

10/13/98
12:00
10/14/98
WPT - P.M.

PERMIT

10/13/98 Needs house connection

SEWAGE DISPOSAL SYSTEM

P 511013-A

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 43922

1 copy ID - 05-352592

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 9-30-98

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 10/16/98

~~XXXXXXXX~~ 410-313-2640

INDEXED

INSPECTOR DKS

Jack Fyock Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Highland Oaks LOT 1 ROAD 6839 Santa Maria Avenue

PROPERTY OWNER ~~Michael C. Lee~~ Martin McDermott

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 70 feet down the right (160.00') and 50 feet off that same lot line as seen when facing the lot from Santa Maria Avenue. Run trenches on contour toward the 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/MR

PLANS APPROVED BY Amy McMillen/Donna K. Soe REVISED DATE 5/29/98

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

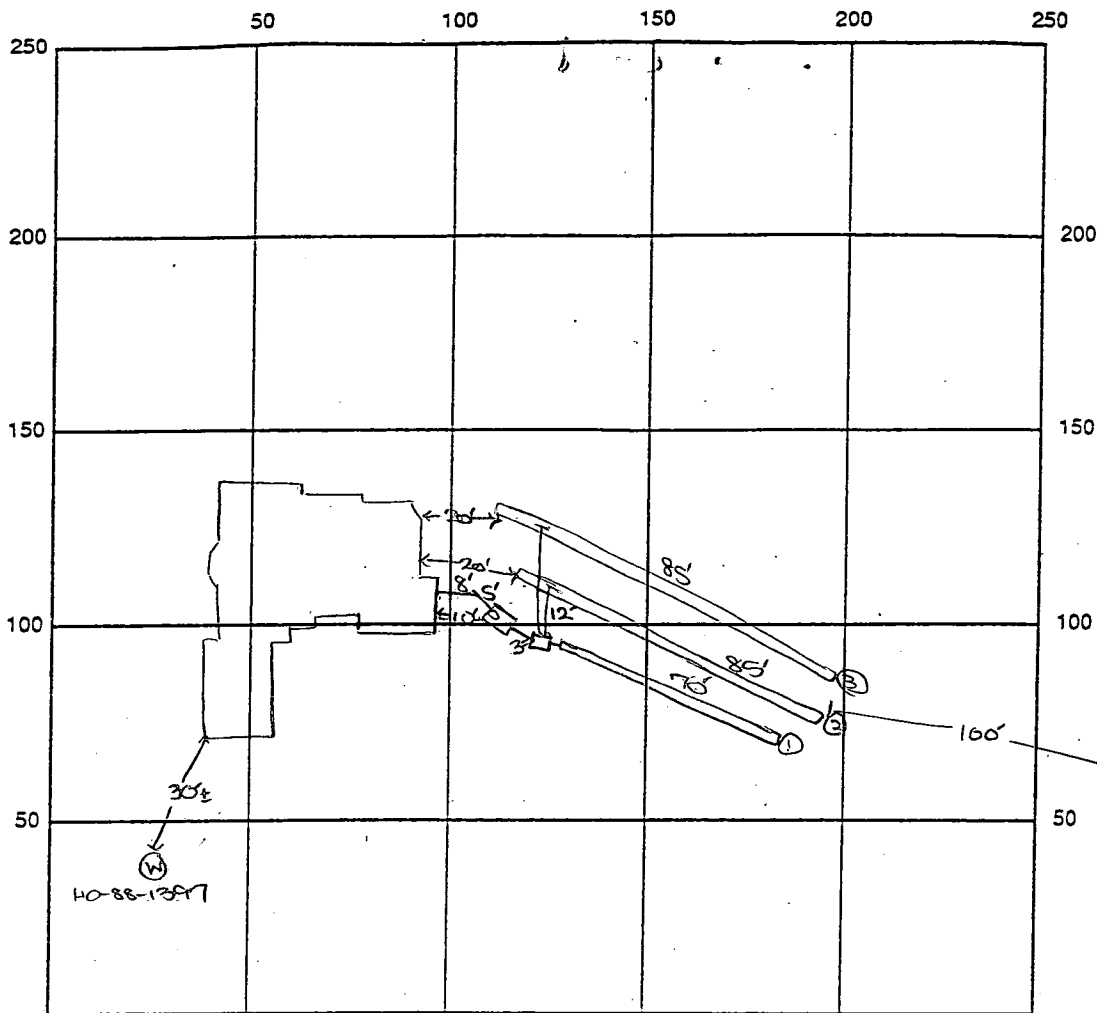
PERMIT VOID AFTER TWO YEARS

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 43922



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Santa Maria Avenue

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 85' FT. → 240

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/13/98 A.M. OK to continue work. DKS

10/13/98 P.M. OK to cover all septic work. Needs house connection. DKS

10/16/98 FINAL INSP - OK to cover all work. House connection made. DKS

DATE SYSTEM APPROVED 10/16/98 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 43922

P _____

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

DISTRICT 5

DATE 3-16-89

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 HIGHLAND DEVELOPMENT CORP. MICHAEL C. LEE

ADDRESS PO BOX 208 CLARKSVILLE PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HIGHLAND OAKS LOT NO. 1 *Prelim*

ROAD AND DESCRIPTION (6839 Santa Maria Avenue)

BLDG. PERMIT SIGNED

AND RETURNED 5/29/89

Serial # BR 111812

TAX MAP 4 PARCEL # 36

SIZE OF LOT 3.1 A TYPE BLDG SFD-4Bm
(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.

