

9/11/96
Layout - ASAP
check - ASAP
9/12/96
A.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

03-366564

P 57254

A 36244

DISTRICT 3rd

DATE 9-3-96

DATE SYSTEM APPROVED 9/12/96

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 558-R Obrecht Road Sykesville, MD 21784

PHONE 795-5670

SUBDIVISION River Downs

LOT 6

ROAD 913 High Stepper Trail

PROPERTY OWNER Sue Lancellotta & Nick Koutelakos

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 175' down the left lot line and 115' off this same lot line as viewed from High Stepper Trail. Run trenches on contour in both directions. Maintain a 100' minimum separation between well and septic system.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7/18/96 OK ALM

PLANS APPROVED BY Donna K. Soe

DATE 7/1/96

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

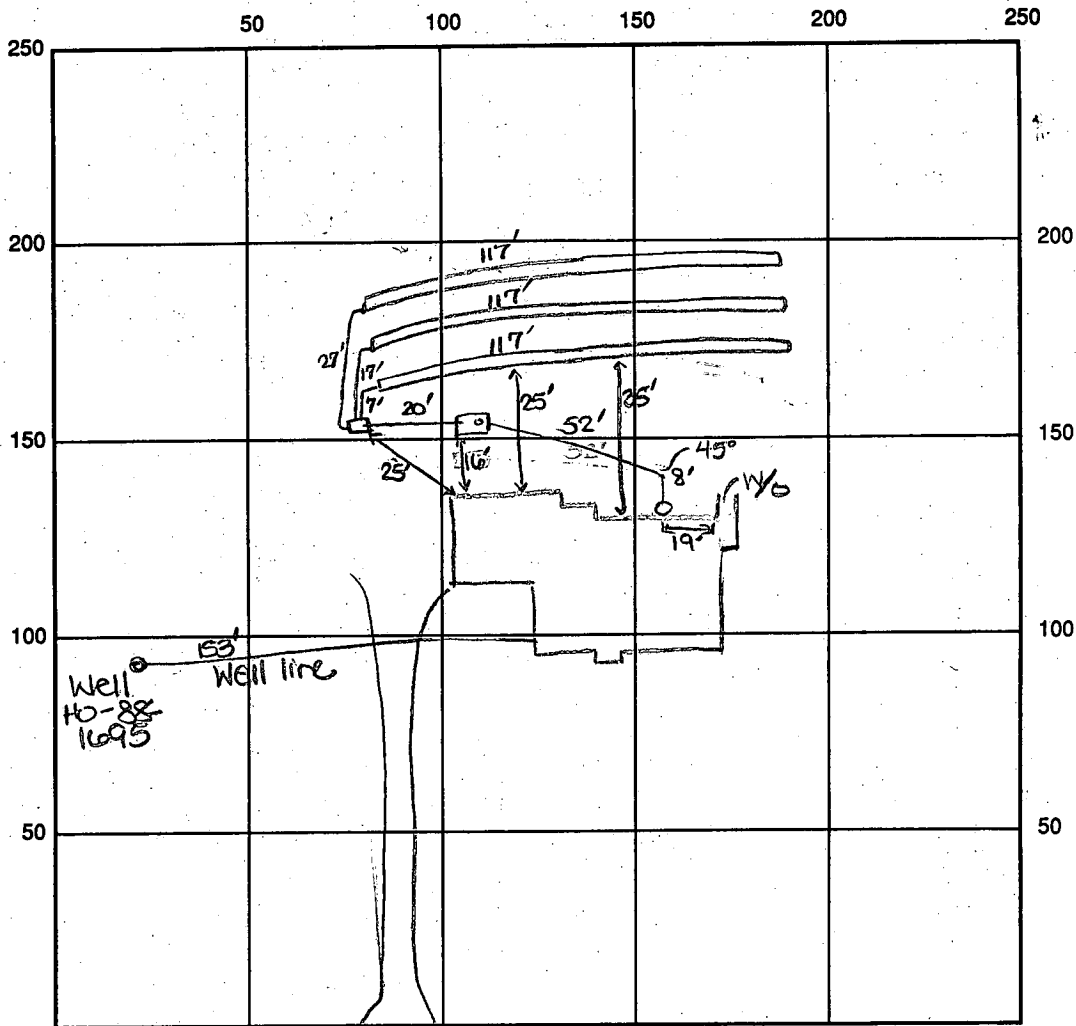
PERMIT VOID AFTER TWO YEARS

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

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

A
36244



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

High Stepper Trail

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS one on s.t., one at house

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x117 FT. → 350'

NUMBER OF TRENCHES 3 ~~ONE SIDE WALL~~ BOTTOM AREA 1050 SQ. FT.

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

ABSORBENT AREA 1050 SQ. FT.

REMARKS: 9/11/96 OK TO CONTINUE WORK. DKS

9/11/96 p.m. OK TO COVER FROM HOUSE TO D.B. AND FIRST TWO TRENCHES. DKS

9/12/96 FINAL - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED 9/12/96

INSPECTOR Donna K. Jone

OCT 1, 1993
10:00

APPLICATION

PERCOLATION TESTING

A 49623

P _____

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

PREVIEW OK
PROPOSAL IS TO ADJUST
SEPTIC AREA TO
ENHANCED HOUSE
SITE OPTIONS.

