

10/21/86  
P. 37908

05-398657

APPROVED  
10/21/86

# PERMIT

P 37908

A 35354

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

X992-2330

461-9933

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 10/20/86

Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Oakwood Forest ROAD 4300 Oakwood Landing Ct LOT 1

PROPERTY OWNER Jeffrey Asner

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 100 feet from the 480 ft. lot line and 200 feet from the 330 ft. lot line. Run the trench(s) along level ground toward the 259.34 ft. lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 6/16/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

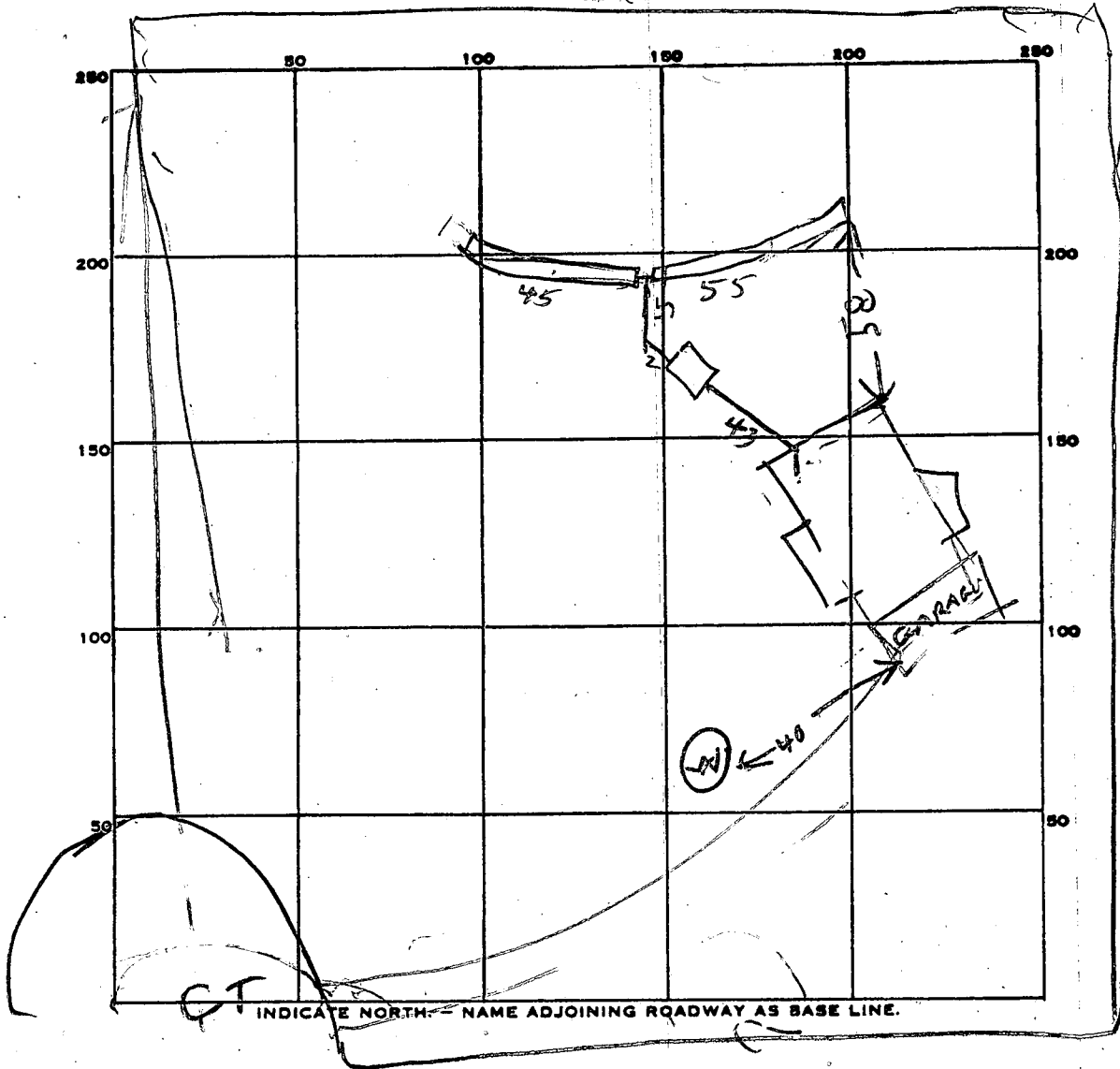
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35354



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 1000

CLEANOUTS ST OK

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

TILE FIELD, DEPTH #1 | #2 9 | 9 FT. TRENCH WIDTH #1 | #2 2 | 2 FT.

