

12/26/01
12/27/01
11/7/02
11/30/01
PM-Final
Any Time

ISSUE DATE: 11/16/2001
APPROVAL DATE: 12-27-01

**PERMIT
INDEXED**

P 516419
A 50830-K

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

03-330141

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Rd, 21737 PHONE NUMBER: 301-854-6172

SUBDIVISION: Brantwood I LOT NUMBER: 33

ADDRESS: 11529 Stardust Lane PROPERTY OWNER: Williamsburg Group

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4 (5 Bdrms on AP Plan)

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 (300 LF for 5 Bedroom)

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting at the bend in the left lot line, place the distribution box 10' down the (rear) left lot line and 80' off this same lot line. Run (3) trenches on contour toward left side of lot as shown on plan.
NOTES:	

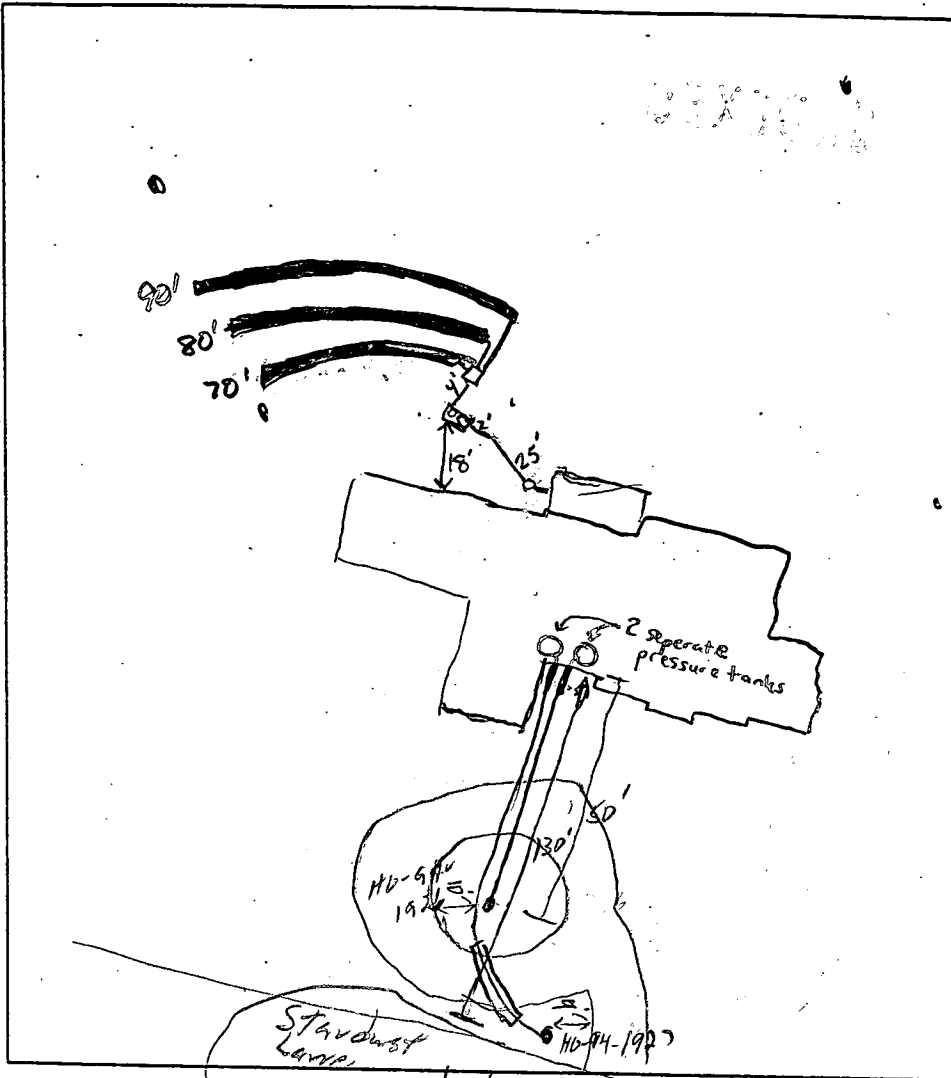
PLANS APPROVED: MER DATE: 9/18/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A50830-K

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2'
 TRENCH BOTTOM DEPTH 4'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3'
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720 ft²
 DISTRIBUTION BOX LEVEL yes
 BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER Front
 6 INCH INSPECTION PORT back

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER N/A
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 12/26/01 Home has 4 bedrooms & a sitting room w/ no closet off of MB. Tank moved to accommodate deck, 10' CTC (K5)

INSPECTION COMMENTS: 12-27-01 10' CTC' Pipe from S.T. to D.B. from side of S.T. OK'd three trenches @ 240' length per Oster's note above (K5)

INSPECTOR Kacie Gredetzky DATE SYSTEM APPROVED 12-27-01

APPLICATION

PERCOLATION TESTING

A 513339

Proposal - Relocate/expand existing SDA to accommodate preferred house site

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE 3/23/00

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 BRANTLY DEVELOPMENT GROUP (JOHN LIPARINI)

ADDRESS _____ PHONE 410/730-0810

AGENT OR PROSPECTIVE BUYER WILLIAM C. BURGAY

ADDRESS 4403 COVALCADE COURT, BURTONSVILLE MD 20866 PHONE 301/549-3461

PROPERTY LOCATION:

SUBDIVISION BRANTWOOD LOT NO. 14 ~~RESERV. PARCEL B~~

ROAD AND DESCRIPTION RT. 144 & FOLLY QUARTER ROAD (STARDUST LANE)

TAX MAP _____ PARCEL # _____

SIZE OF LOT 62 ACRES TYPE BLDG. SFD
(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. W.C. Burgay 3/20/00
(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

0' A

no distinct clay layer
dark brn salm mica

10.0 white salm quartz possible H₂O

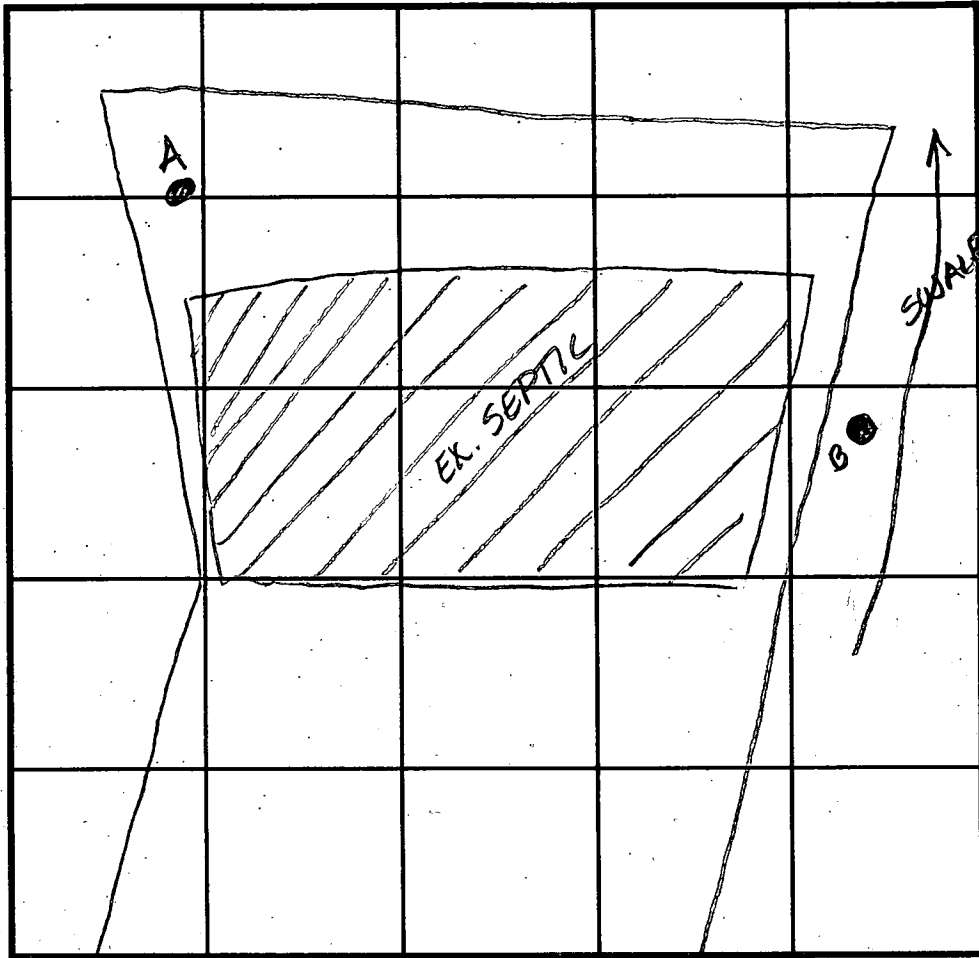
B

like A but no evidence of H₂O

10.0

12.0

10.5



SOIL-PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-5-00	A	Visual	to 12.0 - see profile		—		OK
	B	Visual	to 10.5 - see profile		—		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy Memelen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Total linear feet of trench required 240 feet

