

05439159

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 11/3/04 - PM INSP 6 \_\_\_\_\_

ISSUE DATE: 10/12/2004

P 521531

APPROVAL DATE: 11/1/04

A 513237-M

**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 St., Mt. Airy, MD 21771 PHONE NUMBER: 1-800-682-6726

SUBDIVISION: Hall Shop Manor LOT NUMBER: 8

ADDRESS: 6917 Westcott Place PROPERTY OWNER: NVR, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

60 65  
90 100 82

LINEAR FEET OF TRENCH REQUIRED: 232 HOUSE SERVED BY PUBLIC WATER ☐

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 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the center of the high edge of the staked SDA. Run a total of (4) trenches on contour in either direction.
NOTES:	Maintain a minimum of 20' between the house foundation and the trenches.

PLANS APPROVED: MER DATE: 7/20/04

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

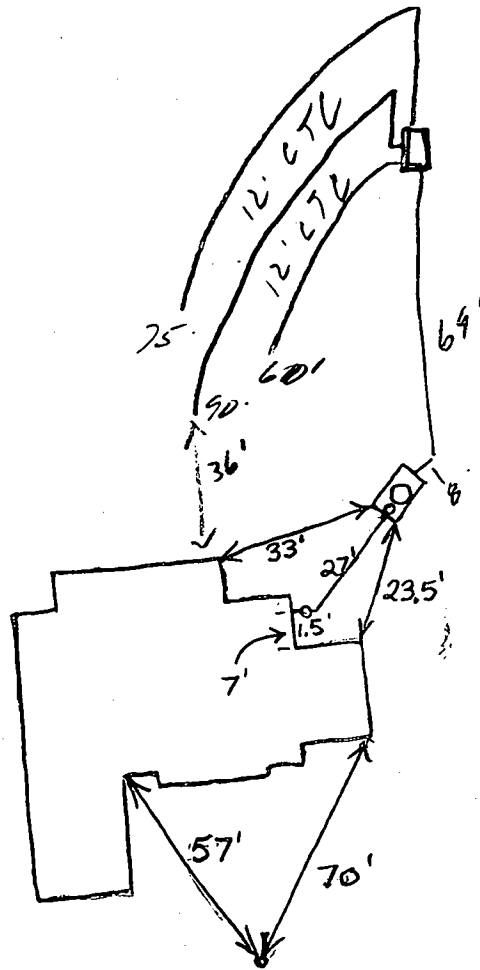
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

**BUILDING PERMIT SIGNED  
 AND RETURNED**  
8-11-05 B00156387-Drak

A513237-M

NOT TO SCALE



40-94-3772

Westcott Place

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6"
NUMBER OF TRENCHES		3
TOTAL LENGTH		225'
ABSORPTION AREA		675 <sup>sq</sup> ft
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	6"-12"
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
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 10/21/04 Topography not accurate and difficult to work with. To install a 60', 70' and 100' trench. Start INSTALLATION trenches downhill of highest corner easement stake and run them away from the house. Stay on contour as best possible. (BB) 10/27/04 Tank installed. Changed trench layout To install a 60', 90' and 75' trench towards the house from the location of the highest easement stake. 75' trench is to be lowest. O.K. to cover middle of trenches if rain is expected. (BB) 11/3/04 - Trenches installed OK to cover (BB)

