

05439108

LAYOUT 1/4/05-12 INSP 4 _____
 INSP 2 1/11/05 JU INSP 5 _____
 INSP 3 2/4/05 INSP 6 _____

ISSUE DATE: 12/13/2004APPROVAL DATE: 2/4/05**PERMIT INDEXED**P 521615A 513237-B

**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 & Heating IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 3 N. Main Street, Mt. Airy 21771 PHONE NUMBER: 1-800-682-6726SUBDIVISION: Hall Shop Manor LOT NUMBER: 3ADDRESS: 6940 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: 180LINEAR FEET OF TRENCH REQUIRED: 170 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 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.

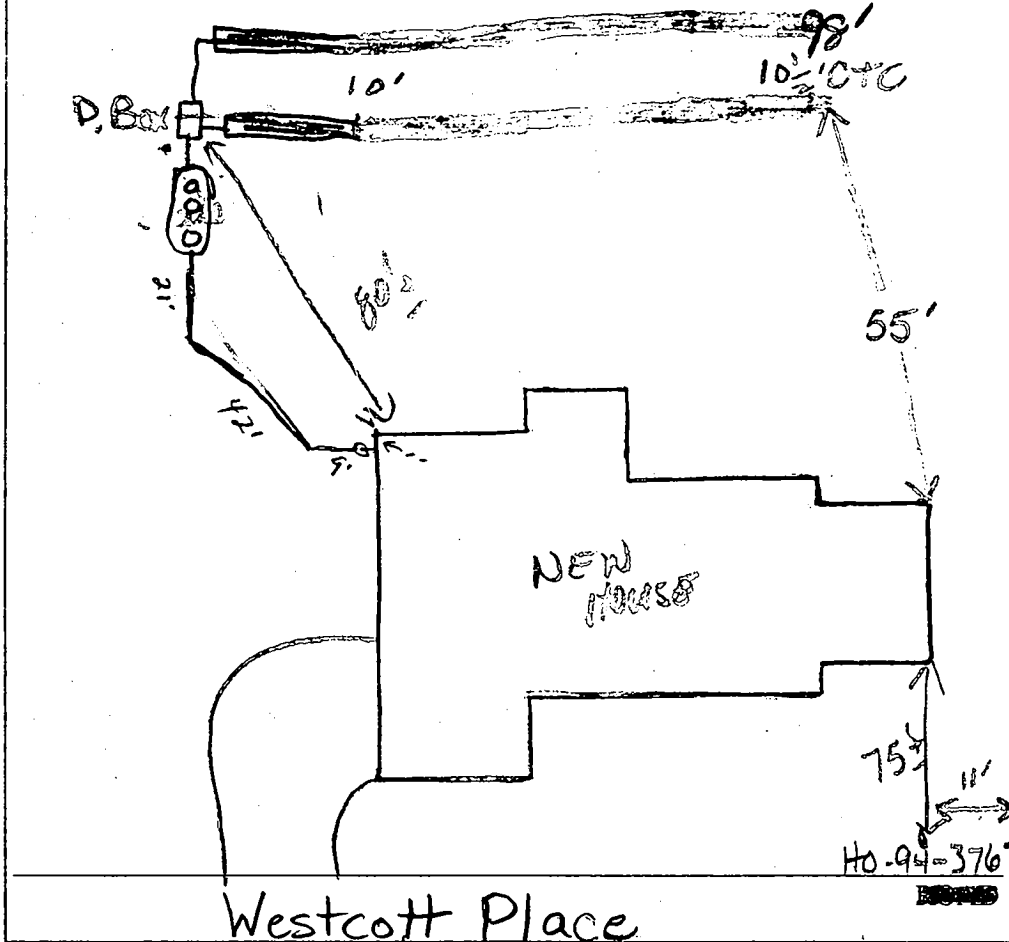
PLANS APPROVED: John Boris P.Y DATE: 8/6/04

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**

A513237-B

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>3</u>	<u>5</u>
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>0200</u>		
ABSORPTION AREA <u>7200</u> ^{needed} <u>8000</u> ^{practical}		
DISTRIBUTION BOX LEVEL <u>400</u>		
DISTRIBUTION BOX BAFFLE <u>yes</u>		
DISTRIBUTION BOX PORT <u>10</u>		

SEPTIC TANK DATA		Microfast
SEPTIC TANK 1 LEVEL		fr
CAPACITY	<u>1750</u>	GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		
SEPTIC TANK 2 LEVEL		
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

