

LAYOUT 12/03/03 INSP 4 12/11/03
 INSP 2 12/9/03 INSP 5 12/12/03
 INSP 3 12/10/03 INSP 6 _____

ISSUE DATE: 10/23/2003

P 519639

APPROVAL DATE: 12/02/03

A 510572-P

**PERMIT
INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

#337310

Contractor: South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Rd, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Brantwood LOT NUMBER: 26

ADDRESS: 11330 Cotswold Spring Farm Lane PROPERTY OWNER: NVR Inc.

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

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

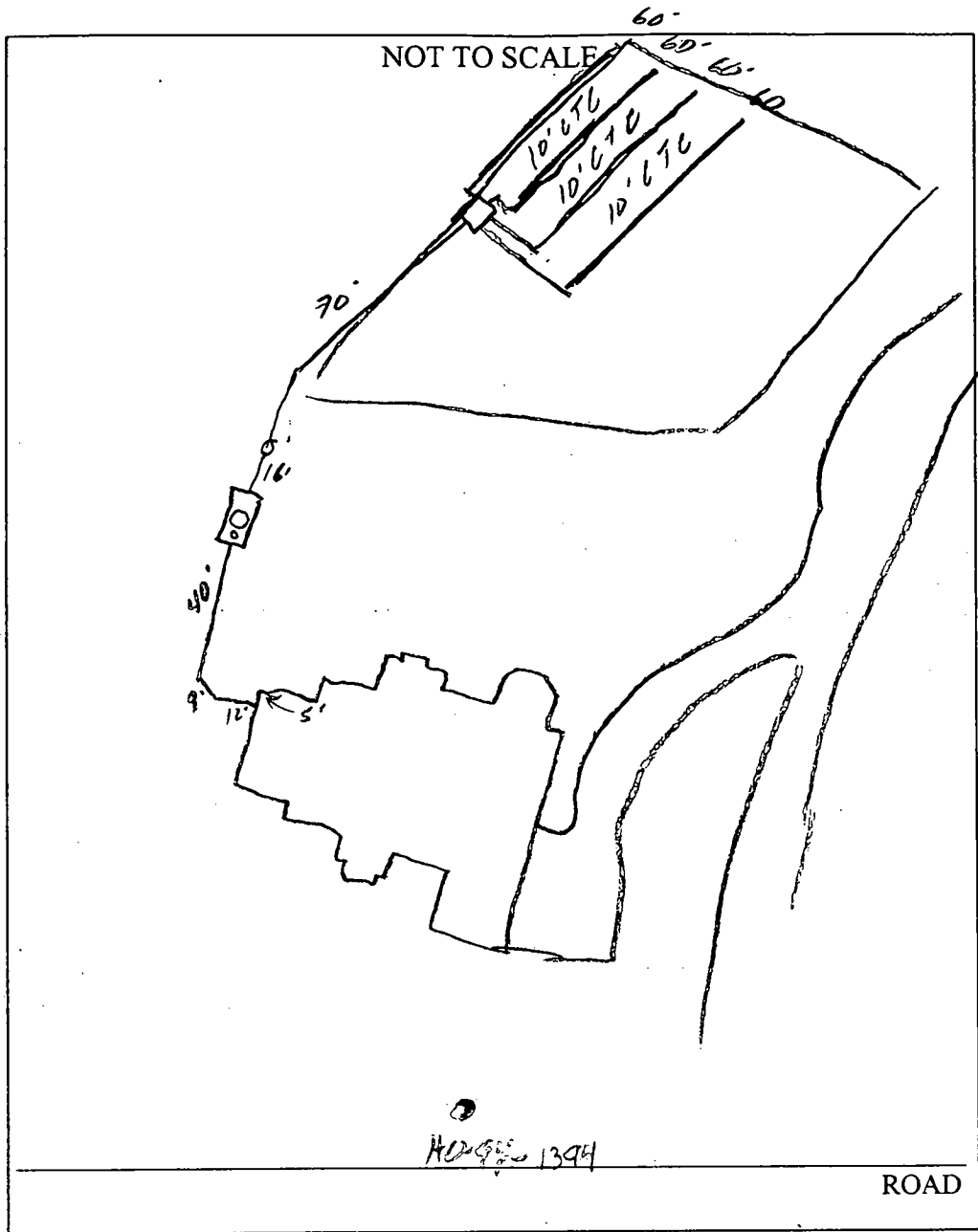
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the left lot line, place the distribution box 50' down the 123.48' lot line and 20' from this same lot line. Run (4) 60' trenches on contour in either direction.
NOTES:	

PLANS APPROVED: MER OK/MR DATE: 8/29/03

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A 510572-P



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	6.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq ft
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	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	M/A
BAFFLES	M/A
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 12/3/03 - SRA staked, contours accurate, questionable if it can be made on gravity. Add P.T. if not (SO)

INSTALLATION 12/9/03 - No work (SO) Noted - Driveway coming in from Fred Rd site. If so, well set back too close (SO)

12/10/03 - Trenches installed, OK to cover (SO)

12/11/03 - Tank set (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 12/12/03

BRW 443-398-4073

FREDERICK ROAD
(MD ROUTE 144)

LOT 27

WELL

POURED
CONCRETE
FOUNDATION

PRESERVATION
PARCEL C

LOT 26
1.2555 AC.

PARCEL 146

SEPTIC EASEMENT

LOT 24

WALL CHECK OK
MR 10/23/03
LOT 25

LOT 26
BRANTWOOD

SECTION THREE AREA TWO
LOTS 17 THRU 27 &
PRESERVATION PARCEL E

PLAY NOS. 15118-15119
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

TOP OF WALL ELEV. = 510.2
FF ELEV. =

ADDRESS: 11330 FREDERICK ROAD

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 OF FENCES,
GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
3072 Dorsey Hall Drive, Suite 202, Beltsville City, Maryland 21042
(410) 997-0498 Dull. (901) 861-5521 Wash. (410) 867-0256 Fax



