

Tax ID - 05-414784

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Logged
+
Filed

P 49542
A 43091
DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

DATE 08/20/93

DATE SYSTEM APPROVED 10/1/93

INSPECTOR C. B. D.

INDEXED

Kastner Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 9335 Old Scaggsville Road, Laurel, Maryland 20723 PHONE 301-725-5000

SUBDIVISION Brierly LOT 17 ROAD 13812 Russell Zepp Drive

PROPERTY OWNER Hallmark Builders Richard Stacey

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

BLDG. PERMIT SIGNED
AND RETURNED 6-3-98
Serial # 25011 9127
Interior alteration - Basement

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 - Place the distribution box 95 feet from the front lot line and 125 feet from the left lot line. Run trenches on contour toward the left (East) 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 MR 8/25/93

BLDG. PERMIT SIGNED
AND RETURNED 5/24/94
Serial # 54399 - Engwood Park

PLANS APPROVED BY Mark Rifkin/Raymond Hodges Revised DATE 07/5/93

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

BLDG. PERMIT SIGNED
AND RETURNED 12/3/95
Serial # 57653
Hick + sunwoo

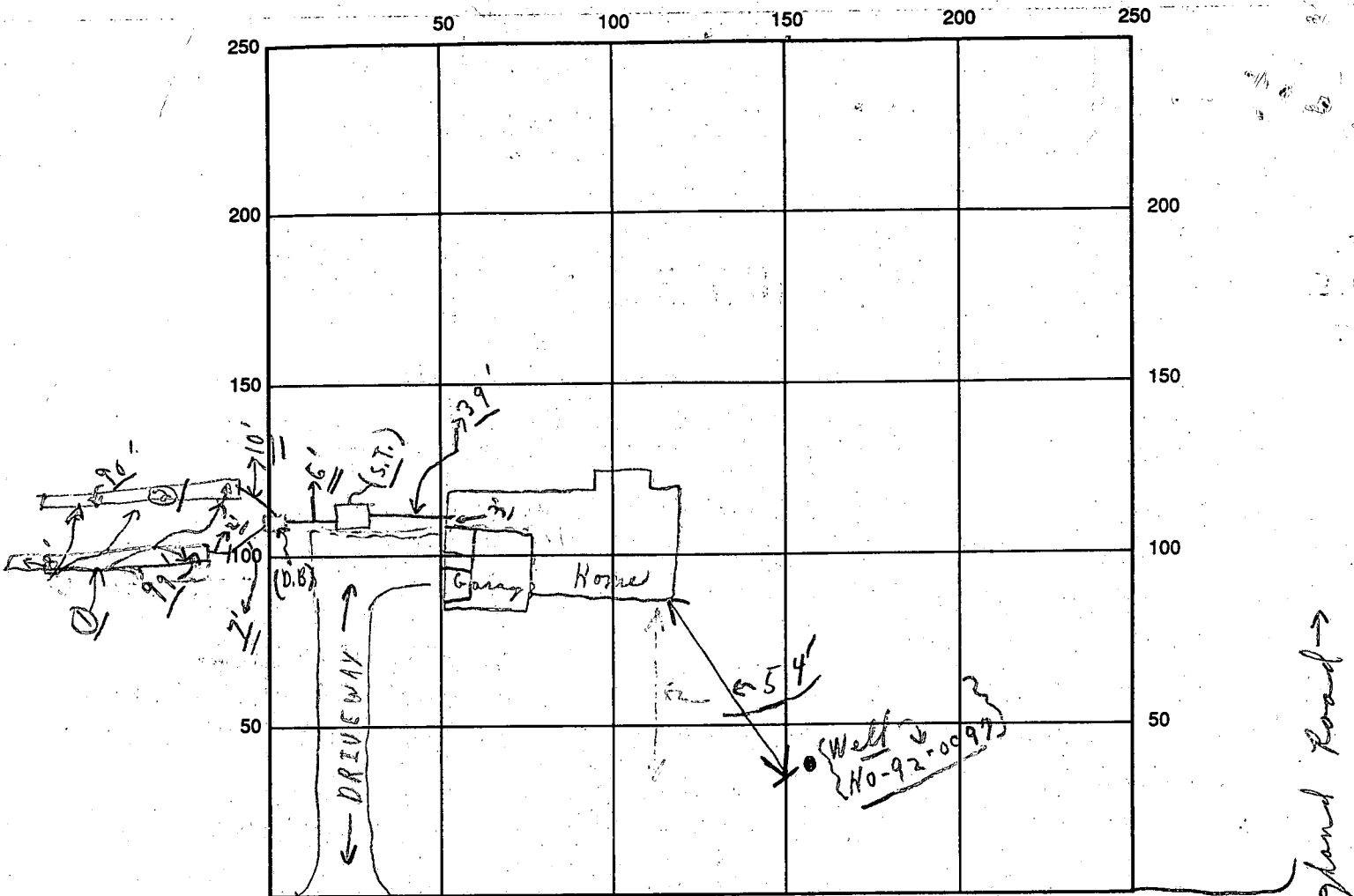
PERMIT VOID AFTER TWO YEARS

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 43091



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Russell Zegg Drawes S.T. CO. | No. other

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle in)

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

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 189 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 756 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 756 SQ. FT.

REMARKS: 10/1/93 (A.M.) Partial - trenches ok for stone; CRL
10/1/93 (P.M.) (Material on site - ok to cover as finish)
CRL

10/1/93 W.P.I. - A.M. not ready; P.M. - ok to cover all work CRL

DATE SYSTEM APPROVED 10/1/93 INSPECTOR Charles Bryan

APPLICATION

PERCOLATION TESTING

A 43091
P _____

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

DISTRICT 57A
DATE 9-20-88

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 RUSSELL ZEPP Hallmark Builders

ADDRESS 13790 HIGHLAND RD. PHONE 854-2797

PROSPECTIVE BUYER HENRY L. BLEVINS

ADDRESS 3600 WATERSVILLE RD. PHONE 795-2337
MT. AIRY, MD 21771

PROPERTY LOCATION:

SUBDIVISION ZEPP SUBDIVISION LOT NO. 2017 on prelim

ROAD AND DESCRIPTION HIGHLAND ROAD HOWARD CO
ZIP: 21029 (13812 Russell Zepp Drive)

TAX MAP 34 PARCEL # 7

SIZE OF LOT 3.40 AC ± TYPE BLDG. SINGLE FAMILY
(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. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/5/93
Serial # 49352
SFD - 4 Bedroom

