

6-24-98
2PM

6-25-98
2:30PM

6-26-98
2PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6-29-98
C.O. - 11:00
6-30-98
Final 11:00 or 12:00

6/30/98
Needs house
connection

P 570197-B

A 41843

DISTRICT 4th

DATE 6-11-97

FINAL 8/5/98
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

6/25/01
House
Connection
Anytime

313-2640

04-335309

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION Kyne Property LOT 1 ROAD 13835 Forsythe Road

PROPERTY OWNER G. Thomas Arnold

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS *Manhole cleanout required*

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 6.5 Feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 400' down the left lot line and 80' off this same lot line as seen when facing the lot from Forsythe Road. Run trenches on contour towards the right 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. 7/26/96 DIC ALM

PLANS APPROVED BY Amy McMillen DATE 7/16/96

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 41843



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 30, 1998

TO: William F. O'Brien
Division of Comprehensive Planning and Zoning Administration

FROM: Mark Rifkin *MR*
Water and Sewerage Program

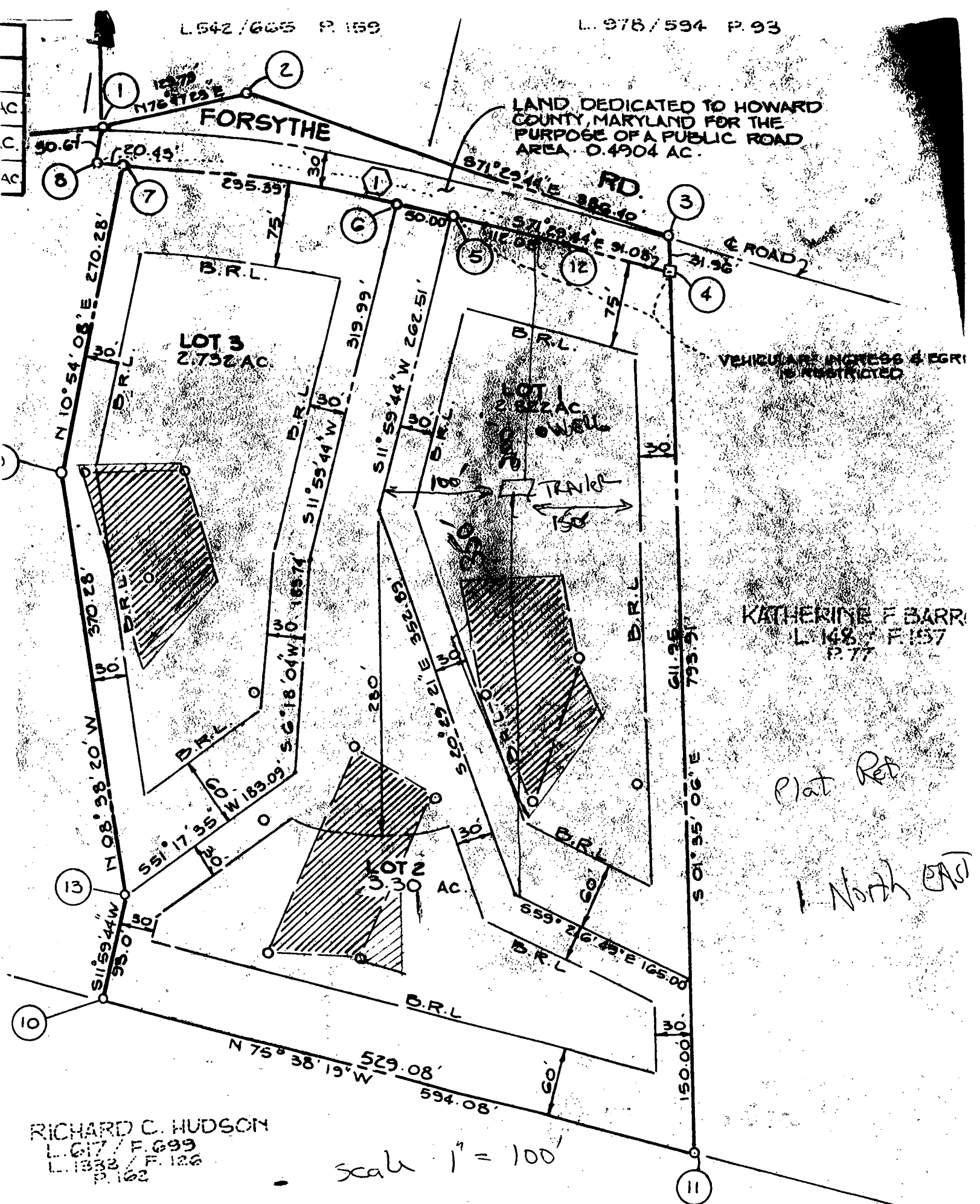
RE: File Number: TUA 98-02
Title: G. Thomas Arnold

The following comments apply to the above referenced document:

The Health Department has no objection to the proposed temporary use, contingent upon its status as a mobile unit with a self-contained water supply and a self-contained wastewater tank for offsite disposal.

