

11/24/99  
LATE PM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## INDEXED

P 513144

A 57045-C

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

04-36095

DATE SYSTEM APPROVED 11/22/99

INSPECTOR [Signature]

DISTRICT \_\_\_\_\_

DATE 11/22/99

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Ridgely Station LOT 2 ROAD 17262 Hardy Road

PROPERTY OWNER Vance Merson

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 185 feet up the 400.06' lot line and 55 feet off that same lot line. Run trenches on contour toward the 400.06' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 11/22/99 DS*

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 7-22-1999

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**

57045C



# APPLICATION

PERCOLATION TESTING

A 57045D

P \_\_\_\_\_

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

DISTRICT FOURTH

DATE JULY 23, 1996

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 VANCE MERSON AND CHARLES SCHAWER VANCE MERSON

ADDRESS 7435 NATHANIA DRIVE MT. AIRY MARYLAND 21771 PHONE 301-829-9024

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION RIOGELY STATION LOT NO. 4

ROAD AND DESCRIPTION 2600' ± WEST FROM THE INTERSECTION OF HARDY ROAD AND ST. MICHAELS ROAD.  
(17262 Hardy Road)

TAX MAP 7 PARCEL # 9

**RETURNED** 7-27-99  
Serial # B-10119410

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SINGLE FAMILY DETACHED DWELLING - 4Bm  
(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.

