

6/4/96  
pm c/o  
6/19/96  
WPI anytime

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56956B

A 49952T

DISTRICT 5th

DATE 5-30-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933~~ 313-2640

*05-4720067*

INDEXED

DATE SYSTEM APPROVED 6/6/96

INSPECTOR [Signature]

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Brookwood Farm LOT 13 ROAD 8122 Brookwood Farm Road

PROPERTY OWNER Williamsburg Group L.L.C. / Thomas V. Dillon

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

280 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BLDG. PERMIT SIGNED  
AND RETURNED 8/1/96  
*Serial # B00101469*  
*deck*

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. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet down the left lot line and 85 feet off this same lot line as seen when facing the lot from Brookwood Farm Road. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6' - 8" diameter cleanout and cap to grade or above on septic tank. 8/16/96 OK ALL

PLANS APPROVED BY Glen Savage DATE 04/10/96  
03/29/96

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

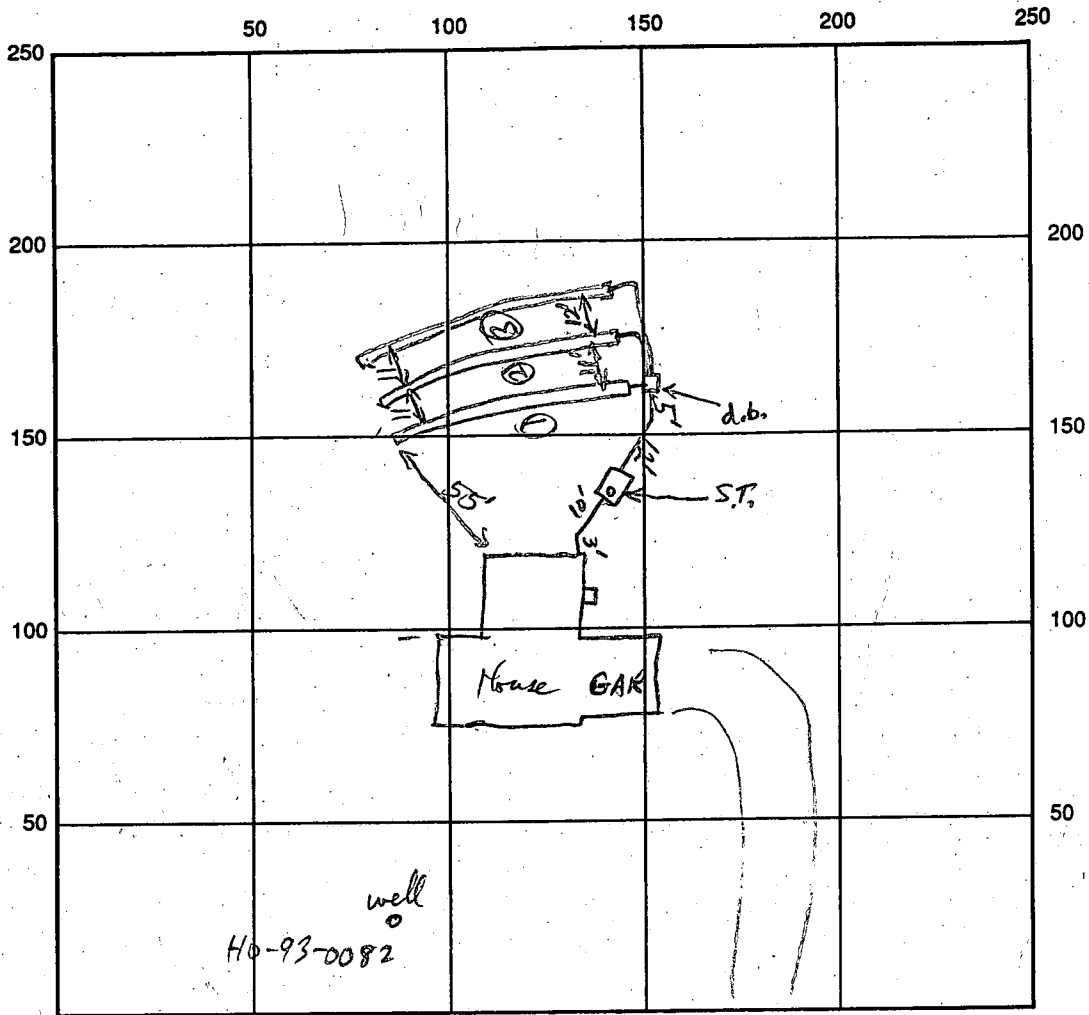
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*Add-on - Porpane Tank*  
BLDG. PERMIT SIGNED  
AND RETURNED 6-28-96  
B00100768

**BUILDING PERMIT SIGNED**  
**AND RETURNED** 5/30/02  
B00136588 DETACHED GARAGE

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

A  
49952T  
17956B



Brookwood Farm INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

→ To Limekiln Rd

SEPTIC TANK LEVEL 1250 CLEANOUTS S.T.

