

05-403421

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 40741

A 36500

DISTRICT 5th

DATE 12/30/87

DATE SYSTEM APPROVED 11-27-87

INSPECTOR S Abel

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Oakwood Overlook ROAD 4430 Oakwood Overlook Ct 2A 27

PROPERTY OWNER Jay Mike Mott

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 165 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet from the front (200') lot line and 130 feet from the left (90') lot line as seen when facing the lot from Right-of-way. off Oakwood Overlook Court. Run trenches on contour toward back lot line.

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

PLANS APPROVED BY S. Abel DATE 7/21/86

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED

AND RETURNED 11/15/92

Serial # 45797

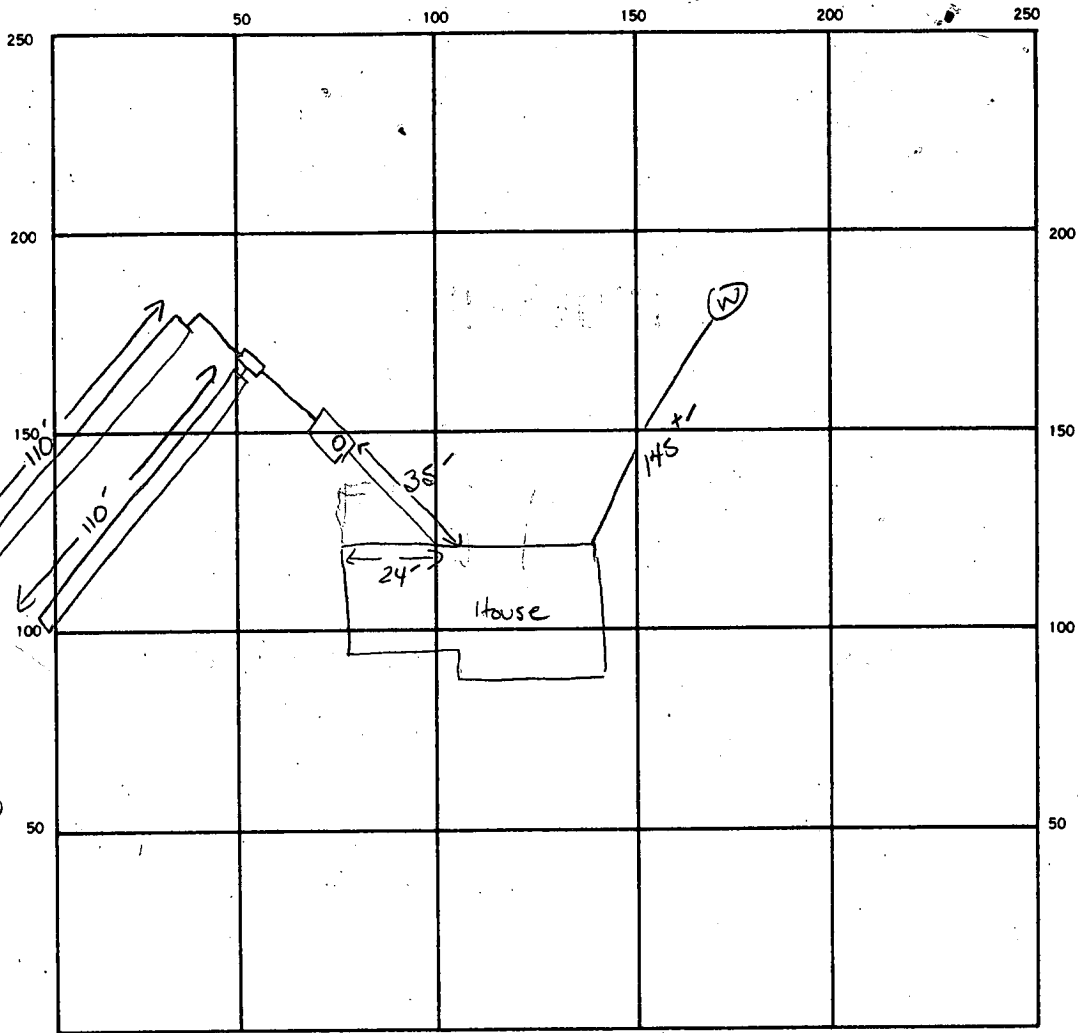
Garage addition

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 36500



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SAKWOOD OVERLOOK Ct.

