

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511368A

A 56429-0

DISTRICT _____

DATE 1-25-99

DATE SYSTEM APPROVED 5/3/99

INSPECTOR M. R. Miller

03-326055

INDEXED

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

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Gaither Hunt, Section I LOT 15 ROAD 11028 Hidden Fox Court

PROPERTY OWNER NV Homes - Mr. & Mrs. Brian & Jennifer McFarlane

ADDRESS Ellicott City MD 21042-6107

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

~~NOTE: If 1st septic system and 1 repair are not available by gravity service, a 2nd tank is to be installed to serve as a future pump chamber.~~

SEPTIC AREA TO BE STAKED PRIOR TO TRENCH INSTALLATION!

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 - From the junction of the 111.50' and 125' lot lines, place the distribution box 30 feet down the 125' lot line and 35 feet off that same lot line. Run trenches along contour towards the 125' 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. 12/14/98 OK A.M. Miller

PLANS APPROVED BY Glen Savage REVISED DATE 12-01-98

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**

56429-0

APPLICATION

PERCOLATION TESTING

56429-0

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 Scivener 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. 15

ROAD AND DESCRIPTION 11028 Hidden Ford Court

BLDG. PERMIT SIGNED

~~AND RETURNED 12-1-98~~

~~Serial # 200174786~~

~~SFD-4Bomw~~

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 56429-0

COUNTY #

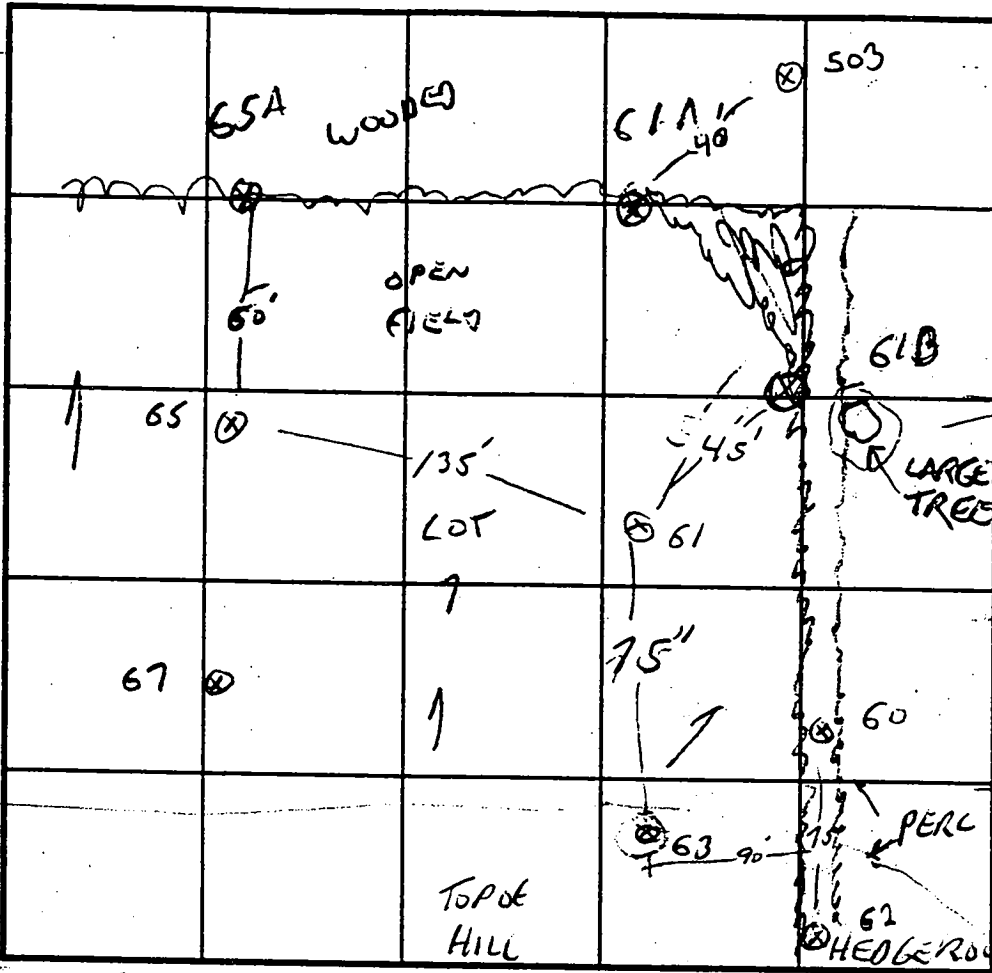
SOIL PROFILE 63

0' TOPSOIL
 1' ORANGE SANDY CLAY LOAM
 5' 30% ROCK SANDY LOAM
 3' BAND OF ORANGE SAND @ 4'

Rock 8
 CIA

1' TOPSOIL
 RED BROWN HEAVY SILT LOAM

4-5' DARK BROWN MICACEN SILT LOAM



SOIL PROFILE 61

0' TOPSOIL
 ORANGE SANDY CLAY LOAM
 6' BROWN SANDY MICACEN LOAM
 15% ROCK

← INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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 1/8"	"	"	"	"	2 MIN	
	61	4' 6" 11"	12:24	12:25	12:25	12:27	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' 5" 11"	VISUAL OK TO 7'					

REMARKS LOT 7 IS (2 SHEETS) RECONCILIATION

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT M1

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 510560

*RE-TEST
TO ADJUST FOR
HOUSE SIDE*

P _____

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

DISTRICT _____

DATE 7.15.98

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 NVR

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER INC.

ADDRESS 10272 Baltimore national pike PHONE (410) 461-2855

PROPERTY LOCATION:

SUBDIVISION GATHER HUNT SEC. 1 AREA 1 LOT NO. 15

ROAD AND DESCRIPTION HIDDEN FOX COURT

TAX MAP 29 PARCEL # _____

SIZE OF LOT 1 AC. TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND 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.

