

LAYOUT 3/2/04 INSP 4 _____
 INSP 2 3/3 12 Noon INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 3/2/2004
 APPROVAL DATE: 3/3/04

PERMIT
INDEXED

04-366611

P 520077
 A 511939-N

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

K & K Excavating IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Wellington, Section III LOT NUMBER: 15

ADDRESS: 3246 Huntersworth 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: 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 distribution box at the right front SDA corner as seen from driveway entrance. Run (2) 100' trenches on contour to opposite side of lot.
NOTES:	Maintain 100' from the well to all parts of septic system. <i>2/23/04 - OK to install (3) 80' trenches (SO)</i>

PLANS APPROVED: MER DATE: 12/16/03

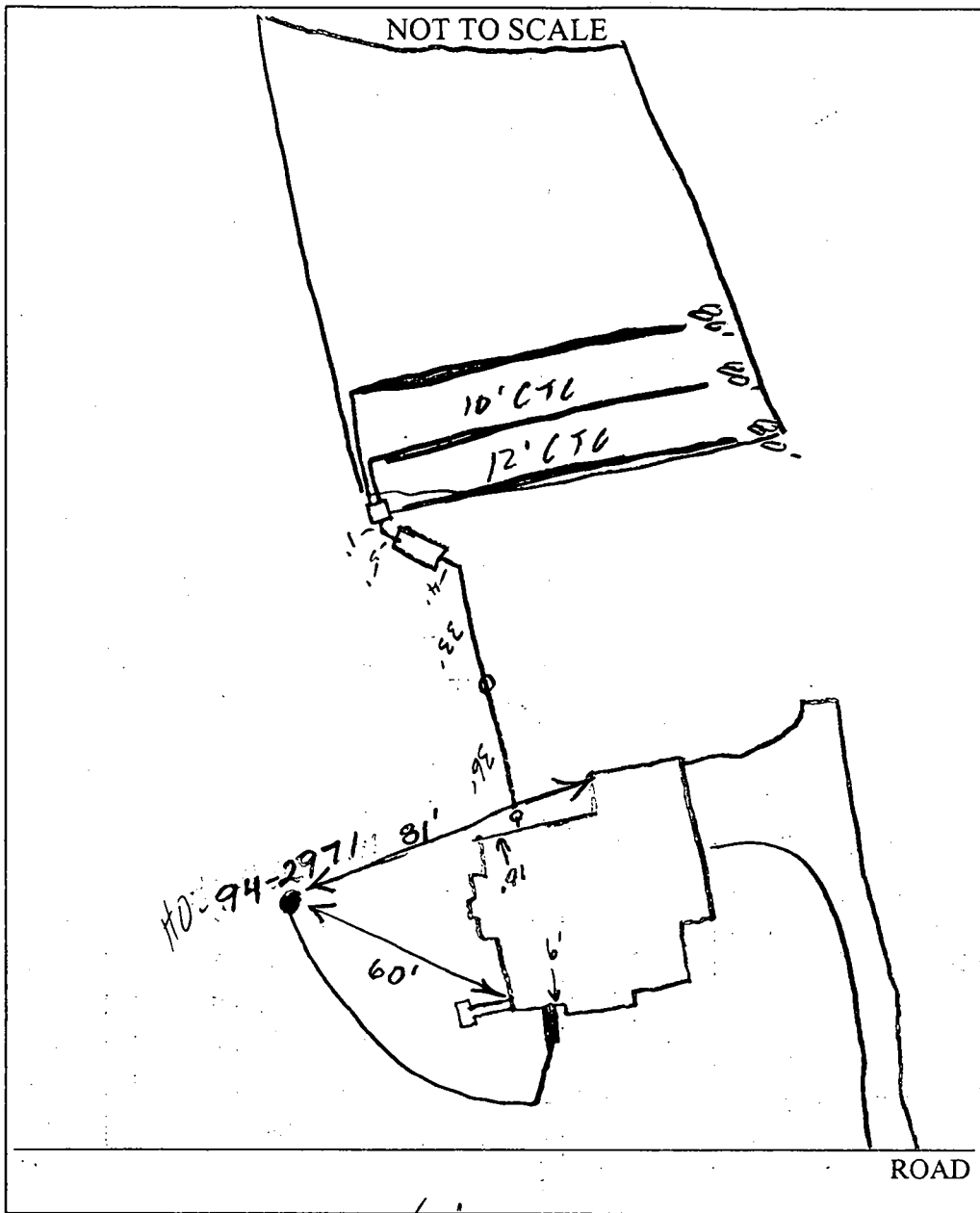
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS 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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMITS SIGNED AND RETURNED

