

05439132

LAYOUT 10/3/04 12:30 INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/21/2004P 520893APPROVAL DATE: 10/6/2004A 513237-F

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

APSH 2
439132

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ☒ ALTER ☐
 ADDRESS: 3 N. Main Street, Mt. Airy PHONE NUMBER: 301-829-0444
 SUBDIVISION: Hall Shop Manor LOT NUMBER: 6
 ADDRESS: 6905 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 WITH EFFLUENT FILTER
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 200 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: Kevin J. Bell DATE: 7/9/04

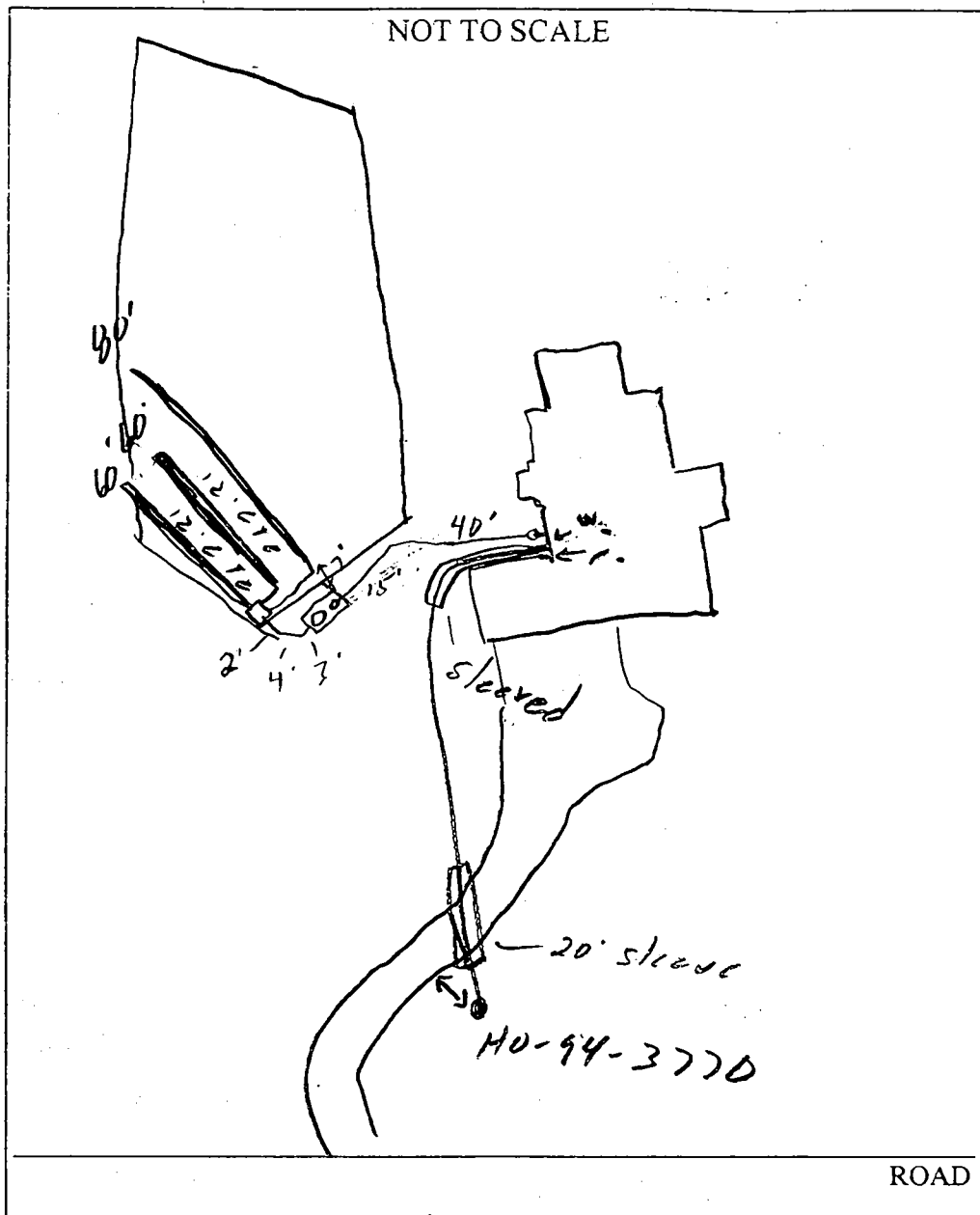
NOTES: PERMIT VOID AFTER 2 YEARS

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

A513237-F

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		200'
ABSORPTION AREA		6000
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
Comp	CAPACITY 1500 GAL
	SEAM LOC Top
	TANK LID DEPTH 1'
	BAFFLES ✓
	BAFFLE FILTER ✓
	MANHOLE LOC Back
	6" PORT LOC Front
	WATERTIGHT TEST —
SEPTIC TANK 2 LEVEL	
	CAPACITY — GAL
	SEAM LOC —
	TANK LID DEPTH —
	BAFFLES —
	BAFFLE FILTER —
	MANHOLE LOC —
	6" PORT LOC —
	WATERTIGHT TEST —

