

6/6/00
11:00
6/14/00 2:00

05-429986

INDEXED

PERMIT

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

P 513576

A 57659-J

ISSUE DATE 5/3/2000

APPROVAL DATE 9/6/00

Hatfield's Equipment IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Hunterbrooke LOT NUMBER 10 ADDRESS 8141 Huntfield Drive

PROPERTY OWNER Cecil Bernard PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800

PROPERTY OWNER Winchester Homes Inc. Greenbelt, MD 20770

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

*** WATERTIGHT, COMPARTMENTED TANK WITH WASTEWATER EFFLUENT FILTER REQUIRED ***

~~BLK PERM SINE~~

~~AND REQUIRED~~ 118-2001

300133220 OPEN DAK 26X28/STEP

TRENCHES: Trenches to be 3 feet wide. Inlet 5.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 150' down the right lot line and 60' off this same lot line. Run trenches on contour to right side of lot. REQUIRED LAYOUT: 60', 75', 105'. SEE PLAN. OK/MR

Amended 6/6/00 - OK to install pump tank and house sewer as specified in field. Keep DBox in same place. Try to keep tanks out of drainage swale (SRW)

PLANS APPROVED Mark Rifkin DATE 3-20-2000

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

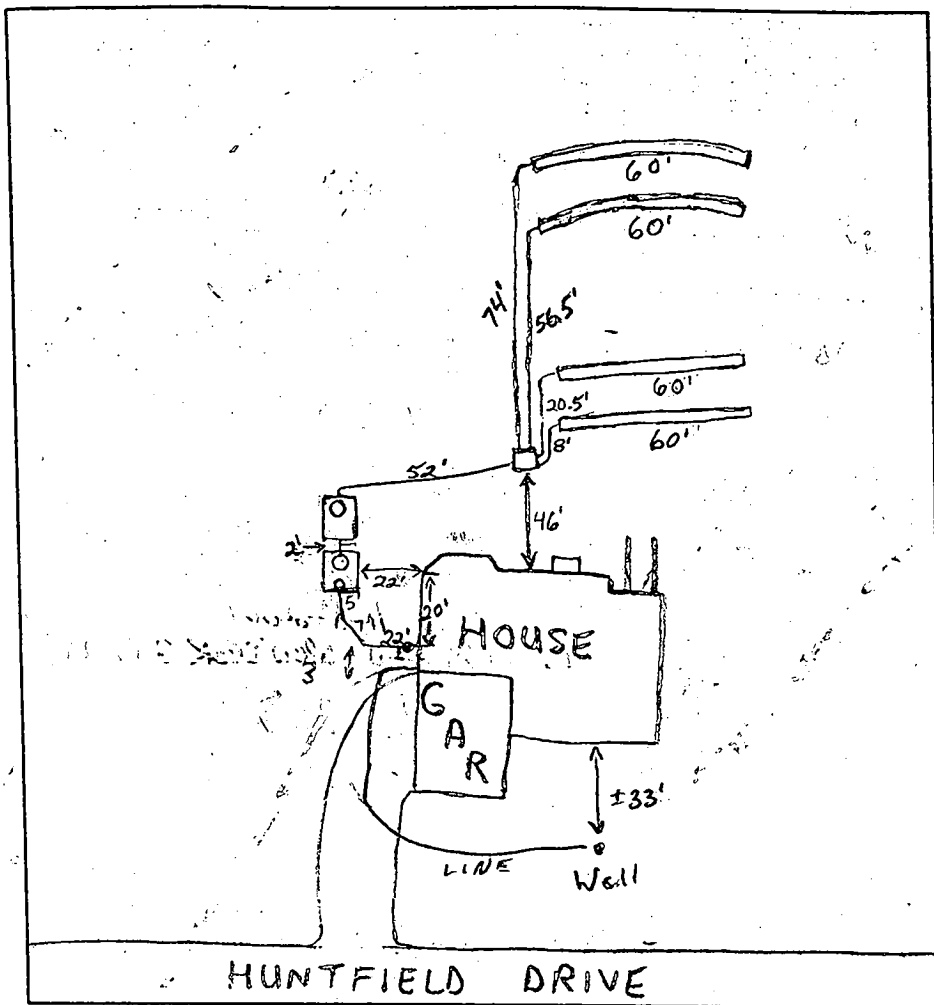
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 57659 J

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 5.5'
 TRENCH BOTTOM DEPTH 7.5'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 sq ft
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

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

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
 MANHOLE RISER Yes
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 6/6/00 - AMMENDED SYSTEM DESIGN, PUMP SYSTEM NOW

REQUIRED, HOUSE SEWER LOCATION CHANGED & LOCATION OF TANKS CHANGED (SRK)
 SEE AMMENDED SEPTIC SYSTEM SPECS ON FRONT.

INSPECTION COMMENTS: 6/14/00 Trenches installed within marked area. House connections made.
 Trenches installed at beginning and end of easement area to preserve trees in middle. Area still usable for future repairs.
 O.K. to cover everything. Final approval pending operation of pump and alarm. (SRK) Pump drain OK, on/off float OK, alarm OK, Put Box was covered but exempted this time. Pff 9/6/00

INSPECTOR

Ronald Pinkley

DATE SYSTEM APPROVED

9/6/00

410-313-2648
Stave
6/20/00 - WPI 1pm
or later

To Eric 301-776-5981
9/13/00

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

~~401-0022~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6-2-00

Name of Installer Lester C Simard Jr.

Telephone _____

License Number AWD011

Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner Winchester Homes Telephone _____

Subdivision Huntelbroke Lot # 10 Well Tag # No - 94 - 1711

Site Address 8141 Huntfield Dr.

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make Goulds
 - Model # 56507422
 - Capacity 2 GPM
 - Pump exceeds well capacity Yes _____ No
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

- Motor**
- Horsepower _____
 - RPM 3450
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter**
- Make Martinson
 - Model # B-10X
 - Depth 3 1/2

- Tank**
- Capacity 86
 - Pressure relief valve? Yes

- Piping**
- Type PE
 - Size 1"
 - NSF and/or BOCA Code approved Yes
 - Depth of supply line 3 1/2

- Well data**
- Depth 400 ft.
 - Yield 3 GPM
 - Static water level _____ ft.
 - 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.

