

LAYOUT 12/1/04 11 Am INSP 4 1/12/05
 INSP 2 1/10/05 INSP 5 _____
 INSP 3 1/11/05 INSP 6 _____

ISSUE DATE: 1/30/04
 APPROVAL DATE: 1/12/05

**PERMIT
INDEXED**

P 521596
 A 511939-L

04366581

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

Williamsburg Group - FOLKERS SEPTIC IS PERMITTED TO INSTALL ALTER
 ADDRESS: P O Box 1018, Columbia, MD 21044 PHONE NUMBER: 410-795-5670
 SUBDIVISION: Woods of Wellington LOT NUMBER: 13
 ADDRESS: 3238 Huntersworth PROPERTY OWNER: Williamsburg Group
 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: 175'-200' 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 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box between the two highest staked SDA corners as shown. Run (3) trenches on contour to left side of lot as shown.
NOTES:	Maintain 100' between the well and the septic tank location.

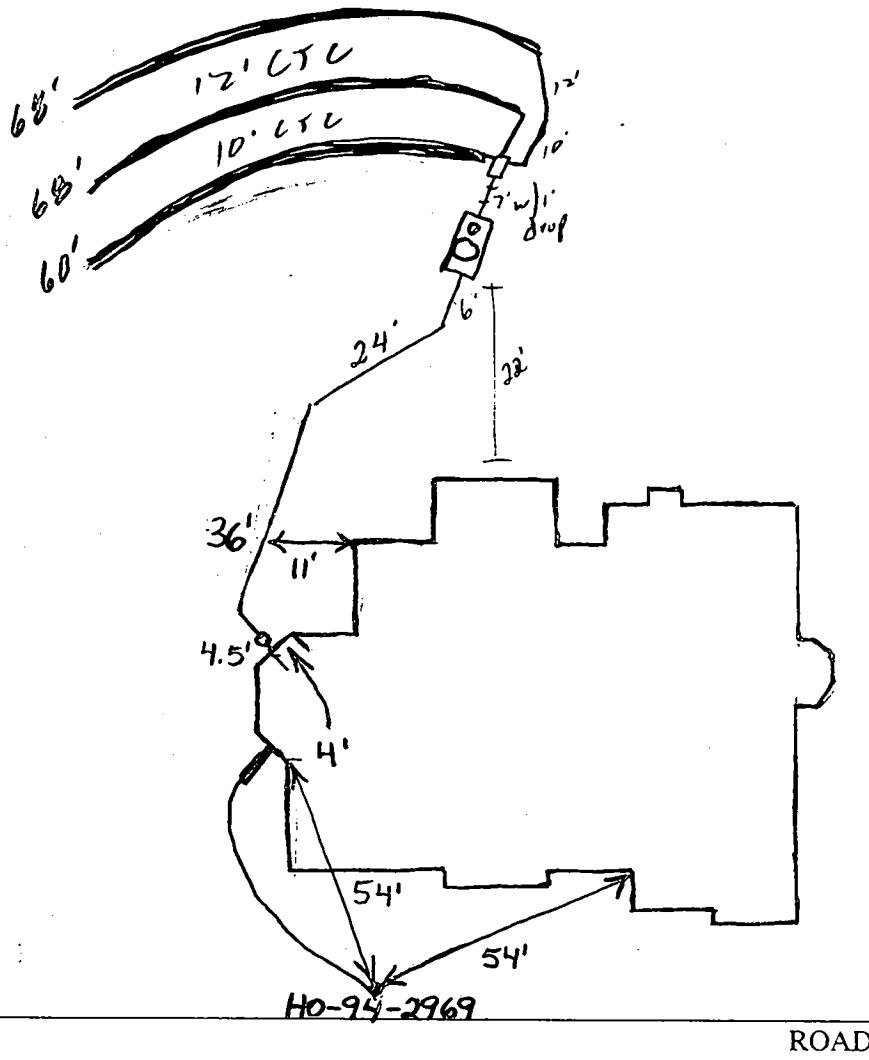
PLANS APPROVED: MER /OK'd (KN) DATE: 6/7/04

