

10/16/00 PM
Layout - 2:00
10/12/00
CO.

PERMIT # 408520

INDEXED

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514260
A 40047
ISSUE DATE 9/18/2000
APPROVAL DATE 10/12/00

Pine Valley Homes Inc/Duncan's Septic & Backhoe Service IS PERMITTED TO INSTALL X ALTER
ADDRESS 507 White Horse Court, Millersville, MD 21108 PHONE 410-320-7071
SUBDIVISION Eagle Point Landing LOT NUMBER 14 ADDRESS 5414 Talon Court
PROPERTY OWNER DAVE COOK D. Sam Enterprises PROPERTY OWNER'S ADDRESS 507 White Horse Court
SEPTIC TANK CAPACITY 1250 GALLONS Millersville, MD 21108
PUMP CHAMBER CAPACITY N/A GALLONS
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth
8 feet below original grade. 4 feet of stone below distribution box.
LOCATION: As seen from front of lot (Talon Court), start from right front lot corner.
Place distribution box 205 feet down right lot line and 180 feet off this same lot line.
Run trenches in both directions along contours. 5/18/00 OK ALM

Call for layout inspection

PLANS APPROVED Amy McMillen DATE 4-13-00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

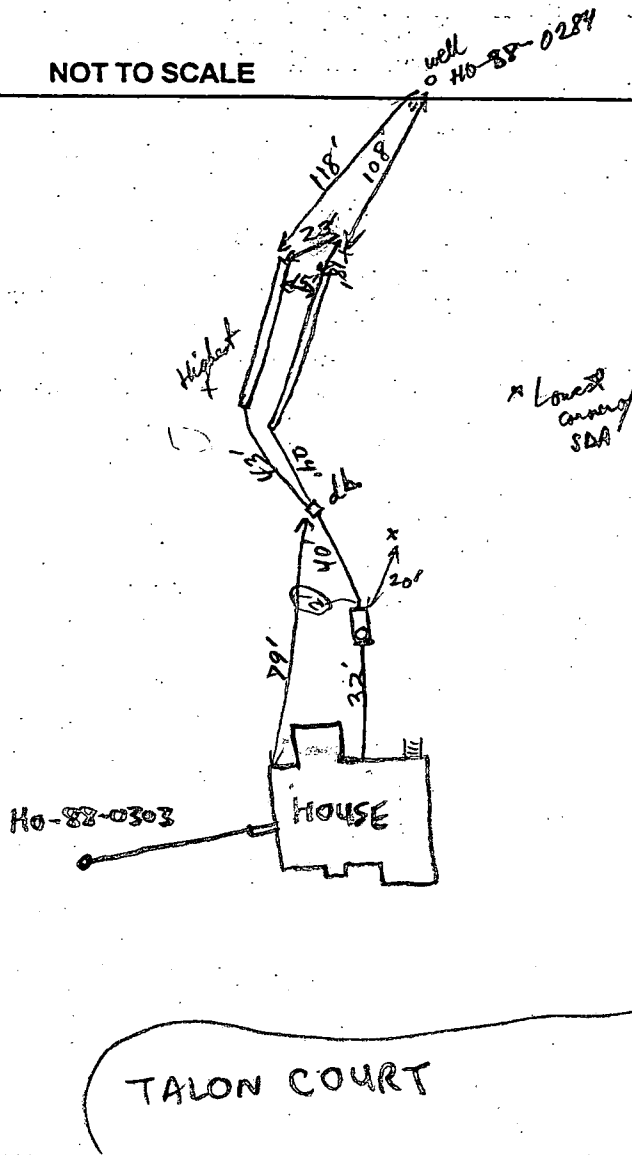
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

DO NOT PERMIT SIGNED
AND RETURNED 9/20/00
300132497. Construct
open wood deck on rear of
SFO. 17' x 16' 14' x 16' w/ steps

NEITHER THE HOWARD COUNTY COUNCIL NOR 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

