

10/20/97
10/23/97 AM
10/24/97
11/12/97
am/pm
House conn

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 59010-C

A 49952-M

DISTRICT 5th

DATE 10/10/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 11/17/97

INSPECTOR KM

05-420016

Earl E. Preston, Jr., Inc. IS PERMITTED TO INSTALL ALTER X

ADDRESS 2228 Engle Road, Fallston, Maryland 21047 PHONE 410-557-8100

SUBDIVISION Brookwood Farms LOT 8 ROAD 8139 Brookwood Farms Road

PROPERTY OWNER Williamsburg Group, LLC

ADDRESS

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

AND RETURNED
6-17-04 B00148859-DECK + PORCH

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting at the end of the pipestem, place the distribution box 75 feet down the 261.55' lot line and 115 feet off the same lot line as seen when facing the lot from Brookwood Farm Road. Run trenches on contour towards the 337.64' lot line. KEEP TRENCHES 100 FEET FROM WATER WELLS.

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

PLANS APPROVED BY Donna K. Soe/Glen Savage OK 8/21/97 REVISED DATE 8/14/97

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

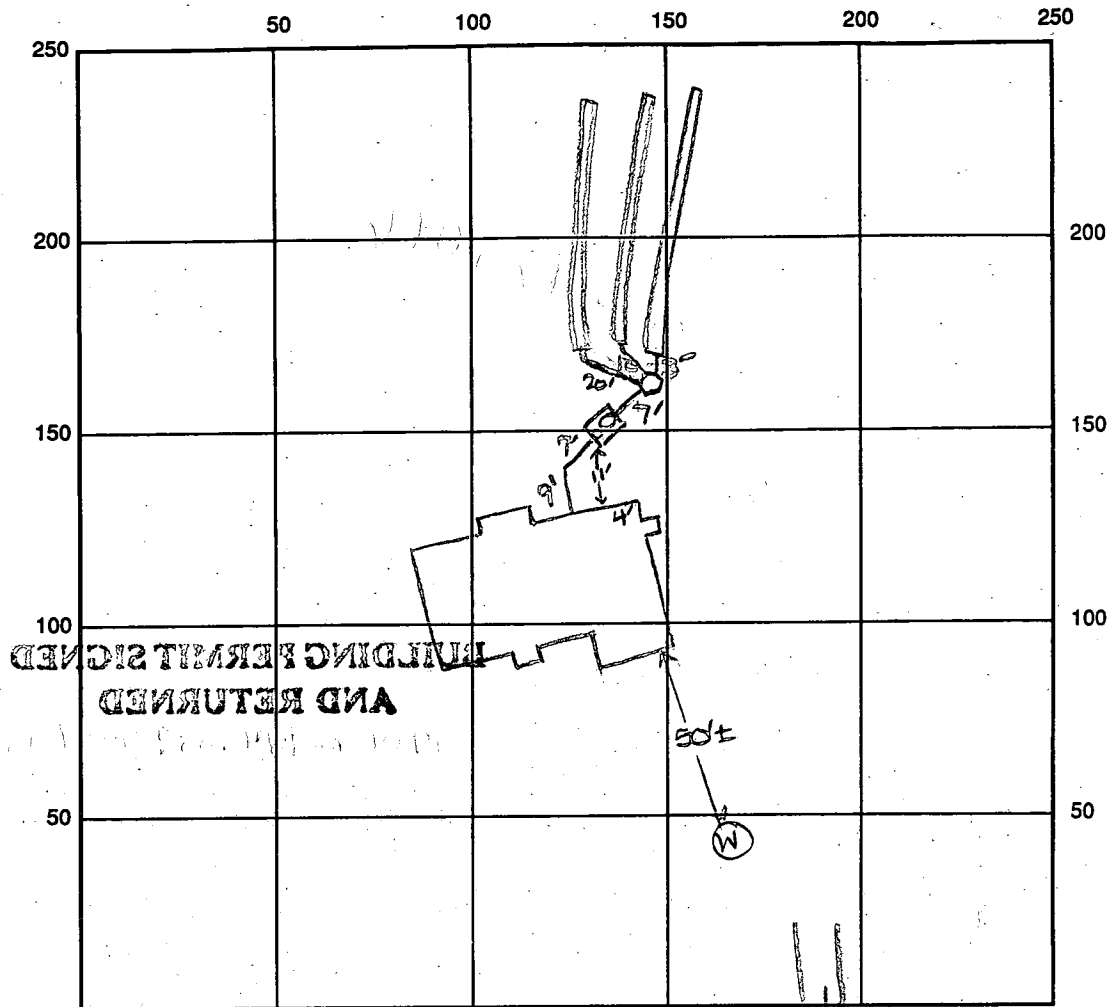
PERMIT VOID AFTER TWO YEARS

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 419952M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

to Brookwood Farm Rd.

