

12/8/92 noon

PERMIT

04-348656

P 48279

SEWAGE DISPOSAL SYSTEM

A 39230

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

INDEXED

DATE 4/24/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 12/8/92

INSPECTOR [Signature]

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Foxport Plantation LOT 16 ROAD 15522 Foxpaw Trail

PROPERTY OWNER Vision Builders, Inc. Mr. + Mrs. Frank Pesce

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 168

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 240 feet from the back lot line and 60 feet from the right side of the lot as seen when facing the lot from Foxpaw Trail. Run the trenches on contour toward both sidelines.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6/24/92 OK RH

PLANS APPROVED BY Raymond Hodges DATE 2/03/89

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

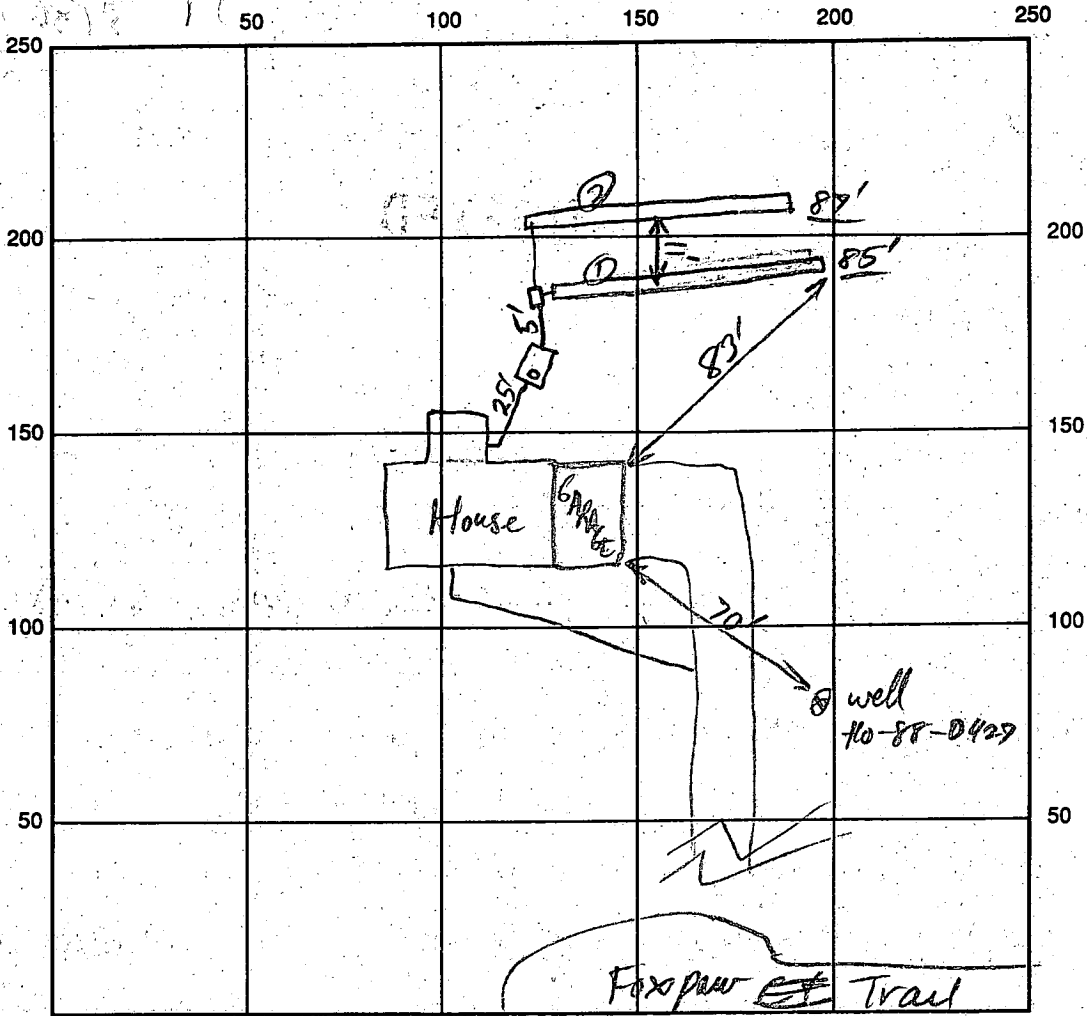
PERMIT VOID AFTER TWO YEARS

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
39230



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 12500 gal CLEANOUTS ✓ S.T.

