

7/26/89 ✓ AM (2)  
✓ P.M.

03-312372

File

(2) P.C.O.  
44762 C.B.D.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 7/8/89

DATE SYSTEM APPROVED 7/26/89

INSPECTOR C.B.D.

## INDEXED

Dave Hopkins IS PERMITTED TO INSTALL  X ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Meadowood ROAD 1245 Crows Foot Road LOT 21, Section 2

PROPERTY OWNER Polaris Development

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 200 feet front lot line and 145 feet from the right lot line along Crystal Ridge Court as seen when facing the lot from Crows Foot Drive. Run trenches on contour toward the right lot line.

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

PLANS APPROVED BY Sid Abel DATE 4/05/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 TWO YEARS

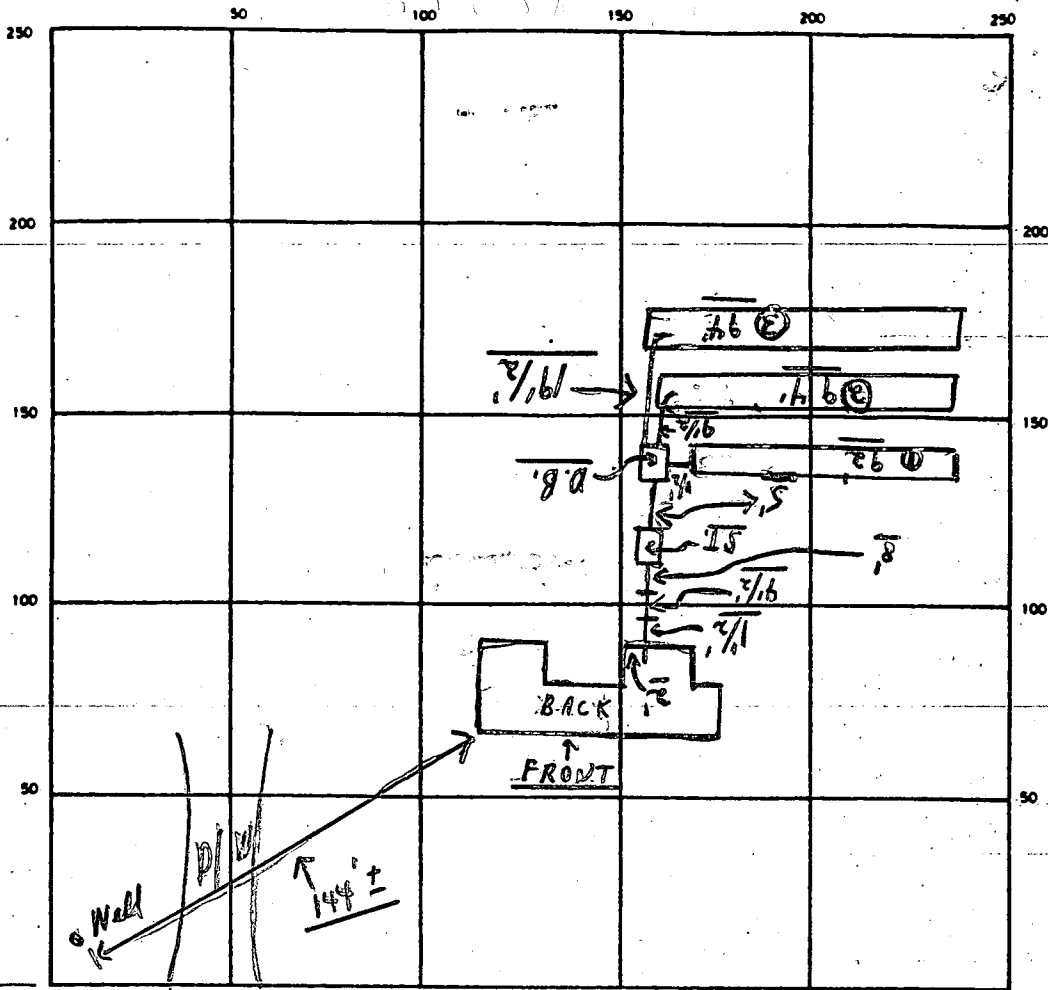
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

38162



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

CROWS FOOT ROAD

S.O.T.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 92' 94' 94' } 280 FT

NUMBER OF TRENCHES 3 ONE ~~SEPTIC TANK~~ / BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS 7/26/89 OK TO COVER FROM SEPTIC TANK TO #3 TRENCH - PIPE AND ALL #1 TRENCH; #2 P.C.O. - OK TO COVER #2 TRENCH AND LEAVE ENDS OPEN ON #3 TRENCH; 7/26 OK TO COVER ALL WORK - FINAL.