GRAVEL DEPTH 6 | 6 IN. TOTAL LENGTH #1 | #2 45 | 55 FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA ONESIDE 550

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 10/21/86 LOCATION LOOKS OK PER PLANS

ALMOST ALL OF STONE ADDED. ADD REST OF STONE & PIPE & CALL RH

DATE SYSTEM APPROVED 10/21/86 INSPECTOR Raymond Hodges

SUBDIVISION: OAKWOOD FOREST

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
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

158 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 8.5 feet below original grade.

Effective area begins at 3.5 feet below original grade.

5 feet of stone below distribution pipe.

- 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: START THE TRENCH 100 Ft FROM THE 480 Ft LOT LINE AND 200 Ft FROM THE 330 Ft LOT LINE. RUN THE TRENCH ALONG LEVEL GROUND TOWARD THE 259.34 Ft LOT LINE. S. Abel 4/16/86

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5/1/85 OAKWOOD FOREST

# APPLICATION

A 35354

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DATE April 25, 1985

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 AMERICAN PROPERTIES INC. Jeffrey Asner

ADDRESS 10176 BALTIMORE NATIONAL PIKE PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION OAKWOOD FOREST LOT NO. 1

ROAD AND DESCRIPTION 3800'± SOUTH FROM THE INTERSECTION OF TRIADOPHIA ROAD AND TEN OAKS ROAD  
4300 OAKWOOD LANDING COURT

SIZE OF LOT 3.3Ac± TYPE BLDG. SINGLE FAMILY DETACHED DWELLING  
(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.

Chas J. Conch.  
(SIGNATURE OF APPLICANT)

APPROVED BY SMH FOR PERCITES DATE 7-2-85

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

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

REASONS FOR REJECTION OR HOLDING 5/1/85 PERC OK HOLD FOR  
CERTIFIED PLAT

BLDG. PERMIT SIGNED  
AND RETURNED 6/20/85

#71191  
SMH

# 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

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35354

P \_\_\_\_\_

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

DISTRICT Fierh

DATE APRIL 25, 1985

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER AMERICAN PROPERTIES INC.

ADDRESS 10176 BALTIMORE NATIONAL PIKE PHONE 465-4920

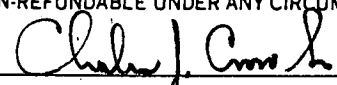
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(SIGNATURE OF APPLICANT)

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

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

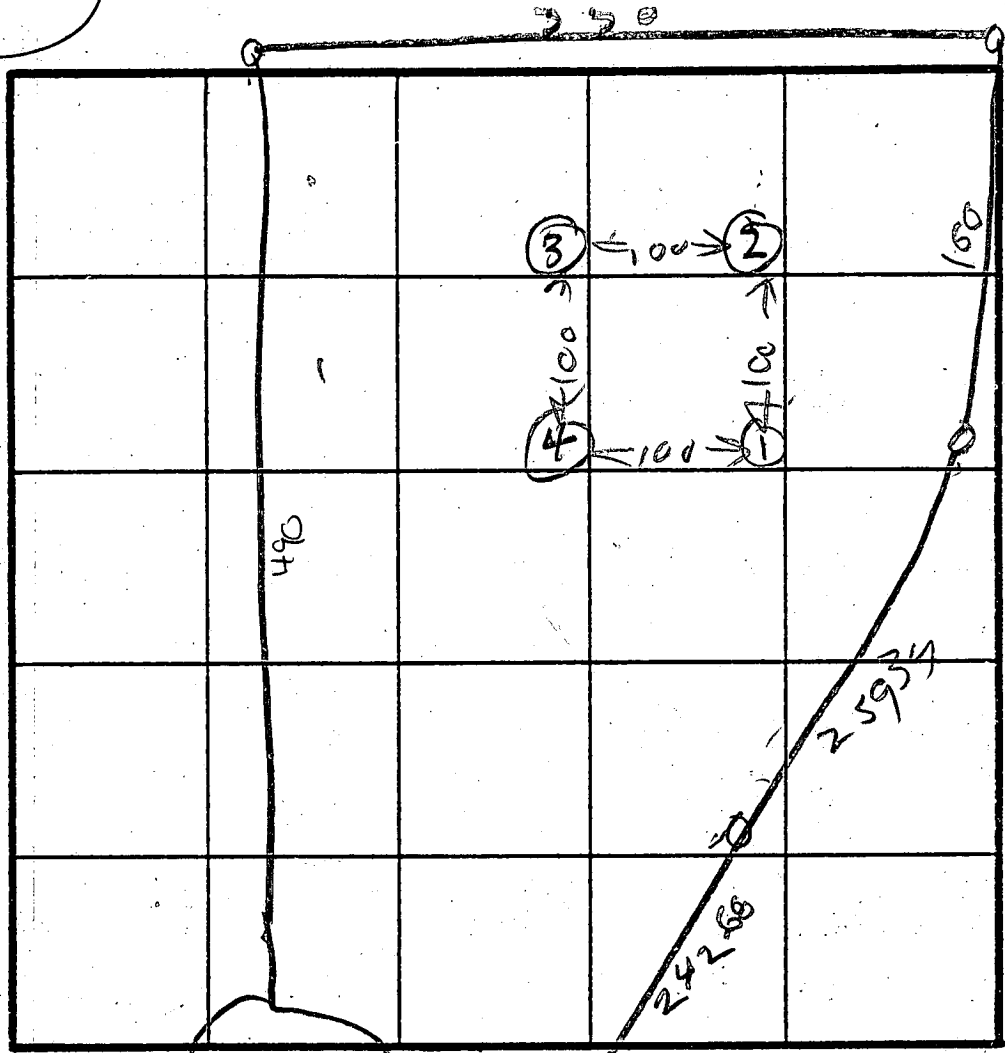
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

