

05439086

LAYOUT _____ INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/21/2004P 520893APPROVAL DATE: 1/13/05A 513237

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

Van Sant Plumbing & HeatingIS PERMITTED TO INSTALL ☒ ALTER ☐ADDRESS: 3 N. Main Street, Mt Airy, MD 21777 PHONE NUMBER: 301-829-0444SUBDIVISION: Hall Shop Manor LOT NUMBER: 1ADDRESS: 6952 Westcott Place PROPERTY OWNER: NVR, Inc.SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☒
WITH EFFLUENT FILTERNUMBER OF BEDROOMS: 4SQUARE FEET PER BEDROOM: 210LINEAR FEET OF TRENCH REQUIRED: 199 HOUSE SERVED BY PUBLIC WATER ☐

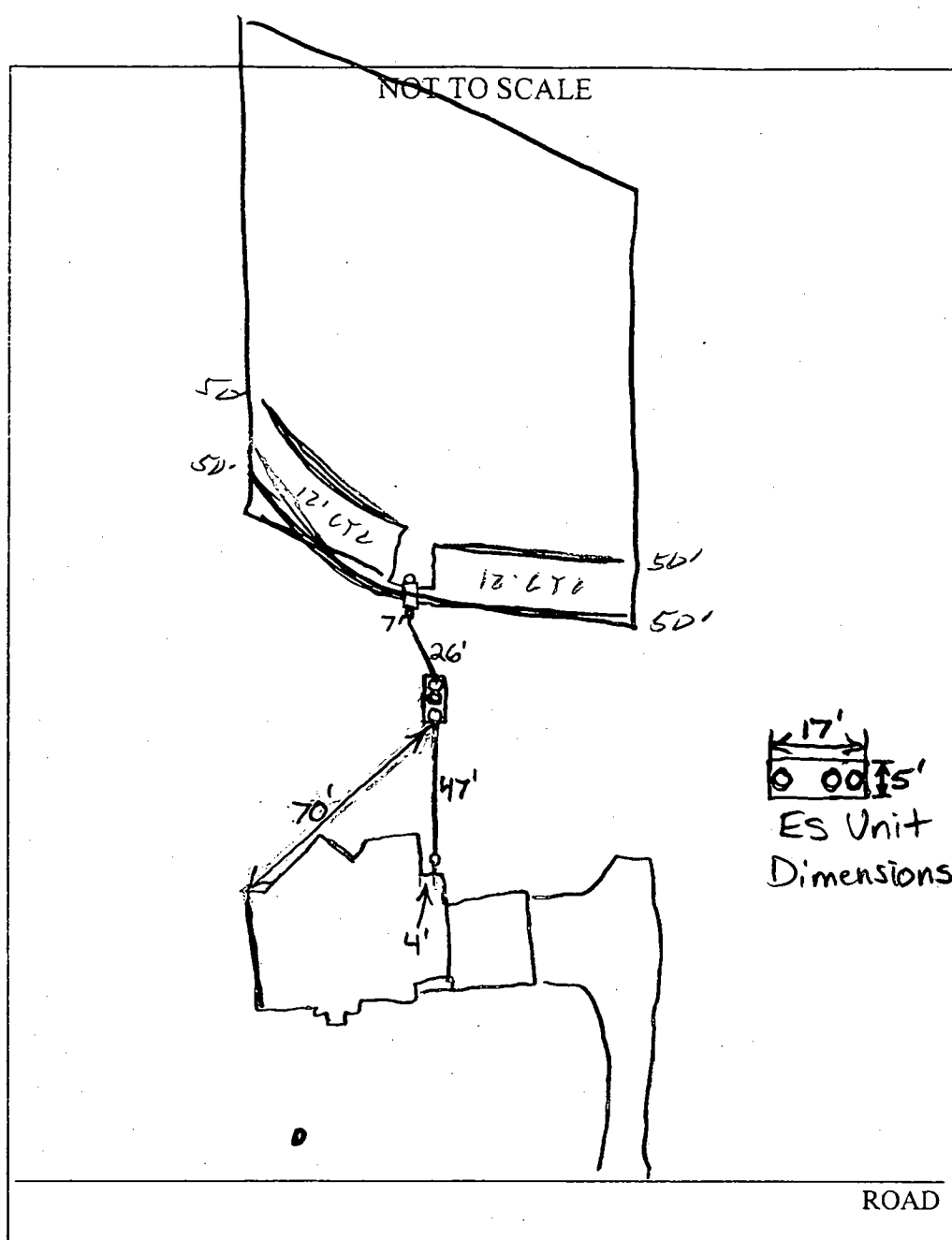
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest useable portion of the SDA.
NOTES:	Basement will not support gravity service. Pre-treatment unit installed must be able to treat nitrogen to 10 mg/l. I & A agreement must be signed and recorded prior to issuance of Use & Occupancy.

PLANS APPROVED: John Boris DATE: 8/6/04

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM
 DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

4513237



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	6'
NUMBER OF TRENCHES	4	
TOTAL LENGTH	200	
ABSORPTION AREA	600 sq	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	Yes	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1730 GAL
SEAM LOC	None
TANK LID DEPTH	3
BAFFLES	2 Regular 2 Partitions
BAFFLE FILTER	Yes
MANHOLE LOC	3 Access Holes
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 12/14/04 Contour accurate. Easement staked. To place the distribution box near the center of the easement and install

INSTALLATION 4-50' trenches. Treatment tank hasn't arrived. (BB)

12/16/04 - Trenches installed. OK to cover (SO) 12/27/04 ES unit set. House connection made. (BB) 12/29/04 Pumped system was needed Pump installed in last chamber of ES unit. (BB)

12/30/04 Control unit installed on outside of house. Can the alarm be easily heard on inside of house. (BB)

1/13/05 - Pump & Alarm tests OK (SO)

