

PM
11/22/93
12/12 upl
C. [unclear]

#355030

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49749

A 40855

DISTRICT 4th

DATE 11-17-93

DATE SYSTEM APPROVED 11/22/93

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Michael Greulich IS PERMITTED TO INSTALL ALTER

ADDRESS 2426 Jennings Chapel Road PHONE 410-442-2109

SUBDIVISION Foxmoor LOT 19 ROAD 17706 Foxmoor Drive

PROPERTY OWNER Michael & Barbara Greulich

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Start the first trench 250 feet from the front lot line and 100 feet from the left lot line as seen when facing the lot from Foxmoor Drive. Run trenches on contour in both directions. NOTE: SEPTIC TANK TOP TO BE MAXIMUM 2 FEET BELOW ORIGINAL GRADE. OTHERWISE TOP SEAM TANK REQUIRED.

NOTES - No trench to exceed 100 feet in length. Provide 6" 8" diameter cleanout and cap to grade or above on septic tank. OK MR 9/14/93

PLANS APPROVED BY Sid Abel/Mark Rifkin REVISED _____ DATE 09/09/93

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

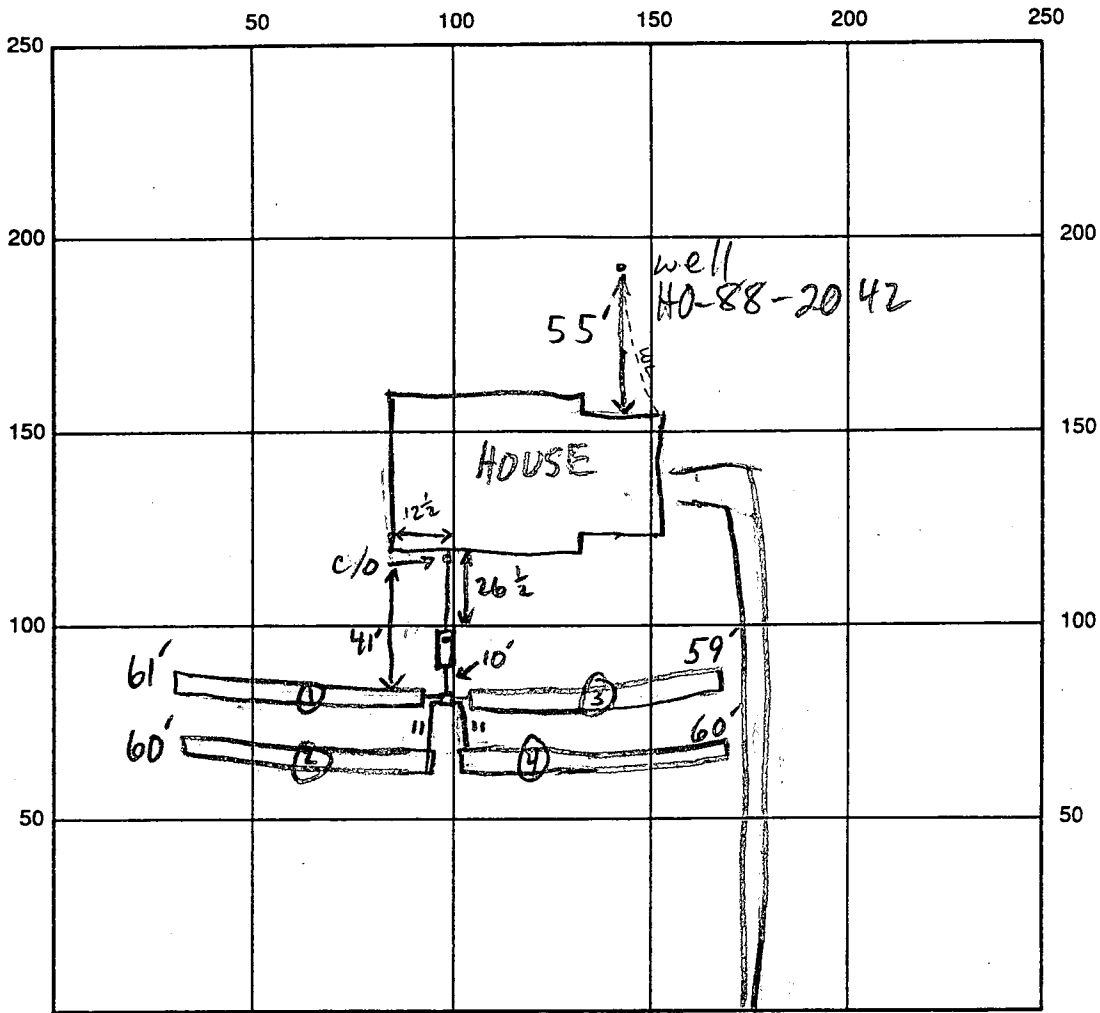
PERMIT VOID AFTER TWO YEARS

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**

40855



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

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

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①61 ②60 ③59 ④60 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ / BOTTOM AREA ①183 ②180 ③177 ④180 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS: 11/22/93 OK TO COVER MR

12/17/93 WPI - OK to cover final sum

DATE SYSTEM APPROVED 11/22/93 INSPECTOR M. Riffin

APPLICATION

PERCOLATION TESTING

A 40855

P _____

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

DISTRICT Fourth

DATE 12-15-87

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 Long Meadow Venturers Michael & BARBARA Grewlich

ADDRESS 7050 Oakland Mills Road Suite 100 PHONE 781-4318
301-290-9494

PROSPECTIVE BUYER Columbia, MD 21046

ADDRESS Attention: Mr. Earl Armiger PHONE _____

PROPERTY LOCATION:

SUBDIVISION Foxmoor LOT NO. LOT 19 Preliminary

ROAD AND DESCRIPTION End of Timberleigh Way (12706 Foxmoor Drive)

TAX MAP 12 PARCEL # 16

SIZE OF LOT 3.0 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.

Jeffrey E. Paul, Agent
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Standard trenches DATE 2-21-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-3-88 PERC SATISFACTORY - Hold for PERM. S. Abel