Vance W. Merson  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

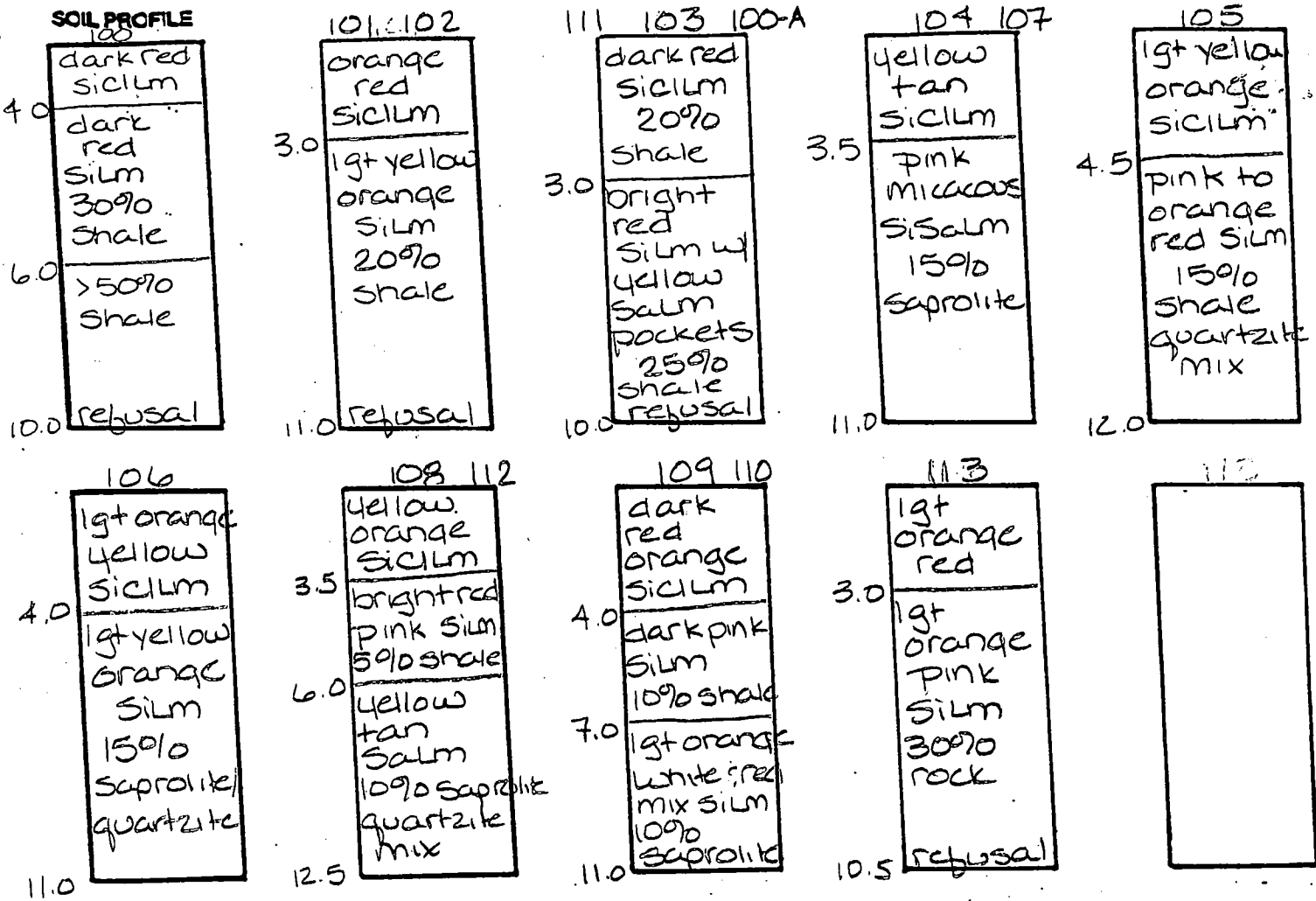
HOLD PENDING FURTHER TESTS \_\_\_\_\_

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



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-8-96	100	Insuff	cient	depth to	bedrock	see profile	F
	100-A	Visual	to 11.0	- see	profile	-	OK
	101	4.0 / 11.0	10:38	10:50	10:50	10:59	9min
	102	Visual	to 11.0	- see	profile	-	OK
	103	4.0 / 10.0	9:50	10:05	10:05	10:26	21min
	103	7.5 / 10.0	10:00	10:03	10:03	10:08	5min
	104	6.0 / 11.0	10:05	10:12	10:12	10:25	13min
	105	Visual	to 12.0	- see	profile	-	OK
	106	4.5 / 11.0	10:17	10:36	10:36	11:06	30min
	107	4.0 / 12.5	10:33	10:35	10:35	10:45	10min
	108	Visual	to 12.5	- see	profile	-	OK
	109	4.5 / 11.0	11:08	11:11	11:11	11:16	5min
	109	8.0 / 11.0	11:16	11:19	11:19	11:23	4min
	110	4.0 / 10.0	10:42	10:54	10:54	11:17	23min

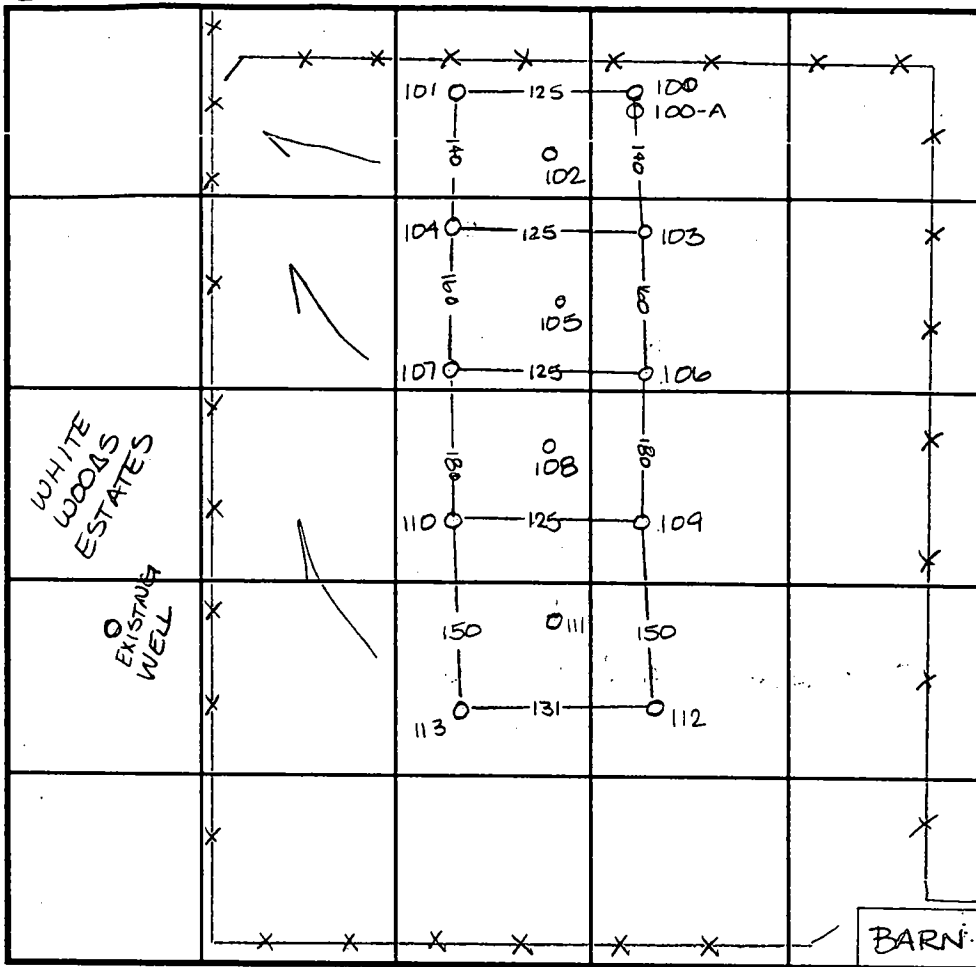
TESTED BY Ann McMillen ALSO PRESENT Alan Ketterman

