

LAYOUT 11-15-02 1-2pm INSP 4 F-U 8-18-03 3pm
 INSP 2 6/16/03 3PM INSP 5 F/U 9/16/03 KC/FA 11³⁰
 INSP 3 6/30/03 12 INSP 6 9/26/03 1pm pump & alarm

9/29
12 noon

ISSUE DATE: 10/29/2002

P 517979

APPROVAL DATE: 9/29/03

**PERMIT
INDEXED**

A 35462

05-407400

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Waterford LOT NUMBER: 6

ADDRESS: 13185 Brighton Dam Road PROPERTY OWNER: Joseph Nazario

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run four(4) - 75' trenches on contour 10' center to center.
NOTES:	SEE APPROVED PLANS FOR DETAILS ON PUMPS & IN-LINE FLUSHING CON.

PLANS APPROVED: Steven R. Krieg OKSRK 7/24/02 DATE: 6/26/2002

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

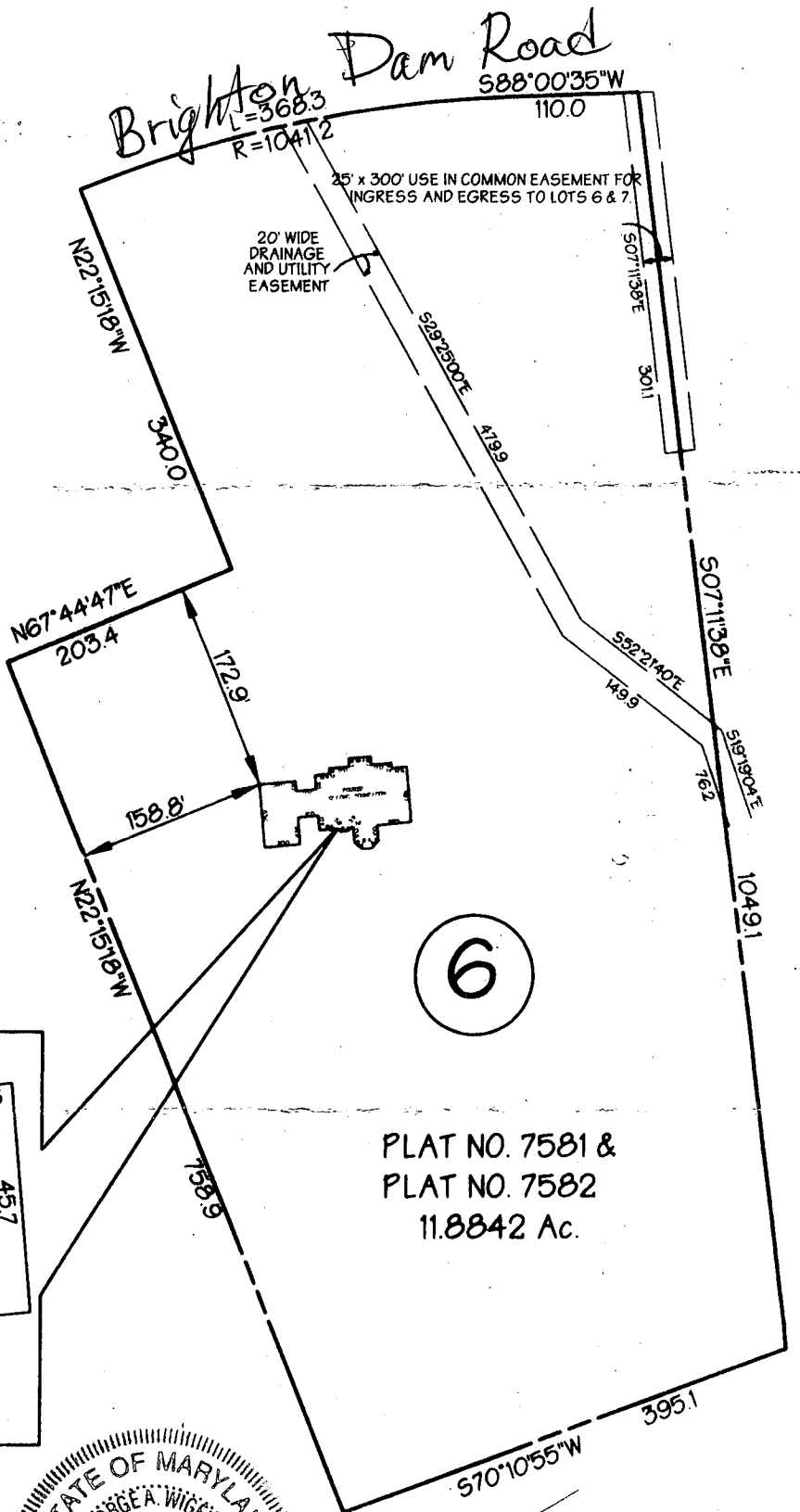
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
 AND RETURNED**

10/16/2003 800144551 2-1000 gal underground LP Tanks

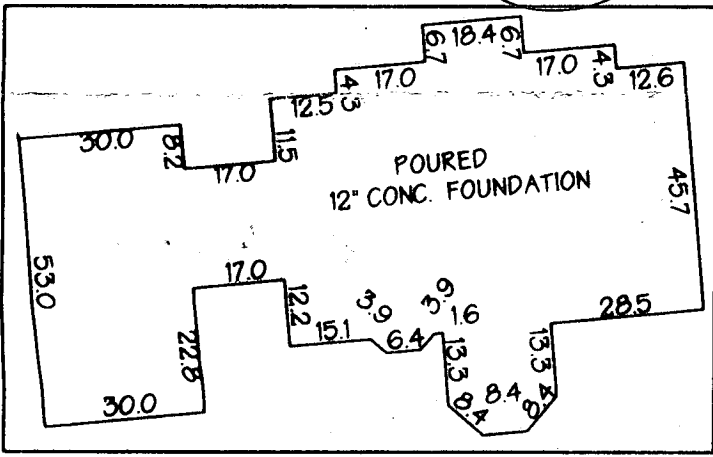
A 35462

LOCATION DRAWING



LOT 6
NAZZARIO PROERTY
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

10/15/02
House moved
toward right front
of plot - no effect on
well or septic (BB)



NOT TO SCALE

PLAT NO. 7581 &
 PLAT NO. 7582
 11.8842 Ac.



SCALE 1' = 150'

ACCURACY TOLERANCE +/- 0.2'

THE ABOVE SEAL MUST BE IN RED TO BE ORIGINAL IF IT IS NOT UNAUTHORIZED CHANGES MAY HAVE BEEN MADE.

CONSUMER ADVICE

- 1) THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
- 2) THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
- 3) THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, BELIEF AND INFORMATION THAT THIS "LOCATION DRAWING" HAS BEEN PREPARED IN ACCORDANCE WITH MARYLAND STATE LAW REGARDING "MINIMUM STANDARDS OF PRACTICE"

REFERENCE

PLAT BOOK

PLAT NO.

LIBER
1583

FOLIO
683

ADDRESS

DEWBERRY & DAVIS

ARCHITECTS ENGINEERS PLANNERS SURVEYORS

10,001 DEREKWOOD LANE

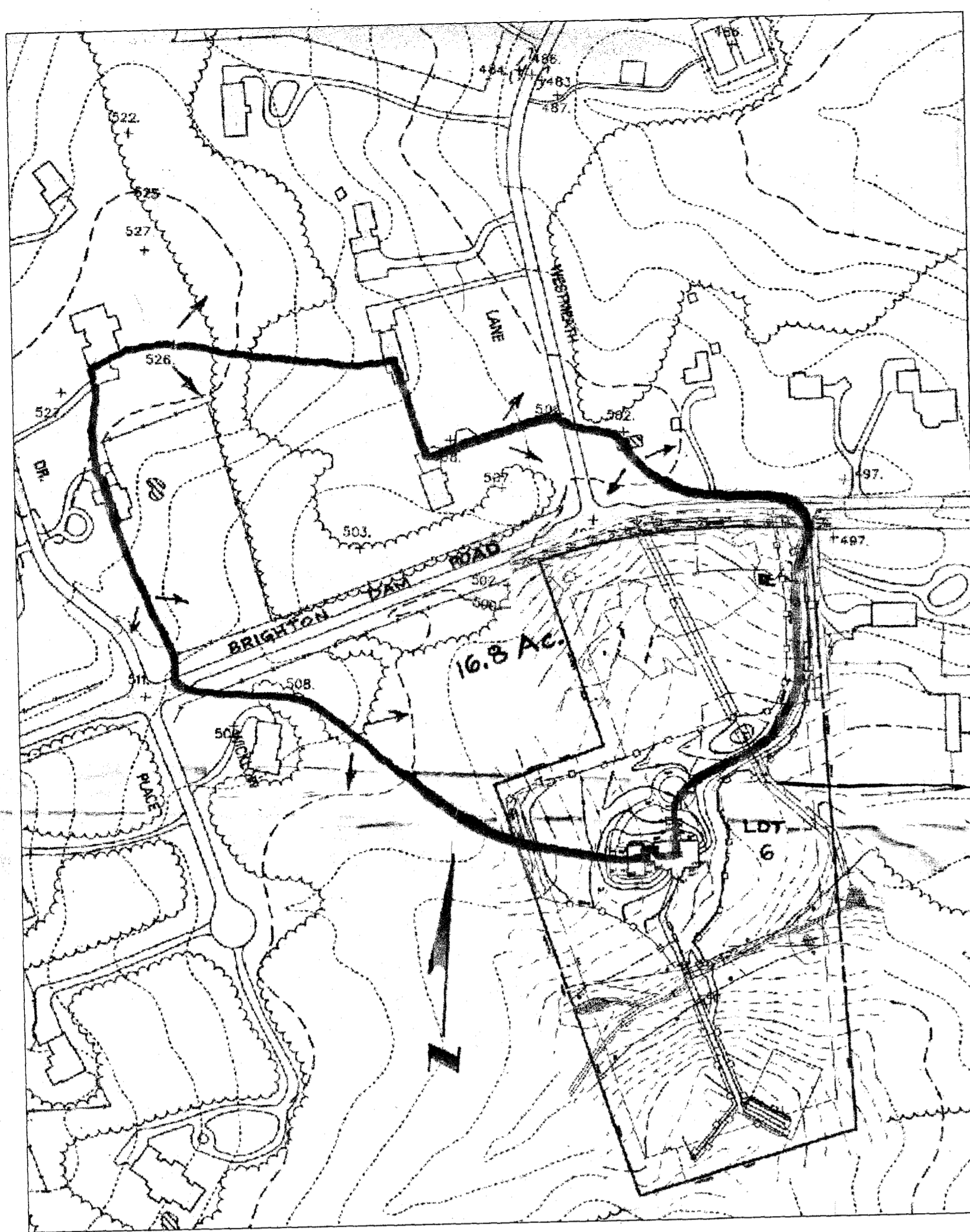
SUITE 100

LANHAM, MARYLAND 20706

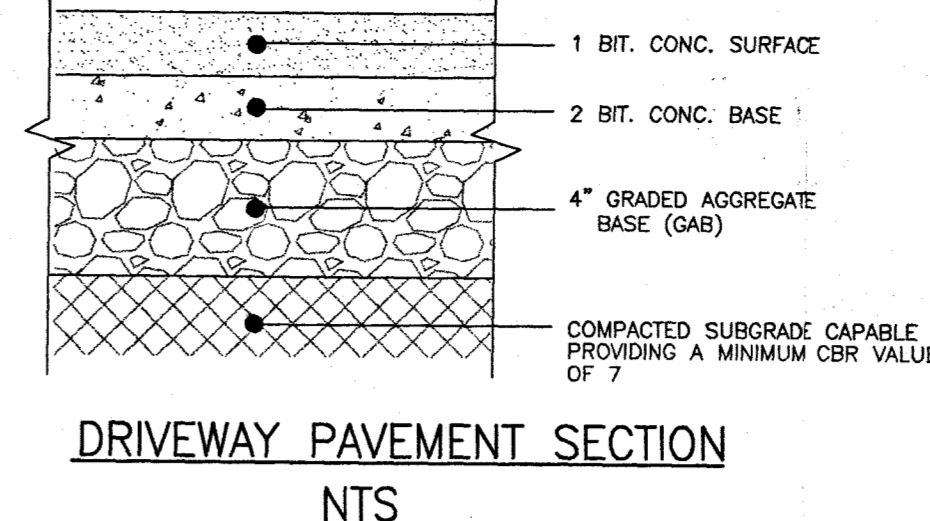
PHONE

(301) 731-5551

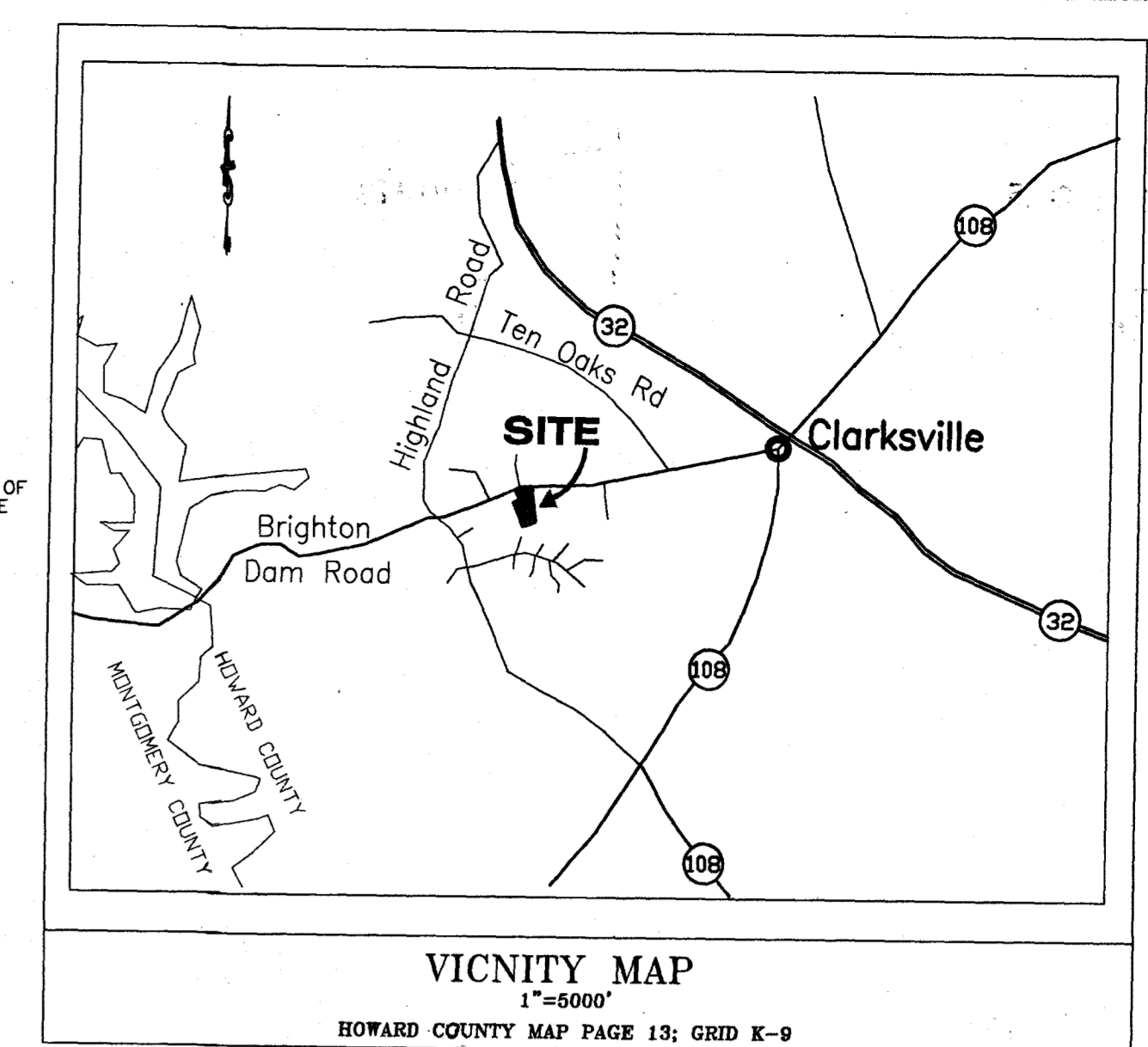
FOLIO 683	DATE	DRAWN BY	CKD. BY
ADDRESS	WALL CHECK	10/03/02	R.L.J.
	FINAL		
	REPERT		