SEPTIC TANK LEVEL OK - 1500 gal top sealed CLEANOUTS manhole on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x80 FT. → 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/20/97 layout as specified confirmed w/contractor-
OK to proceed. JKS

10/23/97 OK to cover septic tank. House connection needed.

10/24/97 OK to cover all septic work - needs house
connection. JKS/AM

11/17/97 has house conn (km)

DATE SYSTEM APPROVED 11/17/97

INSPECTOR Jim Maister

APPLICATION

PERCOLATION TESTING

A 49952M

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:
SUBDIVISION BROOKWOOD FARMS LOT NO. NEW LOT 8
9

ROAD AND DESCRIPTION N. SIDE LIME KILN RD. OPPOSITE RESERVOIR RD
(8139 Brookwood Farms Road)
TAX MAP 40&45 PARCEL # P-1

**JUDGE PERMIT SIGNED
AND RETURNED 8-14-97
Serial # B17107415**

SIZE OF LOT _____ TYPE BLDG. SINGLE FAMILY DWLG. - 4 Bdrms
(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 #
A49952 M

COUNTY #
LOT #9
SOIL PROFILE
HOLE #1

0' - 3 1/2'
CLAY

LOAM

TO

↓

9' - 3"
Sandstone

HOLE #2
0' - 4 1/2'
CLAY
4 1/2'
Sandy
LOAM

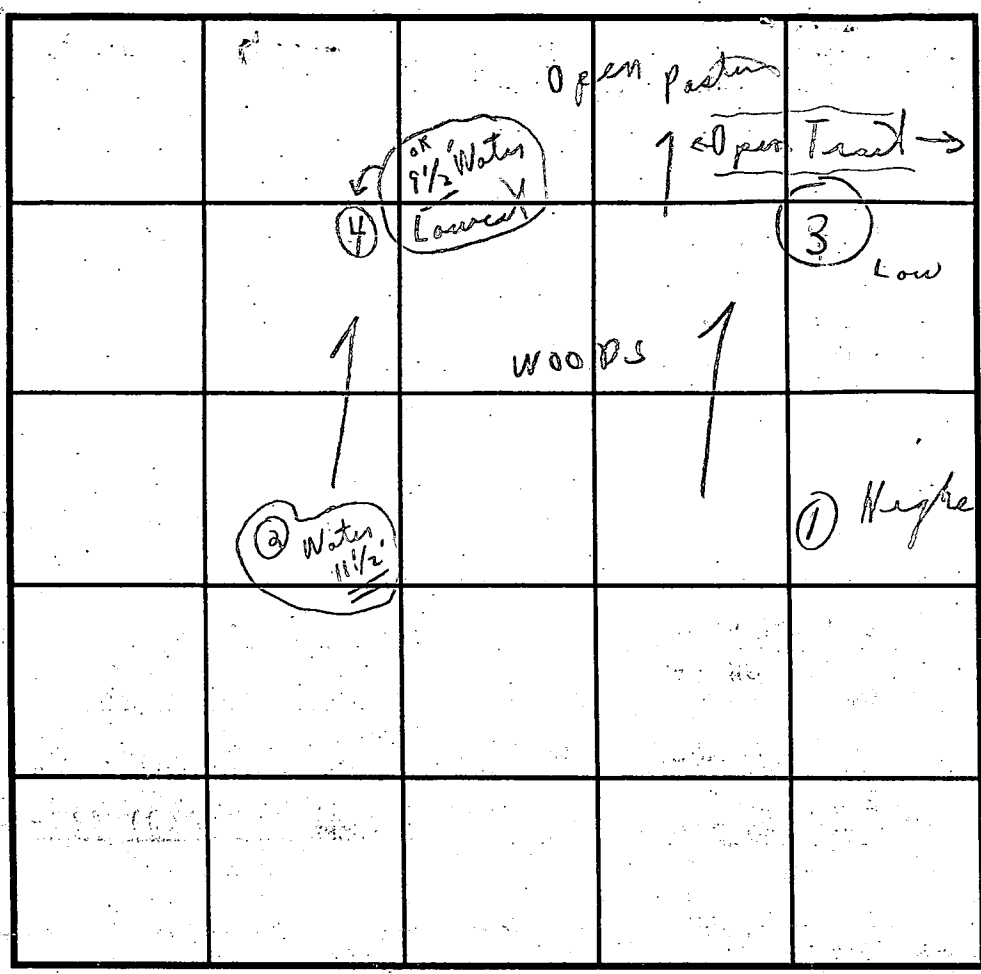
↓
* Water 1 1/2' Steady *

HOLE #3
0' - 4'
CLAY
4' to

85%
Mica
LOAM

15%
Sandstone

10' - 3"



SOIL PROFILE
HOLE #4
0' - 4 1/2'
CLAY
4 1/2'
Sandy
LOAM
to
↓
Water
9 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unimproved Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/19/94	1	3 1/2'	1:47	1:49	4:49	1:51	2 in
	1	9 3/4'	0:--		(sandstone)		
	2	4 1/2'	1:52	1:53	1:53	1:55	2 in
	2	11 1/2'	0:--		all sand	loam	
