

8/8/00
Anytime

PERMIT

P 513693

SEWAGE DISPOSAL SYSTEM

A 59833-A

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

ISSUE DATE 7/20/2000

APPROVAL DATE 8/8/00

05-431077

Whitworth Excavating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 410-531-5033

SUBDIVISION Holly Crest LOT NUMBER 1 ADDRESS 13800 Holly Crest Lane

PROPERTY OWNER Catoctin Homes, Inc. PROPERTY OWNER'S ADDRESS P.O. Box 512

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD 21041

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION: Place the distribution box 120 feet down the left (212.24') lot line and 30 feet off this same lot line. Run trenches on contour to rear of lot.
Preferred layout: 60', 70', 70', 80' (4 @ 70' BEING INSTALLED 8/8/00 CW)

PLANS APPROVED Mark E. Rifkin OK 5/4/00 DS DATE 3/31/2000

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

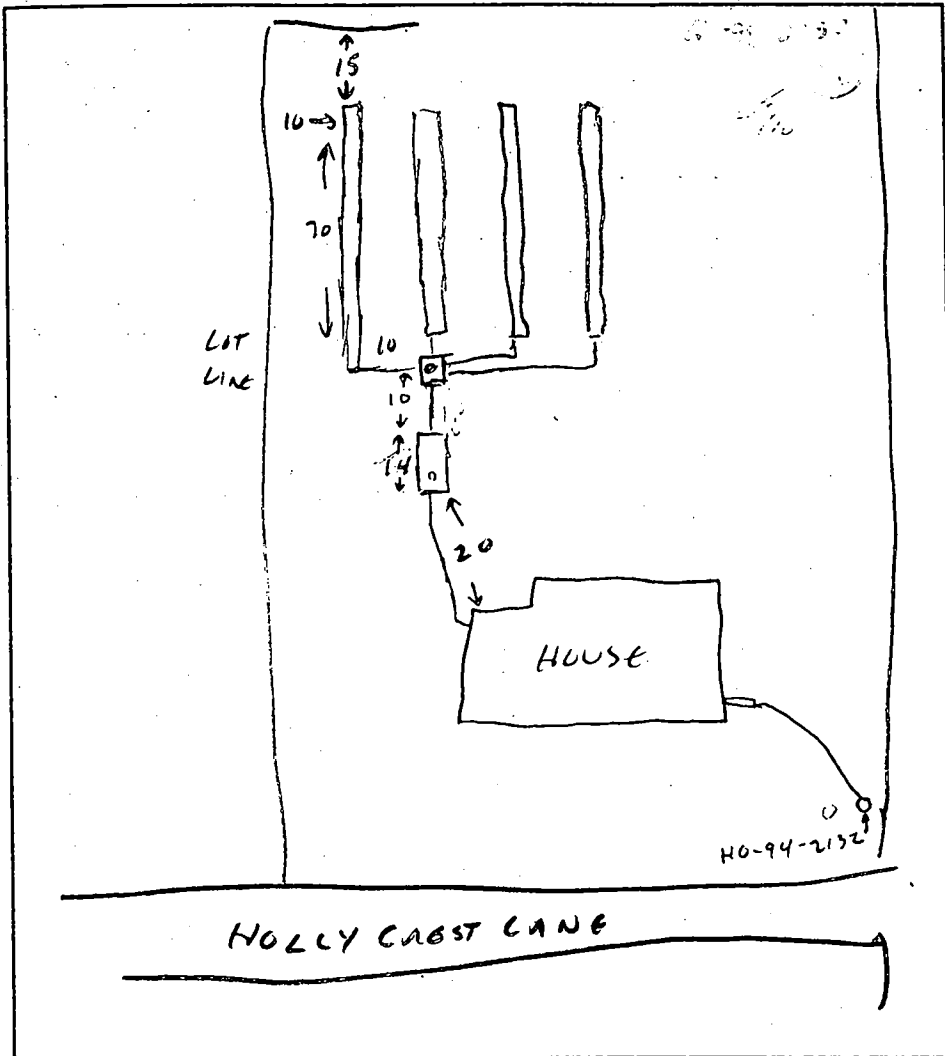
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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 59833-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 1120
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

CLEANOUT ON DIST BOX!

