11/9/94
2.00 c/o
1/10/95 3.00 House connection

1/10/95 House Connection

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 503708

A 24094

DISTRICT 3rd

DATE 11/2/94

DATE SYSTEM APPROVED 1/10/95

INSPECTOR C.B.H.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 588 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Shipley Property LOT 2 ROAD 12265 OldFrederick Road

PROPERTY OWNER Mark Descrispiano

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 95 feet down the right (196') lot line and 130 feet off the same lot line as seen when facing the lot from Route 99. Run trenches along contour towards the right (196') 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 10/26/94 DKS

PLANS APROVED BY Donna K. Soe DATE 07/06/94

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.

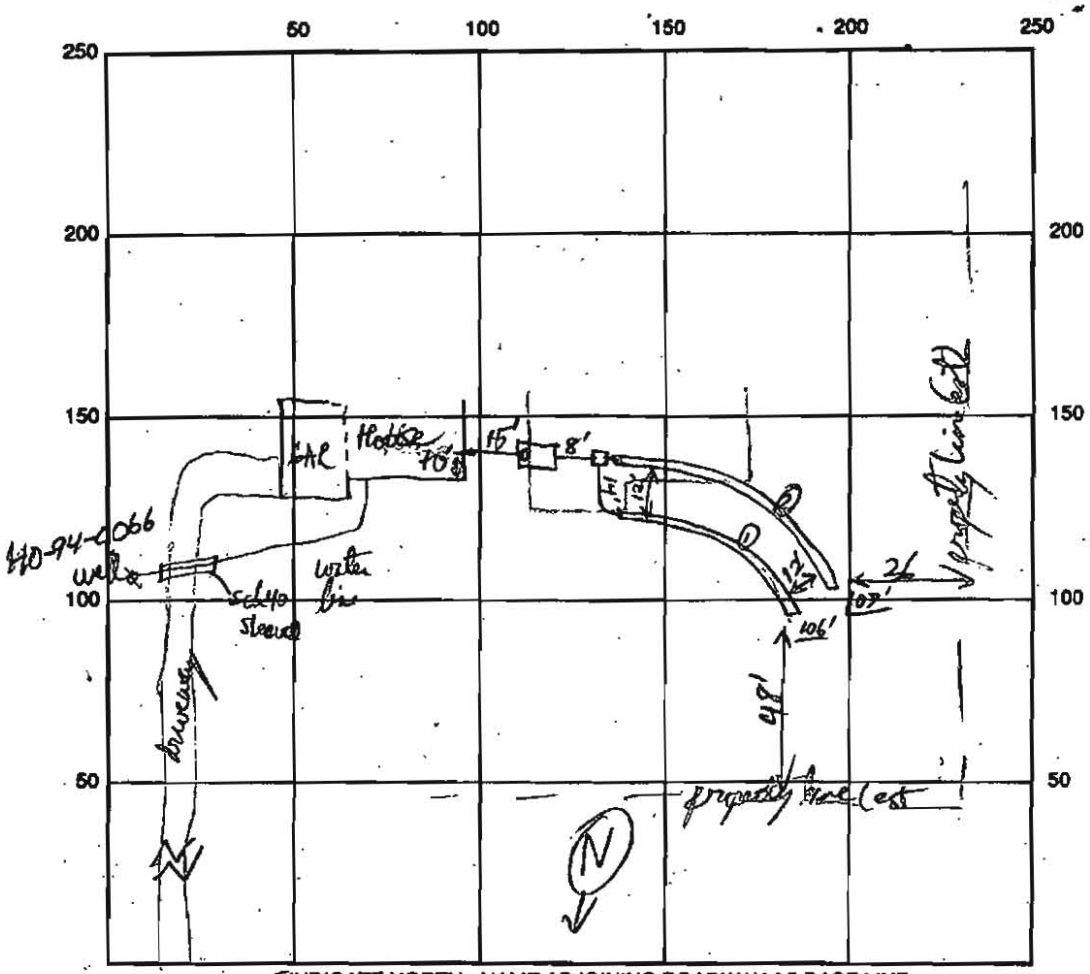
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-6933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 24094
503708



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

Old Frederic Rd

SEPTIC TANK LEVEL 1250 gal ✓ CLEANOUTS HSE + ST ✓ ✓
CO C.O.

