

LAYOUT 5/20/02 ^{Early} PM INSP 4 _____
 INSP 2 Final 5/23/02 Don INSP 5 _____
 INSP 3 _____ INSP 6 _____

03-326381

ISSUE DATE: 4/24/2002 P 516949
 APPROVAL DATE: 5/23/02 A 56429-CCC

**PERMIT
INDEXED**

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

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS: 3 N. Main Street, Mt Airy PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Gaither Hunt LOT NUMBER: 75

ADDRESS: 11034 Dorsch Farm Road PROPERTY OWNER: NVR, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 135' down the left lot line and 25' off this same lot line. Run (3) trenches on contour to rear of lot.
NOTES:	

PLANS APPROVED: MER DATE: 12/18/01

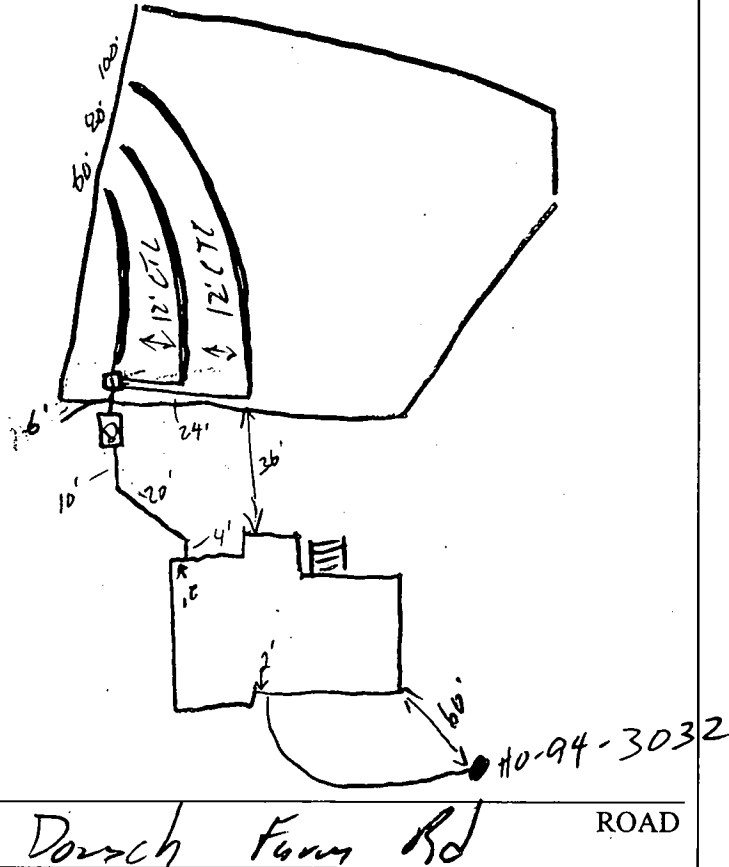
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

**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**

A56429CCC

NOT TO SCALE

EXISTING



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3'
TOTAL LENGTH		240
ABSORPTION AREA		720 sq
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	12"
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 5/20/02 House changed, lot staked, house cons changed. Trench layout per B.P. (50)

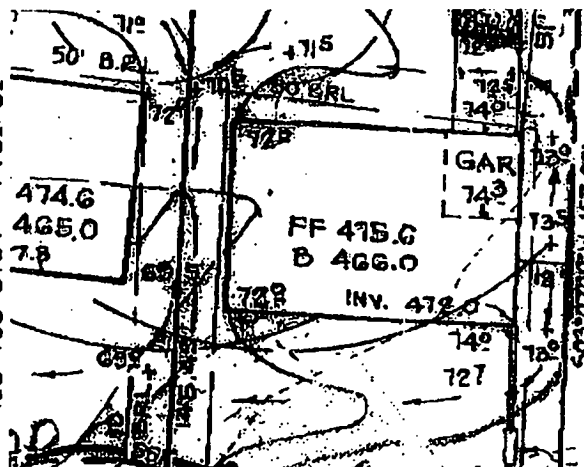
INSTALLATION 5/23/02 OK to cover all work (EC)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 5/23/02