40047

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 4'
 TRENCH BOTTOM DEPTH 8'
 DEPTH OF STONE 4'
 NUMBER OF TRENCHES 2 X 90' ea.
 TOTAL TRENCH LENGTH 180
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL yes
 BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1600 TS GALLONS
 MANHOLE RISER 2' riser OK
 6 INCH INSPECTION PORT NA

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: Layout discussed in general. Need to lay trenches on contour in highest
part of SDA. OK to extend trenches beyond SDA lines but keep at least 100' from all wells.
(2 long trenches or 3 trenches of staggered lengths are OK) R/P 10/11/00

INSPECTION COMMENTS: Septic Tank and House Connection OK to cover. R/P 10/11/00
S.T. Baffles OK, Dist Box gravel bedded, Trench #1 OK to cover, Trench #2 gravelled & piped, Needs paper then
OK to cover. OK to cover all work when finished. R/P 10/12/00

INSPECTOR Ronald P. Flynn

DATE SYSTEM APPROVED 10/12/00

10/3/00
10-12am

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: MARYLAND STATE PLUMBING Telephone #: 410-590-5200
Address: P.O. BOX 1330
ROSSADINA MD 21123

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): MIKE MOORE License# 5028

*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: D. SAM ENTER. Telephone #: 410-987-8759 320 7170
Subdivision: EAGLE POINT LANDING Lot #: 14 Well Tag #: HO-88-0303
Site Address: 5414 TALON CT
CLARKSVILLE MD 21029

Submersible Pump Data

Make: Red Jacket
Model #: 100F211-12G14
Pump Capacity 10 GPM
Well Yield: 9 GPM

Pitless Adapter

Make: BOSHART
Model#: PA100
Depth: 42' (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 150 (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: Roll Plastic
PSI: 160 (160 psi min)
Depth of supply line: 44' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 3'
Sleeve caulked and sealed properly: yes

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.

James S. [Signature]
Signature of company representative responsible for installation