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 9' FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH 106 / 107 (1 / 2) FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 852 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: alt over system 11/10/94 — No House connection yet

(ONLY) 1/10/95 → House connection - checked by water test, Final CB

(House to Septic Tank) ←

DATE SYSTEM APPROVED 1/10/95 INSPECTOR Charles B. Streaker

PRELIMINARY

APPLICATION

A 24094

P

11/24/76 9:30 A.M.

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 3rd

DATE 9/29/76

$\bar{t}$ = 11 min

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 ~~Russell M. Shipley property~~ MARK DECRISPIANO
Phone: 328-2414 Any questions call Boender:

ADDRESS _____ PHONE ~~465-7777~~ 461-6631

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Proposed Lot 2

ROAD AND DESCRIPTION Route 99 - between Sand Hill Road and Mt. View Road - third place on left after Sand Hill Road (12265 Old Frederick Road)

SIZE OF LOT 40,000 sq. ft. more or less 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/ Russell M. Shipley

APPROVED BY William H. Zepp FOR ~~Dry well & Trench~~ (KIND OF SYSTEM) DATE 3/21/77

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

HOLD ~~PENDING FURTHER TESTS~~ WW2 DATE 11/24/76

REASONS FOR REJECTION OR HOLDING final plat

BLDG. PERMIT SIGNED AND RETURNED 4/6/77
Issued # 53977
STD-4Bm

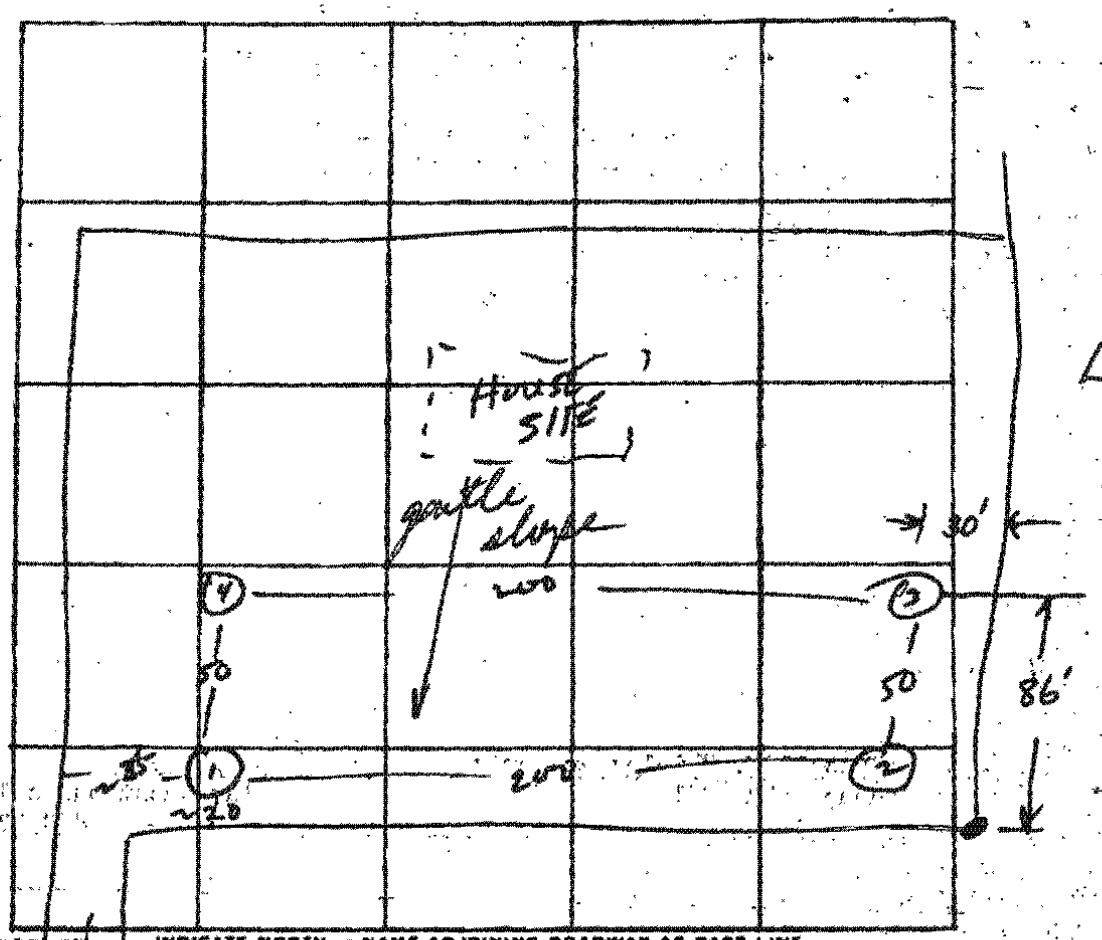
THIS IS NOT A PERMIT

All holes

0 clay

5± loam sandy type

13



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

to Rt 99

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST 1" DROP START	TEST 1" DROP STOP	TIME
11/24/76	1	5½	11:07	11:10	11:10	11:20	10
	1-A	13	11:07	11:10	11:10	11:17	7
	2	6	11:30	11:39	11:39	11:56	17
	2-A	13	11:29	11:35	11:35	11:45	10
