

4/2/96
1800

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

05-419972

P 56493-D

A 49952-H

DISTRICT 3rd

DATE 3-14-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 4/2/96

INSPECTOR M. Ritkin

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Brookwood Farms LOT 4 ROAD 8123 Brookwood Farm Road

PROPERTY OWNER Williamsburg Builders Byerly

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet down the left lot line and 137 feet off the same lot line as seen when facing the lot from Brookwood Farm Road. Run trenches on contour.

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

OK 1/2/96 Dykes

PLANS APPROVED BY Donna K. Soe/Glen Savage

Revised DATE 11-1-95, 12-28-95

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**

HD-260(6-90)

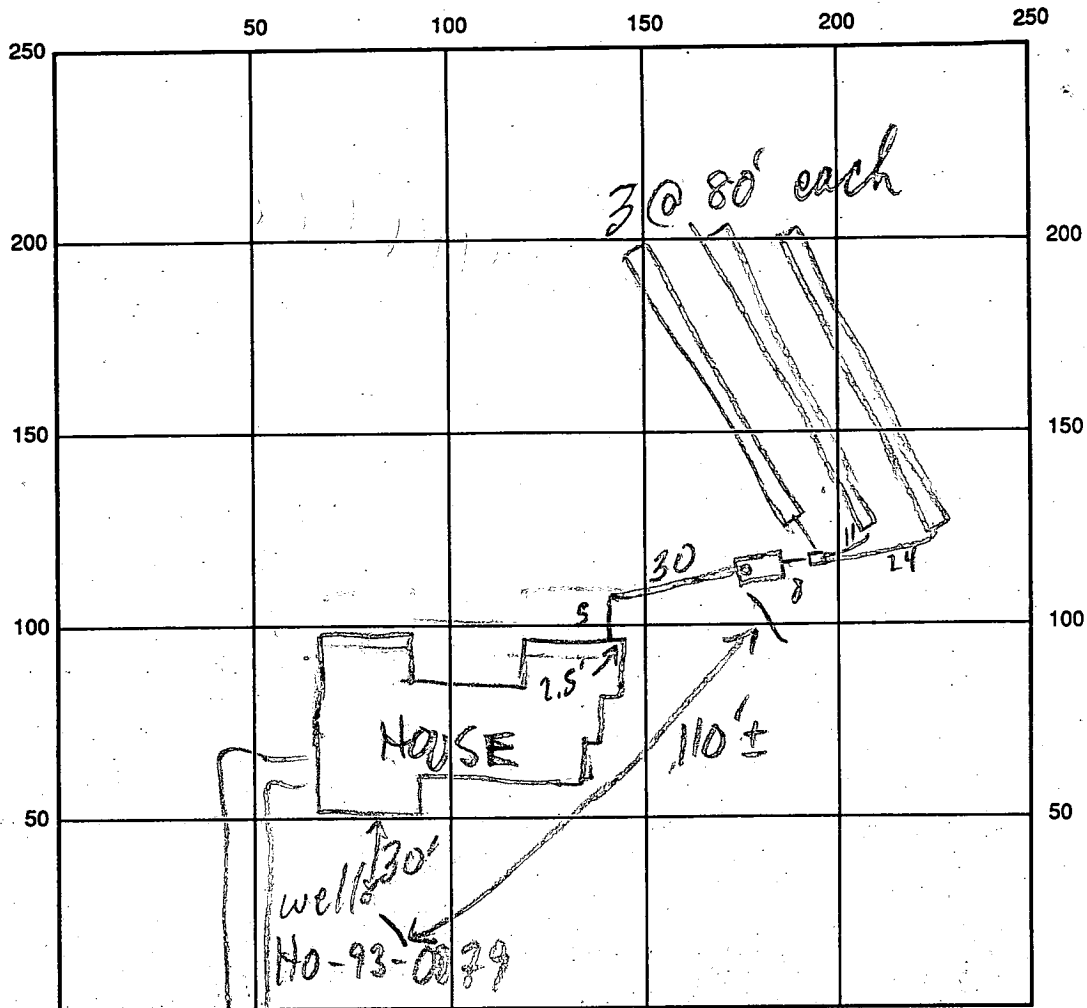
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED

AND RETURNED 5/8/96

Serial # 64894 perpendicular

A 49952H



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS S.T. - OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 11/2/3 8.5/8.5/8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 11/2/3 4.5/4.5/4.5 FT.
 EFFECTIVE GRAVEL DEPTH 11/2/3 4/4/4 FT. TOTAL LENGTH 3 @ 80 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3 @ 320 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 9600 SQ. FT.

