

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 12/13/2004P 521615APPROVAL DATE: 1/25/2005A 513237-L**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 P & H IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 2701 BACK ACRE CIRCLE PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Hall Shop Manor LOT NUMBER: 12

ADDRESS: 6949 Westcott Place PROPERTY OWNER: NVR, Inc

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 186 HOUSE SERVED BY PUBLIC WATER ☐

*1-11-05 WPI Complete  
NEED lic. plumber copy KN*

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the left front corner of the staked SDA. Run (3) trenches on contour to center of lot as shown.
NOTES:	Install the tank as far from the well as possible. Tank location will be very close to the 100' minimum.

PLANS APPROVED: MER / P.A.Y DATE: 7/18/04 / 12/13/04

## NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

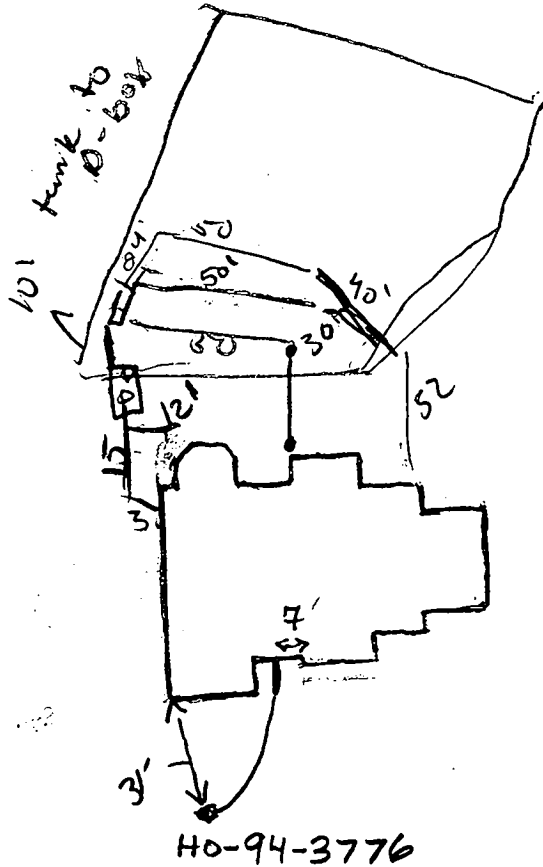
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A513237-L

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4	6
NUMBER OF TRENCHES		3
TOTAL LENGTH		190'
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✗

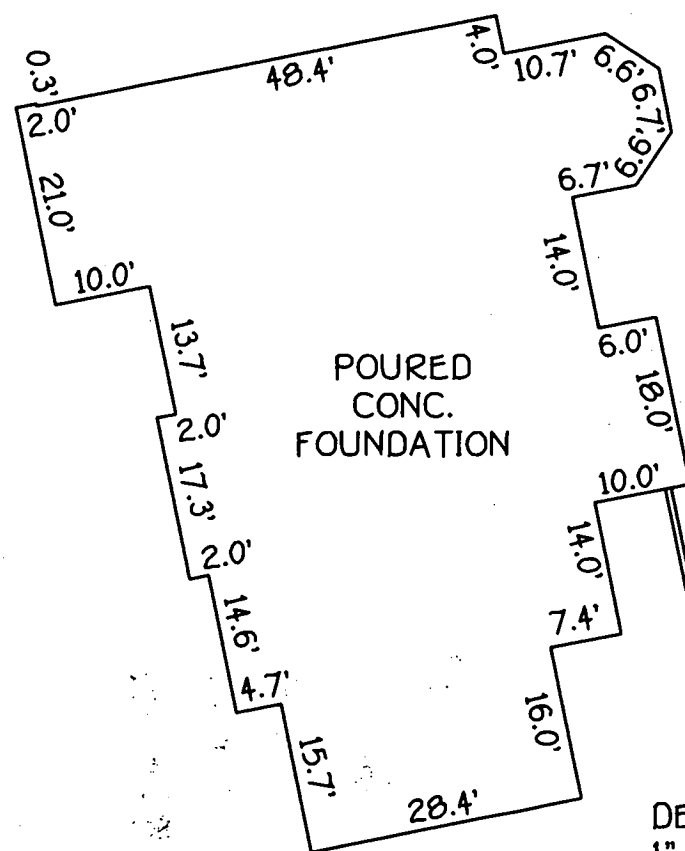
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	✓
6" PORT LOC	✓
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL N/A	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 1/18/05 To set the distribution box at the top left side of the septic easement. Install 2-50' trenches and put INSTALLATION in an 85' trench below them. Trench lengths may vary somewhat. Stay on contour as best possible. O.K. if off  $\pm 6"$ . **BB** OK to cover 2 50' trenches & tank. last trench still needs called in **(PAY)** OK. to cover

