

4/17/90 n60w
4/20/90 18:00

05 - 409322

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45629

A 38873

DISTRICT 5th

DATE 3/1/90

DATE SYSTEM APPROVED 4/20/90

INSPECTOR RH

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Ridgewood ROAD 13327 Ridgewood Drive LOT 15

PROPERTY OWNER Kiuang Bag Lee

ADDRESS _____

~~REGRADING OPERATIONS USED TO INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.~~

~~EXCESSIVE CHARGES XXXXXXXXXXXXXXXXXXXX~~

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 340 feet from the front lot line and 125 feet from the right lot line as seen when facing the property from Ridgewood Drive. Run trenches along contour toward left side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. W 2-28-90

PLANS APPROVED BY C. Williams DATE 4/07/89

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

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

ENG. PERMIT SIGNED

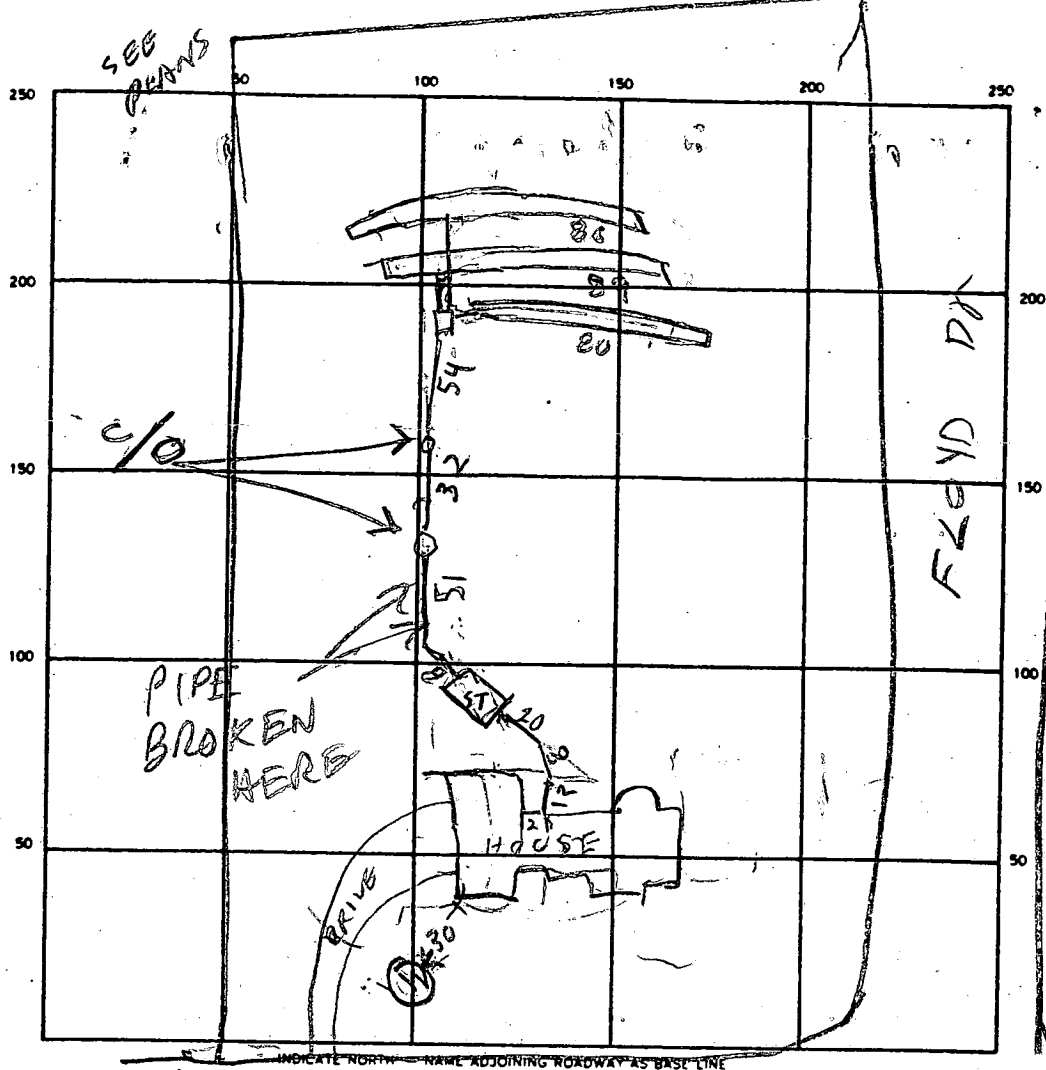
AND RETURNED 3/18/90

Serial # 32709 - Prod

A 38873

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



SEPTIC TANK LEVEL 2000 CLEANOUTS

ST	BLEWER	SEWER
OK	OK	OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH $\frac{1}{2}$ / $\frac{2}{25}$ / $\frac{3}{7}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH

80	89	96
----	----	----

 FT. 255

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1020 SQ. FT. (1000 required)