SEPTIC TANK DATA

SEPTIC TANK 1250⁺ GALLONS
 MANHOLE RISER -
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: OK FOR 4 TRENCHES @ 80' (L)
 (HEAVY RAIN IMMEDIATELY AFTER TANK INSTALLED - FILLED & PUMPED OUT, NO APPARENT CONSEQUENCE)
 INSPECTION COMMENTS: HOUSE CONNECTION - TANK - DIST BOX - UPPER TRENCH COMPLETE, 8/8/00 CW
FINAL 3 TRENCHES COMPLETE - OK TO COVER ALL, 8/8/00 CW

INSPECTOR C. Wilton DATE SYSTEM APPROVED 8/8/00

LOT 2
HOLLY CREST
PHASE 1
PLAT No. 13666



LOT 5

AREA
ADDED BY
BP PLAN

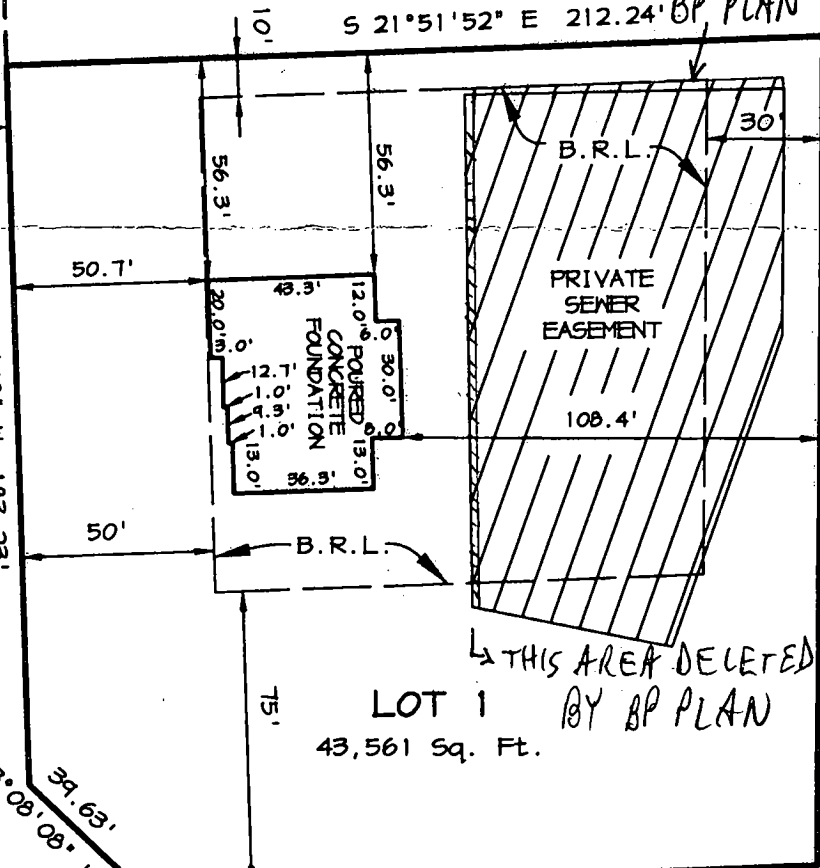
PROPERTY OF
RONALD L. UPCHURCH
SHARON P. UPCHURCH
L.2375, F.244

PRIVATE 40' USE-IN-COMMON
ACCESS EASEMENT TO BENEFIT
LOTS 1-6 (PLAT No. 13666)

LOT 6

S 70°24'10" W 211.41'

6/15/00
HOUSE
LOC OK
w/BP PLAN
MR



LINTHICUM ROAD N 21°51'57" W 175.86'

CENTERLINE OF EXISTING ROAD

TOP OF FOUNDATION ELEVATION = 625.3
BRL - DENOTES BUILDING RESTRICTION LINE

NOTE:

- 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;
- THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- 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 0026B DATED DECEMBER 04, 1986 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

LOT 1
HOLLY CREST
PHASE 1
5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
PLAT No. 13666

SCALE: 1"=50' PROJ. No. 00061

DRAWN BY: R. A. H.

DATE: 05-11-00

APPLICATION

PERCOLATION TESTING

A 59833

P _____

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

DISTRICT _____

DATE 2/18/98

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 Allen Brown

ADDRESS 4609 Linthicum Road PHONE 410-531-2658

AGENT OR PROSPECTIVE BUYER Greg + Rhonda Carpenter

ADDRESS P.O. Box 440, Clarksville 21029 PHONE 301-498-9433

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION east side of Linthicum Road

TAX MAP 28 PARCEL # 4

SIZE OF LOT 40,012 SF 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.