	3	4'	1:40	1:41	1:41	1:42	1 in
	3	10' - 3"	0:--	4:--	85% Mica Loam (15% Sandstone)		
	4	4 1/2'	1:39	1:39	1:39	1:44	5 in
	4	10'	0:--		Sandy loam	9 1/2' Water	9 1/2'

1 1/2' Steady
3:55
Water

9 1/2'
Checked
@ 4:00

REMARKS 4/19/94 Tests per stake (Lot in Woods) OK shallow
+ dug at holes nearby all hole in woods
TYPE OF SOIL Mica Loam
TESTED BY C.B.H. ALSO PRESENT { PHEL }
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3
Inlet Depth 4' MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 180 sq ft
SHALLOW ONLY (2nd of P.M.)

B 1 **2438** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL please print or type **40-94-0620**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **071995** **OWNER INFORMATION**
CARMAN ASSOCIATES
 15 Last Name 13 Owner 34 First Name
00 BOX 122 Street or RFD 55
ELlicott CITY MD 21043
 57 Town 70 State 72 Zip 76

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 7/19/95
 Signature Date

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8 12 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)

APPROXIMATE DEPTH OF WELL **280** 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) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-94-0620**
 67 68 70 71 72 73 74 75 76 77 78 79

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

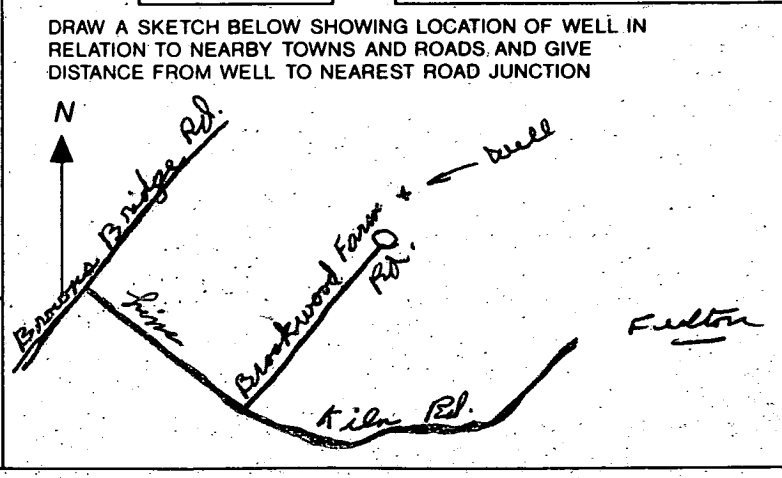
B 3 **LOCATION OF WELL**
HOWARD COUNTY
BROOKWOOD FARMS SUBDIVISION
 SECTION _____ LOT **8**
FULTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** M **1**
 73 76 77 78