FOUNDATION	DATE: 09/26/03	FINAL	DATE:
DRAWN BY: WES	SCALE: 1" = 50"		
PROJECT NO.: 0J-056	LOCATION DRAWING		

JOHN MILDENBERG
PROF. LAND SURVEYOR
MARYLAND No. 10718

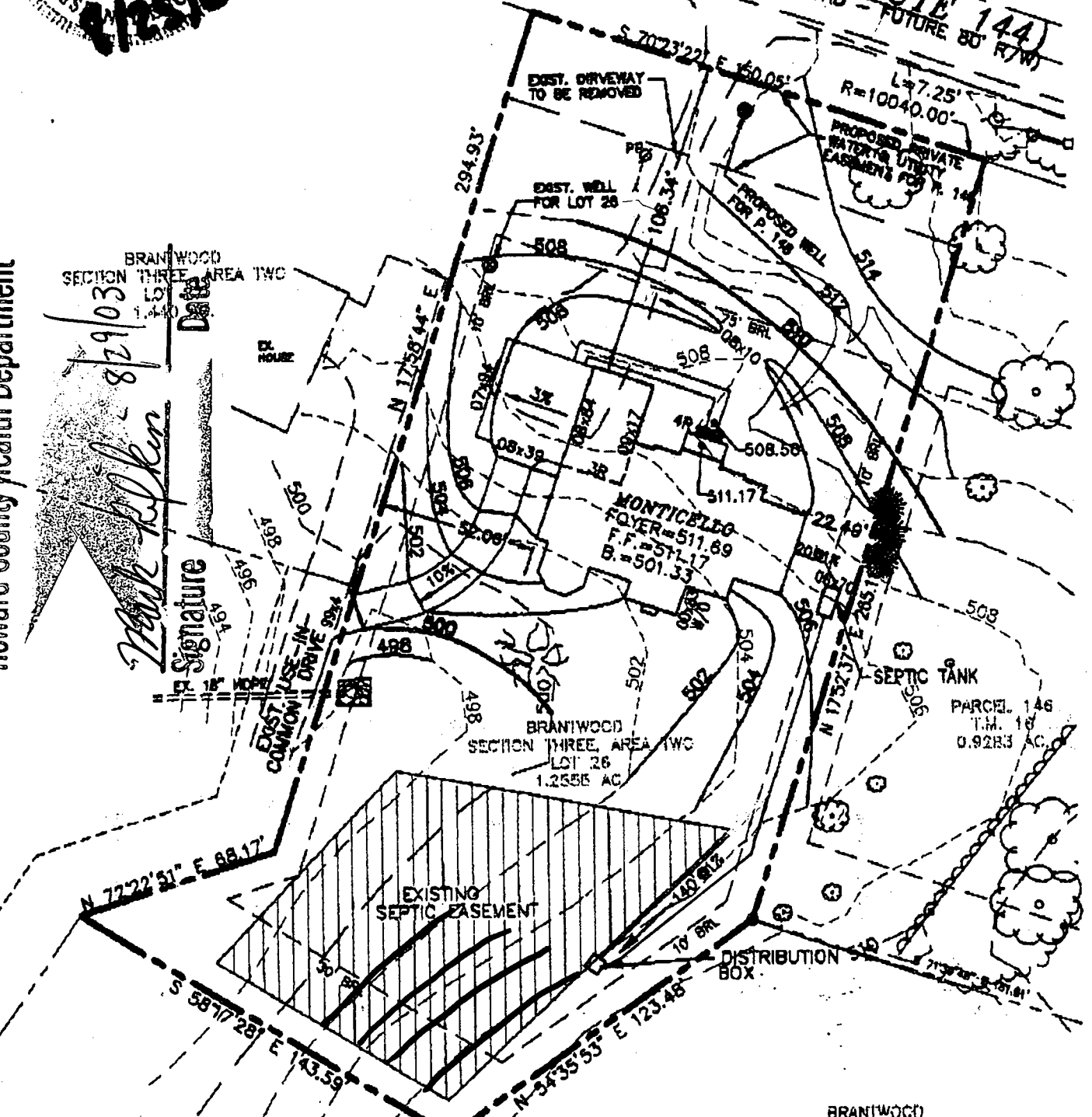


FREDERICK ROAD (MD ROUTE 144)
 (MINOR ARTERIAL - SCENIC ROAD - FUTURE 80' R/W)

Approved Septic System Plan
 Howard County Health Department

BRANTWOOD
 SECTION THREE, AREA TWO
 LOT # 26
 1.2556 AC

Date: 8/29/03
 Signature: *Mark Miltenberg*



FIRST FLOOR EL.	■ 511.17
INV. OUT OF HOUSE	■ 504.40
INV. IN SEPTIC TANK	■ 504.20
INV. OUT OF SEPTIC TANK	■ 503.90
EXIST. EL. AT SEPTIC TANK	■ 506.00
PROP. EL. AT SEPTIC TANK	■ 506.70
EXIST EL. AT DIST. BOX	■ 506.00
INV. IN DIST. BOX.	■ 502.50

- NOTES:
1. NO GRAVITY SEWER SERVICE PROVIDED FOR BASEMENT.
 2. USE STANDARD SEDIMENT CONTROL PLAN FOR SINGLE FAMILY RESIDENTIAL LOTS PER HOWARD SOIL CONSERVATION DISTRICT LETTER DATED JULY 14, 2003.
 3. STORMWATER MANAGEMENT FOR LOT 26 PROVIDED UNDER F-01-73 AND AND F-01-78.

BRANTWOOD SECTION THREE, AREA TWO

1" = 50'

BRANTWOOD
SECTION THREE, AREA TWO
PLOT PLAN LOT # 26
11330 COTSWOLD SPRING FARM LANE

MILDENBERG, BOENDER & ASSOC., NC.
 Engineers Planners Surveyors

5972 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 827-4900 Fax (410) 827-4594 E-mail (410) 827-4200 Fax

00000725

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
300 COURT HOUSE DRIVE
FTHICOTT CITY, MD 21043
PERMITS (410) 313-7455 INSPECTIONS (410) 313-1810
AUTOMATED BY ORATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0043251 *ML*

Building Address 11330 Cotswold Spring Farm
Ellicott City, Md 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision Brandford
Section _____ Area _____ Lot 26
Tax Map 16 Parcel 441 Grid 21
Zoning RC^{DEO} Map Coordinates 10R6 Lot size _____

Property Owner's Name NVA LLC
Address 6085 Marshalee Dr
City McLean State VA Zip Code 22075
Home Phone _____ Work Phone 460-379-5956
Applicant's Name & Mailing Address, (if other than stated hereon):
Kim Cecil - Permit App Services
1547 Gray Field W.
Odenton, Md 21113
Phone _____ Fax 443-994-9922

Existing Use Vacant lot
Proposed Use SFM
Estimated Construction Cost \$ 185,000
Description of Work Mantra - 2 sty
Full brnt, 12 R, 3 FB, THS
MR - 3 car garage & Conserancy

Contractor Company NVA LLC
Contact Person Kimberly Cecil
Address 11468 Lewisville Rd.
City McLean State VA Zip Code 22102
License No. 56 Phone _____ Fax _____

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>76</u> Width <u>81</u> 2nd floor: <u>60</u> <u>66</u> Basement: <u>50</u> <u>81</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFA #13D _____ NFA #13R _____ Other: _____

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.

Kim Cecil Permit Applicant
Applicant's Signature Kim Cecil
Title/Company _____

NVA LLC
Print Name Kim Cecil
Date 1/30/03

MR 8/29/03

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

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: Robert L. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett Ave.
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Freezer Licenses# 2122

*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: NV Homes Telephone #: 410-379-5956
Subdivision: Garbutt Lot #: 26 Well Tag #: HO-94-1399
Site Address: 11330 Cotswold Springs Farm Ln
Ellicott City, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta-Rite Make: Campbell Two piece watertight cap:
Model #: SPYCO2NL-03 Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 4 1/2" (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 30.5 (feet) Conduit secured to well cap:
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 House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 4 1/2 (36" min) 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.

Robert L. Freezer 12/15/03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 12/8/03 Date Insp. Approved: 12/8/03
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

50/KB
BB

C 1 05135 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER P34773

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED

Depth of Well 22 325 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1394

OWNER Cole last name Hugh first name STREET OR RFD 11455 Frederick Rd TOWN W. Friendship SUBDIVISION HUGH COLE PROPERTY SECTION LOT

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/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

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

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

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE LIC. NO. 1 M D

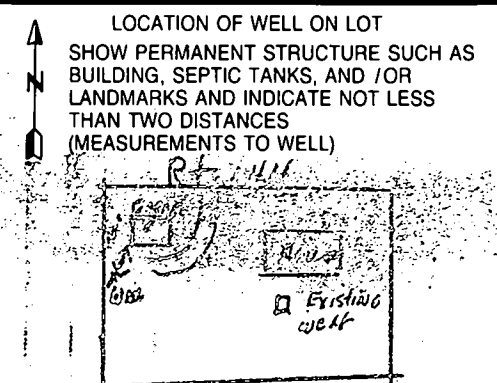
DEPTH (nearest ft.) Table with columns for depth intervals (8-11, 15-17, 21-24, 26-30, 32-36, 38-41, 45-47, 51-55)

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 HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE AIR WATER LEVEL (distance from land surface) BEFORE PUMPING 56 WHEN PUMPING 280 TYPE OF PUMP USED (for test) A air

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES/NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)



B 1 8094

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1394 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (APA)

01 27 98

OWNER INFORMATION

8 Cole Owner Hugh First Name 34 11455 Frederick Rd. Street or RFD 55 Ellicott City Md. 21002 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

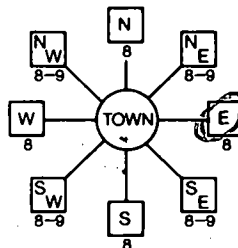
Howard 8 COUNTY 21 HUGH COLE PROPERTY 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 West Friendship 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MSD 24 Driller's Name 76 License No. 81 Joseph L. Mayne well Drilling Firm Name 3512 Ridge Rd. Mt. Airy, Md 21771 Address Joseph L. Mayne 1/27/98 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11455 Frederick Road. 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI

TAX MAP: 16 BLK: 21 PARCEL 45

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard P34773 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 01 27 98 Mark E. Polkin 1/27/99 CO SIGNATURE EXP. DATE NORTH GRID 531 000 EAST GRID 0825 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS [D] THIS WELL WILL DEEPEMED 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 G A P 63 FORCE M R WRITE INITIALS IN BOX PERMIT NO. HO-94-1394

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

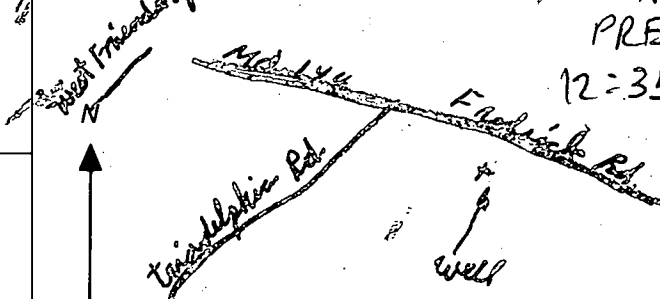
SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8205 N 5301

