

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326004

P 511448

A 56429-J

DISTRICT 3rd

DATE 3/4/99

DATE SYSTEM APPROVED 6/23/99

INSPECTOR SRC

BB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXX~~ 410-313-2640

INDEXED

South Carroll Backhoe, Inc

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Gaither Hunt I LOT 10 ROAD 11008 Hidden Fox Court

PROPERTY OWNER NV Homes

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

PUMPED SEPTIC SYSTEM

NUMBER OF BEDROOMS 4

INSTALL: 1-1250 Gallon Center Seamed Pump Chamber

180 SQUARE FEET PER BEDROOM

NOTES - Septic pump detail to be provided by installed prior to issuance of septic permit.
- 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 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 15 feet off the front lot line and 60 feet off the right lot line. 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. *OK 9/2/98 DWS*

*** INSTALL MANHOLE TO GRADE ON PUMP CHAMBER ***

PLANS APPROVED BY Glen Savage

DATE 8-25-98

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

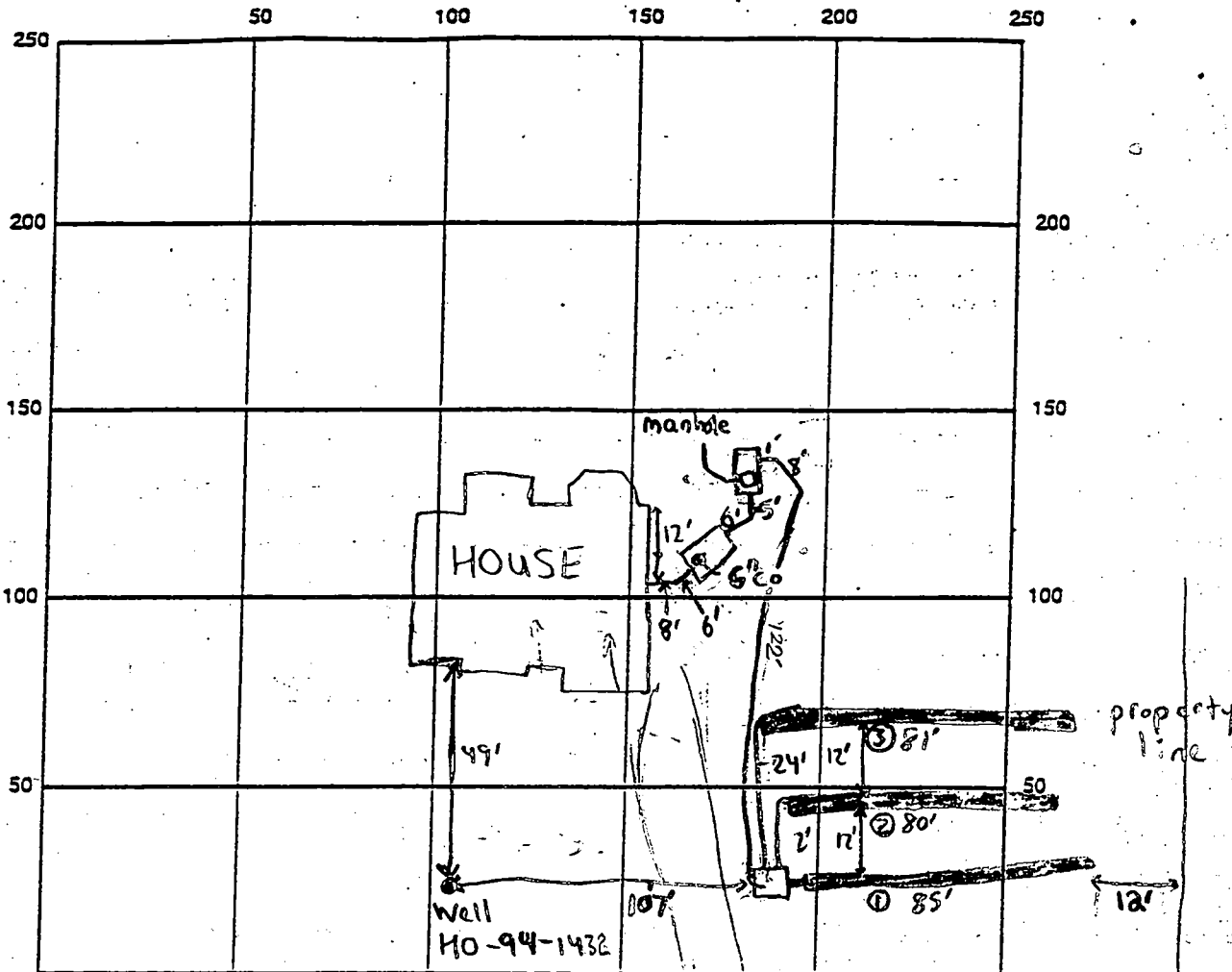
*CALL 461-9333 FOR INSPECTION OF SEPTIC SYSTEM.

