

5-14-85
5-15-85
Inspection
3-4 PM

Approved
5-15-85
JAbel

PERMIT

P 35 238
A 26574

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-339478

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 4/3/85

Fogle Septic Cleaners

IS PERMITTED TO INSTALL ALTER

ADDRESS 1115 Streaker Road, Suksville, Maryland 21784 PHONE 795-5670

SUBDIVISION Westcliffe Manor ROAD 13739 Barberrry Way LOT 20

PROPERTY OWNER Frall Developers, Inc.

ADDRESS 310 South Main Street
Mt. Airy, Maryland 21771

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Begin trench 250 feet from back lot line (205 ft. lot line) and 20 feet from right back lot line (260.45 ft. lot line) as seen when facing lot from Barberrry Way. Run trench(s) toward left lot line as seen when facing lot from Barberrry Way. If more than one trench used, separated trench(s) by 10 feet, edge to edge. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel DATE 4/3/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

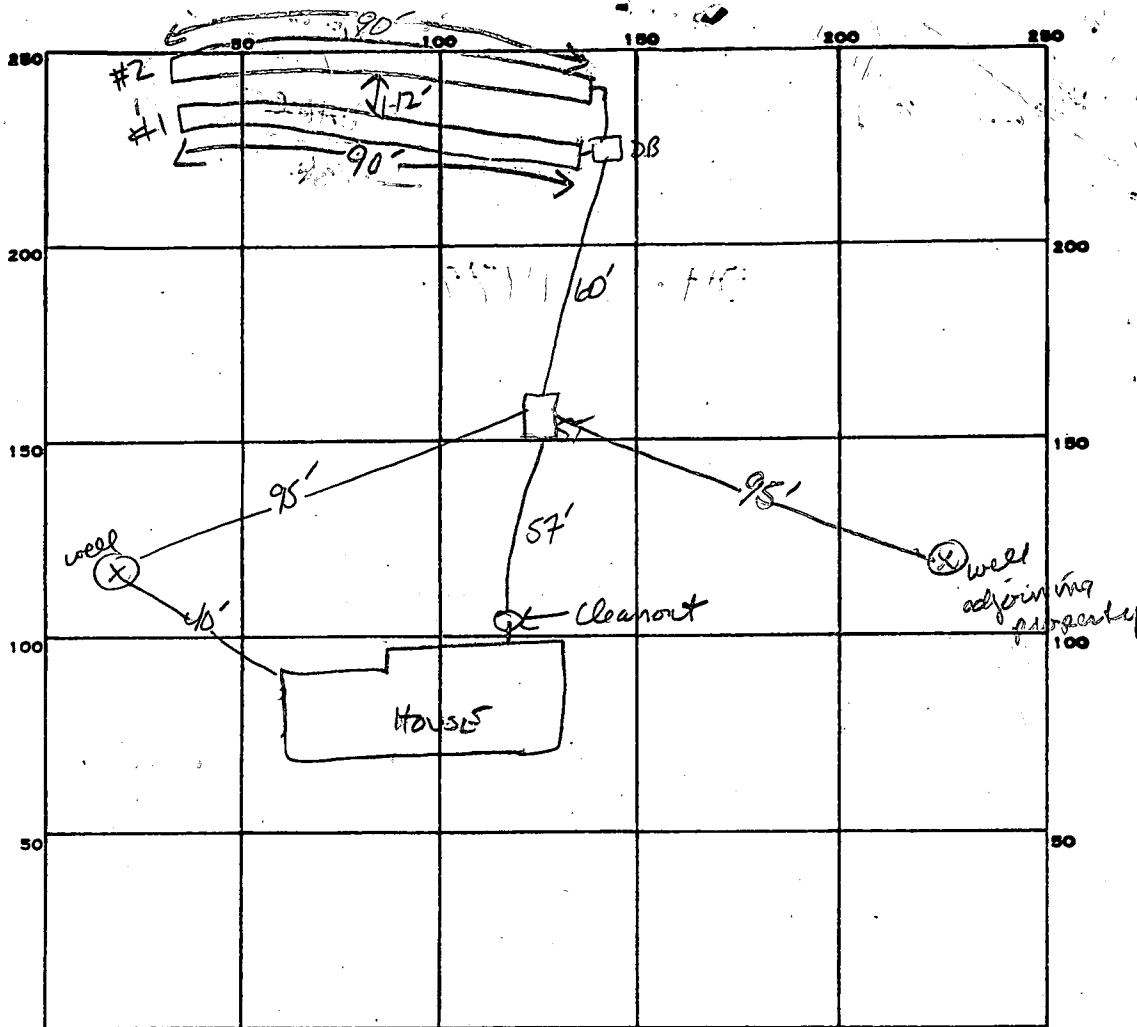
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26574



