

LAYOUT 4/28/04 - 11AM INSP 4 _____
 INSP 2 7/15/04 12:00 PM INSP 5 _____
 INSP 3 _____ INSP 6 _____

05-400811

ISSUE DATE: 3/18/2004

P 520104

APPROVAL DATE: 7/15/04

A 39158

**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: 301-854-6172

SUBDIVISION: Waterman Estates LOT NUMBER: 5

ADDRESS: 12475 Petrillo Drive PROPERTY OWNER: Douglas Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 240

LINEAR FEET OF TRENCH REQUIRED: 227 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. <u>2.0'</u> feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan.
NOTES:	Place 3 trenches, 76' long with 9' edge to edge trench separation.

PLANS APPROVED: John A. Boris Reviewed by KN DATE: 11/26/03

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
 AND RETURNED**

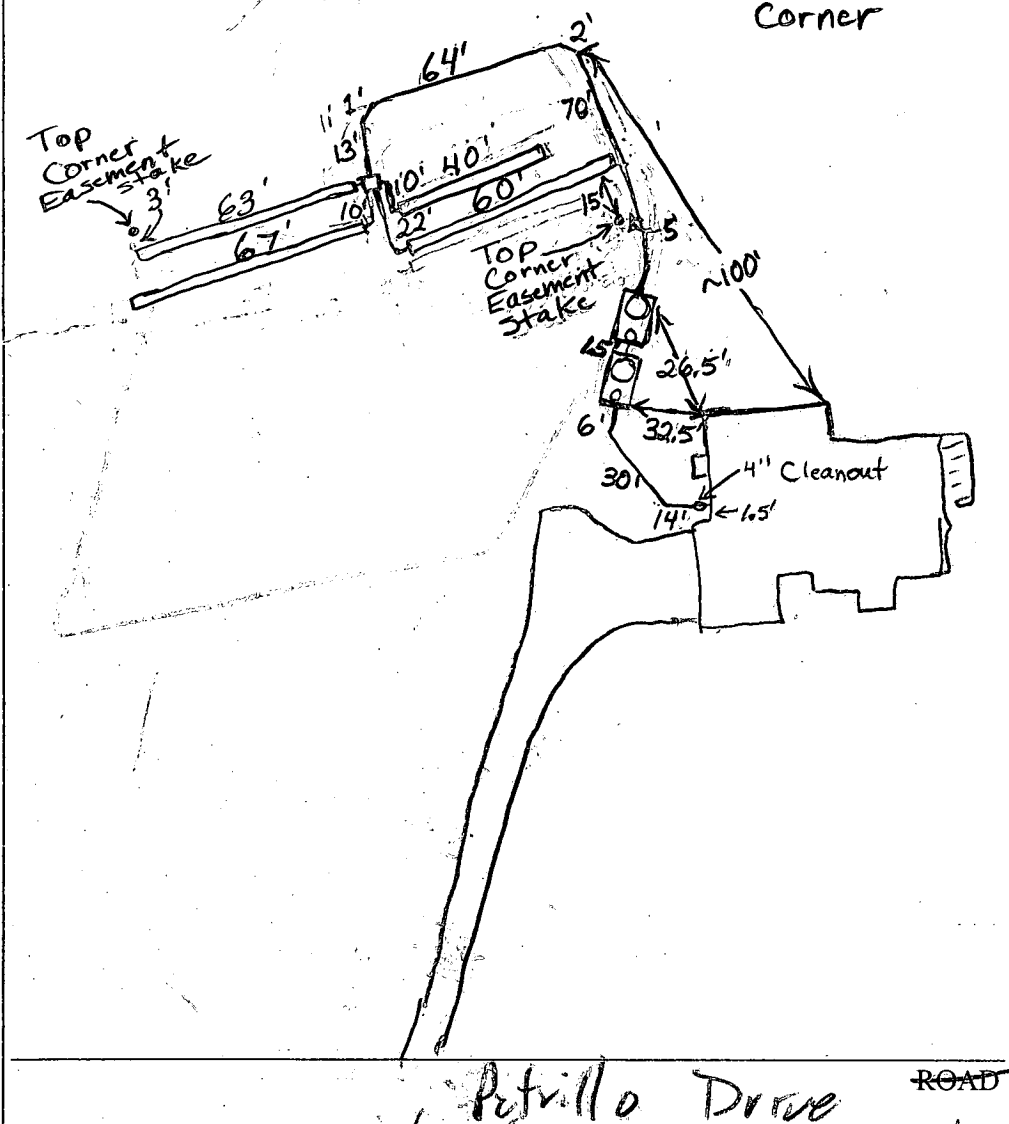
4/16/03 800141235 SALES TRAILER

A 39158

NO-88-0609

NOT TO SCALE

~246' to Nearest House Corner



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5.5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		230'
ABSORPTION AREA		690 sq ft.
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL ✓	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL ✓	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5
BAFFLES	✓
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	—

