

10/18/99
2-3-99
10/19/99
2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-327507

P 512726

A 56429-WW

DISTRICT _____

DATE 9/24/99

DATE SYSTEM APPROVED 10/19/99

INSPECTOR M. Litkin

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

INDEXED

South Carroll Backhoe IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Gaither Hunt II LOT 38 ROAD 11008 Bittersweet Court

PROPERTY OWNER 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 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 165 feet up the right lot line and 80 feet off that same lot line as seen when facing the lot from Bittersweet Court. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ON SRK 8/24/99

Contours Not Same as per plan, OK to place all 4 branches on same side. P/P 10/18/99

PLANS APPROVED BY Amy McMillen DATE 7-21-1999

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

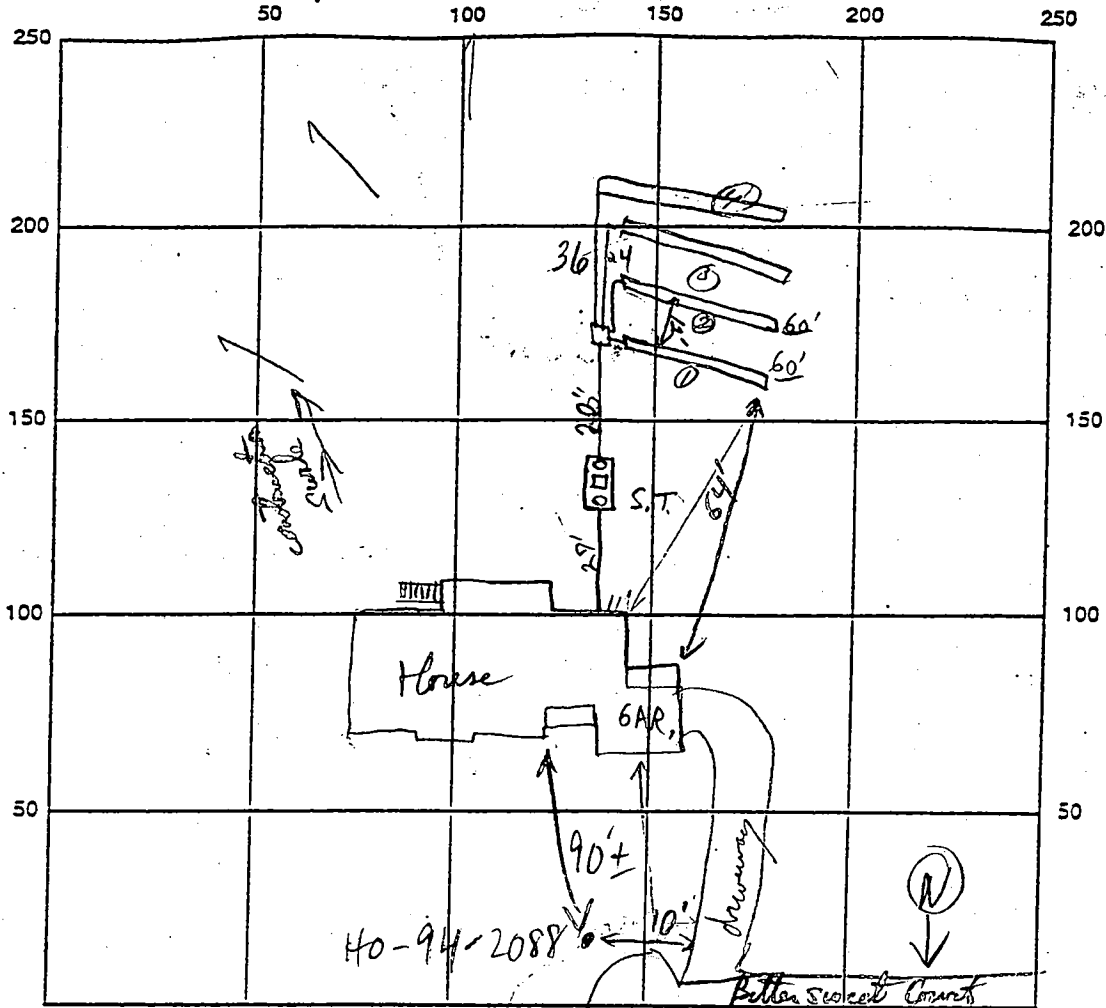
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 56429-WW

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal Top Seared C&T" Baffles CLEANOUTS 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 240 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: First Trench OK to cover, second Trench OK to cover when finished. Needed perforated drain pipe to
within 10ft of end of trench, get least. S.T. OK, needs cleanouts, House connection & supply lines to cover
10/18/99
10/19/99 OK TO COVER (MR)

DATE SYSTEM APPROVED 10/19/99 INSPECTOR M. R. Pitkin

APPLICATION

PERCOLATION TESTING

A _____
P _____

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

DISTRICT _____
DATE 4-12-96

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 Schwener NV Homes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuser Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 38

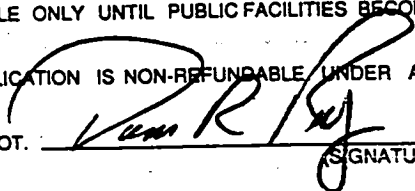
ROAD AND DESCRIPTION (11008 Bittersweet Court)

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD-4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**SEWER PERMIT SIGNED
AND RETURNED 2/21/99**
Serial # 1570 118343

