

1/4/99
3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 51149

A 56429-K

DISTRICT _____

DATE 12-11-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

03-326012

DATE SYSTEM APPROVED 1/4/99

INDEXED

INSPECTOR JKS

South Carroll Backhoe

IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Gaither Hunt, Sec. 1 LOT 11 ROAD 11012 Hidden Fox Court

PROPERTY OWNER NV Homes

BUILDING PERMIT SIGNED

ADDRESS _____

AND RETURNED

5/19/05 600153884-DECK

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 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. Y REAR

LOCATION - Place the distribution box 110 feet off the 125.00' lot line and 15 feet off 328.00' lot line. Run trenches along contour towards the 282.00' 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.

PLANS APPROVED BY Glen savage ok of 11-5-98 DATE 10-23-98

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

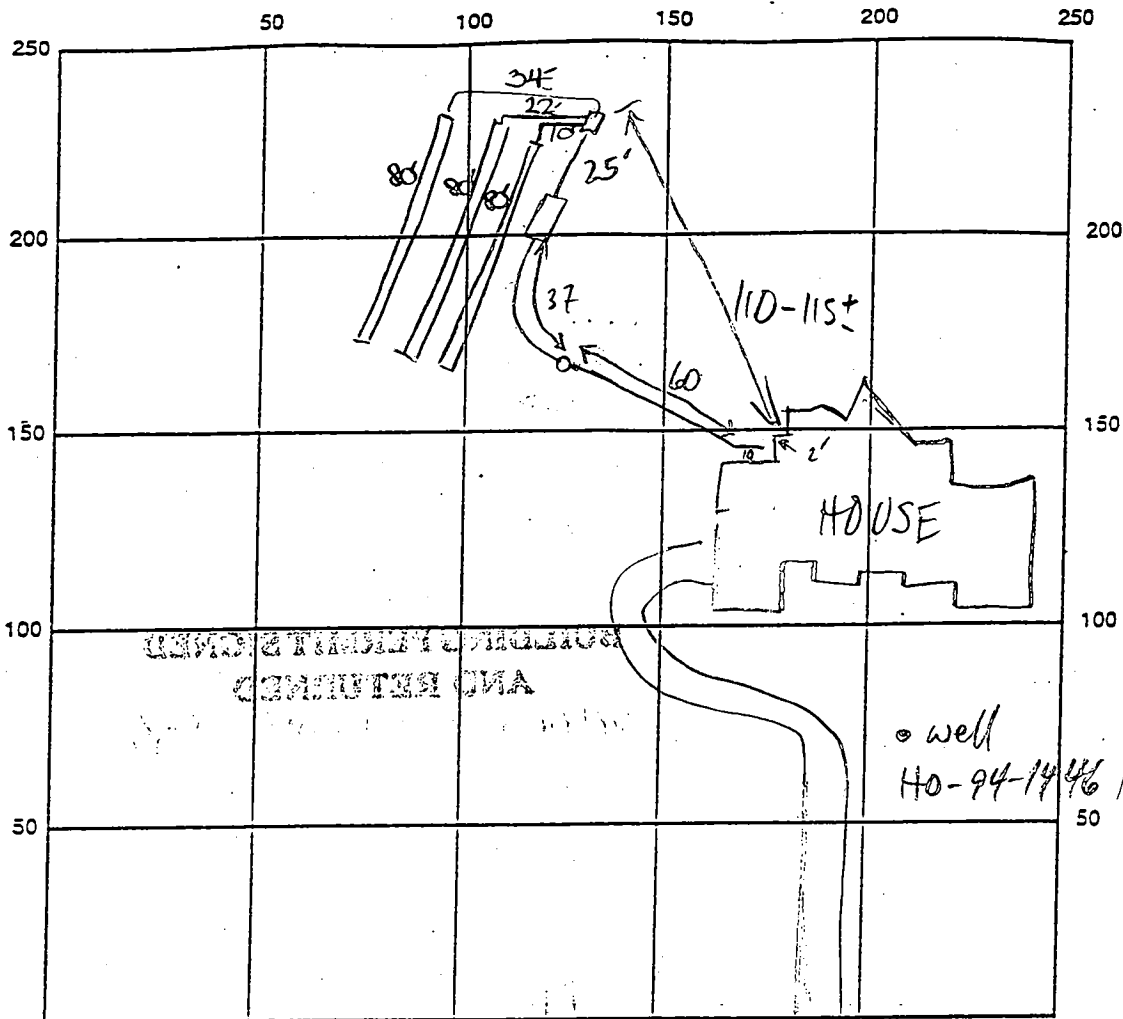
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 56429-K

