

12/8/98
12-1

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511064

A 58064

DISTRICT 4th

DATE 10/23/98

328612

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 410-313-2640

DATE SYSTEM APPROVED 12/8/98

INSPECTOR [Signature]

INDEXED

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road Glennelg, MD PHONE (301)854-6172

SUBDIVISION Beck Property LOT _____ ROAD 1746 Old Annapolis Road

PROPERTY OWNER Suzanne & Steve Beck

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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 - Place the distribution box 85 feet off the 943.01' lot line and 370 feet off the 243.30' lot line. Run trenches along contour towards the 943.01' 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/MR

PLANS APPROVED BY Donna K. Soe DATE 05/06/98

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

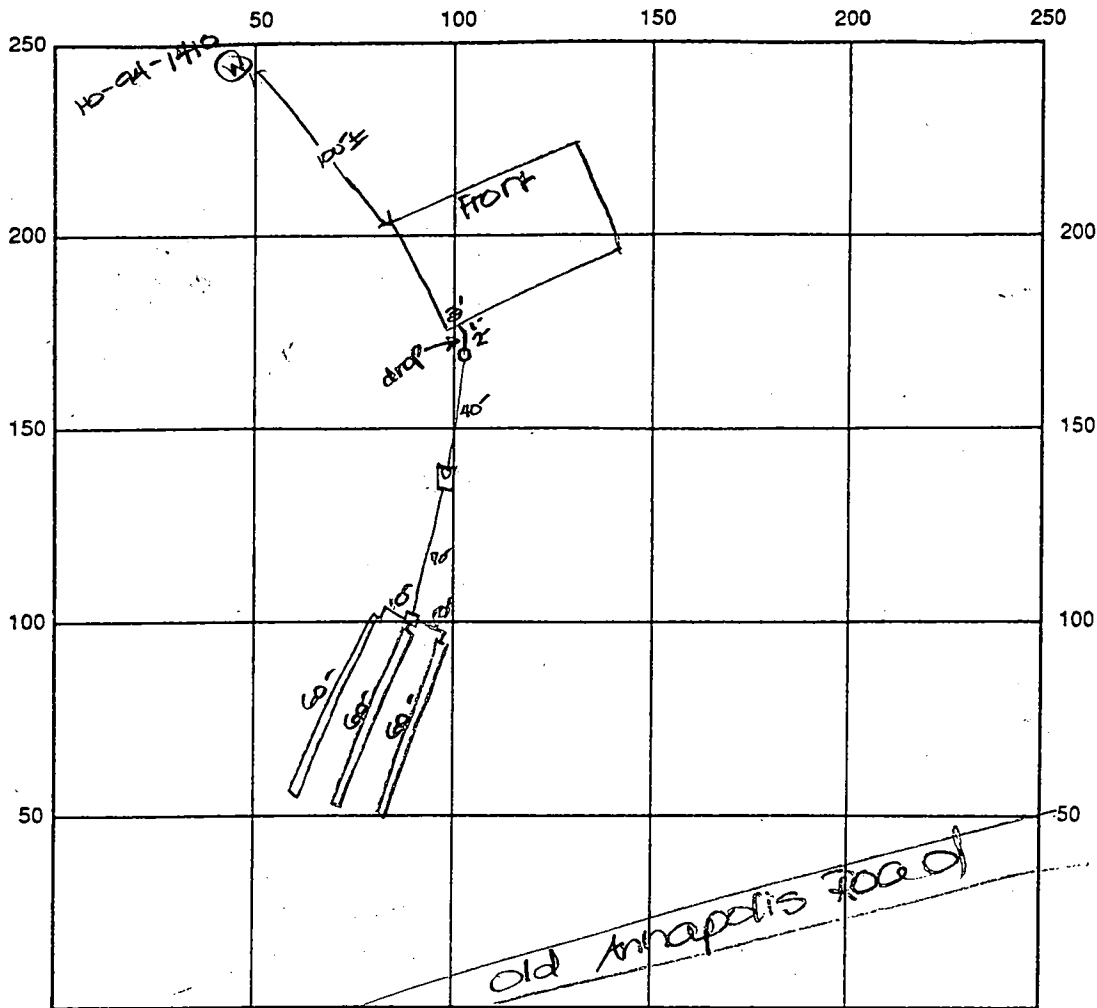
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

A 58064



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x60 FT. → 180

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 12/8/98 A.M. OK to continue work. DKS

