

WPI & Septic 1-2 6/2/00

05-429994

PERMIT

P 513576

INDEXED

SEWAGE DISPOSAL SYSTEM

A57659-K

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 5/3/2000

410-313-2640

APPROVAL DATE 6/2/00

Hatfield's Equipment & Dedication

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Hunterbrooke LOT NUMBER 11 ADDRESS 8137 Huntfield Drive

PROPERTY OWNER Winchester Homes, Inc. PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800 Greenbelt, MD 20770

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY GALLONS

*** Watertight compartmented tank required with wastewater effluent filter. ***

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION: Start the first trench 115' down the right lot line and 10' off this same lot line. Run trenches on contour to left side of lot. Two 120' trenches requested.

PLANS APPROVED Mark E. Rifkin

OK 4/24/00 MS

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

DATE RECEIVED 5/31/01
300130583 deck

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

A57659K

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 PROP LOT NO. 12 11

ROAD AND DESCRIPTION R.W. OFF LIME KILN APT 216

TAX MAP 46 PARCEL # 360 + P/O 344

SIZE OF LOT 1 AC TYPE BLDG. SED
(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

A576.59
COUNTY #

SOIL PROFILE

0'

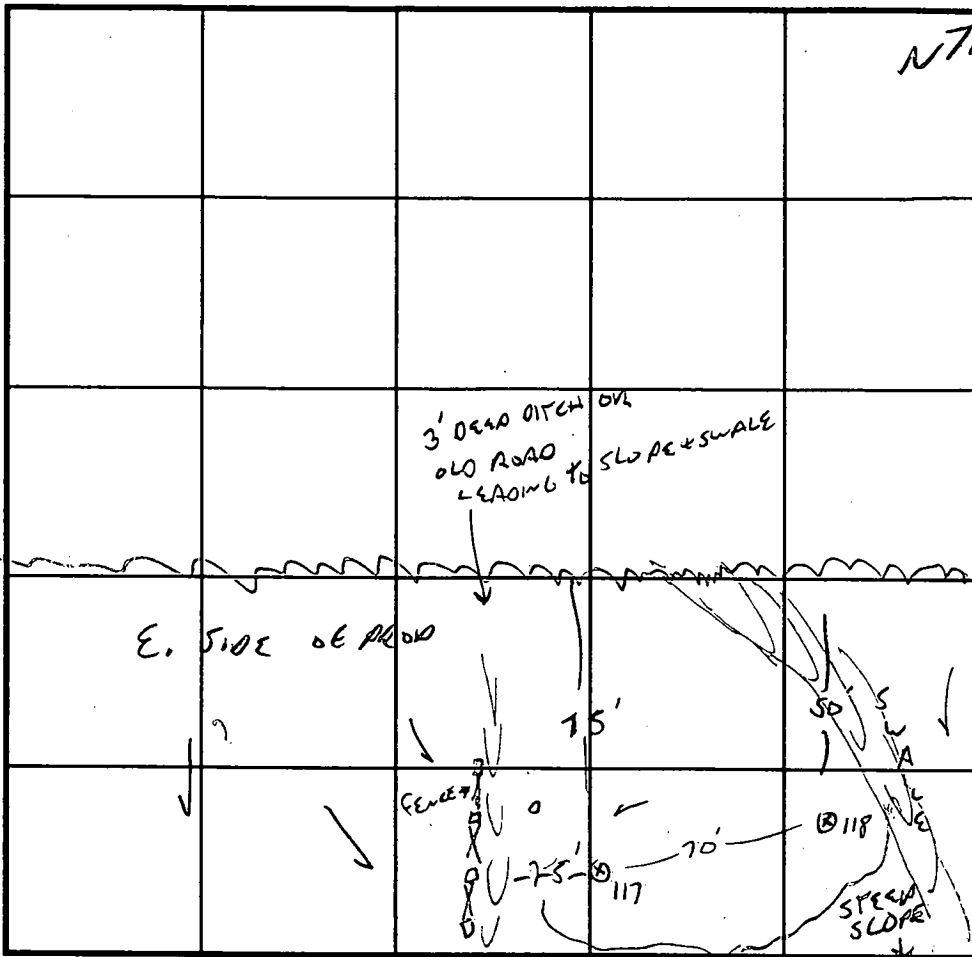
117

BROWN
MICACEOUS
CL

LIGHT
BROWN
SS:Si:Cl
50% mica
flocks

30%
PLATE
SAPPHIRE

10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

118

0'

BROWN
LSCL

LIGHT
TAN
S MICA
SiL

Sq Rocks
CRACKS

5'

10'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/16/97	118	5/10V	11:07	11:09		11:11	2 MW OK
	117	5/10V	11:22	11:27		11:34	7 MW OK

REMARKS SOIL PILES AT EDGE OF WOODS, SHOWING AREAS SQA

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT HATEFIELD'S CREW

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: 313-2640

*CONFIRMATION
TEST, 2 HOLES*

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 BAREKA

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PROP LOT NO. 17

ROAD AND DESCRIPTION CLAY KILN

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1 AC TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(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'

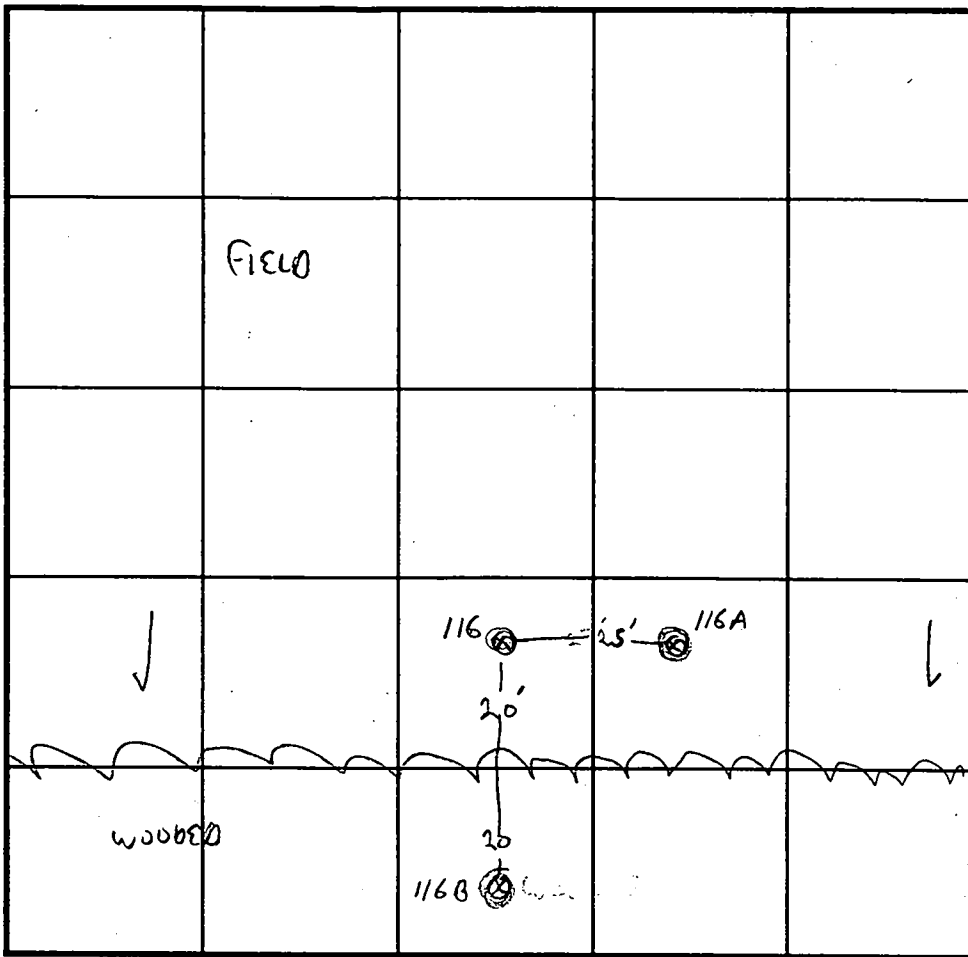
6"