REMARKS: 4/2/96 OK TO FINISH & COVER ALL MR

DATE SYSTEM APPROVED 4/2/96 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

A 49952H

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 (410) 442-1045

AGENT OR PROSPECTIVE BUYER CARMAN ASSOCIATES

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

PROPERTY LOCATION:
SUBDIVISION BROOKWOOD FARMS LOT NO. NEW LOT 4
5

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

TAX MAP 40&45 PARCEL # P-1

SIZE OF LOT _____ TYPE BLDG. SINGLE FAMILY DWLG.
(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 _____

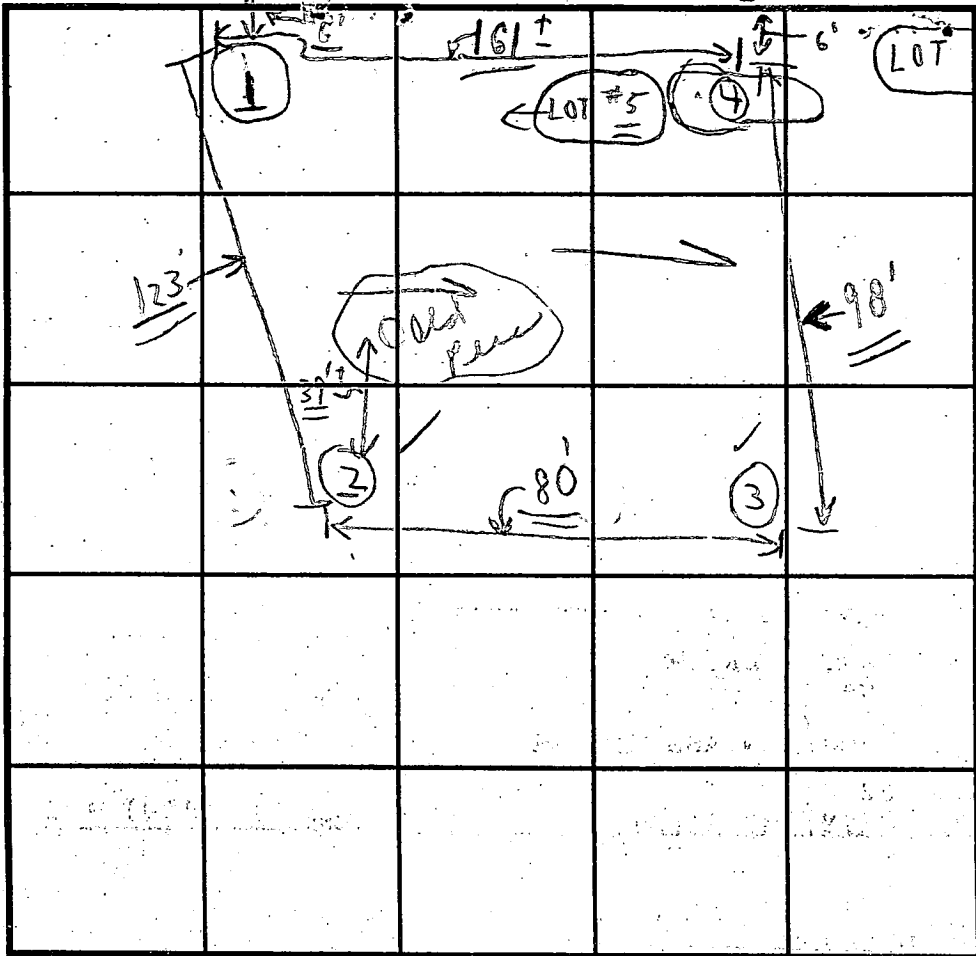
REASONS FOR REJECTION OR HOLDING _____

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 4
 899952N
 COUNTY #
 LOT #5
 SOIL PROFILE #
 HOLE #1



NOTE #4 hole
 1st LOTS 5+6
 SOIL PROFILE HOLE #4
 0' - 7' CLAY
 7' LOAM
 To
 13' 8"

0' - 6 1/2' CLAY
 6 1/2' LOAM
 14' - 3"

HOLE #2
 0' - 4 1/2' CLAY
 4 1/2' to LOAM
 11 1/2'

