

1.21.99
C.O.
1 or 1:30
1/22/99
2:00
2/24/99

1.22.99 needs pump test (Rm)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511149

A 56429-I

DISTRICT 3rd

DATE 12-11-98

DATE SYSTEM APPROVED 2/24/99

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

03-325997

INDEXED

South Carroll Backhoe IS PERMITTED TO INSTALL ALTER
ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE 875-4197
SUBDIVISION Gaither Hunt I LOT 9 ROAD 11004 Hidden Fox Court
PROPERTY OWNER NV Homes

ADDRESS _____
Top Seamed Septic Tank *** PUMPED SEPTIC SYSTEM ***
SEPTIC TANK CAPACITY 1500 GALLONS INSTALL: 1-1500 Gallon Top Seamed Pump Chamber
NUMBER OF BEDROOMS 4 NOTES - Septic pump detail to be provided by installer prior to issuance of septic permit.
180 SQUARE FEET PER BEDROOM - Pump performance test is necessary prior to Health Department approval of pumped septic system.
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 50 feet off the front lot line and 10 feet off the intersection of the 290.00' and the 50.00' lot lines as seen from Hidden Fox Court. Run trenches along contour towards the right 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.
MANHOLE CLEANOUTS REQUIRED ON SEPTIC TANK AND PUMP CHAMBER.

OK ICM 9/3/98

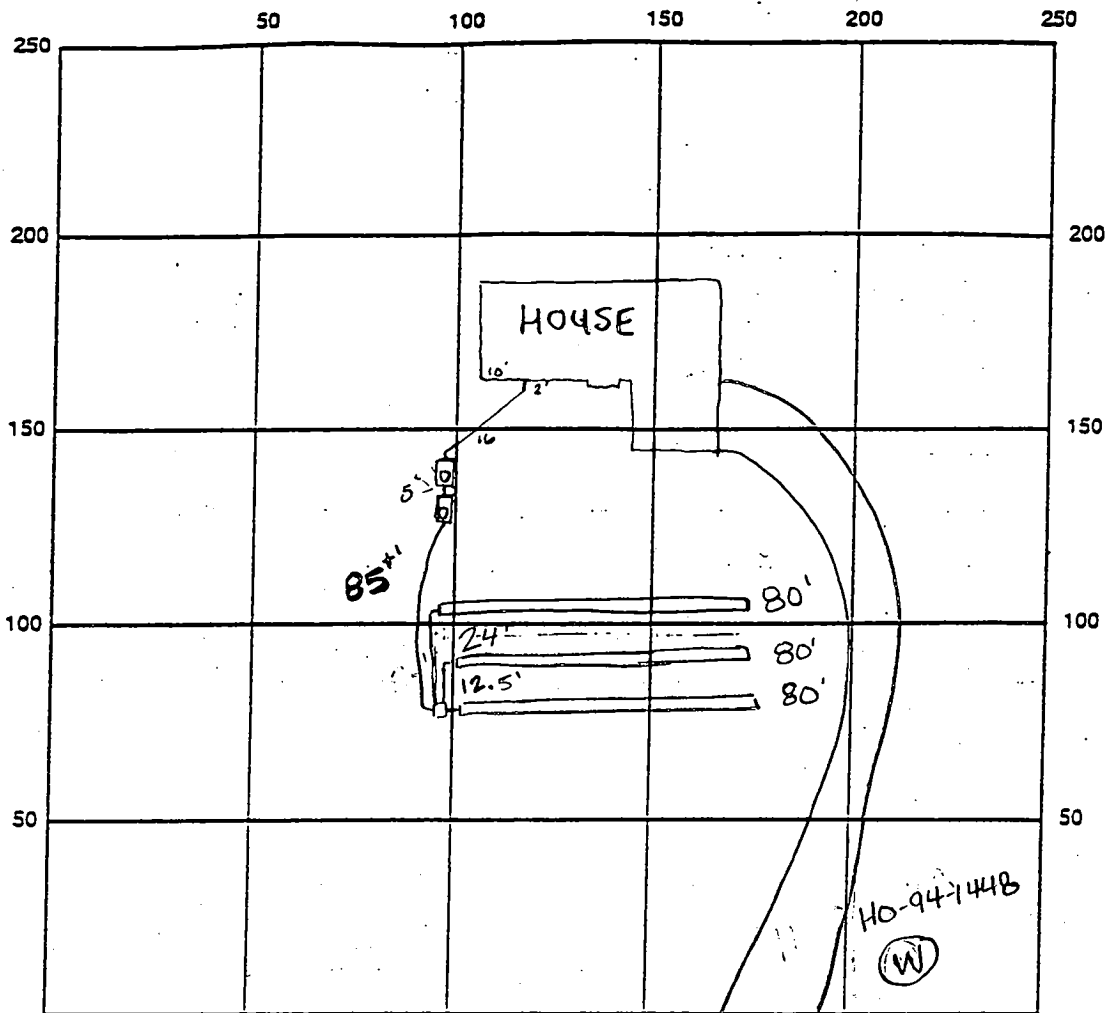
PLANS APPROVED BY Donna K. Soe DATE 8-28-98

