

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

P 57299-C

A 49952S

DISTRICT 3rd

DATE 9-30-96

DATE SYSTEM APPROVED 10/11/96

INSPECTOR ALM

05-4720059

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Brookwood Farm LOT 12 ROAD 8126 Brookwood Farm Road

PROPERTY OWNER Williamsburg Group, LLC William McKinzie

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

BLDG. PERMIT SIGNED
AND RETURNED 9-16-98
Serial # BR0114092
deck

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 - Place the distribution box 145' down the left lot line and 95' off this same lot line as seen when facing the lot from Brookwood Farm Road. Run

NOTES - Keep trenches 100 feet from water well. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *7/29/96*

PLANS APPROVED BY Glen Savage DATE 7/23/96

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

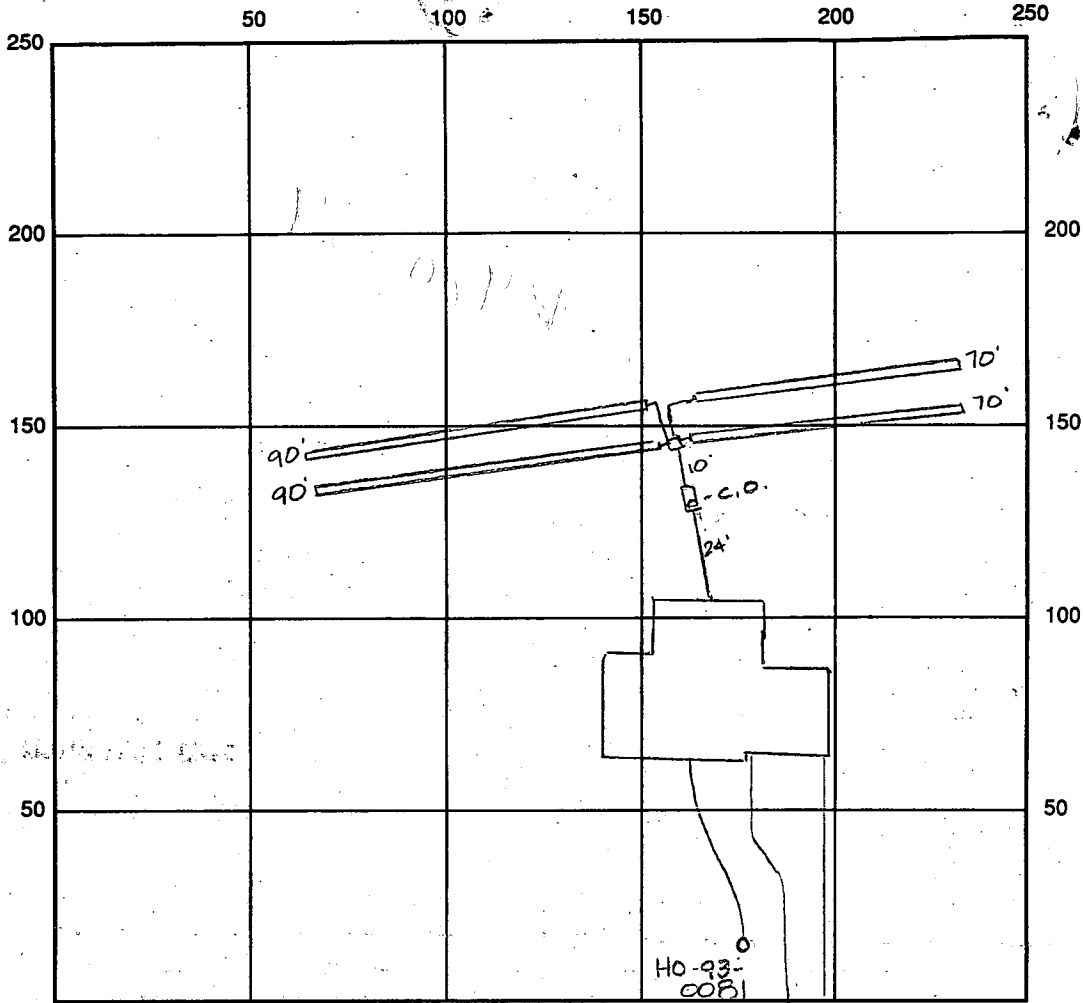
PERMIT VOID AFTER TWO YEARS

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. *500 gallon pop up vent*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49952S



