

11-2-99
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330532

P 512721

A 50830-G

DISTRICT _____

DATE 9/22/1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 11/2/99

INDEXED

INSPECTOR Al

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 301-829-0444

SUBDIVISION Brantwood LOT 7 ROAD 3017 Lancelot Cross

PROPERTY OWNER NV Homes

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 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - From the right-front lot corner, place the distribution box 145 feet down the right lot line and 10 feet off that lot line. Run trenches on contour toward left side of lot. As per the approved septic system plan, O.K. to install upper trench to to 1' deeper than these specifications. Additional trenches working downhill should be progressively shallower until the specified depth of inlet 2' / bottom 4' is achieved.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/7/99 SRW

PLANS APPROVED BY C. Williams DATE 8-26-1999

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.

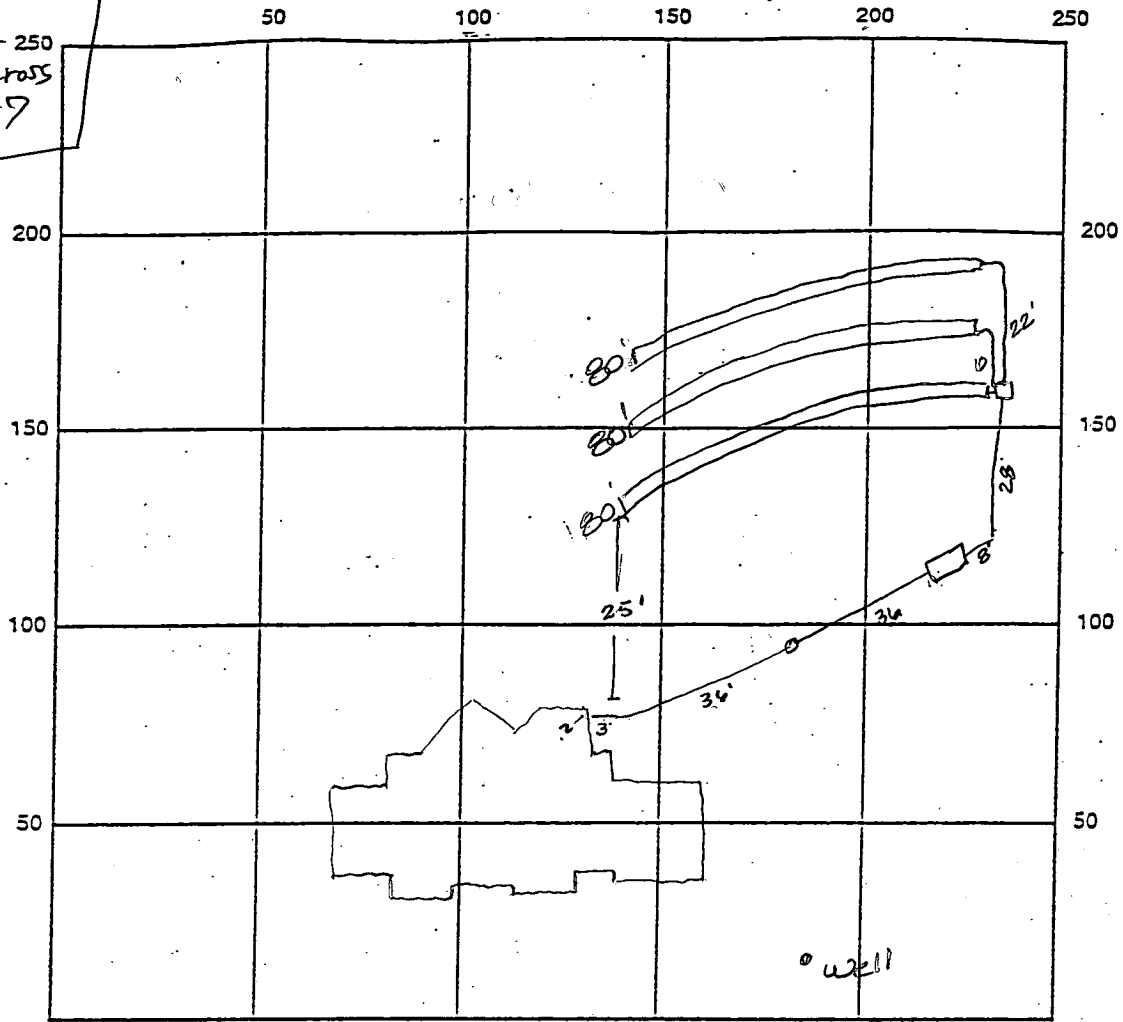
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

8124
AND REVISION 8/30/2000
800/26188
INGROUND POOL

A50830-6
 P512721
 3017 Lancelot ²⁵⁰ Cross
 Brentwood lot 7



25421
x

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL 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 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11/2/99 OK to cover all work final

11/2/99 wpi - 40' below grade - grout OK - PVC conduit OK

DATE SYSTEM APPROVED 11/2/99 INSPECTOR A. McC... J.

