

LAYOUT 8/6/02 1:30pm INSP 4 _____
 INSP 2 9/5/02 #12-1 INSP 5 _____
 INSP 3 _____ INSP 6 _____

04-366506

ISSUE DATE: 8/16/2002

P 517425

APPROVAL DATE: ~~8/16/02~~ 9/5/02

A 511939-D

**PERMIT
INDEXED**

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

Allen's Backhoe IS PERMITTED TO INSTALL ALTER

ADDRESS: 15100 Frederick Rd., Woodbine PHONE NUMBER: 410-489-7620

SUBDIVISION: Woods of Wellington-Section III LOT NUMBER: 5

ADDRESS: 2955 Hunt Valley Drive PROPERTY OWNER: _____

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 HOUSE SERVED BY PUBLIC WATER

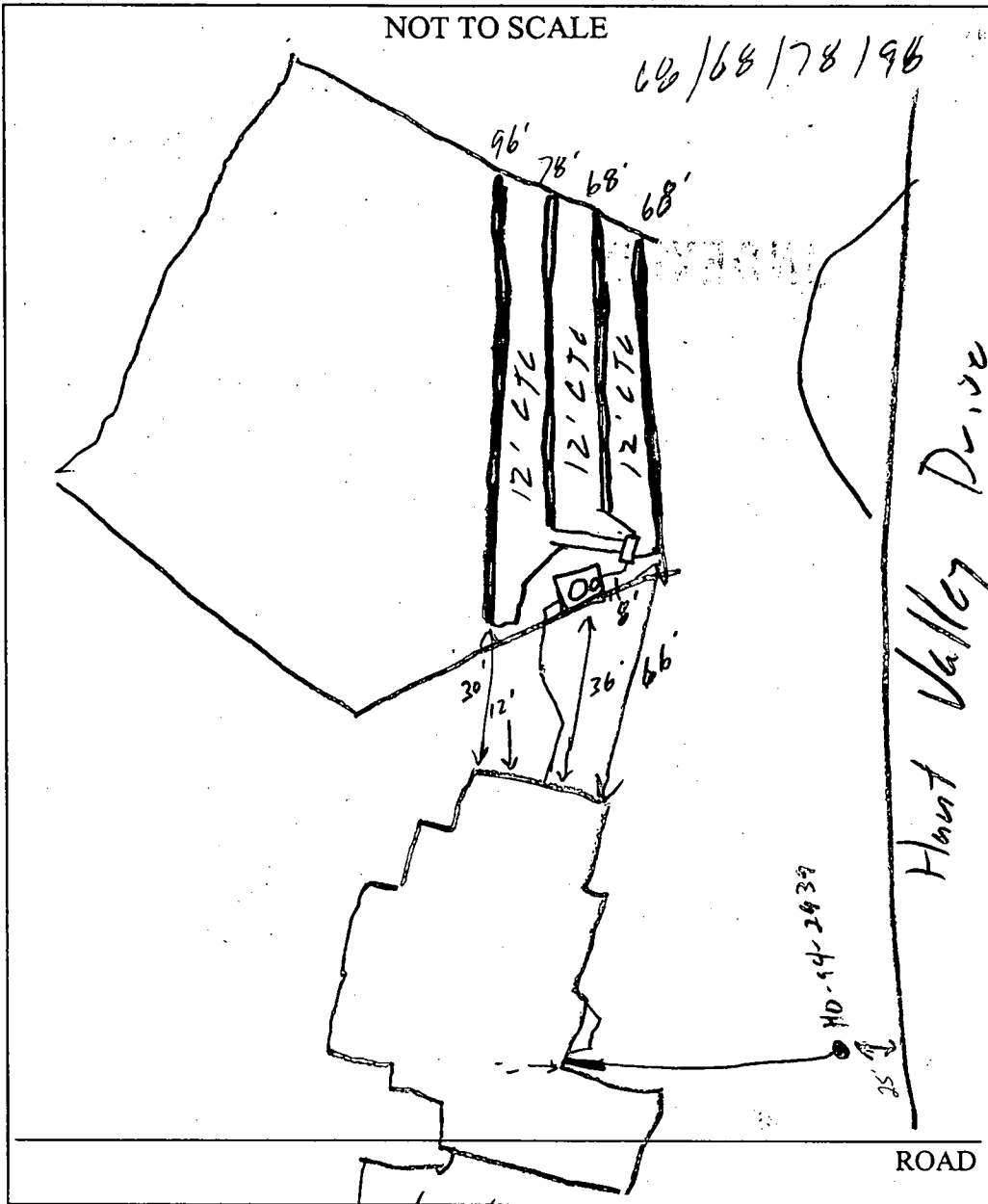
TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install distribution box 63' from the front right property corner and 133' from the right rear property corner.
NOTES:	Install 55'/65'/90' and 95' long trenches as shown on plan.

