

PERMIT

Needs House Connection

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512027

A 49405

DISTRICT _____

DATE 7/26/99

DATE SYSTEM APPROVED 5/26/00

INSPECTOR dlr

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

05-421926

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

ADDRESS 558 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Paternal Gift Farm LOT 24 ROAD 7109 Alexander Drive

PROPERTY OWNER Eric & Ann Hagen

ADDRESS _____

TOP SEAMED TANK REQUIRED 1500 gal ***** LARGE SYSTEM REQUIRES EFFICIENT UTILIZATION OF AVAILABLE AREA - CONTRACTOR TO REQUEST LAYOUT INSPECTION PRIOR TO BEGINNING TRENCH EXCAVATION.*****
SEPTIC TANK CAPACITY 1250 GALLONS *see Belg permit for 6 bedroom house*

NUMBER OF BEDROOMS 46

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 360

Best fit approx 2400' + 2x75' trenches = 350 L.F. This is acceptable to permitting available upon 8/2/99 AP
TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below.

LOCATION - Place the distribution box 85 feet from the right lot line (194.65') and 120 feet from the front lot line (245.32') as viewed from the access Right-of-Way off Alexander Drive. Install trenches on contour in both directions from distribution box.

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

*I agreed to compromise w/ 1500 gal top seamed tank (center had ordered 1250 and second) OK 8/20/99 AP
(and limited space is better for single tank rather than 2. In my judgment 1500 gal top seamed S.T. shall be adequate)
8/18/99*

PLANS APPROVED BY C. Williams DATE 6-30-1999

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

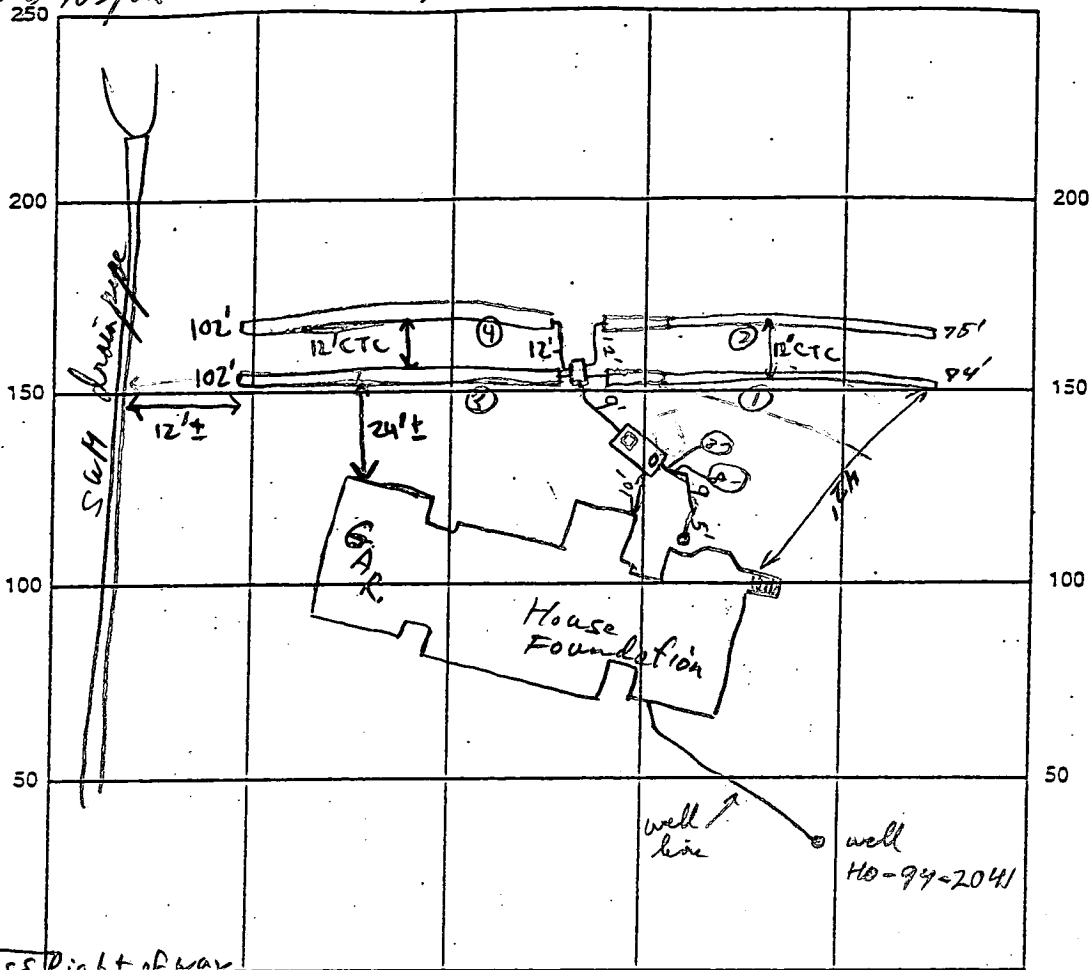
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

