

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 4/27/05

APPROVAL DATE: 5/5/05

**PERMIT**  
**INDEXED**

P 522429

A 514921-R

03304787

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

WTC III Plumbing & Heating, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 1820 Gillis Falls Road, Woodbine PHONE NUMBER: 410-489-4457

SUBDIVISION: Archers Glen LOT NUMBER: Pres Parc B

ADDRESS: 1715 Archers Glen PROPERTY OWNER: Cary Cumberland

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

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

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 217

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 at the highest elevation in the approved SDA. Run 3-75' trenches
NOTES:	

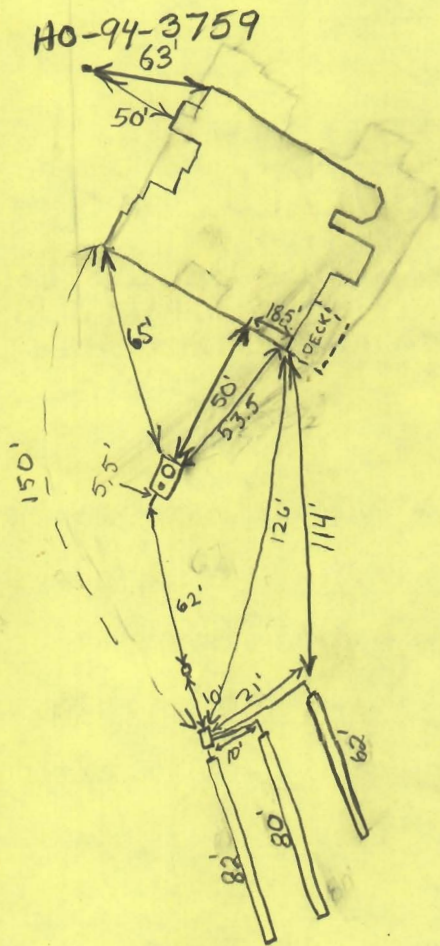
PLANS APPROVED: Kevin J. Bell 0.97 4/26/05 DATE: 10/20/2004

- 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**

A514921-R

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		224'
ABSORPTION AREA		672'+sw
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	<1' below grade
BAFFLES	Front & Rear
BAFFLE FILTER	N/A
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	N/A

SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 3/29/05 SDA Staked, Center OK, Trench per plan (KJS)

INSTALLATION 5/5/05 System installed as per plan. Don't know if pipe was sleeved under driveway (covered), O.K. to cover everything else. (BB) (GAC)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 5/5/05



