

LAYOUT 6/9/04 11:00 INSP 4 _____
 INSP 2 6/14/04 INSP 5 _____
 INSP 3 9/1/04 - 11:30-12 INSP 6 _____

ISSUE DATE: 5-11-04
 APPROVAL DATE: 9/1/04

P 520351
 A 510575-A

PERMIT INDEXED

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

03-338886

Farm & Home Excavating, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 901 Driver Road, Marriottsville PHONE NUMBER: 410-442-2139

SUBDIVISION: Brantwood LOT NUMBER: 28

ADDRESS: 3109 Seneca Chief Trail PROPERTY OWNER: Nantucket Homes/Dorsey

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: 150 HOUSE SERVED BY PUBLIC WATER

*2' Wide 150' of trench
 Inlet at 2.5'
 Bottom at 7'*

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	From the high corner of the staked SDA closest to the house, place the distribution box 55' toward the center of the SDA as shown on plan. Run (4) 50 trenches on contour toward house.
NOTES:	Place distribution box as described to allow future use of remainder of SDA. Maintain at least 10' between the garage to the trenches and 20' between the house foundation and the trenches.

PLANS APPROVED: MER DATE: 2/23/04

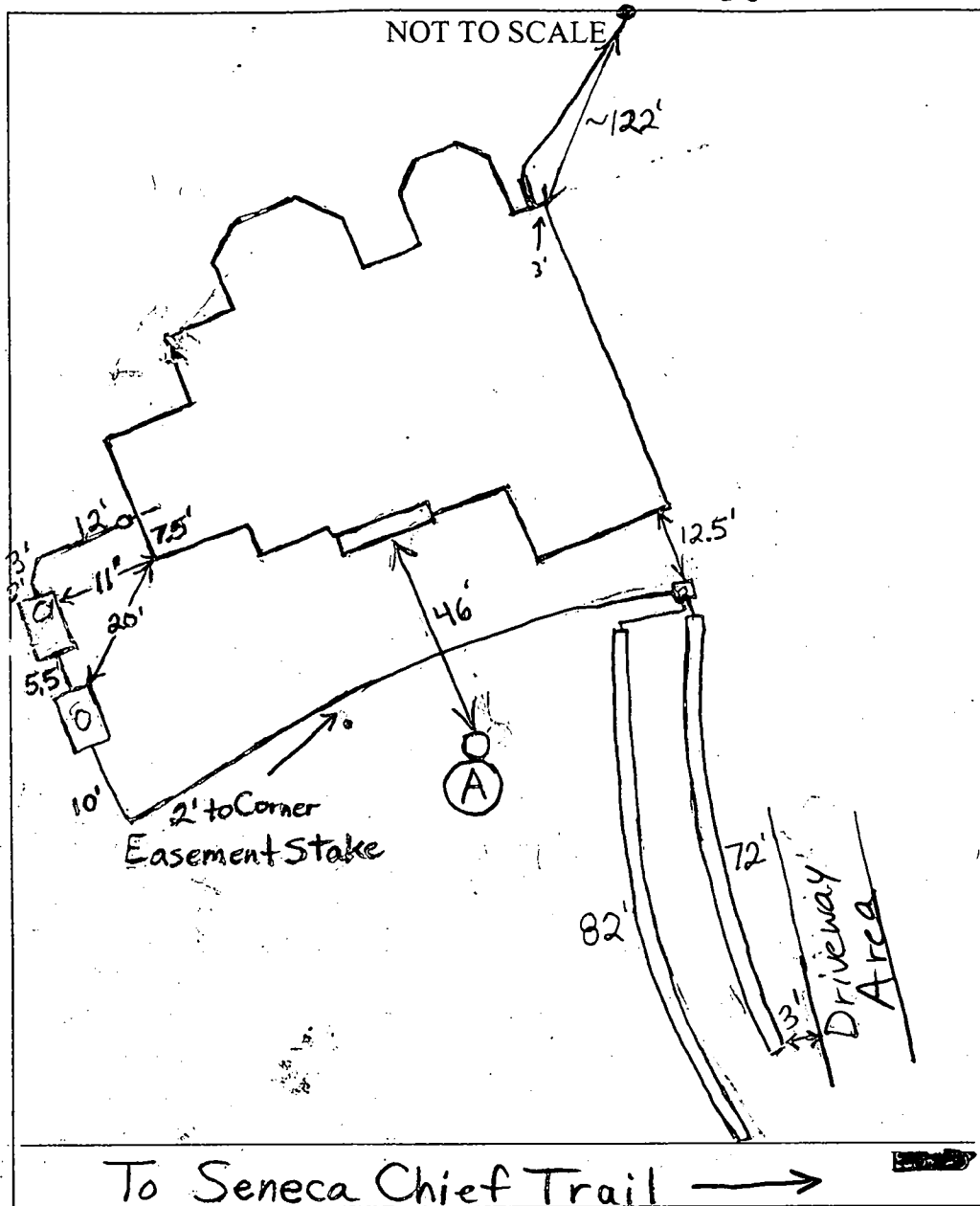
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS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

A510575-A

HO-94-3083

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	2.5'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		154'
ABSORPTION AREA		693
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	~2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	---
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	~2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	No
MANHOLE LOC	Center
6" PORT LOC	---
WATERTIGHT TEST	No