2/2/98 pm LOC OK GROUT OK NOT CASING G. OBS'D TAG OK MR

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



2/2/98 NO ONE PRESENT 12:35

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: HUGH COLE

DATE REQUESTED: 1/27/98 (11:00)

ADDRESS: 11455 FREDERICK RD

DRILLER: JOE MAYNE

FAX MAP 16 GRID 21 PARCEL 4.5 LOT 1

WELL TAG # _____

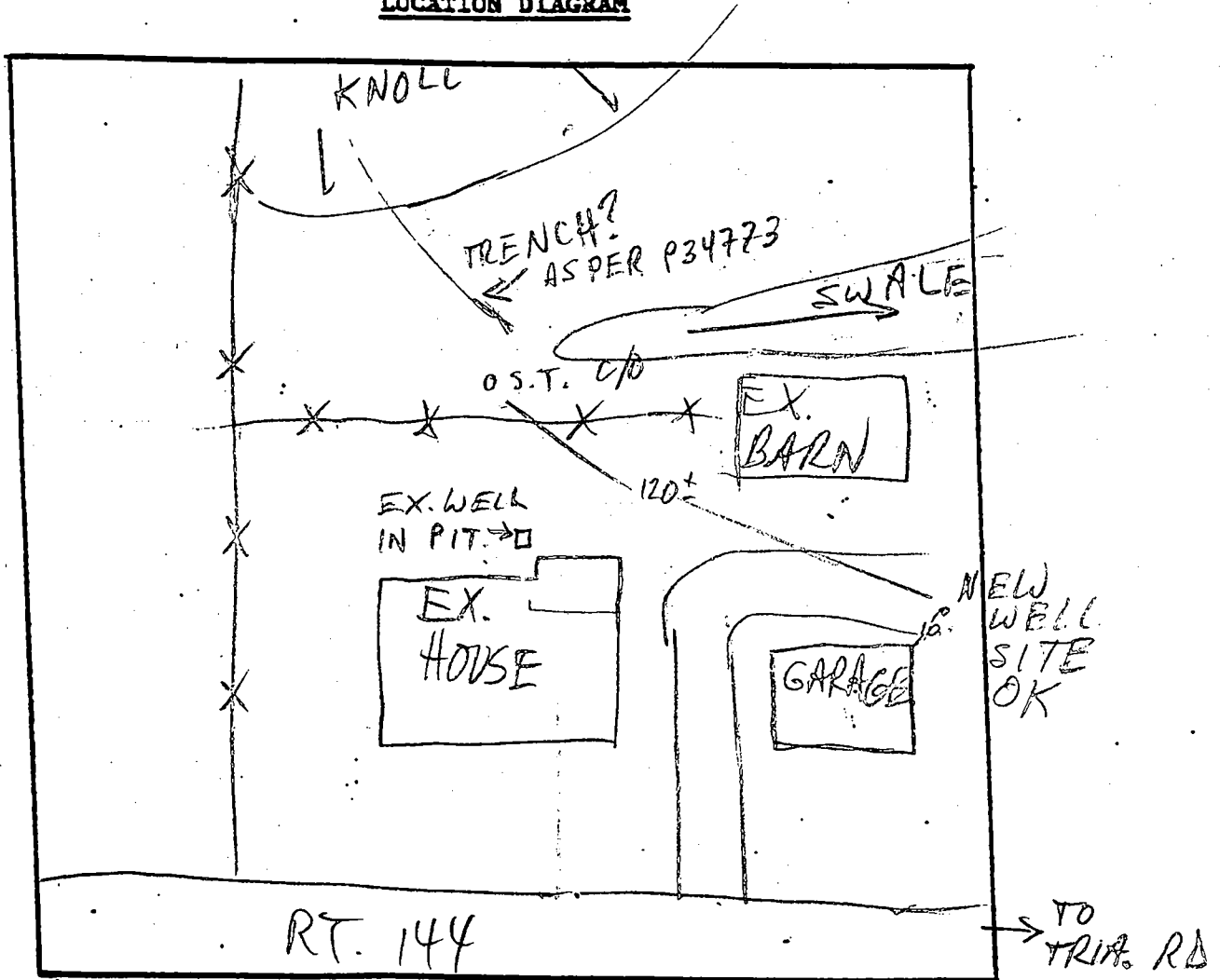
(CALLER MIKE KASTNER - PLUMBER)

COUNTY # _____

PROPOSAL: REPLACEMENT WELL - OUT OF WATER

NOT IN: SEVILLE DISTRICT

LOCATION DIAGRAM



COMMENTS: 1/27/97 NEW WELL OK AS SHOWN. EX. WELL TO BE ABANDONED (MR)

DATE: _____

INSPECTOR: _____

5106426

COUNTY #

SOIL PROFILE
305

0'
 3.5'
 11.5'

or/br
cl lm

brown/or
silm
mica
quartz
rock
at 7'

↓

306

2'

or/br
cl lm

beige/
orange
silm
mica
10%
shale

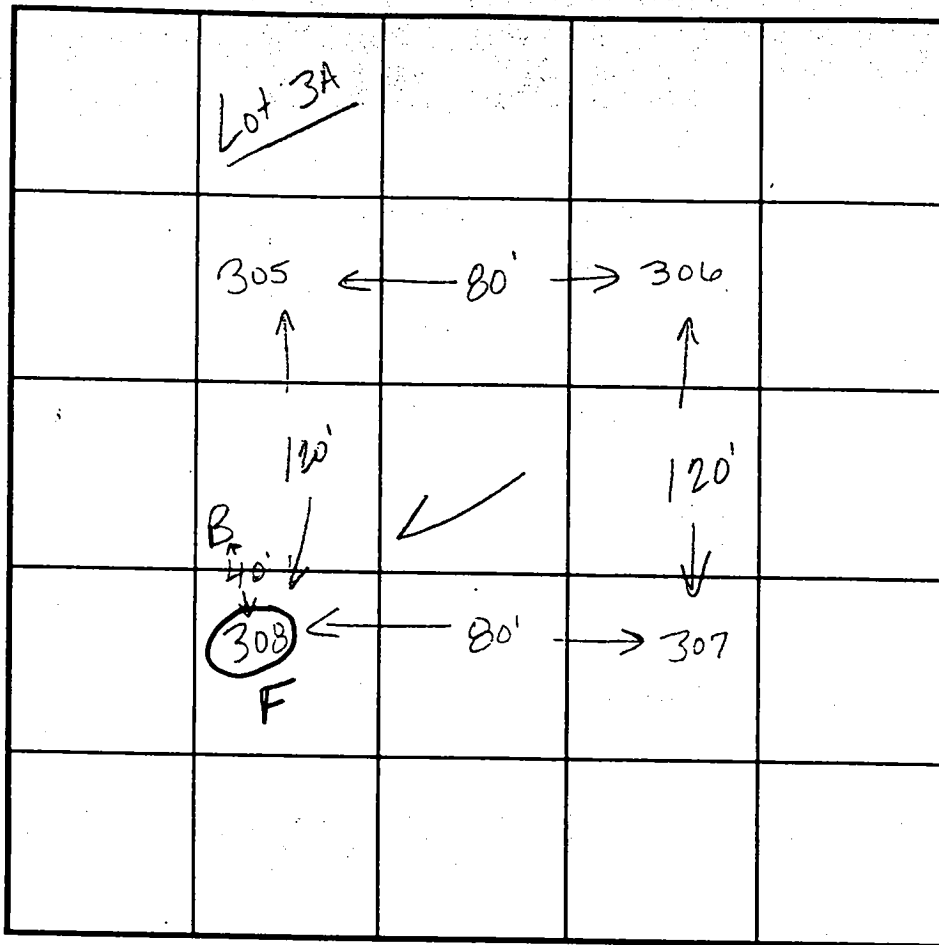
↓

307

2'

orange
cl lm

beige/
tan
silm
mica
flocs
10%
Saprolite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
308

0'
 2'
 10'
 2'
 11.5'

or/br
cl lm

brown/
orange
silm
greater
than
50%
rock
at 6'

B

orange
cl lm

brown/or
silm
mica
10% shale

↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8.26.98	305	3.5'S	12:01:30	12:05:30	12:05:30	12:08	2:30
		11.5'D	Visual	ok	- see profile		
	306	11.0'D	Visual	only	- ok see profile		
	307	2.5'S	11:51:30	11:53:30	11:53:30	12:00:30	8 min
		11.0'D	Visual	ok	- see profile		
	308	FAILED	DUE TO ROCK				F
	B	11.5'D	Visual	ok	- see profile		

