

7/22/91 ANYTIME

Tax ID - 04-350448

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX-TIME EXPIRED

P 47084

A 42114

DISTRICT 4th

DATE 5/14/91

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

FOR F.C.O.P.

DATE SYSTEM APPROVED 7/22/91

INSPECTOR M. Rifkin

INDEXED

COMPLIANCE

7/13/93
C. Williams / C. Bell

Frall Developers, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-1866

SUBDIVISION Quail Meadow LOT 19 ROAD 16607 Bahner Court

PROPERTY OWNER Frall Developers, Inc. Donald Beall

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from left rear lot corner as seen from Bahner Court, place first trench 230' down rear lot line and 145' off this same lot line. Run trenches toward front of lot along contours.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap above grade or septic tank. OK 5/14/91 RH

PLANS APPROVED BY Mark Rifkin cm DATE 4/26/91

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

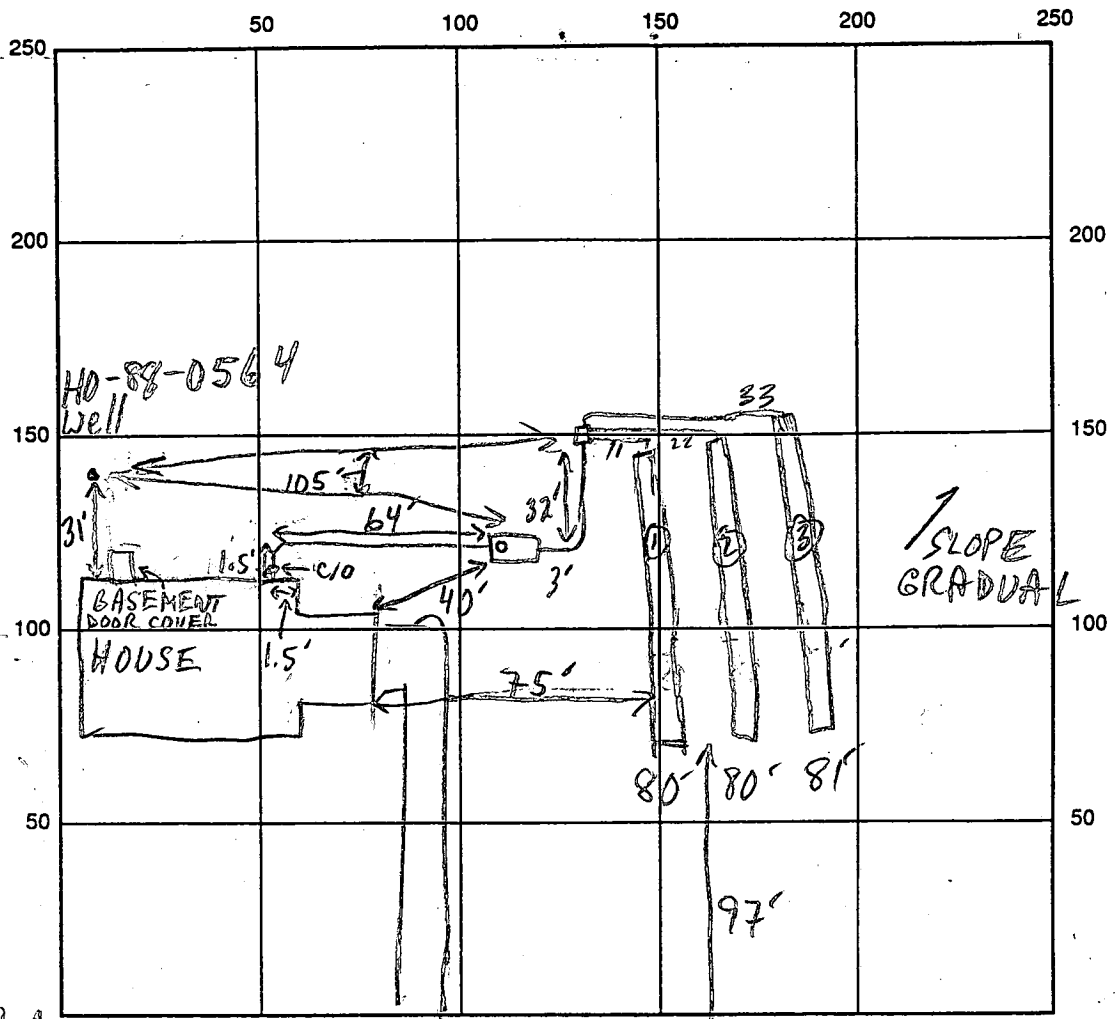
PERMIT VOID AFTER TWO YEARS

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
42114



BAHNER CT INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
ROAD \searrow

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{5} \frac{2}{5} \frac{3}{5}$ FT. TRENCH WIDTH 3 FT. INLET DEPTH $\frac{1}{3.5} \frac{2}{3.5} \frac{3}{3.5}$ FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 090 @80 @81 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 0240 @240 @243 SQ. FT.

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

ABSORBENT AREA 723 SQ. FT.

REMARKS: 7/22/91 TRENCHES OFF CONTOUR, RUNNING UPHILL 1'±;
BUT NO SIGNIFICANT IMPACT; OK TO COVER ALL MR

DATE SYSTEM APPROVED 7/22/91

INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 42114
P _____

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

DISTRICT 4TH

DATE 4/4/88

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 KUNTZE Fryall Developers, Inc

ADDRESS 2828 FLORENCE ROAD, WOODBINE, MD. 21797 PHONE 795-1866
489-4969

PROSPECTIVE BUYER CARMAN ASSOCIATES

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

PROPERTY LOCATION: N/S MD. ROUTE 144 APPROX 1200' EAST OF WATERSVILLE ROAD

SUBDIVISION PROPERTY OF LAVINIA L. HOOD LOT NO. 19 on Final

ROAD AND DESCRIPTION COURT 'A' 16607 Bahner Court

TAX MAP 7 PARCEL # 482

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.
Orlando S. Carter CARMAN ASSOCIATES
GENERAL PARTNER
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Deep trenches DATE 11-21-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/25/88 Perc Satisfactory - Hold for Part. Sewer

