



HOWARD COUNTY HEALTH DEPARTMENT

66487

DATE 12/5/19

105

Received From

Raymond's Well

PHONE #

776-5983

For

Well Permit 13380
Clarksville

CASH

CHECK

NO.

21327

One hundred sixty

Dollars

\$

160.00

Received By

[Handwritten Signature]



HOWARD COUNTY HEALTH DEPARTMENT

66487

DATE 12/5/19

Received From

PHONE #

105
71642-583

For

Well Permit 13380
Carksville

CASH

CHECK

NO.

21327

One hundred sixty

Dollars

\$

160

Received By

[Signature]

C1 66712
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM/DD/YY 03/02/2008
 DATE WELL COMPLETED MM/DD/YY 03/04/20 APPROVED 08/14/2008
 Depth of Well 400 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0187

OWNER HIGHLAND CROSSING LLC
 WELL SITE ADDRESS 13380 CLARKSVILLE PIKE TOWN HIGHLAND
 SUBDIVISION HIGHLAND CROSSING SECTION LOT

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	
REDDISH BROWN CLAYEY SILT	0	10	
PALE BROWN FINE SAND	10	12	
BROWN MICACEOUS SAPROLITE	12	45	X
GRADING INTO WEATHER SCHIST/GNEISS	45	53	
GRAY/BLACK BALTIMORE GNEISS	53	315	X
SOFT STAINED WEATHERED	315	318	
BLACK BALTIMORE GNEISS	318	400	
MINOR WATER BEARING	112 FT.		
MAIN WATER BEARING	292 FT.		
SOFT AREA'S AT 97, 112, 137, 232, 317, 337 FT.			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 CEMENT NO. OF BAGS 79 NO. OF POUNDS 7126
 GALLONS OF WATER 474
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 63.5 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 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 67
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch ST 10 depth (feet) from 0 to 42
 A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)
 1 2 Ho 65 400
 E 1 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 3
 S 38 39 41 45 47 51
 R
 E
 N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN 6 (NEAREST INCH)
 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) 5 HR 30 MIN
 PUMPING RATE (gal. per min.) 10
 METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34 ft.
 WHEN PUMPING 154 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

NO PUMP INSTALLED AT THIS TIME
 PUMP INSTALLED
 DRILLER INSTALLED PUMP 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
 - below 1.5 (nearest foot)

LATITUDE 39.180705
 LONGITUDE 76.956587
 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

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 MWD 576
 DRILLERS SIGNATURE
 LIC. NO. 1 MWD 594
 DRILLER

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

B 1	SEQUENCE NO. (MDE USE ONLY) 59820	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-18-0187 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) **12/05/19**

8 MM DD YY 13

15 Last Name **Highland Crossing LLC** Owner First Name **J. Ke** 34

36 Street or RFD **13380 Clarksville Pk** 55

57 Town **Highland** 70 State **MD** 72 Zip **20777** 76

B 3 LOCATION OF WELL

8 COUNTY **HOWARD** 21

23 SUBDIVISION **HIGHLAND CROSSING** 42

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

52 NEAREST TOWN **HIGHLAND** 71

DRILLER INFORMATION

Driller's Name **Randall Alexander** MWD **576** 76 License No. 81

Firm Name **Alexander's Well Drilling**

Address **126 W. Main St. P.O. Box 443**

City **Fairfield PA 17320**

Signature **Randall Alexander** Date **12/2/19**

B 4 SOURCES OF DRILLING WATER

1. **Well water** 11 STREET ADDRESS **13380 Clarksville Pike** 30

2. **3/2/20**

3. **Hand 10' 50ft method**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **20** 37 DISTANCE FROM ROAD **FT**

ENTER FT OR MI 38 39

TAX MAP: **40** BLK: _____ PARCEL **85**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **4** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5760** 14 20

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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard** COUNTY NO. **13**

STATE SIGNATURE **D. H. Dogan** INSERT S **S** 41

DATE ISSUED **12/11/2020** CO SIGNATURE **[Signature]** EXP. DATE **2/11/2021**

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

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

37 CABLE REverse-ROTary DRive-POINT

other _____

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

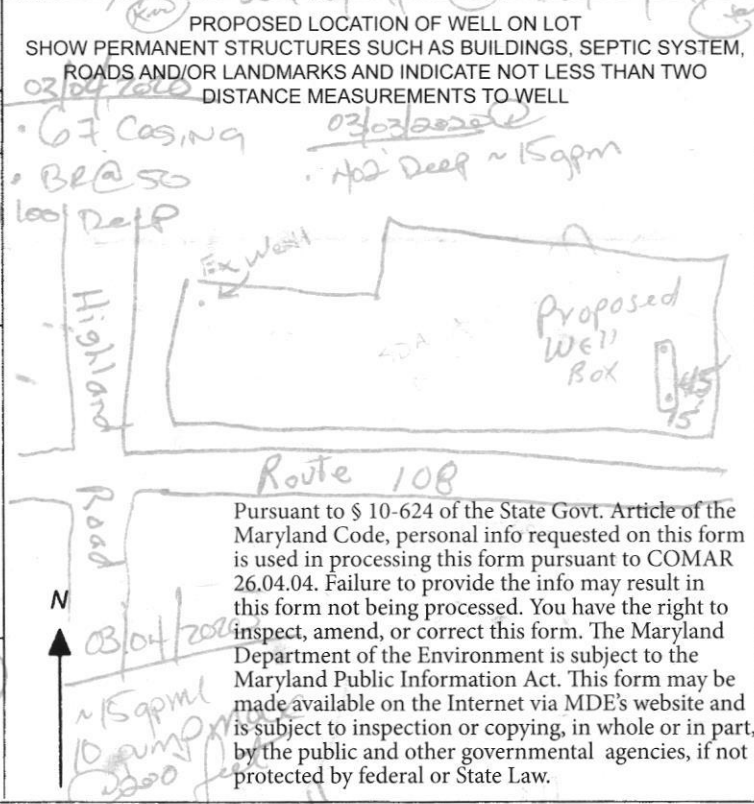
D THIS WELL WILL DEEPEM AN EXISTING WELL

