

11/18/99
2-3pm
11/20/99
12:00
11/24/99 WPT (AM)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330583

P 513130 -

A 50830-W

DISTRICT _____

DATE 11/18/1999

HOWARD COUNTY HEALTH DEPARTMENT

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

DATE SYSTEM APPROVED 11/22/99

INSPECTOR BB

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 24 ROAD 3104 Argent Path

PROPERTY OWNER NV Homes

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 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 - Begin trenches 135 feet up the right (217.54') lot line and 95 feet off that same lot line as seen when facing the lot from Argent Path. Run trenches on 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/MR

PLANS APPROVED BY Amy McMillen DATE 6-28-1999

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)

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

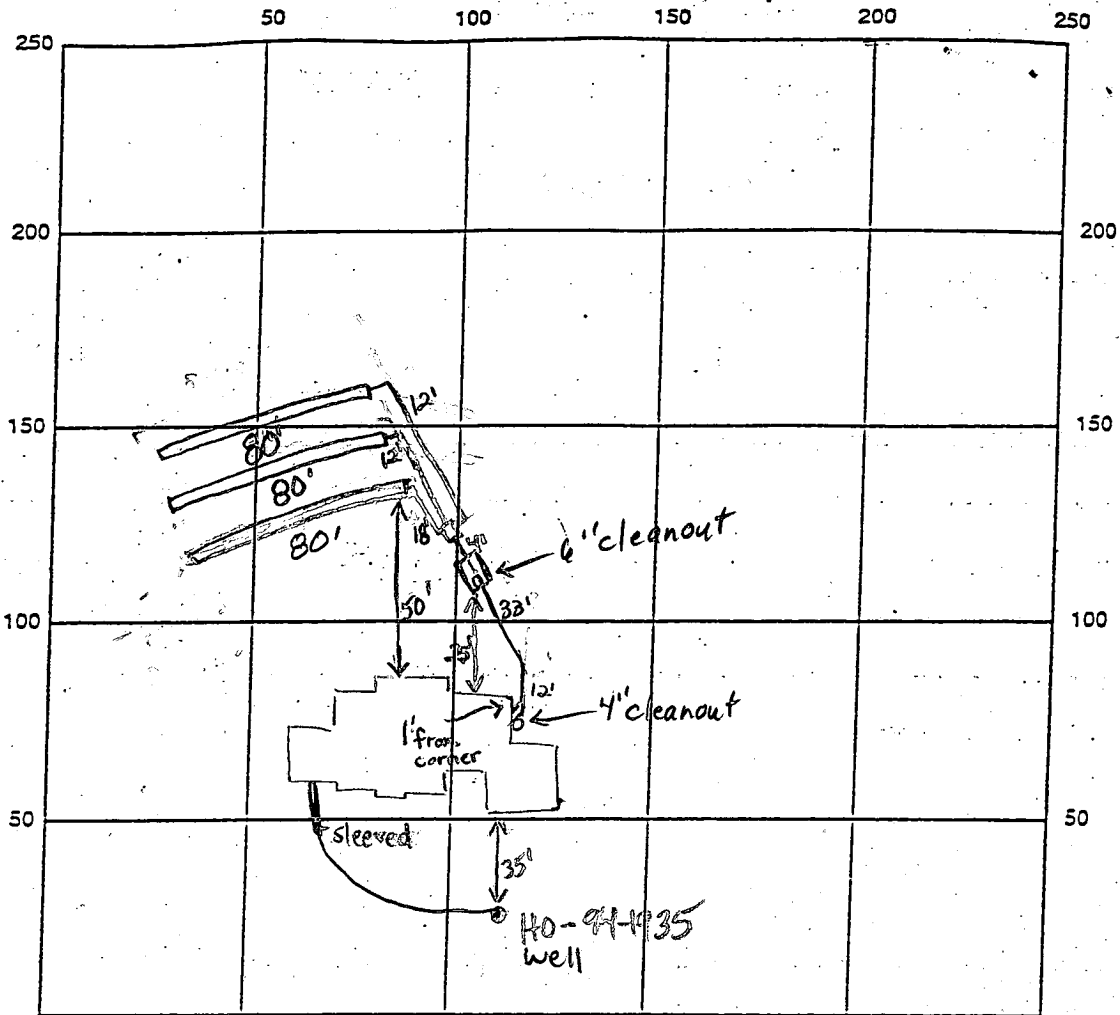
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

B00118683
SFD 6/28/99



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Argent Path

SEPTIC TANK LEVEL OK - 1250 gpi

CLEANOUTS 1-4" line, 1-6" tank cleanout

DISTRIBUTION BOX LEVEL O.K.

