

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

ISSUE DATE: 02/07/2005

P 521978

APPROVAL DATE: 2/18/2005

A 513237-I

PERMIT INDEXED

05 354 862

**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, Mt Airy PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Hall Shop Manor LOT NUMBER: 9

ADDRESS: 6923 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: 199 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:	Install distribution box to maximize area.
NOTES:	Basement will not support gravity service. Effluent filter to be installed on outlet side of tank.

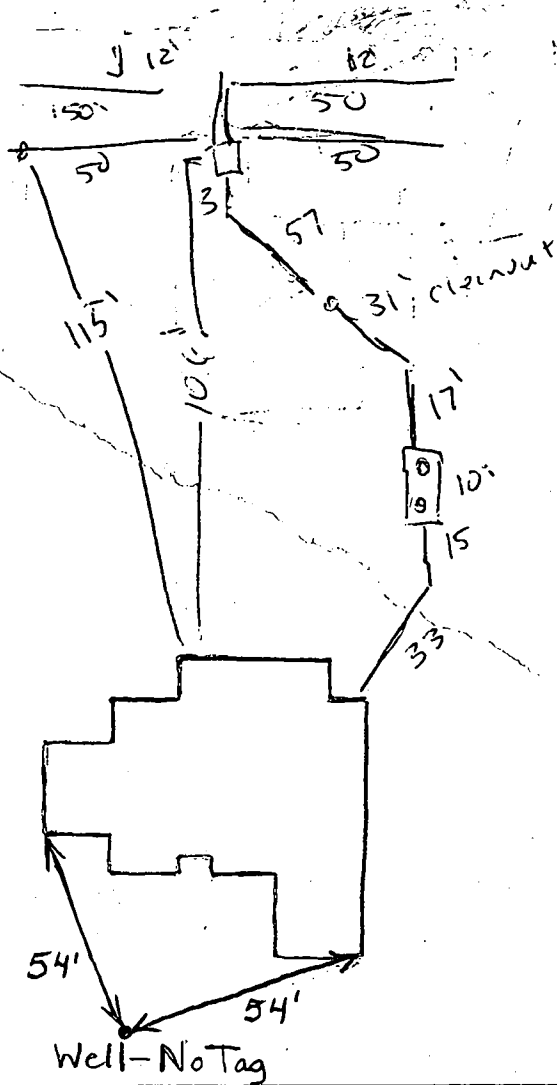
PLANS APPROVED: John Boris DATE: 8/17/04

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**

AS13237-I

NOT TO SCALE



Westcott Place

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	5	5
NUMBER OF TRENCHES		4
TOTAL LENGTH		200
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL ✓	
CAPACITY	1500 GAL
SEAM LOC	✓
TANK LID DEPTH	
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Butt Buck
6" PORT LOC	2 cleanouts
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	 GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 2/10/05 To place the distribution box in the top center of the easement and install 4-50' trenches on contour. (BB)

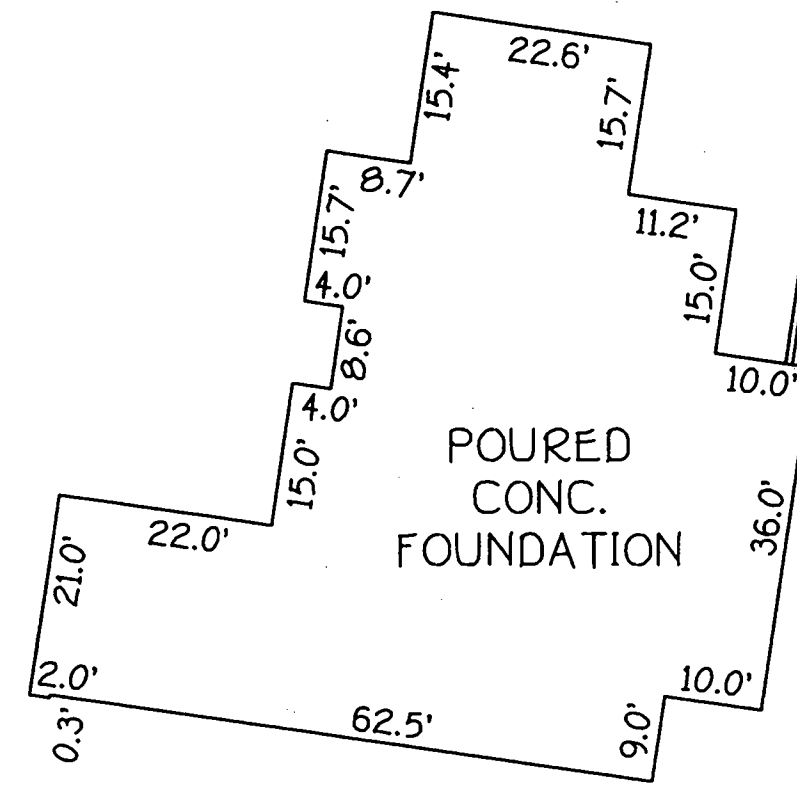
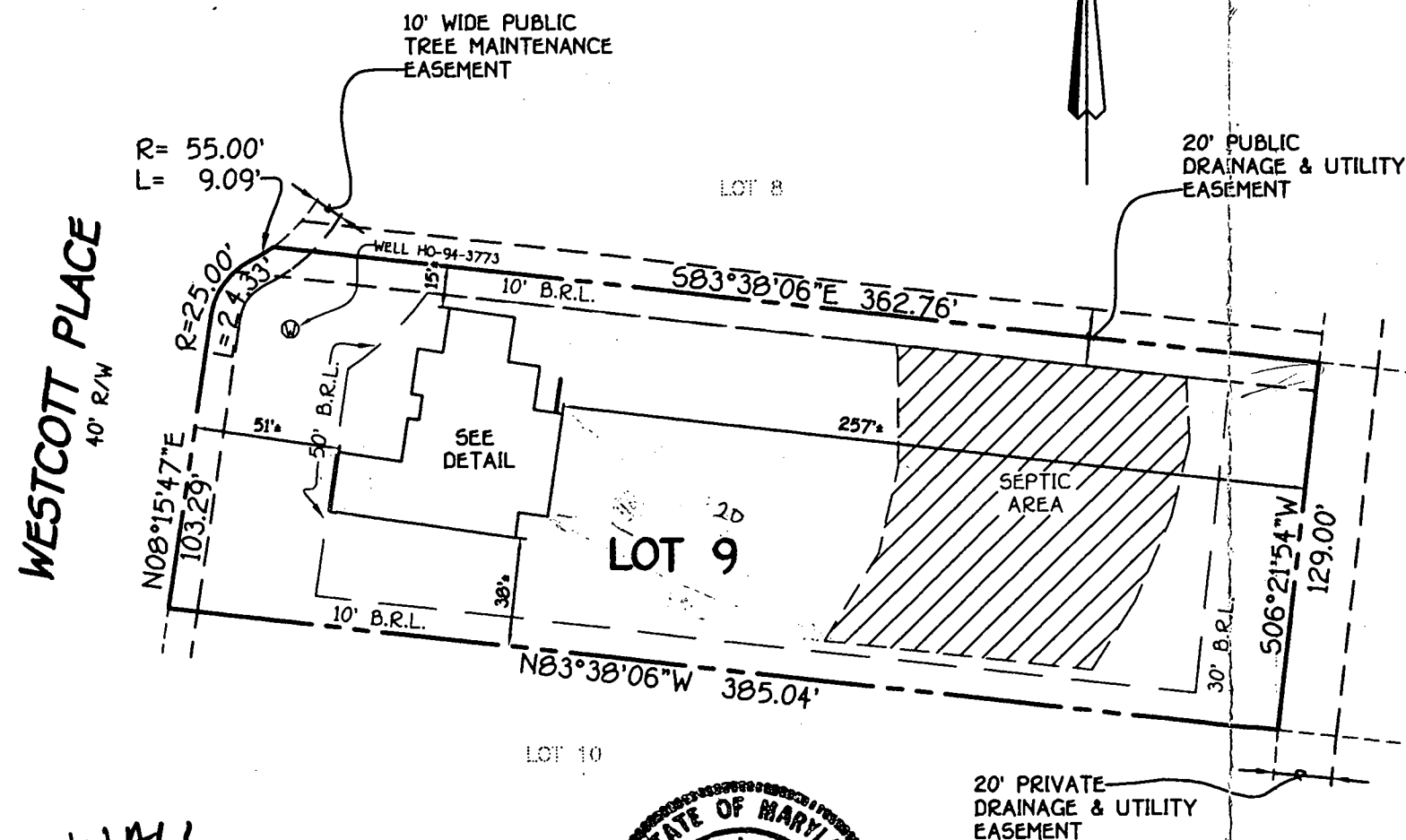
INSTALLATION OK to cover. Installed to plan. But still need speed levels. 2/17/05 (P.F.Y.)