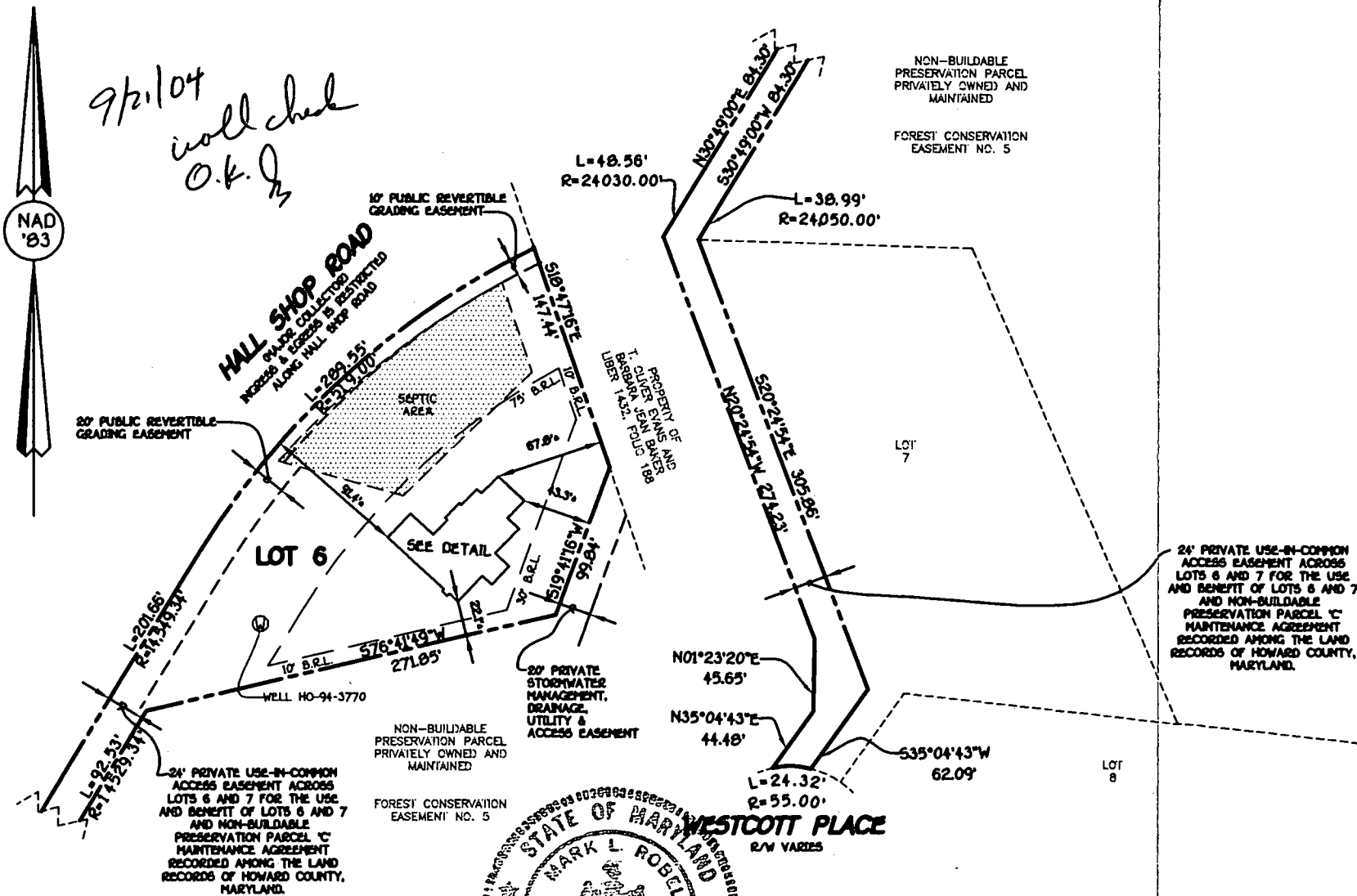
PRE-CONSTRUCTION 10/3/04 - SRA staked, contours accurate, install for B.P. (SO)

INSTALLATION 10/6/04 - Complete system installed. OK
 To cover all work (SO) 10/6/04 - well line needs to be sleeved further at house until 10' separation (SO)

FINAL INSPECTOR John D. [Signature] DATE OF APPROVAL 10/6/04

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- 94-3770) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



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

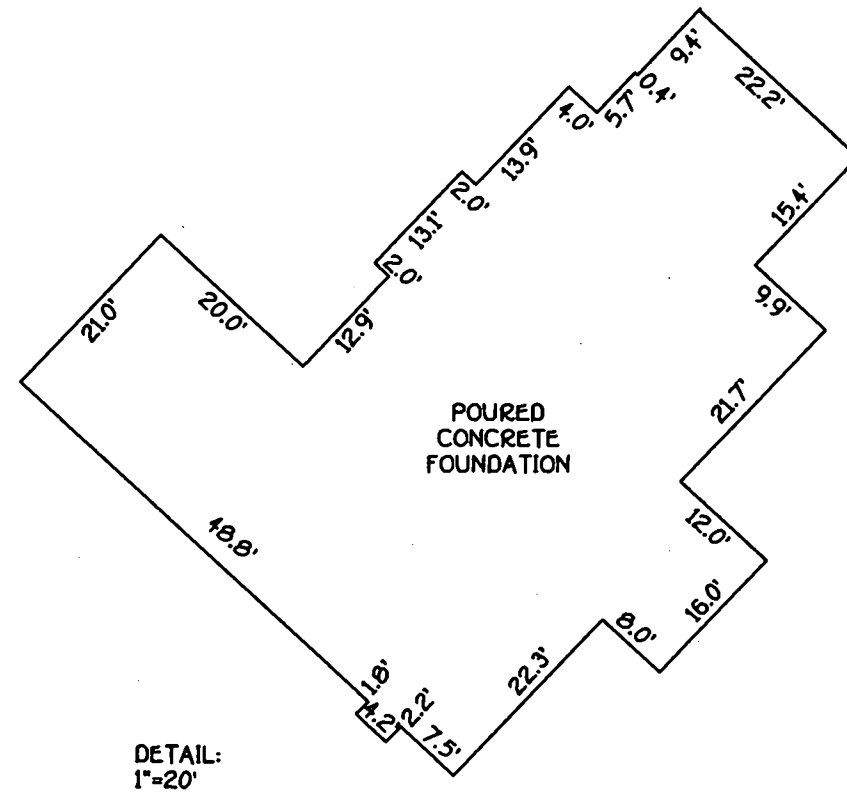
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855



PROFESSIONAL LAND SURVEYOR
REG. • 332

9/9/0A
DATE

•6905 WESTCOTT PLACE
B.R.L.= BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 489.1'



HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 8/20/04
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 9/09/04
DRAWN BY: VLI
CHECKED BY: MLR
PROJECT No.: 40387

LOT 6
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

Signature

127 TREE

TOFF

20' PRIVATE STORMWATER SURFACE UTILITY

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. Feezerco 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's Chapel Manor Lot #: 6 Well Tag #: HO-94-3770 ✓
Site Address: Lot 6, 6905 Westcott Place
Clarksville, MD 21029

Submersible Pump Data

Make: STA-RITE
Model #: SP4D02HL-03
Pump Capacity 5 GPM
Well Yield: 16.66 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: 27.5 (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: 8'
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. Feezer

date 9/29/04

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

Date Insp. Requested: _____

Date Insp. Approved: 9/23/04 (50)

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 3993

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A513237-E

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received

10 01 03

DATE WELL COMPLETED

09 04 2003

Depth of Well

22 275 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-94-3770

OWNER LAND DESIGN + DEVELOPMENT
STREET OR RFD HALL SHOP MANOR WESTCOTT PL TOWN CLARKSVILLE
SUBDIVISION HALL SHOP MANOR SECTION LOT 6

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	70	
Gray Rock	70	275	x

water at 225'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ no ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 54

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
below☒ ST
STEEL☐ CO
CONCRETE☒ PL
PLASTIC☐ OT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

75

E A C H C A S I N G	OTHER CASING (if used)	
	diameter inch	depth (feet) from to

screen type
or open hole

SCREEN RECORD

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

C 2 DEPTH (nearest ft.)

1 75 275

E 8 9 11 15 17 21

A 23 24 26 30 32 36

S 38 39 41 45 47 51

R 56 60

E 56 60

N 56 60

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 Q70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

16.66

METHOD USED TO
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.