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/19/90 ^{NOON} - TRENCHES D&G. ADD STONE & CALL RH 60
4/20/90 - TRENCHES FINISHED RH
11/16/90 PIPE BROKEN BY ELECTRICIAN INSTALLING LINES FOR LIGHTS. PIPE REPAIRED; C/O'S raised to grade, OKR TO COVER MR

DATE SYSTEM APPROVED 4/20/90 INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A 38873
P _____

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

E Visual needed 7-20-87

DISTRICT _____

*7/20/87
perc OK'd
pending plan
approved plan
(initials)*

DATE 2/26/87

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 Royden A. Blunt *Kwang Bag Lee*
c/o F.A.M. Equities, Inc. 233 E. Redwood Street.
ADDRESS Baltimore, MD 21202 PHONE 324-4421

PROSPECTIVE BUYER F.A.M. Equities, Inc.
802 Garrett Bldg., 233 E. Redwood Street
ADDRESS Baltimore, MD 21202 PHONE 301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road
SUBDIVISION Ridgewood LOT NO. 29 *LOT 15 on Prelim*

ROAD AND DESCRIPTION Public Ct. C (1332 Ridgewood Dr.)

TAX MAP 22 PARCEL # 160
SIZE OF LOT 3.1 AC TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 9/20/87 - SFD
Serial # 29557

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.

APPROVED BY B. Wipon FOR Deep Initial shallow Repair DATE 10/28/87
(SIGNATURE OF APPLICANT) *Wigand H. Theimer (Agent for FAM Eq.)*

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for sub 3 plan w/ certified holes
FUTURE REPAIRS SHALLOW (max depth)