everything installed (PW) 2/18/05

FINAL INSPECTOR Pete [Signature] DATE OF APPROVAL 2/18/05

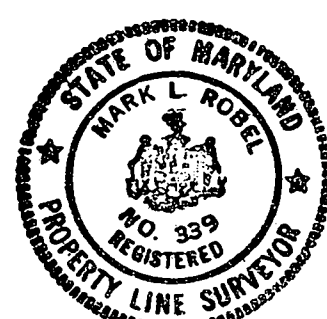
GENERAL NOTES:

- 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. 24004400378 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-94-3773) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



2/3/05
Wall check
OK
RTB

WALL
CHECK



Mark L. Robel 1/03/05
PROFESSIONAL LAND SURVEYOR DATE
REG. # 339

LOT 9
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 #16676

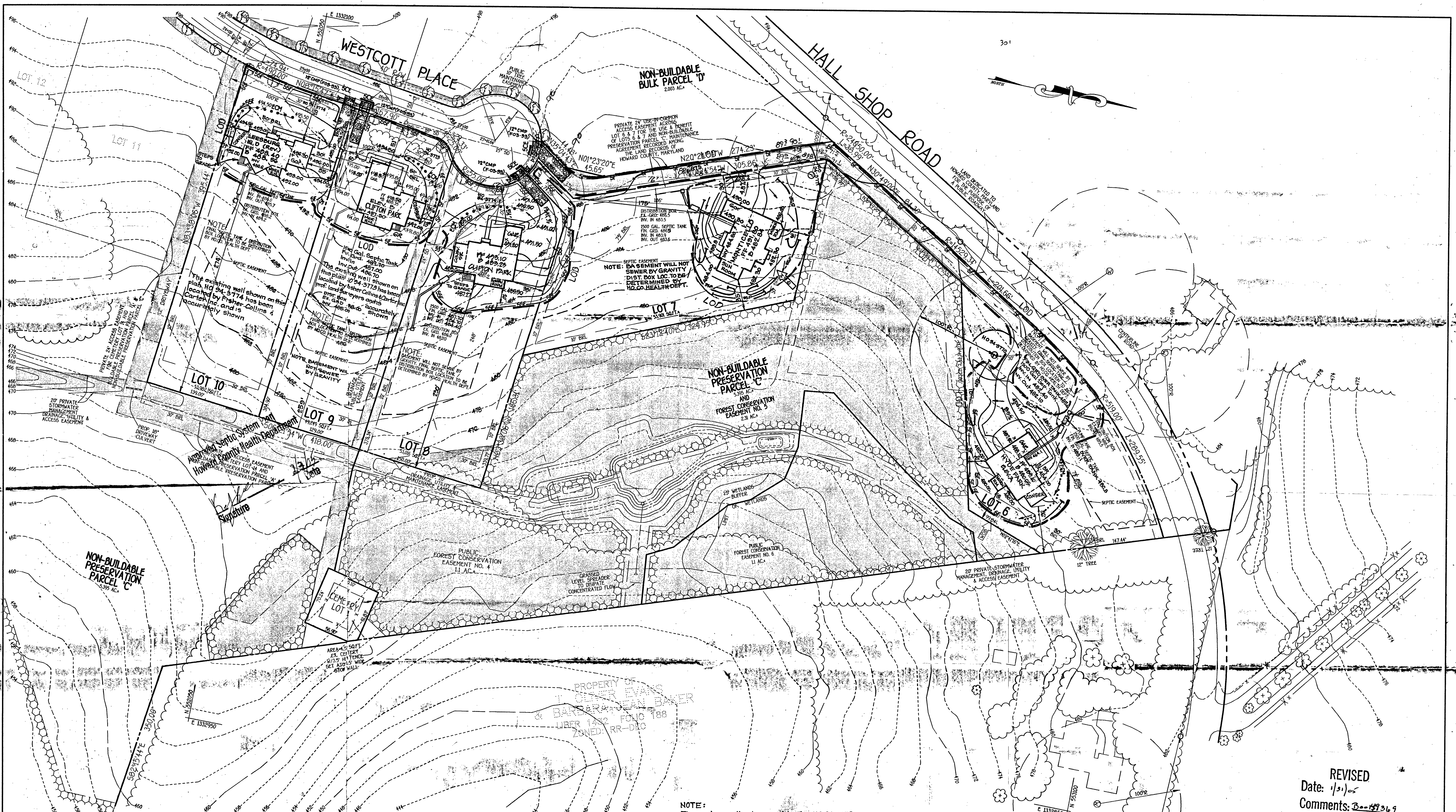
HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 12/13/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 01/03/05
DRAWN BY: VLI
CHECKED BY: MLR
PROJECT No.: 40307

