

LAYOUT 11/18/03 10:50 AM INSP 4 _____
 INSP 2 11/20/03 - 1 PM INSP 5 _____
 INSP 3 11/21/03 - 3 PM INSP 6 _____

03-314286

ISSUE DATE: 10/21/2003

P 519632

APPROVAL DATE: 11/21/03

A 40699

PERMIT INDEXED

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

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

ADDRESS: 580 Obrecht Rd., Sykesville MD 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Hyman Property LOT NUMBER: 2

ADDRESS: 11490 Homewood Road PROPERTY OWNER: Mark Collett

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

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

**BUILDING PERMIT SIGNED
AND RETURNED**
12-19-03 800145521 - LP TANK

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 144 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	The placement of the distribution box will be determined at the time of the layout inspection.
NOTES:	BUILDING PERMIT SIGNED AND RETURNED 12/19/2003 500 GAL UG LP TANK 800145521

PLANS APPROVED: John A. Boris OK SRC 10/21/03 DATE: 10/20/03

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

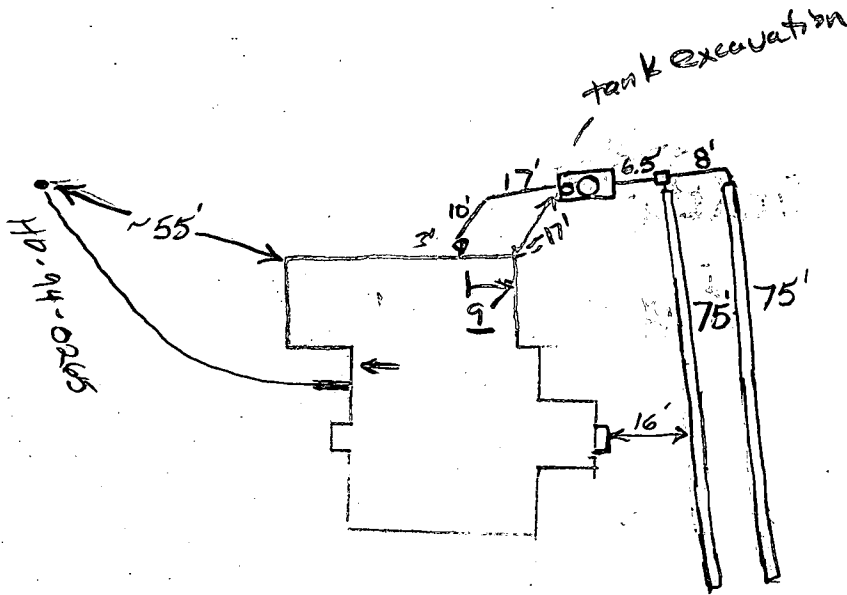
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

11/21/03

Part of Easement Area Doesn't Look Usable
 Concern of Being Too Close to >25% Slopes.
 See Revised Plan BB

A 40699

NOT TO SCALE



NOTHING PERMITTED SIGNED
AND RETURNED

NOTHING PERMITTED SIGNED

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3	8
NUMBER OF TRENCHES		2
TOTAL LENGTH		150
ABSORPTION AREA		750 sq. ft.
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

