

10/15/96  
Spec. trench 11-12  
10/16/96  
2:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX101991X~~ 313-2640

INDEXED

05-419956

P 57299-B

A 49952D

DISTRICT 5th

DATE 9-30-96

DATE SYSTEM APPROVED 10/16/96

INSPECTOR DKS

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784

PHONE 795-5674

SUBDIVISION Brookwood Farms LOT 2 ROAD 8115 Brookwood Farm Road

PROPERTY OWNER Williamsburg Group L.L.C.

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 280+

10/15/96  
specs changed after  
initial site inspection  
rock encountered  
at septic tank. DKS

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 24 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet up the left (219.37') lot line and 75 feet off this same lot line as seen when facing the lot from Brookwood Farm Road.

NOTES - Run trenches on contour towards the rear lot line.  
- No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/13/96 DKS

PLANS APPROVED BY Amy McMillen/Donna K. Soe

REVISED DATE 08/13/96

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 TRENCHES

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

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

**BUILDING PERMIT SIGNED  
AND RETURNED 11-14-02**  
800139371-DEK

A 49952D



# APPLICATION

PERCOLATION TESTING

A 49952D

P \_\_\_\_\_

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

DISTRICT 5

DATE 4/4/94

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.

PROPERTY OWNER ~~FIRST AMERICAN PROPERTIES OF MD, INC~~ Williamsburg Group LLC  
1751 PINNACLE DRIVE  
ADDRESS McLEAN, VA 22102 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER CARMAN ASSOCIATES  
P.O. BOX 122  
ADDRESS ELLICOTT CITY, MD 21041 PHONE (410) 442-1045

PROPERTY LOCATION: NEW LOT 2  
SUBDIVISION BROOKWOOD FARMS LOT NO. 3

ROAD AND DESCRIPTION N. SIDE LIME KILN RD. OPPOSITE RESERVOIR RD  
(8115 Brookwood Farm Road)

TAX MAP 40&45 PARCEL # P-1  
SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SINGLE FAMILY DWLG. (4 Brms)  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
~~AND RETURNED~~ 8/13/96  
Serial # B00107727

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 \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

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

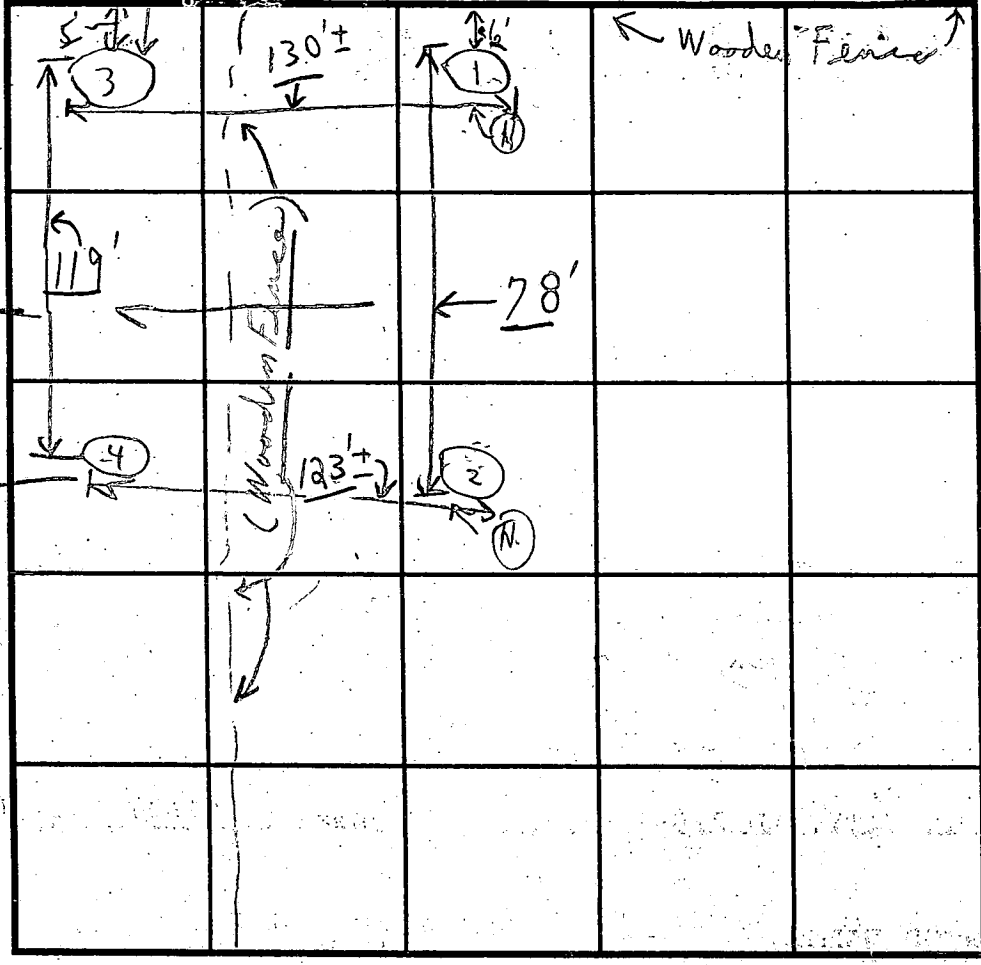
New LOT 2 <sup>White Corners</sup> Existing Gravel Road

