

9/13/99 3PM  
9/14/99  
10:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# INDEXED

P 512702

A 59289-E

DISTRICT \_\_\_\_\_

DATE 9/13/99

DATE SYSTEM APPROVED 9/14/99

INSPECTOR B.B.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 410-313-2640

04-317025

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION The Woods at Ridgeview LOT Parcel 5 ROAD 15070 Frederick Road

PROPERTY OWNER Crosen Homes, Inc.

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 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 102.57' and 342.98' lot lines, begin trenches 85 feet down the 342.98' lot line and 20 feet off that same lot line. Run trenches on contour toward the north property corner.

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

*OK [Signature] 9/24/99*

PLANS APPROVED BY Amy McMillen DATE 5-17-1999

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

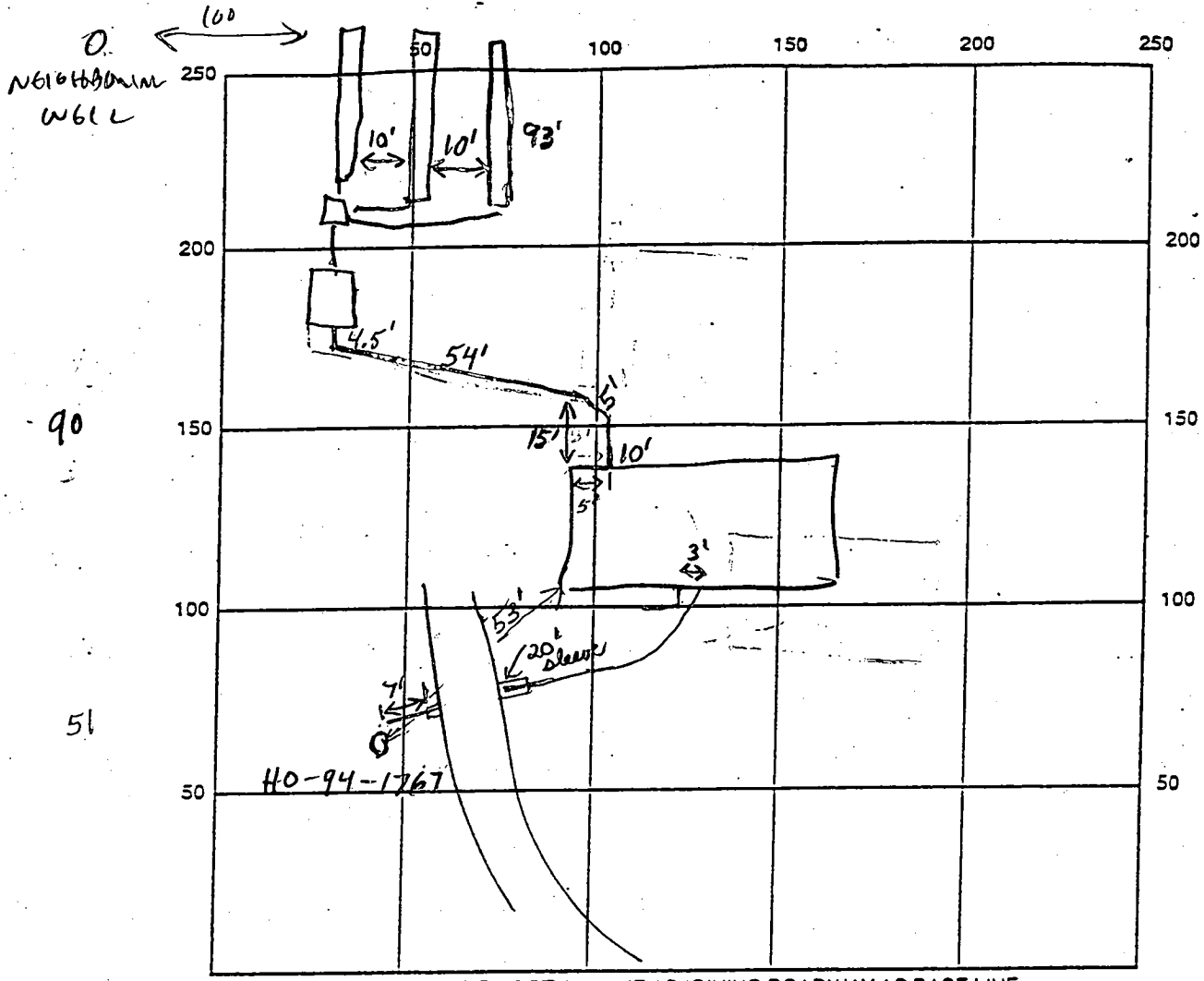
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

