

LAYOUT 10/8/03-10:20 INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 10/6/2003P 519603APPROVAL DATE: 10/8/03A 510575-D**PERMIT
INDEXED****ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH****03 - 338916**Farm & Home Excavating, Inc _____ IS PERMITTED TO INSTALL ALTER ADDRESS: 901 Driver Road, Marriottsville PHONE NUMBER: 410-442-2139SUBDIVISION: Brantwood III LOT NUMBER: 31ADDRESS: 3115 Seneca Chief Trail PROPERTY OWNER: Nantucket/Dorsey HomesSEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED NUMBER OF BEDROOMS: 4SQUARE FEET PER BEDROOM: 210LINEAR FEET OF TRENCH REQUIRED: 210 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	Maintain 9' edge to edge trench separation.

PLANS APPROVED: John A. Boris OK SRK 10/6/03 DATE: 5/22/03

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED

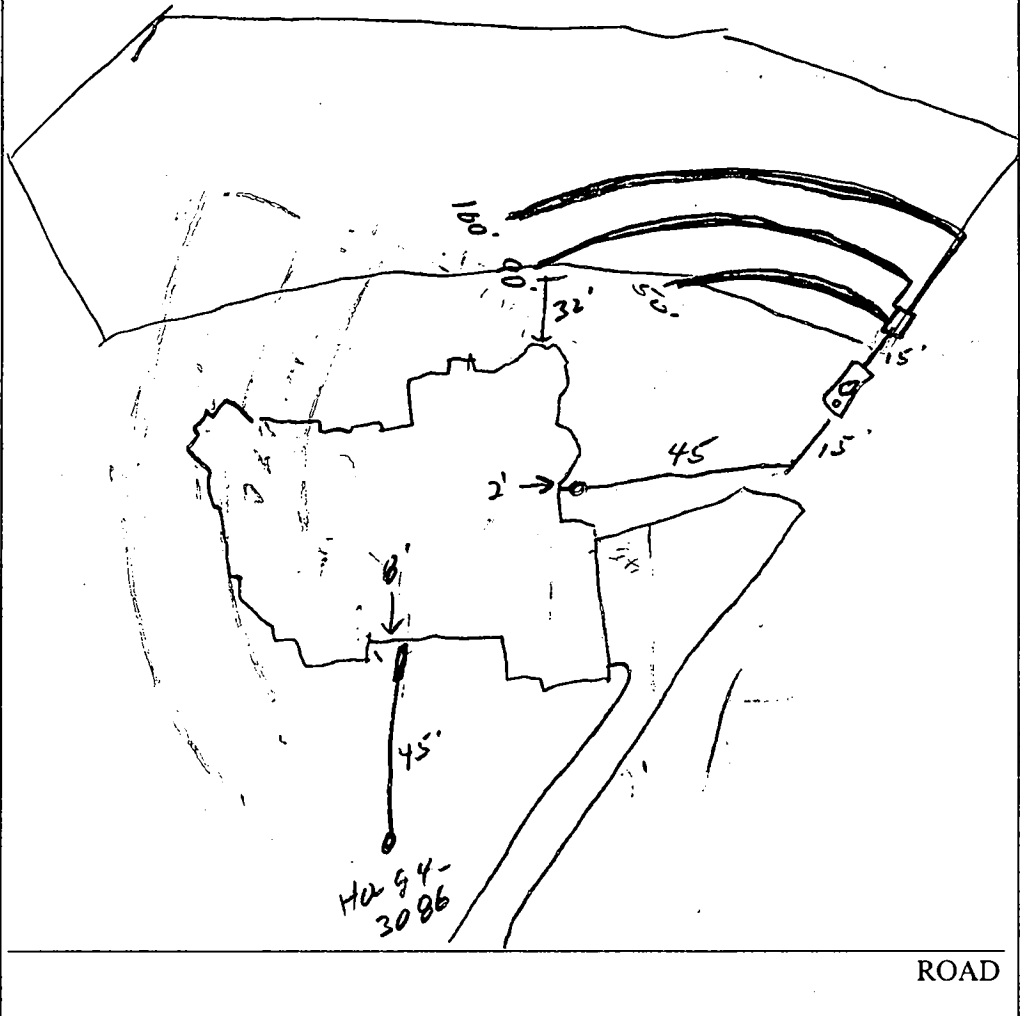
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

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

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		210'
ABSORPTION AREA		630 sq
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 checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 10/8/03 - No layout done, system installed. ^{layout previously waived by SRK}