410 750 3784 P. 01/01

FISHER, COLLINS & CARTER

18-2001 10:47



NOTE:
BASEMENT - Clean
WILL NOT
SEWER
BY GRAVITY

SEPTIC
EASEMENT

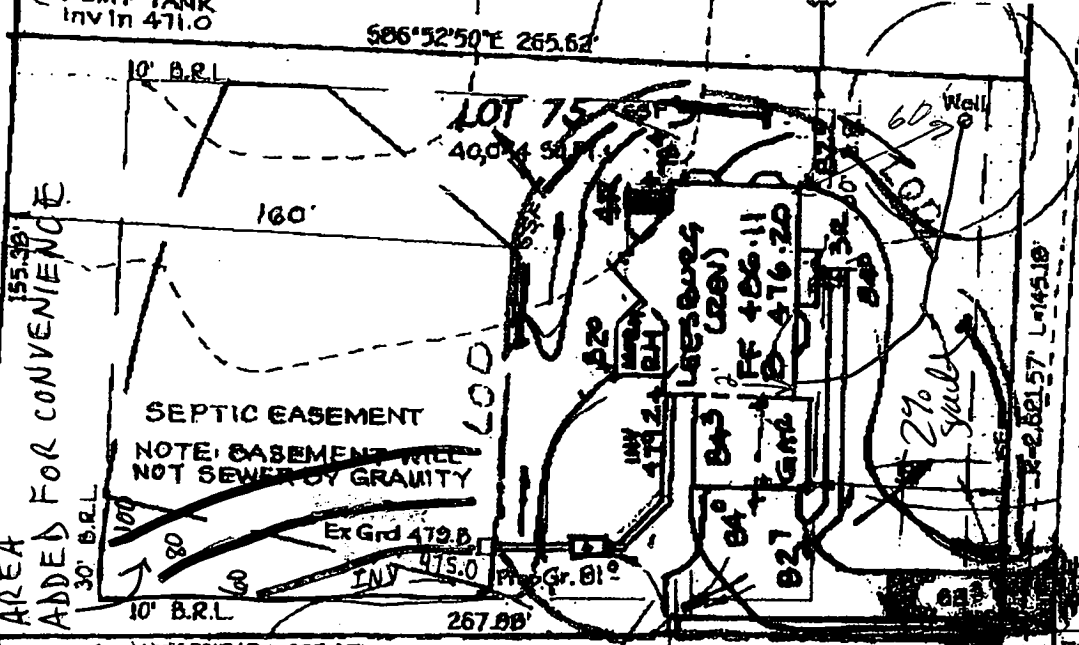
Approved Septic System Plan
Howard County Health Department

DEVELOPER
RUSSELL DEVELOPMENT, L.L.C.

61134
Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 6 feet
Depth of stone required below distribution pipe 2 feet

GAITHER HUNT YI
N.V. HOMES
Lot 75 (old lot 73)
ATTN: JOE LUCAO
Please review prior
to final drafting

THANKS Joe & FCC



SEPTIC EASEMENT
NOTE: BASEMENT WILL
NOT SEWER BY GRAVITY

EXISTING PUBLIC 10'
WIDE TREE
MAINTENANCE EASEMENT
PLAT No. 13210

LOTS 75, 78 & 79
Gaither Hunt
Section 1, Area 2



1-50
PLAN BY FCC
11034 Dorsch Farm Rd

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2485 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B60133203

Building Address 11034 Boerschfarn Rd
 Suite/Apt. #: _____ SDP/WP/Petition # 01-189
 Census Tract 1002000 Subdivision Castle Hunt
 Section 1 Area 2 Lot 75-6013
 Tax Map RC 20 Parcel 21 Grid 11
 Zoning _____ Map Coordinates 15 131 Lot size _____

Property Owner's Name NVIZ, Inc
 Address 2000 Dominion Hwy Ste 20
 City Crofton State MD Zip Code 21111
 Home Phone _____ Work Phone 220-4113
 Applicant's Name & Mailing Address, (if other than stated hereon):
Permit Application Service
1547 Group Field Rd
Beltsville MD 21113
 Phone 410-220-2400 Fax _____

Existing Use 40
 Proposed Use SFD
 Estimated Construction Cost \$ 200,000
 Description of Work Construction of 200 sq ft SFD

Contractor Company NVIZ, Inc
 Contact Person Kristina S. Lee
 Address 1547 Group Field Rd
 City Beltsville State MD Zip Code 21111
 License No. _____ Phone 410-220-4100 Fax _____

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

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>50</u> <u>49</u> 2nd floor: <u>80</u> <u>49</u> Basement: <u>50</u> <u>49</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Title/Company _____
 Print Name Kristina S. Lee Date 11-13-01

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
State Highways			Front _____	Filing fee <input checked="" type="checkbox"/>
Building Official			Rear _____	Permit fee <input checked="" type="checkbox"/>
City Engineering/DPZ			Side _____	Excise tax <input checked="" type="checkbox"/>
Health			Side Street _____	Add'l permit fee <input checked="" type="checkbox"/>
Fire Protection			Minimum setbacks met? <input checked="" type="checkbox"/>	TOTAL FEES <input checked="" type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid <input checked="" type="checkbox"/>
			Enhanced Permit required? <input checked="" type="checkbox"/>	Balance due <input checked="" type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check <input checked="" type="checkbox"/>
			Historic District <input type="checkbox"/>	Validation <input checked="" type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zon _____	
			SDP/R/E/Line approval date _____	