- 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

56429-I

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

OK 1500 gallon tank (top seam)

SEPTIC TANK LEVEL 1500 gallon pump tank (top seam) CLEANOUTS Manholes on tanks

DISTRIBUTION BOX LEVEL OK

TILE DRAIN FIELD/TRENCH DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 x 80 FT. → 240'

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

DRYWELL DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1/21/99 OK to cover tanks and continue A

1-22-99 ok to cover all work, leave distribution box open for pump test, needs pump test (KM)

1-22-99 WPI-ok to cover, P.A. 5' below grade, Casino 10" above grade, has 2pc cap (KM) PUMP TEST OK 2/24/99 cwllie

DATE SYSTEM APPROVED 2/24/99 INSPECTOR cwllie

APPLICATION

PERCOLATION TESTING

A 56429I

P _____

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

DISTRICT _____

DATE 3-26-96

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 Scribner NV Homes

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. 13-9

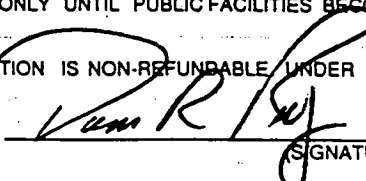
ROAD AND DESCRIPTION (11004 Hidden Fox Court)

TAX MAP 29 PARCEL # 21

BLDG. PERMIT STARTED
AND RETURNED 8-28-79
Serial # 610113703

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4Bom
(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

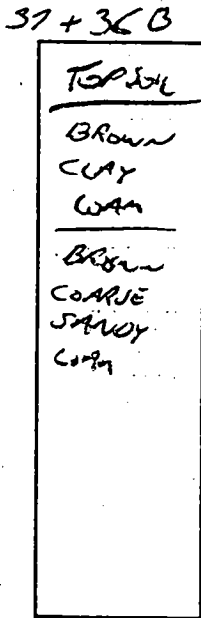
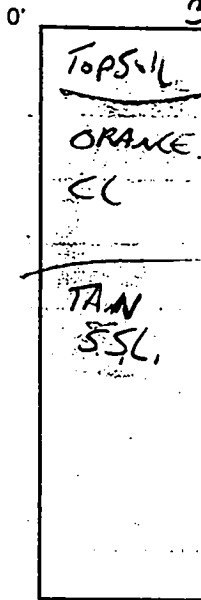
LEVEL

