

PERMIT

P 514731-A

SEWAGE DISPOSAL SYSTEM

A 510569-A

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 1/4/2001

410-313-2640

APPROVAL DATE 1/29/01

INDEXED

1/29/01
Layout Insp
1/5/01
May depart
10 AM then
3:00
RPS # 332853

K & K Excavating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 15882 Frederick Road, Lisbon MD 21765 PHONE 410-442-1336

SUBDIVISION Eagle Ridge LOT NUMBER 1 ADDRESS 12311 Fawn River Way

PROPERTY OWNER Selfridge Builders PROPERTY OWNER'S ADDRESS 14045 Gared Drive

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 200 225

3-7
225 total

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth

7.045 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Begin trenches 150 feet down the left lot line and 40 feet off that same

lot line as seen when facing the lot from Fawn River Way. Run trenches on contour toward the right lot line.

CALL FOR LAYOUT INSP

KEEP TRENCHES 7' EDGE TO EDGE (10' CENTER TO CENTER)

FOR THIS JOB ONLY

PLANS APPROVED Amy McMillen OK SRK 12/11/00 DATE 11/16/2000

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

BLDG. PERMIT SIGNED
AND RETURNED 5/3/2001
Boo / 30010 DECK

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

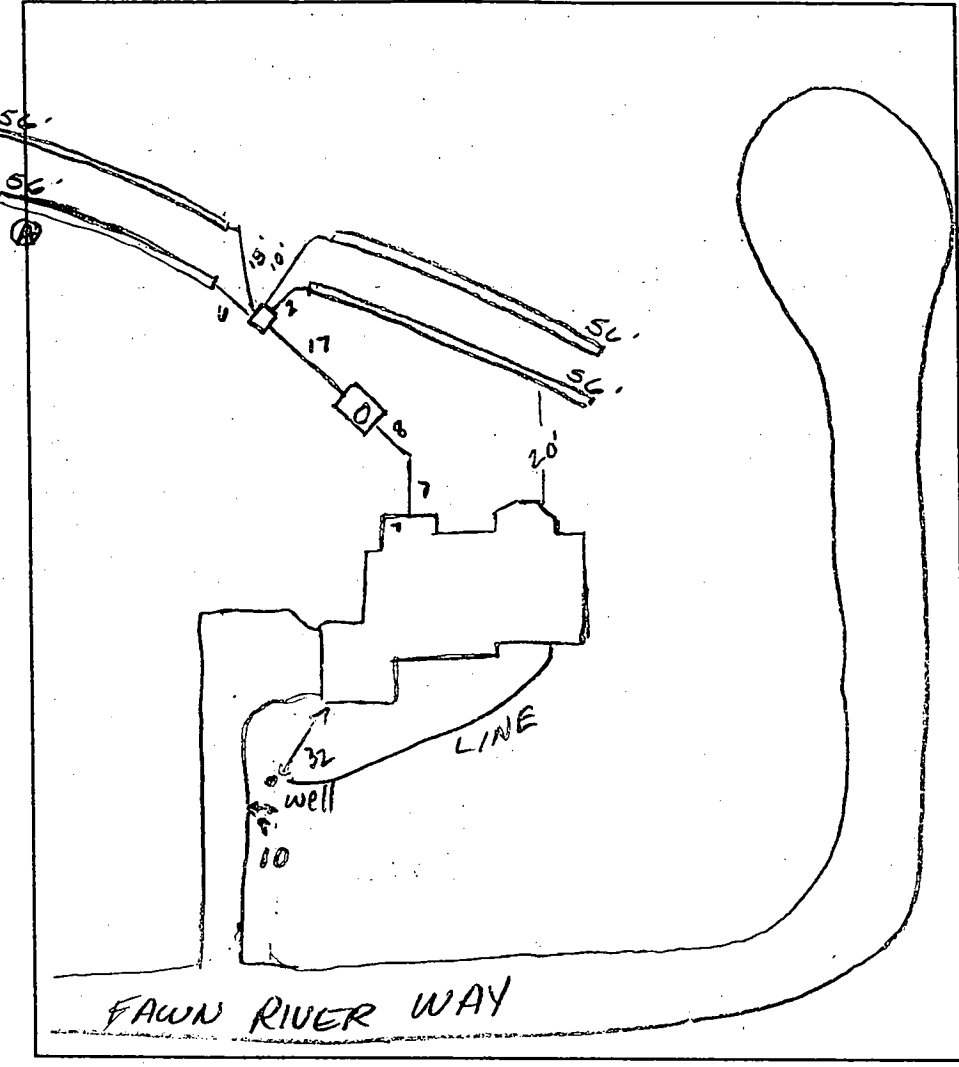
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514731