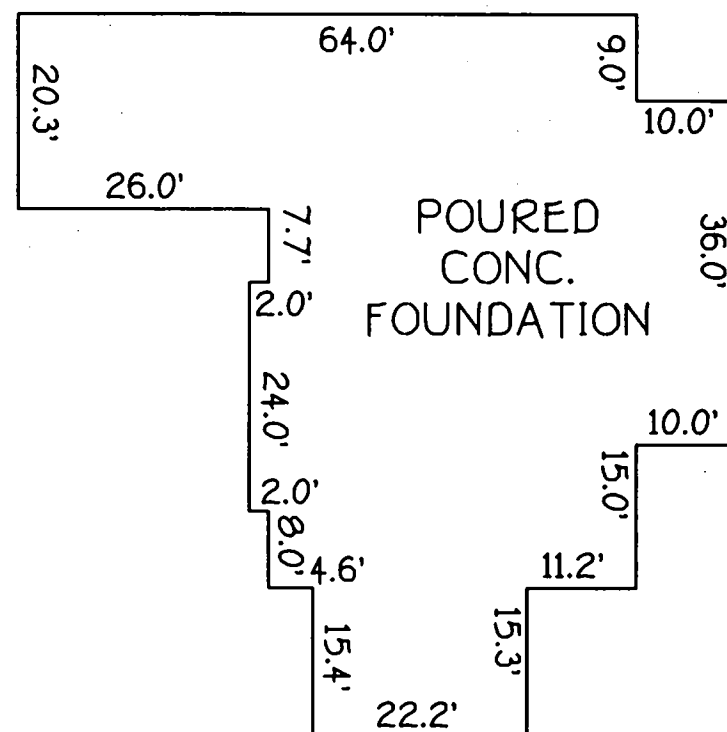
FINAL INSPECTOR

*[Signature]*

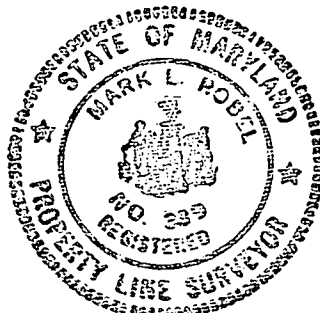
DATE OF APPROVAL

11/1/04

- 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-94-3772) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



DETAIL:  
1"=20'



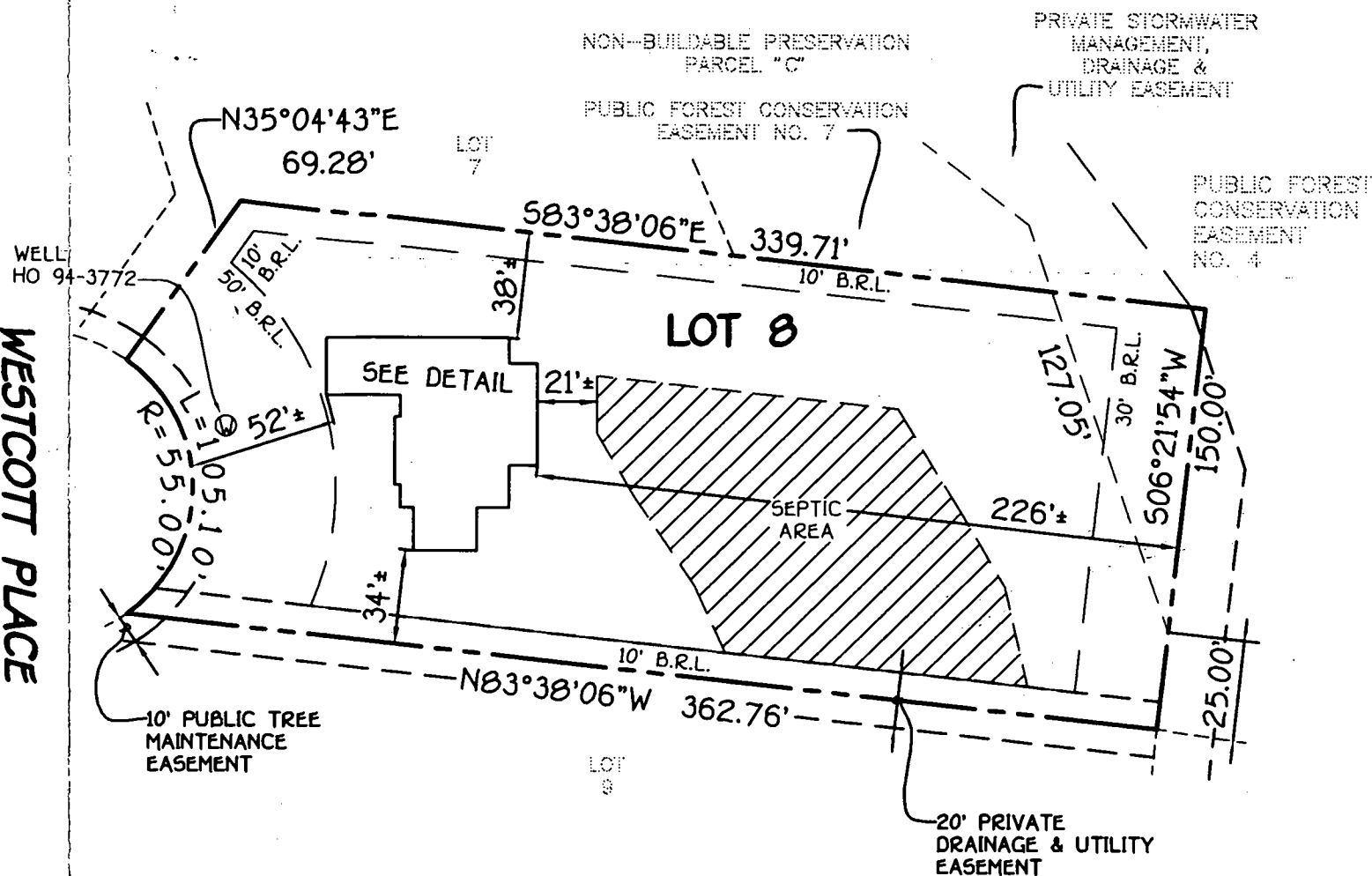
**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

