

12/2/96 12/11/96
1:00 2:00 C.O.
12/6/96 12/2/96
2:00
CANC.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 37395B

A 49051

DISTRICT 4th

DATE 11/14/96

DATE SYSTEM APPROVED 12/12/96

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

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

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Walnut Springs LOT 7 ROAD 1250 Emmaus Road

PROPERTY OWNER Steve Cover

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

12/11/96 A.M. Spoke w/builder.
Told him that trenches need
to be approx. equal lengths
not exact. OK to proceed.
DKS

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet from the front lot line and 90 feet off the left lot line. Run trenches on contour towards 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 9/17/96 DKS

PLANS APPROVED BY Mark Rifkin/Donna K. Soe REVISED DATE 09/13/96

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

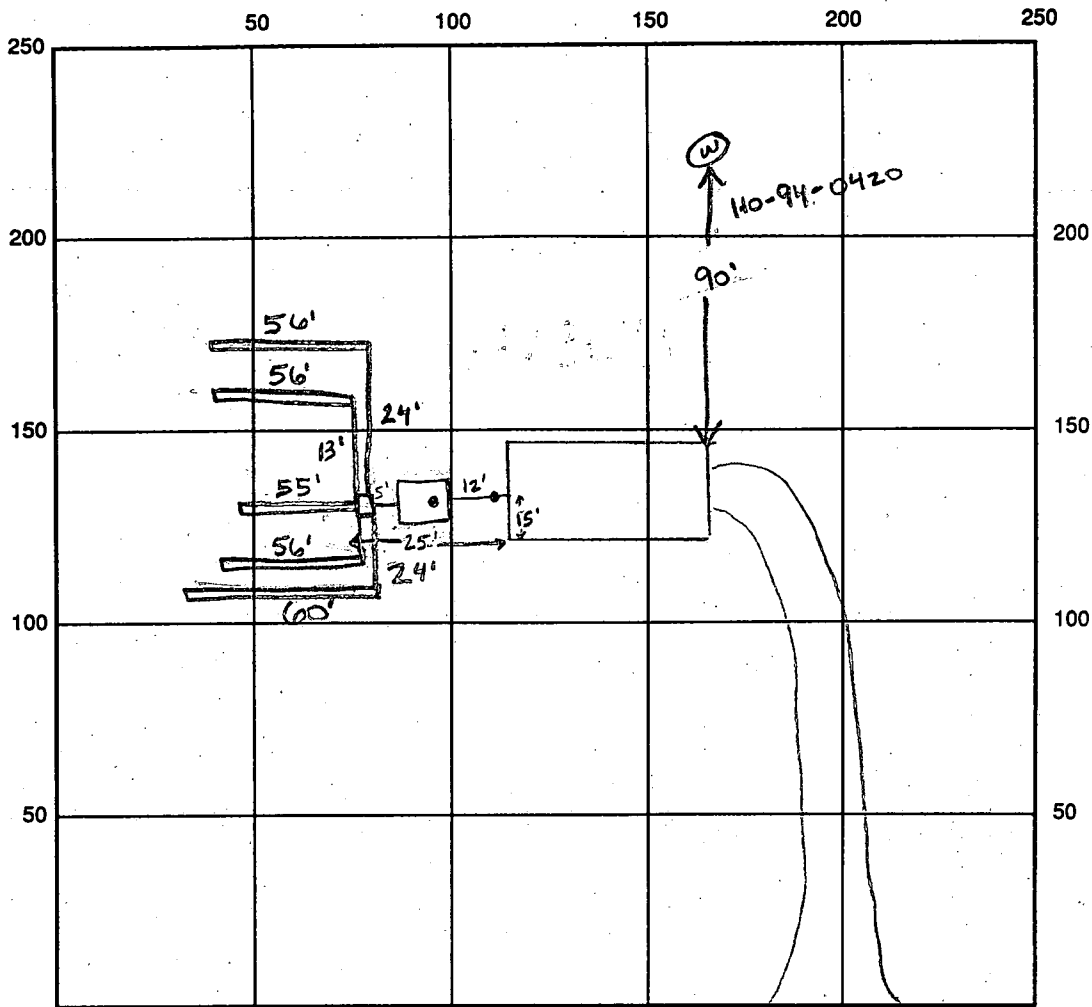
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