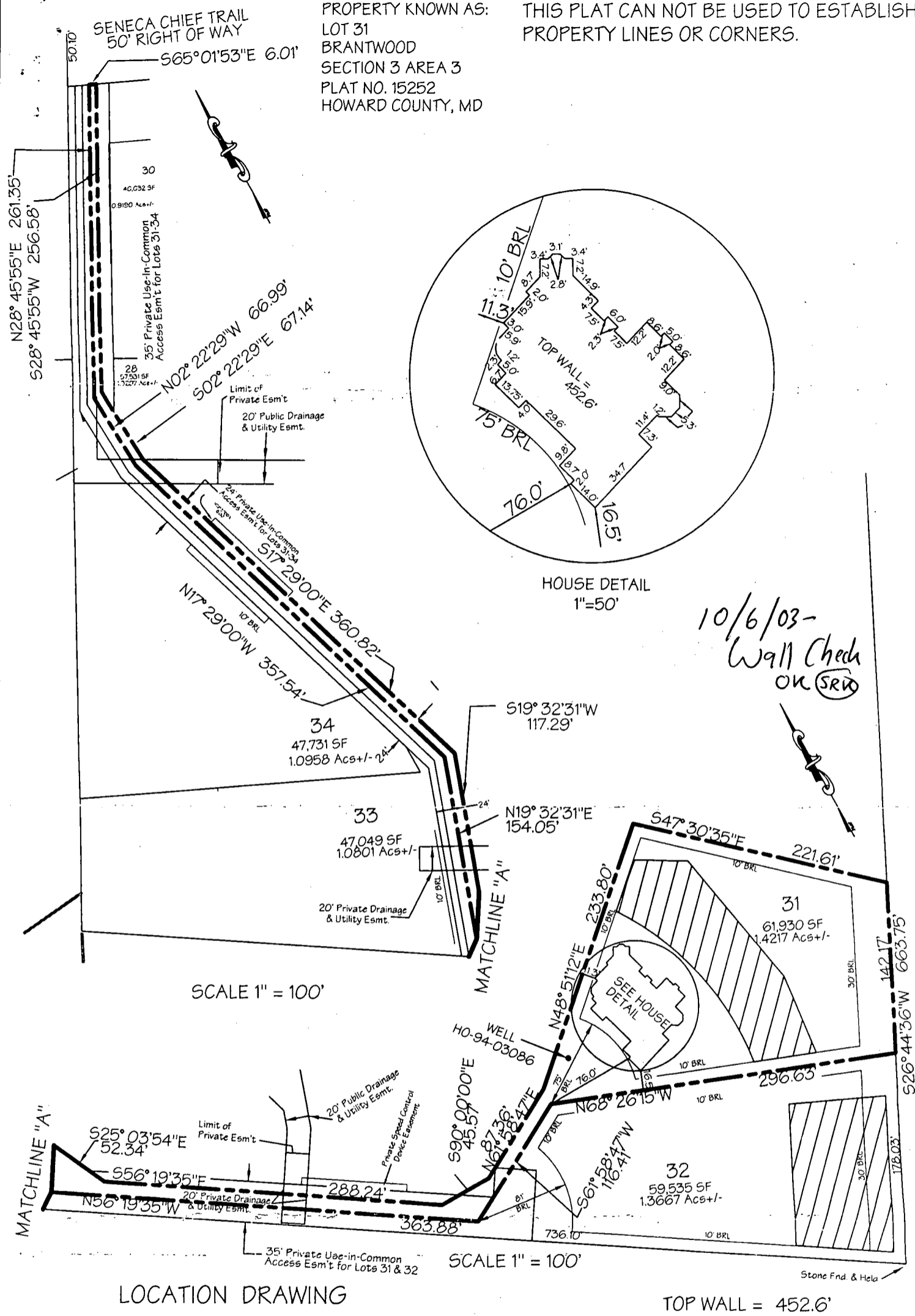
System is installed per B.P. (50)

INSTALLATION _____

FINAL INSPECTOR *[Signature]* DATE OF APPROVAL 10/8/03

PROPERTY KNOWN AS:
 LOT 31
 BRANTWOOD
 SECTION 3 AREA 3
 PLAT NO. 15252
 HOWARD COUNTY, MD

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



LOCATION DRAWING

CERTIFICATION

SEAL

SCALE AS NOTED

DATE 08/12/03

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

LOT 31 SENACA CHIEF TRAIL

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.