Test hole A
 3.0' bright red cilim
 14.0' orange brown s.s. (slm)
 no evidence of H₂O

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>2.0</u>
TRENCH INLET DEPTH	<u>3.0</u>
TRENCH BOTTOM DEPTH	<u>7.0</u>
DEPTH OF STONE	<u>4.0</u>
NUMBER OF TRENCHES	<u>4</u>
TOTAL TRENCH LENGTH	<u>224</u>
ABSORBENT AREA	<u>896</u>
DISTRIBUTION BOX LEVEL	<u>OK</u>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1500</u> GALLONS
MANHOLE RISER	<u>OK</u>
6 INCH INSPECTION PORT	<u>N/A</u>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	<u>—</u>
MANHOLE RISER	<u>—</u>
ALARM	<u>—</u>
PUMP PERFORMANCE TEST	<u>—</u>

PRE-CONSTRUCTION INSPECTION: 1/05/01 Layout cancelled (BB)

INSPECTION COMMENTS: 1/29/01^{am} Specs changed - inlet 3.0', bottom @ 7.0' -
Install 225 linear ft trench. - p.m. OK to cover all work

INSPECTOR Amy McMill DATE SYSTEM APPROVED 1/29/01

APPLICATION

PERCOLATION TESTING

A 510569-A

P _____

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

DISTRICT _____

DATE 7-17-98

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 John & Michele Fish

ADDRESS 62286 Carroll Mill Rd PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER Northridge Development LLC

ADDRESS 14045 Gared Drive, Glenwood MD PHONE 410-730-1074

PROPERTY LOCATION: 21738

SUBDIVISION Carroll Mill Rd - Section ~~One~~ ^{Two} LOT NO. 1

ROAD AND DESCRIPTION east side of Carroll Mill Road, between Triadelphia and Etchinson Roads

TAX MAP 22/23 PARCEL # 81

SIZE OF LOT 1AC 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.

Cecily Del Zoppo, Northridge Development LLC
(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 _____

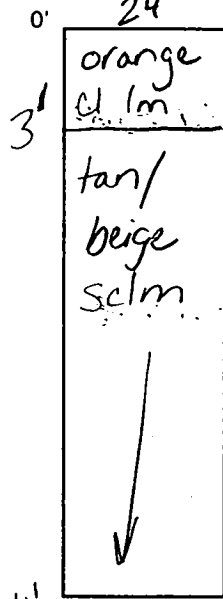
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

