

8/23/00
11-12
8/23/00
WPT
anytime

8/24/00
1-2
12/13/00
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514197M
A 58095-S
ISSUE DATE 8/17/2000

APPROVAL DATE 12/13/00

INDEXED

04-362446

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Wellington West II LOT NUMBER 20 ADDRESS 15301 Doe Hill Court

PROPERTY OWNER Pulte Homes PROPERTY OWNER'S ADDRESS 1501 S. Edgewood St., K

SEPTIC TANK CAPACITY 1250 GALLONS Baltimore, MD 21227

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4 *** Top seamed septic tank required ***

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth
4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 80 feet down the right (236.63') lot line and 75 feet off that
same lot line as seen when facing the lot from Doe Hill Court. Run trenches on contour
toward the right lot line. 7/24/00 O.K. (BB)

**BUILDING PERMIT SIGNED
AND RETURNED**

J.S.O.B. BOD 152224 - FINISH BASEMENT

PLANS APPROVED Amy McMillen DATE 6/21/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

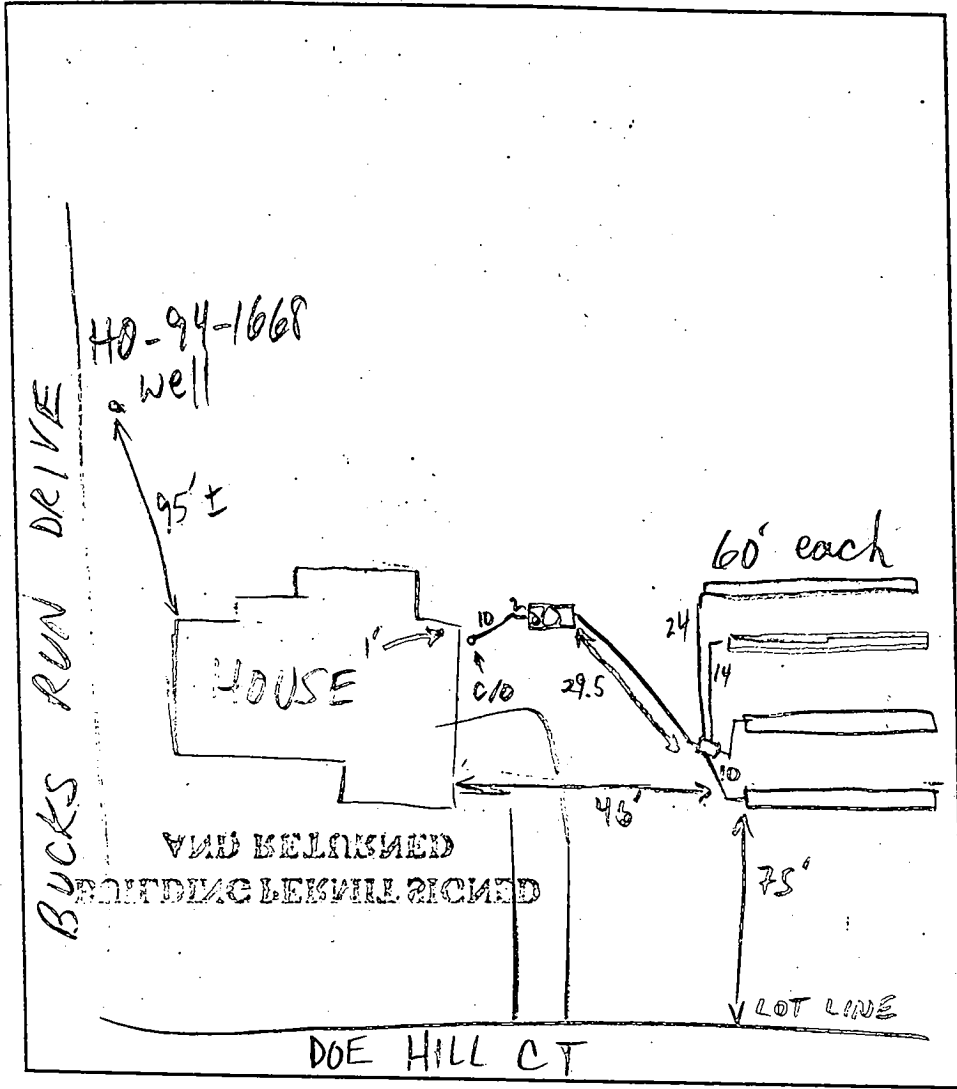
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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

