

9/5/89 no. 2
8-6-89 10-11 am

03-312178

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 44927

A 38169

DISTRICT 3rd

DATE 9/5/89

DATE SYSTEM APPROVED 9/6/89

INSPECTOR RH

INDEXED

Frall Septic Service, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Meadowood ROAD 1212 Crows Foot Road LOT 2, Sec. 1

PROPERTY OWNER Crosen Development

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 54

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 105 feet from the front lot line and 170 feet from the right lot line as seen when facing the lot from Crows Foot Road. Run trenches on contour toward the rear of lot.

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

PLANS APPROVED BY Sid Abel DATE 5/16/89

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

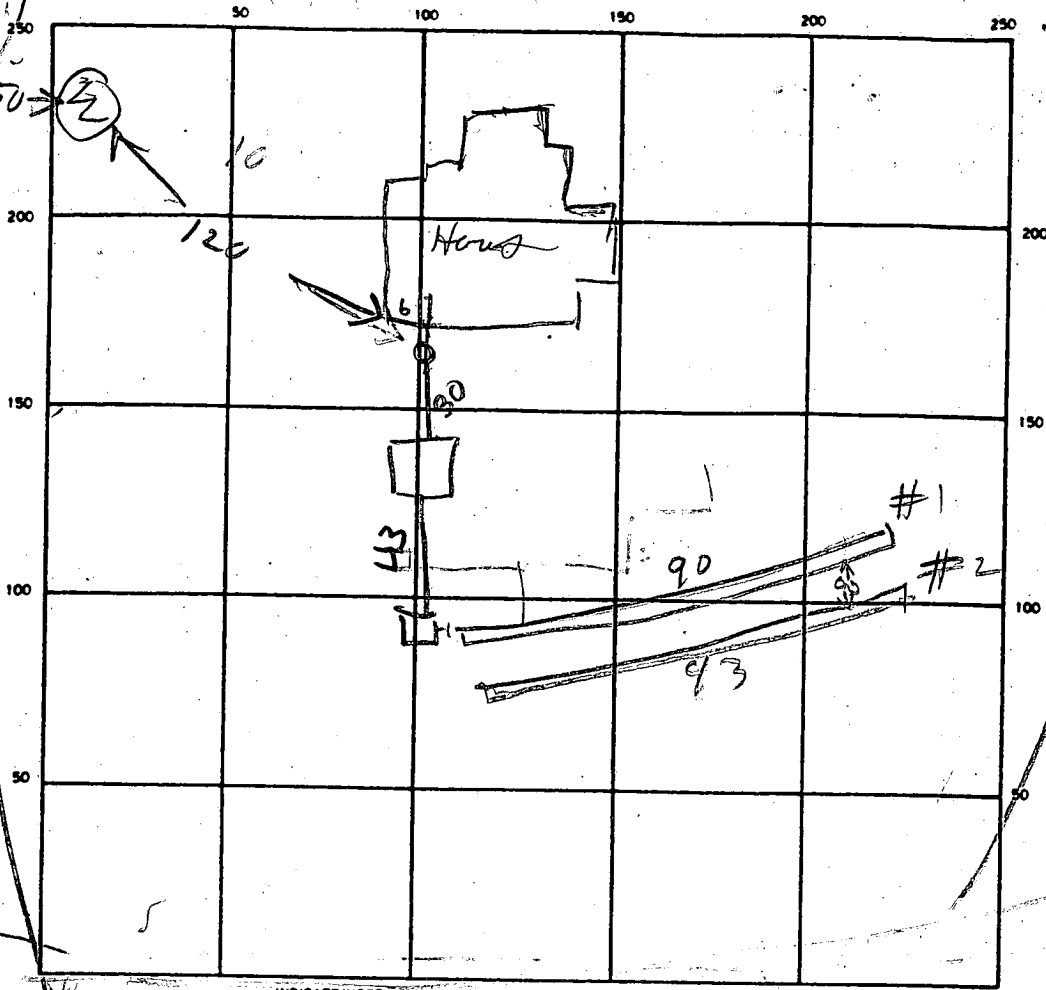
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
38169

CROW'S FOOT RD
TO HENRYTON RD



SEPTIC TANK LEVEL 1500

CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL OK OK

DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 35 FT.

