

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58142B

A _____

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9833

04-312996

INDEX

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION DeBernardo Prop LOT _____ ROAD 15284 Bushy Park Rd

PROPERTY OWNER De Bernando

ADDRESS _____

PLANS APPROVED BY _____ DATE _____

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 8 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.

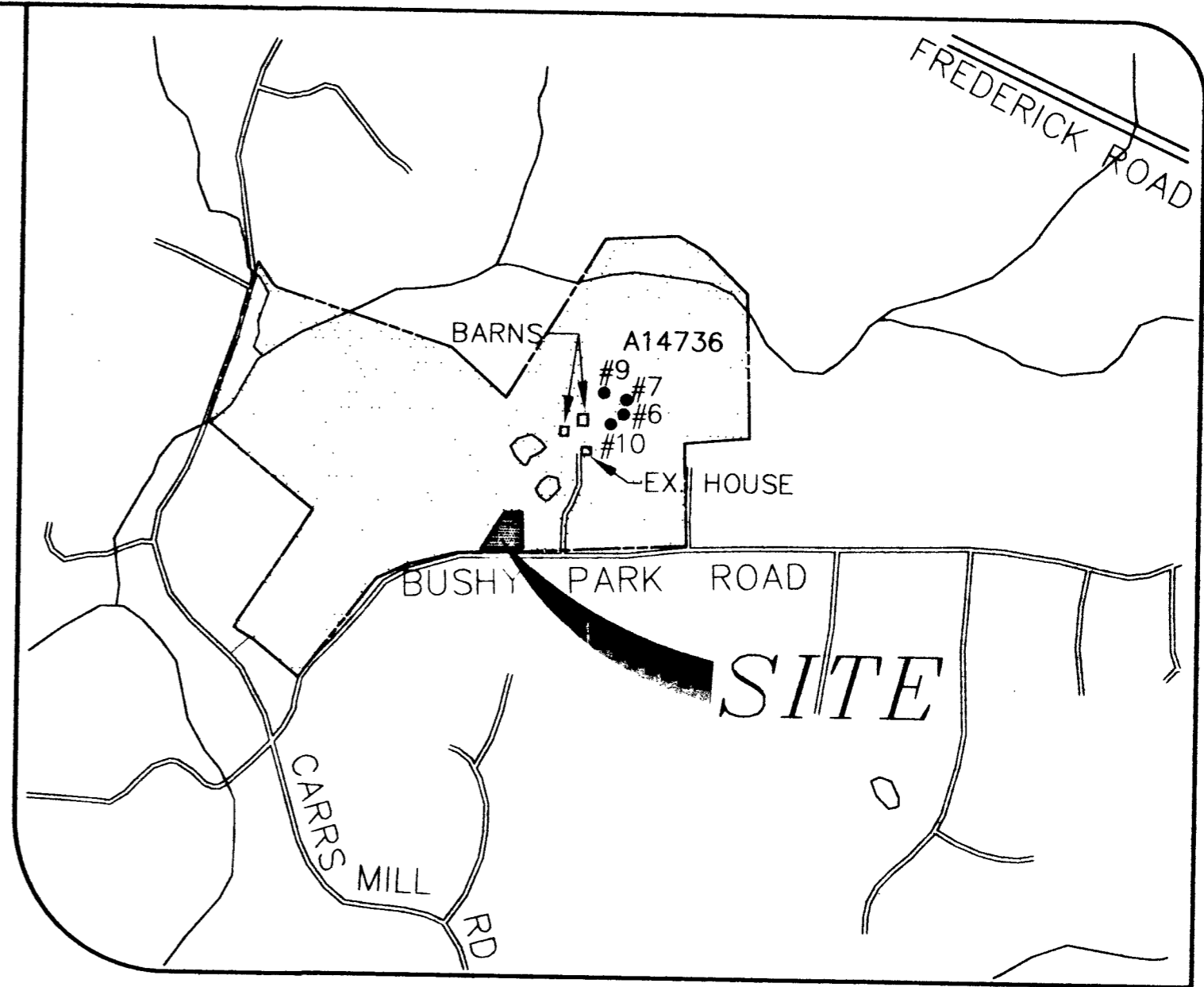
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

