

C-0
12/23/98
12:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326047

P 511149

A 56429-N

DISTRICT _____

DATE 12-11-98

HOWARD COUNTY HEALTH DEPARTMENT

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

DATE SYSTEM APPROVED 12/28/98

INSPECTOR A

INDEXED

South Carroll Backhoe

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Rd. Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Gaither Hunt, Section 1 LOT 14 ROAD 11024 Hiden Fox Court

PROPERTY OWNER Martin Warner ~~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 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 5.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet down the right lot line and 10 feet off that same lot line as seen from the road. Run trenches along contour towards the left 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/cw 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

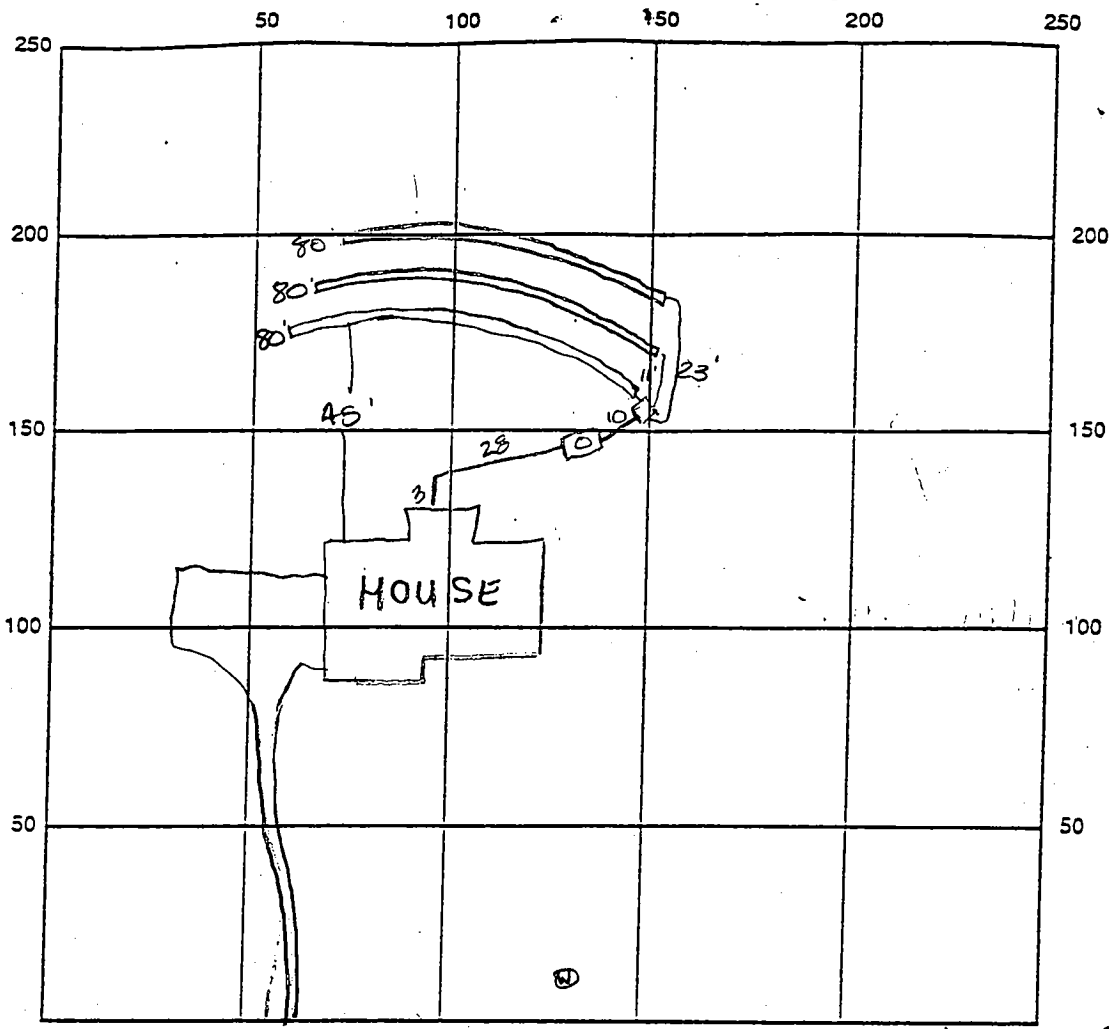
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BLDG. PERMIT SKINZ
AND RETURNED 7/20/00
BOOR 5552 Deck

PERMIT SKINZ
AND RETURNED
B00133947 - FINISH BASEMENT w/OFFICE

V
56429-N
11-689-N

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Hidden Fox Ct

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TILE DEPTH 55 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 20 FT. TOTAL LENGTH 240 FT.