Eckman Y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

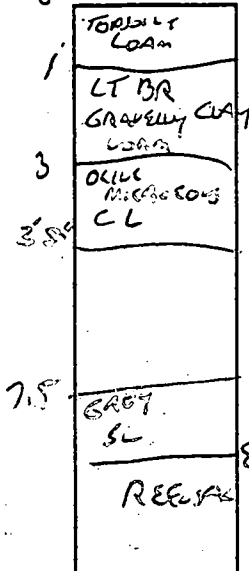
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

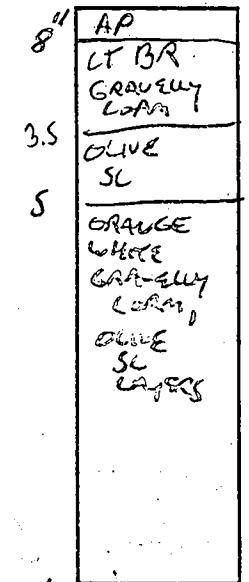
THIS IS NOT A PERMIT

COUNTY #

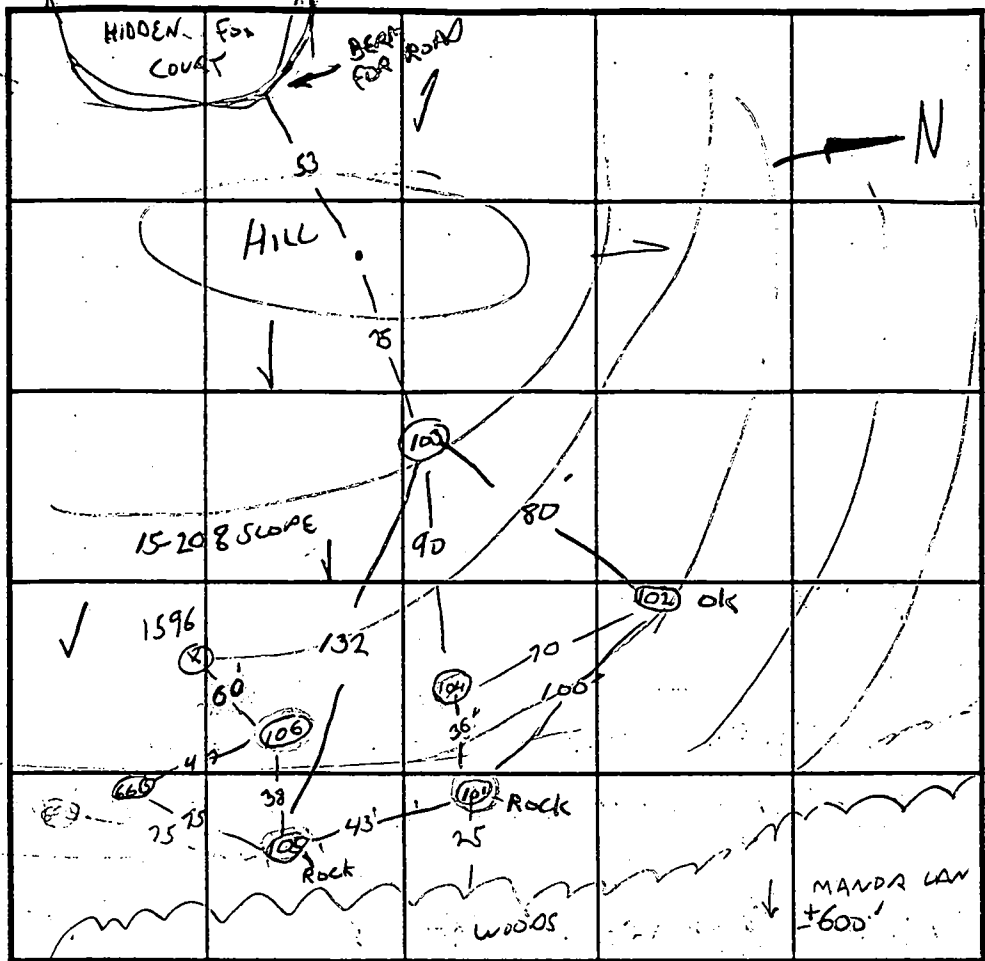
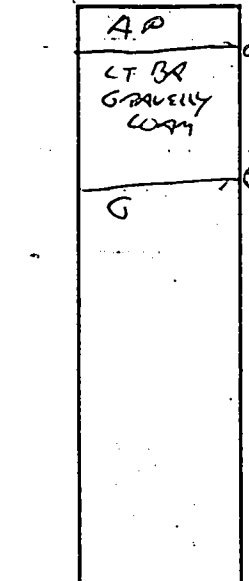
SOIL PROFILE 104



102

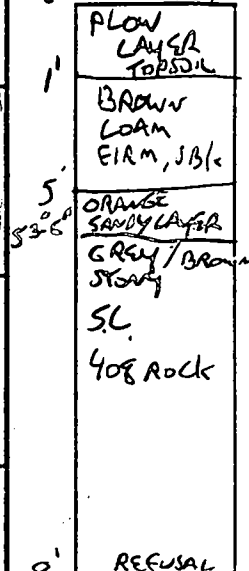


103



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 101



105

4-9 35% ROCK
7-9 60% ROCK
UNSUITABLE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/31/98	101	8	UNACCESSIBLE - NOT TESTED			ROCK	X	
	102	4 / 10	11:54	11:57	→	12:00	3 MW	
	103	6 / 10	12:29 ³⁰	11:30 ⁵¹	→	1:32 ²⁵	1:34	
		5	1:33	11:43	→	12:00	17 MW	
	104	4 / 10	12:18	12:19	→	12:21	2 MW	
	105	9	NOT TESTED ROCKY				X	
	106	REFUSAL AT 7.5 CLAY LOAMS TO 3.5 OTHER HOLES						
		DON'T PERC ABOVE 4 - INSUFFICIENT TREATMENT ZONE						

REMARKS: 6x8" PERC. POTHOLES HIGH SIDE MEASUREMENTS - NO EXIST. ROAD FOR ADJUSTMENT

TYPE OF SOIL _____
 TESTED BY G. SAVAGE ALSO PRESENT KEW SELLISSEK
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

56429-0
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

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:

