

5/7/92 noon

PERMIT

03-313441

SEWAGE DISPOSAL SYSTEM

P 48151

A 38645

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX-TIME EXPIRED FOR

DISTRICT 3rd

DATE 5/27/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

F.C.O.P. COMPLIANCE

DATE SYSTEM APPROVED 5/7/92

INDEXED 7/15/93

C. Williams/C.B.

INSPECTOR CW

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Willow Highlands LOT 21 ROAD 13343 Pipes Lane

PROPERTY OWNER Thomas & Patricia Beach, III

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 100 feet from the rear lot line and 185 feet from the right lot line as seen when facing the lot from existing R.O.W of Pipes Lane. Run trenches on 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 4/25/91 RH

PLANS APPROVED BY Sid Abel cm DATE 08/07/89

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

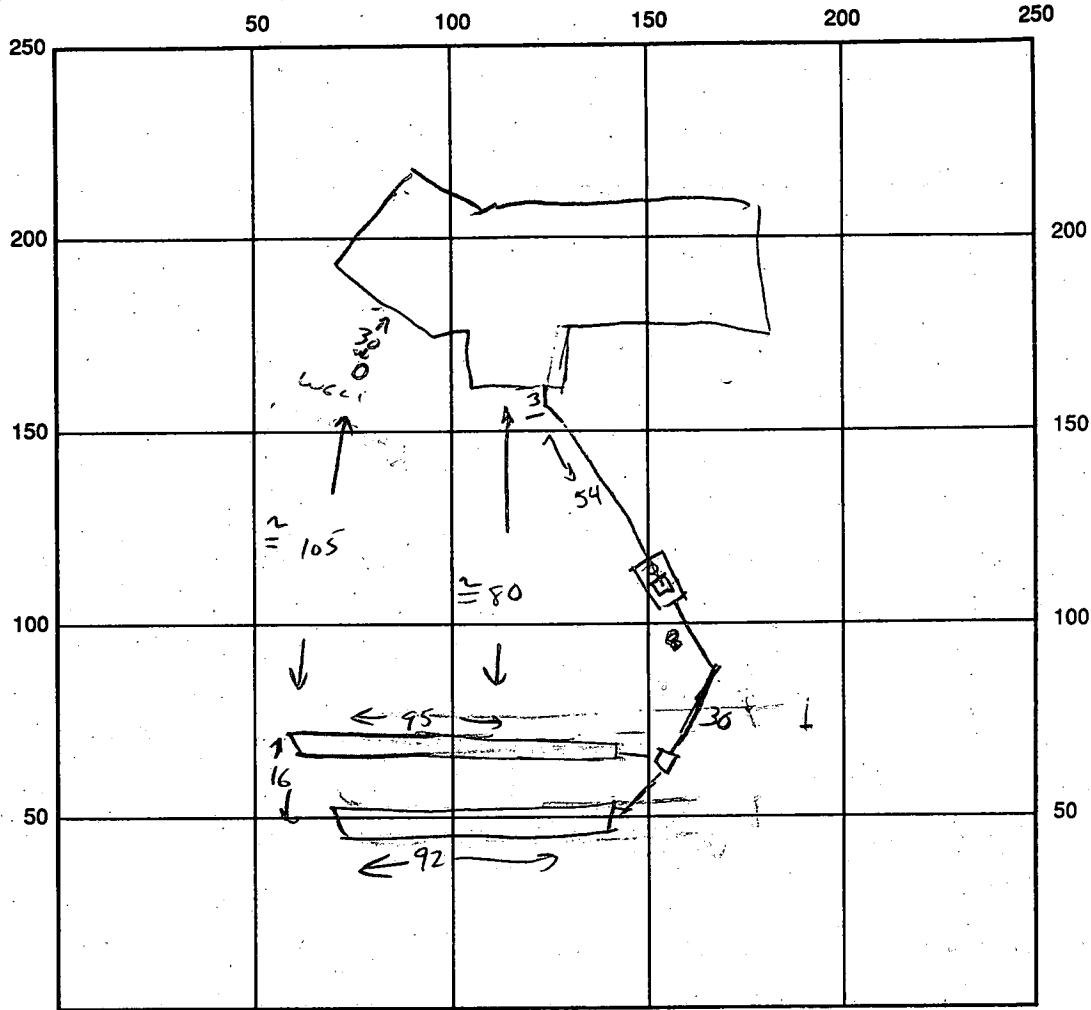
PERMIT VOID AFTER TWO YEARS

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 38645



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ CLEANOUTS MANHOLE + REGULAR

