

10/19/94
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50218

A 37271

DISTRICT 5th

DATE 08/16/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 10/19/94

INSPECTOR C.B.A.

INDEXED

Michael G. Hall IS PERMITTED TO INSTALL ALTER

ADDRESS 18201 Hillcrest Avenue, Olney, Maryland 20832 PHONE 570-9649

SUBDIVISION Fulton Estates LOT 3 ROAD 12125 Fulton Estates Court

PROPERTY OWNER Gary L. Mangum

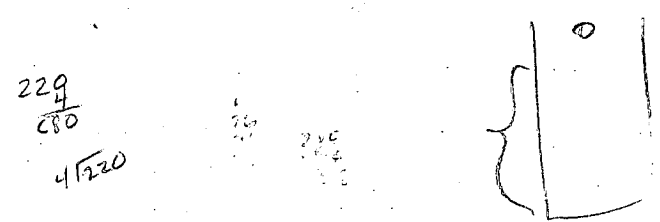
ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

220 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 220



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 - Start the first trench 220 feet from the front lot line and 115 feet from the left lot line as seen when facing property from Estates Court. Run trenches along contour towards the left lot line. NOTE: UPPER TWO TRENCHES NOT TO EXCEED 75 FEET IN LENGTH UNLESS OTHERWISE INDICATED. MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK 8/26/94 DKS

PLANS APPROVED BY Amy McMillen REVISED _____ DATE 08/23/94

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) AND RETURNED 5/23/95
Serial # 57839 - Original prot.

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

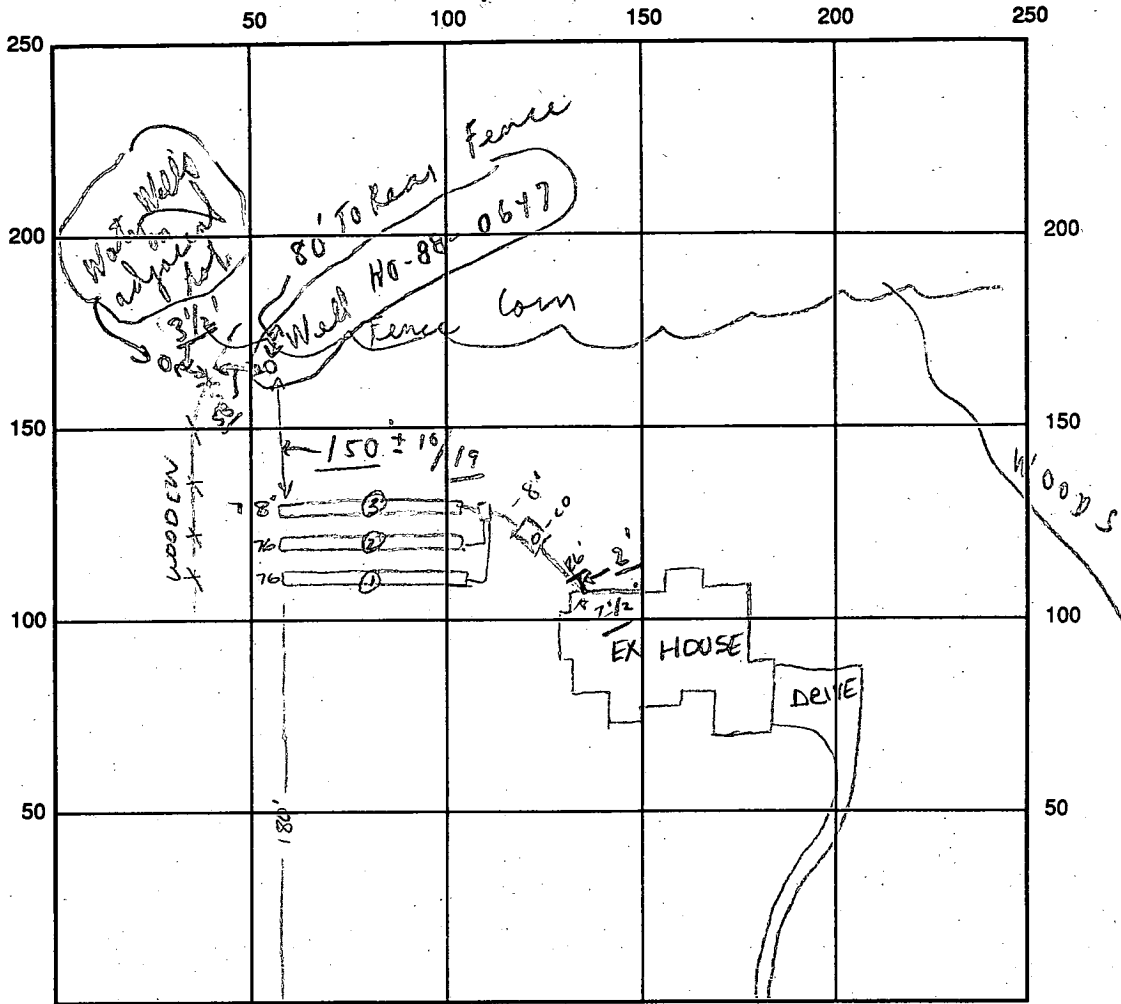
PERMIT VOID AFTER TWO YEARS

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.
yupone tank

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 37271



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Fulton EST. COLLEGE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS #1 OK
 DISTRIBUTION BOX LEVEL OK baffle is in
 DRAIN FIELD/TITLE DEPTH 8' 8' 8' FT. TRENCH WIDTH 2' FT. INLET DEPTH 4' FT.
 EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH 76 76 78 FT. = 230
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 920 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 10-14-94 OK to cover all work final-house connection
needed - call for inspection then 10/19/94 House connected - Final
OK

10/19 W.P.I. of OK'd 'No. Both - Water Wells - 6 1/2' apart on this lot
to next lot of prop.
 DATE SYSTEM APPROVED 10/19/94 per above INSPECTOR Charles Bryan Street

