

12/1/00
204 feet
10,000
(7:30)
12/8/00
AM

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514686

A 511091-D

ISSUE DATE 11/30/2000

APPROVAL DATE 12/8/00

INDEXED 04-363248

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

ADDRESS 1820 Gillis Falls Road, Woodbine, MD 21797 PHONE 410-489-4457

SUBDIVISION Fine Property LOT NUMBER 4 ADDRESS 1394 Morgan Station Road

PROPERTY OWNER Dave & Kim Golway PROPERTY OWNER'S ADDRESS 12222 Fleming Lane

SEPTIC TANK CAPACITY 1250 GALLONS Bowie, MD 20715

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 210 200

TRENCHES: Trenches to be 2³ feet wide. Inlet 4 feet below original grade. Bottom maximum depth 4⁸ feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 60 feet off the right lot line and 215 feet off the rear lot line as seen from the road. Run trenches along contour towards the right lot line.

7/25/00 O.K. (BB)

11/30/00 Specs changed dl

PLANS APPROVED Donna K. Soe DATE 6/23/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION-TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUILDING PERMIT SIGNED

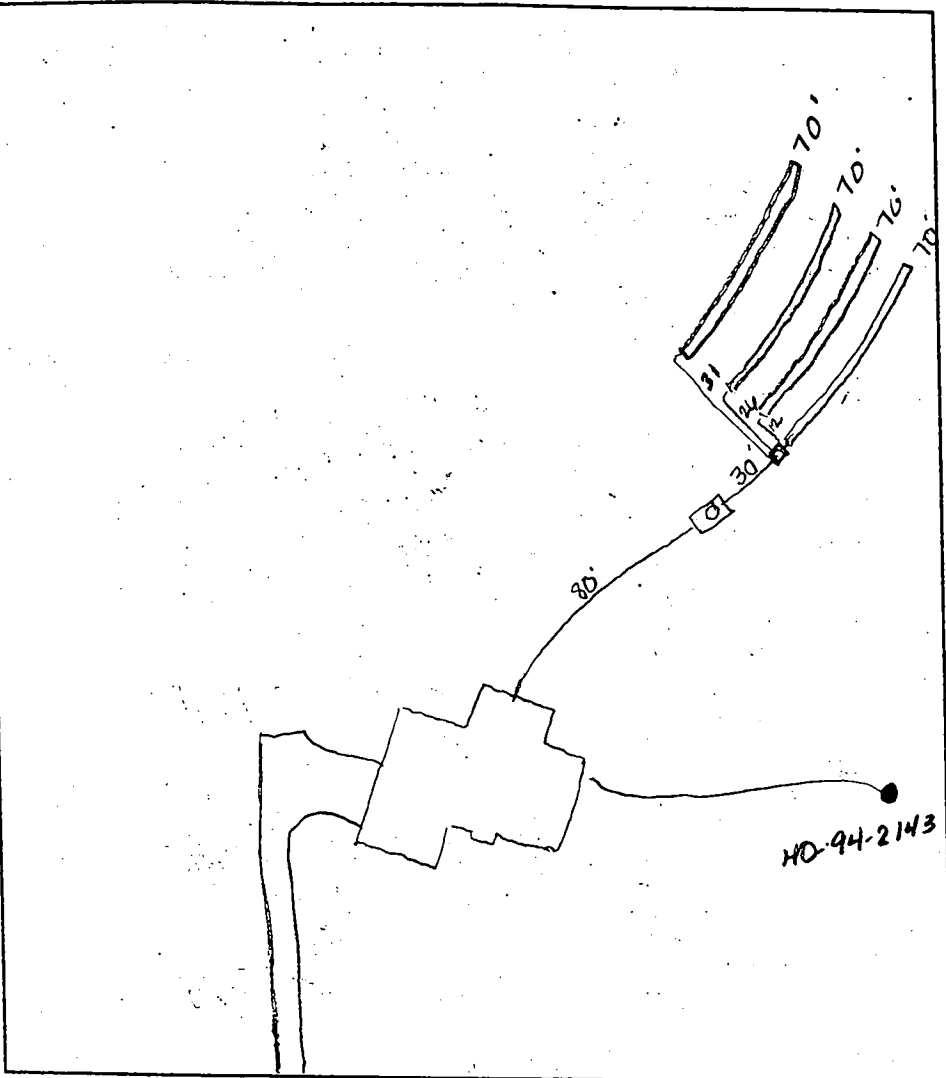
AND RETURNED 4-3-02

10/30/03 B00135263-Perch + Deck
B00141555-IG POOL

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

511091-D

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0
 TRENCH INLET DEPTH 4.0
 TRENCH BOTTOM DEPTH 6.0
 DEPTH OF STONE 2.0 **VAD BELONGS TO**
 NUMBER OF TRENCHES 4 **BOILING BEBALLSICKER**
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 840
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