PROG. PERMITS DIVISION
AND RETURNED 4-21-99
Sevat # B70 117456
dick

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 49051



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Emmans Rd

SEPTIC TANK LEVEL ok - 1250 gal CLEANOUTS 1 at house, 1 at tank
 DISTRIBUTION BOX LEVEL ok - baffle in
 DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 283 FT.
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 849 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 12/2/96 #1 CONTRACTOR CONCERNED HOUSE MOVED, MTG SET @ SITE (M)
12/2 #2 HOUSE OK PER 9/6/96 REVISION BY DKS; ALTHO 25' SDA
LOST DUE TO ROAD GRADING; CONTINUE (MET RICK W. BLDG) MR
12/11/96 Tank set, distr. box OK. No other work done. DKS/KAM
12/12/96 FINAL INSP - OK TO COVER ALL WORK. DKS/KAM

DATE SYSTEM APPROVED 12/12/96 INSPECTOR [Signature]

12/12/96 well line, P.A. covered. No conduit pipe, no two
piece well cap, plumber to correct DKS/KAM

APPLICATION

PERCOLATION TESTING

A 4905

P _____

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

DISTRICT _____

DATE 3/16/93

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 Charles + Carol Seaborn Steve Cover

ADDRESS 1245 MORGAN STATION RD PHONE 301 854 6217

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ BLDG. PERMIT SIGNED _____ PHONE _____ BLDG. PERMIT SIGNED _____
AND RETURNED 9/13/96 South B4102169

PROPERTY LOCATION: South B4102169
SFD-4Bm

SUBDIVISION N/A LOT NO. 187 on signed plat

ROAD AND DESCRIPTION EAST OF MORGAN STATION RD. SOUTH OF RT. 70
(1250 EMMAUS ROAD)

