

7/29/94
1:30
8/19/94
4:11:00

03-35428

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50146D

A 38150

DISTRICT 3rd

DATE 7/12/94

DATE SYSTEM APPROVED 8/19/94

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~460-9933~~ 313-2640

INDEXED

Fogle's Septic Clean IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Meadowood LOT 50 ROAD 1283 Crows Foot Road

PROPERTY OWNER Nicholas & Ellen Yancicli

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 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 155 feet off the front lot line and 140 feet off the left lot line as seen when facing the lot from Wild Rose Court. Run trenches on contour toward the left 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 MR 7/11/94

PLANS APPROVED BY Sid Abel DATE 7/17/89

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

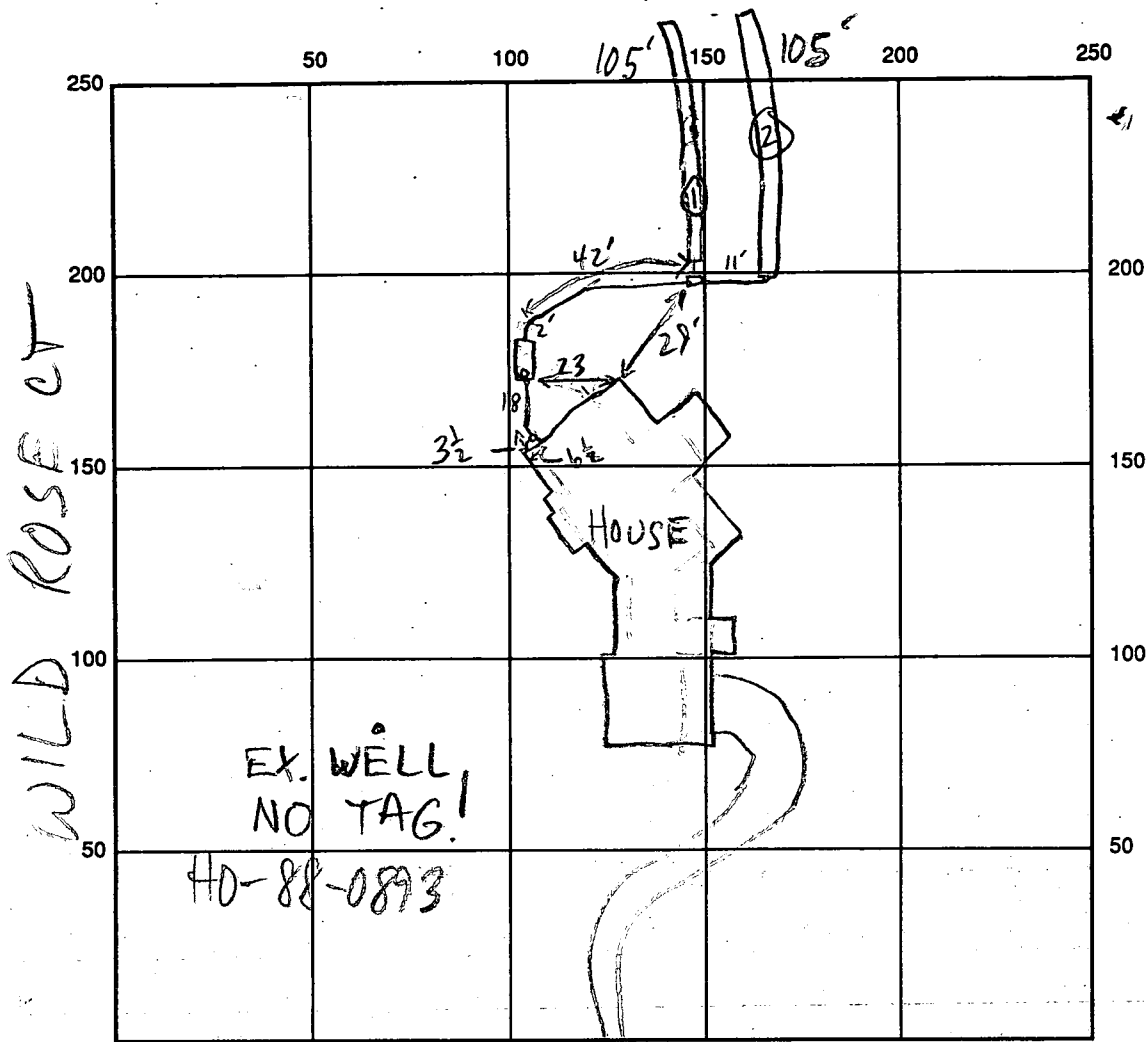
PERMIT VOID AFTER TWO YEARS

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**

A
38150



CROWS FOOT RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS INLINE & S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1\ 1/2}{1\ 5/8}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1\ 1/2}{1\ 5/8}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{4\ 1/4}{4\ 1/4}$ FT. TOTAL LENGTH 2 @ 105 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 420 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS: 8/19/94 OK - FINISH & COVER

