

LAYOUT 3/4/02 10:00 INSP 4 \_\_\_\_\_  
 INSP 2 4/18/02 pm INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 3/01/2002

P 516851-A

APPROVAL DATE: 4/13/02

A 510572-M

**PERMIT  
INDEXED**

RPS#  
338770

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

WTC III Plumbing & Heating Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 1820 Gillis Falls Rd., Woodbine PHONE NUMBER: 410-489-4457

SUBDIVISION: Brantwood 3/2 LOT NUMBER: 25

ADDRESS: 11310 COTSWALD SPRING PROPERTY OWNER: Brantwood LLC

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

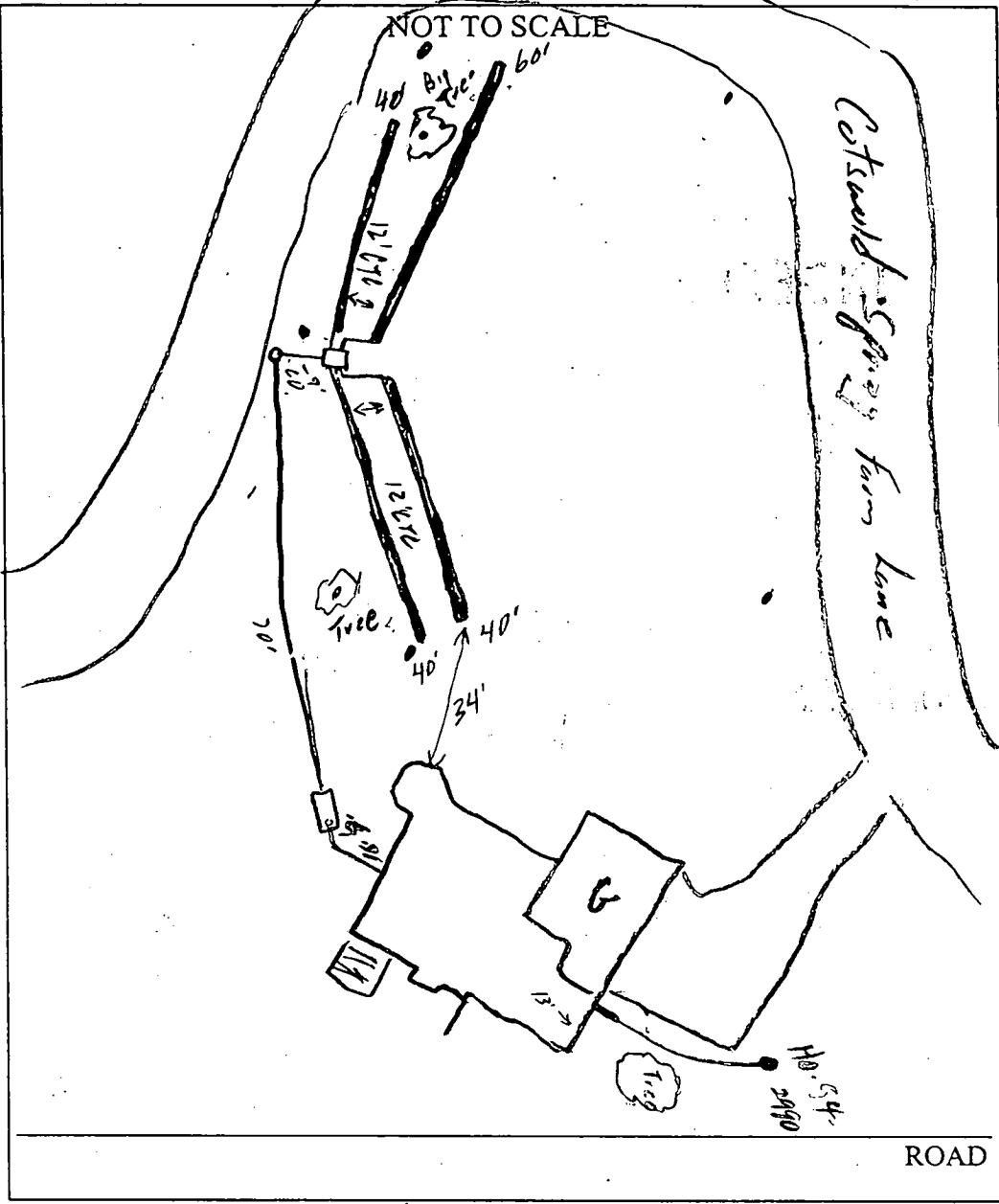
|           |   |
|-----------|---|
| TRENCHES: | Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box 165' from the well and 80' off of the lot corner at the intersection of the 151.91' lot line and road right-of-way. Run trenches on contour in both directions as shown on plan.             |
| NOTES:    | ****PUMPED SEPTIC SYSTEM****  |