12/8/98 P.M. FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 12/8/98

INSPECTOR [Signature]

APPLICATION

4/11/97
10:00

PERCOLATION TESTING

A 58064

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525 H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

P. _____
DISTRICT HT12
DATE 3-7-97

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 Steve + Suzanne Beck

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Steve + Suzanne Beck

ADDRESS 13155 Rt 144 PHONE (410) 442-2887

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION 1740 OLD ANNAPOULS Rd JUST PAST LAMBLAND

ORCHARD 6.3 ACRES ON LEFT. GRID # 20 TAX ACCT 328612 LIBR 558 FOLI 270

TAX MAP 7 PARCEL # 252

SIZE OF LOT Approx 6 AC TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING/OR COMMERCIAL)

OLD PERMIT SIGNED
AND RETURNED 5-6-98
Serial # B1711876

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. Steve M Beck
(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

HD-216 (3/92)

A58064

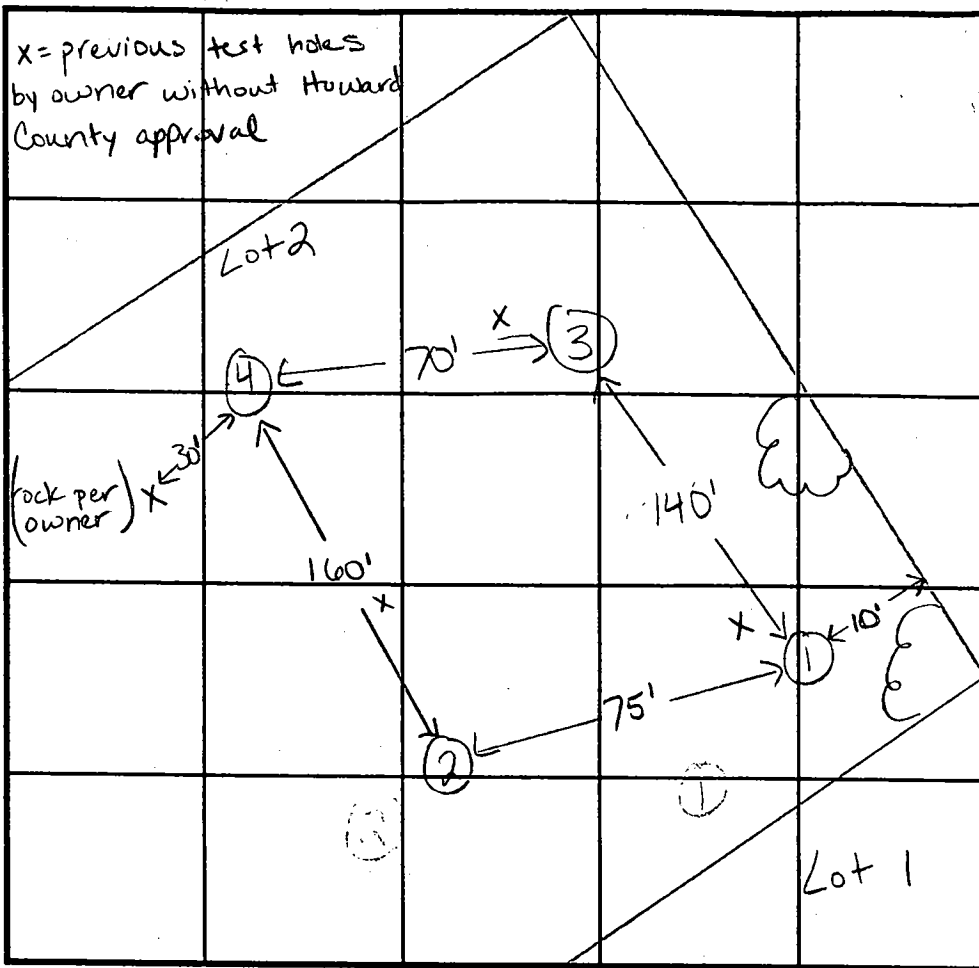
COUNTY #

SOIL PROFILE

0' topsoil
 6.0' br/yellow Sandy loam
 3.5' Sandy loam br/yellow 10% Shale frags
 11.0'

6.0" topsoil
 br/yellow orange sandy loam
 5.5' Sandy loam br/yellow 20% shale frags
 11.5'