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Abandoned
10/13/98

HIDDEN FOX CT

SEPTIC TANK LEVEL 2000 GAL TOP SEAMED CLEANOUTS INLINE - OK

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 318 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: 12/30/98 D.B. 6" DEEPER THAN SPECS! ADVISED INSTALLER TO KEEP TRENCH BOTTOMS @ 5'; CONTINUE (MR)

1/4/99 FINAL INSP - OK TO COVER ALL WORK DKS

DATE SYSTEM APPROVED 1/4/99

INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 56429K

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DATE 3-27-96

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. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. BT 16 11 ✓

ROAD AND DESCRIPTION 11012 Hidden Fox Court

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

LOG PERMIT SIGNED
ONE RETURNED 10-23-95
Serial # 20113117

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 _____

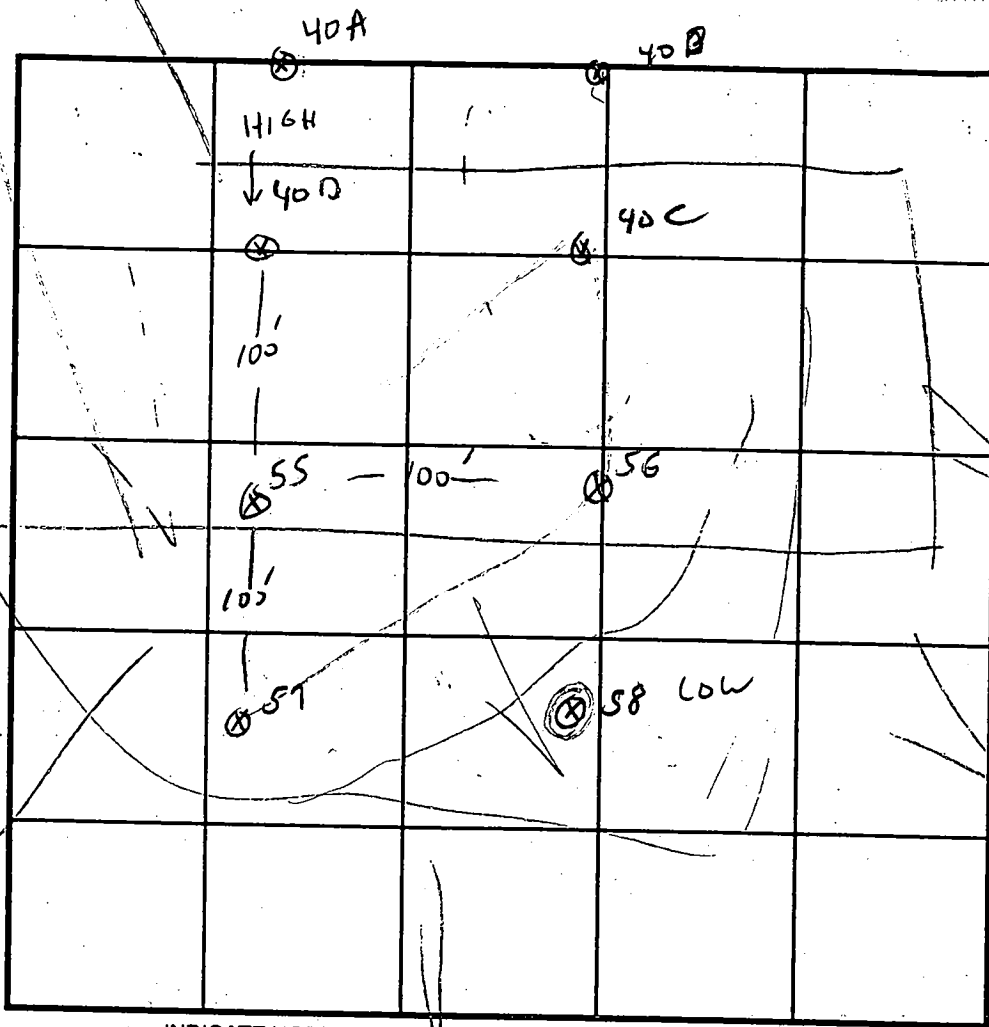
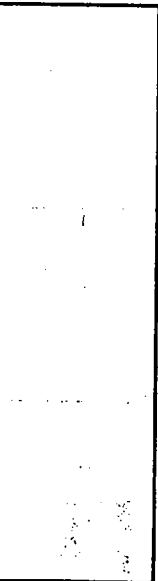
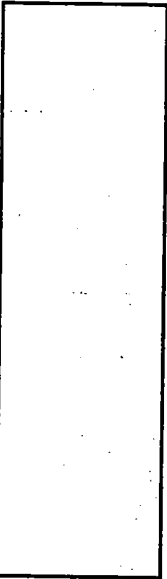
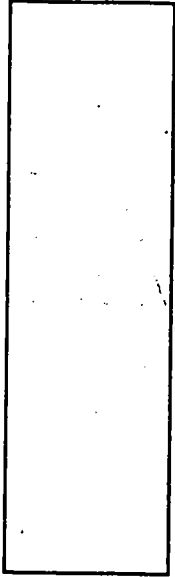
THIS IS NOT A PERMIT

