

PERMIT

03-312194

SEWAGE DISPOSAL SYSTEM

46990

A 38167

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd

DATE 04/09/91

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 4-18-91

INSPECTOR D. Buggs

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

ADDRESS 558 Obrecht Rd., Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Meadowood LOT 4 ROAD 1200 Crows Foot Road

PROPERTY OWNER Allen Alsop

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from left front lot corner place 1st trench 110 feet down the left (260') lot line and 115 feet off the line as seen when facing property from Meadowood Road. Run trenches along contour in both directions.

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

PLANS APPROVED BY Revised- Mark Rifkin DATE 04/09/91

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

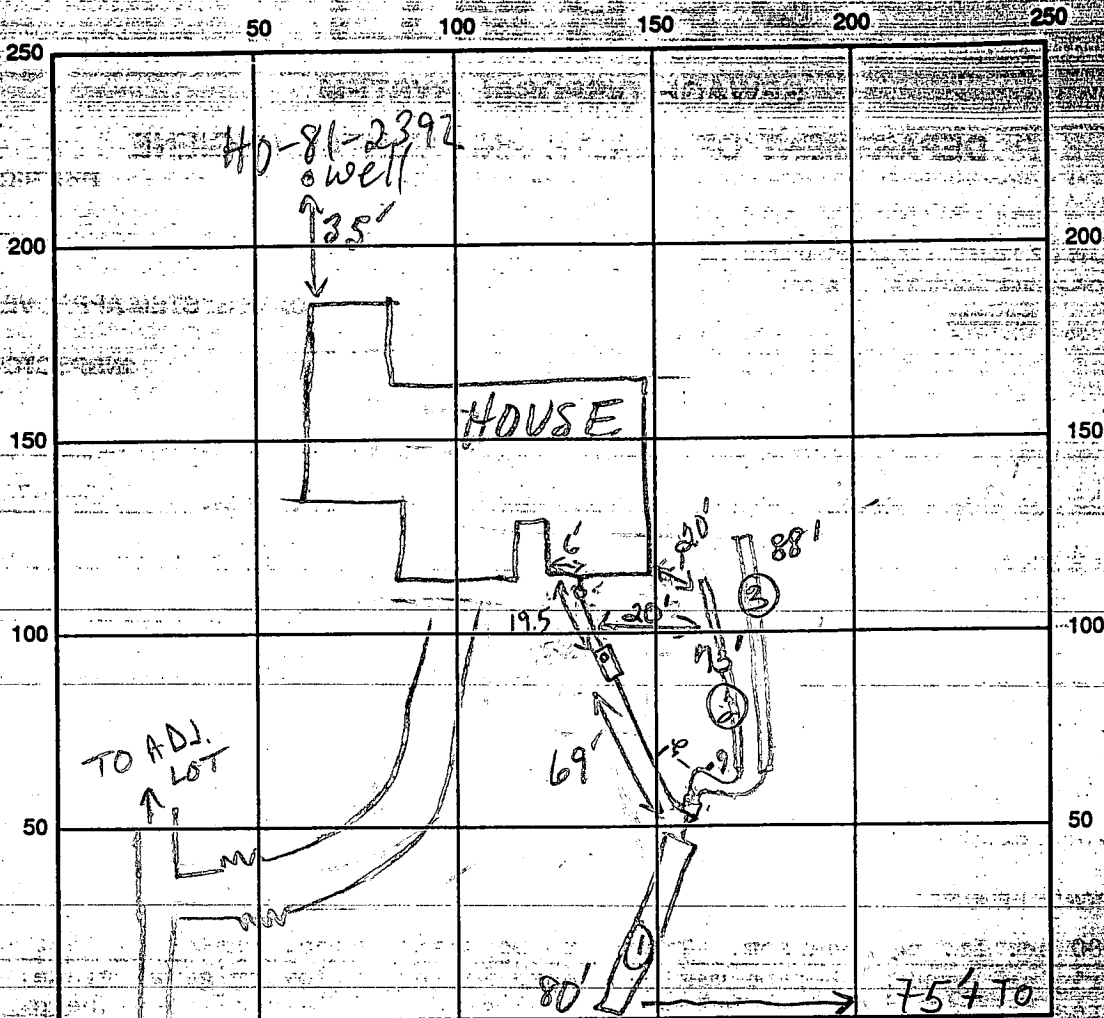
PERMIT VOID AFTER TWO YEARS

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. *purpose tank*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 38167



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

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS INLINE & S.T. - OK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTHS 1/2/3 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1/2/3 FT.

