

9/7/00
Layout
A.M.
9/12/00
c.p. AM

9/11/00 Am

04-
RPS# 355369

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514.211

A 49059

ISSUE DATE 8/28/2000

APPROVAL DATE 9/12/00

INDEXED

WTC III Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, MD 21797 PHONE 410-489-4457

SUBDIVISION Walnut Springs LOT NUMBER 920 ADDRESS 1229 Emmaus Road

PROPERTY OWNER Charles Schroyer PROPERTY OWNER'S ADDRESS 1225 Emmaus Road

SEPTIC TANK CAPACITY 1250 GALLONS **BUILDING PERMIT SIGNED**

PUMP CHAMBER CAPACITY N/A GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4 9-14-05 800/56026-DECK

SQUARE FEET PER BEDROOM 36

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES: Trenches to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. 5.0 feet of stone below distribution box.

LOCATION: Place the distribution box 108 feet down the right (290.40') lot line and 97 feet off the same lot line as seen when facing the lot from the use-in-common easement. Run trenches along contour toward the left and right lot lines.

NOTES: The last 10 feet of pipe entering the septic tank from the house is to have a maximum slope of 2%.
Manhole cleanout ~~may be~~ required. 5/8/00 OK AM

PLANS APPROVED Brian Baker DATE 4/18/00

PERMIT VOID AFTER 2 YEARS

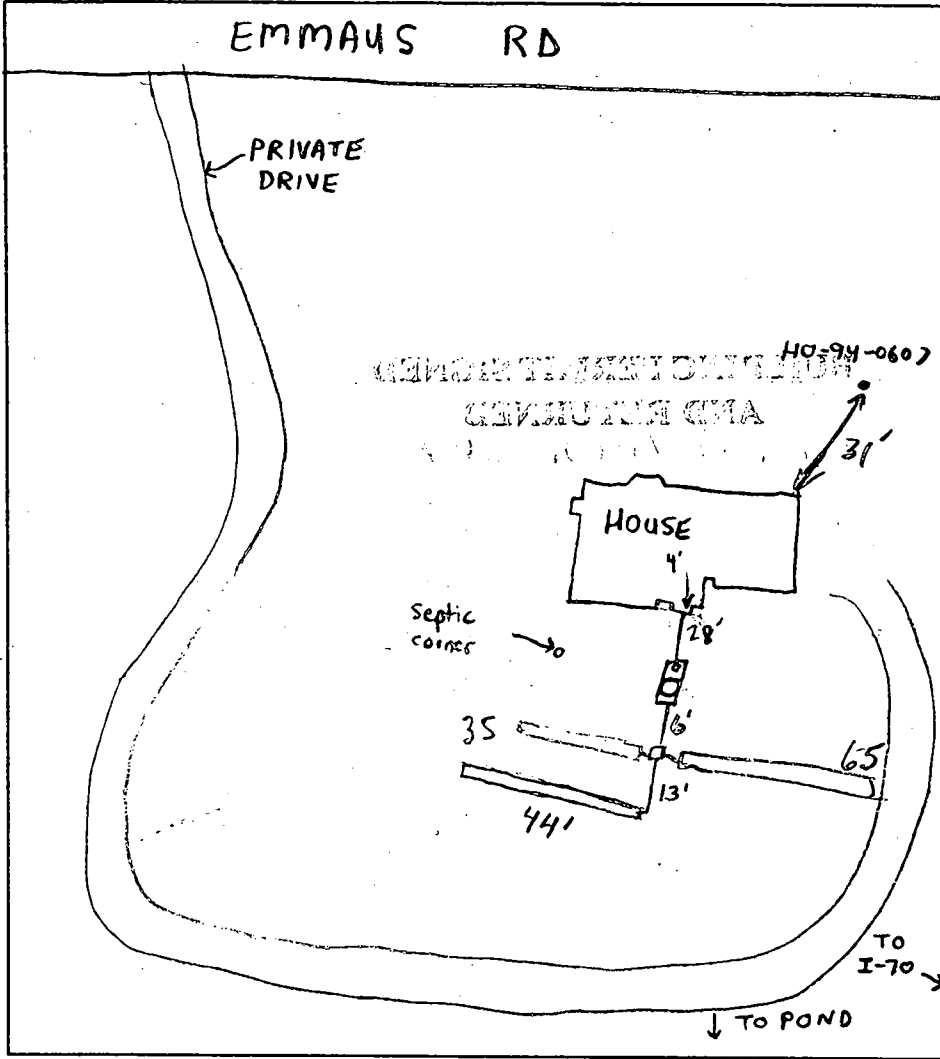
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 514211