P514197M

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3

TRENCH INLET DEPTH 3 2 2 2

TRENCH BOTTOM DEPTH 5 4 3 4

DEPTH OF STONE 2

NUMBER OF TRENCHES 4

TOTAL TRENCH LENGTH 240

ABSORBENT AREA 720

DISTRIBUTION BOX LEVEL

BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 TOP-SEALED GALLONS

MANHOLE RISER

6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS

MANHOLE RISER

ALARM

PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 8/24/00 OK TO COVER TANK & TRENCHES; HOLD FOR HOUSE CONN (MR) House Conn OK. Rpt 12/13/00

INSPECTOR Ronald Pinkley DATE SYSTEM APPROVED 12/13/00

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

DISTRICT _____

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

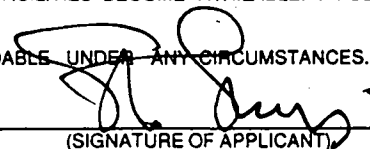
SUBDIVISION Brendel property LOT NO. 13

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

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.


(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

4/21/97
4/25
4/28
4/29

A58095

COUNTY #

SOIL PROFILE

35

0' bright red SiCLM
 3.0' lgt tan brown SiLM
 8.0' white mottled SiLM
 10.0' water

36

no distinct clay layer brown SiLM
 6.0' greenish grey SiLM
 8.5' water

38

dark red SiCLM very dense
 1.0' lgt tan SiLM
 5% Rx
 11.0' bright red dense SiLM
 12.0'

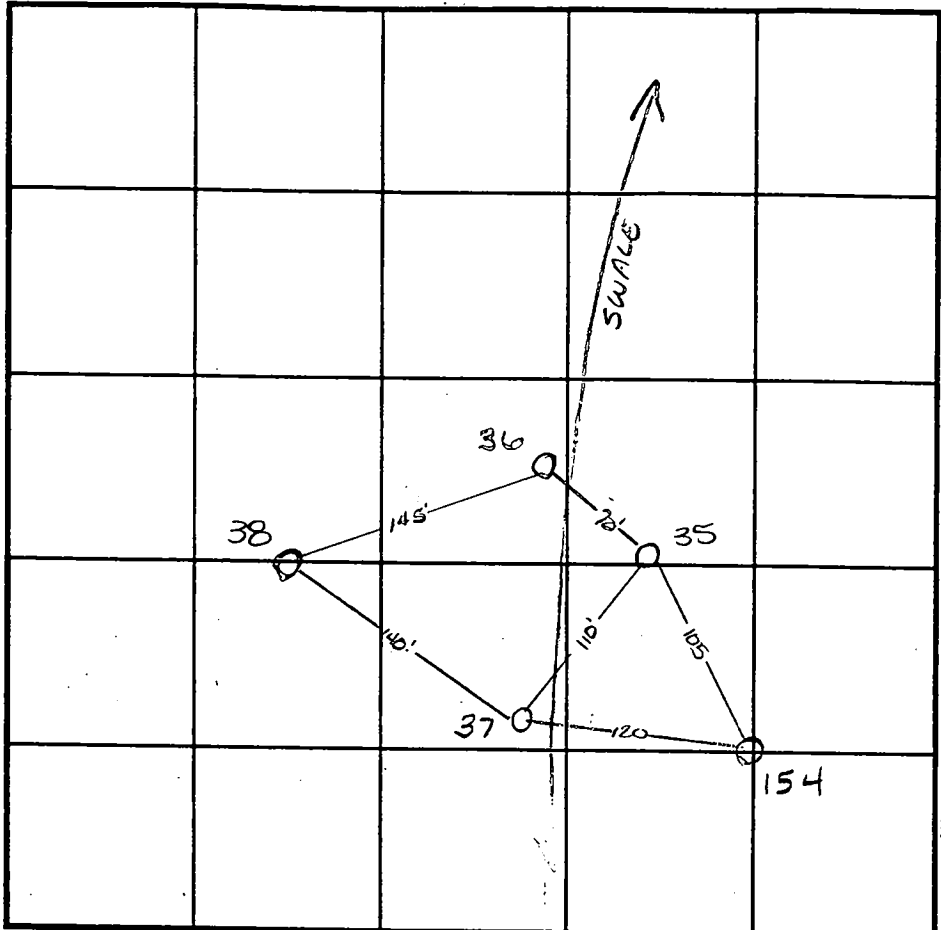
SOIL PROFILE

37

0' orange red SiCLM
 lgt tan SiLM
 5% Rx
 water at 10.0'

