

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

P 513295

A REPAIR

DISTRICT

DATE 3-1-2000

DATE SYSTEM APPROVED 5/18/00

INSPECTOR BB

WTC III Plumbing & Heating, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, MD 21797 PHONE 410-489-4457

SUBDIVISION Fox Chase LOT 3 ROAD 13742 Brighton Dam Road

PROPERTY OWNER Nantucker Homes/Dorsey, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Starting at the 220.37'/331.52' intersection, place the distribution box 175' feet down the 331.52' lot line and 125 feet off this same lot line. Run trenches on contour toward Brighton Dam Road.

NOTES - MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL TO THE TRENCHES. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/22/99 OK AU

PLANS APPROVED BY Mark E. Rifkin

REVISED DATE 10/12/99

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

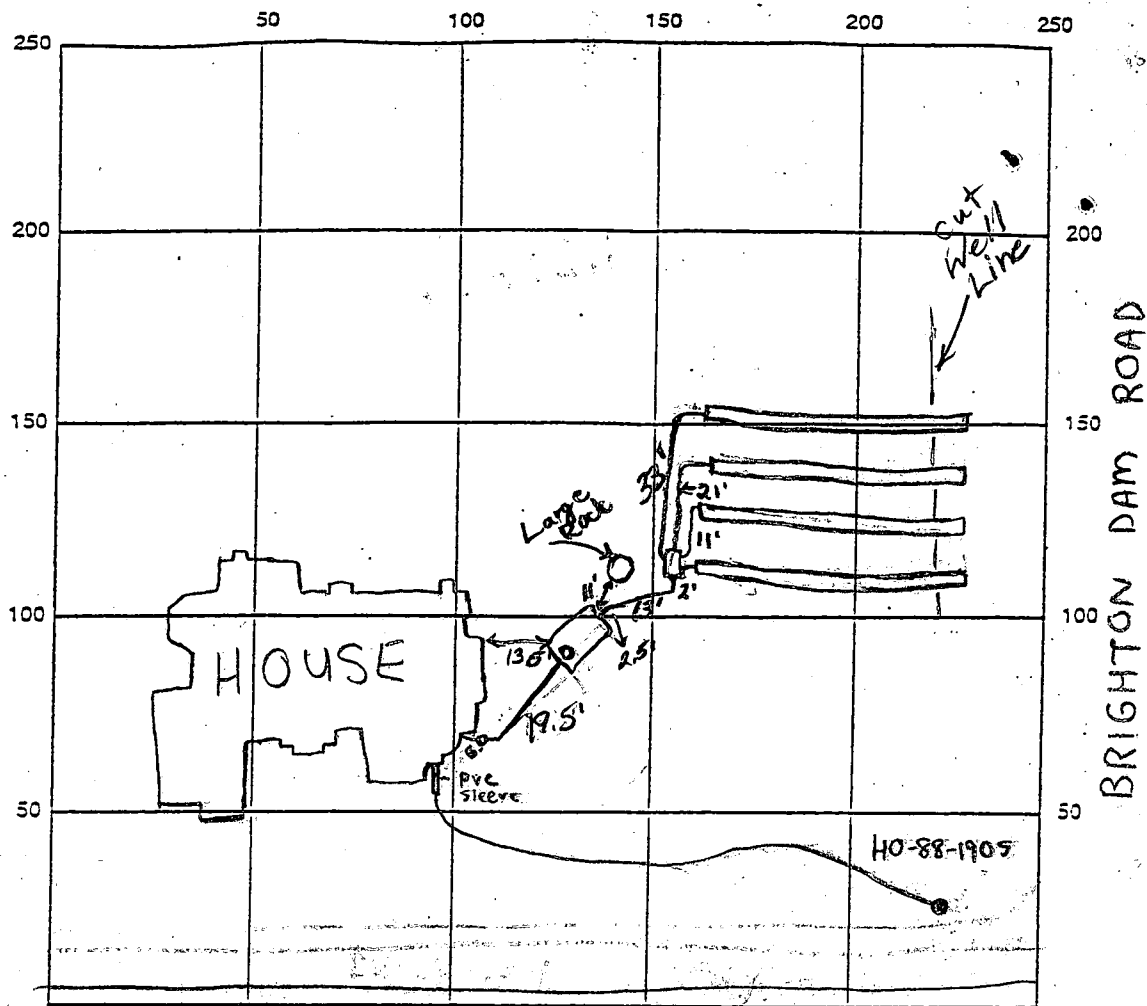
PERMIT VOID AFTER TWO YEARS

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

513295



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
DRNEWBY

SEPTIC TANK LEVEL 1250 MS CLEANOUTS 4" House, 8" Tank

DISTRIBUTION BOX LEVEL O.K.

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 4x60' FT. (240' Total)

NUMBER OF TRENCHES 4 ONE SIDE / BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/18/00 House connection made. Trenches within staked septic area.
Everything looks O.K. O.K. to cover. Installer attempted to run trenches
toward rear of house but was deterred by large rock. Well line
found crossing part of easement. Cannot locate any source. (BB)
(Topo. may not be same as indicated on plots.)

DATE SYSTEM APPROVED 5/18/00 INSPECTOR B. Baker

APPLICATION

PERCOLATION TESTING

A 5/2016

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

RE-PERC
FOR HOUSE SITE-
REVIEW OK (MR)

DISTRICT _____

DATE 7/19/99

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 WILLIAM K FLANIGAN & LESLIE W FLANIGAN

ADDRESS 4942 BRAMHOPE LANE PHONE 410-461-7864

AGENT OR PROSPECTIVE BUYER ELLICOTT CITY, MD 21043 NANTUCKET HOMES/DORSEY

ADDRESS 13090 OLDFREDERICK RD PHONE 410-442-8200

PROPERTY LOCATION: SHKESVILLE, RD 21784 ATTN: LAVON THAXTON
410-531-4847

SUBDIVISION FOX CHASE LOT NO. 3

ROAD AND DESCRIPTION CORNER OF BRIGHTON DAM RD & NICHOLS

TAX MAP _____ PARCEL # _____

SIZE OF LOT 4.89 ACRES TYPE BLDG. RESIDENTIAL
(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. William K Flanigan
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 8/12/99 PERC OK, HOLD FOR PLAT (MR)