0

3'

C

10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

116A

AP 7.5YR 5/6
LOAM
FRA W/S 3%

2.5
TAN + YELLOW
B PINKISH GR
LFS, MASSIVE
HEAVY MG
ACCUMULATION
S& QUARTZ
GRAVEL

5
10YR 4/6
C LFS W/ K
MASSIVE
S& MICA
GRAVEL

10

* CORRECTION OF X 1.5
FACTOR APPLIED
TO PERL TEST
TO ADJUST FOR 6"
TEST HOLE DIA.

116B

ORGANICS
LOAM

5YR 4/6
LOAM

10YR 5/5
W/LIGHTER
MICA GRAINS
S& MASSIVE
SL, S& MICA GRAINS
LAYERED HORIZ. PLATY MICA
S& QUARTZ
GRAVEL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/97	116A	5/10V	1:37	1:39		1:41	2 MW
	116B	5/10V	1:59	2:00		2:01:40	1.40

REMARKS LOT 12

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT HATEFIELD, JAY PARSKU

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME * 2.1 MW 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. 1011

ROAD AND DESCRIPTION Common driveway off Lime Kiln 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
57

0' dark orange brown SiCLM

1gt grey Salm
20% frags micaceous grey rock

53

4.0 bright orange brown SiCLM

brown Salm
Very micaceous
15% Rx

115

1gt orange brown SiCLM

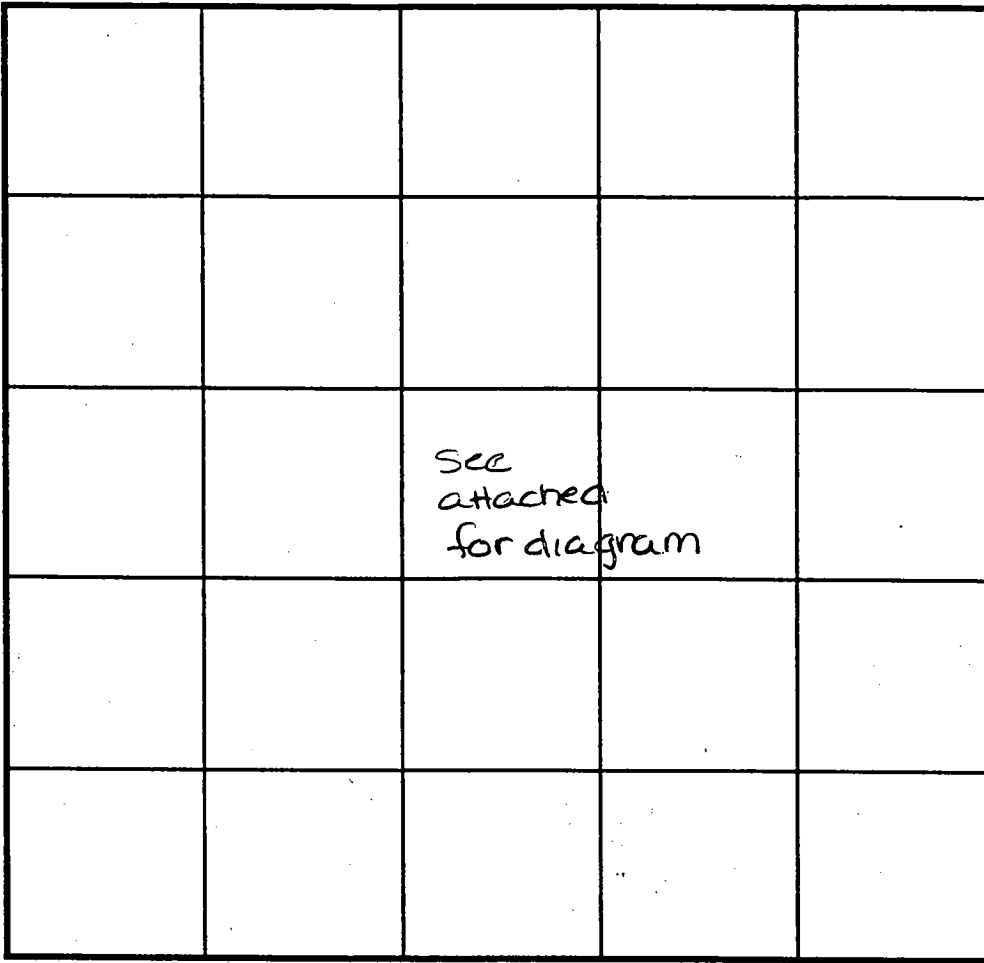
3.0 1gt tan beige SiSalm
<5% Rx

SOIL PROFILE
116

0' dark brown 20% Rx SiCLM

6.0 dark orange brown w/blk on faces 30% Rx

10.0 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	Visual 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 _____

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. 12

ROAD AND DESCRIPTION Common driveway off Lime Kiln 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 F. 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