DRAIN FIELD/TITLE DEPTH 4 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 3 x 80' FT. (240' total)

NUMBER OF TRENCHES _____

ONE-SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: OK to cover lower 2 trenches. Needs house connection.
OK to install high trench above other trenches slightly
out of SDA (to preserve lower portion of SDA). OK to
continue. DIS 11/22/99 House connection made. O.K. for cover everything (B)

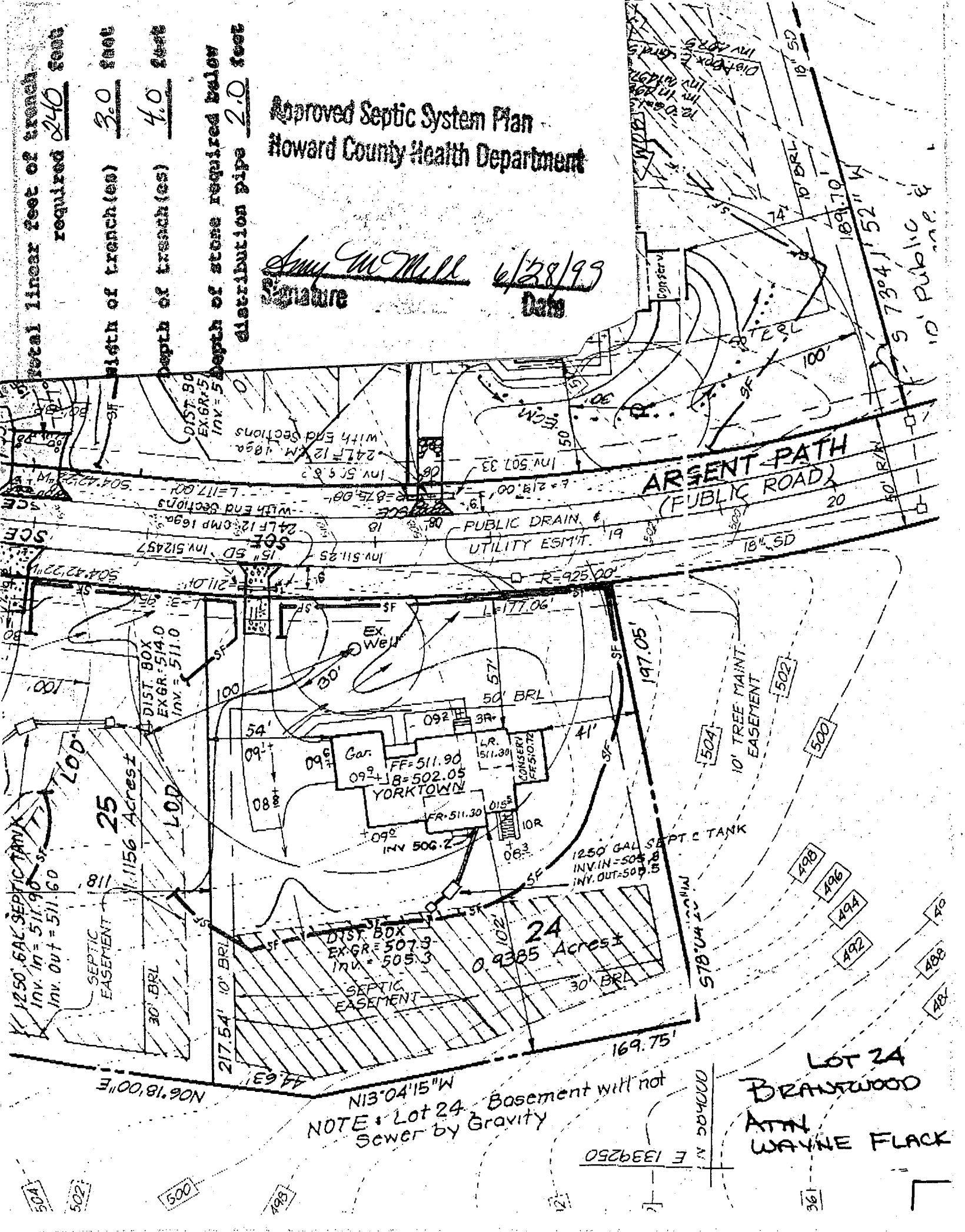
DATE SYSTEM APPROVED 11/22/99

INSPECTOR B. Baber

Approved Septic System Plan
 Howard County Health Department

Ann McMill
 Signature Date 6/28/99

- Total linear feet of trench required 240 feet
- Width of trench(es) 3.0 foot
- Depth of trench(es) 4.0 feet
- Depth of stone required below distribution pipe 2.0 feet



NOTE: Lot 24 Basement will not Sewer by Gravity

LOT 24
 BRANTWOOD
 ANN WAYNE FLACK

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 NU 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. 48 52/1
24
25 25

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd
(3104 ARGENT PATH)