*6923 WESTCOTT PLACE
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 497.3'

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



NO.	REVISION	DATE
13	Rev. hse. 4 and Lot 7 from Clifton Pk. to Monticello	11-4-01
12	Add side conserv. to hse. on Lot 9	8-12-01
11	Add well note & label ex. contours per No. 10 Health	1-20-01
10	Rev. hse. 4 and Lot 10 to add side conserv.	7-22-01
9	Rev. hse. 4 and Lot 10 to add side conserv.	7-22-01
8	Rev. hse. 4 and Lot 10 to add side conserv.	7-22-01
7	Rev. hse. 4 and Lot 10 to add side conserv.	7-22-01
6	Add well numbers & culvert pipes lds 6-10, add note	6-11-01
5	Rev. hse. 4 and Lot 10 to add side conserv.	6-17-01
4	Show well loc. on Lot 6	5-2-01
3	Rev. hse. 4 and Lot 10 to add side conserv.	5-6-01
2	Rev. hse. 4 and Lot 10 to add side conserv.	5-6-01
1	Rev. hse. 4 and Lot 10 to add side conserv.	5-6-01

ENGINEER'S CERTIFICATE

I certify that this plan for erosion and sediment control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

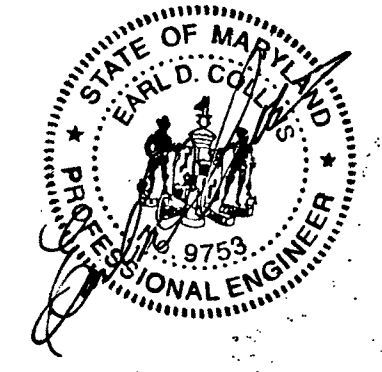
Signature of Engineer: *Earl D. Collins* Date: *4/1/04*

DEVELOPER'S CERTIFICATE

I/we certify that all development and construction will be done according to this plan for sediment and erosion control and that any responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District.

Signature of Developer: *Tom Garner* Date: *4/5/04*

NOTE: The existing wells shown on this plan HO 94-3370 through HO 94-3174 have been field located by Fisher Collins & Carter, Inc. professional land surveyors and are accurately shown.



OWNER/DEVELOPER
ELLCOTT CITY LAND HOLDING CO., LLC
8000 MAIN STREET
ELLCOTT CITY, MARYLAND 21043
410-480-0367

BUILDER
NV-HOMES
6085 MARSHALLEE DRIVE
SUITE 130
ELK RIDGE, MARYLAND 21075
410-379-5656

SITE & SEDIMENT/EROSION CONTROL PLAN
SINGLE FAMILY DETACHED
HALL SHOP MANOR
LOTS 1 THRU 12 & BUILDABLE PRESERVATION PARCEL 'A'

TAX MAP No: 41 PARCEL No: 138 GRID No: 1
FIFTH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: MARCH, 2003
SHEET 2 OF 3

G.P. 04-73

**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 Water Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feizer Co. Inc Telephone #: 410-781-4655
Address: 6321 BARNETT AVE.
SYKESTOWN, MD

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

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

Name (Print): Robert L. Feizer 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: MV Homes Telephone #: 410-379-5936

Subdivision: HALLS HOP MANOR Lot #: 9 Well Tag #: HO

Site Address: 6923 WESTCOTT PLACE CLARKSBURG, MD 21029 NO TAG ON WELL

Submersible Pump Data

Make: TP4002HL-04

Model #: STA-RITE

Pump Capacity: 7 GPM

Well Yield: 16.67 GPM

Depth of well encountered at time of pump installation: 740 (feet)

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

Torque arrestors or cable guards are required - Must circle one

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

Pitless Adapter

Make: Campbell

Model #: PT 800

Depth: 42" (36" min)

NSF approved: ☒

Well Cap and Electric Conduit

Two piece watertight cap: ☒

Screened, vented well cap: ☒

Cap secured to casing: ☒

Conduit min 18" B.G.: ☒

Conduit secured to well cap: ☒

Piping to house

Type: Poly

PSI: 200 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 5'

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

date

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

Date Insp. Requested: _____

Date Insp. Approved: 3/25/05 BB

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 ☒

**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. Inc Telephone #: 410-781-4655
Address: 6321 BARNETT AVE.
SYKESTOWN, MD

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

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

Name (Print): Robert L. Freezer

License# 3122

*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: My HomeS

Telephone #: 410-721-9703

Subdivision: Hall SHAP

Lot #: 9 Well Tag #: HO 94-3773

Site Address: 6923 WESCOTT PLACE
CLARKSVILLE, MD 21031

Submersible Pump Data

Make: STA-RITE

Model #: SP4FO2HL-03

Pump Capacity: 5 GPM

Well Yield: 16.6 GPM

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

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

Torque arrestors or Cable guards are required - Must circle one

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

Pitless Adapter

Make: Campbell

Model #: PT 800

Depth: 42" (36" min)

NSF approved: ☒

Well Cap and Electric Conduit

Two piece watertight cap: ☒

Screened, vented well cap: ☒

Cap secured to casing: ☒

Conduit min 18" B.G.: ☒

Conduit secured to well cap: ☒

Piping to house

Type: Poly

PSI: _____ (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 5'

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: 3/24/05

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

Date Insp. Requested: _____

Date Insp. Approved: _____

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 _____

C13987

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)FILL IN THIS FORM COMPLETELY
PLEASE TYPECOUNTY
NUMBER

A513237-AI

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

10 20 2003
15 20

Depth of Well

22 740 26
(TO NEAREST FOOT)OK (SRK)
11/12/03PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3773
28 29 30 31 32 33 34 35 36 37OWNER LAND DESIGN & DEVELOPMENT
STREET OR RFD WESCOTT PLACE
SUBDIVISION HALL SHOP MANOR SECTION LOT 9

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 TOcheck
if water
bearingOverburden
Gray Rock0 100
100 740

x

water at 732'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 NO. OF POUNDS 15 40

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 64 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEEL
PL
PLASTICCO
CONCRETE
OT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)SL 6 107
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSPL
PLASTICHO
OPEN
HOLEOT
OTHER

C 2

DEPTH (nearest ft.)