Pettrillo Drive ROAD

PRE-CONSTRUCTION 4/28/04 - SRA styled, contours accurate
 Change layout w/ D.B. in middle & lengths as shown on Blk 50

INSTALLATION 4/29/04 O.K. to cover everything. Need pump and alarm test for final approval. (BB)

7/15/04 - Pump & Alarm tests OK (50)

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 7/15/04

BUILDING PERMIT SIGNED AND RETURNED

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. 2400440037 BEFFECTIVE 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.



HIGHLAND ACRES
P.B. 8 P. 82
SECTION 3

APPARENT FENCE LINE ENCROACHMENT

3/18/04
Wall Check OK (KW)

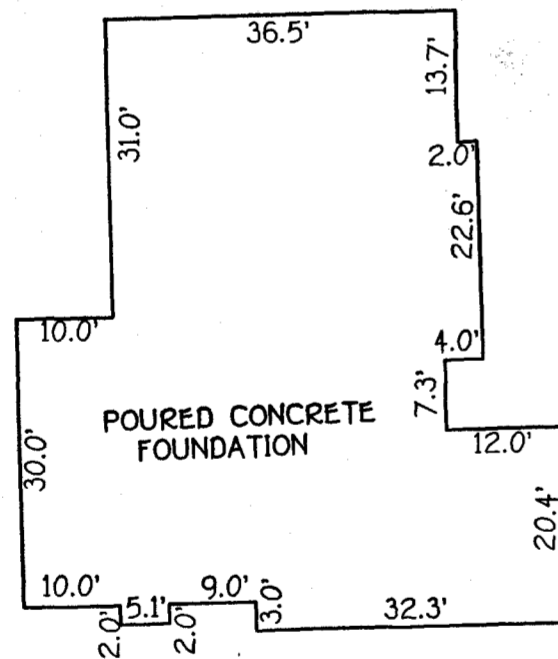
N52°43'09"E
529.50'

60' B.R.L.
WELL #10-80-0609

SEPTIC AREA

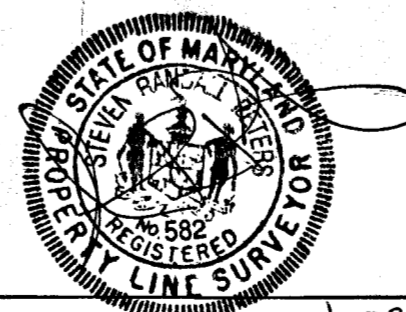
LOT 5
SEE DETAIL

PETRILLO DRIVE
(50' R/W)



DETAIL:
1"=20'

LOT 7



PROFESSIONAL LAND SURVEYOR DATE 3/03/04
REG. 582

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 2/17/04
FINAL LOCATION:
BOUNDARY SURVEY:

SCALE: 1"=50'
DATE: 03/03/04
DRAWN BY: A.E.O.Z. V.L.J.
CHECKED BY: S.P.P.
PROJECT No.: 51733

LOT 5
WATERMAN ESTATES
SECTION ONE
LOTS 5 THRU 19
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT NO. 7480

92 ACRES SECTION 3

THIS EXISTING WELL SHOWN ON THIS PLAN, WELL TAG NO. HO 880609 HAS BEEN FIELD LOCATED BY FISHER COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN

EX. WELL
20" R

NOTE BASEMENT WILL NOT SEWER BY GRAVITY

DIST. BOX
EX. GRD. 487.5
INV. 484.5

EX. GRD. 482.30
1250 GAL. SEP. TANK
INV. IN 479.30
INV. OUT 479.0

PUMP TANK
INV. IN 465.5
1250 GAL. SER. TANK
INV. IN 466.6
INV. OUT 465.7

NOTE BASEMENT WILL NOT SEWER BY GRAVITY

Approved Septic System Plan
Howard County Health Department

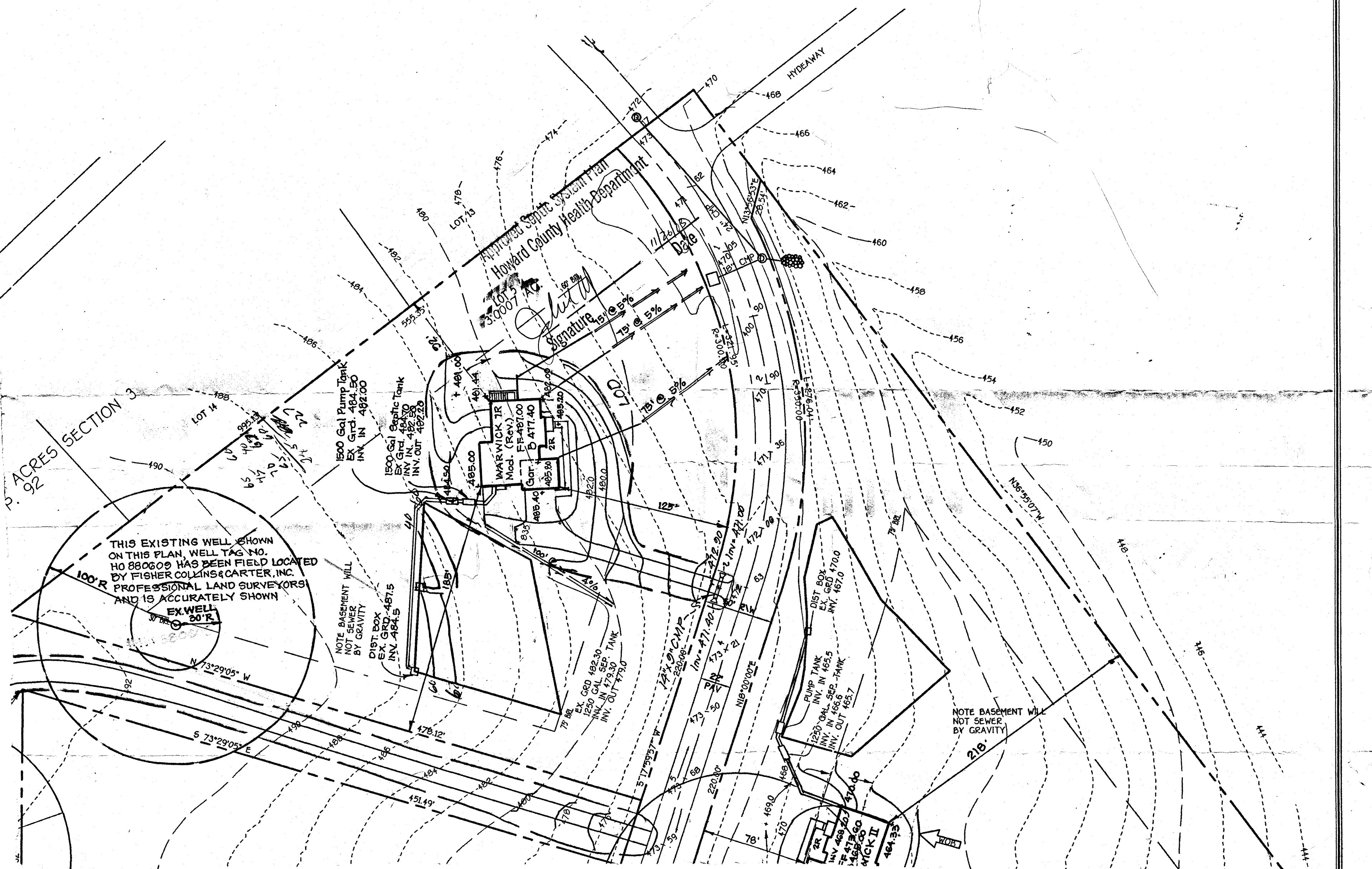
Lot 5
