

15/90 AM Early

PERMIT

File

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 46388

A 45688

DISTRICT 4th

DATE 9/25/90

DATE SYSTEM APPROVED 10/16/90

INSPECTOR C. Bed

INDEXED *MT*

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Fogle's Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Mt. Airy, Maryland 21771 PHONE 795-5670

SUBDIVISION Metcalf Property LOT _____ ROAD 1660 Shaffersville Road

PROPERTY OWNER Ms. Kathy Blevins

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280'

CLAY 0' ± 3' ±
LORM 3' ± 2' ±
(12' - 10' ± 4025)
{10/16/90}

TRENCHES - 210 sq. ft. per bedroom. 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 center of first trench near the highest percolation test hole approximately 310' from the center line of Shaffersville Road and 260' north of the original house. Run trenches along contour up to 50' in a westerly direction (away from Shaffersville Road.)

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/CW*

PLANS APPROVED BY _____ REVISED _____ Craig Williams cm DATE 09/18/90

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

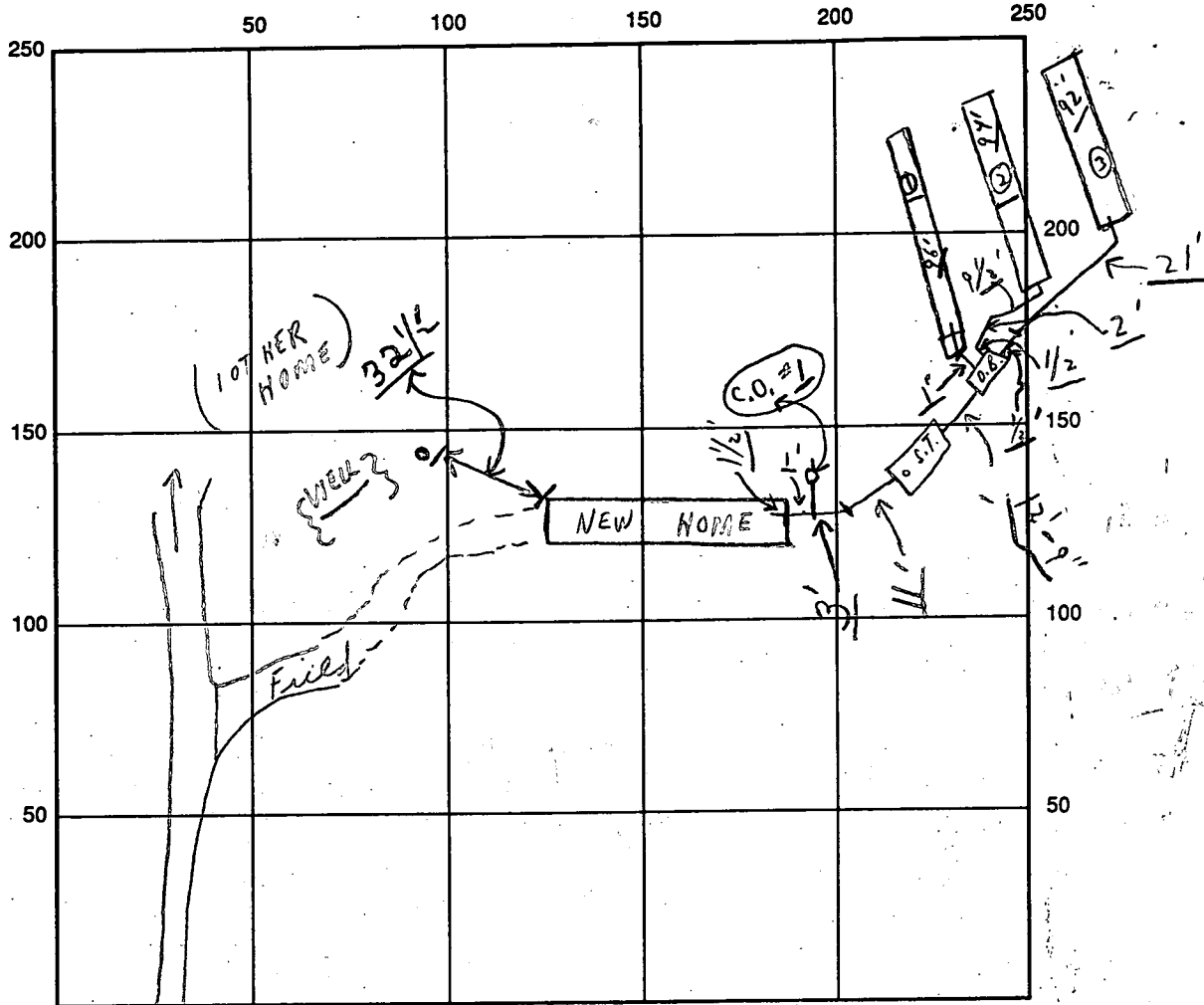
PERMIT VOID AFTER TWO YEARS

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
45688



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SHAFFERSVILLE ROAD S.T. | C.O. #1

SEPTIC TANK LEVEL OK CLEANOUTS OK | OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

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

EFFECTIVE GRAVEL DEPTH 2⁺ FT. TOTAL LENGTH $\frac{0}{96}$ } 282 FT. $\frac{0}{94}$ } $\frac{0}{92}$ }

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 846⁺ SQ. FT.