154

dark red SiCLM
 dark brn SiLM
 20% Rx
 6-8' below



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4-25-97	35	3.0 / v10.0	11:27	11:28	11:28	11:29 ³⁰	1 1/2 min	
		7.0 / v10.0	11:24	11:30 ³⁰	11:30 ³⁰	11:38	7 1/2 min	
	36	3.0 / v8.5	11:30	11:35 ³⁰	11:35 ³⁰	11:41	5 1/2 min	
		Insufficient depth to H ₂ O						F
	37	3.0 / v12.0	11:47 ³⁰	>30 min			slow	
		7.0 / v12.0	11:43	11:47	11:47	12:01	14 min	
		Slow peres & insufficient depth to H ₂ O						F
	38	2.0 / v12.0	11:50	11:52	11:52	11:54	2 min	
6-19-97	154	3.0 / v12.5	10:58	11:00	11:00	11:04	4 min	

REMARKS: Water table has dropped approx 2.0' from the recorded high this year

TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

DISTRICT _____

DATE 4/11/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER G & L Partnership

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Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

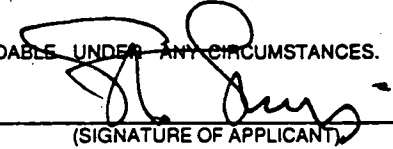
SUBDIVISION Brendel property LOT NO. 14

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

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(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

4/25
4/28
4/29

A58095

COUNTY #

SOIL PROFILE

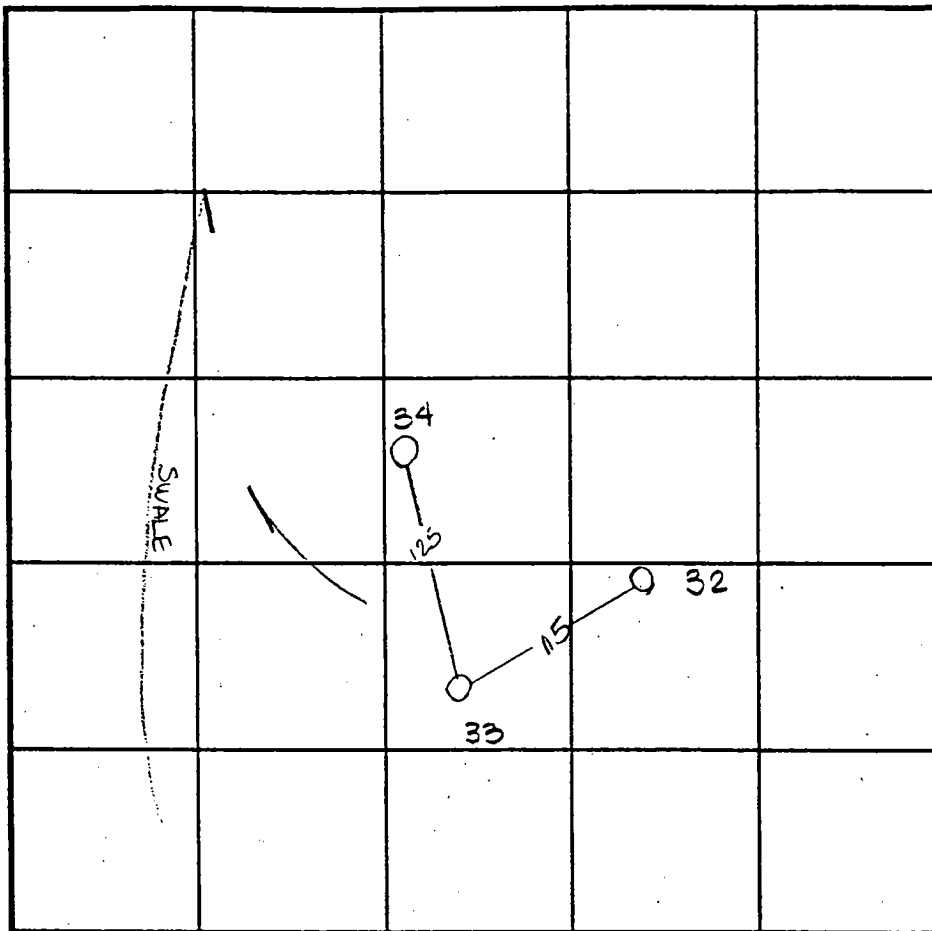
0' 32'

dark red Sic1LM
3.0 bright rust colored orange Sic1LM
12.0 <5% rock

33

bright red Sic1LM
3.5 lgt tan bc lgh Sic1LM
15% Rx

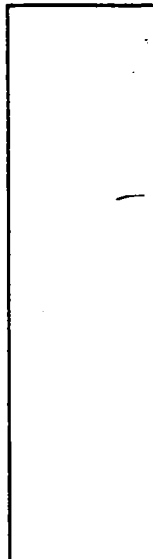
95 refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'



