

Tax ID - 04-351614 8/18/97-2

8/18/97
L-2
8/19/97 IPM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

J. Costello
CR

P 58593

A 42496

DISTRICT 4th

DATE 8/1/97

DATE SYSTEM APPROVED 8/19/97

INSPECTOR [Signature]

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

New Dimensions Plumbing & Excavating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 3018 Bachman Road, Manchester, MD 21102 PHONE 410-239-4359

SUBDIVISION Country Springs LOT 1 ROAD 15079 Bushy Park Road

PROPERTY OWNER Mark & Joy Tederick

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 210 feet from the front lot line and 80 feet from the right lot line. Run trenches along contour toward left lot line.

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

OK KML 6-17-97 REV. MR 7/2/97

PLANS APPROVED BY C. Williams/Donna K. Soe DATE 06/16/97

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

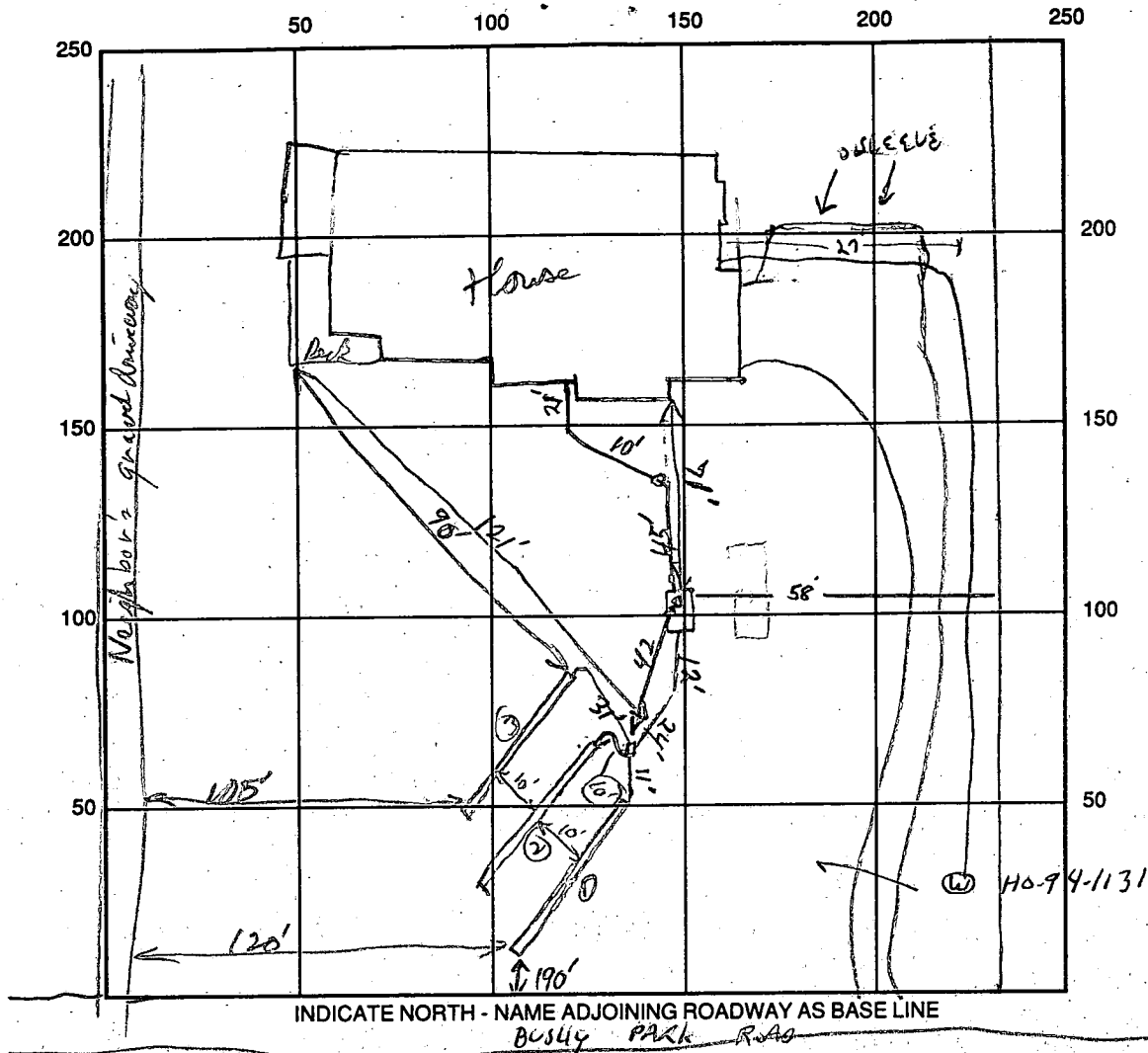
PERMIT VOID AFTER TWO YEARS

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 42496



SEPTIC TANK LEVEL 1250' aol CLEANOUTS ST and 2nd floor

DISTRIBUTION BOX LEVEL OK E Speed headers

DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2' FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 90/70/70 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 8/18/97 TRENCH LOCATION ADJUSTED FOR CONTOUR, 3 - 70' TRENCHES TO EXTEND
TOWARDS ROAD
BEYOND SIA OK, MAINTAIN 100' FROM WELL, SOIL OK CONTINUE LEAVING END OF
TRENCH OPEN W/ Trenches all hand, gravel fill, piping ok, db OK, S.T. OK - OK to cover.
House Connection OK a RPP 8/19/97

WPS OK 8/18/97 6.5.