THIS IS NOT A PERMIT

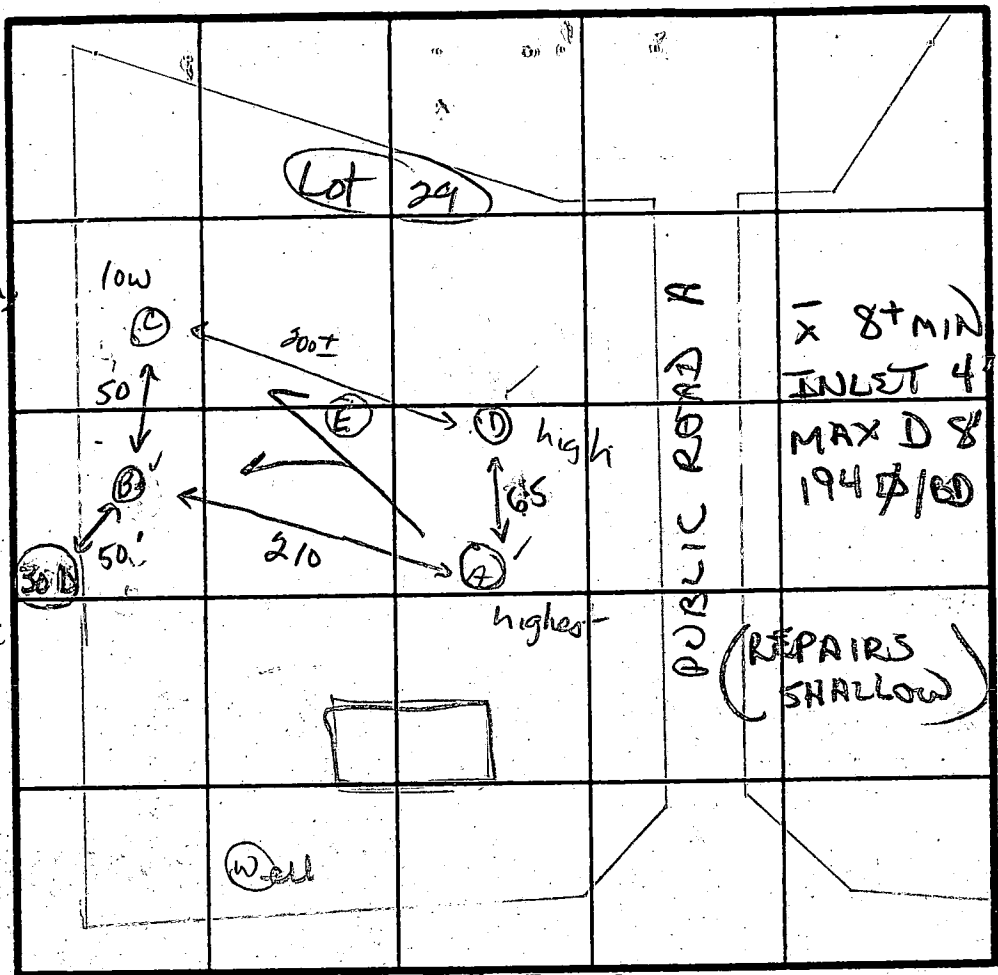
INLET 3E
 MAX D 7E
 X 8" MIN
 200 Ø/BD

DIST BOX MIDWAY BETWEEN
 A+B

(B)
 6-6.5 Rd sil
 loam
 5.5-11.5 Brown sil
 loam, trace
 of saprolite
 < 5%
 11.5 Bottom

(A)
 SOIL PROFILE

0-2.5 Br sa sil loam
 roots
 2.5-5.0 Rd br silty
 loam
 5.0-12.5 Rd br
 micaceous
 silty loam
 < 5% saprolite
 12.5 Bottom



(E)
 patches red
 clay m...
 w/ silty clay
 loam to 4"
 to periphery
 brown/ tan
 silty
 m...
 ↓
 11.5

(D)
 0-3.5 Br sil cl loam
 3.5-6.0 Red br silty
 loam
 6.0-12.0 Brown to bic
 micaceous
 silty loam,
 some saprolite
 < 25%
 12.0 Bottom

