LAYOUT 2-20-02 11Am INSP 4 8/5/02 septic added 1:30

INSP 2 7/22/02 LATE INSP 5 _____

INSP 3 7/26/02 9:30 INSP 6 _____

ISSUE DATE: 1/18/2002

APPROVAL DATE: 2/22/02

# PERMIT

INDEXED

P 516480-D

A 513199-J

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

03-333361

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 4410 Salem Bottom Rd, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Brantwood 2/2 LOT NUMBER: 9

ADDRESS: 3136 Argent Path PROPERTY OWNER: ~~NVR, Inc.~~ HILERY SIMPSON

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

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

NUMBER OF BEDROOMS: ~~4~~ 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

| | |
|---|---|
| TRENCHES: | Trench to be 2.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe. & ETE |
| LOCATION: | As seen from the road, place the distribution box 150' down the right lot line and 50' off this same lot line. Start the first trench 25' to the left of the distribution box, then run (2) trenches on contour to right rear portion of lot. |
| NOTES: | Install distribution box in the location described to allow future use of the upper part of the approved septic reserve area. |

PLANS APPROVED: MER 12/27/01 OK (BB) DATE: 12/20/01

NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

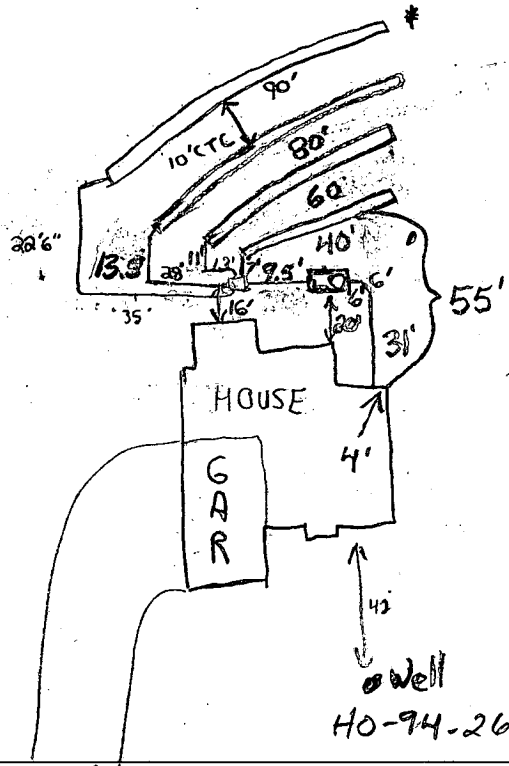
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM**
**PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
**CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED AND RETURNED** 6/27/2002

B00137197 FINISH BASEMENT

A513199-J

NOT TO SCALE




ROAD

Argent Path

**TRENCH/DRAINFIELD DATA**

| WIDTH | INLET | BOTTOM |
|---|---|---|
| 2-2.5' | 2' | 6'-6.5' |

NUMBER OF TRENCHES 4'

TOTAL LENGTH 270'

ABSORPTION AREA 1080 sq ft

DISTRIBUTION BOX LEVEL yes

DISTRIBUTION BOX BAFFLE yes

DISTRIBUTION BOX PORT No

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL ✓

CAPACITY 1500TS GAL

SEAM LOC Top

TANK LID DEPTH 18"

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Front

6" PORT LOC None

WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL N/A

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION House corn changed, no affect in inv is the same.

Install 40', 60', 80' Trenches as far up in corner as poss. ble, 2'ETE (ED)

INSTALLATION 2/22/02 O.K. to cover. WRS O.K. (BB)

7/26/02 - Install 90-100' trench next to 80' for added bedroom (ED)

* 8/5/02 - OK TO COVER ALL WORK, 90' TRENCH INSTALLED - (SRK)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 2/22/02

BUILDING PERMIT SIGNED AND RETURNED

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER** B00135202

SRK

Building Address 3436 Argent Path
Ellicott City MD

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

Census Tract 6063.01 Subdivision Brantwood

Section _____ Area _____ Lot 9

Tax Map 16 Parcel 437 Grid 22

Zoning RC Map Coordinates 11176 Lot size

Property Owner's Name NVR Inc

Address 2300 Dulaney Valley Rd

City Lutherville State MD Zip Code 21093

Home Phone _____ Work Phone 321-4300

Applicant's Name & Mailing Address, (if other than stated hereon):
Kimberly Cook - Permit Agent for NVR Inc
1542 Cedar Trail Rd
Gambrills MD 21054

Phone 443-949-4706 Fax

Existing Use Vacant Lot

Proposed Use Single Family Detached

Estimated Construction Cost $ 150,000

Description of Work Single Family Det. Dwelling - Wyntercrest

Contractor Company NVR Inc.

Contact Person Kimberly Cook

Address 2300 Dulaney Valley Rd

City Lutherville State MD Zip Code 21093

License No. _____

Phone 410-771-7931 Fax

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 - *COMMERCIAL*

**Building Characteristics**

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

**Utilities**

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

## BUILDING DESCRIPTION - *RESIDENTIAL*

**Building Characteristics**

SF Dwelling ☑ SF Townhouse ☐

| | Depth | Width |
|---|---|---|
| 1st floor: | | |
| 2nd floor: | | |
| Basement: | | |

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

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: _____

____ State Certified Modular
____ Manufactured Home

**Utilities**

Water Supply:
____ Public
☑ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☑ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☑
Propane Gas ☐

Sprinkler system: N/A ☑
____ NFPA #13D
____ NFPA #13R
____ 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.

*Applicant's Signature*

NVR Inc.
*Print Name*

*Title/Company*

11/5/01
*Date*

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

## *FOR OFFICE USE ONLY*

| AGENCY | DATE | SIGNATURE APPROVAL |
|---|---|---|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | 12/20/01 | |
| Health | | |
| Fire Protection | | |

Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐

ONE STOP SHOP ☐

DPZ SETBACK INFORMATION
Front: 30'
Rear: 30'
Side: 10'
Side St.: _____
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

PROPERTY ID# _____

| | |
|---|---|
| Filing fee | $ |
| Permit fee | $ |
| Excise tax | $ |
| Add'l permit fee | $ |
| TOTAL FEES | $ |
| Sub-total paid | $ |
| Balance due | $ |
| Check # | |
| Validation | |

