

10/1/99 Needs house conn

PERMIT

P 5/2039

SEWAGE DISPOSAL SYSTEM

A 49272

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

INDEXED

DATE 7/29/99

*01/1999
1:00 & later
12/29/99
for top bar*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

05-419840

DATE SYSTEM APPROVED 12/29/99

INSPECTOR R. P. Kelly

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Cortina Highland LOT 9 ROAD 13431 Green Hill Court

PROPERTY OWNER Jacobsen Homes, LLC

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 65 feet from the rear lot line and 100 feet from the right lot line. Run trenches along contour in both directions.

NOTES - MAINTAIN 100 FEET MINIMUM FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *6/10/99 OK AU*

PLANS APPROVED BY C. Williams/Mark Rifkin DATE 5-27-1999

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

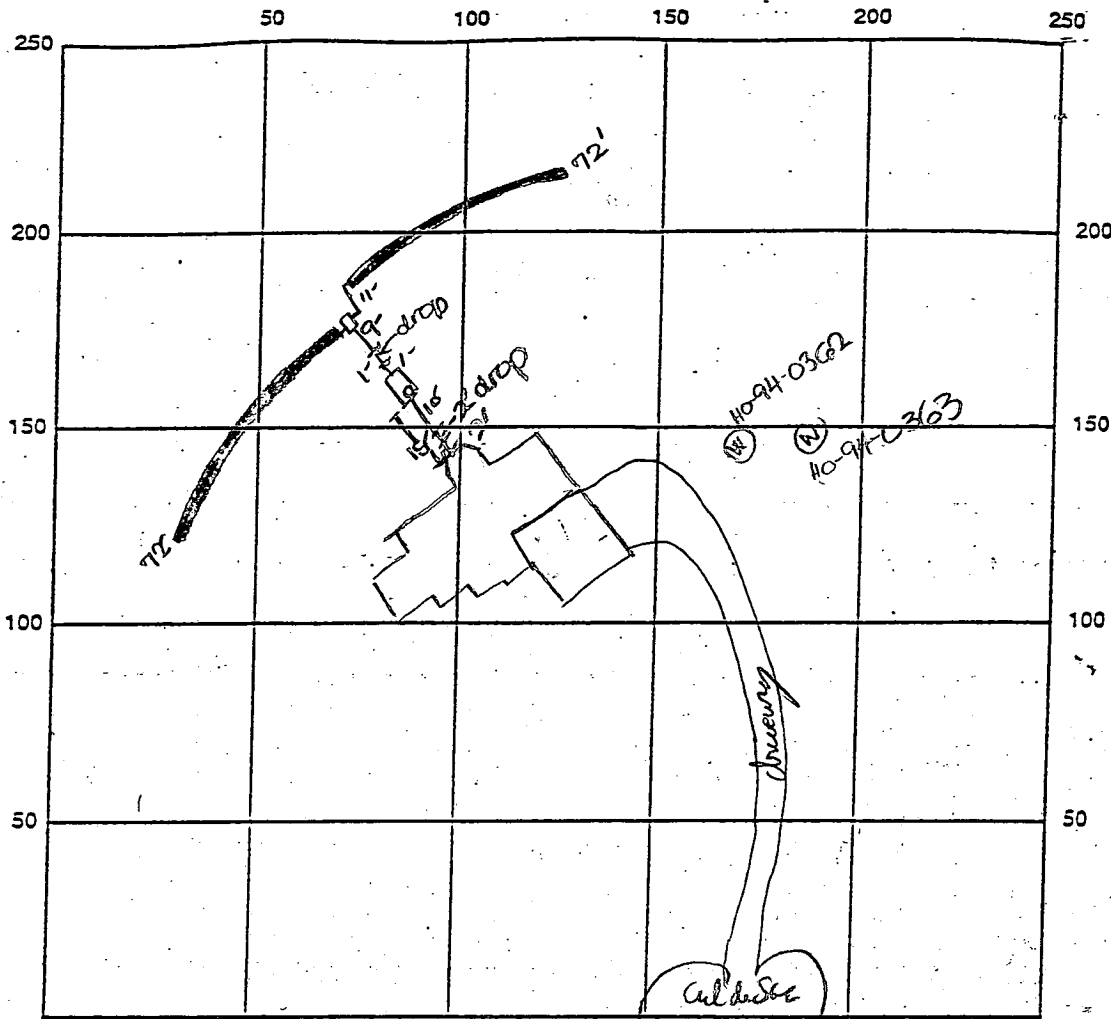
PERMIT VOID AFTER TWO YEARS

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**

49272



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Green Hill Court

SEPTIC TANK LEVEL OK - 1500 gal t.s. CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 2x 72 FT. → 144'

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/1/99 A.M. OK to stone trenches, OK to continue,
10/1/99 P.M. Final Insp - OK to cover all work (DKS)
as completed. Needs house connection inspection

for final approval. DKS Home Connection OK 12/29/99
