

7/9/96
2:00
7/10/96 2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 57007 A

A 44253

DISTRICT 4th

DATE 6/28/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

04-356217

DATE SYSTEM APPROVED 7/12/96

INSPECTOR [Signature]

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Gwyndyl Oak Estates LOT 25 ROAD 2804 Belle Hollow Court

PROPERTY OWNER NV Homes Richard & Lois McFaul

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 210 feet up the right lot line (303.12) and 115 feet off that same lot line when facing the lot from Belle Hollow Court. Run trenches on contour in both directions.

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

PLANS APPROVED BY Amy McMillen/Glen Savage DATE 4/26/96

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

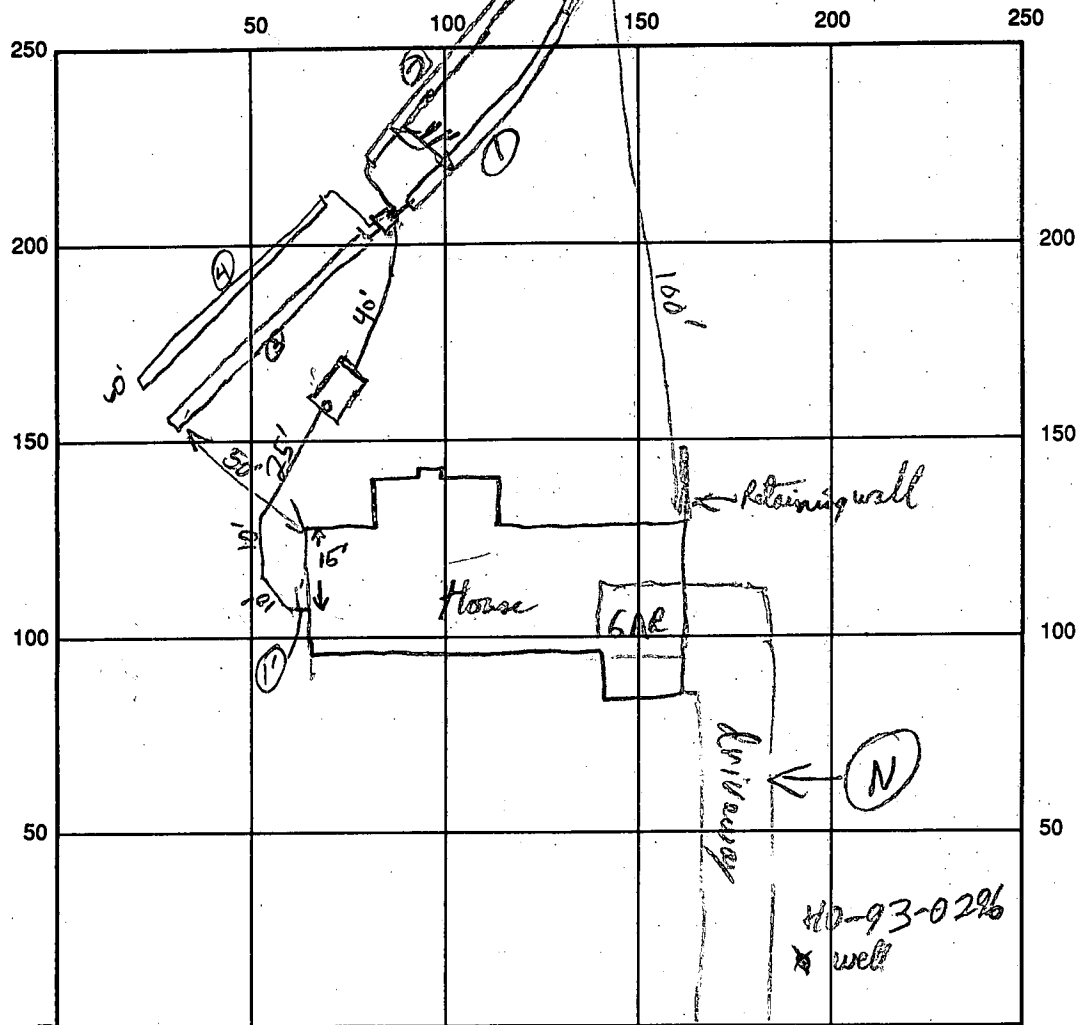
ORIG. PERMIT SIGNED
AND RETURNED 10/18/96
Serial # B9102025
deck

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
44253



Belle Haven Ct INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OR baffles in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1/2/3/4 60/60/60/60 FT. 60. = 240 linear ft