PLANS APPROVED: MER OK SRK 3/2/02 DATE: 1/28/02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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  
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A510572-M



| TRENCH/DRAINFIELD DATA  |          |                                     |
|-------------------------|----------|-------------------------------------|
| WIDTH                   | INLET    | BOTTOM                              |
| <u>2</u>                | <u>3</u> | <u>7</u>                            |
| NUMBER OF TRENCHES      |          | <u>4</u>                            |
| TOTAL LENGTH            |          | <u>180</u>                          |
| ABSORPTION AREA         |          | <u>220 sq</u>                       |
| DISTRIBUTION BOX LEVEL  |          | <input checked="" type="checkbox"/> |
| DISTRIBUTION BOX BAFFLE |          | <input checked="" type="checkbox"/> |
| DISTRIBUTION BOX PORT   |          | <input type="checkbox"/>            |

| SEPTIC TANK DATA    |                          |
|---------------------|--------------------------|
| SEPTIC TANK 1 LEVEL | <u>yes</u>               |
| CAPACITY            | <u>1250</u> GAL          |
| SEAM LOC            | <u>Top</u>               |
| TANK LID DEPTH      | <u>12"</u>               |
| BAFFLES             | <u>yes</u>               |
| BAFFLE FILTER       | <u>no</u>                |
| MANHOLE LOC         | <u>none</u>              |
| 6" PORT LOC         | <u>Front</u>             |
| WATERTIGHT TEST     | <input type="checkbox"/> |
| SEPTIC TANK 2 LEVEL |                          |
| CAPACITY            | _____ GAL                |
| SEAM LOC            | _____                    |
| TANK LID DEPTH      | <u>N/A</u>               |
| BAFFLES             | _____                    |
| BAFFLE FILTER       | _____                    |
| MANHOLE LOC         | _____                    |
| 6" PORT LOC         | _____                    |
| WATERTIGHT TEST     | _____                    |

PRE-CONSTRUCTION 3/4/02 Contour not as shown. Area much flatter. <sup>Need to</sup> Shoot contours.

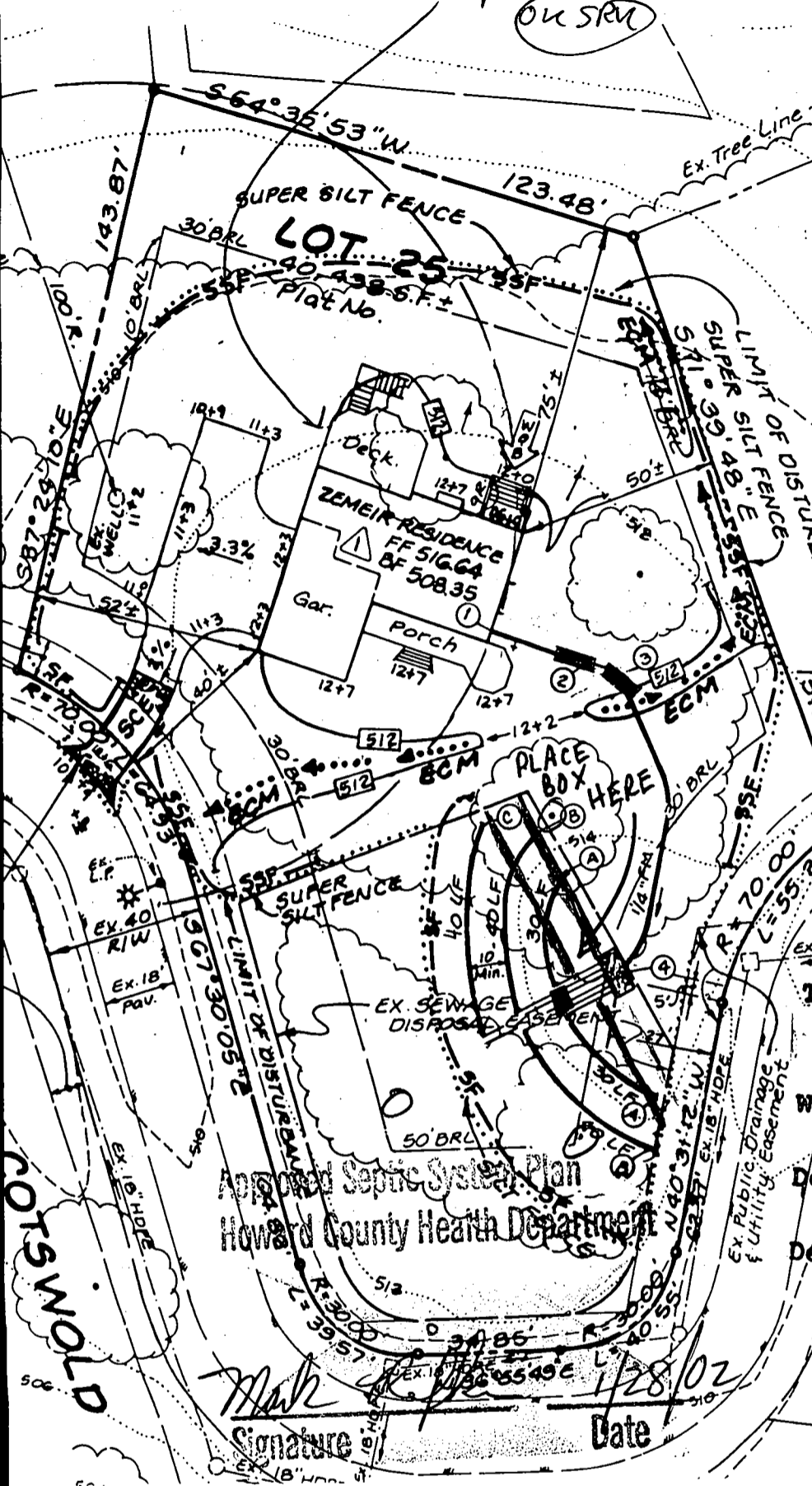
May be able to get (3) 60' trenches (SC)