THIS IS NOT A PERMIT

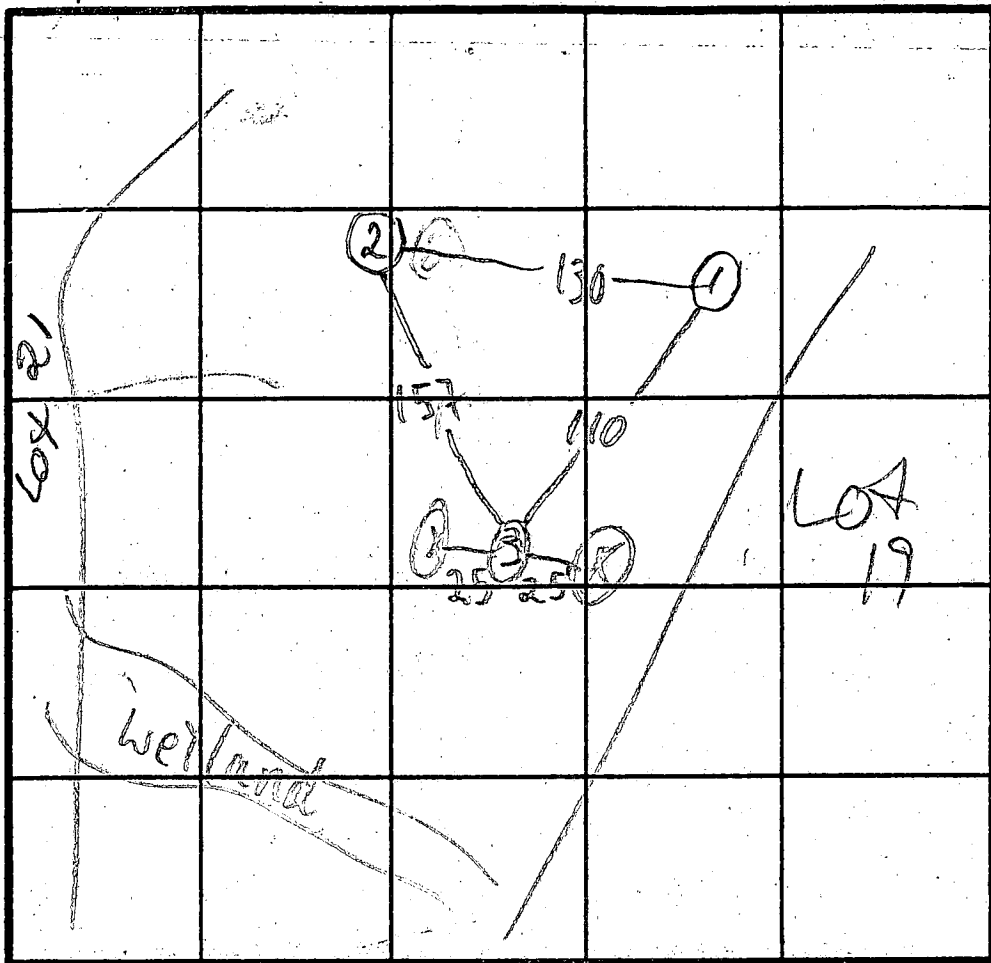
HD-216

LOT 20 17 on prelim

A 43091

SOIL PROFILE

6"	topsoil
	red to brn silt clay loam
4'	high mica
	dk red to lt brn silt loam
	v. high mica
12"	5% frags