NOT TO SCALE

EMMAUS RD



TRENCH DATA

TRENCH WIDTH 2.0'
 TRENCH INLET DEPTH 3.0'
 TRENCH BOTTOM DEPTH 8.0'
 DEPTH OF STONE 5.0'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 144'
 ABSORBENT AREA 720sq. ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: 9/7/00 - BECAUSE OF SITE COND., > THAN 3% OF COVER MAY BE ON TOP OF SEPTIC TANK COVERED. INSTALLER'S WOULD BE OK. OK TO PROCEED AS DISCUSSED TRENCHES SHOULD BE 10' ETE (SRK)

INSPECTION COMMENTS: 9/11/00 #1 OK TO CONTINUE (MR)
 9/11/00 #2 OK TO CONTINUE (MR) 9/12/00 Bottom trench done.
 O.K. to cover (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 9/12/00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WT Celli P.H. Telephone #: 410 489 4457
Address: 1820 Gillis Falls Rd
Woodlawn MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William T Cumberland License# 7979
***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: Charles Schroyer Telephone #: 801 854-6217
Subdivision: Walnut Springs Lot #: 20 Well Tag #: HO-94-0607
Site Address: 1229 Emmets

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myres</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: _____ (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>7.5</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: W. T. Cumberland date: Aug 28, 00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 9/11/00 MR
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Told Mr. Cumberland to complete form from now on. (SRK)

C1 2765 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A49059

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 072495

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0607

OWNER Schroyer Chas. STREET OR RFD Emmaus Rd TOWN Lisbon SUBDIVISION WALNUT SPRINGS SECTION LOT 20

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 7, NO. OF POUNDS 658.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter top (main) casing: 6 inches. Total depth of main casing: 25 feet.

SCREEN RECORD. SCREEN TYPE: ST (STEEL). SLOT SIZE 1, DIAMETER OF SCREEN 56 inches.

OTHER CASING (if used) section with diameter and depth fields.

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 007.5 gal. per min. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL: 47 ft. BEFORE PUMPING, 96 ft. WHEN PUMPING.

PUMP INSTALLED. DRILLER WILL INSTALL PUMP: YES (NO). TYPE OF PUMP INSTALLED: S (submersible). CAPACITY: GALLONS PER MINUTE.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (NO).

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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...

TYPE: MWD/MSD/MGD. DRILLERS LIC. NO. 24. DRILLERS SIGNATURE: Joseph L. Mayne.

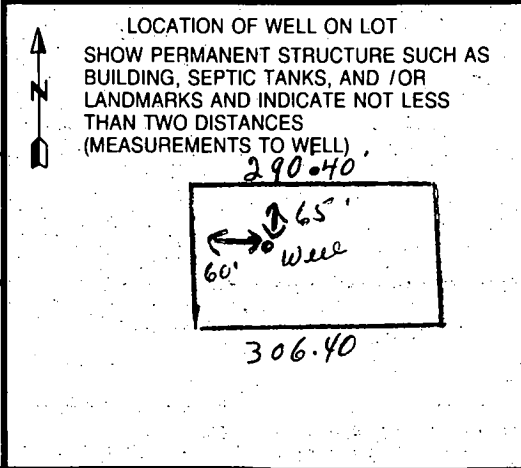
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): LARRY MAYNE. LIC. NO. 27.

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

DEPTH (nearest ft.) table with columns for depth intervals (8-9, 11-15, 17-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51) and a vertical axis for casing height (+ above, - below).