HEDGEROW

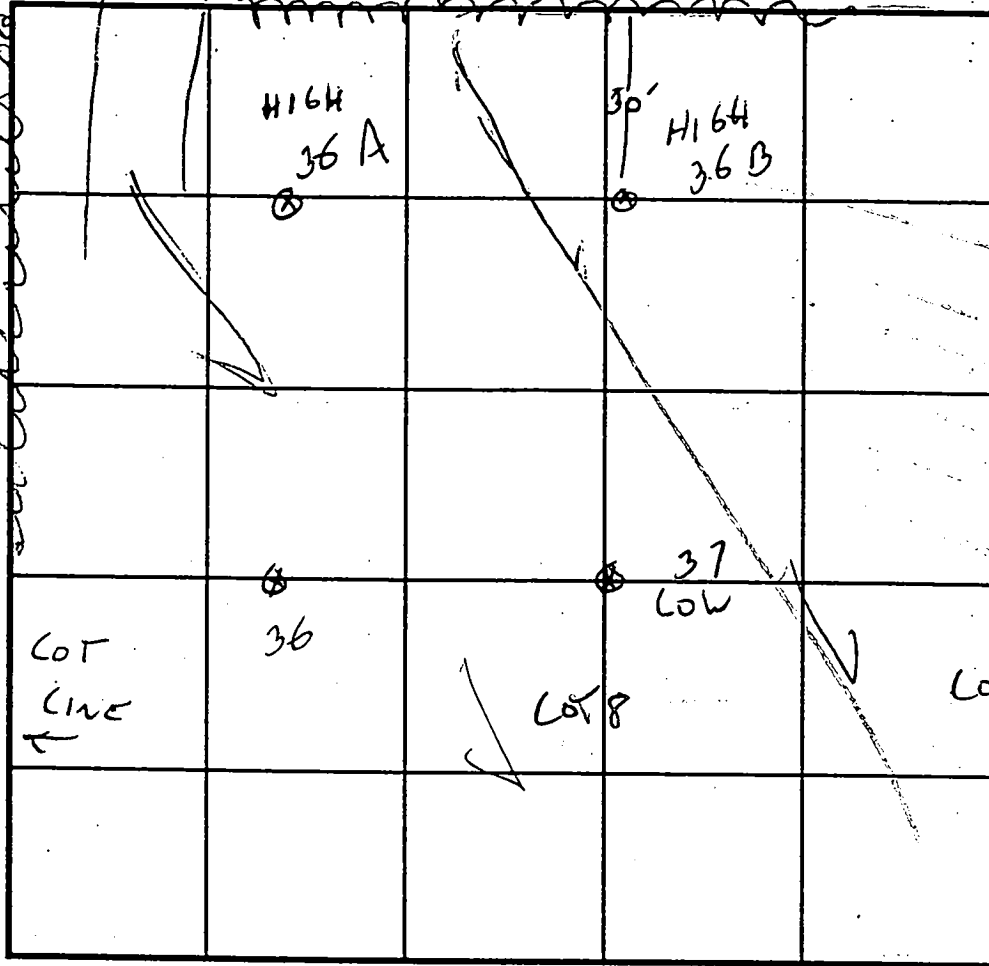
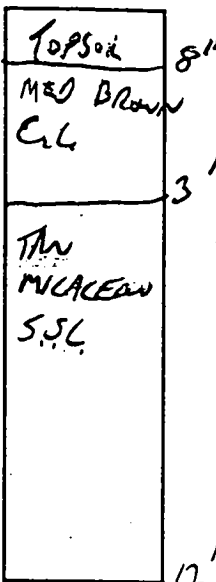
A 56429T

COUNTY #

SOIL PROFILE 36



SOIL PROFILE 36



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-96	36 A	4'	1:38	1:43	1:43	1:48	5AW
	36	4'	1:44	1:47	1:47	1:52	5AW
	37	4'	1:55	1:56	1:56	1:57	1MLW
	36 B	4'	2:00	2:01	2:01	2:04	3AW
	37	REDIG 6'	2:21	2:24	2:24	2:29	5MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT _____

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

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 56429I

P _____

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

DISTRICT _____

DATE 3-26-96

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. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 12-149