cont 1

LOT 1



SOIL PROFILE

0'  
BROWN CLAY  
3'  
PINK BROWN SAND LOAM  
12'

HOLE ELEVATION

- ① = HIGH
- ③ = LOW
- ② = LOWEST

X = 5 MIN

INLET 3 1/2  
BOTTOM 8 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

② ③ ④  
BROWN CLAY  
3 1/2' RED BROWN SAND LOAM  
13 1/2'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/96	1S	5	135	136	136	138	1
	1V	12	LOOKS	501			
	2S	5	140	142	142	143	1
	2V	13 1/2	LOOKS	OK			
4/29/96	3S	4	146	155	155	106	11
	3V	13	LOOKS	OK			
	4S	3 1/2	150	152	152	157	5
	4V	13	LOOKS	0			

REMARKS: PERC HOLES DUG PER SURVEY OK  
 TYPE OF SOIL: PLAT SEE PLAT  
 TESTED BY: R HODGES  
 ALSO PRESENT: G REAK, OKETTERMAN

LOT 1 - OAKWOOD FOREST  
ASNER'S RESIDENCE

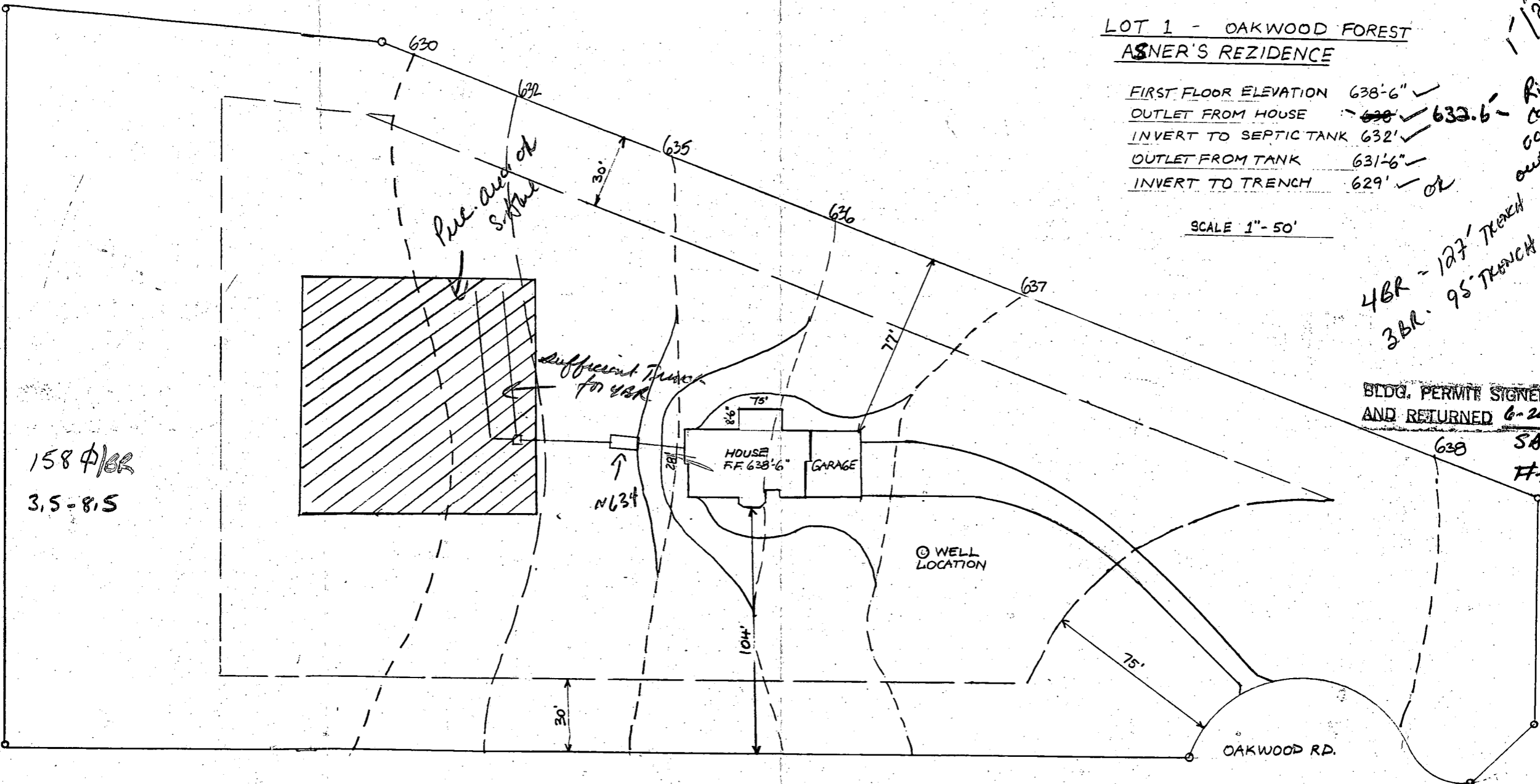
- FIRST FLOOR ELEVATION 638'-6" ✓
- OUTLET FROM HOUSE 638'-6" ✓
- INVERT TO SEPTIC TANK 632' ✓
- OUTLET FROM TANK 631'-6" ✓
- INVERT TO TRENCH 629' ✓

SCALE 1" = 50'

*1/28"*  
 Riley constructed outlet to 632.6' ok to sign  
 4BR - 127' TRENCH  
 3BR - 95' TRENCH

BLDG. PERMIT SIGNED AND RETURNED 6-20-84

639  
 S&W  
 #71191



158 #/BR  
 3.5 - 8.5

B 1 **2270** 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

**46-21-1330**

fill in this form completely