A57045A-E

COUNTY #

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-8-96	111	Visual to		10.5-	see profile		OK
	112	4.0 √12.0	11:40	11:43	11:43	11:47	4min
	113	3.5 √10.5	11:42	11:50	11:50	12:03	13min

REMARKS see attached sheet for soil profiles

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Olan Kettermann

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

C1 7830

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-57045C

ST/CO USE-ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

11/20/96

11/18/96

220

HO-94-0981

OWNER SCHROYER CHARLES STREET OR RFD HARDY ROAD TOWN MT. AIRY SUBDIVISION RIDGELY STATION SECTION LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown Shale (0-56), Blue Rock (56-220).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 18 NO. OF POUNDS 1692

CASING RECORD

MAIN CASING TYPE (SH) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

Table for screen depth with columns: DEPTH (nearest ft.) and rows for different screen sections.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

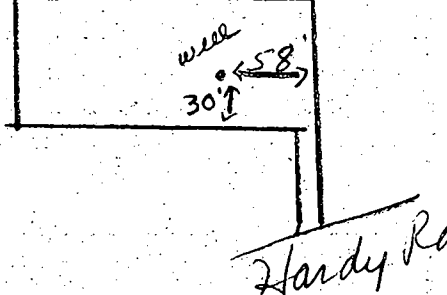
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 120 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 52 WHEN PUMPING 72 TYPE OF PUMP USED (for test) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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)



B 1 **7491** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

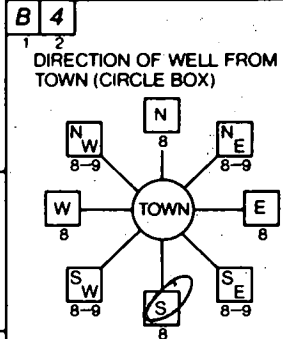
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-94-0981**  
 fill in this form completely

Date Received (APA) **7/10/96**  
 OWNER INFORMATION  
 Last Name **SCHROVER** Owner First Name **CHARLES**  
 Street or RFD **1225 EMMANUS RD**  
 Town **WOODBINE** State **MD** Zip **21797**

B 3 LOCATION OF WELL  
 HOWARD COUNTY  
 RIDGELEY STAT. 10M  
 SECTION **3** LOT **3**  
 MOUNT AIRY  
 MILES FROM TOWN (enter 0 if in town) **5** MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD  
 Driller's Name **Joseph L. Wayne** License No. **24**  
 Firm Name **Joseph L. Wayne Well Drilling**  
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Signature **Joseph L. Wayne** Date **11/4/96**



**Hardy Road** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **830** FT  
 ENTER FT OR MI **FT**  
 TAX MAP: **7** BLK: \_\_\_\_\_ PARCEL **9**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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 HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 HOWARD COUNTY NAME A-57045C COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **11/07/96** INSERT S \_\_\_\_\_  
 CO SIGNATURE **Blair Samp** EXP. DATE **11-7-97**  
 NORTH GRID **549000** EAST GRID **767000**