LDE Inc.
 Engineers, Surveyors, Planners

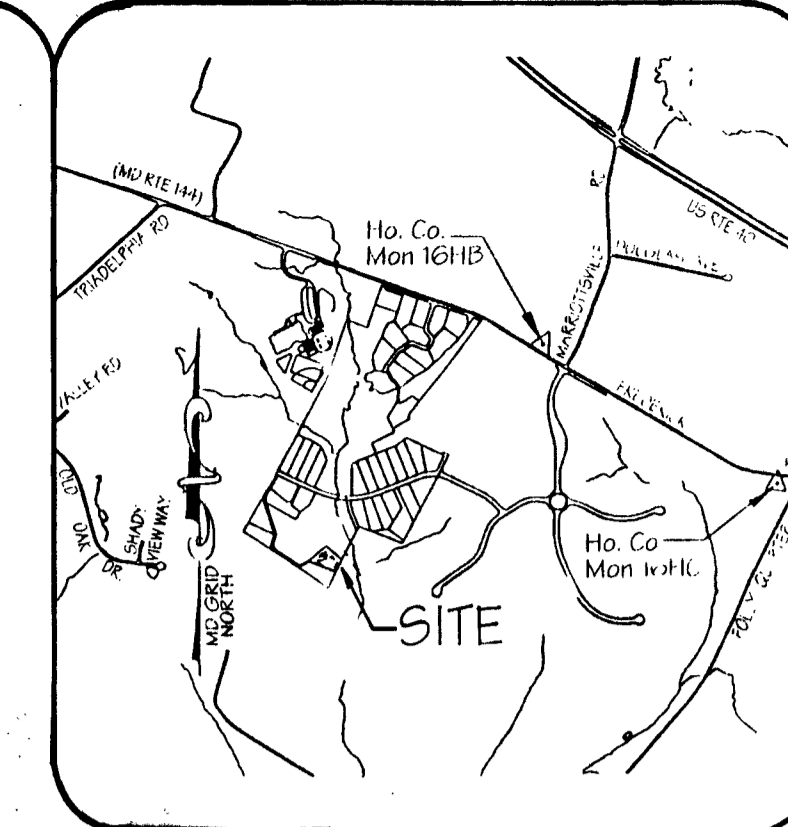
9250 Rumsey Road, Suite 106
 Columbia, Maryland - 21045