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

BROOKWOOD FARM RD. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 N NORTH **E** EAST
 W WEST **S** SOUTH
 DISTANCE FROM ROAD **140** FT
 ENTER FT OR MI **FT**
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **A 49952 M** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **072695** **SOINIC X 500** 7/26/96
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **480000** EAST GRID **0816000**
 50 55 57 63

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
810-6
480
 000 000



C1 - 2779

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 COLUMNS ON ALL CARDS)

COUNTY NUMBER A 49952 M

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

08/16/95

145

H0-94-0620

OWNER Carman Associates, STREET OR RFD Brookwood Farms Rd, TOWN FULTON, SUBDIVISION Brookwood Farms, SECTION, LOT 8

WELL LOG table with columns for FEET (FROM, TO) and check if water bearing. Includes entries for SAND and GRAY MICA Rock.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT) and MAIN CASING TYPE.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and screen diameter.

WELL HYDROFRACTURED form with YES/NO options.

Circle appropriate letter (A, E, P) for well status.

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: Joseph C. Mayne

LIC. NO.

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

DEPTH (nearest ft.) table with rows for casing sections and columns for depth measurements.

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN

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

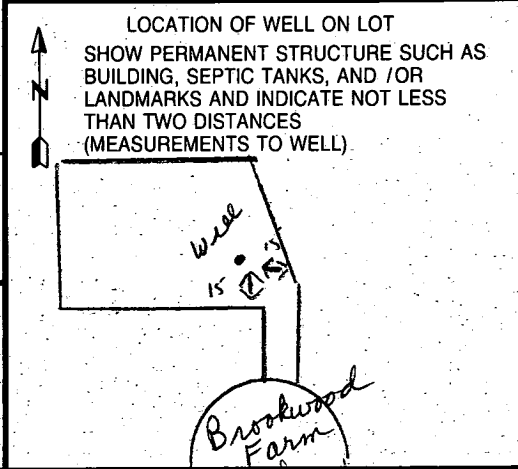
COUNTY

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, TYPE OF PUMP USED (S submersible).

PUMP-INSTALLED form with fields for DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE.

CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER

PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE



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

10/24/97 WPI ok to cover
P.A. 3.0' below grade
Casing 1.5' above grade
has 2 piece cap
perm

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer EARL E. PRESTON JR

Telephone 410 557-8100

License Number PI0070

Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision BROOKWOOD FARMS Lot # 8 Well Tag # HD-94-0620
Site Address 8139 BROOKWOOD FARMS Rd

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make STA-RITE
3. Model # _____
4. Capacity 7 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 _____

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

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 48"

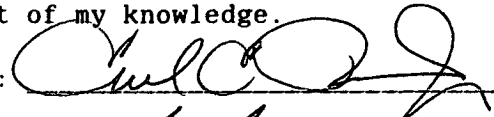
Tank
1. Capacity _____
2. Pressure relief valve? 75 lbs

Piping
1. Type _____
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 48"

Well data
1. Depth 145' ft.
2. Yield 15 GPM
3. Static water level 34 ft.
4. 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: 