LOG PERMITS RETURNED AND RETURNED 2-21-02
600 134494
67 X 35 DECK

516499

5/6/99 10:00
5/11/99 10:00

NO T. TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 g pump tank HIDDEN FOX COURT
1500 g top septic tank CLEANOUTS 1 6" @ tank, 1 manhole at pump tank

DISTRIBUTION BOX LEVEL

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 246 FT.

NUMBER OF TRENCHES 3 ONE-SIDED WALL BOTTOM AREA 738 SQ. FT.

DRYWELL
DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/10/99 Contractor made suggestion to contact plumber so that pipe leaving house should be stubbed out, not left under slab, OK TO COVER TRENCH 1 & 2 → HOUSE CONNECTION

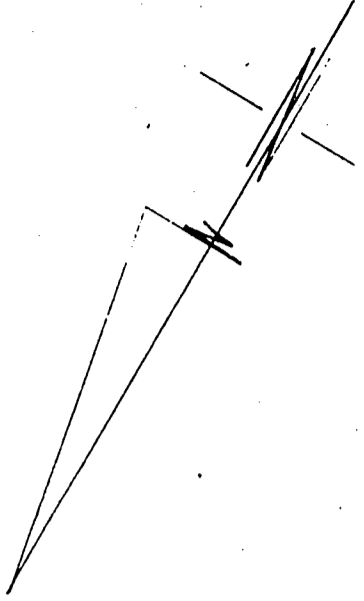
NEEDS TO BE MADE - (SRW) 5/12/99 - CANT TELL FOR SURE IF OUTLET ON PUMP TANK HAS BEEN PLUGGED, HOUSE CONNECTION MADE (SRW)