Accepted by: LDC

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM

Rev4/5/00

40/60/80

# ARGENT PATH

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 6 feet

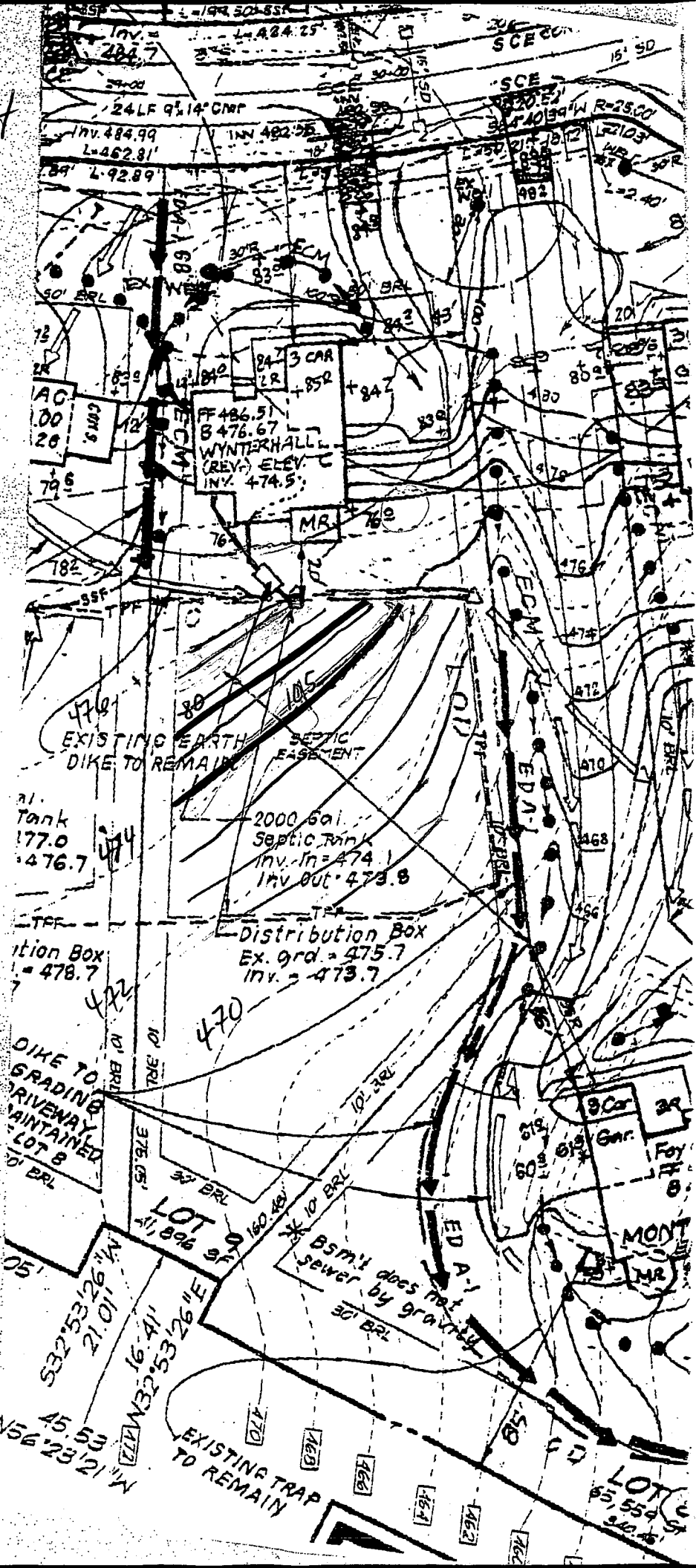
Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan
Howard County Health Department

Mark Rifkin 12/20/01
Signature Date

PLAN BY CFS

1:50



# 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: Robert L. Feezer Co Telephone #: (410) 795-1405
Address: 6321 BARNETT AVE
SYKESVILLE, MD 21784

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122
*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: NV Homes Telephone #: 410 721-4703
Subdivision: Brantwood Dev Lot #: 9 Well Tag # : HO - 94-2607
Site Address: 3126 ARGENT PATH

| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
|---|---|---|
| Make: RED Jacket | Make: HARVARD | Two piece watertight cap: ✓ |
| Model #: 75-E311516 | Model#: PT 800 | Screened, vented well cap: ✓ |
| Pump Capacity 8 GPM | Depth: 42" (36" min) | Cap secured to casing: ✓ |
| Well Yield: GPM | NSF approved: ✓ | Conduit min 18" B.G.: ✓ |

Depth of well encountered at time of pump installation: 280 (feet) Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ____

| Piping to house | House Connection |
|---|---|
| Type: Poly 1" | PVC sleeved to undisturbed soil at wall penetration: 8 FT |
| PSI: 160 (160 psi min) | Approximate length of sleeve: 8 FT |
| 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.**

Robert L. Feezer 2/22/02
Signature of company representative responsible for installation date

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 2/22/01 Date Insp. Approved: 2/22/02 (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 ✓

C 1 - 07651 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

# STATE OF MARYLAND
## WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A513199 J

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

DATE WELL COMPLETED MM 12 DD 27 YY 00 (15 20)

Depth of Well 22 280 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2607 (28 29 30 31 32 33 34 35 36 37)

OWNER Brantwood LLC (last name) (first name)
STREET OR RFD Argent Path TOWN Ellicott City
SUBDIVISION Brantwood 2/2 SECTION LOT 4

## 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 | FEET TO | check if water bearing |
|---|---|---|---|
| Sand | 0 | 56 | |
| Gray Mica rock | 56 | 280 | ✓ |

NUMBER OF UNSUCCESSFUL WELLS: 0

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.: MD024
Joseph E Thorpe
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __D___

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

## GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (yes) Y (44) (no) N (44)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM (45 46) BENTONITE CLAY BC (45 46)

NO. OF BAGS 15 NO. OF POUNDS 1410
GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 TOP 52) ft. to 45 (54 BOTTOM 58) ft.
(enter 0 if from surface)

## CASING RECORD
casing types insert appropriate code below

ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER

MAIN CASING TYPE: ST (60 61)
Nominal diameter top (main) casing (nearest inch)!: 6 (63 64)
Total depth of main casing (nearest foot): 60 (66 70)

EACH CASING — OTHER CASING (if used)

| diameter inch | depth (feet) from | to |
|---|---|---|
| | | |
| | | |

## SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL | BR BRASS BRONZE | HO OPEN HOLE | PL PLASTIC | OT OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN

| | | from | to |
|---|---|---|---|
| 1 | (8 9) | 210 (11 15) | 58 (17 21) | 280 |
| 2 | (23 24) | (26 30) | (32 36) | |
| 3 | (38 39) | (41 45) | (47 51) | |

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

## PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)
PUMPING RATE (gal. per min.) 5 (11 15)
METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 30 (17 20) ft.
WHEN PUMPING 198 (22 25) ft.

