

LAYOUT 12/22/04 AM INSP 4 _____
INSP 2 12/23/04 - PM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 11/19/2004 P 521587
APPROVAL DATE: 12/22/04 A 39076

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

~~Hatfields Equipment~~ IS PERMITTED TO INSTALL ALTER
ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 410-531-6773
SUBDIVISION: Waterman Estates LOT NUMBER: 25
ADDRESS: 7775 Brown Bridge Road PROPERTY OWNER: Douglas Homes, Inc.
SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED
NUMBER OF BEDROOMS: 4
SQUARE FEET PER BEDROOM: 180
LINEAR FEET OF TRENCH REQUIRED: 135

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 3.5 feet of stone below distribution pipe.
LOCATION:	Start the first trench 170' from the front (451.63') lot line and 60' from the left lot line as seen when facing the lot from Brown Bridge Road. Run trenches on contour toward the front of the lot.
NOTES:	

PLANS APPROVED: Kevin J. Bell *O.K.B.* DATE: 10/19/04

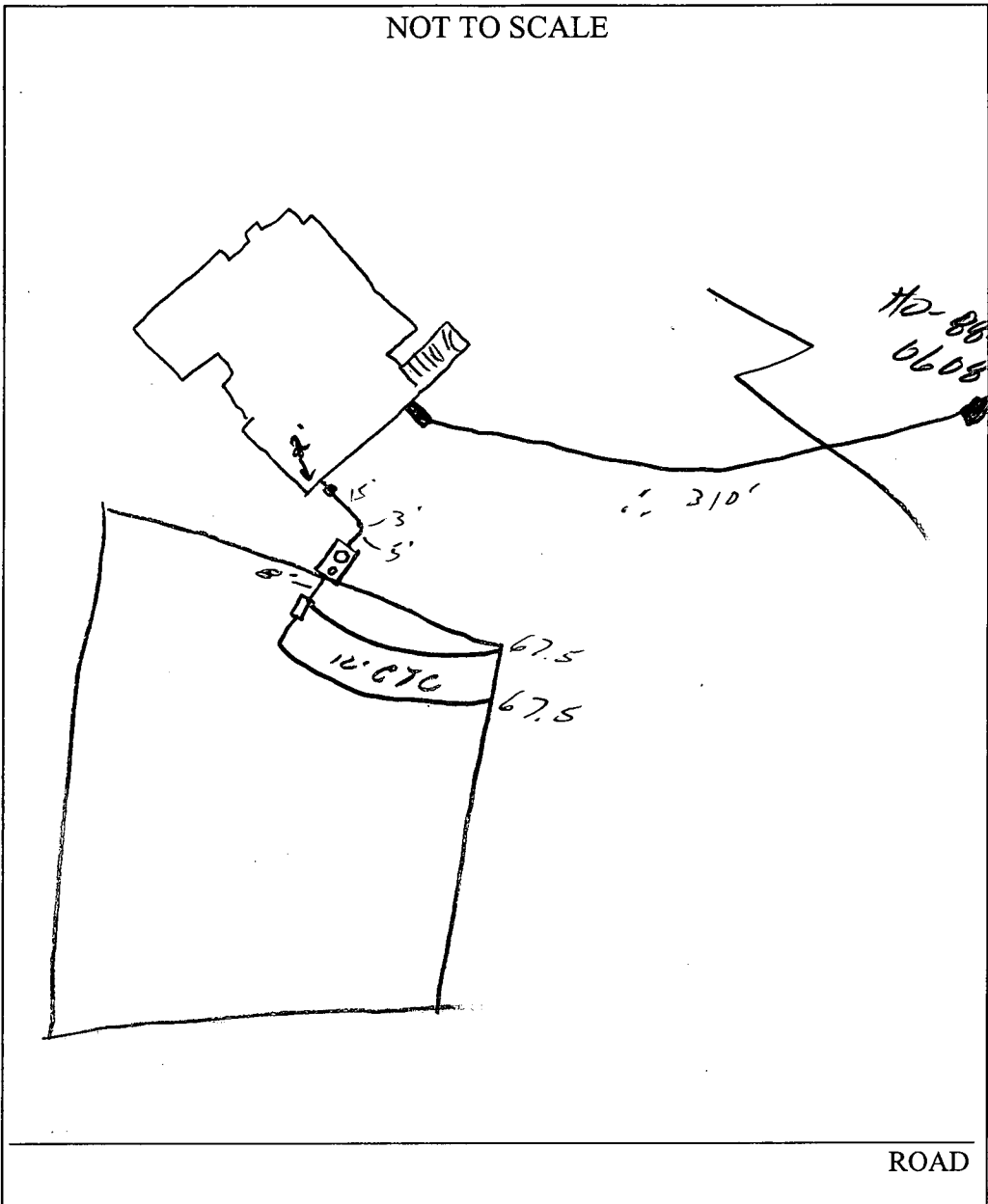
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

6/19/89 B00026311

A39076

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5	7.5
NUMBER OF TRENCHES		2
TOTAL LENGTH		135'
ABSORPTION AREA		405 π
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
Capacity	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	Back
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	<input type="checkbox"/>

ROAD

PRE-CONSTRUCTION 12/22/04 - SRA staked, contour accurate, tank set, Install (2) 67.5' trenches. (50)

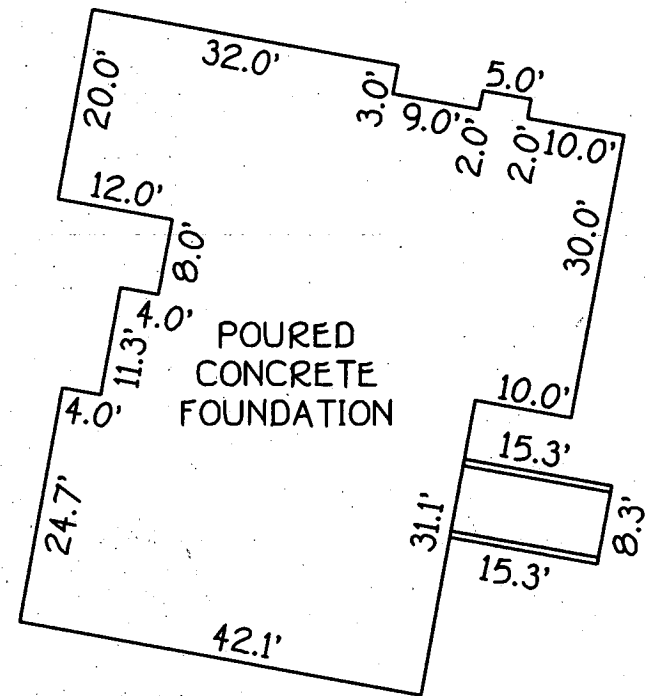
INSTALLATION 12/22/04 - Trenches complete. OK to cover all work (50)