DRAINAGE AREA MAP - PROPOSED 24" RCP
SCALE: 1" = 200'

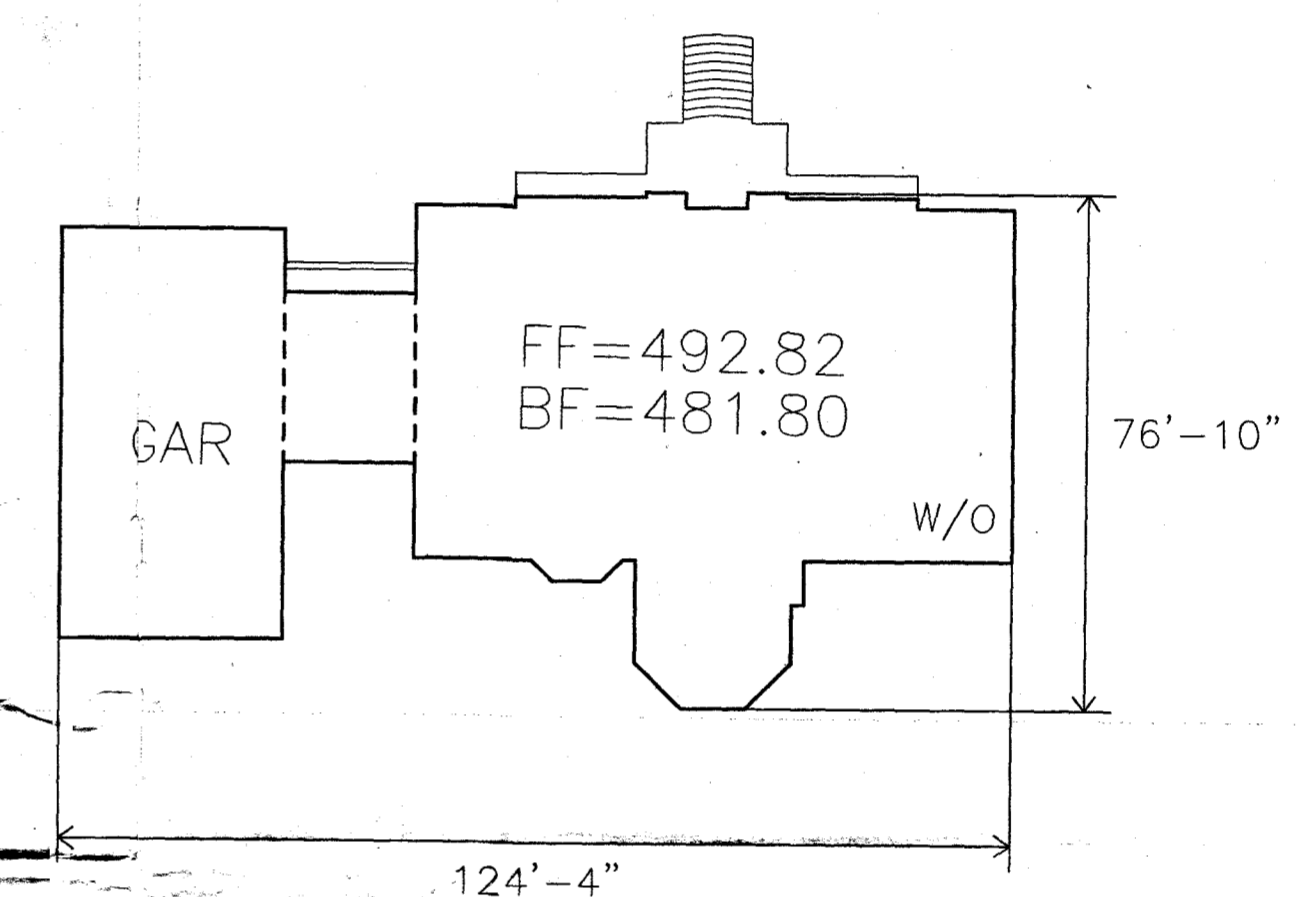


DRIVEWAY PAVEMENT SECTION
N.T.S.



VICINITY MAP
1"=5000'
HOWARD COUNTY MAP PAGE 13; GRID K-9

- SHEET INDEX**
1. SITE, SEPTIC, GRADING AND SEDIMENT CONTROL PLAN
 2. SEPTIC SYSTEM, SITE, AND SEDIMENT CONTROL DETAILS
 3. SEDIMENT CONTROL DETAILS, NOTES, AND SPECIFICATIONS



APPROX. LIVING AREA = 4,359 S.F.
GARAGE = 1,582 S.F.
N.T.S.

40 LF OF 24" CL 14 RCP @ 1.00%
PROVIDE CONCRETE END SECTIONS
AT BOTH ENDS OF THE PIPE. PER
HOWARD COUNTY DETAIL
SD-5.51.
PROVIDE RUP-RAP APPROX @ DOWN-STREAM
END OF CULVERT TO DIMENSIONS AND
SPECIFICATIONS SHOWN ON SHEET 2.

PROVIDE SILT FENCE AT TEMPORARY STREAM CROSSING
ACCESS LOCATION UNTIL AUTHORIZATION TO PROCEED
IS RECEIVED FROM THE WATER MANAGEMENT ADMINISTRATION
(WMA) AND THE U.S. ARMY CORPS OF ENGINEERS. DO
NOT REMOVE SILT FENCE, CONSTRUCT TEMPORARY STREAM
CROSSING ACCESS, OR DISTURB ANY AREAS BEYOND
(SOUTH OF) THIS LOCATION UNTIL THE REFERENCED
AUTHORIZATION IS RECEIVED BY THE APPLICANT. REFER TO
NOTE A ON SHEET 3 UNDER THE SEQUENCE OF
CONSTRUCTION FOR THE AUTHORIZATION TRACKING NUMBER.

EX. 100-YEAR FLOOD PLAN AND
DRAINAGE EASEMENT
TOTAL AREA = 0.8758 +/- AC.

100-YEAR FLOODPLAIN DATA

#	BEARING/DIST
1	S 69°58'40" W 116.4'
2	S 61°10'09" W 124.4'
3	S 54°58'48" W 167.2'
4	S 42°21'01" W 84.6'
5	N 45°14'23" E 37.3'
6	N 77°55'40" E 176.9'
7	N 65°15'57" E 195.9'
8	N 43°31'52" E 111.3'

DEVELOPER'S CERTIFICATION

BY THE DEVELOPER:
I/WE CERTIFY THAT ALL DEVELOPMENT AND/OR CONSTRUCTION WILL BE DONE
ACCORDING TO THESE PLANS, AND THAT ANY RESPONSIBLE PERSONNEL
INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATION OF
ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING
PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING
THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE
HOWARD SOIL CONSERVATION DISTRICT.

Signature: *[Signature]* Date: 3-18-02
DEVELOPER

ENGINEER'S CERTIFICATION

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. THIS PLAN WAS PREPARED IN
ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION
DISTRICT.

Signature: *[Signature]* Date: 3/18/02
Name: Eric S. Becker, P.E. M.D. Reg. No.: 21444

HOWARD SCD APPROVAL

These plans for soil erosion and sediment control meet the
requirements of the Howard Soil Conservation District.

Signature: *[Signature]* Date: 3/19/02
Name: John K. Kobulack
Howard S.C.D.

WETLAND/WATERWAY NOTE

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN ANY STATE PERMITS,
IF REQUIRED, FOR ANY CONSTRUCTION ACTIVITY COVERED BY THIS PLAN
WHICH IMPACTS A STATE REGULATED WETLANDS OR CORPS OF ENGINEER'S
WATERWAY. ANY CHANGES TO PLANS FOR THIS PROJECT WHETHER REQUIRED
BY THE STATE, CORPS OF ENGINEERS, OR INITIATED BY THE APPLICANT TO
MEET STATE OR CORPS REQUIREMENTS MUST BE APPROVED BY HOWARD
COUNTY SOIL CONSERVATION DISTRICT.

- LEGEND**
- 480 --- EXIST. CONTOURS
 - 482 --- PROP. CONTOURS
 - 84.2 • PROP. SPOT ELEVATION
 - EXIST. TREE
 - PROPERTY LINE
 - ⊕ STREAM
 - EX. EDGE PAVEMENT
 - LIMIT OF DISTURBANCE
 - EX. WOOD FENCE
 - TREE LINE
 - ED A-2 / ED B-3 EARTH DIKE
 - SF SILT FENCE
 - SSF SUPER SILT FENCE
 - PROP. WELL WATERLINE
 - WETLAND BUFFER
 - WETLAND
 - STABILIZED CONSTRUCTION ENTRANCE
 - EROSION CONTROL MATTING
 - STRUCTURAL FILL AREA

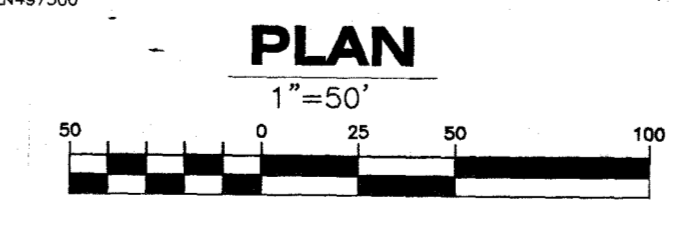
Total linear feet of trench required 300 feet
Width of trenches(es) 3 feet
Depth of trenches(es) 4.5 feet
Depth of stone required below distribution pipe 1.5 feet

Approved Septic System Plan
Howard County Health Department

Signature: *[Signature]* Date: 6/26/02
Name: Steven R. King & Ron Pinsky

CALL "MISS UTILITY"
1-257-7777
FOR UTILITY LOCATIONS
AT LEAST 48 HOURS BEFORE
BEGINNING CONSTRUCTION

NOTE: LOCATION OF EXISTING WELL WAS OBTAINED FROM HOWARD COUNTY HEALTH DEPARTMENT RECORDS.



DESIGNED	DATE	REVISIONS
ERB	03/02	
WPK	03/02	
MRS	03/02	

Dewberry & Davis LLC
Engineers . Planners . Surveyors . Landscape Architects
10001 DEREKWOOD LANE, SUITE 100, LANHAM, MD 20706
(301) 731-5551 WWW.DEWBERRY.COM FAX (301) 731-0188



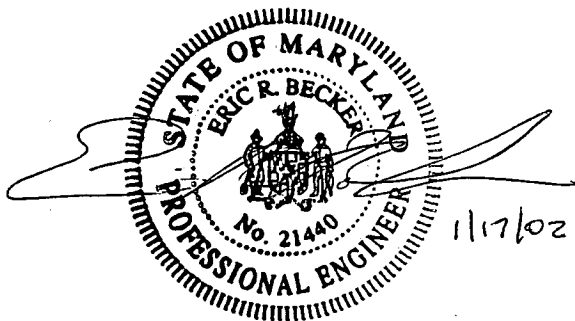
OWNER / DEVELOPER / APPLICANT
JOSEPH NAZARIO
6500 AMMENDALE ROAD
BELTSVILLE, MD 20705-1484
PHONE: 301-927-4664
FAX: 301-937-9454

GP-02-85
SITE, SEPTIC, GRADING AND SEDIMENT CONTROL PLAN
NAZARIO PROPERTY
WATERFORD LOT 6
TAX MAP 34 GRID 9 PARCEL 261
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Nazario Property
Howard County
Maryland
Septic System Calculations

Prepared by:
Dewberry & Davis, LLC
10001 Derekwood Lane, Suite 100
Lanham, Maryland 20706
January, 2002

Prepared For:
Joseph Nazario
6500 Ammendale Road
Beltsville, MD 20705



6/24/02 -
Calculations OK
GM, SRK & RJP

Eric R. Becker, P.E. 21440
Project Engineer

NAZARIO PROPERTY
TABLE OF CONTENTS

SEPTIC SYSTEM CALCULATIONS

PAGE

- 1.....Septic System Calculations
- 3.....Sewage Disposal Pumping Calculations

Appendix A – Design Graphs

Appendix B – Percolation Test Results



Calculation Sheet

Designer E. BECKER Date 12/2001 Checker _____ Date _____
 Title NAZARIO PROPERTY Job No. _____
 Subject SEPTIC SYSTEM CALCULATIONS Sheet No. _____ of _____

SHALLOW SYSTEM TRENCHES

$$\text{TRENCH LENGTH} = \frac{\# \text{ OF BEDROOMS} * \text{REQUIRED ABSORPTION AREA}}{\text{WIDTH OF TRENCH}}$$