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 #

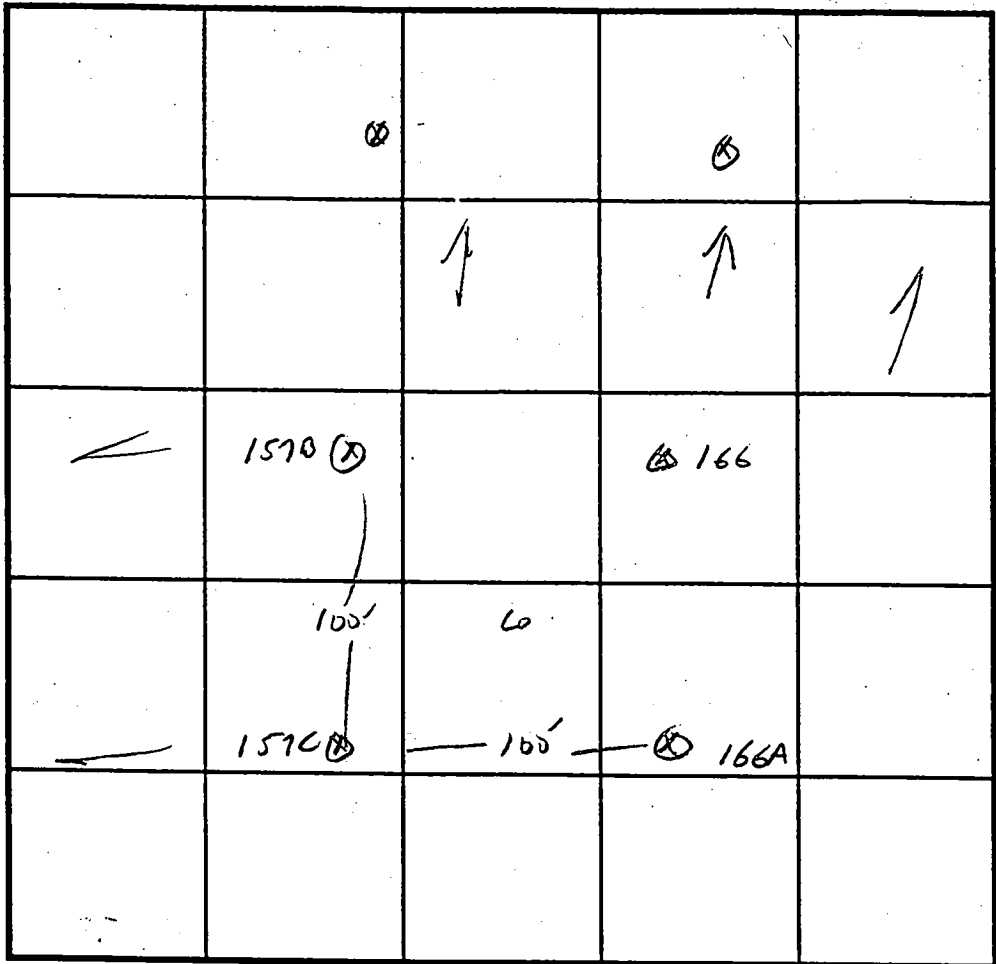
SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.



SOIL PROFILE

0'

Empty vertical box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-12-96	166	5' / 12'					2AW
	166A	5' / 11'6"					4AW
	1578	5' / 11'6"					2AW
	157C	5' / 11'					5AW