H0 107 740
8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER (NEAREST
OF SCREEN INCH)58 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

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

70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9
PUMPING RATE (gal. per min.) 16.66
11 15METHOD USED TO
MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 26 ft.
17 20WHEN PUMPING 26 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other
(describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING 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 Line
35'
35'

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

DRILLERS LIC. NO. 1 M W D 120

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JS0049

Therese McElroy

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

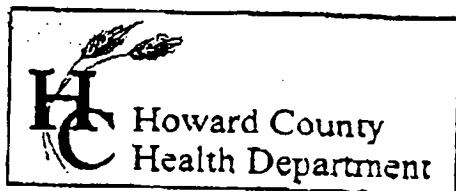
B 1	6756	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519055	STATE PERMIT NUMBER HO-94-3773 <small>fill in this form completely</small>
Date Received (APA) 07-16-03 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Land Design & Development <small>15 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 <small>44 46</small> LOT 9 <small>48 50</small>		
DRILLER INFORMATION		Highland <small>52 NEAREST TOWN 71</small>		
Sandy B. Cochran <small>Driller's Name 76 License No. 81</small>		Miles from Town (enter 0 if in town) 1 <small>73 76 77 78</small>		
G. Edgar Harr Sons' Corp. <small>Firm Name</small>		6923 Westcott Place <small>11 NEAR WHAT ROAD 30</small>		
12047 Falls Road, Cockeysville 21030 <small>Address</small>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
Signature <i>[Signature]</i> Date 7/10/03		<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <div style="display: flex; justify-content: space-between;"> 34 300 37 NORTH </div> <div style="display: flex; justify-content: space-between;"> DISTANCE FROM ROAD WEST EAST </div> <div style="display: flex; justify-content: space-between;"> ENTER FT OR MI SOUTH </div> </div> </div>		
B 2 WELL INFORMATION		TAX MAP: 41 BLK: 1 PARCEL 138		
APPROX. PUMPING RATE (GAL. PER MIN.) 5				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard COUNTY NO. A513237-I STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 08-19-03 CO SIGNATURE <i>[Signature]</i> EXP. DATE 8/19/04 <small>43 MM DD YY 48</small> NORTH GRID 491 000 EAST GRID 819 000 <small>50 55 57 63</small>				
APPROXIMATE DEPTH OF WELL 250 FEET <small>24 28</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 10/15/03 QAM grant NO/NSP		
APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		SOURCES OF DRILLING WATER 1. well 2. 3.		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		E 8109 N 4901		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 <input type="checkbox"/> 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 HO 20026017				
PERMIT No. HO-94-3773 <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS				

Well Permit No. HO - 94-3773
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR Lot 9 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]



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

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

TO ALL INTERESTED PARTIES

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

Hall Shop Manor

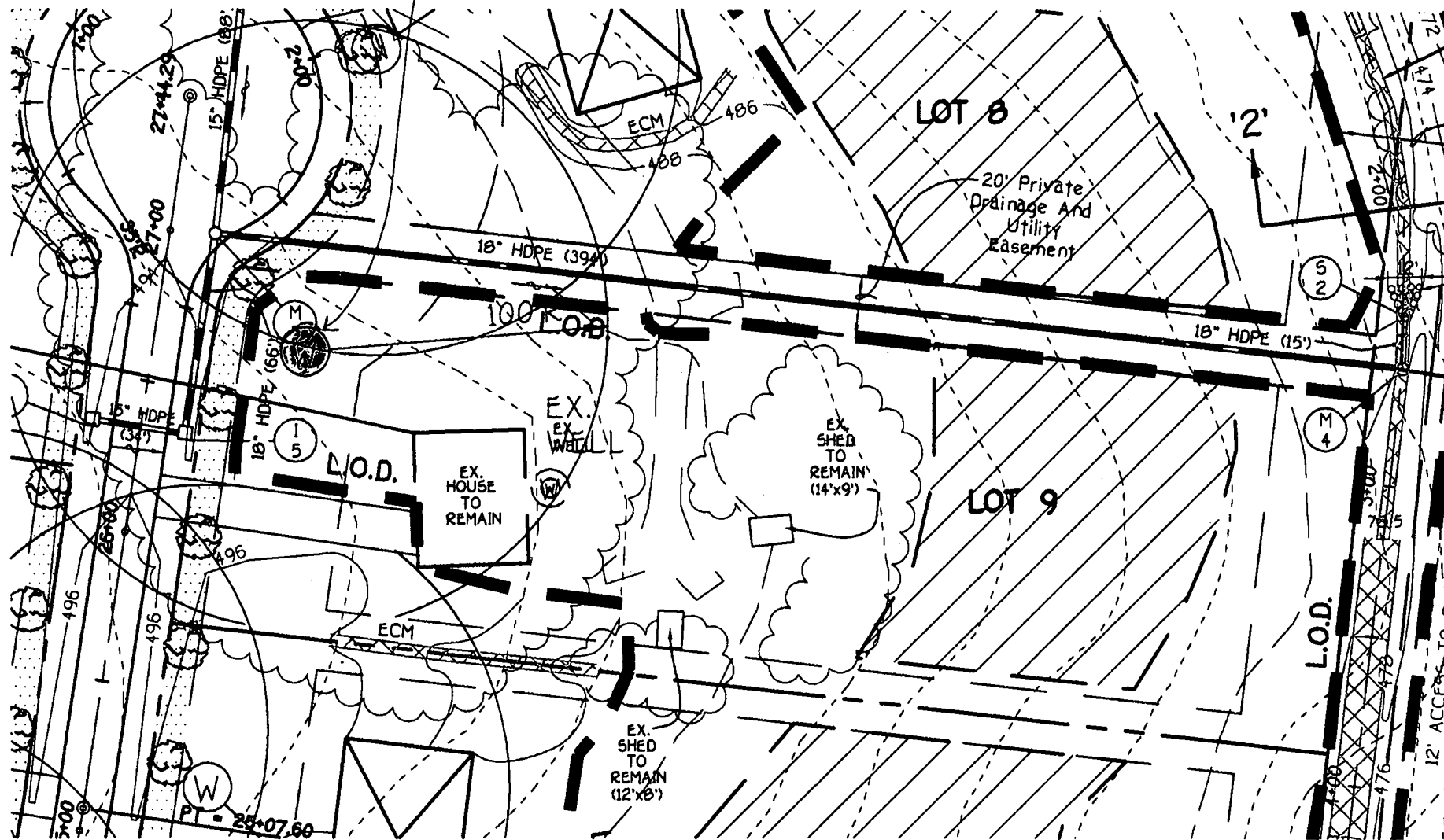
☒ The well site has been staked by Fisher, Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on 7/29/03 (date) and does not require a site inspection.

