

C.O. 230 pm
3/31/00
2000

PERMIT

P 513346

SEWAGE DISPOSAL SYSTEM

A 57659-P

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 3-27-2000

410-313-2640

APPROVAL DATE 3/31/00

INDEXED

05-430054

Hatfields Equipment & Dedication Services IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Hunterbrooke LOT NUMBER 16 ADDRESS 8117 Huntfield Drive

PROPERTY OWNER ^{GREG FOX} Winchester Homes PROPERTY OWNER'S ADDRESS

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

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

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: Begin trenches 120 feet down the left lot line and 40 feet off that same lot line as seen when facing the lot from Huntfield Drive. Run trenches on contour toward the left lot line. OK/MR

BUILDING PERMIT SIGNED

AND RETURNED

3-27-03 BOD 140898-DEK + LAZEBO

PLANS APPROVED Amy McMillen DATE 1-07-2000

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

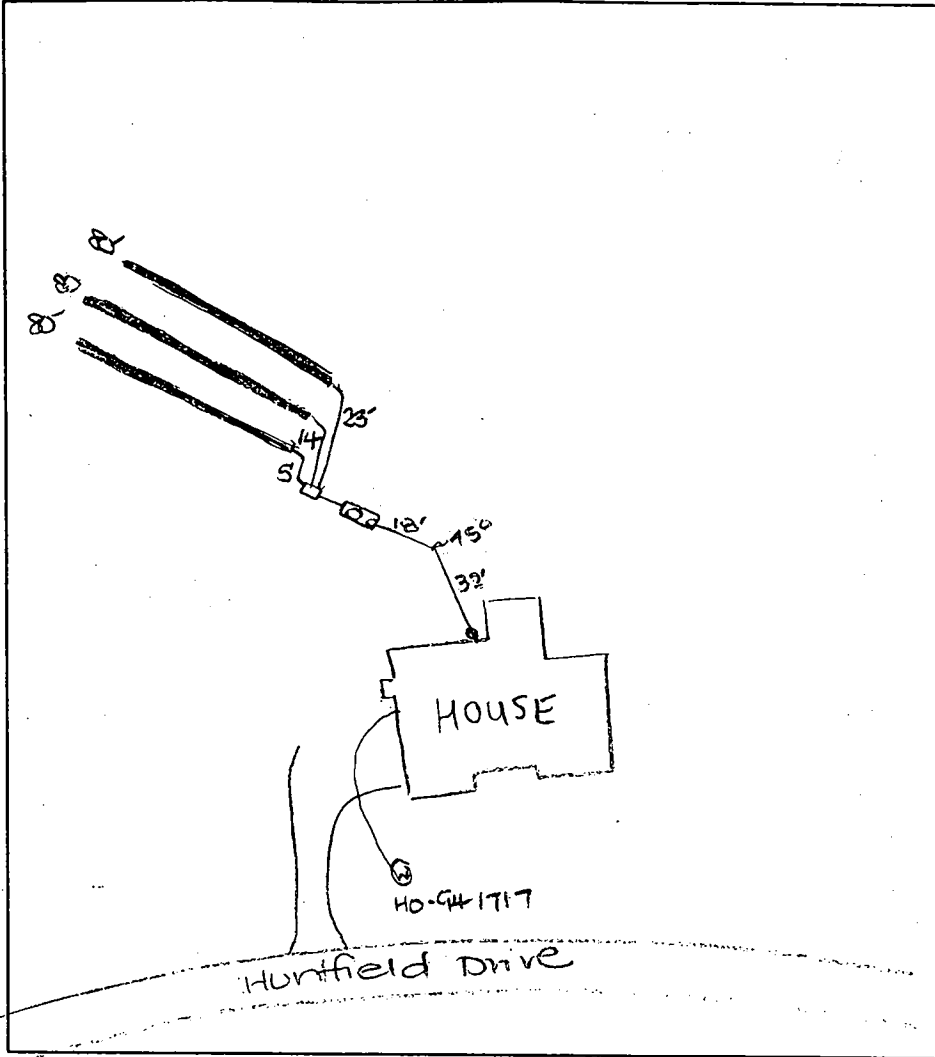
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AS 7654 P

9/31/00

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 4
 TRENCH BOTTOM DEPTH 6
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TO 2000 GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER 1200 GALLONS
 MANHOLE RISER
 ALARM
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 3/30/00 P.M. OK TO COVER FROM HOUSE TO
dist box and continue. DKS

