

LAYOUT 10/23/03 10 AM INSP 4 \_\_\_\_\_  
 INSP 2 10/24/03 11 AM INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

04366557

ISSUE DATE: 9/30/03

APPROVAL DATE: 10-24-03

**PERMIT  
INDEXED**

04-366557

P 519592

A 511939-I

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

K & K Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS: 14960 Frederick Road PHONE NUMBER: 410-442-1336

SUBDIVISION: Wellington III LOT NUMBER: 10

ADDRESS: 3222 Huntersworth Way PROPERTY OWNER: Selfridge Builders

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

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

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

TRENCHES:	Trench to be 3.0 feet wide. Inlet 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:	Place the distribution box as shown on the approved site plan. Run trenches on contour.
NOTES:	Basement service by gravity is proposed.

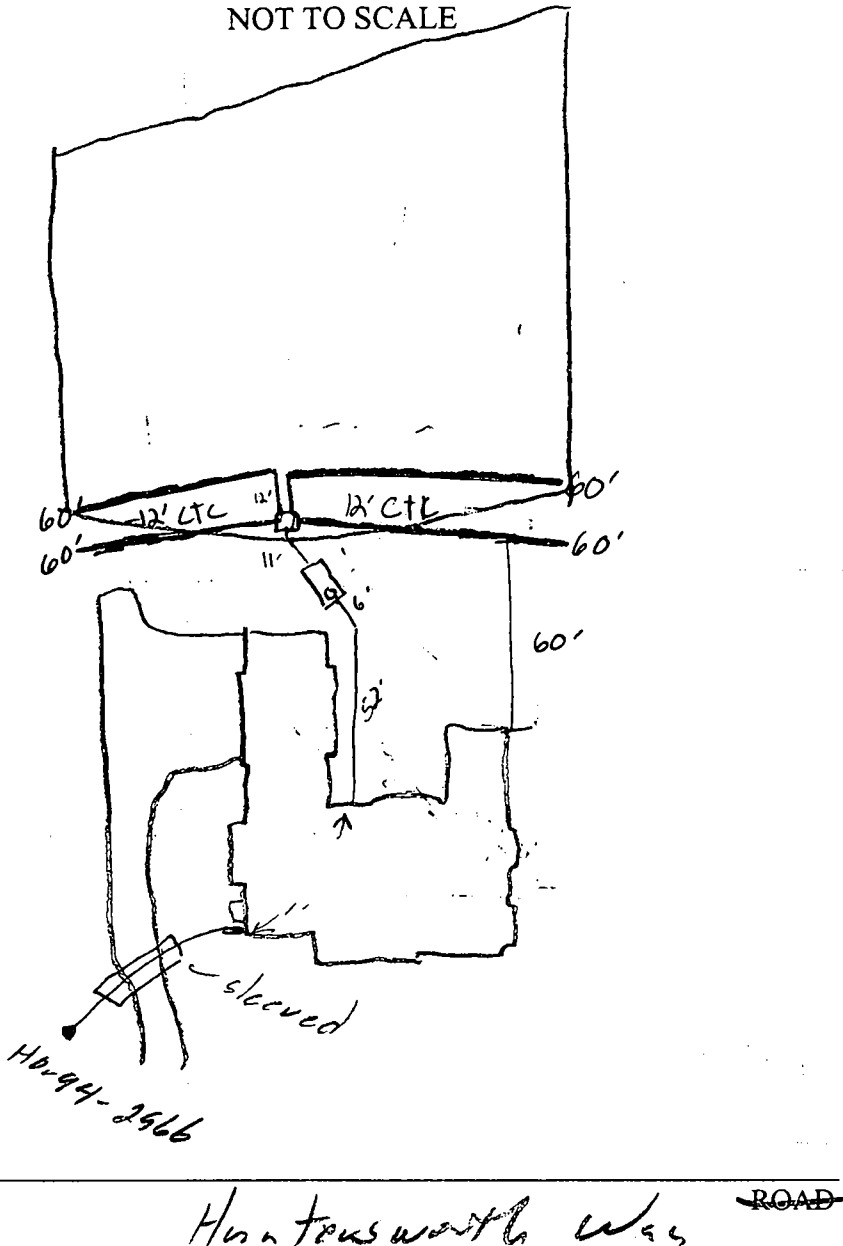
PLANS APPROVED: Steven R. Krieg DATE: 4/18/03

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**

A 511939-I

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		720 ft <sup>2</sup>
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		NA

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	1 1/2' - 2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	NA
MANHOLE LOC	front
6" PORT LOC	NA
WATERTIGHT TEST	NA
SEPTIC TANK 2 LEVEL	
CAPACITY	<del>NA</del> GAL
SEAM LOC	<del>NA</del>
TANK LID DEPTH	<del>NA</del>
BAFFLES	<del>NA</del>
BAFFLE FILTER	<del>NA</del>
MANHOLE LOC	<del>NA</del>
6" PORT LOC	<del>NA</del>
WATERTIGHT TEST	<del>NA</del>

