

0543946

LAYOUT 12/21/04-1P INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/13/2004P 5 21615 |APPROVAL DATE: 1/25/05A 513237-C |**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 & Heating IS PERMITTED TO INSTALL ☒ ALTER ☐ADDRESS: 2701 BACK ACRE CIRCLE PHONE NUMBER: 1-800-682-6726SUBDIVISION: Hall Shop Manor LOT NUMBER: 4ADDRESS: 6934 Westcott Place PROPERTY OWNER: NVR, Inc.SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐NUMBER OF BEDROOMS: 4SQUARE FEET PER BEDROOM: 225LINEAR FEET OF TRENCH REQUIRED: 249 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 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	

PLANS APPROVED: Kevin J. Bell P.Y. DATE: 7/6/04 | 12/13/04

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

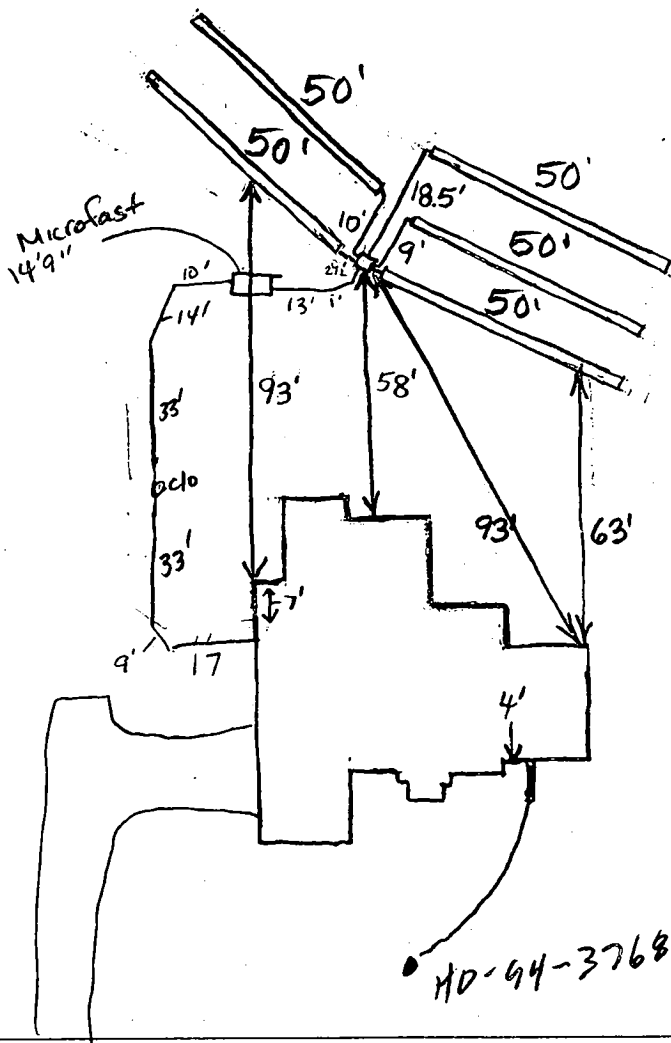
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A 513 237-C

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		
5		
TOTAL LENGTH		
250'		
ABSORPTION AREA		
750+Sidewall		
DISTRIBUTION BOX LEVEL		
Yes		
DISTRIBUTION BOX BAFFLE		
Yes		
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Microfast
CAPACITY	1750 GAL
SEAM LOC	
TANK LID DEPTH	18"±
BAFFLES	built in
BAFFLE FILTER	↓
MANHOLE LOC	All 3
6" PORT LOC	N/A
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 12/21/04 - SRA stated, construction accurate.
 Final (5) 50' trenches on construction (50').
 INSTALLATION 12/29/04 Trenches and distribution box installed (BB)
 1-11-05 KN: NSP house connection & Microfast connection (KN) Alarm
 connected to house works.