WHEN PUMPING 36 ft.

TYPE OF PUMP USED (for test)

<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

PUMP INSTALLED

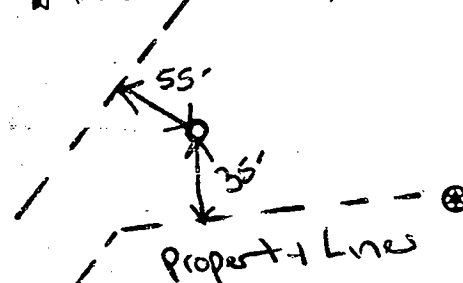
DRILLER INSTALLED PUMP YES NO

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 29.CAPACITY:
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 } 1 (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)

COUNTY

Well Permit No. HO - 94-3770

Location of property (road) WESGOTT PLACE

Subdivision: HALL SHOP MANOR

Well Driller G. EDGAR HARRIS SONS, CORP Lot 10 Block 1 Plat 1 Sec. 1
Owner LAND DESIGN + DEVELOPMENT

Depth of well 275'

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

Static water level (S.W.L.) below M.P. 36'

1. High rate pumping -- reservoir drawdown

Time pump started 0900

Pumping rate 16.66

Total time 15 min to reach pumping water level 31 ft. below M.P.

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

HD-224

B 1 <div style="font-size: 24pt; font-weight: bold; margin-left: 10px;">6753</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="font-size: 18pt; font-weight: bold;">519055</div> please type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold; margin-left: 10px;">HO-94-3770</div> fill in this form completely
Date Received (APA) <div style="font-size: 18pt; font-weight: bold;">07-16-03</div>		B 3 LOCATION OF WELL <div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Howard</div>	
OWNER INFORMATION <div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Land Design & Development</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Hall Shop Manor</div>	
<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">8000 Main Street</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Highland</div>	
<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Ellicott City MD 21043</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Miles from Town (enter 0 if in town) 1</div>	
DRILLER INFORMATION <div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Sandy B. Cochran M W D 120</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">Westcott Place</div>	
<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">G. Edgar Harr Sons' Corp.</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">ON WHICH SIDE OF ROAD</div>	
<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">12047 Falls Road, Cockeysville 21030</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">DISTANCE FROM ROAD 300</div>	
<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">7/10/03</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">TAX MAP 41 BLK 1 PARCEL 138</div>	
WELL INFORMATION <div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">APPROX. PUMPING RATE 5</div>		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">AVERAGE DAILY QUANTITY NEEDED 750</div>	
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 <div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">HOWARD</div>	
APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">AS13237-E</div>	
METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jettied & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">DATE ISSUED 07-31-03</div>	
REPLACEMENT OR DEEPEINED 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 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">CO SIGNATURE Steve R. King 7/31/03</div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 2002G 01-1 PERMIT No HO-94-3770		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</div>	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		<div style="font-size: 18pt; font-weight: bold; margin-left: 10px;">DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</div>	

Well Permit No. HO - 94-3770
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR Lot 6 Block 1 Plat Sec.
Well Driller G. EDGAR HARR 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. _____

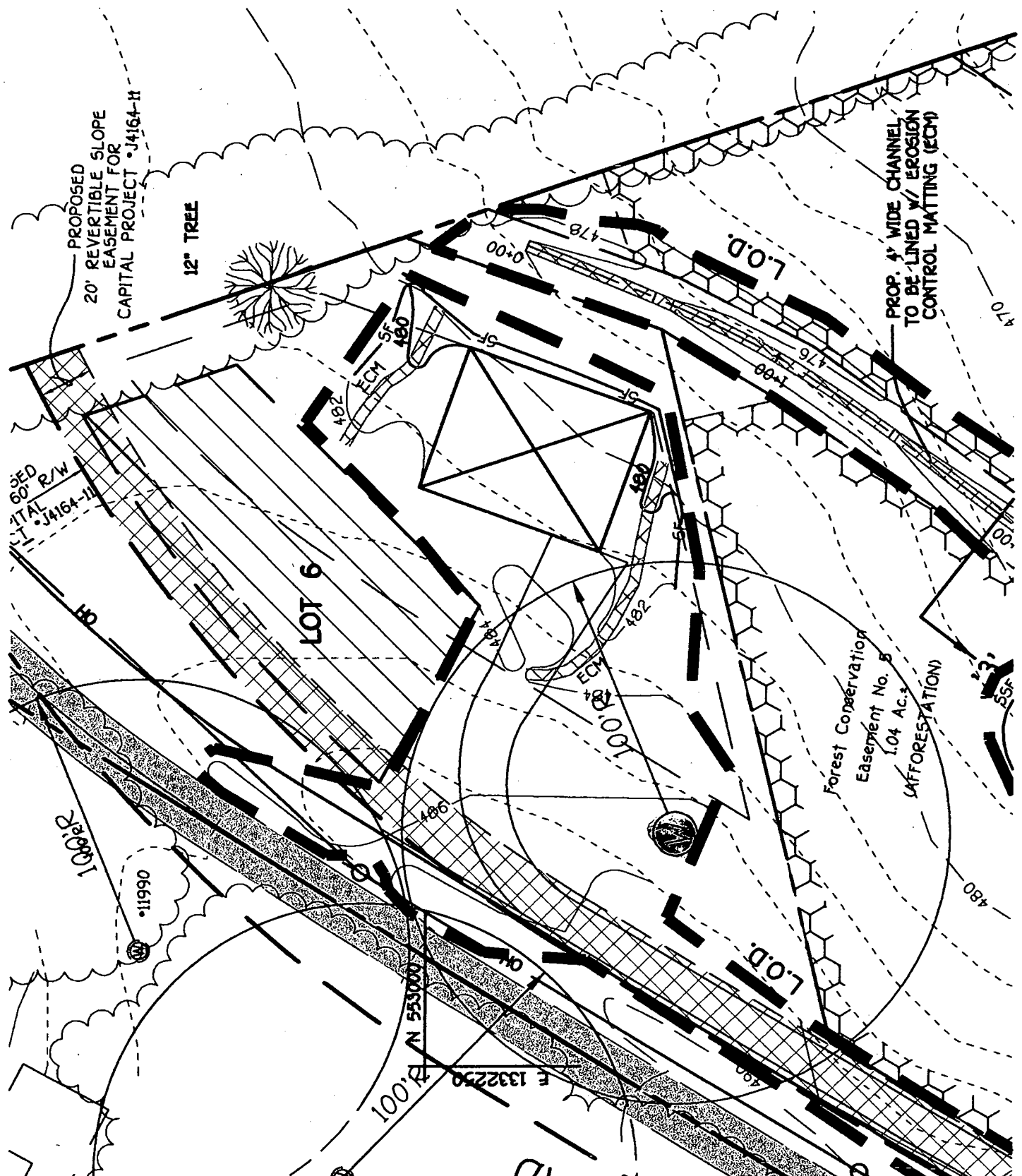
I. High rate pumping -- reservoir drawdown

