

Tax ID - 04-351649

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

P 49920

A 42495

DISTRICT 4th

DATE 3/11/94

DATE SYSTEM APPROVED 3/17/94

INSPECTOR [Signature]

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Country Springs LOT 4 ROAD 15049 Bushy Park Road

PROPERTY OWNER ~~Trinity Custom Homes~~ Dennis Hunt

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

210
4
840
210
4)840

BLDG. PERMIT SIGNED
AND RETURNED 3/3/95
Serial # 58282
Addition

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 230 feet from the front lot line and 25 feet from the left lot line. Run trenches along contour toward right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 3-11-94 JEN

PLANS APPROVED BY C. Williams/Mark Rifkin REVISED DATE 2/23/94

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.

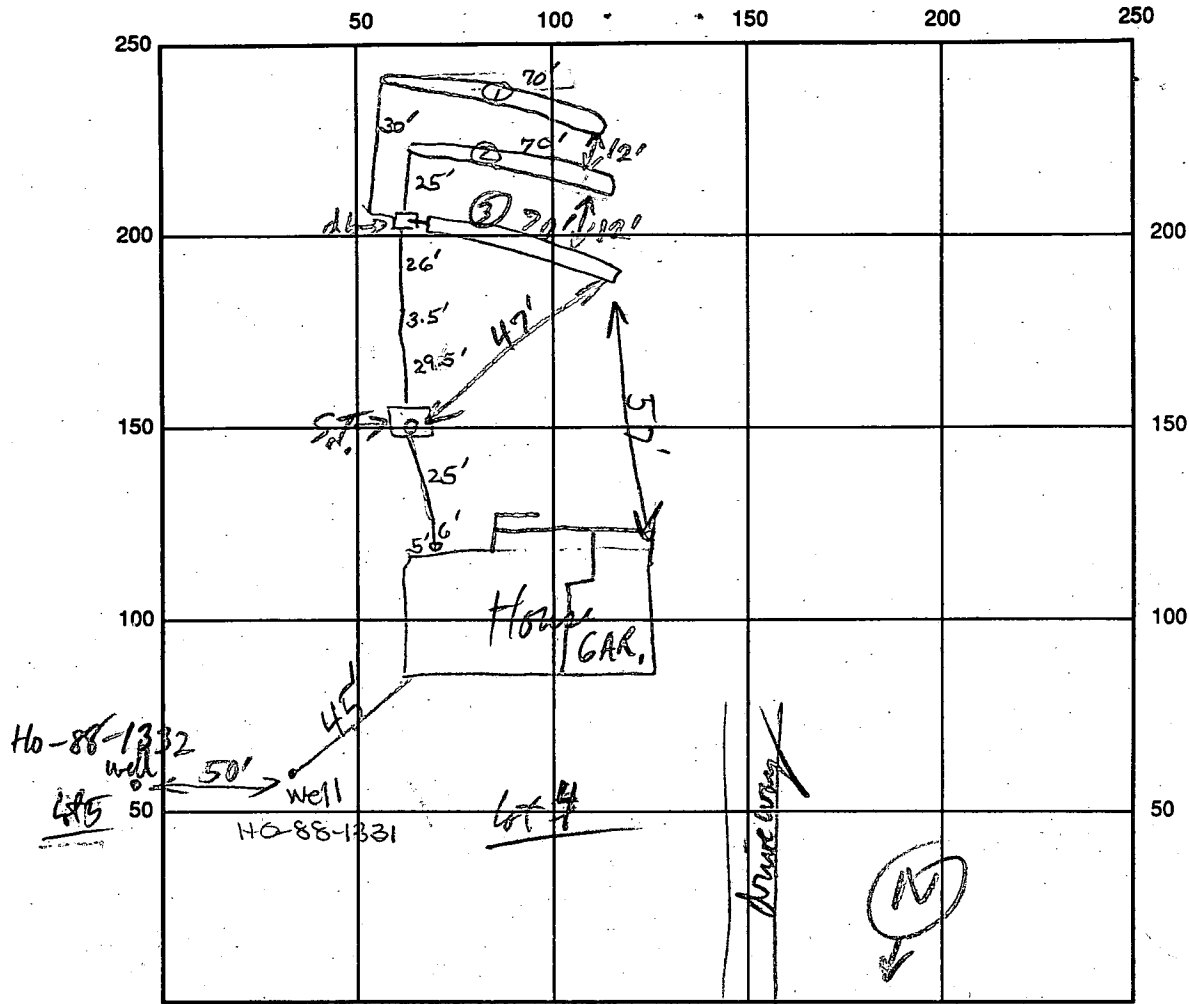
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
42495