① ② H1
③ LO

$\bar{x} = 4$
180 BR
Inlet 4
Bottom 8

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

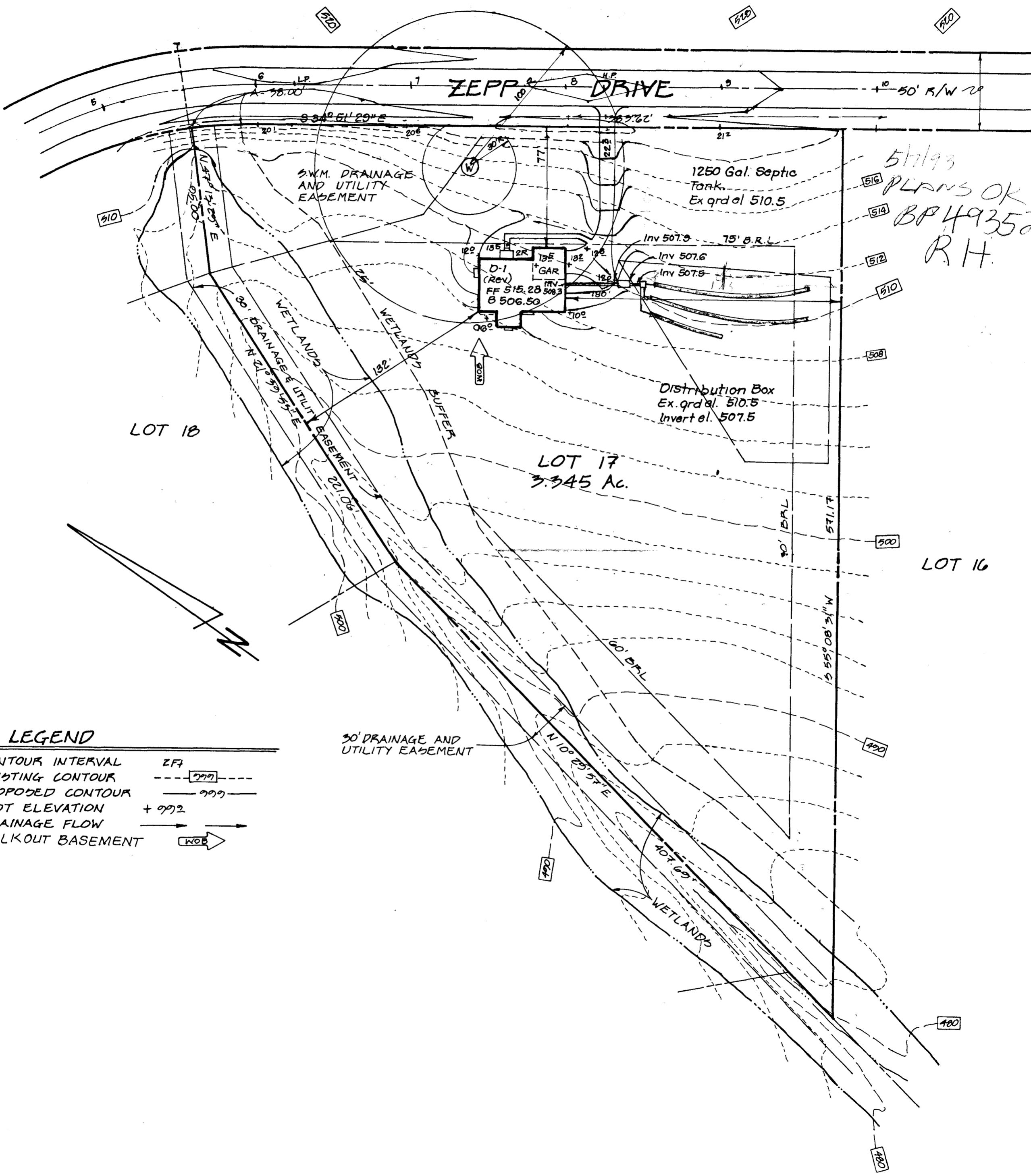
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/9/89	1S	5	10:40	10:41	10:41	10:44	3
		9	10:40	10:43	10:43	10:51	8
	1V	12	see profile				
	2S	6	10:45	10:47	10:47	10:50	3
	2V	13	sim to ① clay to 5'		10% frags		
	3S	5	10:51	10:53	10:53	10:55	2
	3V	13	sim to ① clay to 4'		5% frags		