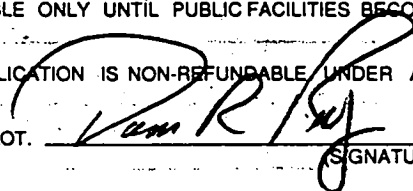
SUBDIVISION _____ LOT NO. 41 15

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 _____

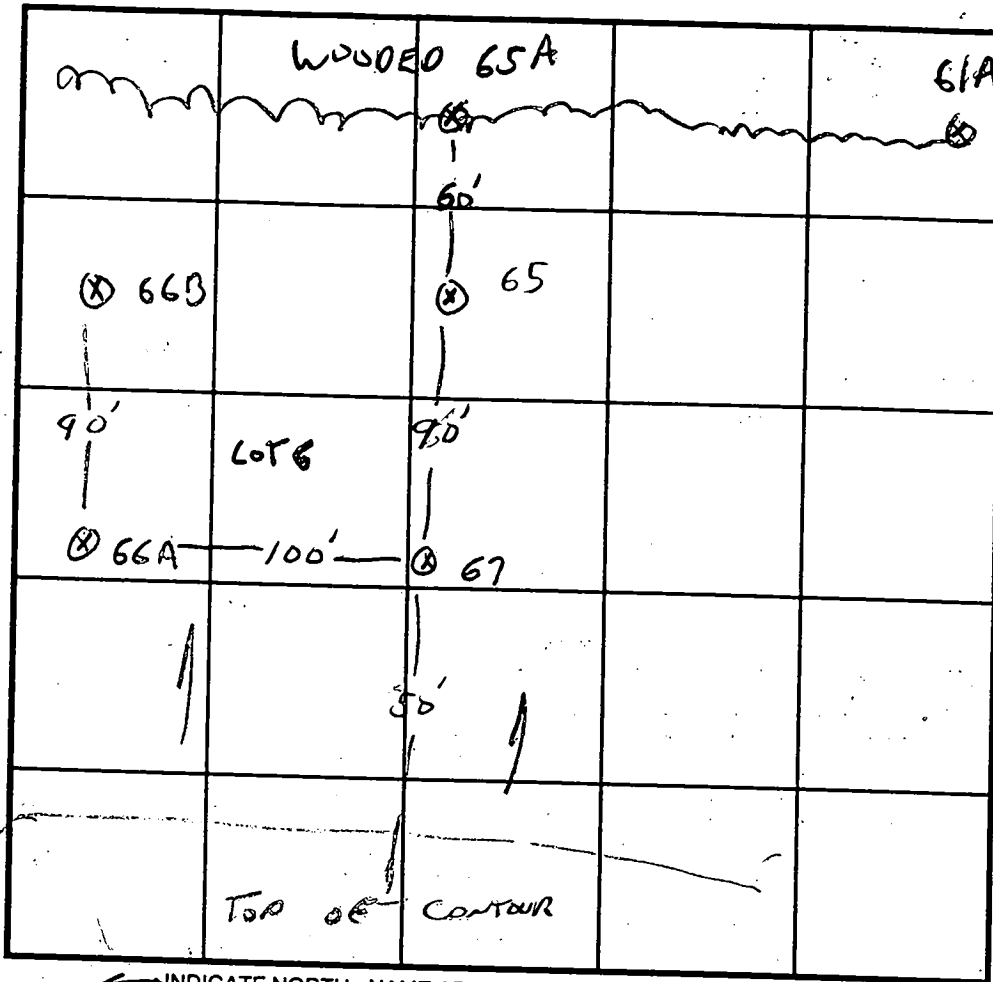
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

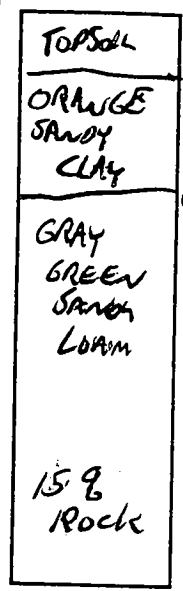
A 56429-0

COUNTY #

SOIL PROFILE



SOIL PROFILE



#65 IS SIMILAR TO 67

← INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/11/96	67	5' 11"	1:09	1:10	1:10	1:12	2 MIN
	65	4' 10' 6"	1:17	1:18	1:18	1:20	2 MIN
	65A	4' 5' 11"	4:09	4:23	4:23		
	61A	4' 11"	SEE	LOT 7 PROFILE			4 MIN
	65A	5' 6" 11"	4:39	4:40	4:40	4:42	2 MIN

REMARKS LOT 15 OR ADJACENT SHALLOW SYSTEM

TYPE OF SOIL _____

TESTED BY G. JAVAGE ALSO PRESENT MIKE + MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

56429-0
A 56429
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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

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:

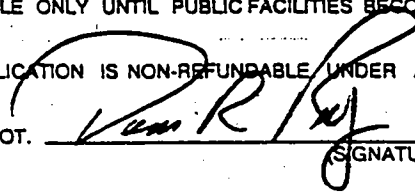
SUBDIVISION _____ LOT NO. 15

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

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

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(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 _____

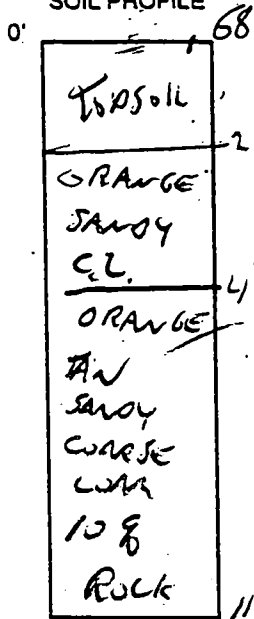
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