TAX MAP 16 + 23 PARCEL # 34 + 63

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

ORIGINAL PERMIT SIGNATURE
NOT RETURNED 6-28-99
Serial # B70118083
SFD - 4 BOM

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

1142

red
brn
silt
loam

zone
of large
rocks

20%
sand mixed

dark
brn
silt
salm

brn salm
w/ pockets
of decayed
white quartz
orange/white
marked

1145 1143

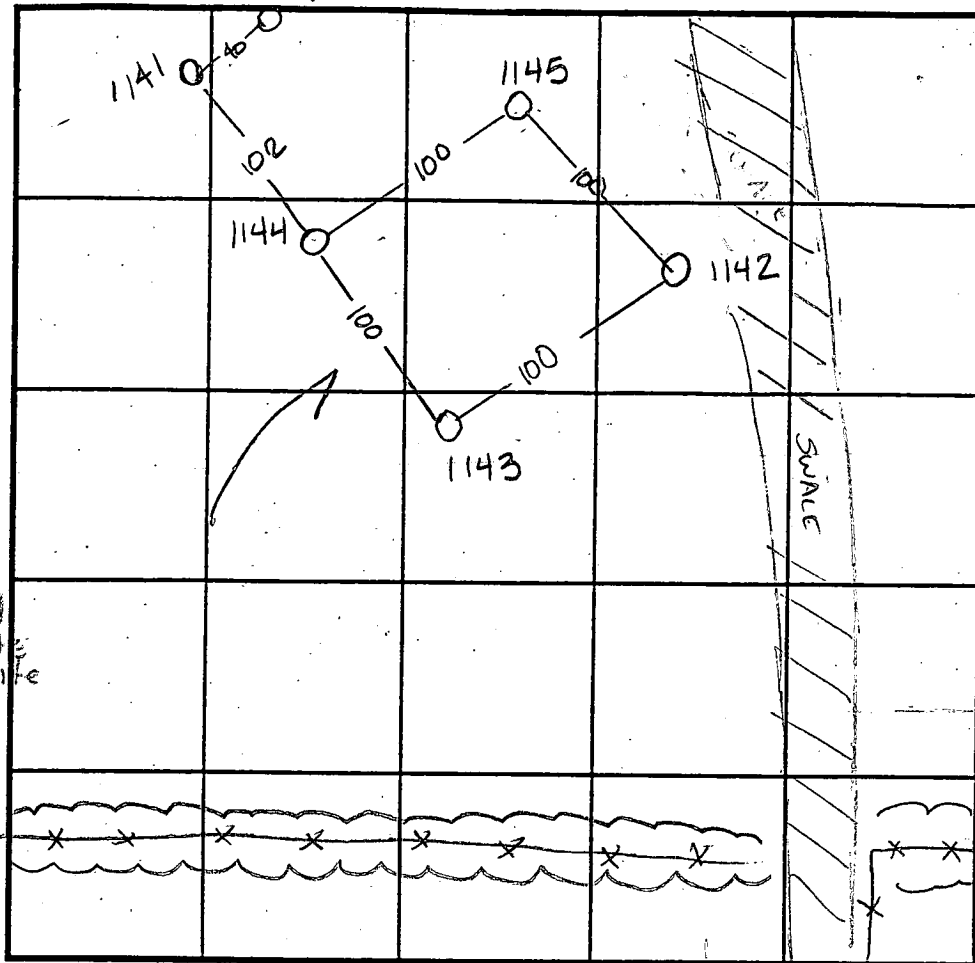
no
distinct
clay
layer
beigh
salm
very
micaceous
5-10%
rock/
saprolite
mix

1144

orange
brn
silt
salm

red brn
salm
very
micaceous

<5%
rock
zones
of pink
from
saprolite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

141

orange
brown
silt
salm
micaceous

beigh
brown
silt
salm
5%
rock
saprolite
mix
micaceous

9010

all orange
10% chalc
silt
salm

bright or
sand, large
grained
white &
orange
mix - 10%
decayed
quartz

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-11-95	1142	4' / V12	10:59	11:00 ³⁰	11:00 ³⁰	11:02 ³⁰	2min
	1145	3.5' / V12.5	11:02	11:05	11:05	11:08	3min
	1144	3' / V13	10:11	10:12	10:12	10:13 ³⁰	1 1/2 min
	1144	7' / V13	10:09 ³⁰	11:11	11:11	11:16	5min
	1143	Visual	see profile		—		OK
	141	Visual	to 12.5 - see profile		—		OK
5-2-97	9010	Visual	to 12.0 - see profile		—		OK