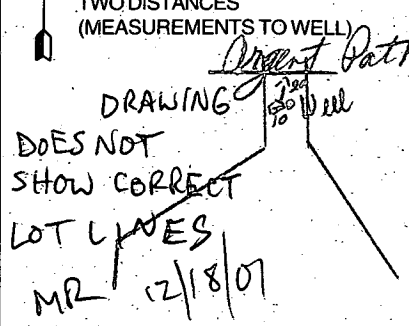
TYPE OF PUMP USED (for test)
A air (27) | P piston (27) | T turbine (27)
C centrifugal (27) | R rotary (27) | O other (describe below) (27)
J jet (27) | S submersible (27)

## PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. (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)
+ (49) above | – (49) below LAND SURFACE
2 (50 51) (nearest foot)

## LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)




DENV-CR97 ② COUNTY

Page ____ of ____
Date 12/27/00

Review 1/02/01 OK BR

# FIELD DATA SHEET
## HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2607
Location of property (road) Argent Path
Subdivision Brantwood 2/2 Lot 9 Block ____ Plat ____ Sec. ____
Well Driller ~~Robert Ellie~~ J. Mayne Owner Brantwood LLC

Depth of well 280'
Distance of measuring point (M.P.) above ground 2½'
Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started 11:15 Pumping rate 20
Total time 30 min to reach pumping water level 198 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 # gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|---|---|---|---|---|
| 11:30 | 134 | 3 sec | | 20 |
| 11:45 | 198 | 4 | | 15 |
| 12:00 | 198 | 12 | | 5 |
| 12:15 | 198 | 12 | | 5 |
| 12:30 | 198 | 12 | | 5 |
| 12:45 | 198 | 12 | | 5 |
| 1:00 | 198 | 12 | | 5 |
| 1:15 | 198 | 12 | | 5 |
| 1:30 | 198 | 12 | | 5 |
| 1:45 | 198 | 12 | | 5 |
| 2:00 | 198 | 12 | | 5 |
| 2:15 | 198 | 12 | | 5 |
| 2:30 | 198 | 12 | | 5 |
| 2:45 | 198 | 12 | | 5 |
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HD-224

Page _____ of _____ Review _____

Date _____ 12/27/00 10:00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2607
Location of property (road) Argent Path
Subdivision Brantwood 2/2 Lot 9 Block ____ Plat ____ Sec. ____
Well Driller Robert Cline Owner Brantwood LLC

Depth of well 280
Distance of measuring point (M.P.) above ground 2.5
Static water level (S.W.L.) below M.P. 30

I. High rate pumping -- reservoir drawdown

Time pump started 11:15 Pumping rate 20
Total time 30 to reach pumping water level 198 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 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|---|---|---|---|---|
| 1:15 | 198 | 12 | | 5 |
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HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 | 08189 | SEQUENCE NO. (MDE USE ONLY)

# STATE OF MARYLAND
# PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-2607

fill in this form completely

Date Received (APA): 021800 (MM DD YY)

## OWNER INFORMATION

Brantwood, L.L.C. (Last Name / First Name)

8835 - P Columbia 100 Parkway (Street or RFD)

Columbia, MD 21045 (Town / State / Zip)

## DRILLER INFORMATION

Robert L. Cline | M W D 139 (Driller's Name / License No.)

Cline & Duvall, Inc. (Firm Name)

8093 Hillmark Ct., Frederick, MD 21704 (Address)

Robert L. Cline 2/16/00 (Signature / Date)

## B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 300

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

## METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

## REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: HO 98 GAP G005 48 (MAY 1:28)

PERMIT No. HO-94-2607

## B 3 LOCATION OF WELL

Howard (COUNTY)

Brantwood (SUBDIVISION)

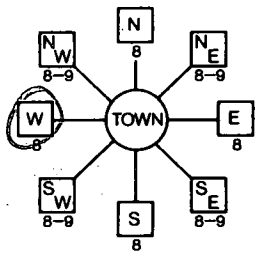
SECTION 2 | LOT 9 | Area 2

Pine Orchard (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 2 M I

## B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)




Argent Path (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 35 | ENTER FT OR MI: Ft.

TAX MAP: 23 BLK: ____ PARCEL ____

## NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. A513199S (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE ____ INSERT S

DATE ISSUED 022800 | CO SIGNATURE | EXP. DATE 2/28/01

NORTH GRID 520 000 | EAST GRID 820 000

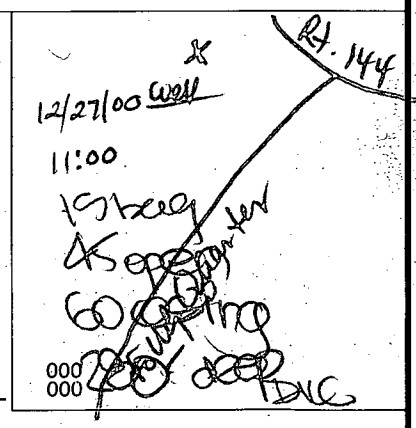
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