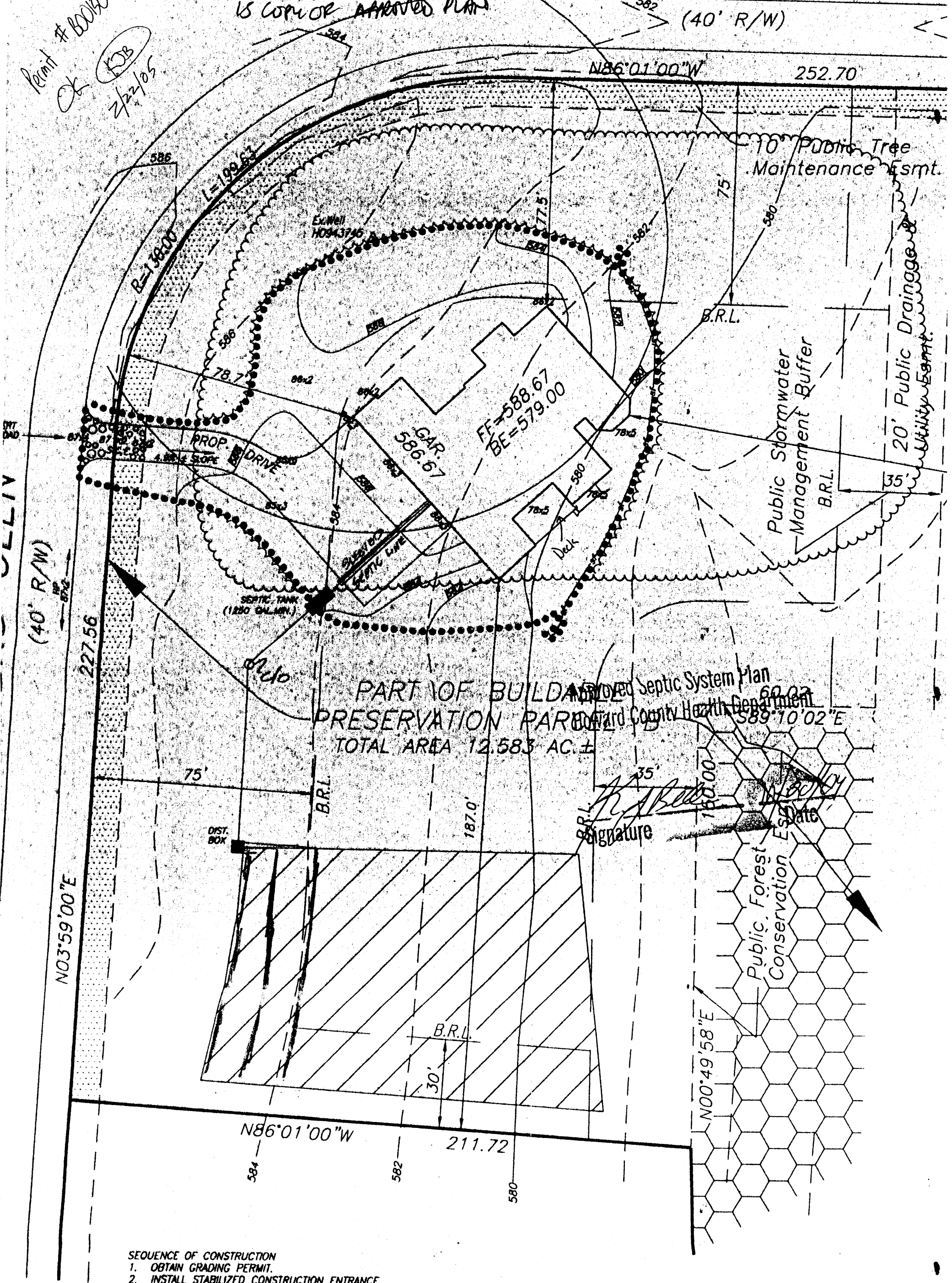


TYPICALLY, THE DEPTH OF TOPSOIL TO BE SPREAD FOR A SITE TYPE CAN BE FOUND IN THE REPRESENTATIVE SOIL PROFILE SEC THE SOIL SURVEY PUBLISHED BY USDA-SCS IN COOPERATION WITH MARYLAND AGRICULTURAL EXPERIMENTAL STATION.

PLAN SUBMITTED NOT  
MUST REEVAL PLAN - THIS  
IS COPY OF APPROVED PLAN

# ARCHERS GLEN

Permit # BO155794  
OK  
KJB  
2/22/05



PART OF BUILDABLE  
PRESERVATION PARCEL  
TOTAL AREA 12.583 AC. ±

Approved Septic System Plan  
Howard County Health Department  
Signature: R. Bell  
Date: 6/20/04

- SEQUENCE OF CONSTRUCTION
1. OBTAIN GRADING PERMIT.
  2. INSTALL STABILIZED CONSTRUCTION ENTRANCE
  3. INSTALL SEDIMENT AND EROSION CONTROL DEVICES AND STABILIZE.
  4. EXCAVATE FOR FOUNDATIONS, ROUGH GRADE AND TEMPORARILY STABILIZE.
  5. CONSTRUCT HOUSE, SIDEWALKS AND DRIVEWAYS.
  6. FINAL GRADE AND STABILIZE IN ACCORDANCE WITH STDS. & SPECS.
  7. UPON APPROVAL OF THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT AND EROSION CONTROL DEVICES AND STABILIZE.

DESIGNED	GSS
DRAWN	

GRADING, SEDIMENT CONTROL, BUILDABLE

Kern Bell

#25  
CR 4745  
CR 85860

Viking Development Corporation  
815 Windriver Drive  
Sykesville, MD 21784  
410-977-2188

Wednesday, February <sup>14</sup>~~09~~, 2005

Howard County Permits and License  
Ms. Avis Corbin


Ms Corbin:

I would like to amend the following permit #B00150794 - 1715 Archers Glen, Sykesville, MD 21784. Owner is Cary and Lisa Cumberland. <sup>A</sup>

The amendment will be for the following:

1. Adding a deck to the exterior. Size will be 12' x 18' 6" with 2x10 PT.
2. Changing the foundation of the existing screened in porch on the approved plans. We are going from a poured wall to a Post and Pier foundation.