HOLE #3
 0' - 4 1/2' Clay
 4 1/2' to LOAM
 10' - 8"

For 4/19 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 (Lanes) 1 (B) 7 (4/19) 6 1/2' P Unnamed Road ok (6 1/2' to 6' 8")

DATE	TEST NO.	DEPTH	10:19 PRE-WET START	10:22 STOP	10:22 TEST - 1" DROP START	10:26 STOP	4m TIME
4/18/94	(1) A	5' X	2:11	2:11	2:11	2:11	2:28
MONDAY	(2)	11'	0:6 - 4:3	4:3	4/19/94	Day	14:3"
	(2)	4 1/2'	2:13	2:30	2:30	2:58	28m
	(2)	11 1/2'	0:6 - 4 1/2' Clay 4 1/2' - 11 1/2' Loam				
	(3)	4 1/2'	2:24	2:27	2:27	2:31	4m
	(3)	10' - 8"	0:6 - 4 1/2' Clay 4 1/2' - 10' 8" Loam				
	(4) A	5 1/2'	2:34	2:34	1/2" 3/4" at	moist	3:04
	(4)	13' - 8"	(4/19)		Clay Loam	Day	
For 4/19	(4) B	7' 4/2"	10:21	10:25	10:25	10:29	4m

REMARKS 4/18/94 Tests on site; Tests in field
 TYPE OF SOIL Sandy loam
 TESTED BY C. B. D.
 ALSO PRESENT P. W. Carter
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 20m TRENCH WIDTH 3
 INLET DEPTH 4 1/2' MAXIMUM BOTTOM DEPTH 8 1/2' SQ. FT./BEDROOM 240'⁺
 (3rd Lot in P.M.)

C1 2872 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 A49952 H

SI/CO USE ONLY DATE RECEIVED 120795

DATE WELL COMPLETED 120595

Depth of Well 22 245 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0079

OWNER Carman Associates STREET OR RFD Brookwood Farm Rd TOWN FULTON SUBDIVISION Brookwood Farms SECTION LOT 4

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. Entries: SAND (0-102), GRAY Mica Rock (102-245).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 35 NO. OF POUNDS 3290 GALLONS OF WATER 210 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 60 ft.

CASING RECORD casing types insert appropriate code below (S) (C) (P) (O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 105

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

SCREEN RECORD screen type or open hole (S) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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.

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

DRILLERS SIGNATURE (Signature)

LIC. NO. 27

DRILLERS SIGNATURE (Signature)

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

DEPTH (nearest ft.) 1 H0 104 245 2 E A C H S C R E E N 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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

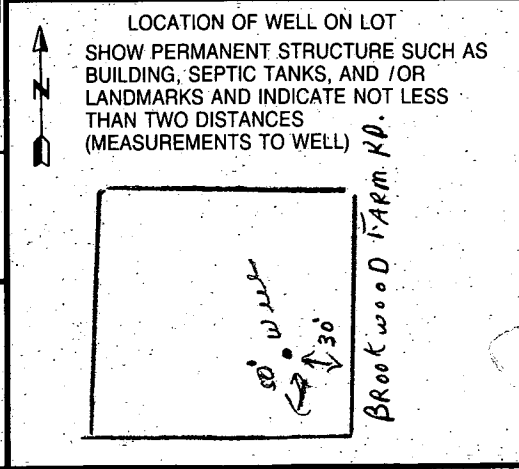
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q. 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 008.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 204 ft. 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. 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)



5/13/96
P.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer Charles Klein & Sons

Telephone 549-6960

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Williamsburg Bldgs. Telephone _____
Subdivision Brookwood Farms Lot # 4 Well Tag # _____
Site Address 8123 Brookwood Farms Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

5/13/96
P.A. 36" below grade
casing 1' above grade - ok to cover. DCS

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: _____

Date: _____

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

5/13/96
P.M.

