

Tax ID-04-325354
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 47573

A 47491

DISTRICT 4th

DATE 9/30/91

DATE SYSTEM APPROVED 9/29/91

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

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

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Montgomery Ind. Subdiv LOT 3 & 4 ROAD 15695 Morgan-Woodbine Road

PROPERTY OWNER Michael James Seets

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES - 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 the distribution box 61 feet from the left front house corner and about 40 feet from hole #8. This point is about 225 feet from the 1308.92' lot line and 500 feet from the 538.88' lot line. Run trenches on contour toward Morgan Woodbine Road.

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

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 9/27/91

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

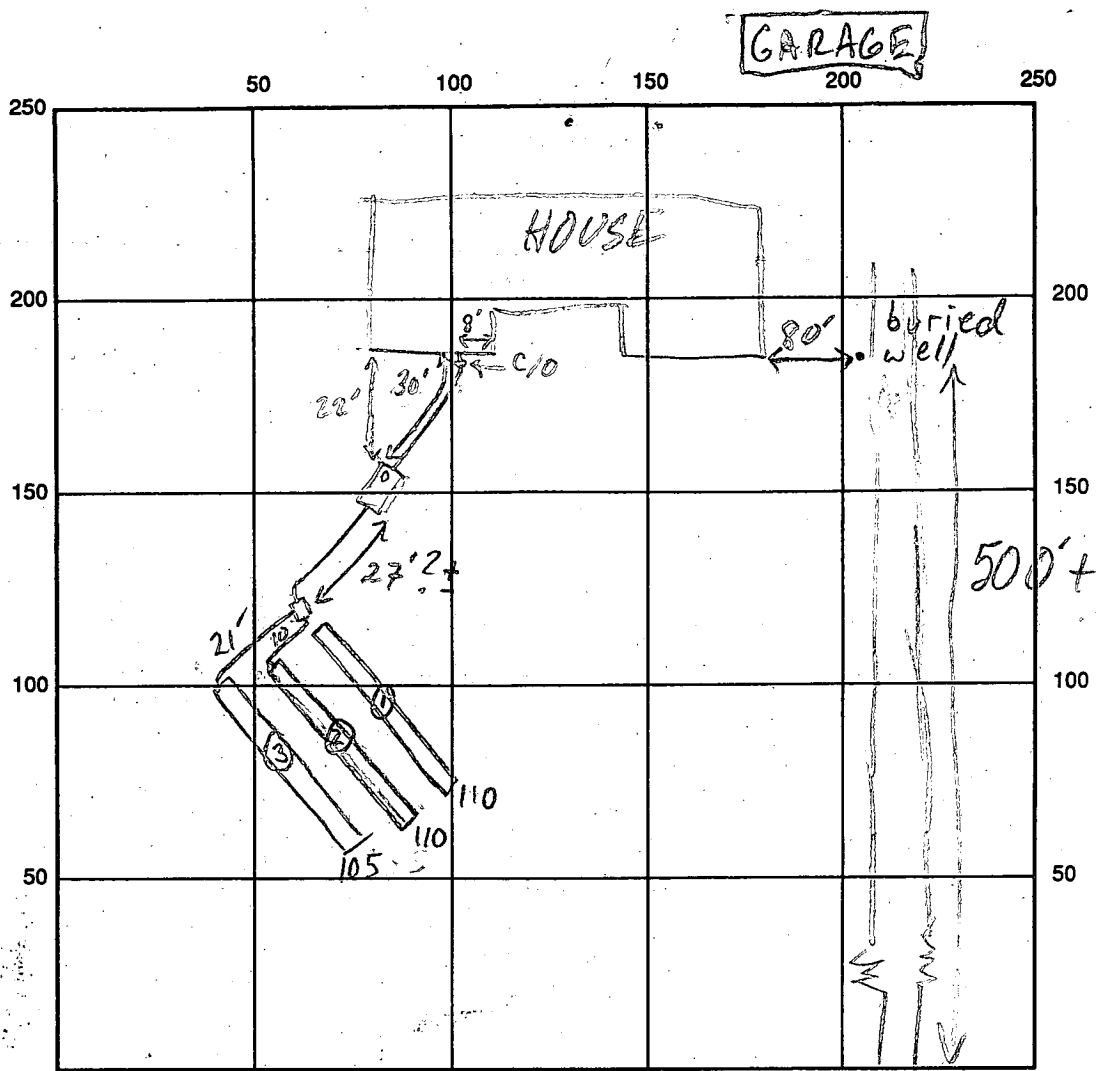
PERMIT VOID AFTER TWO YEARS

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
47491



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MORGAN WOODBINE RD

SEPTIC TANK LEVEL 2000 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{11}{5} \frac{21}{5} \frac{3}{5}$ FT. TRENCH WIDTH 3 FT. INLET DEPTH $\frac{4}{3} \frac{2}{3} \frac{3}{3}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{11}{12} \frac{21}{16}$ FT. TOTAL LENGTH ① 110 ② 110 ③ 105 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ① 330 ② 330 ③ 315 SQ. FT.

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

ABSORBENT AREA 975 SQ. FT.

REMARKS: 9/30/91 #1 OK TO CONTINUE; OWNER CUT OFF WELL CASING BELOW GRADE (2"±), INSTALLED WELL LINE (NO PERMIT), AND IS DRINKING WATER (NO ICOP) MR 9/30/91 #2 CONTINUE MR 9/30/91 #3 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 9/30/91 INSPECTOR M. Riskin

7/21/91
10/21/91
retest for 2 holes? -3

APPLICATION

PERCOLATION TESTING

A 47491

P _____

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

DISTRICT 4

DATE 9/18/91

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Michael James Seets

ADDRESS 15695 2203 Bellemead RD PHONE 442-1193

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: 15705 mail box at drive

SUBDIVISION 15695 MORGAN - WOODBINE RD. HPT-94 LOT NO. 90 1/4 mile to drive on it
LOT 4

ROAD AND DESCRIPTION MONTGOMERY INDUSTRIAL PARK LOT 4?

TAX MAP _____ PARCEL # _____

SIZE OF LOT 23 ACRES TYPE BLDG Single Family Dwelling
(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.

Michael J. Seets
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC OK

HD-216

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

A 34634

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 12/3/84

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 American Properties, Inc.
10176 Baltimore National Pike
ADDRESS Ellicott City, MD 21043 PHONE 465-4920

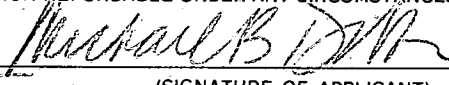
PROPERTY LOCATION:

SUBDIVISION Sabrina 99 LOT NO. 1

ROAD AND DESCRIPTION Morgan-Woodbine Road

SIZE OF LOT 20,398 TYPE BLDG. 3 or 4 bedroom
(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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

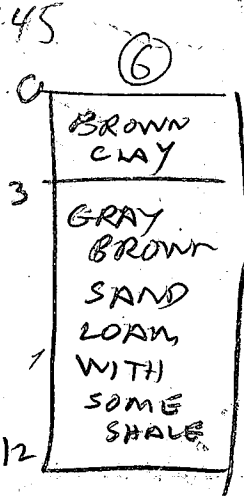
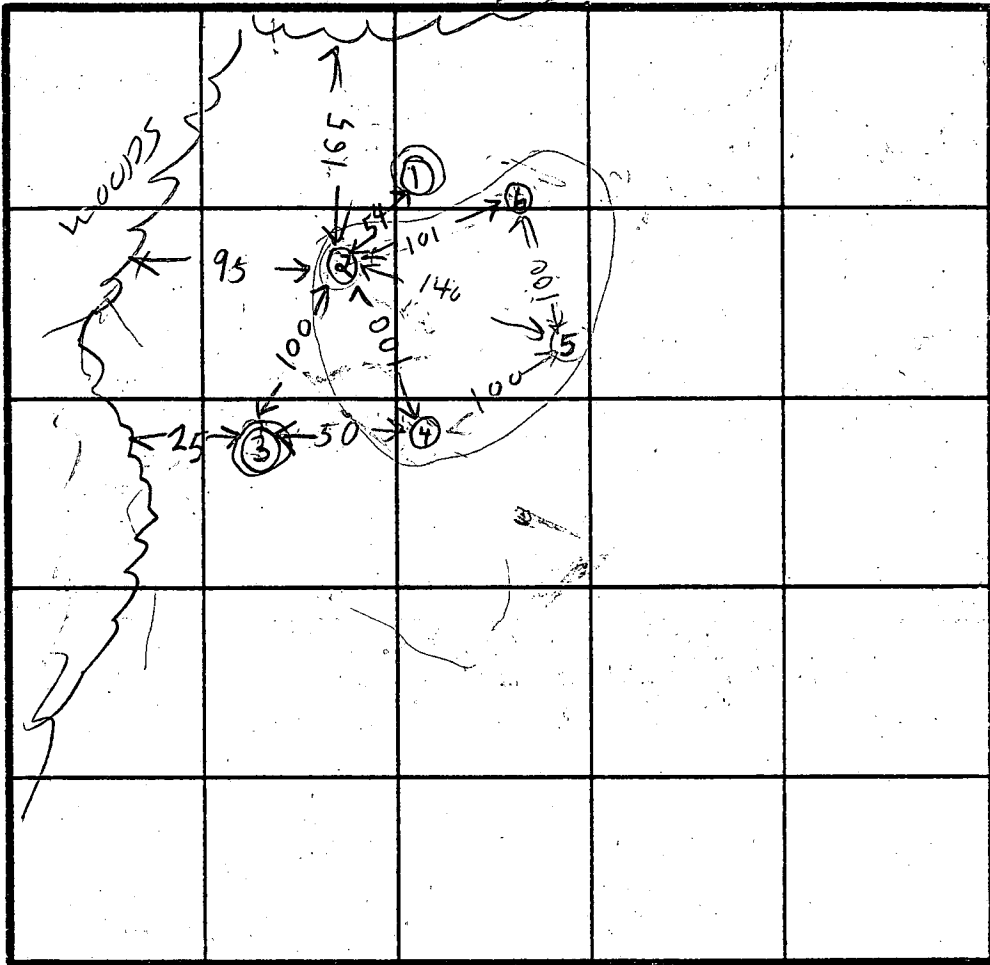
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