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

MORRIS STATION RD

PRE-CONSTRUCTION INSPECTION: 11/30/00 OK to continue

INSPECTION COMMENTS: 12/8/00 10:30 am 1st trench in, hse com. made OK to continue 4:30pm OK to cover all work

INSPECTOR A McMill

DATE SYSTEM APPROVED 12/8/00

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) !!!! COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WTC III Plumbing & Heating Telephone #: 410 489-4457
Address: 1829 Gillis Falls Rd Woodbine Md 21797

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

Name (print): William T Cumberland III License# 7979

A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber t pump installer or well driller. Licenses may be subject to field verification.

Name of Property Owner: Steve + Kim Colony Telephone #: 410 457-9370
Subdivision: Morgan Estates Lot #: 4 Well Tag #: BO-44-2143
Site Address: 1374 Morgan Station Rd Woodbine MD 21797
> Estate of Rhoda Fine

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make:
Make: Mvers Make: Campbell Two piece watertight cap: YES
Model #: 3ST52-8 Model#: B10 X Screened, vented well cap: YES
Pump Capacity GPM Depth: (36" min) Cap secured to casing: YES
Well Yield: GPM NSF approved: YES Conduit min 18" B.G.: YES

Depth of well encountered at time of pump installation: (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: Plastic PVC sleeved to undisturbed soil at wall penetration yes
PSI: 160 (160psi Min) Approximate Length of sleeve 5ft
Depth of supply line: 48 (36" min) Sleeve sealed and calked properly: yes

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.

William Cumberland III
Signature of company representative responsible for installation

12-18-00
Date

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

Date Insp. Requested: 12/8/00 Date Insp. Approved: 12/8/00 (Forecast 12/20/00)
Inspection Date: Pitless adapter and water supply line at least 36" below grade ✓ 42"
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 ✓ ALP
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

APPLICATION

PERCOLATION TESTING

A 511091D
P _____

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

DISTRICT _____
DATE 10/8/98

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 ESTATE OF RHODA FINE (JUDY RATLIFE, CONSERVATOR)

ADDRESS 2155 GOLF COURSE DR., RESTON, VA. 20191-3834 PHONE _____

AGENT OR PROSPECTIVE BUYER CARY CUMBERLAND

ADDRESS 712 CHESSIE CROSSING, WOODBRIE MD. 20797 PHONE W (410) 797-6000
H (410) 489-5625

PROPERTY LOCATION:

SUBDIVISION ESTATE OF RHODA FINE LOT NO. (X) 4

ROAD AND DESCRIPTION WEST SIDE MORGAN STATION ROAD, N. OF RTE. 144, S. OF I-70

TAX MAP B PARCEL # B

SIZE OF LOT _____ TYPE BLDG. SINGLE-FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. [Signature]
(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 _____