FINAL INSPECTOR *[Signature]*

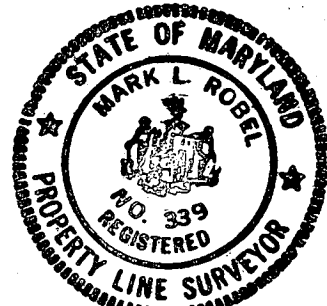
DATE OF APPROVAL 12/22/04

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMPLETED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440037B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±).
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-00-0600) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



DETAIL:
1"=20'

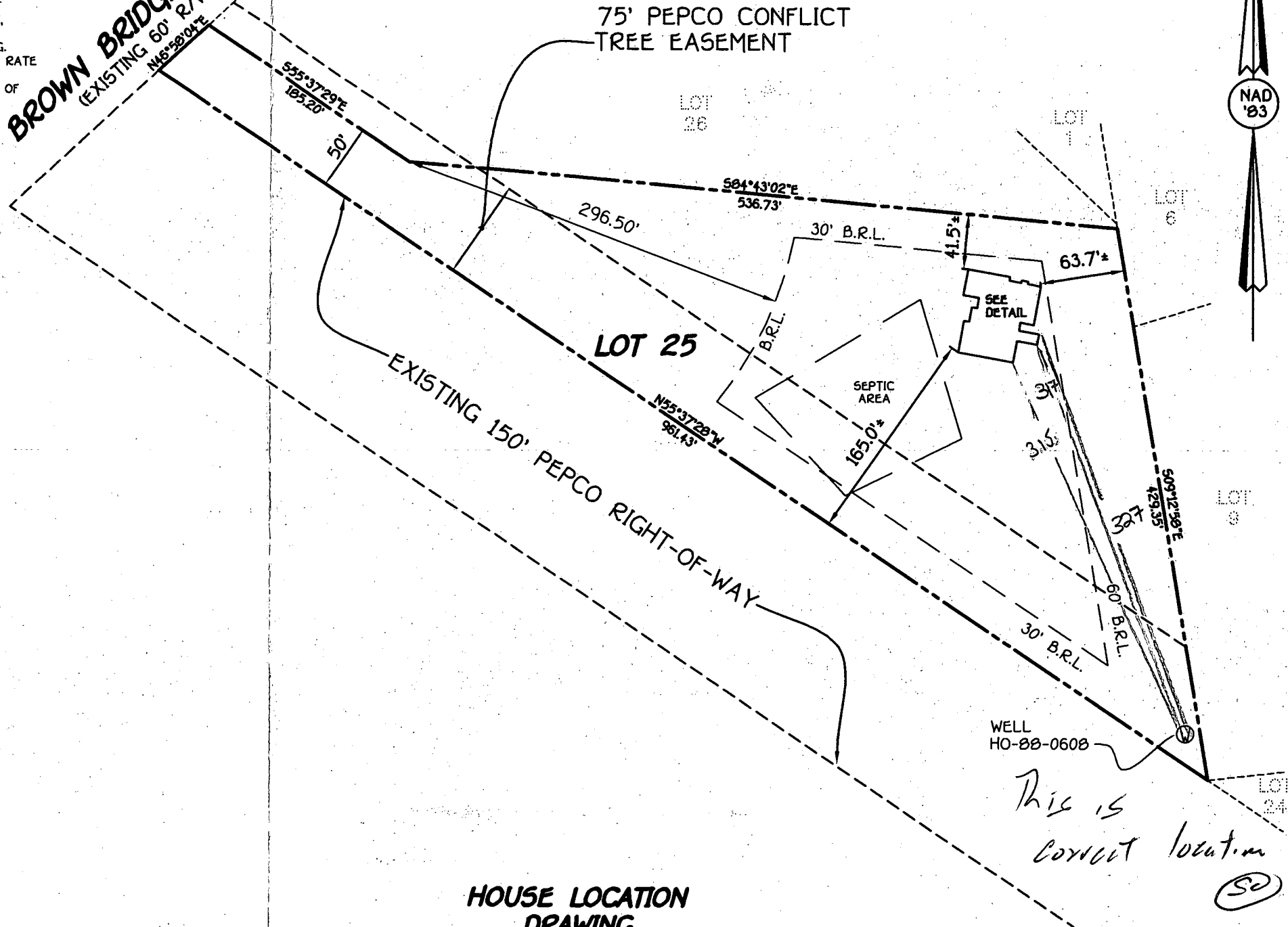


Mark L. Robel 11/10/04
PROFESSIONAL LAND SURVEYOR DATE
REG. # 339

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 461-1299

*7775 BROWN BRIDGE ROAD
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. = 409.4'

BROWN BRIDGE ROAD
(EXISTING 60' R/W)



This is correct location (S)