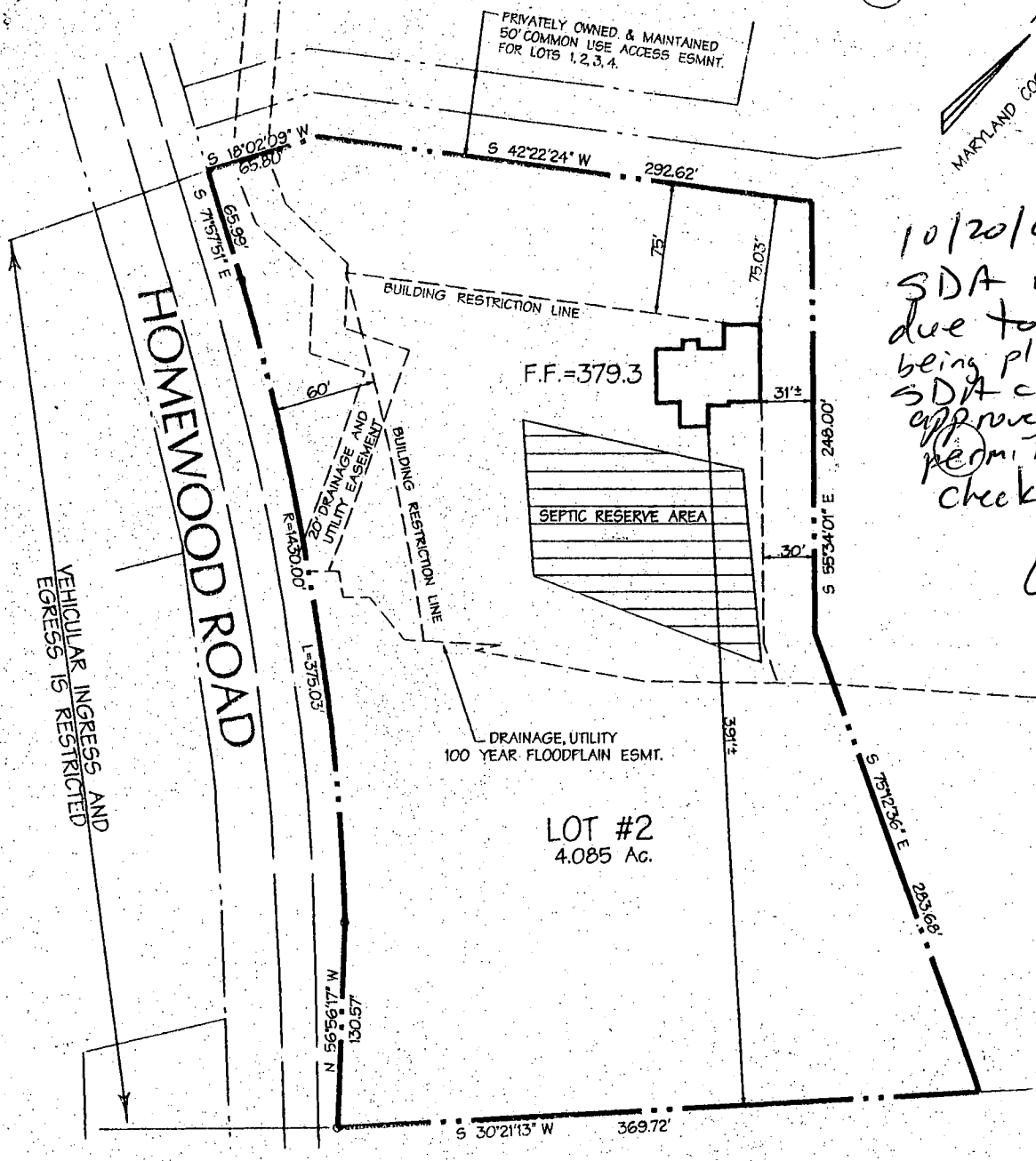
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 11/18/03 Fill in septic area must be removed prior to install. O.K. to commence after fill removed. Grades to be set. Tank o.k. to be set when it arrives (JB)

INSTALLATION 11/20/03 - Tank set (SO) 11/21/03 System finished. O.K. to cover. (JB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 11/21/03



MARYLAND COORDINATE SYSTEM (NAD 27)

10/20/03
 SDA revised
 due to incorrectly
 being platted.
 SDA changed on
 approved bldg
 permit. Will
 check o.k.
 [Signatures]

NOTES

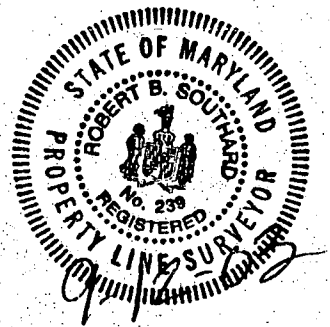
This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements; and this plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The accuracy of the apparent setback dimensions from the property lines to the improvements is within 0.5 feet of being greater than or less than the dimension shown.

FLOOD

The subject property lies within Flood Zone "C", (Areas of Minimal Flooding) as shown on Flood Insurance Rate Map No. 240044 0017 B, dated December 4, 1986.

SURVEYOR'S CERTIFICATE

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only and the improvements are located as shown. Exact property corners have not been established or set.