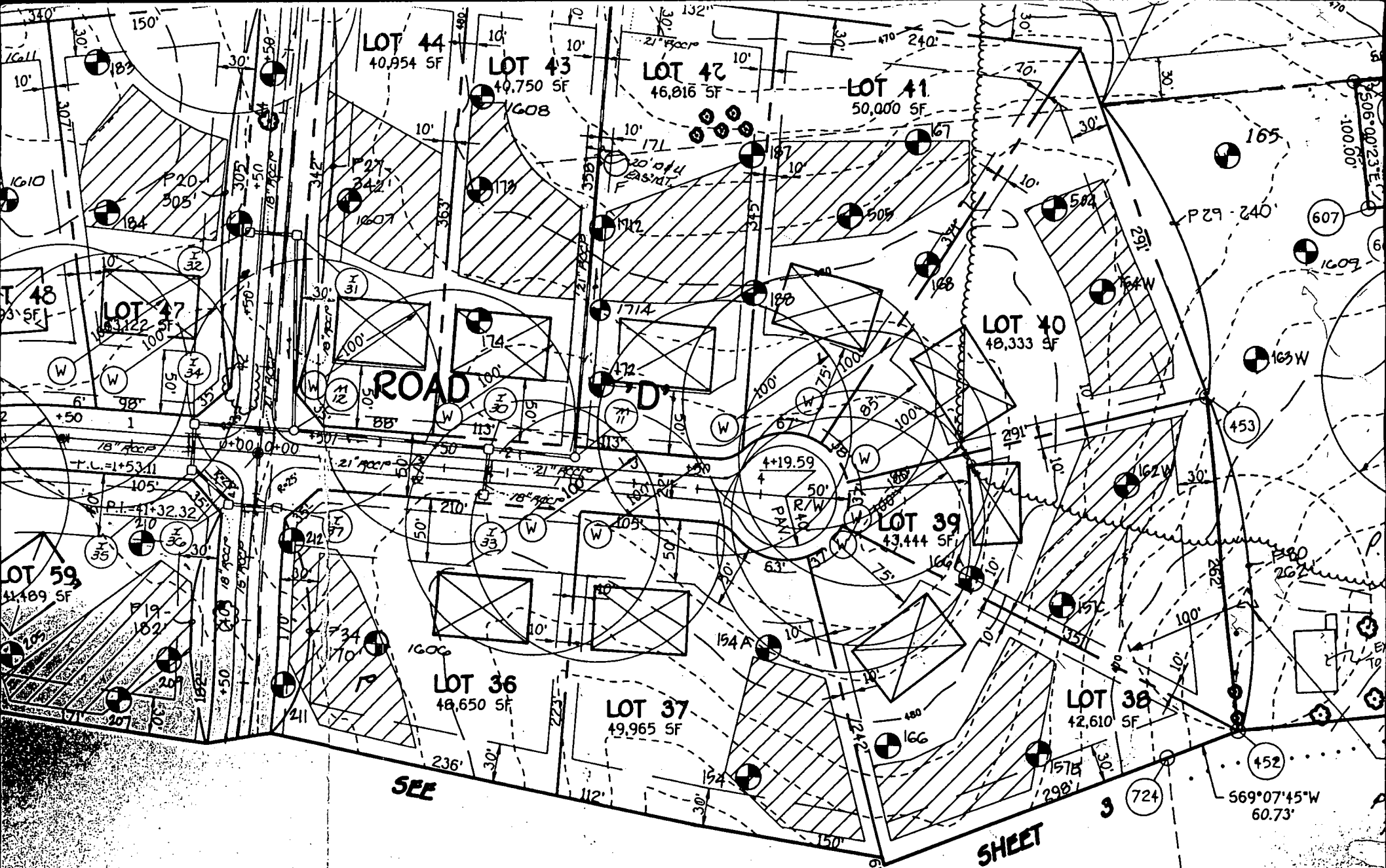
REMARKS NOT PER PLAN, PROBABLE LOT 58

TYPE OF SOIL _____

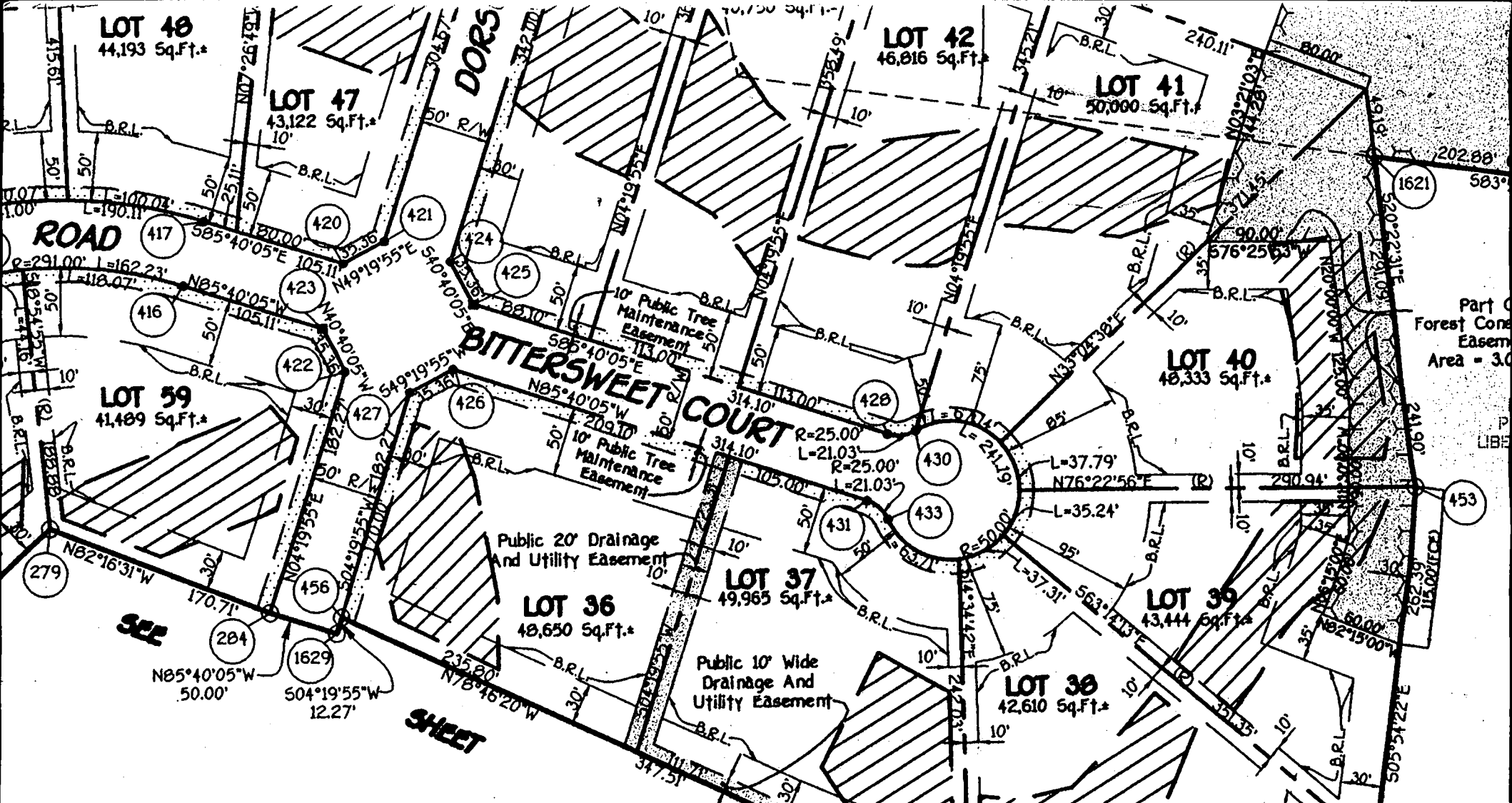
TESTED BY G. SAUSAGE ALSO PRESENT BOB REULER, MIKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



P-97.08



§ 3-108, The Real Property Article, Annotated Code Of
 placement Volume, (As Supplemented) As Far As They Relate to
 is Plat And The Setting Of Markers Have Been Complied With.