6.0" topsoil
 Same soil profile as test hole #1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' topsoil
 6.0' or/br/yel sandy loam
 4.0' or/red/br Sandy lm 15-20% shale frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-11-97	1	5.5'S	11:42	11:45	11:45	11:50	5min
		11.0'D	see profile				
	2	5.5'S	11:33	11:35	11:35	11:40	5min
		11.5'D	see profile				
	3	6.0'S	11:52	11:54	11:54	11:57	3min
		11.0'D	see profile for #1				
	4	6.0'S	11:59	12:02	12:02	12:07	5min
		11.0'D	see profile				

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Mark Rifkin / Kim Maiste

ALSO PRESENT Steve Beck

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4-5min

TRENCH WIDTH 3

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 5

SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 58082

F _____

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

DISTRICT 4th

DATE 4-11-97

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Steve and Suzanne Beck

ADDRESS 13155 Route 144, West Friendship 21794 PHONE 442-2887

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1 (not used at this time)

ROAD AND DESCRIPTION Old Annapolis Road east of Larriland Farms

TAX MAP 7 PARCEL # 252

SIZE OF LOT 6.3 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.

Steve Beck
(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

A 58082

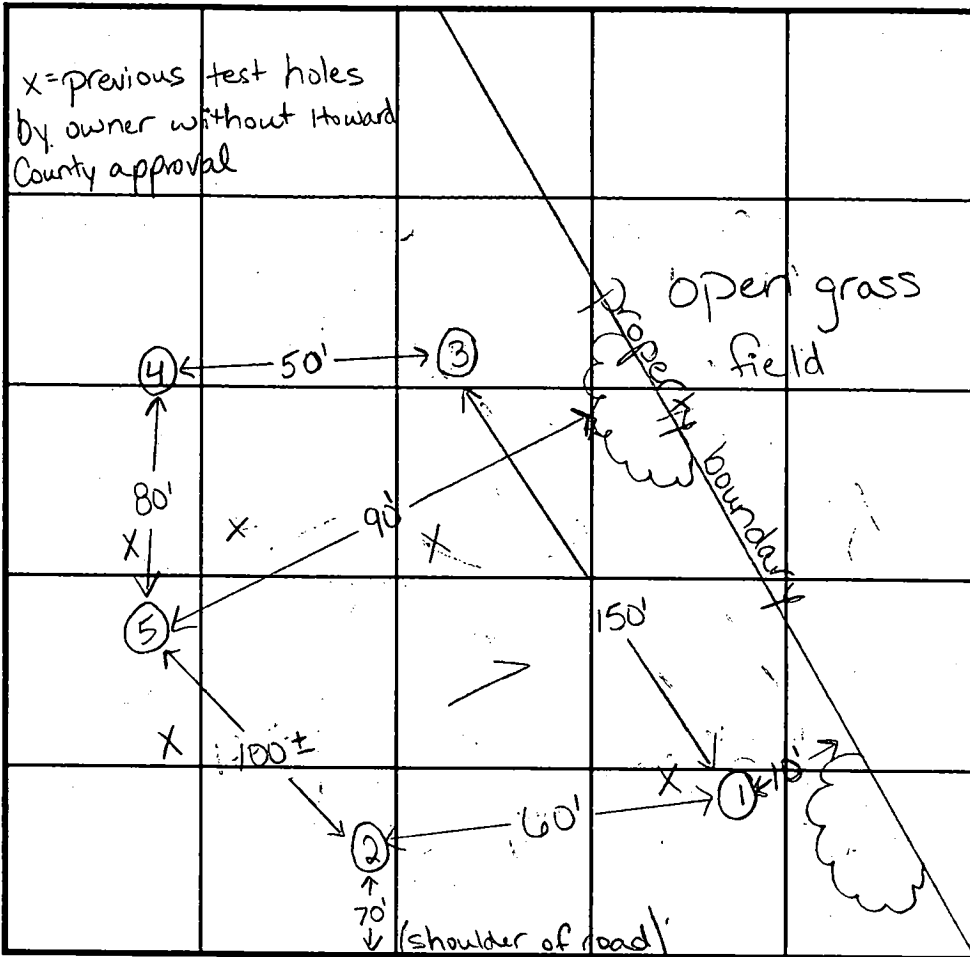
COUNTY #

SOIL PROFILE

0' ①
 6.0" topsoil
 or/br clay
 sandy loam
 5.0' orange/brown/yellow
 sandy loam
 15% shale frags
 11.5'

