

11/29/88
LATE
11/30/88

05-398673
PERMIT

G

P 42988
A 35356
DISTRICT 5th
DATE 11/15/88
DATE SYSTEM APPROVED 11/30/88
INSPECTOR MR

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Oakwood Forest ROAD 4320 Oakwood Landing Ct LOT 3

PROPERTY OWNER Jerome Jackson

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 - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet up the left 600 ft. lot line and 65 feet from the same lot line as seen when facing the lot from Oakwood Landing Court. Run trenches on contour toward left 600 ft 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. OK/cw

PLANS APPROVED BY S. Abel DATE 7/06/88

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 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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

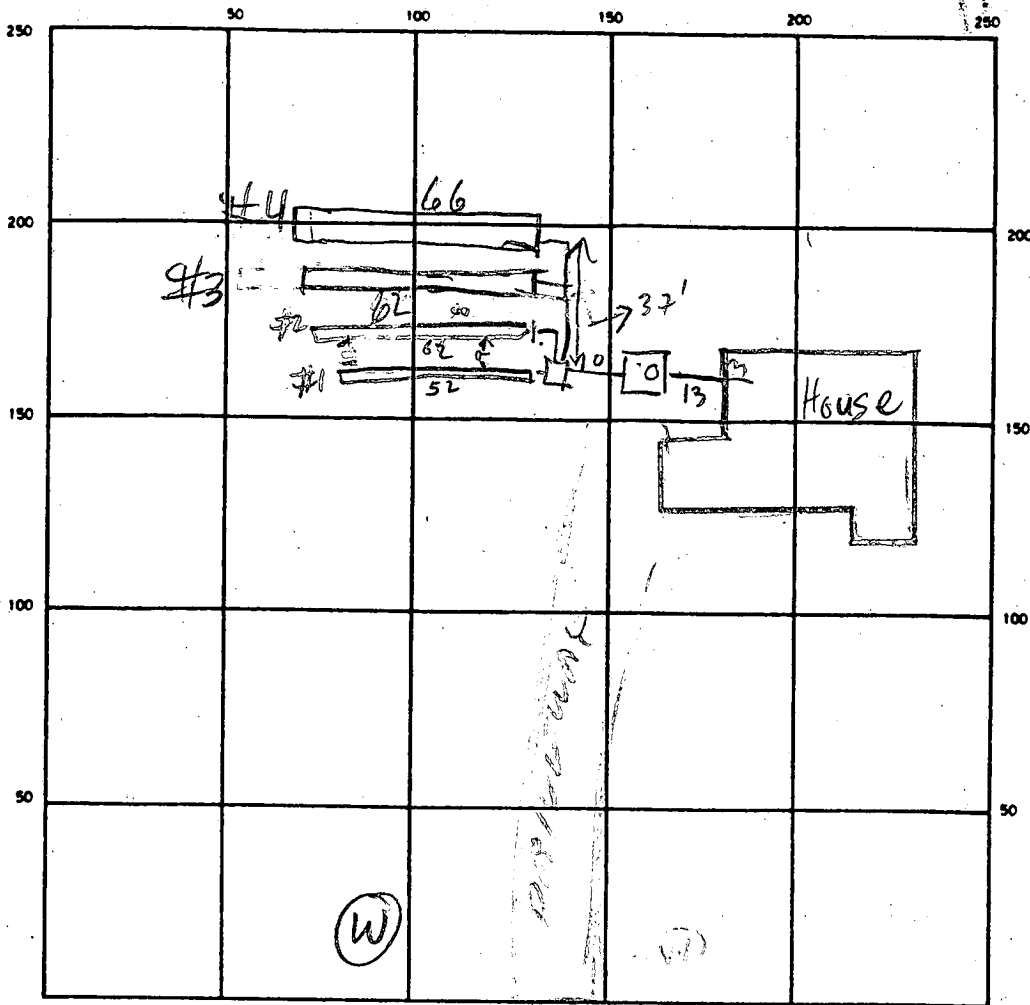
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 35356



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CUL-DE SAC

SEPTIC TANK LEVEL 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK. BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 4.5 FT. TRENCH WIDTH 3' FT. INLET DEPTH 1 1/2 | 3 | 3 | 4 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 52 | 62 | 62 | 66 TOTAL 242

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 6.5 FT.

ABSORBENT AREA 720 SQ. FT.

11/29/88 REMARKS LOCATION OK - TRENCH #1 & #2 FINISHED TRENCH #
3 STARTED. FINISH TRENCH #3 & #4 & CALL OK TO
COVER TRENCHES #1 & #2 & TANK RH; 11/30/88
ALL TRENCHES STONED & PAPERED; OK TO COVER ALL
MR

DATE SYSTEM APPROVED 11/30/88 INSPECTOR M. Rifkin

A _____

SUBDIVISION: OAKWOOD Forest

LOT NUMBER: 3

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<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

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 feet below original grade.

4 BK / BP

Bottom maximum depth 4.5 feet below original grade.

Effective area begins at 3 feet below original grade.

1.5 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 absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 200 FE UP THE LEFT 600 FE
LOT LINE AND 65 FE FROM THE SAME LOT LINE AS SEEN
WHEN FACING THE LOT FROM OAKWOOD LANDING COURT. RUN
TRENCHES ON CONTOUR TOWARD LEFT 600 FE LOT LINE. 7-6-88

S. Abd. OWNER: JEROME JACKSON

~~SEE~~ 4320 OAKWOOD LANDING CT.

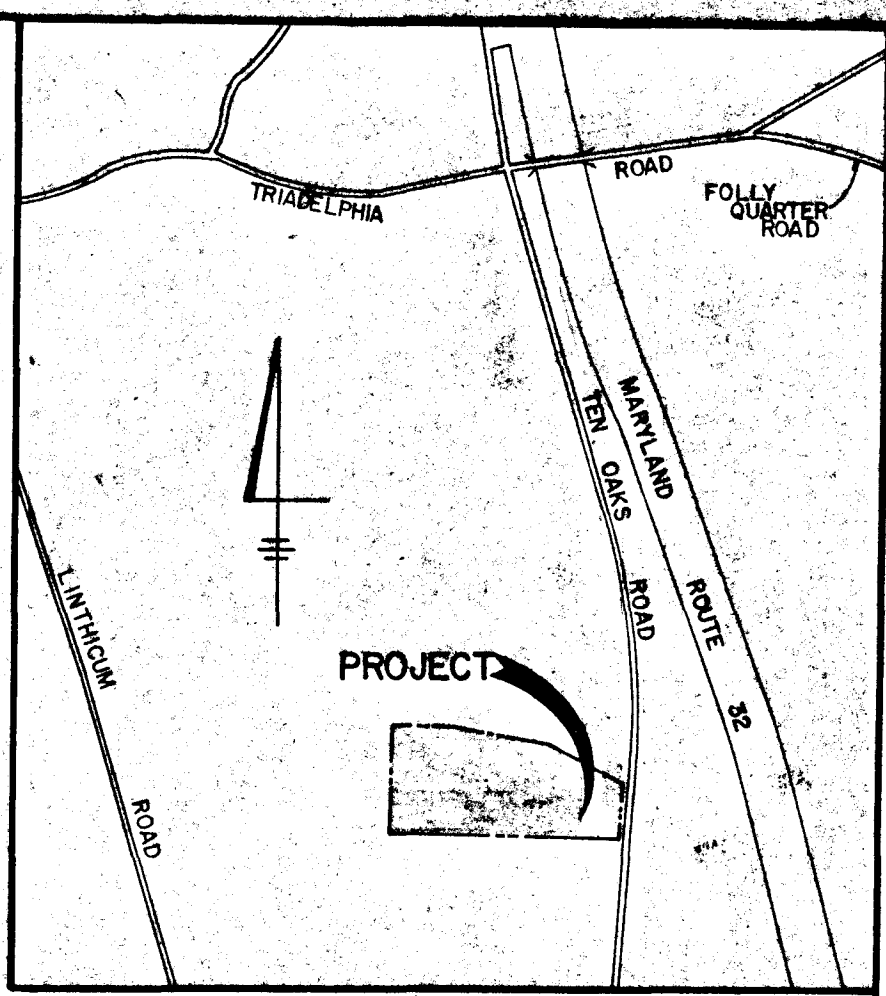
BLDG. PERMIT SIGNED AND RETURNED 7-6-88

HD-191

Plu records not located. 11/14/88-2

BP19691
S-ab

LOT NO.	AVERAGE PERCOLATION TIME IN MINUTES PER SECOND INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEVATION WITH REFERENCE TO EXISTING GRADE AT TIME OF PERCOLATION TEST
1	5 MIN.	3 1/2'
2	4 MIN.	3'
3	3 MIN.	3'
4	4 MIN.	4'
5	3 MIN.	3 1/2'