INSTALLATION 4/15/02 OK to cover all work (SC)

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 4/15/02

5/9/02 B00136059  
 Proposed Deck  
 ON SRM



**SEWAGE SYSTEM DESIGN DATA:**

- ① Invert at foundation wall: 510.00 First Floor Servi (Wall Hung with Interior Pump Pit for Basement S
- ② 1250 Gallon Septic Tank (4 Bedrooms)  
 Provide Manhole to Finished Grade  
 A. Ex. Ground Over Tank: 513.00  
 B. Prop. Grade Over Tank: 512.30  
 C. Invert In: 509.60  
 D. Invert Out: 509.30
- ③ 1250 Gallon Pump Pit  
 A. Ex. Ground over Pit: 513.00  
 B. Prop. Grade over Pit: 512.00  
 C. Invert In: 509.00  
 D. Invert Out: 509.50
- ④ Distribution Box: (Provide 6 Outlets Minimum)  
 A. Ex. Ground Over Box: 514.20  
 B. Prop. Grade Over Box: 514.20  
 C. Invert In: 511.20

5. Trench Design: 60 LF/Bedrm. X 4 Bedrm. = 240 L

|                      | (A)    | (B)    | (C)    |
|----------------------|--------|--------|--------|
| Ex. Gr. Over Trench: | 514.10 | 513.80 | 513.50 |
| Invert Trench:       | 511.10 | 510.80 | 510.50 |
| Bottom Trench:       | 509.10 | 508.80 | 508.50 |
| Trench Length:       | 30 Ft. | 40 Ft. | 50 Ft. |
| Trench Width:        | 3 Ft.  | 3 Ft.  | 3 Ft.  |

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

**LANE**  
 Total linear feet of trench required 180 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 7 feet  
 Depth of stone required below distribution pipe 4 feet

NOTE: WHEN WALL IS POS OF GRAVEL OR SAND, FASTENED WITH GALVANIZED (TYP)

Septic System Plan  
 Howard County Health Department

Signature: *Mark [unclear]*  
 Date: 5/28/02

COTSWOLD

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2465 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

B00131238

Building Address 11207 Frederick Road  
Ellicott City, MD 21042

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 630 Subdivision BRANTWOOD

Section 3 Area 2 Lot 2525

Tax Map 16 Parcel 205 Grid 21

Zoning RC Map Coordinates 1054 Lot size

Property Owner's Name Brantwood LLC  
 Address 8835-P Columbia 100 Parkway

City Columbia State MD Zip Code 21045

Home Phone \_\_\_\_\_ Work Phone 410.730.0810

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot

Proposed Use Single family home

Estimated Construction Cost \$ 170,000

Description of Work Construction of 2 story  
garage single family home, 3 1/2 ba.  
optional L/L w/ba, 12 rooms.  
fireplace

Contractor Company Nantucket Homes/Dorsey, Inc.