Mark L. Robel 10/12/09  
PROFESSIONAL LAND SURVEYOR DATE  
REG. # 339



**WESTCOTT PLACE**  
(VARIABLE R/W)



10/21/04

- Easement has been modified

Wall check OK

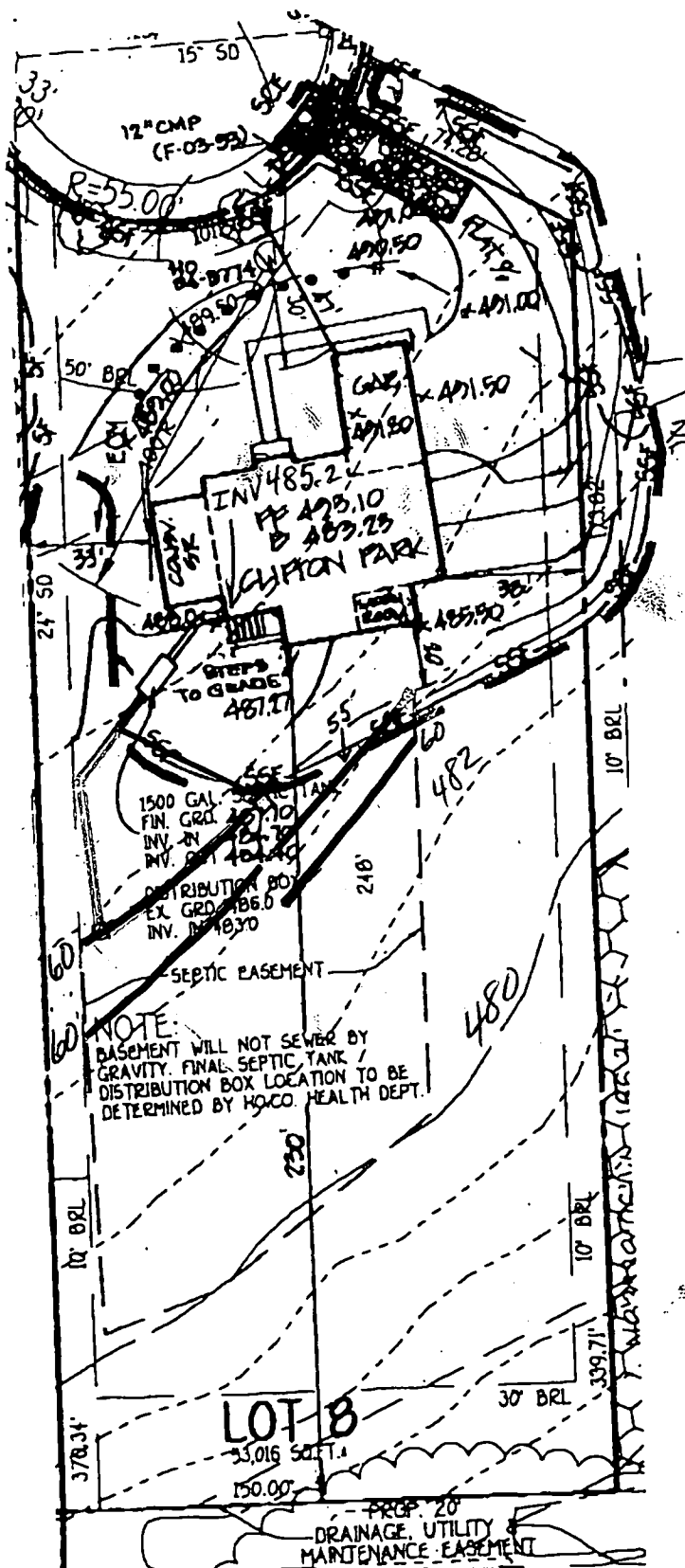
KIR

## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 9/22/04  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=60'  
DATE: 10/12/04  
DRAWN BY: VLJ  
CHECKED BY: MLR  
PROJECT No.: 40387

LOT 8  
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



Approved Septic System Plan  
Howard County Health Department

*Mark R. Fisher* 7/20/04  
Signature Date

## HALL SHOP MANOR LOT 8

The existing well shown on this plan HO 94-3774 has been field located by Fisher Collins & Carter, Inc. professional land Surveyors and is accurately shown.