FINAL INSPECTOR

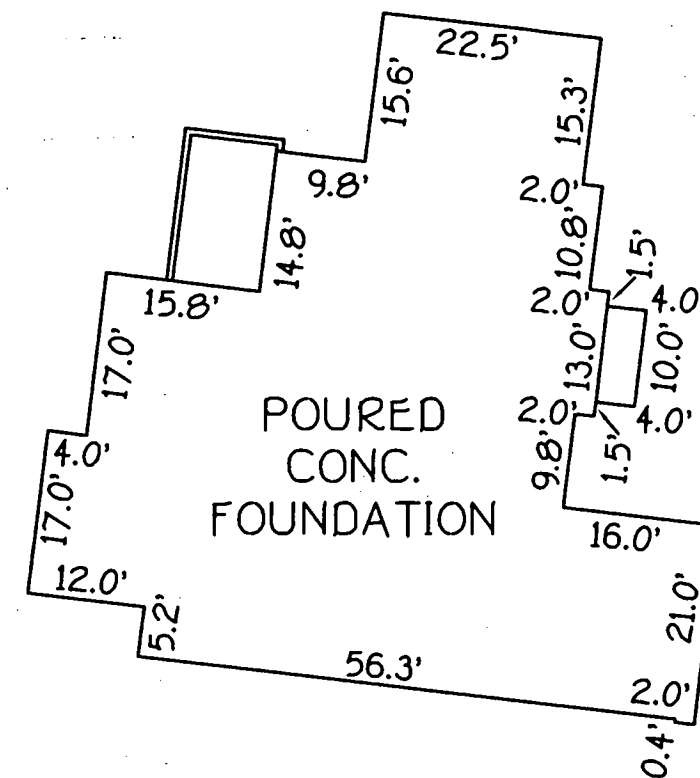
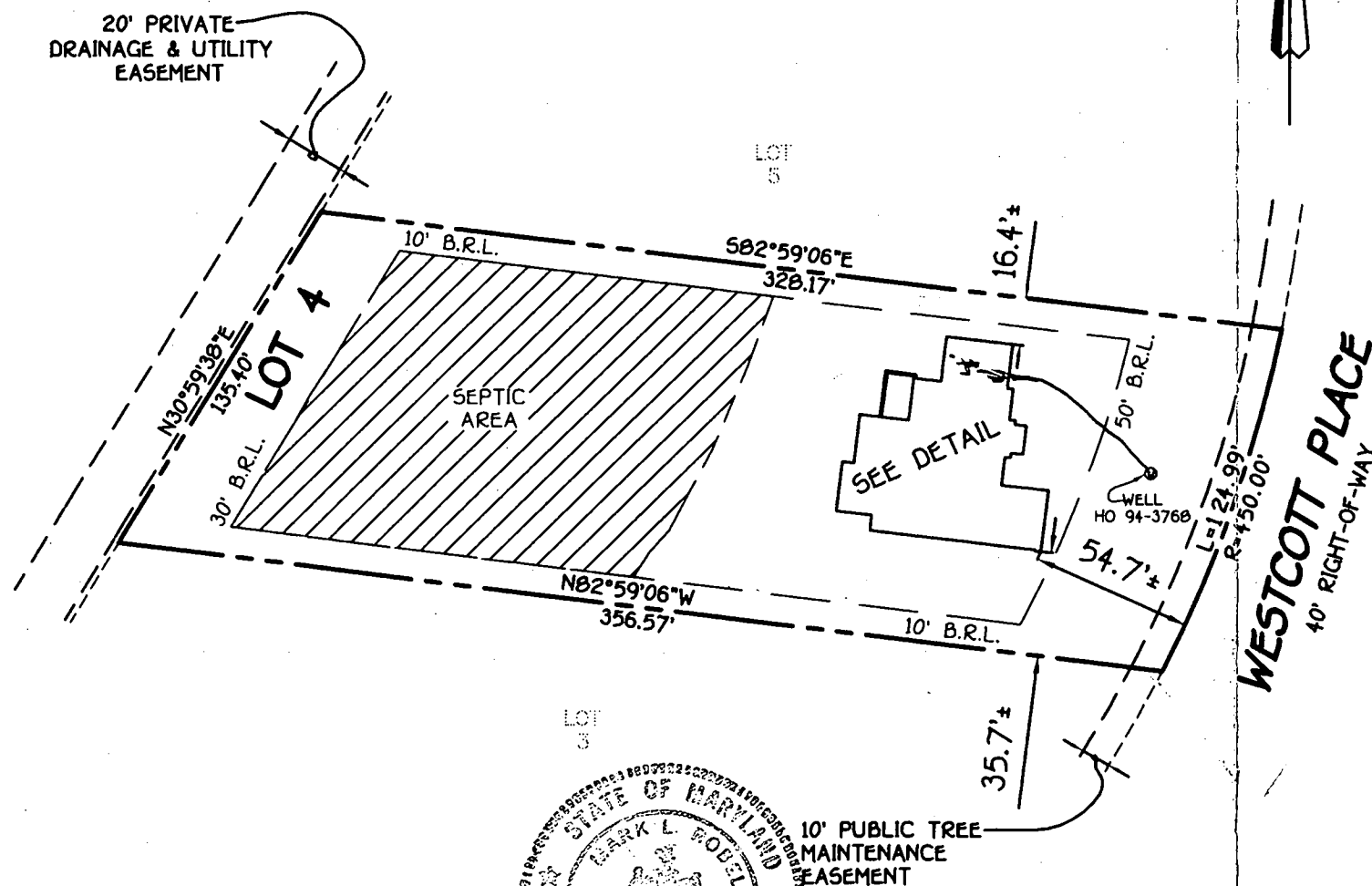
P.Y