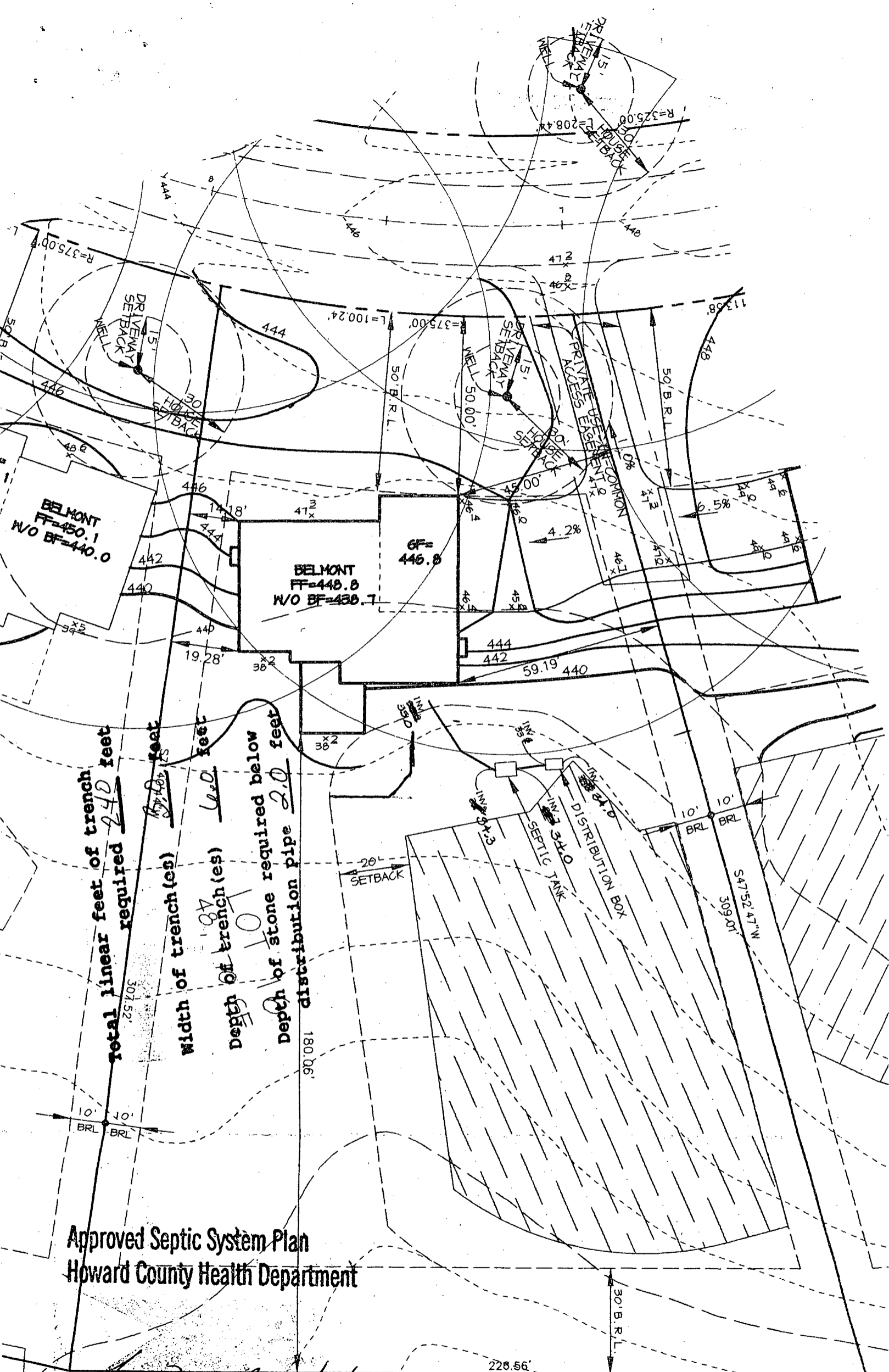
3/31/00 FINAL INSPECTION - OK TO COVER ALL WORK. DKS

4/4/00 well line covered w/6" stone under drive by Hatfield's. OK to cover

4/3/00 WPI - well line, P.A. 4' below grade, well casing 1" above grade; 2pc cap OK; PVC conduit OK. Need sleeve under drive. DKS

INSPECTOR DKS

DATE SYSTEM APPROVED 3/31/00 (DKS)



Approved Septic System Plan
 Howard County Health Department

Amy M. Miller 1/6/00
 Signature Date

PRESERVATION-PARCEL C

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 Winchester Homes, Inc

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 301-499-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 1716

ROAD AND DESCRIPTION Common driveway off Lime Kiln Rd 300' from Rt 216 (8117 Huntfield Drive)

TAX MAP 46 PARCEL # 360 & 1/0 344

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

REG. PERMIT SIGNATURE
AND RECEIVED 1-7-97
Serial # B00121858

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 S. 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

