

11/18/00
ASAP
1/21/99 C.O. pm
3/14/00
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330494

P 513187

A 50830-C

DISTRICT _____

DATE 12/21/1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~

410-313-2640

DATE SYSTEM APPROVED 3/14/00

INSPECTOR *[Signature]*

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771

PHONE 301-829-0444

SUBDIVISION Brantwood

LOT 6

ROAD 3013 Lancelot Cross

PROPERTY OWNER NV Homes

ADDRESS
TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER.

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the left (194.66') and front lot lines, begin trenches 80 feet down the front lot line and 10 feet off this same lot line as seen when facing the lot from Lancelot Cross. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OR/MR*

PLANS APPROVED BY Amy McMillen

DATE 6-24-1999

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

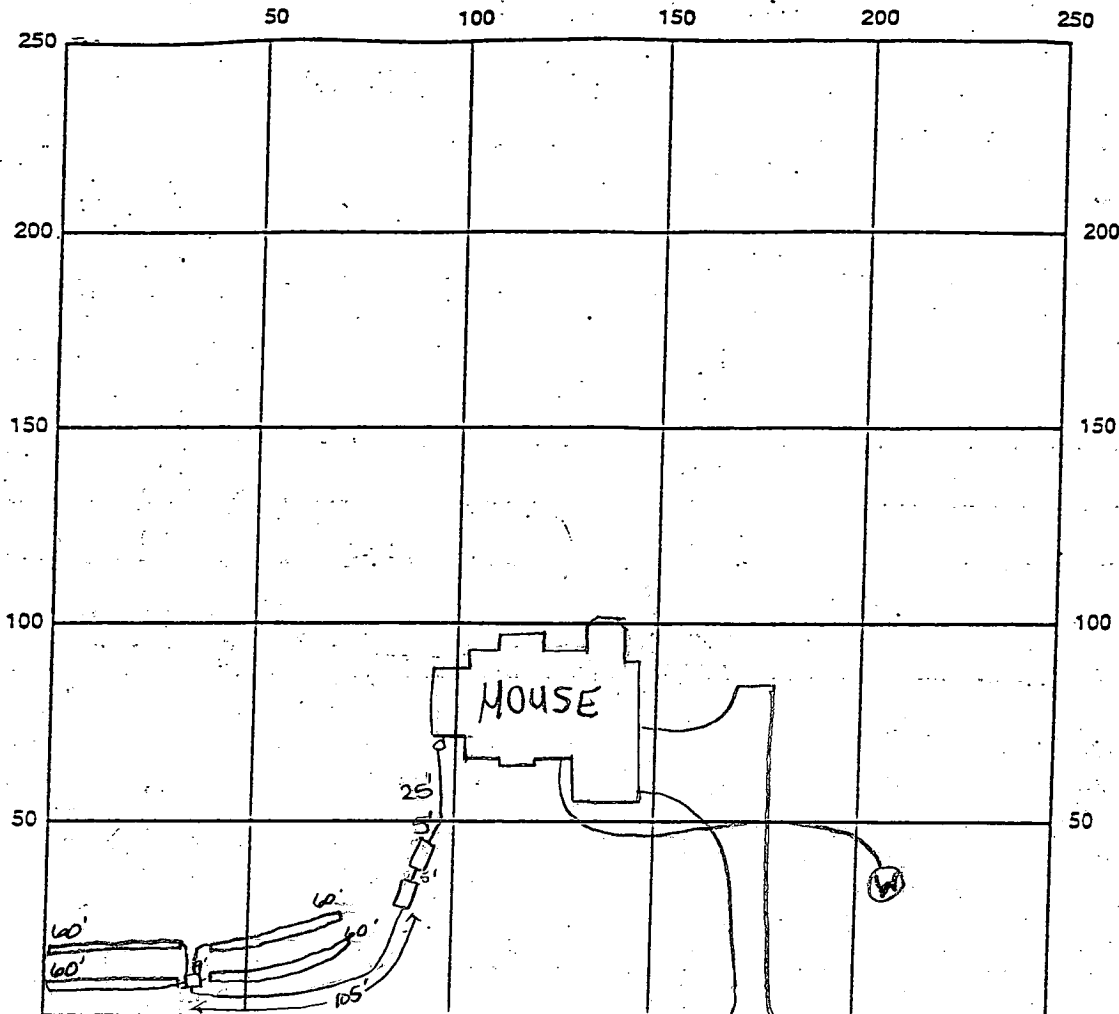
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(5-90)