49405

Owner & Builder
 well is 106 ft from Nearest trench & hole
 lot only 96 1/2 ft ST. Hole - call adjacent to 100' through PFP



Alexander Dr access Right of Way
 Neighbor's INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Right of Way

SEPTIC TANK LEVEL 1500 gal Top Seamed CLEANOUTS HSE & S.T.

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 75/24/102/4 FT. 102

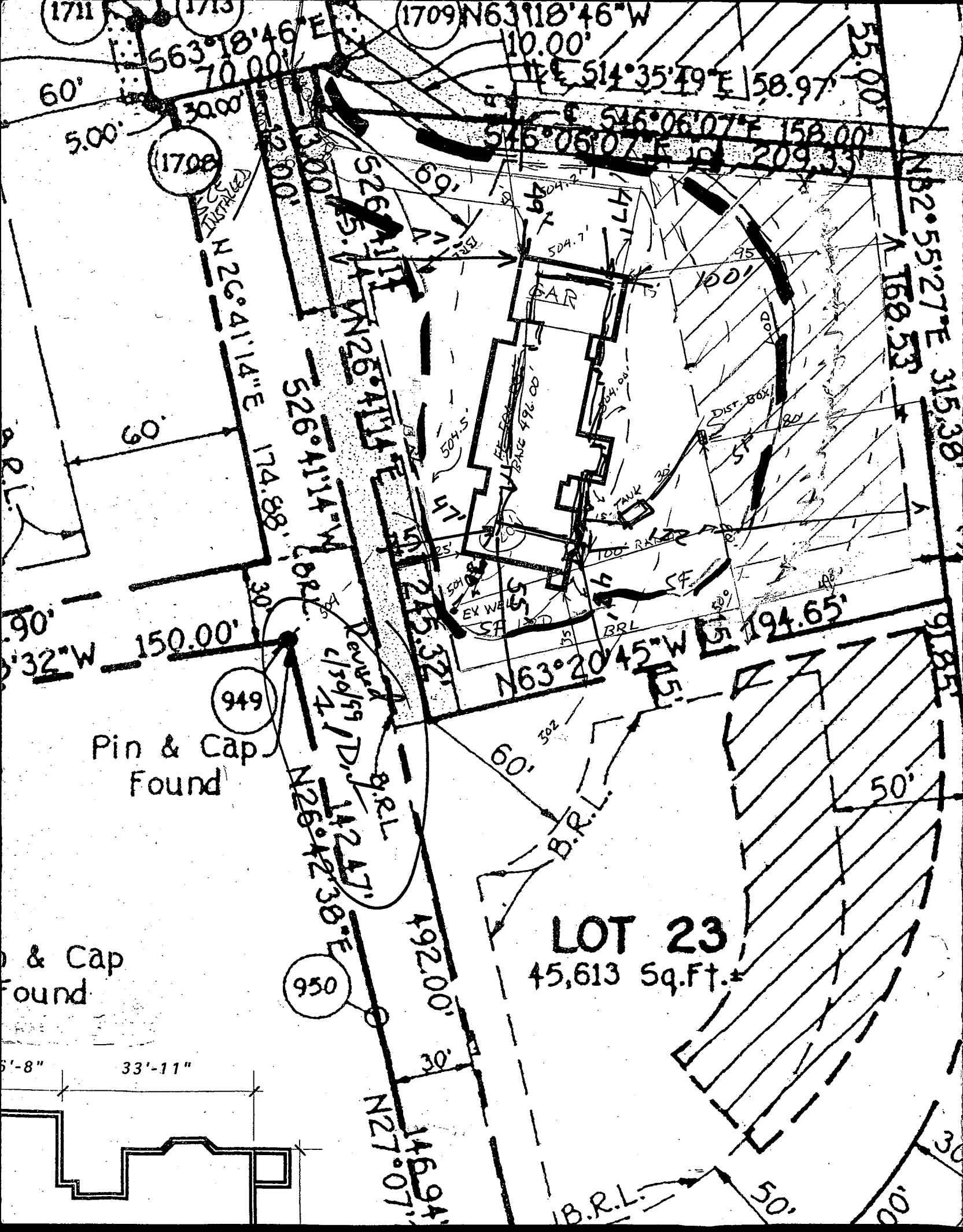
NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 351 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: Ditto real. House foundation is poured, s form drain pipe (Charged) is directly on property line, OK to install to 12' from CL of Storm pipe since final plat approved this way. 350 ft of trenches OK also (see final plat) 8/2/99
S.T. to be installed tomorrow. First two trenches OK to cover, OK to continue gravel filling Trench 3, OK to cover S.T. & supply lines. Needs House Connection 8/3/99 - 8/4/99 - OK TO COVER ALL WORK - (SRV)
5/26/00 Builder certified house connection OK
WPI OK 8/3/99