Cindy DelZoppo
(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

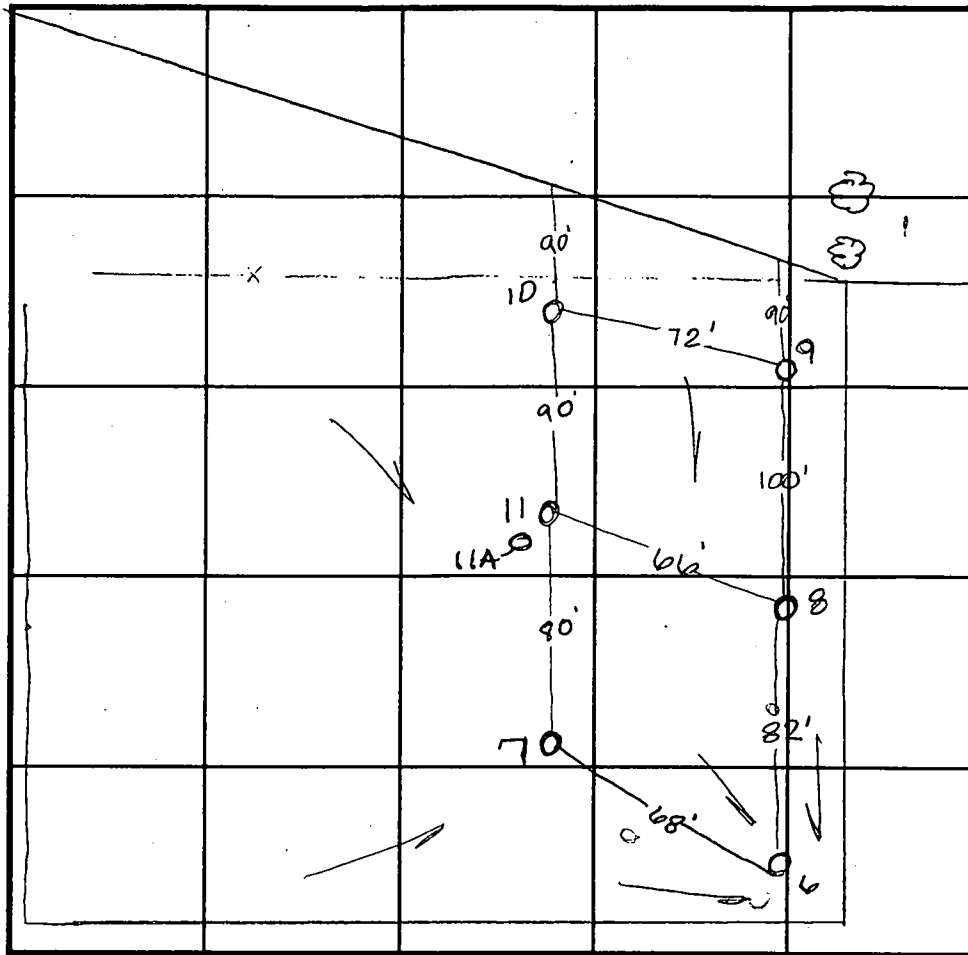
COUNTY #

SOIL PROFILE

0' beige brown heavy C1Lm
 3.5' bright orange red SiLm yellow mottles
 7.0' dark red SiLm
 9.0' dark red SiLm w mg
 11.0' water

7' bright red SiLm
 3.0' red & yellow mottled SiLm matrix red
 8.0' matrix yellow SiLm micaceous
 11.5' water

11.0' brown mottled w orange C1Lm water coming in
 4.0' bright red SiLm w white & yellow micaceous horizontal bands
 11.0' water



SOIL PROFILE

0' brown SiLm
 2.0' bright red to pink powdery SiLm micaceous some yellow mottles not H2O related
 11.5' like 11 but H2O throughout 1-8' no water at bottom
 11.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Unithicum Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-20-98	6	4.0 / 3.5	10:17	10:23	10:23	10:31	8min	
	7	3.5 / VII.5	10:28	10:30	10:30	10:32	2min	
	8	3.5 / VII.0	10:33	10:38	10:38	10:49	11min	
	9	3.5 / VII.0	10:37	10:40	10:40	10:43	3min	
	10	3.0 / 11.5	10:40	10:42	10:42	10:44	2min	
	11	Visual to 11.0	- see profile - needs reevaluation during "normal" precipitation - year					reval.
8-10-98	11A	Visual to 13.0'	- dry - heavy clay to 4.5' - pass - clay was holding H2O on 3/29/99 OK					