34

like 33 but no hard bottom

11.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-25-97	32	3.0 112.0	11:03	11:07 ³⁰	11:07 ³⁰	11:11	3 1/2 min
	33	2.0 119.5	11:16	11:22	>30 min		
		Insufficient depth to bedrock - F					
	34	3.0 111.5	11:18	11:19 ³⁰	11:19 ³⁰	11:26	6 1/2 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

C1 **4165** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 58095 S**

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

DATE WELL COMPLETED
 MM DD YY
 08 29 98

Depth of Well
 22 102 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-1668
 28 29 30 31 32 33 34 35 36 37

OWNER **Wellington BOMB Assoc.**
 STREET OR RFD **Bucks Run Dr** TOWN **Glenwood**
 SUBDIVISION **Wellington West** SECTION **#** LOT **20**

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	
Dirt	0	1	
Soft Br. Mica	1	40	
Soft Br. Mica & Clay	40	50	
Soft Br. Sandstone	50	51	X
Soft Br. Sandstone	51	69	
Hard Blue & Br. Sandstone	69	75	
Br. Sandstone Blue & White Sandstone	75	76	X
Br. Sandstone Blue & Br. Sandstone	76	83	
Br. Sandstone Blue & Br. Sandstone	83	84	X
Br. Sandstone	84	102	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**
 CEMENT BENTONITE CLAY
 NO. OF BAGS **38** NO. OF POUNDS **3572**
 GALLONS OF WATER **228**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **67** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
S T **6** **69**
 60 61 63 64 66 70

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

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

DRILLERS LIC. NO. **1 M W D 256**
Dana Kyker Jr. II
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MW 256**
Dana Kyker Jr. II

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

DEPTH (nearest ft.)
C 2
H O **69** **102**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min.) **12**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **26** ft.
 17 20
 WHEN PUMPING **26** ft.
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 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**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE (nearest foot)
- below **2** (nearest foot)
 49 50 51

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Union Chapel Road
Bucks Run Dr
Well

B 1 **2097** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1668
fill in this form completely

Date Received (APA) **080398**
8 MM DD YY 13

OWNER INFORMATION

ASSOCIATES LLC **BPMB**
15 Last Name Owner First Name 34

15298 Union Chapel Rd
36 Street or RFD 55

Woodbine Md 21797
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL
8 COUNTY 21

Wellington West
23 SUBDIVISION 42

SECTION **44** 46 LOT **20** 48 50

Glennwood
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** M 73 76 77 78

DRILLER INFORMATION

Dana Hyatt TRT M D 256
Driller's Name 76 License No. 81

Westminster Rotary Well Drilling Co
Firm Name

P.O. Box 861 Westminster, Md 21157
Address

Dana Hyatt **7-31-98**
Signature Date

B 4 **1** 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Bucks Run Drive
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

70 34 37
DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: **14** BLK: _____ PARCEL **22**

B 2 **2** WELL INFORMATION
1 2

APPROX. PUMPING RATE (GAL. PER MIN.) **6** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **410** 14 20

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 Co **A58095.S**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **080698** **A McMillan** **8/6/99**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **530 000** EAST GRID **790 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **225** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER:
1. **CITY**
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**
N **530**

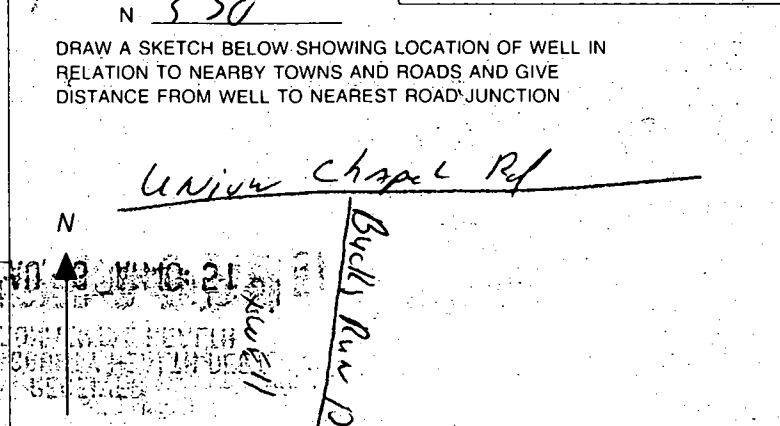
000
000

8-29-98
Grout no insp
XWELL **(KMO)**

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

APPROP. PERMIT NUMBER 54 _____ G.A.P. _____

PERMIT No **HO-94-1668**
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Willoughby Plumbing Telephone #: 410-281-7051
Address: 6203 PATRICK BLVD
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): Chris Willoughby License# 6992

*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: PULTE HOME Telephone #: 410-644-5603
Subdivision: WELLINGTON WEST Lot #: 2D Well Tag #: HO-94-1668
Site Address: 15301 J DDE HILL
WOODBINE, MD 21797

9/28
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOZZI Make: HARWARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity _____ GPM Depth: 48 (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 102 (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: PESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 111 (160 psi min) Approximate length of sleeve:
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.