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 8/15/95

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 N.V. Homes

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. 87

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd
3017 Lancelot Cross

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD - 4brms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNATURE
AND RETURNED 6-28-99
Serial # B70118334

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

COUNTY #

SOIL PROFILE

1016

0' 1gt tan brn Clm gravelly
1.5' 1gt tan SalM very micaceous blk/whk orange decayed shale throughout 150%

1017

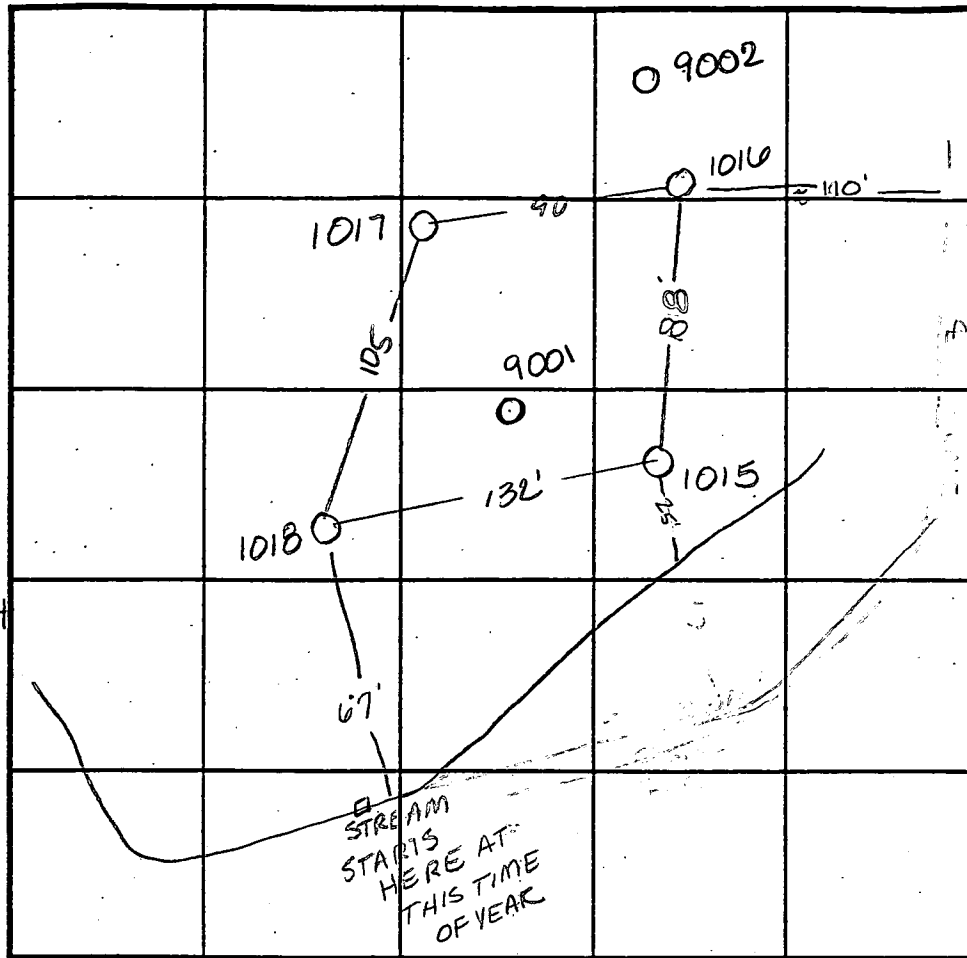
6" topsoil
dark blk/brn decayed mica shale SalM few large 1" dia rocks

9' 1gt gray tan micaceous tan orange brn SalM mottled not H2O

1018 1015

no distinct clay layer dark brn SalM micaceous loam

6' orange white mottled SalM decayed quartz
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Rt. 144

SOIL PROFILE

9001

0' dark red brown siltylm some slightly decayed quartz
7.0' mottled white & black dark SalM micaceous

9002

9.0' dark brown siltylm
2.0' dark gray brown SalM micaceous 25% shale

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-6-95	1016	2' VID'	11:04 ¹⁵	11:05 ³⁰	11:05 ³⁰	11:07 ¹⁵	1 3/4 min
	1017	6' VID'	11:10	11:10 ⁴⁵	11:10 ⁴⁵	11:12 ¹⁵	1 1/2 min
	1017	3' VID'	11:10 ¹⁵	11:10 ⁴⁵	11:10 ⁴⁵	11:12 ³⁰	1 3/4 min
	1018	3' VID'	11:17	11:18 ³⁰	11:18 ³⁰	11:20 ³⁰	2 min
	1015	Visual to 10'	see profile		—		stream?? wet season
5-1-97	9001	Visual to 9.0'	see profile		—		F
	9002	Visual to 12.0'	see profile		—		OK