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

A-56427

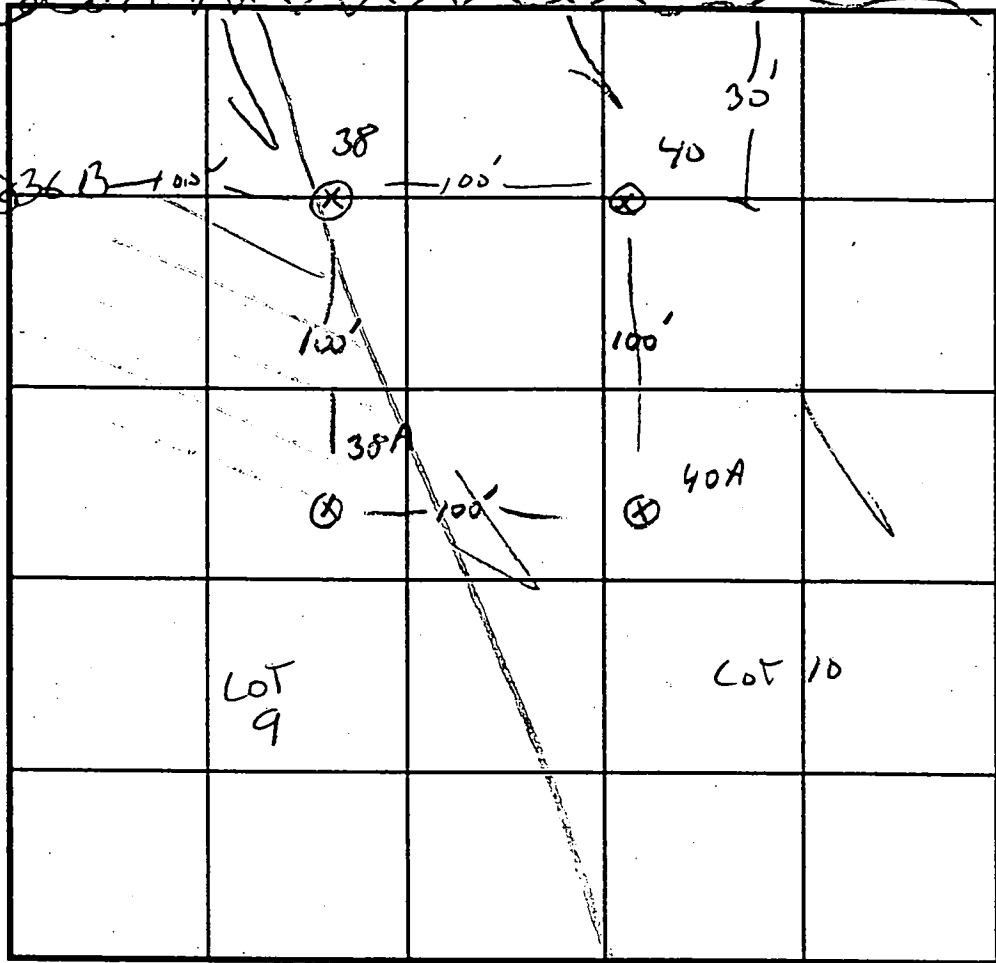
HEDGE ROW

LEVEL

COUNTY #

SOIL PROFILE
40A 38A

TOPSOIL
BROWN CLAY LOAM
BROWN + WHITE SANDY LOAM
15% QUARTZITE GRAVEL



SOIL PROFILE
38 40

TOPSOIL
BROWN CLAY LOAM
TAN MICACEOUS S.S.L. FINE, LOOSE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-96	38	4.5'	2:46	2:50	2:50	2:57	7 MIN
	40	4'	2:49	2:51	2:51	2:54	3 MIN
	38A	5' 6"	10:37	10:40	10:40	10:45	5 MIN
	40A	5'	10:39	10:43	10:43	10:51	8 MIN