DATE OF APPROVAL

1/25/05

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-94-3768) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



DETAIL:
1"=20'

well &
wall
check
O.K.
Pete Jank
12-13-04

HOUSE LOCATION DRAWING

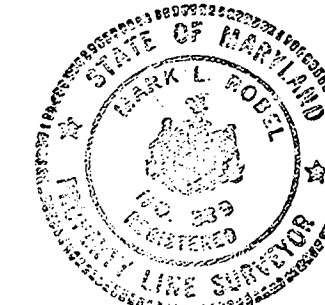
FOUNDATION LOCATION: 9/30/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 10/06/04
DRAWN BY: VLI
CHECKED BY: MLR
PROJECT No.: 40387

LOT 4
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

• WESTCOTT PLACE
B.R.L.= BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 504.8'

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



Mark L. Rabel
PROFESSIONAL LAND SURVEYOR
REG. # 339
DATE 10/06/04

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.

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**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. Fezerco Telephone #: (410) 795-1405
Address: 6721 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 Home's Telephone #: (410) 379-5956
Subdivision: HALLCHAP MANOR Lot #: 4 Well Tag #: HO-94-3768
Site Address: 6934 Westcott Place

Submersible Pump Data
Make: STA-RITE
Model #: 77P40-2HL-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 wrenches or Cable Tensioner 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" R.O.: ☒
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 Cross 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 ☒

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.

C13991		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																																				
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER A513237-C																																																				
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 09 03 2003		Depth of Well 22 200 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3768 12/5/02 28 29 30 31 32 33 34 35 36 37																																																				
OWNER LAND DESIGN + DEVELOPMENT		STREET OR RFD WEST COTT PLACE		TOWN CLARKSVILLE		LOT 4																																																				
SUBDIVISION HALL SHOP MANOR		SECTION		LOT																																																						
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CIM BENTONITE CLAY BC NO. OF BAGS 30 NO. OF POUNDS 3000 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 102 BOTTOM 58 ft. (enter 0 if from surface)																																																						
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Overburden</td><td>0</td><td>95</td><td></td></tr><tr><td>Gray Rock</td><td>95</td><td>200</td><td>x</td></tr><tr><td colspan="4">water at 125'</td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Overburden	0	95		Gray Rock	95	200	x	water at 125'				CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>ST STEEL</td><td>CO CONCRETE</td></tr><tr><td>PL PLASTIC</td><td>OT OTHER</td></tr></table> MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 102 60 61 63 64 66 70				ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER																													
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NUMBER OF UNSUCCESSFUL WELLS: 0				C2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>1 HO 102 200</td></tr><tr><td>2</td></tr><tr><td>3</td></tr><tr><td>4</td></tr><tr><td>5</td></tr><tr><td>6</td></tr><tr><td>7</td></tr><tr><td>8</td></tr><tr><td>9</td></tr><tr><td>10</td></tr><tr><td>11</td></tr><tr><td>12</td></tr><tr><td>13</td></tr><tr><td>14</td></tr><tr><td>15</td></tr><tr><td>16</td></tr><tr><td>17</td></tr><tr><td>18</td></tr><tr><td>19</td></tr><tr><td>20</td></tr><tr><td>21</td></tr><tr><td>22</td></tr><tr><td>23</td></tr><tr><td>24</td></tr><tr><td>25</td></tr><tr><td>26</td></tr><tr><td>27</td></tr><tr><td>28</td></tr><tr><td>29</td></tr><tr><td>30</td></tr><tr><td>31</td></tr><tr><td>32</td></tr><tr><td>33</td></tr><tr><td>34</td></tr><tr><td>35</td></tr><tr><td>36</td></tr><tr><td>37</td></tr><tr><td>38</td></tr><tr><td>39</td></tr><tr><td>40</td></tr><tr><td>41</td></tr><tr><td>42</td></tr><tr><td>43</td></tr><tr><td>44</td></tr><tr><td>45</td></tr><tr><td>46</td></tr><tr><td>47</td></tr><tr><td>48</td></tr><tr><td>49</td></tr><tr><td>50</td></tr><tr><td>51</td></tr></table>				1 HO 102 200	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
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WELL HYDROFRACTURED Y N				CIRCLES 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.				SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to																																																						
DRILLERS LIC. NO. MW D120 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Thomas McElroy LIC. NO. JS 0049				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68																																																						
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				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																																																						
				PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 16.66 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 (CIRCLE) (YES or NO) YES N 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 - below 49 LAND SURFACE (nearest foot) 50 51																																																						
				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) Property Line 60' 45'																																																						