PROPERTY KNOWN AS: LOT 3

FULTON ESTATES

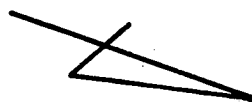
5th Election District

Howard County, MD

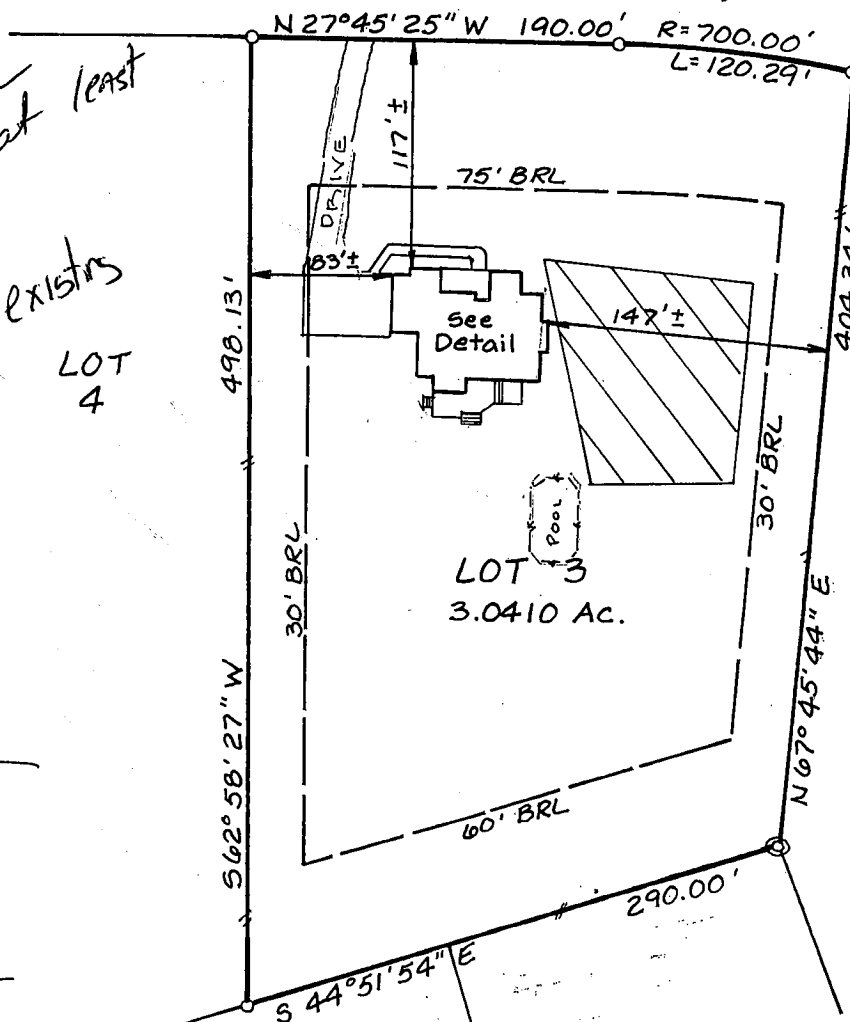
Plat No. 8181

SHEET 2 OF 2

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



FULTON ESTATES COURT (50' R/W)



FULTON ESTATES
LOTS 1-10
SHEET 1 OF 2

26/05
Sept tank must be upgraded
Prior to BP signature to at least
a 1500 gal capacity.
- must show location of exists
Sept system & well
KJB

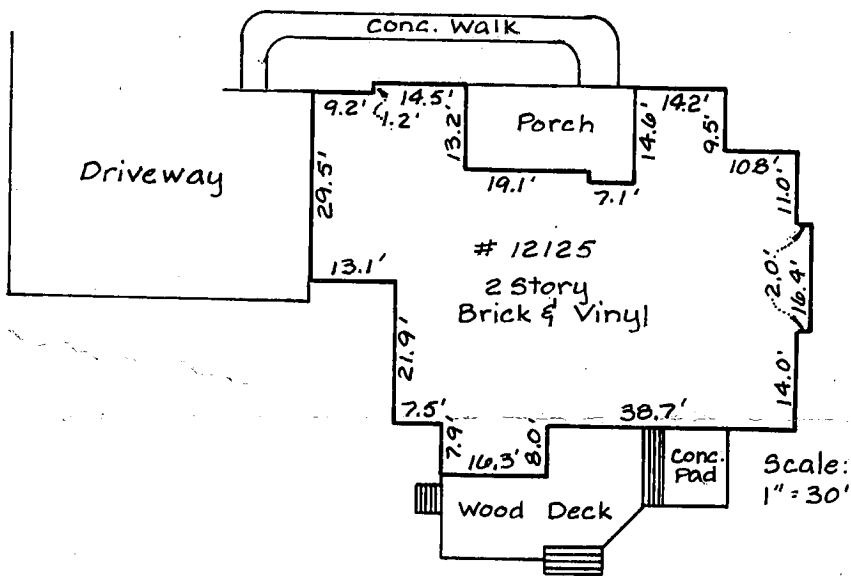
J. Roy O. Williams

Paul Willis



Walter Park

LOCATION DRAWING



Scale:
1" = 30'

CERTIFICATION

SEAL

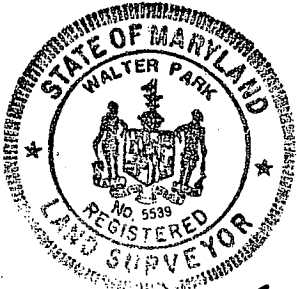
SCALE 1" = 100'

DATE 6/29/03

This is to certify that I have surveyed the property known as: 12125

FULTON ESTATES COURT

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.



Walter Park

LDE Inc.

9250 Rumsey Road Suite 106
Columbia, Maryland 21045

(410) 715-1070 (Balt.)
(301) 596-3424 (Wash.)
(410) 715-9540 (Fax)

APPLICATION

PERCOLATION TESTING

A 32271

P _____
SOIL PROFILE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 4/25/84

*7/28/86
perc test pending
[initials]*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert E. Bessler, et al N.H. Homes GARY L. MANQUAM

ADDRESS 6389 Ten Oaks Rd., Clarksville, Maryland PHONE 596-9300

PROSPECTIVE BUYER Potomac Building & Development Corporation PHONE 301-384-3800

ADDRESS 3517 Spencerville Rd., Burtonsville, Md. PHONE 421-4030

PROPERTY LOCATION:

SUBDIVISION Fulton Estates LOT NO. 3

ROAD AND DESCRIPTION Route 216 - south side of Route 216 approximately 1000 feet west of Pindell School Road (12/23 Fulton Estates Court)

TAX MAP	PARCEL #	TEST NO.	TEST DATE	TEST TYPE	STATUS
41	69 & 203				Single Family
SIZE OF LOT	3 Acre	TYPE BLDG. (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]
(SIGNATURE OF APPLICANT) *VP*