(410)715-1070 - (410)715-9540 Fax

SENECA CHIEF TRAIL

LEGEND

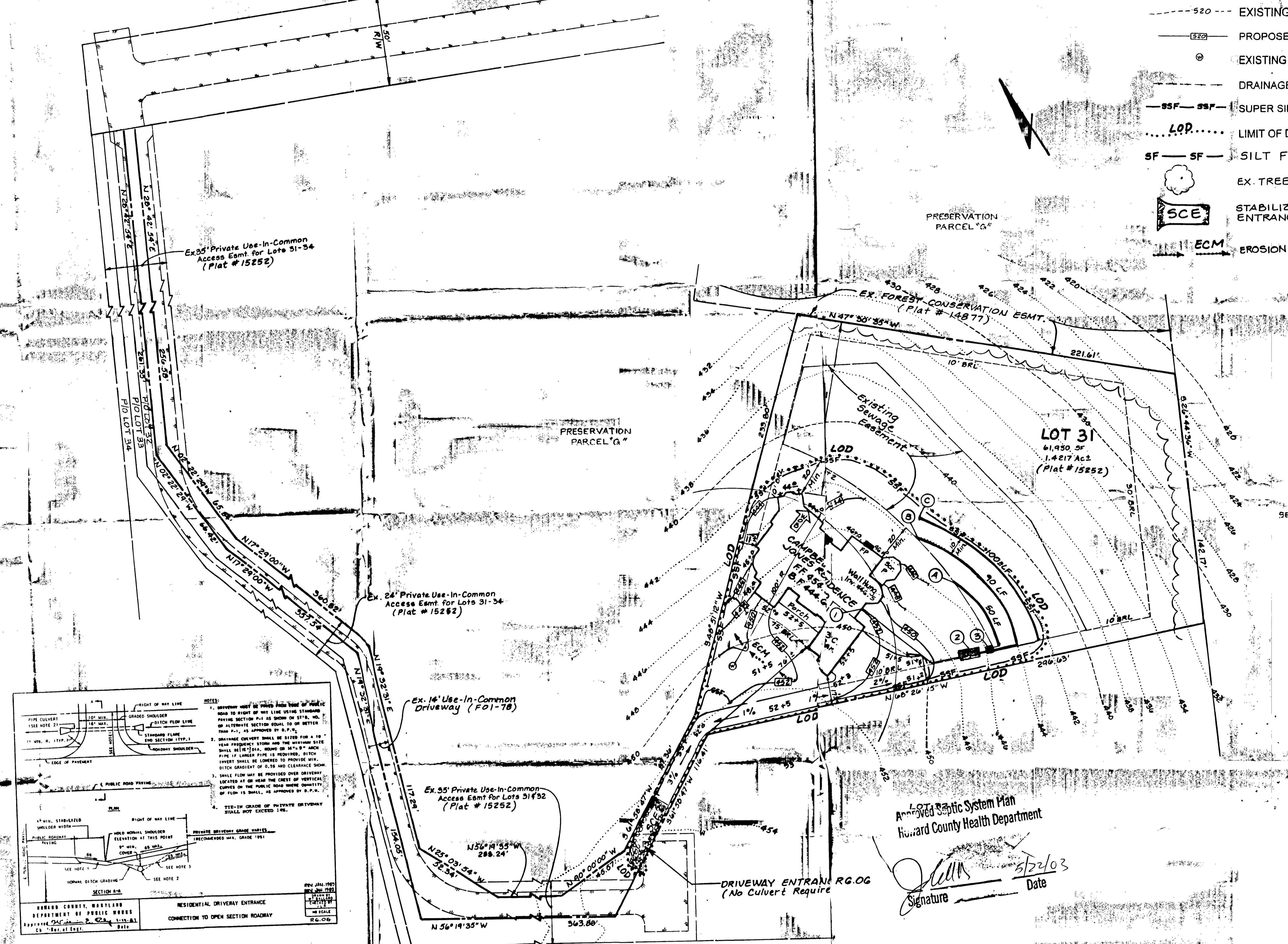
- 520 --- EXISTING GROUND
- 520 — PROPOSED GRADE
- ⊙ EXISTING WELL
- >--- DRAINAGE FLOW
- SF --- SUPER SILT FENCE
- ... LOD ... LIMIT OF DISTURBANCE
- SF — SF — SILT FENCE
- ⊙ EX. TREE TO REMAIN
- [SCE] STABILIZED CONSTRUCTION ENTRANCE
- [ECM] EROSION CONTROL MATTING



VICINITY MAP
Scale: 1" = 2000'

NOTES:

1. EXISTING ZONING: RC (RURAL CONSERVATION)
2. PLAT REFERENCE: 15252
3. LIMIT OF DISTURBANCE: 21,625 SQ. FT. ±
4. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 10 FEET WIDE, 6" CRUSHER RUN WITH 2 1/2" MACADAM SURFACE.
5. THE TOPOGRAPHY SHOWN IS TAKEN FROM THE HOWARD COUNTY AERIAL TOPOGRAPHY.
6. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.