COUNTY #  
 SOIL PROFILE  
 Hole #1

0' - 4 1/2"  
 CLAY  
 4 3/4" to  
 10%+  
 Fragmented  
 Sandstone  
 90%  
 Mica  
 Loam  
 11' - 3"

Hole #2  
 0' - 5'  
 CLAY  
 5' to  
 59%+  
 Sandstone  
 95%  
 Mica  
 Loam  
 to  
 11' - 9"

HOLE #3  
 0' - 4 1/2"  
 CLAY  
 4 1/2" to  
 10%  
 Sandstone  
 90%  
 Sandy  
 Mica  
 Loam  
 11 1/2"



SOIL PROFILE  
 Hole #4  
 0' - 4 1/2"  
 CLAY  
 4 1/2" to  
 Mica  
 Loam  
 to  
 Sandstone  
 in bottom  
 10'

10 min  
 5/8

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

"Unnamed Road"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/18/94	#1	4-3"	12:58	1:04	1:04	1:18	14'
Mossy	#2	11'-3"	12:53	12:55	12:55	12:57	2 min ±
	#2	9'	12:53	1:03	1:03	1:19	16'
	#3	4 1/2'	1:00	1:13	1:13	1:39	26 min
	#3	11 1/2'					
	#4	4 1/2'	1:08	1:12	1:12	1:35	23'
	#4	10'					Sandstone in bottom

2% Mica  
 95% Loam  
 5% Sand  
 10 min  
 to 11'-9"

REMARKS: 4/18/94 Test per stakes, Tests near fence  
 TYPE OF SOIL: Sandy mica loam some sandstone  
 TESTED BY: (Bd) ALSO PRESENT: Mr. K. Garter  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 2.6 min TRENCH WIDTH: 2  
 INLET DEPTH: 4' MAXIMUM BOTTOM DEPTH: 8 SQ. FT./BEDROOM: 280'

Holes all dug 4/18 (1st lot of PM)

C 7937

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A 49952 D

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 07/09/96

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. H-0-94-0831

OWNER (Carman 15500) STREET OR RFD Brookwood Farm Rd. TOWN PkHort SUBDIVISION Brookwood Farms SECTION LOT 2

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: Sand (0-68), Gray Mica Rock (68-305).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0-65 ft.)