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 _____ **G (Exempt)**

PERMIT No. **HO-18-0187** 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS See attached memo

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Date 3-4-20

WELL YIELD TEST DATA SHEET - ~~FREDERICK~~ ^{HOWARD} COUNTY

Reviewed By _____

Maryland Well Permit No. HO-18-0187

Owner or Applicant HIGHLAND CROSSING L.L.C

Location of Property 13380 CLARKSVILLE PIKE HIGHLAND MD.

Subdivision HIGHLAND CROSSING Lot _____ Block 5 Plat _____ Sec. _____

Depth of Well 400 FT. Height of Measuring Point Above Ground 2 FT.

Static Water Level Below Measuring Point 34 FT.

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (Chronological)	WATER LEVEL (Below M.P.)	PUMPING RATE (Time to fill <u>1</u> gal. bucket)	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30 AM	34 FT.	5 SEC		12 G.P.M
8:45	80 FT.	5 SEC		12 G.P.M
9:00	108 FT	5 SEC		12 GPM
9:15	121 FT.	5 SEC		12 GPM
9:30	126 FT.	5 SEC		12 GPM
9:45	129 FT.	5 SEC		12 G.P.M
10:00	132 FT.	5 SEC		12 G.P.M
10:15	136 FT.	5 SEC		12 G.P.M
10:30	138 FT.	6 SEC		10 GPM
10:45	139 FT.	6 SEC		10 GPM
11:00	142 FT.	6 SEC		10 GPM
11:15	143 FT.	6 SEC		10 GPM
11:30	145 FT.	6 SEC		10 GPM
11:45	146 FT.	6 SEC		10 GPM
12:00	147 FT.	6 SEC		10 GPM
12:15	148 FT.	6 SEC		10 GPM
12:30	149 FT.	6 SEC		10 GPM
12:45	150 FT.	6 SEC		10 GPM
1:00	152 FT.	6 SEC		10 GPM
1:15	152 FT.	6 SEC		10 GPM
1:30	153 FT.	6 SEC		10 GPM
1:45	154 FT.	6 SEC		10 GPM
2:00	154 FT.	6 SEC		10 G.P.M


I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.


Signature of Well Driller _____

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Alexander Well Drilling
Attn: Randall Alexander (MWD 576)

FROM: Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor 
Groundwater Mgmt. Sec.
Well & Septic Program

DATE: February 12, 2020

RE: **13380 Clarksville Road – “Highland Crossing” Well Permit
Special Condition**

The following comments apply to the above referenced Well Permit Application. Please read through and complete as needed.