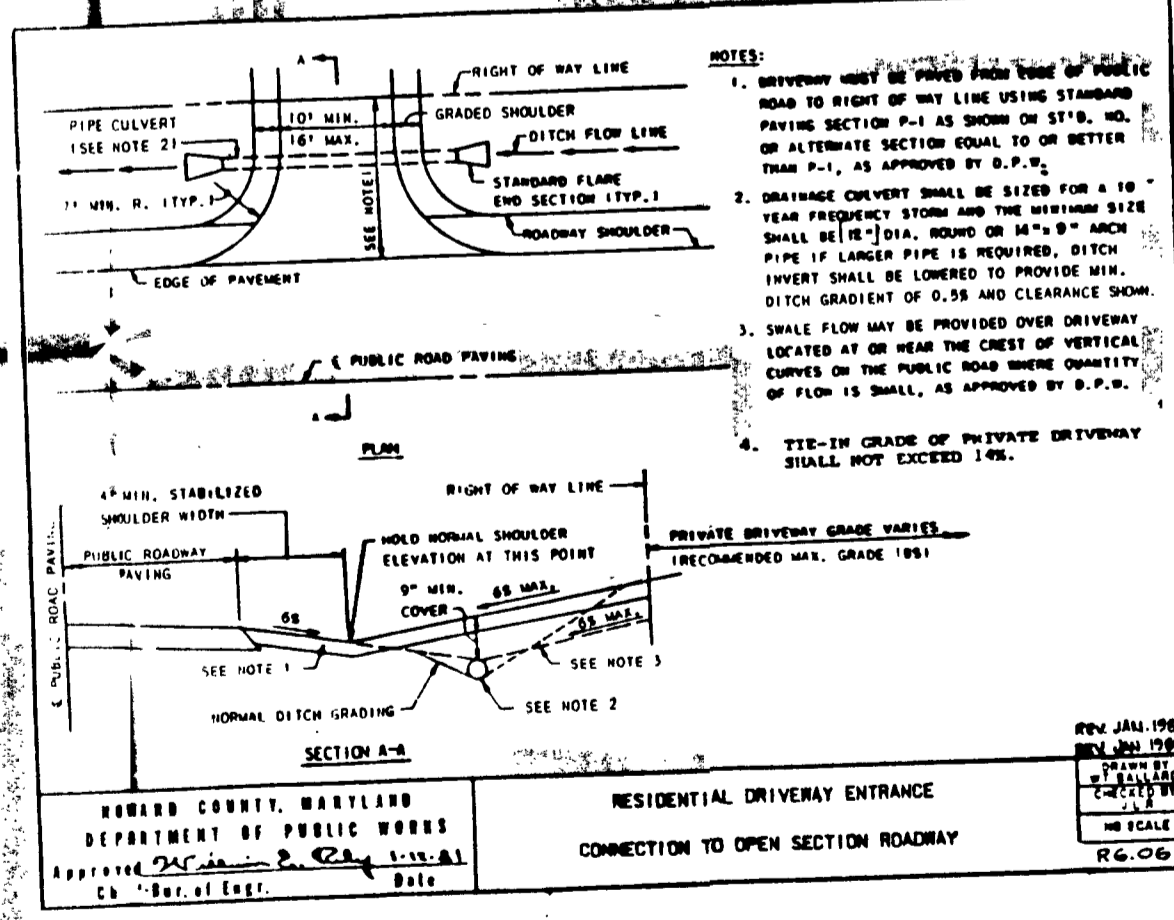
SEWAGE SYSTEM DESIGN DATA / LOT 31:

- 1 Invert at Foundation Wall: 446.50 (Wall Hung) (Interior Pump Required For Basement Service)
- 2 1500 Gallon Septic Tank (4 Bedrooms) Provide Manhole To Finished Grade
 - A. Ex. Ground Over Tank: 447.00
 - B. Prop. Grade Over Tank: 447.00
 - C. Invert In: 444.30
 - D. Invert Out: 444.00
- 3 Distribution Box: (Provide 3 Outlets Minimum)
 - A. Ex. Ground Over Box: 445.70
 - B. Prop. Grade Over Box: 445.70
 - C. Invert In: 442.70
- 4 Trench Design: 60 LF / Bedroom X 4 Bedrooms = 240 LF

	A	B	C
Ex. Ground Over Trench:	445.00	444.00	442.60
Invert of Trench:	442.00	441.00	439.60
Bottom of Trench:	440.00	439.00	437.60
Trench Length:	50 LF	90 LF	100 LF
Trench Width:	3 Ft.	3 Ft.	3 Ft.

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

Approved Septic System Plan
Howard County Health Department
[Signature]
Date: 5/2/03



ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAN OF GRADING AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE DESIGN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

[Signature] DATE: 5/5/03

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

[Signature] DATE: 5/5/03

DEVELOPER'S CERTIFICATE

I HEREBY CERTIFY THAT ALL DEVELOPMENT AND/OR CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC VISIT INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENTS, AS ARE DEEMED NECESSARY.

[Signature] DATE: 5/5/03

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

[Signature] DATE: 5/5/03

LDE, INC. 9250 Rumsey Road, Suite 108, Columbia, MD. 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fa.)		
DESIGNED: BDB	GRADING AND SEDIMENT CONTROL PLAN	SCALE: 1" = 30'
DRAWN: STB	BRANTWOOD SECTION 3 AREA 3 LOT 31	DRAWING 10F 2
CHECKED: BDB	TAX MAP 16 GRID 21 P/O PARCEL 205 3rd ELECTION DISTRICT HOWARD COUNTY, MD	JOB NO: 01-077
DATE: 3/03	OWNER: BRANTWOOD L.L.C. 13040 Old Frederick Road, Columbia, MD 21045 410-730-0810	BUILDER: NANTUCKET HOMES / DORSEY INC. 13040 Old Frederick Road, Sykesville, MD 21784
		FILE NO: GP 03-56

