

12/28/94
11:00
5:30

Tax ID - 03-317463

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50451

A 42026

DISTRICT 3rd

DATE 12/19/94

DATE SYSTEM APPROVED 12/28/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

INDEXED

Harrison Contracting IS PERMITTED TO INSTALL ALTER

ADDRESS 2858 Flag Marsh Road Mt. Airy, MD 21771 PHONE 795-8691

SUBDIVISION Coventry Meadows LOT 13 ROAD 1470 Coventry Meadows Drive

PROPERTY OWNER Lawrence & Debra Boyd

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 244.00' and 167.32' lot lines, place the distribution box 50 feet up the 167.32' lot line and 115 feet off this same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 12/28/94 DKS*

PLANS APPROVED BY Mark Rifkin DATE 12/01/92

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

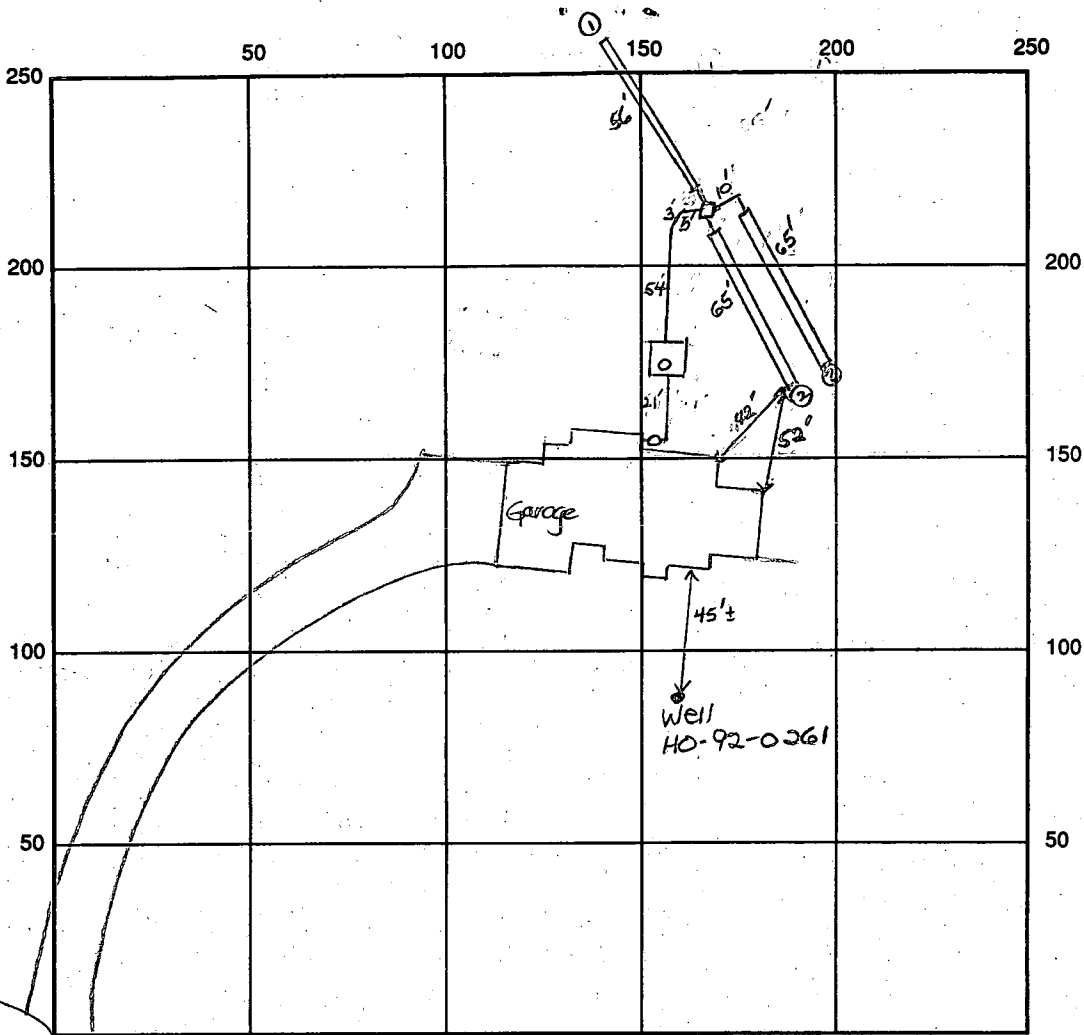
PERMIT VOID AFTER TWO YEARS

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
42026



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Coventry Meadows Drive

SEPTIC TANK LEVEL OK-1250 gall

CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT.

TOTAL LENGTH 156 (3) 65 FT. → 186'

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 744 SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 744 SQ. FT.

REMARKS: 12/28/94 A.M. OK to cover from house to septic tank.

OK to stone trenches and continue. DKS

12/28/94 P.M. Final - OK to cover all work. DKS

12/29/94 W.P.I. ok - final check

DATE SYSTEM APPROVED 12/28/94

INSPECTOR

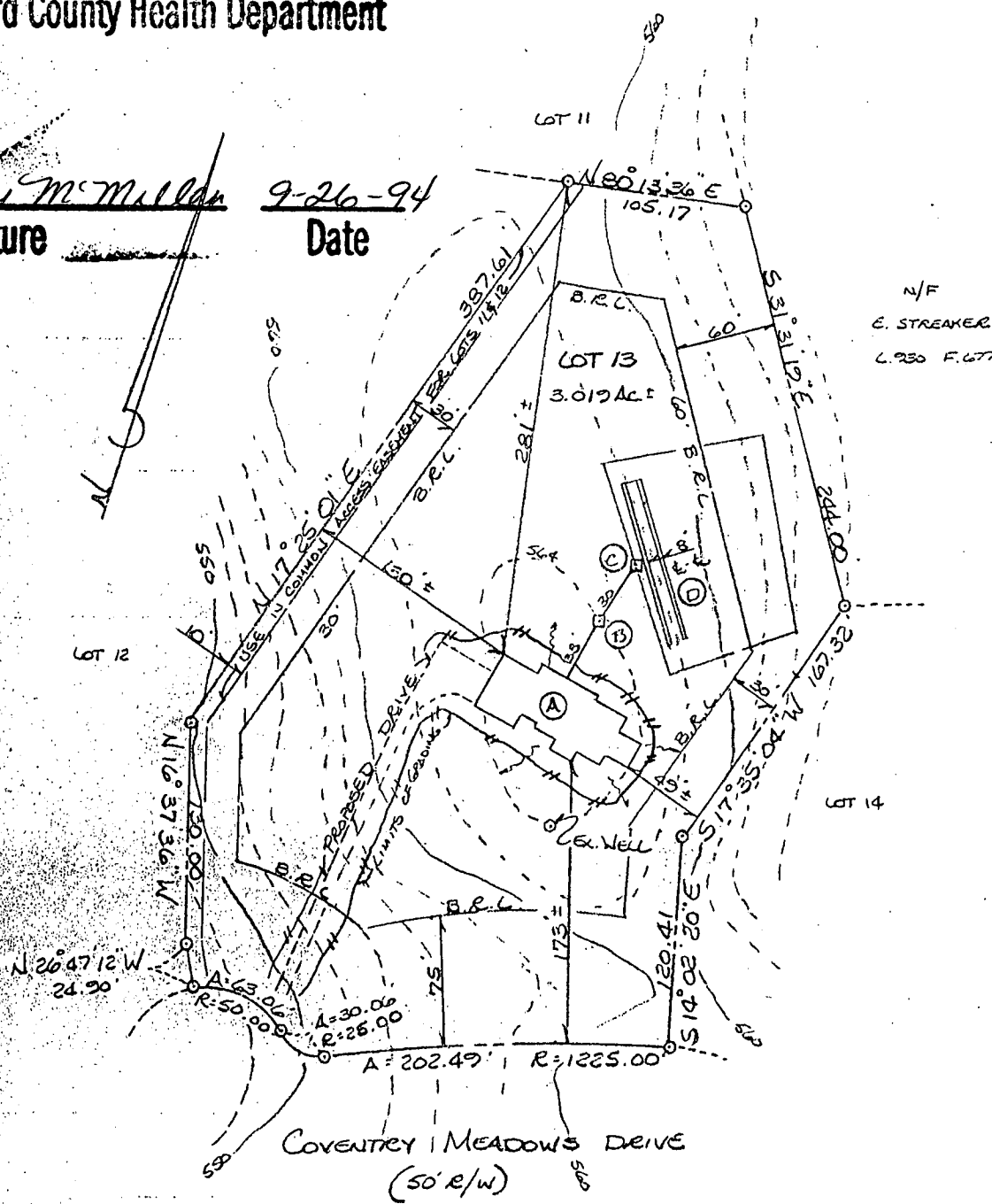
[Handwritten Signature]