DISTRICT _____

DATE 9/17/93

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 SUE LANCELLOTTA NICK KOUTALAKOS
RIVER DOWNS JOINT VENTURE

ADDRESS 124 GURCH LANE/STE 204 PRESVILLE 21208 PHONE (410) 653-0386

AGENT OR PROSPECTIVE BUYER HAROLD PARIS, JR. (OWNER)

ADDRESS SAME AS ABOVE PHONE (410) 653-0386

PROPERTY LOCATION:

SUBDIVISION RIVER DOWNS LOT NO. 6

ROAD AND DESCRIPTION HIGH STEPPER TRAIL SOUTH OF RIVER
ROAD 913 High Stepper Trail

TAX MAP _____ PARCEL # _____

SIZE OF LOT 7.92 AC. TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 7-1-96
Serial # B00100 805
S.F.D-5 BRMS

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. ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Harold Paris Jr
(SIGNATURE OF APPLICANT)

APPROVED BY AMY MAC/CWILLIAMS FOR TRENCHES DATE 11/24/93

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # SENT FOR SIGNATURE DATE 11/24/93

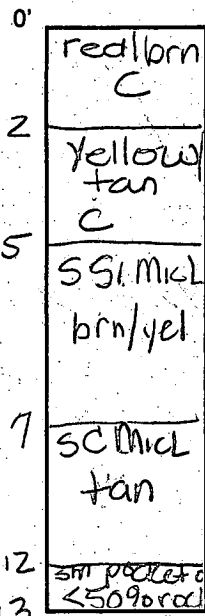
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

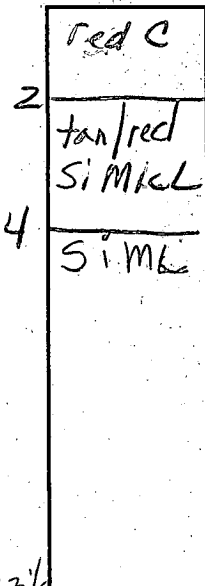
A49623

COUNTY #

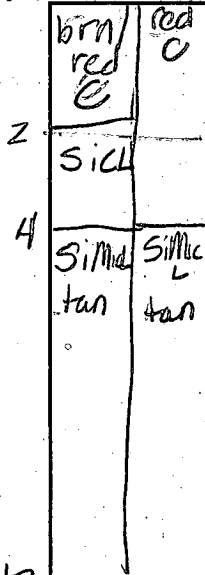
SOIL PROFILE



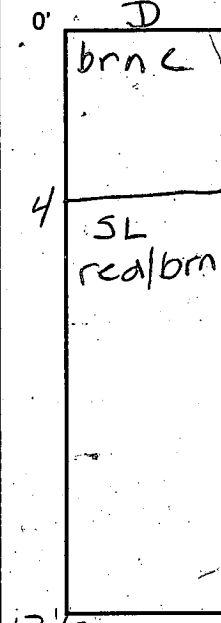
B



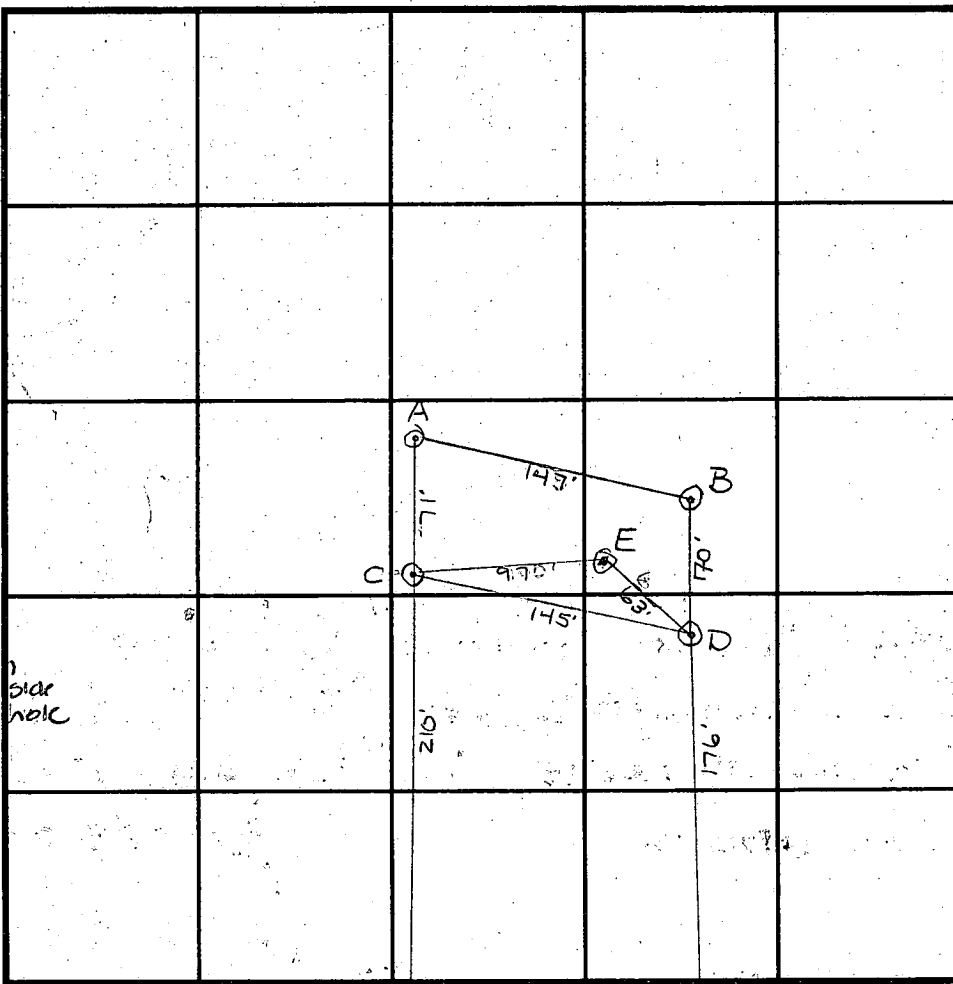
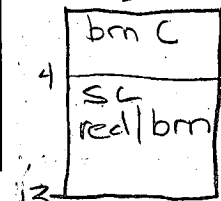
outside C inside



