

6-7-96
CD. 1-2 pm
OK PT 2/8/96
OK 82
NO BONN

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 56956 A

A 49952E

DISTRICT 5th

DATE 5-30-96

DATE SYSTEM APPROVED 8-23-96

INSPECTOR DKS (verified)
by phone w/ Tom Williamsburg

05-419969

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Brookwood Farms LOT 3 ROAD 8119 Brookwood Farm Road

PROPERTY OWNER Williamsburg Group L.L.C. / JAMES HORN

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 4½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 130 feet from the left lot line and 55 feet off the rear lot line as seen when facing the lot from Brookwood Farm Road. Run trenches on contour toward the rear 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. 5/17/96 OK AM

PLANS APPROVED BY Glen Savage DATE 04/02/96

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

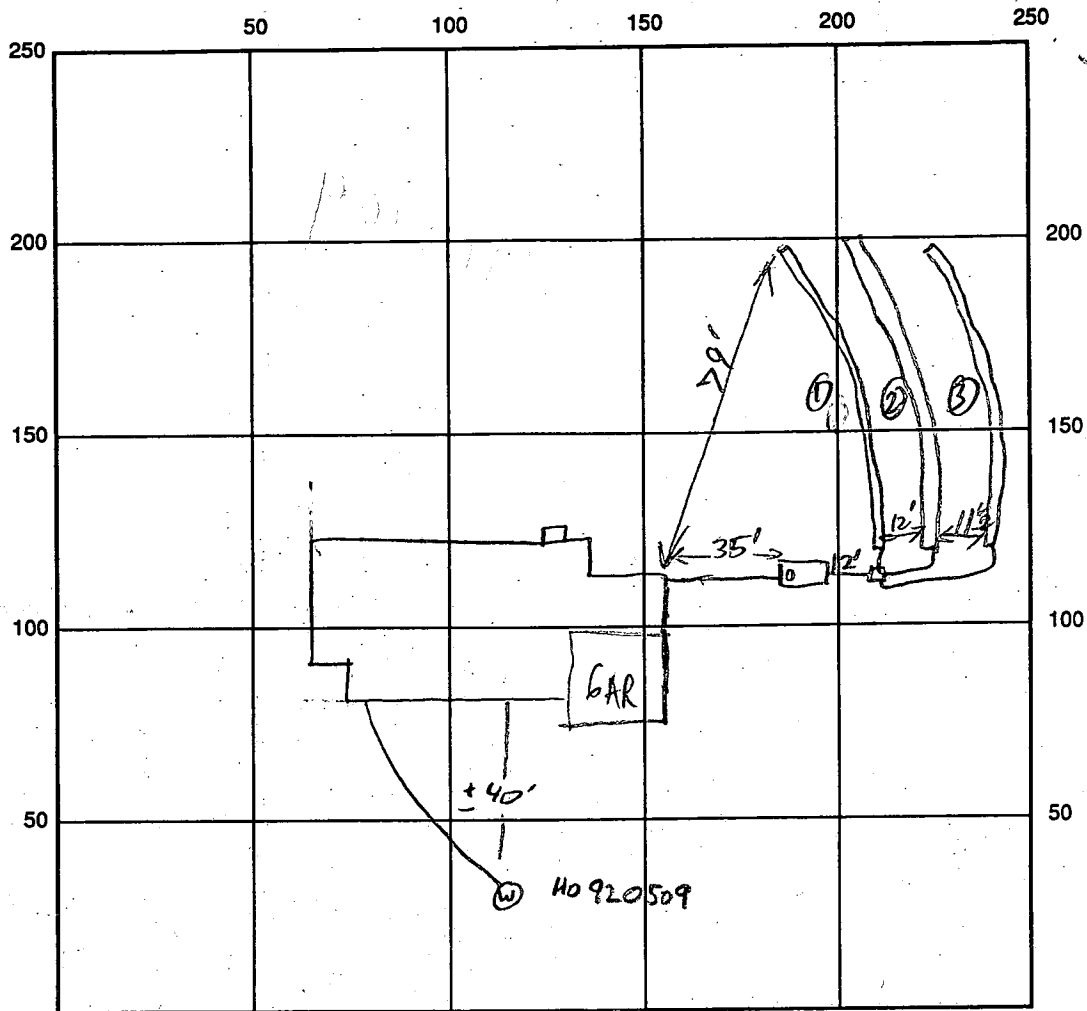
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