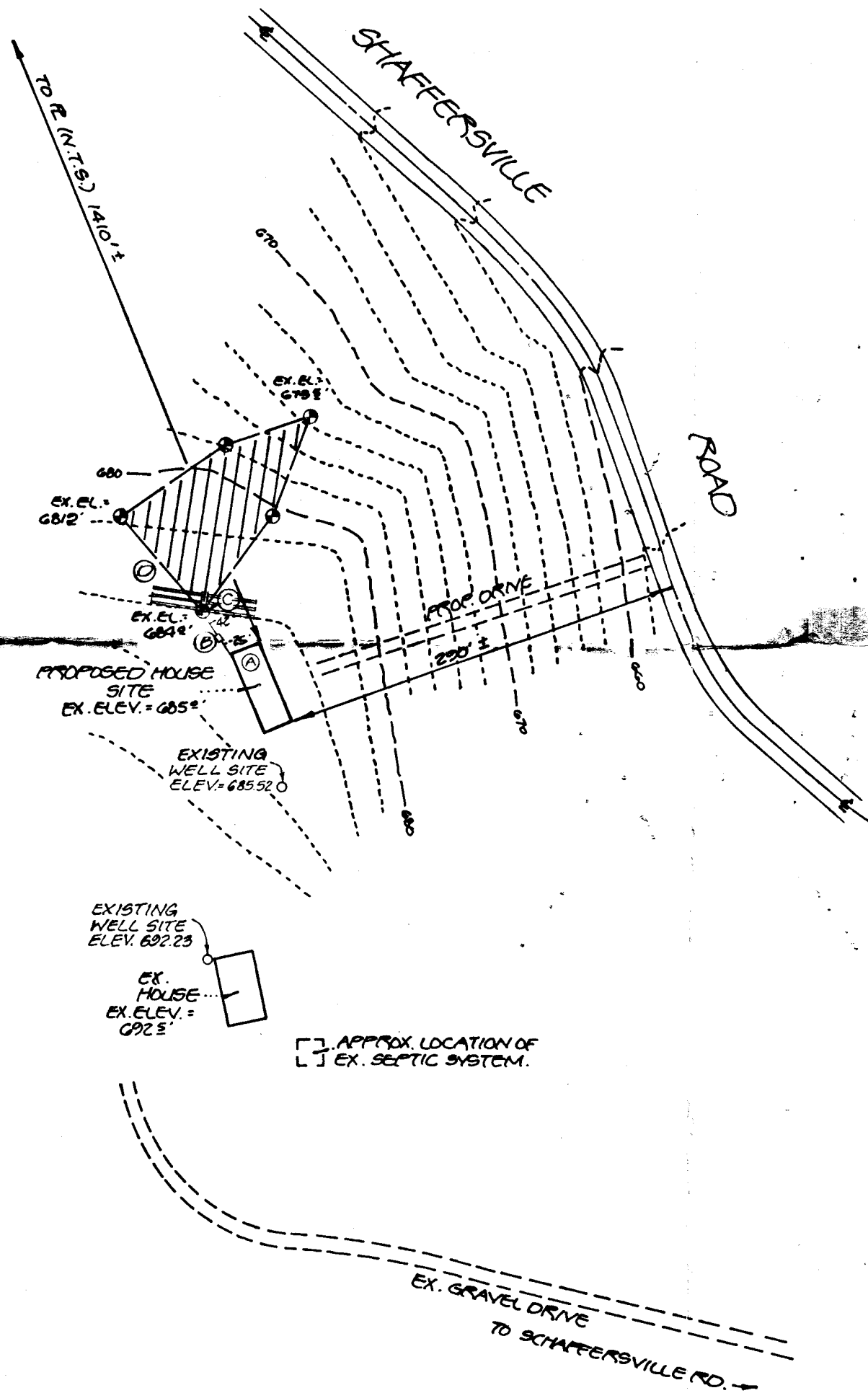
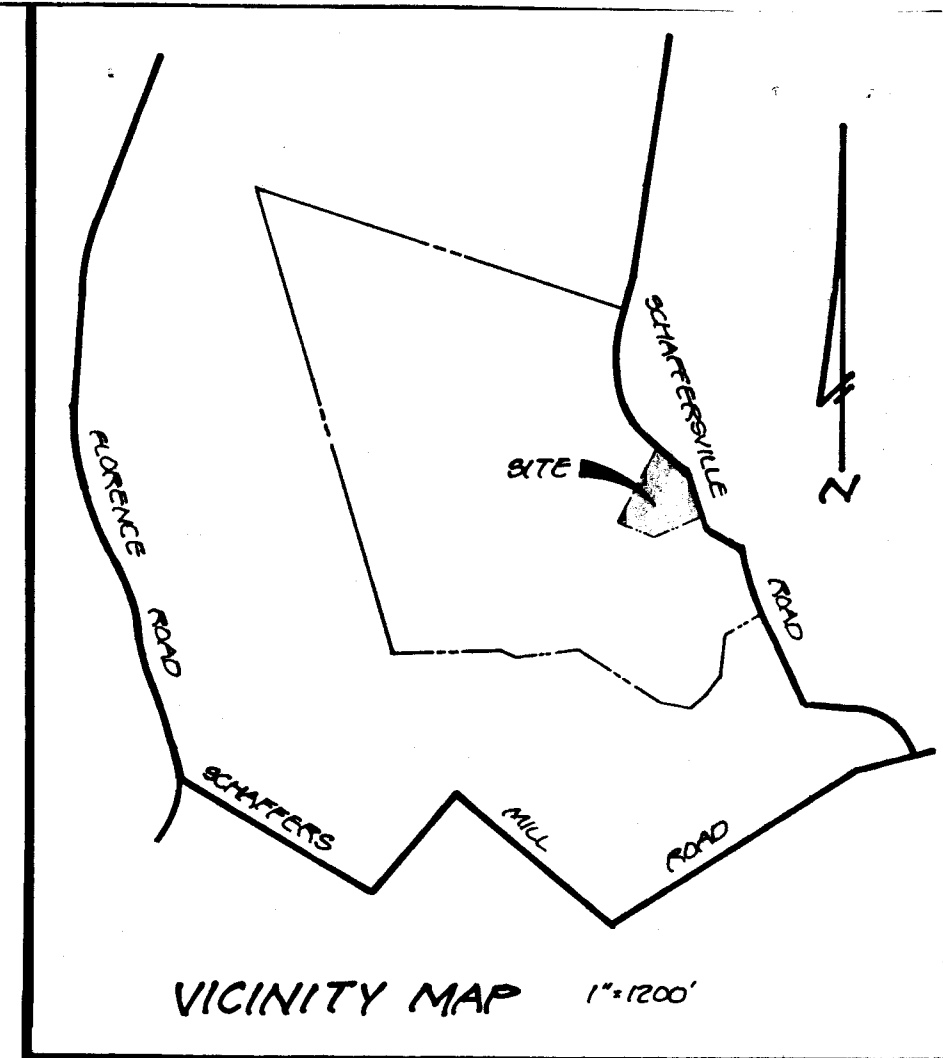
DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 846⁺ SQ. FT.