FINAL INSPECTOR

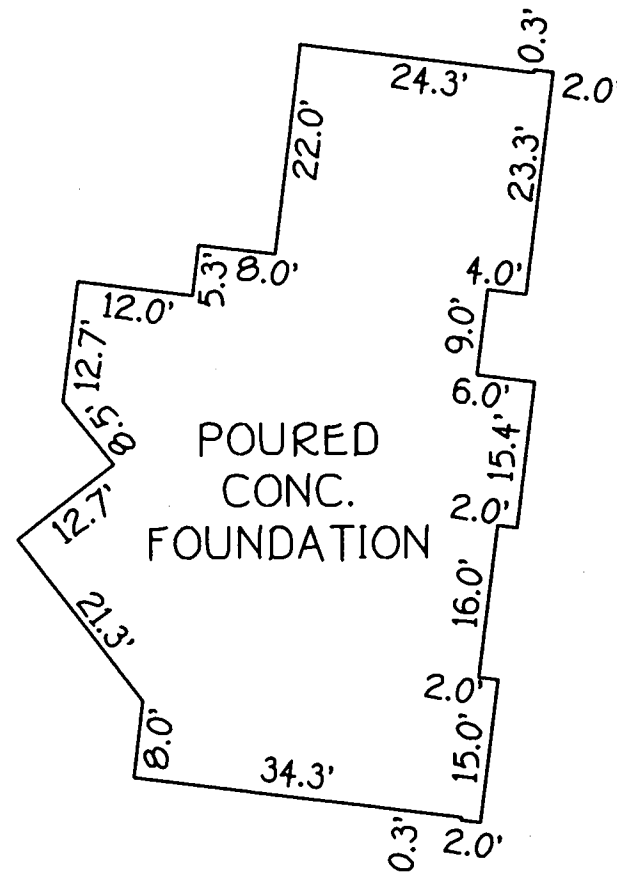
[Signature]

DATE OF APPROVAL

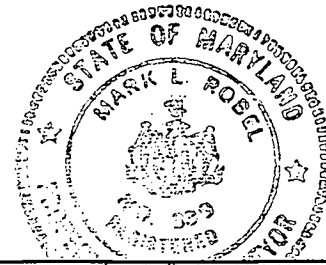
1/13/05

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2100440037B EFFECTIVE DEC. 4, 1996.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.05' (+/-)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3765) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



DETAIL:
1"=20'

