

11/16/94

# PERMIT

04-346343

## SEWAGE DISPOSAL SYSTEM

P 50370C

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37524

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DISTRICT 4th

DATE 11/2/94

INDEXED

DATE SYSTEM APPROVED 11/15/94

INSPECTOR DKS

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

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

SUBDIVISION Nursery Acres LOT 3 ROAD 17400 Old National Pike NURSERY COURT

PROPERTY OWNER Mr. and Mrs. C. Rizzo

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 350 feet down the 417.996' lot line and 160 feet off the same lot line as seen when facing the lot from Nursery Court. Run trenches along contour towards rear of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/6/94 DKS

PLANS APPROVED BY Donna K. Soe DATE 06/02/94

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

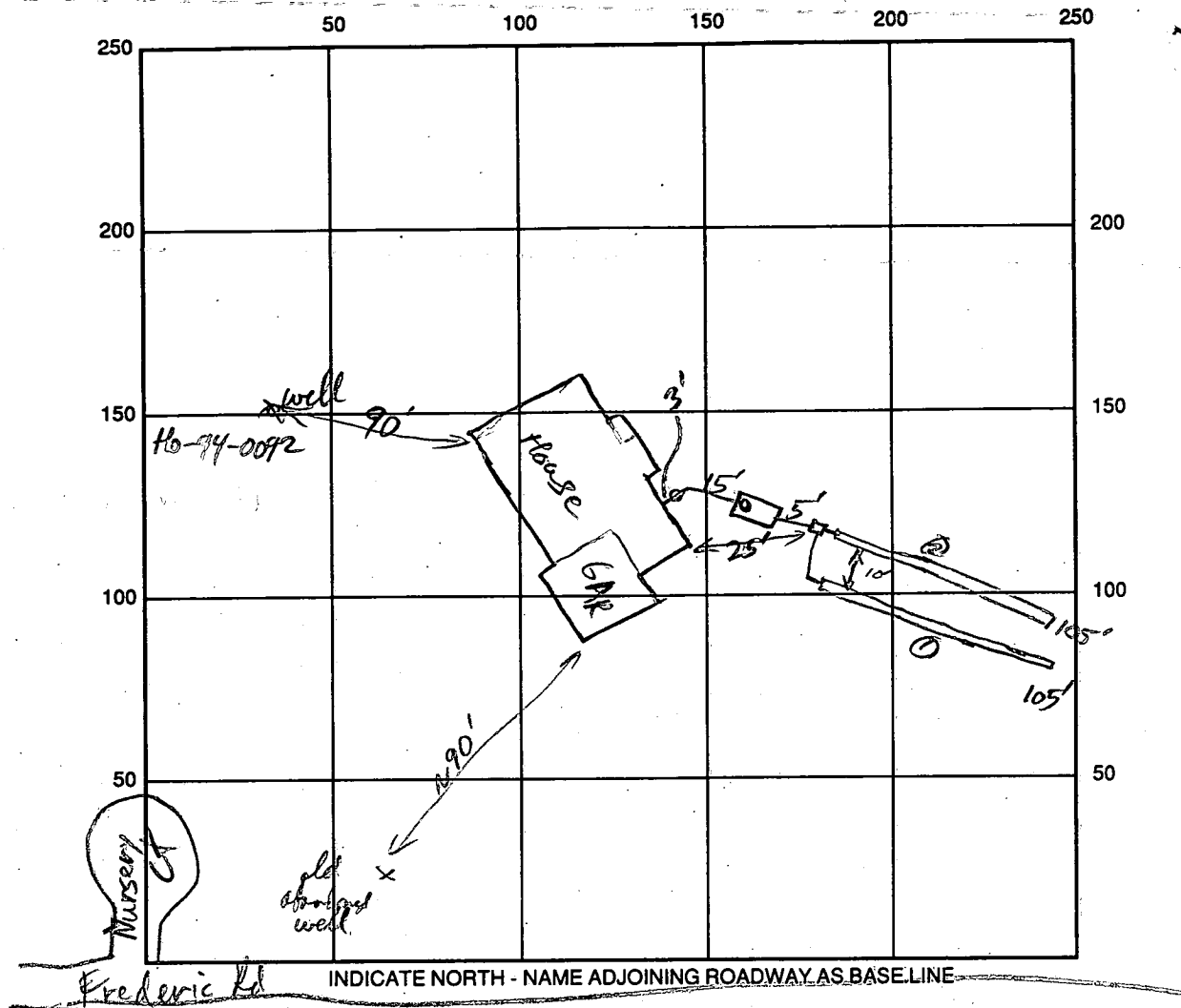
PERMIT VOID AFTER TWO YEARS

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 37524



SEPTIC TANK LEVEL 1250 gal CLEANOUTS S.T. & House

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 105/105 FT. → 210' total