56

orange brown w some red
salm

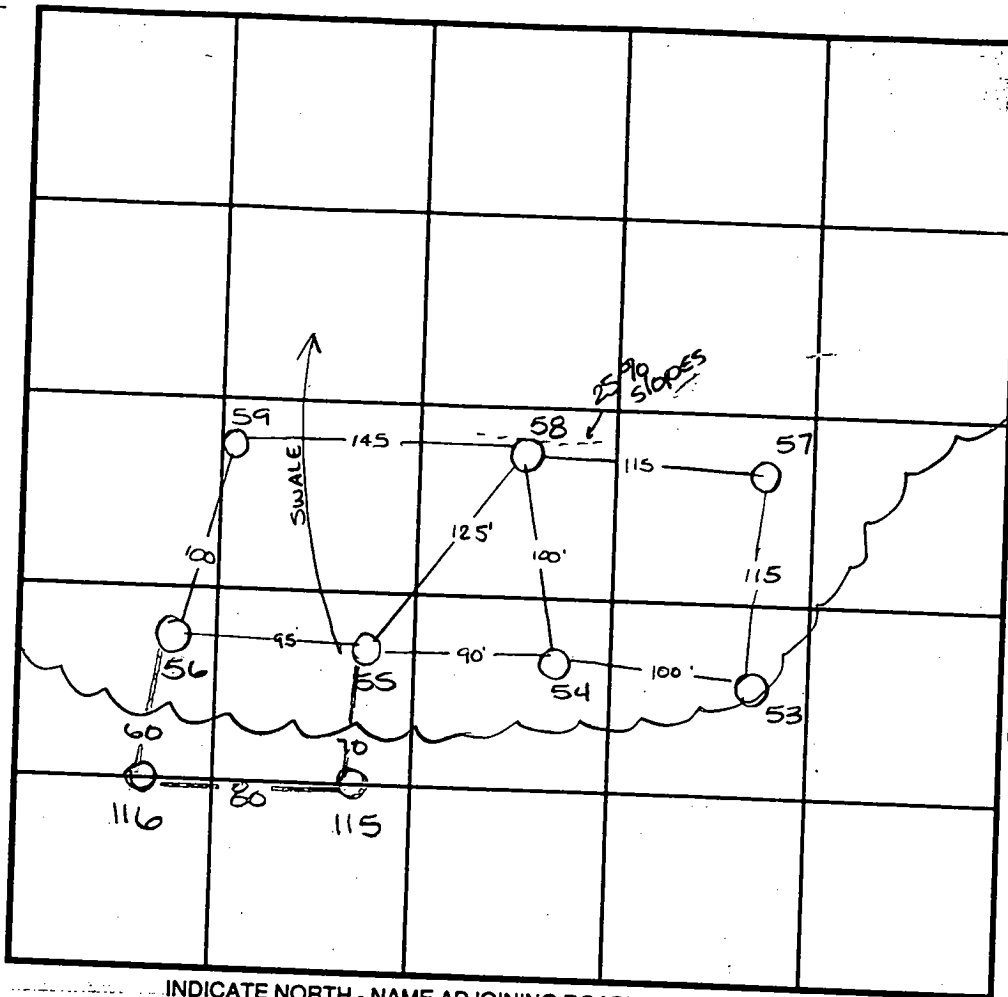
beign
s: salm
micaceous
15-20%
decayed
shale
dry

SOIL PROFILE

58

lgt orange
salm
some
rock
frags

lgt brn
s: salm
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 12.0	9:24	9:27	9:27	9:36	9min
	59	6.0 12.0	9:23 ³⁰	9:24 ³⁰	9:24 ³⁰	9:33 ³⁰	9min
	55	5.5 12.5	10:05 ³⁰	10:06 ³⁰	10:06 ³⁰	10:08	1 1/2 min
	54	5.5 12.0	10:10	10:11 ³⁰	10:11 ³⁰	10:14	2 1/2 min
	58	5.0 12.0	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 _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