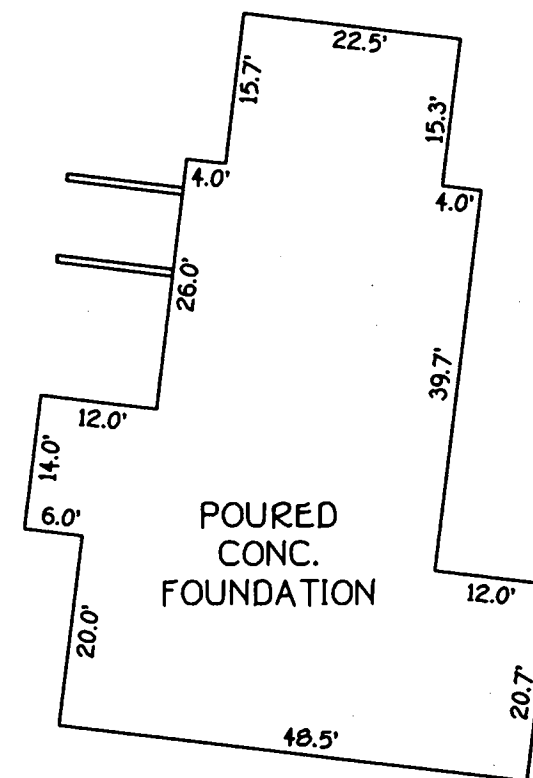
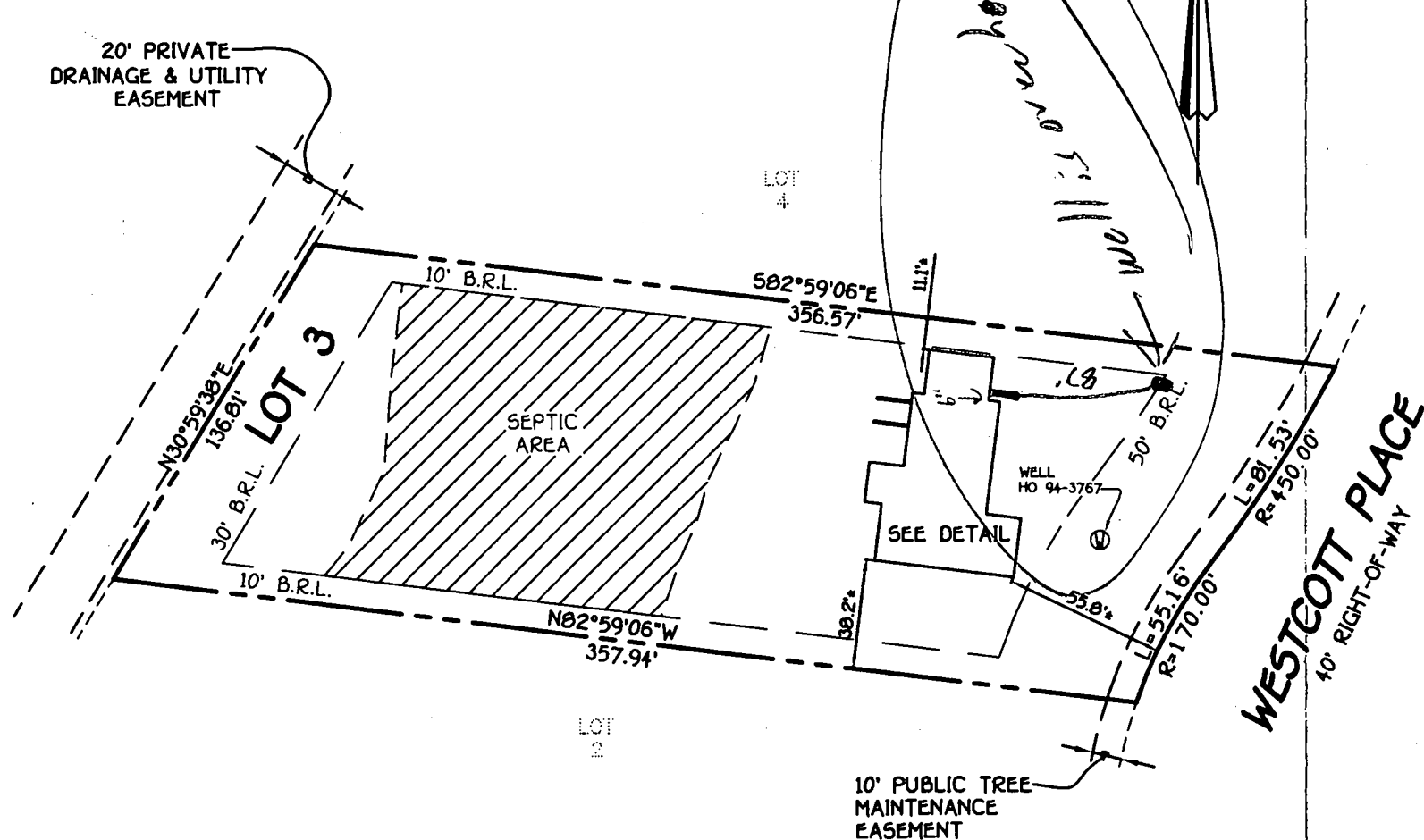
PRE-CONSTRUCTION 1/4/05 - SRA stated, contours accurate. Install
(2) 100' trenches to make best use of area. (SO)
 INSTALLATION 1-11-05 ~~OK to cover trenches~~ OK to cover trenches
Microfast tx device on site - TO BE INSTALLED (KN)
1/13/05 - house conn & Microfast unit set OK to
cover (SO) 2/4/05 Microfast tank cycles & alarm functions
OK (KN)