FINAL INSPECTOR P.A.Y DATE OF APPROVAL 11/25/05

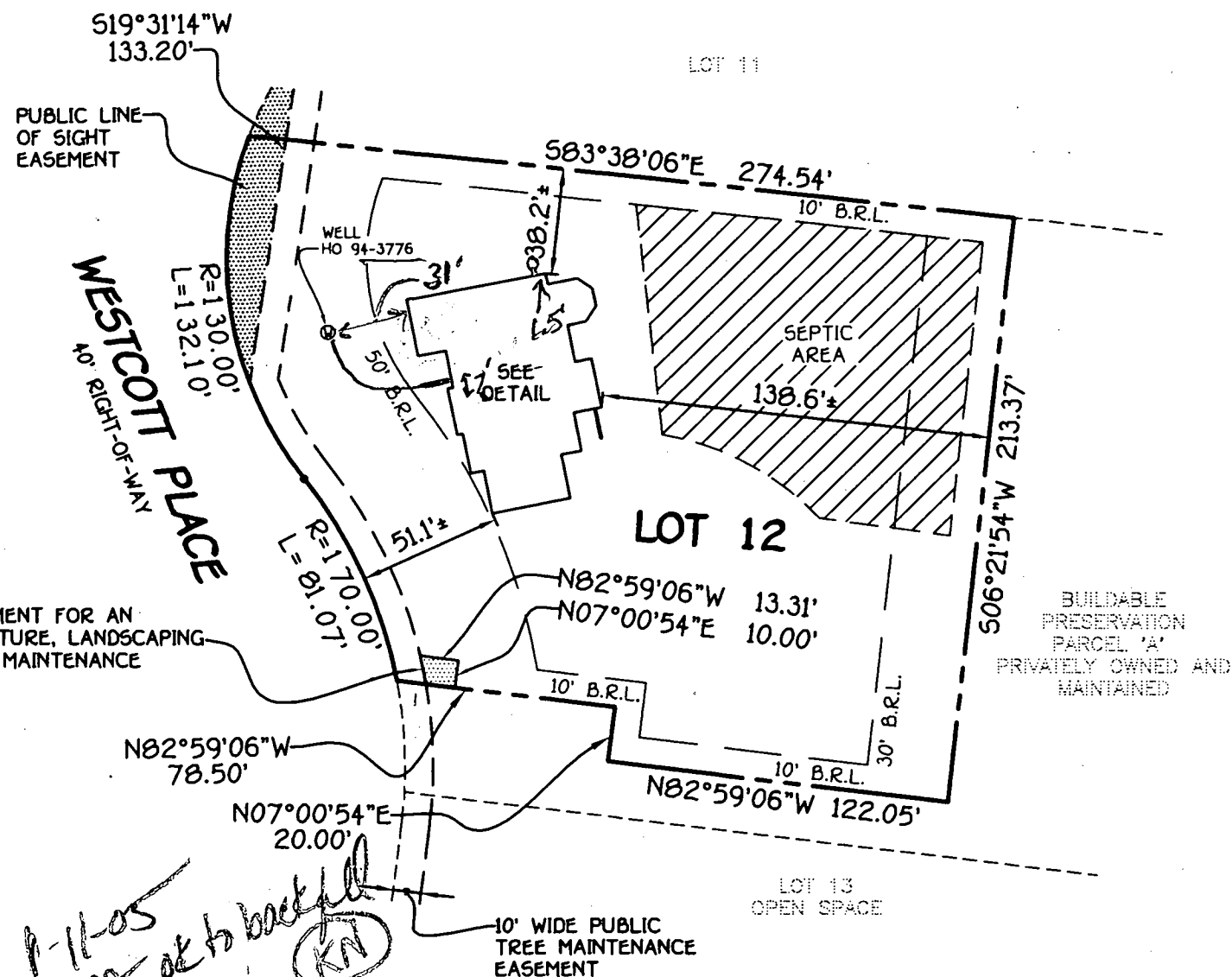
## GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440037B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (\*).
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-3776) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



DETAIL:  
1"=20'

PRIVATE EASEMENT FOR AN  
ENTRANCE FEATURE, LANDSCAPING  
& ASSOCIATED MAINTENANCE



*1-11-05*  
*WPT ok to backfill*  
*Well*  
*Wall*  
*check OK*  
*Ree Jones*

## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/26/04  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=60'  
DATE: 11/11/04  
DRAWN BY: V.L.J.  
CHECKED BY: M.L.R.  
PROJECT No.: 40387

\* WESTCOTT PLACE  
B.R.L. = BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 499.3'

LOT 12  
HALL SHOP MANOR  
LOTS 1 THRU 14  
BUILDABLE PRESERVATION PARCEL 'A',  
NON-BUILDABLE PRESERVATION PARCEL 'B',  
AND 'C' AND NON-BUILDABLE BULK  
PARCEL 'D'.  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT #16675

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

*Mark J. Robb*  
PROFESSIONAL LAND SURVEYOR  
REG. # 339  
DATE 11/11/04



**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. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6321 Barnett Ave.  
Sykesville, 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. Feezer 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: NV Homes Telephone #: 410-721-9703  
Subdivision: Hall's Hill Manor Lot #: 12 Well Tag #: HO 94-3776  
Site Address: 6949 Winton Place  
Clarksville, MD 21041

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>STA-RITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SP400HL-03</u>	Model #: <u>PT800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	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: 175 (feet) Conduit secured to well cap: ☒

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: 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: 1/11/05

Date Insp. Approved: 1/11/05 (KN)

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 ☒

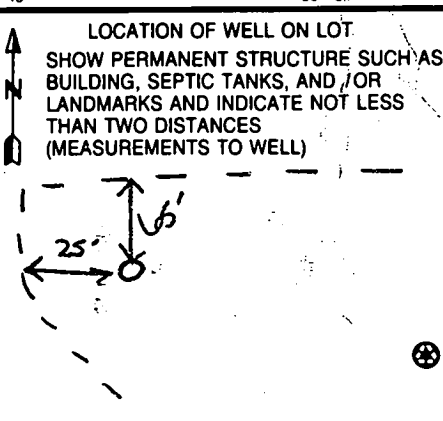
Water supply line sleeved adequately at house connection ☒

