

6/10/94
6/22 P.M.
6/28/94
W.P.I. below

6/28/94 ✓ AM Tax + D 05-413125

6/22 (270.c.o)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 313-2640

P 50072

A 43929

DISTRICT 5th

DATE 6/9/94

DATE SYSTEM APPROVED 6/28/94

INSPECTOR C. B. S.

INDEXED

L & F Company

IS PERMITTED TO INSTALL ALTER

ADDRESS 10688 Scaggsville Road Laurel, MD 20707 PHONE

SUBDIVISION Highland Oaks LOT 6 ROAD 6836 Santa Maria Avenue

PROPERTY OWNER Barry & Julie Willis

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BLDG. PERMIT SIGNED AND RETURNED 8/1/94 Serial # 55750 - dcd

To bed Gravity Flow A.M. Changed (6/22/94) CBS

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the breakpoint in the left lot line (301.95'/100.00' intersection), start the first trench 120 feet down the 301.95' lot line and 110 feet off this same lot line. Run trenches on contour to front of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/20/94 DKS

PLANS APPROVED BY Mark Rifkin DATE 3/15/94

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 6/21/94 Serial # 57058

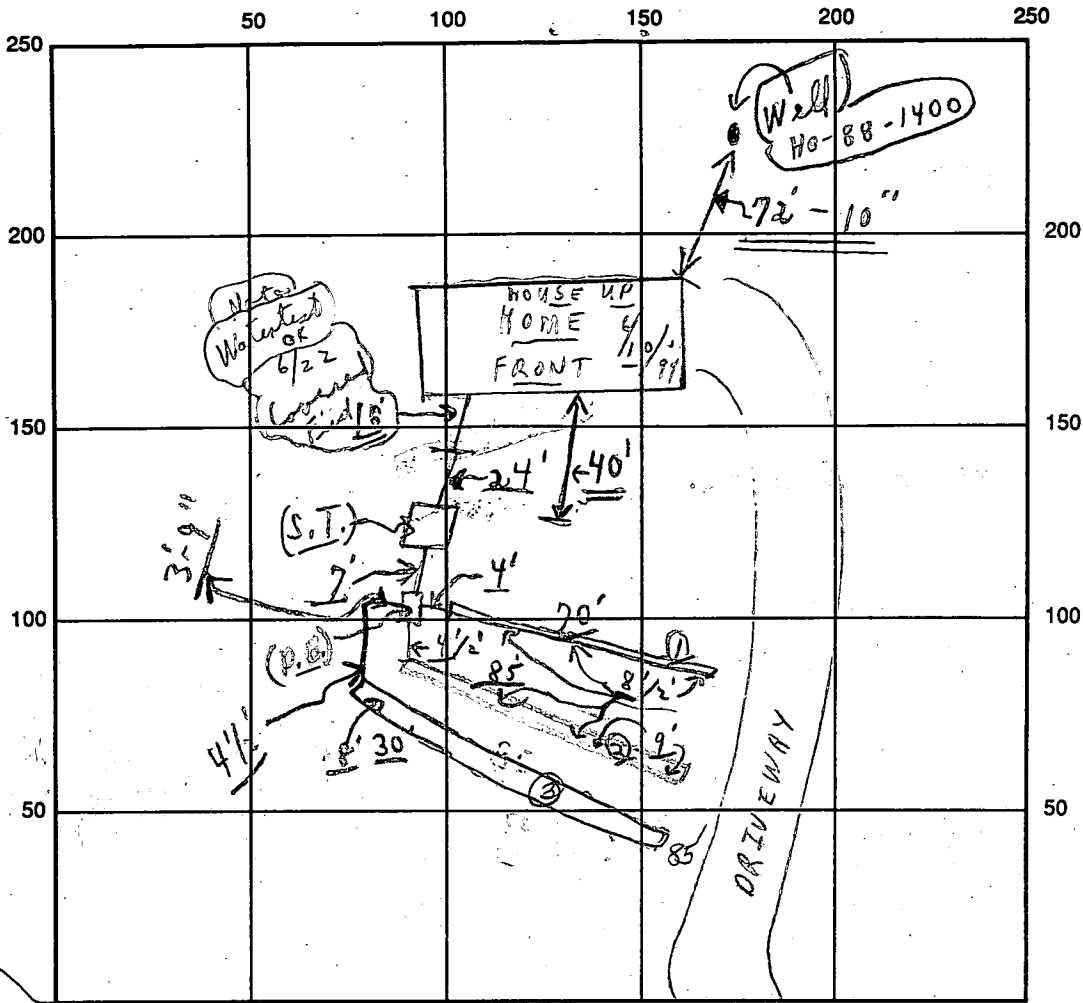
PERMIT VOID AFTER TWO YEARS

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. bury 1-500 gallon pipe and tank

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 43929



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Santa Maria Avenue