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: House Connection via Septic Tank to dist box OK to cover. OK to cover lot 2 trenches, OK to gravel fill 3rd trench + cover when finished R/P 7/9/96

WPF - Feeder is Plumber - Blessing took at 3 1/2 ft R/P 7/13/96

DATE SYSTEM APPROVED 7/10/96 INSPECTOR Ann M. Miller

APPLICATION

PERCOLATION TESTING

A 44253
P _____

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

DISTRICT 4th
DATE _____

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 Pettit and Griffin, Inc. NU Homes
2200 Defense Hwy, Crofton, MD.
ADDRESS 18205-D Flower Hill Way PHONE 301-975-1020
Gaithersburg, Maryland 20879

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION: Gwynndyl oak Estates
SUBDIVISION McKendree Estates LOT NO. Lot 25²⁴ 25
ROAD AND DESCRIPTION McKendree Road and Route 97 NEW 26
2804 Belle Hollow Ct. (9/16/93)

TAX MAP 14 PARCEL # 123

BLDG. PERMIT SIGNED
AND RETURNED 4-24-96
Serial # 64513

SIZE OF LOT 3 AC. + TYPE BLDG. Single Family - 4 BRMS
(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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

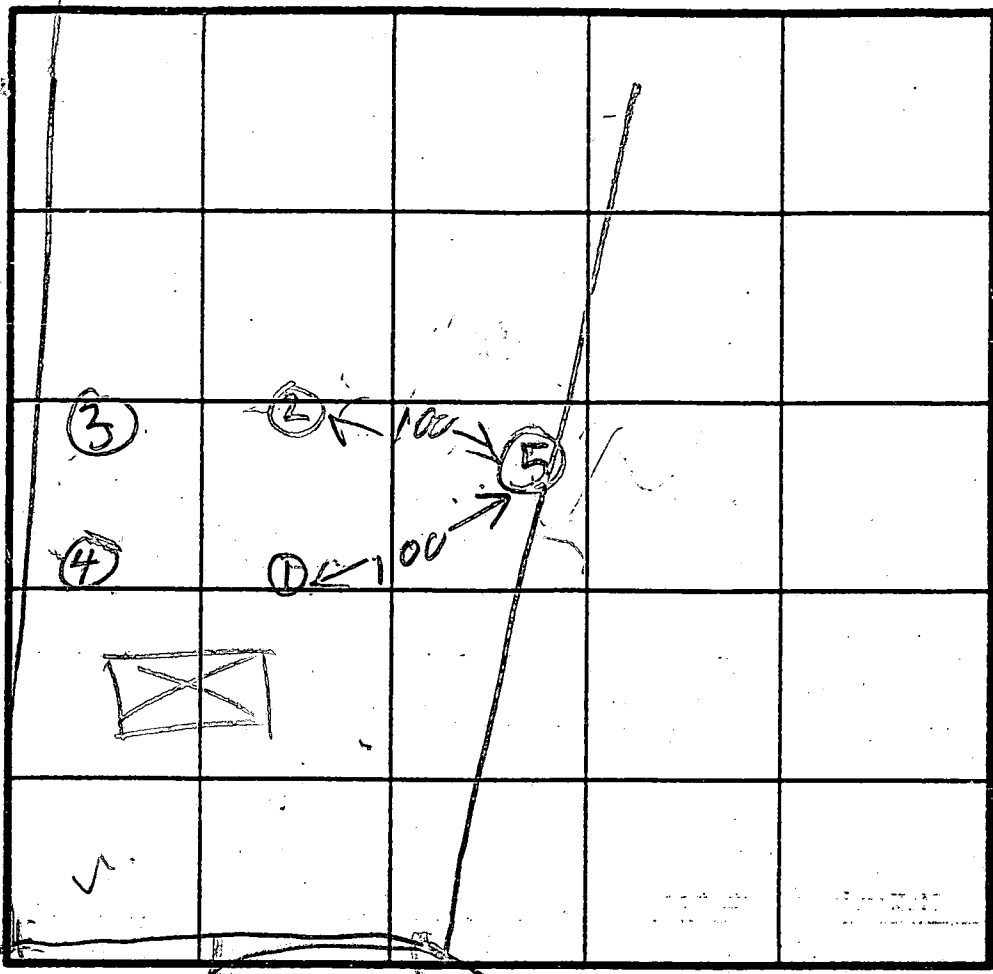
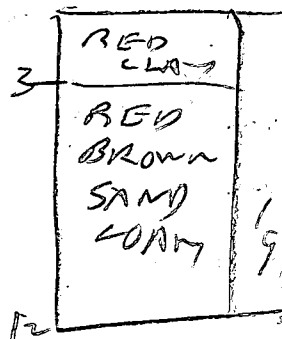
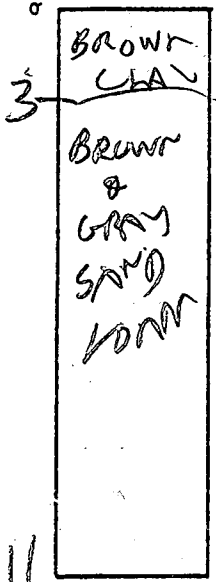
HD-216