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified plot with all holes field located

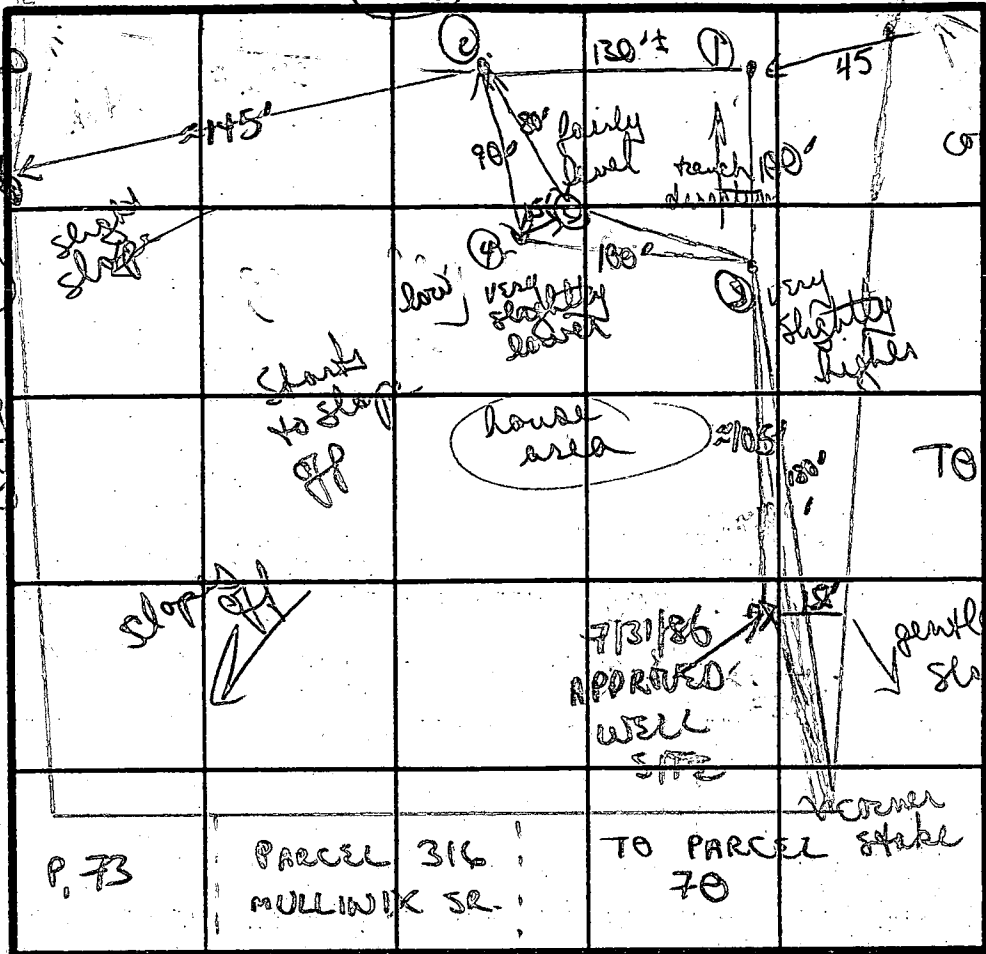
BUDG. PERMIT SIGNED AND RETURNED 8/31/84
Qual # 28791
SFD - AB

THIS IS NOT A PERMIT

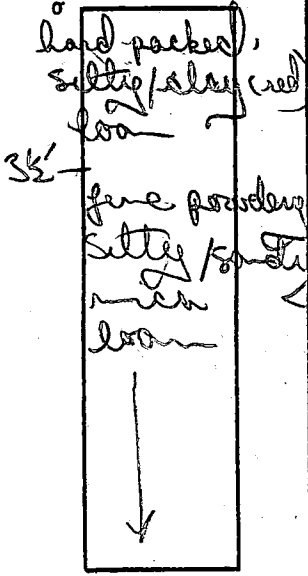
ELLICOTT CITY, MD 21043

FUTURE FULTON CT.

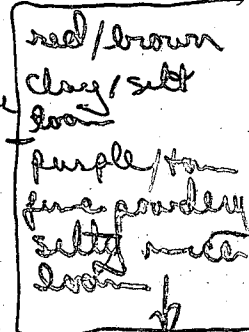
LOT 3



SOIL PROFILE



14' D



14' D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/28/86	①	4'5"	1216	1245	1245	117	32 MIN	
		8' M	1214	1217	1217	1221	4 MIN	
		14' D	bottom (see profile)					
	②	4'5"	1248	stopped				
		4'5"	1222	132	132	152	20 MIN	
		8' M	1248	1254	1254	102	8 MIN	
		12' D	hard bottom (see profile)					
	③	4'5"	140	200	200	230	30 MIN	
		8' M	141	143	143	145	2 MIN	
		14' D	bottom (see profile)					
	④	hard bottom	at 11'					

hard packed red to orange red clay to silty loam
 changing to red brown powdery silty mica (trace) loam
 ↓
 hard bottom
 12' D

By shelving down, this would be OK

too slow shelved down

INLET 4 1/2'

REMARKS: red/orange clays 4-5' (note: slow times OK on top due as much to hard packing as soil profile) silty mica loam / fast perching soils below
 MAX DEPTH 9'

TYPE OF SOIL

TESTED BY

B. Wuyon

Also Present Dave Kern, Allen

ALSO PRESENT

APPLICATION

PERCOLATION TESTING

A 37271

P _____
SOIL PROFILE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 6/25/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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Larry D. Anderson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

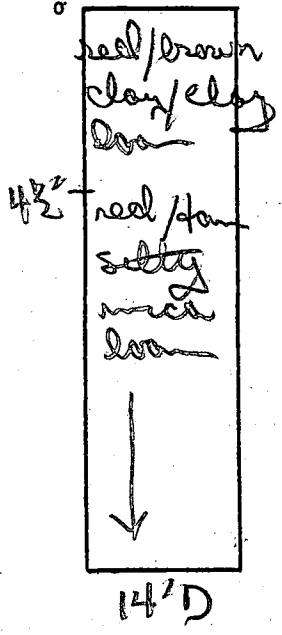
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

ELLICOTT CITY

5

SOIL PROFILE



		# LOT 3		

$\bar{X} \approx 18$ MIN
INLET 5'
MAX 9'
210 ϕ / BD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4

similar to
five but
hard
bottom 11"

↑
did not
TEST.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/23/82	5	5' SM	210	230	230	252	22 MIN	
		14' D	bottom (see profile)					

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____

C1 2485

SEQUENCE NO. (DENV 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)

COUNTY NUMBER A33271

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 062089

Depth of Well 290

PERMIT NO. 40-88-0647

OWNER NV Homes last name Estates Ct first name TOWN Fulton SUBDIVISION FULTON ESTATES SECTION LOT 3

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 FROM TO

Check if water bearing

Table with columns for description, feet from, feet to, and water bearing. Includes handwritten entries: 'OB slate', '100 280', '140', and '144'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 173 ft.

