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LAYOUT	INSP 4	•
7/INSP 2	INSP 5	
INSP 3	INSP 6	
ISSUE DATE:	-1/13/05 PERMIT	P 52165U-1
APPROVAL DATE:	1/31/05 INDEXED	A 513237- G
	TAX ID #05-439167	

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Van San Plumbing & He	ating	IS PER	MITTED TO	INSTAI	LL 🛛 ALTER 🗌
ADDRESS: 2701 Ba	ack Acre Circle, Mt Airy 2177	1	PHONE NUME	BER:	301-829-0444
SUBDIVISION: Hal	ll Shop Manor		LOT NUMBER	l: _	10
ADDRESS: 6929 W	estcott Place	PROPE	RTY OWNER:	NVR,	Inc.
SEPTIC TANK CAPAC	ITY (GALLONS):	1500	OUTLET BAF		TER REQUIRED
PUMP CHAMBER CAP	PACITY (GALLONS):		COMPARTME	NTED TA	ANK REQUIRED ⊠
NUMBER OF BEDROC	DMS:	5			
SQUARE FEET PER BE	EDROOM:	180			
LINEAR FEET OF TRE	NCH REQUIRED:	213	HOUSE SERV	ED BY P	UBLIC WATER 🗌
TRENCHES:	Trench to be 3.0 feet wide. I 6.0 feet below original grade feet of stone below distributi	. Effective a			
LOCATION:	Place the distribution at the h	nighest eleva	tion in the approv	ed SDA.	
NOTES:					
			· · · · · · · · · · · · · · · · · · ·		
PLANS APPROVED:	Kevin J. bell Reviewed b	oy: K	1	D	ATE: 10/13/04

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS WATERTIGHT SEPTIC TANKS REQUIRED

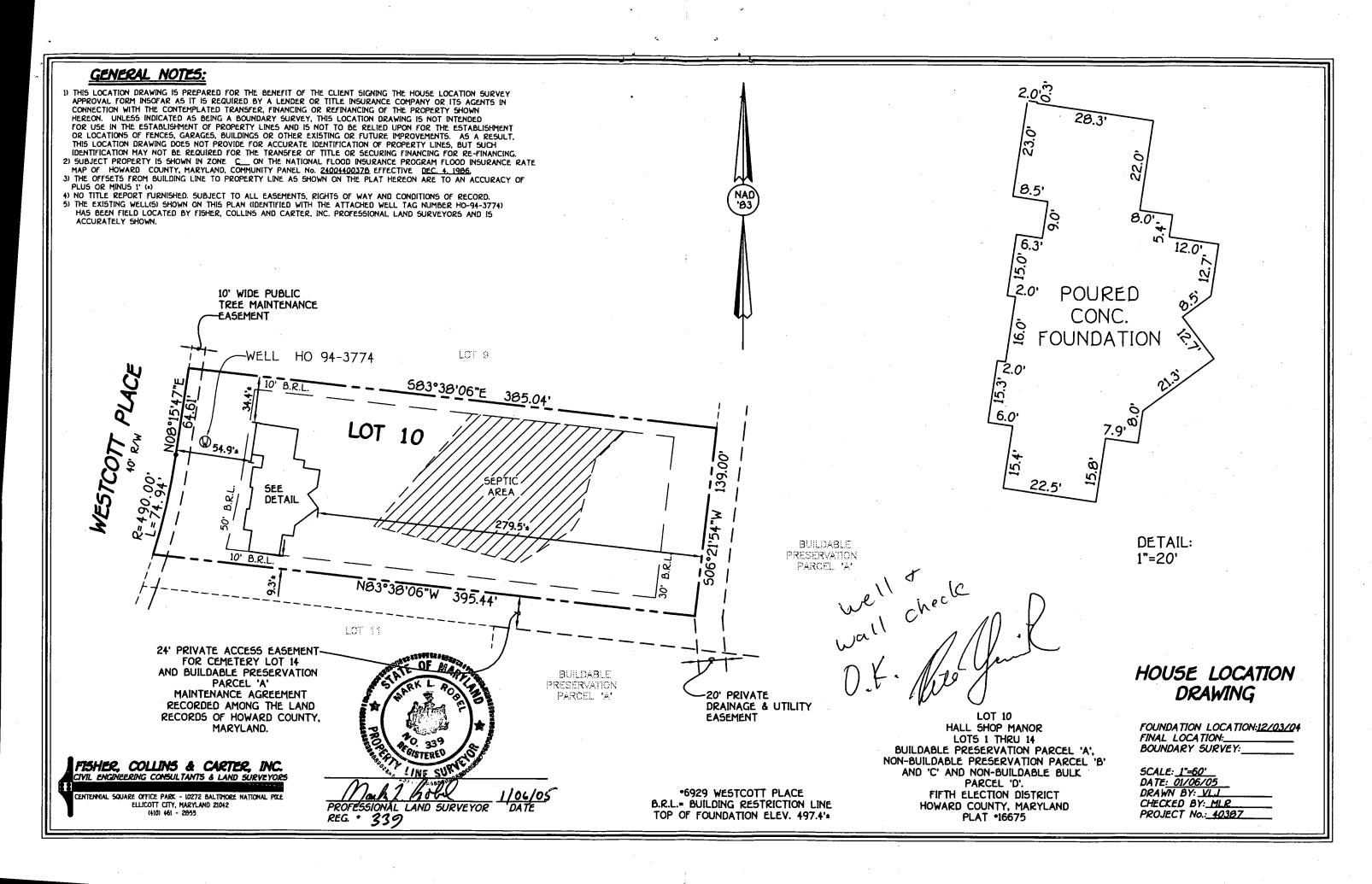
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