9/20/2000
date

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

Date Insp. Requested: 10/3/2000

Date Insp. Approved: 12/4/00

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

10/3/00 - 2pc cap needs proper ~~caulk~~ adapter

Well tag missing will be ordered and attached

Reinspection required - SRU

X - Resolved 12/4

X - Resolved 12/4

SRU

TALON CT

lot # 14 EAGLE POINT LANDING OFF TEN OAKS RD
lot size 3.017 AC

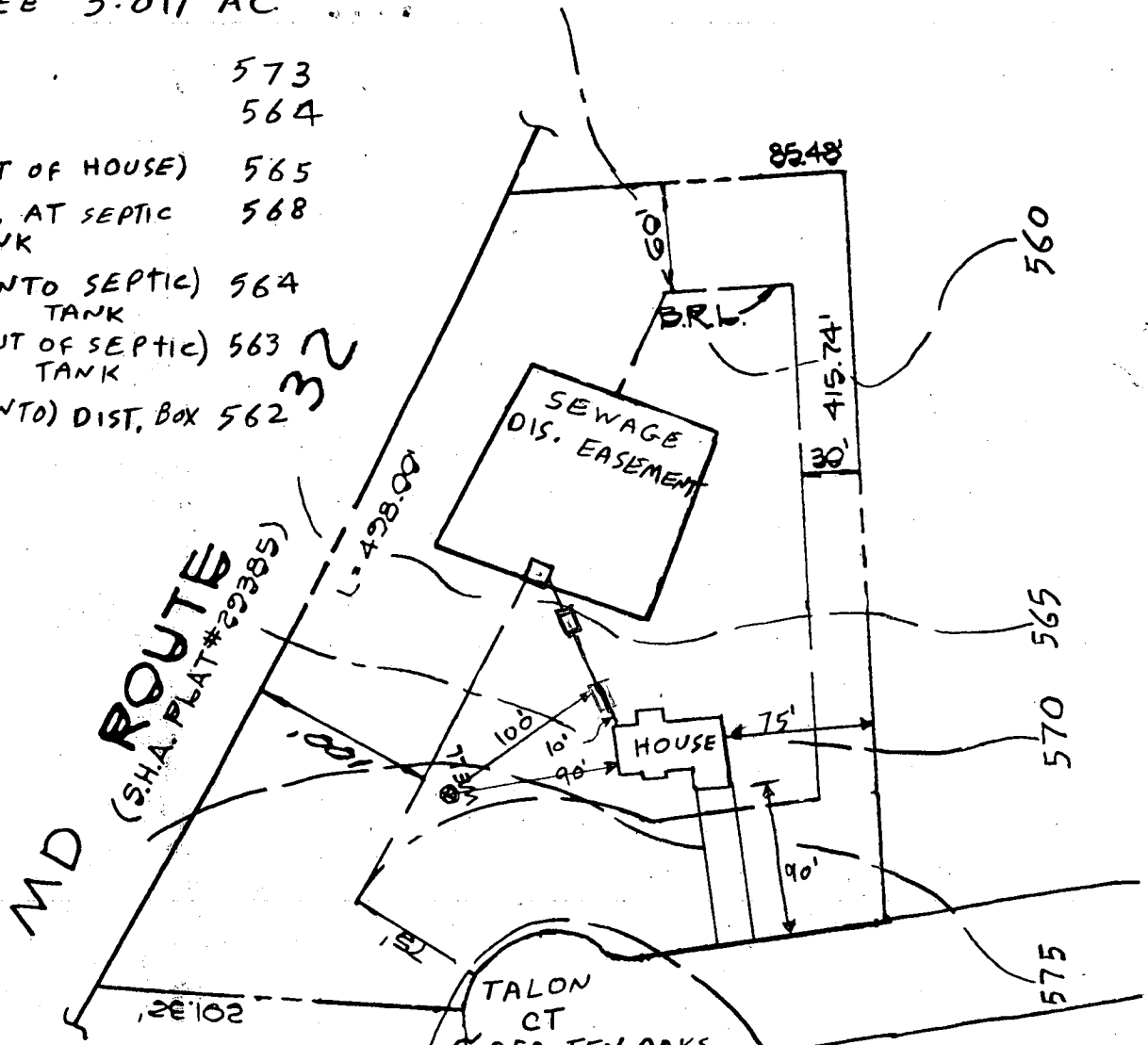
FF ELEV. 573
BE ELEV. 564

INV. ELEV (OUT OF HOUSE) 565
EXIST. ELEV. AT SEPTIC TANK 568

INV. ELEV. (INTO SEPTIC) 564 TANK

INV. ELEV. (OUT OF SEPTIC) 563 TANK

INV. ELEV. (INTO) DIST. BOX 562



2900 SQFT HOUSE
4 BEDROOM
1500 GAL SEPTIC TANK

Total linear feet of trench required 180 feet

Width of trench(es) 2.0 feet

Depth of trench(es) 8.0 feet

Depth of stone required below distribution pipes 4.0 feet

I certify that the above measurements are actual and correct for this property.

Approved Septic System Plan
Howard County Health Department

SCALE 1" = 100'