- (A) = PROP. 4 BED. HOUSE
F.F. ELEV. = 570.4
BSMT. ELEV. = 561.9
INV. ELEV. = 560.7
- (B) = PROP. SEPTIC TANK
EX. ELEV. = 564.9
INV. IN = 560.3
INV. OUT = 560.0
- (C) = PROP. DIST. BOX
EX. ELEV. = 562.4
INV. ELEV. = 559.7
- (D) = PROP. TRENCHES
INV. ELEV. = 559.4
4" STONE, 7" BOTTOM MAX.,
LENGTH TO BE DETERMINED AT
TIME OF SEPTIC PERMIT ISSUANCE.

Approved Septic System Plan

Howard County Health Department

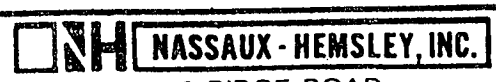
Amy McMullan 9-26-94
Signature Date



PLAT PLAN
 LOT 13, SECTION TWO
 COVENTRY MEADOWS
 SITUATED ON COVENTRY MEADOWS DRIVE
 ELECTION DISTRICT N#3
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' SEPT. 1994



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



NASSAUX - HEMSLEY, INC.
 4140 RIDGE ROAD
 TAYLORSVILLE, MARYLAND
 410-875-0722 21157

REFERENCE	JOB NO.
Plat # 10298	945Y 2901

CAD ONE, INC. 301-595-1120 080823

APPLICATION

420 26
~~41898~~

PERCOLATION TESTING

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

A _____
P _____
DISTRICT 3rd
DATE 6/26/88
~~3/18/88~~

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 THE DICKEY FAMILY Lawrence & Debra Boyd
c/o WALTER JOHNSON
ADDRESS PRUDENTIAL-BACHE SECURITIES PHONE 301-465-5855
250 W. PRATT STREET BALTIMORE, MARYLAND 21201

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____
SUBDIVISION COVENTRY MEADOWS LOT NO. 21 Preliminary lot-13

ROAD AND DESCRIPTION NORTH OF MD ROUTE 99; WEST OF MD. RTE. 32
(1470 Coventry Meadows Drive)

TAX MAP 9 PARCEL # 71
SIZE OF LOT 3.1 AC. TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 9/26/84
Serial # 5058
J.F.D. 4/Bm

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. Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