using house screen (coarser mesh) than came w well up original, but 3 ply + next gasket under rope which goes over gasket that cap tightens better
- OK during divert period - Needs proper repair (replace + proper size screen + place rope hook inside well casing) by time divert ends
W/P - line covered, open cap pit less visible OK, but cap gasket not seated properly, one insect screen was missing, hole used for
plug suspension rope which is tied around outside of casing! 12/29/99

DATE SYSTEM APPROVED 12/29/99 INSPECTOR PPR

APPLICATION

PERCOLATION TESTING

A 49272

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 5/26/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

~~Estate of Vincent L. Vinella~~

PROPERTY OWNER ~~Esther Remson, Personal Representative~~ JACOBSEN ARMES, LLC

~~15517 Prince Frederick Way~~

ADDRESS Silver Spring, MD 20906 PHONE (301) 598-2409

AGENT OR PROSPECTIVE BUYER Paul D. Remson

The Michael Companies, Inc.

ADDRESS 4390 Parliament Place PHONE (301) 459-1533

Suite A

PROPERTY LOCATION: Lanham, MD 20706

SUBDIVISION Vinella Property LOT NO. 29

ROAD AND DESCRIPTION Cortina Court and Mink Hollow (13431 GREEN HILL COURT)

~~SHOULD PERMIT SKIPPED~~

~~AND RETURNED 5-27-93~~

~~Leval # Bro 117577~~

TAX MAP 34 PARCEL # 59

SIZE OF LOT 40,000 Sq. Ft. TYPE BLDG. Single Family - 4 Bed

(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. Estate of Vincent L. Vinella

Esther Remson PR

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 6/1/93 Perc OK Hold for Plat RH