5/14/99 Contractor to add cement outlet. DIES

6/23/99 - HIGH WATER ALARM OK, PUMP TEST OK (SRW) - BB

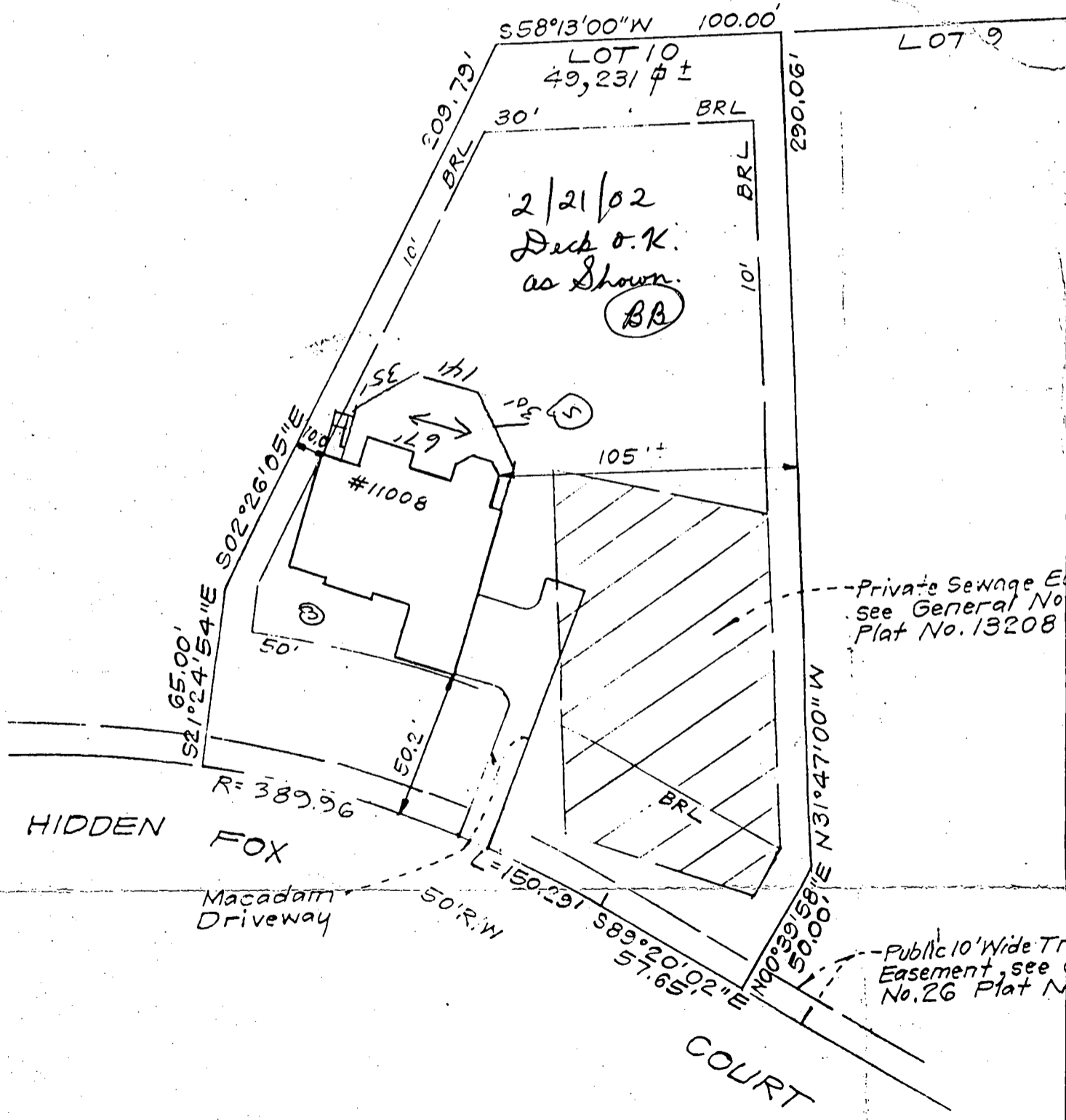
DATE SYSTEM APPROVED 6/23/99 INSPECTOR Steven R. Krieg

Zone C,
of
per
4, 1986.



B00134494

NON-BUILDABLE
PRESERVATION PARCEL 'B'



2/21/02
Deck o.k.
as Shown.
BB

#11008

HIDDEN
FOX

Macadam
Driveway

COURT

Private Sewage E
see General No
Plat No. 13208

Public 10' Wide Tr
Easement, see
No. 26 Plat N

s
y

nt
ting

ion
y
ng

APPLICATION

PERCOLATION TESTING

A 564295

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 N.V. 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. 12-19 10V

ROAD AND DESCRIPTION (11008 Hidden Fox Court)

TAX MAP 29 PARCEL # 21
SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4Brm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNATURE
AND RETURNED 8-23-98
Serial # B0113528

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]
(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-56427J