FINAL INSPECTOR Racer Norman

DATE OF APPROVAL 2/4/05

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. 2400440037B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±).
- 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 94-3767) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



well + wall check OK.

Pete Jimb 12-13-04

DETAIL:
1"=20'

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 12/8/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 12/9/04
DRAWN BY: VLJ
CHECKED BY: MLR
PROJECT No.: 40397

LOT 3
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

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461-2855



PROFESSIONAL LAND SURVEYOR
REG. #10743

12/9/04
DATE

*6940 WESTCOTT PLACE
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 505.8'

Approved Septic System Plan Howard County Health Department

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

Date 8/6/04

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

NOTE:
Prefreatment Unit to treat nitrogen to 10mg/L discharge level

Septic Easement
Prefreatment 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:

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.

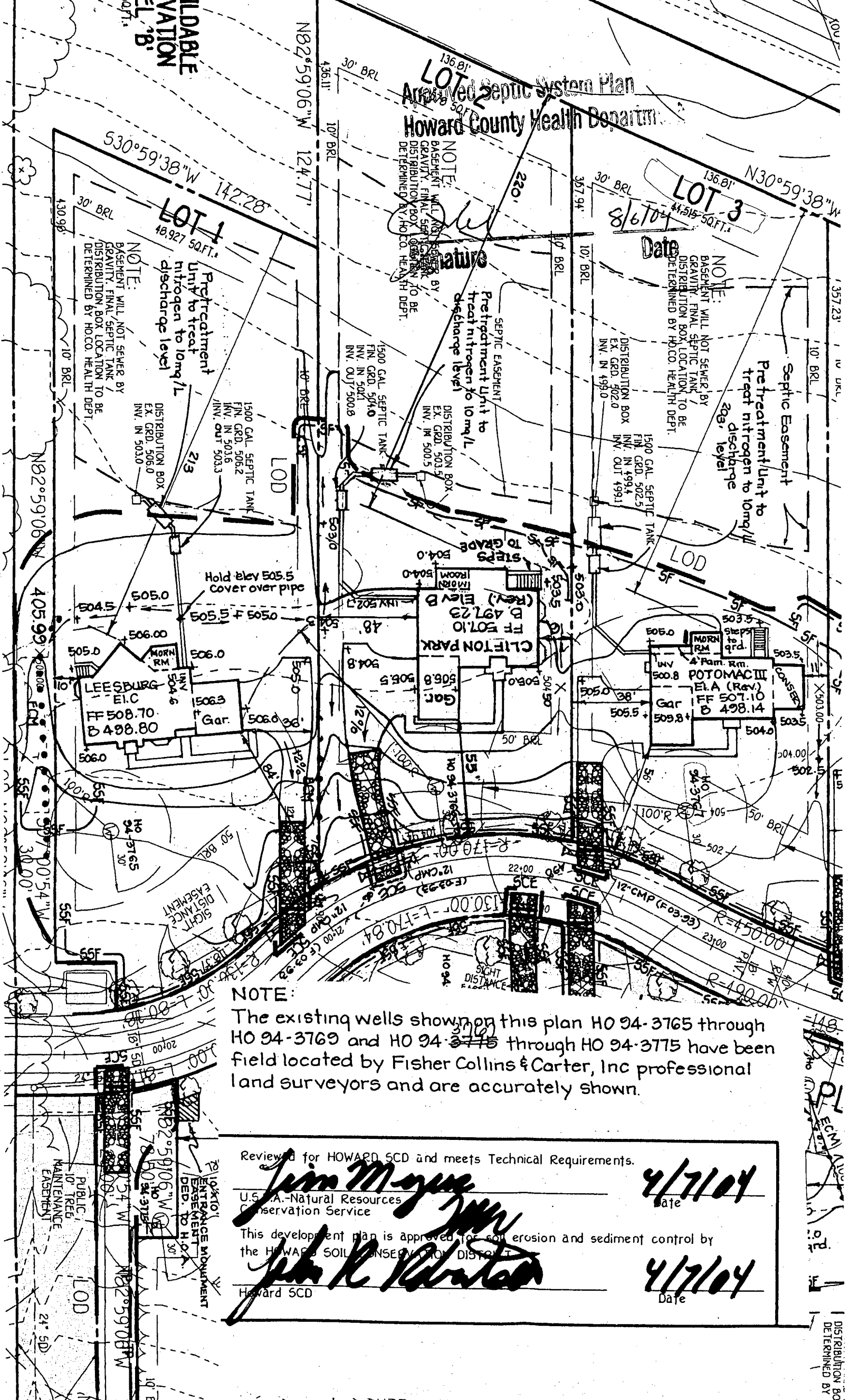
U.S. A.-Natural Resources Conservation Service