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Brookwood Farm Lane

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK baffle is in
 DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 320 FT.
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 10/11/96 OK to cover all work final ALM

10/11/96 WPT - OK to cover ALM
 DATE SYSTEM APPROVED 10/11/96 INSPECTOR A. McMullen

APPLICATION

PERCOLATION TESTING

A 499525

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

ADDRESS 1751 PINNACLE DRIVE
McLEAN, VA 22102 PHONE (703) 444-2000

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 12
13

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

(8126 Brookwood Farm Rd)

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 7-23-94**
Serial # 800 175 769

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

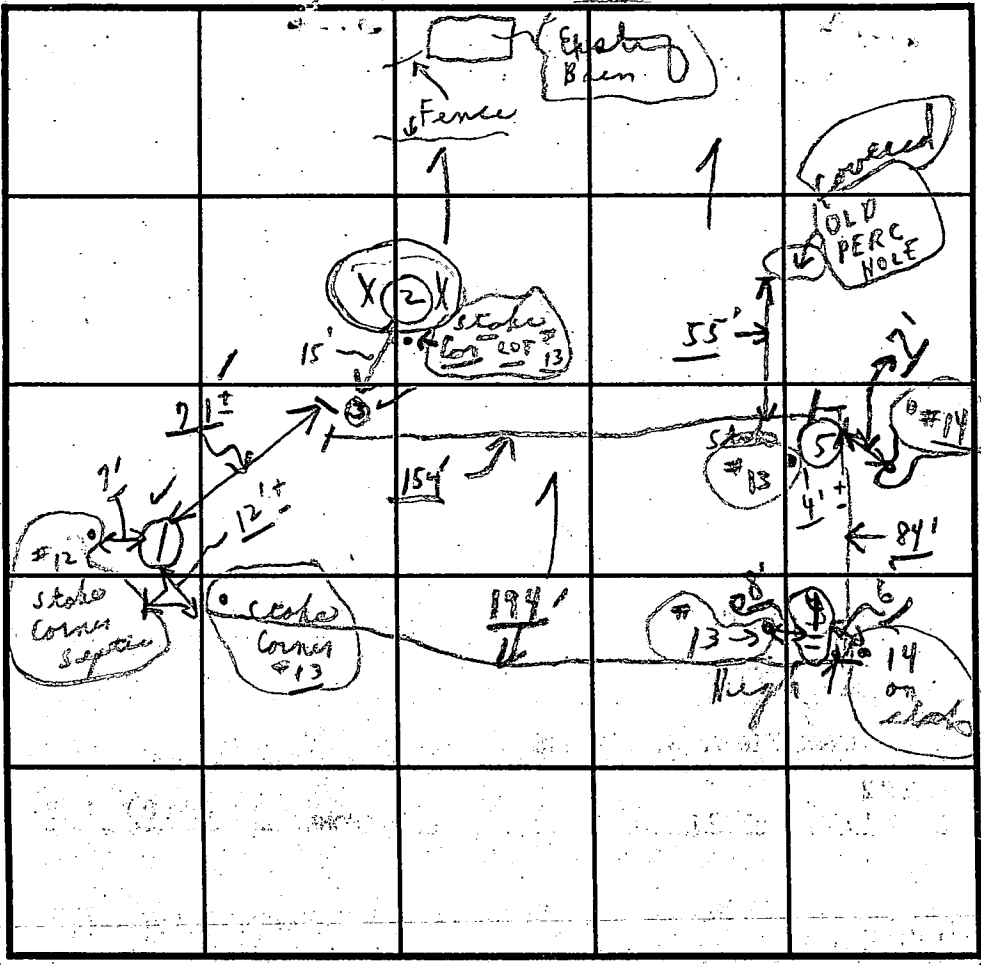
NEW LOT 12
A 49952 0

COUNTY #
LOT # 13
SOIL PROFILE
NOLE # 1

0' - 4 1/2'
CLAY
SANDY
LOAM
11'

NOLE # 2
0' - 5 1/2'
CLAY
5 1/2'
LOAM
10 1/2'

NOLE # 3
0' - 6'
CLAY
6'
Mica
LOAM
12' - 4"



SOIL PROFILE
NOLE # 4
0' - 4 1/2'
CLAY
4 1/2'
60% LOAM
40% SAND - STONE
11 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road per old

