

6-23-98

6-24-98

noon

1:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-422256

P 59895

A 49861-H

DISTRICT 5th

DATE 3-27-98

DATE SYSTEM APPROVED 6-24-98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXX-XXXX~~ 410-313-2640

INDEXED

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

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

SUBDIVISION Springdale LOT 17 ROAD 13521 Silent Lake Drive

PROPERTY OWNER Carey Fisher

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

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 feet of stone below distribution pipe.

LOCATION - Starting from the left rear lot corner, place the distribution box 215 feet down the left (406.19') lot line and 60 feet off that same lot line as seen when facing the lot from Silent Lake Drive, Run trenches on contour towards the 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 6/14/98 DCS

PLANS APPROVED BY Donna K. Soe DATE 1/30/98

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

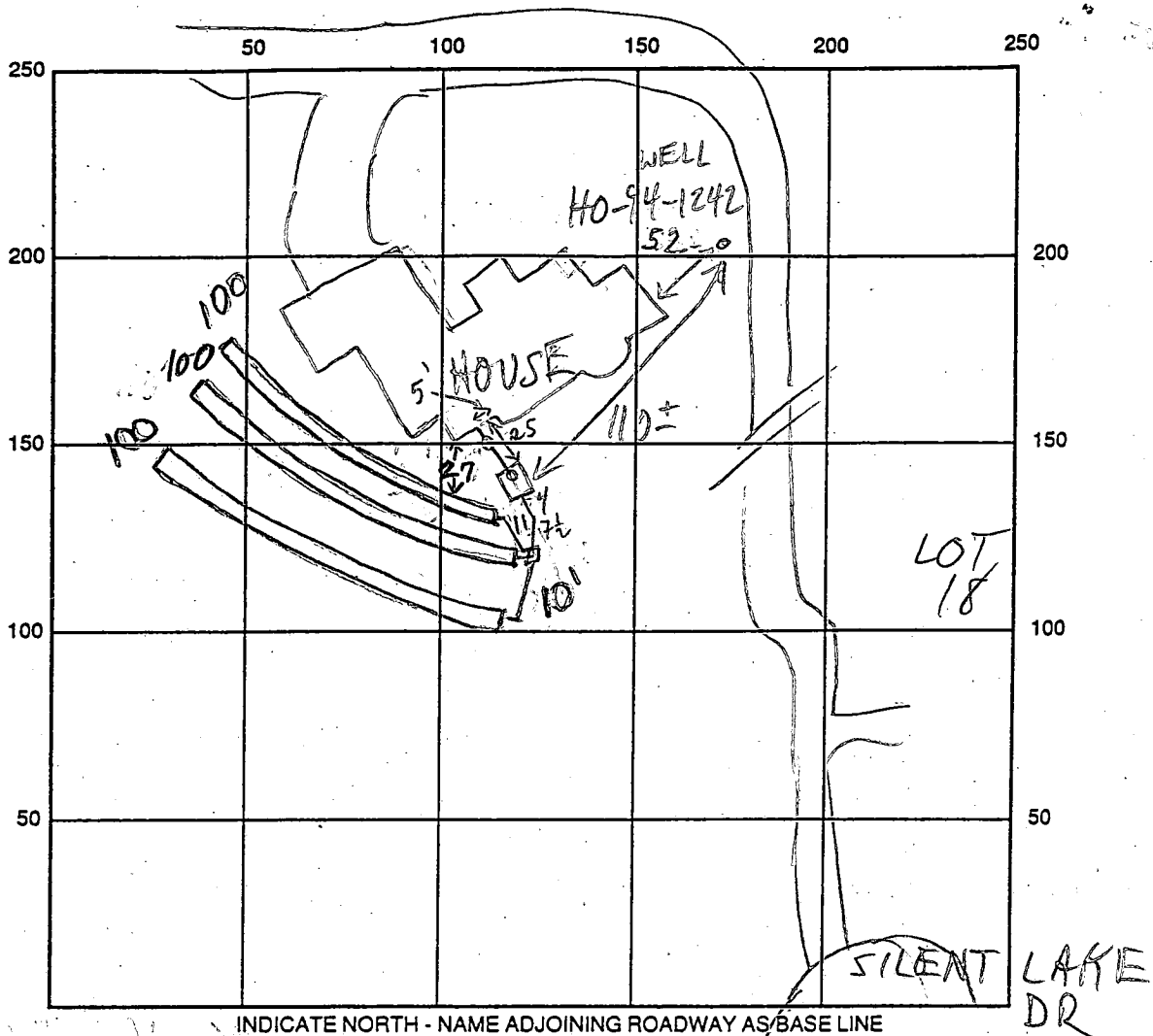
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS INLINE & S.T. - OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 1+2/3 / 5+7/6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1+2/3 / 3/4 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100 x 3 FT. → 300
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 6/11/98. Pre installation meeting w/ installer & builder, proceed as per plan. (CW)
6/23/98 FIRST TRENCH/D.B. LOC. 10' HIGHER THAN HIGH EDGE OF SEPTIC AREA AND @ 2ND TRENCH LOC. SHOWN ON PLAN; FOGLE'S AGREED TO ADD ONE TRENCH HIGHER (M2)
6/24/98 has house conn OK to cover last two trenches, one trench was added higher per agreement with Mark Pitken
 DATE SYSTEM APPROVED 6-24-98 INSPECTOR Kim Prieto