REMARKS: A.M. 10/11/90 NO WORK SEEN C.B.D.; 10/16/90 PARTIAL - @ HOLE VISUAL
SEEN NEAR END OF #0 TRENCH - MOSTLY LOAMY SOIL - OK FOR
LONG TRENCHES; 10/16/90 FINAL AS PER SPECS - C.B.D.
10/16/90 Mr. Fogles - representative - Perry Park 10-16-90
10/16 (OK TO FINISH & COVER #3 RD. TRENCH)

DATE SYSTEM APPROVED 10/16/90 INSPECTOR Charles Bryan Stecker

- A. Proposed House:
 Bsmt. El. = 679.0'
 F.F. El. = 687.5'
 INV. Out (@Hae.) = 682.20'
- B. Proposed Septic Tank:
 Ex. El. = 684.5'
 INV. IN = 681.94'
 INV. OUT = 681.64'
- C. Proposed Distribution Box:
 Ex. El. = 684.0'
 INV. El. = 681.2'
- D. Proposed Trenches:
 INV. El. = 681.0'
 *Trench length and depth to be determined at time of septic permit issuance.



/// This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as: **⊙**

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems
 Howard County Health Department

County Health Officer

Date

*REVISED: 7/12/90: SEPTIC DESIGN.
 REVISED: 8/23/90 PER HEALTH DEPT. COMMENTS

9-7-90.
 Copy of orig. sent
 for signature
 [Signature]

**PLOT PLAN
 METCALE PROPERTY**
 TAX MAP G PARCEL TO
 SITUATED ON SHAFFERSVILLE ROAD
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' MAY 1990

*Sourabh
 Munkh*

615190



**VANMAR
 ASSOCIATES INC.**
 Engineers-Surveyors-Planners
 310 South Main Street, Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015 (301) 549-2751

4/5/90
10:00

APPLICATION

PERCOLATION TESTING

A 45688

P _____

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

DISTRICT _____

DATE 3/15/90

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 VIRGINIA METCALF

ADDRESS 1668 SHAFFERSVILLE RD., MT AIRY PHONE _____

Contact:

PROSPECTIVE BUYER STEVEN L. MARSH

ADDRESS 7708-B RAY ST., FT. MEADE 20755 PHONE 672-2010

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION FROM Intersection of Mullinix Mill Rd and Shaffersville Rd, go N. on Shaffersville Rd 200 ft., turn left into gravel drive.

TAX MAP 6 PARCEL # 64 & 70 1660 SHAFFERSVILLE Road 2nd tenant house

SIZE OF LOT 182.12 ac total 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.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/5/90 PERC OK HOLD FOR