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 170 FT. (both 85')

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 12/8/92 unable to initial insp. OK TO PROCEED TO NEXT PHASE. (CW)

Trenches + ST OK to cover R/P 12/8/92

DATE SYSTEM APPROVED 12/8/92 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 Mr. & Mrs. Frank Pesce

PROPERTY OWNER HARRY RIPPEON Vision Builders, Inc

ADDRESS _____ PHONE NOT AVAILABLE

PROSPECTIVE BUYER UNITED GENERAL CONT. INC. (DAVE)

ADDRESS 8370 COURT AVE ELLICOTT CITY MD. 21043 PHONE 461-2227

PROPERTY LOCATION:
SUBDIVISION FOXPORT PLANTATION (RESUBDIVISION OF RIPPEON PROP. LOT) LOT NO. 16 (1 HOLE ONLY)

ROAD AND DESCRIPTION CARR'S MILL RD AND BUSBY PARK RD. WOODBINE, MD. (15322 Foxport Trail)

TAX MAP 14 PARCEL # 9P12

SIZE OF LOT 77.51 TOTAL ACRES (LOT 16 3.2 ACRES) TYPE BLDG. SFD
(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.

[Signature]

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 9/16/92
Serial # 45290-SFD

BLDG. PERMIT SIGNED AND RETURNED 8/29/92
Serial # 28332
SFD - 4 Bedrooms

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 39230
P _____

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

DISTRICT 474
DATE 4-24-89

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 DONALD RIPPEON

ADDRESS 15474 BUSHY PARK RD PHONE _____

PROSPECTIVE BUYER UNITED GENERAL CONTRACTORS

ADDRESS 8370 COURT AVE, ELLICOTT CITY PHONE 461-2227

PROPERTY LOCATION: FOX PORT PLANTATION
SUBDIVISION RIPPEON PROPERTY LOT NO. 16

ROAD AND DESCRIPTION CORNER OF CARR'S MILL & BUSHY PARK ROAD, WOODINE,
HOWARD COUNTY

TAX MAP 14 & 8 PARCEL # 9 & 12

SIZE OF LOT @ 3 acre lot TYPE BLDG. SFD
(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.

Donald Rippeon SELF-REAR
(SIGNATURE OF APPLICANT)