RECEIVED JUN 17 2004

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-0149173-MER

Building Address 6917 WESTCOTT PLACE  
CLACKVILLE, MD - 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605102 Subdivision HALL SHOP MAJOR

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 8

Tax Map 11 Parcel 13 Grid 1

Zoning RRD-10 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use VACANT LOT

Proposed Use SAD

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work Clackville - 1/4 Acre

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name NWR, INC

Address 6085 MARSHALEE DRIVE

City ELK RIDGE State MD Zip Code 21075

Home Phone \_\_\_\_\_ Work Phone 410-379-5956

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BUILDING DESCRIPTION - COMMERCIAL

### Building Characteristics

### Utilities

Height \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area - sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full

☐ Partial

☐ Other Suppression

☐ # of Heads

## BUILDING DESCRIPTION - RESIDENTIAL

### Building Characteristics

### Utilities

SF Dwelling ☐ SF Townhouse ☐

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 4

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

Water Supply:

☐ Public

☒ Private

Sewage Disposal:

☐ Public

☒ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ NFPA #13D

☐ NFPA #13R

☐ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY 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

Print Name

Title/Company

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

- FOR OFFICE USE ONLY -

AGENCY

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID#: 62745

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. Freezerco Telephone #: (410) 781-4655  
Address: 6321 Barnett Ave  
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Rick Cross License #: 2122

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

Name of Property Owner: NV Homes Telephone #: (410) 379-5956  
Subdivision: HALL SHOP MANOR Lot #: 8 Well Tag #: HO-94-3772  
Site Address: 6917 Westcott Place  
Clarksville, MD 21029

Submersible Pump Data

Make: Starite  
Model #: SP4D02HL-04  
Pump Capacity: 5 GPM  
Well Yield: 4.76 GPM

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: ✓

Depth of well encountered at time of pump installation: 300' (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque 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: \_\_\_\_\_

Date Insp. Approved: 9/23/04 SO 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 ✓

C1 3986

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.1-2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER A513237-AA

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
10 06 03

Depth of Well

22 300 26  
(TO NEAREST FOOT)

11/12/03

OK (SRK)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"  
H0-94-3772OWNER LAND DESIGN & DEVELOPMENT  
STREET OR RFD WESCOTT PLACE  
SUBDIVISION HALL SHOP MANOR SECTION TOWN CLARKSVILLE LOT 8

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Overburden	0	75	
Gray Rock	75	300	X

water at 150'

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 15 NO. OF POUNDS 1800

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

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

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST 6 80  
60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST BR HO  
STEEL BRASS OPEN  
BRONZE HOLE  
PL OT  
PLASTIC OTHER

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. M W D 120

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 350049

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 CASING LOG INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.26

METHOD USED TO  
MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29 ft.

WHEN PUMPING 231 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

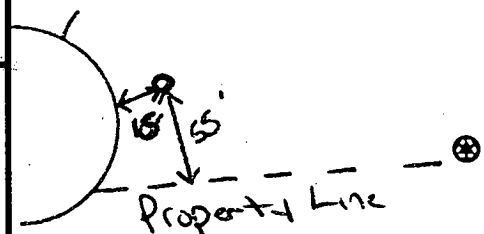
DRILLER INSTALLED PUMP YES NO

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  
- below  
LAND SURFACE (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)



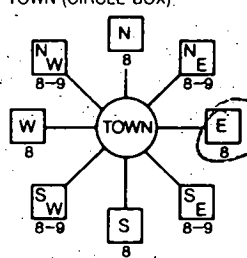



Well Permit No. HO - 94-3772  
Location of property (road) WESCOTT PLACE  
Subdivision HALL SHOP MANOR Lot 8 Block 1 Plat        Sec.         
Well Driller G. EDGAR HALL SONS, CORP Owner LAND DESIGN + DEVELOPMENT