SEE ATTACHED Signature of Applicant: Lester C Simard Jr.

Date: 6-2-00

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

6/20/00

WPI

1:00 or later

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer Easterday

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision Hunterbrook Lot # 10 Well Tag # HO-94-1711
Site Address 8141 Huntfield Dr.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

6/20/00
10' XTRA CASING CUT OFF,
TAG RE-INSTALLED; P.A. OK 3-4' B.G.

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: _____

Date: _____

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

2-PC CAP & CONDUIT OK;
SLEEVED UNDER PARKING PAD & MOST OF PORTION <10' TO SEWER LINE
INSTALLER TO RE-SLEEVE TO COVER ALL OF WELL LINE <10' TO SEWER
SLEEVING COMPLETED SAME DAY

HD-215

OK TO COVER

MR

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00122496

Building Address 8141 Westfield Dr
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 601.07 Subdivision HUNTER BROOKE
 Section N/A Area N/A Lot 10
 Tax Map 46 Parcel 360 Grid 2
 Zoning RR Map Coordinates 186.5 Lot size 46,156

Property Owner's Name WINCHESTER HOMES, INC.
 Address 6305 IVY LANE, SUITE 800
 City GREENBELT 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 LOT
 Proposed Use RESIDENTIAL SINGLE FAMILY
 Estimated Construction Cost \$ 235,000
 Description of Work RANDALL 1.3 car garage
2 - 12' x 12' x 10' 3/4' 35' x 11' 6"
4 BR

Contractor Company WINCHESTER HOMES, INC.
 Contact Person CAROL UIERS
 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, MUEGGELHANS
 Contact Person CHRIS REID
 Address 8818 CENTRE PARK DR
 City COLUMBIA State MD Zip Code 21045
 Phone 410-997-8900 Fax 410-997-9282

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>603'</u> Depth <u>60'</u> Width <u>60'</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>50'</u> Depth <u>60'</u> Width <u>60'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>47'</u> Depth <u>60'</u> Width <u>60'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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>TIG GALE</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature PERMIT ADMINISTRATOR
 Title/Company _____

Print Name CAROL UIERS
 Date 2-14-00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>3/20/00</u>	<u>Mark E. Ryan</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION

Front: <u>50'</u>
Rear: _____
Side: <u>10'</u>
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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY INFO: 45076

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check # <u>1411</u>	
Validation # <u>7-1322</u>	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by: _____

C11 4198
 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER A57659J

BT/CO USE ONLY
 DATE Received
10/20/98

DATE WELL COMPLETED
09 29 98
 Depth of Well
400
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO 94-1711

OWNER Winchester Homes
 STREET OR RFD Hunter Drive TOWN Fulton
 SUBDIVISION Hunterbrook SECTION _____ LOT 10

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	
brown sandy Mica	2	52	
gray Mica	52	63	
Sand Stone	63	80	✓
gray Mica	80	305	
green Mica	305	325	
gray Mica	325	400	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

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

NO. OF BAGS 31 NO. OF POUNDS 3100
 GALLONS OF WATER 155
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP ft. to 45 BOTTOM ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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. MWD 040
Gene F. Easterday
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DEPTH (nearest ft.)

HO 58 400

E A C H S C R E N

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 JPN (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 6
 PUMPING RATE (gal. per min.) 3
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 17 ft.
 WHEN PUMPING 152 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
 - below } 2 (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

well 40'
Soft at water level
cleans OK
30'
Hunter Drive
Side line

9-29-98 9:00

Review 10/26/98 OK RD

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1711
Location of property (road) Hunter Drive
Subdivision Hunterbrook Lot 10 Block _____ Plat _____ Sec. _____
Well Driller George Easterday Owner Winchester Homes

Depth of well 400 29 pm
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 17 ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:20 AM Pumping rate 15 GPM
Total time 25 MIN to reach pumping water level 151 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 (gallon bucket)	FLOW-METER READING-- (if used)	CALCULATED FLOW (gallons per minute)
9:45 AM	151 ft	20 sec	350 ft	3.6 GPM
10:00 AM	151 ft	20 sec	350 ft	3.6 GPM
10:15 AM	151 ft	20 sec	350 ft	3.6 GPM
10:30 AM	151 ft	20 sec	350 ft	3.6 GPM
10:45 AM	151 ft	20 sec	350 ft	3.6 GPM
11:00 AM	151 ft	20 sec	350 ft	3.6 GPM
11:15 AM	151 ft	20 sec	350 ft	3.6 GPM
11:30 AM	151 ft	20 sec	350 ft	3.6 GPM
11:45 AM	151 ft	20 sec	350 ft	3.6 GPM
12:00 PM	152 ft	20 sec	350 ft	3.6 GPM
12:15 PM	152 ft	20 sec	350 ft	3.6 GPM
12:30 PM	152 ft	20 sec	350 ft	3.6 GPM
12:45 PM	152 ft	20 sec	350 ft	3.6 GPM
1:00 PM	152 ft	20 sec	350 ft	3.6 GPM
1:15 PM	152 ft	20 sec	350 ft	3.6 GPM
1:30 PM	152 ft	20 sec	350 ft	3.6 GPM
1:45 PM	152 ft	20 sec	350 ft	3.6 GPM
2:00 PM	152 ft	20 sec	350 ft	3.6 GPM
2:15 PM	152 ft	20 sec	350 ft	3.6 GPM
2:30 PM	152 ft	20 sec	350 ft	3.6 GPM
2:45 PM	152 ft	20 sec	350 ft	3.6 GPM
3:00 PM	152 ft	20 sec	350 ft	3.6 GPM
3:15 PM	152 ft	20 sec	350 ft	3.6 GPM
3:30 PM	152 ft	20 sec	350 ft	3.6 GPM
3:45 PM	152 ft	20 sec	350 ft	3.6 GPM

Tested by Dickie

B,1 6892 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1711 fill in this form completely

DATE RECEIVED (APA) 09 28 98 WINCHESTER HOMES, INC. OWNER INFORMATION RN 7577

LOCATION OF WELL HOWARD HUNTERBROOKE FULTON

DRILLER INFORMATION GEORGE F. EASTERDAY MWD 040 L. FRANKLIN EASTERDAY, INC.

