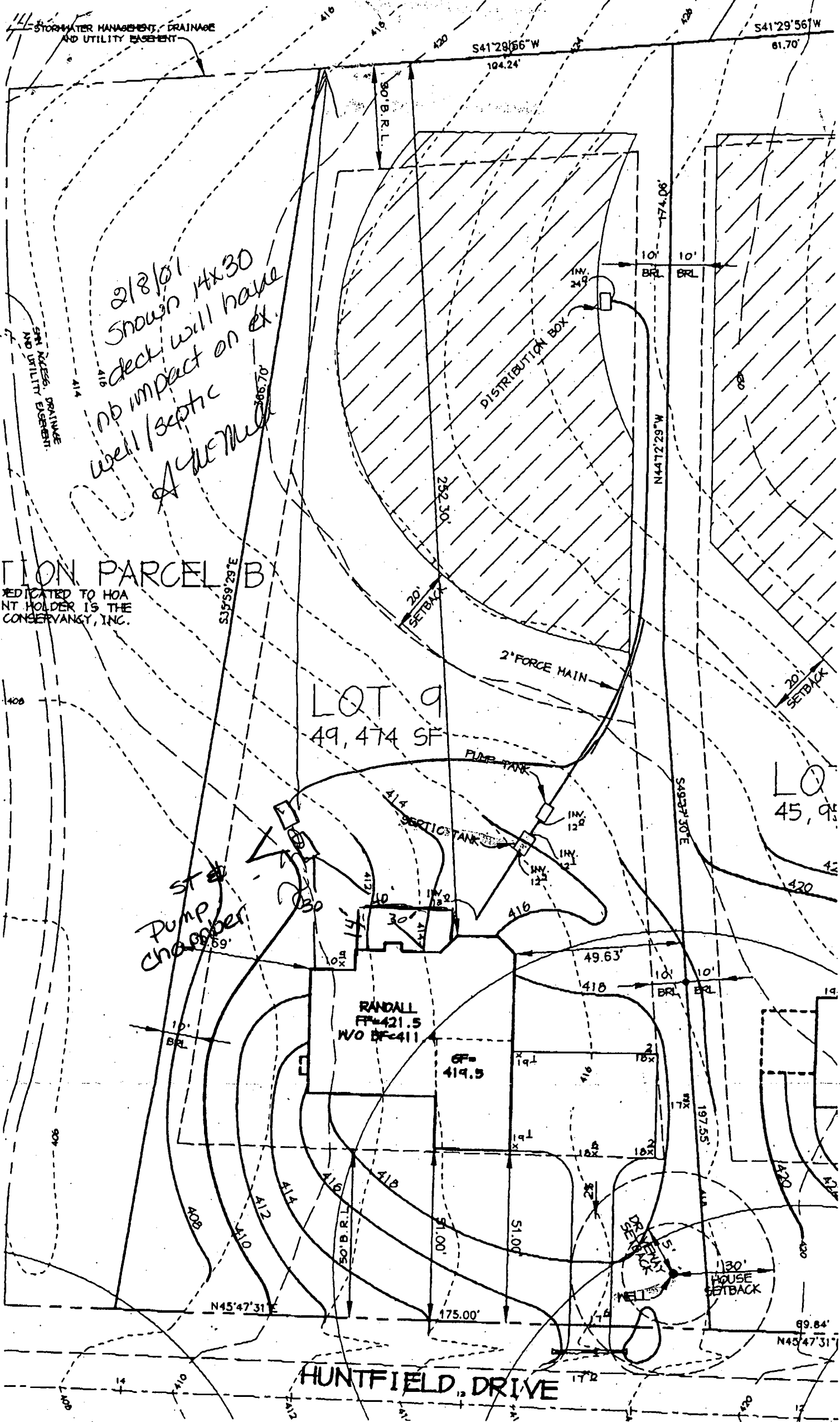
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date <u>3/3</u>

PROPERTY ID: <u>45729</u>
Filing fee \$ <u>25</u>
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # <u>10818</u>
Validation # <u>32505</u>

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Accepted by [Signature]

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



STORMWATER MANAGEMENT, DRAINAGE AND UTILITY EASEMENT

2/8/01 shown 14x30 deck will have no impact on ex. well/septic
A. K. Miller

LOTION PARCEL B
DEDICATED TO HOA
NT HOLDER IS THE
CONSERVANCY, INC.