This development plan is approved for soil erosion and sediment control by the HOWARD SOIL CONSERVATION DISTRICT

Howard SCD

4/7/04
Date

4/7/04
Date



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2486 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-2800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-149170 JAB
--	---	--------------------------------------

Building Address <u>6940 WESTCOTT PLACE</u> <u>CLARKSVILLE, MD 21029</u>	Property Owner's Name <u>NVR INC</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>10055 MARSHALL DRIVE</u>
Census Tract <u>605102</u> Subdivision <u>HAL SHOP MANOR</u>	City <u>ELKIDGE</u> State _____ Zip Code <u>21075</u>
Section _____ Area _____ Lot <u>3</u>	Home Phone _____ Work Phone <u>410-379-5956</u>
Tax Map <u>11</u> Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated herein) _____
Zoning <u>ROOF 2</u> Map Coordinates <u>146</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>VACANT LOT</u>	Contractor Company <u>NVR INC</u>
Proposed Use <u>SFD</u>	Contact Person <u>KIMBERLY CECIL</u>
Estimated Construction Cost \$ <u>12,000</u>	Address _____
Description of Work <u>Blowdown / Clean up / Mow</u>	City _____ State _____ Zip Code _____
Occupant or Tenant _____	License No. _____
Contact Name _____	Phone <u>410-379-5956</u> Fax _____
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

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

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 THERETO, (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____	Print Name _____			
Title/Company _____	Date _____			
Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY.				
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	42741
State Highway			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	8/6/04	Jay	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>177991</u>
				Validation # <u>71648</u>
				Accepted by _____

**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. Feazer Co. Telephone #: (410) 795-1405
Address: 6321 BARNETT AVE
SYKESTOWN MD

(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 Crooks 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 Home Telephone # (410) 379-5956
Subdivision: HALL CHAP MANOR Lot #: 3 Well Tag #: HO-94-3767
Site Address: LOT 3, 6940 WESTCOTT PLACE

Submersible Pump Data

Make: Staite
Model #: 7P4D02HL-03
Pump Capacity 7 GPM
Well Yield: 16 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: Cambeu
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 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 8'
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: Rick Crooks

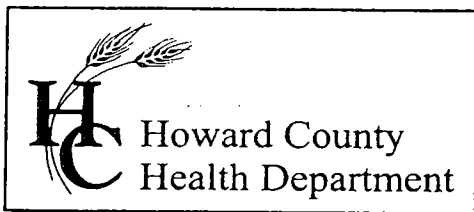
date: 12/16/04

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

Date Insp. Requested: _____

Date Insp. Approved: 12/15/04 (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 ☒



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

August 6, 2004

NVR Inc.
6085 Marshalee Drive
Elkridge, MD 21075

RE: Lots 1, 2, & 3 Hall Shop Manor
Nitrogen Pre-Treatment Requirements

Dear Sirs:

This is to accompany the Health Department building permit approval for the above referenced lots regarding the requirements set forth on the final recorded plan for the Hall Shop Manor subdivision.