Contact Person Phillip H. Dorsey

Address 13090 Old Frederick Road

City Bikesville State MD Zip Code 21784

License No. \_\_\_\_\_  
 Phone 410.442.8200 Fax 410.442.8221

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company LDE, Inc.

Contact Person Bruce D. Burton

Address 9250 Rumsey Road, Suite 106

City Columbia State MD Zip Code 21045

Phone 410.715.1070 Fax 410.715.9540

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

| Building Characteristics  | Utilities   |
|---|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>   | Water Supply: _____<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private   |
| 1st floor: <u>53'</u> Depth <u>64'</u> Width  | Sewage Disposal: _____<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private  |
| 2nd floor: <u>28'</u>   | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Basement: <u>32'</u>  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>  | Heating System: _____<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/><br><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"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other   |
| No. of Bedrooms <u>4</u>  |   |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____ |   |
| Other Structure: _____  |   |
| Dimensions: _____   |   |
| Footings: <u>20" x 8"</u>   |   |
| Roof: <u>asp. shingles w/gable</u>  |   |
| <input type="checkbox"/> State Certified Modular<br><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 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

By: Diana M. Mardall  
 Applicant's Signature  
Brantwood, LLC  
 Title/Company

Diana M. Mardall, Agent  
 Print Name  
June 29, 2001  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