Adequate grout observed below pitless adapter ☒

**FAXED**

JAN 31 2005

by NLF 9:12 AM

<b>C1</b> 3997 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		SEQUENCE NO. <small>(MDE USE ONLY)</small>		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																			
		COUNTY NUMBER <b>A513237J</b>																							
ST/CO USE ONLY DATE Received MM <u>09</u> DD <u>03</u> YY <u>2003</u>		DATE WELL COMPLETED MM <u>09</u> DD <u>03</u> YY <u>2003</u>		Depth of Well 22 <u>175</u> 26 <small>(TO NEAREST FOOT)</small>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>H0-94-3776</b>																			
OWNER <b>LAND DESIGN + DEVELOPMENT</b>		STREET OR RFD <b>WEST COTT PLACE</b>		TOWN <b>CLARKSVILLE</b>		LOT <b>12</b>																			
SUBDIVISION <b>HALL SHOP MAJOR</b>		SECTION		LOT																					
<b>WELL LOG</b> <small>Not required for driven wells</small>				<b>GROUTING RECORD</b>																					
<b>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING</b> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Overburden</td><td>0</td><td>70</td><td></td></tr><tr><td>Gray Rock</td><td>70</td><td>175</td><td>x</td></tr><tr><td>water at 80'</td><td></td><td></td><td></td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Overburden	0	70		Gray Rock	70	175	x	water at 80'				WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>			
					DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																	
				FROM		TO																			
				Overburden	0	70																			
				Gray Rock	70	175	x																		
water at 80'																									
				TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>																					
				NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1500</u>																					
				GALLONS OF WATER <u>90</u>																					
				DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>60</u> 54 BOTTOM 58 ft. <small>(enter 0 if from surface)</small>																					
<b>CASING RECORD</b> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;">casing types insert appropriate code below</div><div style="text-align: center;"><b>ST</b> <b>CO</b> <small>STEEL CONCRETE</small></div><div style="text-align: center;"><b>PL</b> <b>OT</b> <small>PLASTIC OTHER</small></div></div>																									
				MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>75</u>																					
				OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to																					
				screen type or open hole <b>ST</b> <b>BR</b> <b>HO</b> <small>(insert appropriate code below)</small> <b>STEEL</b> <b>BRASS</b> <b>OPEN</b> <b>BRONZE</b> <b>HOLE</b> <b>PL</b> <b>OT</b> <b>PLASTIC</b> <b>OTHER</b>																					
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				<b>C2</b> DEPTH (nearest ft.)																					
WELL HYDROFRACTURED <b>Y</b> <b>N</b>				A 8 9 11 15 17 21 B 23 24 26 30 32 36 C 38 39 41 45 47 51 D E F G H I J K L M 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 WELL				SLOT SIZE 1 _____ 2 _____ 3 _____																					
				DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____																					
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68																					
				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W Q _____																					
DRILLER'S LIC. NO. <b>MWD 120</b> DRILLER'S SIGNATURE <i>[Signature]</i> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <b>JS0949</b> <i>[Signature]</i>				TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____																					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				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) 																					

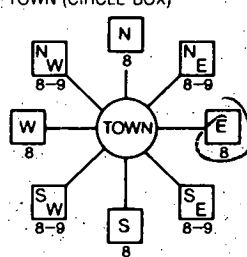
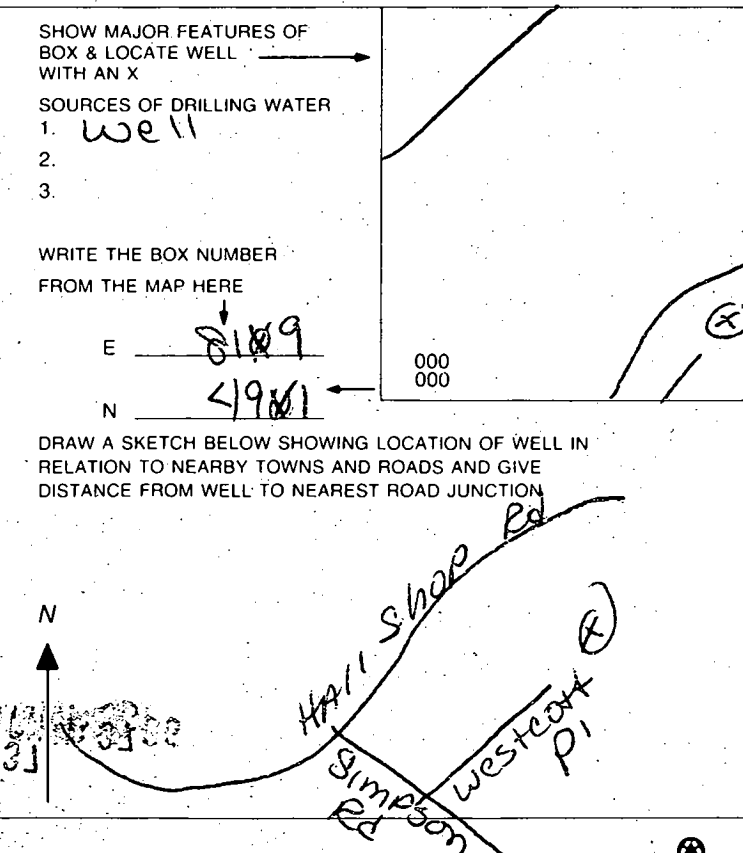
## Review

Well Permit No. HO - 94-3776  
Location of property (road) WESCOTT PLACE  
Subdivision HALL SHOP MANOR  
Well Driller G. EDGAR HALL SONS, CORP. Lot 12 Block 1 Plat Sec.  
Owner LAND DESIGN + DEVELOPMENT

Depth of well 175'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 29'

Time pump started 1115 Pumping rate 16.66  
Total time 15 min to reach pumping water level 29 ft. below M.P.