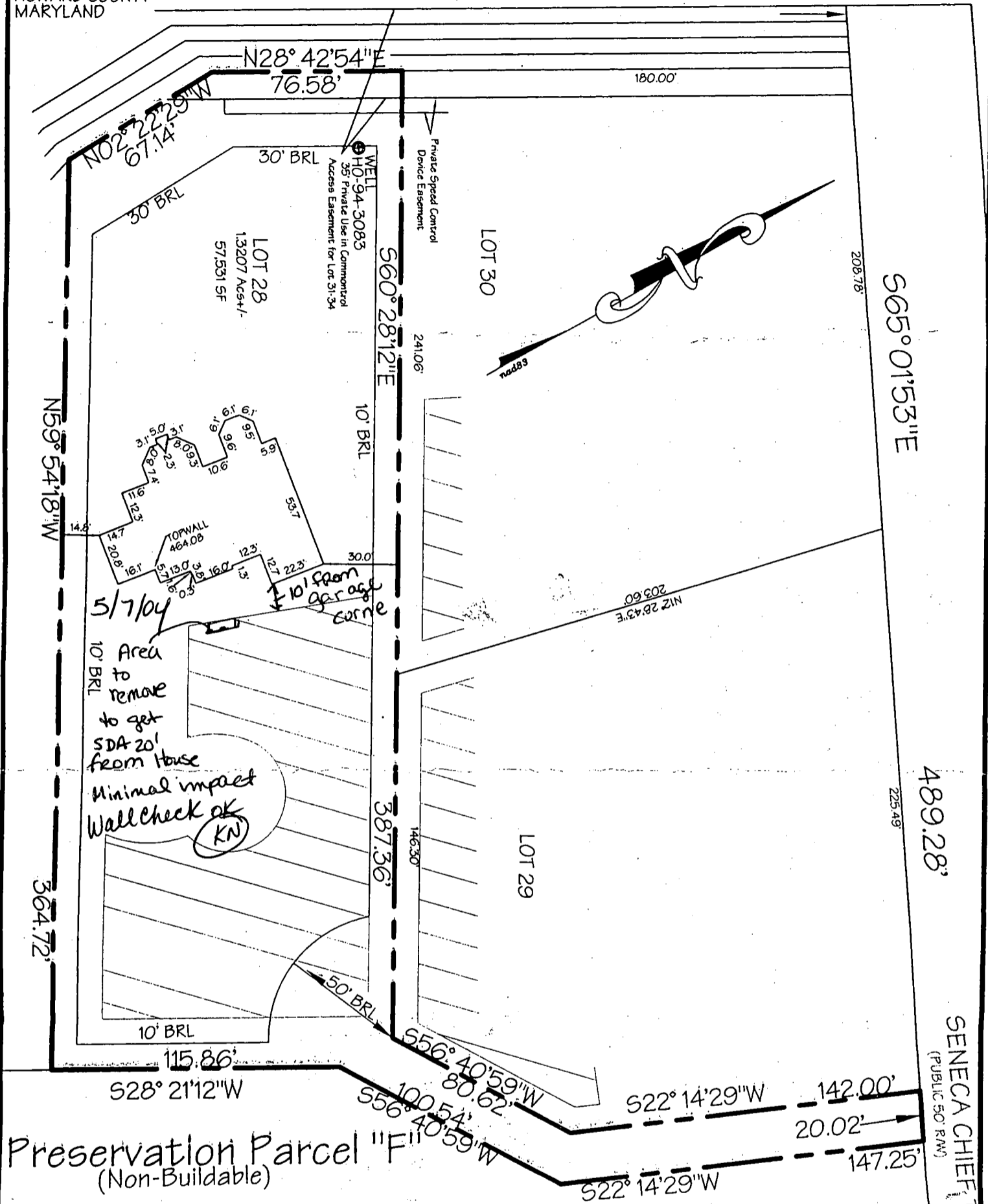
PRE-CONSTRUCTION 6/9/04 Easement staked. Contour off slightly. Driveway running through part of septic easement and this area graded. Dug probe test hole (A) below trench installation area. Soil looked O.K. to 11 feet. Changed trench specs to save repair area. Water at 8.5' in high side of septic tank holes. Future repairs may have to be shallower because of water/rock. Top trench done. (BB) 6/10/04 Rued manhole risers, 6" cleanout, pump tank baffle and pump and alarm test. O.K. to cover. (BB) 9/1/04 - Pump & Alarm tests OK (S)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/1/04

PROPERTY KNOWN AS:

LOT 28
BRANTWOOD SECTION 3 AREA 3
PLAT NO. 15253
HOWARD COUNTY
MARYLAND

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



LOCATION DRAWING

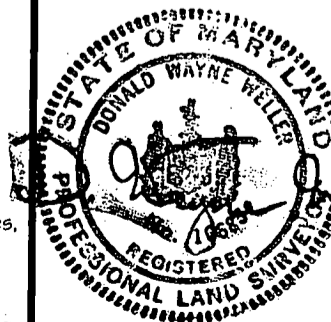
CERTIFICATION

This is to certify that I have surveyed the property known as:

LOT 28 BRANTWOOD

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.

SEAL

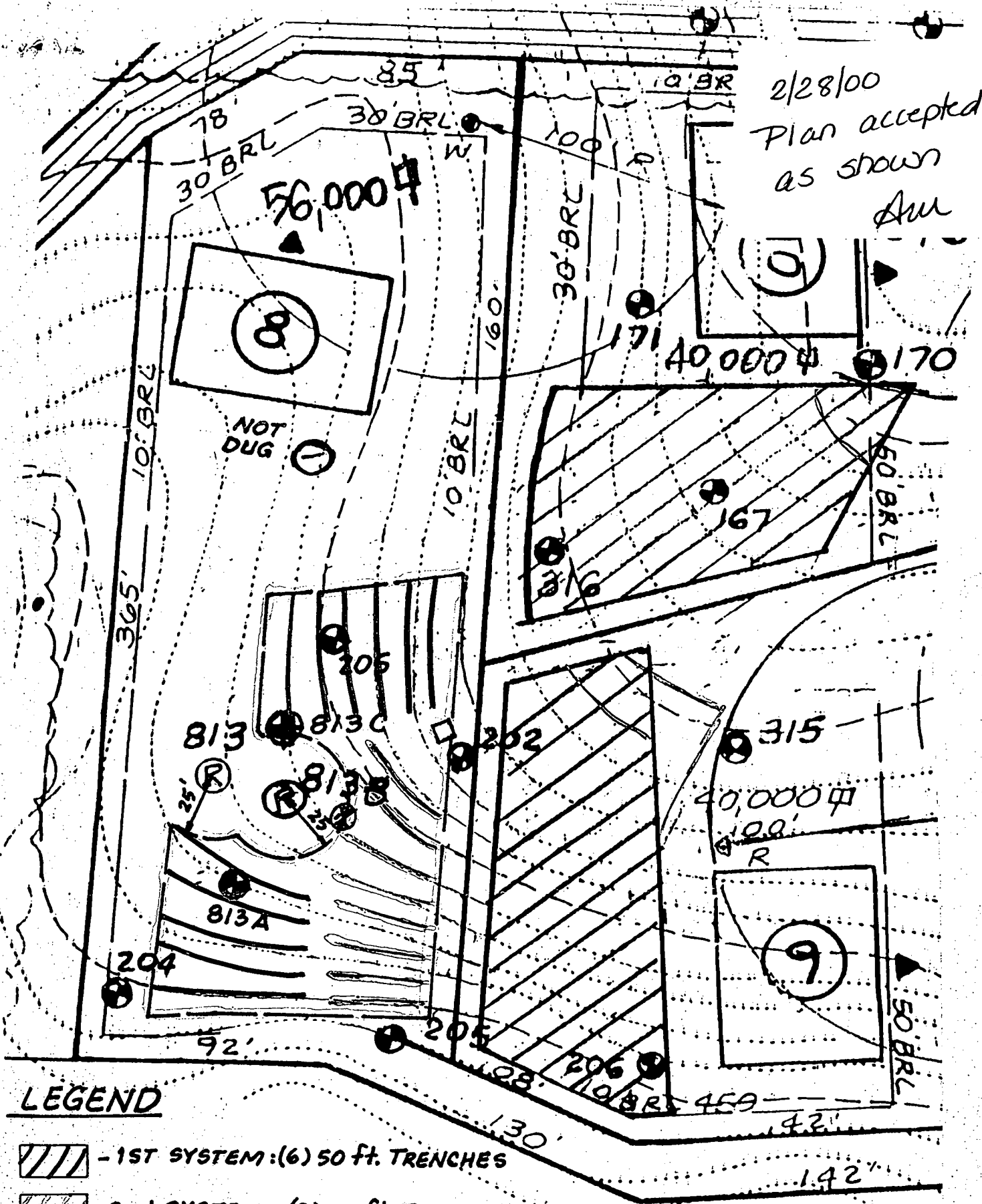


SCALE: 1"=50'