10/14/03
10 AM

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 Telephone #: (410) 781-4655
Address: 6321 Barnett Ave
Sukesville, 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 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: Nantucket Builders Telephone #: 410-442-8200
Subdivision: _____ Lot #: 31 Well Tag #: HO-94-3086 ✓
Site Address: 3115 Seneca Chief Trail
Ellicott City, Md 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Staite Make: Campbell Two piece watertight cap: ✓
Model #: SP1C02HL Model #: PAB00 Screened, vented well cap: ✓
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing: ✓
Well Yield: 14.2 GPM NSF approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 200 (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 of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house
Type: 1" poly
PSI: 160 (160 psi min)
Depth of supply line: ✓ (36" min)

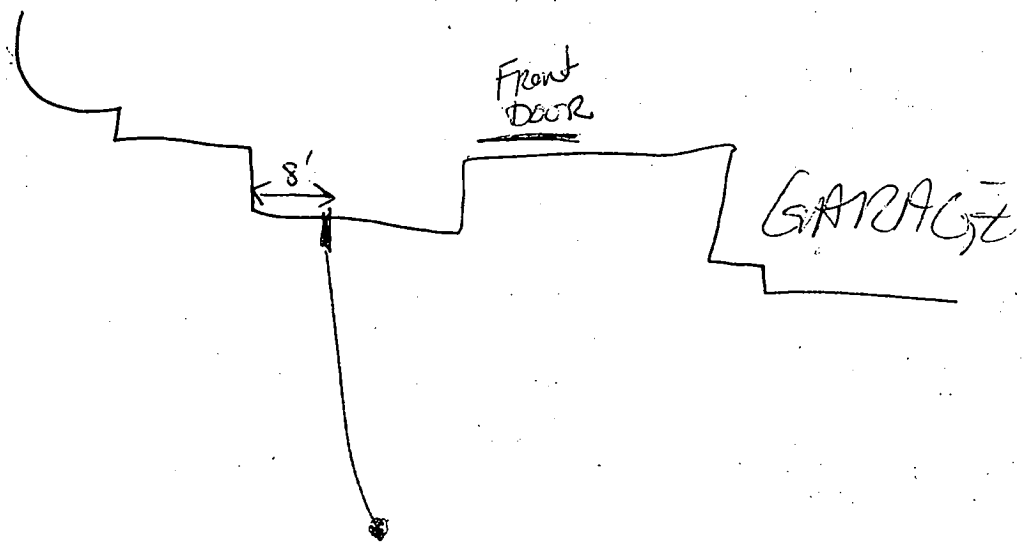
House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 13'
Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 10/9/03

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

Date Insp. Requested: _____ Date Insp. Approved: YN 10/14/03
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 ✓



ok
to cover

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER **13** OK SRK 9/14/01
 DATE WELL COMPLETED **07 18 2001** Depth of Well **22 200 26** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-3086**
 ST/CO USE ONLY DATE Received **MM 07 00 YY 13 15 20** (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER **Brantwood LLC** last name **Seneca, Chief Trail** first name **W Friendship**
 STREET OR RFD **Brantwood 313** SECTION **4** LOT **31**

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Overburden	0	45	
Gray Rock	45	200	x

water at 82'

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **900**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **36** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **50**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS LIC. NO. **M WD 399**
 DRILLERS SIGNATURE **Warren Powell**
 LIC. NO. **M-D 241**

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

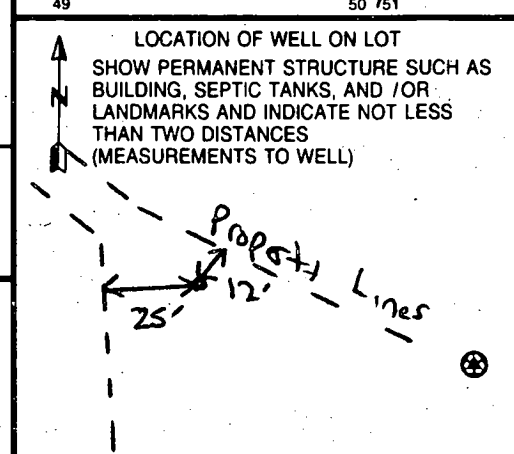
C2 DEPTH (nearest ft.)
HO 50 200
 E A C H 8 9 11 15 17 21
 S C 23 24 26 30 32 36
 R C 3 38 39 41 45 47 51
 E E S L O T S I Z E 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH) **56 60**
 from _____ to _____

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 O
 70 _____ 72 _____ 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **142**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **38** ft.
 WHEN PUMPING **41** ft.
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER INSTALLED 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 **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 (nearest foot)
- below } **1** (nearest foot)



B 1 7079

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-94-3086

W515213 please print or type

fill in this form completely

Date Received (APA) 4/23/01

OWNER INFORMATION

8 MM DD YY 13

Brantwood LLC

15 Last Name Owner First Name 34

8835 P Columbia 100 Pkwy

36 Street or RFD 55

Columbia MD 21045

57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

8 COUNTY 21

Brantwood

23 SUBDIVISION 42

SECTION 3 LOT 4 Area 3

52 NEAREST TOWN 71

MILES FROM TOWN (enter .0 if in town) 2 MI

DRILLER INFORMATION

Paul M. Fabiszak M WD

Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.