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.
~~IRADAPHA~~ RD

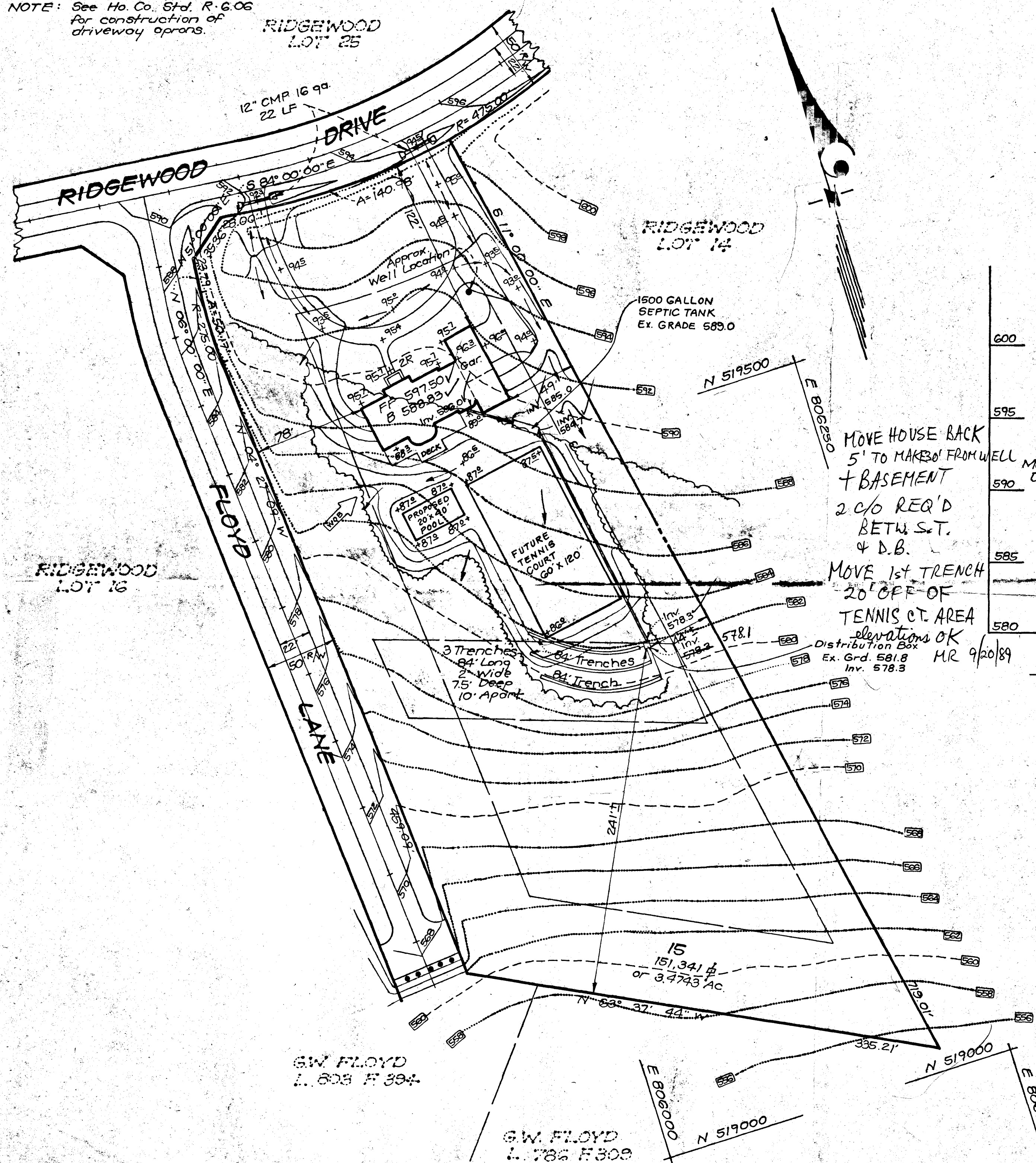
(C)
 0-2.5 Brown sa
 silty loam
 2.5-7.5 Rd br
 silty loam
 7.5-11.0 Brown
 micaceous
 silty loam,
 little saprol.
 < 25%
 11.0 Bottom
 Water at 11.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/87	A	3.5 S	11:19	11:22	11:22	11:31	9min ok
		12.5 D		bottom	(see profile)		
	D	3.5 S	11:24	11:26	11:26	11:30	4min ok
		6.5 M	11:32	11:34	11:34	11:36	2min ok
		12.0 D		bottom	(see profile)		
	B	4.0 S	12:12	12:14	12:14	12:16	2min ok
		6.0 M	12:14	12:16	12:16	12:18	2min ok
		11.5 D		bottom	(see profile)		
	C	4.5 S	12:18	12:24	12:24	12:54	30min ok
		11.0 D		bottom	(see profile)		

7/25/87
 REMARKS (A)(B)(C)(D) as shown on plat (E) new hole.
 TYPE OF SOIL Br sil cl loam, Red br sil loam, Br mica sil loam, < 25% saprolite
 TESTED BY J. Nadeau / B Nixon ALSO PRESENT Jeff Eng, Chris Jeff

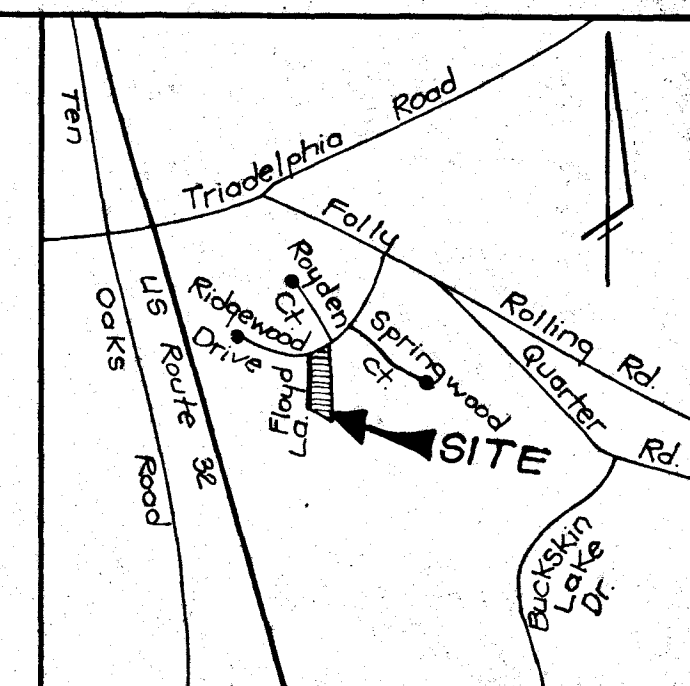
NOTE: See Ho. Co. Std. R-6.06
for construction of
driveway aprons.

RIDGEWOOD
LOT 25



LEGEND

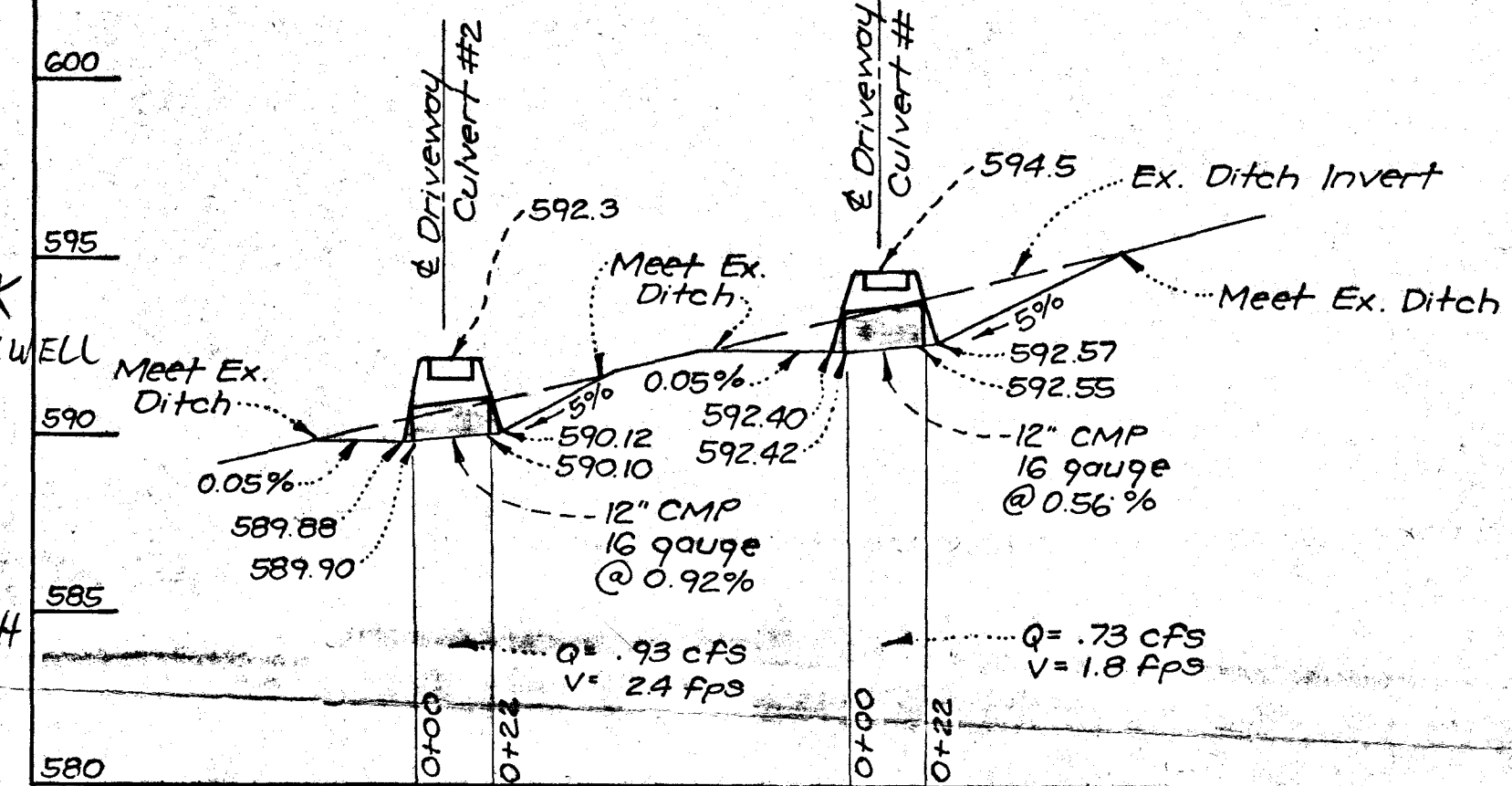
- Contour Interval 2 Ft.
- Existing Contour
- Proposed Contour
- Spot Elevation + 00±
- Direction of Drainage
- Existing Trees to be Saved
- Walkout Basement



VICINITY MAP

Scale: 1" = 2000'

NOTE: Provide Ho. Co. Std. SD5.61
Metal End Section to ea.
End of Culvert.



DRIVEWAY CULVERT PROFILE

Scale: Horiz. 1" = 50'
Vert. 1" = 5'

MOVE HOUSE BACK
5' TO MAKE 30' FROM WELL
+ BASEMENT
2 C/O REQ'D
BETW. S.T.
& D.B.
MOVE 1st TRENCH
20' OFF OF
TENNIS CT. AREA
elevations OK
MR 9/20/89

GW FLOYD
L. 808 F 394

GW FLOYD
L. 786 F 308

Plat Reference No. 8090

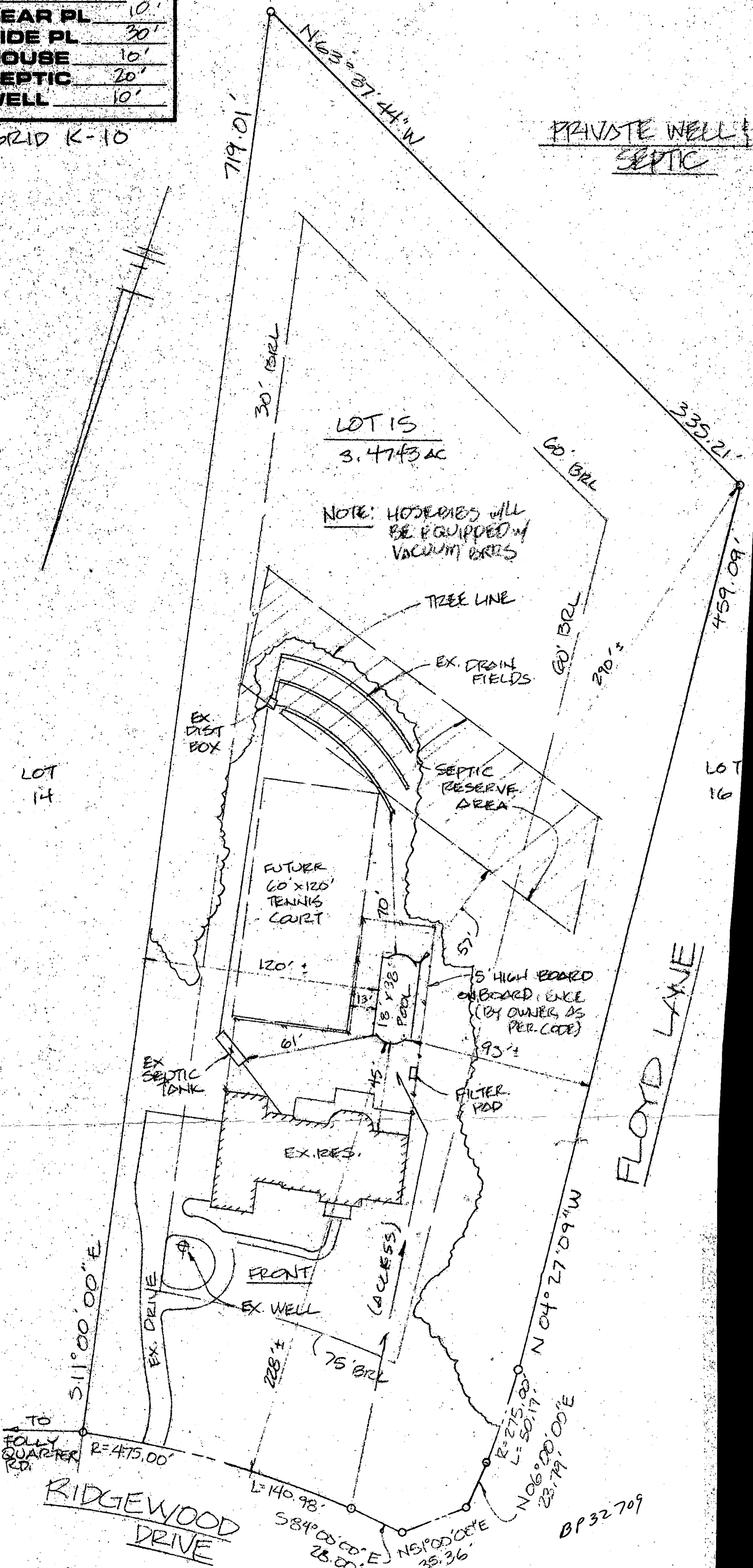
		CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7500 - BALTO. • (301) 621-8100 - WASH.	
		DESIGNED JME KIWM	DRAWN BAL
CHECKED JME KIWM	DATE JULY, 1989	SITE DEVELOPMENT PLAN LOT 15 RIDGEWOOD 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	DRAWING 1 OF 1 JOB NO. 89-097 FILE NO. 89-097X
FOR: DR. K. B. LEE 2206 Folling Creek Rd. Silver Spring, Md. 20904			

SET BACKS

REAR PL	10'
SIDE PL	30'
HOUSE	10'
SEPTIC	20'
WELL	10'

GRID K-10

PRIVATE WELL
SEPTIC



PLANS OK 5/18/90 R.H.

BP 32709

B 1 9788

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

MD-08-0262

fill in this form completely

Date Received (APA)

02788

OWNER INFORMATION

RIDGEWOOD ASSOC

R B B REDWOOD ST

BALTIMORE

B 3

LOCATION OF WELL

R-42839
10/25/88

HOWARD

RIDGEWOOD

SECTION 44 46 LOT 48 50

GLENELG

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

George F. Easterday

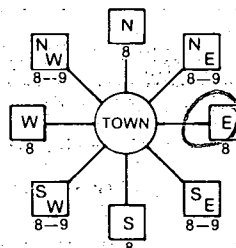
L. Franklin Easterday, Inc.