[illegible]

B 1 <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">6759</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 519055 please type	STATE PERMIT NUMBER <div style="font-size: 24px; font-weight: bold;">H0-94-3776</div> fill in this form completely
Date Received (APA) 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>Land Design &amp; Development</u> Owner First Name 34 36 <u>8000 Main Street</u> Street or RFD 55 57 <u>Ellicott City</u> MD 21043 State Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Hall Shop Manor</u> 42 SECTION <u>44</u> 46 LOT <u>12</u> 50 52 NEAREST TOWN <u>Highland</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION 76 Driller's Name <u>Sandy B. Cochran</u> M W D 120 License No. 81 Firm Name <u>C. Edgar Harr Sons' Corp.</u> Address <u>12047 Falls road, Cockeysville 21030</u> Signature <u>[Signature]</u> Date <u>7/10/03</u>		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 <u>HOWARD</u> COUNTY NAME <u>AB13237J</u> COUNTY NO STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>07-31-03</u> <u>Steve R Krieg</u> 7/31/04 43 MM DD YY 48 CO SIGNATURE _____ EXP DATE NORTH GRID <u>491000</u> EAST GRID <u>819000</u> 50 55 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 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPM 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>H020026</u> PERMIT No. <u>H0-94-3776</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



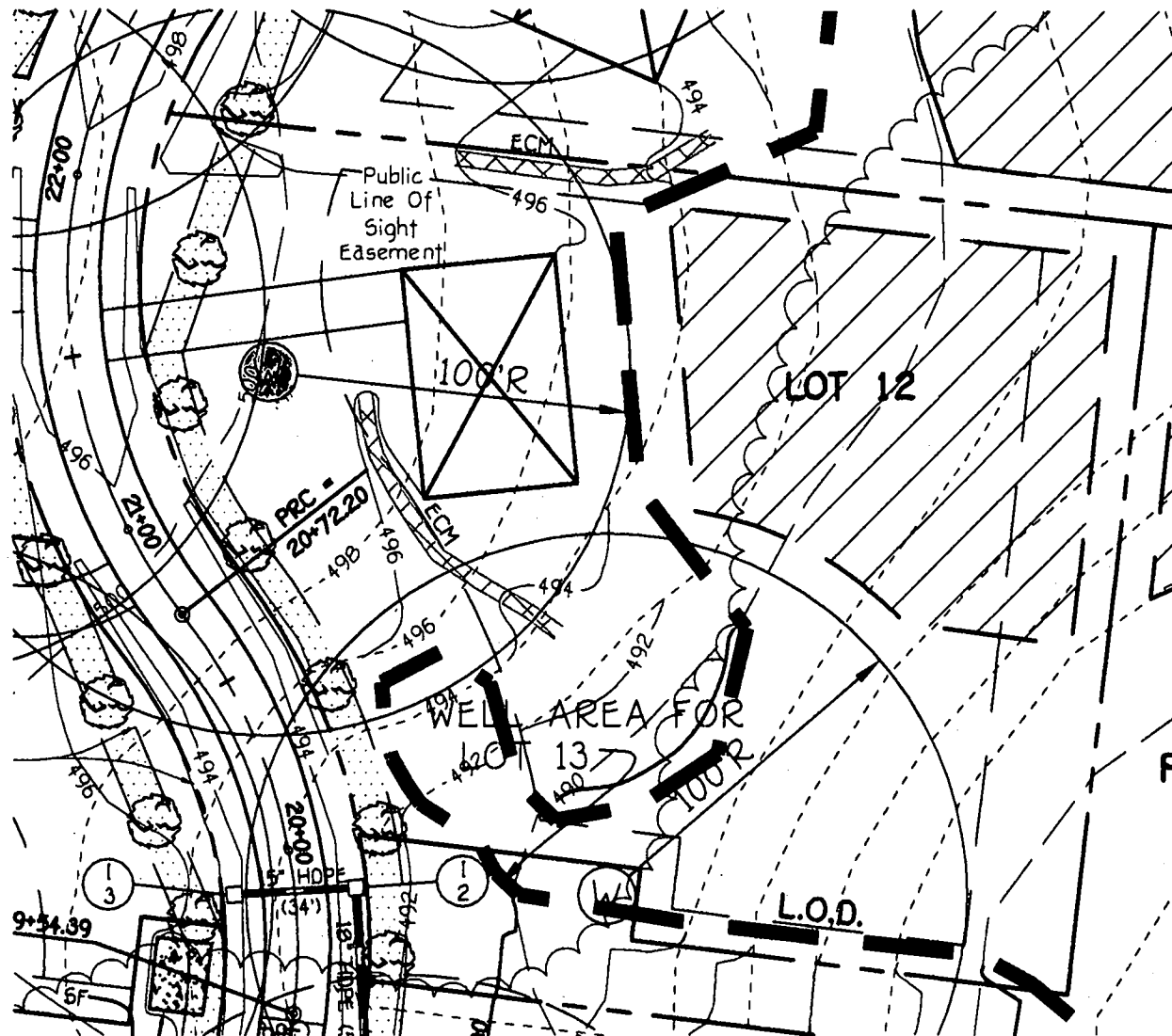
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Well Driller G. EDGAR HALL SONS, CORP Owner LAND DESIGN + DEVELOPMENT

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

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

[illegible]

7/30/03 - WELL SITE OKAY  
NO SITE INSPECTION  
SRR



# APPLICATION

PERCOLATION TESTING

A 513237-N

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE January 18, 2000

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER D. CAROL FANTA

ADDRESS 3117 HEARTHSTONE Rd, Ellicott City, Md 21042 PHONE 410-465-5747

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

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

PROPERTY LOCATION:

SUBDIVISION INGLEHART PROPERTY LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION EAST SIDE OF HALL SHOP ROAD AND 800'± SOUTH OF THE INTERSECTION OF HALL SHOP ROAD AND REDBERRY ROAD

TAX MAP 41 PARCEL # 138 GRID 1

SIZE OF LOT 40,000 ± TYPE BLDG. SINGLE FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. David A. Carney  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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