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.



B 1 **5510** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER **40-94-0607**
fill in this form completely

OWNER INFORMATION

Date Received (APA) **052395**

SCHROYER **CHARLES**
Last Name Owner First Name

1245 MORGAN STATION RD
Street or RFD

WOODBINE **MD21797**
Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD

Joseph L. MAYNE **24**
Driller's Name License No. 80

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy MD 21771
Address

Joseph L. Mayne **5/23/95**
Signature Date

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)

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 HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jettied & DRIVEN**

AIR-ROTary **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)

CABLE **REVerse-ROTary** **DRive-POINT**

other _____

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) _____

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-94-0607**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 3 **LOCATION OF WELL**

Howard
8 COUNTY

WALKNUT SPRINGS
23 SUBDIVISION 42

SECTION **44** **46** LOT **20** **48** **50**

LISBON
52 NEAREST TOWN 71

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

B 4

Emmaus RD.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

N NORTH **E** EAST **S** SOUTH **W** WEST

34 **620** 37
DISTANCE FROM ROAD

ENTER FT OR MI **FT**
38 39

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A49059**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **072095** INSERT S _____
43 48 CO SIGNATURE **Mark E. Rifkin** 7/20/96 EXP. DATE 41

NORTH GRID **547000** EAST GRID **0787000**
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **WELL**

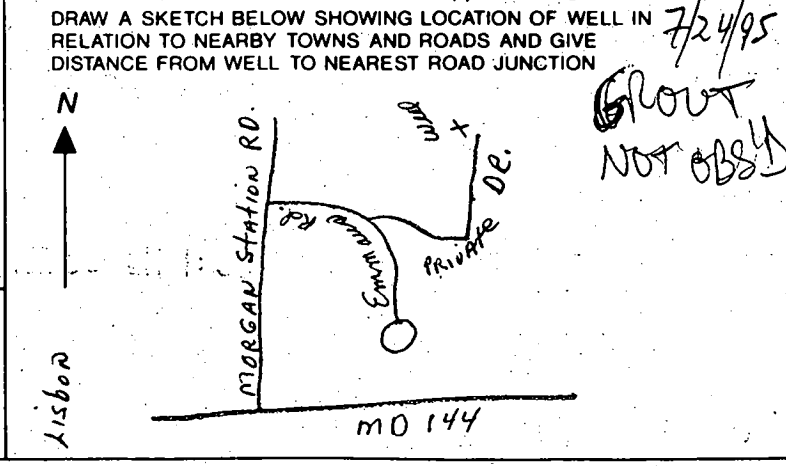
2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

78/7
54/7

000 000



APPLICATION

PERCOLATION TESTING

A 49059

P _____

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

DISTRICT _____

DATE 3/16/93

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 CHARLES + CAROL SCHEPPEL

ADDRESS 1745 MORGAN STATION RD PHONE 301 854 10217

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 20 on signed plat ON PERC PLAT

ROAD AND DESCRIPTION EAST OF MORGAN STATION RD SOUTH OF RT. 70

TAX MAP 8 PARCEL # 313

SIZE OF LOT ± 40,800 sq 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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK - HOLD FOR PLAT MR 6/3/93