OLD PERMIT SIGNED
AND RETURNED 10-1-97
Serial # BRS 108170 deck

A 49952E



7/8/96
 WPI ok *ff*

SEPTIC TANK LEVEL 1250 gal CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 8 1/2 - 9' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 70 / 70 1/2 FT. = 215

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 860 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 1 trench + ST + supply line up to 15' from house OK to cover

No House Connection yet. RPP 6/7/96

8/23/96 HOUSE CONN VERIFIED BY GPC w/BLDR. DKS

Need 2 pie well cap

well casing is just at or slightly below final grade - Needs an 18" extension 6/7/96

DATE SYSTEM APPROVED 8/23/96 INSPECTOR DKS

APPLICATION

PERCOLATION TESTING

A 49952E

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

ADDRESS 1751 PINNACLE DRIVE
MCLEAN, VA 22102 PHONE (703) 442-1045

AGENT OR PROSPECTIVE BUYER CARMAN ASSOCIATES

ADDRESS P.O. BOX 122
ELLICOTT CITY, MD 21041 PHONE (410) 442-1045

PROPERTY LOCATION: NEW LOT 3

SUBDIVISION BROOKWOOD FARMS LOT NO. 4

ROAD AND DESCRIPTION N. SIDE LIME KILN RD. OPPOSITE RESERVOIR RD

TAX MAP 40&45 PARCEL # P-1

**BLDG. PERMIT SIGNED
AND RETURNED 4-2-96**
Serial # 64202

SIZE OF LOT _____ TYPE BLDG. SINGLE FAMILY DWLG. - 4 BEMS
(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 _____

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 3
A 49952 E

(Home) (Wooden Siding) (Erect) Gravel Road

COUNTY #
LOT #
SOIL PROFILE
HOLE #①

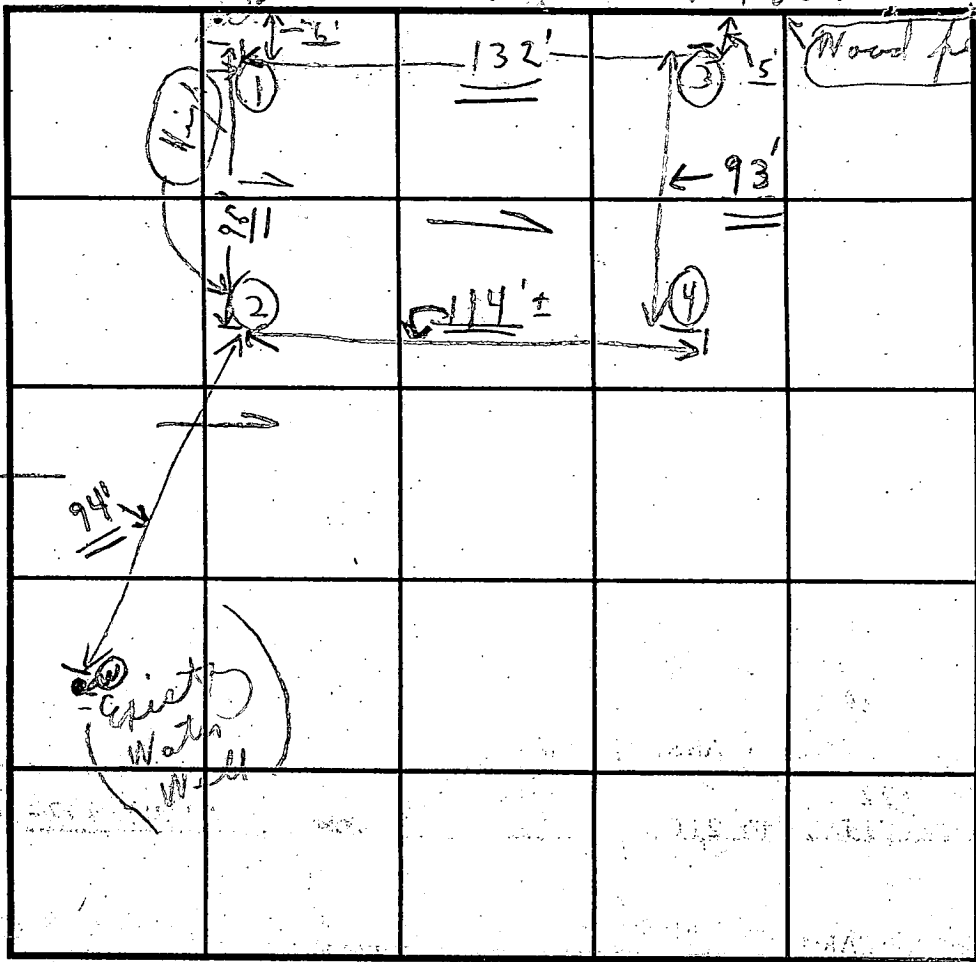
0'-5'
CLAY
5'-6'
100%
Sandy
Mica
LOAM
11 1/2'