REMARKS wet season - ALL HOLES DUG PER STAKE

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT Mark Reich

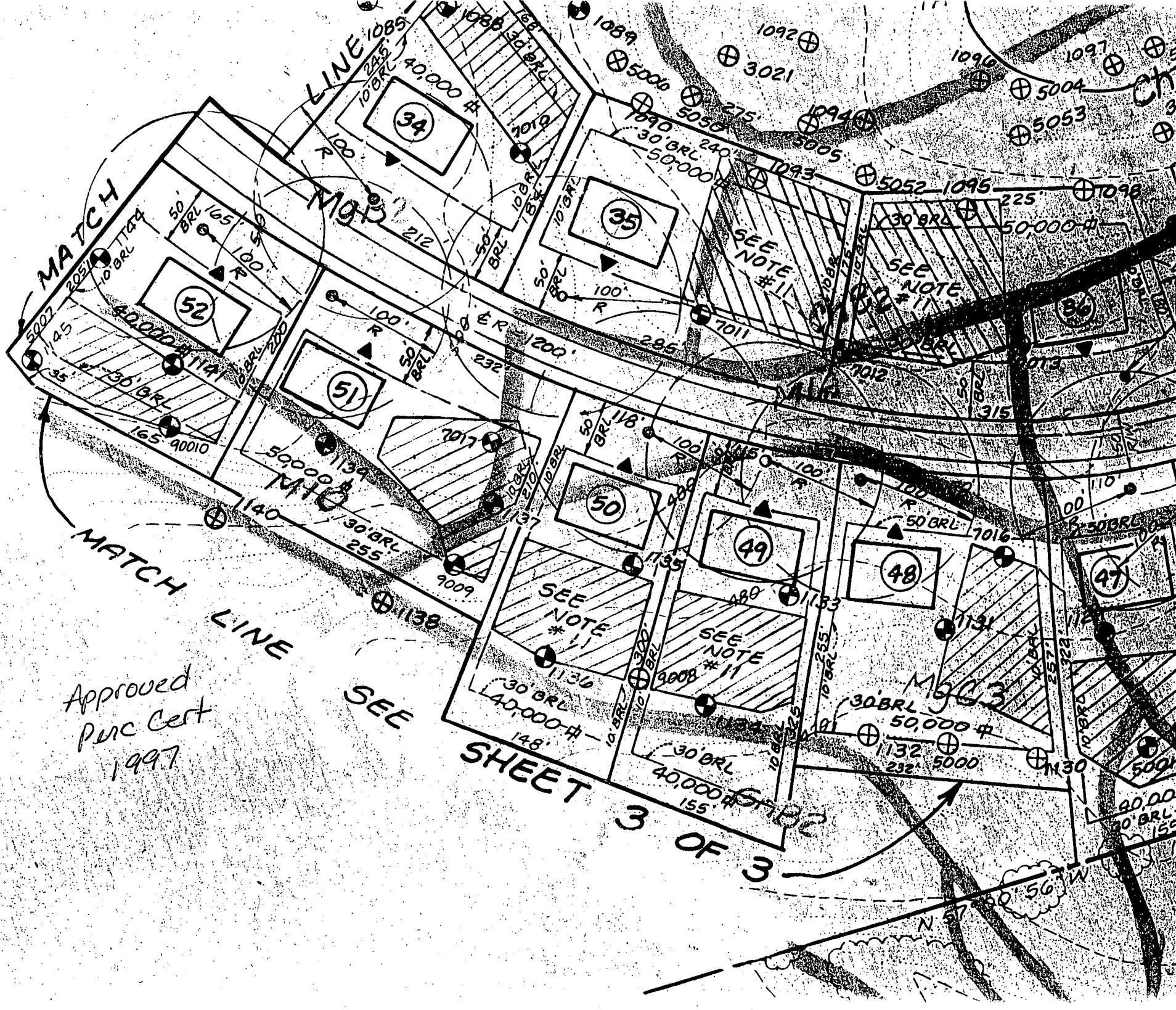
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