REMARKS HOLES ① & ② DUG PER PLAN

TYPE OF SOIL

TESTED BY M. Riffin

ALSO PRESENT D Hopkins

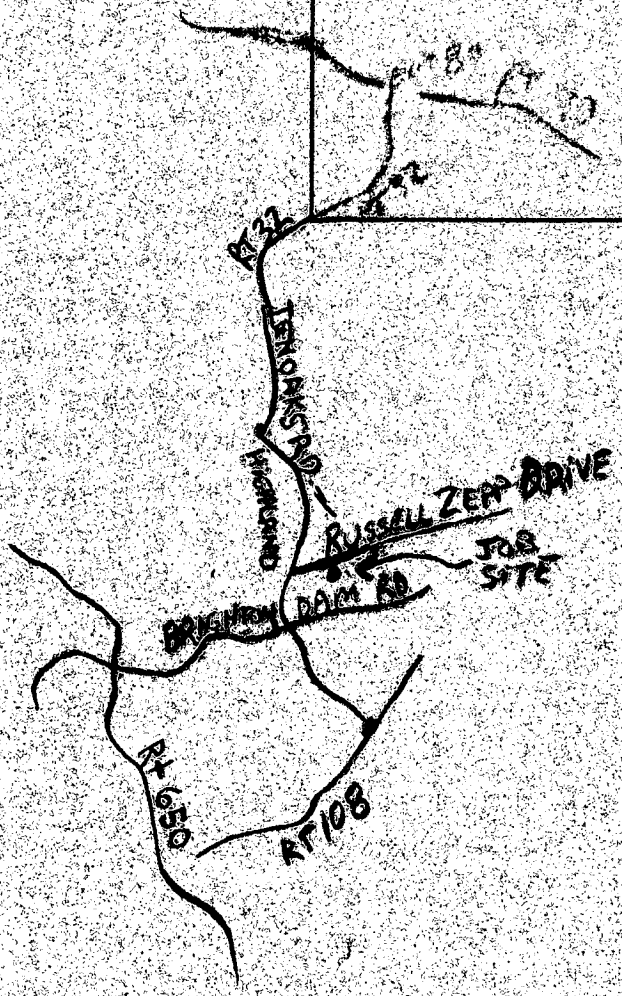
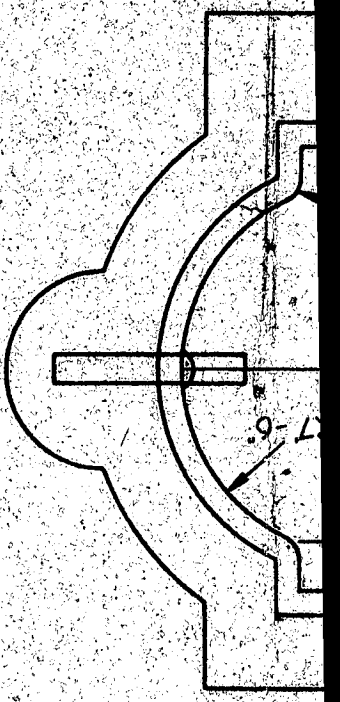
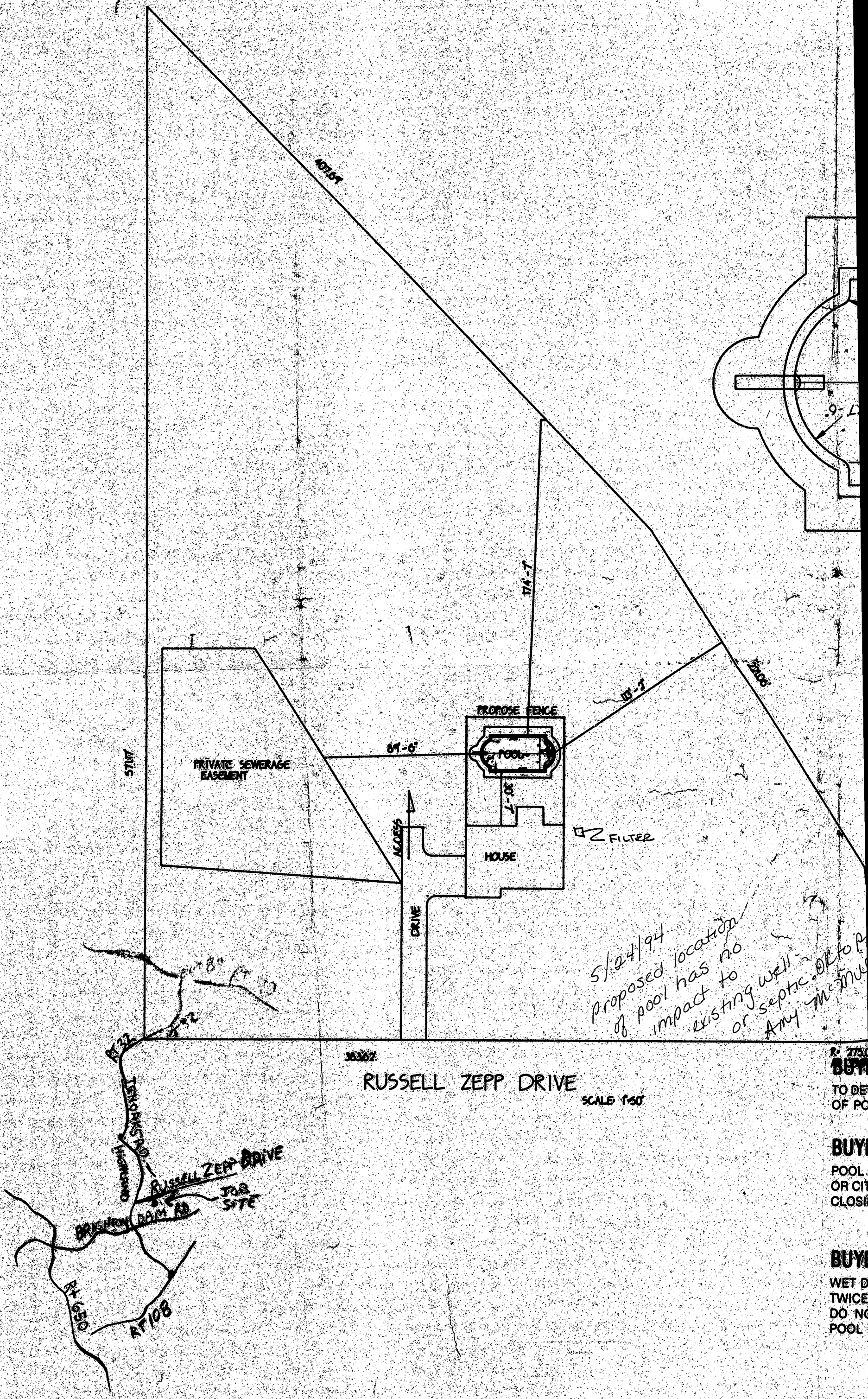