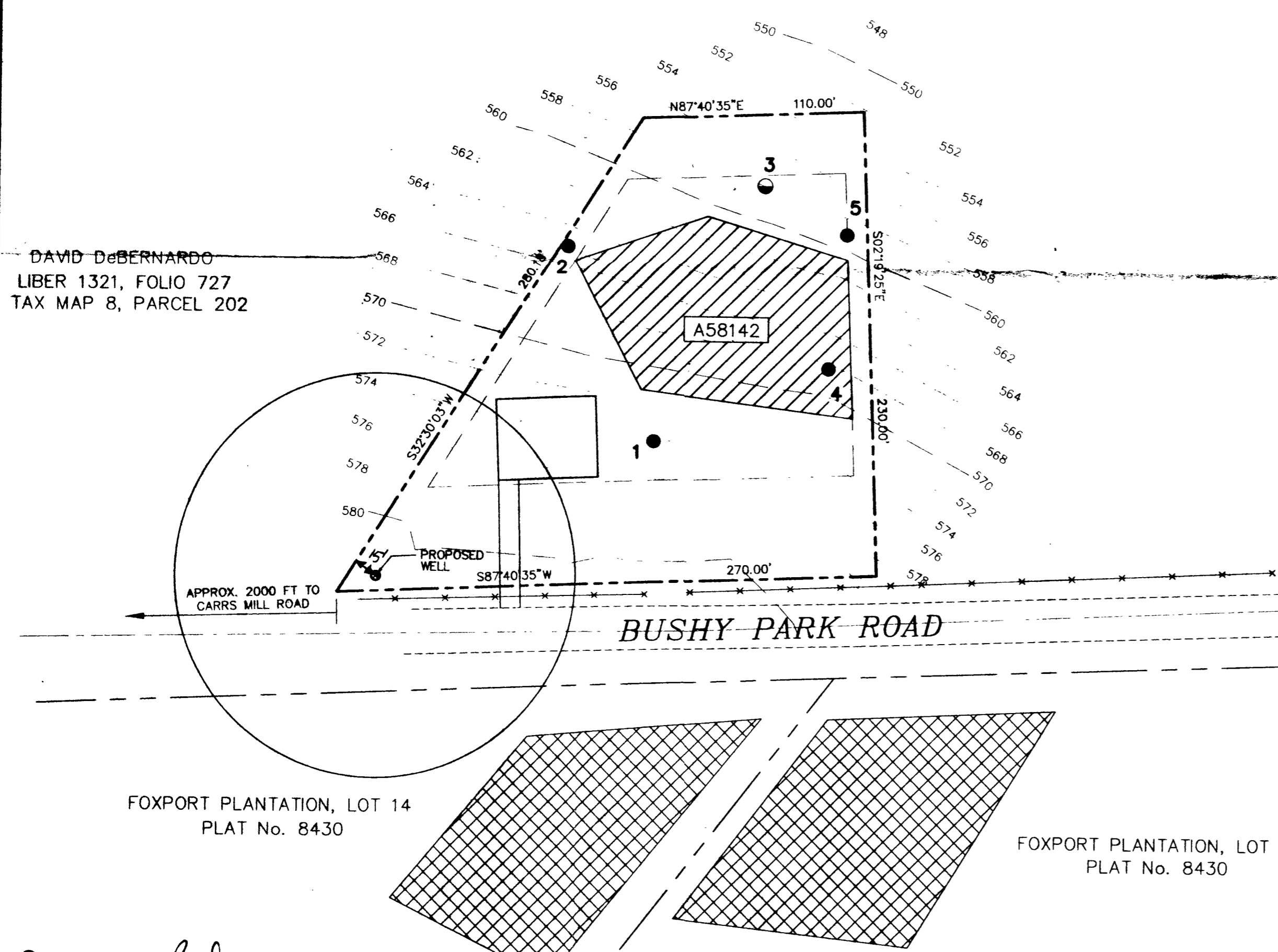
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LEGEND