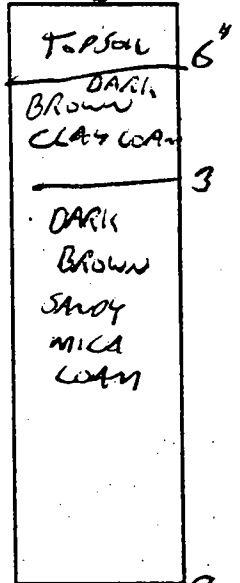
A56429-0

COUNTY #

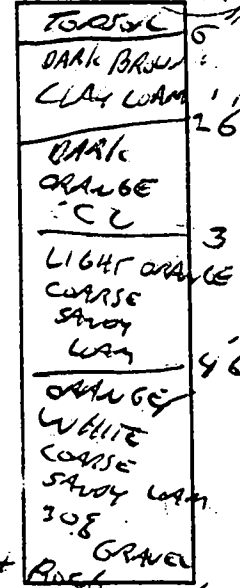
SOIL PROFILE



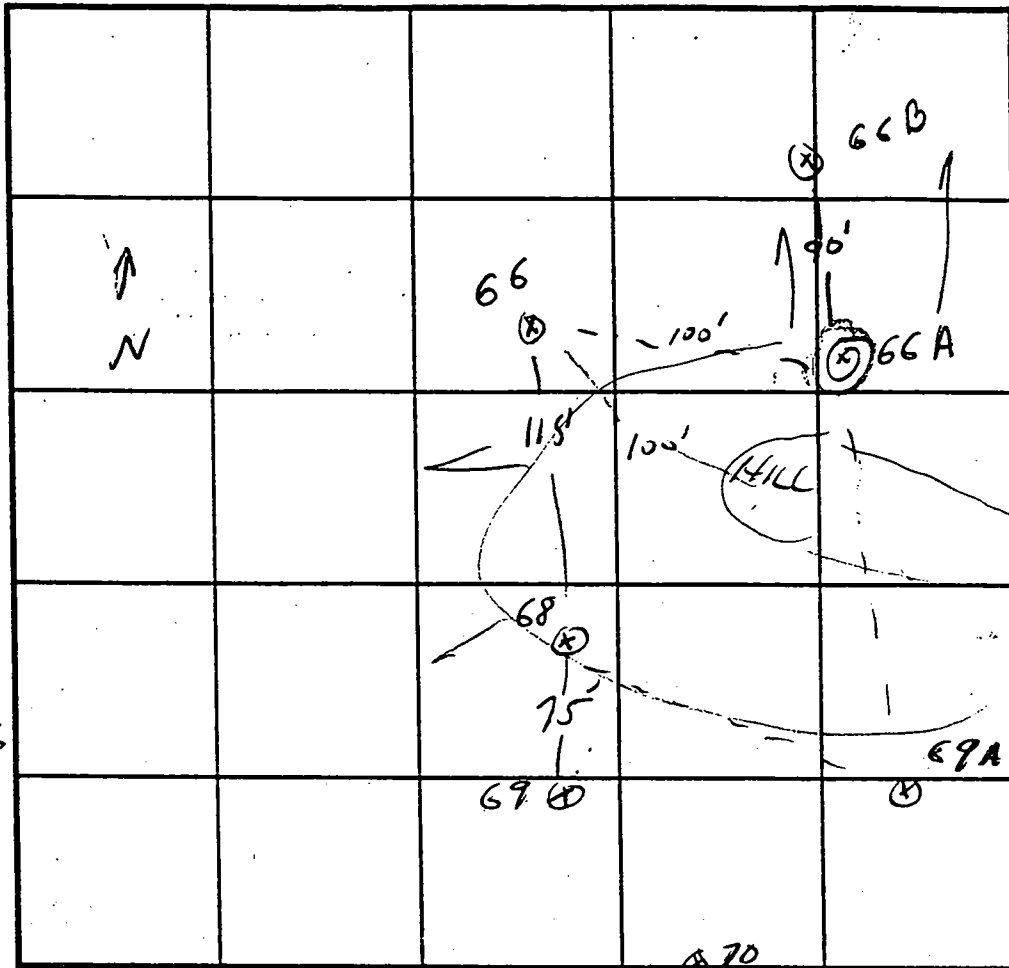
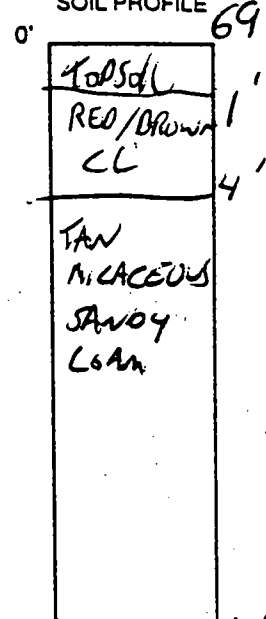
66 B 66



66A



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/11/96	69	5' / 10'	12:20	12:21	12:21	12:23	2AW
	68	4' 6" / 11'	12:26	12:27	12:27	12:30	3AW
	66	4' / 9'	12:37	12:38	12:38	12:40	2AW
	66A	4' / 10' 6"	TOO FAST TO		TIME		
		REPAIR	12:50	SAME			
	66B	5' / 11' 6"	12:54	12:56	12:57	1:00	3AW

REMARKS LOT 15 - RECONFIGURATION PLAN

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

FILE COPY



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 21, 1998

**NVR Homes, Inc.
7601 Lewiston Road
McLean, VA 22102**

**RE: Percolation Test Results
Application # A510560
Gaither Hunt Sec. I lot 15
Proposed use: Adjustment to
Recorded Sewage Easement**

Dear NVR Homes:

Percolation testing conducted on August 3, 1998, indicated limited satisfactory soil conditions. Shallow depth to rock is the primary limiting factor. Copies of the percolation test results are enclosed.

While the proposed adjustment is in doubt due to the location of unsatisfactory test holes, some adjustment may be possible. Depending on the extent of future proposals, additional testing may be necessary.

Further review is contingent upon submission of a percolation certification plan showing contour lines, actual locations and elevations of all excavated test holes and a suitable house and well site.

The plan should also include the location of all existing features such as, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100' of the property boundaries have been shown.

This should be submitted within sixty (60) days to allow field verification if necessary.

*X REVISION TO A "SPLIT" SEPTIC AREA
WAS APPROVED 9/28/98 AS DEPICTED ON
F-C-C DRAWING OF 9/10.*

PROPOSED
PERL ADJUSTMENT
GATHER HUNT
SCHED 8/1/98

Blue
White
FLAS

KEN
SCHISLER

GATHER HUNT
PRESERVATION
PARCEL 19
GATHER HUNT
SECTION 1 AREA
PLAT NO. 13210

10:00
AM

LOT 10
GATHER HUNT
SECTION 1 AREA
PLAT NO. 13210

FTG?

LIMITED AREA OK
MORE DRAWING
INCURSION INTO
AREA

Public 10'
Easement
13210

HIDDEN
FOX
COURT

LOT 15
49,900 Sq. Ft.

Existing
Split Area
Plat No. 13210 to
be Removed and
Replaced with
Modified Easement