DISTRIBUTION BOX LEVEL Level

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH  $\frac{1}{2} \frac{2}{3} = 280$  FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA  $\frac{1}{20} \times 4$  SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: House Connection, S.T., line to d.b. and 1st Trench OK to cover R/P 6/4/96  
No work done today - R/P 6/5/96 2nd + 3rd Trench ends open, ab. to finish & cover R/P 6/6/96

**BUILDING PERMIT SIGNED**

**AND RETURNED**

DATE SYSTEM APPROVED 6/6/96 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 49952T

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 L.L.C.  
1751 PINNACLE DRIVE  
ADDRESS MCLEAN, VA 22102 PHONE (703) 221-2145

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 13  
14

ROAD AND DESCRIPTION N. SIDE LIME KILN RD. OPPOSITE RESERVOIR RD.  
8122 Brookwood Farm Road

~~BLDG. PERMIT SIGNED~~  
~~AND RETURNED 3-29-96~~

TAX MAP 40&45 PARCEL # P-1

Sect # 63845  
SFD - L BRMS

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 13

A49952T

COUNTY #

LOT #14

SOIL PROFILE HOLE #①

0'-5'9"  
CLAY  
5'-9"  
LOAM  
TO  
11'

HOLE #②

0'-6 1/2"  
CLAY  
6 1/2"

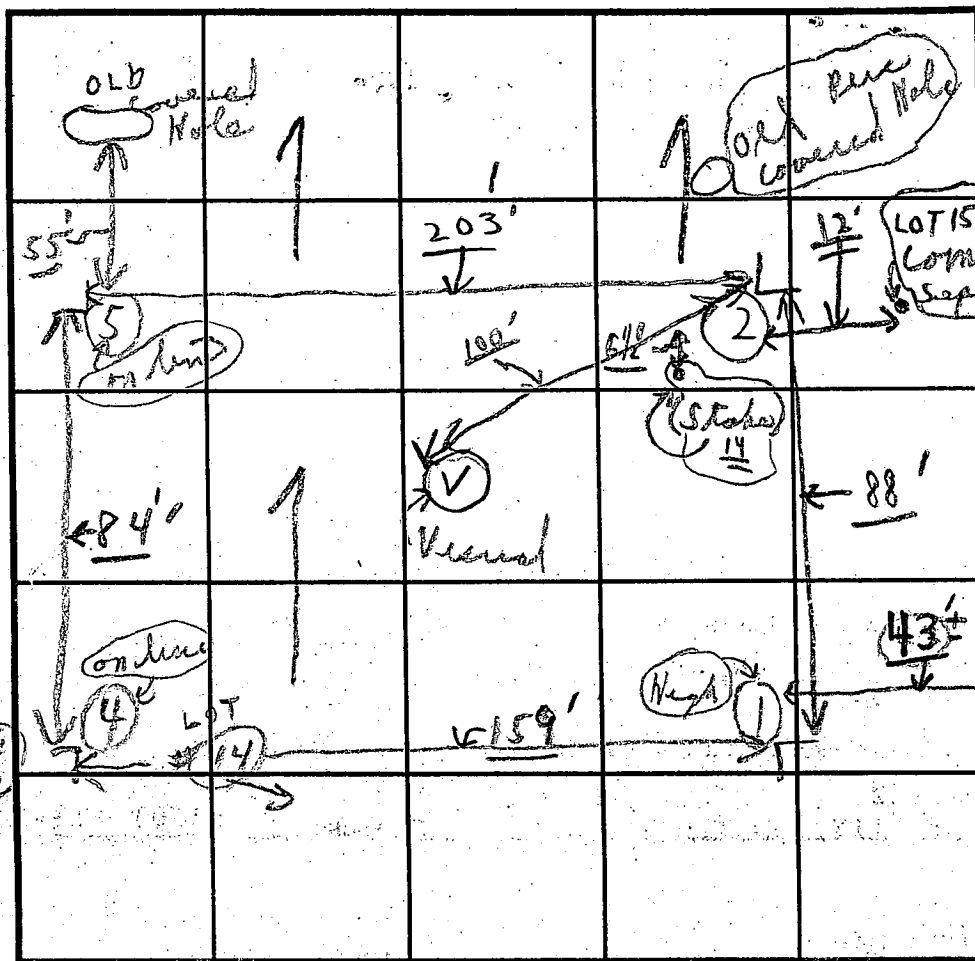
to

LOAM

12'