EFFECTIVE GRAVEL DEPTH 4 1/4 FT. TOTAL LENGTH 90 1/3 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 7 1/4 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5 SEPT 89 - TRENCH #1 DUG ADD STONE TO TRENCH #1 & COVER MIDDLE OF TRENCH. DIG TRENCH #2 COVER TANK & HOUSE SEWER RH

6 SEPT 89 1030 - COVER TRENCH #1 ADD STONE TO TRENCH #2 RH

6 SEPT 89 - 11 TRENCH #2 OK

DATE SYSTEM APPROVED 9/8/89

INSPECTOR B. B. Hodges

106
4
44

90

APPLICATION

PERCOLATION TESTING

A 38/69

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 CROSEN DEVELOPMENT

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 62 2

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland 1212 Crows foot

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 Sadegh
(SIGNATURE OF APPLICANT)

APPROVED BY B Nylan FOR Dsep System DATE 11/3/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/4/86 Inc. Satisfactory, hold for subdivision plat. S. Ave

3RD. PERMIT SIGNED
AND RETURNED 5-16-89

BP 2577588

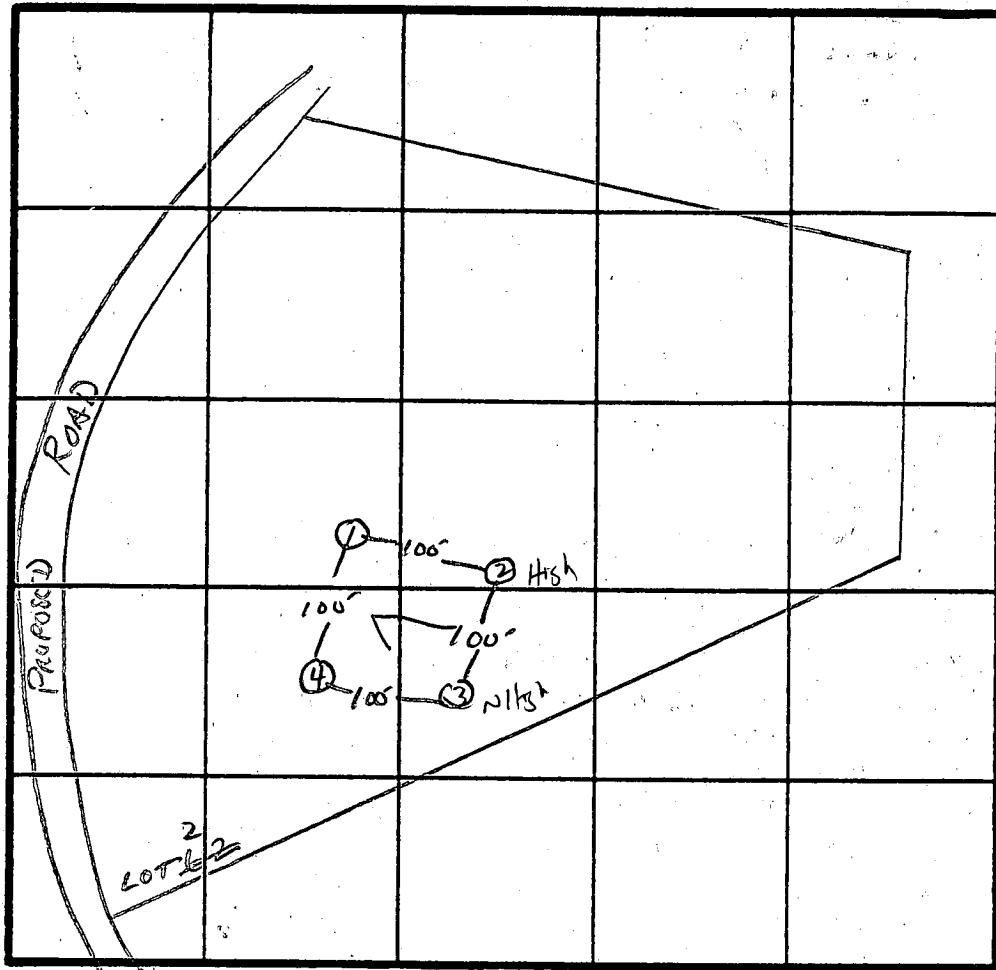
THIS IS NOT A PERMIT

① ② ④
SOIL PROFILE

0
4.11
4.5
12'