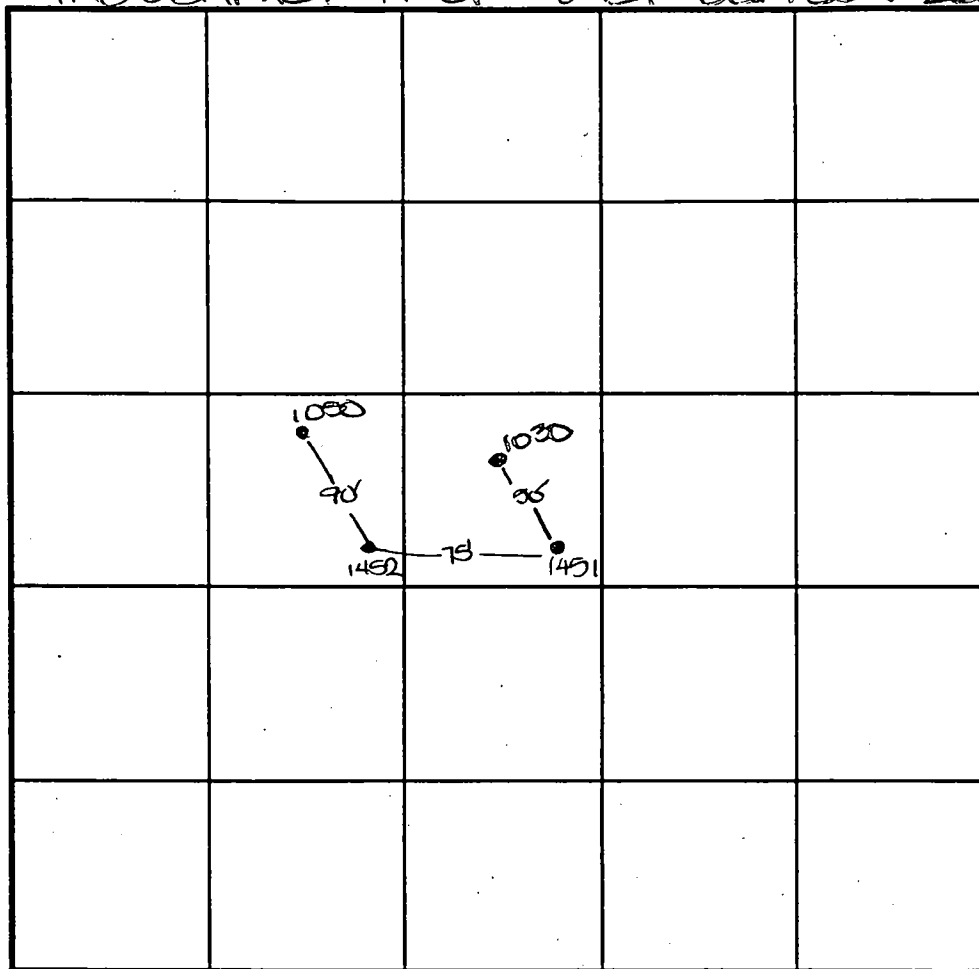
## THIS IS NOT A PERMIT

# INGLEHART PROP-WET SEASON 2000

COUNTY #

SOIL PROFILE

0' 1451  
1' topsoil  
red org  
brn  
cl lm  
3.5' med to  
pale  
red org  
brn  
sa lm  
ly mica  
10-15%  
sapr  
sh  
13'8"



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	
5-18-00	1451	4.0'S	11:21	11:23 <sub>3</sub>	11:23 <sub>3</sub>	11:26	3
		13'8"D	Visual	- See	profile		OK
	1452	5.0'S	11:27	11:28 <sub>3</sub>	11:28 <sub>3</sub>	11:30 <sub>3</sub>	(2)
		13.0'D	Visual	- See	profile		OK

REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY 205 ALSO PRESENT M. Johnson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

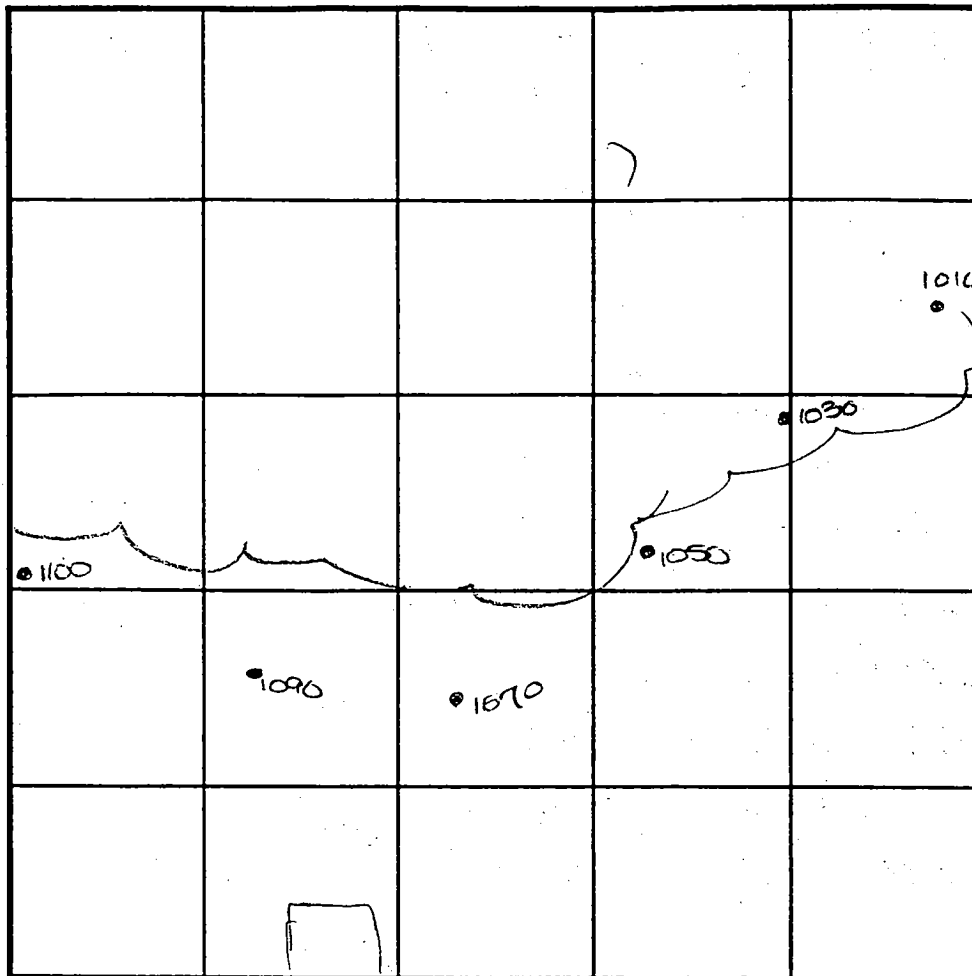
COUNTY #

SOIL PROFILE

0' 1050  
topsoil  
red org  
brn  
cl Lm  
1.5'  
5'  
med  
red brn  
sa Lm  
w/mica  
15-20%  
sapr  
sh  
4.5'