REASONS FOR REJECTION OR HOLDING _____

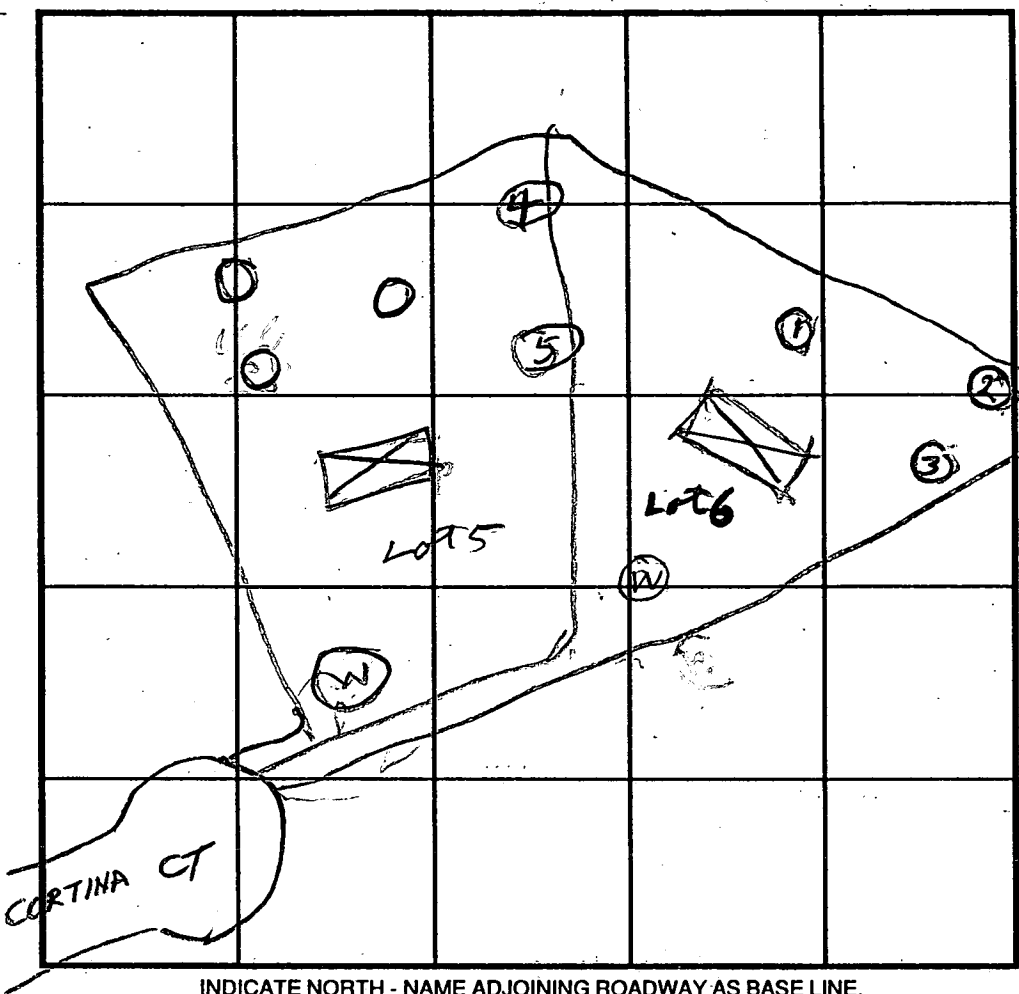
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Lot 6
49272
COUNTY #

SOIL PROFILE
 0' (1)
 TOPSOIL CLAY
 2'
 PINK BROWN SAND LOAM
 13'
 0' (2) (3)
 TOPSOIL BROWN CLAY
 3'
 PINK BROWN & WHITE SAND LOAM
 13'
 (4) ONLINE
 TOP SOIL BROWN CLAY
 4'
 PINK BROWN PURPLE SAND LOAM
 12'



SOIL PROFILE
 0' (5) ONLINE
 CLAY TOPSOIL
 2'
 BROWN SAND MICR LOAM
 12 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/1/93	1V	3	207	208	208	210	2
	2V	13	OK				
	2V	4	213	216	216	225	9
	2V	13	OK				
	3V	4	223	225	225	228	3
	3V	13	OK				
	ON LINE 4V	4	148	157	157	204	7
	ON LINE 4V	12	OK				
	ON LINE 5V	4	153	154	154	157	3
	ON LINE 5V	12.5	OK				

6/1/93
 REMARKS: Holes dug per Test Plat R/H

TYPE OF SOIL _____
 TESTED BY R. Hooley DON & RICK BACKHOLE
ALSO PRESENT BOB ENGINEER
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 2
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 9 SQ. FT./BEDROOM 180

C1 3597

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-49272

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED 08 15 95

DATE WELL COMPLETED 03 30 95

Depth of Well 460 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-0962

OWNER SOC GROUP STREET OR RFD last name CORTINA DRIVE first name TOWN HIGHLAND SUBDIVISION CORTINA HIGHLANDS SECTION LOT 9

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand 0 49, GRAY Mica Rock 49 460, 2 dry wells 460, 480 filled in with cement + drilling materials.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 16, NO. OF BOUNDS 1504, GALLONS OF WATER 96, DEPTH OF GROUT SEAL 47 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter top (main) casing 6, Total depth of main casing 53.

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED Y (no N).

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 24, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Rossy Mayne 27, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 460, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) from to

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) 6, PUMPING RATE (gal. per min. to nearest gal.) 2, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 49, WHEN PUMPING 316, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (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: 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH (nearest ft.) 43-47, CASING HEIGHT (circle appropriate box and enter casing height) (+) above, LAND SURFACE (2) (nearest foot) 50-51.