PLANS APPROVED: JAB OK SRK 7/8/02 DATE: 7/5/02

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**

A511939-D



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES	4	
TOTAL LENGTH	310'	
ABSORPTION AREA	930#	
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	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Back
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 8/26/02 Lot staked, contour appears accurate
 Tank being set today OK to start (SO)

INSTALLATION 9/5/02 OK to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/5/02

Benchmark
Escheer's

N 37°16'22" E X 199.51'

1"=30'

20/5/12

LIMIT OF DISTURBANCE

LOT 5
50,000 S.F.

EX. GRADE AT
DISTRIBUTION BOX = 521.5
INV. DISTR. BOX = 517.5
INV. OUT TANK = 518.7
INV. IN TANK = 516
INV. HOUSE = 519.1

EXISTING TREE LINE

LIMIT OF DISTURB.

SUPP. FENCE (TYP.)
(F-46)

PROPOSED TREE LINE

OPT. BOX

SMITH RESIDENCE
FF=533.6
BE=523.6

BAY

GAR.

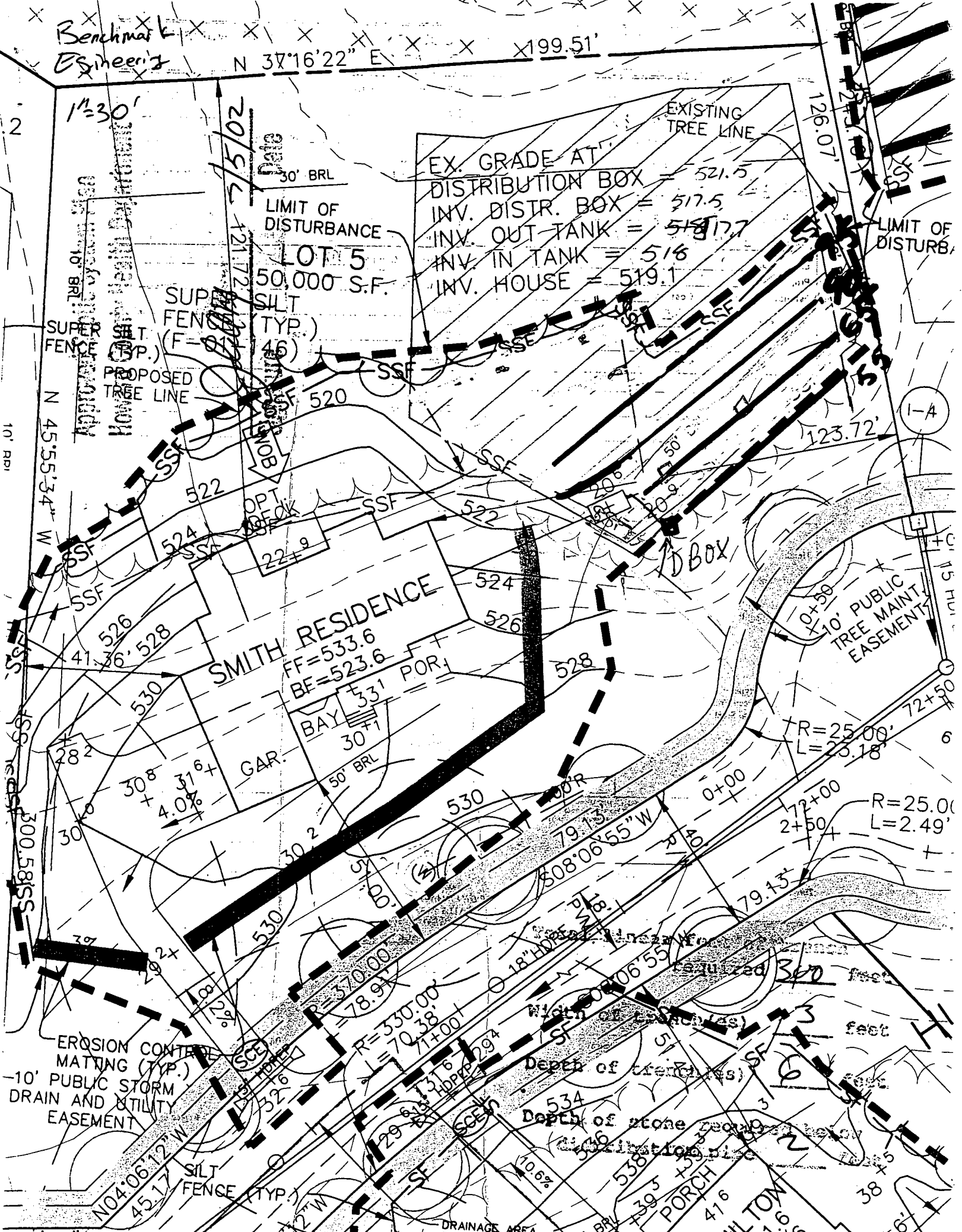
EROSION CONTROL MATTING (TYP.)
-10' PUBLIC STORM DRAIN AND UTILITY EASEMENT

10' PUBLIC TREE MAINT. EASEMENT

Depth of trenches

Depth of stone bedding

DRAINAGE AREA TO LOT 2



Building Address 2155 Hunt Valley Rd
Glennwood, MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: 6P-02-18

Census Tract 604002 Subdivision The Woods at Glenwood

Section — Area — Lot 5

Tax Map 14 Parcel 246 Grid 20

Zoning RC-BED Map Coordinates SF7 Lot size 1.14 ac

Property Owner's Name James H. Selfridge Builders

Address 14045 George Dr

City Glenwood State MD Zip Code 21738

Home Phone _____ Work Phone 410-531-8930

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

Phone 410-531-8930 Fax 410-531-8939

Existing Use Vacant lot

