

10/5/98
Co. 2:30
10/8/98
Co. 2:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511007

A 49668-H

DISTRICT 5th

DATE 9/25/98

DATE SYSTEM APPROVED 10.6.98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

05-418089

INDEXED

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

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

SUBDIVISION Fulton Manor LOT 19 ROAD 12382 Pleasant View Drive

PROPERTY OWNER Altieri Homes

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 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 - Beginning from the intersection of the 323.12' and 179.33' lot lines, place distribution box 260 feet up the 323.12' lot line and 65 feet off that same lot line as seen when facing the lot from the right-of-way. Run trenches on contour toward the right front lot corner.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8/26/98 OK AM

PLANS APPROVED BY Amy McMillen/Ronald Pinkley DATE 8/24/98

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.

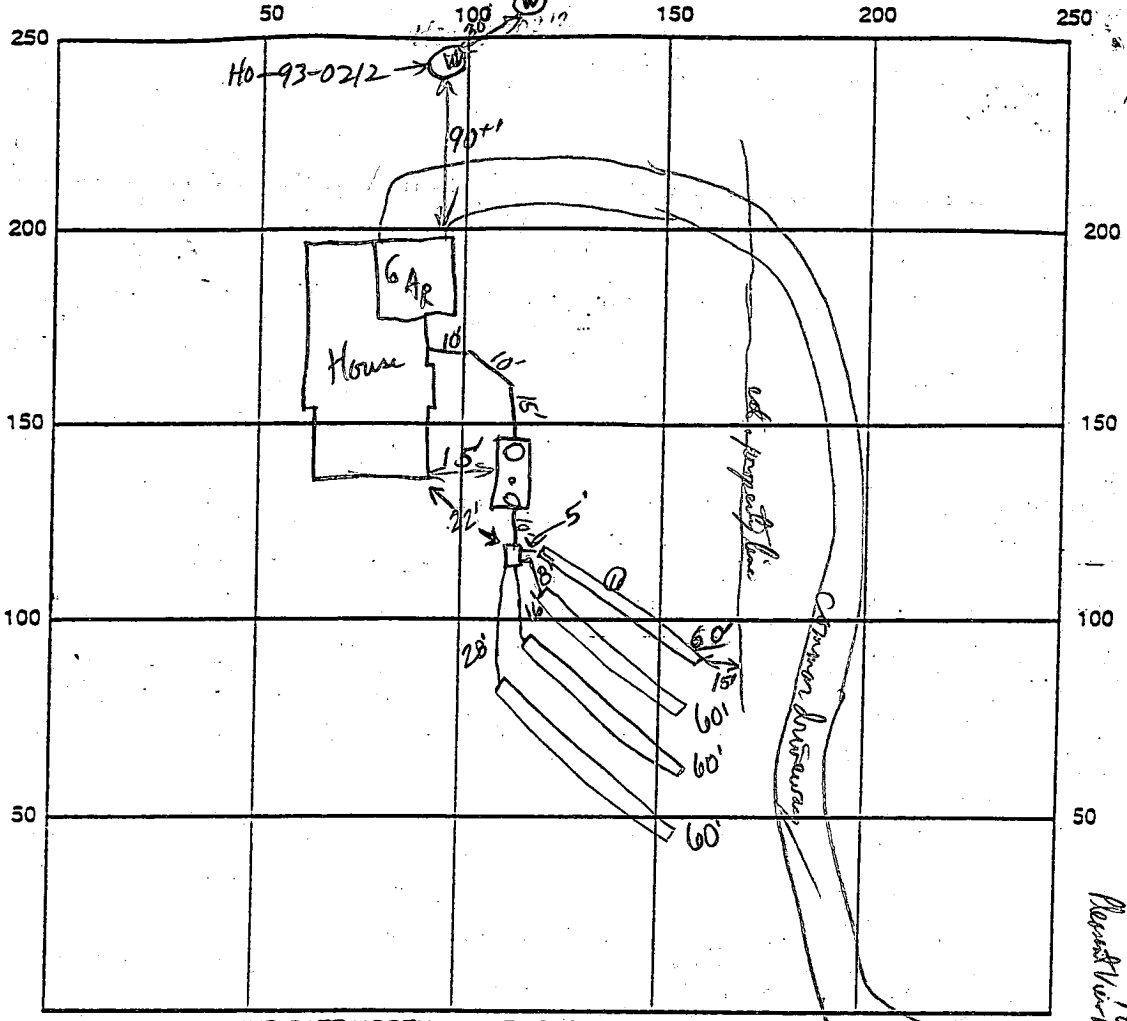
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49668-H

