

12/22/98  
12:00

WPI 3/9/99  
body after 1 PM  
(will be form later) G. Easton

# PERMIT

12/22/98 Needs house  
conn (OKS)  
P 511307

## SEWAGE DISPOSAL SYSTEM

A 50572-A

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT \_\_\_\_\_

4/2/99 12-2 meet Bldr.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 410-313-2640

04-358279

DATE 12/15/98

DATE SYSTEM APPROVED 4/2/99

### INDEXED

INSPECTOR *[Signature]*

K & K Excavating IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 14960 Route 144, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Carriage Mill Estates LOT 2 ROAD 14704 Carriage Mill Farms

PROPERTY OWNER Oak Hill Properties

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 80 feet up left lot line (193.68') and 95 feet off that same lot line as seen when facing property from Old Frederick Road. Run trenches along 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. OK 11/5/98 OKS

PLANS APPROVED BY Sykes/Mark Rifkin REVISED DATE 10-14-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

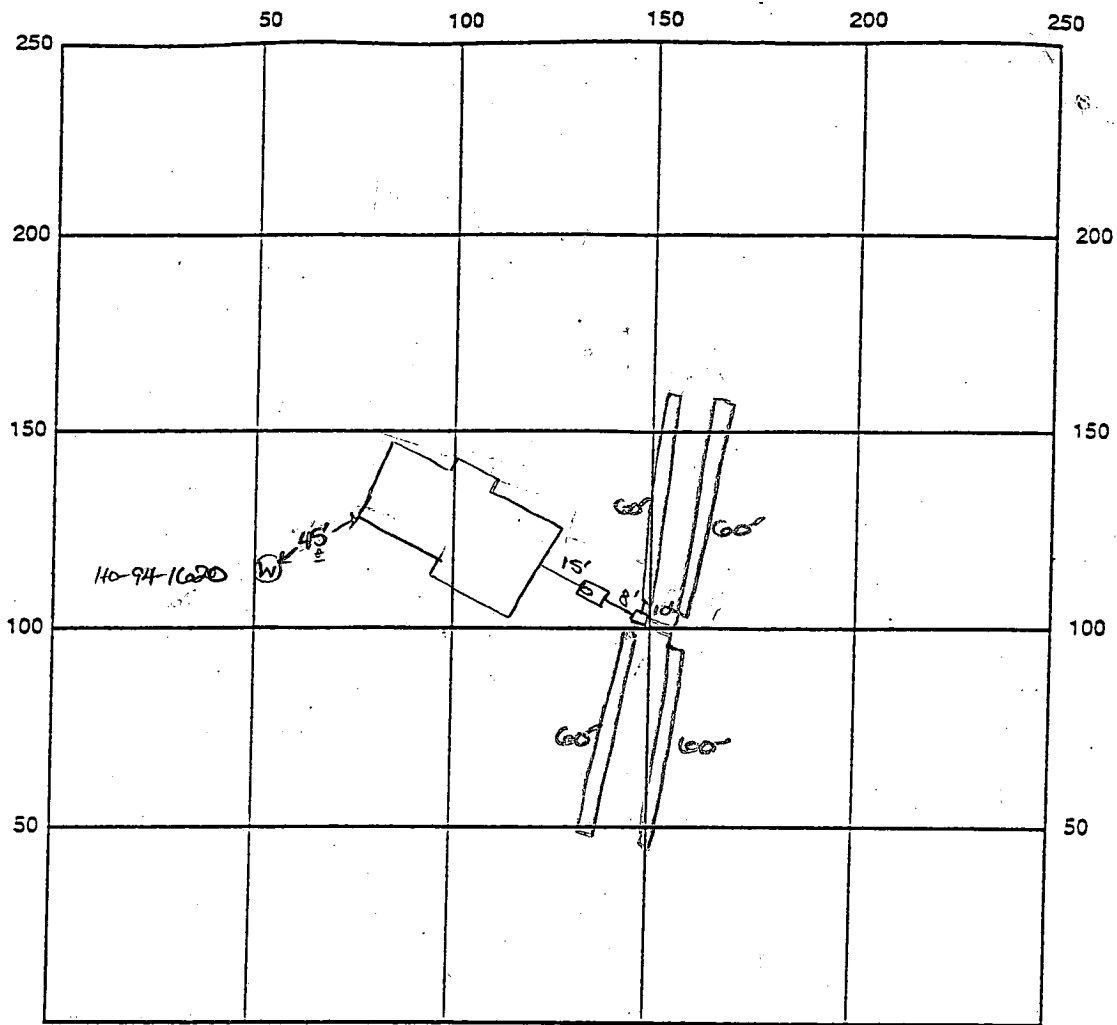
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 50572-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

*Carriage Mill Drive*

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS one on S.T.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4x60 FT. → 240

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA - SQ. FT.