LOT 9
49,474 SF

LOT 10
45,945 SF

RANDALL
FT=421.5
W/O OF=411

GF=414.5

HUNTFIELD DRIVE

Pump Chamber

DISTRIBUTION BOX

2" FORCE MAIN

PUMP TANK

SEPTIC TANK

REAR YARD DECK

130' HOUSE SETBACK

400

406

408

410

412

414

416

418

420

422

424

426

428

430

432

434

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992

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 1-31-97
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. 9

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

TAX MAP 46 PARCEL # 360 & p/o 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

COUNTY #

SOIL PROFILE

39

dark orange
SiClm
micaceous

4.0

lgt orange
red
SiLm
40%
quartzic
rock

11.5

45

bright orange
SiClm
20%
Shale

4.0

lgt pink
SiSalm
30%
micaceous
Shale

12.0

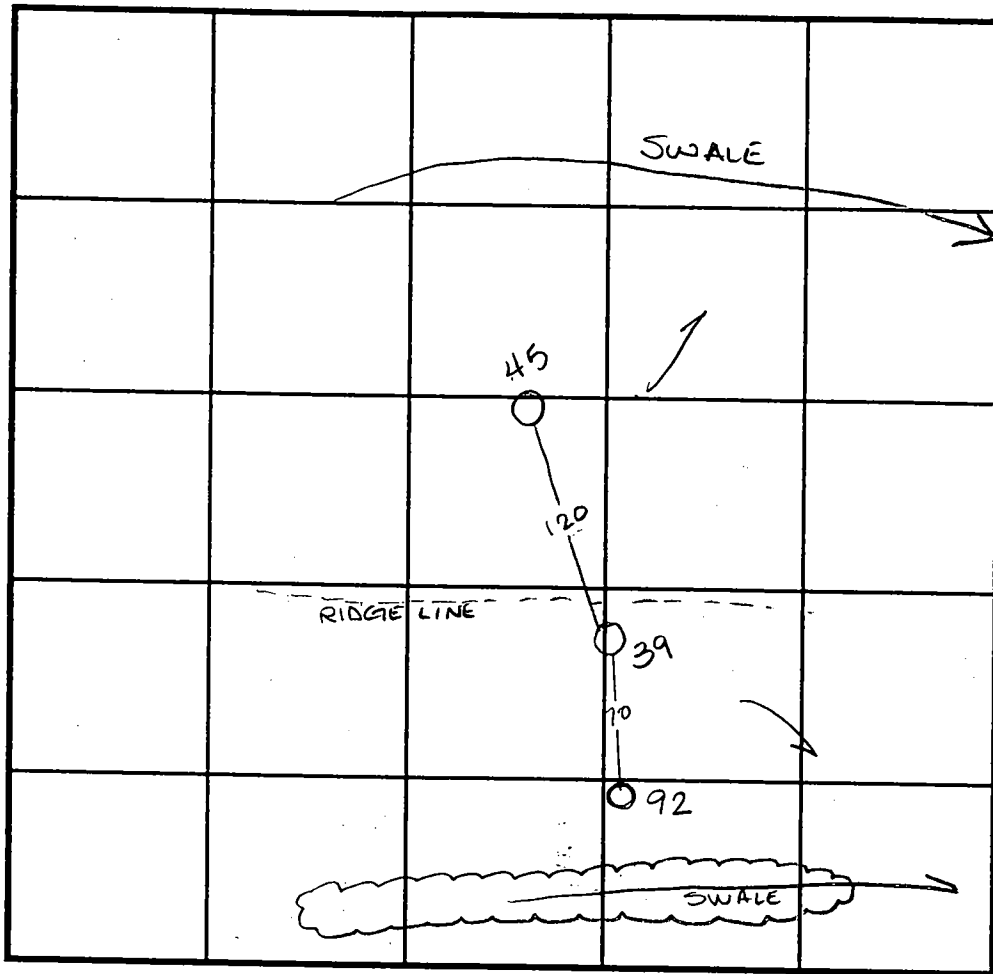
92

dark red
SiClm
20% lg
rock
frags

5.0

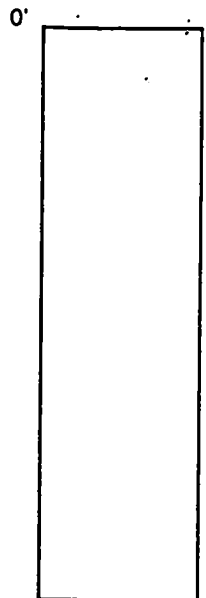
lgt orange
tan
micaceous
SiSalm
5%
Shale
dry

12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-7-97	39	6.0 V12.0	12:39 ³⁰	12:43	12:43	12:52	9min
	45	Visual	to 12.0	-see profile			OK
	92	5.0 V12.0	10:36 ³⁰	10:37 ³⁰	10:37 ³⁰	10:42	4 1/2 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMullen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A _____
P _____

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

DISTRICT 5H
DATE 1-29-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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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