Neighbors
Please

Ho-93-0211



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal top sealed, 2 chambered CLEANOUTS 2 on tank

DISTRIBUTION BOX LEVEL OK, baffle in

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 33 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 60' x 4 FT. → 240' x 4 → 4'

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: ST. Set OK, needs cleanouts, First trench gravelled & OK to cover, all to meet trenching 10/6/98

10.6.98 OK! to cover all work (KM)

WPI installed by Robert Fezer (410) 781-4655

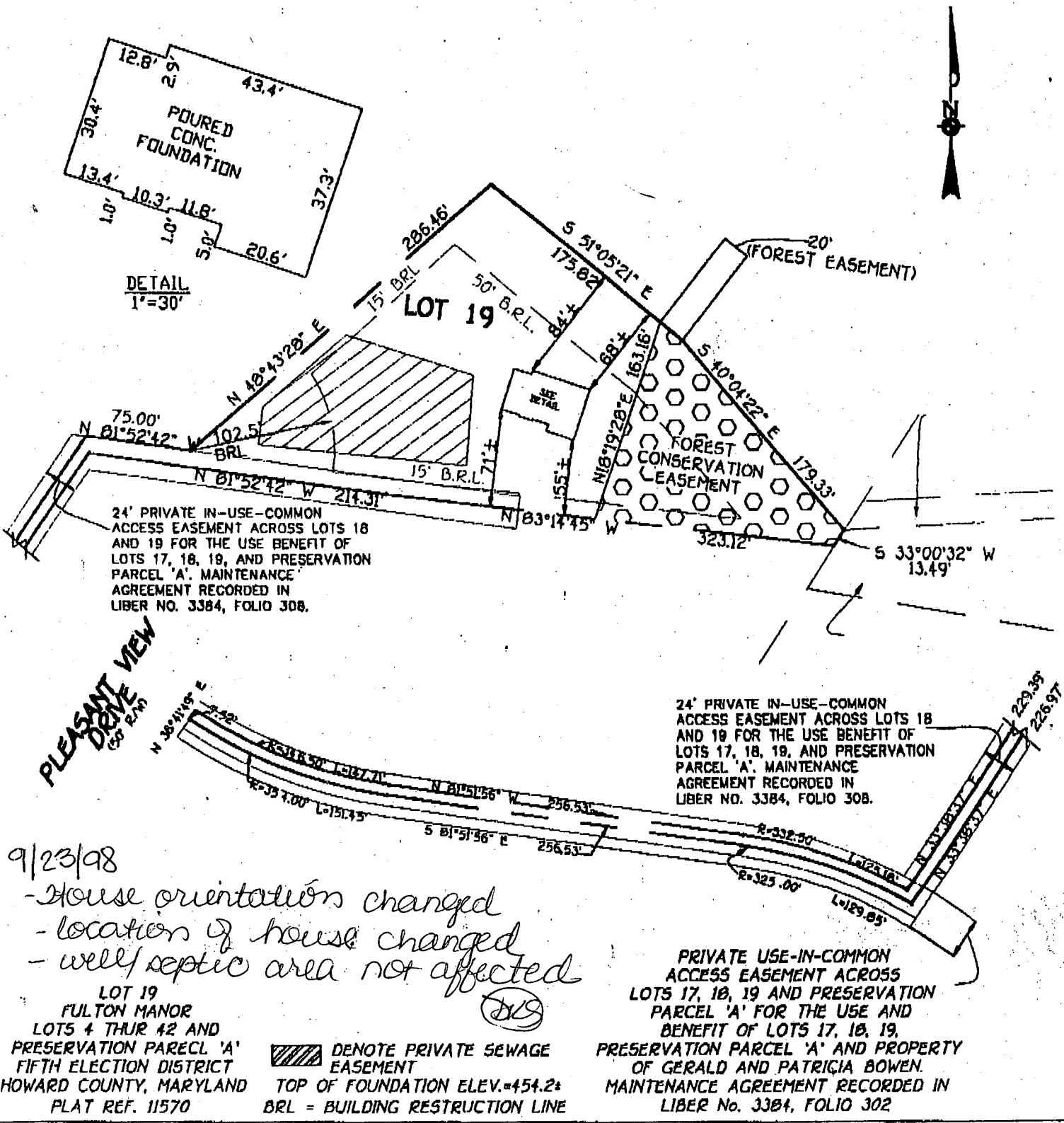
P.A. 5.0' below grade, casing 1' above grade, has 2 piece cap, line will be skewed out of house, OK to cover when completed KM