A1-3
Yellow BR
Silt Loam
9-12%
CLAY
<100% FRAGS

Yellow BR
Silt Loam
Highly
micaceous
15-25%
FRAGMENTS
TO TAB
Silt Loam



\bar{x} Perc
- 3 min
174 ϕ BR
INLET 4'
Bottom 8'

4/1

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Henryton Rd.

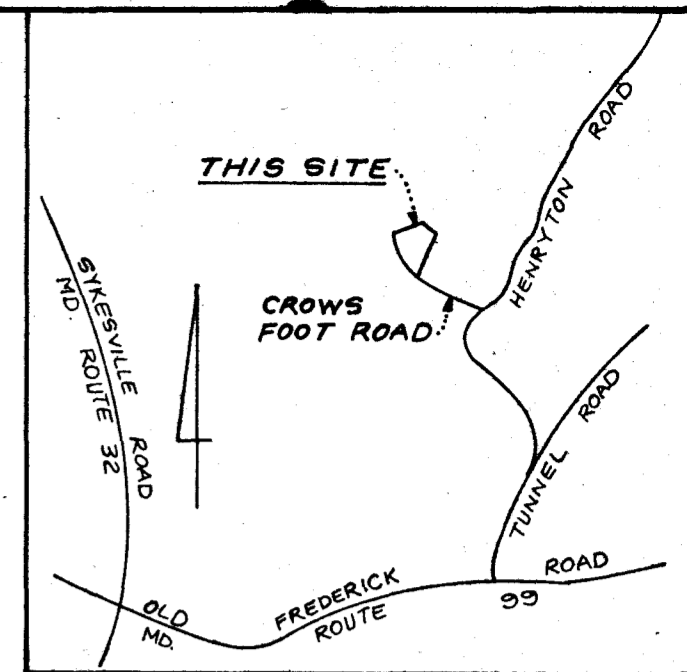
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/86	1 S	4.5'	11:53	11:54	11:54	11:56	2 min
	2 M	3'- 7'	12:08	12:09	12:09	12:13	4 min 1 min
	2 V	12'	SAME AS #1				
	3 V	12'	SAME AS #1				
	4 S	3.5'- 12'	12:19	12:20	12:20	12:22	2 min
			SAME AS HOLE #1				