Thank you

  
Cary Cumberland  
Viking Development Corporation

cc: DPZ  
Health Dept  
(KJB) 2/22/05

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: Archers Glen Lot #:    Well Tag #: HO - 94-3759

Site Address: \_\_\_\_\_ Parcel B

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (36" min)      Sleeve caulked and sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/6/05 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 ✓

4/7/05  
Not Finished  
BB  
5/5/05  
BB

5/6/05  
Covered  
Kevin said that he inspected house connection.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

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Company Name: WTC III P&H Inc. Telephone #: 410 489-4457 (offu)  
Address: 1820 Gillis Falls Rd 443-398-1782 (cell)  
Woodbine MD 21797

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

License # and name of individual responsible for the field installation:  
Name (Print): William T. Cumberland III License# 7979

\*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: W. Eric Dow Telephone #: 410-442-2697  
Subdivision: Archers Glen Lot #: B Well Tag #: HO  
Site Address: 1715 Archer Glen  
Sykesville MD 21784

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Myers</u>	Make: <u>Lowell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>86M P</u>	Model #: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>8</u> GPM	Depth: <u>10</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>14</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>yes</u>

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 \_\_\_\_\_

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> <i>5 ft</i>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5 ft</u>
Depth of supply line: <u>8</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

William T. Cumberland III 7-20-05  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

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 \_\_\_\_\_

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> 3856	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>13</u>

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 07 24 2003	Depth of Well 22 300 28 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-3759</u>
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OWNER VIKING DEVELOPMENT  
 STREET OR RFD ARCHERS GLEN TOWN WEST FRIENDSHIP  
 SUBDIVISION ARCHERS GLEN SECTION \_\_\_\_\_ LOT PP-B

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		check if water bearing
	FROM	TO	
Overburden	0	60	
Gray Rock	60	300	x
water at 80'			

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC	
NO. OF BAGS <u>15</u>	NO. OF POUNDS <u>1500</u>
GALLONS OF WATER <u>90</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP ft. to <u>60</u> BOTTOM ft. (enter 0 if from surface)	

CASING RECORD	
(circle types insert appropriate code below)	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE
<input checked="" type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER
MAIN CASING TYPE <u>PL</u>	Total depth of main casing (nearest foot) <u>65</u>
Nominal diameter top (main) casing (nearest inch) <u>6</u>	

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

SCREEN RECORD	
screen type or open hole (insert appropriate code below)	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> BR BRASS
<input type="radio"/> PL PLASTIC	<input checked="" type="radio"/> HO OPEN HOLE
<input type="radio"/> OT 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLER'S LIC. NO. MWD 120  
 DRILLER'S SIGNATURE Sandy Richman  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. JS 049  
 DRILLER'S SIGNATURE Thom McElly

DEPTH (nearest ft.)	
EACH CASING	DEPTH (nearest ft.)
1	<u>HO</u> <u>65</u> <u>300</u>
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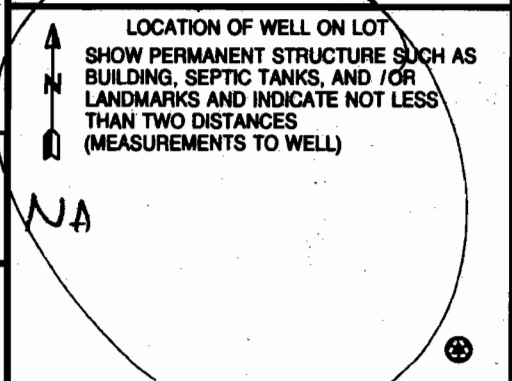
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>1428</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Submersible</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>17</u> ft.
WHEN PUMPING	<u>53</u> ft.
TYPE OF PUMP USED (for test)	
<input type="radio"/> A air	<input type="radio"/> P piston
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible
<input type="radio"/> T turbine	<input type="radio"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	<input type="radio"/> YES <input checked="" type="radio"/> 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)	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	31 _____ 36 _____
PUMP HORSE POWER	37 _____ 41 _____
PUMP COLUMN LENGTH (nearest ft.)	43 _____ 47 _____
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="radio"/> + above	
<input type="radio"/> - below	
	(nearest) _____ foot





B 1 6722

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519017 please type

STATE PERMIT NUMBER

HO-94-3759 fill in this form completely

Date Received (APA) 06-18-03

OWNER INFORMATION

Viking Development 815 Windriver Drive Sykesville MD 21784

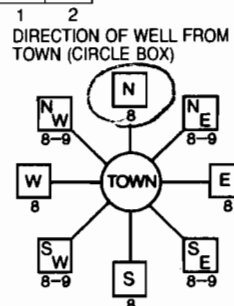
LOCATION OF WELL

Howard County Wilson Property Archers Glen Buildable Preservations Parcel B West Friendship