Date: 10/10/97

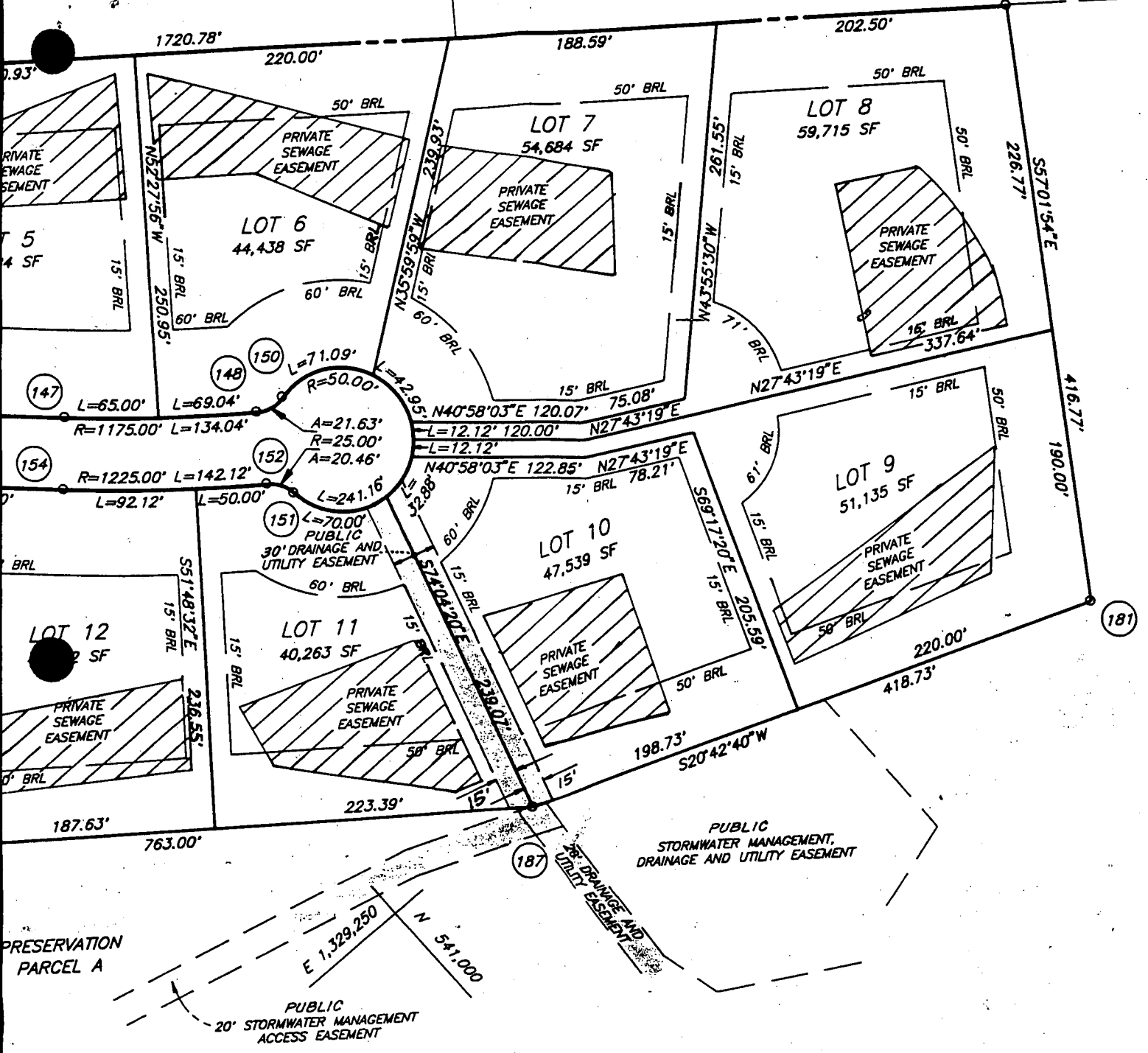
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