HEDGE ROW

LEVEL

COUNTY #

SOIL PROFILE

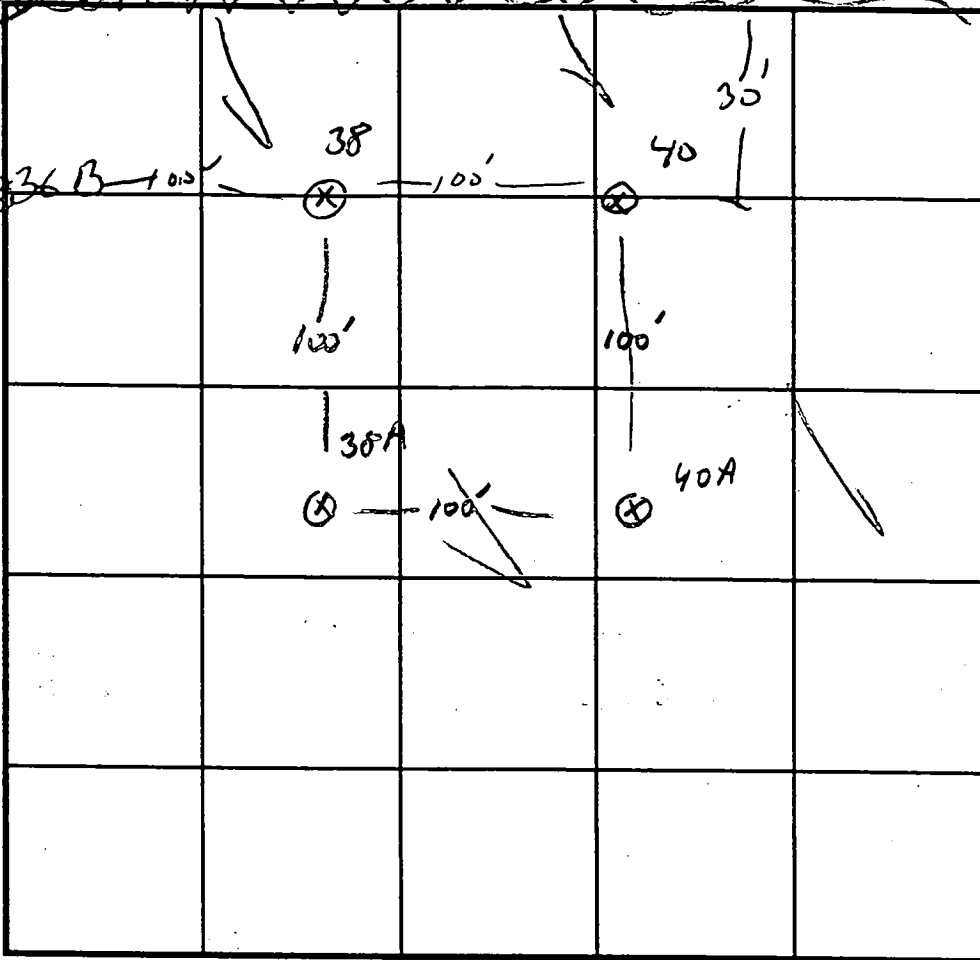
40A 38A

TOPSOIL 1'
 BROWN CLAY LOAM 4'
 BROWN + WHITE SANDY LOAM 4'
 15% QUARTZITE GRAVEL 10.5'

SOIL PROFILE

38 40

TOPSOIL 6'
 BROWN CLAY LOAM 6'
 TAN MICACEOUS S.S.L. FINE, LOOSE 11'



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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