9/15/05 BOO 156034-DECK

A511939-N



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3'</u>	<u>3'</u>	<u>5'</u>
NUMBER OF TRENCHES		<u>3</u>
TOTAL LENGTH		<u>240</u>
ABSORPTION AREA		<u>720</u>
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

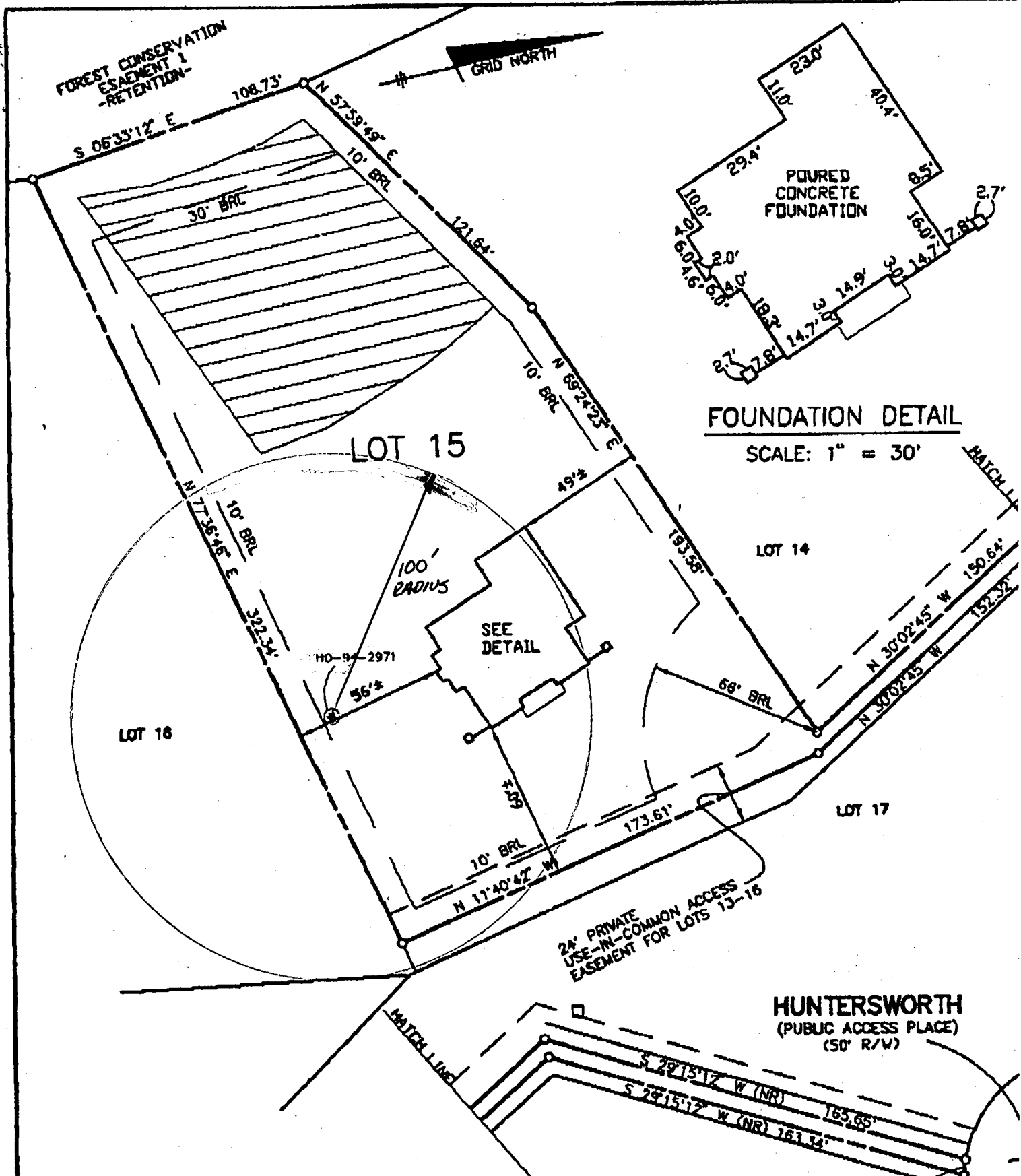
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1-2'</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<u>MA</u>
BAFFLE FILTER	<u>MA</u>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 3/2/04 - SRA stated, contains appropriate. OK to install (3) 80's 12" trench as far up SRA as possible (SO)