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

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/28/98 OK to cover all work *

DATE SYSTEM APPROVED 12/28/98 INSPECTOR A. McMillen

Part Of
NON-BUILDABLE
PRESERVATION
PARCEL 'B'

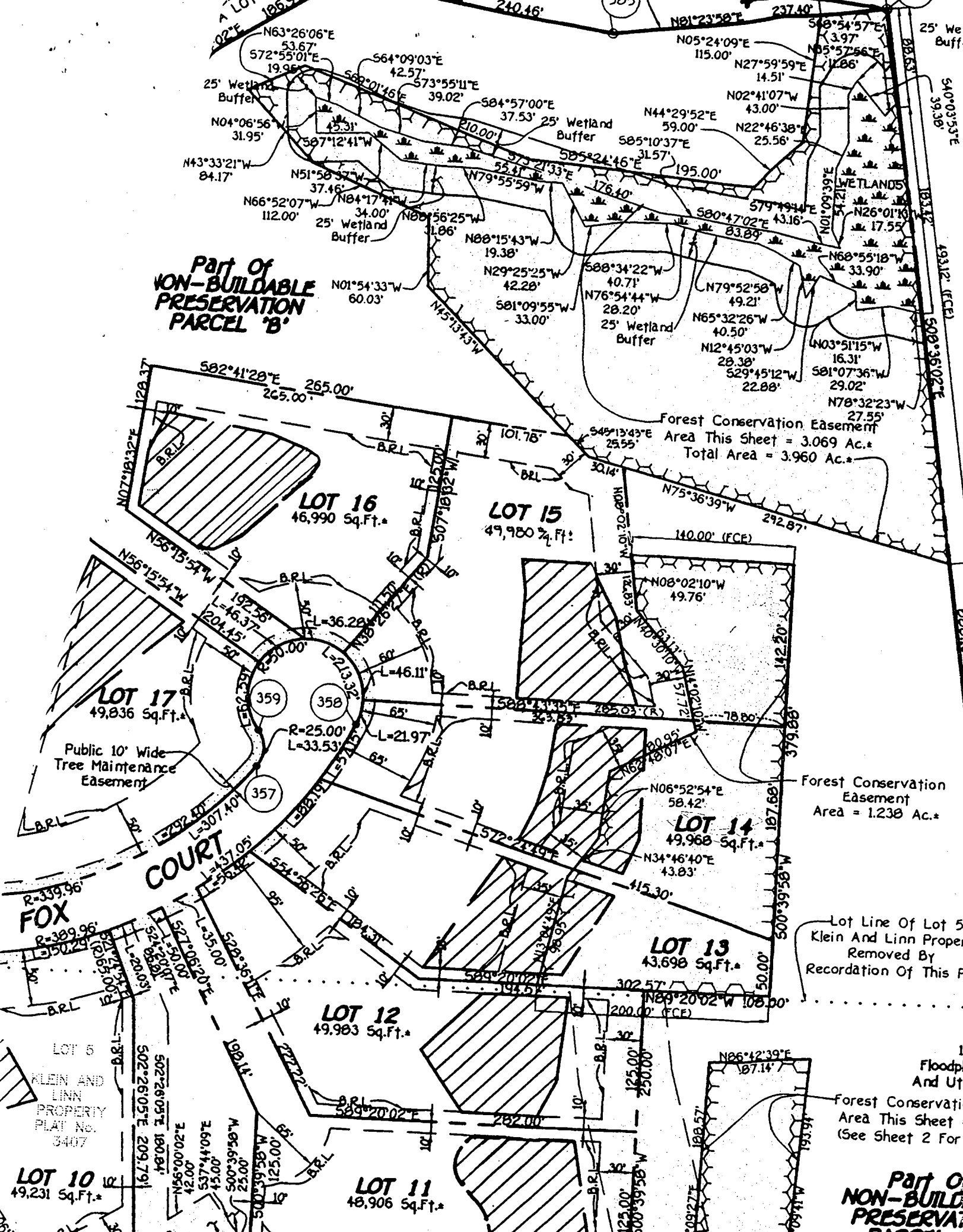
Forest Conservation Easement
Area This Sheet = 3.069 Ac.*
Total Area = 3.960 Ac.*