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS: First Trench Septic Tank OK to cover; 2nd Trench OK to backfill when finished RP 11/14/94

11/15/94 Final - OK to cover all work. Permit card signed - contractor not at site. DKS

DATE SYSTEM APPROVED 11/15/94 INSPECTOR Sonia K. Jell

# APPLICATION

PERCOLATION TESTING

A 37524

P \_\_\_\_\_

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

*10/10/86  
perc OK'd pending  
approved plat*

DISTRICT \_\_\_\_\_

DATE 8/14/86

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 Carl J. Vosloh, Jr. Mr. and Mrs. C. Rizzo

ADDRESS 1801 South Main Street, Mt. Airy, Md. 21771 PHONE ~~829-1366~~ 461-4431

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Nursery Acres LOT NO. 3

ROAD AND DESCRIPTION Route 144 and West Watersville Road Route 70 to the North  
(174th Old National Pike)

TAX MAP 2 PARCEL # 7

SIZE OF LOT 3.067 acres 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.

*Carl J. Vosloh Jr.*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING per certified plat w/ field located holes

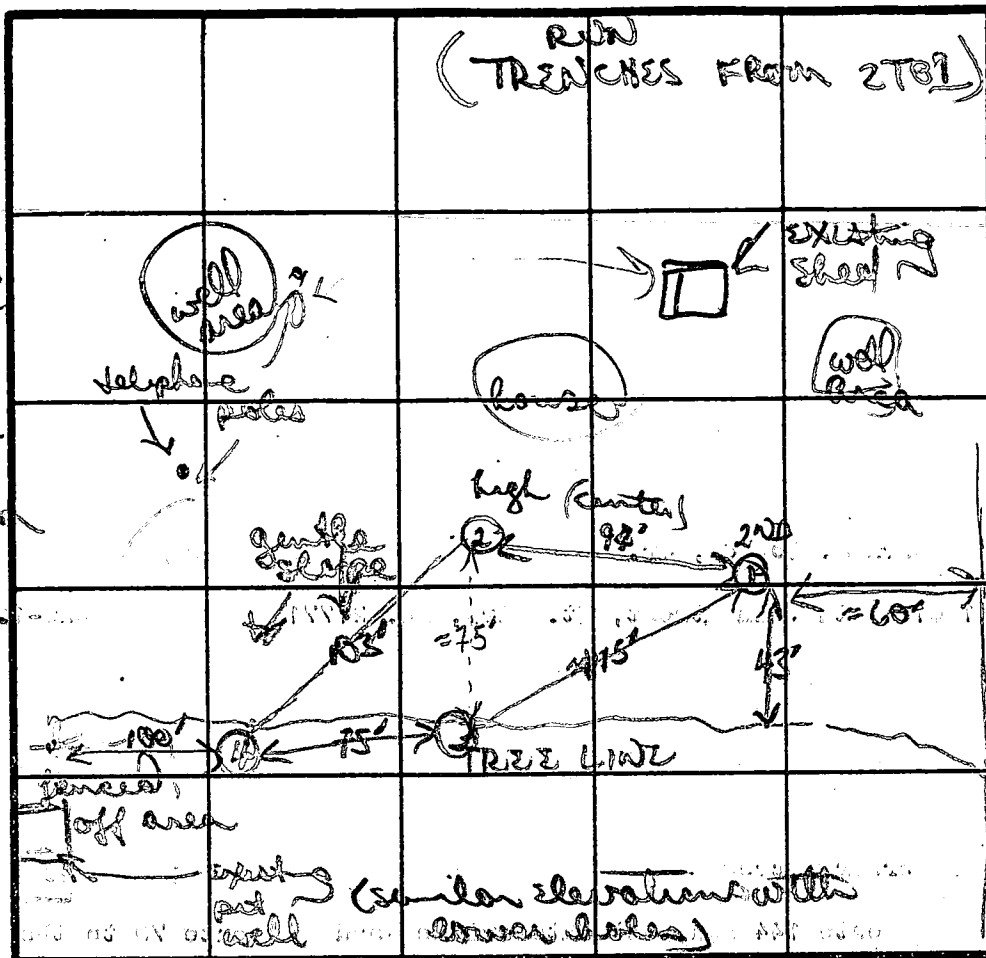
~~BLDG PERMIT SIGNED~~  
AND RETURNED 7/25/86  
*Serial # 53707-SFD-4Bran*