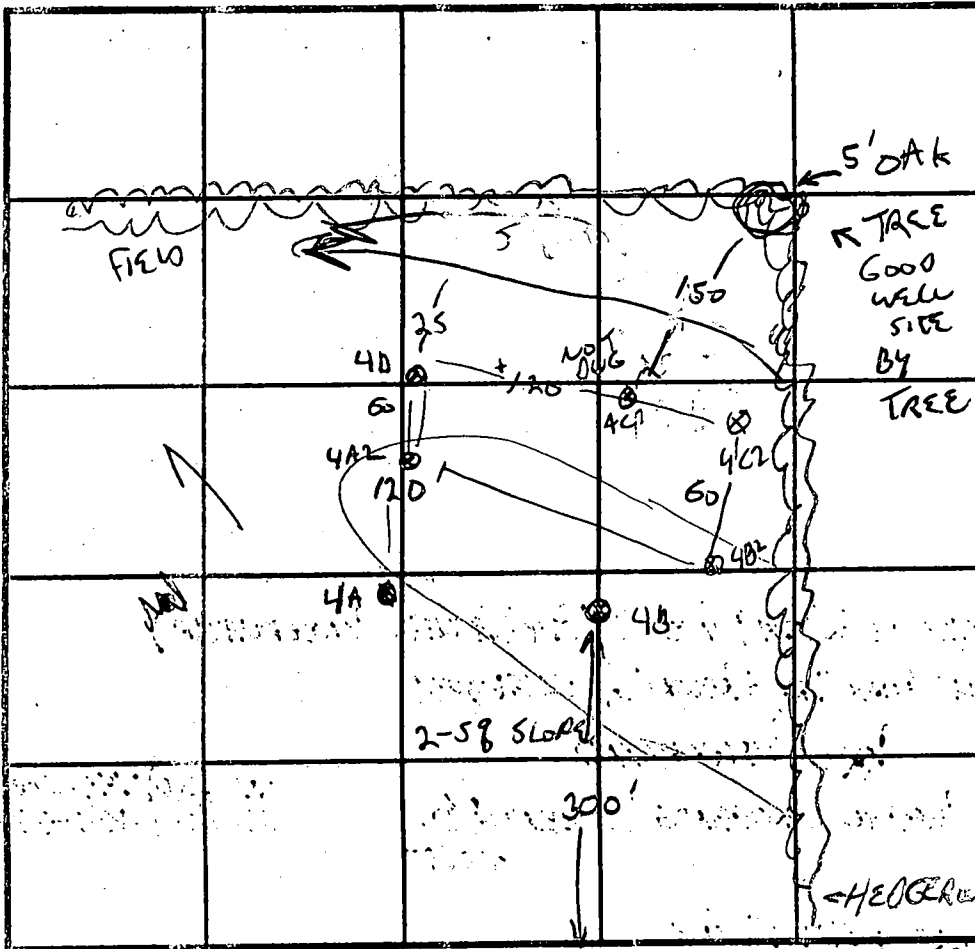
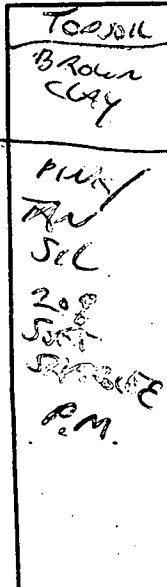
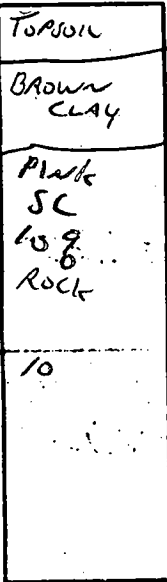
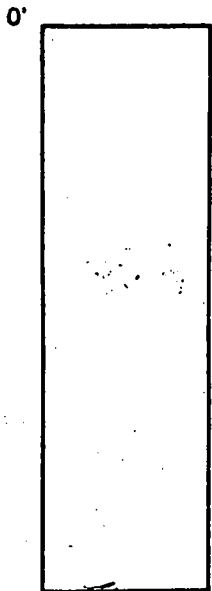
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

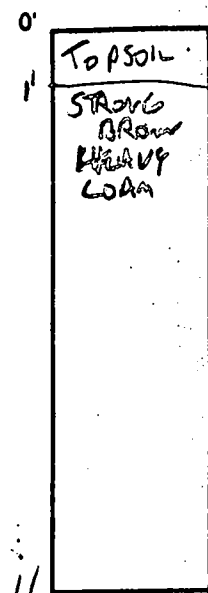
AS11091

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. NORGAN STATION ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/98	4A	5/11	1:41	2:15	SLOW	11/12 = 34 min	F
	40	5/1	1:45	1:51	→	2:06	15 MIN
	4B	6/12	1:55	2:12	→	2:48	3/4 inch slow
	4A2	5.5/12	4:47	4:50	→	4:55	5 min
	4B2	5/10	4:53	5:00	→	5:08	8 min