Chris Willoughby 12/11/00
Signature of company representative responsible for installation date

Inspected - 8/28/00

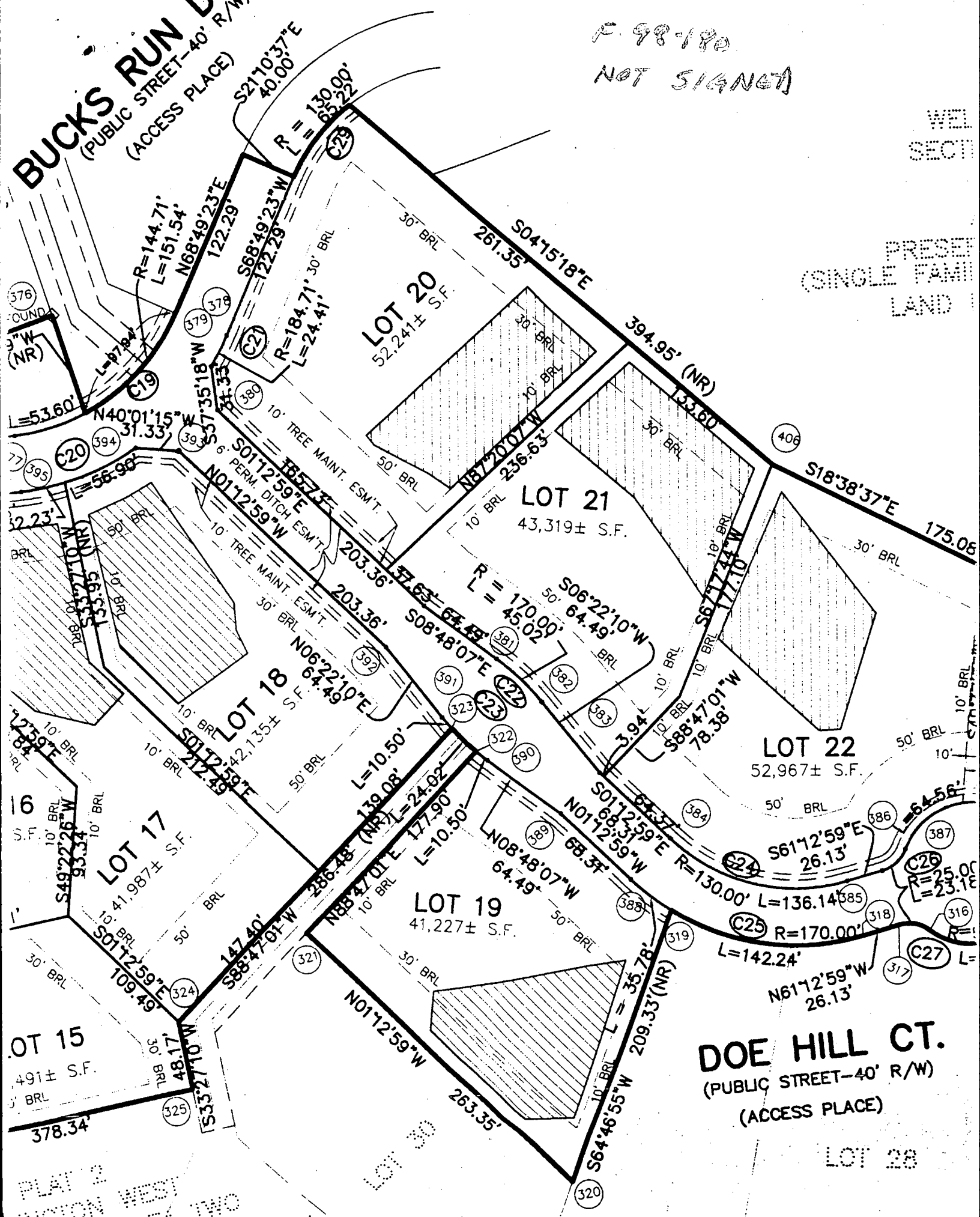
O.K. MR
BB

BUCKS RUN DR.
(PUBLIC STREET—40' R/W)
(ACCESS PLACE)

