

11/15/94
12:00 AM
11/17/94
1 PM
11/18/94
AM

TAX # 04353528

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50316

A 42743

DISTRICT 4th

DATE 10/7/94

DATE SYSTEM APPROVED 11/17/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

SOUTH CARROLL BACKHOE IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 SALEM BOTTOM RD, WESTMINISTER 21157 PHONE 875-4197

SUBDIVISION Chessie Crossing LOT 15 ROAD 742 9042 Chessie Crossing Way

PROPERTY OWNER Dave & Jackie Olson

ADDRESS _____

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 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 250 feet from the front lot line and 150 feet from the right side of the lot as seen when facing the lot from Chessie Crossing Way.

NOTES - Run the trenches both toward the front & the back of the lot on contour.
- No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/29/94 DKS

PLANS APPROVED BY Raymond Hodges DATE 07/21/92

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

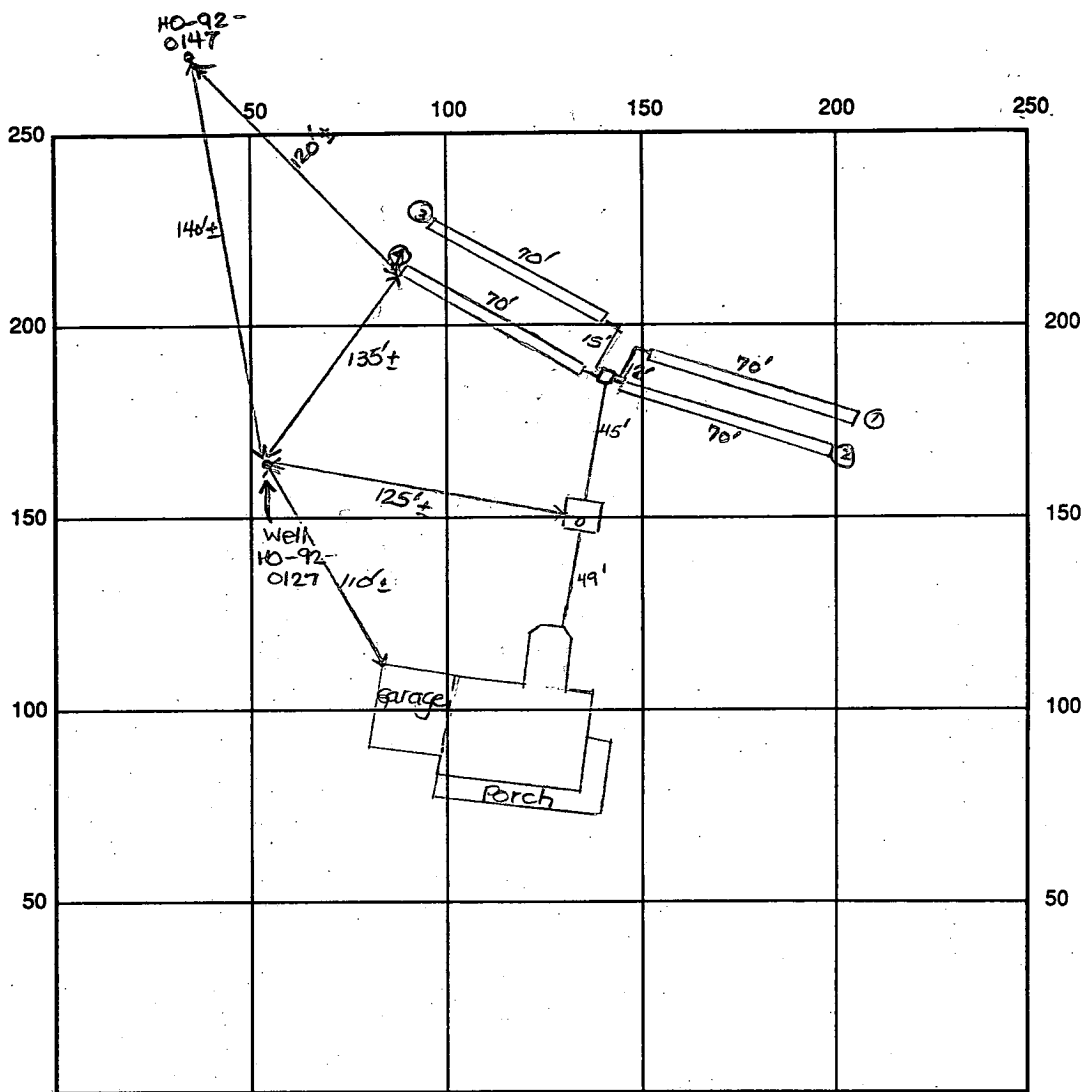
PERMIT VOID AFTER TWO YEARS

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
42743



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Cressie Crossing Way

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ^{①70③70}_{②70④70} FT. → 280' total

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ / BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS: 11/15/94 OK to cover from house to d.b. and continue. DKS

11/17/94 Final - OK to cover all work. DKS

DATE SYSTEM APPROVED 11/17/94

INSPECTOR *[Signature]*

APPLICATION

SEWAGE DISPOSAL TESTING

A 42736

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

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

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 Brosenne

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

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

SUBDIVISION Chessie Crossing Morgan Woodbine Rd. & Morgan Station Rd. LOT NO. 8 **NEW 15**

ROAD AND DESCRIPTION New Road = Road A, Tax Map 3, Parcel 4