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Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ 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 _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

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

5/13/96
P.A. 36' below grade
casing 1' above grade - ok to cover. DRS

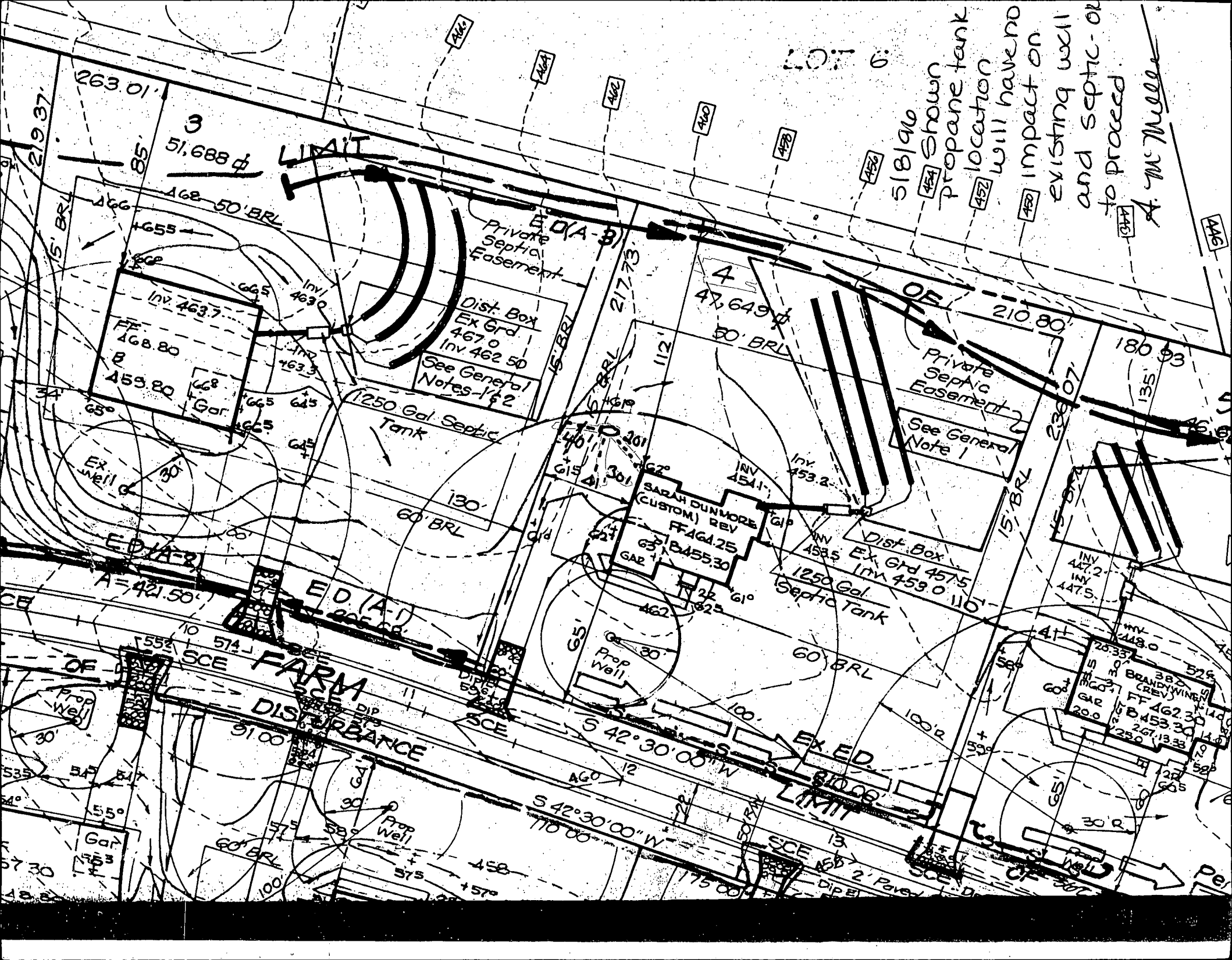
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Signature of Applicant: _____

Date: _____

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LOT 6

518196
 [454] Shown
 Propane tank
 [452] location
 will have no
 [450] impact on
 existing well
 and septic or
 to proceed.
 A.M. Moore

3
 51,688 sq ft

4
 47,649 sq ft

Private Septic Easement

Private Septic Easement

Dist. Box
 Ex Grd 467.0
 Inv 462.50
 See General Notes 1 & 2

See General Note 1

SARAH DUNMORE
 (CUSTOM) REV
 FF 464.25
 FT 455.30
 GAR 1

Dist. Box
 Ex Grd 457.5
 Inv 459.0

1250 Gal. Septic Tank

1250 Gal. Septic Tank

ED (A-D)
 205.00'

EX ED.
 810.00'

FARM
 DISTURBANCE

S 42°30'00" W
 170.00'

LIMIT

219.37'

263.01'

210.80'