A56429K

COUNTY #

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
0' 56+57+58

TOPSOIL	58'
BROWN CLAY LOAM	8"
BROWN SANDY LOAM COARSE GRAIN	2'
DRY	

WATER 11
AT 9.5
SEEPAGE AT 9'
IN 58

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/27/96	55	4'	3:41	3:46	3:46	3:53	7 MIN
	57	4'	3:46	3:47	3:47	3:49	2 MIN
	56	5'	3:52	3:53	3:53	3:55	2 MIN
	58 FAIL 58+140	4' 6"	11:02	11:03	11:03	11:05	2 MIN

REMARKS LOT #611 SHOWS PERC OK AT 2' DO NOT USE 58

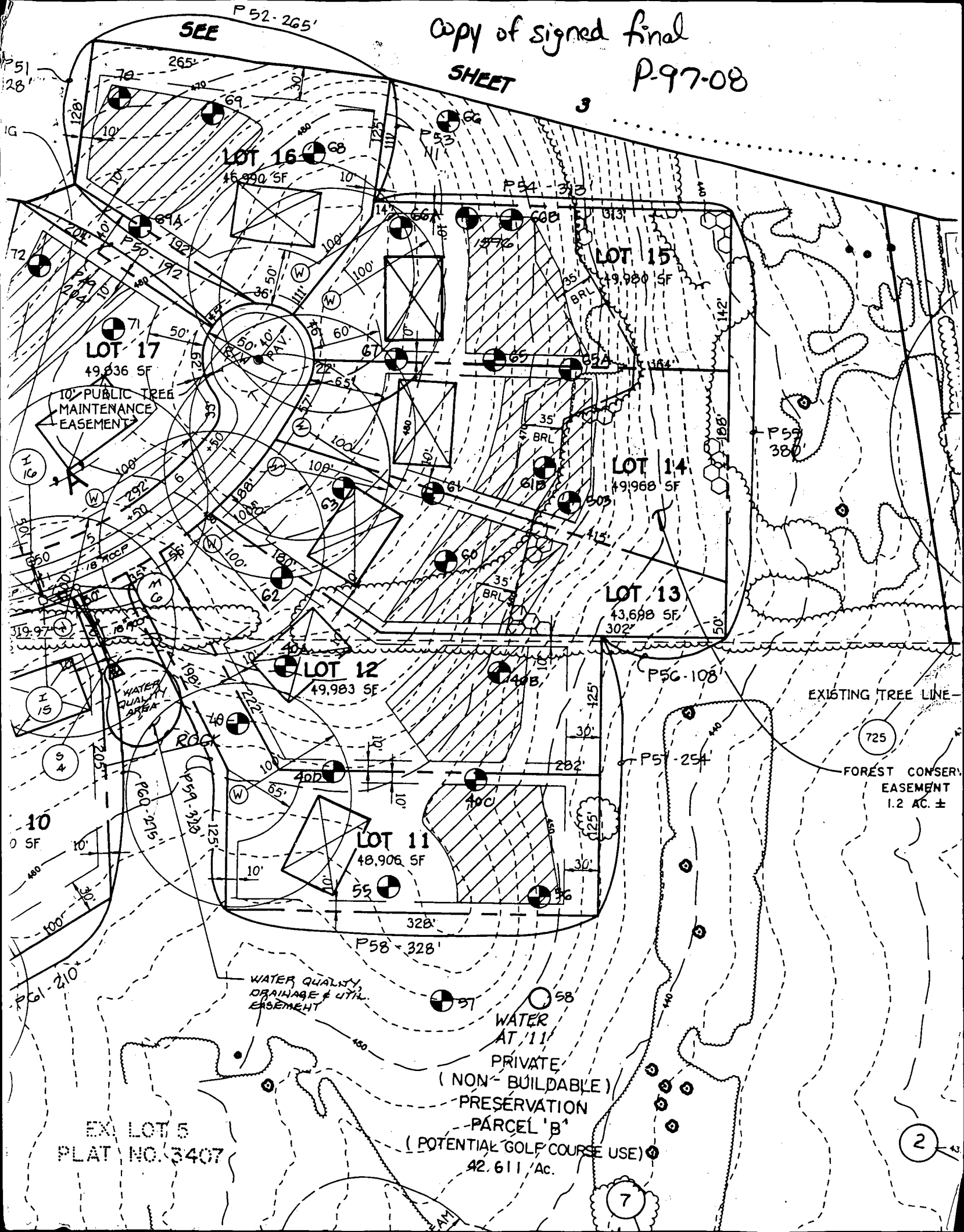
TYPE OF SOIL

TESTED BY G. SAUSAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3

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

Copy of signed final
SHEET 3 P-97-08



EX LOT 5
PLAT NO. 3407

WATER QUALITY DRAINAGE & UTIL. EASEMENT
WATER AT 11
PRIVATE (NON-BUILDABLE) PRESERVATION PARCEL 'B' (POTENTIAL GOLF COURSE USE) 42,611 Ac.

EXISTING TREE LINE
FOREST CONSERVATION EASEMENT 1.2 AC. ±

2

7

B 1 8003 SEQUENCE NO. (MDE USE ONLY)

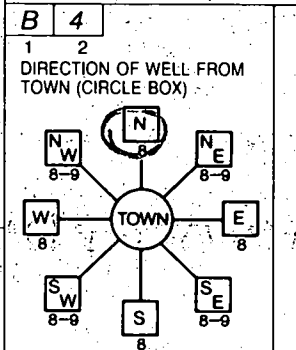
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER -94-1776 fill in this form completely

OWNER INFORMATION: Date Received (APA), RUSSELL DEVELOPMENT, LLC, 8808 CENTRE PARK DR. SUITE 108, COLUMBIA MARYLAND 21045