DATE SYSTEM APPROVED 7/26/89 INSPECTOR Charles Bryan Stricker

# APPLICATION

PERCOLATION TESTING

A 38162

P \_\_\_\_\_

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

~~Percolation Test~~ / Redesign  
12/12/86  
percolation  
pending  
plot

DISTRICT \_\_\_\_\_

DATE 11/28/86

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. *Polaris Development*

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

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 55 21

ROAD AND DESCRIPTION 1245 Crows Foot Rd.  
Henryton Road - approximately 4000' north of Tunnel Road

Howard County, Maryland

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 [Signature]*  
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Aber FOR Standard tunnels DATE 4-27-87

REJECTED BY C. Williams FOR LACK OF WELL SITE - REDESIGN DATE 2/16/87

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING for re-verified hole location / sub? plot

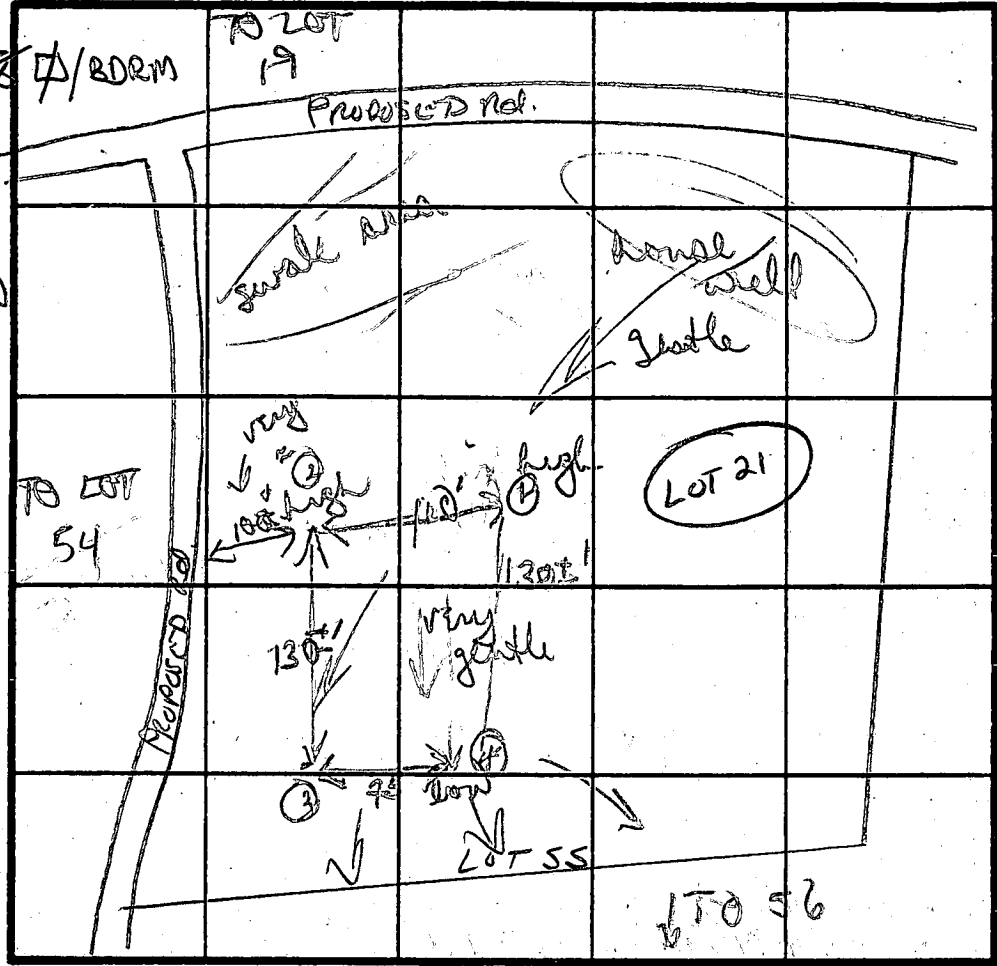
LOG. PERMIT SIGNED AND RETURNED 4-27-87 SHALLOW SYSTEM PROPOSED WELL SITE IN SWARE  
BL 24990 SAN 2/16/87 UNACCEPTABLE CW

## THIS IS NOT A PERMIT

# SHALLOW SYSTEM

X PERCENTAGE 8 MN

INLET 2 1/2" 200  
 MAX D 4 1/2" 168



374  
 brown / tan  
 orange  
 silty loam  
 3 1/2"  
 to tan / grey  
 layers silty  
 loam  
 4' w/ 10% small  
 weathered  
 frags scattered  
 11' D x 10' D