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

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

Revised 6/10/03

8/19/03-proposed well site - OK SRK



HEALTH DEPT. COPY



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Dec 13 2003 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any)

PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Ralph E. Mayne

OWNER'S NAME: Land Design & Develop

WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: HIGHLAND
TAX MAP BLOCK PARCEL
SUBDIVISION: HALL SHOP MIDDLE
SECTION: LOT 9

MARYLAND GRID COORDINATES
E 820

BOX NUMBER
N 490

TYPE OF WELL BEING ABANDONED:

☐ DRILLED ☒ JETTED
☐ BORED/AUGURED ☒ HAND DUG
☐ OTHER (specify) _____

USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

TYPE OF CASING:

☐ STEEL ☐ PLASTIC
☐ CONCRETE ☒ OTHER (specify) STONE

SIZE OF CASING: 36" INCHES IN DIAMETER

DEPTH OF WELL: _____ FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE: Ralph E. Mayne MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 117

CIRCLE ONE 12-13-03 DATE

DENV 828

JULY 1993

11094 3723

117

117

WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD MSD MGD

	⊗
000	000

SHOW WELL LOCATION
BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	40	10
Cement	10	2
Top Soil	2	0

APPLICATION

PERCOLATION TESTING

A 513237-C

P _____

HOWARD COUNTY HEALTH DEPARTMENT

DISTRICT _____

BUREAU OF ENVIRONMENTAL HEALTH

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

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

1130

topsoil

org red
brn
cl Lmlt org
brn
salm
w/mica25%
sapr
sh

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-00	1130	4.0' S	10:40	10:44	10:44	10:49	S
		14.0' D	visual	-see	profile		OK

REMARKS hole tested as staked

TYPE OF SOIL _____

TESTED BY DVS ALSO PRESENT M. Johnson S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 513237-F

P _____

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

DISTRICT _____

DATE January 18, 2000

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER P. CAROL FANTA

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

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

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(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' 1110

topsoil

org brn
cl lmmed
org brn
sa lm
w/mica35%+
sapr shevidence
of mollus

1120

topsoil

org brn
cl lmdk grey
black
sa cl lmw/sapr
sh

35%

water

1140

topsoil

org brn
cl lmmed
org brn
sa lm35%
sapr
sh

SOIL PROFILE

0' 1160

topsoil

org brn
cl lmpale
org brn
sa lm
w/mica25%
sapr
sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-00	1110	3.5' S	10:31	10:54	10:54	11:20	26
		14.0' D	Visual	- see	profile		OK
	1120	4.5' S	2:21	2:31	2:31	2:46	15
		10' 8" D	water	- see	profile		FAIL
	1140	4.5' S	2:44	2:48	2:48	2:54	6
		13.0' D	Visual	- see	profile		OK
	1160	4.0' S	3:01	3:02	3:02	3:05	3
		13.0' D	Visual	- see	profile		OK

REMARKS holes tested as stated

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

APPLICATION

PERCOLATION TESTING

A 513237-R

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. EX HOUSE

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 _____

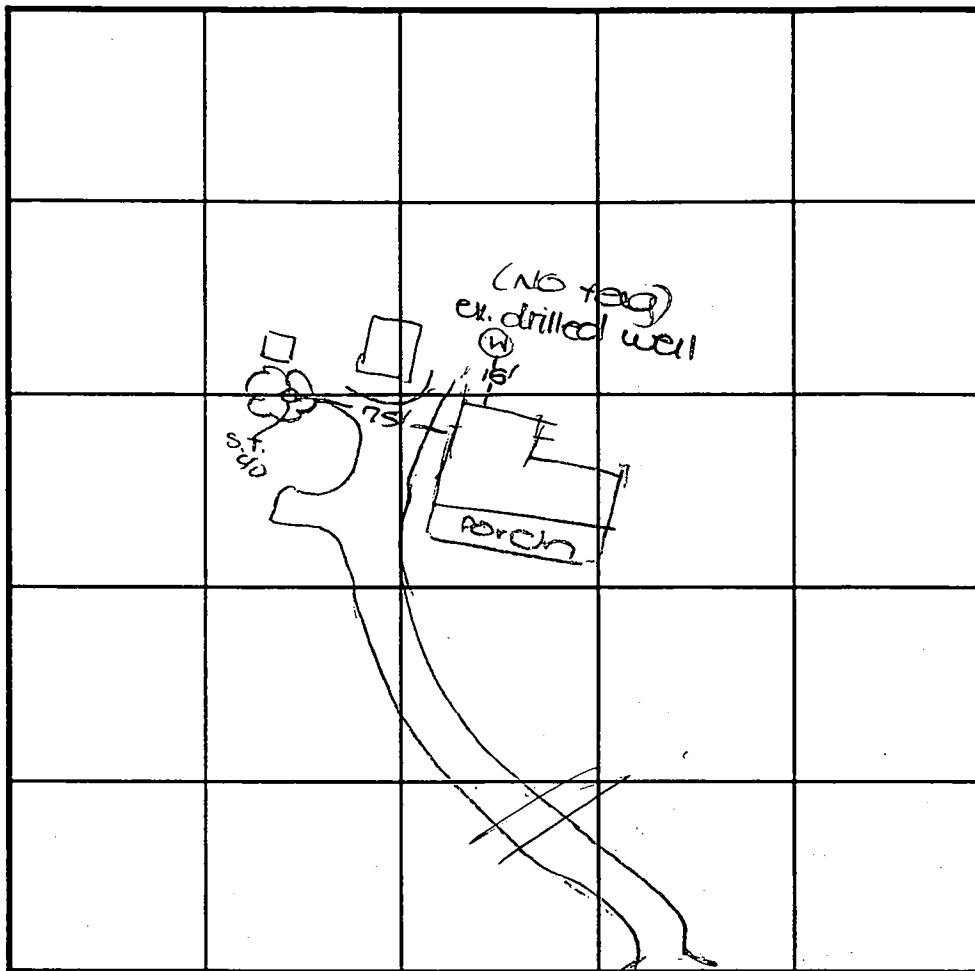
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Mail Shop Road