	3	5½	11:53	11:57	11:57	12:07	12
	3-A	13½	11:53	11:59	11:59	12:07	8
	4	12½	Visual, similar soil. DK				

20 / 64

X=11 min

REMARKS Septem in hole #3

TYPE OF SOIL Sandy - mica

TESTED BY WWE ALSO PRESENT: owner

STATE MSE INDUSTRIES JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 **1203** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0066

fill in this form completely

Date Received (APA): 02/28/94

OWNER INFORMATION

Owner: MCERLEAN MARK

Street or RFD: 10280 OLD COLUMBIA RD

Town: COLUMBIA State: MD Zip: 21046

DRILLER INFORMATION

MSD/MGD/MWD:

Driller's Name: Ralph Mayne License No. 80

Firm Name: Ralph Mayne well drilling

Address: 9120 Brown Church Rd. Mt Airy

Signature: Ralph Mayne Date: 12/26/93

LOCATION OF WELL

B 3

County: HOWARD

Subdivision: SHIPLEY PROPERTY

Section: F Lot: 42

Nearest Town: WESTERN ESTATES

Miles from town (enter 0 if in town): 2 M I

B 4

Direction of well from town (circle box): NW N NE W TOWN E SW S SE

Near what road: Rt. 99

On which side of road (circle appropriate box): NORTH WEST EAST SOUTH

Distance from road: 400

Enter FT or MI: FT

Tax Map: 10 Blk: Parcel: 15

WELL INFORMATION

B 2

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)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

County Name: Howard County No.: A 24094

State Signature: Insert S

Date Issued: 04/20/94 Co-Signature: Donna Lee Exp. Date: 4/20/95

North Grid: 540000 East Grid: 818700

Approximate depth of well: 156 feet

Approximate diameter of well: 6" nearest inch

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 DEEPENED 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 DEEPEN AN EXISTING WELL

Permit Number of well to be replaced or deepened (if available):

Show major features of box & locate well with an X

Sources of drilling water:
1. well
2.
3.