Well Permit No. HO - 94-3768
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR Lot 4 Block 1 Plat Sec.
Well Driller G. EDGAR HALL SONS, CORP Owner LAND DESIGN + DEVELOPMENT

Depth of well 200'
Distance of measuring point (M.P.) above ground 4'
Static water level (S.W.L.) below M.P. 30'

Time pump started 0700 Pumping rate 16.66
Total time 15 min to reach pumping water level 30 ft. below M.P.

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

HD-224

B 1	6751	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519055 please type	STATE PERMIT NUMBER HO-94-3768 <small>fill in this form completely</small>
Date Received (APA) 07-16-03 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Land Design & Development <small>15 Last Name Owner First Name 34</small>		Howard <small>8 COUNTY 21</small>		
8000 Main Street <small>36 Street or RFD 55</small>		Hall Shop Manor <small>23 SUBDIVISION 42</small>		
Ellicott City MD 21043 <small>57 Town 70 State 72 Zip 76</small>		SECTION 44 46 LOT 4 48 50		
DRILLER INFORMATION		Highland <small>52 NEAREST TOWN 71</small>		
Sandy B. Cochran M W D 120 <small>Driller's Name 76 License No. 81</small>		MILES FROM TOWN (enter 0 if in town) <u>1</u> <small>73 76 77 78</small>		
G. Edgar Harr Sons' Corp <small>Firm Name</small>		B 4		
12047 Falls Road, Cockeysville 21030 <small>Address</small>		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Signature: <u>[Signature]</u> 7/10/03 <small>Signature Date</small>		Westcott Place <small>11 NEAR WHAT ROAD 30</small>		
B 2 WELL INFORMATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small>		NORTH WEST SOUTH EAST <small>34 300 37</small>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> <small>14 20</small>		DISTANCE FROM ROAD <small>ENTER FT OR MI. 38 39</small>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		TAX MAP: 41 BLK: 1 PARCEL: 138		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		COUNTY NAME: <u>HOWARD</u> COUNTY NO: <u>A513237-C</u>		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		STATE SIGNATURE: <u>[Signature]</u> INSERT S → <u>41</u>		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		DATE ISSUED: <u>07/13/03</u> <u>[Signature]</u> CO SIGNATURE: <u>[Signature]</u> EXP. DATE: <u>7/13/04</u>		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		43 MM DD YY 48 NORTH GRID: <u>491000</u> EAST GRID: <u>819000</u>		
<input type="checkbox"/> GEO-THERMAL		50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>250</u> FEET <small>24 28</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>		SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3.		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
BORED (or Augered) JETTED Jetted & DRIVEN		E <u>8109</u> N <u>4901</u>		
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
37 CABLE REVERSE-ROTary Drive-POINT		N Hall Shop Rd Simpson Rd Westcott Pl		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		PERMIT NUMBER: <u>HO20026017</u> PERMIT No. <u>HO-94-3768</u>		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		SPECIAL CONDITIONS		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		DENV-Permit 97		
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL		© COUNTY		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				