DATE: 03/25/04


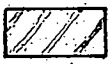
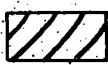

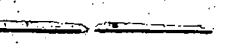
LDE Inc.
Engineers, Surveyors, Planners

9250 Rumsey Road, Suite 106
Columbia, Maryland - 21045
(410)715-1070 - (410)715-9540 Fax



2/28/00
 Plan accepted
 as shown
 Am

LEGEND

-  - 1st SYSTEM: (6) 50 ft. TRENCHES
-  - 2nd SYSTEM: (8) 40 ft. TRENCHES
-  - 3rd SYSTEM: (5) 60 ft. TRENCHES
-  - DISTRIBUTION BOX: 8 OUTLETS AT INITIAL INSTALLATION
-  SEWERAGE DISPOSAL EASEMENT

LDE INC.
 9250 Rumsey Road, Suite 106
 Columbia, MD 21045

SCALE: 1" = 50'

Approved Septic System Plan
Howard County Health Department

Signature *Mark R. Riffin* 2/23/04
360° 28' Plate "E"

PLAN BY
LDE 1:30

PIC LOT 31
N 28° 42' 54" E
76.58' N 02° 22' 50" W
115.86'

LOT 28
37,531 SF
1.3207 Ac±
PLAT NO. 15252

3 Car Garage

STOCKPILE AREA

Ex. Septic Esmt.

Ex. Septic Esmt.

DIST. BOX

TO SENECA CHIEF TRAIL

LOD

CLEARWATER DIVERSION DIKE

SEWER SYSTEM DESIGN DATA

Invert at Foundation Wall: 452.00 Basement Service

1500 Gallon Septic Tank (4 Bedrooms)
Provide Manhole to Finished Grade

- A. Ex. Ground Over Tank: 452.00
- B. Prop. Grade Over Tank: 454.00
- C. Invert In: 451.50
- D. Invert Out: 451.20

S.D.A. Limit

1500 Gallon Pump Pit

- A. Ex. Ground Over Pit: 453.00
- B. Prop. Grade Over Pit: 454.00
- C. Invert In: 451.00
- D. Invert Out: 451.50

Distribution Box: (Provide Outlets Minimum)

- A. Ex. Ground Over Box: 464.20
- B. Prop. Grade Over Box: 464.20
- C. Invert In: 461.00

Trench Design: 50 LF/Bedroom x 4 Bedrooms = 200LF

	(A)	(B)	(C)
Ex. Ground Over Trench	464.00	463.50	462.00
Invert of Trench:	462.00	461.00	460.00

PRESERVATION
PARCEL "G"

FROM EDGE OF PUBLIC
LINE USING STANDARD
SHOWN ON ST'D. NO.
EQUAL TO OR BETTER
BY D.P.W.

Limit of Private Esmt.

Ex. 20' Public Drainage & Utility Esmt.

Ex. Inv. 456.7

FF No. 4.50
BF 454.50

E5

448

820° 21' 12" W

115.86'

Well W

10' BRL

62+5

63+0

466

63+0

65+0

387.36'

188'±

30' BRL

LOT 28
37,531 SF
1.3207 Ac±
PLAT NO. 15252

10' BRL

62+5

62+5

62+5

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30' BRL

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Green 8714

Building Address <u>3109 Service Chief Trail</u> <u>Ellicott City, MD 21042</u>	Property Owner's Name <u>Phillip H. Dorsey</u> Address <u>13090 Old Frederick Rd</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u>
Suite/Apt. # _____ SDP/WP/Petition # _____ Census Tract <u>6030</u> Subdivision <u>Brantwood</u> Section <u>3</u> Area <u>3</u> Lot <u>28</u> Tax Map <u>16</u> Parcel <u>441</u> Grid <u>21</u> Zoning <u>RC-0-1.0</u> Map Coordinates <u>11a6</u> Lot size _____	Home Phone _____ Work Phone <u>410-445-8000</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____

Existing Use <u>Vacant land</u> Proposed Use <u>New home</u> Estimated Construction Cost \$ <u>650,000</u> Description of Work <u>4BR, 3.5 BA, FP</u> <u>3000 sq ft, 2.5 car garage, full basement</u>	Contractor Company <u>Nantuxet Home/LLC</u> Contact Person <u>Phillip H. Dorsey</u> Address <u>13090 Old Frederick Road</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u> License No. <u>MDH&C 732</u> Phone <u>(410) 445-8000</u> Fax <u>(410) 445-8001</u>
--	--

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 Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>70'0"</u> <u>72'8"</u> 2nd floor: <u>50'0"</u> <u>51'6"</u> Basement <u>50'0"</u> <u>51'6"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Phillip H. Dorsey Print Name Phillip H. Dorsey
 Title/Company _____ Date _____