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER

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

ST 1 126

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.)

Table for screen record with columns for depth and screen size.

- 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 13.13 "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. 144
DRILLERS SIGNATURE Austin K...
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

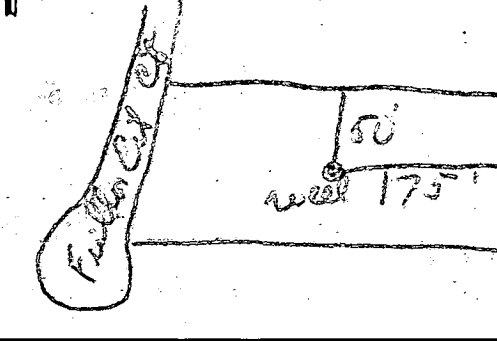
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 **9375** SEQUENCE NO. (DP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0047
 fill in this form completely

Date Received (APA) **137 4730**
061480 OWNER INFORMATION
 Matzeu Warren
 10415 47th Avenue
 Beltsville MD 20705

B 3 LOCATION OF WELL
 Howard
 8 COUNTY
 FULTON Estates
 23 SUBDIVISION
 SECTION 44 46 LOT 48 50
 FULTON
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
 Harry Edmondson
 Edmondson Well Drilling
 711 Klee Mill rd Westminster MD 21157
 Young Edmondson 6-6-88

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ESTATES CT.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 340 FT
 ENTER FT or MI FT

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard COUNTY NAME
 A 37271 COUNTY NO.
 STATE SIGNATURE DATE ISSUED
 B Nifon 0115189
 NORTH GRID 481 000 EAST GRID 0818 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 826 18
 N 480 1

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 FULTON 216
 Estates CT.

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE INITIALS PERMIT NO. HO-88-0047

B 1 5578

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0647

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

050289

OWNER INFORMATION

N V HOMES

1023 MEW HAMPS HIRE AVE

SILVER SPRINGS MD 20902

B 3

LOCATION OF WELL

HOWARD

FULTON EST

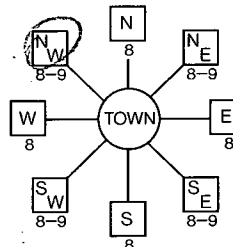
SECTION LOT 3

FULTON

MILES FROM TOWN

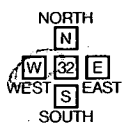
B 4

DIRECTION OF WELL FROM TOWN



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD



DISTANCE FROM ROAD

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other
Public or private water company
Test, observation, monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A37271 COUNTY NO.

STATE SIGNATURE DATE ISSUED Mark E. Rifkin 11/30/89

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven
Air-Rotary Air-PerCussion Rotary (Hydraulic Rotary)
Cable Reverse-Rotary Drive-Point

REPLACEMENT OR DEEPEMED WELLS

- This well will not replace an existing well
This well will replace a well that will be abandoned and sealed
This well will replace a well that will be used as a standby
This well will deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

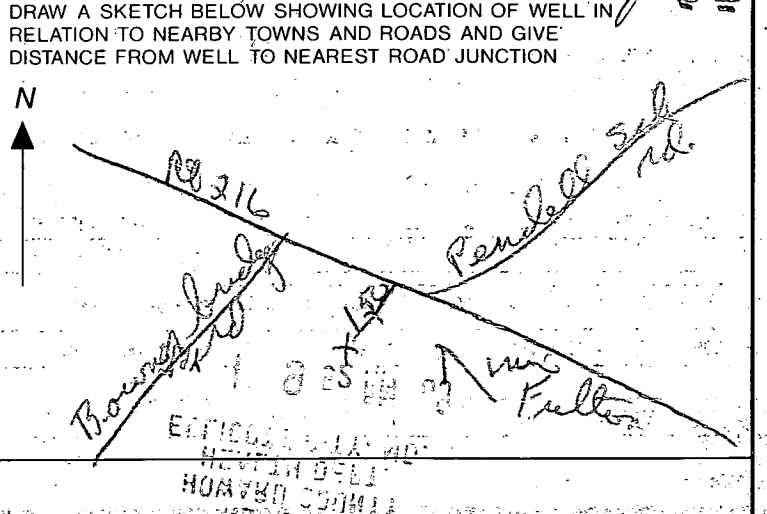
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER

FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-88-0647

SPECIAL CONDITIONS

Handwritten notes: SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER: 1. well, 2. Bags of cement, 126 Cas 7 Wellpulle, 40' #6 section, 2' casing above top of section. WRITE THE BOX NUMBER FROM THE MAP HERE. E 8108, N 4801.



10/19/84
Anytime

Final
Cbd

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

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

Name of Property Owner _____ Telephone _____
Subdivision FULTON ESTATES Lot # 3 Well Tag # No - 88 - 0647
Site Address 12125 FULTON ESTATES CT

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? _____

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: _____

Green

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL * CHEMICAL * PHYSICAL WATER ANALYSIS

1418 Old Teneytown Road MD State Certification #133 839 C South Main Street
 Poolesville, MD 21136 (410) 648-1014 or 876-4554 Bel Air, MD 21114

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995 COMPANY: CASH ACCOUNT
 LABORATORY ID NUMBER: 16269 REQUESTED BY: M. Hall Associates
 LOCATION: Manassas SOURCE: Well
 12725 Furlow Estates Court SITE: Main Floor Utility Strip
 SULTON, NO, MD, 20759 COLLECTED BY: C. Toms 95-009
 DATE/TIME COLLECTED: 04-04-1995, 1450 @ RESIDUAL CHLORINE: None Detected
 DATE/TIME BEFO LAB: 04-04-1995, 1615 WATER SUPPLY TREATED: NO
 WELL NUMBER: NO 88-0037 TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.5 ✓	6.5 - 8.5	pH Units
NITRATES	11.0 ✓	10 OR LESS	mg/L (PPM)

ONCS/ML6 24-HOUR TEST:

COLIFORMS, TOTAL	ABSENT ✓	Absent	Bacteria Total Coliform
COLIFORMS, FECAL	N/A	Absent	Bacteria Fecal Coliform

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS
Turbidity	4.9 ✓	Less Than 10	NTU
Sand	None ✓	None	

PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETERS TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

RESULTS SAMPLE ANALYSED IN THE FIELD.