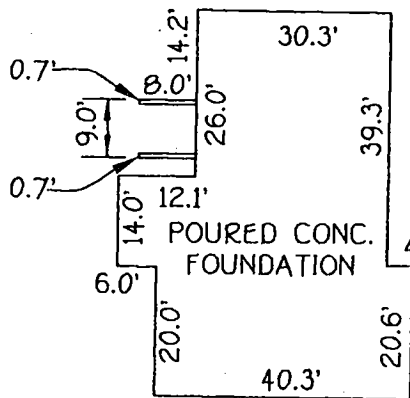
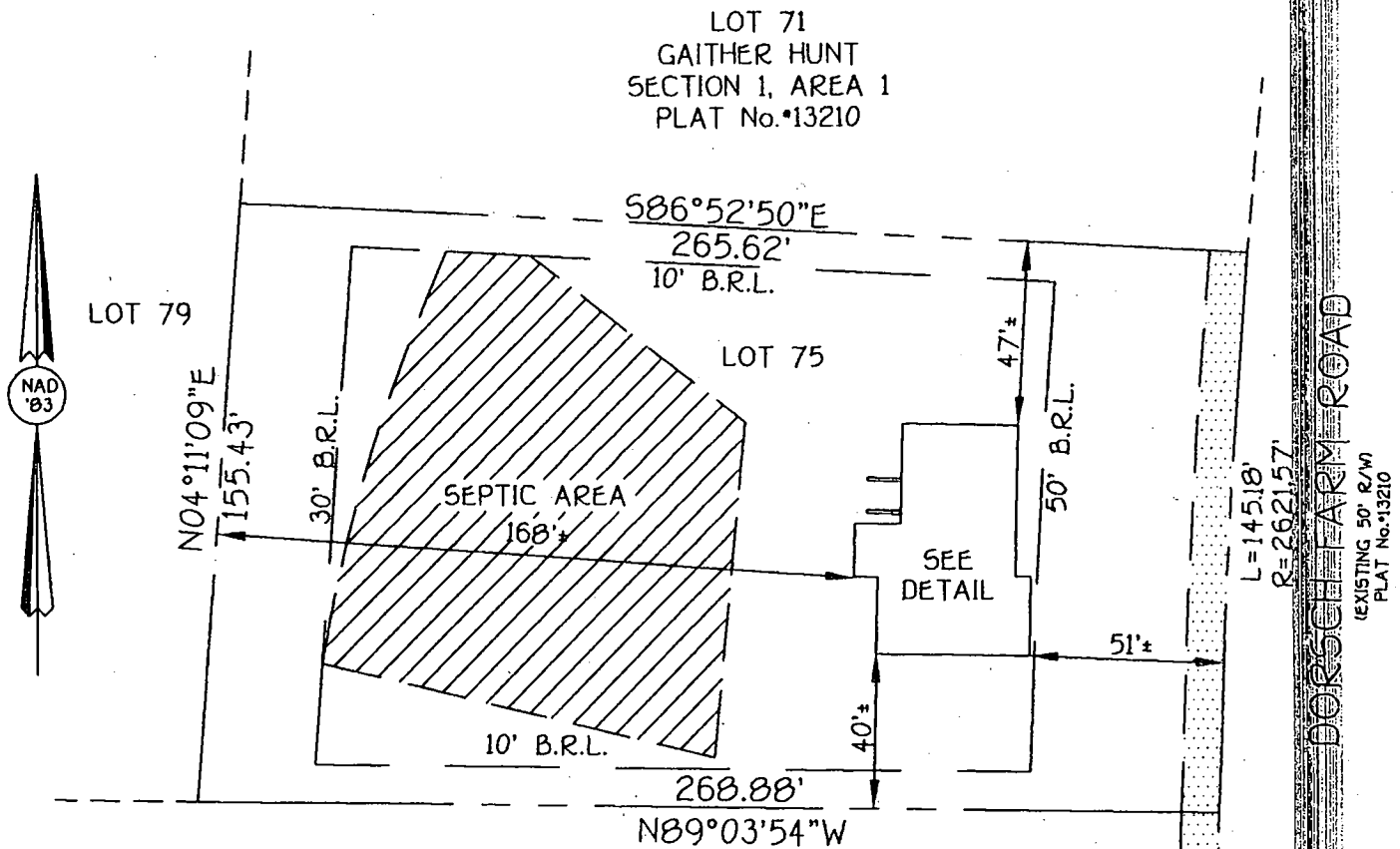
CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

Distribution of Copies: White: Building Official; Green: LDD/DPZ; Yellow: DED/DPZ; Pink: Health; Green: SHAW

Form PERMIT-FRM Rev 3/17/00

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440027 BEFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1'.
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



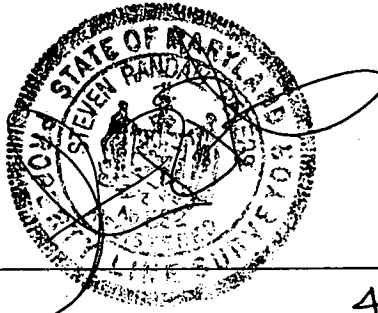
DETAIL:
1"=30'