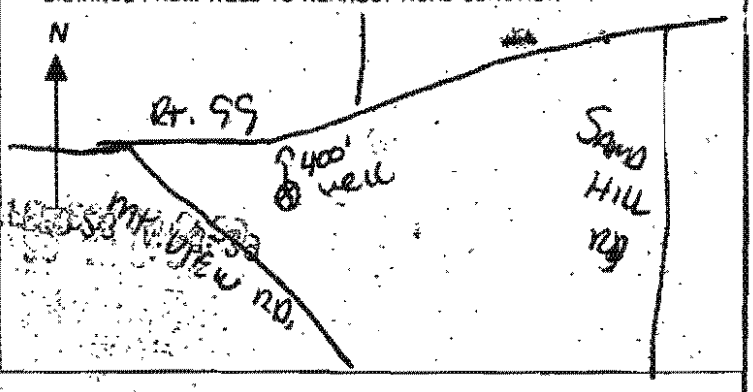
Write the box number from the map here: E 8107 N 540

7/9/94
9:30 grout

60' casing
46' open hole
15 bags

Location OK
tag not on casing
Ok to run
Driller's pres 7/15/94

Draw a sketch below showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction



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

Approp. Permit Number: GAP

FORCE DS (write initials in box) Permit No. HO-94-0066

SPECIAL CONDITIONS 410-250-5137

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

COUNTY

C 1 **8720** SEQUENCE NO. (DENV USE ONLY)
(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 A24094

ST/CO USE ONLY
DATE Received 7/14

DATE WELL COMPLETED 5/6/05/19

Depth of Well 265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" AP-19-0056

OWNER Descripio last name MARK first name

STREET OR RFD Rt. 99 TOWN West Friendship

SUBDIVISION Mistry Property SECTION LOT #2

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 FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	45	✓
Sandstone	45	55	✓
MICKA	55	75	
Sandstone	75	80	✓
MICKA	80	210	
Sandstone	210	215	✓
MICKA	215	265	

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 IDENT. NO. 116

Kathy Mayle
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y 44 no N 44
TYPE OF GROUTING MATERIAL:
CEMENT CM 45 46 95 BENTONITE CLAY BC 95 CUBE
NO. OF BAGS 95 NO. OF POUNDS
GALLONS OF WATER 30
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. 46 TOP 52 to 40 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
Casing types (insert appropriate code below)
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL 60 61	6 63 64	60 66 70

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	210 8 9	265 11 16 17 21
2	23 24	26 30 32 36
3	38 39	41 45 47 51

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN 56 60 (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 66

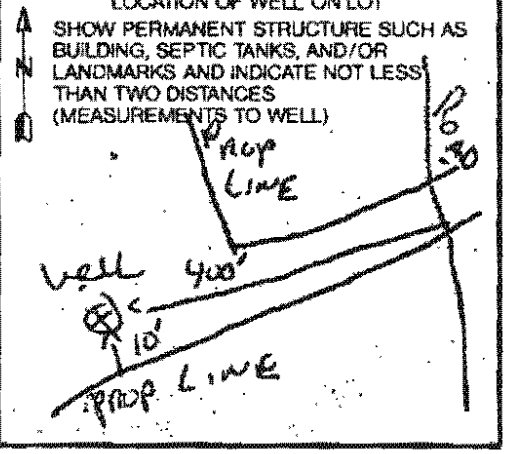
OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T 70 (E.R.O.S.) 72 W Q 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 4 8 9
PUMPING RATE (gal. per min. to nearest gal.) 12 13 17
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34 37 40
WHEN PUMPING 41 22 25
TYPE OF PUMP USED (for test)
A air 27 P piston 27 T turbine 27
C centrifugal 27 R rotary 27 O other (describe below) 27
J jet 27 S submersible 27

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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: 28
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 48 / − below 49
LAND SURFACE 2 50 51 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