REMARKS: 12/22/98 OK to cover all septic work as completed -  
needs house connection. DKS

House Connection OK AP 4/2/99

DATE SYSTEM APPROVED 4/2/99 INSPECTOR [Signature]



**HOWARD COUNTY HEALTH DEPARTMENT**

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

Date December 23, 1998

MEMORANDUM

TO: Oak Hill Properties  
107 Loudoun St., SE  
Leesburg, VA 20175

489-5499

FROM: Donna K. Soe, R.S. (DKS)  
Water and Sewerage Program

RE: Carriage Mill Farms - Lot #2  
14704 Carriage Mill Drive  
BP# B00114256

The septic system serving the above referenced property has been installed. However, prior to final Health Department approval of the septic system, the following requirement(s) shall be satisfied:

- a septic pump performance test with a Health Department representative present
- confirmation by the Health Department of the connection from the house to the septic tank
- other: \_\_\_\_\_

Please contact this office at (410) 313-2640 to request reinspection when the required work is completed on the above referenced property. Please be advised that no Interim Certificate-of-Potability will be issued for the property until the issue(s) is/are resolved.

Thank you in advance for your prompt attention to this important matter.

cc: file

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00114256

Building Address 14704 Carrington Mill Farm  
11111 WINE WOODBINE RD 21797  
 Suite/Apt. #: GP 96-107  
 Census Tract 1040 Subdivision CARRINGTON MILL FARM  
 Section N/A Area N/A Lot 2  
 Tax Map 9 Parcel B6150 Grid 22  
 Zoning R20 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Owner's Name OAK HILL PROPERTIES  
 Address 1071000 OUI ST SE  
 City LEESBURG State VA Zip Code 20175  
 Home Phone 7018315256 Work Phone 7034443040  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
SAME  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
 Proposed Use NEW HOME  
 Estimated Construction Cost \$ 30,000  
 Description of Work BUILD A 1 1/2 STORY  
MODEL NEW HOME  
1 1/2 STORY

Contractor Company OAK HILL PROPERTIES  
 Contact Person KEVIN ROBERTS  
 Address SAME AS ABOVE  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company KIM MOUNT PC  
 Contact Person KIM MOUNT  
 Address PO BOX 10  
 City LEESBURG State MD Zip Code 21774  
 Phone 301 865 5576 Fax 301 865 5111

BUILDING DESCRIPTION - COMMERCIAL	
<b>Building Characteristics</b>	<b>Utilities</b>
Height: <u>1 1/2</u>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>1777</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: <u>1030</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13 _____ Full _____ Partial _____ Other Suppression _____

BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>31</u> <u>68</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>32</u> <u>46</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>32</u> <u>46</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4 BR</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Applicant's Signature Kevin Roberts Print Name KEVIN ROBERTS  
 Title/Company Site Manager Date 9-25-98

VALIDATION

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	<u>10/14/98</u>	<u>Mark E. Pappan</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>37824</u>
Rear: _____	Filing Fee \$ <u>25</u>
Side: _____	Permit Fee \$ _____
Side St.: _____	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/> )
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise Tax \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/> )
Historic District? <u>NO</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES <u>3768</u>
Lot Coverage for New Town Zone <u>50</u>	Check # <u>17834</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by: <u>DA</u>

410-313-2648

*3/11/99 Anytime*

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   
Replacement

Receipt # \_\_\_\_\_  
Date 3-10-99

Name of Installer Daron Wilson

Telephone 301-831-7057

License Number \_\_\_\_\_  
Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Oak Hill Prop Telephone \_\_\_\_\_  
Subdivision Carriagemill Farm Lot # 2 Well Tag # No - 94 - 1620  
Site Address 14704 Carriagemill Dr

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible
- 2. Make Goulds
- 3. Model # 7G-55102
- 4. Capacity 7 GPM
- 5. Pump exceeds well capacity Yes \_\_\_\_\_ No
- 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Motor

- 1. Horsepower \_\_\_\_\_
- 2. RPM \_\_\_\_\_
- 3. Voltage 
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make Maxtinson
- 2. Model # B-10X
- 3. Depth 3 1/2

Tank

- 1. Capacity 32
- 2. Pressure relief valve? Yes

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 3 1/2

Well data

- 1. Depth 200 ft.
- 2. Yield 15 GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? Yes