Existing Forest
Conservation Easement
Plat No. 13210

LOT 14
GATHER HUNT
SECTION 1 AREA
PLAT NO. 13210

Ex. 50'
R/W
Plat No.
13210

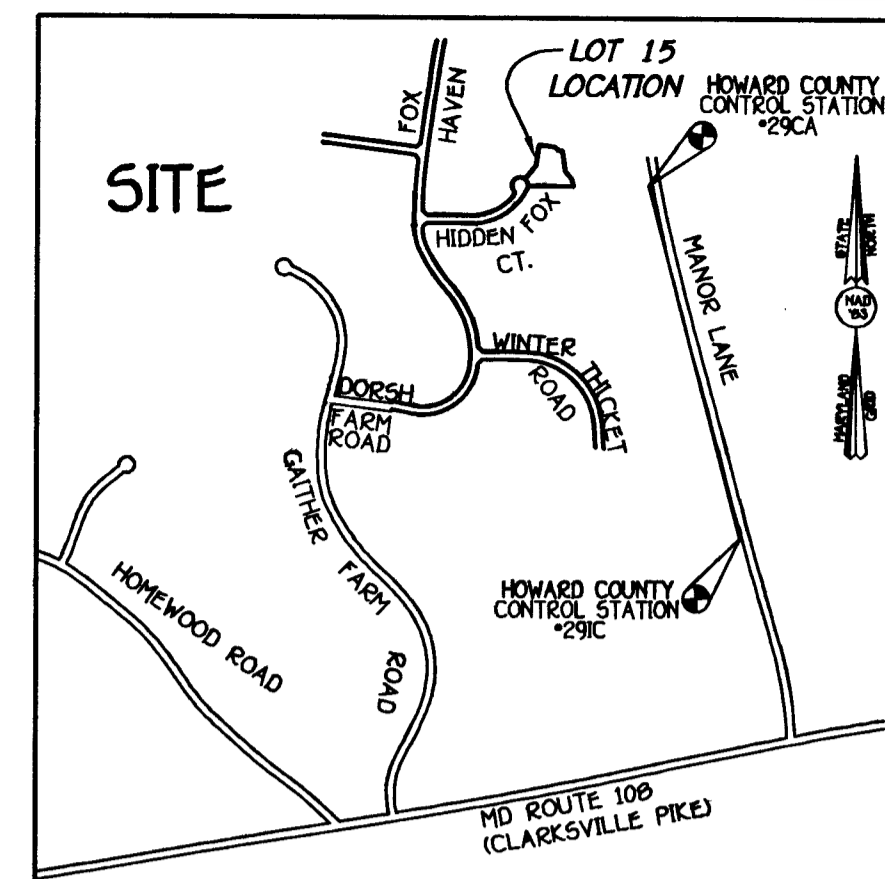
KEN SCHISLER

JUL-17-1998 08:15

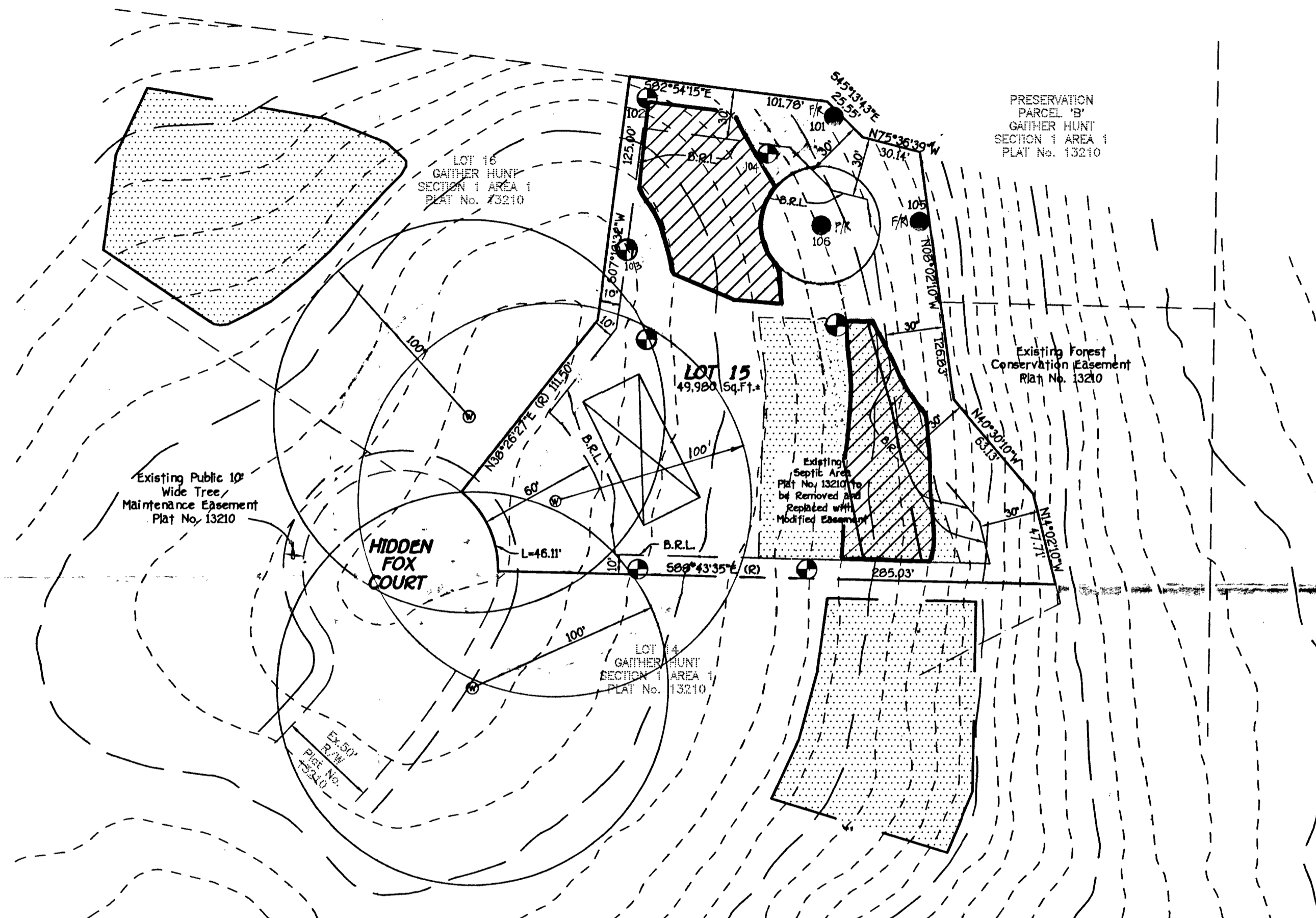
FISHER, COLLINS & CARTER

410 750 5784 P. 03/03

Vertical text on the left edge of the page, possibly a page number or reference.



VICINITY MAP
SCALE: 1" = 1200'



GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT RECORDED IN PLAT NO. TO THE LOCATION SHOWN HEREON.
4. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
6. DENOTES WELL LOCATION.
7. DENOTES PERC HOLE LOCATION.
8. DENOTES FAILED PERC HOLE LOCATION.
9. OWNER & DEVELOPER:
RUSSELL DEVELOPMENT, L.L.C.
c/o J. THOMAS SCRIVENER
5026 DORSEY HALL DRIVE - SUITE 204
ELLCOTT CITY, MARYLAND 21042
10. DENOTES EXISTING PRIVATE SEWERAGE EASEMENT SHOWN ON PLAT No. 13210.
11. POSSIBLE HOUSE LOCATION.

PLAN TO ACCOMPANY PERC APPLICATION
MODIFIED SEWERAGE EASEMENT FOR

GAITHER HUNT
SECTION 1, AREA 1
LOT #15

TAX MAP #29 ZONED: RC-DEO
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: SEPTEMBER 10, 1998

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.

