

9/21/92

#349903

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48588

A 40876

DISTRICT 4th

DATE 10/8/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED 9/21/92

INSPECTOR R. M. Kelly

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Foxmoor LOT 7 ROAD 17737 Foxmoor Drive

PROPERTY OWNER Peter Ligon

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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 - Place the septic tank 120 feet from the front lot line and 145 feet from the left lot line, start the first trench 105 feet from the front lot line and 145 feet from the left lot line as seen when facing the lot from Foxmoor Drive. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY Sid Abel DATE 2/21/89

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

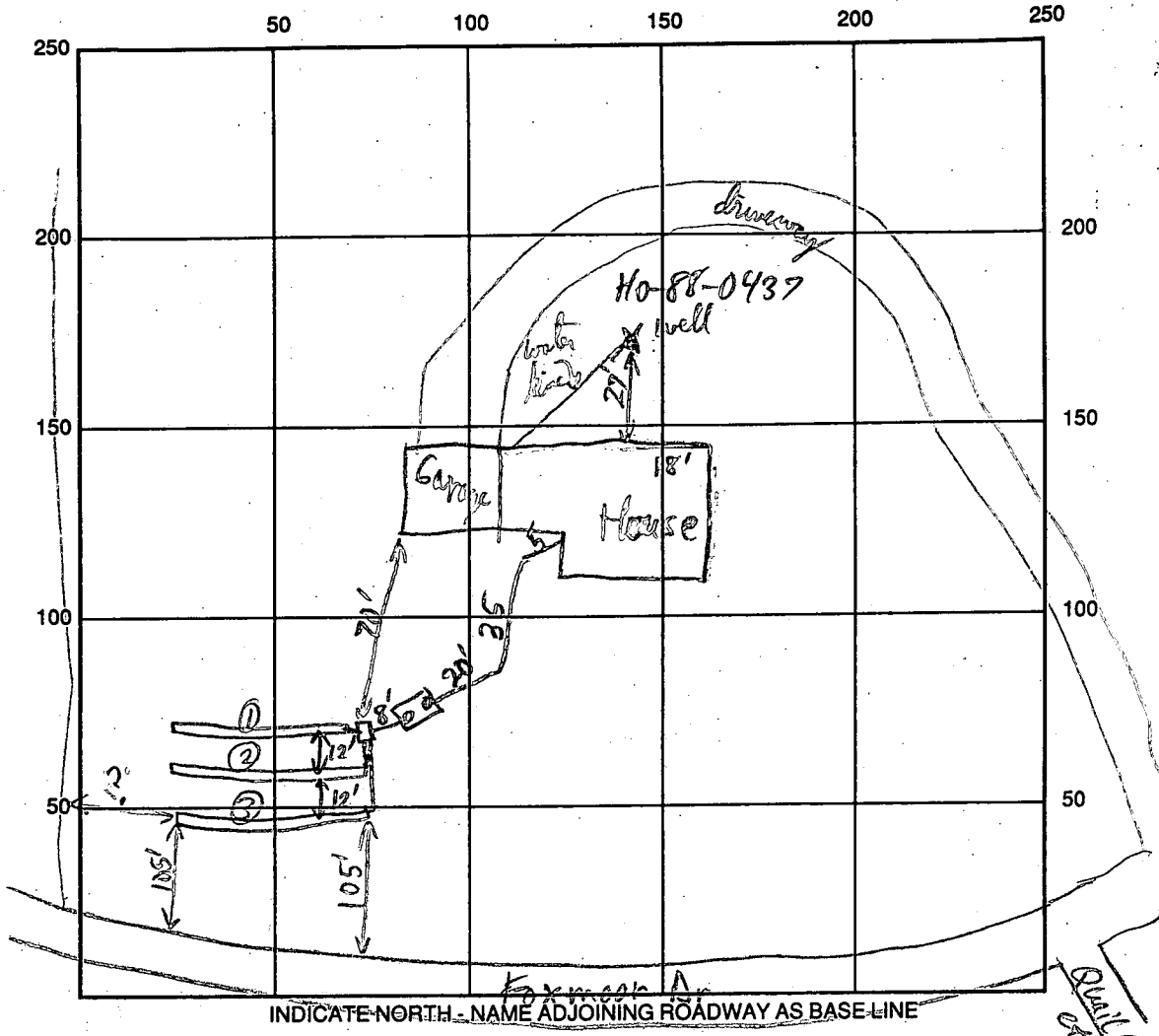
PERMIT VOID AFTER TWO YEARS

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