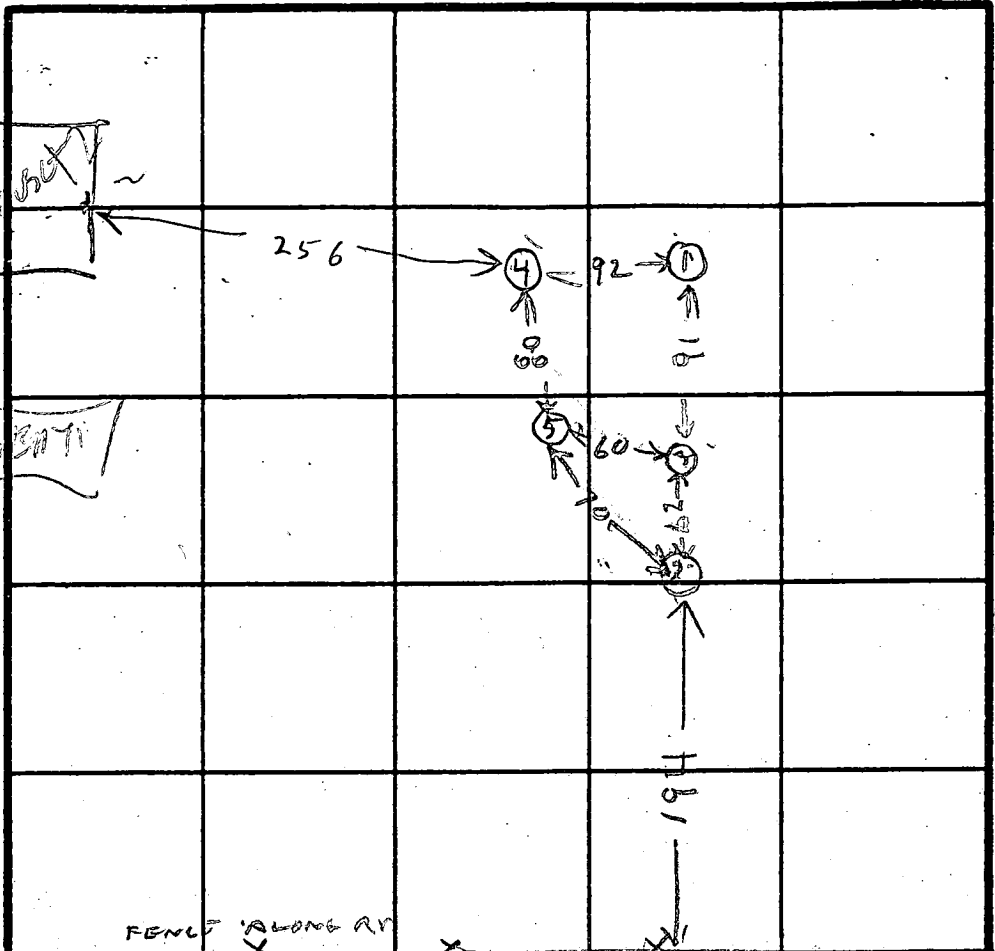
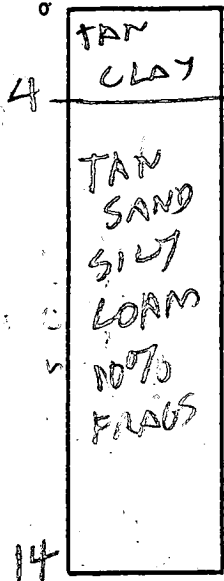
CERTIFIED HOLES

OLD PERMIT SIGNED AND RETURNED 2-12-90 Serial # 33529 SFD-

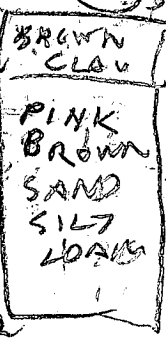
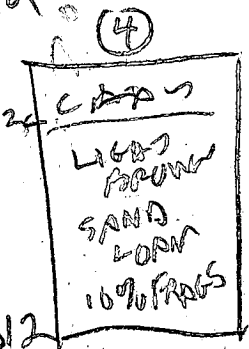
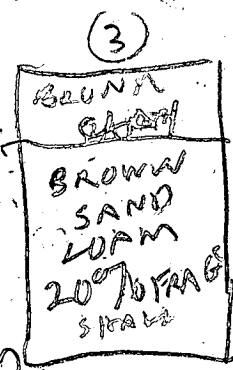
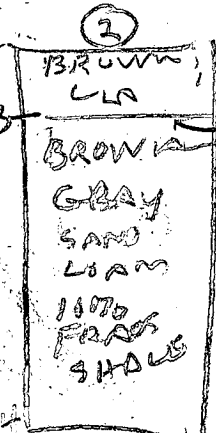
HD-216