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

A49059

COUNTY #

Lot 16

SOIL PROFILE

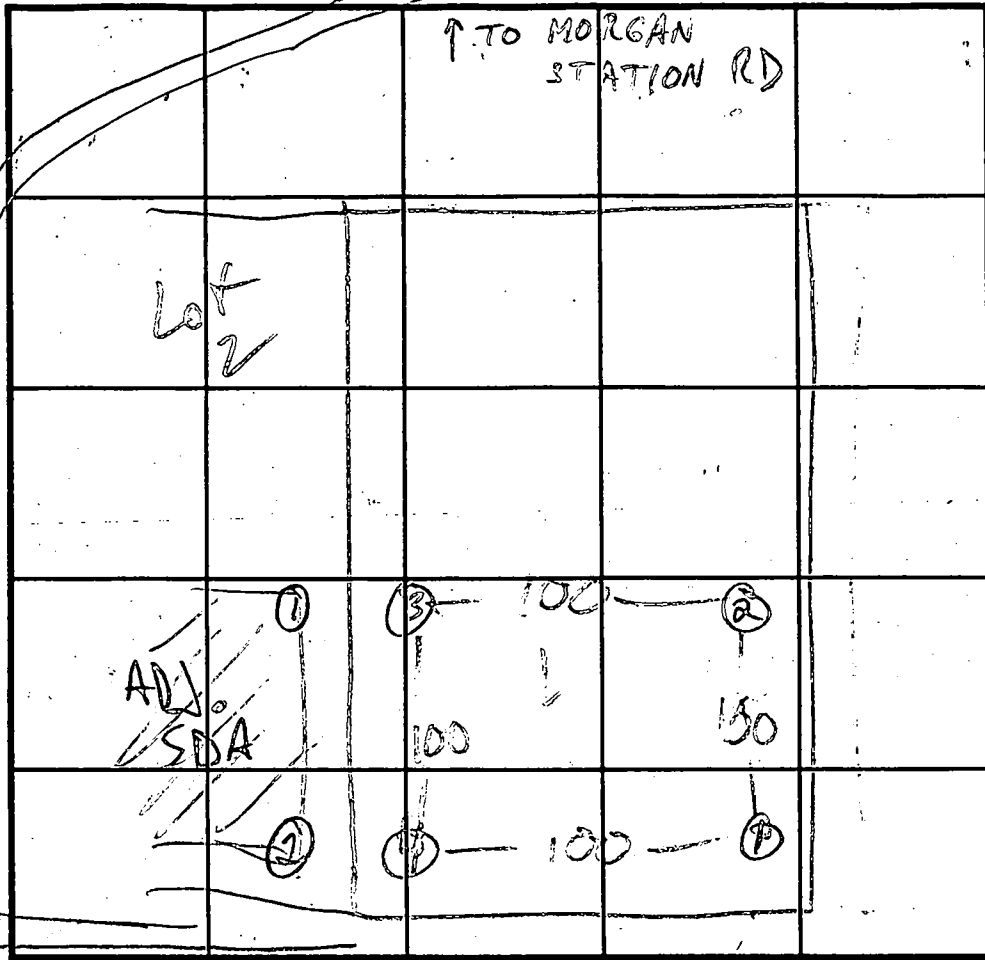
① - ④

tan
sa cllm

brn tan
sa lm
10% frags

↑ TO MORGAN
STATION RD

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/18/93	1S	3 1/2	12:30	12:32	12:32	12:34	2
	1V	13	see profile				
	2S	4	12:27	12:29	12:29	12:33	4
	2V	12	see profile				
	3V	12	see profile		OK		
	4V	12	see profile		OK		
3/9/92	LOT 2 1	3 1/2	11:38	11:41	11:41	11:49	8
	LOT 2 1	13	sim to lot 16		holes		
	LOT 2 2	4 1/2	11:20	11:34	11:34	11:43	9
	LOT 2 2	13 1/2	sim to lot 16		holes		