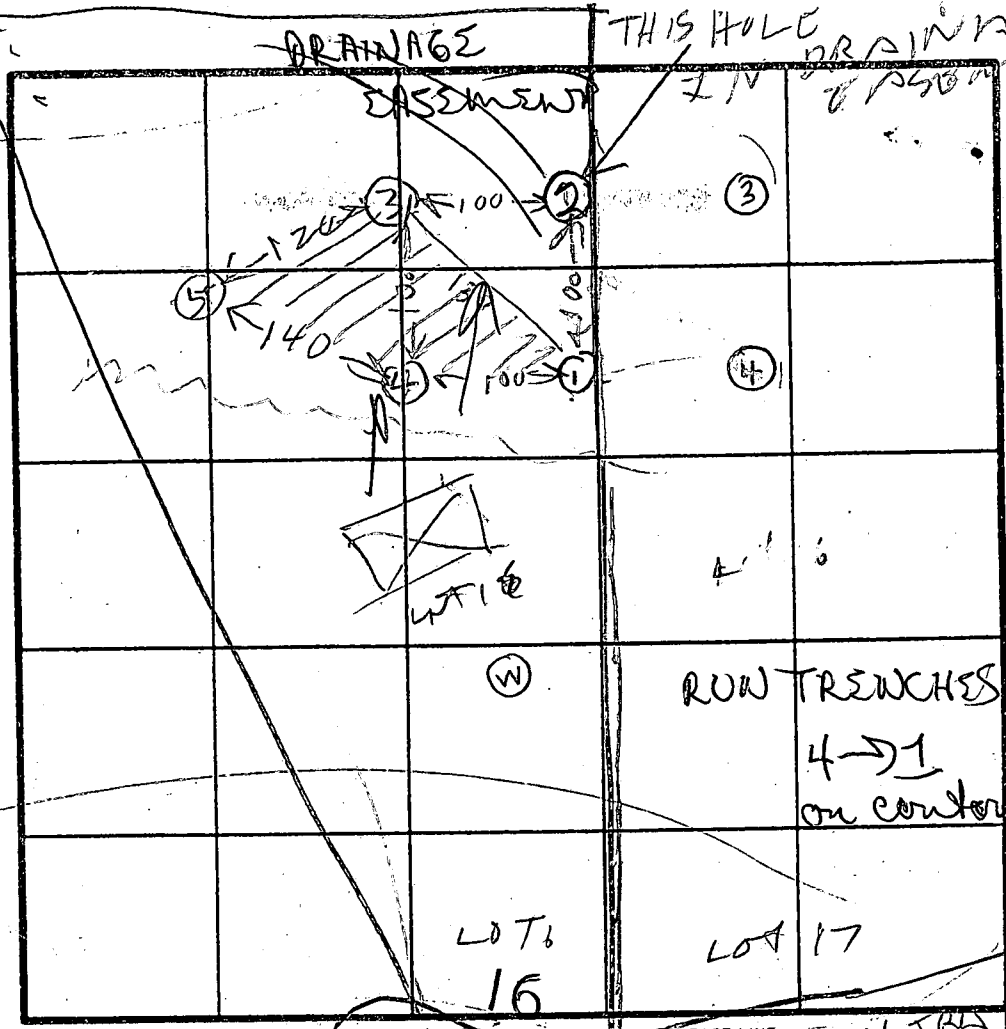
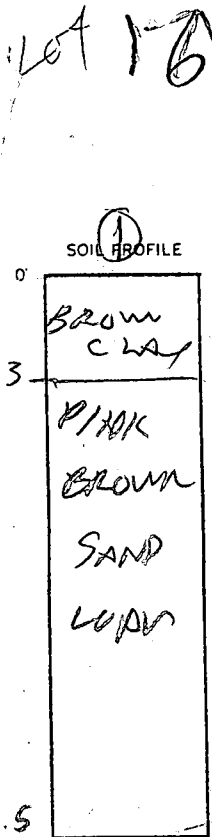
APPROVED BY [Signature] FOR Trencher DATE 2/3/89

REJECTED BY _____ FOR _____ DATE _____

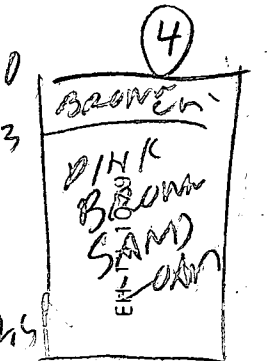
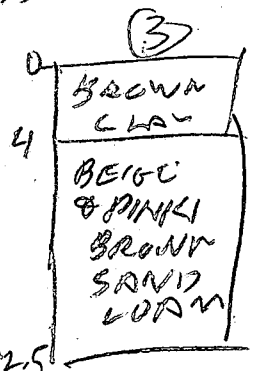
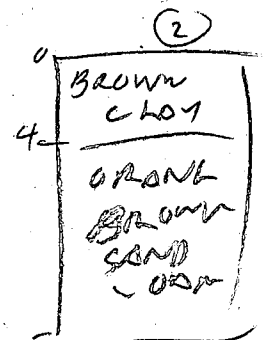
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/19/87 Perc OK Hold per Reg R77
9/9/87 Extra Hole OK
2/3/89 Spec Written