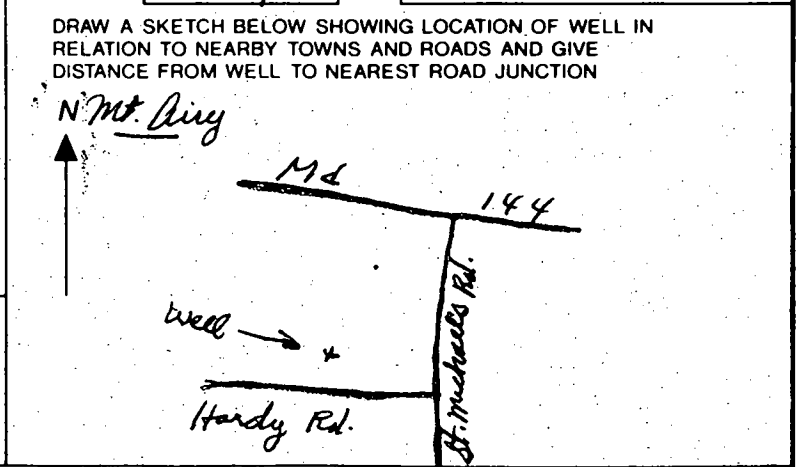
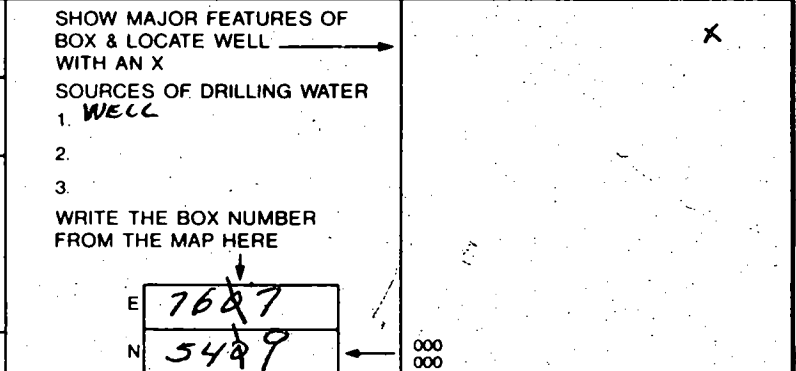
APPROXIMATE DEPTH OF WELL **260** FEET.

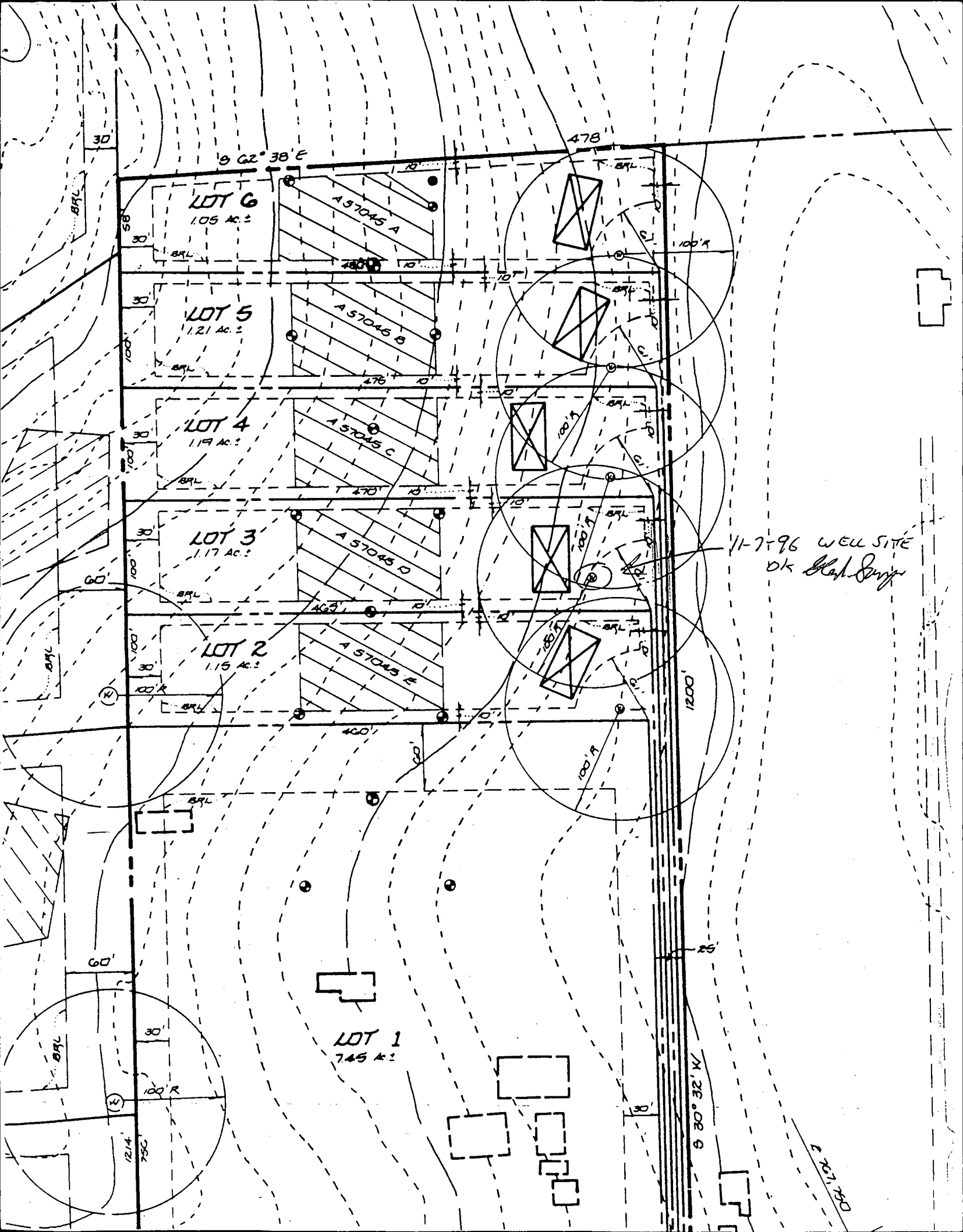
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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