SOIL PROFILE



E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

High Stepper Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	A	4 1/2' V 1/2 1/2	10:20	10:21	10:21	10:22 ³⁰	1 1/2 min	
		9' V 1/2 1/2	10:25	10:26 ⁴⁵	10:26 ⁴⁵	10:34 ³⁰	8 min	
	B	4' V 1/3 1/2	10:38 ³⁰	10:41	10:41	10:45 ³⁰	4 1/2 min	
		8' V 1/3 1/2	10:40	10:44	10:44	10:50	6 min	
	C	4' V 1/3	10:53	11:07	11:07	11:22	15 min	
		8' V 1/3	10:51	10:53	10:53	11:00	7 min	
	D	4' V 1/3 1/2	11:26	11:27 ³⁰	11:27 ³⁰	11:31 ³⁰	4 min	
		9' V 1/3 1/2	11:25 ³⁰	11:26	11:26	11:30	4 min	
	E	V 1/3	Visual only soil like perc D passed					

REMARKS

TYPE OF SOIL Glenelg

TESTED BY Amy McMillen

ALSO PRESENT Harold Paris. Jr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 min

TRENCH WIDTH 3'

INLET DEPTH 4'

MAXIMUM BOTTOM DEPTH 6'

SQ. FT./BEDROOM 210 ft²

13

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36244
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 11/26/85

VOID / RELOCATED AT APPLICANT'S REQUEST 566 A49623

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 Chase Development Corporation

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100

PROPERTY LOCATION:

*LOT 12 Prelim. 11/86
6 - Final Plat*

SUBDIVISION River Downs LOT NO. 2

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(NUMBER OF BEDROOMS)

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.

William Charles Pardon & Seckha
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow tile fields DATE 1-2-87

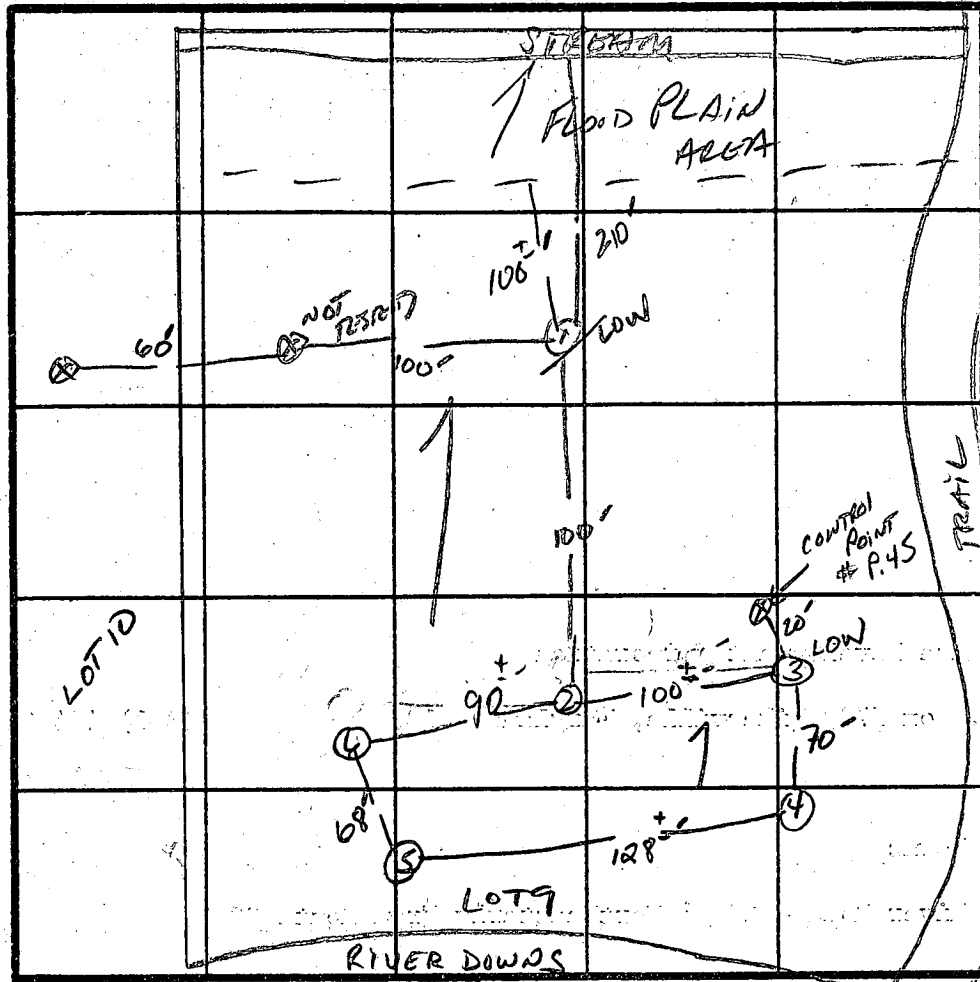
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85 Wet Season Retest + Redesign Required. S. Abel
4-8-86 PERC SATISFACTORY FOR Shallow System only; Held for Certified Subdivision
(PLAT) S. Abel

THIS IS NOT A PERMIT

LOT 17



̄ Perc TIME
13min
INLET 9/5
BOTTOM 5.5

200 Ø/BR
BASED ON
HIGH HOLES

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

River Rd.