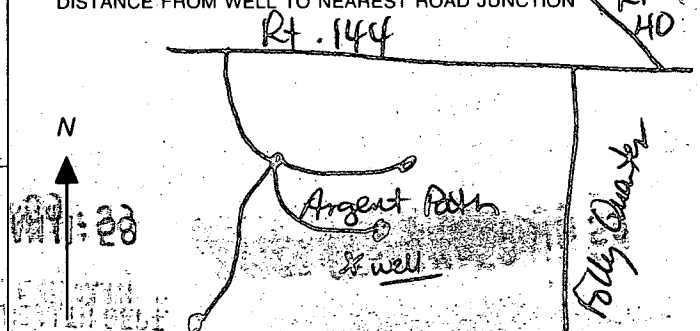
WRITE THE BOX NUMBER FROM THE MAP HERE

E 820

N 520




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

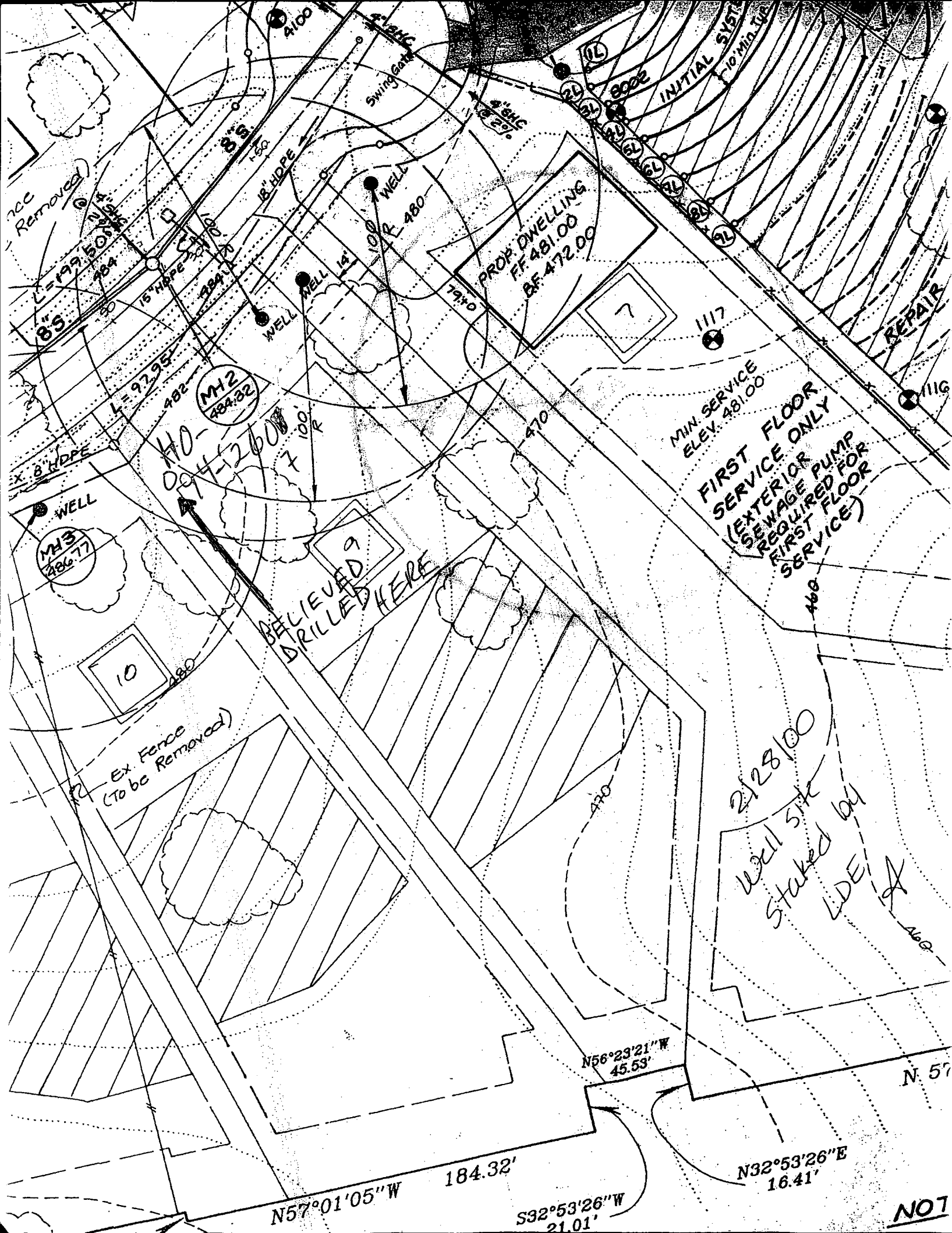



SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

DENV-Permit 97

② COUNTY


PROP. DWELLING
FF 481.00
BF 472.00
MIN. SERVICE
ELEV. 481.00
FIRST FLOOR
SERVICE ONLY
(EXTERIOR
SEWAGE PUMP
REQUIRED FOR
FIRST FLOOR
SERVICE)
WELL
WELL
WELL
MH2
484.32
MH3
486.77
8"S.
15"HDPE
18"HDPE
4"SHC
Swing Gate
INITIAL SYST.
10' Min. Tie
REPAIR
Ex. Fence
(To be Removed)
BELIEVED
DRILLED
HERE
212100
well site
staked by
LDE
N56°23'21"W
45.53'
N57°01'05"W
184.32'
S32°53'26"W
21.01'
N32°53'26"E
16.41'
N. 57
NOT

# 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

DISTRICT _____

DATE 8/15/95

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 Feuga Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. C/o Tim Feuga

ADDRESS 3243 Bethany Lane Ellicott City 21042 PHONE 313-8808

PROPERTY LOCATION:

SUBDIVISION Feuga Property LOT NO. 37 & 43

ROAD AND DESCRIPTION Rt 144 & Folly Quarter Rd

TAX MAP 16 & 23 PARCEL # 34 & 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD
(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. Mark A Reil
(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

HD-216 (3/92)

COUNTY #

SOIL PROFILE

1120 (1121)

0'

lgt orange tan SiCLm strong structure

4.5

lgt tan orange Salm micaceous 5% decayed saprolite

12.5

1128

orange red SiCLm

3'

pink Salm very friable strong blocky struct. 5% rock

12

1119

lgt orange SiSalm

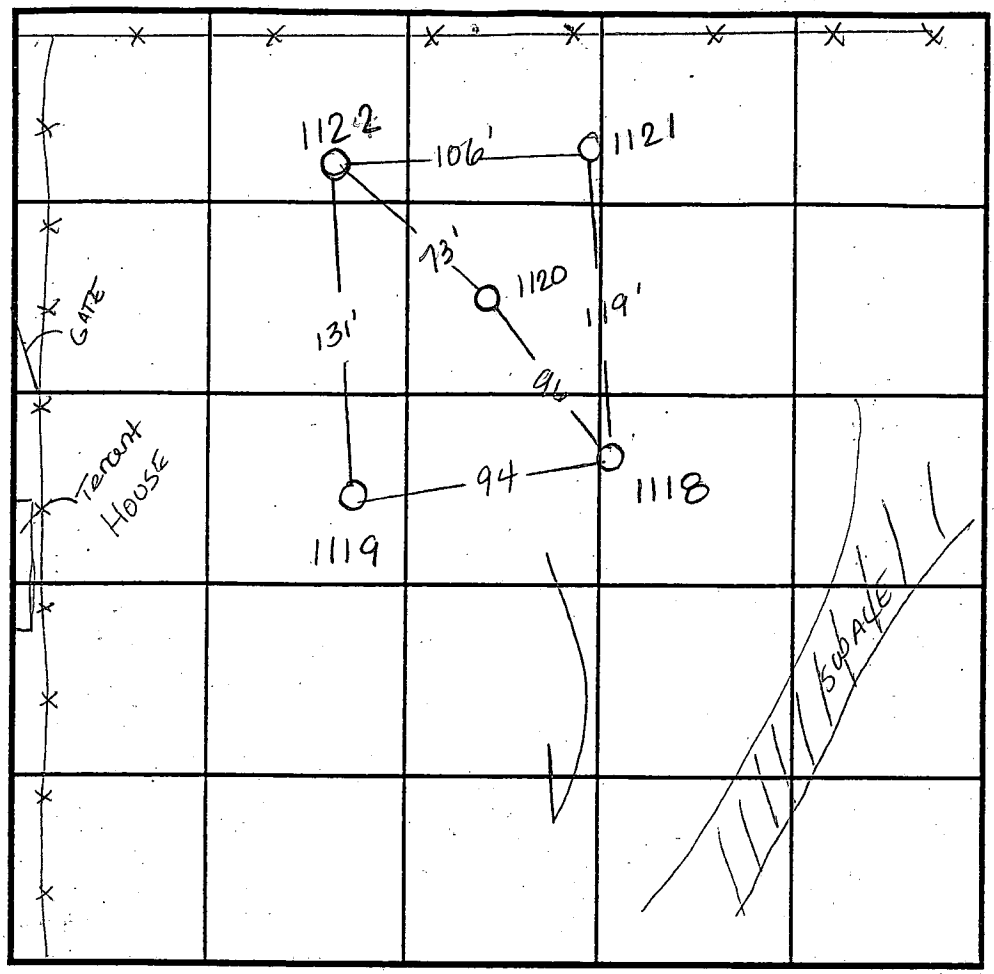
2'

bright red SiCLm

4

yellow and orange mix Salm

12'




