

05-398681

PERMIT

P 39263

A5357

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 4/28/87

INDEXED

DATE SYSTEM APPROVED 5/27/87

INSPECTOR Stager

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Oakwood Forest ROAD 4311 Oakwood Landing Ct. LOT 4

PROPERTY OWNER Pat Sellers

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 - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 75 feet from the 580 ft. lot line and 300 feet from the corner of the 110 ft. lot line and 280 ft. lot line. Run trench(s) on level ground toward the 280 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 Sid Abel / C. Williams DATE 7/03/85

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.

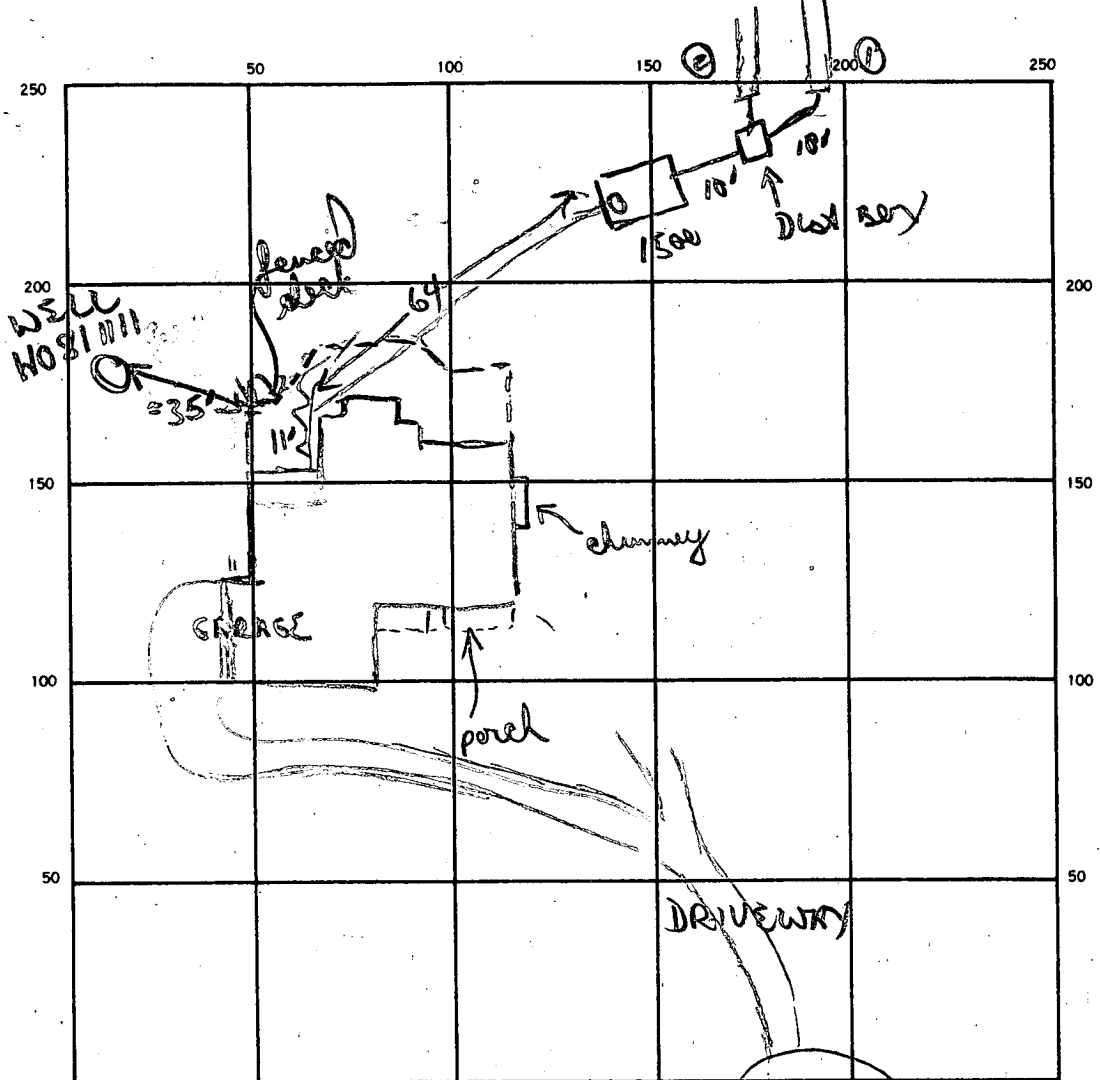
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35357