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT), Nominal diameter (6 inch), Total depth of main casing (72 feet)

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

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

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

CIRCLE APPROPRIATE LETTER (A, E, P) 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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 24, DRILLERS SIGNATURE

LIC. NO., MDE USE ONLY (T, W, Q)

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

DEPTH (nearest ft.) grid: H-0-70-305, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

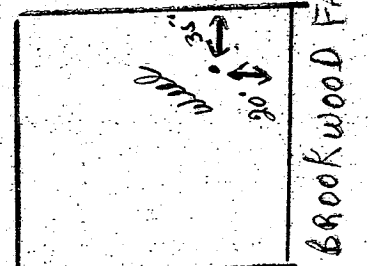
HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (38 ft. before, 53 ft. when pumping), TYPE OF PUMP USED (S - submersible)

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)

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)

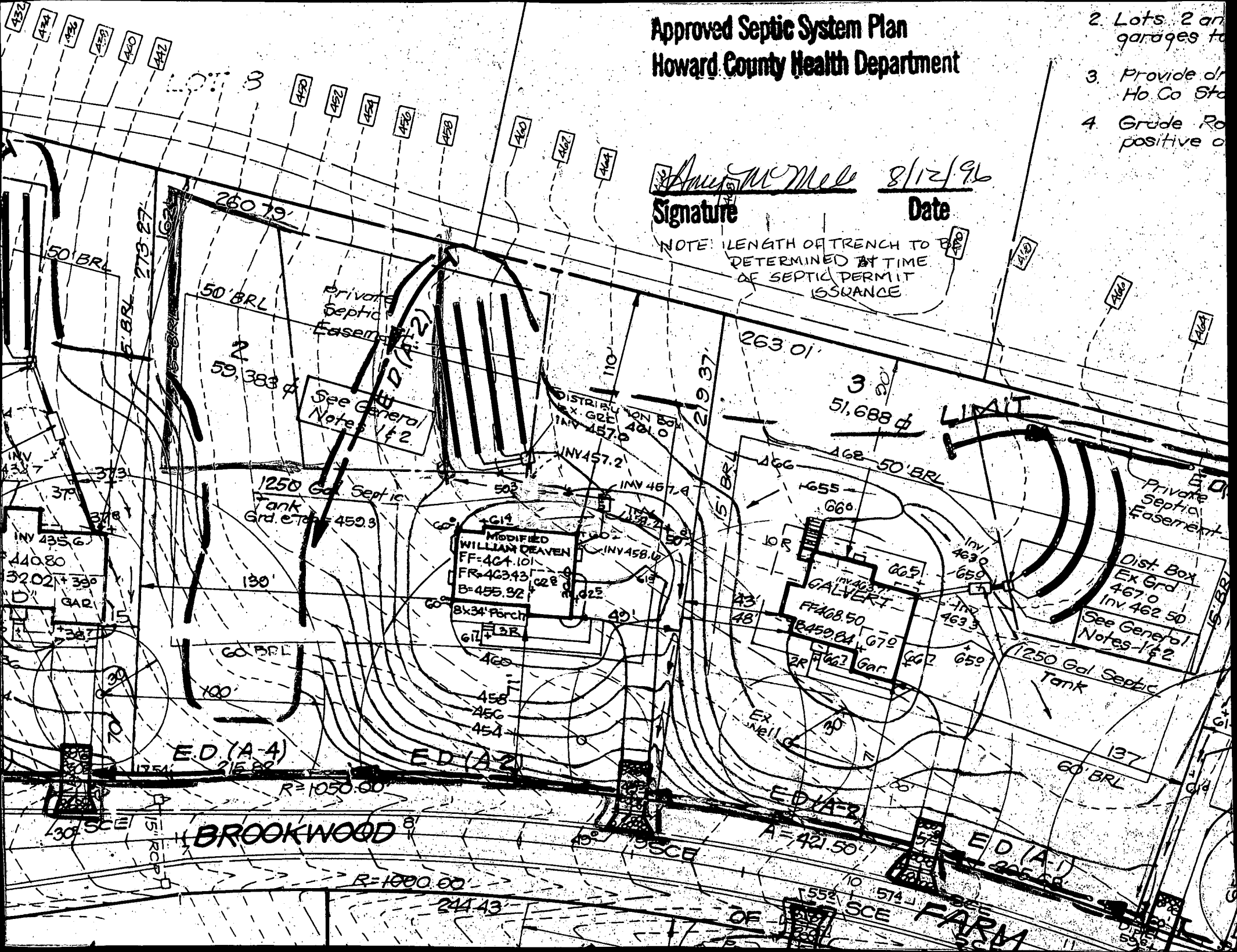


# Approved Septic System Plan Howard County Health Department

2. Lots 2 and garages to