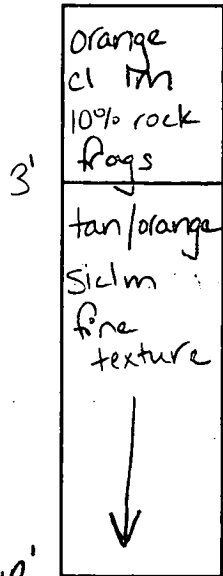
510569

COUNTY #

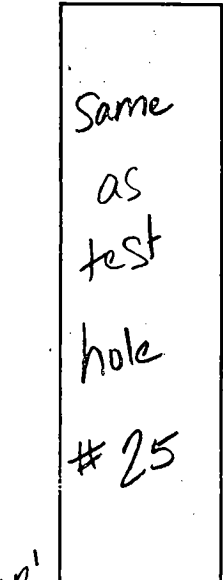
SOIL PROFILE



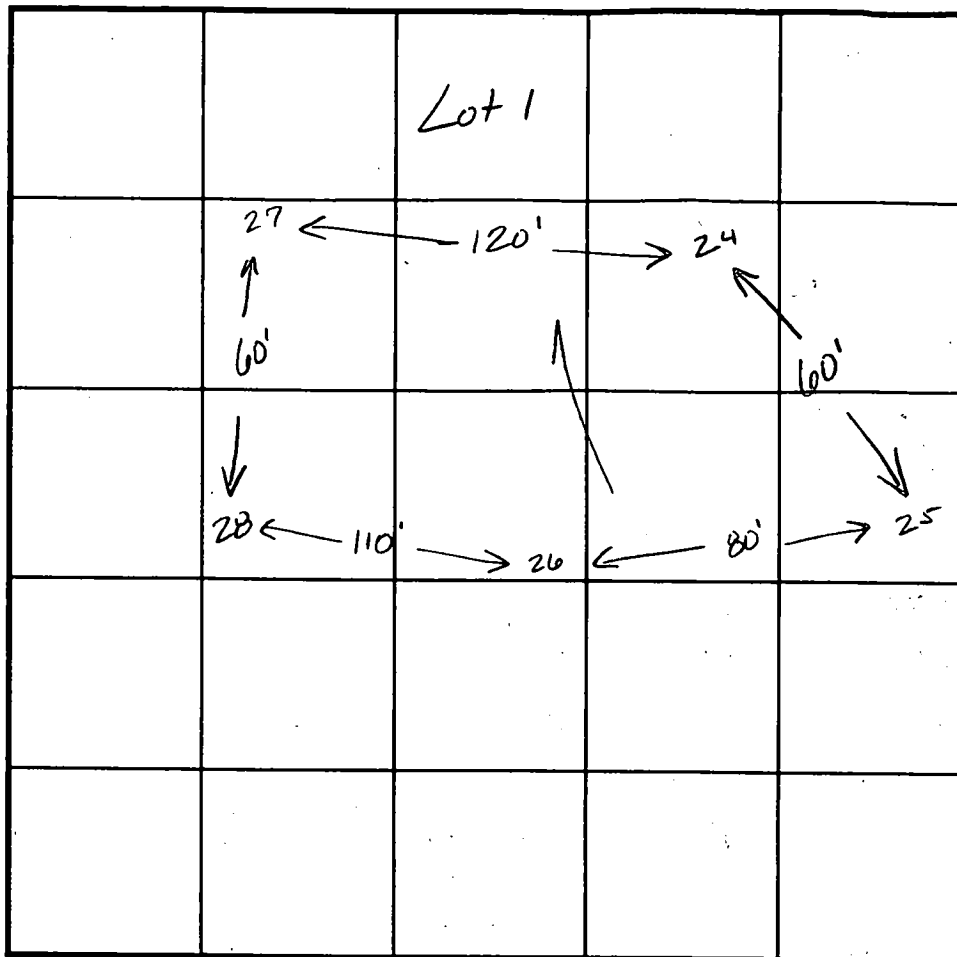
25



26



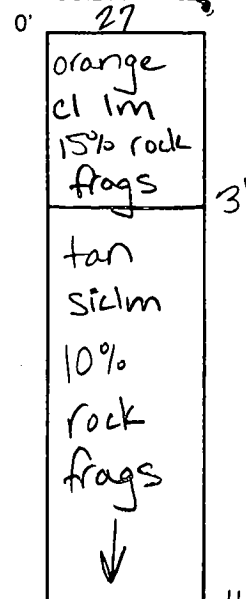
Lot 1



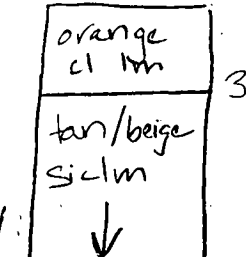
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Carroll Mill

SOIL PROFILE



28



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8.14.98	24	11.0'D	visual	only - ok	see	profile	
	25	3.0'S	10:29	10:3040	10:3040	10:3310	3min
		12.0'D	visual	ok - see	profile		
	26	4.0'S	10:3515	10:3545	10:3545	10:3630	fast
		(repour)	10:3650	10:3750	10:3750	10:3920	130
	27	4.5'S	10:4530	10:4550	10:4550	10:4615	(fast)
		(repour)	10:4640	10:4715	10:4715	10:48	(fast)
		(repour)	10:4845	10:4940	10:4940	10:5040	1min
	28	11.0'D	visual	only - see	profile		

REMARKS test holes staked by surveyor, site heavily wooded

TYPE OF SOIL

TESTED BY Kim Maiste

ALSO PRESENT Chuck Zapp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1-2 minutes TRENCH WIDTH 3"