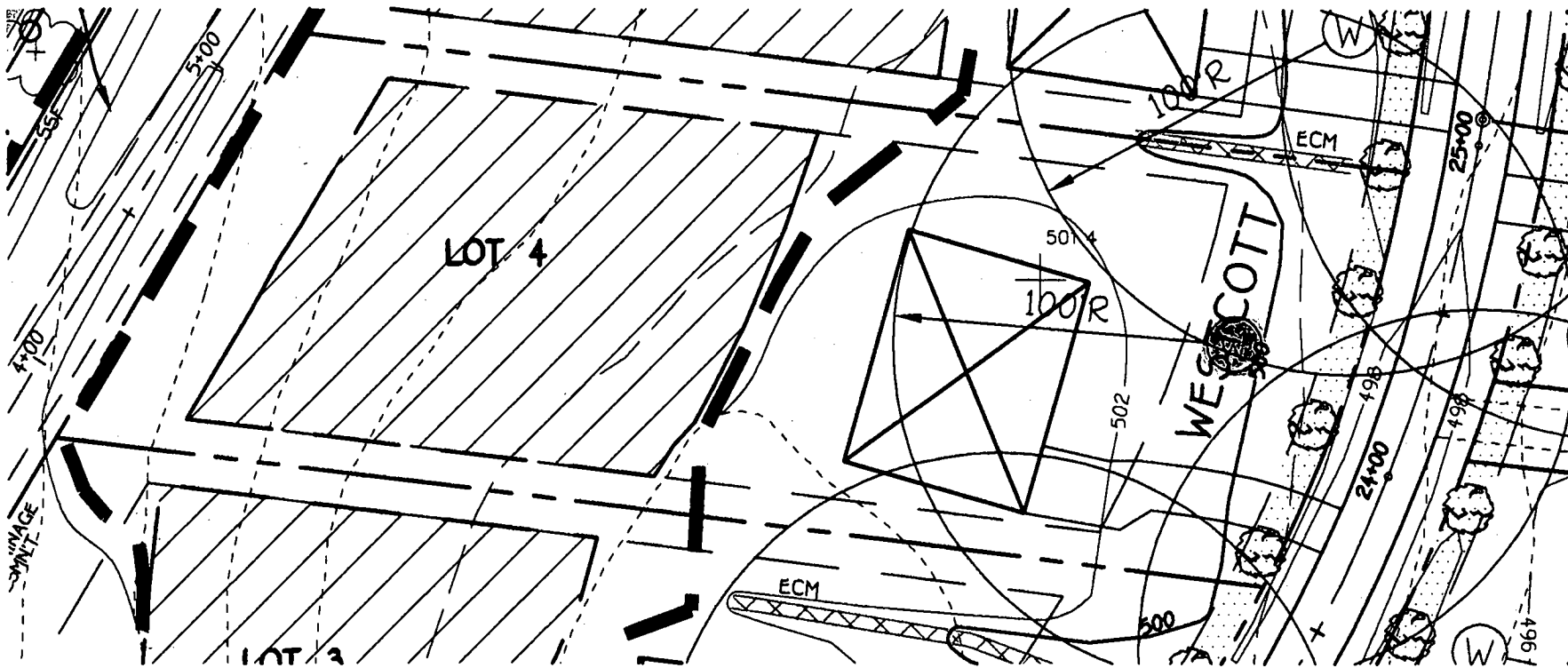
Well Permit No. HO - 94-3768
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR Lot 4 Block 1 Plat Sec.
Well Driller G. EDGAR HARRIS & SONS, CORP Owner LAND DESIGN & DEVELOPMENT

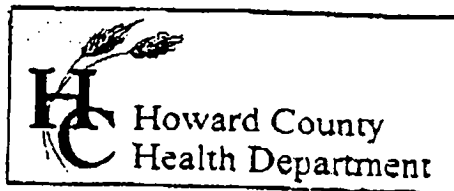
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

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

[illegible]

7/30/03 - WELL SITE OK
NO SITE INSPECTION
(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:

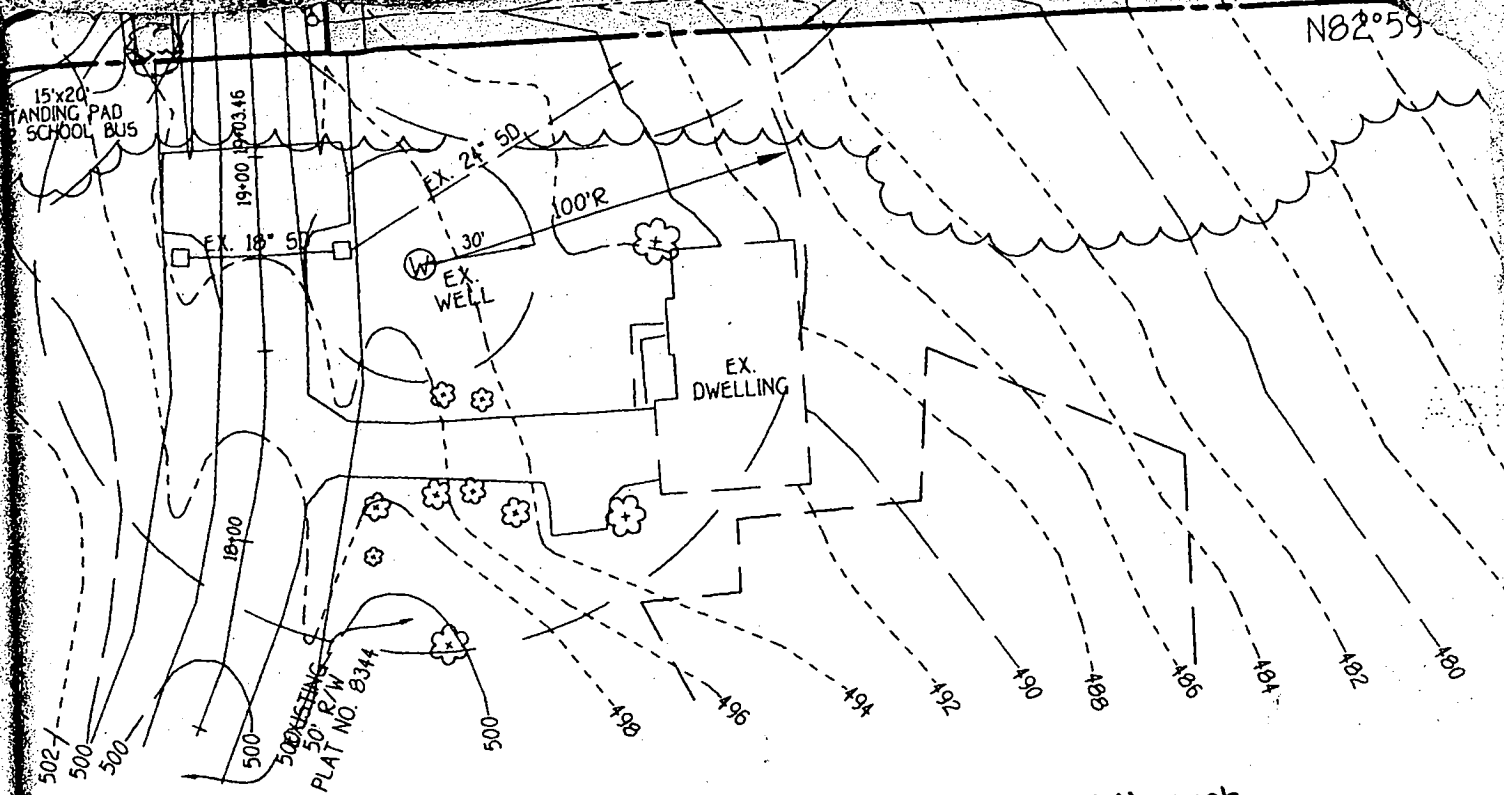
Hall Shop Manor

☒ The well site has been staked by Fisher, Collins + 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



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.

and workable
pared in

his plan,
the
the
on before
rd Soil

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

Jim M. [Signature]
Date 4/7/04

John R. [Signature]
Date 4/7/04

35 BRL

452

35

EL

APPLICATION

PERCOLATION TESTING

A 513 237 - H

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 owner(s)

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

PROPERTY LOCATION:

SUBDIVISION INGLEHART PROPERTY LOT NO. _____

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

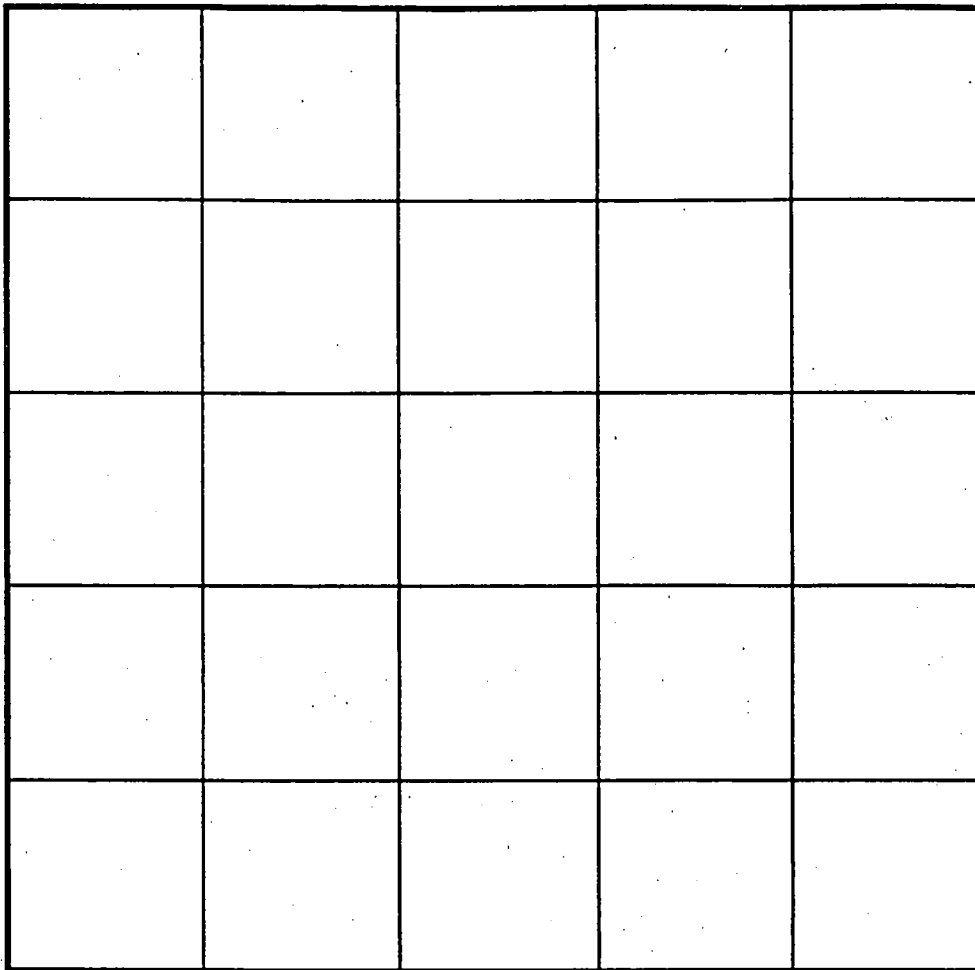
0' 1390
topsoil
red org
brn
cl lm
4-4.5'
1+ org
brn
scl lm
25%
sayer
sh
14'