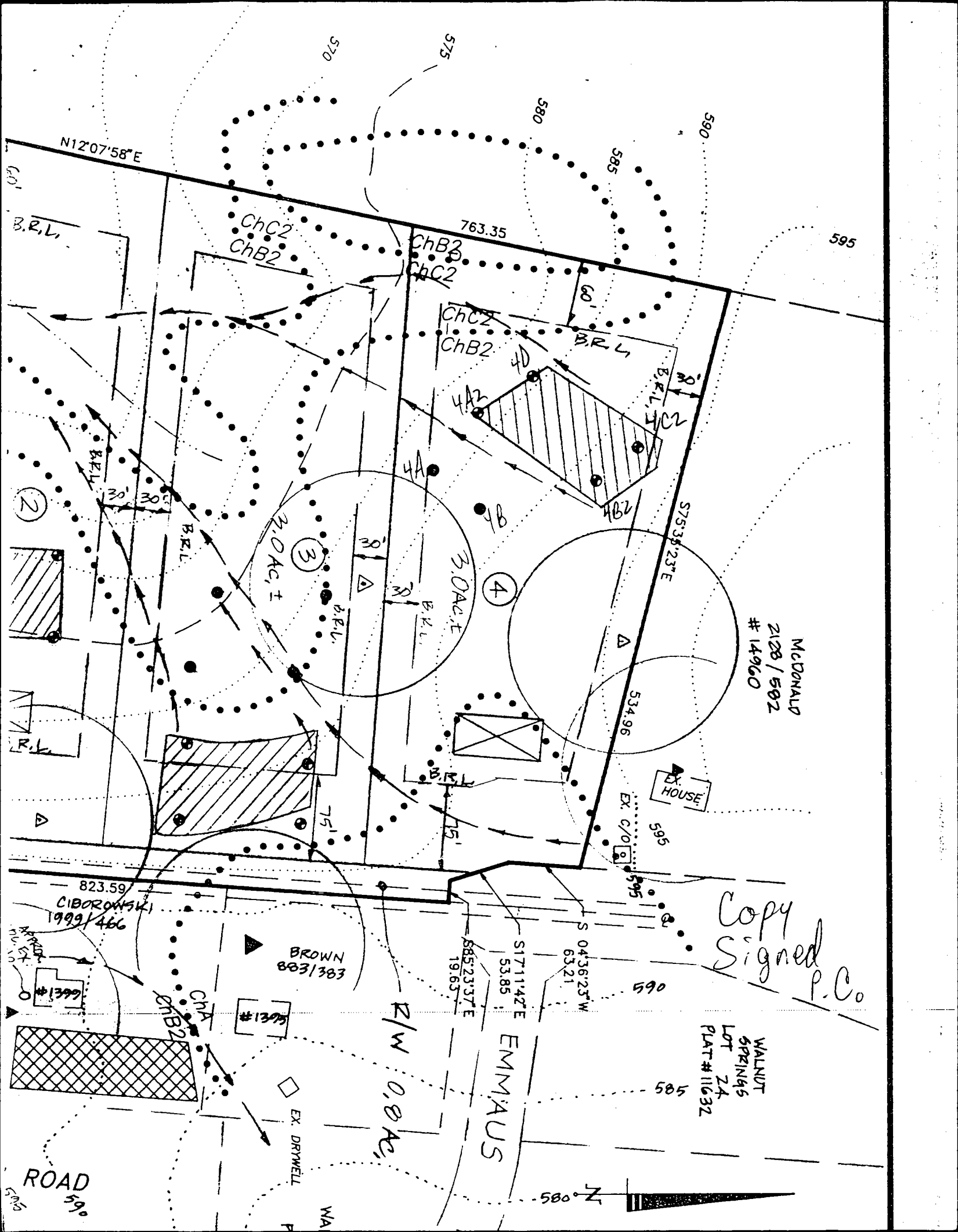
REMARKS NO GAS STARTED LOT 4

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT C. CUMBERLAND

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 210



Copy Signed P.C.

WALNUT
SPRINGS
LOT 24
PLAT # 11632

MCDONALD
2128/502
14960

N12°07'58\"/>

B.R.L.

ChC2
ChB2

ChB2
ChC2

ChC2
ChB2

M.O.A.C.T

3 O.A.C.T

823.59
CIBOROWSKI
1999/466

BROWN
883/383

S 04°36'25\"/>
S 17°11'42\"/>
S 85°23'37\"/>
53.85
19.63

EMMAUS

R/W O.A.C.T.