HUNTER DRIVE ON WHICH SIDE OF ROAD DISTANCE FROM ROAD

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO A57659J

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

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

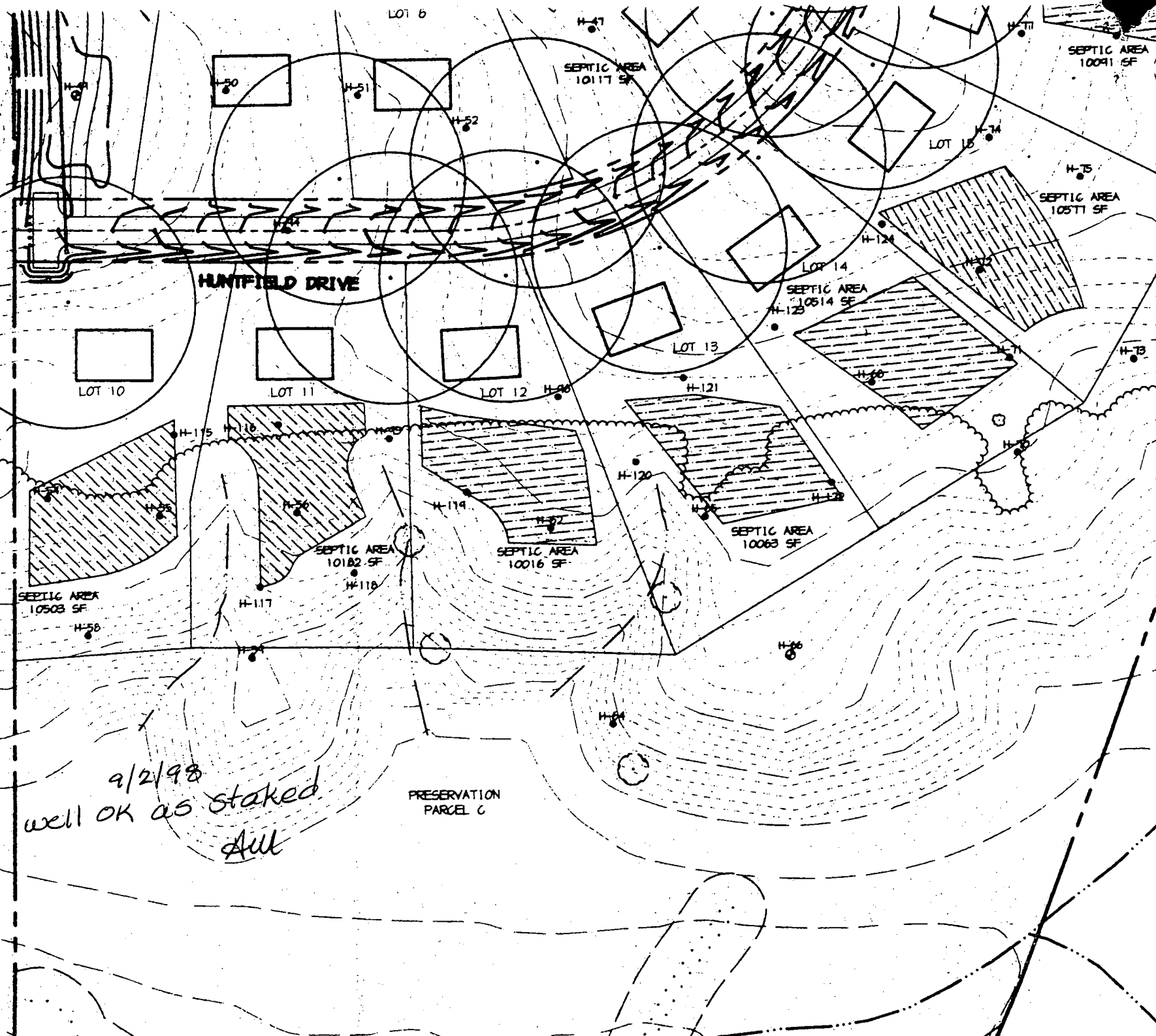
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X X 9/24/98 GROUT

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED JETTED & DRIVEN

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63



LOT 6

SEPTIC AREA
10117 SF

SEPTIC AREA
10091 SF

HUNTFIELD DRIVE

SEPTIC AREA
10571 SF

SEPTIC AREA
10514 SF

LOT 10

LOT 11

LOT 12

LOT 13

LOT 14

LOT 15

SEPTIC AREA
10503 SF

SEPTIC AREA
10182 SF

SEPTIC AREA
10016 SF

SEPTIC AREA
10063 SF

PRESERVATION
PARCEL C

9/2/98
well OK as staked
Aull

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

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 Meinson

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

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 12

ROAD AND DESCRIPTION Common driveway off Lime Kln 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. Meinson
(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