①
SOIL PROFILE

9"
A1-3
Yellow Red
CLAY LOAM
L10%
SAPROUSE

4"
OLIVE/YELLOW
Silt SAND
L10%
SAPROUSE
w/ GRAY
MOTTLES

8"
MOIST TO
WET SOIL
MPOD
BOTTOM

②
③
④
⑤

4"
A1-3
Yellow BR
Silty CLAY
Lm. <10%
FRAGMENTS

3.5"
4.0" BR
SAND LOAM
<10%
COARSE
FRAGMENTS
SOIL WET
AT 13"
AT 13.5"
HOLE #3
ONLY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/3/85	1 ✓	Glenville Soil	MOIST	WET	BOTTOM	10"	ROCK 10"	
	2 ✓	Glenville Soil - OLD	HIGH HOLE	NO WATER		12"		
4/4/86	OK 3 S	4.5"	2:31	2:32:30	2:32:30	2:35	2.5min	
	OK 3 V	15"	UNIFORM SOIL STRUCTURE Below 4" H ₂ O 13.5"					
	OK 4 S	3.5"	2:45:30	2:57	2:57	3:19	22min	
	OK 4 V	13"	UNIFORM SOIL STRUCTURE Below 3.5"					
	OK 5 S	4"	3:13	3:30	3:30	3:52	22min	
	OK 5 M	8"	3:07	3:13	3:13	3:25	12min	
	OK 5 V	12"	UNIFORM SOIL STRUCTURE Below 4"					
	OK 6 S	4"	3:27	3:28:30	3:28:30	3:32	3.5min	
	OK 6 V	13"	UNIFORM SOIL STRUCTURE Below 4"					

HOLE #3 OPENED
AT 2:15 PM
H₂O ENTERING HOLE
AFTER 0.35min

4-7-86 SHALLOW SYSTEM ONLY

REMARKS Wet Season Test - Redesign - Rock Low Hole

TYPE OF SOIL Glenwill / Shallow System only

TESTED BY S. Abel

Jeff, Curtis, John

ALSO PRESENT

EH-12-107

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36245
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 11/26/85

failed

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 Chase Development Corporation

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100

PROPERTY LOCATION:

NOW PART OF LOT 12

SUBDIVISION River Downs LOT NO. 10

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(NUMBER OF BEDROOMS)

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.

William J. Rasch, Parden & Jeschke
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

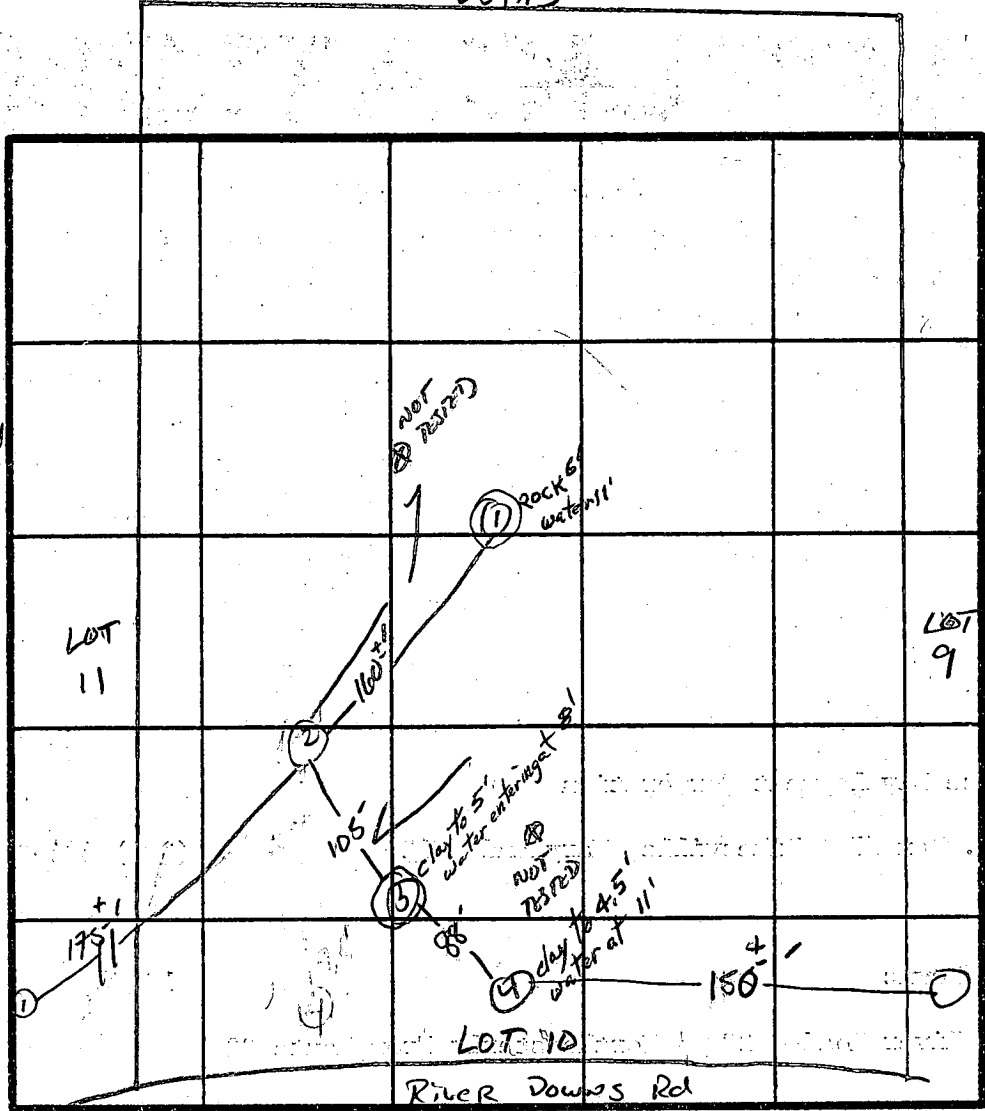
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85 Wet Season Retest + Redesign Required. S. Aul
4-8-86 Perc. Unsat. Factory, High H₂O table; Redesign of area as lot shown
not possible; Hold for Subdivision Plat. S. Aul

