

11 AM  
LAYOUT WSP  
10/27/93  
10/28/93 2 PM

Tax ID - 04-350316

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 42725

A 42102

DISTRICT 4th

DATE 11/2/93

DATE SYSTEM APPROVED 10/29/93

INSPECTOR M. Rifkin

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Jack Fyock Septic Services

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Quail Meadows LOT 7 ROAD 16612 Bahner Court

PROPERTY OWNER Kevin & Suzanne Larson

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

#### PUMPED SEPTIC SYSTEM

Install: VOID MR 10/28/93  
1-1000 gal. pump chamber with dual effluent pumps and alarm. Contractor to supply pump detail prior to issuance of septic permit.

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - As seen from Bahner Court, place distribution box 85 feet from right (478.00') lot line and 115 feet from front (253.04') lot line. Run trenches along contours 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/MR 10/27/93

10/28/93 OK TO INSTALL 3 93' TRENCHES ON GRAVITY FROM SDA PT. CLOSEST TO HOUSE MR  
PLANS APPROVED BY Mark Rifkin/Sid Abel REVISOR SDA DATE 10/27/93

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

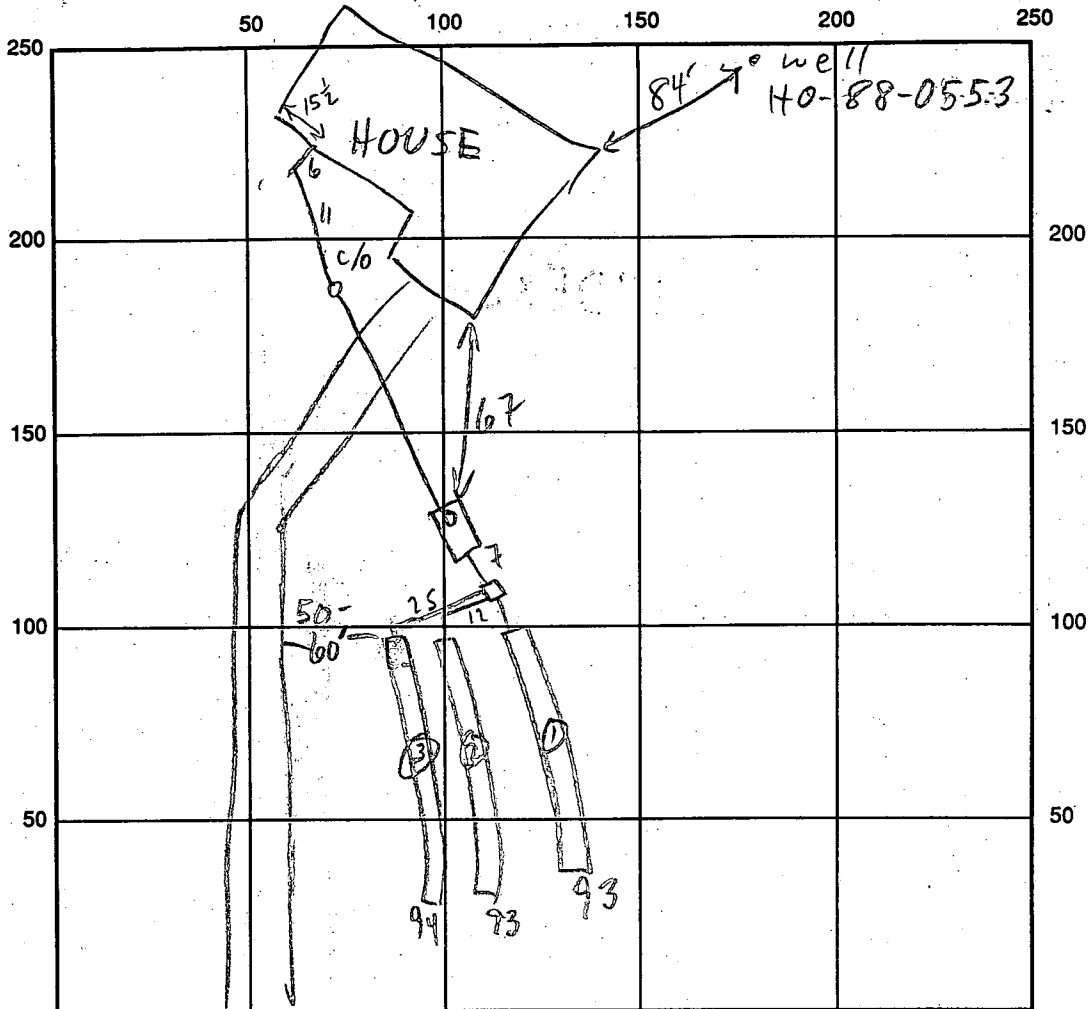
PERMIT VOID AFTER TWO YEARS

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**

A 42725



BAHNER CT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL-OK

CLEANOUTS INLINE & S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5 1/2 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 093 094 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 0279 0282 0279 SQ. FT.

