

7/31/97
K.O.C.O.

Tax ID-05-415543

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58570

A 42224

DISTRICT 5th

DATE 7-18-97

DATE SYSTEM APPROVED 7-31-97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

BAC-MP Development Limited Partnership IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Adam's Reach LOT 19 ROAD 5540 Adam's Ridge Road

PROPERTY OWNER BAC-MP Development Limited Partnership (Robert Firestein)

ADDRESS _____

SEPTIC TANK CAPACITY 1250 ~~1000~~ GALLONS

NUMBER OF BEDROOMS 34

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 185180

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 - Place the distribution box 245 feet up the 502.27' lot line and 165 feet off this same lot line as seen when facing the lot from Adam's Ridge Road. 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. 7/18/97 OK ALM

PLANS APPROVED BY Donna K. Soe REVISED _____ DATE 06/19/97

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

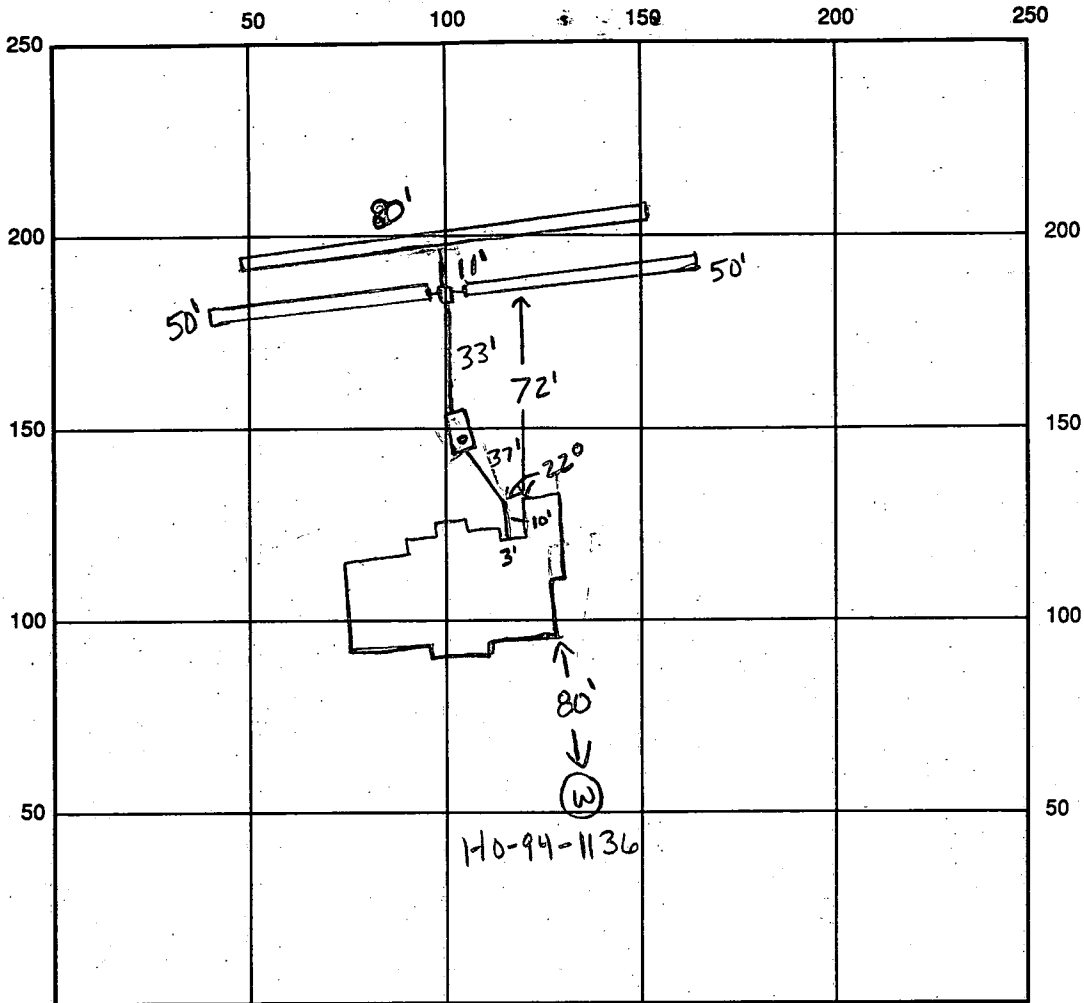
PERMIT VOID AFTER TWO YEARS

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
42224



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Adams Ridge Road

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH $\frac{2 \times 50}{1 \times 80}$ FT. \rightarrow 180'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 7-31-97 has house conn, ok to cover all work when completed
last trench (KM)

WPT - ok to cover well line, has 2 piece cap, P.A. 4.0' below grade, casing
1.5' above grade, needs ground wire (KM)

DATE SYSTEM APPROVED 7-31-97 INSPECTOR Kimberley Maite

APPLICATION

PERCOLATION TESTING

A 42224
P _____

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

DISTRICT 5TH
DATE MAY 1988

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 BAC - MP DEVELOPMENT LIMITED PARTNERSHIP
c/o H.P. ASSOCIATES
ADDRESS 3901 NATIONAL DRIVE SUITE 100 PHONE 421-1700
BURTONSVILLE, MARYLAND 20866

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION ADAMS REACH sec. 2 LOT NO. LOT 19 Prelim.
5540 Adams Ridge Road
ROAD AND DESCRIPTION LOCATED ON THE NORTH AND SOUTH SIDES OF

MD. ROUTE 32, WEST OF RTE 108, NORTH OF TEA OAKS ROAD
TAX MAP 28 PARCEL # 240
SIZE OF LOT ± 3.3 Ac. TYPE BLDG. _____
BLDG. PERMIT SIGNED AND RETURNED 6-19-97
Serial # BM 106258
SFD - 3Bm
(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]
(SIGNATURE OF APPLICANT)

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

REASONS FOR REJECTION OR HOLDING 9.23.88 Perc Satisfactory. Hold for PCAT. SAH

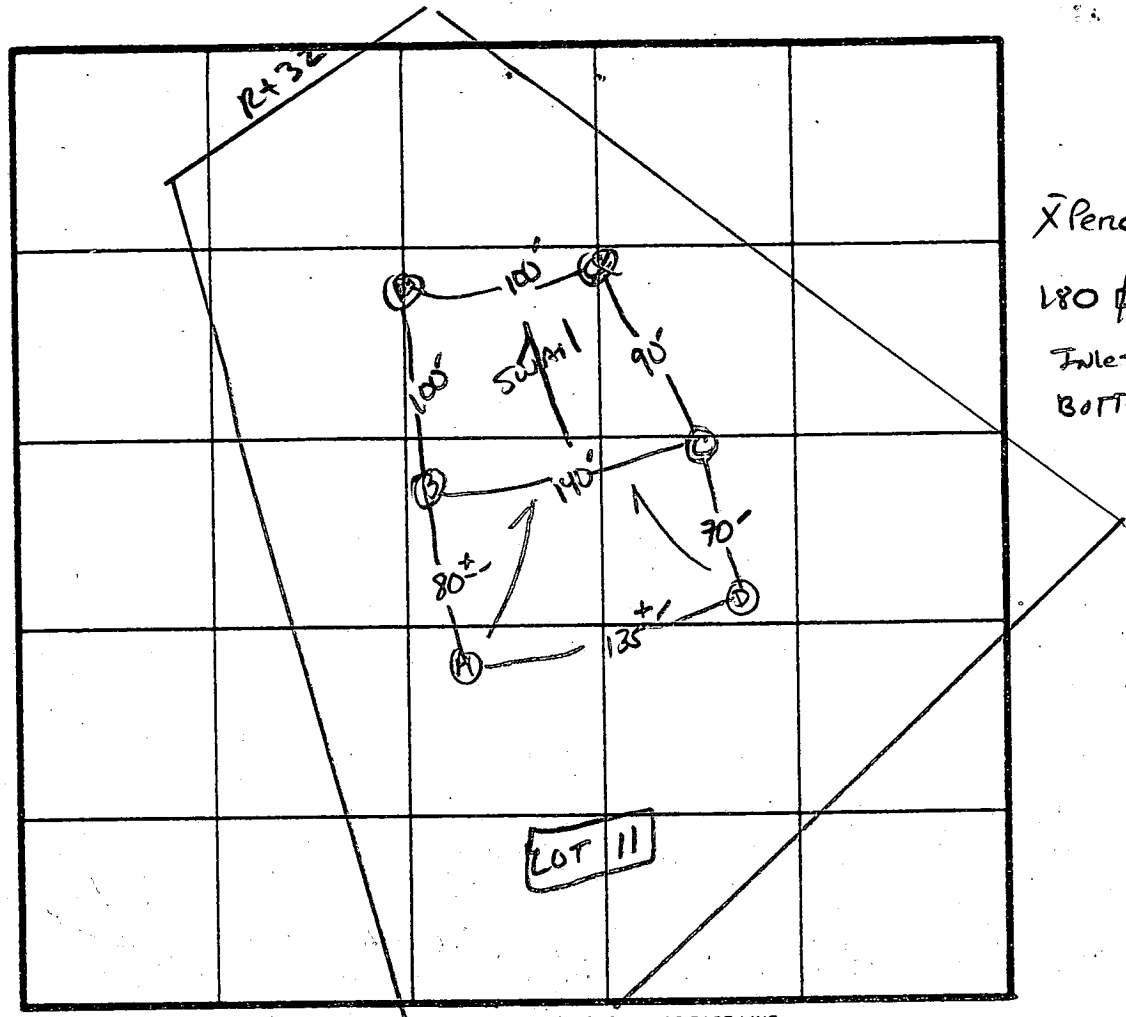
THIS IS NOT A PERMIT

A-42224

LOT 11

(A) - (D)
SOIL PROFILE

0	AP
8"	Yellow BR Silty CLAY worm 2-4% frags
2.0'	Yellow Brown Silty loam 10% frags
3.5'	
12'	



X Perc 3 min
180 #/BA
Inlet 3"
Bottom 8 1/2"

INDICATE NORTH, NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO TEN OAKS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/23/88	✓ AS	4.5'	11:20	11:22	11:22	11:28	6 min	
		8.5'	11:19	11:20	11:20	11:22	2 min	
	✓ AV	12'	UNIFORM soil below 3.5'					
	BS	2.5'	11:29	11:30	11:30	11:32	2 min	
		12'	UNIFORM soil below 2.0'					
	CS	3'	11:33	11:34	11:34	11:36	2 min	
		12'	UNIFORM soil below 3'					
	✓ DV	12'	UNIFORM soil below 3.0'					