0' 1380
topsoil
red brn
cl lm
4.5-5'
org brn
scl lm
15-20%
sayer
sh
14.2'

0' 1410
topsoil
org brn
cl lm
5'
1+ brn
scl lm
w mica
20%
sayer
sh
14'

SOIL PROFILE

0' 1400
topsoil
org brn
cl lm
4.5'
org brn
scl
lm
10+ bands/
evidence
mattres
14'



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	1390	4.0' S	10:38	10:44	10:44	10:54	10/
		14.0' D	Visual	- See	profile		OK
	1380	4.5' S	10:58	11:10	11:10	11:31	21/
		14' 2" D	Visual	- see	profile		OK
	1410	4.5' S	11:18	11:39	11:39	12:05	26/
		14.0' D	Visual	- see	profile		OK
	1400	4.0' S	11:43	11:53	11:53	12:11	18/
		14.0' D	Visual	- see	profile		OK

REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY

ALSO PRESENT M. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

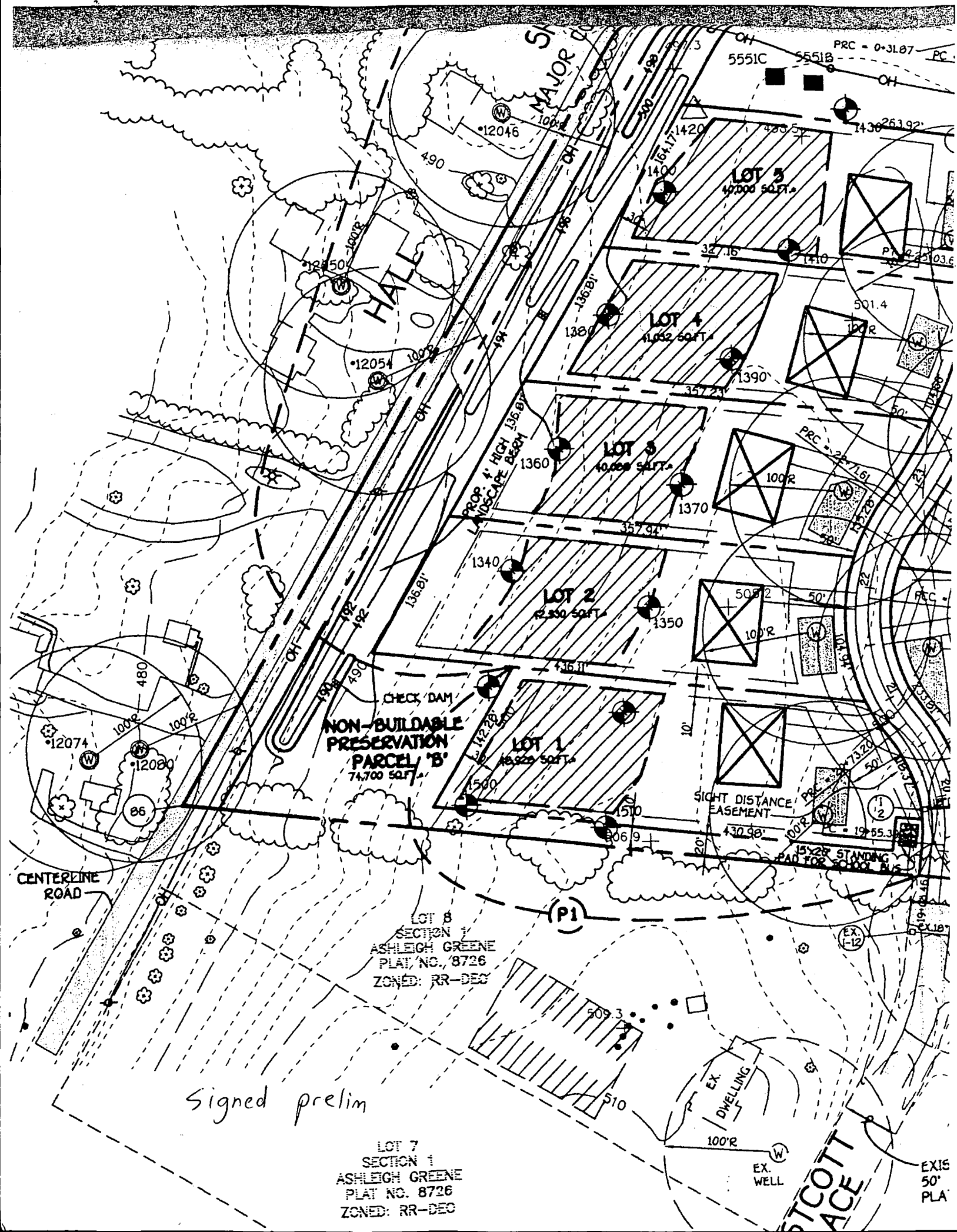
TRENCH WIDTH

INLET DEPTH

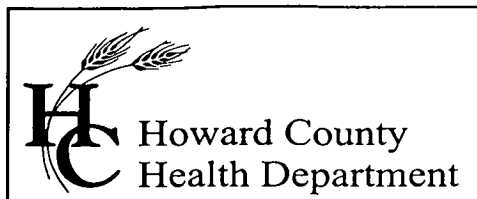
MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

[illegible]



[illegible]



7178 Columbia Gateway Drive, Columbia, MD 21046
(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

November 17, 2004

NVR, Inc.
6085 Marshalee Drive
Elkridge, MD 21075

RE: Lot 4 Hall Shop Manor
Nitrogen Pre-Treatment Requirements

Dear Sirs:

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

The above-mentioned lot is approved under the condition that a nitrogen pre-treatment device that treats septic effluent to a level of at least 10-mg/L nitrogen be placed on the sewage disposal system. 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 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

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-3600 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3600	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-49171 <i>VJB</i>
--	---	--

Building Address <u>6934 WESTCOTT PLACE</u> <u>Clarksville MD 21029</u>	Property Owner's Name <u>NVR Ltd.</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>1-0-23</u>	Address <u>1085 Mirabelle Rd</u>
Census Tract <u>605102</u> Subdivision <u>HALLS HOP MANOR</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21025</u>