DATE REPORTED: 04-07-1995 LABORATORY DIRECTOR: Charles Mooshian
 Charles Mooshian, BS, MT, NRE

COMMENTS: Uga & Dev. 10-11-94

Sample Analyzed As Received



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 6, 1995

Mr. and Mrs. Gary Mangum
12125 Fulton Estates Court
Fulton, Maryland 20759

RE: Fulton Estates, Lot #3
12125 Fulton Estates Court
Well Tag #HO-88-0647

Dear Mr. and Mrs. Mangum:

This is to advise you that the septic system was installed, inspected and approved on October 19, 1994.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

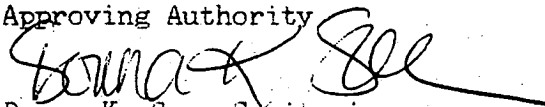
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-88-0647. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample: April 4, 1995
Date of Well Approval: June 20, 1989

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector
file

(3)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Melsen Joseph, Ph.D., Director

016652

Category Code 4F-4C Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Mangum - Powder Room

Location: 18125 Fulton Estates Ct.

Iced: Yes No am.

Treated Yes No pm.

Time Collected 10:30

Collector # _____ Bottle No. AR 029

Collector Name B. Canning County Howard

County 13 Plant No. _____ Sampling Station _____ Date Collected 05 31 95

pH 7.0 Res. Cl: Free 00 Total 00 Card No. _____

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

ml. of Sample	10 ml.			
Gas. 24 hours	---	---	---	---
Gas. 48 hours	+	---	---	---

CONFIRMED MTF TEST

ml. of Sample	10 ml.				No. of Pos.
Coliforms †	---	---	---	---	0
Fecal Coliforms ‡	---	---	---	---	0

PRESUMPTIVE P/A TEST*

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

CONFIRMED P/A TEST

ml. of Sample	100ml.
Total Coliforms †	
Fecal Coliforms ‡	

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____

† Verified Total Coliforms/100ml. (Membrane Filter) = _____

‡ Verified Fecal Coliforms/100ml. (Membrane Filter) = _____

Heterotrophic Plate Count §/ml. = _____

- ** using m Endo-Agar LES at 35° C incubation.
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC-Broth at 44.5°C incubation
- § using Plate Count Agar at 35°C incubation.

Date & Hour
31 MAY 95 13 07 LP
Recd.
31 MAY 95 13 07 LP
Exam
-5 JUN 95 08 55
Rept.

Laboratory

Annapolis	<input type="checkbox"/>	Cumberland	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>	Frederick	<input type="checkbox"/>
Central	<input checked="" type="checkbox"/>	Salisbury	<input type="checkbox"/>
Cheverly	<input type="checkbox"/>		

Remarks _____

Bacteriologist L. Player



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 7, 1995

Mr. and Mrs. Gary Mangum
12125 Fulton Estates Court
Fulton, Maryland 20759

RE: Fulton Estates, Lot #3
12125 Fulton Estates Court
Well Permit #HO-88-0647

Dear Mr. and Mrs. Mangum:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on October 19, 1994.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-88-0647. The well owner accepts his responsibilities under COMAR 26.04.04.10.

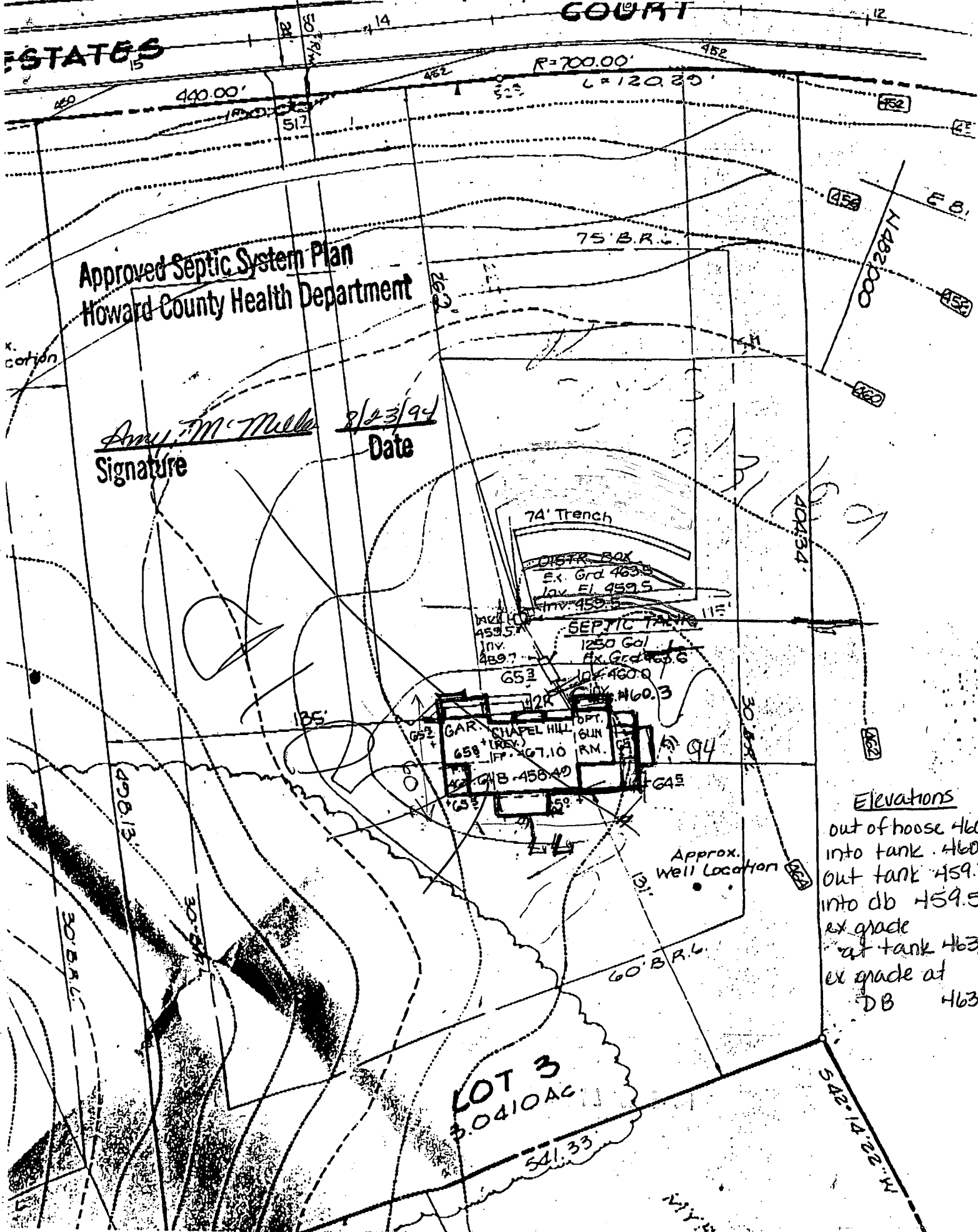
Date of Final Sampling: May 31, 1995
Date of Well Approval: June 20, 1989