HOLE #⑤

0'-5'  
CLAY  
5'+  
to  
LOAM  
59%+ sandstone  
12'-2"



SOIL PROFILE HOLE #⑤

0'-4 1/2"  
CLAY  
4 1/2'  
60% LOAM  
40% sandstone  
11 1/2'

Hole For Both LOTS #13 & #14

High #15 Hole

For lots #13 & #14

#⑤ HOLE  
0'-5 1/2" CLAY  
5 1/2'-10 1/2" Bottom 10% sandstone  
LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/20/94	①	5'9"	11:07	11:09	11:09	11:12	2 1/2 min
		11'	0'-5 1/2" clay		5 1/2" L	same on down	
	②A	5 1/2'	11:09	11:13	11:13	11:15	XXX
	②B	12'	0:-	1: clay	6 1/2" ok		3 min 3 min 6 1/2'
	⑦	12'-2"	0:-	Visual only	Moam 5 1/2" sandstone below clay		No Test (ok)
	④	4 1/2'					5 min
	①	11 1/2'	0:-	1: clay	60% LOAM	40% sandstone	
	⑤	5 1/2'					29 min
		10 1/2'			(Bottom 10% sandstone)		

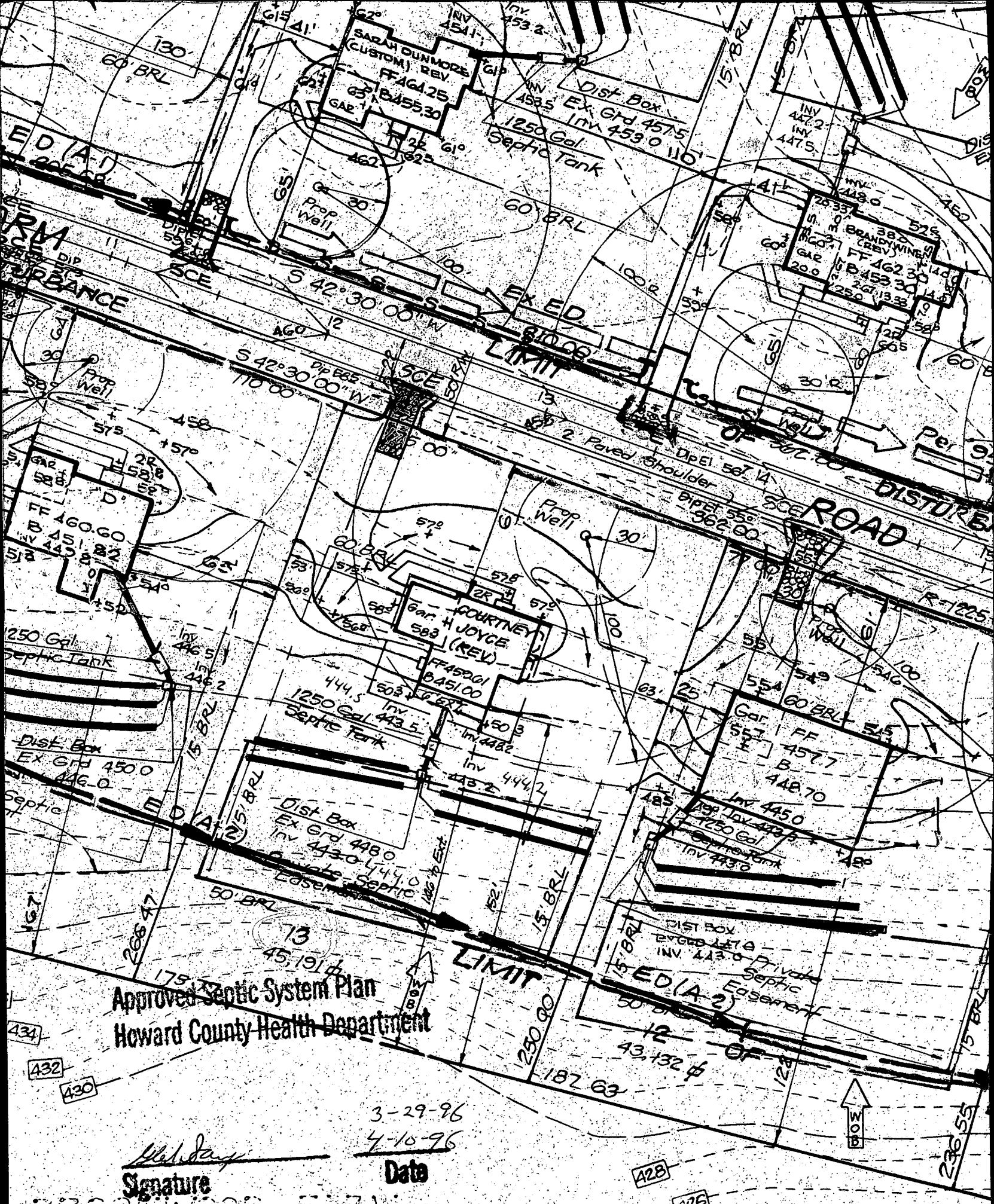
REMARKS: 4/20/94 Test per state, test in open