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|-----------------|----------|---------|---------|-------------|----------------|-------|---|
| | | | START | STOP | START | STOP | |
| 4/19/94 | 1 | 4 1/2' | 3:15 | 3:19 | 3:19 | 3:26 | 7 min |
| | | 11' | 0: - | | | | (Sandy loam) |
| 4/20/94 | 2 | 6' | 9:56 | 10:29 | | | 33 min Fine break XXX |
| | | 12 1/2' | 0: - | | X | | TOO MUCH CLAY + some loam below clay |
| | 3 | 6' | 10:15 | 10:21 | 10:21 | 10:29 | 8 min |
| | | 12' 4" | 0: - 6' | 6: - 12' 4" | | | Loam below clay (Mica Loam) |
| (Use for 13+14) | 4 | 4 1/2' | 10:48 | 10:51 | 10:51 | 10:56 | 5 min |
| | | 11 1/2' | | | | | sandstone 40% ± (60% Loam) @ 11:30 |
| (Use for 13+14) | 5 | 5 1/2' | 10:50 | 11:00 | 11:00 | 11:29 | 29 min |
| | | 10 1/2' | | | | | sandstone bottom 10% ± |

REMARKS 4/19/94 Test per stakes, tests in open
TYPE OF SOIL Loam below clay
TESTED BY C. B. [unclear] ALSO PRESENT { Phil Mangling }
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 29 TRENCH WIDTH 3
INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 6' SQ. FT/BEDROOM 280
[Sandstone + Loam 6' to 11 1/2']

C 1 **2870** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 49952S**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED: **11/09/95**
 Depth of Well: **190** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HC-93-0081

OWNER: **Carman Associates**
 STREET OR RFD: **Brookwood Farm Rd** TOWN: **Fulton**
 SUBDIVISION: **Brookwood Farm** SECTION: _____ LOT: **12**

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 | |
| Sand | 0 | 80 | |
| Gray mica rock | 80 | 190 | ✓ |

GROUTING RECORD (yes/no) Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS: **20** NO. OF POUNDS: **1880**
 GALLONS OF WATER: **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **75** ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter (main) casing (nearest inch): **6**
 Total depth of main casing (nearest foot): **84**

OTHER CASING (if used)

diameter inch: _____ depth (feet) from: _____ to: _____

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT 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: *Joseph E. Mayre*
 LIC. NO. **27**

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

C 2

DEPTH (nearest ft.)

H 0 82 **1 90**

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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 _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): **3**

PUMPING RATE (gal. per min.): **10**

METHOD USED TO MEASURE PUMPING RATE: **BUCKET**

WATER LEVEL (distance from land surface)
 BEFORE PUMPING: **47** ft.
 WHEN PUMPING: **102** 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

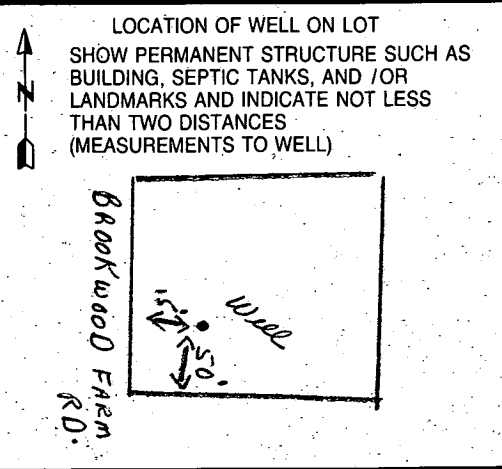
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) NO