P. 98-180
NOT SIGNED

WEL
SECT

PRESE
(SINGLE FAMI
LAND

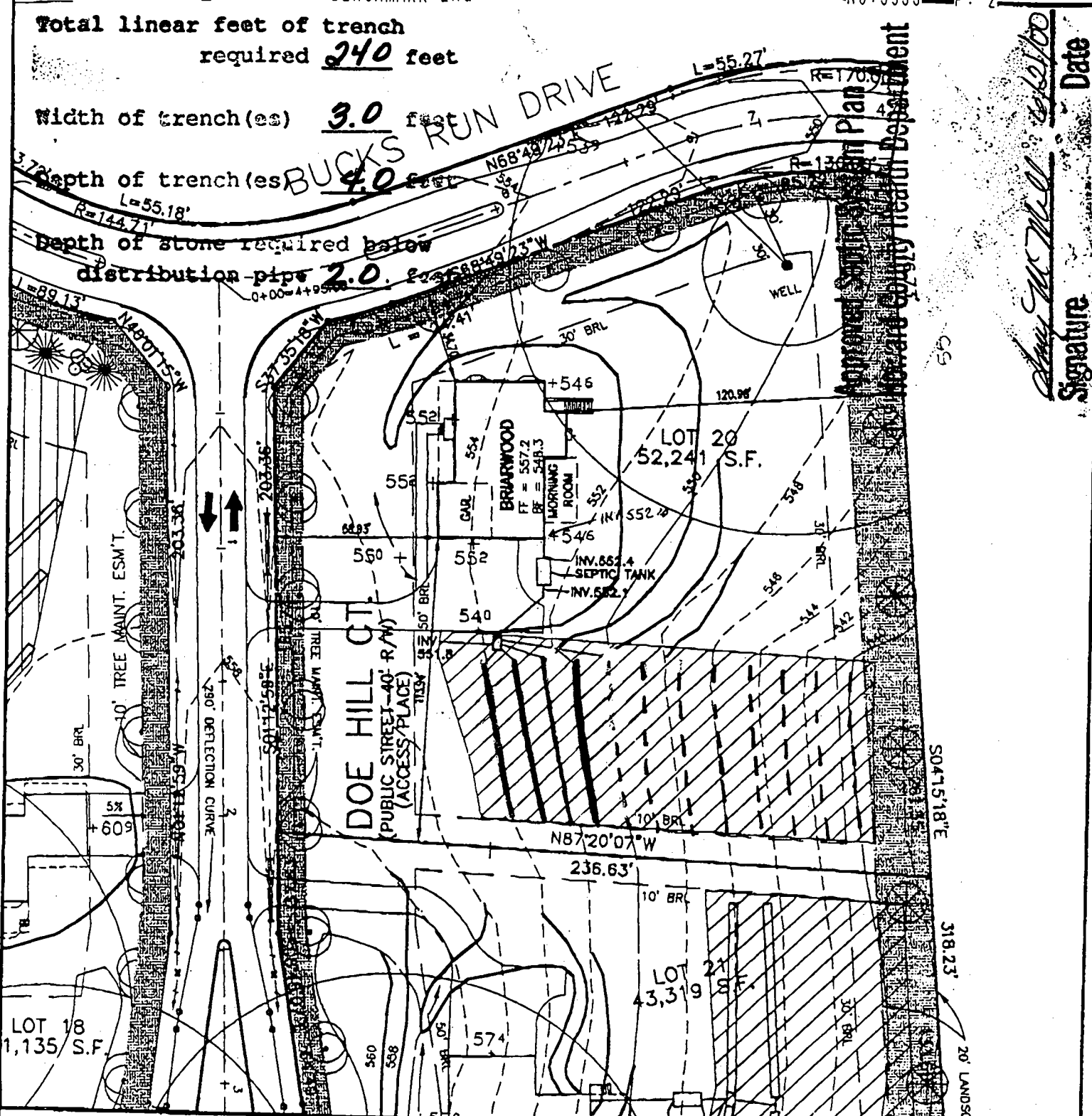


Total linear feet of trench required **240** feet

Width of trench (as) **3.0** feet

Depth of trench (as) **4.0** feet

Depth of stone required below distribution pipe **2.0** feet



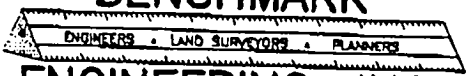
Approved by: [Signature]
 Forwarded to: Health Department

Date: 6/1/00
 Signature: [Signature]

FIRST FLOOR ELEVATION = 557.2
FOYER ELEVATION = NA
BASEMENT ELEVATION = 548.3
SPOT ELEVATION AT GARAGE = 555.2

SLOPE OF DRIVEWAY = NA
NUMBER OF RISERS IN GAR. = NA
NUMBER OF RISERS ON LEAD WALK = NA

BENCHMARK



ENGINEERING, INC.

