

9/1/94 16:30 16:00
11/17/94 10:00 A.S.H.P.
House connection

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353692

10644 Needs
11/14 7 house connection
CBS

P 50092B

A 43378

DISTRICT _____

DATE 06/16/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

DATE SYSTEM APPROVED 11/14/94

INSPECTOR CBS

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 239-8330

SUBDIVISION Cabin Branch Farm LOT 2 ROAD 3204 Starting Gate Court

PROPERTY OWNER Martin II, Inc. George DUEFRENE

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

SEPTIC SYSTEM TO BE INSTALLED PRIOR TO ISSUANCES OF BUILDING PERMIT.

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 85 feet off the right lot line and 140 feet off the rear lot line as viewed from starting Gate Court. Run trenches on contour to right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK Ann 9-13-94

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

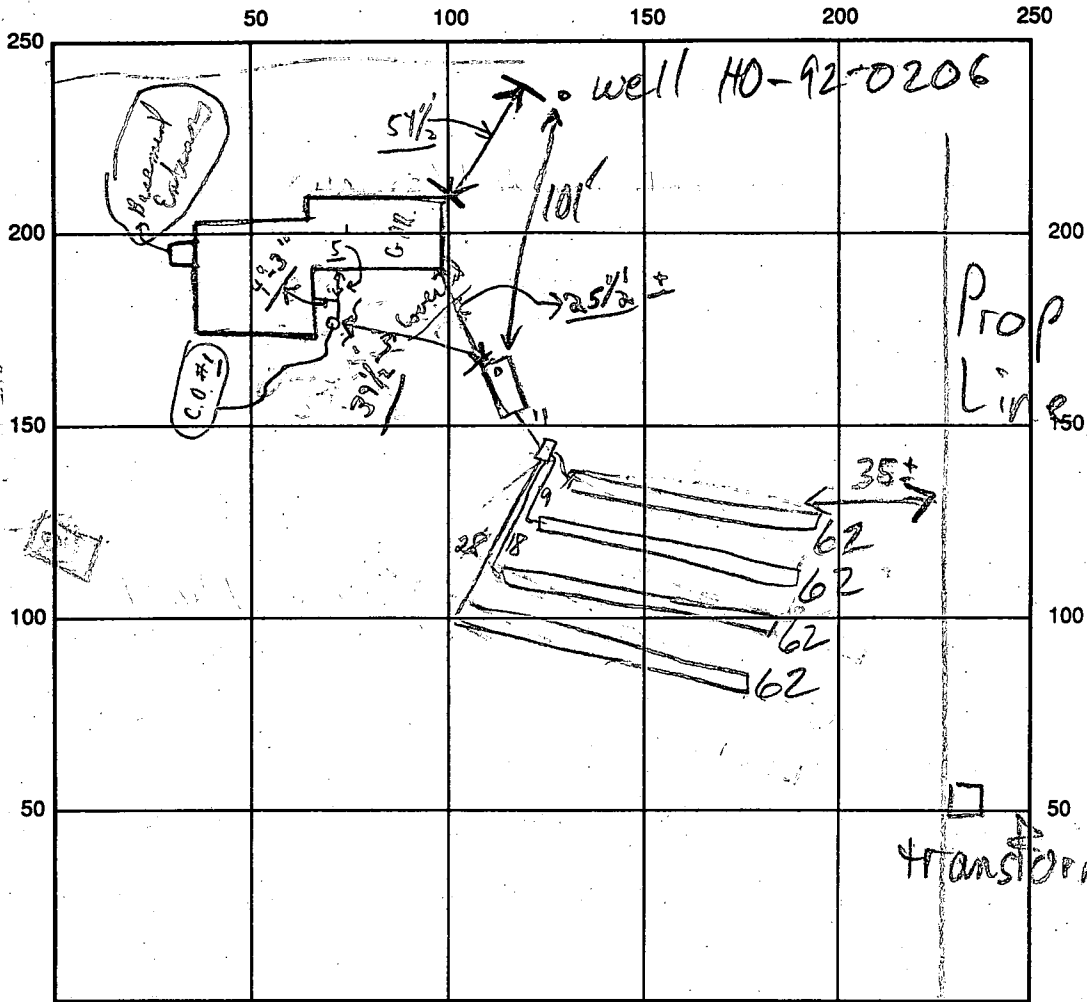
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 49578



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

STARTING GATE CT

SEPTIC TANK LEVEL 1250 GAL-OK

CLEANOUTS S.T.-OK

C.O.#1
OK 11/14

DISTRIBUTION BOX LEVEL OK-BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 4 @ 62 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ / BOTTOM AREA 4 @ 186 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 744 SQ. FT.