The above mentioned lots are approved under the condition that the lots mentioned above have a nitrogen pre-treatment device that treats septic effluent to a level of at least 10 mg/L nitrogen. The Health Department is not permitted to recommend a manufacturer of such a unit and the manufacturer of such a unit must be pre-approved by the Maryland Department of the Environment.

Applicant is must insure that an I & A Agreement is signed and recorded among the land records of Howard County prior to issuance of the Use and Occupancy for the above mentioned lots.

Applicant is also reminded that the septic installation cannot proceed until the installer provides a manufacturer guarantee that the installed unit will function as prescribed.

Any questions regarding this issue can be answered by calling (410) 313-1771.

Respectfully,

John A. Boris, Jr., R.S., Director
Well and Septic Program

cc: File

C1 3990

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
— PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A513237-B1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
10 23 03

Depth of Well

22 300 26
(TO NEAREST FOOT)11/12/03
OK(SRK)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO-94-3767
28 29 30 31 32 33 34 35 36 37OWNER LAND DESIGN + DEVELOPMENT
STREET OR RFD WESCOTT PLACE
SUBDIVISION HALL SHAR MANOR SECTION TOWN CLARKSVILLE LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingOverburden 0 20
Soft Shale + 20 78
MUD
Gran Rock 78 300 X
Water at 100 + 2 10'Well #1
70' Dry (backfilled)

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES NO
(Y) (N)
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 18 NO. OF POUNDS 100

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 75 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below(ST)
STEEL(CO)
CONCRETE(PL)
PLASTIC(OT)
OTHERMAIN
CASING
TYPE
PLNominal diameter
top (main) casing
(nearest inch) 6Total depth
of main casing
(nearest foot) 84E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)(ST)
STEEL(BR)
BRASS(HO)
OPEN
HOLE(PL)
BRONZE(OT)
PLASTIC

(OTHER)

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
Ho 84 300

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

56 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)

T (E.R.O.S.) W Q

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.)

16.6

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.

WHEN PUMPING 30 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 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)

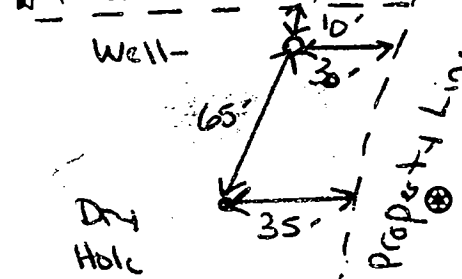
+ above

LAND SURFACE

- below

1 (nearest foot)

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)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED

yes no
(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
WELLI 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. 1 MWD 1201

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JS00491

Thomas McColl

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

OK (SRK)

Ed ALDEN
JERRY PREID
W HARR
HOWARD

Well Permit No. HO - 94-3767
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR Lot 3 Block 1 Plat Sec.
Well Driller G. EDGAR HALL SONS CORP Owner LAND DESIGN + DEVELOPMENT

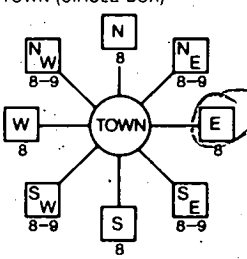
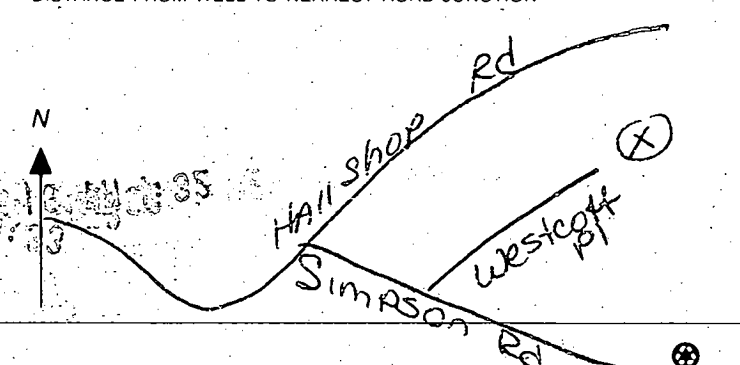
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