THIS IS NOT A PERMIT



Hole Elevation
 (14) HIGH
 (23) = Low
 May Depth 3 FT
 cut time 10 min



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	REMARKS
			START	STOP	START	STOP		
6/19/07	1S	3.5	1057	1108	1108	1132	24	ON LINE 158601007
	1V	12.5	OK				26	
	2S	4.5	1100	1118	1118	1130	12	
	2V	13.5					29	
9/19/07	3S	5.5	1103	1116	1110	1126	6 10	ON LINE 158601007
	3V	12.1	OK					
	4S	4.5	1112	1115	1115	1120	5	
	4V	8.5	1106	1108	1108	1111	3	
9/19/07	5S	4	203	204	204	207	3	ON LINE 158601007
	5V	12.5	OK					

(5)
 BROWN CLAY
 PINK BROWN SAND LOAM

REMARKS: Holes Done per test plat HOLE (5) 1/16 EXTRA TO AVOID BOBBLE WITH A SWALE 12.5

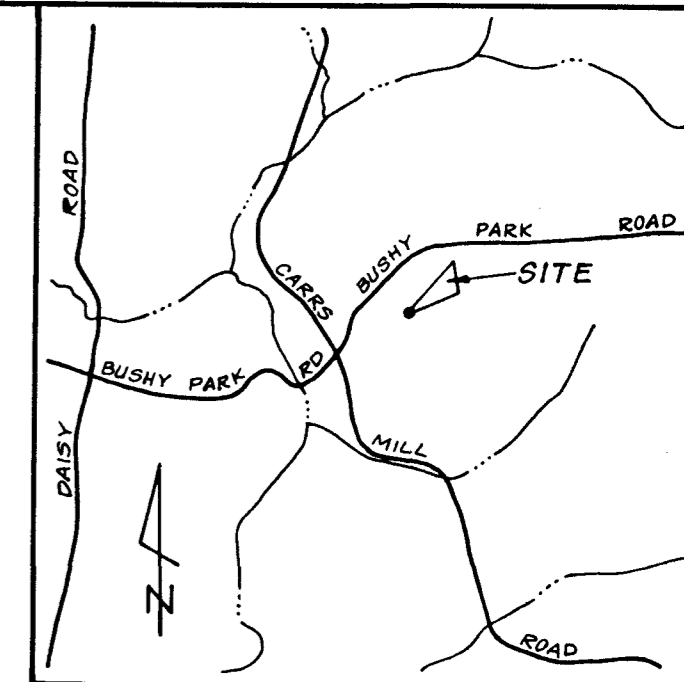
TYPE OF SOIL: DUNN BROWN

TESTED BY: B HODGES

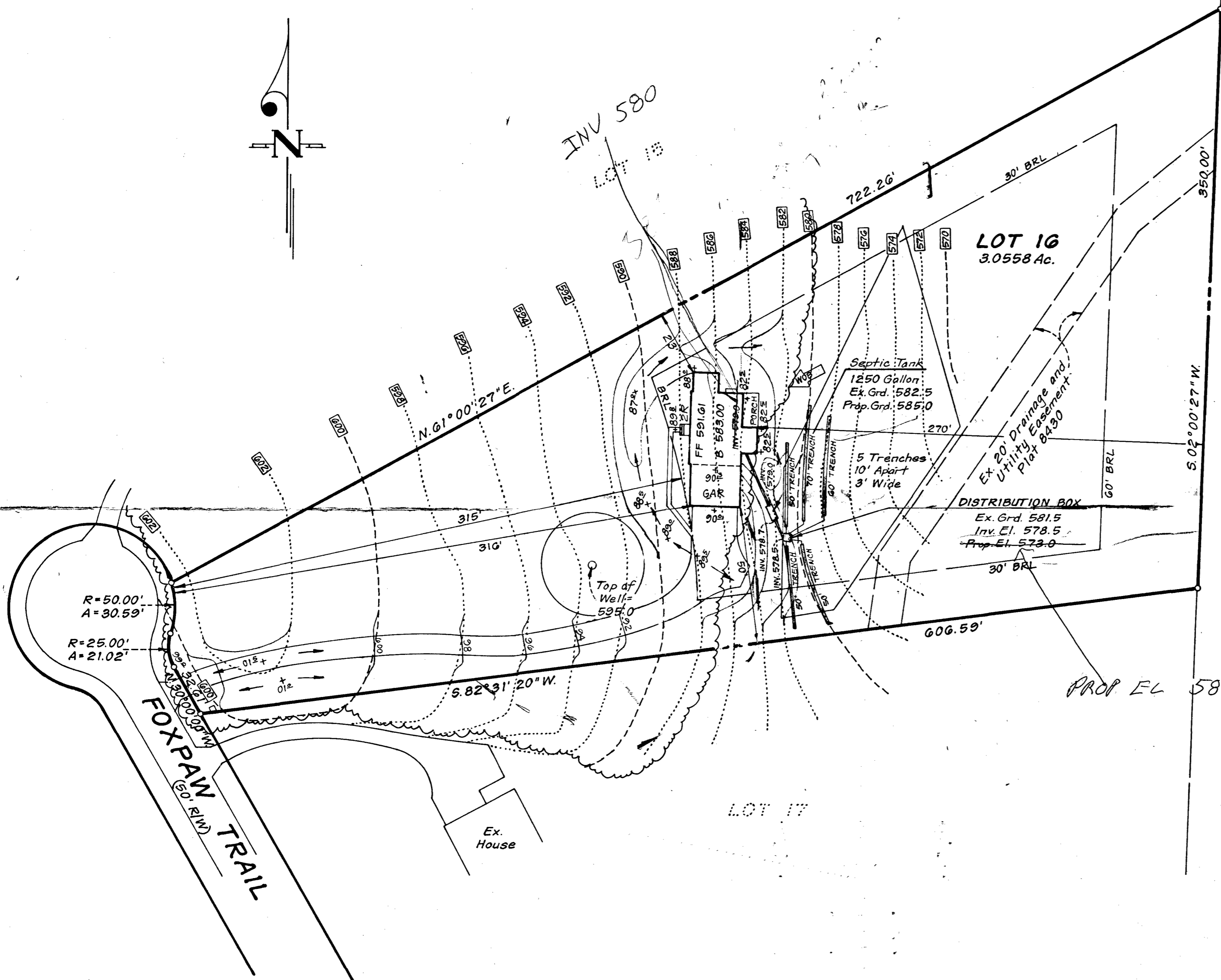
ALSO PRESENT: DEE ALLEN, KYLE MICHAELS, DAVE FINNERAN

LEGEND

Contour Interval 2 Ft.
 Existing Contour - - - - - 590
 Proposed Contour - - - - - 590
 Spot Elevation +90±
 Direction of Drainage →




VICINITY MAP
 SCALE: 1" = 200'



RIPPLEON PROPERTY
 LOT 2
 CAP 6523

9/16/92
 REVISED PLANS OK AFTER
 REDLINE CORRECTIONS
 BH BP 45290
 NOTE: Length of Trench to be determined
 at time of permit issuance.
 Formerly BP 28332 But not Built

Plat Reference: Plat 8430

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED VLP	SITE DEVELOPMENT PLAN LOT 16 FOXPORT PLANTATION	SCALE 1" = 50'
DRAWN LAI		DRAWING 1 OF 1
CHECKED VLP	4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR: DONALD CROGAN 3775 Shady Lane Glenwood, MD 21738	JOB NO. 92-116
DATE 6/30/92		FILE NO. 92-116 X