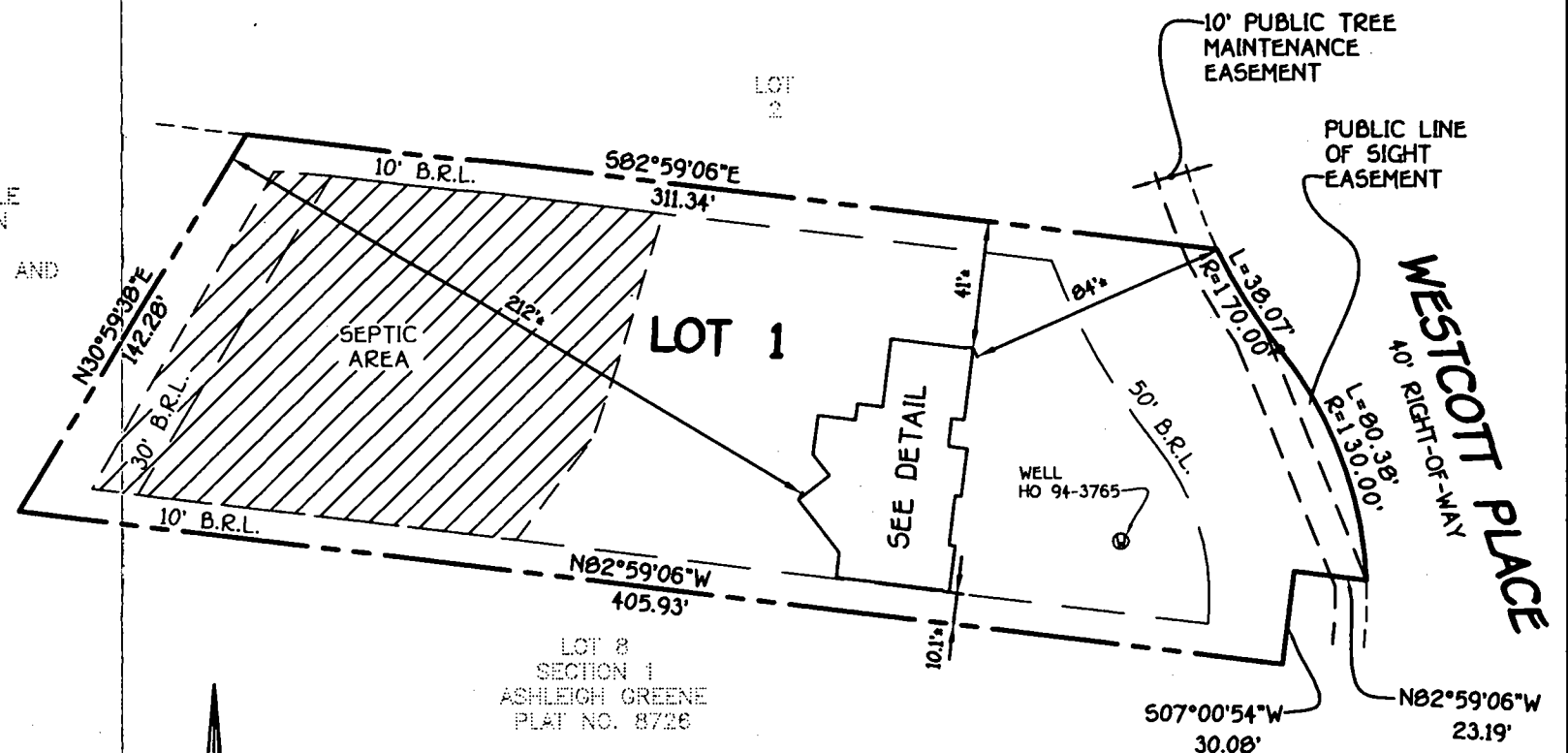


Mark L. Robel
PROFESSIONAL LAND SURVEYOR DATE 9/17/04
REG. - 339

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2895

NON-BUILDABLE
PRESERVATION
PARCEL 'B'
PRIVATELY OWNED AND
MAINTAINED



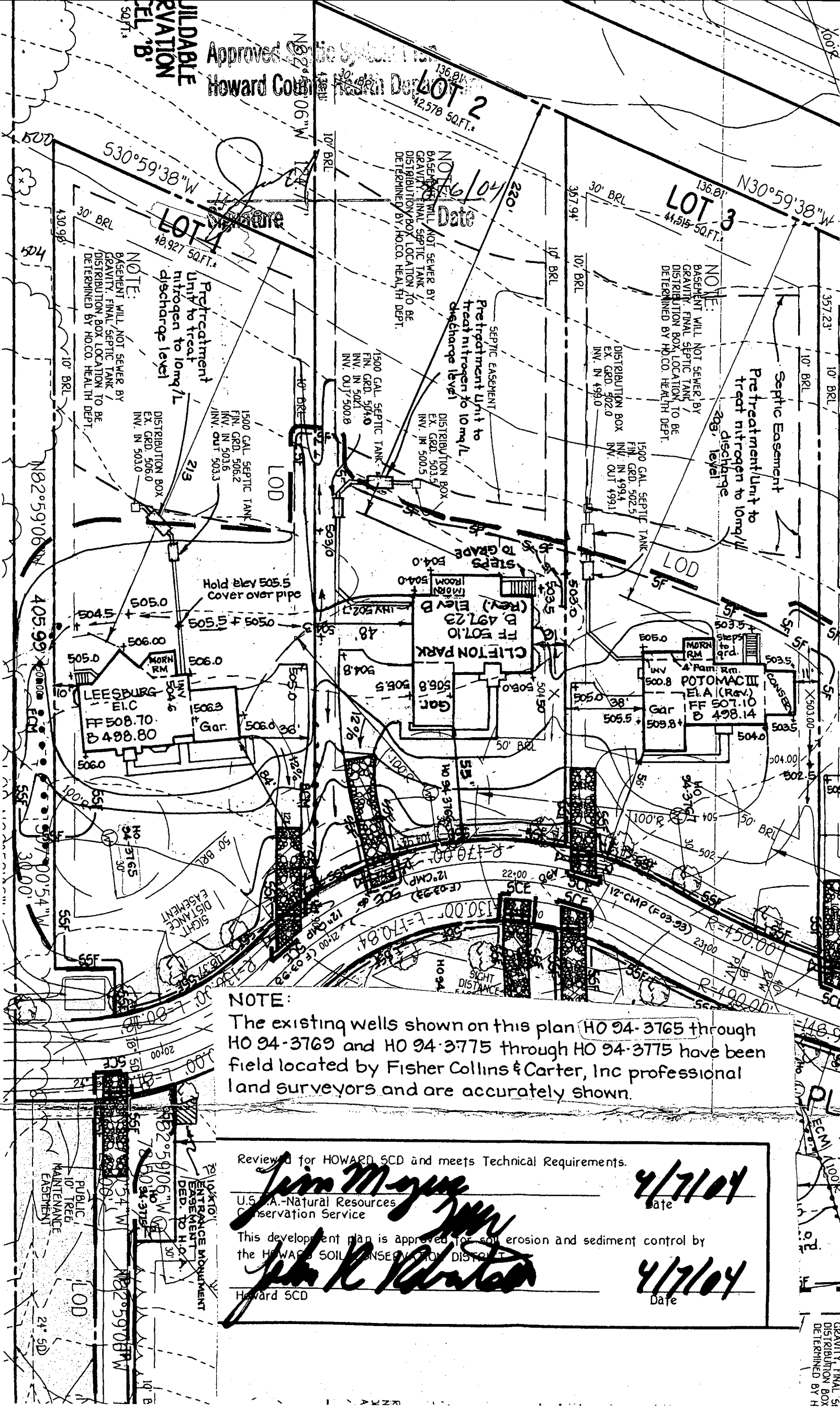
HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 9/10/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 9/17/04
DRAWN BY: V.L.J.
CHECKED BY: M.L.R.
PROJECT No.: 40307

*6952 WESTCOTT PLACE
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 507.5'

LOT 1
HALL SHOP MANOR
LOTS 1 THRU 14
BUILDABLE PRESERVATION PARCEL 'A',
NON-BUILDABLE PRESERVATION PARCEL 'B'
AND 'C' AND NON-BUILDABLE BULK
PARCEL 'D'.
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT *16675



Approved for the System Plan
Howard County Health Department
LOT 2

NOTE:
Pre-treatment Unit to treat nitrogen to 10mg/L discharge level

NOTE:
BASEMENT WILL NOT SEWER BY GRAVITY. FINAL SEPTIC TANK / DISTRIBUTION BOX LOCATION TO BE DETERMINED BY HOCO. HEALTH DEPT.

NOTE:
BASEMENT WILL NOT SEWER BY GRAVITY. FINAL SEPTIC TANK / DISTRIBUTION BOX LOCATION TO BE DETERMINED BY HOCO. HEALTH DEPT.

Pre-treatment Unit to treat nitrogen to 10mg/L discharge level

NOTE:
The existing wells shown on this plan HO 94-3765 through HO 94-3769 and HO 94-3775 through HO 94-3775 have been field located by Fisher Collins & Carter, Inc professional land surveyors and are accurately shown.