**OWNER INFORMATION**

Date Received **2/14/86 - 9:30 AM**

15 Last Name **MAHONEY** Owner First Name **JOHN**

36 Street or RFD **6513 MALLON DRIVE**

57 Town **ROCKVILLE** 70 State **MD** Zip **20850**

**LOCATION OF WELL**

8 COUNTY **ANNAPOLIS** 21

23 SUBDIVISION **COMMUNION FOREST** 42

SECTION **44-46** LOT **1** MAP **28**

52-NEAREST TOWN **ROCKVILLE** 71

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

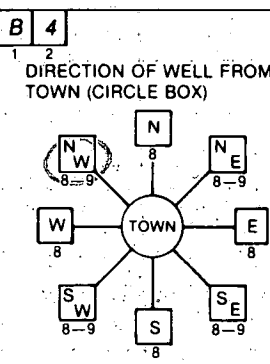
**DRILLER INFORMATION**

Driller's Name **Robert Mayne** 77 License No. **AD3**

Firm Name **Robert Mayne (under Williams)**

Address **9120 Roman Church Rd Mt Airy**

Signature **Robert Mayne** Date **Jan 21 1986**



**NEAR WHAT ROAD** **TEN OAKS ROAD**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 **111** 37 DISTANCE FROM ROAD

ENTER FT or MI **F 7**

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **2**

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

COUNTY NAME **HARJARD** COUNTY NO. **A-35354**

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S

DATE ISSUED **013086** CO-SIGNATURE **B. Williams** EXP. DATE **07/30/86**

NORTH GRID **517000** EAST GRID **080400**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