0'

no distinct clay layer bright pink SiSalm 10% decayed pink shale

11.0

78

3.0

dark red SiClM strong structure

dk or brown Salm large grained micaceous <5% shale

12.0

79

2.5

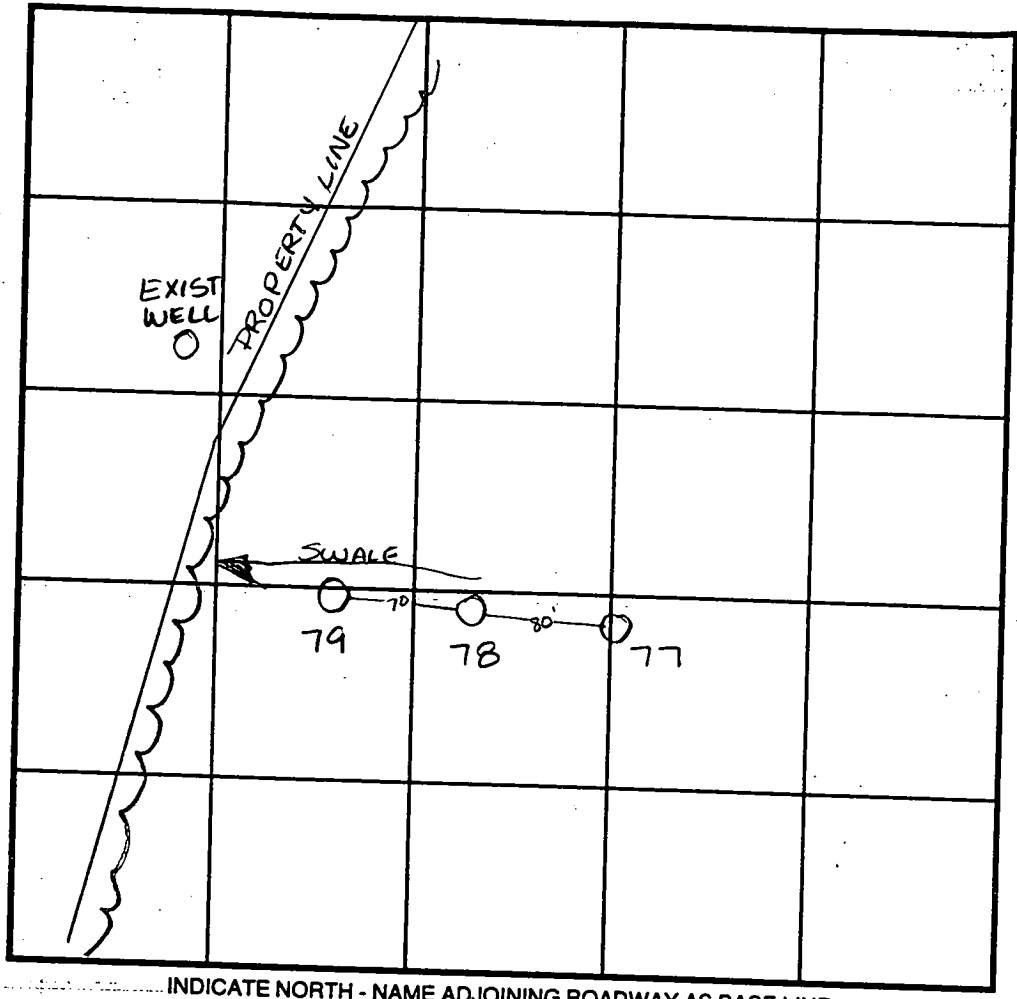
dark red SiClM strong structure

red brn SiSalm micaceous

8.0

beige Salm large grained micaceous 15% decayed rock

12.0



SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-29-97	77	5.5 V11.0	10:54	10:55 ³⁰	10:55 ³⁰	10:59 ³⁰	3 1/2 min
	78	5.5 V12.0	10:57 ³⁰	11:03	11:03	11:10 ³⁰	6 1/2 min
	79	6.0 V12.0	11:05	11:13 ³⁰	11:13 ³⁰	11:19 ³⁰	6 min