SOIL PROFILE  
 0'  
 tan brown  
 pink yellow  
 silty loam  
 4' layers  
 med-size  
 frags  
 weathered  
 (15-20%)  
 breaks to  
 silty loam  
 11' D

Soils similar  
 to #1  
 but small  
 frags 5-10%  
 weathered  
 material  
 6' scattered /  
 layered  
 12' D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

VJ TO HENRYTON Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/12/86	1	3' S	VISUAL ONLY					
		11' D	bottom (see profile)					
	2	= 4' S	156	159	159	207	8 min	
		8' M	209	210	210	212	2 min	
		12' D	bottom (see profile)					
	3	2' S	157	158	158	159	1 min	
		11' N	bottom (see profile)					
	4	2' S	200	201	201	203	2 min	
		10' D	bottom (see profile)					

REMARKS: field adjusted slightly prior to digging (squared up per field slightly)

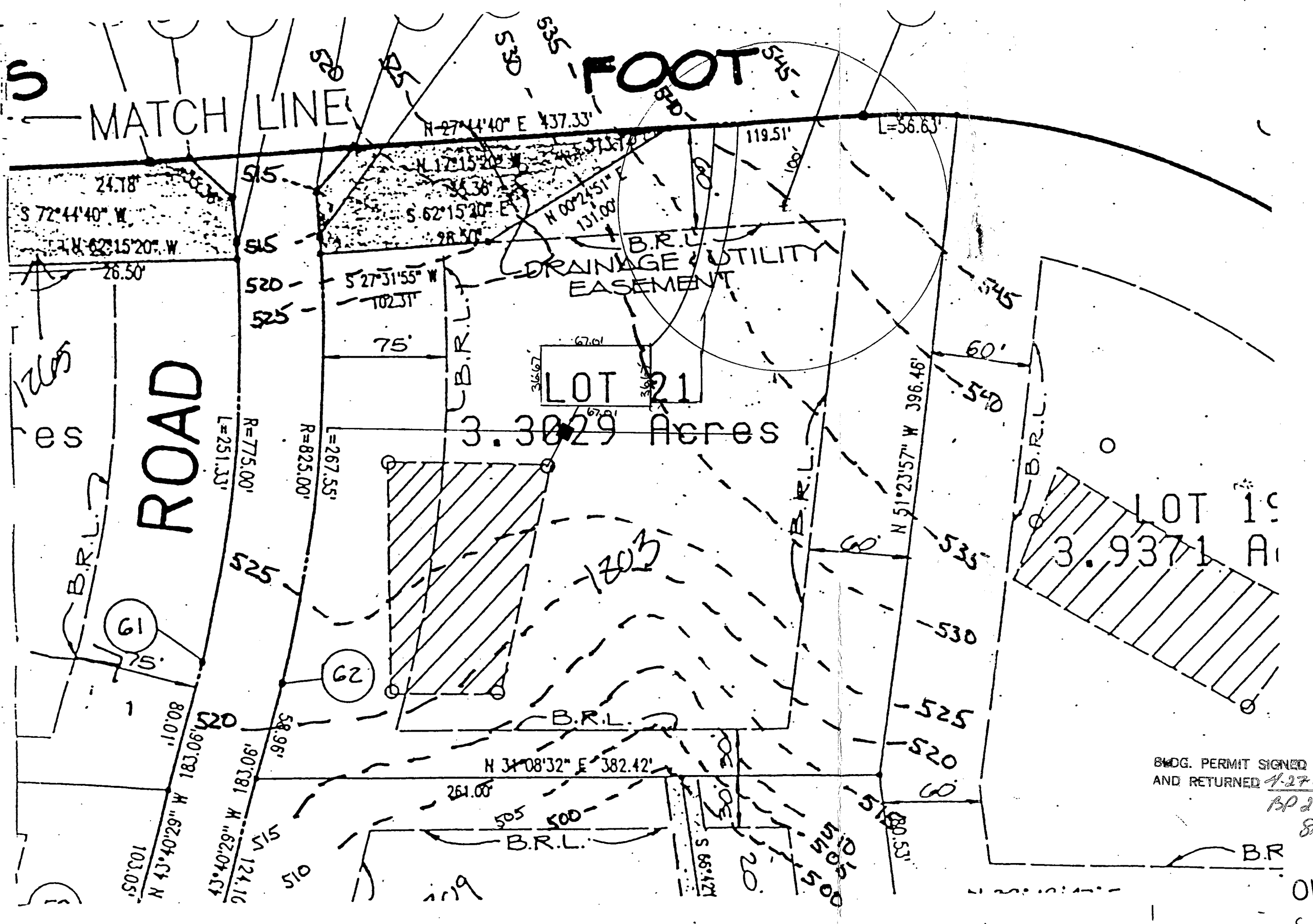
TYPE OF SOIL: fairly uniform little / med clay; pink / yellow orange silty loam's w/ weathered frags