DATE SYSTEM APPROVED 5/26/00 INSPECTOR Amy McMillan



DRAINAGE & UTILITY EASEMENT

FRS

Lot 24
 PATEMNAL GIFT
 7109 ALEXANDER DR.

Approved Septic System Plan
 Howard County Health Department
 800118504 SED 6 BR

* LAYOUT INSPECTION
 REQUIRED PRIOR TO
 TRENCH EXCAVATION

Cur Willa
 Signature Date 7/1/99

Total linear feet of trench required 360 feet
 Width of trench(es) 3 feet
 (TRENCH INLET 3')
 Depth of trench(es) 5 feet
 Depth of acche required below distribution pipe 2 feet

ex grade at trenches
 INV 1970
 INV 1970
 INV 1970
 INV 1970
 INV 1970
 INV 1970

(MATCH LINE ONLY - NOT A LOT LINE)

FRS

1:40

GP-99-195

LOT 23
 45,613 Sq.Ft.±

PRESERVA
 PARCEL
 (AGRICULT
 PRESERVA
 AREA = 0.92
 FOR TOTAL
 SEE SHEET
 (PRIVATELY C
 MAINTAINED
 HOMEOWNER'S

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPT. No.
2. PROPOSED 1500 GALLON SEPTIC TANK

ELEVATIONS:

HOUSE: F.F.	506.00
BASE	496.00
INV. OUT	501.50
TANK EX.GR.	503.00
FIN.GR.	504.00
INV. IN	501.20
INV. OUT	499.80
DIST. BOX EX. GR.	502.00
INV. IN	499.00

TRENCH SIZE AND LOCATION TO BE

Howard County Health Department

To: LIC & PERMITS

B00118504

7109 ALEXANDER DR.

NOTE REVISED FOOTPRINT
(ATTACHED) PROVIDED
THIS OFFICE BY THE
BUILDER. HE INDICATES
ORIGINAL PLAN WAS
"NOT-TO-SCALE", SHOWING IT
CLOSER THAN ACTUAL TO

From: WELL & SEPTIC EXAMINER.

Date: Cj Will 6/30/99

HD-170

5-26-00

I BOB HOFFMAN TESTIFY THAT THE
SEPTIC CONNECTION WAS MADE TO THE HOUSE
SYSTEM LOCATED AT 7109 ALEXANDER DR.

Robert A Hoffman

APPLICATION

PERCOLATION TESTING

A 49405
P _____

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

DISTRICT _____
DATE 7/7/93

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 SUSAN Scheidt Eric & Ann HAGEN

ADDRESS 12730 HALLS SHOP ROAD HIGHLAND PHONE 531-2326
MD. 20777

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC.