LOT 76
 WALL CHECK OK
 ALTHO HOUSE SMALLER THAN BP
 AND DROPPED NO. 5 ±
 MR 4/24/02

EXISTING PUBLIC 10' WIDE TREE MAINTENANCE EASEMENT PLAT No. 13210
 LOT 75
 GAITHER HUNT SECTION 1, AREA 1
 LOTS 75-79
 (A RESUBDIVISION OF NON-BUILDABLE PARCEL 'F', GAITHER HUNT, SECTION 1, AREA 1, PLAT, No. 13210)
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT No. 15051
 B.R.L.=BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 484.6'±

DORSCHE FARM ROAD
 (EXISTING 50' R/W)
 PLAT No. 13210

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



PROFESSIONAL LAND SURVEYOR DATE
 REG. 582

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 4/16/02
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=50'
 DATE: 4/18/02
 DRAWN BY: D.B.
 CHECKED BY: S.R.P.
 PROJECT No.: 61134

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: Van Sant Piping & Htg Telephone #: 301-829-0444
Address: 3 N Main St
Mt Airy MD 21771

(Must circle one) ~~Licensed Plumber~~ Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Norford Van Sant License# 1467

*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: WV Adams Telephone #: 301-858-0522
Subdivision: Garth Hunt 75 Lot #: 75 Well Tag #: HO-94-3032
Site Address: 11034 Dorch Farm Rd
Ellicott City MD 21043

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Lambert</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7G30542A 1/2HP</u>	Model#: <u>510X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>15</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestor or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt no

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>15</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>15</u>
Depth of supply line: <u>12</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: Norford Van Sant date: 6/20/02

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

Date Insp. Requested: 4/26/02 Date Insp. Approved: 4/26/02 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter
BB

C1 0869 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE 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 13

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

DATE WELL COMPLETED MM DD YY 07 03 01

Depth of Well 22 100 26 (TO NEAREST FOOT)

ON SRM 8/10/01 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3032

OWNER Mid Atlantic Dev. STREET OR RFD Hoppers View Rd TOWN Clarksville SUBDIVISION Leather Hunt II SECTION LOT 72 73

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, mica, and Sand Stone mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 19, NO. OF POUNDS 1900, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 30+ ft.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing 6, Total depth of main casing 60.

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

- 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...

DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D Same

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

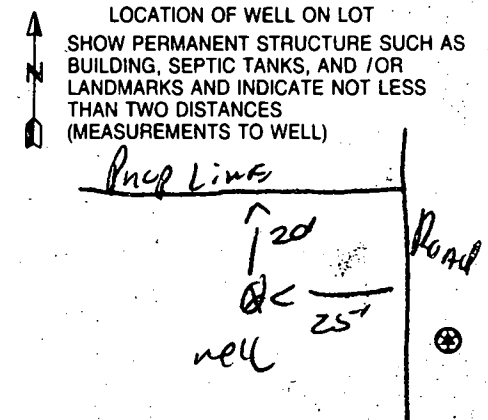
C2 DEPTH (nearest ft.) HO 58 100

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 25 ft, WHEN PUMPING 35 ft, TYPE OF PUMP USED (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 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 (2) (nearest foot) below



B 1 0930

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3032

fill in this form completely

W514967 please print or type

Date Received (APA)

3/8/01

OWNER INFORMATION

MID ATLANTIC Development
Last Name Owner First Name
2808 Centre Park Dr
Columbia MD 21045

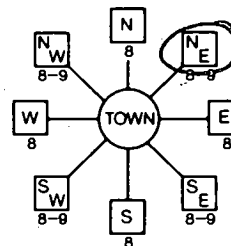
B 3 LOCATION OF WELL

Howard
COUNTY
GARDEN HUNT
SUBDIVISION
SECTION 2 LOT 73
CLARKSVILLE
NEAREST TOWN
MILES FROM TOWN 2

DRILLER INFORMATION

Ralph E. WAYNE MSD 117
Driller's Name License No.
Ralph E. WAYNE well Drilling
Firm Name
17024 Handy Rd. Mt Airy MD
Address
Ralph E Wayne 2-28-01
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Dorsch Farm Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37
DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME
13 COUNTY NO
STATE SIGNATURE INSERT S
DATE ISSUED 3/9/01 3/9/02
CO SIGNATURE EXP. DATE
NORTH GRID 510 000 EAST GRID 830 000

APPROXIMATE DEPTH OF WELL 150 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

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)