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

FOR OFFICE USE ONLY																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">AGENCY</th> <th style="width:20%;">DATE</th> <th style="width:50%;">SIGNATURE APPROVAL</th> </tr> <tr> <td>Land Development DPZ</td> <td></td> <td></td> </tr> <tr> <td>State Highways</td> <td></td> <td></td> </tr> <tr> <td>Building Official</td> <td></td> <td></td> </tr> <tr> <td>Dev. Engineering DPZ</td> <td><u>2/23/04</u></td> <td><u>Mark Reffers</u></td> </tr> <tr> <td>Health</td> <td></td> <td></td> </tr> <tr> <td>Fire Protection</td> <td></td> <td></td> </tr> </table>	AGENCY	DATE	SIGNATURE APPROVAL	Land Development DPZ			State Highways			Building Official			Dev. Engineering DPZ	<u>2/23/04</u>	<u>Mark Reffers</u>	Health			Fire Protection			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">DPZ SETBACK INFORMATION</th> </tr> <tr> <td style="width:50%;">Front: <u>50'</u></td> <td style="width:50%;">Property ID# <u>6-132</u></td> </tr> <tr> <td>Rear: <u>30'</u></td> <td>Filing fee: \$ _____</td> </tr> <tr> <td>Side: <u>10'</u></td> <td>Permit fee: \$ _____</td> </tr> <tr> <td>Side St: _____</td> <td>Excise tax: \$ _____</td> </tr> <tr> <td>All minimum setbacks met? <input checked="" type="checkbox"/></td> <td>Add'l per. fee: \$ _____</td> </tr> <tr> <td>Is Entrance Permit required? <input checked="" type="checkbox"/></td> <td>TOTAL FEES: \$ _____</td> </tr> <tr> <td>Historic District? <input checked="" type="checkbox"/></td> <td>Sub-total paid: \$ _____</td> </tr> <tr> <td>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td> <td>Balance due: \$ _____</td> </tr> <tr> <td>Lot Coverage for New Town Zone _____</td> <td>Check # <u>1123</u></td> </tr> <tr> <td>SDP/Red-line approval date _____</td> <td>Validation # <u>325</u></td> </tr> </table>	DPZ SETBACK INFORMATION		Front: <u>50'</u>	Property ID# <u>6-132</u>	Rear: <u>30'</u>	Filing fee: \$ _____	Side: <u>10'</u>	Permit fee: \$ _____	Side St: _____	Excise tax: \$ _____	All minimum setbacks met? <input checked="" type="checkbox"/>	Add'l per. fee: \$ _____	Is Entrance Permit required? <input checked="" type="checkbox"/>	TOTAL FEES: \$ _____	Historic District? <input checked="" type="checkbox"/>	Sub-total paid: \$ _____	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due: \$ _____	Lot Coverage for New Town Zone _____	Check # <u>1123</u>	SDP/Red-line approval date _____	Validation # <u>325</u>
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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 FEEZER CO INC Telephone #: 410-781-4655
Address: 1321 BARNETT AVENUE
SULLYVILLE, MD 21784

(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 FEEZER CO INC License# 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: WILCOX BUILDERS Telephone #: 410-442-8200
Subdivision: BRANTWOODS Lot #: 28 Well Tag #: HO
Site Address: 3109 SODACREEK TRAIL
SULLYVILLE, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SIEMENS Make: CARBOL Two piece watertight cap:
Model #: SSP4002HL Model #: 98300 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 4.5 (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: 6'
Depth of supply line: 42 (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. Feezer 6/17/04
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/1/04 (50)
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

C1 0722 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 OKSRK 9/14/01

ST/GO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07 26 2001

Depth of Well 425 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3083

OWNER Brantwood LLC STREET OR RFD Seneca Creek Trail TOWN W Friendship SUBDIVISION Brantwood 3/3 SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden Limestone and water at 260' & 420'.

GROUTING RECORD, CASING RECORD, SCREEN RECORD sections with checkboxes and input fields for materials and dimensions.

PUMPING TEST section with fields for HOURS PUMPED, PUMPING RATE, METHOD USED, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO

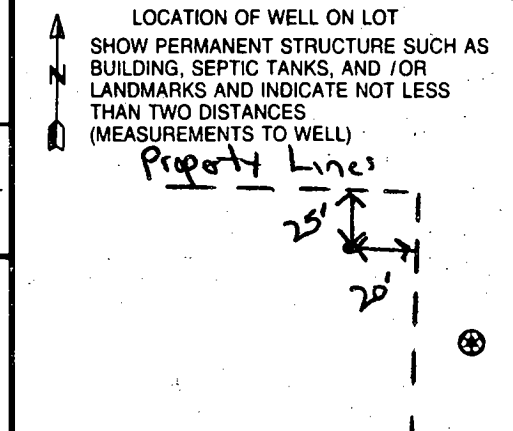
C2 DEPTH (nearest ft.) table with columns for depth intervals and values.

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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

DRILLERS LIC. NO. MWD 399 DRILLERS SIGNATURE Warm Powell LIC. NO. MWD 241 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1	7076	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
1 2 3 6			W515213 please print or type	HO-94-3083 <small>70 fill in this form completely 79</small>

OWNER INFORMATION

Date Received (APA) 04 23 01

8 MM DD YY 13

15 Last Name Brantwood LLC Owner First Name 34

36 8835 P Columbia 100 Pike Street or RFD 55

57 Columbia MD 21045 Town State Zip 76

LOCATION OF WELL

B 3 Howard COUNTY 8

Brantwood SUBDIVISION 23

SECTION 3 LOT 1 Area 3

44 46 48 50

West Friendship NEAREST TOWN 52

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

DRILLER INFORMATION

Driller's Name Paul M. Fabiszak M W D 399 License No. 81

Firm Name: G Edgar Harr Sons Corp

Address 12047 Falls Rd Cockeysville 21030

Signature [Signature] Date 4-18-01

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 Seneca Chief trail NEAR WHAT ROAD 30

34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 4/30/01 [Signature] 4/30/02

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 520 0 0 EAST GRID 820 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS.

THIS WELL WILL 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 _____ G _____

PERMIT No. HO-94-3083

70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820

N 520

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

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.