0' 1030  
topsoil  
red org  
brn  
cl Lm  
4'  
11.0' org  
brn  
sa Lm  
w/mica  
15-20%  
sapr  
sh  
14'

0' 1010  
topsoil  
org brn  
cl Lm  
4'  
4.5'  
med  
org brn  
sa cl Lm  
w/mica  
dull org  
cl Lm  
11' water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 1070  
topsoil  
red brn  
cl Lm  
4.5'  
5'  
dk pk  
brn  
sa Lm  
w/mica  
20%  
sapr  
sh  
13.5'  
0' 1090  
topsoil  
org brn  
cl Lm  
4'  
4.5'  
org brn  
sa cl Lm  
to  
dk brn  
cl Lm  
seepage  
130' water

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-3-00	1050	4.5' S	10:07 <sub>2</sub>	10:18	10:18	10:38	20
		14.5' D	Visual	- see	profile		OK
	1030	4.0' S	10:16	10:17 <sub>2</sub>	10:17 <sub>2</sub>	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 <sub>2</sub>	11:07 <sub>2</sub>	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

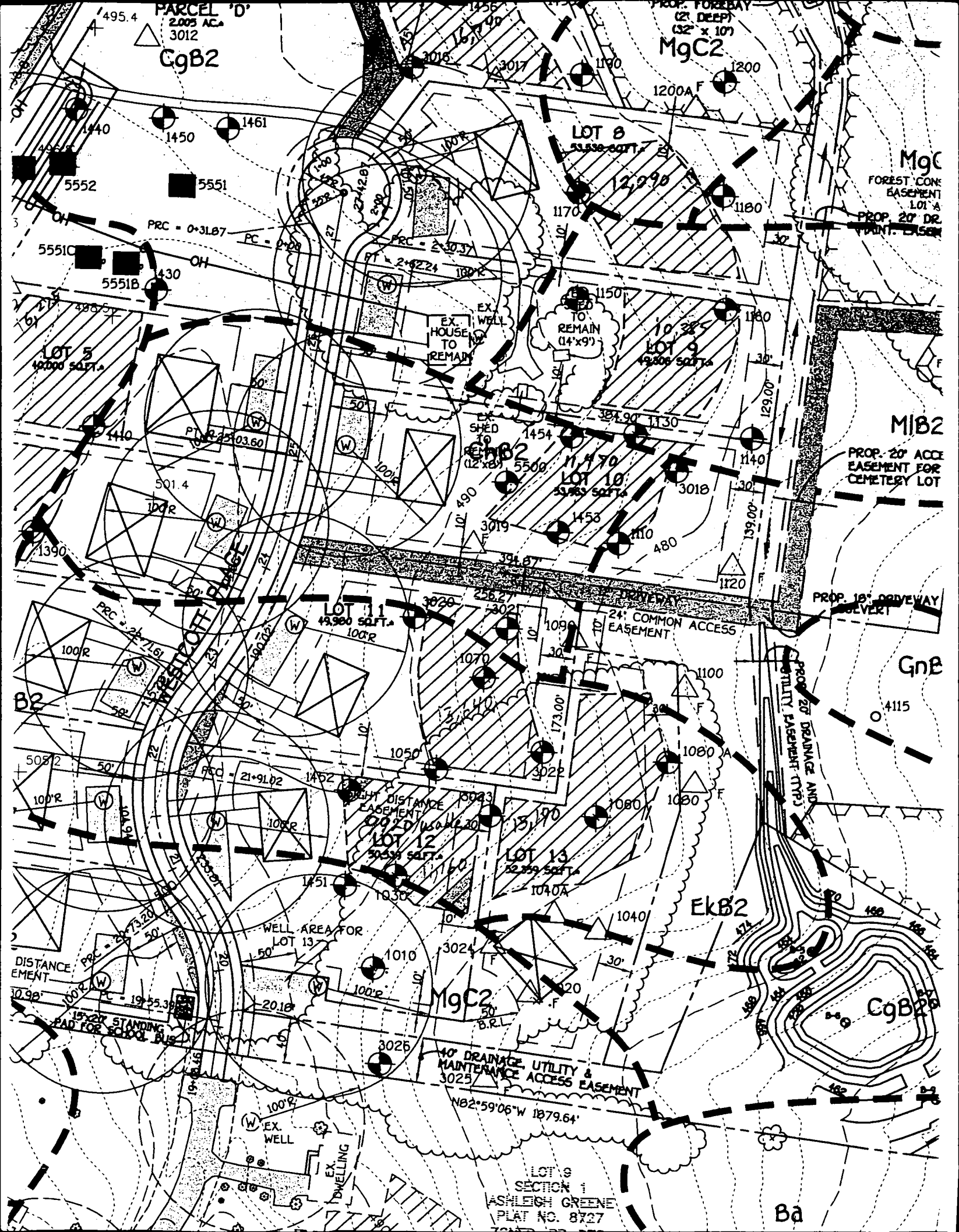
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