BLDG. PERMITS SIGNED AND RETURNED 8/3/2000
B00125827
49x14 deck and 16x16 porch

A 50830C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Parcelot Cross

SEPTIC TANK LEVEL OK - 1250 gal t.s. sit. CLEANOUTS one at house

DISTRIBUTION BOX LEVEL 1250 gal t.s. pump pit
OK baffle is in

DRAIN FIELD/TITLE DEPTH 4.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 1/10/00 OK to continue work. JRS 1/21/00 OK to cover
septic - septic pump test needed & Pump Test OK; Alarm, On/Off Flats
work properly. HP 3/14/00
3/14/00 Well casing extends well above grades level today (grace 18" - 24" above grade) HP

DATE SYSTEM APPROVED 3/14/00 INSPECTOR Ronald P. Kelly

1/24/00
WPI P.M.

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 Van about Pbg & Hbg Receipt # _____
Date _____
Telephone 301-829-0444
License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner RV Homes Telephone 301-258-0000
Subdivision Brentwood Lot # 6 Well Tag # HO-99-1919
Site Address 3003 Lancelot Cross

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goulds
3. Model # 10E108422
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 1
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Campbell
2. Model # B10x
3. Depth 48"

Tank
1. Capacity V-100
2. Pressure relief valve? Yes

Piping PE
1. Type PE
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 48"

Well data
1. Depth 500 ft.
2. Yield 38 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: Harford W. Saut
Date: 8.11.99

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

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 8/13/95

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 Feaga Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. c/o Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 876

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- 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 A. Reil
(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

LOT 6

COUNTY #

SOIL PROFILE
6005

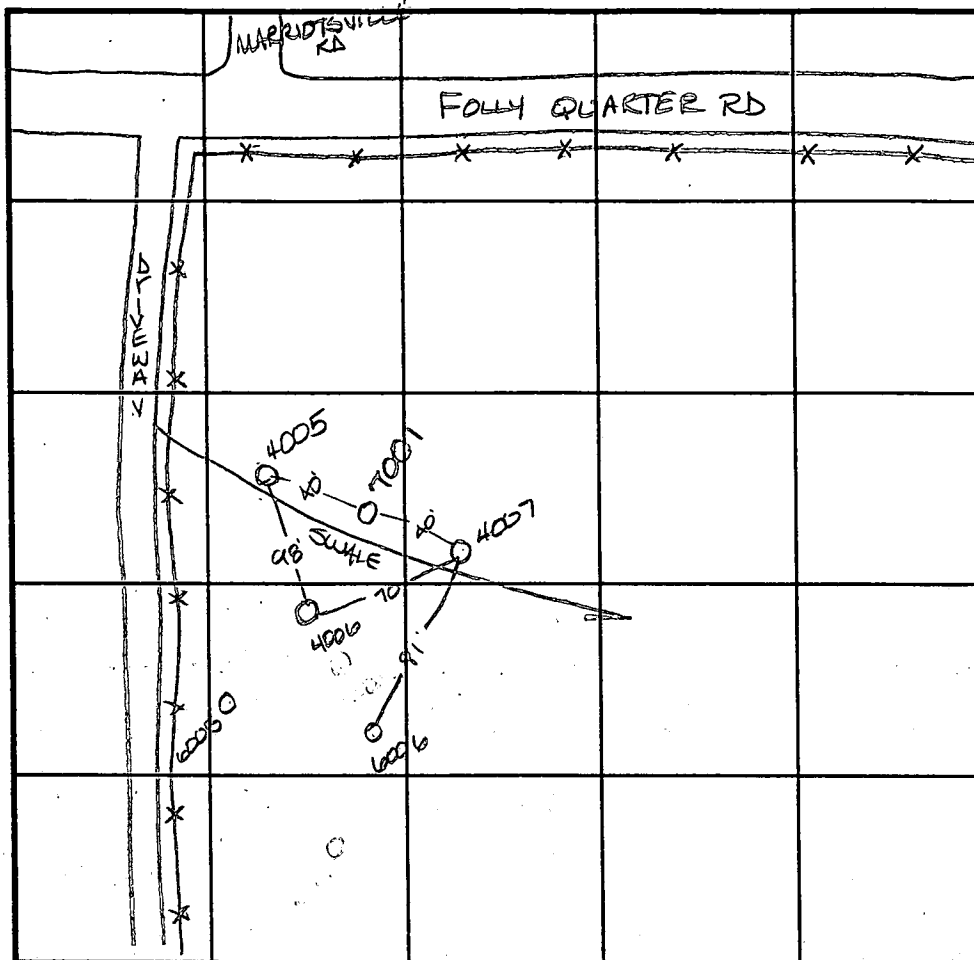
0' bright red siltm
3.0' lgt orange tan, almost white salm
6.0' dark red siltm micaceous
8.0' mottled bright orange white siltm
12.0'