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 180

F.00.84
7.17.00

PROPERTY OF
JOHN E. FISH
L.4520 / F.115
ZONED RR-DEO

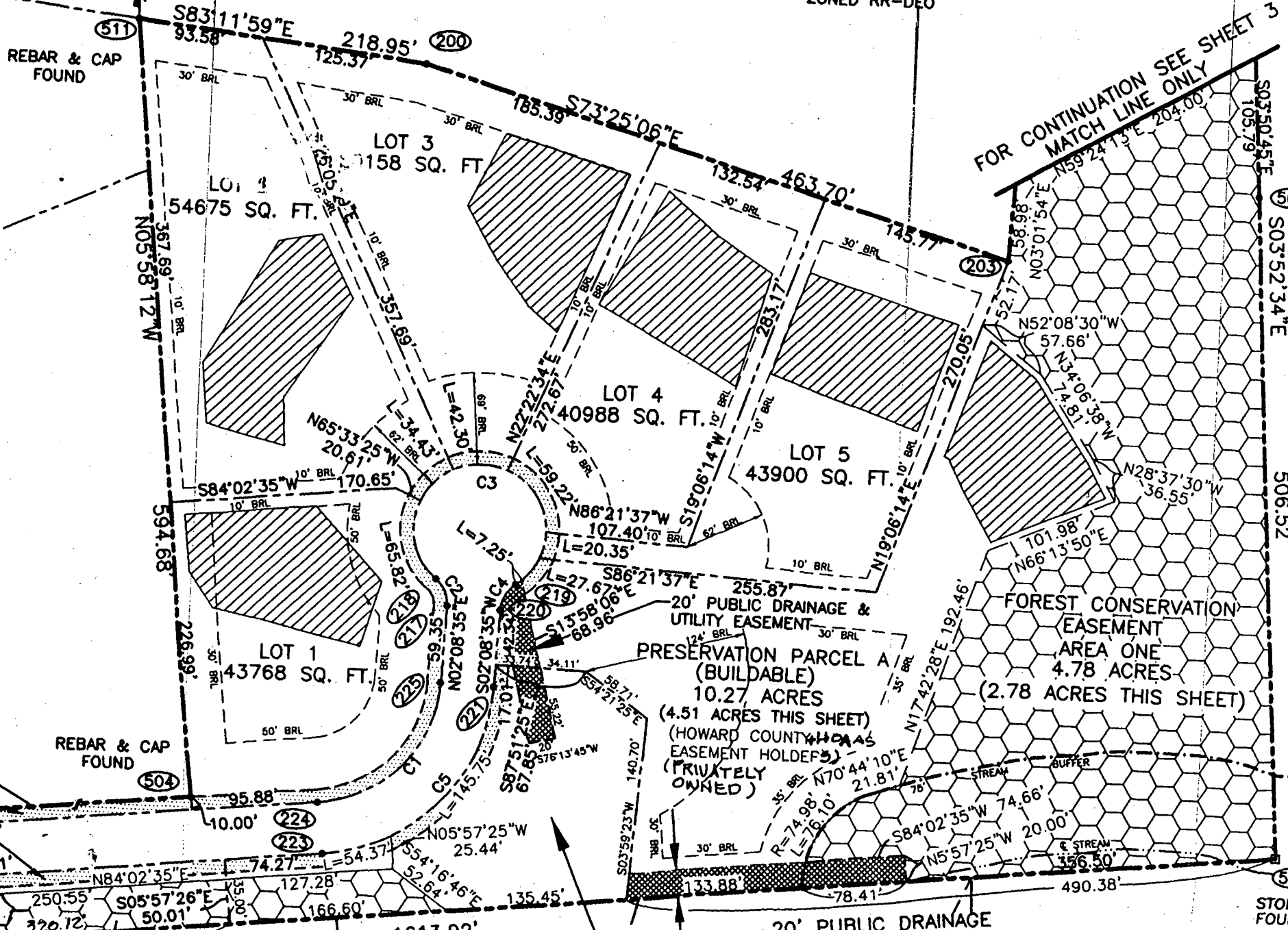
REBAR & CAP
FOUND

FOR CONTINUATION SEE SHEET 3
MATCH LINE ONLY

587250

1" PIPE
FOUND

KLAUSMEYER
AND LOT 38,
WOOD
PLAT
ZONED



S83°11'59"E
93.58'

218.95' (200)

S73°25'06"E
185.39'

132.54' 463.70'

LOT 3
1158 SQ. FT.

LOT 1
54675 SQ. FT.

LOT 4
40988 SQ. FT.

LOT 5
43900 SQ. FT.

LOT 1
43768 SQ. FT.

PRESERVATION PARCEL A
(BUILDABLE)
10.27 ACRES
(4.51 ACRES THIS SHEET)
(HOWARD COUNTY HCAAS
EASEMENT HOLDERS)
(PRIVATELY
OWNED)

FOREST CONSERVATION
EASEMENT
AREA ONE
4.78 ACRES
(2.78 ACRES THIS SHEET)

20' PUBLIC DRAINAGE

STONE
FOUND

586750

1331250

506.52'

S03°50'48"E
105.79'

S03°52'34"E

S03°52'34"E

506.52'

S03°52'34"E

S03°52'34"E

S03°52'34"E

S03°52'34"E

S03°52'34"E

N52°08'30"W
57.66'
N34°06'38"W
74.81'
N28°37'30"W
36.55'
N03°01'54"E
58.98'
N59°24'13"E
204.00'

N17°42'28"E
192.46'

N70°44'10"E
21.81'

S84°02'35"W
20.00'