6.0" ②
 topsoil
 orange/brown/red
 sandy cl loam
 4.5' orange/brown/red
 sandy loam
 20% shale frags
 11.5'

6.0" ⑥
 topsoil
 brown/yel/red clay
 sand loam
 6.0' red/brown
 sandy loam
 saprolite
 30-40% shale frags
 11.0' hard bottom



SOIL PROFILE

0' ④
 6.0" topsoil
 or/red brown yellow sandy loam
 4.0' red/or brown yellow sandy loam
 10-15% shale frags
 11.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Old Annapolis Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-11-97	1	5.5'S	10:45	10:46	10:46	10:48	2min
		11.5'D	see profile				
	2	5.9'S	10:55	10:57	10:57	11:01	4min
		11.5'D	see profile				
	3	clay to 3.5'					
		11.5'D	see profile for #4				
	4	5.5'S	11:20	11:22	11:22	11:24	2min
		11.0'D	see profile				
		6.0'S	11:10	11:17	11:17	11:27	10min
	5	11.0'D	see profile				

REMARKS holes staked

TYPE OF SOIL _____

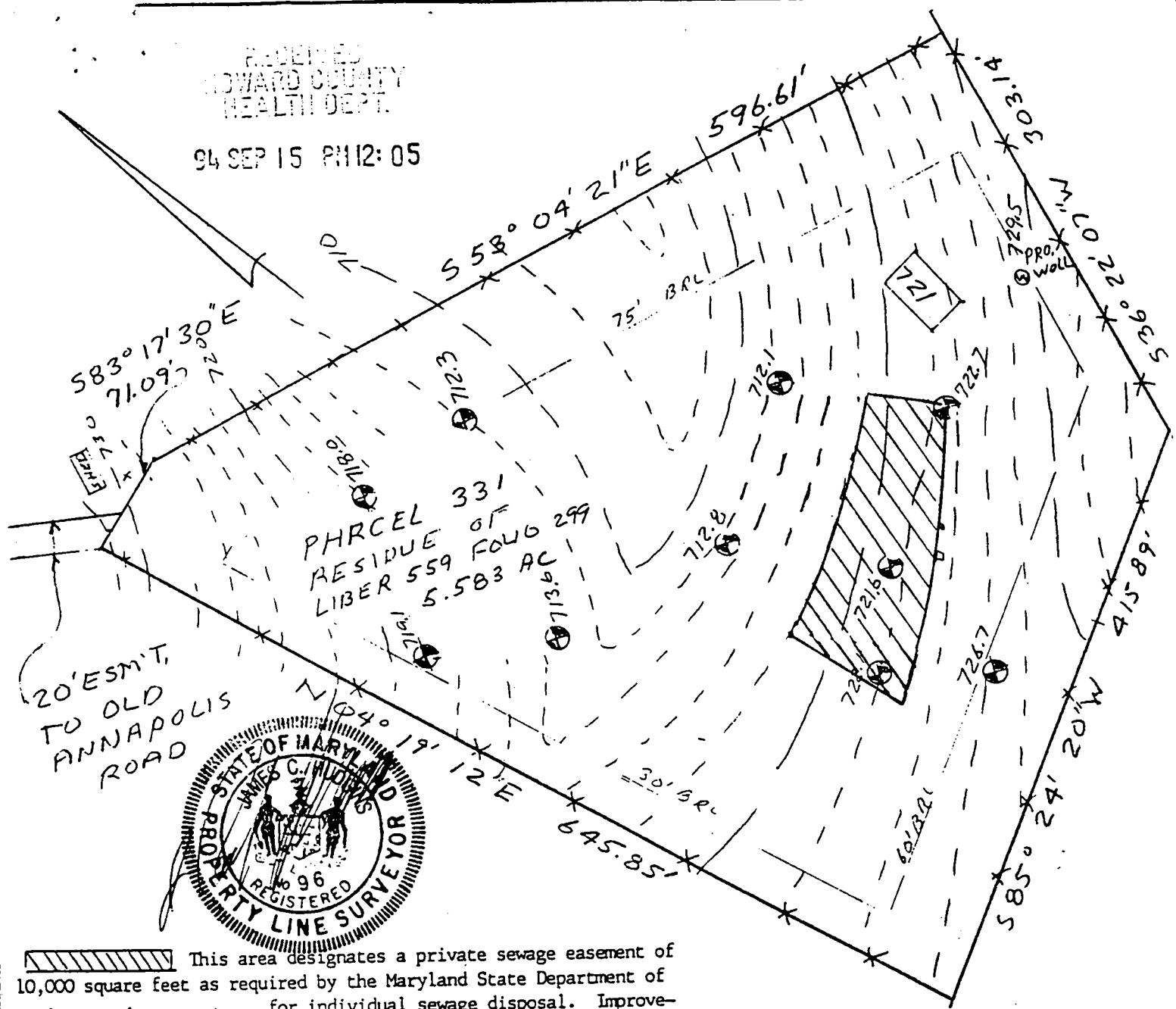
TESTED BY Mark Rifkin / Kim Maiste ALSO PRESENT Steve Beck