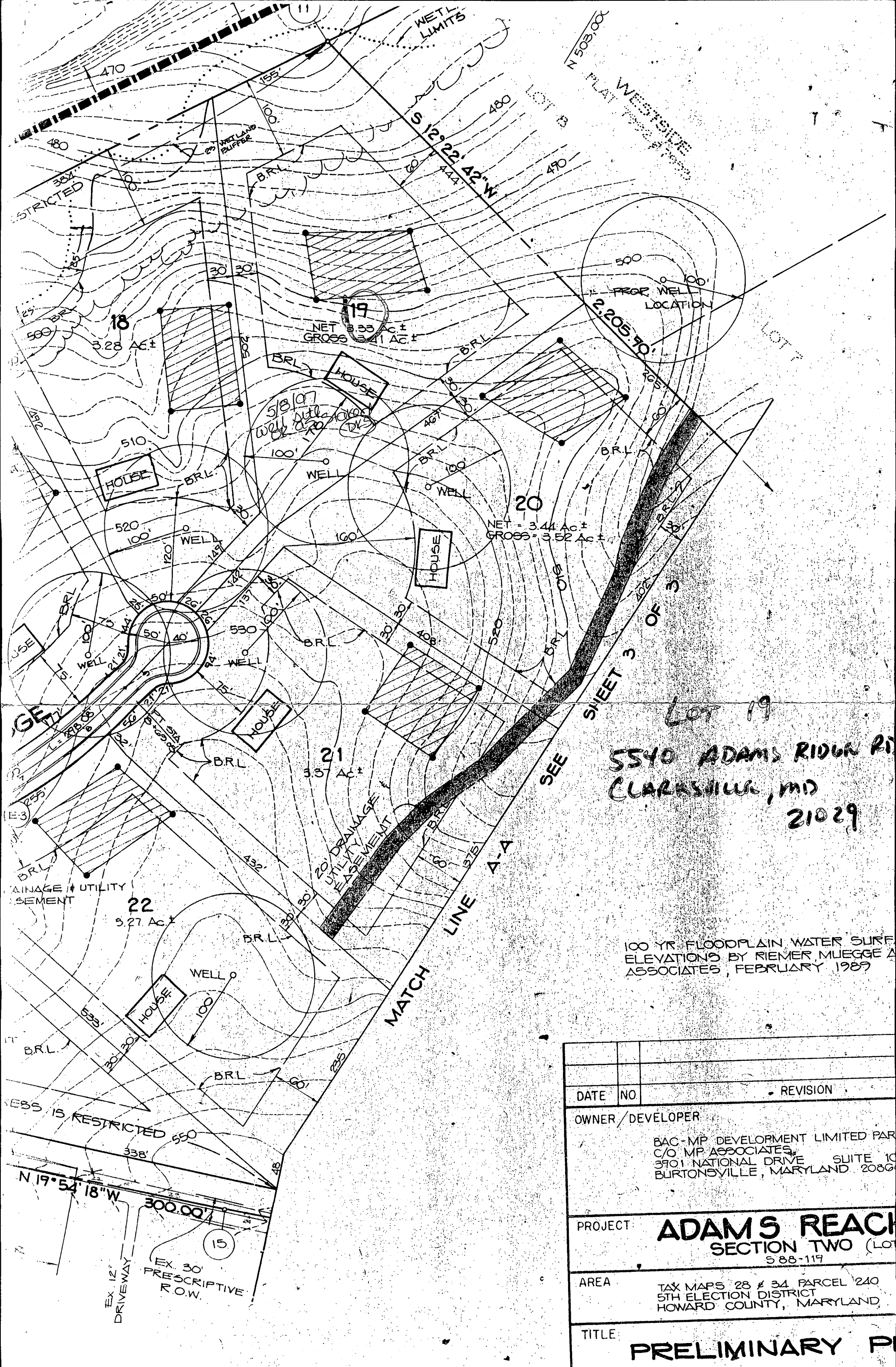
REMARKS: HOLDS DIFF THAN RAT / FLIPPED-UP

TYPE OF SOIL: Chester loam

TESTED BY: S. Abel

ALSO PRESENT: Fyock & Co. Wayne

EH-12-1079



Lot 19
 5540 ADAMS RIDGE RD
 CLARKSVILLE, MD
 21029

100 YR FLOODPLAIN WATER SURF ELEVATIONS BY RIEMER MUEGGE & ASSOCIATES, FEBRUARY 1989

DATE	NO.	REVISION
OWNER/DEVELOPER		
BAC-MP DEVELOPMENT LIMITED PARTNERSHIP C/O MP ASSOCIATES 3901 NATIONAL DRIVE SUITE 100 BURTONTOWNE, MARYLAND 20866		
PROJECT		ADAMS REACH SECTION TWO (Lot 19) 588-119
AREA		TAX MAPS 28 & 34 PARCEL 240 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TITLE		PRELIMINARY PLAN

B 1 **9341** SEQUENCE NO. (MDE 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-94-1136
 fill in this form completely

Date Received (APA) **5/2/97** OWNER INFORMATION **RN 7080B 3** LOCATION OF WELL **Howard CC#**

8 MM DD YY 13
Phillips Stevens Assoc

15 Last Name Owner First Name 34
3301 National Pike

36 **Burtonsville, Md. 20866** Street or RFD 55

57 Town 70 State 72 Zip 76

8 COUNTY **Howard** 21

23 SUBDIVISION **Adam's Reach** 42

SECTION **44** LOT **19**
 44 46 48 50

52 NEAREST TOWN **Clarksville** 71

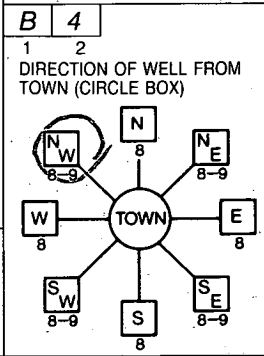
MILES FROM TOWN (enter 0 if in town) **1** M. I.
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M **W** **040**

Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.

Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771

Address
George F. Easterday **5/2/97** Date



Adam's Ridge Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **400** 37
250 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL: _____

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A 42224**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **05 08 97** **5/17/98**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **504** 0 0 0 EAST GRID **0811** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **5-22-97 - P. 30 AM**

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810** 1
 N **500** 4

000
 000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary Drive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

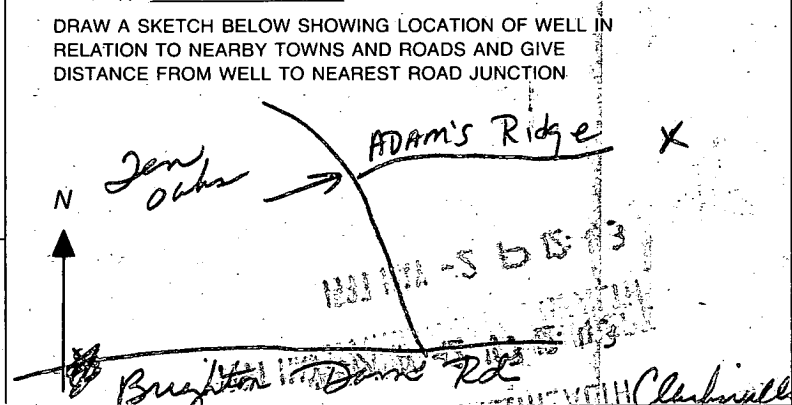
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **154**

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-1136**
 67 68 70 71 72 73 74 75 76 77 78 79

C1 **6037** SEQUENCE NO. (MDE 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 42224**

ST/CO USE ONLY DATE Received **0-17-94** DATE WELL COMPLETED **05 22 97** Depth of Well **200** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-1136**

OWNER **Phillips Stevens Assoc.**
 STREET OR RFD **Adam's Ridge Rd** TOWN **Clarksville**
 SUBDIVISION **Adam's Reach** SECTION **19** LOT **19**

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	
top soil	0	2	
shaley	2	17	
soft brown mict.	17	60	
sand stone	60	80	✓
Brown mict	80	90	✓
gray mict	90	190	
Quartz	190	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **26** NO. OF POUNDS **2600**
 GALLONS OF WATER **130**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **62** 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) **71**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **N**

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 LIC. NO. **M WD 040**
George F. Easton
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **M WD 481**
David Easton

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

C 2 DEPTH (nearest ft.)
69 **200**
 1 2 3 4 5 6 7 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)
 56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

MDE 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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **34** ft.
 WHEN PUMPING **63** ft.
 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) **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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)
+ above } LAND SURFACE
- below } **2** (nearest foot)