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A 511939-L

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		196
ABSORPTION AREA		588 $\frac{1}{4}$
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	18"
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 12/1/04 - SRA not staked, swale cut / some piping on left side of SRA, area lost, stay 10' off cut. After

INSTALLATION getting staked, OK to start w/ trench moved to the right per B.D. (SD) 1/10/05 House connection made. (BB)

1/11/05 - Tank set, one trench installed. OK to cover (SD)

1/12/05 - OK to cover all work (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 1/12/05

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Abrecht Rd
Sylesville, md 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# msd009

*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: Williamsburg Grates Telephone #: _____
Subdivision: Wellington Lot #: 13 Well Tag #: HO-94-2969
Site Address: Hunterworth

Submersible Pump Data

Make: Cummins
Model #: 2250E10C-190
Pump Capacity: 22 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Cummins
Model#: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 180 (feet)
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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
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: Allen Compton

4-7-05
date

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

Date Insp. Requested: _____ Date Insp. Approved: 6/14/05 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 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

Rest of
work Inspected
by S. Oster
on 1/18/05

C1 2089

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 4 14 05

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2969

OWNER Williamsburg Group STREET OR RFD Hunnertberworth TOWN Glenwood SUBDIVISION Wellington SECTION LOT 13

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 FROM TO check if water bearing Installed 42' of 5" steel pipe from 46' to 88' Side of Well Caving at ~80' per Allen Compton BB

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 60 61 63 64 66 70

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

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

DEPTH (nearest ft.) 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 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 (CIRCLE) (YES or 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 } LAND SURFACE - below } (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED yes Y no 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. 1 M S D 005 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)

C1 1604

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK SRH COUNTY NUMBER 13 4/22/01

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 4 10 2001

Depth of Well 22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-94-2969

OWNER SDC STREET OR RFD Huntersworth TOWN Glenwood SUBDIVISION Wellington SECTION 3 LOT 13

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

GROUTING RECORD form with fields for material type (CM, BC), bags/pounds, and depth of seal.

CASING RECORD form with fields for casing type (ST, CO, PL, OT), diameter, and depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and depth.

PUMPING TEST form with fields for hours pumped, rate, method, water level, and pump type.

PUMP INSTALLED form with fields for pump type, capacity, and power.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. 1 MSD024

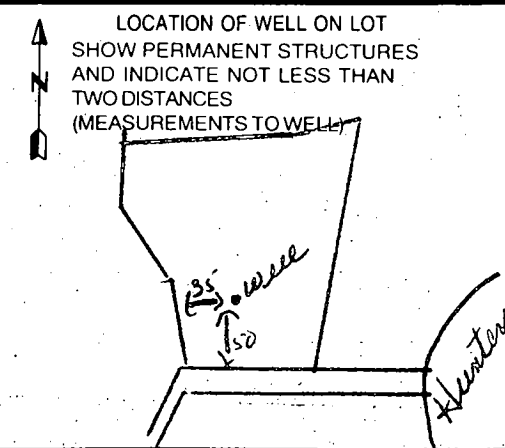
DRILLERS SIGNATURE: Keith & Thayne

SITE SUPERVISOR responsible for sitework if different from permittee

Table with columns: DEPTH (nearest ft.), 1-20, 20-30, 30-40, 40-50, 50-60, 60-70

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA



FOGLE'S WELL DRILLING & PUMP SERVICE'S

**580 OBRECHT RD
Sykesville, Md 21784
(410)795-5670**

Date: 3-29-05

Name: Williamsburg Group

Address Wellington Lot# 13 Tag# _____
3238 Huntersworth

Well Yield Test Results:

TIME	WATER LEVEL	TIME TO FILL 1 GAL	GPM
8 :00	50	4 seconds	15
8 :15	50	4	15
8 :30	50	4	15
8 :45	50	4	15
9 :00	50	4	15
9 :15	50	4	15
9 :30	50	4	15
9 :45	50	4	15
10 :00	50	4	15
10 :15	50	4	15
10 :30	50	4	15
10 :45	50	4	15
11 :00			
:15			
:30			
:45			
:00			