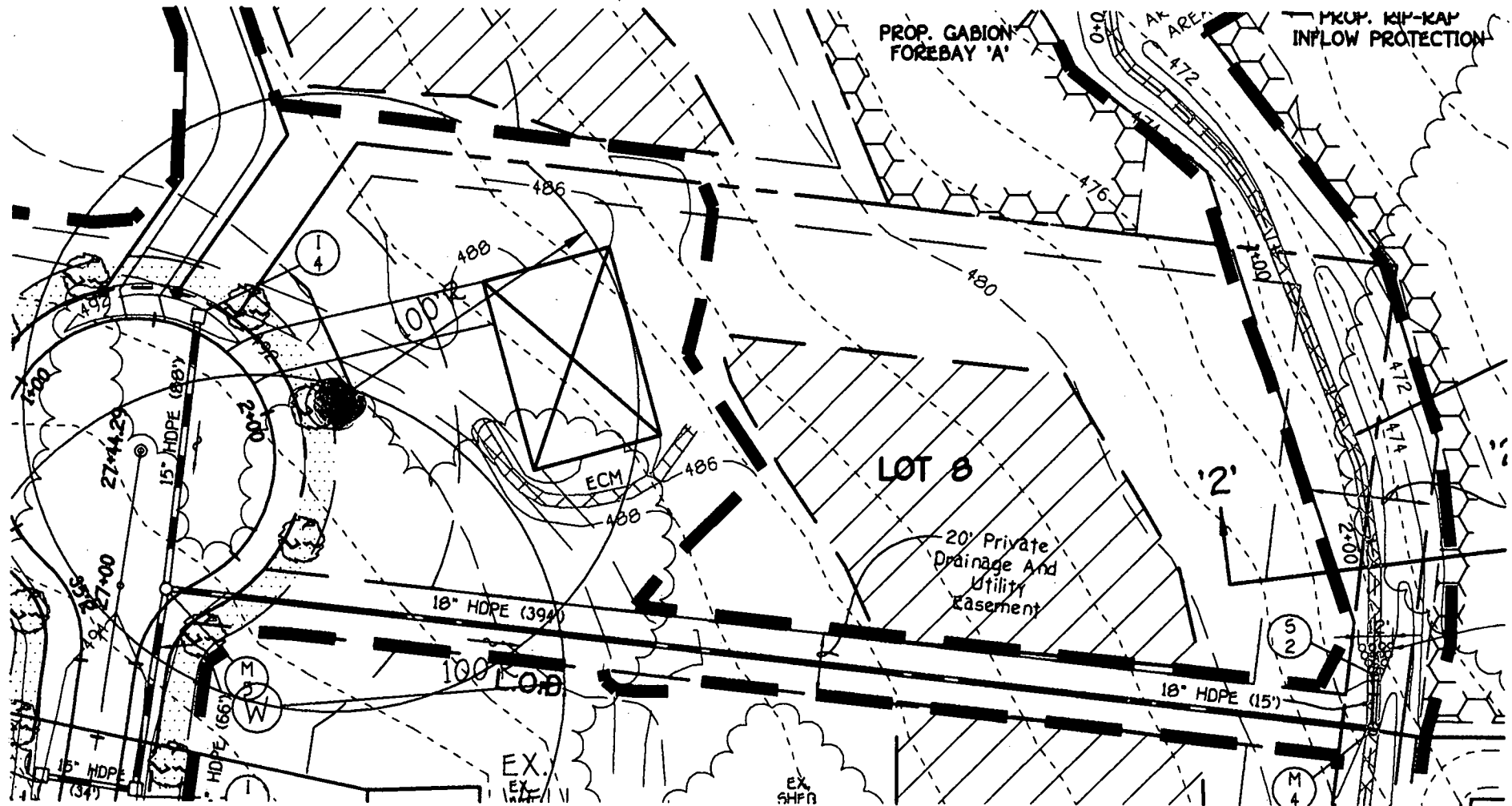
Depth of well \_\_\_\_\_  
Distance of measuring point (M.P.) above ground \_\_\_\_\_  
Static water level (S.W.L.) below M.P. \_\_\_\_\_

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

[illegible]

B 1 <b>6755</b> 1 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>519055</b>	STATE PERMIT NUMBER <b>HO-94-3772</b> 70 fill in this form completely 79
Date Received (APA) <b>07-16-03</b> 8 MM DD YY 13 <b>Land Design &amp; Development</b> 15 Last Name Owner First Name 34 <b>8000 Main Street</b> 36 Street or RFD 55 <b>Ellicott City</b> MD <b>21043</b> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <b>Howard</b> 8 COUNTY 21 <b>Hall Shop Manor</b> 23 SUBDIVISION 42 SECTION <b>44</b> 46 LOT <b>8</b> 50 <b>Highland</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>1</b> M I 73 76 77 78	
DRILLER INFORMATION <b>Sandy B. Cochran</b> M W D <b>120</b> Driller's Name 76 License No. 81 <b>G. Edgar Harr Sons' Corp.</b> Firm Name <b>12047 Falls Road, Cockeysville 21030</b> Address <b>[Signature]</b> <b>7/10/03</b> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <b>Westcott Place</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 <b>300</b> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP <b>41</b> BLK <b>1</b> PARCEL <b>138</b>	
B 2 WELL INFORMATION APPROX. PUMPING RATE <b>5</b> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <b>750</b> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> COUNTY NAME STATE SIGNATURE DATE ISSUED <b>07-31-03</b> <b>Steve R. Knieg</b> <b>7/31/04</b> 43 MM DD 48 CO SIGNATURE EXP. DATE NORTH GRID <b>491000</b> EAST GRID <b>819000</b> 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>8109</b> N <b>4901</b> 000 000	
APPROXIMATE DEPTH OF WELL <b>250</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY <b>AIR-PERCUSSION</b> 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>H020020017</b> PERMIT No. <b>HO-94-3772</b> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

7/30/03-proposed well site ok  
ensure 30' to future road  
prior to drilling. (SRU)  
No site insp  
Telephone conversation w/mike of Harr Well Drilling.