INSTALLATION 3/3/04 - All trenches installed. OK to cover all work (SO)

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 3/3/04



FOUNDATION DETAIL

SCALE: 1" = 30'

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 02/20/04; 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", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 15289

FIRST FLOOR ELEVATION @ PLYWOOD 533.2'
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ±1'

WALL CHECK APPROVED
 BY (FA) 3/2/04
 HOWARD COUNTY ENV HEALTH

David N. Harris

DAVID N. HARRIS
 REGISTERED PROFESSIONAL LAND SURVEYOR
 MD REG. No. 10978
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 351
 RECORD PLAT No. 15289
 FEMA FIRM No. 240044 0014 B
 ZONE: C
 DATED: 12/04/86



BENCHMARK ENGINEERING, INC.

4800 BENTLEY ROAD, SUITE 410
 ELLETTT CITY, MARYLAND 21033
 PHONE 410-480-8100 • FAX 410-480-8844
 www.BenchmarkEng.com

WALL CHECK
THE WOODS OF WELLINGTON
LOTS 1 THRU 24
LOT No. 15

3246 HUNTERS WORTH
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 02/20/04

289 G-7269

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2465 INSPECTIONS (410) 313-1210
AUTOMATED #8 INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000145412 MR

Building Address 3246 Huntersworth
Glenwood MD 21738

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract 604002 Subdivision Woods of Wellington

Section _____ Area _____ Lot 15

Tax Map X 21 Parcel 246 264 Grid X 2

Zoning RC OED Map Coordinates 14 Lot size 1 Acre

Property Owner's Name Seth H. Dunbar

Address 14045 GARD DR

City Glenwood State MD Zip Code 21738

Home Phone _____ Work Phone 410-531-8730

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use NEW SINGLE FAMILY

Estimated Construction Cost \$ 490,000

Description of Work NEW CUSTOM 2 STORY SFD
FULL BASEMENT, 4 BR, 4 FB, 1 HD
3 CAR GARAGE, PARTIAL FINISHED BASEMENT

Contractor Company JAMES H. Seth H. Dunbar, Inc

Contact Person TIM RAGEN

Address 14045 GARD DR

City Glenwood State MD Zip Code 21738

License No. ME 600729

Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply Public _____ Private <input checked="" type="checkbox"/>
1st floor Depth <u>28</u> Width <u>45</u>	Sewage Disposal Public _____ Private <input checked="" type="checkbox"/>
2nd floor <u>45</u> <u>52</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement <u>28</u> <u>45</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units _____	Sprinkler system N/A <input type="checkbox"/>
No. of 1 BR units _____	NFPA #13D _____
No. of 2 BR units _____	NFPA #13R _____
No. of 3 BR units _____	Other _____
Other Structure _____	
Dimensions _____	
Footings _____	
Roof _____	
State Certified Modular _____	
Manufactured Home _____	

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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature TIM RAGEN

Title/Company _____

Print Name TIM RAGEN

Date 12/9/03

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY OK MR DATE 12/16/03

SIGNATURE APPROVAL _____ DPZ SETBACK INFORMATION

PROPERTY INFORMATION

8/18/04
Anytime

**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: NATIONAL WATER SERVICE INC Telephone #: 301-854-1333
Address: P.O. Box 135
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Selfridge Builders Telephone #: 410-531-8730
Subdivision: Woods of Wellington Lot #: 15 Well Tag #: HO-94-2971
Site Address: 3247 HUNTERS WORTH WAY
GLENWOOD, MD 21713