SOIL PROFILE

1122

0'

lgt orange tan SiCLm <5% rock

4.5

lgt orange tan Salm micaceous

10'

grey brown Salm 15% saprolite

13'

53 15

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET START | PRE-WET STOP | TEST - 1" DROP START | TEST - 1" DROP STOP | TIME | |
|---|---|---|---|---|---|---|---|---|
| 9-21-95 | 1120 | Visual | to 12.5 - sec profile - | | | | OK | ✓ |
| | 1121 | 4' / V12' | 2:43 45 | 2:45 | 2:45 | 2:47 | 2min | ✓ |
| | 1118 | 3' / V12 | 2:49 30 | 2:50 30 | 2:50 30 | 2:52 | 1½min | ✓ |
| | 1119 | 4 / V12 | 2:52 | 2:55 | 2:55 | 2:58 30 | 3½min | ✓ |
| | 1122 | 4' / V13' | 2:36 30 | 2:43 30 | 2:43 30 | 2:47 | 4¼min | ✓ |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

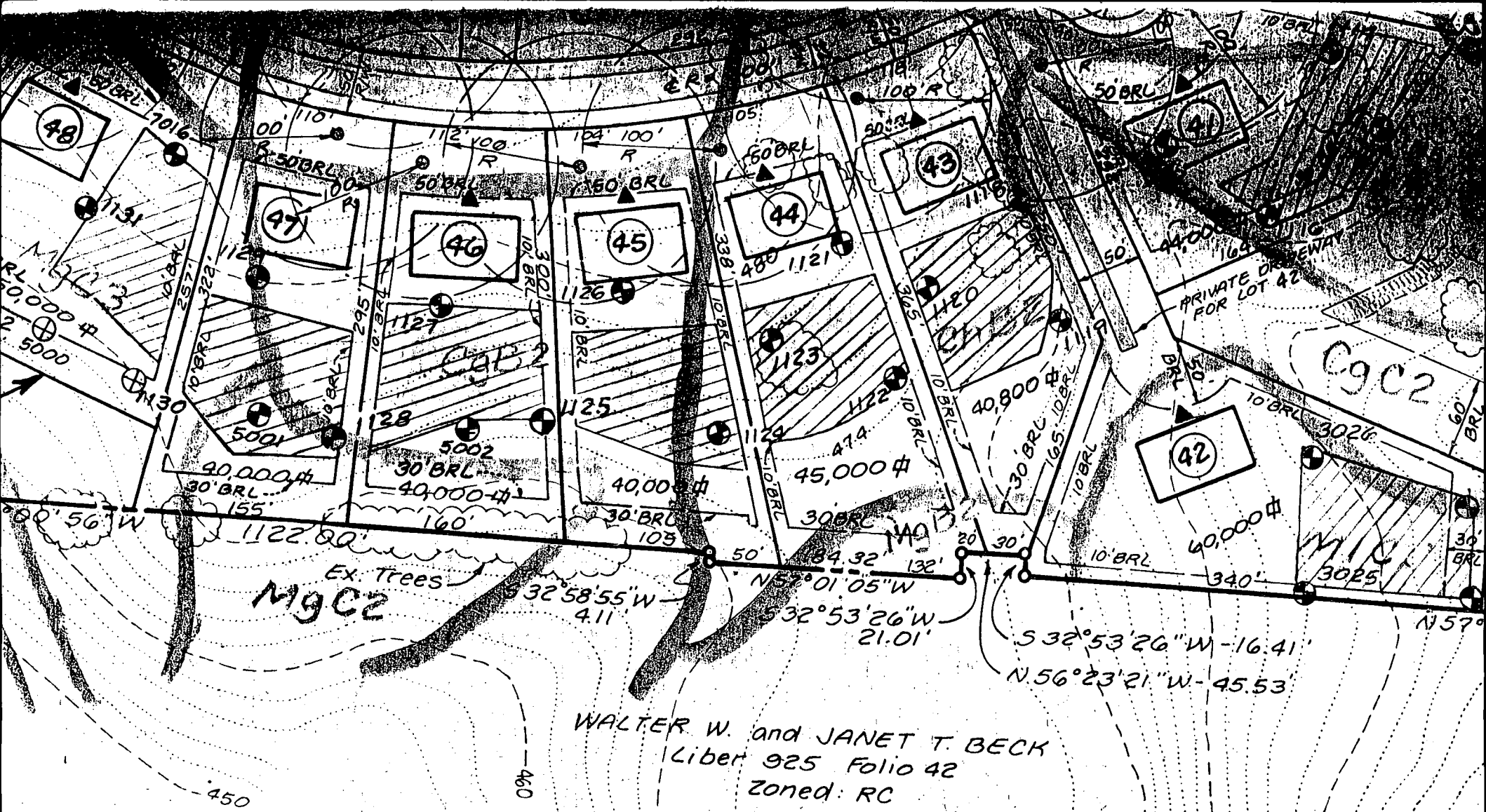
REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