REMARKS test holes staked by surveyor

TYPE OF SOIL _____

TESTED BY Kim Maister ALSO PRESENT Tim Feager

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

A 34610

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE 11/23/84

TO, THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Hugh F. Cole

ADDRESS 5501 Twin Knolls Road, Suite 105, Columbia, MD PHONE 730-0810
21045

PROPERTY LOCATION:

SUBDIVISION Cole Property LOT NO. 1

ROAD AND DESCRIPTION Located on the South side of Md. Route 144, 1400' ± West of
Marriottsville Road

SIZE OF LOT 3.00 Acres TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE N/A

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *Hugh F. Cole*

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

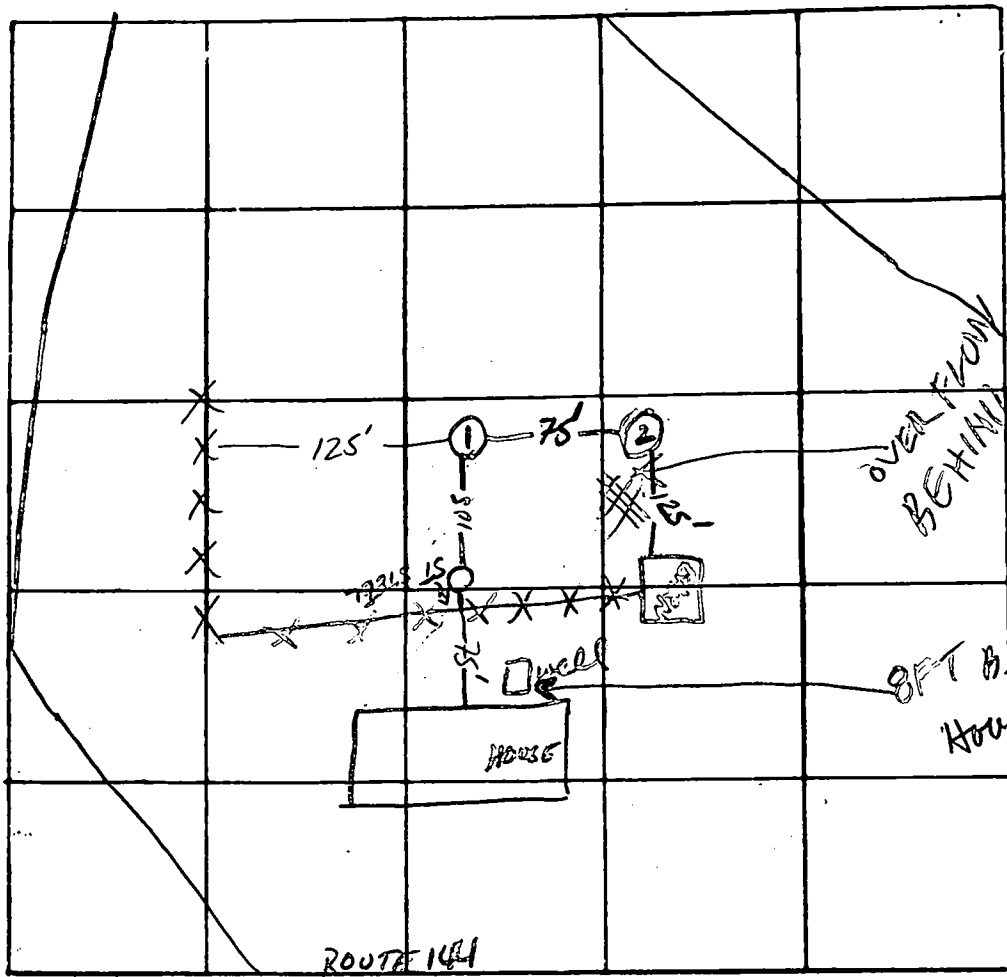
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS SA, RA DATE 1-3-85

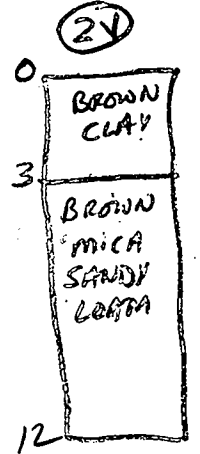
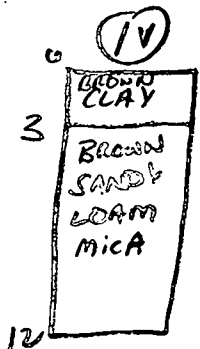
REASONS FOR REJECTION OR HOLDING overflowing septic system, repair required
before subdivision is approved. 1-3-85 SA

1/16/85 SEPTIC SYSTEM FIXED PERIOD
Hold for Certified Plat R/H

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

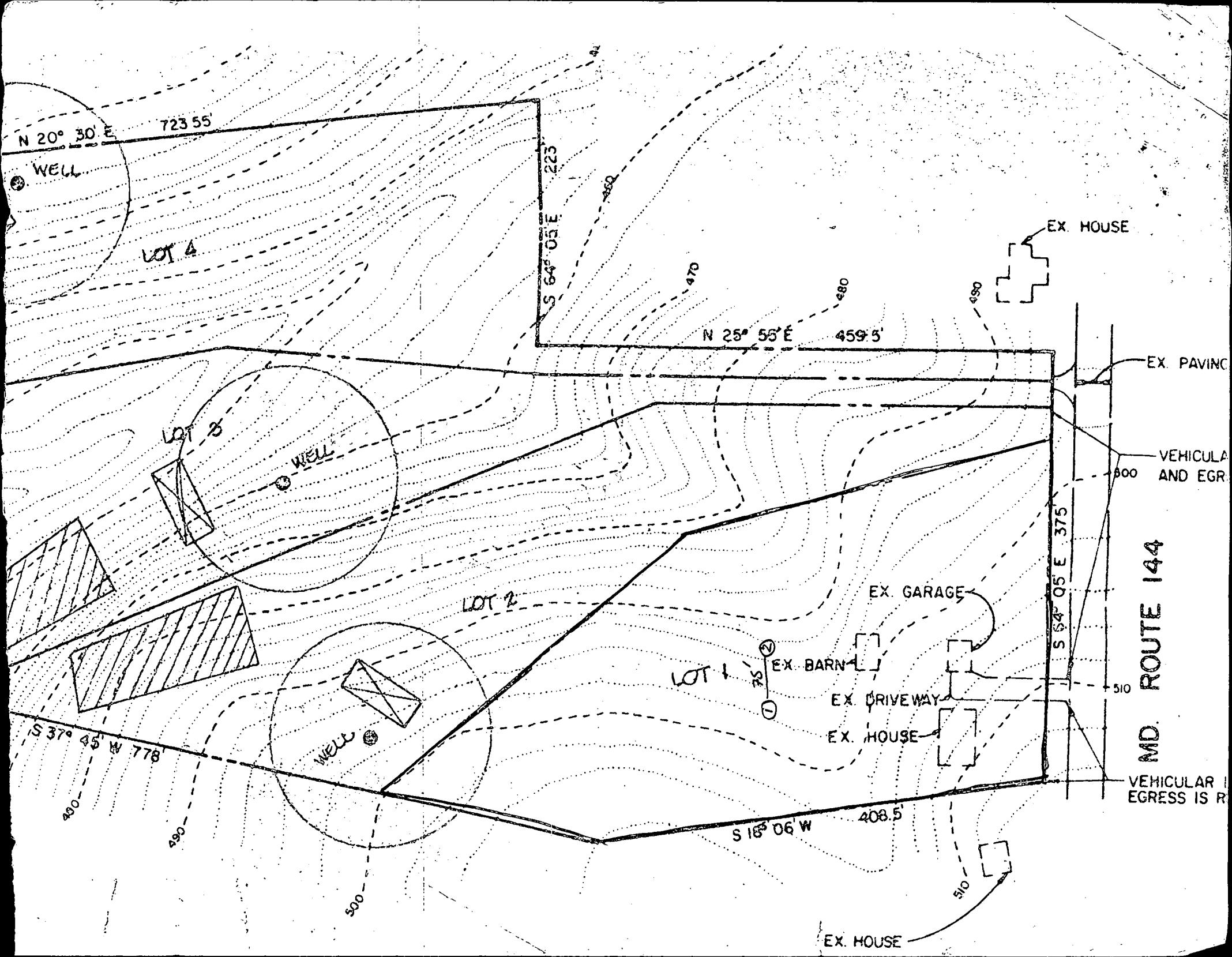


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/3/85	1V	12' LOOK OK TO 12'					
1/3/85	2V	12' LOOK OK TO 12'					