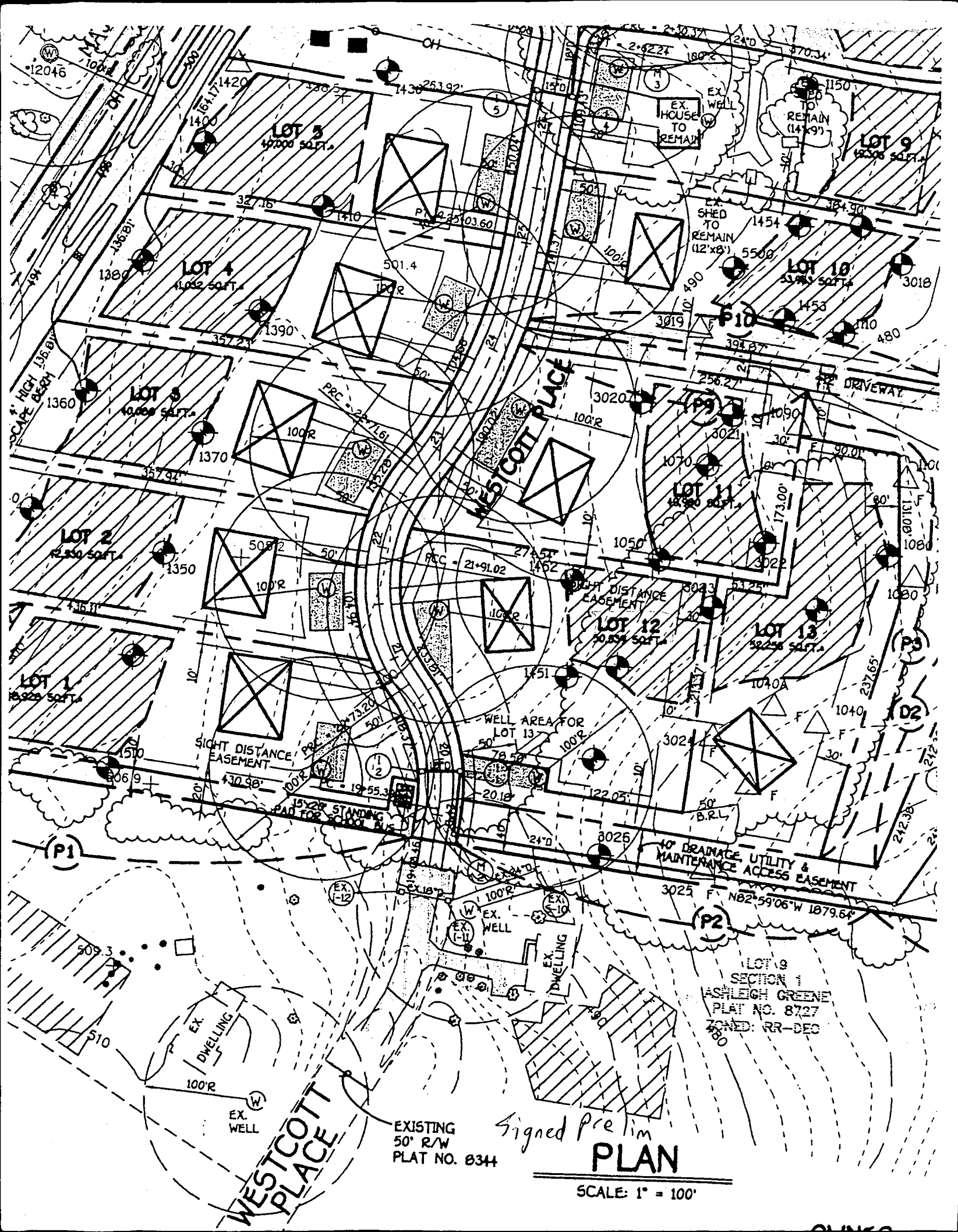
TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM





EXISTING  
50' R/W  
PLAT NO. 8344

Signed Prelim  
**PLAN**

SCALE: 1" = 100'

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

**Forest Conservation  
Easement No. 1**

**Forest Conservation Easement No. 2**

**Lot 10**  
53,982 Sq.Ft.  
10' B.R.L.  
50' B.R.L.

**Lot 11**  
50,048 Sq.Ft.  
10' B.R.L.  
50' B.R.L.

**Lot 12**  
50,536 Sq.Ft.  
10' B.R.L.  
50' B.R.L.

**Lot 13**  
**Open Space**  
87,968 Sq.Ft.  
Or 2,019 Acs  
(Owned And Maintained By  
The Hall Shop Manor  
Home Owner Association, Inc)

**Match Line Only -  
Not A Lot Line**

**24' Private Access Easement  
For Cemetery Lot 14  
And Buildable Preservation  
Parcel 'A'. Maintenance  
Agreement Recorded Among  
The Land Records Of Howard  
County, Maryland.**