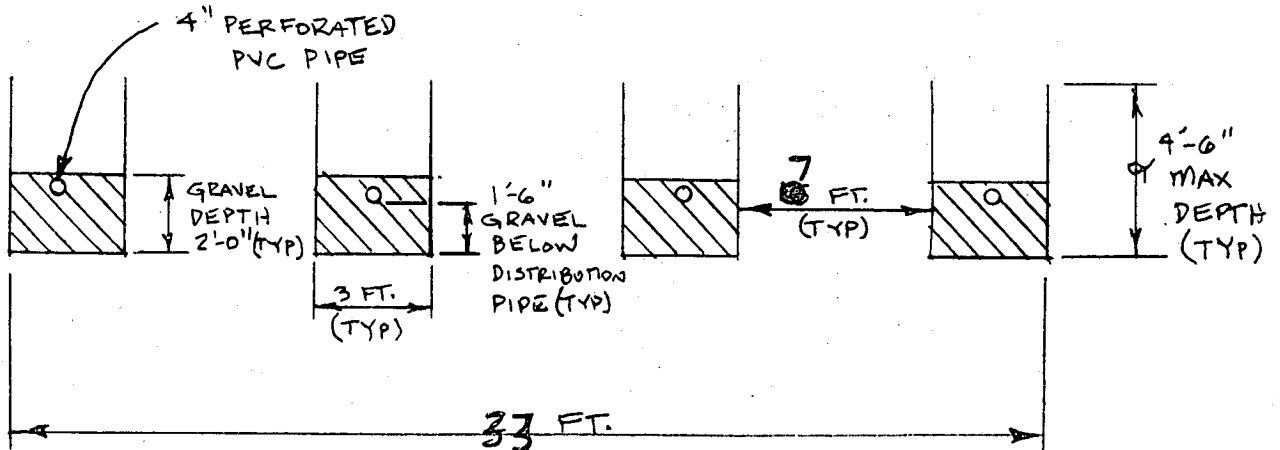
PROVIDED BY:
 HOWARD COUNTY
 HEALTH DEPT.
 SEE APPENDIX A

REQUIRED ABSORPTION AREA = 180 FT²/BEDROOM
 WIDTH OF TRENCH = 3 FT.
 # OF BEDROOMS PROPOSED = 5

$$\text{TRENCH LENGTH} = \frac{(5) * (180)}{(3)} = 300 \text{ FT}$$

SUMMARY: TOTAL TRENCH LENGTH = 300
 TRENCH DEPTH = 4.5 FT
 GRAVEL DEPTH = 2.0 FT (1'-6" BELOW DISTRIBUTION PIPE)
 TRENCH WIDTH = 3.0 FT.

DESIGN FOUR TRENCHES @ 75 FT EA.



Calculation Sheet

Designer E. BECKER Date _____ Checker _____ Date _____
Title NAZARIO PROPERTY Job No. _____
Subject SEPTIC SYSTEM CALCULATIONS Sheet No. 1 of 1

SEPTIC TANK SIZE

AMOUNT OF PROPOSED BEDROOMS = 5

PER THE CRITERIA OUTLINE IN THE APPENDIX
"WATERFORD SEC. 2 LOT 6 OF APPROVED PRELIMINARY
PLAN DATED MARCH 7, 1987," A 1,500 GALLON
TANK IS SATISFACTORY FOR THE PROPOSED
RESIDENCE.

FROM CHART F IN APPENDIX "A", A 1,500
GALLON DOUBLE COMPARTMENT TANK HAS A
DESIGN FLOW OF 1000 GALLONS/DAY.

Calculation Sheet

Designer E. BECKER Date 01/03 Checker _____ Date _____
 Title NAZARIO PROPERTY Job No. _____
 Subject SEPTIC SYSTEM CALCULATIONS Sheet No. _____ of _____

SEWAGE DISPOSAL PUMPING SYSTEMS

PUMP "OFF" FLOAT ELEVATION FOR 12'-7" X 4'-7" SEPTIC STRUCTURE

$VOL = (L)(W)(H)$ VOLUME REQUIRED TO PROVIDE 24" BETWEEN THE PUMP CHAMBER BOTTOM AND THE PUMP "OFF" FLOAT (WHERE (L) IS THE LENGTH OF THE STRUCTURE, (W) IS THE WIDTH OF THE STRUCTURE, AND (H) IS THE 24" DISTANCE)

$$VOL = (12.58')(4.58')(2') \times 7.48 \text{ GALLONS/1 FT}^3 = \underline{\underline{862.3 \text{ GALLONS}}}$$

PUMP "ON" ELEVATION

SINCE THIS IS A DUPLEX PUMP SYSTEM, THE PUMPING DOSE IS EQUAL TO 85% OF THE TOTAL DRAINFIELD PIPE CAPACITY.

CALCULATE THE PUMP DOSE FOR 300 FT. OF DRAINFIELD

$$\begin{aligned} \text{DOSE} &= 85\% \text{ OF } 300 \text{ FEET OF } 4 \text{ INCH DRAINPIPE} \\ &= (0.85)(300 \text{ FT}) \pi r^2 (7.48 \text{ GAL/FT}^3) \quad r = \text{RADIUS IN FT.} \\ &= (0.85)(300 \text{ FT}) \pi (0.1667')^2 (7.48 \text{ GAL/FT}^3) \end{aligned}$$

$$\text{DOSE} = 166.4 \text{ GALLONS}$$

CALCULATE THE DISTANCE BETWEEN THE PUMP "ON" AND "OFF" FLOAT. FOR SEPTIC STRUCTURE

$$\text{VOLUME} = L(\text{FT.}) W(\text{FT.}) H(\text{FT.}) (7.48 \text{ GAL/FT}^3)$$

$$166.4 = (12.58)(4.58) H (7.48)$$

$$H = \frac{166.4}{(12.58)(4.58)(7.48)} = \underline{\underline{0.40 \text{ FT}}}$$

Calculation Sheet

Designer E. BECKER Date _____ Checker _____ Date _____
 Title _____ Job No. _____
 Subject SEPTIC SYSTEM CALCULATIONS Sheet No. _____ of _____

LAG PUMP/ALARM FLOAT

THE LAG PUMP/ALARM FLOAT IS SET 6 INCHES ABOVE
 THE PUMP "ON" FLOAT

THE VOLUME REQUIRED TO PROVIDE 6 INCHES BETWEEN
 THE LAG PUMP/ALARM FLOAT AND THE PUMP "ON" FLOAT
 IS AS FOLLOWS:

$$VOL = (W) (L) H (7.48 \text{ GAL/FT}^3)$$

$$VOL = (12.58)(4.58)(0.5)(7.48 \text{ GAL/FT}^3)$$

$$\underline{\underline{VOL = 216 \text{ GALLONS}}}$$

RESERVE CAPACITY

THE DISTANCE BETWEEN THE LAG PUMP/ALARM FLOAT
 AND THE INVERT OF THE INLET PIPE WILL ACCOMMODATE
 THE RESERVE CAPACITY FOR THE STRUCTURE BEING
 SERVED.

RESERVE CAPACITY FOR RESIDENTIAL HOMES = 50 ^{GALLONS}/_{BEDROOM}

RESERVE CAPACITY = 150 ^{GAL}/_{BDRM.} (5 BEDROOMS)

RESERVE CAPACITY = 250 GALLONS

THE HEIGHT REQUIRED TO PROVIDE 250 GALLONS CAPACITY
 IS AS FOLLOWS:

$$H (\text{FT}) = \frac{VOL (\text{GALLONS})}{(L) (W) 7.48 \frac{\text{GAL}}{\text{FT}^3}} = \frac{250}{(12.58)(4.58)(7.48)} = 0.58 \text{ FT}$$

$$\underline{\underline{H = 0.58 \text{ FT. OR 7"}}$$

Calculation Sheet

Designer E. BECKER Date _____ Checker _____ Date _____
 Title _____ Job No. _____
 Subject SEPTIC SYSTEM CALCULATIONS Sheet No. _____ of _____

DETERMINATION OF THE TOTAL DYNAMIC HEAD

$$\text{TOTAL DYNAMIC HEAD} = \text{STATIC HEAD LOSS} + \text{FRICTION LOSS THROUGH PIPING SYSTEM}$$

STATIC HEAD LOSS = DIFFERENCE IN ELEVATION BETWEEN THE HIGHEST ELEVATION POINT OF THE FORCE MAIN AND THE PUMP INTAKE.

FRICTION LOSS THROUGH PIPING SYSTEM

$$= f \left[\begin{array}{l} \bullet \text{ MATERIAL USED IN PIPING SYSTEM} \\ \bullet \text{ TOTAL LENGTH OF FORCE MAIN} \\ \bullet \text{ PUMP INTAKE} \end{array} \right]$$

STATIC HEAD LOSS

$$\text{SHL} = 490.50 - \text{466.50} = 24.00'$$

INX. OF 2" FORCE MAIN @ CHANNEL CROSSING

$$\text{SHL} = 24$$

CALCULATE FRICTIONAL LOSS :

$$\text{SYSTEM FRICTIONAL LOSS} = (\text{TOTAL PIPE LENGTH}) \times (\text{FRICTION LOSS PER 100'})$$

$$\text{TOTAL PIPE LENGTH} = \text{LINEAR FEET OF FORCE MAIN} + \text{EQUIVALENT LENGTH OF FITTINGS}$$

$$\text{LINEAR PIPE LENGTH} = \underline{301 \text{ FT.}}$$

Calculation Sheet

Designer E. BECKER Date _____ Checker _____ Date _____
 Title _____ Job No. _____
 Subject SEPTIC SYSTEM CALCULATIONS Sheet No. _____ of _____

FRICTIONAL LOSS (CON'T)

EQUIVALENT LENGTH = STRAIGHT PIPE INSIDE TANK AND OF PIPE
 EQUIVALENT NUMBER OF FEET FOR PIPE FITTINGS.

- = STRAIGHT PIPE = 6.0 FT.
- + 90° ELBOW = 5.5 FT
- + CHECK VALVE (SWING) = 13.0 FT
- + GATE VALVE (FULLY OPEN) = 1.2 FT
- + TEE (SIDE OUTLET) = 12.0 FT
- + 45° ELBOW = 2.5 FT

←
 DIAGRAM "C" &
 "D"
 APPENDIX
 A
 ←

TOTAL EQUIVALENT LENGTH OF PIPE = 40.2 FT

TOTAL PIPE LENGTH = (LINEAR + EQUIVALENT)
 = 301 + 40.2
 = 341.2

TOTAL DYNAMIC HEAD

REQ DOSE = 166.4 GAL

TIME REQUIRED TO PUMP DOSE TO LATERAL

$2 \text{ MIN} + 5 \text{ MIN} / 2 = 3.5 \text{ MIN}$ [AVERAGE TIME REQ.]

$\therefore \frac{166.4 \text{ GAL}}{3.5 \text{ MIN}} = 47.5 \frac{\text{GAL}}{\text{MIN}}$

REFER TO THE CHART ON THE FOLLOWING SHEET

45 $\frac{\text{GAL}}{\text{MIN}}$	$H_L = 37.1 \text{ FT}$
50 $\frac{\text{GAL}}{\text{MIN}}$	$H_L = 39.9 \text{ FT}$

[LINEAR INTERPOLATION] H_L FOR 47.5 $\frac{\text{GAL}}{\text{MIN}}$ = 37.1 $\frac{(47.5 - 45.0)}{50 - 45} \frac{39.9 - 37.1}{50 - 45}$

= 38.5 FT TOTAL DYNAMIC HEAD

Appendix A

CHART F

0-1,750 sq. ft.	1,000 gals.	720 gal/day	70 ft.
1,751-2,250 sq. ft.	1,500 gals.	900 gal/day	100 ft.
2,251-3,000 sq. ft.	1,750 gals.	1,000 gal/day	120 ft.
3,000 + sq. ft.	2,000 gals.	1,000 gal/day	130 ft.

Double Compartment Tank

Gross Square Footage	Septic tank Capacity	Design Flow	Minimum Drainfield Length
----------------------	----------------------	-------------	---------------------------

0-1,750 sq. ft.	1,000 gals.	720 gal/day	70 ft.
1,751-2,250 sq. ft.	1,250 gals.	900 gal/day	100 ft.
2,251-3,000 sq. ft.	1,500 gals.	1,000 gal/day	120 ft.
3,000 + sq. ft.	1,800 gals.	1,000 gal/day	130 ft.

Commercial:

Normally the design flow for a commercial establishment is based on the square footage of the proposed building multiplied by a flow factor found in Table A.

An alternative method for determining daily sewage flow is to base it on the maximum number of occupants multiplied by 25 gallons per occupant.

The method yielding the greater daily sewage flow is used. In either case, non-residential design sewage flow shall be equal to twice the daily average sewage flow.

Documentation of estimated flow figures by Washington Suburban Sanitary Commission (WSSC) data may be used when applicable.

After the design flow has been determined, requirements for sizing of tank and drainfields are the same as for residential sewage disposal systems. However, a double compartment tank is always required for commercial sewage disposal systems.

Examples:

Deep System - test conducted at depths 5 feet or greater.

Applicant is building a 2,400 square foot house. The basement of 1,200 square feet is unfinished with a rough-in for future plumbing. Percolation tests were done at a depth of 6 feet. Absorptive soil was found from 3 feet to 6 feet. Average percolation test rate was 4 minutes/inch.

- First determine amount of living space

DIAGRAM C

Friction Loss

TECHNICAL DATA 

PLASTIC PIPE:

FRICITION LOSS PER 100 FT.