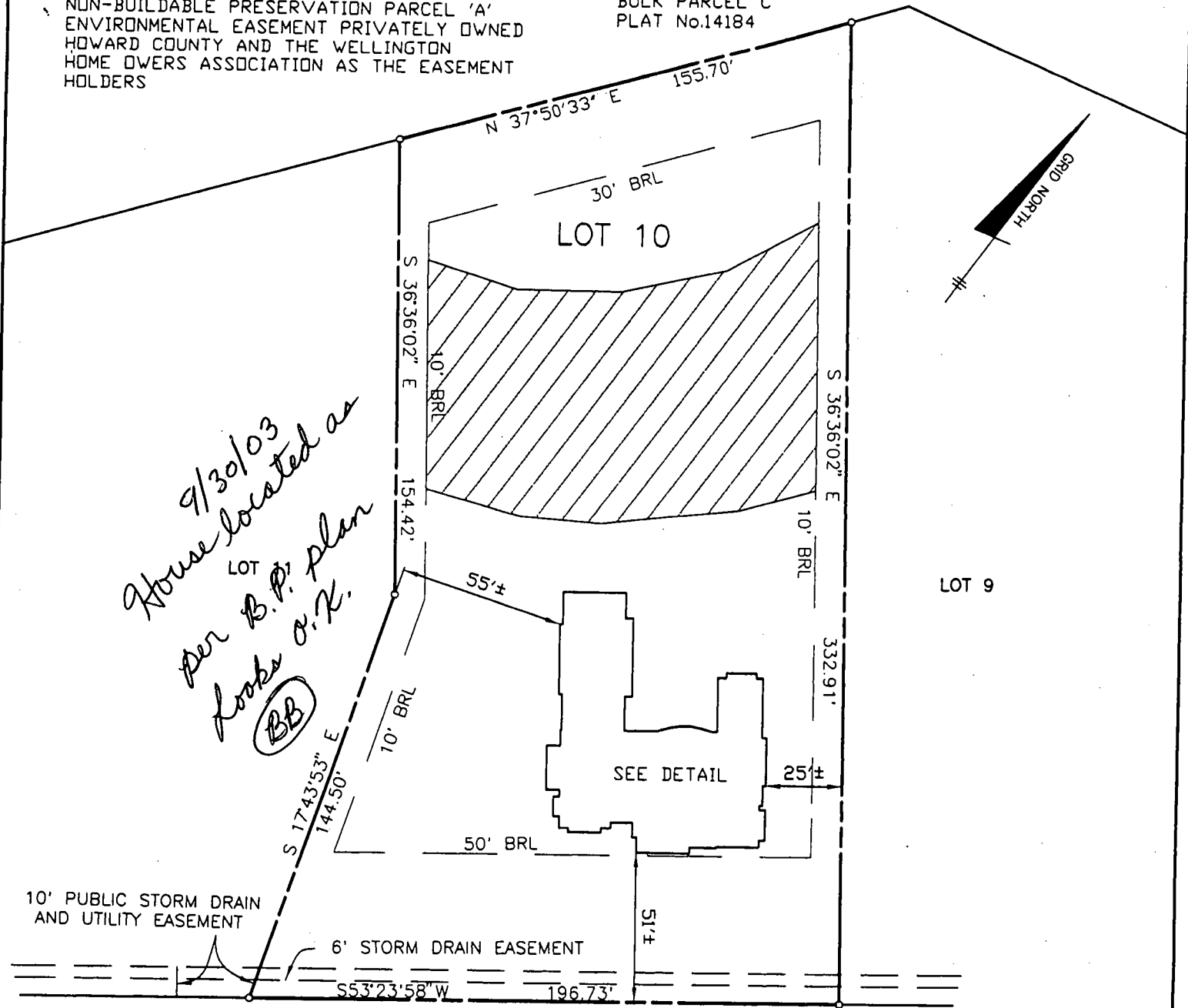
Huntersworth Way ~~ROAD~~

PRE-CONSTRUCTION 10/23/03 - lot staked, contour accurate. Install  
(4) 60' trenches on contour (SO)  
 INSTALLATION 10/23/03 - Tank set, 1st trench installed (SO)  
10/24/03 - OK to cover all work (KB/SO)

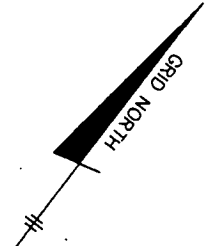
FINAL INSPECTOR Ken Bell DATE OF APPROVAL 10-24-03

NON-BUILDABLE PRESERVATION PARCEL 'A'  
 ENVIRONMENTAL EASEMENT PRIVATELY OWNED  
 HOWARD COUNTY AND THE WELLINGTON  
 HOME OWNERS ASSOCIATION AS THE EASEMENT  
 HOLDERS

CAVEY PROPERTY  
 BULK PARCEL C  
 PLAT No.14184



*9/30/03  
 House located as  
 per B.P. plan  
 looks O.K.  
 (BB)*



10' PUBLIC STORM DRAIN  
 AND UTILITY EASEMENT

6' STORM DRAIN EASEMENT

HUNTERSWORTH  
 (PUBLIC ACCESS PLACE)  
 (40' R/W)

TOP OF FOUNDATION WALL ELEVATION = 527.3'  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

**SURVEYOR'S CERTIFICATE**

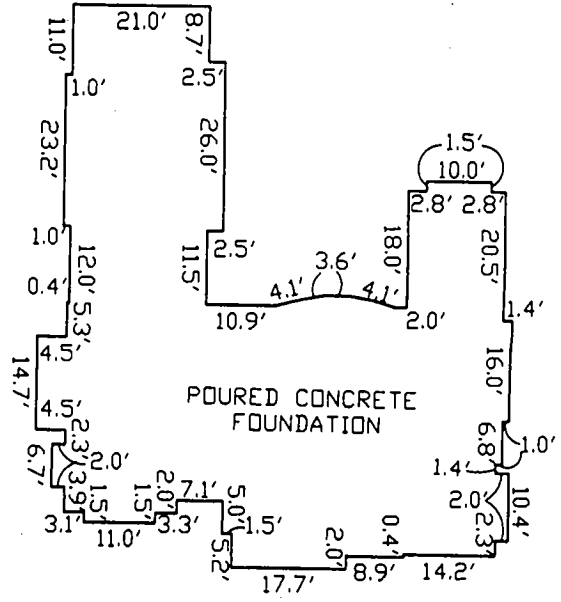
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL  
 KNOWLEDGE, INFORMATION AND BELIEF, THAT THE  
 DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON  
 ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN  
 SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC.  
 ON 08/06/03 ; AND THAT THE PROPERTY OUTLINE  
 SHOWN HEREON IS BASED ON THE PLAT PREPARED BY  
 BENCHMARK ENGINEERING, INC. ENTITLED "THE WOODS  
 OF WELLINGTON LOTS 1-24 NON-BUILDABLE  
 PRESERVATION PARCELS 'A' THRU 'D' ", AND RECORDED  
 AMONG THE LAND RECORDS OF HOWARD COUNTY AS  
 PLAT No.15288