TESTED BY: B. Nyman

ALSO PRESENT: Rocky, ed

**MEADOWOOD**  
SECTION ONE  
LOT 21

TAX MAP 10 PARCEL 139  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND



OWNER:  
Scale: 1"=60'

**Polaris Development Corp.**  
3414 Morningwood Drive  
Suite 1, Olney, MD 20832  
(301)-774-8082

# Polaris Development Corporation

R.

OWNER: POLARIS DEVELOPMENT CORPORATION  
3414 MORNINGWOOD DRIVE, SUITE 1  
OLNEY, MD 20832  
301-774-8082

DRAWING SCALE: 1"=60'

LOT INFORMATION: 1245 CROWS FOOT ROAD  
WOODSTOCK, MD 21163  
LOT: 21 PARCEL: 139 SECTION: 1  
SUBDIVISION: MEADOWOOD ZONE: R  
ELECTION DIS: 3 TAX MAPS: 10  
CENSUS TRACK: 6030

## ELEVATIONS

1-Basement elevation:-----	522.00 Ft.✓
2-First floor elevation:-----	531.00 Ft.✓
3-Invert out of house:-----	524.66 Ft.✓-BSMT
4-Invert into septic tank:-----	524.51 Ft.✓
5-Invert out of septic tank:-----	524.21 Ft.✓
6-Invert into trench:-----	524.00 Ft.✓
7-Existing grade at septic tank:--	527.11 Ft.✓
8-Existing grade at start piont---	526.50 Ft.✓
9-Elevation of well at grade:-----	540.00 Ft.✓

DISTANCE FROM HOUSE TO TANK: 15.00 Ft.  
DISTANCE FROM TANK TO S.P. : 10.00 Ft.  
INVERT AT START PIONT : 2.50 Ft.

BUILDER: POLARIS DEVELOPMENT CORP.  
3414 MORNINGWOOD DRIVE  
SUITE 1  
OLNEY, MD 20832  
LICENSE: 2558  
PHONE: 301-774-8082

BUDG. PERMIT SIGNED  
AND RETURNED 7-27-89  
BP28990  
JAL

B 1 **5201** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER  
**HO-81-2567**  
 fill in this form completely

Date Received **4/1/88**  
**071487**  
 OWNER INFORMATION  
**SPRING HILL ASSOCI**  
 15 Last Name 13 Owner First Name 34  
**1432 RT 32**  
 36 Street or RFD 55  
**M FRIENDSHIP MD 21794**  
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION  
**George F. Easterday**  
 Driller's Name 40 License No. 80  
**Franklin Easterday, Inc.**  
 Firm Name  
**9265 Br. Ch. Rd., Mt. Airy, Md 21771**  
 Address  
**George F. Easterday** **7/2/87**  
 Signature Date

WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 14 20

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)

APPROXIMATE DEPTH OF WELL **200** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

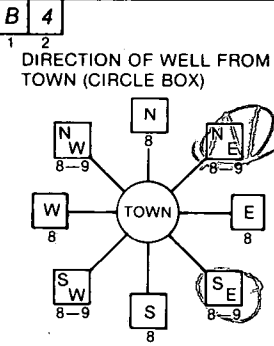
METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
 other \_\_\_\_\_

REPLACEMENT OR 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 (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **AW** WRITE INITIALS IN BOX PERMIT No. **HO-81-2567**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

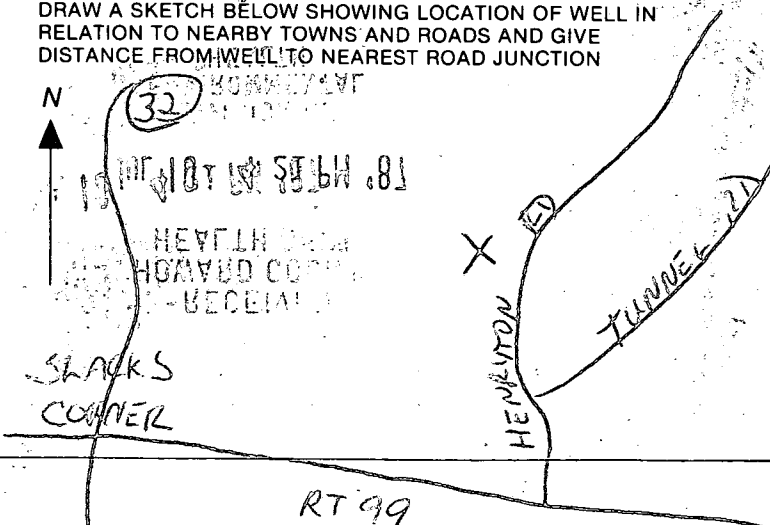
B 3 LOCATION OF WELL **R 39649**  
**HOWARD** COUNTY  
**MEADOWOOD** SUBDIVISION  
 SECTION **1** LOT **21**  
**SYMSVILLE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **4** MI