Joseph M. Bolanos
COUNTY HEALTH OFFICER DATE: 9/28/98



Zachary J. Fisch

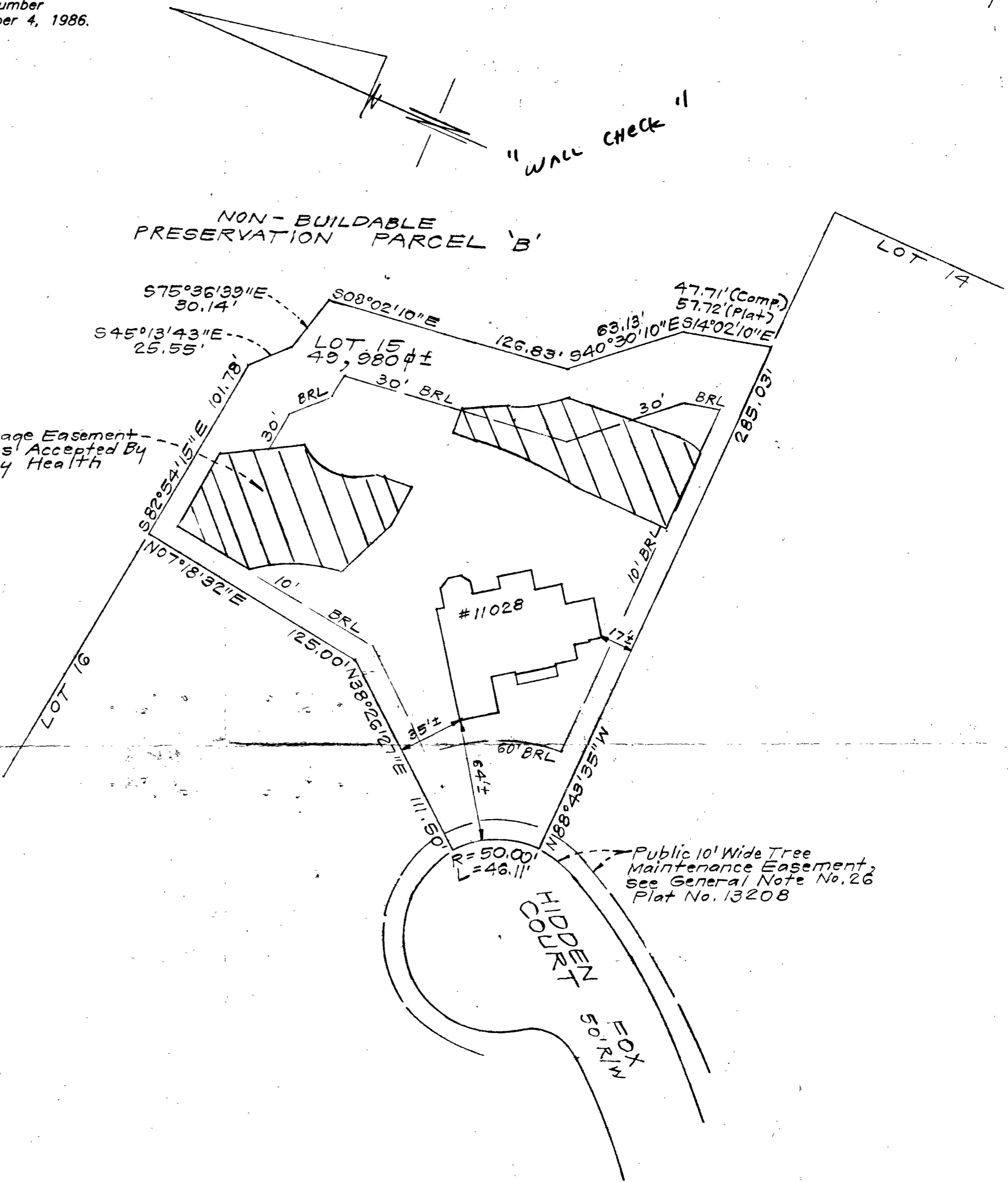
FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461-2895

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440027B, Panel 27 of 45, dated December 4, 1986.

NON-BUILDABLE PRESERVATION PARCEL 'B'

Private Sewerage Easement Modification as Accepted By Howard County Health Department

"WALL CHECK"



CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

12-29-98
DATE

Ray Alp



NOTES:

1. The ± setback distance accuracy = 1'

Part Of
NON-BUILDABLE
PRESERVATION
PARCEL 'B'

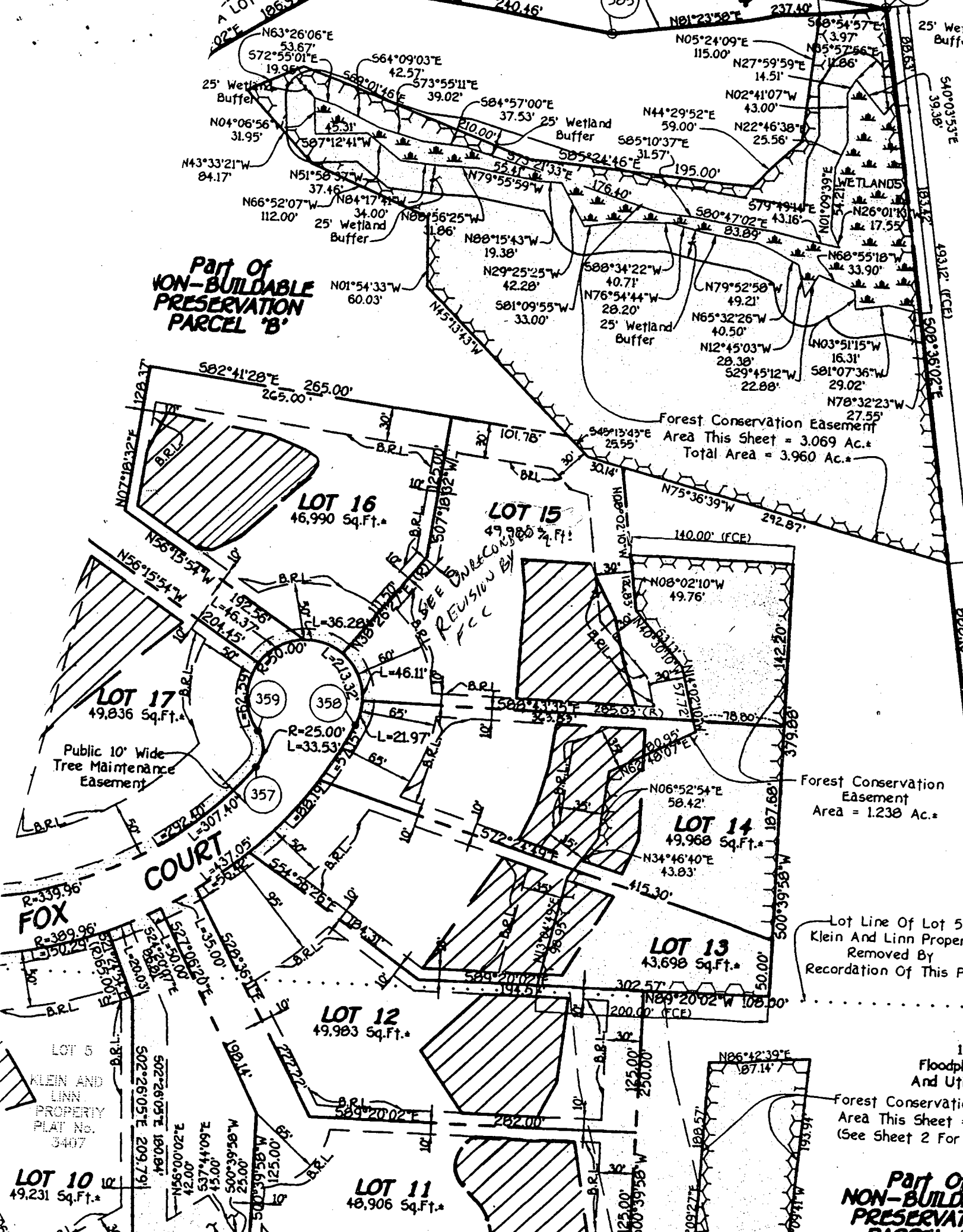
Forest Conservation Easement
Area This Sheet = 3.069 Ac.
Total Area = 3.960 Ac.