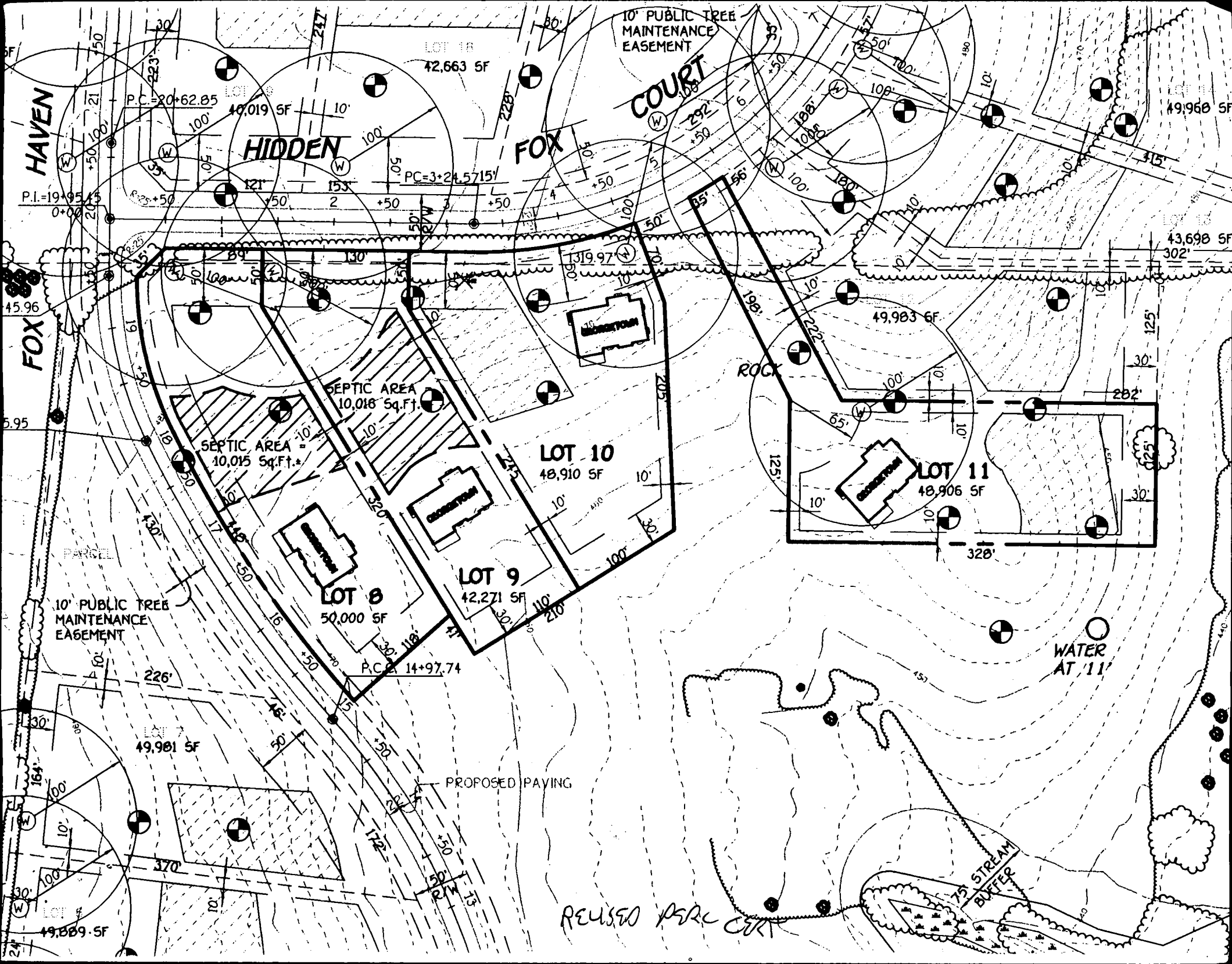
REMARKS LOT 14

TYPE OF SOIL _____

TESTED BY G SAUCE ALSO PRESENT Don River

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180



FOX HAVEN

FOX

HIDDEN

FOX

COURT

ROCK

LOT 10
48,910 SF

LOT 11
48,906 SF

LOT 8
50,000 SF

LOT 9
42,271 SF

LOT 1B
49,981 SF

LOT 1A
42,663 SF

LOT 1C
49,968 SF

LOT 1D
43,698 SF

WATER AT 11'

75' STREAM BUFFER

REUSED PER PLAN

PROPOSED PAVING

P.C. = 20+62.85

P.C. = 3+24.5715'

P.C. = 14+97.74

P.I. = 19+95.15

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PROPOSED PAVING

LINE

LOT 71
41,951 SF

LOT 20
40,533 SF

LOT 18
42,663 SF

LOT 19
10,019 SF

ROAD
PC=3+24.5715

PRIVATE
(NON-BUILDABLE)
PRESERVATION
PARCEL 'E'
0.732' Ac.