-  EXISTING SEPTIC EASEMENT
-  PROPOSED SEPTIC EASEMENT
-  PROPOSED WELL SITE
-  FAILED PERC HOLE
-  PASSED PERC HOLE



VICINITY MAP
SCALE : 1" = 1000'




DAVID DeBERNARDO
LIBER 1321, FOLIO 727
TAX MAP 8, PARCEL 202

FOXPORT PLANTATION, LOT 14
PLAT No. 8430

FOXPORT PLANTATION, LOT 15
PLAT No. 8430

GENERAL NOTES:

1. SITE DATA:
TAX MAP 8 - P/O PARCEL 202 - BLOCK 20 - LOT 2
DEED REFERENCE : 1321/727
GROSS AREA 1.00 ACRES ±
ZONE RC-DEO (ZONING MAP DATED OCTOBER 18, 1993)
AREA OF STEEP SLOPES 0 ACRES
AREA OF WETLANDS 0 ACRES
AREA IN ROW AND ROAD 0 ACRES
NET AREA OF SITE 1.00 ACRES ±
2. TOPOGRAPHIC DATA BASED ON SURVEY CONDUCTED BY MILDENBERG, BOENDER & ASSOCIATES, INC. IN AUGUST 1997. BOUNDARY OF PROPOSED LOT IS BASED ON FIELD SURVEY CONDUCTED BY MILDENBERG, BOENDER & ASSOCIATES, INC. IN AUGUST 1997.
3. BASED ON AVAILABLE COUNTY DATA, NO HISTORIC STRUCTURES OR BURIAL GROUNDS EXIST ON-SITE.
4. NO WETLANDS OR STREAMS EXIST ON-SITE.
5. NO FLOODPLAIN EXISTS ON-SITE.
6. PRIVATE WATER AND PRIVATE SEWERAGE WILL BE UTILIZED.
7. TO THE BEST OF OUR KNOWLEDGE, ALL WELLS AND SEPTIC AREAS WITHIN 100 FEET OF THE PROPOSED LOT HAVE BEEN SHOWN.
8.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
9. EXISTING HOUSE, BARN, AND PERC HOLES ARE LOCATED APPROXIMATELY AS SHOWN ON THE VICINITY MAP. HOLES HAVE BEEN PERCED, BUT WILL NOT BE RECORDED.
10. PROPOSED WELL ON-SITE TO BE DRILLED PRIOR TO RECORD PLAT SUBMITTAL.
11. AS PER LETTER DATED JUNE 13, 1997, A WATER SAMPLE MUST BE COLLECTED AND TESTED FOR VOC'S (VOLATILE ORGANIC COMPOUNDS) AND METAL ANALYSIS AT THE TIME OF THE WELL YIELD TEST, DUE TO THE PROXIMITY OF THE PROPOSED LOT TO THE CLOSED LANDFILL.

Joseph B. Bala
APPROVED : FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT.

Joseph B. Bala 10-3-77
HOWARD COUNTY HEALTH OFFICER DATE

Vince Rangan
10/4/97

DEVELOPER
VINCE & LIZ RANGAN
13920 TRIADDELPHIA MILL ROAD
DAYTON, MARYLAND 21036
(301) 596-9607

OWNER
DAVID DeBERNARDO
15284 BUSHY PARK ROAD
WOODBINE, MARYLAND 21797

Project	97058	date	AUG 1997
Illustration	TMB/SJD	engineering	SJD
Scale	1"=50'	approval	

NO	DESCRIPTION	DATE

DeBERNARDO PROPERTY,
LOT 2
TAX MAP 8 - P/O PARCEL 202 - BLOCK 20
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
PERC CERTIFICATION PLAN

MILDENBERG, BOENDER & ASSOC., INC.
Engineers Planners Surveyors
5072 Dorsey Hill Drive, Suite 202, Ellicott City, Maryland 21042
(410) 987-0296 FAX (301) 821-5521 Wash. (410) 997-0298 Fax

F:\97058\DWG\38-PP.DWG

APPLICATION

PERCOLATION TESTING

A _____
P 58142B

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

DISTRICT _____
DATE 5-9-97

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 David De Bernardo - Cold Spring Farm

ADDRESS 15284 Bushy Park Rd. Woodbine, MD 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. A14736

ROAD AND DESCRIPTION 15284 Bushy Park Rd - Farm House Repair - Test

TAX MAP _____ PARCEL # _____

SIZE OF LOT 126 acres TYPE BLDG. Single Family
(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.