REMARKS wet season testing 1018 < 100' from stream

TYPE OF SOIL

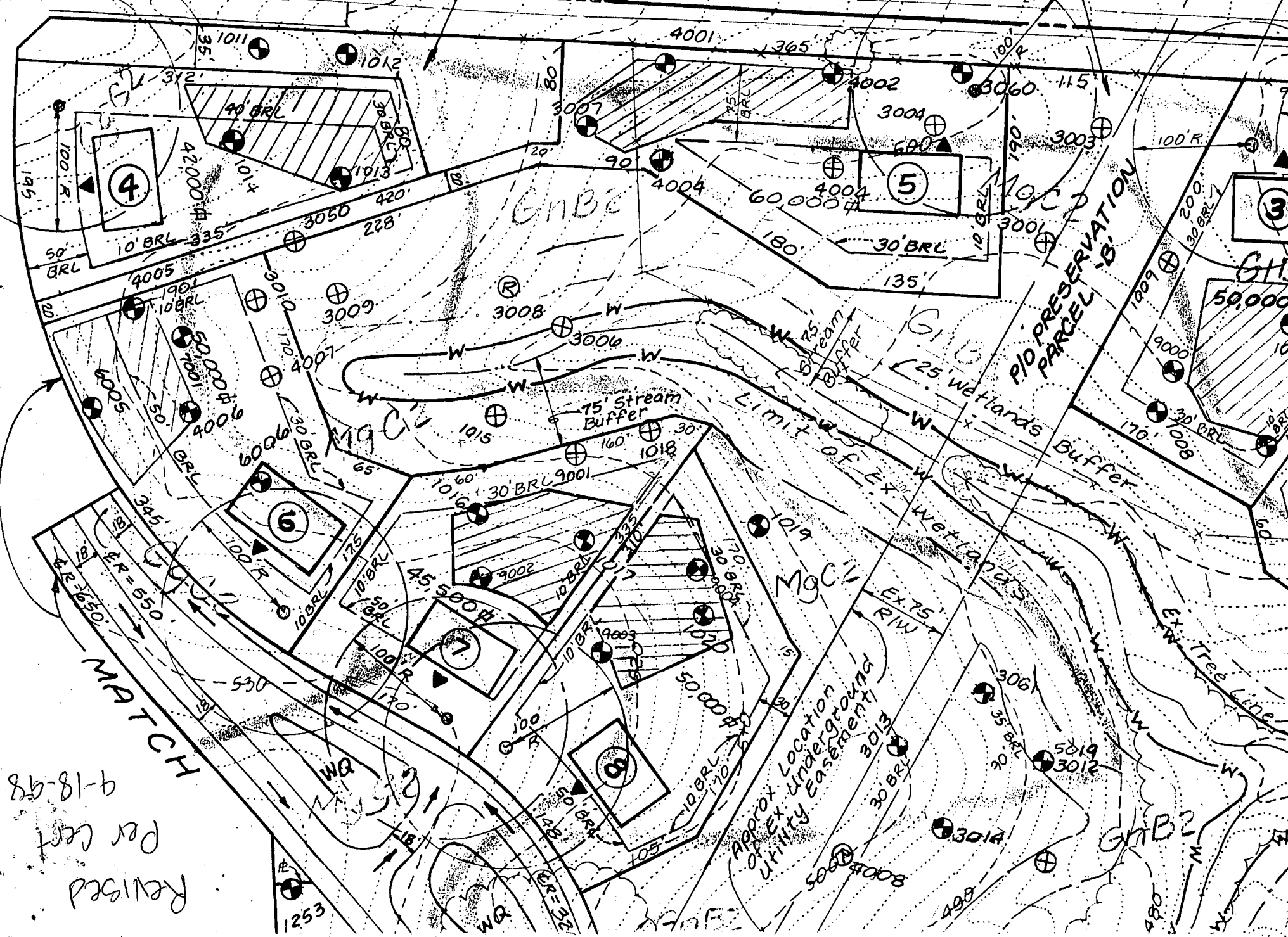
TESTED BY Amy McMillen ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

PARCEL A' - 0.50 AC ±
Non-Buildable / - 510
HOA Maint
Proposed Landscape/
Noise Berm