S. J. Parker 8/31/98
 S. J. Parker (Surveyor) Date

Camille Carroll 8/31/98
 Camille Carroll (Owner) Date

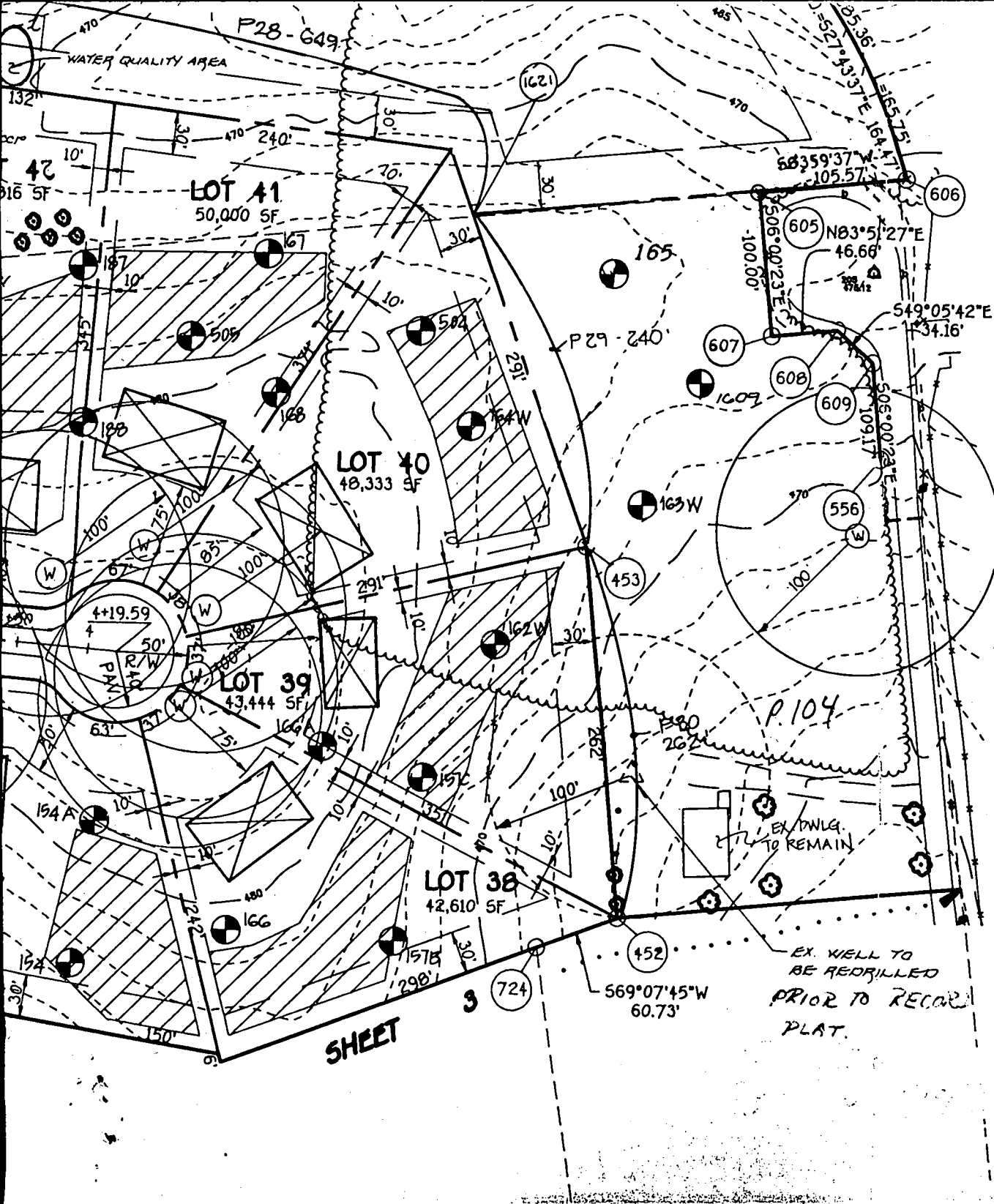
Vice President

F. 98.76

N 576.000
 E 1093.72228534
 (Meters)

Developer
 Russell Development, L.L.C.





PHILIP CARROLL
 P 104

APPLICATION

PERCOLATION TESTING

A 511377

P _____

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

DISTRICT _____

DATE 1-29-99

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 N.V. Homes WAYNE FLACK 301-558-0522

ADDRESS 2200 Defense Highway, Suite 301 PHONE (410) 721-4703
Crofton, MD 21114

AGENT OR PROSPECTIVE BUYER N.V. Homes

ADDRESS 2200 Defense Highway, Suite 301 PHONE (401) 721-4703
Crofton, MD 21114

PROPERTY LOCATION:

SUBDIVISION Gaither Hunt LOT NO. 38

ROAD AND DESCRIPTION Southeast side of cul-de-sac @ Bittersweet Court, 314'± east of Dorsch Farm Road; lot is wedge shaped, approximately 265' deep, with 37.31' of street frontage and 297.98 across the back, sloping away from the 50' Radius cul-de-sac w/40' radius paving, open ditch public right of way. Lot slopes away from road to rear of lot with average grade of 6%±

TAX MAP 29 PARCEL # 128

SIZE OF LOT 42,610 sq. ft. TYPE BLDG. Single Family Dwelling
(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