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

Water Sample Dates: May 31, 1995
April 4, 1995

DKS
cc: file



Approved Septic System Plan
Howard County Health Department

Amy M. Mello 8/23/94
 Signature Date

Elevations

out of house	460.3
into tank	460.0
out tank	459.7
into db	459.5
ex grade	
at tank	463.6
ex grade at	
DB	463.5

LOT 3
 3.0410AC

August 29, 1994

Gary L. Mangum
15019 Pinetop Lane
Burtonsville, Maryland 20866

Ms. Avis L. Corbin, Chief
Licenses & Permits Division
Howard County Maryland
George Howard Building
3430 Courthouse Drive
Ellicott City, MD 21043

Re: Building Permit #55944

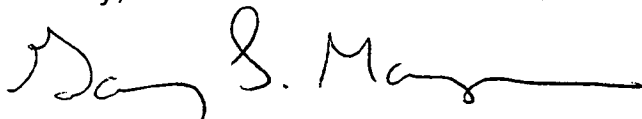
Dear Ms. Corbin:

I was advised by your office that this request should be directed to you. As instructed, I have enclosed four copies of our revised site plan for your review and approval.

I would like to move the house forward from our original site plan to the point shown on the enclosed plan. After visiting your office yesterday, we were able to visit your associates at the health department who were confident that our interest in moving the home would not cause problems with the septic related concerns.

We are anxious to begin the construction process so I would appreciate your approval or comments at your earliest convenience. Thank you.

Sincerely,



Gary L. Mangum
301-384-3800 W
301-549-1128 H

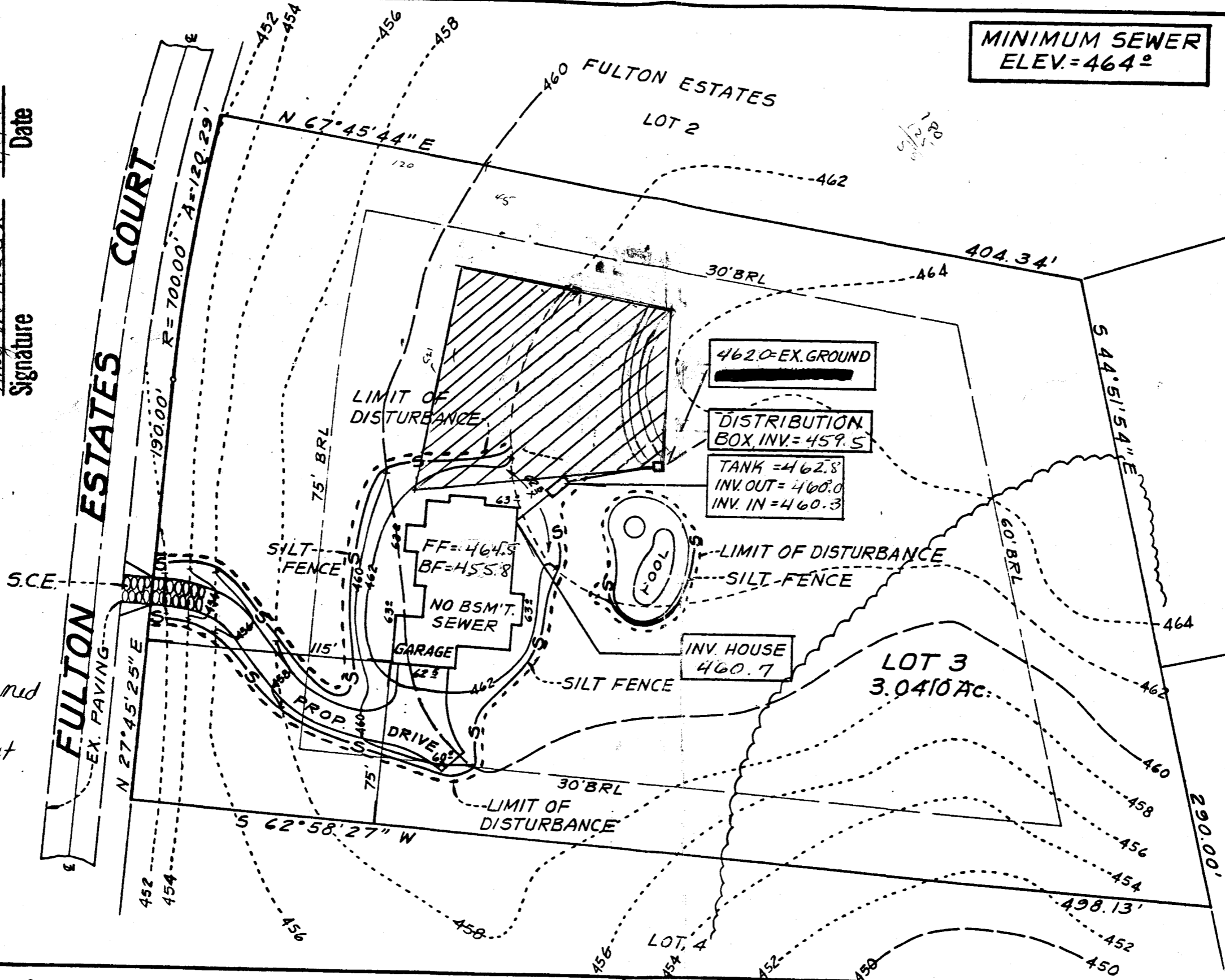
9/1/94
Proposed change to
house location OK

Amy McMillan

Approved Septic System Plan
Howard County Health Department

Amy McMullen 9/1/94
Signature Date

NOTE:
Length of trench
to be determined
at time of
septic permit
issuance.