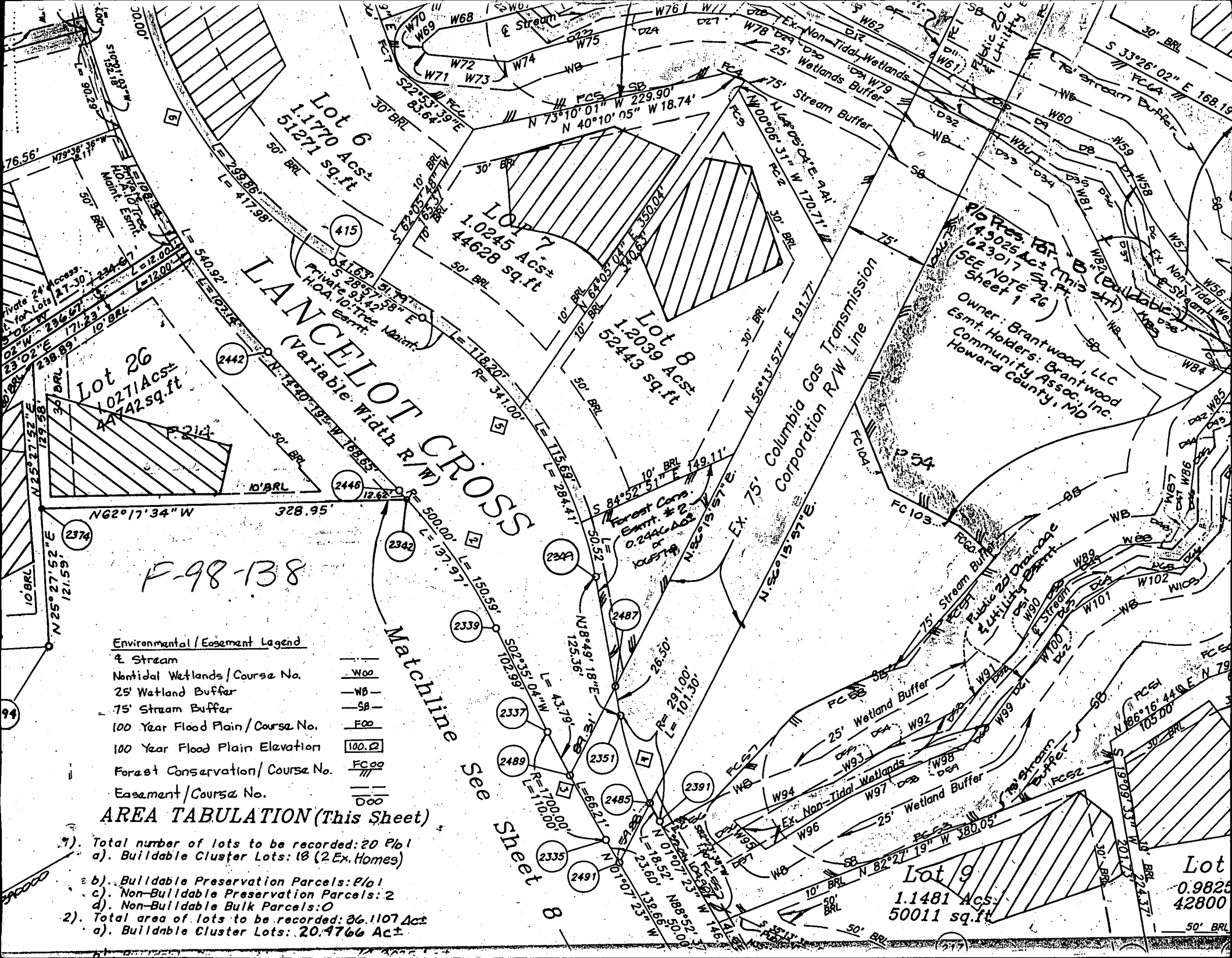
PROPOSED
LANDSCAPE/NOISE
BERM
MAR



Revised
Per Cert
9-18-98

Approx Location
of Ex Undergrowth
Utility Easement

GnB2



LANCELOT CROSS

(Variable Width R/W)

F-98-138

Environmental / Easement Legend

& Stream	W00
Nontidal Wetlands / Course No.	W00
25' Wetland Buffer	WB
75' Stream Buffer	SB
100 Year Flood Plain / Course No.	F00
100 Year Flood Plain Elevation	100.0
Forest Conservation / Course No.	FC00
Easement / Course No.	000

AREA TABULATION (This Sheet)

- 1) Total number of lots to be recorded: 20 Pl 1
 - a) Buildable Cluster Lots: 18 (2 Ex. Homes)
 - b) Buildable Preservation Parcels: Pl 1
 - c) Non-Buildable Preservation Parcels: 2
 - d) Non-Buildable Bulk Parcels: 0
- 2) Total area of lots to be recorded: 36.1107 Ac±
 - a) Buildable Cluster Lots: 20.4766 Ac±

Pl 0 Pres. for B (Buildable)
 14.9025 Ac± (This Sheet)
 62,9017 sq. ft.
 (SEE NOTE 26)
 (Sheet 1)
 Owner: Brantwood, LLC
 Esmt. Holders: Brantwood
 Community Assoc, Inc.
 Howard County, MD

Ex 75' Columbia Gas Transmission
 Corporation R/W Line

Matchline
See Sheet 8

Lot 9
 1.1481 AC±
 50011 sq.ft

Lot
 0.9825
 42800

C1 **0717**
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A50830G**

ST/CO USE ONLY
 DATE Received
 MM **5** DD **12** YY **99**
 8 13

DATE WELL COMPLETED
 MM **2** DD **23** YY **99**
 15 20

Depth of Well
 22 **300** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-1920
 28 29 30 31 32 33 34 35 36 37

OWNER **Brentwood LLC**
 STREET OR RFD **Lancelot Cross** TOWN **Ellicott City MD**
 SUBDIVISION **Brentwood** SECTION **I** LOT **7**

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	72	
BLUE SHALE	72	300	✓

Water at 230'

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 ⁴⁵ **20** ⁴⁶ NO. OF POUNDS ⁴⁵ **1800** ⁴⁶
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **80** ft.
 (enter 0 if from surface)
 48 TOP 52 ft. 54 BOTTOM 58

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**
 60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED yes no **N**

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 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. **MW D 139**
Robert Clene
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MW D 168**
Rick Jole

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A																				
C																				
H																				
S																				
E																				
N																				