23
 158
 5
 682
 270
 362
 91
 4 | 362
 36

270

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 1250

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH #1 6' #2 7' FT. TRENCH WIDTH 2 FT. INLET 3'

GRAVEL DEPTH #1=3'; #2=4' IN. TOTAL LENGTH #1/90'; #2/90' FT. TOTAL 180'

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 630 SQ. FT.

90	90
3	4
270	360
360	
630	

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 630 SQ. FT.

REMARKS 5-15-85 OK TO COVER TRENCH #2; TRENCH #2 MAX AT 7' WITH 4' STONE TO OBTAIN ϕ

NEED FOR 4 BEDROOMS; OK TO ADD STONE TO TRENCH #2

DATE SYSTEM APPROVED 5-15-85

INSPECTOR SAHEL

SUBDIVISION: WEST CLIFFE MANOR

LOT NUMBER: 20

NEW

A 26574

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

either

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3 feet below original grade.

6 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: BEGIN TRENCH 250 FE FROM BACK LOT LINE (205 FE LOT LINE)
AND 20' FROM RIGHT BACK LOT LINE (260.48' LOT LINE) AS SEE WHEN
FACING LOT FROM BARBERRY WAY. RUN TRENCH(S) TOWARD LEFT
LOT LINE AS SEEN WHEN FACING LOT FROM BARBERRY WAY. IF
MORE THAN ONE TRENCH USED SEPARATED TRENCHS BY 10 FE
EDGE TO EDGE. SAME

PRELIMINARY

RH
write specs.

APPLICATION

N. 20

26574
26575

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank { *1-3 Bedrooms - 1000 gallons*
4 Bedrooms 1250 gallons
DISTRICT *4th*
DATE *8/15/77*

See attached sheet

150' B.R.

TO THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER J & B. Partnership FRALL DEVELOPERS INC.
ADDRESS 5632 Stevens Forest Rd., Apt. 254, Columbia 21045
PHONE Any questions call Ron Carter - 837-0194

PROPERTY LOCATION:

SUBDIVISION Westcliffe Manor *old* LOT NO. 14
ROAD AND DESCRIPTION off Underwood Road 13739 Barberrry way

SIZE OF LOT 82,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Ron Carter

APPROVED BY Raymond Hodge Dwyer FOR _____ DATE 8/17/78
(KIND OF SYSTEM)