If the intent is for a connection to the well water supply, then connection to the installed septic system and sampling for potability is required prior to occupancy approval. Use of an exterior holding tank for wastewater disposal is not an option in any circumstance.

MR



LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD AREA . 0.4904 AC.

VEHICULAR INGRESS & EGRESS IS RESTRICTED

KATHERINE F BARR
L. 148 / F. 157
P. 77

Plat Res
North East

RICHARD C. HUDSON
L. 617 / F. 699
L. 1332 / F. 126
P. 162

Scale 1" = 100'

FORSYTHE

Copy of Survey
Perce PL

ROAD

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)						
13835 FORSYTHE ROAD						
Sykesville, Md. 21784						
LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
1	44	-	-	1	781	453
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
KYNE PROPERTY		RC	9	4	6040	

DISTANCE TO PROPERTY LINES

- HOUSE LOCATION**
- LEFT..... 90 FEET
 - RIGHT..... 95 FEET
 - FRONT..... 250 FEET
 - REAR..... 300 FEET

- HOUSE ELEVATION**
- 600 FEET FIRST FLOOR ELEVATION
 - 592 FEET BASEMENT FLOOR ELEVATION

- WELL**
- 142 FEET FROM FRONT PROPERTY LINE
 - 90 FEET FROM LEFT PROPERTY LINE
 - WELL ELEVATION 596.5

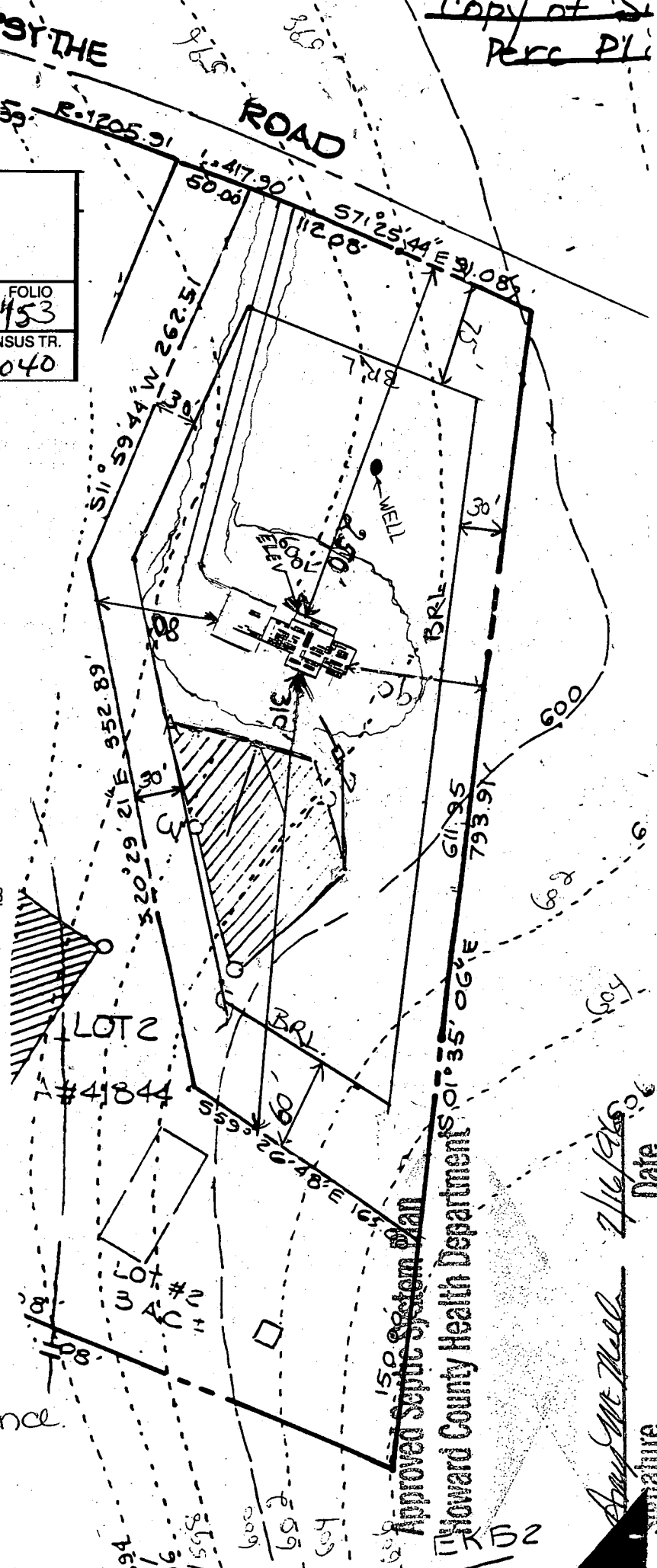
- SEPTIC**
- INV. ELEV. (OUT OF) HOUSE 595
 - INV. ELEV. (INTO) SEPTIC TANK 594.3
 - EXIST ELEV. AT SEPTIC TANK 599.7
 - INV ELEV. (OUT OF) SEPTIC TANK 594
 - INV ELEV. (INTO) DIST. BOX 593
 - EXIST ELEV. AT DIST BOX 599.5
 - INV ELEV. (INTO) TRENCH 593
 - EXIST. ELEV. AT TRENCH 599.5