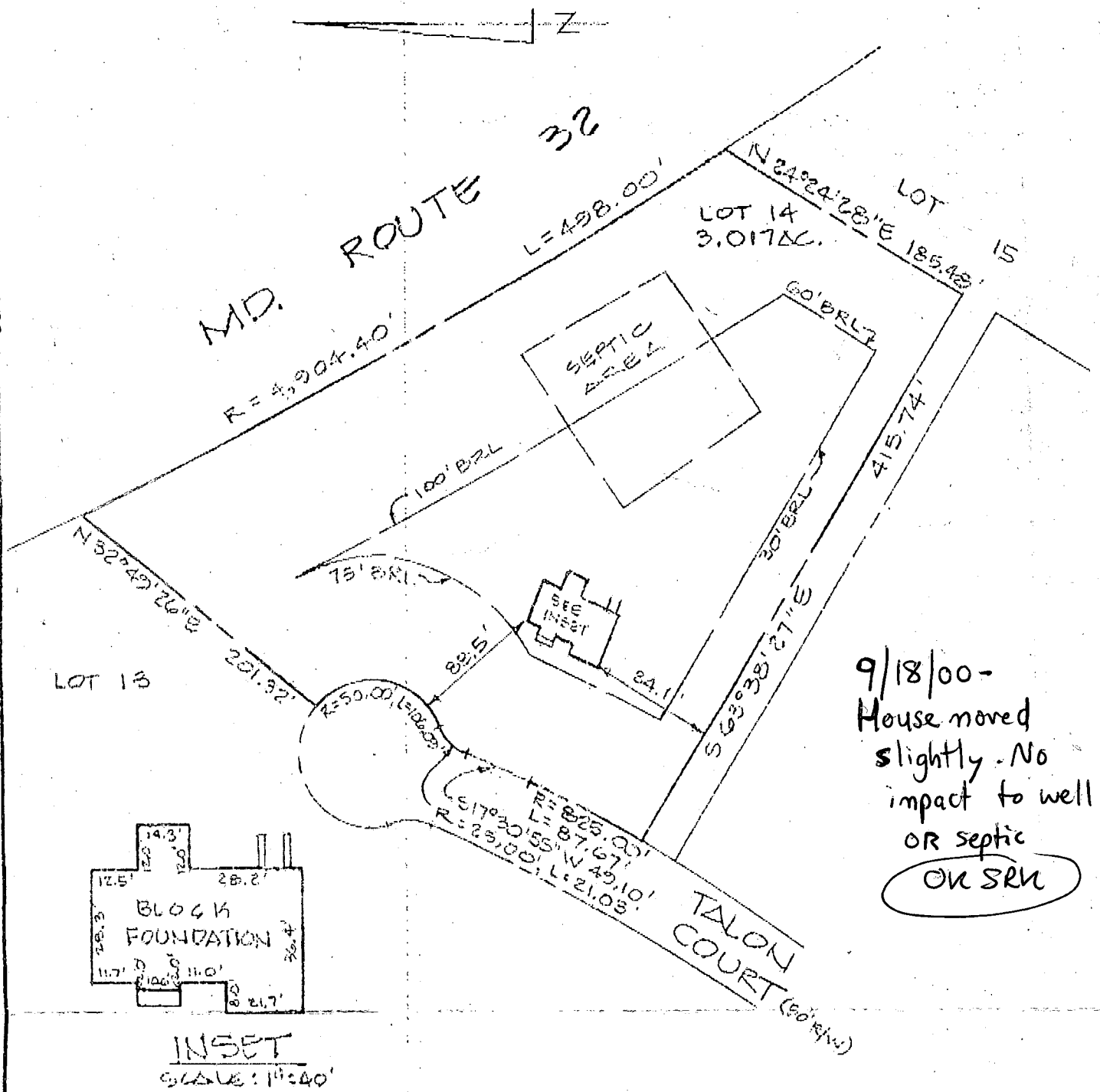
D. Samachart.

Signature Andy McMillan Date 4/13/00

B 00123423

BUILDING LOCATION SURVEY

LOT 14 BLOCK —
EAGLE POINT
LANDING
HOWARD COUNTY, MARYLAND



SURVEYOR'S CERTIFICATE

I hereby certify that the survey shown hereon is correct; that the property is as delineated on a plot recorded among the Land Records of Howard County, Maryland in Plat Book --- Plat# 762. The improvements were located by a transit-tape survey made on June 19, 2000. Unless shown hereon, there are no encroachments.

Paul K. Miller
PAUL K. MILLER

Professional Land Surveyor, Md.#9154

NOTE: Property corner markers not guaranteed by this survey.



PAUL K. MILLER & ASSOCIATES, INC.

1507 RITCHIE HIGHWAY, SUITE 205
ARNOLD, MARYLAND, 21012
(410)757-9202
FAX (410)757-9203

SCALE

1"=100'

DRAWING No.

DATE

JULY, 2000

PROJECT No.