HOLE #②

0'-4 1/2'
CLAY
4 1/2' to
Sandy
Mica
LOAM
11 1/2'

HOLE #③

0'-5'
CLAY
5' to
SANDY
MICA
LOAM
11 1/2'



SOIL PROFILE
HOLE #④

0'-4 1/2'
CLAY
4 1/2' to
Sandy
Mica
LOAM
to
11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

"Un named Road"

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|---------|-------------------------------|------|----------------|------|------------|
| | | | START | STOP | START | STOP | |
| 4/18/94 | ① | 5' | 1:43 | 1:45 | 1:45 | 1:47 | 1 1/2 min |
| | | 11 1/2' | 0'-5' Clay 100% Sandy Mica | | Loam | | (no stone) |
| | ② | 4 1/2' | 1:48 | 1:49 | 1:49 | 1:51 | 2 min |
| | | 11 1/2' | 0'-4' Clay S. M. | | Loam | | (no stone) |
| | ③ | 5' | 1:55 | 1:58 | 1:58 | 2:01 | 3 min |
| | | 11 1/2' | 0'-5' Clay Mica | | Loam | | |
| | ④ | 4 1/2' | 1:53 | 1:57 | 1:59 | 2:01 | 4 min |
| | | 11' | S. M. | | Loam | | |

REMARKS: 4/18/94 Tests in open pits at
 TYPE OF SOIL: Sandy mica loam - no sandstone
 TESTED BY: _____ ALSO PRESENT: _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 3 min TRENCH WIDTH: _____
 INLET DEPTH: 4 1/2' MAXIMUM BOTTOM DEPTH: 8 1/2' SQ. FT./BEDROOM: 180'+
 (2 and Lot of P.M.)

C1 **8880** SEQUENCE NO. (DENV 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 **W-49-786**

1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED
 IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE Received **120693**
 DATE WELL COMPLETED **123193**

Depth of Well
 22 **265** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-92-0509

OWNER **CARLSON, KENNETH**
 STREET OR RFD **LIME KILN RD** last name first name TOWN **FULTON**
 SUBDIVISION **BROOKWOOD FARMS** SECTION LOT **23**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | Check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Top Soil | 0 | 2 | |
| Sandy | 2 | 70 | ✓ |
| Sand Stone | 70 | 75 | |
| MICKA | 75 | 110 | |
| Sand Stone | 110 | 115 | ✓ |
| MICKA | 115 | 190 | |
| Sand Stone | 190 | 195 | ✓ |
| MICKA | 195 | 265 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **19** NO. OF POUNDS **1900**
 GALLONS OF WATER **114**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL **6** **85**
 60 61 63 64 66 70