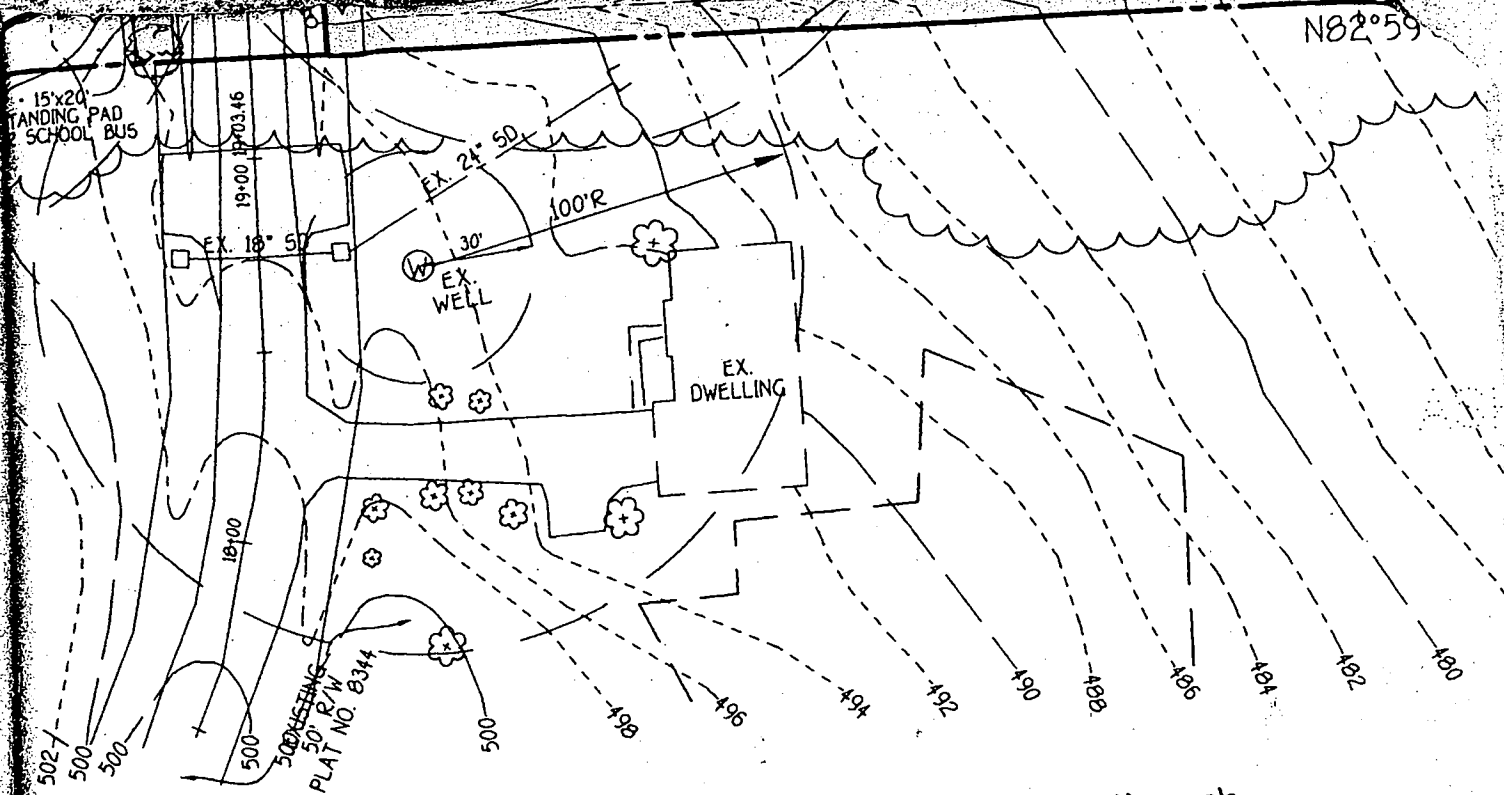
Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]

7/30/03 WELL SITE OK
NO SITE INSPECTION





NOTE:

The existing wells shown on this plan HO 94-3765 through HO 94-3769 and HO 94-3775 through HO 94-3775 have been field located by Fisher Collins & Carter, Inc professional land surveyors and are accurately shown.

and workable
pared in

Reviewed for HOWARD SCD and meets Technical Requirements.

U.S. F.A.-Natural Resources
Conservation Service

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

Howard SCD

Jim May
Date **4/7/04**

John R. Robertson
Date **4/7/04**

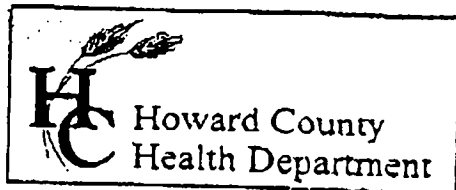
his plan,
n the
the
on before
rd Soil

EU

452

35

35 BRL



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:

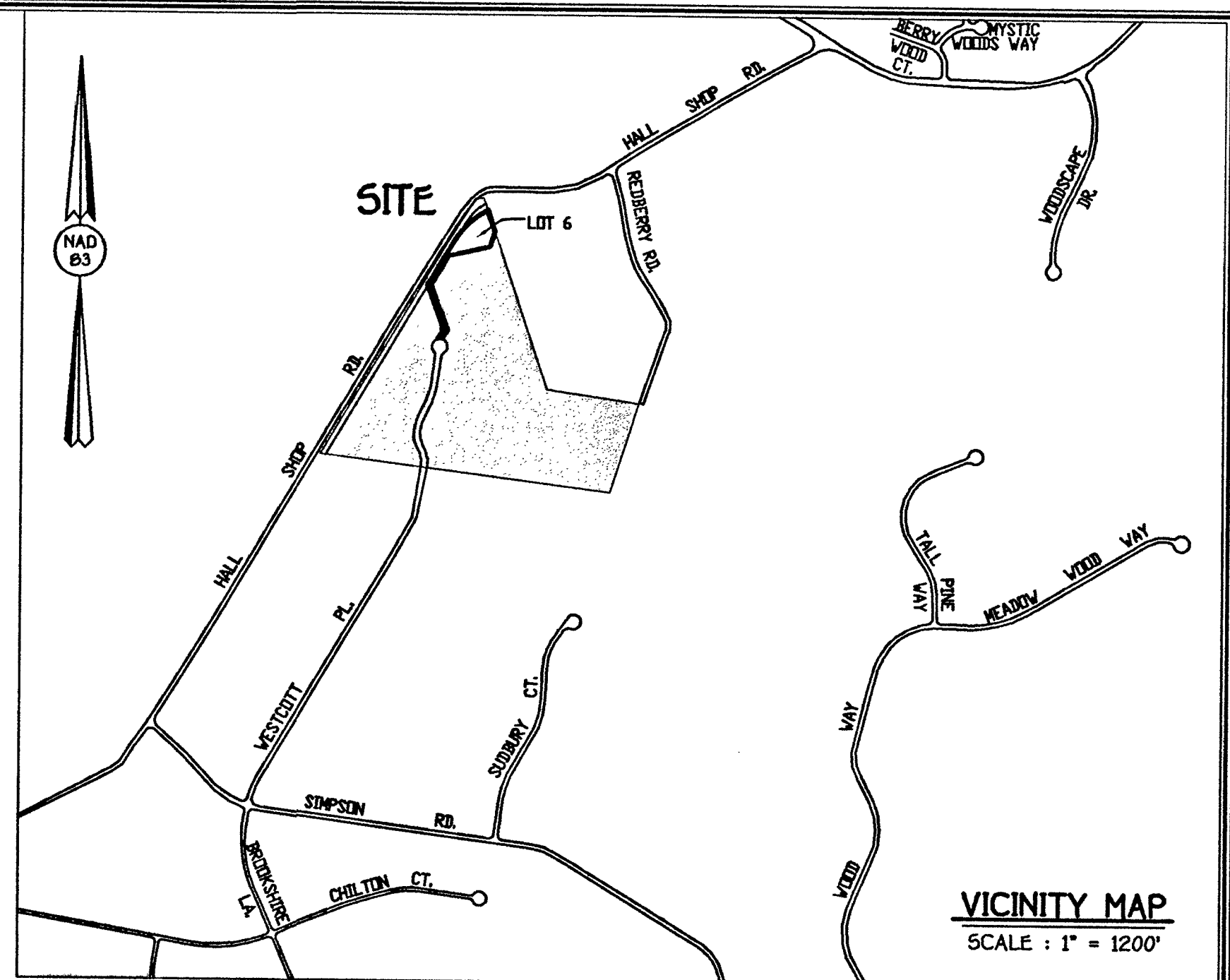
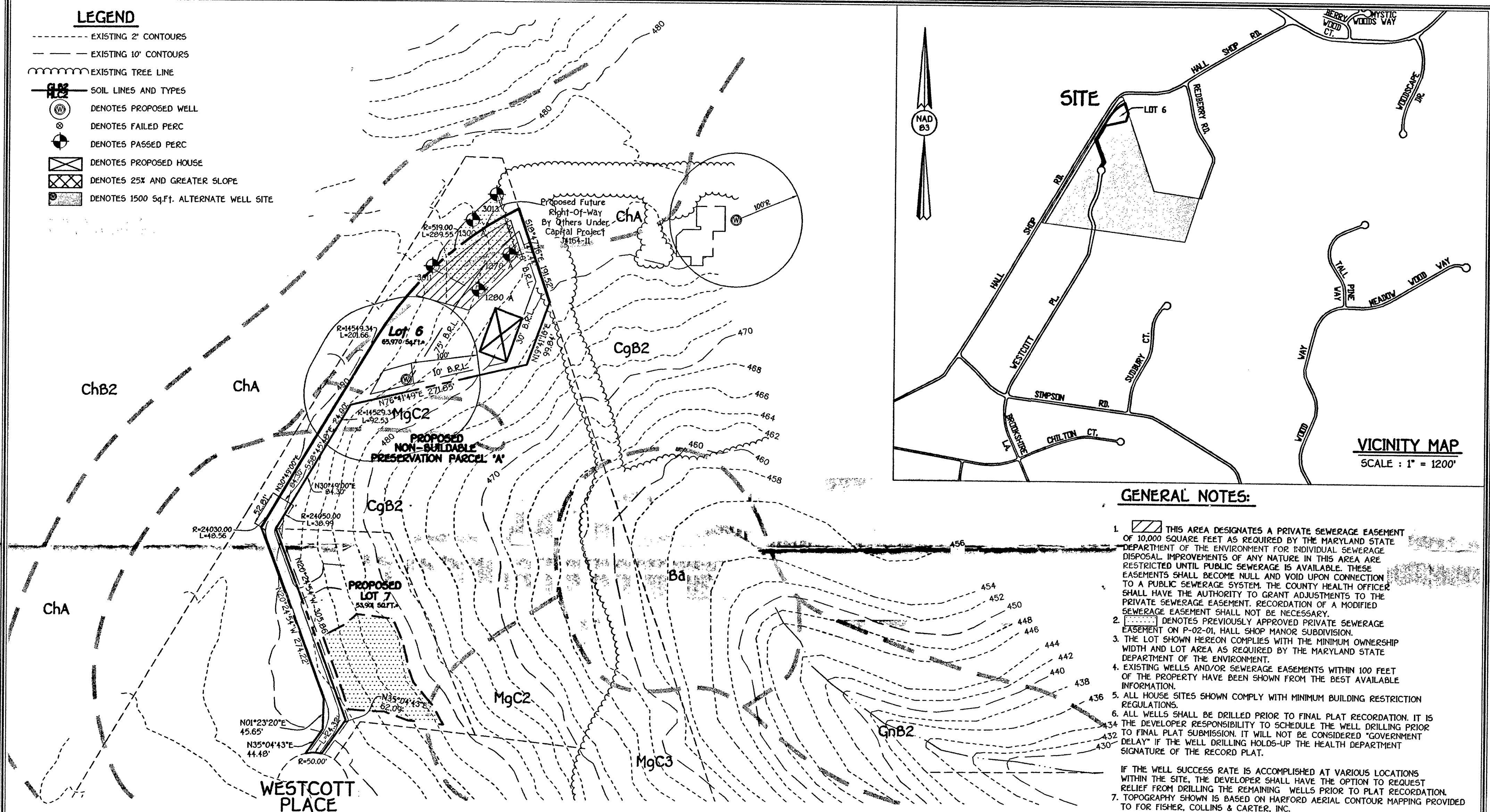
- Hall Shop Manor*
- ☒ The well site has been staked by Fisher, Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on 7/29/03 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule 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

LEGEND

- EXISTING 2' CONTOURS
- EXISTING 10' CONTOURS
- EXISTING TREE LINE
- SOIL LINES AND TYPES
- ⊙ DENOTES PROPOSED WELL
- ⊙ DENOTES FAILED PERC
- ⊙ DENOTES PASSED PERC
- ⊙ DENOTES PROPOSED HOUSE
- ⊙ DENOTES 25% AND GREATER SLOPE
- ⊙ DENOTES 1500 Sq.Ft. ALTERNATE WELL SITE