Firm Name

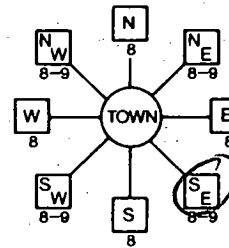
12047 Falls Road, Cockeysville 21030

Address

Signature Date 4/18/01

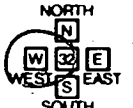
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Seneca Chief Trail

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2 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 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 043001 ACUM MDE 4/30/02

43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 820 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

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

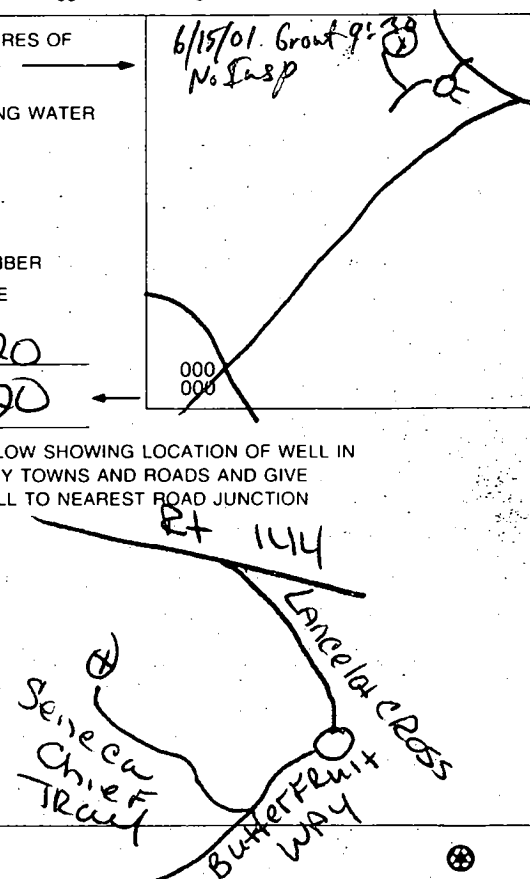
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 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