A 59289-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL  CLEANOUTS 1-6" septic tank

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

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

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 9/13/99 TANK, DB & 1ST TWO TRENCHES COMPLET. (CW)  
9/14/99 House connection made. O.K. to cover everything. Well lines look O.K.  
A 20' sleeve was placed across the future driveway area. (BB)

DATE SYSTEM APPROVED 9/14/99 INSPECTOR B. Baker

# APPLICATION

229  
8  
18  
11/13/98  
4/1/14/98

PERCOLATION TESTING

A 59289E

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 12/31/97

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 Highland Development Corporation ~~and~~ CROSEY ARMIES, INC

ADDRESS \_\_\_\_\_ PHONE 410 531 5539

AGENT OR PROSPECTIVE BUYER Chuck Shroy

ADDRESS 3779 Shroy Road PHONE 410 4894630

PROPERTY LOCATION: Glenwood Md. 21738

SUBDIVISION \_\_\_\_\_ LOT NO. Parcel 5

ROAD AND DESCRIPTION Old <sup>15970</sup> Frederick Road Woodlawn

TAX MAP 8 PARCEL # 56, 57, 60, 61, 130, 137, 174 \* 9 lots (8 New 1 home)

SIZE OF LOT 1 ac To 3 ac TYPE BLDG. \_\_\_\_\_  
(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. Chuck Shroy  
(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 \_\_\_\_\_