DATE SYSTEM APPROVED 10.6.98

INSPECTOR Kim Maister

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0026 B EFFECTIVE DATE: DEC. 4, 1986
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (+).



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK • 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 • 2895

FCC •

STATE OF MARYLAND
PROFESSIONAL LAND SURVEYOR
CHARLES J. CROWD, SR.
No. 10763 REGISTERED

[Signature]
PROFESSIONAL LAND SURVEYOR
REG. 10763

9/3/98
DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 9/23/98
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 9/3/98
DRAWN BY: T.P.F.
CHECKED BY: M.R.L.
PROJECT No.: 61276

Total linear feet of trench required 240 feet

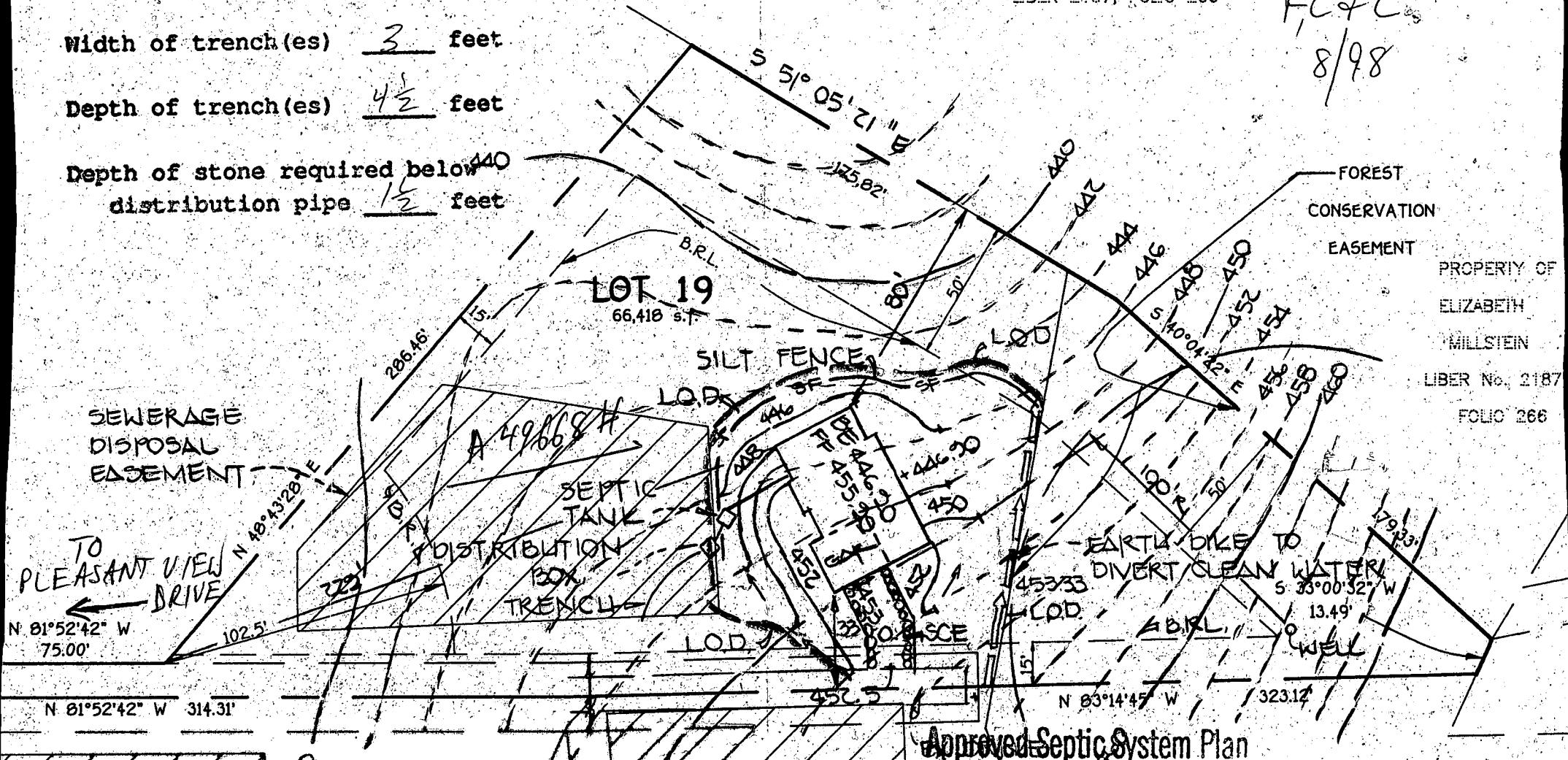
Width of trench(es) 3 feet

Depth of trench(es) 4 1/2 feet

Depth of stone required below 440 distribution pipe 1 1/2 feet

PROPERTY OF
ELIZABETH MILLSTEIN
LIBER 2187, FOLIO 266

PLAN BY
FC+C
8/98



PROPERTY OF
ELIZABETH
MILLSTEIN
LIBER No. 2187
FOLIO 266

- PROPOSED 1800 GALLON SEPTIC TANK
- FIRST FLOOR ELEVATION: 447.30
 - BASMENT ELEVATION: 442.30
 - INVERT OF SEPTIC SYSTEM AT HOUSE: 444.00
 - INVERT IN AT SEPTIC TANK: 444.70
 - INVERT OUT AT SEPTIC TANK: 444.40
 - PROPOSED GRADE OVER SEPTIC TANK: 447.00
 - INVERT AT DISTRIBUTION BOX: 444.30
 - EXISTING GROUND OVER DISTRIBUTION BOX: 447.00
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

Approved Septic System Plan
Howard County Health Department

Approved Septic System
Howard County Health Department

Ronald J. Limbley 8/24/98
Signature Date

NOTE: [Signature]

APPLICATION

PERCOLATION TESTING

A 49668H

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

DISTRICT FIFTH

DATE SEPTEMBER 13,

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 OTHA D OROCHORCH Altieri Homes

ADDRESS 457 OLD ORCHARD CIRCLE PHONE _____

PROSPECTIVE BUYER SALE AS OWNER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ORCHORCH PROPERTY LOT NO. 19

ROAD AND DESCRIPTION 12276 HALL SHOP ROAD (12382 PLEASANT VIEW DRIVE)

HIGHLAND MARYLAND

TAX MAP 40 PARCEL # 164 & 205

SIZE OF LOT 52,000 # TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SINGLE

AND RETURNED 8-24-98

Serial # B10113528

4 Brms

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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