3. Provide dr Ho. Co Sta
4. Grude Ro positive o

Amey McMeel 8/12/96  
Signature Date

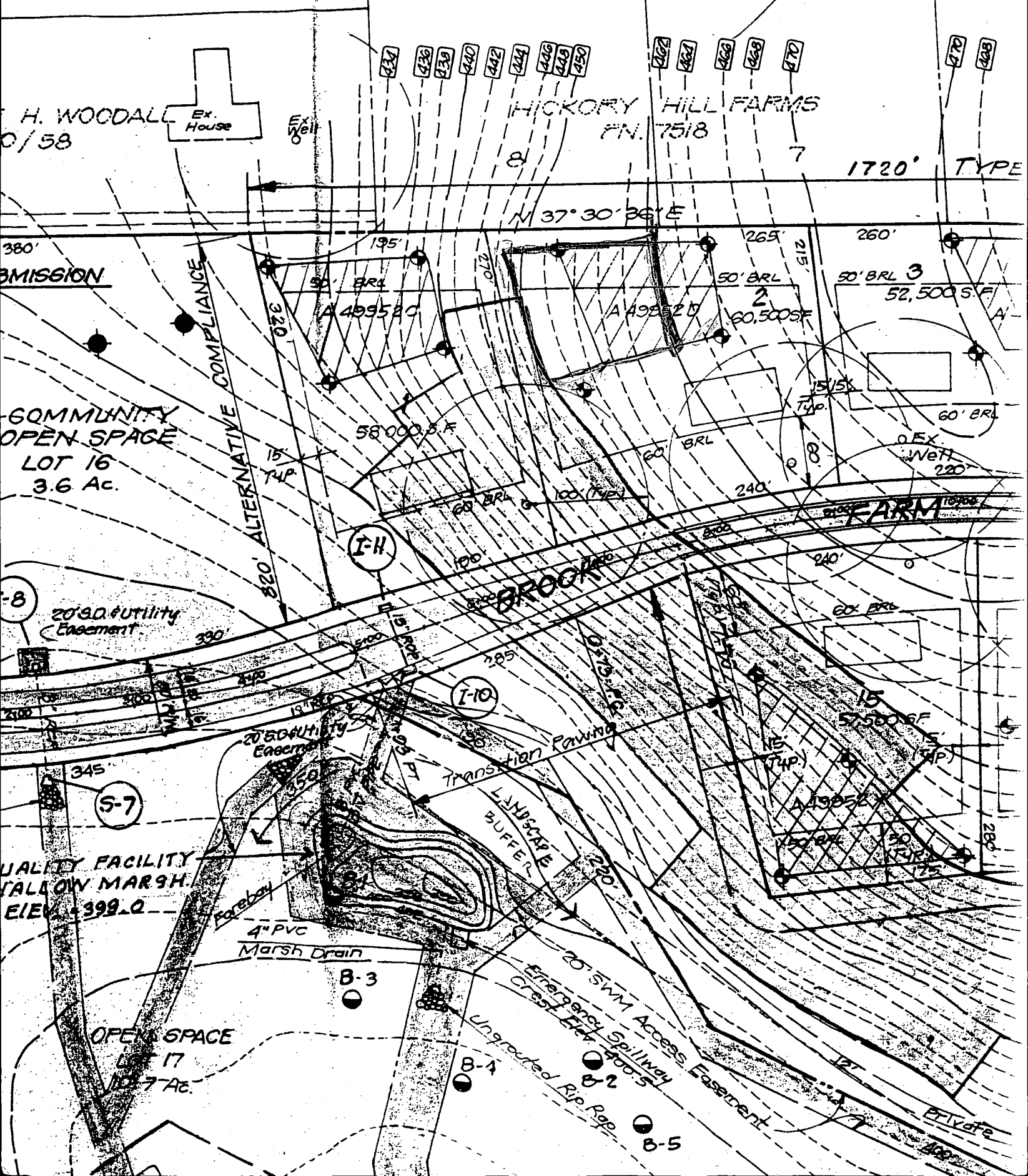
NOTE: LENGTH OF TRENCH TO BE DETERMINED BY TIME OF SEPTIC PERMIT ISSUANCE



HOUSE DIVISION  
B.7 P.22

Per Record Plat  
# 7518 and 7519

Copy of signed  
Prelim



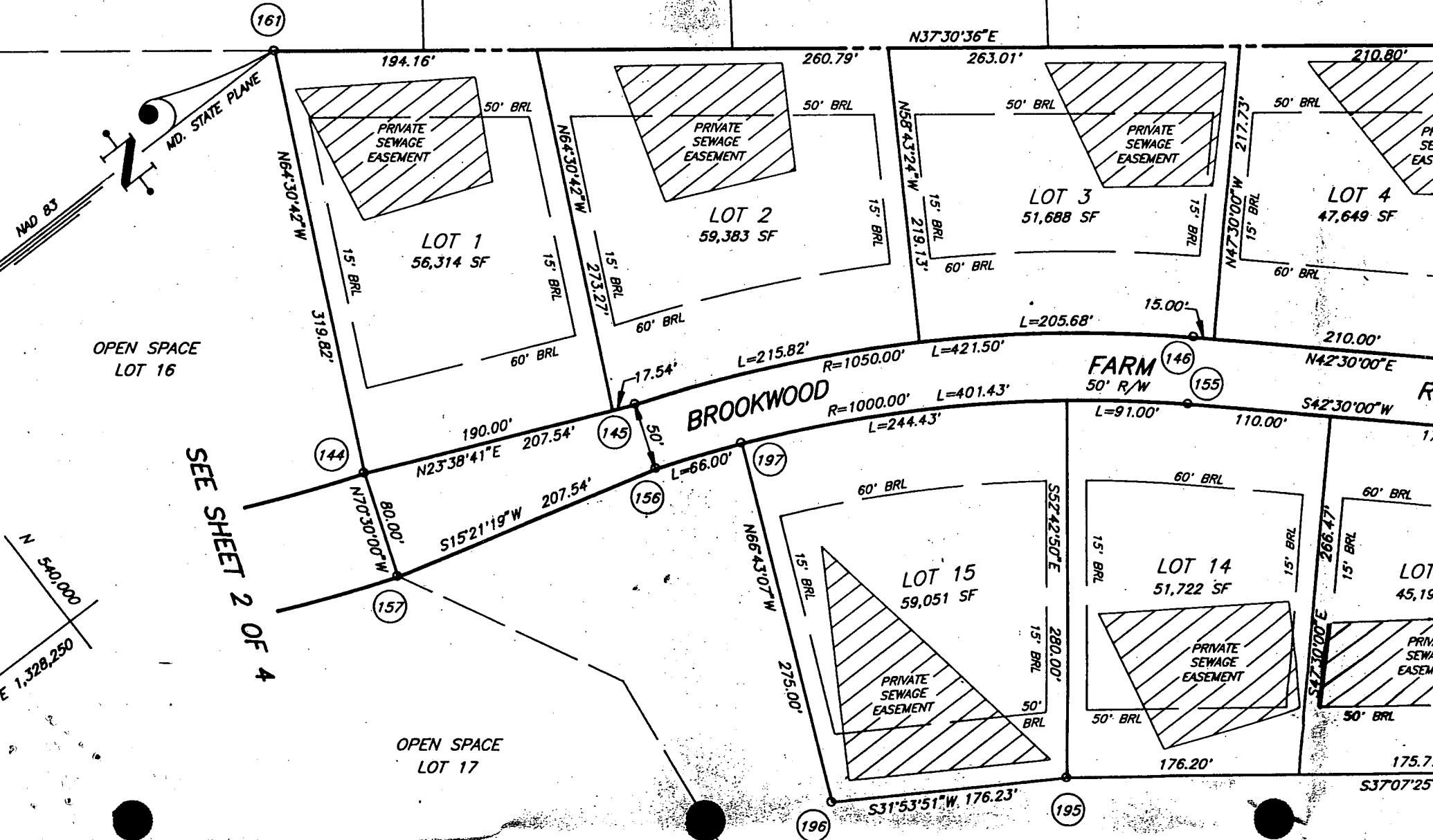
Copy of signed  
final F95-81

CONNIE H. WOODALL  
L.650 F.58

LOT 8  
HICKORY HILL FARMS  
P.NO.7518

LOT 7  
HICKORY HILL FARMS  
P.NO.7518

LOT 6  
HICKORY HILL FARMS  
P.NO.7519



SEE SHEET 2 OF 4

NOTE: This lot appears to lie in an area classified as Zone-C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community-Panel Numbers 2400440037B and 2400440041B, Panels 37 and 41 of 45, dated December 4, 1986.

BOUNDARY SURVEY  
8115 BROOKWOOD FARM ROAD  
LOT 2  
BROOKWOOD FARMS

LOTS 1 - 17 AND  
PRESERVATION PARCEL "A"  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

Wall Check: 9-9-96  
Top of Wall Elev.: 463.1  
Final: 11-29-96  
Boundary Survey: 11-29-96