SEPTIC TANK LEVEL OK CLEANOUTS ST.S.O → C.O. present 6/23/94

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 20', 85', 85' } = 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/ ~~BOTTOM~~ AREA 960⁺ SQ. FT.

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

ABSORBENT AREA 960⁺ SQ. FT.

REMARKS: (Early A.M.) 6/10/94 No work done; permit left ok to go with specs and to continue; HOLD FOR A CALL 6/22/94 A.M. → Partial - trenches #1 ok for stones - only cbs 6/22/94 P.M. +OK Water test from house to trench #2 - ok for stones; #3 trench 30' - also ok for stones partial cbs
6/23/94 → OK to stone trench 2 and 3. OK to cover 1. OKS 6/28 Trench
6/14/94 - W.P.I. - #3 → complete, cbs (find per above)
11:30 A.M. - NOT READY cbs 6/28/94 INSPECTOR Charles B. [Signature]

DATE SYSTEM APPROVED 6/28/94
No changes @ casing line has to meet cbs

APPLICATION

PERCOLATION TESTING

A 43929

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 Heights Corp LAWRENCE HANY

ADDRESS Po Box 208 CLARKSVILLE PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Highland OAKS LOT NO. Prelim 6
8

ROAD AND DESCRIPTION 6832 Santa Maria Avenue

TAX MAP 40 PARCEL # 36

SIZE OF LOT 3A TYPE BLDG. SFD
(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. Reynolds
(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 3/15/89
Serial # 52273
SFD-5 Bldg