5' Wetlands Buffer
75' Stream Buffer

Pres. Parcel 'D'
Non-Buildable
2.11 Ac ±
207

SECTION 3, AREA 3

SENECA

MIDZ

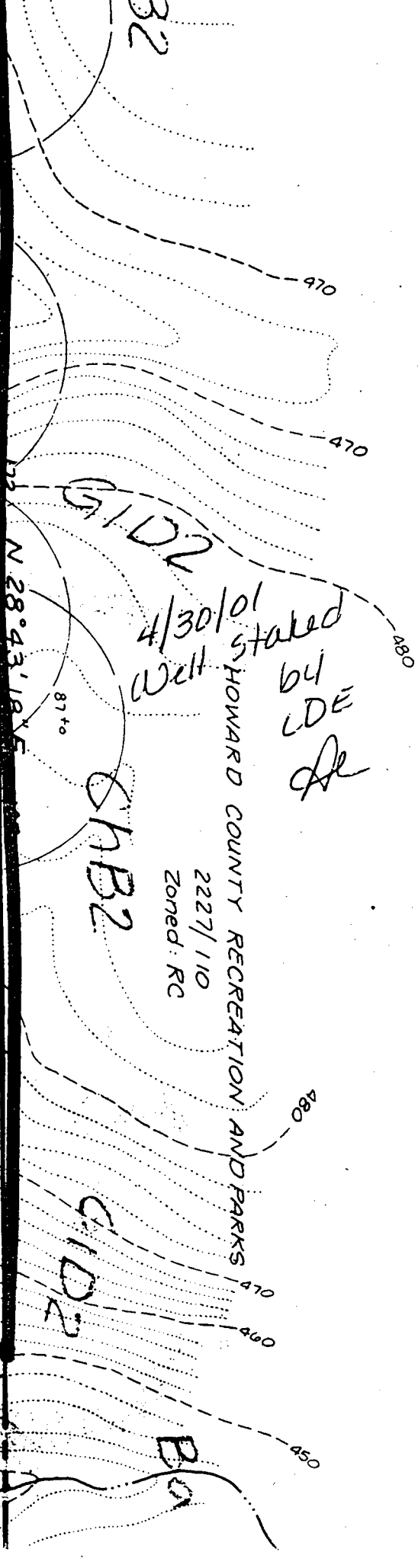
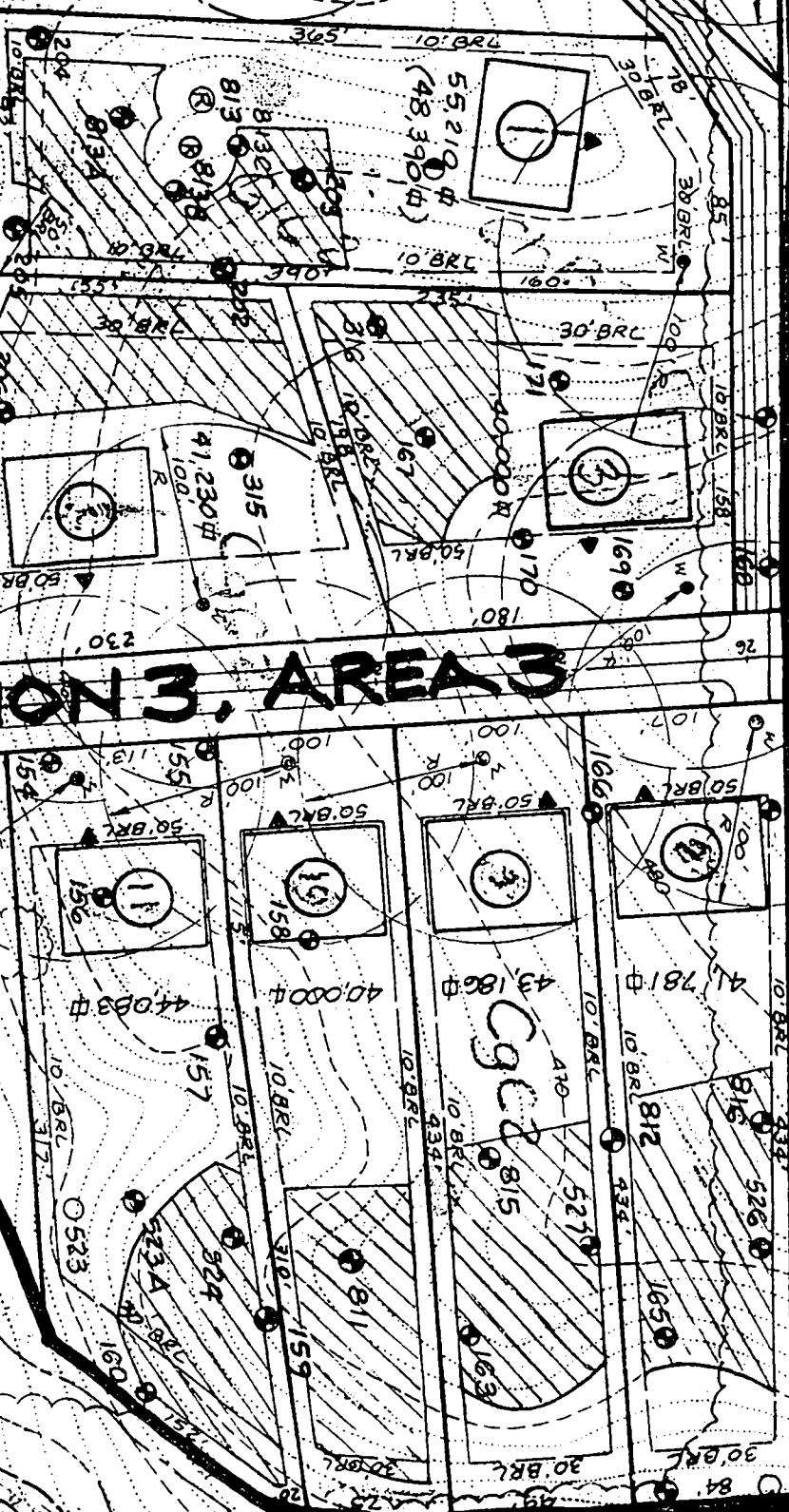
75' Stream Buffer

GICZ

25' Wetlands Buffer

Ex. Stream

25' Wetlands Buffer



4/30/01
Well stated
by
LDE
de

HOWARD COUNTY RECREATION AND PARKS
2227/110
Zoned: RC

APPLICATION

PERCOLATION TESTING

A 510642D

P _____

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

DISTRICT _____

DATE 8/24/98

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 George A. Garbutt

ADDRESS 11363 Frederick Road, Ellicott City, MD

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 30889

ROAD AND DESCRIPTION 11363 Frederick Road., Ellicott City, MD 21042

TAX MAP 16 PARCEL # 172

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

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

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS Hold for wet season testing

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

510642D

COUNTY #

SOIL PROFILE

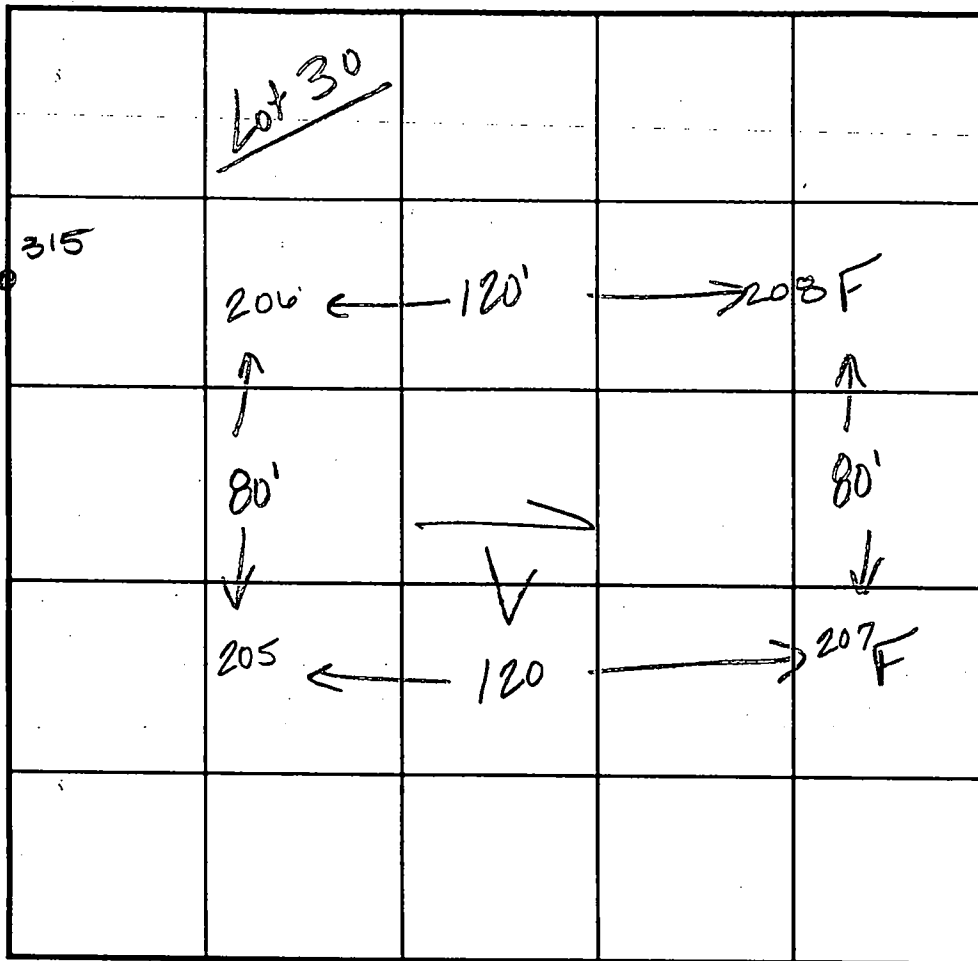
0' 205
 or/br
 cl 1m
 3' beige/
 orange
 sil 1m
 mica
 flees
 12' ↓