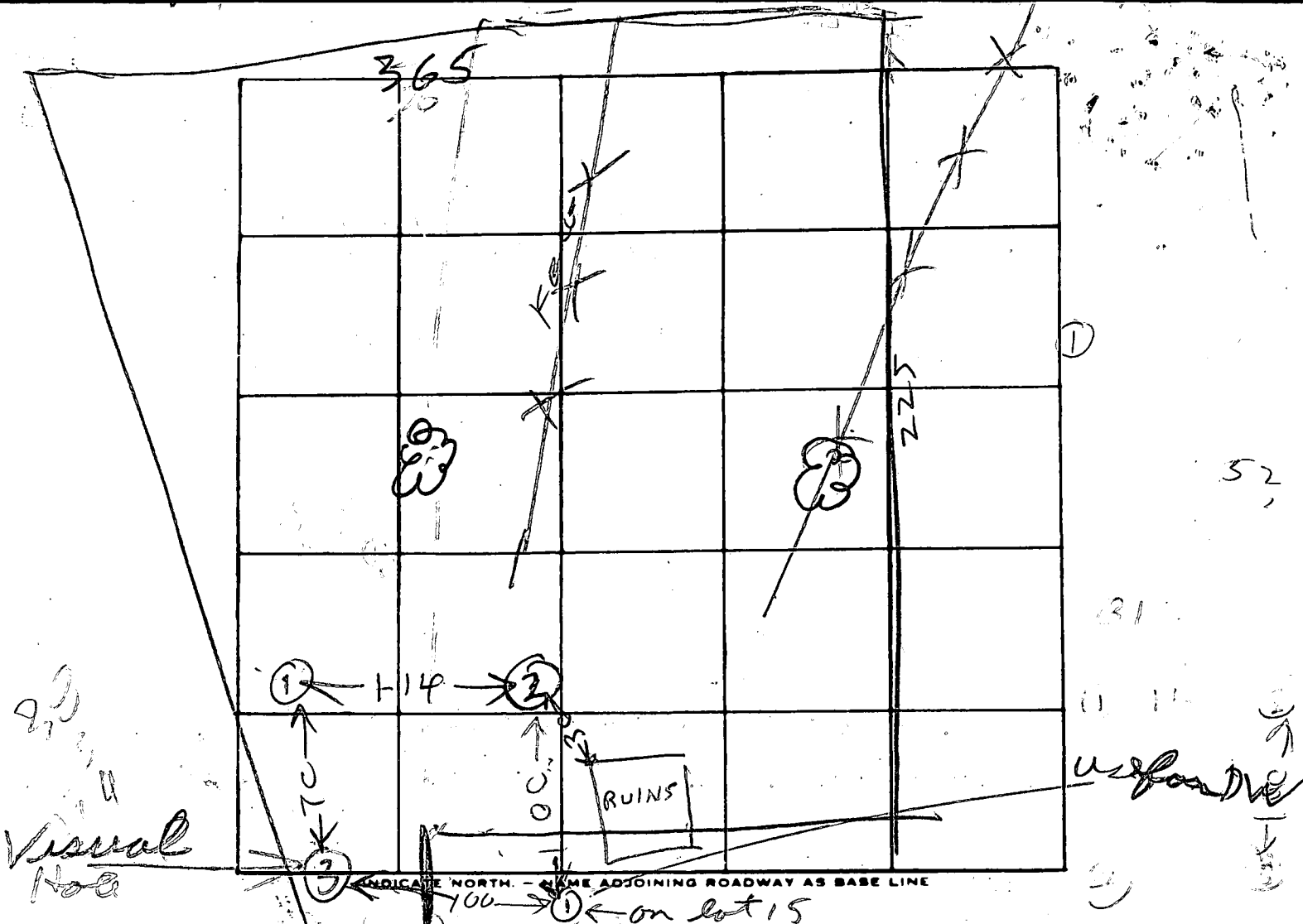
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Final Plat has been signed 8/17/78 RH
B.P. 63649

BLDG. PERMIT SIGNED AND RETURNED 4-2-85

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/8/77	1S	2 1/2	1108	1111	1111	1117	6
9/9/77	1D	11 1/2	1110	1113	1113	1118	5
9/9/77	2D	12	1119	1129	1129	1142	13
9/9/77	2S	5	1119	1122	1122	1129	7
	3T	11	TOP 3 FT CLAY		BOT 2 FT SAND		7
	3S	3	1123	1125	1125	1134	3

REMARKS Hard bottom

TYPE OF SOIL _____

TESTED BY RH 9/8/77

ALSO PRESENT: Red 9/8/77
Rock

Do not
15

9m
41

21
20
15
12
10

PRELIMINARY

APPLICATION

New # 20
is old #
Parts of #15, #14, #12 A
26572
~~21573~~
P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th
DATE 8/15/77

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER J. & B Partnership
ADDRESS 5632 Stevens Forest Rd., Apt. 254, Columbia 21045 PHONE Any questions call Ron Carter - 837-0194