TYPE OF SOIL: } Phil

TESTED BY: C. Bedo } Also Present } Duro

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 29 TRENCH WIDTH: 2

INLET DEPTH: 5' MAXIMUM BOTTOM DEPTH: 9' SQ. FT./BEDROOM: 280



Approved Septic System Plan  
 Howard County Health Department

*M. J. Day*  
 Signature

3-29-96  
 4-10-96  
 Date

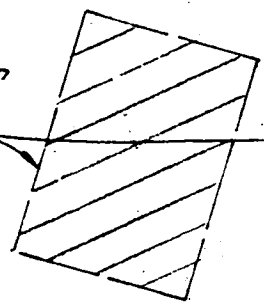
SPROCKWOOD FARM  
 PRESERVATION PARCEL

428  
 426  
 424  
 422



copy of signed  
prelim

Septic Areas Shown  
Per Record Plats  
# 7518 and 7519



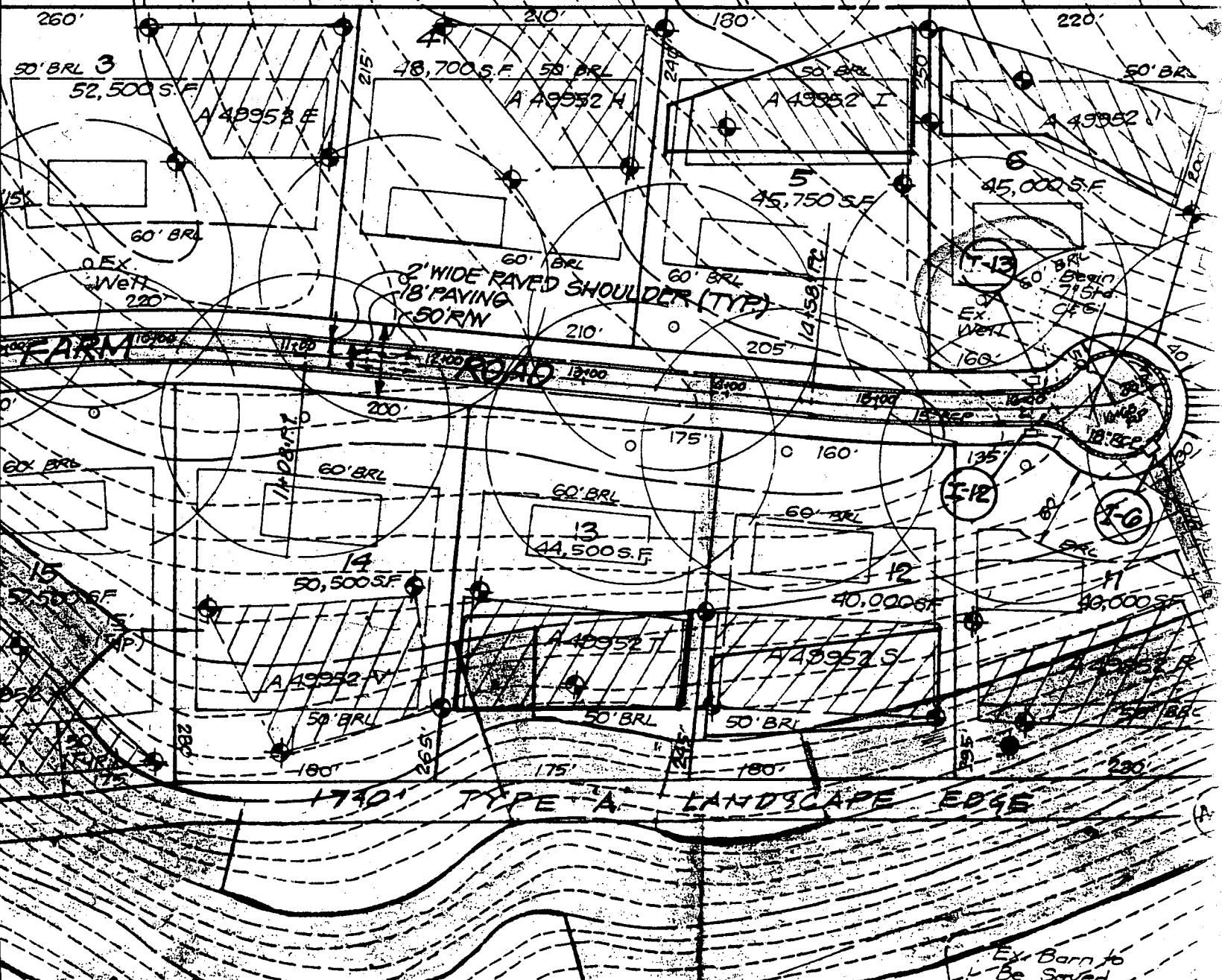
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HICKORY HILL FARMS  
FN. 7519 BOUND. P.P. 1950