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:
SUBDIVISION PATERNAL GIFT LOT NO. H Final lot 24

ROAD AND DESCRIPTION HALLS SHOP ROAD / 216 & 108
(7109 ALEXANDER DRIVE)

TAX MAP 40 PARCEL # 396, 179 & 90

RECEIVED
NOV 6-30-93
Serial # B10118504
S.F.D. - 6 Ben
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 1 AC. ± TYPE BLDG. _____

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. Zacharia G. Fisch (Agent)
(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 _____

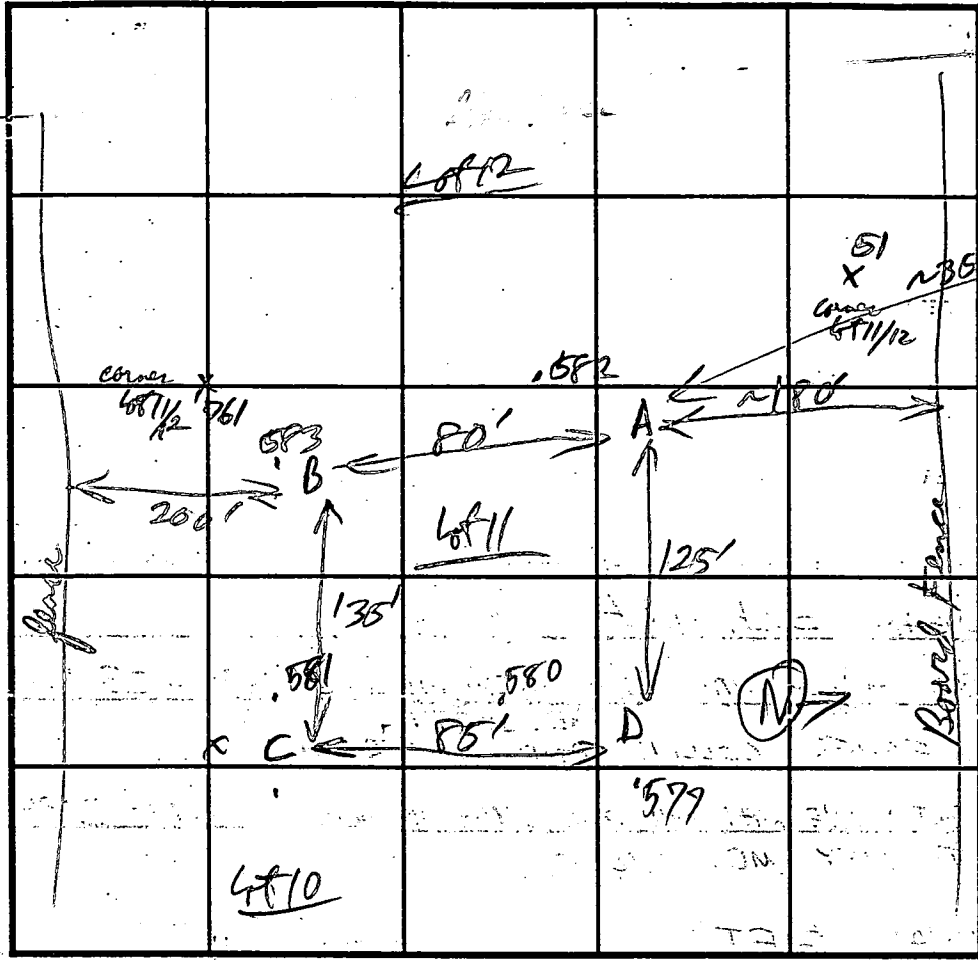
THIS IS NOT A PERMIT

lot 11 49405
COUNTY #

SOIL PROFILE B

0'
9 1/2'
2'
9'
12 1/2'

Mid Brn
silt-cl
orange
variegated
CL
Brn
Mixed
H Brn
Sandy
CL



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Clay to 6'
Water 12'
in July

13 1/2'

9-10'