3/16/94
40 12:00
3/17/94
11 4 11:00

(3/17/94)
11:00 off trench
1:30 Final



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Bushy Park Rd

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on tank

DISTRIBUTION BOX LEVEL OK-beaffle in

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 70/70/70 FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 3/16/94 OK to continue. Add stone to ① and ② dig ③

Call for final inspection before covering. DKS

OK to cover lot 2 Trenches, 3rd Trench OK to grand fill. RPP 3/17/94

OK to cover 3/17/94 RPP

pitless sump, water line OK 4' - OK to cover. RPP 3/17/94

DATE SYSTEM APPROVED 3/17/94 INSPECTOR RPP

APPLICATION

PERCOLATION TESTING

A 42495

P _____

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

DISTRICT 4

DATE July 5, 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 Frall Developers, Inc.

ADDRESS P. O. Box 659 Mount Airy, MD 21771 PHONE (301) 795-1866

ENGINEER OR CONTACT PERSON
PROSPECTIVE BUYER VANMAR ASSOCIATES INC. / Mike VanSant

ADDRESS 310 South Main Street Mount Airy, MD 21771 PHONE (301) 829-2890

PROPERTY LOCATION:

SUBDIVISION RIPPEON PROPERTY COUNTRY SPRINGS LOT NO. ~~12~~ 4

ROAD AND DESCRIPTION Bushy Park Road

TAX MAP 14 PARCEL # 12

SIZE OF LOT 3.0 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.

Luanne Jennings Agent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

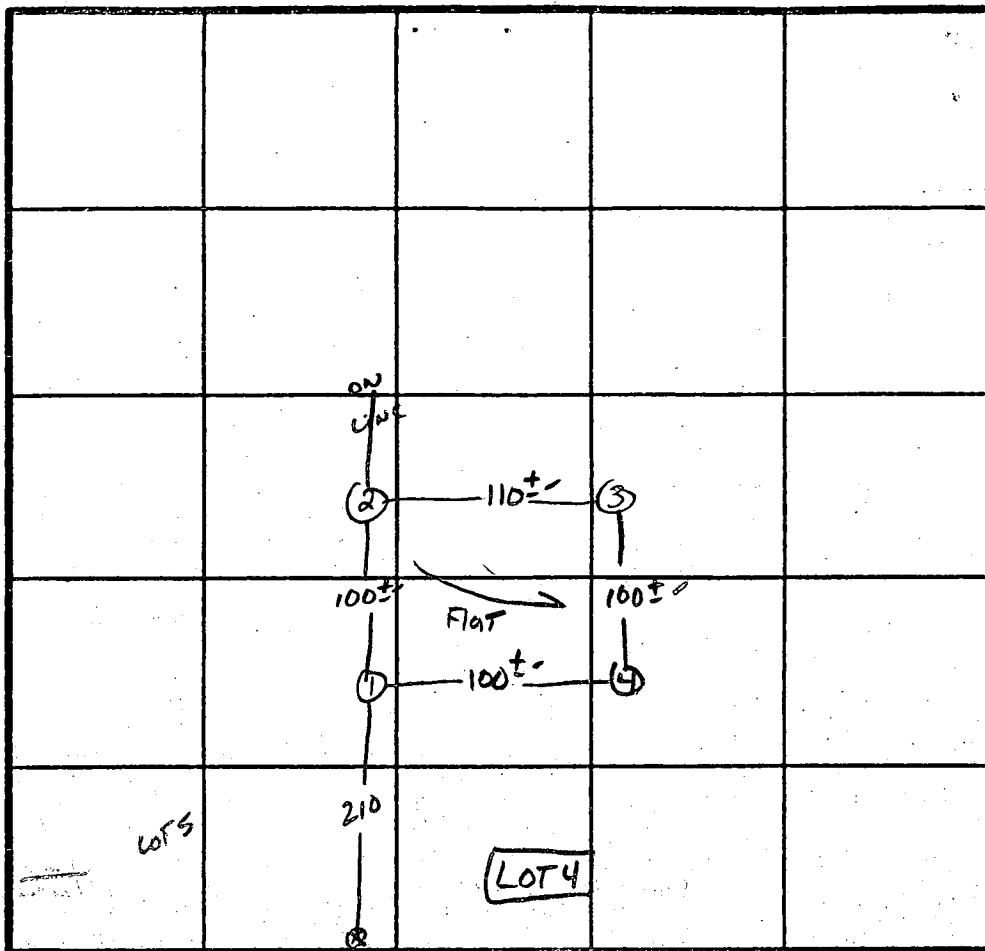
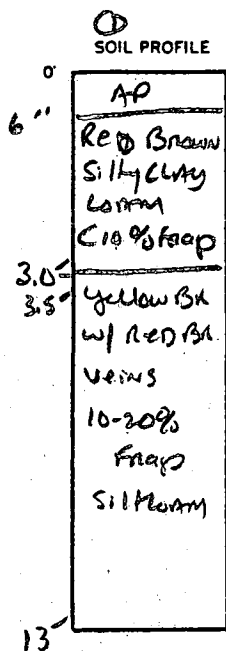
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11-14-88 Perc SATISFACTORY - Hold for Permt. S. Cabell