BLDG. PERMIT SIGNED
AND RETURNED 5/8/88
Serial # 57207 - SFD

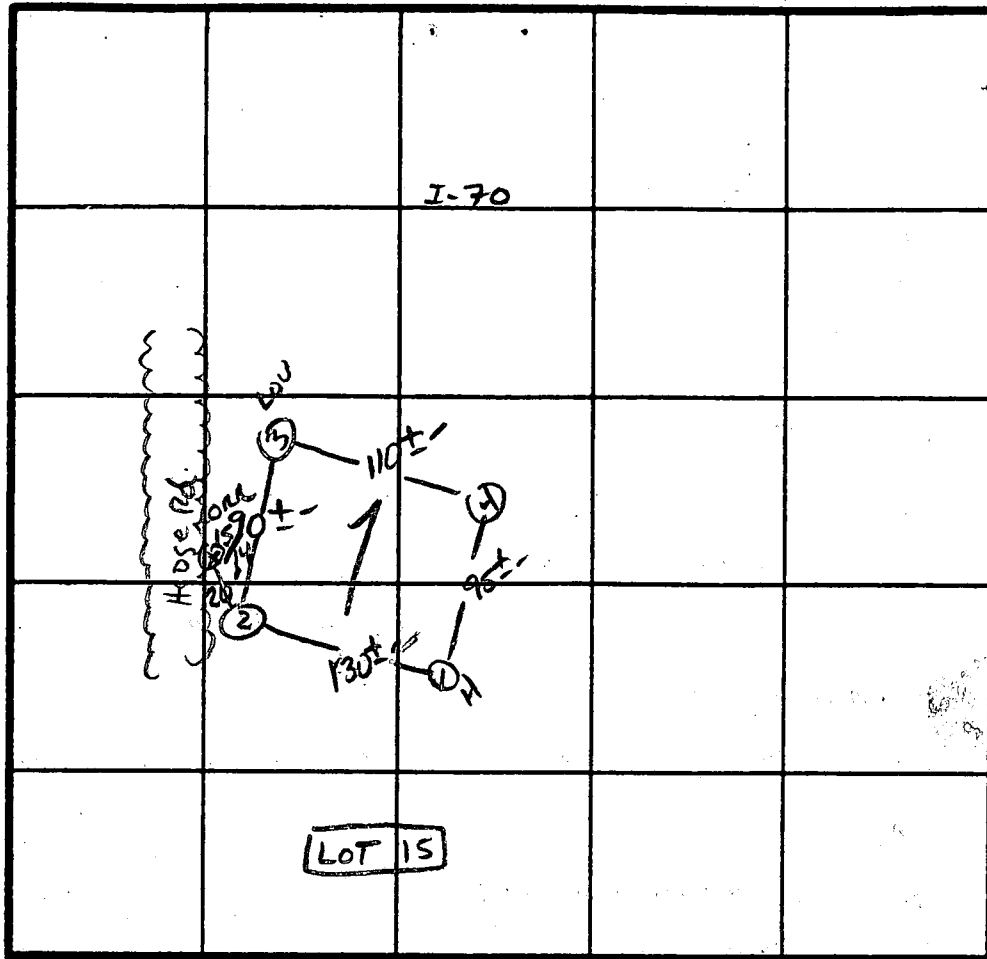
HD-216

THIS IS NOT A PERMIT

A-42114

SOIL PROFILE

0"	AP
5"	Brown Silt loam (clayey) 15-20% Frags
3"	Light BL Silt loam 30-40% Frags
12"	



X Perc
4min
Inlet 3.5
Bottom 7.5
180 ABR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
R+144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/2/88	1S	4"	2:29	2:30	2:30	2:33	3 MIN