B 1 03752
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110-94-2969
70 fill in this form completely 79

W514707 please print or type

Date Received (ARA) 12/12/00
OWNER INFORMATION
8 MN DD YY 13
15 Security Development Group
Last Name Owner First Name 34
36 P.O. Box 417
Street or RFD 55
57 Ellicott City Ms 21041
Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Wellington 42
SECTION 3 LOT 13
44 46 48 50
52 NEAREST TOWN Glenwood 71
MILES FROM TOWN (enter 0 if in town) 1 1/2 M I
73 76 77 78

DRILLER INFORMATION
Driller's Name Joseph L. Mayne MS DO 24 76 License No. 81
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd Mt. Airy 21771
Signature Joseph L. Mayne Date 12/12/00

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N E
8-9 8-9
W TOWN E
8 8
S W S E
8-9 8-9
S 8
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Huntersworth
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 160 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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 INSERT S
DATE ISSUED 02/03/01 TO WORK ON WELL 02/04/02 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 528 0 0 0 EAST GRID 0786 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

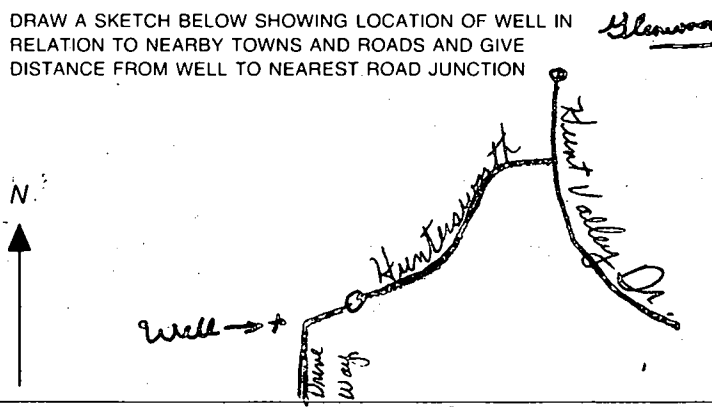
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 110 00 GAP 013/01 63
PERMIT No. 110-94-2969
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

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 7800
N 5200
000
000



APPLICATION

PERCOLATION TESTING

A 511939

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. (30) (13)

ROAD AND DESCRIPTION Union Chapel Road and MacNette 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