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) \_\_\_\_\_

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **GS** INITIALS IN BOX PERMIT No. **40-94-0981**





LOT 6  
1.05 Ac.±

LOT 5  
1.21 Ac.±

LOT 4  
1.19 Ac.±

LOT 3  
1.17 Ac.±

LOT 2  
1.15 Ac.±

LOT 1  
745 Ac.±

A 57045 A

A 57045 B

A 57045 C

A 57045 D

A 57045 E

11-7-96 WELL SITE  
OK [signature]

9 62° 38' E

478

1200'

120.0°

100' R

121.4°

35' C

120.1°

75' C

11/24/99  
PM CATE

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 WTC III P+H

Telephone \_\_\_\_\_

License Number 7979

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Vance Merson Telephone \_\_\_\_\_

Subdivision Relief Station Lot # 2 Well Tag # HO-94-0981

Site Address 17262 Hardy Rd

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make \_\_\_\_\_

Motor  
1. Horsepower 1/2  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

3. Model # \_\_\_\_\_  
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 \_\_\_\_\_

Tank  
1. Capacity 40  
2. Pressure relief valve? \_\_\_\_\_

Piping  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

Well data  
1. Depth 220 ft.  
2. Yield 12 GPM  
3. Static water level 52 ft.  
4. 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.