BLDG. PERMIT SIGNED
AND RETURNED 7/16/90
Serial # 34018
Steve Cantor

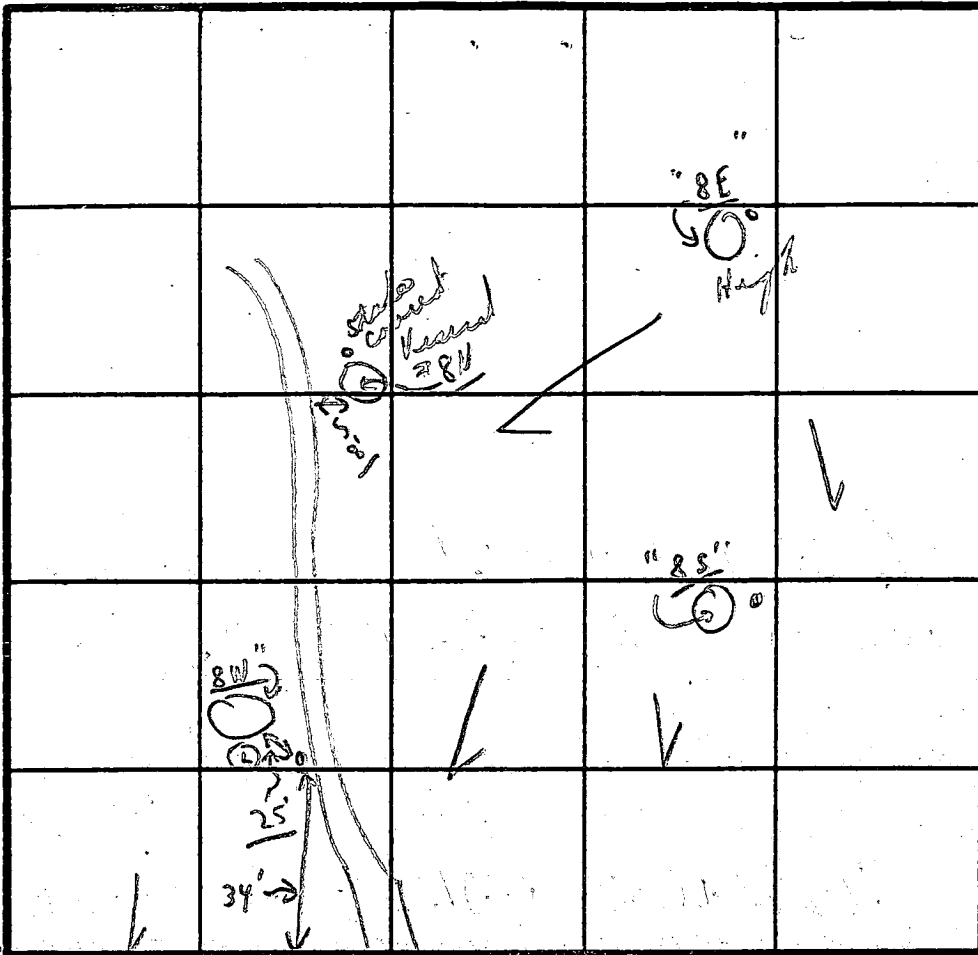
HD-216

THIS IS NOT A PERMIT

A # 43929

8

SOIL PROFILE



$\bar{X} = 19 \text{ min}$
 Inlet = 3.5 ft
 Bottom = 7.0 ft
 240 sqft/bedrm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Line

(19 minutes average)
 Inlet 4' =

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|---------|---------|-------|----------------|-------|-----------|
| | | | START | STOP | START | STOP | |
| 6/5/89 | " " (8N) | 4 1/2' | 11:50 | 11:52 | 11:52 | 11:56 | 4 min |
| | " " (8W) | 3 1/2' | 10:50 | 10:52 | 10:52 | 10:56 | 4 min |
| | " " (8S) | 12 1/2' | | LOAM | | | |
| | " " (8S) | 3 1/2' | 10:45 | 10:46 | 10:46 | 10:47 | 1 min |
| | " " (8S) | 11' | | | LOAM | | |
| | " " (8E) | 4' | 10:41 | 10:42 | 10:42 | 10:44 | 1 1/2 min |
| Height | " " (8E) | 7 1/2' | 10:40 | 10:48 | 10:48 | 11:07 | 19 min |
| | | 12' | 11:06 | | LOAM | | |

{ Sandy }
 { loam }

{ Some surface }
 { soil }

REMARKS 4/5 Tests in woods

" per stake

TESTED BY C.B.O.