Reviewed for HOWARD SCD and meets Technical Requirements.
Jim M. Gage
U.S. Forest Service
Conservation Service
This development plan is approved for soil erosion and sediment control by the HOWARD SOIL CONSERVATION DISTRICT.
John K. Ralston
Howard SCD
Date 4/7/04
Date 4/7/04

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co. Telephone #: (410) 781-4655
Address: 6321 Barnett Ave
Sykesville, MD 21784

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Rick Cross License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: NV Homes Telephone #: (410) 379-5956
Subdivision: HAKSHP MANOR Lot #: 1 Well Tag #: HO-94-3765
Site Address: 6952 Westcott Place

Submersible Pump Data

Make: Starite

Model #: SP4D02H-04

Pump Capacity 5 GPM

Well Yield: 4.47 GPM

Depth of well encountered at time of pump installation: 300 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt ✓

Pitless Adapter

Make: Campbell

Model #: PT-800

Depth: 42" (36" min)

NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: Poly

PSI: 200 (150 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 10'

Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer

date: 9/29/04

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____

Date Insp. Approved: 9/29/04 (50)

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely ✓

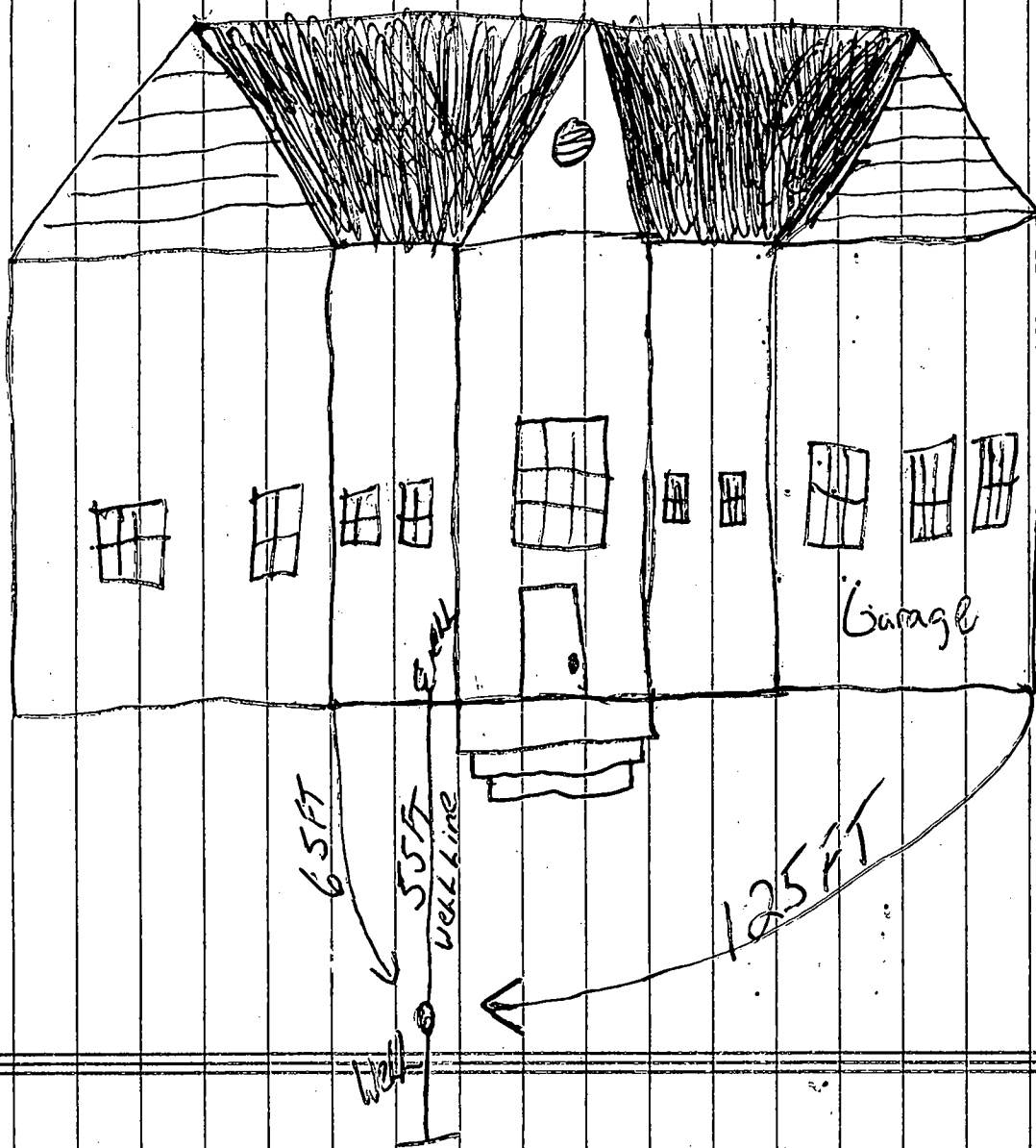
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓

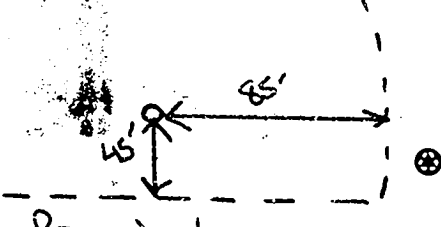
Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓



Lot 1
6952 Westcott
Place
Hall Shop NV Homes

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3988		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		WELL COMPLETION REPORT				COUNTY NUMBER A513237	
ST/CO USE ONLY DATE Received MM DO YY		DATE WELL COMPLETED MM DO YY 10 20 2003		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3765	
8 13		15 20				28 29 30 31 32 33 34 35 36 37	
OWNER LAND DESIGN + DEVELOPMENT							
STREET OR RFD WESCOTT PLACE TOWN CLARKSVILLE							
SUBDIVISION HALL SHOP MAJOR SECTION 1 LOT 1							
WELL LOG Not required for driven wells				GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GRROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC			
FEET FROM TO				NO. OF BAGS 45 28 NO. OF POUNDS 45 2800			
Overburden 0 70				GALLONS OF WATER 168			
Gray Rock 70 300 x				DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft. 48 TOP 52 54 BOTTOM 58			
water at 120'				(enter 0 if from surface)			
				CASING RECORD			
				casing types insert appropriate code below			
				ST CO STEEL CONCRETE			
				PL OT PLASTIC OTHER			
				MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)			
				ST 6 75 60 61 63 64 66 70			
				OTHER CASING (if used) diameter depth (feet) from to			
				E A C H C A S I N G			
				screen type or open hole			
				ST BR HO STEEL BRASS OPEN			
				PL OT PLASTIC OTHER			
				C 2 DEPTH (nearest ft.)			
				75 300			
				E A C H C A S I N G			
				SLOT SIZE 1 2 3			
				DIAMETER OF SCREEN (NEAREST INCH)			
				58 60			
				from to			
				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q			
				70 72 74 75 76			
				TELESCOPE CASING LOG INDICATOR OTHER DATA			
PUMPING TEST				C 3			
HOURS PUMPED (nearest hour) 6							
PUMPING RATE (gal. per min.) 447							
METHOD USED TO MEASURE PUMPING RATE Submersible							
WATER LEVEL (distance from land surface)							
BEFORE PUMPING 20 ft.							
WHEN PUMPING 238 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 (nearest foot) 1							
LOCATION OF WELL ON LOT							
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)							
							