THIS IS NOT A PERMIT

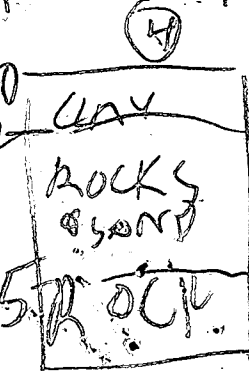
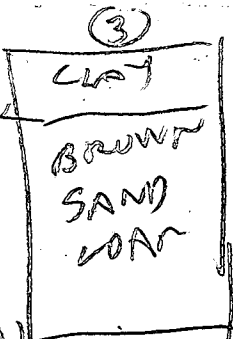
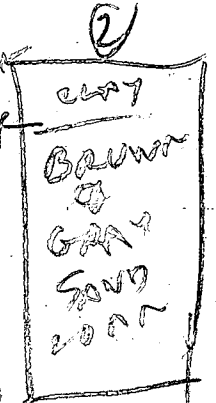
lot 18
A 44253

(5)

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/21/09	1 S	4	317	320	320	330	10
	1 D	7	317	320	320	324	4
	1 V	11	OIL				
	2 S	4	320	323	323	326	3
	2 V	11	OIL				
	3 S	5	330	336	336	340	4
	3 V	11	OIL				
	4 V	5	ROCK		FAIL		
	5 V	12	OIL				

AV TIME
5 MIN

MAX DEPTH
3 FEET

120

REMARKS Holes ①②③④ dug per test plan Hole ⑤ different

TYPE OF SOIL _____
TESTED BY RAYMOND RINKUS ALSO PRESENT KETTERMAN JR

C1 0270 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-44253

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 041796

Depth of Well 22 535 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Md-93-0296

OWNER WHEELER DEV. INC. STREET OR RFD BELLE HOLLOW CT TOWN GLENWOOD SUBDIVISION GWYNOL AVE EST SECTION LOT 25

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, FEET (FROM, TO), check if water bearing. Rows include dirt, hard gray/tan rock, med brown rock, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 800

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE Nominal diameter of top (main) casing Total depth of main casing

OTHER CASING (if used) diameter depth

SCREEN RECORD screen type or open hole

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

TYPE MWD/MSD/MGD DRILLERS LIC. NO. 304 David Kelly

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 509

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

DEPTH (nearest ft.)

DEPTH (nearest ft.) 23 44 535

SLOT SIZE 0.25 DIAMETER OF SCREEN 5 (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10.0

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface) BEFORE PUMPING 3.5 ft. WHEN PUMPING 2.86 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

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

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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) 1

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)

Drilled on approved stake

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

Fax 313-2648 313-2640

*PLEASE INSPECT 7-18-96
WELL COVERED
7/18/96 AT TIME OF
INSPECTION - APPEARS
TO HAVE BEEN COVERED
FOR SEVERAL DAYS*

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

WELL LOG INDICATES 7/14/96 INSPECTION

New Installation
Replacement

Receipt # _____
Date 7/12/96

Name of Installer ROBERT L. FEEZER CO., INC.