*David M. Harris*

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: 12/04/86

**BENCHMARK**  
 ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE & SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 phone: 410-463-6105 • fax: 410-463-6644  
 email: Benchmark@cala.com

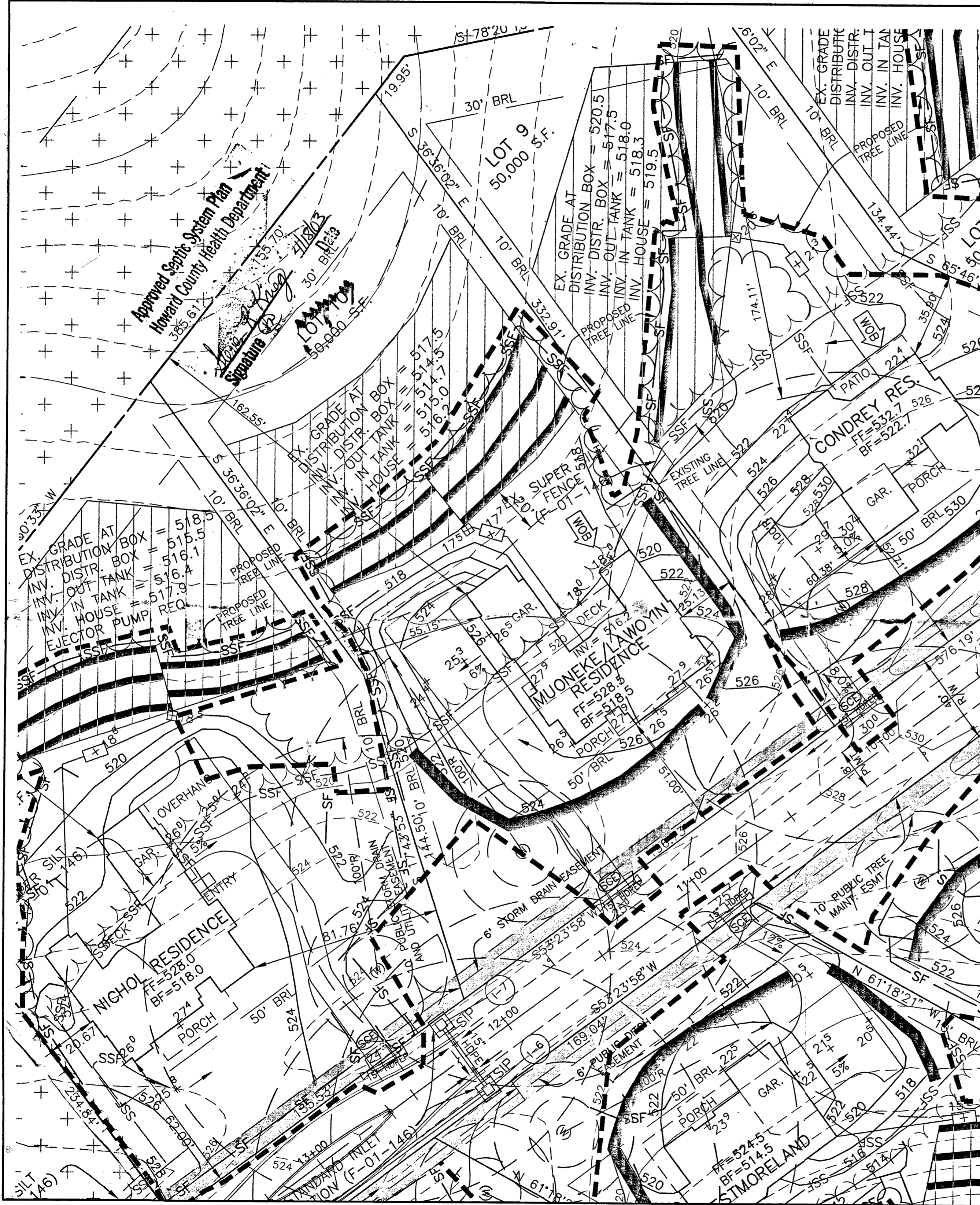


**FOUNDATION DETAIL**

SCALE: 1" = 30'

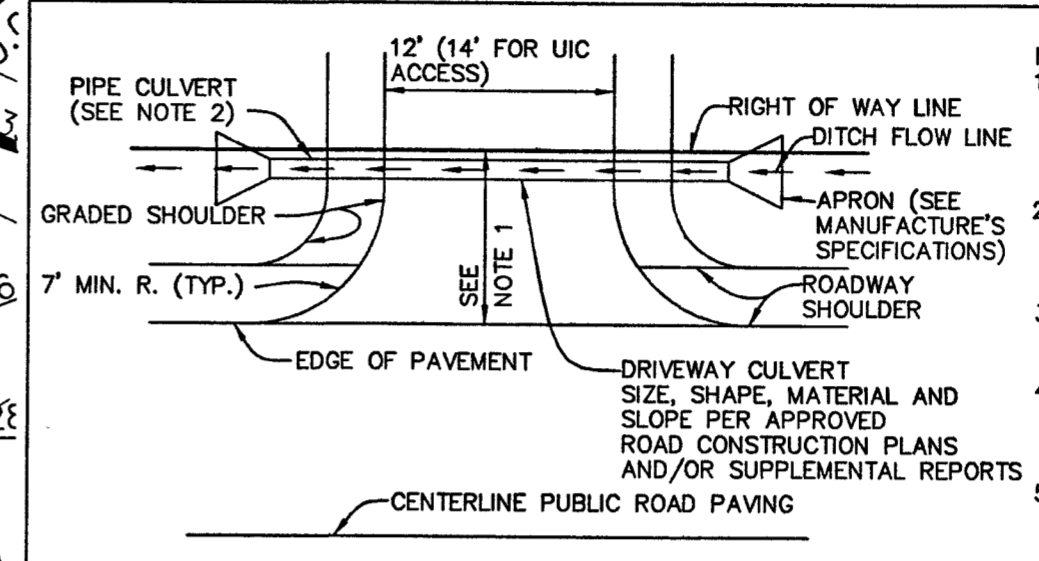
**WALL CHECK**  
**THE WOODS OF WELLINGTON**  
**LOTS 1-24**  
**LOT No. 10**