Submersible Pump Data

Make: GRUNDFOS
Model #: 15 SDE 10C 250
Pump Capacity: 15 GPM
Well Yield: ✓ GPM

Pitless Adapter

Make: CAMPBELL
Model#: B-10
Depth: 42" (36" min)
NSF/WSC approved: ✓

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: 360 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one → Low Water Cutoff Built into Pump & Controller
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: AQUA JET COIL
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 8
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 _____ date 7-7-04

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

Date Insp. Requested: 3/12/04 Date Insp. Approved: 8/31/04 Inspector: (SO)
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

3/12/04
2 Bolts Missing
and Sleeve not
long enough - 3"
(BB)

3/15/04 Sleeve O.K.
Bolts still Missing
(SO)
BB

8/31/04 - Per Builders rep
Doug, bolts installed
(SO)

C1 0296 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 ORSERV 4/16/01

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2971

OWNER SDC STREET OR RFD Huntersworth TOWN Glenwood SUBDIVISION Wellington SECTION III LOT 15

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Cray Mica, Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 15 NO. OF POUNDS 1410

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

MAIN CASING TYPE (S) T Nominal diameter top (main) casing 6 Total depth of main casing 50

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

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 SDO 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)

C2 DEPTH (nearest ft.) 47 360

E A C H S R E E N 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

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

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

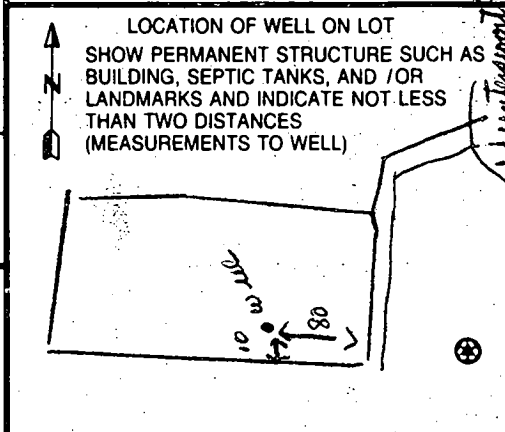
70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 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 49 ft. WHEN PUMPING 165 ft. TYPE OF PUMP USED (for test) (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 3 (nearest foot)



B 1 03750

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-2971

fill in this form completely

W51470 Please print or type

Date Received (APA)

12/12/00

OWNER INFORMATION

Security Development Group

P.O. Box 417

Ellicott City Md 21041

LOCATION OF WELL

Howard 21

Wellsboro 42

SECTION 3 LOT 15

Glenwood 71

MILES FROM TOWN (enter 0 if in town) 1 1/2

DRILLER INFORMATION

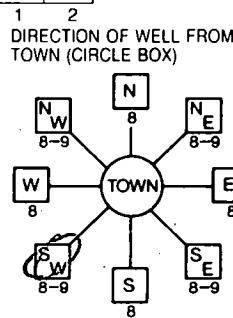
Joseph L Mayne MS DO24

Joseph L Mayne Well Drilling

5512 Ridge Rd Mt. Airy 21771

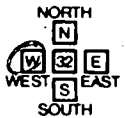
Joseph L Mayne 12/12/00

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Huntersworth 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 330 37 DISTANCE FROM ROAD FT

TAX MAP: BLK: PARCEL

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 INSERT S

DATE ISSUED 02/05/01

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)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