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-3-00							

REMARKS Location - existing house only

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

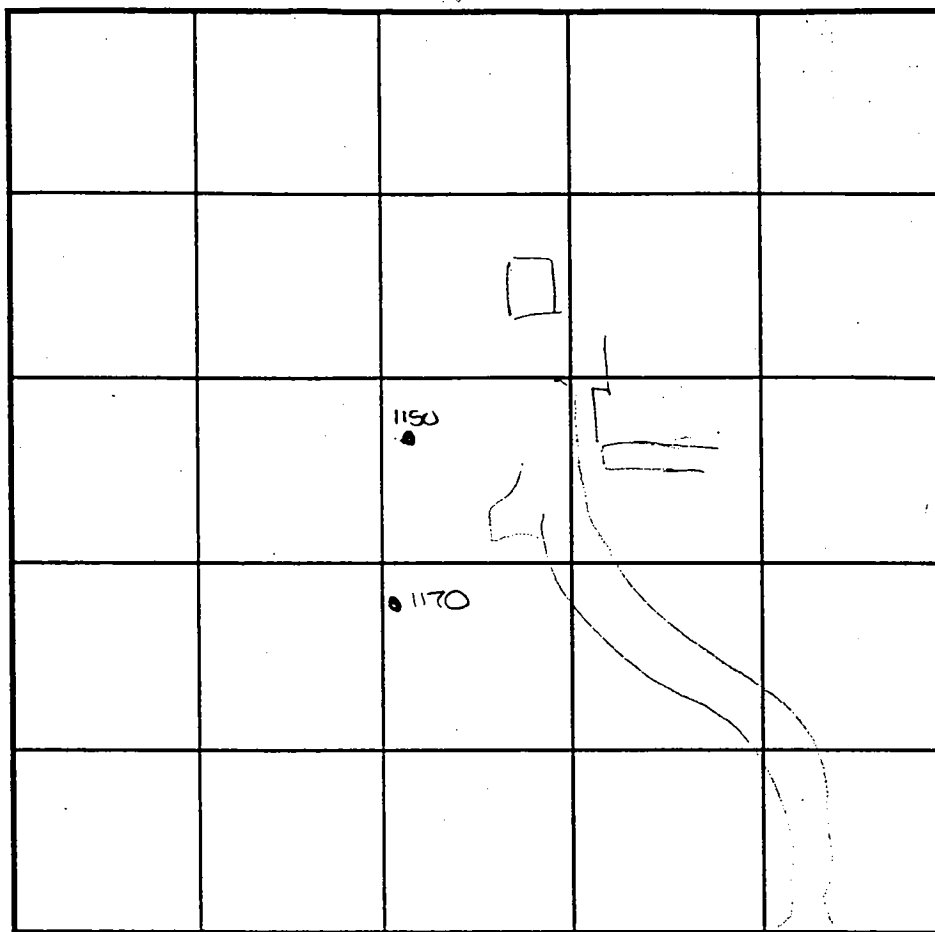
0' 1150
 1' topsoil
 4.5' red brn c1 Lm
 5' pale red tan sa Lm
 13' 15-20% rock frag

0' 1170
 1' topsoil
 4.5' org red tan c1 Lm
 med org brn sa Lm
 13' 15% frag

0' 1180
 1' topsoil
 4' red org brn c1 Lm
 4.5' red 11 org brn sa Lm
 13' 20% frag

SOIL PROFILE

0'



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	
5-1-00	1150	4.5' S	11:04	11:35	11:35	less than 192:00	FAIL
		13' 8" D	Visual	- see	profile		OK
	1170	4.5' S	11:44	11:53	11:53	12:15	22
		13.0' D	Visual	- see	profile		OK
	1180	4.5' S	3:05	3:06	3:06	3:11	5
		13.0' D	Visual	- see	profile		OK

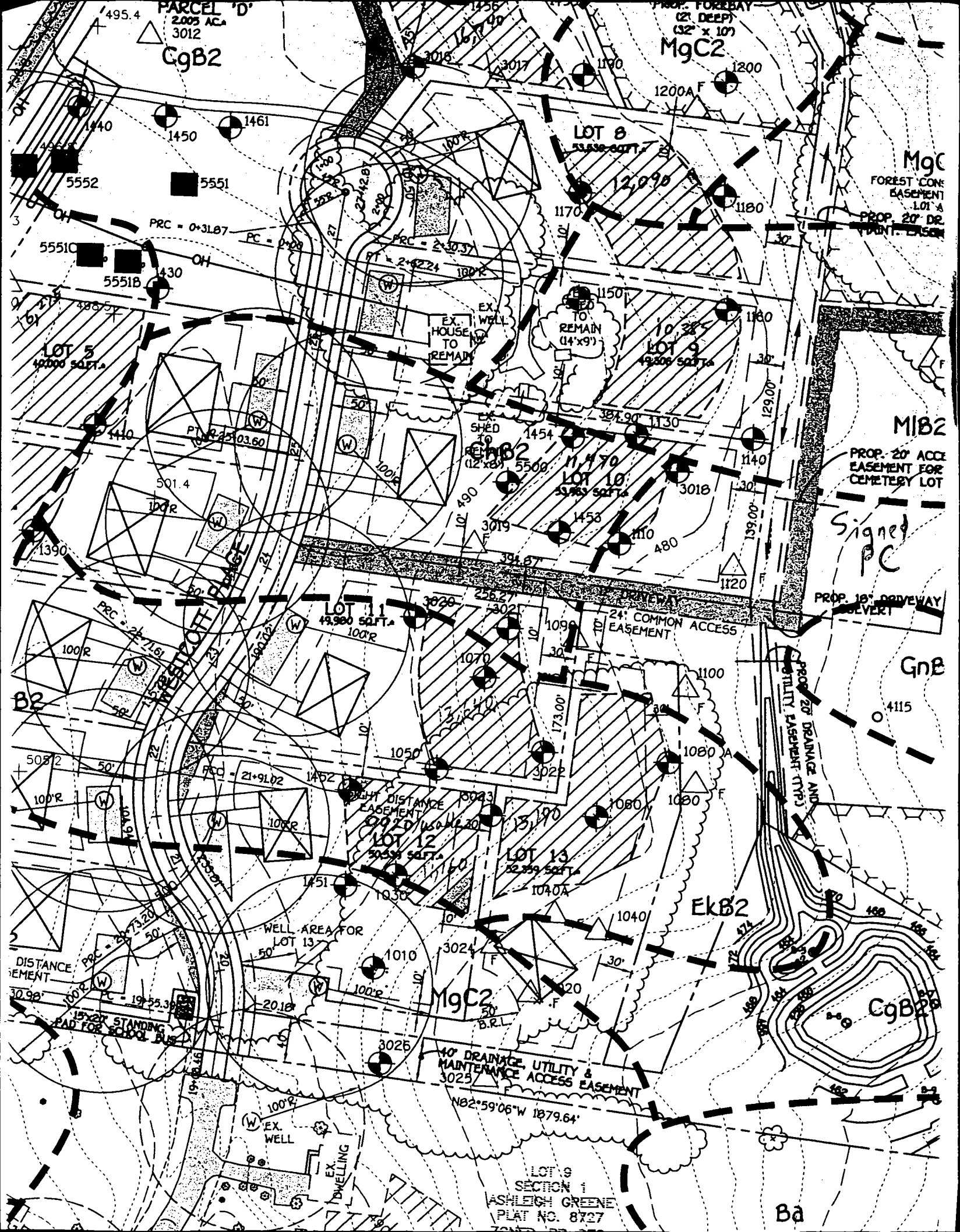
REMARKS holes tested as started

TYPE OF SOIL

TESTED BY DCS ALSO PRESENT M. Johnson, S. Ell

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



DEDICATED TO HOWARD
FY MARYLAND FOR THE
USE OF A PUBLIC
WAY.