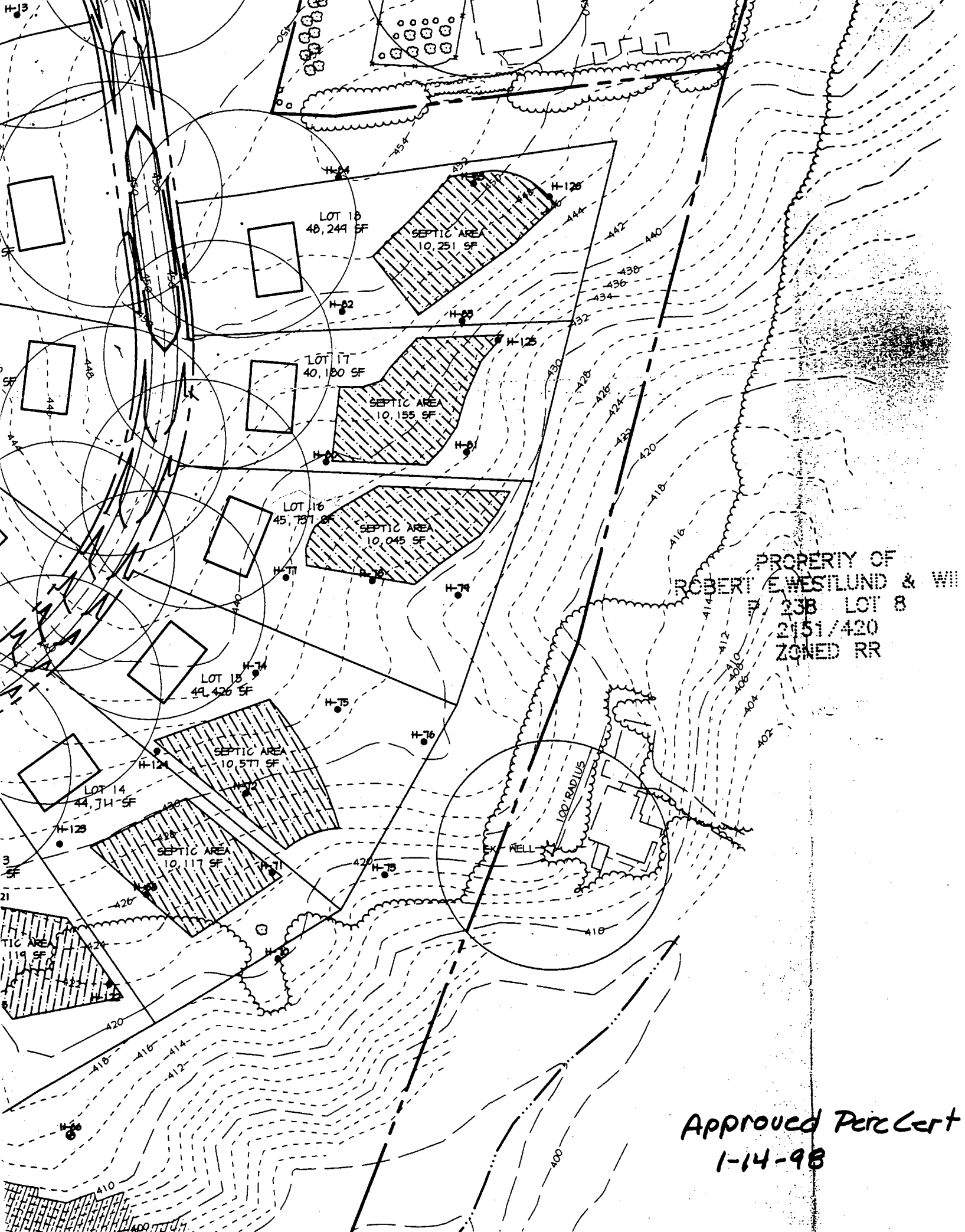
REMARKS _____

TYPE OF SOIL _____

TESTED BY: Amy McMillen ALSO PRESENT _____

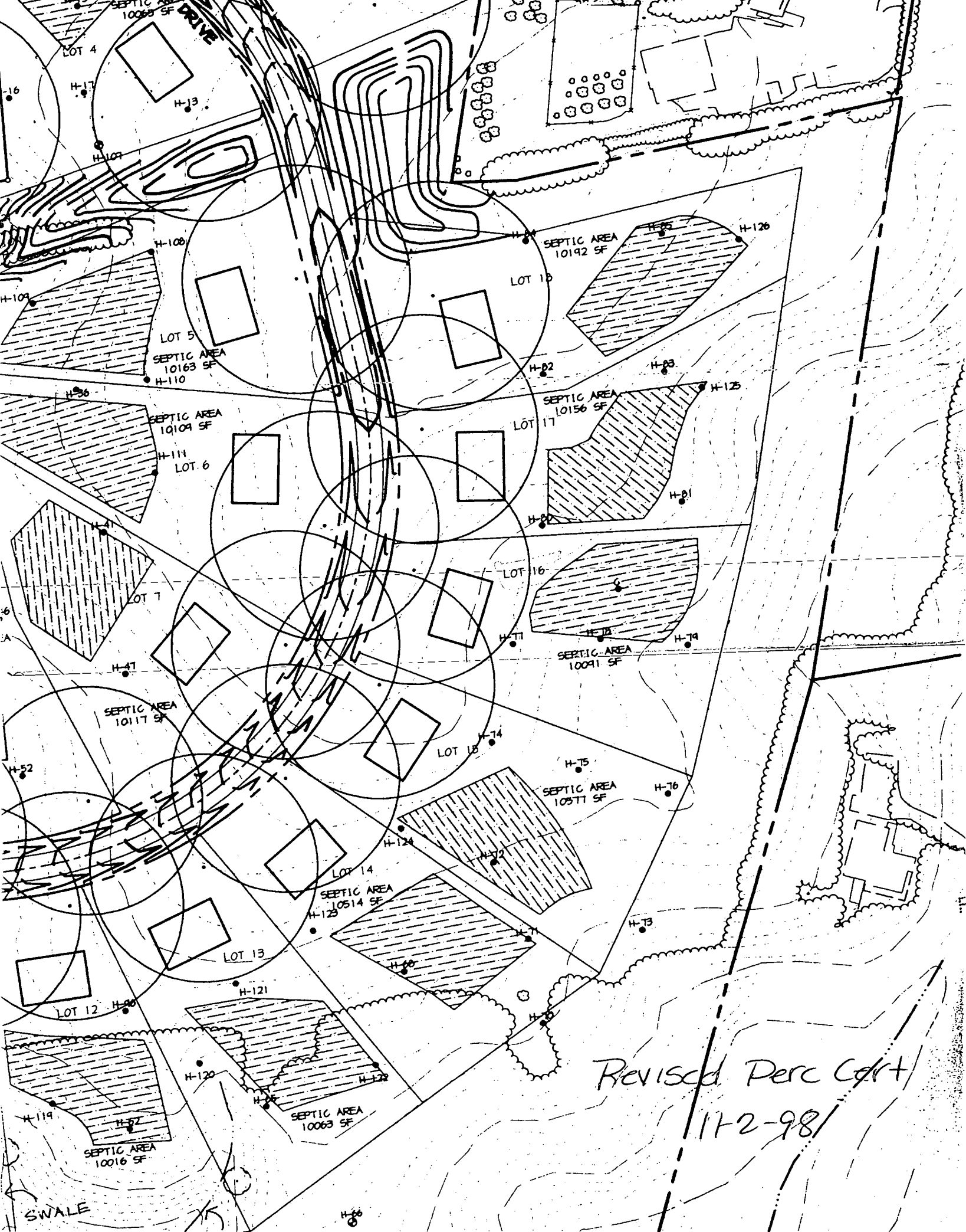
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____