**CRYSTAL RIDGE ROAD**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **250**  
 ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A 38162** COUNTY NO.  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S \_\_\_\_\_  
 DATE ISSUED **022488** R **Norton** **08/24/88**  
 CO-SIGNATURE EXP. DATE  
 NORTH GRID **548000** EAST GRID **0819000**  
 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  
 E **8109**  
 N **6408**  
 000 000



**C1** 2177 (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 38162**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **04/19/88** Depth of Well **260** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2567**

OWNER **ASSOCIATES** **SPRING HILL**  
STREET OR RFD **CRYSTAL RIDGE ROAD** TOWN **SYKESVILLE**  
SUBDIVISION **Meadowood** SECTION **1** LOT **21**

**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	
Topsoil	0	2	
Br. Mica	2	60	✓
Tan Mica	60	71	
Gray Mica	71	80	
Tan Mica	80	84	✓
Gray Mica	84	132	
Tan Mica	132	135	✓
Gray Mica	135	260	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **14** NO. OF POUNDS **1400**  
GALLONS OF WATER **70**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **50** ft.

**CASING RECORD**  
casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
STEEL CONCRETE PLASTIC OTHER  
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **74**

**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

**C2**  
DEPTH (nearest ft.)  
EACH SCREEN 1 **40** 72 260  
2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)

**C3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) **3**  
PUMPING RATE (gal. per min. to nearest gal.) **6**  
METHOD USED TO MEASURE PUMPING RATE **Bucket**  
WATER LEVEL (distance from land surface) BEFORE PUMPING **58** WHEN PUMPING **87**  
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  
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) **+** above } LAND SURFACE **2** (nearest foot) **-** below }

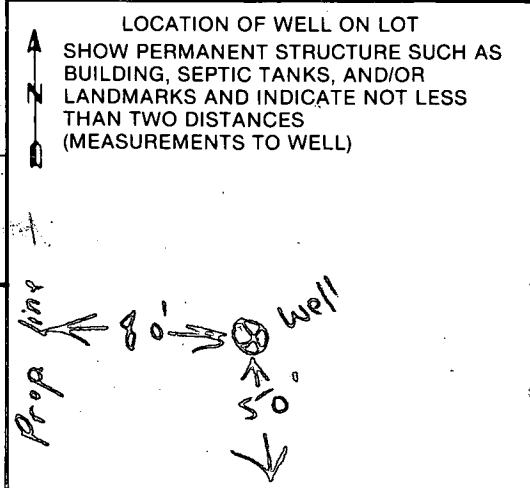
CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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. **40**  
DRILLERS SIGNATURE **George F. G... Blaylock**  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) 70 [ ] 72 [ ] WQ 74 [ ] 75 [ ] 76 [ ]  
TELESCOPE CASING LOG INDICATOR OTHER DATA



Crystal Ridge Court



8-17-89  
AM

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 X  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Grisham, James B., III

Telephone 202-424-3333

License Number 23-29

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner James B. Grisham, III

Telephone 202-424-3333

Subdivision 116-2000000 Lot # 111 Well Tag # HO-81-2567

Site Address 415 11th St, Ellicott City, MD

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible X \_\_\_\_\_
- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Capacity \_\_\_\_\_ GPM
- Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No X
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Motor

- Horsepower 1/2
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220 \_\_\_\_\_

Pitless Adapter

- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Depth \_\_\_\_\_

Tank

- Capacity 2x/100
- Pressure relief valve? yes

Piping

- Type 1/2" copper
- Size \_\_\_\_\_
- NSF and/or BOCA Code approved \_\_\_\_\_
- Depth of supply line \_\_\_\_\_

Well data

- Depth \_\_\_\_\_ ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? X

Pitless Adapter 3" B.C.  
8/17/89 MR

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: John W. Grisham

Date: 8/2/89

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