DRILLER'S LIC. NO. M D 1 2 0							
DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)							
LIC. NO. JS D 049							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

OK (SRK)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3765
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR Lot 1 Block 1 Plat Sec.
Well Driller G. EDGAR HALL SONS, CORP. owner LAND DESIGN & DEVELOPMENT

Depth of well 300'
Distance of measuring point (M.P.) above ground = 1'
Static water level (S.W.L.) below M.P. 20'

I. High rate pumping -- reservoir drawdown

Time pump started 0815 Pumping rate 16.66
Total time 15 min to reach pumping water level 74 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

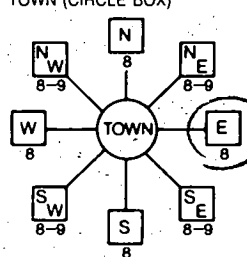
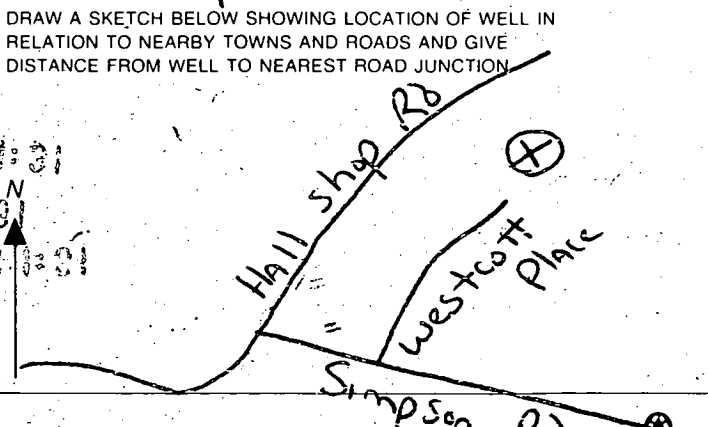
Well Permit No. HO - 94-3765
Location of property (road) WESCOTT PLACE
Subdivision HAUL SHOP MANOR Lot 1 Block 1 Plat 1 Sec. 1
Well Driller G. EDGAR HARR SONS, CORP Owner LAND DESIGN + DEVELOPMENT

I. High rate pumping -- reservoir drawdown

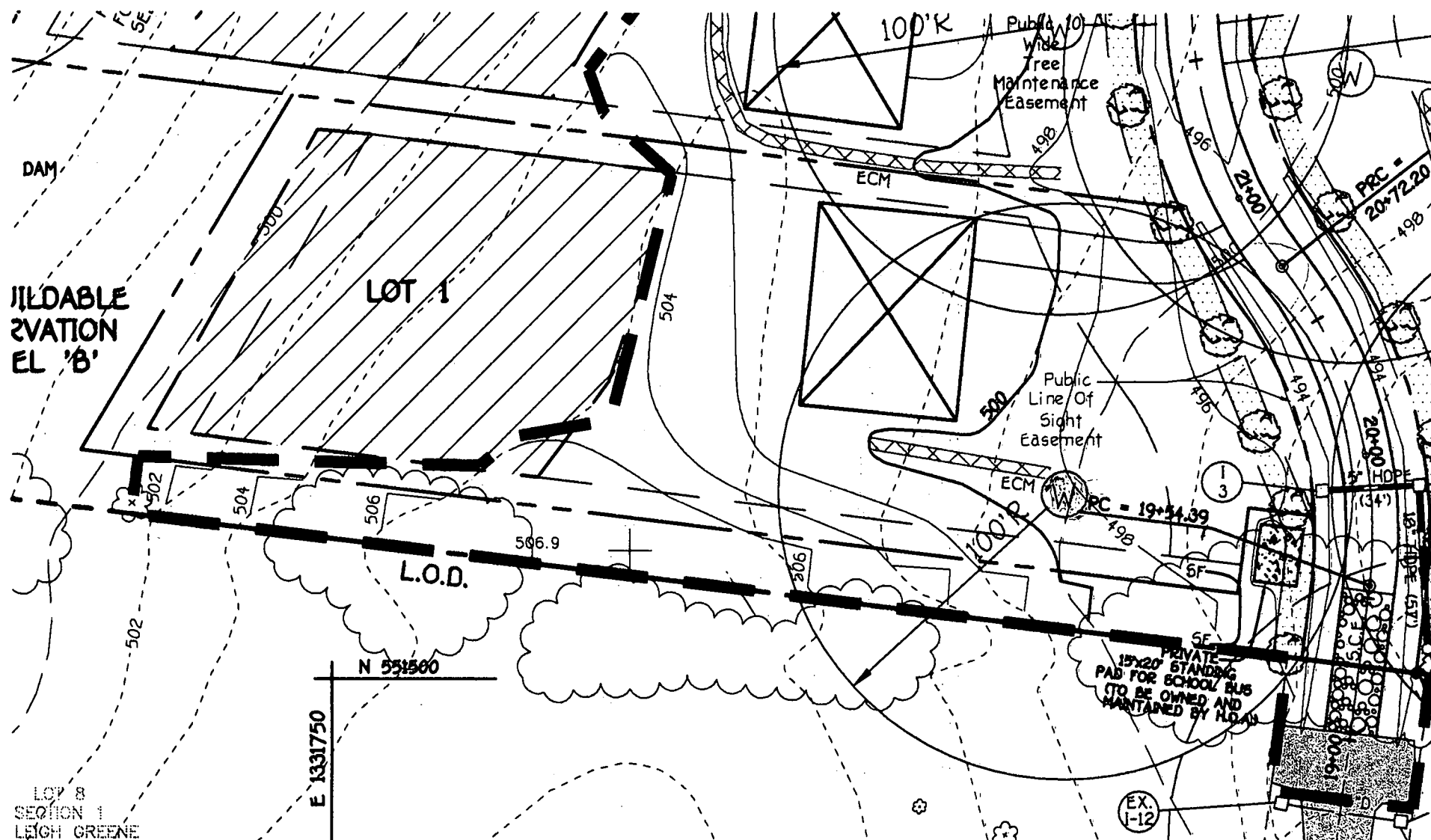
Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