- ① Highest hole
- ② Low hole

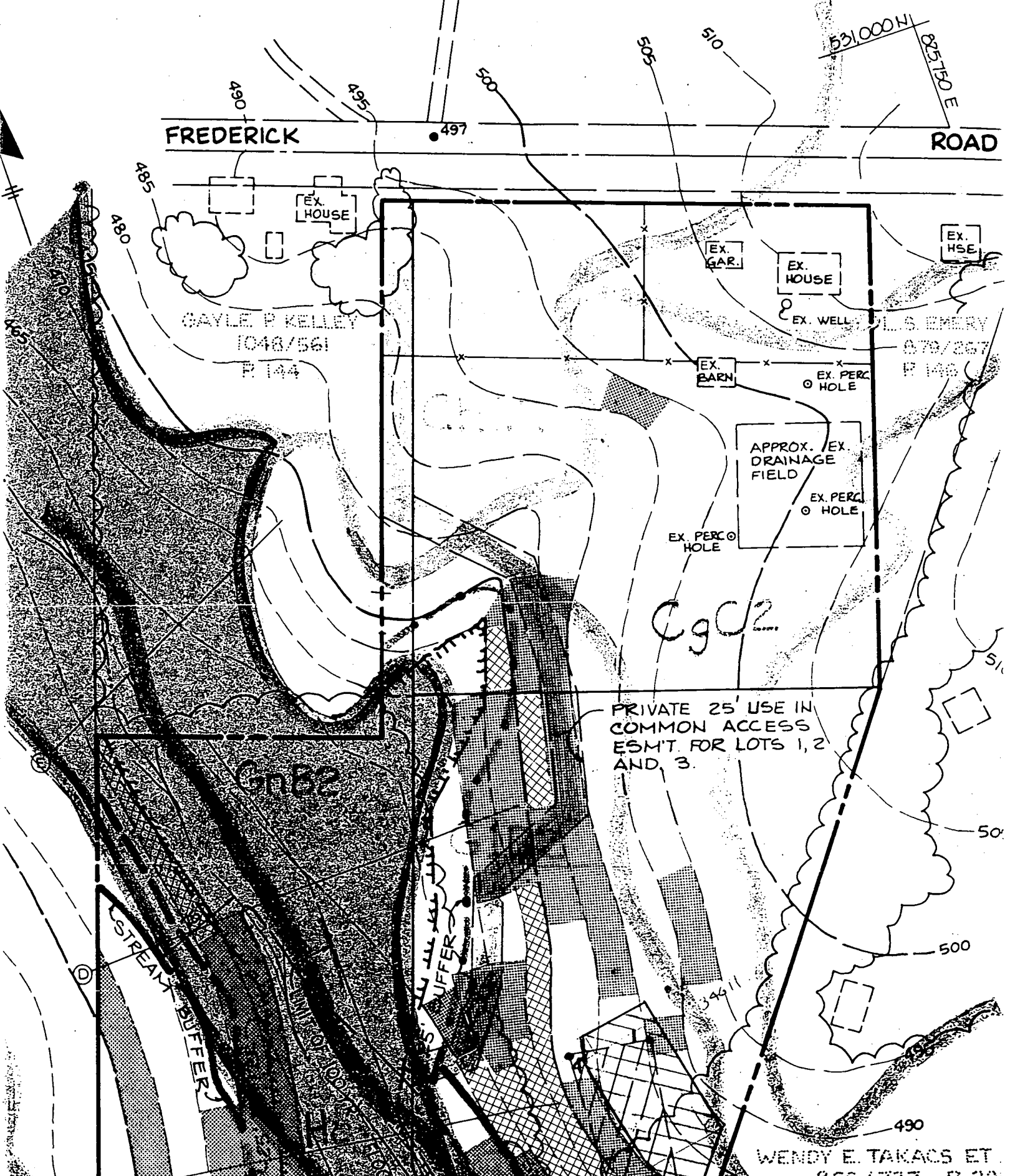
REMARKS Visual notes for check of Field For Repair. Current septic system failing. METAL TANK COLLAPSING.

TESTED BY S. Abel R. Hodges ALSO PRESENT: SKIP, LARRY



FREDERICK ROAD

ROAD



GAYLE P KELLEY
1048/561
P 144

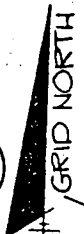
L.S. EMERY
879/267
P 146

CgC2

PRIVATE 25' USE IN
COMMON ACCESS
ESMT FOR LOTS 1, 2
AND 3.

WENDY E. TAKACS ET.
866/737 P 20

MARYLAND ROUTE #144



GAYLE R KELLEY
1048/561
P 144

L.S. EMERY
879/267
P 146

WENDY E. TAKACS ET AL
866/737 P 205

LOT 1
317 acres

LOT 2
4.24 acres

APPROX. EXISTING DRAINAGE FIELD

LAND DEDICATED TO PUBLIC USE FOR THE PURPOSE OF A PUBLIC ROAD. VEHICULAR INGRESS AND EGRESS RESTR.

50' PRIVATE USE COMMON ACCESS ESM'T. FOR LOTS 1, 2 AND 3.