SHALLOW SYST. SA BLDG. PERMIT SIGNED AND RETURNED 6/29/95
Small # 49195
SFD-4 Bedwan

HD-216

THIS IS NOT A PERMIT

DO NOT CHANGE SPEEDS. SMOO

7 PERC 9 MIN

190 #182

IN LOT 3'
BOTTOM 6'
3' WIDE

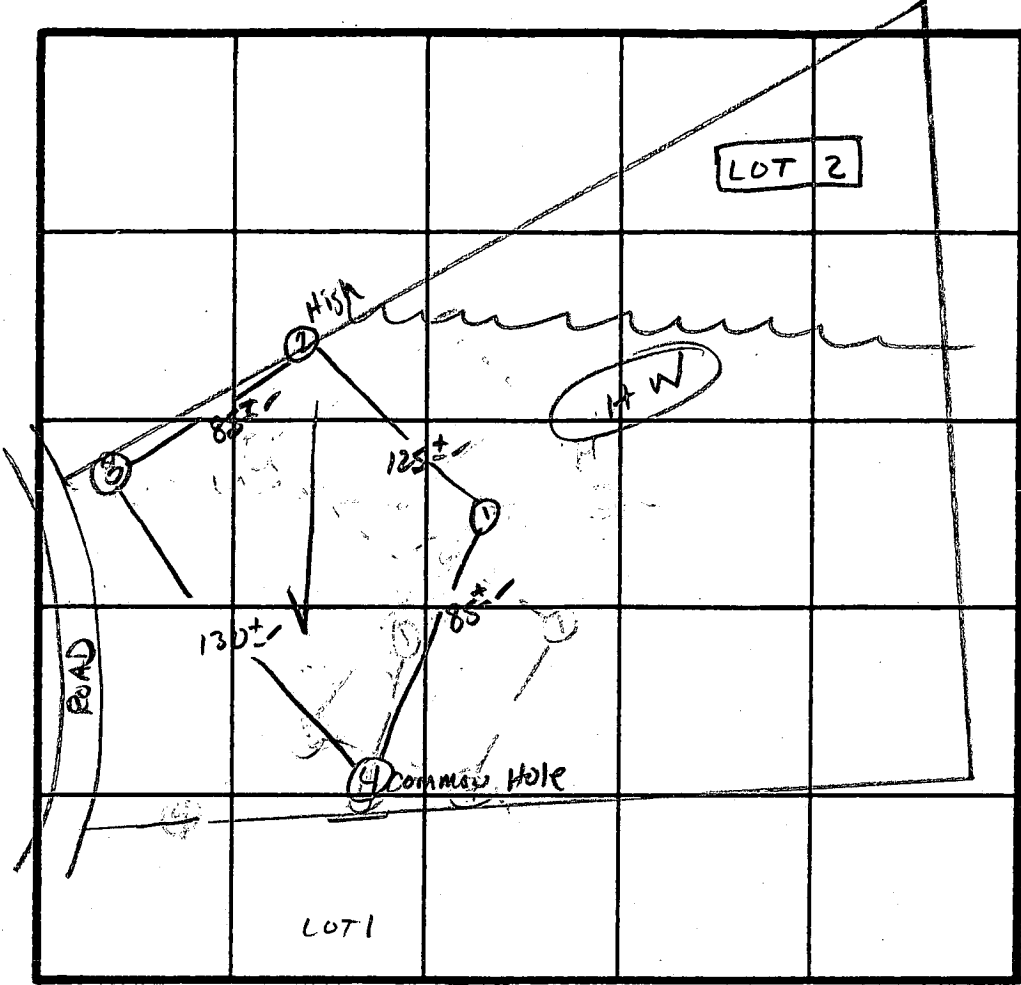
① SOIL PROFILE

0' AP

6" Yellow Br Silt-clay loam 10-20% frags

4" TAN VEIN WITHIN A yellow red silt loam 15-25% frags sticky soil

11.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

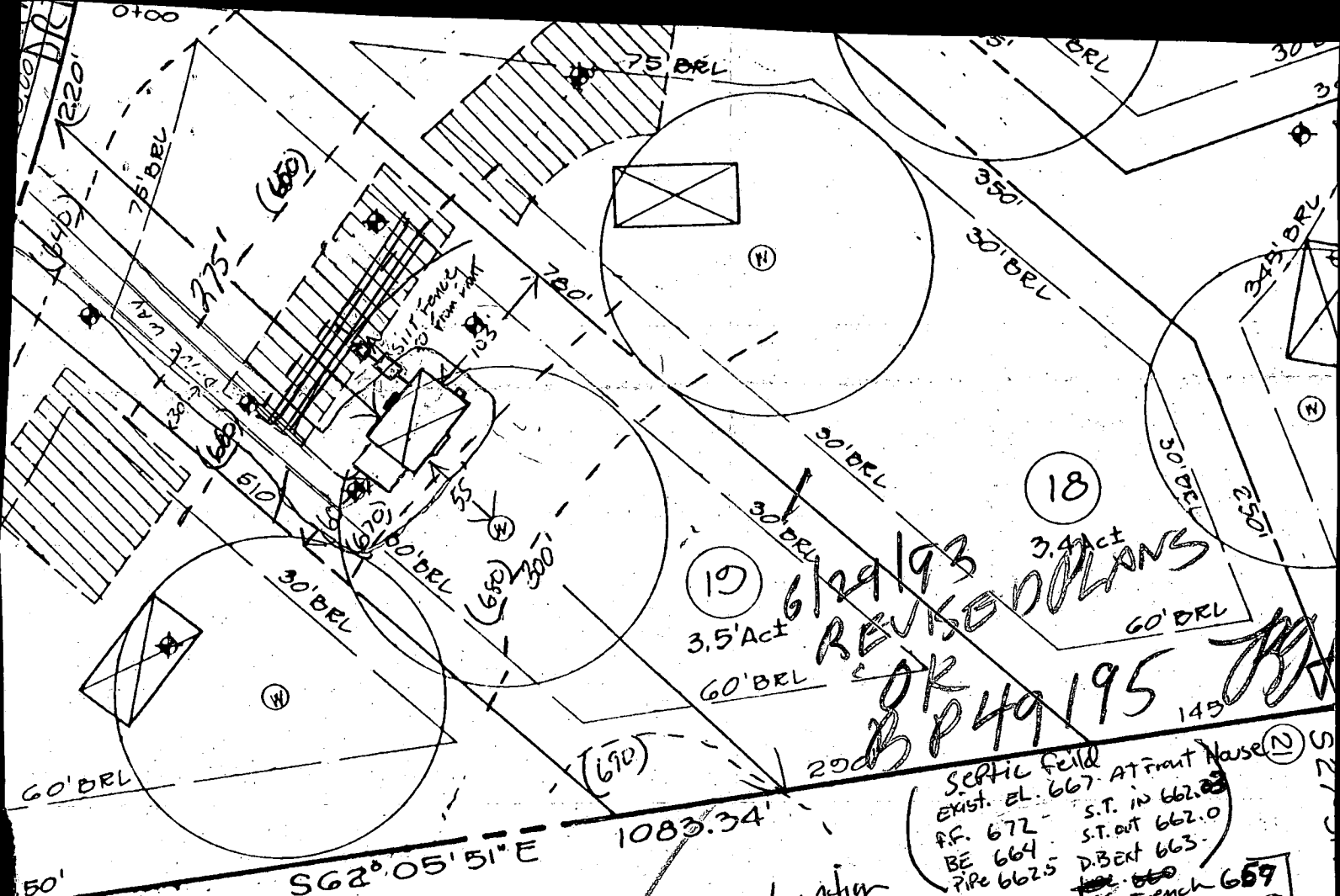
Florence Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/1/88	1S	4.5'	11:07	11:12	11:12	11:21	9 MIN	
		8.0'	11:07	11:09	11:09	11:15	6 MIN	
	1V	11.5'	see profile					
	2S	4'	11:18	11:21	11:21	11:26	5 MIN	
		7'	11:18	11:23	11:23	11:31	8 MIN	
	2V	10.5'	SAME AS #3 w/ SOME MASSIVE SANDSTONE AT BOTTOM					
	3S	4'	11:08	11:12	11:12	11:19	7 MIN	
		7.5'	11:08	11:11	11:11	11:22	11 MIN	
	3V	11.5'	SIMILAR TO #2 w/ MORE SAND 30-40% AT BOTTOM					
	4S	4'	10:49	10:51	10:51	10:59	8 MIN	
		8'	10:49	10:56	10:56	11:00	14 MIN	
	4V	11.5'	see DESCRIPT. HOLE 4 LOT 1					