Section _____ Area _____ Lot _____	Home Phone _____ Work Phone <u>410-399-5554</u>
Tax Map <u>41</u> Parcel <u>138</u> Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>Kimberly H. Hall</u> <u>1817 Craig Road</u> <u>Ellicott City MD 21025</u>
Zoning <u>RADEO</u> Map Coordinates _____ Lot size _____	Phone <u>410-399-1116</u> Fax _____

Existing Use <u>Vacant lot</u>	Contractor Company <u>NVR Ltd.</u>
Proposed Use <u>Single</u>	Contact Person <u>Kim Giff</u>
Estimated Construction Cost \$ <u>175,000</u>	Address <u>11408 Germantown Rd.</u>
Description of Work <u>W/Driveway 1 Man. Home</u> <u>2005 / 1st Fl. 11408 Germantown Rd.</u> <u>300 sq. ft. (4100)</u>	City <u>MD</u> State <u>MD</u> Zip Code <u>21046</u>
Occupant or Tenant _____	License No. <u>56</u> Phone _____ Fax _____
Contact Name _____	Engineer or Architect Company _____
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

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

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

AGENCY <u>Land Development, DPZ</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	DATE <u>7/12/01</u> <u>[Signature]</u>	SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>62742</u> Filing fee \$ <u>7.00</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>177992</u> Validation # <u>71646</u> Accepted by <u>[Signature]</u>
--	---	---	---	--



Howard County
Health Department

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 25, 2005

NVR, Inc
6085 Marshalee Drive
Elkridge, MD 21075

SENT VIA FACSIMILE 410-379-2430

RE: Hall Shop Manor, Lot 4
6934 Westcott Place
Clarksville, MD 21029
BP #: B00149171
Well Permit # HO-94-3768

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 01/25/2005. 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-94-3768. 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): 01/06/2005
Date of Well Completion: 09/03/2003

Approving Authority,

John Boris, Program Supervisor
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File