DRILLER INFORMATION

Sandy B Cochran MWD 320 G Edgar Harr Sons Corp 12047 Falls Rd Cockeysville 21030

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Archers Glen Old Frederick Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 9 BLK: 22 PARCEL 301

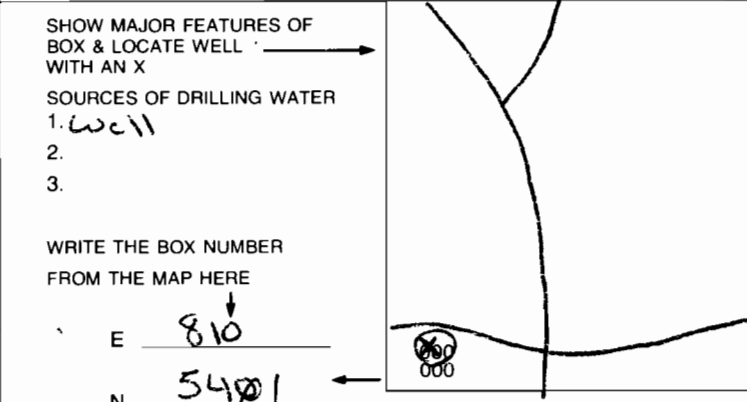
WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

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

HOWARD COUNTY NAME B COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 07-16-03 Mark E. Liffkin 7/16/04

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH



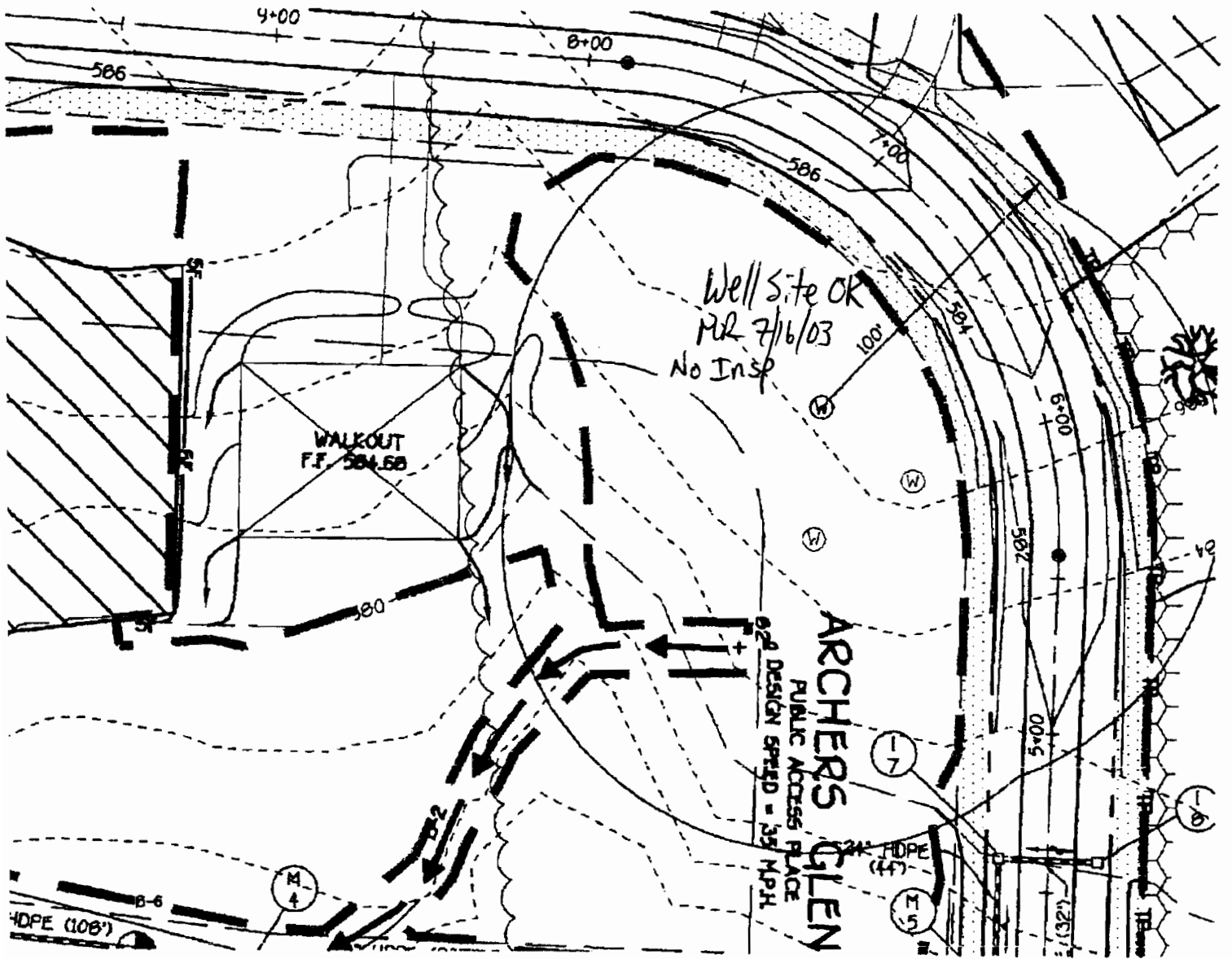
METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary CABLE other JETTED AIR-PERCussion REVERSE-ROTARY Jetted & DRIVEN ROTARY (Hydraulic Rotary) Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02002G016 PERMIT No. HO-94-3759