GENERAL NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- DENOTES PREVIOUSLY APPROVED PRIVATE SEWERAGE EASEMENT ON P-02-01, HALL SHOP MANOR SUBDIVISION.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
- ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
- ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. IT IS THE DEVELOPER RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO FINAL PLAT SUBMISSION. IT WILL NOT BE CONSIDERED "GOVERNMENT DELAY" IF THE WELL DRILLING HOLDS-UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAT.
- IF THE WELL SUCCESS RATE IS ACCOMPLISHED AT VARIOUS LOCATIONS WITHIN THE SITE, THE DEVELOPER SHALL HAVE THE OPTION TO REQUEST RELIEF FROM DRILLING THE REMAINING WELLS PRIOR TO PLAT RECORDATION.
- TOPOGRAPHY SHOWN IS BASED ON HARFORD AERIAL CONTOUR MAPPING PROVIDED TO FOR FISHER, COLLINS & CARTER, INC.
- BOUNDARY OUTLINE BASED ON ACTUAL FIELD SURVEY PERFORMED BY FISHER, COLLINS & CARTER, INC.
- GROUND WATER APPROPRIATION PERMIT SHALL BE OBTAINED PRIOR TO RECORDED PLAT RECORDATION.

PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

Date

Signature of Professional Land Surveyor
Terrell A. Fisher, Professional Land Surveyor No. 10692

Date

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.

County Health Officer SRK

7/22/03
DATE

SOILS LEGEND

SOIL	NAME	CLASS
** Ba	Baile silt loam	D
CgB2	Chester gravelly silt loam, 3 to 8 percent slopes, moderately eroded	B
ChA	Chester silt loam, 0 to 3 percent slopes	B
ChB2	Chester silt loam, 3 to 8 percent slopes, moderately eroded	B
* GnB2	Glenville silt loam, 3 to 8 percent slopes, moderately eroded	C
MgC2	Manor gravelly loam, 8 to 15 percent slopes, moderately eroded	B
MgC3	Montalto silty clay loam, 8 to 15 percent slopes, severely eroded	B

NOTES:

- * Hydric soils and/or contains hydric inclusions
- ** May contain hydric inclusions
- † Generally only within 100-year floodplain areas

SOILS MAP No. 28

PERCOLATION RECERTIFICATION PLAN LOT 6 HALL SHOP MANOR

TAX MAP *41 ZONED: RR-DEO PARCEL: 138 GRID No. 1
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=100' DATE: JUNE 10, 2003

APPLICATION

PERCOLATION TESTING

A 513237-L

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, 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

(1250A)

topsoil

org brr

Elm

org bin
sac bin

cave in/
bee page
mottles?

Water

SOIL PROFILE

0

Howe is

be low

Lot 6

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS developer moved original stake

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
1.0	1.0	1.0
1.5	1.5	1.5
2.0	2.0	2.0
2.5	2.5	2.5
3.0	3.0	3.0
3.5	3.5	3.5
4.0	4.0	4.0
4.5	4.5	4.5
5.0	5.0	5.0
5.5	5.5	5.5
6.0	6.0	6.0
6.5	6.5	6.5
7.0	7.0	7.0
7.5	7.5	7.5
8.0	8.0	8.0
8.5	8.5	8.5
9.0	9.0	9.0
9.5	9.5	9.5
10.0	10.0	10.0
10.5	10.5	10.5
11.0	11.0	11.0
11.5	11.5	11.5
12.0	12.0	12.0
12.5	12.5	12.5
13.0	13.0	13.0
13.5	13.5	13.5
14.0	14.0	14.0
14.5	14.5	14.5
15.0	15.0	15.0
15.5	15.5	15.5
16.0	16.0	16.0
16.5	16.5	16.5
17.0	17.0	17.0
17.5	17.5	17.5
18.0	18.0	18.0
18.5	18.5	18.5
19.0	19.0	19.0
19.5	19.5	19.5
20.0	20.0	20.0
20.5	20.5	20.5
21.0	21.0	21.0
21.5	21.5	21.5
22.0	22.0	22.0
22.5	22.5	22.5
23.0	23.0	23.0
23.5	23.5	23.5
24.0	24.0	24.0
24.5	24.5	24.5
25.0	25.0	25.0
25.5	25.5	25.5
26.0	26.0	26.0
26.5	26.5	26.5
27.0	27.0	27.0
27.5	27.5	27.5
28.0	28.0	28.0
28.5	28.5	28.5
29.0	29.0	29.0
29.5	29.5	29.5
30.0	30.0	30.0
30.5	30.5	30.5
31.0	31.0	31.0
31.5	31.5	31.5
32.0	32.0	32.0
32.5	32.5	32.5
33.0	33.0	33.0
33.5	33.5	33.5
34.0	34.0	34.0
34.5	34.5	34.5
35.0	35.0	35.0
35.5	35.5	35.5
36.0	36.0	36.0
36.5	36.5	36.5
37.0	37.0	37.0
37.5	37.5	37.5
38.0	38.0	38.0
38.5	38.5	38.5
39.0	39.0	39.0
39.5	39.5	39.5
40.0	40.0	40.0
40.5	40.5	40.5
41.0	41.0	41.0
41.5	41.5	41.5
42.0	42.0	42.0
42.5	42.5	42.5
43.0	43.0	43.0
43.5	43.5	43.5
44.0	44.0	44.0
44.5	44.5	44.5
45.0	45.0	45.0
45.5	45.5	45.5
46.0	46.0	46.0
46.5	46.5	46.5
47.0	47.0	47.0
47.5	47.5	47.5
48.0	48.0	48.0
48.5	48.5	48.5
49.0	49.0	49.0
49.5	49.5	49.5
50.0	50.0	50.0
50.5	50.5	50.5
51.0	51.0	51.0
51.5	51.5	51.5
52.0	52.0	52.0
52.5	52.5	52.5
53.0	53.0	53.0
53.5	53.5	53.5
54.0	54.0	54.0
54.5	54.5	54.5
55.0	55.0	55.0
55.5	55.5	55.5
56.0	56.0	

COUNTY #

SOIL PROFILE

3011/3013

0' topsoil

1' red org
brn
cl um

5' dk pk
brn
si mica
brn
10%
rock

14.5'

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	
5-29-01	3011	6.0'S	10:04	10:06	10:06	10:09	3
		14.5'S	Visual	- see	profile		OK
	3013	14.0'S	Visual	- see	profile		OK

REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY DKE ALSO PRESENT M. Johnson & crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