9/1/94 WPI OK - 1' below grade sum

DATE SYSTEM APPROVED 8/19/94 INSPECTOR M. Ritkin

APPLICATION

PERCOLATION TESTING

A 38150

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

*WET SPASON
TEST ONLY
NEED REVISION
PERC OK'D pending
APPROVED
[initials]*

DISTRICT _____

DATE 11/28/93

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 Springhill Associates - c/o D.S. Thaler & Associates, Inc.
Nicholas + ELLEN VAN CICKI

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100
964-5566

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

*LOT 50 Sec 2 Phase 2
Crescent Bln*

SUBDIVISION Meadowood LOT NO. 43

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland (1283 Crows Foot Road)

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ 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.

Mike Selig
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes

BLDG. PERMIT SIGNED

AND RETURNED 12/9/93

Serial # 57536

SFD - 9 Bms

THIS IS NOT A PERMIT

6 on cover 2/28/90 (on water) C.P.M. 1

B 1 **9196** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER
40-88-0893
 fill in this form completely

Date Received (APA) **06/13/89** OWNER INFORMATION

SPRING HILL ASSOC
 Last Name Owner First Name

1423 RT 32
 Street or RFD

W FRIENDSHIP MD 21794
 Town State Zip

B 3 LOCATION OF WELL **40.00**

HOWARD COUNTY

MEADOWOOD SUBDIVISION

SECTION **2** LOT **50**

SYKESVILLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION

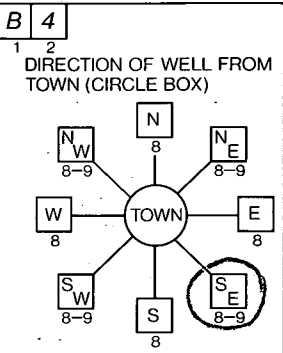
George F. Easterday **40** License No. 80

Driller's Name **L. Franklin Easterday, Inc.**

Firm Name **9265 Brown Church Rd., Mt. Airy, Md. 21771**

Address **Dennis F. Easterday 6-7-89**

Signature Date



WILD ROSE CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

75 DISTANCE FROM ROAD

ENTER FT or MI **FT**

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)

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 HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **A-3850** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **7/16/90** INSERT **6**

071789 CO SIGNATURE **Schneyder** EXP. DATE **6/16/90**

NORTH GRID **547000** EAST GRID **0819000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

82019 (E)
5407 (N)

3/28/90 1:30 Well pulled (Not today) per Bags of cement spec
 - casing above ground
 - casing above ground
 C.B.J. (Tag on at V)

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

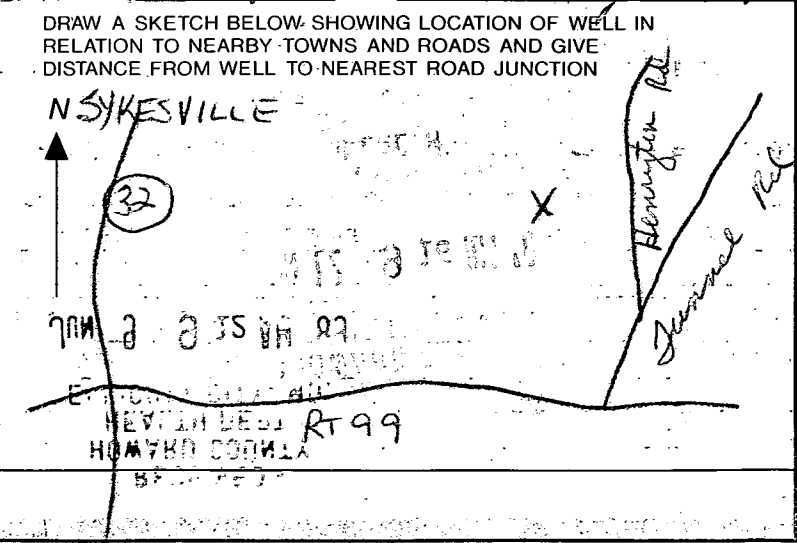
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



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

APPROP. PERMIT NUMBER **40-88-0893**

FORCE **SA** PERMIT No. **40-88-0893**

SPECIAL CONDITIONS

C1 1028 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-38150

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 04/7/90

Depth of Well

450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT. TO DRILL WELL"

40-88-0893

OWNER: last name first name TOWN STREET OR RFD SUBDIVISION SECTION 2 LOT 50

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Red Clay, Shale, Gray mica, Gray mica + flint.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

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

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each casing.