SPECIAL CONDITIONS





COUNTY #

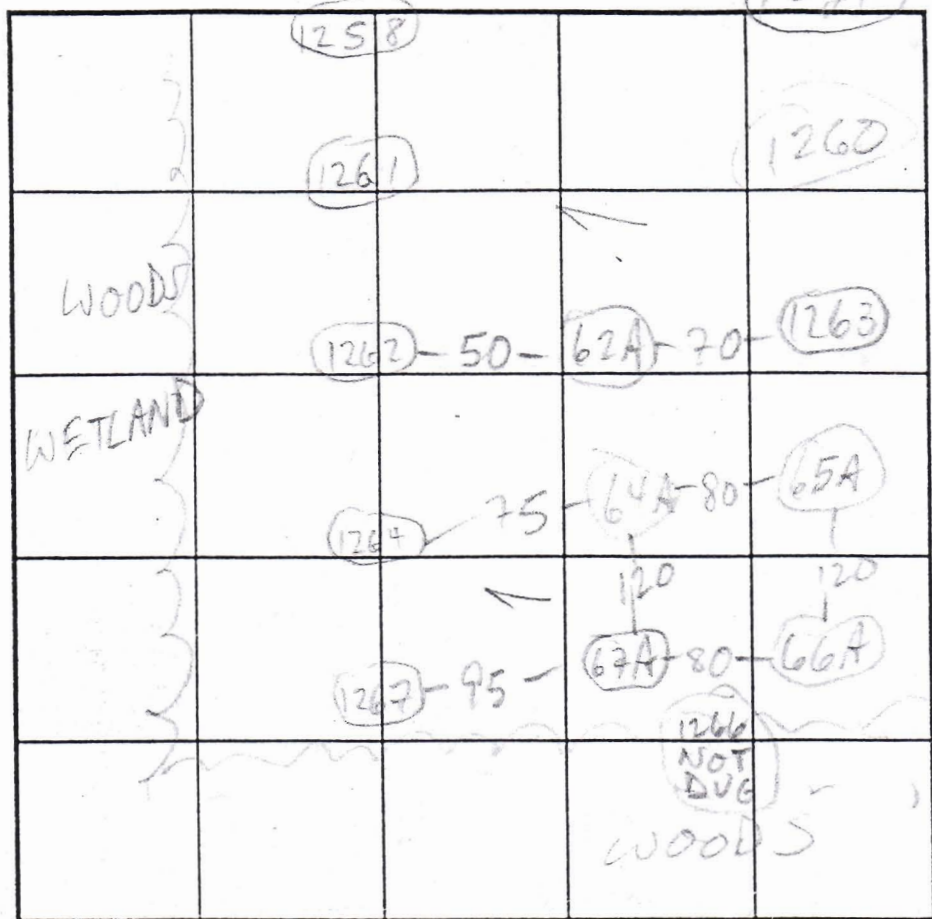
SOIL PROFILE

0' 1264  
 heavy orge + yel cl 1m  
 5-6 heavy mica silt  
 10 WATER

1264/62

3-3 1/2 orge red sic 1m  
 brn red yel sa si 1m  
 8 1/2-9 1/2 108 frags  
 CAVE IN  
 12 H<sub>2</sub>O  
 12 1/2

