

TAX # 04353536

5/18/93 ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

P 50495D

A 42735

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DATE 1/26/93

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 5/18/93

INDEXED

INSPECTOR M. Ripkin

Jack Ryock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Chessie Crossing LOT 16 ROAD 736 Chessie Crossing Way

PROPERTY OWNER Lawrence & Jeanette Jefferies

ADDRESS 5871 Rowanberry Drive, Elkridge, Maryland 21227 Phone: 796-7563

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the dsitribution box 200 feet from the back lot line and 100 feet from the right side of the lot as seen when facing the lot from Chessie Crossing Way.

NOTES - Run the trenches toward both sidelines.
- No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/17/93 R/H

PLANS APPROVED BY Raymond Hodges/Fred Frommelt REVISED DATE 8/04/92

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

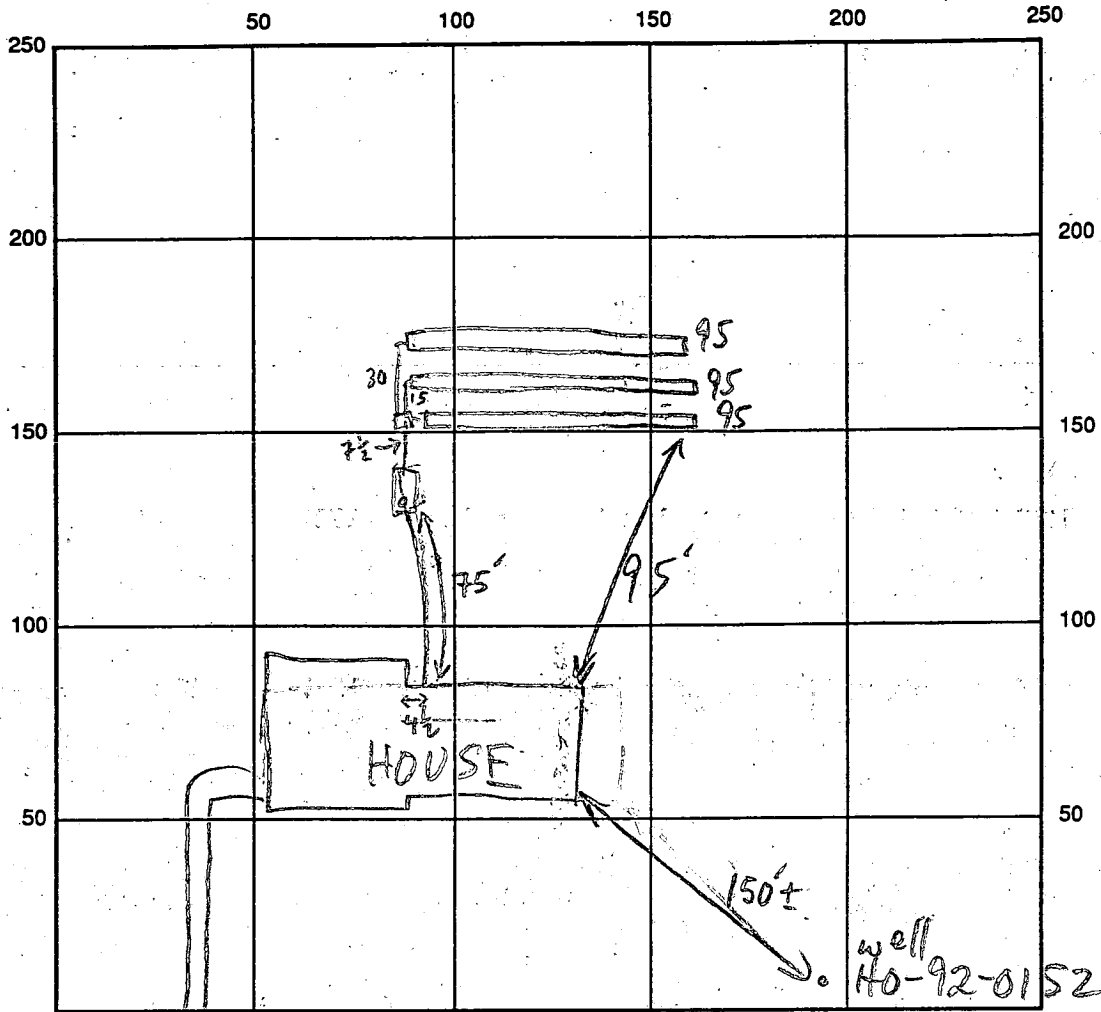
PERMIT VOID AFTER TWO YEARS

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 48735



CHESSIE CROSSING WAY INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 @ 95 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3 @ 285 SQ. FT.