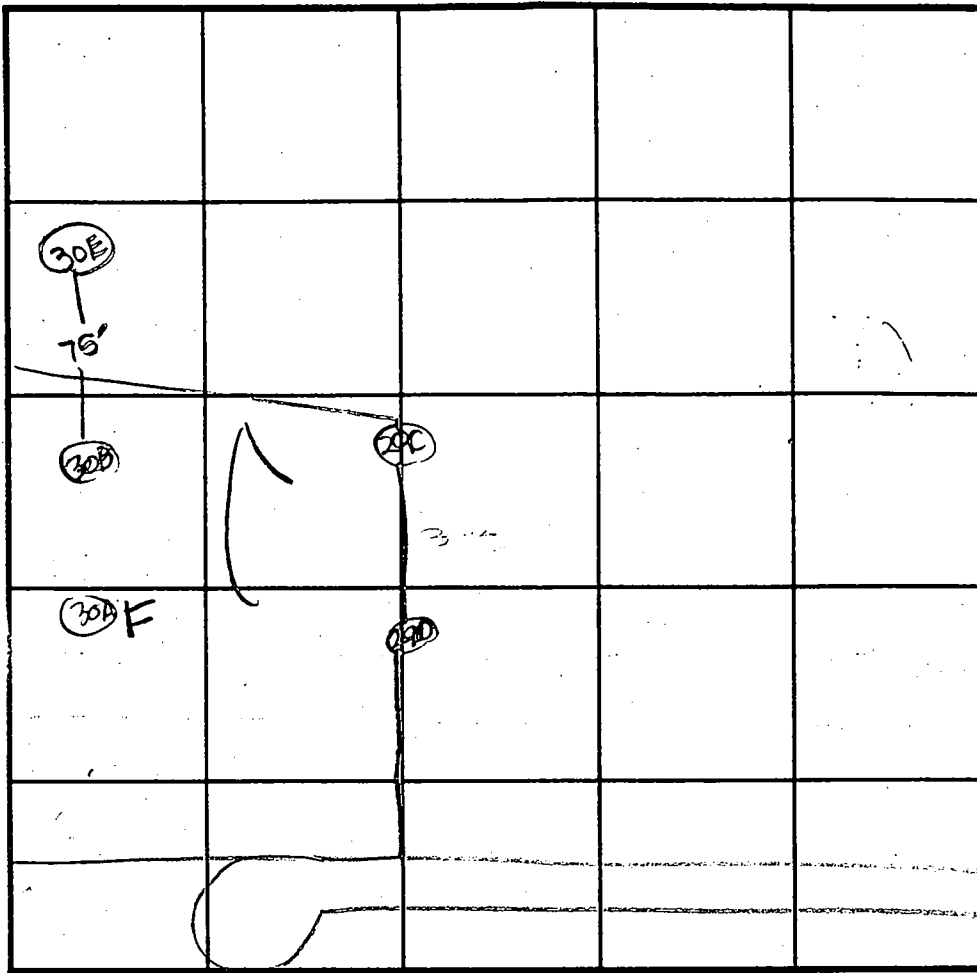
COUNTY #

SOIL PROFILE

0' 30B
 top soil
 1' org brn cl lm
 3.5' pale org beige si lm
 2.5-30% hard sh

0' 30A
 top soil
 1' org brn cl lm
 pale brn si lm
 8.5' >50% hard sh

0' 30E
 top soil
 1' red brn cl lm
 3.5' pale org tan st lm
 10-15% sapr 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	
6-23-99	30B	4.5' S	1:07	1:08	1:08	1:10	2
		11.0' D	Visual	-see	profile		OK
	30A	10.5' D	Refusal	-see	profile		FAIL
6-24-99	30E	13.0' D	Visual	-see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Sae ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