-BUILDABLE
BULK
ARCEL 'D'
2.005 AC.

NON-BUILDABLE
PRESERVATION PARCEL 'A'
14.94 AC.

FOREST CONSERVATION
EASEMENT NO. 7
1.00 AC.
WETLANDS

PROP. FOREBAY
(2' DEEP)
(32' x 10')
PROP. BIO-RETENTION
FACILITY #2
HAZARD CLASS 'A'

FOREST CONSERVATION
EASEMENT NO. 6
2.59 AC.

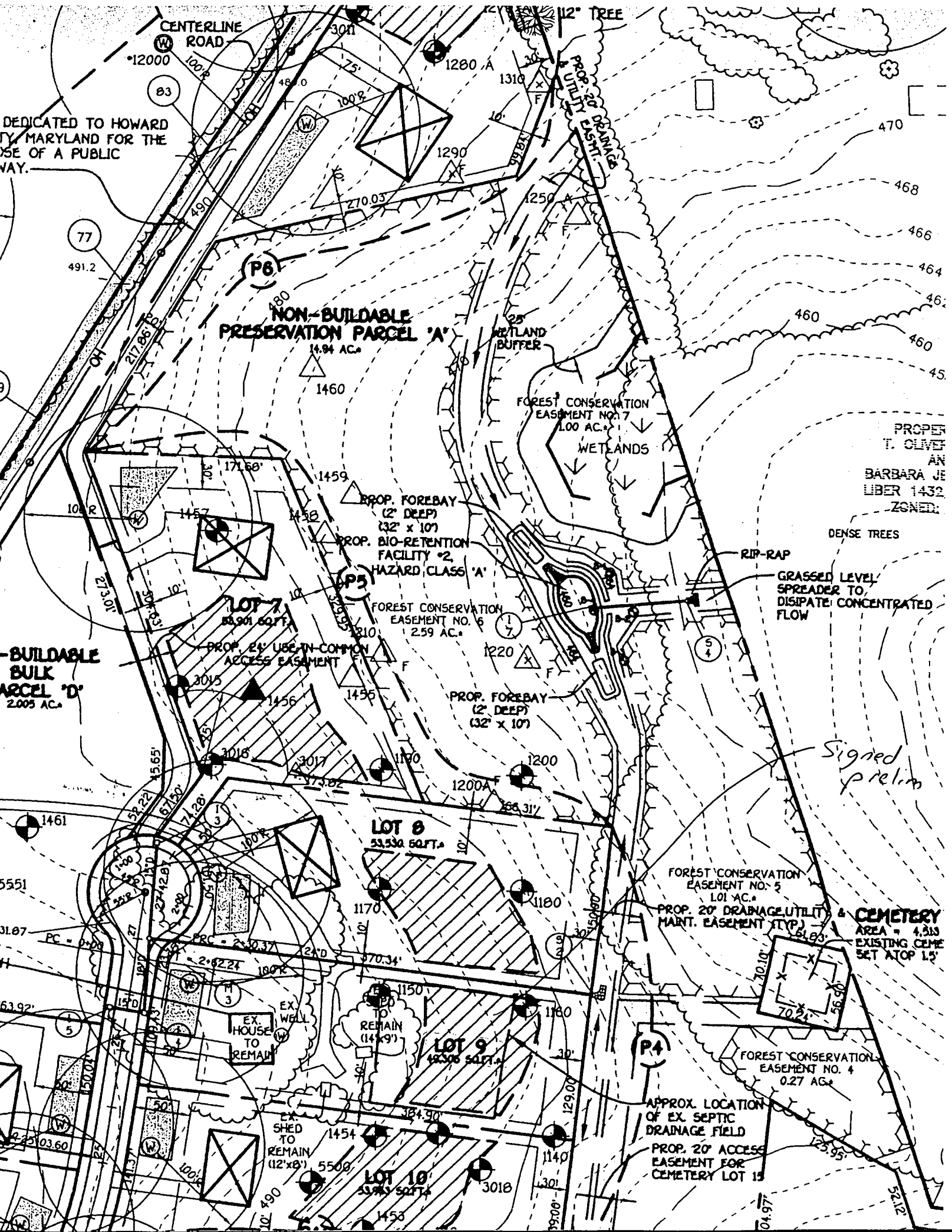
PROP. FOREBAY
(2' DEEP)
(32' x 10')

FOREST CONSERVATION
EASEMENT NO. 5
1.01 AC.
PROP. 20' DRAINAGE UTILITY &
MAINT. EASEMENT (TYP.)