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

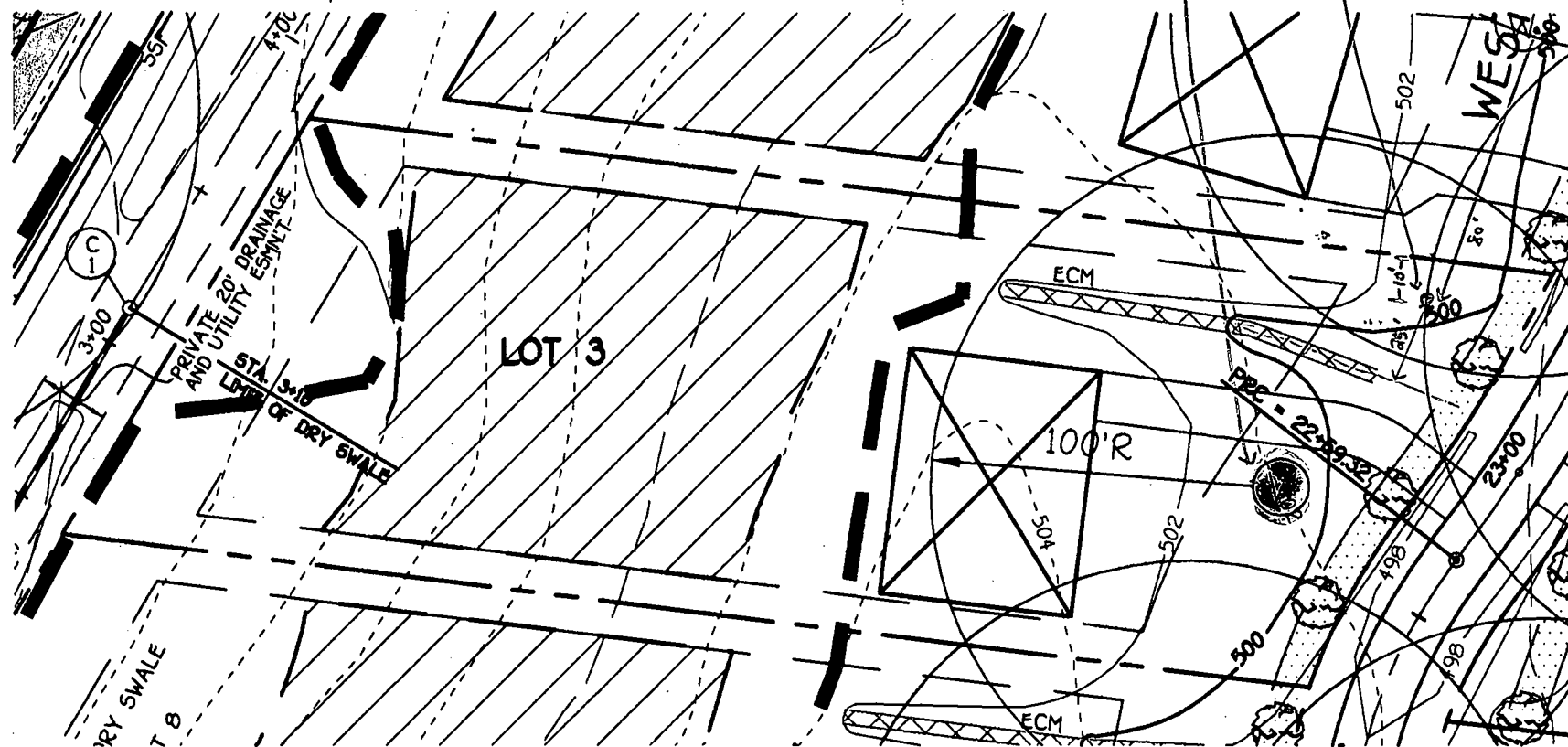
[illegible]

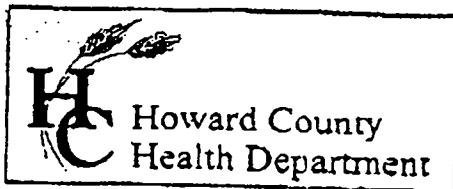
11 ⁵⁵ Arrived @ site & spoke to Jerry. Spoke to Mike

Isam & explained to him that if new well location was not field surveyed it is possible that well may be 2' inside lot 4's property or is not at least 10' on setback from property line. He (Mike Isam) told me that he will have a surveyor field locate new well