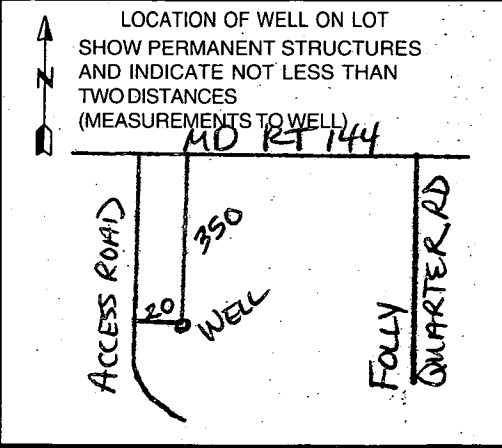
DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min.) **7**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **TIME**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **41** ft.
 17 20
 WHEN PUMPING **115** ft.
 22 25
 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 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)
 49 50 51



B 1	8606	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1920 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 10 13 98
8 MM DD YY 13

Brantwood LLC
15 Last Name Owner First Name 34

8835 - P Columbia 100 Parkway
36 Street or RFD 55

Columbia, mo 21045
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Leaga Property
23 SUBDIVISION 42

SECTION LOT 7
44 46 48 50

Dine Orchard meadows
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Hartman, David MWD 517
Driller's Name 76 License No. 81

A.C. Schultes of mo, Inc.
Firm Name

24 South River Road
Address

Edge water, mo 21037
Address

[Signature] Date 10/16/98
Signature Date

WELL INFORMATION

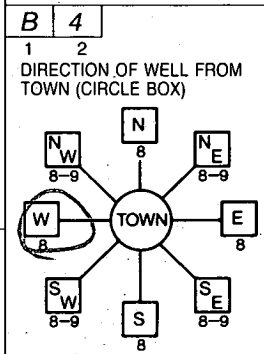
mo. Rt. 144
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

550
34 DISTANCE FROM ROAD 37

ENTER FT OR MI FT
38 39

TAX MAP: _____ BLK: _____ PARCEL _____



WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A50830G
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → _____

DATE ISSUED 10 26 98 [Signature] 10 26 99
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 520 000 EAST GRID 820 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary Drive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Tanker
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 82

N 520

000
000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

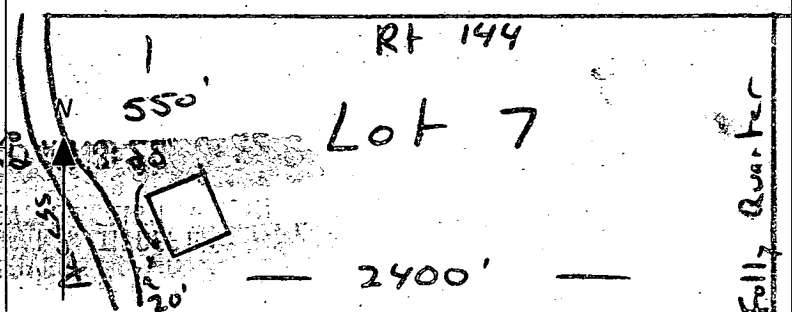
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G A P _____

WRITE INITIALS IN BOX FORCE AM PERMIT No. HO-94-1920
67 68 70 71 72 73 74 75 76 77 78 79



B 1 8606

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1920

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

OWNER INFORMATION: Date Received (APA) 10 13 98, Briantwood LLC, 8835 - P Columbia 100 Parkway, Columbia, MD 21045

LOCATION OF WELL: Howard County, Feaga Property, Dunc richard meadows, 2 miles from town

DRILLER INFORMATION: Driller's Name: Hattman, David MWD 517, Firm Name: A.C. Schultes of MD, Inc., 24 South River Road, Edgewater, MD 21037, Signature: [Signature], Date: 10/16/98

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): [Diagram showing well location relative to town grid], NEAR WHAT ROAD: MD. RT. 144, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): [Diagram showing well location relative to road], DISTANCE FROM ROAD: 550 FT

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: COUNTY NAME: Howard CO, COUNTY NO.: H508309, STATE SIGNATURE: [Signature], DATE ISSUED: 10 26 98, CO SIGNATURE: [Signature], EXP. DATE: 10 26 99, NORTH GRID: 520 000, EAST GRID: 820 000

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT), [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL), [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET, APPROXIMATE DIAMETER OF WELL: 6" INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: [Sketch of well location], SOURCES OF DRILLING WATER: 1. Tanker, WRITE THE BOX NUMBER FROM THE MAP HERE: E 82, N 520

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVERSE-ROTary, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL, [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, [D] THIS WELL WILL DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER: G A P, FORCE: AM, PERMIT No.: HO-94-1920

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: [Sketch showing well location relative to RT 144 and Lot 7, distance 2400']

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

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 Van Hunt P/bg + dlhg

Telephone 301-829-0444

License Number 1467
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner RV Homes
Subdivision Briantwood Lot # 7
Site Address 3017 Lance lot Cross

Telephone 301-958-0522
Well Tag # _____

- Pump
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make Gowds
 - Model # 76507422
 - Capacity _____ GPM
 - 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 _____

- Motor 1/2
- Horsepower _____
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter
- Make Campbell
 - Model # B-106
 - Depth 48"

- Tank
- Capacity 1000
 - Pressure relief valve? Yes

- Piping PE
- Type _____
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 48"

- Well data
- Depth 300 ft.
 - Yield 1 GPM
 - Static water level _____ ft.
 - 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.