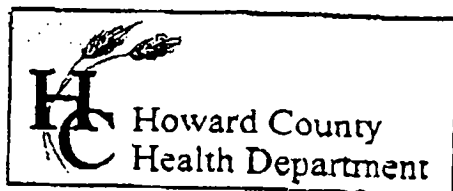
II. Recovery pump test data - observations to be recorded every 15 minutes

HD-224

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">6749</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519055 please type	STATE PERMIT NUMBER <div style="font-size: 1.2em;">HO-94-3765</div> fill in this form completely
Date Received (APA) <div style="font-size: 1.2em;">07-16-03</div> 8 MM DD YY 13 OWNER INFORMATION Land Design + Development 15 Last Name Owner First Name 34 8000 Main Street 36 Street or RFD 55 Ellicott City MD 21043 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Hall Shop Manor 42 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 M 11 73 76 77 78	
DRILLER INFORMATION Sandy B Cochran MWD 120 Driller's Name 76 License No. 81 G Edgar Hare Sons Corp Firm Name 12047 Falls Rd Cockeysville 21030 Address S B Cochran 7-11-03 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Westcott Place 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 2 EAST SOUTH 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP 41 BLK 1 PARCEL 138	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME STATE COUNTY NO. 4513237 STATE SIGNATURE DATE ISSUED 07-31-03 Steven R Krieg 7/31/04 43 MM DD YY 48 CO SIGNATURED EXP. DATE NORTH GRID 491 000 EAST GRID 819 000 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN 30 AIR-ROTARY AIR-PERCUSsion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		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 8189 N 4981 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER #020026017 PERMIT No. HO-94-3765 70 71 72 73 74 75 76 77 78 79		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

SRK





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Hall Shop Manor

☒ The well site has been staked by Fisher, Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on 7/29/03 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

LOT REQUIRES PRETREATMENT

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Hall Shop Manor

A 513237-

STREET NAME: _____

LOT NUMBER: 1

AVERAGE PERCOLATION RATE: 11 SQUARE FEET PER BEDROOM: 210
NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 49.75
TOTAL LINEAR FEET OF TRENCH: 199 SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED? ☒ YES ☐ NO

COMPARTMENTED TANK REQUIRED? ☒ YES ☐ NO

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 66 feet below original grade. Effective area begins at 3.5 feet below original grade. 23 feet of stone below distribution pipe.

$4 \times 210 = 840 \div 3 = 280 \times .71 = 199$
PUMPED SYSTEM PROPOSED: YES ☒ NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.
YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: Place distribution box as shown on at the highest useable portion of SDA

ADDITIONAL NOTES: Pre-treatment unit must treat effluent ^{nitrogen} to at least 10 mg/L. System design will support base pretreatment
I+A agreement must be signed and recorded prior to U+O issuance.

Reviewer: [Signature]

Date: 8/6/04

APPLICATION

PERCOLATION TESTING

A 513237-D

P _____

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

DISTRICT _____

DATE January 18, 2000

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 D. CAROL FANTA

ADDRESS 3117 HEARTHSTONE RD, ELLICOTT CITY, MD 21042 PHONE 410-465-5747

AGENT OR PROSPECTIVE BUYER DAVID A. CARNEY, Attorney for owners (S)

ADDRESS 10715 CHARTER RD, COLUMBIA, MD 21044 PHONE 410-740-4600

PROPERTY LOCATION:

SUBDIVISION INGLEHART PROPERTY LOT NO. 1

ROAD AND DESCRIPTION EAST SIDE OF HALL SHOP ROAD AND 800'± SOUTH OF THE INTERSECTION OF HALL SHOP ROAD AND REDBERRY ROAD

TAX MAP 41 PARCEL # 138 GRID 1

SIZE OF LOT 40,000 ± 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. David A. Carney
(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

1320

topsoil

org red
brn
clmmed
pk brn
sa lm25%
sapr
sh

1330

topsoil

org brn
clmlt org
brn
sa lm20%
sapr
sh

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-00	1320	3.5'S	4:32 ₃	4:34	4:34	4:36 ₃	3
		13.0'D	visual	- see	profile		OK
	1330	4.0'S	4:39	4:43 ₃	4:43 ₃	4:51	8
		13.0'D	visual	- see	profile		OK

REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY DLS ALSO PRESENT M. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 513237-J

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE January 18, 2000

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 P. CAROL FANTA

ADDRESS 3117 HEARTHSTONE Rd, ELLICOTT CITY, MD 21042 PHONE 410-465-5747

AGENT OR PROSPECTIVE BUYER DAVID A. CARNEY, Attorney for owners(s)

ADDRESS 10715 CHARTER RD, COLUMBIA, MD 21044 PHONE 410-740-4600

PROPERTY LOCATION:

SUBDIVISION INGLEHART PROPERTY LOT NO. 1

ROAD AND DESCRIPTION EAST SIDE OF HALL SHOP ROAD AND 800'± SOUTH OF THE INTERSECTION OF HALL SHOP ROAD AND REDBERRY ROAD

TAX MAP 41 PARCEL # 138 GRID 1

SIZE OF LOT 40,000 ± 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

1500

topsoil

red brn
cl lm11 org
brn
sa lm
w mica35%
sapn
gh

hard

1510

topsoil

red brn
cl lmmed
plz brn
sa lm
w mica20% +
sapn
gh

SOIL PROFILE

0'

150
120
90

Property line

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hall shop Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-2-00	1500	4.5'S	12:51	12:58	12:58	1:17	19
		12.5'D	Visual	see	profile		OK
	1510	4.0'S	1:00	1:08	1:08	1:22	14
		13'4"D	Visual	-see	profile		OK

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY

DKS

ALSO PRESENT

M. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

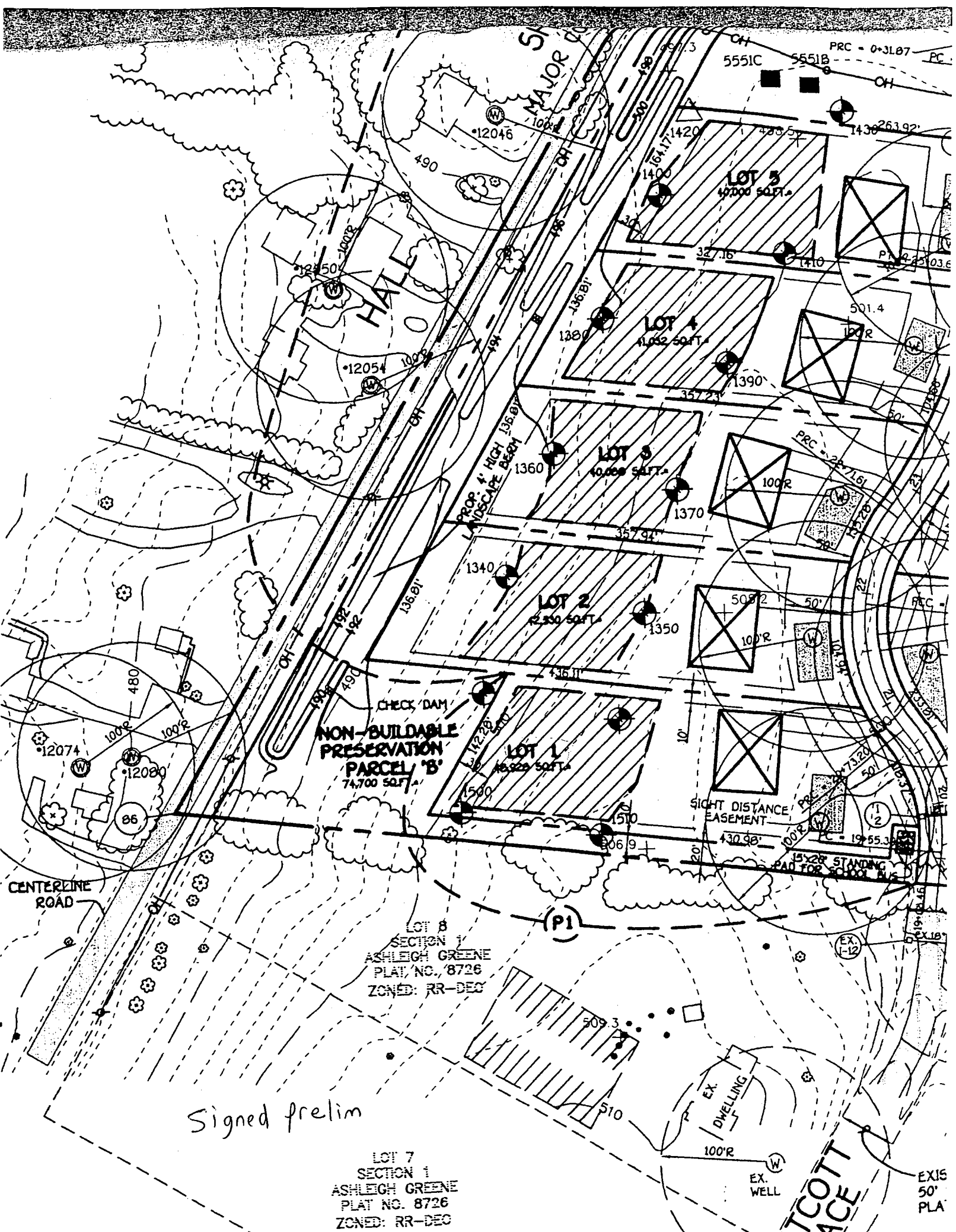
TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

ENTERLINE
ROAD—



NON-BUILDABLE
PRESERVATION
PARCEL 'B'
74,700 SQ. FT.