ALSO PRESENT

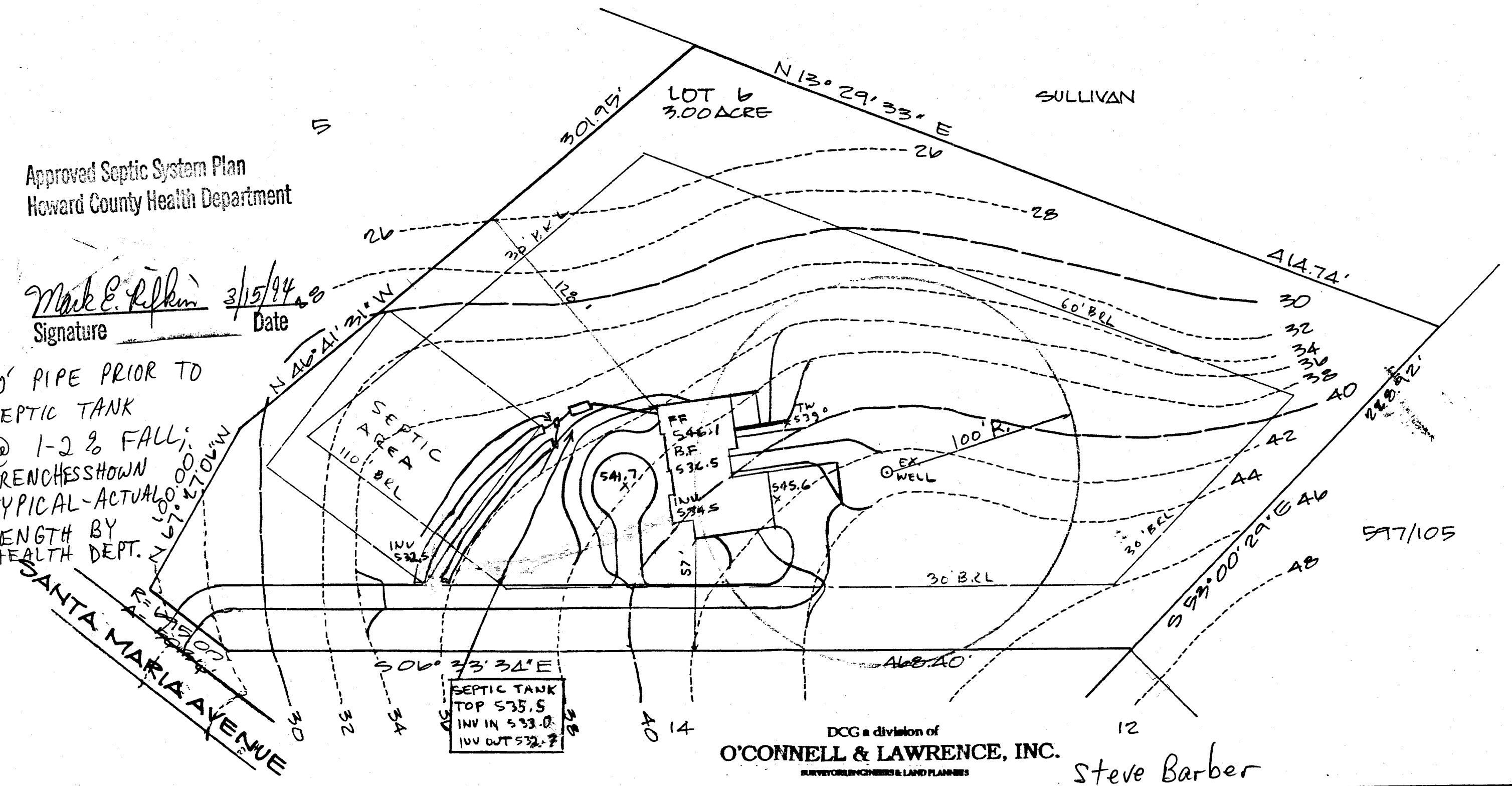
{ see # 7 }

SCALE: 1"=50'

Approved Septic System Plan
Howard County Health Department

Mark E. Rifkin 3/15/94
Signature Date

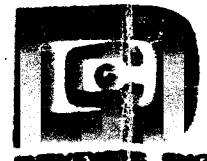
10' PIPE PRIOR TO
SEPTIC TANK
@ 1-2% FALL;
TRENCHES SHOWN
TYPICAL - ACTUAL
LENGTH BY
HEALTH DEPT.



DCG a division of
O'CONNELL & LAWRENCE, INC.
SURVEYORS, ENGINEERS & LAND PLANNERS

Steve Barber

SITE DEVELOPMENT PLAN
LOT 6
HIGHLAND OAKS
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