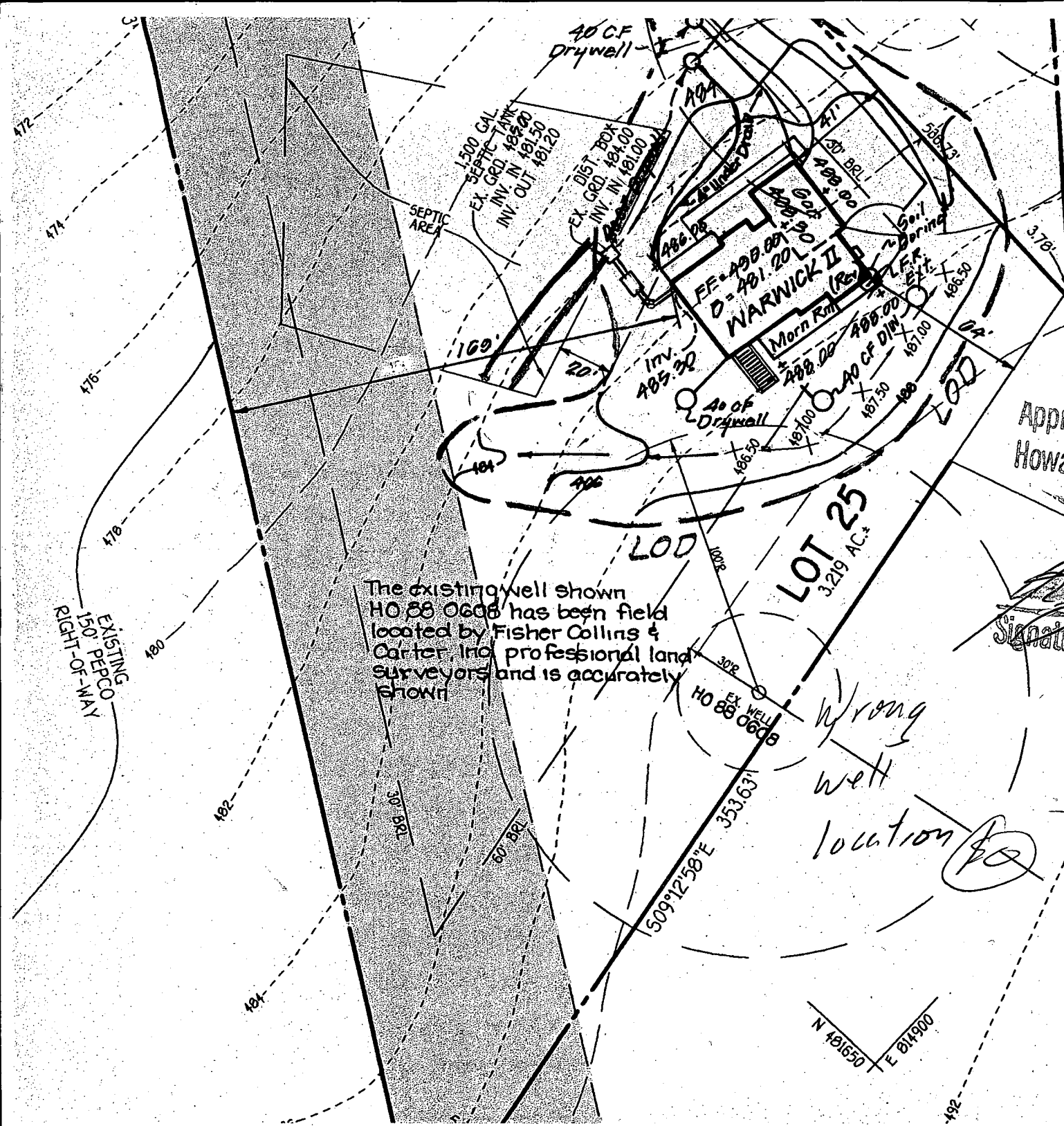
HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 11/9/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 11/10/04
DRAWN BY: V.L.J.
CHECKED BY: M.L.R.
PROJECT No.: 61733

LOT 25
WATERMAN ESTATES
LOTS 20-26
A RESUBDIVISION OF LOTS 2-4,
10-16 OF SECTION 1 & SECTION 2
AS RECORDED ON PLAT
NOS. 7307, 7401 & 7402.
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT #10730





The existing well shown HO 88 0608 has been field located by Fisher Collins & Carter, Inc. professional land surveyors and is accurately shown

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature
10/12/04
Date

Wrong well location *[initials]*

N 481650
E 014900

1105
faxed
4/31/05

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 (Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylasville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

*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: Douglas Homes Telephone #:
Subdivision: Waterman Estates Lot #: 25 Well Tag #: HO-88-0108
Site Address: 775 Browns Bridge Rd

Submersible Pump Data

Make: Goulds
Model #: ET75B05422
Pump Capacity 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Cummins
Model#: N/A
Depth: 36 (36" min)
NSF approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 245 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: YES

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

Allen Compt Signature of company representative responsible for installation
1-17-05 date

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

Date Insp. Requested: _____ Date Insp. Approved: 12/22/04 (50)
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 _____

ICOP
Fax VTB 240-568-0368

C1 2459

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A-39076

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER HILLTOP DEVELOPMENT last name first name STREET OR RFD RIVINGTON RD. TOWN FULTON SUBDIVISION WATKINSON EST SECTION 2 LOT 2

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND Stone 0 64, GRAY MICH. rock 64 245 ft.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 446 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 245 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 93

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

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

DEPTH (nearest ft.) table with grid for depth measurements from 1 to 51 feet.

CIRCLE APPROPRIATE LETTER 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 10.17.13 "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 IDENT. NO. 222

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

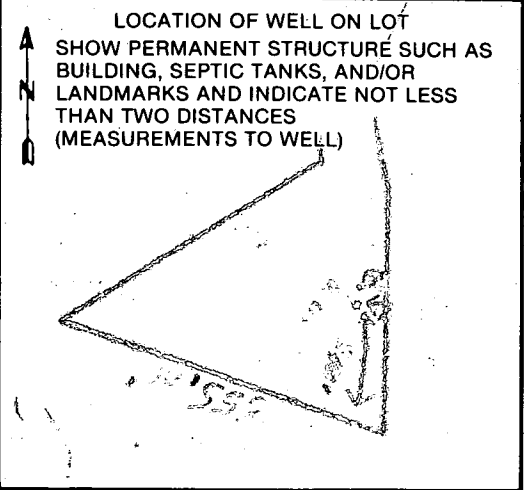
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 WHEN PUMPING 64 TYPE OF PUMP USED (for test) C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 **2244** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

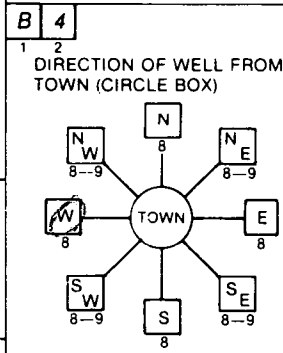
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0608
 fill in this form completely

Date Received (APA) **050989**
 OWNER INFORMATION
HILLTOP Development
 P.O. Box 208
 CLARKSVILLE MD 21029

B 3 LOCATION OF WELL
HOWARD COUNTY
WATERMAN ESTIMATES SUBDIVISION
 SECTION **2** LOT **2**
FULTON NEAREST TOWN
 MILES FROM TOWN **1 3/4** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **238**
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy 21771 Address
 Date **5/1/89**



Brown Bridge Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **1150** FT
 ENTER FT or MI **FT**

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A-39076 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **05/15/89**
 CO SIGNATURE **John...** EXP. DATE **11-14-89**
 NORTH GRID **481000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **260** FEET