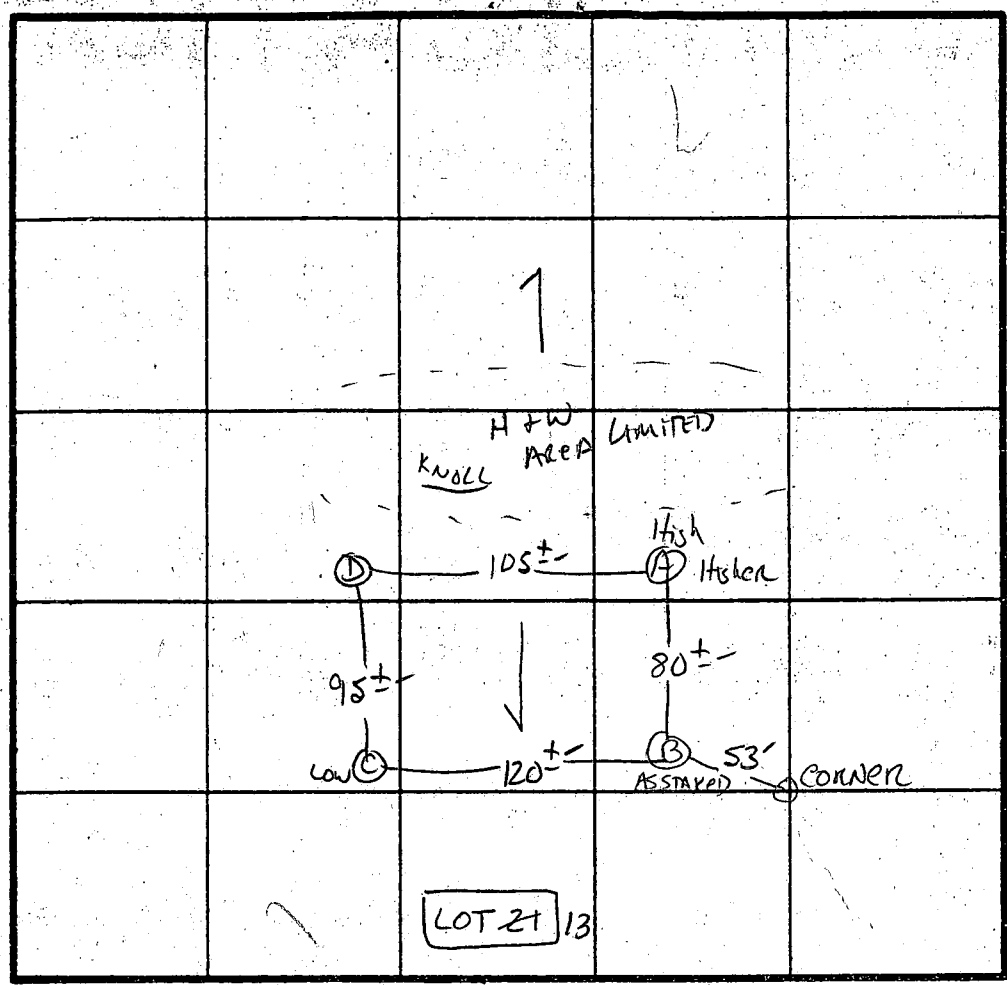
REASONS FOR REJECTION OR HOLDING 9-20-88 Per Sat's factory - hold for plan - Sat

THIS IS NOT A PERMIT

42026
LOT 21 13

ⓐ-ⓓ
SOIL PROFILE

0
7" AP
Yellow Red
Silty Clay
Loam
10-15%
FRAGS
3.0-
3.5
Yellow Red
Silt Loam
micaceous
15-20%
FRAGS
12+-