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD DEPTH 3.0 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 110 110 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 660 SQ. FT.

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

ABSORBENT AREA 660 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11-27-87 INSPECTOR Sid Abel

SUBDIVISION: OAKWOOD OVERLOOK

LOT NUMBER: 151727

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		Minimum Total square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

165 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 3.5 feet below original grade.
 Bottom maximum depth 5.0 feet below original grade.
 Effective area begins at 4.0 feet below original grade.
1.5 feet of stone below distribution pipe.

4BR/BR

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 125 FEET FROM THE FRONT (190') LOT LINE AND 130 FT FROM THE LEFT (440') LOT LINE AS SEEN WHEN FACING THE LOT FROM ROW OFF OAKWOOD OVERLOOK CE.
RUN TRENCHES ON CONTOUR TOWARD BACK LOT LINE. 7-21-86 S. Abel

APPLICATION

PERCOLATION TESTING

A 36500

P _____

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

DISTRICT 5

DATE 1-24-86

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 Kenneth Warfield, Jr. MOTT, MIKE

ADDRESS 14663 Philadelphia Rd. % NCLS PHONE 465-5855

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

OAKWOOD OVERLOOK

PROPERTY LOCATION:
SUBDIVISION Resub Lots 1 & 2 Warfield Property LOT NO. 15

ROAD AND DESCRIPTION Jessie Oaks Rd - 1/2 mile south of Jess Oaks & Philadelphia intersection 4430 OAKWOOD OVERLOOK Ct.

TAX MAP 22228 PARCEL # 2

SIZE OF LOT 3.0 Acres TYPE BLDG. _____
(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.

Georgia L. Resch for K. Warfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

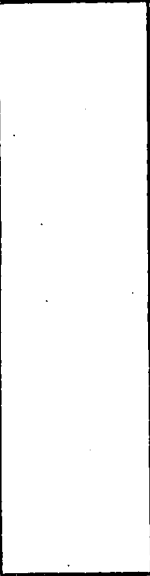
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/13/86 Perc OK Hold for Certifier Hold Plat B/D

BLDG. PERMIT SIGNED AND RETURNED
B. Wilson
7/8/87

THIS IS NOT A PERMIT

SOIL PROFILE

0' 

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36500

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

P _____
DISTRICT 5

DATE 1-24-86

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 Ronald Warfield, Jr.
ADDRESS 14663 Philadelphia Rd. 1/2 NCL5 PHONE 465-5855

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Resub Lots 1 & 2 Warfield Property LOT NO. 15
ROAD AND DESCRIPTION Jen Lakes Rd - 1/2 mile south of Jen Lakes Rd & Philadelphia intersection

TAX MAP 22 & 28 PARCEL # 2
SIZE OF LOT 3.0 acres TYPE BLDG. _____
(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.