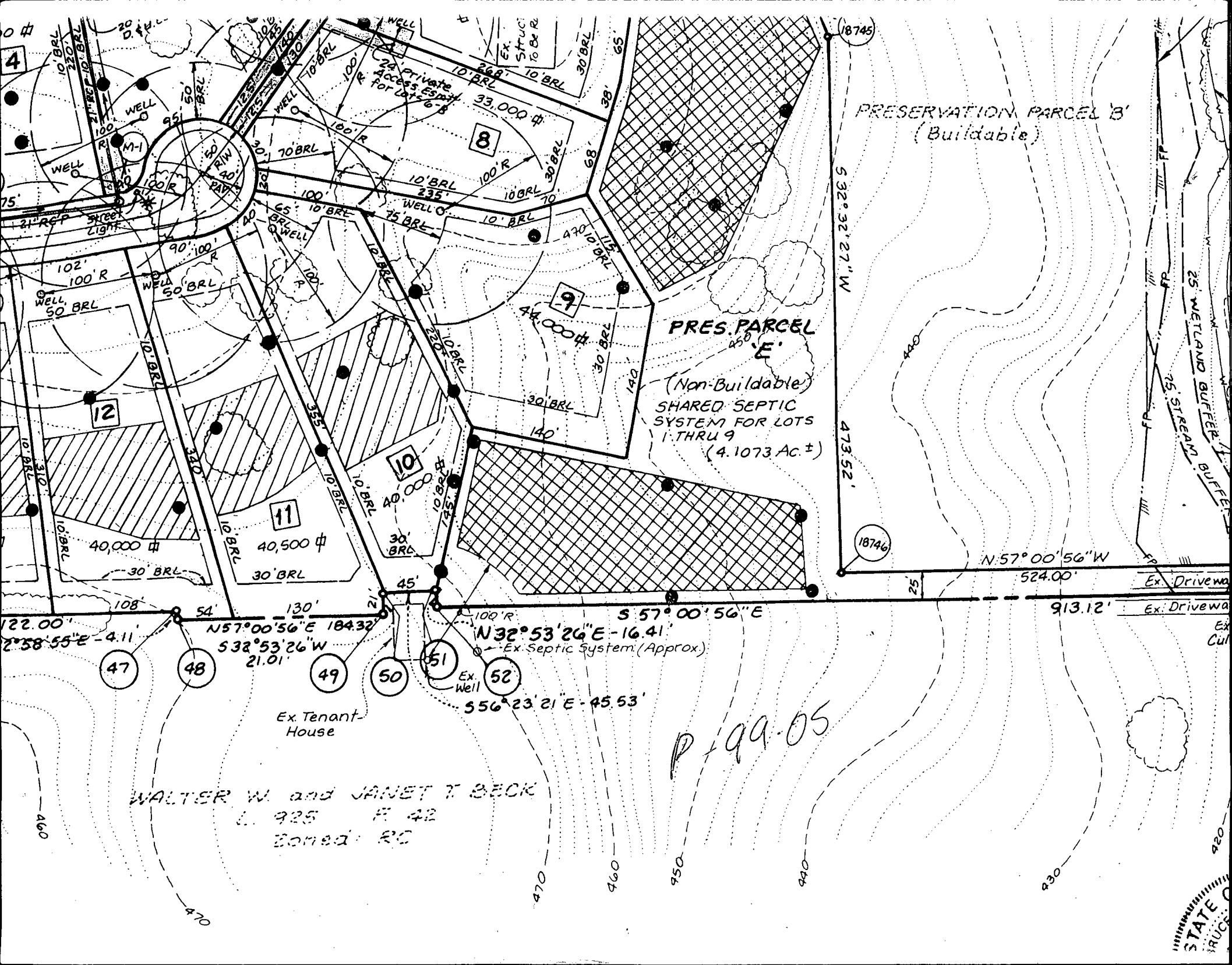

## SOILS LEGEND

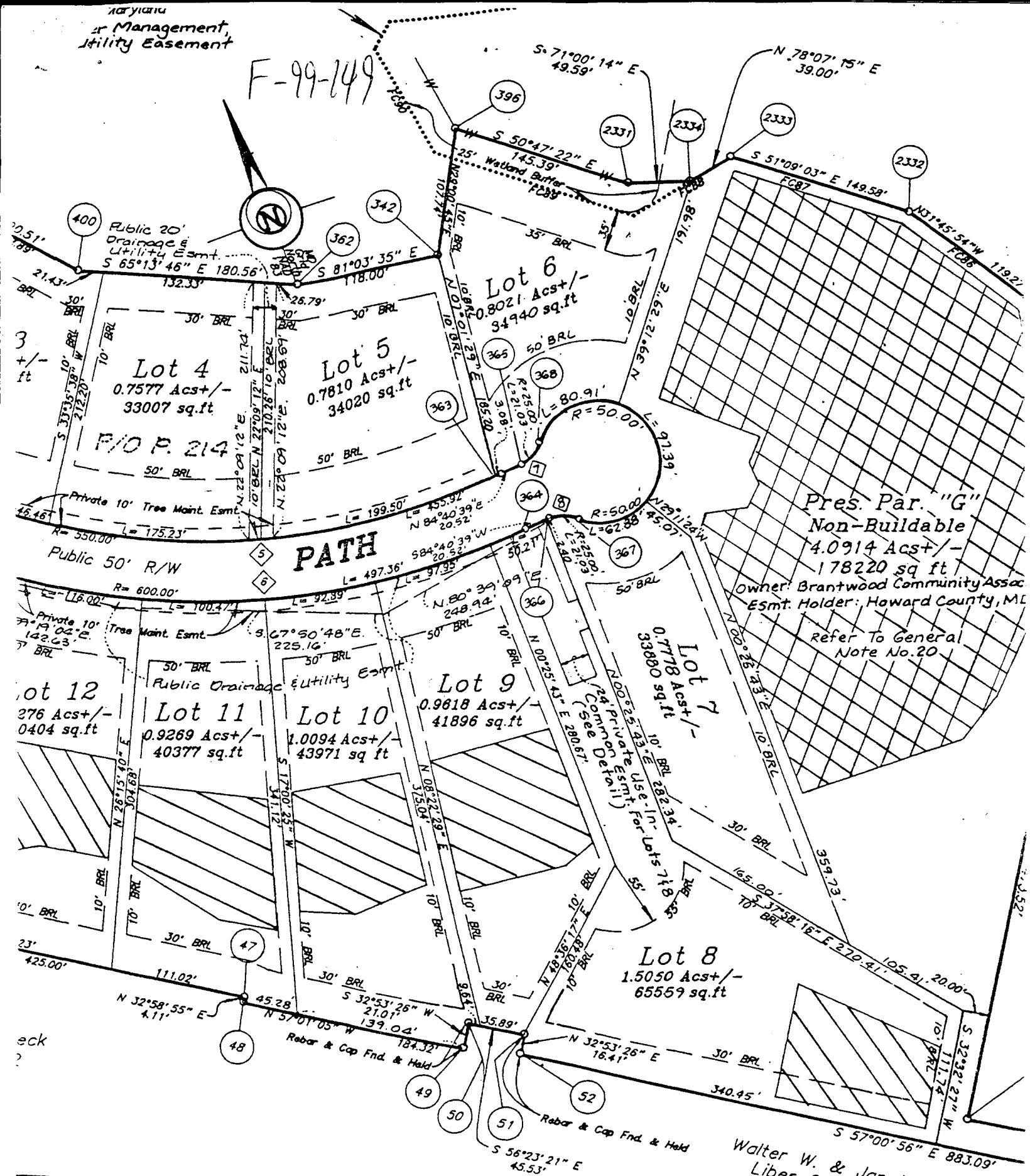
| BOL | NAME | SLOPE/CHARACTERISTICS |
|---|---|---|
| | Baile Silt Loam | |
| | Chester Gravelly Silt Loam | 3 to 8% Mod. Eroded |
| | Chester Gravelly Silt Loam | 8 to 15% Mod. Eroded |
| | Chester Silt Loam | 0 to 3 % |
| | Chester Silt Loam | 3 to 8 % Moderately Eroded |
| | Chester Silt Loam | 8 to 15% Moderately Eroded |
| | Chester Silt Loam | 15 to 25% Moderately Eroded |
| | Comus Silt Loam | |
| | Elioak Silt Loam | 3 to 8% Moderately Eroded |