REMARKS Holes Per Plat

TYPE OF SOIL _____

TESTED BY S. Abel ALSO PRESENT Peper & Co owner

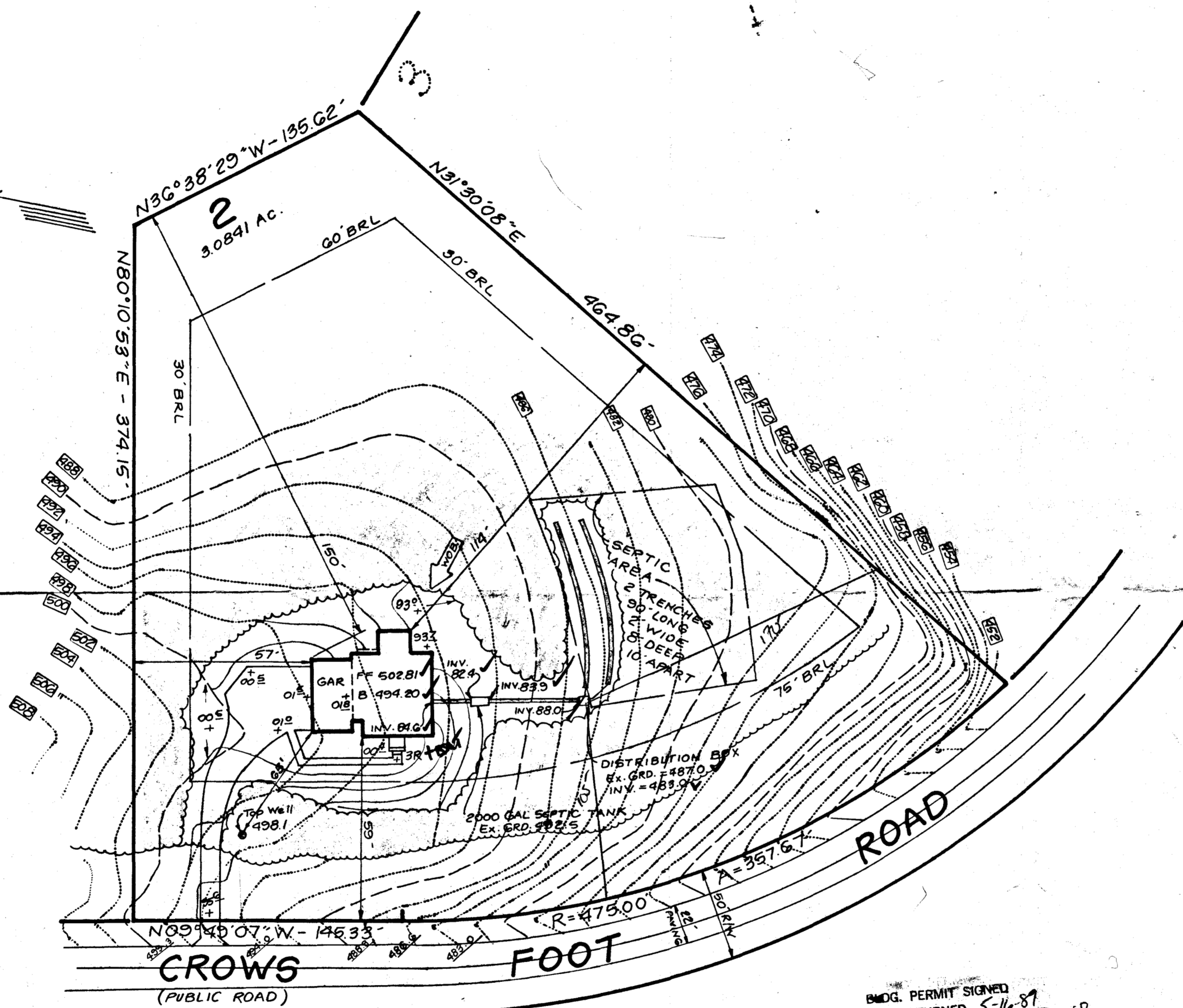
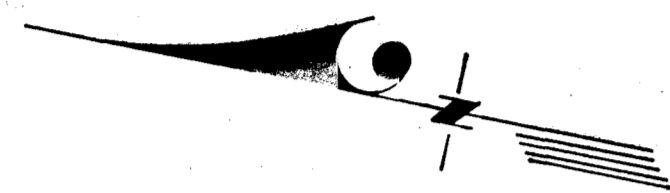
EH-12-1079



VICINITY MAP
Scale: 1" = 2000'

LEGEND

- Contour Interval 2 FT.
- Existing Contour - - - - - 410
- Proposed Contour - - - - - 410
- Spot Elevation +10 ±
- Direction of Drainage →
- Walk out Basement WOB →
- Trees to be Saved



BUDG. PERMIT SIGNED
AND RETURNED 5-16-89
BP 25775.50
SK

Plot Ref. 7807

CLARK • FINEROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED J.M.E.	SITE DEVELOPMENT PLAN MEADOWOOD Section One Lot 2 3rd Election District Howard County, Maryland	SCALE 1" = 50'
DRAWN BAR		DRAWING 1 of 1
CHECKED J.M.E.		JOB NO. 88-101
DATE April 1989		FILE NO. 88-101-X
For: Don Crozen Contractors 3775 Shady Lane Glenwood, Md. 21738		