B 1 1 2 3 6 6750	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519055	STATE PERMIT NUMBER H0-94-3767 <small>fill in this form completely</small>
Date Received (APA) 07-16-03 8 MM DD YY 13 OWNER INFORMATION 15 <u>Land Design & Development</u> Last Name Owner First Name 34 36 <u>8000 Main Street</u> Street or RFD 55 57 <u>Ellicott City</u> <u>MD</u> <u>21043</u> Town State Zip 76		B 3 LOCATION OF WELL 8 <u>Howard</u> COUNTY 21 23 <u>Hall Shop Manor</u> SUBDIVISION 42 SECTION <u>44</u> <u>46</u> LOT <u>3</u> <u>48</u> <u>50</u> 52 <u>Highland</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION 76 <u>Sandy B. Cochran</u> M W D 120 Driller's Name License No. 81 76 <u>G. Edgar Harr Sons' Corp</u> Firm Name 76 <u>12047 Falls Road, Cockeysville 21030</u> Address 76 <u>[Signature]</u> 7/10/03 Signature Date		B 4 1 2 1 OF WELL FROM TOWN (CIRCLE BOX)  11 <u>Westcott Place</u> NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 <u>300</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>41</u> BLK: <u>1</u> PARCEL <u>138</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL PER MIN.) <u>5</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) <u>750</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>A513237-B</u> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>07-31-03</u> <u>Steve R. Kueg</u> 7/31/04 43 MM DD YY 48 NORTH GRID <u>491</u> 000 55 EAST GRID <u>819</u> 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8109</u> N <u>4901</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 CABLE <u>Reverse-ROTary</u> Drive-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S 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"/> D THIS WELL WILL DEEPEMED 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 <u>H020026017</u> PERMIT No. <u>H0-94-3767</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

7/30/03 - well site OK
NO SITE INSPECTION





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 + Center,
(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

COUNTY #

SOIL PROFILE

0' 1370
topsoil
1' red brn
cl lm
3.5' med
org brn
scl lm
w/mini rca
15-20% sh
4.5' lg pocket
hard
sh
13.5'

0' 1360
topsoil
1' red brn
cl lm
3.5' med
pk brn
scl lm
13' evidence
of water
14'

0' 1350
topsoil
1' red org
brn
cl lm
3.5' pale
pk brn
scl lm
4' 20%+
silt
sh
14.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 1340
topsoil
1' red brn
cl lm
3.5' pale
org brn
scl lm
4' 15-20%
sh
frag
13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-00	1370	4.0'S	3:49	3:51	3:51	3:55	4
		13.5'D	Visual - See profile				OK
	1360	4.0'S	3:59	3:59	3:59	4:03	4
			3:58	3:58	3:58	3:59	1
		14.0'D	Water - see profile				OK
	1390	3.5'S	4:08	4:11	4:11	4:17	6
		14.5'D	Visual - see profile				OK
	1340	3.5'S	4:14	4:21	4:21	4:35	14
		13.0'D	Visual - see profile				OK

REMARKS holes tested as 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 _____