# APPLICATION

PERCOLATION TESTING

A 513237-6

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, Ellcott 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

(1150)

1190

topsoil

red brn  
clmpale red  
tan  
sa lm15-20%  
rock  
frag

1170

topsoil

org red  
brn  
clmmed  
org brn  
sa lm15%  
frag

1180

1160

topsoil

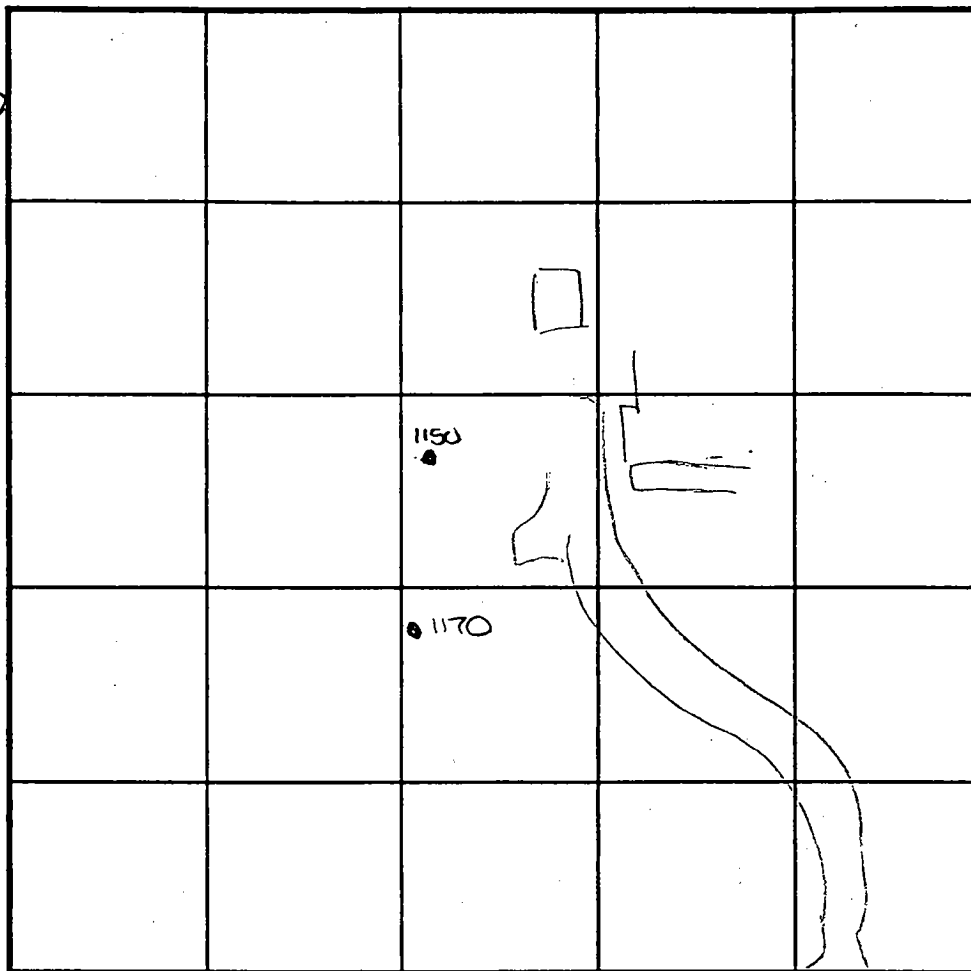
red org  
brn  
clmred  
lt org  
brn  
sa lm20%  
gapr  
(20)

SOIL PROFILE

0'

1200  
red  
orge  
brnclm3 1/2  
-4  
med  
orge  
brn  
sa lm  
w/mica  
35%  
shale  
HARD

10



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 11:42:05	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
	1190	4.5' / 13					14
	1200	4 / 10	HARD	BOT			4
	1160	4 / 13	sim to 1180 w/ 25% shale				3

REMARKS holes tested as stated

TYPE OF SOIL

TESTED BY DCS

ALSO PRESENT M. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

50-70-90

13min TRENCH WIDTH

3

INLET DEPTH

4

MAXIMUM BOTTOM DEPTH

6

SQ. FT/BEDROOM

210

# 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

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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'

SOIL PROFILE

0'

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	1150	5.0' m	1:45	1:46.3	1:46.3	1:50	4