Proposed Use STD

Estimated Construction Cost \$ 350,000

Description of Work 5 BR, 3 BR, 1 Hkx STD
w/ Front Porch 2 Car Garage, Basal 211

Contractor Company James H. Selfridge Builders Inc

Contact Person Jim Thompson

Address 14045 George Dr

City Glenwood State MD Zip Code 21738

License No. _____

Phone 410-531-8930 Fax 410-531-8939

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 - <u>COMMERCIAL</u>	
Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	<input checked="" type="checkbox"/> Public
Gross area, sq. ft. per floor: _____	<input checked="" type="checkbox"/> Private
Use group: _____	Sewage Disposal: _____
Construction type: _____	<input checked="" type="checkbox"/> Public
_____ Reinforced Concrete	<input checked="" type="checkbox"/> Private
_____ Structural Steel	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
_____ Masonry	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
_____ Wood Frame	Heating System: _____
_____ State Certified Modular	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"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public _____
1st floor: _____	<input checked="" type="checkbox"/> Private
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Private
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Heating System: _____
No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
Other Structure: _____	NFPA #13D _____
Dimensions: _____	NFPA #13R _____
Footings: _____	Other: _____
Roof: _____	
_____ State Certified Modular	
Manufactured Home _____	

I, 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 THEREIN, (4) THAT HE/SHE WILL PERFORM ALL WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND EXISTING PROJECTS.

