

7/27/92 New
7/29/92 1481130

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48393

A REPAIR

DISTRICT _____

DATE 8/3/92

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~

04-325303

DATE SYSTEM APPROVED 7/29/92

INSPECTOR R. Hoopes

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Ridgely Station LOT Pres. Pct "A" ROAD 17270 Hardy Road

PROPERTY OWNER Brice Ridgely
17270 Hardy Road

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 120

	210	
	x 3	
5.5	6300	115
	55	
	80	
	55	
	250	

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 7/27/92

Install 2 trenches, 60ft long each, 10ft deep, inlet @ 4 1/2 ft, 2ft wide.

Place distribution Box approximately 170 ft (23rd fence post) from Hardy Rd. and 5ft west of existing fence in pasture. Install Trenches on Contour

Toward Hardy Rd.

PLANS APPROVED BY RJ Knibly DATE 7/27/92

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

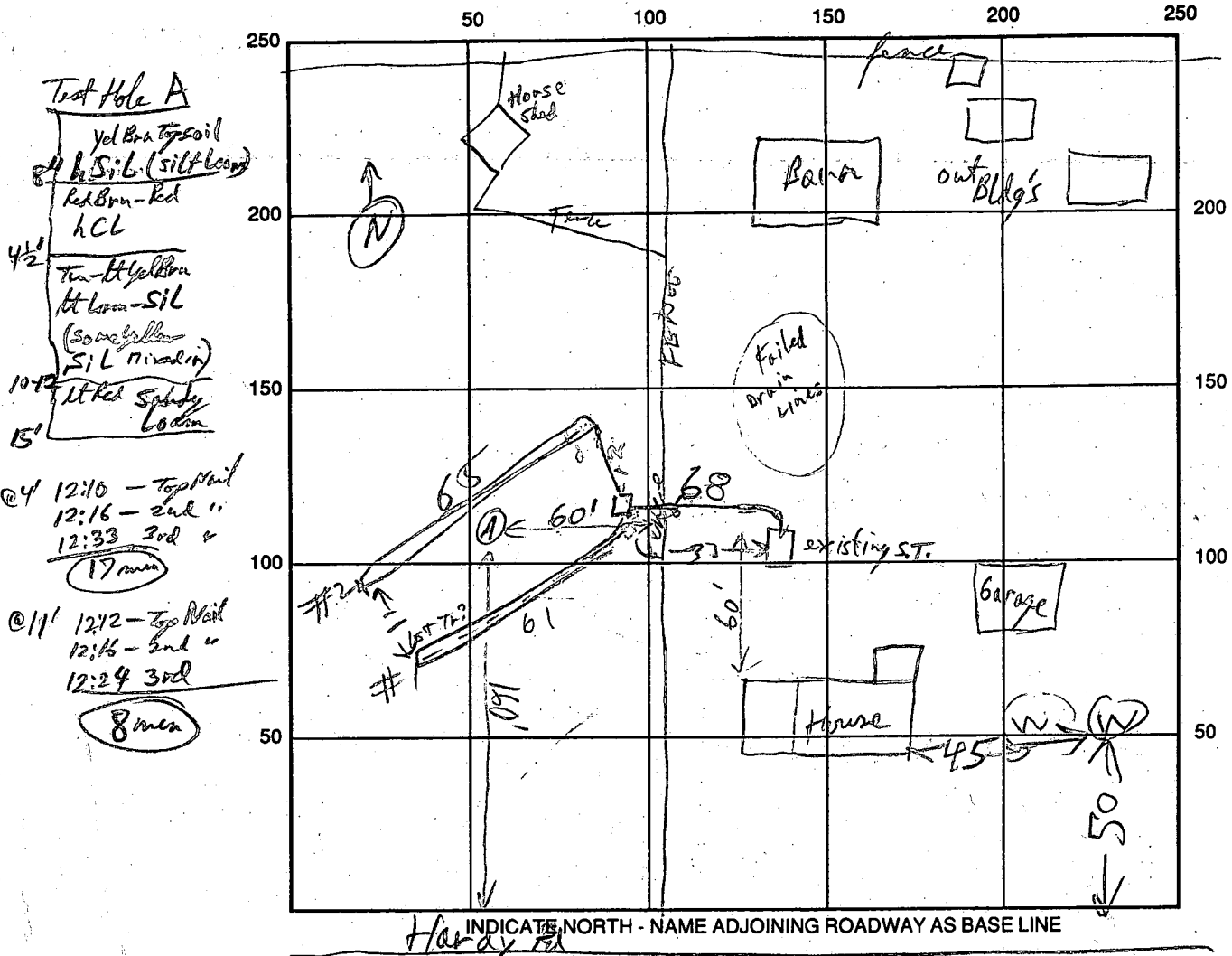
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