GPM	GPH	2"		2½"		3"		4"		6"		8"		10"	
		Ft.	Lbs.	Ft.	Lbs.	Ft.	Lbs.	Ft.	Lbs.	Ft.	Lbs.	Ft.	Lbs.	Ft.	Lbs.
6	360	.10	.044												
8	480	.17	.073												
10	600	.25	.108	.11	.046										
15	900	.52	.224	.22	.094										
20	1,200	.86	.375	.36	.158	.13	.056								
25	1,500	1.29	.561	.54	.234	.19	.083								
30	1,800	1.81	.786	.75	.327	.26	.114								
35	2,100	2.42	1.05	1.00	.436	.35	.151	.09	.041						
40	2,400	3.11	1.35	1.28	.556	.44	.191	.12	.052						
45	2,700	3.84	1.67	1.54	.668	.55	.239	.15	.064						
50	3,000	4.67	2.03	1.93	.839	.66	.288	.17	.076						
60	3,600	6.60	2.87	2.71	1.18	.93	.406	.25	.107						
70	4,200	8.83	3.84	3.66	1.59	1.24	.540	.33	.143						
80	4,800	11.43	4.97	4.67	2.03	1.58	.687	.41	.180						
90	5,400	14.26	6.20	5.82	2.53	1.98	.861	.52	.224						
100	6,000			7.11	3.09	2.42	1.05	.63	.272	.08	.036				
125	7,500			10.83	4.71	3.80	1.65	.95	.415	.13	.055				
150	9,000					5.15	2.24	1.33	.580	.18	.077				
175	10,500					6.90	3.00	1.78	.774	.23	.102				
200	12,000					8.90	3.87	2.27	.985	.30	.130				
250	15,000							3.36	1.46	.45	.195	.12	.051		
300	18,000							4.85	2.11	.63	.275	.17	.072		
350	21,000							6.53	2.84	.84	.367	.22	.095		
400	24,000									1.08	.471	.28	.121		
500	30,000									1.66	.720	.42	.182	.14	.059
550	33,000									1.98	.861	.50	.219	.16	.071
600	36,000									2.35	1.02	.59	.258	.19	.083
700	42,000											.79	.343	.26	.112
800	48,000											1.02	.443	.33	.143
900	54,000											1.27	.554	.41	.179
950	57,000													.46	.198
1000	60,000													.50	.218

Friction Loss

TECHNICAL DATA

EQUIVALENT NUMBER OF FEET STRAIGHT PIPE FOR DIFFERENT FITTINGS

Size of Fittings, Inches	½"	¾"	1"	1¼"	1½"	2"	2½"	3"	4"	5"	6"	8"	10"
90° Ell	1.5	2.0	2.7	3.5	4.3	5.5	6.5	8.0	10.0	14.0	15	20	25
45° Ell	0.8	1.0	1.3	1.7	2.0	2.5	3.0	3.8	5.0	6.3	7.1	9.4	12
Long Sweep Ell	1.0	1.4	1.7	2.3	2.7	3.5	4.2	5.2	7.0	9.0	11.0	14.0	
Close Return Bend	3.6	5.0	6.0	8.3	10.0	13.0	15.0	18.0	24.0	31.0	37.0	39.0	
Tee-Straight Run	1	2	2	3	3	4	5						
Tee-Side Inlet or Outlet	3.3	4.5	5.7	7.6	9.0	12.0	14.0	17.0	22.0	27.0	31.0	40.0	
Globe Valve Open	17.0	22.0	27.0	36.0	43.0	55.0	67.0	82.0	110.0	140.0	160.0	220.0	
Angle Valve Open	8.4	12.0	15.0	18.0	22.0	28.0	33.0	42.0	58.0	70.0	83.0	110.0	
Gate Valve-Fully Open	0.4	0.5	0.6	0.8	1.0	1.2	1.4	1.7	2.3	2.9	3.5	4.5	
Check Valve (Swing)	4	5	7	9	11	13	16	20	26	33	39	52	65
Check Valve (Spring)	4	6	8	12	14	19	23	32	43	58			

Example:

(A) 100 ft. of 2" plastic pipe with one (1) 90° elbow and one (1) swing check valve.

90° elbow — Equivalent to 5.5 ft. of straight pipe

Swing Check — Equivalent to 13.0 ft. of straight pipe

100 ft. of pipe — Equivalent to 100.0 ft. of straight pipe

$$\begin{array}{r} 100.0 \text{ ft.} \\ 5.5 \text{ ft.} \\ 13.0 \text{ ft.} \\ \hline 118.5 \text{ ft.} = \text{Total} \\ \text{equivalent} \\ \text{pipe} \end{array}$$

Figure friction loss for 118.5 ft. of pipe.

(B) Assume flow to be 80 GPM through 2" plastic pipe.

1. Friction loss table shows 11.43 ft. loss per 100 ft. of pipe.

2. In step (A) above we have determined total feet of pipe to be 118.5 ft.

3. Convert 118.5 ft. to percentage. $118.5 \div 100 = 1.185$.

4. Multiply $\begin{array}{r} 11.43 \\ \times 1.185 \\ \hline \end{array}$

$$13.54455 \text{ or } \underline{13.5 \text{ ft.}} = \text{Total friction loss in this system.}$$

Post-It™ brand fax transmittal memo 7671 # of pages 1

To Mike Snyder	From Dave Shanley
Dewberry & Davis	Co. Zoeller Co
Dept.	Phone #
Fax #	Fax #



SECTION: 5.10.040
FM0919
0194
Supersedes
1191

16347 • Louisville, KY 40256-0347
Bitters Lane • Louisville, KY 40216

(502) 778-2731 • 1 (800) 928-PUMP • FAX (502) 774-3624



ENGINEERING SPECIFICATIONS SHEET SUBMERSIBLE EFFLUENT & DEWATERING PUMP 161/163 SERIES



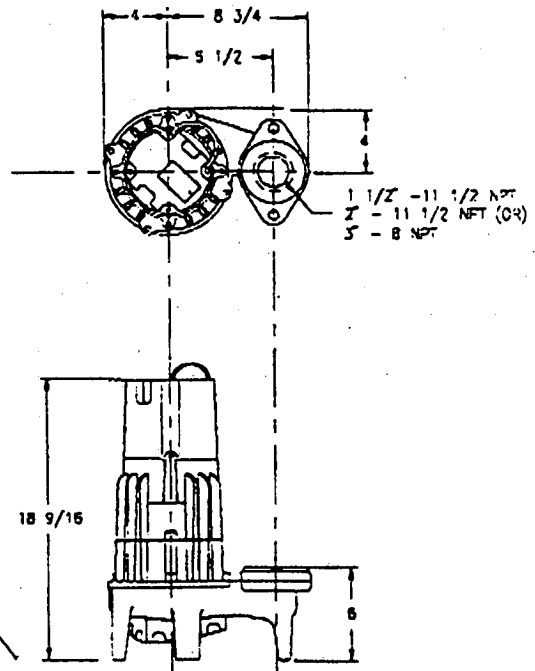
MATERIAL SPECIFICATIONS:

- Castings- Cast iron class 25-30 25000# tensile Impeller, bronze class 85-5-5-5
- Motor - 1/2 HP, 60 cycles, 3450 RPM, 1 PH or 3 PH oil filled, hermetically sealed, automatic reset thermal overload protected (1 PH)
- Shaft Seal - Stainless steel, carbon & ceramic rotary
- Hardware - Stainless steel, screws, bolts, washers, & lifting handle
- Square Ring & Gasket - Neoprene
- Bearings - Lower ball & upper sleeve
- Cord - 20' UL Listed 3-wire neoprene cord and plug

ENGINEERING FEATURES:

- Passes 3/4" solids (sphere)
- No strainer to clog or stop up.
- 1 1/2" NPT female vertical discharge with 2" or 3" NPT flange available
- Temperature to 130° F. (54° C) (ED 140° F, 60° C)***
- Variable level control systems available
- Impeller - Non-clogging vortex
- Shipping Weight - 80 lbs.

From GRAPH -
OPERATING POINT
TDH



MODELS		SPECIFICATIONS				CONTROLS-SELECTION GUIDE				
Model	Mode	Volts	Amps		PH	Cord	Simplex	Duplex	Listings	
			161 / 163						CSA ¹	UL
M161/163	Auto	115	15.5	14.0	1	14-3 SOWA 20'	1 or 1 & 8	—	Y/Y	Y/Y
N161/163	NonAuto	115	15.5	14.0	1	14-3 SOWA 20'	2 or 2 & 7	3 or 5 & 6	Y/Y	Y/Y
D161/163	Auto	230	7.0	7.0	1	16-3 SOWA 20'	1 or 1 & 8	—	Y/Y	Y/Y
E161/163	NonAuto	230	7.0	7.0	1	16-3 SOWA 20'	2 or 2 & 7	3 or 5 & 6	Y/Y	Y/Y
* H161/163	Auto	200-208	8.2	8.2	1	16-3 SOWA 20'	1 & 8	—	Y/Y	NN
* N161/163	NonAuto	200-208	8.2	8.2	1	16-3 SOWA 20'	2 & 7	3 or 5 & 6	Y/Y	NN
* J161/163	NonAuto	200-208	5.2	5.2	3	16-4 SOWA 20'	2 & 4	3 & 4 or 5 & 6	Y/Y	Y/Y
* F161/163	NonAuto	230	4.0	4.0	3	16-4 SOWA 20'	2 & 4	3 & 4 or 5 & 6	Y/Y	Y/Y
* G161/163	NonAuto	460	2.0	2.0	3	16-4 SOWA 20'	2 & 4	3 & 4 or 5 & 6	Y/Y	Y/Y

* No Molded Plug.

SELECTION GUIDE:

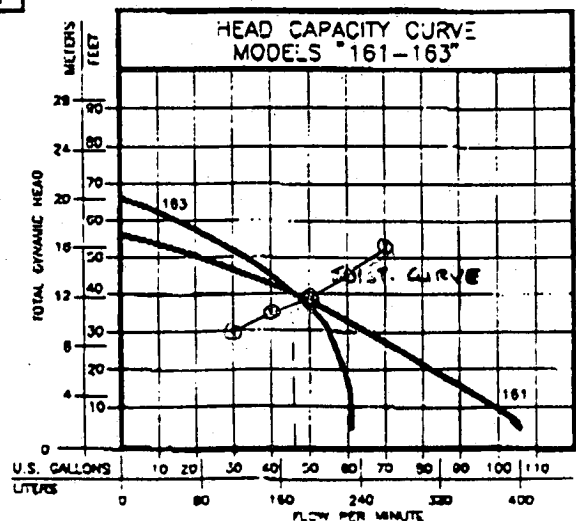
1. Integral float operated mechanical switch, no external control required.
2. Single piggyback variable level float switch or double piggyback variable level float switch. Refer to FM0477.
3. Mechanical alternator "M-Pak" 10-0072 or 10-0075.
4. Combination starter. Refer to FM0514
5. See FM0712 for correct model of Electrical Alternator, "E-Pak".
6. Variable level control switch 10-0225 used as a control activator, with "E-Pak" alternator, 3 or 4 float system.
7. Four (4) hole "J-Pak", junction box, for watertight connection or wired-in simplex or duplex operation.
8. Two (2) hole "J-Pak", junction box, for watertight connection or splice.

** ED pumps not UL or CSA approved.

¹ UL Listed unit available with 20 Amp Plug.

² CSA Approved unit available without plug.

³ All CSA certified pumps must operate totally submerged.



Appendix B

35462

SUBDIVISION: WATERFORD

LOT NUMBER: 6

OF APPROVED PRELIMINARY

SEC. 2

DRY WELL OR DRY WELL AND TRENCH

3/87

sq. ft./bedroom

	Septic Tank
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 → 180 FT PER MARK RIFKEN
 187 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3.0 feet below original grade.

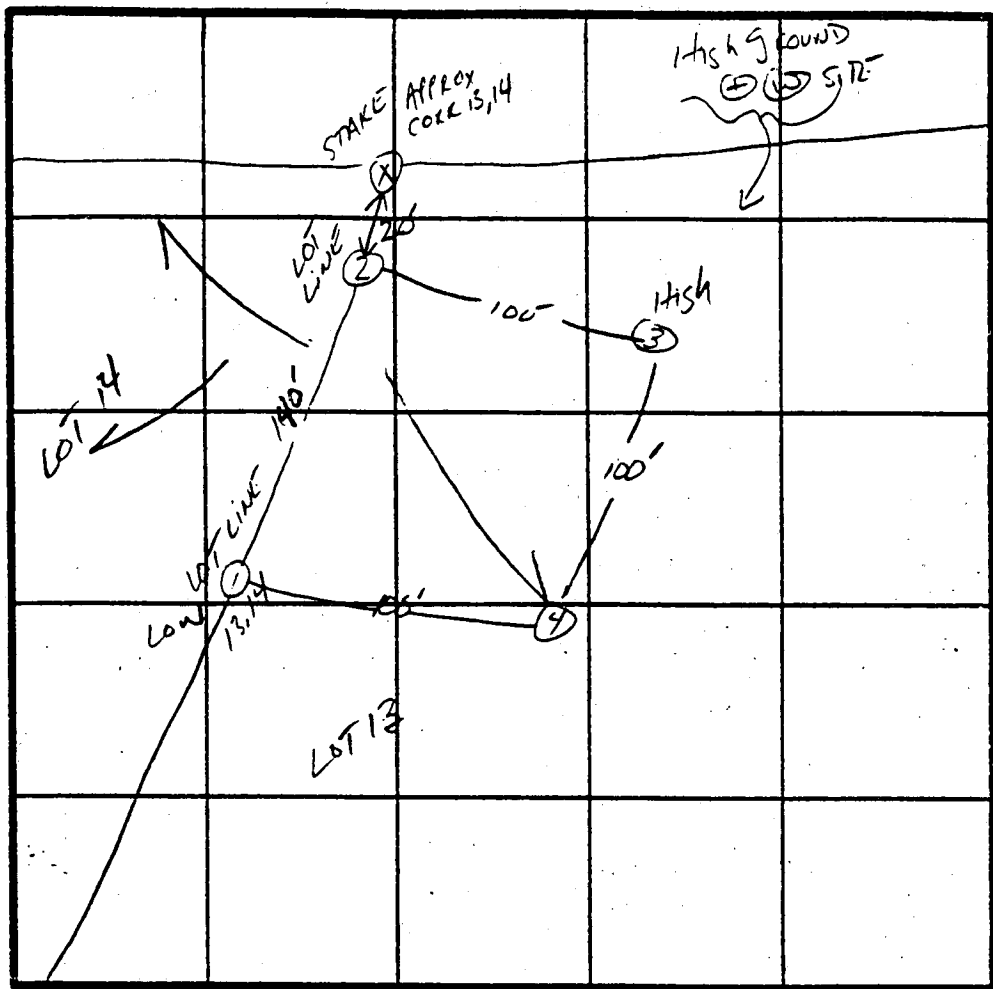
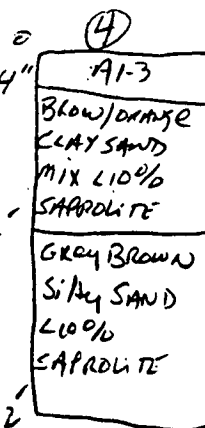
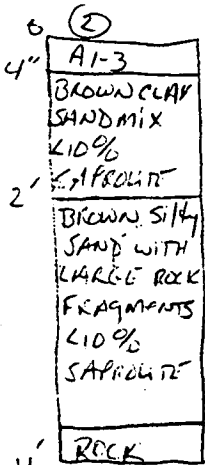
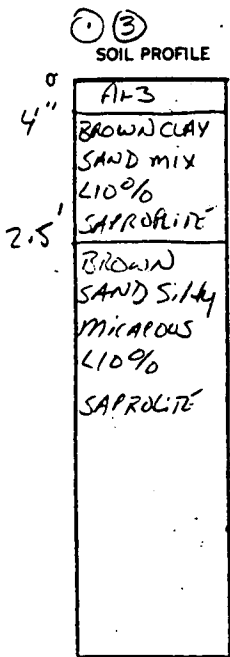
Bottom maximum depth 4.5 feet below original grade.