James H. Selfridge
 Applicant's Signature

James H. Selfridge
 Title/Company

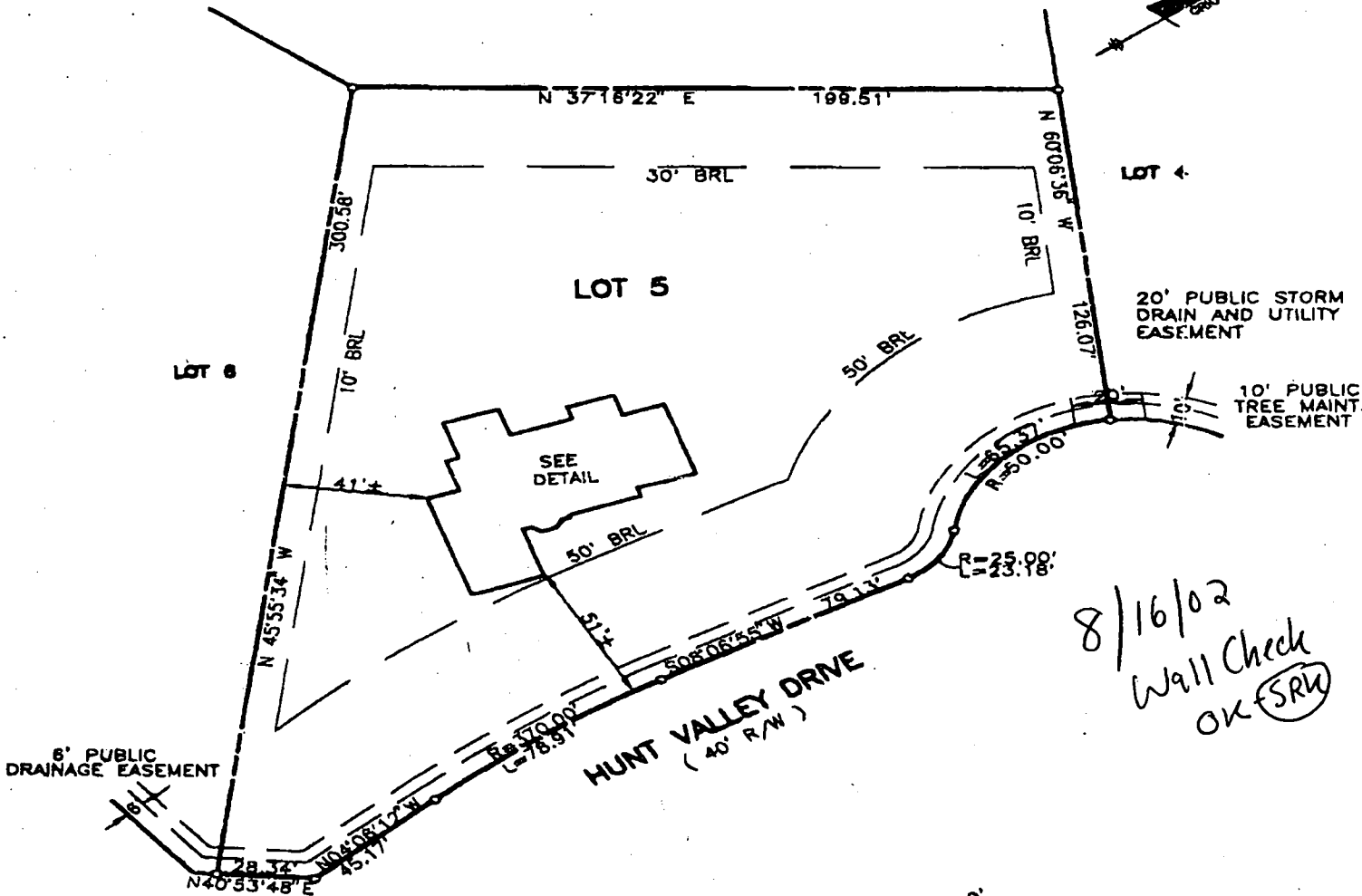
Jim Thompson
 Print Name

6/9/02
 Date

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

AGENCY		DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development	DPZ			Front: _____	55159
State Highways				Rear: _____	Filing fee \$ <u>100</u>
Building Official				Side: _____	Permit fee \$ _____
Dev. Engineering	DPZ			Side St: _____	Excise tax \$ _____
Health		<u>7/5/02</u>	<u>[Signature]</u>	All minimum setbacks met?	Add'l per fee \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Is Entrance Permit required?	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>22160</u>
				Historic District?	Validation # <u>53331</u>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for: NewTown Zone _____	
				SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