Health Dept. Foal Shinn 11-13-01

Mite  
Hold RP & Septic permit  
for abandonment & sealing  
of well on Parcel H

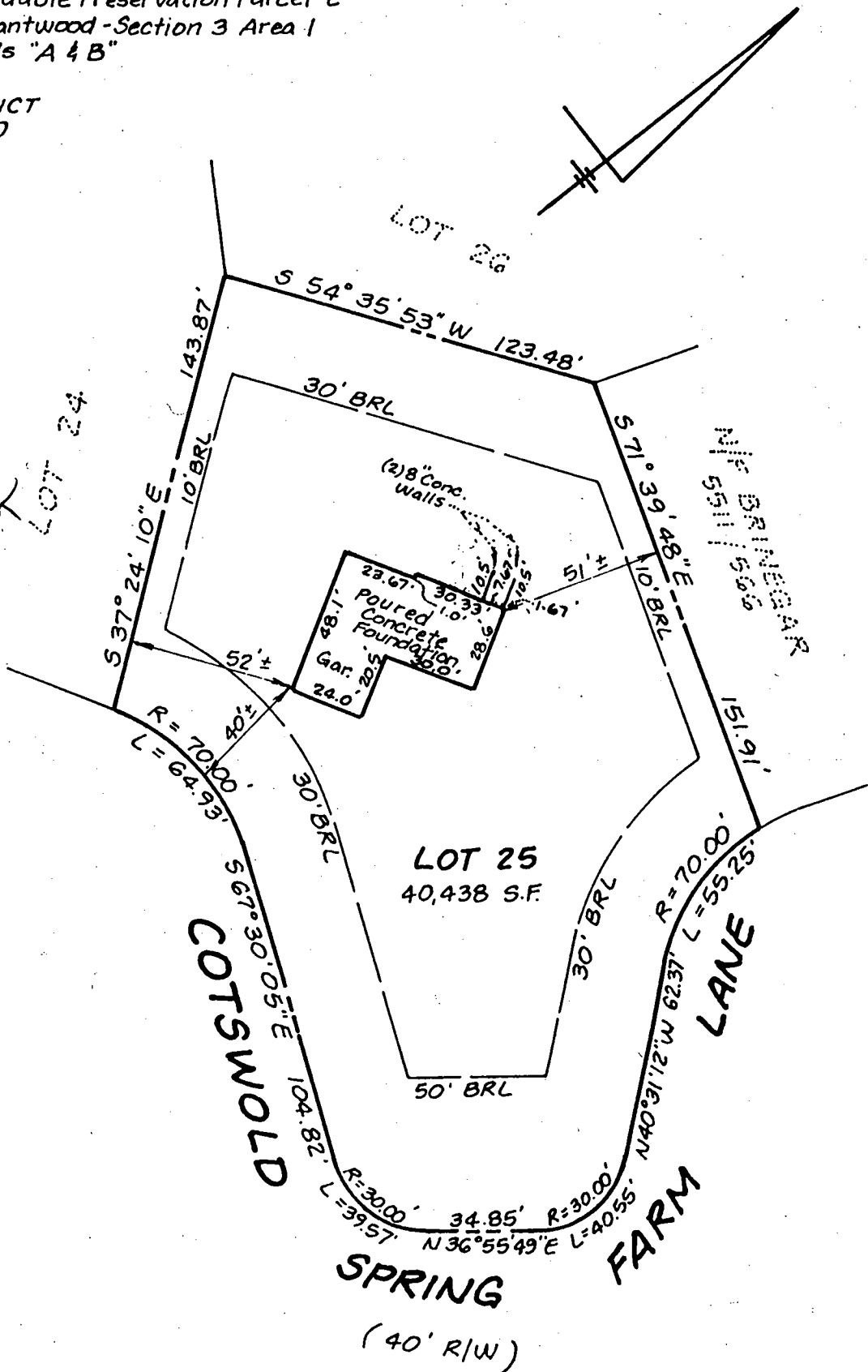
PROPERTY KNOWN AS: **LOT 25**

**THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.**

**BRANTWOOD**

SECTION THREE AREA TWO  
Lots 17-27, Non-Buildable Preservation Parcel "E"  
A Resubdivision of Brantwood - Section 3 Area 1  
Buildable Bulk Parcels "A & B"  
PLAT No. 15119  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MD

WALL  
CHECK OK LOT 24  
MR  
2/20/02



**LOCATION DRAWING**

Top Foundation Wall: 515.64

| CERTIFICATION   | SEAL | SCALE: 1" = 50'   | DATE: 1/11/02 |
|---|------|---|---------------|
| <p>This is to certify that I have surveyed the property known as: <u>11310</u><br/><u>COTSWOLD SPRING FARM LANE</u></p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p> |      | <p><b>LDE Inc.</b><br/>9250 Rumsey Road Suite 106<br/>Columbia, Maryland 21045</p> <p>(410) 715-1070 (Balt.)<br/>(301) 596-3424 (Wash)<br/>(410) 715-9540 (Fax)</p> |               |

**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: WTC III P+H Telephone #: 410 489-4457  
Address: 1520 Gillis Falls Rd

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# 7979

\*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: Brant Wood LLC Telephone #: 410 730 0810  
Subdivision: Brant Wood Lot #: 25 Well Tag #: HO-94-2996  
Site Address: 11310 Cotswold Spring Farm Lane

|   |  |  |
|---|--|--|
| <b>Submersible Pump Data</b>  | <b>Pitless Adapter</b>                               | <b>Well Cap and Electric Conduit</b>                             |
| Make: <u>Hylves</u>   | Make: _____  | Two piece watertight cap: <input checked="" type="checkbox"/>    |
| Model #: _____  | Model#: _____  | Screened, vented well cap: <input checked="" type="checkbox"/>   |
| Pump Capacity <u>5</u> GPM  | Depth: <input checked="" type="checkbox"/> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/>       |
| Well Yield: <u>2</u> GPM  | NSF approved: _____                                  | Conduit min 18" B.G.: <input checked="" type="checkbox"/>        |
| Depth of well encountered at time of pump installation: <u>575</u> (feet) |  | Conduit secured to well cap: <input checked="" type="checkbox"/> |

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 \_\_\_\_\_

|   |   |
|---|---|
| <b>Piping to house</b>                    | <b>House Connection</b>   |
| Type: <u>Plastic</u>                      | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>160</u> (160 psi min)             | Approximate length of sleeve: <u>5</u>                          |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked and sealed properly: <u>yes</u>                  |

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: [Signature] date: 5-17-02

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

Date Insp. Requested: 4/3/02 Date Insp. Approved: 4/3/02 (50) SRM  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

C 1 1814

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 8/1/01 OK

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5 18 01

Depth of Well 22 525 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H6-94-2990

OWNER Brantwood LLC STREET OR RFD Brantwood Spring Farm Lane TOWN West Friendship SUBDIVISION Brantwood SECTION 3 Area 2 LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 18, NO. OF POUNDS 1692, GALLONS OF WATER 108, DEPTH OF GROUT SEAL 44 ft.

CASING RECORD: casing types insert appropriate code below (ST), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 48.

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

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

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. 1 M SD 024, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 D

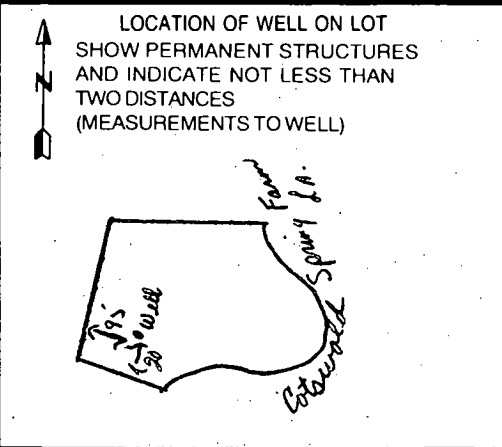
DEPTH (nearest ft.) table with columns: 1-21, 23-32, 38-47, 45-51, 56-60, 70-72, 74-76. Includes slot size and diameter of screen.