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). See 2 attached copies of well location.

EMERGENCY/TEMP NO. IF ANY

B 1	4411	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HC-94-0362 <small>70 fill in this form completely 79</small>
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Date Received (APA)
[] [] [] [] [] [] [] []

OWNER INFORMATION

SDC GROUP
15 Last Name Owner First Name 34

8480 BALF. WATSON AK P.K
36 Street or RFD 55

ELLICOTT CITY MD 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
8 COUNTY 21

CORTINA HIGHLANDS
23 SUBDIVISION 42

SECTION [] [] LOT **9** [] []
44 46 48 50

HIGHLAND
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** [] [] MI
73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD

Joseph L. Mayne **24** [] []
Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy MD. 21771
Address

Joseph L. Mayne **2/2/95**
Signature Date

B 4

CORTINA DR.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

200 37
DISTANCE FROM ROAD

ENTER FT OR MI **FT**
38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** [] [] [] []
8 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) **500** [] [] [] []
14 20

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)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD **A-49272**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S [] []
DATE ISSUED **022895** **Feb 2 128/96**
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **493000** EAST GRID **770000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** [] [] FEET.
24 28

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)

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 DEEPEM 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)

APPROP. PERMIT NUMBER [] [] [] [] **GAP** [] []
54 63

FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **HC-94-0362**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

80076
493

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

Handwritten notes:
3-30-95 res well
9:00 grout well
16" bags of concrete
53' casing
41' grout - open
2' casing above ground
C.B. (on top of site)

Tip 10/5/99 AM
4103132648

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

410 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____
 Receipt # _____ Date _____
 Name of Installer Ben Lewis Telephone 3014283900
 License Number 11202
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
 Name of Property Owner Jacobson Homes Telephone 3019532023
 Subdivision Carolina Highlands # 9 Well Tag # _____
 Site Address 12431 Green Hill Ct

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible X
 2. Make North
 3. Model # 50505422
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes X No _____
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
 1. Horsepower 1/3
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 _____

Pitless Adapter
 1. Make _____
 2. Model # _____
 3. Depth 2 1/2'

Tank
 1. Capacity 180
 2. Pressure relief valve? yes
 10/5/99 - Well connections not made (B3) 2 pipe cap installed incorrectly - Missing Insulation Screen gasket loose @ OR for Work - Wells permanent fix on well cap 12/2/99 (Sewer repair) by end of 72 hr. Notification Period 1/2/99 12/2/99

Piping
 1. Type Bk 160#
 2. Size 1"
 3. NSF and/or BOCA Code approved yes
 4. Depth of supply line _____