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4-5 min TRENCH WIDTH 2

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180


RECEIVED
HOWARD COUNTY
HEALTH DEPT.

94 SEP 15 PM 12:05



PARCEL 331
RESIDUE OF
LIBER 559 FOLIO 299
5.583 AC



 This area designates a private sewage easement of 10,000 square feet 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.

Percolation test holes shown hereon have been field located and shown as "⊕".

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

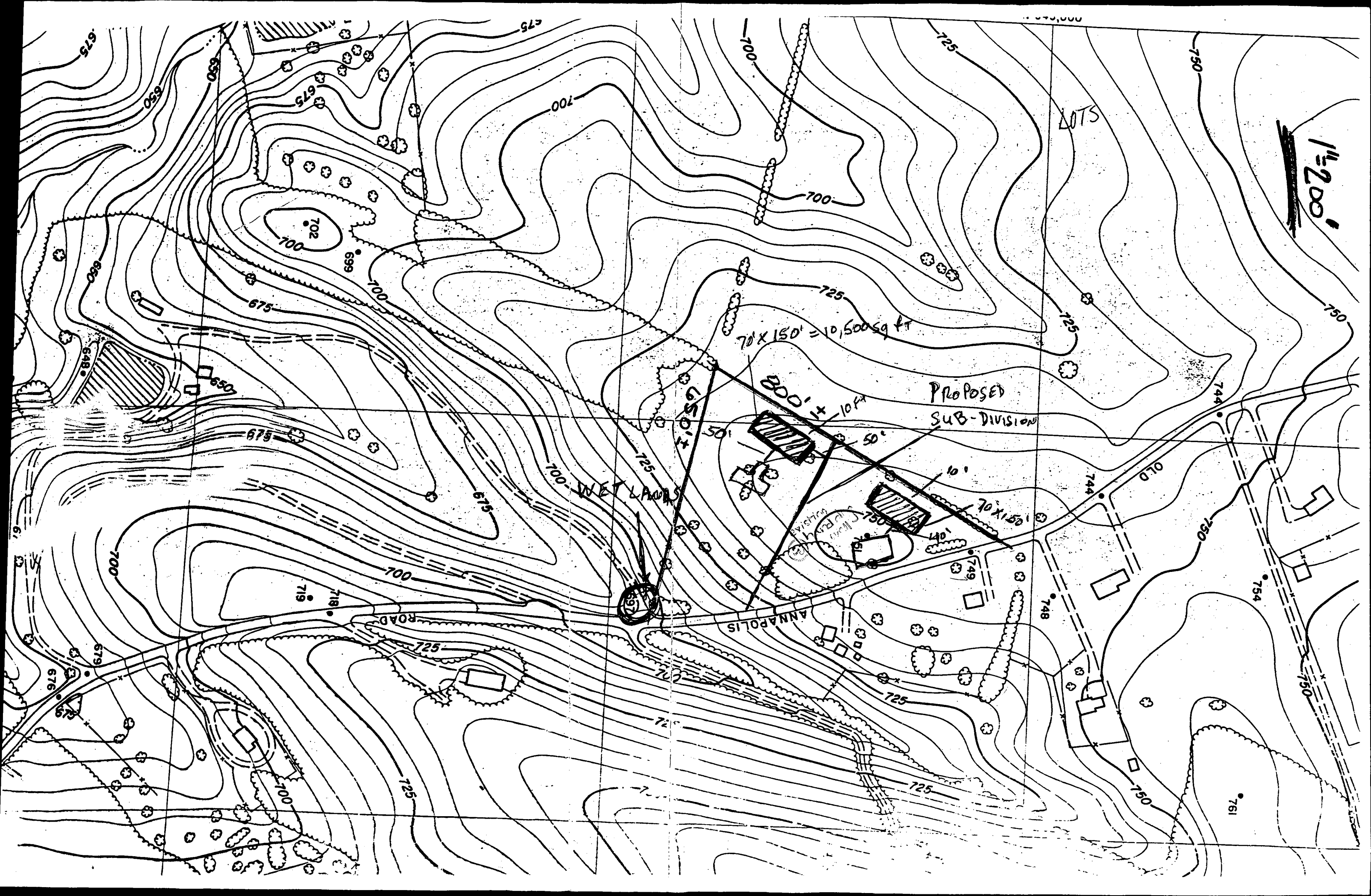
County Health Officer

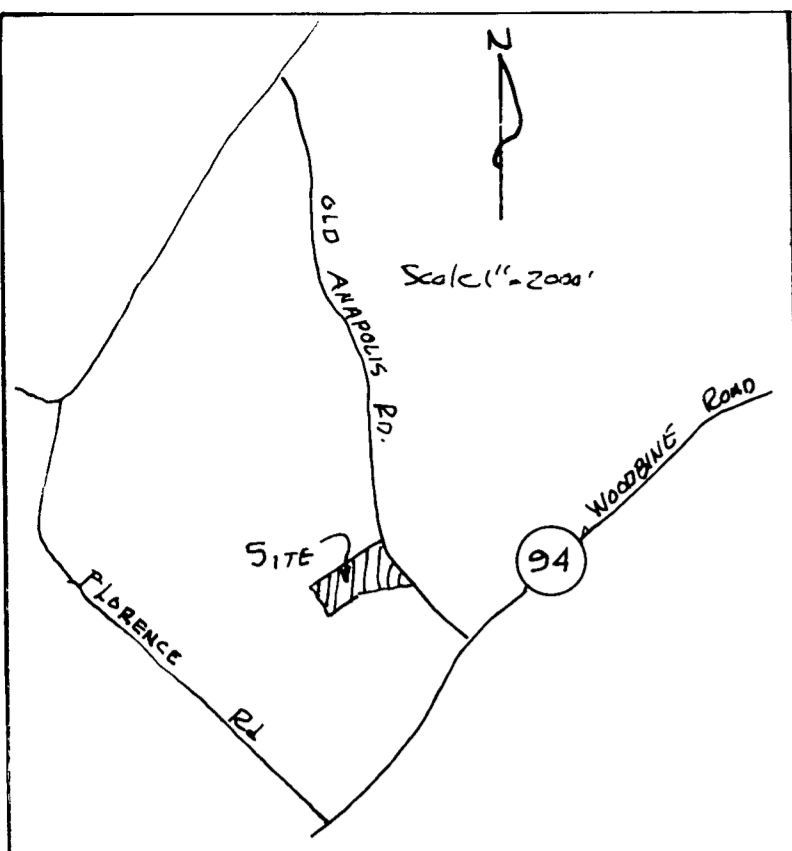
DATE

PERCOLATION TEST PLAT
PROPERTY OF
RANDY & MARIA PARSLEY
TAXMAP 7 PARCEL 331