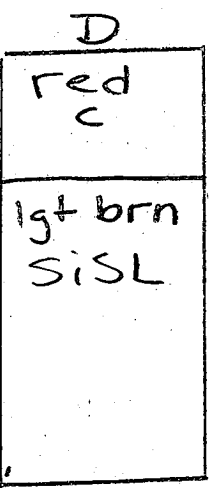
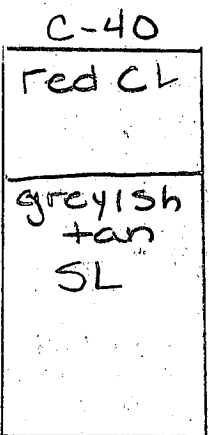
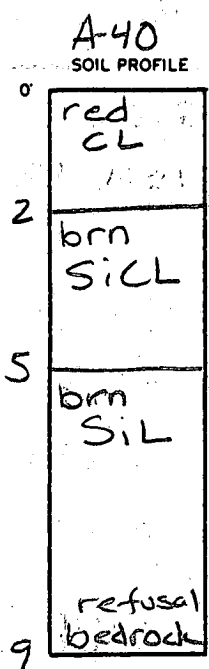
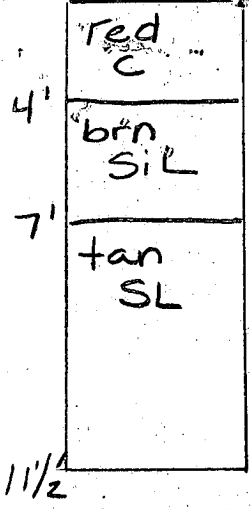
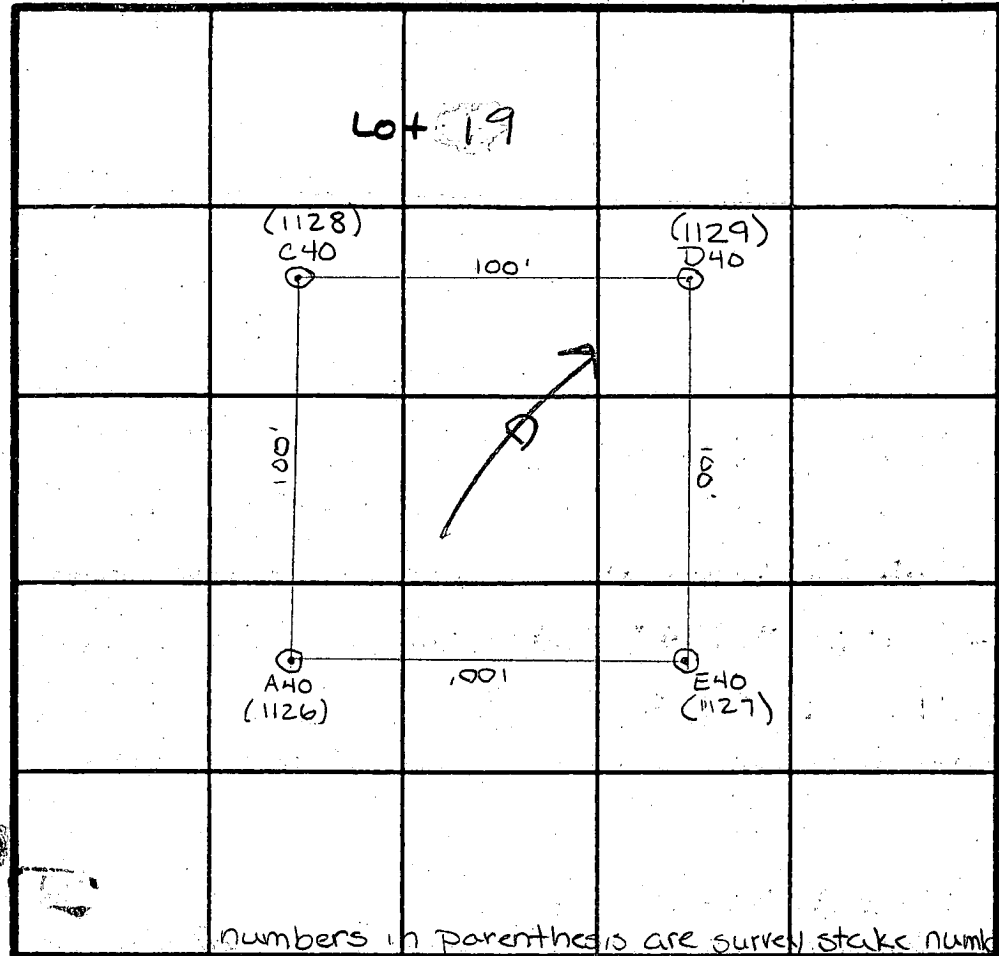
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A49668H