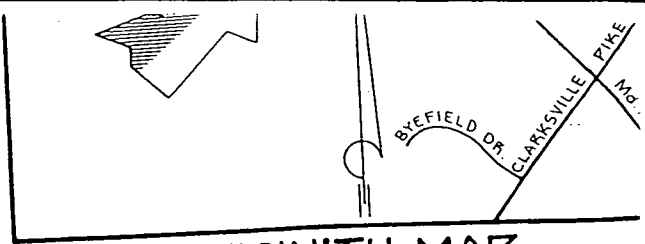


DEVELOPMENT
CONSULTANTS
GROUP, INC.
SURVEYORS, ENGINEERS & LAND PLANNERS

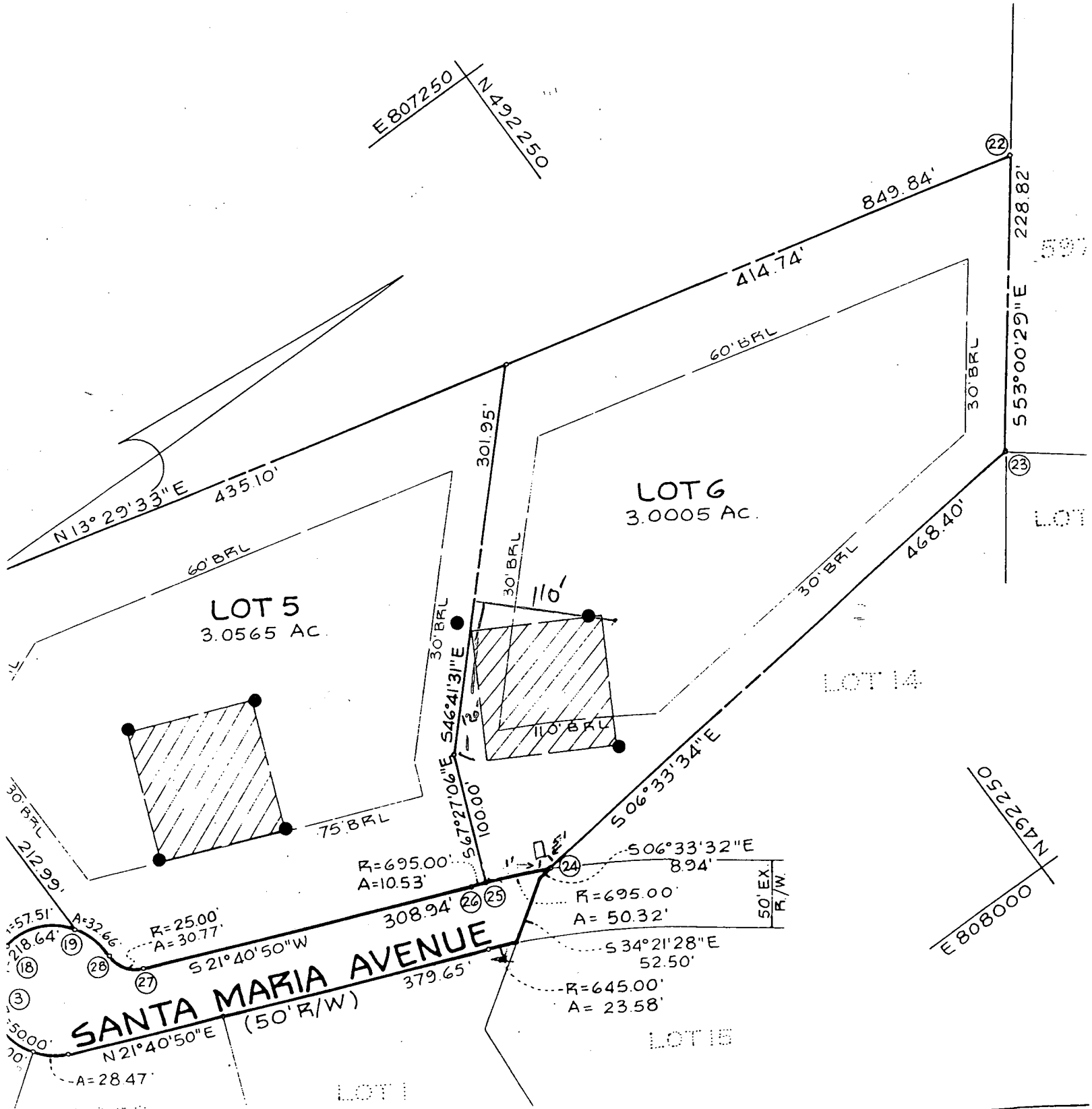
17904 GEORGIA AVE. #102
OLNEY, MARYLAND 20832
301-924-4570

| | |
|---------|--------|
| DATE | FEB 94 |
| BY | BA |
| CHECKED | |
| DATE | |
| BY | |

Lot 6
 Highland Development Corp. - Developer
 Lawrence Harry, Jr, Etal - owner
 P.O. Box 208
 Clarksville, MD 21029