HD-216

THIS IS NOT A PERMIT



7 PERC
10 MIN
210 # 1BR
INLET 4"
BOTTOM 8"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BUSHY PARK Rd.

DATE	TEST NO.	DEPTH.	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/14/88	1 S	4.0'	10:35	10:40	10:40	10:47	7 MIN
		8.5'	10:35	10:38	10:38	10:42	4 MIN
	1 V	13'	see Profile				
	2 S	4.0'	10:43	10:46	10:46	10:54	8 MIN
		13'	same as Profile				
	3 S	4.0'	10:46	10:49	10:49	10:55	6 MIN
		13'	As Profiled				
	4 S	4.0'	10:49	11:01	11:01	11:25	24 MIN
		13.0	similar to Profile			clay to 4.5"	

REMARKS HOLES NOT PER PLAN

TYPE OF SOIL Glennaly

TESTED BY SID Abel

ALSO PRESENT Phil, Andrews
C. C. Sel

GENERAL NOTES

1. Existing topography was field run by CLARK • FINEFROCK & SACKETT, INC. on
2. Reference record plot Number
3. Length of trenches to be determined at time of permit issuance.
4. Bench Mark (B.M.) Top Well Assumed Elev. 300.00
5. Basement will not sewer by Gravity.
6. Topography is field run by C.F.S on 2-3-94