0'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

C1 9872 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 A56429 C

ST/CO-USE ONLY DATE Received MM DD YY DATE WELL COMPLETED 1-1-99 Depth of Well 450 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2088

OWNER Russell Development STREET OR RFD Bittersweet Ct TOWN Ellicott City SUBDIVISION Gaither Hunt SECTION TL LOT 38

WELL LOG
Not required for driven-wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
White Sandstone	0	27	
HARD GRAY GRANITE	27	40	
HARD BROWN SANDSTONE	40	45	
HARD GRAY GRANITE	45	450	
		42	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 732
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

<input type="radio"/> ST	<input type="radio"/> CO
STEEL	CONCRETE
<input type="radio"/> PL	<input type="radio"/> OT
PLASTIC	OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 30

OTHER CASING (if used)
EACH CASING diameter depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below

<input type="radio"/> ST	<input type="radio"/> BR	<input type="radio"/> HO
STEEL	BRASS	OPEN HOLE
	BRONZE	
<input type="radio"/> PL	<input type="radio"/> OT	<input type="radio"/>
PLASTIC	OTHER	

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

DIAMETER OF SCREEN (NEAREST INCH) 30 450

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 1.1
METHOD USED TO MEASURE PUMPING RATE Watch & Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31' ft.
WHEN PUMPING 227' 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. 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 49 LAND SURFACE
 - below 1 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

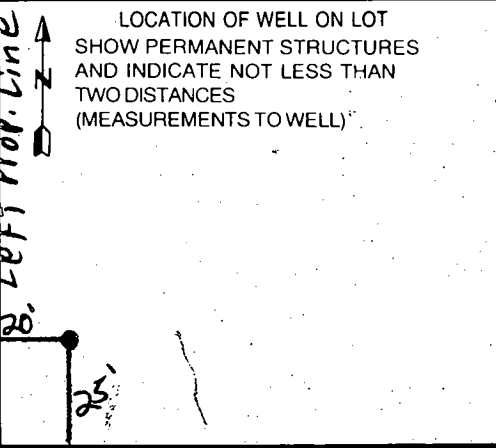
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. MD 355
DRILLERS SIGNATURE Max Jones
LIC. NO. JWD 341
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Max Jones

GRAVEL PACK - IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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



B 1 5140 SEQUENCE NO. (MDE USE ONLY)

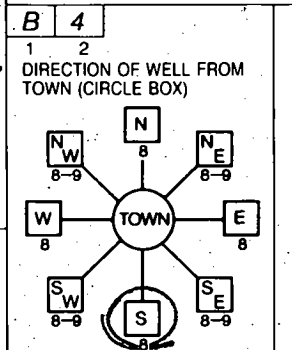
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-94-2088
 fill in this form completely

Date Received (APA) 01 29 99
 OWNER INFORMATION
 Russell Development LLC
 8808 Centre Park Dr. Suite 209
 Columbia MD 21045

B 3 LOCATION OF WELL
 COUNTY Howard
 SUBDIVISION Gaither Hunt
 SECTION 1 LOT 38
 NEAREST TOWN Ellicott City
 MILES FROM TOWN (enter 0 if in town) 4

DRILLER INFORMATION
 MICHAEL BARLOW MW D355
 MICHAEL BARLOW Well Drilling Inc
 912 FAUN CT, Joppa MD 21085
 1-22-99



Bitter Sweet Ct
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 25
 ENTER FT OR MI
 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 Co COUNTY NAME
A56429C COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 5/25/99 5/25/00
 CO SIGNATURE _____ EXP. DATE
 NORTH GRID 515 000 EAST GRID 830 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

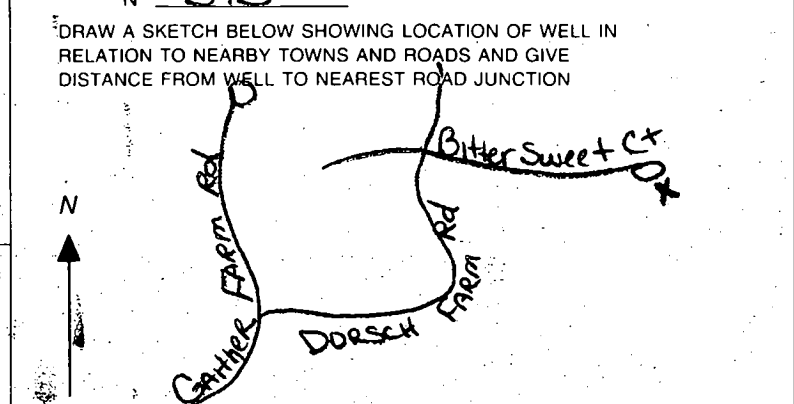
APPROXIMATE DEPTH OF WELL 200 FEET
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 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
 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 DEEPIEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 PERMIT No. 40-94-2088

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 830
 N 515



SEPTIC TANK
Inv. In = 476.9
Inv. Out = 476.6

FF = 486.40
* B = 477.73

FF = 485.30
* B = 476.63

FF = 486.50
B = 477.83 *

FF = 486.00
B = 477.33 *

1500 GAL. SEPTIC TANK
Inv. In = 475.9
Inv. Out = 475.6

1500 GAL. SEPTIC TANK
Inv. In = 476.0
Inv. Out = 475.7

DIST. BOX
Ex. 5rd = 481.7
Inv. = 478.7

DIST. BOX
Ex. 5rd = 478.5
Inv. = 475.5

SEPTIC EASEMENT
1500 GAL SEPTIC TANK
Inv. In = 479.7
Inv. Out = 479.4

LOT 38
42,610 SF

LOT 39
43,444 SF

LOT 40
40,333 SF

*5/25/99
Well site staked
by GURVEYOR*

N80°50'12"W 149.96'