# THIS IS NOT A PERMIT

TO LOT 4 ↑

①  
SOIL PROFILE

gitty/chunky  
mix of orange  
brown clay  
sand loam  
4" tan brown  
to light  
white loam  
sandy to  
silty loam  
w/ 10% med  
frags  
silty loam  
13' 8" D



yellow/orange  
mix powdery  
gitty sandy  
clay loam  
4"  
lighter powdery  
silty loam  
6 1/2' 10-15%  
small hard  
weathered  
frags  
12' 8" D

TO LOT  
2

②

heavy chunky  
gitty orange  
brown clay  
to clay loam  
4"  
quickly change  
to light  
powdery  
silty loam  
w/ 15% layered  
small/med frags  
13'

③

red/orange  
chunky clay  
to clay loam

quickly  
change to  
orange to light  
sandy loam  
7"  
layers w/ 15% hard  
small/med frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/10/86	①	3' 5"	150	152	152	154	2 MIN	
8'		7 1/2' M	148	151	151	156	5 MIN	
		13 1/2' D	bottom - (see profile)					
	②	3' 5"	154	205	205	222	17 MIN	
		13' D	bottom - (see profile)					
	③	3' 5" 4' 5"	206 222	220 230	230	247	17 MIN	
		7 1/2' M	206	208	208	210	2 MIN	
		13' D	bottom - (see profile)					
	④	4 1/2' S	218	222	222	229	5 MIN	
		12 1/2' D	bottom - (see profile)					

REMARKS: ADJUSTED PERC FIELD BE ABANDONED DUE TO ELEV. IN RELATION TO PERC FIELD

EXISTING WELL WILL HAVE TO BE ABANDONED DUE TO ELEV. IN RELATION TO PERC FIELD

TYPE OF SOIL: red/orange clays + sands 4" light white powdery silty loam w/ 5-15% weathered

TESTED BY: B. Nijon

ALSO PRESENT: owner, Eagle people

\* Reg ICOP please

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSIS

1413 Old Tappan Road MD State Certification #133 839 C South Main Rd.
Weinchester, MD 21788 (410) 848-1014 or 876-4554 Bel Air, MD 21034

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 0029
LABORATORY ID NUMBER: 15640
LOCATION: 17408 Nonesuch Court
Lot # 3
MOUNT AIRY HO, MD, 21771

COMPANY: Davies Development
REQUESTED BY: Bob Watson
SOURCE: Well
SITE: Holding Tank
COLLECTED BY: V. Herring 94-667

DATE/TIME COLLECTED: 12-23-1994, 0910
DATE/TIME REPORTED: 12-23-1994, 1140
WELL NUMBER: HO 54 01 02

RESIDUAL CHLORINE: None Detected
WATER SUPPLY TREATED: NO
TYPE OF TREATMENT: NONE

Table with 4 columns: PARAMETER, RESULTS, REFERENCE, UNITS. Rows include pH RESULTS @ NITRATES, ONPG/MUG 24-HOUR TEST, COLIFORMS, TOTAL, COLIFORMS, FECAL.