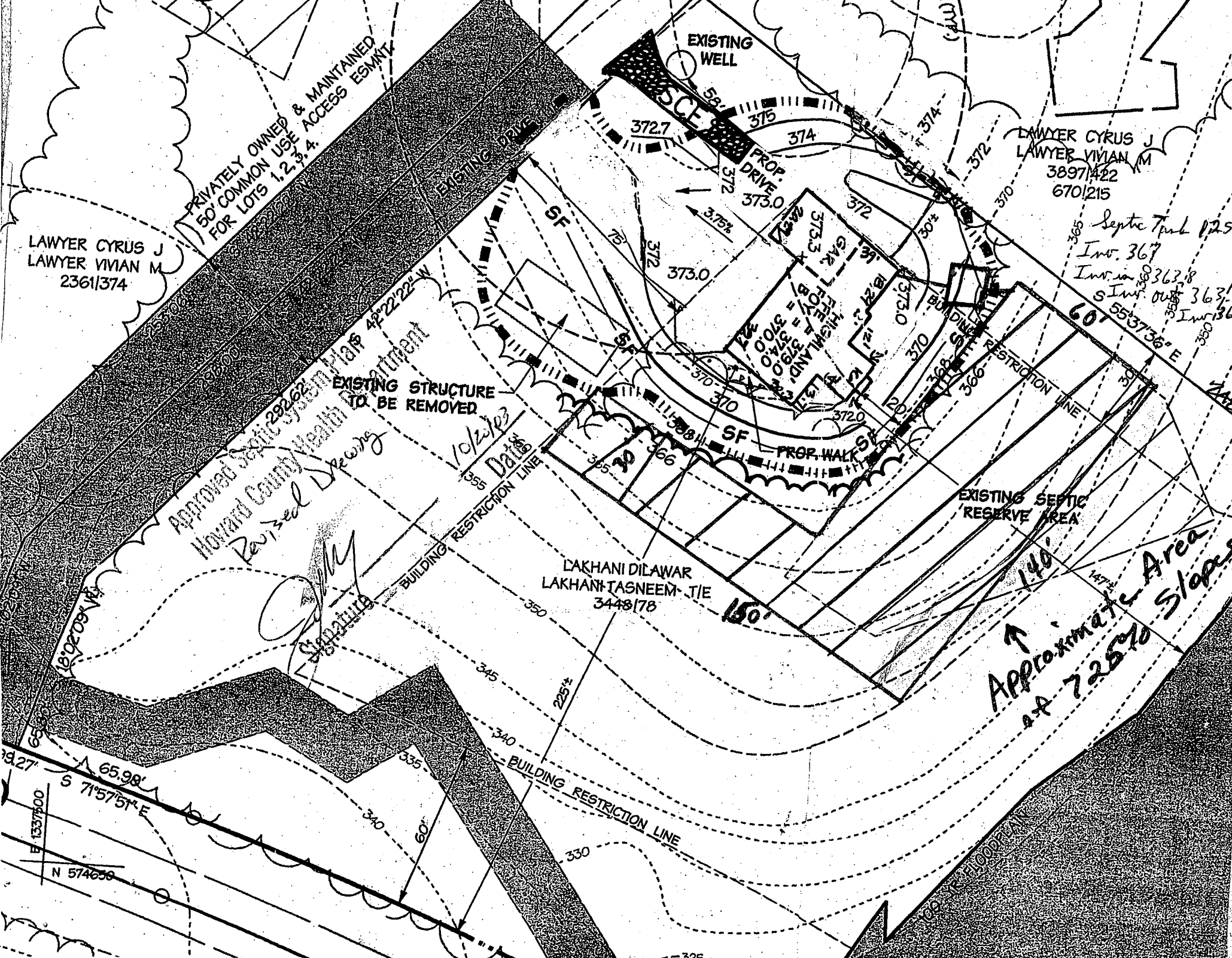


Robert B. Southard #239

REV: F.F. ELEVATION. 09/11/03

FOUNDATION LOCATION DRAWING
 LOT 2
 HYMAN PROPERTY
 LOTS 1 THRU 4
 PLAT CMP No. 8424

DMW
 Daft · McCune · Walker, Inc.
 A Team of Land Planners, Landscape Architects, Engineers, Surveyors & Environmental Professionals
 200 East Pennsylvania Avenue
 Towson, Maryland 21286
 (410) 286-3333
 Fax 296-4706