\bar{x} Perc S min
180 A/B
Inlet 3-
Bottom 8-

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ Rt 32

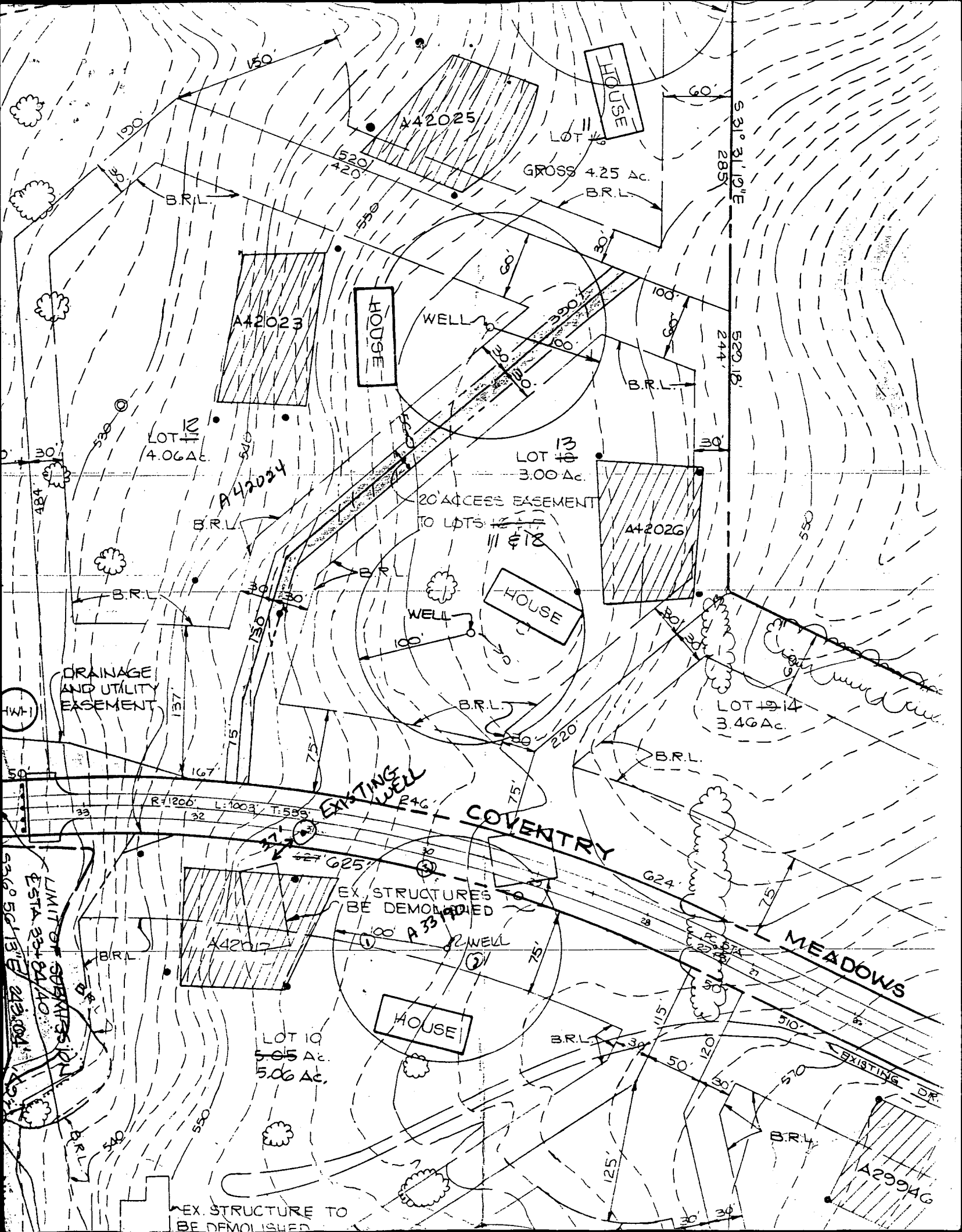
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/20/86	A S	3.0'	10:08	10:11	10:11	10:17	6 MIN
		8.0'	10:08	10:11	10:11	10:17	6 MIN
	A V	12.0'	UNIFORM soil below 3.0				
	B S	4.5'	10:08	10:10	10:10	10:14	4 MIN
		12.5'	CLAY TO 3.5'				
	C S	4.5'	10:14	10:15	10:15	10:18	3 MIN
		12.0'	SIMILAR TO OTHERS w/ 40% lg. FRAGS		AT 1-3'		
	D V	12'	UNIFORM soil below 3.0-3.5'				

REMARKS NOT LANDSCAPE POSITION SUGGEST DEEP INITIAL / SHALLOW REPAIRS
PERCED AS STAKED APPROX TO PLAT - WIDENED

TYPE OF SOIL MANOR LOAM / MANOR GRAVELLY LM

TESTED BY S. Abel ALSO PRESENT O.K.