Forest Conservation Easement
Area = 1.238 Ac.*

Lot Line Of Lot 5
Klein And Linn Proper
Removed By
Recordation Of This P

Forest Conservati
Area This Sheet -
(See Sheet 2 For

Part O
NON-BUILD
PRESERVA
PARCEL



LOT 16
46,990 Sq.Ft.*

LOT 15
49,980 Sq.Ft.*

LOT 17
49,836 Sq.Ft.*

LOT 14
49,968 Sq.Ft.*

LOT 13
43,698 Sq.Ft.*

LOT 12
49,983 Sq.Ft.*

LOT 11
48,906 Sq.Ft.*

LOT 10
49,231 Sq.Ft.*

COURT

FOX

LOT 5
KLEIN AND
LINN
PROPERTY
PLAT No.
3407

25' Wetland
Buffer

25' Wetland
Buffer

25' Wetland
Buffer

Public 10' Wide
Tree Maintenance
Easement

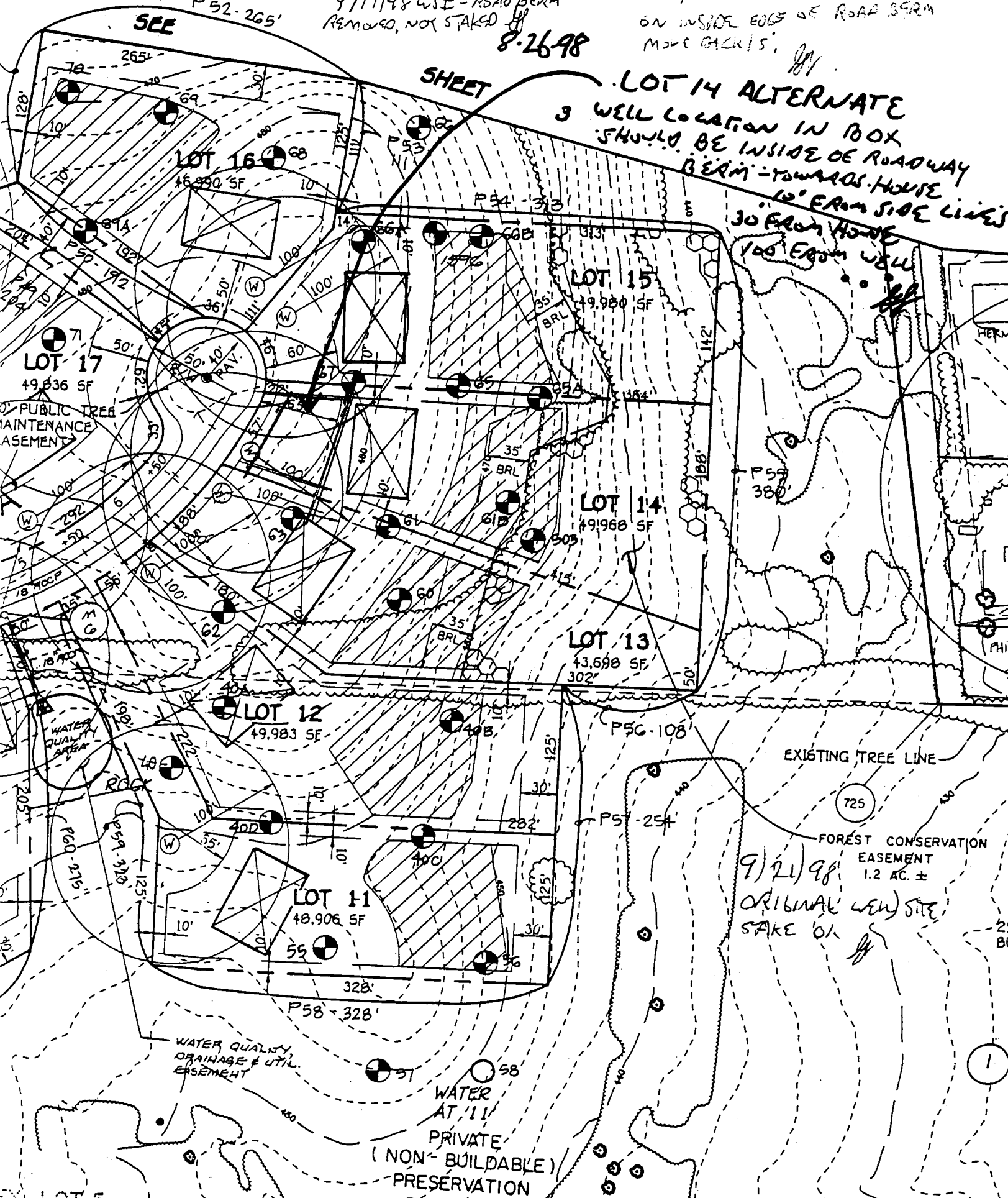
Forest Conservati
Area This Sheet -
(See Sheet 2 For