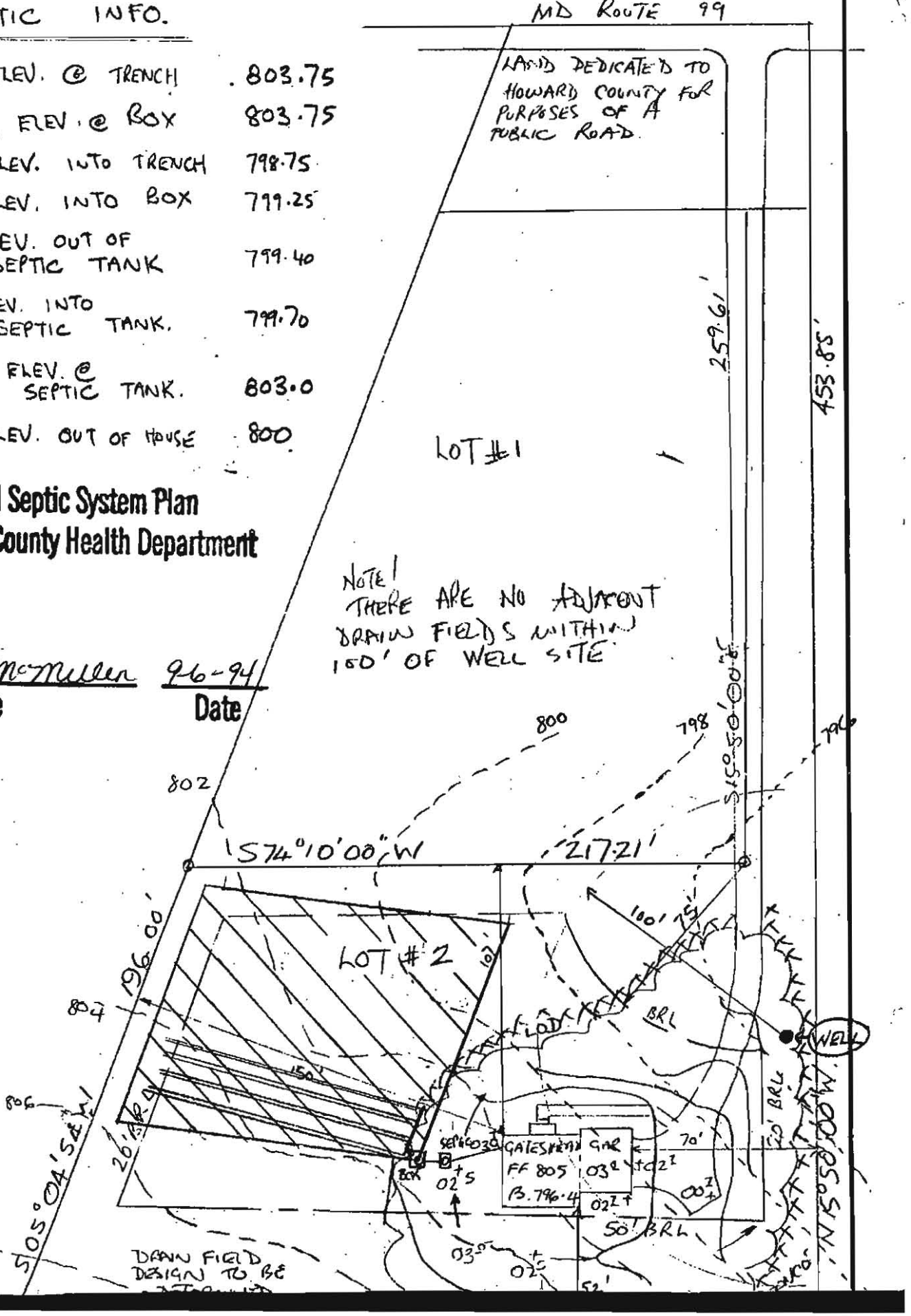
COUNTY

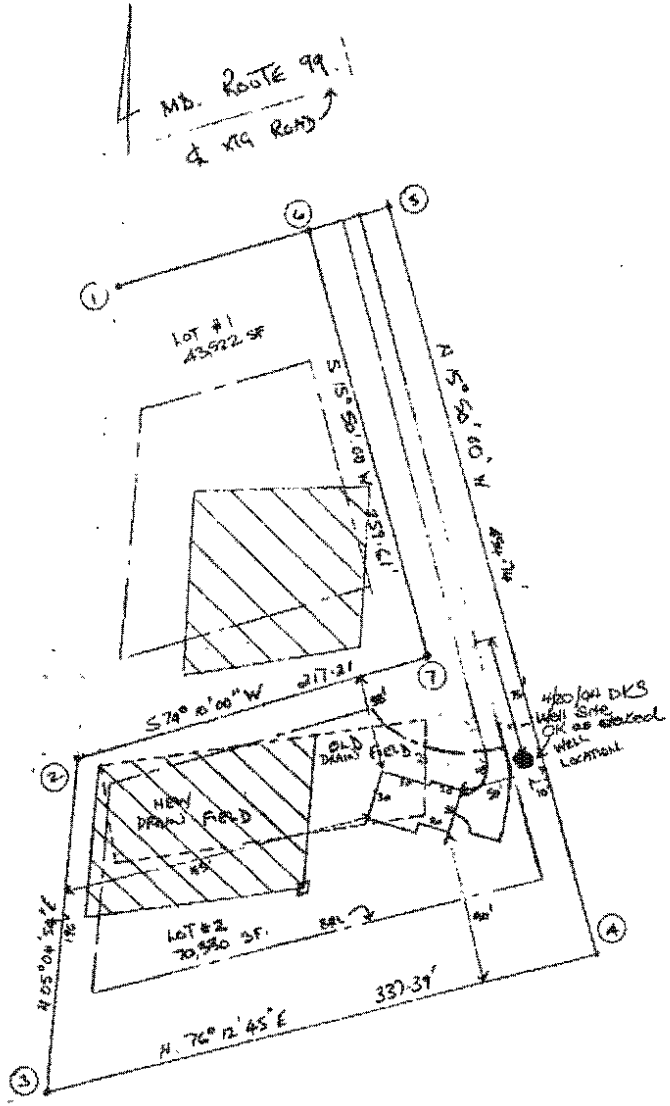
SEPTIC INFO.

EXISTING ELEV. @ TRENCH	803.75
EXISTING ELEV. @ BOX	803.75
INVERT ELEV. INTO TRENCH	798.75
INVERT ELEV. INTO BOX	799.25
INVERT ELEV. OUT OF SEPTIC TANK	799.40
INVERT ELEV. INTO SEPTIC TANK.	799.70
EXISTING ELEV. @ SEPTIC TANK.	803.0
INVERT ELEV. OUT OF HOUSE	800

Approved Septic System Plan
Howard County Health Department

Amy McMullen 9-6-94
Signature **Date**





1. THE PURPOSE OF THIS PLAT IS TO CHANGE THE SEPTIC RESERVE AREA ON LOT # 2.
2. THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT OF 10,000 SF AS REQUIRED BY THE MARYLAND 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 AND ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
3. * DENOTES WELL LOCATION.
4. [ ] DENOTES ORIGINAL SEPTIC AREA.
5. \\\\ DENOTES PROPOSED SEPTIC AREA

MARK DOCKEY 4-93
090-5051

TOLERANCES	REVISIONS			LOTS. 1. & 2.
DECIMAL	NO.	DATE	BY	SHIPLE/ PROPERTY
FRACTIONAL	1	4/5/94	CD.	
ANGULAR				DRAWN BY / SCALE 1:50 / MATERIAL
				CHK'D / DATE 4/5/94 / DRAWING NO 1.
				VENDOR / MFG'R