EH-12-1079



A42025

GROSS 4.25 Ac.

HOUSE

A42023

HOUSE

WELL

LOT 11
4.06 Ac.

A42024

LOT 13
3.00 Ac.

20' ACCESS EASEMENT
TO LOTS 12 & 18

A42026

HOUSE

WELL

LOT 14
3.46 Ac.

DRAINAGE
AND UTILITY
EASEMENT

EXISTING WELL

COVENTRY

EX. STRUCTURES
TO BE DEMOLISHED

HOUSE

LOT 19
5.05 Ac.
5.06 Ac.

MEADOWS

EXISTING DR

A299AG

EX. STRUCTURE TO
BE DEMOLISHED

C1 6684 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 42026

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

Depth of Well grid

PERMIT NO. grid

OWNER Boyd Larry last name Coventry Meadows first name TOWN 66 Friendship SUBDIVISION COVENTRY MEADOWS SECTION LOT 13

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Overburden, Mud & Boulders, Granite.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF BOUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE SK Nominal diameter top (main) casing (nearest inch) 6 G Total depth of main casing (nearest foot) 90

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

Table with columns: DEPTH (nearest ft.), SCREEN. Rows: 1, 2, 3.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Somesible WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 230 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 (CIRCLE) (YES or 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) LAND SURFACE

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NO MAP Available

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

B 1 **02244** 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
HD-92-0261
 fill in this form completely

Date Received (APA)
110692 **OWNER INFORMATION**
Boyd Larry
 Last Name Owner First Name
114 South H. 11 Top Rd
 Street or RFD
Catonsville MD 21218
 Town State Zip

B 3 **LOCATION OF WELL**
Howard COUNTY
Courtesy Meadows SUBDIVISION
 SECTION LOT **13**
West Friendship NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Paul M. Fabiszak License No. **399**
G. Edgar Harr Sons' Corp.
 Driller's Name
12047 Falls Rd Cockeyville 21030
 Firm Name
Paul M. Fabiszak **11-4-92**
 Address Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

Courtesy Meadows Dr NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200 DISTANCE FROM ROAD
 ENTER FT or MI **F+**

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

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 42026 COUNTY NO.
 STATE SIGNATURE **Mark E. Palko** DATE ISSUED **6/3/93**
 NORTH GRID **546000** EAST GRID **0811000**

APPROXIMATE DEPTH OF WELL **200** FEET

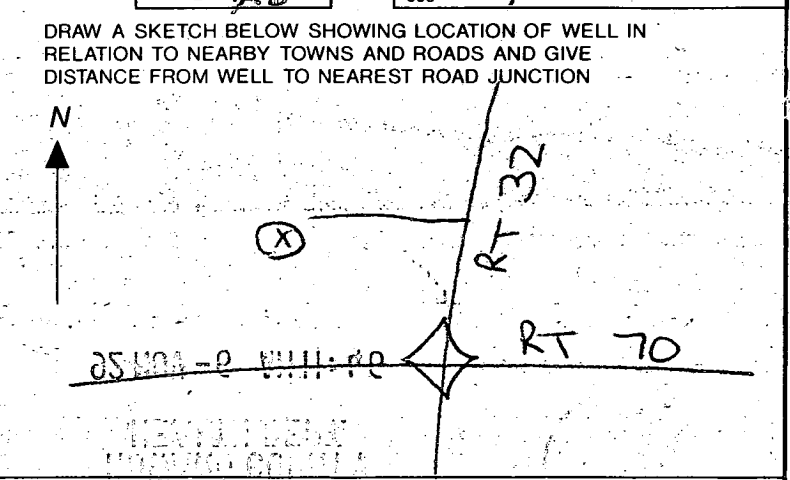
APPROXIMATE DIAMETER OF WELL **6** INCH

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
10:30 12/15/92
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

GROUT OK DONE YESTERDAY

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **MR** INITIALS IN BOX PERMIT No. **HD-92-0261**