1720' TYPE 'A' LANDSCAPE EDGE

SEE LANDSCAPE

Ex. Well



C1 2871 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 A49952T

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 112895

Depth of Well 345 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0082

OWNER Carman Associates last name Brookwood Farm Rd first name TOWN Fulton SUBDIVISION Brookwood Farm SECTION LOT 13

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, GRAYMICA, ROCK.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 1786

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 89

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

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 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...

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

DRILLERS SIGNATURE Joseph L. Murphy

LIC. NO. 27

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

DEPTH (nearest ft.) H0 86 345

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

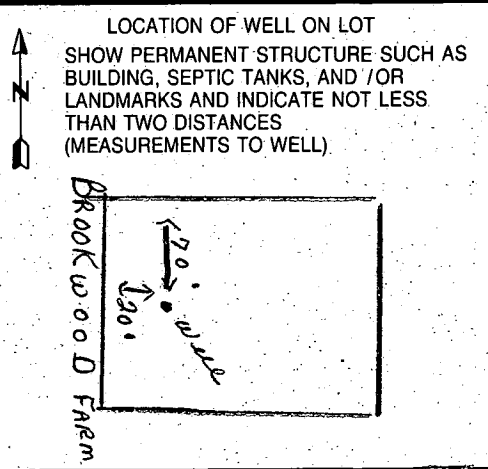
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) TELESCOPE CASING LOG INDICATOR OTHER DATA