180.93'

574'

31.00'

110.00'

810.00'

41'

25.33'

52.9'

57.30'

60' BRL

100'

57.5'

157.0'

458'

175.00'

110.00'

175.00'

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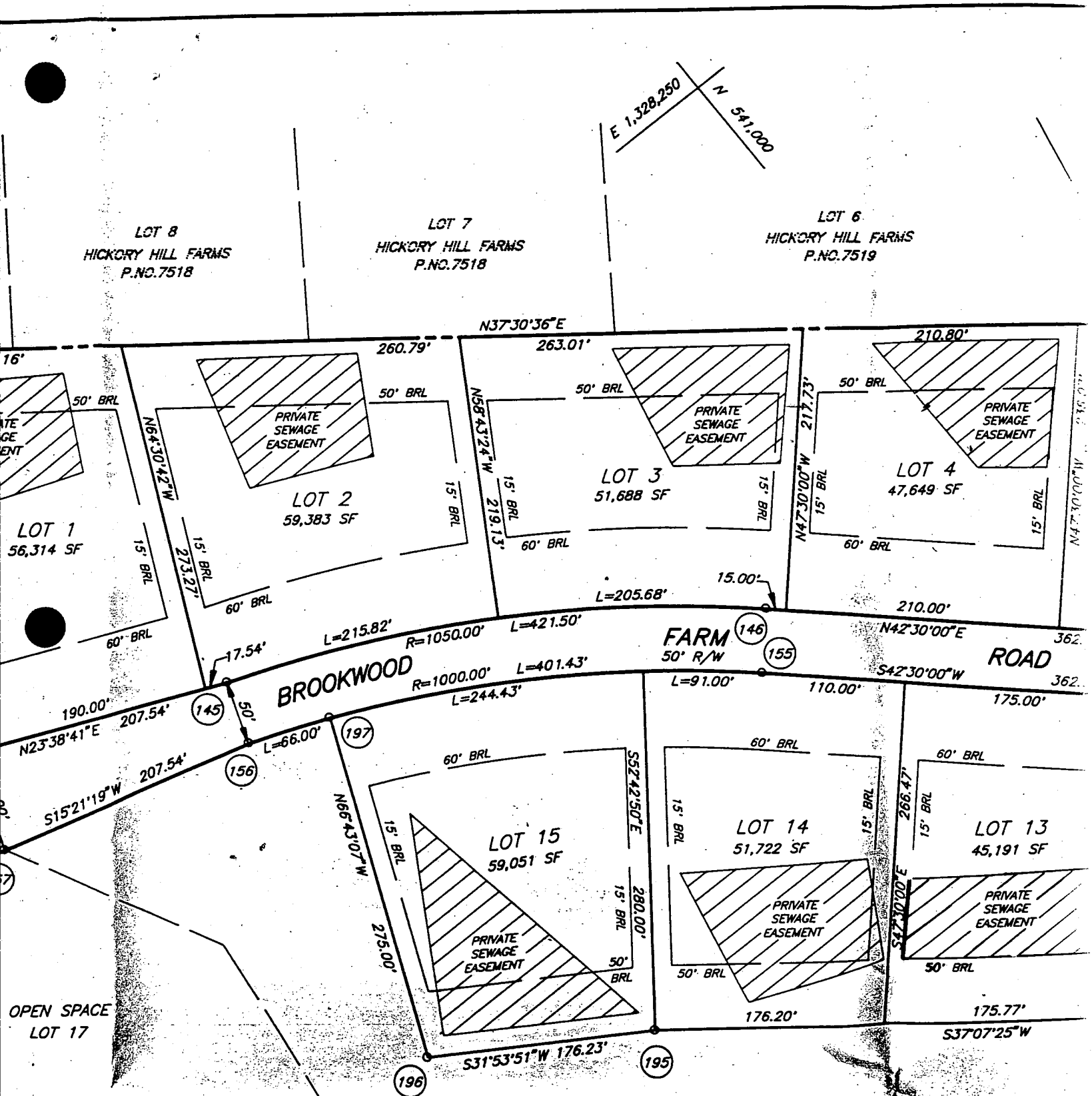
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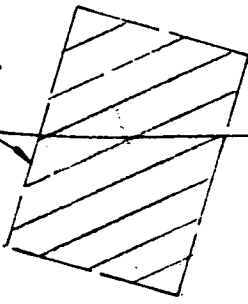
58.0'