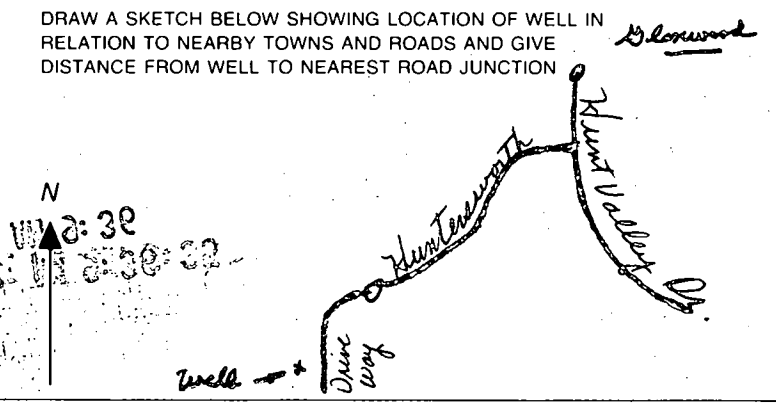
- SOURCES OF DRILLING WATER
1. Well
2.
3.

4 1/2" grout
50' CASING 9' 00"
40' OPEN
15 BAGS 4/4/01
2 1/2' CASING A.G.
6 ROOT OK
000 TAG OK

WRITE THE BOX NUMBER FROM THE MAP HERE

E 786
N 5268

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

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

APPROP. PERMIT NUMBER 1000 GAP 013(01)

PERMIT No. 10-94-2971

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 22-25
MAY 15-18
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 Mike Curvey

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

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

ADDRESS _____ PHONE 410-443-2509931

PROPERTY LOCATION:

DIVISION Wellington 3 LOT NO. LOT-1 Tru 20 (15)

ROAD AND DESCRIPTION End of Hunt Valley Dr. GLENWOOD Md

TAX MAP 14 PARCEL # 746

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

P/O Pres. Parcel 'A' Lot 19

COUNTY #

SOIL PROFILE
4I

0'
1'
3.5'
4'
11.5'