3.0007 AC

Signature
Date 11/26/15

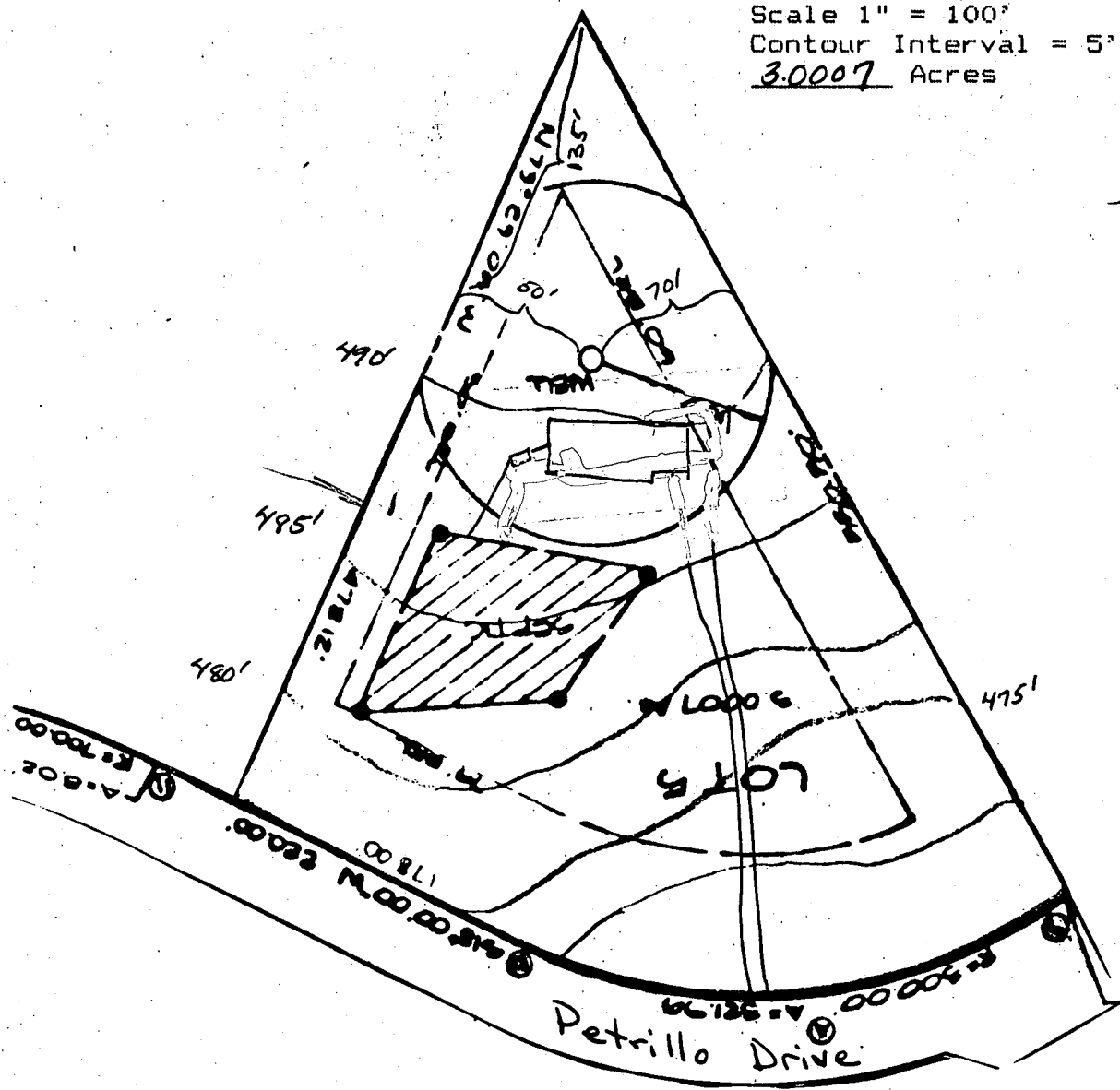
WARWICK TR
Mod. (REV.)
FE-487.00
Grd. 477.40
485.00
2R
485.20

DIST. BOX
EX. GRD. 470.0
INV. 467.0

WICK II
464.33



Lot 5
 Hilltop Development Corporation
 P.O. Box 208, Clarksville, MD 21029
 (301)531-5539
 Scale 1" = 100'
 Contour Interval = 5'
3.0007 Acres



Trench length and detail to be determined by HCHD.