N14°34'42"W
6.00'

S69°07'45"W 297.98'

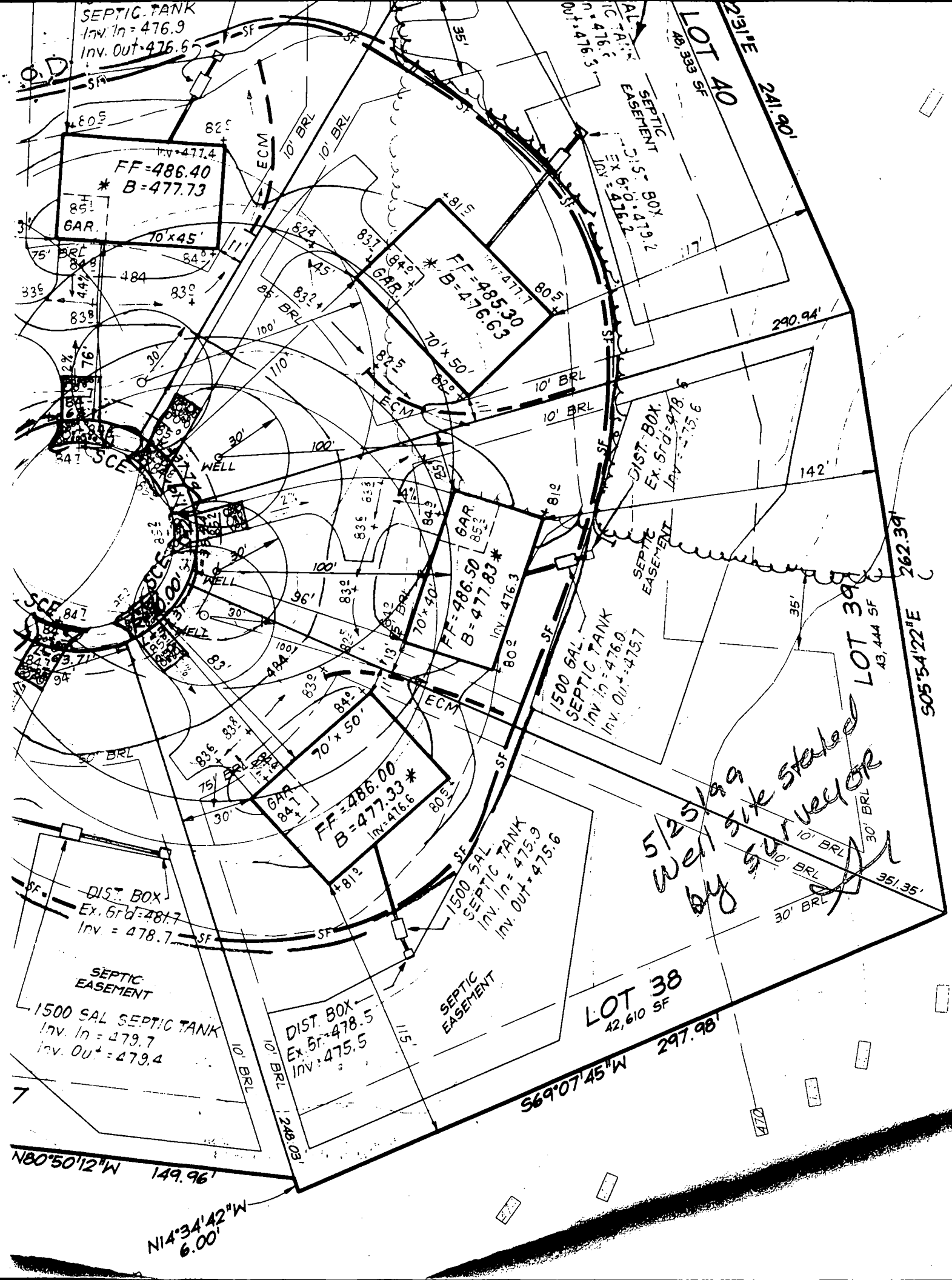
262.34'
S05°54'22"E

290.94'

142'

351.35'

274



**RUSSELL DEVELOPMENT, LLC
8808 CENTRE PARK DRIVE, SUITE 108
COLUMBIA, MARYLAND 21045
(410) 964-5522 (410) 964-2620**

March 31, 1999

**Howard County
Department of Environmental Health
3525 H Ellicott Mills Dr.
Ellicott City, Maryland 21043**

Attn: Craig Williams, Program Director

**Re: Well Permits for Lots 38 & 39
Gaither Hunt Section 1, Area 2**

Dear Mr. Williams,

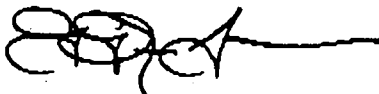
We are requesting that your Department release the well permits for the above referenced lots.

We acknowledge that the existing well for a house owned by Philip Carroll immediately east of the referenced lots is required to be relocated. Mr. Carroll is currently in the process of generating a subdivision plan for the acreage he owns along Manor Lane and when this plan is complete, a suitable location for the existing well will be submitted to your office for approval. The well will then be drilled.

In the interim if you will release the well permits for lots 38 & 39 in Gaither Hunt Section 1, Area 2, we will be happy to do periodic tests of the existing well on Mr. Carroll's property at whatever frequency you suggest after the septic systems for the referenced lots are in use (this could be several months away - possibly after the subdivision plan for the Manor Lane property has been approved).