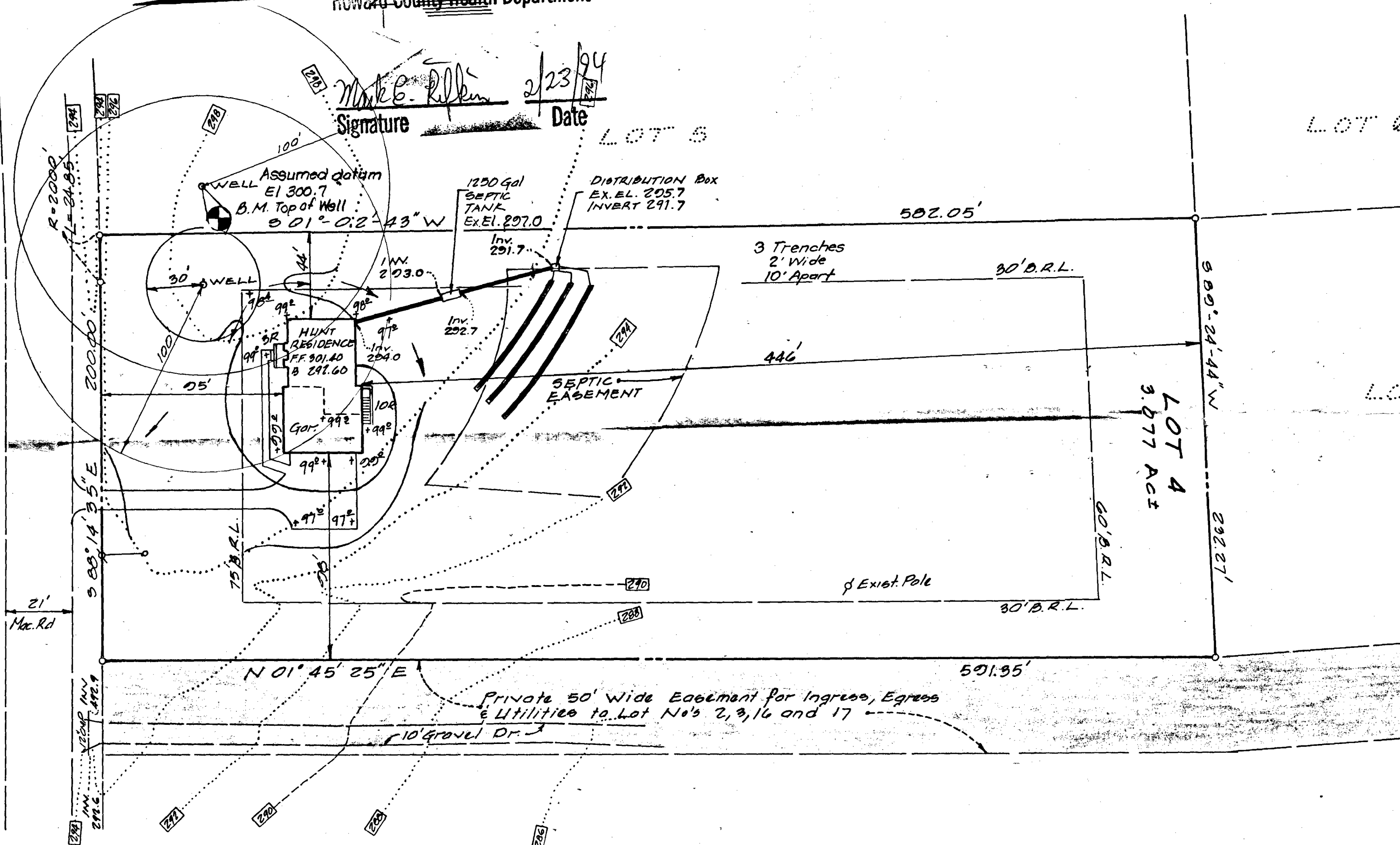
LEGEND

Contour Interval	2 Ft.
Existing Contour	190
Proposed Contour	190
Spot Elevation	+195
Direction of Drainage	→

Approved Septic System Plan
Howard County Health Department

Signature: *Mark C. Rikkin* Date: 2/23/94

BUSHY PARK ROAD



2-22-94
Date

<p>CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS •</p> <p>7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410)</p>	
DESIGNED JME	<p>SITE DEVELOPER LOT 4</p> <p>COUNTRY</p> <p>4TH ELECTION HOWARD COUNTY</p> <p>FOR TRINITY BUILDER 6212 Devon Drive Columbia, Md. 210</p>
DRAWN C.A.F.	
CHECKED J.M.E.	
DATE	

Zone-C,
M MAP
-Panel
Dec.4,

LOT 3

LOT 6

$S89^{\circ}24'44''W$

232.27'