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

brn orge
sac 1m
15% frags

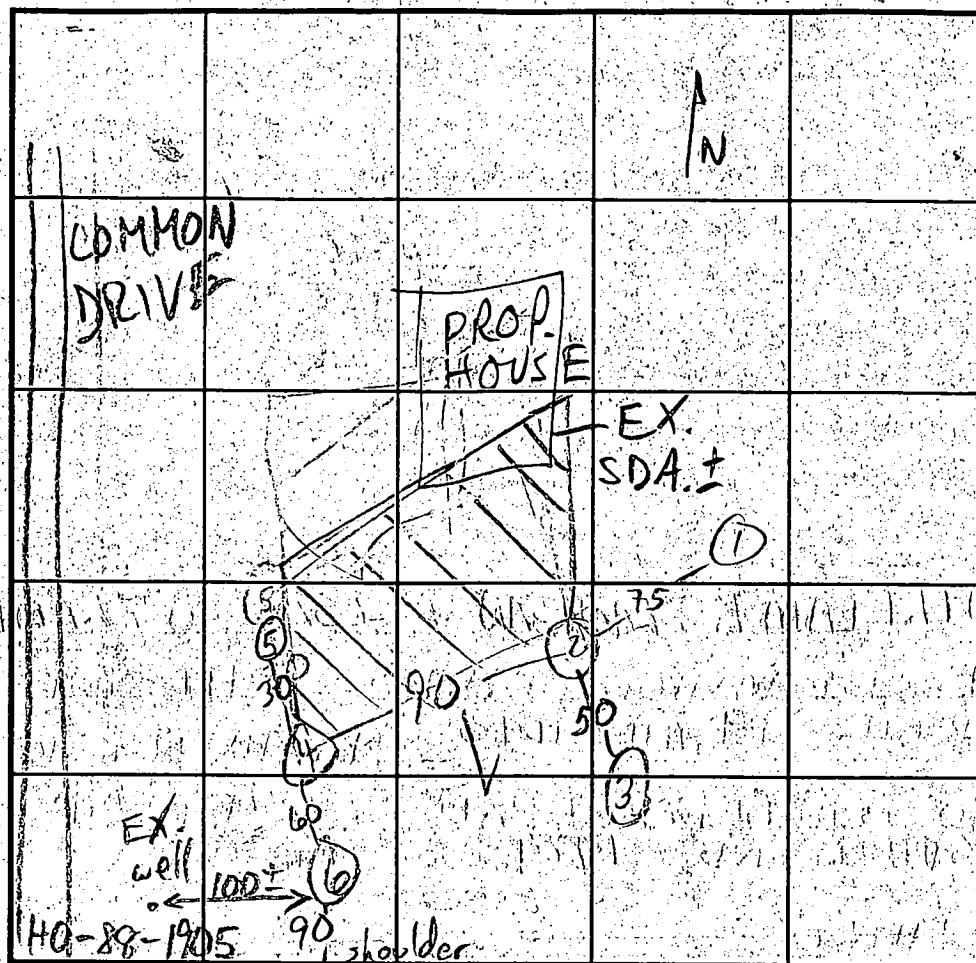
tan brn
sa
mica
10cm
10%
frags

orge
sac 1m

tan
sandy
mica
10% frags

brn
sac 1m
10-30% frags

brn tan
sa 1m
10%
frags
↑ w/depth
Rock



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BRIGHTON DAM RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/6/99	1 S	4 1/2	1:44	1:45	1:45	1:46	2
	1 V	14	OK see profile				
	2 S	5 1/2	1:53	1:54		1:53	30 sec
	2 V	10-13	OK but w/in ex. casement			1:54	1 min
	3 S	5' 1/4"	2:34	2:35	2:36	2:35	FAST
	3 V	14	OK see profile			2:38	2
	4 S	5	2:42	2:44	2:44	2:46	2
	4 V	13	OK see profile				
	5 S	5	2:47	2:48	2:48	2:50	2:50
	5 V	12	OK see profile				
	6 V	13 1/2					