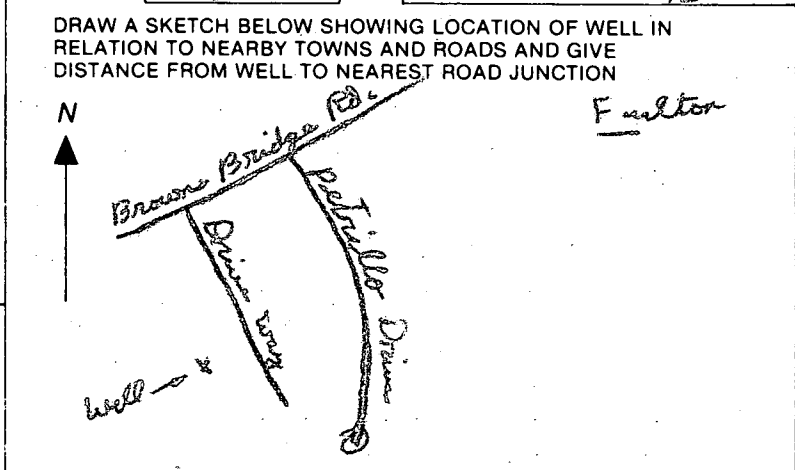
APPROXIMATE DIAMETER OF WELL **6** INCH

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

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

5/22/89 10:30
9 BAGS GROUT NOT OBS'D
35' OPEN OBS'D
73' CASING
1' CASING A.G.
5/22/89 M/R

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0608**

SPECIAL CONDITIONS _____
 COUNTY _____

APPLICATION

PERCOLATION TESTING

A 39076
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5
DATE 4/2/87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER W-L Research, Inc. ~~Tom~~ Richard Demmitt

ADDRESS 7625 Brown Bridge Road PHONE _____

PROSPECTIVE BUYER Richard J. Demmitt

ADDRESS P.O. Box 208, Clarksville, Md. 21029 PHONE 301-531-5539

PROPERTY LOCATION:
SUBDIVISION Waterman Estates, Section ~~one~~ Two (a) LOT NO. ~~Sixteen (16)~~ NEW LOT 2

ROAD AND DESCRIPTION 7625 Brown's Bridge Road ~~13428 Springwood Ct~~
12439 Perello Dr.

TAX MAP 40 PARCEL # 397

SIZE OF LOT 3 acres TYPE BLDG. _____
(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.

Richard J. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Albel FOR Deep trenches DATE 5-31-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-12-87 perc satisfactory - hold for PERC sale

BLDG. PERMIT SIGNED
AND RETURNED 6-19-87
BP-2631/SA

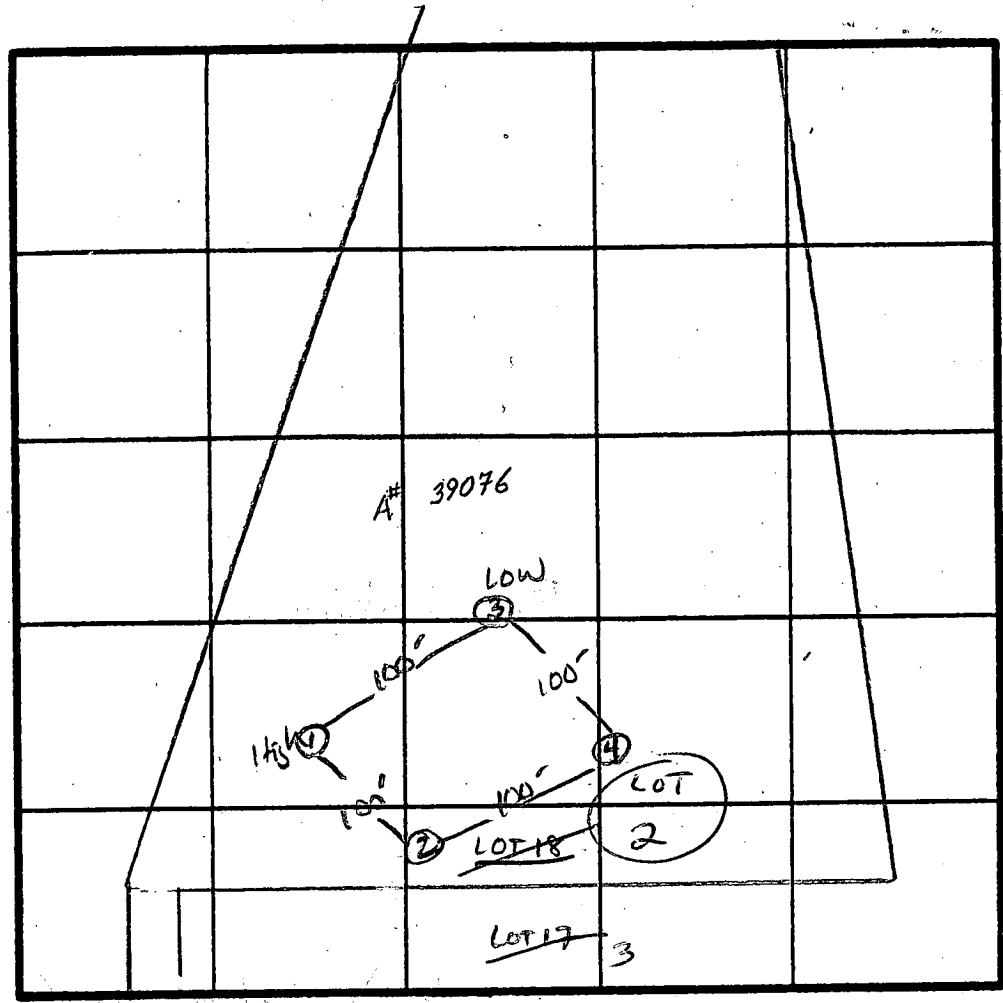
THIS IS NOT A PERMIT

① → ②
SOIL PROFILE

8"
4-4.8"
12-14"

AP
Red silty
CLAY LOAM
9-12% CLAY
10-15% FRAGS

Yellow red
TO RED BR.
SANDY SILT
LOAM
MICAEOUS
15-20%
FRAGS



X Perc 6min
IN LOT 4.5
BOTTOM 8.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BROWN BRIDGE Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/12/87	1 S	4.5"	11:23	11:25	11:25	11:31	6min
	1 M	4.5"	11:22	11:25	11:25	11:29	4min
	1 V	14" UNIFORM SOIL below 4.5" (ELIOAK)					
	2 V	14" UNIFORM SOIL below 4.5" (CHESTER)					
	3 S	5"	11:26	11:29	11:29	11:40	11min
	3 V	13" UNIFORM SOIL below 4.5"					
	4 S	4.5"	11:29	11:30	11:30	11:32	2min
	4 V	12" UNIFORM SOIL below 4.5"					

REMARKS Holes APPROX. TO PLAT /

TYPE OF SOIL CHESTER / ELIOAK

TESTED BY S. Abel ALSO PRESENT Allen BARKER R. DOMMITT

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 47652

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 12/09/91
10/25/91

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Potomac Electric Power Company