ROAD 59

EX. HOUSE

EX. DRYWELL

2

3

4

580

590

585

595

580

585

590

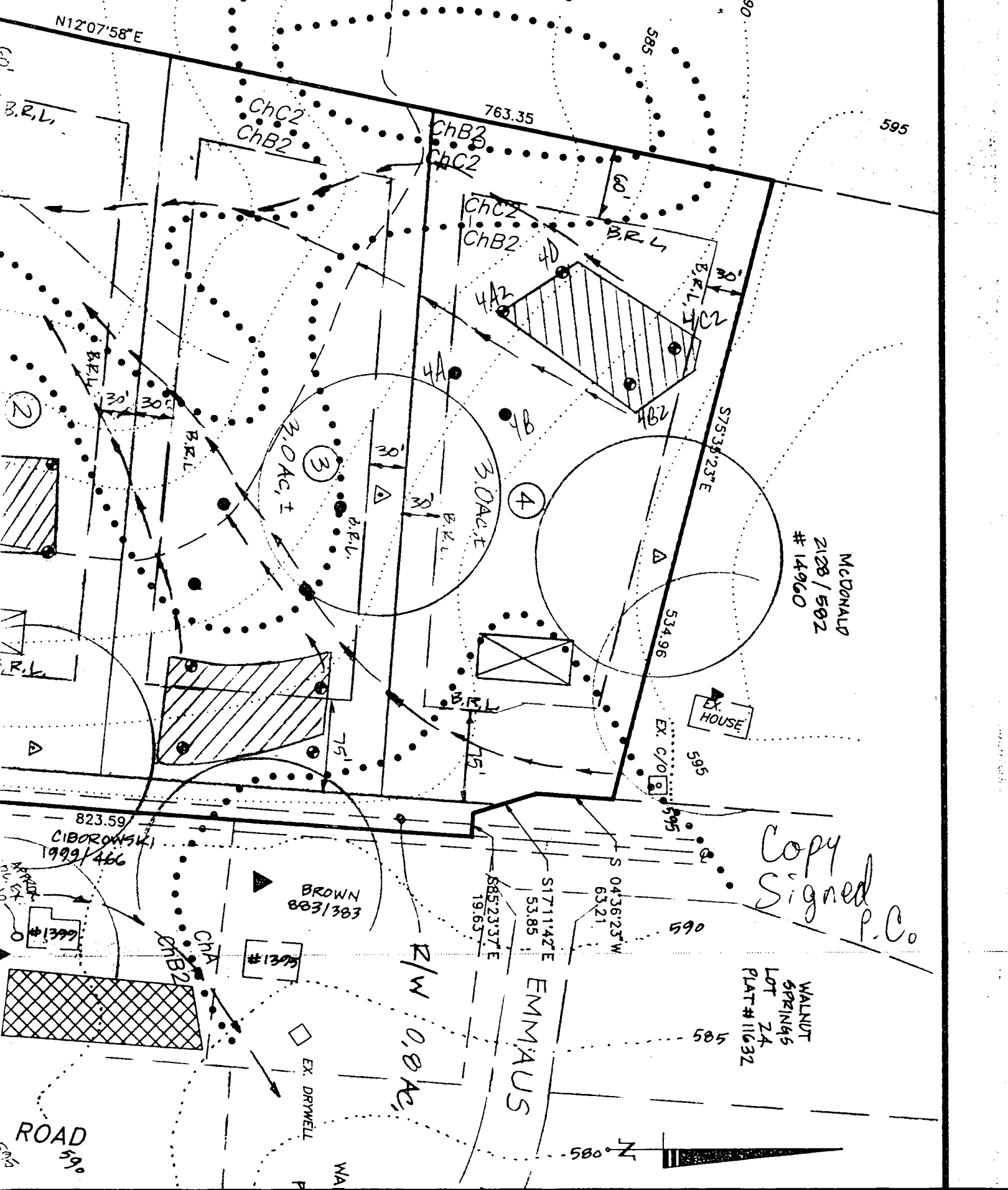
570

575

60

7

595



9640

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

A511091D

ST/CO USE ONLY

DATE Received MM DD YY

DATE WELL COMPLETED

MM DD YY 04 06 99

Depth of Well

22 150 26 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL

HO 94 2143

OWNER

Viking Development

STREET OR RFD

Marina Station Rd

TOWN

Lisbon

SUBDIVISION

Estate of Rhoda Fiac

SECTION

LOT

4

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES Y NO N 44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 24 NO. OF POUNDS 2400