Your prompt attention to this matter would be greatly appreciated. Should you have any questions, comments or require additional information, please do not hesitate to contact me.

Very truly yours,
Russell Development, LLC



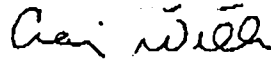
J. Thomas Scrivener

REPLY:

Dear Mr. Scrivener,

Approved as requested*, presuming you have Mr. Carroll's concurrence.

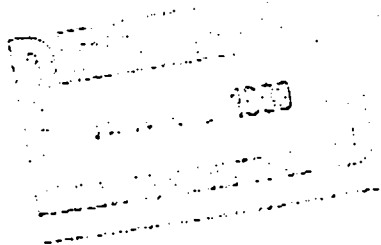
Have well sampled promptly to establish current condition. Have any Maryland certified lab test for stanard "certificate-of-potability" parameters. A list of local labs familiar with those requirements is enclosed.

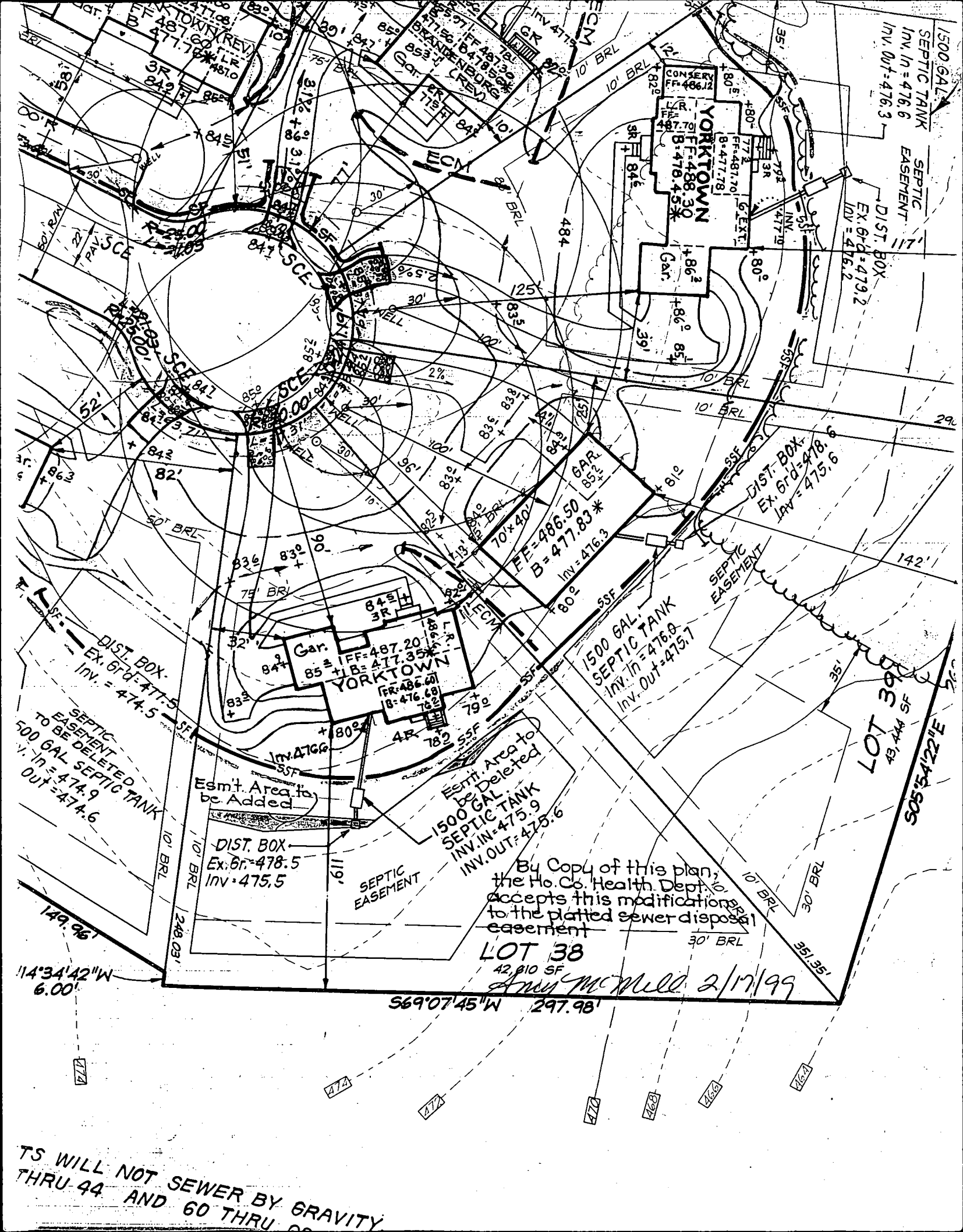

Howard County Health Dept.
Craig Williams

* but not to be delayed indefinitely if there is not timely progress on the Carrol subdivision plan.