40876



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal Top Seamed (2 compartment) CLEANOUTS 2 on both ends S.T.

DISTRIBUTION BOX LEVEL House connection under basement footers

DRAIN FIELD/TITLE DEPTH 15' FT. TRENCH WIDTH 3' FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 94/96/100 FT. 290 L.F.T.O

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 870 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: OK to lower - R/P 9/21/92

DATE SYSTEM APPROVED 9/21/92 INSPECTOR R/Kelly

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
92 MAY 27 PM 2:49

LOT 6

LOT 7
145,947 ± ± 3,350 AC.

615192
PLANS OK
BP43144 RH
SITE PLAN

LOT 7

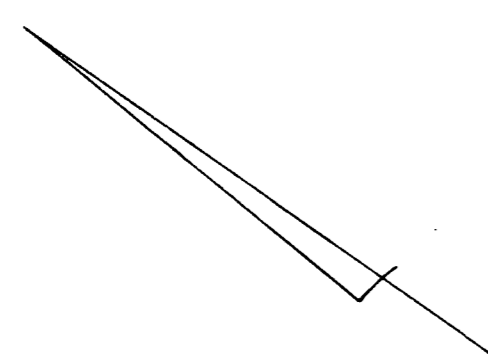
FOXMOOR

LOTS 1 THRU 20

PARCEL 16 AND A PORTION
OF THE KENNEY SUBDIVISION
(P.O. 7187 P.5887)
PLAT #03092 SHEET 2 of 5
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.