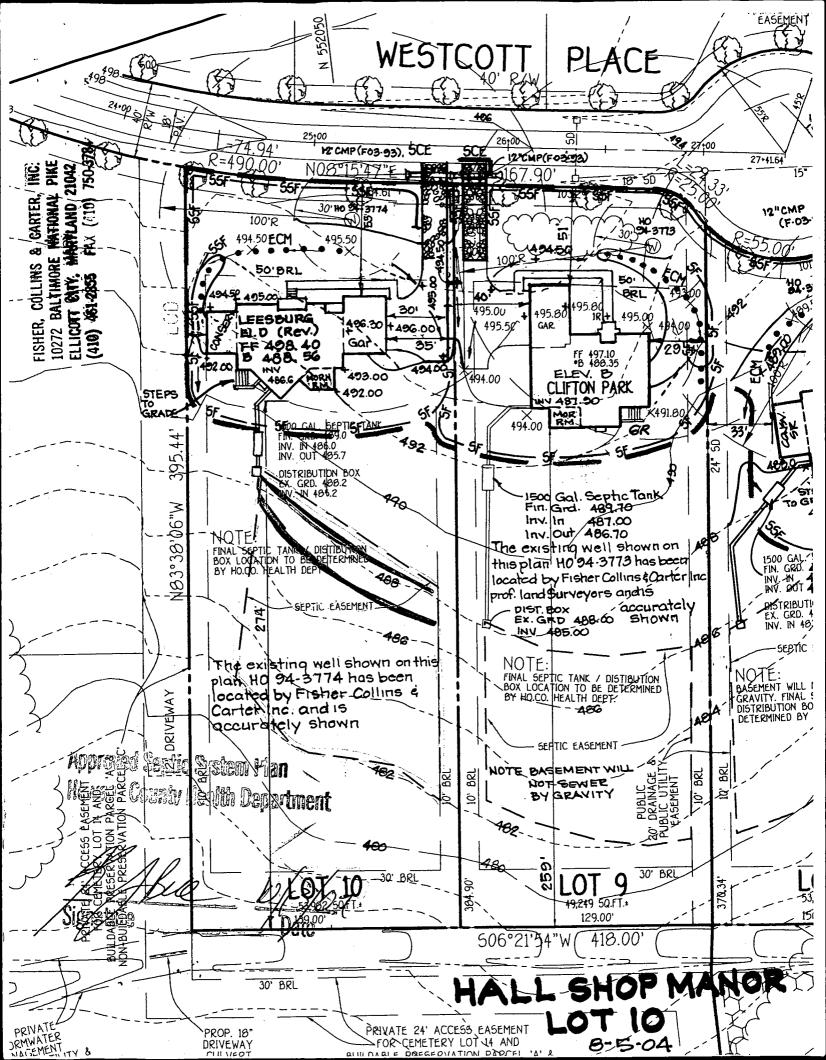
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
BUILDING PERMIT SIGNED -313-2640 FOR INSPECTION OF SEPTIC SYSTEM

4-60 600 53CO2-DECK/PORCH

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PRE-CONSTRUCTION LAYOUT - 2 107 +ren	chs,		
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on Second Lincoln (PAY) YEARS			
			