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

APPROX. PERMIT NUMBER

PERMIT No. HD-94-3086

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

WALTER and JAN
9.25.42
Zoned RC

Parcel 'D'
Non-Buildable
2.11 Act

PROP. SWM
FACILITY

P/O
Pres. Par. 'C'
(Non-Buildable)
8.19 Act

PROPOSED
SWM
FACILITY

"BRANTWOOD"
SECTION TWO
Preservation
Parcel 'F'
F99-140

4/30/01
Well site stated
by KDE, Inc



APPLICATION

PERCOLATION TESTING

A 510642A

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. 27/14

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 _____

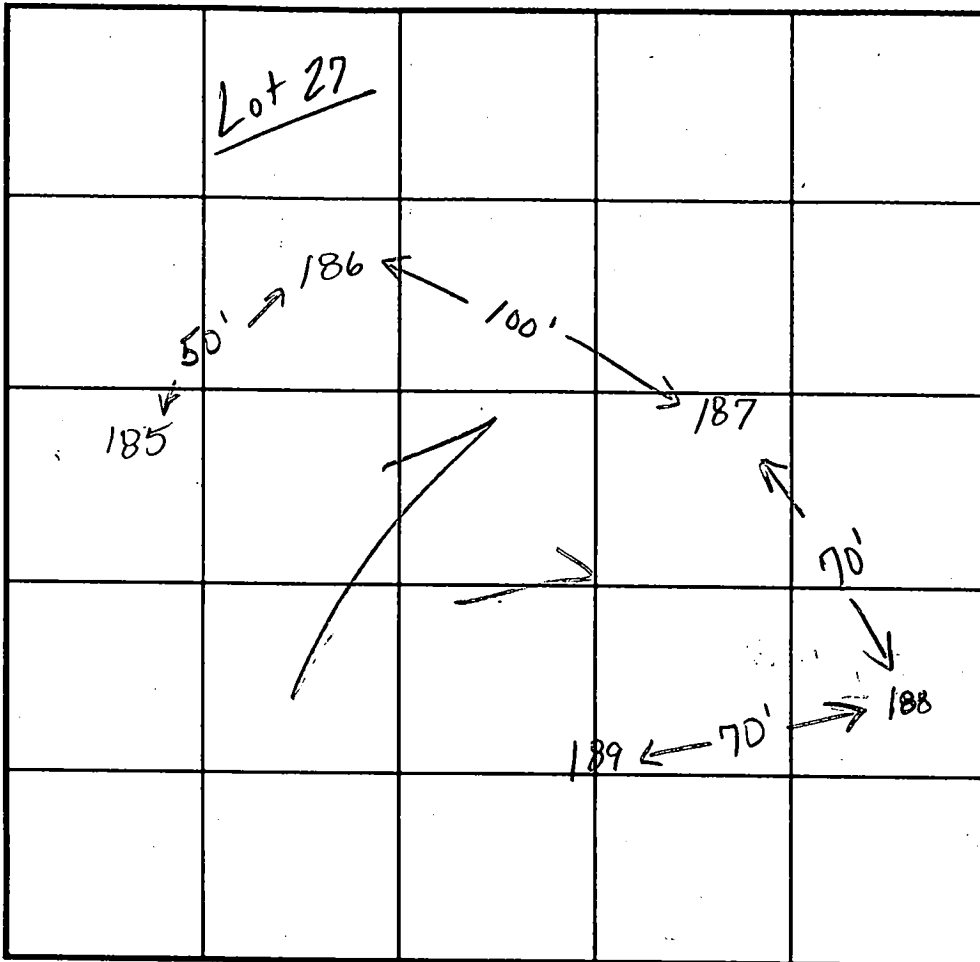
REASONS FOR REJECTION OR HOLDING _____

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

510642A
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
185
0'
brown
cl lm
2'
beige
silt lm
mica
10%
Saprolite
10'
↓

186
Same
as
test
hole
#185

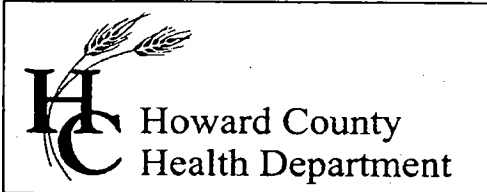
187
2'
or/br
cl lm
7'
beige
silt lm
mica flecs
large
rock
cutout
greater
than
50%
↓
10'

SOIL PROFILE
188
0'
beige
silt lm
large
rock
outcrop
quartz
boulders
from
4-8'

189
3'
or/br
cl lm
11'
beige
silt lm
mica
flecs
15% shale
11'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8.24.98	185	2.5'S	2:18:20	2:19	2:19	2:20	fast
		(repair)	2:21:30	2:23	2:23	2:25	2
	186	2.5'S	2:25:40	2:26:40	2:26:40	2:29:50	3:30
		11.0'D	visual	ok -	see profile		
	187	2.0'S	2:31:20	2:32:10	2:32:10	2:34:10	2
	188	11.0'D	visual	only - see profile			
	189	2.5'S	2:44	2:44:50	2:44:50	2:46:30	1:20
		11.0'D	visual	ok - see profile			
11/6/98	401	11.0'D	visual	ok - see profile #189			

REMARKS test holes staked by surveyor
 TYPE OF SOIL _____
 TESTED BY Kim Mintz ALSO PRESENT Tim Feaga
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 minutes TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180



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

January 29, 2004

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

SENT VIA FACSIMILE 410-442-8221

RE: 3115 Seneca Chief Trail
Brantwood 3/3, Lot 31
BP # B00141765
Well Permit # HO-94-3086

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 10/08/2003.**

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-94-3086. 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: 12/08/2003
Date of Well Completion: 07/18/2001

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File

CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Brantwood 3/3 TAX MAP: 16 A 510575 D
STREET NAME: Seneca Chief Trail PARCEL #: 172 LOT NUMBER A 31

AVERAGE PERCOLATION RATE: 2 min SQUARE FEET PER BEDROOM 180
NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM 60
TOTAL LINEAR FEET OF TRENCH 240 SEPTIC TANK CAPACITY: 1250
TOP SEAMED TANK REQUIRED? YES NO
COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DESIGN: Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 5.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO
PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber
YES NO top seamed pump chamber required?

LOCATION: Place distribution box as shown on plan.

ADDITIONAL NOTES: Maintain 9' edge to edge trench separation

REVIEWER: Jelly DATE: 5/22/03