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 _____
James L. Newburn Agent for Lambert Cissel

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/14/88 Per OK Hold for Plat A/H

THIS IS NOT A PERMIT

B 1 1462

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-92-0127

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

06/22/92

OWNER INFORMATION

NewBURN Development

5570 STURKETT PL

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD

Chessie Crossing

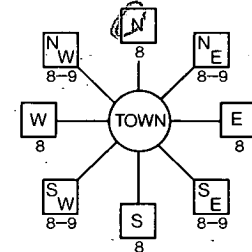
SECTION LOT 15

WOODBINE

MILES FROM TOWN 2 1/2 MI

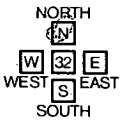
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Chessie Crossing Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 235 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 A42743

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

072192 CO SIGNATURE EXP. DATE

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

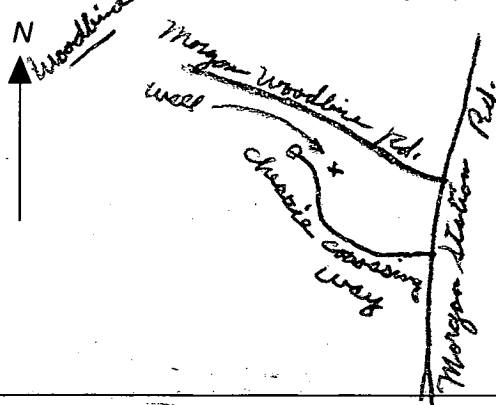
- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

7825 5523

- 7/28/92 1150 AM
1. Already Cased
2. 35 FT open
3. 11 Bag
4. 46 FT casing

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D 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 RH PERMIT No. HO-92-0127

SPECIAL CONDITIONS

C1 6701 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 42743

ST/CO USE ONLY
 DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED 09 29 92

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H 0-92-0127

OWNER DEVELOPMENT NEW KURN
 STREET OR RFD last name CROSSING WAY first name TOWN WOODBINE
 SUBDIVISION CHESSIE CROSSING SECTION LOT 15

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	41	
Blue rock	41	220	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 11 NO. OF POUNDS 1034
 GALLONS OF WATER 660
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 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) 4
 Total depth of main casing (nearest foot) 46

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 BRONZE OPEN HOLE
 PL OT PLASTIC OTHER

DEPTH (nearest ft.)