Ground at Well 492.0
 Ground at Field 487.0
 Into Field 484.0
 Out of Tank 484.8
 Into Tank 485.0
 Out of House 485.2
 Basement 467.7
 First Floor 497.7

8/21/89
 J LANSO/K
 R Hodges

Well

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville, 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# MSD 009

*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 #: 5 Well Tag #: HO 88-0809
Site Address: 12475 Petrella Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Go.lds Make: Camdall Two piece watertight cap: YES
Model #: 70B07422 Model#: NA Screened, vented well cap: YES
Pump Capacity: 7 GPM Depth: 36 (36" min) Cap secured to casing: YES
Well Yield: 4 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: YES
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 NA

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YES

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.

Allen Compt 6-7-04
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/29/04 Date Insp. Approved: 4/29/04 (BB)
Inspection Data: Pitless Adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 2460

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-39158

DATE Received

DATE WELL COMPLETED 100989

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-C607

OWNER Hilltop Development last name first name TOWN Fulton STREET OR RFD Potomac Dr. SUBDIVISION WARREN ST SECTION 1 LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sandstone, Gray mica rock.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 12, NO. OF POUNDS 1198.

CASING RECORD form: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING form: Nominal diameter, Total depth, CASING TYPE ST, diameter 60, depth 46.

OTHER CASING (if used) form: diameter, depth (feet) from to.

SCREEN RECORD form: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

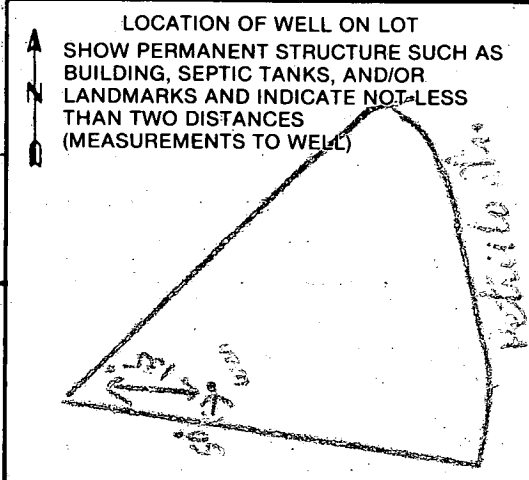
DEPTH (nearest ft.) table with columns for screen depth (1-51) and slot size.

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) form: T (TELESCOPE CASING), WQ (WELL QUANTITY), LOG INDICATOR, OTHER DATA.

PUMPING TEST form: HOURS PUMPED 3, PUMPING RATE 48, METHOD USED TO MEASURE PUMPING RATE Pumped, WATER LEVEL 9, WHEN PUMPING 125, TYPE OF PUMP USED J (jet).

PUMP INSTALLED form: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED J, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



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. 230. DRILLERS SIGNATURE [Signature]. SITE SUPERVISOR [Signature].

COUNTY

APPLICATION

PERCOLATION TESTING

A 39158

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. I. Research, Inc.~~ Hilltop Development Corporation

ADDRESS 7625 Brown Bridge Road PHONE 531-5539

PROSPECTIVE BUYER Richard J. Demmitt

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

PROPERTY LOCATION:

SUBDIVISION Waterman Estates, Section One LOT NO. One (X) ^{LOTS} FINAL

ROAD AND DESCRIPTION 7625 Brown's Bridge Road 12495' Petrillo Drive

TAX MAP 40 PARCEL # 250

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Sp/0/87 Percol satisfactory; Hold for Plat. SAbel