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LAKEWOOD LANDINGS CT

$$\begin{array}{r} 13 \\ 5 \overline{) 680} \\ \underline{3} \\ 170 \\ \underline{4} \\ 680 \end{array}$$

$$\begin{array}{r} 134 \\ 5 \overline{) 672} \\ \underline{17} \\ 15 \\ \underline{22} \end{array}$$

SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 1 S.T.

DISTRIBUTION BOX. LEVEL 1

DRAIN FIELD/TILE FIELD. DEPTH 1 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 70 + 70 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 700 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 5/22/87 OK to cover line from house to tank. OK to add stone pipe paper to trench #1. OK to start trench #2. OK to cover trench #1
5/27/87 OK to cover all work. JF

DATE SYSTEM APPROVED 5/27/87 INSPECTOR Stoner

SUBDIVISION: OAKWOOD FOREST

LOT NUMBER: 4

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

168 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 4 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 4 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 75 FE FROM THE 580 FE LOT LINE AND 300 FE FROM THE CORNER OF THE ^(10' FOREST) ~~110'~~ LOT LINE AND 280 FE LOT LINE. RUN TRENCH (S) ON LEVEL GROUND TOWARD THE 280 FE LOT LINE.

APPLICATION

SEWAGE DISPOSAL TESTING

A 35357

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. PAT SELLERS

ADDRESS 10176 BALTIMORE NATIONAL PIKE PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION OAKWOOD FOREST LOT NO. 4

ROAD AND DESCRIPTION 3800'± SOUTH FROM THE INTERSECTION OF TRIADOLPHIA ROAD AND TEN OAKS ROAD
4311 OAKWOOD LANDING COURT.

SIZE OF LOT 3.1 AC.± 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.

Chub J. Connors
(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel FOR TRENCHES DATE 7-3-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/30/85 - DEAR OR HOLD FOR PERM
PERC OR HOLD FOR CERTIFIED PERM

BLDG. PERMIT SIGNED
AND
10/1/85 S. Abel
BP # 8399

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 35357

P _____

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ADDRESS 10176 BALTIMORE NATIONAL PIKE PHONE 465-4920

PROPERTY LOCATION:

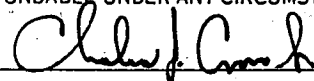
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ROAD AND DESCRIPTION 3800'± SOUTH FROM THE INTERSECTION OF TRIADOPHIA ROAD AND TEN OAKS ROAD