11-14A5

APPLICATION

PERCOLATION TESTING

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

A 40047

P _____

DISTRICT 5TH

DATE 9-1-87

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 Smith Roberts & Assoc

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Talbot Property LOT NO. 14

ROAD AND DESCRIPTION Ten Oaks Rd

TAX MAP 28 PARCEL # 46-A

SIZE OF LOT 3 acres TYPE BLDG SFD
(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. Mark S. Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____

REJECTED BY _____ FOR _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/7/87 Rejected for Plot 19/11
1/19/89 Rejected for Plot 19/11

THIS IS NOT A PERMIT

BOTTOM 8'

[illegible]

TESTED BY

R. Hodges

ALSO PRESENT

SENT OK. Kitterman
MARK

C1 6652 SEQUENCE NO. (DENV USE ONLY)
1 2 3 4 5 6
(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 TYPE

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

COUNTY
NUMBER A 40046

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER CAPITANG TENV
STREET OR RFD TALON COURT first name TALON TOWN DAYTON
SUBDIVISION EAGLE POINT LANDING SECTION 13 LOT 14

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	
Top Soil	0	2	
Shale	2	40	✓
Mika	40	60	
Sandstone	60	65	✓
Mika	65	105	
Sandstone	105	135	✓
Mika	135	145	
Sandstone	145	150	✓
Mika	150	165	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 110

GALLONS OF WATER 5-4

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 TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 6 45

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 9

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29

WHEN PUMPING 42

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, 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)

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

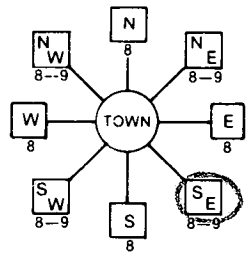
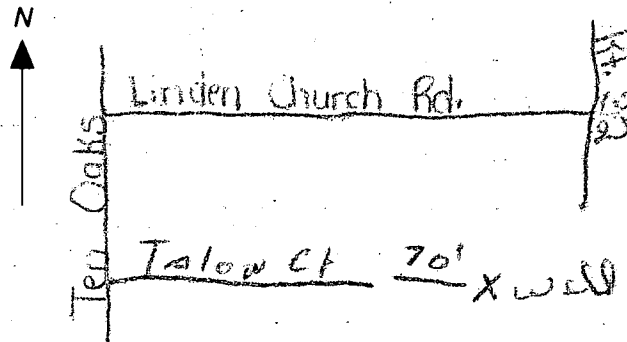
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 453
Frank R. R. R.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Frank R. R. R.