LAWYER CYRUS J
LAWYER VIVIAN M
2361/374

LAWYER CYRUS J
LAWYER VIVIAN M
3897/422
670/215

Septic Tank 1250
Inv. 367
Inv. in 362.8
S Inv. out 363.5
Inv. 363

EXISTING STRUCTURE
TO BE REMOVED

EXISTING SEPTIC
RESERVE AREA

LAKHANI DILAWAR
LAKHANI TASNEEM TJE
3448/178

Approximate Area
at 725' Slopes

Approved Septic System Plans 28262
Howard County Health Department
Revised Drawing
Date 10/23/82
Signature

PRIVATELY OWNED & MAINTAINED
50' COMMON USE ACCESS ESMNT
FOR LOTS 1, 2, 3, 4.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SUKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License# 6992
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: MARK COLLETT Telephone #: 410-312-1491
Subdivision: HILMAN PROD Lot #: 2 Well Tag #: HO
Site Address: 11490 HOMEWOOD RD
ELICOTT CITY, MD 21112

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOZZI Make: HARVARD Two piece watertight cap: [checked]
Model #: Depth: 48" (36" min) Screened, vented well cap: [checked]
Pump Capacity: GPM Depth: 48" (36" min) Cap secured to casing: [checked]
Well Yield: 82 GPM NSF approved: Conduit min 1 1/2" B.G.: [checked]
Depth of well encountered at time of pump installation: 305 (feet) Conduit secured to well cap: [checked]
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 [checked]

Piping to house House Connection
Type: PRESTINE PVC sleeved to undisturbed soil at wall penetration: [checked]
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 2 (36" min) Sleeve caulked and sealed properly: [checked]

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

Chris Willoughby 10-15-03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/20/03 Date Insp. Approved: 11/20/03
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

C1 5922

SEQUENCE NO. (DENY 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# 40699

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 010695

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0265

OWNER LAKHANI DILAWAR last name first name STREET OR RFD HOMEWOOD ROAD TOWN GLENELG SUBDIVISION RICHARD HYMAN PROP. SECTION LOT 2

WELL LOG table with columns: DESCRIPTION (SAND, GRAY MICHA ROCK), FEET (FROM, TO), Check if water bearing

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 15, NO. OF POUNDS 1410, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 45 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6, Total depth of main casing 50, OTHER CASING (if used)

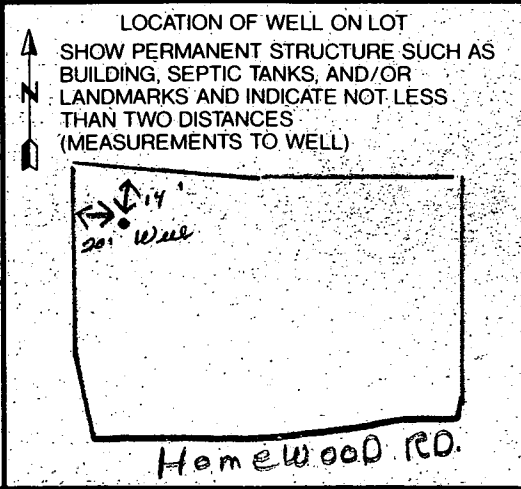
SCREEN RECORD: screen type or open hole ST, BR, HO, PL, OT, DEPTH (nearest ft.) H0, 49, 305

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER: A, E, P

GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 8.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 47, TYPE OF PUMP USED (for test) S

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT above/below LAND SURFACE



DRILLERS IDENT. NO. 24, DRILLERS SIGNATURE Joseph L. Mayne, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

EMERGENCY/TEMP NO. IF ANY

B 1	5361	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0265 <small>70 fill in this form completely 78</small>
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OWNER INFORMATION

Date Received (APA) **12/07/94**

15 Last Name **AAKHANI** **34** Owner First Name **DILGHAR**

36 Street or RFD **COLUMBIA** **55**

57 Town **TOWSON** **70** State **72** Zip **21286**

DRILLER INFORMATION MSD/MGD/MWD

Driller's Name **Joseph L. Mayne** **77** License No. **024**

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy, Md. 21771**

Signature **Joseph L. Mayne** **78** Date **12/7/94**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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 _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER _____ **G A P** _____

FORCE **C** **W** WRITE INITIALS IN BOX

PERMIT No. **HO-94-0265**

LOCATION OF WELL

8 COUNTY **HOWARD** **21**

23 SUBDIVISION **RICHARD HYMAN PROP.** **42**

SECTION _____ **LOT** **2**

52 NEAREST TOWN **CITRUS** **71**

73 MILES FROM TOWN (enter 0 if in town) **4** **M I** **76 77 78**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD **Homewood Road**