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Chuck Zepp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPROXIMATE SEPTIC AREA

EX. STRUCTURE TO REMAIN

STORMWATER MANAGEMENT FACILITY

EX. SEPTIC CLEANOUT

EX. DRIVEWAY TO REMAIN

EX. DWELLING TO REMAIN

OPEN SPACE LOT 10
56,643 sq. ft.

C9C2

LOT 8
41,803 sq. ft.

LOT 9
42,596 sq. ft.

LOT 8
42,457 sq. ft.

LOT 7
41,295 sq. ft.

LOT 5
40,000 sq. ft.

PROPOSED ROAD
R=100'

PROP. 18' PAV.

LOT 2
44,573 sq. ft.

LOT 3
40,829 sq. ft.

LOT 4
44,377 sq. ft.

ChC2

LIPCHURCH
2575/244

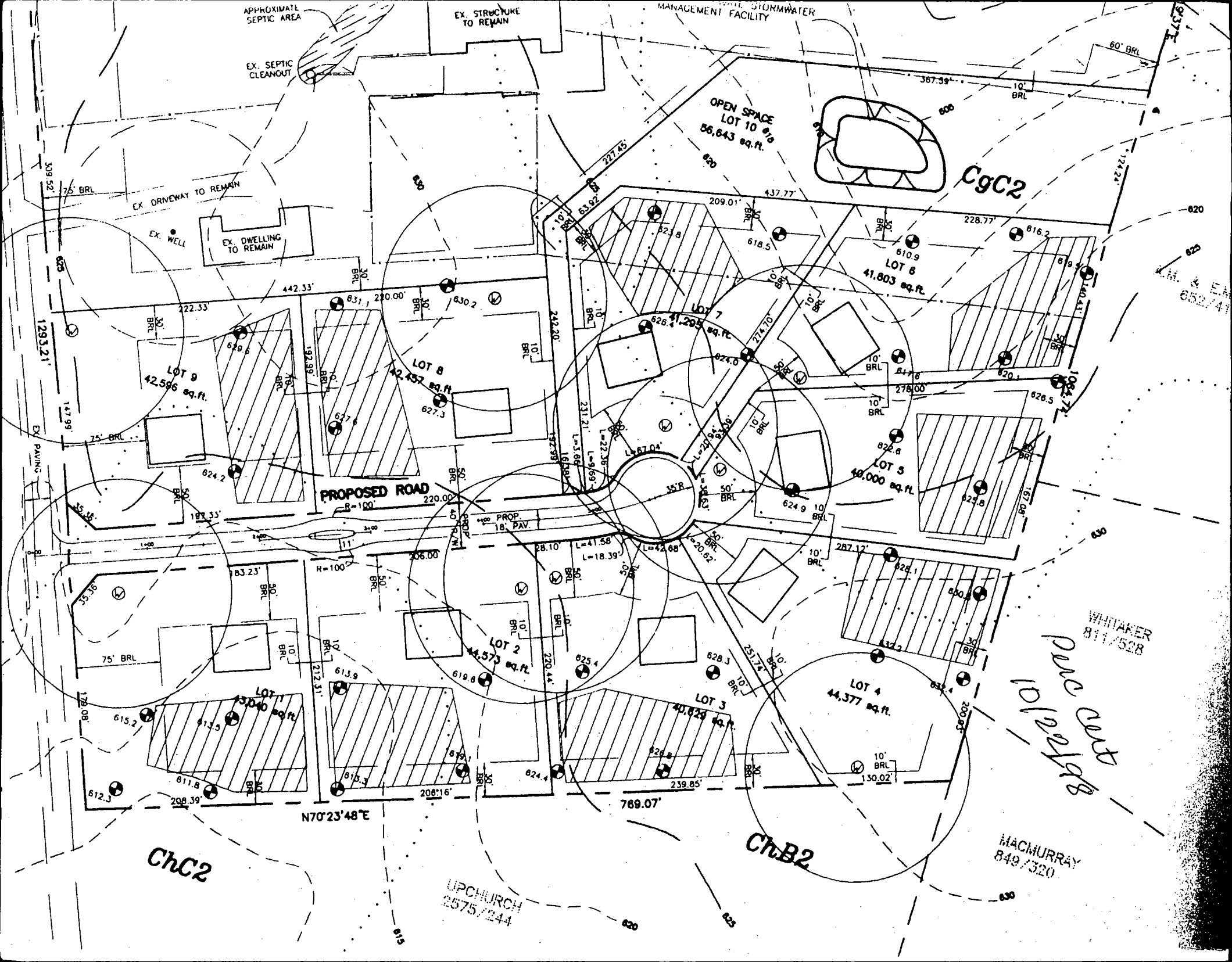
ChB2

MACMURRAY
849/320

WHITAKER
811/528

*one copy
10/12/98*

M. & E.A.
652/41



LOT 2

EX. EL
DIST. BOX = 617.2

1:30

HOLLY
CREST
LANE

Approved Septic System Plan
Howard County Health Department

Mark E. Kellum
Signature

3/30/00
Date

LOT 6

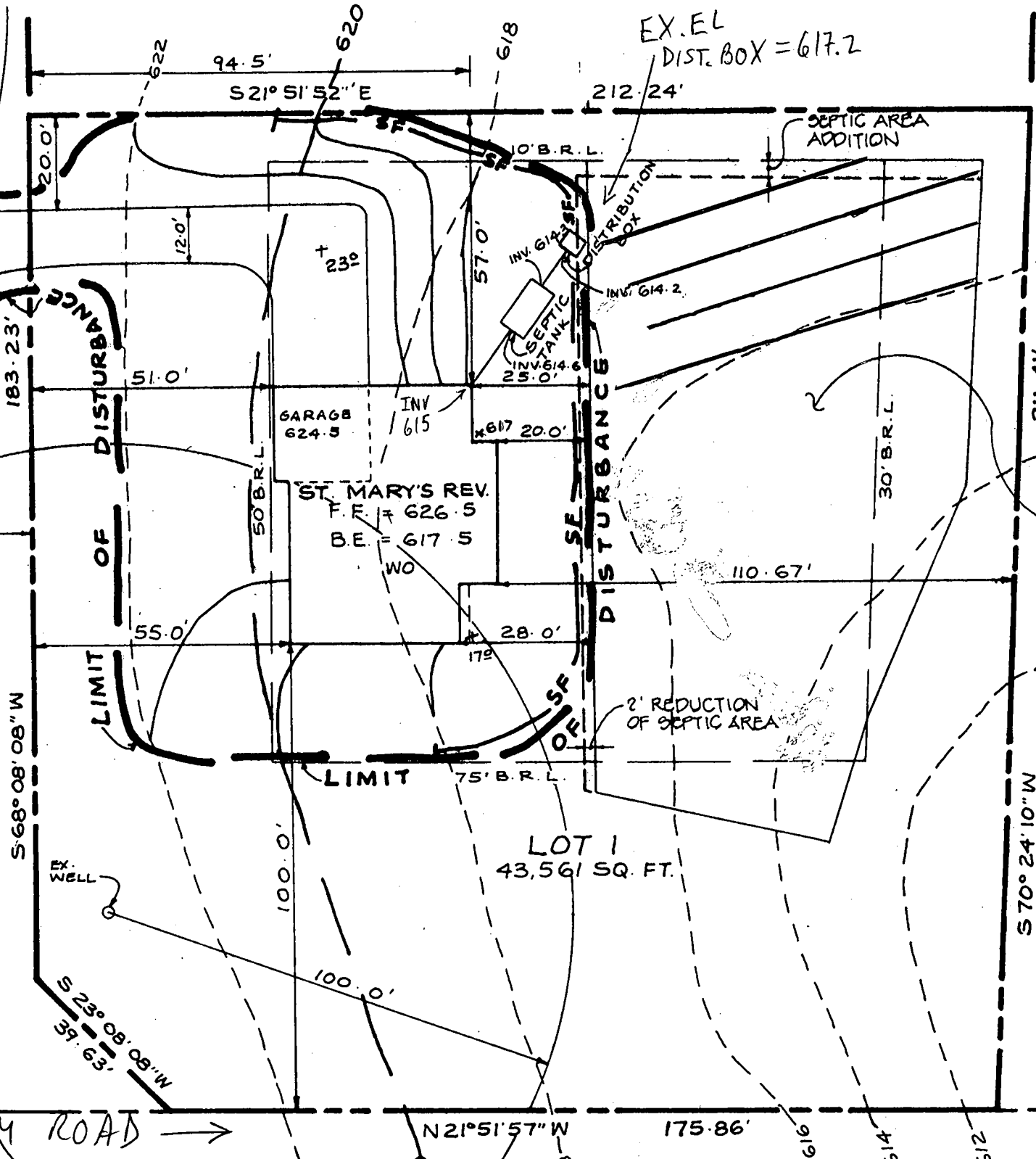
PRIVATE 40' USE-IN-COMMON
ACCESS EASEMENT TO BENEFIT
LOTS 1-6