*3/11/99 NO [scribble] INSP*

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: Daron Wilson (RKE)

Date: 3-10-99

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

C 1 0202 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 A50572A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 070198

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10/14/98 H0-94-1620

OWNER OAK HILL PROPERTIES, L.L.C. last name Carriage Mill Drive first name TOWN COOKSVILLE SUBDIVISION CARRIAGE MILL SECTION LOT 2

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. Rows include TOP soil, brown shale, Sand Stone, brown slate, gray slate, brown slate, gray slate, brown slate, gray slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 52 NO. OF POUNDS 5200 GALLONS OF WATER 260 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 54 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (6) (62) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole (S) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. MWD 040

DRILLERS SIGNATURE George F. Gasterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 501

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

DEPTH (nearest ft.)

Table with columns: A, C, H, S, C, R, E, E, N. Rows for casing height and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

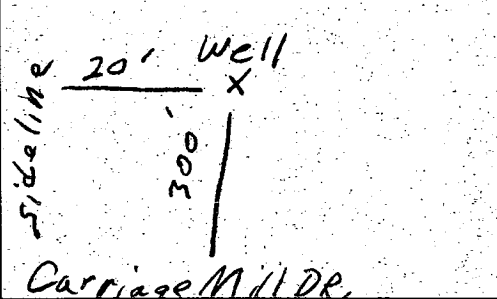
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 42 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 (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) 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	<b>6863</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-1620</b> <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

**OWNER INFORMATION RN 7495**

Date Received (APA) **7-8-98**

15. **Oak Hill Properties**  
Last Name Owner First Name

36 **107 Loudoun St. N E**  
Street or RFD

57 **Leesburg, Va. 20175-3106**  
Town State Zip

**LOCATION OF WELL**

8 COUNTY **Howard**

23 SUBDIVISION **Carriage Mill Farms**

SECTION **2** LOT **2**

52 NEAREST TOWN **Cooksville**

MILES FROM TOWN (enter 0 if in town) **0**

**DRILLER INFORMATION**

76 Driller's Name **George F. Easterday** M **WD 040** License No. 81

Firm Name **L. Franklin Easterday, Inc.**

Address **9265 Brown Church Rd., MT. Airy, Md. 21771**

Signature *George F. Easterday* Date **7/11/98**

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

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

NEAR WHAT ROAD **Carriage Mill Dr (14704)**

DISTANCE FROM ROAD **300** FT

TAX MAP: **8** BLK: **16** PARCEL: **158**

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

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

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME **Howard** COUNTY NO. **A50572A**

STATE SIGNATURE *Kim Maisto* INSERT S →

DATE ISSUED **7-13-98** EXP. DATE **7-13-99**

NORTH GRID **543000** EAST GRID **792000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**

N **540**

9-3-98  
10:00 GROUT

**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 (CIRCLE APPROPRIATE BOX)**

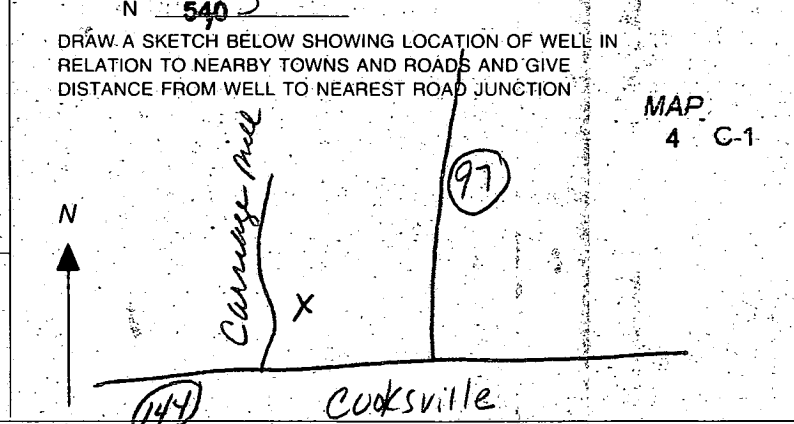
THIS WELL WILL NOT REPLACE AN EXISTING WELL.

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER **54** GAP **63**

PERMIT No. **HO-94-1620**



A 50572A

SUBDIVISION: CARRIAGE MILLS

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

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 sq. ft./bedroom

Trench to be 3' wide.  
 Inlet 3 1/2' feet below original grade.  
 Bottom maximum depth 5 1/2' feet below original grade.  
 Effective area begins at 3 1/2' feet below original grade.  
2 1/2' feet of stone below distribution pipe.

600 sq. ft. / bed.  
 4 BR = 2400

- 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%.

AS SEEN  
 WHEN  
 FACING PROP.  
 FROM OLD  
 FREDERICK  
 ROAD,

LOCATION: PLACE DISTRIBUTION BOX 100' UP REAR LOT LINE  
(193.08') AND 195' OFF OF THAT SAME LINE. RUN  
TRENCHES ALONG CONTOUR IN BOTH DIRECTIONS. AS  
SEEN WHEN FACING PROPERTY FROM OLD FREDERICK  
ROAD

Dykes 12/26/95

REV MR 10/14/98 (OK/cw)

# APPLICATION

PERCOLATION TESTING

A 50572A

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT 4

DATE March 6, 1995

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 Oak Hill Properties, L.L.C.

ADDRESS 11501 Huff Court, North Bethesda, MD 20895 PHONE 301 816 9433

AGENT OR PROSPECTIVE BUYER Oak Hill Properties, L.L.C./ c/o Ralph E. Bice, III

ADDRESS Same as Above PHONE Same As Above

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. 7382

ROAD AND DESCRIPTION Property is located on the Northeast Side of the intersection of Route 144 and Old Frederick Road. (14704 CARRIAGE MILL FARMS)

TAX MAP 8 PARCEL # 158 & 79

AND RETURNED 10-14-98  
Serial # BR 114256

SIZE OF LOT Average size equals 60,000Sq. Feet TYPE BLDG. Single Family Detached - 4 Bed  
(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)  
Ralph E. Bice, III

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 \_\_\_\_\_

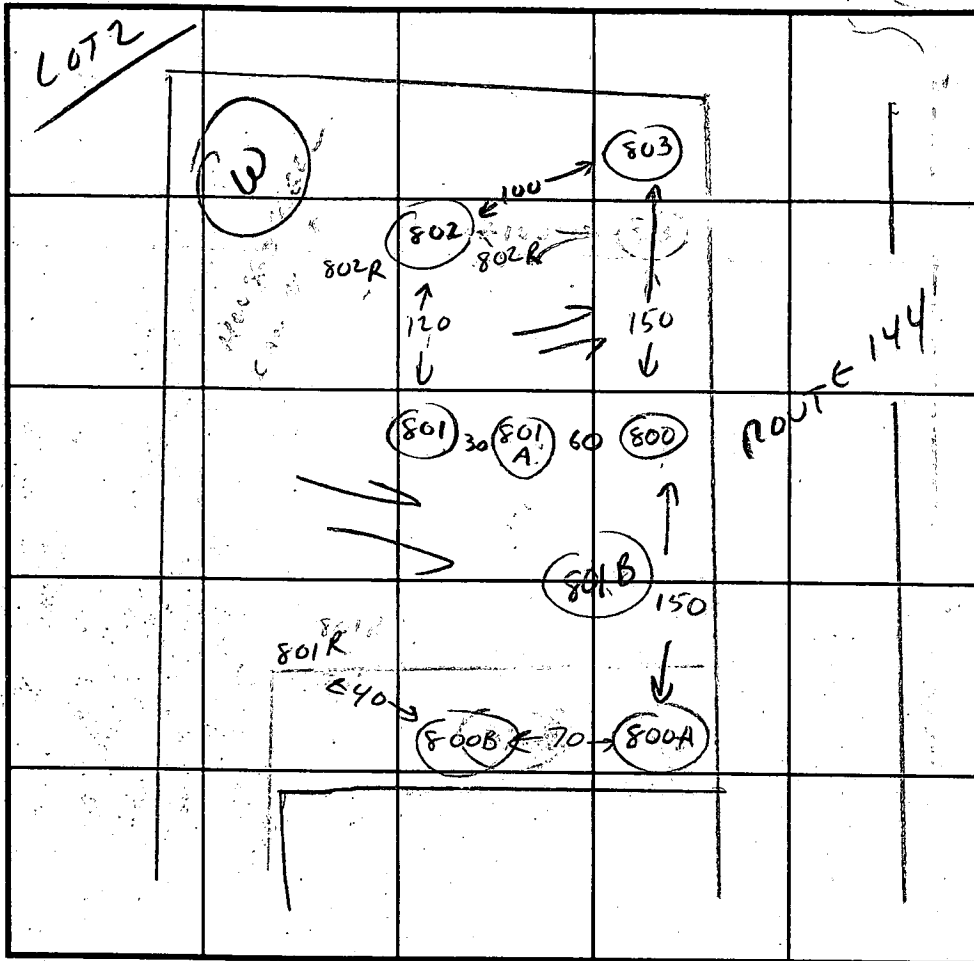
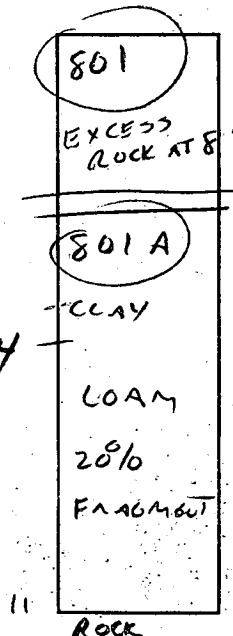
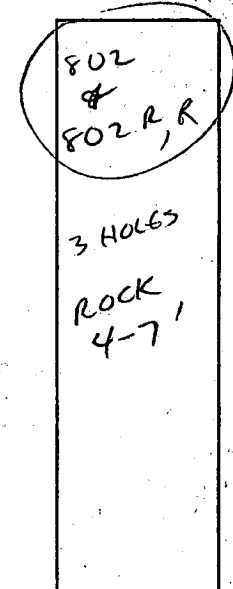
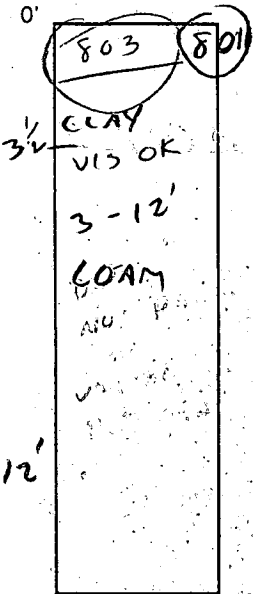
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

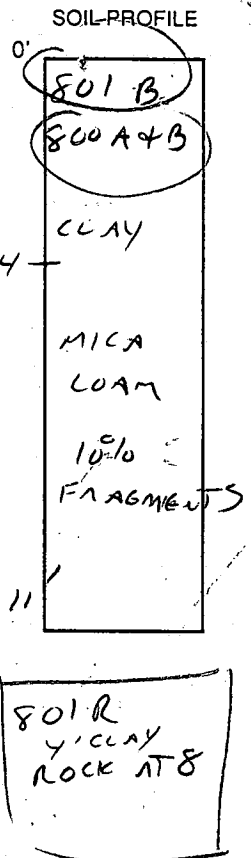
A 50572 A

COUNTY #

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/10/95	803	VIS OK	3 1/2 11	NOT USED			—
	802, 802R, R		ROCK	4-7'			X
	800	3 1/2	2:16:30	2:18	2:18	2:21	3 MIN
		12	VIS	OK LOAM			✓
	801	ROCK AT 8'		NOT USED			X
	801 A	4	2:22	2:23	2:23	2:25	2 MIN
		11	ROCK AT 11		20% FRAGMENTS ABOVE - OK SHALLOW		✓
	801 B	4/11	VIS OK	4-11'			✓
	800 A+B	4/12'	VIS OK	4-12			✓
	801 R	ROCK AT 8'					X

REMARKS \_\_\_\_\_

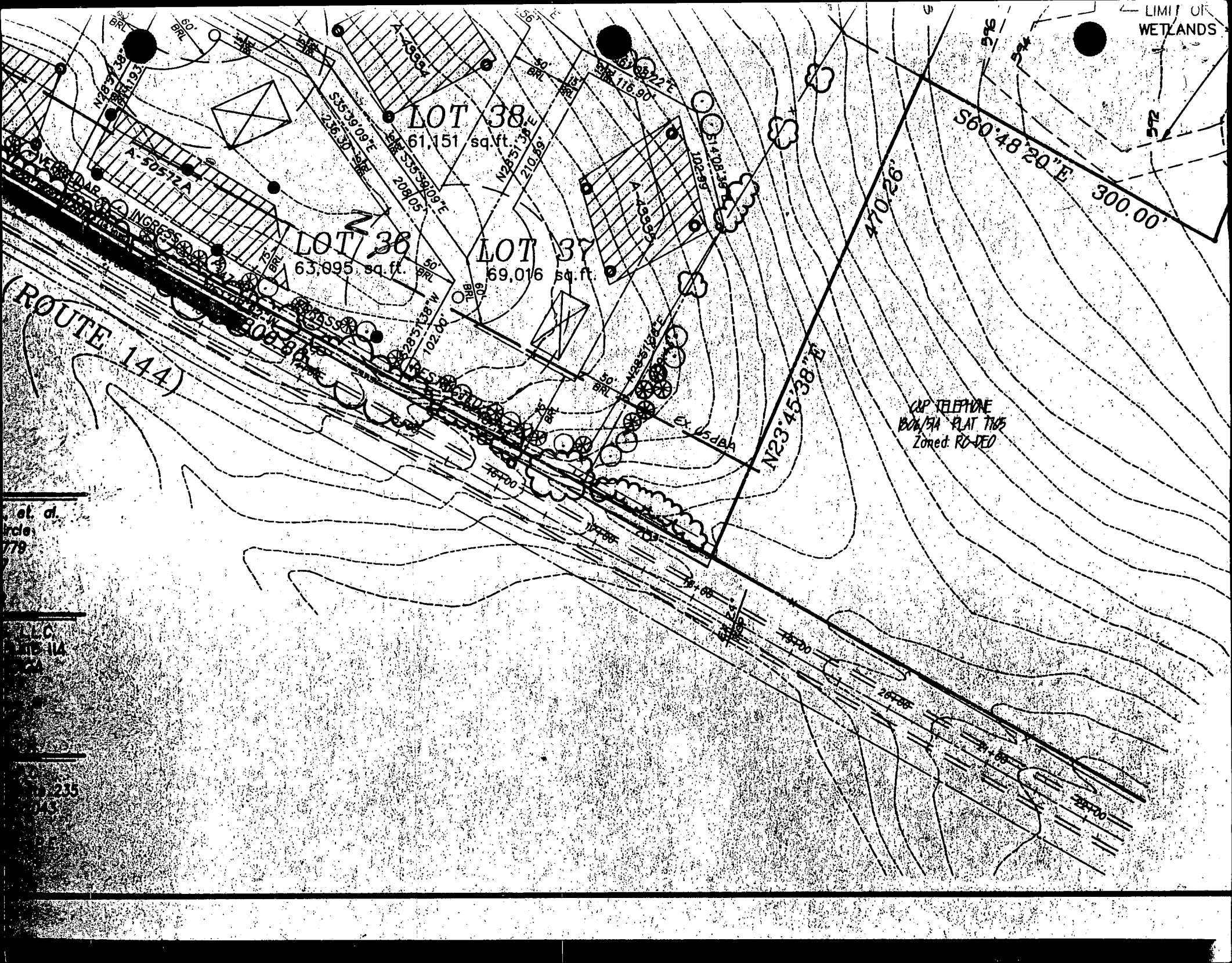
TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Wilbur ALSO PRESENT OK JR R BICE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 MIN TRENCH WIDTH 3

INLET DEPTH 3 1/2 MAXIMUM BOTTOM DEPTH 5 1/2 SQ. FT./BEDROOM 180

LIMIT OF WETLANDS



LOT 38  
61,151 sq. ft.

LOT 36  
63,995 sq. ft.

LOT 37  
69,016 sq. ft.

ROUTE 144

C&P TELEPHONE  
B06/51A PLAT 1165  
Zoned R0-DE0

et. of  
rde  
779

LLC  
114

235  
143

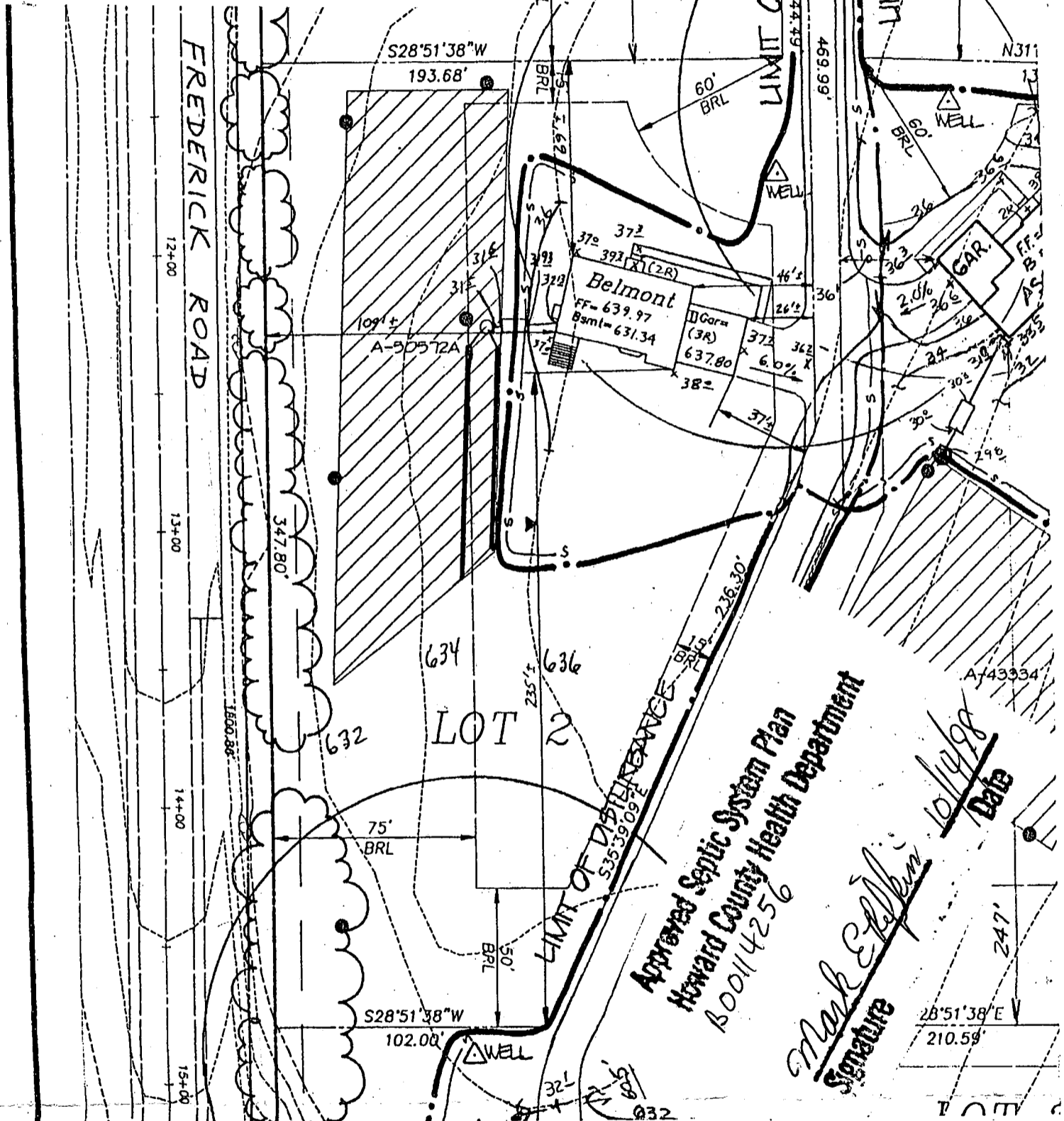


Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 1/2 feet

Depth of stone required below distribution pipe 2 feet



Approved Septic System Plan  
 Howard County Health Department  
 B00114256

*Mark E. [Signature]*  
 Signature  
 10/14/98  
 Date

CARRIAGE MILL FARMS

PHASE I  
 LOT 2  
 BUILDING PERMIT

SEPTIC DATA

INV. OUT OF HOUSE = 632.13  
 INV. INTO SEPTIC TANK = 631.93  
 INV. OUT SEPTIC TANK = 631.6  
 INV. INTO DIST. BOX = 631.5  
 EX. ELEV @ DIST. BOX = 635.0

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS  
 LAND SURVEYORS  
 PLANNERS  
 ENVIRONMENTAL

P.O. Box 10  
 New Market, MD 21774-0010

10120 A Old National Pike  
 ijomsville, MD 21754-9706

(301) 865-5858  
 Fax: (301) 865-5111

DATE: 10/14/98

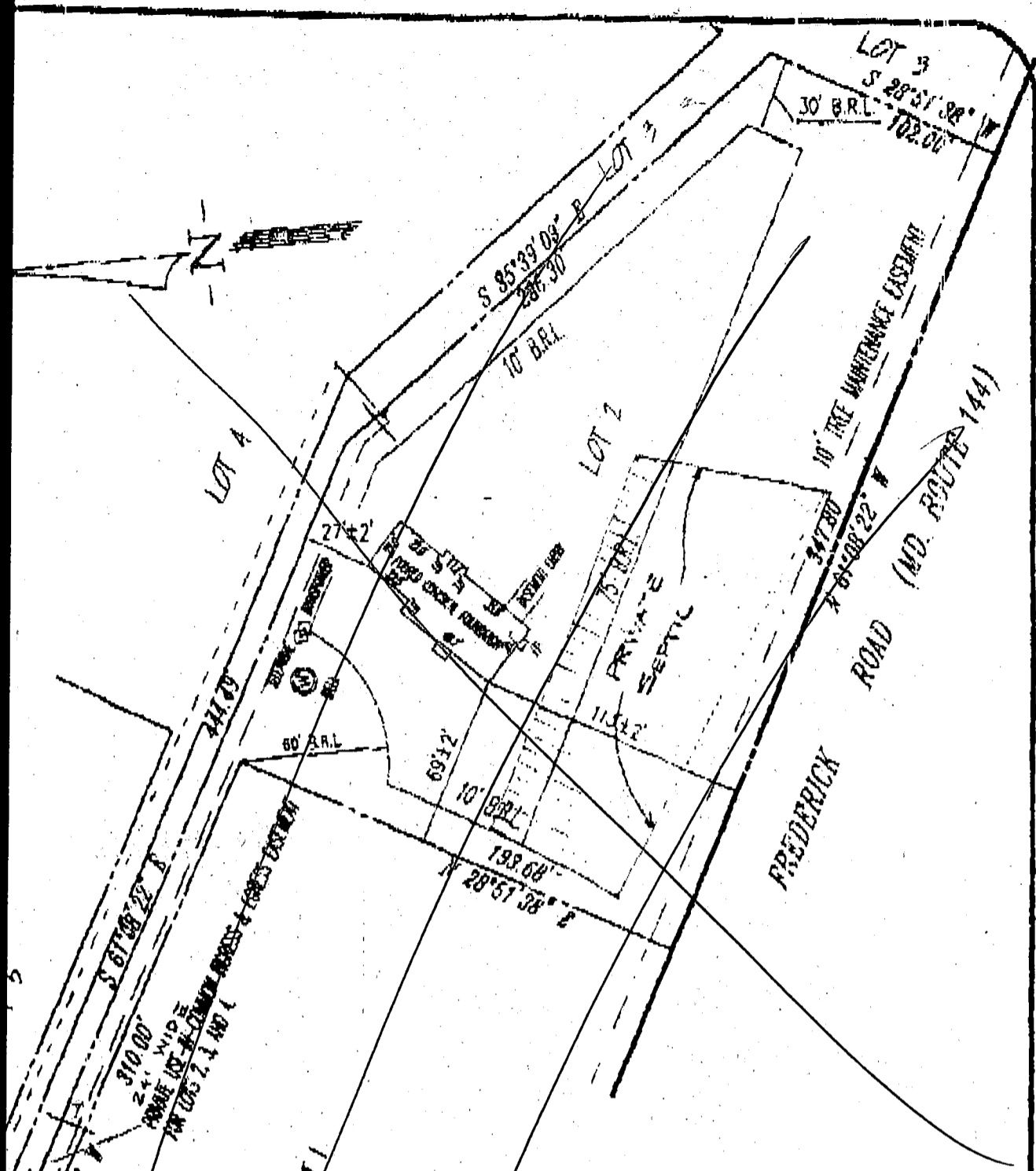
PROJECT NO.: 95005.22

DRAWN BY: JMZ

SCALE: 1"=50'

REV. 1 10/14/98





LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 14704 CARRIAGE MILL DRIVE  
 TOP OF WALL FLEV. = 638.99 FIRST FLOOR CLEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.  
 THE LOCATION DRAWING IS OF BENEFIT TO THE 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.  
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;  
 AND THE LOCATION DRAWING 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.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "0"  
 AREA OF MINIMAL FLOODING  
 PER COMMUNITY PANEL NUMBER 24004 0008 B  
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED  
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

CARRIAGE MILL DRIVE  
 50' R/W  
 LOT 2  
 CARRIAGE MILL FARMS  
 PHASE ONE

PLAT No. 12211  
 SECTION DISTRICT No. 4  
 HARRIS COUNTY, MARYLAND

LOCATION DRAWING

DATE:	5. R. P. 11-23-98
DATE:	
SCALE:	1"=60'
No.:	95505.20



**R.M. MOCHI GROUP, P.C.**

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10120 A Old National Pk.  
 Pikesville, MD 21754-9701

(301) 865-5856  
 Fax: (301) 865-5111

dlr-100-7079



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## HOWARD COUNTY HEALTH DEPARTMENT

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

April 2, 1999

Oak Hill Properties  
107 Loudoun St., SE  
Leesburg, VA 20175

RE: Carriage Mill Farms, Lot #2  
14704 Carriage Mill Drive  
Well Permit #HO-94-1620

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on April 2, 1999.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was 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-94-1620. 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. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

Dates of Water Samples: March 23, 1999  
Date of Well Completion: July 1, 1998

Approving Authority

Donna K. Soe, R.S.

Water and Sewerage Program

DKS

cc: Building Inspector's office  
File