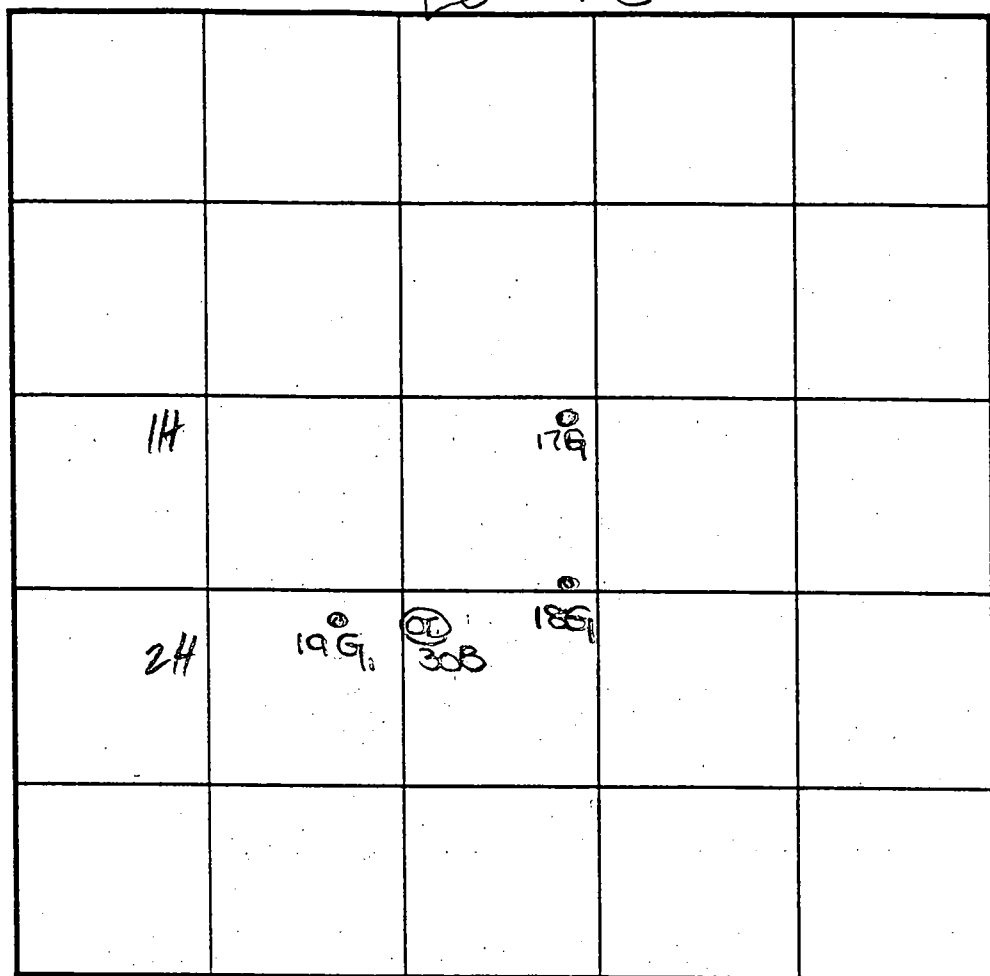
LOT 13

COUNTY #

SOIL PROFILE
19G
0' topsoil
org brn cl lm
4' pale org beige si lm
15% hard shale

18G
0' topsoil
org red brn cl lm
3' pale org tan si lm
w/ some frag
75' pockets
over 30% hard

17G
0' topsoil
org red brn cl lm
3.5' pale org tan
to beige
10% hard sh



SOIL PROFILE
1H
0' org - brn cl lm
4' beige si lm
5-10% rock

2H
red org brn cl lm
4' pale org tan si lm
25%+ hard rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-27-97	19G	5.0' G	2:33	2:35	2:35	2:39	4
		13.0' D	visual	- See	profile		OK
	18G	5.0' S	2:36	2:37	2:37	2:38	1
		11.5' D	visual	- See	profile		FAIL
	17G	4.0' S	2:48	2:51 ₃	2:51 ₃	2:57	6
		12.0' D	visual	- See	profile		OK
11/19/99	1H	4.5/13					3
	2H	4/11					10

REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY D. SOE ALSO PRESENT Hartfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

SIGNED RAS CERT
2/12/02

FOREST CONSERVATION
EASEMENT 1
RETENTION
TOTAL AREA 15.53± ACRES
AREA THIS SHEET 7.41± ACRES

HUNTERS WORTH
(PUBLIC ACCESS PLACE)
(40' RIGHT-OF-WAY)

MATCHLINE SEE S
316.85
S336°36'02"E

LOT 12
50,000 S.F.

LOT 13
48,658 S.F.

LOT 14
46,096 S.F.

LOT 15
49,506 S.F.

LOT 17
50,000 S.F.

LOT 18
49,726 S.F.

LOT 16
50,000 S.F.

FOREST CONSERVATION
EASEMENT 4
RETENTION
0.99± ACRES

NON-BUILDABLE
PRESERVATION PARCEL 'A'