LOCATION OF WELL: HOWARD COUNTY, GAITHER HUNT, WILDE LAKE, NEAREST TOWN

DRILLER INFORMATION: MICHAEL BARLOW MW D355, MICHAEL BARLOW WELL DRILLING SRV. INC, 912 FAWN COURT, JOPPA, MD 21085



HIDDEN FOX COURT, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD 230 FT, TAX MAP 29 BLK 11 PARCEL 322

WELL INFORMATION: APPROX. PUMPING RATE 500 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD COUNTY, STATE SIGNATURE, DATE ISSUED 10/8/98, CO SIGNATURE, EXP DATE 10/8/99

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

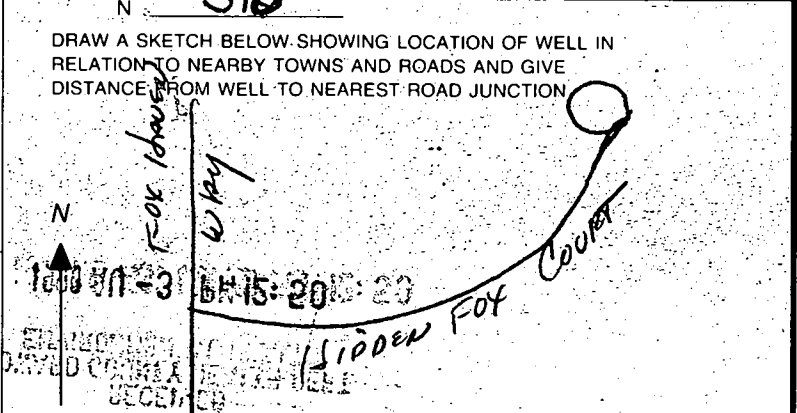
APPROXIMATE DEPTH OF WELL 200 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE

10-9-98, 9.00 GPM, NO MWR, X

METHOD OF DRILLING (circle one): AIR PERCUSSION

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER 40-94-1776, PERMIT No. 70 71 72 73 74 75 76 77 78 79

C1 4311

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 A56429K

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10-13-98

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1776

OWNER RUSSELL DEV LLC STREET OR RFD HIDDEN FOX CT TOWN WILDE LAKE SUBDIVISION GAITHER HUNT SECTION 1 LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Soil, Tan Sandstone, Hard Gray Granite.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (11), NO. OF POUNDS (1034), DEPTH OF GROUT SEAL (06 to 40).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (40).

SCREEN RECORD form including: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (40, 200).

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (12), WATER LEVEL (13), TYPE OF PUMP USED (S submersible).

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

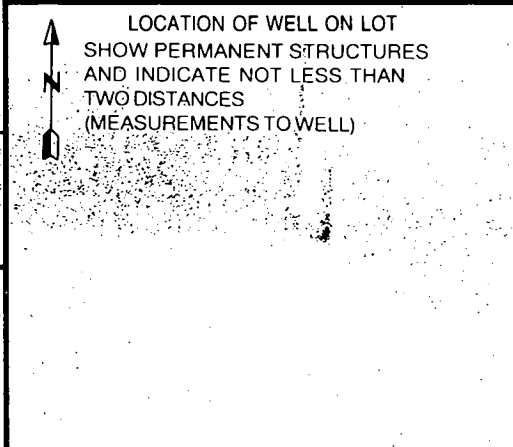
DEPTH (nearest ft.) table with rows for casing heights: 40, 200, 23, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).

DRILLERS LIC. NO. MWD 325, DRILLERS SIGNATURE Max A. Jones, LIC. NO. Jwb 341

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



C1 05165 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A56429

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 03 03 98

DATE WELL COMPLETED MM DD YY 03 03 98 Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1446

OWNER WOODLOT ENTERPRISES STREET OR RFD last name first name TOWN WILD LAKE SUBDIVISION GATHER OVERLOOK SECTION LOT 11

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandstone, and MICA.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (1000), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (38).