APPROP. PERMIT NUMBER H097-0026

PERMIT No HO-94-3032

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

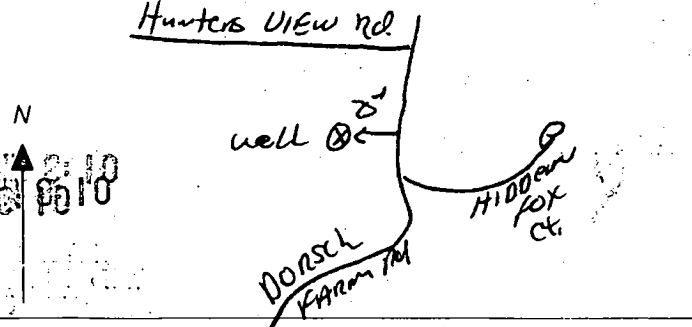
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830

N 510

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOT - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

LOT 76
57,814 SQ.FT.*

LOT 77
41,259 SQ.FT.*

LOT 73
40,261 SQ.FT.*

LOT 74
43,145 SQ.FT.*

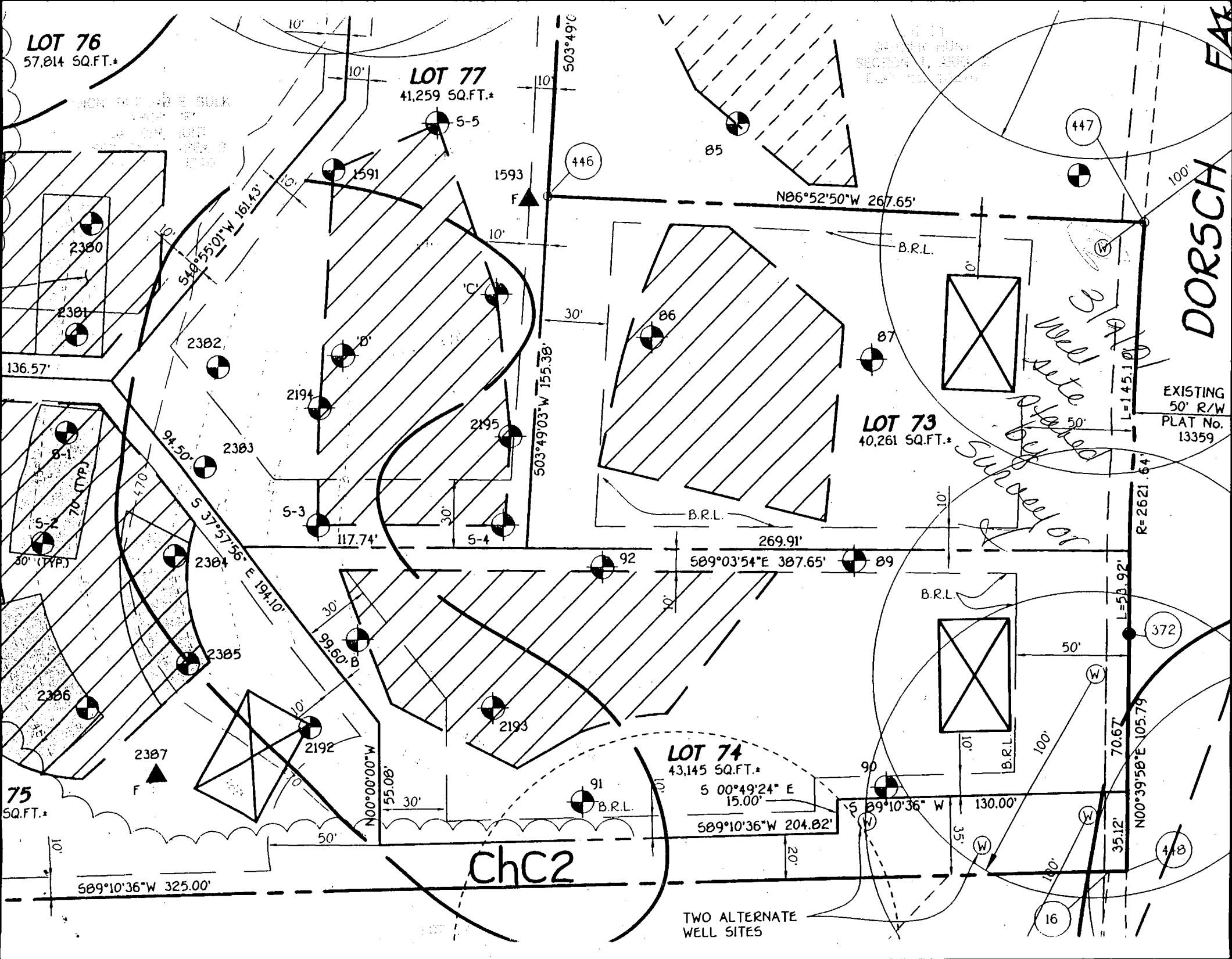
ChC2

DORSCH

EXISTING
50' R/W
PLAT No.
13359

*Well site
to be placed
by Subwell or*

TWO ALTERNATE
WELL SITES



APPLICATION

PERCOLATION TESTING

A 56429

P _____

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

DISTRICT _____

DATE 4/3/96

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

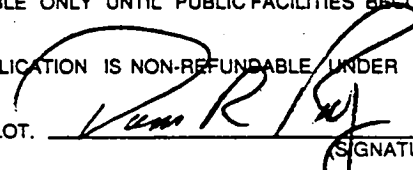
SUBDIVISION _____ LOT NO. 91 92

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.