Total linear feet of trench
required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet



← LINTICUM ROAD →

N 21° 51' 57" W

175.86'

G16

G14

G12

S 70° 24' 10" W

211.41'

30' B.R.L.

SF DISTURBANCE

LIMIT OF DISTURBANCE

S 68° 08' 08" W

50' B.R.L.

100.0'

100.0'

179

28.0'

INV 617

INV 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

INV. 614.6

SEPTIC TANK

INV. 614.3

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614.6

DISTRIBUTION BOX

10' B.R.L.

6/8

620

622

94.5'

S 21° 51' 52" E

212.24'

183.23'

20.0'

12.0'

51.0'

55.0'

40.0'

75' B.R.L.

179

28.0'

25.0'

INV. 617

INV. 615

GARAGE
624.5

ST. MARY'S REV.
F.F. = 626.5
B.E. = 617.5

WO

25.0'

SEPTIC TANK

INV. 614

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BS00122512 ✓

Building Address: 13800 Holly Crest Lane
Dayton, MD 21036
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 6051.01 Subdivision: Holly Crest
 Section: NA Area: PD Lot: 1
 Tax Map: 28 Parcel: 4 Grid: 1
 Zoning: RR Map Coordinates: 13111 Lot size: 42,5614

Property Owner's Name: Collection Homes Inc
 Address: P. Box 512 21041
ELLICOTT CITY State: MD Zip Code: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
6110-772-5804
 Phone: _____ Fax: _____

Existing Use: Vacant Lot
 Proposed Use: Detached SEH
 Estimated Construction Cost: \$ 150,000
 Description of Work: 2 story Full Fin. w/
9rm, 2 BR, 1.5 BA, 3 Car Garage
via ST. MARYS / 4 Bed Rooms
 Occupant or Tenant
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Contractor Company: _____
 Contact Person: Same
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____ Fax: _____
 Phone: _____
 Engineer or Architect Company: Sixx Design
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	Public _____
Gross area, sq. ft. per floor: _____	Private _____
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public _____
Reinforced Concrete _____	Private _____
Structural Steel _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Heating System: _____
State Certified Modular _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <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: _____
Depth: <u>414</u> Width: <u>66'</u>	Public _____
1st floor: <u>414</u>	Private <input checked="" type="checkbox"/>
2nd floor: <u>414</u> <u>65'</u>	Sewage Disposal: _____
Basement: <u>414</u> <u>55'</u>	Public _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Heating System: _____
No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
Other Structure: _____	NFPA #13D _____
Dimensions: _____	NFPA #13R _____
Footings: _____	Other: _____
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 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: PHILLIP G. PARADIS
 Title/Company: VICE PRESIDENT / COLLECTION HOMES INC
 Date: 2/22/06

Print Name: PHILLIP G. PARADIS
 Date: 2/22/06

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>3/3/06</u>	<u>Mark E. Ripken</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DEPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zoning _____
 SDP/Red-line approval date _____

PROPERTY ID: 417087

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check # <u>22575</u>	
Validation	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by: _____

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

TEL No. 4107725805

Nov 22, 00 16:43 No. 001 P. 02

FROM: HOCO ENVHEALTH

FAX NO. : 4103132648

Nov 22 2000 03:36PM F1

**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: FREDERICH Plumbing Telephone #: 301-663-4175
Address: 10 Hwy Ave
FREDERICH, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): JAMES E. YONETZ License # 8109

*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: Citation HAWK Telephone #: 410-772-5804
Subdivision: Holly Crest Lot # 1 Well Tag #: HO-94-213a
Site Address: 13900 HOLLYCREST LA

Submersible Pump Data

Make: Coalds
Model #: 26105422
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: MAAD 404
Model #: 010x
Depth: 4' (36" min)
NSP 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: 700 (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:

Piping to house

Type: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6'
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.