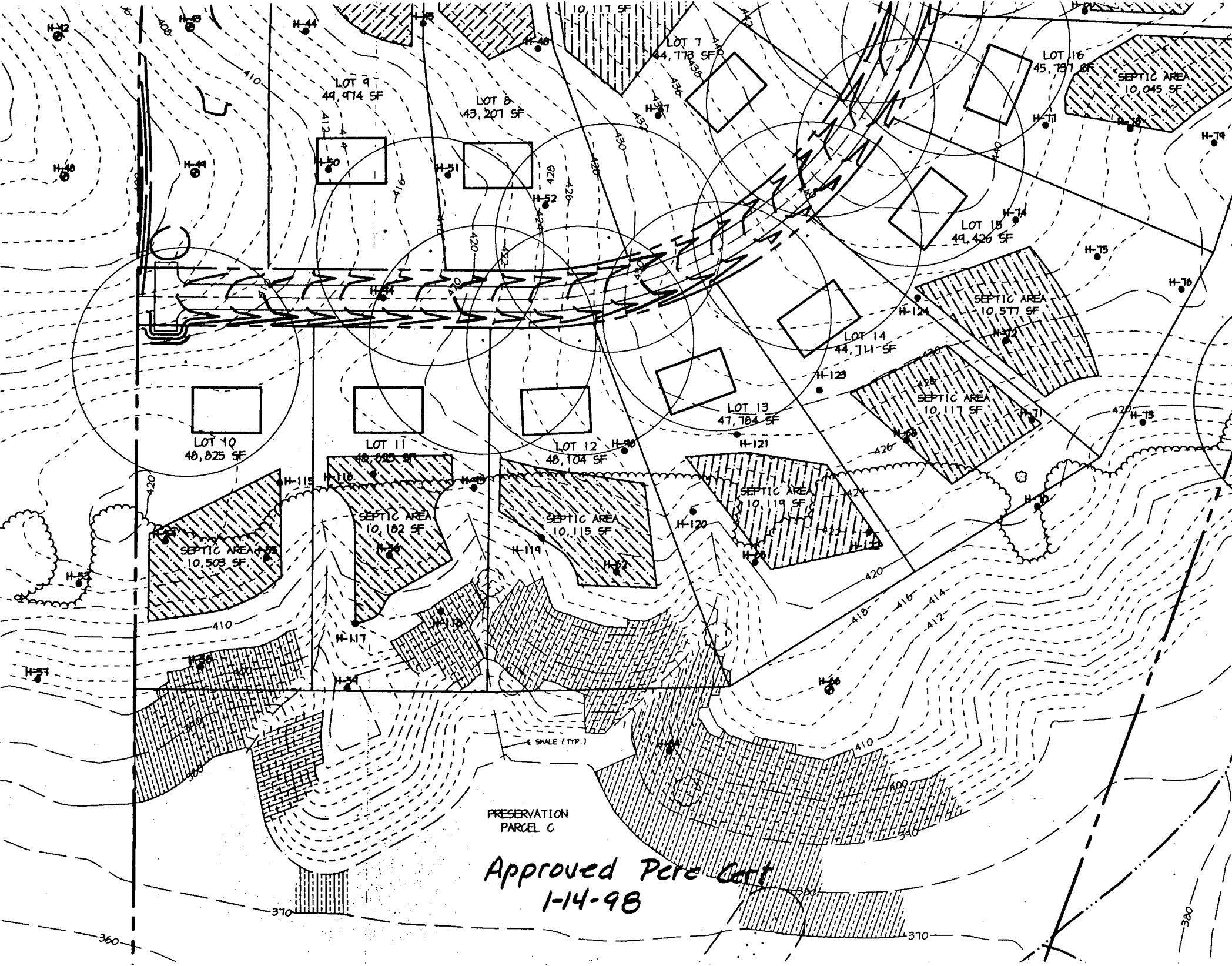
SQ. FT./BEDROOM _____

59

like
56
but,
only
50%
shale

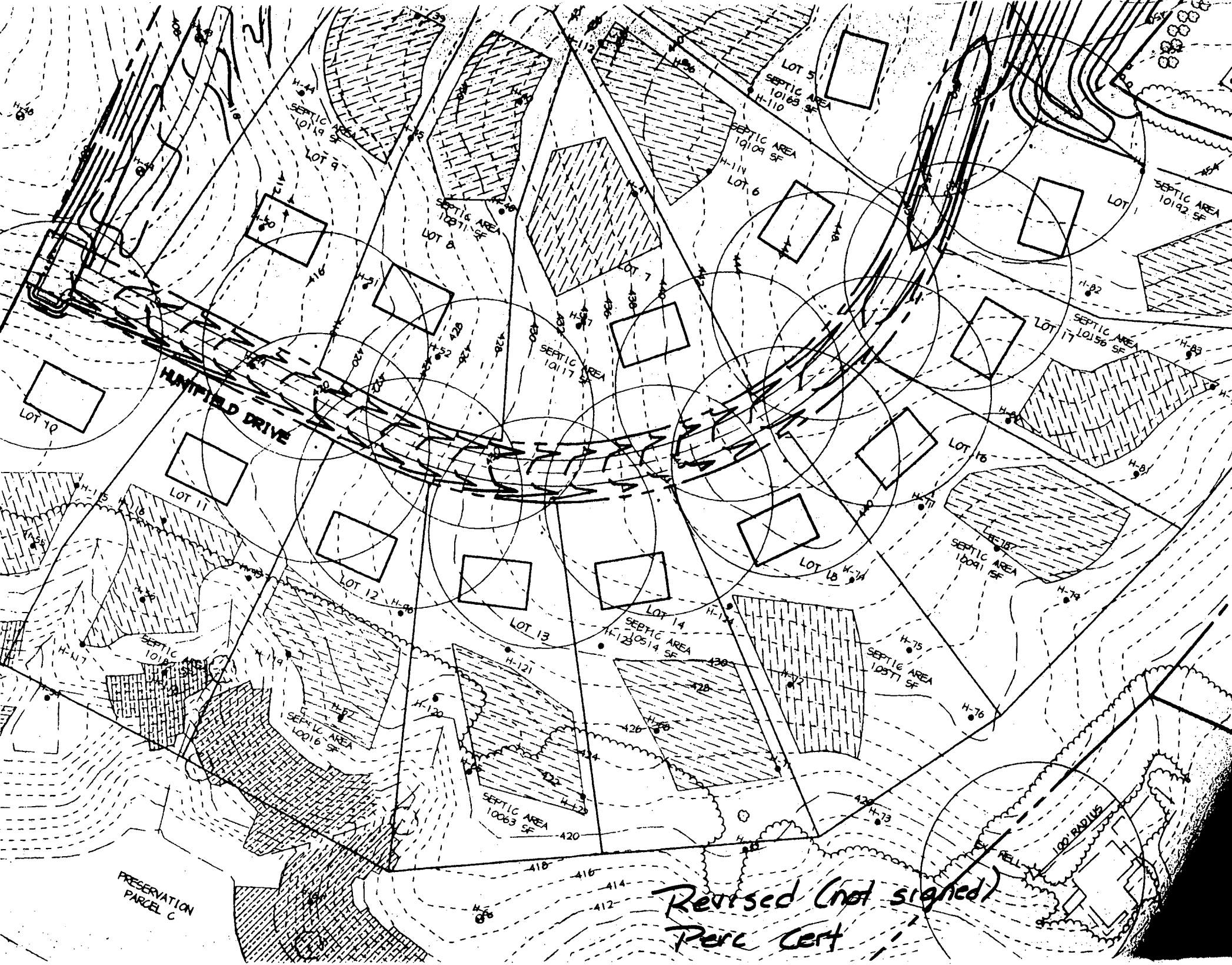
55, 54

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



PRESERVATION
PARCEL C

Approved Pere Cert
1-14-98

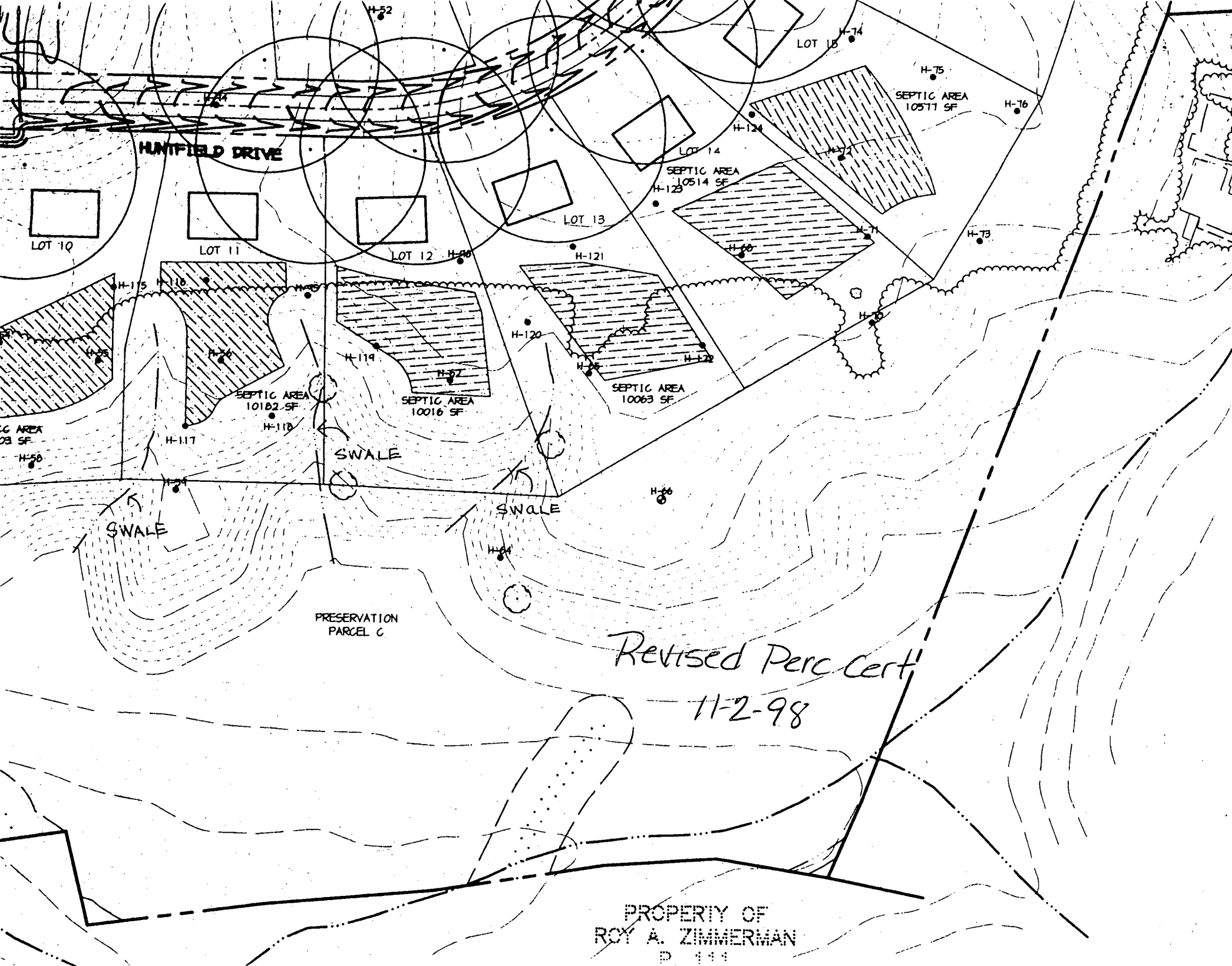


HUNFIELD DRIVE

PRESERVATION PARCEL C

Revised (not signed)
Peric Cert

100' RADIUS



HUNTFIELD DRIVE

LOT 10

LOT 11

LOT 12

LOT 13

LOT 14

LOT 15

SEPTIC AREA
10182 SF

SEPTIC AREA
10016 SF

SEPTIC AREA
10063 SF

SEPTIC AREA
10571 SF

SEPTIC AREA
10514 SF

PRESERVATION
PARCEL C

SWALE

SWALE

SWALE

Revised Perc Cert
11-2-98

PROPERTY OF
ROY A. ZIMMERMAN
D 111

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

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

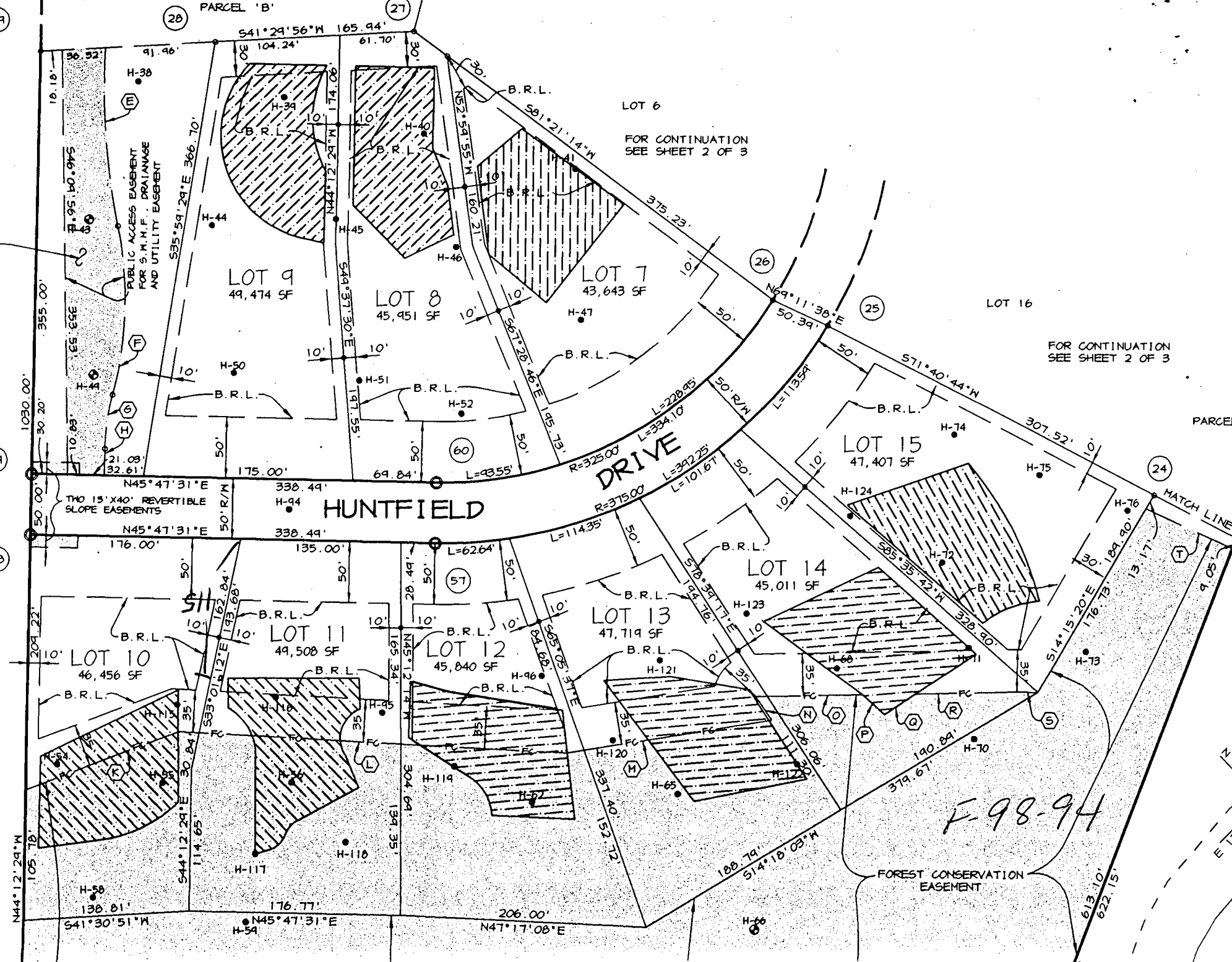
HUNTFIELD DRIVE

F-98-94

FOREST CONSERVATION
EASEMENT

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

TWO 15' X 40' REVERSIBLE
SLOPE EASEMENTS



To Steve