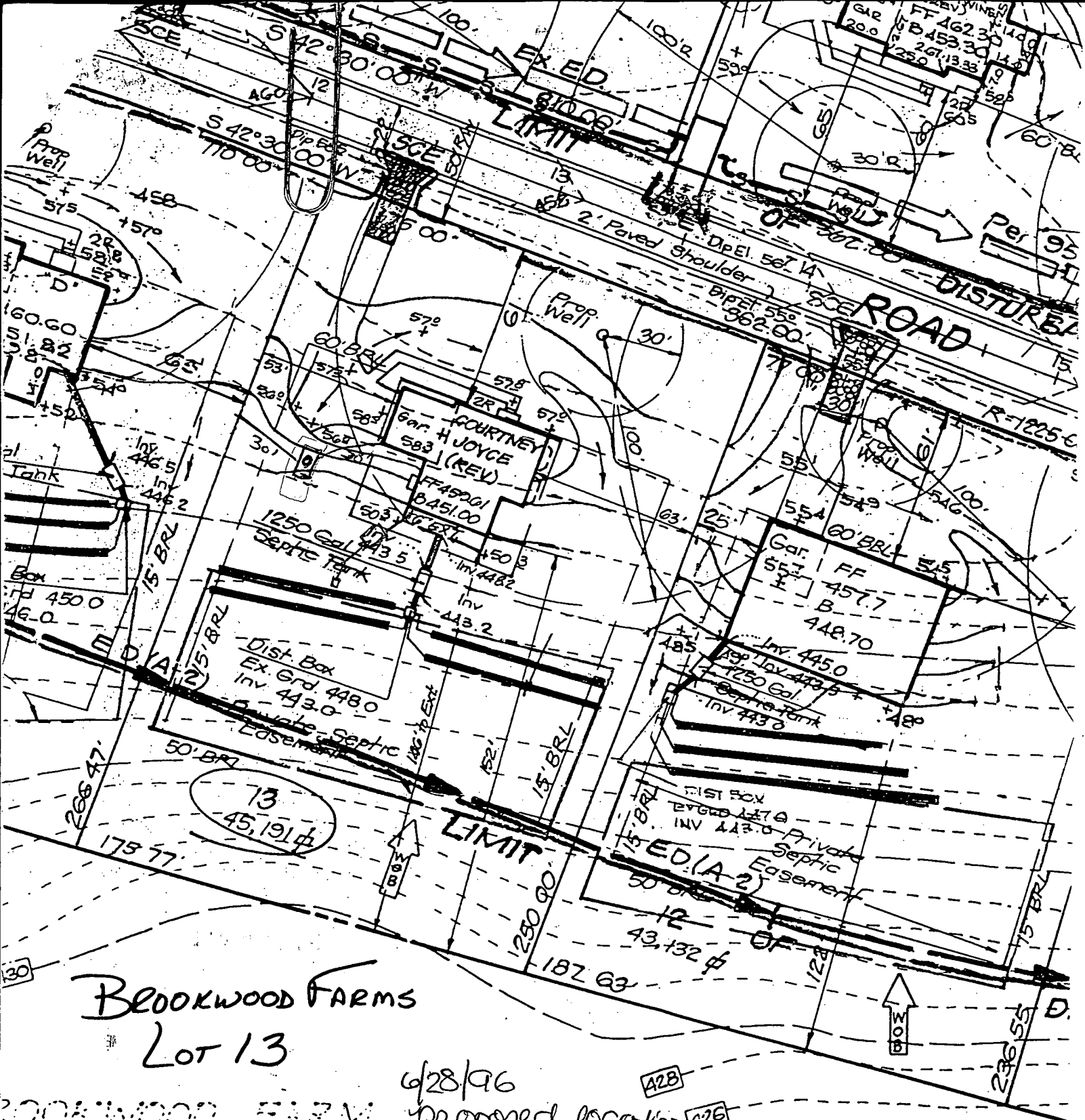
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 271 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) (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 (nearest foot) (-) below





**BROOKWOOD FARMS**  
**Lot 13**

BROOKWOOD FARM  
 RESERVATION PARCEL

6/28/96  
 proposed location  
 of propane tank  
 OK as shown

**BUDG. PERMIT # 63845**



**ENGINEER'S CERTIFICATE**

I hereby certify that this plan for Erosion and Sediment Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer in the State of Maryland.

313-2648

20' Stormwater Access E

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

Wall Check : 4-11-96  
 Top of Wall Elev.: 458.8  
 Final : 7-17-96  
 Boundary Survey : 7-17-96