1 3/2-4 orge brn sic 1m  
 brn Bas 1m  
 109 frags  
 13 1/2 H<sub>2</sub>O



SOIL PROFILE

0' 1258  
 orge brn sac 1m  
 3 tan gray beige sa mica loamy some blk frags  
 11 UNCERTAIN IN MOTTLING  
 12 1/2 H<sub>2</sub>O

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

OLD FRED.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/01	1267v	11 1/2	H <sub>2</sub> O @	10' CL TO 5'	FAIL		
	1264s	4 1/2	11:21	11:26	11:26	11:34	8
	1264v	12	H <sub>2</sub> O @	12'	FAIL		
	1262s	4	11:30	11:33	11:33	11:39	6
	1262v	12	H <sub>2</sub> O @	10 1/2'	FAIL		
	1261s	4 1/2	11:43	11:46	11:46	11:53	7
	1261v	14	H <sub>2</sub> O @	12 1/2'	OK		
	1258	4	11:50	11:53	11:53	12:00	7
	1258	13 1/2	H <sub>2</sub> O @	12'	KEEP ESMT 25-30'		
			FAIL				AWAY

REMARKS ALL HOLES EXCEPT 62A-64A-65A-66A-67A PER PLAN

TYPE OF SOIL M. Johnson

TESTED BY M. Rifkin

TESTENT D. Ricker, C. Cumberland

TRENCH DESIGN DATA: APPROVABLE HOLES MUST HAVE 8 FEET FROM OBSERVED GROUNDWATER TO BOTTOM OF PROPOSED SEPTIC SYSTEM

TRENCH WIDTH

INLET DEPTH

BEDROOM

COUNTY #

SOIL PROFILE

0' 65A/66A/67A

4  
orange  
pink  
saelm

64A

pink  
tan  
brn  
saelm

10% frags

13' 13 1/2  
1263

4  
orange  
brn  
cllm

5  
orange  
saelm

7  
30% frags

15-20%  
frags

13  
1262A

brn  
cllm

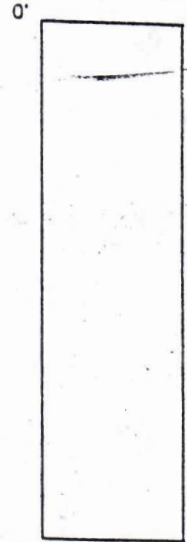
3 1/2

brn red  
saelm  
10%  
frags

14

H<sub>2</sub>O


SOIL PROFILE

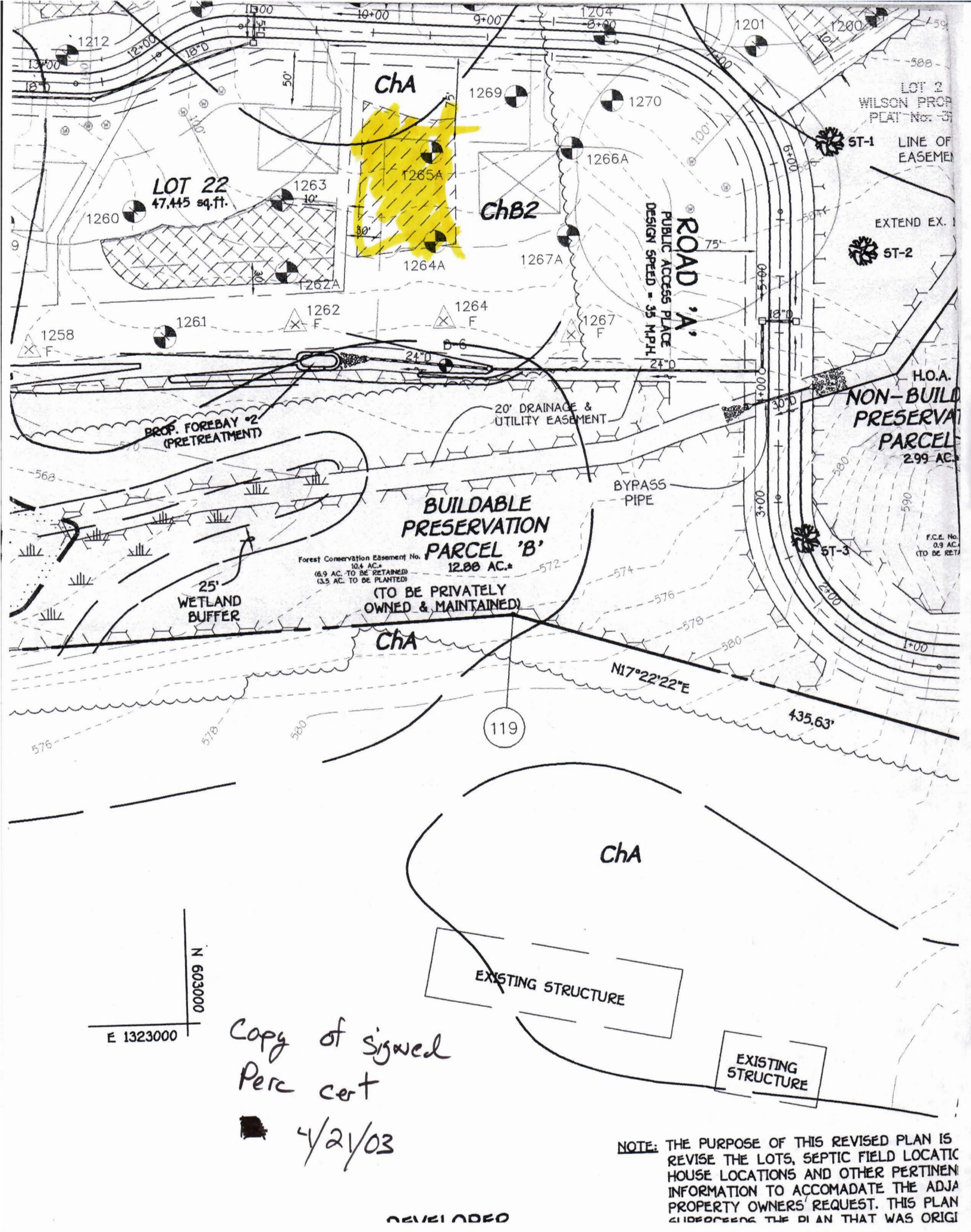


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/14/01	1266A	5 1/2	3:24	3:26	3:26	3:29	3	
	1266A	13' 4"	OK see profile					
	1267A	5	3:25	3:26	3:26	3:28	2	
	1267A	13 1/2	OK see profile					
	1265A	4' 10"	3:30	3:32	3:32	3:35	3	
	1265A	13 1/2	OK see profile					
	1264A	5	3:37	3:42	3:42	3:51	9	