VICINITY MAP
 SCALE: 1" = 2000'

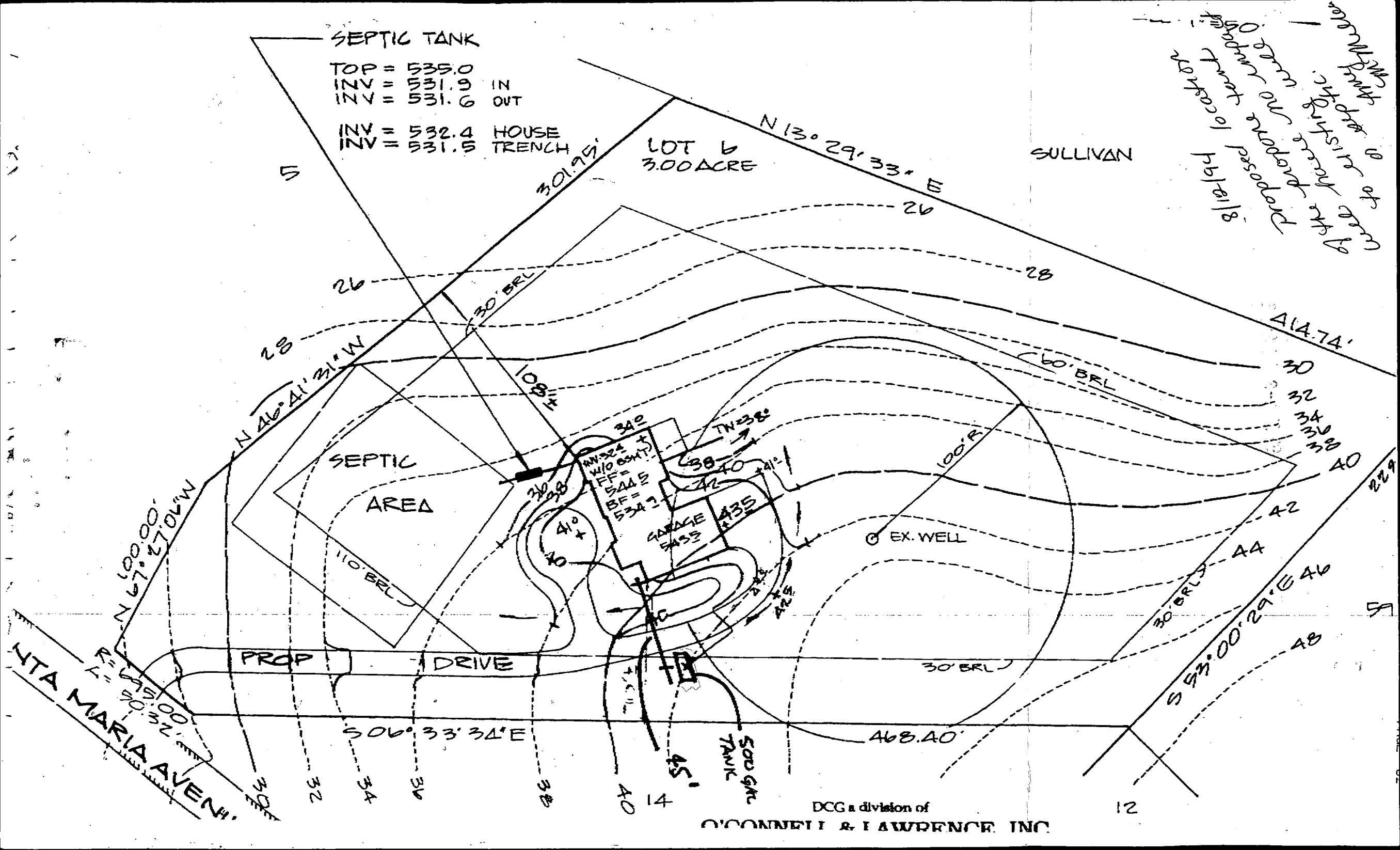


Handwritten notes:
 The property is a portion of the original 100 acre tract of the Sullivan family.
 The property is a portion of the original 100 acre tract of the Sullivan family.
 The property is a portion of the original 100 acre tract of the Sullivan family.