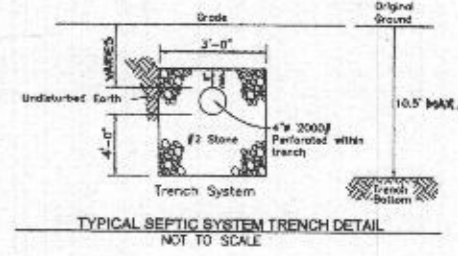
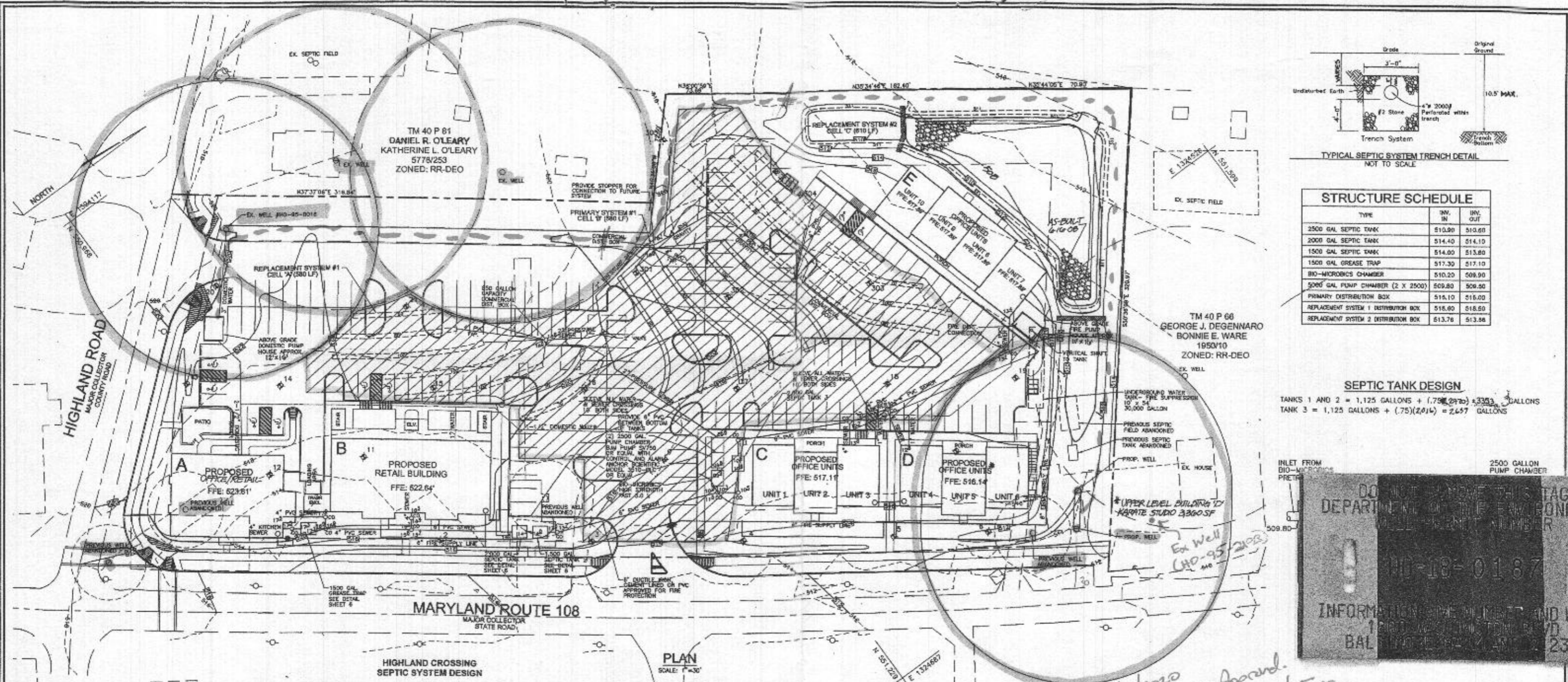
In order to preserve the quality of ground drinking water (Mainly for protection of road salt contamination), a special condition has been set for the above referenced well. This condition will require the driller to seal off upper strata by placing a minimum of **50 feet** of steel casing OR **10 feet** into competent bedrock (whichever comes first). For example, if you hit a water-bearing fracture or bedrock at 40 feet, then there should be at least 50 feet of casing. **Any deviations to this condition are to be prior approved by the Health Department.**

Furthermore, this well will also require sampling at the time of the yield test. Sampling will include but not limited to, Radionucleotides (Gross alpha/beta short term), Total Dissolved Solids (TDS), Chlorides, and Sodium. When calling in the yield and grout on a pre-scheduled day, please make a note that the Health Department must be present to collect the recommended samples. Please allow 24hrs notification when drilling commences and when the yield/grout takes place.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2645 or email kwolf@howardcountymd.gov.

KMW

Cc: Jeff Lindaw, Hydroterra, jindaw@hydro-terra.com
file



STRUCTURE SCHEDULE		
TYPE	INV. IN	INV. OUT
2500 GAL SEPTIC TANK	510.80	510.60
2000 GAL SEPTIC TANK	514.40	514.10
1500 GAL SEPTIC TANK	514.00	513.80
1500 GAL GREASE TRAP	517.30	517.10
80-MICROBICS CHAMBER	510.20	509.90
5000 GAL PUMP CHAMBER (2 X 2500)	509.80	509.50
PRIMARY DISTRIBUTION BOX	515.10	515.00
REPLACEMENT SYSTEM 1 DISTRIBUTION BOX	516.00	516.50
REPLACEMENT SYSTEM 2 DISTRIBUTION BOX	513.76	513.56

SEPTIC TANK DESIGN
 TANKS 1 AND 2 = 1,125 GALLONS + (1.75)(2970) = 3303 GALLONS
 TANK 3 = 1,125 GALLONS + (1.75)(2014) = 2657 GALLONS

DO NOT REMOVE FROM FILE
 DEPARTMENT OF THE ENVIRONMENT
 PERMITS AND REGULATIONS DIVISION
 10-18-0187
 INFORMATION CALL NUMBER AND WRITE
 BALTIMORE, MD 21201-230

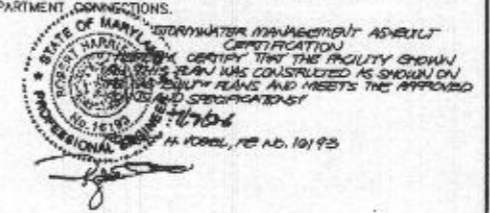
HIGHLAND CROSSING SEPTIC SYSTEM DESIGN

RESTAURANT:	4 SEATS @ 50 GAL/SEAT	200 GALLONS
	10 BAR SEATS @ 25 GAL/SEAT	250 GALLONS
RETAIL:	10400 SF @ 0.06 GAL/SF	620 GALLONS
OFFICE:	22400 SF @ 0.09 GAL/SF	2016 GALLONS
TOTAL MAXIMUM DESIGN FLOW		4986 GALLONS