	1264A	13 1/2	H <sub>2</sub> O @ 13' 4"					
	1262A	4' 4" / 14	3:43	3:47	3:47	3:51	4 OK	
	1263	4 1/2 / 13	3:49	3:51	3:51	4:01	10 OK	

REMARKS \_\_\_\_\_ DUE TO DROUGHT CONDITIONS,  
 TYPE OF SOIL \_\_\_\_\_ APPROVABLE HOLES MUST HAVE 8  
 TESTED BY M. R. Itkin FEET FROM OBSERVED  
 TRENCH DESIGN DATA: AVE PROPOSED SEPTIC SYSTEM  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

\_\_\_\_\_  
M. Johnson  
 ESSENT. D. Rickett, C. Cumberland  
 TRENCH WIDTH \_\_\_\_\_



Copy of signed  
 Perc cert  
 4/21/03

**NOTE:** THE PURPOSE OF THIS REVISED PLAN IS TO REVISE THE LOTS, SEPTIC FIELD LOCATION, HOUSE LOCATIONS AND OTHER PERTINENT INFORMATION TO ACCOMMODATE THE ADJACENT PROPERTY OWNERS' REQUEST. THIS PLAN SUPERSEDES THE PLAN THAT WAS ORIGINAL

DEVELOPED



# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER**

B0014161916

Building Address <u>1715 ARCHERS GLEN</u> <u>West Friendship 21784</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision _____ Section _____ Area _____ Lot <u>Res Par B</u> Tax Map <u>9</u> Parcel <u>116</u> Grid <u>22</u> Zoning <u>REDEP</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>Viking Dev.</u> Address <u>13096 Forest Hill Rd</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u> Home Phone <u>4104412312</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
---	---

Existing Use <u>Farm</u> Proposed Use <u>Drive</u> Estimated Construction Cost \$ <u>10,000</u> Description of Work <u>THROW AWAY TRAILER</u> <u>sale</u>	Contractor Company <u>PARADISO HOMES</u> Contact Person <u>Dan Ricker</u> Address <u>13096 Forest Hill</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u> License No. _____ Phone _____ Fax _____
---	--