MATCH

MATCH LINE

Approved
Pur Cert
1997

SEE

SHEET
3 OF 3

SEE NOTE #11

SEE NOTE #11

SEE NOTE #11

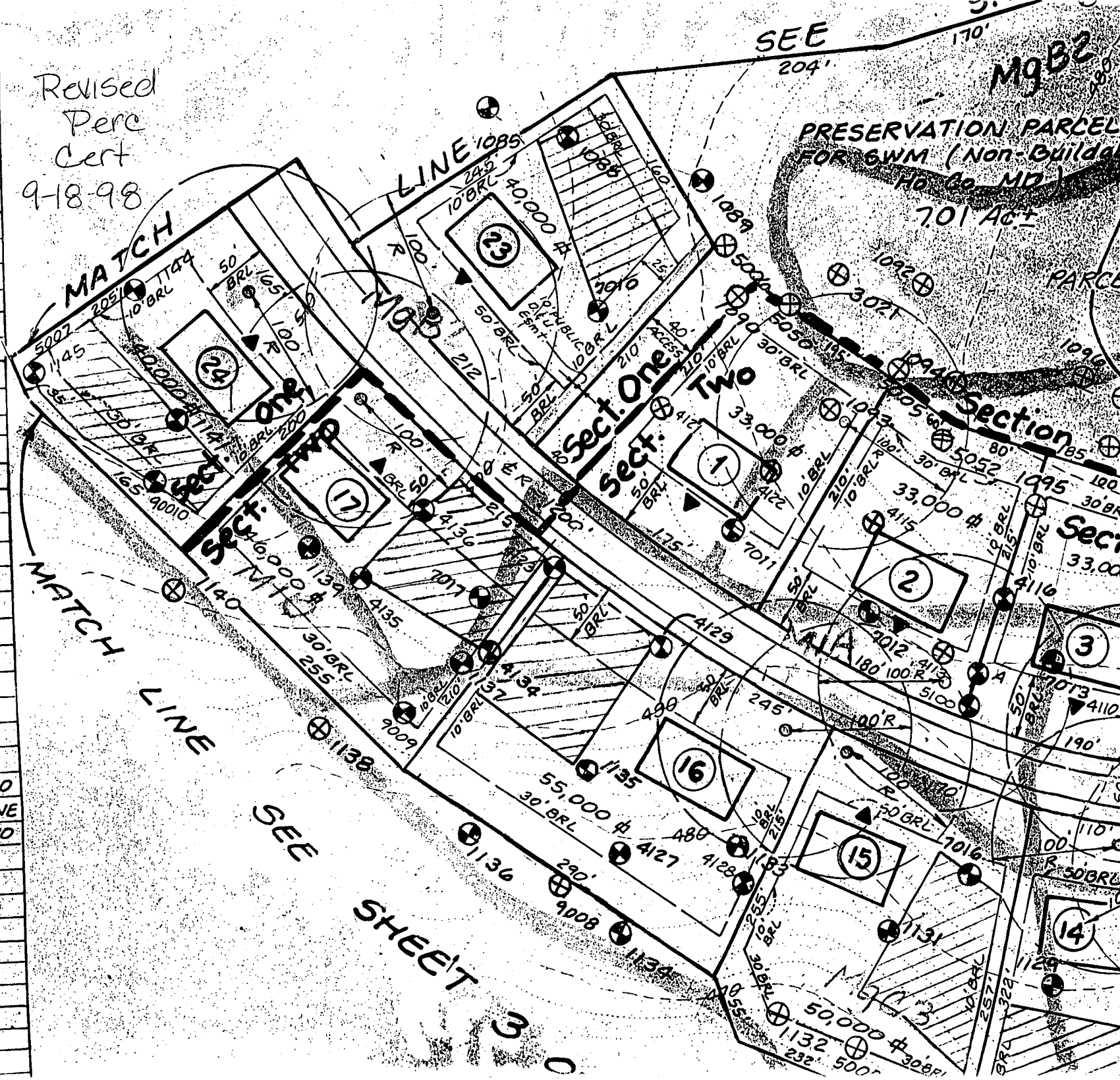
SEE NOTE #11

56'

N 57°

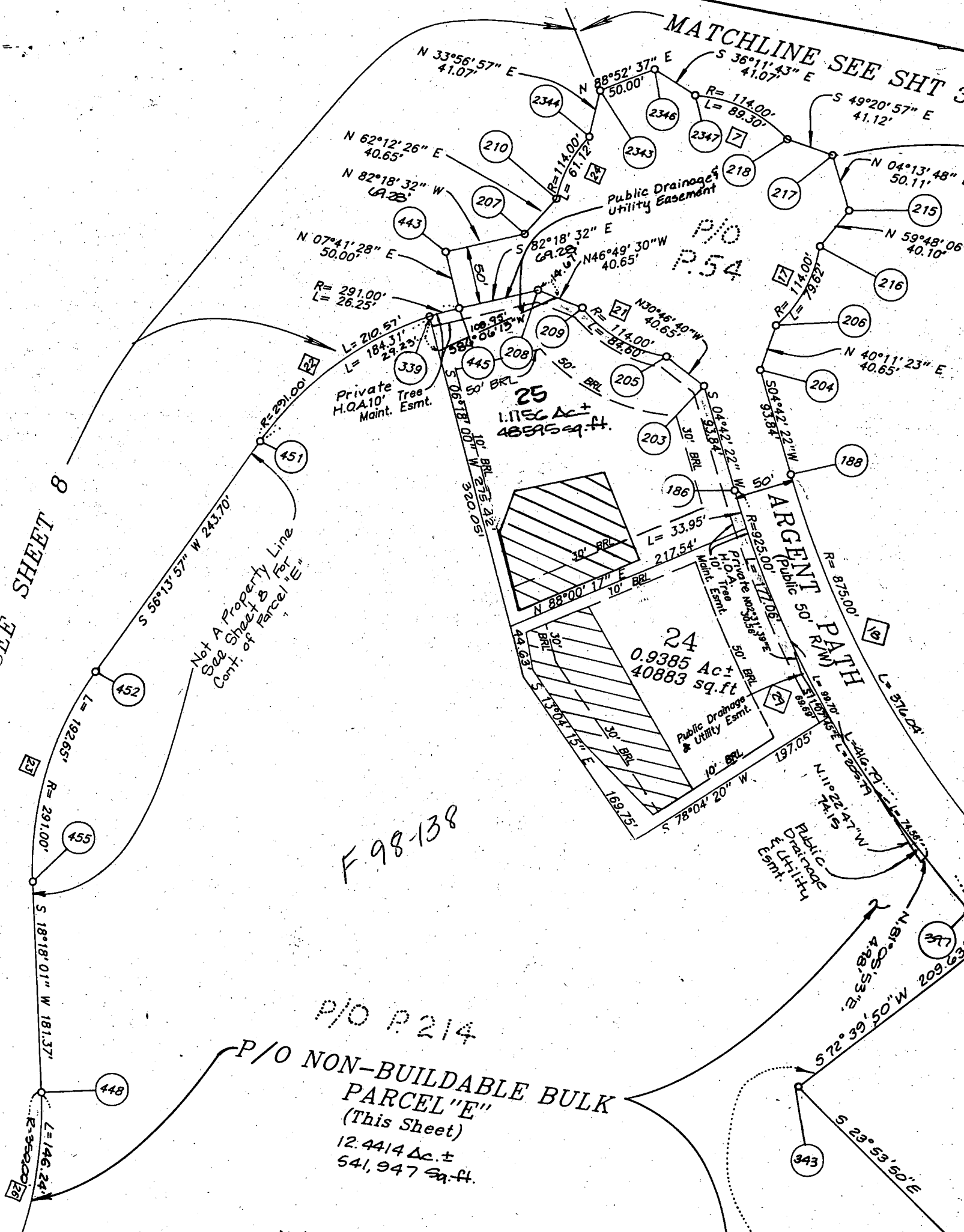
19	
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29	
30	
31	
32	
33	
23	SECT. ONE
1 & 2	SECT. TWO
2 & 3	
4 & 5	
5 & 6	
6 & 7	
7 & 8	
8 & 9	
—	
10	
11	
12	
13	
14	
15	
P10 16	
P10 16	
17	SECT. TWO
24	P10 SECT. ONE
18	SECT. TWO
19	
20	
—	
21	
24	
25	
22	
23	
26	
27	