N5°57'25"W
25.44'

S03°59'23"W
140.70'

N05°58'12"W

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170.65'

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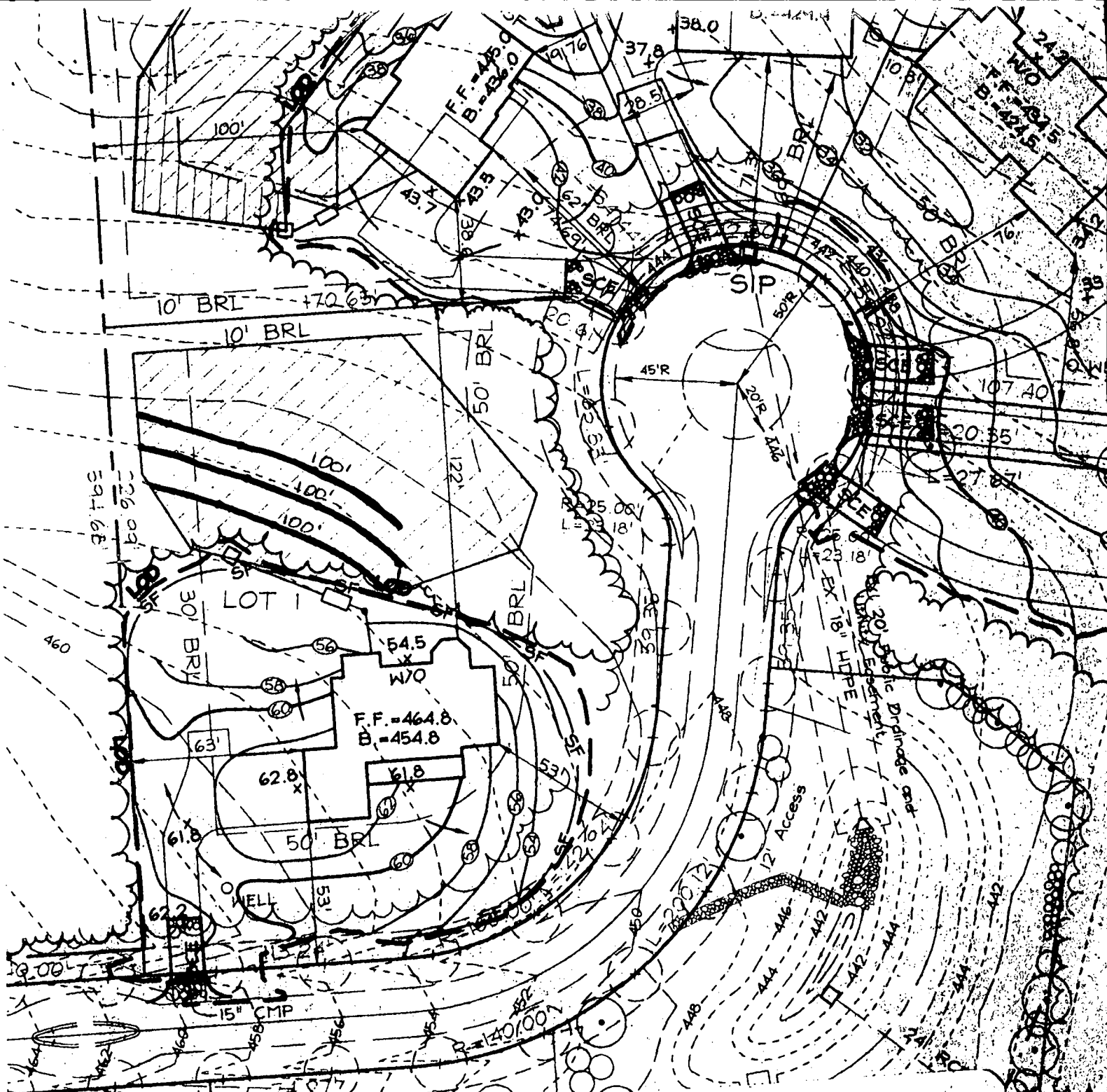
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SEPTIC CHART