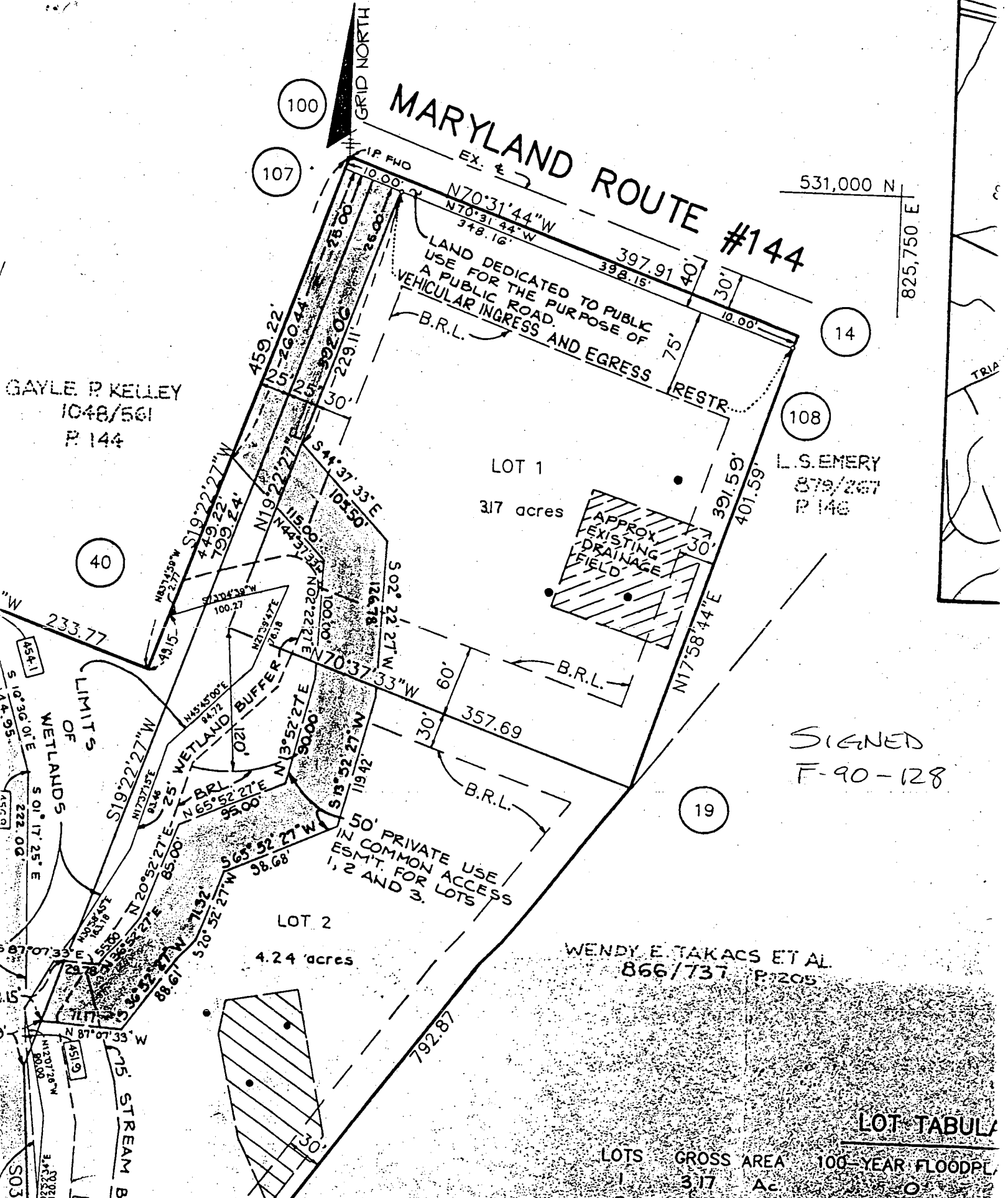
LIMITS OF WETLANDS

75' STREAM BANK

SIGNED
F-90-128

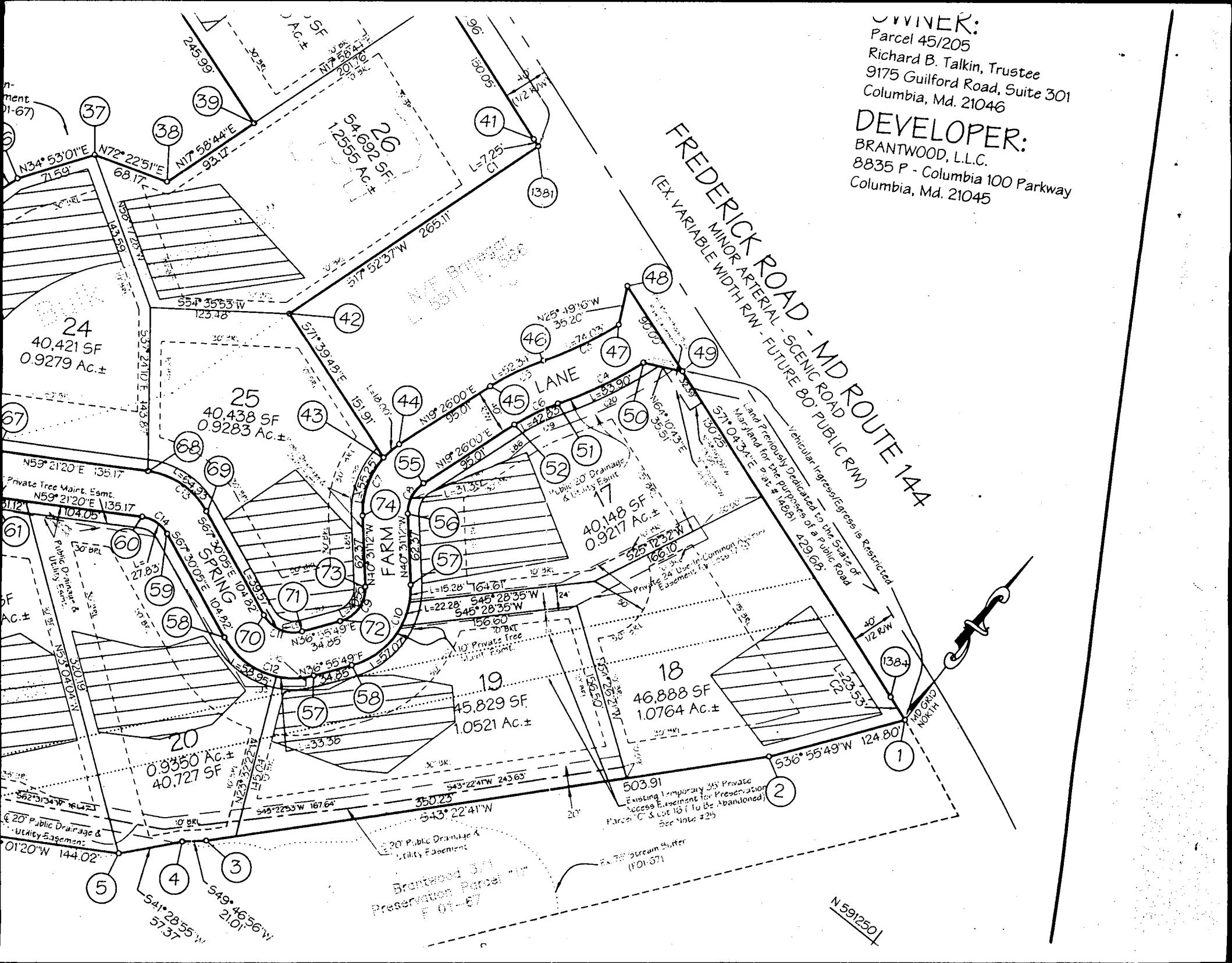
LOT TABULA

LOTS	GROSS AREA	100-YEAR FLOODPL
1	317 Ac	
2	4.24 Ac	



OWNER:
 Parcel 45/205
 Richard B. Talkin, Trustee
 9175 Guilford Road, Suite 301
 Columbia, Md. 21046

DEVELOPER:
 BRANTWOOD, L.L.C.
 8835 P - Columbia 100 Parkway
 Columbia, Md. 21045



FREDERICK ROAD - MD ROUTE 144
 (EX. VARIABLE WIDTH RW - FUTURE 80' PUBLIC RW)

MINOR ARTERIAL - SCENIC ROAD
 FUTURE 80' PUBLIC RW

Vehicle Ingress/Egress is Restricted
 Land Previously Dedicated to the State of Maryland for the purposes of a Public Road
 Pat. # 14881 429.62'



Brantwood 371
 Preservation Parcel "1"
 F 01-67

N 59°25'0"

503.91
 Existing Temporary 35' Private
 Access Easement for Preservation
 Parcel "C" & Lot 16 (to be Abandoned)
 See Note #25

20' Public Drainage &
 Utility Easement

20' Public Drainage &
 Utility Easement

Private Tree Maint. Easmt.
 N59°21'20"E 135.17'

Public 20' Drainage
 & Utility Easmt.

Private 24' Use-In-Common Access
 Easement by Easement

20' Public Drainage &
 Utility Easement

20' Public Drainage &
 Utility Easement

20' Public Drainage &
 Utility Easement

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 Utility Easement

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 Utility Easement

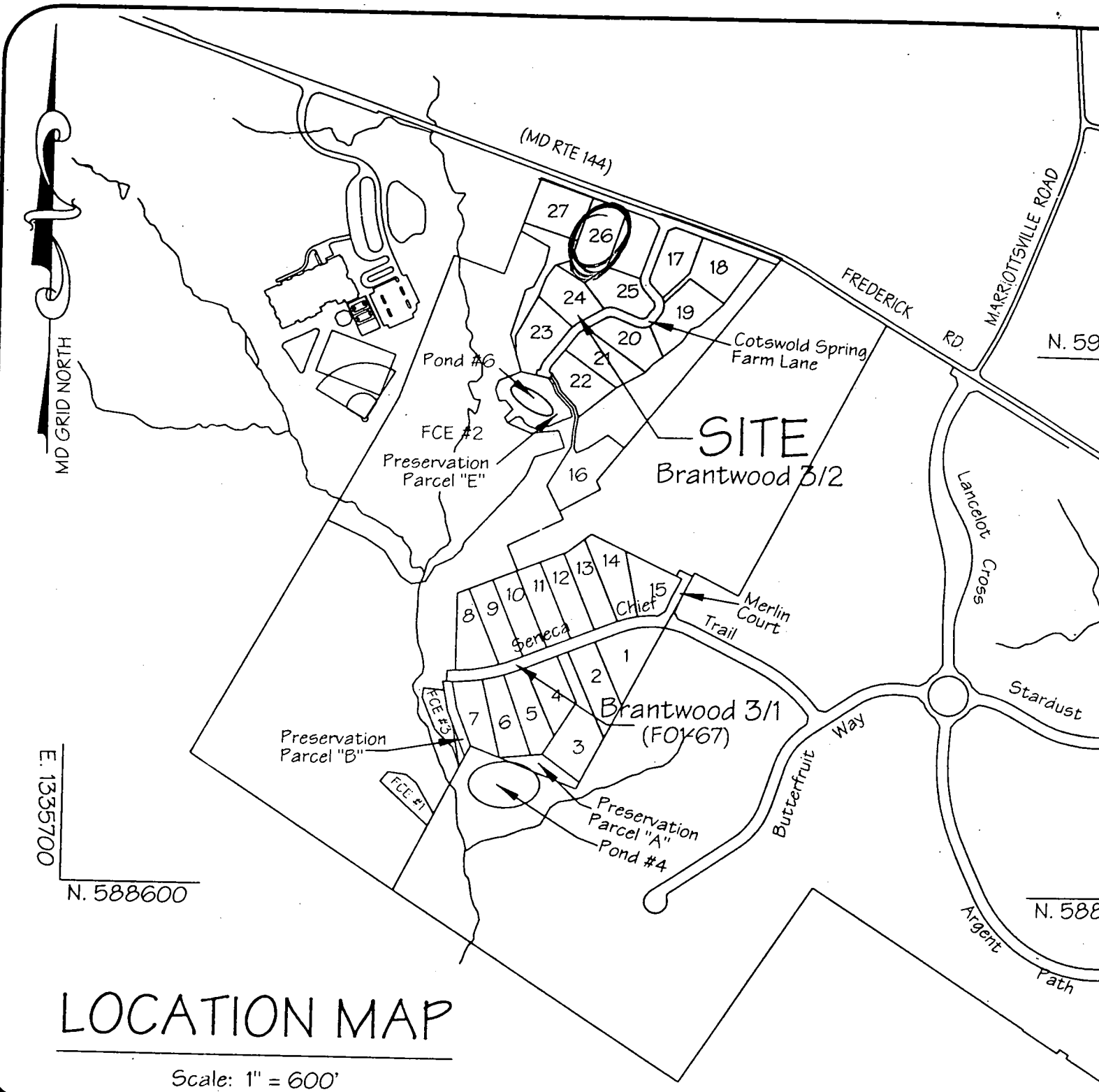
20' Public Drainage &
 Utility Easement

20' Public Drainage &
 Utility Easement

20' Public Drainage &
 Utility Easement

20' Public Drainage &
 Utility Easement

20' Public Drainage &
 Utility Easement



LOCATION MAP

Scale: 1" = 600'