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

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

C2
 DEPTH (nearest ft.)
 1 **40** **265**
 8 9 11 15 17 21
 2
 23 24 26 30 32 36
 3
 38 39 41 45 47 51

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. **116**
Ruth Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

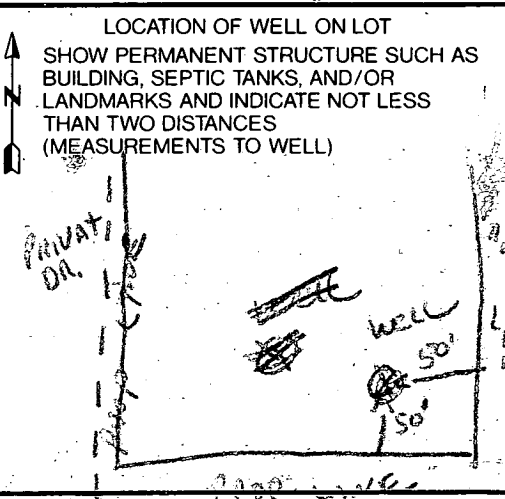
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQ
 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **39**
 WHEN PUMPING **82**
 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
 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) **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 (nearest foot)
 below }



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 Kastner P/g + Htg Inc

Telephone 301-725-5000

License Number 1862

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Williamsburg Bldrs

Telephone 410-964-4440

Subdivision Brookwood Lot # 3

Well Tag # _____

Site Address 8119 Brookwood Farm Rd
Fulton, MD 20759

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Gould
- Model # 7GS07412
- 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 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Harvard
- Model # _____
- Depth 3 ft.

Tank

- Capacity 42 gal
- Pressure relief valve? yes

Piping

- Type 160 psi
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 3 ft.

Well data

- Depth 265 ft.
- Yield 6.5 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