SCALE: 1"=30'
DATE: APRIL 30, 1992

LAND DESIGN SERVICES INC.
SUITE 210 JOPLIN HILFORD ROAD
JESSUP, MARYLAND 20794



SILT FENCE

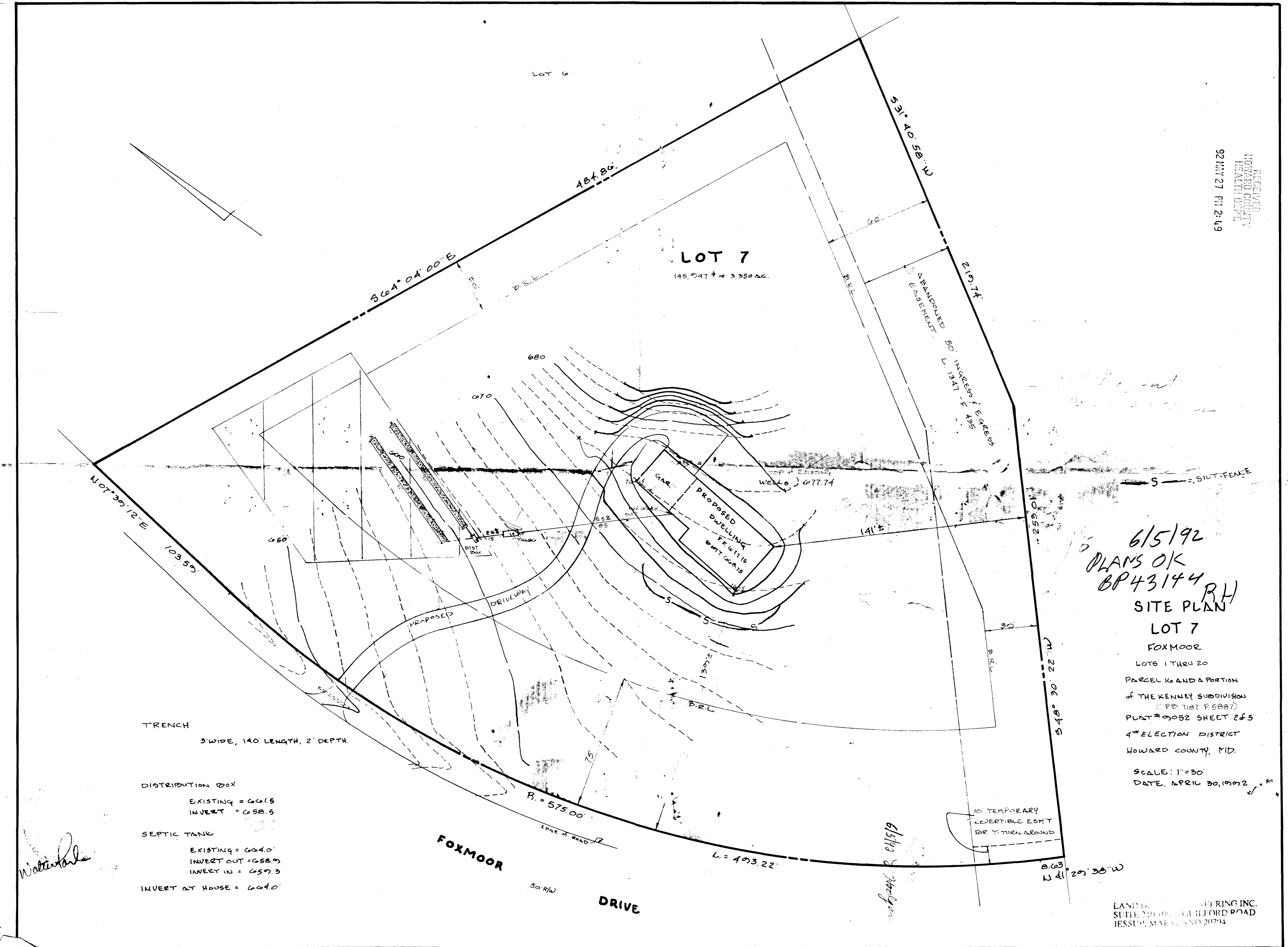
TRENCH
3' WIDE, 140' LENGTH, 2' DEPTH

DISTRIBUTION BOX
EXISTING = 666.5
INVERT = 658.5

SEPTIC TANK
EXISTING = 664.0'
INVERT OUT = 658.0
INVERT IN = 659.3
INVERT AT HOUSE = 664.0'

Water

*615192
BP43144
RH*



P? Lot Redesign

APPLICATION

PERCOLATION TESTING

A 40876

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 Peter Ligon 531-2320

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

PROSPECTIVE BUYER Columbia, MD 21046

ADDRESS Attention: Mr. Earl Armiger PHONE _____

PROPERTY LOCATION:
SUBDIVISION Foxmoor LOT NO. LOT 7 Preliminary 28

ROAD AND DESCRIPTION End of Timberleigh Way 1737 Foxmoor Drive

TAX MAP 12 PARCEL # 16

SIZE OF LOT 3.0 Acres TYPE BLDG _____

BLDG. PERMIT SIGNED AND RETURNED 4/5/92
Serial # 9374
Single Family 4 Bed
(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 Frank, agent
(SIGNATURE OF APPLICANT)