APPLICATION

PERCOLATION TESTING

A 49861H

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

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 CAREY FISHER

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. 17

ROAD AND DESCRIPTION (13521 Silent Lake Drive)

BLDG. PERMIT SIGNED
AND RETURNED 1-30-98
Serial # B10109677

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 5 Brms
(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 _____

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

49861H

Lot 17

COUNTY #

SOIL PROFILE (B) F

brn
sil
lm
15%
platey
frags

3

brn pink
sa lm
15%
platey
frags

10-11/2
VA

(E)

bright
org
brn
saclm

3-4

wh, beige
gray
purple
coarse
sa lm

14

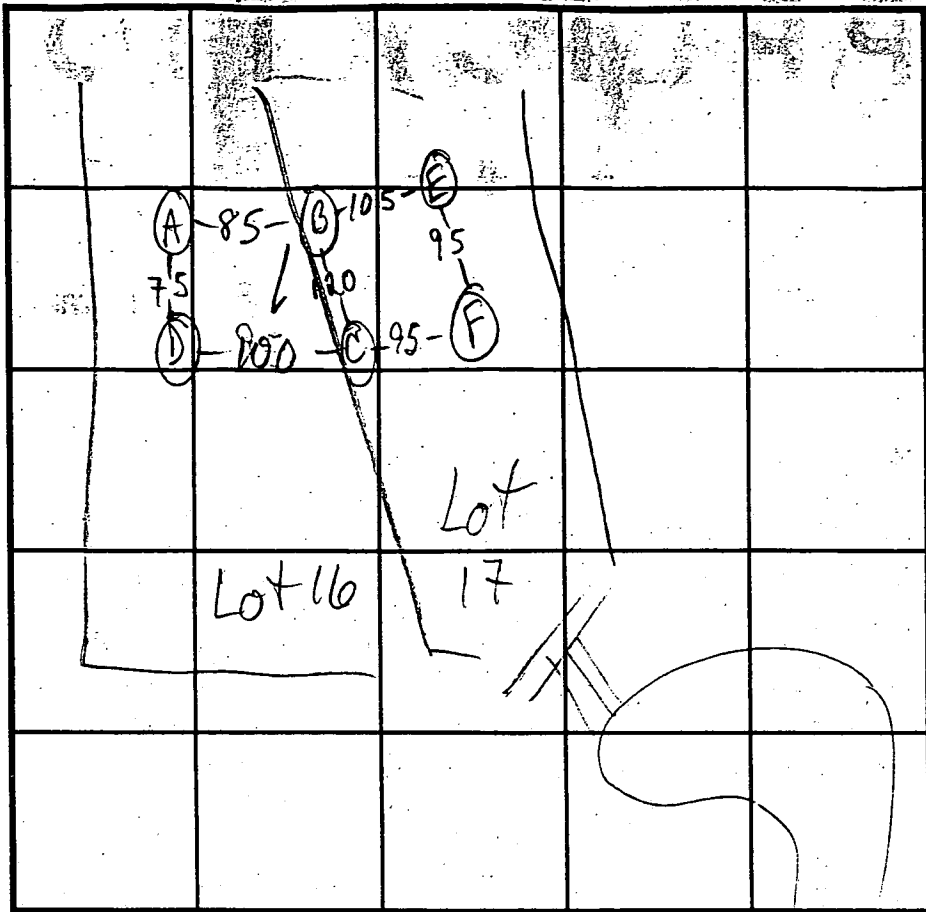
(A)