PA 48393



Test Hole A
 4 1/2' yel Brn top soil
 4 1/2' h Sil (silt loam)
 Red Brn - Red
 hCL
 10 1/2' Tan to yellow
 hCL loam - sil
 (some yellow
 sil nodules)
 15' hCL red sandy
 loam

@ 4' 12:10 - Top Mail
 12:16 - 2nd "
 12:33 3rd "
 (17 min)

@ 11' 12:12 - Top Mail
 12:16 - 2nd "
 12:24 3rd "
 (8 min)

61
 65

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 61 / 65 FT. 126

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 7/29/92 - ADD STONE TO TRENCHES R1 &
7/29/92 PM STONE ADDED R2

DATE SYSTEM APPROVED 7/29/92 INSPECTOR Raymond Hodges

A 57045 A

SUBDIVISION: Ridgely Station

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

Existing House

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

210 sq. ft./bedroom

Trench to be 3.0 wide.

Inlet 4.0 feet below original grade.

Bottom maximum depth 6.0 feet below original grade.

Effective area begins at 4.0 feet below original grade.

2.0 feet of stone below distribution pipe.

70 linear ft of trench per bdrm

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: _____

APPLICATION

PERCOLATION TESTING

A 57045 A

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT FOURTH

DATE JULY 23, 1996

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER VANCE MERSON AND CHARLES SCHAEFER

ADDRESS 7435 NATHANIEL DRIVE MT. AIRY MARYLAND 21771 PHONE 301-829-9024

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION RIOGELY STATION LOT NO. 4

ROAD AND DESCRIPTION 2600' ± WEST FROM THE INTERSECTION OF HARRY ROAD AND ST. MICHAEL'S ROAD.

TAX MAP 7 PARCEL # 9

SIZE OF LOT _____ TYPE BLDG. SINGLE FAMILY DETACHED 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. Vance W. Merson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A57645 F