B 1 1152 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

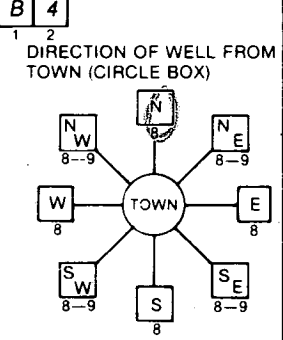
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HD-88-0427
fill in this form completely

Date Received (APA) 011189
OWNER INFORMATION
THE BRYANT GROUP
Last Name Owner First Name
2815 HARTLAND ROAD
Street or RFD
FALLS CHURCH VA 22043
Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
FOXPORT PLANTATION SUBDIVISION
SECTION 16 LOT 16
GLENWOOD NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION
Joseph L. Mayne License No. 238
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd. Mt. Airy MD. 21771
Signature Joseph L. Mayne Date 1/10/88



Foxport Trail NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
W 32 E
WEST SOUTH EAST
DISTANCE FROM ROAD 240 FT
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 A39230 COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED 022789 June 8, Thaddeus 08/28/89
NORTH GRID 540000 EAST GRID 0786000

APPROXIMATE DEPTH OF WELL 220 FEET

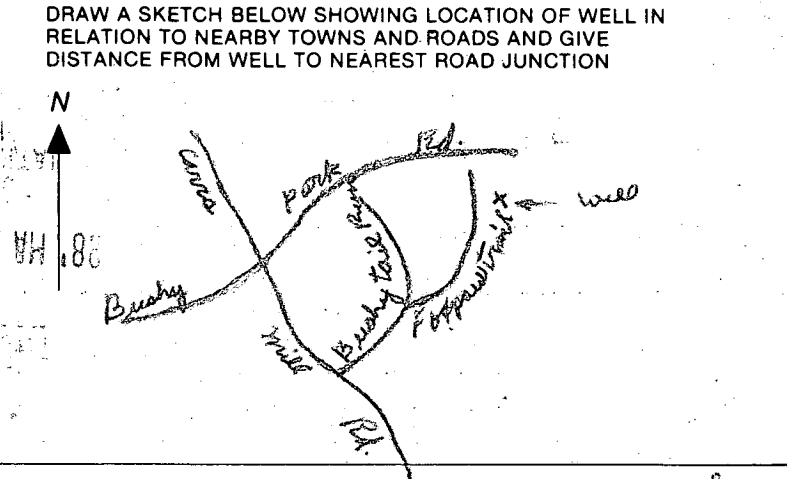
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 787
N 540

Good 9am 3/10/89
13 BAGS
67 FT. CASING
SOFT. OPEN
15 FT. CASING A.G.
MR 3/10/89
1000 VTAG OK

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEN 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 JA WRITE INITIALS IN BOX PERMIT No. HD-88-0427

SPECIAL CONDITIONS
COUNTY

C 1 **2298** SEQUENCE NO. (DENY USE ONLY)
 1 2 3 6
 (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 37230**

DATE Received
 8 9 10 11 12 13

DATE WELL COMPLETED
 15 16 17 18 19 20
07/10/89

Depth of Well.
 22 23 24 25 26
380
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-89-0427
 28 29 30 31 32 33 34 35 36 37

OWNER The Everett Group
 STREET OR RFD Everett Trail last name first name TOWN Stowood Drive
 SUBDIVISION Everett Plantation SECTION LOT 16

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	
Brown Silty	0	63	
Blue Rock	63	380 ✓	

GROUTING RECORD yes no
 Y N
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 13 NO. OF POUNDS 1222
 GALLONS OF WATER 75
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 50 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
51 6 47

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 HOLE
 PL OT
 PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 HO 66 380
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 4
 PUMPING RATE (gal. per min. to nearest gal.) 127
 METHOD USED TO MEASURE PUMPING RATE Subit
 WATER LEVEL (distance from land surface) BEFORE PUMPING 58
 WHEN PUMPING 268
 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:
 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)
 - below } 1 (nearest foot)

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.