Light
yellow
red brn
lt SL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-9-93	581 C	6'	water	12'			2 1/2 hrs
	577 D	6'	water @	12'			5 min
	583 B	5'	11:11:40	11:12:55	11:12:55	11:14:40	1 hr 45 min
		5'	11:05	11:06:00	11:06:57		
		3 1/2'	11:16:00	11:18:00	11:18:00	11:21:00	3 min

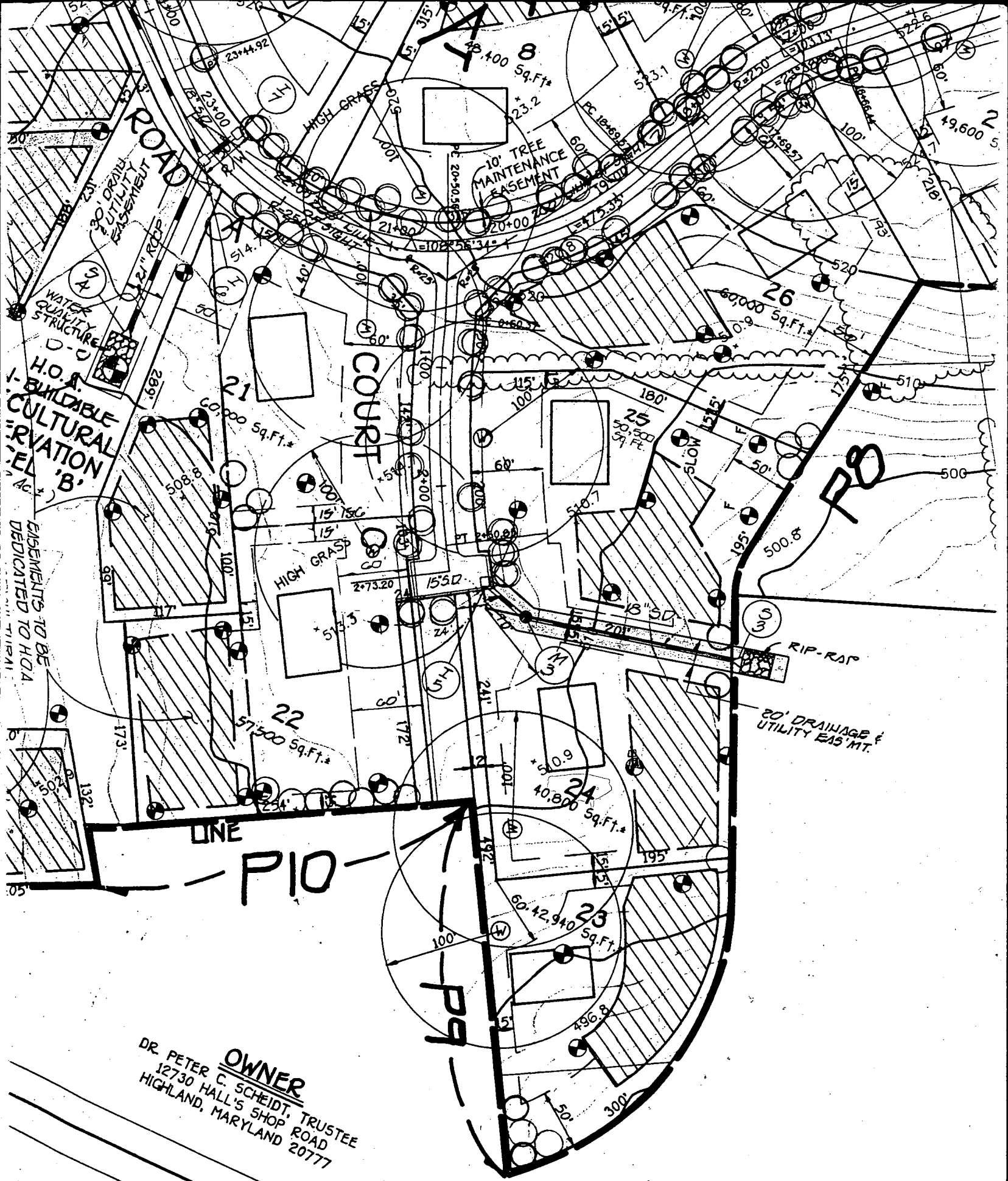
REMARKS _____

TYPE OF SOIL Cherty / Minor

TESTED BY R.P. Pinkney ALSO PRESENT _____

