

10/15/96
10/16/96
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

03-307077

P 57286A

A 28399

DISTRICT 3rd

DATE 9/20/96

DATE SYSTEM APPROVED 10/16/96

INSPECTOR DKS

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771 PHONE 795-6566

SUBDIVISION Farside LOT 31 ROAD 11662 Foxspur Court

PROPERTY OWNER Woodmark, Inc. Regency Custom Homes

ADDRESS Kent Humpries

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box or place the first trench 130' up the left (586.63') lot line and 150' off the same lot line as seen when facing the lot from Foxspur Court. Run trenches on contour toward the left and right lot lines.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/26/96 ALM

PLANS APPROVED BY Donna K. Soe DATE 7/2/96

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

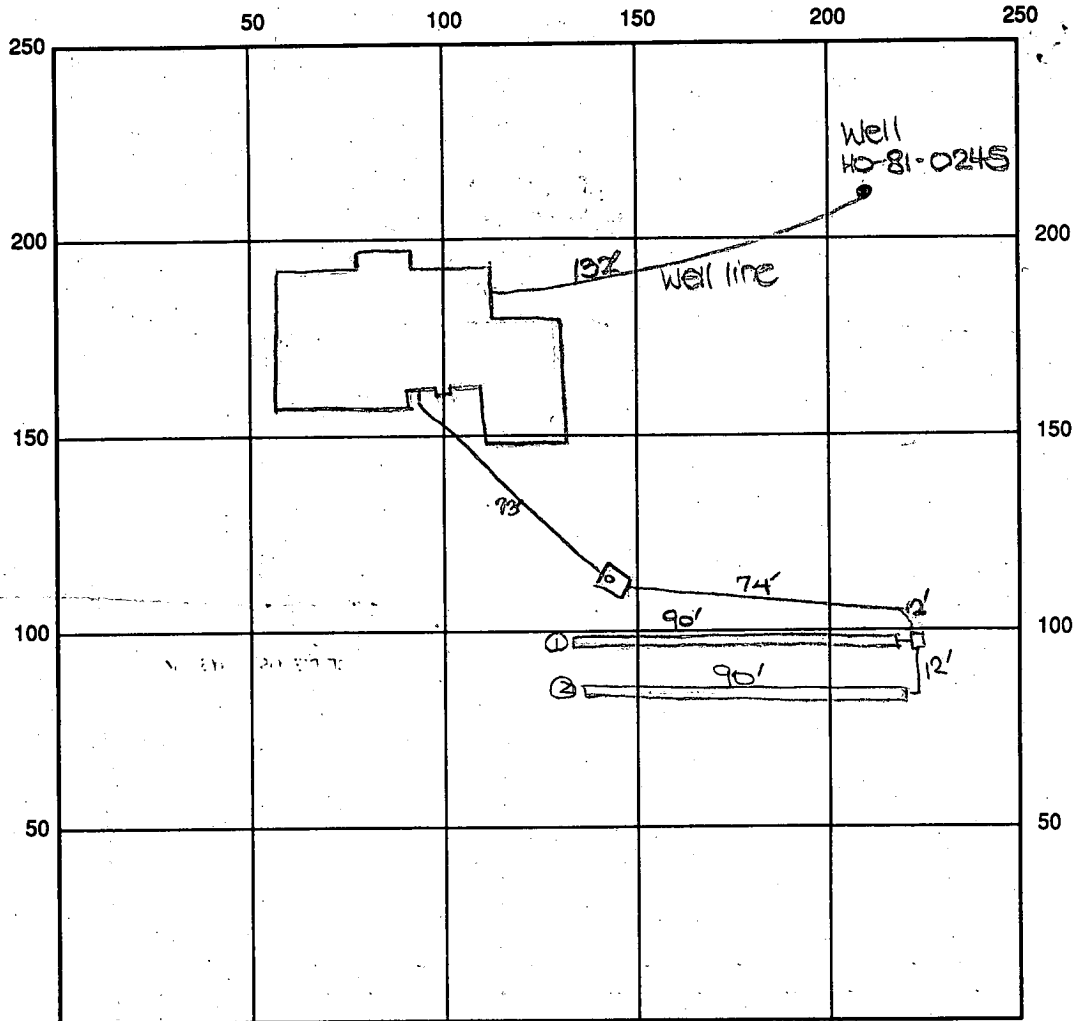
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BLDG. PERMIT SIGNED
AND RETURNED 11/9/96