topsoil
org bn
clm
pale
org beige
sil m
35%
hard
shale

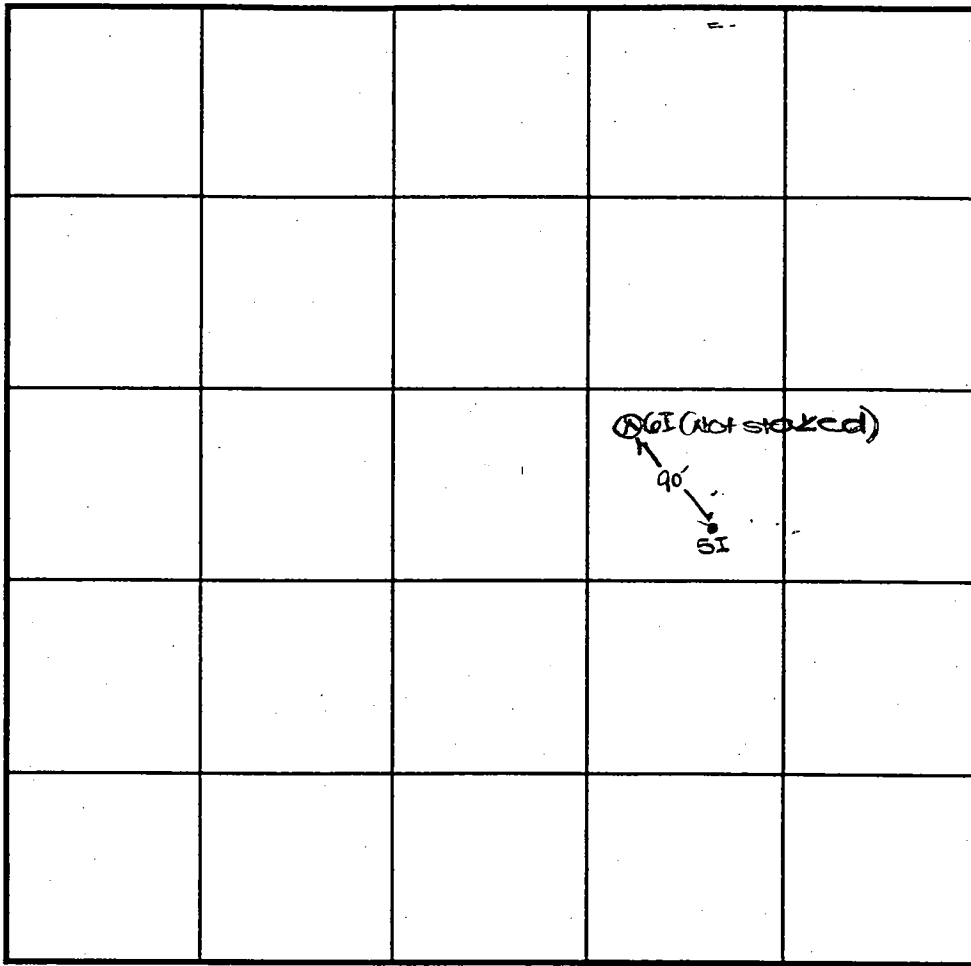
5I

0'
1'
4'
12.5'

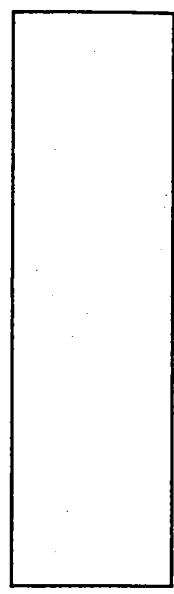
topsoil
org red
bn
clm
pale
org tan
sil m
25%+
hard
shale

6I

like 5I
w/
15%+
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	
12-18-99	4I	4.5' S	11:23	11:24	11:24	11:27	3
		11.5' D	Visual	- see	profile		OK
	5I	4.5' S	11:28	11:29	11:29	11:32	3
		12.5' D	Visual	- see	profile		OK
	6I	12.5' D	Visual	- see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

MIC2

475

F
O PERC 28B

F
O PERC 27D

F
O PERC 28A

F
O PERC 28C

F
O PERC 28D

LOT 12
50,000 S.F.

LOT 13
48,658 S.F.

LOT 14
16,098 S.F.

LOT 17
50,000 S.F.

LOT 15
13,306 S.F.

LOT 16
50,000 S.F.

NON-BUILDABLE
PRESERVATION PARCEL 'A'
895,683 S.F.
20.56 AC.

SLOPES 15-24.9%

SLOPES 23%
& GREATER

SLOPES 15-24.9%

SLOPES 25% & GREATER

MIB2

MIC2
MIB2

MIB2
MIC2

TRAFFIC CALMING
DEVICE (TYP)