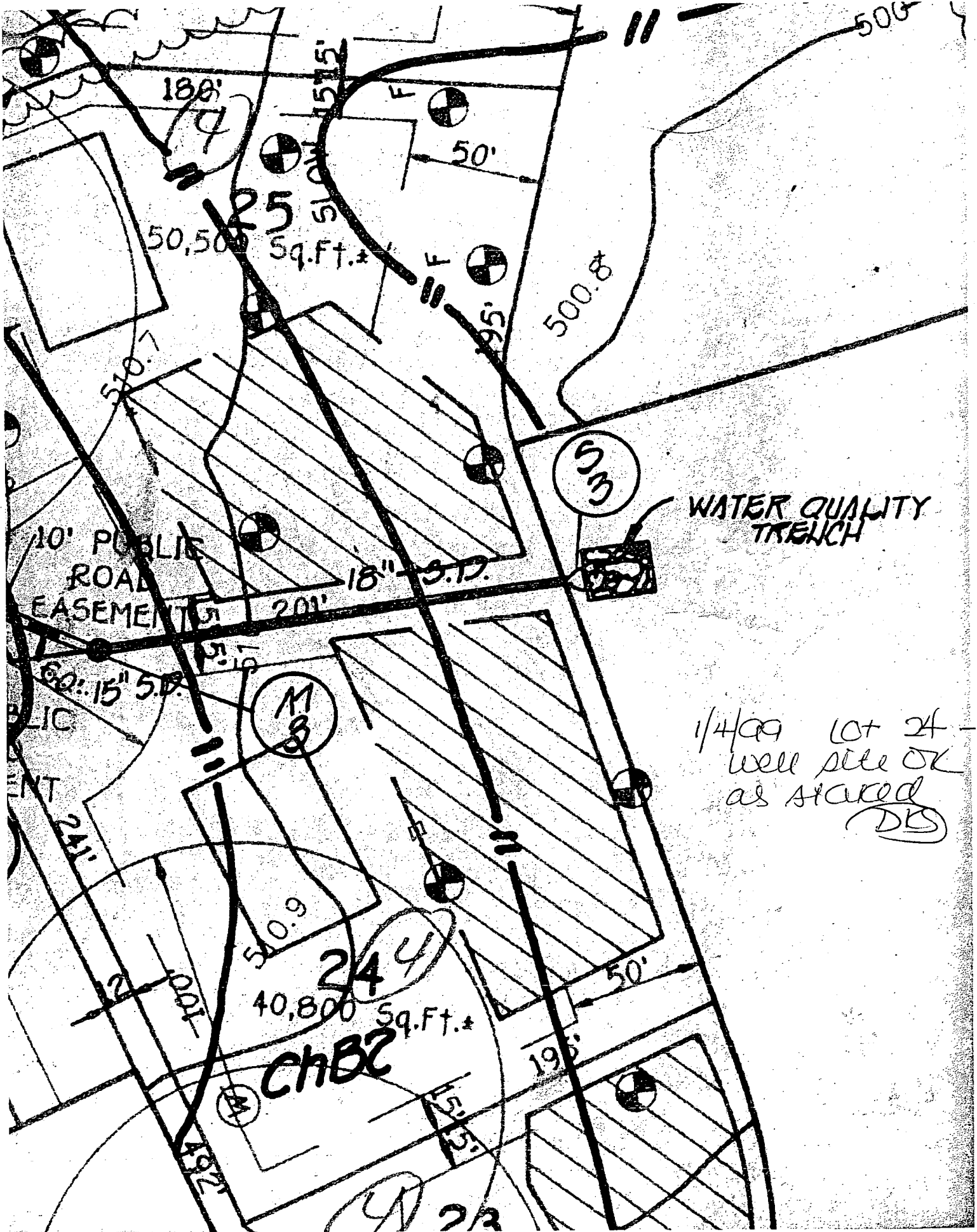
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH: _____

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



OWNER
 DR. PETER C. SCHEIDT, TRUSTEE
 12730 HALL'S SHOP ROAD
 HIGHLAND, MARYLAND 20777

LOT 24 WELL



WATER QUALITY TRENCH

1/4/09 LOT 24 -
Well site OK
as stated
DS

188'

50,500 Sq.Ft.±

50'

500.8

500'

10' PUBLIC ROAD EASEMENT

18" S.D.