DRYWALL INSIDE DIAMETER      FT.

EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS: 10/29/93 OK TO COVER ALL MR

DATE SYSTEM APPROVED

10/29/93

INSPECTOR

Mc Ripkin

# APPLICATION

PERCOLATION TESTING

A 42102  
P \_\_\_\_\_

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

DISTRICT 4TH.  
DATE 4/2/88

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 EDWARD J. AND PATRICIA KONTZE Kevin + Suzanne Larson

ADDRESS 2328 FLORENCE ROAD, WOODBINE, MD. 21797 PHONE 439-4969

PROSPECTIVE BUYER CARMAN ASSOCIATES 750-3708

ADDRESS P.O. BOX 122, ELLICOTT CITY, MARYLAND 21043 PHONE 442-5613

PROPERTY LOCATION: N/S MD. ROUTE 144 APPROX 1300' EAST OF WATERVILLE ROAD

SUBDIVISION PROPERTY OF LAVINIA L. HOOD LOT NO. #7 on Final

ROAD AND DESCRIPTION COURT 'A' (16612 BATHURST COURT)

TAX MAP 7 PARCEL # 432

SIZE OF LOT 3 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]*  
CARMAN ASSOCIATES  
GENERAL PARTNER  
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Standard trench DATE 11/21/88

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

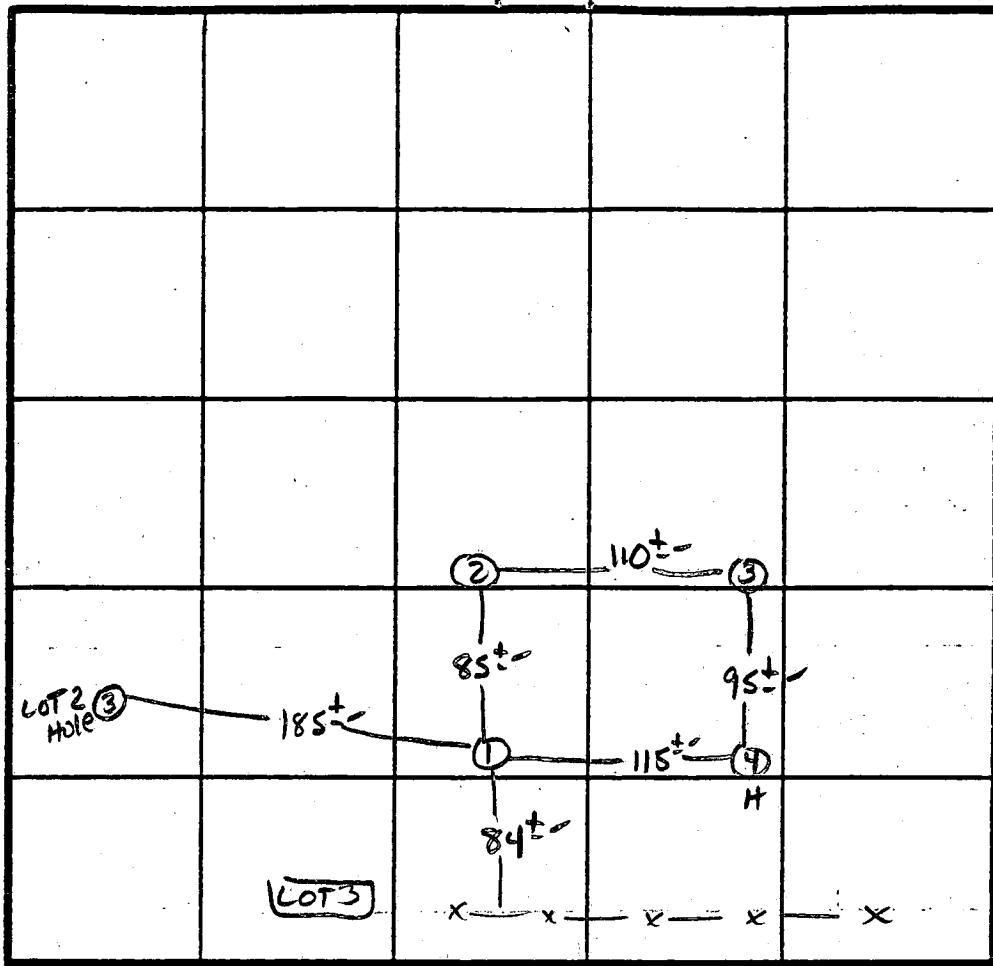
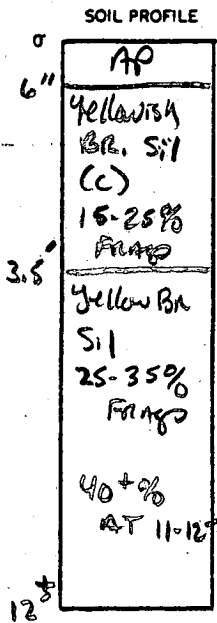
REASONS FOR REJECTION OR HOLDING 10/25/88 Reu SATISFACTORY hold for REAR. Sewer