MIC2

EX

450

455

460

465

470

475

480

485

490

495

500

505

510

515

520

525

530

535

540

545

550

555

560

565

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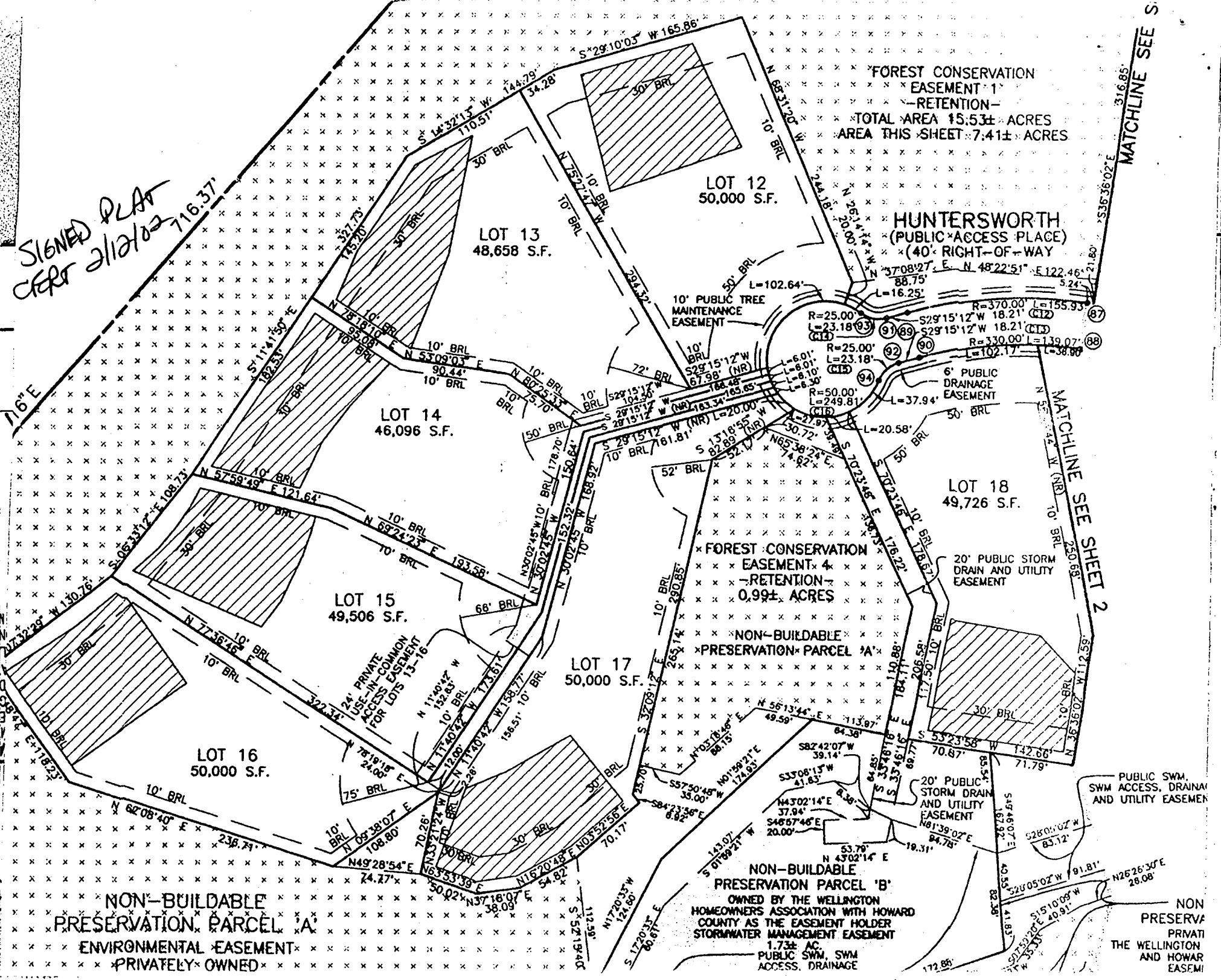
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SIGNED PLAN
C/FRT 2/12/02 716.37'



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

HUNTERSWORTH
(PUBLIC ACCESS PLACE)
(40' RIGHT-OF-WAY)

LOT 13
48,658 S.F.

LOT 12
50,000 S.F.

LOT 14
46,096 S.F.

LOT 15
49,506 S.F.

LOT 16
50,000 S.F.

LOT 17
50,000 S.F.

LOT 18
49,726 S.F.

FOREST CONSERVATION
EASEMENT -
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
PRIVATE
THE WELLINGTON
AND HOWARD
EASEMENT

MATCHLINE SEE SHEET 1

MATCHLINE SEE SHEET 2

316.85'

S336°36'02"E

N 5° 42' W (NR)

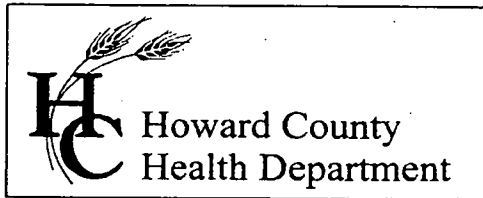
10' BRL

250.68'

S 52° 11' W

209.33'

172.85'



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

September 1, 2004

Selfridge Builders
14045 Gared Drive
Glenwood, MD 21738

SENT VIA FACSIMILE 410-531-8939

RE: Wellington III, Lot # 15
3246 Huntersworth Way
Glenwood, MD 21738
BP # B00145412
Well Permit # HO-94-2971

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 03/03/2004. Final approval of the well line connection to the dwelling was approved on 8/31/2004.**

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-94-2971. 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: 08/16/2004
Date of Well Completion: 04/04/2001