THIS IS NOT A PERMIT

LOT 15



② SOIL PROFILE

0"	A1-3
9"	yellow Red Clay LM. 210% SAPPOLITE
3"	Grey/olive Green Silt loam 210% SAPPOLITE
6"	Yellow Br. Olive Green Silt loam 210% SAPPOLITE
11"	4 GREY MOTTLE

Granville Soil

Glennville WATER 1-3 FRAGMENT

blow 4 2.3 - higher than 3

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/3/85	1V	SOLID ROCK	AT 6'		WATER AT 11'		
	2V	Glennville Soil					
	3V	13'		WATER ENTERING HOLE AT 8'		CLAY TO 5'	
	4V	12.5'		WATER AT 11'		CLAY TO 4.5'	

REMARKS WET SEASON TEST / REDESIGN - ROCK LOCATED

TYPE OF SOIL Glennville Silt loam

TESTED BY S. Asel ALSO PRESENT Jeff, Curtis, John

EH-12-1079

C1 **4553** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 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 **A-36240**

DATE WELL COMPLETED **100891**
 DATE RECEIVED
 (8) (13) (15) (20)

Depth of Well **205**
 (TO NEAREST FOOT)
 (22) (26)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HU-88-7695
 (28) (29) (30) (31) (32) (33) (34) (35) (36) (37)

OWNER **Paul Harold**
 last name first name
 STREET OR RFD **High Stepper Trail** TOWN **Sylva**
 SUBDIVISION **Knob Downy** SECTION **1** LOT **6**

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	
SAWD	0	56	
GRAY MICA Rock	56	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **440**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)
 (48) TOP (52) (54) BOTTOM (58)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **60**
 (60) (61) (63) (64) (66) (70)

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** **58** **205**
 (8) (9) (11) (15) (17) (21)
 2
 3
 (23) (24) (26) (30) (32) (36)
 (38) (39) (41) (45) (47) (51)
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 (8) (9)
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 (11) (15)
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **37**
 (17) (20)
 WHEN PUMPING **156**
 (22) (25)
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 (27) (27) (27)
C centrifugal **R** rotary **O** other (describe below)
 (27) (27) (27)
J jet **S** submersible
 (27) (27)

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **NO**
 (29)
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE **2** (nearest foot)
- below } (49) (51)

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

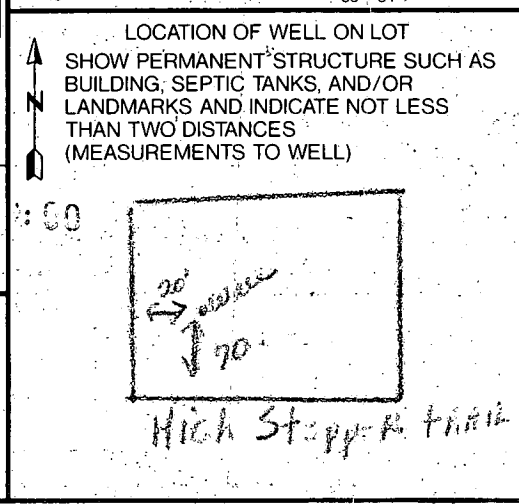
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **938**
 DRILLERS SIGNATURE *Paul Harold*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 (74) (75) (76)
 70 72
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1695
Location of property (road) High Stepper Trail
Subdivision River Downs Lot 6 Block _____ Plat _____ Sec. 1
Well Driller Joseph Mayne Owner Harold Paris

Depth of well 205'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 gpm.
Total time 45 min to reach pumping water level 155' ffl 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	114'	5 sec.		12
8:00	156	5		12
8:15	155	15		4
8:30	155	15		4
8:45	155	15		4
9:00	155	15		4
9:15	155	15		4
9:30	155	15		4
9:45	155	15		4
10:00	155	15		4
10:15	155	15		4
10:30	155	15		4
10:45	155	15		4
11:00	155	15		4