Signature of company representative responsible for installation: James E. Yonetz date: 11/21/00

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

Date Insp. Requested: 8/10/00 Date Insp. Approved: 8/14/00 SRK

- 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 6" above finished grade ✓
 - Water supply line sleeved adequately at house connection ✓
 - Adequate grout observed below pitless adapter ✓

C1 9630

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓

COUNTY NUMBER 59833A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 03 24 99

DEPTH OF WELL 305' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2132

OWNER Carpenter last name Luthicum Rd first name TOWN Dayton SUBDIVISION Holly Crest SECTION I LOT 1

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, Sandy Sandstone, MICKA Sandstone, MICKA Sandstone.

GROUTING RECORD yes no (Y) (N)

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 16 NO. OF POUNDS 1600 GALLONS OF WATER 93 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD casing types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 58

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

SCREEN RECORD screen type or open hole (ST) STEEL (BR) BRASS (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, S, R, E, N. Values include 56, 305.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

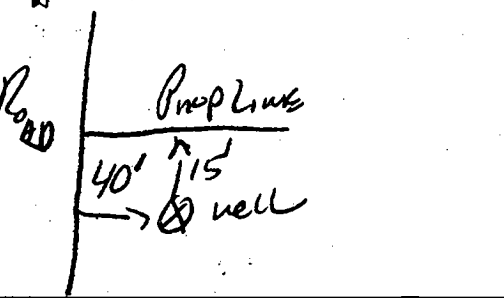
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 140 ft. TYPE OF PUMP USED (for test) (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 (2) below LAND SURFACE 2 (nearest foot)

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



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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. 1 M SD 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 117

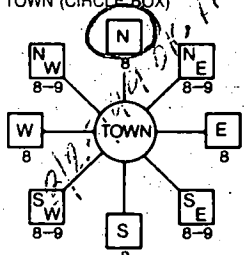

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2 3 6 **4709** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-2132**
70 fill in this form completely 79

Date Received (APA) **0216-99** OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **CARPENTERS Contracting** Owner First Name 34
 36 Street or RFD **PO. Box 440** 55
 57 Town **Clarksville MD 21029** 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Holly Crest I** 42
 SECTION 44 46 LOT **I** 48 50
 52 NEAREST TOWN **DAYTON** 71
 MILES FROM TOWN (enter 0 if in town) **I** M 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Ralph MAYNE** License No. **MSD 116** 76 81
 Firm Name **Ralph MAYNE well Drilling**
 Address **9120 Brown Church Rd. Mt Airy**
 Signature **Ralph Mayne** Date **2-10-99**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **Linthicum Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **40** 37 DISTANCE FROM ROAD **ft**
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

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

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

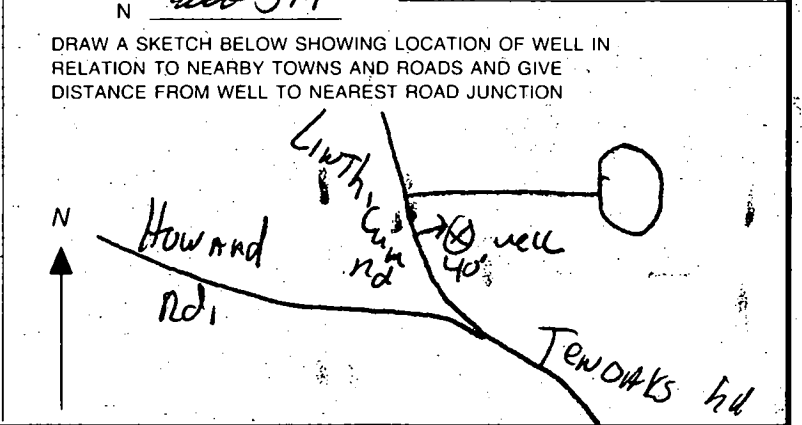
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co **A59833A**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **02/19/99** **A. McMeel** **021900**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **500** 000 EAST GRID **500** 000
 50 55 57 63
514 **902**

