

9/30/93
10/8/93
Anytime

9/30 Needs house connection
C.H.P.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D4-354176

P 49495

A 43426

DISTRICT 4th

DATE 08/03/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 11/8/94

INSPECTOR Alan

Masonry Contractors, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Cabin Branch Farm LOT 45 ROAD 3211 Hayloft Court

PROPERTY OWNER Martin II, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 3 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place distribution box 140 feet from right (523.77') lot line and 150 feet from front lot line (Hayloft Court). Install trenches on contour toward left lot line.

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

OK/CW

OK TO R PLUMB TRENCHES RT. TO LEFT. MR 9/28/93

PLANS APPROVED BY Ronald J. Pinkley DATE 10/13/92

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

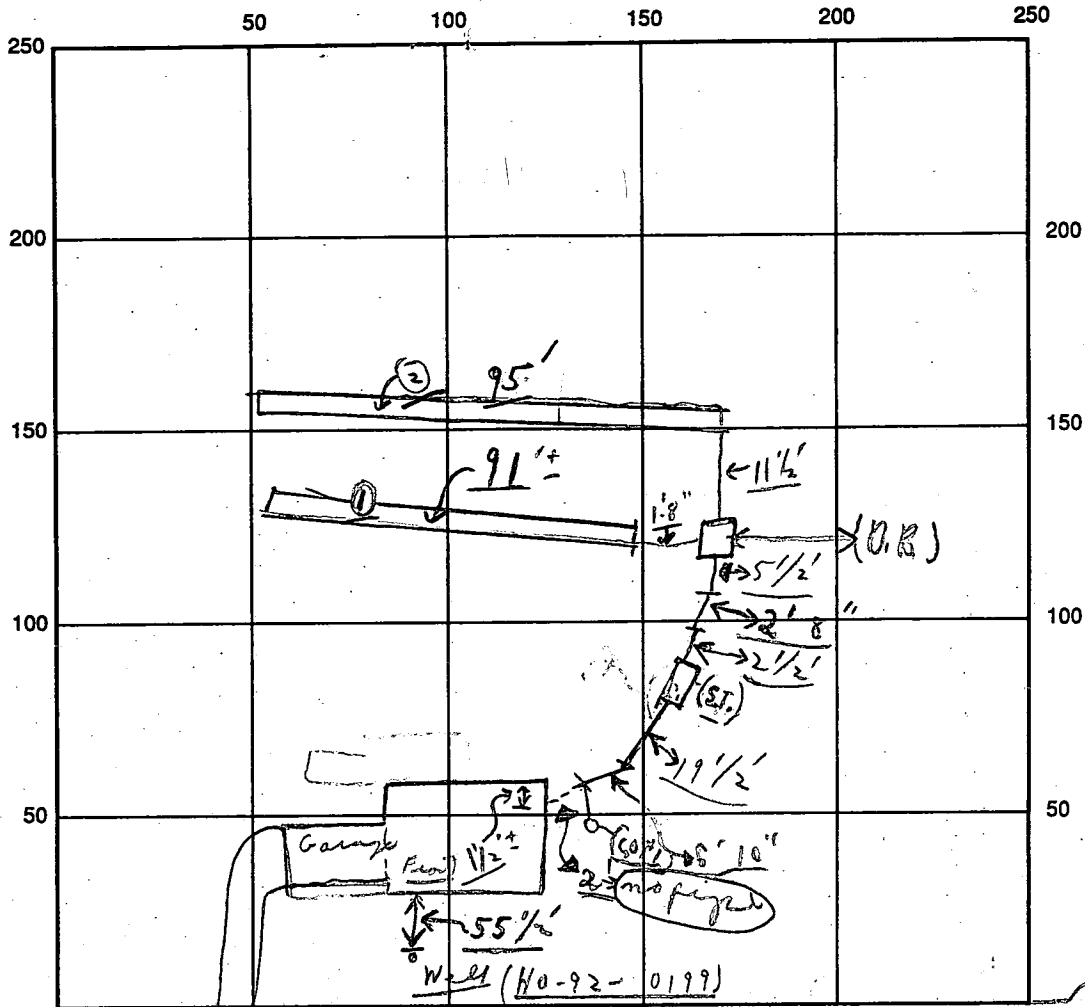
PERMIT VOID AFTER TWO YEARS

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 49426



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← Hayloft Court

SEPTIC TANK LEVEL OK CLEANOUTS C.O. #1 / S.T. C.O. / OK / OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 91' + 95' = 186' FT.

NUMBER OF TRENCHES 2 ONE ~~SIDEWALL~~ BOTTOM AREA 558' SQ. FT.

DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.

ABSORBENT AREA 558' SQ. FT.

REMARKS: P.M. 9/30 Final - except house connection - partial C.O.
10/8 W.P.I. OK, no house connection ALM

9/30/93 No W.P.I. C.O.

DATE SYSTEM APPROVED 11/8/94 INSPECTOR Amy McMillen per CW

Robert
11/2/88
1000AM

APPLICATION

PERCOLATION TESTING

A 43426

P _____

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

DISTRICT R

DATE 12/19/88

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. Martio II, 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. 50/45

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3211 Hayloff Court)

TAX MAP 13 PARCEL # 42

BLDG. PERMIT SIGNED
AND RETURNED 8/17/93
SFD - 3 Bdrms
Single Family

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. James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/2/89 Extra Hole Percolation Change

Percolation Hole was very good R/H (see Permit 50)

