

05439175

LAYOUT 10/7/04 11AM INSP 4 _____
 INSP 2 10/12/04 - AM INSP 5 _____
 INSP 3 _____ INSP 6 _____

RAPSA
439175

ISSUE DATE: 9/21/2004P 520893APPROVAL DATE: 10/12/04A 513237-H

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: 3 N. Main Street, Mt. Airy PHONE NUMBER: 301-829-0444

SUBDIVISION: Hall Shop Manor LOT NUMBER: 11

ADDRESS: 6939 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 FILTER

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 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 4.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install the distribution box as shown on the approved building permit plan.
NOTES:	Basement will not support gravity service. Effluent filter to be installed on outlet side of tank.

PLANS APPROVED: Kevin Bell DATE: 7/06/04

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

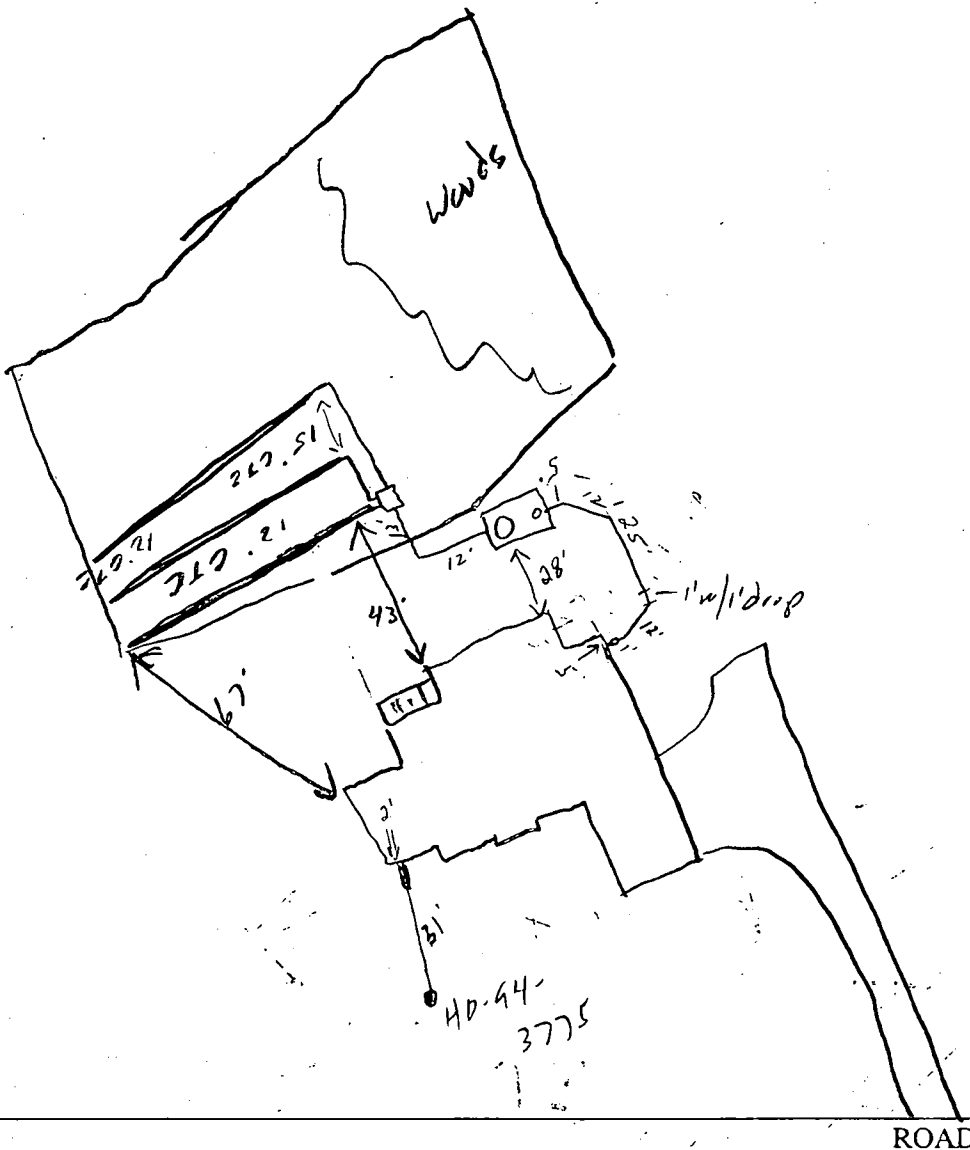
NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

BUILDING PERMIT SIGNED
AND RETURNED

11/23/05 BOV157251-DECK

A513237-H

NOT TO SCALE



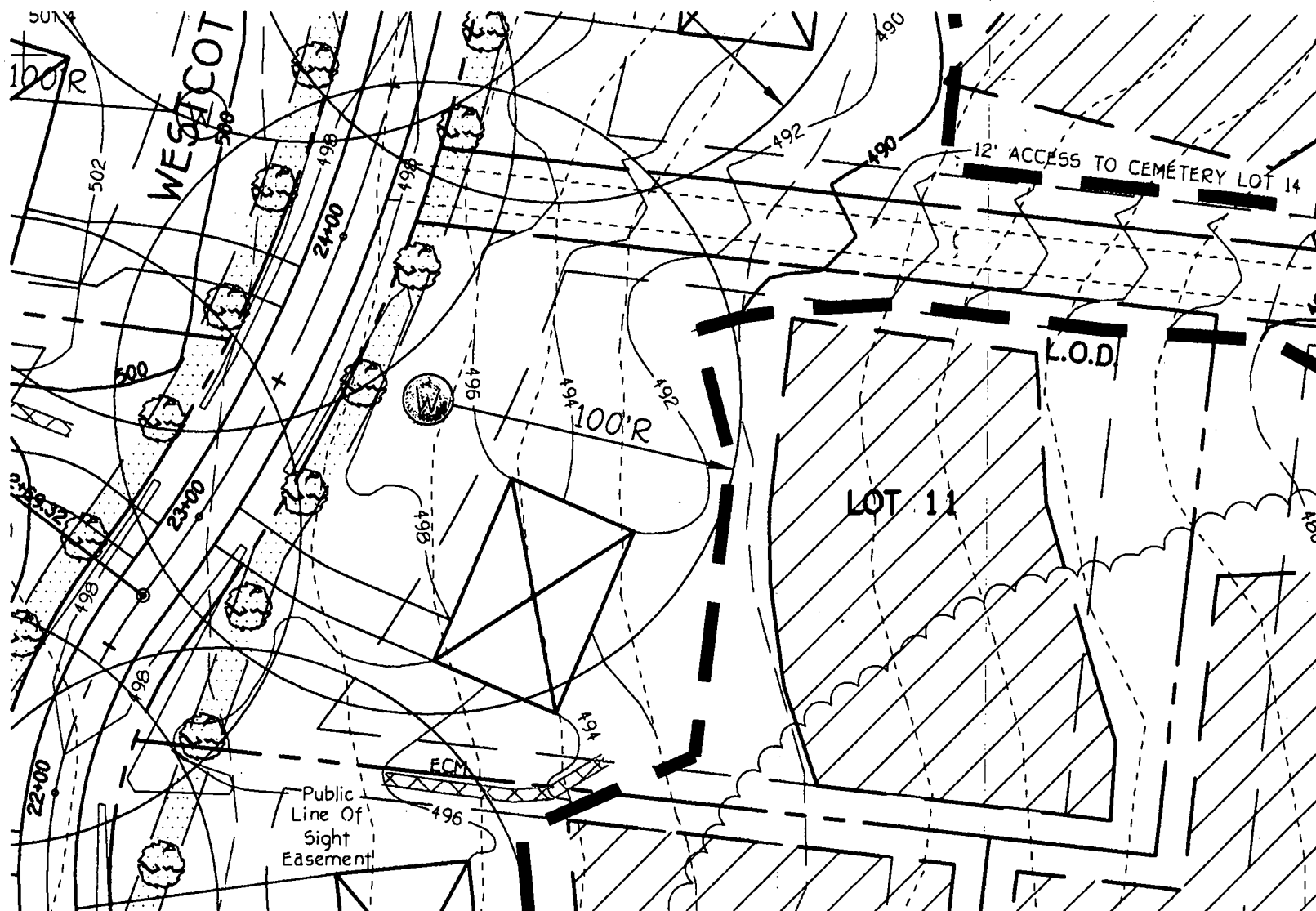
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		7204
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