**REC'D. PERMIT SIGNED  
AND RETURNED 5-17-99  
Serial # B10 117862  
SFD-4Bem**

# THIS IS NOT A PERMIT

59289E

COUNTY #

SOIL PROFILE

5C

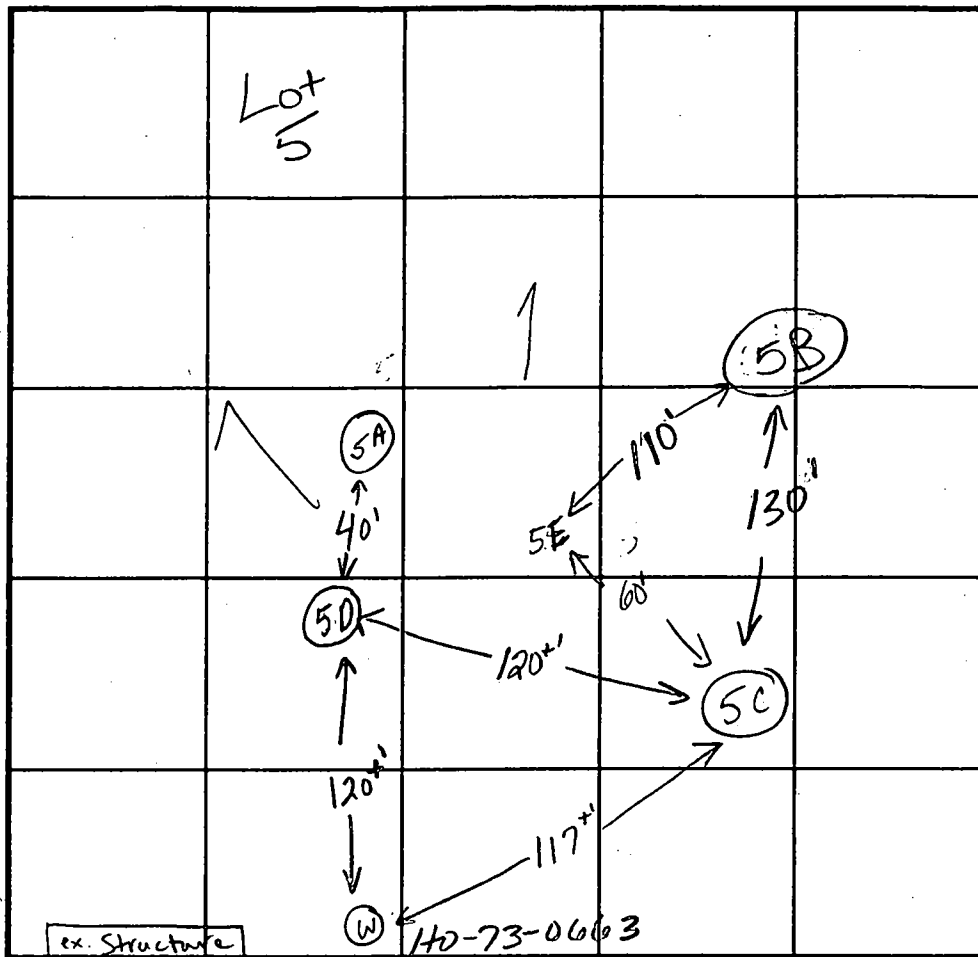
0'  
orange/red  
clay  
loam  
4.0'  
tan/pink  
orange  
silty  
loam  
10%  
shale  
frags  
11.0'

5D

Same  
as  
hole  
#  
5C

6A/5B

Same  
as  
hole  
#  
5C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

5A

0'  
or/brown  
clay  
loam  
4.0'  
tan/orange  
silty  
loam  
20-30%  
shale  
frags  
11.0'

5E

or/brown  
clay  
loam  
3.5'  
tan/pink  
orange  
silty  
loam  
11.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/13/98	5C	3.0'S	12:04 <sub>30</sub>	12:11 <sub>30</sub>	12:11 <sub>30</sub>	12:19 <sub>30</sub>	8min
		6.5'S	12:04 <sub>40</sub>	12:08	12:08	12:13	5min
		11.0'D	visual	ok	see profile		
	5B	3.0'S	11:52	11:54 <sub>30</sub>	11:54 <sub>30</sub>	12:00 <sub>30</sub>	6min
		11.0'D	Visual	ok	see profile		
	5D	3.0'S	12:14 <sub>30</sub>	12:18	12:18	12:24	8min
		11.0'D	visual	ok	see profile		
	5A	3.0'S	12:21	12:29	12:29	12:39	10min
		11.0'D	visual	ok	see profile		
	5E	11.5'D	visual	only	ok see profile		

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Kim Maisto

ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7-8minutes TRENCH WIDTH 3.0

INLET DEPTH 4.0 MAXIMUM BOTTOM DEPTH 6.0 SQ. FT./BEDROOM 210

C1 4122 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 A 59289 E

ST/CO USE ONLY DATE Received DATE Well Completed MM DD YY 9 28 98

Depth of Well 22 285 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1767

OWNER Highland Development CMC STREET OR RFD Rt 144 TOWN Glenwood SUBDIVISION The Woods at Ridgeway SECTION Lot Parcel 5

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. Sand 0 95 Gray Granite 95 285

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 28 NO. OF POUNDS 2632 GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 85 ft.