OWNER:

Parcel 45/205
 Richard B. Talkin, Trustee
 9175 Guilford Road, Suite 301
 Columbia, Md. 21046

DEVELOPER:

BRANTWOOD, L.L.C.
 8835 P - Columbia 100 Parkway
 Columbia, Md. 21045

The requirements of 3-108, The Real Property Article, Annotated Code of Maryland, 1988 replacement volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

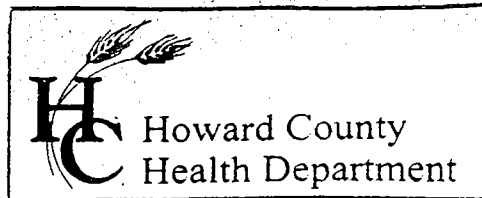
D. Wayne Weller

D. Wayne Weller MD No. 10685 Date

8/13/01

Richard B. Talkin TRUSTEE
 Richard B. Talkin, Trustee Date

its
 its shown on this
 odplains,
 onservaion Area")
 ny and all
 s herein reserved,
 eveloper shall




3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 11, 2003

TO: Cindy Hamilton, Chief
Division of Land Development

FROM: Mark Rifkin 
Well and Septic Program

RE: File Number: F-01-173
Title: Brantwood 3/2, Lot 26
Originals Only Request

The Health Department recommends approval of the request to submit an original only for the referenced project to record an offsite easement for a well. Such an easement is necessary for development of Parcel 146 due to the absence of a suitable well location. The recently drilled well on Parcel 146 is no longer in a useable location subsequent to a percolation test which found satisfactory soils in an extremely limited area.

MR
cc: Nick Liparini
LDE



Brantly Development Group
8835-P Columbia 100 Parkway
Columbia, MD 21045
Phone 410.730.0810 Fax 410.715.0681

Fax

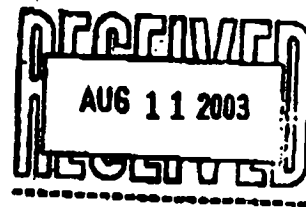
To: Mark Rifkin	From: Nick Liparini
Fax: 410.313.2648	Pages: 2
Phone: 410.313.2640	Date: 8/11/03
Re: Off Site well easement	CC:

• **Comments:**

Mark,

Please see enclosed letter from Planning & Zoning and provide requested letter so we can record the offsite well easement for 11433 Colswold (Parcel 146).

Feel free to call with questions or comments.



DEPARTMENT OF PLANNING & ZONING

August 8, 2003

*NICK: PLEASE PROVIDE
THE REQUESTED
LETTER FROM
HEALTH*

LDE, Inc.
Attn: Bruce Burton
9250 Rumsey Road, Ste. 106
Columbia, MD 21045

RE: F-01-073, Brantwood 3/2, Lot 26
Original's Only Request

Dear Mr. Burton

This is in response to your letter dated July 25, 2003, requesting authorization to submit an "Original Only" resubdivision plat to provide a 30' wide well easement for the adjacent parcel.

On July 31, 2003, your request was presented to the Subdivision Review Committee (SRC) for their review and consideration. Based on the discussion held at the SRC meeting, it was determined that your request has been deferred at this time for the following reason:

1. The Health Department will need to provide in writing authorization for the off-site well easement to be placed on Lot 26 before this would be considered for the Original's Only Process.

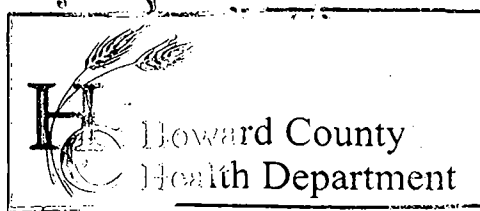
If you have any questions, please contact Jennifer Wellen at (410) 313-2350.

Cindy Hamilton

Cindy Hamilton, Chief
Division of Land Development

CH/jw

cc: DPZ, Development Engineering Division
Environmental Health
Kent Sheubrooks
RES, DPW



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 4, 2003

MEMORANDUM

TO: Hugh Cole III
Brantly Development
8835-P Columbia 100 Parkway
Columbia, MD 21045

FROM: Mark Rifkin, R.S. MR
Well & Septic Program

RE: 11455 Frederick Road
Brantwood 3/2, Lot 26

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the referenced property.

The original well has been properly filled by a licensed well driller. A replacement well drilled in 1998 will remain to serve a replacement dwelling. The septic system has also been properly abandoned.

MR

DEMO WORKSHEET

Date Received: 10/3/02

Applicant: Hugh Cole

Address: _____

Phone: (410) 730-0810

Fax: (410) 715-0681

Demo Address: 11455

Type of Structure: house

Project Association (if any): _____

Structure was Private Well Y or N

Structure was Private Septic Y or N

Structure on Public Water: Y or N

Structure on Public Sewer: Y or N

Record of Well Abandonment: Y or N

Date of Well Abandonment: _____

Record of Septic Abandonment: Y or N

Date of Septic Abandonment: _____

Deed Search of Past Owners Required: Y or N

Date Received: _____

Approved By: _____ Date: _____

Chronology on Reverse Side

CHRONOLOGY

8/11/02 t.c. to Hugh Cole. Faxed info showing
tank + well loc.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P. 34773

A. REPAIR

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEXED

ELLICOTT CITY

DISTRICT _____

DATE 1/8/85

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS

1/2 MI. PAST MARIOTTVILLE RD UN LST

PHONE 988-9270

SUBDIVISION

ROAD 11455 Route 144

LOT 1

PROPERTY OWNER

Hugh Cole

11455 Route 144

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER?

YES _____

NO ✓

SEPTIC TANK CAPACITY

1000

GALLONS

NUMBER OF BEDROOMS

3

SYSTEM
ABANDONED
12/2002 (MR)

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

1-16/85 PUT NEW TANK AT LEAST 100 FT FROM WELL, MAKE SURE PIPE WITHIN 10 FT OF WELL IS CAST IRON, OR HEAVY PLASTIC. RUN NEW TRENCH FROM NEW TANK THROUGH PERC HOLE #1, ALONG LEVEL GROUND. PERC HOLE #1 IS LOCATED 180 FT FROM THE BACK OF THE HOUSE AND 125 FT FROM THE FENCE ALONG THE EAST END OF THE PASTURE.