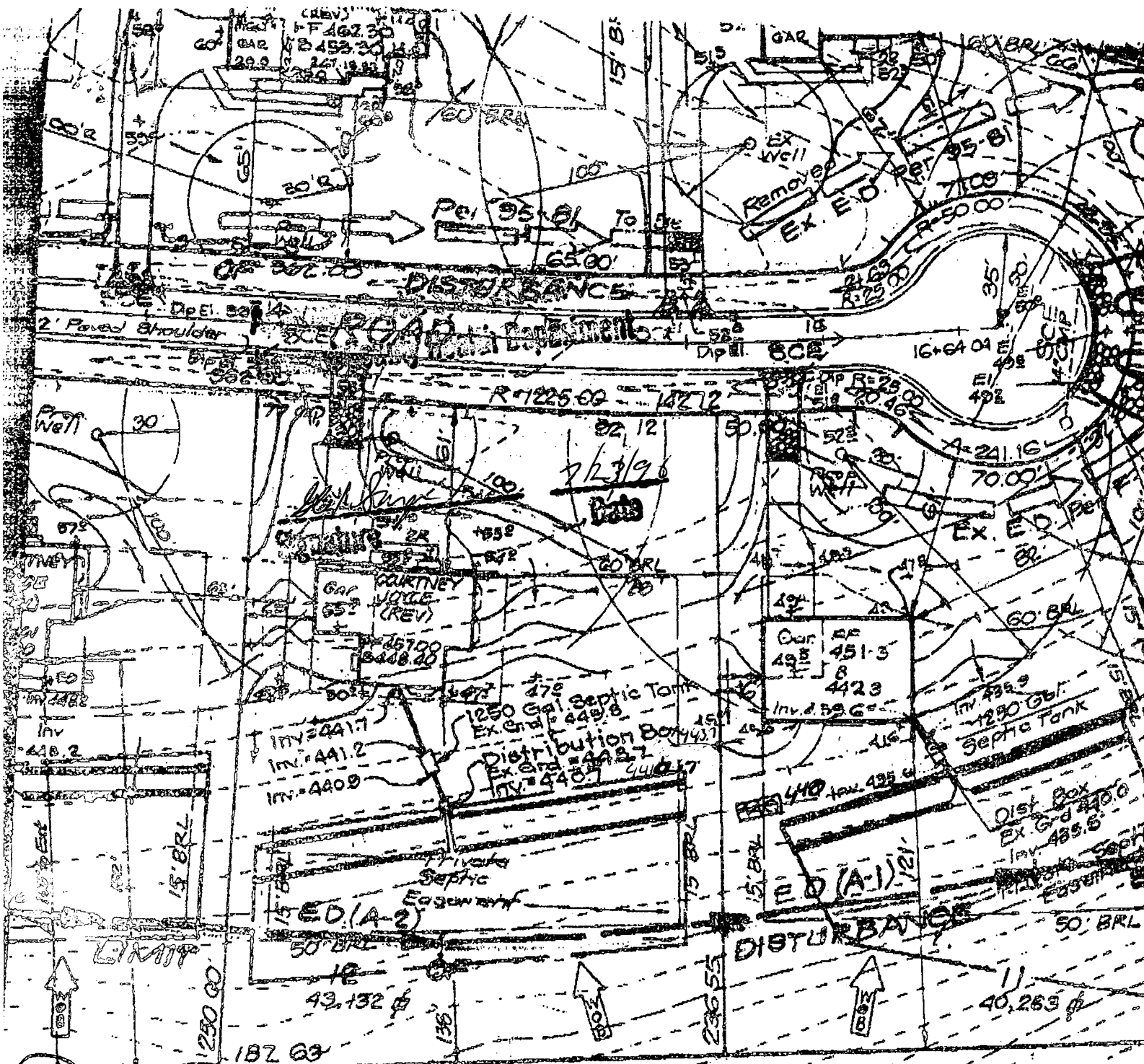
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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 } LAND SURFACE
 - below } **2** (nearest foot)