TAX MAP 8 PARCEL # 313

SIZE OF LOT ± 41,000 TYPE BLDG. SINGLE FAMILY
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT-PERC OK MR 6/3/93

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

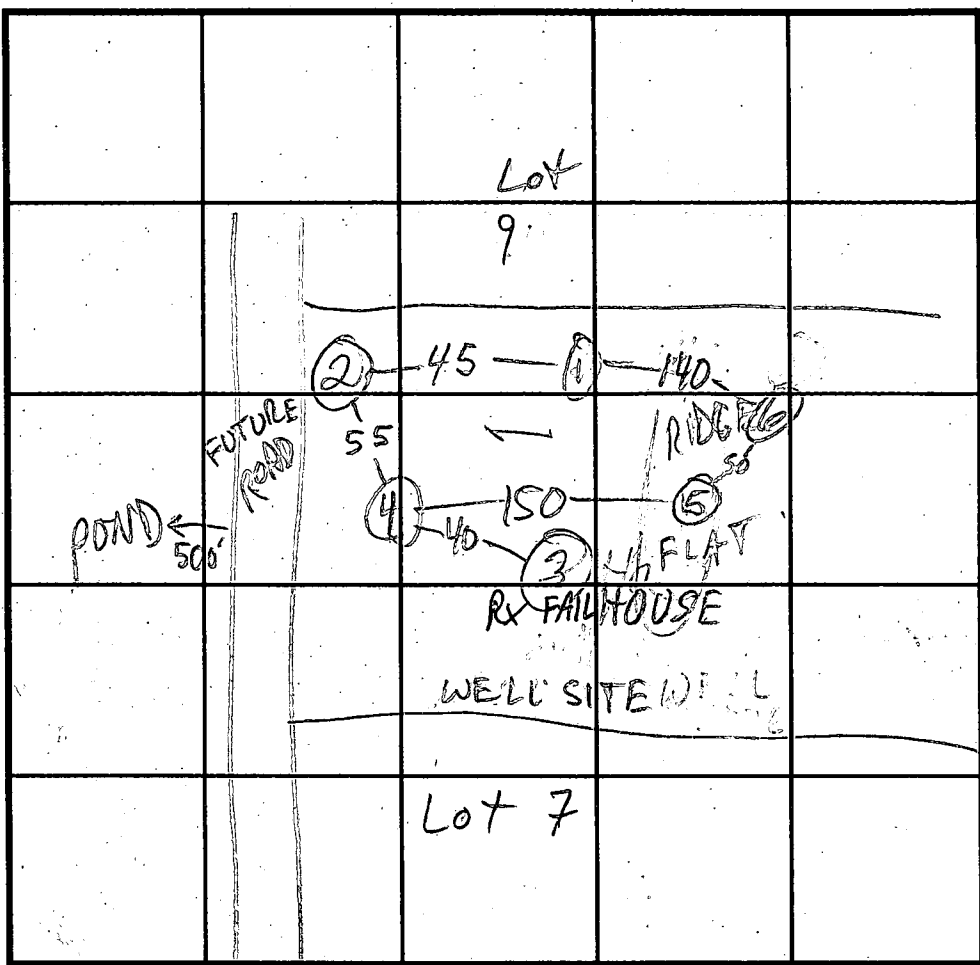
49051
COUNTY #

Lot 8 SOIL PROFILE

0' TOPSOIL
CLAY
7-8' Red BROWN
GRAY SAND LOAM
25-30% SHALEY SAPROLITE

13 0 (2)
TOPSOIL
CLAY
3 1/2' Red BROWN
SAND LOAM
10% SHALEY SAPROLITE

12 (5)
red or yellow
sa lm
van pink
sa lm
5-15% frags



SOIL PROFILE (16)

0' brn red
sa cl lm
20% frags
4' red
yel brn
sa lm
25-35% saprolite
frags
12

(3) 15
TOPSOIL
CLAY
3' ROCK
50% SAND
LOAM
2' ROCK BOT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/3/93	1V	13	see	profile			
5/4/93	1S	5	10:39	10:58	10:58	11:28	30
	1M	8	10:39	10:40	10:40	10:42	2
5/3/93	2V	12	see	profile			
5/4/93	2S	5	10:46	10:52	10:52	11:08	16
	2M	7 1/2	10:47	10:48	10:48	10:50	2
5/3/93	3V	7	ROCK	BOTTOM			FAIL
5/4/93	4S	5 1/2	10:54	10:56	10:56	11:00	4
	4M	2 1/2	11:01	11:05	11:05	11:09	4
	4V	12	see	profile			
	5S	4 1/2	11:31	11:35	11:35	11:43	8
	5V	12 1/2					
	6S	5	11:44	11:49	11:49	11:59	10
	6M	7 1/2	11:44			11:46	FAST
	6V	12	11:47	11:48	11:48	11:50	2

REMARKS 5/3/93 Holes (1)(5)(6) NOT PER PLAN: (1)(2)(3) PER PLAN
TYPE OF SOIL HOLES (3) FAILED 'R' 4

TESTED BY R. Podge / M. Riskin ALSO PRESENT F. York crew
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 TRENCH WIDTH 3
INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210

C1 3674

SEQUENCE NO. (DENY 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 A49051

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 04/17/95

Depth of Well grid: 225

PERMIT NO. grid: 40-94-0920

OWNER: Schroyer Charles; STREET OR RFD: Emmaus Rd; TOWN: Lisbon; SUBDIVISION: WALNUT SPRINGS; SECTION: ; LOT: 7

WELL LOG - Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Brown Shale 0-50, Blue Rock 50-225.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 13; NO. OF POUNDS: 1222. GALLONS OF WATER: 78. DEPTH OF GROUT SEAL: 73 ft.