Approved Perc Cert
11·13·97

## LEGEND

○ EX. PERCOLATION TEST


PRESERVATION PARCEL 'B'
(Buildable)
PRES. PARCEL 'E'
(Non-Buildable)
SHARED SEPTIC SYSTEM FOR LOTS 1 THRU 9
(4.1073 Ac. ±)
24' Private Access Esmt for Lots 6-8
33,000 ☐
44,000 ☐
40,000 ☐
40,500 ☐
40,000 ☐
18745
18746
S 32°32'27"W
473.52'
N 57°00'56"W
524.00'
S 57°00'56"E
913.12'
N57°00'56"E 184.32'
S 32°53'26"W
21.01'
N32°53'26"E - 16.41'
Ex. Septic System (Approx.)
S56°23'21"E - 45.53'
Ex. Tenant House
Ex. Well
Ex. Driveway
25' WETLAND BUFFER
25' STREAM BUFFER
WALTER W and JANET T BECK
L. 925 P. 42
Bonsal, NC
P-99-05
47
48
49
50
51
52
8
9
10
11
12
4




| CURVE DATA | | | |
|---|---|---|---|
| Delta | Length | Tangent | Chord Bearing & Dist. |
| 05°04'22" | 77.47' | 38.76' | S22°27'13"E - 77.45' |
| 03°52'47" | 62.64' | 31.33' | S23°03'01"E - 62.63' |
| 26°08'13" | 272.91' | 138.87' | N38°03'31"W - 270.55' |
| 26°08'13" | 295.72' | 150.48' | S38°03'31"E - 293.16' |
| 44°11'43" | 424.24' | 223.31' | S73°13'29"E - 413.80' |
| 44°11'43" | 462.81' | 243.61' | N73°13'29"W - 451.42' |

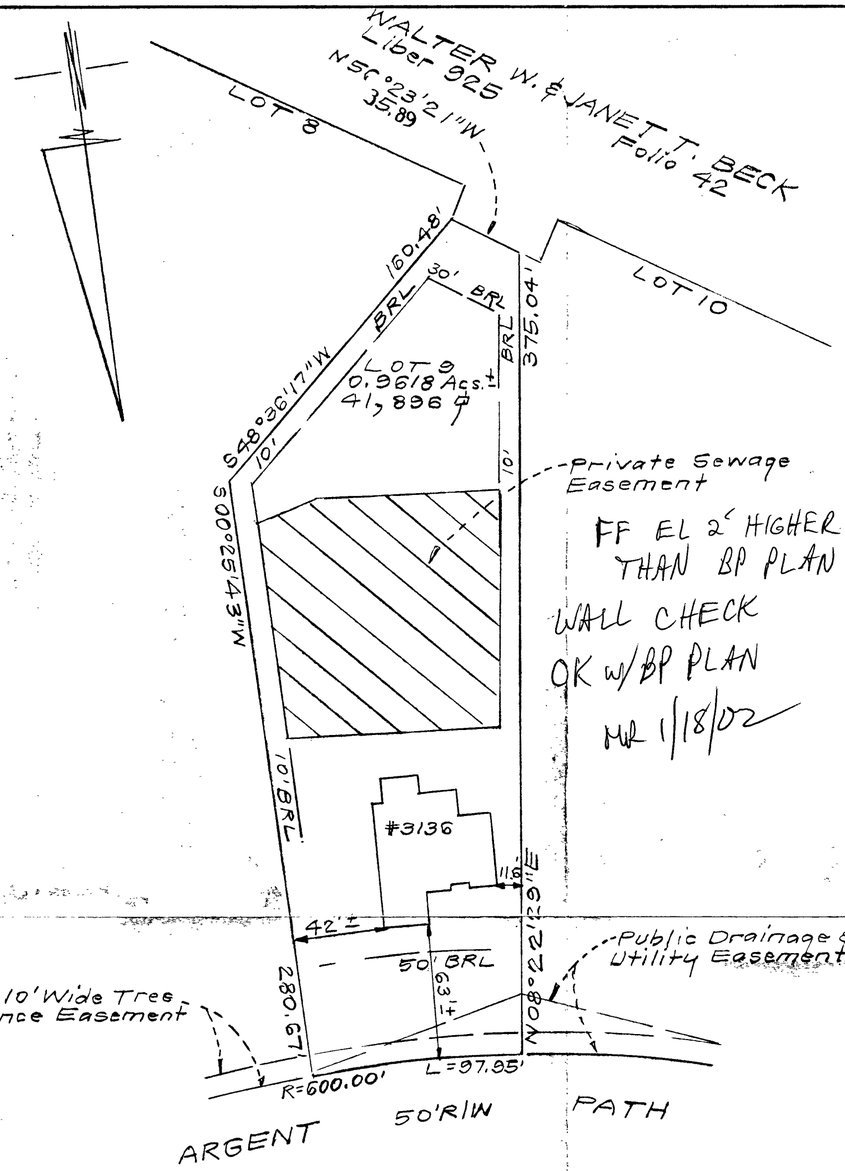
## OWNERS

### Parcel 214

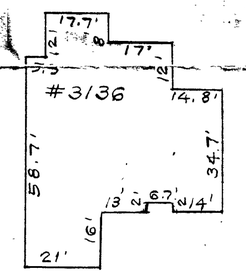
David A. Carney, Trustee
Laurence B. Raber, Trustee
C/O Reese and Carney, L.L.P.

DEV
BRANT

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Numbers 2400440016B & 22B, Panels 16 & 22 of 45, dated December 4, 1986.