BLDG. PERMIT
B00100769

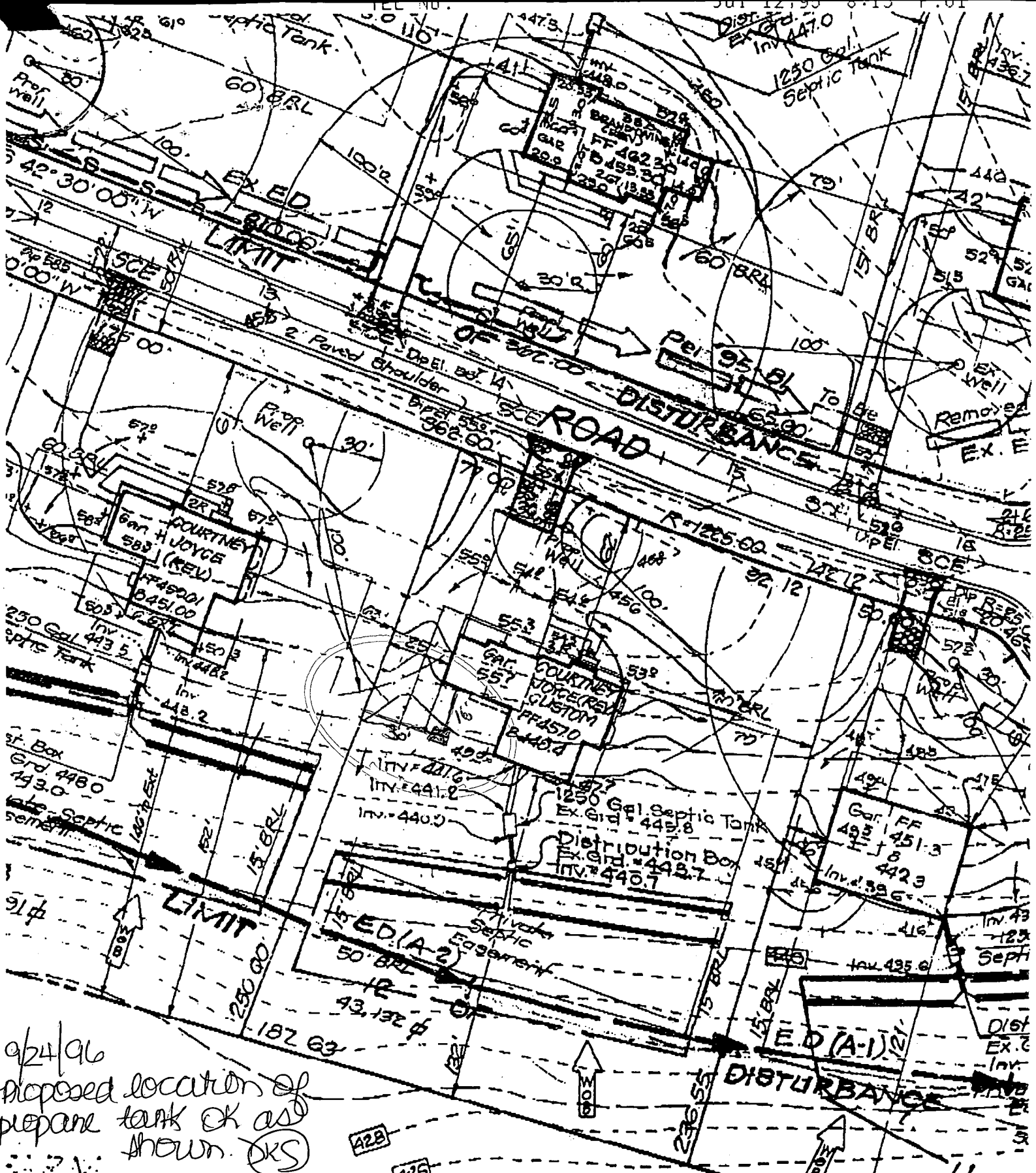
DOWNA
 7/23/96 SPARE W/SUZANNE
 & WILLIAMSBURG BLDG - SHE WILL HAVE
 DOWNA (C.F.S.) CALL TO DWLLS
 INVERT AT TRENCH

7/23/96 ENGINEER WILL BE SERVING NEW
 DRAWING FOR CLARITY



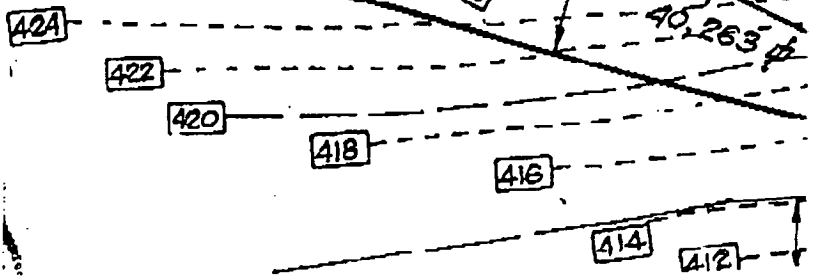
OK - 20' Stormwater Management
 Access Easement

AP NR 2 SOST - ST 32
 4.9 AC.
 4.9 AC.
 8820 CF



9/24/96
 proposed location of
 propane tank OK as
 shown. (OKS)

| | | | | | |
|-------------------------------|--------------|---------|---------|------------|---|
| Post-It [®] Fax Note | 7671 | Date | 7-12-96 | # of pages | 1 |
| To | SUZANNE | From | DONNA | | |
| Co./Dept. | WILLIAMSBURG | Co. | CFS | | |
| Phone # | | Phone # | | | |
| Fax # | | Fax # | | | |