COUNTY #

SOIL PROFILE

114

dark orange silclm

4.0

lgt pink silclm
white decayed quartz
1590
Sapronk

115

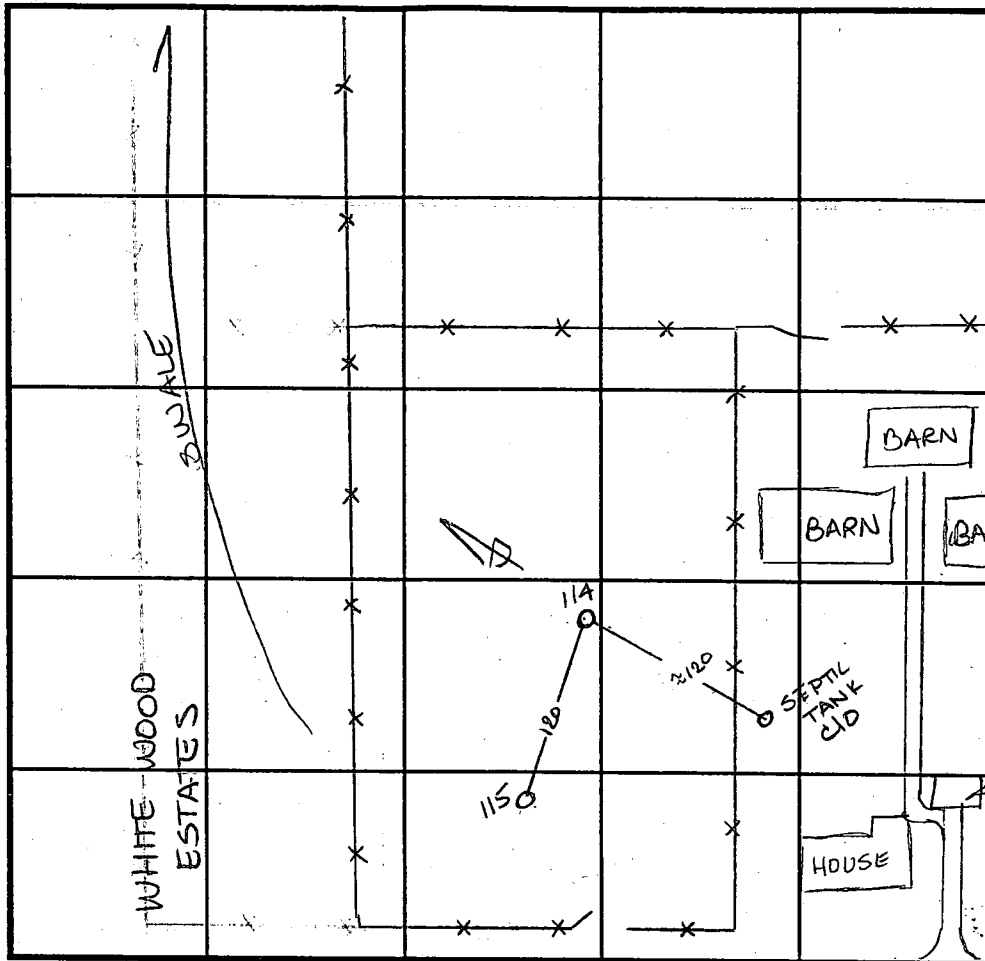
115

red orange silclm

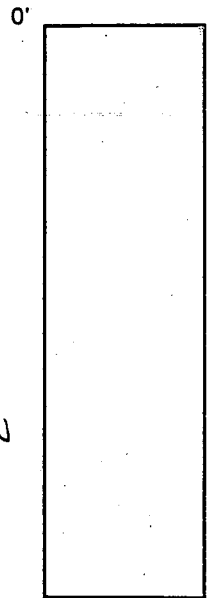
3.0

lgt yellow orange silm
1090
bags

12.0



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-8-96	114	4.5 VII.5	11:31	11:37	11:37	11:51	14min
	115	Visual	to 120 - see profile -				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 57045 A

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT FOURTH

DATE JULY 23, 1996

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER VANCE MORGAN AND CHARLES SCHAEFER

ADDRESS 7435 NANTUCKET DRIVE MT. AIRY MARYLAND 21771 PHONE 301-829-2024

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION RIDGELY STATION LOT NO. 4

ROAD AND DESCRIPTION 2600' ± WEST FROM THE INTERSECTION OF HARBOY ROAD AND ST. MICHAELS ROAD.

TAX MAP 7 PARCEL # 9

SIZE OF LOT _____ TYPE BLDG. SINGLE FAMILY DETACHED 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.