Revised
Perc
Cert
9-18-98



MATCHLINE SEE SHT 3

SEE SHEET 8



F.98-138

P/O P.214

P/O NON-BUILDABLE BULK
 PARCEL "E"
 (This Sheet)
 12.4414 Ac. ±
 541,947 Sq. Ft.

Not A Property Line
 See Sheet 8 For
 Cont. of Parcel "E"

Private Tree
 H.O.A. 10' Tree
 Maint. Esmt.

Public Drainage
 & Utility Easement

ARGENT (Public 50' R/W) PATH

24
 0.9385 Ac. ±
 40883 sq. ft.

25
 1.1756 Ac. ±
 48595 sq. ft.

Public Drainage
 & Utility
 Esmt.

Private Tree
 H.O.A. 10' Tree
 Maint. Esmt.

Public Drainage
 & Utility
 Esmt.

Not A P

C1 4138

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 6/23/99 OK

ST/CO USE ONLY DATE RECEIVED 0512 99

DATE WELL COMPLETED 3 18 99

Depth of Well 300 (TO NEAREST FOOT)

COUNTY NUMBER A50830W PERMIT NO. HO 94-1935

OWNER Brantwood LLC STREET OR RFD Argent Path TOWN ELICOTT CITY MD SUBDIVISION Brantwood SECTION LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

WATER AT 120-270

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 7.2 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 6.9 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) 60

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

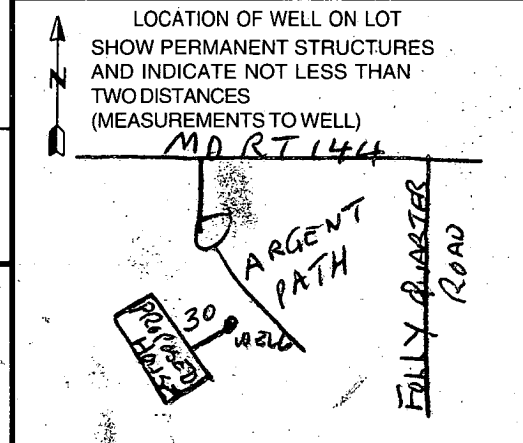
DEPTH (nearest ft.) Ho 59 300

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.) 4.2 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft WHEN PUMPING 138 ft TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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)



B 1 8620 SEQUENCE NO. (MDE USE ONLY)
1 2 3 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-94-1935
70 fill in this form completely 79

Date Received (ABA) 10/13/98
OWNER INFORMATION
8 MM DD YY 13
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 44 46 LOT 24 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 D 517
Driller's Name 76 License No. 81
A.C. Schultes of MD, Inc.
Firm Name
24 South River Road
Address Edgewater, MD 21037
Signature Date 10/16/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD 30
ARGENT PATH
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 1350 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

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

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 A50830W
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 10/26/98 A.M. Melloe
43- MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 50 520 000 EAST GRID 57 820 000
55 63