EACH SCREEN	DEPTH (nearest ft.)
1	H O 44 220
2	
3	

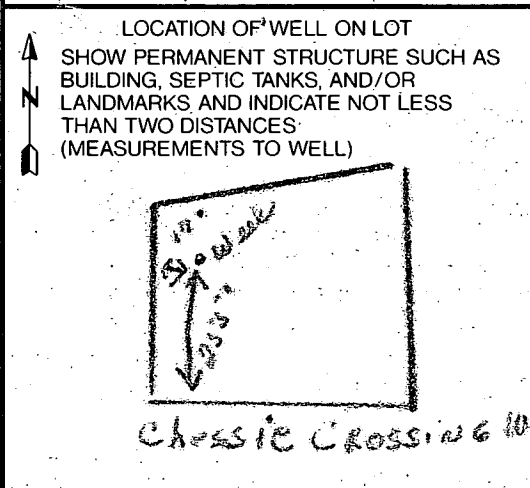
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from to

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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 112
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 46 WHEN PUMPING 50
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

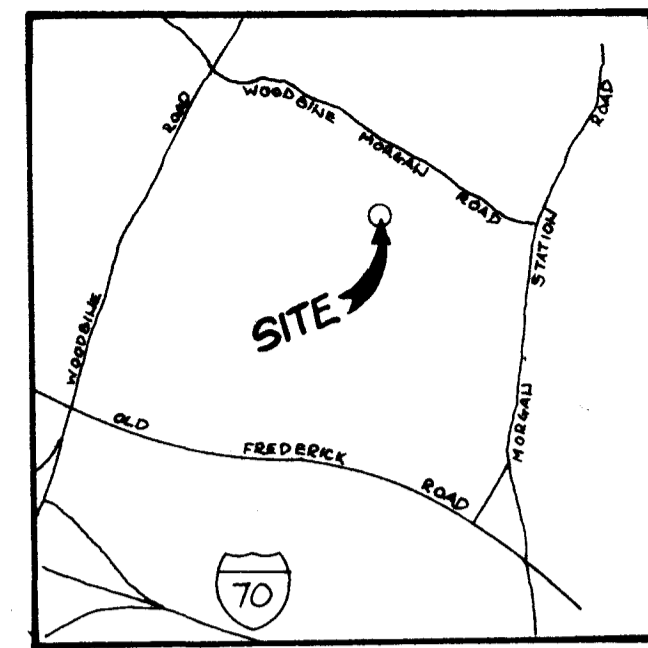
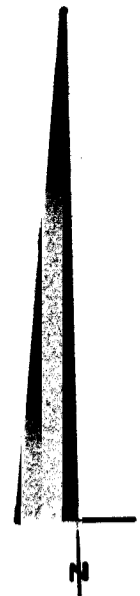
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED []
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: []
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) []
 PUMP HORSE POWER []
 PUMP COLUMN LENGTH (nearest ft.) []
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE [] (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