Vance W. Morgan
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

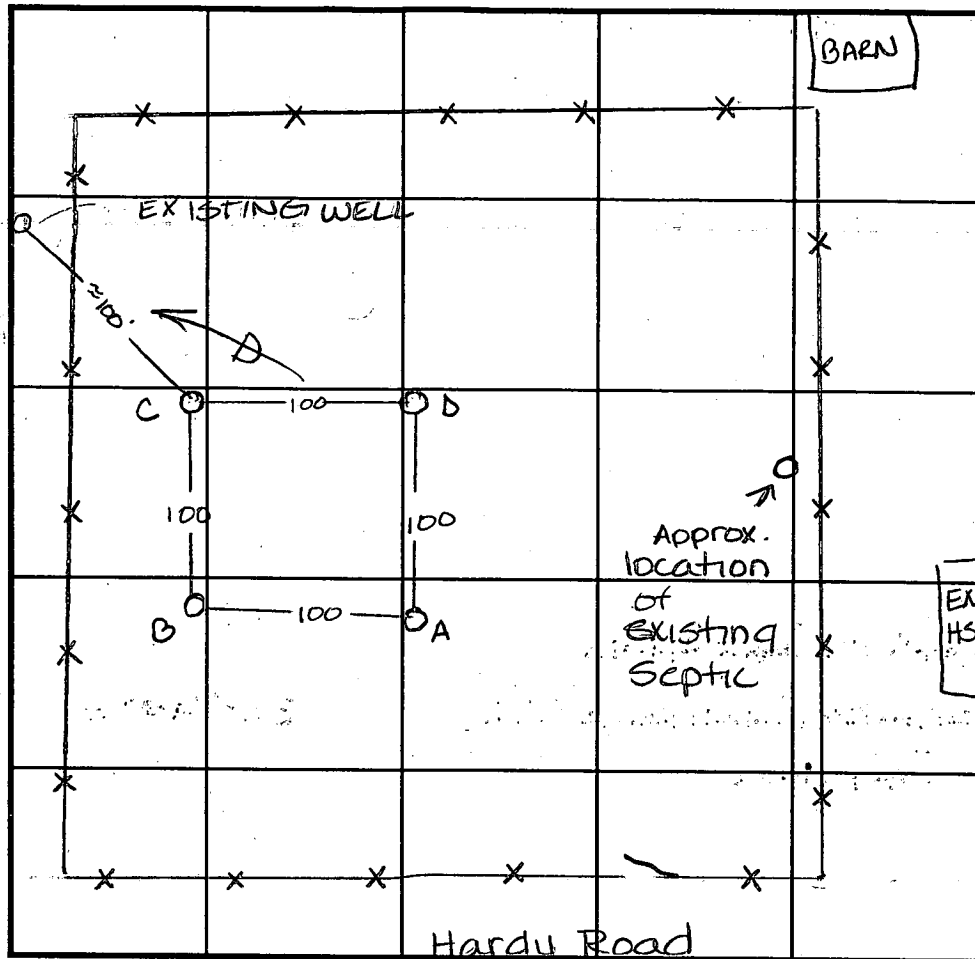
0' A
 dark orange silty
 2.5' 1/2" pink and yellow silty
 7.0' dark orange silty
 10% decayed saprolite

B, C

2.0' dark orange silty
 red orange silty
 8.0' 1/2" yellow silty
 15% decayed saprolite

D

12.0' like test hole "A" but 20% saprolite



SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-96	A	3.5 / 12.0	12:33	12:33 ³⁰	12:33 ³⁰	12:35 ³⁰	2min
	A	7.5 / 12.0	12:30	12:32 ⁴⁵	12:32 ⁴⁵	12:36	3/4min
	B	Visual to 13'	- see profile -				OK
	C	4.0 / 12.5	12:43 ¹⁵	12:49	12:49	1:00	11min
	D	4.0 / 12.0	12:39	12:41 ¹⁵	12:41 ¹⁵	12:46	4 3/4min