SIZE OF LOT 3.1 Ac.± TYPE BLDG. SINGLE FAMILY DETACHED DWELING

(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

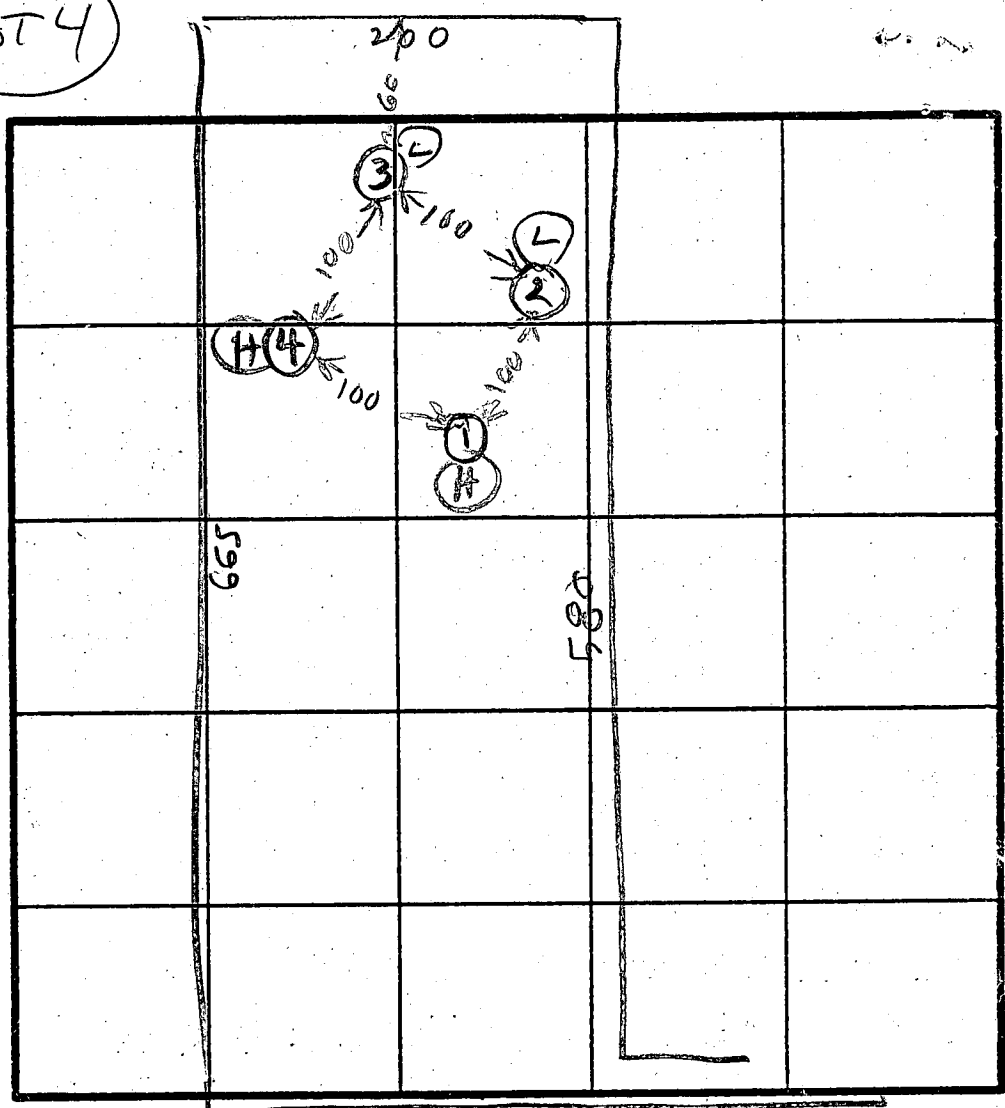
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
 0 BROWN CLAY
 4 BROWN SAND LOAM & SAPROLITE
 12

SOIL PROFILE
 0 BROWN CLAY
 3 BROWN SAND LOAM & SOME SAPROLITE
 12

SOIL PROFILE
 0 RED BROWN CLAY
 4 BROWN PINK SAND & SOME SAPROLITE
 14

SOIL PROFILE
 0 RED BROWN CLAY
 3 BROWN SAND LOAM & SAPROLITE
 12 1/2

HOLE ELEVATION

①④ = HIGH
 ②③ = LOW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/30/85	1S	4	319	324	324	327	3 MIN
	1V	12	LOOKS		OK		
	2S	4	331	356	1st inch	25 MIN	
	2V	1 1/4	LOOKS	OK	BELOW	5 FT	
4/30/85	3S	3 1/2	347	409	409	436	25
	3V	12 1/2	LOOKS	OK	BELOW	3 1/2 FT	
	4S	3 1/2	400	404	404	427	18
	4V	12	LOOKS	OK			
	2M	5 1/2	429	430	430	433	3