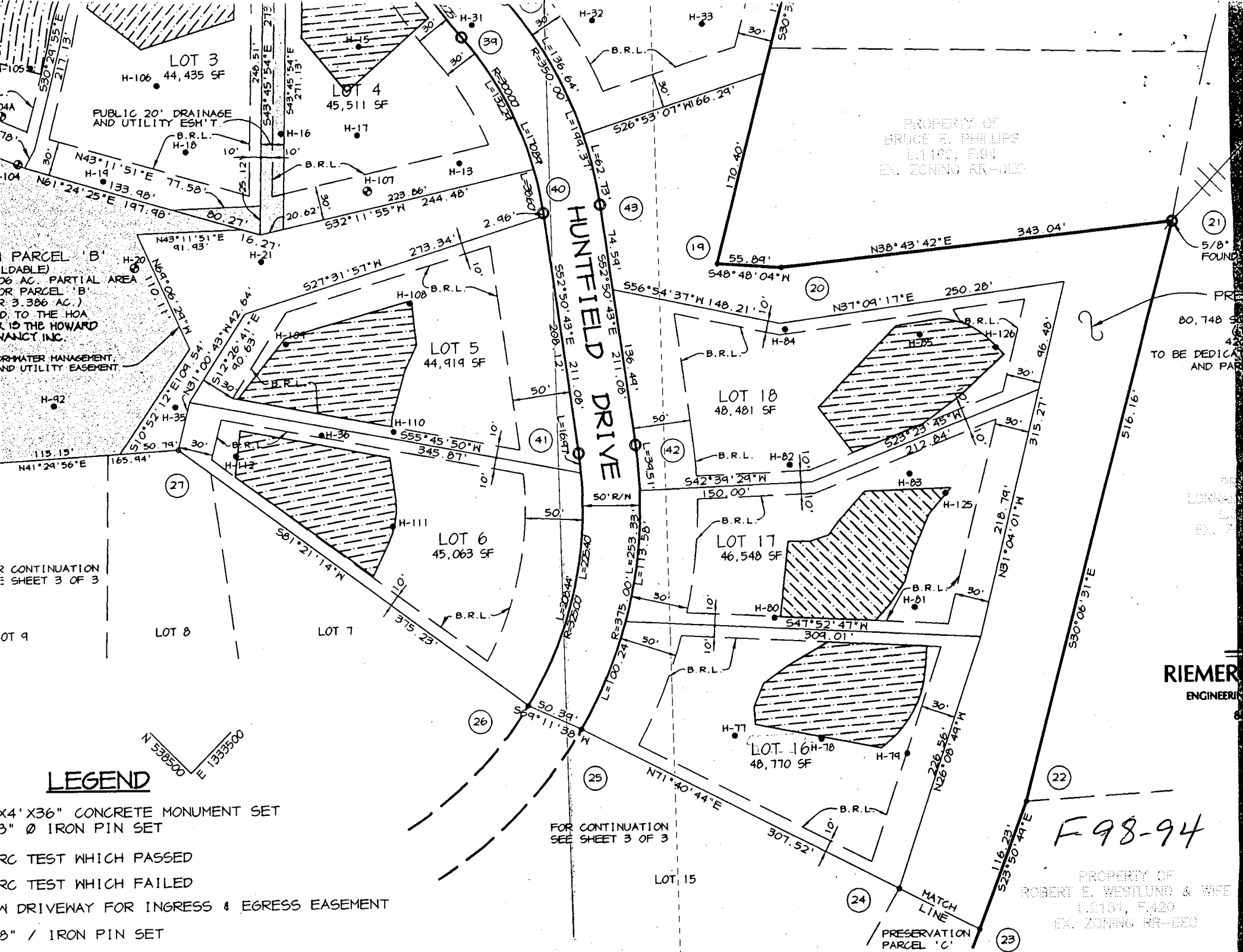


PROPERTY OF
ROBERT E. WESTLUND & WIFE
258 LOT 8
2151/420
ZONED RR

Approved Perc Cert
1-14-98



Revised Perc Cert
11-2-98



PROPERTY OF
BRUCE F. PHILLIPS
L-1400, F-84
EX. ZONING RR-ALD

TO BE DEDICATED
AND PART

RIEMER
ENGINEERING

F98-94
PROPERTY OF
ROBERT E. WESTLUND & WIFE
L-1401, F-420
EX. ZONING RR-BED

LEGEND

- 4" x 4" x 36" CONCRETE MONUMENT SET
- 3" Ø IRON PIN SET
- RC TEST WHICH PASSED
- RC TEST WHICH FAILED
- DRIVEWAY FOR INGRESS & EGRESS EASEMENT
- 8" / IRON PIN SET

FOR CONTINUATION
SEE SHEET 3 OF 3

MATCH LINE
PRESERVATION PARCEL 'C'

HUNTFIELD DRIVE

PARCEL 'B'
(LOADABLE)
0.6 AC. PARTIAL AREA
FOR PARCEL 'B'
(0.3386 AC.)
D. TO THE HOA
BY THE HOWARD
NANCY INC.