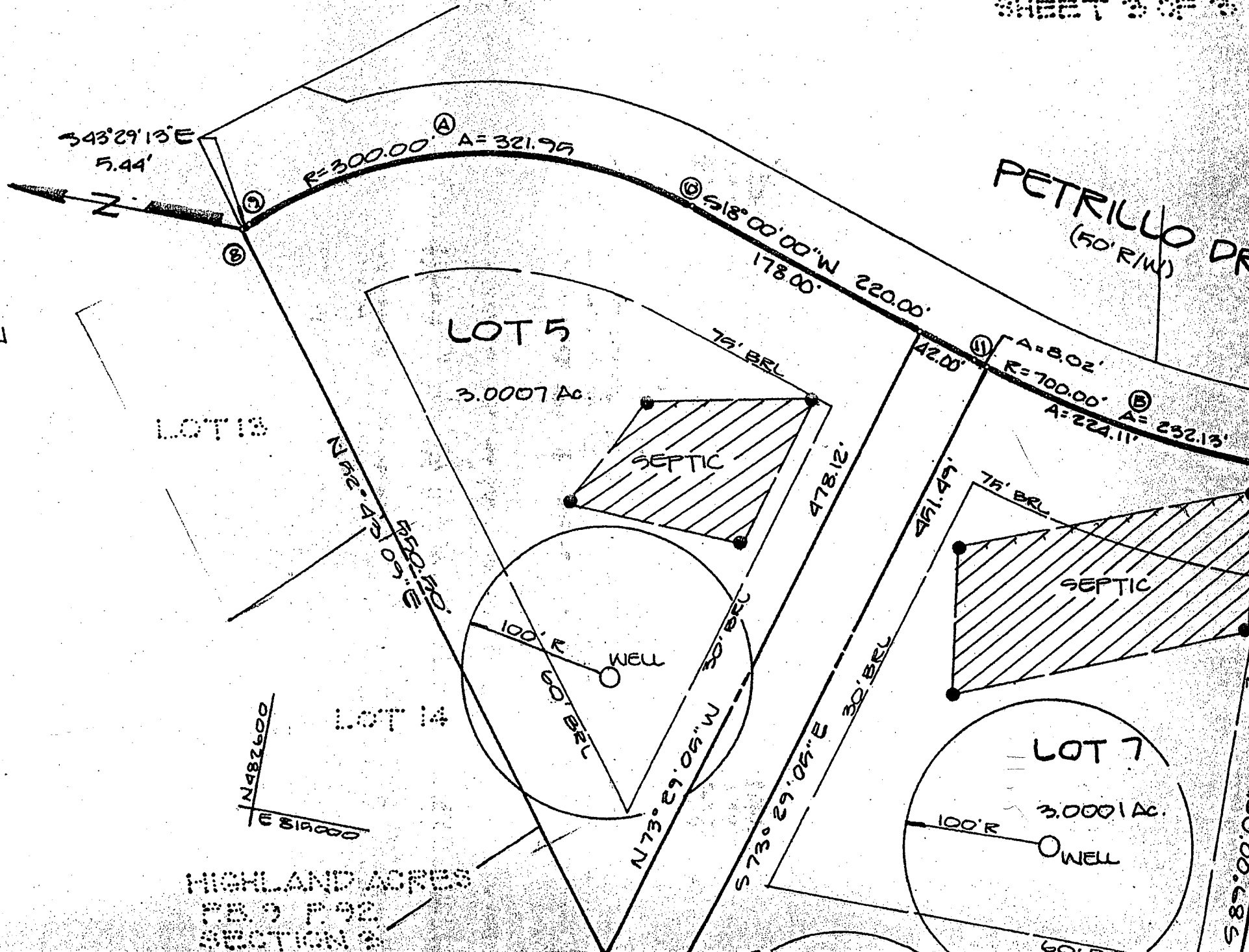
BUDG. PERMIT SIGNED
AND RETURNED 4/2/87
Serial # 26991-SFD-

THIS IS NOT A PERMIT
3 Bedrooms

3T
182.13
199.14
197.94
189.74
193.48
161.13
193.15
159.00
165.05
157.04
149.99
173.22

F-74-80

WATERMAN ESTATE
SECTION ONE
SHEET 3 OF 3



HIGHLAND ACRES
P.B. P.92
SECTION 8



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

July 22, 2004

Douglas Homes, Inc.
P. O. Box 628
Ellicott City, MD 21041

SENT VIA FACSIMILE 410-750-2921

RE: Waterman Estates, Lot # 5
12475 Petrillo Drive
Highland, MD 20777
BP #: B00144560
Well Permit # HO-88-0609

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 7/15/2004. Final approval of the well line connection to the dwelling was approved on 4/29/2004.**

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-88-0609. 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 Samples: 7/21/2004
Date of Well Completion: 6/02/1989

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FILE INQUIRY FORM

Property Address: Waterman, 1075 Petrillo Dr.

3/18/04 KN called FCC and left a message needing statement verifying well location identified & measured by surveyor - not just copied from perc cert plan. Explained it was has occurred w/ other properties. RN @ 12:52

HOLD U&D until Resolved

4/29/04 - Noted well appears to be located as shown on BP. (50)