S Abel

PLANS APPROVED BY

Frank Skinner

DATE

1/9/85

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

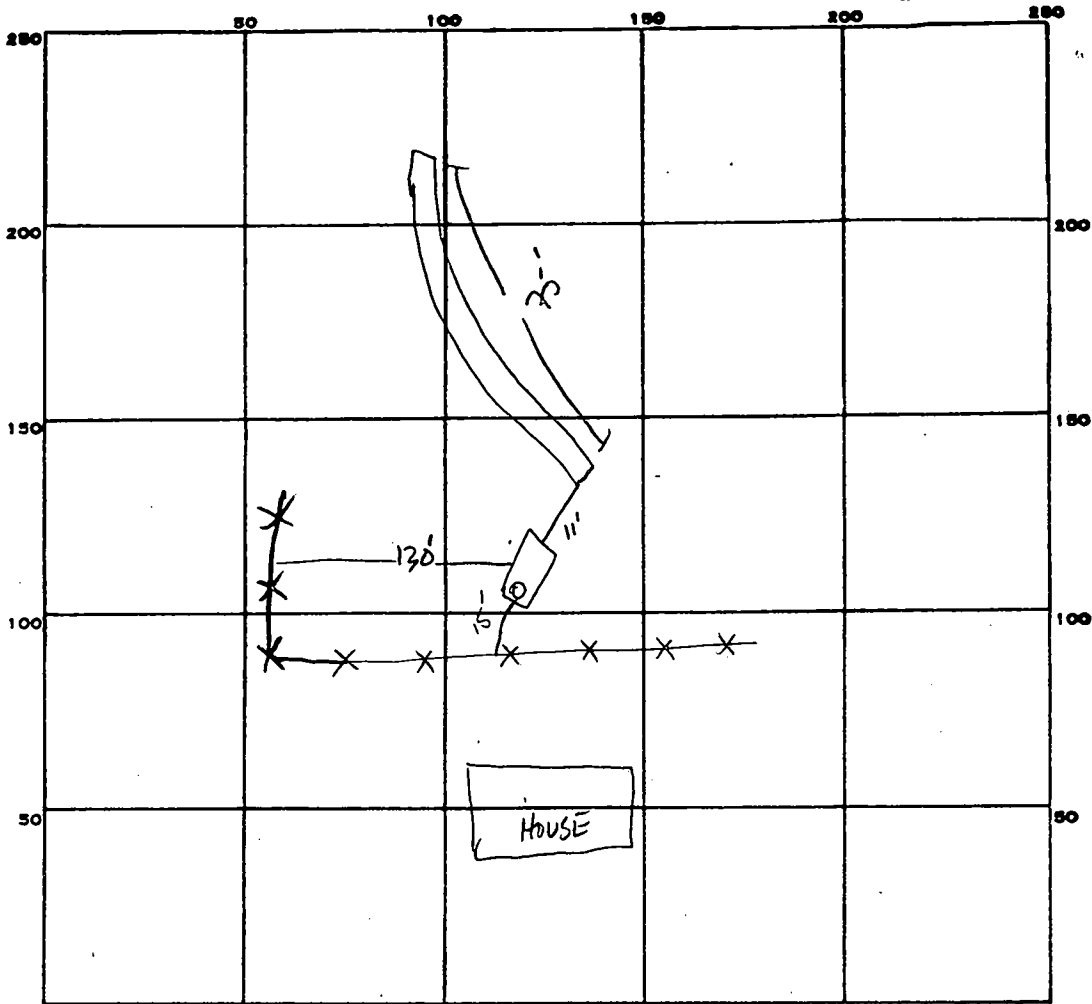
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A REPAIR
P. 34773

1-16-85
Approved
S. Abel



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RT 144

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000 / 1000 GAL

CLEANOUTS SEPTIC 16MK

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT. inlet @ 3 ft

GRAVEL DEPTH 6 ft IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 450 sq ft

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 450 SQ. FT.

REMARKS 1-16-85 - old tank removed. New 1000 gal cement tank in place, inlet + outlet cemented, trench running slightly up grade pipe begins at 3' below grade ends at 4' below grade. SA

DATE SYSTEM APPROVED 1-16-85

INSPECTOR S. Abel

SR Dodge

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1/31/03 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

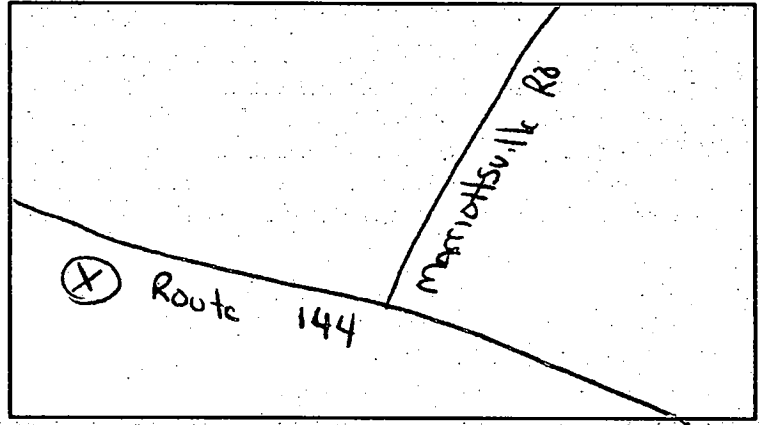
* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: MARICE DIXON WELL DRILLERS LICENSE NUMBER: 0666

* OWNER'S NAME: Brantly Development CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Harford
 NEAREST TOWN: _____
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 11455 Frederick Road

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 _____ BORED/AUGERED _____ HAND DUG _____
 _____ OTHER (specify) _____

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC _____
 _____ IRRIGATION _____ INDUSTRIAL _____
 _____ TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:
 STEEL _____ PLASTIC _____
 _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 60 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone	60	20
Portland Cement	20	0

VOLUME OF MATERIAL USED

--

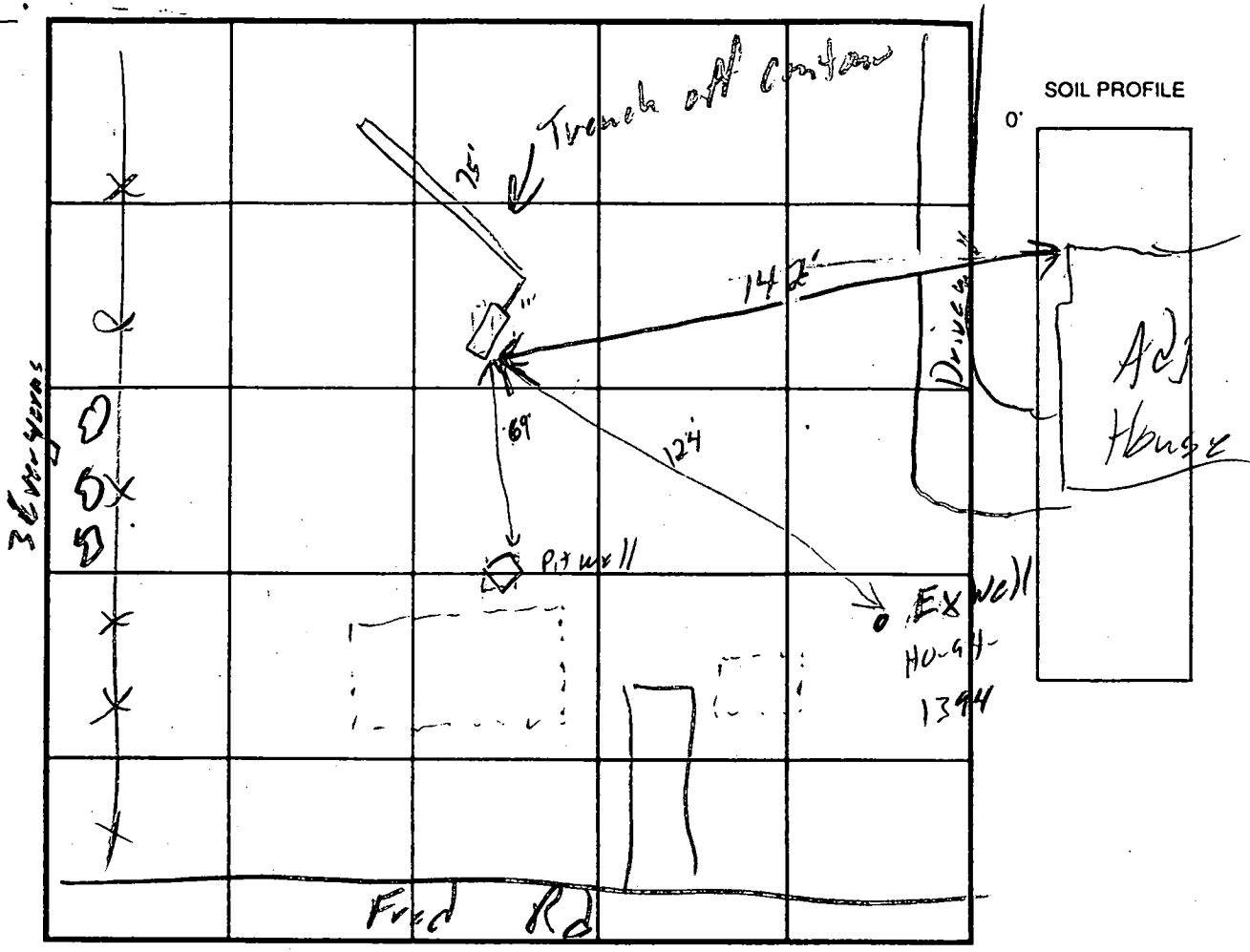
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: MARICE DIXON LICENSE # _____ CIRCLE: ONE DATE _____

COUNTY #
SOIL PROFILE

SOIL PROFILE

SOIL PROFILE

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/14/02	(50)	Trench abandoned					
		Pit well	NOT		grouted	(50)	
		Ex. well	NOT		FILLED	SO/HR	

REMARKS 11455 Fred Rd

TYPE OF SOIL _____

TESTED BY _____ 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: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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