AERATION AND NITROGEN REDUCTION, LOADING 1.2 GAL/SF=144 SF
 STANDARD TRENCH 3 FT WIDE @ 15.873 FT WIDTH = 1385 SF
 UTILIZE DEEP TRENCH REDUCTION, 3 FT X 4 FT TRENCH = 582 SF
 PRIMARY SYSTEM, CELL A = 590 LF TRENCH
 REPLACEMENT SYSTEM #1, CELL B = 420 LF TRENCH
 REPLACEMENT SYSTEM #2, CELL C = 610 LF TRENCH

- SEPTIC & WELL GENERAL NOTES:**
1. THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO IDENTIFY ACCEPTABLE SEWAGE DISPOSAL AREAS BASED ON TESTING DATED 6/4/2004.
 2. PARCELS 150, 247, 83, AND 85 TO BE CONSOLIDATED BY RECORD PLAT.
 3. TOPOGRAPHY SHOWN HEREON IS BASED ON HOWARD COUNTY AERIAL TOPOGRAPHY AND FIELD RUN LOCATION.
 4. PROPERTY LINES ARE BASED ON BOUNDARY SURVEY PREPARED BY FREDERICK WARD ASSOCIATES, INC..
 5. EXISTING ABOVE GROUND SEPTIC FEATURES SHOWN HAVE BEEN FIELD LOCATED, SUBSURFACE UTILITIES ARE BASED ON BEST AVAILABLE RECORDS WHICH ARE SUBJECT TO VERIFICATION.
 6. ALL EXISTING WELLS AND SEPTIC AREAS WITHIN 100' OF THE SITE HAVE BEEN SHOWN TO THE BEST OF OUR KNOWLEDGE.
 7. THIS AREA DESIGNATES A PRIVATE SEWAGE RESERVE AREA REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS RESERVE AREA SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE RESERVE AREA. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 8. PARCELS 247, 83, AND 85- EXISTING STRUCTURES AND DRIVENWAYS TO BE DEMOLISHED EXISTING SEPTIC SYSTEMS TO BE ABANDONED. EXISTING WELLS TO BE ABANDONED AND SEALED BY LICENSED WELL DRILLER PRIOR TO SITE DEVELOPMENT PLAN SIGNATURE.
 9. THE SEPTIC AREA SHOWN HEREON IS PER THE APPROVED PERCOLATION CERTIFICATION PLAN, DATED JUNE 28, 2004.
 10. FIRE DEPARTMENT SANITARY CONNECTIONS TO BE PLACED ON THE FRONT OF THE BUILDINGS.
 11. THERE SHALL BE NO LANDSCAPING PLACED WITHIN 7.5' OF EACH SIDE OF THE FIRE DEPARTMENT CONNECTIONS.
 12. RURAL STATIC WATER SUPPLY TANK TO BE LOCATED WITHIN 100' OF THE FIRE DEPARTMENT CONNECTIONS.

2/11/2020 well site approved. stated by Vogel Eng. on 1/20/2020



OWNER / DEVELOPER
 HIGHLAND CROSSING, L.L.C.
 14190 TWISTING LAKE
 OXON, MD 21036

STATE GROUNDWATER APPROPRIATION PERMIT NO. H02005G005 (01)

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

Robert H. Vogel 6/28/04 DATE
 COUNTY HEALTH OFFICER
 HOWARD COUNTY HEALTH DEPARTMENT

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

Chris Harmon 7/1/04 DATE
 CHIEF, DIVISION OF LAND DEVELOPMENT

Robert H. Vogel 2/15/16 DATE
 DIRECTOR

NO.	REVISION	DATE
3	REVISE BLR X USE TO OFFICE/RETAIL, ADD PRIVATE SEWAGE TRENCH TO USE PARCEL	
2	ADD ADDITIONAL STEPS TO BUILDINGS	10-18-07
1	REVISE DIMENSIONS PUMP HOUSE #1 AND #2	3-27-07

WATER AND SEPTIC SYSTEMS PLAN
HIGHLAND CROSSING

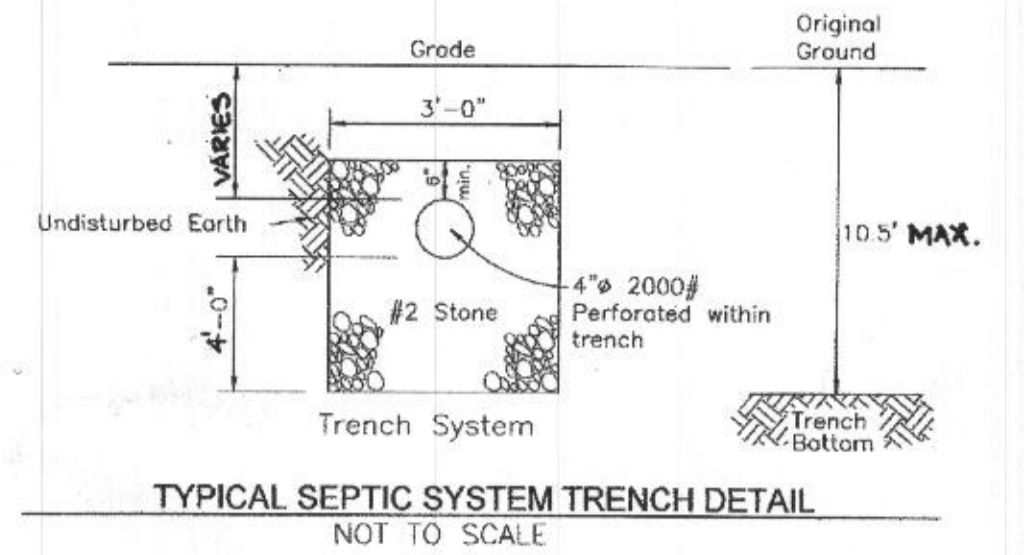
TAX MAP 40 BLOCK 5 5TH ELECTION DISTRICT PARCEL A
 HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELDDYDT CRT, MD 21043 TEL: 410-481-7666 FAX: 410-481-6989