Table with 4 columns: PARAMETER, RESULTS, REFERENCE, UNITS. Rows include Turbidity, Sand.

PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETER(S) TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

@ DENOTES SAMPLE DATA TYPE IN THE FIELD.

DATE REPORTED: 12/23/94 LABORATORY DIRECTOR: Charles Mooshian, BS, NIAA

COMMENTS: Use As Received

Source Analyzed As Received

Office of Environmental Programs

WELL ABANDONMENT REPORT

Date JUNE 8 1994

Permit Number of abandoned well (if any)

--	--	--	--	--	--	--	--

Driller's Name MAYNE Ralph  
 Last First

Owner's Name RIZZO CARL  
 Last First

Well Location:

County Howard  
 Subdivision WUSERY ACRES  
 Section LOT 3  
 Nearest Town Poplar Springs  
 Maryland Grid Location

Box Number 760  
550

0/5	5/5
(X)	
0/0	5/0

Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify:

Depth of Well 62 Feet

Log of Sealing Material

Material	Feet	
	From	To
Blue Stone	62	42
#2 Cement	42	- 6 BELOW Ground Pit.

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify JARICATTA

Size of Casing 6 Inches

Was any case removed  Yes  No  
 if yes amount removed \_\_\_\_\_ (feet)

Was casing ripped or perforated  Yes  No

Driller Ralph Mayne

License # 116

C1 5177

SEQUENCE NO. (DENV USE ONLY)

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

A 31524

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: 0819

Depth of Well grid: 265

PERMIT NO. grid: 11-211-0097

OWNER, STREET OR RFD, TOWN, SUBDIVISION, SECTION, LOT

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, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, Flint rock, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

CASING RECORD casing types insert appropriate code below ST CO PL OT

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) HO 40 265

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 116

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

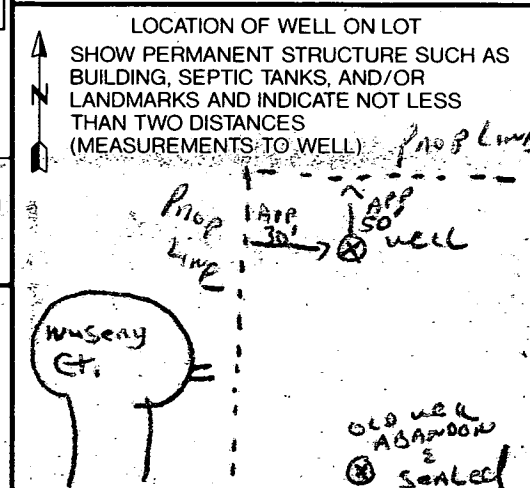
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-0092  
 Location of property (road) Nursery Ct  
 Subdivision Nursery Acres Lot 3 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Carl Rizzo

Depth of well 265  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 38

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:30 Pumping rate 12 GPM  
 Total time 15 min to reach pumping water level 24 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
8:45	24 ft	8 Sec		2.5 GPM	
9:00	24 ft	8 Sec		2.5 GPM	
9:15	24 ft	8 Sec		2.5 GPM	
9:30	24 "	8 "		2.5 "	
9:45	24 "	8 "		2.5 "	
10:00	24 "	8 "		2.5 "	
10:15	24 ft	8 Sec		2.5 GPM	
10:30	24 ft	8 Sec		2.5 GPM	
10:45	24 ft	8 Sec		2.5 GPM	
11:00	24 "	8 "		2.5 "	
11:15	24 "	8 "		2.5 "	
11:30	24 ft	8 Sec		2.5 GPM	
11:45	24 ft	8 Sec		2.5 GPM	
FE					