BLDG. PERMIT SIGNED  
AND RETURNED 7/27/83  
Serial # 49574-  
SFD - 4 Bedroom

HD-216

# THIS IS NOT A PERMIT

A-42102



X Perc  
10 min  
210 #/BR  
Inlet 3.5"  
Bottom 5.0"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

R4144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/24/88	1 S	4"	10:43	10:55	10:55	11:20	25 min
	2 V	12"	TYPICAL Profile				
	2 S	4.5"	10:51	10:52	10:52	10:57	5 min
	2 V	11.5"	Less dense clay to 4"				
	3 S	4.5"	10:46	10:48	10:48	10:52	4 min
	3 V	12.5"	Similar to Profile				
	4 S	4"	10:41	10:45	10:45	10:5	min
	4 M	8"	10:41	10:43	10:43	10:49	6 min
	4 V	12.5"	UNIFORM below 3.5" - loss		SHALLO		AT 11-12" for TYP.

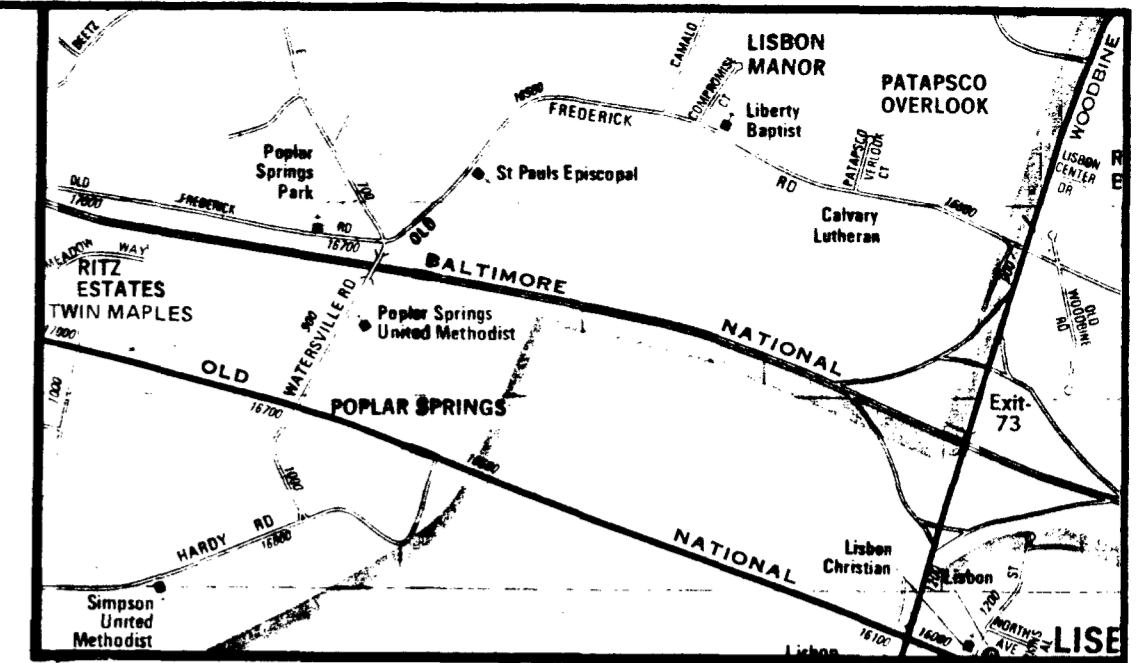
REMARKS Holes Approx RAT - Shallow SYST. Only