FOREST CONSERVATION
EASEMENT 1

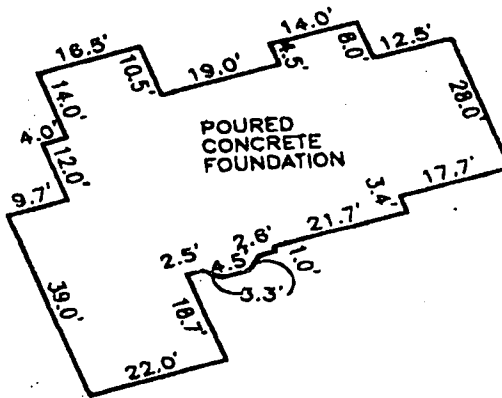


8/16/02
Wall Check
OK (SRW)

TOP OF FOUNDATION WALL ELEVATION = 531.7'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 08/01/02; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "THE WOODS OF WELLINGTON LOTS 1 THRU 24", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 15288



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK
THE WOODS OF
WELLINGTON
LOTS 1 THRU 24
LOT No. 5

2955 HUNT VALLEY DRIVE

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 30' DATE: 08/01/02

08/02/02

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 15288
FEMA FIRM No. 240044 0014 B
ZONE: C
DATED: 12/04/88

**BENCHMARK
ENGINEERING, INC.**

3840 WILDFIRE NATIONAL PIKE & SUITE 418
GLYNN OAK, MARYLAND 21042
PHONE 410-482-8100 & 410-482-8040
www.benchmarkinc.com

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: Pipe Rite Plumbing Telephone #: 410-788-3080
Address: 405 Lafayette Ave
Beltz MD 21228

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

Name (Print): George Baker License# 2214

*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: Smith Telephone #: _____
Subdivision: Woods of Wellington Lot #: 5 Well Tag #: HO
Site Address: 2955 Hunt Valley Drive
Blenwood MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Meyer Make: Martinson Two piece watertight cap: /
Model #: 25T102-5 Model#: B10X Screened, vented well cap: /
Pump Capacity 5 GPM Depth: 48 (36" min) Cap secured to casing: /
Well Yield: 1.7 GPM NSF approved: / Conduit min 18" B.G.: /
Depth of well encountered at time of pump installation: 40 (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: /

Flange to house House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: /
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 48 (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.

George Baker 11-26-02
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: 11/8/02 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 3" above finished grade /
Water supply line sleeved adequately at house connection /
Adequate grout observed below pitless adapter /

C1 0259

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 SRH 4/22/01

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 480

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2939

OWNER SDC last name first name STREET OR RFD Hunt Valley Drive TOWN Glenwood SUBDIVISION Wellington, Sect. III SECTION LOT 5

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (1410), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0 to 58 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (64).

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

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

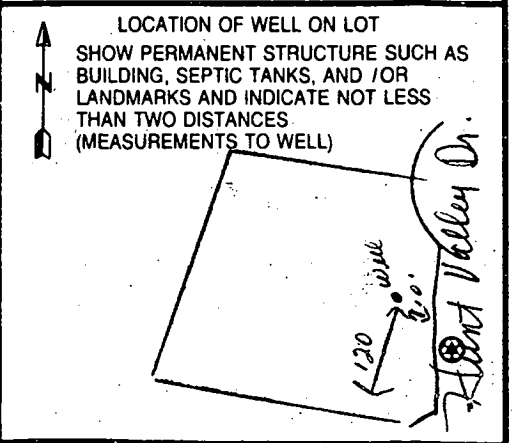
C2 DEPTH (nearest ft.) table with columns 1-5 and rows A-C, S-R, E-N. Includes slot size and diameter of screen information.

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

C3 PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (1.7), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (49 ft), WHEN PUMPING (351 ft), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), 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 (3) (nearest foot) below.