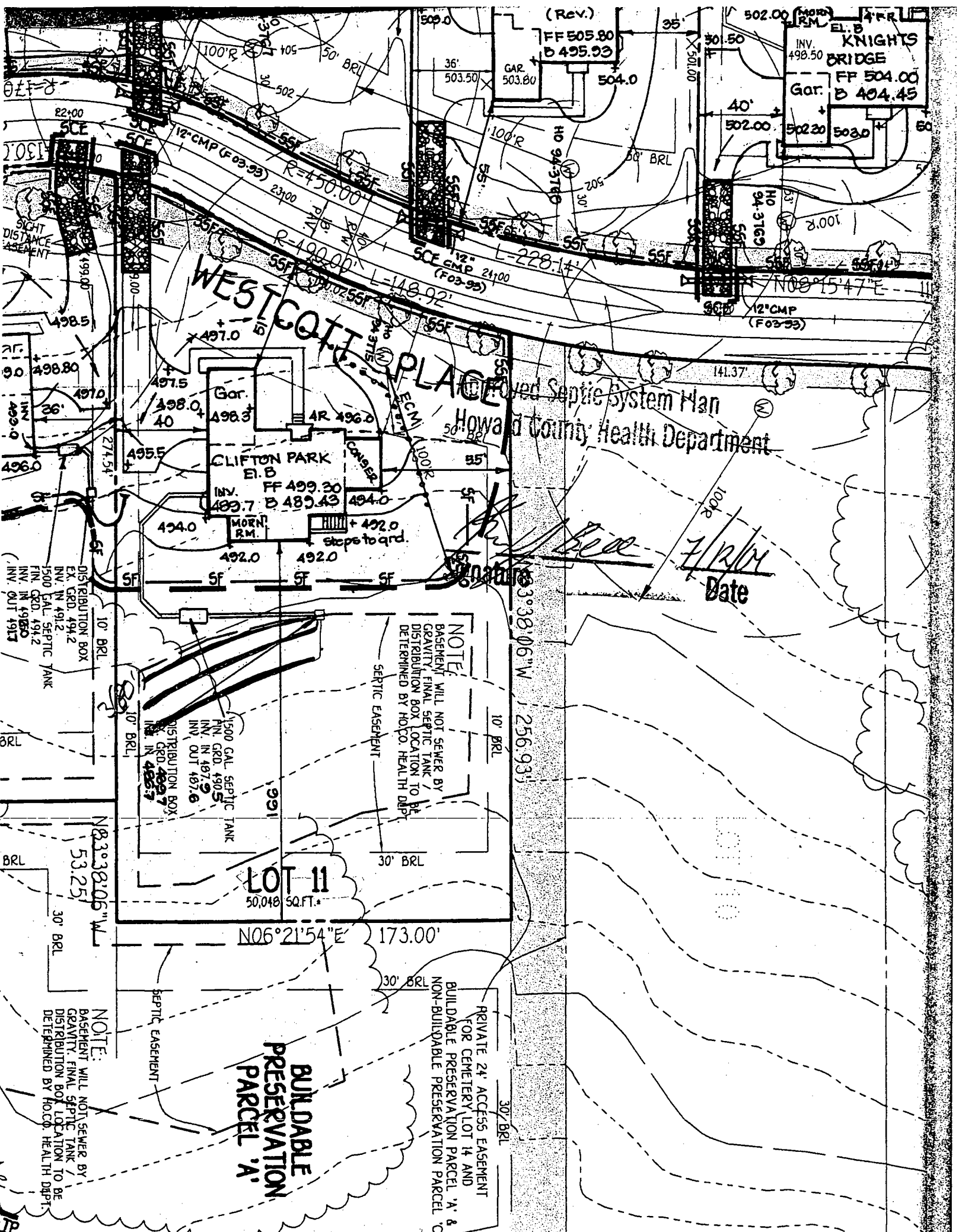
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL ✓	
Comp CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	1-1.5'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Back
6" PORT LOC	
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	N/A
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 10/7/04 - SRA staked, contour accurate. OK
 TO move trenches to other side of SRA to stay out of
 INSTALLATION the woods. (3) 80' trenches, 12' CTC, D.B. in center (SO)
 10/8/04 - Tank set, digging 1st trench (SO)
 10/12/04 - Complete system installed - OK to cover

FINAL INSPECTOR [Signature] DATE OF APPROVAL 10/12/04

7/30/03 - Well Site OK
NO SITE INSPECTION
SRR





(Rev.)
FF 505.80
B 495.93

EL. B
KNIGHTS
BRIDGE
FF 504.00
Gar. B 404.45

WESTCOTT PLACE

Covered Septic System Plan
Howard County Health Department

CLIFTON PARK
E.B.
FF 499.30
B 489.43

Signature

7/2/04
Date

NOTE:

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

LOT 11
50,048 SQ. FT.

BULDABLE
PRESERVATION
PARCEL A

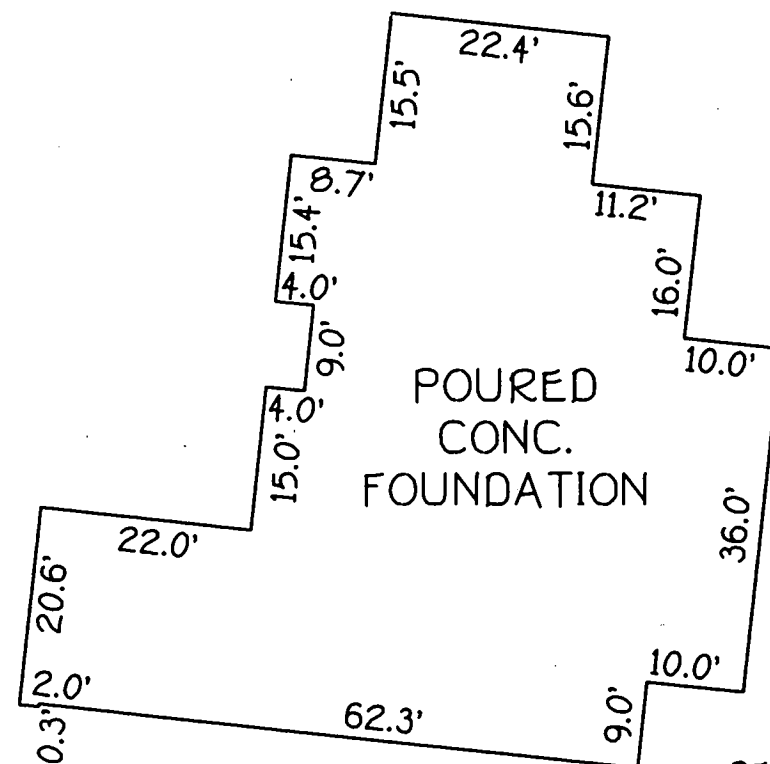
PRIVATE 24' ACCESS EASEMENT
FOR CEMETERY LOT 14 AND
BULDABLE PRESERVATION PARCEL 'A' &
NON-BULDABLE PRESERVATION PARCEL 'C'

NOTE:

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

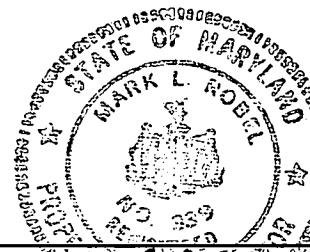
GENERAL NOTES:

- 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-94-3775) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



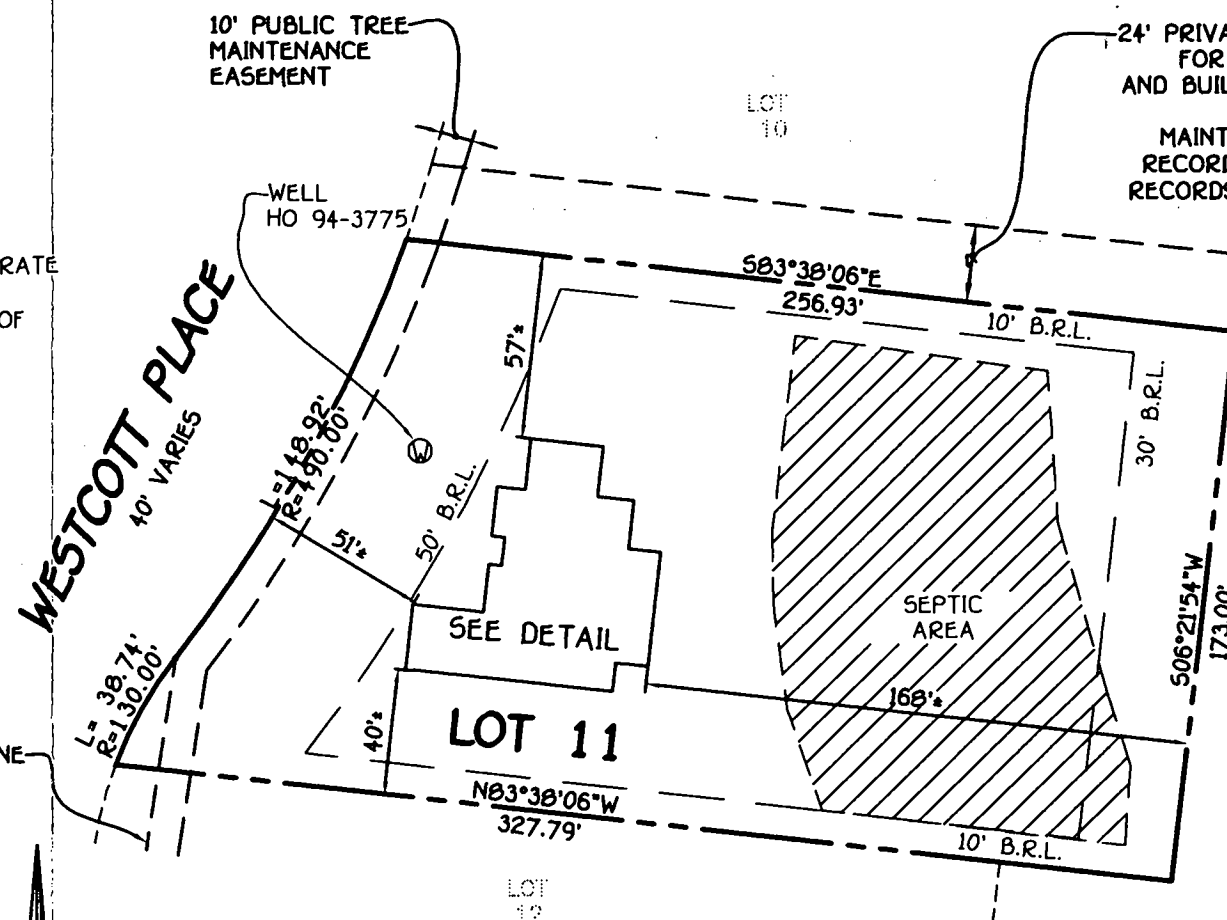
POURED
CONC.
FOUNDATION

DETAIL:
1"=20'



Mark L. Robel
PROFESSIONAL LAND SURVEYOR
REG. 339
DATE 9/16/04

*6939 WESTCOTT PLACE
B.R.L.= BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 498.2'



HOUSE LOCATION DRAWING

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

SCALE: 1"=60'
DATE: 9/16/04
DRAWN BY: V.L.J.
CHECKED BY: M.L.R.
PROJECT No.: 40387

LOT 11
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

will check B.K.
9/21/04

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

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. Freezer Co Telephone #: (410) 781-4655
Address: 6321 Barnett Ave
Stokesville, 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 #: 2172

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

Name of Property Owner: NV Homes Telephone #: (410) 379-5956
Subdivision: HALL CHAP MANOR Lot #: 11 Well Tag #: HO-94-3775
Site Address: 6939 Westcott Place
Stokesville, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Starite</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7P40S2H-04</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42" (36" min)</u>	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>16.66</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>

Depth of well encountered at time of pump installation: 200 (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 ☒

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: 10'
Sleeve caulked and sealed properly: ☒

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

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

date: 9/29/04

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

Date Insp. Requested: <u>9/23/04</u>	Date Insp. Approved: <u>9/30/04 (SO)</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 3996

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

A513237H

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

10 01 03

DATE WELL COMPLETED

09 03 2003

Depth of Well

22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-94-3775

OWNER

LAND DESIGN & DEVELOPMENT

STREET OR RFD

WESTCOTT PLACE

TOWN

CLARKSVILLE

SUBDIVISION

HALL SHOP MANOR

SECTION

LOT

11

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
Gray Rock0 55
55 200

x

water at 70'

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

BENTONITE CLAY

BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 60 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6 63 64

60 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole(insert
appropriate
code
below)

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICBR
BRONZEOT
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 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

1646

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 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

(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)Property Lines
55'
25'

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

YES

NO

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 M W D 1 2 0

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J S D O 4 9

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

GRAVEL PACK

IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

Date: 9-08-03

Well Permit No. HO - 94-3775

Location of property (road) W ESCOTT PLACE

Subdivision HALL SHOP MANOR

Well Driller G. EDGAR HALL SONS, CORP Lot 11 Block 1 Plat 1 Sec. 36
Owner LAND DESIGN + DEVELOPMENT

Depth of well 200

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P. 30

I. High-rate pumping -- reservoir drawdown

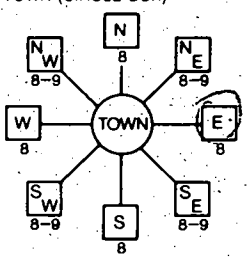
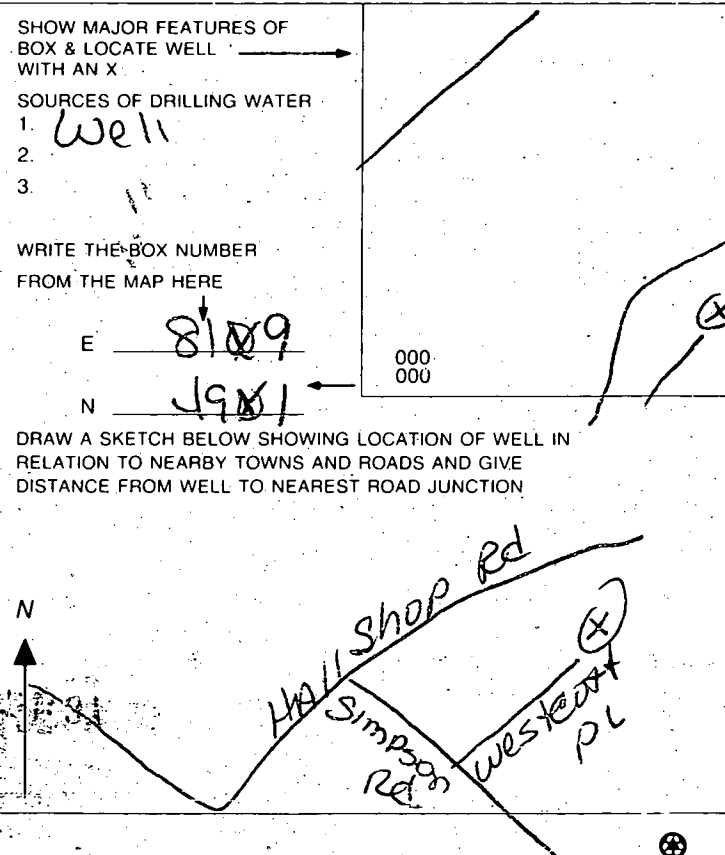
Time pump started 0830