DESIGN BY: RHY/LIT
 DRAWN BY: RHY
 CHECKED BY: RHY
 DATE: JUNE 1, 2008
 SCALE: 1"=30'
 W.D. NO.: 04-1220

5 SHEET OF 11

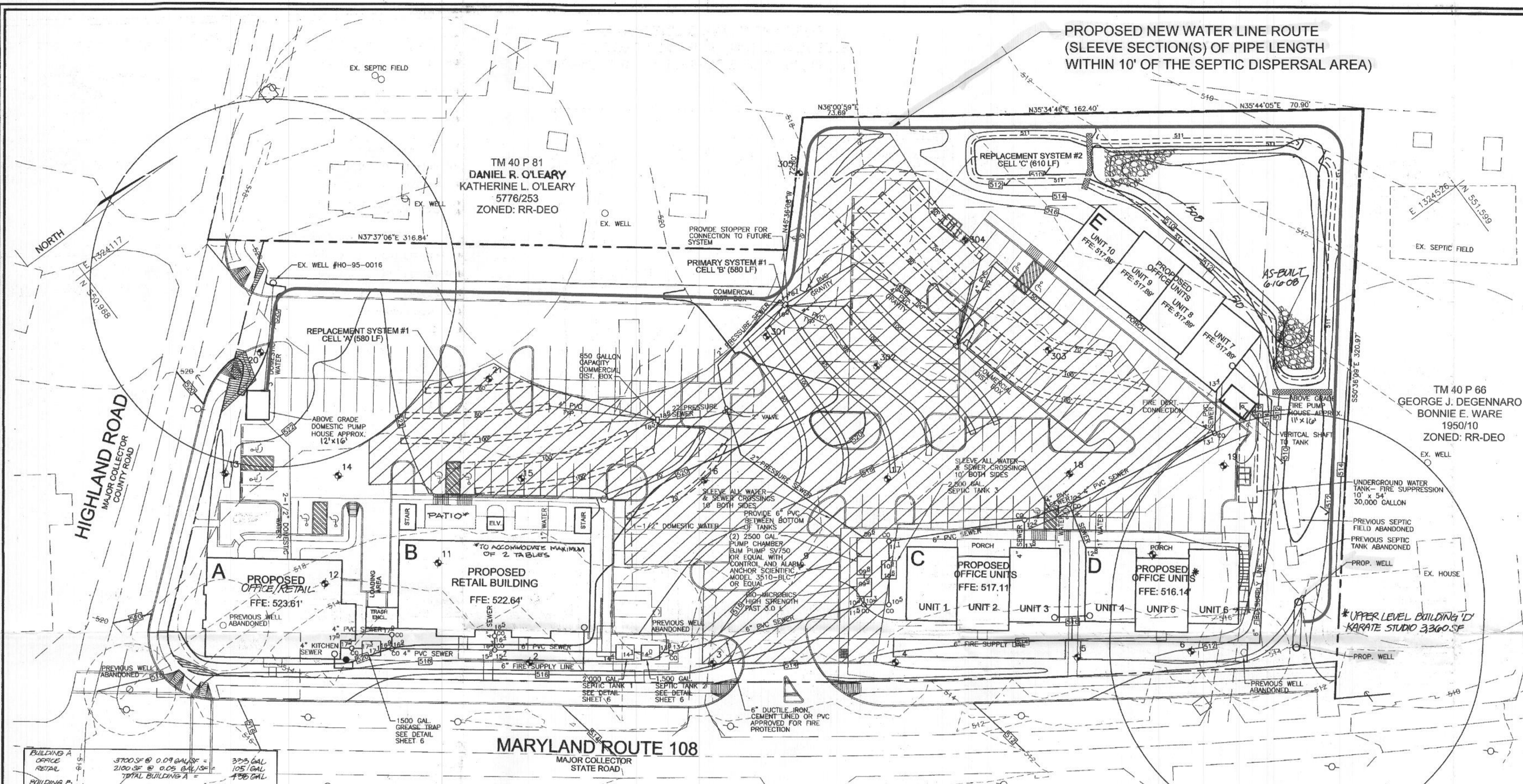
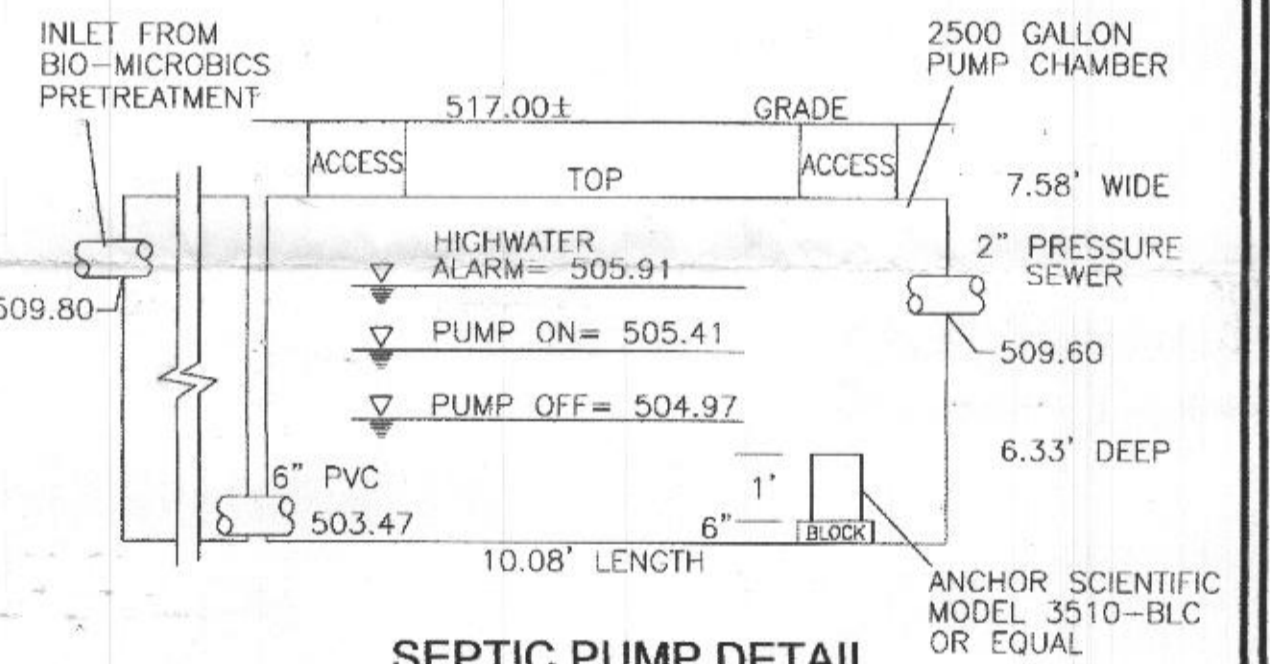
PROPOSED NEW WATER LINE ROUTE
(SLEEVE SECTION(S) OF PIPE LENGTH
WITHIN 10' OF THE SEPTIC DISPERSAL AREA)