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FINAL INSPECTOR PLEASE DATE OF AP	PROVAL	1/31/	65
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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	e installer is n	esponsible for requesting an inspection prior to 9 am on the day of the desire
inspection. No	work is to be	covered uptil approved by the Health Department. All installations must co
with the Nati	ional Standar	id Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 Octo w
Construction R	legulations).	Submission of a complete form is required prior to Use and Occupancy appr
5 37 .	01.1	L. FERZEY CO. THE Telephone #: 410-781-4655
Company Name	VE BAA.	Telephone #: 110 10 10 5
Address:		rne H AUC.
	ZYKEG	VIR, MO
(Must circle on	e) Licensed H	lumber Licensed Well Driller Licensed Well Pump Installer
		lial responsible for the field installation:
Name (Print): K	BEENT L	FREZEV Licenses 3/22
A licensed ind	ividual must	perform the actual installation. Apprentices must be under the direct
supervision of a	licensed jou	neyman or master plumber, pump installer or well driller. Licenses may be
subjected to fiel	d verification	
Name of Propert	y Owner; M	V Homes Telephone #: 410-721-4703
Subdivision: H	all sho	Manor Lot#: 10 Well Tag # : HO -94 - 2779
Site Address:	1929	Prkot Pace
ک `	LARKY	1140, m 0 21049
Submersible Pu	mp Data	Pitless Adapter Well Cap and Electric Conduit
Make: St A-R		Make: Campbell Two piece watertight cap.
Model #: 7 P Y	Dog UC	Model#; PT 800 Screened, vented well cap.
Pump Capacity	/CB) (M Depth: 48 (16" min) Cap secured to casing
Well Yield:	COURTERED OF	NSF approved: Conduit min 18" B.G.: Conduit min 18" B.G.: Conduit secured to well cap:
		yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
		Ore required - Must circle one '
		to inside of well casing with eye bolt
Piping to house	,	House Connection
Type: Poly		PVC sleeved to undisturbed soil at wall penetration:
PSI: <u>200</u> (160 ₁		Approximate length of sleeve: 5'
Depth of supply	line: 4d (36"	min) Sleeve caulked and sealed properly:
The water suppl	ly line is requ	fired to be at least ten feet from the septic tank, pump chamber, sewage pipin
approval priops		and sewage reserve area. If this cannot be accomplished, contact this office
approvid prior	//	1 /
Kol	ut I.	teac 2/16/05
Signature of com	pany rapresen	tative responsible for installation date
•		
	For Hea	th Department Use Only - Not to be completed by Installer
_		- 1/2//4/01/
Date Insp. Reque	ested:	Date Insp. Approved: 1/26/05 PA
Inspection Data:		er and water supply line at least 36" below grade
	Two piece ca	p installed and attached to casing securely
		extends at least 13" below grade/attached to cap properly
	Salety rope i	ag attached properly and casing 8" above finished grade
		line sleeved adequately at house connection
		out observed below pittess adapter
	By	
		3/18/05 Conduit OK par (BB)
		I JIE IN MAR

c 1 3995			STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
WELL COMPLETION REPORT FILL INTER SORD COMPLETELY FILL STATE FOR COURTY FILL STATE FOR COMPLETELY DATE WELL COMPLETED DOPED OF WILL DATE WELL COMPLETED STREET OR RFD STREET OR RFD WELL LOS WELL HAS RECORD COMPLET WELL SECTION WELL HAS RECORD WELL HAS RECORD COMPLET WELL SECTION WELL HAS RECORD WELL HAS RECORD COMPLET WELL SECTION WELL HAS RECORD WELL HAS RECORD WELL HAS RECORD COMPLET WELL (Circle appropriate Boxy) TED COMPLET WELL SOUTH ALL COMPLETED DEPTH OF ORGALT SEAL (Circle and) COMPLET WELL SOUTH ALL COMPLETED DEPTH OF ORGALT SEAL (Circle and) COMPLET WELL SOUTH ALL COMPLETED DEPTH OF ORGALT SEAL (Circle and) COMPLET WELL SEAD TO THE MELL SEAD TO THE M				
ST/CO USE ONLY	DATE WELL	COMPL	ETED Depth of Well (FA	
DATE Heceived		2003	2 200	HO -44 -3774 28 29 30 31 32 33 34 35 36 37
OWNER LAND	DESIGN	74		
STREET OR RFD	IN STC	MI	TOWNTOWN	AKKSVILLE
	CL SHOY	II) M	4000 7 00	
			WELL HAS BEEN GROUTED Y N	1 2
		THEIR RING	(Circle Appropriate Box)	
DESCRIPTION (Use	FEET	check if water	45 40	8 9
additional sheets if needed)	1	bearing		PUMPING RATE (gal. per min.) 11 15
	1 1	¥		METHOD USED TO MEASURE PUMPING RATE SLADMENSIAL
GIAY NOCK	200	A	from 0 ft. to 8-5 ft.	
	.		(enter 0 if from surface)	BEFORE PUMPING 30 ft.
water at 95'			types SIT CIO	17 20
			appropriate STEEL CONCRETE	WHEN PUMPING $_{}$ π .
		,	\ below / (F L / U	
			MAIN Nominal diameter Total depth	27 27 27
			CASIIVA	C centrifugal R rotary O other (describe
				27 Dellow)
			diameter depth (feet)	DIAM MOTALLED
			C [[]	DRILLER INSTALLED PUMP YES NO
			g	IF DRILLER INSTALLS PUMP, THIS SECTION
				TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
			appropriate BRASS BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
			below / PL OT	(to nearest gallon) 31 35
			C 2 DEPTH (nearest ft.)	37 41
NUMBER OF UNSUCCESSFU	JL WELLS:			(nearest ft.) 43 47
WELL HYDROFRACTURED		`	A 8 9 11 15 17 21	and enter casing height)
CIRCLE APPROPE	RIATE LETTER	<u></u>	1 µ 2 · · · · · · · · · · · · · · · · · · 	
A WELL WAS ABANDONE	ED AND SEALED		S C 3	
		1 .	R 38 39 41 45 47 51	49 50 51
I HEREBY CERTIFY THAT THIS WEL	L HAS BEEN CONSTR	IUCTED IN	N 525. 5/22 · =	SHOW PERMANENT STRUCTURE SUCH AS
ACCORDANCE WITH COMAR 26.04.0 IN CONFORMANCE WITH ALL CONE CAPTIONED PERMIT, AND THAT TO HEREIN IS ACCURATE AND COM	M "WELL CONSTRUCT DITIONS STATED IN TO HE INFORMATION PR	TION" AND HE ABOVE RESENTED	OF SCREEN INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
DRILLERS LIC. NO.1) N	<u>√</u> D <u>1</u> 2	<u>o</u> ,	IF WELL DRILLED WAS FLOWING WELL	38
(MUST MATOH SIGNATURE OF		<u> </u>	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	FLA
17.		<u></u> 1	I (E.H.O.S.) W Q	8 ¹ 20- ⊕
SITE SUPERVISOR (sign. of	driller or journey	nan	70 72 74 75 76 TELESCOPE LOG	0
responsible for sitework if diff	rerent from permitt	ee) —	GARING INDICATOR OTHER DATA	
DENV.CR00	· · · · · · · · · · · · · · · · · · ·		COUNTY	