11/2/99-WPI ON-ALM ^(SRM) Signature of Applicant: Harford Van Hunt
Date: 7/30/99

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

A50830-G

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466; INSPECTIONS (410)313-1910 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00123212
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Building Address <u>3017 LANCELOT CROSS</u> <u>ELLICOTT CITY, MD 21042</u> Suite/Apt # _____ SDP/WP/Petition # _____ Census Tract <u>6030</u> Subdivision <u>Brantham</u> Section <u>1</u> Area _____ Lot <u>7</u> Tax Map <u>16</u> Parcel <u>51</u> Grid <u>22</u> Zoning <u>DED</u> Map Coordinates <u>11A6</u> Lot size _____	Property Owner's Name <u>JOHN L. LAON</u> Address <u>3017 LANCELOT CROSS</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>413 535 0732</u> Work Phone <u>410 636 1385</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SSD</u> Proposed Use <u>SSD WITH DECKS</u> Estimated Construction Cost \$ <u>11,500</u> Description of Work <u>2 CEMENT DECK 13' X 8'</u> <u>+ 16' X 8'</u>	Contractor Company <u>OLUNTEL</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>SHA</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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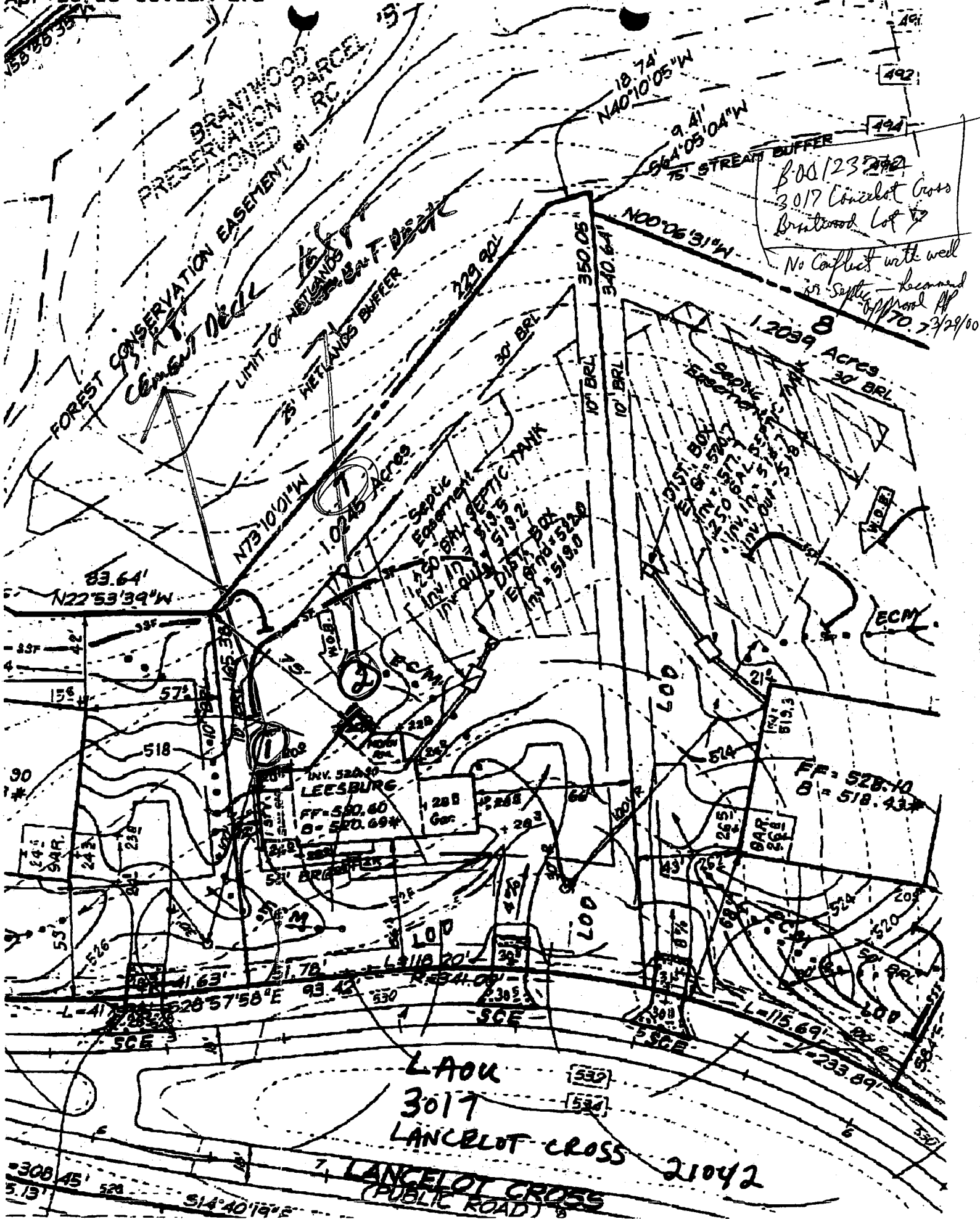
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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: <u>Post / Pier</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <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 THERE TO; (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>[Signature]</u> Applicant's Signature <u>Owner</u> Title/Company	<u>John L. Laon</u> Print Name <u>3/29/00</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input type="checkbox"/> Dev. Engineering DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>3/29/00</u> <u>3/29/00</u>	<u>[Signature]</u> <u>[Signature]</u>	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 _____	<u>91145</u> Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>30</u> Balance due \$ _____ Check # <u>1000</u> Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	