Note: final trench determination to be made at septic permit application.

- PROPOSED SEDIMENT CONTROL MEASURES**
- HAY BALES

- Grading**
- HOUSE
 - 90 FEET LONG 40 FEET WIDE
 - GRADE 50 FEET ALL SIDES
 - 26,000 SQ. FEET

- Manhole cleanout required
- Length of trench to be determined at ~~permit~~ septic permit issuance.



Signature: *Ray M. Mell*
Date: 7/16/2006

Signature

APPLICATION

PERCOLATION TESTING

A 41843

P _____

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

DISTRICT 4TH

DATE 5-24-88

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 Philip W. Kyne & Wife Thomas Arnold

ADDRESS 13865 Forsythe Rd. Sykesville, Md. 21784 PHONE 442-2088

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Kyne Property LOT NO. 1

ROAD AND DESCRIPTION 13835 Forsythe Rd. Sykesville

TAX MAP 9 PARCEL # 44

SIZE OF LOT 3 Ac. TYPE BLDG Single Family - 3 BRms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMITS SIGNED
AND RETURNED 7-16-96**

Serial # B00100928

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.

Joy C. Kyne
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 41843

P _____

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

DISTRICT 477H

DATE 5-24-88

*Preliminary
July 29, 1988
9:30 AM*

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 Philip W. Kyne & Wife

ADDRESS 13865 Forsythe Rd. Sykesville, Md. 21784 PHONE 442-2088

PROSPECTIVE BUYER N/A

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Joy C. Kyne
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/15 Tentatively approved after well site and house sites is located with this lot and adjacent lots. C.P.D. 9/20/88 HOLD - PLAT 5/20/88 = NOT APPROVED. C.B.S.

HD-216

THIS IS NOT A PERMIT

A41843

L 08 #1
=

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	
8/15	6A	6 1/2'	3:08	3:11	3:11	3:18	7 min
	6B	13' +	Visual		loam		
	7	7'	loam				
	7B	13' +	to ↓		Visual loam		

1-6' - Clay
to 1/2' Loam
Pink to red
Clay 1-7'
all depth
color LOAM
7' to 13'

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. R. A.

ALSO PRESENT {
Mr. Kendrick
Mr. Kene
Mr. M. Dorsey

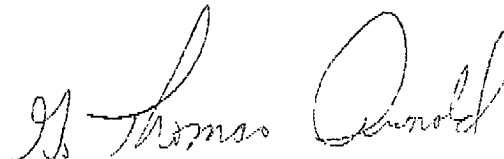
July 09, 1996

To: Avis Corbin
From: G Thomas Arnold
Subject: Accessary Apartment - Building permit number B00100928

The accessary apartment is to be eliminate and substitute a 4th bed room and bath only over the garage area. Per the Health Department recommendation.

The property address is 13835 Forsyth Road, Sykesville MD. Kyne property lot #1

If you have any questions, please call Tom Arnold (410) 786-0072 (work) (410) 747-2958 (home).

A handwritten signature in cursive script that reads "G. Thomas Arnold". The signature is written in dark ink and is centered on the page.