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

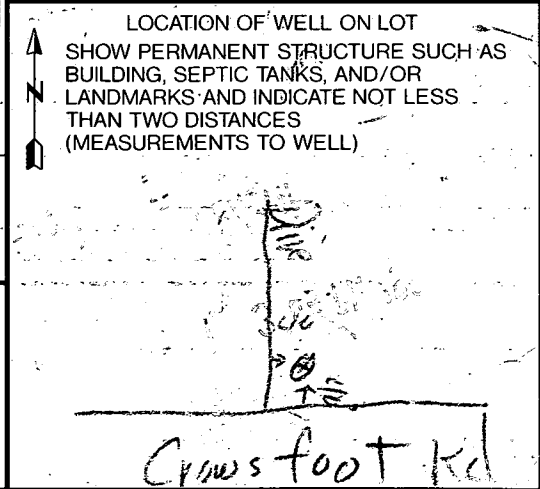
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE



4-18-90
Amend

Review OK 6/14/90 CW

Page _____ of _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0893 ✓
Location of property (road) Wild Rose Ct.
Subdivision Meadowood Lot 50 Block _____ Plat _____ Sec. 2 Phase 2
Well Driller G Samsunday Owner Springhill Assoc.

Depth of well 1120 66PM
Distance of measuring point (M.P.) above ground 11 1/2 FT
Static water level (S.W.L.) below M.P. 4 1/2 FT

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
Total time 1 1/4 hr. to reach pumping water level 180 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	180'	10 sec	390 FT	6 GPM
9:15	180'	10 sec	Flow Meter	6 GPM
9:30	180'	10 sec		6 GPM
9:45	180'	10 sec		6 GPM
10:00	180'	10 sec		6 GPM
10:15	180'	10 sec		6 GPM
10:30	180'	10 sec		6 GPM
10:45	180'	10 sec		6 GPM
11:00	180'	10 sec		6 GPM
11:15	180'	10 sec		6 GPM
11:30	180'	10 sec		6 GPM
11:45	180'	10 sec		6 GPM
12:00	180'	10 sec		6 GPM
12:15	180'	10 sec		6 GPM
12:30	180'	10 sec		6 GPM
12:45	180'	10 sec		6 GPM
1:00	180'	10 sec		6 GPM
1:15	180'	10 sec		6 GPM
1:30	180'	10 sec		6 GPM
1:45	180'	10 sec		6 GPM
2:00	180'	10 sec		6 GPM
2:15	180'	10 sec		6 GPM
2:30	180'	10 sec		6 GPM
2:45	180'	10 sec		6 GPM
3:00	180'	10 sec		6 GPM

9/10/94
anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8/31/94

Name of Installer WILLOUGHBY PLUMBING

Telephone 781-7051

License Number 6992
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner TED BOSSE Telephone _____
Subdivision MEADOWOOD Lot # 50 Well Tag # HD-88-0893
Site Address 1283 CROWS FOOT WAY SYKESVILLE MD.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>HARVARD</u>
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4 FT.</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>SACZLI</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <u>TAPE</u>		

Tank	Piping	Well data
1. Capacity <u>10 gal.</u>	1. Type <u>1"</u>	1. Depth <u>420</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>CRESTLINE</u>	2. Yield <u>6</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>50</u> ft.
	4. Depth of supply line <u>4 FT</u>	4. Will water supply be disinfected by installer? <u>NO</u>