HD-216

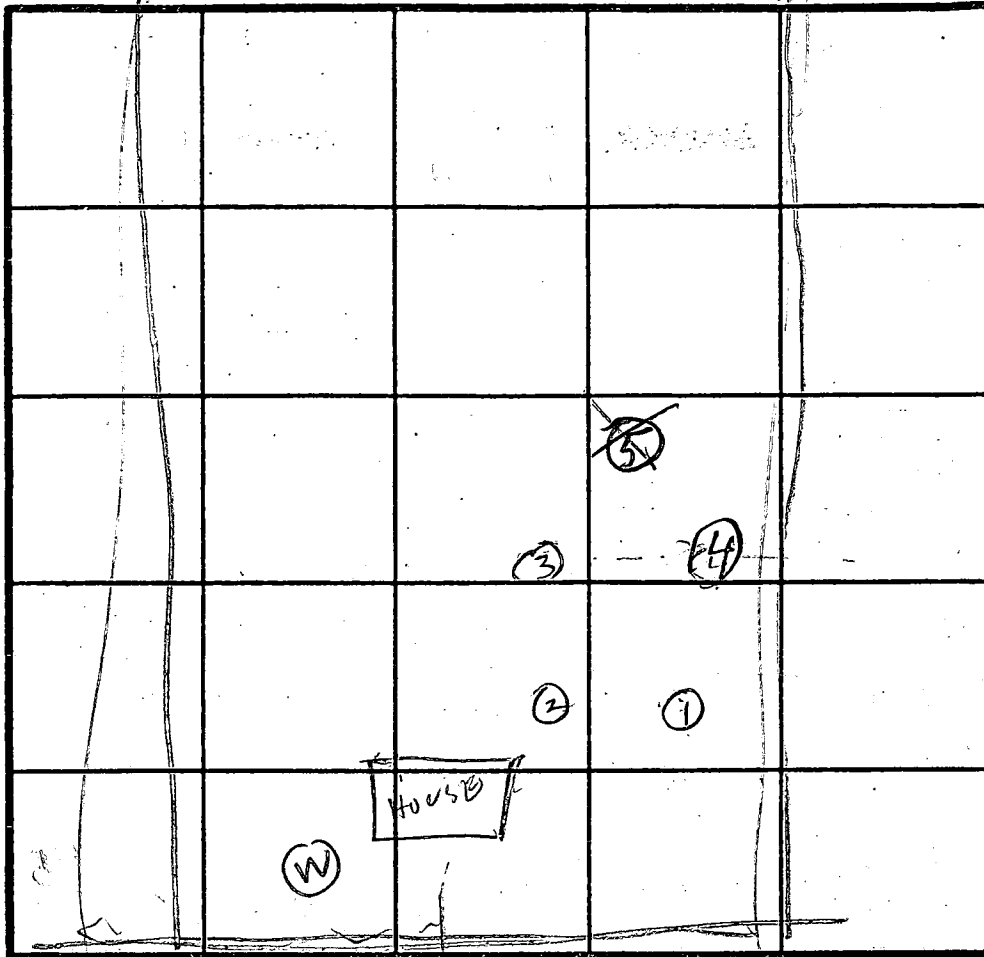
THIS IS NOT A PERMIT

Lot 50
443426

3
0

SOIL PROFILE

0
3
CLAY
BROWN
LEAST
SAND
LOAM
10%
SHALE



IN LOT 3 1/2
X 5 MIN

12.5

2
3
CLAY
BROWN
SAND
LOAM
10%
SHALE

5
3
BROWN
CLAY
BROWN
SAND
LOAM
A
FEW
SHALE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/12/89	1S	3.5	423	425	425	428	3
	1V	12.5	OK				
	2S	4	11.12	50	2nd 67	50	
	25	4	1st	80	2nd 120	80	2
	2V	7	440	442	442	444	2
	2V	12	OK				
	3S	4	446	450	450	458	8
	3V	11	OK				
	4V	13	OK				
11/2/89	5S	3.5	1047	1052	1052	1100	7
	5V	12	OK				

12

3
2
6
6
CLAY
BROWN
SAND
LOAM
SAND
50%
SHALE

11

4

4
13
CLAY
BROWN
TAN
SAND

This test Hole #5 was recorded on wrong lot file - should be under haul of 50 (was old lot 55)

REMARKS: Holes (1)(3)(4) Dig per Test Plot
Hole (5) Dig per Revised Final Plan
TESTED BY: R. HODGES
ALSO PRESENT: JAMIE MOLEY, JEFF, JIM, BACHTEL

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

313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Plumbing, Htg & Supplies Inc.

Telephone 410-848-5380

License Number 5165

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Masonry Contractors Inc.

Telephone 410-239-8330

Subdivision Cabin Branch Farms V Lot # 45 Well Tag # 92-01-99

Site Address 3211 Hayloft Court

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make oulds
- Model # TEH05422
- Capacity 7 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM 3450
- Voltage
 - 110
 - 220

Pitless Adapter

- Make Campbell
- Model # B-300 X
- Depth 4

Tank

- Capacity 7
- Pressure relief valve? yes

Piping

- Type Plastic
- Size 1
- NSF and/or BOCA Code approved NSF
- Depth of supply line 4

Well data

- Depth 160 ft.
- Yield 10 GPM
- Static water level 64 ft.
- Will water supply be disinfected by installer? NO

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 7, 1993

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

B 1 **03913** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

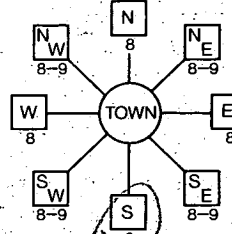

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-92-0199
fill in this form completely

Date Received (APA) **09/14/92**
FRANK DEVELOPERS
Last Name Owner First Name
10 BOX 659
Street or RFD
INT AIRV **MD 21771**
Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
CAROL BRANCH FARM SUBDIVISION
SECTION: **44** LOT: **45**
LISBON NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **938**
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Int. Airv 21771
Address
Joseph L. Mayne **9/17/92**
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Hayloft Ct.**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **50** FT or MI
ENTER FT or MI **EA**