LOT NO.	DISTRIBUTION BOX		SEPTIC TANK		HOUSE INV. OUT
	EX. GRADE	INV. OUT	EX GRADE	INV.	
1	454.2	451.2	455.0	451.9	452.3

Non-Buildable
reservation Parcel

Total Parcel B

300 feet
required

Width of trench (es) 30 feet

Depth of trench (es) 4.5 feet

Depth of stone required below
distribution pipe 1.5 feet

WOODMARK SECTION 4
PLAT BK 25 / F. 74
ZONED RR-DEO

Approved Septic System Plan
Howard County Health Department

Amy McMill 11/16/00
Signature

N 586500
E 1330650

VOGEL & ASSOCIATES
ENGINEERS SURVEYORS PLANNERS

3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5628 Fax 410.465.3986

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00127252

Building Address 12311 Fawn River Way
Ellicott City MD 21043
 Suite/Apt. #: MD SDP/WP/Petition #: 412
 Census Tract 1000 Subdivision Eagle Ridge
 Section 114 Area 114 Lot 1
 Tax Map 22 Parcel 553 Grid 6
 Zoning RR DE Map Coordinates 1008 Lot size 1.00 AC

Property Owner's Name Selbridge Bldg
 Address 14045 Gared Drive
 City Glenwood State MD Zip Code 21735
 Home Phone _____ Work Phone 410-531-8930
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use VACANT LOT - Recorded
 Proposed Use SED
 Estimated Construction Cost \$ 350,000
 Description of Work 5 Bdrm 4 baths, 2-1/2 baths
2 FR WITH KIT, HALL, 2 car garage
Front porch SED Dwelling

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ 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 DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: <u>partial</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	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"/>
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	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input 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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Cindy DelZoppo
 Applicant's Signature
Selbridge Bldg
 Title/Company

Cindy DelZoppo
 Print Name
11/1/00
 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	<u>11/1/00</u>	<u>A. McMillan</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 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# 15379

Filing fee	\$ <u>250</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>15379</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by Cindy

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

**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: Pipe-Rite Plumbing Telephone #: 410-788-3080
Address: 405 Lafayette Ave
Bethesda, MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): George Baker License # 2214
*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: ADANT Telephone #:
Subdivision: Engle Ridge Lot #: 1 Well Tag #: HO-74-2584
Site Address: 12511 Four Rivers way

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Miraculous</u>	Make: <u>Miraculous</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2ST102-S</u>	Model #: <u>BAKX</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>48</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>		

Piping to house	House Connection
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: George Baker date: 5-3-201

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

Date Insp. Requested: 2/1/01 Date Insp. Approved: 2/1/01 SRW

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 07632

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. OK SRU 5/16/00 COUNTY NUMBER A510569-A

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 04 29 00

DEPTH OF WELL 405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2584

OWNER Northridge Dev't last name Fawn River Way just name TOWN Glenely SUBDIVISION EAGLE RIDGE SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, Micka, Sandstone, Micka.

GROUTING RECORD form with fields for YES/NO, CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (41).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), screen diameter (56), depth (60).

NUMBER OF UNSUCCESSFUL WELLS: F

WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted to production well)

DRILLERS LIC. NO. MS D 116, DRILLERS SIGNATURE, LIC. NO. MS D 117

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

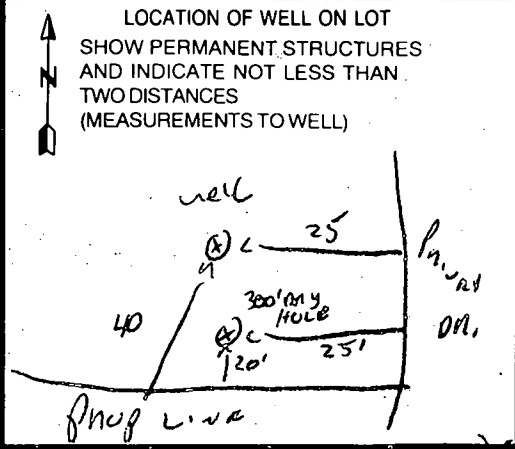
DEPTH (nearest ft.) table with columns for casing height and screen depth.

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

PUMPING TEST form with fields for HOURS PUMPED (6), PUMPING RATE (2), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (42), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below), LAND SURFACE (2 nearest foot).



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2584
 Location of property (road) Fawn River Way
 Subdivision EAGLE RIDGE Lot 1 Block 1 Plat 1 Sec. 1
 Well Driller R. Mayne Owner Northridge Dev'tment
 Depth of well 405'
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 42