9/1/94
WPI OK
pitless adaptor 4' below
grade AM

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 J. Willoughby

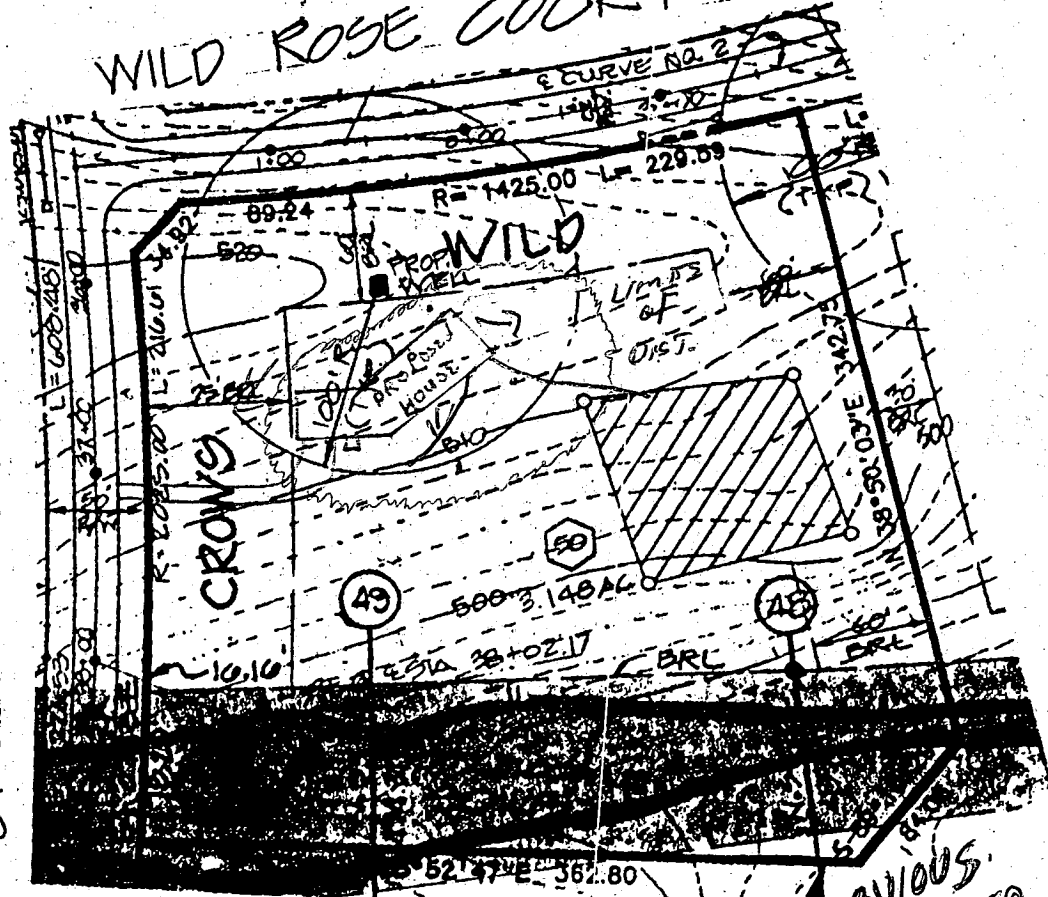
Date: 8/31/94

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

1ST FLOOR ELEV.
520

WILD ROSE COURT

CROWS FOOT ROAD



OWNER

SPRING HILL ASSOCIATES
RUTH H. WESTON
427 ROUTE 32
STYKESVILLE, MD 21784

DEVELOPER

JOHN DEVELOPMENT CORP. INC.
3423 WATERCRESS PLACE
COLUMBIA, MARYLAND 21045

GRAVITY FLOW TO SEPTIC IS OBVIOUS.
BP APPROVED BASED
UPON BLDG'S VERTICAL
AGREEMENT TO
SUBMIT REVISED
ELEV. DETAIL 12/9/93
CW