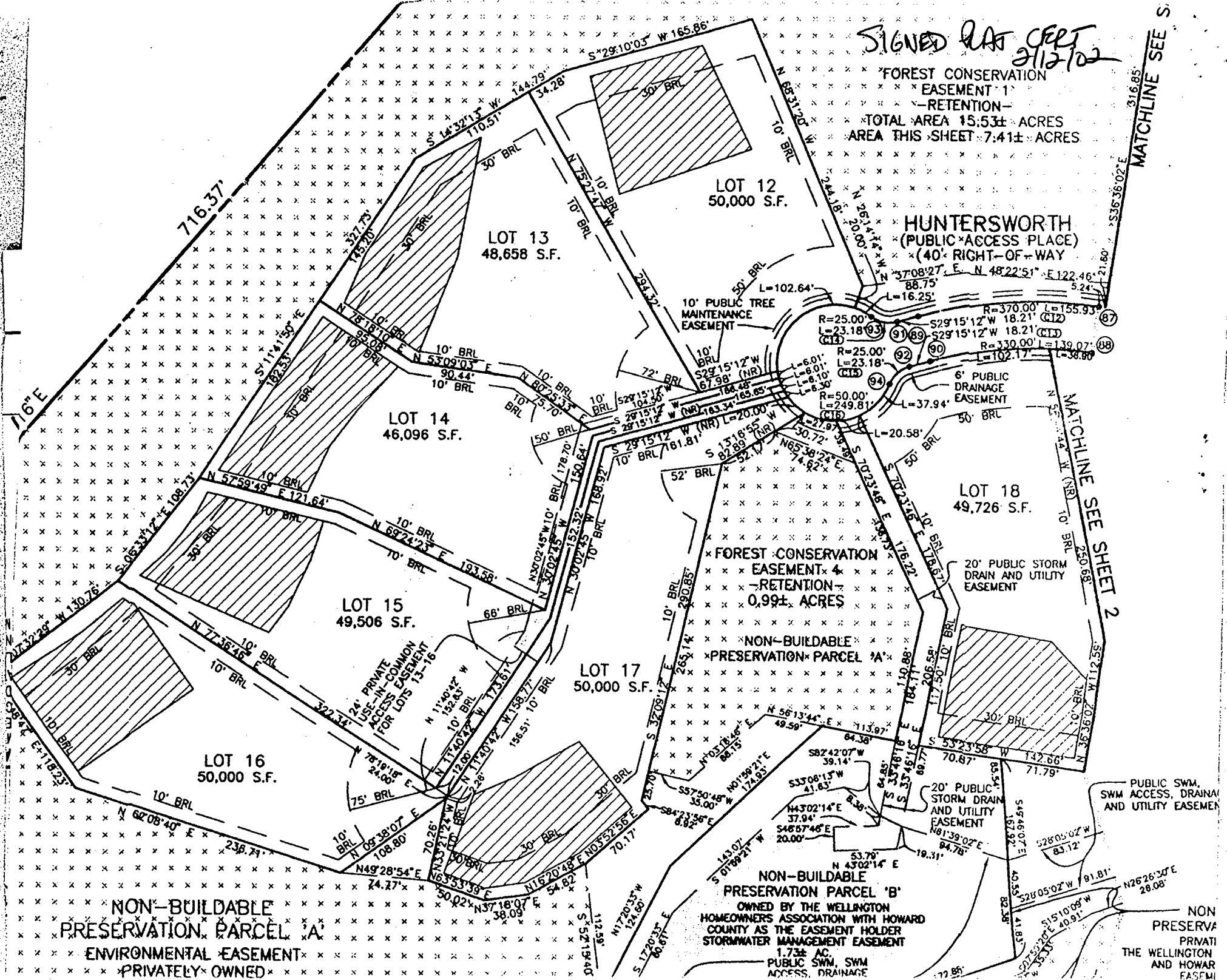
NON-BUILDABLE
PRESERVATION PARCEL 'B'
OWNED BY THE WELLINGTON
HOMEOWNERS ASSOCIATION WITH HOWARD
COUNTY AS THE EASEMENT HOLDER
STORMWATER MANAGEMENT EASEMENT
1.73± AC.
PUBLIC SWM, SWM
ACCESS, DRAINAGE

NON-BUILDABLE
PRESERVATION PARCEL 'A'
ENVIRONMENTAL EASEMENT
PRIVATELY OWNED

PUBLIC SWM,
SWM ACCESS, DRAINAGE
AND UTILITY EASEMENT

NON
PRESERVATION
PRIVATELY
OWNED
THE WELLINGTON
AND HOWARD
EASEMENT

MATCHLINE SEE SHEET 2
S57°11'W 20.97± E
S57°11'W 20.97± E
S57°11'W 20.97± E



58636

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3030 COUNTY HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2400 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BD00145479 MER