HOWARD COUNTY
 HEALTH DEPT.
 15 / 29 11 89

B 1 **2281** 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

OEP PERMIT NUMBER

40-81-2390
 fill in this form completely

7/25/88
 OK
 @

please print or type

Date Received **07/14/87**

OWNER INFORMATION

SORING 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** **R 39630**
7/13/87
40.10

HOWARD COUNTY

MEADOWOOD SUBDIVISION

SECTION **1** LOT **2**

SWARVIRBEE NEAREST TOWN

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

DRILLER INFORMATION

George F. Easterday Driller's Name **40** License No. 80

L. Franklin Easterday, Inc. Firm Name

9265 Br. Ch. Rd., Mt. Airy, Md. 21771 Address

George F. Easterday Signature **7/1/87** Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

MEADOWOOD 20 OFF HENRYTON NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W **E** **S** **N**

34 0000 37 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 38169** COUNTY NO.

OEP SIGNATURE **A Nixon** STATE HEALTH INSERT S

DATE ISSUED **05/03/88**

010382 CO SIGNATURE **05/03/88** EXP. DATE

NORTH GRID **548000** EAST GRID **0820000**

APPROXIMATE DEPTH OF WELL **200** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

820 0
548 8

7/25/88
 grow only (date)
 scheduled 8:30
 1:30-2:00 prior to start
 48' casing (1' above)
 Location
 40' open
 15 bags cement

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) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

32' NORTH
HEWLETT
HONYWOOD
TRAVEL RD
HENRYTON
STICKS CORNER
99

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

APPROX. PERMIT NUMBER **G A P**

FORCE **Ra** WRITE INITIALS IN BOX PERMIT No. **40-81-2390**

SPECIAL CONDITIONS

Date _____ of _____

Jhu 7-26-89
8:00

Review OK 1/16/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2390
 Location of property (road) MEADOWWOOD ROAD
 Subdivision MEADOWWOOD Lot 2 Block _____ Plat _____ Sec. 1
 Well Driller GEORGE RASTERVAX Owner ASSOCIATES, SPRING HILL
 Depth of well 400 26PM HAGON
 Distance of measuring point (M.P.) above ground 24'
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 10 gpm
 Total time 3 min to reach pumping water level 52' 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:15	52'	12 Sec	Pumpset 350'	5 gpm
11:30	106	15 Sec	Joe Weishaar	4 gpm
11:45	174	15 Sec		4 gpm
12:00	218	20 Sec		3 gpm
12:15	291	20 Sec		3 gpm
12:30	340	25 Sec		2.5 gpm
12:45	340	25 Sec		2.5 gpm
1:00	340'	25 Sec		2.5 gpm
1:15	340'	25		2.5
1:30	342'	30		2
1:45	339'	27		2
2:00	339'	27		2
2:15	339'	27		2
2:30	339'	27		2
2:45	339'	27		2
3:00	339'	27		2
3:15	339'	27		2
3:30	339'	27		2
3:45	339'	27		2
4:00	339'	27		2
4:15	339'	27		2
4:30	339'	27		2
4:45	339'	27		2
5:00	339'	27		2

11/14/89

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 # 45218
Date 11/13/89

Name of Installer Morris P.H. Inc

Telephone 747-5615

License Number m-3095

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Crown Development Corp

Telephone 854-6655

Subdivision meadow wood Lot # 2

Well Tag # HD-81-2390

Site Address 1212 Cross Foot Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
- Make Grundfos
- Model # SE5074/2
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No X
- If Yes, is low pressure cutoff switch installed? Yes X No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage 230
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # Brass
- Depth 4'

Tank

- Capacity WX 250
- Pressure relief valve? YES

P.A. 3.5' B.G.
11/14/89 MR

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 4'

Well data

- Depth 400 ft.
- Yield 10 GPM
- Static water level 37 ft.
- Will water supply be disinfected by installer? owner

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: Joseph D. Morris

Date: 11/13/89

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