56

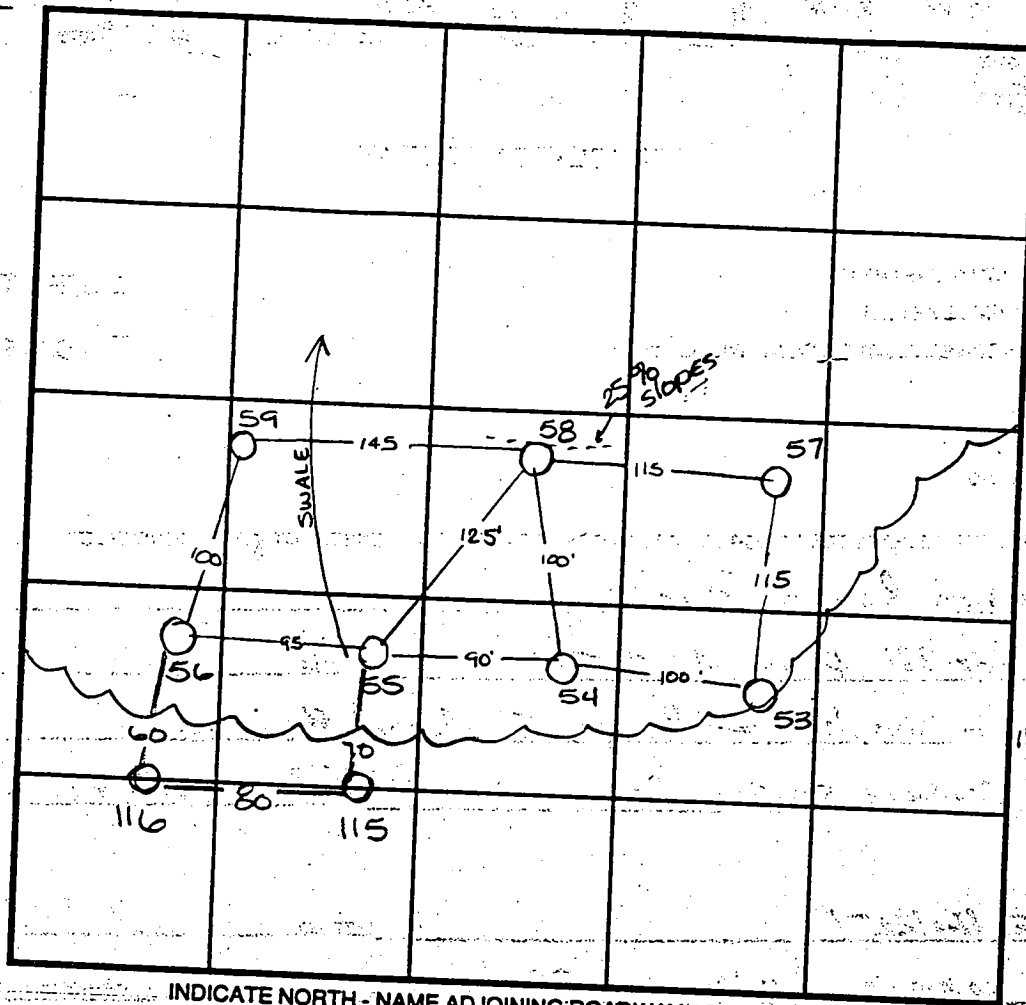
orange brown w/ some red silm

beign silm micaceous 15-20% decayed shale dry

SOIL PROFILE 58

lgt orange silm some rock frags

lgt brn silm some mica 10% Rx frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-97	56	5.5 V12.0	9:24	9:27	9:27	9:36	9min
	59	6.0 V12.0	9:23 ³⁰	9:24 ³⁰	9:24 ³⁰	9:33 ³⁰	9min
	55	5.5 V12.5	10:05 ³⁰	10:06 ³⁰	10:06 ³⁰	10:08 ³⁰	1 1/2 min
	54	5.5 V12.0	10:10	10:11 ³⁰	10:11 ³⁰	10:14 ³⁰	2 1/2 min
	58	5.0 V12.0	10:15	10:17	10:17	10:19 ³⁰	2 1/2 min

REMARKS Stay 25' off hole 58 -> 25% slopes

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5

TRENCH WIDTH 3'

INLET DEPTH 5.5 REPAIRS 5'-7' MAXIMUM BOTTOM DEPTH 7.5

SQ. FT/BEDROOM 180

59

like 56 but, only 5% shale

55, 54

no distinct clay layer lgt brn silm micaceous 5% decayed shale

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 Meisner

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

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 10111

ROAD AND DESCRIPTION Common driveway off Lime Kln 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. 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