SEE SHEET 4 OF

Septic Areas Shown
Per Record Plats
7518 and 7519

Copy of Signed
Prelim



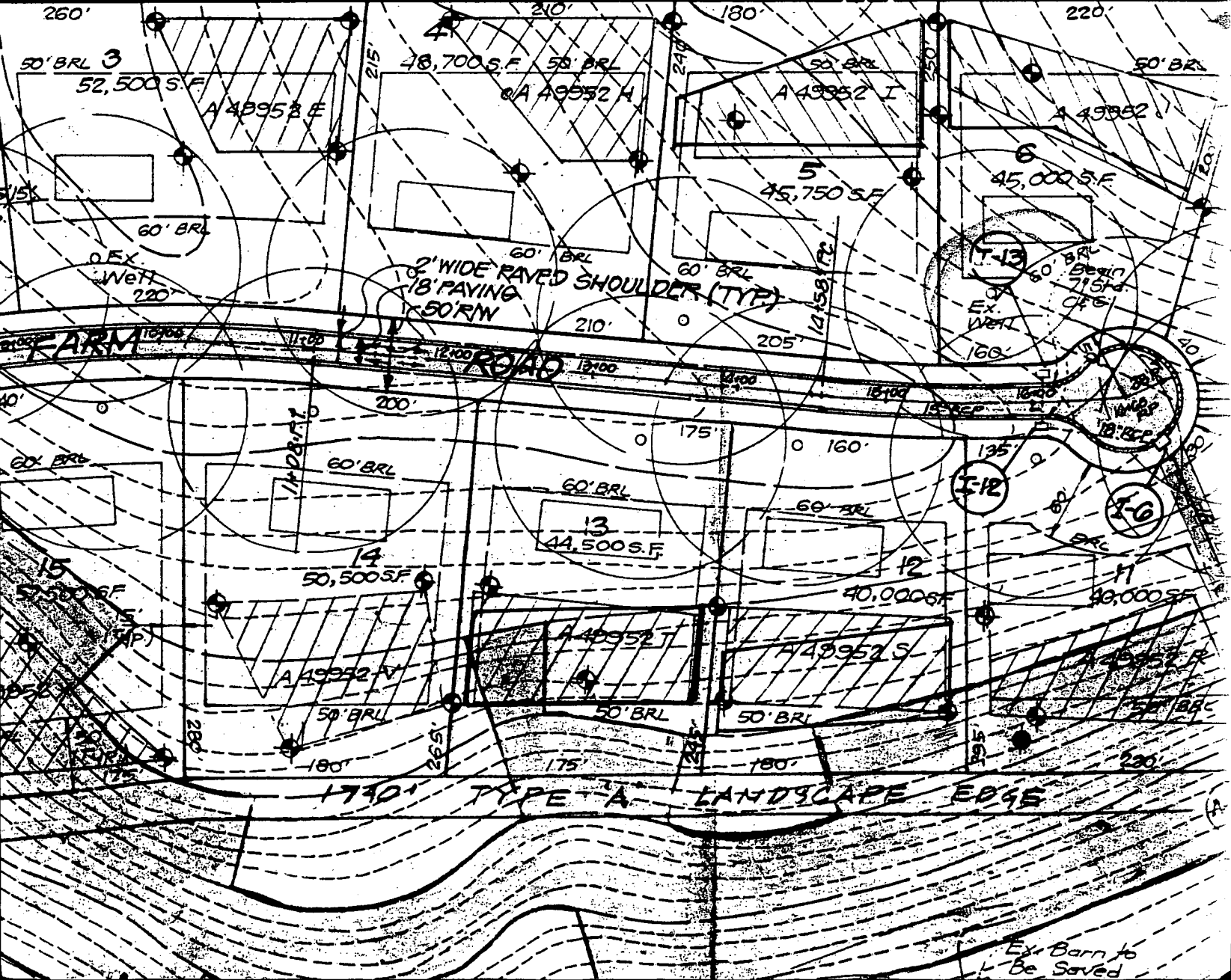
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- 420
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- 442
- 400
- 428
- 436
- 434
- 432

HICKORY HILL FARMS
PN. 7519 BOUNDARY

1720' TYPE 'A' LANDSCAPE EDGE

Ex. Well

SEE LANDSCAPE



1730' TYPE 'A' LANDSCAPE EDGE

Ex. Barn to
Be Saved