**B 1** **1223** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-94-0092**  
fill in this form completely

Date Received (APA) **052794**

**OWNER INFORMATION**

**RIZZO CARL** (Last Name, Owner, First Name)  
**8750 DOVES FLY AWAY** (Street or RFD)  
**LAUREL** (Town) **MD20723** (State, Zip)

**B 3** LOCATION OF WELL

**HOWARD** (County)  
**NURSERY ACRES** (Subdivision)  
SECTION **1** LOT **3**  
**POPULAR SPRINGS** (Nearest Town)  
MILES FROM TOWN (enter 0 if in town) **1** MI

**DRILLER INFORMATION** MSD/MGD/MWD

**Ralph MAYNE** (Driller's Name) **116** (License No.)  
**Ralph MAYNE (well Drilling)** (Firm Name)  
**9120 Brown Church Rd. Mt. Airy** (Address)  
**Ralph Mayne** (Signature) **5/13/94** (Date)

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

NEAR WHAT ROAD **Nursery Ct.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **W**

DISTANCE FROM ROAD **200** FT OR MI **FT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**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)  
STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **060294** (Date)  
CO-SIGNATURE **Ronald J. See** EXP. DATE **6/2/95**  
NORTH GRID **552000** EAST GRID **0766000**

APPROXIMATE DEPTH OF WELL **1150** 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

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**E 7626**  
**N 5522**

6/8/94 9:30  
Location OK  
Casing 42'  
open 30'  
grout 12 hrs  
6/8/94

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

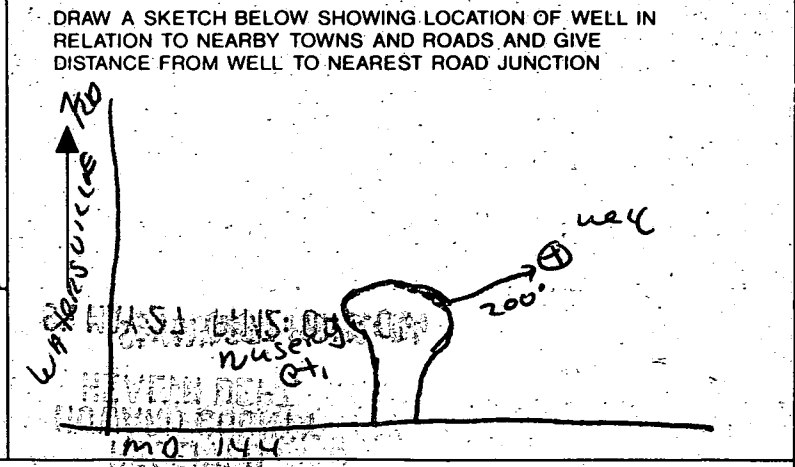
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **NONE**

Not to be filled in by driller (OEP USE ONLY)