THIS IS NOT A PERMIT

SOIL PROFILE



HOLE ELEVATION
④ = HIGHEST
② = LOWEST
①⑤ NEXT HIGHEST
③ NEXT LOWEST



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHARPER'S VILLE RD

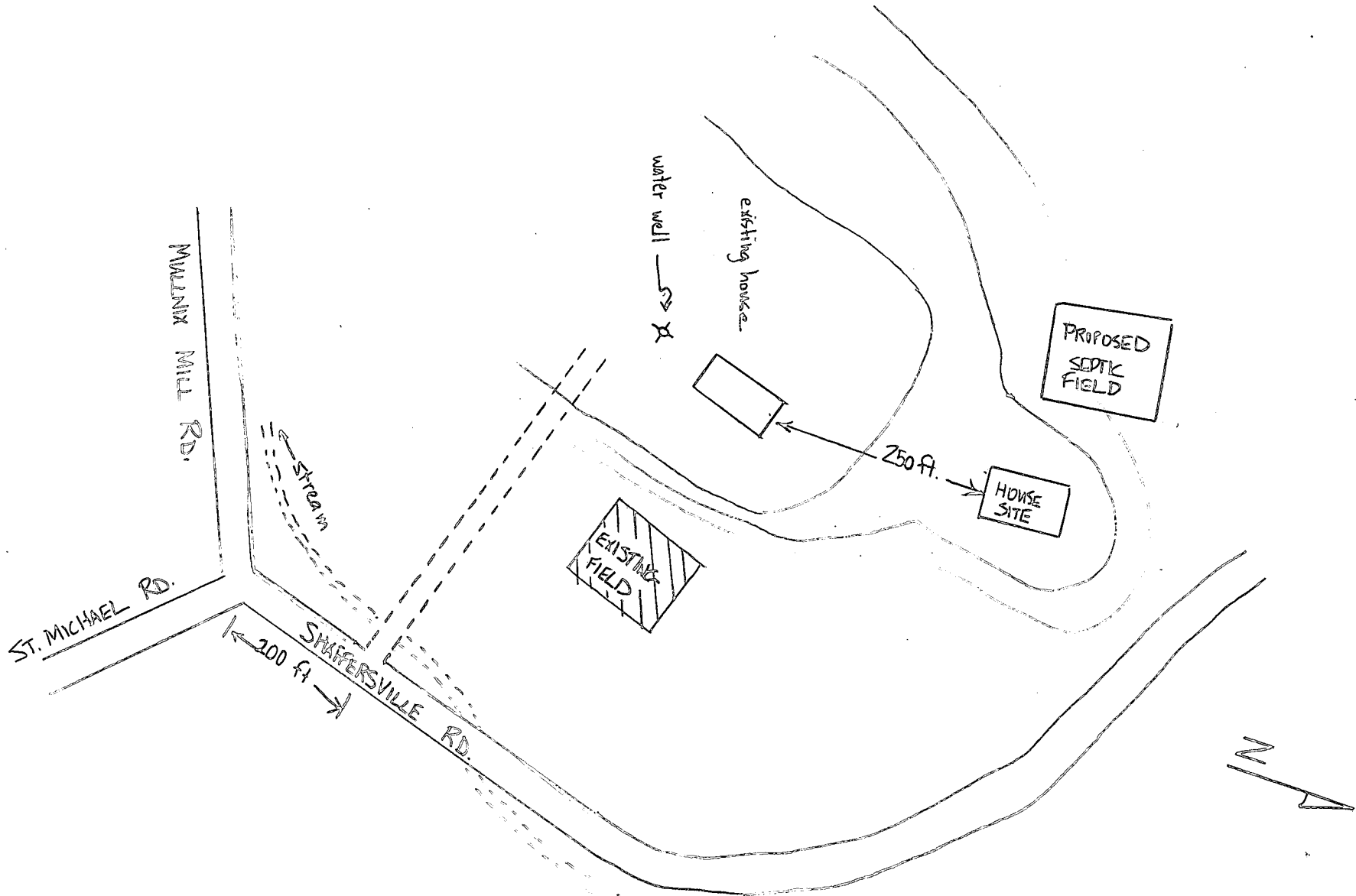
| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|-------|---------|----------------------------------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 4/5/90 | 1S | 6 | 1020 | 1022 | 1022 | 1026 | 4 |
| | 1V | 14 | OK | | | | |
| | 2V | 14 | OK | SHALLOW WATER 13 FT | | | |
| | 3S | 4 | 1101 | 1st inch 30 sec 2nd inch 96 sec | | | |
| | 3V | 7 | 1003 | 1st inch 30 sec 2nd inch 96 sec | | | |
| | 3P REDUC | 7 | 1105 | 1st inch 55 sec 2nd inch 134 sec | | | |
| | 3V | 12 | OK | BELOW 5 FT | | | |
| | 4D | 8 | 1139 | 1142 | 1142 | 1147 | 5 |
| | 4S | 3.5 | 1153 | 1158 | 1158 | 1212 | 14 |
| | 4V | 12 | OK | | | | |
| | 3M | 5 | 1212 | 1215 | 1215 | 1218 | 3 |
| | 2S | 4 | 1224 | 1230 | 1230 | 1237 | 7 |
| | 5V | 12 | OK | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY RAYMOND HUNTER ALSO PRESENT MR MARSH BUYS