REMARKS: Holes NOT PER PLAN / Shallow TEST only

TYPE OF SOIL: Clayey silt & clay

TESTED BY: S. Abel ALSO PRESENT: Keri DAVE



6/29/93
 REVISED PLANS
 OK
 B P 49195

SEPTIC FIELD
 EXIST. EL. 667 AT Front House (N)
 P.F. 672 - S.T. in 662.0
 BE 664 - S.T. OUT 662.0
 PIPE 6625 - D.BENT 663.
 F.G. Trench Box TANK F.6. 662

- House Location
- 275' Front From Public R/W
 - 300' From center of street
 - 300' From Rear P/L center of Lot 19
 - 60' From Lot 20
 - 103' From Lot 18
 - 55' From well (4 BED ROOM)
 - 25' From septic field
 - 1st Floor Elev. 46' Above F/grade (663)

6/1/93
 PLANS REJECTED
 1) NO SEPTIC SYSTEM SHOWN
 2) NO SUBDIVISION NAME
 3) NO NAME OF PERSON WHO DREW PLANS

Scale 1" = 100 FT

SEPTIC CONTROL 50' FROM CONST.
 AREA in Red (Disturbed LMS)
 Act. House in Red
 DRAWN BY KEVIN McARTHUR
 Pres. McARTHUR & Son Contr. Inc.
 6-29-93 (750-7693)
 FOX MOON subdivision