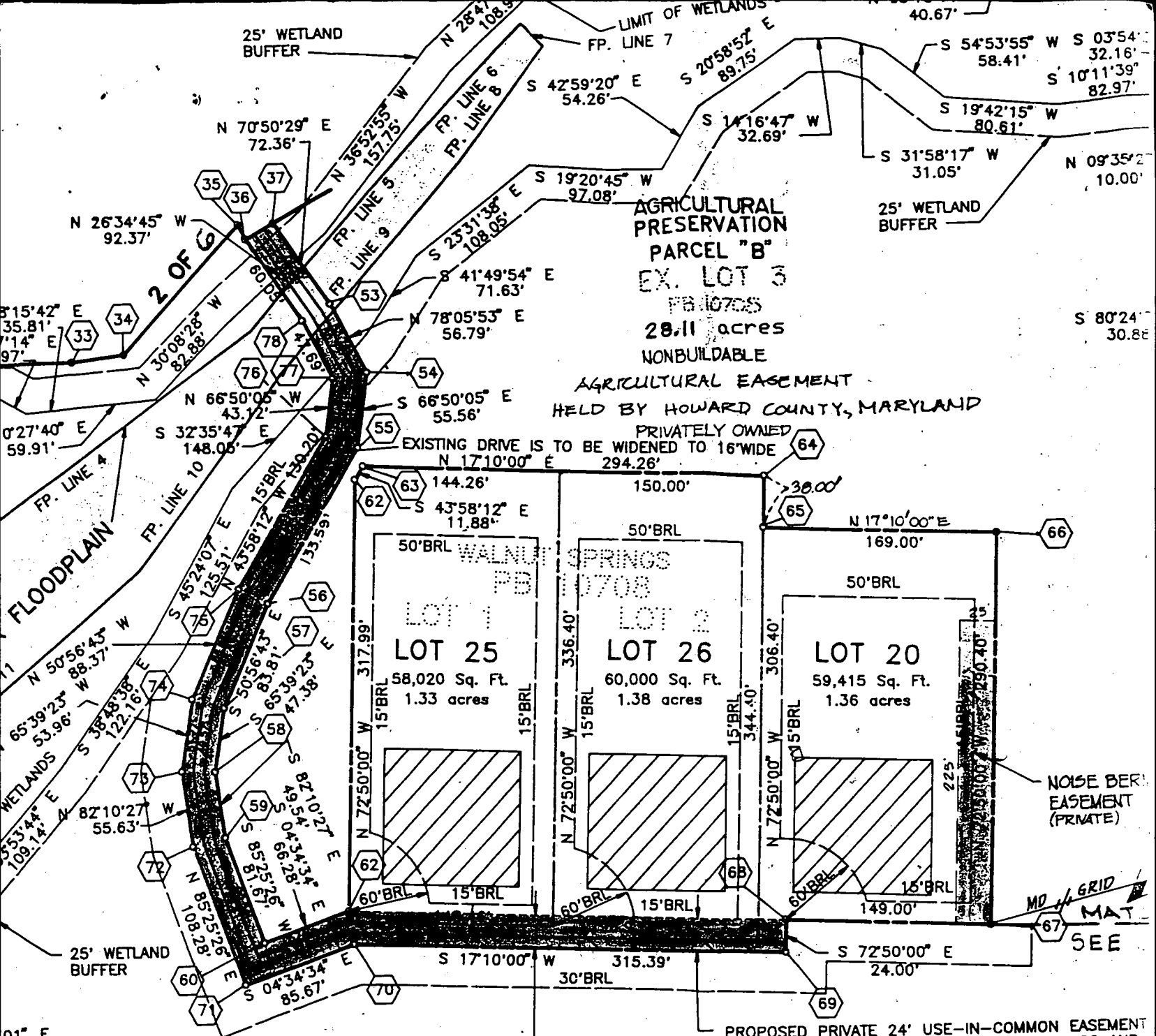
REMARKS ALL HOLES PER REVISED RED LINE PLAN

TYPE OF SOIL _____

TESTED BY M. Rifkin ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 TRENCH WIDTH 2'