ADDRESS 1900 Pennsylvania Ave. N.W. Washington PHONE 202-872-3526
DC 20068

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Waterman Estates LOT NO. 25

ROAD AND DESCRIPTION Brown Bridge Road

TAX MAP 40 PARCEL # _____

SIZE OF LOT 3.00 acres 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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

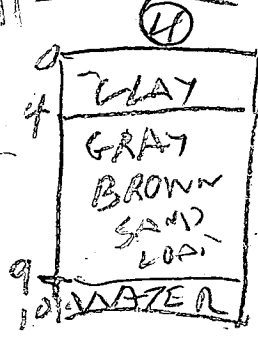
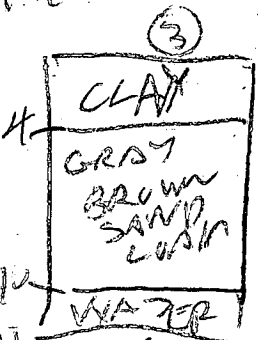
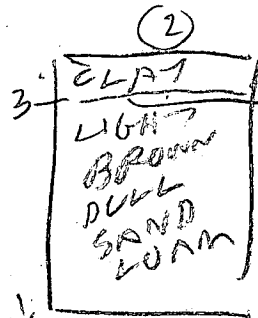
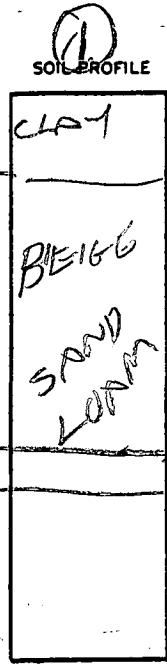
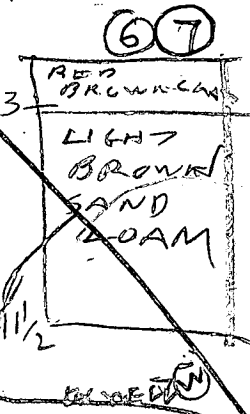
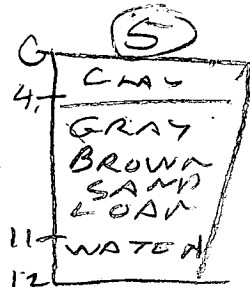
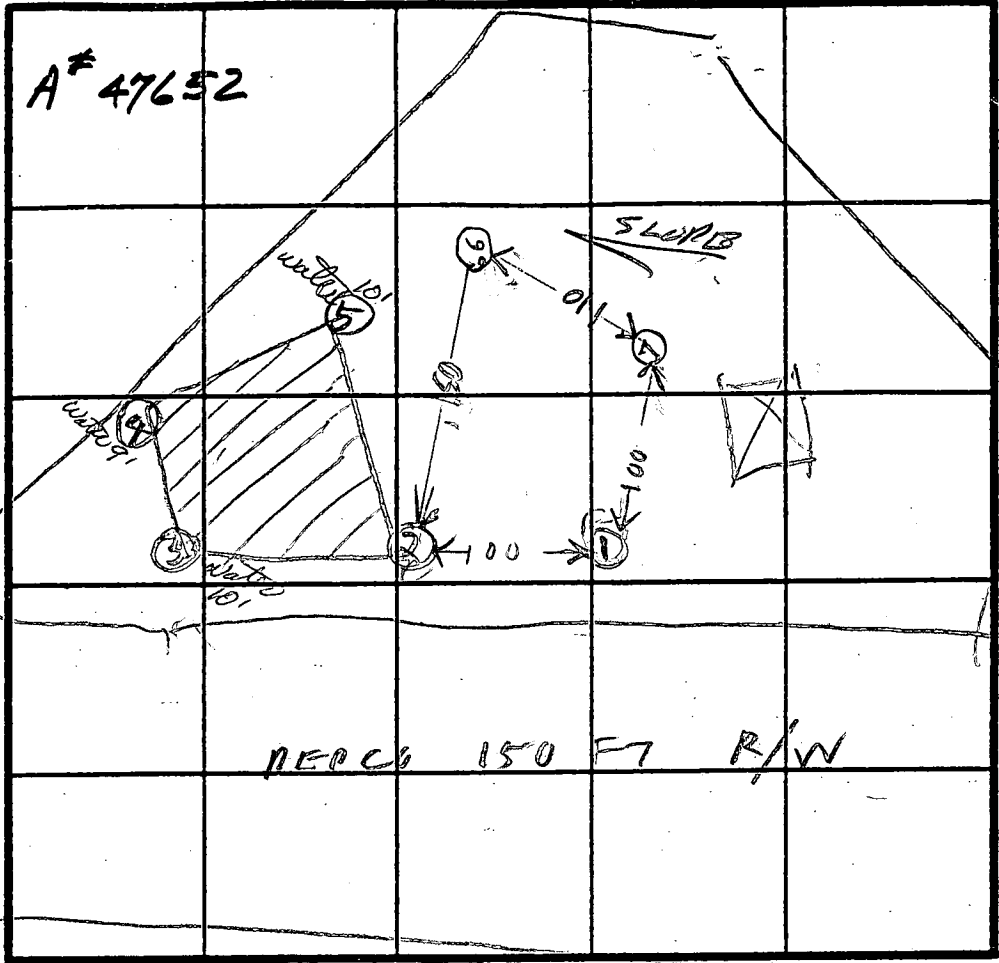
REASONS FOR REJECTION OR HOLDING: 12/19/91 - PERC OK HOLD FOR PERC CERT PLAN