CASING RECORD. STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT). MAIN CASING TYPE: ST. Nominal diameter: 6; Total depth: 54.

OTHER CASING (if used). diameter, depth (feet) from to.

SCREEN RECORD. screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS IDENT. NO. 24; DRILLERS SIGNATURE: [Signature]

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

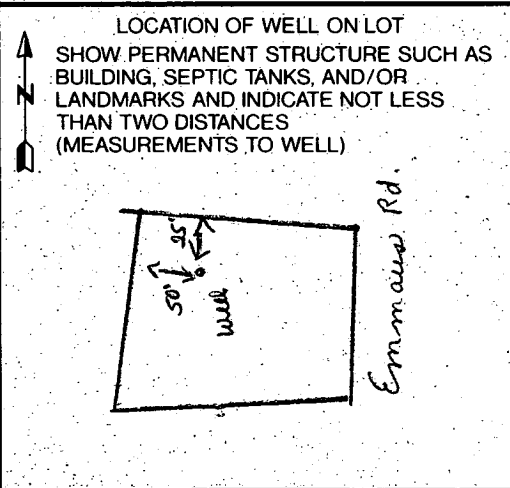
SCREEN RECORD grid. E A C H S C R E E N grid with depth (nearest ft.) and slot size.

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

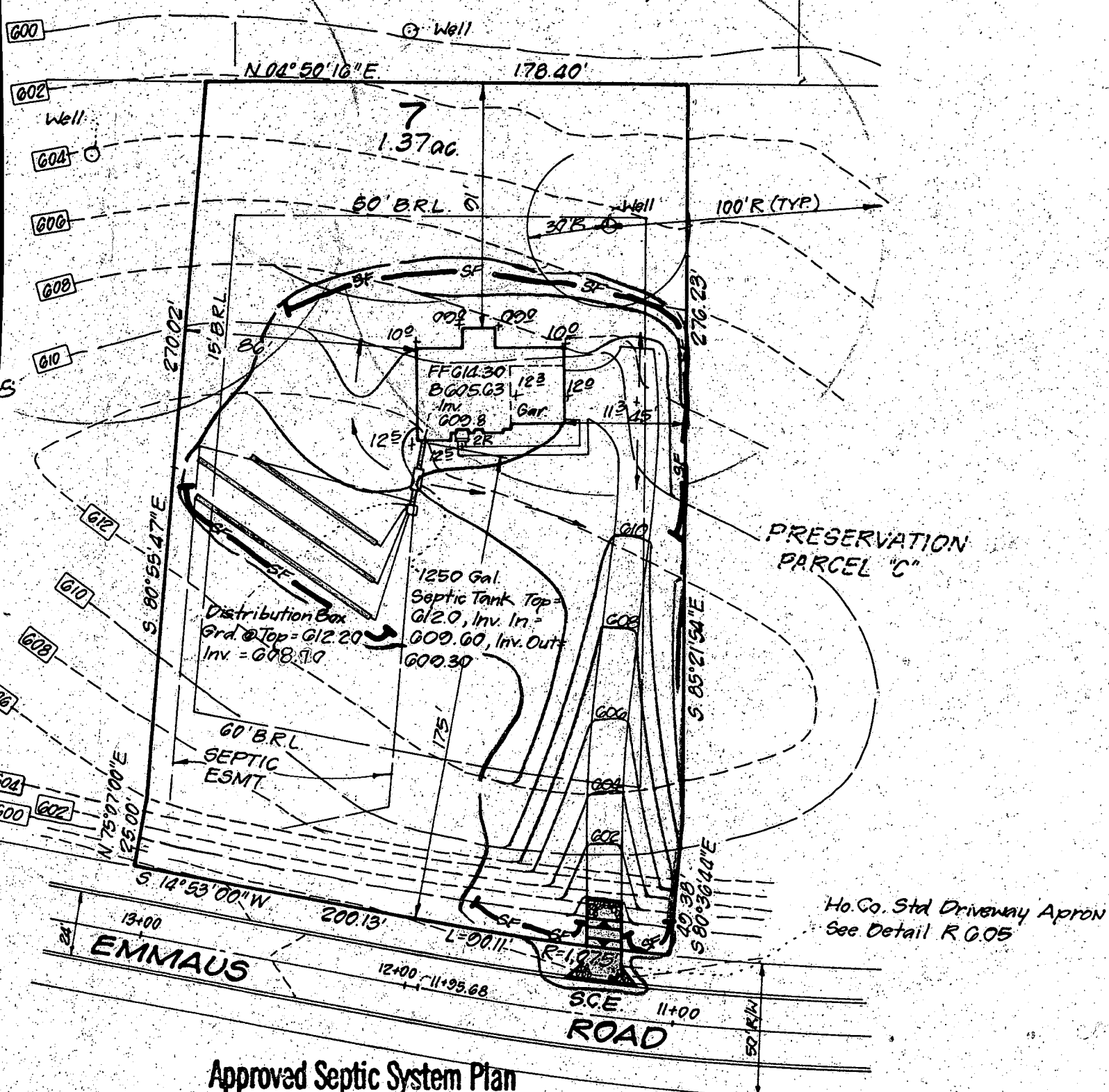
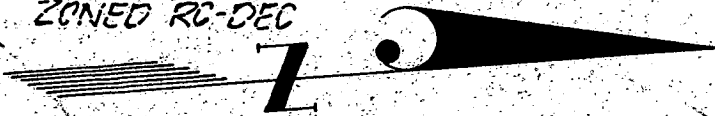
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 10 gal. per min. METHOD USED TO MEASURE PUMPING RATE: bucket. WATER LEVEL: 54. WHEN PUMPING: 154. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP: YES (Y), NO (N). TYPE OF PUMP INSTALLED: S. CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