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

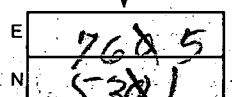
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 43426 COUNTY NO.
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED **10/14/92** **Forrest Peabody** CO SIGNATURE
4-14-92 EXP. DATE
NORTH GRID **531000** EAST GRID **0765000**

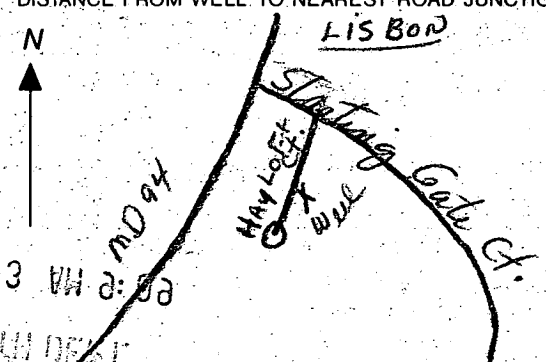
APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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) _____


Lisbon
Hayloft Ct.
Starting Gate Ct.

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____
FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **40-92-0199**

SPECIAL CONDITIONS
COUNTY

C 1 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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name TOWN STREET OR RFD SUBDIVISION SECTION LOT

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: Brown Shale 0 22, Blue Rock 22 160.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS NO. OF POUNDS GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE [SH] Nominal diameter top (main) casing (nearest inch) [] [] Total depth of main casing (nearest foot) [] [] [] []

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

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

Table for SCREEN RECORD with columns for DEPTH (nearest ft.) and rows for EACH SCREEN (1-3). Includes SLOT SIZE and DIAMETER OF SCREEN.

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 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) [] [] PUMPING RATE (gal. per min. to nearest gal.) [] [] [] [] METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING [] [] [] WHEN PUMPING [] [] [] TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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)

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)

LOT 45 CABIN BRANCH FARM

INV. OUT OF HOUSE - 567.25
 INV INTO TANK - 566.92
 INV OUT OF TANK - 566.67
 INV INTO BOX - 566.5
 INV INTO TRENCH - 566