COUNTY #

SOIL PROFILE

1300A

topsoil

red brn
cl Lmmed red
brn
sa Lm
w/ mica20%
sapr
sh

1270 A

topsoil

red brn
cl Lmdk pk
brn
sa Lm
w/ mica20%
sapr
sh

1280 A

topsoil

red brn
cl Lmmed
red brn
sa Lm
w/ mica15-20%
sapr
sh

SOIL PROFILE

1310

topsoil

red brn
cl Lmmed
org brn
sa cl Lm12'2" Cave in/
seepage
water

topsoil

red brn
cl Lmdk pk
brn
sa cl Lm12'4" seepage
water

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	
5-2-00	1300A	4.0'S	3:20	3:27	3:27	3:31	4
		13.5'D	Visual	- See profile			OK
	1270A	4.5'S	3:25	3:31	3:31	3:43	12
		13.0'D	Visual	- See profile			OK
	1280A	5.0'S	3:39	3:42	3:42	3:47	5
		4.0'D	Visual	- See profile			OK
	1310	6.0'S	3:55	4:00	4:00	4:08	8
		12'2"D	seepage	Cave in			FAIL
	1290	5.0'S	4:01	4:06	4:06	4:17	11
		11.0'D	seepage	Cave in			FAIL

REMARKS only holes 1290 and 1310 tested as staked
 TYPE ~~2000~~ developer relocated others from org. staked
 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-K

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)

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

Signed PC
original

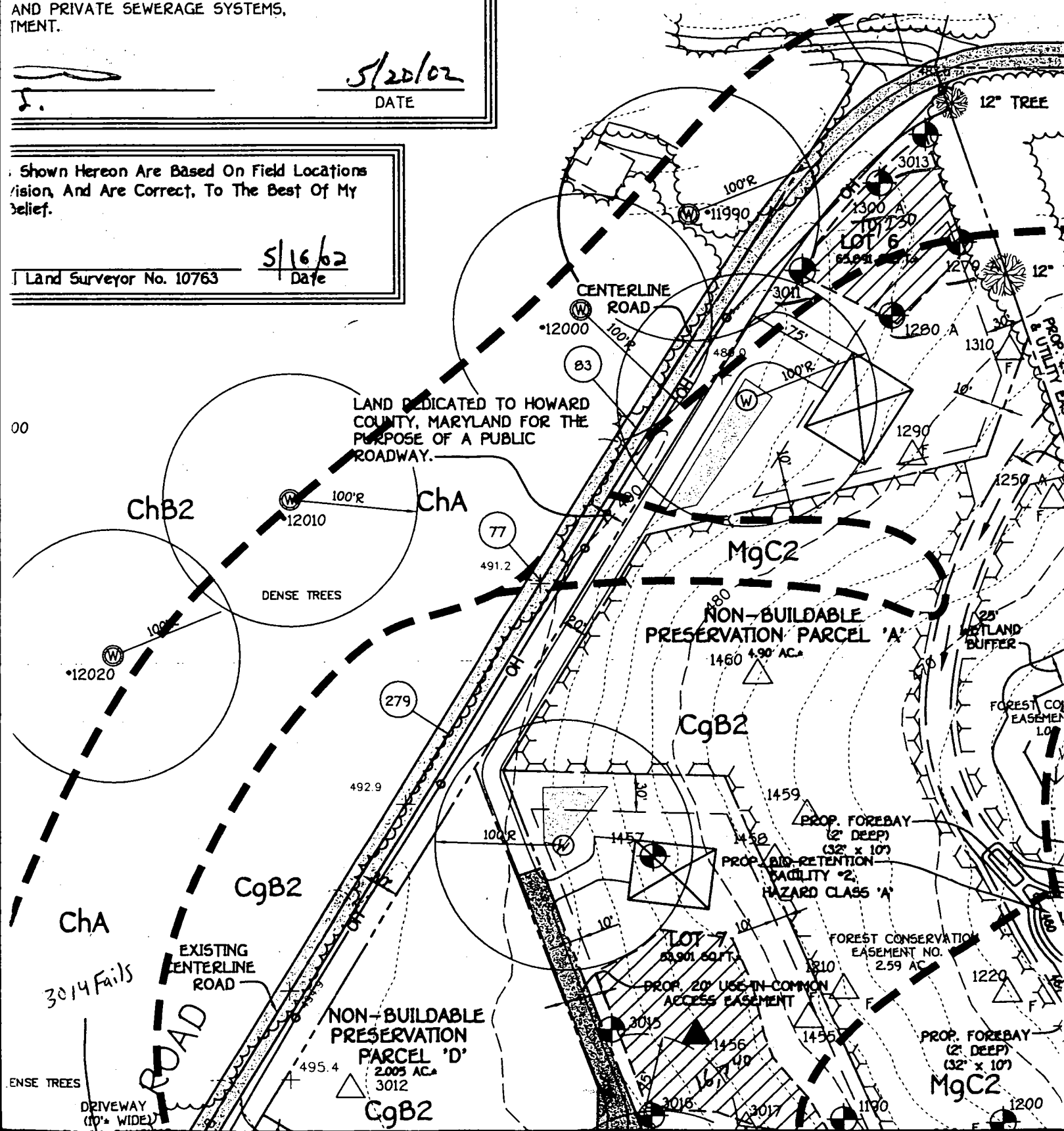
AND PRIVATE SEWERAGE SYSTEMS,
MENT.

5/20/02
DATE

Shown Hereon Are Based On Field Locations
Vision, And Are Correct, To The Best Of My
Belief.

5/16/62
Date

Land Surveyor No. 10763



**FISHER, COLLINS
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Ronald B. Carter, L.S.
Charles J. Crovo, Sr., P.E., L.S.

June 13, 2003

Steven Krieg
Mr. ~~Mark Rifkin~~
Howard County Health Department
3525 Ellicott Mills Dr.
Ellicott City, MD 21043

F-03-93
RE: Hall Shop Manor
Lot 6
Perc Recertification

Steve
Dear ~~Mark~~:

Our office has recently received notification from Howard County Department of Public Works that Hall Shop Road is being realigned horizontally along a portion of the boundary of the Hall Shop Manor subdivision (F-03-93).

Specifically, the proposed boundary outline for Lot 6 is required to be modified to compliment the relocation of Hall Shop Road under Capital Project J-4164-11.

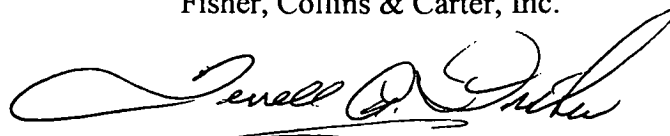
Accordingly, we have prepared a Percolation Recertification Plan to modify both the lot configuration, private sewerage easement outline and proposed alternative well location on Lot 6.

On behalf of our client, we are enclosing a print of this Percolation Recertification Plan of Lot 6 for your review and approval.

In addition, we are enclosing one (1) print of the signed Preliminary Plan (P-02-01) of Hall Shop Manor to assist in your review.

If we may answer any questions during your review, please do not hesitate to call.

Very truly yours,
Fisher, Collins & Carter, Inc.