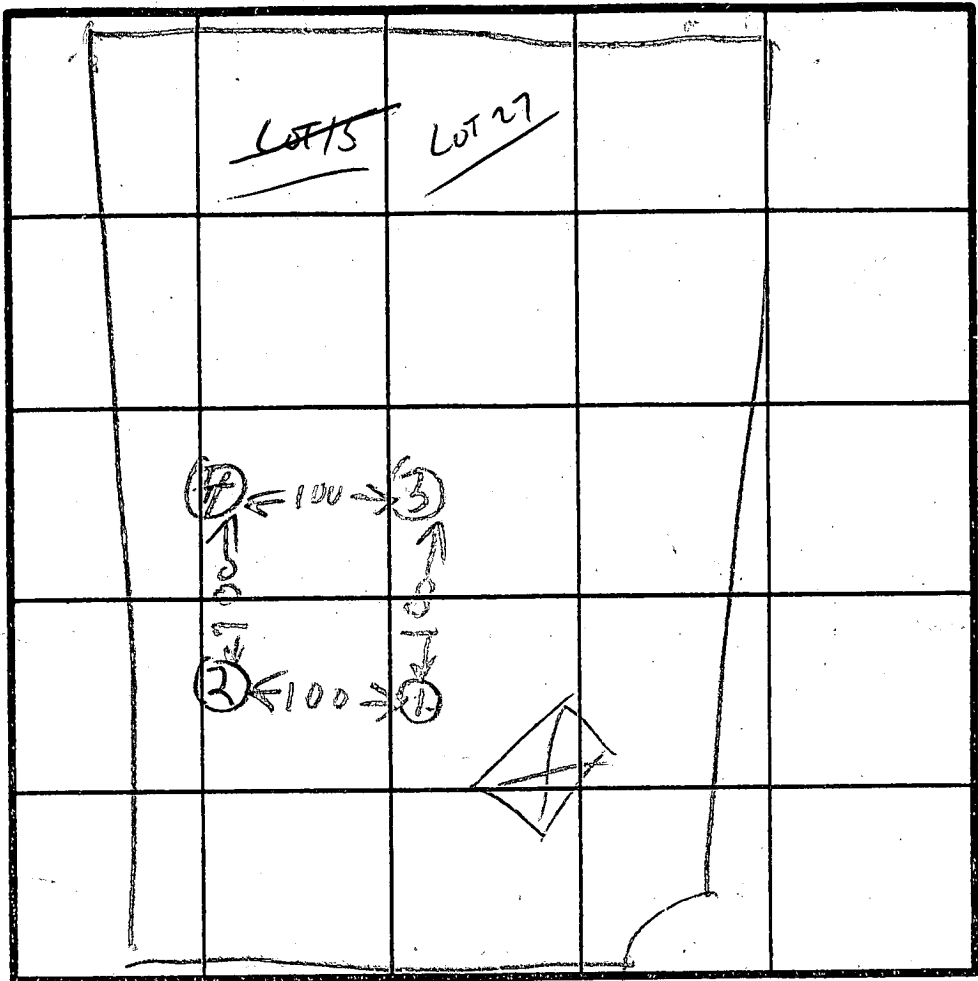
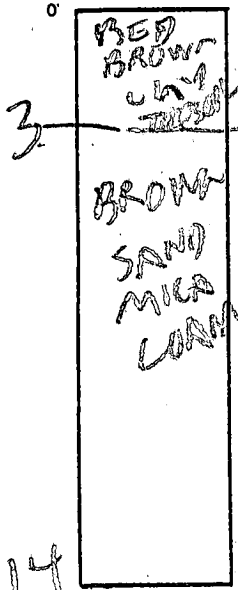
George L. Pasch for K. Warfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

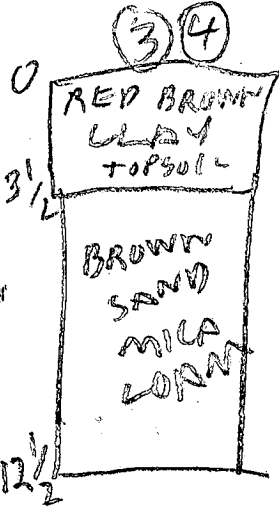
THIS IS NOT A PERMIT

SOIL PROFILE (1)(2)



HOLE ELEV
 (1)(3) HIGH
 (2)(4) LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/13/85	1S	4.5	335	340	340	345	5
	1V	8	335	340	340	350	10
	1S	13	LOOKS OK				
	2S	4.5	339	342	342	346	4
	2V	14	LOOKS OK				
	3S	4.5	351	359	359	413	14
	3V	12.5	LOOKS OK				
	4S	4.5	354	358	358	407	9
	4V	12	LOOKS OK				

7 PERC
 9 min
 INLET
 3.5
 BOTTOM
 5
 16.5 ϕ /BR

REMARKS Holes Dug Per Surveyor Plat
 TYPE OF SOIL _____
 TESTED BY R HODGES ALSO PRESENT KETTERMAN JR