9/11/96

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 WILLoughBY Plumbing Svc Telephone 781-7051
License Number #6992
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner FRED DICKSON Telephone 781-6786
Subdivision RIVER DOWNS Lot # 6 Well Tag # HO-88-1695
Site Address 913 HIGH STEPPER TRAIL
SYKESVILLE, MD 21784

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make JACOZZI
3. Model # _____
4. Capacity 5 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 TAPE

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

Pitless Adapter
1. Make HARVARD
2. Model # _____
3. Depth 4 FT

Tank
1. Capacity 40 GAL
2. Pressure relief valve? YES
Piping
1. Type CRESTLINE
2. Size 1/2"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 1 FT
Well data
1. Depth 205 ft.
2. Yield 4 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

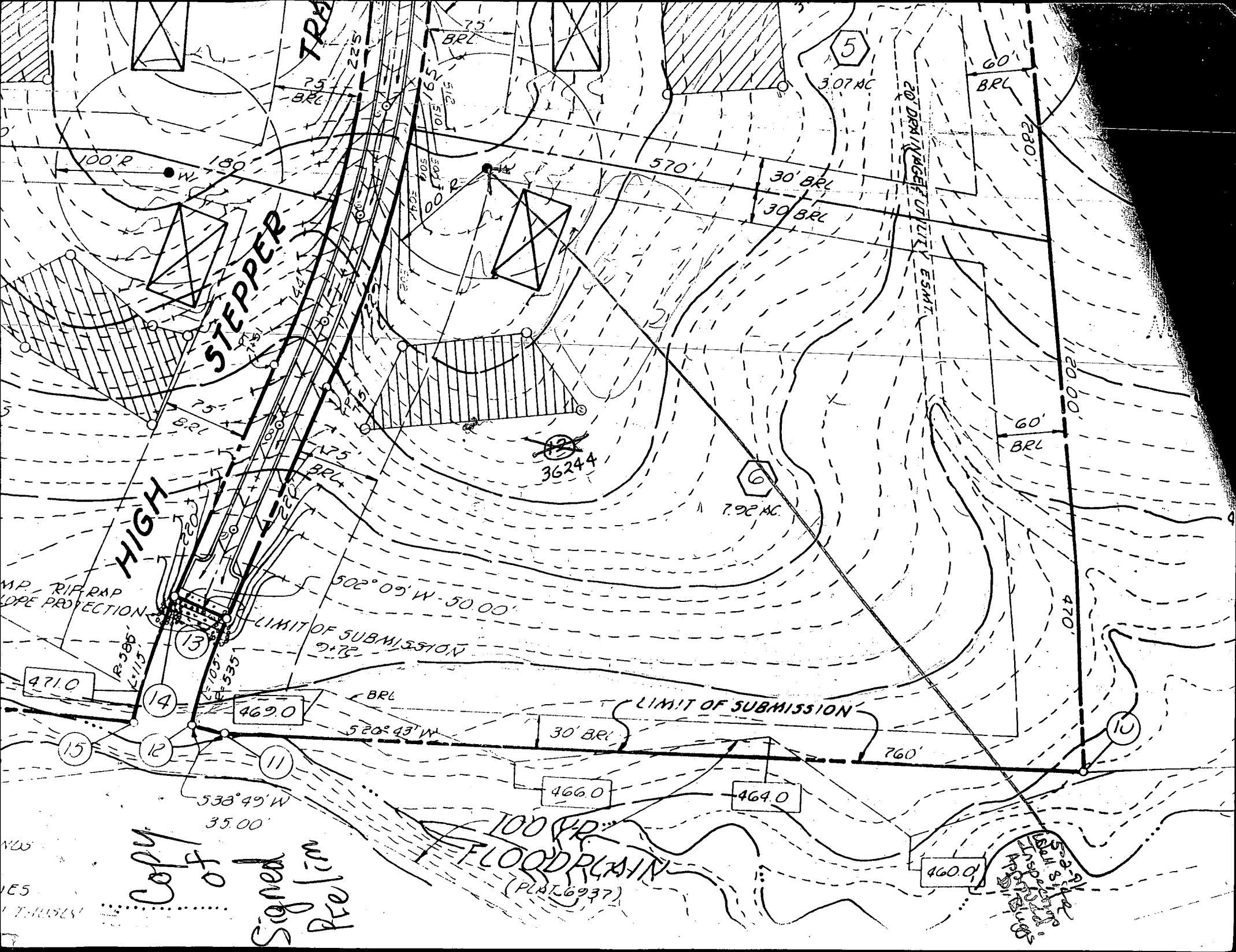
9/11/96 OK to cover. DS
P.A. 5' below grade.
well casing 1' above grade.
well line steered under driveway @ house.