COUNTY #

SOIL PROFILE
48 49

located in the E of a swale water coming in at 1.0' grey & orange mottled siltm

3.0

37

bright red siltm
tan beige siltm micaceous

4.0

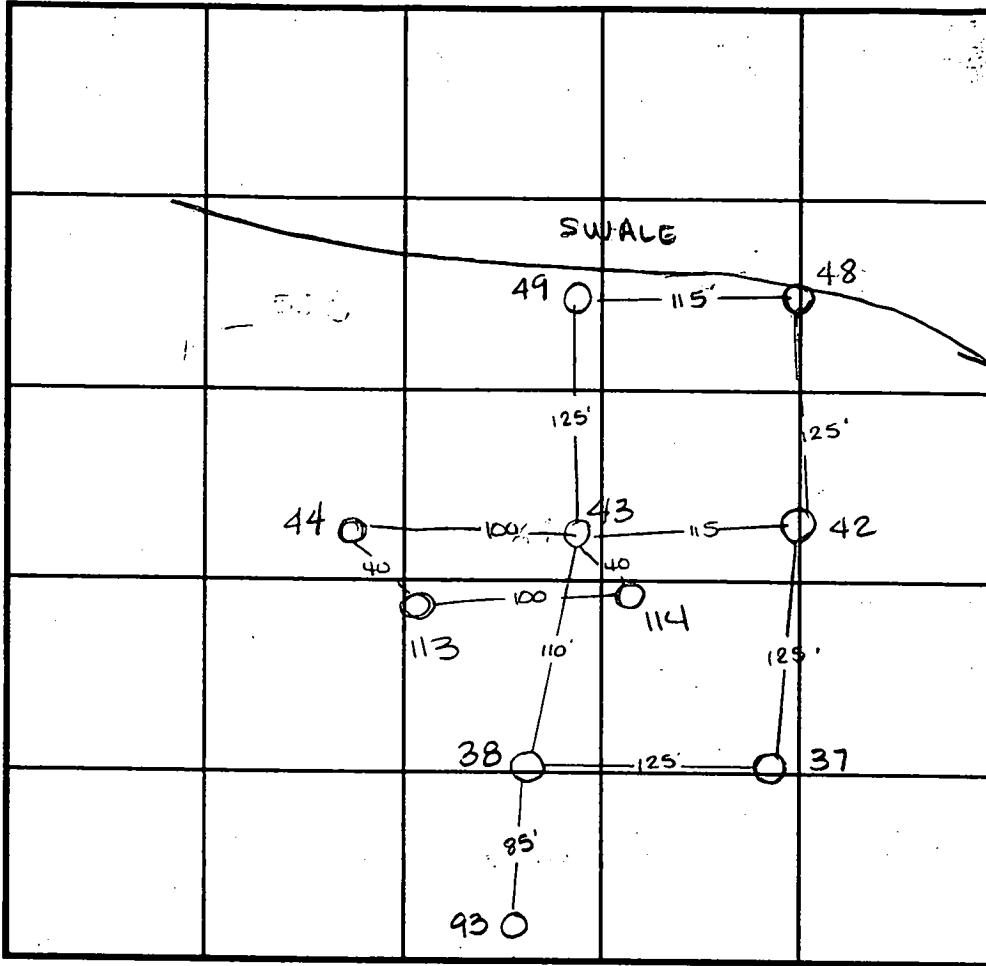
pockets of Mg deposits evidence of H₂O

12.0

38

lgt red brn siltm
orange red bright siltm
lgt grey siltm micaceous
20% grey micaceous
Rx

11.0



SOIL PROFILE
42

dark red orange siltm
orange brown siltm
dull grey brown mottled
water 44

5.0

7.0

9.5

2.0

5.5

11.5

bright red siltm
orange red siltm
lgt red tan micaceous
25% shale micaceous

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	48	Insufficient depth to water table -					F
	49	Like 48 - water at 3.0					Insufficient
		depth to water table -					F
	37	6.0 V12.5	12:48	12:49	12:49	12:54	5min
5-7-97	38	5.5 V11.0	12:43	12:44	12:44	12:46	2min
	42	Insufficient depth to water table -					F
	44	5.5 V11.5	12:58	12:59	12:59	1:03	4min

REMARKS _____

TYPE OF SOIL _____

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

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HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
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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, Folton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meisner

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

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 15

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

TAXMAP 46 PARCEL # 360 & p/o 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. Meisner
(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

ITY #

ROFILE

113.114

SOIL PROFILE

0'

25'

8.0

11.0

bright
 red
 siltm
 orange
 brown
 siltm
 micaceous
 20%
 decayed
 mottled
 gray &
 red
 siltm
 20% mica

See attached

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-97	113	Visual to 12.0					Hold
	114	5.0 11.0	10:36 ³⁰	10:38 ³⁰	10:38 ³⁰	10:41 ³⁸	3min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