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 187 FT. (95+92) 187

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 748 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: HOUSE LOCATION DIFFERENT THAN APPROVED PLAN. NO IMPACT ON SEPTIC OK TO PROCEED.
5/7/92 OK TO COMPLETE GRAVEL IN TRENCHES + COVER. CWL

DATE SYSTEM APPROVED 5/7/92 INSPECTOR CWEL

APPLICATION

45
386100
A _____
P _____

PERCOLATION TESTING

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

DISTRICT 3
DATE 12-16-1986

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 WILLOW SPRINGS LIMITED PARTNERSHIP Thomas & Patricia Beach, III
16801 WESLEY CHAPEL ROAD
ADDRESS MONKTON, MARYLAND 21111 PHONE 347-8700
347-8700

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION: Hylandas
SUBDIVISION WILLOW SPRINGS GOLF COURSE LOT NO. 21
ROAD AND DESCRIPTION N/S U.S. RTE 70 N AT LIVE STOCK ROAD
(13343 Pipes Lane)

TAX MAP 9 & 15 PARCEL # 151 & 11
SIZE OF LOT 3.0 Ac. ± TYPE BLDG. S.F.D.
(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.

WILLOW SPRINGS INC Ben Partner
By Thomas Beach
(SIGNATURE OF APPLICANT) Ben

APPROVED BY Seby Alul FOR Deep Howard Beach DATE 8-7-89

REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-15-87 Perc. SATISFACTORY; hold for subdivision perm. SAGE

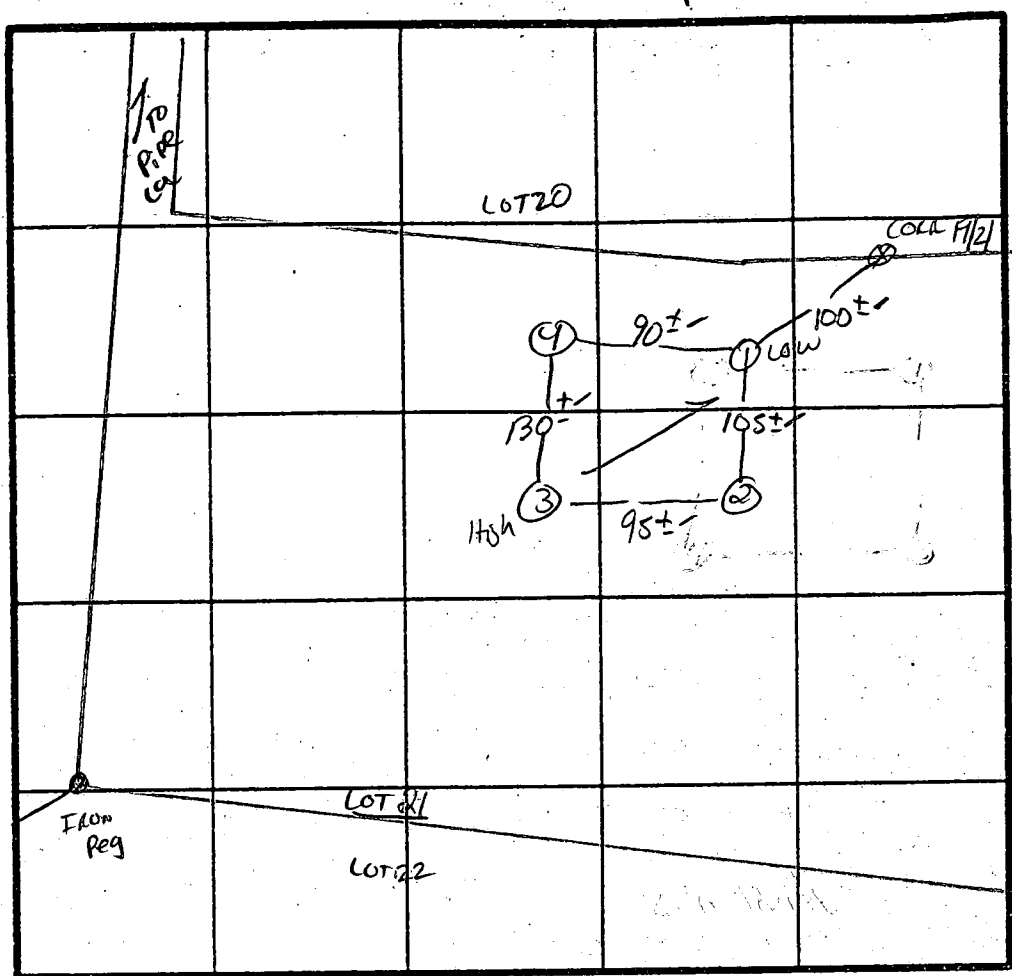
BLDG. PERMIT SIGNED
AND RETURNED 4/21/91 - SFD
Serial # 37090 - 4 Bedroom