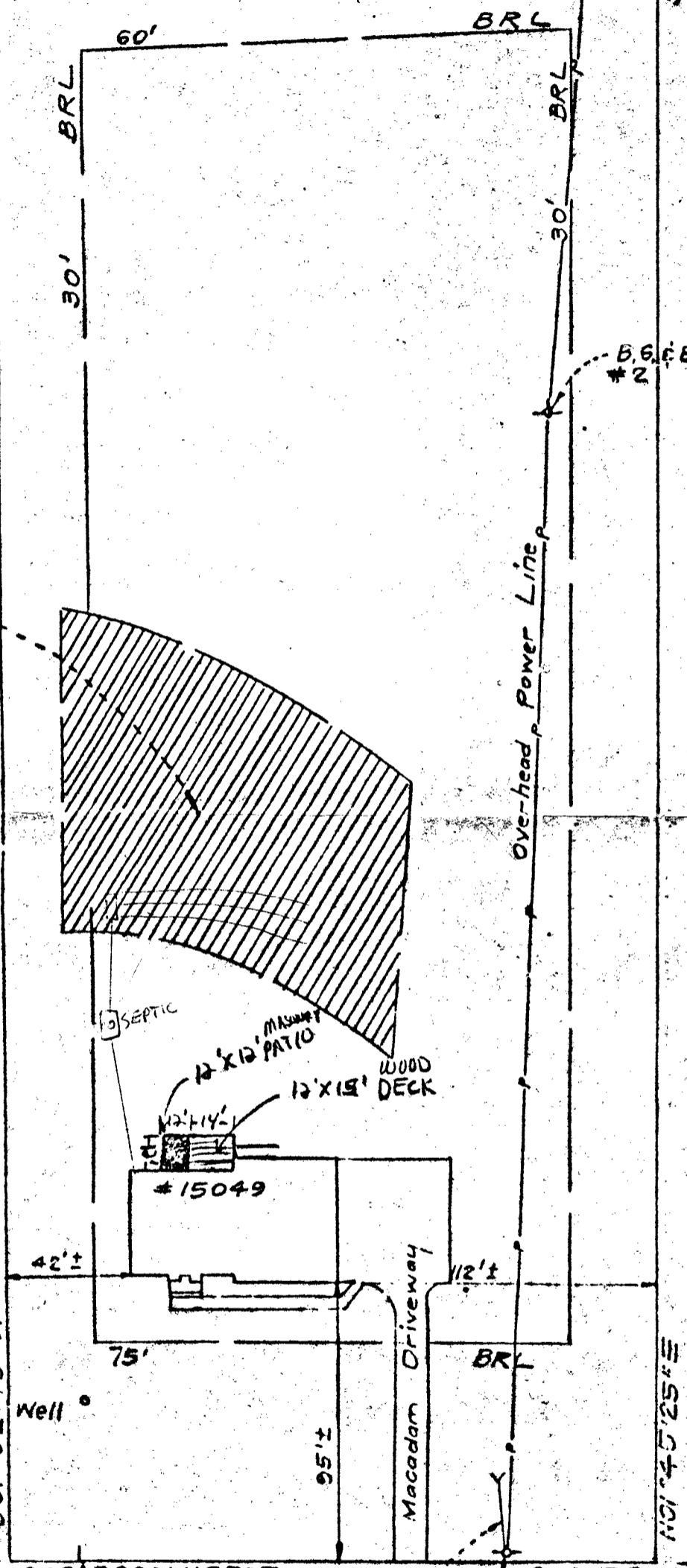
LOT 5

LOT 4
3.077 AC.±

582.05'

581.85'

rate Sewage
ement, see
ral Note No.1
9647



$R=2000.00'$ $S88^{\circ}14'35''E$
 $A=24.85'$

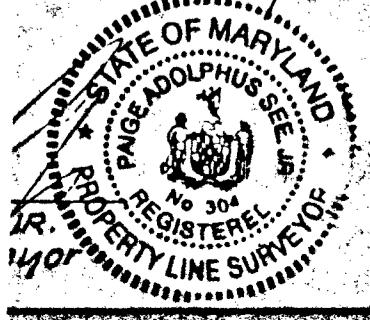
BUSHY PARK

Guy
Wire

200.00'
B.G. & E. Pole
#157085

For \rightarrow #58282
(1) of per C.O. of 3/17/94
+ above. C.S.

of this property
for the purpose of
and that they are



B 1 **5722** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

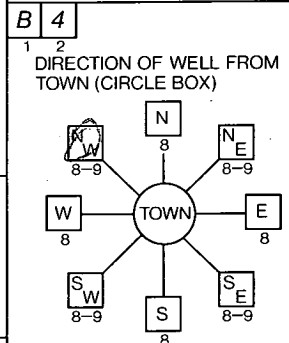
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
HD-58-1338
 fill in this form completely