STRUCTURE SCHEDULE		
TYPE	INV. IN	INV. OUT
2500 GAL SEPTIC TANK	510.90	510.60
2000 GAL SEPTIC TANK	514.40	514.10
1500 GAL SEPTIC TANK	514.00	513.80
1500 GAL GREASE TRAP	517.30	517.10
BIO-MICROBICS CHAMBER	510.20	509.90
5000 GAL PUMP CHAMBER (2 X 2500)	509.80	509.60
PRIMARY DISTRIBUTION BOX	516.10	516.00
REPLACEMENT SYSTEM 1 DISTRIBUTION BOX	518.60	518.50
REPLACEMENT SYSTEM 2 DISTRIBUTION BOX	513.76	513.66

SEPTIC TANK DESIGN

TANKS 1 AND 2 = 1,125 GALLONS + (.75)(2970) = 3353 GALLONS
TANK 3 = 1,125 GALLONS + (.75)(2016) = 2657 GALLONS



Building	Area	Flow	Total
BUILDING A OFFICE RETAIL	3700 SF @ 0.09 GAL/SF = 327.0 GAL	2100 SF @ 0.05 GAL/SF = 105.0 GAL	432.0 GAL
BUILDING B RESTAURANT	20 SEATS @ 400 GAL/SEAT = 8000 GAL	10 BAR SEATS @ 20 GAL/SEAT = 200 GAL	8200 GAL
BUILDING C OFFICE RETAIL	4522 SF @ 0.09 GAL/SF = 407.0 GAL	1028 SF @ 0.05 GAL/SF = 51.4 GAL	458.4 GAL
BUILDING D DAYCARE KARATE	20 STUDENTS @ 10 GAL/STUDENT = 200 GAL	12 STUDENTS @ 15 GAL/STUDENT = 180 GAL	380 GAL
BUILDING E OFFICE	7545 SF @ 0.09 GAL/SF = 689.0 GAL	1028 SF @ 0.05 GAL/SF = 51.4 GAL	740.4 GAL

HIGHLAND CROSSING SEPTIC SYSTEM DESIGN

TOTAL MAXIMUM DESIGN FLOW 4986 GALLONS

- AERATION AND NITROGEN REDUCTION, LOADING 1.2 GAL/SF=4155 SF
- STANDARD TRENCH, 3 FT WIDE=155 SF/3 FT WIDTH = 1385 LF
- UTILIZE DEEP TRENCH REDUCTION, 3 FT X 4 FT TRENCH = 582 LF
- PRIMARY SYSTEM, CELL A = 590 LF TRENCH
- REPLACEMENT SYSTEM #1, CELL B = 590 LF TRENCH
- REPLACEMENT SYSTEM #2, CELL C = 610 LF TRENCH