5/1/93
 PLANS OK
 BP 49357
 R.H.

LEGEND

- CONTOUR INTERVAL 2F
- EXISTING CONTOUR
- PROPOSED CONTOUR
- SPOT ELEVATION + 992
- DRAINAGE FLOW
- WALKOUT BASEMENT

30' DRAINAGE AND UTILITY EASEMENT



R. 2750
BUY
 TO DE
 OF PO
BUY
 POOL
 OR CIT
 CLOSIN
BUY
 WET D
 TWICE
 DO NO
 POOL I

B 1 **8501** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

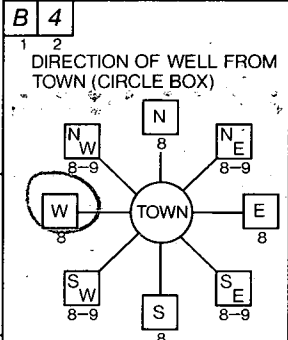
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-92-0097
 fill in this form completely

Date Received (APA) **7/20/92**
052192 OWNER INFORMATION
Clacksonville Assoc
 15 Last Name 34 Owner First Name
13243 Westmeath Lane
 36 Street or RFD 55
Clacksonville MD 21029
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL R **48133**
Howard COUNTY
Clacksonville SUBDIVISION
 SECTION **17** LOT
Clacksonville NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
 Driller's Name **Sandy B. Cochran** 120
 Firm Name **G. Edgar Harr Soss' Corp.**
 Address **12047 Falls Road Cockeysville 21030**
 Signature *Sandy B. Cochran* Date **5/18/92**



Russell Zepf Drive NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **200**
 ENTER FT OR MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

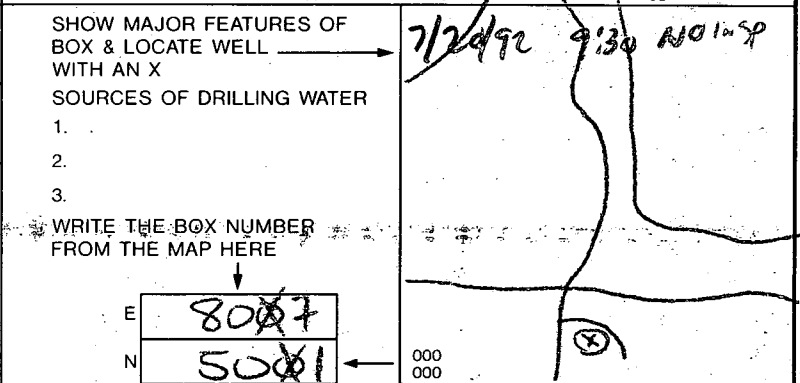
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 43091 COUNTY NO.
 STATE SIGNATURE **Mark E. Piffen** DATE ISSUED **12/18/92**
 NORTH GRID **501000** EAST GRID **0807000**