MR MARSH BUYS
HENRY BUEVIA
CONTRACTOR





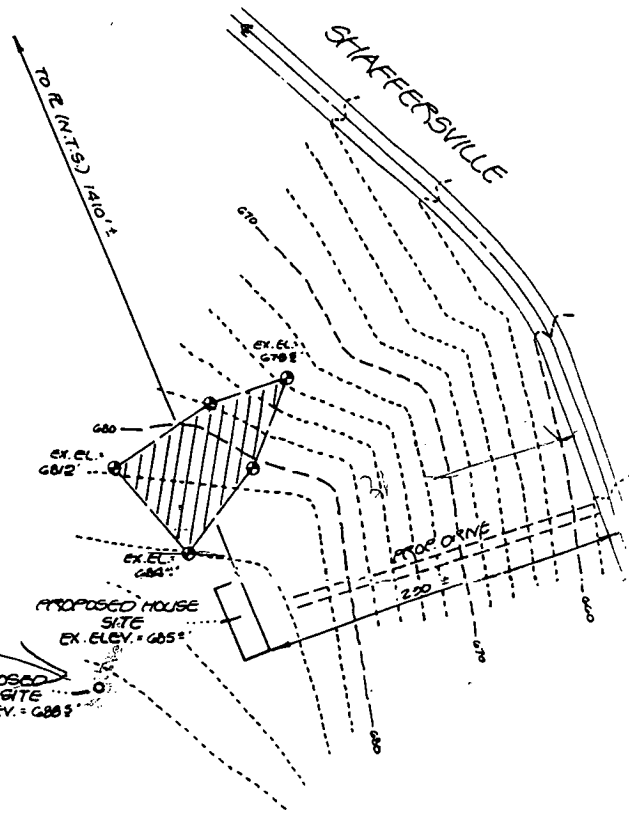
WELL SITE SK
6/22/95
[Signature]

PROPOSED WELL SITE
EX. ELEV. = 688'

PROPOSED HOUSE SITE
EX. ELEV. = 685'

EX. HOUSE
EX. ELEV. = 692'

APPROX. LOCATION OF EX. CEPTIC TANK



C1 1656 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A45088

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-1426

OWNER BLEVINS HENRY STREET OR RFD SHAPPERSVILLE TOWN MT. AIRY SUBDIVISION MEZCALP SECTION LOT

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS (6), NO. OF POUNDS (364), GALLONS OF WATER (36), DEPTH OF GROUT SEAL (0 to 19 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S), Nominal diameter top (main) casing (A), Total depth of main casing (12).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form including: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT), DEPTH (nearest ft.) grid.

SCREEN RECORD continuation with grid for depth and diameter of screen.

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) including T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (9 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (34), WHEN PUMPING (70), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).

LOCATION OF WELL ON LOT form including: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DRILLER County

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

10/11/90
 Final
 C.B.D.
 + J.B.G.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
 WELL LINE

New Installation _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner V. METCALF Telephone _____
 Subdivision _____ Lot # _____ Well Tag # HD-88-1426
 Site Address 1668 SHAFFERSVILLE RD., MT. AIRY, MD.
or 1660 Part of Farm

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible _____
 2. Make _____
 3. Model # _____
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No _____
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
 1. Horsepower _____
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 _____

Pitless Adapter
 1. Make _____
 2. Model # _____
 3. Depth _____

Tank
 1. Capacity _____
 2. Pressure relief valve? _____

Piping
 1. Type _____
 2. Size _____
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line _____

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215 10/11/90 Note - left sticker, left card + original white copy to be sent back with \$10.00 fee to check for inspection. C.B.D. + J.B.G.