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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. 1 M SD 024, DRILLERS SIGNATURE (Must match signature on application), LIC. NO. 1 M D

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2939
 Location of property (road) Hunt Valley Dr.
 Subdivision Wellington Lot 5 Block _____ Plat _____ Sec. 3
 Well Driller Joseph O'Mayne Owner SDC

Depth of well 480'
 Distance of measuring point (M.P.) above ground 3
 Static water level (S.W.L.) below M.P. 49'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 351 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	154	3 sec		20
7:00	253	4		15
7:15	351	4		15
7:30	351	35		1.7
7:45	351	35		1.7
8:00	351	35		1.7
8:15	351	35		1.7
8:30	351	35		1.7
8:45	351	35		1.7
9:00	351	35		1.7
9:15	351	35		1.7
9:30	351	35		1.7
9:45	351	35		1.7
10:00	351	35		1.7
10:15	351	35		1.7
10:30	351	35		1.7
10:45	351	35		1.7
11:00	351	35		1.7
11:15	351	35		1.7
11:30	351	35		1.7
11:45	351	35		1.7
12:00	351	35		1.7
12:15	351	35		1.7
12:30	351	35		1.7
12:45	351	35		1.7
1:00	351	35		1.7
1:15	351	35		1.7

HD-224 12:45 351 35 1.7
1:00 351 35 1.7
1:15 351 35 1.7

B 1 03760

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-2939

fill in this form completely

W514707 Please print or type

Date Received (APA)

12/12/00

OWNER INFORMATION

Security Development Group P.O. Box 417 Ellicott City Md 21041

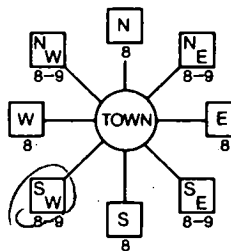
B 3 LOCATION OF WELL

Howard Wellington 3 5 1 1/2

DRILLER INFORMATION

Joseph R Mayne MS D024 Joseph R Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunt Valley Dr. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 30 FT

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

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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 01/24/01 CO SIGNATURE EXP. DATE NORTH GRID 528 000 EAST GRID 0786 000

APPROXIMATE DEPTH OF WELL 260 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

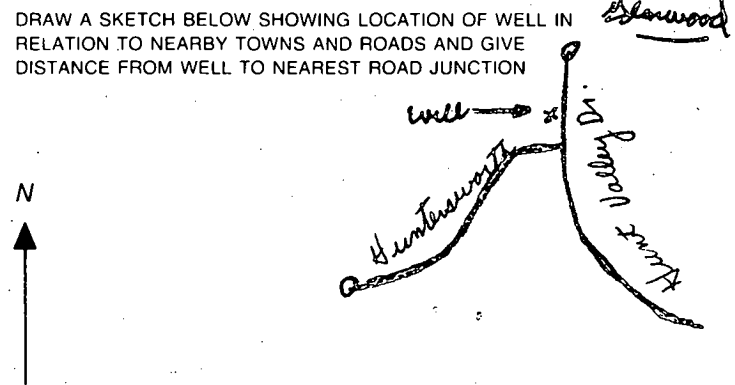
AIR-ROTary JETTED Jetted & DRIVEN AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

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 DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 7800 N 5208

Handwritten note: Amp gated 9:30 No insp -> insp paperwork demands do not allow



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

APPROP. PERMIT NUMBER 10 000 GAP 01301 PERMIT No. 10-94-2939

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

APRIL 21-28
MAY 13-14
12

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 Mick Curran

ADDRESS P.O. Box 417 E. Md 2104 PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER ~~Hunt Valley~~ SDC Group

ADDRESS _____ PHONE 410-443-2509931

PROPERTY LOCATION:

SUBDIVISION Wellington 3 LOT NO. LOT-1 THRU 20 (A) (5)

ROAD AND DESCRIPTION End of Hunt Valley Dr. Glenwood Md

TAX MAP 14 PARCEL # 246

SIZE OF LOT 1 acre 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. DM Curran DM
(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

9A

0' topsoil

1' org red
brn
cl lm

4' pale org
brn
si lm

10-15%
rock
frag

13'

9B/9E/9F

0' topsoil

1' red org
brn
cl lm

4' pale org
brn
si lm

4.5' 5-10%
rock
frag

12.5'