Width of trench (es) 3 feet

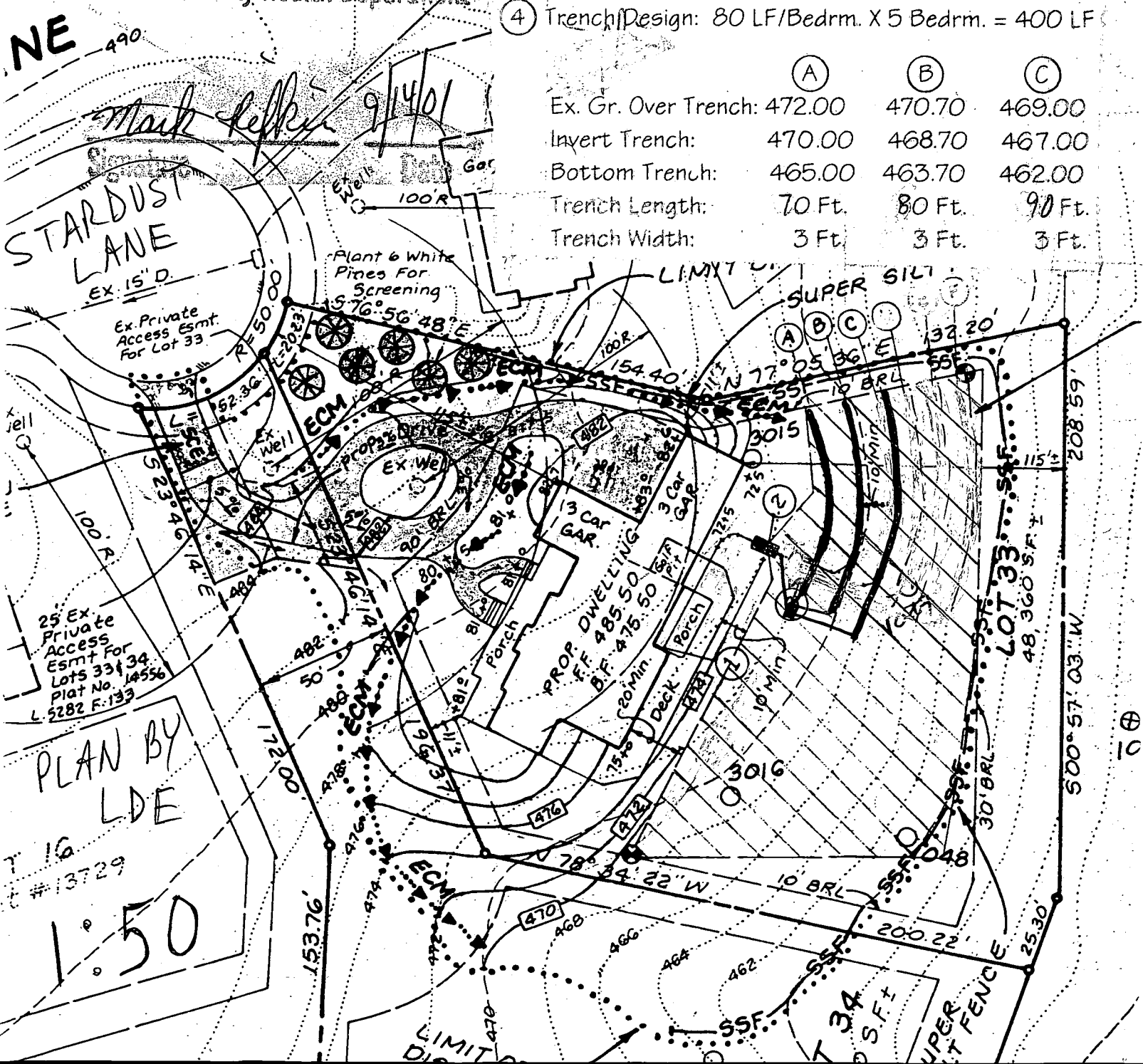
Depth of trench (es) 4 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

- ① Invert @ foundation wall: 471.70 First Floor Service ONLY
- ② 1500 Gallon Septic Tank (5 Bedrooms)
Provide Manhole To Finished Grade
 - A. Ex. Ground Over Tank: 474.00
 - B. Prop. Grade Over Tank: 473.50
 - C. Invert In: 471.00
 - D. Invert Out: 470.70
- ③ Distribution Box: (Provide 6 Outlets Minimum)
 - A. Ex. Ground Over Box: 472.00
 - B. Prop. Grade Over Box: 472.00
 - C. Invert In: 470.50
- ④ Trench Design: 80 LF/Bedrm. X 5 Bedrm. = 400 LF

	(A)	(B)	(C)
Ex. Gr. Over Trench:	472.00	470.70	469.00
Invert Trench:	470.00	468.70	467.00
Bottom Trench:	465.00	463.70	462.00
Trench Length:	70 Ft.	80 Ft.	90 Ft.
Trench Width:	3 Ft.	3 Ft.	3 Ft.



Building Address 11529 STARBUCK LANE
ELLICOTT CITY, MD 21044

Suite/Apt. #: N/A SDPWP/Petition #: GPO1-177

Census Tract 6030 Subdivision FRANTWOOD

Section 1 Area N/A Lot 33

Tax Map R1 Parcel 54 Grid 33

Zoning RC Map Coordinates 11A6 Lot size 47,360 SF

Property Owner's Name WILLIAM BURGY, GROUP LLC

Address 5465 HARPER FARM RD #20

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410/977-220

Applicant's Name & Mailing Address, (if other than stated hereon):
Bill Burgy 463-535-8746
buyer

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost - \$ 500,000

Description of Work CONSTRUCT CUSTOM
HOME - PLANS ATTACHED
front porch / rear deck + rear porch

Contractor Company SAME AS OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 155

Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer Architect Company DUSTAYLOR ASSOC.

Contact Person DUSTAYLOR

Address 5024 DORSEY HALL DR.

City ELLICOTT CITY State MD Zip Code 21042

Phone 410/964-1161 Fax 997-2924

BUILDING DESCRIPTION - COMMERCIAL

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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

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 THEREON; (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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Suzanne P. Davis
 Applicant's Signature
AGENT/WJG LLC
 Title/Company

SUZANNE P. DAVIS
 Print Name
 Date _____

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

FOR OFFICE USE ONLY

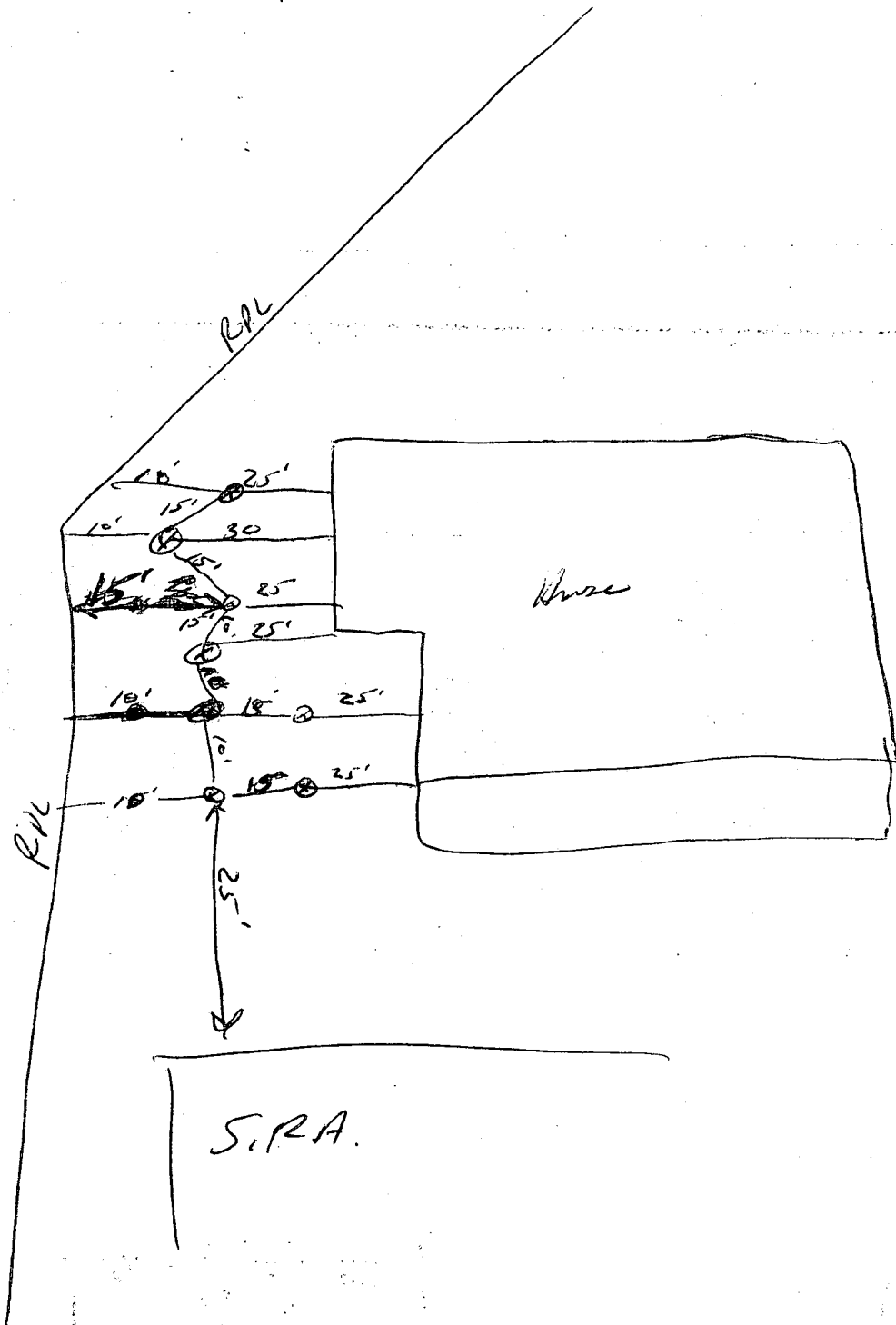
AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Land Development/DPZ			Front _____	
State Highways			Rear _____	
Building Official			Side _____	
Dev. Engineering/DPZ			Street _____	
Health			All minimum setbacks met? _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Equipment/Compliance (required prior to issuance)			Entrance: _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Historic District _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Fair Coverage for New Town Zone _____	
			SDP/Red Line approval date _____	
			Acceptance _____	

CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

Distribution of copies: White: Building Official Green: LDD/DPZ Yellow: DAB/DPZ Pink: Health Code: SHA

Form PERM17A Rev. 3/17/00

Actual Drilled Locations
per driller OK SRK



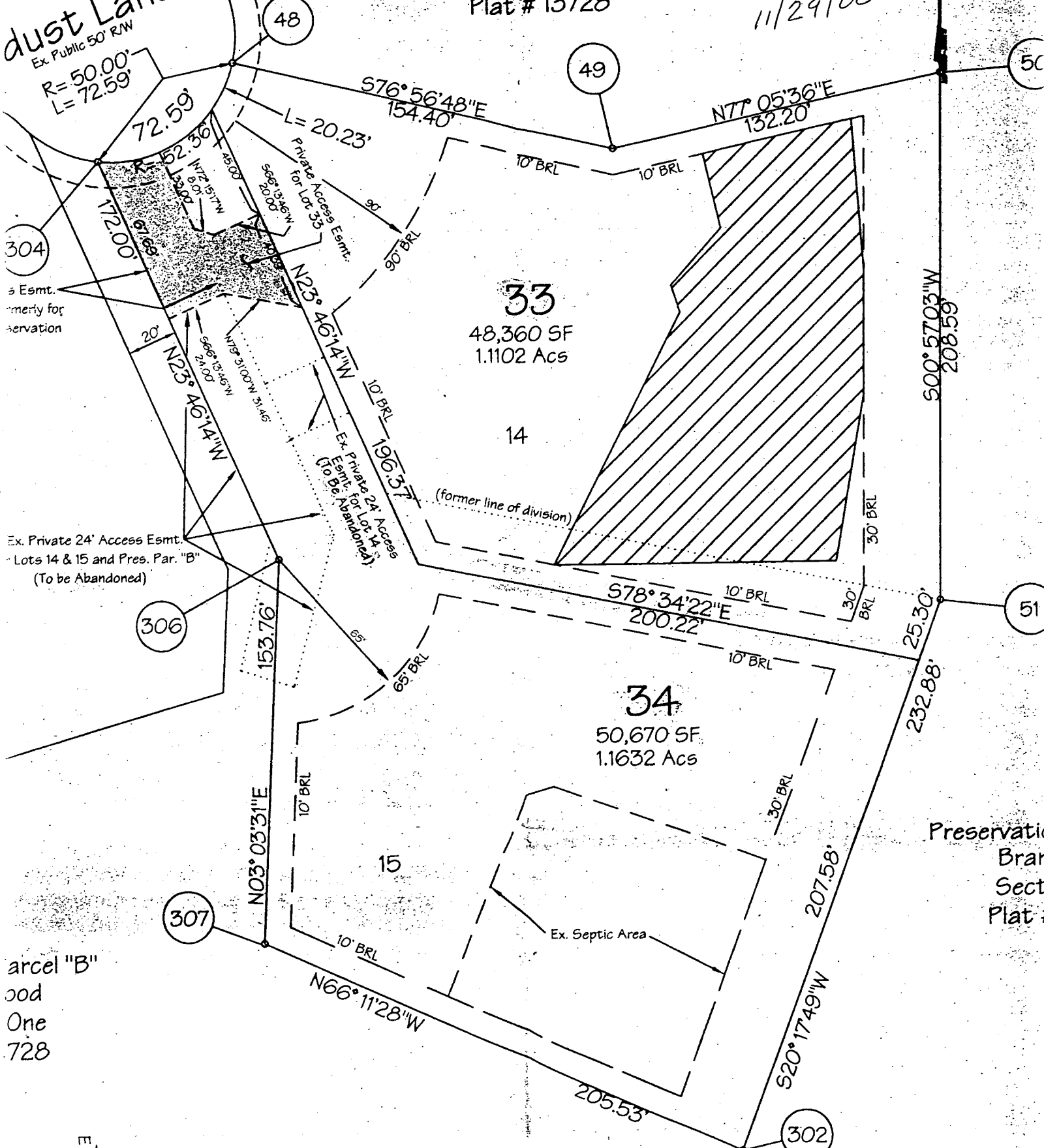
BRANTWOOD
LOT 33
11529 Stardust Lane

Lot 13
Brantwood
Section One
Plat # 13728

Revised
F-01-75
11/29/00

N58

dust Lane
Ex Public 50' R/W
R=50.00'
L=72.59'



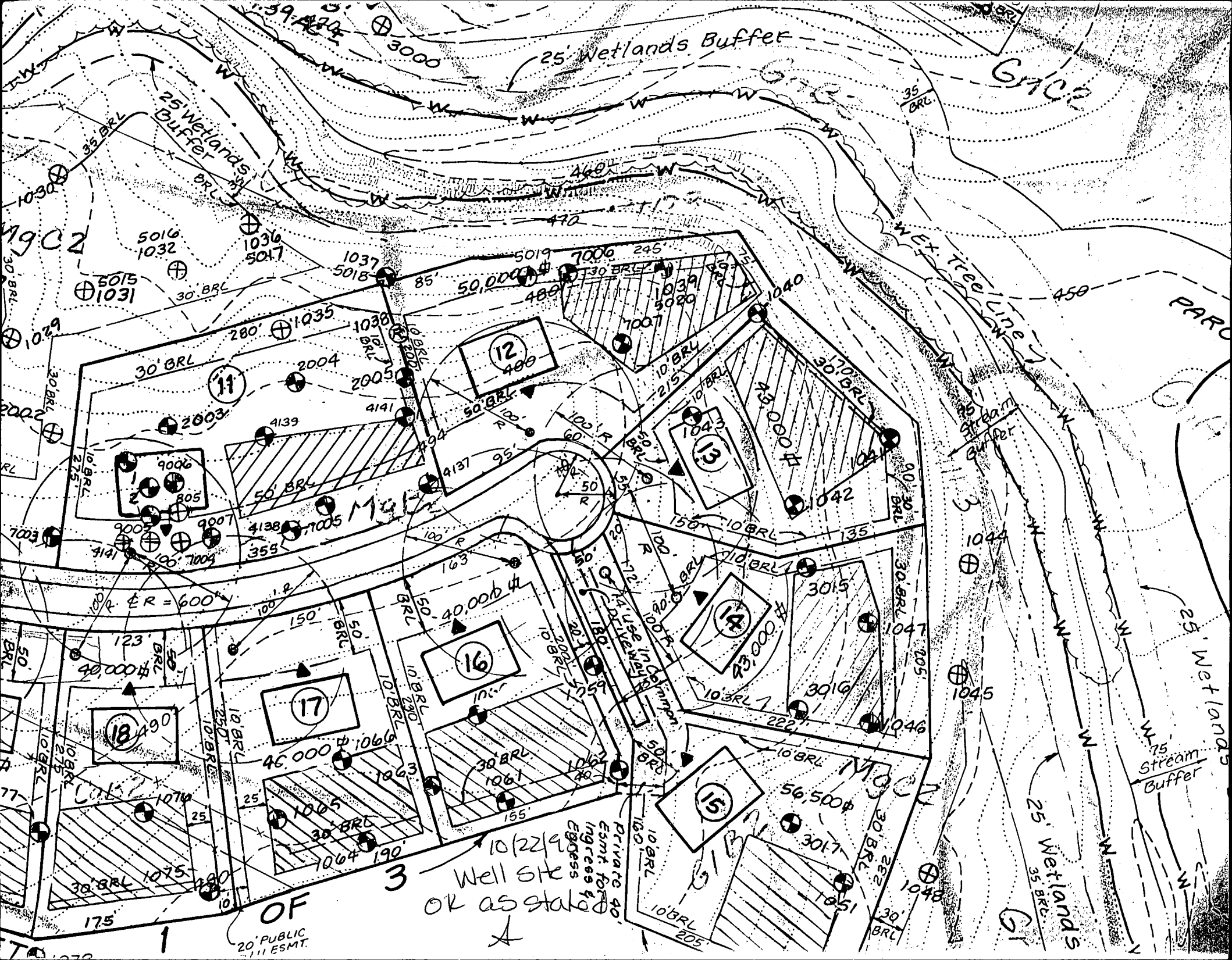
Esmt.
merly for
ervation

Ex. Private 24' Access Esmt.
Lots 14 & 15 and Pres. Par. "B"
(To be Abandoned)