B001232722
 3017 Lancelot Cross
 Brimwood Lot 12
 No Conflict with well
 or Septic - located
 off Wood Pl
 7/70. 7/29/00

INV. 520.30
 LEESBURG
 FF= 520.60
 B= 520.69

LAOU
 3017
 LANCELOT CROSS
 (PUBLIC ROAD)
 21042

PROPOSED IS CLOSER THAN 20' TO SEPTIC.

A. DRAW A BOUNDARY THAT IS
FIELD CONFIRMED

100' TO STREAM.

TO SURVEY ACCURACY;
TO DEFINE MAX POTENTIAL
ADJUSTMENT IN SEPTIC AREA.

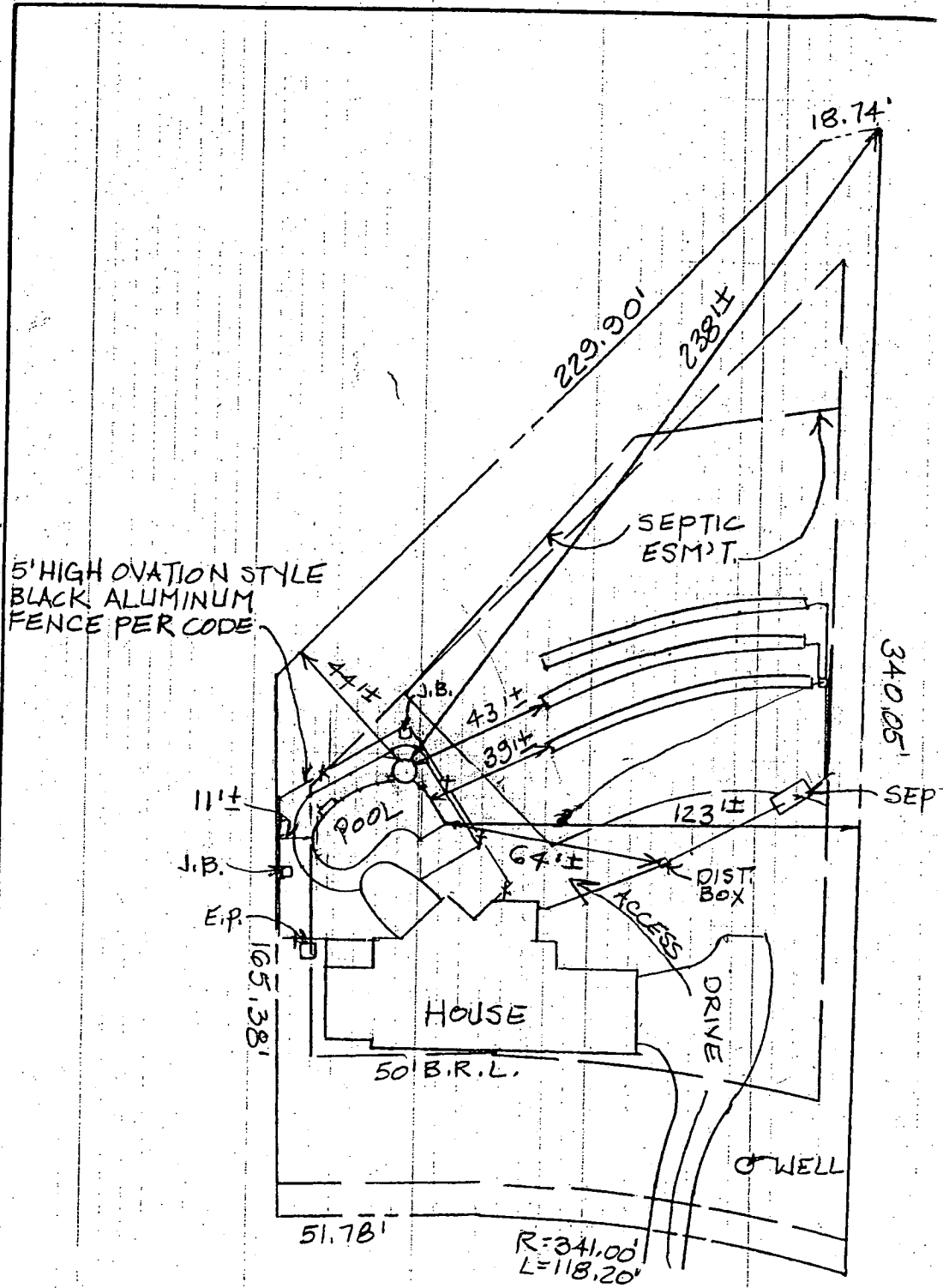
B. ENDS OF
TRENCHES NEED TO BE
FIELD CONFIRMED
TO BE SURE^{OF} ADEQUATE
SEPARATION.