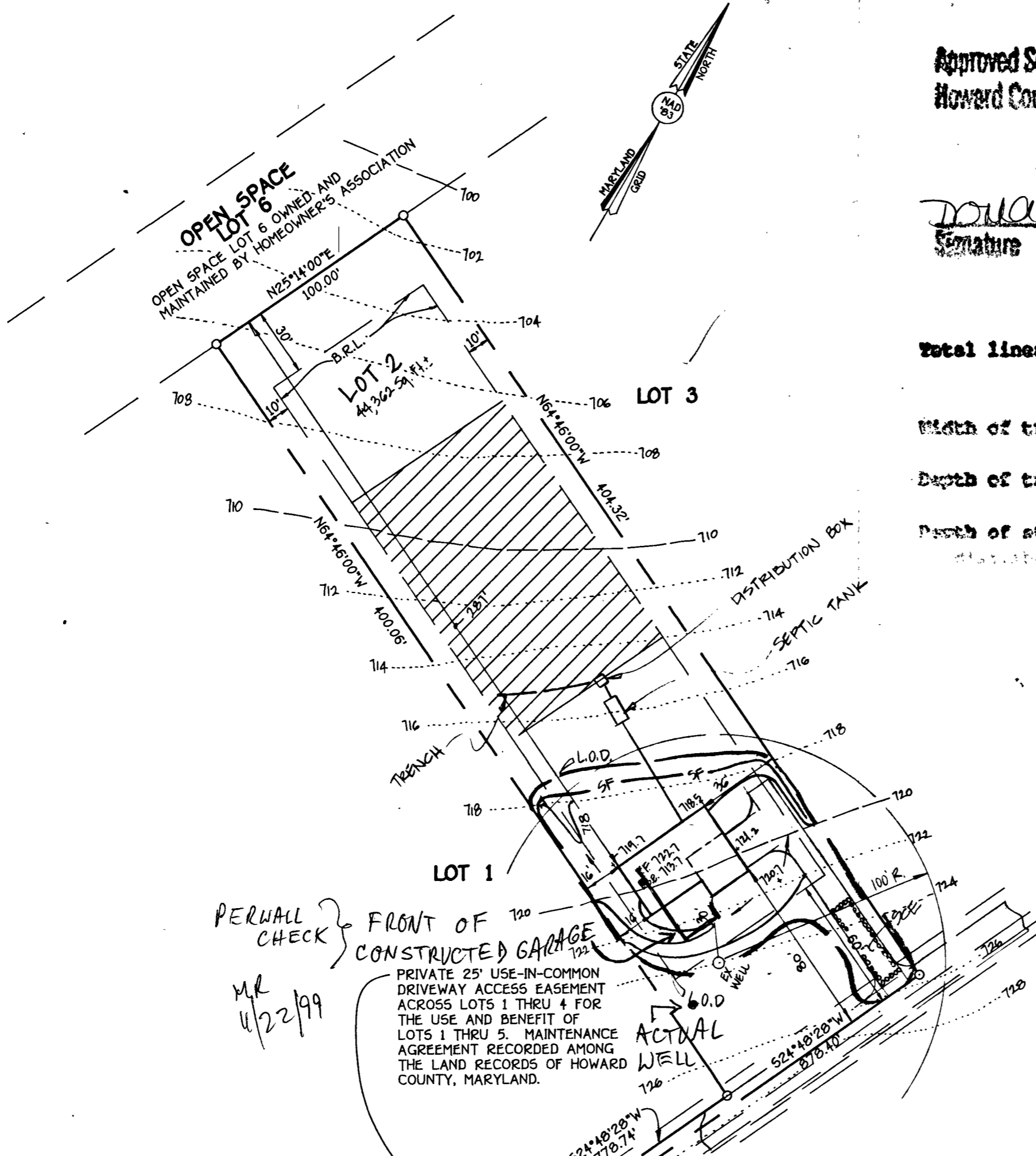
Signature of Applicant: [Signature]