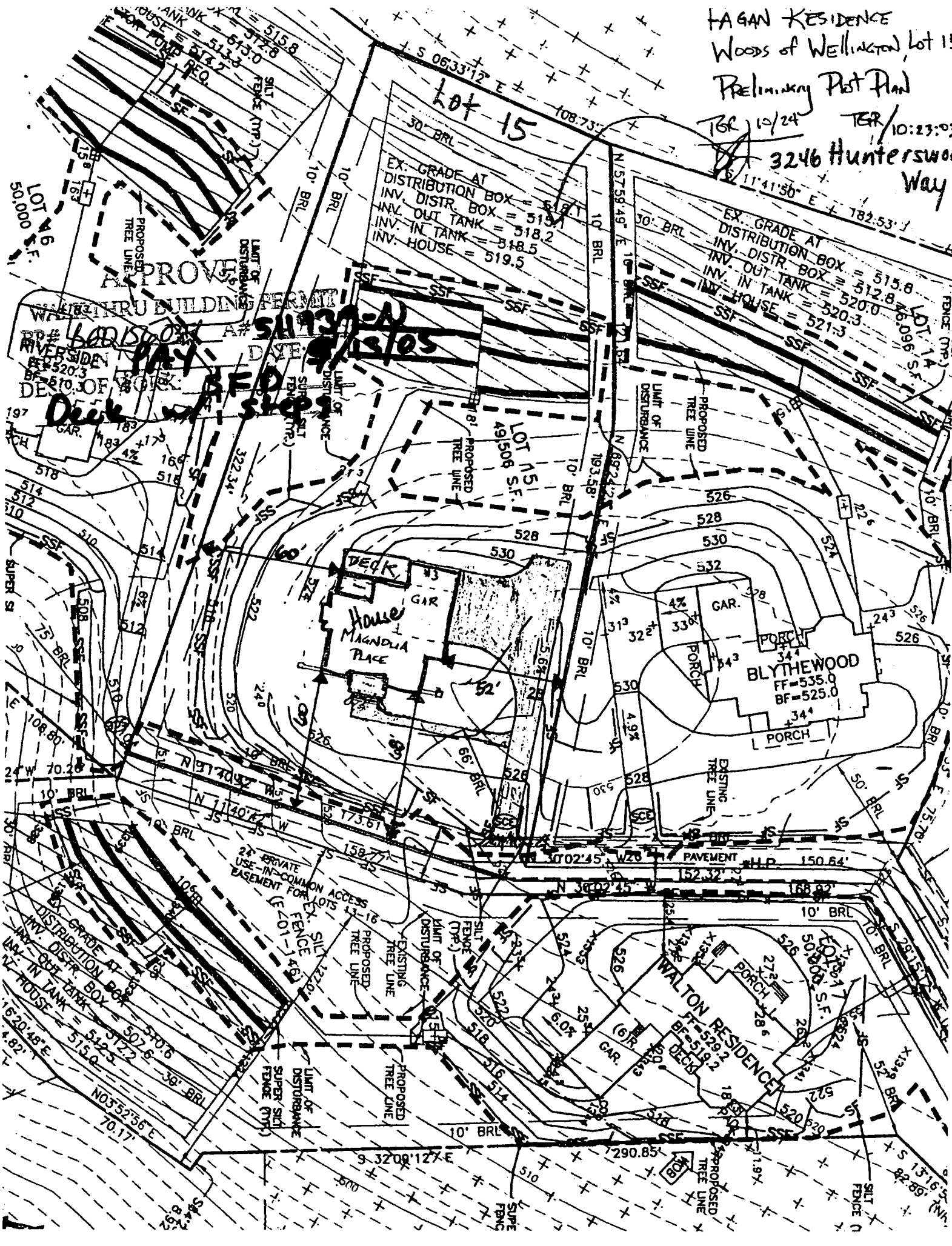
Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File

FAGAN RESIDENCE
 Woods of Wellington, Lot 15
 Preliminary Plot Plan
 TR 10/24 TGR/10:23:03
 3246 Hunterswood Way



WATERBURY BUILDING PERMIT
 # 1601303
 RIVERSIDE
 REF 520.3
 DES. OF WORK
 DATE 9/15/05
 Deck