MAY HAVE TO MOVE NAUS SITE

HD-216

THIS IS NOT A PERMIT

4/25



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

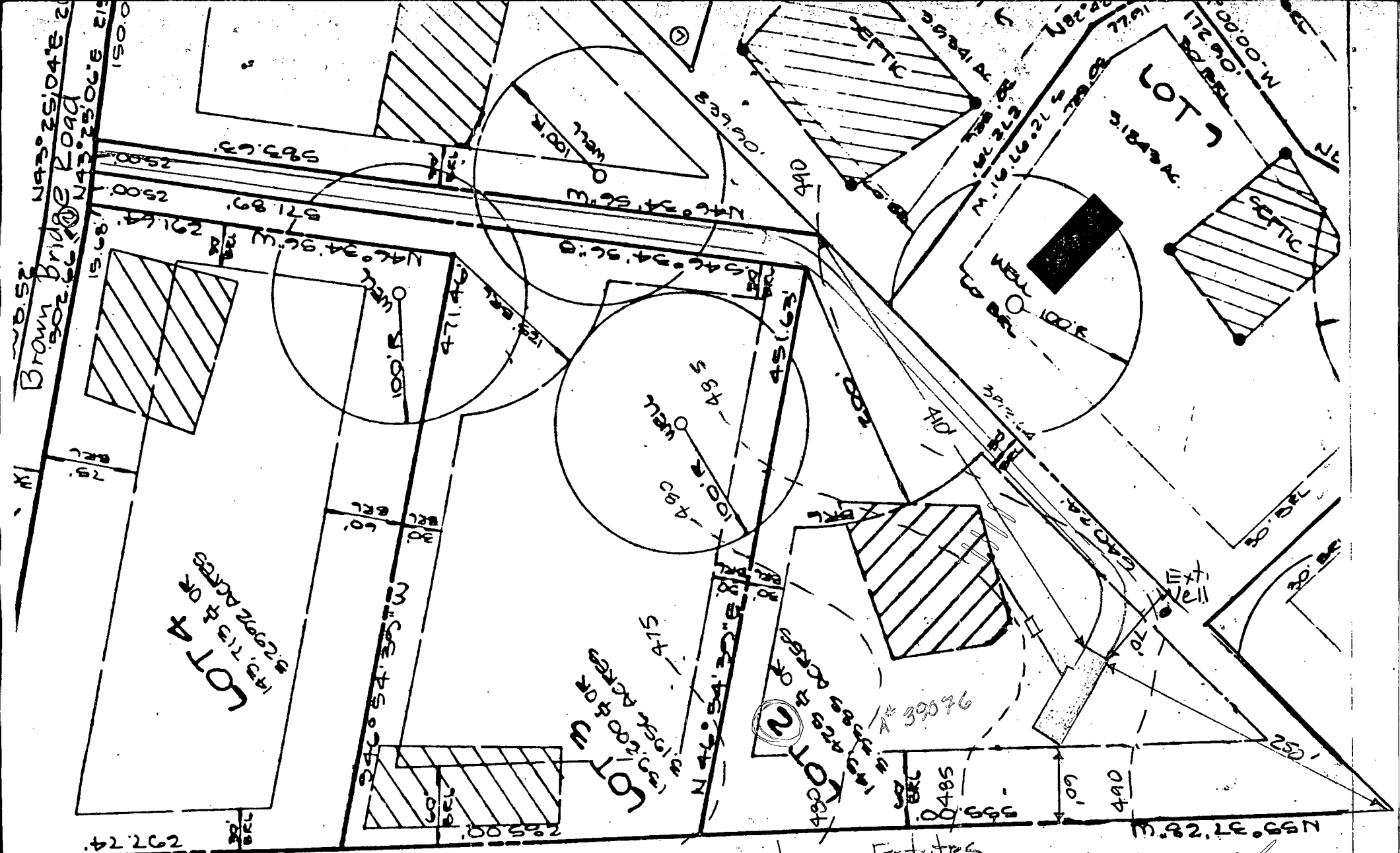
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/19/91	1S	3 1/2	424	425	425	427	2
	1V	13 1/2	OK				
	2S	3	428	434	434	439	5
	2V	12 1/2	OK	BETWEEN 3F7 & 8V 1/2 F			
	3V	11	WATER 10 FT				
	4V	10	WATER 9 FT				
	5V	12	WATER 11 FT				
	6S	3	440	442	442	447	5
	6V	11.5	OK	BETWEEN 3F7 & 7 1/2 F			
	7S	3	444	453	453	502	
	7V	7	444	453	453	502	
	7V	12	OK	BETWEEN 3F7 & 7 1/2 F			

SHALLOW
INLET
3 FT
DEPTH -
5 FT
DEPTH
STONE
2 FT
WIDTH
3 FT

REMARKS: Hole (2)(3)(4)(5) dug per survey stake
Hole (1)(6)(7) dug differently

TESTED BY: R. HOFFER

ALSO PRESENT: KHATFIELD
MADIK Survey



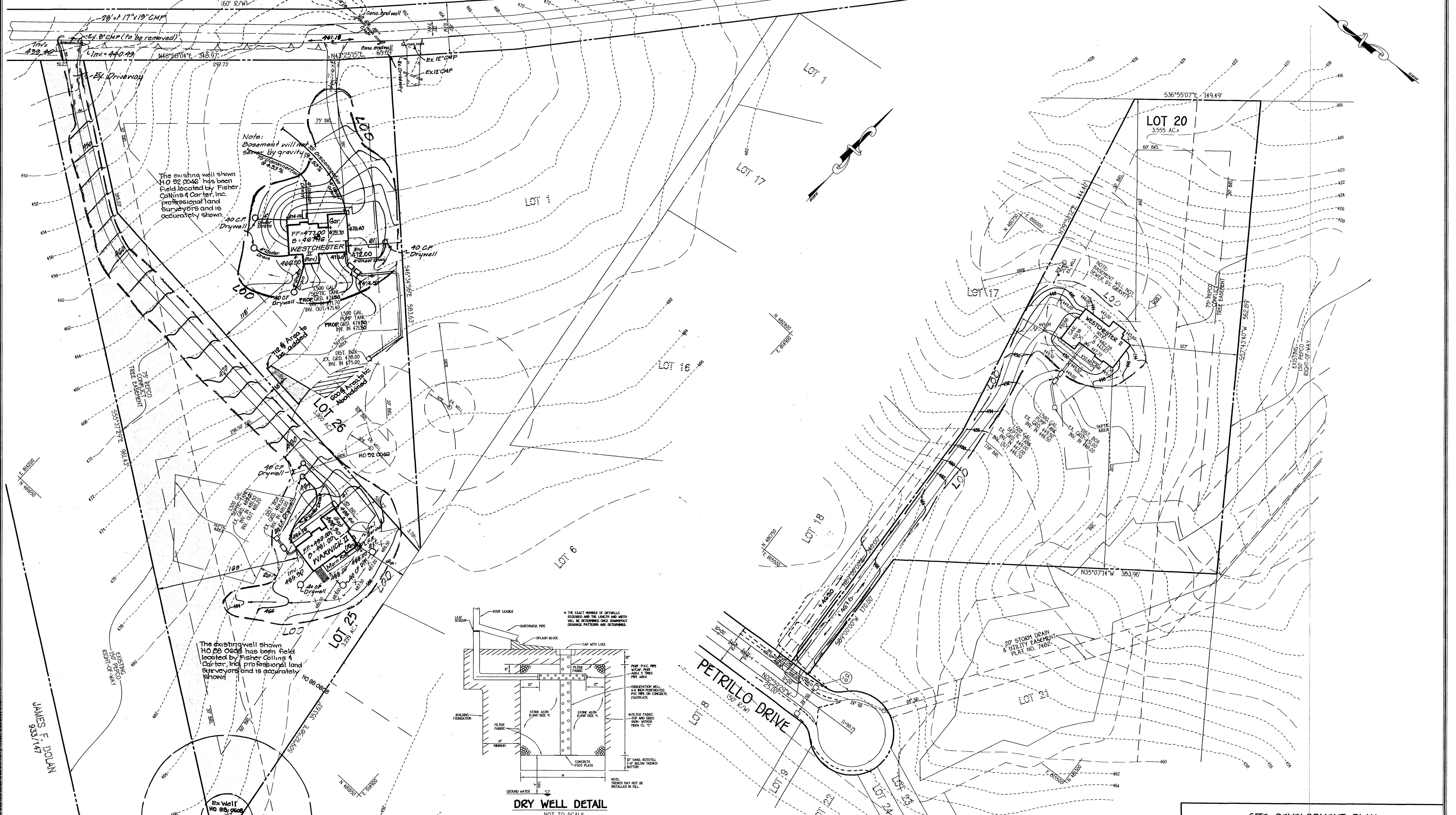
Lot 2: Waterman Estates
 Scale 1" = 100'
 Contour Interval = 5'
 7751 Brown Bridge Drive
 Highland, MD 20777