JTS/mam

cc: File





1500 GAL.
SEPTIC TANK
Inv. In = 476.6
Inv. Out = 476.3

SEPTIC EASEMENT
DIST. BOX
Ex. Gr. = 479.2
Inv. = 476.2

YORKTOWN
Gar.
FF = 488.30
B = 478.45

DIST. BOX
Ex. Gr. = 478.6
Inv. = 475.6

Gar.
FF = 486.50
B = 477.83 *
Inv. = 476.3

YORKTOWN
Gar.
FF = 487.20
B = 477.35
FF = 486.61
B = 476.69

1500 GAL.
SEPTIC TANK
Inv. In = 476.8
Inv. Out = 475.7

DIST. BOX
Ex. Gr. = 478.5
Inv. = 475.5

Esmt. Area to be Deleted
1500 GAL.
SEPTIC TANK
INV. IN = 475.9
INV. OUT = 475.6

By Copy of this plan,
the Ho. Co. Health Dept.
accepts this modification
to the platted sewer disposal
easement

LOT 38
42,810 SF

Ann McMill 2/17/99

114°34'42"W
6.00'

569°07'45"W 297.98'

LOT 39
49,444 SF
S05°54'22"E

TS WILL NOT SEWER BY GRAVITY
THRU 44 AND 60 THRU

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 11/24/99

Name of Installer ROBT. L. FEELON 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 GRAITON HUNT Lot # 38

Well Tag # HO-94-2088

Site Address 11008 B. THURSWOET COURT.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make STA-RITE
- Model # 574002ML-03
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

- Horsepower 3/4
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make WALVARD
- Model # PT800
- Depth 42"

- WX-205
 Tank EXISTING HML.
- Capacity 32 GALS.
 - Pressure relief valve? YES

Piping

- Type Poly
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 42"

Well data

- Depth 450 ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? YES

11/29/99 Pitless 46" below grade. Cap 17" above grade. Knout 0.2. O.K. to cover (BB)

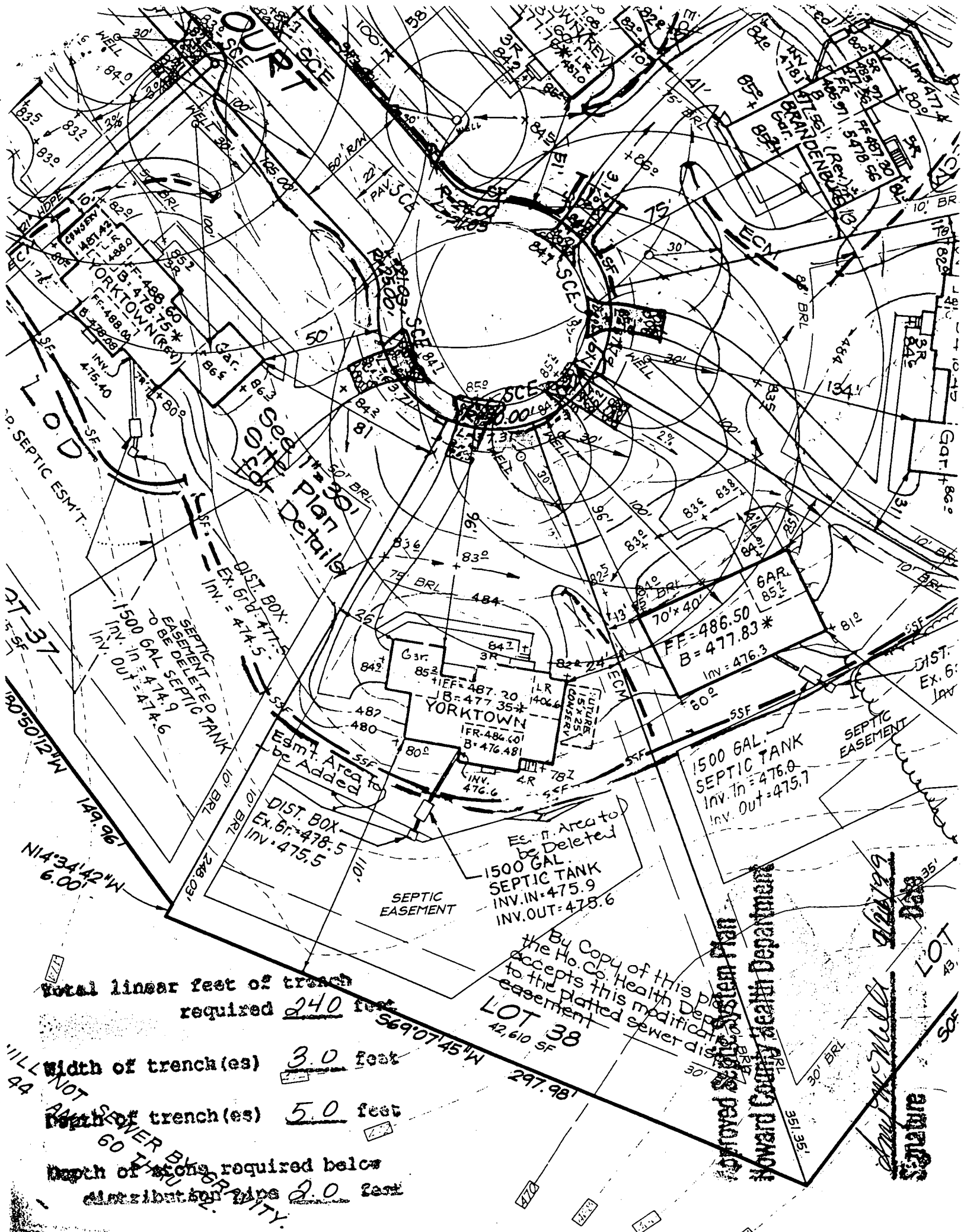
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: *Trinity J. Hood*

Date: 11/24/99

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



Total linear feet of trench required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 2.0 feet

By Copy of this plan the Ho. Co. Health Dept. accepts this modification to the platted sewer easement.

LOT 38
 42,610 SF

Approved Sewer System Plan
 Howard County Health Department

Signature
 Date