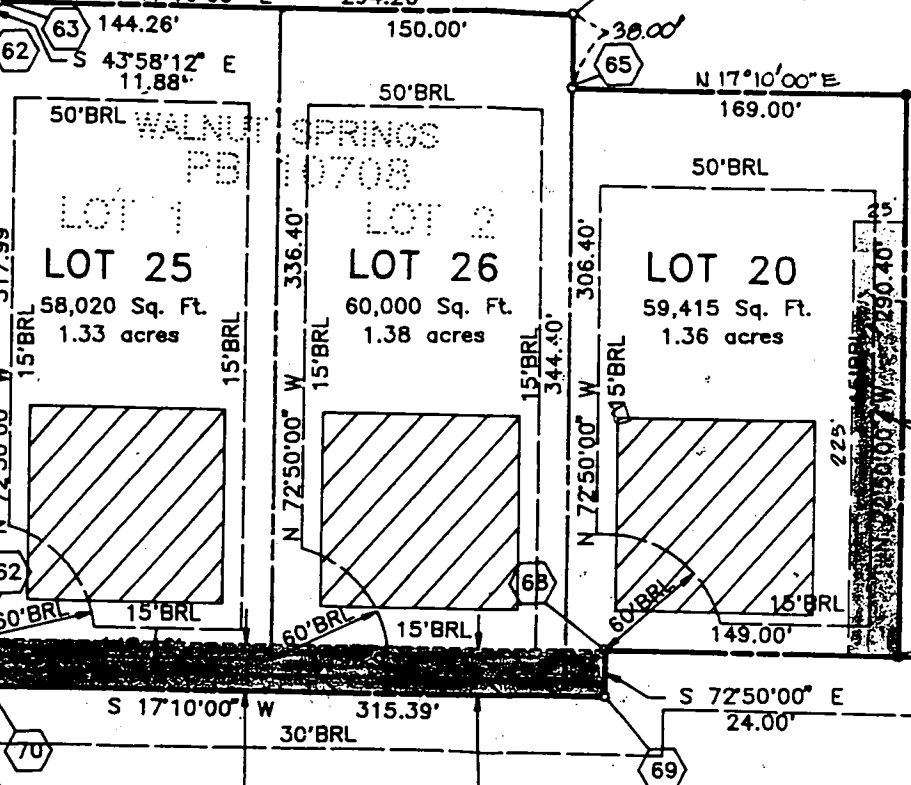
INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180



AGRICULTURAL PRESERVATION
 PARCEL "B"
 EX. LOT 3
 PB 10705
 28.11 acres
 NONBUILDABLE

AGRICULTURAL EASEMENT
 HELD BY HOWARD COUNTY, MARYLAND
 PRIVATELY OWNED

EXISTING DRIVE IS TO BE WIDENED TO 16' WIDE
 N 17°10'00" E 294.26'



EXISTING PRIVATE 24' USE-IN-COMMON EASEMENT FOR
 INGRESS AND EGRESS TO AND FROM LOTS 25 AND 26
 (FORMERLY LOTS 1 AND 2) AND LOT 20. PB 10708.