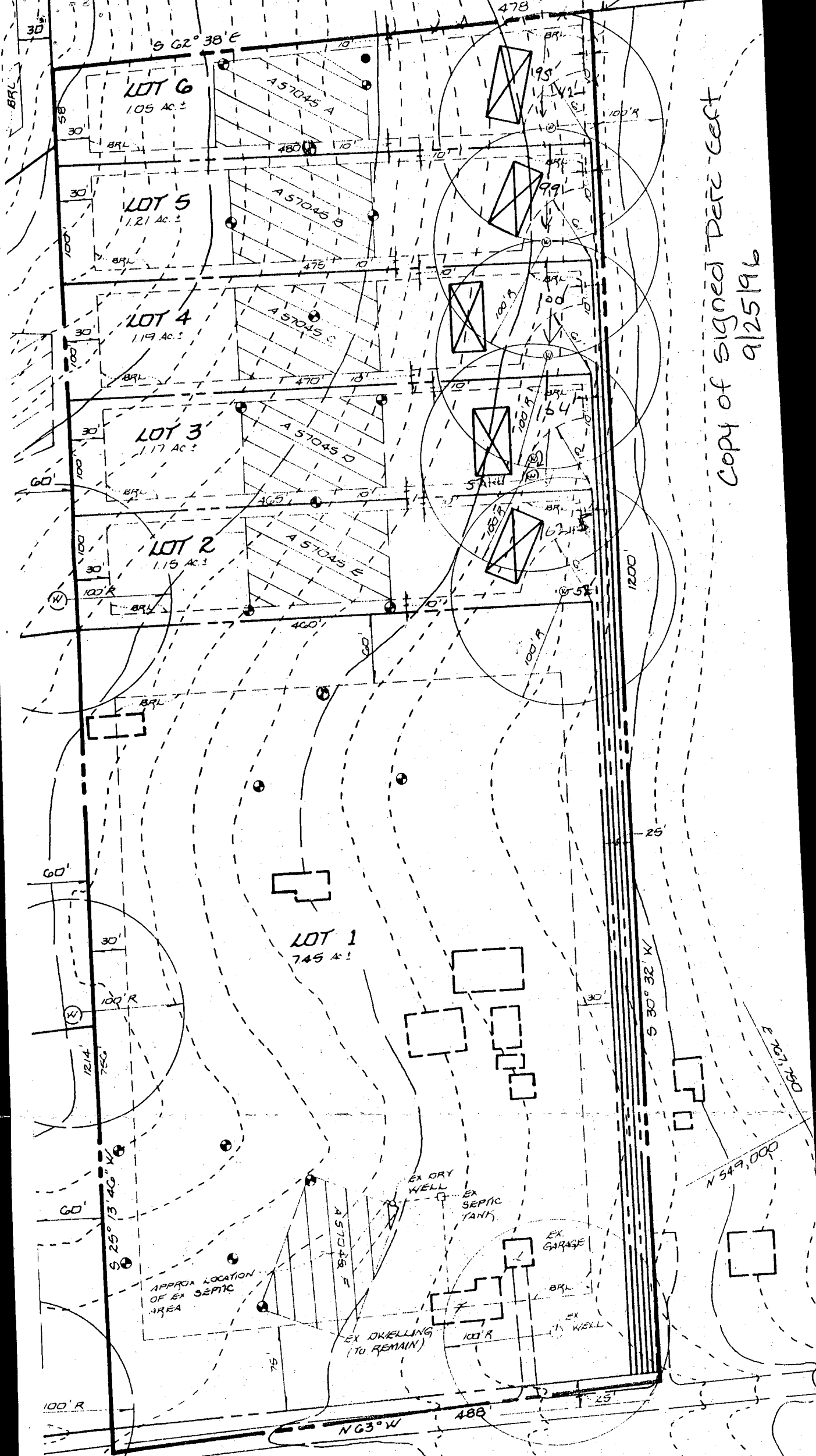
REMARKS Existing well on adjoining lot is downslope from proposed septic area

TYPE OF SOIL: _____
 TESTED BY Amy McMillen ALSO PRESENT Olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

W. S. MEASURED
FROM FENCE
ORIENT



Copy of signed Plat cert
9/25/96

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: May 8, 1998 (month/day/year)

RECEIVED

MAY 18 1998

L. FRANKLIN EASTERDAY INC.

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Lester C. Simmons Sr. WELL DRILLERS LICENSE NUMBER: 307

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: James Miller

* WELL LOCATION: 17270 Hardy Rd

COUNTY: Howard

NEAREST TOWN: Lisbon

TAX MAP 32K8 BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: St. Michael Rd

	X
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 3768
 N 519

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) Terracotta

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 65 FEET DEEP Ground Level

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Benonite Cement</u>	<u>65</u>	<u>7</u>
<u>Basement</u>	<u>7</u>	<u>0</u>

SIGNATURE - Lester C. Simmons Sr. LICENSE # 307 CIRCLE ONE MWD/MSD/MGD DATE 5/8/98