LOT 9
42,271 SF

LOT 10
48,910 SF

LOT 8
50,000 SF

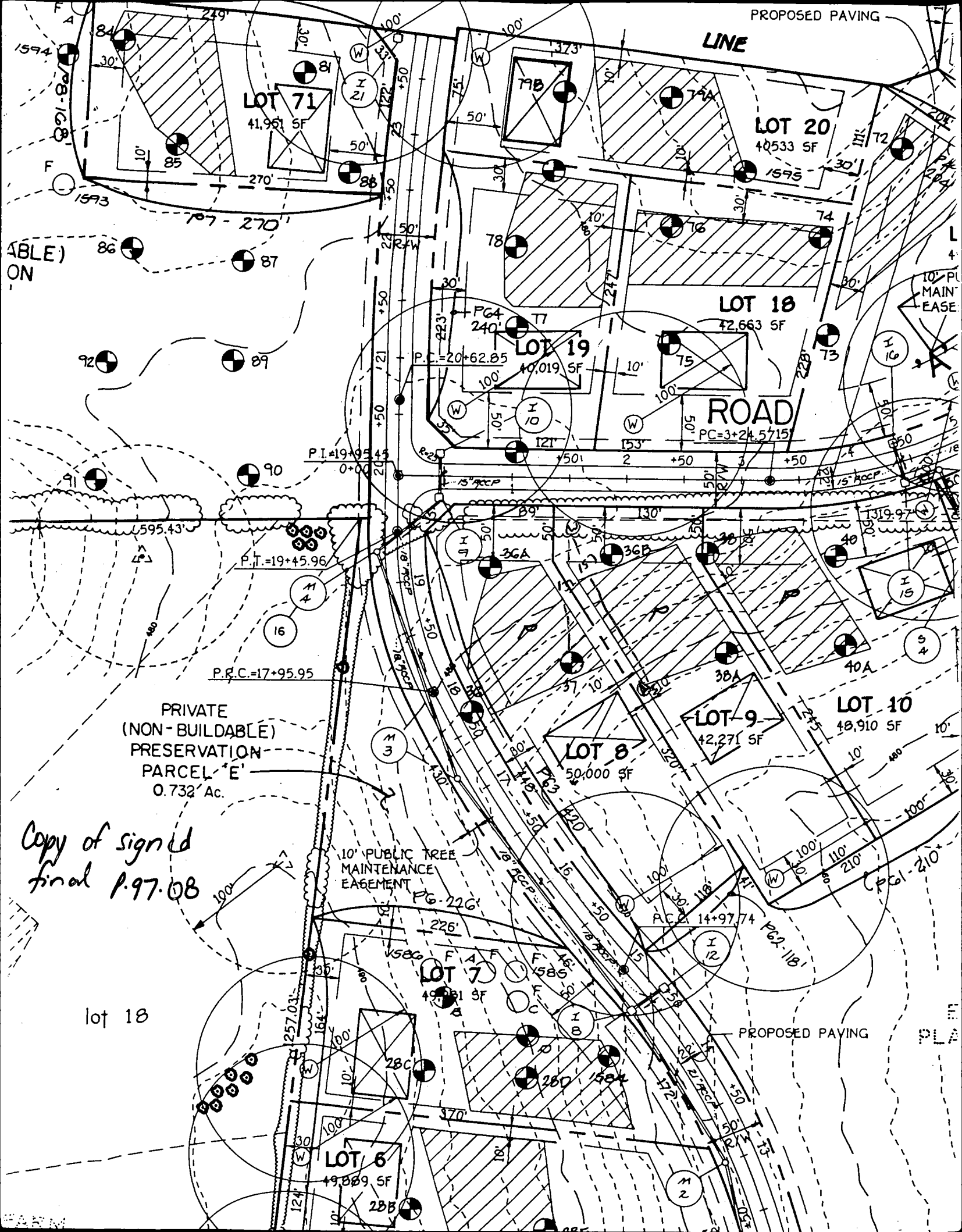
LOT 7
49,381 SF

LOT 6
49,889 SF

Copy of signed
final P.97.08

lot 18

PROPOSED PAVING



DR SCALE

Approved Septic System Plan

Howard County Health Department

[Signature]
Signature

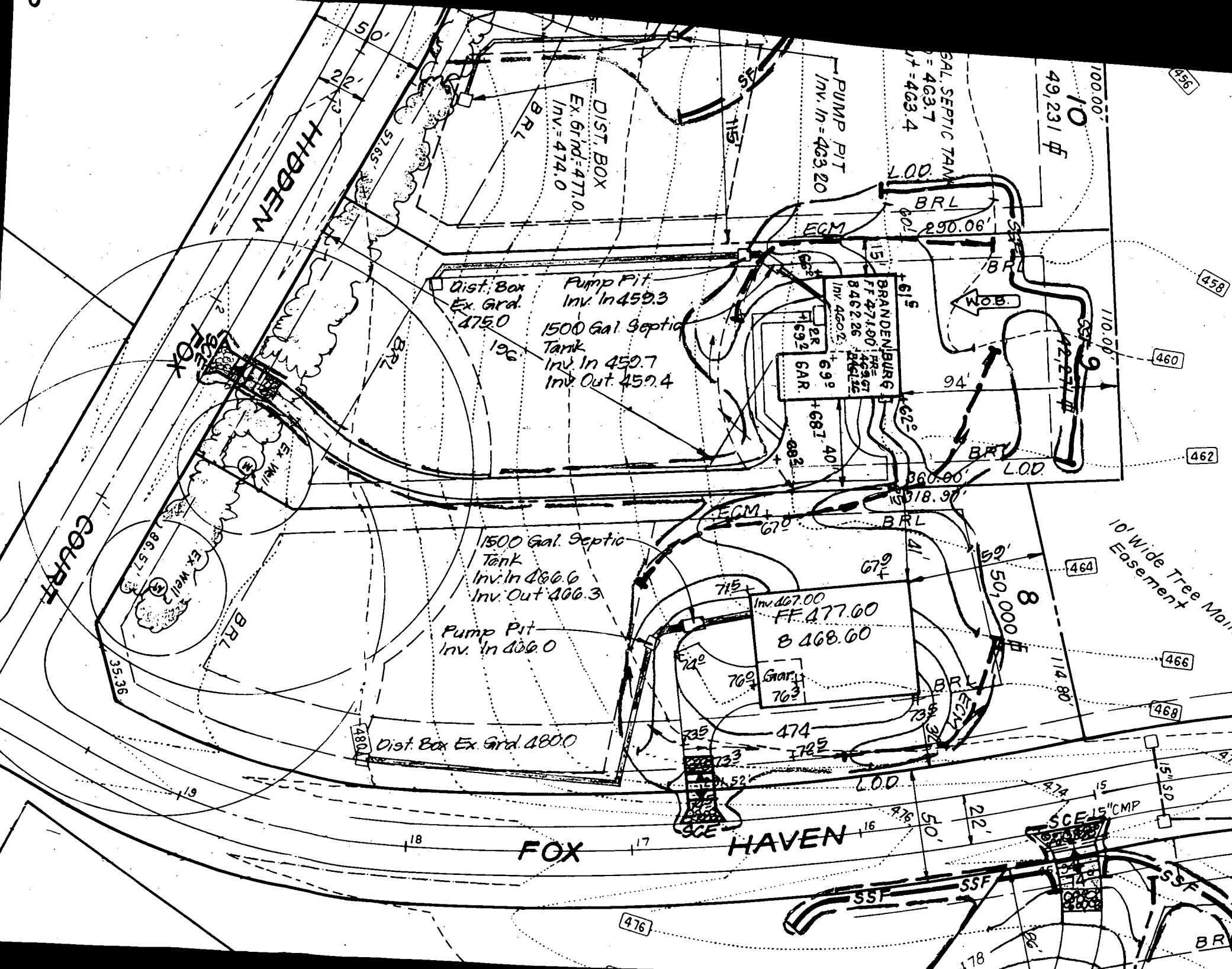
8/28/98
Date

Total linear feet of trench required **240 feet**

Width of trench (es) **5 feet**

Depth of trench (es) **5 feet**

Depth of stone required below distribution pipe **2 feet**



Howard County Health Department

To: FILE

LOT 9 GAITHER HUNT
~~~~~

PUMP TEST OK 2/24/99

QUALIFIED ICCP GIVEN TO

BUILDER (INMAN) IN FIELD.