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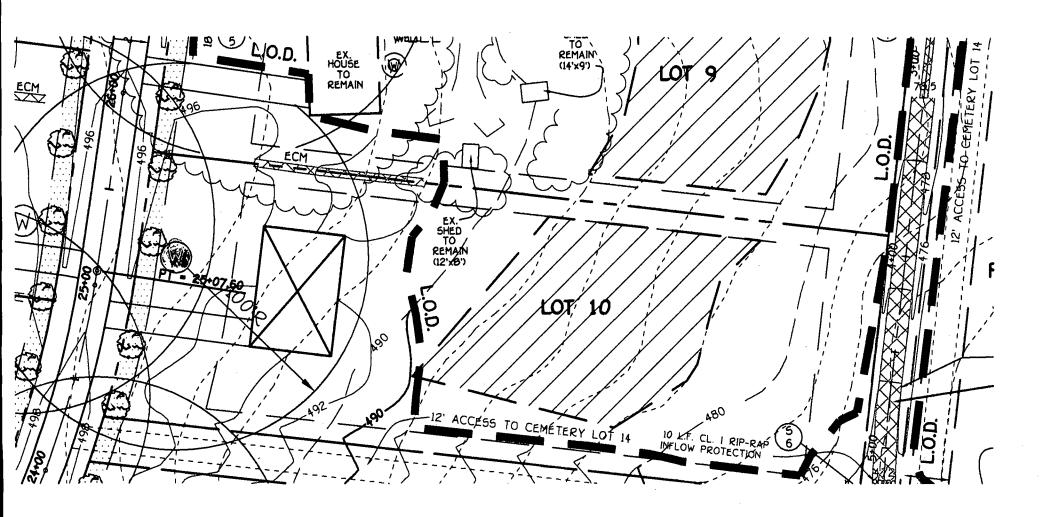
FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

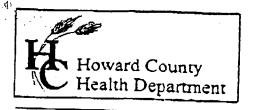
Depth of w Distance o	NGAK HAK ell	L SONS OUP Own		Plat	Sec. 1010 PM FA
Depth of w	ell <u>.</u> f measuring p	260 point (M.P.) above g		M 4 V)=(IVIC PIN EX
Distance o	f measuring p	point (M.P.) above g	round '*		
Static wat	r measuring p ∍r level (S.W	Point (M.P.) above g 7.L.) below M.P.	round / *		
Static Wat	er level (S.W	1.L.) below M.P.			
经的特别的数据代码的 计常识别 医二甲甲烷甲醇			30'		
7					
I. High rate pu		4. 1. 16 A. L. 4. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Time pump s	arted '	<u>S00</u>	Dumning mate	16.46	
Total time	15 win to	reach pumping wate	riousl ZA		 ,
			병원 선생님 그는 점점 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	ft. below	v M.P.
II. Recovery pump) test data -	observations to be	recorded every 15		
TIME (in 15	VATER LEVEL				
【整件型的模数的 特别的EDDAYS (1953) 【1953)	pelow M.P.	PUMPING RATE	FLOW METER READ	ING CA	LCULATED FI
tervals		time to fill 5	(if used)		allons per
STREET STREET, STREET STREET, STREET		gallon bucket		п	uinute)
* NS00	- 3o'	18			11.11
1515	30'	10			1406
(42) 対象が強くしませば、あった。これを、「ロージン	William Wales	The state of the s			14.66
530	_პი'	18			1///

TIME:(in 15 ,minute:in- ≱tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
1500 ·	30'	18		minute)
SISIS .	3⊘′	18		16.66
	30	18		11/1
ોડપુડ	<i>ॐ</i>	18		16.66
1600	301	18		11 6
1615	<u>3ø</u> '	18		110.66
/630	- 30	18		16.66
<i>}\</i> 6\(\)6\(\)	રહ્યું'	18		16.66
<u> 1700 </u>	30'	18		11.66
1.7/5	30'	18		16.66
1730		18		16.66
1745	<u>30</u>	18		16.66
1800	<u>30</u> ''	18		1666
			The Secretary of the Se	
D-224				