- Elev. Ext. Well = 490.5 ✓
 - Hse 1st Flr. = 490.5 ✓
 - Hse Bsmt = 481.5 ✓
 - Out of Hse = 483.5 ✓ - BSMT
 - Into Tank = 482.8 ✓
 - Out of Tank = 482.5 ✓
 - Into Field = 482.0 ✓
- DEMMITT

REG. PERMIT SIGNED
 AND RETURNED 6-19-87
 B/2631
 [Signature]

W111

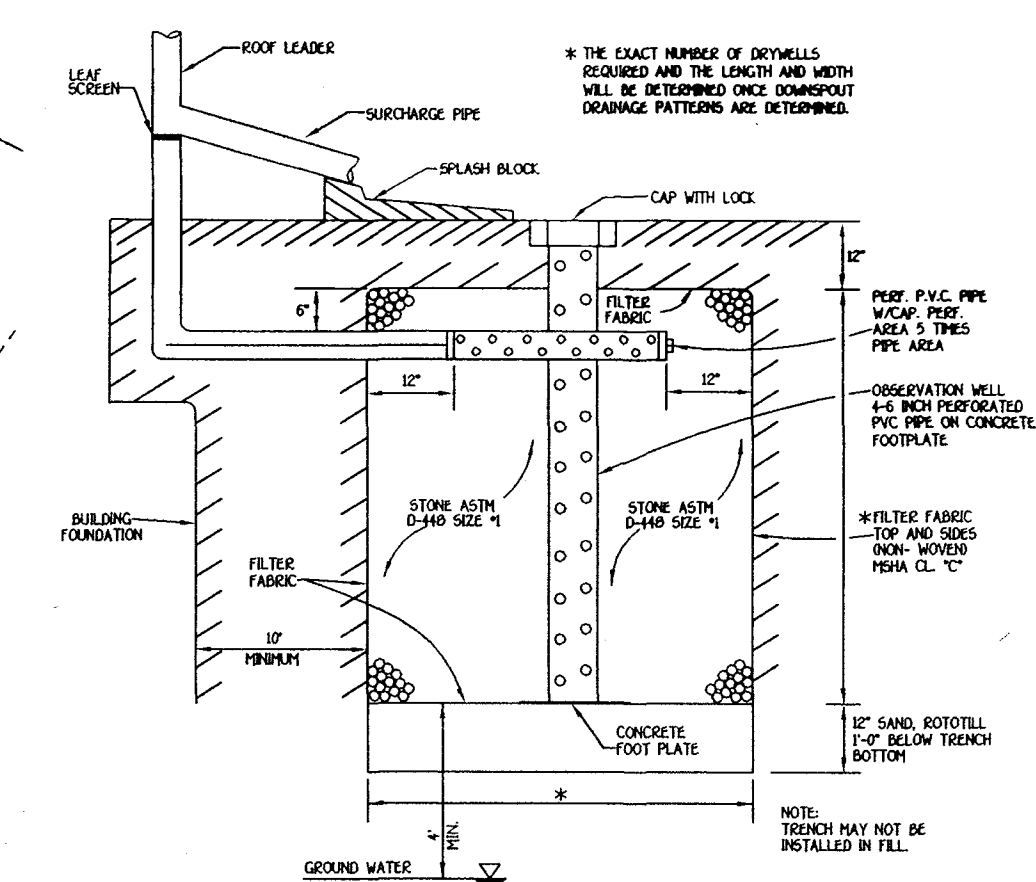
BROWNS BRIDGE ROAD



The existing well shown HO 92 0046 has been field located by Fisher Collins & Carter, Inc. professional land surveyors and is accurately shown.

Note: Basement will not be served by gravity sewer. Sewer by gravity to be installed.

The existing well shown HO 93 0048 has been field located by Fisher Collins & Carter, Inc. professional land surveyors and is accurately shown.



DRY WELL DETAIL
NOT TO SCALE

LOT NO.	AREA OF ROOF PER DOWN SPOUT	VOLUME REQUIRED	AREA OF STORAGE	AREA OF TREATMENT	NO. OF DRYWELLS	D	L	W
LOT 21	500 SQ.FT.	40 CF	100K	100K	4	3.5	4	3
LOT 25	"	40 CF	100K	100K	5	3.5	4	3
LOT 26	"	40 CF	100K	100K	4	3.5	4	3
LOT	SQ.FT.		100K	100K				
LOT	SQ.FT.		100K	100K				
LOT	SQ.FT.		100K	100K				

FOR: DOUGLAS HOMES
P.O. BOX 628
ELLCOTT CITY, MARYLAND 21041
410-750-0522

No	Revision	Date
8	Revise hse & grd on Lot 25 to Warwick II, revise hse & grd on Lot 26 to Westchester II, added drywells where required.	7-19-04
9	Add well note to lots 25 & 26	8-12-04
10	Rev. hse. loc. & drywell info, Lot 26	10-4-04