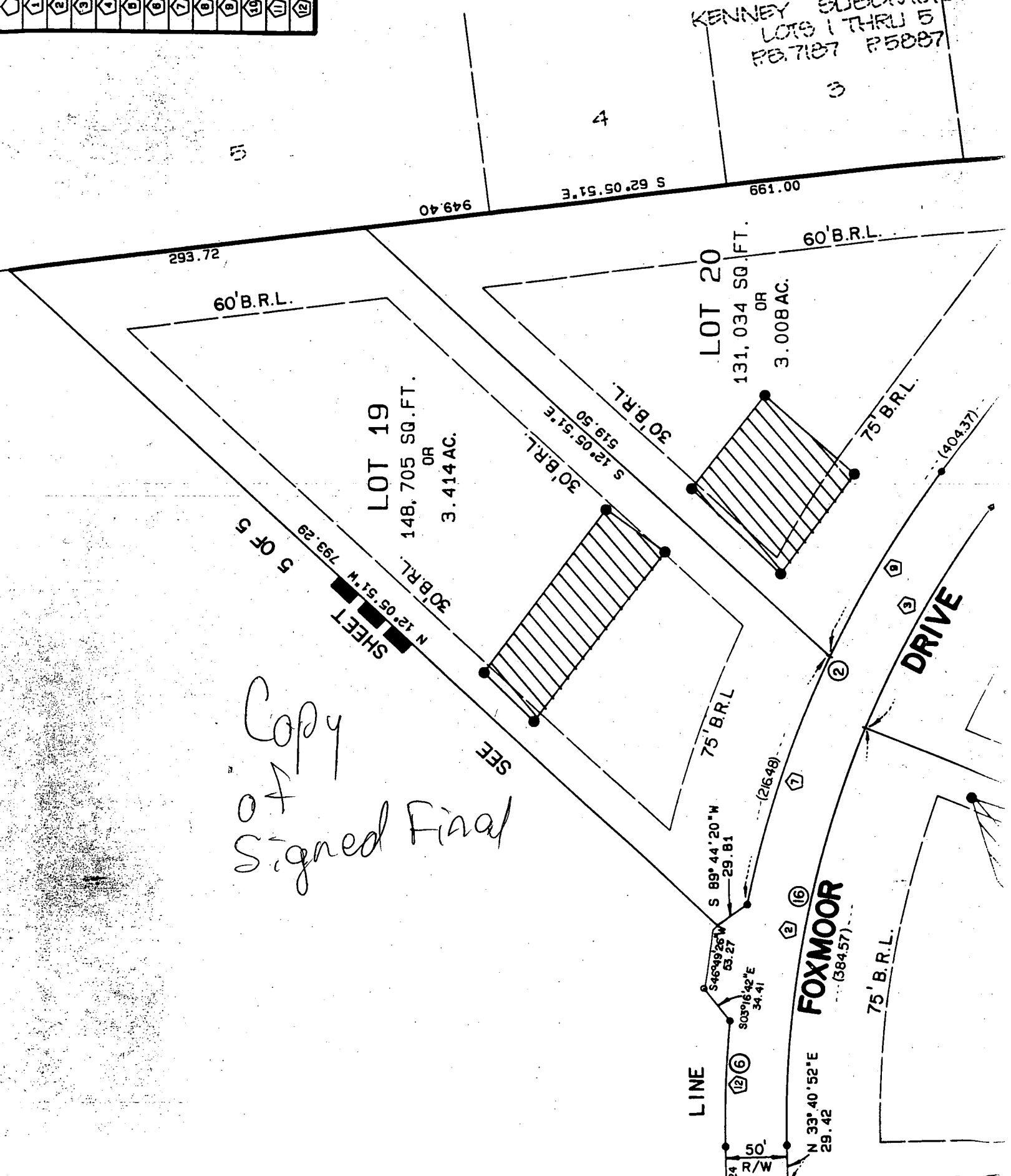
GROUND	PIPES
Box 660 660	657 657
TANK 661 661	657.6 out
(House 662)	657.9 in
	PR out (660)

6/

DELTA	1	2	3	4	5	6	7	8	9	10	11	12
-11° 48' 4"												
23° 14' 5"												
13° 45' 0"												
16° 31' 2"												
26° 58' 3"												
29° 59' 3"												
13° 24' 3"												
13° 30' 3"												
11° 01' 3"												
11° 36' 0"												
12° 57' 13"												
06° 31' 56"												

N535,000
E764,000

KENNEY SUBDIVISION
LOTS 1 THRU 5
P.B. 7187 P.5887



Copy
of
Signed Final

SHEET
5 OF 5
N 12° 05' 51" W 793.28

SEE

LINE

FOXMOOR
(384.57)

DRIVE

LOT 20
131,034 SQ. FT.
OR
3.008 AC.

LOT 19
148,705 SQ. FT.
OR
3.414 AC.

293.72

60' B.R.L.

60' B.R.L.

LOT 20

75' B.R.L.

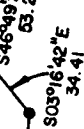
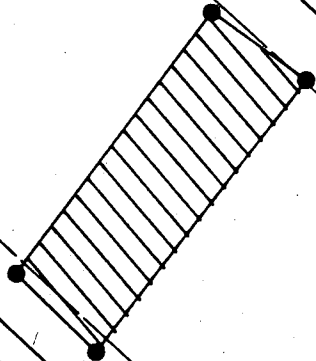
75' B.R.L.

75' B.R.L.

949.40

S 62° 05' 51" E

00.199



C1 5118 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 40855

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

022492

22 200 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 #0-88-2042

OWNER Chesapeake Holding Co last name first name TOWN Florence STREET OR RFD Fox Moor Dr SUBDIVISION Fox Moor SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top soil, Shale, blue slate, brown slate, blue slate, brown slate, blue slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 14, NO. OF POUNDS 1400.

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

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch), Total depth of main casing (nearest foot). Codes: 57, 6, 55.

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

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

DEPTH (nearest ft.) table with handwritten entries: 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

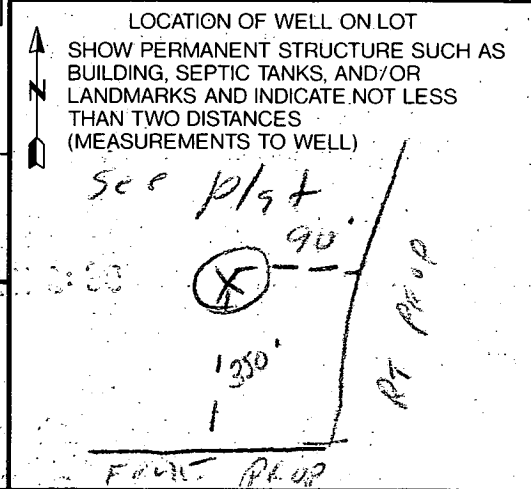
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 8, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 91, WHEN PUMPING 70, 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 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, 35. PUMP HORSE POWER 37, 41. PUMP COLUMN LENGTH (nearest ft.) 43, 47. CASING HEIGHT (circle appropriate box and enter casing height): above 49, below 49. LAND SURFACE (nearest foot) 50, 51.



B 1 **5363** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-2042
 fill in this form completely

Date Received (APA) **8/1/92**
 OWNER INFORMATION
CHESAPEAKE HOLDING
 Last Name Owner First Name
POB 1596
 Street or RFD
BALTIMORE MD 21203
 Town State Zip

B 3 LOCATION OF WELL **R 42810**
HOWARD COUNTY
FLORENCE SUBDIVISION
 SECTION **19** LOT **19**
FLORENCE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION
George F. Easterday
 Driller's Name License No. **40**
L. Franklin Easterday, Inc.
 Firm Name
9285 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday **1/8/92**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **FLORENCE DR**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **350** 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
A 40855 COUNTY NO.
 STATE SIGNATURE **Howard** DATE ISSUED **7-27-92**
 CO SIGNATURE **Howard** EXP. DATE
 NORTH GRID **534000** EAST GRID **0762000**

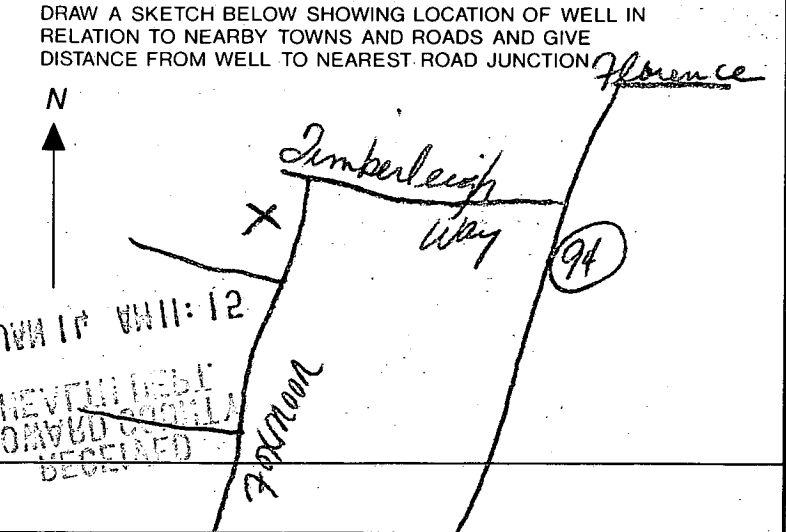
APPROXIMATE DEPTH OF WELL: **200** FEET

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
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **We 11**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7602**
 N **5304**

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 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 **G A P**
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-88-2042**

SPECIAL CONDITIONS