B 1 6757	SEQUENCE NO	STATE OF	MARYLAND	STATE PERMIT NUMBER
1 2 3 6	(MDE USE ONLY)		ERMIT TO DRILL WELL	HO-94-3774
		5/9055 pleas	e type	70 fill in this form completely
Date Received (APA)		<u> </u>	B 3	LOCATION OF WELL
$\frac{07-10-03}{8}$	OWNER INFO	RMATION	8 COUNTY	21
	on C Dorrolanmon			
15 Last Name	gn & Developme: Owner	First Name 34	23 SUBDIVISION Man	or Shop 42
8000 Main	Street or RFD	55	SECTION 44 46	LOT 10 50
Ellicott Town	City MD 70 State	21043 72 Zip 76	L <u>Highland</u> 52 NEAREST TOWN	71
DRILLER INFORI		€.	MILES FROM TOWN (ent	er 0 if in town) M I
Sandy B. Driller's Name	Cochran 7	M W D 120 6 License No 81	B 4	73 76 77 78
G. Edgar Firm Name	Harr Sons' Cor) .	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	L Westcott Place 11 NEAR WHAT ROAD 30
12047 Fal	la Road. Cockey	sville 21030	N N NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Signajure	1 him	7/10/03 Date	8-9 (8-9) (W) (TCWN) (E)	WEST SEAST 34 Z 77) 37 SOUTH
1 2 APPI	ORMATION ROX: PUMPING RATE —			DISTANCE FROM ROAD ENTER FT OR MI 38 39
AVERAGE DAILY OUAN (GAL PER DAY)		⁸ 750) 12	S S 8-9	TAX MAP: 41 BLK: 1 PARCEL 138
	OR WATER (CIRCLE AF			O BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL
DOMESTIC PO	TABLE SUPPLY & RESIDER	NTIAL	HOLDARD	A5132376
F FARMING (LIVE	ESTOCK WATERING & AGR	ICULTURAL	COUNTY NAME STATE	COUNTY NO
na	COMMERICIAL, DEWATERI	1G	SIGNATURE	INSERT S → / 41,
P PUBLIC WATER	R SUPPLY WELL	•	DATE ISSUED 1 07-31-03	House & KALOW 7/31/04
T TEST OBSERV	ATION, MONITORING		43 MM DD YY 48	CO SIGNATURE EXP. DATE
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			SHOW MAJOR FEATURE	S OF
APPROXIMATE DEPTH	OF WELL25	D FEET	BOX & LOCATE WELL WITH AN X	
APPROXIMATE DIAMET	ER OF WELL	MEAREST INCH	SOURCES OF DRILLING	WATER
M	ETHOD OF DRILLING	(circle one)	3.	
BORED (or Augered)	JETTED	Jetted & DRIVEN		
37 AIR-HOTary	AIR-PERcussion REVerse ROTary	ROTARY (Hydraulic Rotary) DRive POINT	WRITE THE BOX NUMBE	R
other	nEverse no rary	Drive Point	FROM THE MAP HERE	
<u> </u>	ACEMENT OR DEEPE	NED WELLS	E 8 0	9 000
	(CIRCLE APPROPRIATE	BOX)	ua:	87 / 000
THIS WELL WILL	NOT REPLACE AN EXIST		NN	V SHOWING LOCATION OF WELL IN
ABANDONED AN		MILE BL	RELATION TO NEARBY T	OWNS AND ROADS AND GIVE
39 S AS A STANDBY C	REPLACE A WELL THAT I CONTACT LOCAL APPROV STANDBY WELLS		- DISTANCE FROM WELL	TO NEAREST ROAD JUNCTION
D THIS WELL WILL	DEEPEN AN EXISTING W		•	1.28
PERMIT NUMBER OF W (IF AVAILABLE) 41	VELL TO BE REPLACED O	R DEEPENED 	N	Silvin
Not to be filled i	n by driller (MDE OR C	一 作系是在 编码 []	18-411.00	LA!
APPROP PERMIT NUM	BER HUZO	oleond and	35 35	Just P
	PERMIT No. #0 -70 71 7	2 73 74 75 76 77 78 79		Simpson
SPECIAL CONDITION NOTE: APPROVING AUTHORITIES SHO	NS NILD USE SEPARATE SHEET IF NEEDED			1 €

7/30/03 Well Site OK NV SITE FRSPECTION SCK





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:

A	The well site has been staked by Fisher, Collins + Controllersional land support of the controllers of the c	_
•	or of the surveyor of company employing professional land	•
	on 7 29 03 (date) and does not require a size	
	on 124 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.