Septic Areas Shown
Per Record Plats
7518 and 7519

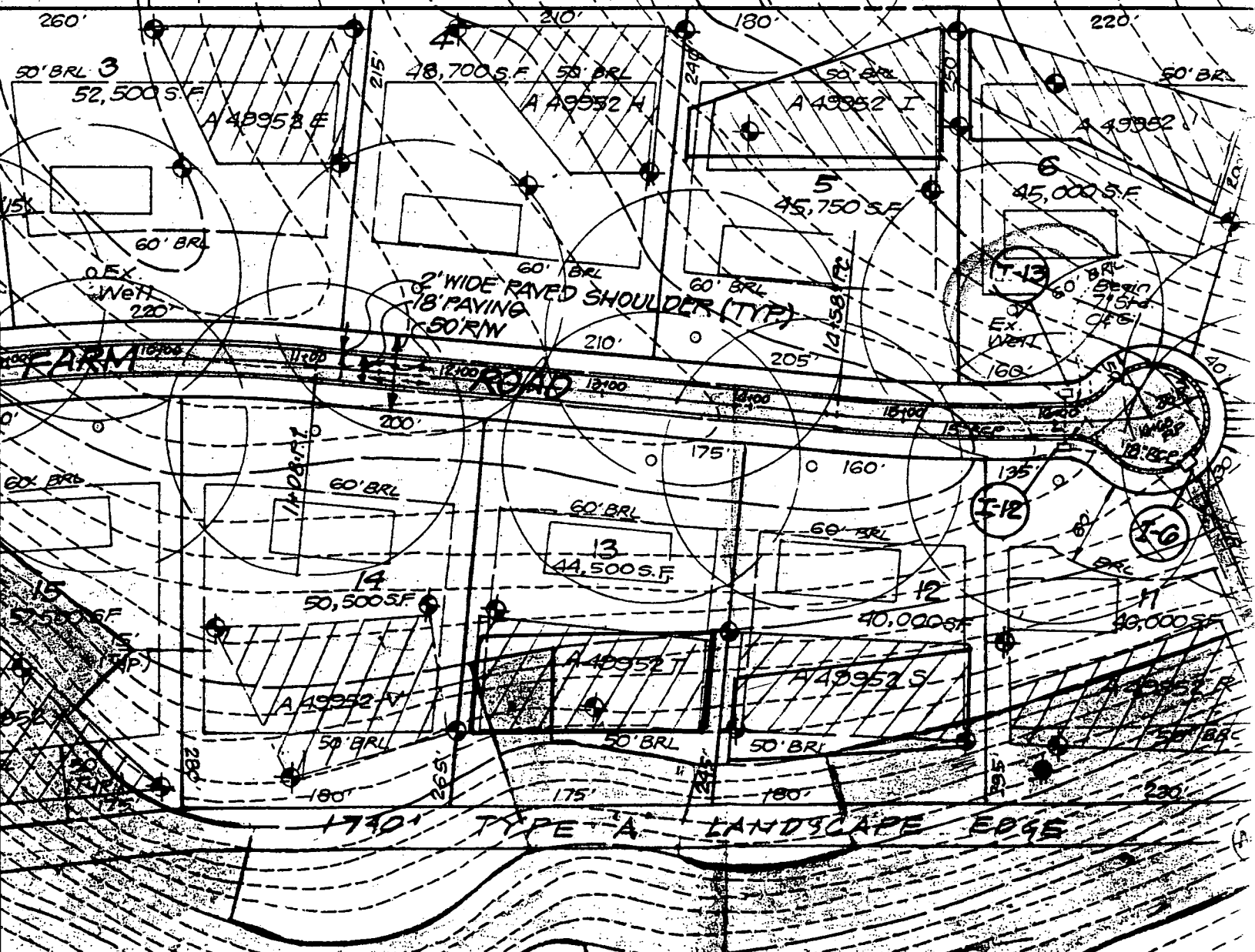
copy of signed
Prelim

- 470
- 480
- 490
- 500
- 510
- 520
- 530
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- 590
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- 610
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- 670
- 680
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- 710
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- 780
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- 900
- 910
- 920
- 930
- 940
- 950
- 960
- 970
- 980
- 990
- 1000

HICKORY HILL FARMS
FN. 7510 ZONED R.R. DIST.