Date: Nov 22/1999

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







**Approved Septic System Plan**  
**Howard County Health Department**

*Donald K. [Signature]*  
**Signature**

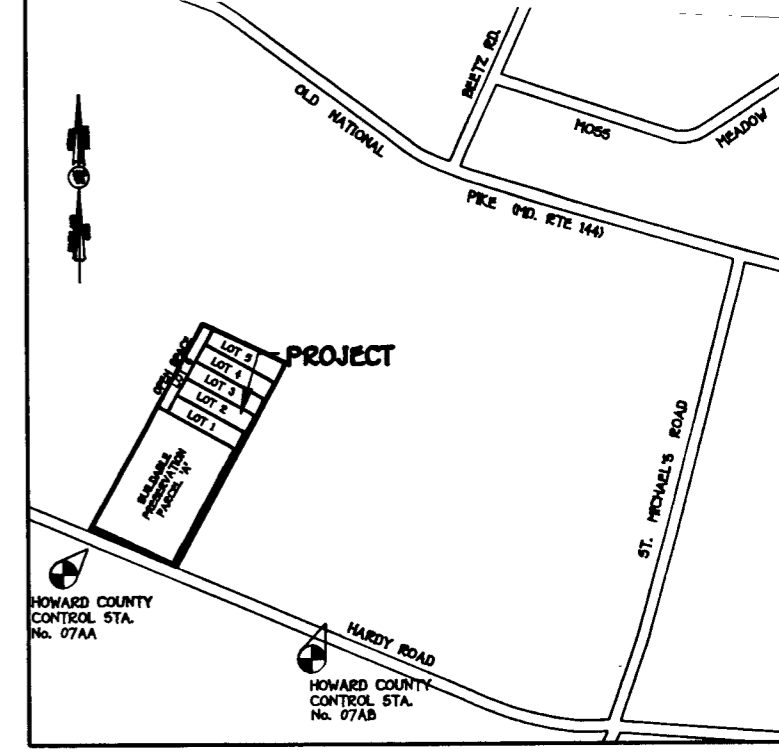
7/22/99  
**Date**

**Total linear feet of trench required** 280 feet

**Width of trench (feet)** 3 feet

**Depth of trench (feet)** 6 feet

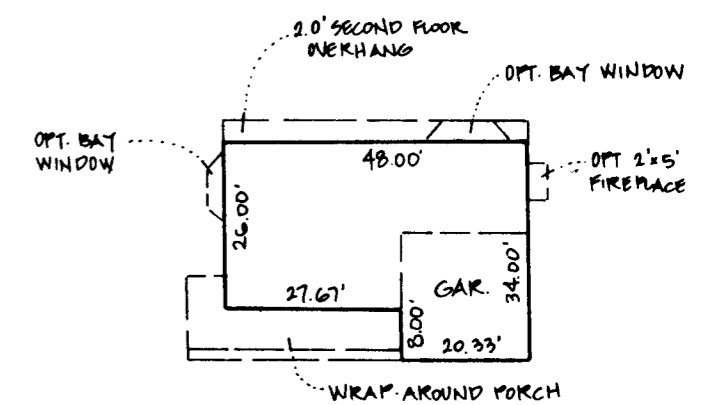
**Depth of stone required below distribution box pipe** 2 feet



**VICINITY MAP**  
SCALE: 1"=2000'

**GENERAL NOTES**

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
- PROPOSED 1500 GALLON SEPTIC TANK.
- A. FIRST FLOOR ELEVATION: 722.7  
B. BASEMENT ELEVATION: 719.7  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 713.80  
D. INVERT IN AT SEPTIC TANK: 712.00  
E. INVERT OUT AT SEPTIC TANK: 712.50  
F. PROPOSED GRADE OVER SEPTIC TANK: 716.00  
G. INVERT AT DISTRIBUTION BOX: 711.00  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 715.00
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