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 165 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 <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	165 ft	30 Sec	_____	2 GPM
7:45	165 ft	30 Sec		2 GPM
8:00	165 ft	30 Sec		2 GPM
8:15	165 "	30 "		2 "
8:30	165 "	30 "		2 "
8:45	165 "	30 "		2 "
9:00	165 ft	30 Sec		2 GPM
9:15	165 ft	30 Sec		2 GPM
9:30	165 ft	30 Sec		2 GPM
9:45	165 "	30 "		2 "
10:00	165 "	30 "		2 "
10:15	165 "	30 "		2 "
10:30	165 ft	30 Sec		2 GPM
10:45	165 ft	30 Sec		2 GPM
11:00	165 ft	30 Sec		2 GPM
11:15	165 "	30 "		2 "
11:30	165 "	30 "		2 "
11:45	165 "	30 "		2 "
12:00	165 ft	30 Sec		2 GPM
12:15	165 ft	30 Sec		2 GPM
12:30	165 ft	30 Sec	2 GPM	
12:45	165 "	30 "	2 "	
1:00	165 "	30 "	2 "	
1:15	165 ft	30 Sec	2 GPM	
HD-224 1:30	165 ft	30 Sec	2 GPM	

B 1 1909 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

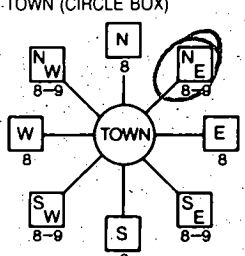

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2584
 70 fill in this form completely 79

Date Received (APA) 01 12 00
 8 MM DD YY 13
 OWNER INFORMATION
north ridge development LLC
 15 Last Name Owner First Name 34
14045 GARDEN DRIVE
 36 Street or RFD 55
BLENWOOD MO 21738
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
EAGLE RIDGE
 23 SUBDIVISION 42
 SECTION - LOT F
 44 46 48 50
GLENELG
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 M I
 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE M S D 116
 76 License No. 81
Ralph MAYNE well DRILLING
 Firm Name
9120 Brown Church Rd Mt Airy
 Address
Ralph Mayne 1-10-00
 Signature Date

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

 11 NEAR WHAT ROAD 30
Fawn River way
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 30 37
 DISTANCE FROM ROAD 1/4
 ENTER FT OR MI 38 39
 TAX MAP: 22 BLK: 6 PARCEL: 553

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

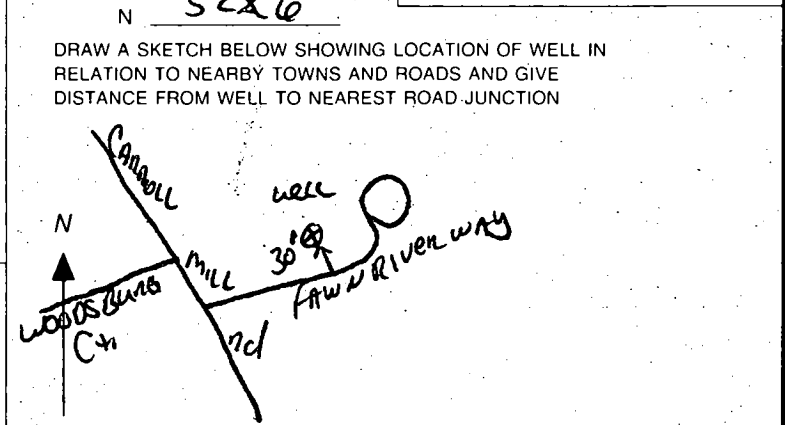
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A510569A COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 02 03 00 Mark E. Reffin 2/3/01
 43 MM DD YY 48 CO SIGNATURE EXP DATE
 NORTH GRID 526 000 EAST GRID 0818 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 1/2 INCH
 NEAREST