**20' Private  
Drainage & Utility  
Easement**

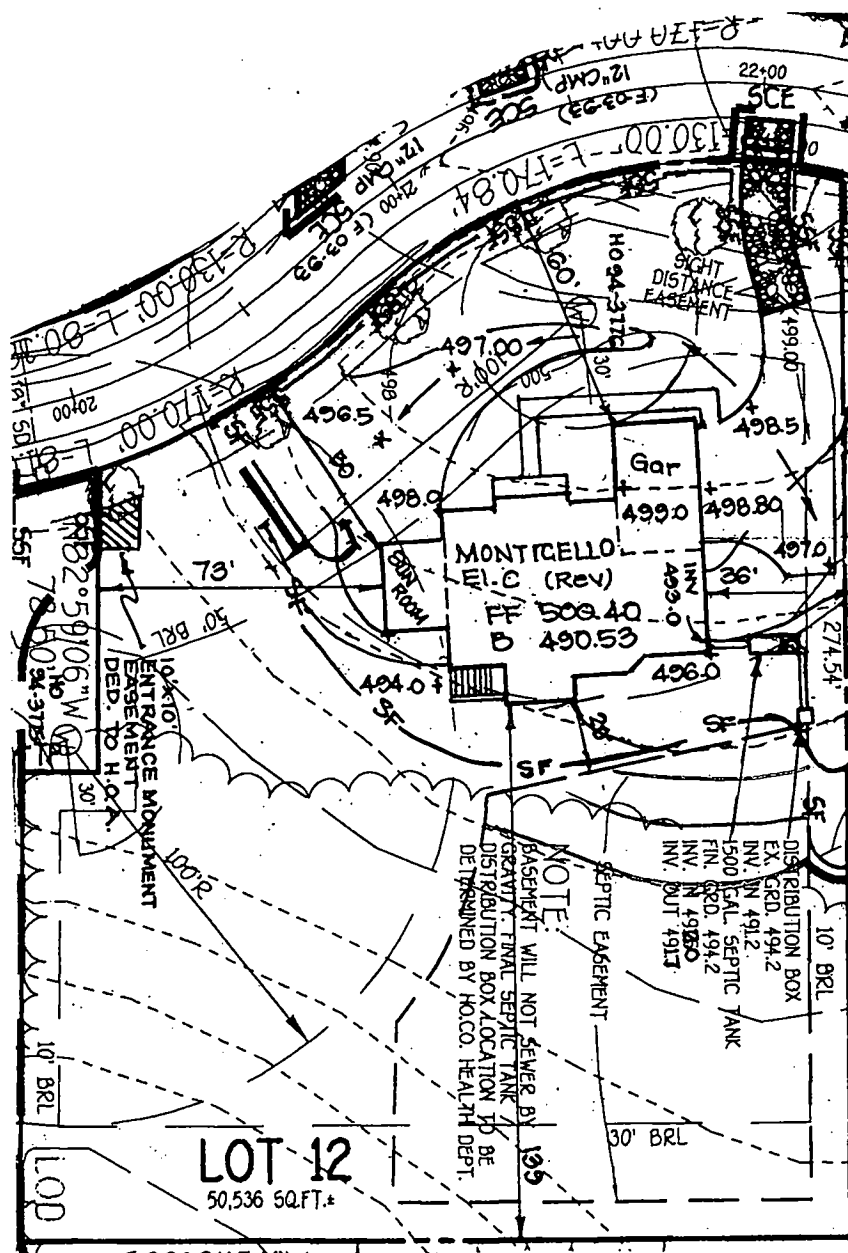
**PRIVATE DRAINAGE, STORMWATER  
MANAGEMENT & UTILITY  
EASEMENT**

**PRIVATE DRAINAGE, STORMWATER  
MANAGEMENT MAINTENANCE ACCESS  
& UTILITY EASEMENT**

**Private Easement For An  
Landscaping**

**LOT 9  
SECTION 1  
ASHLEIGH GREENE**





T/C to Joey Ecker (FCC)  
7/16/04 due to topo confusion  
insuff cover @ tank  
BP Amendment expected  
for morning room  
behind garage  
94 Approval delayed pending  
receipt of amendment

HALL SHOP MANOR  
LOT 12

The existing well shown on this plan HO 94-3776 has been field located by Fisher Collins & Carter, Inc. professional land Surveyors and is accurately shown.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 510-2485 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B-149177 <i>me</i>
--	---	--

Building Address <u>6949 WESTCOTT PLACE</u> <u>Clarksville MD 21029</u>	Property Owner's Name <u>NVR INC</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>6085 MARSHALEE DRIVE</u>
Census Tract _____ Subdivision <u>HALL SHAP MAJOR</u>	City <u>EKEMIDGE</u> State <u>MD</u> Zip Code <u>21029</u>
Tax Map <u>11</u> Parcel <u>153</u> Grid <u>1</u>	Home Phone _____ Work Phone <u>410-379-5956</u>
Zoning _____ Map Coordinates _____ Lot size _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>Kim Craig</u>
Existing Use _____	Contractor Company _____
Proposed Use _____	Contact Person <u>Kim Craig</u>
Estimated Construction Cost \$ _____	Address _____
Description of Work <u>Plumbing &amp; Electrical</u>	City _____ State <u>MD</u> Zip Code <u>21029</u>
Occupant or Tenant _____	License No. _____
Contact Name _____	Phone <u>410-994-9702</u> Fax _____
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

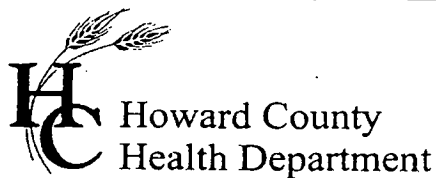
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>15</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	Multi-family dwellings:	Natural Gas <input type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	No. of efficiency units _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____	No. of 2 BR units _____	NEPA #13D _____
	Partial _____	No. of 3 BR units _____	NFPA #13R _____
	Other Suppression _____	Other Structure: _____	Other: _____
	# of Heads _____	Dimensions: _____	
		Footings: _____	
		Rebar: _____	
		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 THEREIN; (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 _____	Print Name _____
Title/Company _____	Date _____

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

<b>AGENCY</b>	<b>DATE</b>	<b>SIGNATURE APPROVAL</b>	<b>DPZ SETBACK INFORMATION</b>	<b>PROPERTY ID#</b>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	<u>62745</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>9/14/04</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>177957</u>
ONE STOP SHOP: <input type="checkbox"/>				Validation # <u>71624</u>
				Accepted by _____



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

January 23, 2005

NVR, Inc.  
6085 Marshalee Drive  
Elkridge, MD 21227

**SENT VIA FACSIMILE 410-379-2430**

RE: Hall Shop Manor, Lot 12  
6949 Westcott Place  
Clarksville, MD 21029  
BP #: B00149177  
Well Permit # HO-94-3776

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/25/2005. Final approval of the well line connection to the dwelling was approved on 01/11/2005.**

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-94-3776. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Sample(s): 01/18/2005  
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