(SIGNATURE 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

56429

COUNTY # 85

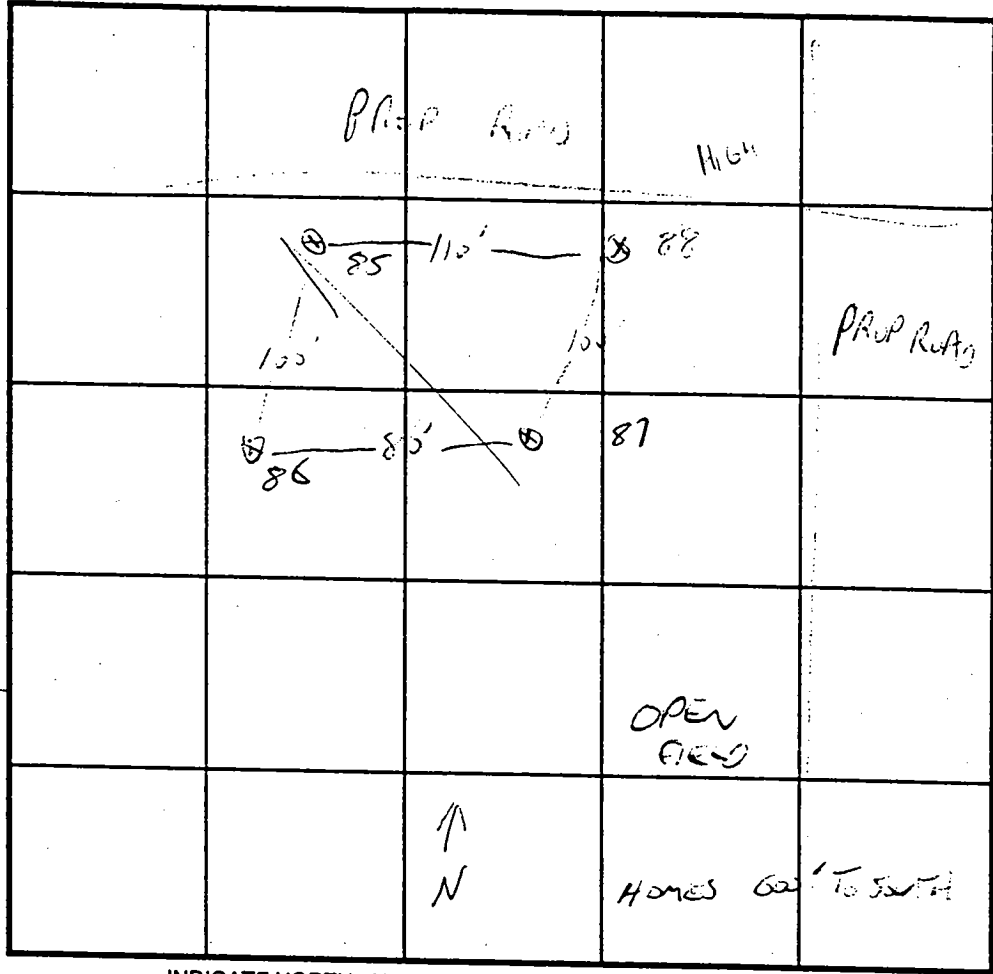
SOIL PROFILE

0'

TOP SOIL 1'

ORANGE SANDY CLAY LOAM 6.5'

TAN SIL 11.5'



SOIL PROFILE 88

0'

TOP SOIL 2'

ORANGE CLAY LOAM 4'

WHITE & ORANGE CLAY SAND LOAM 12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-3-96	88	5'	10:08	10:11	10:15	10:16	6 MIN
	87	4' 6"	10:13	10:14	10:14	10:17	3 MIN
	86	5' 6"	10:21	10:22	10:22	10:23:30	1.5 MIN
	85	5' <small>OK TO 13</small>	10:25	10:28	10:28	10:33	5 MIN

REMARKS LOT 92 DUC PER PLAT

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT Don RIVER MIKE + MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 56429

P _____

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

DISTRICT _____

DATE 4/4/96

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Renner Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

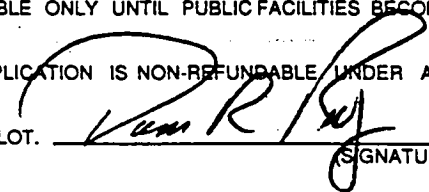
SUBDIVISION _____ LOT NO. 82

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.