PROPERTY LOCATION:

SUBDIVISION Westcliffe Manor *old* LOT NO. 12

ROAD AND DESCRIPTION off Underwood Road

SIZE OF LOT 70,500 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Ron Carter

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS { Rock see preliminary }
photo

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Lat 20

Westcliff Manor

Michael T Marung

(Name)

Trall Developers Inc
P.O. Box 220

Woodbine Md 21797

(Address)

HO-81-0737

(OEP Well Permit Number)

8/4/84

(Date)

B 1 3176 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

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

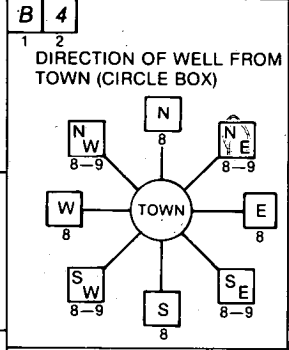
please print or type

fill in this form completely

OWNER INFORMATION: Date Received 12:30 Grant, FRALL DEVELOPER, 807220, WOODBINE, MD 21797

LOCATION OF WELL: HOWARD COUNTY, WPSTCLIFF RANOC, SECTION 2, LOT 20, COOKSVILLE, 3 MI FROM TOWN

DRILLER INFORMATION: Joseph L. Mayne, 938, 5512 Ridge Rd. Int. Bldg. MD. 21771, 9/5/94



Barberway, 460 FT FROM ROAD, ENTER FT or MI 57

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME, SIGNATURE, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID, EAST GRID

USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), F FARMING, I INDUSTRIAL, P PUBLIC OR PRIVATE WATER COMPANY, T TEST, OBSERVATION, MONITORING

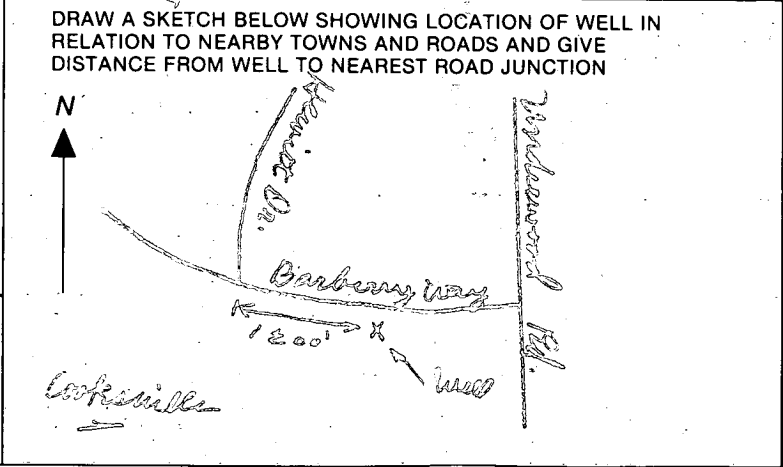
APPROXIMATE DEPTH OF WELL 180 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, AIR-ROTary, CABLE, DRIVE-POINT

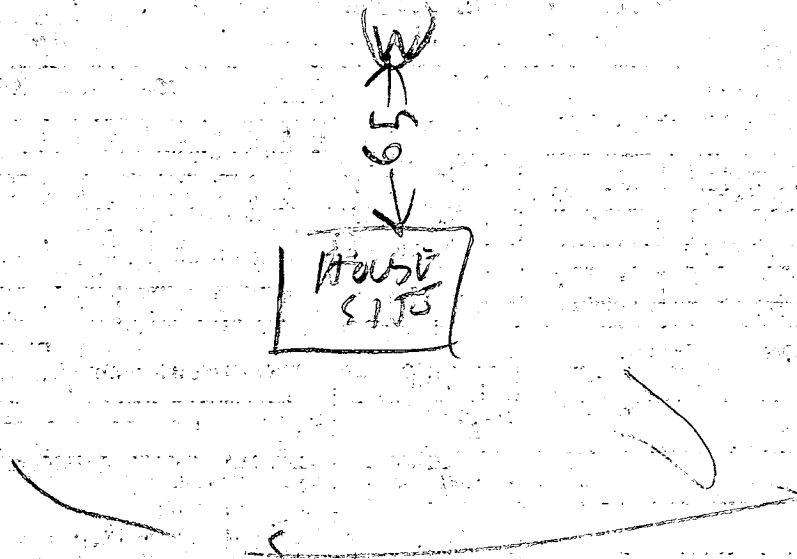
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER 1. WELL, WRITE THE BOX NUMBER FROM THE MAP HERE