34 **325** **37**

DISTANCE FROM ROAD _____

ENTER FT OR MI **FT**

TAX MAP: _____ **BLK:** _____ **PARCEL** _____

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

COUNTY NAME **HOWARD** COUNTY NO. **A#40699**

STATE SIGNATURE _____ INSERT S

DATE ISSUED **12/13/94** **CO SIGNATURE** **Heath** **2/13/95** **EXP. DATE**

NORTH GRID **514000** **EAST GRID** **1825000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

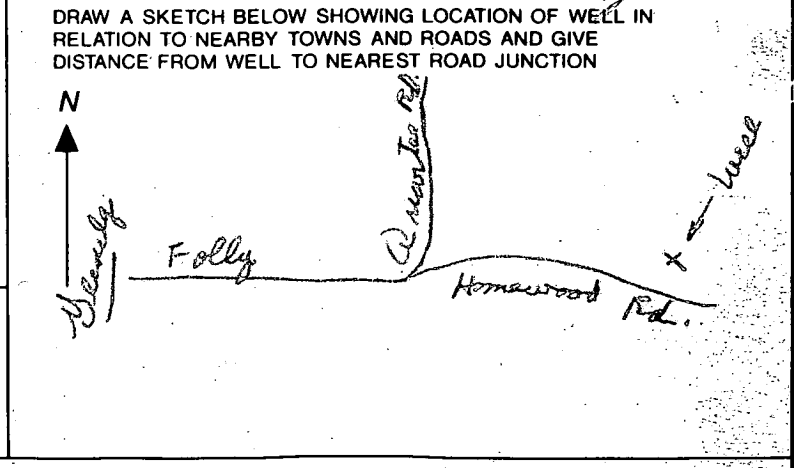
- WELL**
-
-

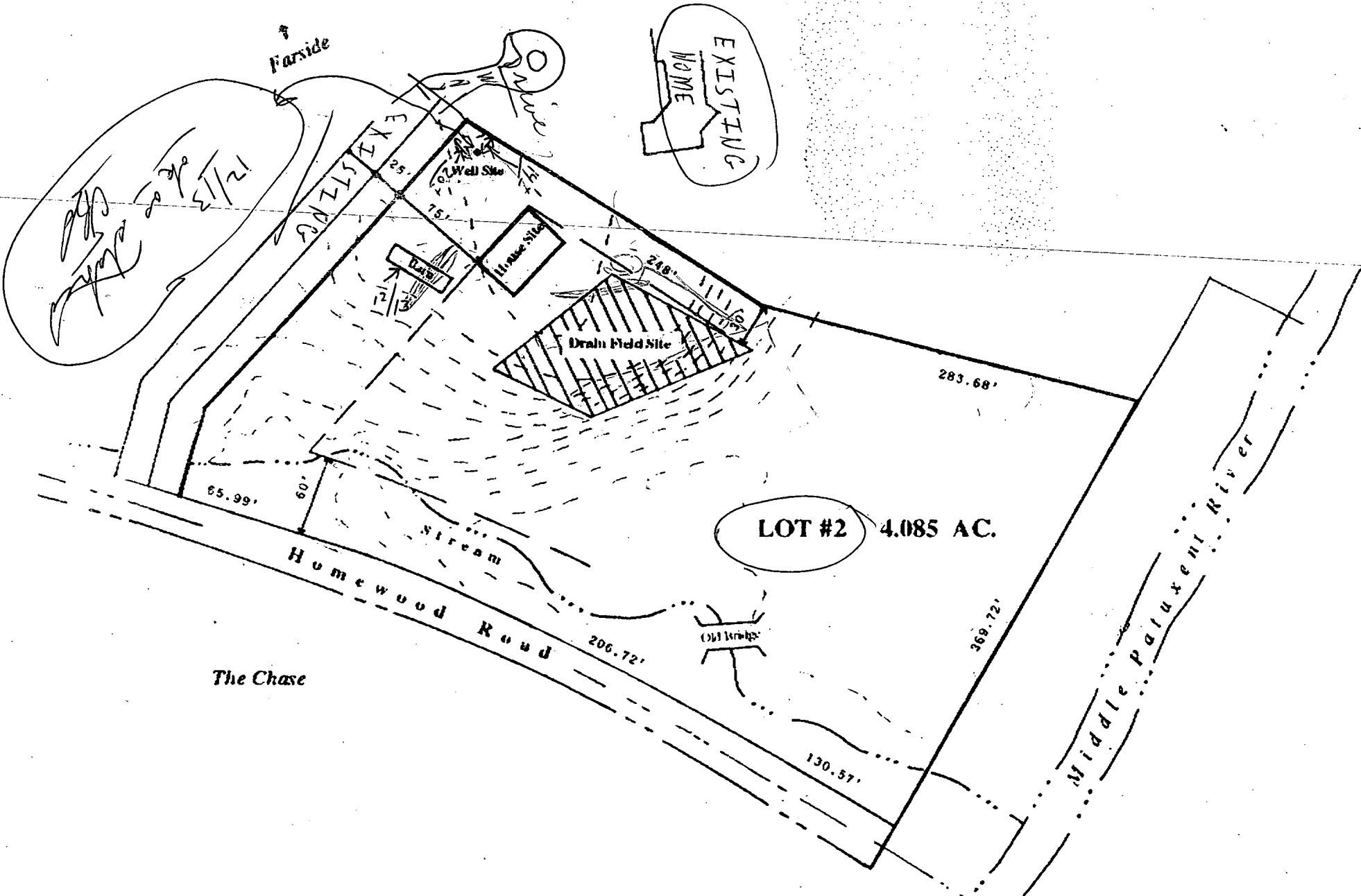
WRITE THE BOX NUMBER FROM THE MAP HERE

520

514

16/15 per Well Driller - Complete 15 bags of cement 45' Well bored - open 50' casing 1' casing above ground Note No on top of pits Cased w/ P.A.