Building Address 3238 HUNTER WORTH
GLENWOOD MD 21738

Suite/Apt. #: N/A SDP/WP/Petition # GP04-15

Census Tract 604002 Subdivision THE WOODS OF WELLINGTON

Section N/A Area N/A Lot 13

Tax Map AF21 Parcel 246 Grid 2A-2

Zoning RCA-2 Map Coordinates 957 Lot size 486584

Property Owner's Name WILLIAMS BURG GROUP

Address 5425 HARPERS FARM RD # 200

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410-977-8600 X18

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

Phone _____ Fax 410-977-4358

Existing Use VACANT LOT

Proposed Use SD

Estimated Construction Cost \$ 250,000

Description of Work MODEL: DORCHESTER II
2 STORY FULL BSMT, 10R, 3 FB, 1 HB,
FP, GARAGE (4DR)

Contractor Company SAME AS OWNER

Contact Person _____

Address _____

City 155 State _____ Zip Code _____

License No. 155

Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company PLYMOUTH ROAD

Contact Person TIM GRANAM

Address 640 PLYMOUTH RD

City CATONSVILLE State MD Zip Code 21228

Phone 410-766-0261 Fax SAME

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input type="checkbox"/>
1st floor: <u>32</u> <u>57</u>	Private <input checked="" type="checkbox"/>
2nd floor: <u>46</u> <u>57</u>	Sewage Disposal: _____
Basement: <u>46</u> <u>57</u>	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings:	Heating System: _____
No. of efficiency units: _____	Electric <input checked="" 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: <u>N/A</u> <input checked="" type="checkbox"/>
Other Structure: _____	NFPA #13D _____
Dimensions: _____	NFPA #13R _____
Footings: _____	Other: _____
Roof: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 THERE TO; (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.