Floodpl.
And Util

LOT 14

FA 40 TO SC 4000
9/17/98 USE - ROAD BEAM
REMOVED, NOT STAKED
8.26.98

8/21/98 USE STAKE LOCATED
ON INSIDE EDGE OF ROAD BEAM
MAY BE GAZON.



SHEET

LOT 14 ALTERNATE
3 WELL LOCATION IN BOOK
SHOULD BE INSIDE OF ROADWAY
BEAM - TOWARDS HOUSE
12' FROM SIDE LINES
30' FROM HOUSE
100' FROM WELL

PUBLIC TREE
MAINTENANCE
EASEMENT

WATER QUALITY
AREA

WATER QUALITY
DRAINAGE & UTIL.
EASEMENT

WATER
AT '11'
PRIVATE
(NON-BUILDABLE)
PRESERVATION
PARCEL 'B'

EXISTING TREE LINE

FOREST CONSERVATION
EASEMENT
1.2 AC. ±

9/21/98
ORIGINAL WELL SITE
SAKE OK

EX. LOT 5

APPLICATION

PERCOLATION TESTING

56429N

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 4/11/96

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. Holmes

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

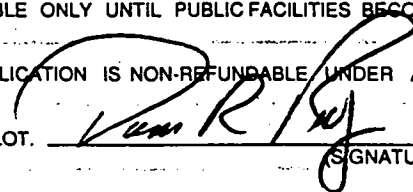
PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2E 14

ROAD AND DESCRIPTION (11024 Hidden Fox Court)

TAX MAP 29 PARCEL # 21 BLDG. PERMIT SIGNED AND RETURNED 11-23-96
Serial # B7713702
SIZE OF LOT 1+ Acres TYPE BLDG. SFD-4 Bdw
(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