REMARKS hole tested as stated

TYPE OF SOIL \_\_\_\_\_

TESTED BY DJS ALSO PRESENT M. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

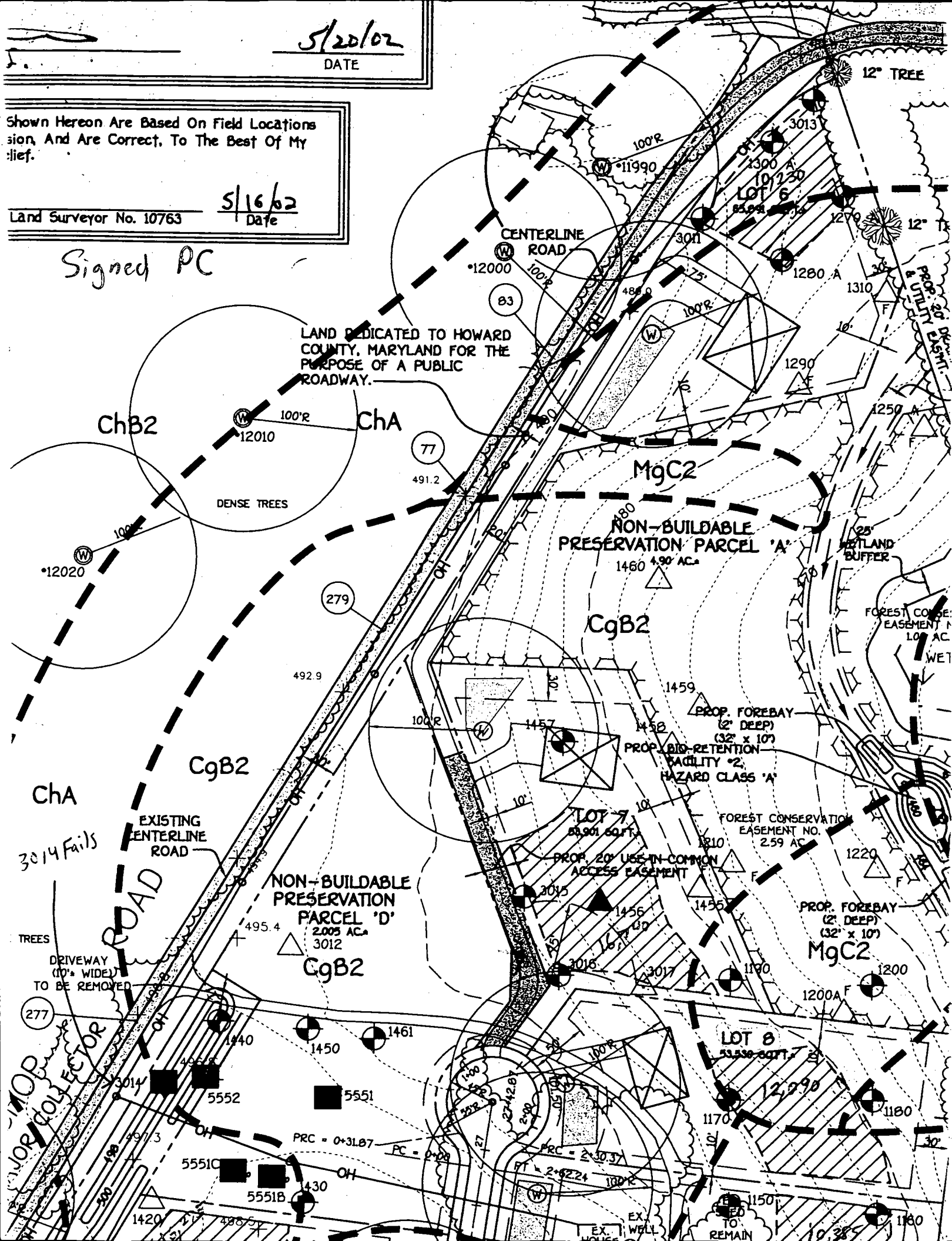
INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

DATE \_\_\_\_\_

5/16/62

Land Surveyor No. 10763

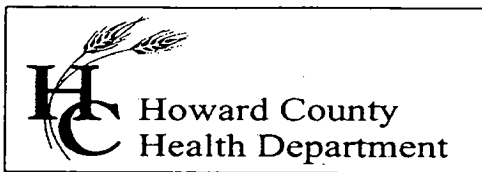
Signed PC











7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

November 12, 2004

NVR, Inc  
6085 Marshalee Drive  
Elkridge, MD 21075

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

RE: Hall Shop Manor, Lot 8  
6917 Westcott Place  
Clarksville, MD 21029  
BP # B00149175  
Well Permit # HO-94-3772