RE: BRANTWOOD 7
3017 LAN CELOT CROSS

RECOMMENDATIONS FOR FURTHER
INVESTIGATION TO GEORGE SCHWEIK,
ANTHONY POOLS.

8/25/00

(CW)



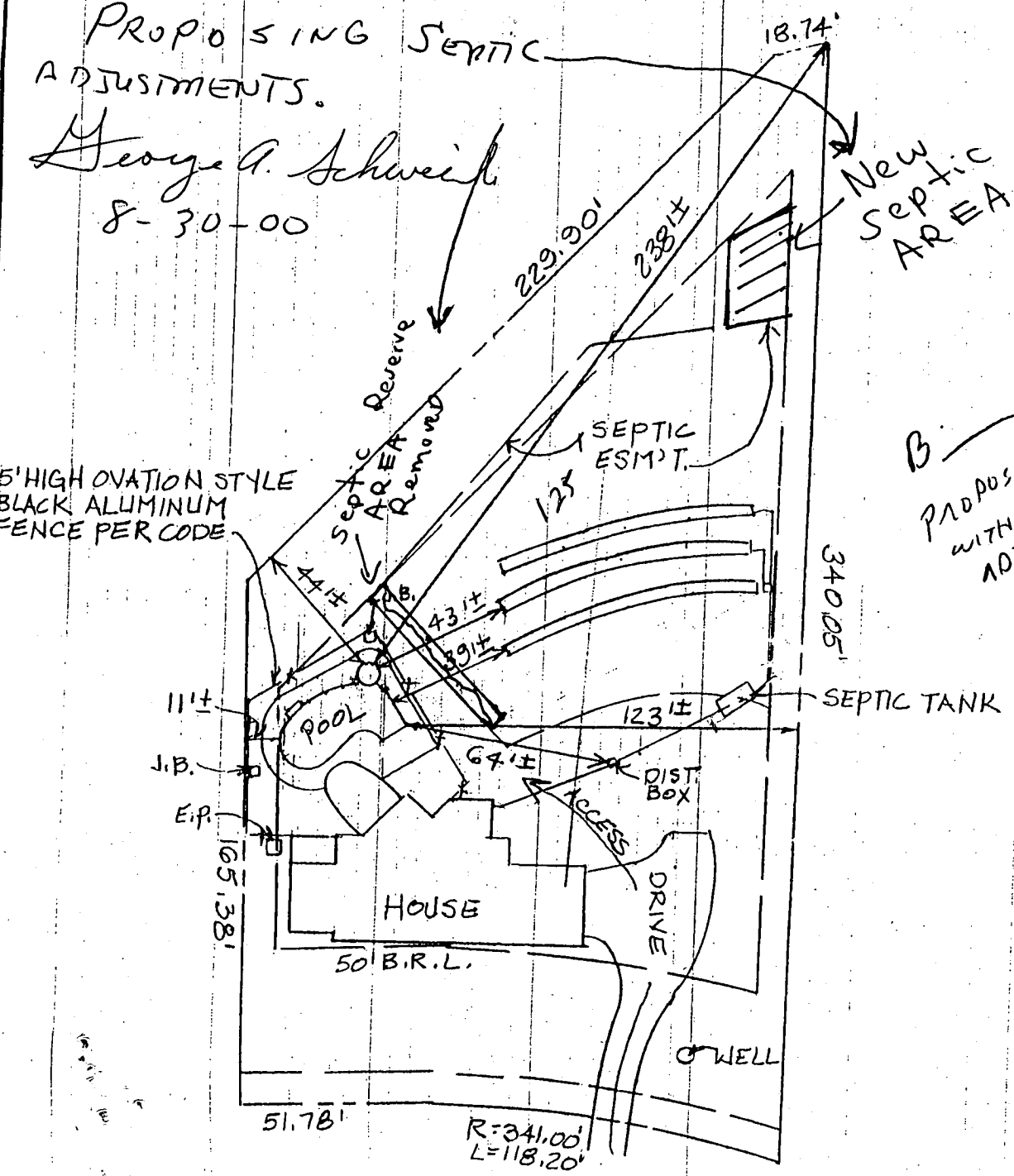
LANCELOT CROSS

LOT 7 1.0245 AC
SCALE: 1"=50'

4" MAX.

PROPOSING SEPTIC ADJUSTMENTS.

George A. Schweich
8-30-00



2 HOURS OF GRADING ARE INCLUDED.
ANY ADDITIONAL HOURS ARE CHARGED DIRECT

NOTE

B. (WACK THRU)
PROPOSED POOL LOCATION
WITH SEPTIC AREA
ADJUSTMENT - OK.
8/30/00 CW