313-2648 4/7/00

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

~~461-0932~~

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. Semmons Jr

Telephone 301-831-7057

License Number AWD 611

Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner Winchester Homes

Telephone _____

Subdivision _____ Lot # 11

Well Tag # 10-94-1712

Site Address 8137 Huntfield Dr.

Pump

Motor

Pitless Adapter

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

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

- 1. Make Martinson
- 2. Model # B-104
- 3. Depth 3 1/2

2. Make Grundfos

3. Model # 56507422

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

Piping

Well data

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

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

- 1. Depth 400 ft.
- 2. Yield 1.5 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).

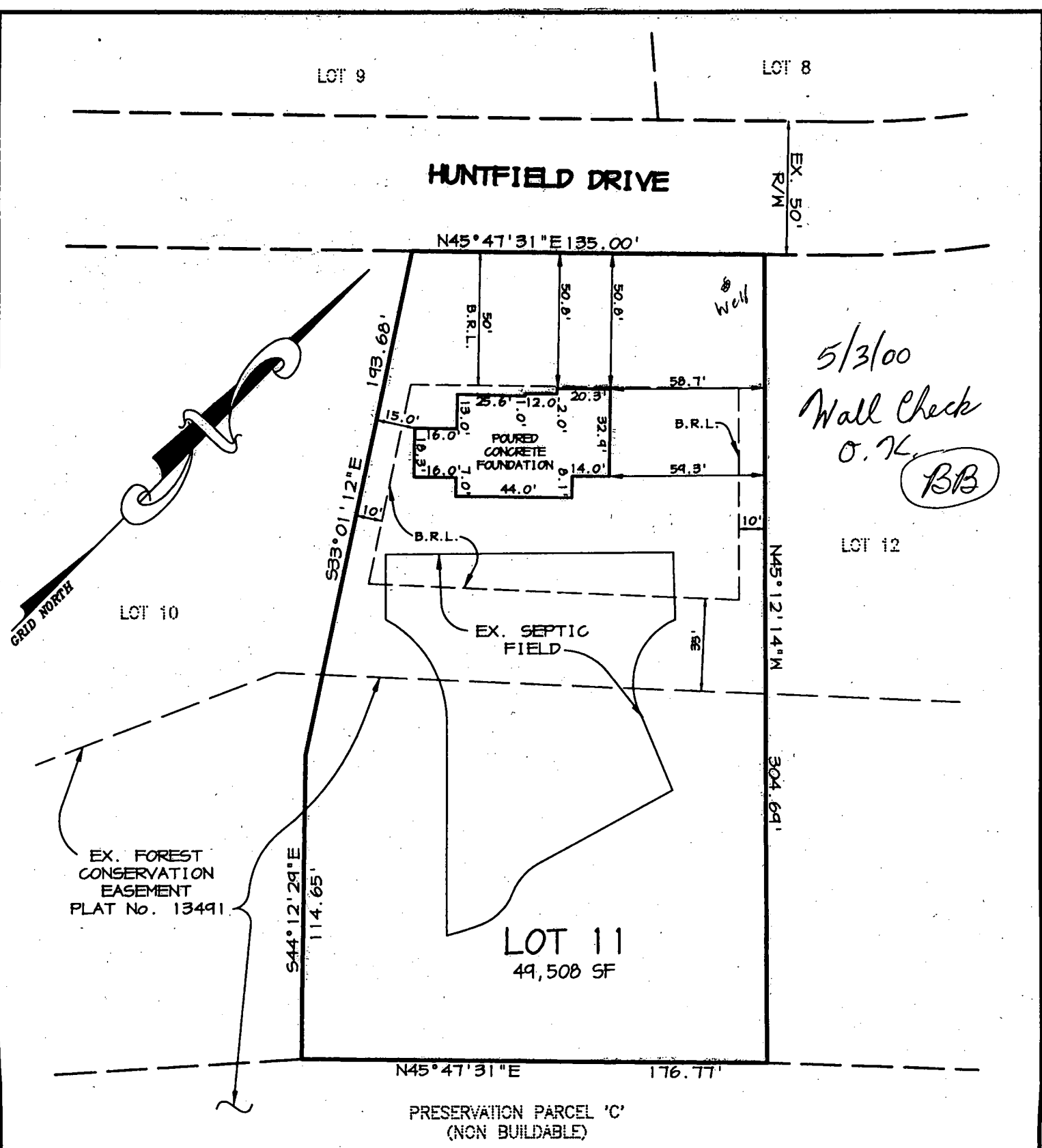
All information given above is true to the best of my knowledge.