14	Show correct well loc. Lot 25	11-15-04
15	Rev. septic easement out of wet area, Lot 26, health	12-20-04
12	Rev. drywells to be 25' from Sep. tank. Esmt. Lot 25 & 26, rev. sep. Esmt. out of well radius Lot 26	10-18-04
11	LOT 26 move SWM device 25' from Sep. tank. LOT 25 moved sep. tanks out of swale 100' from well	10-15-04

SITE DEVELOPMENT PLAN

SINGLE FAMILY DETACHED

WATERMAN ESTATES

SECTION 1 AND 2
LOTS 20-26

TAX MAP NO.: 40 PARCEL NO.: 397 & 250
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=50' DATE: APRIL, 2003
SHEET 1 OF 2

61733

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00149787 KTB

Building Address 7775 L. Brown Blvd. #10
Hyland MD 20777

Property Owner's Name Douglas Homes
Address 20 Ave 123

Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 10000 Subdivision Washington Square

City Elkridge State MD Zip Code 21042
Home Phone _____ Work Phone 410-750-0520

Section 1 Area _____ Lot 25
Tax Map 40 Parcel 250 Grid 23

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

Zoning R000 Map Coordinates RSC4 Lot size 3,200 sq. ft.

Contractor Company SMC
Contact Person Dana Jones

Existing Use Vacant Lot
Proposed Use SPD
Estimated Construction Cost \$ 300,000

Address _____
City _____ State _____ Zip Code _____

Description of Work Install 2' x 2' x 12' steel pipe
along driveway, 3' x 2' x 12' steel
along driveway

License No. 227
Phone _____ Fax _____

Occupant or Tenant N/A
Contact Name _____

Engineer or Architect Company John Taylor
Contact Person M. R. Taylor

Address _____
City _____ State _____ Zip Code _____

Address 227 Ave 123
City Elkridge State MD Zip Code 21042

Phone _____ Fax _____

Phone 410 104 1000 Fax _____

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

Applicant's Signature _____
Title/Company _____

Print Name _____
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 Highway		
Public Works		
Dev. Engineering DPZ		
Health	<u>10/19/04</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>63083</u>
Rear: _____	Filing fee \$ <u>11.00</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2721</u>
	Validation # <u>7144</u>

Accepted by [Signature]

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Apr 20, 2005

County: Howard

Lab Number: 05-1732

Sample iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Douglas Homes
Attn: Mitch Miller
5034 Dorsey Hall Drive
Suite 102
Ellicott City, Maryland 21041

Property Sampled: U&O: 7775 Browns Bridge Road, Retest for Turbidity

Station Sampled: Laundry Tub & Pressure Tank Taps Tax Map #:

Date/Time Sampled: Apr 20, 2005 10:20 am Parcel #:

Owner, Telephone No.: Bradford Sampler: 6724GP

Subdivision Name: Waterman Estates Lot Number: 25

Building Permit No.: B00149787

Well Number: HQ-BB-0608

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Raw turbidity from pressure tank tap:				
Turbidity	4.0 NTU	EPA 180.1	*10 NTU	Pass
Turbidity collected after sediment filter:				
Turbidity	2.4 NTU	EPA 180.1	*10 NTU	Pass

Treatment/Conditioning: Sediment Filter


Sharon K. Cassell

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Apr 9, 2005

County Howard

Lab Number 05-1422

Sample iced Yes
Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Douglas Homes
Attn: Mitch Miller
5034 Dorsey Hall Drive
Suite 102
Ellicott City, Maryland 21041

Property Sampled: U&O: 7775 Browns Bridge Road, Retest for Turbidity

Station Sampled: Powder Room & Pressure Tank Taps Tax Map #:

Date/Time Sampled: Apr 8, 2005 11:25 am Parcel #:

Owner, Telephone No.: Bradford Sampler: 67246P

Subdivision Name: Waterman Estates Lot Number: 25

Building Permit No.: B00149787

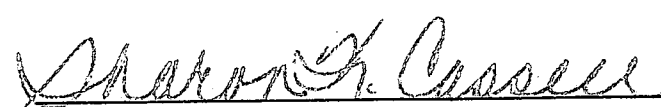
Well Number: HO-88-0608

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Raw turbidity from pressure tank tap:				
Turbidity	35.4 NTU	EPA 180.1	#10 NTU	HIGH
Iron	1.6 mg/L as Fe		**0.3 mg/L as Fe	
Turbidity collected after sediment filter:				
Turbidity	11.8 NTU	EPA 180.1	#10 NTU	HIGH

Treatment/Conditioning: Sediment Filter



Sharon K. Casse

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Apr 1, 2005

County Howard

Lab Number 05-1268

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Douglas Homes
Attn: Mitch Miller
5034 Dorsey Hall Drive
Suite 102
Ellicott City, Maryland 21041

Property Sampled: U&D: 7775 Browns Bridge Road

Station Sampled: Laundry Tub Tap & Pressure Tank

Tax Map #:

Date/Time Sampled: Mar 31, 2005 11:20 am

Parcel #:

Owner, Telephone No.: Bradford

Sampler: 67246P

Subdivision Name:

Lot Number:

Building Permit No.: B00149787

Well Number: HD-88-0608

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:


PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	3.4 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Trtd)	12.2 NTU	EPA 180.1	*10 NTU	HIGH
Turbidity (Raw)	12.5 NTU	EPA 180.1	*10 NTU	HIGH
Sand	Negative		Negative	
pH	6.0 Units	EPA 150.1	**6.5-8.5 Units	***
Iron	1.2 mg/L as Fe		**0.3 mg/L as Fe	***
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE

(18 Hour Test)

Treatment/Conditioning: Sediment Filter

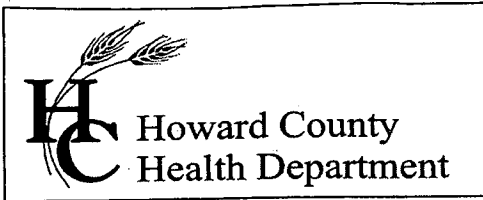
Note: The high turbidity in this water sample is most likely caused by the elevated iron level.

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level
**SMCL = Secondary Maximum Contamination Level



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

April 21, 2005

Douglas Homes, Inc.
5034 Dorsey Hall Drive, Suite 102
PO Box 628
Ellicott City, MD 21042

SENT VIA FACSIMILE 240-568-0368

RE: 7775 Browns Bridge Road
Highland, MD 20777
BP #: B00149787
Well Permit # HO-88-0608

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 12/22/2004. Final approval of the well line connection to the dwelling was approved on 12/22/2004.**

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-88-0608. 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): 03/31/2005, 04/08/05 & 04/20/2005
Date of Well Completion: 05/23/1989

Approving Authority,


Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File