lg, blocky
flagstone
frags
@ one
end
50%
tan
org sil
clay lm

2

fine
tan
sa lm
15% pl.
frags

11



SOIL PROFILE (D) C

brn
saclm
15%
flagstone

2-3

brn
gray
sa lm
20% - 35%
flagstone

10

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/11/94	FS	3	1:03	1:05	1:05	1:09	4
3/8/94	FV	10'					
3/11/94	CS	3	1:06	1:07	1:07	1:11	4
2/8/94	CV	10 1/2					
3/16/94	ES	3 1/2	1:32	1:35	1:35	1:42	7
3/8/94	EV	14					
3/16/94	BS	2 1/2	1:18	1:21	1:21	1:24	3
3/11/94	BM	5	1:23	1:26	1:26	1:27	1?
3/11/94	BM	5 REPOUR	1:29	1:31	1:31	1:33	2
3/8/94	BV	11 1/2					
3/11/94	AS	2' 8"	1:16	1:20	1:20	1:26	6
3/8/94	AV	11					

REMARKS 3/11/94 DS 2' 8" 1:09 1:12 1:12 1:19 7

TYPE OF SOIL 3/8/94 DV 10

TESTED BY H. Ripkin ALSO PRESENT Allen, Demmitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME (B)(C)(E)(F) 4 TRENCH WIDTH 3

INLET DEPTH 2 1/2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 180

C1 9527 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN C.O.S. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

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

COUNTY NUMBER A49861H
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1292

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

082597

300
 (TO NEAREST FOOT)

HO-94-1292

OWNER Thompson Dale
 STREET OR RFD Silent Lake Dr TOWN Clarksville
 SUBDIVISION SPRINGDALE SECTION _____ LOT 17

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>30</u>	
<u>Gray Granite</u>	<u>30</u>	<u>300</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 13 NO. OF POUNDS 1222
 GALLONS OF WATER 78
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE
 Nominal diameter (nearest inch) 6
 Total depth of main casing (nearest foot) 33

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE
PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y N

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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. 024

DRILLERS SIGNATURE Joseph E. Mays
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. _____

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

C2

DEPTH (nearest ft.)
H032 300

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76

C3

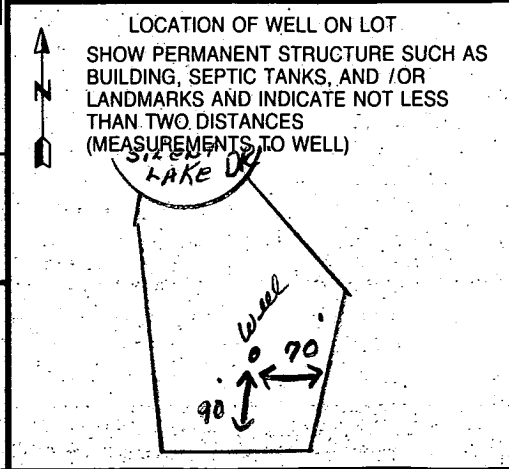
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 9
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)

BEFORE PUMPING 34 ft.
 WHEN PUMPING 155 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29
 CAPACITY GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)
+ above }
 LAND SURFACE _____ (nearest foot)
- below }



B 1 **3024** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1242
 fill in this form completely

Date Received (APA) **042296**
OWNER INFORMATION
THOMPSON Owner **DALE** First Name
10005OLD COLUMBIA RD Street or RFD
COLUMBIA MD 21046 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD COUNTY
SPRINGDALE ESTATES SUBDIVISION
 SECTION **17** LOT **17**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **4 MI**