Walter P. Davis
Applicant's Signature
AGENT/WGLLC
Title/Company

SUZANNE P. DAVIS
Print Name
5/27/04
Date

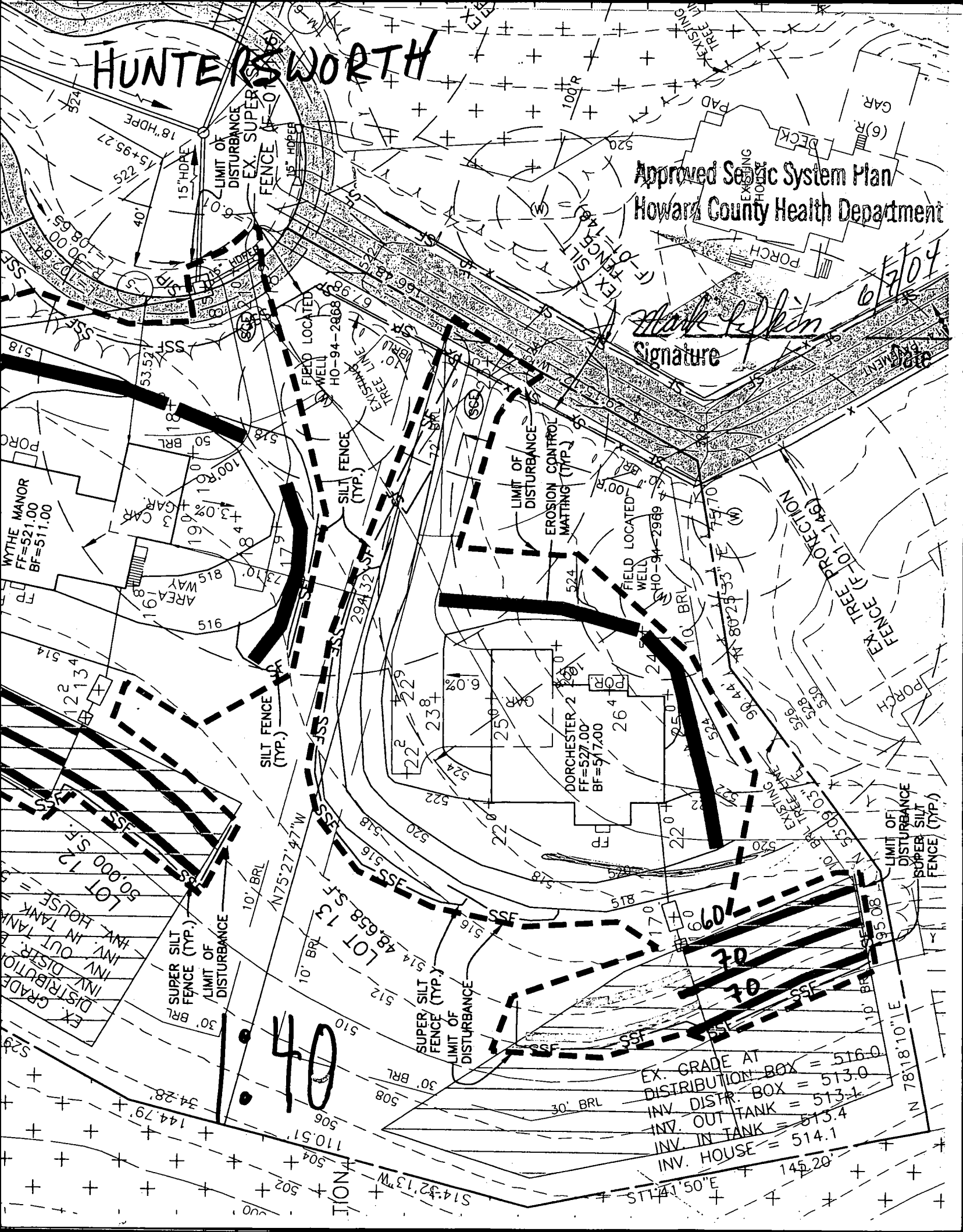
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

HUNTERS WORTH

Approved Septic System Plan
Howard County Health Department

Signature

Mark K. [Signature]
Date 4/7/04



EX. GRADE AT DISTRIBUTION BOX	= 516.0
INV. DISTR. BOX	= 513.0
INV. OUT TANK	= 513.4
INV. IN TANK	= 513.4
INV. HOUSE	= 514.1

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FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 71501 Huntersworth Rd., V. Somerset, MD 21084-7019 (410) 848-0298 FAX (410) 848-0299

REPORT OF ANALYSIS

Laboratory ID #: 55008	Account #: 4470
Reference: Wellington Lot 13	Company: Williamsburg Group LLC
Location: 3238 3238 Huntersworth Way	Requested By: Chip Lundy/ Bob Corbett
Glenwood, MD 21738	Source: Well Water
Date/ Time Collected: 05/25/05 1104	Site: Holding Tank
Date/Time Rec'd: 05/25/05 1205	Treatment: None
Chlorine ppm: Free: ND Total: ND	pH: 5.5
Collected By: J. Yeager 6176JY	Well #: HO-94-2960

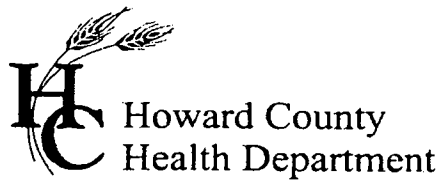
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	1.53	mg/L	10	601
Turbidity	5.29	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 00148479

Date Reported: 05/26/05



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

June 13, 2005

Williamsburg Group
5485 Harpers Farm Road, #200
Columbia, MD 221044

RE: The Woods of Wellington, Lot 13
3238 Huntersworth
Glenwood, MD 21738
BP #: B00148479
Well Permit # HO-94-2969

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 01/12/2005. Final approval of the well line connection to the dwelling was approved on 01/18/2005.**

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-94-2969. 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(s): 05/25/2005
Date of Well Completion: 04/14/2005

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File