REMARKS

TYPE OF SOIL

TESTED BY

M. R. F. Kin

ALSO PRESENT owners, bldr, Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2

TRENCH WIDTH

3

INLET DEPTH

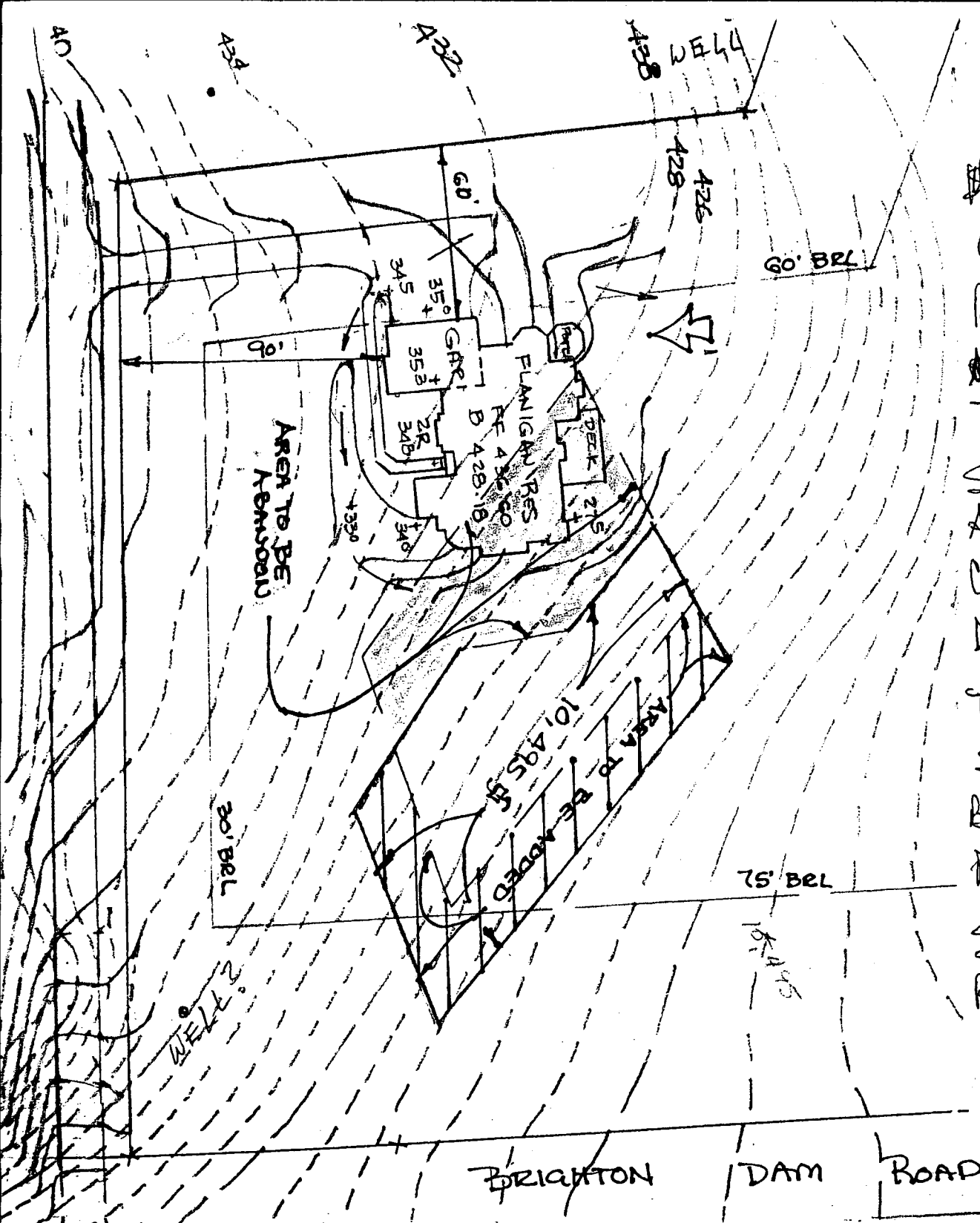
20 3

MAXIMUM BOTTOM DEPTH

20 5

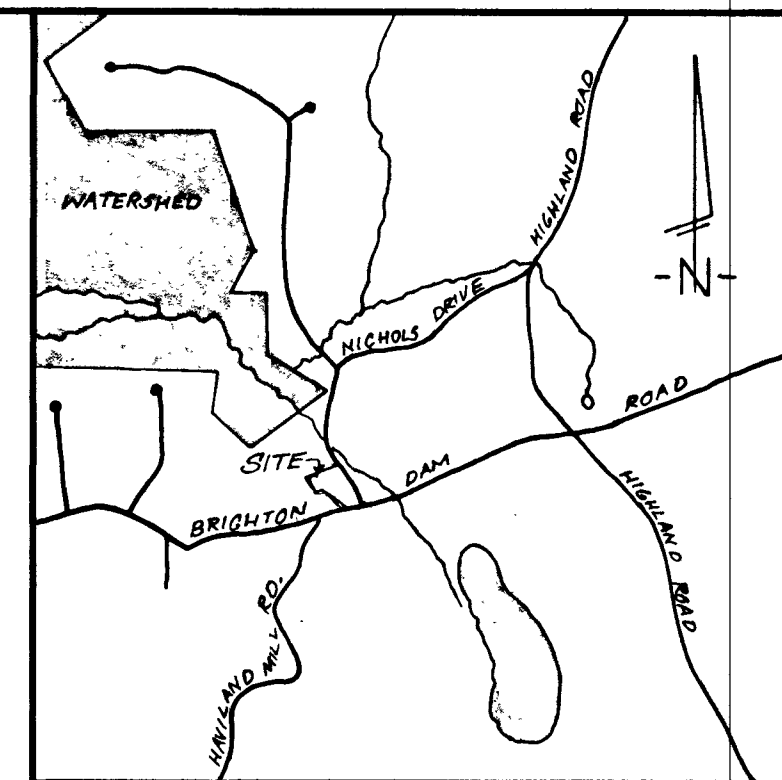
SQ. FT./BEDROOM

180



7/15/99

OFFICE VISIT BY LAVON
OF (PHIL) DORSEY BUILDERS
RE: ADJUSTMENT AS SHOWN;
BLDR WAS ADVISED ADJ.
TOWARD COMMON DRIVE NOT
SUITABLE DUE TO WELL (EX.);
ADJ. TOWARD POND PREVIOUSLY
CAUTIONED AGAINST (GS, 10/26/98);
DOWNHILL ADJ. MAY BE OK,
TESTING REQ'D; WET
SEASON NOT BELIEVED TO
BE REQ'D; TENTATIVE TEST
DATE OF 8/6/99 @ 1:30 ASSIGNED
SUBJECT TO RECEIPT OF FULL
PERC PROPOSAL + CW REVIEW
M.R.



VICINITY MAP
SCALE: 1"=2000'

LEGEND

CONTOUR INTERVAL	2 FT.
EXISTING CONTOUR	348
PROPOSED CONTOUR	348
DIRECTION OF DRAINAGE	W.O.B.
WALK OUT BASEMENT	+78.4
SPOT ELEVATION	
LIMIT OF DISTURBED AREA	LOD

Topo.
May not
Conform to
Indicated

GENERAL NOTES

1. TOPO WAS TAKEN FROM PLANS PREPARED BY
2. LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF PERMIT ISSUANCE.
3. DISTURBED AREA: 22,750 S.F.
4. BY COPY OF THIS PLAN THE HO. CO. HEALTH DEPT. ACCEPTS THIS MODIFICATION TO THE RECORDED SEWAGE DISPOSAL EASEMENT.
5. RECORDED PLAT NO. 9979 ON 7/16/1991.



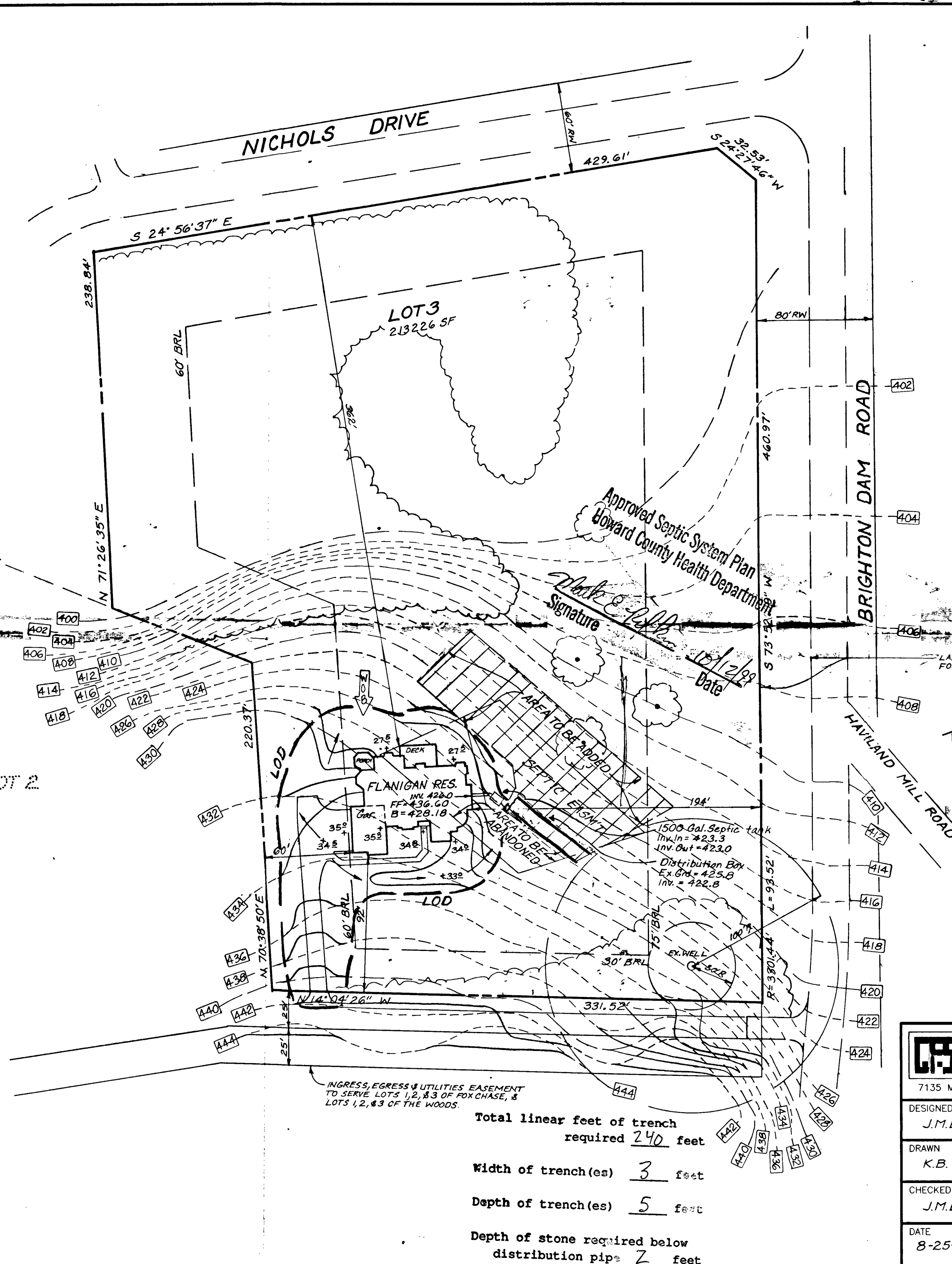
CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.