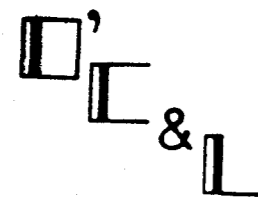


MYRTLE I.
BROWN
433/575

THOMAS E.
MULLINIX
435/480

PLAT No. 8181
Rec. 10-11-88

WALL CHECK
FINAL
RECERT



O'CONNELL & LAWRENCE, INC.
SURVEYORS, ENGINEERS & LANDPLANNERS
17904 Georgia Avenue, Olney, Maryland 20832
(301) 924-4573 • FAX (301) 924-5872

SITE PLAN
LOT 3
FULTON ESTATES
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
TAX MAP 41

Date	AUG.94	Sheet	1
Drawn	E.F.M.	Of	1
Checked	B.A.	Project No.	22-30
Scale	1"=50'		

B.G. & E.

290.00'

S 44° 51' 54" E

L.P. GAS

404.34'

Well

60' BRL

LOT 3
3.0410 AC.

#57835
1/12/04 on y
propose
Tank
per checked
10/19/94
CBO

30' BRL

SEPTIC
Fields

30' BRL

Electric meter

TRANSFER
B.G. & E.

1,000 gal tank

25ft

65ft

400 AMPS

SEE
DETAIL

N 67° 45' 44" E

75' BRL

COURT

R=700.00' A=180.29'

190.00'

ESTATES

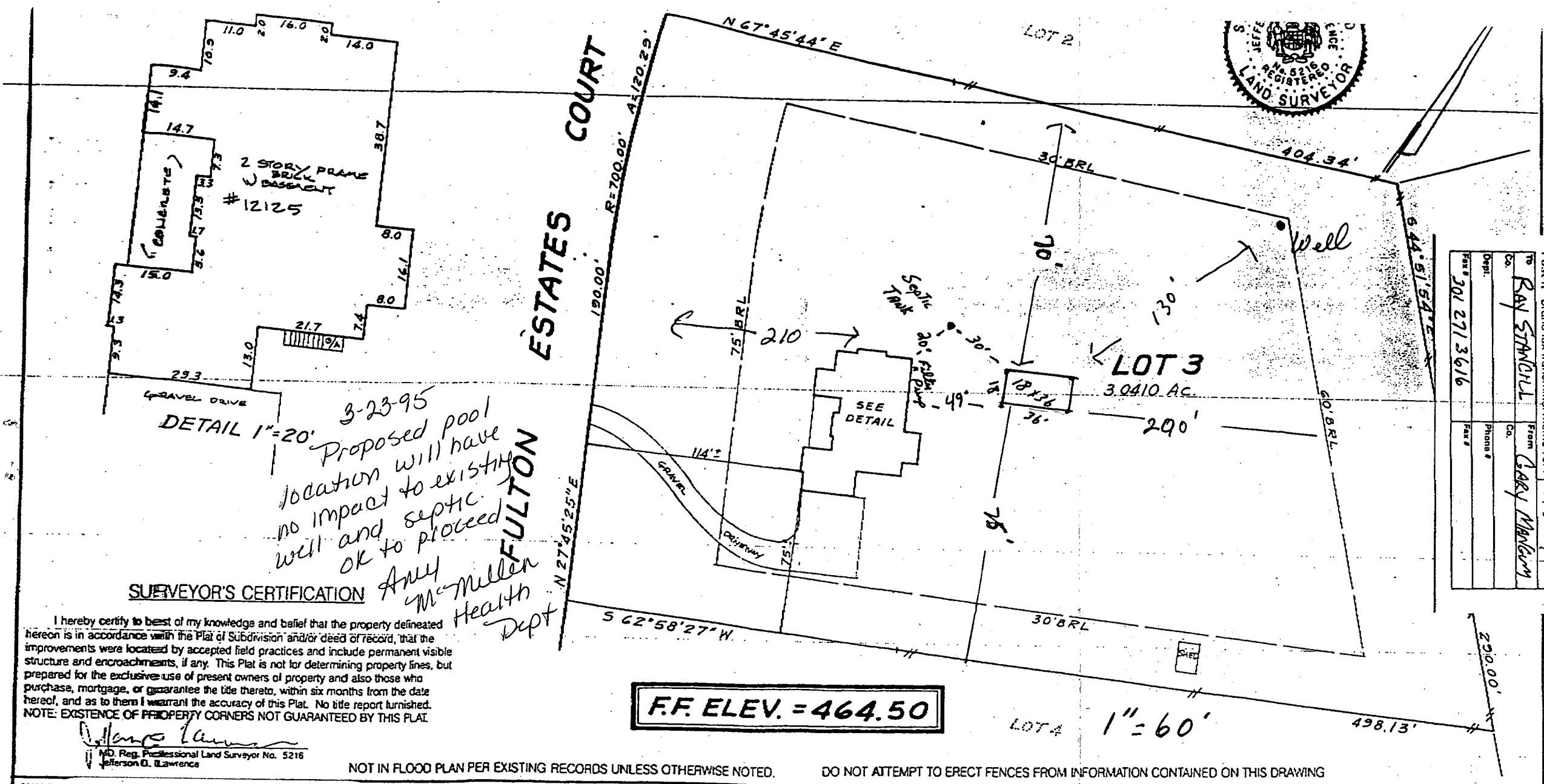
N 27° 45' 25" E

BLON

S 62° 58' 27" W

F.F. ELEV. = 464.50

DRIVEWAY



3-23-95
 Proposed pool location will have no impact to existing well and septic. OK to proceed.
 ANNY McMillen
 Health Dept

SURVEYOR'S CERTIFICATION

I hereby certify to best of my knowledge and belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structure and encroachments, if any. This Plat is not for determining property lines, but prepared for the exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from the date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.
 NOTE: EXISTENCE OF PROPERTY CORNERS NOT GUARANTEED BY THIS PLAT

Jeffrey R. Lawrence
 MD. Reg. Professional Land Surveyor No. 5216
 Jefferson G. Lawrence

NOT IN FLOOD PLAN PER EXISTING RECORDS UNLESS OTHERWISE NOTED.