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

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

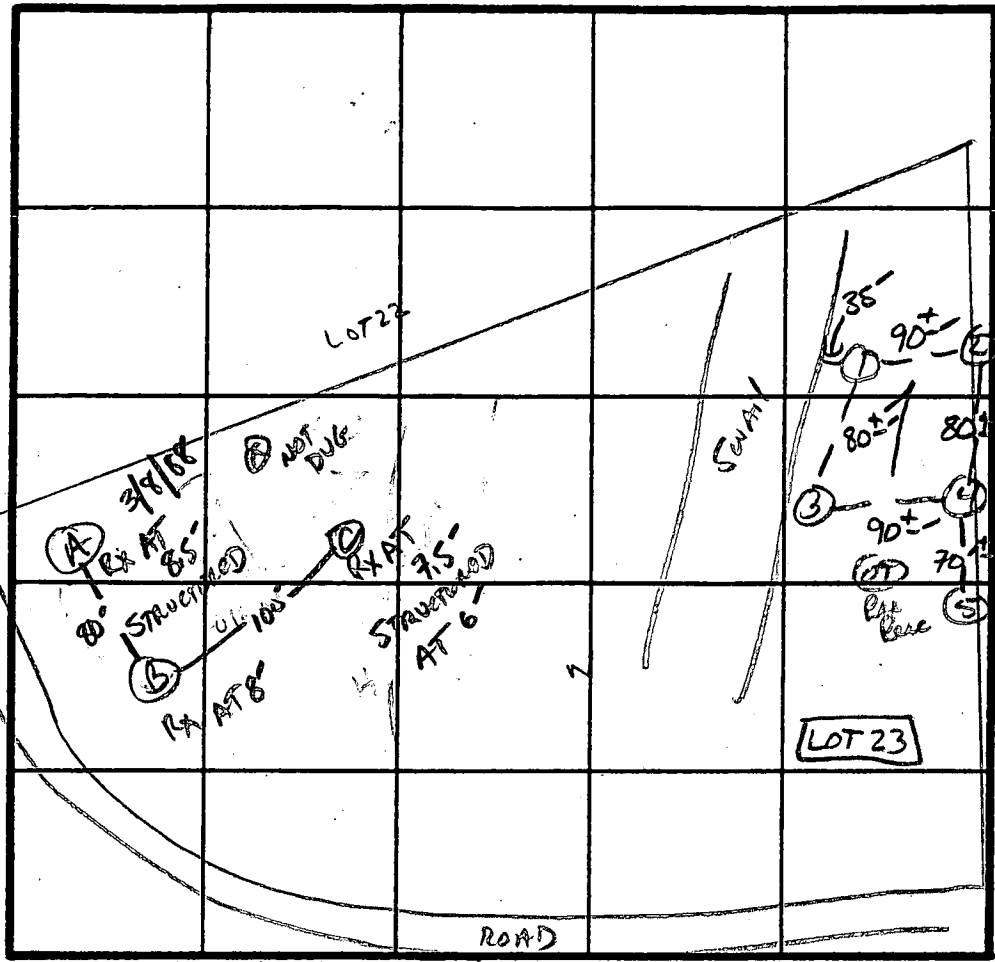
REASONS FOR REJECTION OR HOLDING 3-1-88 Perc Marginal - but Approvable providing lot configuration provides for house + well site. S. Abel
Shallow Syst. for same septic tank. Perc tank in high hole of Back Field.

HD-216

THIS IS NOT A PERMIT

DO NOT CHANGE
 Specs - SA
 X PERC 12 MIN
 200 #1BR
 INLET 3"
 BOTTOM 5.0"
 APPROX hole location
 3' wide str

0 - 6"
 SOIL PROFILE
 AP
 4E11 BA
 Clay LM
 20-25%
 frags (shale)
 4"
 4E11 BA →
 BR.
 silt loam (clay)
 sticky
 25-40%
 shale
 frags
 NO STAINING
 MASSIVE