COUNTY #

SOIL PROFILE

TOPSOIL
ORANGE SANDY CLAY LOAM

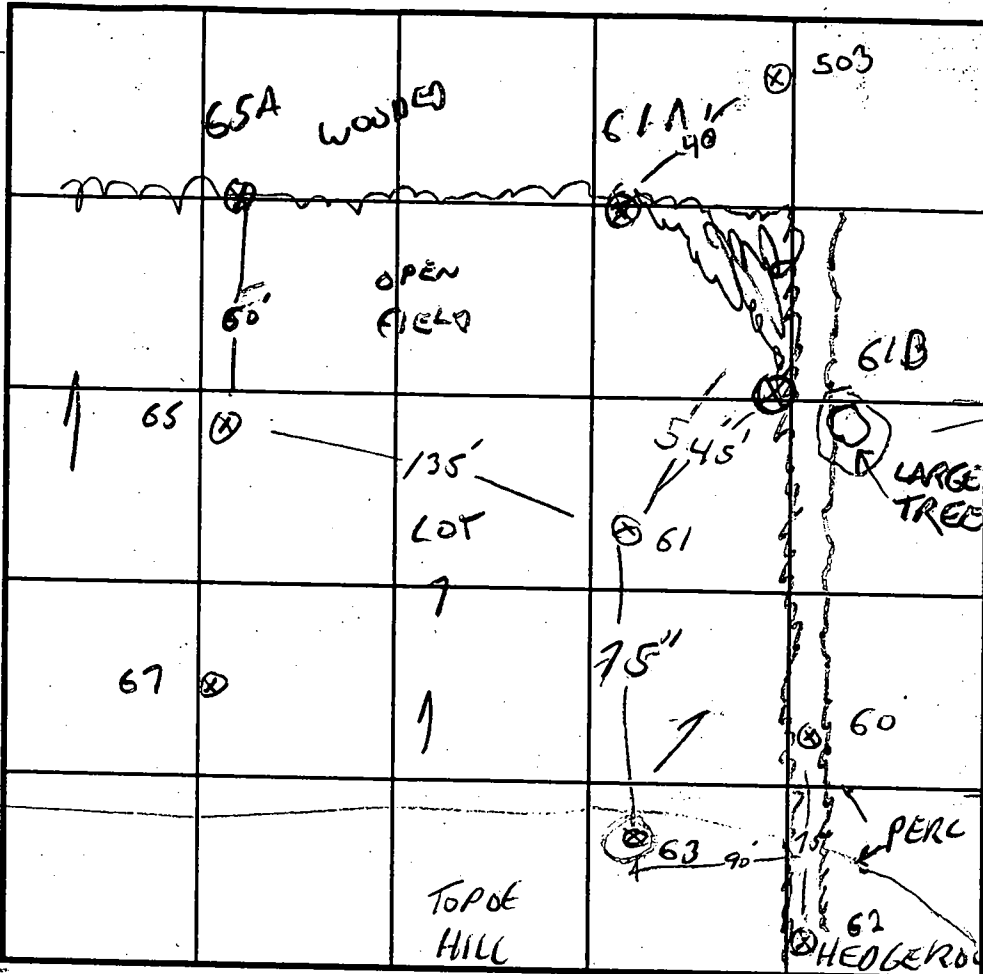
30% ROCK SANDY LOAM

3" BAND OF COARSE SAND @ 4'

Rock CIA

TOPSOIL
RED BROWN HEAVY SILT LOAM

DARK BROWN MICACEOUS SILT LOAM



SOIL PROFILE

TOPSOIL
ORANGE SANDY CLAY LOAM

BROWN SANDY MICACEOUS LOAM
15% Rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/11/96	67	5' 11"	SEE LOT 6 PROFILE				2 MIN
	65	4' 10 1/2"	"	"	"	"	2 MIN
	61	4' 6" 11"	12:4	12:5	12:5	12:7	2 MIN
	63	5' 8"	< 1 MIN				
	61A	4' 6" 11"	4:15	4:17	4:17	4:21	4 MIN
	61B	5' 6" 11"	4:37	4:43	4:43	4:52	9 MIN
8/7/96	503	4' 6" 11"	VISUAL OK TO 7'				

REMARKS LOT 7 14 (2 SHEETS) RECONVEGATION

TYPE OF SOIL _____

TESTED BY G. SAUCE ALSO PRESENT MI

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

INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT./BEDROOM 180

C1 3785

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A56429N

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10/1/98

Depth of Well 150 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1749

OWNER Russell Development LLC STREET OR RFD FAIRHUR HUNT TOWN Elliecott City SUBDIVISION SECTION LOT 14

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 752

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE watch & bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 44' WHEN PUMPING 52'

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Sandstone (0-37), Hard Gray Granite (37-150), 65, 80, 105, 120.