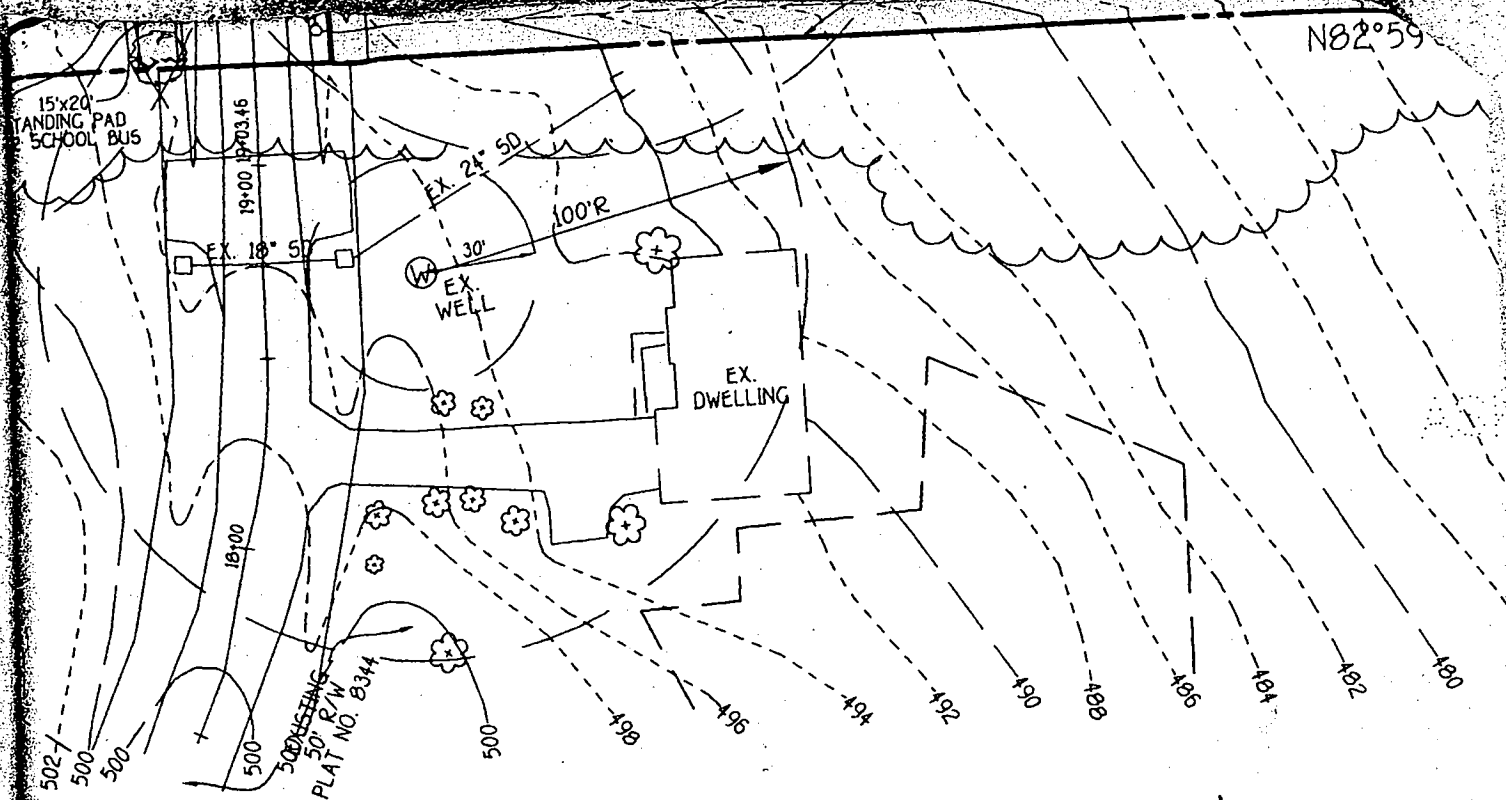
Pumping rate 16.64

Total time 15 to reach pumping water level 30 ft. below M.P. Pumping rate 16.64

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

HD-224

B 1 1 2 3 6 6758	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519055 please type	STATE PERMIT NUMBER HO-94-3775 <small>fill in this form completely</small>
Date Received (APA) 07-16-03 <small>8 MM DD YY 13</small> 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> MD <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> 46 LOT <u>11</u> 48 50 52 <u>Highland</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> 73 76 77 78	
DRILLER INFORMATION 76 <u>Sandy B. Cochran</u> Driller's Name M W D License No. 81 <u>120</u> 81 <u>G. Edgar Harr Sons, Corp</u> Firm Name 12047 <u>Balls Road, Cockeysville</u> 21030 Address 8/10/03 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <u>Westcott Place</u> NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 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> 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-H</u> STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>07-31-03</u> <u>Steve R. Krieg</u> 7/31/04 43 MM DD YY 46 CO SIGNATURE EXP. DATE NORTH GRID <u>49</u> 50 55 EAST GRID <u>19</u> 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> 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 APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HO-20026015</u> PERMIT NO. <u>HO-94-3775</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



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. F.A.-Natural Resources
Conservation Service

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

Howard SCD

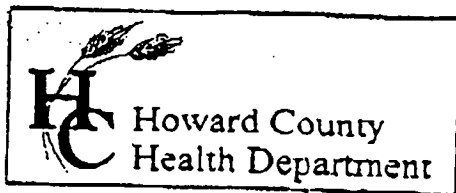
4/7/04
Date

4/7/04
Date

35 BRL

452

35



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

APPLICATION

PERCOLATION TESTING

A 513237-0

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.

(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 _____

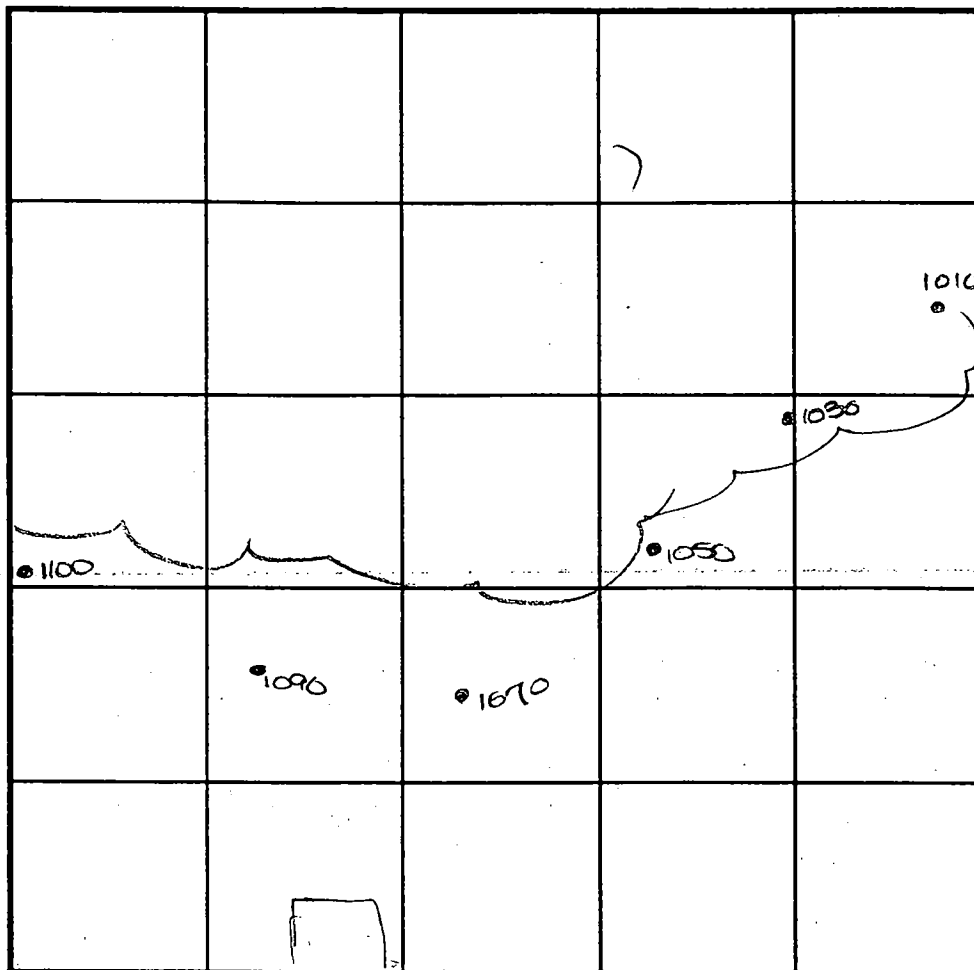
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1050
topsoil
red org
brn
cl Lm
4.5'
med
red brn
sa Lm
w mica
15-20%
sepr
sh