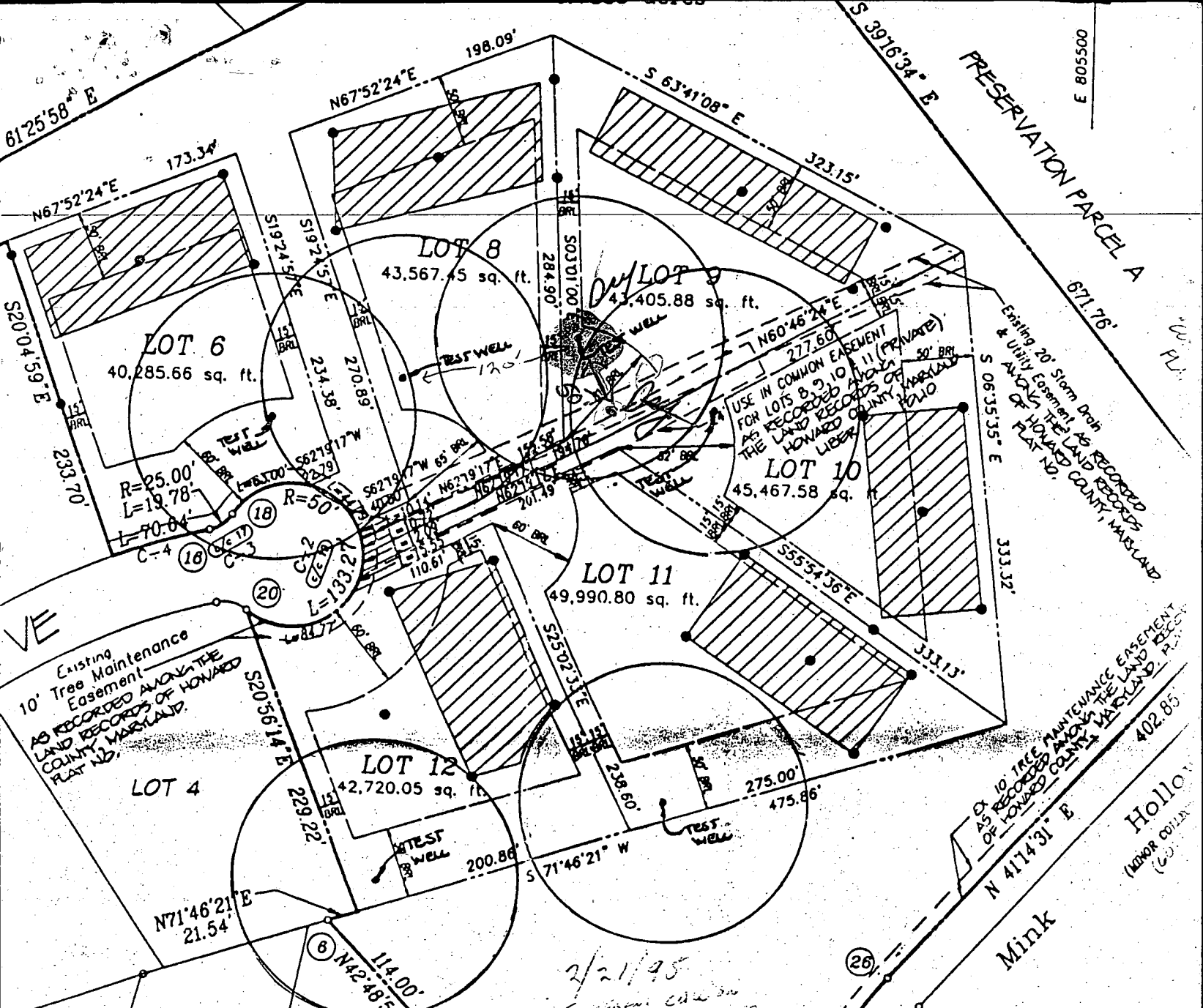
Well data
 1. Depth 245 ft.
 2. Yield _____ GPM
 3. Static water level 33 ft.
 4. Will water supply be disinfected by installer? yes

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 above is true to the best of my knowledge.
 Signature of Applicant: Ben Lewis
 Date: 10/15/99

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

HD-216



Existing
10' Tree Maintenance
Easement
AS RECORDED ALONG THE
LAND RECORDS OF HOWARD
COUNTY, MARYLAND,
PLAT NO. _____

USE IN COMMON EASEMENT
FOR LOTS 8, 9, 10, 11 (PRIVATE)
AS RECORDED ALONG THE
LAND RECORDS OF HOWARD
COUNTY, MARYLAND,
LIBER _____

EXISTING 20' STORM DRAIN AS RECORDED
& ALONG THE LAND RECORDS
OF HOWARD COUNTY, MARYLAND,
PLAT NO. _____

LEGEND

- (99) COORDINATE POINT
- G/C 99 CURVE CENTER POINT
- C-99 CURVE #
- SOIL PERCOLATION

Property Article, Annotated Code of
Supplemented) as far as they relate
of markers have been complied with.

7.27.94
Date

July 26-1994
Date

OWNER / DEVELOPER

VINCENT L. VINELLA
c/o Esther M. Remson, Personal Representative
of the Estate of Vincent L. Vinella
15517 Prince Frederick Way
Silver Spring, Maryland 20906
(301) 598-2409

ENGINEER

R. M. MOCHI
3300 North Ridge
Ellicott City, Md
(410) 461-
Attn: Mr. Robert

Mayor's Certificate

Owner's Dedication