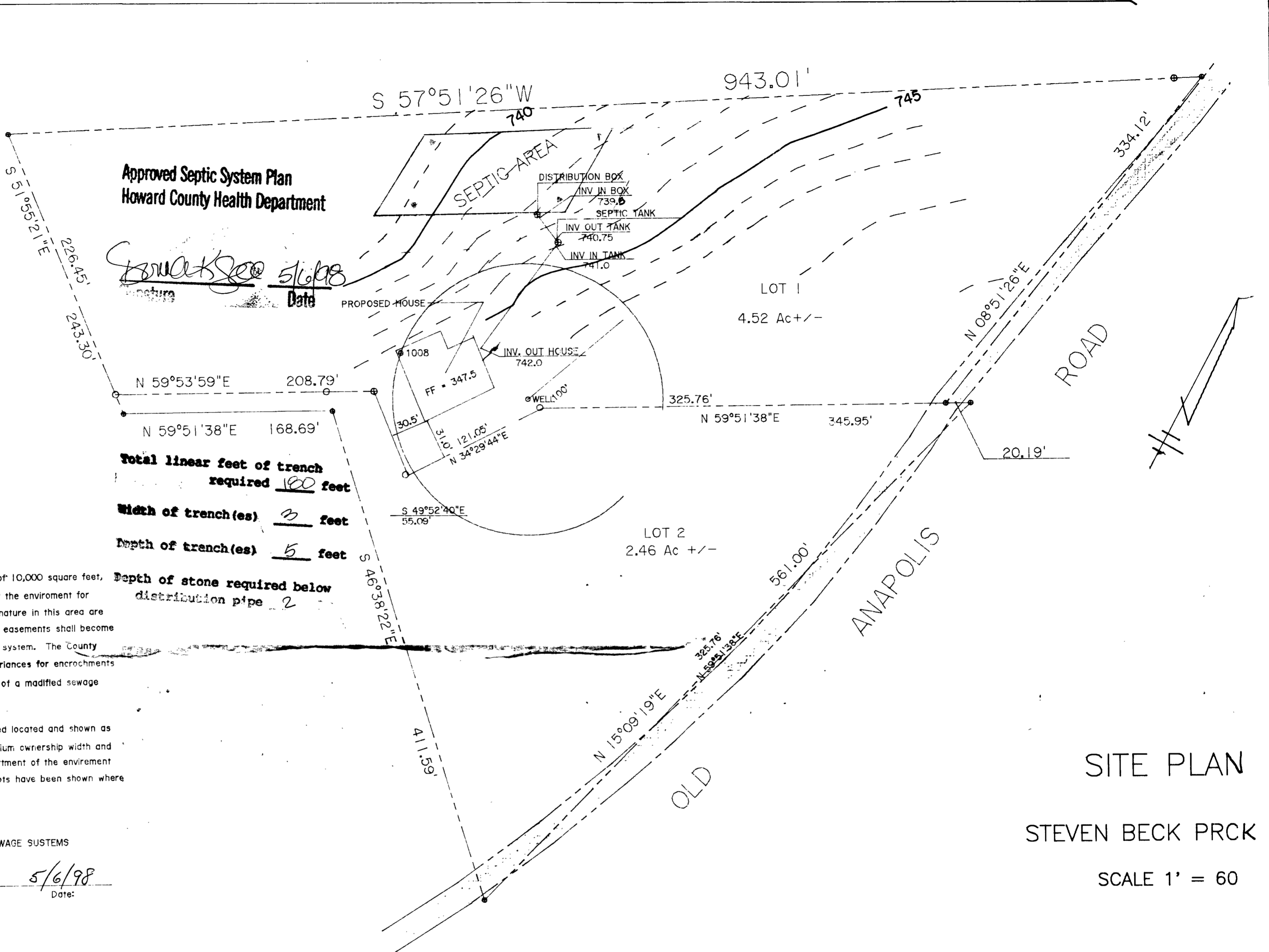
4th Election District
Howard County, Maryland
Scale 1"=100'
Date 9-8-92

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, MD 21771
(301) 442-2031





VICINITY MAP



Approved Septic System Plan
Howard County Health Department

Signature
Date: 5/6/98

Total linear feet of trench required 100 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2

This area designates a private sewage easement of 10,000 square feet, 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 easements. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been filed located and shown as "O". The lot shown hereon complies with the minimum ownership width and lot area 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

Signature 5/6/98
County Health Officer Date:

- NOTES:
- 1) There are no existing wells or septic within 100' of property
 - 2) Existing hand dug well will be properly abandoned prior to building permit approval.

I hereby certify to Stephen Beck that this drawing is correct to the best of my knowledge, and shows the property owned by Mr Beck. It also shows the required information required by Howard County for a building permit.

Signature 5-7-98
Walter T. Tydings Date

SITE PLAN
STEVEN BECK PRCK
SCALE 1' = 60

TYDINGS TOPPER &
P.O. BOX 1201
EMMITSBURG, MD.
(301) 447 - 272



Steven Beck
Property

SEPTIC AREA

LOT 1
4.52 Ac.