Parcel "B"
ood
One
728

Preservativ
Brar
Sect
Plat #

E 134060



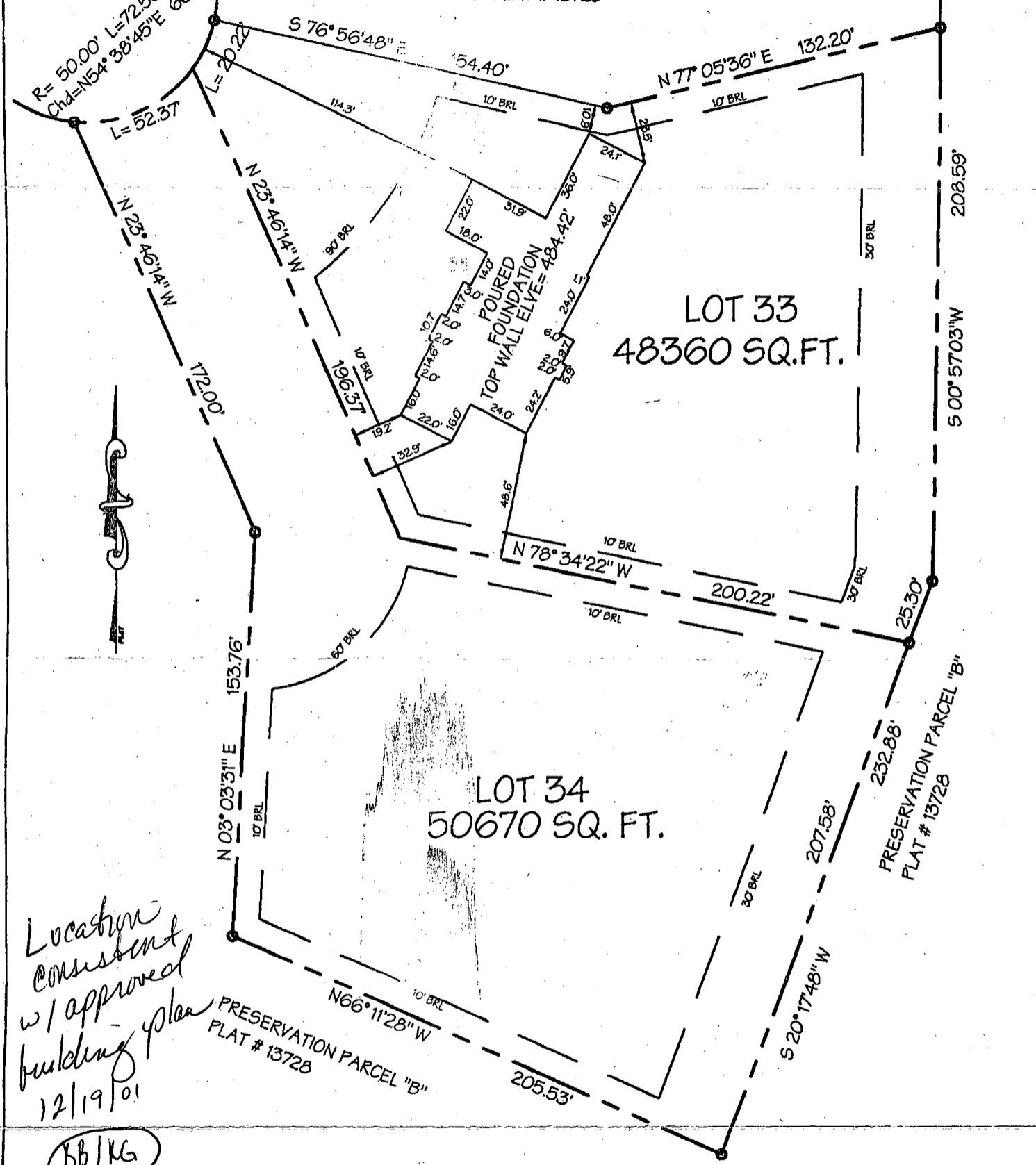
THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

B00131947
11529 STARDUST LANE
WILLIAMSBURG GROUP LLC

PLAT # 13728

PROPERTY KNOWN AS:
BRANTWOOD - SECTION ONE
LOTS 33 AND 34 PLAT # 14556
HOWARD COUNTY, MARYLAND

STARDUST LANE



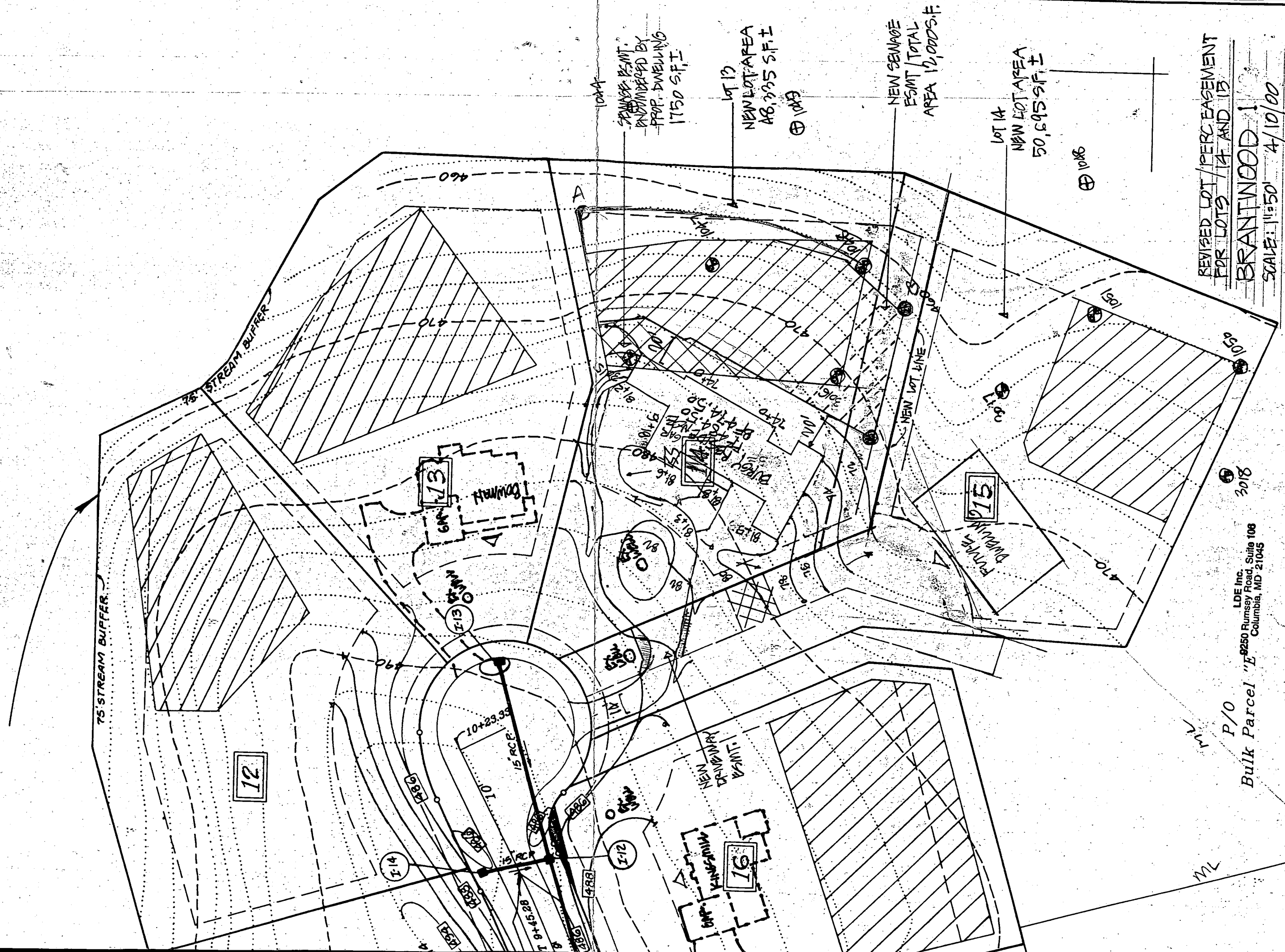
Location consistent w/ approved building plan 12/19/01

BB/KG

LOCATION DRAWING

CERTIFICATION	SEAL	SCALE 1"=50'	DATE 11/13/01
<p>This is to certify that I have surveyed the property known as _____</p> <p>The information shown has been established by current acceptable surveying procedures and from available record information. This drawing is to be used for title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>		<p>LDE Inc. Engineers, Surveyors, Planners</p> <p>9250 Rumsey Road, Suite 106 Columbia, Maryland - 21045 (410)715-1070 - (410)715-9540 Fax</p>	

SHEET



NEW SEWAGE TREATMENT PLANT
 PROVIDED BY
 PROP. DWELLING
 1750 S.F.I.

NEW LOT AREA
 48,335 S.F. ±

NEW SEWAGE TREATMENT PLANT
 TOTAL AREA 12,000 S.F. ±

LOT 14
 NEW LOT AREA
 50,695 S.F. ±

REVISED LOT / PERC EASEMENT
 FOR LOTS 14 AND 13
BRANTWOOD
 SCALE: 1"=50' 4/10/00

P/O
 Bulk Parcel "E" 9250 Rumsey Road, Suite 106
 Columbia, MD 21045



4 level
8 Holes

LOT 13
Plat #13728

*RED TREE
AREA TO SHIELD
GARDEN AREA
FROM NEIGHBORS*



104F
 3/18/02
 Maintain
 25' from
 closest
 Geothermal
 Bore to
 Approved
 SDA
 25' from back
 edge of house
 OK to
 Drill

*LOT CONCEPT
LOT 1A/15 BURG*

PRELIMINARY

JAN 30 2001
1"=50'

LDE Inc.
8800 Ramey Road, Suite 100
Columbia, MD 21045

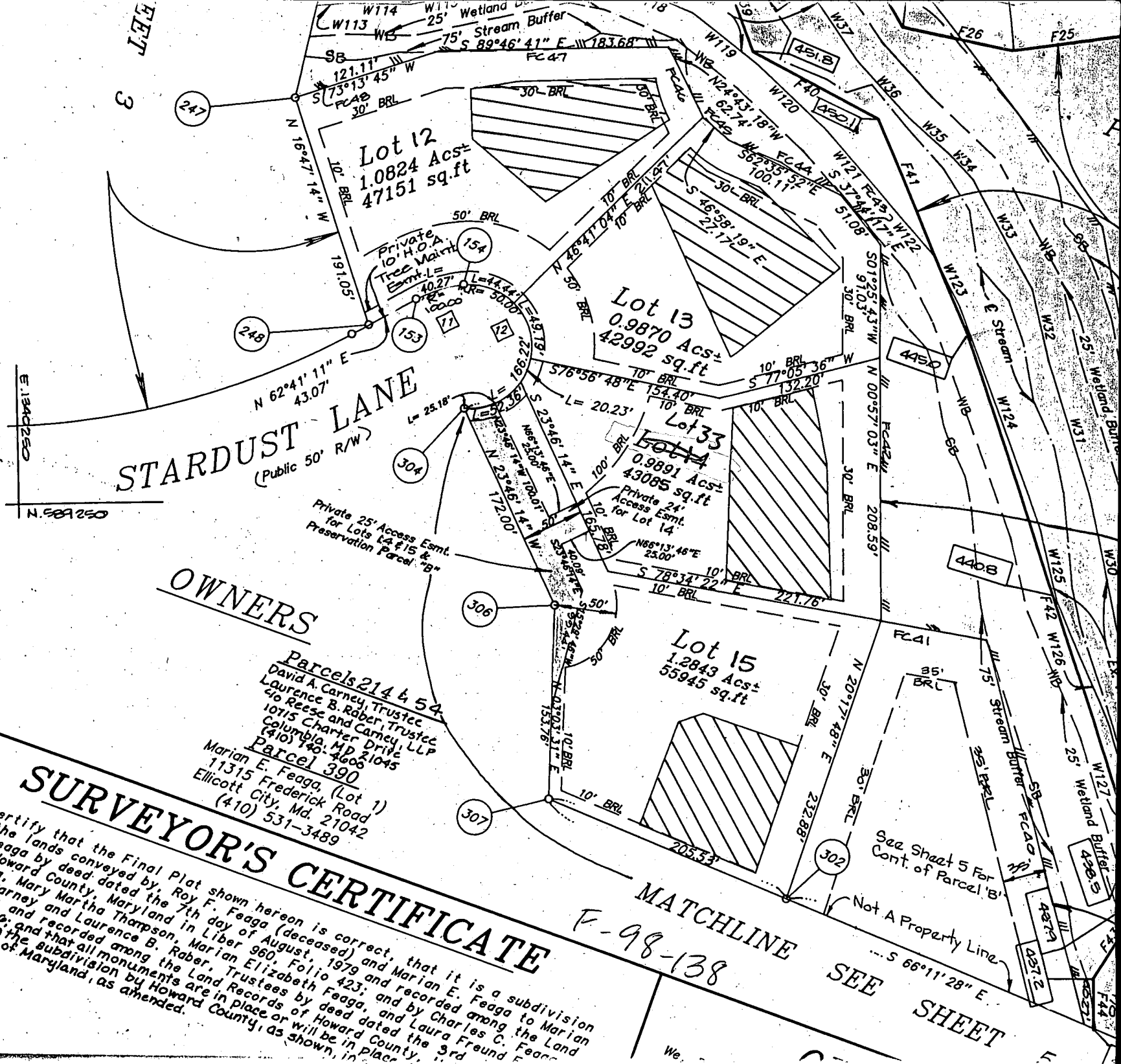
5 (This Sheet)
 recorded: 4, 701

Parcels: P101
 on Parcels: 0
 recorded: 29,5061 Ac±
 3428 Ac±
 is: 26,1623 Ac±
 parcels: 0

recorded: 1,7016 Ac±
 recorded: 31,2077 Ac±

ty Article, Annotated Code of
 (plemented) as far as they
 setting of markers have been
 12/10/98
 Date

99



STARDUST LANE
 (Public 50' R/W)

OWNERS

Parcel 214 & 54
 David A. Carney, Trustee
 Laurence B. Raber, Trustee
 c/o Reese and Carney, LLP
 10715 Charter Drive
 Columbia, MD 21045
 (410) 490-4606

Parcel 390
 Marian E. Feaga, (Lot 1)
 11315 Frederick Road
 Ellicott City, Md. 21042
 (410) 531-3489

SURVEYOR'S CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of all of the lands conveyed by Roy F. Feaga (deceased), 1979 and Marian E. Feaga to Marian Elizabeth Feaga by deed dated the 7th day of August, 1979 and recorded among the Land Records of Howard County, Maryland in Liber 960, Folio 423; and by Charles C. Feaga to Paul J. Feaga, Mary Martha Thompson, Marian Elizabeth Feaga, and Laura Freund Feaga to David A. Carney and Laurence B. Raber, Trustees by deed dated the 3rd February, 1999 and recorded among the Land Records of Howard County, Maryland in Folio 650; and that all monuments in place or will be in place of the streets in the subdivision by Howard County, as shown, in the Annotated Code of Maryland, as amended.

MATCHLINE
 F-98-138
SEE SHEET F

C 1 **6163** SEQUENCE NO. (MDE 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.

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

COUNTY NUMBER **A 50830 K**

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
12 1 98
Depth of Well
22 **275** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
NO 94 - 1926
28 29 30 31 32 33 34 35 36 37

OWNER **BRANTWOOD LLC**
STREET OR RFD **STARDUST LANE** TOWN **ELICOTT CITY MD**
SUBDIVISION **BRANTWOOD** SECTION **I** LOT **4 33**

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	
BROWN SHALE	0	51	
BLUE SLATE	51	275	

WATER AT 130-230

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS **12** NO. OF POUNDS **1128**
GALLONS OF WATER **72**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **59** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below.
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**

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

SCREEN RECORD
screen type or open hole insert appropriate code below.
STEEL BRASS OPEN HOLE
BRONZE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES NO

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 Clive
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 **MWD 168**
Reek Soale

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

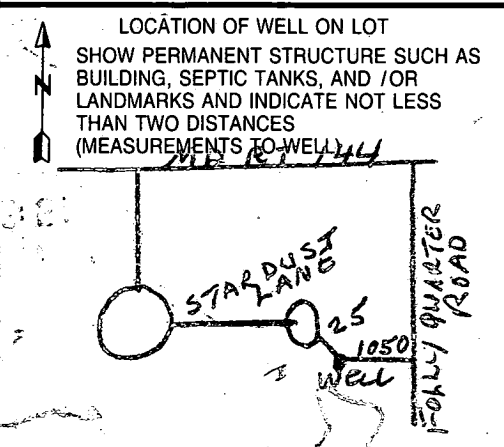
C 2 DEPTH (nearest ft.)
1 2 3
140 59 275
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 3
S 38 39 41 45 47 51
R
E
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
56 _____ 60 _____
from _____ to _____

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

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **7**
METHOD USED TO MEASURE PUMPING RATE **TIME**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **31** ft.
WHEN PUMPING **100** ft.
TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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. **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 } **1** (nearest foot)



B 1	8513	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-94-1926 <small>fill in this form completely</small>
------------	-------------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) **10 13 98**

Brantwood LLC
Last Name Owner First Name

8835 - P Columbia 100 Parkway
Street or RFD

Columbia, MD 21045
Town State Zip

LOCATION OF WELL

Howard
COUNTY

Feaga Property
SUBDIVISION

SECTION **14** LOT **14**

Pine Orchard meadows
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** M

DRILLER INFORMATION

Hartman, David M WD 517
Driller's Name License No.

A.C. Schultes of MD, Inc.
Firm Name

24 South River Road
Address

Edgewater, MD 21038
City State Zip

10/16/98
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

MD Rt. 144
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

800
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: _____ BLK: _____ PARCEL: _____

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **10**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**

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)

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

Howard CO COUNTY NAME

A50830K COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **102698**

A. McMillan CO SIGNATURE **102699** EXP. DATE

NORTH GRID **520 000** EAST GRID **820 000**

APPROXIMATE DEPTH OF WELL **200** FEET

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Tanker**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820**

N **520**

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

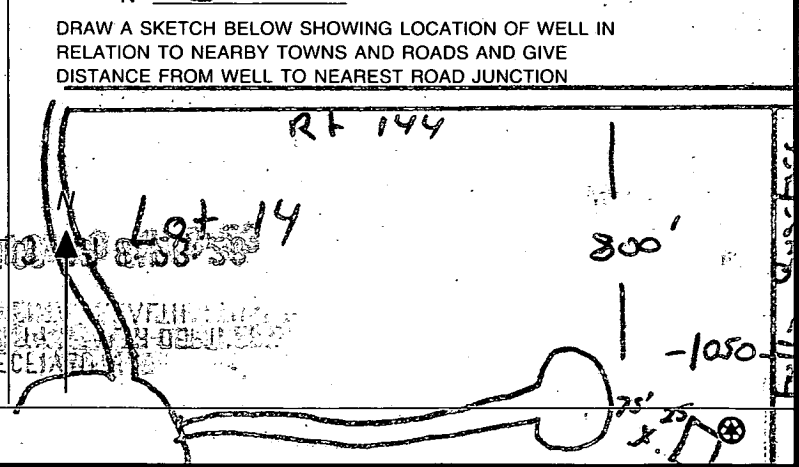
THIS WELL WILL DEEPEM AN EXISTING WELL

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 _____ G A P

FORCE **AM** INITIALS IN BOX PERMIT No. **HD-94-1926**



B 1 8613 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-1926

OWNER INFORMATION: Date Received (APA) 10/13/96, Brantwood LLC, 8835 - P Columbia 100 Parkway, Columbia MD 21045

DRILLER INFORMATION: Hartman, David MWD 517, A.C. Schellert MD, Inc., 24 Southliver Road, Pikesville MD 21033

WELL INFORMATION: APPROX. PUMPING RATE 10 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 800 GAL. PER DAY

USE FOR WATER: HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) [D]

APPROXIMATE DEPTH OF WELL 200 FEET, APPROXIMATE DIAMETER OF WELL 6"

METHOD OF DRILLING: BORED (or Augered) AIR-ROTary, JETTED AIR-Percussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary)

REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL [N]

Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROP. PERMIT NUMBER 54, FORCE HVI

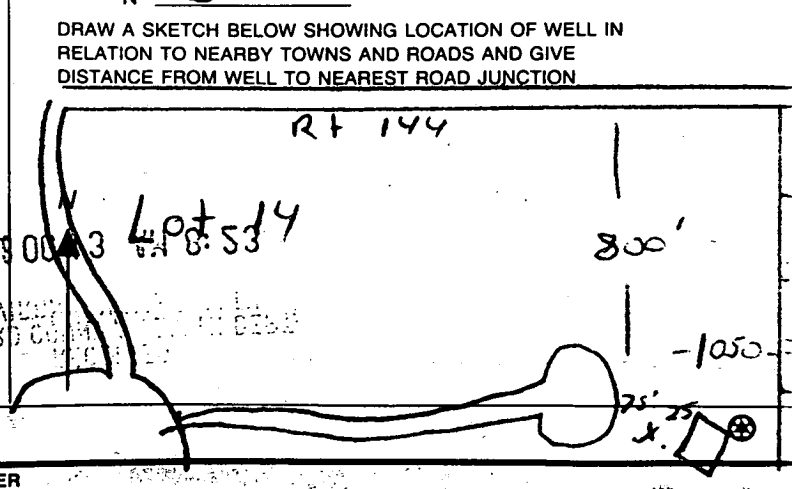
SPECIAL CONDITIONS, DRILLER

LOCATION OF WELL: Howard County, Feaga Property, SECTION 44, LOT 14, Pine Orchard meadows, MILES FROM TOWN 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX), ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 800 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL, COUNTY NAME Howard, COUNTY NO. H50830K, DATE ISSUED 10/26/98

SNOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. Tanker, WRITE THE BOX NUMBER FROM THE MAP HERE: E 820, N 520



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: CHARLES A. KLEIN & SONS, INC. Telephone #: (410) 549-6960
Address: 5220 KLEIN MILL ROAD
SYRREVILLE, 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): CHARLES A. KLEIN, JR. License #: 6521

*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.

Name of Property Owner: Wilcoxon LLC Telephone #: (410) 997-8800
Subdivision: BRANTWOOD Lot #: 34 Well Tag #: HO-74-1922
Site Address: 11547 STARBUCK LANE
ELLICOTT CITY, MD 21042

Submersible Pump Data
Make: JACUZZI
Model #: 6 S45 13P-52
Pump Capacity: 5 GPM
Well Yield: 10 GPM

Pitless Adapter
Make: HOWARD
Model #: PT-800
Depth: 42" (36" min)
NSF approved: []

Well Cap and Electric Conduit
Two piece watertight cap: [x]
Screened, vented well cap: [x]
Cap secured to casing: [x]
Conduit min 18" B.G.: [x]
Conduit secured to well cap: [x]

Well is hooked up to Lot 33's house but is drilled on Lot 34 owned by same owner of Lot 33.

Depth of well encountered at time of pump installation: 125 (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 []

Piping to house
Type: POLYETHYLENE
PSI: 160 (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve:
Sleeve caulked and sealed properly: [x]

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.

Signature of company representative responsible for installation: Charles A. Klein Jr. date: 11/20/01

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

Date Insp. Requested: 1/4/02 Date Insp. Approved: 1/4/02 (SO) SRU
Inspection Data: Pitless adapter and water supply line at least 36" below grade [x]
Two piece cap installed and attached to casing securely [x]
Elec. conduit extends at least 18" below grade/attached to cap properly [x]
Safety rope installed inside of well casing [x]
Correct well tag attached properly and casing 8" above finished grade [x]
Water supply line sleeved adequately at house connection [x]
Adequate grout observed below pitless adapter [x]

Well may need protective barrier

This well is located
on Lot 34
but hooked up to
the house for Lot 33

Lot 33 & 34 is owned
by same person

C 1 **6164** 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 COLUMNS 8-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER **A50830L**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM PERMIT TO DRILL WELL

MM DD YY **12 7 98** 22 **125** 26 **H6 94 1927**

8 13 15 20 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER **BRANTWOOD LLC** last name first name

STREET OR RFD **STARDUST LANE** TOWN **ELLCOTT CITY MD**

SUBDIVISION **BRANTWOOD** SECTION **F** LOT **439**

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	
BROWN SHALE	0	52	
BLUE SLATE	52	125	✓

WATER AT 70-95

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **18** NO. OF POUNDS **1692**

GALLONS OF WATER **108**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **59** ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

E A C H I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** 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

C 2 DEPTH (nearest ft.)

1 **2** **125**

E **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**

E SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

from to

C 3

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 **31** ft.

WHEN PUMPING **66** ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO) **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 **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 } **1** (nearest foot)

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 Elme
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

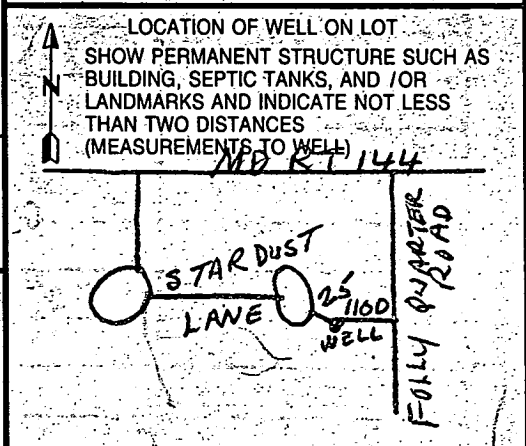
LIC. NO. 1 **MWD 168**
Rick Eagle
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA



C1 14463 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER W516520

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07 02 22 400 x 8 26

Depth of Well 400 x 8 26 OKSRK 8/1/02 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3376

OWNER Burgay Wm Bill STREET OR RFD 11527 Stardust La. TOWN Ellicott City SUBDIVISION Brantwood SECTION One LOT 33

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, FEET (FROM, TO), check if water bearing. Rows: soft brown dirt (0-40), hard gray/tan rock (40-400)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS NO. OF POUNDS DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, CO, PL, OT) Nominal diameter, Total depth of main casing

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) DEPTH (nearest ft.)

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. MW D 304 Name Kelley

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MW D 509 Hanvey Knapp

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

DEPTH (nearest ft.) 1-21, 23-36, 38-51

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH) 56, 60

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

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

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) 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)

See Attached sheet for loop locations

8372	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3376
W516520 please print or type		fill in this form completely	

OWNER INFORMATION

Date Received (APA) **2 19 02**

Owner: **Buray Wm**

First Name: **Wm**

Street or RFD: **11529 Stardust Lane**

Town: **Ellicott City** State: **MD** Zip: **21042**

LOCATION OF WELL

County: **Howard**

Subdivision: **Brantwood**

Section: **44** Lot: **33**

Nearest Town: **Ellicott City**

Miles from Town: **6** MI

DRILLER INFORMATION

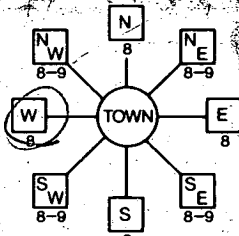
Driller's Name: **Dave Kelly** License No.: **MWD 304**

Firm Name: **Jones Well Drilling Inc**

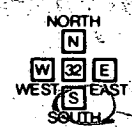
Address: **3700 Rush Rd, Darrettsville 21084**

Signature: **Dave Kelly** Date: **2-13-02**

WELL INFORMATION

Direction of Well from Town (Circle Box): 

Near What Road: **11529 Stardust Ave**

On Which Side of Road (Circle Appropriate Box): 

Distance from Road: **61** FT

USE FOR WATER (CIRCLE APPROPRIATE BOX)

G GEO-THERMAL **8 Geothermal Bores**

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

County Name: **Howard** County No.: **50830-K**

State Signature: _____ INSERT S →

Date Issued: **03 28 02** Steven R. Krieg **03 28 03**

North Grid: **520 000** East Grid: **820 000**

Approximate Depth of Well: **400 x 8** FEET

Approximate Diameter of Well: **6** INCH

METHOD OF DRILLING (circle one)

AIR-ROTary AIR-PerCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820**

N **520** ← X

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

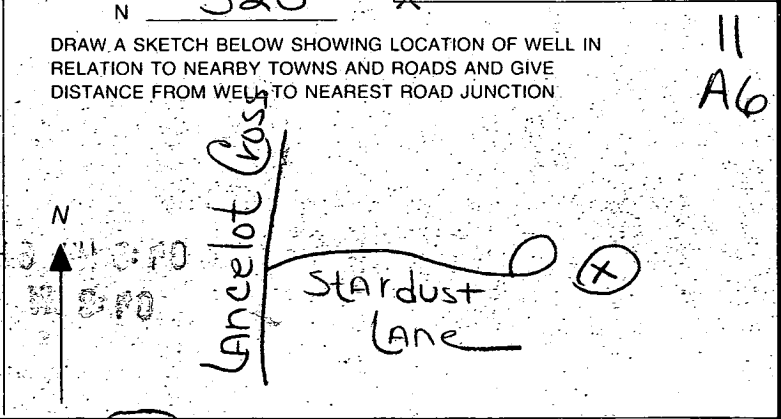
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEMED AN EXISTING WELL

Permit Number of Well to be Replaced or Deepened (if available): _____



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

Approp. Permit Number: **G**

Permit No.: **HO-94-3376**

SPECIAL CONDITIONS Attach well tag to Heating Unit (SRK)

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

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. 141A 1B 14

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD
(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. Mark A. Reil
(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
1045

0' medium brown SiClm

3' dark brown Salm large g-lained micaceous blk-white-orange mottled

9 1/2' water

1046 1047

1 1/2' lgt orange brn SiClm

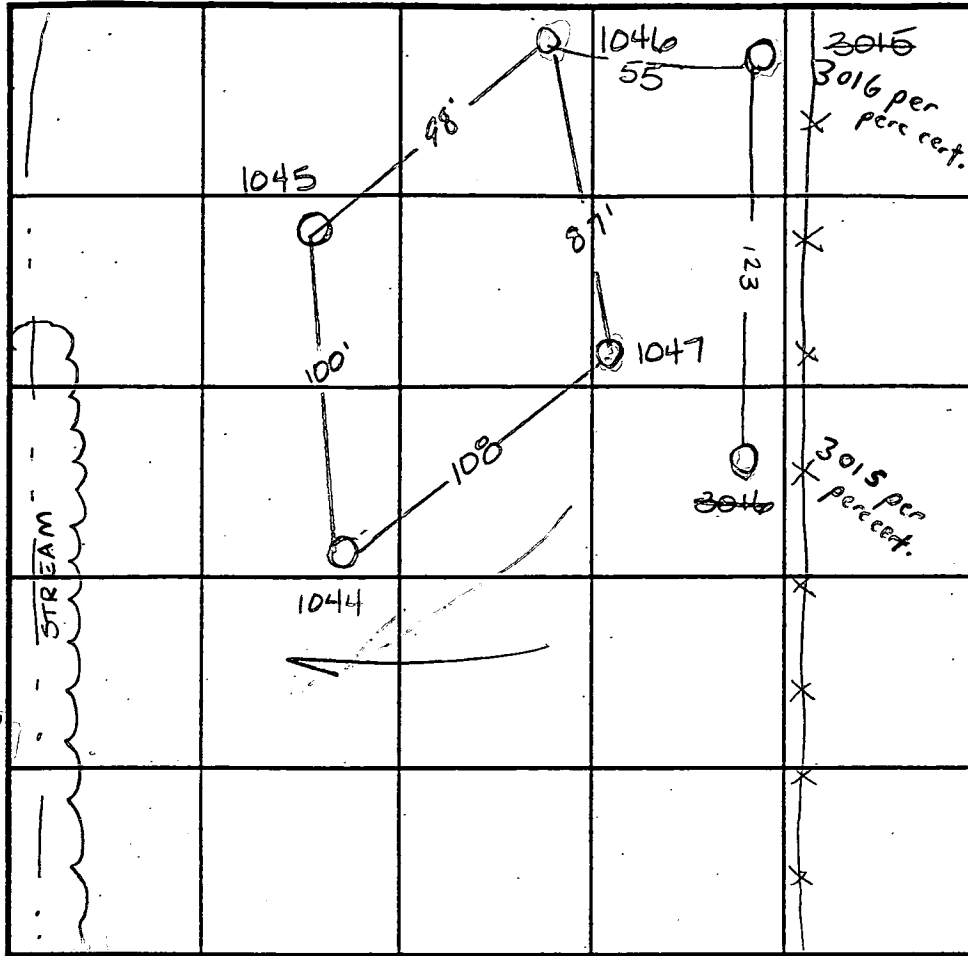
lgt tan Salm very micaceous 100% very decayed Saprotic

12 1/2'

1044

mottled orange white and black from below clay to water

7' water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
3015

0' brn Si Salm

2' brn orange Salm micaceous

10' pockets of white sticky Silm Evidence of H₂O at 10'

13' 3016 lgt orange tan Salm micaceous

4' mottled Salm white orange yellow Salm

13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-27-95	1045	Visual to 9 1/2'					F
	1046	1 1/2'	10:20	10:22	10:22	10:27	5min
	1047	2 1/2' v12	10:28	10:30	10:30	10:32	2min
	1044	Visual to 7'					F
11-8-95	3015	Visual to 13'					wet season
	3016	4' v13'	12:07	12:11	12:11	12:15	4min
3-18-96	1045	H ₂ O at 6.5'					F

REMARKS wet season

TYPE OF SOIL _____

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____








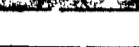
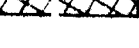
MAXIMUM BOTTOM DEPTH _____