(SIGNATURE 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 _____

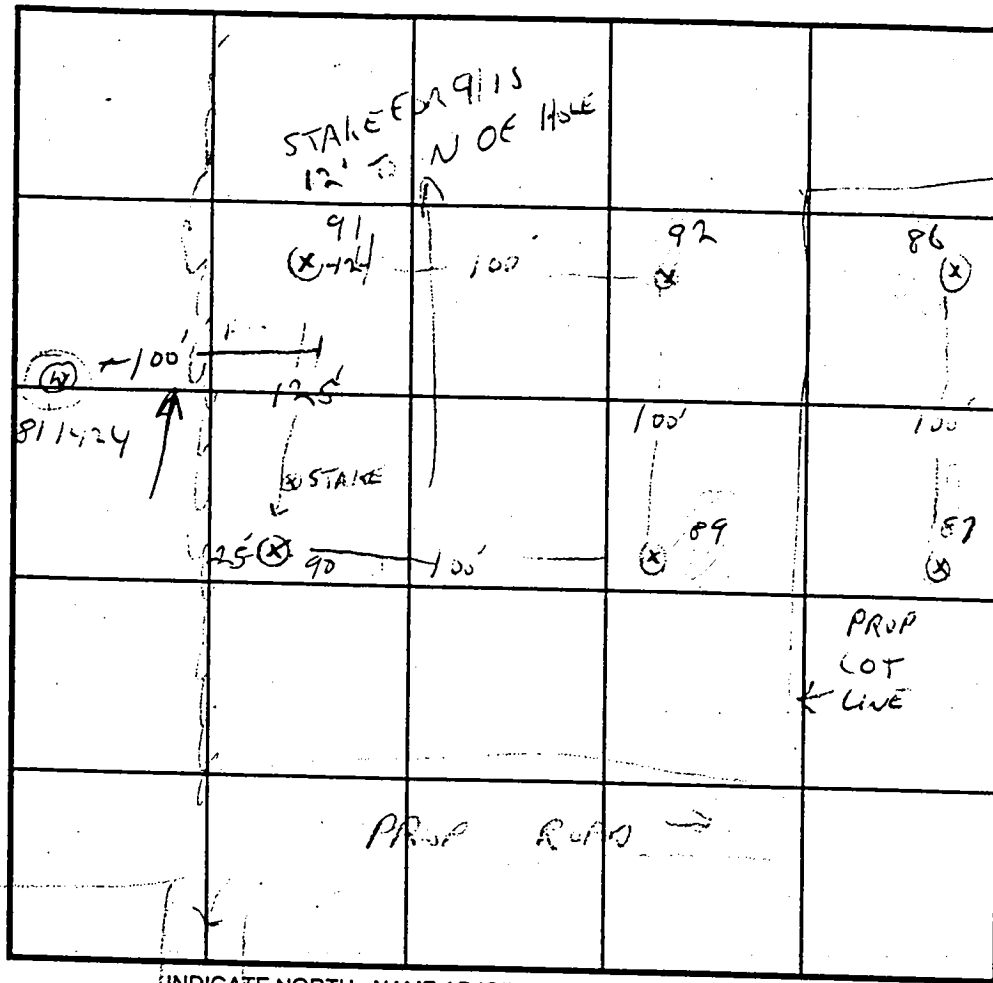
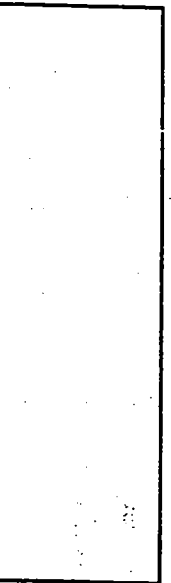
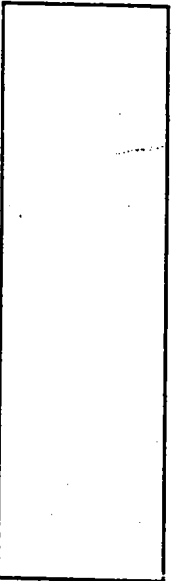
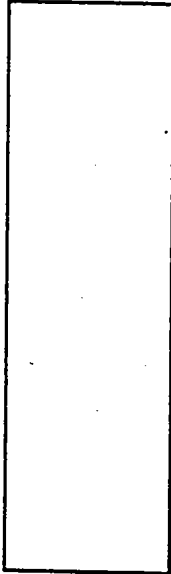
THIS IS NOT A PERMIT

56429

COUNTY #

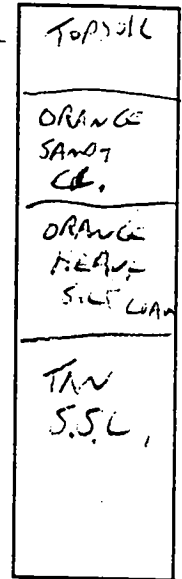
SOIL PROFILE

0'