4006

red brn siltm
50% saprolite pockets of white and yellow mottled siltm
brn 5-7'

4005

orange red siltm
3.0' mottled siltm orange white darker black brown matrix color
12.0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
6006 7001

0' dark red siltm
4.0' lgt white tan salm
59% felspar frags
3.0'

4007

red orange siltm
4.0' brn salm
9.0' slick white mottled damp siltm
12.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-5-96	6005	Visual	to 12.0	- see profile			
	4006	2.0 V12.0	10:15	10:16	10:16	10:18	2min
	4005	3.5 V12.0	10:20	10:22	10:22	10:25	3min
	4007	Visual	to 12.0	- see profile			F
	6006	Visual	to 13.0	- see profile			OK
12-10-96	7001	Visual	to 11.0'	- see profile			looks wet but no H2O

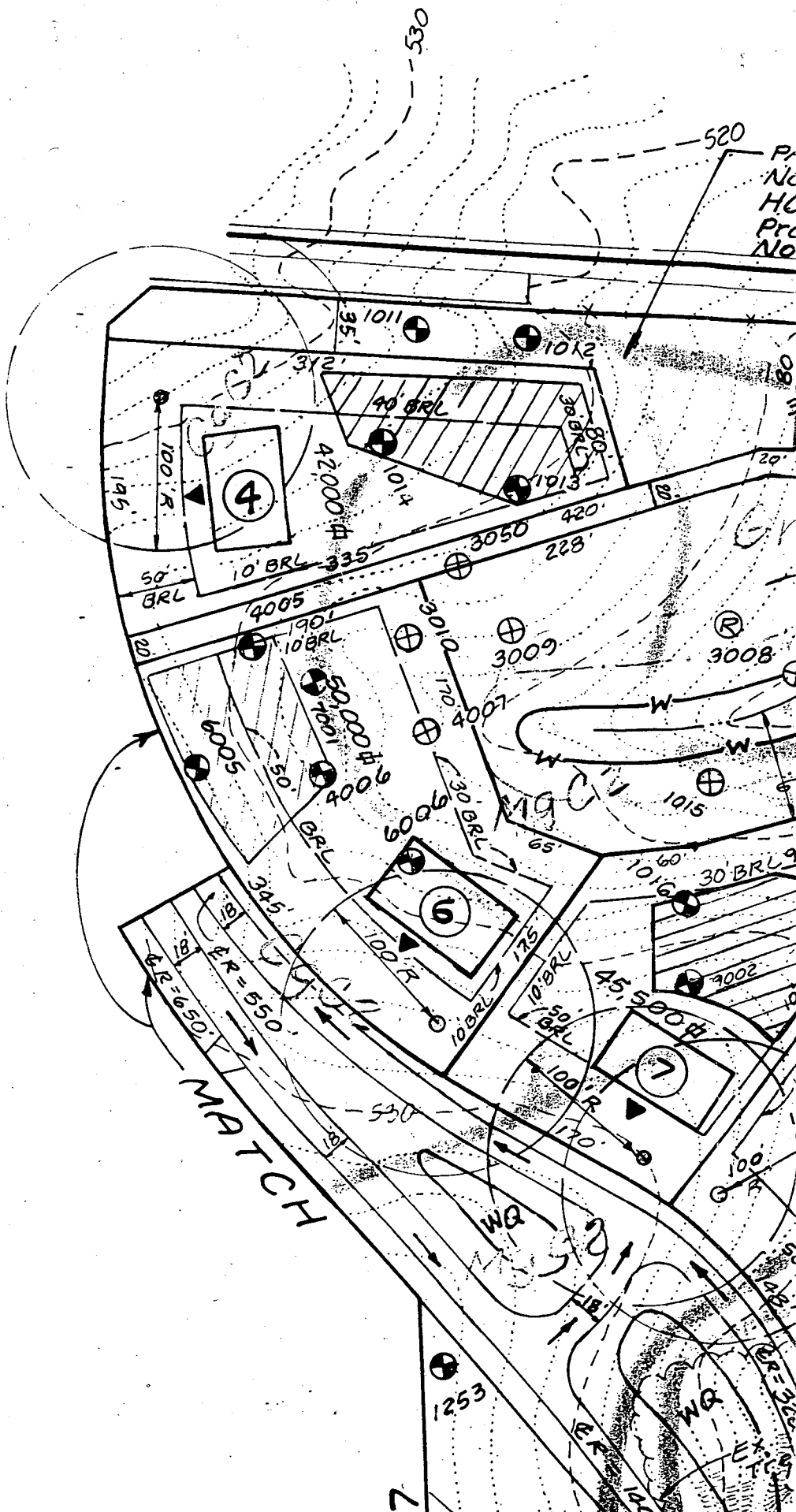
REMARKS _____

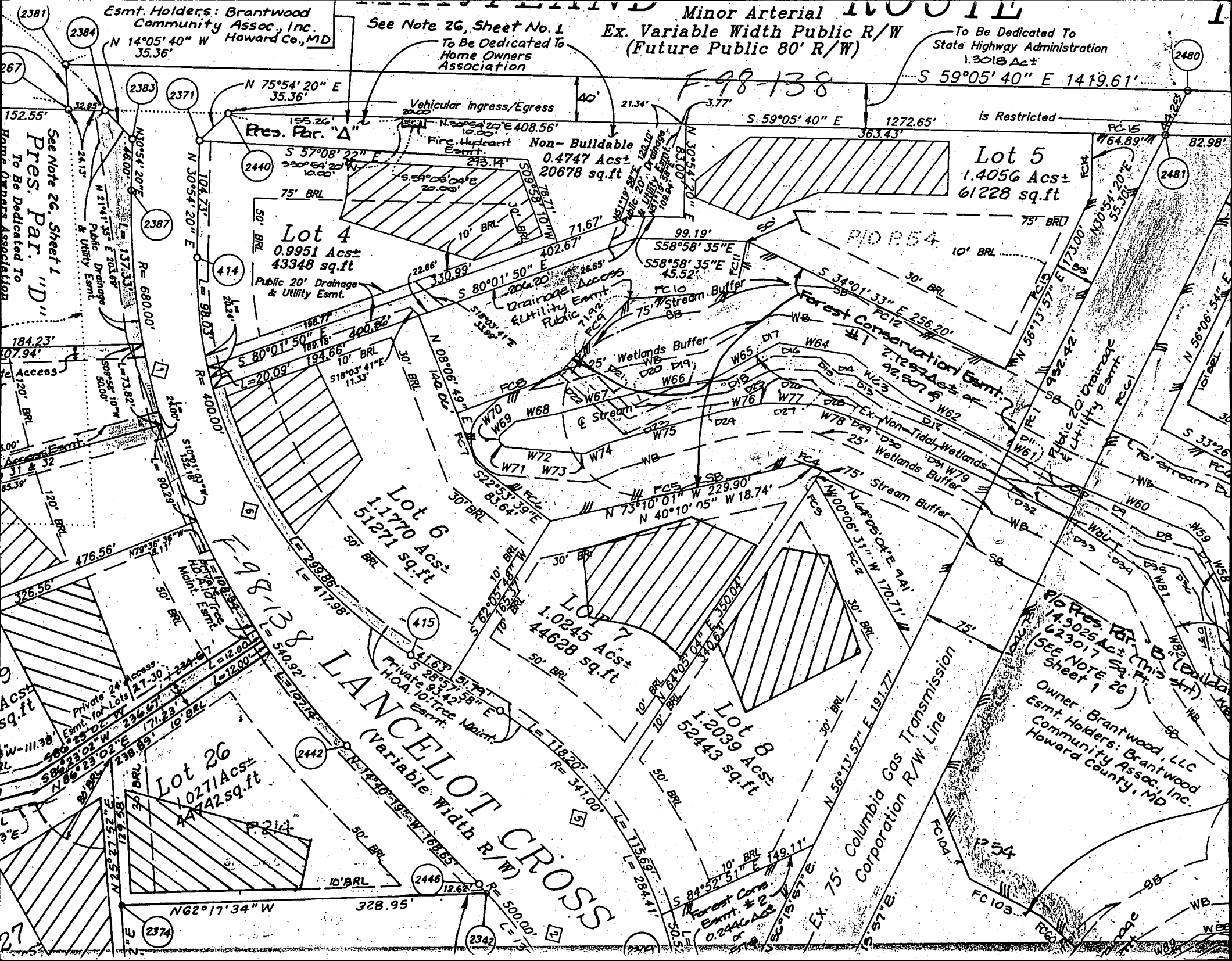
TYPE OF SOIL _____

TESTED BY: Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____





Esmt. Holders: Brantwood Community Assoc., Inc. N 14°05'40" W Howard Co., MD 35.36'

See Note 26, Sheet No. 1 To Be Dedicated To Home Owners Association

Minor Arterial Ex. Variable Width Public R/W (Future Public 80' R/W)

To Be Dedicated To State Highway Administration 1.3018 Ac± S 59°05'40" E 1419.61'