Effective area begins at 30 feet below original grade.

1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 90 FT OFF THE BACK (375.08') LOT LINE AND 225 FT OFF THE RIGHT (758.89') LOT LINE AS SEEN WHEN FACING THE LOT FROM BRIGHTON DAM RD. RUN TRENCHES ON CONTOUR TOWARD THE BACK LOT LINE. 4-1-87. SAK



PROPERTY BOUNDARY

\bar{x} Perc
3min
INLET 3.0'
BOTTOM 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BRISBANE DAM RD.

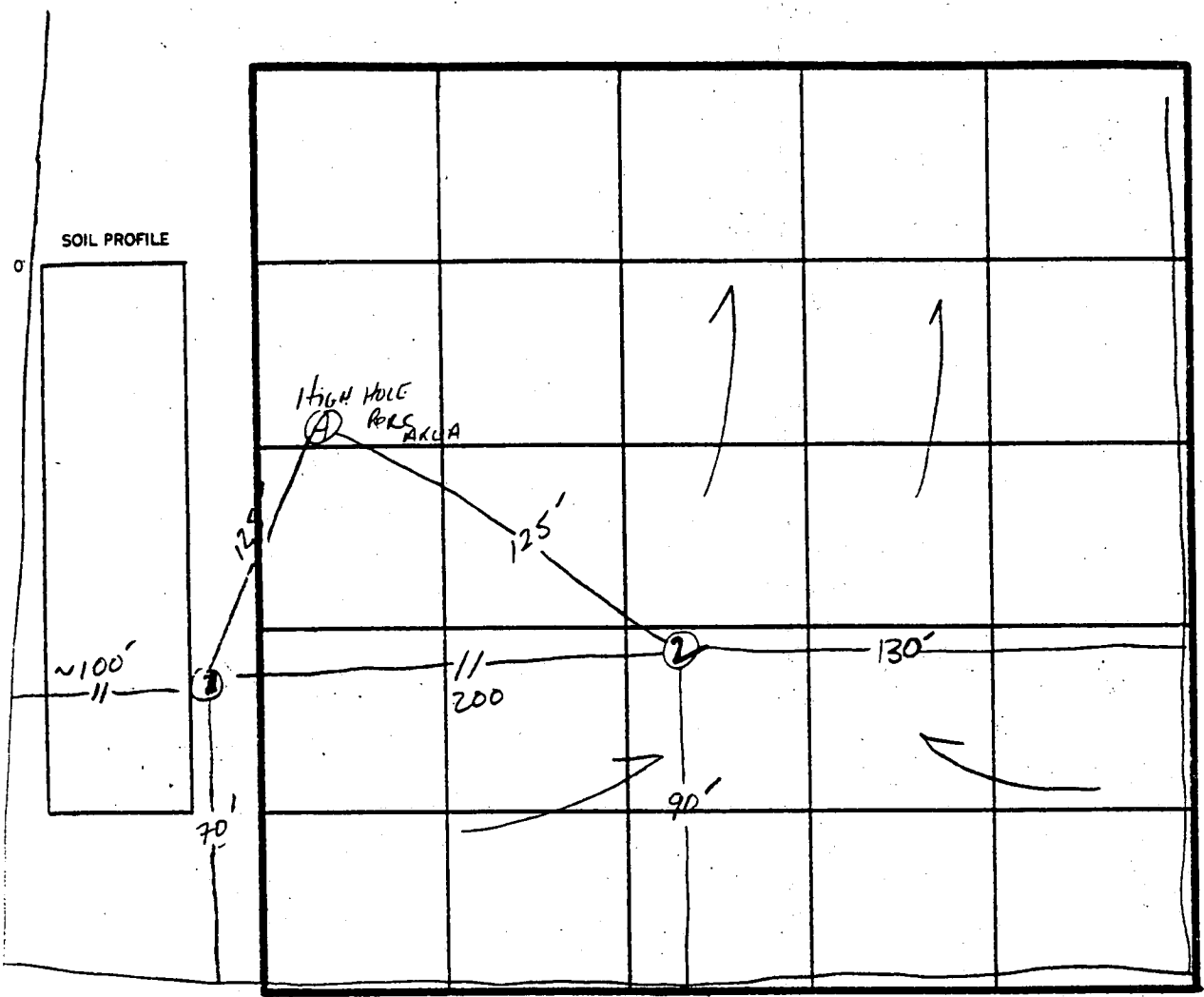
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/6/85	1 S V	2.5' 12"	10:56	10:57	10:57	10:59	2min	
			UNIFORM SOIL STRUCTURE BELOW 2.5'					
	2 S V	2.5' 11"	11:05	11:07	11:07	11:11	4min	
			ROCK AT 11" UNIFORM SOIL STRUCTURE BELOW 2"					
	3 S V	2.5' 12"	11:11	11:12	11:12	11:13:30	1.5min	
			UNIFORM SOIL STRUCTURE BELOW 2"					
	4 S V	3' 12"	11:14	11:15	11:15	11:17:30	2.5min	
			UNIFORM SOIL STRUCTURE BELOW 2"					

REMARKS Limited House + Well House. - Shallow System Only

TYPE OF SOIL _____

TESTED BY S. A. H. LES, TERRY, DONNY

11
11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/2/85	1 V	WATER AT 6' CLAY AT 5' MOTTLED AT 5'					
	2 V	WATER AT 11' CLAY TO 5' ABANDONED					
5/2/85	A	WATER AT 5' MOTTLED AT 5' CLAY TO 4.5'					

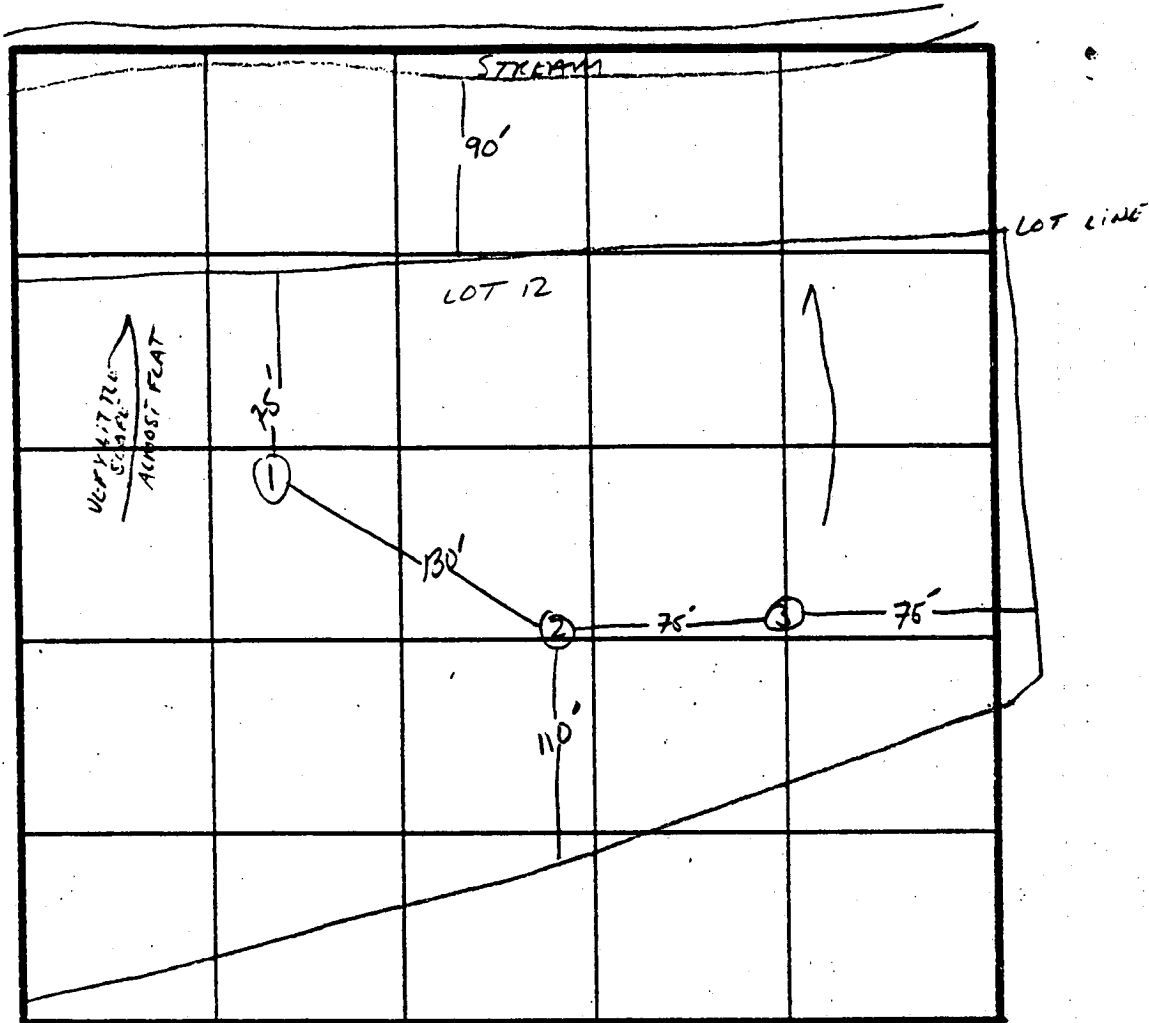
REMARKS INSUFFICIENT AREA REMAINING TO TEST

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Brighton Dam Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/2/85	1V	WATER AT 6' MOTTLED AT 5'	CLAY AT 5'				
	2V	WATER AT 5' MOTTLED AT 3'	CLAY AT 3'				
	3V	WATER AT 5' MOTTLED AT 4'	CLAY AT 4'				

REMARKS Insufficient Area Remaining to TEST.

TYPE OF SOIL _____

TESTED BY S. Abel

LES, TERRY, DONNY

ALSO PRESENT _____

8/19/03

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 587 Obrecht Rd
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Joe Nazarcio

Name of Property Owner: Bobman Construction Telephone #: 301-937-4664
Subdivision: _____ Lot #: _____ Well Tag #: HO-81-2605
Site Address: 13185 Brighton Dawn Rd

Submersible Pump Data

Make: Souds
Model #: NSB07422
Pump Capacity: _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 42 (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" E.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 300(feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic
PSI: 110(160 psi min)
Depth of supply line: 42(36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton
Signature of company representative responsible for installation

8-19-03
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/24/03 Date Insp. Approved: 9/24/03 (S)

- Inspection Data: Pitless adapter and water supply line at least 36" below grade /
- Two piece cap installed and attached to casing securely /
- Elec. conduit extends at least 18" below grade/attached to cap properly /
- Safety rope installed inside of well casing /
- Correct well tag attached properly and casing 8" above finished grade /
- Water supply line sleeved adequately at house connection /
- Adequate grout observed below pitless adapter /

7711
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

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 35462**

DATE Received
 [] [] [] [] [] []

DATE WELL COMPLETED
 [] [] [] [] [] [] [] []

Depth of Well
 22 **290** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
110-81-2605

OWNER **LISTRANI RICHARD**
 STREET OR RFD **BRIGHTON DAM ROAD** TOWN **CLARKSVILLE**
 SUBDIVISION **WATERFORD** SECTION **2** LOT **6**

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	
TOP SOIL	0	1	
RED CLAY	1	3	
BR. MICA	3	20	
GRAY MICA	20	130	
WHITE MICA	130	135	
GRAY MICA	135	240	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **8** NO. OF POUNDS **800**
 GALLONS OF WATER **40**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **21** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(ST) **(CO)**
 STEEL CONCRETE
(PL) **(OT)**
 PLASTIC OTHER

MAIN CASING TYPE **(ST)** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **24**

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

screen type or open hole insert appropriate code below
(ST) **(BR)** **(HO)**
 STEEL BRASS OPEN HOLE
(PL) **(OT)**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **140** 39 15 17 **240** 21
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 4 [] [] [] [] [] [] [] []
 5 [] [] [] [] [] [] [] []
 6 [] [] [] [] [] [] [] []
 7 [] [] [] [] [] [] [] []
 8 [] [] [] [] [] [] [] []
 9 [] [] [] [] [] [] [] []
 10 [] [] [] [] [] [] [] []
 11 [] [] [] [] [] [] [] []
 12 [] [] [] [] [] [] [] []
 13 [] [] [] [] [] [] [] []
 14 [] [] [] [] [] [] [] []
 15 [] [] [] [] [] [] [] []
 16 [] [] [] [] [] [] [] []
 17 [] [] [] [] [] [] [] []
 18 [] [] [] [] [] [] [] []
 19 [] [] [] [] [] [] [] []
 20 [] [] [] [] [] [] [] []
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 49 [] [] [] [] [] [] [] []
 50 [] [] [] [] [] [] [] []
 51 [] [] [] [] [] [] [] []

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
A
 E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 17.13 "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. **40**
 DRILLERS SIGNATURE *George J. G... / Blane Lee Sheno*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **17**
 WHEN PUMPING **45**
 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)
(+) above **(-)** below
 LAND SURFACE **(2)** (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)
110' back
LOT 1 MAR

B 1 **1572** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

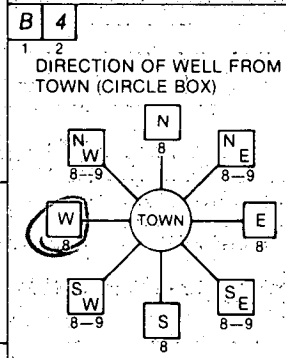
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-81-2605
 fill in this form completely

Date Received (APA) **022488**
 OWNER INFORMATION
LISTRANI RICHARD
 160 HAVILAND MILL RD
 BROOKEVILLE MD 20833

B 3 LOCATION OF WELL **R 41045**
HOWARD COUNTY
WATERFORD SUBDIVISION
 SECTION **2** LOT **6**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
George F. Easterday
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday
 Signature Date



BRIGHTON DAM NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE-BOX)
 DISTANCE FROM ROAD **2000** FT

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

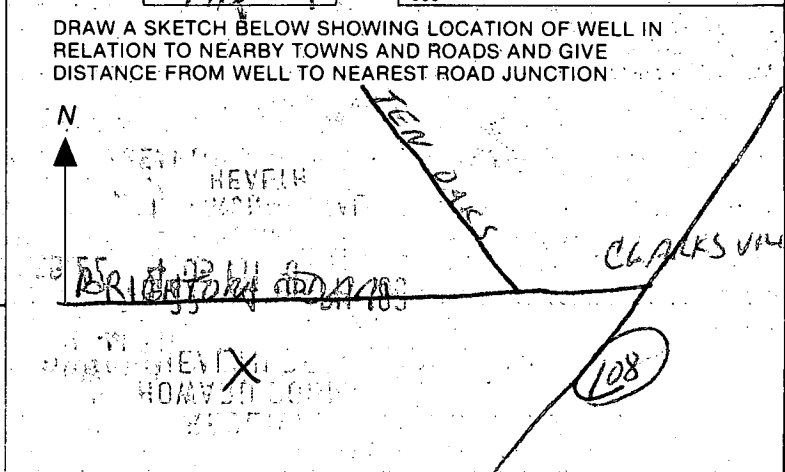
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A35462 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **030888**
B. Wilson CO SIGNATURE
09/08/88 EXP. DATE
 NORTH GRID **494000** EAST GRID **081400**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

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
 E **816 4**
 N **490 9**

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)
 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 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)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **En** INITIALS PERMIT NO. **HO-81-2605**

EX. PAVING

Exhibit "c"

522°15'18" E 339.98'

Now Lot 6

LOT 9
13.563 AC.