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

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

PUMPING TEST: C 3, HOURS PUMPED 16, PUMPING RATE 2, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 46, BEFORE PUMPING 46, WHEN PUMPING 326, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (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 2 (nearest foot).



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2990  
 Location of property (road) Cotawold Spring Farm Lane  
 Subdivision Brantwood Lot 9 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. 3 Area 2  
 Well Driller John Maize Owner Brantwood LLC - Brantly Development Group  
 Depth of well 525'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm  
 Total time 45 MIN to reach pumping water level 326 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 5' gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|--|------------------------------|--------------------------------------|
| 6:45                          | 149'                   | 3 sec                                      |                              | 20 gpm                               |
| 7:00                          | 242                    | 4  |                              | 15 "                                 |
| 7:15                          | 326                    | 5  |                              | 12                                   |
| 7:30                          | 326                    | 30   |                              | 2                                    |
| 7:45                          | 325                    | 30   |                              | 2                                    |
| 8:00                          | 326                    | 30   |                              | 2                                    |
| 8:15                          | 326                    | 30   |                              | 2                                    |
| 8:30                          | 326                    | 30   |                              | 2                                    |
| 8:45                          | 325                    | 30   |                              | 2                                    |
| 9:00                          | 325                    | 30   |                              | 2                                    |
| 9:15                          | 325                    | 30   |                              | 2                                    |
| 9:30                          | 325                    | 30   |                              | 2                                    |
| 9:45                          | 325                    | 30   |                              | 2                                    |
| 10:00                         | 325                    | 30   |                              | 2                                    |
| 10:15                         | 325                    | 30   |                              | 2                                    |
| 10:30                         | 325                    | 30   |                              | 2                                    |
| 10:45                         | 325                    | 30   |                              | 2                                    |
| 11:00                         | 325                    | 30   |                              | 2                                    |
| 11:15                         | 325                    | 30   |                              | 2                                    |
| 11:30                         | 325                    | 30   |                              | 2                                    |
| 11:45                         | 325                    | 30   |                              | 2                                    |
| 12:00                         | 325                    | 30   |                              | 2                                    |
| 12:15                         | 325                    | 30   |                              | 2                                    |
| 12:30                         | 325                    | 30   |                              | 2                                    |

HD-12445 325 30 2  
 1:00 325 30 2  
 1:15 325 30 2



B 1 03708

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2990

fill in this form completely

W514919 please print or type

Date Received (APA) 2/6/01

OWNER INFORMATION

Brantwood LLC, 8835P Columbia 100 Parkway, Columbia md 21045

B 3 Howard LOCATION OF WELL

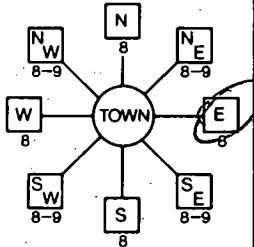
Brantwood, SECTION 3 LOT 9 Area 2, West Friendship

MILES FROM TOWN (enter 0 if in town) 3 1/2

DRILLER INFORMATION

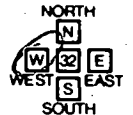
Joseph L. Mayne MS D 0224, Joseph L. Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cotswold Spring Farm Ra. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 50 FT

B 2 WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. 13, COUNTY NAME, STATE SIGNATURE, DATE ISSUED 2/12/01, NORTH GRID 520 000, 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. Well

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTARY, DRive-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE

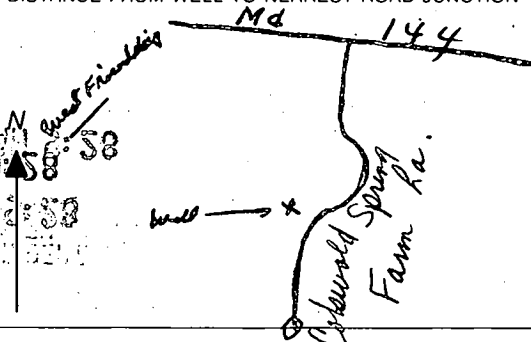
E 820, N 520

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



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

APPROP. PERMIT NUMBER HO 98 G.A.P. 6003(2), PERMIT No. HO-94-2990

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

2/12/01

Well site staked by  
licensed surveyor

AM

(MINOR SERIAL)

ROAD

MD ROUTE  
VARIABLE WIDTH R/W

12104  
FUTURE 80' PUBLIC

Ex Entrance  
Be Remove

N 69° 31'

Ex Entrances  
To Be Relocated

Ex 12" W (Contr. # 44-3479)

Approx  
& Road

N 69° 15' 26" W

N 71° 09' 33" W

323.99

135  
608

Ex Well  
Ex House  
Ex Septic  
Co

45944

10 BRL

S 19° 24' 18" W

N 70° 32' 33" W

52826

Private 24 Use  
1/4 Corridor  
Driveway Esm't  
To Lots 10

Ex House

56,100 #

10 BRL

Par H' 814  
027 AG PLANE

FARM

9

515  
514  
513

1

520  
600

2

51,605 #  
(48,350 #)

10 BRL

10 BRL

10 BRL

10 BRL

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10 BRL

GAYLE, P. R.  
10481 561  
10481 RC  
Zoned: RC

EX SEWAGE  
DISPOSAL  
AREA

Private 24 Use  
1/4 Corridor  
Driveway Esm't  
To Lots 10

Private 24 Use  
1/4 Corridor  
Driveway Esm't  
To Lots 10

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1/4 Corridor  
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EX SEWAGE  
DISPOSAL  
AREA

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AREA

# APPLICATION

PERCOLATION TESTING

A 511420

P \_\_\_\_\_

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

DISTRICT 3rd

DATE 2/18/99

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 Wendy E. Takacs  
11407 Frederick Road  
ADDRESS Ellicott City, MD 21042 PHONE 410-531-3858

AGENT OR PROSPECTIVE BUYER Brantwood LLC  
8835-P Columbia 100 Pkwy.  
ADDRESS Columbia, MD 21045 PHONE 410-730-0810

PROPERTY LOCATION:

SUBDIVISION Brantwood Section Three LOT NO. 211

ROAD AND DESCRIPTION Cotswold Spring Farm Lane

TAX MAP 16 PARCEL # 205

SIZE OF LOT 40,000 S.F.+ TYPE BLDG. Single Family Dwelling  
(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' 514 512 500

2.5' dark orange brown silty  
micaceous sandy loam  
15% saporite  
pink & orange mix

12.0'

510 511

4.5' dark orange brown silty  
grey from shale  
silty micaceous  
30% shale

12.0'

|  |  |                          |  |  |
|--|--|--------------------------|--|--|
|  |  |                          |  |  |
|  |  |                          |  |  |
|  |  | see attached for Diagram |  |  |
|  |  |                          |  |  |
|  |  |                          |  |  |

SOIL PROFILE

|    |  |
|----|--|
| 0' |  |
|----|--|

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE   | TEST NO. | DEPTH            | PRE-WET       |       | TEST - 1" DROP |       | TIME    |
|--------|----------|------------------|---------------|-------|----------------|-------|---------|
|        |          |                  | START         | STOP  | START          | STOP  |         |
| 3.3.99 | 515      | Visual to 12.0   | - see profile |       | page 1         |       | OK ✓    |
|        | 513      | 3.0<br>V12.0     | 12:03         | 12:05 | 12:05          | 12:07 | 2min ✓  |
|        | 512      | 3.5<br>V12.0     | 12:19         | 12:22 | 12:22          | 12:27 | 5min ✓  |
|        | 511      | Visual to 12.0   | - see profile |       | —              |       | OK ✓    |
|        | 510      | 5.5<br>V12.0     | 11:00         | 1:10  | 1:10           | 1:35  | 25min ✓ |
|        | 514      | Visual to 12.0   | - see profile |       | —              |       | OK ✓    |
|        | 500      | 4.0<br>V12.0     | 12:52         | 12:53 | 12:53          | 12:55 | 2min ✓  |
|        |          | SHALLOW REPAIRS? |               |       |                |       |         |

REMARKS \_\_\_\_\_

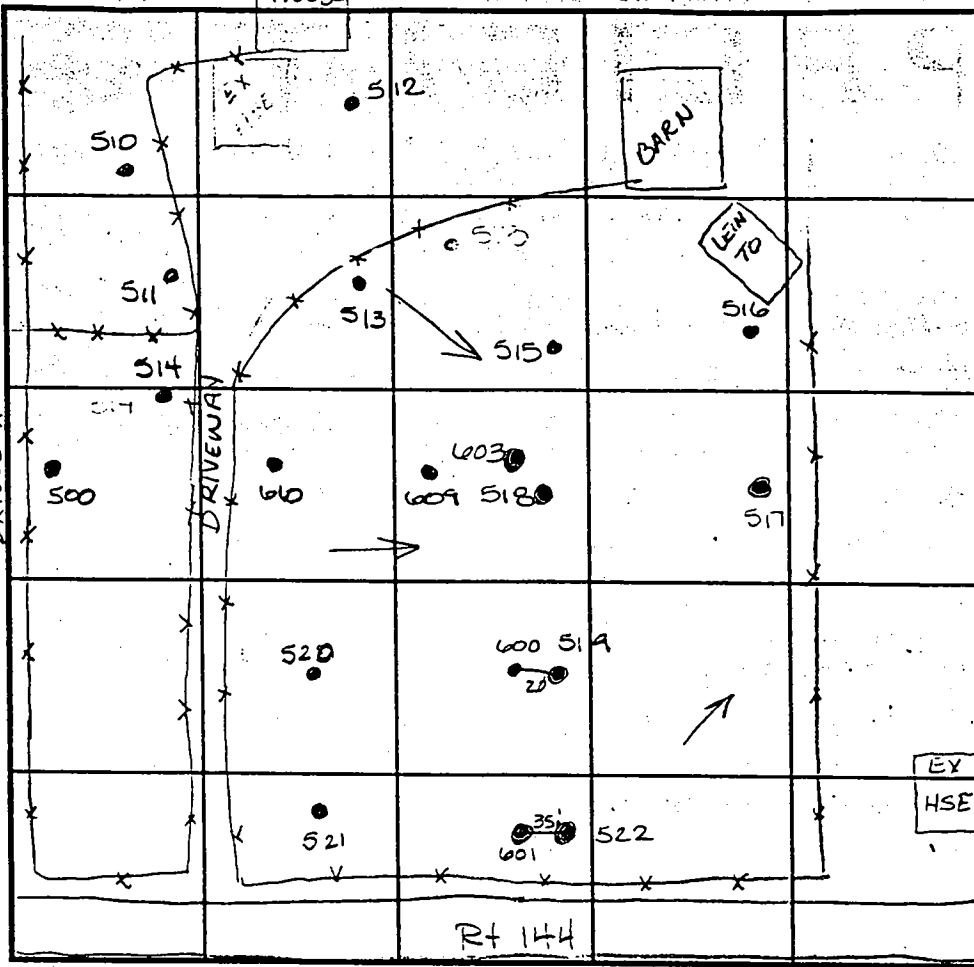
TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 2

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

603 518

0' bright red silty clay

6.0

40% R<sub>v</sub> silty grey

11.0

PROFILE  
603 518  
dark red  
brown

SOIL PROFILE  
516 517 521 520

0' orange brown silty clay

2.0

orange brown silty clay

3.0

light tan to light orange silty clay micaceous 15% saprolite

3.5

600 601 522 519

yellow brown silty clay

7.0

dark orange silty clay micaceous 20% shale

11.0

brown made deposits 30% shale silty clay

2.0

513

light orange to pink silty clay micaceous

2.0

light orange to pink silty clay micaceous

| DATE   | TEST NO. | DEPTH           | PRE-WET     |                | TEST - 1" DROP |       | TIME   |
|--------|----------|-----------------|-------------|----------------|----------------|-------|--------|
|        |          |                 | START       | STOP           | START          | STOP  |        |
| 3-3-99 | 521      | 3.0' / V13.0    | 10:17       | 10:18          | 10:18          | 10:20 | 2min   |
|        | 520      | Visual to 13.0' | see profile |                | —              |       | OK     |
|        | 522      | 6.0' / V11.0    | 10:41       | —              | —              | —     | slow F |
|        | 519      | 6.0' / V11.0    | 10:46       | —              | —              | —     | slow F |
|        | 600      | 5.5' / V12.0    | 11:06       | 11:08          | 11:08          | 11:10 | 2min   |
|        | 601      | 5.5' / V11.0    | 11:25       | —              | —              | —     | slow F |
|        | 518      | 6.0' / V11.0    | 11:20       | —              | —              | —     | slow F |
|        | 517      | 5.5' / V11.0    | 11:54       | no mut @ 12:15 | —              | —     | slow F |
|        | 603      | 5.5' / V12.0    | 11:46       | no mut @ 12:04 | —              | —     | slow F |
|        | 516      | 3.5' / V12.0    | 11:57       | 11:59          | 11:59          | 12:01 | 2min   |

REMARKS Test holes 519, 601, 522, 518, 517, 603 - Very deep clay - FAIL

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

2.0