THIS IS NOT A PERMIT

12

① → ④
SOIL PROFILE

0	AP
12"	RED SILT LOAM 12-15% CLAY-10-15% FRAGS
3-3.5	Yellow BR SILT SAND LOAM 15-25% FRAGS
12-13"	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X Perc
4 min
Inlet 3.5
Bottom 8.5
~~10.5~~ 7.5
180

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/19/87	1 S	3.5'	10:42	10:45	10:45	10:48	3 MIN	
	1 V	12.5'	uniform soil below 3.0'					
	2 S	4'	10:45	10:48	10:48	10:54	6 MIN	
	2 V	13'	uniform soil below 3.5'					
	3 V	13'	uniform soil below 3.0'					
	4 S	4'	10:50	10:52	10:52	10:55	3 MIN	
	4 M	7'	10:51	10:52	10:52	10:55	3 MIN	
	4 V	12.5'	uniform soil below 3.5'					

REMARKS Holes DIFF THAN PLAT

TYPE OF SOIL chester

TESTED BY S. Abel ALSO PRESENT O-KETTERMAN DAVE

EH-12-1079

B 1 **7970** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN GOLS. 3-6 ON ALL CARDS)

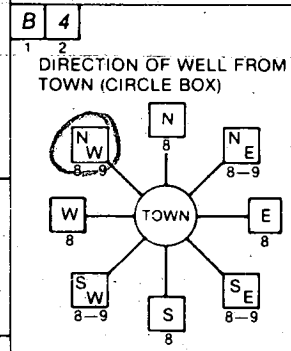
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

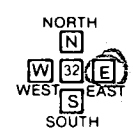
STATE PERMIT NUMBER
40-88-0968
 fill in this form completely

Date Received (APA) **062989**
 OWNER INFORMATION
 15 Last Name **WILLOW** SP Limited 34
 36 **16801** **WESTLEY** CH RD 55
 57 **MONKTON** 70 State 72 **MD** 71 Zip 76 **21111**

B 3 LOCATION OF WELL
 1 **HOWARD** 21
 8 COUNTY
 23 SUBDIVISION **WILLOW HIGHLANDS** 42
 SECTION **11** 44 46 LOT **21** 48 50
 52 NEAREST TOWN **WESTFIELDSHIP** 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 **MI** 76 77 78

DRILLER INFORMATION
 Driller's Name **Ralph Mayne** 77 License No. 80 **203**
 Firm Name **Ralph Mayne Well Drilling**
 Address **9120 Brown Church Rd. Mt Airy**
 Signature **Ralph Mayne** Date **6/13/89**



11 **PIPES LA** 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **340** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

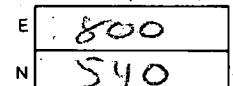
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND 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 38645**
 STATE SIGNATURE _____ INSERT'S _____
 DATE ISSUED **080489** CO SIGNATURE **Craig Williams** EXP. DATE **7/4/90**
 NORTH GRID **000** EAST GRID **000**

APPROXIMATE DEPTH OF WELL **150** FEET 28

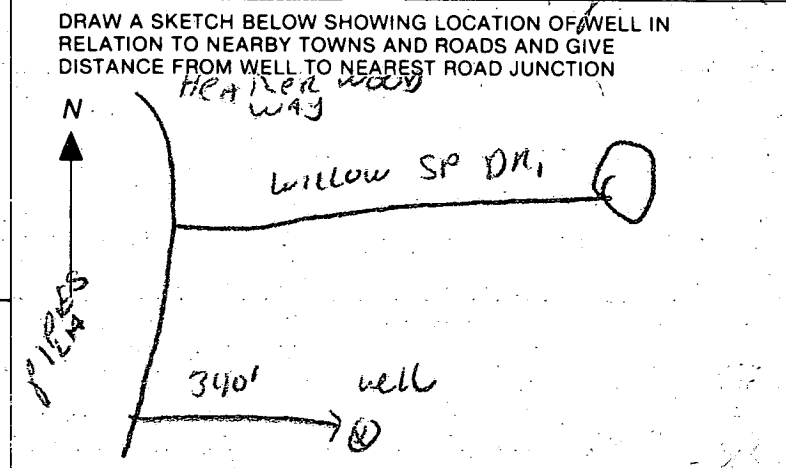
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

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


9-29-89 10:00 am
 already drilled
 13# Bags of cement
 50' Well casing
 35' Grout - OPEN
 2' casing above ground
 ground @ 18 ft
 ✓ Try on site ok

REPLACEMENT OR DEEPEMED 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
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-88-0968**

SPECIAL CONDITIONS _____
 COUNTY _____

C1 1091

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-38645

ST/CO, USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

01/29/89

09/28/89

145 (TO NEAREST FOOT)

40-95-0968

OWNER: William S. Limited last name first name TOWN: W. FORT MARYLAND SUBDIVISION: William Highlands SECTION: LOT: 21

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. Rows include Top Soil, Sandy, Sandstone, MICA, Sandstone, MICA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 13 NO. OF POUNDS 1300 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 25 ft.

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

MAIN CASING TYPE: PL 6 50. Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

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

DEPTH (nearest ft.) HO 48 145. SLOT SIZE 2 DIAMETER OF SCREEN (NEAREST INCH)

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. 273 DRILLERS SIGNATURE: Thalia Maye

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

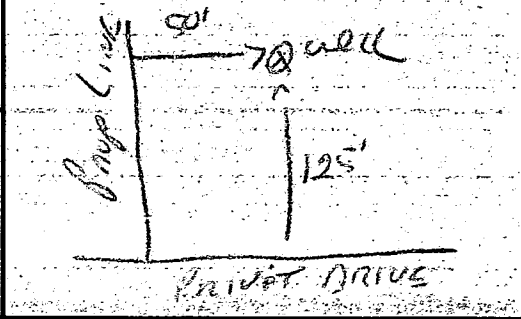
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST: HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE: Puckett WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 32 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,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 (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)



5/7/92 noon

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 # 47788
Date 2/3/92
Name of Installer Christopher W Fogarty Telephone 239-4171
License Number # 7620
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Thomas Bead Telephone 347-8722
Subdivision _____ Lot # 21 Well Tag # _____
Site Address 13343 Pipes Lane

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4HP 1. Make Cambell
a. Deep well jet _____ 2. RPM 3500 2. Model # _____
b. Shallow well jet _____ 3. Voltage 220B 3. Depth _____
c. Submersible a. 110 _____
2. Make Jacuzzi b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards _____ Other _____

Tank Piping Well data
1. Capacity 60 gallon 1. Type 1/2" Blue 1. Depth 125 ft.
2. Pressure relief valve? Supsi 2. Size 1" 2. Yield 60 GPM
3. NSF and/or BOCA Code approved Yes 3. Static water level _____ ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? _____

5/7/92 pitless > 30" backwash
OK. Cambell

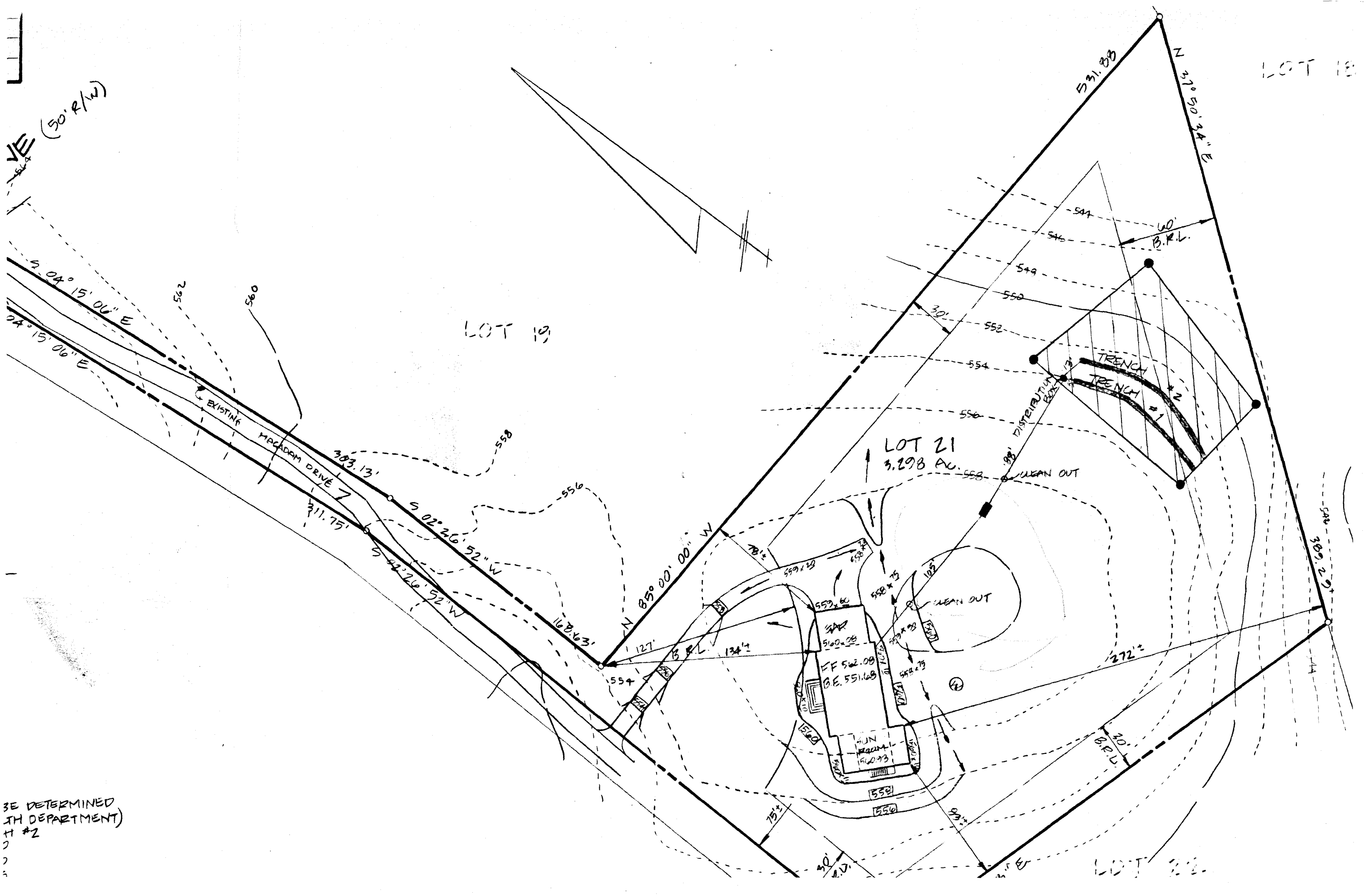
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: Christopher W Fogarty
Date: 2/3/92

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

LOT 18

VE (50' R/W)



LOT 19

LOT 21
3.298 AC.

LOT 22

BE DETERMINED
 JH DEPARTMENT)
 H #2
 2
 2
 2

S 04° 15' 00" E
 295
 560

EXISTING
 MACADAM DRIVE 7
 303.13'
 311.75'

S 02° 26' 52" W
 S 42° 26' 52" W
 168.63'

N 85° 00' 00" W
 127'
 134'

FF 562.08
 G.E. 551.68
 559.60
 558.75
 558.23
 558.23
 558.23
 558
 550

544
 546
 549
 550
 552
 554
 556
 558
 60' B.R.L.

TRENCH
 TRENCH
 DISTRIBUTION BOX
 CLEAN OUT

CLEAN OUT

272'

30' B.R.L.

30' B.R.L.

548
389.29'

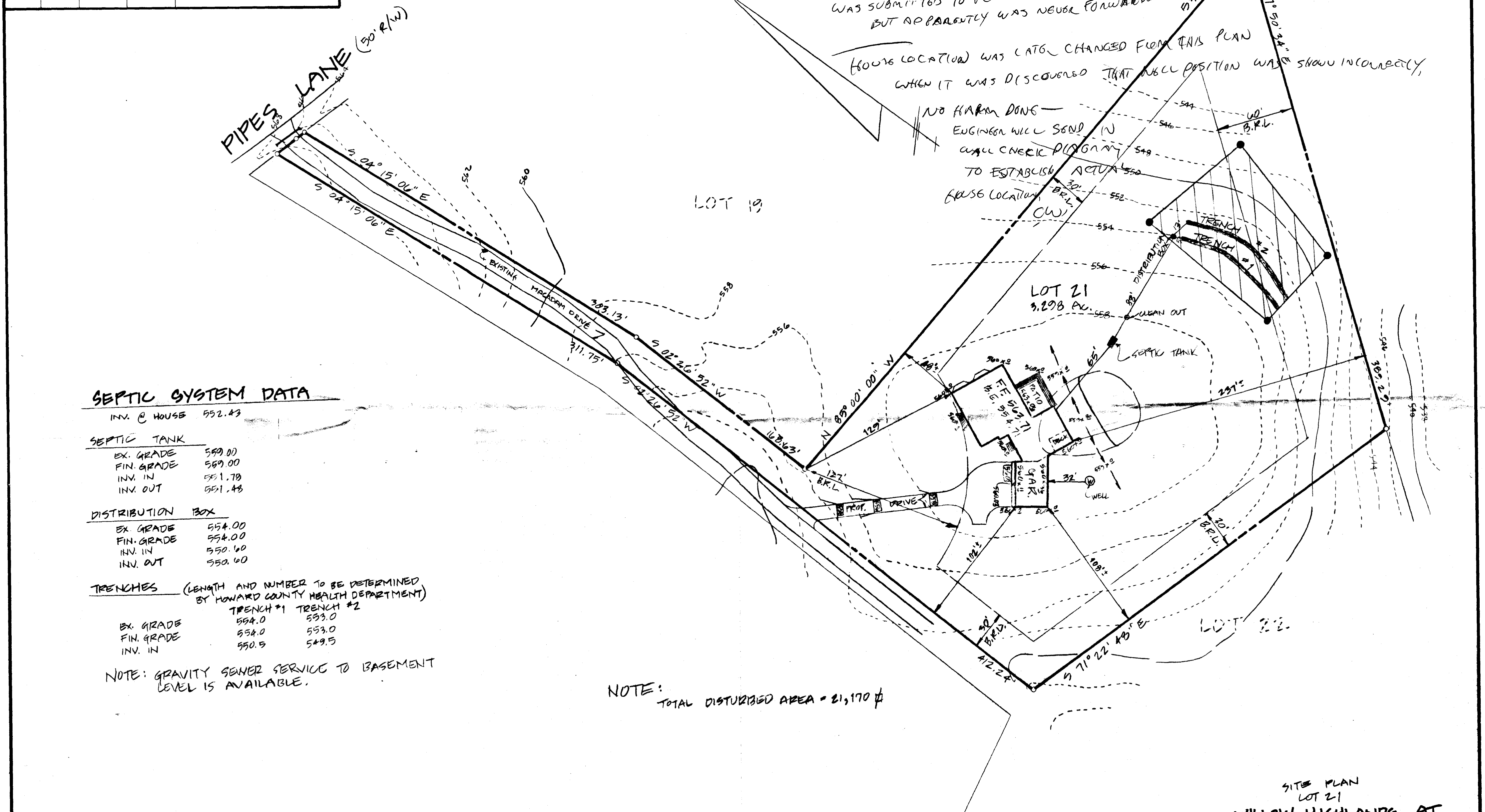
RECEIVED
HOWARD COUNTY
HEALTH DEPT.
92 MAY -8 PM 2:15

REVISIONS				
REV. NO.	DATE	REVISION REQUESTED BY	REVISION MADE BY	REVISION
1	3/27/91	TOM BEACH	S & L	CHANGE HOUSE TYPE & LOCATION
2	4/19/91	HEALTH DEPT	S & L	MOVE SEPTIC TANK 100' FROM WELL PROVIDE SUTIC 5/0 EVERY 70'
3	6/10/91	TOM BEACH	S & L	CHANGE HOUSE TYPE (PLAT # 2275)
4	6/13/91	SAL AND TOM BEACH	S & L	FLIP HOUSE - PUT GARAGE ON HIGH SIDE REVERSE HOUSE TO ORIGINAL CONFIG. MOVE TO HIGH SIDE OF WELL
5	6/17/91	TOM BEACH	S & L	

REVISED SITE PLAN
RECEIVED FROM SHANABERGER
5/7/92

WAS SUBMITTED TO PERMITS OFFICE
BUT APPARENTLY WAS NEVER FORWARDED
HOUSE LOCATION WAS CATG. CHANGED FROM THIS PLAN
WHEN IT WAS DISCOVERED THAT WELL POSITION WAS SHOWN INCORRECTLY,

NO HARM DONE -
ENGINEER WILL SEND IN
WELL CHECK PROGRAM
TO ESTABLISH ACTUAL
WELL LOCATION
(CW)



SEPTIC SYSTEM DATA

INV. @ HOUSE 552.43

SEPTIC TANK
EX. GRADE 559.00
FIN. GRADE 559.00
INV. IN 551.78
INV. OUT 551.48

DISTRIBUTION BOX
EX. GRADE 554.00
FIN. GRADE 554.00
INV. IN 550.60
INV. OUT 550.60

TRENCHES (LENGTH AND NUMBER TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPARTMENT)
TRENCH #1 TRENCH #2
EX. GRADE 554.0 553.0
FIN. GRADE 554.0 553.0
INV. IN 550.5 549.5

NOTE: GRAVITY SEWER SERVICE TO BASEMENT LEVEL IS AVAILABLE.

NOTE: TOTAL DISTURBED AREA = 21,170 sq ft

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITES 106 & 107
ELLICOTT CITY, MD 21043
(301) 461-9563

OWNER:
THOMAS C. BEACH II
PATRICIA J. BEACH
P.O. BOX 31
WEST FRIENDSHIP, MD 21794

SITE PLAN
LOT 21
WILLOW HIGHLANDS AT
WILLOW SPRINGS GOLF COURSE
PLAT # 7010
3rd ELECTION DISTRICT
HOWARD COUNTY, MD
SCALE: 1" = 50'
DATE: 3/27/91