LOT 2
SECTION 2
WATERFORD
P.L. C.M.R.

3/7/88
site OK'd in
office - access
difficult, problems
w/ animals
over to take responsibility
of location

B.R.L.

S 70° 10' 55" W

3109.44'

Lot 5

492

490

485

48

475

470

25

200

60

3091

5601

30

30

447

100'R

395

300

75'

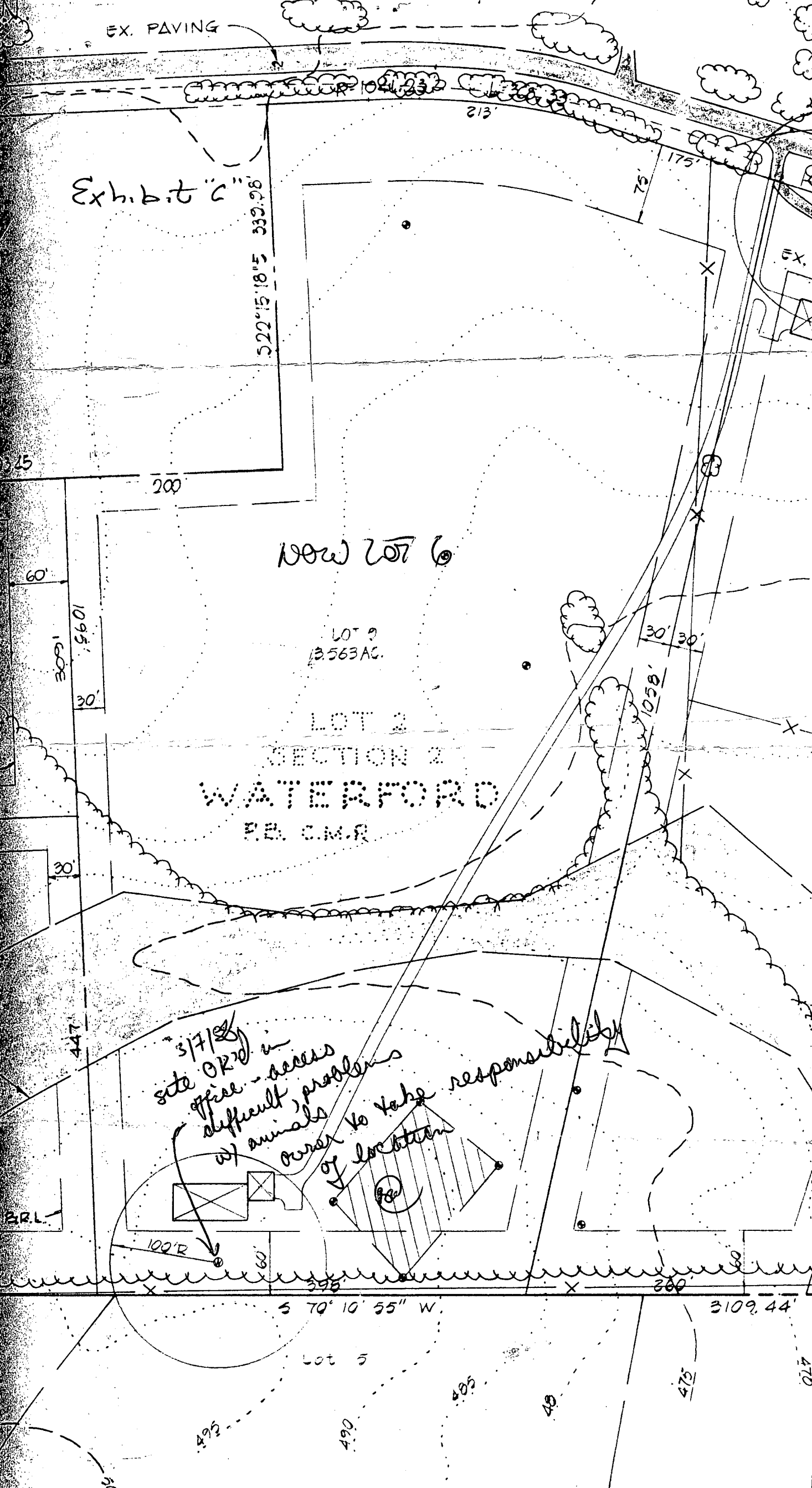
175'

213'

30'

30'

1058'



B 7 5524

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

70 [] [] [] [] [] [] [] [] 79 fill in this form completely

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

Date Received

8 [] [] [] [] 13

OWNER INFORMATION

15 Last Name: LESTER, RICHARD 34

36 Street or RFD: 110 HAVILLAND MILL RD 55

57 Town: CLARKSVILLE 70 State 72: MD 76 Zip: 20833

B 3

LOCATION OF WELL R 32044 8/13/87 40.00

8 COUNTY: WATERFORD 21

23 SUBDIVISION: 6 OF APPROVED 42

SECTION: 2 LOT: 3 44 46 48 50

52 NEAREST TOWN: CLARKSVILLE 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name: GEORGE F. EASTERDAY 77 License No. 80: 40

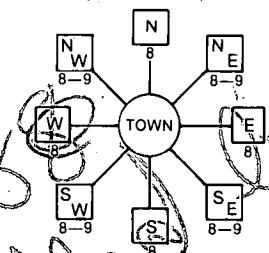
Firm Name: FRANKLIN EASTERDAY, INC

Address: 925 BR. CH. RD, MT. AIRY MD 21771

Signature: George F. Easterday Date: 7/29/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Prickett Run 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD: 2000 37

ENTER FT or MI: FT 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: CLARK COUNTY NO.:

OEP SIGNATURE: DATE ISSUED: STATE HEALTH INSERT S: 41

CO SIGNATURE: EXP. DATE:

NORTH GRID: 50 000 EAST GRID: 57 000

APPROXIMATE DEPTH OF WELL: 200 24 28 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

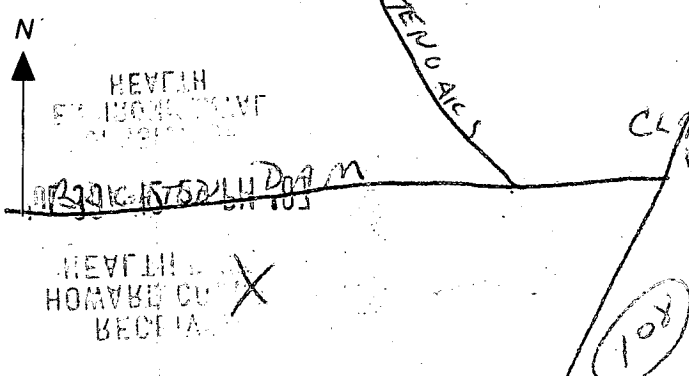
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE

Box number grid: E 810, N 490

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] 52

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

APPROP. PERMIT NUMBER: GAP 54 63

FORCE: [] [] WRITE INITIALS IN BOX PERMIT NO.: [] [] [] [] [] [] [] [] 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

APPLICATION

35-462

A 34896

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 1-25-85

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 Developer - Highland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION:

SUBDIVISION WATERFORD Section 2
~~Washington Manor Estates~~ LOT NO. 216

ROAD AND DESCRIPTION Brighton Dam Road

SIZE OF LOT 3 Acres TYPE BLDG. Single Family
(NUMBER OF BEDROOMS)

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)

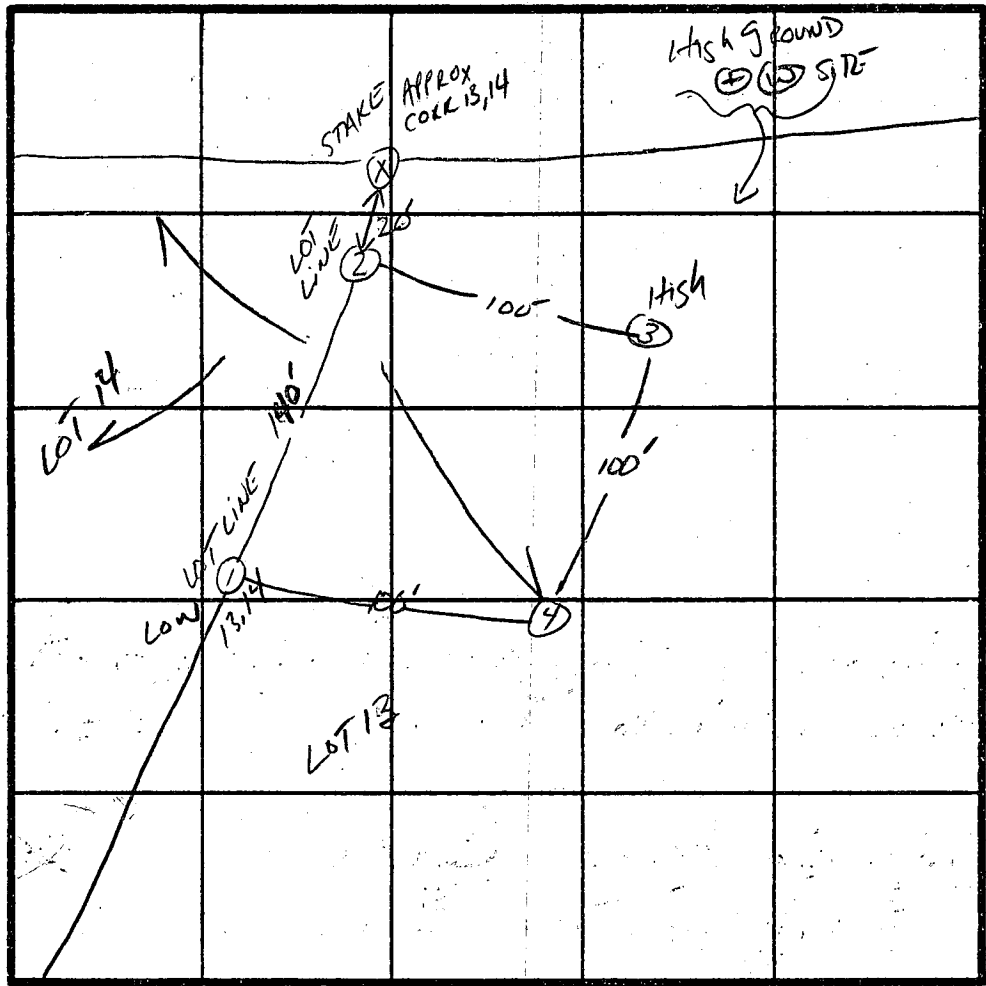
APPROVED BY Sidney [Signature] FOR Shallow tile fields DATE 4-1-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-6-85 Perc. SATISFACTORY; LIMITED HOUSE SIZE/WELL SITE MAY require re-engineering; Hold for Certified Subdivision PERC. S ALLOW - SHALLOW SYSTEM only

THIS IS NOT A PERMIT



Property Boundary

X Perc
3min
INLET 3.0'
BOTTOM 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Baishan Dam Rd.

① ③
SOIL PROFILE
0"
4" A1-3
BROWN CLAY SAND MIX
L10% SAPROLITE
2.5'
BROWN SAND SILTY MICACEOUS
L10% SAPROLITE

②
6
4" A1-3
BROWN CLAY SAND MIX
L10% SAPROLITE
2'
BROWN SILTY SAND WITH LARGE ROCK FRAGMENTS
L10% SAPROLITE
10'
ROCK

④
4"
BROWN DRANGE CLAY SAND MIX
L10% SAPROLITE
2'
GRAY BROWN SILTY SAND
L10% SAPROLITE
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/6/85	1	2.5' 12'	10:56	10:57	10:57	10:59	2min
			UNIFORM SOIL STRUCTURE Below 2.5'				
	2	2.5' 11'	11:05	11:07	11:07	11:11	4min
			ROCK AT 11' UNIFORM SOIL STRUCTURE Below 2'				
	3	2.5' 12'	11:11	11:12	11:12	11:13:30	1.5min
	4	3' 12'	11:14	11:15	11:15	11:17:30	2.5min
			UNIFORM SOIL STRUCTURE Below 2'				

REMARKS Limited House + Well House. - Shallow System Only

TYPE OF SOIL

TESTED BY SAHAI

LES, TERRY, DONNY
ALSO PRESENT

EH-12-1079

APPLICATION

35461
A 34897

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 1-25-85

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 Developer - Highland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: Section 4
SUBDIVISION Huntington Manor Estates LOT NO. ~~12~~ LOT 16

ROAD AND DESCRIPTION Brighton Dam Road

SIZE OF LOT 3 Acres TYPE BLDG. Single Family
(NUMBER OF BEDROOMS)