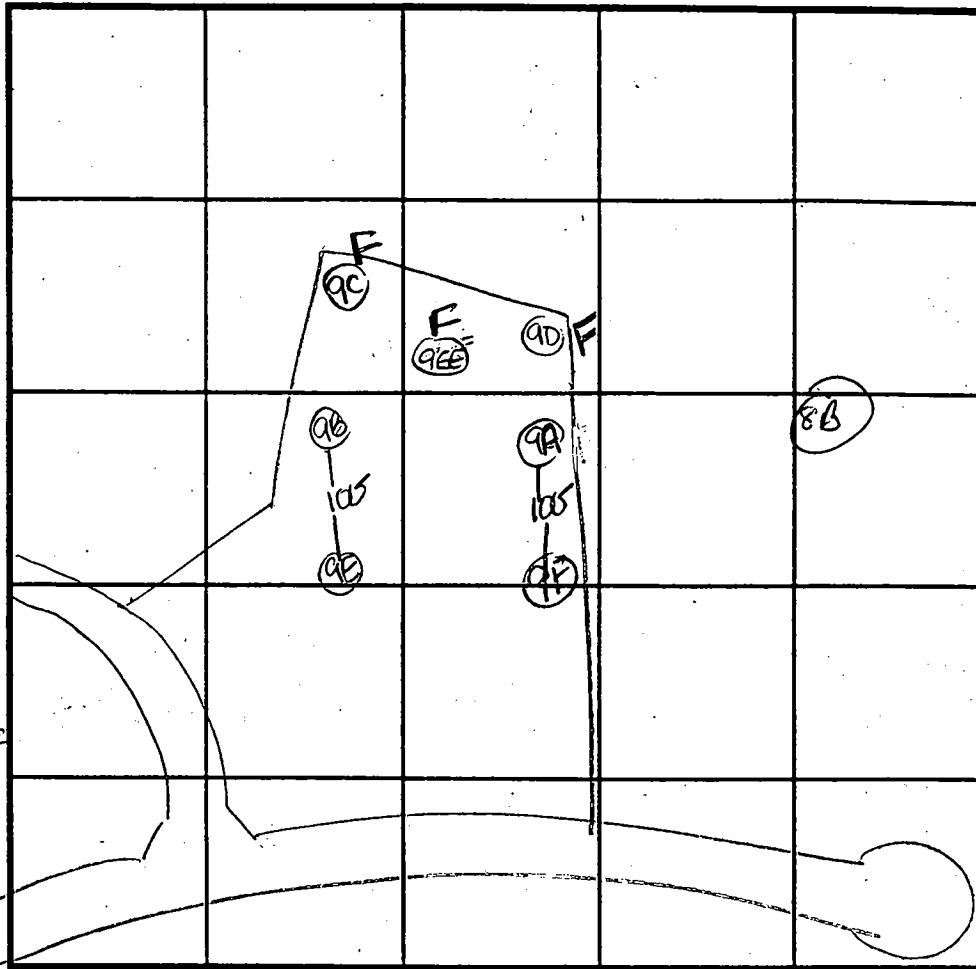
8B

4.5' red brn
cl lm

5.0' beige
si lm

25-30%
R_x

12'



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	
4-28-99	9A	5.0'S	12:02 ₃	12:07	12:07	12:12	5
		13.0'D	Visual	- See	profile		OK
	9B	5.0'S	12:08 ₃	12:11	12:11	12:15	4
		12.5'D	Visual	- see	profile		OK
	9D	8.0'D	Refusal				FAIL
	9C	4.5'D	Refusal				FAIL
	9E	13.0'D	Visual	- see	profile		OK
	9F	13.0'D	Visual	- See	profile		OK
6-23-99	9EE	4.0'D	Refusal				FAIL
4/27/99	8B	4.5/12	SLOW, BUT		OK BELOW		