		8"	2:29	2:30	2:30	2:33	3 MIN
	1V	12"	As profiled				
	2S	3.5"	2:34	2:36	2:36	2:39	3 MIN
		11.5"	Similar to Profile		w/ Frags	40-50% AT 11"	
	3S	3.5"	2:38	2:41	2:41	2:45	4 MIN
		12"	SIMILAR TO #2				
	4S	3.5"	2:41	2:43	2:43	2:46	3 MIN
		12"	SIMILAR TO #2A B				

REMARKS Holes APPROX PLAT

TYPE OF SOIL Glenelg

TESTED BY S. Abel

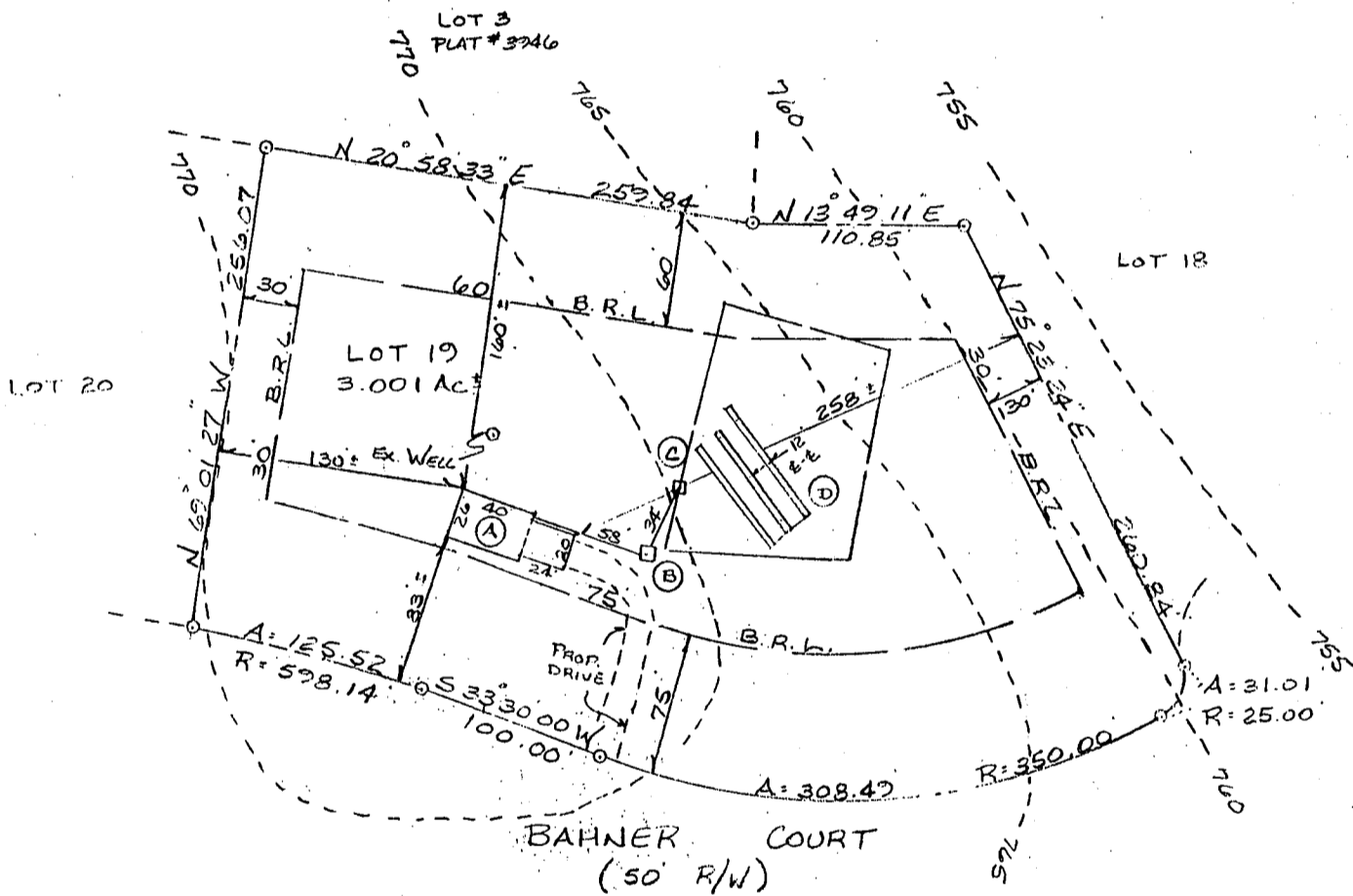
ALSO PRESENT Phil M. Ruben, Andrews, C. Cassel