Forest Conservation
Easement
Area = 1.238 Ac.

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

Forest Conservatic
Area This Sheet =
(See Sheet 2 For

Part Of
NON-BUILDABLE
PRESERVATION
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

REVISION BY
FCC

10
Floodpl
And Uti

10
Floodpl
And Uti

Total linear feet of trench required 240 feet LENGTH OF TRENCH TO BE DETERMINED

Width of trench(es) 3 feet

Depth of trench(es) 53

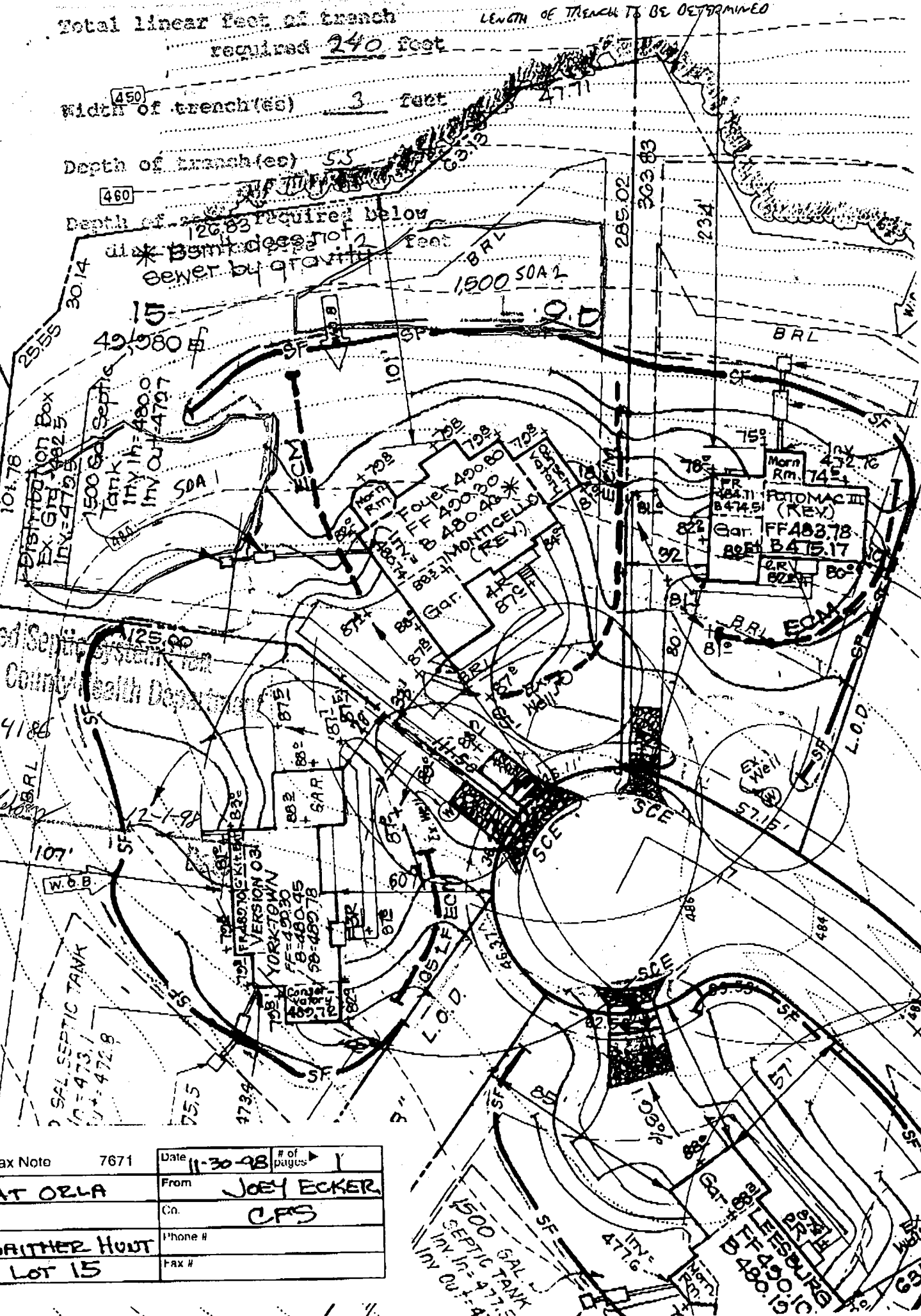
Depth of 126.83 required below

*Bent does not sewer by gravity

- 3-6-08
- 9-1-08
- 9-3-08
- 9-9-08
- 9-9-08
- 1-16-08
- 9-30-08
- 10-22-08
- 10-27-08
- 1-12-08

Approved Septic System
Howard County Health Department
Box 14186
Signature

60 ft
265.00'
107'
W.O.B.
SAL SEPTIC TANK
IN=473.1
OU=472.8
75.5
47.34



Post-It® Fax Note	7671	Date	11-30-08	# of pages	1
To	PAT OZLA	From	JOEY ECKER		
Cu./Dept.		Cn.	CPS		
Phone #	GRATHER HUNT	Phone #			
Fax #	LOT 15	Fax #			

1500 GAL SEPTIC TANK
INV IN=477.5
INV OU=474.0
GAR. 482
UTILESS BURD
480.19
477.6
477.5



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

April 13, 1999

NV Homes
2200 Defense Highway
Crofton, MD 21114

RE: Gaither Hunt, Sec I
11016 Hidden Fox Ct, Lot12
Well Tag # HO-94-1411

Update 7/1/99
Casing not fixed
Builder attempted to correct
but homeowner objected. Builder
may still try to resolve with
Dear Sirs: homeowner & try to correct. -SRK

Upon inspection of the well line installation for the above referenced property, it appeared that the well casing may terminate only 6-7 inches below present grade around some portions of the well. It also appears that grading has not been completely finished. According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading."