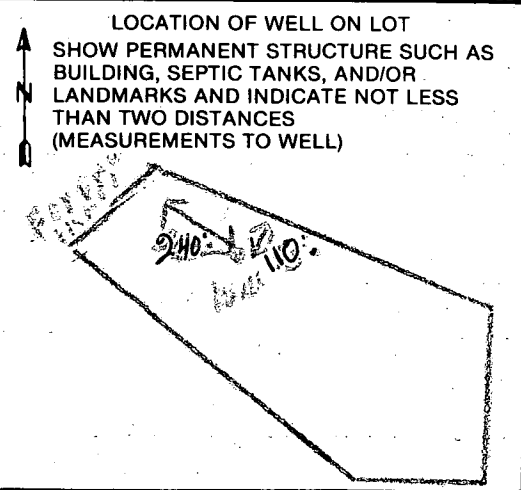
DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DEP 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



12/19/92 NOV

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 # -0-
Date 10/23/92

Name of Installer John Maske

Telephone 247.6963

License Number 3189

Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Don Closen

Telephone 854 6655

Subdivision Fox Port PLANTATION Lot # 16

Well Tag # HD-88-0427

Site Address 15522 Fox PAW TRAIL

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible X
- Make Bull
- Model #
- Capacity 1 3/4" GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower
- RPM
- Voltage
 - 110
 - 220 X

Pitless Adapter

- Make
- Model #
- Depth 42"

Tank

- Capacity 203 X
- Pressure relief valve? RV50

Piping

- Type Big Big
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 42"

Well data

- Depth 380 ft.
- Yield 1 3/4 GPM
- Static water level ft.
- Will water supply be disinfected by installer? No

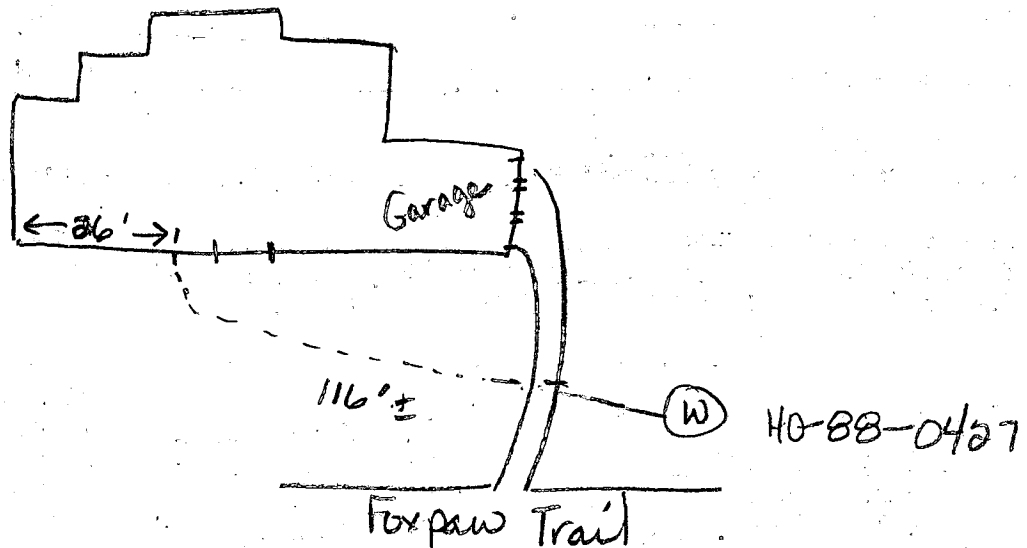
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: John Maske