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: Michael J. Kastner

Date: 7-5-96

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

Septic Areas Shown
Per Record Plats
7518 and 7519

Copy of
Prelim

434 436 438 440 442 444 446 448 450

462 464 466 468 470

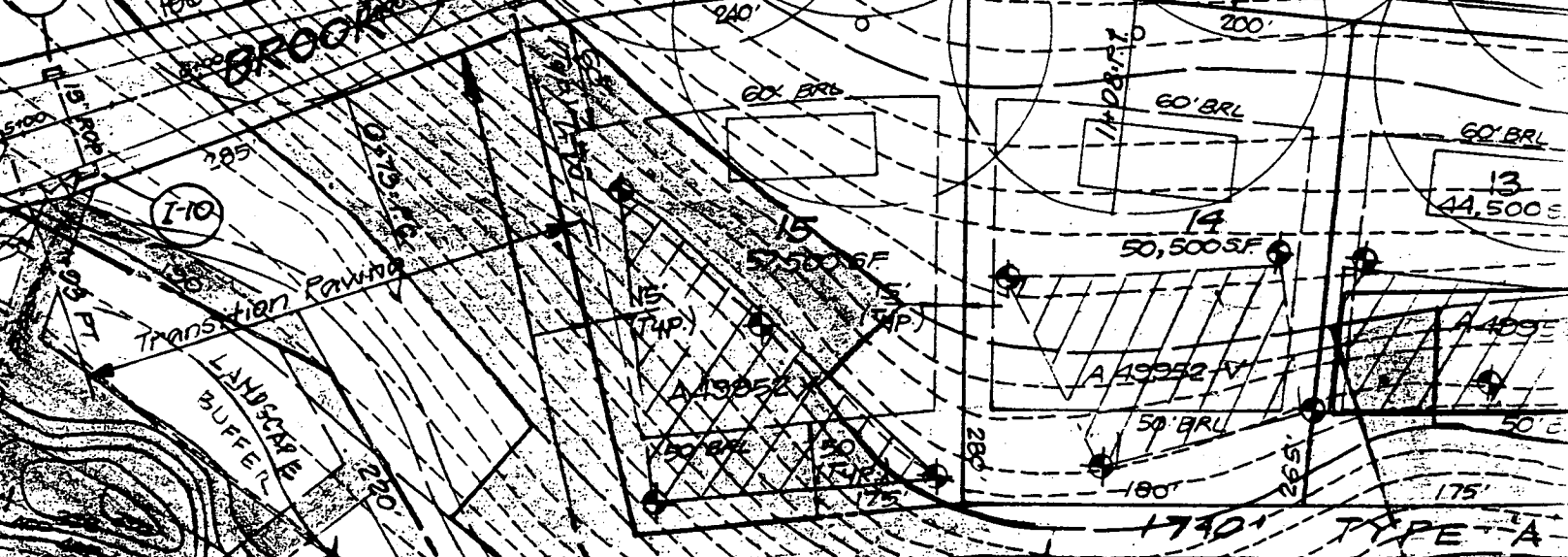
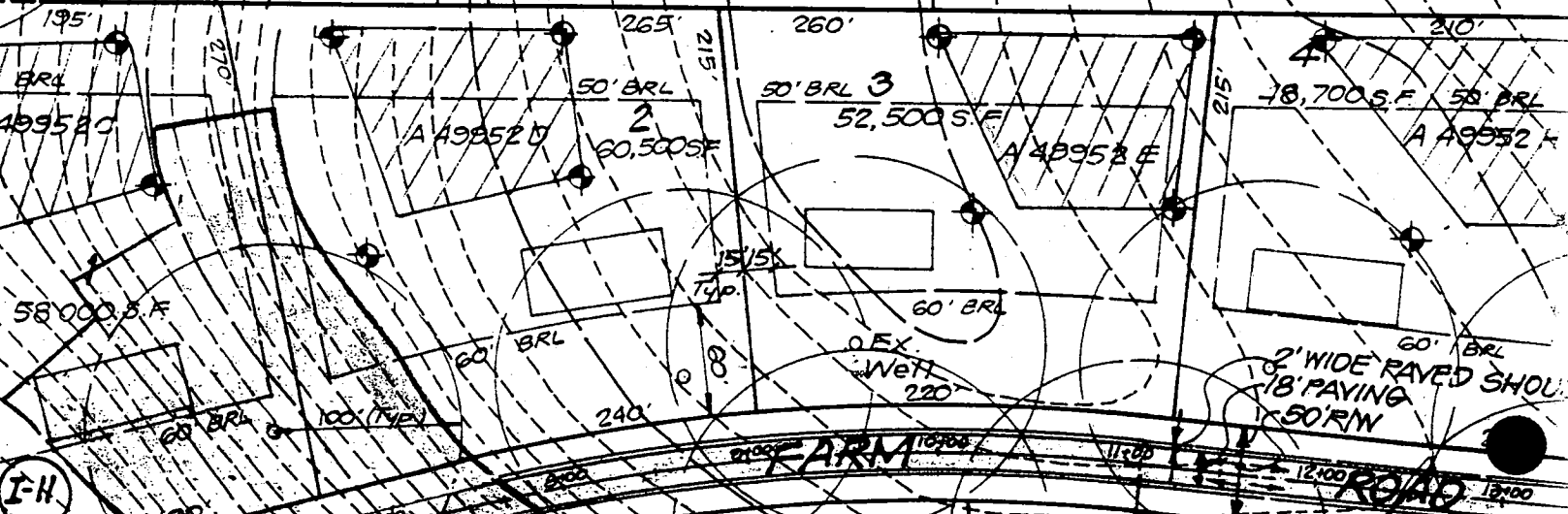
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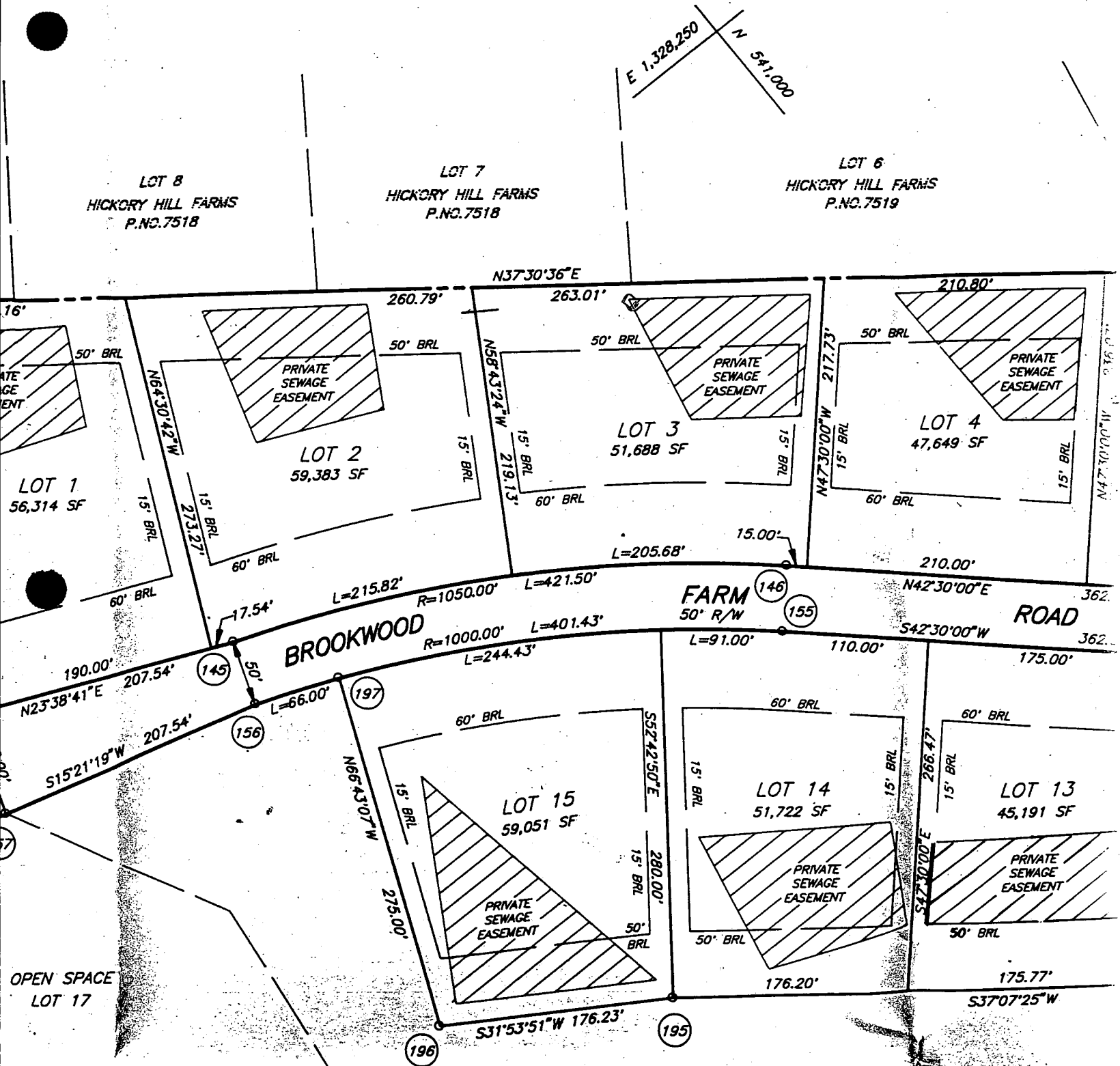
HICKORY HILL FARMS
FN. 7518

HICKORY

1720' TYPE 'A' LANDSCAPE EDGE

N 37° 30' 36" E





SEE SHEET 4 OF

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
8119 BROOKWOOD FARM ROAD
LOT 3
BROOKWOOD FARMS
LOTS 1 - 17 AND
PRESERVATION PARCEL "A"
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NOTES:

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

Wall Check: 4-17-96
Top of Wall Elev.: 467.6
Final: 1-21-97
Boundary Survey: 1-21-97

PROPOSED DECK
OK - NO IMPACT
MR 10/1/97