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 86 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

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

ST 60 61 L 63 64 86 66 70

OTHER CASING (if used)

Table with columns for diameter (inch) and depth (feet) for other casing types.

screen type or open hole

SCREEN RECORD

insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

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

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

check if water bearing

Overburden 0 25
Soft Shale 25 80
Gray Rock 80 150 x

water at 92'

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 13.6

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.

WHEN PUMPING 46 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 (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

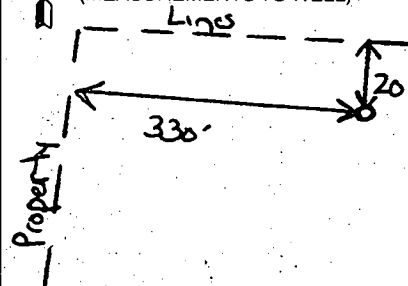
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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. MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 241

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 8830

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2143

fill in this form completely

Date Received (APA) 1/28/99

OWNER INFORMATION

Viking Development, 815 Wind River Drive, Sykesville MD 21784

B 3 LOCATION OF WELL

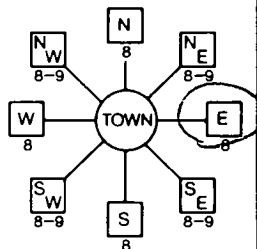
Howard COUNTY, Estate of Rhoda Fine, SECTION 44, LOT 48, Lisbon NEAREST TOWN

DRILLER INFORMATION

Paul M. Fabiszak, MWD 399, G. Edgar Harr Sons' Corp, 12047 Falls Rd, Cockeysville 21030, Signature: Paul M. Fabiszak, Date: 1/25/99

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Morgan Station Rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



300 FT DISTANCE FROM ROAD, ENTER FT OR MI

TAX MAP: 8 BLK 8 PARCEL 53

B 2 WELL INFORMATION

APPROX PUMPING RATE 5 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 750 GAL PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY, STATE SIGNATURE: Ronald Parley, DATE ISSUED: 2/26/99, EXP. DATE: 3/26/00, NORTH GRID: 546, EAST GRID: 0785

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTary, CABLE, JETTED, AIR-PERCussion, ROTARY (Hydraulic Rotary), Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

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

APPROX PERMIT NUMBER 54, G.A.P. 63

PERMIT No HO-94-2143

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

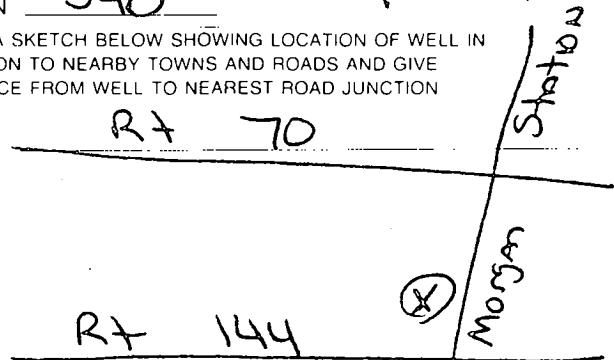
- 1. Well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7805, N 546