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **61** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **802**
 N **514**
 000
 000

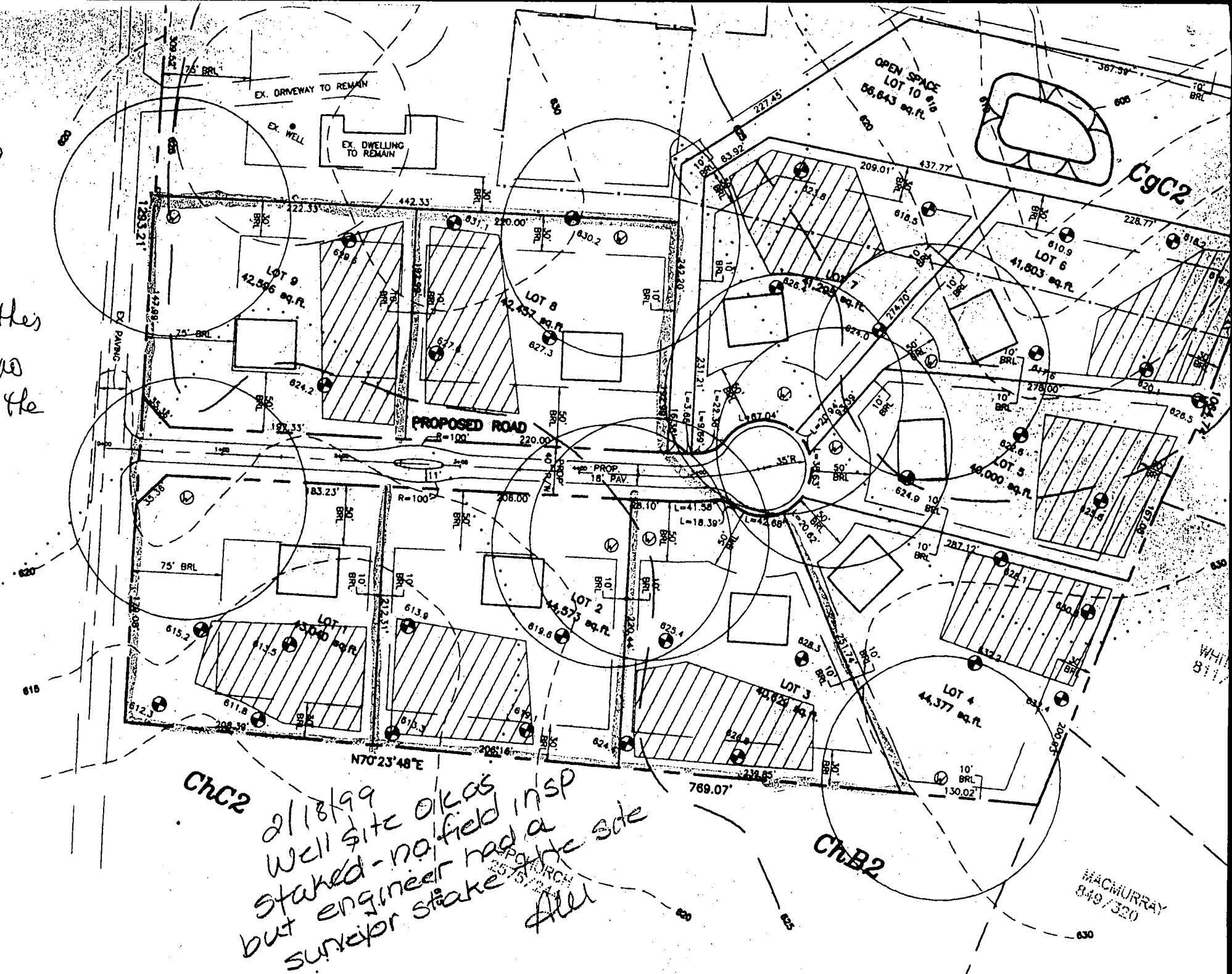
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 36 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER 54 _____ 63
 PERMIT No. **HO-94-2132**
 70 71 72 73 74 75 76 77 78 79

829
if
test
at this
made no
ly to the



CHC2
2/18/99
well site ok as
staked - no field in SP
but engineer had a
surveyor stake on the side
All

LEGEND

HAGMURRAY
849/320