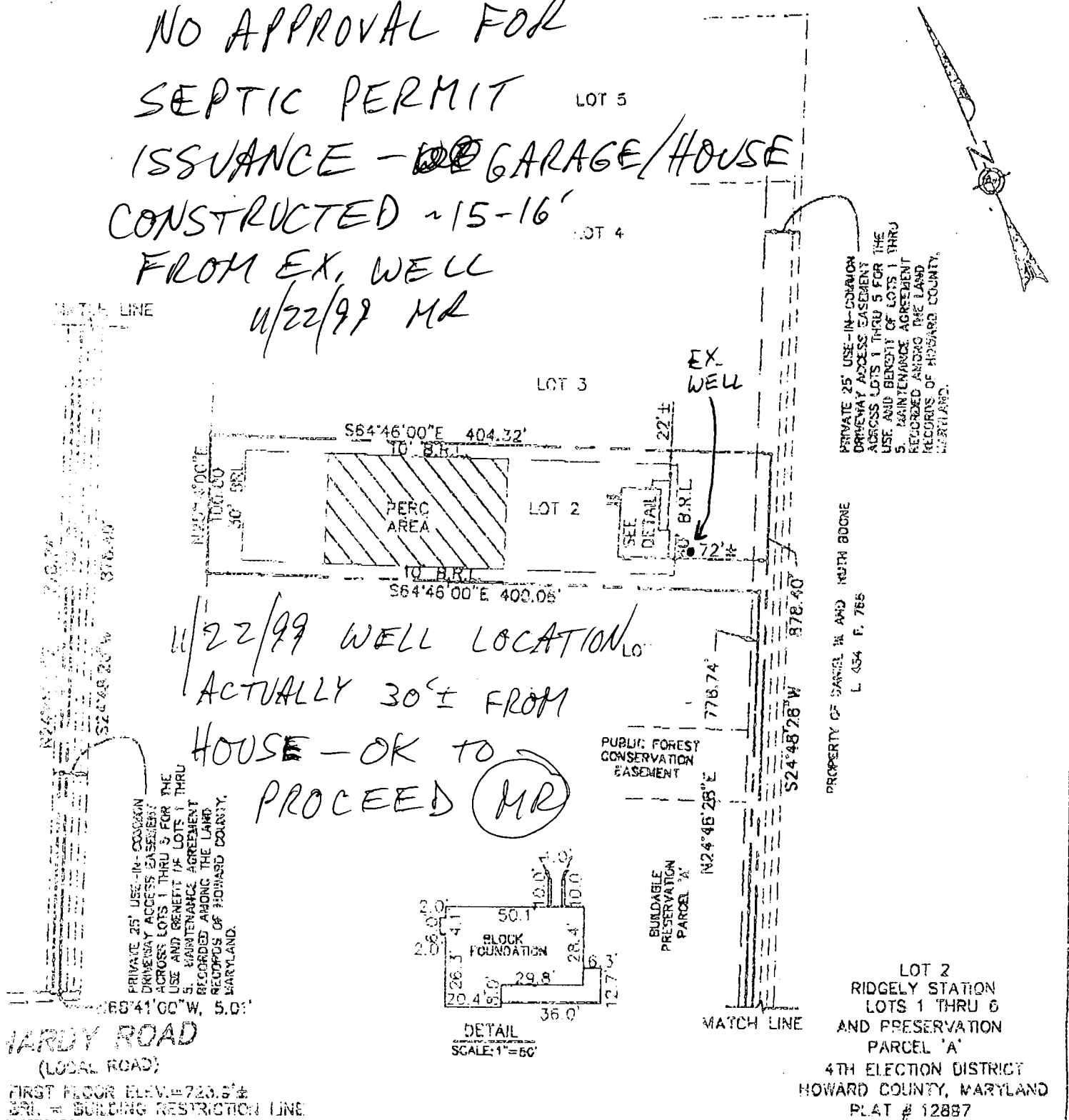


**FOOTPRINT**  
1"=30'

**GENERAL NOTES:**

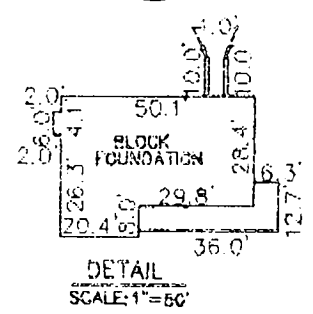
- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400448306 B, EFFECTIVE DATE: DEC. 4, 1988
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT THEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

**NO APPROVAL FOR SEPTIC PERMIT ISSUANCE - ~~NO~~ GARAGE/HOUSE CONSTRUCTED ~15-16' FROM EX. WELL**  
 u/22/99 MR



PRIVATE 25' USE-IN-COMMON DRIVEWAY ACCESS EASEMENT ACROSS LOTS 1 THRU 5 FOR THE USE AND BENEFIT OF LOTS 1 THRU 5. MAINTENANCE AGREEMENT RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

**WARY ROAD**  
 (LOCAL ROAD)  
 FIRST FLOOR ELEV. = 723.8'±  
 B.R.L. = BUILDING RESTRICTION LINE



**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 9/17/99  
 FINAL LOCATION: \_\_\_\_\_  
 BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1" = 100'  
 DATE: 9/20/99  
 DRAWN BY: T.P.E.  
 CHECKED BY: C.C.  
 PROJECT No.: 61242

**FISHER, COLLINS & CARTER, INC.**  
 ENGINEERING CONSULTANTS & LAND SURVEYORS  
 NATIONAL SQUARE, OFFICE 429B - 10272 BALANTINE NATIONAL PIKE  
 BELLEGTOWN, MARYLAND 21034  
 (410) 461-2355

STATE OF MARYLAND  
 CHARLES & CROWLEY  
 REGISTERED PROFESSIONAL LAND SURVEYOR  
 No. 10763

*[Signature]*  
 PROFESSIONAL LAND SURVEYOR  
 REG. #10763

9/20/99  
 DATE