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

N



SPECIAL CONDITIONS

Linda / Blue Haven
Kim Golway (703) 369-9332
H 410 489-4085
W 410 451-9340

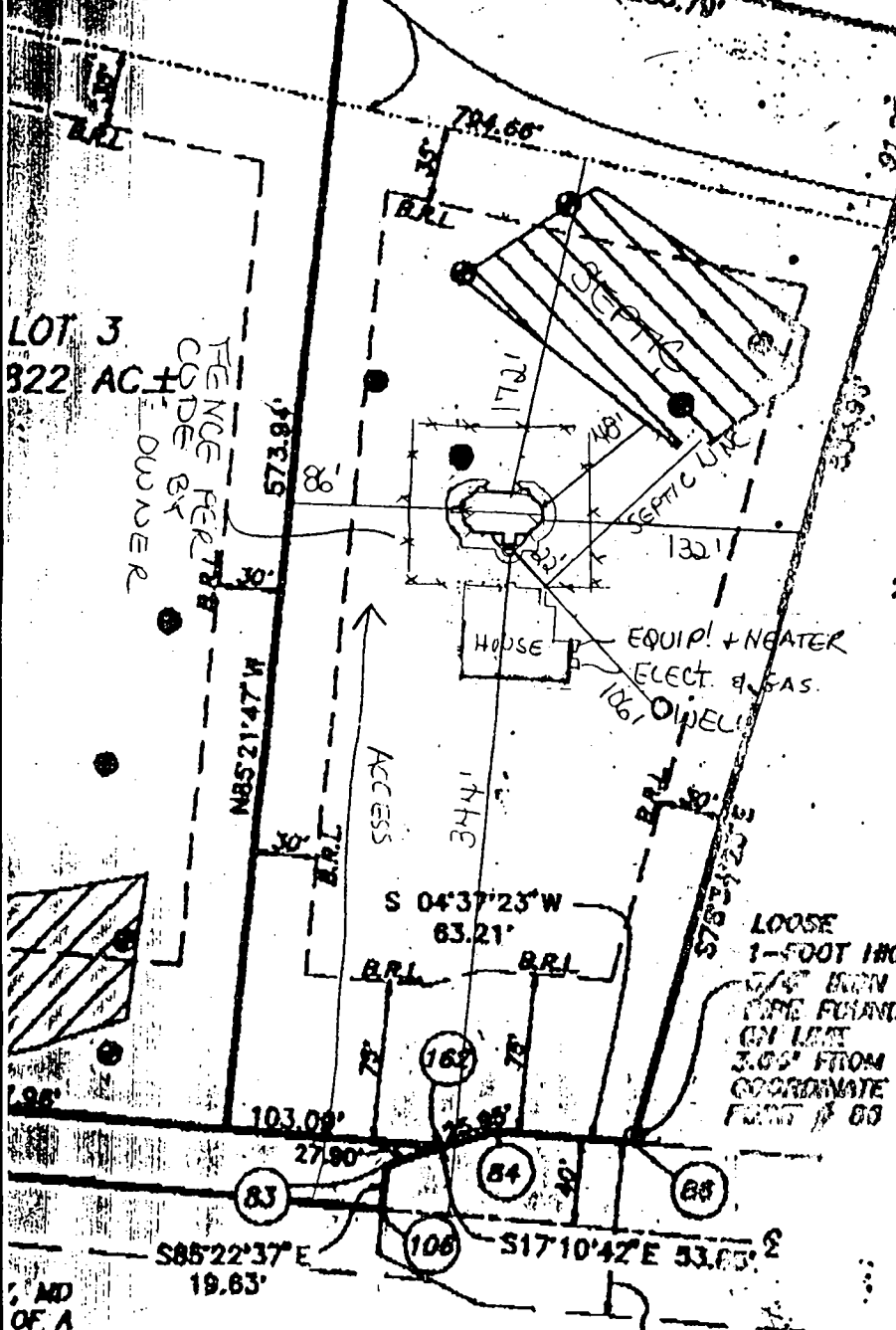
VICINITY MAP

SCALE: 1"=2000'

CROSS
146/84

N 607,850
E 1,297,850

229.93
PUBLIC
FOREST CONSERVATION
RESIDENTIAL # 1
16308 AC ±



MD '83
N120°38'E 183.71'
IRON PIN & CAP SET
3/4" PIPE FOUND

McDONALD
2128/582

N 607,850
E 1,298,300

OWNER:
JUDITH RATLIFF,
CONSERVATOR FOR THE
ESTATE OF RHODA FINE
2155 GOLF COURSE DRIVE
RESTON, VA 20191-3834

DEVELOPER:
CARY CUMBERLAND
712 CHESSIE CROSSING
WOODBINE, MD 21797

80' STATE R/W (SRC
PLAT 40011 & 43042

LOT 4
SCALE: 1"=100'
GOLWAY
HOWARD CO.

RECORDED AS PLAT # 14027
ON 10/19/1999 AMONG THE LAND
RECORDS OF HOWARD COUNTY

B00144855

10/30/03
Ensure at least 10' sep. distance
from septic tank to water's edge

OK
(KM)