10
2
20

②
SOIL PROFILE



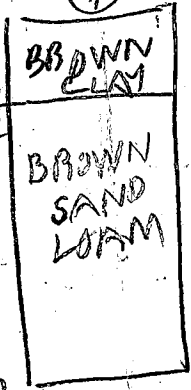
HOLE ELEVATIONS
56 = HIGH

① NEXT HIGH
② LOW

③ LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

④



⑤

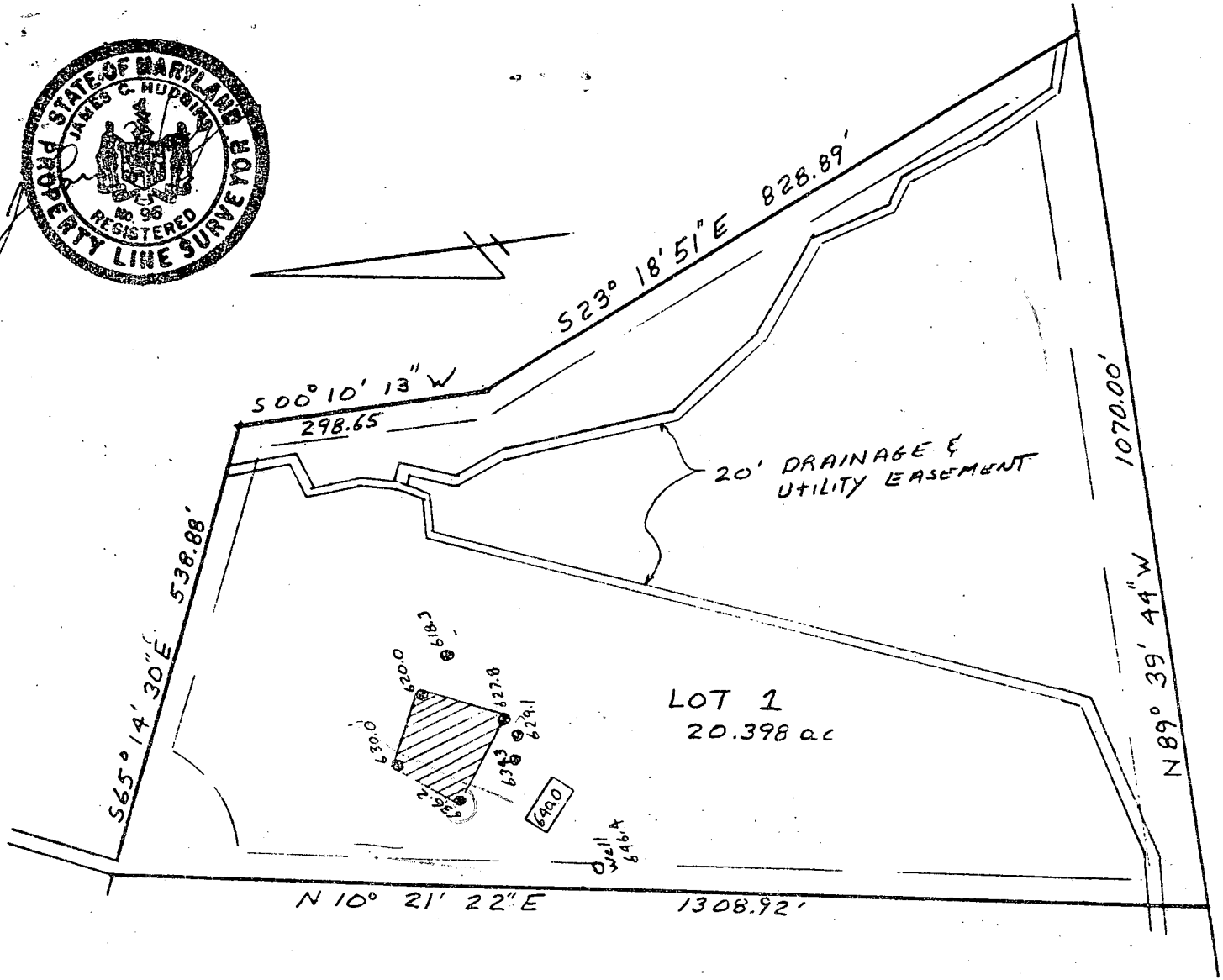



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/5/84	1S	7 1/2	UNSATISFACTORY	ROCK BOTTOM	SHALEY	8	
	2S	4	1020	1025	1025	1035	10
	2V	12	LOOKS OK BELOW 2 FT				
	3V	9	UNSATISFACTORY	ROCK BOTTOM	SHALEY	8	
	4S	3 1/2	1052	1054	1054	1101	7
	4V	13	LOOKS OK BELOW 3 FT				
	5S	3 1/2	1132	1132	1132	1143	7
	5D	7	1132	1136	1136	1143	7
	5V	13	LOOKS OK BELOW 2 FT				
	6S	3 1/2	1157	1214	1214	1253	30
	6M	4 1/2	1226	1253	1253	1253	30
	6V	12	LOOK OK BUT SLOW				

REMARKS TRENCH BETWEEN ⑥ & ⑤ CERTIFY HOLES (MIDDLE OF FIELD)

TYPE OF SOIL
TESTED BY R HODGES

M. DILLON Real Estate
ALSO PRESENT O. KETTERMAN & POP



 This area designates a private sewage easement of 0,000 square feet as required by the Maryland State Department of Health and Mental Hygiene 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 Health and Mental Hygiene.

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

APPROVED: For Private Water and Private Sewage Systems

Joyce M. Boyd M.D.
County Health Officer J.S.