Serial # BR0103037
Instal - Under 1-500 gal. propane tank

A 28399



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

FOXSPUR COURT

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 2X 90 FT. → 180

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS: 10/15/96 OK to cover from house to d.b. and continue. DKS

10/16/96 OK to stone trenches and continue. DKS

10/16/96 P.M. FINAL - OK to cover all work as completed. DKS

DATE SYSTEM APPROVED 10/16/96 INSPECTOR STONER GOR

APPLICATION

A 28399

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
DISTRICT 3
DATE May 12, 1978

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Woodmark, Inc.

ADDRESS 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 31

ROAD AND DESCRIPTION 11662 Foxspur Court
Rt. 40 West to left on Rt. 114, left on Folly Quarter, left on
Homewood, 1 mile to property on left

SIZE OF LOT 3 plus acres TYPE BLDG. 1

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT P. J. [Signature]

APPROVED BY _____ FOR _____ DATE 11

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

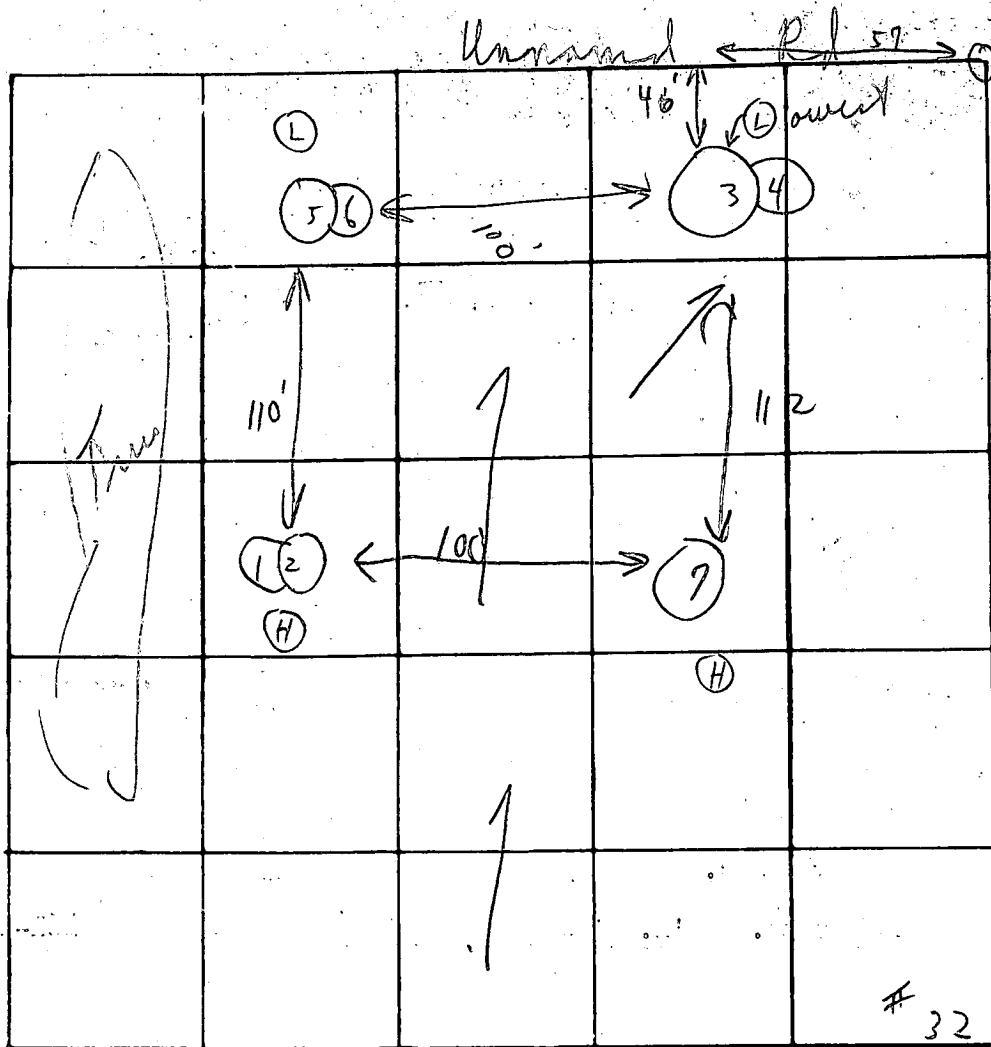
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7-2-96

B00100772
S.F.D. - S.B.R.M.S.