See Note 26, Sheet 1 Pres. Par. "D" To Be Dedicated To Home Owners Association

Pres. Par. "A" Lot 4 0.9951 Ac± 43348 sq.ft. Public 20' Drainage & Utility Easmt.

Non-Buildable 0.4747 Ac± 20678 sq.ft.

Lot 5 1.4056 Ac± 61228 sq.ft.

Lot 6 1.1770 Ac± 51271 sq.ft.

Lot 7 1.0245 Ac± 44628 sq.ft.

Lot 8 1.2039 Ac± 52443 sq.ft.

Lot 26 1.0271 Ac± 44742 sq.ft.

LANCLOT CROSS (Variable Width R/W)

75' Columbia Gas Transmission Corporation R/W Line

Pres. Par. "B" (Buildable) 14.9025 Ac± (This is not a sheet) 623017 sq.ft. (SEE Note 26) Sheet 1

Owner: Brantwood, LLC Esmt. Holders: Brantwood Community Assoc., Inc. Howard County, MD

F-98-138

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C1 6484

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830F

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 4 DD 28 YY 99

Depth of Well 550 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1919

OWNER Brantwood, L.L.C. STREET OR RFD 8835 - P Columbia 100 Parkway TOWN Columbia, MD 21045

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten note: REVISION OF PREV. COMP. RPT.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields: diameter, depth (feet).

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

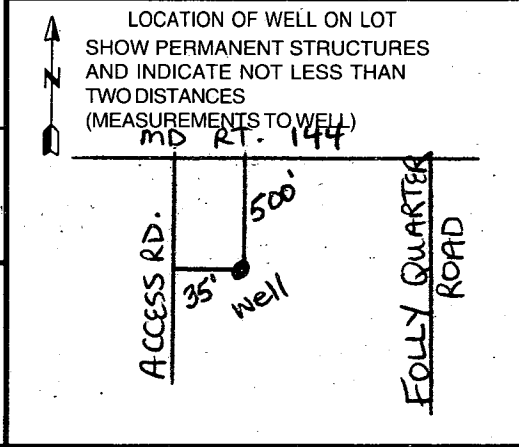
Table with columns: A, C, H, S, R, E, N and rows for well depth measurements (80, 550).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. 1 MWD 139 Robert Cline DRILLERS SIGNATURE

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

C1 **4123** SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓
 COUNTY NUMBER **A50830F**

ST/CO USE ONLY DATE Received **02 22 99** DATE WELL COMPLETED **2 17 99** Depth of Well **22 550 26** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-1919**

OWNER **Brantwood LLC** STREET OR RFD **Lancelot Cross** TOWN **Ellicott City MD.** SUBDIVISION **Brantwood** SECTION **6** 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	
BROWN SHALE	0	70	
BLUE SLATE	70	550	

WATER AT 170'

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **16** NO. OF POUNDS **1504**
 GALLONS OF WATER **96**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **80** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **81**

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

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED YES NO
 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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6
E	8	9	11	15	17
A					
C	23	24	26	30	32
H					
S	38	39	41	45	47
R					
E					
N					