FOR WATER MANAGEMENT
AND UTILITY EASEMENT

CONTINUATION
SHEET 3 OF 3

LOT 9

LOT 8

LOT 7

LOT 6
45,063 SF

LOT 5
44,919 SF

LOT 4
45,511 SF

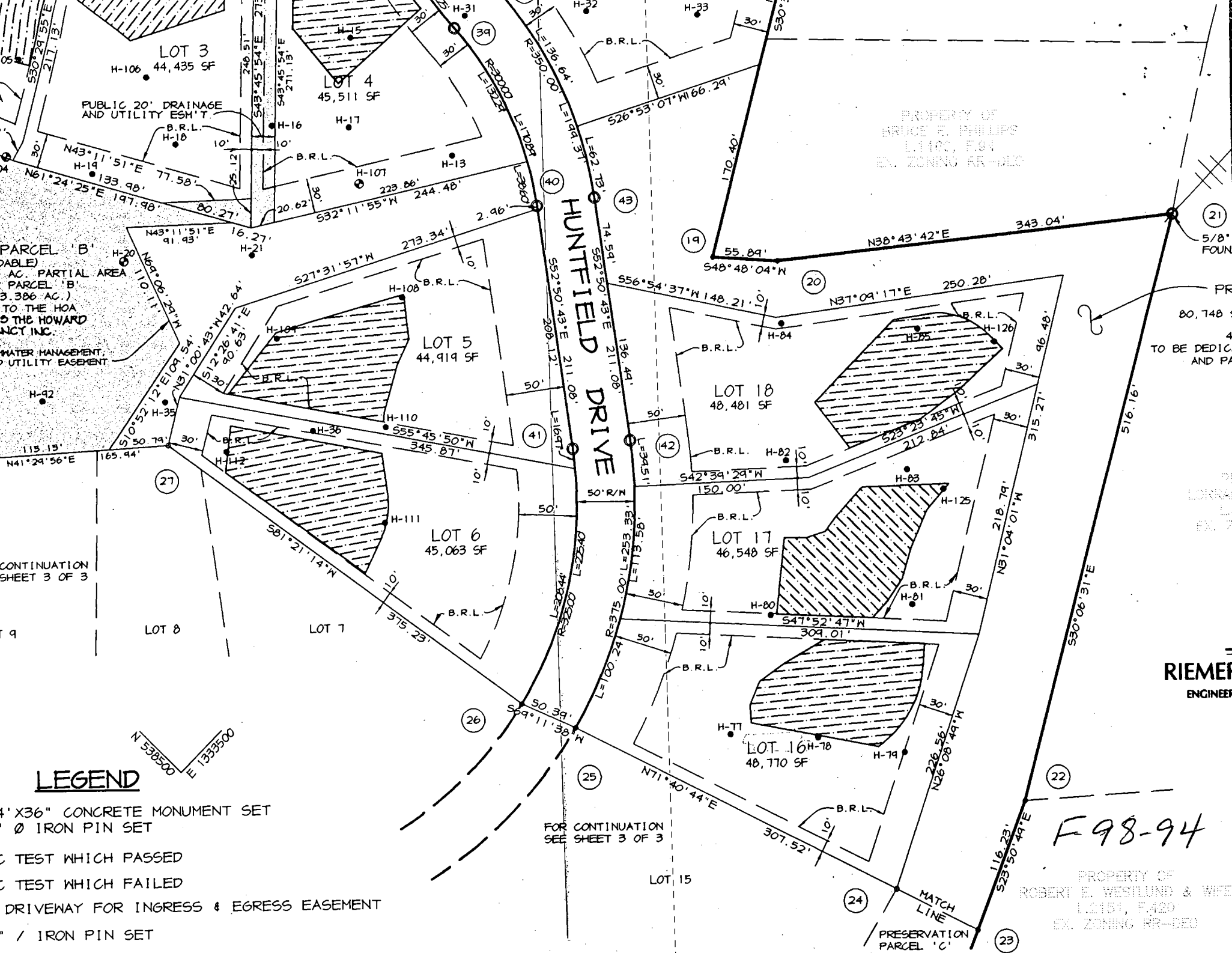
LOT 3
44,435 SF

LOT 18
48,481 SF

LOT 17
46,548 SF

LOT 16
48,770 SF

LOT 15



To Steve 313-2648 6/7/00

4/3/00 WPI follows 10/12

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

~~461-0022~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 4-8-00

Name of Installer Leslie C. Summers Jr.

Telephone 301-831-7057

License Number AWD611

Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner Winchester Homes

Telephone _____

Subdivision _____ Lot # 16 Well Tag # HO-94-1717

Site Address 5117 Huntfield Dr.

Pump

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

Motor

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

Pitless Adapter

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

2. Make Goulds

3. Model # SG505102

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No

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

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

Tank

- 1. Capacity 80
- 2. Pressure relief valve? Yes

Piping

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

Well data

- 1. Depth 400 ft.
- 2. Yield 4 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.

4/3/00-WPI OR DUS SRW

Signature of Applicant: Leslie C. Summers Jr.

Date: 4-8-00

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

C1 4394

SEQUENCE NO. (MDE USE ONLY) 98

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A57659P

ST/CO USE ONLY DATE RECEIVED 10 23 98

DATE WELL COMPLETED 10 07 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1717