THIS IS NOT A PERMIT

31



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Homewood Rd.

Soil Profile

Below
clay
loam

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST | | DROP | | TIME |
|------|----------|---------------|---------|-------------------|-------|-------|-------|------|------------------------|
| | | | START | STOP | START | STOP | START | STOP | |
| | 1 | 4' | 10:20 | 10:22 | 10:22 | 10:25 | 3 | | |
| | (H) 2 | 12' | 10:21 | 10:23 | 10:23 | 10:25 | 2 | | |
| | 3 | 5' | 10:15 | 10:20 | 10:20 | 10:25 | 5 | | |
| | (L) 4 | 13 | 10:15 | 10:17 | 10:17 | 10:22 | 5 | | |
| | (L) 5 | 5' | 10:13 | 10:14 | 10:14 | 10:15 | 1 | | ended 4' |
| | 6 | 12' | 10:12 | 10:15 | 10:15 | 10:19 | 4 | | 4 min avg |
| | 7 | Visual 5'-13' | | similar to others | | | 20 | | 150 sq ft. per bedroom |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

REMARKS Tested in open Test per stake

TYPE OF SOIL _____

TESTED BY C.P.V. J. Stager ALSO PRESENT: James as 33

C1 4 PERMITS NO. (SEE INSTRUCTIONS FOR USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A28399

(THIS NUMBER PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED 090783

DEPTH OF WELL 223 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0245

OWNER Churns James last name first name STREET OR RFD Foxspur Court TOWN Elloak SUBDIVISION Farside SECTION LOT 31

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown Shale 0-44, Gray mica rock 44-223.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF ROUNDS 13/6 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 45 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 48

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below (S) (BR) (HO) (PL) (OT)

C2

DEPTH (nearest ft.) 46 223 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

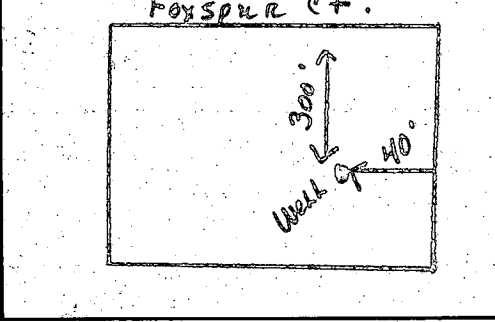
C3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 WHEN PUMPING 80 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 WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THE SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) 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)



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Name of Installer Hanford Van Sant
Van Sant Pllbg + Htg Receipt #
Date 9/25/96
Telephone 829-0444

License Number 14167
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Regency Custom Telephone
Subdivision FARside Lot # 31 Well Tag #
Site Address 11662 Foxspur Ct
Ellicott City, MD 21042

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model #
4. Capacity GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other
Motor
1. Horsepower
2. RPM
3. Voltage
a. 110
b. 220
Pitless Adapter
1. Make Campbell
2. Model # Blox
3. Depth 48"

Tank
1. Capacity V-100
2. Pressure relief valve?
Piping
1. Type P.S.
2. Size 1"
3. NSF and/or BOCA Code approved
Depth of supply line 48'
Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?
10/15/96 P.A., well line 5'4" below grade
well casing 8" + above grade
OK to cover work. DIS