EFFECTIVE GRAVEL DEPTH 2/2/3 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES to be 3 ONE SIDEWALL/BOTTOM AREA 1240 SQ. FT. 3

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 4/17/91 #1 DB MOVED SLIGHTLY, NO MAJOR IMPACT MR
4/17/91 #2 OK TO COVER HOUSE TO DB BY TRENCH #1 MR
4/18/91 am Trench #2 too close to corner of house; make change (DB)
4/18/91 pm Decreased length of trench near house; increased length of
trench #3; OK to backfill. OK to backfill.

DATE SYSTEM APPROVED 4-18-91 INSPECTOR D. Buggs

APPLICATION

PERCOLATION TESTING

A 38/67

P _____

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

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.

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

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 604

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland (1200 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 Sedg
(SIGNATURE OF APPLICANT)

APPROVED BY B Nylan FOR shallow only DATE 11/4/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/4/86 perc satisfactory; hold for subdivision plat. S.M.H.

BUDG. PERMIT SIGNED
AND RETURNED 10/25/89
Serial #29853
2 car garage

BUDG. PERMIT SIGNED
AND RETURNED 11/25/89
Serial #29853 - STD
6 Bedroom

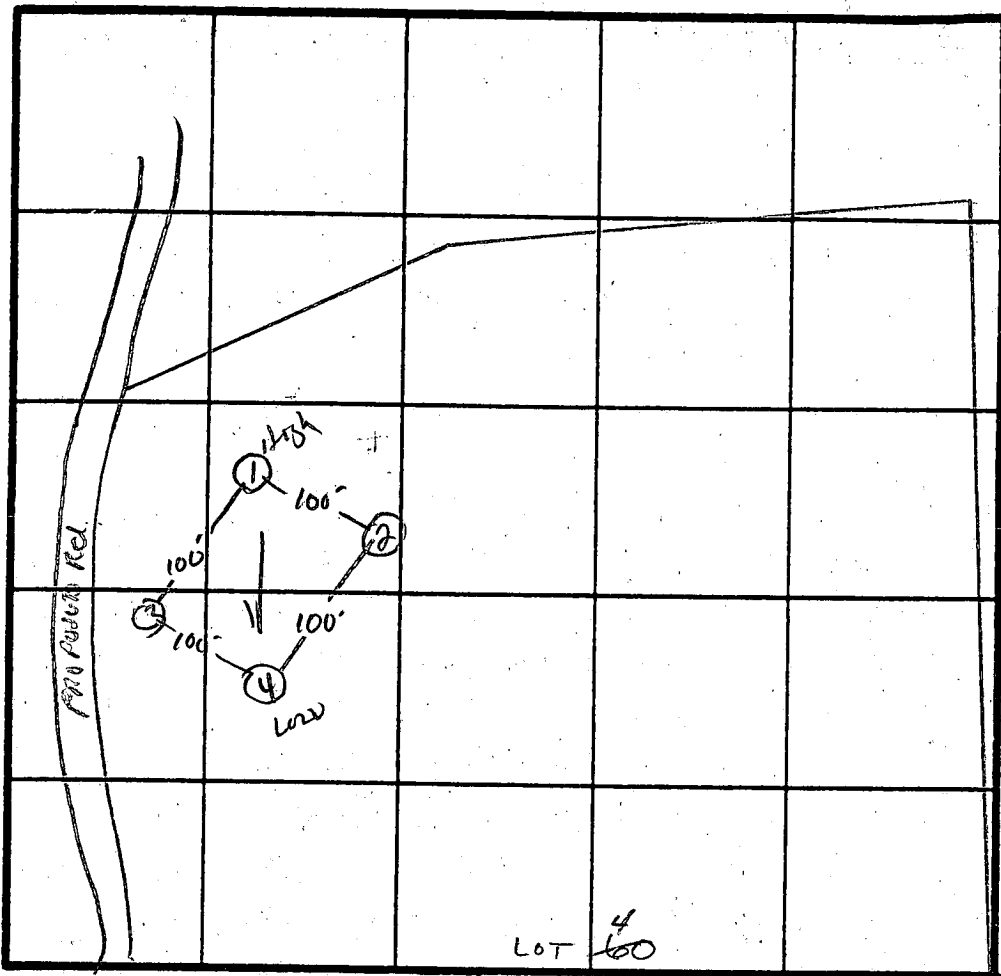
THIS IS NOT A PERMIT

SOIL PROFILE

0
4"
3.5-4"
MI

A1-3
Strong Br
Silt Loam
Small vert
of quartzite
AT 3.5"
15-20% frags

7A0/Br.
Silt Loam
15-25%
Fragments



2 Perc
6 min
187 ϕ /BR
INLET 3.5
Bottom 5.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
HENRYTON Rd.

0
4"
3.5"

A1-3
Yellow red
Silt Loam
9-12% clay
60% frags

tan to yellow
brown highly
micaceous
Silt Loam
15-20%
Fragments
Increasing to
25-40%

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/86	1 S	3.5"	2:23	2:25	2:25	2:29	4 min
	M	9"	2:23	2:24	2:24	2:26	2 min
	1 V	12"	Uniform soil below		3.5-4"		
	2 V	12"	Uniform soil below		3.5"		
	3 S	3.5"	3:02	3:04	3:04	3:09	5 min
	3 V	11"	Uniform soil below		3.5"		
	4 S	3.5"	2:39	2:46	2:46	2:59	13 min
	4 V	11"	Hard bottom at		11"		

REMARKS Holes Per Plat / Shallow Syst Repairs

TYPE OF SOIL Major / Glandy Bill Insgram

TESTED BY S. Abel J. Fyock & Co.
OWNER

ALSO PRESENT

S 68°15'32" E 301.73'

N 29°38'14" E 417.34'

PROP. WELL
EAST RAYS

LOT # 4
3.432 AC ±

DB
HERE



B.R.C.

MEADOWOOD

S 64°23'23" E 70.39' | R=375.00' | L=122.23'

R=400.00' L=135.11'

R=859.89' L=339.91'

R=854.89' L=366.70'

N 00°03'00" E 19.19'

28.09'

HENKLE

1"=50'