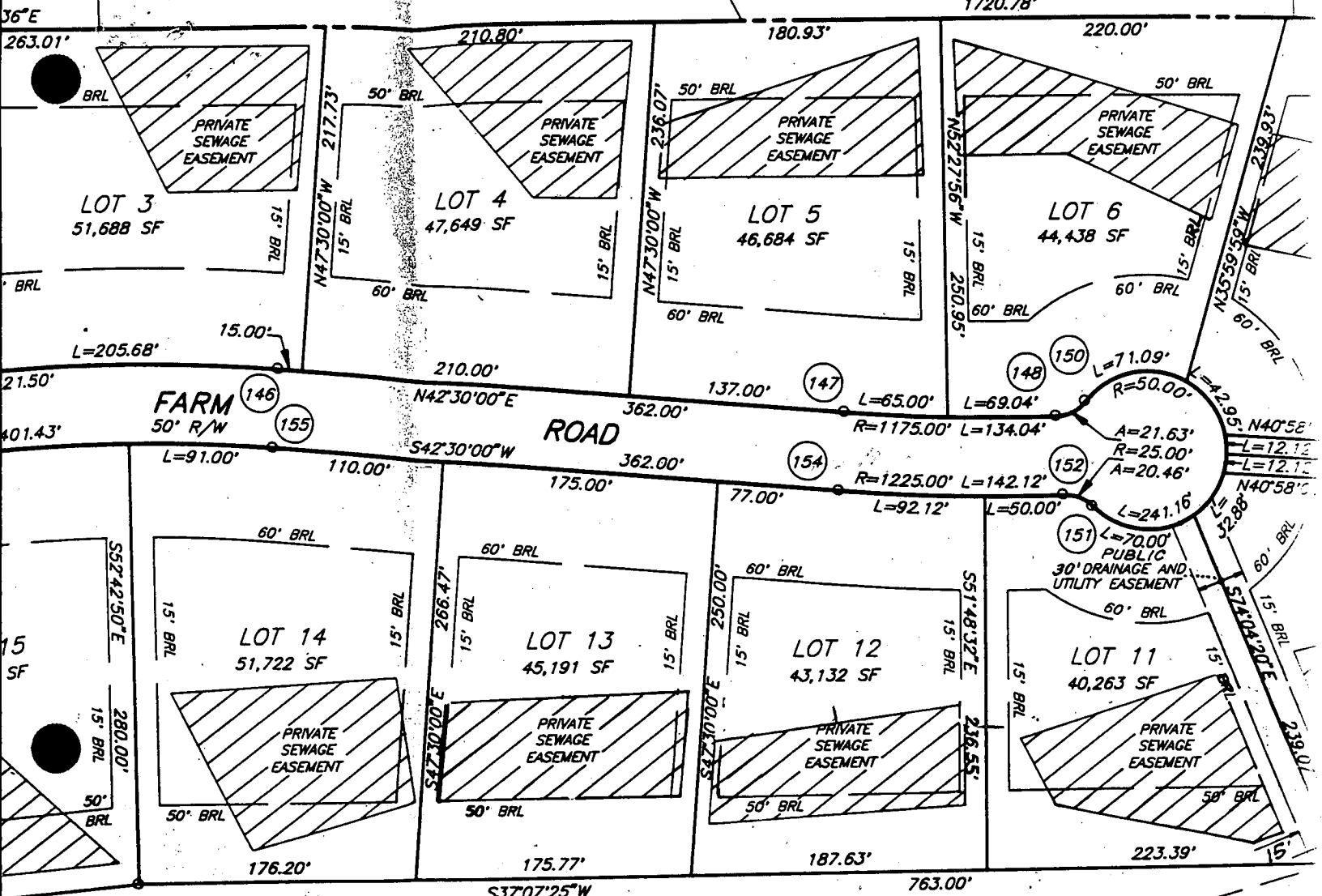
1720' TYPE 'A' LANDSCAPE EDGE

SEE LANDSCAPE



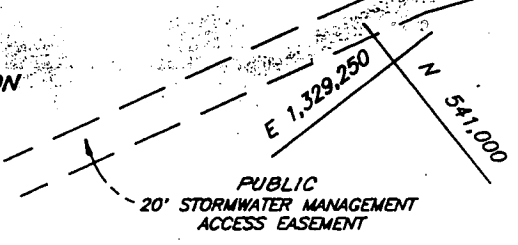
1740' TYPE 'A' LANDSCAPE EDGE

Ex. Barn to
Be Saved



SEE SHEET 4 OF 4

PRESERVATION
PARCEL A



195