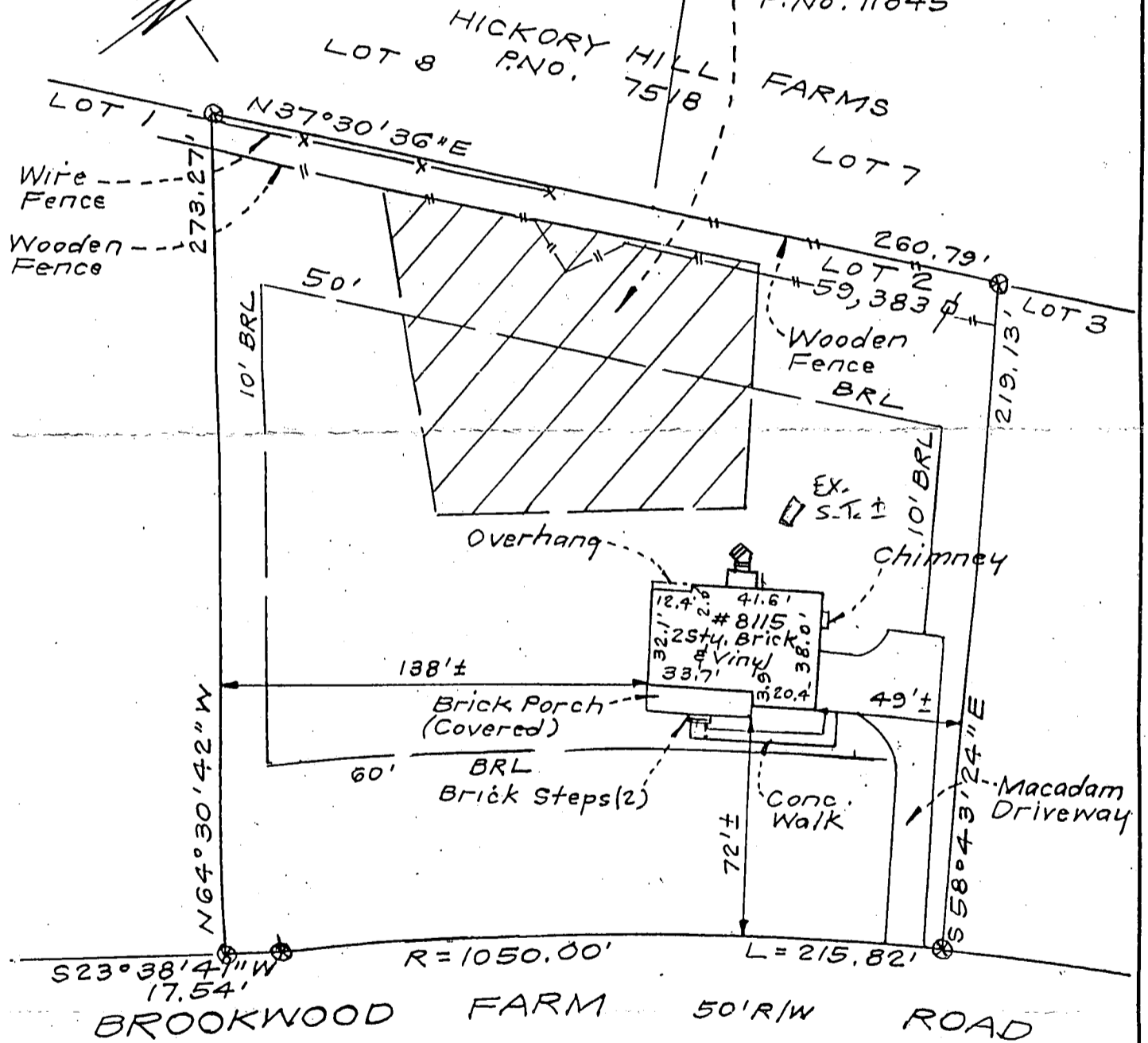
NOTES:

1. Setback distance accuracy = 1'±
2. ⊗ = Rebar & Cap



DECK OK AS SHOWN  
MR 11/14/02

Private Sewage Easement,  
see Gen'l Note No. 9  
P.No. 11845



95-007X  
94-064 R

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

CLARK, FINEFROCK & SACKETT, INC.

ENGINEERS · PLANNERS · SURVEYORS  
7135 MINSTREL WAY COLUMBIA, MARYLAND 21045  
TELEPHONE: BALT. (410)381-7500 · WASH. (301)821-8100

REFERENCE:	DRAWN BY: KWC	CHECKED BY: PAS
Plat No.: 11847	DATE: 12-2-96	FILE NO.:
	SCALE: 1" = 50'	7654W

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B00139371

Building Address 8115 Brookwood Farms Rd  
Fulton MD 20759  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605102 Subdivision Brookwood Farms  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
Tax Map 45 Parcel 1 Grid 6  
Zoning RR-050 Map Coordinates 15E5 Lot size 59,353

Property Owner's Name Kyle & Deborah Langford  
Address 8115 Brookwood Farms Rd  
City Fulton State MD Zip Code 20759  
Home Phone 301-453-9355 Work Phone 301-402-1044  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use Deck  
Estimated Construction Cost \$ 1,000  
Description of Work Deck 12 x 6  
15' x 6'

Contractor Company Garden Gate  
Contact Person Jody Lewis  
Address 871 Normand Rd, S  
City Silver Spring State MD Zip Code 20905  
License No. MHC 4400  
Phone 301-974-2656 Fax 301-570-3212

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED IN WRITING CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name Kyle Langford  
14 Nov 2002  
Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>11/14/02</u>	<u>Mark R. P...</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>2545</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>50</u>
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>4734</u>
	Validation # <u>16045</u>

Accepted by \_\_\_\_\_

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA