

WP I, Am 4/20/00

PERMIT

P 513399

SEWAGE DISPOSAL SYSTEM

A 50830-R

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

INDEXED

DATE 4/20/2000

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 5/5/00

~~XXXXXXX~~ 410-313-2640

INSPECTOR AM

03-330419

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 410-795-6566

SUBDIVISION Brantwood I LOT 20 ROAD 11508 Stardust Lane

PROPERTY OWNER NV Homes MIKE + CAROL CUMMINGS

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER-BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

5/3/00
CONTINUATION REPORTS TO PO DIFFERENCES
CAUSE TRENCH INSTALLATION POINT TO BE
LOWER THAN PLANNED. OK TO INSTALL
TRENCHES "WHERE POSSIBLE", PROVIDED A
SECOND PASS IN SLOPES IS ADDED TO ENHANCE
SYSTEM PERFORMANCE AND ALLOW FUTURE PUMPED SYSTEM IF
NEEDED.

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet down the right (239.64') lot line and 25 feet off the same lot line as viewed from Stardust Lane. Run trenches on contour towards 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. *12/28/99 O.Z. (BB)*

PLANS APPROVED BY Amy McMillen DATE 12/01/99

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

BLDG. PERMIT SIGNED AND RETURNED *5/17/00*
80024267000

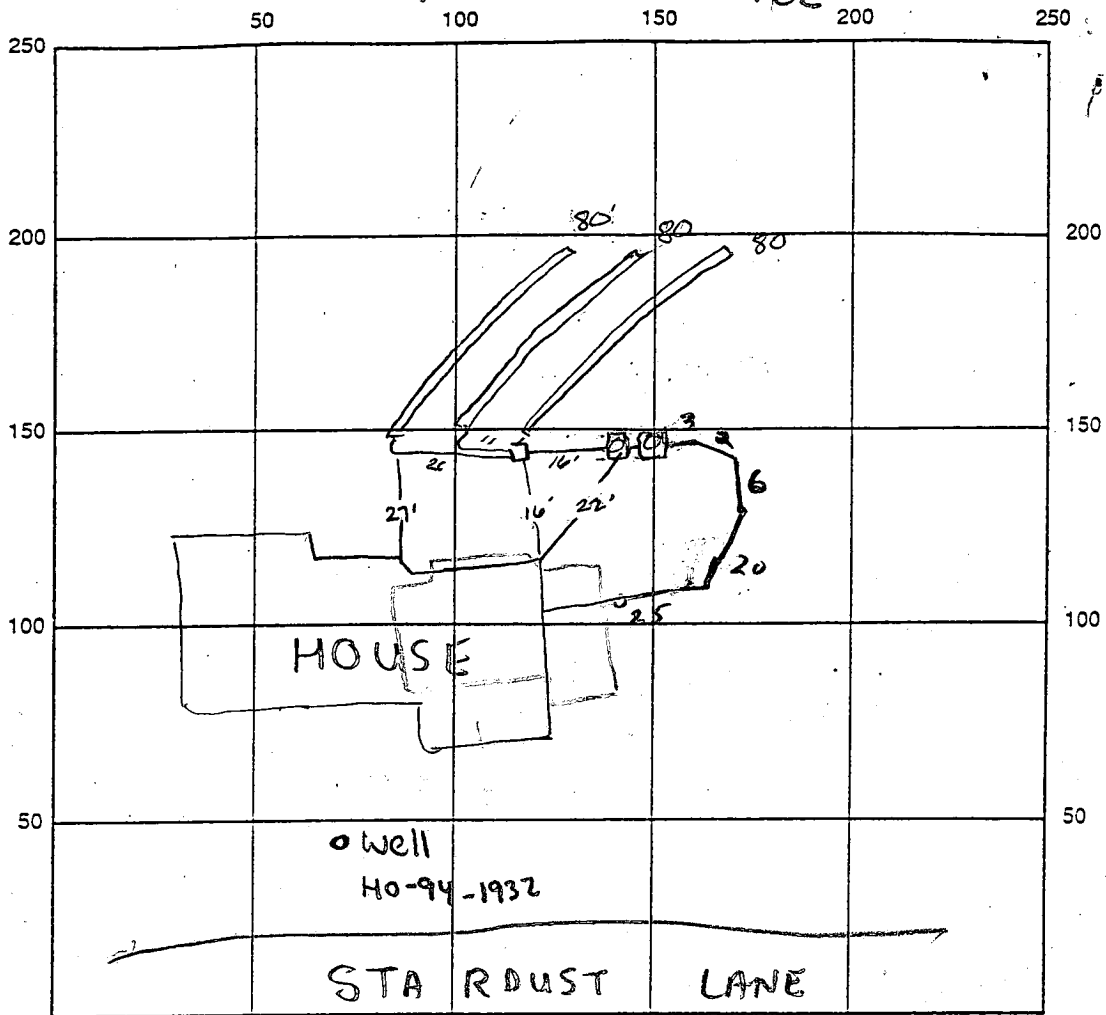
BLDG. PERMIT SIGNED AND RETURNED *6/15/00*
800124866 POOL

BLDG. PERMIT SIGNED AND RETURNED *7/27/2000*
800125692 8X14 DECK

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE-SIDED WALL / BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: AS DISCUSSED WITH CONTRACTOR: EXISTING PLUMBING TOO LOW TO REACH ALL PORTIONS OF SEPTIC AREA, OK TO INSTALL 2 TANKS IN SERIES TO ALLOW INITIAL TRENCH SYSTEM + 1 REPLACEMENT BY GRAVITY; WITH 2ND REPLACEMENT SYSTEM, IF EVER NEEDED, BY PUMP. OK TO INSTALL UPPER TRENCH UP TO 1' DEEPER THAN SPECIFIED TO MAKE MAXIMUM USE OF AVAILABLE SEPTIC AREA. 5/3/00 CW

DATE SYSTEM APPROVED 5/5/00 INSPECTOR [Signature]

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 Fenger Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808

21042

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 24 25 22 19 ^{Prelim Final}

ROAD AND DESCRIPTION Rt 194 + 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

1081 1080

1 qt tan
clm

dark
red
silclm

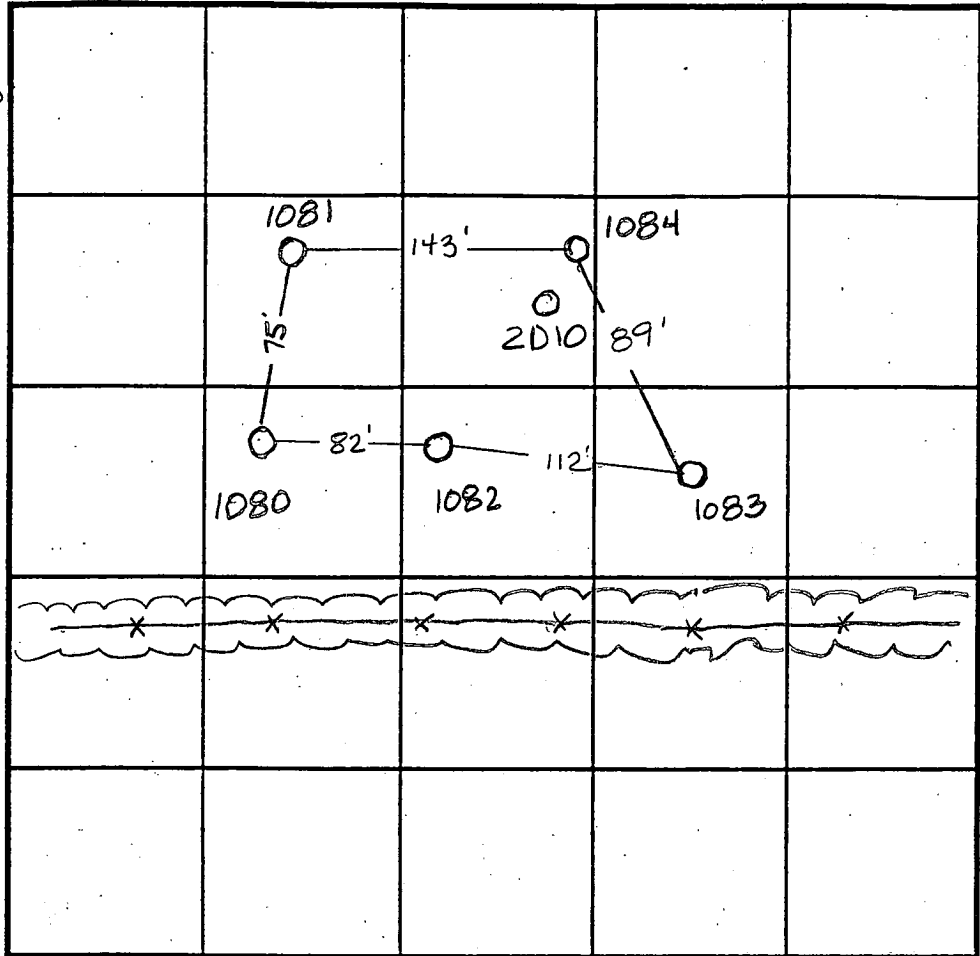
bright
orange
silclm
strong
structure
15%
decayed
shale

SOIL PROFILE

1083 1087

1 qt tan
silclm

pink
salm
micaceous
<5%
decayed
shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1082

brn
silclm

orange
red
brn
salm
decayed
shale w/
manganese
yellow
orange
salm

1084

yellow
tan
silclm

bright
red
silclm

patches
of white
salm
mixed into
red silclm

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-95	1081	4' / V13	11:34 ⁴⁵	1:37	1:37	1:40	3min
	1080	5' / V12.5	1:45 ⁴⁵	1:47	1:47	1:48 ⁴⁵	1 3/4 min
	1082	4.5' / V13'	1:49	1:50	1:50	1:52	2min
	1084	3' / V12	not tested				
	1084	7' / V12	1:52 ³⁰	2:30	> 30 min		slow
	1083	3.5' / V12.3	2:06	2:10 ³⁰	2:10 ³⁰	2:17	1 1/2 min
	2010	See profile					OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Tim Feagca

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

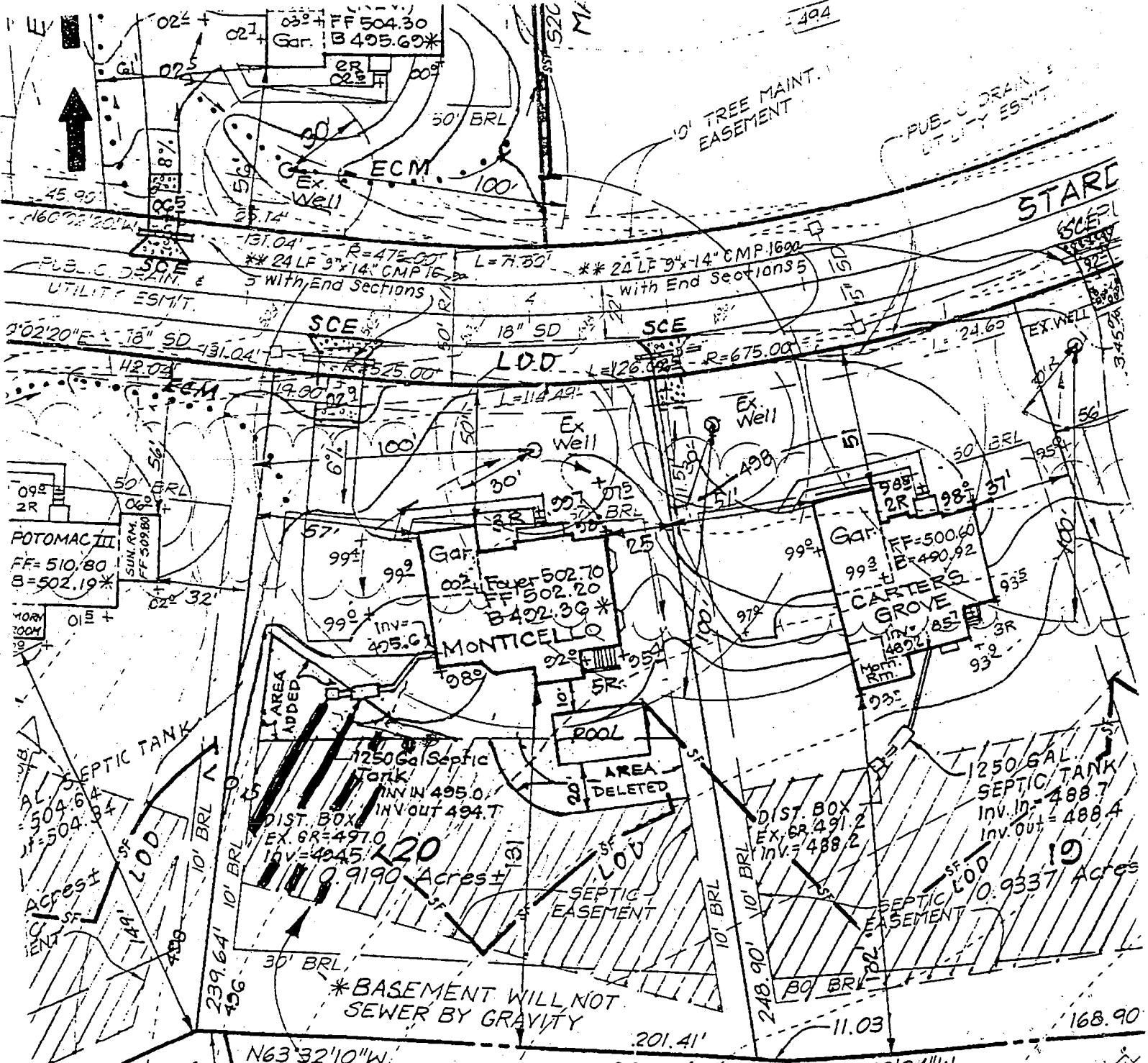
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

X
 VENT ON 710
 VENT ON 1000
 PRODUCED
 00/11/9

Apr 12 00 06:01p

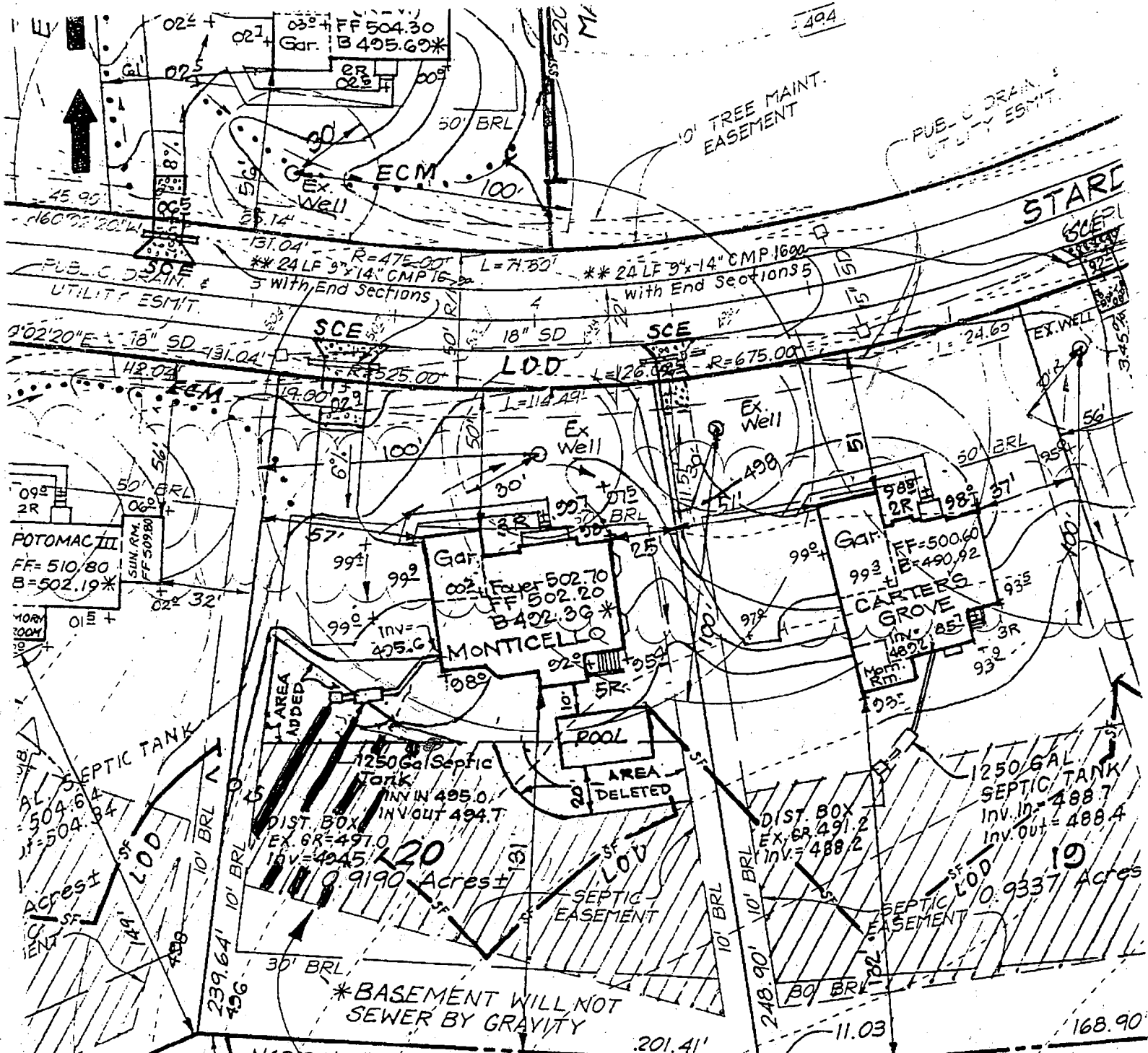
410-381-7533

p. 1



LOT 20, By copy of this plan, the
 Ho. Co. Health Dept. accepts this
 modification to the record

484



By copy of this plan, the Ho. Co. Health Dept. accepts this modification to the recorded total linear feet of trench required 240 feet

Approved Septic System Plan
Howard County Health Department

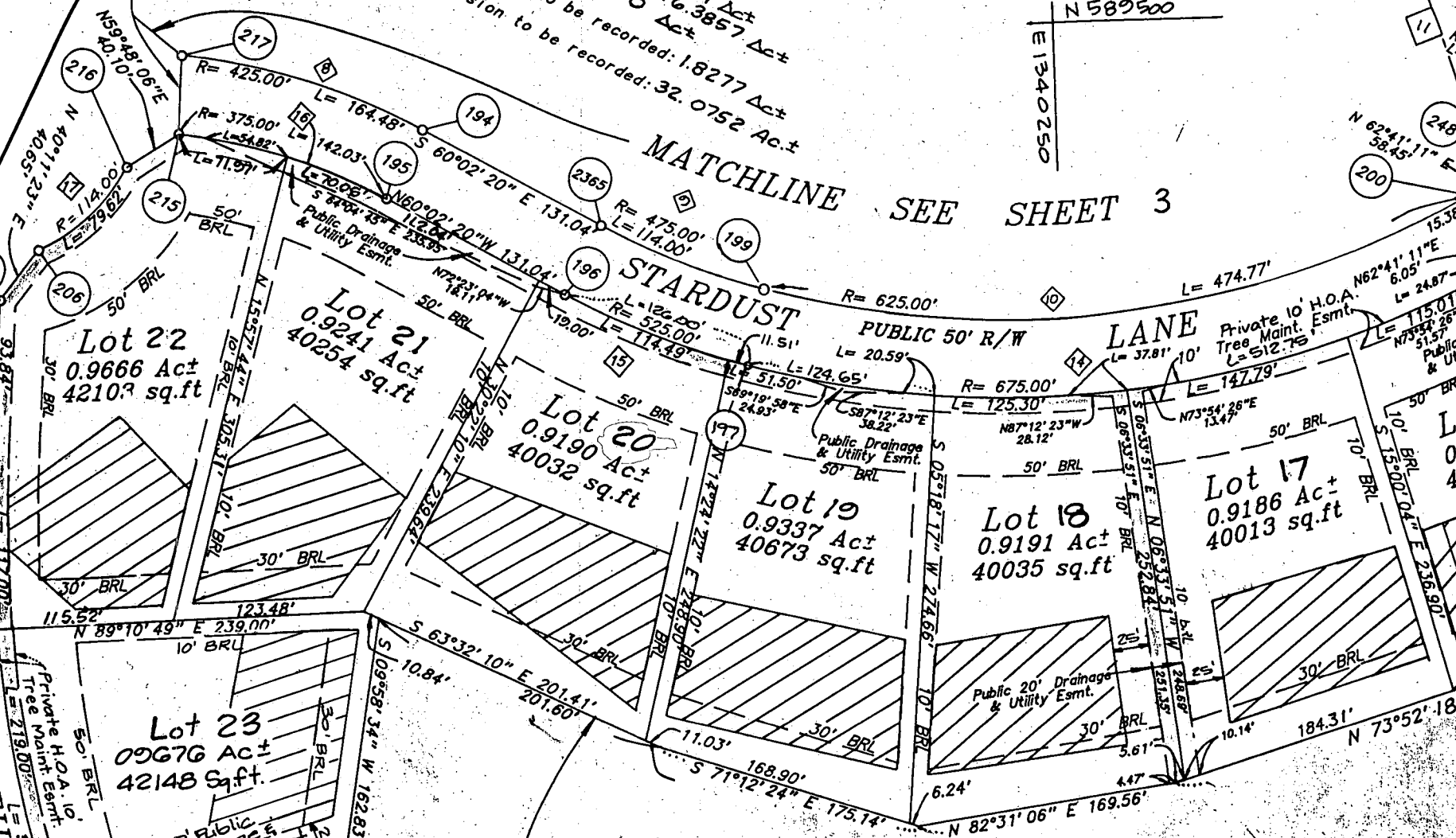
Width of trench (es) 3.0 feet
Depth of trench (es) 4.5 feet
Depth of stone required below distribution pipe 2.0 feet

Ann M. Mc... 4/13/00
Signature Date

N 589500
E 1340250

Division to be recorded: 1.8277 Ac±
Division to be recorded: 32.0752 Ac±

MATCHLINE SEE SHEET 3



P10 P 54
PRESERVATION PARCEL "C"
Non-Buildable
6.3857 Ac±
27,816.0 sq.ft.
(See Note 26, Sheet No.1)

F-98-138

Public Stormwater Management, Access,
Drainage & Utility Esmt.
Owner: Brantwood Community Association, Inc.
Esmt. Holders: Brantwood Community Association, Inc.
Howe

ARGENT PATH
Public 50' R/W

Refer to
2 of 10
ve Data
Rebar Found
Concrete Monument Found
Identification Cap Set

The Rec

C1 4134 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A50830R

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 12 29 98 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1932

OWNER Brantwood LLC STREET OR RFD Stardust Ln TOWN Ellicott City MD SUBDIVISION Brantwood SECTION I LOT 20

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. Includes entries for BROWN SHALE 0-70 and BLUE SHALE 70-300.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 80 ft

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 81

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

SCREEN RECORD screen type or open hole [ST] [BR] [HO] [PL] [OT] DEPTH (nearest ft.) 80 300

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. MW D 139 Robert Colme DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MW D 168 Rick Fogle

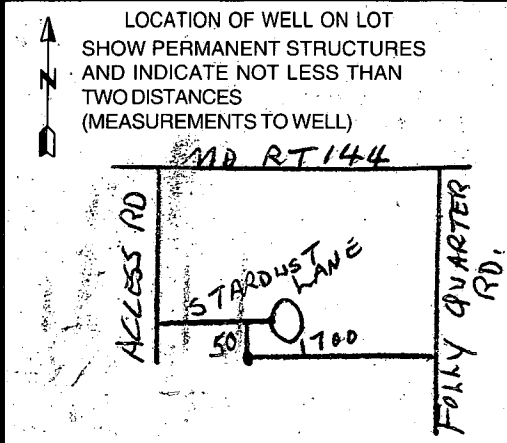
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 140 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED 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 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 [] below LAND SURFACE (nearest foot) 1



B 1 **8768** SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

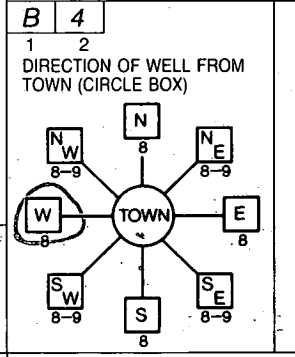
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1932
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-PGolumbia 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 **20** LOT **20**
44 46 48 50
Pine Orchard meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

DRILLER INFORMATION
Hartman, David MW D517
Driller's Name 76 License No. 81
A.C. Schultes of MD, Inc.
Firm Name
24 South River Road Edgewater
Address
MD 21037
Signature **David Hartman** Date **10/16/98**



MD Rt. 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 **1200** 37
DISTANCE FROM ROAD
ENTER FT. OR MI 38 39 **FT**
TAX MAP: _____ BLK: _____ PARCEL _____

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard CO **A508301R**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **102698** **A M J Mello** **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)
22 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

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**

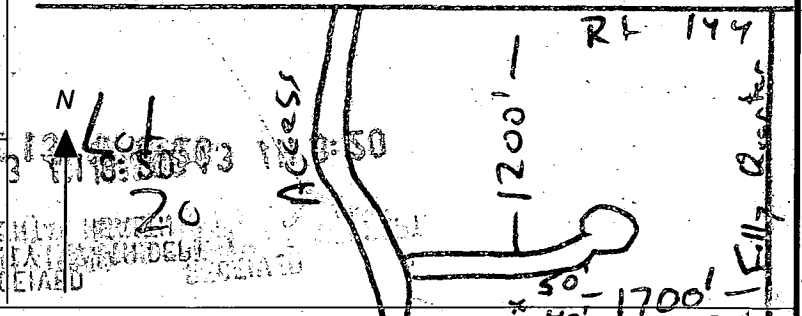
12/21/98
11:00
12/22/98
Following
Lot 27
NO INSP
Follow Tanker Road
000
000

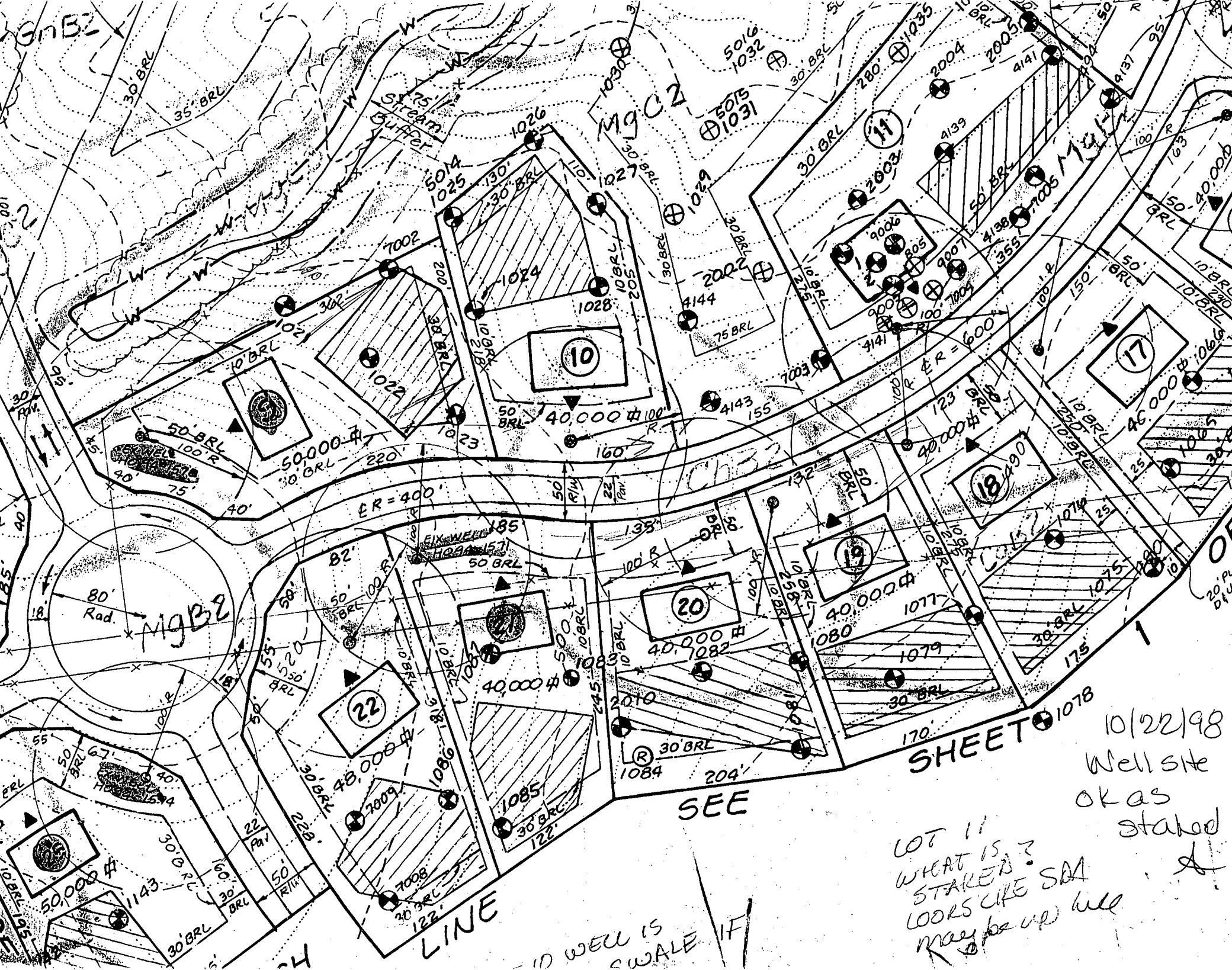
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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) 41 _____ 52

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. **HO-94-1932**
67 68 70 71 72 73 74 75 76 77 78 79





10/22/98
Well site
OK as
staked

LOT 11
WHAT IS
STAKED?
LOOKS LIKE SAA
MAY BE UP HILL

SEE

10 WELL IS
SWALE IF

SHEET

LINE

GNB2

M9C2

M9B2

80' Rad.