173.71'
N 63°48'40"E

508.4

N 59°53'

PROPOSED HOUSE

360' Dry well

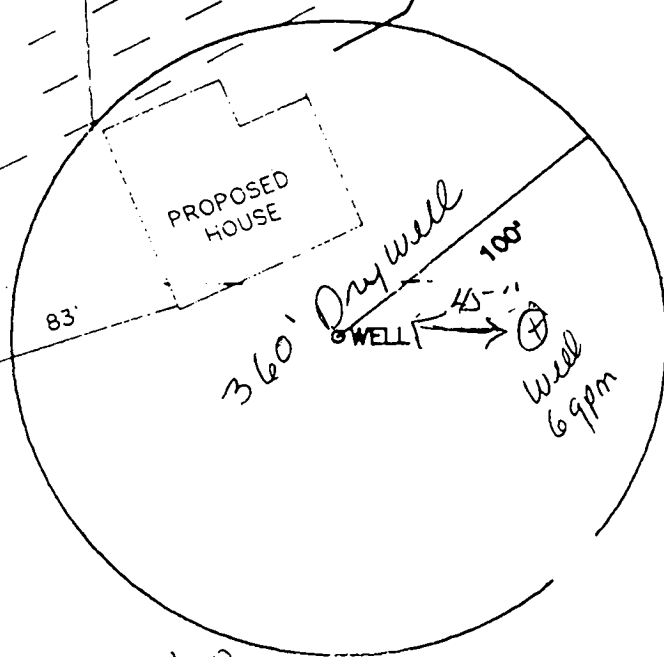
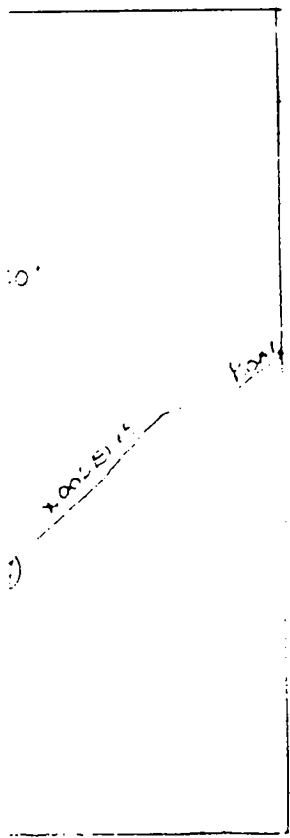
Well
69pm

LOT 2
2.46 Ac.

2/3/98
Well site ok
as staked,
no property corners
clearly staked
KMO

S 46°32'28"E
39.224

N 15°09'19"E



 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: 2/11/98 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: J. J. Brown

WELL DRILLERS LICENSE NUMBER: 024

* OWNER'S NAME: John Brown

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Lanham
 TAX MAP 2 BLOCK 26 PARCEL 235
 SUBDIVISION: North Magnolia
 SECTION: _____ LOT: _____
 NEAREST ROAD: 11th Magnolia St

0 0 0	*
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 766
 N 540

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 5 3/4 INCHES IN DIAMETER

* DEPTH OF WELL: 30 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
<u>Cement</u>	<u>0</u>	<u>30</u>
<u>Washed gravel</u>	<u>30</u>	<u>80</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ LICENSE # _____

MWD/MSD/MGD
 CIRCLE ONE

DATE 2/14/98

B 1 9470 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1410 fill in this form completely
---	-----------------------------	---	---

OWNER INFORMATION

Date Received (APA) 11-4-97

8 MM DD YY 13

15 Breck Last Name Steven First Name 34

36 13155 Rt 144 Street or RFD 55

57 West Friendship Md. Town 21797 State 72 Zip 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Steven Beck Prop. 42

SECTION 44 46 LOT 1 48 50

52 NEAREST TOWN Lushton 71

MILES FROM TOWN (enter 0 if in town) 2 1/2 M I. 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne Driller's Name MS D26 License No. 81

Joseph L. Mayne Well Drilling Firm Name

5572 Ridge Rd. Mt. Airy Md. 21771 Address

Joseph L. Mayne Signature 11/6/97 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2

11 Old Annapolis Road NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 20 PARCEL 232

WELL INFORMATION

1 2

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

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

5 570

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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 COUNTY NAME At 53064 COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 2-4-98 Kimberly White CO SIGNATURE 2-4-99 EXP. DATE

43 MM DD YY 48

NORTH GRID 542 000 EAST GRID 769 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 769

N 542

000
000

2/11/98 9:30 gicel

No TASP (KM)

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 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

39 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G A P

54 63

FORCE KM WRITE INITIALS IN BOX PERMIT NO. HO-94-1410

67 68 70 71 72 73 74 75 76 77 78 79