LOT 8
SECTION 1
ASHLEIGH GREENE
PLAT NO. 8726
ZONED: RR-DEC

LOT 7
SECTION 1
ASHLEIGH GREENE
PLAT NO. 8726
ZONED: RR-DEC

Signed prelim

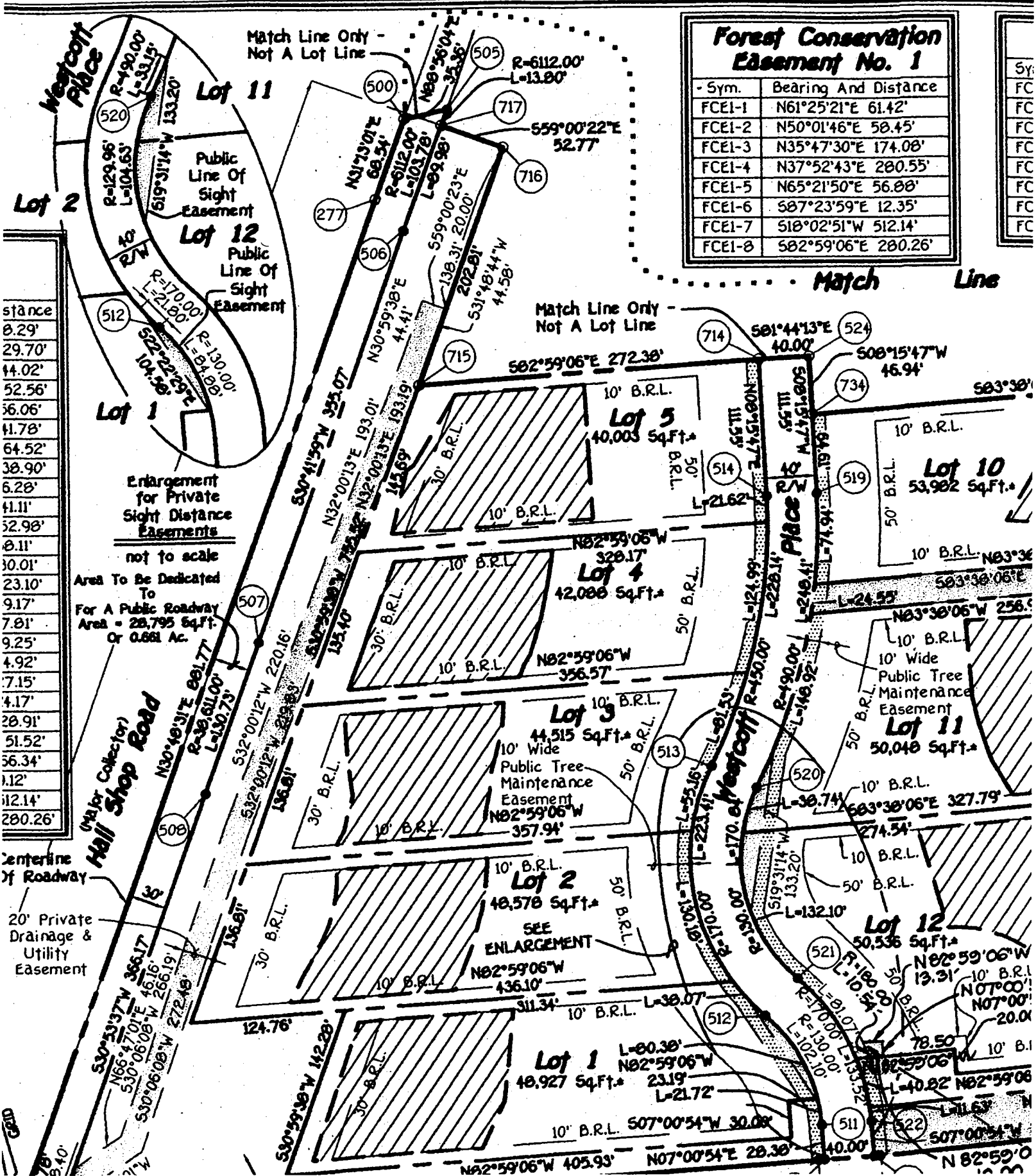
EX.
DWELLING
100'R

EX.
WELL

STCOTT ACE

EXIS
50' PLA

F-03-093



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-8888 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-149160 JPB
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Building Address <u>6952 WESCOTT PLACE</u> <u>Clarksville MD 21029</u>	Property Owner's Name <u>NR INC</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>6085 MARSHLEE DRIVE</u>
Census Tract <u>605.02</u> Subdivision <u>WALLS HOP MAJOR</u>	City _____ State <u>MD</u> Zip Code <u>217</u>
Section _____ Area _____ Lot <u>1</u>	Home Phone _____ Work Phone <u>379-5956</u>
Tax Map <u>41</u> Parcel <u>138</u> Grid <u>1</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RADEB</u> Map Coordinates <u>1462</u> Lot size _____	Phone _____ Fax _____

Existing Use <u>VACANT LOT</u>	Contractor Company <u>NR INC</u>
Proposed Use _____	Contact Person <u>JOEY ECKER</u>
Estimated Construction Cost \$ <u>200,000</u>	Address <u>1115 WESCOTT PLACE</u>
Description of Work <u>RESIDUAL 1115 WESCOTT PLACE</u>	City _____ State <u>MD</u> Zip Code <u>217</u>
	License No. _____
	Phone _____ Fax _____

Occupant or Tenant _____	Engineer or Architect Company <u>FCC</u>
Contact Name _____	Contact Person <u>JOEY ECKER</u>
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax <u>40-750-3784</u>

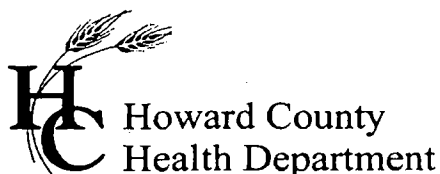
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Other Structure: _____ Directions: _____ Footings: _____ Roof: _____
State Certified Modular _____		No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13B _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREUNTO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____	Print Name <u>NR INC</u>
Title/Company _____	Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY:

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Lead Development, DPZ			Front: _____	<u>62739</u>
Building Official			Rear: _____	Filing fee \$ <u>100</u>
Dev. Engineering, DPZ			Side: _____	Permit fee \$ _____
Health	<u>8/6/04</u>	<u>Jay</u>	Side St. _____	Excise tax \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone? _____	Balance due \$ _____
			SDP/Red-line approval date _____	Check # <u>177909</u>
				Validation # <u>71646</u>
				Accepted by _____



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

January 14, 2005

NVR, Inc
6085 Marshalee Drive
Elkridge, MD 21075

SENT VIA FACSIMILE 410-379-2430

RE: Hall Shop Manor, Lot 1
6952 Westcott Place
Clarksville, MD 21029
BP #: B00149168
Well Permit # HO-94-3765

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/13/2005. Final approval of the well line connection to the dwelling was approved on 09/24/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3765. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 12/10/2004
Date of Well Completion: 10/20/2003

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File