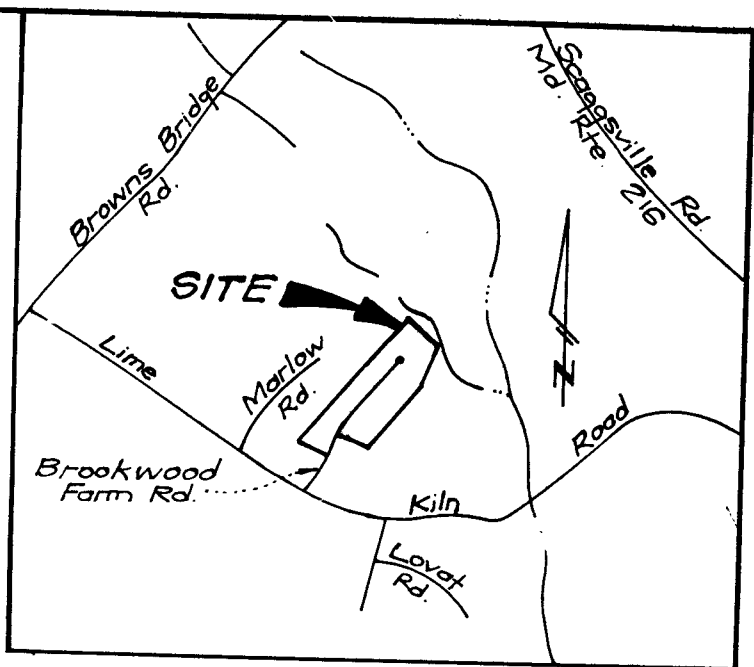
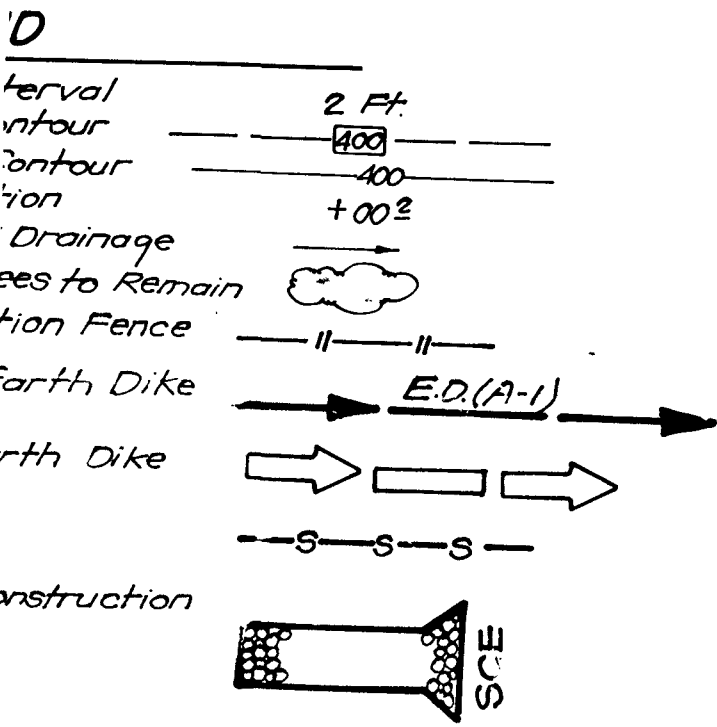
LOT 5
HICKORY HILL FARMS
P.N.O. 7519

DONALD G. & A. M. FENIRESS