(A) = PROP. HOUSE
 FF. ELEV. = 777.3
 BSMT. ELEV. = 768.8
 INV. ELEV. = 767.6

(B) = PROP. SEPTIC TANK
 EX. ELEV. = 770.2
 INV. IN = 767.0
 INV. OUT = 766.7

(C) = PROP. DIST. BOX
 EX. ELEV. = 769.6
 INV. ELEV. = 766.4

(D) = PROP. TRENCHES
 INV. ELEV. = 766.1
 1.5' STONE, 5' BOTTOM MAX.
 LENGTH TO BE DETERMINED AT
 TIME OF SEPTIC PERMIT ISSUANCE.



PLOT PLAN
 LOT 19
 QUAIL MEADOWS
 SITUATED ON BANNER COURT
 ELECTION DISTRICT No 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' MARCH 1991

5/8/91
 REVISED PLANS OK
 RH



REVISED: 16 MAY 91 - PER COMMENTS
 REVISED: 15 APRIL 91 - HOUSE LOCATION

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.

LIBERTY SURVEY, INC
 3020 BUFFALO ROAD
 NEW WINDSOR, MARYLAND
 301-875-2784 21776

REFERENCE
 PLAT # 9354

JOB NO.
 91-04

B 1 **2223** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

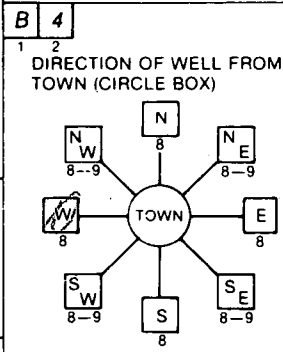
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0564
 fill in this form completely

Date Received (APA) **04/28/89**
 OWNER INFORMATION
CARMAN ASSOCIATES
 PO BOX 122
 ELKICOTT CITY MD 21043

B 3 LOCATION OF WELL
HOWARD COUNTY
QUAIL MEADOWS SUBDIVISION
 SECTION **19** LOT **19**
LISBOA NEAREST TOWN
 MILES FROM TOWN **1 1/2** MI

DRILLER INFORMATION
Joseph L. Mayne
 Driller's Name
Joseph L. Mayne Well Drilling
 Firm Name
5512 RIDGE RD. MT. AIRY 21771
 Address
Joseph L. Mayne
 Signature
4/16/89
 Date



Bahner Court NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST
 EAST
 SOUTH
 DISTANCE FROM ROAD **35** FT or MI **AT**