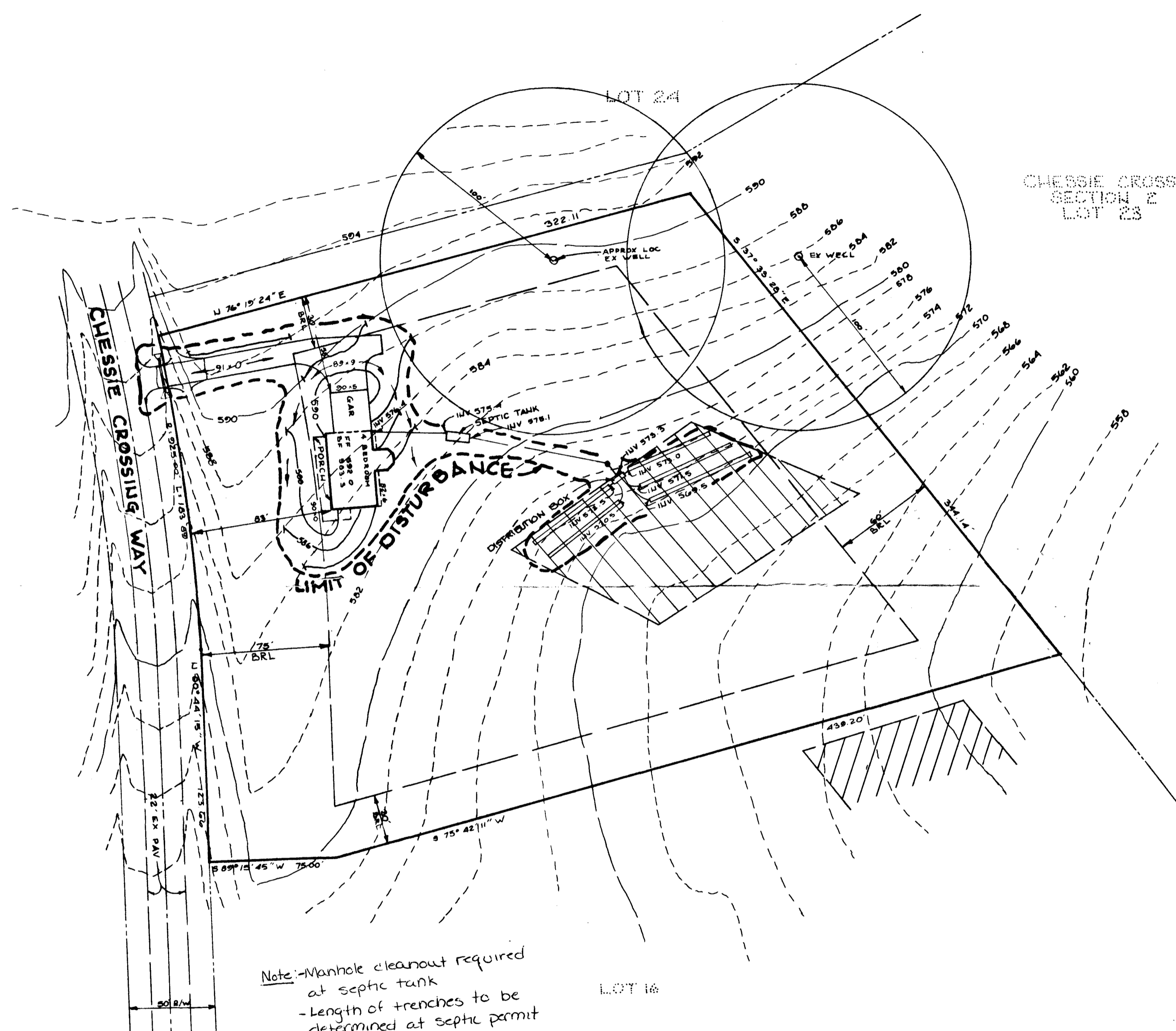
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CARTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238
 DRILLERS SIGNATURE Joseph Mayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



VICINITY MAP
SCALE: 1" = 2000'

CHESSE CROSSING
SECTION 2
LOT 23



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 JUL 12 PM 3:21

Note: -Manhole cleanout required
at septic tank
- Length of trenches to be
determined at septic permit
issuance.

DISTURBED AREA 18775+

Approved Septic System Plan
Howard County Health Department

Amy M. Miller 7/14/94
Signature Date

LOT 15
CHESSE CROSSING
SECTION 1 PLAT No. 10460
TAX MAP 3 PARCEL 4

TSA GROUP, INC.
PLANNING • ARCHITECTURE • ENGINEERING • SURVEYING
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLCOTT CITY, MARYLAND 21043
465-6105

ELECTION DISTRICT No. 4 OF HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: JUNE 29, 1994