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 82218
 N 5226
 000
 000

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

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



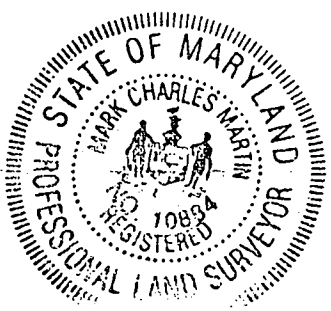
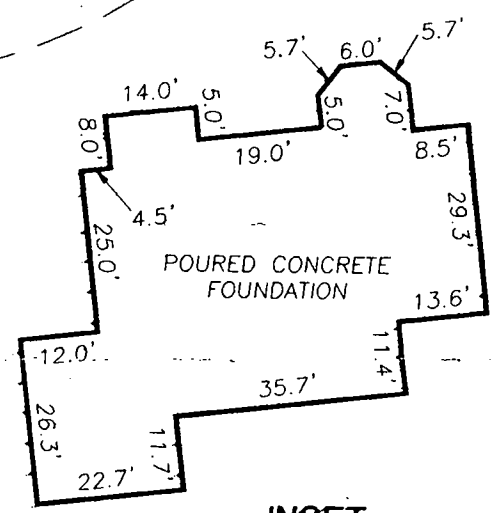
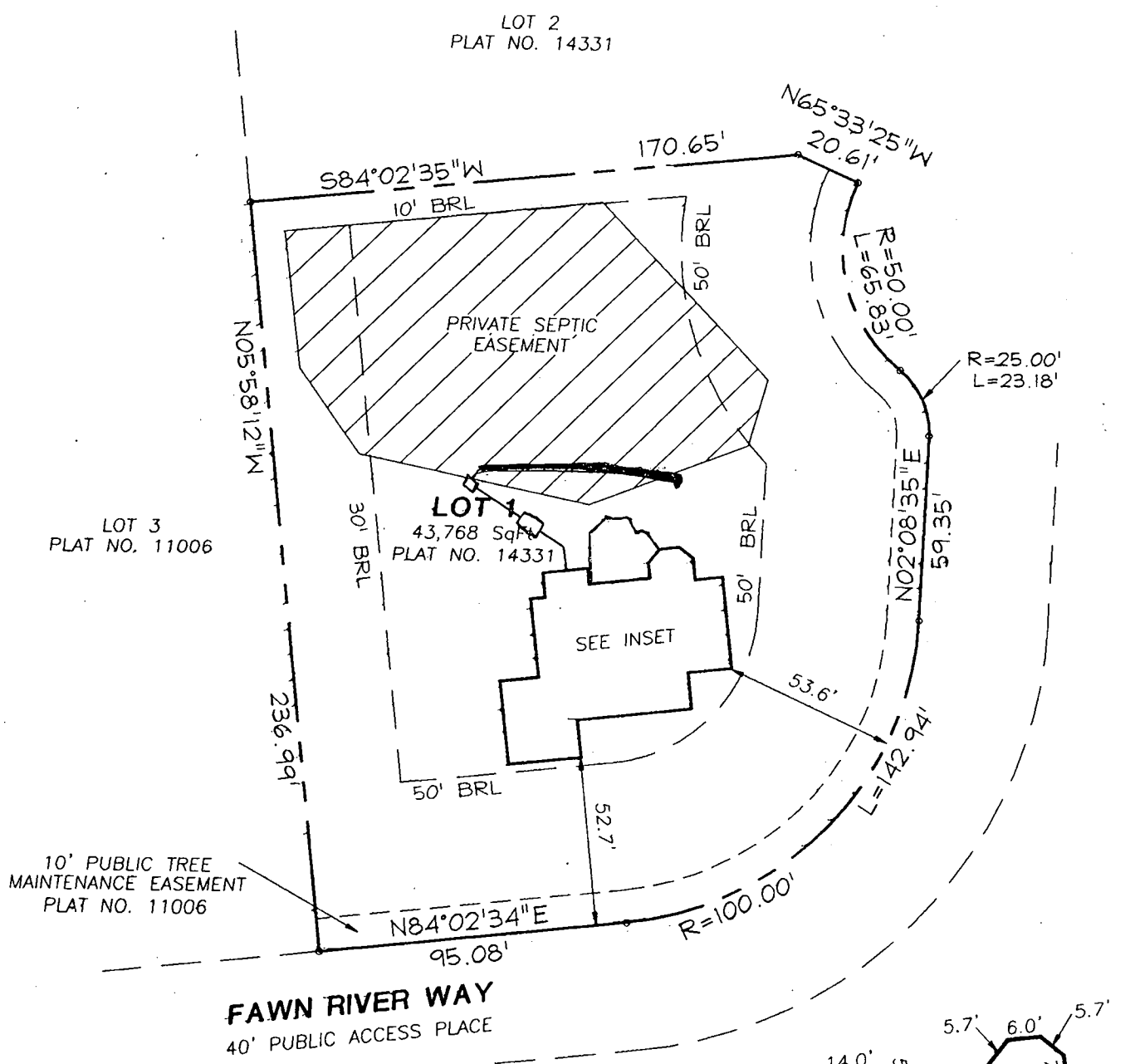
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP PERMIT NUMBER 54 _____ 63
 PERMIT No. HO-94-2584
 70 71 72, 73 74 75 76 77 78 79

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

1/4/01 - House location consistent w/BP PLAN
 (BKSRL)

5/3/01
 20x20 Deck
 B00130010
 14' off closest trench
 A. McMiller

MD STATE GRID MERIDIAN



RECORD REFERENCES LIBER/FOLIO _____ PLAT BOOK _____ N/A PLAT NO./FOLIO _____ 14331 SCALE 1"=50' DATE 12-13-00	WALL CHECK OF	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966 I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin 12/13/00</i> MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884
	LOT 1	
	EAGLE RIDGE	
	HOWARD COUNTY	
	MARYLAND	