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

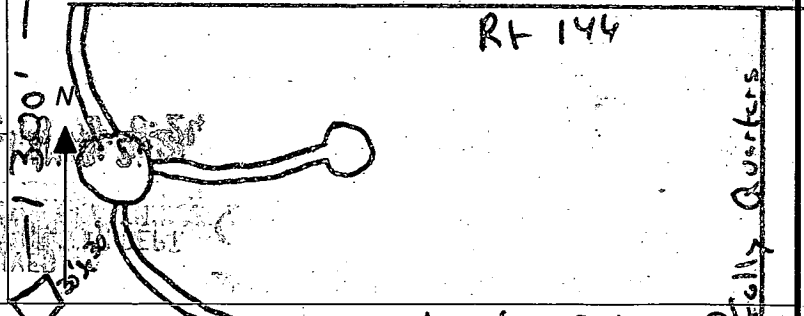
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Tanker
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 520
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

3/18/99 144
9:00
No Insp
Folly Quarters Rd

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P
WRITE INITIALS IN BOX PERMIT No. HD-94-1935
67 68 70 71 72 73 74 75 76 77 78 79

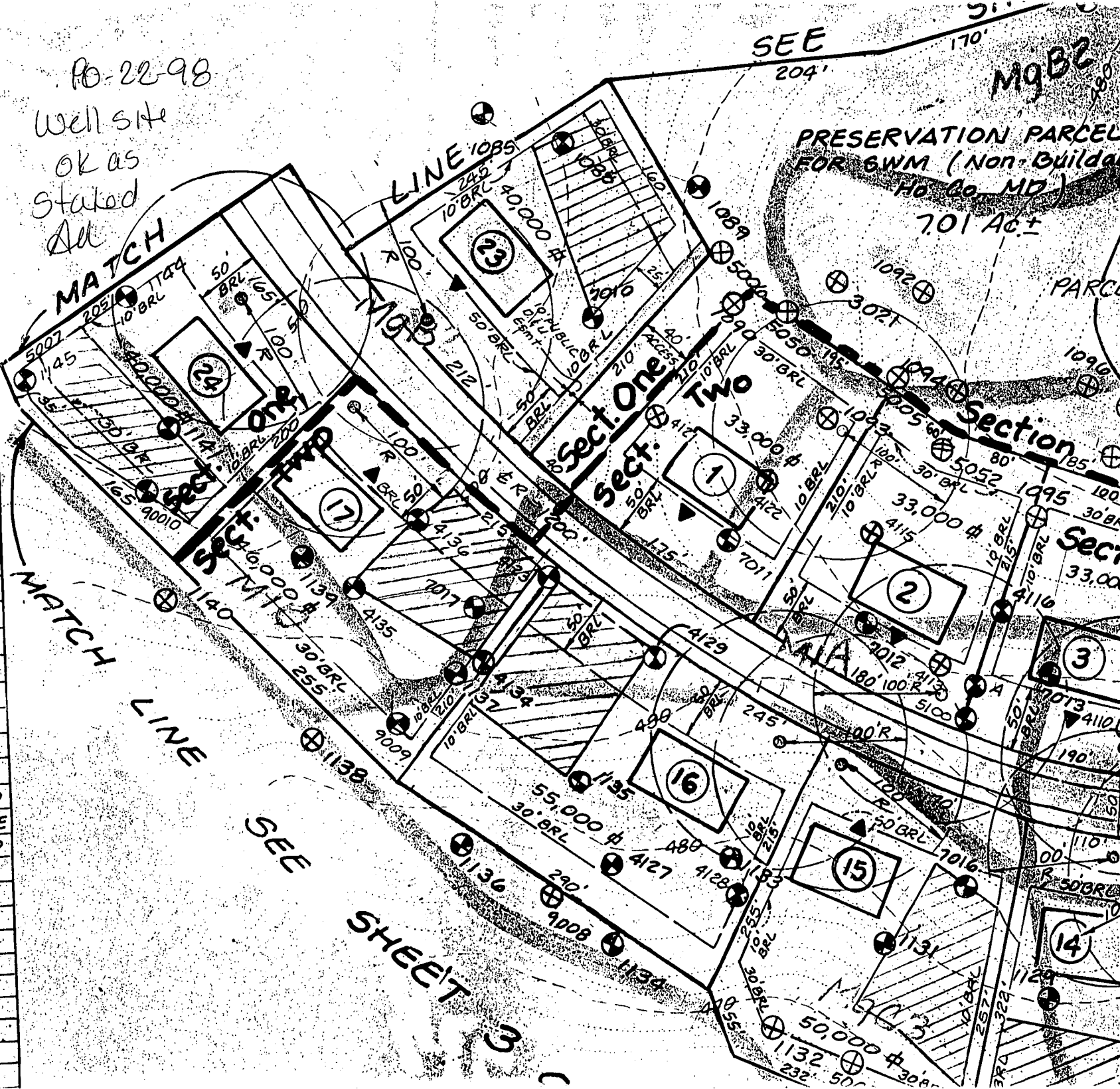


SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

Lot 24

10
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32
33
23 SECT. ONE
1 & 2 SECT. TWO
2 & 3
4 & 5
5 & 6
6 & 7
7 & 8
8 & 9
—
10
11
12
13
14
15
P/O 16
P/O 16
17 SECT. TWO
24 P/O SECT. ONE
18 SECT. TWO
19
20
—
21
24
25
22
23
26
27