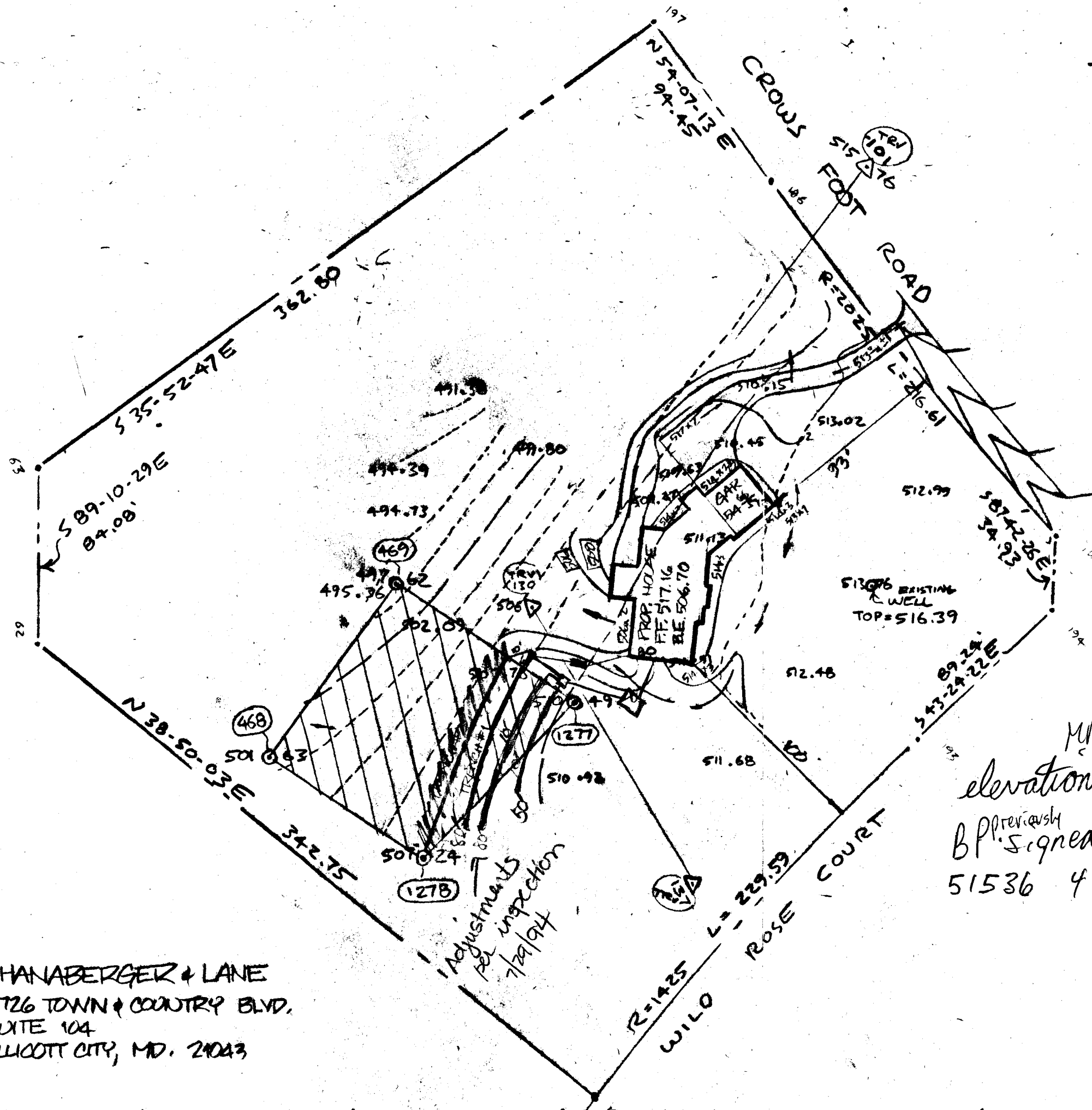
J. THALER & ASSOC. INC.

CIVIL ENGINEERS - SURVEYORS
LANDSCAPE ARCHITECTS
11 WARREN ROAD
BALTIMORE, MARYLAND 21208
(301) 484-4100

LOT # 50
MEADOWOOD

SECTION TWO
TAP MAP 10
3RD ELECTION DISTRICT
SCALE: 1" = 100'
PARCEL 130
HOWARD COUNTY, MARYLAND
DATE: JULY 24, 1989

1900
1100
200
300
400



SEPTIC SYSTEM INFORMATION

INVERT @ HOUSE : 504.20

SEPTIC TANK

EX. GR.	509.8
FIN. GR.	509.0
INV. IN.	504.00
INV. OUT.	503.75

DISTRIBUTION BOX

EX. GR.	508.0
FIN. GR.	508.0
INV. IN.	503.55
INV. OUT.	503.55

TRENCHES

	#1	#2
EX. GR.	508.0	507.0
FIN. GR.	508.0	507.0
INV. IN.	503.5	502.5
BOTTOM	499.5	498.5

NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN DEC. 1993
2. GRAVITY SEWER SERVICE TO BASEMENT IS AVAILABLE

MR 1/10/94
 elevations OK
 B.P. reviewed
 signed 12/9/93
 51536 4 BR

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 104
 ELLICOTT CITY, MD. 21043

SITE PLAN
 LOT 50 MEADOWOOD
 SEC. 2 AREA 2

3RD ELEC. DIST. HOWARD CO., MD.
 SCALE: 1" = 50'
 DATE: 12/17/93

Adjustments
 per inspection
 7/29/94