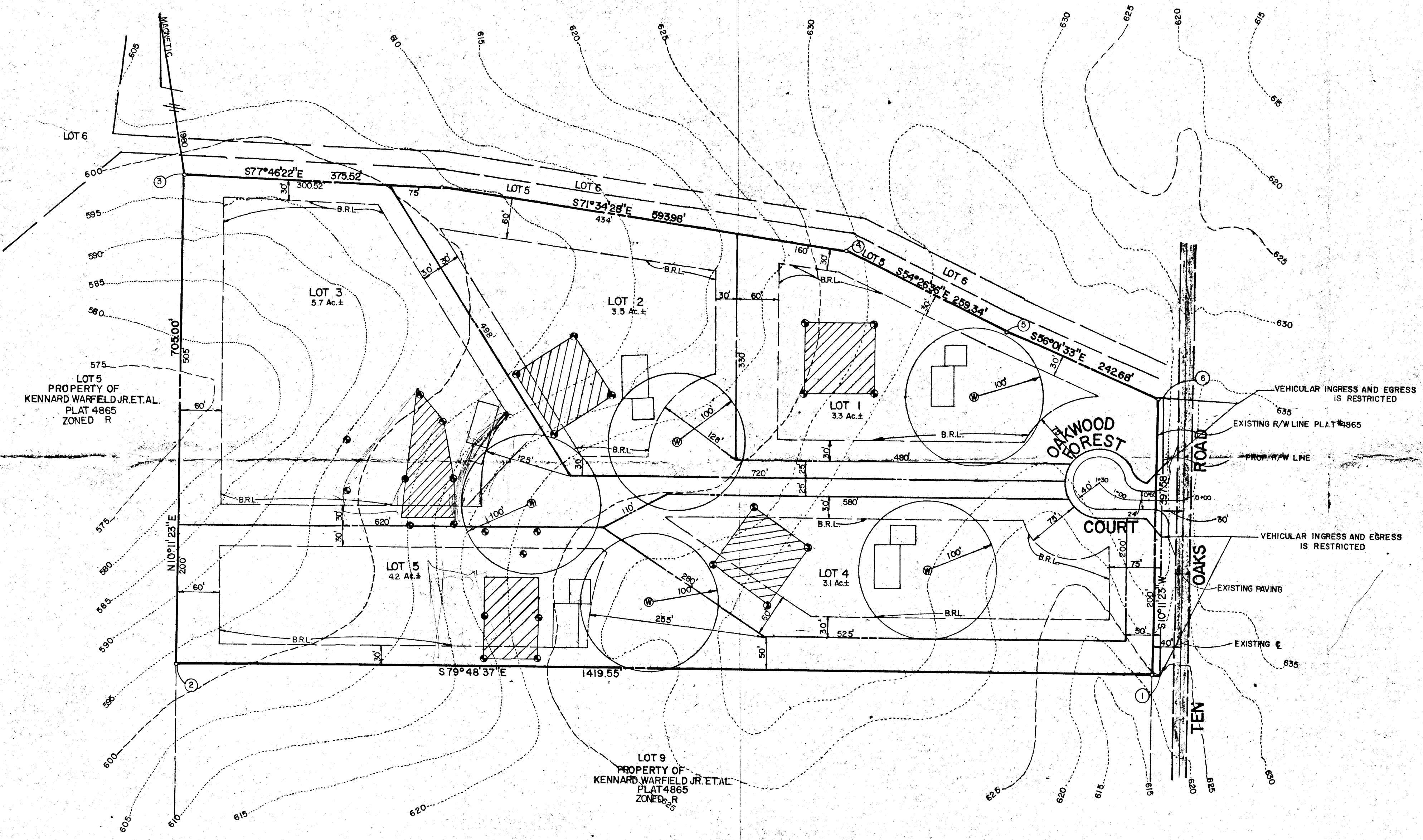
VICINITY MAP
SCALE: 1" = 1200'

- NOTES:
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 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. RECORDED 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 HEALTH AND MENTAL HYGIENE.
 - SUBJECT PROPERTY ZONED "R" PER 10/3/77 COMPREHENSIVE ZONING PLAN.
 - PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