Date Received (APA) **012990**
 OWNER INFORMATION
CARMAN ASSOCIATES
 Last Name Owner First Name
PO. 122
 Street or RFD
ELLIOTT CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
COUNTRY SPRINGS SUBDIVISION
 SECTION **44** LOT **4**
GLENNWOOD NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
Joseph L. Mayne Driller's Name License No. **238**
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd. Mt Airy Md. 21771 Address
Joseph L. Mayne Signature **1/29/90** Date



Bushy Park Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **75** FT
 ENTER FT or MI **FT**

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 42495** COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **11/9/90**
050990 CO SIGNATURE **Chai Wilma** EXP. DATE
 NORTH GRID **540 0 0 0** EAST GRID **0 7 8 8 0 0 0**

APPROXIMATE DEPTH OF WELL **260** FEET

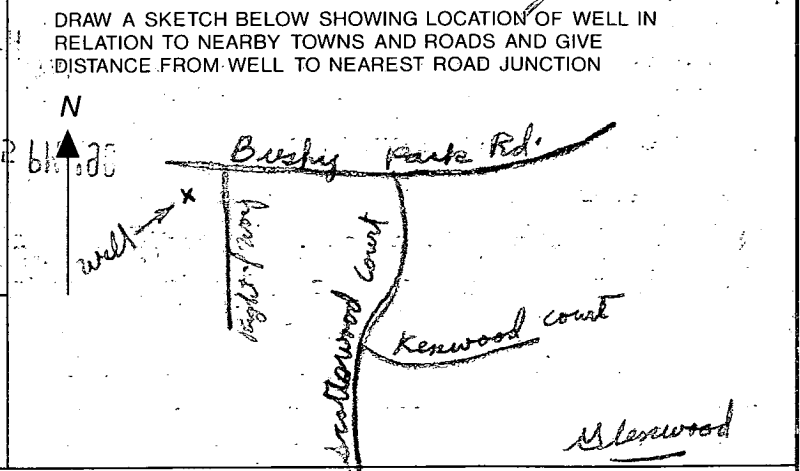
APPROXIMATE DIAMETER OF WELL **6** INCH

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 DEEPEAN 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 **CL** WRITE INITIALS IN BOX PERMIT No. **HD-58-1338**

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 **786 8**
 N **540 0**
 7/19/90 Well builder #5 full ground (bags of cement)
 54' casing
 42' open
 2' casing above ground
 C.B.C. (Tag on site) (X)



C1 **1568** 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 **A42495**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
07/19/90

Depth of Well
225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-88-1331

OWNER **CARMAN ASHCROFT**
 last name **BUSHY PARK RD.** first name TOWN **GLENWOOD**
 SUBDIVISION **COUNTRY SPRINGS** SECTION LOT **4**

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	
SANDSTONE	0	48	
GRAY MICH ROCK	48	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **17** NO. OF POUNDS **1592**
 GALLONS OF WATER **102**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **42** 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
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **54**

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

E A C H C A S I N G S C R E E N	DEPTH (nearest ft.)	
	1	2
1	H0	52
2		225
3		

SLOT SIZE 1 2 **3/8" x 1/2"**
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

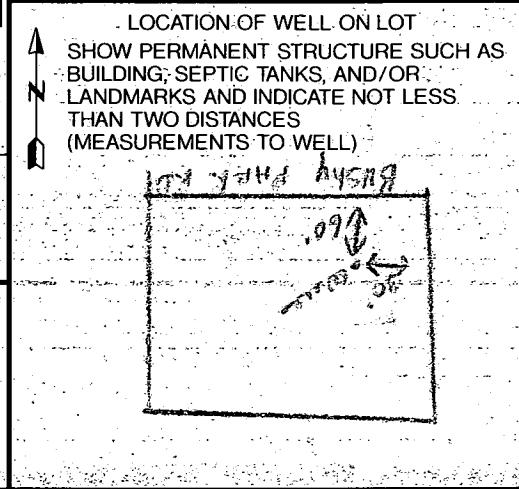
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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 **18**
 WHEN PUMPING **18**
 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) **2**



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. **938**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)