6/2/00-WPT OK (BB) SRU

Signature of Applicant: Lester C. Semmons Jr

Date: 6-2-00

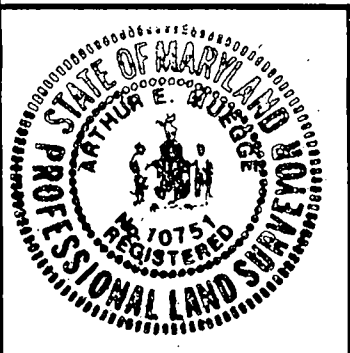
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



B.R.L. - BUILDING RESTRICTION LINE
 TOP FOUNDATION ELEVATION = 426.6

- 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
 ARTHUR E. MUEGGE #10751

RIEMER MUEGGE & ASSOCIATES, INC.
 SUITE 200
 8818 CENTRE PARK DRIVE
 COLUMBIA, MARYLAND 21045

TELEPHONE (410) 997-8900
 FAX (410) 997-9282

LOCATION DRAWING
 HUNTERBROOKE
 LOT 11
 5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 PLAT Nos. 13489 THRU 13491

SCALE: 1"=50' | PROJ. No. 99099 | DRAWN BY: D.D.K. | DATE: 04-20-00

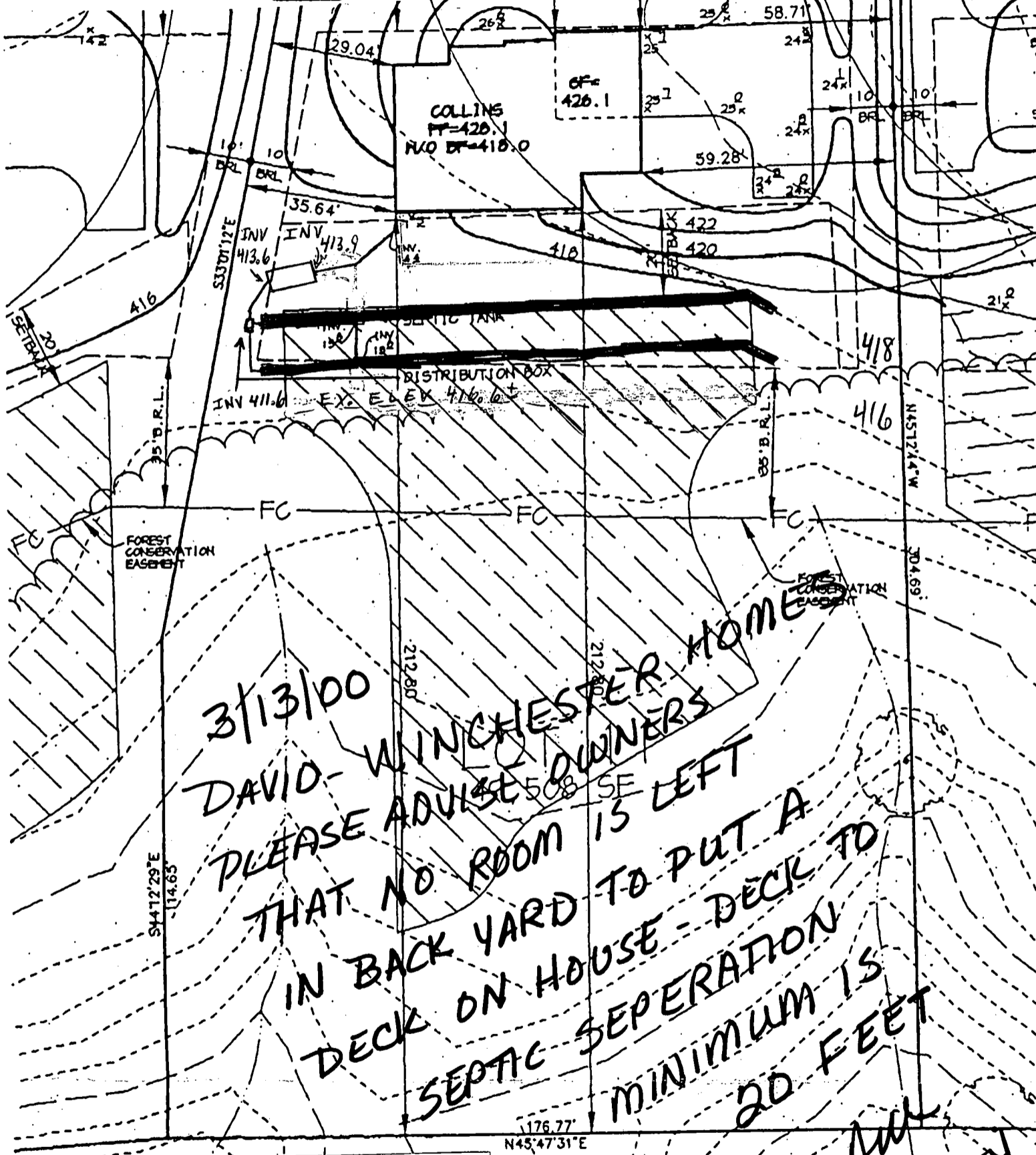
HUNTFIELD DRIVE

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 2 feet



3/13/00
 DAVID WINCHESTER HOMES
 PLEASE ADVISE OWNERS
 THAT NO ROOM IS LEFT
 IN BACK YARD TO PUT A
 DECK ON HOUSE - DECK TO
 SEPTIC SEPERATION
 MINIMUM IS
 20 FEET

