

Tax ID - 05-411351

7/3/90 LATE
2-27-90
fine

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 46285
A 42239
DISTRICT 5th
DATE 8/28/90
DATE SYSTEM APPROVED 7/31/90
INSPECTOR M. Riskin

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Adams Reach ROAD 5577 Broadwater Lane LOT 4

PROPERTY OWNER BAC-M.P. Associates (John Montgomery)

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

GARBAGE GRINDER YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the front (390.63') lot line and 115 feet from the left (549') lot line as seen when facing the lot from Broadwater Lane. Run trenches on contour toward the front of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5-2-90 JED

PLANS APPROVED BY Sid Abel DATE 6/09/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUILDING PERMIT SIGNED AND RETURNED 6-12-02
600136876-FINISH BASEMENT

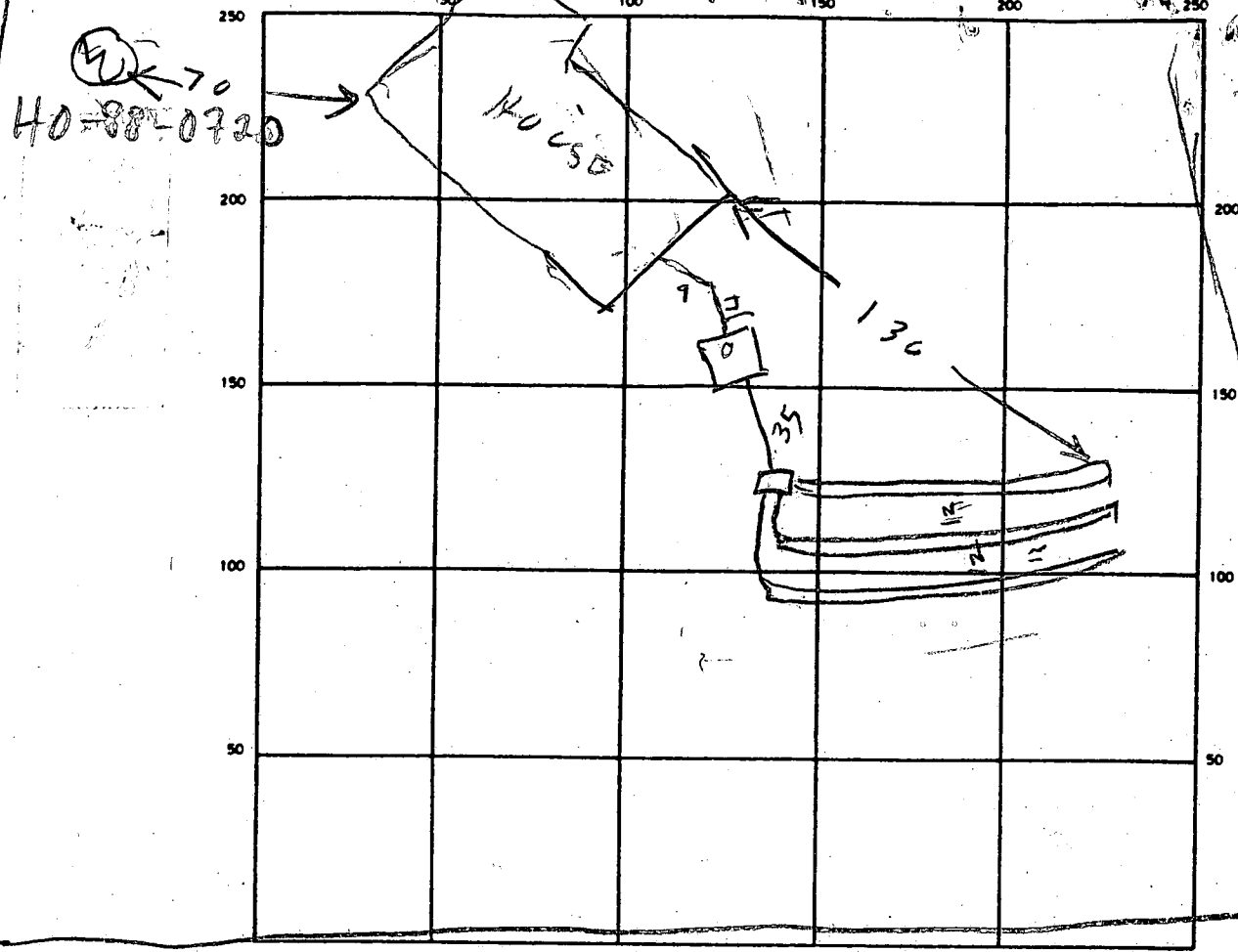
BLDG. PERMIT SIGNED AND RETURNED 5/3/91
Serial # 37642 deck

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

42239

TO BROADWATER LA.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
RB

SEPTIC TANK LEVEL 1250 CLEANOUTS NO OK

DISTRIBUTION BOX LEVEL 010

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 12 FT. TOTAL LENGTH 120 FT. 120 FT. 120 FT. 240

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

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 7/27/90 3 TRENCHES OK TO COVER. HOOK TANK TO HOUSE. INSTALL CLEANOUT ON TANK & CALL RH

9/27/90 Cleanout on tank OK House Sewer Covered. Left Red Sticker on Cleanout on Tank RH

7/31/90 HOUSE CONN. LOOKS OK FROM INSIDE MR

DATE SYSTEM APPROVED 7/31/90 INSPECTOR McRifkin

APPLICATION

PERCOLATION TESTING

A 42239
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

116 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. 1 LOT NO. 26 LOT 4 Preliminary

ROAD AND DESCRIPTION LOCATED ON THE NORTH AND SOUTH SIDES OF
MD. ROUTE 32, WEST OF RTE 108, NORTH OF TEN OAKS ROAD
(5577 Broadwater Lane)

TAX MAP 28 PARCEL # 240
SIZE OF LOT ± 3.1 AC 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.

BRAD ALP
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Alup FOR Standard trench DATE 6-9-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-13-88 Due Satisfactory, Hold for Subel. Plat. Sidup

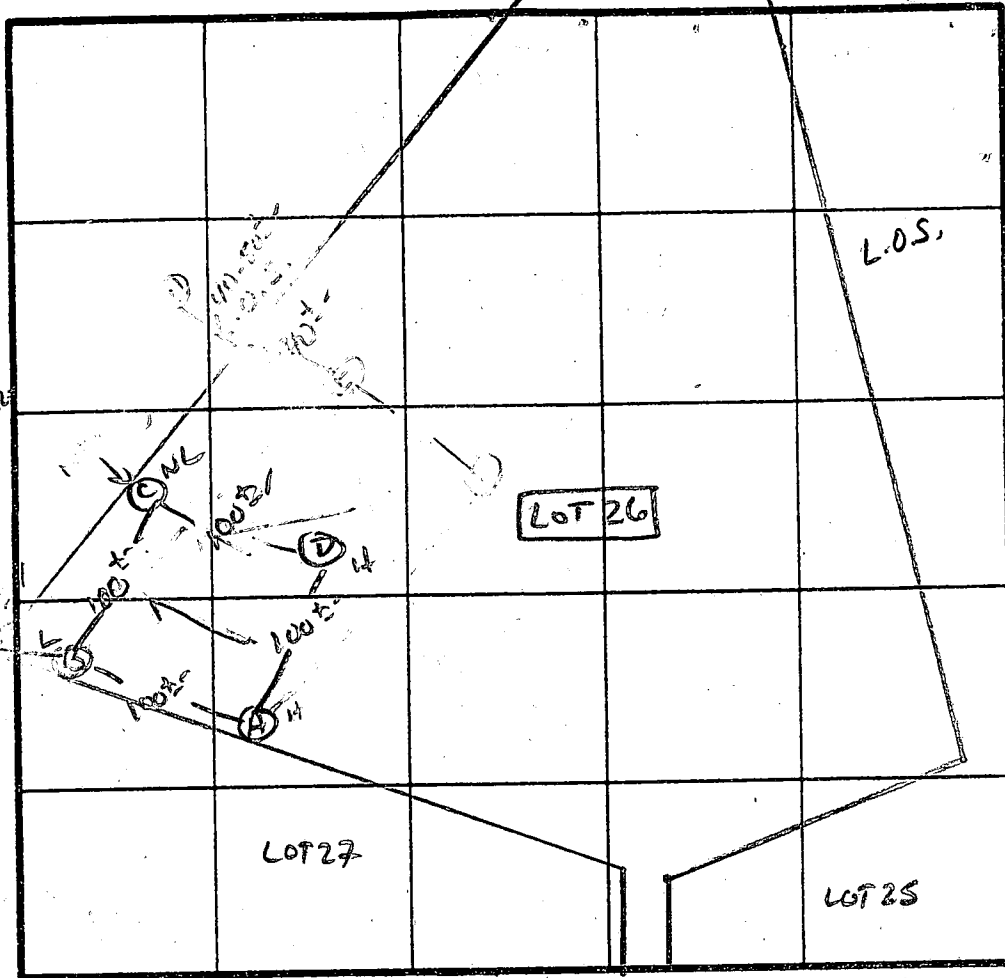
BUDG. PERMIT SIGNED
AND RETURNED 9/15/89
Serial # 28689
SFD - 4 Bedrooms

THIS IS NOT A PERMIT

A-42239

SOIL PROFILE

0	AP
10"	Yellow Red Silt CLAY LOAM Small 10-15% AMBS FRAGS QUARTZITE
3.5'	Yellow BR w/ PINK CRSTS Silt LOAM Highly MICACEOUS 15-20% CONSP FRAGS
12'	



X Perc to min
180 #/BR
Fillet S.S
BOTTOM S.O

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ BROADWAY Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/13/88	A S	4'	8:51	8:55	8:55	9:02	7 MIN
		8'	8:47	8:50	8:50	8:56	6 MIN
	A V	12.5'	UNIFORM	soil below 3.5'			
	B S	4'	8:57	8:58	8:58	9:00	2 MIN
	B V	12.0'	UNIFORM	soil below 3.5'			
	C S	4'	9:01	9:03	9:03	9:10	7 MIN
	C V	12.5'	UNIFORM	soil below 3.0'			MORE QUANTITATIVE ANALYSIS
	D V	13.0'	UNIFORM	soil below 3.5'			

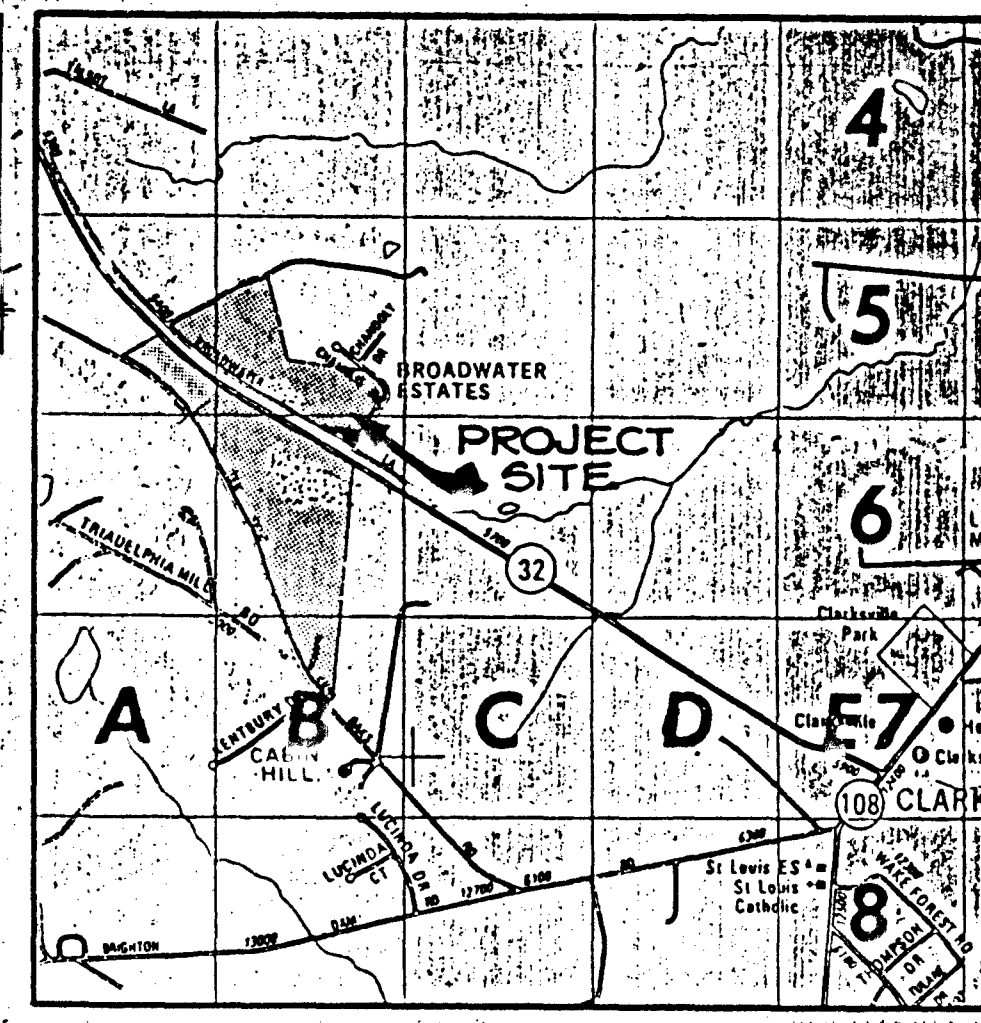
REMARKS HOLES APPROX. TO PLANT/LANDSCAPE POSITION SUGGEST SHALLOW SYST

TYPE OF SOIL Chester Lm → Gravelly Lm

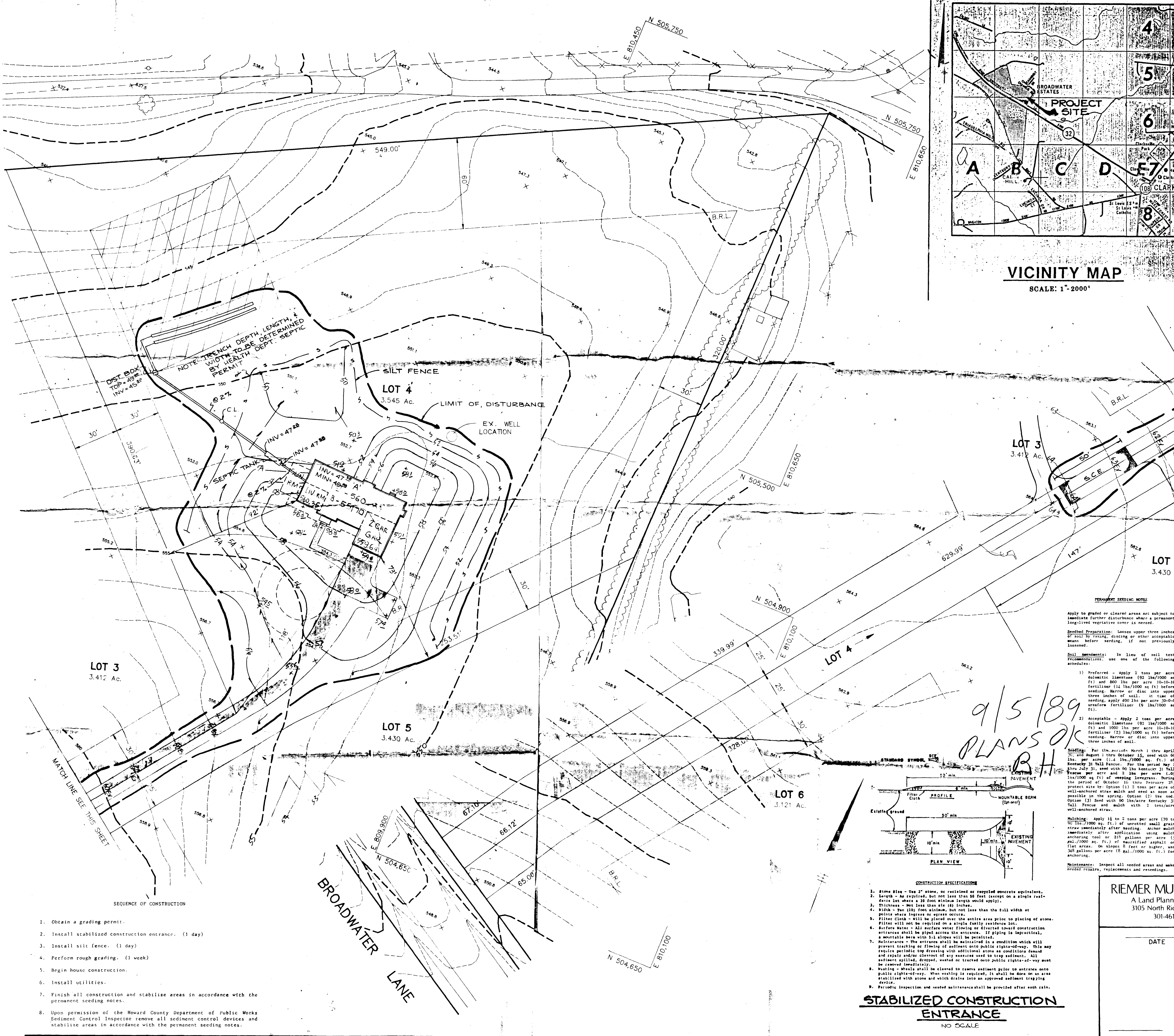
TESTED BY S. Auer

ALSO PRESENT Wayne Fyock & Co.

EH-12-1079



VICINITY MAP
SCALE: 1"=2000'



PERMANENT SEEDING NOTES

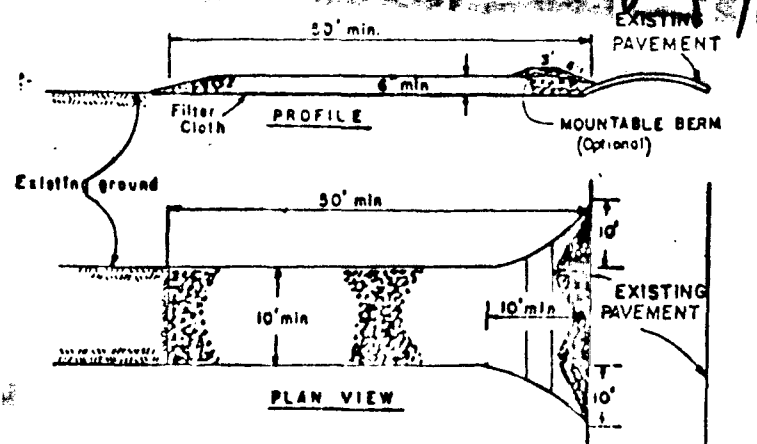
Apply to graded or cleared areas not subject to immediate further disturbance where a permanent long-lived vegetative cover is needed.

Seeding Preparation: Loosen upper three inches of soil by raking, disking or other acceptable means before seeding, if not previously loosened.

Soil Amendments: In lieu of soil test recommendations, use one of the following schedules:

- 1) Preferred - Apply 2 tons per acre dolomitic limestone (92 lbs/1000 sq ft) and 600 lbs per acre 10-10-10 fertilizer (12 lbs/1000 sq ft) before seeding. Harrow or disc into upper three inches of soil. At time of seeding, apply 400 lbs per acre 30-0-0 ureaform fertilizer (9 lbs/1000 sq ft).
- 2) Acceptable - Apply 2 tons per acre dolomitic limestone (92 lbs/1000 sq ft) and 1000 lbs per acre 10-10-10 fertilizer (23 lbs/1000 sq ft) before seeding. Harrow or disc into upper three inches of soil.

9/5/89
PLANS OK
B.H.



- CONSTRUCTION SPECIFICATIONS**
1. Stone Size - One 3" stone, or reclaimed or recycled concrete equivalent.
 2. Length - As required, but not less than 50 feet (except on a single residence lot where a 30 foot minimum length would apply).
 3. Thickness - Not less than six (6) inches.
 4. Width - Ten (10) foot minimum, but not less than the full width at points where ingress or egress occurs.
 5. Filter Cloth - Will be placed over the entire area prior to placing of stone. Filter will not be required on a single family residence lot.
 6. Surface Water - All surface water flowing or diverted toward construction entrances shall be piped across the entrance. If piping is impractical, a mountable berm with 5:1 slope will be permitted.
 7. Maintenance - The entrance shall be maintained in a condition which will prevent tracking or flowing of sediment onto public rights-of-way. This may require periodic top dressing with additional stone as conditions demand and repair and/or cleanout of any measures used to trap sediment. All sediment spilled, dropped, washed or tracked onto public rights-of-way must be removed immediately.
 8. Washing - Wheels shall be cleaned to remove sediment prior to entrance onto public rights-of-way. When washing is required, it shall be done on an area stabilized with stone and which drains into an approved sediment trapping device.
 9. Periodic inspection and needed maintenance shall be provided after each rain.

STABILIZED CONSTRUCTION ENTRANCE
NO SCALE

RIEMER MUE
A Land Planning
3105 North Ridge
301-461-
DATE

- SEQUENCE OF CONSTRUCTION**
1. Obtain a grading permit.
 2. Install stabilized construction entrance. (1 day)
 3. Install silt fence. (1 day)
 4. Perform rough grading. (1 week)
 5. Begin house construction.
 6. Install utilities.
 7. Finish all construction and stabilize areas in accordance with the permanent seeding notes.
 8. Upon permission of the Howard County Department of Public Works Sediment Control Inspector remove all sediment control devices and stabilize areas in accordance with the permanent seeding notes.

B 1 **9158** 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
40-88-0720
 fill in this form completely

Date Received (APA) **051889**
 OWNER INFORMATION
KOREN DEVELOPMENT
 ONE CENTRE PARK DR
 COLUMBIA MT 21045

B 3 LOCATION OF WELL **12-44286**
HOWARD COUNTY
ADAMS REACH SUBDIVISION
 SECTION **44** LOT **4**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 George F. Easterdays
 Driller's Name **L. Franklin Easterday, Inc.**
 Firm Name
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
 Signature *George F. Easterday* Date **5/4/89**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD **900** FT

BROADWATER LANE NEAR WHAT ROAD
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A-42239**
 STATE SIGNATURE _____ DATE ISSUED **12-11-89**
 NORTH GRID **505000** EAST GRID **0810000**

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)

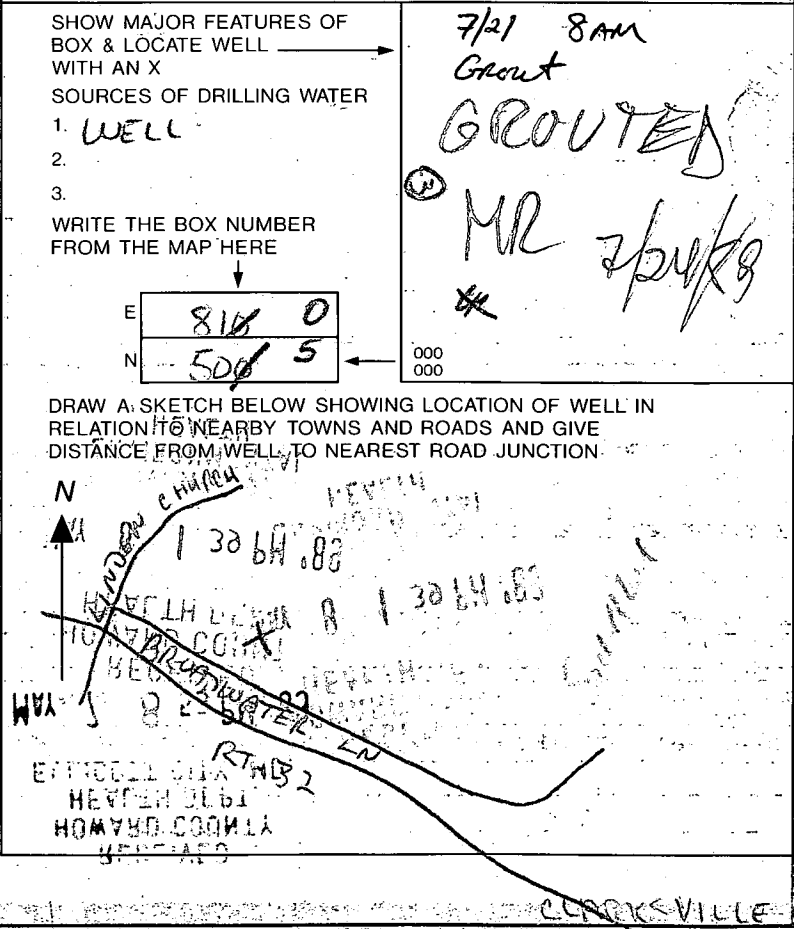
WRITE THE BOX NUMBER FROM THE MAP HERE

 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. **GROUT**
 3. **GROUTED**
 MR *[Signature]*

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 _____

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. **40-88-0720**

SPECIAL CONDITIONS

0044 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 42239**

ST/CO USE ONLY DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **0721-87** Depth of Well: **400** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HC-88-0720**

OWNER: **ROBERT DEVELOPMENT** last name: **BRADSHAW KING** first name: **CLARKSVILLE** TOWN: **CLARKSVILLE** SUBDIVISION: **ADAMS REACH** SECTION: **1** LOT: **4 (26)**

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	
BROWN MUD	2	30	✓
CLAY	30	36	
PERMANENT MUD	36	37	✓
CLAY	37	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **70** NO. OF POUNDS **2000**
 GALLONS OF WATER **100**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **60** ft.

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): **67**

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

C 2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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. **40**
 DRILLERS SIGNATURE: *[Signature]*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *[Signature]*

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 [] [] []

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **3**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **37** WHEN PUMPING **66**
 TYPE OF PUMP USED (for test): **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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE **2** (nearest foot)
- below }

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)