5-6	50.00	241.19'	276° 22' 46"		66.67
6-7	25.00	21.03'	48° 11' 23"	11.18'	20.41

MARYLAND STATE GRID NORTH

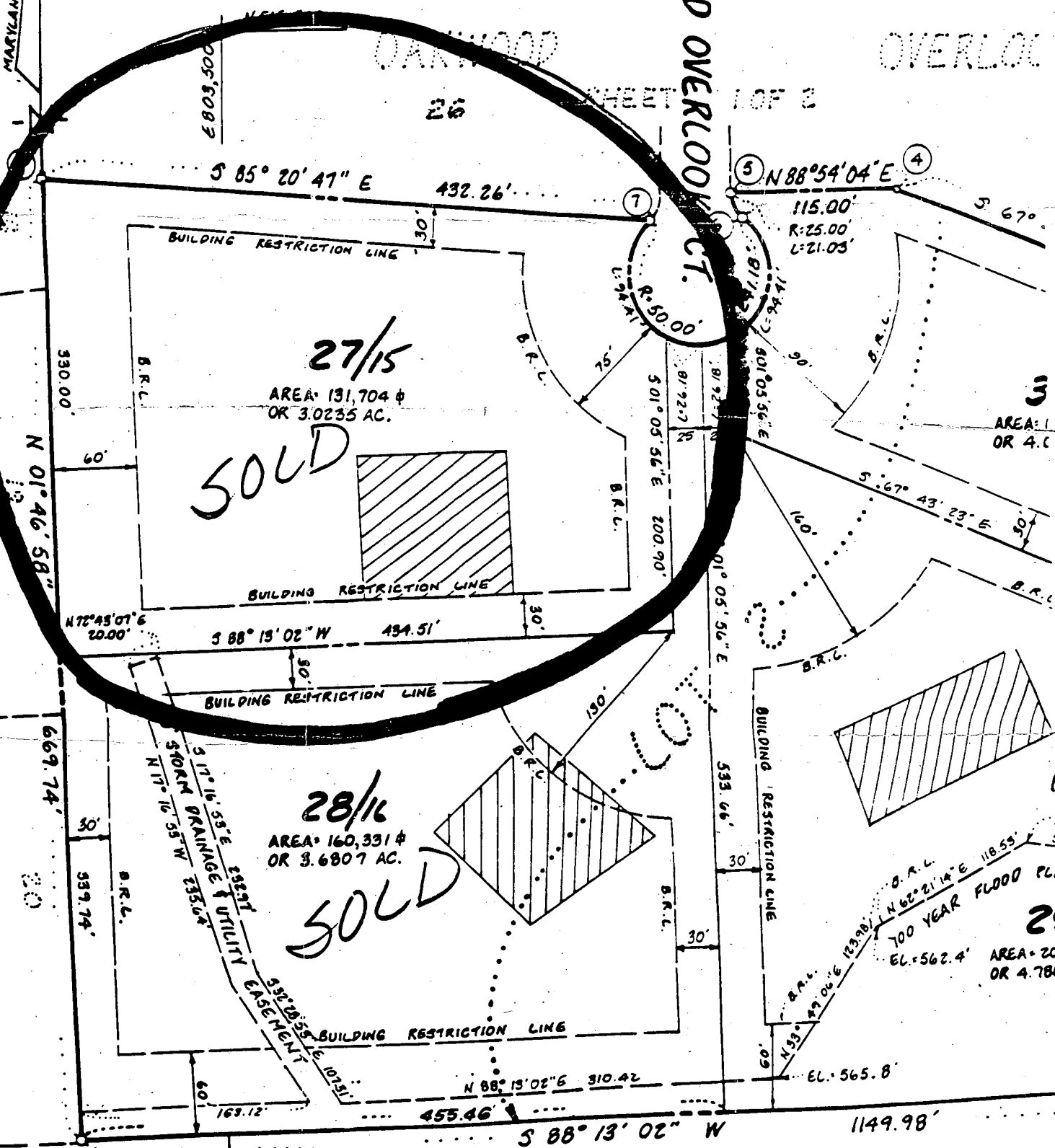
OAKWOOD OVERLOOK CT.