206

3' orange
 cl 1m
 beige/
 orange
 sil 1m
 10%
 shale
 frags
 mica
 flees
 11' ↓

207

2' orange
 cl 1m
 brown/
 orange
 sil 1m
 10' ↓
 10.5' WATER



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 208
 orange
 cl 1m
 2' brown/
 orange
 sil 1m
 mica
 flees
 9.5' ↓
 11' WATER

315

orange
 cl 1m
 3' beige
 sil 1m
 10%
 shale
 10' ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8.20.98	206	3.0'S	11:09 ²⁰	11:10	11:10	11:11 ³⁰	1/30	
		12.0'D	visual ok - see profile					
	205	11.0'D	visual only - ok see profile					
	207	FAILED DUE TO WATER					F	
	208	FAILED DUE TO WATER					F	
	315	10.0'D	visual only - see profile					

REMARKS test holes staked by surveyor
 TYPE OF SOIL _____
 TESTED BY Kim Maisto ALSO PRESENT Tim Feaga
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A510642C

P _____

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

DISTRICT _____

DATE 8/24/98

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 George A. Garbutt

ADDRESS 11363 Frederick Road, Ellicott City, MD

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 28 8/9

ROAD AND DESCRIPTION 11363 Frederick Road., Ellicott City, MD 21042

TAX MAP 16 PARCEL # 172

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

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

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

S10642C

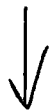
COUNTY #

SOIL PROFILE

202

orange
cl lm

beige/
orange
siltm
mica
flocs



203

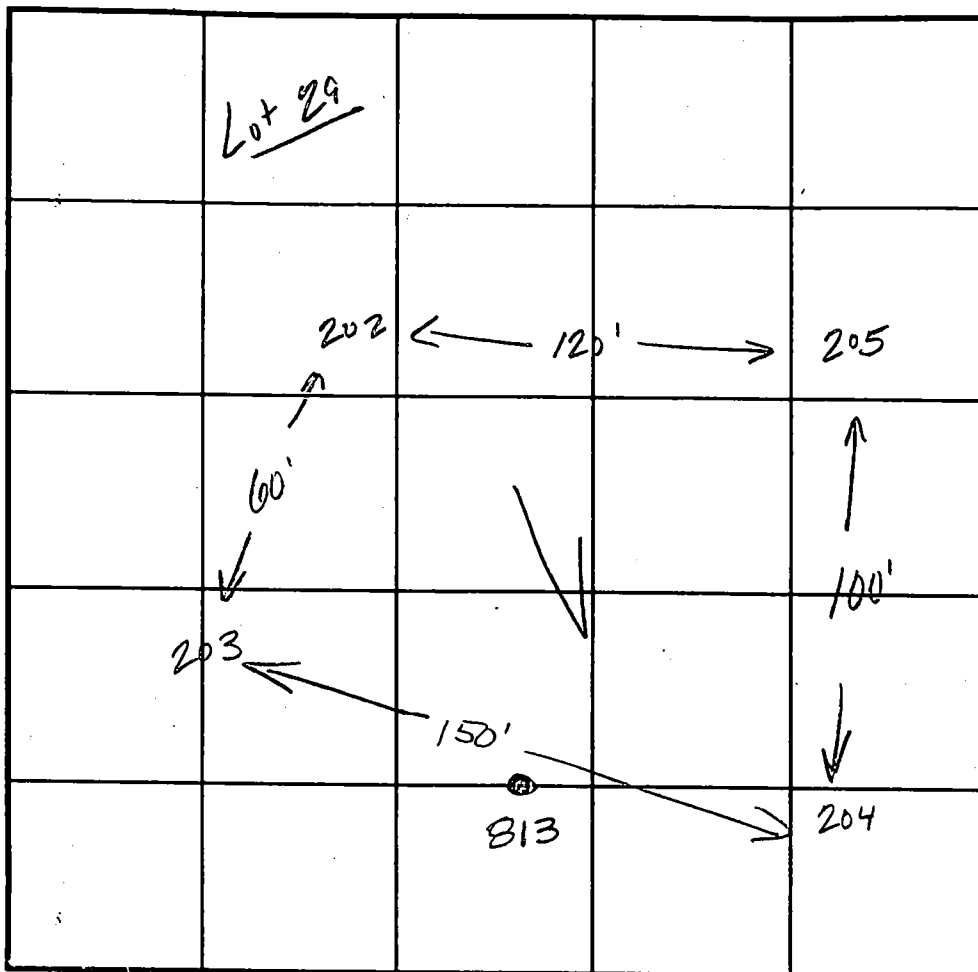
Same
as
test
hole
204

204

orange
cl lm

beige/
orange
siltm

mica
flocs
10%
shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

205

orange
brown
cl lm

beige/
orange
siltm
mica
flocs



316

orange
cl lm

beige
siltm
mica
flocs
fudspar

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-24-98	202	12.0'D	visual	ok - see profile			
11-8-99	B13	Refusal @ 5.0'					F
8-24-98	203	3.0'S	11:16	fast			fast
		(repour)	11:2045	11:2310	11:2310	11:2510	2
		11.0'D	visual	ok - see profile			
	204	3.0'S	11:1110	fast			fast
		(repour)	11:1720	11:18	11:18	11:1920	120
		11.0'D	visual	ok - see profile			
	205	12.0'D	visual	ok - see profile			
	316	3.0'S	2:1112	2:1140	2:1140	2:1250	110

REMARKS test holes staked by surveyor

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

180

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 Brantwood III 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 _____