9.50' S 10°15'15" E

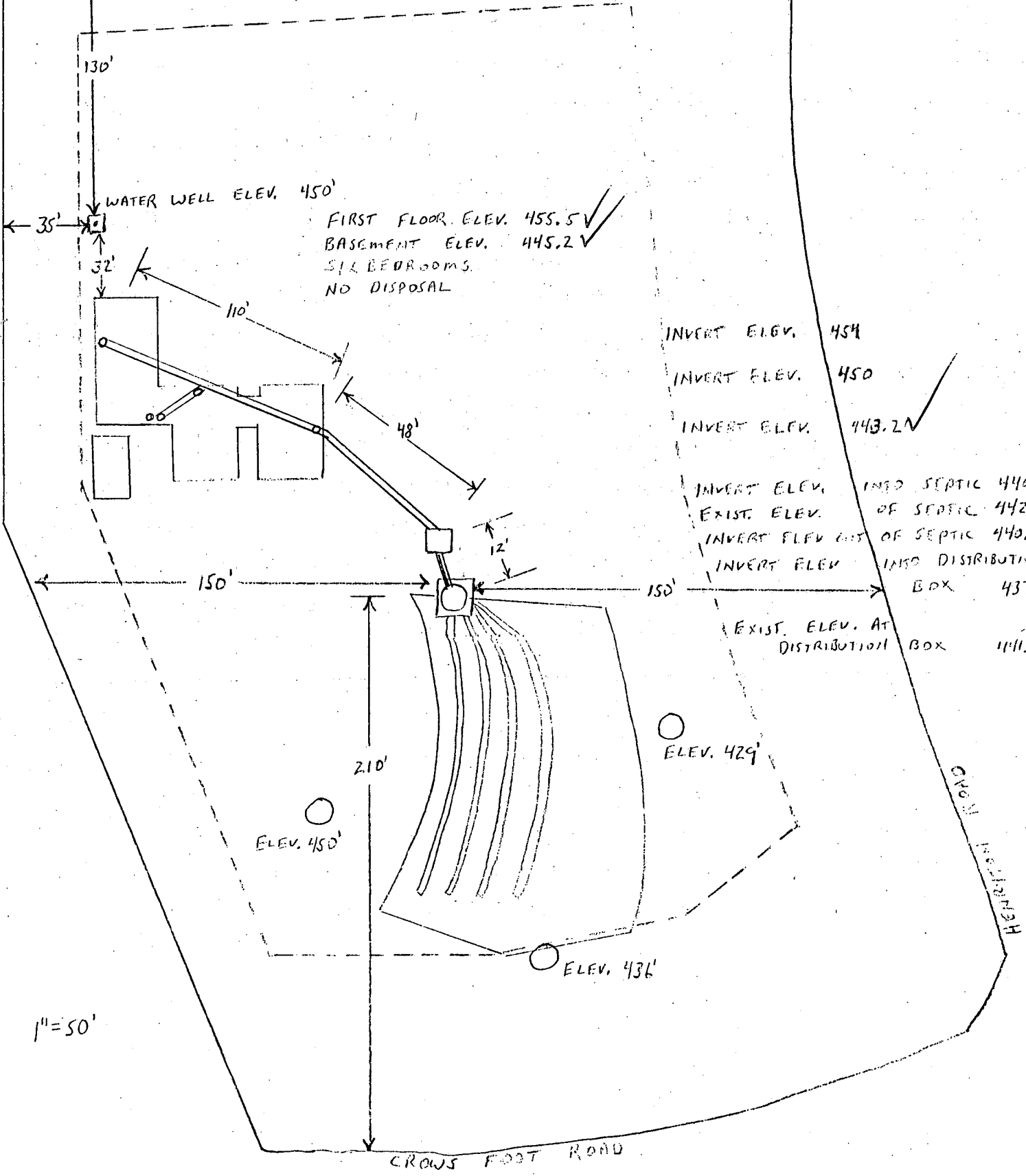
0.25

3

2

I CERTIFY THAT THESE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

ALLEN ALSOP, OWNER



B 1 2283 SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(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
40-81-2392
fill in this form completely

Date Received 07/14/89
OWNER INFORMATION
15 Last Name SPRING HILL ASSOCI
Owner First Name
36 Street or RFD 1423 AT RD
55
57 Town W FRIENDSHIP 70 State 72 MD 21794 Zip 76

B 3 LOCATION OF WELL R-39632
1 2
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 MEADOWCROD
23 SUBDIVISION
SECTION 1 LOT 4
52 NEAREST TOWN SYRACUSE
MILES FROM TOWN (enter 0 if in town) 4 MI
73 76 77 78

DRILLER INFORMATION
George F. Easterday
Driller's Name L. Franklin Easterday, Inc.
77 License No. 80 40
Firm Name
9265 Br., Ch. Rd., Mt. Airy, Md. 21771
Address
Signature Henry F. Easterday 4/1/89 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
1 2
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
NEAR WHAT ROAD MEADOWCROD ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 35 36 37
DISTANCE FROM ROAD 350
ENTER FT OR MI FT