OAKWOOD

OVERLOOK

SHEET 1 OF 2

PLAT NO. 6556



B 1 1993 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

40-81-2088 fill in this form completely

Date Received

123086

OWNER INFORMATION

MOT + CHERYL LYNN

224 POALAR AVE

FERDVALE MD 21061

B 3

LOCATION OF WELL

HOWARD

OAKWOOD OVERLOOK

SECTION 44-46 LOT 27

CLEVELG

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

Ralph Mayne 273

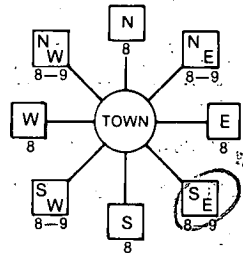
Ralph Mayne Well Drilling

9170 Brown Ranch Rd. Mt. Airy

Signature Date 4/4/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



OAKWOOD OVERLOOK CT

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 100

ENTER FT or MI 1/4

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 36500 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 050677 CO SIGNATURE EXP. DATE NORTH GRID 515000 EAST GRID 0813000

APPROXIMATE DEPTH OF WELL 150 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

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
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP

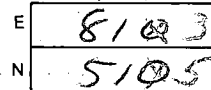
FORCE S WRITE INITIALS IN BOX PERMIT No. 40-81-2088

SPECIAL CONDITIONS

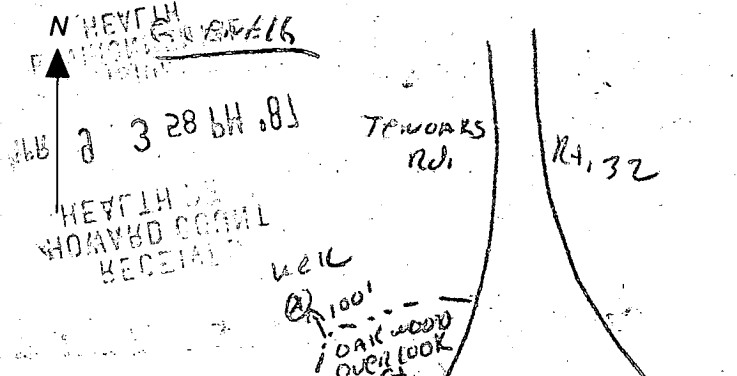
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



Location as per permit plat. Meet Health Dept at site prior to drilling

November 10, 1986

Mr. Mayne,

Enclosed, please find a \$30.00 check made payable to the Howard County Health Department and a preliminary plot plan showing the proposed well site on my lot. The lot on which the well is to be drilled is lot 15, Oakwood Overlook Court, Dayton, Md. 21036. Cliff Tellis, the realtor who sold me the lot through American Properties, has assured me that a preliminary plot plan will suffice in applying for all appropriate permits. If this is not so, please contact me immediately at home (1-477-0466). I am anxious to make certain that there is water available on this lot before going to final settlement in December and will help in any manner that I can to expedite the process. Thanks very much.

Don't know
where well is

Sincerely,
Melvin G. Adams

For your records I have listed my complete name and address below:

MELVIN G. ADAMS
7945 ST. MONICA DR.
BALTIMORE, MD. 21222

phone 301-477-0466

NEW OWNER
CITERYL LYNN MOTT
224 POPLAR AVE
FERNSDALE MD 21061

496-4943 work

17945 St Monica Dr.
Baltimore, Md 21222
March 20, 1987

Ralph Mayne
9120 Brown's Church Rd.
Mount Airy, Md. 21771

Dear Mr. Mayne,

I am writing to follow up our March 10, 87 telephone conversation regarding cancellation of the well to be drilled on lot #15, Oakwood Overlook subdivision in Howard County. Again, I'm no longer interested in purchasing this lot and will not need your services to drill a well. Please properly dispose of any/all permits that you have received in my name or forward them to me so that I may take the proper action. Thank you.

BURCH

This is the 2nd permit for this lot. This letter from MR ADAMS will explain

Thank you
John S. Adams

Sincerely,
John S. Adams

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Stephen J. Adams
(Name)

7945 St Monica Dr.
Baltimore, Md. 21222
(Address)

(OEP Well Permit Number)

November 10, 1986
(Date)

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 40570
Date 12/2/87

Name of Installer Dickson PCB+HTG

Telephone _____

License Number 1680

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Mike + Cheryl MOTT Telephone _____

Subdivision Overlook Oakview Lot # 2427 Well Tag # _____

Site Address 4430 oakwood overview CT

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # 7EH07422
- Capacity 6 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Harvard
- Model # BP-10x
- Depth 3 1/2 FT