Handwritten notes:
 12/13
 12/13
 12/13

LOT #2 4.085 AC.

Deanne Kenworthy
 410-461-7100

Sub 2, Homewood Rd.
 500.100 P.O. 12/13/92

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT

3RD

DATE

DEC 16, 1987

A 40699

P _____

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 RICHARD N. HYMAN

ADDRESS 11500 HOMEWOOD ROAD COLUMBIA, MD 21094 PHONE (301) 730-2592

PROPERTY LOCATION:

SUBDIVISION PROPERTY OF RICHARD N. HYMAN LOT NO. 2

ROAD AND DESCRIPTION HOMEWOOD ROAD 5300' ± NORTH-WEST OF MD RTE 108

SIZE OF LOT 3.4 AC TYPE BLDG. VACANT
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

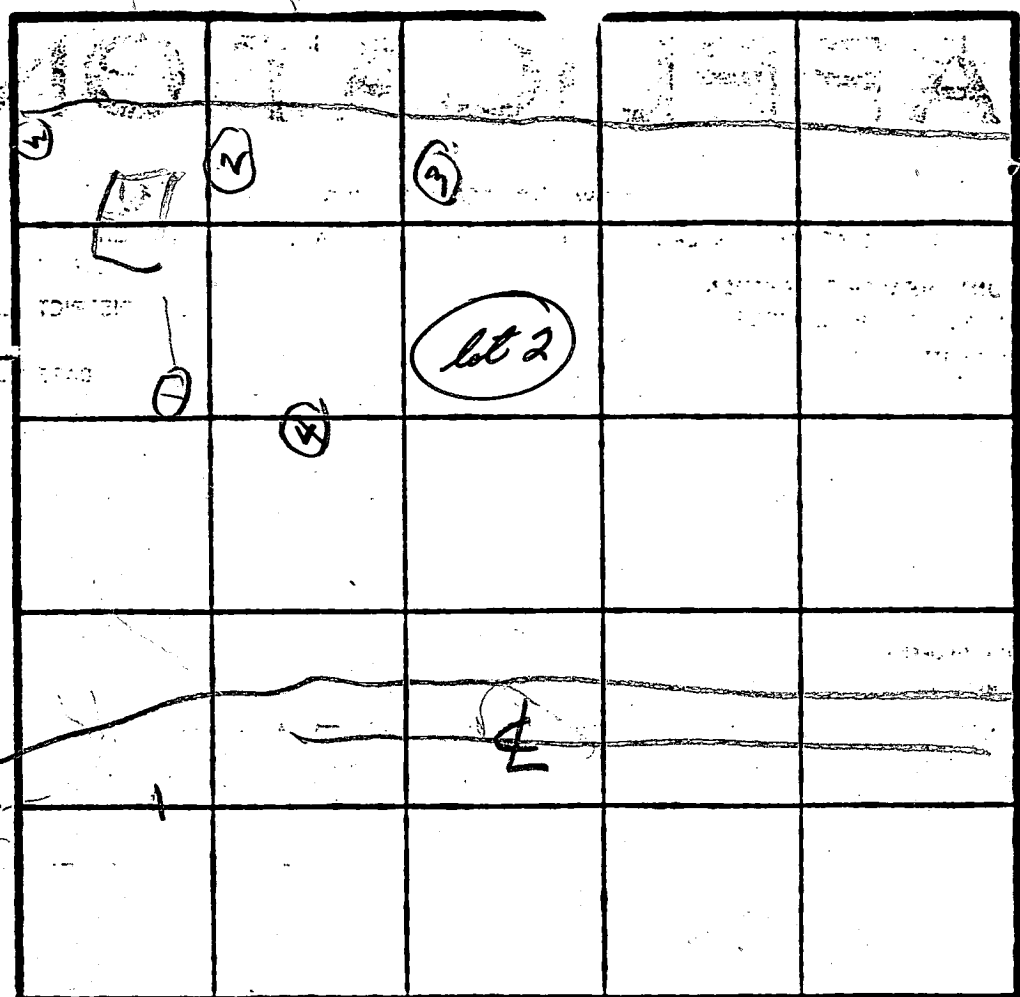
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 2