TYPE OF SOIL G. gravelly

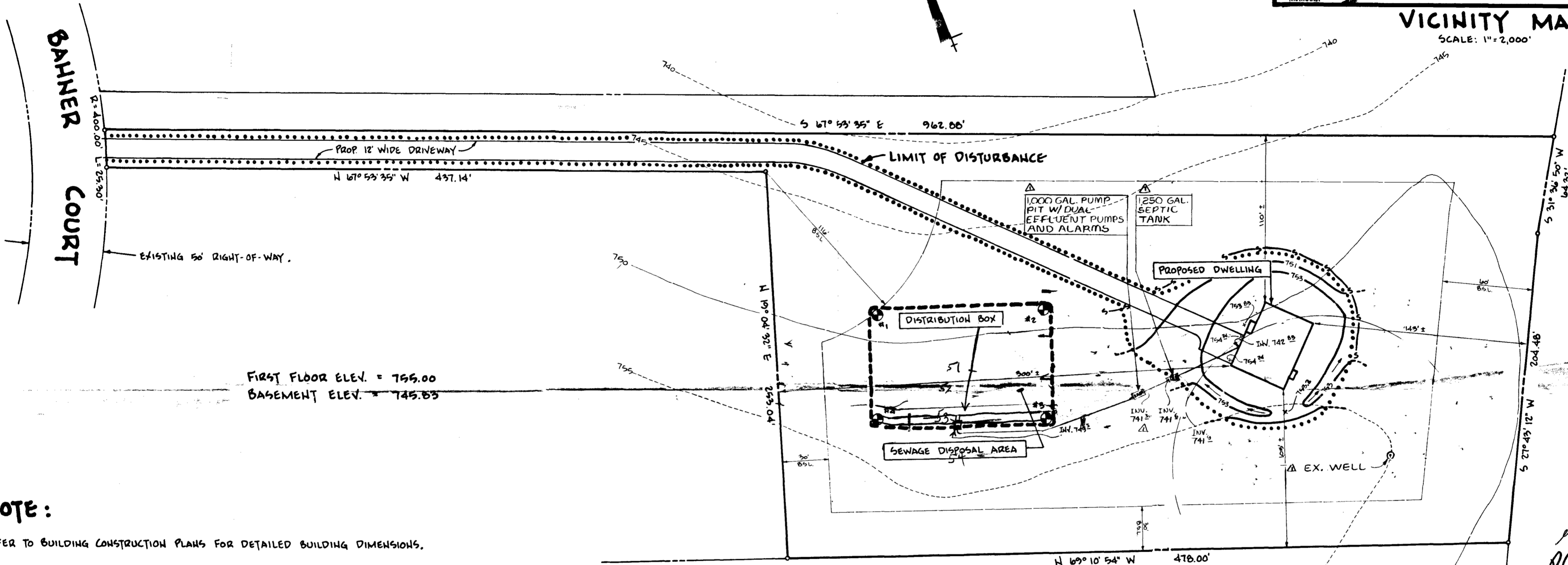
TESTED BY S. Abel ALSO PRESENT Phil M., Sanchez

G. Lass-ol

NOTE:  
INSTALL SOIL STABILIZATION MATTING IN SWALES AS REQUIRED.



VICINITY MAP  
SCALE: 1" = 2,000'



FIRST FLOOR ELEV. = 755.00  
BASEMENT ELEV. = 745.85

NOTE:  
REFER TO BUILDING CONSTRUCTION PLANS FOR DETAILED BUILDING DIMENSIONS.

GENERAL NOTES:

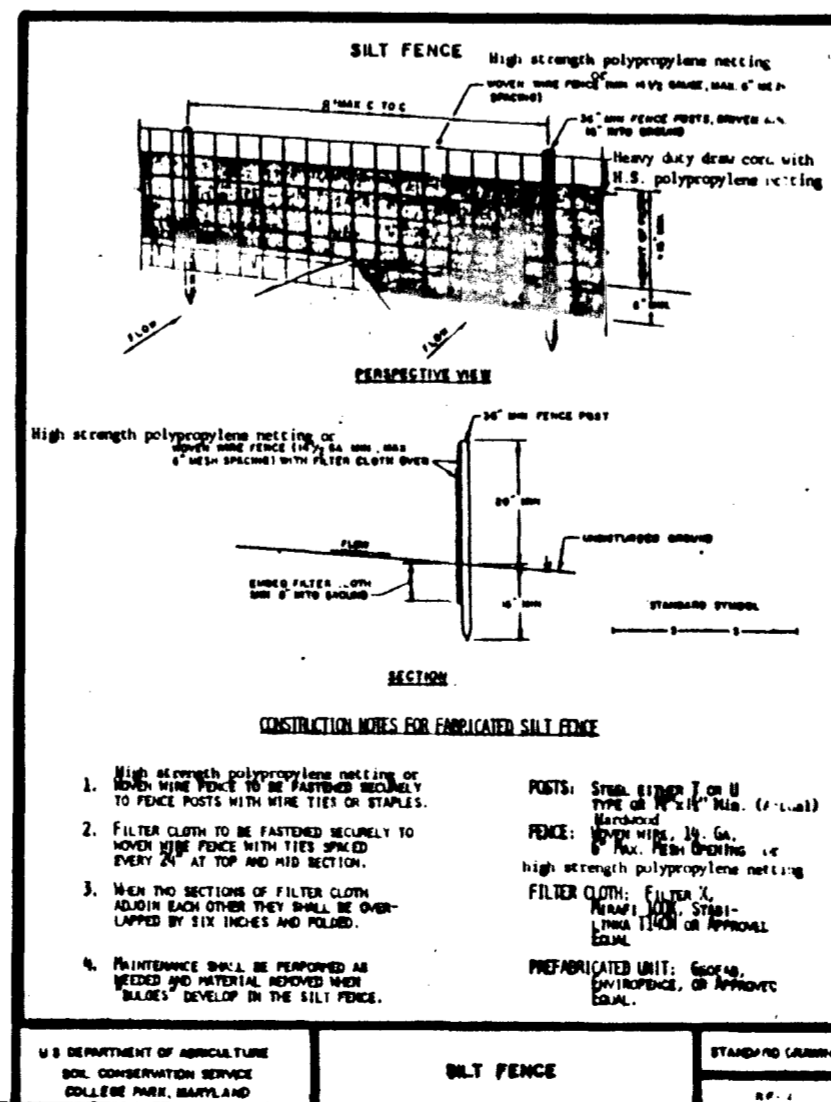
1. SITE AREA: 3.369 AC. ±
2. EXISTING ZONING: R
3. PROPOSED UTILITIES: PRIVATE SEWAGE DISPOSAL AREA  
PRIVATE WELL
4. DISTURBED AREA: 13,600 SQ. FT.
5. PERCOLATION TEST DATE:
6. PROPOSED USE: RESIDENTIAL SINGLE FAMILY DWELLING
7. CONTRACTOR TO SUPPLY PUMP DETAIL PRIOR TO ISSUANCE OF SEPTIC PERMIT.

GRADING NOTES:

1. CONTRACTOR IS TO PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.
2. THERE WILL BE NO OVERALL GRADING OF THE LOT. THE ONLY GRADING PROPOSED WILL BE THAT GRADING INCIDENTAL TO THE BUILDING CONSTRUCTION.
3. ALL DISTURBED AREAS ARE TO BE PROTECTED BY SILT FENCE INSTALLATION (SEE DETAIL)
4. TOTAL DISTURBED AREA: 21,000 SQ. FT.

PLAT REFERENCE:

QUAIL MEADOWS, LOT #7, PLAT # 9354



7-27-99  
alter location  
H.  
BP 49514

**SPELLMAN, LARSON & ASSOCIATES, INC.**  
CIVIL ENGINEERS AND LAND SURVEYORS  
SUITE 109, JEFFERSON BLDG., TOWSON, MD., 21204  
PHONE: 823-3535

**OWNER / PURCHASER**  
**KEVIN & SUZANNE LARSON**  
654 MARIANNE LANE  
CATONSVILLE, MARYLAND 21220

**PLAT TO ACCOMPANY BUILDING PERMIT**  
**#16612 BAHNER COURT**

ELECTION DISTRICT 4 HOWARD COUNTY, MD.