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Joseph K. Mayne Driller's Name
Joseph K. Mayne Well Drilling Firm Name
3512 Ridge Rd. Mt. Airy Md. 21771 Address
Joseph K. Mayne Signature **4/22/96** Date
 77 License No. **80**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

NEAR WHAT ROAD **Silent Lake Drive**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **650** ENTER FT OR MI **FT**
 TAX MAP: **34 14** BLK: **14** PARCEL **60**

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A49861H COUNTY NO.
 STATE SIGNATURE **Mark E. Liffkin** DATE ISSUED **7/28/98**
 NORTH GRID **497000** EAST GRID **0805000**

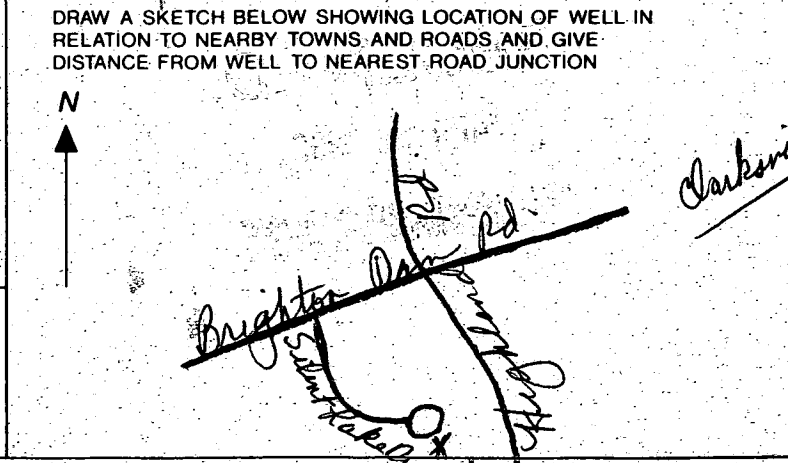
APPROXIMATE DEPTH OF WELL **280** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **80x5**
 N **49x7**

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **MR** PERMIT No. **HO-94-1242**

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

WPT/6/25/98

6.25.98

Handwritten scribbles

Handwritten: C.P.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
2525-E Ellicott Hills Drive
Ellicott City, MD 21043
461-9833

P.A. 4.0' below grade
above grade
casing 5" ~~below~~ grade
final grading not complete
will maintain minimum of 8"
per installer
has 2 piece cap, line & sewer
(RN)

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Name of Installer Willoughby Plumbing Receipt # _____ Date _____
Telephone _____
License Number #6992
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Carol Fisher Telephone 410-781-7057
Subdivision DRINGDALE Lot # 101 Well Tag # 10-74-1542
Site Address 3521 SILENT LAKE
CLARKSVILLE, MD 21029

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Jalisco
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 vibration?
Torque arrestors _____ Cable guards _____ Other _____

Motor
1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Fitless Adapter
1. Make RAYBOLD
2. Model # _____
3. Depth 4 ft

Tank
1. Capacity 40 gal
2. Pressure relief valve? yes

Piping
1. Type CRISTLINE
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 4 ft

Well data
1. Depth 300 ft.
2. Yield 7 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: Chris Willoughby, Pres
Date: 6/24/98

A copy of this application including approval/status of the installation will be placed on the well casing at the time of the inspection.

Total linear feet of trench required 300 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