SOIL PROFILE

0' 1070
topsoil
red brn
cl Lm
4.5'
dk pk
brn
sa Lm
w mica
20%
sepr
sh
13.5'
1090
topsoil
org brn
cl Lm
4'
4.5'
org brn
sa Lm
to
die brn
cl Lm
11.4'
13.0'
seepage
water

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-3-00	1050	4.5' S	10:07 ₂	10:18	10:18	10:38	20
		14.5' D	visual - see profile				OK
	1030	4.0' S	10:16	10:17 ₃	10:17 ₃	10:21	4
		14.0' D	visual - see profile				OK
	1010	4.0' S	10:36	10:45	10:45	10:59	14
		13.0' D	Water - see profile				OK
	1070	5.0' S	11:06	11:07 ₂	11:07 ₂	11:28	21
		13.5' D	visual - see profile				OK
	1090	4.5' S	11:27	11:31	11:31	11:37	6
		11' 4" D	Water seepage				FAIL

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

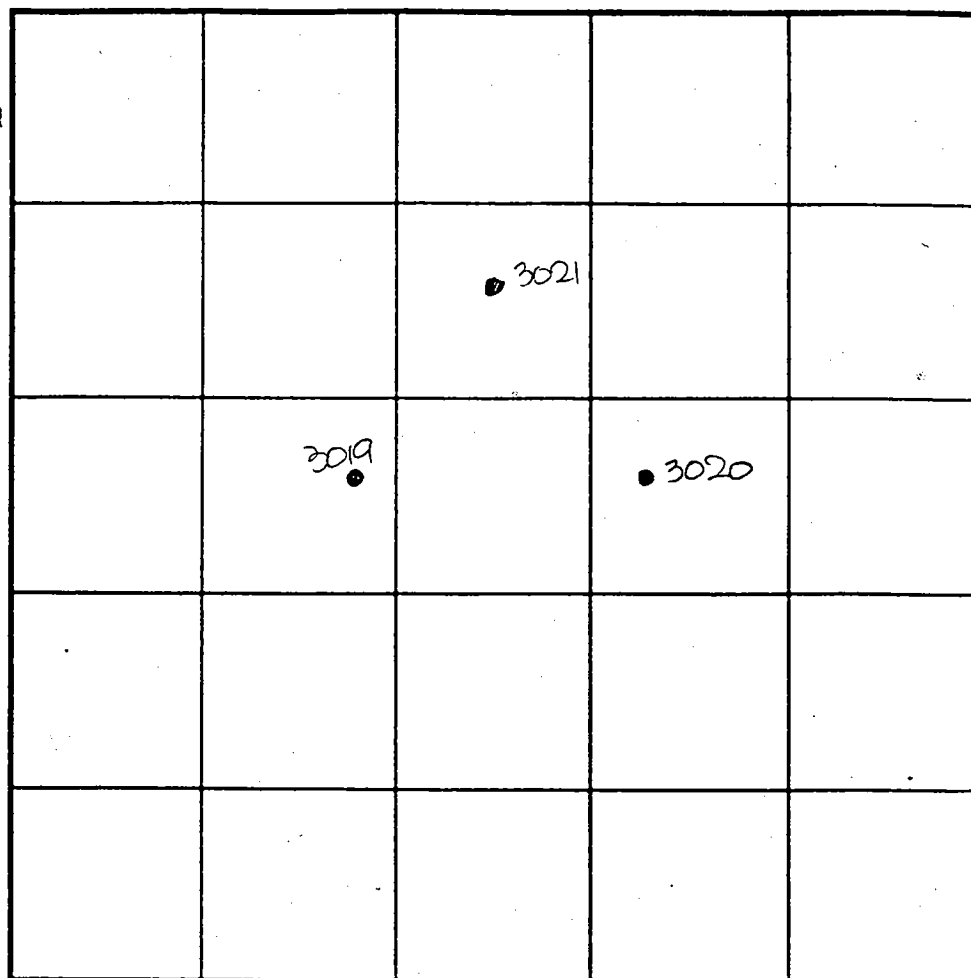
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

1010
topsoil
org brn
cl Lm
4'
4.5'
med
org brn
sa Lm
w mica
dull org
cl Lm
11.3'
Water

COUNTY #

SOIL PROFILE

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hall Stop Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-25-01	3020	6.0' S	12:06	12:09	12:09	12:123	4
		14'4" D	Visual	- See	Profile		OK
	3021	6.0' S	12:16	12:19	12:19	12:24	5
	(cave-in)	14.0' D	Visual	- See	Profile		OK
	3019	6.5' S	12:32	less than 1"	1:12		FAIL
		13'8" D	Visual	- See	Profile		FAIL

REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY TJCALSO PRESENT M. Johnson& crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