Approved Septic System Plan
 Howard County Health Department

Mark & Refkin
 Signature 3/20/00
 Date

* STEEP SLOPES AT
 BACK OF PROPERTY
 PREVENT ADJUS
 OF SEPTIC
 AREA

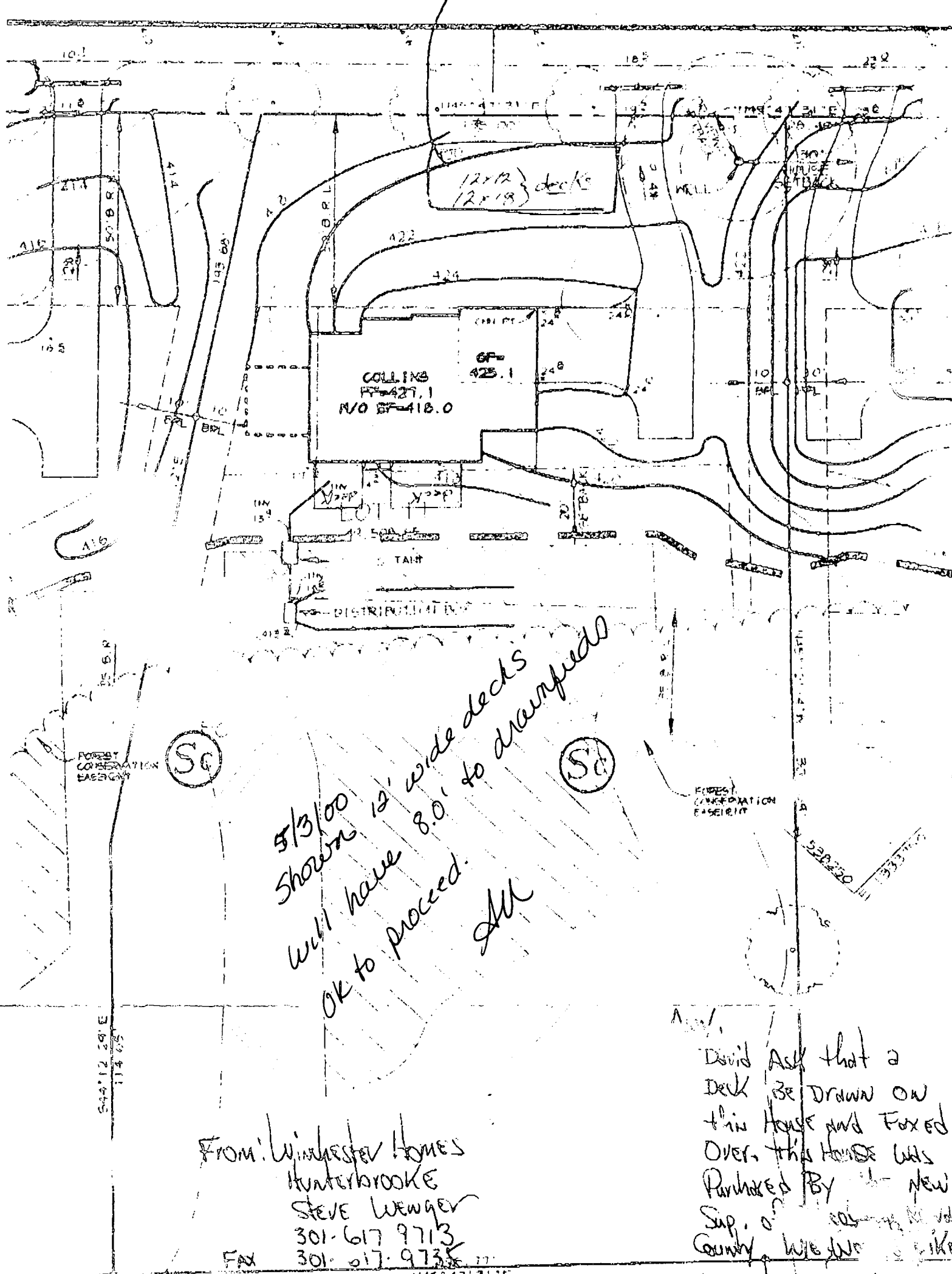
Steve 5/3/00

Here is the
septic layout
(tank & trenches)
for Hunterbrook
Lot 11

SM

CHLINE SHEET 4

13E



5/3/00
 Show me 12' wide decks
 will have 8.0' to drainage
 OK to proceed.
 AM

FROM: WINCHESTER HOMES
 HUNTERBROOKE
 STEVE LEWNER
 301-617-9713
 FAX 301-617-9735

David Ask that a
 Deck be drawn on
 this house and Faxed
 Over. This house was
 Purchased By the new
 Sup. of Loudoun County
 we want to put
 to put one of
 decks on
 house w/ stairs.
 Let me know.
 Thanks

Any McMillan
 Loudoun County Health Dept.

C1 4199

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

WELL IS COMPLETED. COUNTY NUMBER A57659K

ST/CO USE ONLY DATE RECEIVED 10 23 98

DATE WELL COMPLETED 09 29 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1712

OWNER Winchester Homes STREET OR RFD Hunter Ln TOWN Fulton SUBDIVISION Huntbrook SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, brown sandy mica, gray mica, Sand Stone, and Gray mica.

GROUTING RECORD form with fields for material type (Cement, Bentonite Clay), bags, pounds, gallons of water, and depth of grout seal.

CASING RECORD form with fields for casing type (Steel, Concrete, Plastic, Other), nominal diameter, and total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (Steel, Brass, Plastic, Open Hole, Other) and depth.

PUMPING TEST form with fields for hours pumped, pumping rate, method used, water level, and pump type.

PUMP INSTALLED form with fields for driller, pump type, capacity, horse power, and casing height.

WELL HYDROFRACTURED form with yes/no options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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

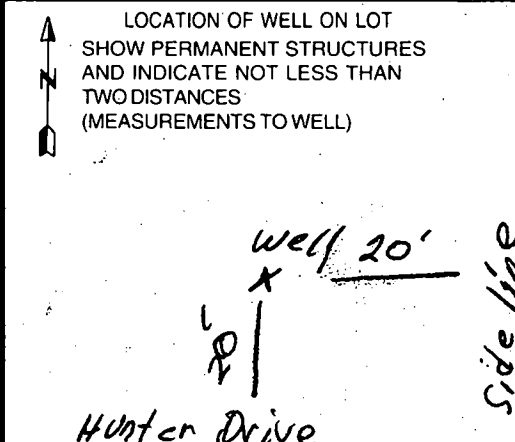
DRILLERS LIC. NO. MW D 040 Signature: George F. Eustenley

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

DEPTH (nearest ft.) form with a grid for depth and diameter of screen.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for W Q and other data.