CASING RECORD

ST (STEEL) CO (CONCRETE) PL (PLASTIC) OT (OTHER) MAIN CASING TYPE ST Nominal diameter top (main) casing 06 Total depth of main casing 40

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER) screen type or open hole insert appropriate code below

C 2

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows: HO 40 150

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 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 (-) below 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

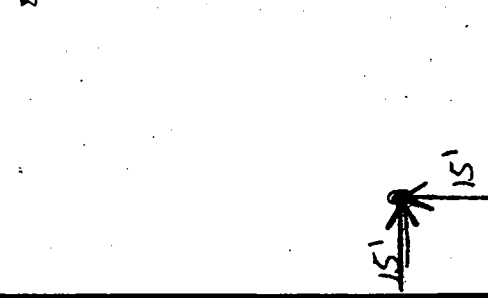
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MTD 355 DRILLERS SIGNATURE Max S. Jones LIC. NO. JWD 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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



Right Prop. Line

B 1	8007	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO 94-1749 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Russell Development LLC

15 Last Name Owner First Name 34
8808 Centre Park Dr. Suite 108

36 Street or RFD 55
Columbia MD 21045

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
Howard

8 COUNTY 21
Garther Hunt

23 SUBDIVISION 42

SECTION [] LOT **14**

44 46 48 50

Wheaton ELICOTT CITY

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **4** M I
73 76 77 78

DRILLER INFORMATION

Michael Barlow MWD 355

Driller's Name 76 License No. 81

Michael Barlow Well Drilling

Firm Name

912 Fawn Cr. Joppo 21085

Address

[Signature] **8/10/98**

Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11. **HIDDEN FOX CT**
Route A

NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **10** 37
DISTANCE FROM ROAD
ENTER FT OR MI **65**

38 39

TAX MAP: **29** BLK: **5** PARCEL: **21**

WELL INFORMATION

1 2
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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22. INDUSTRIAL COMMERCIAL DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A56429N**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED **9/21/98** **[Signature]** **9/21/99**

43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID **51J** 0 0 0 EAST GRID **830** 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH 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: _____

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

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **10-1-98 no insp.**

2. **Grout**

3. **X**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **830**

N **526 15**

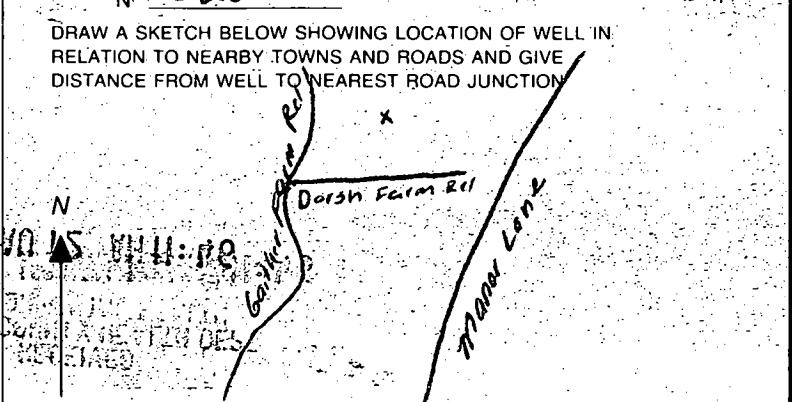
000
000

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G.A.P. 54 _____ 63 _____

PERMIT NO. **HO 94-1749**

70 71 72 73 74 75 76 77 78 79



2/9/99
AM.

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 2/8/99

Name of Installer Robert L. Freeman Co. Inc. Telephone 410-781-4657

License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MV-HOUSE Telephone 410-921-4703
Address 11024 HIDDEN FOX COURT Lot # 14 Well Tag # 10-99-1799

- 1. Type _____
- 2. Capacity _____ GPM
- 3. Motor _____
- 4. Capacity _____ GPM
- 5. Does pump exceed well capacity? Yes No
- 6. Is there a 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 3450
 - 3. Voltage _____
 - a. 110 _____
 - b. 220

- Fitless Adapter
- 1. Make WALTON
 - 2. Model # 110-30
 - 3. Depth 32"

- Pressure Tank
- 1. Capacity 1.5 GALS.
 - 2. Pressure relief valve? YES

- Piping
- 1. Type _____
 - 2. Size _____
 - 3. NSF and/or BOCA Code approved _____
 - 4. Depth of supply line _____

- Well data
- 1. Depth 150 ft.
 - 2. Yield _____ GPM
 - 3. Static water level _____ ft.
 - 4. Will water supply be disinfected by installer? YES