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH) from **56** to **60**

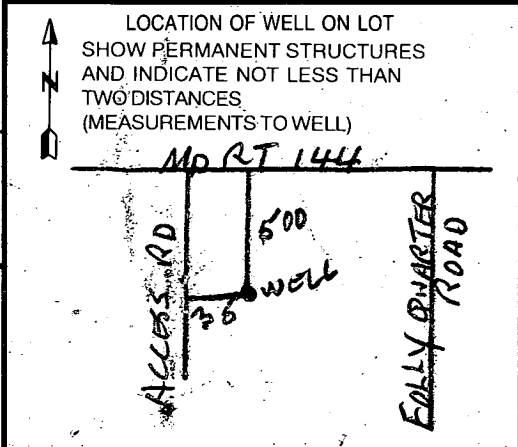
C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min.) **1**
 METHOD USED TO MEASURE PUMPING RATE **TIME**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **56** ft. WHEN PUMPING **172** ft.
 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____
 PUMP HORSE POWER 37 _____ 41 _____
 PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____
 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } **1** (nearest foot)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MWD 139**
Robert Cline
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MWD 168**
Rick Fagle

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA



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

B 1 8605 SEQUENCE NO. (MDE USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-1919 fill in this form completely

OWNER INFORMATION Date Received (APA) 10/26/98 Brantwood LLC 8835 - P Columbia 100 Parkway Columbia, MD 21045

LOCATION OF WELL Howard Feaga Property Pine Orchard meadows

DRILLER INFORMATION Hartman, David MW D 517 A.C. Schultes of MD, Inc. 24 South River Road Edgewater, MD 21037

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) TAX MAP: BLK: PARCEL:

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 10 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A50930F

USE FOR WATER (CIRCLE APPROPRIATE BOX) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

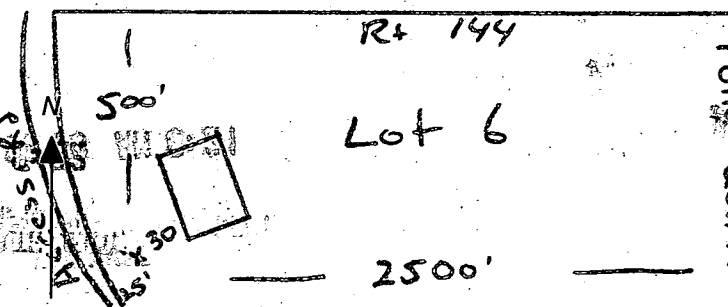
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Tanker

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY

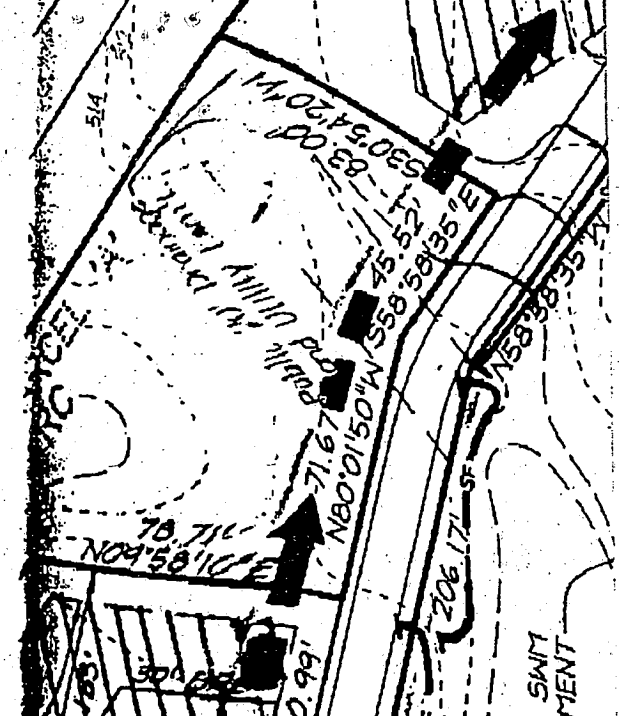
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 520

APPROP. PERMIT NUMBER FORCE AM PERMIT No. 40-94-1919



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
 Howard County Health Department

Shirley M. McCall 6/24/99
 SQA/DB JMB