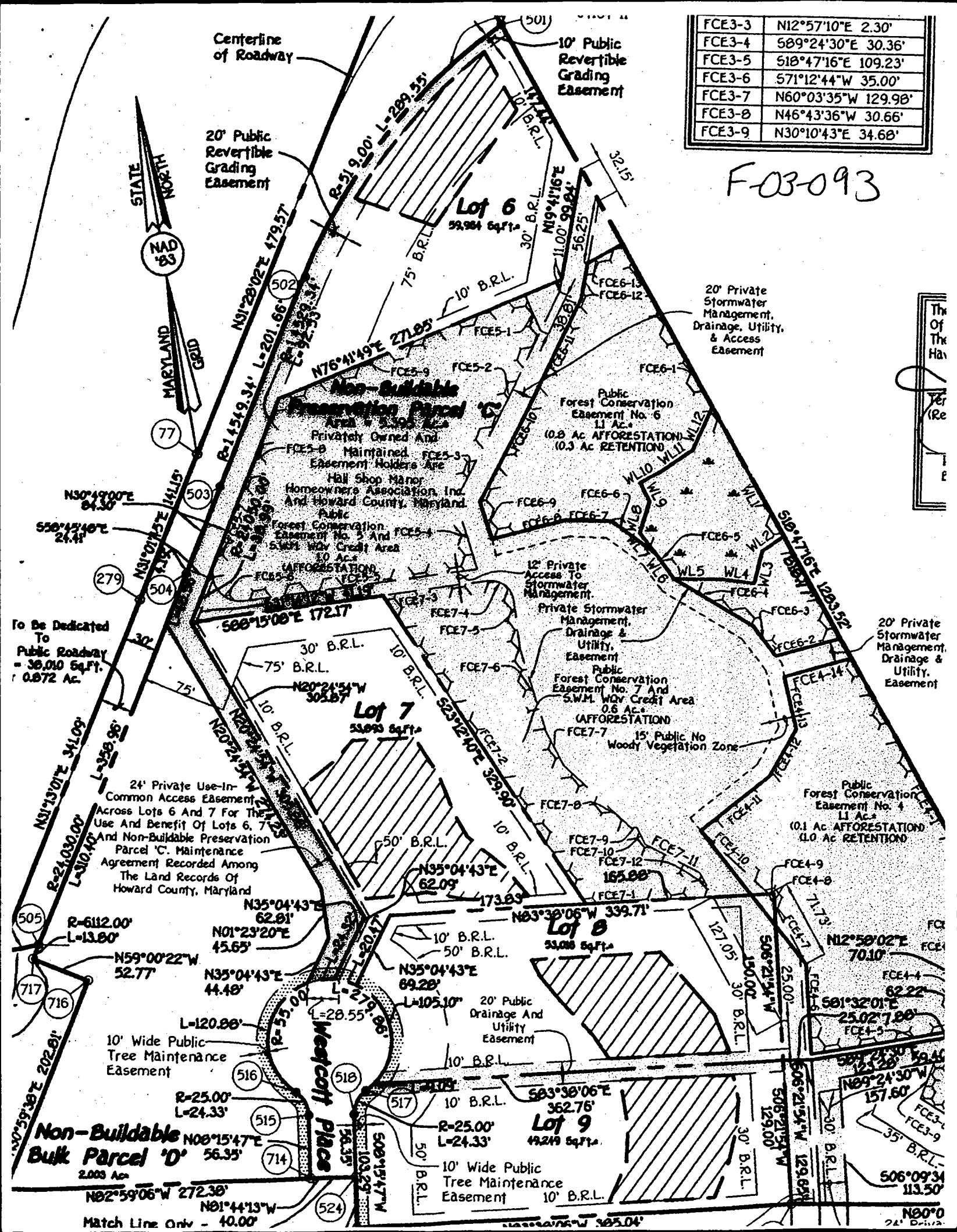
CEMETERY
AREA = 4.513
EXISTING CEME
SET ATOP 1.5'

FOREST CONSERVATION
EASEMENT NO. 4
0.27 AC.

APPROX. LOCATION
OF EX. SEPTIC
DRAINAGE FIELD
PROP. 20' ACCESS
EASEMENT FOR
CEMETERY LOT 15



F-03-093



600008411

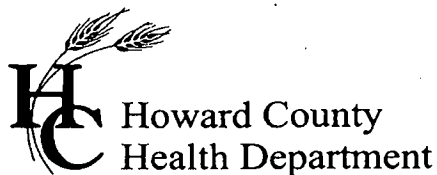
<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 300 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER P000149.369 TRB	
Building Address <u>6923 Westcott Place</u> <u>Clarksville, MD</u>			Property Owner's Name <u>MNR, Inc.</u>		
Suite/Apt. #: _____ SDP/APP/Petition #: <u>GP-04-23</u>			Address <u>6085 Marshale Dr</u>		
Census Tract <u>605102</u> Subdivision <u>Hall Sh. Manor</u>			City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u>		
Section _____ Area _____ Lot <u>109</u>			Home Phone _____ Work Phone <u>443-379-5956</u>		
Tax Map <u>41</u> Parcel <u>138</u> Grid <u>1</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>Kim Cecil - Period App Serv</u>		
Zoning <u>RRDEO</u> Map Coordinates <u>1462</u> Lot size _____			<u>1547 Grays Ford Rd Elkridge, MD</u> <u>21113</u>		
Existing Use <u>Vacant Lot</u>			Phone <u>443-994-902</u> Fax _____		
Proposed Use <u>STN</u>			Contractor Company <u>MNR Inc</u>		
Estimated Construction Cost \$ <u>150,000</u>			Contact Person <u>Kim Cecil</u>		
Description of Work <u>Clepton Pk, MNR, Comm</u>			Address <u>11468 Lewinville, Rd.</u>		
Occupant or Tenant _____			City <u>McLean</u> State <u>VA</u> Zip Code <u>22102</u>		
Contact Name _____			License No. <u>56</u> Phone _____ Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax <u>410-750-3784</u>		

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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular <input type="checkbox"/>		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 THERE TO; (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 Cecil Date: 7/13/04
Title/Company: MNR Inc. Print Name: Kim Cecil

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -		DPZ SETBACK INFORMATION		PROPERTY ID#: <u>62822</u>	
AGENCY	DATE	SIGNATURE APPROVAL	Front: _____	Filing fee \$ <u>100</u>	
<input checked="" type="checkbox"/> Land Development, DPZ			Rear: _____	Permit fee \$ _____	
<input checked="" type="checkbox"/> State Highways			Side: _____	Excise tax \$ _____	
<input checked="" type="checkbox"/> Building Official			Side St: _____	Add'l per. fee \$ _____	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>8/17/04</u>	<u>JH</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
<input checked="" type="checkbox"/> Health			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
<input checked="" type="checkbox"/> Fire Protection			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?			Lot Coverage for New Town Zone _____	Check # <u>178071</u>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>73471</u>	
ONE STOP SHOP: <input type="checkbox"/>				Accepted by <u>DJ</u>	



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 28, 2005

NVR, Inc.
6085 Marshalee Drive
Elkridge, MD 21227

SENT VIA FACSIMILE 410-750-3784

RE: Hall Shop Manor, Lot 9
6923 Westcott Place
Clarksville, MD 21029
BP #: B00149369
Well Permit # HO-94-3773

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 02/18/2005. Final approval of the well line connection to the dwelling was approved on 03/25/2005.**

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-94-3773. 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): 03/01/2005, 03/08/2005 & 03/21/2005
Date of Well Completion: 10/20/2003

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

REVISED BUILDING PERMIT

CASH

CR 82847

\$ 25.00

KJB

PR 11/21/05
Dear Avis Corbin,

Please review a change in elevation
for 6923 Westcott Place, Permit #50049369, changing

the First Floor elevation from 497.10 to 498.50.

Copies of the revised plot plan are included. Your
help is appreciated.

Sincerely,

Stuart M. Lemley

Stuart M. Lemley
NVHomes

cc Health Dept

OK (KJB) 2/3/05