3265 Brown Church Rd., Mt. Airy, Md. 21771

Henry F. Easterday 10/15/88

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RIDGEWOOD DR

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

HOWARD

A 38873

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

DATE ISSUED 10/15/89

NORTH GRID 20000 EAST GRID 0809000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

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)

APPROP. PERMIT NUMBER

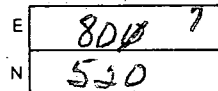
FORCE... INITIALS PERMIT NO. MD-08-0262

SPECIAL CONDITIONS

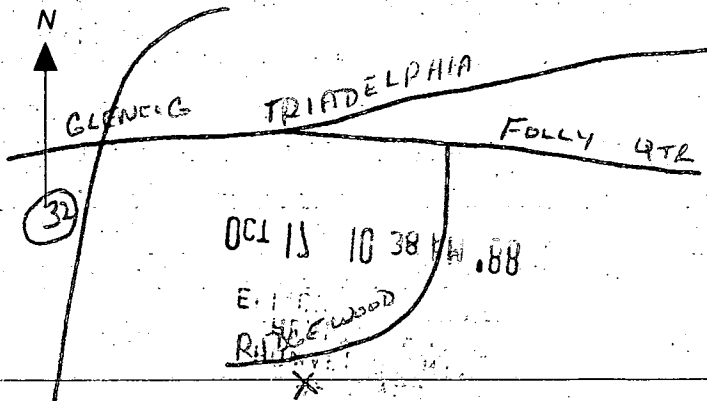
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



4/3/89 GROUT COMPLETED
BAGS NOT OBS'D
CASING HAS NO OPEN INFO
CASING A.G.
MR
ITAG OK 4/3/89

C1 - 9642
 SEQUENCE NO. (DENV 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 **8[#] 38873**

DATE RECEIVED: [] [] [] [] [] []
 DATE WELL COMPLETED: **040389**
 DEPTH OF WELL: **160** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **MC-88-0362**

OWNER: **RIDGEWOOD ASSOC.**
 STREET OR RFD: **RIDGEWOOD DR** TOWN: **GLENDELG.**
 SUBDIVISION: **RIDGEWOOD** SECTION: [] LOT: **15**

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	
Top Soil	0	2	
Bn shale	2	40	
Bn mica	40	68	✓
Grey mica	68	74	
Bn mica	74	75	✓
Grey mica	75	160	

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: **160**
 GALLONS OF WATER: **80**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **1** ft. to **35** 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** **6** **53**
 Nominal diameter top (main) casing (nearest inch): **6** **53**
 Total depth of main casing (nearest foot): **53**

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: **H0** **51** **160**

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: *James T. Stuby*

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

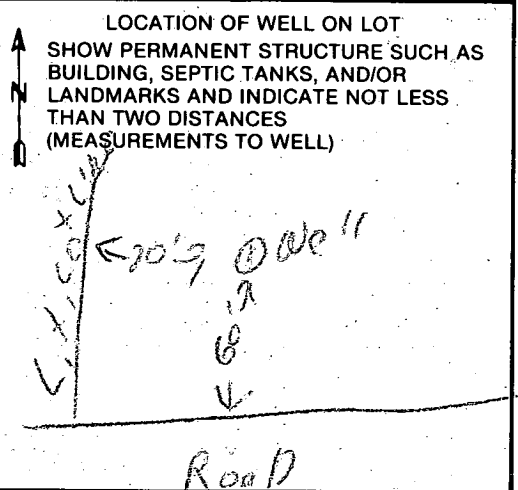
SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from [] to []

GRAVEL PACK []
 IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T **70** (E.R.O.'S.) **72** **WQ** **74** **75** **76**
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE: **Flowmeter**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: **21**
 WHEN PUMPING: **16**
 TYPE OF PUMP USED (for test): **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: **S**
 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 (nearest foot) **2**
 (-) below }



4/25/90 11:00

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation _____
Replacement _____

Receipt # 42839 (40W66 PERMIS)
Date _____

Name of Installer MINNICK

Telephone _____

License number _____
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____

Subdivision RIDGEWOOD LEE Lot # 15 Well tag # _____
Site Address 13327 RIDGEWOOD HO 88-0762

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	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 _____	1. Type _____	1. Depth <u>160</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>12</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>34</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? <u> </u>

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: _____

Date: _____

4/25/90 WELL PUMP INSTALLATION OK

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

12/14