L.1735 F.580

Copy of Signed
Final F-95-81

180





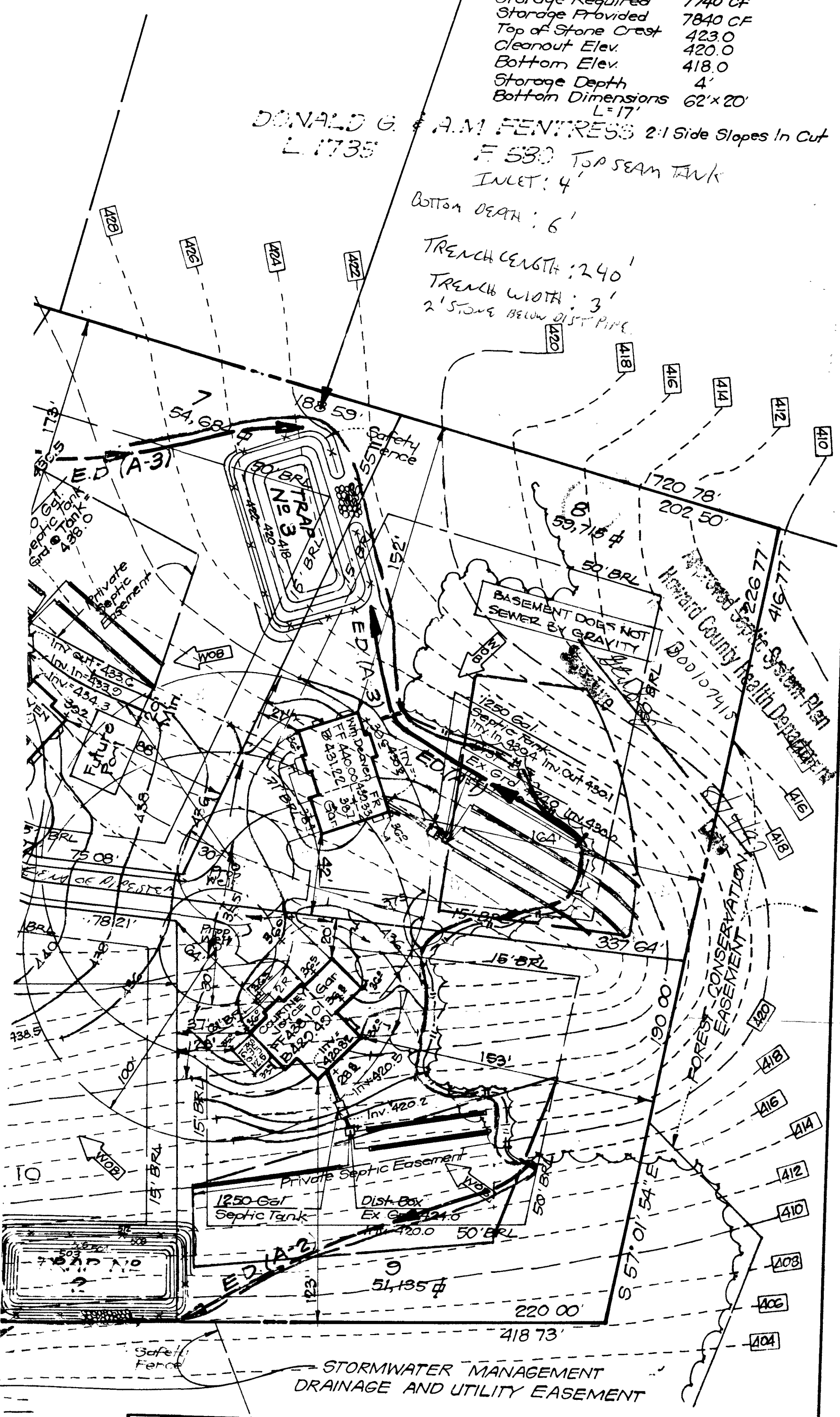
VICINITY MAP
Scale 1" = 2000'