Bill [Signature]
(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 _____

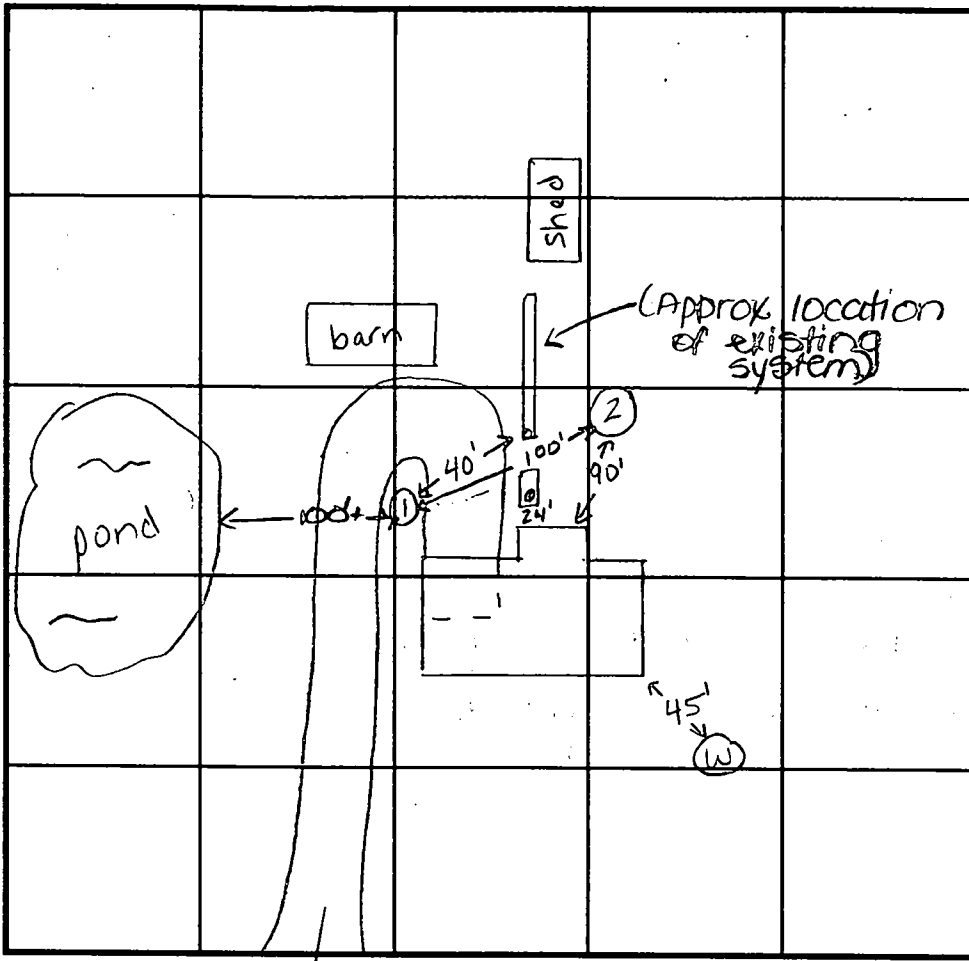
THIS IS NOT A PERMIT

P58142B
COUNTY #

SOIL PROFILE

0'
①
orange/br
clay
loam
3.5'
tan/brown
silty
loam
10%
shale
fragments
11.5'

②
orange
clay
loam
3.0'
tan/orange
silty
loam
7.5'
small
rock
patch
at 7.5'
11.0'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Long drive to Bushy Park Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-16-97	1	3.0'S 11.5'D	Visual	only - ok	See	profile	
	2	11.0'	Visual	only - ok	See	profile	