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

James M. Bendure 6/21/85
COUNTY HEALTH OFFICER DATE

- LEGEND
- DENOTES LOCATION OF DWELLING
 - ⊙ DENOTES PROPOSED WELL
 - ⊙ DENOTES FIELD LOCATION OF PERC HOLES



*LENNY SCHUBERT
T.M. BOGUM*

TENTATIVELY APPROVED ON JULY 8, 1985
OFFICE OF PLANNING AND ZONING
HOWARD COUNTY
James M. Bendure 7-17-85
PLANNING DIRECTOR

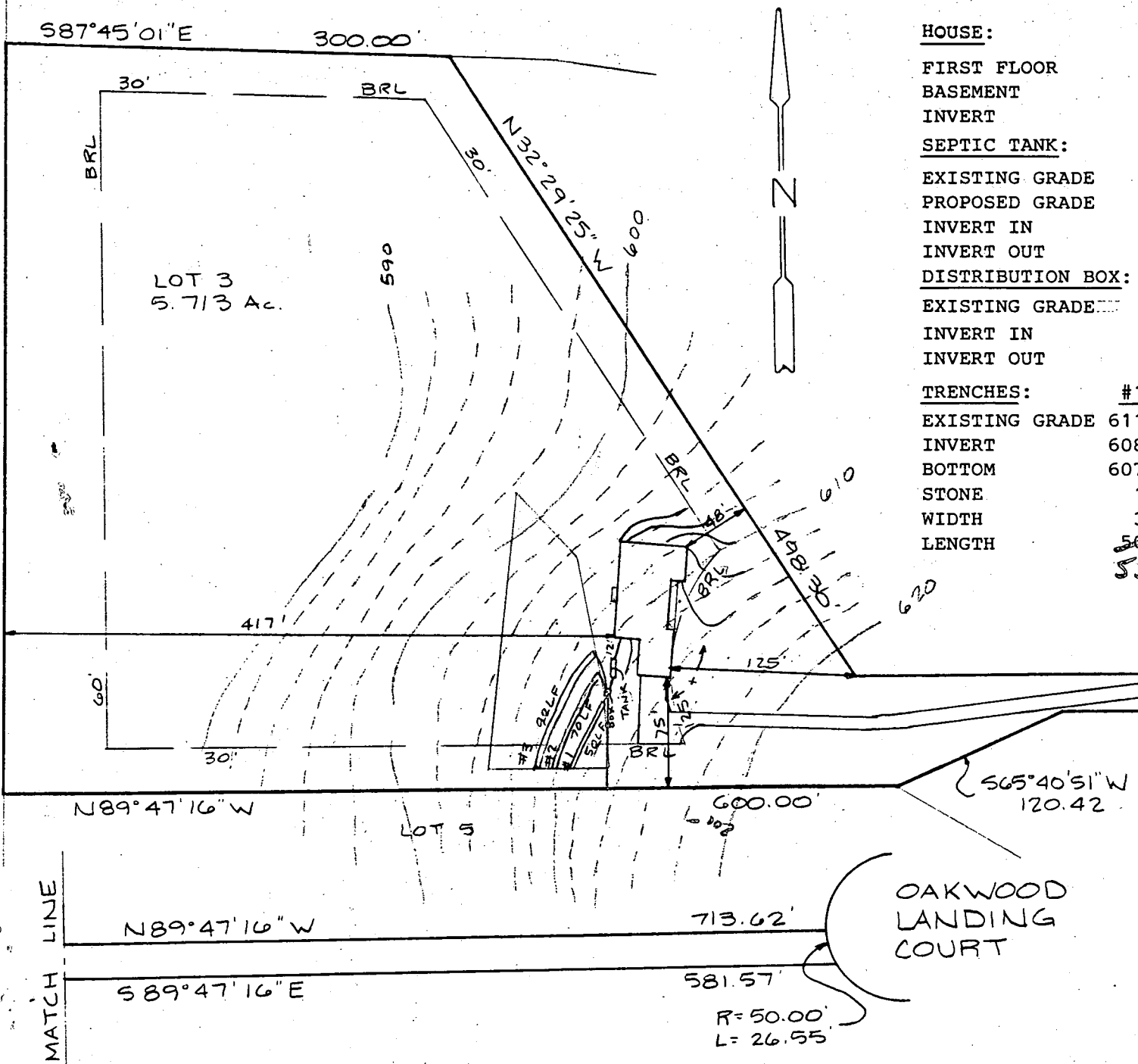
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OWNER AND DEVELOPER
KENNARD WARFIELD JR.
C/O HOWARD COUNTY LAND SERVICES, INC.
10176 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21043