Hole Elevation
 (2) Highest
 (3) Lowest
 (1) (4) medium

INLET 3'
 BOTTOM 7'

180 ft

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

(1)
 HARD SANDY
 GRAY BROWN HARD SAND

(2)

TOPSOIL CLAY
 GRAY WHITE BROWN SAND SILT LOAM

(3)

ALL BROWN SAND LOAM

(4)

EH-12-1079
 ALL LIGHT BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/5/88	1S	3	1240	1255	1249	1253	4
	1V	11		OK			
	2S	3	1247	1249	1249	1251	3
	2D	6	1247	1249	1249	1251	3
	2V	11.5	OK				
	3S	2	1258	102	102	108	6
	3D	12	OK				
	3M	4	104	108	108	118	10
	4V	12	OK				

REMARKS: Holes (1)(2)(3)(4) dug per survey stake

TYPE OF SOIL: _____

TESTED BY: R. Hodges

ALSO PRESENT: CHAMBERS, SKIP OFF 401, MR 117

LAWYER VIVIAN M
2361/374

EXISTING
DRIVE

EXISTING
RESIDENCE

N 575000
E 1538000

100' WELL BUFFER (M)

LAWYER CYRUS J
LAWYER VIVIAN M
3897/422
670/215

LAKHANI DILAWAR
LAKHANI TASNEEM TIE
3448/178

EXISTING
WELL

PROF. DRIVE

PROF. DRIVE

PROF. DRIVE

PROF. DRIVE

PROF. DRIVE

PROF. DRIVE

PROF. DRIVE

PROF. DRIVE

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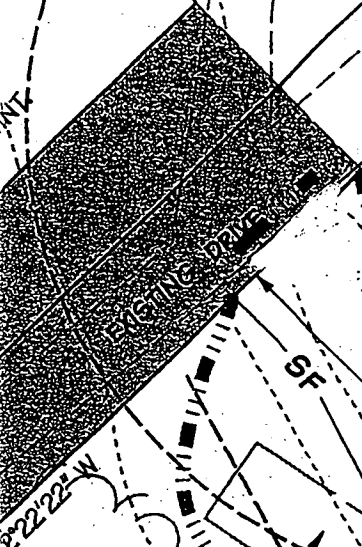
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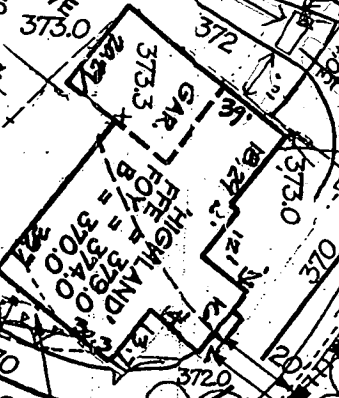
PROF. DRIVE



ING STRUCTURE
BE REMOVED



ING STRUCTURE
BE REMOVED



EXISTING SEPTIC
RESERVE AREA

12/21/93
Proposed
Location
OK
1/18/94