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Hanford Van Sant

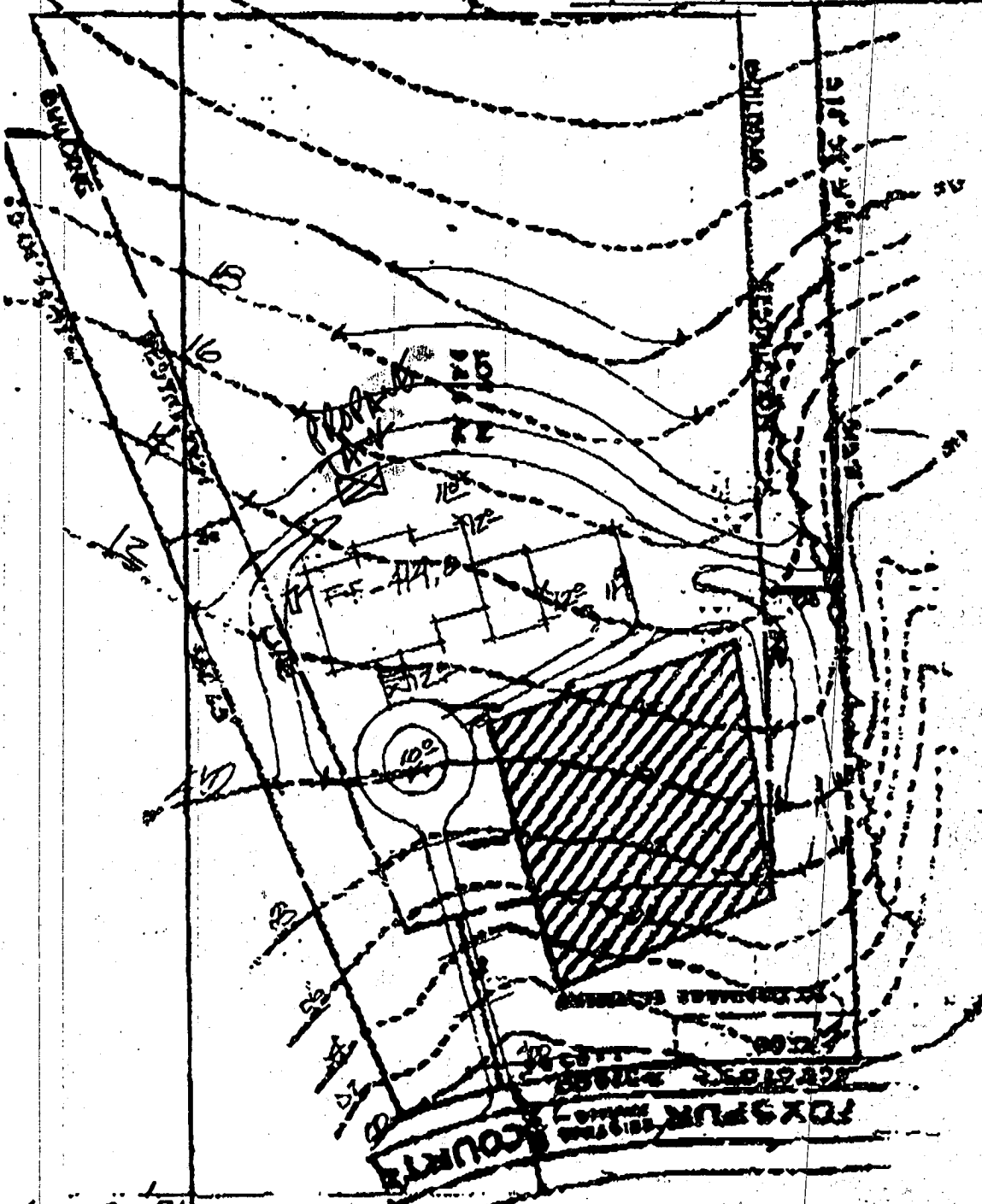
Date: 9.23.96

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

| | | | | | |
|------------------|----------|---------|---------------|------------|---|
| Post-It Fax Note | 7671 | Date | 6-19-96 | # of pages | 1 |
| To | JEFF - | From | Shirley Balla | | |
| Co/Dept | REGENCY | Co. | | | |
| Phone # | | Phone # | 417-0344 | | |
| Fax # | 970-2511 | Fax # | | | |

FAR SIDE - Lot 31

1 = 60'