B 1 **2503** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **H0-94-0354**
 APPLICATION FOR PERMIT TO DRILL WELL please print or type **fill in this form completely**

OWNER INFORMATION
 Date Received (APA) **021495**
Arnold Tom Last Name Owner First Name
108 W. W. Lane Street of RFD
Baltimore Town **MD 21228** 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD
Stanley W. Bollinger Driller's Name **081** License No. 80
Stan's Well Drilling Inc. Firm Name
P.O. Box 2035 West Md. 21157 Address
Stanley W. Bollinger Signature **2/13/95** Date

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)

APPROXIMATE DEPTH OF WELL **165** 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 _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 WRITE INITIALS IN BOX PERMIT No. **H0-94-0354**

SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

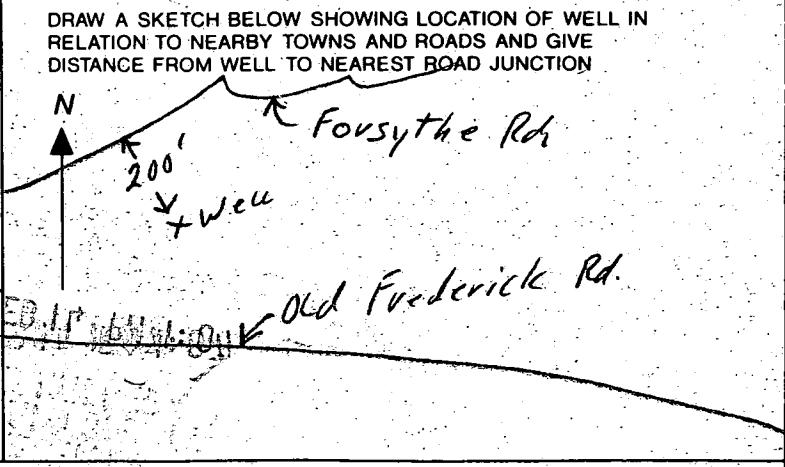
LOCATION OF WELL
Howard COUNTY
Kyne Prop SUBDIVISION
 SECTION _____ LOT **1**
Sykesville NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Forsythe NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **200** FT OR MI **FF**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A# 41843** COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
022295 DATE ISSUED **2/22/95**
Charles Bryan CO SIGNATURE **2/22/95** EXP. DATE
 NORTH GRID **549000** EAST GRID **0802000**

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 **800** **2**
 N **540** **9**



COUNTY

C1 3055

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# 41843

ST/CO USE ONLY DATE Received.

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 03/15/95

Depth of Well grid: 105

PERMIT NO. grid: H0-94-0354

OWNER: ARNOLD TOM; STREET OR RFD: FORSYTHE; TOWN: SYKESVILLE; SUBDIVISION: KYNE 3/0; SECTION: ; LOT: 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Brown Shale, Brown Clay, Brown Shale, Brown Shale, Brown Shale, Brown Slate, Blue Slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (yes), TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY, NO. OF BAGS: 15, NO. OF ROUNDS: 14/10, GALLONS OF WATER: 90, DEPTH OF GROUT SEAL: 58 ft.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE: PL, Nominal diameter: 6, Total depth: 59.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type (ST, BR, PL, OT), DEPTH (nearest ft.) grid: H0, 58, 105.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: Y

SCREEN RECORD details: SLOT SIZE, DIAMETER OF SCREEN, GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT.

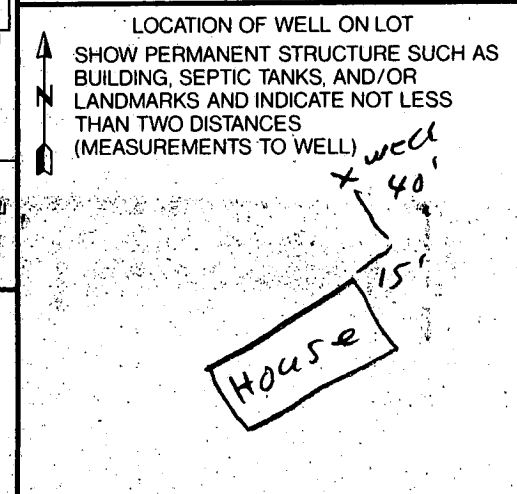
CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), E (Electric log obtained), P (Test well converted to production well).

DRILLERS IDENT. NO. 081; DRILLERS SIGNATURE; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, LOG INDICATOR, W Q, TELESCOPE CASING, OTHER DATA.

PUMPING TEST: HOURS PUMPED: 3; PUMPING RATE: 75; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: 40; WHEN PUMPING: 43; TYPE OF PUMP USED: C (centrifugal), S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP: YES; TYPE OF PUMP INSTALLED: C; CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT: 7.



6/22/01
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 1 Well Tag #: HO-94-0354
Site Address: 13855 Forsythe Road

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 6/22/01 Date Insp. Approved: 6/22/01 **BB**
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly ?
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection ?
Adequate grout observed below pitless adapter