REMARKS test holes not staked

TYPE OF SOIL _____
 TESTED BY Kim Soe / Kim Maiste ALSO PRESENT Bill Ingram / David DeBernardo
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3
 INLET DEPTH 3.0' MAXIMUM BOTTOM DEPTH 5.0' SQ. FT/BEDROOM _____

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 8-14-69

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER David Debernardo & wife

ADDRESS 2701 Bel Pro Road, Silver Spring, Md. PHONE 928-6644

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION CARRS Hill Rd. 1/2 mile south of Rt. 304

OCCUPANT

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT 126.29 ACRES

Single Family Dwelling

TYPE BLOC 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT David Debernardo

APPROVED [Signature]

FOR

DATE

REJECTED BY

FOR

DATE 8/21/69

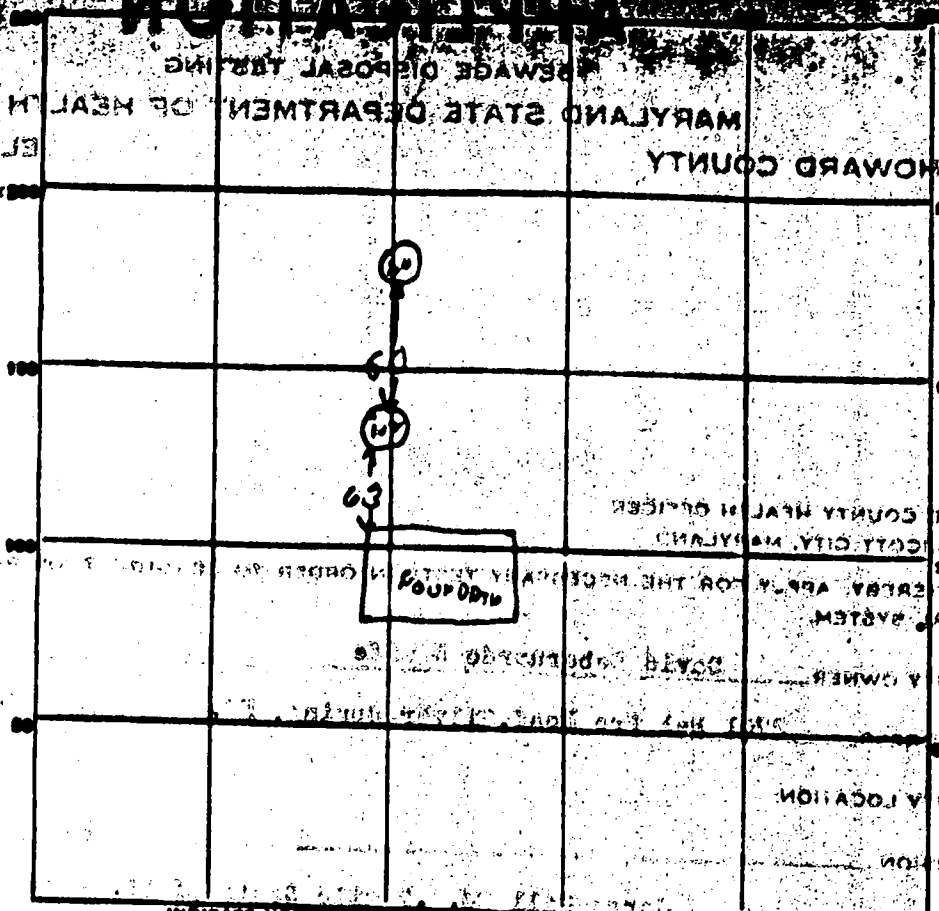
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

NOTIFICATION



INDICATE NORTH - NAME ADJACENT ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-21-69	1	1 1/2	2 05	2 08	2 08	2 11	10 min
	2	4 1/2	2 06	2 11	2 12	2 15	10 min
	3	8 ft	2 12	2 14	2 14	2 16	10 min
	4	4 1/2	not tested	same type soil	not tested	not tested	not tested

SOIL AUGER FINDING _____

TESTED BY Dum

REMARKS A TON 21 2HT

DATE RECEIVED (OWNER USE ONLY) **Aug 13**

OWNER **De Bernardis David**

STREET OR RFD **Lidsa**

POST OFFICE **Lidsa MD**

DRILLING STARTED

FILL IN THIS FORM COMPLETELY

B-1 DRILLER INFORMATION

1 2 3 (SEQ. NO.)