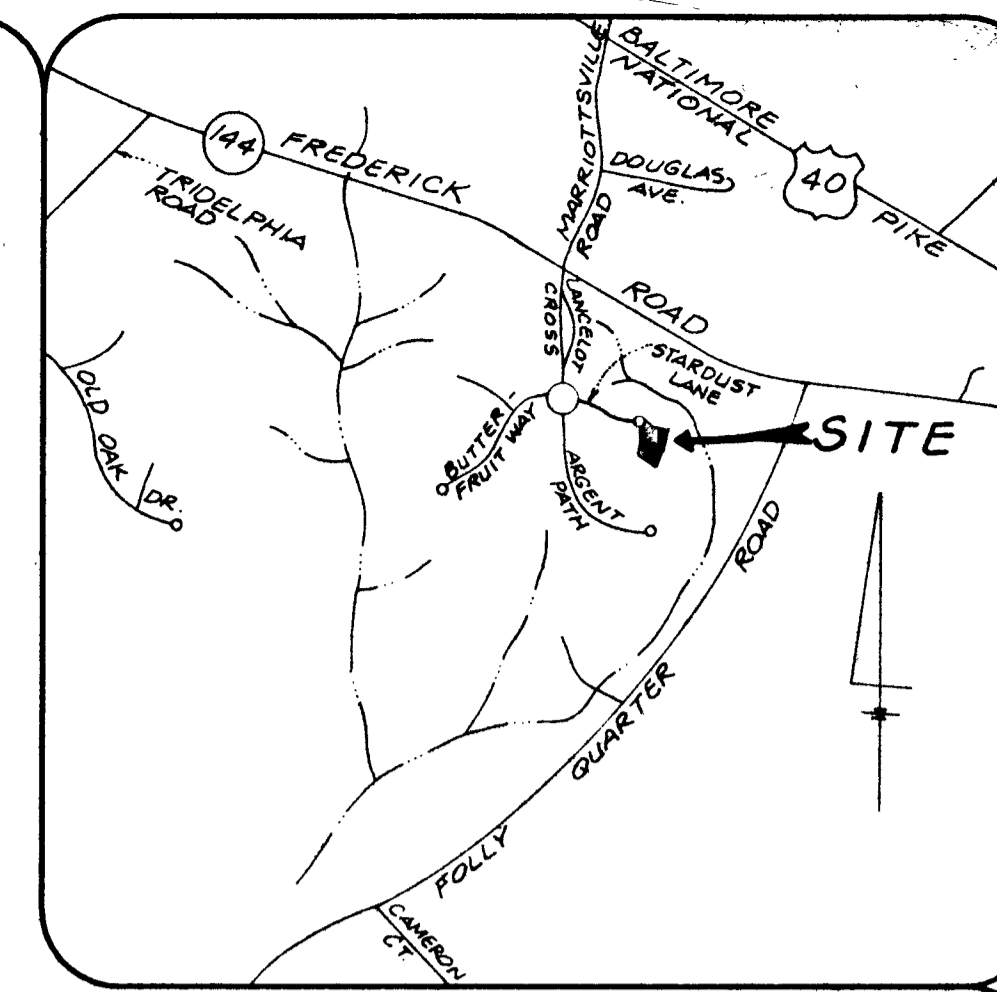
SQ. FT./BEDROOM _____

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

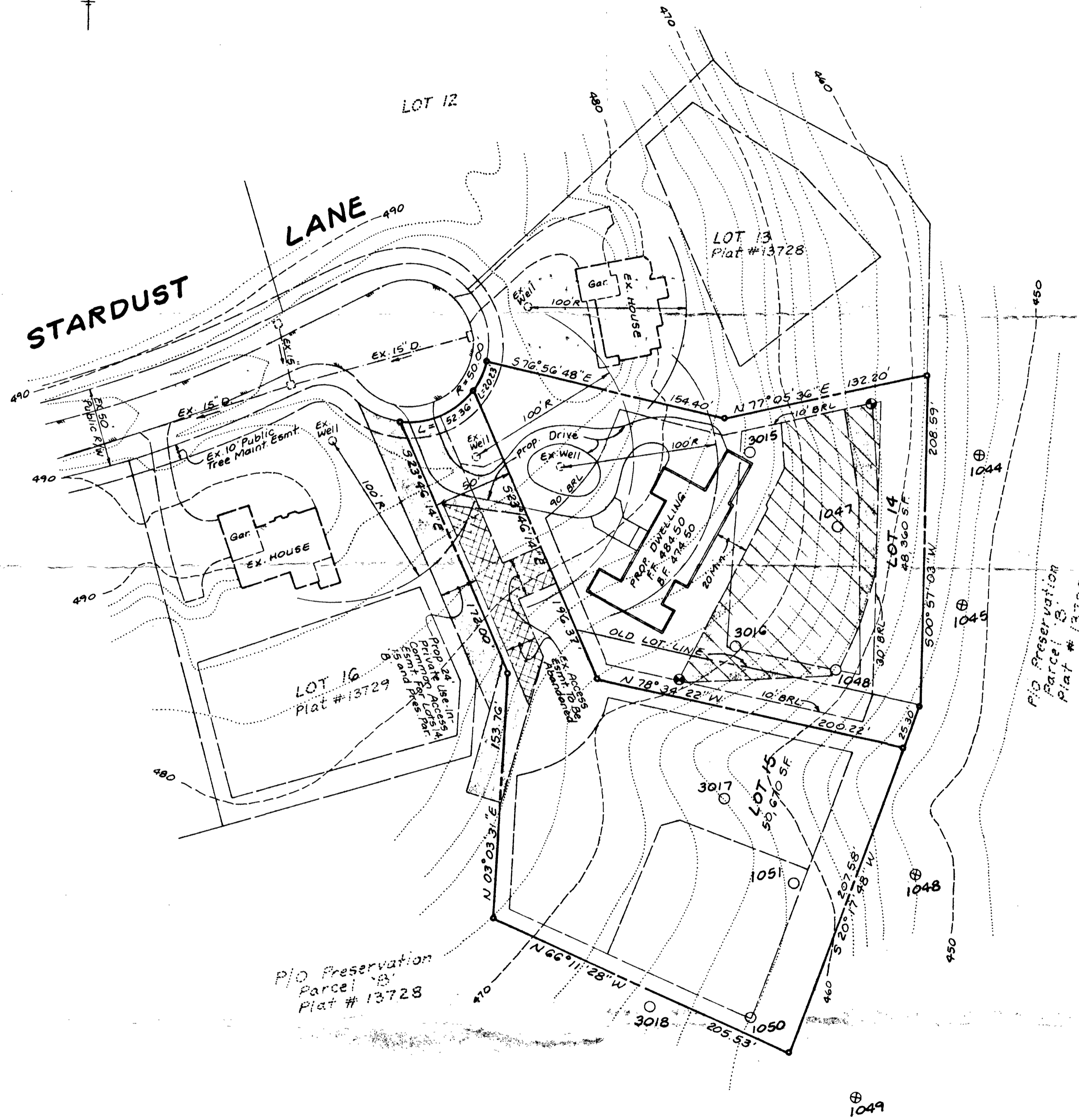


LEGEND

-  EXISTING SEWAGE DISPOSAL ESMT. TO BE ABANDONED
-  EXISTING SEWAGE DISPOSAL ESMT. TO BE RETAINED
-  PROPOSED SEWAGE DISPOSAL ESMT.
-  EXISTING WELL
-  EXISTING PERC TEST LOCATION (PASSED)
-  EXISTING PERC TEST LOCATION (FAILED)
-  PERC TEST LOCATION (PASSED AS 13339)
-  PROPOSED PRIVATE ACCESS EASEMENT
-  EXISTING PRIVATE ACCESS EASEMENT TO BE ABANDONED



VICINITY MAP
1" = 2000'



NOTES:

1. EXISTING ZONING: RC (RURAL CONSERVATION)
2. PLAT REFERENCE: PLAT No 13728
3. TOTAL AREA OF LOT: LOT 14 - 48,360 S.F. / 1.1102 Ac. ±
LOT 15 - 50,670 S.F. / 1.1632 Ac. ±
4. THE LOTS SHOWN COMPLY WITHIN THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT
5. EXISTING WELLS HAVE BEEN SHOWN WITHIN 100 FEET OF THE LOTS WHICH MAY AFFECT THIS PROPOSAL
6. THE PROPOSED DWELLING UNIT SHOWN ON THIS PLAT SHALL BE REVIEWED AND APPROVED AS A BUILDING PERMIT REVISION PRIOR TO ISSUANCE OF A SEPTIC INSTALLATION PERMIT.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT
Dr. M. M. ... 6/21/00
 Howard County Health Officer Date

LDE, INC. 9250 Rumsey Road, Suite 106, Columbia, MD, 21045 (410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)		
DESIGNED BDB	REVISED PERCOLATION CERTIFICATION PLAT.	SCALE 1" = 50'
DRAWN L.D.E.	BRANTWOOD SECTION ONE LOTS 14 AND 15	DRAWING 1 of 1
CHECKED BDB	TAX MAP 1G & 23 P/O PARCEL No 54 3rd ELECTION DISTRICT, HOWARD COUNTY, MD	JOB NO. 00-015
DATE 6/2000	OWNER / DEVELOPER WILLIAM BURG 4403 Cavalcade Court Burtonsville, MD 20866	FILE NO.