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 J. Willoughby
Date: 9/3/96

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



STEPPER

HIGH

100' FLOODPLAIN
(PLAT 6937)

Signed
Prelim

Copy of

MP, RIPRAP
SLOPE PROTECTION

LIMIT OF SUBMISSION

LIMIT OF SUBMISSION

20' DRAINAGE UTILITY ESMT

36244

7.92 AC

3.07 AC

471.0

469.0

466.0

464.0

460.0

See plat
for
submittal
requirements
and
notes

100
105
110

533° 49' W
35.00'

520° 43' W

502° 09' W - 50.00'

100' R

100' R

570'

30' BRL

30' BRL

60'

BRL

630'

60'

BRL

1180.00'

470'

760'

10

13

14

15

12

11

TRAIL

225'

75' BRL

75' BRL

51.2'

50.15'

50.15'

50.15'

50.15'

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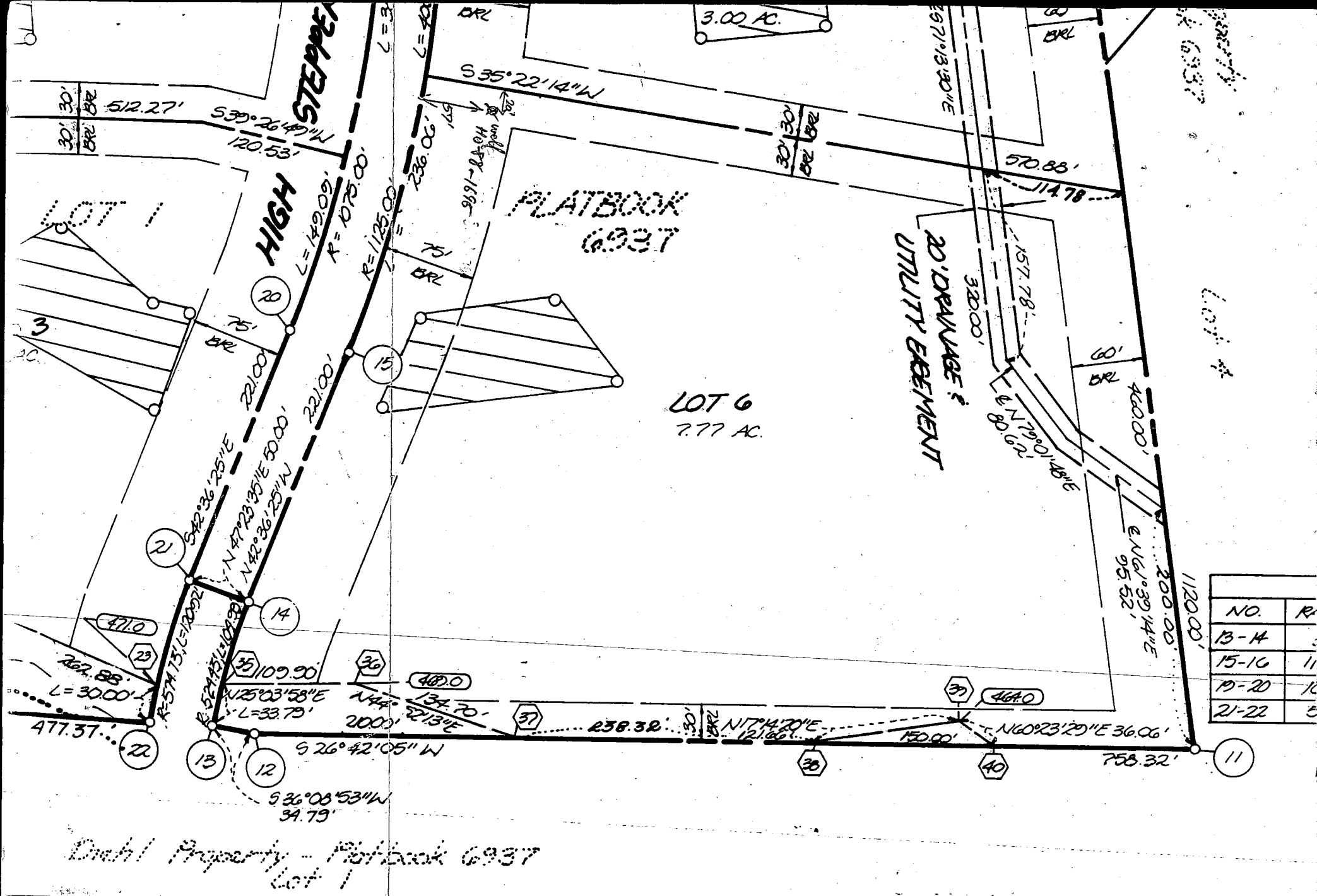
50.15'

50.15'

50.15'

50.15'

50.15'



NO.	RA
13-14	
15-16	11
19-20	16
21-22	5

Diehl Property - Platbook 6937

OWNER'S STATEMENT

OWNERS JOINT VENTURE, owners of the property shown hereby adopt this plan of subdivision, and in consideration of the by the Office of Planning and Zoning, establish the minimum

SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct, that it is a RESUBDIVISION of PART of the lands conveyed by NETTIE A. DIEHL TO RIVER DOWNS JOINT VENTURE