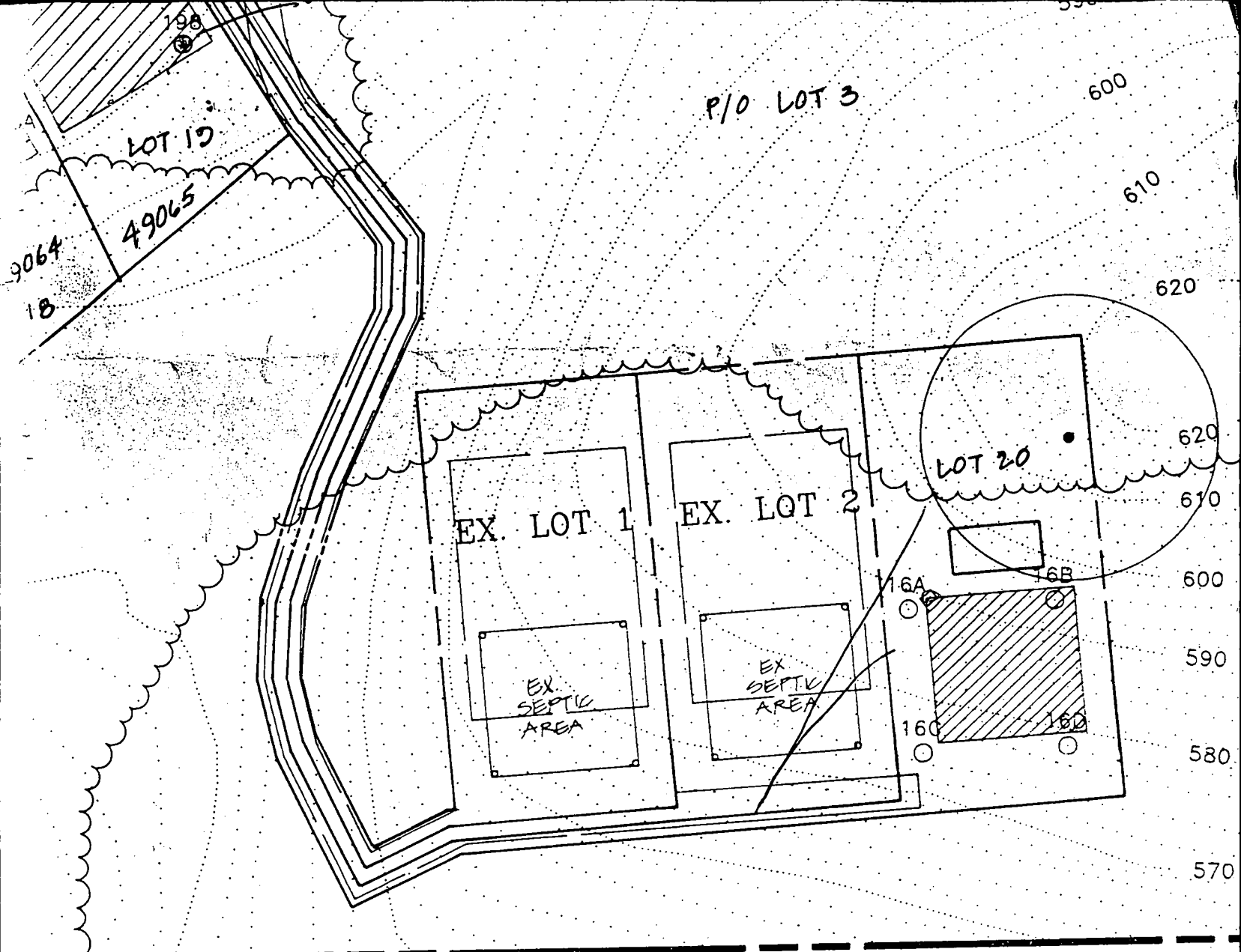
PROPOSED PRIVATE 24' USE-IN-COMMON EASEMENT
 INGRESS AND EGRESS TO AND FROM LOTS 26 AND

Copy of Signed
 Final F-95-23

NOTE:
 THE NOISE BERM ON THE SITE
 TO BE MAINTAINED BY THE
 PROPERTY OWNER.

THE REQUIREMENTS
 OF MARYLAND,
 RELATE TO THE
 COMPLIANCE WITH
 William G. Har
 Signature of

AGRICULTURAL PRESERVATION
 PARCEL "A"
 EX. LOT 3
 7705
 28.11 acres
 AGRICULTURAL EASEMENT
 HELD BY HOWARD COUNTY,
 MARYLAND
 PRIVATELY OWNED



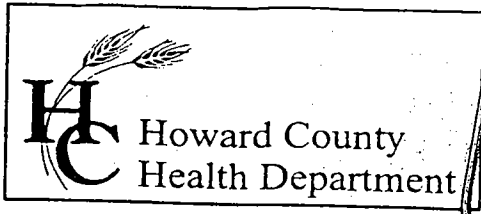
P/O LOT 3

copy of signed
perc cert

NO PRIVATE SEWAGE
COUNTY HEALTH DEPARTMENT

J.F. 8-31-93
DATE

DATE	REVISION
8/30/93	ELIMINATED OPEN SPACE-LOT #7, TO BE COMBINED WITH LOT #8 PER HOWARD COUNTY HEALTH DEPARTMENT.
8/5/93	REVISED PERC AREAS FOR LOTS 9, 10, 11, & 12 ACCORDING TO ADDITIONAL PERC TEST RESULTS.
7/20/93	REVISED PER HEALTH DEPT. COMMENTS