COUNTY #

SOIL PROFILE

57

dark orange brown SiClM

1gt grey Salm

20% frags micaceous grey rock

53

bright orange brown SiClM

brown Salm

Very micaceous

15% Rx

115

1gt orange brown SiClM

1gt tan bugh SiSalm

<5% Rx

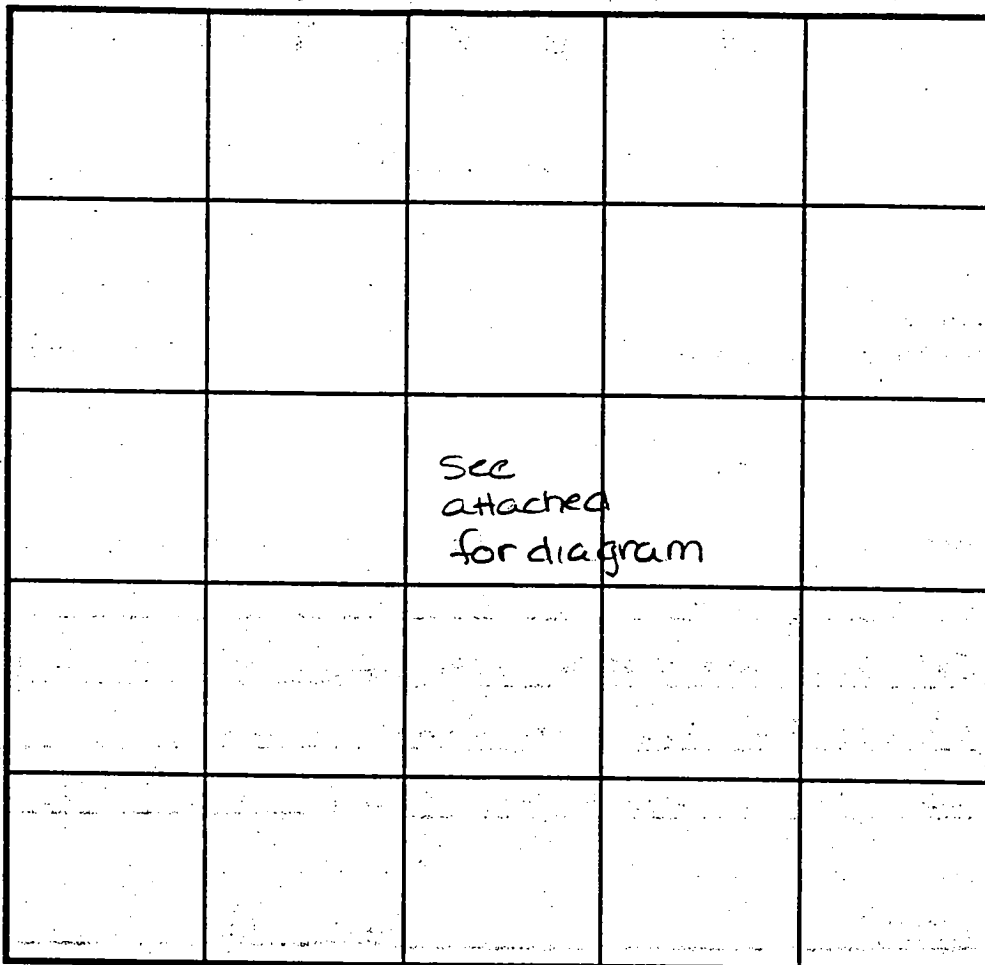
SOIL PROFILE

116

dark brown 20% Rx SiClM

dark orange brown w/ blk on faces 30% Rx

refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-7-97	57	5.5 V12.0	1:12	1:13	1:13	1:15	2min
	53	5.0 V12.0	1:16	1:17	1:17	1:18 ³⁰	1 1/2 min
9-11-97	115	V15.0	to	12.0	—	—	OK
	116	6.0 V10.0	10:45	10:51	—	—	slow
		Deep clay - shallow bedrock					F