43

bright orange red siltm

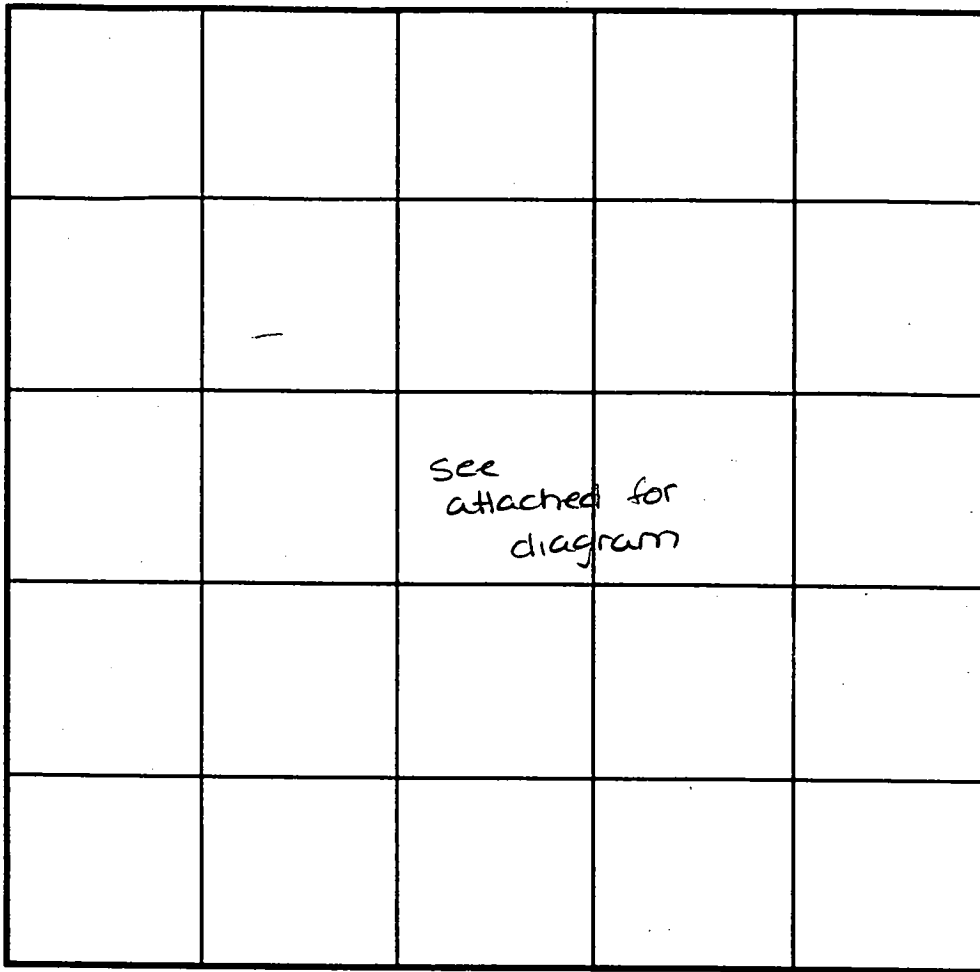
bright red siltm

mottled siltm micaceous dull grey

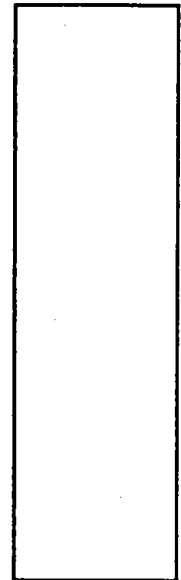
water

93

water at 8.5 mottling at 6.5 clay to 5.0



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-8-97	43	5.5 / 11.5	12:51 ³⁰	12:55	12:55	1:03	8min
	41	Insufficient depth to H ₂ O		—			F
	93	Insufficient depth to H ₂ O - see profile		—			F

REMARKS _____

TYPE OF SOIL _____

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 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. 11

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

TAX MAP 46 PARCEL # 360 & p/o 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 _____

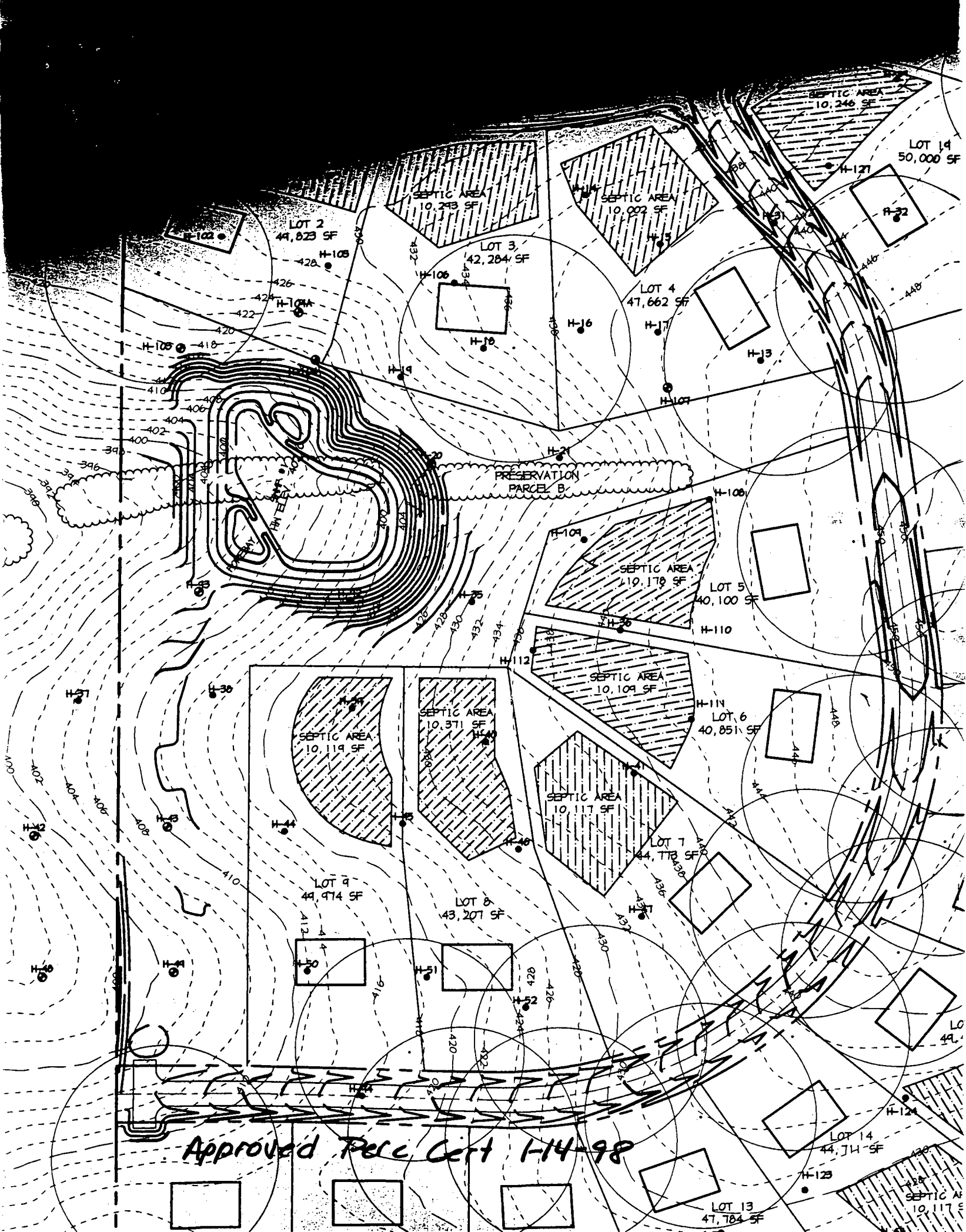
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