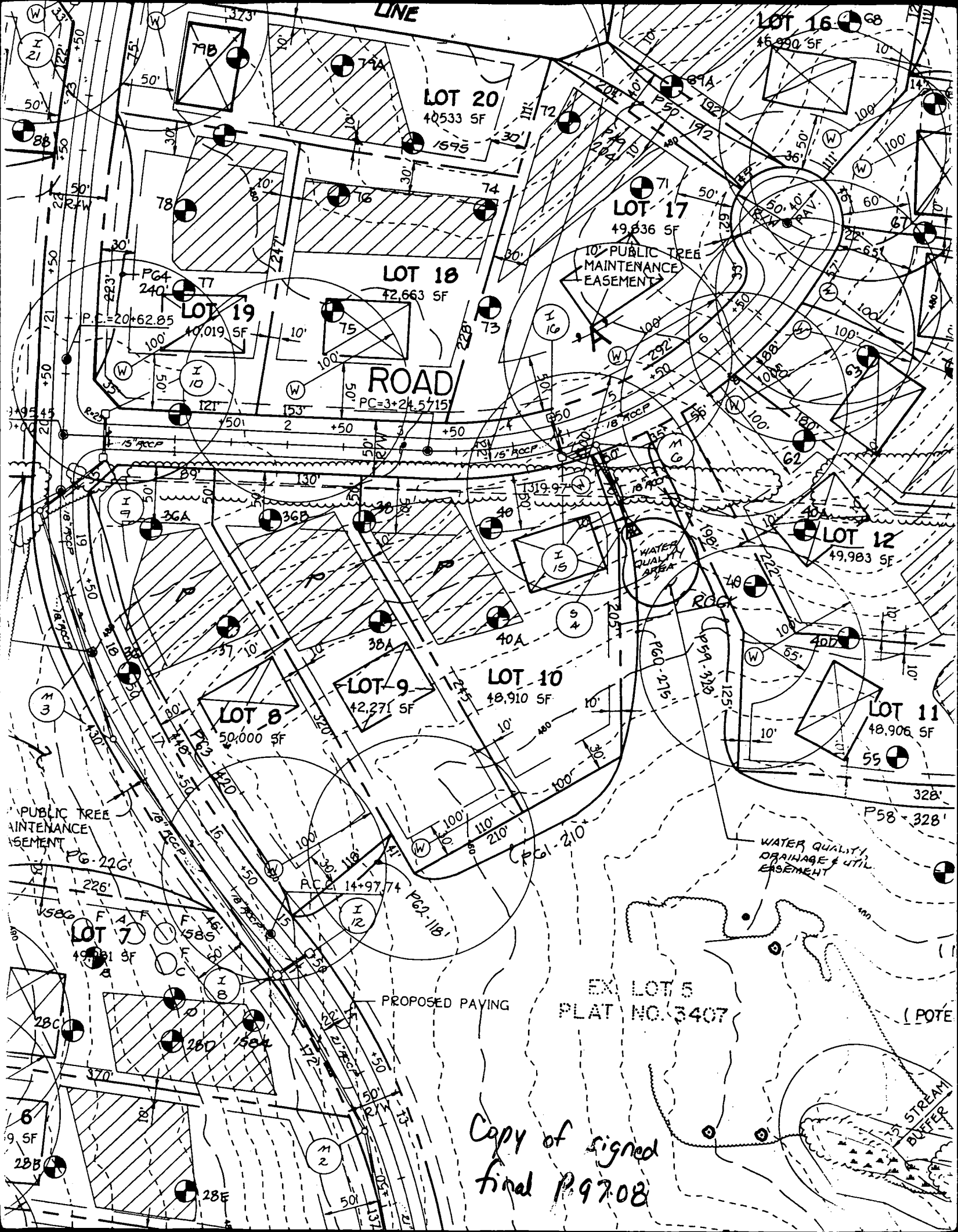
REMARKS LOT 14 10

TYPE OF SOIL _____

TESTED BY G SAVAGE ALSO PRESENT Don Ruer

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

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



Copy of signed
final P. 97.08

EX. LOT 5
PLAT NO. 3407

PROPOSED PAVING

PUBLIC TREE
MAINTENANCE
EASEMENT

WATER QUALITY
DRAINAGE & UTIL.
EASEMENT

(POTE)

STREAM
BUFFER

B 1 8740 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HD-94-11432
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