2-20-85
Date

PERCOLATION TEST PLAT
LOT ONE
SOBRINA 99 INC.
PROPERTY

4th Election District
Howard County, Maryland
Scale 1" = 200'
Date 12-12-84

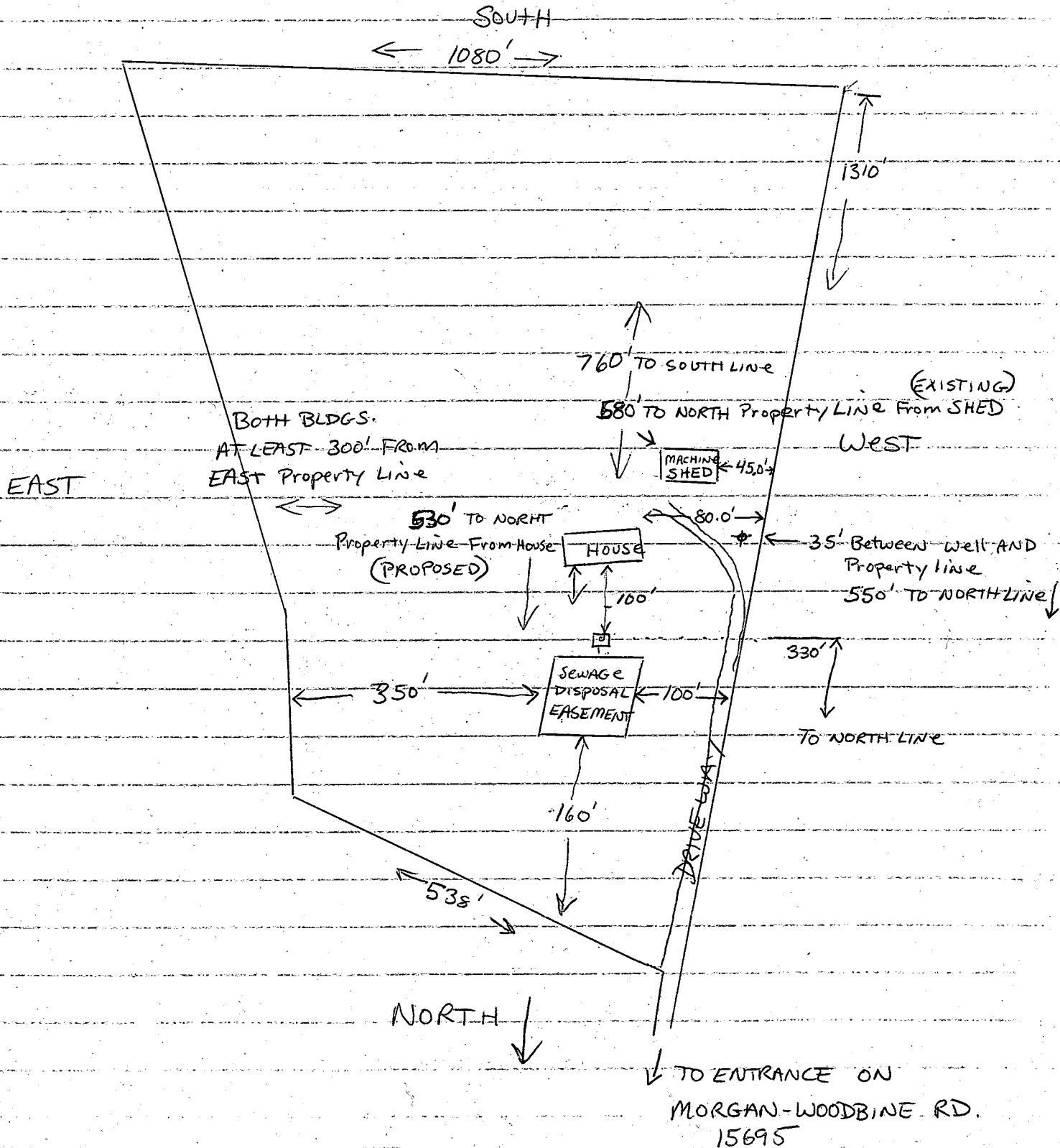
NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 7031