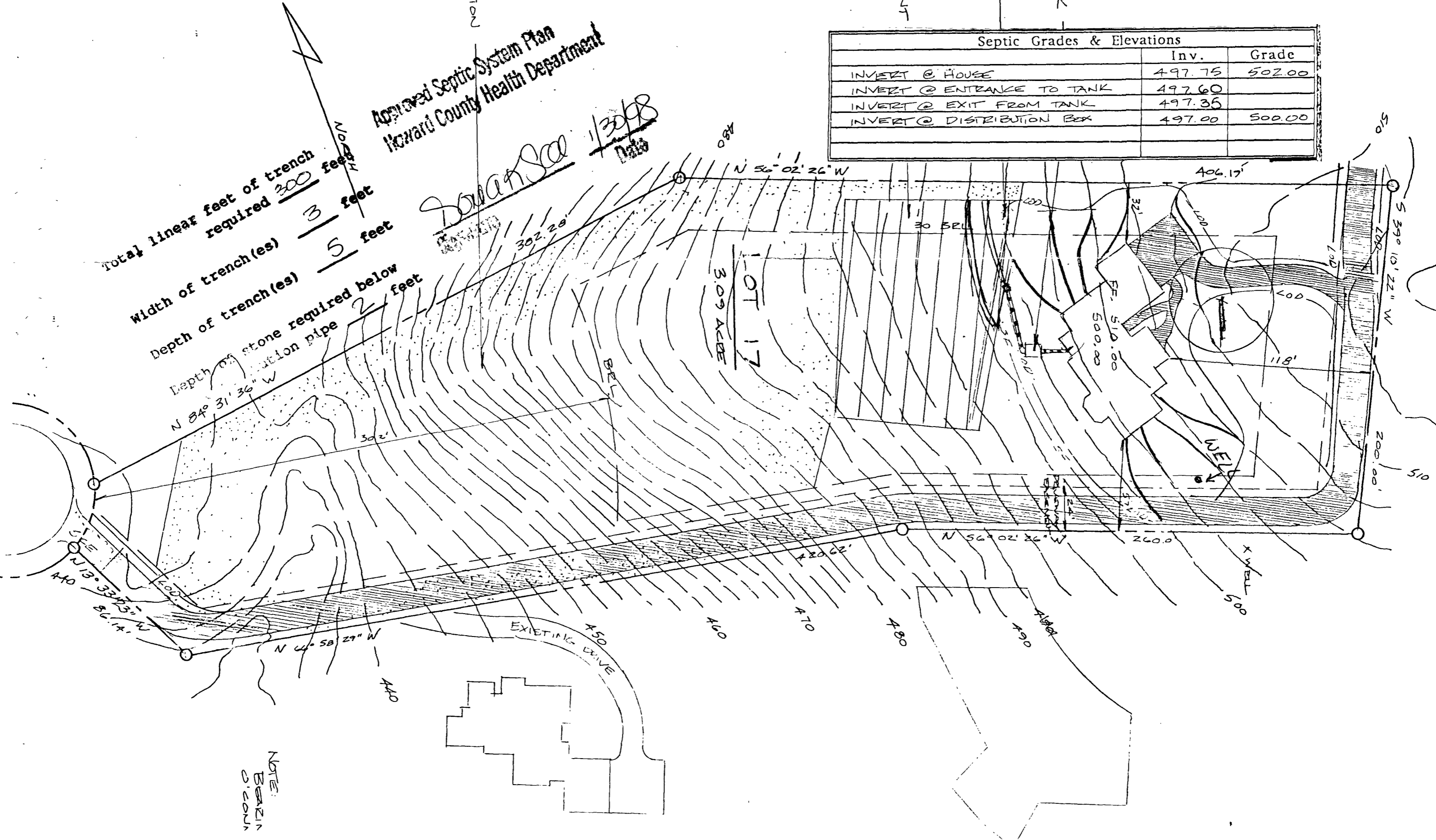
[Signature]
 1/30/88
 Date

FOREST CONSERVATION

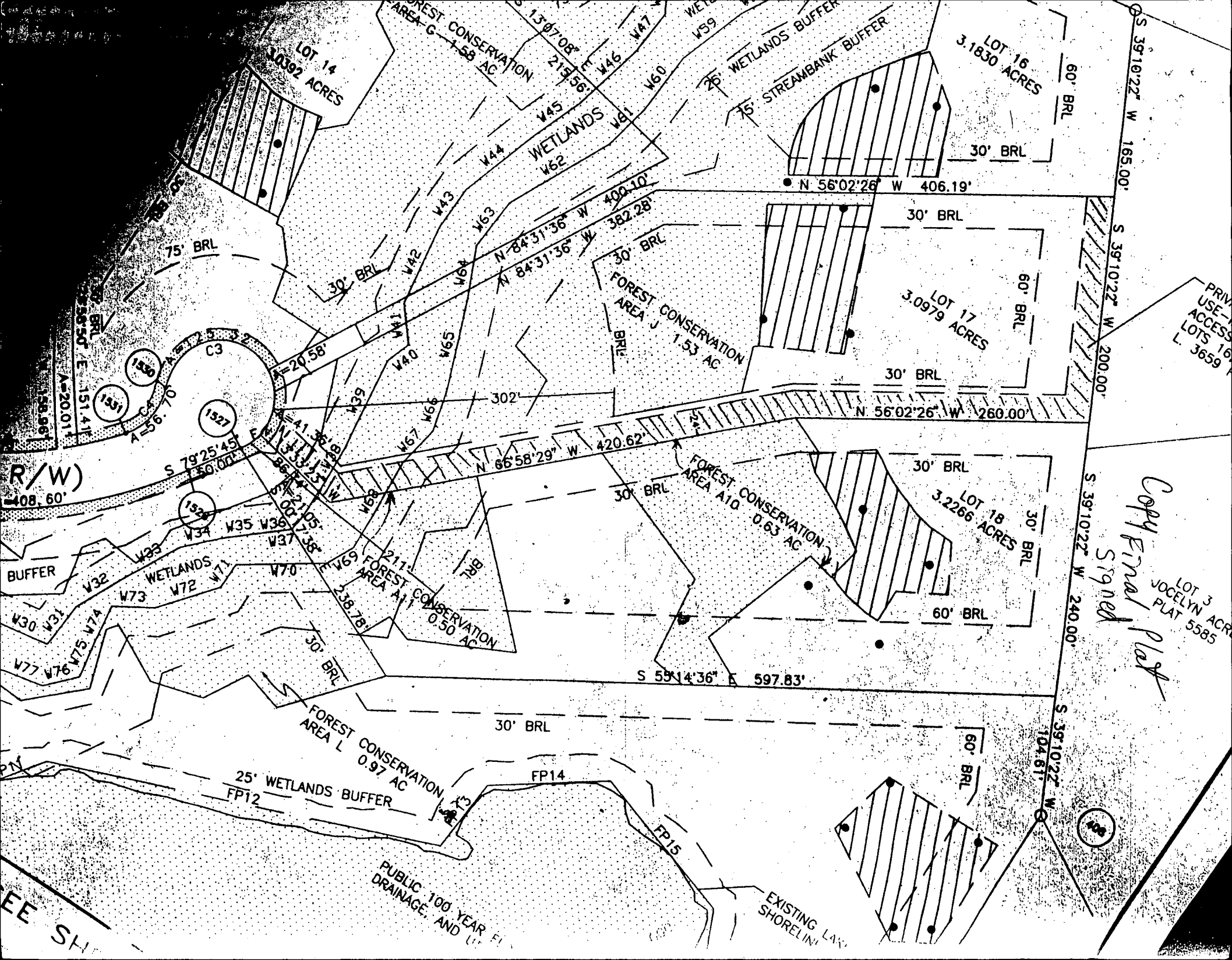
1-5 D

Septic Grades & Elevations		
	Inv.	Grade
INVERT @ HOUSE	497.75	502.00
INVERT @ ENTRANCE TO TANK	497.60	
INVERT @ EXIT FROM TANK	497.35	
INVERT @ DISTRIBUTION BOX	497.00	500.00

PRIVATE SEWERAGE EASEMENT
 DISTRIBUTION BOX
 SEPTIC TANK



NOTE:
 BASIN
 D'CON



LOT 14
3.0392 ACRES

LOT 16
3.1830 ACRES

LOT 17
3.0979 ACRES

LOT 18
3.2266 ACRES

FOREST CONSERVATION
AREA C - 1.58 AC

WETLANDS

25' WETLANDS BUFFER
75' STREAMBANK BUFFER

FOREST CONSERVATION
AREA J - 1.53 AC

FOREST CONSERVATION
AREA A10 - 0.63 AC

FOREST CONSERVATION
AREA A11 - 0.50 AC

FOREST CONSERVATION
AREA L - 0.97 AC

PUBLIC 100 YEAR FLOOD
DRAINAGE, AND L...

EXISTING LAW
SHORELINE

*Copy Final Plat
Signed*

LOT 3
JOCELYN ACRES
PLAT 5585

PRIVATE
ACCESS
LOTS 16
& 17
3659

R/W

EE SH