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, D THIS WELL WILL DEEPEM AN EXISTING WELL



Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER GAP, FORCE INITIALS IN BOX, PERMIT No.

SPECIAL CONDITIONS



BARBERLY RD

2/5/85

- ① 25 FT casing 1 ft out of ground
- ② 22 FT open hole measured with a weighted string
- ③ LOCATION APPEARS OK
- ④ 5 Bags used

JB Hodges

C1 2888 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A 26574

DATE RECEIVED
 8 13

DATE WELL COMPLETED
 15 20
020585

DEPTH OF WELL
 22 26
125
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 28 29 30 31 32 33 34 35 36 37
HO-81-0737

OWNER FRALL DEVELOPERS
 STREET OR RFD last name BARBERAY WAY first name TOWN COOKSVILLE
 SUBDIVISION WESTCLIFF MANOR SECTION 2 LOT 20

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<u>Brown Shale</u>	<u>0</u>	<u>21</u>	
<u>Gray Granite</u>	<u>21</u>	<u>125</u>	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 5 NO. OF POUNDS 410
 GALLONS OF WATER 30
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 21 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE SA Nominal diameter (nearest inch) 6 Total depth of main casing (nearest foot) 25

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST BR HO
 STEEL BRASS OPEN HOLE
 PL OT
 PLASTIC OTHER

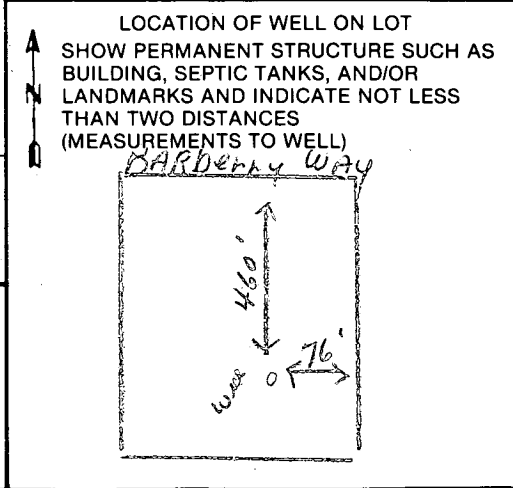
SCREEN
 DEPTH (nearest ft.)
 1 HO 24 125
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 10
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 31
 WHEN PUMPING 31
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE.
 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 (nearest foot)
 - below }