Wall Check: 1-7-02
Top of Wall Elev.: 487.3




SCALE: 1" = 30'

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

1-8-02
DATE

STATE OF MARYLAND
PAIGE ADOLPHUS SEE, JR.
NO. 924
REGISTERED
PROPERTY LINE SURVEYOR

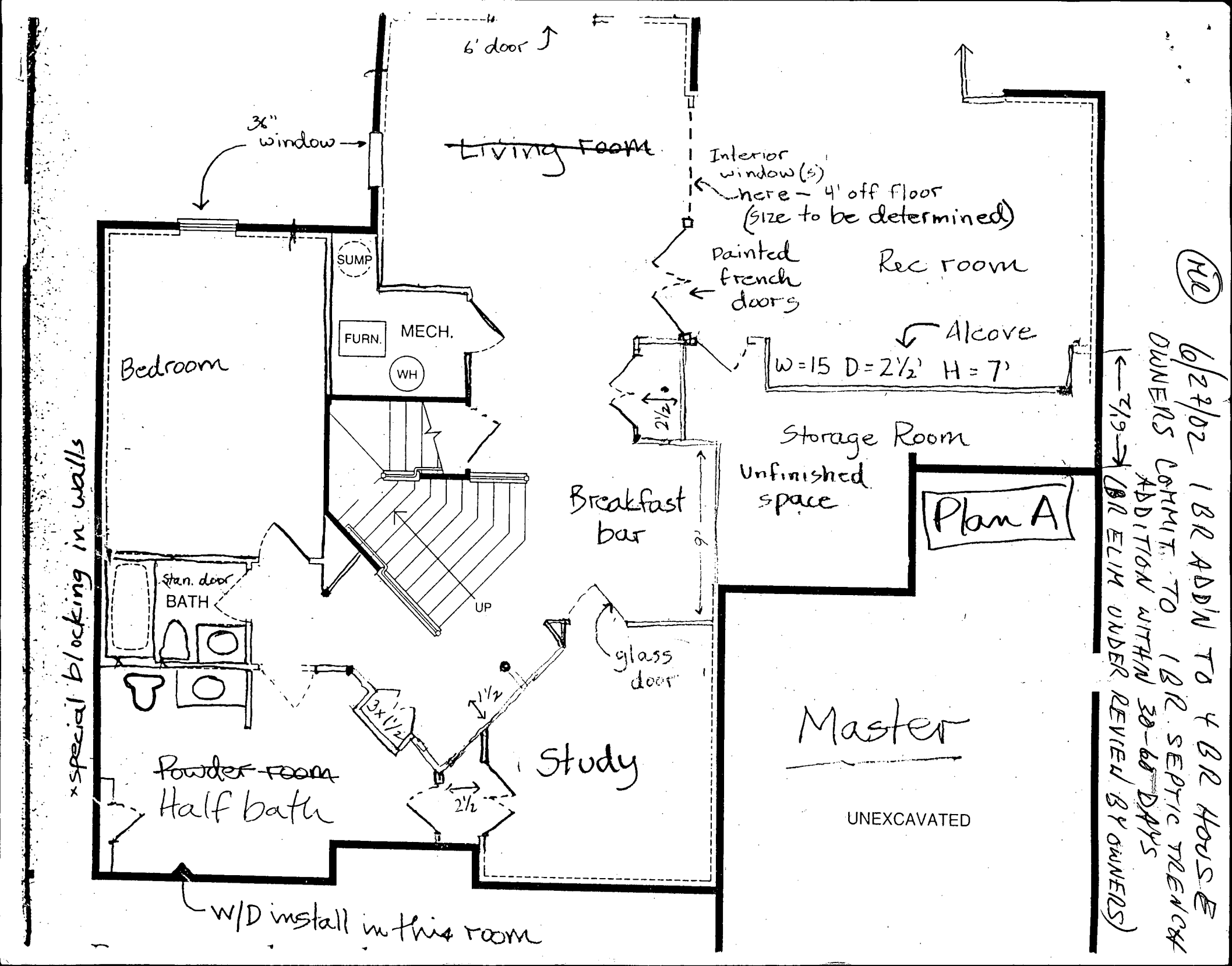
NOTES.

1. The ± setback distance accuracy = 1'.

Plat Reference. PLAT NUMBER 14181

CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT • (301) 621-8100 WASH.

| | | |
|---|---|---|
| DESIGNED | LOCATION DRAWING<br>3136 ARGENT PATH<br>LOT 9<br>BRANTWOOD<br>SECTION TWO AREA TWO<br>LOTS 1 THRU 16 AND PRESERVATION PARCEL 'G'<br>A RESUBDIVISION OF PART OF "BRANTWOOD-SECTION ONE NON-BUILDABLE BULK PARCEL "E"<br>THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND | SCALE<br>1" = 50' |
| DRAWN<br>KWC | | DRAWING |
| CHECKED<br>PAS | | JOB NO.<br>99-117 |
| DATE<br>1-8-02 | | FILE NO.<br>99-117 |


6' door
36" window
Living room
Interior window(s) here – 4' off floor (size to be determined)
SUMP
Painted french doors
Rec room
FURN.
MECH.
WH
Alcove
W=15 D=2½' H=7'
Bedroom
2½
Storage Room
Unfinished space
7'9
Breakfast bar
6'
Plan A
stan. door
BATH
UP
glass door
3x1½
1½
Master
Study
Powder room
Half bath
2½
UNEXCAVATED
*special blocking in walls
W/D install in this room
6/24/02 1 BR ADD'N TO 4 BR HOUSE
OWNERS COMMIT TO 1 BR SEPTIC MEN CA
ADDITION WITHIN 30-60 DAYS
OR ELIM UNDER REVIEW BY OWNERS)

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER** B00137197

Building Address 3136 Argent Path
9C

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

Census Tract 6030 Subdivision Brantwood

Section 2 Area 2 Lot 9

Tax Map 16 Parcel 437 Grid 22

Zoning RC Map Coordinates 11A6 Lot size

Property Owner's Name Hilery Simpson

Address 3136 Argent Path

City Ellicott State MD Zip Code 21043

Home Phone 4123258501 Work Phone 202691-5784

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

Phone Fax

Existing Use Storage SF Home

Proposed Use Rec room, etc for

Estimated Construction Cost $ 10,000

Description of Work Finish basement Rec. room bedroom, bath + half bath, study

Contractor Company N/A Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone Fax

Occupant or Tenant 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 Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

### Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

## BUILDING DESCRIPTION - *RESIDENTIAL*

### Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

| | Depth | Width |
|---|---|---|
| 1st floor: | | |
| 2nd floor: | | |
| Basement: | | |

Finished Basement ☐ Unfinished Basement ☑
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: 0
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

### Utilities

Water Supply:
____ Public
✓ Private

Sewage Disposal:
____ Public
✓ Private

Electric Yes ☑ No ☐
Gas Yes ☑ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☑
Propane Gas ☐

Sprinkler system: N/A ☑
____ NFPA #13D
____ NFPA #13R
____ 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.

*Applicant's Signature*

Mr. Hilery Simpson
*Print Name*

*Title/Company* PM 6/22/02

*Date*

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

*FOR OFFICE USE ONLY*

| AGENCY | DATE | SIGNATURE OF APPROVAL | Z SETBACK INFORMATION | PROPERTY ID# 5-179 |
|---|---|---|---|---|