2/9/99 Pitless Adaptor
2-PC CAP 4' B.G. OK (MR)
OK

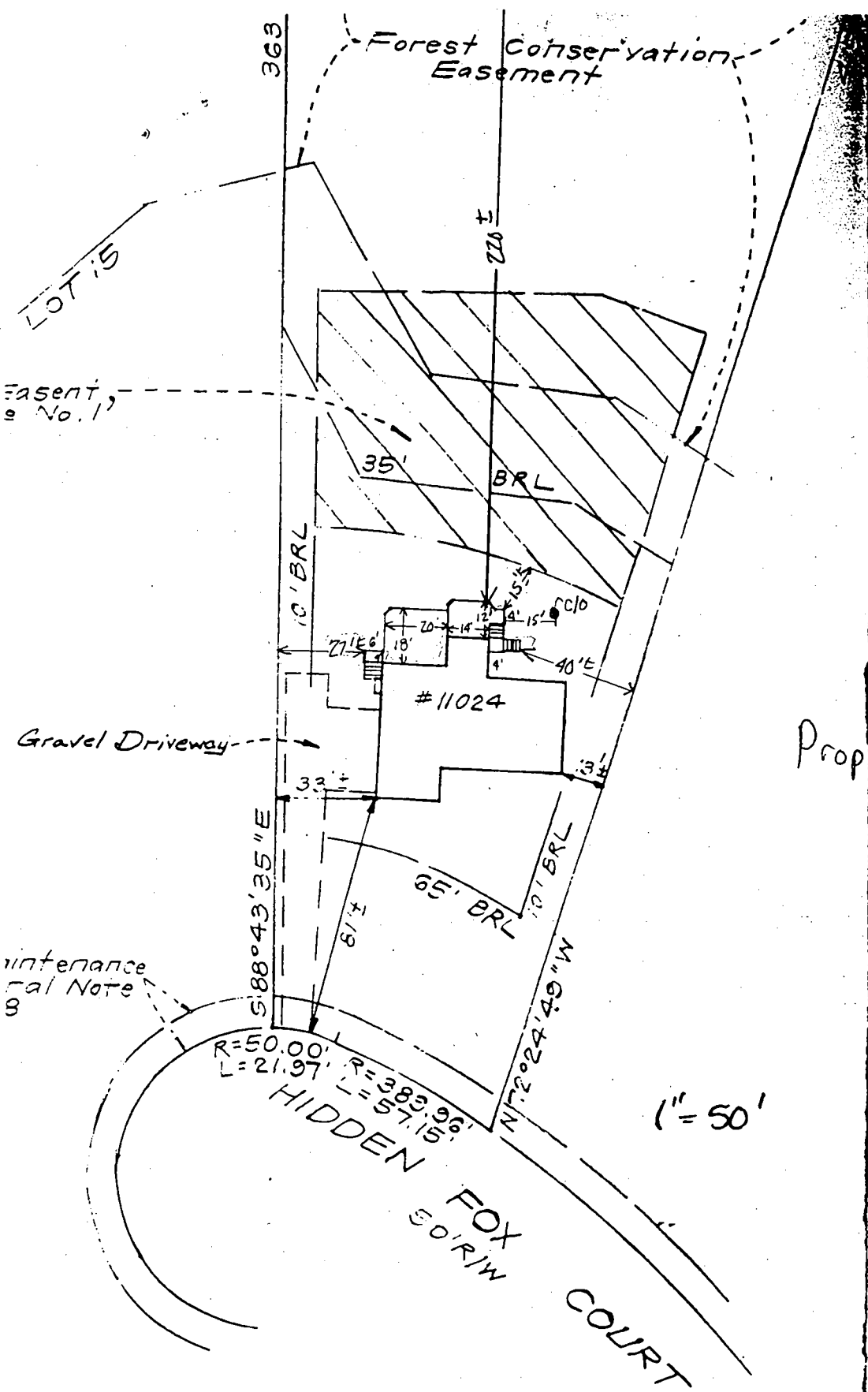
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant Robert L. Freeman