151

148

150

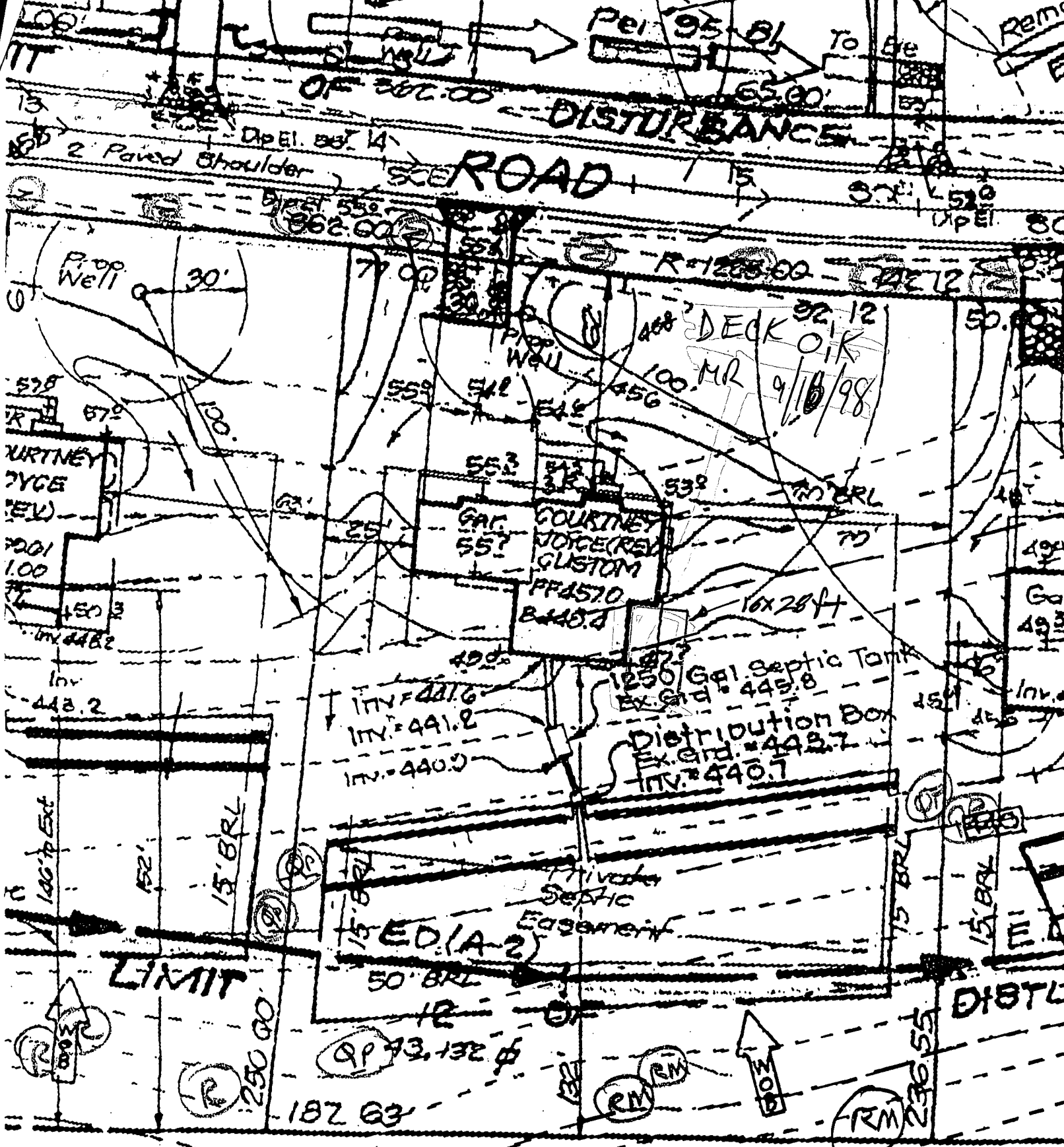
147

15A

152

146

155



11/14/96
[Handwritten signature]

| | |
|--------------|--------------|
| Date 7-12-96 | # of pages 1 |
| MIA | |

A28 A26 A24 A22 A20 A18
 R-Red m...