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

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3.

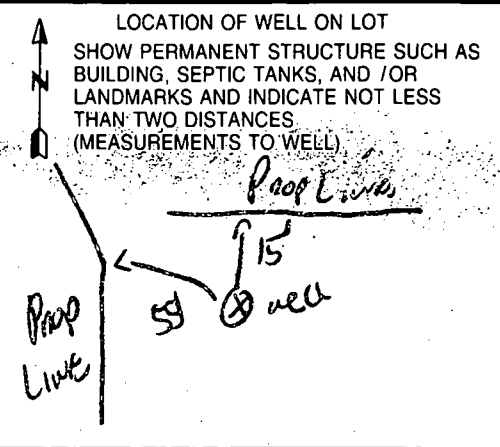
DEPTH (nearest ft.) Form: 1-2 HO 36 205, 3-4 HO 36 205, 5-6 HO 36 205, 7-8 HO 36 205, 9-10 HO 36 205, 11-12 HO 36 205, 13-14 HO 36 205, 15-16 HO 36 205, 17-18 HO 36 205, 19-20 HO 36 205, 21-22 HO 36 205.

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 Form: HOURS PUMPED (3), PUMPING RATE (6), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (13), BEFORE PUMPING (17), WHEN PUMPING (22), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (+) above LAND SURFACE (2) (nearest foot).



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. MS D 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D 112

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

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)

WELL OWNER

MDE WATER MANAGEMENT ADMINISTRATION WELL PROGRAM

DATE WELL ABANDONED: 10-13-98 (month/day/year)

RECEIVED
MDE
OCT 13 1998
11:30 AM

PERMIT NUMBER OF ABANDONED WELL (if any) 10-94-1746

PERMIT NUMBER OF REPLACEMENT WELL 11

PERSON ABANDONING WELL: Max Jones

WELL DRILLERS LICENSE NUMBER: 355

CIRCLE: (MWD) MSD/MGD

OWNER'S NAME: Russell Development

WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Wilde Lake

TAX MAP BLOCK PARCEL

SUBDIVISION: Gaither Hunt

SECTION: LOT: 11

NEAREST ROAD: Hidden Fox Ct.

MARYLAND GRID COORDINATES

E 830

BOX NUMBER

N 510

SHOW WELL LOCATION BY X WITHIN BOX

*10/22/98
well tag returned
and destroyed
(DKS)*

TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 205 FEET DEEP

WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>205</u>	<u>0</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 355

(MWD) MSD/MGD

CIRCLE ONE

DATE

2/25/99
10-11

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

Fax 313-2648 313-2640

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt \$ _____
Date _____

Name of Installer ROBERT L. FEEZER Co., Inc.

Telephone 410-781-4855

License Number 2172

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NV Homes

Telephone 410 781 4703

Subdivision Sawler Hunt Lot # 11

Well Tag # HO-94-1776

Site Address 11066 HIDDEN FOX CT.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower <u>1/2</u> | 1. Make <u>Flomatic</u> |
| a. Deep well jet _____ | 2. RPM <u>3450</u> | 2. Model # <u>FM 10</u> |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth <u>42'</u> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make _____ | b. 220 <u>X</u> | |
| 3. Model # _____ | | |
| 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 _____ | | |

- | | | |
|--------------------------------------|---------------------------------------------|--------------------------------------------------------------|
| Tank | Piping | Well data |
| 1. Capacity <u>WELL 36 Gallons</u> | 1. Type <u>Poly</u> | 1. Depth <u>205</u> ft. |
| 2. Pressure relief valve? <u>YES</u> | 2. Size <u>1"</u> | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved <u>yes</u> | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>42' T</u> | 4. Will water supply be disinfected by installer? <u>YES</u> |

2/25/99 WPI 4' B.G.
2PC CAP OK per ALM

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: Robert L. Feezer

Date: 2/26/99

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