Date: 2/8/99

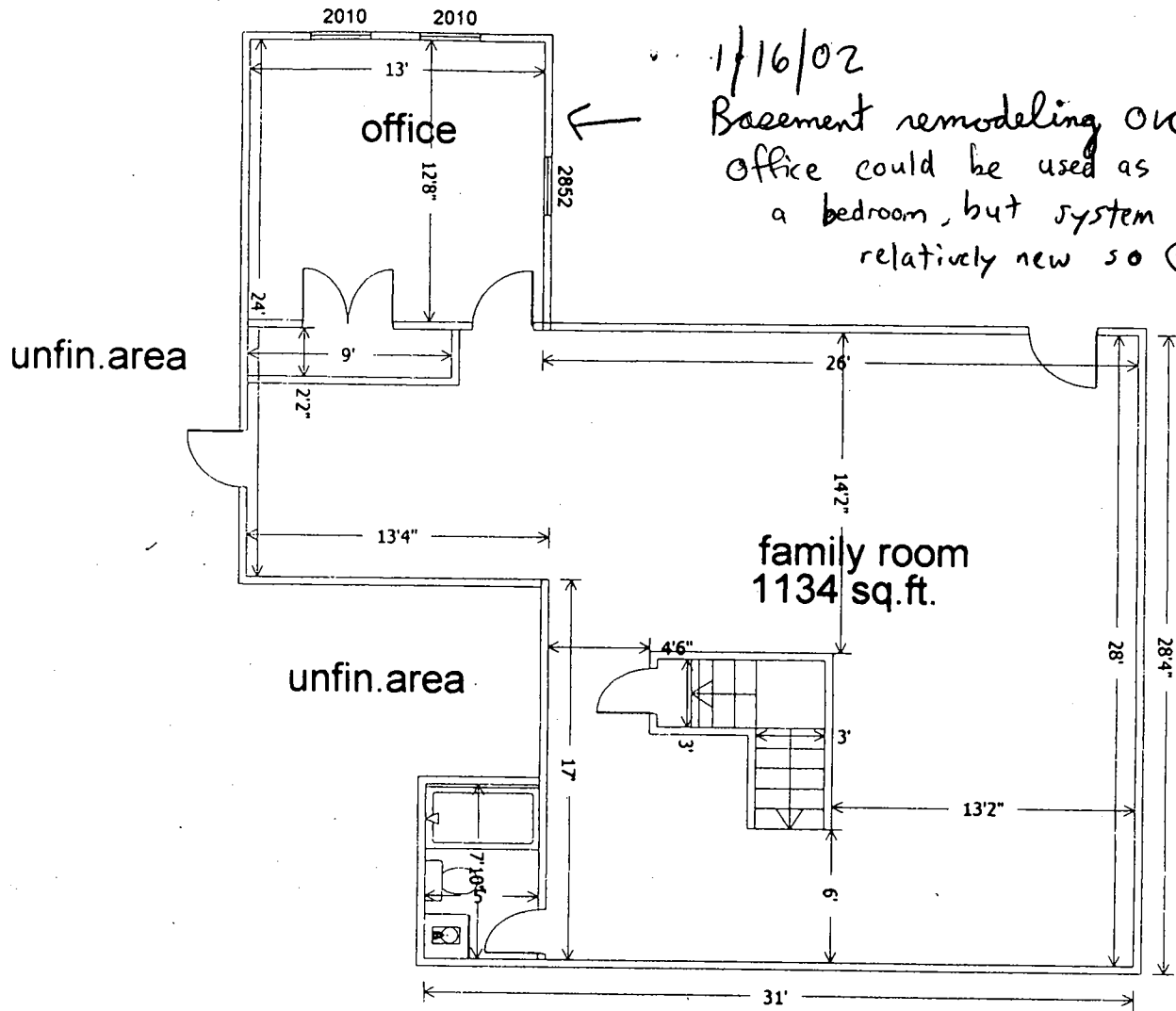
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



7/20/00-
 Proposed Deck locations
 OK, No impact to
 Well or septic (SRU)

NOTES:

1. TH



1/16/02
 Basement remodeling OK
 office could be used as
 a bedroom, but system is
 relatively new so OK SRU

000133947