Richard M. ...
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

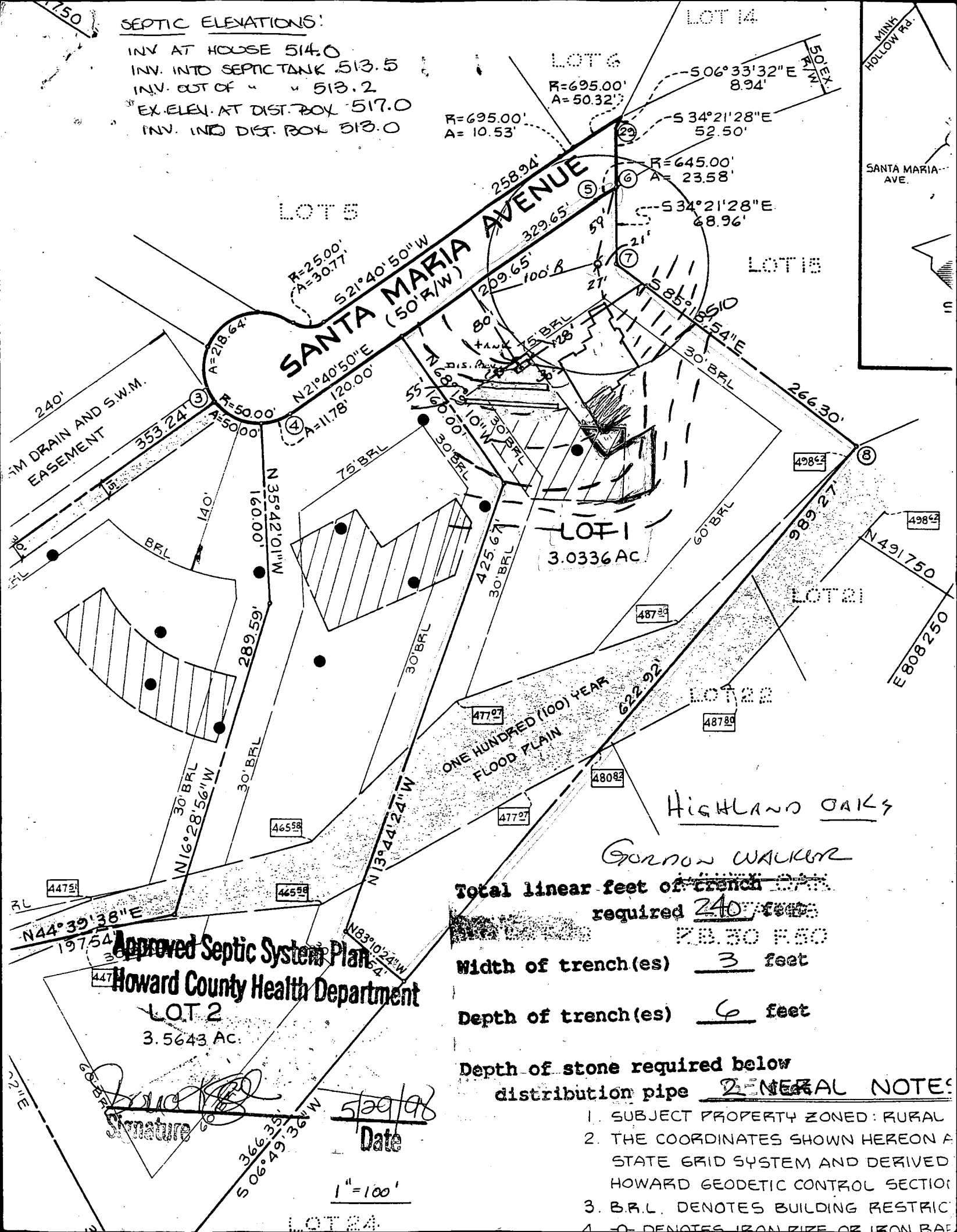
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SEPTIC ELEVATIONS:

INV. AT HOUSE 514.0
 INV. INTO SEPTIC TANK 513.5
 INV. OUT OF " " 513.2
 EX. ELEV. AT DIST. BOX 517.0
 INV. INTO DIST. BOX 513.0



Approved Septic System Plan
Howard County Health Department

LOT 2
 3.5643 Ac.