DESIGNED J.M.E.	<p>SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN LOT 3</p> <p>FOX CHASE</p> <p>TAX MAP 34 PARCEL 172 FIFTH (5th) ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p>	SCALE 1" = 50'
DRAWN K.B.		DRAWING 1 of 1
CHECKED J.M.E.		JOB NO. 99-121
DATE 8-25-99		FILE NO. 99-121

FOR: DORSEY BUILDERS, Inc.
13090 OLD FREDERICK ROAD
SYKESVILLE, MD 21784

LOT 2



Total linear feet of trench
required 240 feet

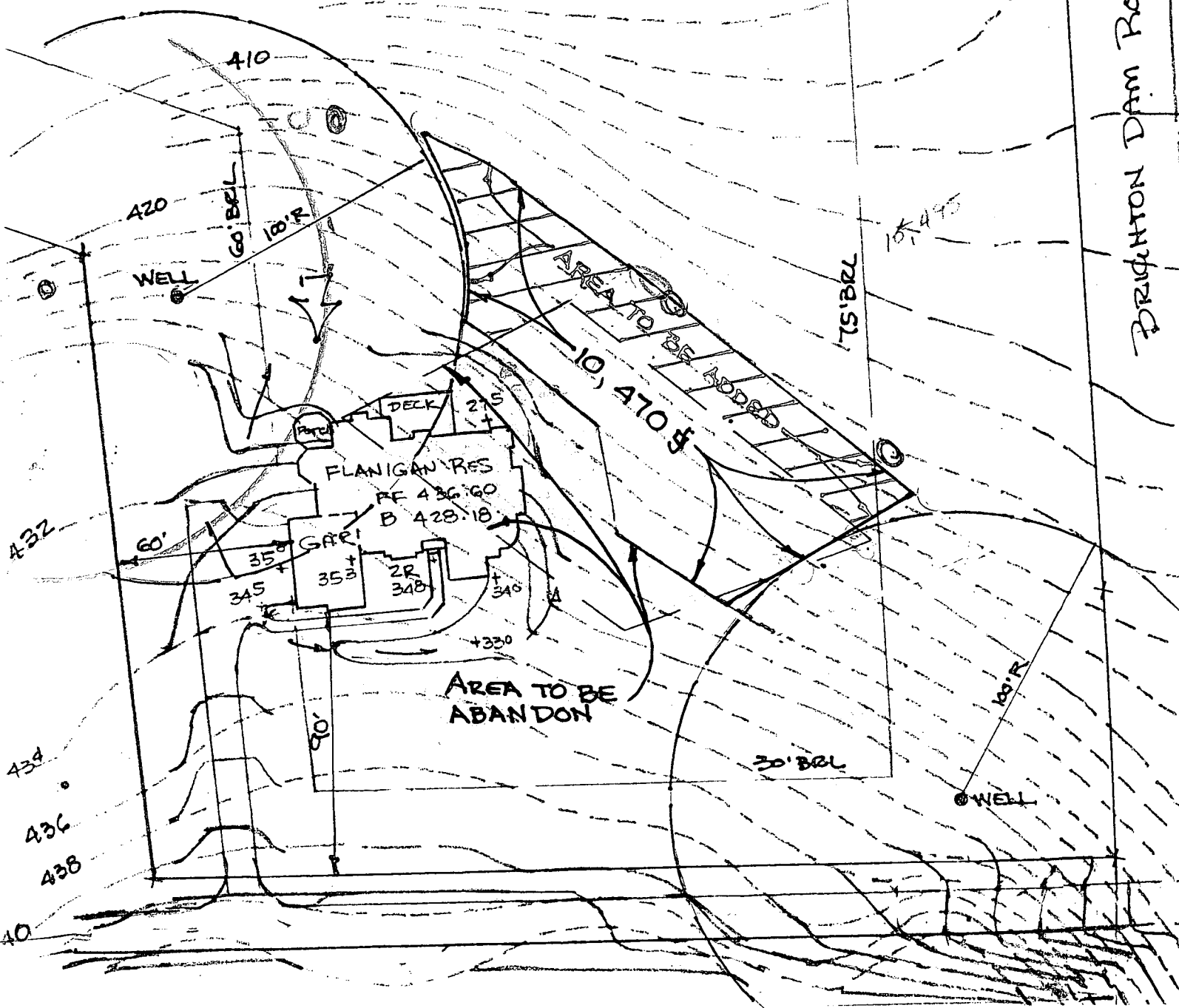
Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet

INGRESS, EGRESS & UTILITIES EASEMENT
TO SERVE LOTS 1, 2, & 3 OF FOX CHASE, &
LOTS 1, 2, & 3 OF THE WOODS.

7-16-99





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 12, 1999

William and Leslie Flanigan
4942 Bramhope Lane
Ellicott City, MD 21043

RE: PERCOLATION TEST RESULTS
A 512016
Adjustment to Previously Platted Easement
Fox Chase, Lot 3
Brighton Dam Road

Dear Mr. and Mrs. Flanigan

Percolation testing conducted August 6, 1999 on the above referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plan showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the locations of all existing wells and septic reserve areas on the property, as well as the locations of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all existing wells and septs within 100 feet of property boundaries have been shown.

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-2640.