E-40



numbers in parenthesis are survey stake numbers
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/22/93	A40	1 1/2' / 19'	10:51	10:52 ¹⁵	10:52 ¹⁵	10:54 ¹⁵	2 min
	D40	Visual	to 11 1/2'				OK
	E40						
	C40	4 1/2' / 11 1/2'	10:21 ¹⁵	10:21 ⁴⁵	10:21 ⁴⁵	10:23 ¹⁵	1 1/2 min
	E40	4' / 11 1/2'	11:42 ³⁰	11:43 ³⁰	11:43 ³⁰	11:45 ³⁰	1 1/2 min
		8' / 11 1/2'	11:42 ¹⁵	11:42 ³⁵	11:42 ³⁵	11:45 ³⁵	2 1/2 min

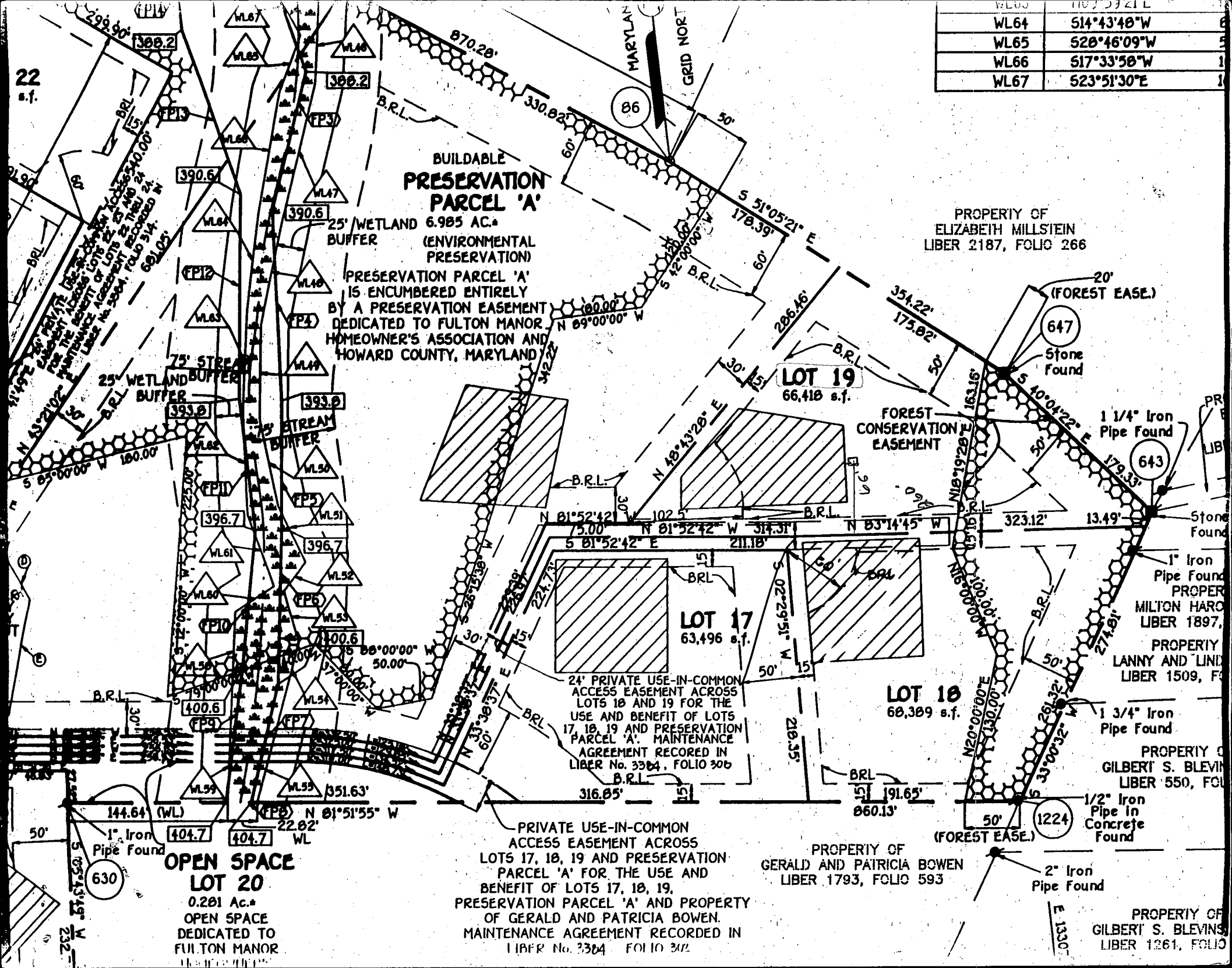
REMARKS A-10 OK if shallow system

TYPE OF SOIL Manor

TESTED BY Amy McMullen / Craig Williams ALSO PRESENT OLAN Ketterman

trench width [3'] inlet depth [3'] max bottom depth [4 1/2'] sq. ft per bdrm [180]

WL64	514°43'48"W	6
WL65	528°46'09"W	5
WL66	517°33'58"W	1
WL67	523°51'30"E	1



**BUILDBLE
PRESERVATION
PARCEL 'A'**
25' WETLAND 6.985 AC.
BUFFER
(ENVIRONMENTAL
PRESERVATION)

PRESERVATION PARCEL 'A'
IS ENCUMBERED ENTIRELY
BY A PRESERVATION EASEMENT
DEDICATED TO FULTON MANOR
HOMEOWNER'S ASSOCIATION AND
HOWARD COUNTY, MARYLAND

PROPERTY OF
ELIZABETH MILLSTEIN
LIBER 2187, FOLIO 266

LOT 19
66,418 s.f.

LOT 17
63,496 s.f.

LOT 18
68,389 s.f.

**OPEN SPACE
LOT 20**

0.281 Ac.
OPEN SPACE
DEDICATED TO
FULTON MANOR

PRIVATE USE-IN-COMMON
ACCESS EASEMENT ACROSS
LOTS 17, 18, 19 AND PRESERVATION
PARCEL 'A' FOR THE USE AND
BENEFIT OF LOTS 17, 18, 19,
PRESERVATION PARCEL 'A' AND PROPERTY
OF GERALD AND PATRICIA BOWEN.
MAINTENANCE AGREEMENT RECORDED IN
LIBER No. 3384 FOLIO 302

PROPERTY OF
GERALD AND PATRICIA BOWEN
LIBER 1793, FOLIO 593

PROPERTY OF
GILBERT S. BLEVINS
LIBER 1261, FOLIO

C1 0151 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-49668 H

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 9 10 11 12 13

15 16 17 18 19 20

22 23 24 25 26

28 29 30 31 32 33 34 35 36 37

OWNER FISHER, COLGUS, CARTER last name first name STREET OR RFD POINT RIDGE DRIVE TOWN FULTON SUBDIVISION FULTON MANOR SECTION LOT 19

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. Rows include Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 900

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 44

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

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

DEPTH (nearest ft.)