PLOT PLAN

15695 WOODBINE-MORGAN RD. WOODBINE, MD. 21797

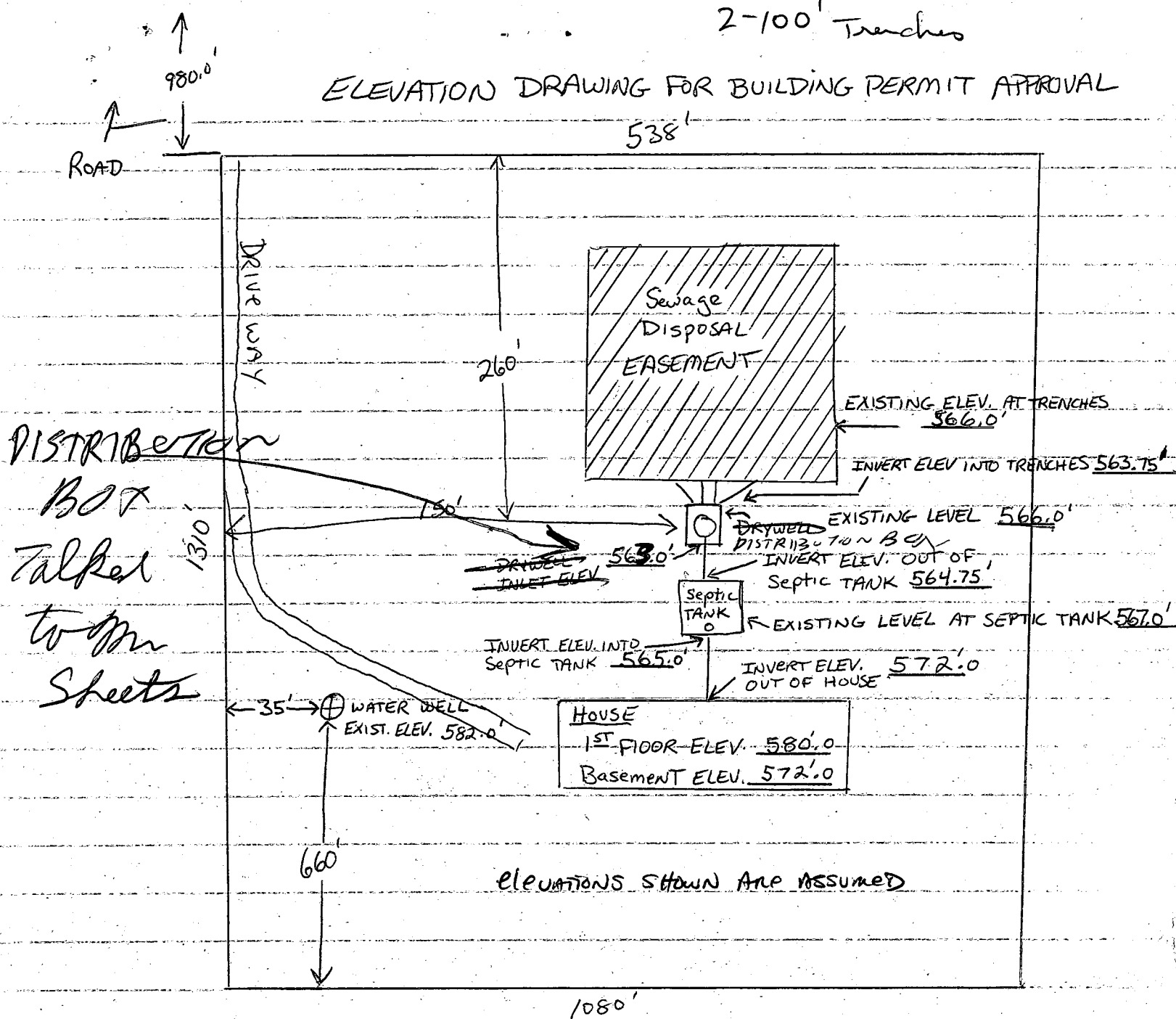
LOT #1

PARCEL NO. 39



2-100' Trenches

ELEVATION DRAWING FOR BUILDING PERMIT APPROVAL



THE SEPTIC EASEMENT DEPICTED HEREIN CORRESPONDS TO THE SCALED EASEMENT SHOWN ON THE ENCLOSED SIGNED APPROVED PLAT. (MJS)