PRELIMINARY PLAN
OAKWOOD FOREST
LOTS 1-5
A RESUBDIVISION OF B
PROPERTY OF KENNARD WARFIELD JR. ET AL.
FIFTH ELECTION DISTRICT HOWARD CO., MD.
SCALE: 1" = 100'
TAX MAP 28 MAY 10, 1985
P/O PARCEL 2

FISHER, COLLINS AND CARTER, INC.
CONSULTING ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLICOTT CITY, MARYLAND 21043
TELE: (301) 461-2855



HOUSE:

FIRST FLOOR	616.5 ✓
BASEMENT	607.5 ✓
INVERT	609.30 ✓ - BS&T

SEPTIC TANK:

EXISTING GRADE	611.0 ✓
PROPOSED GRADE	613.0 ✓
INVERT IN	609.05 ✓
INVERT OUT	608.80 ✓

DISTRIBUTION BOX:

EXISTING GRADE	611.5 ✓
INVERT IN	608.7 ✓
INVERT OUT	608.6 ✓

TRENCHES:

	#1	#2	#3
EXISTING GRADE	611.5 ✓	610.2 ✓	609.0 ✓
INVERT	608.5 ✓	607.2 ✓	606.0 ✓
BOTTOM	607.0 ✓	605.7 ✓	604.5 ✓
STONE	1.5 ✓	1.5 ✓	1.5 ✓
WIDTH	3.0 ✓	3.0 ✓	3.0 ✓
LENGTH	50.0 ✓	70.0 ✓	92.0 ✓
	55'	75'	110'

elevations ok
7-6-88
S. Able

BLDG. PERMIT SIGNED
AND RETURNED 7-6-88

BP19691 S. Able
PLOT PLAN
LOT 3

OAKWOOD FOREST
5TH ELECTION DISTRICT
HOWARD COUNTY MD.
SCALE 1" = 100'
DATE 29 JUNE 88

This is to certify that the above elevations
and measurements are actual and true for this
property.

Carl H. [Signature]

C1 2586 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 35356

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 2205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1538

OWNER JACKSON, BERNARD last name TEN OAKS RD first name TOWN DAYTON SUBDIVISION OAKWOOD FOREST SECTION LOT 3

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 (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 72 ft.

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

MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 159

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 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) HO 48 205

CIRCLE APPROPRIATE LETTER 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. 253 DRILLERS SIGNATURE Ralph Maynes

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph E. Maynes

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

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

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

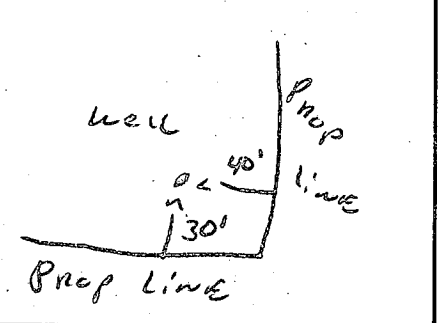
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 13 WHEN PUMPING 55 TYPE OF PUMP USED (for test) S submersible

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: 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 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



R/7/88
AMM

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 X
Replacement _____

Receipt # 42682
Date 10/3/88

Name of Installer Glenn A Haslam

Telephone 356-7164

License Number 6420
Certified Well Pump Installer _____

Well Driller _____

Registered Plumber X

Name of Property Owner Jerome Jackson

Telephone 740-1215

Subdivision Dayton Lot # 3

Well Tag # HO-81-1538

Site Address 4320 Oakwood Landing CT

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make Goild

Motor
1. Horsepower 3/4
2. RPM 1500
3. Voltage _____
a. 110 X
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

3. Model # _____
4. Capacity _____ GPM

5. Pump exceeds well capacity Yes X No _____

6. If Yes, is low pressure cutoff switch installed? Yes X No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

Tank
1. Capacity 250
2. Pressure relief valve? yes

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

Well data
1. Depth 205 ft.
2. Yield 10 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? yes

SS APPROVED 11/30/88 MR

R/7/88 Pitless (bars) AT 44" - well line same and partially covered, no annual installation seen
INSIDE WORK NOT COMPLETE SBA

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: [Signature]

Date: 10/3/88

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