APPROXIMATE DEPTH OF WELL **200** FEET

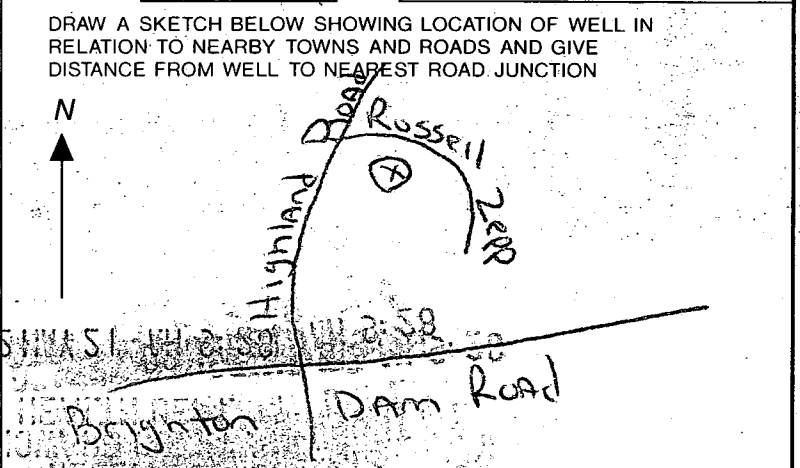
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 **G A P**
 FORCE **MR** INITIALS IN BOX PERMIT No. **HO-92-0097**



SPECIAL CONDITIONS

C1 6827 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 **A43091**

ST/CO USE ONLY DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **072192** Depth of Well: **200** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-92-0097**

OWNER: **Clarksville Assoc**
 STREET OR RFD: **Russell Zapp Dr** TOWN: **Clarksville**
 SUBDIVISION: **BRIERLY** SECTION: [] LOT: **17**

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	
Overburden	0	15	
Brown Shale	15	30	
Soft Shale	30	38	
Gray Rock	38	200	X

GROUTING RECORD
 WELL HAS BEEN GROUTED: (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **8** NO. OF POUNDS: **800**
 GALLONS OF WATER: **48**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **32** ft.

CASING RECORD
 casing types insert appropriate code below:
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE: **PL** Nominal diameter top (main) casing (nearest inch): **6** Total depth of main casing (nearest foot): **40**

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

SCREEN RECORD
 screen type or open hole: insert appropriate code below:
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

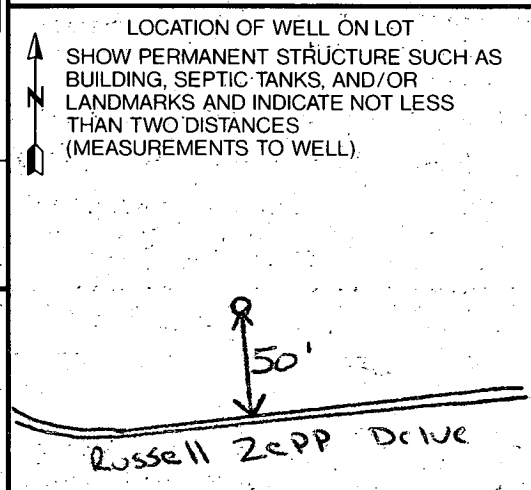
C2
 DEPTH (nearest ft.)
 1 **HO 40** 200
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH) from [] to []

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 []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour): **3**
 PUMPING RATE (gal. per min. to nearest gal.): **15**
 METHOD USED TO MEASURE PUMPING RATE: **Submersible**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **12** WHEN PUMPING: **60**
 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: []
 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 **1** (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. **120**
 DRILLERS SIGNATURE: **Robert Price**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): []