EXISTING GRADE @
 TANK - 569.25
 BOX - 569.
 TRENCH - 569
 WELL ELEVATION - 574

TWO TRENCHES OF EQUAL LENGTH

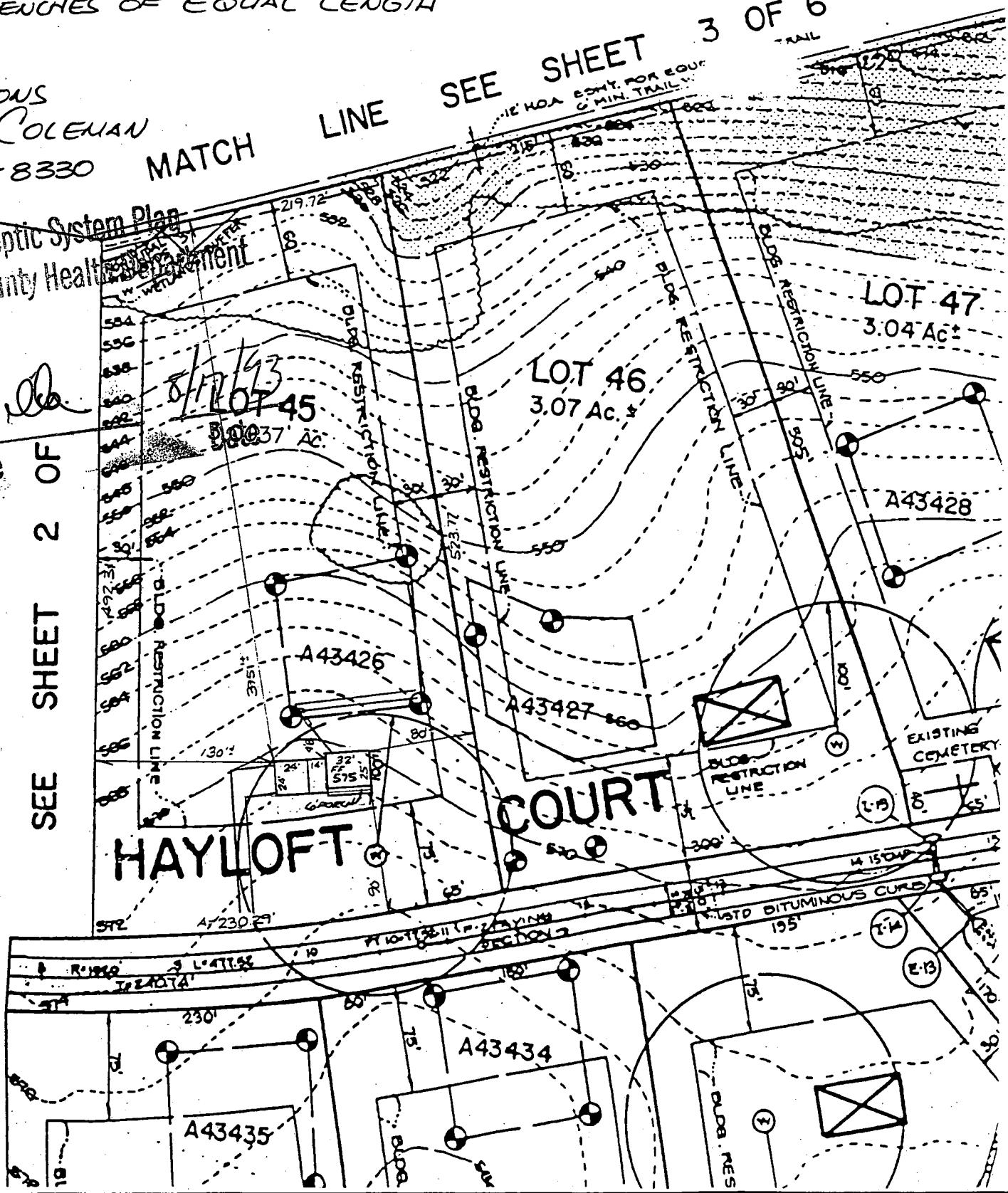
QUESTIONS
 BILL COLEMAN
 410 239-8330

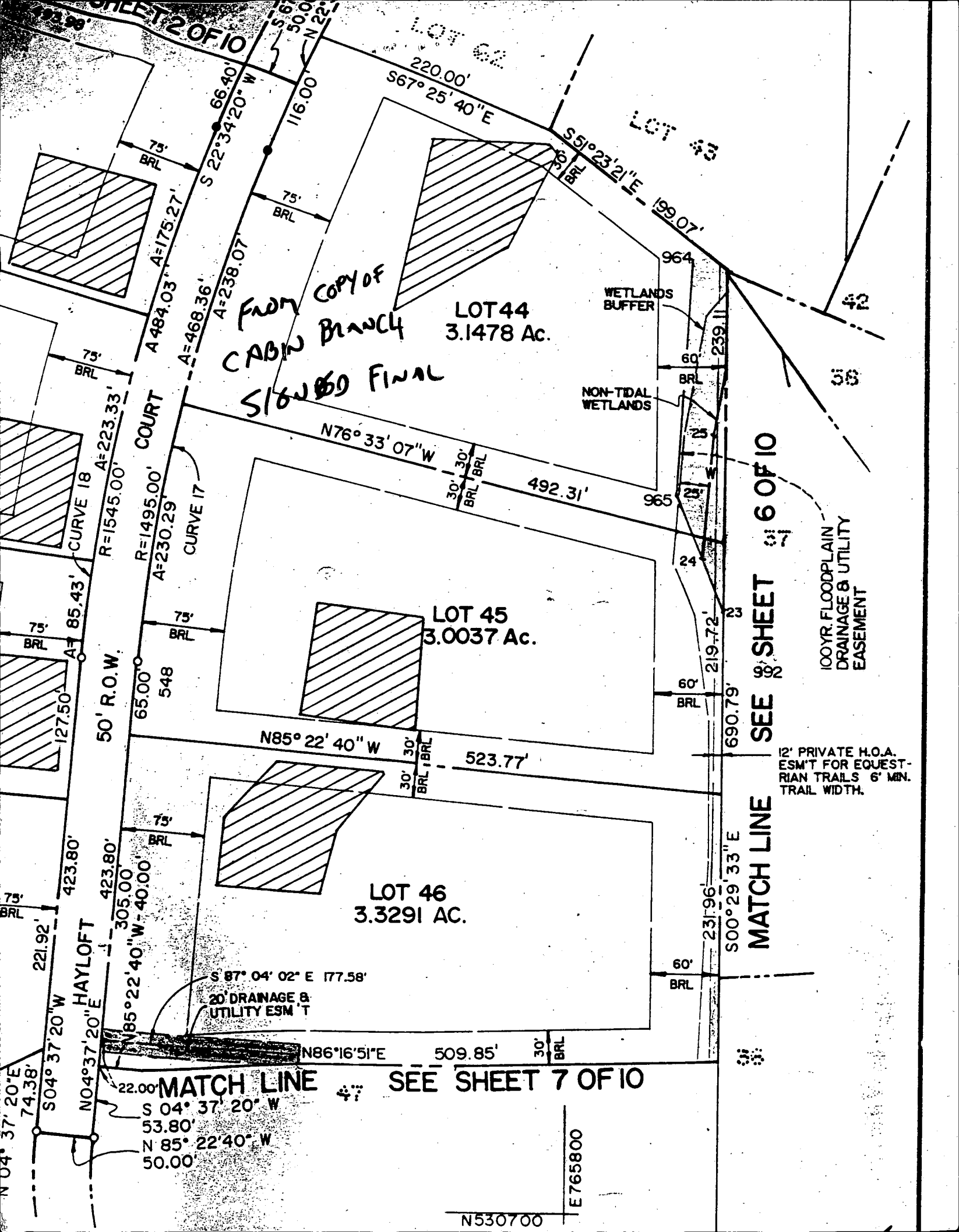
SEE SHEET 3 OF 6
 MATCH LINE

Approved Septic System Plan
 Howard County Health Department

Signature
 [Signature]

SEE SHEET 2 OF





FROM COPY OF
CABIN BRANCH
SUBD FINAL

LOT 44
3.1478 Ac.

LOT 45
3.0037 Ac.

LOT 46
3.3291 AC.

MATCH LINE SEE SHEET 6 OF 10

MATCH LINE SEE SHEET 7 OF 10

100YR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT

12' PRIVATE H.O.A.
ESM'T FOR EQUEST-
RIAN TRAILS 6' MIN.
TRAIL WIDTH.

E 765800

N 530700

Plumbing,

Heating &

Supplies, INC.

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

November 9, 1993.

Mr. and Mrs. Frank Proctor
3211 Hayloft Court
Lisbon, MD 21765

Re: Reverse Osmosis

Dear Mr. and Mrs. Proctor:

Plumbing, Heating & Supplies Inc., will service the Reverse Osmosis system installed at the above address for one year from the above date. This includes one filter and membrane change for Bruner Model #LPRO 30000133 unit.

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

Very truly yours,

Edgar E. Parry

Edgar E. Parry
Contract Manager

Nov. 8, 1993
AC

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

REF: Lot-45 Cabin Branch Farm
Permit No. 49982
3211 Hayloft Court

Dear Mr. Williams

Per your request, we are confirming the septic house connection has been completed. Also, we have adjusted our procedures to allow you to preform the departments routine inspection prior to covering.

Thank you,



William Coleman
Project Support Mgr.



MASONRY CONTRACTORS, INC.
Residential Construction and Land Development