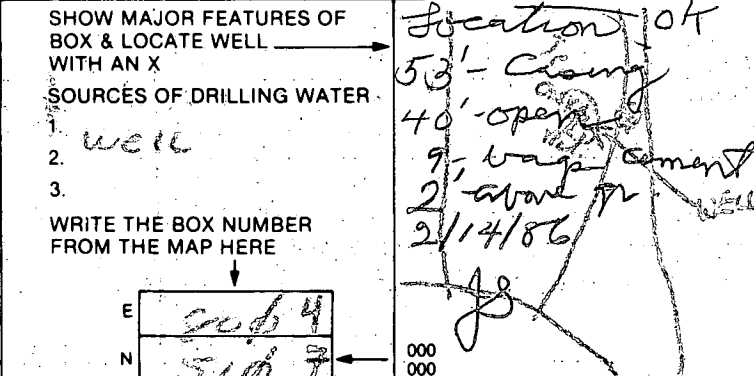
**METHOD OF DRILLING (circle one)**

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)**

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

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 \_\_\_\_\_

FORCE **3A** WRITE INITIALS IN BOX PERMIT No. **46-21-1330**

SPECIAL CONDITIONS

C1 00865

SEQUENCE NO. (OEP 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-35354

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

DATE Received

DATE WELL COMPLETED 021486

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1330

OWNER ASNER JEFFREY STREET OR RFD OAKS RD TOWN DAYTON SUBDIVISION OAKWOOD FOREST SECTION MAP 28 P.2 LOT 1

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 1000

CASING RECORD MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest-inch) (nearest foot) PL 6 53

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

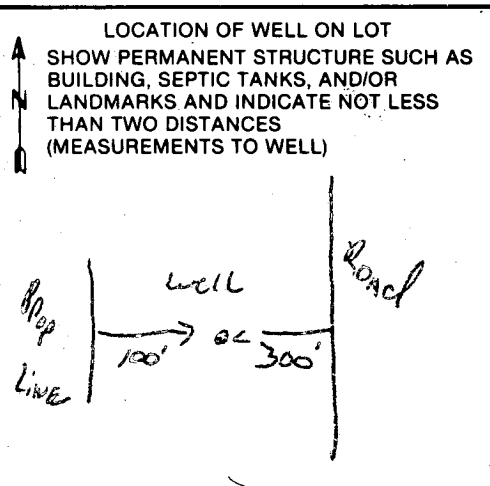
DEPTH (nearest ft.) HO ST 300 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 170 TYPE OF PUMP USED (for test) Air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (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: 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 below LAND SURFACE 2 (nearest foot)



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 10.17.13 "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. 273 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





INSP ASAD  
1/19/87

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation  Replacement   
 Receipt # 38437  
 Date 1/16/87  
 Name of Installer ROBERT L. FREEZER CO., INC. Telephone 781-4655  
 License number 2122  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner JEFF & BARBARA ASNER Telephone 997-4373  
 Subdivision \_\_\_\_\_ Lot # 1 Well tag # \_\_\_\_\_  
 Site Address 4300 OAKWOOD LANDING COURT, DAYTON, MD. 21036  
OFF TEN OAKS ROAD NEAR DAYTON

Pump Motor Pitless Adapter

1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet   
 c. Submersible \_\_\_\_\_  
 2. Make GRISWOLD  
 3. Model # 3ALN-10  
 4. Capacity 8 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 \_\_\_\_\_

1. Horsepower 1/2  
 2. RPM 3500  
 3. Voltage 230  
 a. 110 \_\_\_\_\_  
 b. 220

1. Make MERRILL  
 2. Model # MB II  
 3. Depth 42" +

Tank Piping Well data

1. Capacity 32 GAL (WIX-203 WELL-X-TANK CAPTION-AIK TYPE)  
 2. Pressure relief valve?

1. Type PLASTIC  
 2. Size 1/2"  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 42" +

1. Depth \_\_\_\_\_ ft.  
 2. Yield \_\_\_\_\_ GPM  
 3. Static water level \_\_\_\_\_ ft.  
 4. Will water supply be disinfected by installer? YES

DRILLER RALPH MAYNE  
829-0702

NO INSP 1/19/87 CW

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: Robert L. Freezer  
Date: 1/16/87

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