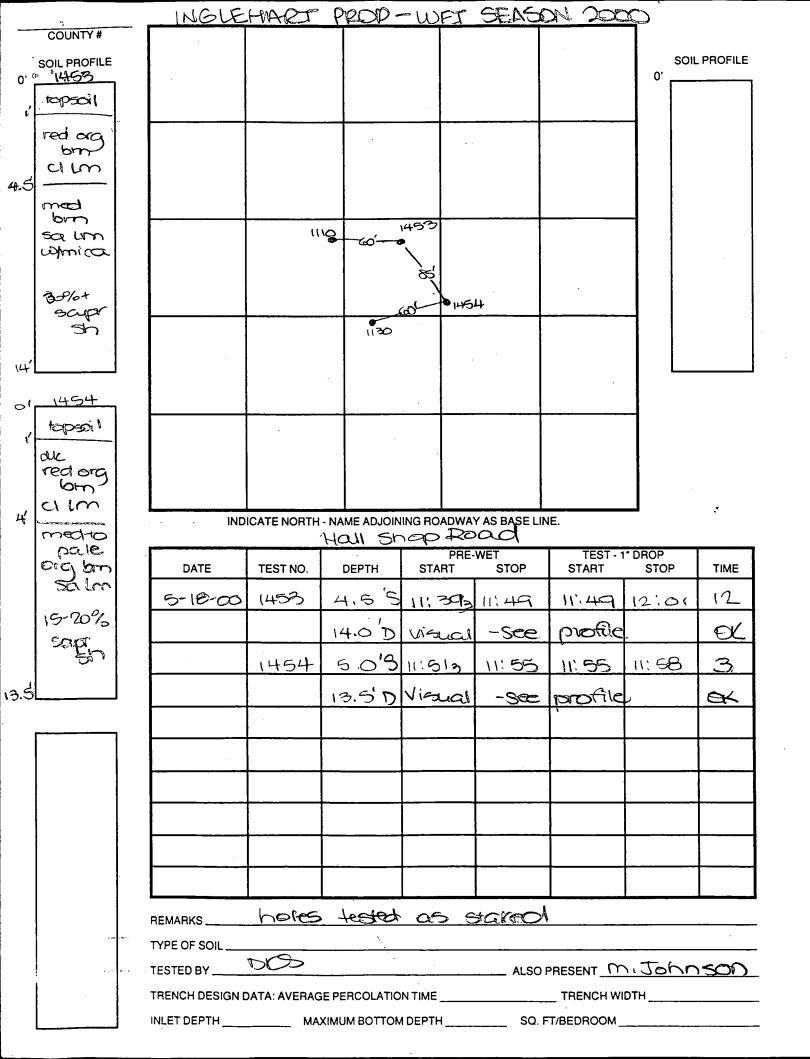
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

	COUNTY#	1							7		
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	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	İ
	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
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	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
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	DATE	TEST NO.	он энор оертн 5,5'5	PRE- START	WET STOP	TEST - 1 START	STOP 1; ©6	4
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APPLICATION

PERCOLATION TESTING

A 513237-M

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

DISTRICT

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 CAROL FAN PROPERTY LOCATION: SUBDIVISION NGLEHART REOPERTY 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 MON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LOT. APPROVED BY _ HOLD PENDING FURTHER TESTS REASONS FOR REJECTION OR HOLDING. PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _ SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #

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125 Sed (FSCL-U) (Massive - Le) 14' 5500 And RABon L Bed CL (2 F-CSbk) 4'5- Mir yel/Ad His L-SL (Massive) 9' Red Bro Mich L-SL (Massive)	DATE 6 1 0 Let 6/7 Like 55 5 A Ret most light Compared by 1 1 1 Like 55 5 A Ret most is fill Compared by 1 1 REMARKS A TYPE OF SOIL C	TEST NO. Novel Sid 5552 South Sid 5551 5551 5551 5551 55518	DEPTH 14 6' 8' 14' 6' 14' 6' 14' 6' 14' 6' 14' 6'	PRE- START 1/!26:00 12:16:30 11:27:30 1:08:20 1:39:20 1:42:00	WET STOP Typoffus 12:06 12:25:00 Typoffus 12:05 1:11:30 1:48:30	TEST-1 START — pulle 12:25 12:05 1111:36 1:48:30	\$ To Don 12!49 1:00 1:20:30 2:03:30 21,00:00	19min (55min) 15min 15min	Fail OK Holsbe widsenn
125-13' Red (FSCL-LL) (Mossivi Spille) 14' 5500 doublishm L led CL (2 F-CSbk) 4'5-Mir yel Red His L-SL (Massivi)	DATE /6///0/ Lot 6/7 Lot 5551A Interest Siff Attract Lot 6/7 REMARKS A TYPE OF SOIL OF	TEST NO. North Sixt 5552 South Sixt 5551 5551 5551 6551c	DEPTH 14 6' 81 14' 6' 14' 6' 14' 6' 14' 6' 14' 6' 14' 6' 14' 6' 15' 15' 15' 15' 15' 15' 15' 1	PRE- START 1/126:00 12:16:30 11:27:30 1:08:20 1:39:20 1:42:00	WET STOP Typoffus 12:06 12:25:00 Typoffus 12:05 1:11:30 1:48:30	TEST-1 START — pulle 12:25 12:05 1111:30 1:48:30 PRESENT	\$ To Don 12!49 1:00 1:20:30 2:03:30 21,00:00	19min (55mi) 9min 15min 11min	Fail OK Holsbe widsenn