20'

60' 15" S.D.

M 8

50.9

244

40,800 Sq.Ft.±

CHB2

195'

50'

M 9

M 10

23

B 1 8630

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2041

fill in this form completely

Date Received (APA) 2/15/98

OWNER INFORMATION

RN 7695

B 3 Howard

LOCATION OF WELL CCH

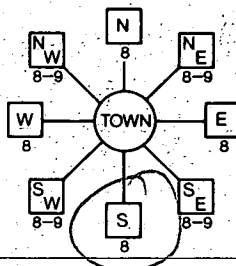
Scheidt Susan 12750 Hall Shop Rd Highland, Md 20777

Paternal Gift Farm 24 44 46 48 50 Highland

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION George F. Easterday W 040 Franklin Easterday, Inc. 265 Brown Church Rd., MT. Airv. Md. 21771 12/14/1998

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Alexander 7109 Alexander Dr NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 50 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 0405 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 1/5/99 EXP. DATE 1/4/00 NORTH GRID 488 000 EAST GRID 0812 000

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3.

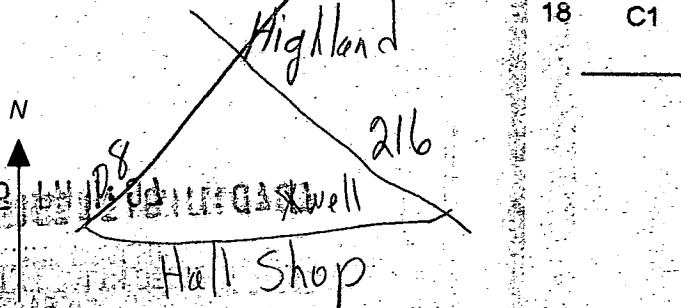
1/26/99 missed insp km

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY AIR-PERCussion CABLE Reverse-ROTARY JETTED Jetted & DRIVEN ROTARY (Hydraulic Rotary) Drive POINT

WRITE THE BOX NUMBER FROM THE MAP HERE 812 488

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. MAP 18 C1



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P PERMIT No. HO-94-2041

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Keith Hundertmark

Telephone 410-857-0255

License Number 8300

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner ERIC Hagen

Telephone 410-796-7637

Division Paternal Gift farm Lot # 24

Tag # 16-94-2091

Address 7109 ALEXANDER Rd.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Vacuzzi
- 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 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make YES
- 2. Model # _____
- 3. Depth 42"

Tank

- 1. Capacity _____
- 2. Pressure relief valve? yes

Piping

- 1. Type 160 psi
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 42"

Well data

- 1. Depth 240 ft.
- 2. Yield 10 GPM
- 3. Static water level _____
- 4. Will water supply be disinfected by installer? no

*WPI pitless adapter & water line
6K @ 4ft.
2 pieces pvc & pvc conduit pipe ok
AP 8/3/99*

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: Keith Hundertmark

Date: 7-19-99

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

C1 9836

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 49405

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 01/26/99

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-2041

OWNER Scheidt, Susan; STREET OR RFD Alexander Drive; TOWN Highland; SUBDIVISION DORCHESTER GIFT TOWN; SECTION; LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Clay, Sand Silt, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD form with fields for GROUTING RECORD, 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, 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, DEPTH (nearest ft.), and a grid for depth measurements.

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, and instructions for circle appropriate letter (A, E, P).

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 LIC. NO. 1 MW D 040; DRILLERS SIGNATURE George J. Gasterberg; LIC. NO. 1 MW D 501; SITE SUPERVISOR responsible for sitework if different from permittee.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68; MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) 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 INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