DATE SYSTEM APPROVED 8/19/97 INSPECTOR RPP inley

Howard County Health Department

To: Inspector

Re: Country Springs - ~~lot 1~~

Spoke to contractor - he

reported that contours

on BP plan doesn't quite
match site conditions.

I agreed to 3-70' trenches
w/ dist box as specified -
trenches to extend beyond
septic area to the left
as needed.

From: Kim S.

Date: 8/18

HD-170

APPLICATION

PERCOLATION TESTING

A 42496

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. MARK & Joy Tederick

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. 13 1

ROAD AND DESCRIPTION 15079 Bushy Park Road

TAX MAP 14 PARCEL # 12

SIZE OF LOT 3.0 ac ± TYPE BLDG. SFD - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SLDG. PERMIT SIGNED

AND RETURNED 6-16-88

Seault B11101510

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.

Shuanne Jennings
(SIGNATURE OF APPLICANT)

Agent

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

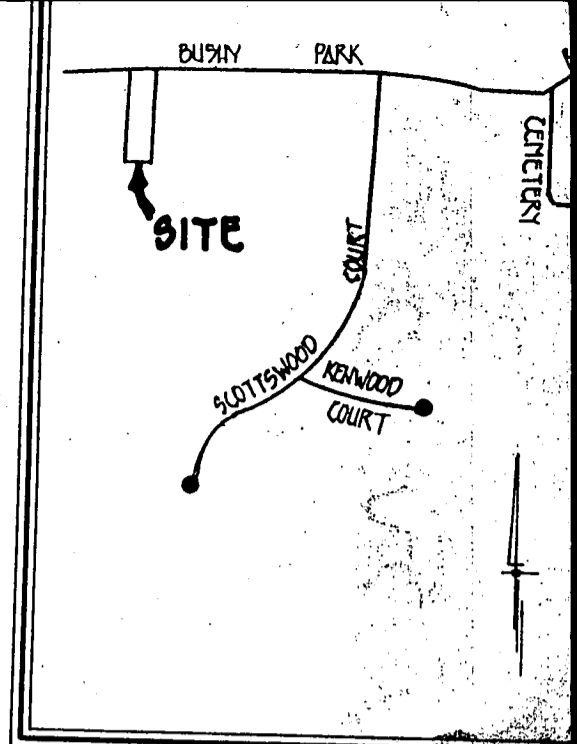
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11-14-88 Per Satisfactory - Hold for PCAT - Sabel