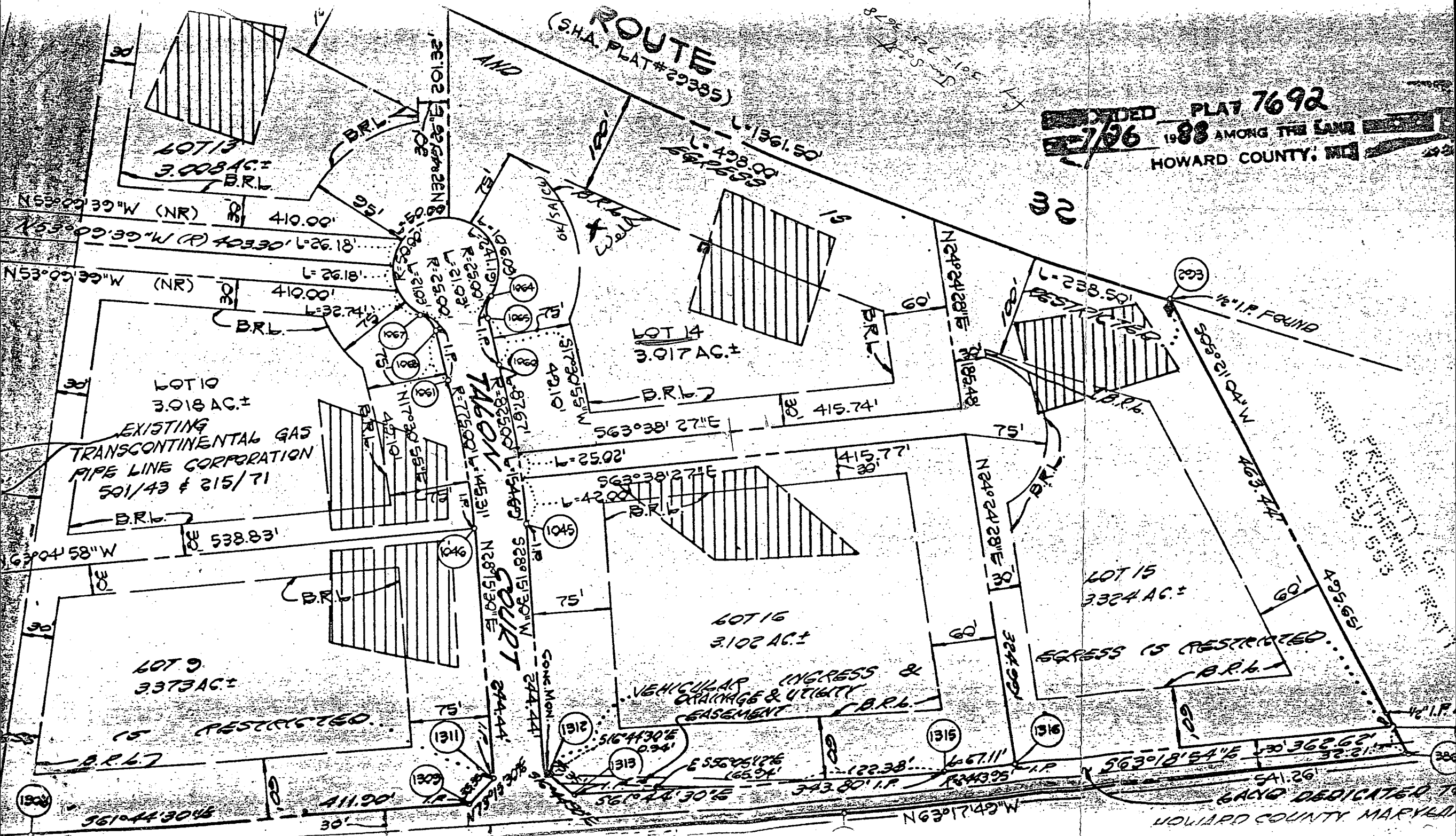
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1 6812 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-0303 <small>fill in this form completely</small>
Date Received (APA) 111088		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION EAGLE POINT SECTION 44 LOT 14 52 NEAREST TOWN DAYTON MILES FROM TOWN (enter 0 if in town) 1 M 1	
OWNER INFORMATION 15 Last Name CAPITANO Owner ANTHONY 36 4280 TEN OAKS ROAD 57 DAYTON Town MD21036 Zip 76		DRILLER INFORMATION Driller's Name Frank Delph 77 License No. 80 Firm Name Frank Delph Well Drilling Inc. Address 18234 Penn Shop Rd, Mt. Airy, Md. Signature Frank Delph Date 11/10/88	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 70 37 DISTANCE FROM ROAD ENTER FT or MI FT	
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 Howard COUNTY NO. A40047 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 111788 CO SIGNATURE Chaim Wilson 5/17/89 NORTH GRID 807000 EAST GRID 050500	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well Water 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 500 5 N 800 7 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> 30. AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37. CABLE REVERSE-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ FORCE CW WRITE INITIALS IN BOX PERMIT NO. HO-88-0303 67 68 69 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS 988-9178			

ROUTE
(S.H.A. PLAT #29385)