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

ABSORBENT AREA 855 SQ. FT.

REMARKS: 5/18/93 OK TO COVER ALL TRENCHES MOVED 150'
UPHILL MR

DATE SYSTEM APPROVED 5/18/93 INSPECTOR M. Ripkin

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 42735

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 4

DATE August 2, 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 Paul V. & Bong Cha Broseme LAURENCE & Jeanette Jefferies

ADDRESS 694 Morgan Station Road Woodbine, MD 21797 PHONE 489-4052 796-7563

PROPERTY LOCATION: Prospective Buyer: Lambert Cissell 442-5671
SE Corner of 3425 Hipsley Mill Rd. Woodbine, MD 21797 **NEW 16**

SUBDIVISION Chessie Crossing Morgan Woodbine Rd. & Morgan Station Rd. LOT NO. 7

ROAD AND DESCRIPTION New Road = Road **B**, Tax Map 3, Parcel 4
(736 Chessie Crossing Way)

SIZE OF LOT 3 acres **±** TYPE BLDG. single family residence
(NUMBER OF BEDROOMS)

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.

James L Newburn (997-3815)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/13/89 Per OK Hold for Plat **RA**

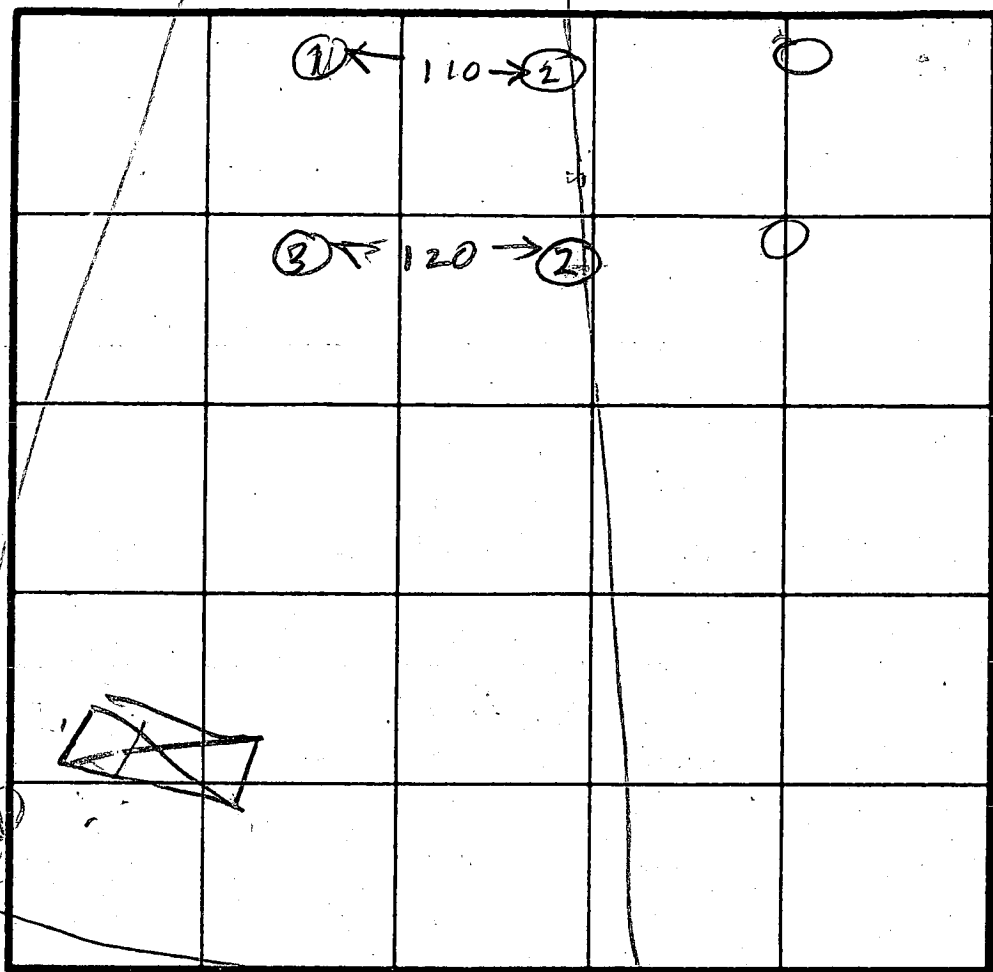
BLDG. PERMIT SIGNED
AND RETURNED 12/29/92
Serial # 46539 - SFD - 4brms