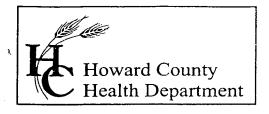
APPLICATION

PERCOLATION TESTING

		Ρ
HOWARD COUNTY HEALTH DEPARTMENT		DISTRICT
BUREAU OF ENVIRONMENTAL HEALTH		DISTRICT
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 2104 TELEPHONE: 313-2640	43	DATE
O: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND		
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLIC	CATION FOR PERMIT TO CONSTRUC	CT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
ROPERTY OWNER		······································
ADDRESS	PHONE	
GENT OR PROSPECTIVE BUYER	· · · · · · · · · · · · · · · · · · ·	
ADDRESS	PHONE.	
PROPERTY LOCATION:		NON-BUILDABLE PRES-PARCELD
SUBDIVISION Hall Shop trans	LOT NO.	6/2 and 12(11) ON
OAD AND DESCRIPTION Hall Shopke		SIGNED PERCCE
AX MAP 4/ PARCEL# /38		
IZE OF LOT	TYPE BLDG	
		(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTA	ABLE ONLY UNTIL PUBLIC FACIL	LITIES BECOME AVAILABLE. I FULLY UNDERSTAND TH
EE CONNECTED WITH THE FILING OF THIS PERC TEST AP	PPLICATION IS NON-REFUNDABLE	E UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS	LOT	
		(SIGNATURE OF APPLICANT)
PPROVED BY	FOR	DATE
DISAPPROVED BY		DATE
OLD PENDING FURTHER TESTS		
EASONS FOR REJECTION OR HOLDING		
	·	DATE

THIS IS NOT A PERMIT

HD-216 (3/92)



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

March 9, 2005

Robert Brian Satola 6929 Westcott Place Clarksville, MD 21029

RE: 6929 Westcott Place

Dear Mr. Satola:

We have received a variance requesting the required 10' setback to a deck overhang to the septic tank at the above referenced property be waived to allow an overhanging deck and encroachment into the septic area. In accordance with agency standards, an acceptable setback distance is no less than 5' horizontal clearance from the closest portion of the overhang. Therefore, your request is denied. A revised scaled drawing showing the proposed future deck to the septic disposal area will be needed to assess the second part of the request. A revised scaled drawing showing an acceptable setback distance can be used to rescind this denial.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

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

cc:

File

Mr. John Boris Environmental Health Department Well and Septic Division 7178 Columbia Gateway Drive Columbia, MD 21046

Mr. Boris,

I am currently awaiting the completion of my new home at 6929 Westcott Place in Clarksville, Maryland 21029. I am writing this letter for your consideration for a variance that will allow my contractor to extend decking 5 feet into the septic restriction area. I would like the option to set the deck posts no closer than five feet away from the septic tank. I understand that there is a restriction radius of 10 feet from the septic tank for access purposes; however, I will not hold the environmental health department responsible if the deck needs to be torn down for any septic repair, if needed. The deck will be approximately 8 feet off of the ground. If septic services were needed, access may be easier rather than harder because equipment may be able to work around the deck rather than tear the entire structure down.

I understand that I will comply with the department's request to modify any part of the deck that may come in conflict with any future repairs of the septic tank, if needed.

Thank you very much for your consideration, as we are very excited about moving into our new home in Howard County.