436
401

X 10 MIN
INLET 4'

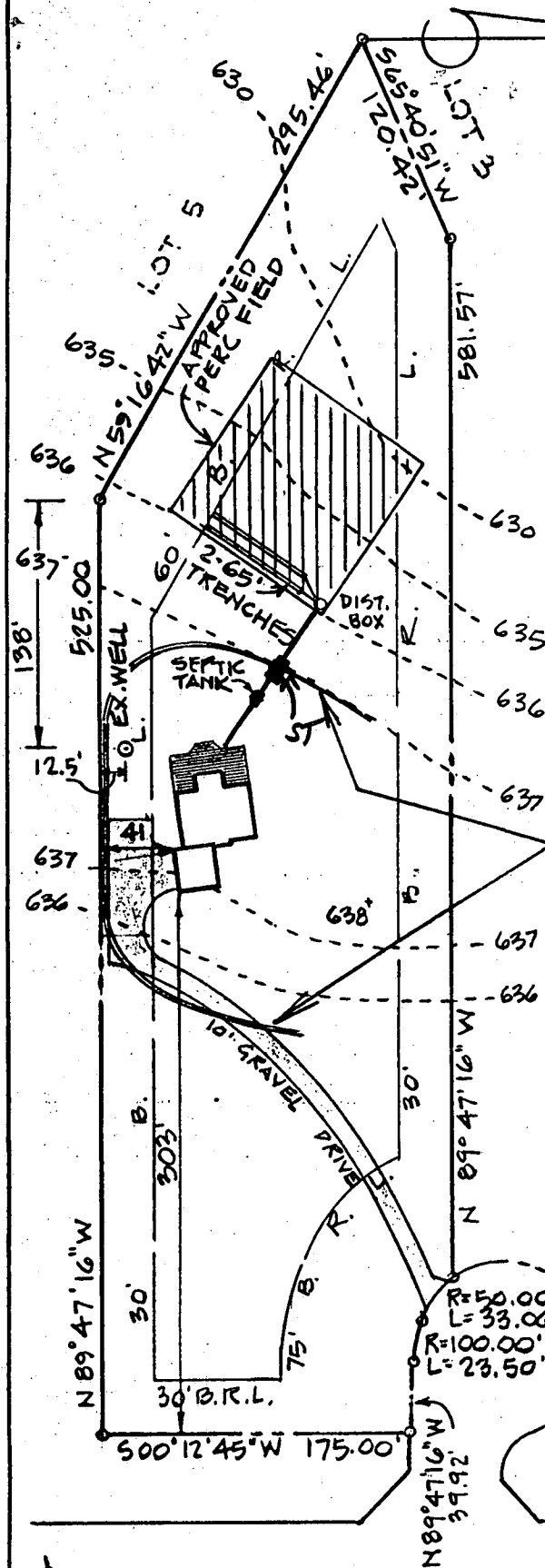
SEE PLAT

REMARKS HOLES (1)(2)(3)(4) DUG PER SURVEYOR PLAT RH

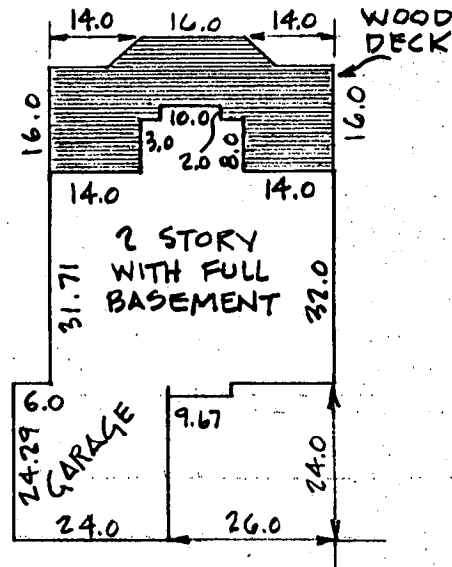
TYPE OF SOIL
 TESTED BY R HODGES

ALSO PRESENT O KETTERMAN G. REIM

1"=30' SCALE FOR CLARITY



Place silt fence or other approved sediment control measure outside of disturbance for positive sediment containment.