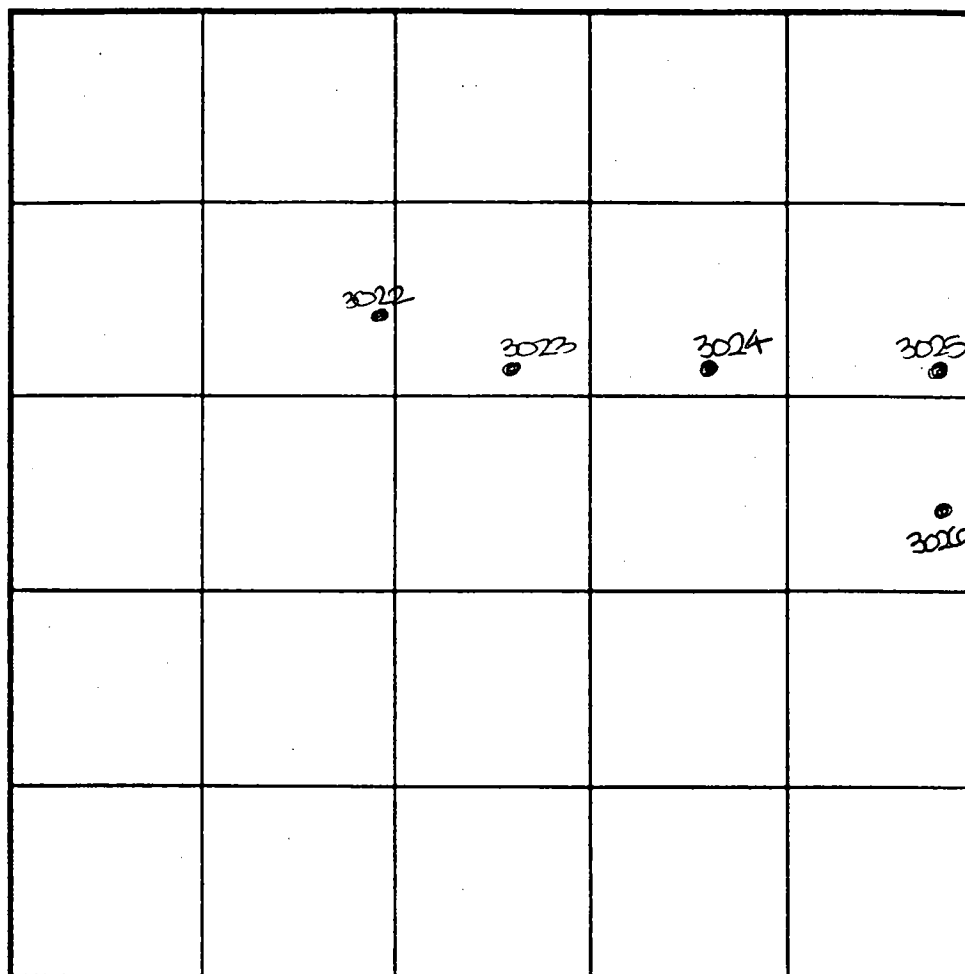
COUNTY #

SOIL PROFILE

0' 3022
topsoil
red
org btm
cl m
4.5'
5'
med
org btm
si mica
lm
15% rock
13'8"

0' 3023
topsoil
red btm
cl lm
4.5'
+
org btm
si mica
lm
15-20%
sh
14.5'

0' 3024
topsoil
org btm
cl lm
5'4"
seepage
org btm
si mica
lm
9' water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hall Shop Road

SOIL PROFILE

0' 3026
topsoil
br
org btm
cl lm
4'
org btm
si mica
lm
20% sh
10'4"
soe page, 1 hr
12'6" water

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5-25-01	3022	5.0' S	1:20	1:21	1:21	1:24	3
		13'8" D	Visual	- see profile			OK
	3023	5.5' S	1:37	1:39	1:39	1:45	6
		14.5' D	Visual	- see profile			OK
	3024	9.0' D	Water	(seepage 5'4")			FAIL
	3025	7'6" D	Water	(seepage 5'6")			FAIL
	3026	12'6" D	Water	(seepage 10'4")			FAIL
DUE TO DROUGHT CONDITIONS *ADDITIONAL BUFFER (4 FEET) APPLIED IN ADDITION TO STATE MINIMUM (4 FEET) - THEREFORE, NEED 8 FEET FROM OBSERVED GROUNDWATER TO BOTTOM OF PROPOSED SEPTIC SYSTEM*							

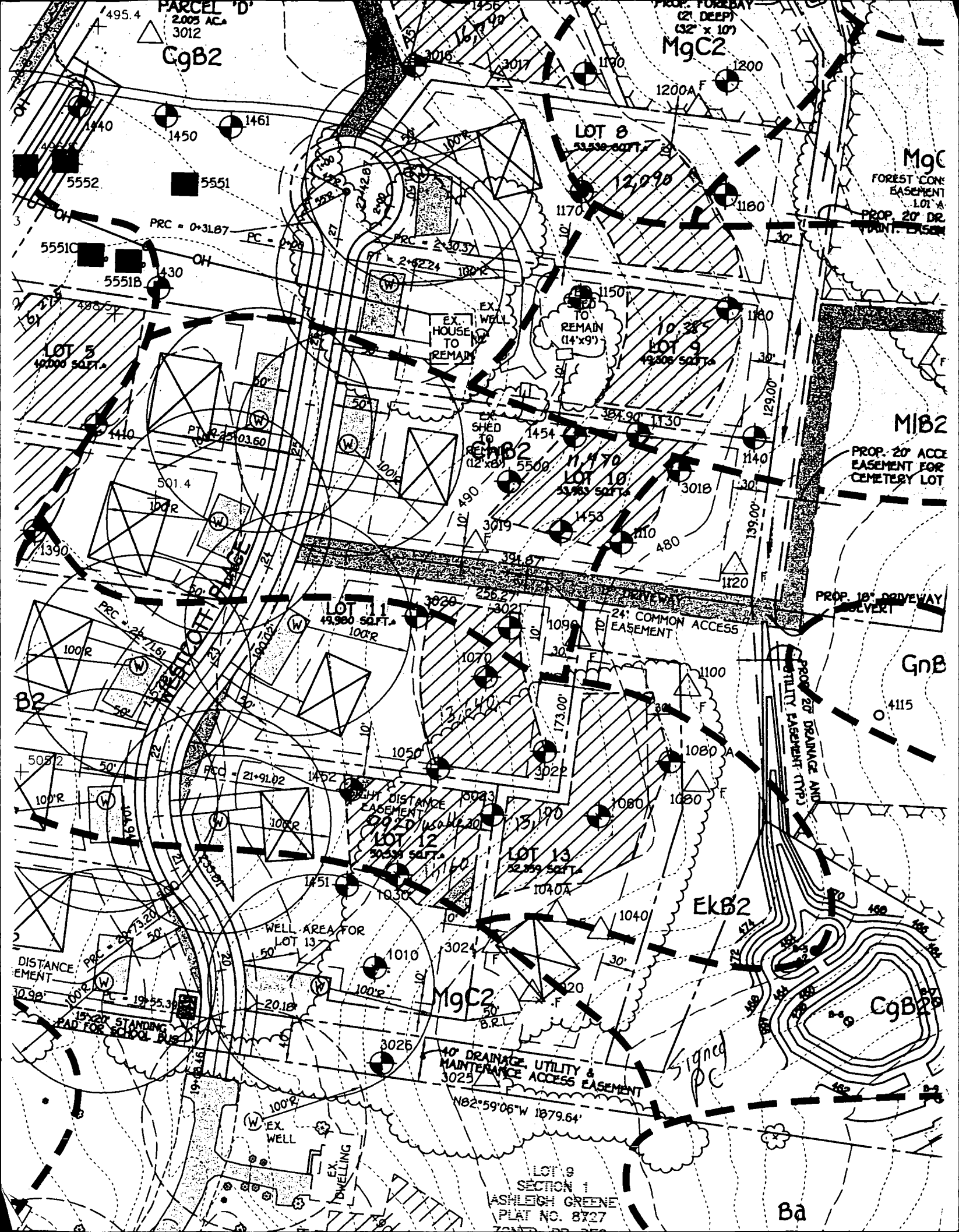
REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY DKC ALSO PRESENT M. Johnson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH 8 crew