IRIS J. BENNETT
 890/154
 ZONED RC-DEC

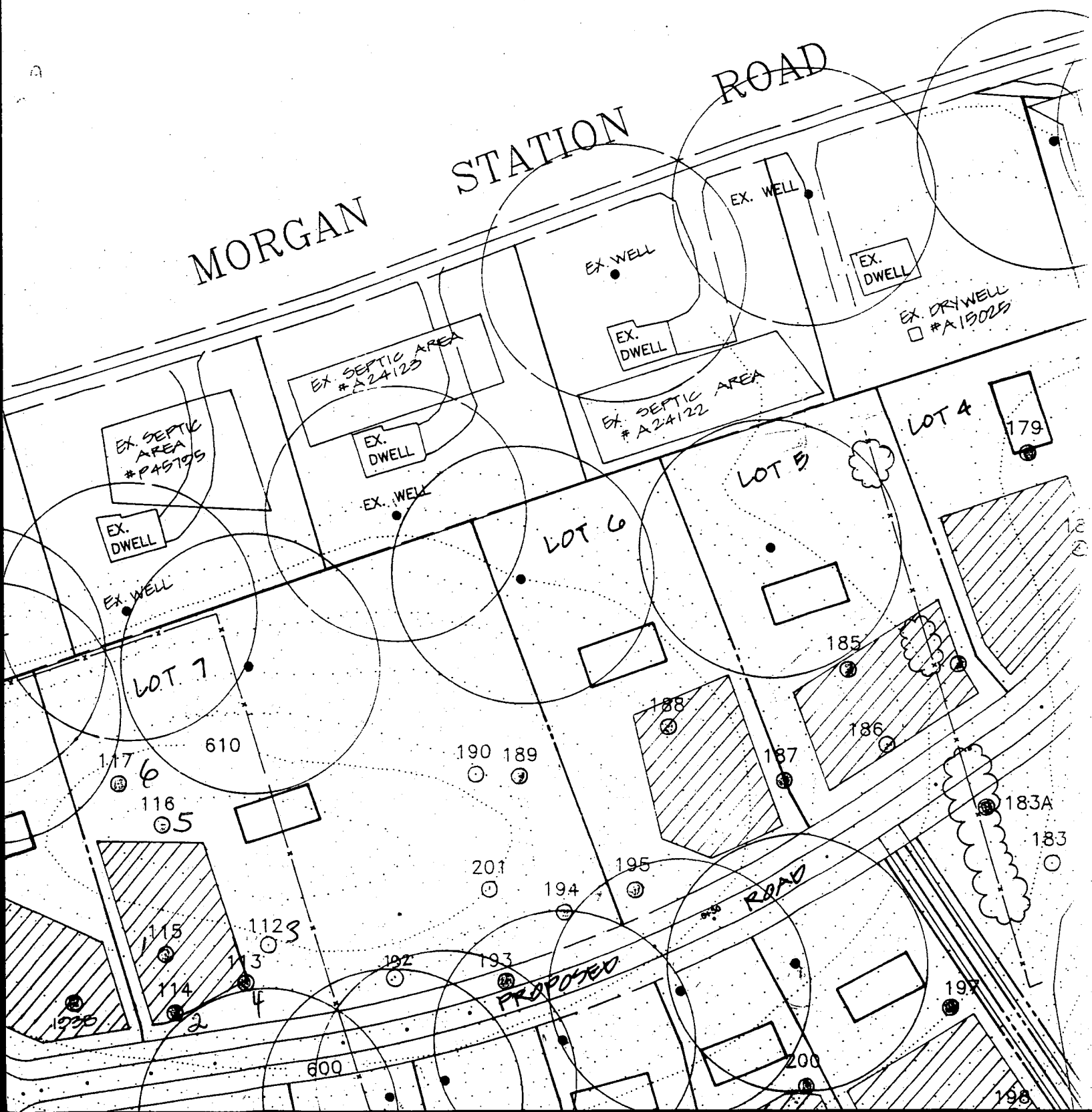


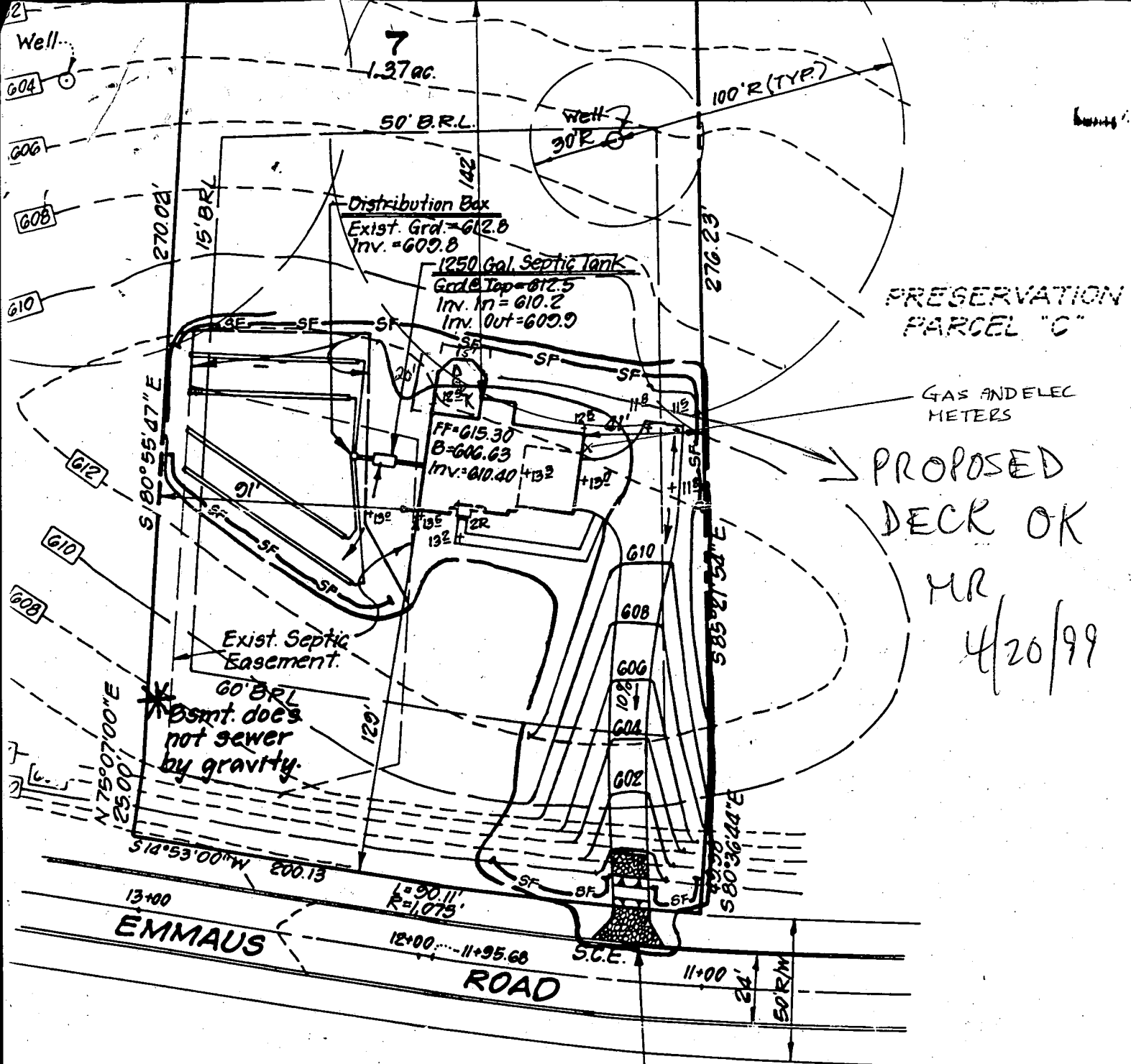
Approved Septic System Plan
 Howard County Health Department

Scale: 1" = 50'

Donna K. See 9/13/96
 Signature Date

copy of Signed
Perc Cert





PRESERVATION PARCEL "C"

GAS AND ELEC METERS

PROPOSED DECK OK

MR
4/20/99

Exist. Septic Easement.

60' B.R.L.
Bsmt. does not sewer by gravity.

Ho. Co. Std. Driveway Apron
See Detail R G.05

CERTIFICATE
 Work will be done according to...
 sediment and erosion control and...
 construction project will have a...
 Environment Approved...
 and Erosion before beginning...

ENGINEER'S CERTIFICATE
 I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site.

Building Address 1250 Emmaus Road
Woodbine, MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Walnut Springs

Section _____ Area _____ Lot 7

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 1.37 AC.

Property Owner's Name Steve Cover

Address 1250 Emmaus Road

City Woodbine State MD Zip Code 21797

Home Phone 410 442 4479 Work Phone 301 688 3307

Applicant's Name & Mailing Address, (if other than stated hereon):
Same

Phone 410 442 4479 Fax 410 442 4479

Existing Use Residence

Proposed Use Residence w/ Deck Addition

Estimated Construction Cost \$ 3,500.00

Description of Work 15' x 20' Deck

Contractor Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL N/A

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>46'</u> Depth <u>54'</u> Width	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>46'</u> <u>54'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>46'</u> <u>54'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: <u>N/A</u> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>N/A</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Homeowner

Title/Company _____

Print Name Steve Cover

Date 4/21/99

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>4/20/99</u>	<u>Mark E. Ruffin</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Accepted by _____