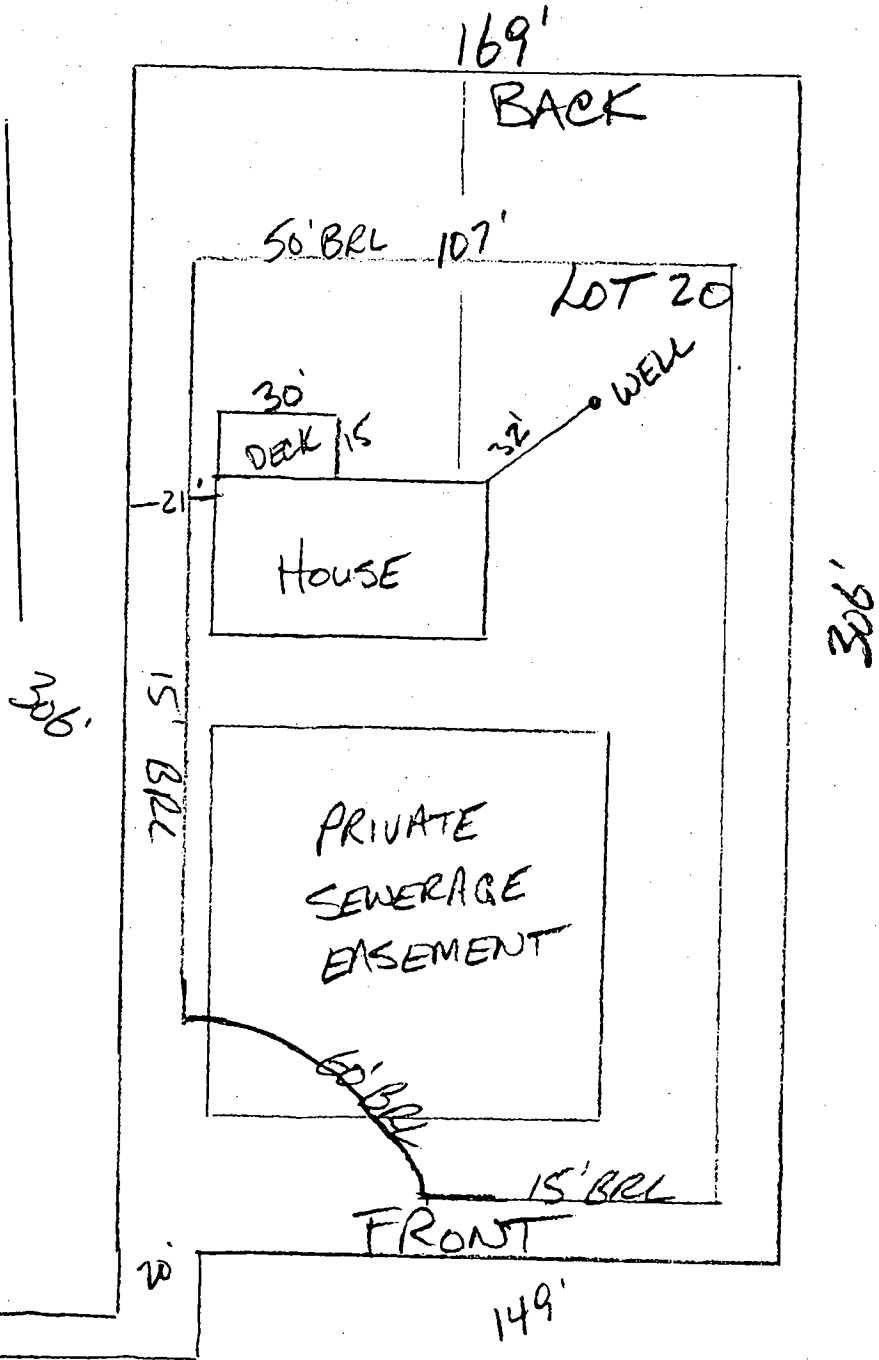


7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

APPROVED

WALKTHRU BUILDING PERMIT
 BP# 800156026 A# 49057
 APP. SAN CHECK DATE: 9/14/05
 DESC. OF WORK: Deck



1229 EMMAUS ROAD
 WOODBINE MD
 21797

1" = 50'