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



CgB2

MgC2

MgC

FOREST CON.
EASEMENT
LOT A
PROP. 20' DR.
EASEMENT

MIB2

PROP. 20' ACCE.
EASEMENT FOR
CEMETERY LOT

GnB

EkB2

CgB2B

Ba

LOT 9
SECTION 1
ASHLEIGH GREENE
PLAT NO. 8727
ZONED: RR-25C

F-03-093

Forest Conservation Easement No. 1

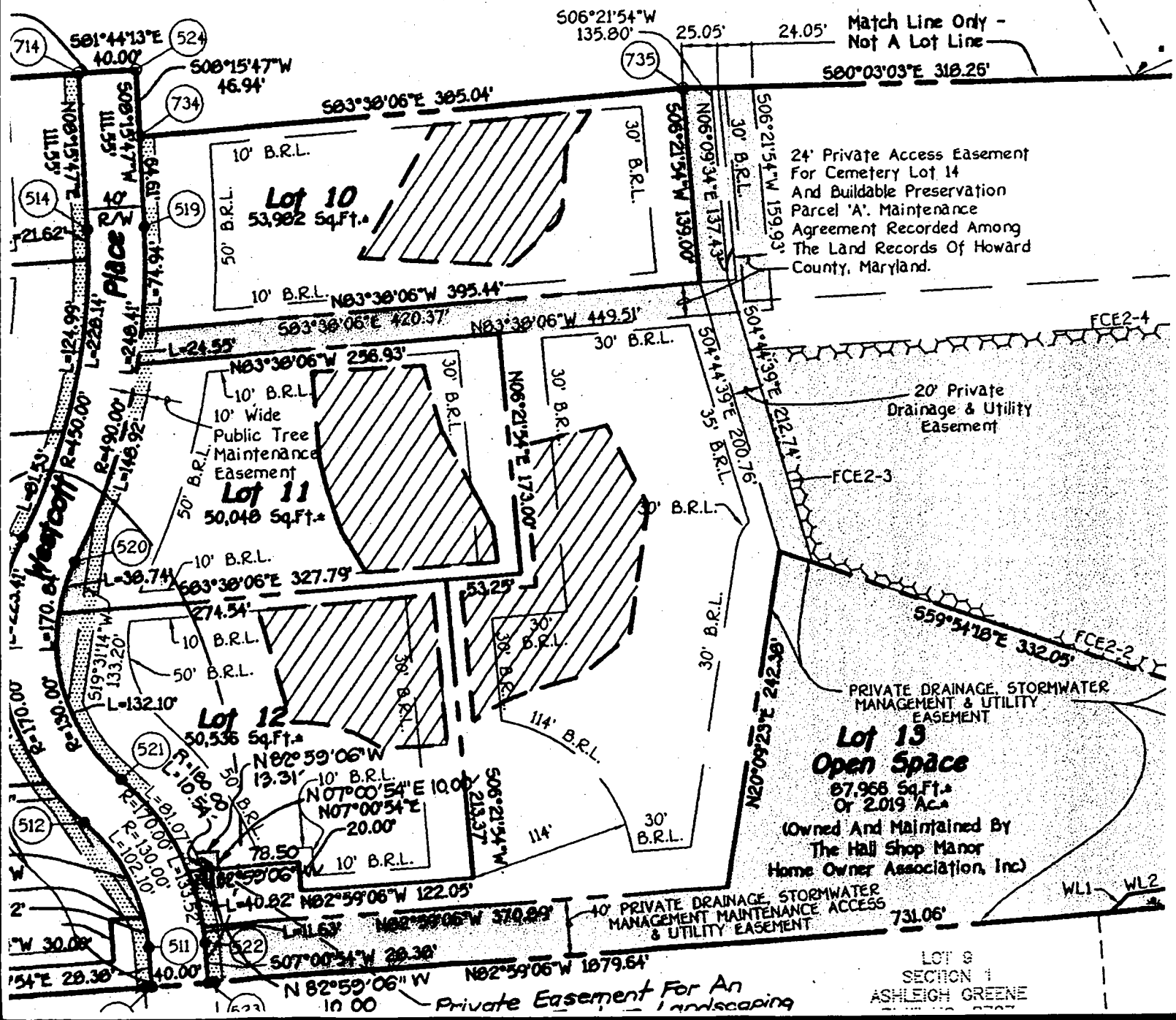
Sym.	Bearing And Distance
FCE1-1	N61°25'21"E 61.42'
FCE1-2	N50°01'46"E 58.45'
FCE1-3	N35°47'30"E 174.08'
FCE1-4	N37°52'43"E 280.55'
FCE1-5	N65°21'50"E 56.88'
FCE1-6	S87°23'59"E 12.35'
FCE1-7	S18°02'51"W 512.14'
FCE1-8	S82°59'06"E 280.26'

Forest Conservation Easement No. 2

Sym.	Bearing And Distance	Sym.	Bearing And Distance	Sym.	Bearing And Distance
FCE2-1	N07°00'54"E 145.86'	FCE2-9	N85°49'05"W 36.59'	FCE2-17	S46°56'57"W 44.4'
FCE2-2	N59°54'18"W 307.68'	FCE2-10	S78°19'23"W 26.36'	FCE2-18	S39°06'59"W 55.3'
FCE2-3	N04°50'31"W 158.19'	FCE2-11	S49°33'39"W 39.77'	FCE2-19	S21°23'17"W 43.9'
FCE2-4	S82°15'44"E 403.75'	FCE2-12	S27°29'40"W 50.13'	FCE2-20	S58°37'46"W 24.1'
FCE2-5	N17°09'42"E 180.00'	FCE2-13	S15°32'11"W 73.54'	FCE2-21	N82°59'06"W 72.0'
FCE2-6	S82°15'44"E 200.00'	FCE2-14	S48°07'04"W 49.00'		
FCE2-7	S80°37'01"E 249.98'	FCE2-15	S34°49'08"W 63.92'		
FCE2-8	S55°38'24"W 39.30'	FCE2-16	S45°01'17"W 30.20'		

..... Match Line See Sheet

3.....



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00149176 40B
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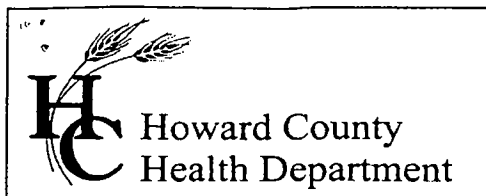
Building Address 6939 WELFOTT PLACE (CLARKVILLE MD) 21029	Property Owner's Name NVR INC
Suite/Apt. #: _____ SDP/WP/Petition #: 67-0973	Address 6085 MARSHALL RD
Census Tract 1000000 Subdivision HALLSHOEMANOR	City ELLSWORTH State MD Zip Code 21043
Section _____ Area _____ Lot 11	Home Phone _____ Work Phone 410-379-5956
Tax Map 41 Parcel 138 Grid 1	Applicant's Name & Mailing Address, (if other than stated hereon): KIM COLE Bldg. & App. Review 1341 COOPER ST ELLSWORTH MD 21043
Zoning R1D Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use VACANT LOT	Contractor Company NVR INC
Proposed Use SPD	Contact Person KIM COLE
Estimated Construction Cost \$ 122,000	Address 11405 LEWISVILLE RD
Description of Work SPD - 1st Floor Concrete Wall	City ELLSWORTH State MD Zip Code 21043
Occupant or Tenant _____	License No. _____
Contact Name _____	Phone _____ 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: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms 4	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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: _____	
		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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature KIM COLE	Print Name NVR INC
Title/Company VP	Date 6/30/01

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -		
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	7/12/04	K. J. Bee
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
DPZ SETBACK INFORMATION		
Front: _____		
Rear: _____		
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 NewTown Zone _____		
SDP/Red-line approval date _____		
PROPERTY ID# 62746		
Filing fee \$ 100.00		
Permit fee \$ _____		
Excise tax \$ _____		
Add'l per. fee \$ _____		
TOTAL FEES \$ _____		
Sub-total paid \$ _____		
Balance due \$ _____		
Check # 177494		
Validation # 71453		
Accepted by [Signature]		



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

December 1, 2004

NVR, Inc.
6085 Marshalee Road
Elkridge, MD 21075

RE: Hall Shop Manor, Lot 11
6939 Westcott Place
Clarksville, MD 21029
BP #: B00149176
Well Permit # HO-94-3775

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 10/12/2004. Final approval of the well line connection to the dwelling was approved on 09/30/2004.**

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3775. 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.