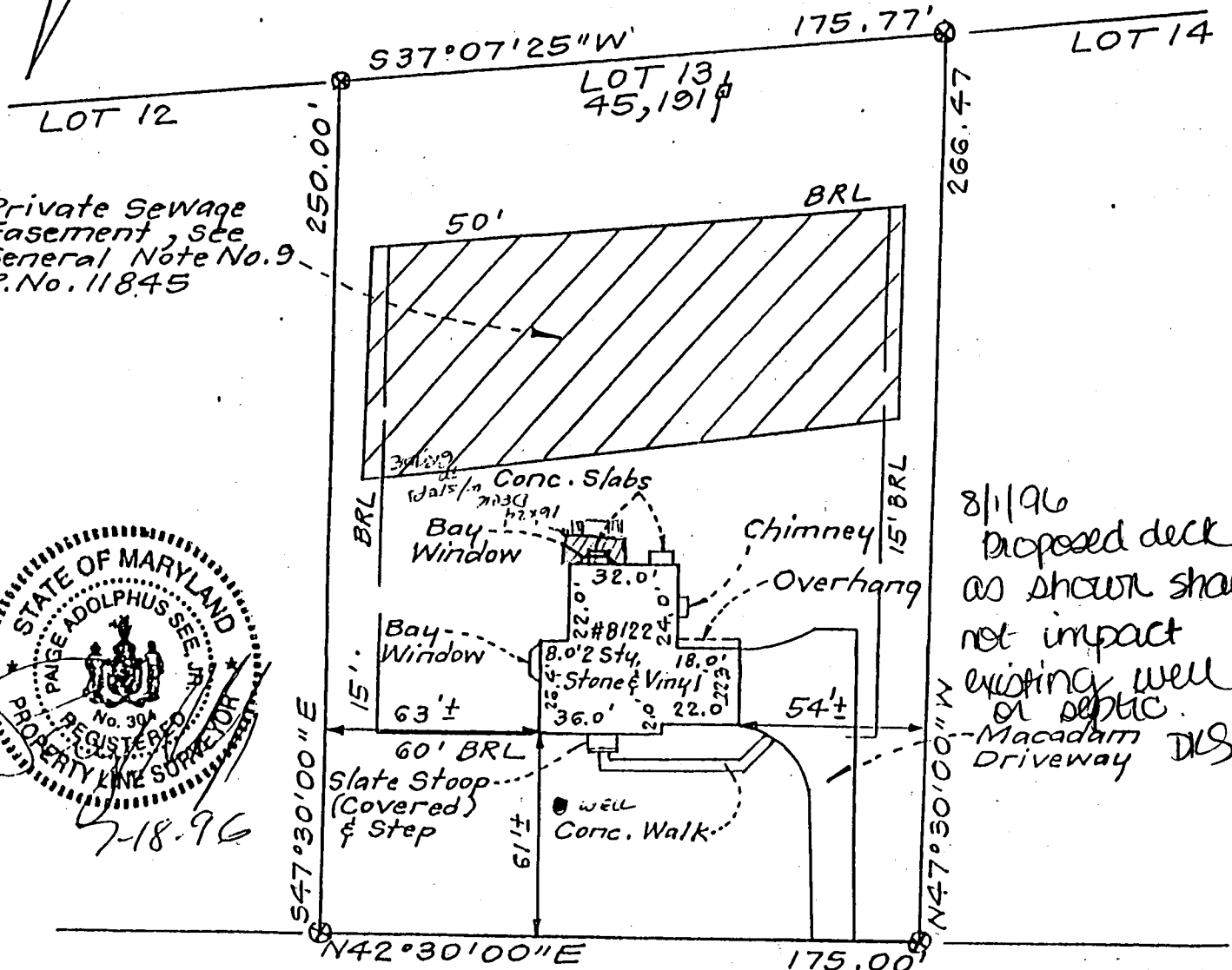
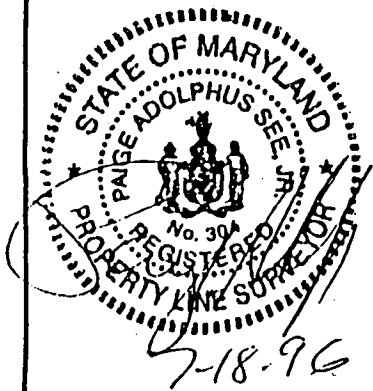
X Susan I. Fitzgerald  
 X Thomas W. White

NOTES:

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

RESERVATION PARCEL A

Private Sewage  
 Easement, see  
 General Note No. 9  
 P.No. 11845



8/1/96  
 Proposed deck  
 as shown shall  
 not impact  
 existing well  
 or septic.  
 Macadam  
 Driveway DIS