Very truly yours,

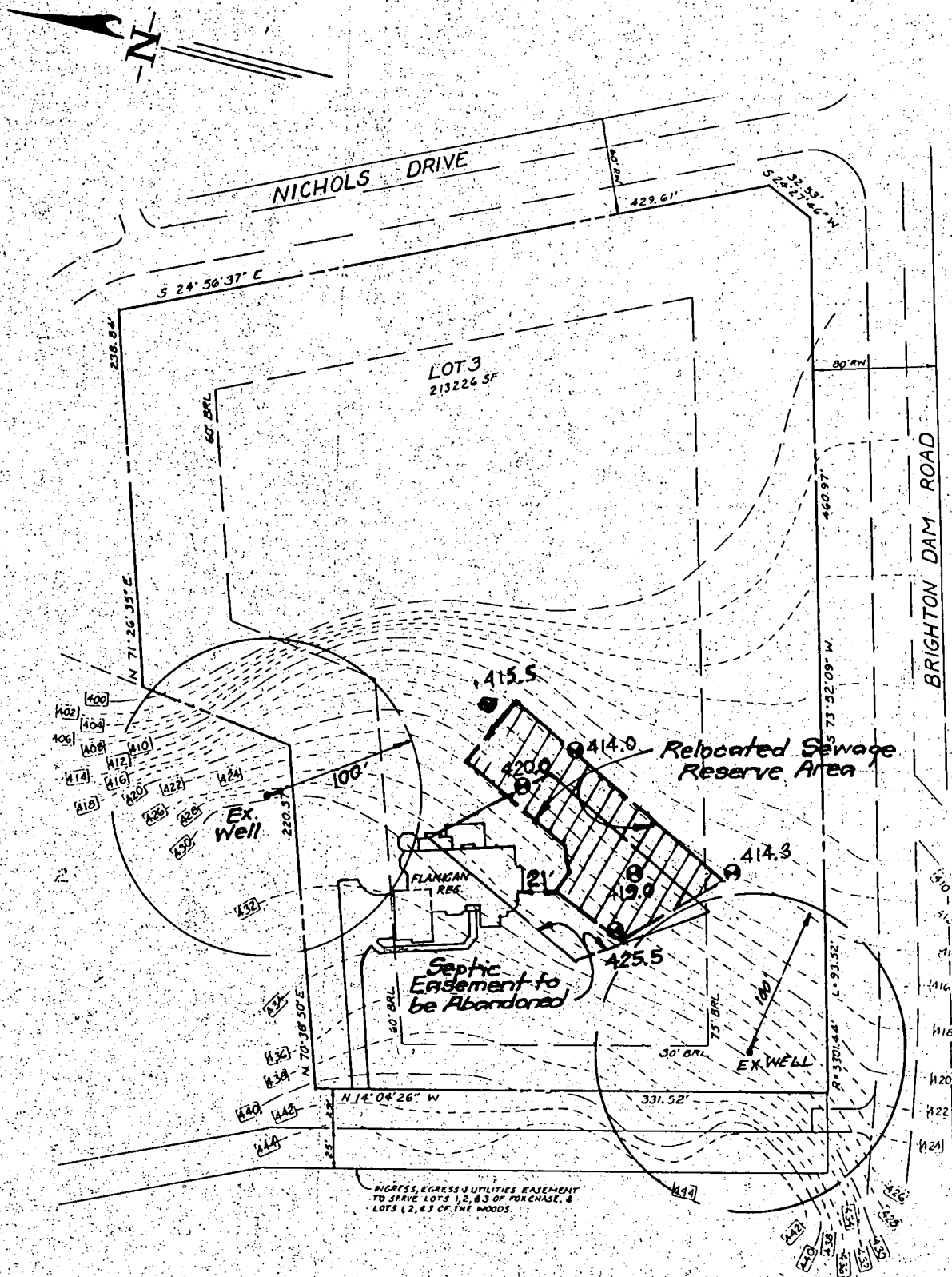
Mark E. Rifkin, R.S.
Water and Sewerage Program

MR

Enclosures

cc: Nantucket Homes/Dorsey
Clark, Finefrock and Sackett
File

PERCOLATION CERTIFICATION
 PLAT 9979
 LOT 3
FOX CHASE
 Tax Map 34 Parcel 172
 5th Election District
 HOWARD COUNTY, MARYLAND



////// This Area designates a private sewage reserve area of 10,000 sq. ft. as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The county Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The Lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: for Private Water and Private Sewage Systems.

Dore K. H. H. H.
 COUNTY HEALTH OFFICER MR. DATE 10/13/89

FOR: DORSEY BUILDERS, INC.
 13090 Old Frederick Road
 Sykesville Md. 20814

CLARK, FINEFROCK & SACKETT, INC.
 ENGINEERS · PLANNERS · SURVEYORS
 7135 MINSTREL WAY COLUMBIA, MARYLAND 21045
 TELEPHONE: BALT. (410)381-7500 · WASH. (301)621-8100

DRAWN BY: K.B.

DATE: 8-20-99

SCALE: 1"=100'

CHECKED BY: J.M.E.

JOB NO.:

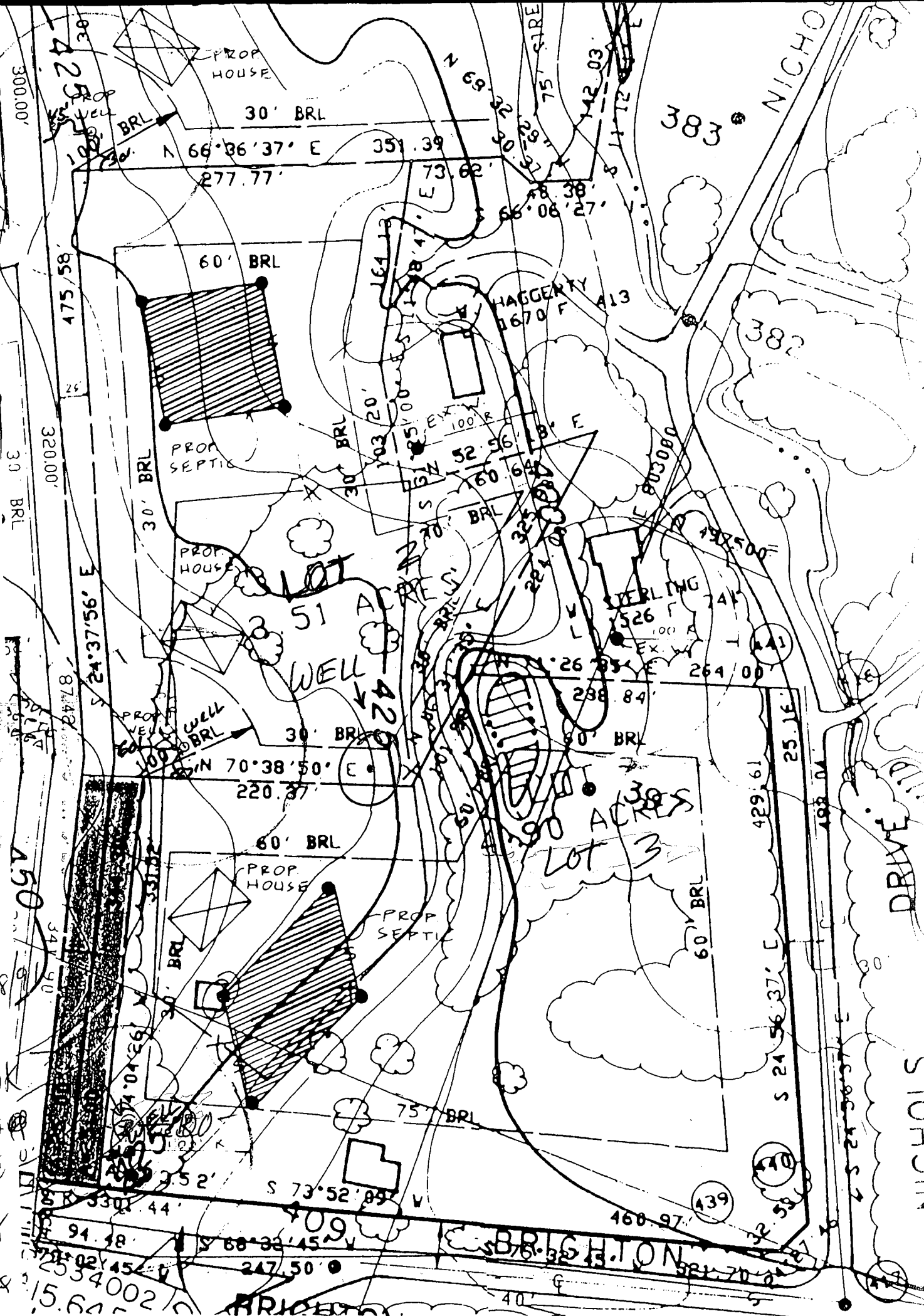
FILE NO.:

DESIGNED BY: J.M.E.

99-121

99-121-L

MR. S/28
Well
Site OK
50' up lot
line, 20'



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1905
Location of property (road) Brighton Dam Rd
Subdivision FOX CHASE Lot 3 Block Plat Sec.
Well Driller Maune Owner R. Demmitt

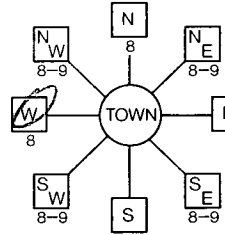
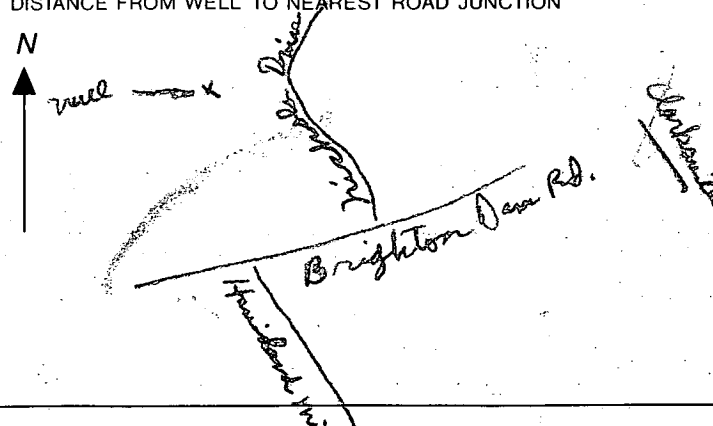
Depth of well 325 ft
Distance of measuring point (M.P.) above ground 1 ft
Static water level (S.W.L.) below M.P. 38 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:05 am Pumping rate 15 gpm
Total time 45 min to reach pumping water level 136 ft. below M.P.

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

[illegible]

B 1 0066 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1905 <small>fill in this form completely</small>
Date Received (APA) 050891		B 3 LOCATION OF WELL 8 COUNTY H C W A R D 23 SUBDIVISION F O X C H A S E SECTION 44 LOT 43 C L A R K S V I L L E 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 3 1/2 M I	
OWNER INFORMATION 45 Last Name D E M M I T T Owner First Name R I C H A R D 36 Street or RFD P O B O X 208 57 Town C L A R K S V I L L E 70 State 72 M D Zip 76 21029		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Driller's Name J o s e p h L. M a g n a 77 License No. 80 238 Firm Name J o s e p h L. M a g n a W E L L D R I L L I N G Address 5512 Ridge Rd. Int. Hwy. Ind. 21771 Signature J o s e p h L. M a g n a Date 5/6/91		11 NEAR WHAT ROAD B r i g h t o n D a m R o a d ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		34 DISTANCE FROM ROAD 865 37 ENTER FT or MI F T	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME H o w a r d COUNTY NO. A # 46475 STATE SIGNATURE M a r k E. R i l k i n DATE ISSUED 11/30/91 NORTH GRID 497000 EAST GRID 080300	
APPROXIMATE DEPTH OF WELL 204 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. W E L L 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 80X3 N 49X7	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other 12:0:21		8/12/91 9:30 1 ft above grade 47 ft casing 40 ft open hole 13 bags cement J E N a d e a u could not confirm location	
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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 H C - 88 - 1905 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 (OEP USE ONLY) APPROP. PERMIT NUMBER G A P FORCE M R WRITE INITIALS IN BOX PERMIT No. H C - 88 - 1905			
SPECIAL CONDITIONS			

11411 TO CM

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00124775
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Building Address <u>13742 Brighton Dam Road</u> <u>Clarksville, MD. 21029</u>	Property Owner's Name <u>William Flanigan</u>
Suite/Apt. # _____ SDP/WP/Petition #: _____	Address <u>13742 Brighton Dam Road</u>
Census Tract <u>6051.0</u> Subdivision <u>for Chase</u>	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Section _____ Area _____ Lot <u>3</u>	Home Phone <u>410 461 7864</u> Work Phone <u>202 429 4671</u>
Tax Map <u>34</u> Parcel <u>412</u> Grid <u>41</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>LR-1</u> Map Coordinates <u>13.119</u> Lot size _____	Phone _____ Fax _____

Existing Use <u>Single Family Dwelling</u>	Contractor Company <u>Suburban Propane</u>
Proposed Use <u>Underground Propane Tank</u>	Contact Person <u>Mike DeVincent</u>
Estimated Construction Cost <u>\$2,000.00</u>	Address <u>31 Deerwood Circle P.O. Box 1766</u>
Description of Work <u>Bury a 1,000 gallon U.G.</u>	City <u>Rockville</u> State <u>MD</u> Zip Code <u>20850</u>
<u>Propane Tank in accordance to NFPA #58</u>	License No. _____
<u>+ Local Code</u>	Phone <u>301 251 0606</u> Fax <u>301 251 0608</u>

Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

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

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

<u>Michael A. DeVincent</u> Applicant's Signature	<u>Michael A. DeVincent</u> Print Name
<u>Residential Energy Representation</u> Title/Company	<u>6/12/00</u> Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u> <u>729882</u>
<u>Land Development DPZ</u>			Front: _____	Filing fee \$ <u>149</u>
<u>State Highways</u>			Rear: _____	Permit fee \$ _____
<u>Building Official</u>			Side: _____	Excise tax \$ _____
<u>Dev. Engineering DPZ</u>	<u>6/20/00</u>	<u>Mark Rappin</u>	Side St. _____	Sub-total paid \$ _____
<u>Health</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<u>Fire Protection</u>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>1004</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date <u>6/12/00</u>	Validation # _____
			Accepted by _____	

Distribution of Copies

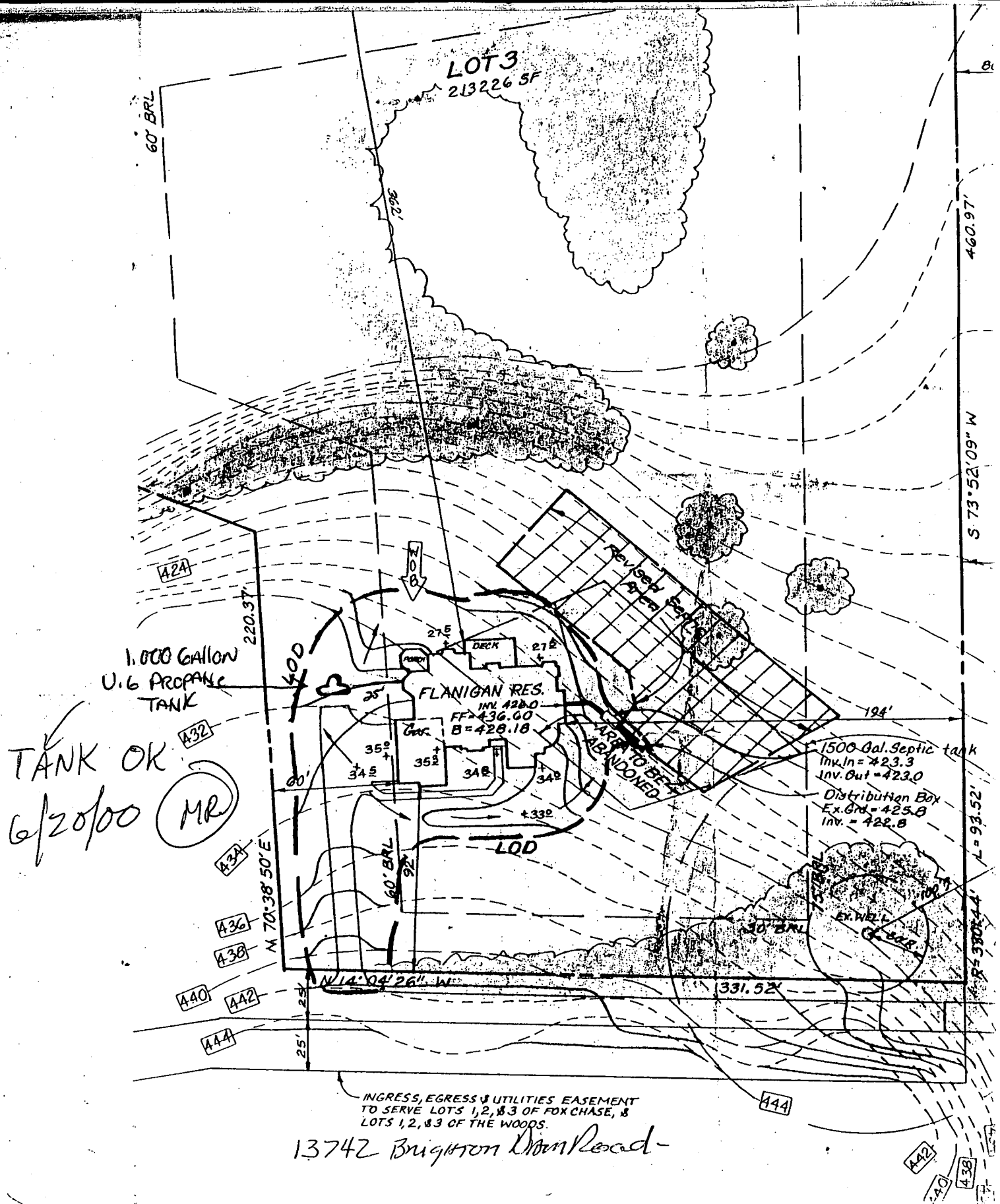
White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA



4/10/00 Am

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 ☐

Receipt # _____
Date _____

Name of Installer William T Cumberland

Telephone 410 489 4457

License Number 7979

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Nantucket Homes Telephone _____

Subdivision Fox Chase Lot # 3 Well Tag # HO-88-1905

Site Address 13742 Brighton Park Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet ☒
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220 ☒

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

- Pump exceeds well capacity Yes _____ No ☒
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ☒ Other _____

Tank

- Capacity 40 gallon
- Pressure relief valve? yes

Piping

- Type Plastic
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth 3.25 ft.
- Yield 7.5 GPM
- Static water level 38 ft.
- Will water supply be disinfected by installer? no

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.

4/10/00 - WPI OK (SRH) Signature of Applicant: [Signature]

Date: 3/1/00

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

HD-215 Called Builder & discussed that well casing must be 8" above finished grade

C1 4562 SEQUENCE NO. (DENY USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 46475

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

8 13

081291

Depth of Well
22 325 26
(TO NEAREST FOOT)PERMIT NO.
FROM PERMIT TO DRILL WELL
H088-1905

OWNER

STREET OR RFD

SUBDIVISION

Neumitt

Richard

last name

first name

TOWN

Clarksville

SECTION

LOT X 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearingSAND
GRAY MICA
ROCK

0 44

44 325

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CMBENTONITE CLAY ☒ BC

NO. OF BAGS 13

NO. OF POUNDS 1222

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ ST☒ CO

STEEL

CONCRETE

☒ PL☒ OT

PLASTIC

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)☒ ST☒ 6☒ 47

OTHER CASING (if used)

diameter
inchdepth (feet)
from toEACH
CASING☐
☐screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

☒ ST☒ BR☒ HO

STEEL

BRASS

OPEN
HOLE☒ PL☒ OT

PLASTIC

OTHER

C2

EACH
SCREENDEPTH (nearest ft.)
1 H0 46 325
2
3

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)

from to

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

1

2

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.
to nearest gal.)

7.5

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

38

WHEN PUMPING

139

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 ☒ NOIF DRILLER INSTALLS PUMP THIS 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

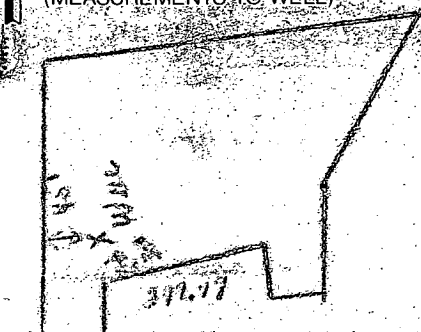
and enter casing height)

☒ + above☒ - below

LAND SURFACE

☒ 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)

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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.