Sincerely,

Robert Brian Satola 6929 Westcott Place

Clarksville, MD 21029

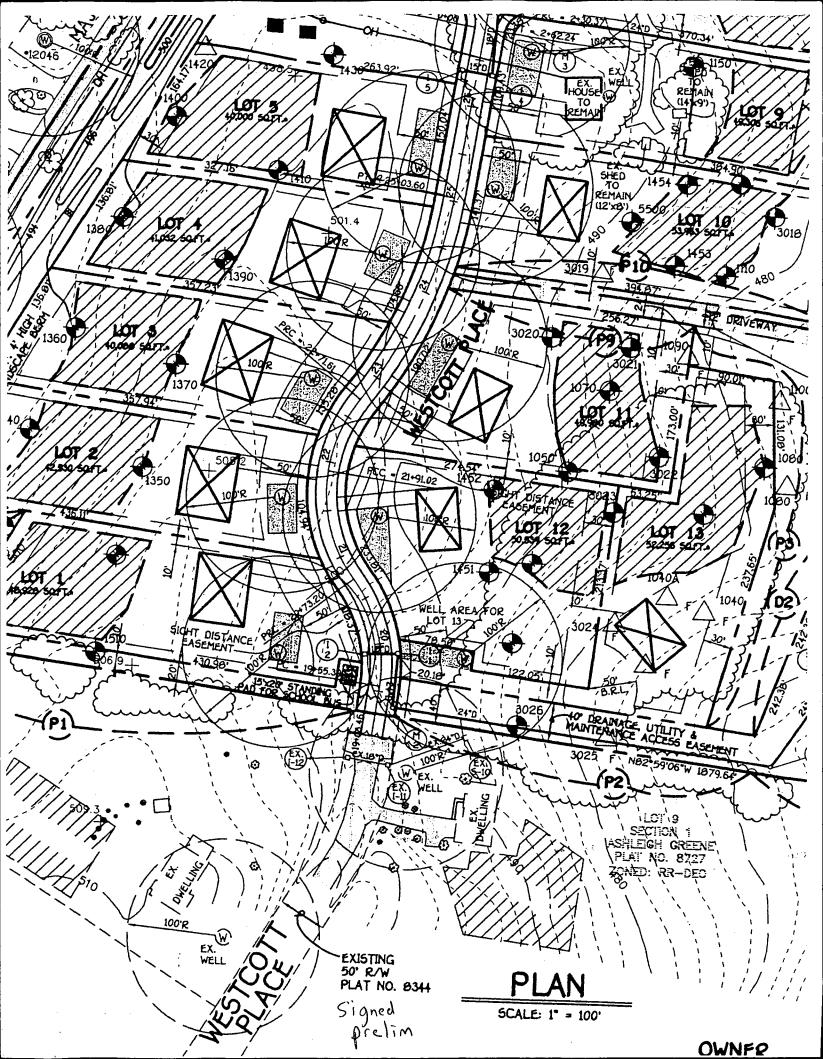
410-703-4803

briansatola@comcast.net

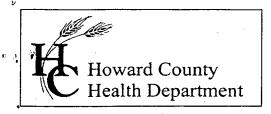
FILE INQUIRY FORM

Property Address: 6929 Westert
to to ocme state to submit a
t.c. to owner 5 thing to submit a scaked drawing showing tank /ce (as-built)
and the dech constructor drawing showing
footer Also meating wentioned that no port
of the deck may overhang the septie tank +
That a 5 Clearance will still be leccially
2/25/05
의 사실 경찰 (1) 전환 시작을 통 충하는 경찰 등록 기본하는 사실 시작 및 <u>기관 연락 경찰 (기관 기업</u>)
사람들이 되는 사람들에 발생하는 것이 되었다. 그런 경험에 보는 경험에 가장 보는 것이 되었다. 그렇게 되는 회장 사람들이 되었다. 그는 것이 그는 사람들이 되는 것이 되었다. 그런 사람들이 되었다. 그런 그런 그런 그런 그런 그런 그런 그런 그런 그런 그런 그런 그런
선생님들이 통해 보고 있는 것을 보고 있는 것이 되었다. 그 그 사람들은 사람들이 되었다는 것은 사람들이 되었다. 그는 것은 것이 되었다는 것이 되었다. 당시는 것이 되었다.
하는 사용하는 이 등록 보는 사용을 보고 하는 수 있을 수 있다. 이 등 사용을 하는 것으로 보고 있는 수 있다. 이 모든 것으로 가장하는 것으로 하는 것으로 하는 것으로 하는 것으로 하는 것으로 하는 사용을 하는 것으로 보고 있는 것으로 하는 것으로 보고 있는 것으로 하는 것으로 보고 있는 것으로 보고 있는 것으로 보고 있다. 이 분석을 보고 있는 것은 것을 하는 것을 하는 것으로 보고 있





Forest Conservation		Forest Co	onservation	Edsemen	t No. i	2
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- Sym. Bearing And Distance	FCE2-1 N07°00°54"	E 145.86' FO		05°W 36.59'	FCE2-17	546°56'57"W 44.
FCEI-1 N61°25'21°E 61.42'	FCE2-2 N59°54'18"\	V 307.68° FO		23°W 26.36'	FCE2-18	539°06'59"W 55.
FCE1-2 N50°01'46"E 58.45"	FCE2-3 N04°50'31"V			39°W 39.77'	FCE2-19	521°23'17"W 43.9
FCE1-3 N35°47'30"E 174.08'	FCE2-4 502°15'44"E			'40"W 50.13'	FCE2-20 FCE2-21	N82°59'06'W 78
FCE1-4 N37°52'43"E 200.55'	FCE2-5 N17*09'42"E			'04"W 49.00'	1,000-61	1102 3700 H 70
FCE1-5 N65°21'50°E 56.88'	FCE2-6 502°15'44"E			00"W 63.92'	-	
FCE1-6 507°23'59"E 12.35' FCE1-7 510°02'51"W 512.14'	FCE2-8 555°38'24"			7"W 30.20"		
FCE1-7 518*02*51*W 512.14* FCE1-8 582*59'06*E 280.26'	TCL2-0 377 30 21					
	.	Share				3 5, • • • • •
Match Line	566	Sheet		•		`\
		506°21'54°W	25.05 24.0	ns. Match Line	- YhO s	`\
(714) 501°44°13°E (524)		135.80'	25.05' 24.0	Not A Lot	Line-	,
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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

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

March 18, 2005

NVR, Inc. 6085 Marshalee Drive Elkridge, MD 21227

SENT VIA FACSIMILE 410-379-2430

RE: Hall Shop Manor, Lot 10 6929 Westcott Place Clarksville, MD 21029 BP #: B00150625 Well Permit # HO-94-3774

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 01/31/2005. Final approval of the well line connection to the dwelling was approved on 03/18/2005.

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-94-3774. 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):

02/11/2005

Date of Well Completion:

09/17/2003

Approving Authority,

Brian Baker, R. S.

Well & Septic Program

cc:

Building Inspector's Office Community Health Services File Mr. John Boris Environmental Health Department Well and Septic Division 7178 Columbia Gateway Drive Columbia, MD 21046

RE: 6929 Westcott Place Deck Request

Mr. Boris,

Thank you very much for your detailed response to my request. Attached are the design plans that you requested from my contractor. I believe that these are what you are looking for so we can begin the permit process with your approval.

Thank you very much for your consideration, as we are very excited about moving into our new home in Howard County.

Sincerely,

Robert Brian Satola

6929 Westcott Place Clarksville, MD 21029

410-703-4803

briansatola@comcast.net

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