Table for depth recording with columns for casing sections and depth in feet.

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...

TYPE (MWD/MSD/MGD) DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (Ralph E. Mayne) LIC. NO. 117

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

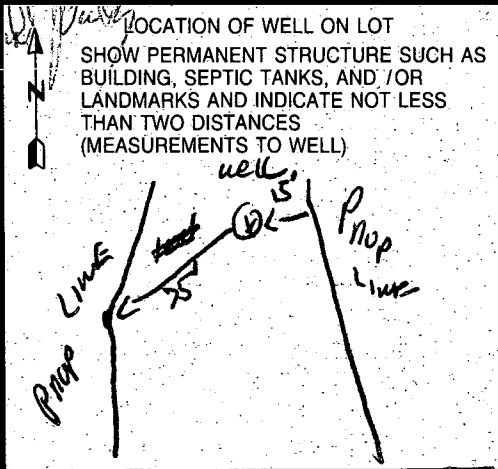
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 28.5 ft. 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. 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) (+) above () below LAND SURFACE (nearest foot) 2



B 1 **0638** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

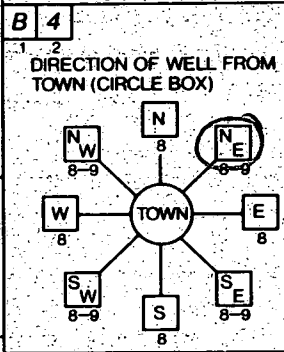
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-93-0212
 fill in this form completely

Date Received (APA) **092095**
 OWNER INFORMATION
F. FISHER COLLINS CARTER
 15 Last Name 34 Owner First Name
9171 BALT WATL PIKE
 36 Street or RFD 55
ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
UPCHURCH PROP SUBDIVISION
 SECTION **19** LOT
MIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** M I

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Ralph Mayne
 Driller's Name 77 License No. 80 **107**
 Firm Name **Ralph Mayne (Well Drilling)**
 Address **9120 Brown Church Rd. Mt. Airy**
 Signature **Ralph Mayne** Date **9/14/95**



POINT RIDGE DR NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 SOUTH NORTH
 DISTANCE FROM ROAD **260** FT OR MI **FT**
 TAX MAP: BLK: PARCEL:

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-49668-H** COUNTY NO.
 STATE SIGNATURE _____ INSERT S:
 DATE ISSUED **12-5-96**
12-5-95 CO SIGNATURE **John Day** EXP. DATE
 NORTH GRID **490000** EAST GRID **0817000**

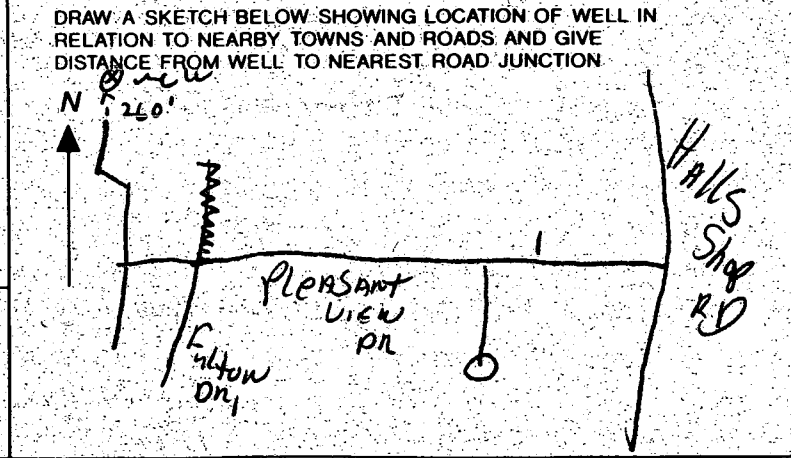
APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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
 E **8107**
 N **490**

*12/13/95 grout
 NO INSP
 Ann*

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **HD-93-0212**

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -