

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330664

P 512682

A 50830-EE

DISTRICT \_\_\_\_\_

DATE 8/25/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 9/2/99

INSPECTOR SRK

INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 3 N. Main Street, Mt Airy, MD 21771 PHONE 301-829-0444

SUBDIVISION Brantwood LOT 10 ROAD 11505 Stardust Lane

PROPERTY OWNER ~~NV Homes~~ SIVASAILAM

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 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 130 feet up the left (224.37') lot line and 10 feet off that same lot line as seen when facing the lot from Stardust Lane. Run trenches on contour toward the rear lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/29/99 DLS

PLANS APPROVED BY Amy McMillen DATE 7-14-1999

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)

BLDG. PERMIT SIGNED

AND RETURNED 2/1/2001

BOO128 308 DECK + GAZEBO

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 A2S

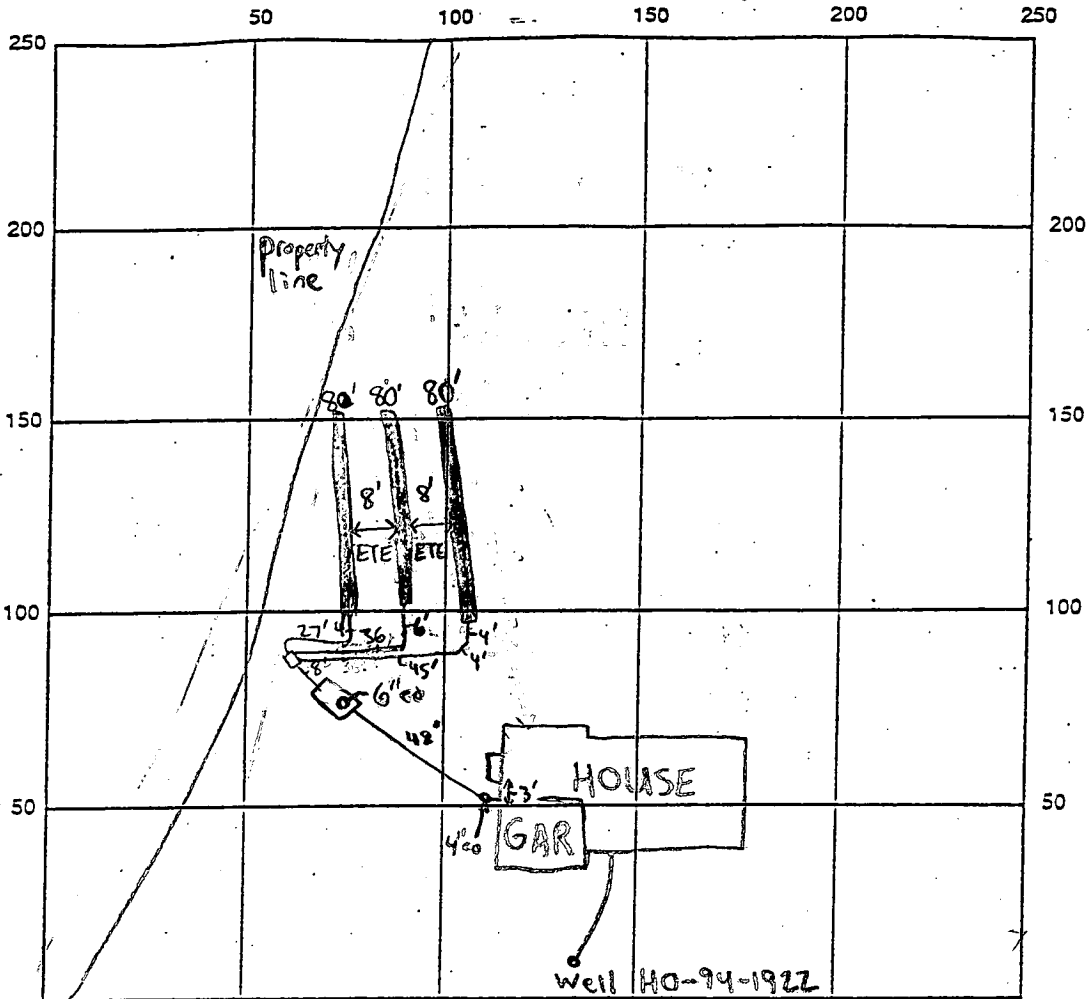
PERMIT VOID AFTER TWO YEARS

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 STARDUST LANE

SEPTIC TANK LEVEL 250 gallon midseam CLEANOUTS 4" @ House, 6" @ Tack

DISTRIBUTION BOX LEVEL Baffle is in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 9/1/99 - OK TO CONTINUE WORK - SRM 9/2/99 - OK TO COVER ALL WORK - SRM

DATE SYSTEM APPROVED 9/2/99 INSPECTOR Steven R. Krieg

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 8/15/95

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 Feaga Family NW HOMES

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. C/O Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 810

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd  
11505 STARDUST LANE

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD - 4Brm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED  
AND RETURNED 7-14-99  
Serial # B10 118332**

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. Mark A. Reich  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

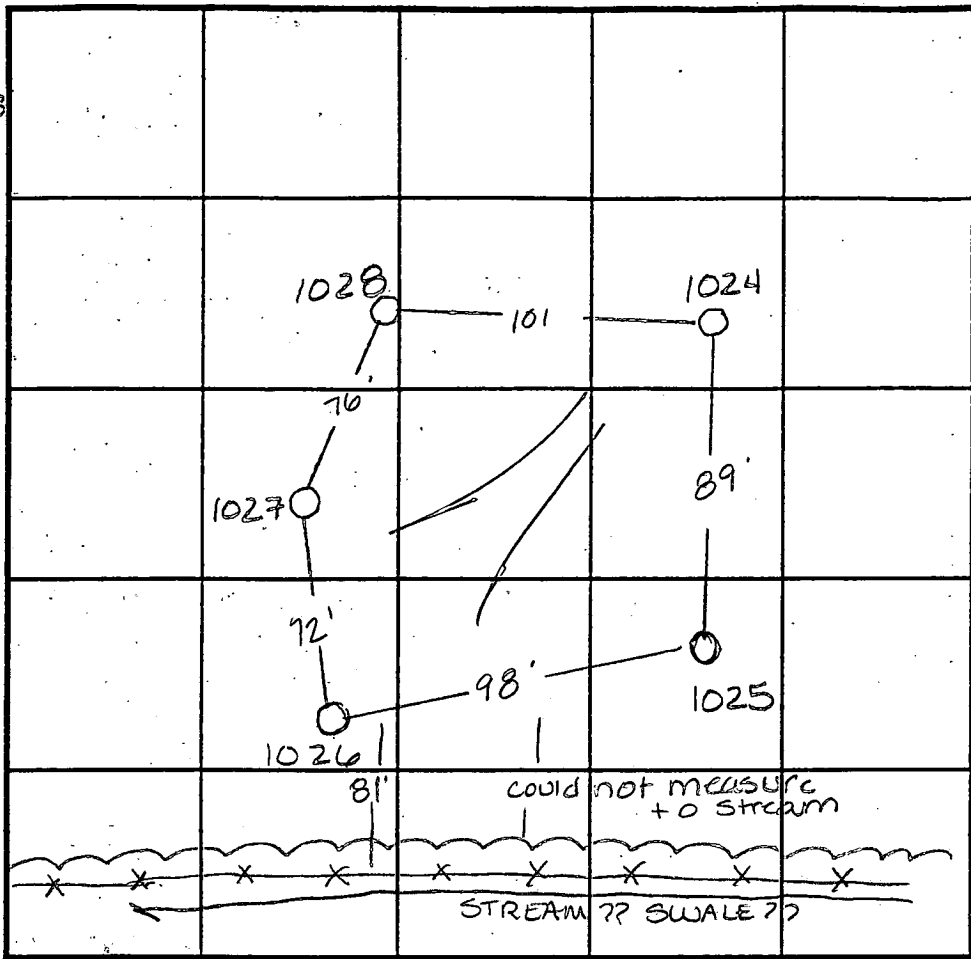
SOIL PROFILE

0' 102.7 1028

1026 brown red Siltum Micaceous

4' orange brn SalM Micaceous decayed shale 5-10%

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1024

3' dark red SilM Micaceous 100% rock frags

7' dark red SalM <5% rock frags

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-7-95	1027	4' / 12'	12:57	1:01	1:01	1:05	4min
	1028	4' / 12'	1:06 <sup>30</sup>	1:09 <sup>15</sup>	1:09 <sup>15</sup>	1:14 <sup>20</sup>	5 1/4 min
	1025	Visual	to 12.5	—	—	—	OK
	1024	3.5' / 12'	12:10 <sup>45</sup>	12:14	12:14	12:19	5min
	1026	Visual	to 11.5	see profile	—	—	OK
			11:5				

REMARKS wet season

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

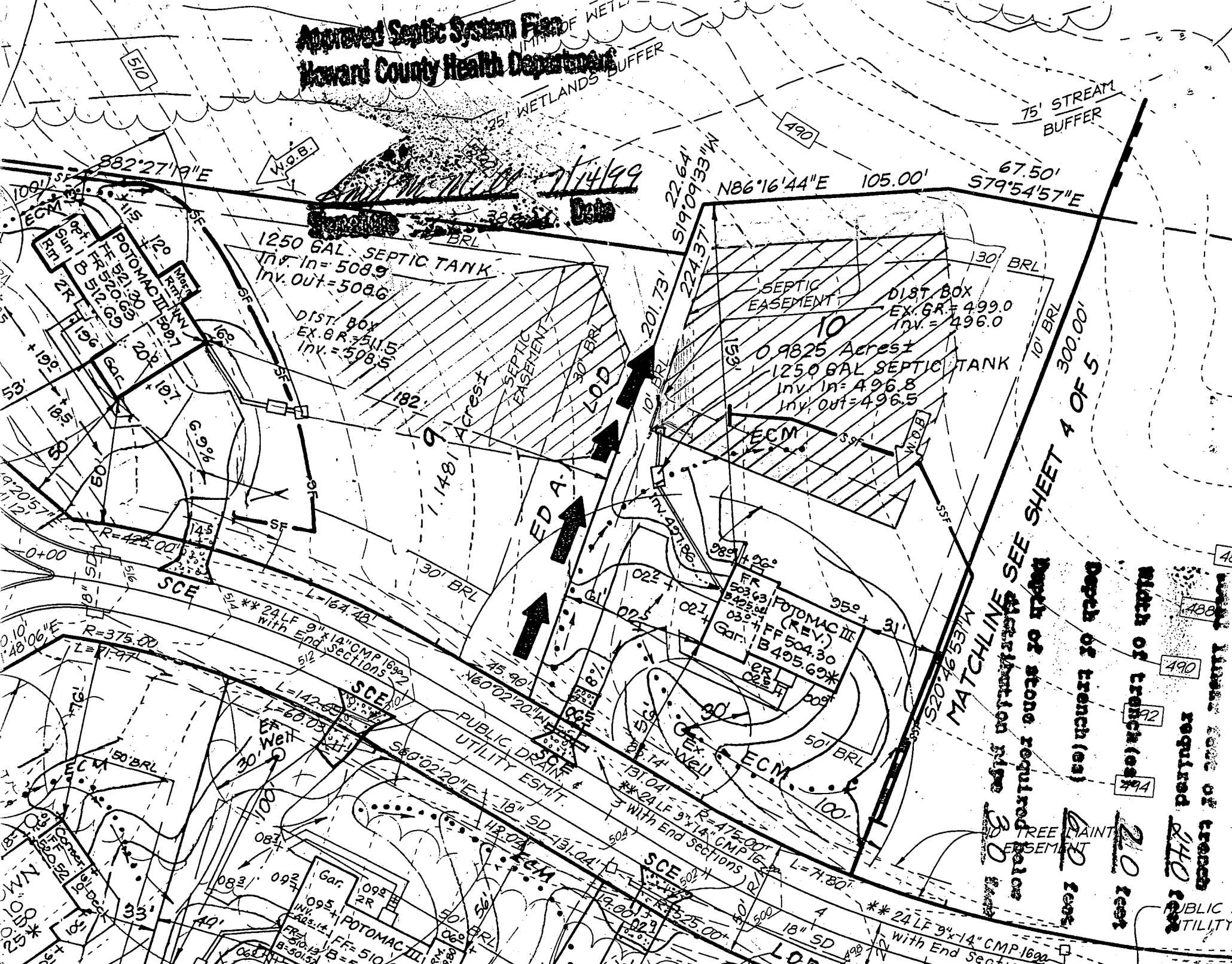
SQ. FT./BEDROOM

1025

Same as 1024 but less than 5% rock in upper 5' - no rock in rest of test hole.

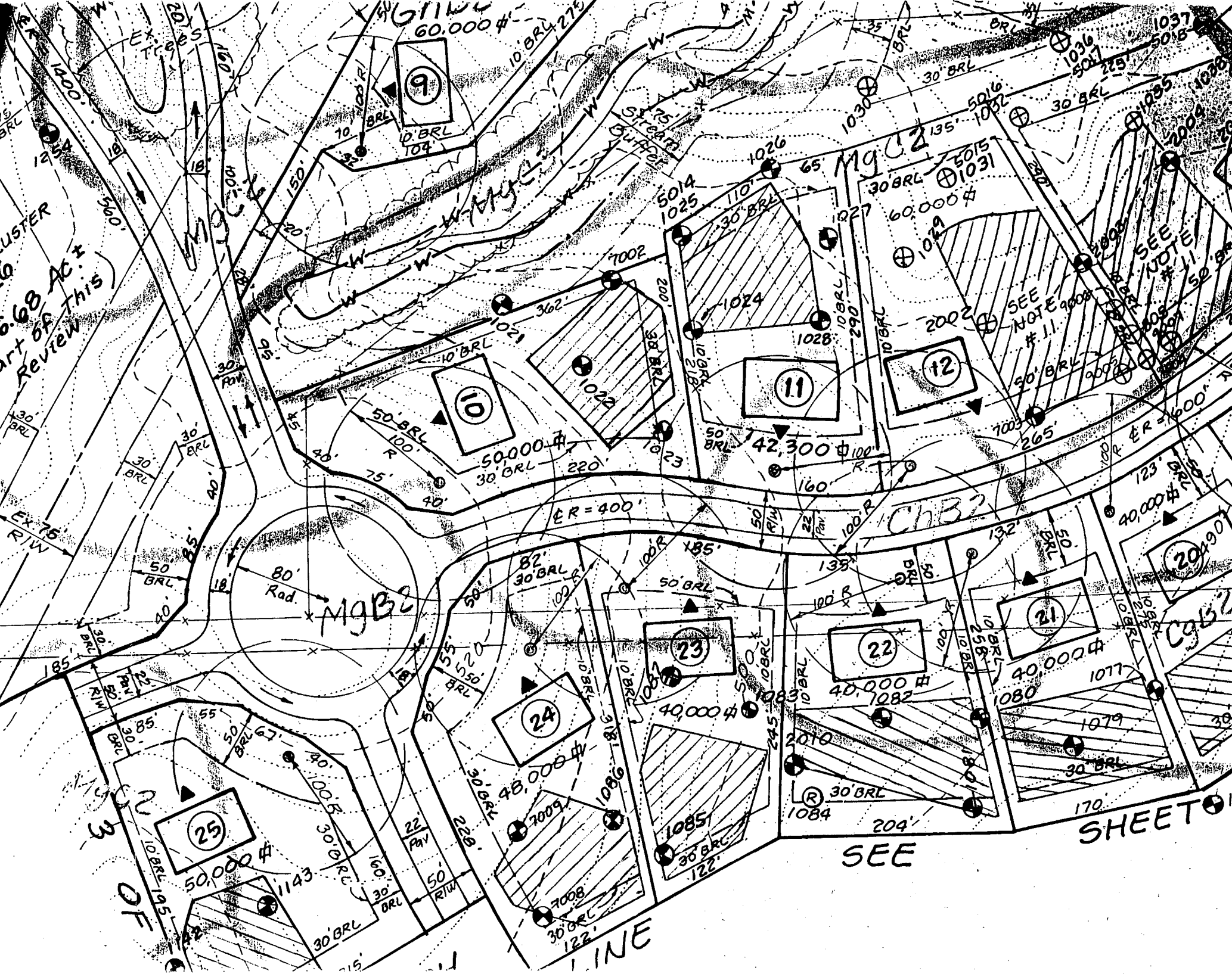
12.5

**Approved Septic System Plan**  
**Howard County Health Department**



**Depth of stone required below**  
**Width of French (each)** **210 feet**  
**Depth of French (each)** **210 feet**  
**Matchline SEE SHEET 4 OF 5**  
**Depth of stone required below**  
**Width of French (each)** **210 feet**  
**Depth of French (each)** **210 feet**  
**Matchline SEE SHEET 4 OF 5**  
**Depth of stone required below**  
**Width of French (each)** **210 feet**  
**Depth of French (each)** **210 feet**  
**Matchline SEE SHEET 4 OF 5**

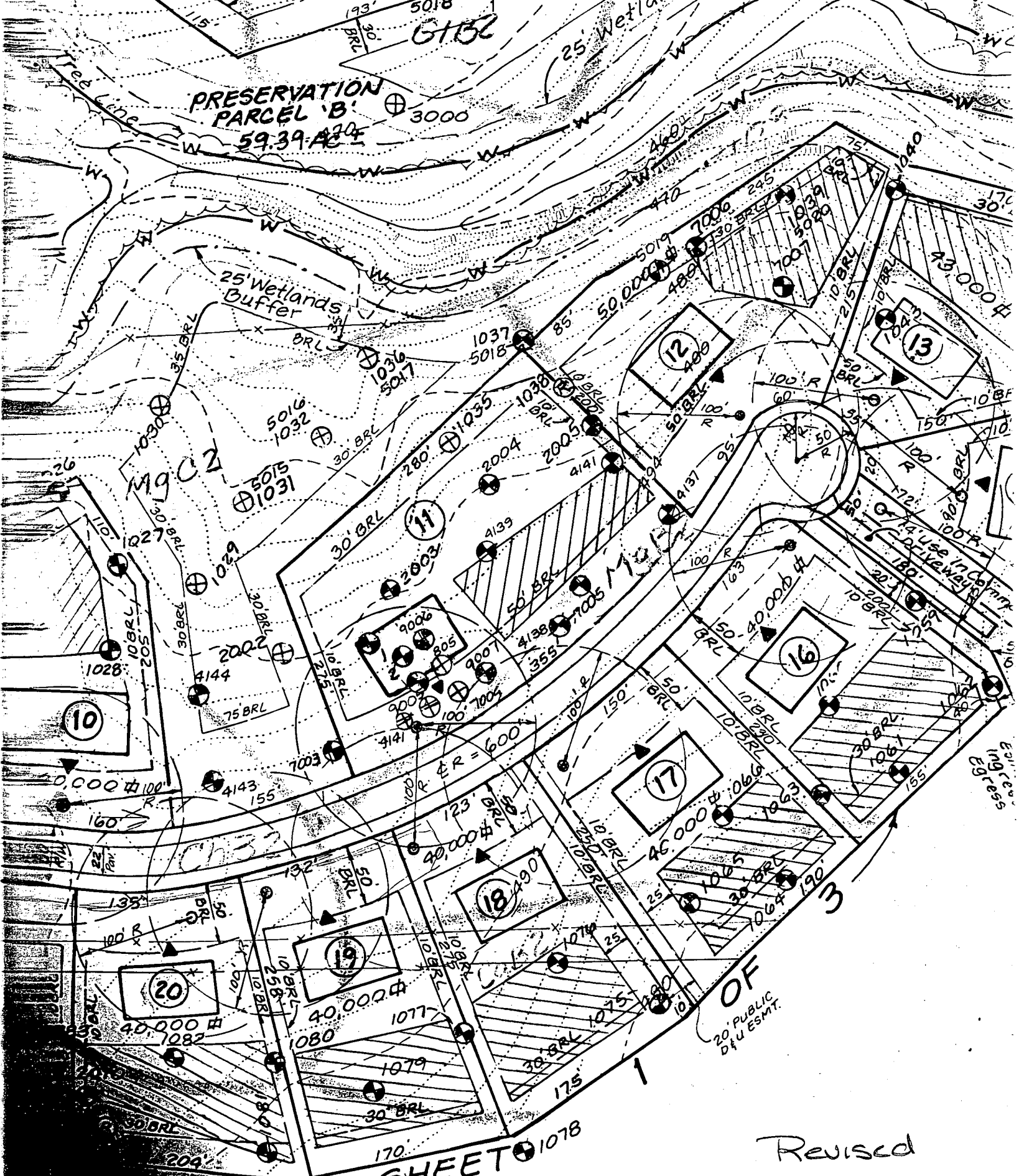
**Minimum slope of French**  
**required** **2%**  
**Public Utility**



0.68 AC ±  
Part of this  
Review

SHEET

SEE



PRESERVATION  
PARCEL 'B'  
59.39 AC

SHEET 1078

Revised  
Per  
Cert

LOT 11  
WHAT IS...



C1 4145

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830EE

ST/CO USE ONLY DATE Received 08 06 99

DATE WELL COMPLETED 3 29 99

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1922

OWNER Brantwood LLC STREET OR RFD Stardust Ln TOWN Ellicott City SUBDIVISION Brantwood SECTION I LOT 10

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: BROWN SHALE 0-52, BLUE SLATE 52-300. Includes handwritten note: WATER AT 85-275

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 12 NO. OF POUNDS 1280 GALLONS OF WATER 72 DEPTH OF GROUT SEAL 0 to 59 ft

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE ST Nominal diameter 6 Total depth 60

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft WHEN PUMPING 80 ft TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot) 50 51

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

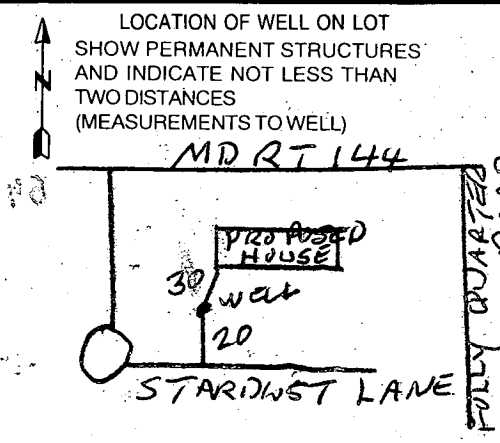
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 139 Robert Clune DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 168 Rick Foyte

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



B 1 **8609**  
SEQUENCE NO. (MDE USE ONLY)  
1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

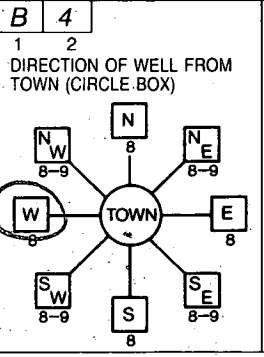
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HD-94-1922**  
70 fill in this form completely 79

Date Received (APA) **10/13/98**  
8 MM DD YY 13  
OWNER INFORMATION  
**Brantwood LLC**  
15 Last Name Owner First Name 34  
**8835 - P Columbia 100 Parkway**  
36 Street or RFD 55  
**Columbia, MD 21045**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**Howard**  
8 COUNTY 21  
**Feaga Property**  
23 SUBDIVISION 42  
SECTION **10** LOT **10**  
44 46 48 50  
**Pine Orchard meadows**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **2** MI  
73 76 77 78

DRILLER INFORMATION  
**Hartman, David** MW D 517  
Driller's Name 76 License No. 81  
**A.C. Schultes of MD, Inc.**  
Firm Name  
**24 South River Road**  
Address  
**Elkwater, MD 21037**  
Signature **[Signature]** Date **10/6/98**



**Stardust Ln**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W EAST E  
34 **1100** 37  
DISTANCE FROM ROAD FT 38 39  
ENTER FT. OR MI  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE **10**  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED **800**  
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
**Howard Co** **A50830EE**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
DATE ISSUED **102698** **A McMill** **102699**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **520 000** EAST GRID **820 000**  
50 55 57 63

- 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 APPROVAL)
  - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** FEET  
24 28  
APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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 \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

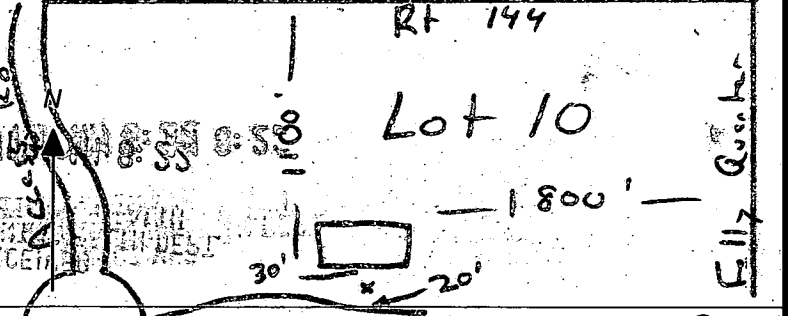
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
2/17/99  
NO MSP  
Folly Quarter Rd x 144  
SOURCES OF DRILLING WATER  
1. Tanker  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E **820**  
N **520**  
000  
000  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G.A.P. \_\_\_\_\_  
WRITE INITIALS IN BOX FORCE **AM** PERMIT No. **HD-98-1922**  
67 68 70 71 72 73 74 75 76 77 78 79



37 **8609** SEQUENCE NO. (MDE 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-94-1922**  
70 fill in this form completely 79

**OWNER INFORMATION**  
Date Received (APA) **10/13/98**  
8 MM DD YY 13  
**Briantwood LLC**  
15 Last Name Owner First Name 34  
**8835 - P Columbia 100 Parkway**  
36 Street or RFD 55  
**Columbia, MD 21045**  
57 Town 70 State 72 Zip 76

**DRILLER INFORMATION**  
**Hartman, David MWD 517**  
Driller's Name 76 License No. 81  
**A. C. Schulteis & MD Inc.**  
Firm Name  
**24 South River Road**  
Address  
**Frederick, MD 21037**  
Signature **[Signature]** Date **10/6/98**

**WELL INFORMATION**  
1 2 APPROX. PUMPING RATE **10**  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED **800**  
(GAL. PER DAY) 14 20

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

APPROXIMATE DEPTH OF WELL **200** FEET  
24 28  
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING (circle one)**  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVERSE-ROTARY DRIVE-POINT  
other \_\_\_\_\_

**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  
39  **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 **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 (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
FORCE **1101** WRITE INITIALS IN BOX PERMIT No. **110-98-1922**  
67 68 70 71 72 73 74 75 76 77 78 79

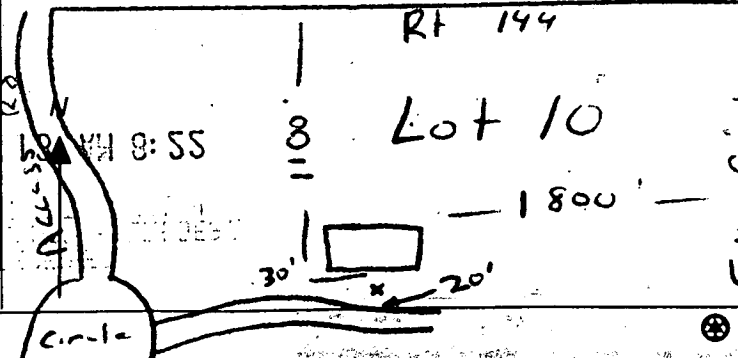
**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**LOCATION OF WELL**  
B 3 **Howard**  
8 COUNTY 21  
**Feaga Property**  
23 SUBDIVISION 42  
SECTION \_\_\_\_\_ LOT **10**  
44 46 48 50  
**Pine Orchard meadows**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **2** M I I  
73 76 77 78

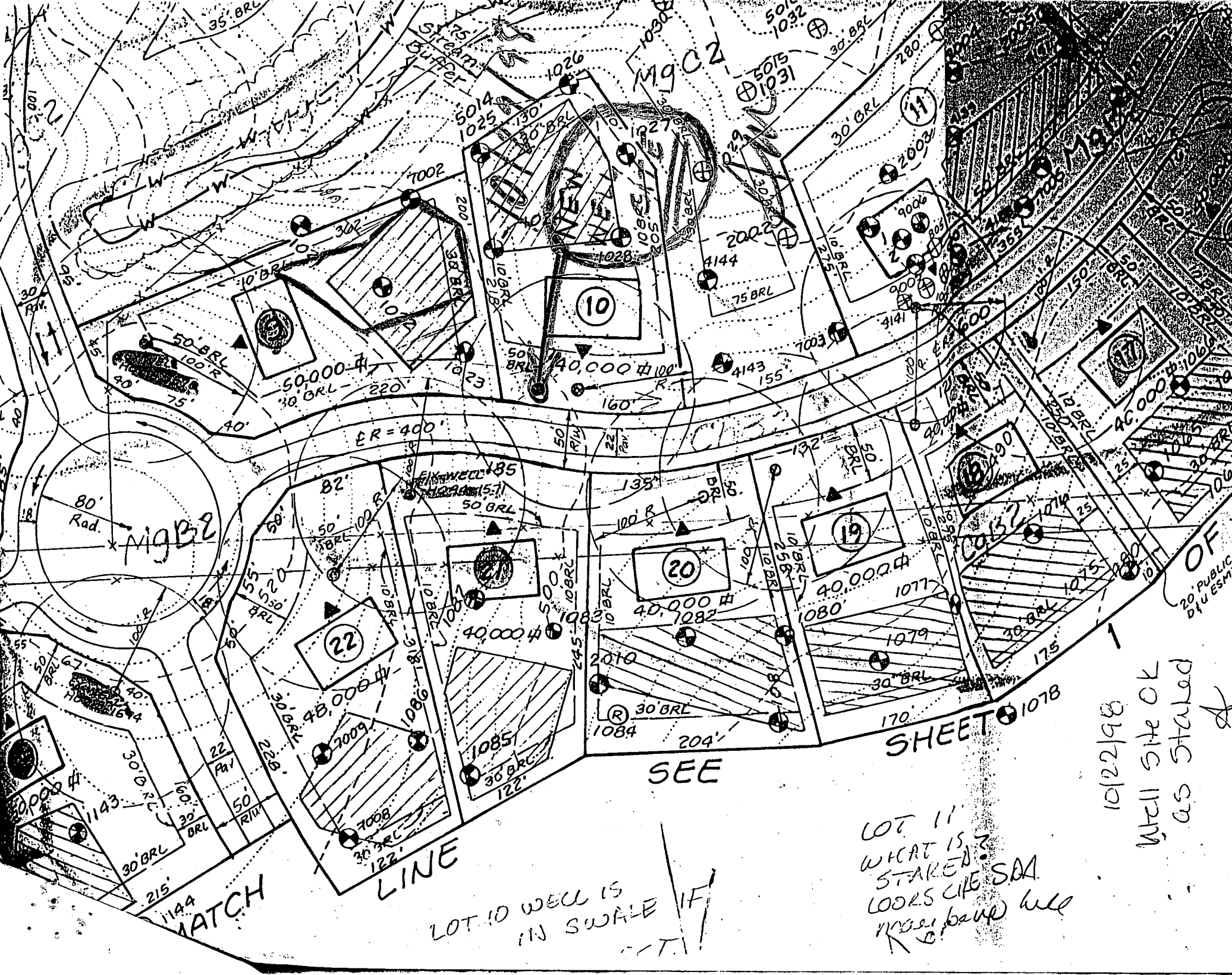
**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
1 2  
**Starlist Ln**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 1100 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard Co** **A50830EG**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
DATE ISSUED **10/26/98** **102699**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **520 000** EAST GRID **820 000**  
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **Tanker**  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E. **820**  
N. **520**  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



*Transfer to...*



MATCH LINE

LOT 10 WELL IS IN SWALE IF

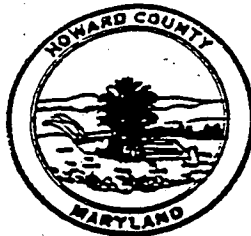
SEE

SHEET 1078

LOT 11  
WHAT IS STAKED?  
LOOKS LIKE SDA  
RISE BAND WEL

10/22/98  
89/2101  
11/21/98  
AS STAGED

20' PUBLIC DIU ESM



**HOWARD COUNTY HEALTH DEPARTMENT**

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

10/28/98

TO: Bruce Burton

FROM: Amy McMiller

RE: Brantwood, Sec I, F-98-138

Please revised the septic easement on Lot 9 on the record plat - in the field the SDA is actually uphill of Lot 10's well

Also - please have the well on Lot 10 drilled where shown - there is a swale and the staked location is in the C of that swale

Thank you.

Number of pages (including cover sheet): 2

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 \_\_\_\_\_

Name of Installer Van Oort Abgedijk

Telephone 301-829-0444

License Number 1467  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NV Homes Telephone 301-858-0522  
Subdivision Branthwood Lot # 10 Well Tag # HO-99-192a  
Site Address 11505 Stardust Lane

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make Goolds  
3. Model # 76507422  
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 \_\_\_\_\_

**Motor**  
1. Horsepower 1/2  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

**Pitless Adapter**  
1. Make Ampro  
2. Model # B-100  
3. Depth 48"

**Tank**  
1. Capacity V-100  
2. Pressure relief valve? Yes

**Piping**  
1. Type PE  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 48"

**Well data**  
1. Depth 300 ft.  
2. Yield 10 GPM  
3. Static water level \_\_\_\_\_ ft.  
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: [Signature]  
Date: 7/30/99

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

Building Address 11505 STARDUST LANE  
ELLICOTT CITY MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision BRANTWOOD

Section 1 Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 16 Parcel 54 Grid 22

Zoning RC-DED Map Coordinates 11A6 Lot size \_\_\_\_\_

Property Owner's Name DANAMATHI SIVASAILAM

Address 11505 STARDUST LANE

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-531-3883 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Proposed Use SFD W/DECK & GAZEBO

Estimated Construction Cost \$ 7000.00

Description of Work 20x14x8-ZEBO#  
OPEN DECK W/STEPS TO GRADE  
AND 10x10x8'6" GAZEBO

Contractor Company RWS CONTRACTING, INC.

Contact Person RAY STEWARD

Address 8216 BUENLEY RD.

City TOWSON State MD Zip Code 21204

License No. 37434

Phone 410-434-0509 Fax SAME

Occupant or Tenant \_\_\_\_\_

Contact Name SAME AS OWNER

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other Structure: <u>20x14 DECK W/SEED</u> Dimensions: <u>AND 10x10 GAZEBO</u> Footings: <u>POST &amp; PIERS</u> Roof: _____
State Certified Modular _____ 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 THEREOF; (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 [Signature]

Title/Company RWS CONTRACTING, INC.

Print Name RAY STEWARD

Date 2/1/01

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	<u>2/1/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways	<u>2/1/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Building Official	<u>2/1/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>2/1/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health	<u>2/1/01</u>	<u>[Signature]</u>
<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

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: 30'

Side St.: 30'

All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_ Accepted by [Signature]

PROPERTY ID#: 41410

Filing fee \$ \_\_\_\_\_

Permit fee \$ 30

Excise tax \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

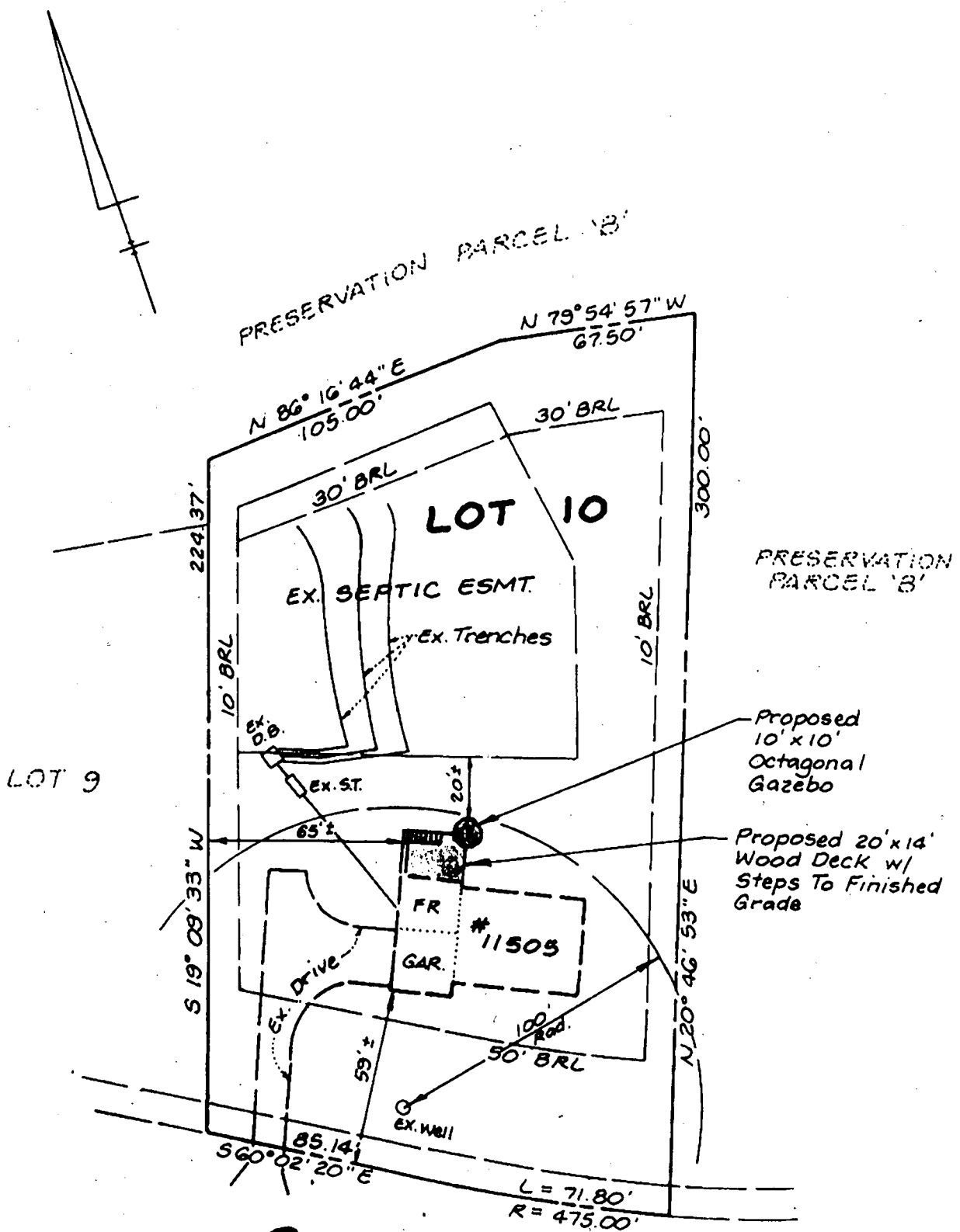
Add'l permit fee \$ \_\_\_\_\_

TOTAL FEES \$ 30

Balance due \$ \_\_\_\_\_

Check # 3147

Validation # 35833



# STARDUST LANE

2/1/01

**NOTE:** Location of dwelling shown hereon taken from plans by CFS.

Proposed deck/gazebo location OK as shown. *(Signature)*

**Builder:**  
**RWS CONTRACTING**  
 8216 Burnley Road  
 Towson, Maryland 21204  
 Phone: (410) 377-DECK  
 MHIC 32434

**Prepared By:**  
**LDE, INC.**  
 9250 Rumsey Road Ste. 106  
 Columbia, Maryland 21045  
 Phone: (410) 715-1070

**PLOT PLAN**  
 -FOR-  
**DECK / GAZEBO ADDITION**  
**"BRANTWOOD"**  
**SECTION ONE LOT 10**  
 3rd Election District  
 Howard County, Maryland  
 Scale: 1" = 50' Date: 1/1/01