REMARKS: 9/19/94 OK TO CONTINUE MR 9/20/94 OK TO COVER
S.T. AND TRENCHES; HOLD FOR HOUSE CONN IN SP MR

11/14/94 area at home seen as pipes for septic
chests some and to 4'1/2' only and water test @ C.O.#1
to S. Tank ok. - Final (Witches left) on C.O.#1 - no more seen)

DATE SYSTEM APPROVED 11/14/94

INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

A 43378

P _____

R _____

DISTRICT _____

DATE 12/19/88

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

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 Oakton Associates, Inc. MARTIN T. Inc.

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:
SUBDIVISION Cabin Branch Farm LOT NO. 2 on final

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3204 Starting Gate Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. Single Family
(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. James Clanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-24-89 More test required - ROCK... Sabul

BLDG. PERMIT SIGNED
AND RETURNED 9/20/94
Serial # 54867
SFD - 4 Bums

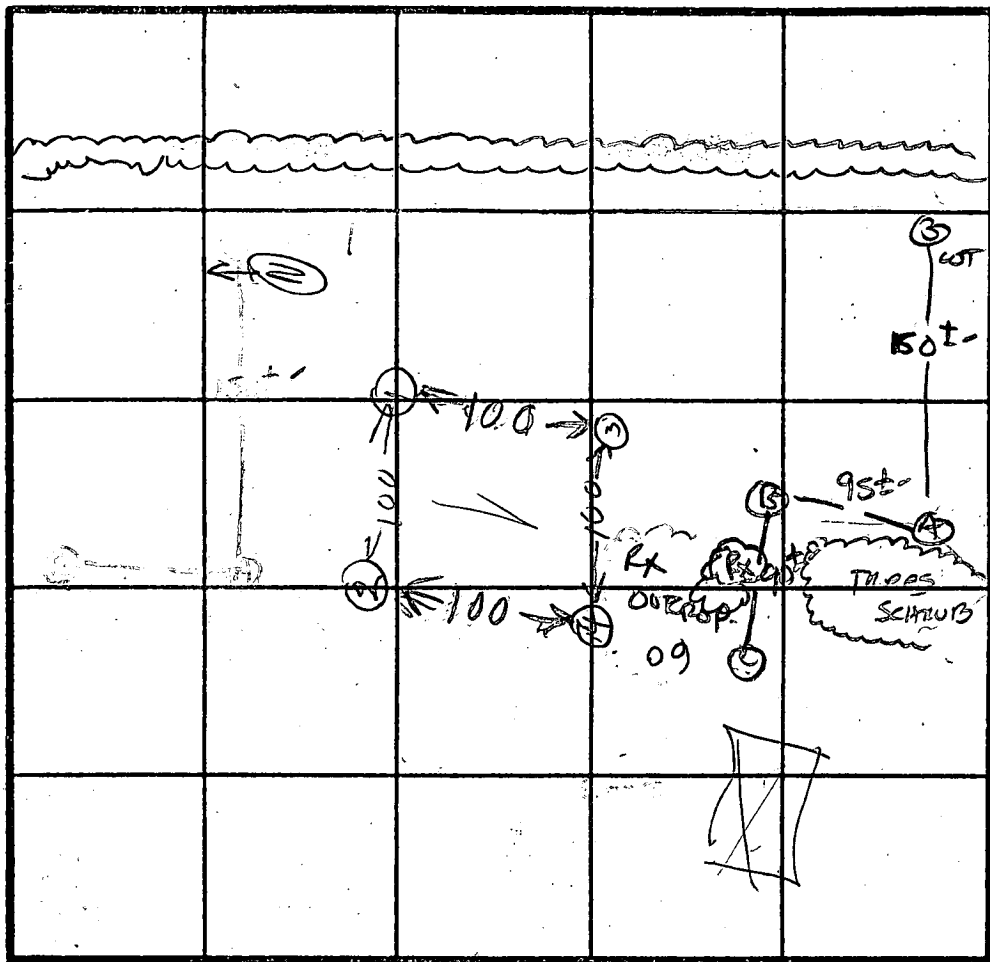
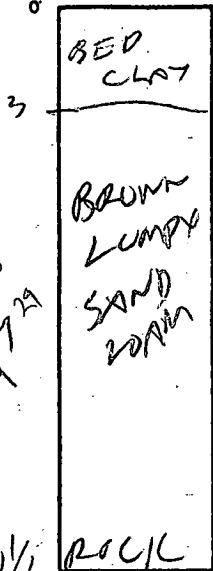
THIS IS NOT A PERMIT