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 _____

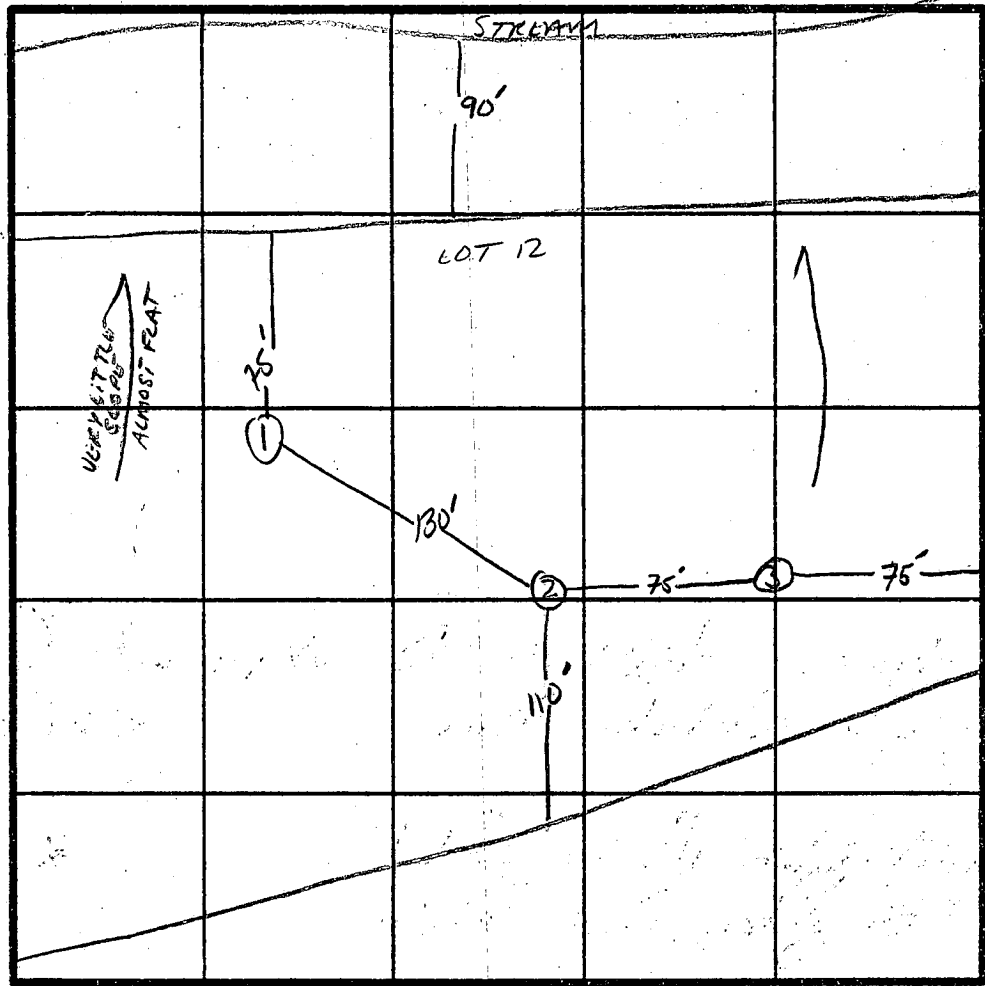
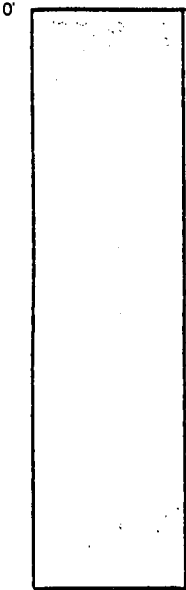
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-2-85 Perc. UNSATISFACTORY; WATER + CLAY HAZARDS; INSUFFICIENT AREA REMAINING TO TEST. Held for Certified Subdivision 447-5AAL

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Brighton Dam Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/12/85	1V	WATER AT 6'	MOTTLED AT 5'	CLAY AT 5'			NA
	2V	WATER AT 5'	MOTTLED AT 3'	CLAY AT 3'			NA
	3V	WATER AT 5'	MOTTLED AT 4'	CLAY AT 4'			NA

} Fails

REMARKS Insufficient Area Remaining TO TEST.

TYPE OF SOIL _____

TESTED BY S. Abel LBS, TERRY, DONNY ALSO PRESENT _____

EH-12-1079

APPLICATION

35460

A ~~34898~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 1-25-85

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 Developer - Highland Development Corp.
ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION:

SUBDIVISION Huntington Manor Estates LOT NO. # LOT 16
ROAD AND DESCRIPTION Brighton Dam Road

SIZE OF LOT 3 Acres TYPE BLDG. Single Family
(NUMBER OF BEDROOMS)

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)

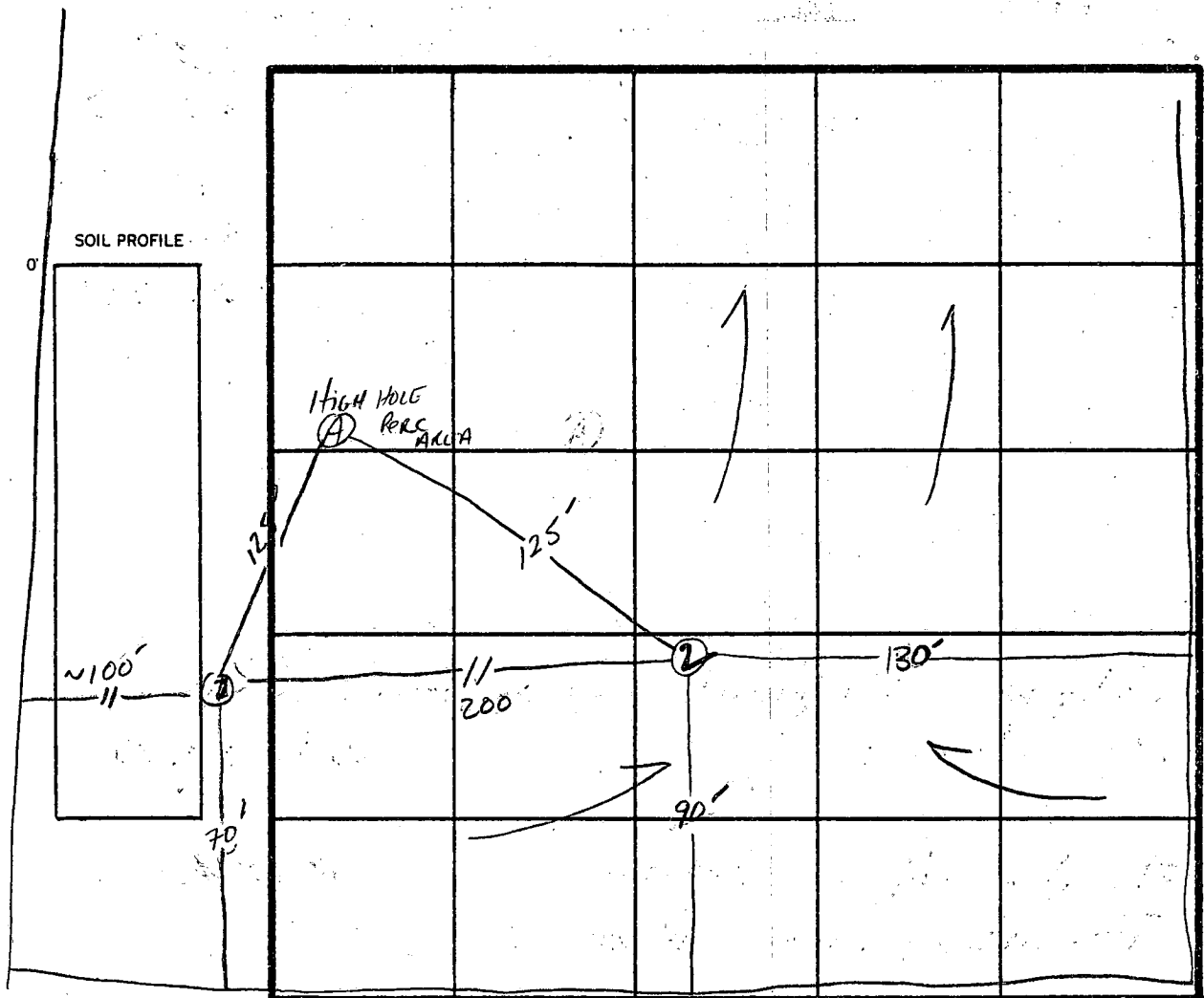
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-2-85 Perc. UNSATISFACTORY; WATER + CLAY HAZARDS; INSUFFICIENT AREA Remaining TO Perc. Hold for certified subdivision PLAT-SAB#1

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 BRIGHTON DAM RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/2/85	1 V	WATER AT 6"	CLAY AT 5"	MOTTLED AT 5"			NA
	2 V	WATER AT 11"	CLAY TO 5"	ABANDONED			NA
5/2/85	A	WATER AT 5"	MOTTLED AT 5"	CLAY TO 4.5"			NA

Fails
 Fails

Fails

REMARKS INSUFFICIENT AREA REMAINING TO TEST

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

LOT 6

CHRIS MAR ESTATES
SECTION 1
PLAT C.M.P. 3725

AREA TABULATION THIS SHEET

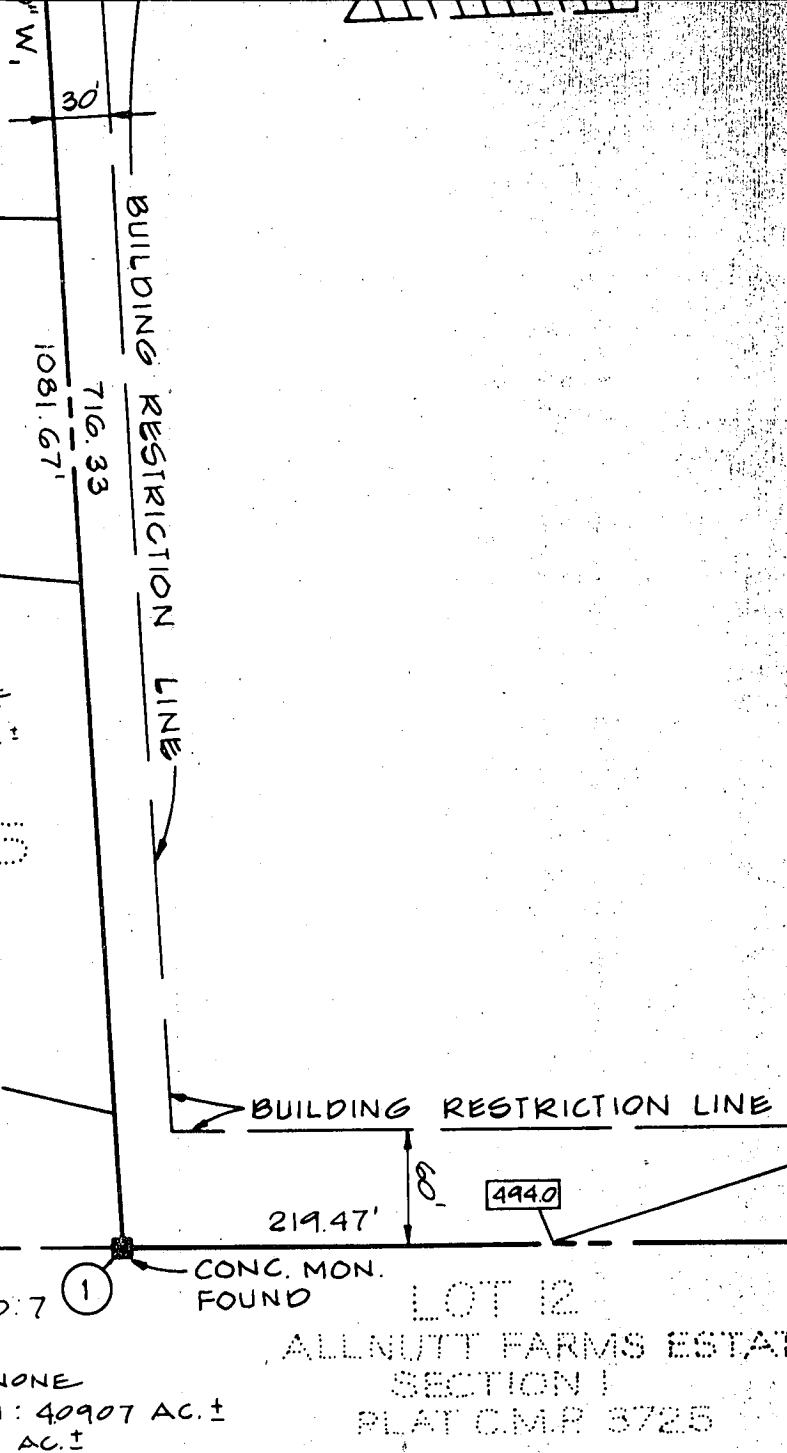
TOTAL No OF LOTS TO BE RECORDED : 1
TOTAL AREA OF LOTS : 172184 Ac.±
TOTAL AREA OF ROAD RIGHT-OF-WAY : NONE
TOTAL AREA OF FLOODPLAIN : 1.4265 Ac.±
TOTAL AREA THIS SHEET : 172184 Ac.±

E 807,000
N 497,250
LOT 5

LOT 4

AREA TABULATION

TOTAL NUMBER OF LOTS TO BE RECORDED : 7
TOTAL AREA OF LOTS : 58,3113 AC.±
TOTAL AREA OF ROAD RIGHT-OF-WAY : NONE
TOTAL AREA OF 100 YEAR FLOOD PLAIN : 40907 AC.±
TOTAL AREA OF SUBDIVISION : 58,3113 AC.±



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

[Signature]
HOWARD COUNTY HEALTH OFFICER DATE

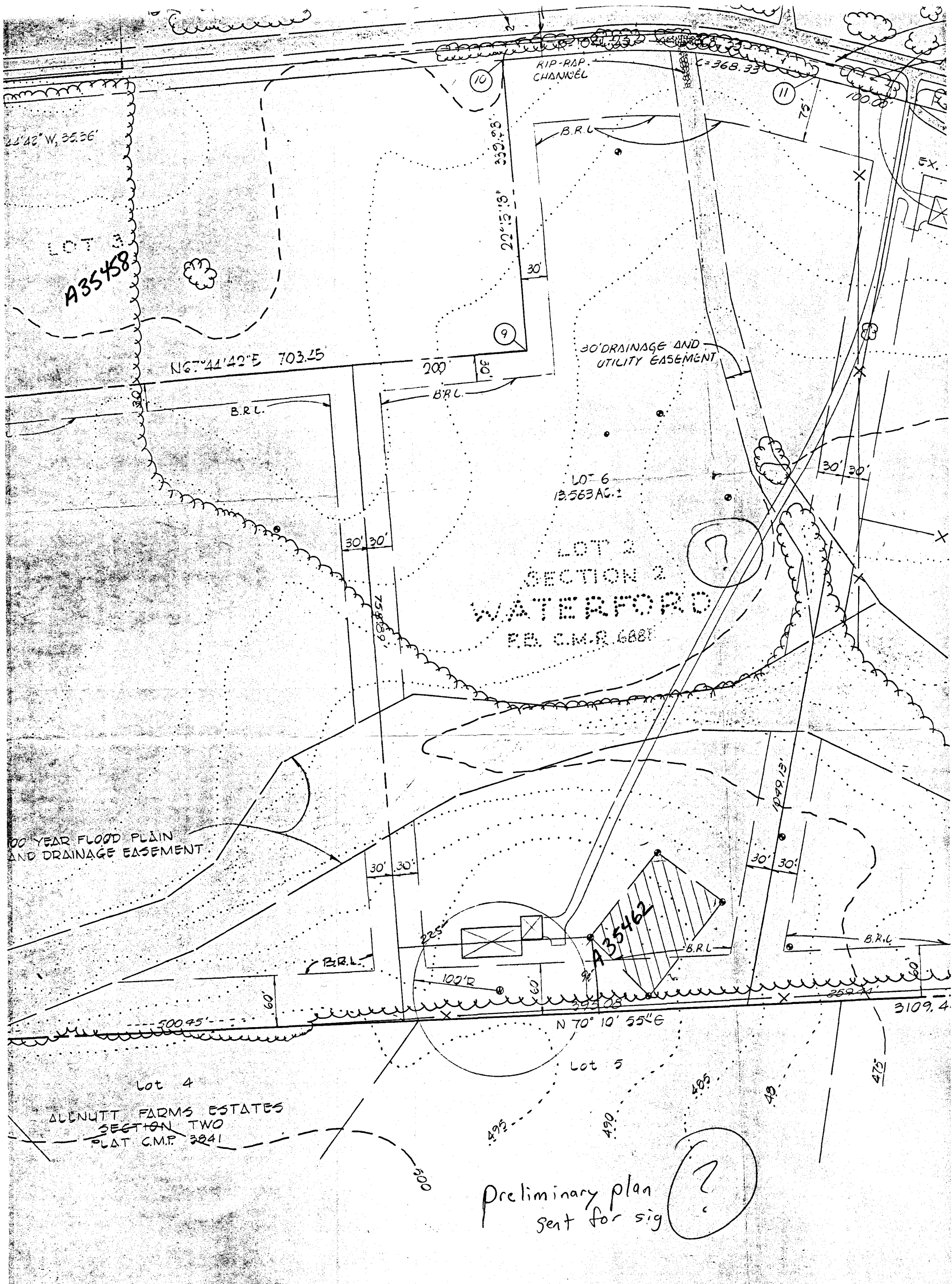
APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

[Signature] 12.23.87
DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS, AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

DIRECTOR DATE

WE, THE BRIGHT PROPERTY SHOWN AN SUBDIVISION AND I THE OFFICE OF PLA RESTRICTION LINES AND ASSIGNS. (1) WATER PIPES AND O ROADS AND STREET HEREON; (2) THE R THE STREETS AND/O AND FOR GOOD AND OPTION TO HOWARD THE STREETS AND/O OPEN SPACE WHERE WATERWAYS AND DRA CONSTRUCTION, REP STRUCTURE OF ANY RIGHTS-OF-WAY. WI
[Signature]
LOWRIE SARGENT, G



LOT 3
SECTION 2
WATERFORD
P.B. C.M.R. 6881

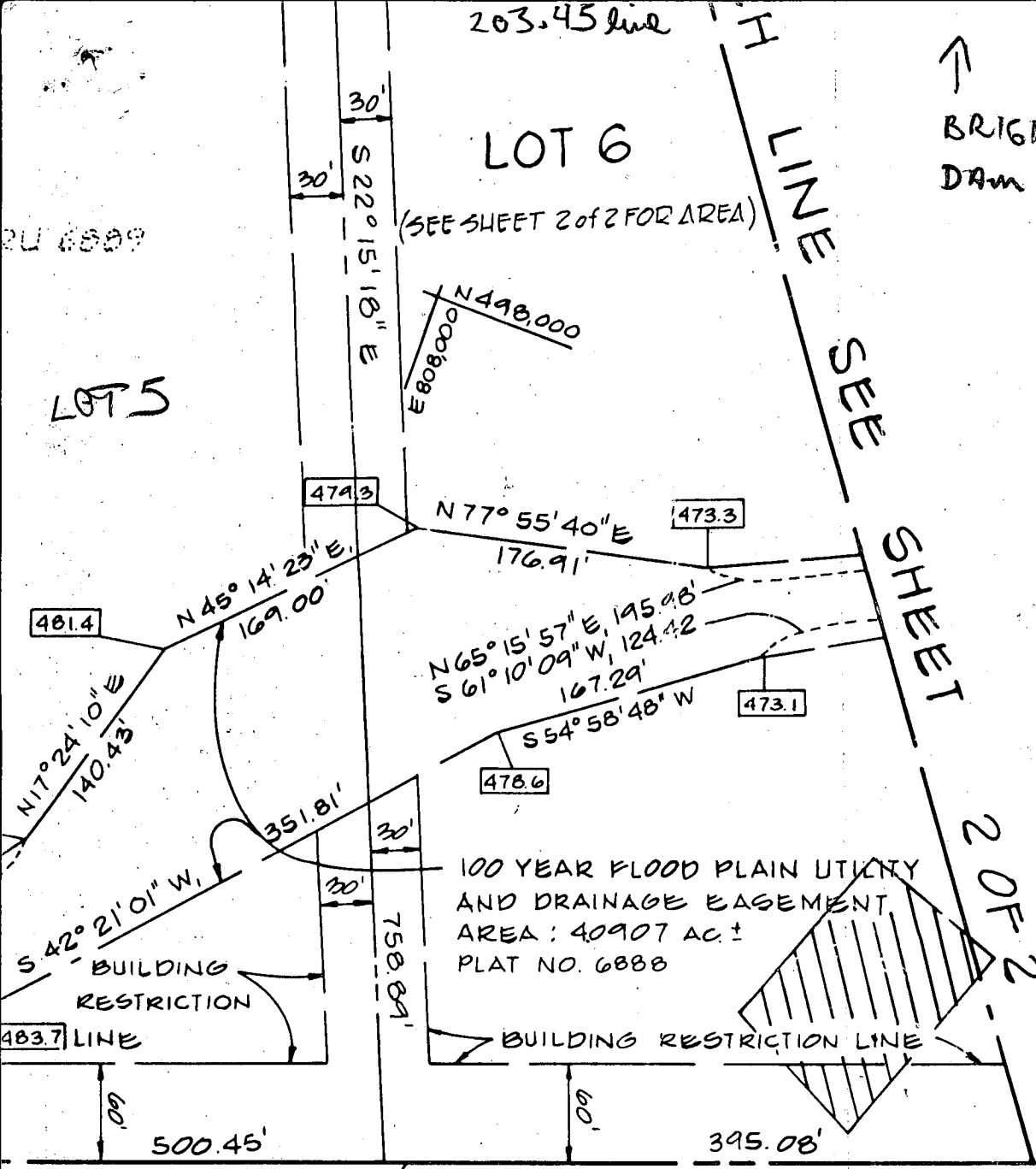
100 YEAR FLOOD PLAIN
AND DRAINAGE EASEMENT

ALNUTT FARMS ESTATES
SECTION TWO
PLAT C.M.P. 3241

Preliminary plan
sent for sig

E 808,000
N 497,000

APPROVED FOR PRIVATE WATER AND PRIVATE
SEWERAGE SYSTEMS HOWARD COUNTY HEALTH
DEPARTMENT



- TO A PUBLIC SEWERAGE HEALTH OFFICER SHALL GRANT VARIANCES FOR PRIVATE SEWAGE EASES MODIFIED SEWAGE EASES NECESSARY. THE LOTS SHOWN HEREIN MINIMUM OWNERSHIP WILL BE REQUIRED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- SUBJECT PROPERTY ZONING COMPREHENSIVE ZONING ORDINANCE.
 - BOUNDARY SHOWN HEREIN BY SHANABERGER & LARSEN.
 - THE COORDINATES SHOWN ARE FROM THE MARYLAND STATE COORDINATE SYSTEM STATIONS:
- | | |
|---------|---------|
| 2535008 | N 49872 |
| | E 80812 |
| 2535002 | N 49812 |
| | E 80672 |
- ALL STRUCTURES SHOWN CONFORM TO THE BUILDING REGULATIONS REQUIRED IN SECTION 10-101 OF THE COUNTY ZONING REGULATIONS. STRUCTURES WHICH DO NOT COMPLY WITH THE SETBACK ARE TO BE RELOCATED TO BE IN ACCORDANCE WITH SECTION 10-101.04.
 - 499.0' - DENOTES APPROXIMATE FLOODPLAIN ELEVATION.
 - SUBDIVISION OF RESUBDIVISION IS CAPABLE OF FURTHER SUBDIVISION. REQUIRE FULL COMPLIANCE WITH COUNTY SUBDIVISION REGULATIONS.
 - FOR A FLAG OR PIPE COLLECTION, SNOW REMOVAL MAINTENANCE TO BE PROVIDED AT THE JUNCTION OF FLAG OR ROAD R/W AND NOT ON PRIVATE DRIVEWAY.
 - PROPERTY SUBJECT TO EASEMENT AGREEMENT FOR LOTS 6-11 IS RECORDED IN PLAT NO. 6888.

OWNER & DESIGNER
 THE BRIGHTON GROUP
 SUITE 304
 5570 STERRETT PLACE
 COLUMBIA, MARYLAND

LOT 15
 1581
 12-29-87 Signed Record Plat

FISHER, COLLINGS & ASSOCIATES
 CONSULTING ENGINEERS
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND

THE
 BY
 SORS
 AINS,
 ALL
 OF
 CABLE
 T AND
 OF
 AND
 OF
 MILAR
 AND

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY HUNTINGTON INTERNATIONAL CORPORATION, A MARYLAND CORPORATION TO THE BRIGHTON GROUP, A MARYLAND GENERAL PARTNERSHIP, BY DEED DATED DECEMBER 10, 1986 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1593 AT FOLIO 663 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, MARYLAND AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

Charles J. Crovo
 CHARLES J. CROVO, SR., L.S. #10763

6-2-87
 DATE

SIGNED WATER

SECTION 2

A RESUBDIVISION

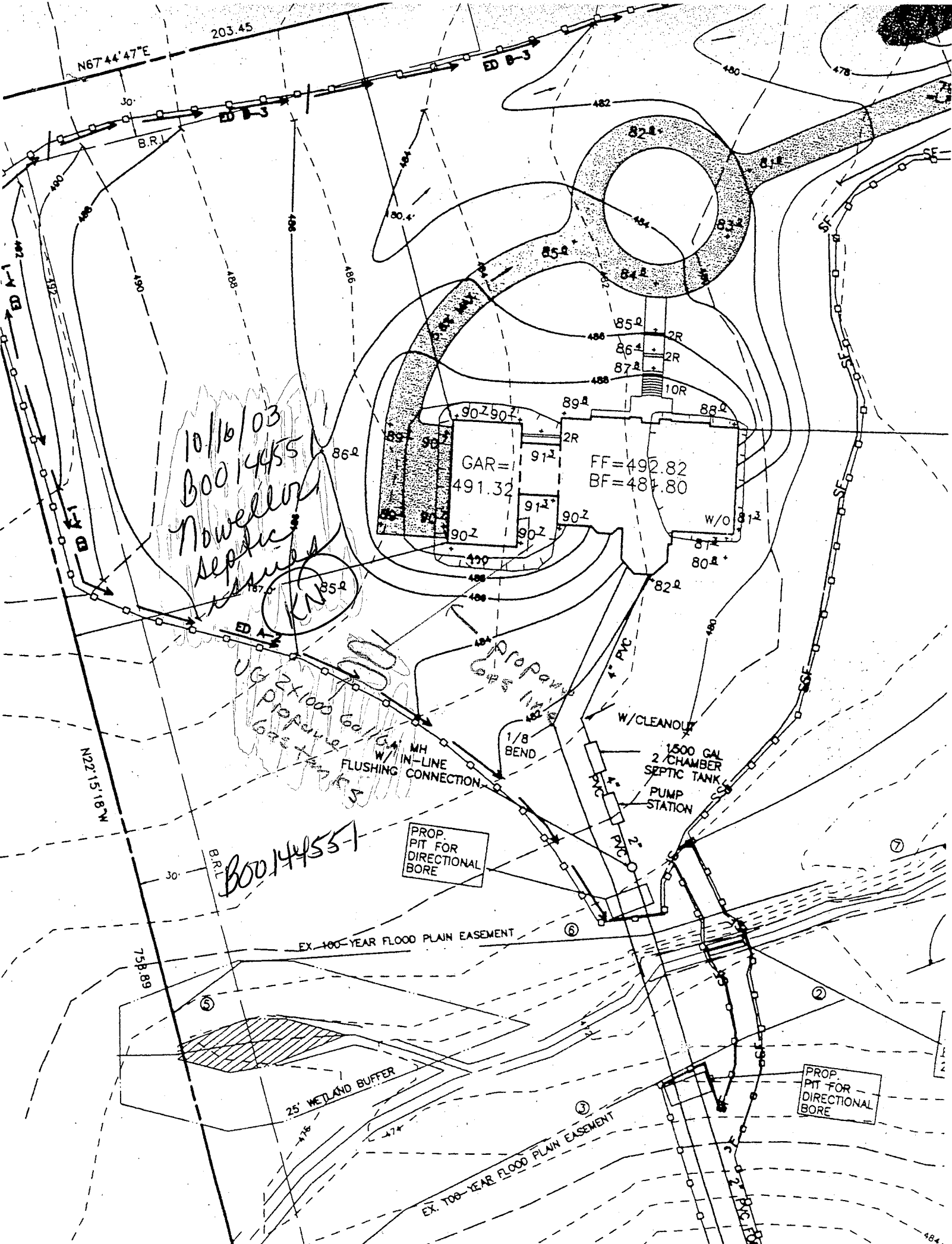
5TH ELECT

HOWARD COUNTY

TAX MAP 34

SCALE: 1" = 100'

N67°44'47"E
203.45



10/16/03
BOO14455
Nowell
Septic
Tank

UG 2x100 Gal/G
Propane
Gas Tank

PROP.
PIT FOR
DIRECTIONAL
BORE

BOO14455-1

EX. 100-YEAR FLOOD PLAIN EASEMENT

25' WETLAND BUFFER

EX. 100-YEAR FLOOD PLAIN EASEMENT

PROP.
PIT FOR
DIRECTIONAL
BORE

GAR = 491.32

FF = 492.82
BF = 487.80

1500 GAL
2-CHAMBER
SEPTIC TANK
PUMP STATION

1/8 BEND

MH
W/ IN-LINE
FLUSHING CONNECTION

W/CLEANOUT

Propane

N22°15'18"W

758.89

30'

B.R.L.

6

6

2

3

7

484



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 30, 2004

Joseph Nazario
6500 Ammendale Road
Beltsville, MD 20705

SENT VIA FACSIMILE 301-937-9454

RE: Waterford 2/2, Lot 6
13185 Brighton Dam Road
BP # B00135214
Well Permit # HO-81-2605

Dear Mr. Hazaric:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on **09/29/2003**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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 well permit #HO-81-2605. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/23/2003 & two on 4/22/2004
Date of Well Completion: 04/20/1988

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File