After final grading is completed, please make certain that the well casing meets the COMAR standard explained above. Please feel free to contact me if you have any questions.

Thank you for your cooperation in this matter.

S/6/99 UPDATE

- LOT 12 Condition is worse
-LOT 15 Casing is about 4" above grade
-LOT 21 Damaged / Bent Casing

Very truly yours,

Steven R. Krieg
Steven Krieg, Sanitarian
Water and Sewerage Program

* A STOP WORK ORDER ON THESE PROPERTIES IS IMMINENT
CALL MY SUPERVISOR IMMEDIATELY AT 410-313-2640

Craig Williams

B 7 8797 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER H6-94-1636
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

OWNER INFORMATION
 Date Received (APA) _____
 8 MM DD YY 13
RUSSELL DEVELOPMENT LLC
 15 Last Name Owner First Name 34
8808 CENTRE PARK DRIVE SUITE 108
 36 Street or RFD 55
COLUMBIA MARYLAND 21045
 57 Town 70 State 72 Zip 76

LOCATION OF WELL
 B 3
HOWARD
 8 COUNTY 21
COATHER HUNT
 23 SUBDIVISION 42
 SECTION 1 LOT 15
 44 46 48 50
WILD LAKE
 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
 76 Driller's Name 81 License No.
MICHAEL BARLOW WELL DRILLING SERVICE INC.
 Firm Name
912 FAUN COURT JOPPA, MD 21085
 Address
[Signature] 6-17-98
 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 B 4
 1 2
 N W N E
 8-9 8-9
 W TOWN E
 8 8
 S W S E
 8-9 8-9
 S 8
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 Road A 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 40 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 29 BLK: 5 PARCEL 21

WELL INFORMATION
 B 2
 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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

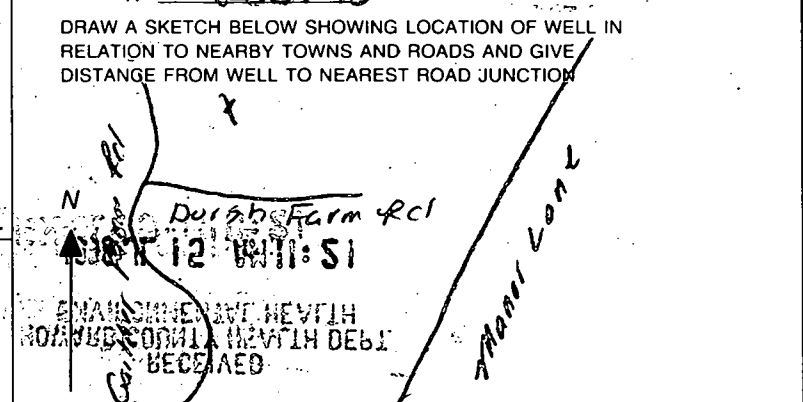
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A-510560
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 7-21-98 [Signature] 7-21-99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 515 0 0 0 EAST GRID 830 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8-14-98
 SOURCES OF DRILLING WATER
 1. No INSP
 2. DW
 3. X
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 830
 N 515
 000
 000

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 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 DEEPEM 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)
 APPROP. PERMIT NUMBER _____ GAP _____ 63
 FORCE 65 WRITE INITIALS IN BOX PERMIT No. 40-94-1636
 67 68 70 71 72 73 74 75 76 77 78 79

C1 4370

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 A-510560

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 08 14 98

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-94-1636

OWNER RUSSELL DEVELOPMENT LLC last name HIDDEN FOX CT. first name TOWN CALLOS LAKE SUBDIVISION GATHER HUNT SECTION 1 LOT 15

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown soil (0-40), GRAY GRANITE (40-125), White Granite (125-200), 56, 75, 90, 120.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1054 GALLONS OF WATER 666 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 45 ft

CASING RECORD

ST (STEEL) CO (CONCRETE) PL (PLASTIC) OT (OTHER) MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 45

OTHER CASING (if used)

Empty casing record section.

SCREEN RECORD

ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER)

DEPTH (nearest ft.) Ho 45 200

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 MWD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JW D 341 Max B. Jones

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

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 O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

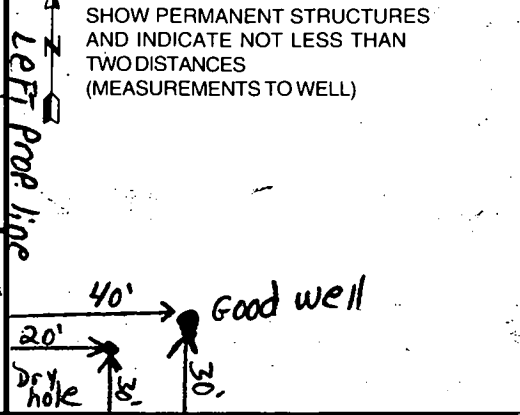
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 11 15 Wrench & Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft WHEN PUMPING 53 ft TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. 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 () below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



4/8/99
WPT certificate
submitted 10:30 by fax

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 PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date 4/8/99
Name of Installer ROBERT L. FEZORC, INC. Telephone 410-781-4857
License Number 2122
Certified Well Pump Installer Well Driller _____ Registered Plumber
Name of Property Owner AV-HOMES Telephone 410-721-4708
Subdivision CATHER HUNT Lot # 15 Well Tag # HO-84-1636
Site Address 11028 HIDDEN FOX CT.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1. Make MAZDA
a. Deep well jet 2. RPM 3450 2. Model # PT600
b. Shallow well jet 3. Voltage 12 3. Depth 42"
c. Submersible a. 110
2. Make STARTE b. 220
3. Model # 22402AL-3
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 WELL-K-TROL
REMOVE AIR WXR05
1. Capacity 34 GAL.
2. Pressure relief valve? YES
Piping Well data
1. Type Poly 1. Depth 200' ft.
2. Size 1" 2. Yield 1 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level 1 ft.
4. Depth of supply line 42" 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.

Inspected? _____
Signature of Applicant: [Signature]
Date: 4/8/99

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