RECORDED
1988
PLAT 7692
AMONG THE LAND
HOWARD COUNTY, MD

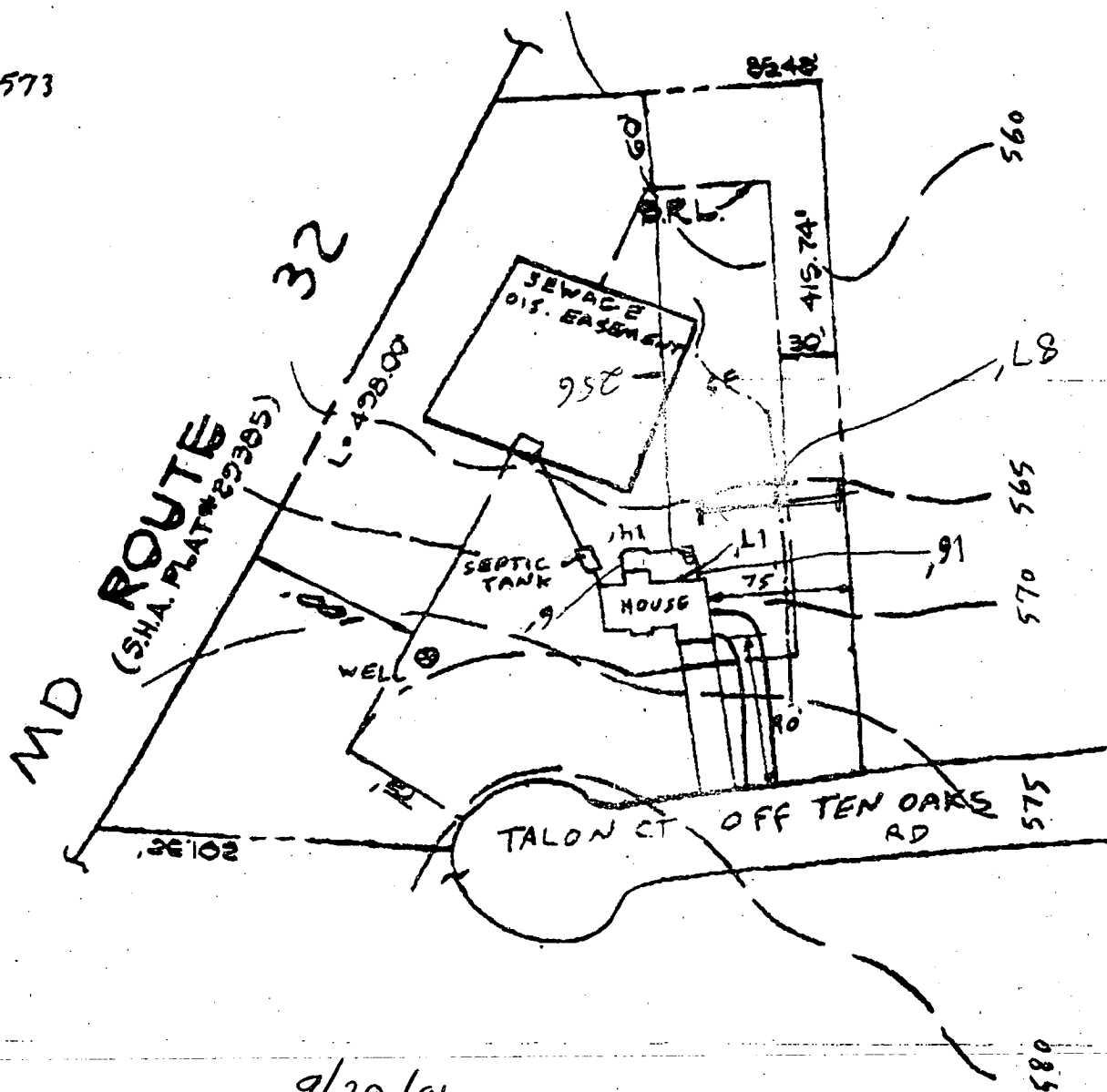


TALON CT

lot # 14 EAGLE POINT LANDING OFF TEN OAKS RD

lot size 3.017 AC.

F.F. ELEV. 573



9/20/01

Proposed Deck O.K.

BB

SCALE 1" = 100'

SIT PLAN