SEPTIC TANK
 TOP = 535.0
 IN = 531.9
 OUT = 531.6
 HOUSE TRENCH
 IN = 532.4
 OUT = 531.5

LOT 6
 3.00 ACRE

SULLIVAN



B 1 **3747** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

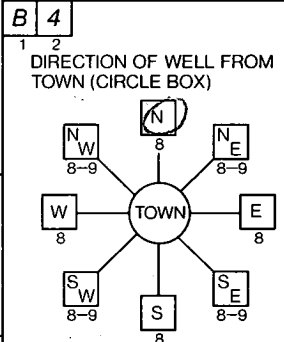
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-1400
 fill in this form completely

Date Received (APA) **060190**
 OWNER INFORMATION
HILLTOP DEVELOPMENT
 PO Box 208
 LAURELVILLE MD 21029

B 3 LOCATION OF WELL
HOWARD COUNTY
HIGHLAND CANS SUBDIVISION
 SECTION **44** LOT **4**
HIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Joseph R. Mayne License No. **238**
Joseph R. Mayne Well Drilling
 5512 Ridge Rd. Mt. Airy, Md. 21771
Joseph R. Mayne 5/29/90



Santa Maria Ave NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **275** FT

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# 43929 COUNTY NO.
 DATE ISSUED **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)

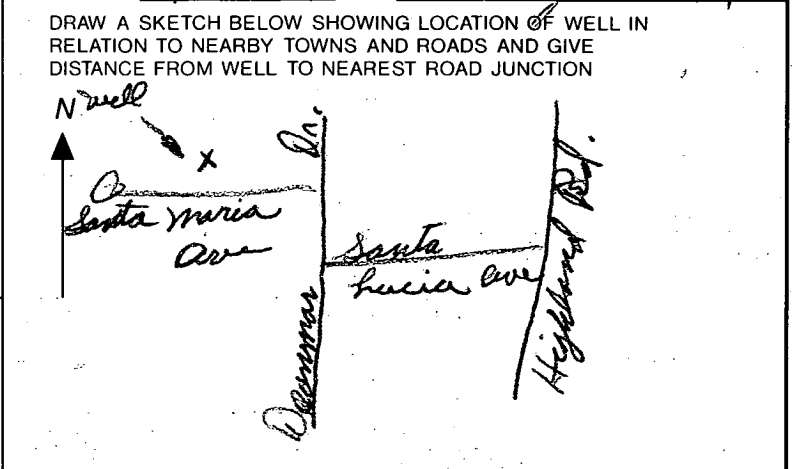
APPROXIMATE DEPTH OF WELL **280** FEET

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
 N **800**
 N **490**

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

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 **CN** PERMIT No. **H0-88-1400**

C1 **1494** 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 43927**

ST/CO USE ONLY DATE Received [] DATE WELL COMPLETED **07/17/90** Depth of Well **205** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-1400**

OWNER **HILL TOP DEVELOPMENT** last name **SANTA MARTA AVE.** first name **HIGHLAND** TOWN **HIGHLAND** SUBDIVISION **HIGHLAND OAKS** SECTION **1** LOT **6**

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 | |
| Sand Stone | 0 | 37 | |
| Crystalline Rock | 37 | 205 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
 NO. OF BAGS **9** NO. OF POUNDS **344**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **35** 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) **4** Total depth of main casing (nearest foot) **49**

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

C 2

| EACH SCREEN | DEPTH (nearest ft.) | |
|-------------|---------------------|-----------|
| | 1 | 2 |
| 1 | HO | 40 |
| 2 | | |
| 3 | | |

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

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. **938**
 DRILLERS SIGNATURE *[Signature]*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
 70 [] 72 [] 74 75 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **48** WHEN PUMPING **11**
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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)