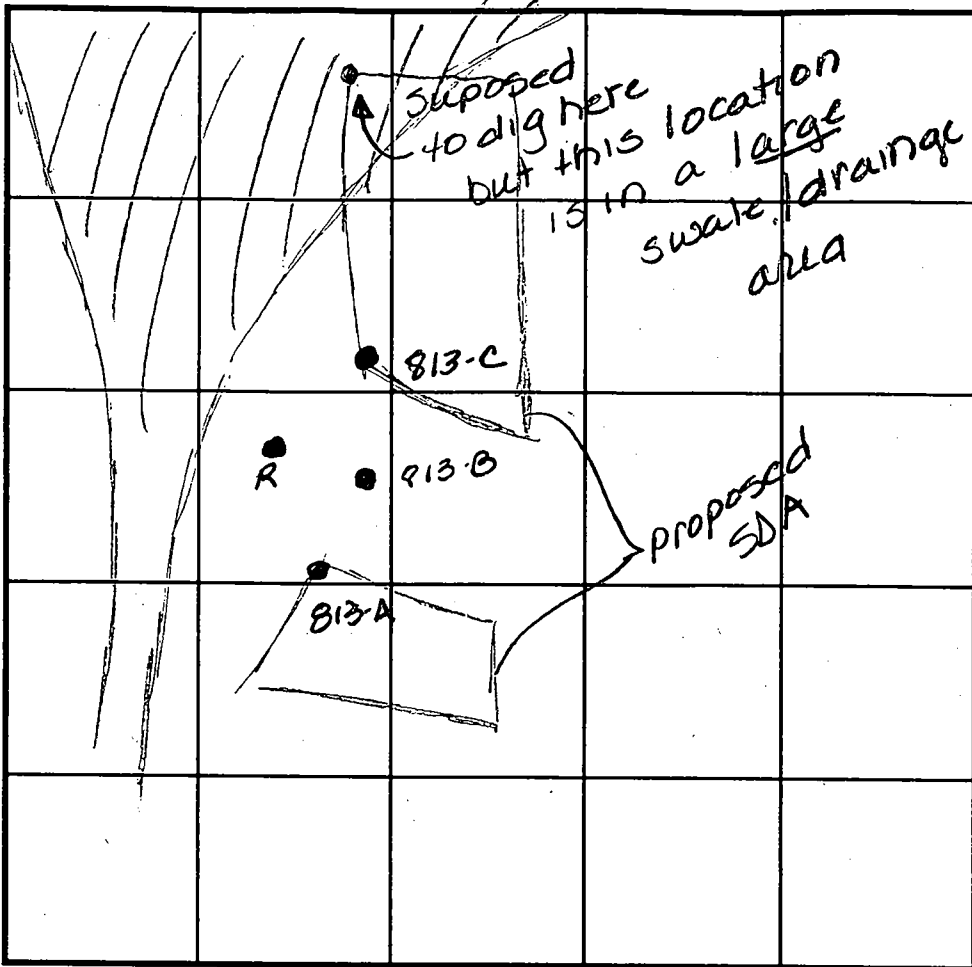
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
813-C

no
distinct
clay
layer
orange
brown
salm

12.0



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	
1-21-00	813-C	Visual to 12.0	-		see profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

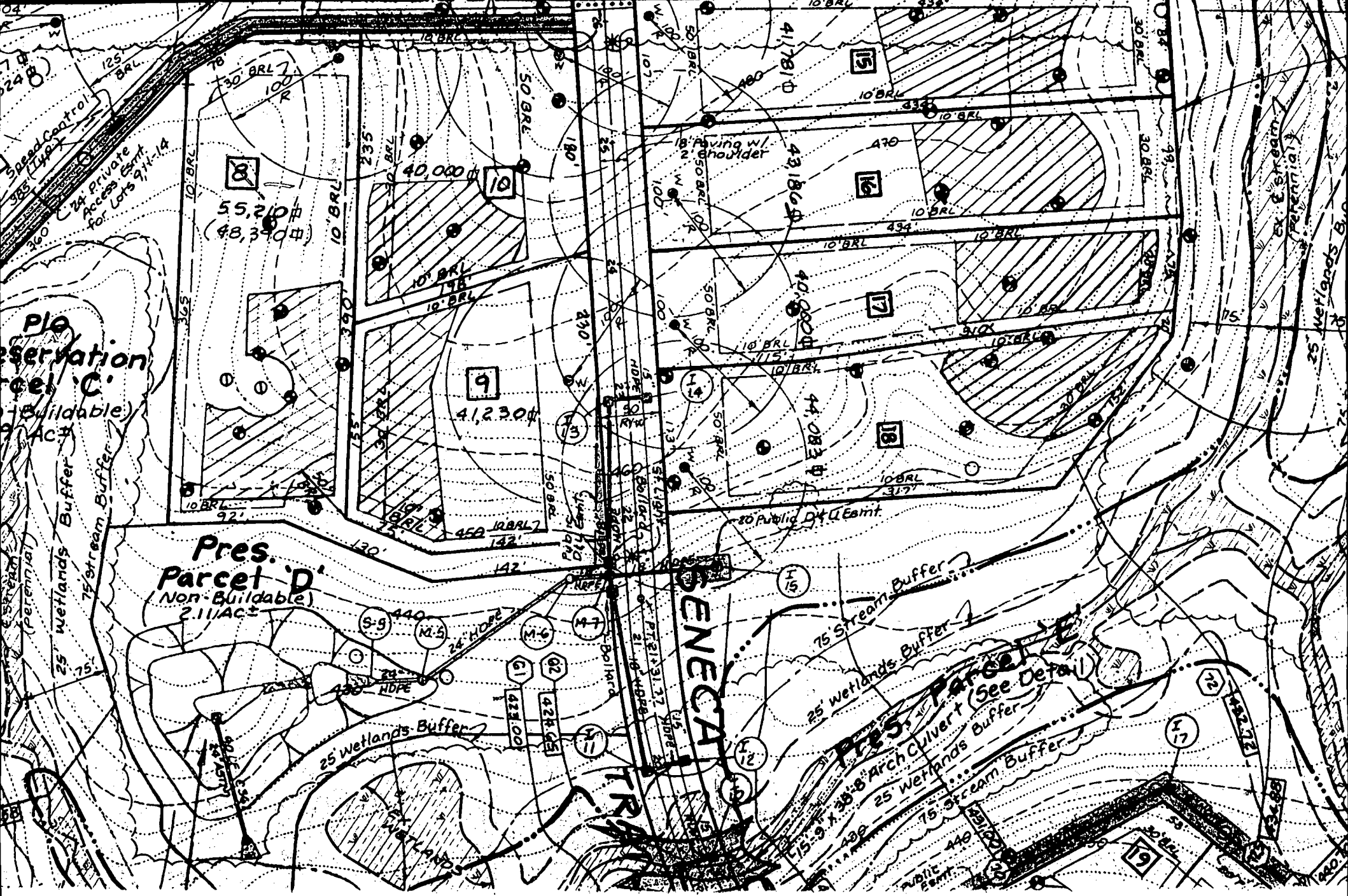
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