CASING RECORD casing types insert appropriate code below (S) T (C) O (P) L (O) T MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 100

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (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. 1 M SDO 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

DEPTH (nearest ft.) HO 98 285

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft. WHEN PUMPING 182 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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. 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 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) See attached location

<b>B 1</b>	<b>9462</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		<b>HO-94-1767</b> <small>fill in this form completely</small>		

**OWNER INFORMATION**

Date Received (APA) **4-7-98**

**Highland Development CMC**  
 P.O. Box 228  
 Clarksville Md. 21029

**LOCATION OF WELL**

**Howard**  
 COUNTY  
**The Woods at Ridgerview**  
 SUBDIVISION  
 SECTION **Parcel 5**  
 NEAREST TOWN **Colerwood**

MILES FROM TOWN (enter 0 if in town) **3** M I

**DRILLER INFORMATION**

**Joseph L. Maize MSD 024**  
 Driller's Name License No.  
**Joseph L. Maize Well Drilling**  
 Firm Name  
**5512 Ridge Rd. Mt. Airy 21771**  
 Address  
**Joseph L. Maize 4/6/98**  
 Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)**

**Rt 144 + Right of Way**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **1270** FT  
 ENTER FT OR MI  
 TAX MAP: **8** BLK: **15** PARCEL **56**

**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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard**  
 COUNTY NAME  
**A 59289E**  
 COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **9-25-98** **Kim Maize** **9-25-99**  
 CO SIGNATURE EXP. DATE  
 NORTH GRID **544 000** EAST GRID **790 000**

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **4-28-98 - 9:30 AM**

SOURCES OF DRILLING WATER

- Well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **780 90**  
 N **540 4**

000  
000

**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)**

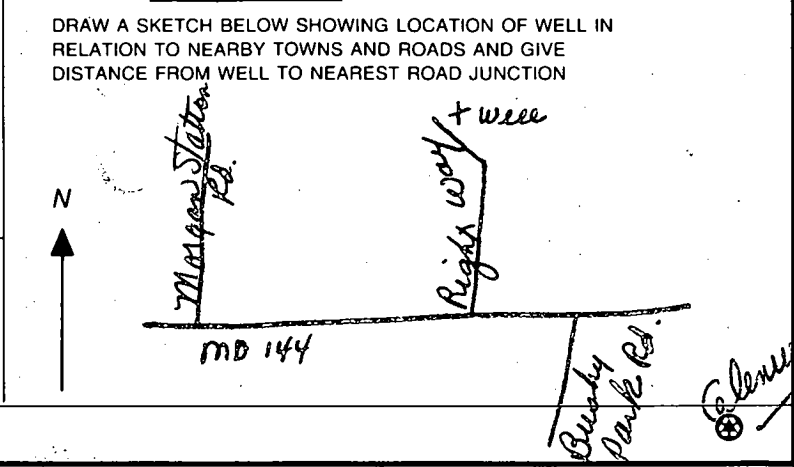
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 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)**

APPROX. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_

FORCE **Km** WRITE INITIALS IN BOX **10-94-1767** PERMIT No. \_\_\_\_\_

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-N Elliotts Hill Drive  
Elliott City, MD 21643  
481-0833

APPLICATION FOR FITNESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Reglancement \_\_\_\_\_  
 Name of Installer W. WOLLAUGHBY PLUMBING  
 License Number # 6992  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
 Name of Property Owner CROSEN HOMES, INC  
 Subdivision \_\_\_\_\_ Lot # 2  
 Site Address 15000 FREDERICK RD  
WOODBINE, MD 21797  
 Receipt # \_\_\_\_\_  
 Date 9-14-99  
 Telephone 410-781-7051  
 Telephone 410-442-3262  
 Mail tag # 80-99-106

Pump  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet   
 c. Submersible   
 2. Make JOUCOZZI  
 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 vibration?  
 Torque arrestors  Cable guards  Other TAPE

Motor  
 1. Horsepower 3/4 HP  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

Fitness Adapter  
 1. Make HFC VOLD  
 2. Model # \_\_\_\_\_  
 3. Length \_\_\_\_\_

Well  
 1. Capacity 1000  
 2. Pressure relief valve? NO

Piping CREST LINE  
 1. Type \_\_\_\_\_  
 3. Size 1"  
 3. NSF and/or EDCA Code approved YES  
 4. Depth of supply line 4 FT

Well data  
 1. Depth 285 FT  
 2. Yield 12 GPM  
 3. Static water level 57 FT  
 4. Will water supply be affected 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: Chris Wollaughby  
 Date: 9-14-99

Note: A written indication of approval/denial of the installation will be placed on the well casing at the time of the inspection.