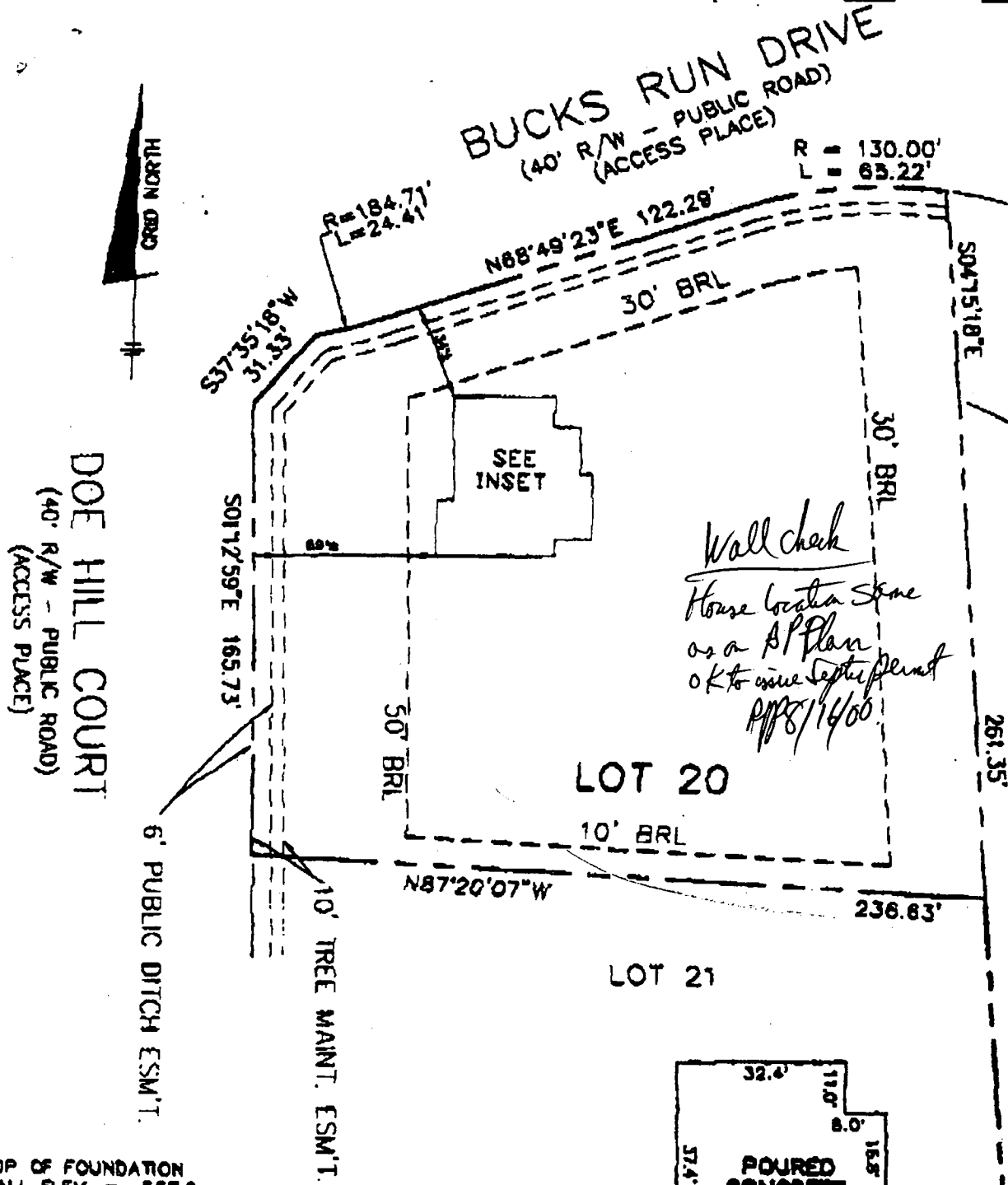
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6844

WELLINGTON WEST SECTION 2

LOT 20

4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 6/1/00



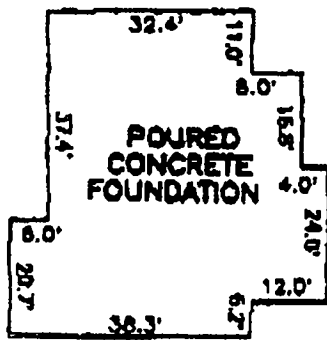
BUCKS RUN DRIVE
 (40' R/W - PUBLIC ROAD)
 (ACCESS PLACE)
 R = 130.00'
 L = 65.22'

DOE HILL COURT
 (40' R/W - PUBLIC ROAD)
 (ACCESS PLACE)