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Fisher Collins</u> Contact Person <u>Mark Ricketts</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	---

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: <u>12</u> No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>500</u> Use group: <u>SALES TRAIL</u> Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>12</u> Width <u>50</u> 1st floor: _____ 2nd floor: <u>NA</u> Basement: <u>NA</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <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>[Signature]</u> Applicant's Signature	<u>Dan Ricker</u> Print Name
Title/Company	Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	609516
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>200</u>
<input type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>2/12/04</u>	<u>Racoe Norman</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ <u>200</u>
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>52000</u>
				Validation # <u>41912</u>
				Accepted by <u>[Signature]</u>

Building Address 1715 Archers Glen  
Sykesville MD 21784  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision Archers Glen  
TAX ID# 03-304787 Truster B  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map 9 Parcel 301 Grid 22  
Zoning RCD02 Map Coordinates 5012 Lot size 12.5 Acres

Property Owner's Name Cary Cumberland  
Address 5850 Old Washington Rd  
City Sykesville State MD Zip Code 21784  
Home Phone 410 549-9411 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410 549-3240

Existing Use Vacant lot  
Proposed Use 5 Bedroom 3 1/2 Bath 2 story SFD  
Estimated Construction Cost \$ 400,000  
Description of Work 5 Bedroom 3 1/2 Bath 2 story  
Brick SFD

Contractor Company Viking Development Corp.  
Contact Person Cary Cumberland  
Address 815 Windward Dr  
City Sykesville State MD Zip Code 21784  
License No. 485  
Phone 410 977-2188 Fax 410 549-3240

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company JHANA BERGER  
Contact Person RON FEUZEL  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax 410-401-9693

**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 _____ State Certified Modular _____	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"/> 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>73</u> Width <u>76</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>55</u> <u>70</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>73</u> <u>76</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
Applicant's Signature  
President Viking Development Corp  
Title/Company

Cary Cumberland  
Print Name  
12-15-04  
Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	<u>60956</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? _____	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Sediment Control approval required prior to issuance?			IS Entrance Permit required? _____	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? _____	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	Accepted by _____
			SDP Fee (if applicable) _____	

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 55554 Account #: 4226  
 Reference: Archers Glen Lot B Company: Viking Development Corporation  
 Location: 1715 Archers Glen Requested By: Cary Cumberland  
 Sykesville, MD 21784 Source: Well Water  
 Date/ Time Collected: 07/14/05 1140 Site: Holding Tank  
 Date/Time Rec'd: 07/14/05 1337 Treatment: Spin Down Separator\*\*  
 Chlorine ppm: Free: ND Total: ND pH: 5.9  
 Collected By: J. Yeager 6176JY Well #: HO-94-3759

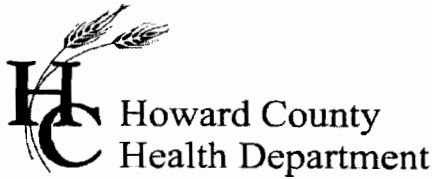
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/15/05 / 0930 / B. Dutterer
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/15/05 / 0930 / B. Dutterer
Nitrate	3.65	mg/L	10	601	07/15/05 / 1210 / B. Dutterer
Turbidity	0.82	NTU	<10	SM18 2130B	07/15/05 / 1320 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	07/15/05 / 1320 / B. Dutterer

**NOTES:**

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

Reason for Test : Use & Occupancy  
 Building Permit # : B00150794

Date Reported: 07/15/05



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

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

July 26, 2005

Viking Development Corp.  
815 Windriver Drive  
Sykesville, MD 21784

**SENT VIA FACSIMILE 410-549-3240**

RE: Archers Glen, Pres Parcel B  
1715 Archers Glen  
Sykesville, MD 21784  
BP #: B00150794  
Well Permit # HO-94-3759

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 5/05/2005. Final approval of the well line connection to the dwelling was approved on 05/06/2005.**

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.

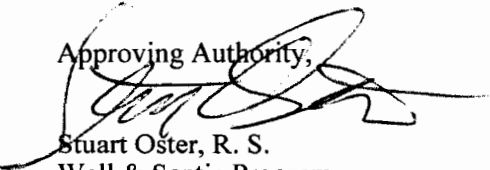
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3759. 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): 7/14/2005  
Date of Well Completion: 7/24/2003

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File