I CERTIFY THE ABOVE ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

Signed Michael J. Sheets

DATE 2/1/88

~~788 9006~~

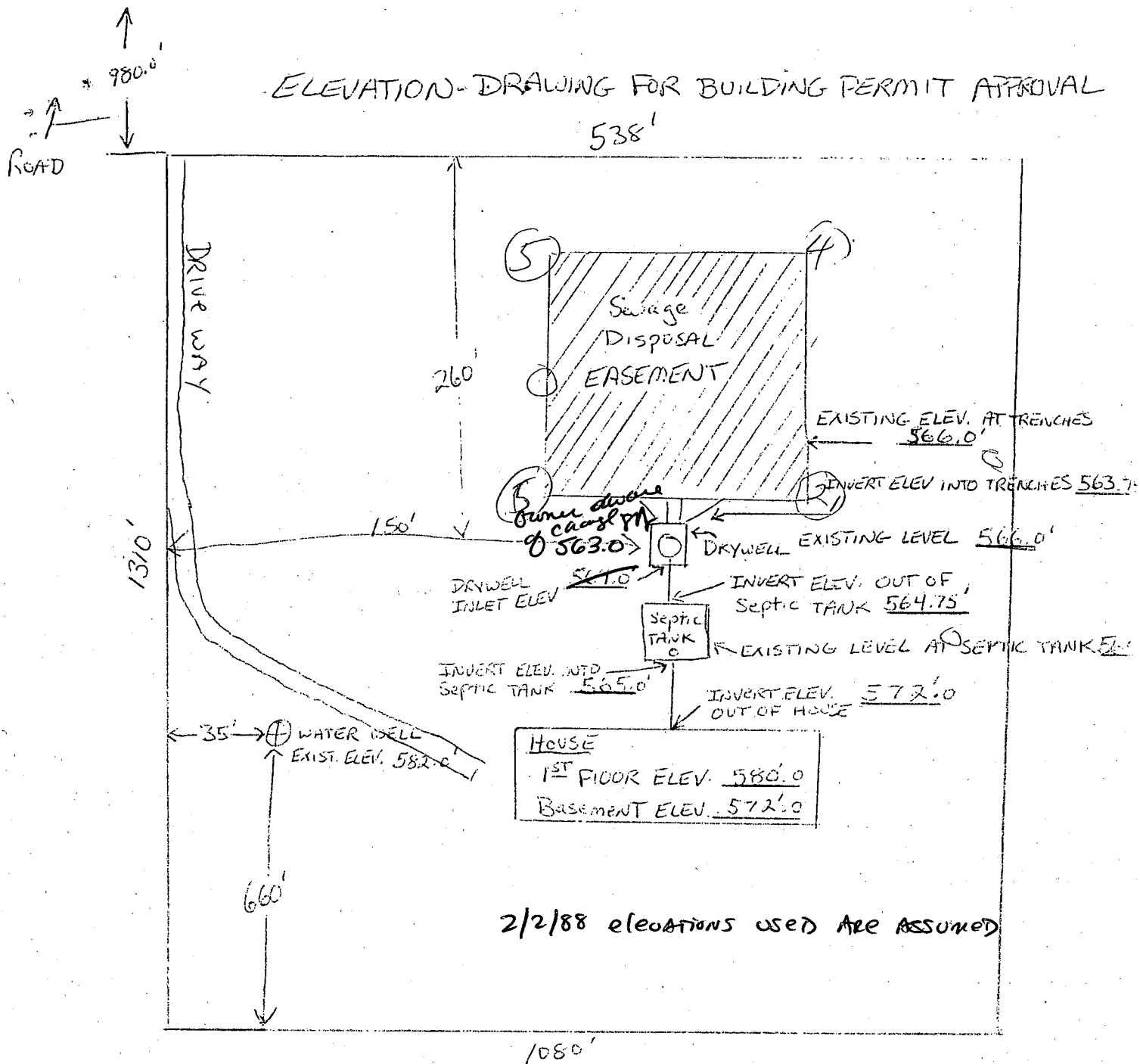
442 1193

BUDG. PERMIT SIGNED AND RETURNED 2-2-88

BP 16586

MS

ELEVATION-DRAWING FOR BUILDING PERMIT APPROVAL



I Certify THE ABOVE ELEVATIONS ARE ACTUAL & CORRECT FOR THIS Property

Signed _____

DATE _____

1/29/88

ELEVATIONS OK

Scale Drawing to be
Suppliers on Monday 2-1-88

[Signature]

BLDG. PERMIT SIGNED
AND RETURNED 2-2-88

2-2-88
BP 16586
[Signature]

C1 3025 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 34634

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

DATE RECEIVED

DATE WELL COMPLETED 01/10/85

DEPTH OF WELL 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0839

OWNER DILLON MICHEAL last name MORGAN-WOODBINE first name TOWN LISBON SUBDIVISION SOBRINA 99 INC SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone Micka, Sand Stone Micka.

GROUTING RECORD form with fields for GROUTING, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER), SLOT SIZE, DIAMETER OF SCREEN.

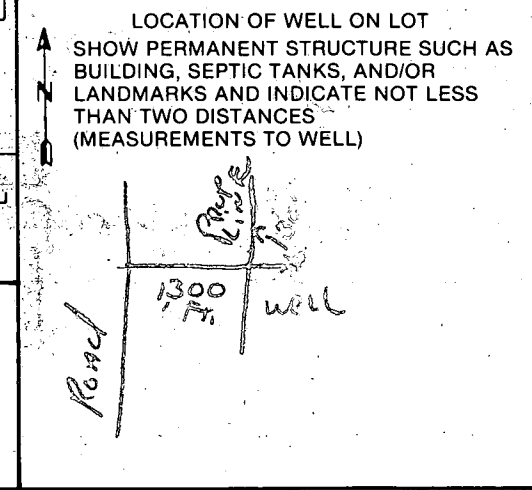
DEPTH (nearest ft) form with grid for recording depth measurements.

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



Circle appropriate letter (A, E, P) for well status.

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