SCALE: 1" = 50' DES. BY: -  
DATE: DRN. BY: J.M.B. SHT. 1 OF 1



B 1 **2222** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

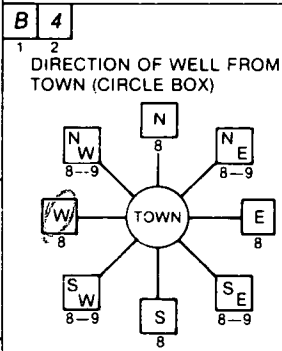
**2222** STATE OF MARYLAND PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-88-0553**  
 fill in this form completely

Date Received (APA) **092289**  
 OWNER INFORMATION  
**CARMAN ASSOCIATES**  
 Last Name Owner First Name  
**PO BOX 122**  
 Street or RFD  
**ELLICOTT CITY MD 21043**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**SWAIL MEADOWS** SUBDIVISION  
 SECTION **47** LOT **7**  
**LISBON** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION  
**Joseph L. Mayne** License No. **238**  
**Joseph L. Mayne Well Drilling** Firm Name  
**5512 Ridge Rd. Mt. Airy 21771** Address  
**Joseph L. Mayne** Signature Date **4/10/89**



**Bahner Court** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH WEST EAST SOUTH  
**900** DISTANCE FROM ROAD  
 ENTER FT or MI **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  
**Howard** COUNTY NAME **A 42102** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ DATE ISSUED **041889** **Sidney Abul** CO SIGNATURE **10-17-89** EXP. DATE  
 NORTH GRID **549000** EAST GRID **0775000**

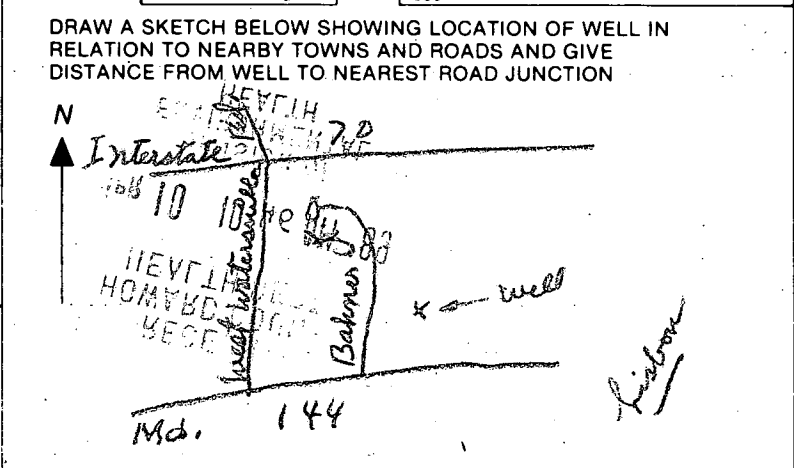
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **260** FEET  
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 **7705**  
 N **56049**  
 6-15-89 11:30am  
 No opportunity to observe  
 22ft casing 2:40pm  
 19ft open  
 5 bags cement  
 2 ft above ground  
 Location ok  
 JEN

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  
 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 **SA** WRITE INITIALS IN BOX PERMIT No. **HO-88-0553**

SPECIAL CONDITIONS  
 COUNTY

C1 0201 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 42102

ST/CO USE ONLY  
 DATE Received [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED 061588

Depth of Well 2205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-88-0553

OWNER: [ ] last name [ ] first name  
 STREET OR RFD [ ] TOWN [ ]  
 SUBDIVISION [ ] SECTION [ ] LOT X7

**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 Shale	0	15	
Bl. W. Rock	15	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL CEMENT  BENTONITE CLAY   
 NO. OF BAGS 5 NO. OF POUNDS 490  
 GALLONS OF WATER 30  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

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

MAIN CASING TYPE 5f Nominal diameter top (main) casing (nearest inch) 6 22 Total depth of main casing (nearest foot) 70

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

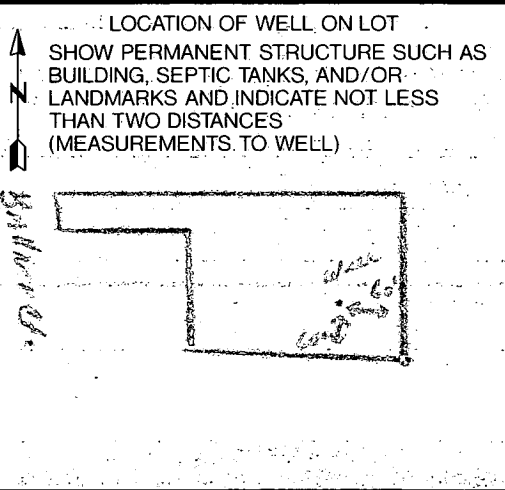
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN 1 2 3  
 1 H0 20 205  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 57 WHEN PUMPING 57  
 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) LAND SURFACE (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 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. 238  
 DRILLERS SIGNATURE [ ]  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)