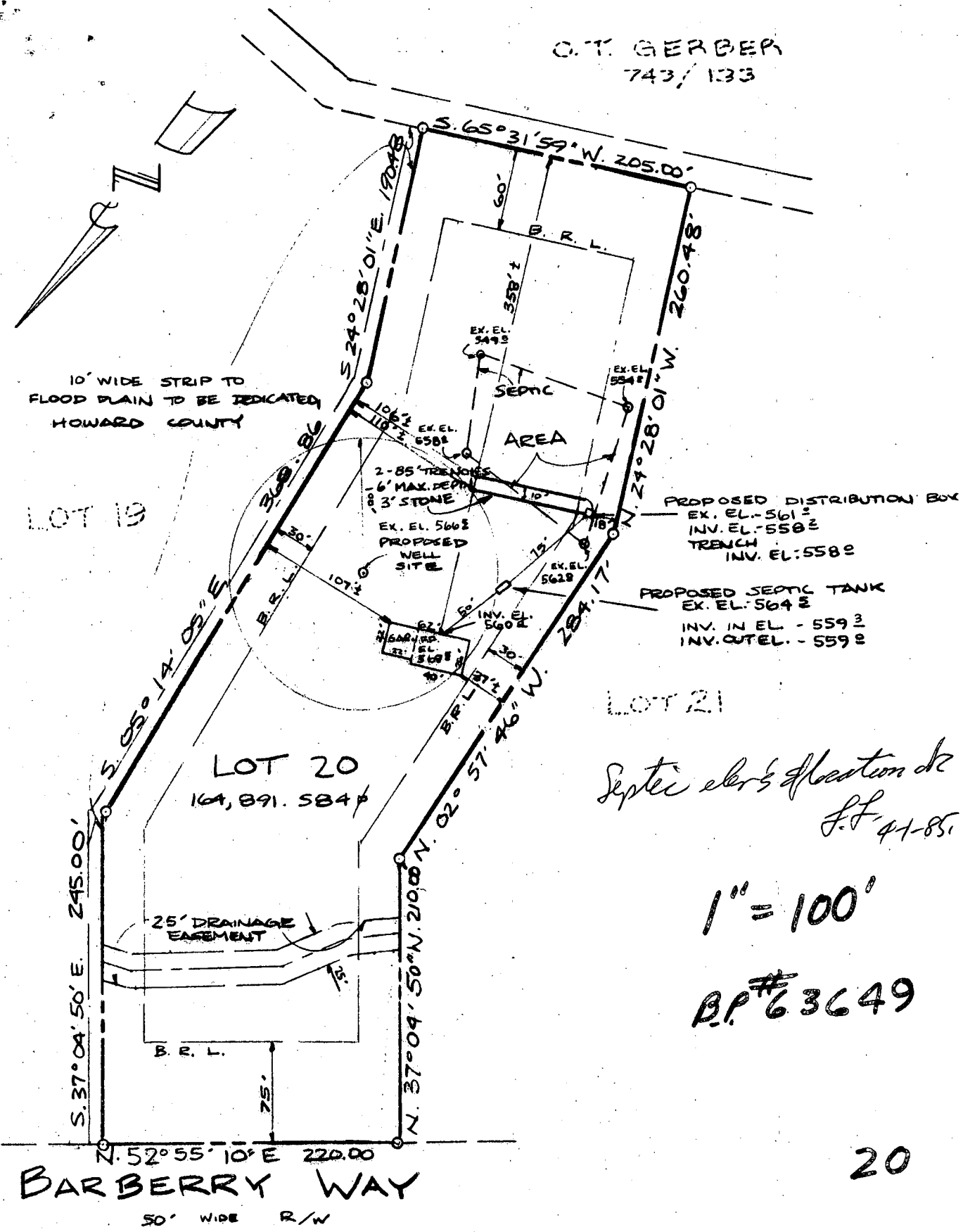


CIRCLE APPROPRIATE LETTER
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 238
Joseph P. Naepfe
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

O.T. GERBER
743/133



*Septic elev's & location dr
J.F. 4-85*

1" = 100'
B.P. # 63649

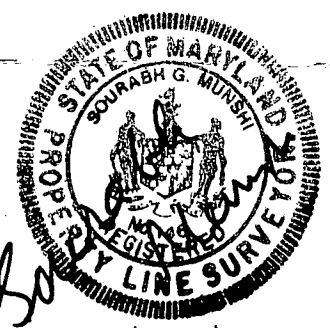
20

LOT PLAN
LOT 20, SECTION II
WESTCLIFFE MANOR

FLAT # 4044
SITUATED ON BARBERRY WAY
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100' DECEMBER 1984

REVISED: 3/13/85, HOUSE SITE & TYPE. 3/29/85, SEPTIC SYSTEM
REVISED: 3/27/85, HOUSE SITE



12/28/84

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

SHELADIA Associates, Inc.
CONSULTING ENGINEERS
7658 WOODVILLE ROAD, MT. AIRY, MD. 21771
(301) 829-2890

REFERENCE	JOB NR.
PLAT # 4044	251 - 410