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 | 1 S | 4.5" | 12:43 | 12:54 | 12:54 | 1:12 | 18 MIN |
| | | 8.5" | 12:41 | 12:47 | 12:47 | 12:58 | 11 MIN |
| | 1 V | 11.5" | see Profile | | | | |
| | 2 S | 4.5" | 12:59 | 1:04 | 1:04 | 1:15 | 11 MIN |
| | | 9.5" | 12:48 | 12:51 | 12:51 | 12:57 | 6 MIN |
| | 2 V | 11.5" | see Profile | | | | |
| | 3 S | 4" | 12:31 | 12:42 | 12:42 | 1:04 | 22 MIN |
| | | 9.5" | 12:31 | 12:40 | 12:40 | 1:01 | 21 MIN |
| | 3 V | 12" | see Profile | | | | |
| | 4 S | 4" | 12:37 | 12:44 | 12:44 | 12:58 | 14 MIN |
| | | 8" | 12:36 | 12:39 | 12:39 | 12:46 | 7 MIN |
| | 4 V | 11.5" | see Profile | | | | |
| | 5 V | 8" | STRUCTURED AT 6" | | (NOT ACCEPTABLE) | | |

REMARKS: TO BE SPLIT TO MAKE BLOBS - SHALLOW SYST. ONLY - HOLES DIFF THAN PLUT

TYPE OF SOIL MT ARLY

TESTED BY S. Abel ALSO PRESENT DAN H. Paul B.

1 2 3 6
 2277 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 **A 40876**

DATE Received
 8 13

DATE WELL COMPLETED
 15 20 **04 25 89**

Depth of Well
 22 26 **260**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-88-0427

OWNER **CHARLES DEWILMONT**
 STREET OR RFD last name **FOXMOON DR.** first name **13500** TOWN
 SUBDIVISION **FOXMOON** SECTION **7** LOT **7**

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 | |
| Topsoil | 0 | 1 | |
| Shale | 1 | 4 | |
| Brown shale | 4 | 17 | |
| Green shale | 17 | 19 | |
| Blue shale | 19 | 260 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **40**
 GALLONS OF WATER **40**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **31** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **24**

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

DEPTH (nearest ft.)
 1 **40** 2 **23** 3 **260**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **1 1/2**

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.

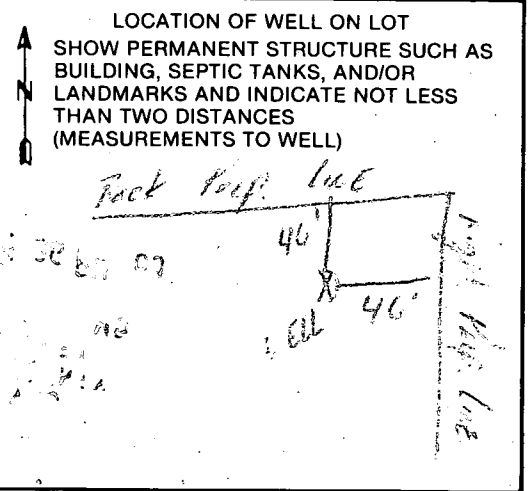
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.)
 70 72
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **51**
 WHEN PUMPING **121**
 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: **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)
A above } LAND SURFACE (nearest foot) **1**
B below }



B 1 11.12 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
 10-88-0437
 fill in this form completely

Date Received (APA) 02/7/89
 OWNER INFORMATION
 ORCHARD DEVELOPMENT
 JOSE OAKLAND MILLS
 COLUMBIA MD 21046

B 3 LOCATION OF WELL
 HOWARD
 FOXMOOR
 LISBON

DRILLER INFORMATION
 George F. Easterday
 L. Franklin Easterday, Inc.
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Signature: George F. Easterday Date: 2-11-89

MILES FROM TOWN (enter 0 if in town) 2 MI
 B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 260 FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. A-40876
 DATE ISSUED 09-01-89
 NORTH GRID 532000 EAST GRID 0763000

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)

APPROXIMATE DEPTH OF WELL 200 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 WRITE THE BOX NUMBER FROM THE MAP HERE
 7603
 5302

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)
 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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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
 144 LISBON
 FEB 13 2 05 PM '89

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER GAP
 FORCE SA PERMIT No. 10-88-0437

SPECIAL CONDITIONS