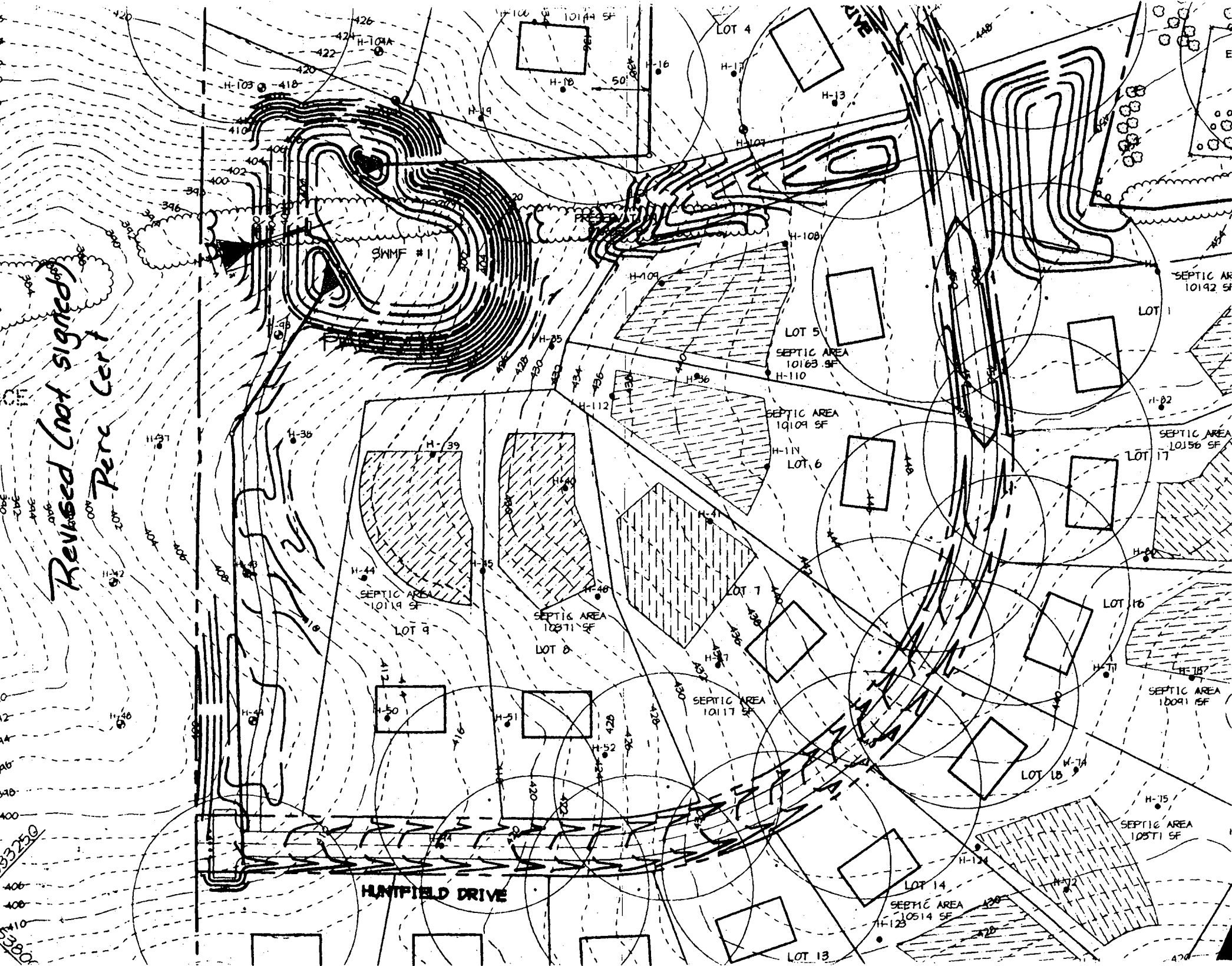
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT



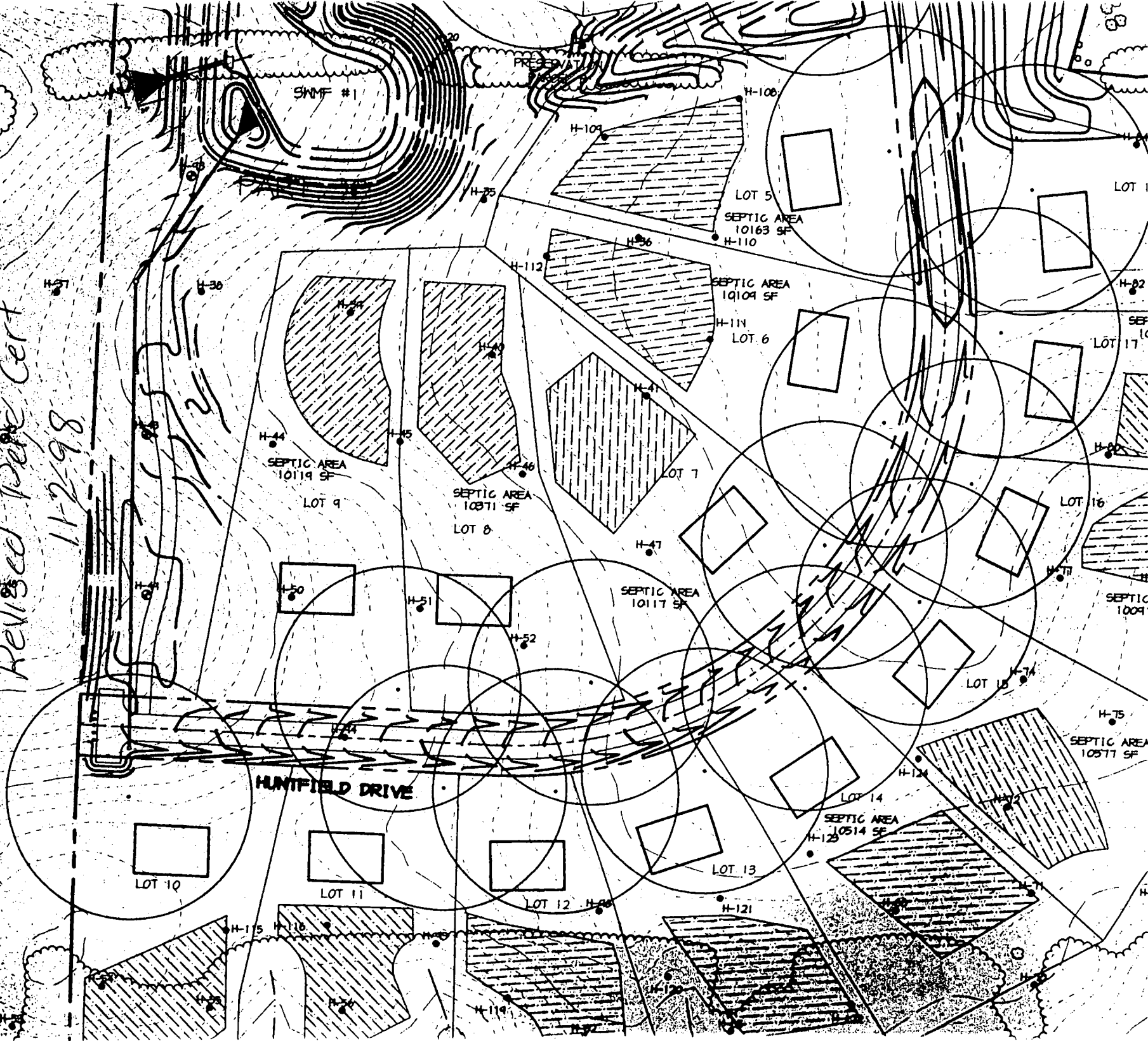
Approved Perc Cert 1-14-98

*Revised (not signed)
Per Cent*



OFFICE OF
PRINCE
11-2-98

Revised Perc Cert
11-2-98



FOR CONTINUATION
SEE SHEET 2 OF 3

PARCEL 'B'