OWNER Winchester Homes STREET OR RFD Hunter Ln TOWN Fulton SUBDIVISION Hunterbrook SECTION LOT 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 75 DEPTH OF GROUT SEAL 50

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 57

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) 400

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) CIRCLE APPROPRIATE LETTER A, E, P

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

DRILLERS LIC. NO. MWD 040 George F. Easterday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 038 Bill Thompson

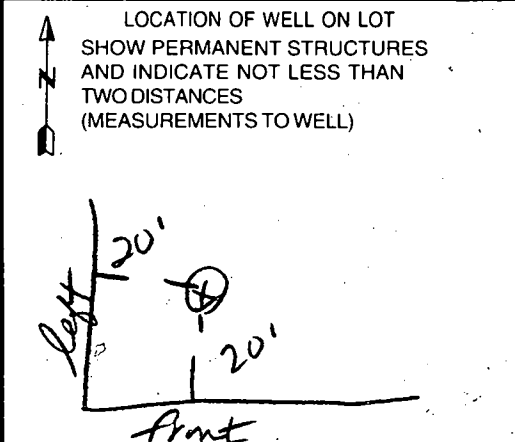
SITE SUPERVISOR (sign of driller or journeyman responsible for site work different from permittee)

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

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

PUMPING TEST C3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 84 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 1 (nearest foot)



B 1 **6898** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER **HO-94-1717** fill in this form completely

Date Received (APA) **08 28 98** OWNER INFORMATION **RN 7583**
Winchester Homes, Inc.
6305 Ivy Lane, Suite 700
Greenbelt, Md. 20770

LOCATION OF WELL **CC#**
Howard
HUNTERBROOKE
FULTON
MILES FROM TOWN (enter 0 if in town) **0**

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

Hunter Drive
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD **20** Ft.
TAX MAP: _____ BLK: _____ PARCEL: _____

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

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

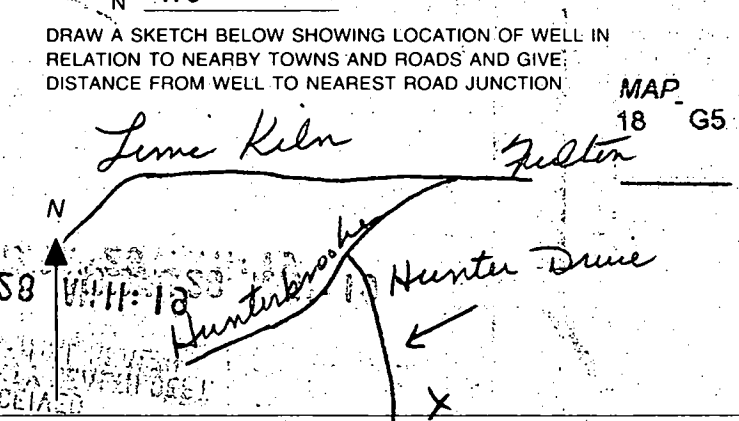
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co **A57659P**
COUNTY NAME COUNTY NO.
DATE ISSUED **9/2/98** **A McMillen** **9/2/99**
CO SIGNATURE EXP. DATE
NORTH GRID **470 000** EAST GRID **820 000**