SOIL PROFILE

0'



1'

3

6

12

N →

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/4/96	90	5' 12"	2:20	2:23	2:23	2:29	6 MIN
	89	5' 12"	2:31	2:35	2:35	2:40	5 MIN ✓
	91	5' 11"	2:41	2:45	2:45	2:50	5 MIN ✓
	92	5' 12"	2:56	2:57	2:59	3:01	2 MIN ✓

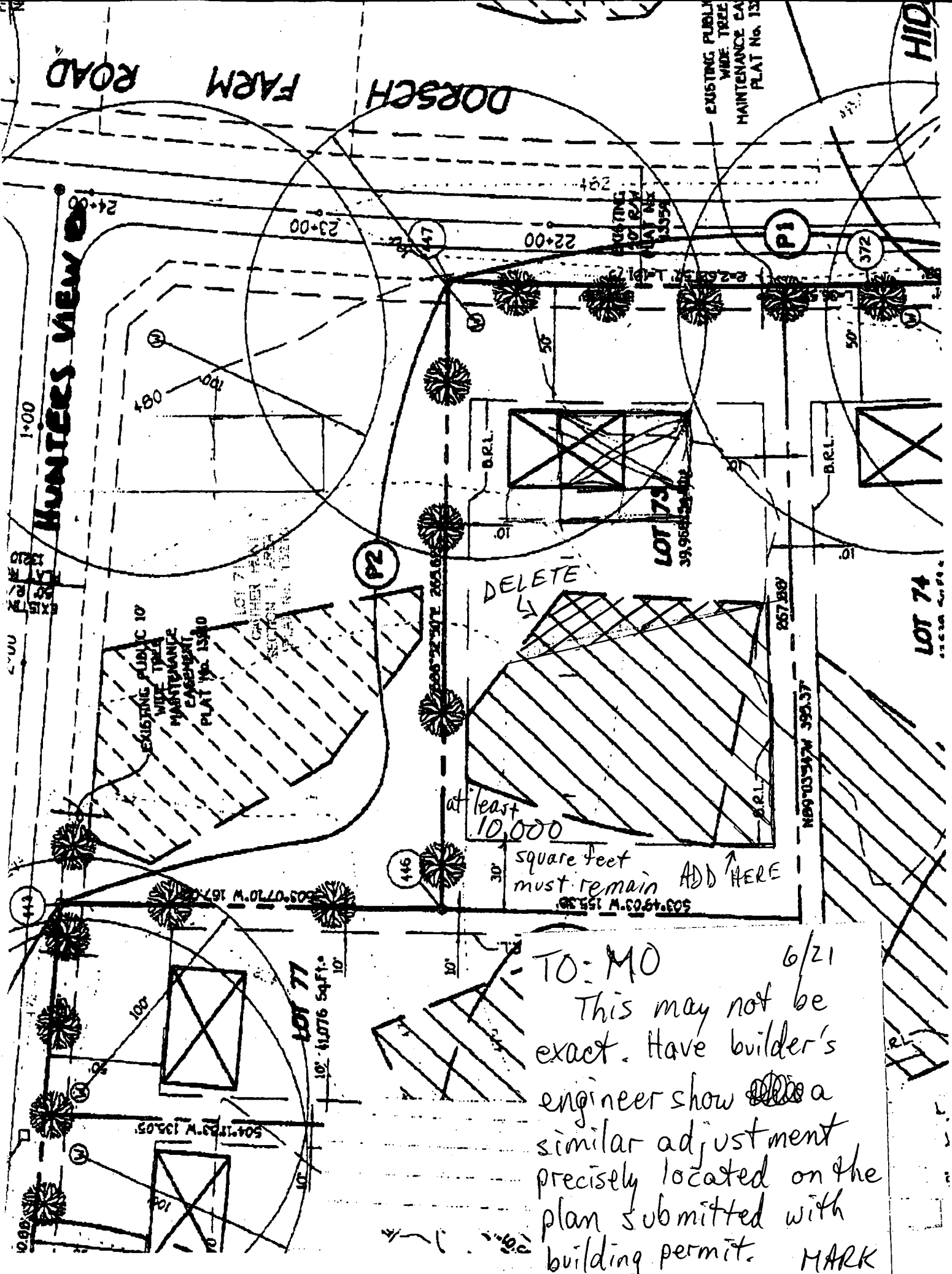
REMARKS OPEN SPACE / LOT 82 DUG PER PAT STAKED AS 92

TYPE OF SOIL _____

TESTED BY G. SAUVE ALSO PRESENT M/I/E

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3

INLET DEPTH 3.6" MAXIMUM BOTTOM DEPTH 5.6" SQ. FT./BEDROOM 180



TO: MO 6/21
 This may not be exact. Have builder's engineer show a similar adjustment precisely located on the plan submitted with building permit. MARK