HD-216

THIS IS NOT A PERMIT

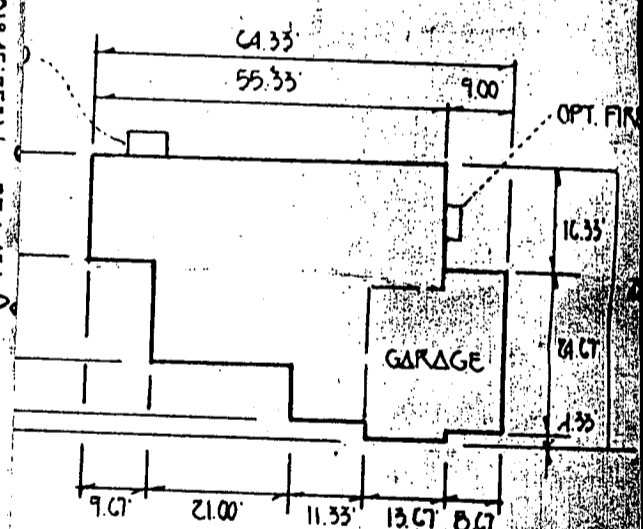
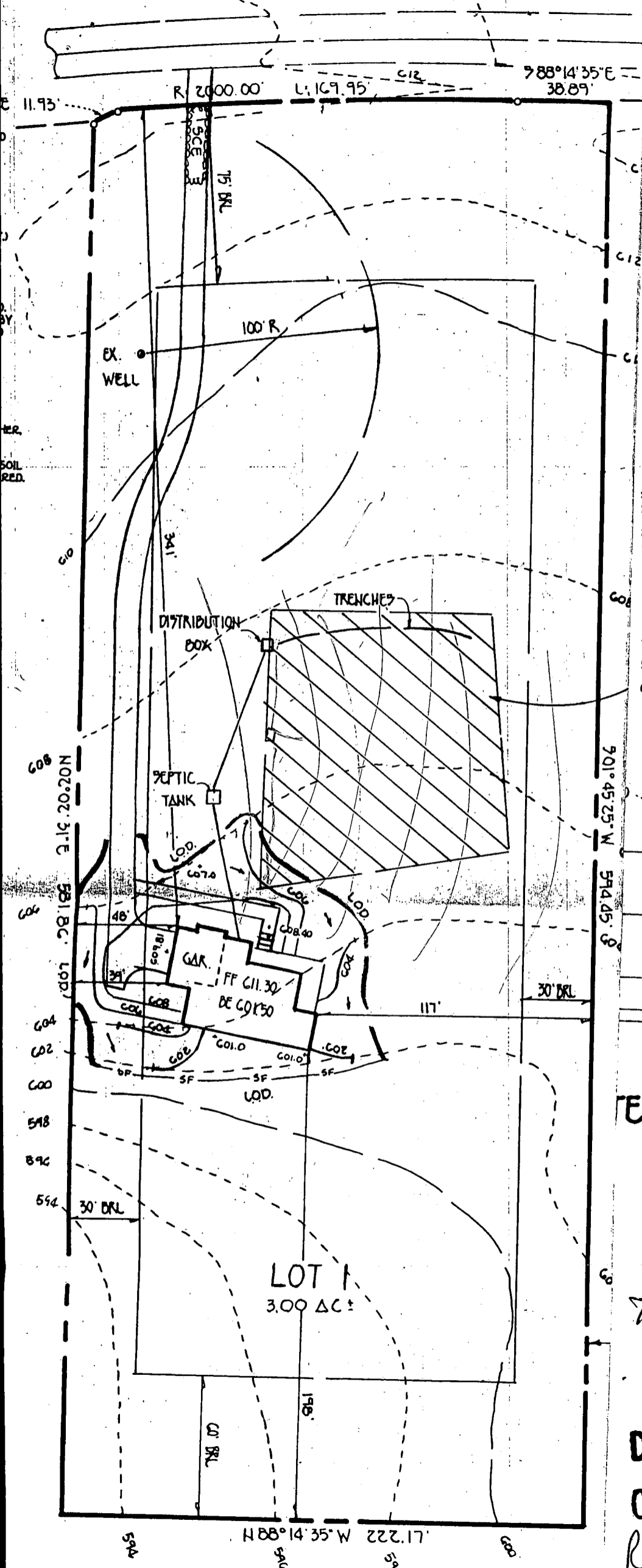
BUSHY PARK ROAD



VICINITY MAP
SCALE: 1"=120'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: C11.30
B. BASEMENT ELEVATION: C01.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: C06.80
D. INVERT IN AT SEPTIC TANK: C04.00
E. INVERT OUT AT SEPTIC TANK: C03.70
F. PROPOSED GRADE OVER SEPTIC TANK: C06.50
G. INVERT AT DISTRIBUTION BOX: C03.10
H. EXISTING GROUND OVER DISTRIBUTION BOX: C07.60
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



FREDERICK RESIDENCE

Health Dept

REVISED

Date: 6-18-97
15079 Bushy Park Rd
B.R. 10620

Comments: _____

REVISION OF MR. [Signature]
7/2/97

B 1 **9425** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (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 - 1131
 70 fill in this form completely 79

Date Received (APA) **4/22/97**
 8 MM DD YY 13
 OWNER INFORMATION
Marshall Owner Last Name
ted First Name
7020 Gardner Lane Street or RFD
Highland Md. 20777 Town State Zip

B 3 LOCATION OF WELL
Howard COUNTY
Country Spring SUBDIVISION
 SECTION **44** LOT **1**
Glenwood NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne Driller's Name License No. **M 5D024**
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy Md. 21771 Address
Joseph L. Mayne 4/22/97 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **40** ENTER FT OR MI
 TAX MAP: _____ BLK: _____ PARCEL: _____

Bushy Park Rd. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **40** ENTER FT OR MI
 TAX MAP: _____ BLK: _____ PARCEL: _____

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 42496 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **05/06/97**
 43 MM DD YY 48 CO-SIGNATURE _____ EXP/DATE _____
 NORTH GRID **540** 000 EAST GRID **788** 000
 50 55 57 63

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

APPROXIMATE DEPTH OF WELL **240** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH 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 **788**
 N **530 540**
 000
 000

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD-JUNCTION

Glenwood

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **DS** WRITE INITIALS IN BOX
 FORCE **75** PERMIT No. **HO - 94 - 1131**
 67 68 70 71 72 73 74 75 76 77 78 79

C1 6033 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A42496

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5 14 97

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1131

OWNER Marshall Ted last name first name STREET OR RFD Bushy Park Rd TOWN Woodbine SUBDIVISION Country Springs SECTION LOT 1

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 FROM TO check if water bearing. Sand 0 37. Gray mica Rock 37 285 ✓

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N). TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 11 NO. OF POUNDS 1034. GALLONS OF WATER 66. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE St Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 41

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED YES (Y) NOT (N). CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. E ELECTRIC LOG OBTAINED. P TEST WELL CONVERTED TO PRODUCTION WELL.

DEPTH (nearest ft.) HO 39 285. SLOTTED SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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. 1 M S D 024. DRILLERS SIGNATURE. LIC. NO. 1 M S D 029.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q. TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 20. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 48 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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. CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)