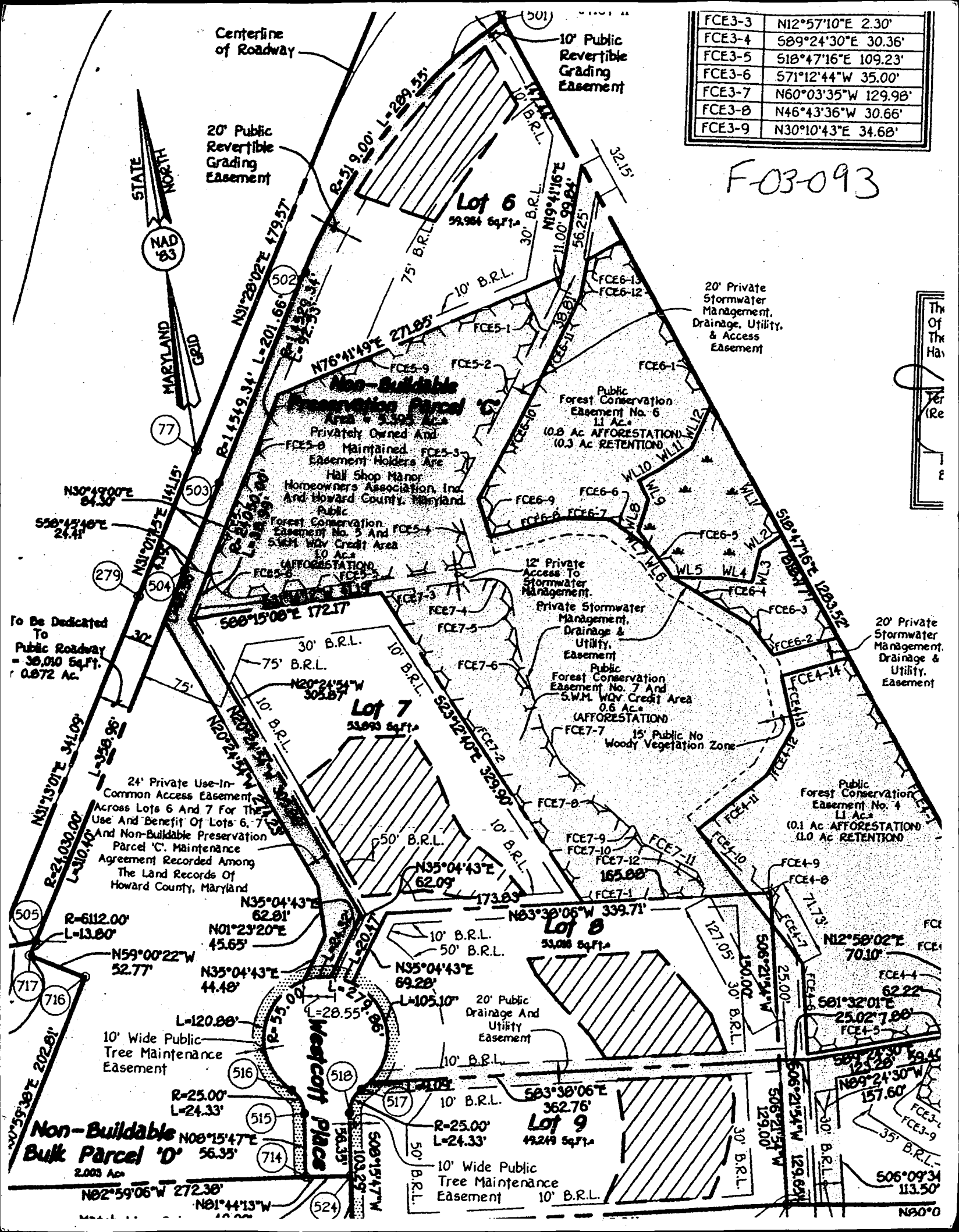


Terrell A. Fisher, P.E., L.S.

WO #30710
c.c. Mr. Donald Reuwer (w/print)
Mr. Richard Fanta (w/print)

FCE3-3	N12°57'10"E 2.30'
FCE3-4	S89°24'30"E 30.36'
FCE3-5	S18°47'16"E 109.23'
FCE3-6	S71°12'44"W 35.00'
FCE3-7	N60°03'35"W 129.98'
FCE3-8	N46°43'36"W 30.66'
FCE3-9	N30°10'43"E 34.68'

F-03-093



Th
Of
Th
Ha

Per
(Re

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3000 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2488 INSPECTIONS (410) 313-1976 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B0-149173 KJB
--	---	---------------------------------------

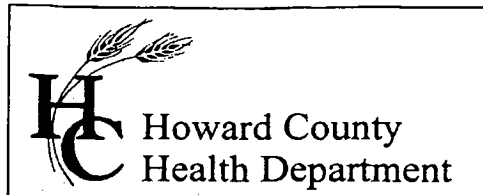
Building Address <u>6905 WESTCOTT PLACE</u> <u>CLARKSVILLE, MD 21029</u>	Property Owner's Name <u>NVR, INC</u> Address <u>6085 MARSALEE RD</u> City <u>ELKRODE</u> State <u>MD</u> Zip Code <u>21112</u> Home Phone <u>410-379-5950</u> Work Phone <u>410-379-5950</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ _____ _____ Phone _____ Fax _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>4000</u> Subdivision <u>HILLSIDE MANOR</u> Section _____ Area _____ Lot <u>6</u> Tax Map <u>11</u> Parcel <u>126</u> Grid <u>1</u> Zoning <u>PP-1</u> Map Coordinates _____ Lot size _____	Contractor Company <u>NVR, INC</u> Contact Person <u>John C. NVR</u> Address <u>11111 NVR</u> City <u>11111</u> State <u>11</u> Zip Code <u>21112</u> License No. _____ Phone <u>410-379-5950</u> Fax _____
Existing Use <u>VACANT LOT</u> Proposed Use <u>SEPT</u> Estimated Construction Cost \$ _____ Description of Work <u>Single Family Home</u> _____ _____ _____ Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<u>Building Characteristics</u> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ 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> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 <u>NVR</u>	Print Name <u>NVR, INC</u>
Title/Company _____	Date <u>6/30/04</u>

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY		
AGENCY <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	DATE <u>6/12/04</u> SIGNATURE APPROVAL <u>K. J. Bell</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____
		PROPERTY ID# <u>62744</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>177999</u> Validation # <u>7103</u> Accepted by _____



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

October 22, 2004

NVR, Inc.
6085 Marshlee Road
Elkridge, MD 21075

RE: Hall Shop Manor, Lot 6
6905 Westcott Place
Clarksville, MD 21029
BP # B00149173
Well Permit # HO-94-3770

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/06/2004. 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-94-3770. 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: 10/21/2004
Date of Well Completion: 09/04/2003

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File