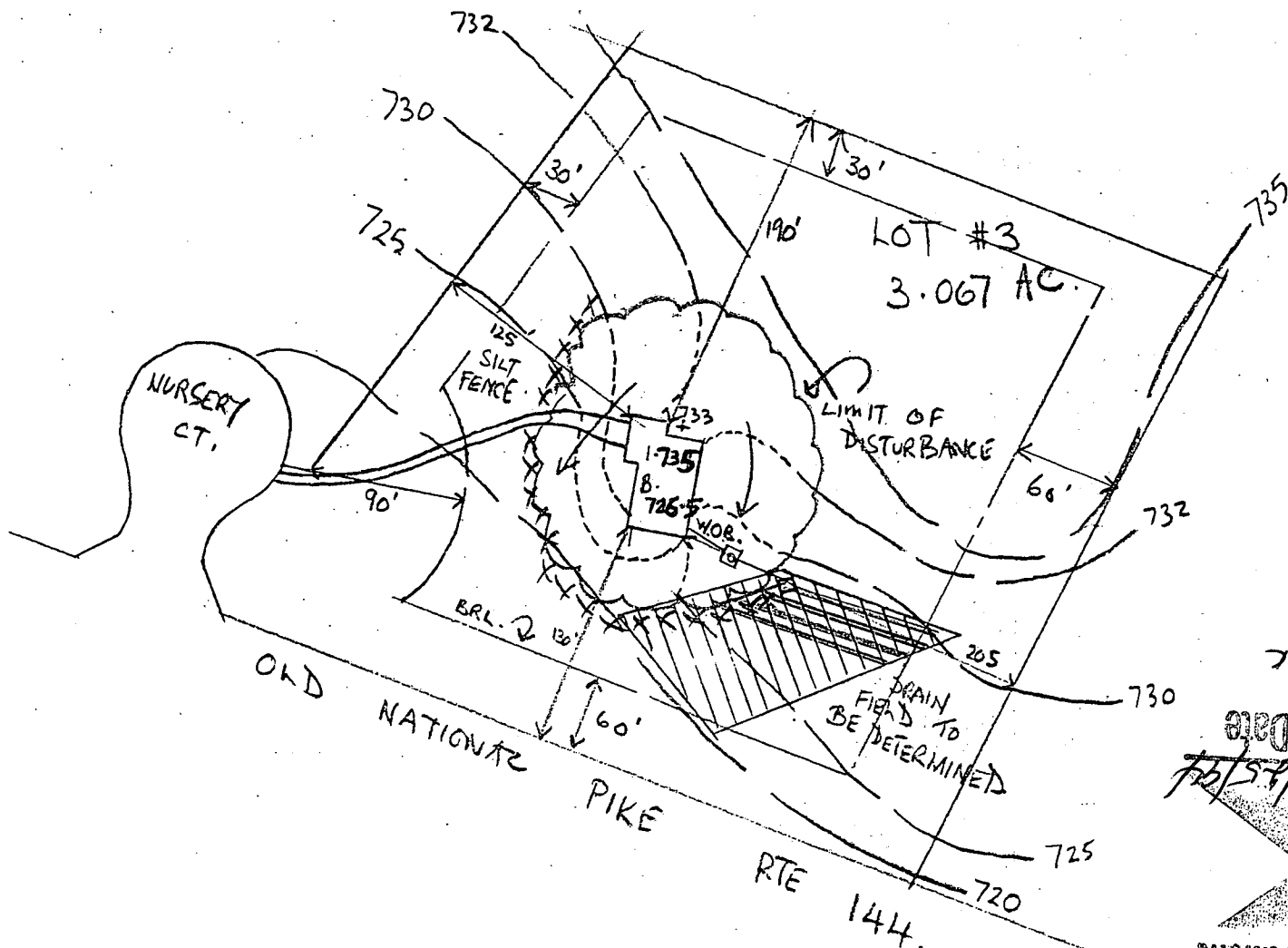
APPROX. PERMIT NUMBER **GAP**

FORCE **AA** (Initials) PERMIT No. **HO-94-0092**



SPECIAL CONDITIONS **498-3296**

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



ELEVATIONS ON BACK

Signature  
 Date 7/15/74

Approved Septic System Plan  
 Howard County Health Department

SCALE 1" = 100'  
 LOT # 3. NURSERY ACRES - SECTION 2.  
 ALL ELEC. DISTRICT H<sup>o</sup>. C<sup>o</sup> TAX MAP 2.

DAVES DEVELOPMENT CO  
 750-0007

SEE OVER FOR SEPTIC INFO.

INVERT INTO TRENCH.	725.00
EXISTING ELEV. @ TRENCH.	728.00

INVERT INTO DISTRIBUTION BOX	725.25
EXISTING ELEV. @ DIST. BOX.	728.00

INVERT ELEV. OUT OF SEPTIC TANK.	725.50
INVERT ELEV. INTO SEPTIC TANK.	725.75
EXISTING ELEV. @ SEPTIC TANK.	729.00

INVERT ELEV. OUT OF HOUSE'	726.00
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