LOT 6

FOR CONTINUATION
SEE SHEET 2 OF 3

LOT 16

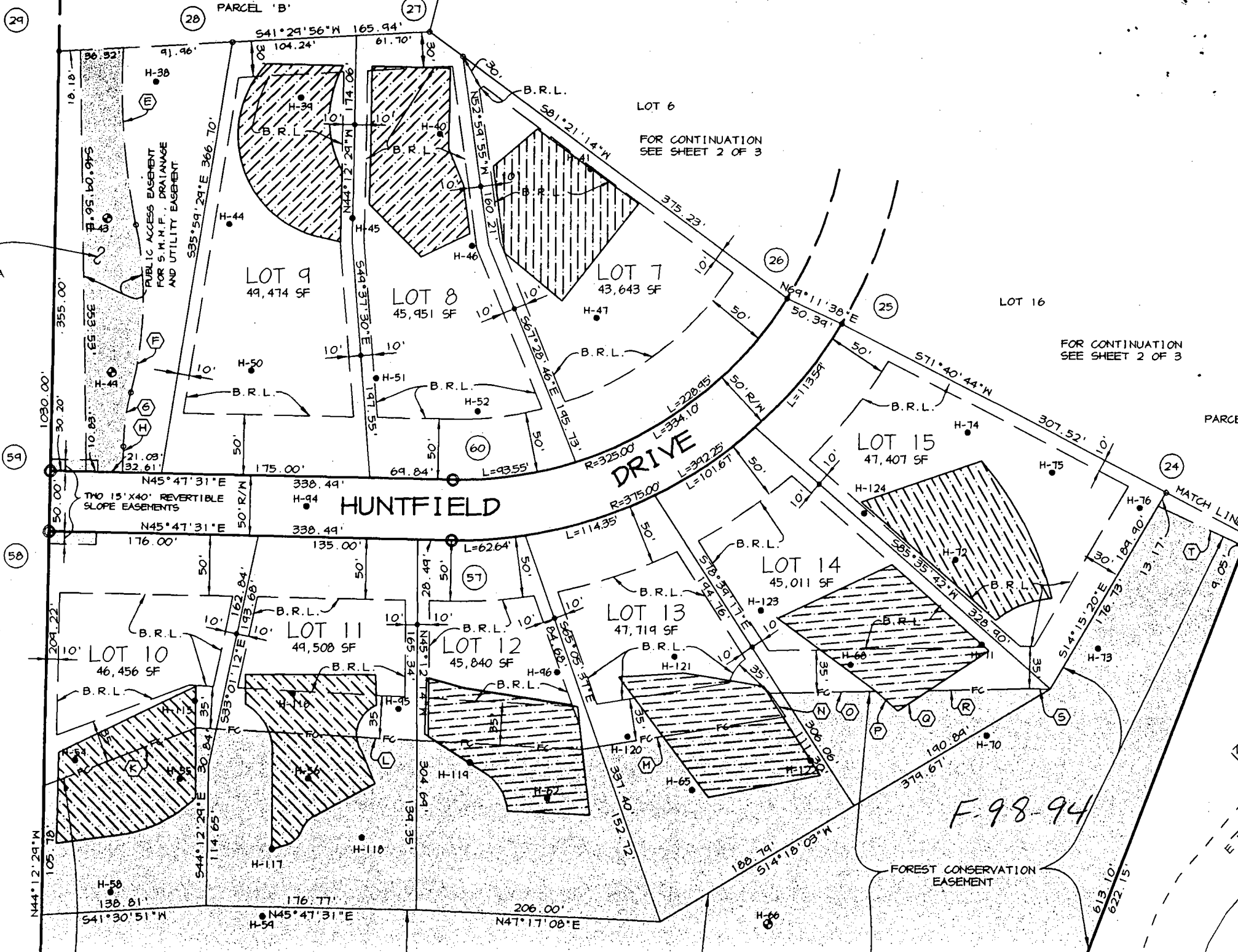
FOR CONTINUATION
SEE SHEET 2 OF 3

PARCEL

HUNTFIELD DRIVE

F-98-94

FOREST CONSERVATION
EASEMENT



C1 04022

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 A57659I

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

10 20 98

09 30 98

400

HO-94-1710

OWNER Winchester Homes, STREET OR RFD Hunter Ln, TOWN Fulton, SUBDIVISION Hunterbrook, SECTION, LOT 9

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. Rows include TOP soil, brown Mica, gray Mica, Sand Stone, gray Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 20, NO. OF POUNDS 2000, GALLONS OF WATER 100, DEPTH OF GROUT SEAL 0 to 55 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter 6, Total depth 70.

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

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

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 MWD 040, DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 MWD 501, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

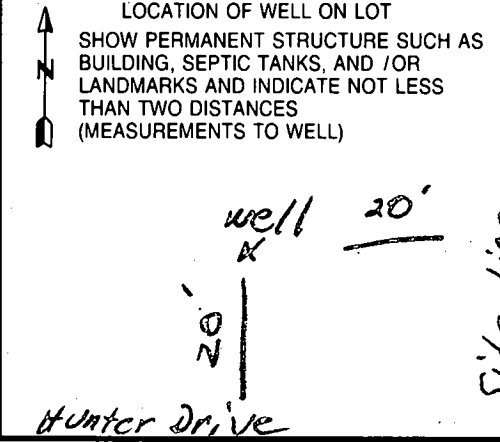
DEPTH (nearest ft.) 400, A C H S R E N, DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) S T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2.25, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft., WHEN PUMPING 215 ft., 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 to 35, PUMP HORSE POWER 37 to 41, PUMP COLUMN LENGTH (nearest ft.) 43 to 47, CASING HEIGHT (circle appropriate box and enter casing height) + above, - below 2 (nearest foot)