REC

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

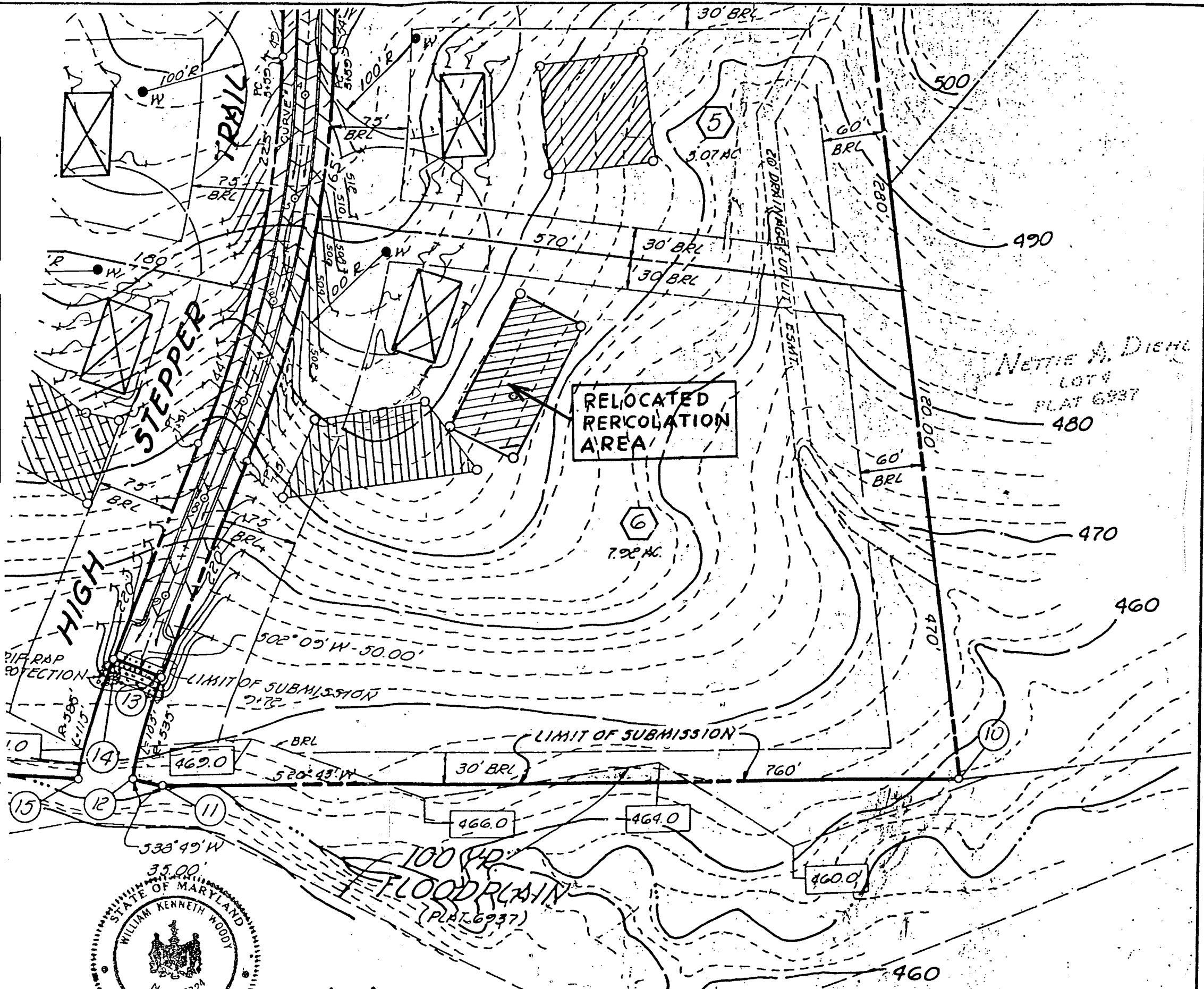
Joseph M. Blum 11-24-93
 HOWARD COUNTY HEALTH OFFICER *MJC* DATE

NOTES:

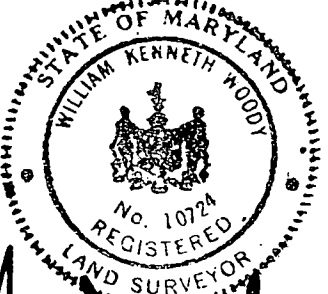
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- SUBJECT PROPERTY ZONED RC
- PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

NOTE: INFORMATION SHOWN HEREDN HAS BEEN TAKEN FROM PRELIMINARY PLAN "RIVER DOWNS, SEC. 1, LOTS 1-6" TENTATIVELY APPROVED ON 3/20/89.

NOTE: ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY BOUNDARIES AS SHOWN ON PRELIMINARY PLAN ENTITLED "RIVER DOWNS, SEC. 1, LOTS 1-6" TENTATIVELY APPROVED ON 3/20/89 HAVE BEEN SHOWN.



NETTIE A. DIEHL
 LOT 4
 PLAT 6937
 480



William K. Woody 10/26/93
 WILLIAM K. WOODY L.S. LIC. NO. 10724

KCW Consultants, Inc.
 Civil Engineers and Land Surveyors
 3104 Timanus Lane
 Suite 101
 Baltimore, Maryland 21244
 (410) 281-0030

PERCOLATION CERTIFICATION PLAT
 LOT 6 "RIVER DOWNS"
 SCALE: 1" = 100'
 DATE: 10/26/1993

ELEVATIONS:

House:

F.F. 505.00
 Base. 495.00
 Inv. Out 496.65

Tank

Ex. Gr. 459.00
 Fin. Gr. 459.00
 Inv. In. 496.25
 Inv. Out 495.95

Dist. Box

Ex. Gr. 498.00
 Fin. Gr. 498.00
 Inv. In. 494.00

Well

Ex. Gr. 507.00
 Fin. Gr. 507.00

Trench length to be determined by
 Howard County Health Dept.

Prepared by: Fred Dickson
 (410) 781-6786

Approved Septic System Plan
 Howard County Health Department

FORUM SOL 7/1/96
 Signature Date