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

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

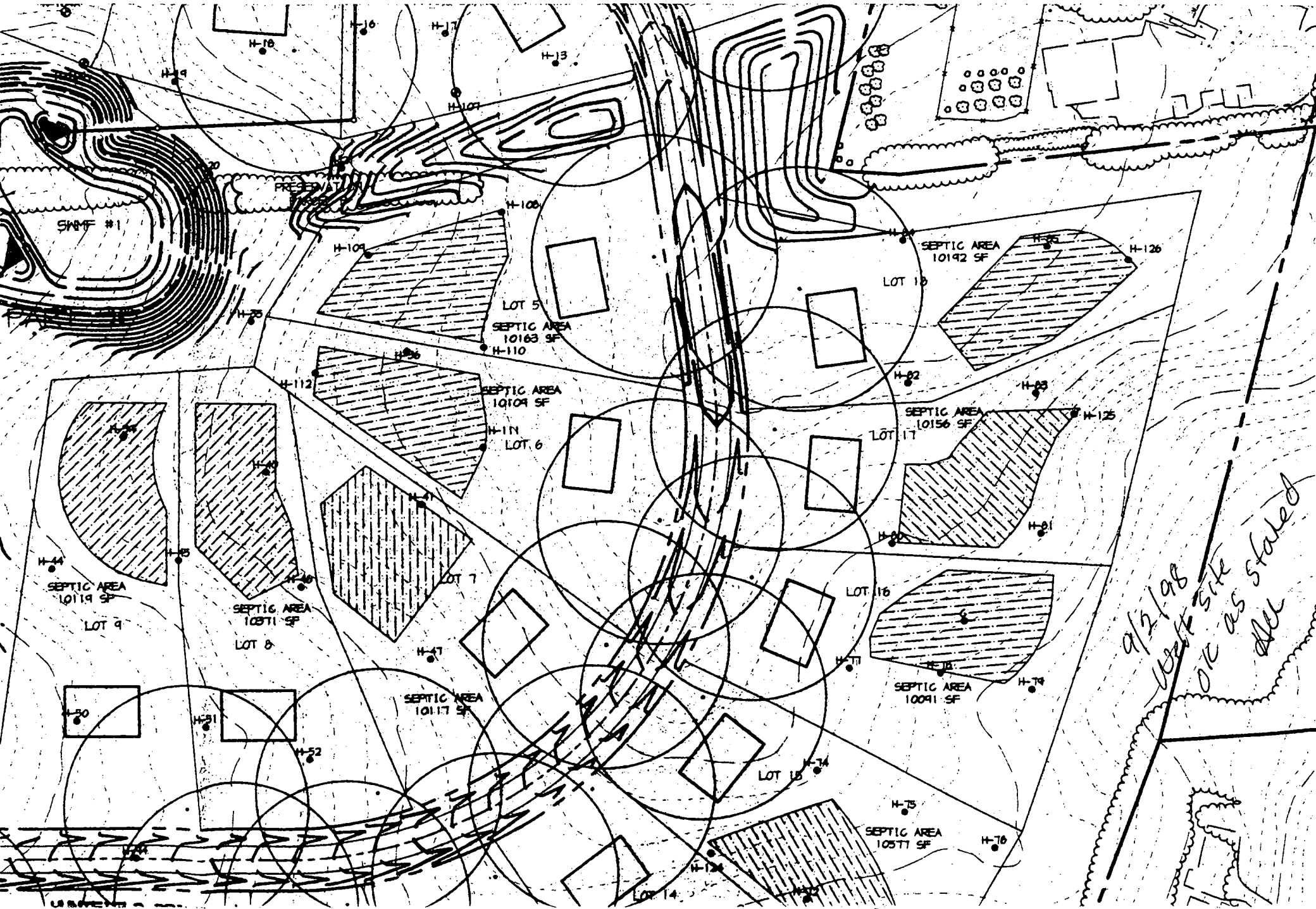
METHOD OF DRILLING (circle one)
 AIR-ROTARY
 CABLE
JETTED
AIR-PERCussion
REVerse-ROTary
Jetted & DRIVEN
ROTARY (Hydraulic Rotary)
DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER **54**
PERMIT No. **HO-94-1717**

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



9/2/98
 Work site
 OK as stated
 JLL