69°43'12" W 785.92'

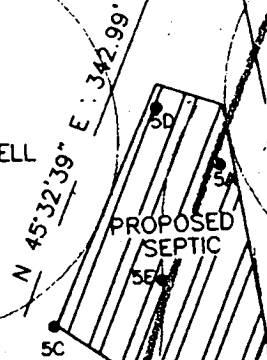
S 43°31'58" W 288.00'

EKA  
EKB2

299473 SQ. FT.  
6.8750 ACRES

EX HOUSE

X  
EX WELL



72336 SQ. FT.  
1.6606 ACRES

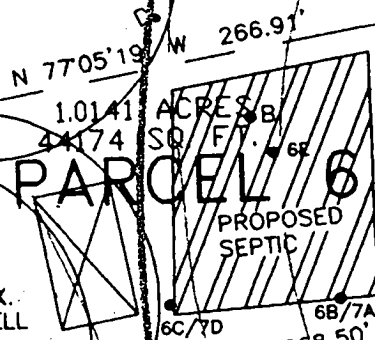
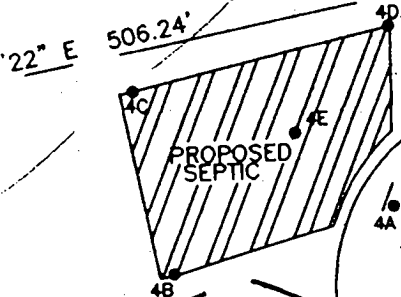
PARCEL 5

X  
EX WELL

NOT INCLUDED

N 61°02'44" E 102.57'

EX. WELL



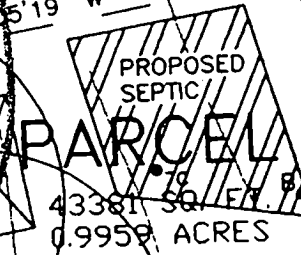
1.0141 ACRES  
44174 SQ. FT.

PARCEL 6

Approved  
Per Cent  
3/18/99

E 603.15'

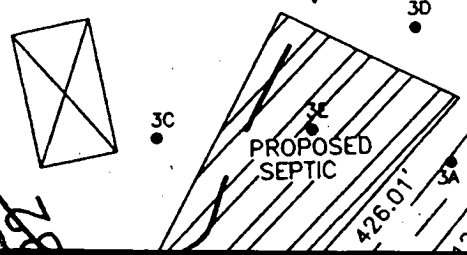
EX. WELL



43381 SQ. FT.  
0.9959 ACRES

PARCEL 7

EX. WELL



130902 SQ. FT.  
3.0051 ACRES

N 57°03'06" W 285.37'

S 14°12'02" W 65.99'

S 12°55'04" W 141.97'

S 12°55'04" W 167.00'

N 77°05'19" W 266.91'

1.0141 ACRES  
44174 SQ. FT.

PARCEL 8

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

PROPOSED SEPTIC

CROSS SECTION

SCALE

CHART		
PROVIDED	No. WELLS	SIZE WELLS
	2	5'x6'x3'deep

Approved Septic System Plan  
 Howard County Health Department

*Paul M. Mall*  
 Signature  
 5/17/99  
 Date

Total linear feet of trench required 290 feet  
 Width of trench (es) 3.0 feet  
 Depth of trench (es) 6.0 feet  
 Depth of stone required below distribution pipe 2.0 feet