OWNER INFORMATION
 Date Received (APA) 020998
WOODLOT ENTERPRISES
 Last Name Owner First Name
5026 DORSEY HALL DR.
 Street or RFD
ELLICOTT CITY MD 21042
 Town State Zip

B 3 LOCATION OF WELL
HOWARD
 COUNTY
GAITHER OVERLOOK
 SUBDIVISION
 SECTION 10 LOT
WILDLAKE
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 9 MI

DRILLER INFORMATION CIRCLE (MSD) MGD/MWD
Ralph MAYNE
 Driller's Name License No. 1116
Ralph MAYNE well DRILLING
 Firm Name
9120 Brown Church Rd Mt Airy
 Address
Ralph Mayne Feb 4 1998
 Signature Date

B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD Road A
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 100 FT OR MI FT
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. A 56429-J
 STATE SIGNATURE DATE ISSUED Kim Muste 2/18/99 INSERT S
 CO-SIGNATURE EXP. DATE
 NORTH GRID 030000 EAST GRID 0520000

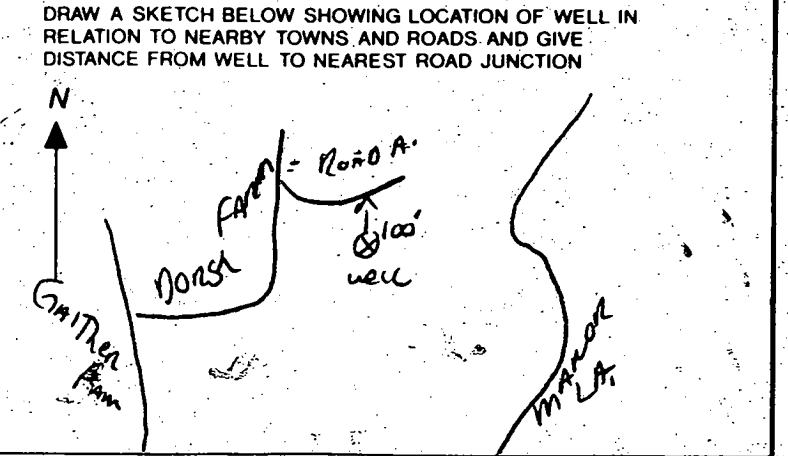
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 520
 N 830

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 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 GAP
 FORCE LN WRITE INITIALS IN BOX PERMIT No. HD-94-11432

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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # _____ Date 6/11/89

Name of Installer Robinson L. Freezer Co, Inc Telephone 410-781-4635

License Number 2123 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NV-Homes Telephone 410-781-1405

Subdivision Springfield Meadows Lot # 12 Well Tag # HC-94-1432

Site Address 1100R HIDDEN FOX COURT

| | | |
|---|--|--|
| Pump | Motor | Fitless Adapter |
| 1. Type | 1. Horsepower <u>1/2</u> | 1. Make <u>Hercules</u> |
| a. Open well jar | 2. RPM <u>3450</u> | 2. Model # <u>01510</u> |
| b. Shallow well jet | 3. Voltage _____ | 3. Depth <u>42'</u> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>Hercules</u> | b. 220 <input checked="" type="checkbox"/> | |
| 3. Model # <u>01510</u> | | |
| 4. Capacity <u>7</u> GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 6. Is Val. 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 <input checked="" type="checkbox"/> Other _____ | | |
| Tank <u>Captive Air</u> | Piping <u>Poly</u> | Well data |
| 1. Capacity <u>36 GMS.</u> | 1. Type _____ | 1. Depth <u>18'</u> |
| 2. Pressure relief valve? <u>Y</u> | 2. Size <u>1"</u> | 2. Yield <u>12</u> GPM |
| | 3. NSF and/or SOCA Code approved <u>Y</u> | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>42"</u> | 4. Will water supply be disinfected by installer? <u>Y</u> |

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.

No insp? Signature of Applicant: _____ Date: 6/11/89

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