*Wall check
 House location same
 as a P plan
 OK to issue Sept permit
 8/16/00*

LOT 20

LOT 21



FOUNDATION DETAIL

SCALE: 1" = 30'

TOP OF FOUNDATION
 WALL ELEV. = 357.0

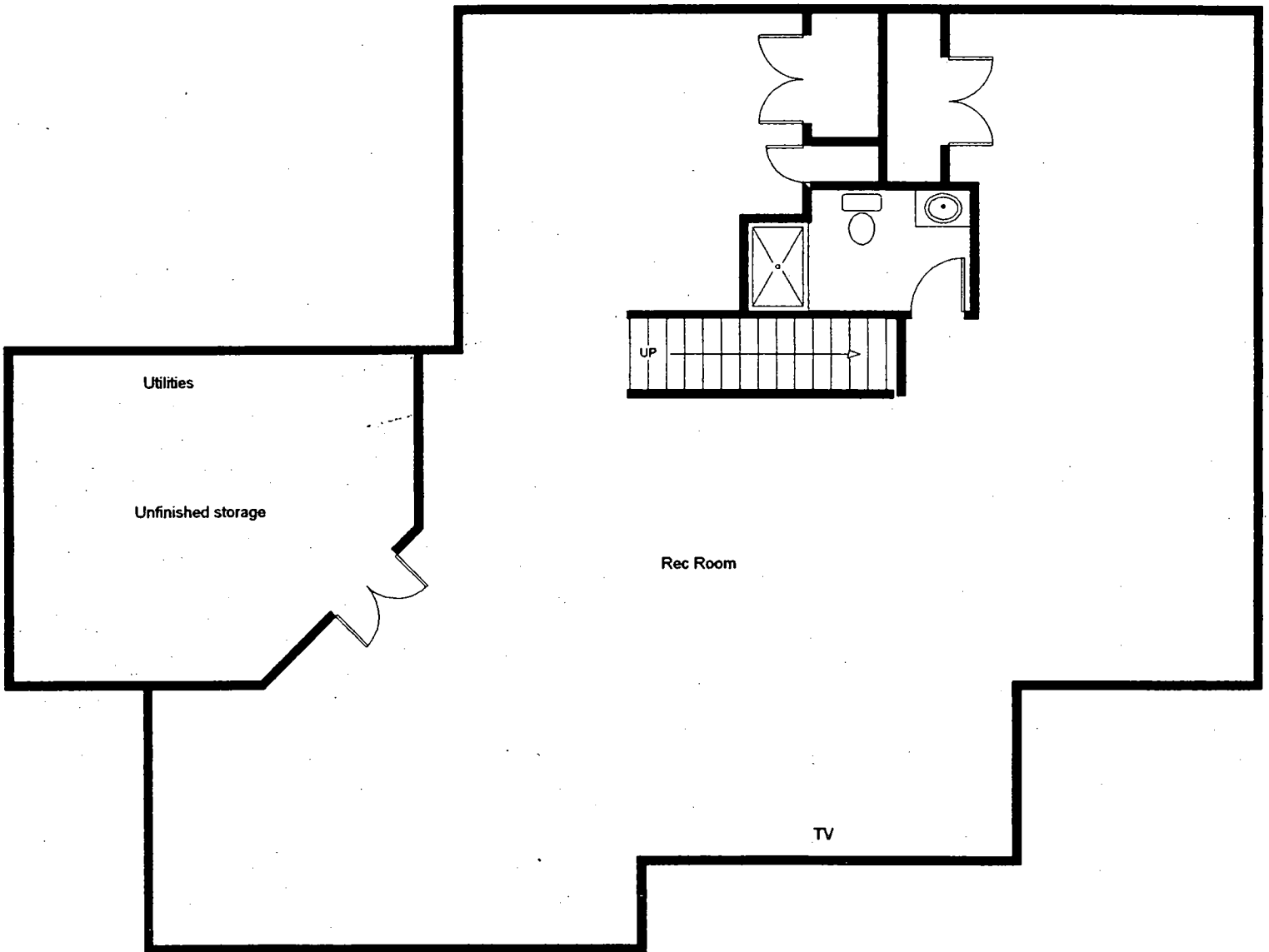
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 08-03-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED WELINGTON WEST, SECTION 2, AREA ONE; AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN AS PLAT No. 13838.

David M. Harris
 DAVID M. HARRIS
 REGISTERED PROFESSIONAL LAND SURVEYOR
 MD REG. No. 10878
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 351



WALL CHECK



APPROVED

WALK-THRU BUILDING PERMIT
BP# 000152224 # P# 514/97 M
APP. SAN KJB DATE: 2/8/05
DESC. OF WORK: Finish Basement
- NO New Bedroom -