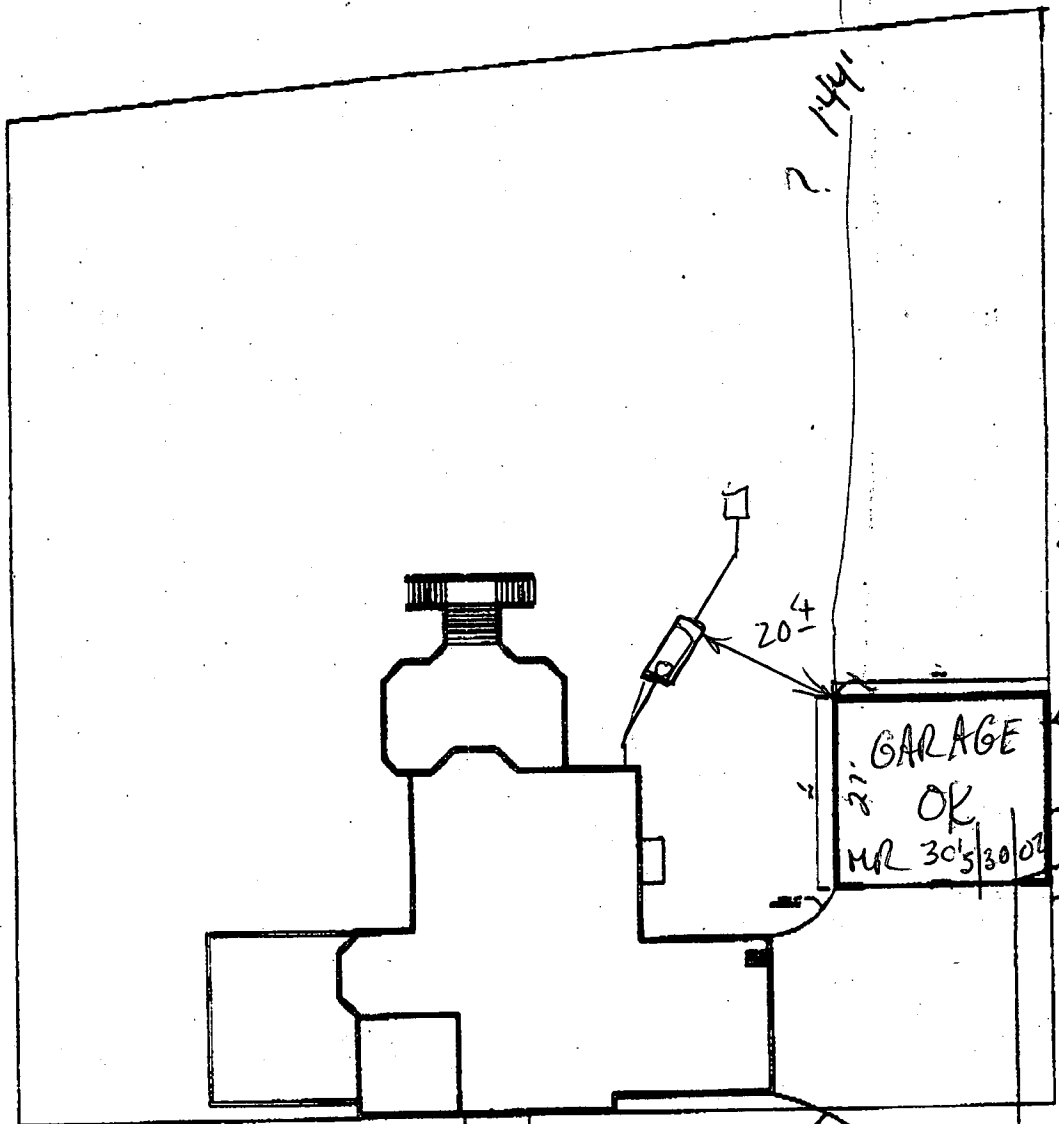
BROOKWOOD FARM ROAD  
 50' R/W

95-058  
 95-007X  
 94-064 R

250' ?

2' 177'

? 144'



15' ?

? 264'

30' W  
27' Deep

HOUSE TO  
SCALE  
LOT LINES

SITE PLAN  
SCALE:

NOT TO SCALE

MR 5/30/02 1-30

8218

176' ?

Street Brookwood Farm Rd

Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>B00136588</u>
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Building Address <u>8100 Brookwood Farm Rd</u> <u>Fulton, MD 20759</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6051.02</u> Subdivision <u>Brookwood Farm</u> Section _____ Area _____ Lot <u>13</u> Tax Map <u>45</u> Parcel <u>1</u> Grid <u>6</u> Zoning <u>RRDEO</u> Map Coordinates <u>18E5</u> Lot size <u>1.03 AC</u>	Property Owner's Name <u>Dillon, Tom</u> Address <u>8100 Brookwood Farm Road</u> City <u>Fulton</u> State <u>MD</u> Zip Code <u>20759</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Gill Gawthrop</u> <u>See below</u> Phone _____ Fax _____
--	---

Existing Use <u>SFD</u> Proposed Use <u>SFD @ garage</u> Estimated Construction Cost \$ <u>50,000 100,000</u> Description of Work <u>1 story detached</u> <u>(2 car) garage</u>	Contractor Company <u>Gawthrop Construction</u> Contact Person <u>Gill Gawthrop</u> Address <u>13334 Folly Quarter Road</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>46907</u> Phone <u>410-977-5889</u> Fax <u>410-535-9609</u>
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Occupant or Tenant <u>owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Art's Designs, Inc</u> Contact Person <u>Dee Art's</u> Address <u>513 Glen Heights Ave</u> City <u>Glen Burnie</u> State <u>MD</u> Zip Code <u>21061</u> Phone <u>410-761-3650</u> Fax <u>410-766-9408</u>
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY 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 THERETO; (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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Allen S. Hamilton  
 Applicant's Signature  
Gawthrop Construction  
 Title/Company  
MD 5/30/02 #46907

Allen S. Hamilton  
 Print Name  
5/30/02  
 Date

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