TRAP NO 3 SOST ST-V

Ex. Drainage Area	4.3 Ac.
Prop. Drainage Area	4.3 Ac.
Storage Required	7740 CF
Storage Provided	7840 CF
Top of Stone Crest	423.0
Cleanout Elev.	420.0
Bottom Elev.	418.0
Storage Depth	4'
Bottom Dimensions	62' x 20'
	L=17'

DONALD G. & A.M. FENTRESS 2:1 Side Slopes In Cut
L 1735
F 530 TOP SEAM TANK
INLET: 4'
BOTTOM DEPTH: 6'

TRENCH LENGTH: 240'
TRENCH WIDTH: 3'
2' STONE BELOW DIST. PIPE



CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.

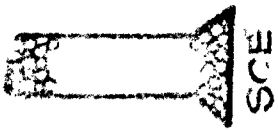
DESIGNED	ZAL
DRAWN	BAL
CHECKED	GL
DATE	2.16.95

SEDIMENT & EROSION CONTROL PLAN
LOTS 1-15
BROOKWOOD FARMS
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
FOR HALLMARK BUILDERS
PO Box 1018
Columbia, Maryland 21044

SCALE	1" = 50'
DRAWING	1 OF 2
JOB NO.	95-007
FILE NO.	95-007X

G.P. 05/04

struction



Scale 1" = 2000

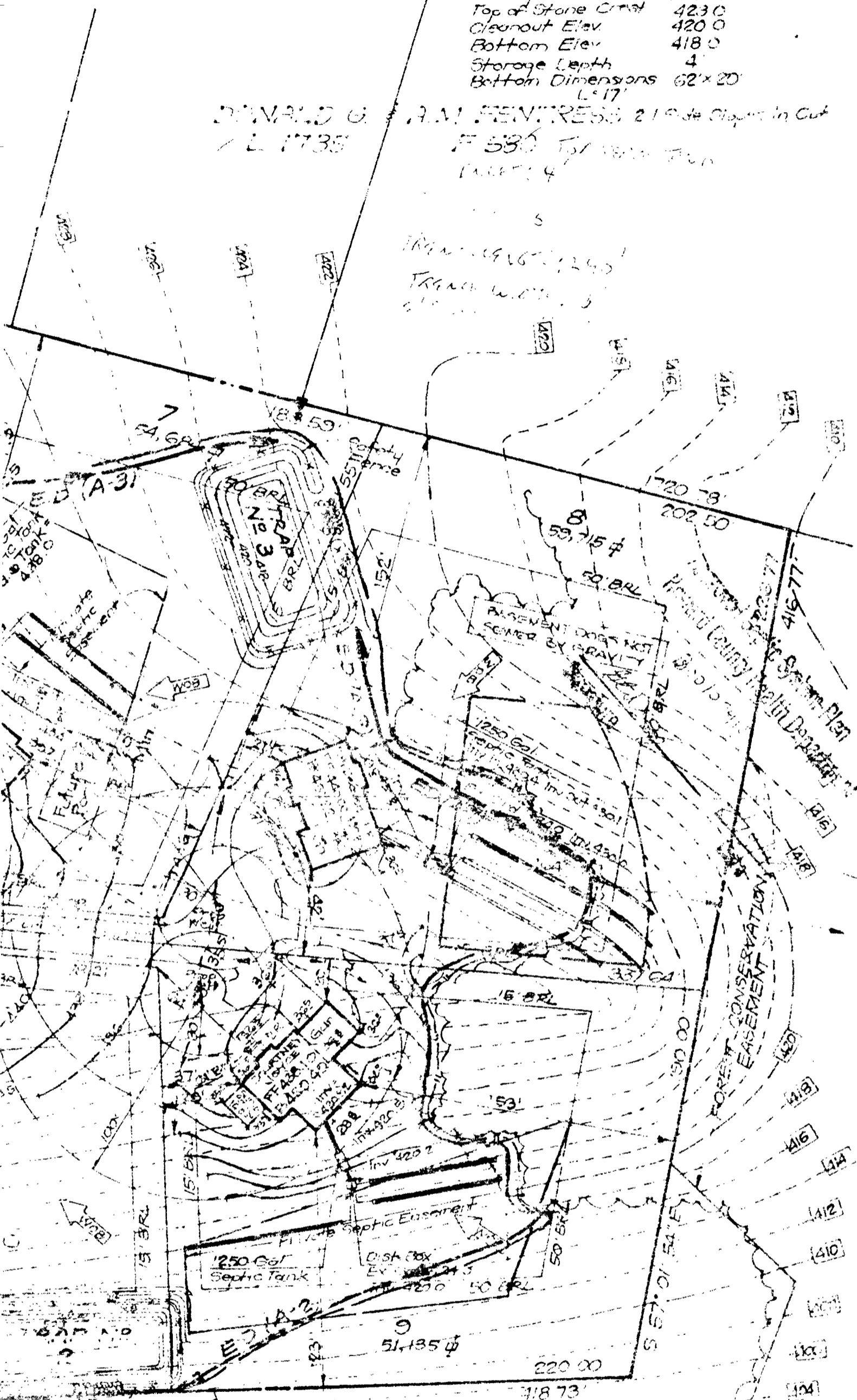
TRAP NO 3 SOST ST-IV

Ex Drainage Area	4.3 Ac
Prop Drainage Area	4.3 Ac
Storage Required	7740 CF
Storage Provided	7740 CF
Top of Stone Crest	423.0
Cleanout Elev.	420.0
Bottom Elev.	418.0
Storage Depth	4'
Bottom Dimensions	62' x 20' L=17'

DONALD G. L. 1735

A.M. FENTRESS, 21' Side Cleanout in Cut
F 530 Top of Stone Crest
L=17'

TRAP NO 3 SOST ST-IV
TRAP NO 3 SOST ST-IV



STORMWATER MANAGEMENT
DRAINAGE AND UTILITY EASEMENT



CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS

7115 MONTELEONE WAY • COLUMBIA, MD 21045 • (410) 981-7000 • BALTO • (301) 921-8100 WASH

DESIGNED ZAL	<p>SEDIMENT & EROSION CONTROL PLAN LOTS 1-15 BROOKWOOD FARMS 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p> <p>FOR: HALL MARK BUILDERS 22300 WOODBURN Columbia, Maryland 21044</p>	SCALE 1" = 50'
DRAWN BAL		DRAWING 1 OF 2
CHECKED JL		JOB NO. 05-037
DATE 2-16-99		FILE NO. 05-107-K

ement

Brookwood Farms - Lot 9

10/20/97 layout check - no copy
of approved BP site plan
in file. This is a copy of
plan for Lot 8. I compared
it w/ contractor's - OK

—KS