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-4214 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **04/18/89** CO SIGNATURE **S. J. ...** EXP. DATE **4/19/96**
 NORTH GRID **550000** EAST GRID **07740000** EXTENDED MR 10/11/89

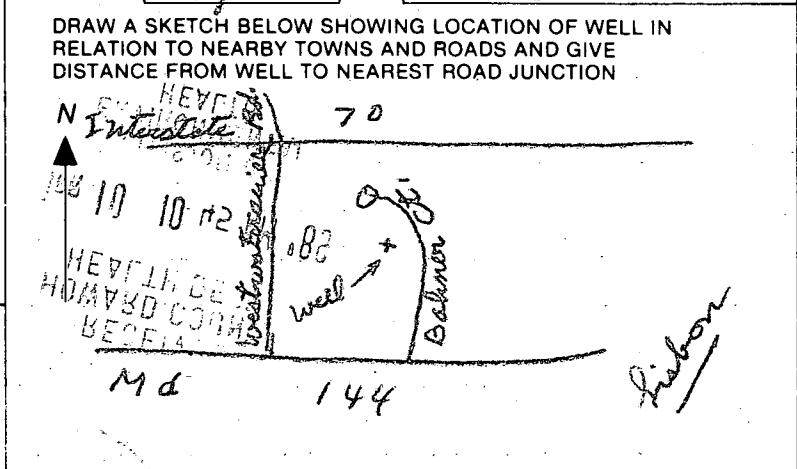
APPROXIMATE DEPTH OF WELL **266** FEET

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. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **774**
 N **550**
 000
 000
 4/9/89 GROUT NOT OBS'D
 70 CASING
 50+ OPEN
 15 BAGS
 1" CASING MR A.G. 11/9/89

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 **5A** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0564**

SPECIAL CONDITIONS

C1 2422

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-42114

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER CARMAN ASSOCIATES, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and Check if water bearing. Includes handwritten entries: BROWN Shale 0 65, BLUE ROCK 65 285.

GROUTING RECORD form including fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (15), NO. OF POUNDS (1410), GALLONS OF WATER (90), DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD form including fields for screen type (ST, BR, HO, PL, OT) and screen details.

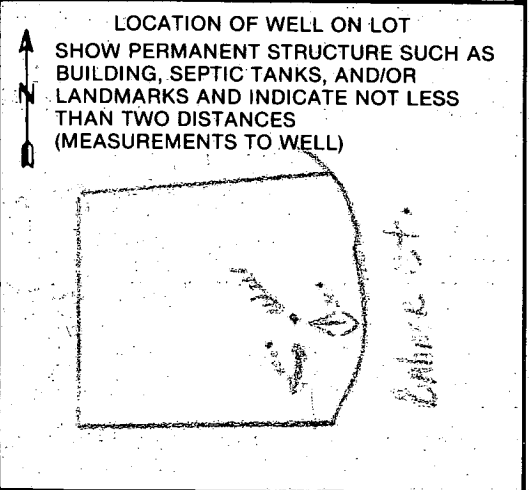
DEPTH (nearest ft.) form with grid for recording depth measurements.

GRAVEL PACK and FLOWING WELL INSERT form with fields for slot size and diameter.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

PUMPING TEST form including fields for HOURS PUMPED (3), PUMPING RATE (19), METHOD USED TO MEASURE PUMPING RATE (bucket), WATER LEVEL, TYPE OF PUMP USED (A, C, J, R, O, S).

PUMP INSTALLED form including fields for DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY



HOWARD COUNTY HEALTH DEPARTMENT

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

August 21, 1991

Reply to:

Frall Developers
P. O. Box 656
Mt. Airy, Maryland 21771

Re: Quail Meadows - Lot 19
16607 Bahner Court
Well Tag No. HO-88-0564

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on July 22, 1991.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was previously documented to be 20.0 parts per million. A nitrate device has been installed to treat the previously documented excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to continue to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
3. If, in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955 Director 461-9956 TDD 313-2323

August 21, 1991

INTERIM CERTIFICATE OF POTOBILITY

This certifies that the inital sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0564. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological and nitrate tests which are to be taken and the results submitted to the Howard County Health Department within six months. The well owner accepts his or her responsibilities under COMAR 26.04.04.10.

August 17, 1991
Date of Water Sample

November 10, 1989
Date Well Approved

Charles Streaker, SEN

Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

CS/cm