SEPTIC SYSTEM NOTES

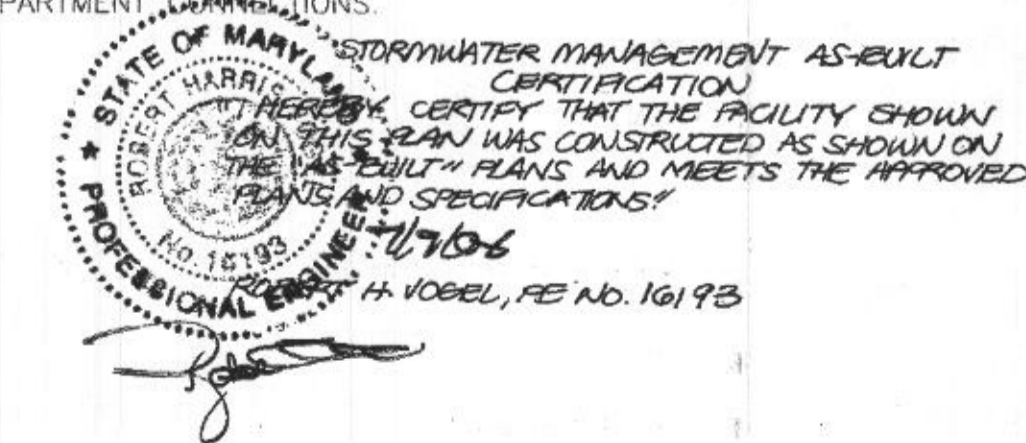
- CONTRACTOR TO INSTALL LOCATION TAPE WITH 4-INCH AND 6-INCH PVC GRAVITY SEWER, 2-INCH PRESSURE SEWER AND DISTRIBUTION BOXES.
- 2-INCH PVC TO BE FLEXIBLE PRESSURE PIPE
- CLEANOUTS LOCATED IN PAVING TO BE TRAFFIC BEARING
- CONTRACTOR TO PROVIDE 4-INCH PVC STUB WITH VALVE TO EXTEND FROM CELL B DISTRIBUTION BOX TO CELL C DISTRIBUTION BOX
- CONTRACTOR TO INSTALL CELL A AND B WITH THIS PHASE. CELL C TO BE CONSTRUCTED IN THE FUTURE AS NEEDED.
- OWNER IS RESPONSIBLE TO PROVIDE ON-GOING MAINTENANCE OF THE SEPTIC SYSTEM AND THE PRETREATMENT UNIT.
- CONTRACTOR TO INSTALL WATER METER FOR EACH TENANT TO MONITOR ACTUAL USAGE
- THE PRE-TREATMENT MAINTENANCE AGREEMENT MUST RUN IN PERPETUITY WHILE THE PROPERTY IS UNDER ITS CURRENT PROPOSED USE.

PLAN SCALE: 1"=30'

- COMMERCIAL DISTRIBUTION BOX TO HAVE MINIMUM CAPACITY OF 800 GALLONS.
- PUMP LEVELS TO BE SET TO DELIVER NO MORE THAN 500 GALLONS PER DOSE.

SEPTIC & WELL GENERAL NOTES:

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- PARCELS 150, 247, 83, AND 85 TO BE CONSOLIDATED BY RECORD PLAN.
- TOPOGRAPHY SHOWN HEREON IS BASED ON HOWARD COUNTY AERIAL TOPOGRAPHY AND FIELD RUN LOCATION.
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- THE SEPTIC AREA SHOWN HEREON IS PER THE APPROVED PERCOLATION CERTIFICATION PLAN, DATED JUNE 28, 2004.



OWNER / DEVELOPER
HIGHLAND CROSSING, L.L.C.
14130 TWISTING LANE
DAYTON, MD 21036

NO	REVISION	DATE
7	REVISE THE PLAN TO DELETE THE ORIGINAL PUMP LOCATION TO BLDG 'A' & RE-LOCATE IT ADJACENT TO BLDG 'D' AND RELOCATE THE DISPOSED	12/04/13
6	REVISE SEPTIC SYSTEM USAGE INFORMATION	1/27/10
3	REVISE BLDG 'X' USE TO OFFICE/RETAIL, ADD KARATE STUDIO TO BLDG 'D' USE (DR20)	
2	ADD EXTERIOR STAIRS TO BUILDING D	10-0-07
1	REVISE DIMENSIONS PUMP HOUSE #1 AND #2	3-27-07

WATER AND SEPTIC SYSTEMS PLAN
HIGHLAND CROSSING

TAX MAP 40 BLOCK 5 5TH ELECTION DISTRICT PARCEL A HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 FAX: 410.461.5951

DESIGN BY: RHW/LJT	DATE: JUNE 1, 2008
DRAWN BY: LJT	SCALE: 1"=30'
CHECKED BY: RHW	W.O. NO.: 04-12.00
DATE: JUNE 1, 2008	5 SHEET OF 11

STATE GROUNDWATER APPROPRIATION PERMIT NO. HO2005G005 (01)

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

6/26/06 DATE

6/26/06 DATE

2/10/06 DATE

2/14/06 DATE



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water and Science Administration – Water Supply Program
1800 Washington Blvd, Baltimore MD 21230
410-537-3590 * 1-800-633-6101 * fax 410-537-3157

NOTICE OF EXEMPTION TO APPROPRIATE AND USE WATERS OF THE STATE NEW EXEMPTIONS ONLY

Please see p. 2 if you are unsure whether you are eligible for an exemption.