~~~~~  
SEPTIC TANK CLEANOUT WAS
BURIED, WILL NEED TO
RAISE/UNCOVER #162 TO

From: ECOP

Date: 3/1/99 (CW)

HD-170

B 1 **8738** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

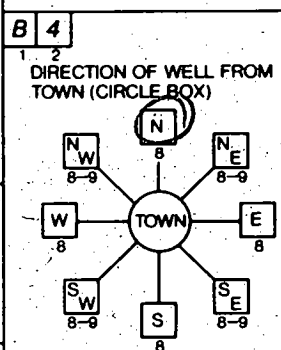
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-94-1498
 fill in this form completely

Date Received (APA) [] [] [] [] [] []
 OWNER INFORMATION
WOODLOT ENTERPRISES
 15 Last Name 34 Owner First Name
5026 DORSEY HALL RD
 36 Street or RFD 55
ELLICOTT CITY MD 21042
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
FAITHER OVERLOOK
 23 SUBDIVISION 42
 SECTION [] [] LOT **29** [] []
 44 46 48 50
~~WINDY~~ ~~ELLS~~ **ELLICOTT CITY**
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **4** [] [] MI
 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE
 Driller's Name 77 License No. 80 **116**
Ralph MAYNE Well Drilling
 Firm Name
9120 Brown Church Mt Aig
 Address
Ralph Mayne Feb 4 1988
 Signature Date



Road A
 11 NEAR WHAT ROAD 30
 NORTH
 WEST SOUTH EAST
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
125
 34 37
 DISTANCE FROM ROAD
 ENTER FT. OR MI **44**
 38 39
 TAX MAP: **29** BLK: **11** PARCEL: **322**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** [] [] [] []
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** [] [] [] []
 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 HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **A 56429 I**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S [] 41
 DATE ISSUED **03/03/98** **Alex Saag** 3/3/98
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **830000** EAST GRID **519000**
 50 55 57 63

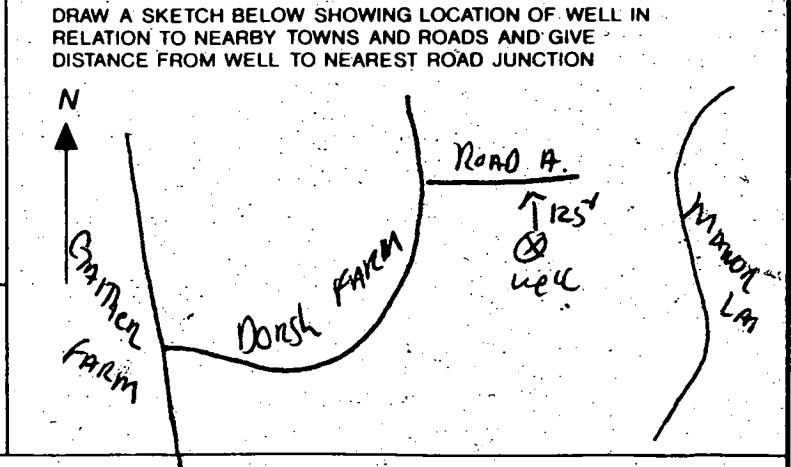
APPROXIMATE DEPTH OF WELL **1150** [] [] FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **87014**
 N **530**
 000 000
 3/7/98

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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] [] [] 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER [] [] [] **G A P** [] [] []
 54 63
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **HD-94-1498**
 67 68 70 71 72 73 74 75 76 77 78 79

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

1/22/99
WPI

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
Fax 313-2645 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New installation
Replacement

Receipt # _____
Date 1/22/99

Name of Installer ROBT. L. FEELER Co. Inc.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer Well Driller _____ Registered Plumber

Name of Property Owner NV-Homes

Telephone 410-721-4703

Subdivision 11004 HIDDEN FOX COURT # 9

Well Tag # HO-94-1448

Site Address CANTON HUNT

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make FLINTS WALLING
- 3. Model # HF10505-301
- 4. Capacity 10 GPH

Motor

- 1. Horsepower 1/2
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make FLOWMATE
- 2. Model # FM-10
- 3. Depth 42"

- 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 _____

CAPTIVE AIR

Tank WIK-205

- 1. Capacity _____
- 2. Pressure relief valve? YES

Piping

- 1. Type Poly
- 2. Size 1"
- 3. NSF and/or EOGA Code approved
- 4. Depth of supply line 42"

Well data

- 1. Depth 165 ft.
- 2. Yield 12 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

1/22/99 - WPI OK (KM) SRK

Date: 1/22/99

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