PO-22-98
 Well site
 OK as
 stated
 All



SEE SHEET 3

SEE 204'

M9B2

PRESERVATION PARCEL FOR SWM (Non-Buildable) Ho Co, MD 7.01 Ac±

MATCH LINE

LINE 1085

Sect. One Two

Section

SEE

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 Chand Pibgeth

Telephone _____

License Number 1467

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

NV Homes

Telephone 301-858-0522

Subdivision

Grantwood

Lot # 29

Well Tag # _____

Site Address

3104 Regent Path

Pump

1. Type

- a. Deep well jet _____
- b. Shallow well jet _____
- c. Submersible

2. Make

Goulds

3. Model #

7G507422

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 Hammond
- 2. Model # B100
- 3. Depth 48"

Tank

- 1. Capacity 1-100
- 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 4.2 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

4/24/99
 WPE OK
 SAK

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: Van Chand Pibgeth

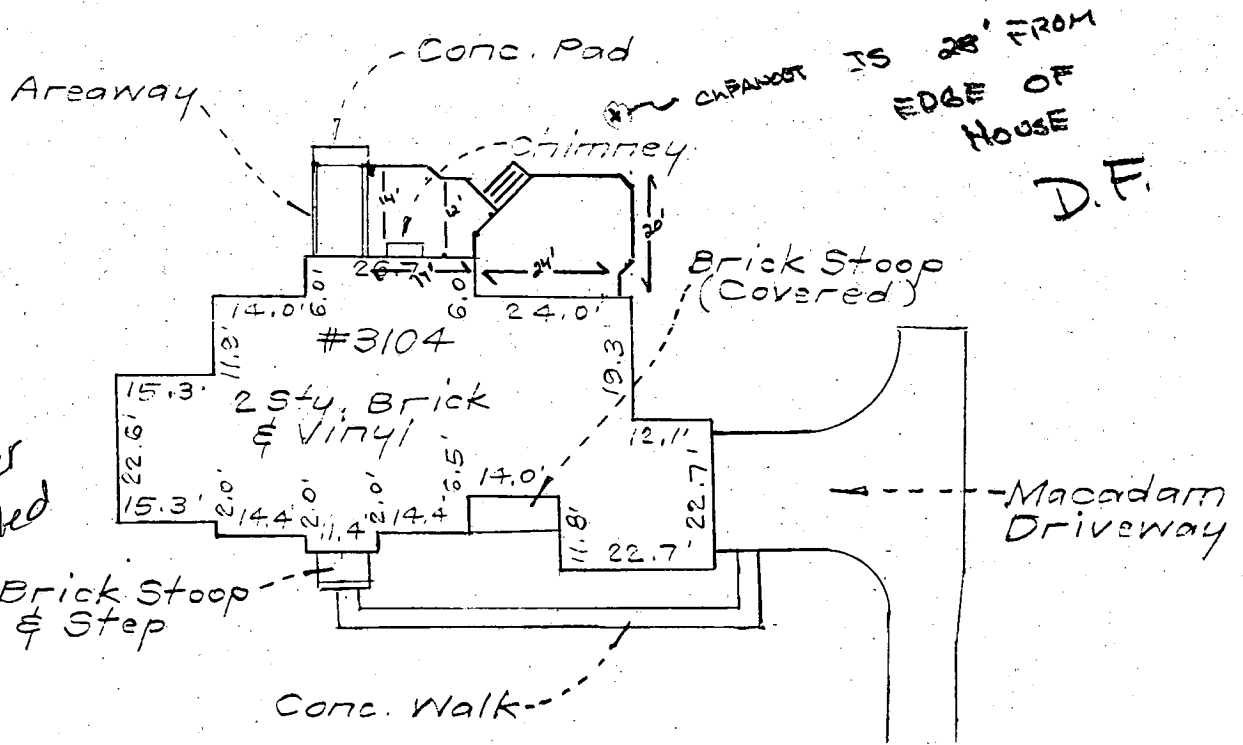
Date: _____

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

LOT 24
BRANTWOOD

PERMIT 160160
~~PAS 160160~~

7-8' CLEARANCE FROM
DECK TO TRAIL ACCEPTED
3/29/2000
CWD



4-29-00
BP for deck
signed w/ no
permit number
none ever called
in
AK

SCALE: 1" = 30'

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2000 MR 29 AM 11:28