HD-216

A-43378

LOT 3

SOIL PROFILE



LOT 3
X 5 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/89	A -	10 1/2 OK	Clay with	4.5" -	NOT USED		
	B -	Refusal	AT 2.5"	STRUCTURE	AT 5.5"		
	C -	Refusal					
4/27/89	1S	4	1050	1052	1052	1100	8
	1V	10.5	OK				
	2S	4	1053	1055	1055	1100	5
	2V	10.5	OK				
	3S	4	1105	1107	30SEC	2nd	7350
	3S reprob	4	1109	1111	24SEC	1st	1805
	3D	7.5	1110	1112	30SEC	2nd	2950
	3D	7.5	1113	1116	1116	1120	4
	3V	13	OK	SHALLOW			
	4V	10 1/2	OK				

REMARKS: Per OK But House Site & Well Site To Change

TYPE OF SOIL: 10 1/2 A-C PEN STAKES 3/27/89 Jim & James Jeff

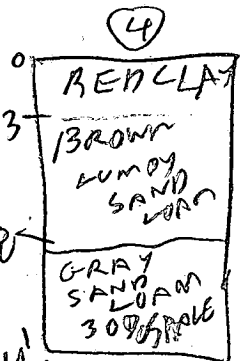
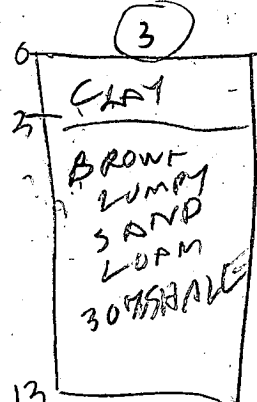
TESTED BY: S. Abel ALSO PRESENT: Rocky & others

10 1/2
09 7 29

13

8

10 1/2



B 1 **03914** SEQUENCE NO. (DP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

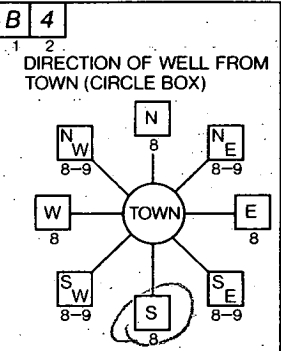
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-92-0206
fill in this form completely

Date Received (APA) **090392**
OWNER INFORMATION
FAMIL DEVELOPERS
PC Box 1659
MT AIRY MD 21771

B 3 LOCATION OF WELL
Howard
8 COUNTY
CARIM BARNPH FARM
23 SUBDIVISION
SECTION 44 46 LOT 2 48 50
AISKROW
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION
Joseph L. Mayne
Driller's Name
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy 21771
Address
Joseph L. Mayne 9/2/92
Signature Date



Starting Gate Court
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
W 32 E
WEST SOUTH
34 490 37 DISTANCE FROM ROAD
ENTER FT or MI FT 38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

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)

Howard
COUNTY NAME
A43378
COUNTY NO.
STATE SIGNATURE
DATE ISSUED
10/19/92 Mark E. Riffin 4/19/93
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 532000 EAST GRID 0766000
50 55 57 63

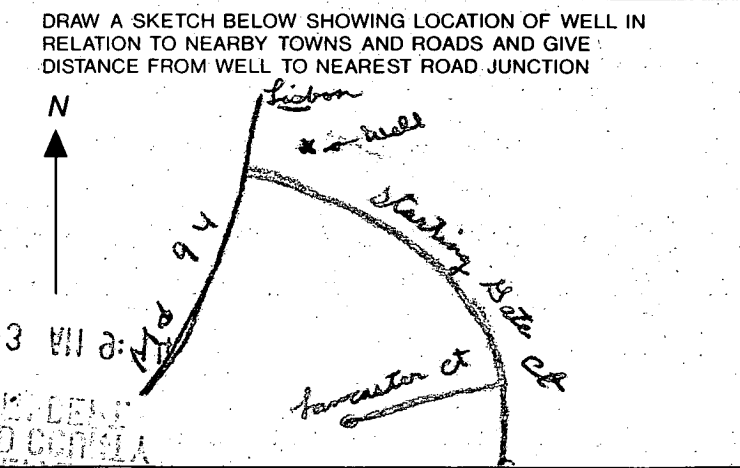
APPROXIMATE DEPTH OF WELL 200 FEET.