Age _____ of _____
 Date _____

9/30/98 - 8:30 Review 10/26/98 OK DW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1710
 Location of property (road) Hunter Drive
 Subdivision Hunterbrook Lot 9 Block _____ Plat _____ Sec. _____
 Well Driller George Easterday Owner Winchester Homes
 Depth of well 400 1/2
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 227

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate 13 GPM
 Total time 25 min to reach pumping water level 214 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 4 gallon bucket	FLOW METER READING (if-used)	CALCULATED FLOW (gallons per minute)
9:30 AM	214 ft	25 sec	300 ft	2 1/4
9:45 AM	214 ft	25 sec	300 ft	2 1/4
10:00 AM	214 ft	25 sec	300 ft	2 1/4
10:15 AM	214 ft	25 sec	300 ft	2 1/4
10:30 AM	214 ft	25 sec	300 ft	2 1/4
10:45 AM	214 ft	25 sec	300 ft	2 1/4
11:00 AM	214 ft	25 sec	300 ft	2 1/4
11:15 AM	214 ft	25 sec	300 ft	2 1/4
11:30 AM	214 ft	25 sec	300 ft	2 1/4
11:45 AM	214 ft	25 sec	300 ft	2 1/4
12:00 PM	214 ft	25 sec	300 ft	2 1/4
12:15 PM	214 ft	25 sec	300 ft	2 1/4
12:30 PM	214 ft	25 sec	300 ft	2 1/4
12:45 PM	214 ft	25 sec	300 ft	2 1/4
1:00 PM	214 ft	25 sec	300 ft	2 1/4
1:15 PM	214 ft	25 sec	300 ft	2 1/4
1:30 PM	214 ft	25 sec	300 ft	2 1/4
1:45 PM	214 ft	25 sec	300 ft	2 1/4
2:00 PM	215 ft	25 sec	300 ft	2 1/4
2:15 PM	215 ft	25 sec	300 ft	2 1/4
2:30 PM	215 ft	25 sec	300 ft	2 1/4
2:45 PM	215 ft	25 sec	300 ft	2 1/4
3:00 PM	215 ft	25 sec	300 ft	2 1/4
3:15 PM	215 ft	25 sec	300 ft	2 1/4
3:30 PM	215 ft	25 sec	300 ft	2 1/4
3:45 PM	215 ft	25 sec	300 ft	2 1/4
4:00 PM	215 ft	25 sec	300 ft	2 1/4
4:15 PM	215 ft	25 sec	300 ft	2 1/4
4:30 PM	215 ft	25 sec	300 ft	2 1/4
4:45 PM	215 ft	25 sec	300 ft	2 1/4
5:00 PM	215 ft	25 sec	300 ft	2 1/4

HD-2245

TESTED BY Dickie

B 1 6891

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1710 fill in this form completely

Date Received (APA) 08 28 98

OWNER INFORMATION RN 7576

B 3

LOCATION OF WELL

Howard

CC#

8 COUNTY

21

Hunterbrooke

23 SUBDIVISION

42

SECTION 44 46

LOT 9 48 50

Fulton

52 NEAREST TOWN

71

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

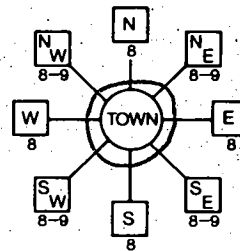
Winchester Homes, Inc. 6305 Ivy Lane, Suite 700 Greenbelt, Md. 20770

DRILLER INFORMATION George F. Easterday M WD 040

L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunter Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 20 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL:

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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 Co AS7659 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 090298 A McMill 9/2/99

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

METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven
AIR-ROTary 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 (circled)
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 deepen an existing well

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

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-1710

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

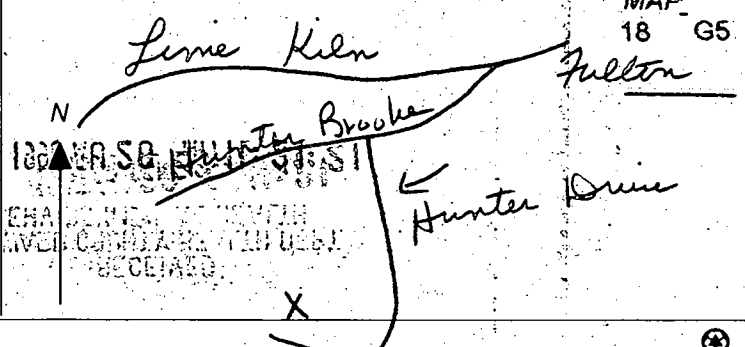
X 9/24/98 Groot 10:30 no insp

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820

N 470

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

9/2/98 Well site OK as staked. Position relative to uphill SDA's approved by MADE during sub. review process

Aer