[Signature]
 Signature

5/29/98
 Date

1" = 100'

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

GENERAL NOTES:

1. SUBJECT PROPERTY ZONED: RURAL
2. THE COORDINATES SHOWN HEREON ARE STATE GRID SYSTEM AND DERIVED HOWARD GEODETIC CONTROL SECTION
3. B.R.L. DENOTES BUILDING RESTRICTION
4. Ø DENOTES IRON PIPE OR IRON BAR

Gordon Walker
 Highland Oaks

B 1 **3742** 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
H0-88-1392
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **060190**
 Hilltop Development
 D.C. Box 708
 Linksville MD 21029

LOCATION OF WELL
 HIGHLAND
 HIGHLAND GARDENS
 SECTION 44 46 LOT 48 50
 HIGHLAND
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
 Joseph P. Mayne
 77 License No. 80 **238**
 Joseph P. Mayne Well Drilling
 5512 Ridge Rd. Mt. Airy, Md. 21771
 Signature: Joseph P. Mayne Date: 5/29/90

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 N, NE, E, SE, S, SW, W, NW

NEAR WHAT ROAD
 Santa Maria Ave
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH, WEST, EAST, SOUTH
 DISTANCE FROM ROAD **30** FT

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# 43922 COUNTY NO.
 STATE SIGNATURE DATE ISSUED **060890** x Charles Bryan V. Steach 12/8/90
 NORTH GRID **492000** EAST GRID **0808000**

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)

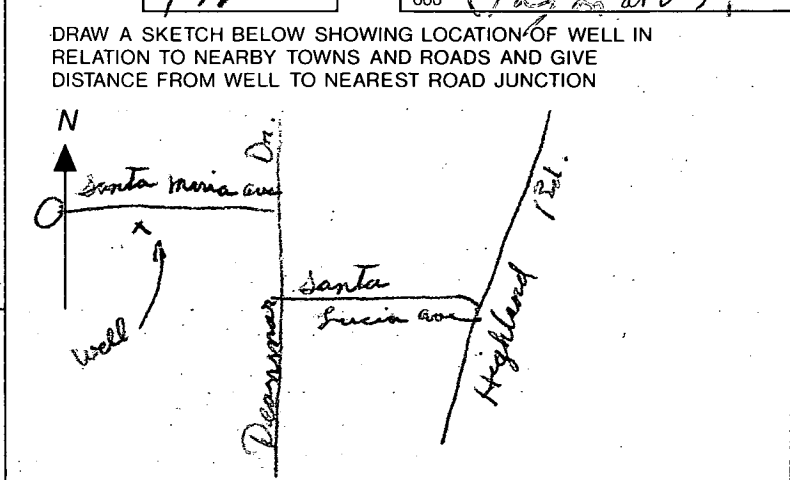
APPROXIMATE DEPTH OF WELL **200** FEET

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

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 **801 8**
 N **491 20**

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 **GAP**
 FORCE **CV** WRITE INITIALS IN BOX PERMIT No. **H0-88-1392**

SPECIAL CONDITIONS
 Highland
 COUNTY

C1 **1496** 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-43922**

ST/CO USE ONLY DATE Received: [] [] [] [] [] [] DATE WELL-COMPLETED: **070290** Depth of Well: **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-88-1397**

OWNER: **HILL TOP DEVELOPMENT**
 STREET OR RFD: last name **CANTA MARIA AVE** first name TOWN **HIGHLAND**
 SUBDIVISION **HIGHLAND OAKS** SECTION **1** 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		Check if water bearing
	FROM	TO	
<i>SANDstone</i>	<i>0</i>	<i>37</i>	
<i>Crystalline rock</i>	<i>37</i>	<i>325</i>	

Dry well 100'
Filled in with cement + drilling materials

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: **9** NO. OF POUNDS: **846**
 GALLONS OF WATER: **54**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **36** ft.

CASING RECORD
 casing types insert appropriate code below: **ST** (STEEL) **CO** (CONCRETE) **PL** (PLASTIC) **OT** (OTHER)
 MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **6** Total depth of main casing (nearest foot): **43**

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)

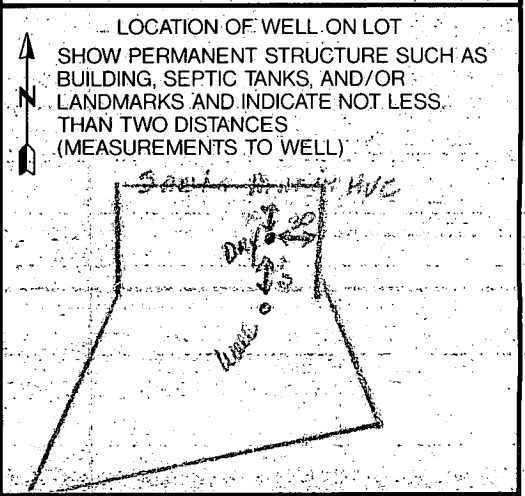
C2
 DEPTH (nearest ft.)
 E A C H S C R E E N: **1** **HO** **41** **325**
 SLOT SIZE: 1 [] 2 [] 3 []
 DIAMETER OF SCREEN (NEAREST INCH) from [] to []

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.): **5**
 METHOD USED TO MEASURE PUMPING RATE: **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **31** WHEN PUMPING: **189**
 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 or NO): **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 **6** (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. **298**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)