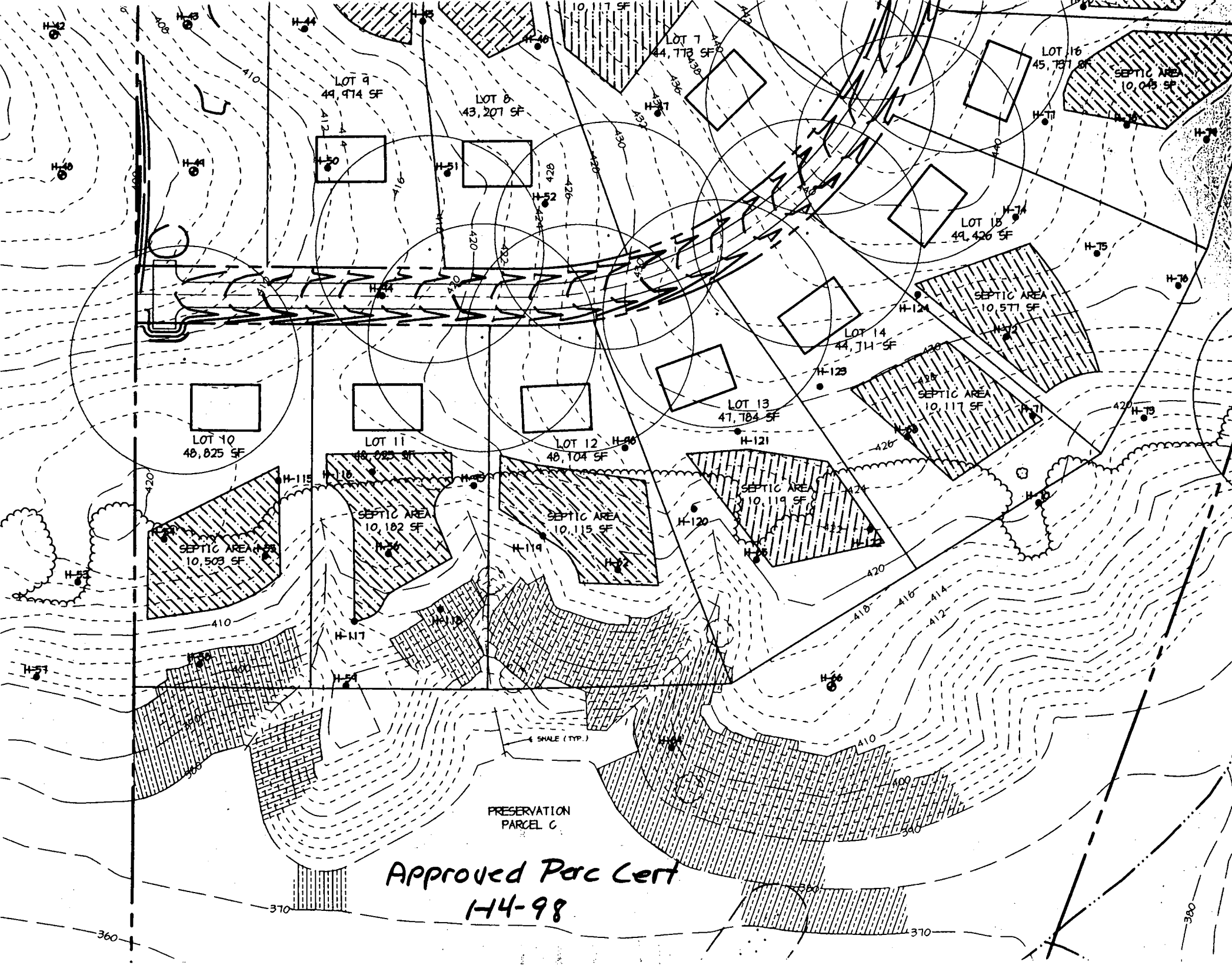
REMARKS _____

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 _____



LOT 9
44,474 SF

LOT 8
43,207 SF

LOT 7
44,773 SF

LOT 16
45,737 SF

LOT 15
44,426 SF

LOT 14
44,714 SF

LOT 13
47,784 SF

LOT 10
48,825 SF

LOT 11
46,925 SF

LOT 12
48,104 SF

SEPTIC AREA
10,503 SF

SEPTIC AREA
10,182 SF

SEPTIC AREA
10,115 SF

SEPTIC AREA
10,119 SF

SEPTIC AREA
10,045 SF

SEPTIC AREA
10,571 SF

SEPTIC AREA
10,117 SF

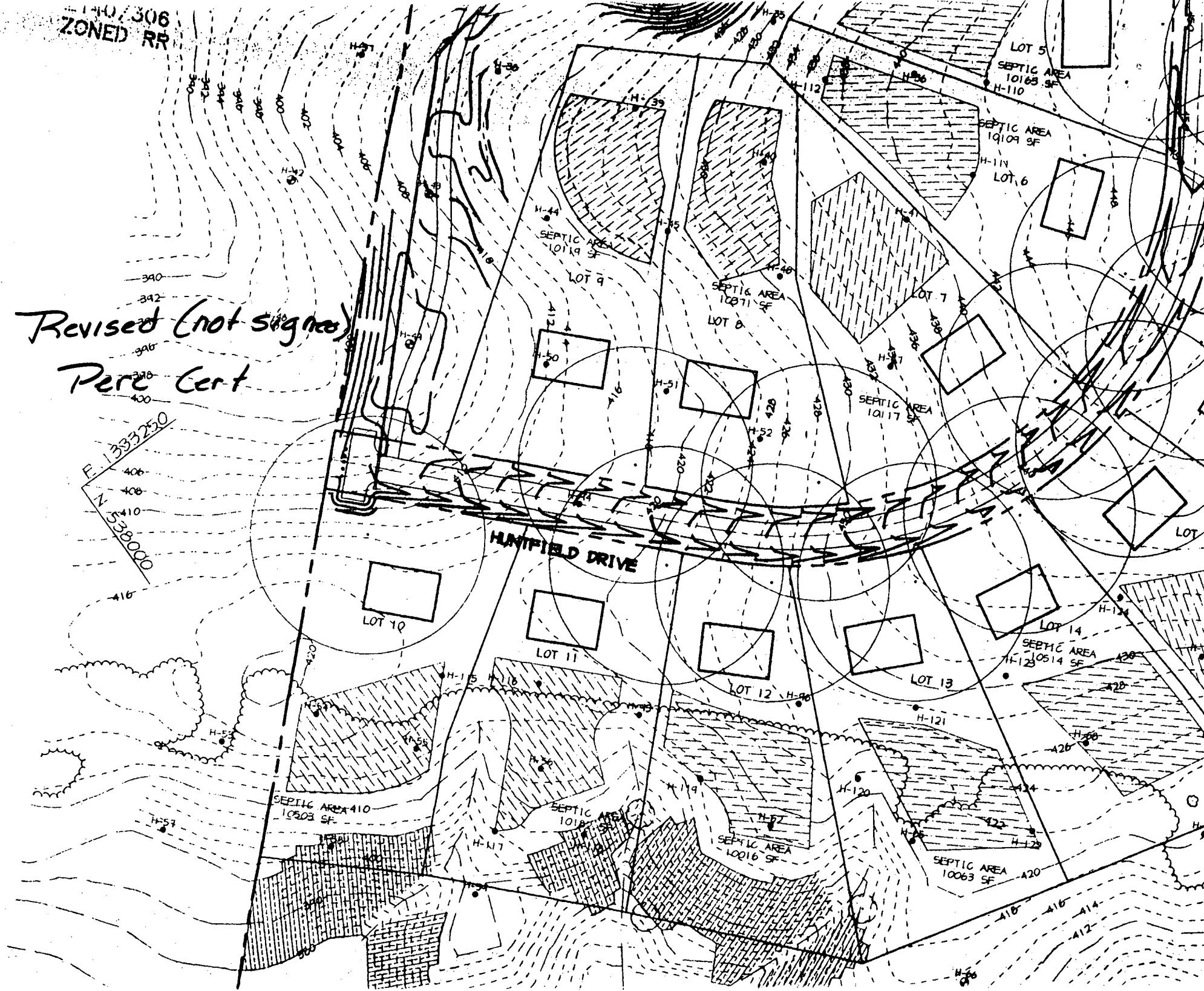
PRESERVATION
PARCEL C

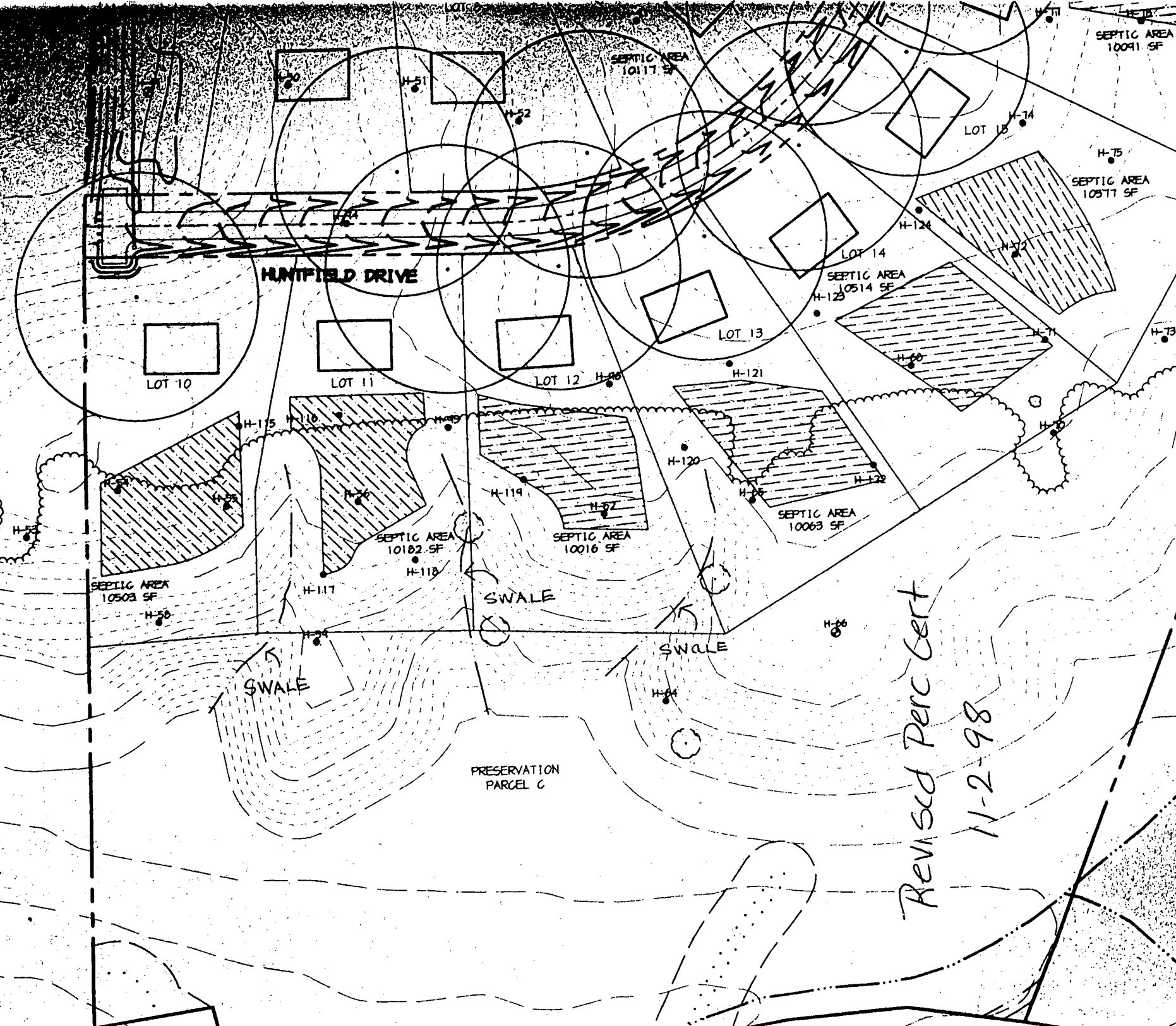
Approved Parc Cert
144-98

140,306
ZONED RR

Revised (not signed)
Per Cent

E. 1333250
N. 538000