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1712
 Location of property (road) Hunter Drive
 Subdivision Hunterbrook Lot 11 Block _____ Plat _____ Sec. _____
 Well Driller George Easterday Owner Winchester Homes

Depth of well 400 1 3/4 gpm
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 3 d

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate _____
 Total time 1 hr to reach pumping water level 244 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)
9:15	91	9	300	
9:30	183			
9:45	203			
10:00 AM	244 ft	40 sec	300 ft	1 1/2 GPM
10:15 AM	244 ft	40 sec	300 ft	1 1/2 GPM
10:30 AM	244 ft	40 sec	300 ft	1 1/2 GPM
10:45 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:00 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:15 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:30 AM	244 ft	40 sec	300 ft	1 1/2 GPM
11:45 AM	244 ft	40 sec	300 ft	1 1/2 GPM
12:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
12:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
12:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
12:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
1:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
2:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:15 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:30 PM	244 ft	40 sec	300 ft	1 1/2 GPM
3:45 PM	244 ft	40 sec	300 ft	1 1/2 GPM
4:00 PM	244 ft	40 sec	300 ft	1 1/2 GPM

Tested by Dickie

B 1 6893 SEQUENCE NO. (MDE USE ONLY)

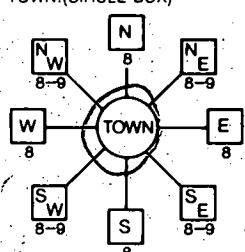

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1712 fill in this form completely

Date Received (APA) 8-28-98 OWNER INFORMATION RN 7578
8. MM DD YY 13
Winchester Homes, Inc.
15 Last Name Owner First Name 34
6305 Ivy Lane, Suite 700
36 Street or RFD 55
Greenbelt, Md. 20770
57 Town 70 State 72 Zip 176

B 3 LOCATION OF WELL
Howard COUNTY 21 CCH#
Hunterbrooke 23 SUBDIVISION 42
SECTION 44 LOT 11 46 48 50
Fulton 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 20 M I J
73. 76 77 78

DRILLER INFORMATION
George F. Easterday M W D 040
Driller's Name 76 License No. 181
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 8/26/1998
Signature Date

B 4
1 2 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 Ft. 38 39
ENTER FT OR MI
TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co A 57659K
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 9/2/98 A M Miller 9/2/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 470 000 EAST GRID 820 000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET.
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

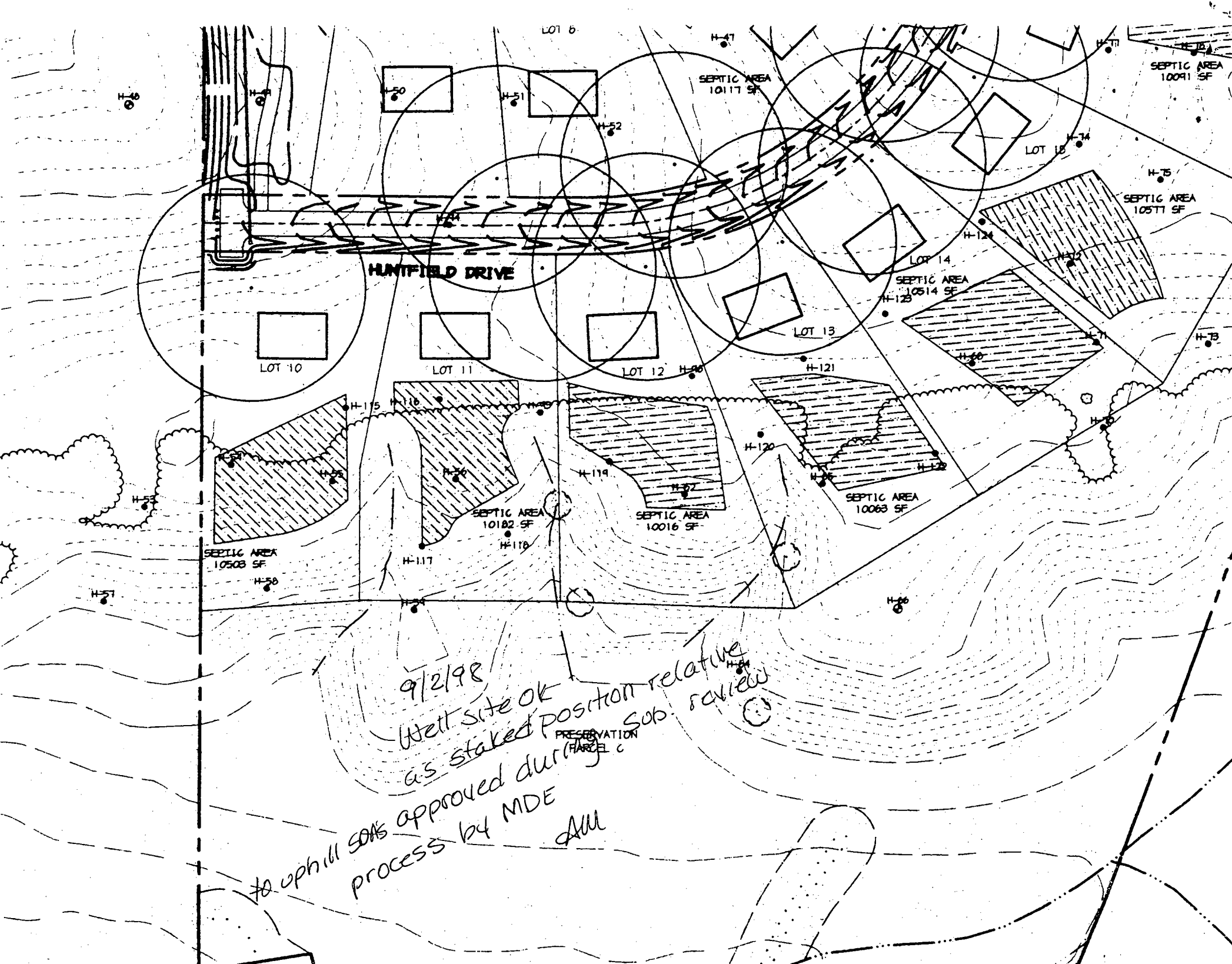
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
x 9/24/98 GROUT
SOURCES OF DRILLING WATER
1. wells
2. no in sp.
3. no in sp.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820 000 000
N 470

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
36 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTARY Drive POINT
others _____

REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 DEEPEEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Lennie Keln Fulton MAP 18 G5
Hunterbrook
Hunter Drive
1000 94 50 11 50 50
RECEIVED

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-1712
70 71 72 73 74 75 76 77 78, 79



9/2/98
 Well site OK
 as staked position relative
 to uphill SOAS approved during
 process by MDE
 SUB REVIEW
 ALL

Building Address 8137 MUNTSEFIELD DR
FULTON MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.02 Subdivision Hunterbrook

Section _____ Area _____ Lot 11

Tax Map 46 Parcel 360 Grid 2

Zoning RD-10 Map Coordinates 186- Lot size _____

Property Owner's Name MIRIAM S. DOURKE

Address 8137 MUNTSEFIELD DR

City FULTON State MD Zip Code _____

Home Phone 301-498-7971 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS BELOW

Phone _____ Fax _____

Existing Use _____

Proposed Use DECK

Estimated Construction Cost \$ 8,700

Description of Work BUILD PRESSURE TREATED DECK 12x40

Contractor Company GORDON REMODEL

Contact Person TIM GORDON

Address 350 REAM CT

City WESTMINSTER State MD Zip Code 21155

License No. _____

Phone 15708-8763060 Fax 410-876-0191

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
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: _____	
Roof: _____	
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 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature

JOHN TIMOTHY GORDON
 Print Name

 Title/Company

 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	<u>5/3/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>5/3/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>45250</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>30</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>846</u>
	Validation # <u>39076</u>
	Accepted by <u>[Signature]</u>