Tank

- Capacity 100 Gould 35 gal
- Pressure relief valve? yes

Piping

- Type HD 160
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 3 1/2 FT

Well data

- Depth 220 ft. with 296 FT RUN
- Yield 7 GPM
- Static water level 135 ft.
- Will water supply be disinfected by installer? yes

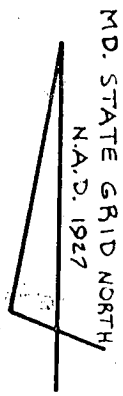
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

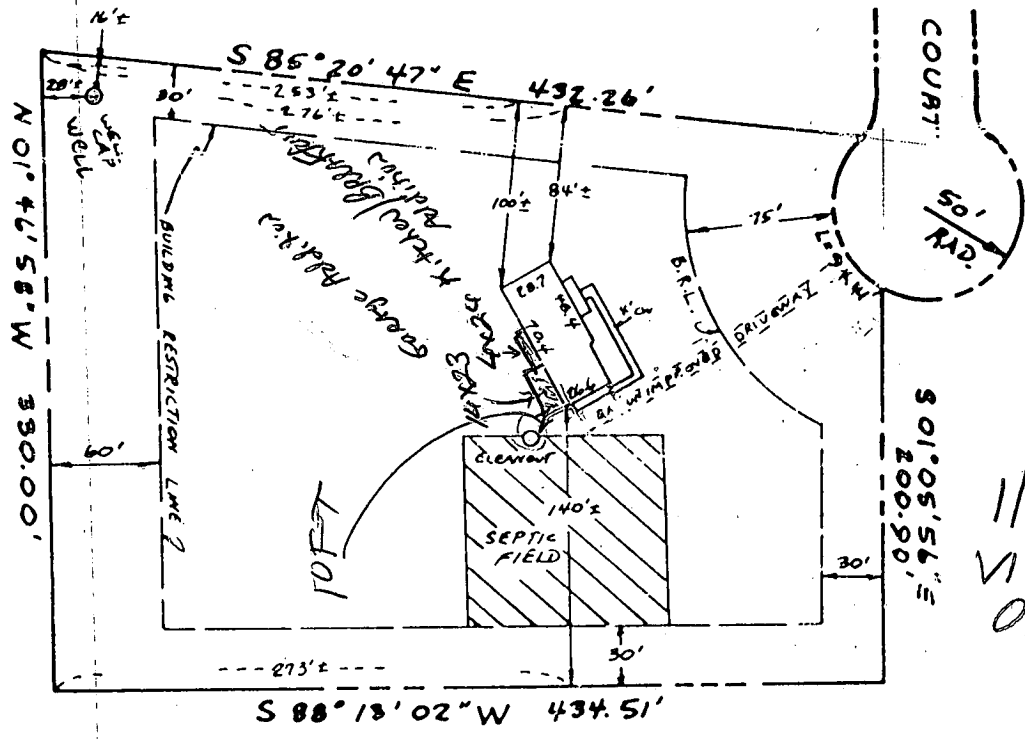
Signature of Applicant: Fred D. Dickson

Date: Dec 2, 1987

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



OAKWOOD OVERLOOK COURT
50' R/W



11/4/92
VISITED SITE
OK TO SIGN
R/H

NOTE: KNOW AND DESIGNATED
AS LOT NO. 27 OF "OAKWOOD
OVERLOOK" AS SHOWN ON
RECORD PLAT NO. 7088

I Certify That I Have
Located The Improvements
On The Parcel As Shown
Hereon.
This Plat Is Not Intended
For Use In Establishing
Property Lines.

HOUSE LOCATION
4430 OAKWOOD OVERLOOK CT.



BOTTERILL-HOBBS, INC.
SURVEYORS

PROPERTY • HOUSE LOCATIONS • TOPOGRAPHY

ARTHUR M. BOTTERILL
3601 DEWBERRY CIRCLE
WESTMINSTER, MD 21157
(301) 549-6782

JEFFERSON D. HOBBS II
2733 FREDERICK ROAD
GATONSVILLE, MD 21228
(301) 463-4723

5th ELECTION DISTRICT
HOWARD COUNTY, MD.

DATE: 1-24-88

SCALE: 1" = 100'

Arthur M. Botterill
PROPERTY LINE SURVEYOR NO. 357