HUNFIELD DRIVE

LOT 10

LOT 11

LOT 12

LOT 13

LOT 14

LOT 15

SEPTIC AREA
10503 SF

SEPTIC AREA
10182 SF

SEPTIC AREA
10016 SF

SEPTIC AREA
10063 SF

SEPTIC AREA
10117 SF

SEPTIC AREA
10091 SF

SEPTIC AREA
10514 SF

PRESERVATION
PARCEL C

SWALE

SWALE

SWALE

Revised Perc Cert
N-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

MATCH LINE

F-98-94

FOREST CONSERVATION
EASEMENT

HUNTFIELD
DRIVE

LOT 9
49,474 SF

LOT 8
45,451 SF

LOT 7
43,643 SF

LOT 15
47,407 SF

LOT 14
45,011 SF

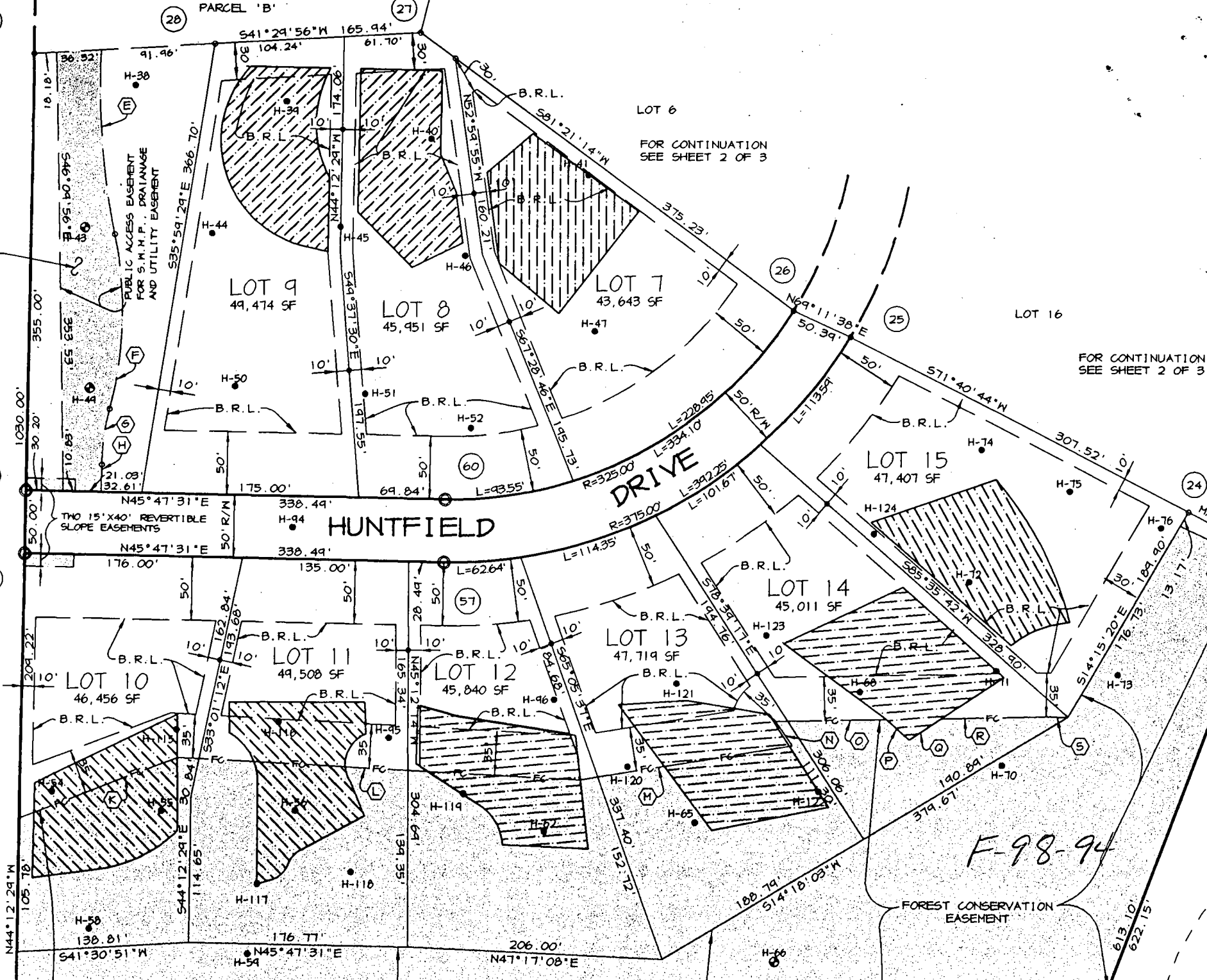
LOT 13
47,719 SF

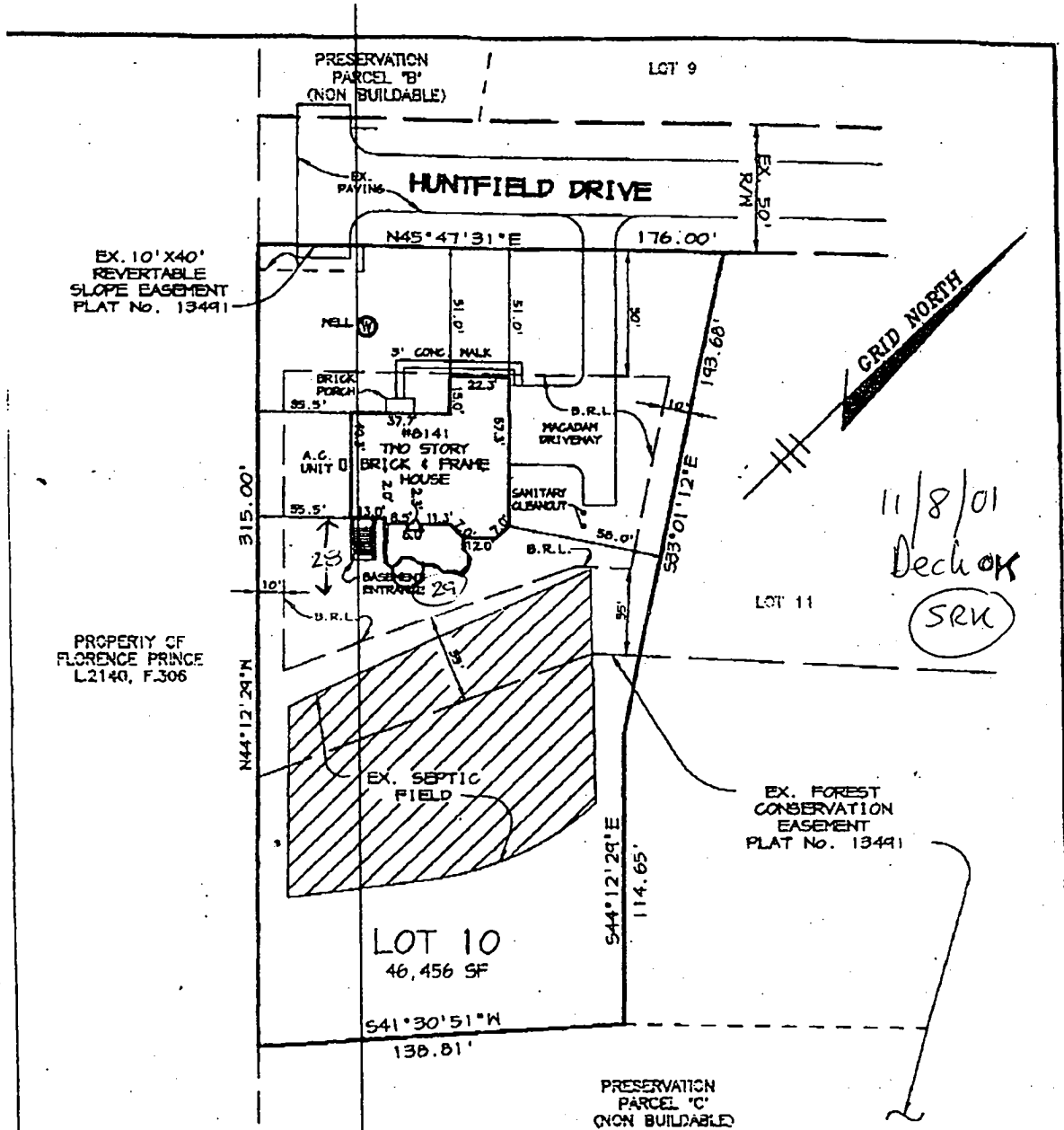
LOT 12
45,840 SF

LOT 11
49,508 SF

LOT 10
46,456 SF

PUBLIC ACCESS EASEMENT
FOR S.M.F. DRAINAGE
AND UTILITY EASEMENT





PROPERTY OF FLORENCE PRINCE L2140, F.306

FIRST FLOOR ELEVATION = 418.6
B.R.L. - 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 RELED 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 00428 DATED 12-04-85 FOR HOWARD COUNTY, MARYLAND.



Arthur E. Muegge
ARTHUR E. MUEGGE #10751

NIEMER MUEGGE & ASSOCIATES, INC.
SUITE 200
8818 CENTRE PARK DRIVE
COLUMBIA, MARYLAND 21045
TELEPHONE (410) 997-8900
FAX (410) 997-9282

FINAL LOCATION DRAWING
LOT 10
HUNTERBROOKE
5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
PLAT Nos. 13489 THRU 13491
SCALE: 1"=50' PROJ. No. 990999 DRAWN BY: R.A.H. DATE: 08-21-00