Telephone 795-1405

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NV-Homes
Subdivision McKONNELL EST Lot # 25
Site Address 2804 BATTING BUCK WAY
BLUE HOLLOW CT,

Telephone 781-4653
Well Tag # MD-93-0296

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1</u>	1. Make <u>Whisper</u>
a. Deep well jet	2. RPM <u>3150</u>	2. Model # <u>17805</u>
b. Shallow well jet	3. Voltage	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110	
2. Make <u>Koulys</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>56510412</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>36 GPM</u>	1. Type <u>Poly</u>	1. Depth <u>53 1/2</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>?</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>?</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

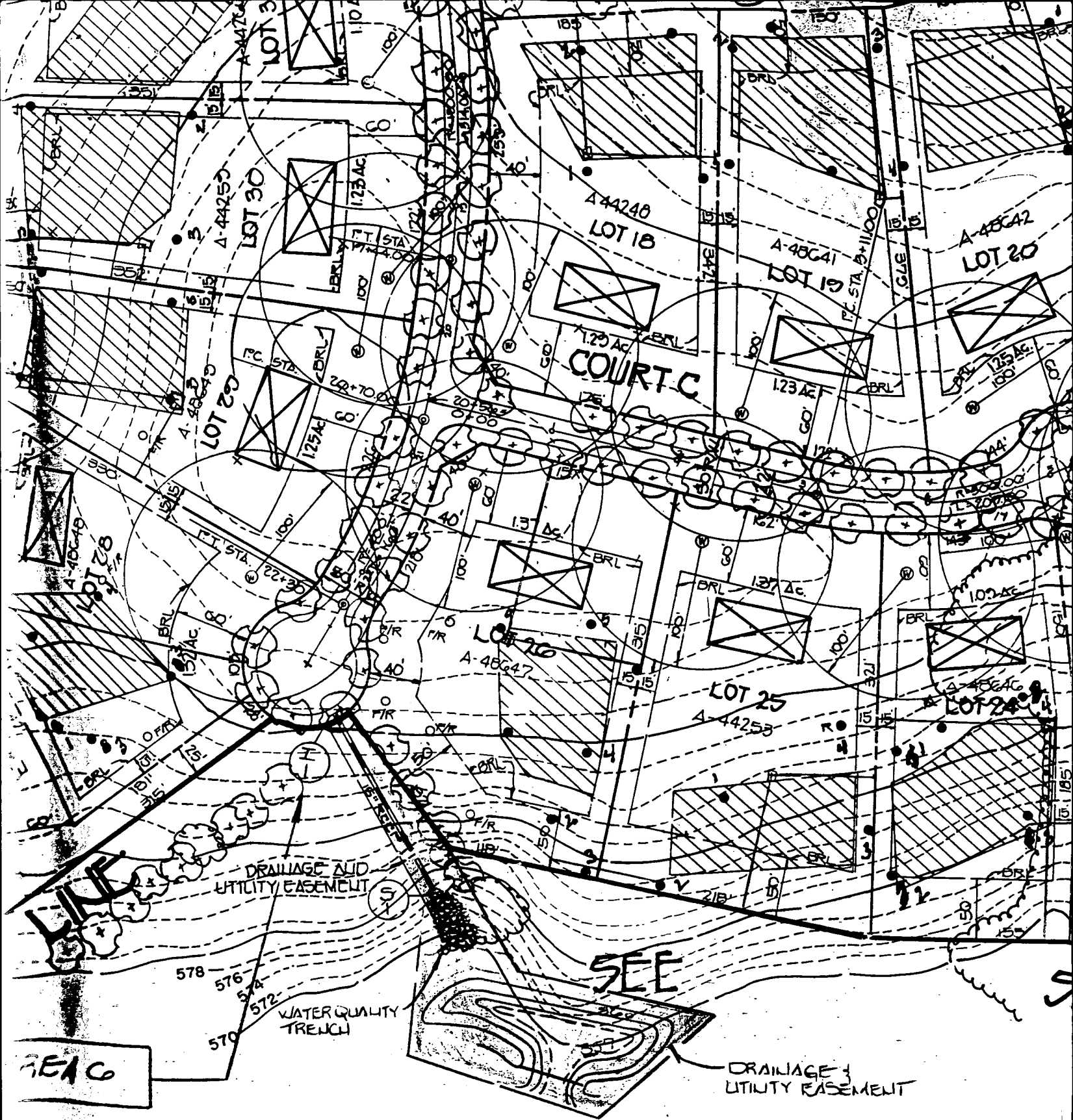
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Robert L. Feezer