Date: 10-23-92

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



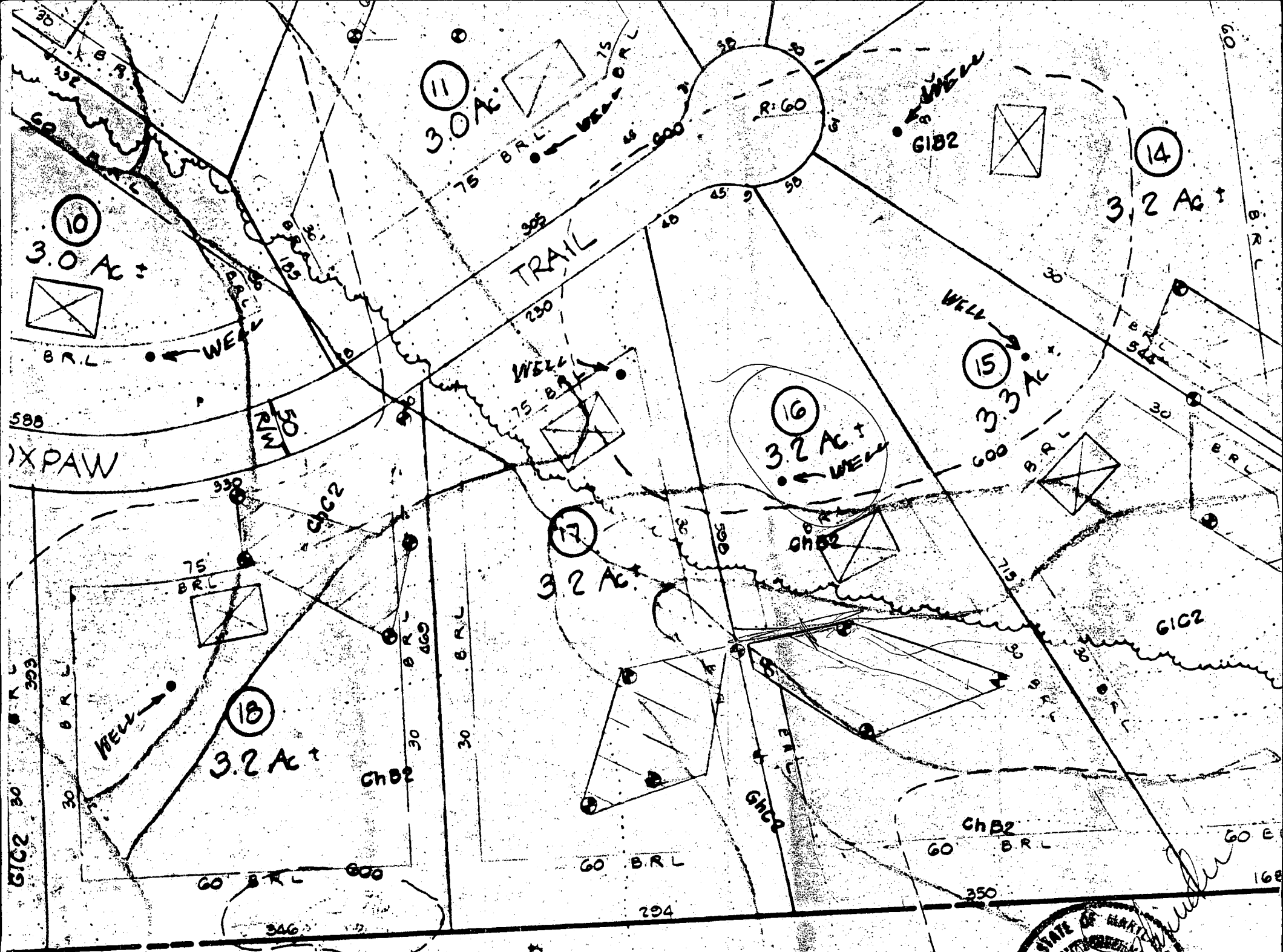
12-9-92

Pitless adaptor at 48 inches below grade. Ground line ok. well line buried. House connection buried. Connection inside house ok. No pump tank installed yet. JEN

Open Fire of lumber 50 ft± from new home. Calm winds, 40°F
Sunny

Don Crozen
Crozen Development
854-6655

Spoke to Crozen. No water available. Will let fire burn itself out. Did not have a burning permit. JEN 12-9-92



2387 22