3222 HUNTERSWORTH  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 08/06/03



**NOTES:**

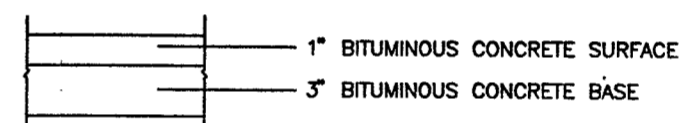
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 15288, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-01-192 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.



**NOTES:**

1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT OF WAY LINE USING STANDARD PAVING SECTION P-1 AS SHOWN ON STD NO. R-2.01 OR ALTERNATIVE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
2. DRAINAGE CULVERT SIZE, SHAPE, MATERIAL AND SLOPE SHALL BE IN ACCORDANCE WITH THE APPROVED ROAD CONSTRUCTION PLANS AND/OR SUPPLEMENTAL REPORTS.
3. APRONS ARE TO BE INSTALLED AT EACH END OF THE DRIVEWAY CULVERT AND SIZED PER MANUFACTURE'S SPECIFICATIONS.
4. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL, AS APPROVED BY D.P.W.
5. SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.

**DRIVEWAY CULVERT NOTES AND DETAIL**  
NOT TO SCALE



FULL DEPTH BITUMINOUS CONCRETE

**PAVING SECTION**  
NOT TO SCALE

NO.	DATE	REVISION

**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 ▲ FAX: 410-465-6644  
EMAIL: benchmrk@cais.com

OWNER/BUILDER: JAMES H. SELFRIDGE BUILDERS, INC. 14045 GARED DRIVE GLENWOOD, MD 21738 PHONE: 410-531-8930 FAX: 410-531-8939		PROJECT: <b>THE WOODS OF WELLINGTON</b> LOT 10	
LOCATION: 3222 HUNTERS WORTH GLENWOOD, MD 21738 TAX MAP 14 - BLOCK 20 - P/O PARCEL 246 4th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		TITLE: <b>PERMIT PLAN</b>	
HOUSE TYPE: MUONEKE/LAWOYIN RESIDENCE		DATE: APRIL, 2003	PROJECT NO. 1430
DESIGN: JMC	DRAFT: JMC	SCALE: 1" = 30'	DRAWING 1 OF 1

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

Company Name: R.E.G. WATER SYSTEMS INC. Telephone #: 410-239-0700  
Address: 4322 OPALS CHOICE DR.  
MANCHESTER, MD. 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): RICKEY L. ROOS, SR. License# 710141

\*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: SELFIDGE BLVD. Telephone #: 410-531-8930  
Subdivision: WOODS OF WELLINGTON Lot #: 10 Well Tag #: EO-94-2966  
Site Address: 3222 HUNTERS WORTH WAY  
GLENWOOD, MD. 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: GRUNDOS Make: HARVARD Two piece watertight cap: YES  
Model #: \_\_\_\_\_ Model#: PT 800 Screened, vented well cap: YES  
Pump Capacity: VARIABLE GPM Depth: 42" (36" min) Cap secured to casing: YES  
Well Yield: 4 GPM NSF approved: YES Conduit min 1 1/2" B.G.: YES  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (ft) Conduit secured to well cap: YES  
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 glands are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house House Connection  
Type: POLY PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min) Approximate length of sleeve: 10'  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed 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.

Signature of company representative responsible for installation: Rickey L. Roos, Sr. date: 11/25/03

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/25/03 (50) BB  
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 ground observed below pitless adapter ✓

ci 0293 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)

COUNTY NUMBER 13 OKSRH 4/16/01

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 4 DD 6 YY 2001

Depth of Well 22 400' 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-29660

OWNER SBC last name first name STREET OR RFD Huntersworth TOWN Glenwood SUBDIVISION Wellington SECTION III LOT 10

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) (T) (C) (O) (P) (L) (O) (T)

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE 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...

DRILLERS LIC. NO. 1 M S D O 24 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)

DEPTH (nearest ft.) 40 69 400 E A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

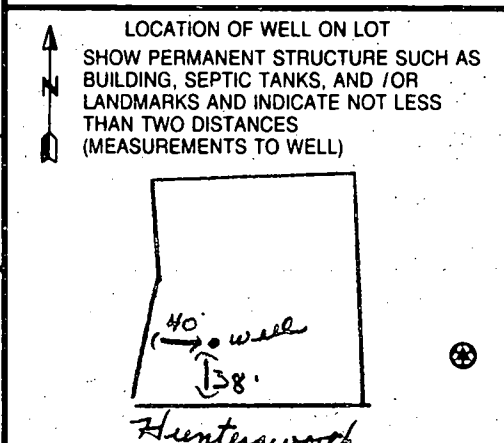
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 329 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) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 2 (nearest foot)





FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2960  
 Location of property (road) Huntersworth  
 Subdivision Wellington, Sect. III Lot 10 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller J. Mayne Owner SDC

Depth of well 400'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 55'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.  
 Total time 45 min. to reach pumping water level 329 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	167	4 min.	N/A	15 gpm.
7:30	269	5		12
7:45	329	5		12
8:00	324	15		4
8:15	323	15		4
8:30	322	15		4
8:45	322	15		4
9:00	322	15		4
9:15	322	15		4
9:30	321	15		4
9:45	321	15		4
10:00	321	15		4
10:15	321	15		4
10:30	321	15		4
10:45	321	15		4

B 1 03756

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W 5147 please print or type

11C-94-24600 fill in this form completely

Date Received (APA) 12/12/00

OWNER INFORMATION

Accuracy Development Group, P.C. Box 417, 21101

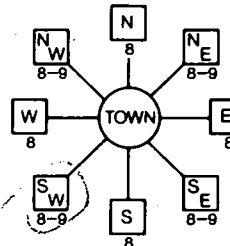
LOCATION OF WELL

Howard County, 23rd Subdivision, Section 3, Lot 10, 52 Nearest Town, 1.2 miles from town

DRILLER INFORMATION

Joseph Mayne, MSD 02, Joseph & Mayne Well Drilling, 5512 Ridge Rd Mt. Airy, 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Huntersworth, 30 feet from road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30 feet distance from road

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 11/05/01, CO Signature, Exp. Date 12/31/02, North Grid 528 000, East Grid 0786 000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

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

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 DEEPEMED AN EXISTING WELL

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

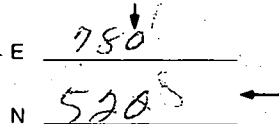
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 11C00 GAP/P/C, PERMIT No. 11C-94-24600

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

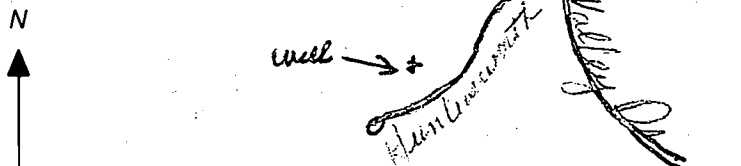
SOURCES OF DRILLING WATER

1. Well, WRITE THE BOX NUMBER FROM THE-MAP HERE



4/6/01 \* Grout 9:30am NO INSP ZNSP DEMANDS & STAFFING SHORTAGES DO NOT ALLOW SRU

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 AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Lot 10

well site OK as sketched  
by surveyor. No site  
map conducted  
2/5/01 DC

FOREST CONSERVATION  
EASEMENT 1  
-RETENTION-

T 12  
100 S.F.

0° 33' W

LOT 11  
50,000 S.F.

LOT 10  
50,000 S.F.

LOT 9  
50,000 S.F.

LOT 18  
49,726 S.F.

LOT 19  
50,000 S.F.

LOT 20  
50,000 S.F.

LOT 21  
50,000 S.F.

FOREST CONSERVATION  
EASEMENT 4  
-RETENTION-

PRIVATE  
SWM, SWM ACCESS, DRAINAGE  
AND UTILITY EASEMENT

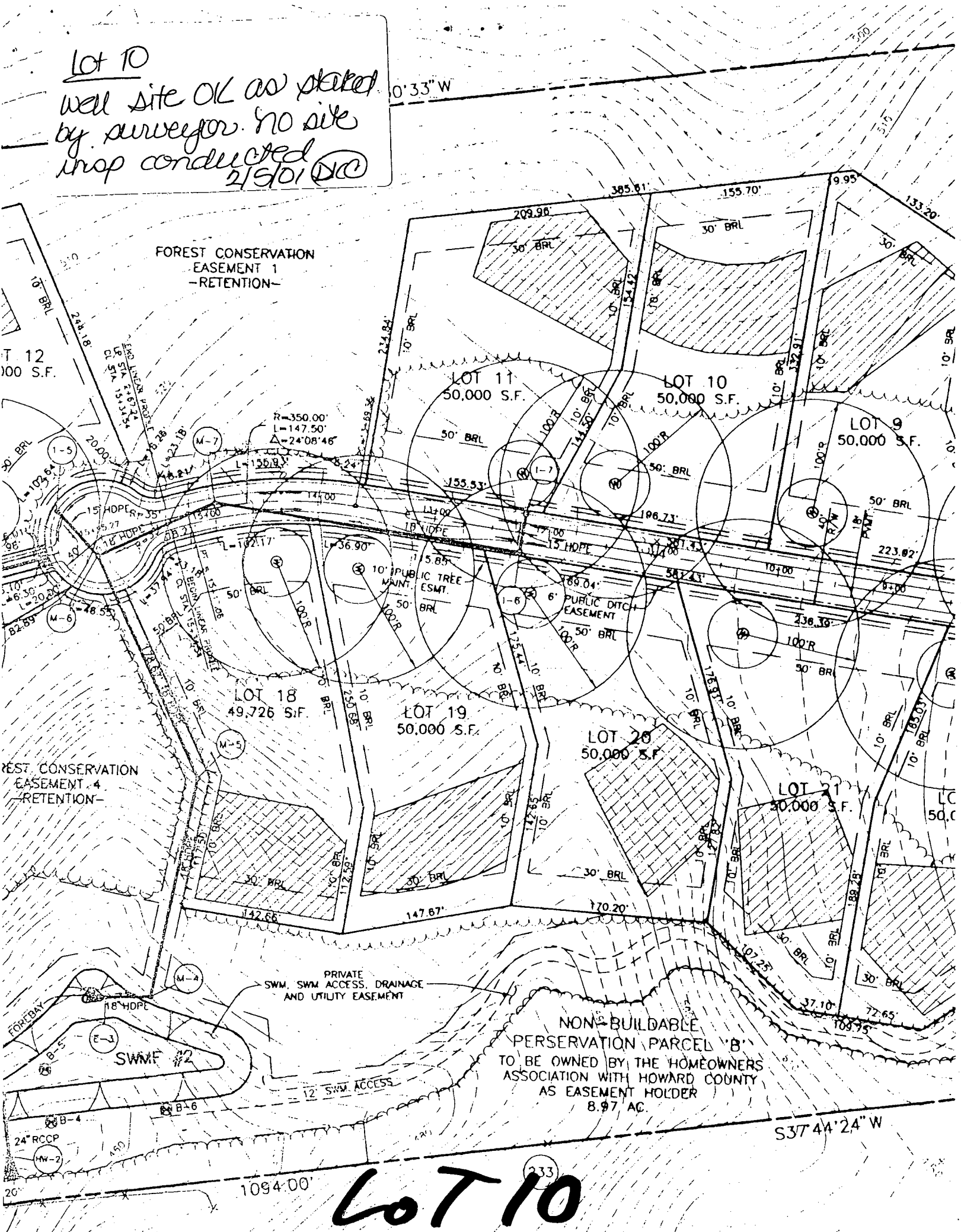
NON-BUILDABLE  
PRESERVATION PARCEL 'B'  
TO BE OWNED BY THE HOMEOWNERS  
ASSOCIATION WITH HOWARD COUNTY  
AS EASEMENT HOLDER  
8.97 AC.