Date: 7/12/96

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

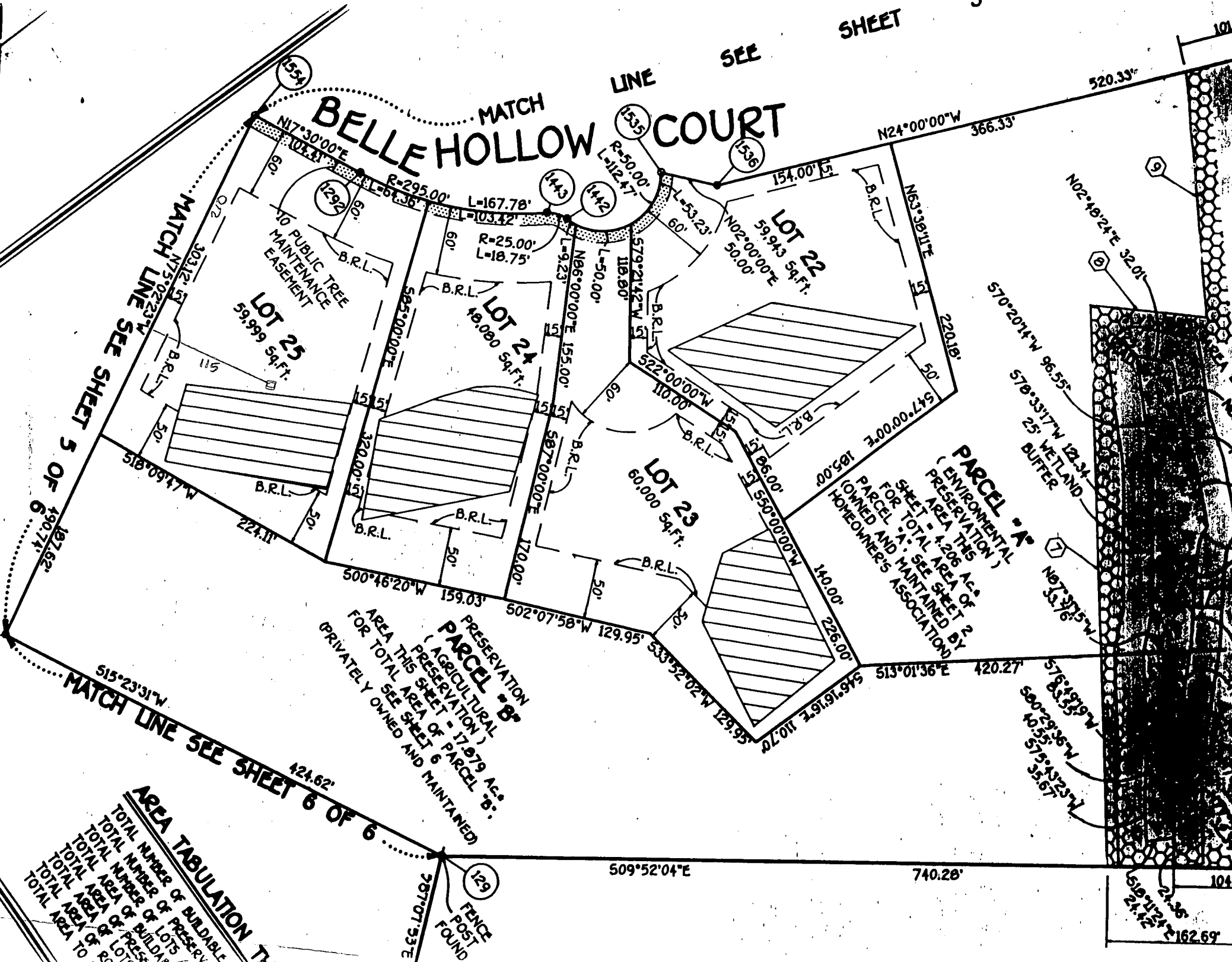


Preliminary Plan
SP 93-15

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

SEE

BELLE HOLLOW COURT



MATCH LINE SEE SHEET 5 OF 6

MATCH LINE SEE SHEET 6 OF 6

PRESERVATION
 (AGRICULTURAL
 PRESERVATION)
PARCEL "B"
 AREA THIS SHEET - 17,979 AC.
 FOR TOTAL AREA OF PARCEL "B"
 PRIVATELY OWNED AND MAINTAINED

PARCEL "A"
 (ENVIRONMENTAL
 PRESERVATION)
 AREA THIS
 SHEET - 4,208 AC.
 FOR TOTAL AREA OF
 PARCEL "A". SEE SHEET "B"
 OWNED AND MAINTAINED BY
 HOMEOWNER'S ASSOCIATION

AREA TABULATION

TOTAL NUMBER OF BUILDABLE
 TOTAL NUMBER OF LOTS
 TOTAL AREA OF BUILDABLE
 TOTAL AREA OF LOTS
 TOTAL AREA TO

129
 FENCE
 POST
 FOUND

104.8
 162.69