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 11/01/2004. Final approval of the well line connection to the dwelling was approved on 09/23/2004.**

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-94-3772. 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: 11/10/2004  
Date of Well Completion: 10/06/2003

Respectfully,

Stuart Oster, R. S.  
Well and Septic Program

SO/mlb

cc: Building Inspector's Office  
Community Services Program  
File

21029

APPROVED

WALK-THRU BUILDING PERMIT  
P# 421830

BP# 60106387 A# 513237-M

APP. SAN JAY

ATTN: SAN JAY DATE: 8/11/05  
DESC. OF WORK:

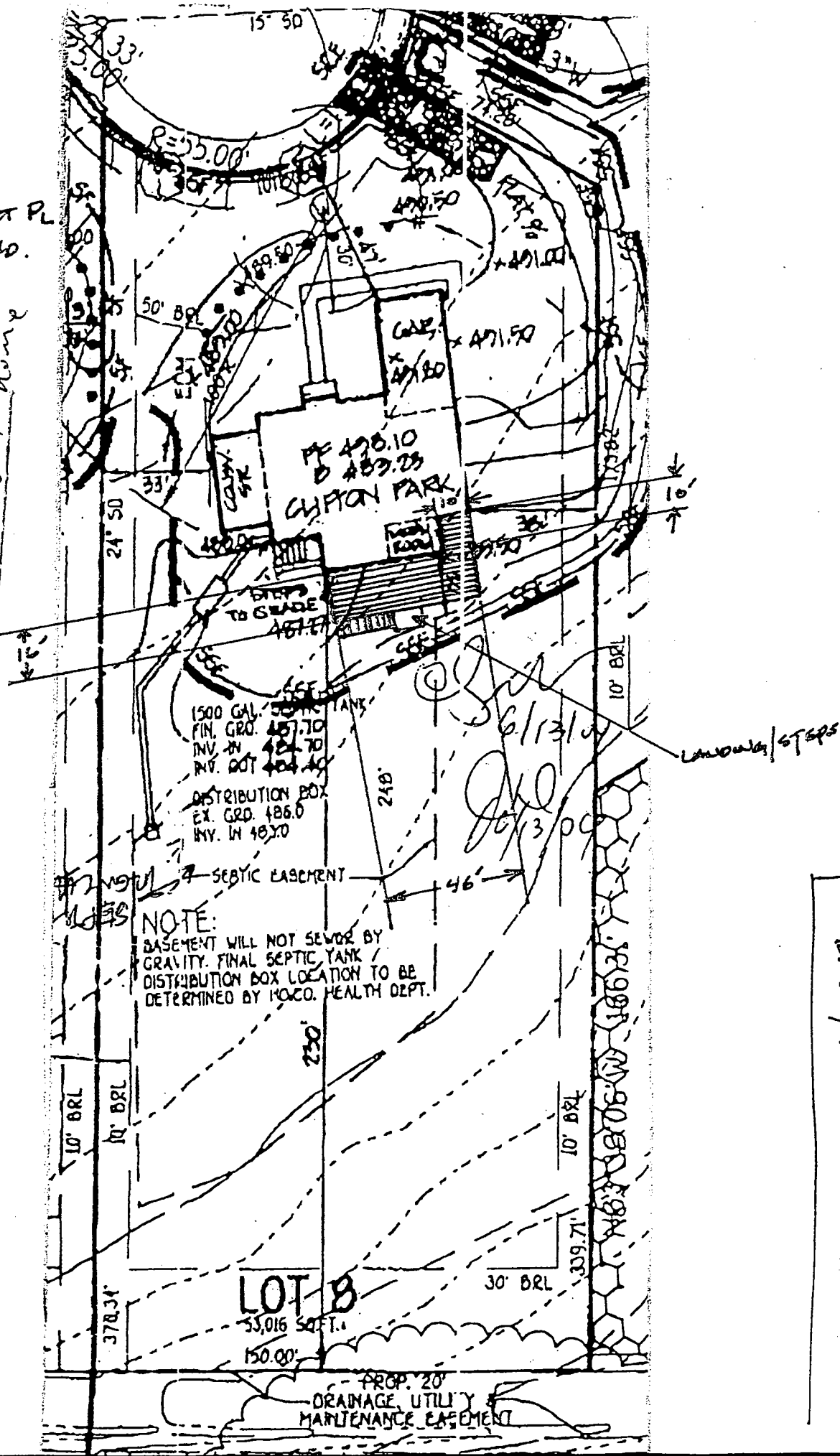
Dec 10 to Dec 11

MAN DECK:

16846

RT. SIDE AREA:

16' x 10'



NAVIGATION/ DOLPHIN PRESSION FOR THE  
BETTER NAVIGATION: (910) 215-4363