S37° 44' 24" W

1094.00'

Lot 10

233



# CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Wellington, Sect III TAX MAP: \_\_\_\_\_

A 511939-I

STREET NAME: 3222 Huntersworth Way PARCEL #: \_\_\_\_\_

LOT NUMBER 10

AVERAGE PERCOLATION RATE: 3+

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 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.

PUMPED SYSTEM PROPOSED: YES  NO

PUMPED SEPTIC SYSTEM DETAIL: NA gallon pump chamber.

YES  NO  top seamed pump chamber required?

LOCATION: Place the distribution box as shown on the approved site plan. Run trenches on contour.

ADDITIONAL NOTES: Basement service by gravity is proposed.

REVIEWER: SRK

DATE: 9/18/03

# 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 ~~Howard County~~ SDC Group

ADDRESS \_\_\_\_\_ PHONE 410-443-2509931

### PROPERTY LOCATION:

DIVISION Wellington 3 LOT NO. LOT-1 The 20 (14) (10)

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 \_\_\_\_\_

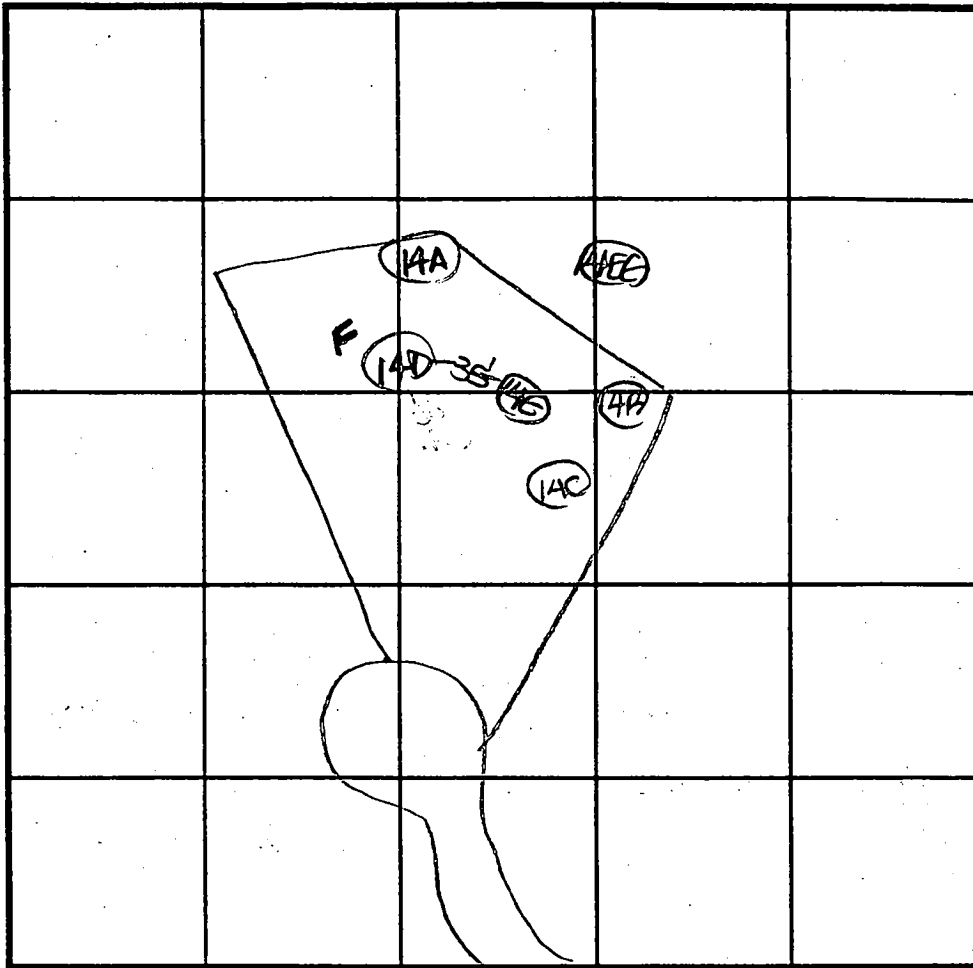
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 14D  
 top soil  
 org red  
 brn  
 cl Lm  
 pale org  
 tan  
 si Lm  
 6.5'  
 12'  
 lg patches  
 >50%  
 hard  
 sh