35' Private Access
Esmt. For Lots 9, 11-14

LIMIT OF SUBMISSION
Sta. 26+19.41

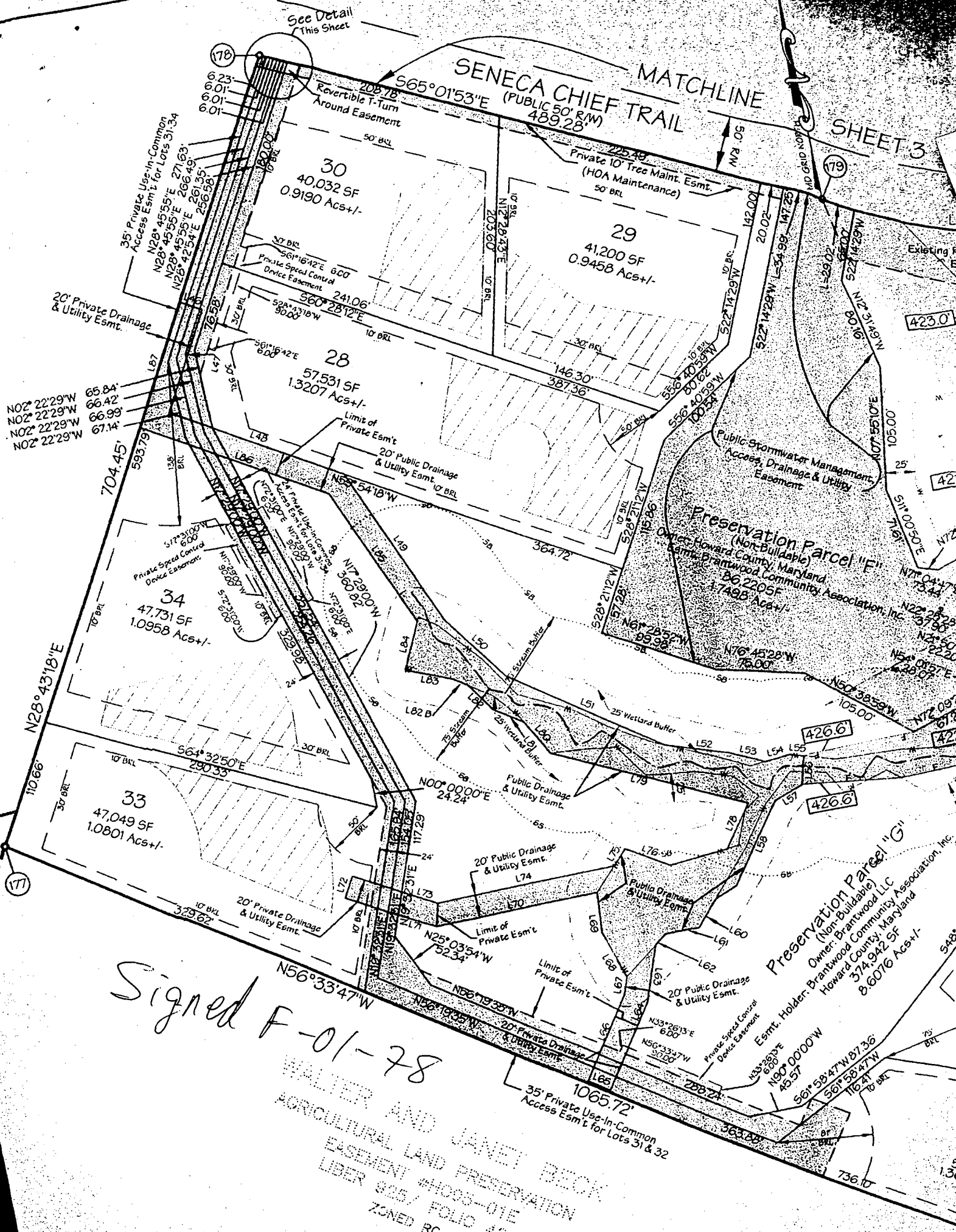
P.00.04
5.17.00

Wide Use Int.
Common Driveway
N 28° 43' 18" E



SENECA CHIEF TRAIL MATCHLINE

SHEET 3



Signed F-01-78

WALTER AND JANET BECK
AGRICULTURAL LAND PRESERVATION
EASEMENT #H005-01E
LIBER 925 / FOLIO 42
ZONED RC

Preservation Parcel "G"
(Non-Buildable)
Owner: Brantwood LLC
Howard County, Maryland
374,942 SF
8.6076 Acs+/-
Esm't. Holder: Brantwood Community Association, Inc.

Preservation Parcel "F"
(Non-Buildable)
Brantwood Community Association, Inc.
1,748.5 Acs+/-
Public Stormwater Management
Access, Drainage & Utility
Easement

35' Private Use-In-Common
Access Esm't for Lots 31 & 32

NO2° 22'29"W 65.84'
NO2° 22'29"W 66.42'
NO2° 22'29"W 66.99'
NO2° 22'29"W 67.14'

35' Private Use-In-Common
Access Esm't for Lots 31-34
N28° 45'55"E 271.63'
N28° 45'55"E 266.49'
N28° 42'54"E 261.35'
N28° 42'54"E 256.58'

Private Spread Control
Device Easement
S172°10'00"W 600'
N17°58'58"W 572.102'
S72°10'00"E 600'

N28° 43'18"W
704.45'

33
47,049 SF
1.0801 Acs+/-

N56°33'47"W

N25° 03'54"W
52.34'

1065.72'

426.6'

426.6'

423.0'

421'

422'

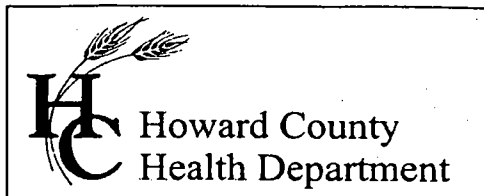
426.6'

426.6'

426.6'

426.6'

426.6'



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

September 1, 2004

Nantucket Home/Dorsey
13090 Old Frederick Road
Sykesville, MD 21784

SENT VIA FACSIMILE 410-442-8221

RE: Brantwood III, Lot # 28
3109 Seneca Chief Trail
Ellicott City, MD 21042
BP # B00145874
Well Permit # HO-94-3083

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/01/2004. Final approval of the well line connection to the dwelling was approved on 09/01/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3083. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 08/04/2004
Date of Well Completion: 07/26/2001

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File