938

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

Well Permit No. HO - 88-1905 Brighton Dam Rd
Location of property (road)
Subdivision FOX CHASE Lot 12 Block Plat Sec.
Well Driller J. Maun Owner R. Demmitt

Depth of well 325
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 38"

Time pump started 8:05 Pumping rate 15 gpm.
Total time 45 min. to reach pumping water level 136 ft. below M.P.

[illegible]

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT

DATE

P

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

ADDRESS

PHONE

PROSPECTIVE BUYER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

TAX MAP

PARCEL #

SIZE OF LOT

TYPE BLDG.

(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

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

10/29/90 PERC DR FOR NEW HOUSE. OLD HOUSE MUST BE RAZED & OLD WELL & SEPTIC MUST BE RAZED. IN RE FORG NEW HOUSE BUILT R/H WAITING FOR PERC CERT PLAT RH

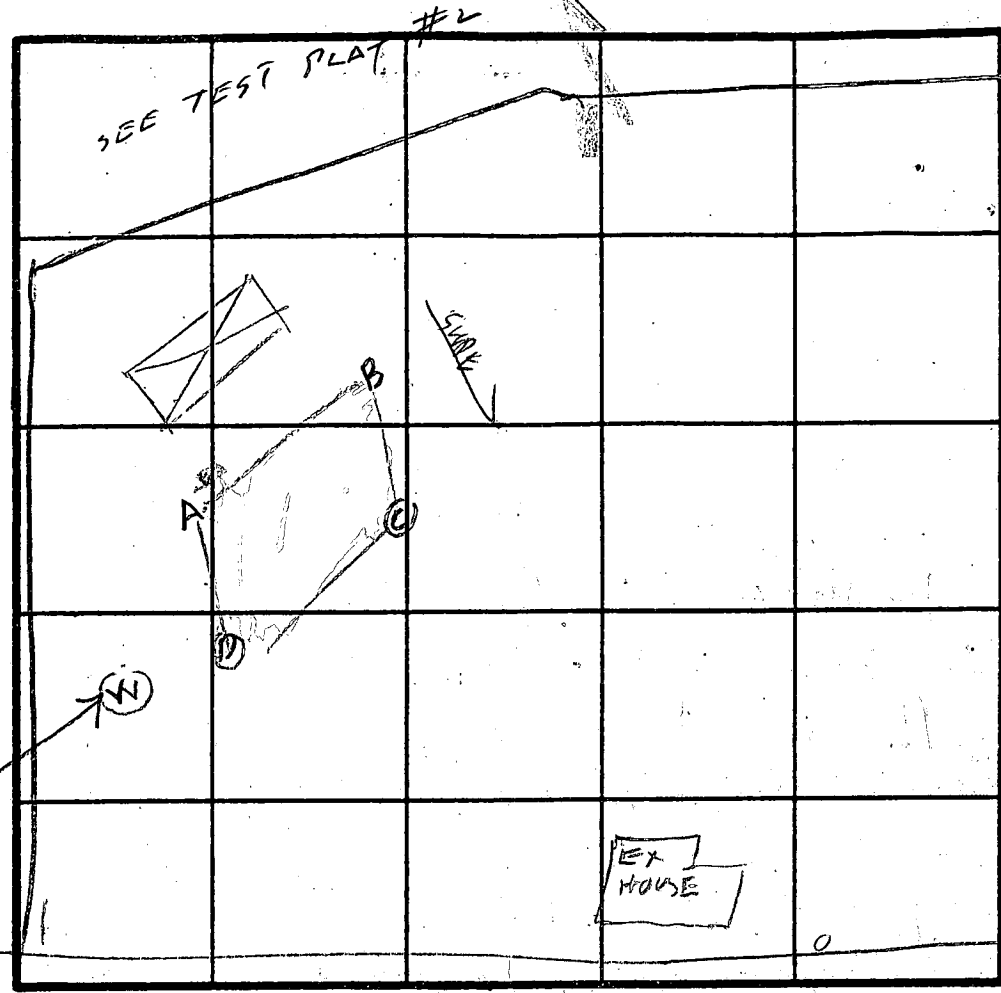
THIS IS NOT A PERMIT

201
A46475

① ② ③ ④
SOIL PROFILE

0
BROWN
CLAY
3
BROWN
SAND
GRITTY
LOAM
14

WELL
SITE
TO BE CHANGED



$\bar{X} = 8$
210 BR
Inlet 4'
Bottom 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/10/90	C	3.5	1056	1101	1101	1102	7
		12.5	OK				
1/10/90	D	4.5	1059	1102	1102	1110	8
		14	OK				
	A	4	1103	1109	1109	1125	76
		14	OK				
	B	3.5	1114	1115	1115	1117	2
		6.5	1117	1115	1115	1121	6
		12.5	OK				

REMARKS: Holes ABCD dug as per Test Plat #12
 TYPE OF SOIL: H.C. ...
 TESTED BY: R. HODGES
 ALSO PRESENT: R. DEMITT

[illegible]

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 3-30-11 (month/day/year)

OK
9/14/10 SC

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Richard Crummit

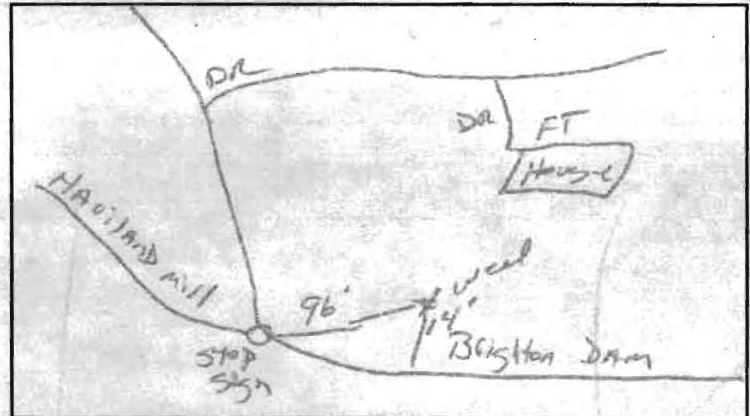
WELL DRILLERS LICENSE NUMBER: W20014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Leslie Flanagan

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: CLARKSVILLE
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 13742 BRIGHTON DAM RD



* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

_____☐ STEEL _____☐ PLASTIC
_____☐ CONCRETE _____☒ OTHER (specify) Stone

* SIZE OF CASING: 40x40 INCHES IN DIAMETER Round

* DEPTH OF WELL: 13 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? _____ YES _____☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Concrete	13	0
VOLUME OF MATERIAL USED		
6 yds		

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN George F. Rostenberg

LICENSE # MWD 040

CIRCLE ONE MWD/MSD/MGD

DATE 4-1-11