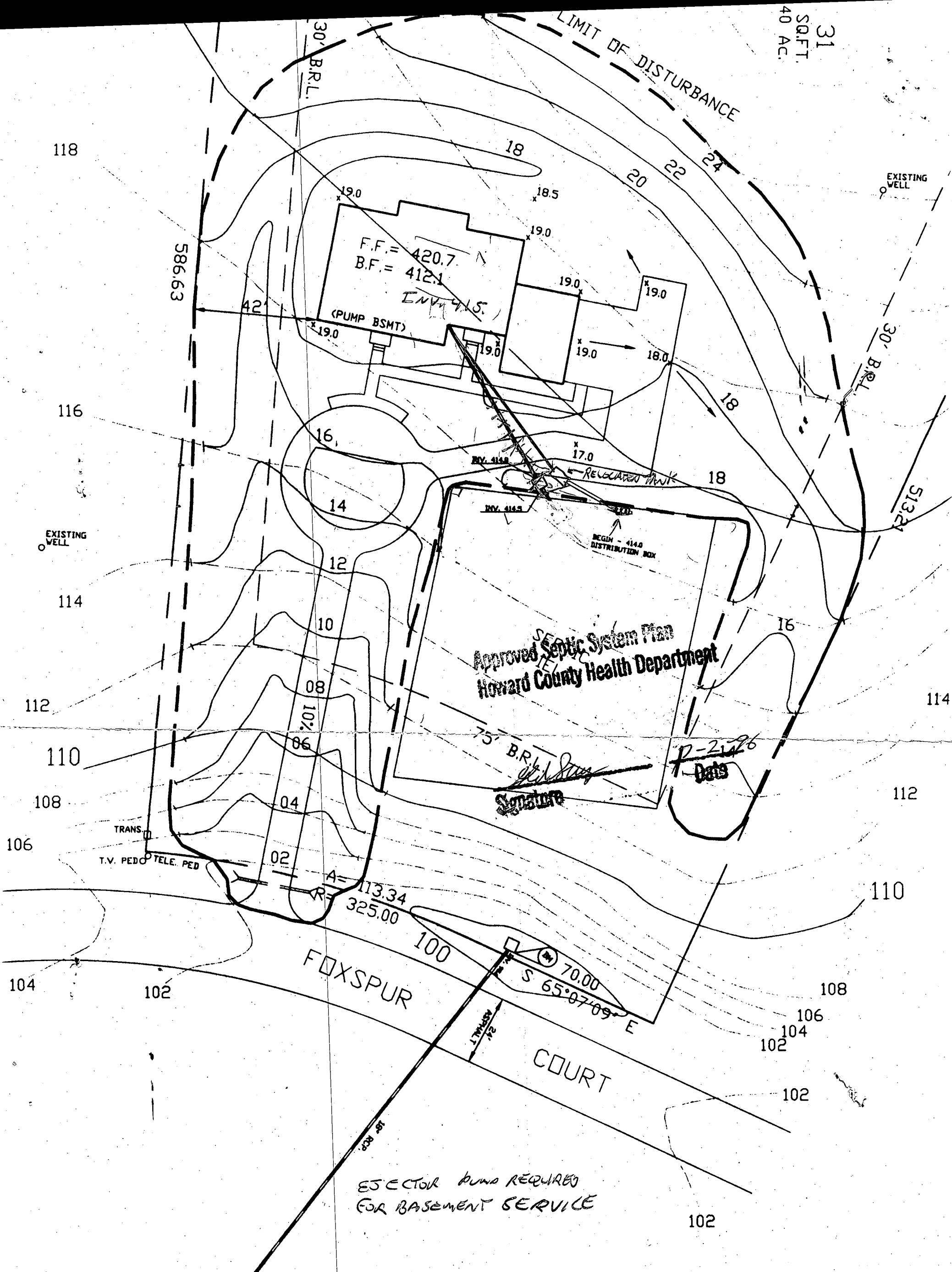


PROPANE TANK
NO IMPACT
TO WELL &
SEPTIC -
OK TO
PROCEED
11/19/96
Shirley Balla

6-18-96

OK SKETCH 6/16/96

31
SQ.FT.
40 AC.



Approved Septic System Plan
Howard County Health Department

[Signature]
Signature

P-2-26-26
Date

EJECTOR PUMP REQUIRED
FOR BASEMENT SERVICE

NOTES:

AREA: 148,716 SF OR 3.41 AC.
WELL & SEPTIC

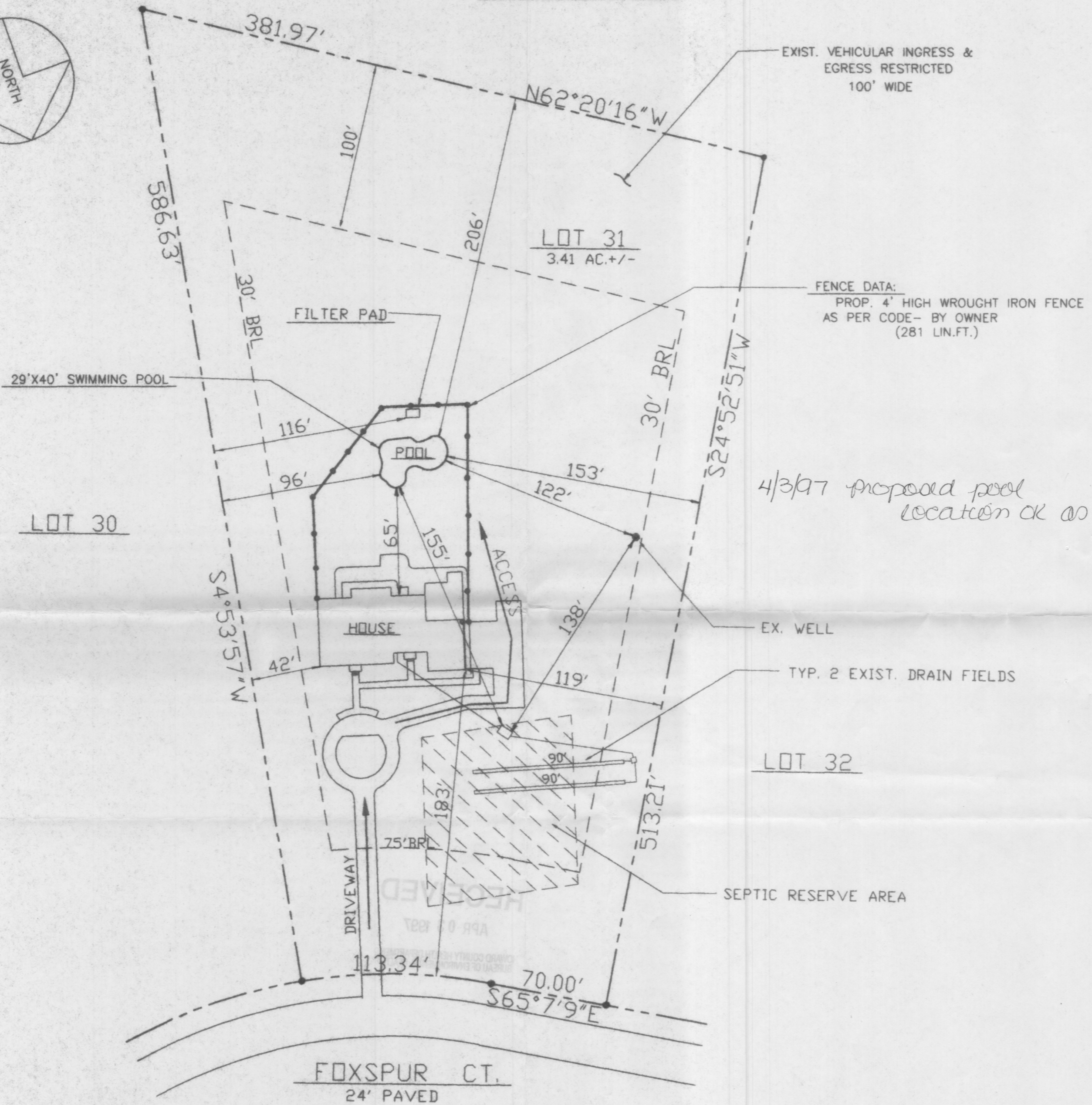
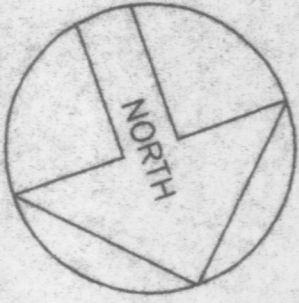
OWNER: KENT & DEBBIE HUMPHRIES
6816 HOLLISON CIRCLE
FAYETTEVILLE, NY 13666

FAR SIDE, LOT 31

| | |
|------------------|-----|
| SETBACKS: | |
| REAR PL. | 10' |
| SIDE PL. | 30' |
| HOUSE | 10' |
| SEPTIC | 20' |
| WELL | 30' |

PRIVATE WELL
& SEPTIC

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



SITE PLAN

SCALE: 1" = 50'

11662 FOXSPUR COURT
HOWARD COUNTY, MD. 21042

FARSIDE

LOT 31, LOT SIZE- 3.41 AC. +/-
TAX MAPS 23 & 29
PLAT # 4406

PROPERTY # A28399