PRIVACY NOTIFICATION - This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form and the information provided on this form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

APPLICANT INFORMATION

Name: Highland Crossing LLC c/o Kevin Bell

Mailing address: P.O. Box 153

City: Highland

State: MD

ZIP Code: 20777

Phone: (410) 984-1654

Fax:

Email: kbell@highland-crossing.com

LOCATION INFORMATION

Name/Type of Business: Highland Crossing / Commercial Retail

Street address: 13330 Clarksville Pike

City: Highland

County: Howard

Tax map/grid/parcel/lot: Tax Map 40, Block 5, Parcel A

GROUNDWATER QUANTITY TO BE USED

Average daily use (total annual use/365):
2000 gpd

Average during month of maximum use
(highest month/30): 2500 gpd

GROUNDWATER SOURCES

No. of wells: 1

New: Yes No

Well tag number(s): HO-95-0016

Check all that apply: Well Spring Groundwater Pond Other _____

Do you have any other water appropriation permits on this property/site? Yes No

Do you use water from another water source on this property? Yes No

HOW WILL THE WATER BE USED? (Please check all that apply and describe)

Potable/Sanitary water uses

No. of days per week water is consumed: 7

No. of hours per days water is consumed: 20

Avg. No. of customers: 106

No. of connections: 1

Industrial process water

Other (describe)

Subdivision on individual wells

No. of lots (based on full buildout):

Non-agricultural irrigation (circle use)

Size of irrigated area (acres):

Lawn/Garden/Landscape

Method of irrigation:

Other (describe):

SIGNATURE

I certify and affirm under penalty of perjury that all the information I provided on this form is true and accurate to the best of my knowledge. I am aware that submitting false, inaccurate or incomplete information may result in the denial or revocation of the exemption or be subject to any other sanctions allowed under Maryland Law.

Signature of Applicant:

Name (please print): Michael Haufler, Agent

DETERMINE WHETHER YOU ARE ELIGIBLE FOR AN EXEMPTION

Answer the questions below, continuing to the bottom of the form until you are instructed to stop or eligibility is confirmed. If the form indicates that a **permit is required**, you must complete an application for a permit. If the form indicates that a **permit is not required**, you do not need a permit or an exemption for your water use.

Will you use a surface water source?	<input type="checkbox"/> Yes Stop! Permit is required	<input checked="" type="checkbox"/> No
Is your desired water use agricultural and less than an annual average of 10,000 gallons per day?	<input type="checkbox"/> Yes Stop! Permit/Exemption not required You may apply for a voluntary permit	<input checked="" type="checkbox"/> No
Is your designed water use for domestic use other than heating or cooling, and on one individual lot?	<input type="checkbox"/> Yes Stop! Permit/Exemption not	<input checked="" type="checkbox"/> No
Is your desired use for extinguishing a fire?	<input type="checkbox"/> Yes Stop! Permit/Exemption not	<input checked="" type="checkbox"/> No
Is your desired use for dewatering during construction lasting less than 30 days (including days of non-pumping), and using less than 10,000 gallons per day as an annual average?	<input type="checkbox"/> Yes Stop Permit/Exemption not required	<input checked="" type="checkbox"/> No
Will your ground water use exceed 5,000 gallons per day as an annual average?	<input type="checkbox"/> Yes Stop! Permit is required	<input checked="" type="checkbox"/> No
Is your desired water use within a Water Management Strategy Area ⁱ target aquifer?	<input type="checkbox"/> Yes Stop! Permit is required	<input checked="" type="checkbox"/> No
Is your desired water use associated with subdividing land into residential lots on individual wells?	<input type="checkbox"/> Yes You may be eligible for an exemption	<input checked="" type="checkbox"/> No
Is your desired water use for a drinking water system that serves at least 15 service connections used by year-round residents ⁱⁱⁱ or regularly at least 25 year-round residents?	<input type="checkbox"/> Yes Stop! Permit is required	<input checked="" type="checkbox"/> No
Did you answer <u>NO</u> to all questions above?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes You are eligible to file a Notice of Exemption. Proceed with the form on the first page.	

ⁱ To determine whether your location is within a Water Management Strategy Area, please visit MDE's website at

http://www.mde.maryland.gov/programs/Water/Water_Supply/Pages/WaterManagementStrategyAreas.aspx

ⁱⁱ Please submit a location map and plan of the proposed subdivision for MDE review. MDE will determine whether a permit is required or a Notice of Exemption may be filed and will notify you if a permit application is required.

ⁱⁱⁱ Year-round resident means an individual whose primary residence is served by the water system. The individual need not live at the residence 365 days a year for it to be considered their year-round residence.

Note: A confirmation of your approved Notice of Exemption will be provided to your County. Permittee confirmations are available by request. If your water use increases above 5,000 gpd, you must apply for a new permit.

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, December 12, 2019 2:42 PM
To: Randall Alexander
Subject: 13380 Clarksville Pike Well Permit Highland Crossing

Randall,

We are in review of a well permit for the above mentioned address. Can you elaborate on the situation out here? Are they out of water? Also, the attached site plan you submitted with the well permit application indicated 2 alternate well locations on the opposite side of the property. Are they the locations to drill? I do not have a well stake form from the surveyor? How are they going to run the well line? I have some information on adjacent property wells that I think you may want to have.

Moreover, you may want the owner(s) to check with MDE if a groundwater appropriations permit is required for this well permit proposal.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

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