DO NOT ATTEMPT TO ERECT FENCES FROM INFORMATION CONTAINED ON THIS DRAWING

Post-it™ Grand fax transmittal memo 7/6/1 * of pages * 1

To	RAY STANCHILL	From	CARY MANGUN
Co.		Co.	
Dept.		Phone #	
Fax #	301 271 3616	Fax #	

TOTAL P. 01



MHIC # 34414-01
 TRI-COUNTY POOLS, INC.
 13410 Moser Rd.
 Thurmont, MD 21788
 301-898-3030

Cary & Sonia Mangun
 12125 Fulton Estates Ctr.
 Fulton Md. 20759
 1-301-497-1639

HOUSE LOCATION SURVEY

	Date	Sheet
House to Tank	20'	
Pool to Tank	30'	
Right Side	75'	
Left Side	70'	
Rear Line	200'	
Well to Pool	130'	
House to Pool	49'	
Pool to Front line	210'	

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B 00.49759

Building Address 12125 Fulton Estates Court
Fulton, MA 20759

Property Owner's Name Jeffrey Willis

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Address 12125 Fulton Estates Court

Census Tract 6-51-02 Subdivision Fulton Estates

City Fulton State MD Zip Code 20751

Section _____ Area _____ Lot 3

Home Phone 410-907-0394 Work Phone 443-676-3766

Tax Map 41 Parcel 69 Grid 19

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning LA-2 Map Coordinates 185 Lot size _____

Phone _____ Fax _____

Existing Use Single Family Dwelling

Contractor Company N/A

Proposed Use Single Family Dwelling

Contact Person _____

Estimated Construction Cost \$ 21,000.00

Address _____

Description of Work Finish inside of garage

City _____ State _____ Zip Code _____

For Sidewalk / Sewer Under EOP

License No. _____

Occupant or Tenant N/A

Engineer or Architect Company N/A

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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.

Doug Haley For Jeffrey Willis
 Applicant's Signature

Doug Haley
 Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ			
<input checked="" type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health			

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

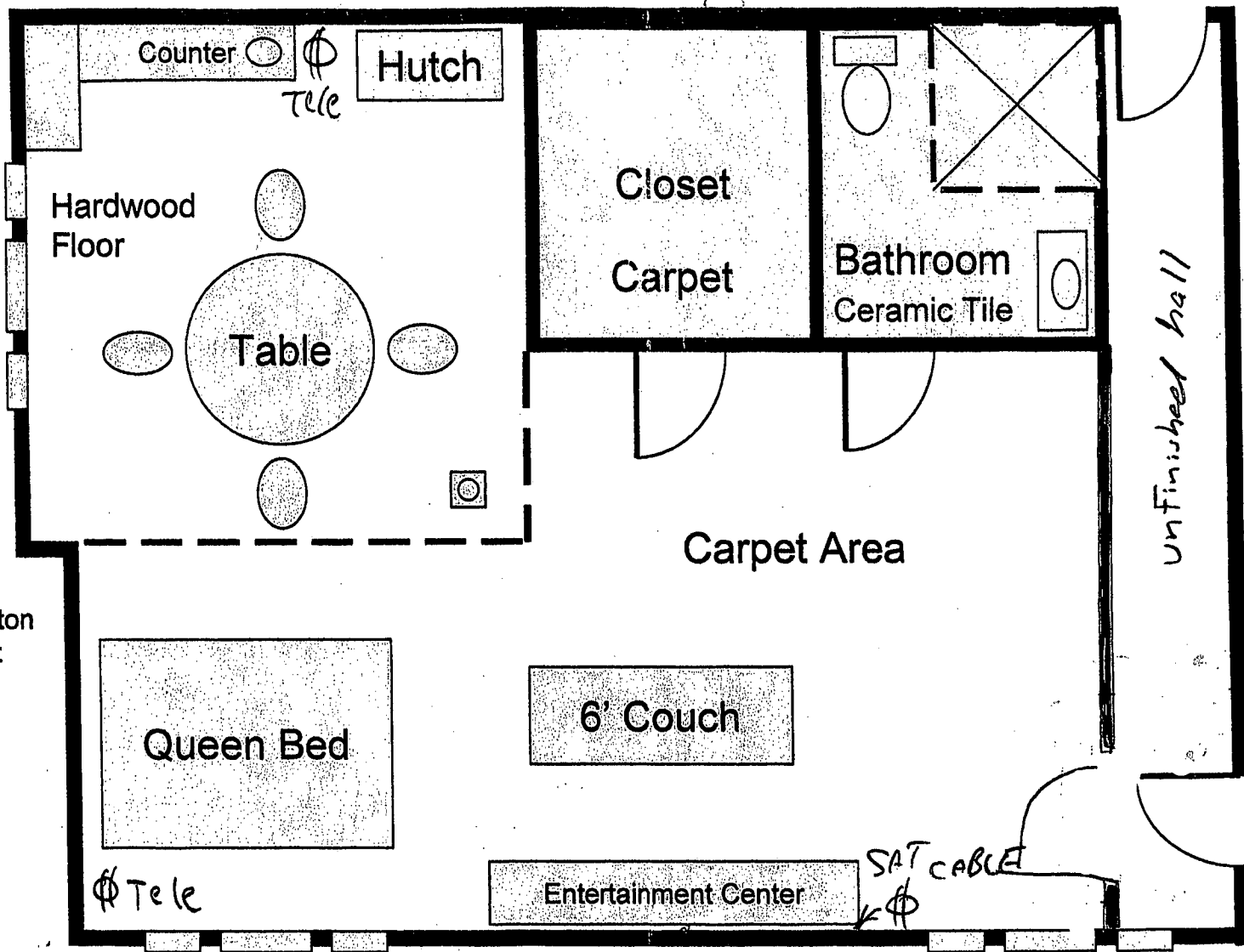
PROPERTY ID#: 7574
 Filing fee \$ _____
 Permit fee \$ 50
 Excise tax \$ _____
 Add'l per. fee \$ 5
TOTAL FEES \$ 55
 Sub-total paid \$ _____
 Balance due \$ _____
 Check 1113
 Validation 75335

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



unFinished hall

12125 Fulton
Estates Ct
Garage
Buildout

1/4" = 1 foot