ER = 400'

170'

30' BRL

1084

204'

1085

122'

30' BRL

1086

122'

30' BRL

1087

122'

30' BRL

1088

122'

30' BRL

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122'

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30' BRL

1170

122'

30' BRL

1171

122'

30' BRL

1172

122'

30' BRL

1173

122'

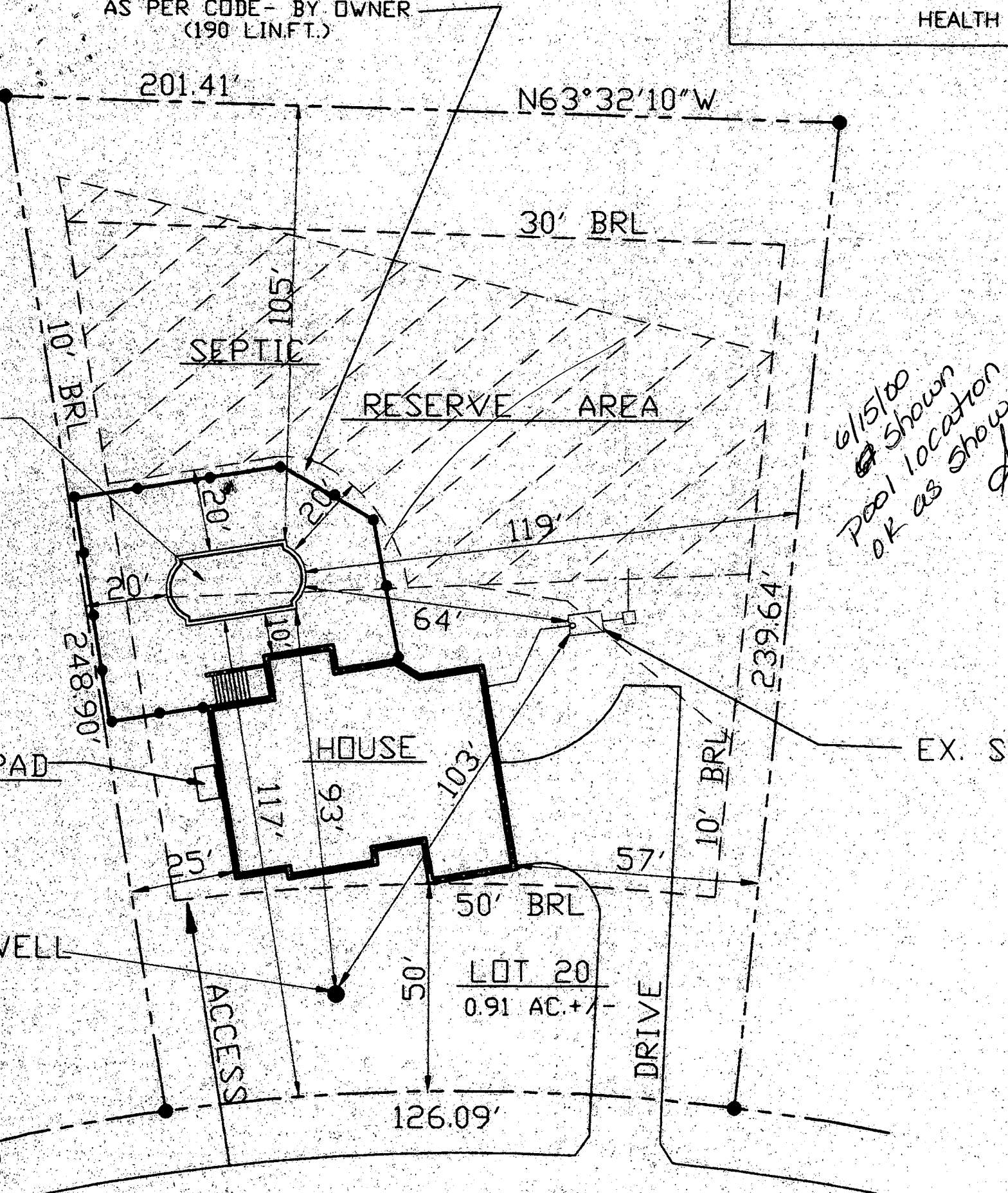
30' BRL

1174

</

PROP. 4' HIGH WROUGHT IRON FENCE
AS PER CODE - BY OWNER
(190 LIN.FT.)

REVISED SETTING
LOCATION AS PER
HEALTH



STARDUST LA.