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/22/92 AM
SOURCES OF DRILLING WATER
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 7626
N 5322
000 000

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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 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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER 54 GAP 63
FORCE MA WRITE INITIALS IN BOX PERMIT No. 40-92-0206
67 68 70 71 72 73 74 75 76 77 78 79

C1 6618 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 43378

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10/27/92

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0206

OWNER Fruit Developers last name Starting Gate first name TOWN Woodbine SUBDIVISION CARIN BRANCH FARM SECTION LOT 2

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Entries: Brown Shale (0-25), Blue Rock (25-160).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 7, NO. OF POUNDS: 658, DEPTH OF GROUT SEAL: 0 to 26 ft.

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

MAIN CASING TYPE: ST, Nominal diameter top (main) casing: 6 inch, Total depth of main casing: 29 feet.

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

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

SCREEN DEPTH table with columns: DEPTH (nearest ft.), rows for each screen section (1-3).

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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...

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (Must match signature on application)

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

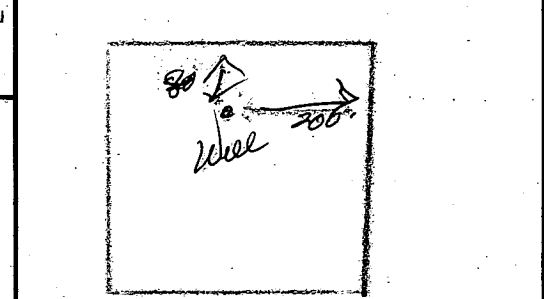
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q (WATER QUALITY), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (6.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (PULSER), WATER LEVEL (42 ft. before, 66 ft. when pumping), TYPE OF PUMP USED (S - submersible).

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).

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

10/6/94
Anytime
*check for
house conn.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____

Name of Installer Plumbing Heating & Appliances Telephone 410-818-6300

License Number 5165
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Frail Dave Telephone _____
Subdivision Cabin Creek Farms Lot # 2 Well Tag # 92-02-06
Site Address 3204 Starling Gate Court

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Campbell</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # <u>B-300-X</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Grundfos</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>76505422</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other <input checked="" type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>7</u>	1. Type <u>Plastic Polyethus</u>	1. Depth <u>166</u> ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>1"</u>	2. Yield <u>6.5</u> GPM
	3. NSF and/or BOCA Code approved <u>NSF</u>	3. Static water level <u>43</u> ft.
	4. Depth of supply line <u>4</u>	4. Will water supply be disinfected by installer? <u>no</u>

10/5/94
44" above grade wire covered
9" below grade P.A. seen DKS

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Edgar E Parry
Date: Oct 5, 1994

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

**Plumbing,
Heating &
Supplies, INC.**

40 JOHN STREET WESTMINSTER, MARYLAND 21157
(410) 848-5300 FAX #(410) 876-6766 (410) 876-2622

December 16, 1994

To: George and Marla Duefrene
3204 Starting Gate Court
Woodbine, MD 21797

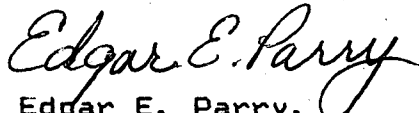
Re: Reverse Osmosis

Dear Mr. and Mrs. Duefrene:

Plumbing, Heating & Supplies, Inc. will service and replace the cartridges in your Reverse Osmosis Filter, Model #LPROA2725055 for a period of one year from the above date.

If you have any questions, please contact me at this office.

Sincerely,



Edgar E. Parry,
Contract Manager



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 19, 1994

Martin II, Inc.
4219 Hanover Pike
Manchester, Maryland 21102

RE: Cabin Branch Farm, Lot #2
3204 Starting Gate Court
Well Permit #HO-92-0206

Dear Sirs:

This is to advise you that the septic system was installed, inspected, and approved on November 14, 1994.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

A nitrate sample result was previously reported to be 11.2 parts per million. A nitrate treatment device has been installed to treat the excessive nitrate contamination. The treatment device appears to be operating properly as evidenced by the sample taken December 16, 1994.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a Permanent Deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
3. If you decide to sell or rent the home in the future, you must notify any potential buyer/tenant of the above condition.

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence.
2. It is recommended that a yearly nitrate analysis be performed.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

Dates of Water Sampling:

June 15, 1995
May 2, 1995 (Bacteriological)

Date of Well Acceptance:

October 22, 1992

Approving Authority



Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