DRILLER **Henry Green** IDENTIFY NUMBER **1**

ADDRESS **1144 Parkway Rd**

CITY **Damascus MD**

DATE OF APPLICATION **Aug 1969**

B-4 LOCATION OF WELL

1 2 3 (SEQ. NO.)

COUNTY **Howard**

SUBDIVISION **Farm**

SECTION **22** LOT **11**

NEAREST TOWN **Lidsa**

MILES FROM TOWN (ENTER 0 IF IN TOWN) **5**

B-3 WELL INFORMATION

1 2 3 (SEQ. NO.)

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **7**

AVERAGE DAILY QUANTITY REQUIRED (GALLONS PER DAY) **700**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY

TEST

B-5 DIRECTION FROM TOWN

1 2 3 (SEQ. NO.)

NORTH EAST NORTHEAST NORTHWEST

SOUTH WEST SOUTHWEST SOUTHEAST

ROAD **Bush Park**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **100**

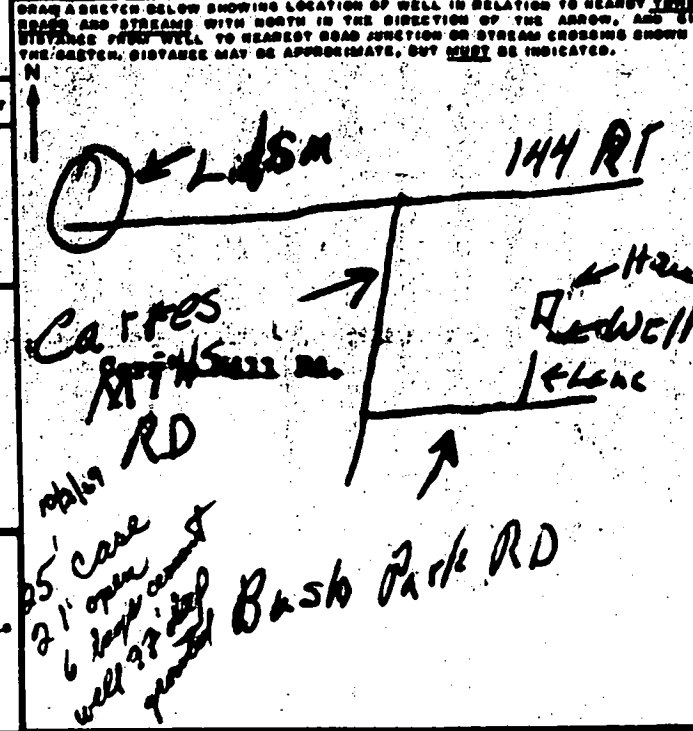
APPROXIMATE DEPTH OF WELL **100** FEET

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-ROTATION ROTARY (HYDRAULIC ROTARY)

CABLE OTHER (DESCRIBE)



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

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 (OWNER USE ONLY)

APPROPRIATION PERMIT NUMBER

ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) FORCE WHITE (FILL IN BOX) 67 68

CONDITIONS

B-5 CONTINUED

HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)

1 2 3 (SEQ. NO.)

STATE DEPARTMENT OF HEALTH (CIRCLE BOX IF STATE HEALTH)

APPROVED BY **Robert J. Wine** TITLE **Environmental Specialist**

DATE **8 19 69**

LATITUDE **39 04 00**

COUNTY DEPT. OF HEALTH

LONGITUDE **07 5 00**

ELEVATION AT WELL (FEET)

B-6 SPECIAL CONDITIONS (OWNER USE ONLY)