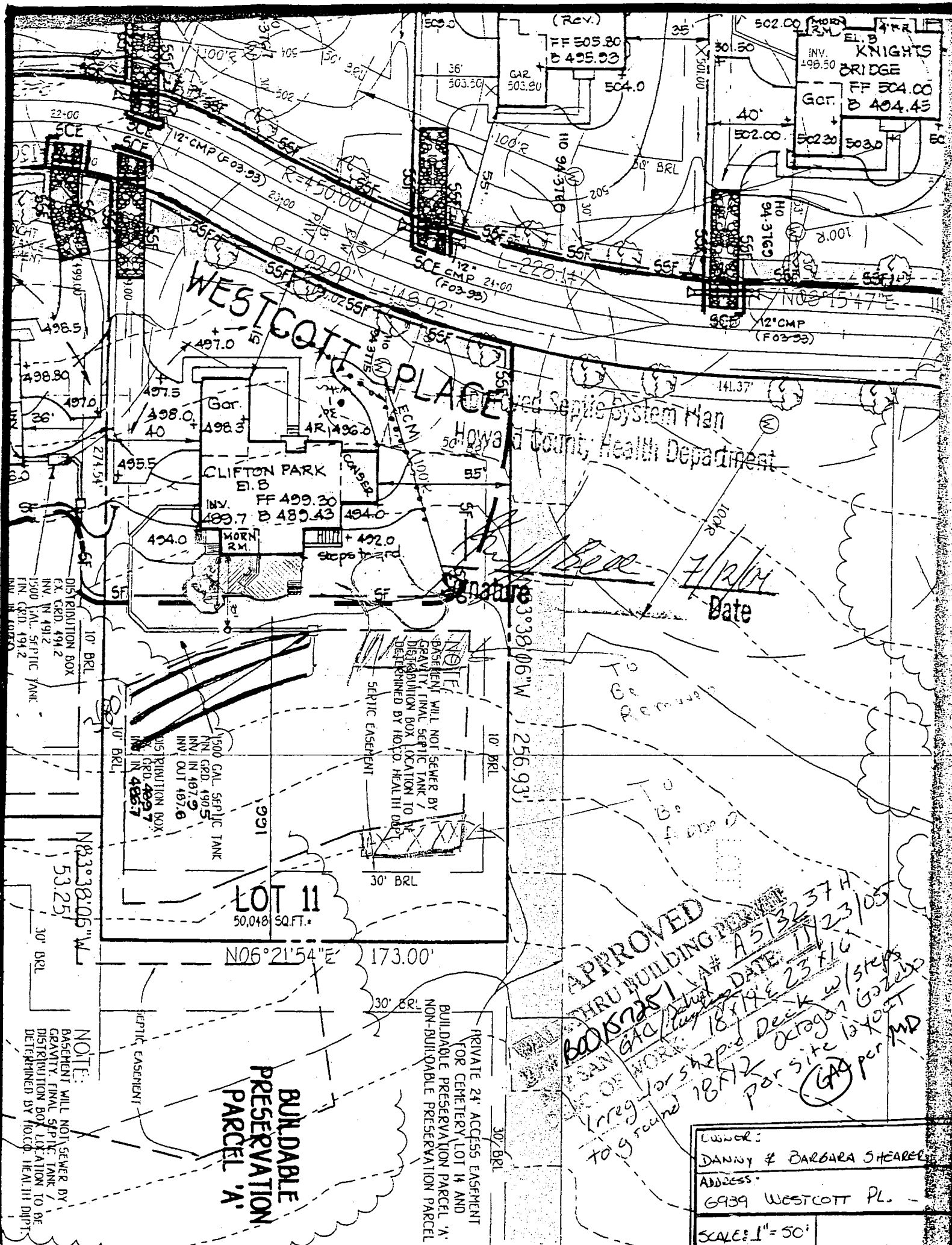
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 11/04/2004
Date of Well Completion: 09/03/2003

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

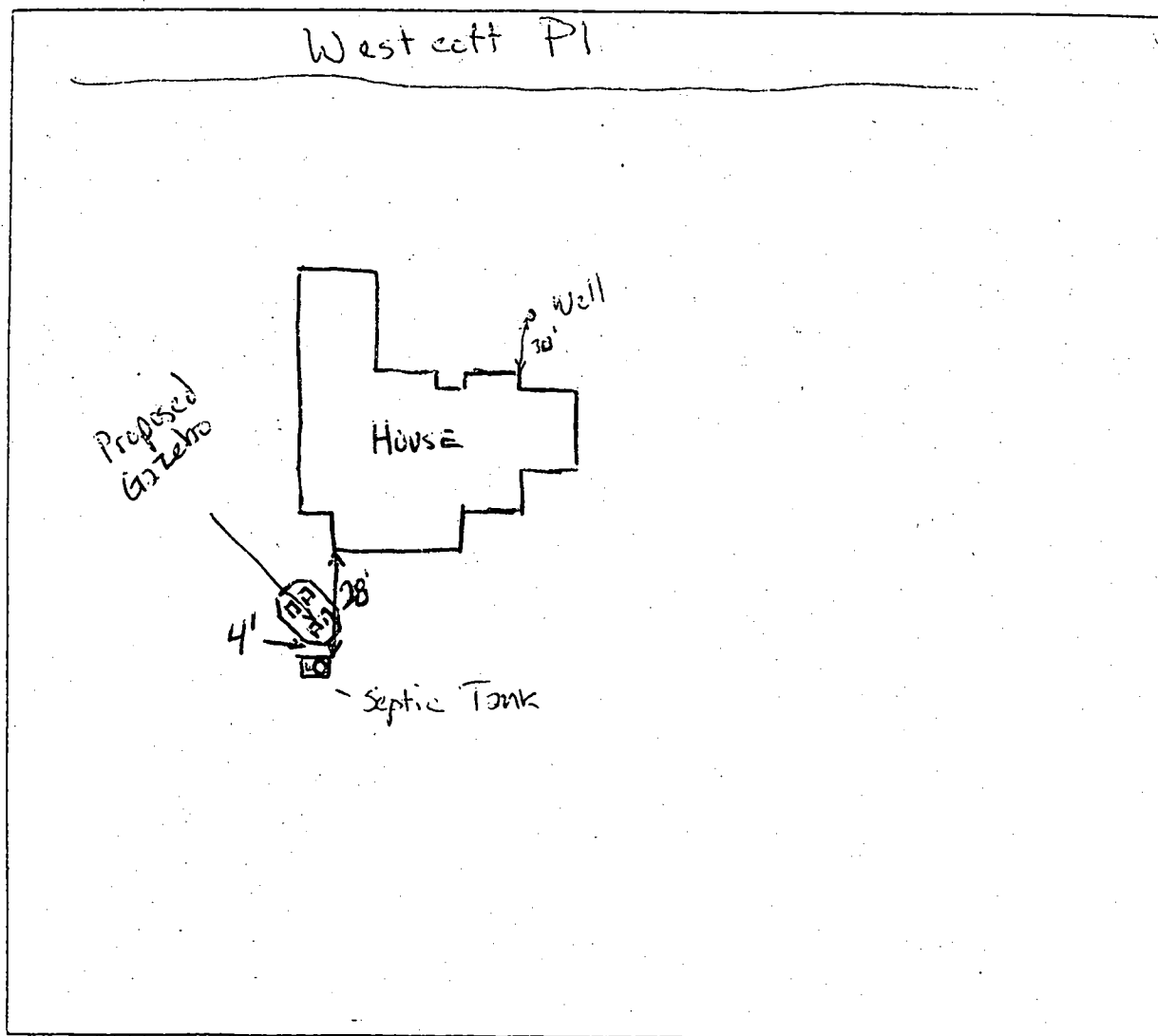
cc: Building Inspector's Office
Community Health Services
File



SITE INSPECTION SHEET

OWNER: Danny & Barbara Shearer PHONE #: (301) 854-2095
ADDRESS: 6939 WESTCOTT PLACE CONTRACTOR: _____
WELL TAG #: HO 94 - 3775
SUBDIVISION: ~~Ashington Heights~~ HALE SHOF MANOR LOT: 11 COUNTY #: A 513237 H
PROPOSAL: Deck w/ Gazebo raised ~ 5' from septic tank

LOCATION DIAGRAM



COMMENTS: Septic tank is to be (As is) exactly 4'3"
from Area marked as gazebo (painted outline)
- smaller gazebo?

DATE: 11/15/05 INSPECTOR: G. Creighton