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

14A  
 top soil  
 red brn  
 cl Lm  
 3.5'  
 4'  
 tan  
 si Lm  
 10-15%  
 hard  
 sh  
 12.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-12-99	14D	5.0'S	10:50 <sub>2</sub>	10:56	10:56	11:01	5
		12.0'D	visual	-see	profile		FAIL
	14A	4.5'S	10:52	10:53 <sub>3</sub>	10:53 <sub>3</sub>	10:56	3
		12.5'D	visual	-see	profile		OK

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY D. See ALSO PRESENT Hawfield's  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT/BEDROOM \_\_\_\_\_

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

APRIL 22-28  
MAY 14-14  
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 Curvey

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

AGENT OR PROSPECTIVE BUYER ~~Hunter~~ SDC Group

ADDRESS \_\_\_\_\_ PHONE 410-443-2509931

PROPERTY LOCATION:

SUBDIVISION Wellington 3 LOT NO. Lot-1 thru 20 (14) (10)

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 Curvey 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

14C/14B

0' topsoil  
 1' red brn cl Lm  
 4.5' pale org beige si Lm  
 13' 10% rock frag

14E

0' topsoil  
 1' red org brn cl Lm  
 pale org tan si Lm  
 10.5' 20% sh  
 11.5' 75% sand sh

14EE

0' topsoil  
 1' red brn cl Lm  
 pale org tan si Lm  
 11' 25% hard sh

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	14C	6.0'S	2:20	2:23	2:23	2:34	11
		13.0'D	Visual	- see	profile		OK
	14B	5.0'S	2:21	2:22	2:22	2:24	2
		13.5'D	Visual	- see	profile		OK
	14E	11.5'D	Visual	- see	profile		OK
6-23-99	14EE	11.0'D	Visual	- see	profile		OK

REMARKS

TYPE OF SOIL

TESTED BY D. See

ALSO PRESENT Hadfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

# APPLICATION

PERCOLATION TESTING

A 5/1939

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 6/9/99

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 Michael Covey

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Wellington Sect. III LOT NO. (20) (10)

ROAD AND DESCRIPTION ~~Union Chapel Road and MacNeille Rd.~~

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT Approx. 50,000 SF. 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.

Don Covey DVM  
(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 #

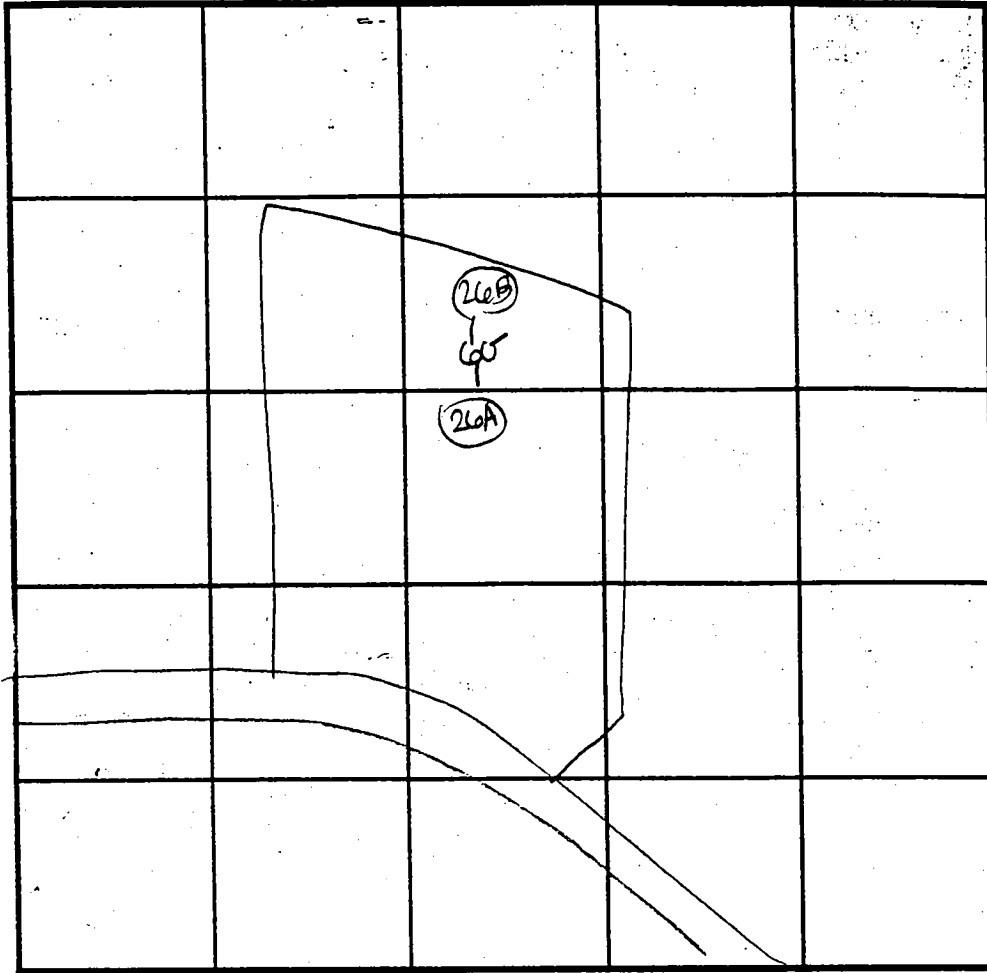
SOIL PROFILE  
26A

0'  
1'  
3.5'

top soil  
red org  
brn  
cl Lm

pale org  
tan  
si Lm

25%  
hard  
sh



SOIL PROFILE

0'

0'  
1'  
4'  
12.5'