THIS IS NOT A PERMIT

A 42735
NEW 16

ONLINE
2
CLAY TOPSOIL
LIGHT BROWN SAND SILT LUMPY LOAM

SOIL PROFILE
1
BROWN CLAY
2
LIGHT BROWN SAND LOAM
17



AV TIME 13 MIN
MAX DEPTH INLET 3 FT

2
ONLINE

BROWN CLAY
LIGHT BROWN SAND SILT LUMPY LOAM

PROPOSED RD INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO	DEPTH	PRE WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/13/88	1 S	3.5	209	217	217	232	15
	1 V	12	OK			232	
	2 S	3	219	223	223	236	13
	2 D	6.5	219	223	223	236	13
	2 V	12	OK				
	3 V	12	OK				

ONLINE
LOTS
6 & 7

3
TOPSOIL CLAY
LIGHT BROWN SAND SILT LUMPY LOAM

REMARKS: Hole 1 Dagner Test Plat. Holes 2 & 2 & 3 are different from Test Plat.
 TYPE OF SOIL _____
 TESTED BY: R HONORS
 REPL ESTATED ALSO PRESENT: MARY CASSELL

REVISED 12-23-92
REVISED 12-24-92

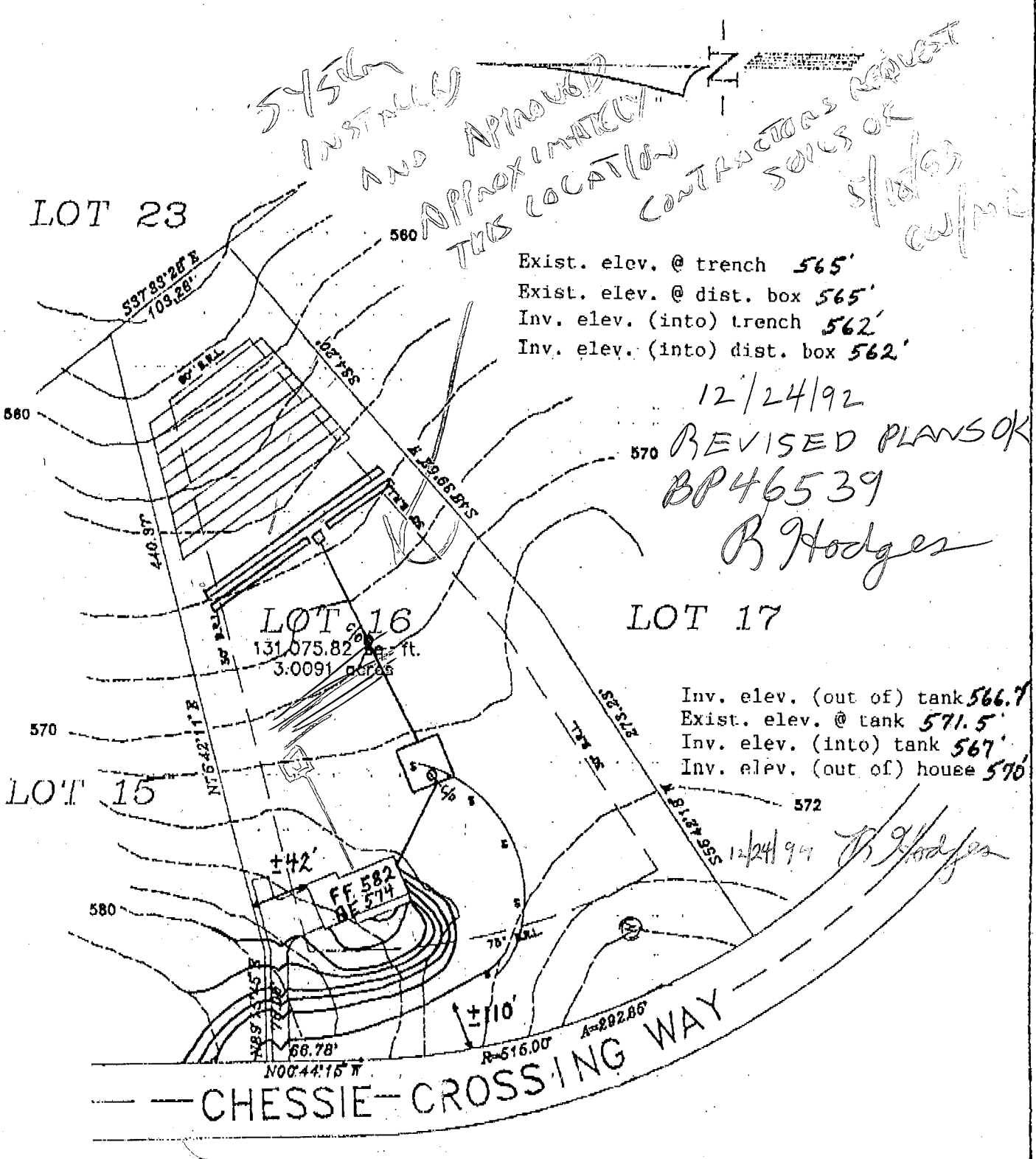
TO: RAY HODGES

FROM: DAVID MYERS
PAGER 237-6747

DATE: 12/23/92
PAGES INCLUDING THIS PAGE: 1

FAX #: 410 313-2648

FAX #: PHONE #:



SCALE 1" = 100'

BUILDER :

Vintage Homesteads, Ltd
827 Iron Rail Ct.
Woodbine, MD. 21797
410-489-7586

SITE PLOT

CHESSIE CROSSING SUBDIVISION RECORDED
PLAT NO. 10457. LOT NO. 16
HOWARD COUNTY, MARYLAND, 8-20-92.

PREPARED BY:

David M. Myers
5365 Harpers Farm
Col. MD. 21044
410-995-0339

B f **8359** SEQUENCE NO. (DP USE ONLY)
 1 2 3 4 5 6 7 8
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-92-0152
 70 fill in this form completely 79

Date Received (APA) **072992**
 OWNER INFORMATION
NEWBURN DEVELOPMENT
 15 Last Name 34 Owner First Name
5570STERRETT PLACE
 36 Street or RFD 55
COLUMBIA **MD21044**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
HOWARD
 8 COUNTY 21
CHESSIE CROSSING
 23 SUBDIVISION 42
 SECTION **16** LOT **16**
 44 46 48 50
WOODBINE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2.5** MI
 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne **238**
 Driller's Name 77 License No. 80
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy 21771
 Address
Joseph L. Mayne 7/29/92
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2

 NEAR WHAT ROAD **CHESSIE CROSSING WAY**
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **45** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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 **A42735**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED INSERT S 41
080792 **Joseph L. Mayne** **7/27/93**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **553000** EAST GRID **0784000**
 50 55 57 63

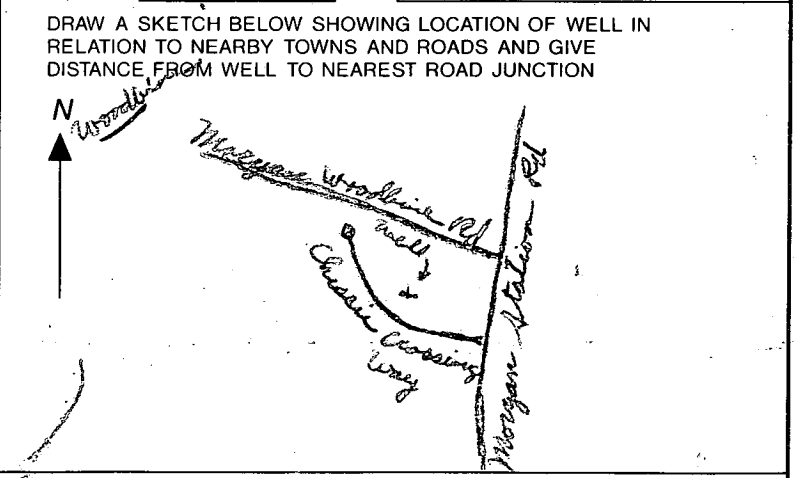
APPROXIMATE DEPTH OF WELL **260** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) JETTED Jetted & DRIVEN
 37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other.

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8/25/92 no insp
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3. X
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7844**
 N **553**
 000 000

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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **AP** WRITE INITIALS IN BOX PERMIT No. **HO-92-0152**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 **6762** 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 42735**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
08 25 92

Depth of Well
22 725 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-92-0152

OWNER **Newburn Development**
 STREET OR RFD **Chesapeake Crossing Way** TOWN **Woodbine**
 SUBDIVISION **Chesapeake Crossing** SECTION **1** LOT **16**

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	
Brown Shale	0	80	
Blue Rock	80	225	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1316**
 GALLONS OF WATER **38**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** 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) **4**
 Total depth of main casing (nearest foot) **95**

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

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	13	225
2		
3		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **56** **60**
 from to

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **19**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **28**
 WHEN PUMPING **54**
 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**
 (CIRCLE) (YES or 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) **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)

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. **232**
 DRILLERS SIGNATURE **Michael L. Morgan**
 (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) **WQ**
70 **72** **74** **75** **76**
 TELESCOPE CASING LOG INDICATOR OTHER DATA