CgB2

DRIVEWAY
(10' WIDE)
TO BE REMOVED

SHOP
MAJOR COLLECTOR

MAJOR

**NON-BUILDABLE
PRESERVATION
PARCEL 'B'
74,900 SQ.FT.**

 $MgCl_2$

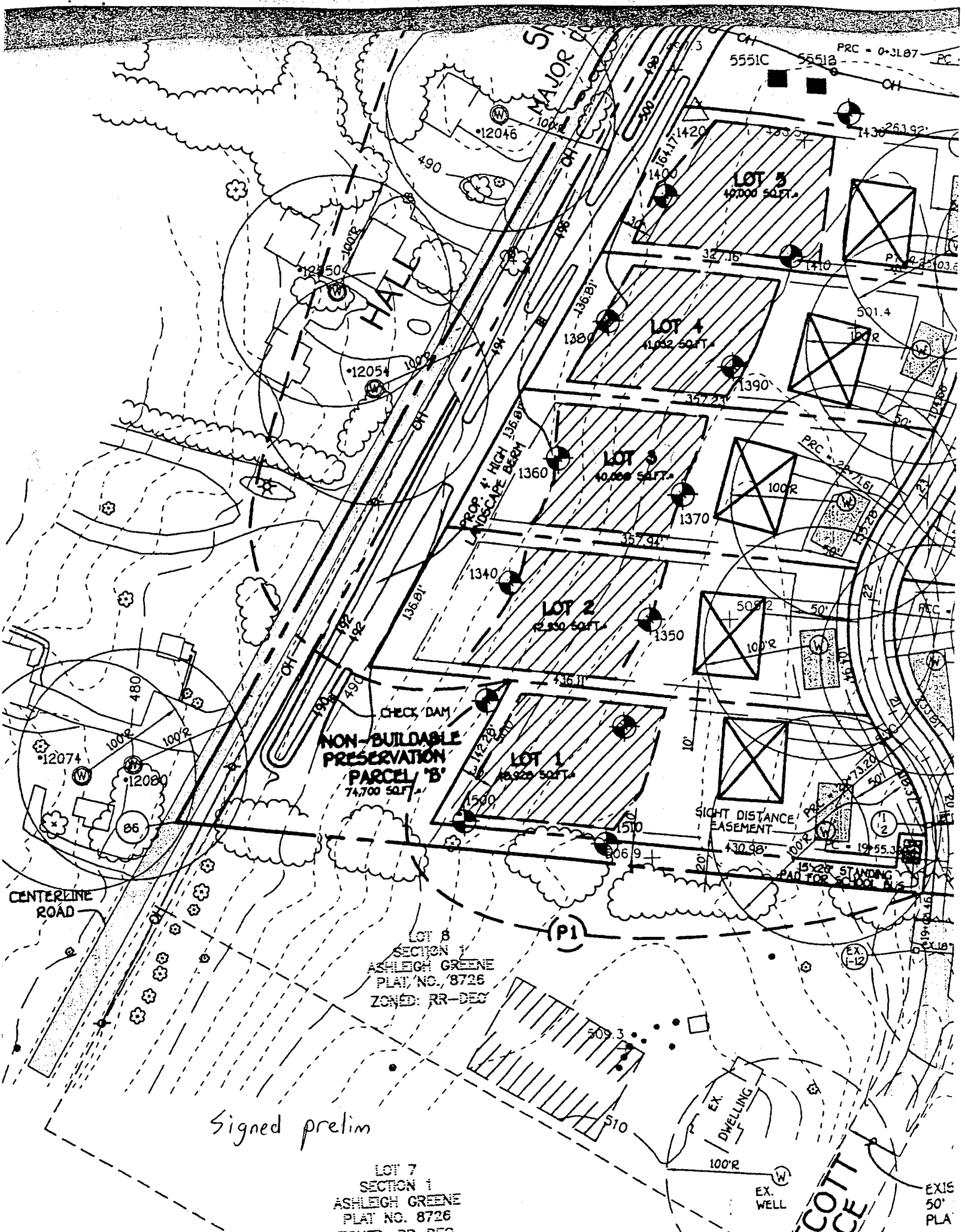
ASHLEIGH GREENE
PLAT NO. 8726
ZONED: RR-DEO

MTB2

ENTERLINE
ROAD —

SIGHT DISTANCE
MEASUREMENT

15x20" STANDING
PAD FOR SCHOOL BUS



Signed prelim

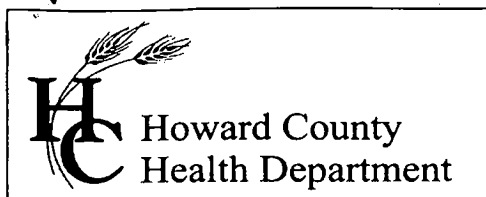
LOT 7
SECTION 1
ASHLEIGH GREENE
PLAT NO. 8726
ZONED: RR-DEC

EX DWELLING
100'R
EX WELL

COOTT
CE

EXIS
50' PL

530
N66°4
530°06
530°06'06"



7178 Columbia Gateway Drive, Columbia Maryland 21046
(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

February 8, 2005

NVR, Inc.
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

SENT VIA FACSIMILE 410-379-2430

RE: Hall Shop Manor, Lot 3
6940 Westcott Place
Clarksville, MD 21029
BP #: B00149170
Well Permit # HO-94-3767

Dear Sir:

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 02/04/2005. Final approval of the well line connection to the dwelling was approved on 12/15/2004.**

A nitrogen pre-treatment device has been installed on the Septic System to treat nitrogen to 10 mg/l discharge level. 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.

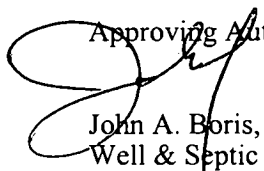
INTERIM CERTIFICATE OF POTABILITY

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-94-3767. 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 Samples: 01/13/2005
Date of Well Completion: 10/23/2003

Approving Authority,


John A. Boris, Program Supervisor
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File