26B

top soil  
org red  
brn  
cl Lm

pale org  
beige  
si Lm

15%+  
hard  
sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-22-09	26A	4.0' S	11:09	11:103	11:10s	11:14	4
		12.0' D	Visual	- SEE	PROFILE		OK
	26B	12.5' D	Visual	- SEE	PROFILE		OK

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY D. See ALSO PRESENT Hawfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

LOT 10

COUNTY #

SOIL PROFILE

8G

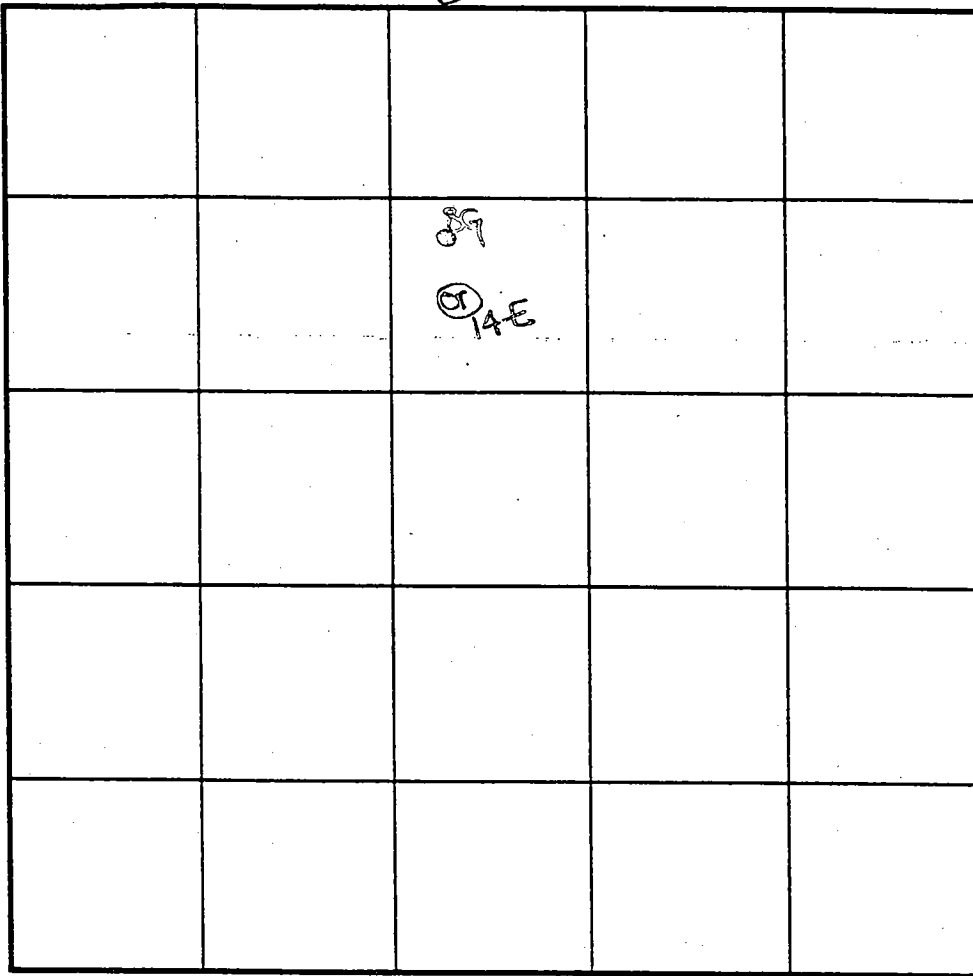
topsoil

red org  
brn  
cl lm

pale  
org  
tan  
sil lm

25%+  
hard  
shale

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-27-99	8G	4.5' S	11:46	11:48	11:48	11:52	4
		12.5' D	Visual	- See	profile		OK

REMARKS hole tested as stated

TYPE OF SOIL \_\_\_\_\_

TESTED BY T. See ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT/BEDROOM \_\_\_\_\_





SRK

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <b>B 00 141257</b>
---	---	--

Building Address <u>3022 Hunterswood Way</u> <u>Glenwood, MD 21738</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6041002</u> Subdivision <u>Woods of Wellington</u> Section _____ Area _____ Lot <u>10</u> Tax Map <u>14</u> Parcel <u>246</u> Grid <u>20</u> Zoning <u>R120</u> Map Coordinates <u>87</u> Lot size <u>1.149c</u>	Property Owner's Name <u>James H. Selfridge &amp; Sons</u> Address <u>14045 Garp Dr, Glenwood MD</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone <u>410-531-8130</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	--

Existing Use <u>Vacant lot</u> Proposed Use <u>Custom SFD</u> Estimated Construction Cost \$ <u>350,000</u> Description of Work <u>4 BR, 1 1/2 Bath, 1 1/2 Ba</u> <u>partial Fin Basement, Porch, Veranda, w/o,</u> <u>3 FP, 3 car garage, 0000 7809</u> Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company <u>Selfridge Sons</u> Contact Person <u>Nancy Boone</u> Address <u>see above</u> City _____ State _____ Zip Code _____ License No. <u>729</u> Phone <u>410-531-8930x24</u> Fax <u>410-531-8939</u> Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
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	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 # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input checked="" 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.

<u>Nancy M. Boone</u> Applicant's Signature <u>Kreider Hqr.</u> Title/Company	<u>Nancy M. Boone</u> Print Name <u>4/16/03</u> Date
--	---

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





Howard County  
Health Department

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

July 8, 2004

James H. Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-531-8939**

RE: Wellington III, Lot # 10  
3222 Huntersworth Way  
Glenwood, MD 21738  
BP # B00141257  
Well Permit # HO-94-2966

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 10/24/2003. Final approval of the well line connection to the dwelling was approved on 11/25/2003.**

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-94-2966. 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: 07/01/2004  
Date of Well Completion: 04/06/2001

Respectfully,

Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File