B 2 WELL INFORMATION
1 2
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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A38167
OEP SIGNATURE DATE ISSUED
CO SIGNATURE 05/03/88
NORTH GRID 548000 EAST GRID 082000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

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
8/2/89 11:00
8/2/89 NO INSP.
WELL NOT GROUDED AS OF 2PM
8/3/89 SAW
Aug 3 but
HEALTH DEPT HOWARD COUNTY RECEIVED
SLACKS CORNELL
HENRY TOWN TOWN

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER 54 GAP 63
FORCE INITIALS PERMIT No. 40-81-2392
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

1998 SEQUENCE NO. (OEP 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 **A 38167**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **08 42 89** Depth of Well **500** (TO NEAREST FOOT)
 OWNER **ASSOCIATES** FROM "PERMIT TO DRILL WELL" **HC-81-2392**
 STREET OR RFD **MEADOWWOOD ROAD / HENRIETTON RD** TOWN **SPRING HILL**
 SUBDIVISION **MEADOWWOOD** SECTION **1** LOT **4**

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	
Shale	2	6	
Soft Brown Mica	6	37	
Grey Mica	37	46	
Brown Mica	46	63	
Grey Mica	63	65	
Brown Mica	65	80	
Grey Mica	80	110	
Brown Mica	110	115	
Grey Mica	115	500	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **16** NO. OF POUNDS **1600**
 GALLONS OF WATER **80**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **40** ft.
 (enter 0 if from surface)

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) **44**

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

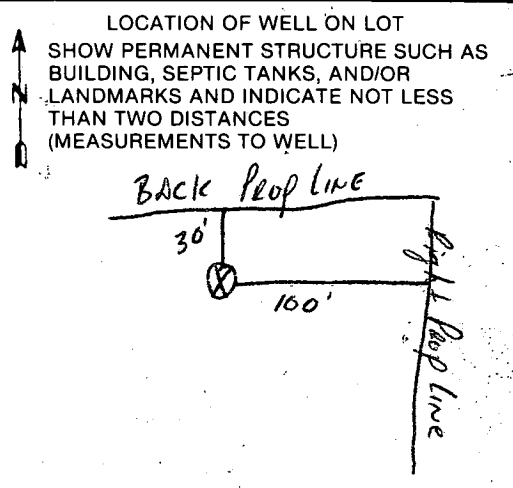
C 2
 DEPTH (nearest ft.)
 1 **H0** **42** **500**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK from to
 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) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **72** WHEN PUMPING **244**
 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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **37** **41**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height) **4** 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. _____
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **Jack H. Johnson**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Page _____
Date _____

of

upon fallen path thru woods

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

lit 350'

Well Permit No. HO - 81-2392
Location of property (road) MEADOWOOD ROAD
Subdivision MEADOWOOD Lot 9 Block _____ Plat _____ Sec. 1
Well Driller GEORGE SASTRY Owner ASSOCIATES, SPRING HILL
HAGON Allen Alspa

Depth of well 500 2 1/2
Distance of measuring point (M.P.) above ground 2 1/2 FEET
Static water level (S.W.L.) below M.P. 72 FEET

I. High rate pumping -- reservoir drawdown *Pumpers set at 380 feet*
Time pump started 8:45 Pumping rate 12 G.P.M. (MAX)
Total time 45 min. to reach pumping water level 245 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	245'	30 SEC.	N-D	2 G.P.M.
9:45	245'	30 SEC.		2 G.P.M.
10:00	245'	30 SEC.		2 G.P.M.
10:15	245'	30 SEC.		2 G.P.M.
10:30	244'	30 SEC.		2 G.P.M.
10:45	244'	30 SEC.		2 G.P.M.
11:00	244'	30 SEC.		2 G.P.M.
11:15	244'	30 SEC.		2 G.P.M.
11:30	244'	30 SEC.		2 G.P.M.
11:45	244'	30 SEC.		2 G.P.M.
12:00	244'	30 SEC.		2 G.P.M.
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