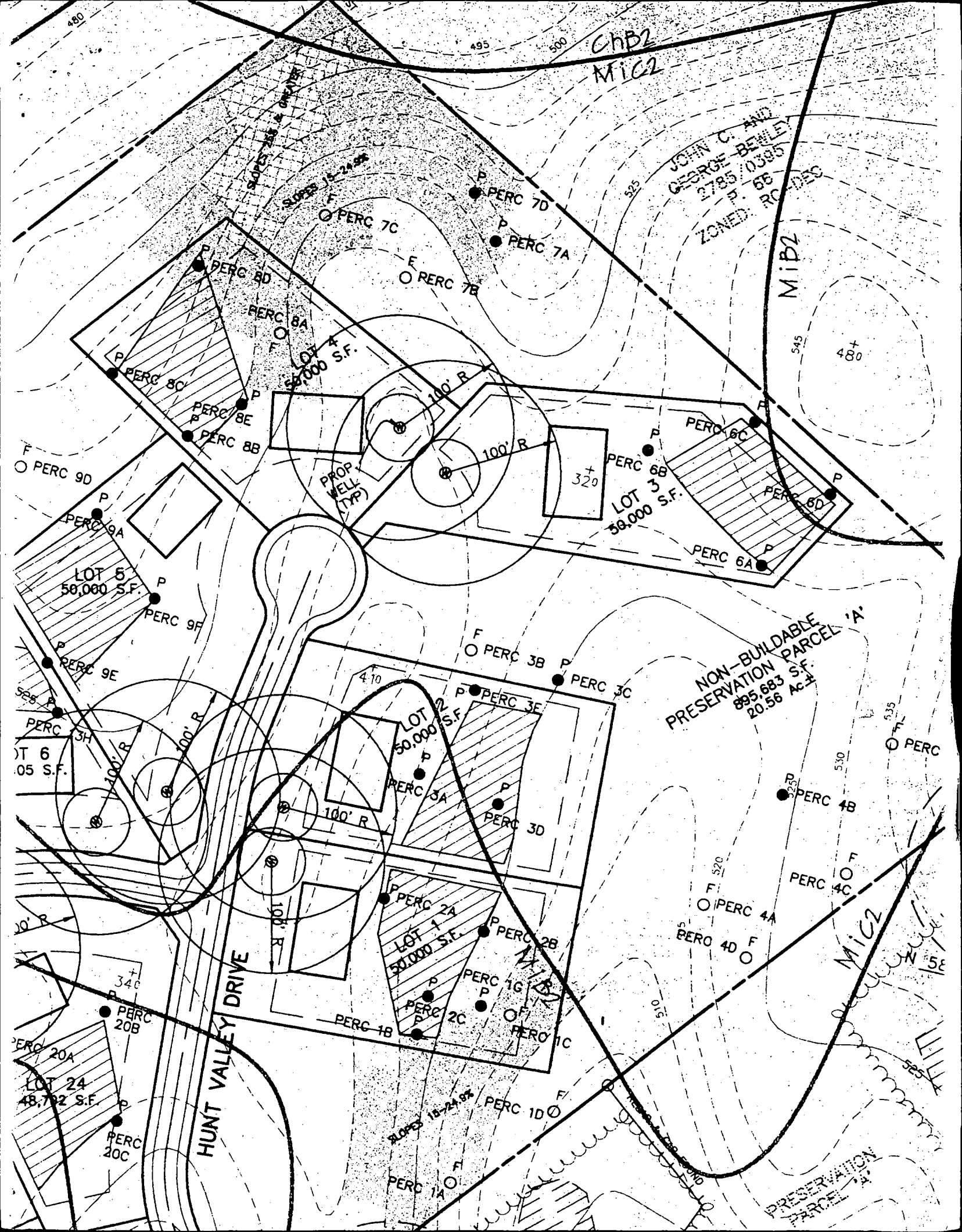
REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT Hoffman's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



1738.38'

FOREST CONSERVATION EASEMENT RETENTION
TOTAL AREA 15.53± ACRES
AREA THIS SHEET 8.12± ACRES

OWNERS

LOT 4
50,000 S.F.

LOT 7
50,000 S.F.

LOT 6
49,905 S.F.

LOT 5
50,000 S.F.

LOT 2
50,000 S.F.

LOT 23
49,270 S.F.

LOT 24
48,795 S.F.

LOT 1
50,000 S.F.

WINTERSWORTH (PUBLIC ACCESS PLACE)

HUNT VALLEY DR. (PUBLIC ACCESS PLACE)

HUNT VALLEY DRIVE (PUBLIC ACCESS STREET)

N-BUILDABLE VARIATION PARCEL 'D' CREATED BY THE WELLINGTON ROAD ASSOCIATION WITH THE COUNTY AS EASEMENT HOLDER MANAGEMENT EASEMENT 1.67± AC. 20' PUBLIC STORM DRAIN EASEMENT

10' PUBLIC TREE MAINT. AND GUARD RAIL EASEMENT

SIGNED
PA [Signature]
2/12/02

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PRES. PARCE