SEPTIC DATA		
BSMT 6302 - HOUSE F.F.		639.2 ✓
" SEWER INV.		634.5 ✓
SEPTIC TANK INV. IN		633.2 ✓
" " " OUT		633.2 ✓
" " FIN. GR.		637.2 ✓
DISTRIBUTION BOX INV.		632.0 ✓
" " FIN. GR.		636.0 ✓
WELL EX. GR.		637.5 ✓
" FIN. "		"

OAKWOOD LANDING COURT

10/17/84
 elevation at 4/ST moved
 sufficient trench for 382 c/y
 disposal storm

TEN OAKS ROAD

SEDC. PERMIT SIGNED AND RETURNED 10/17/84 S. J. [Signature]
 BPH 8399

168/BR
 49-

ENGINEER
 John L. Schneider P.E.
 100 N. Rolling Road

B 1 8920 SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER 70 80-81-11111 79 fill in this form completely

Date Received 2/2/85 OWNER INFORMATION: RESCH FRANK - GEORGIA 5331 KERGER RD ELLICOTT CITY MD 21043

LOCATION OF WELL: HOWARD OAK WOOD FOREST 3 BLEVELS MILES FROM TOWN 2 MI

DRILLER INFORMATION: Ralph Mayne 2723 KALON MAYNE (well Drilling) 9120 Brown Church Rd Mt Airy Ralph Mayne 7/10/85

OAK FOREST Ct NEAR WHAT ROAD ON WHICH SIDE OF ROAD 300 DISTANCE FROM ROAD ENTER FT or MI

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard A35337 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 072385 CO SIGNATURE EXP. DATE 1/23/86 NORTH GRID 517000 EAST GRID 0804000

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)

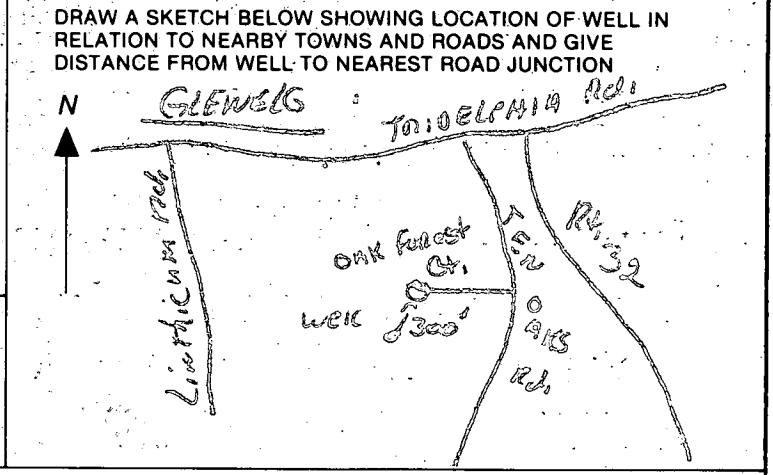
APPROXIMATE DEPTH OF WELL 150 FEET

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 800 510

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) APPROX. PERMIT NUMBER GAP FORCE WRITE INITIALS IN BOX PERMIT No. 80-81-11111

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Lot 4
Oakwood
Forest

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.)

George L. Resch
(Name)

15331 Keizer Rd.

Ellicott City, Md. 21043
(Address)

HO-81-1111

(OEP Well Permit Number)

7/9/85

(Date)

C1 **2374** SEQUENCE NO. (OEP 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 35357**

DATE Received DATE WELL COMPLETED **021786** Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-81-11111**

OWNER **RESCH FRANK** last name first name
 STREET OR RFD **OF FOREST CT** TOWN **SCENELG**
 SUBDIVISION **OAKWOOD FOREST** SECTION LOT **4**

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	
Top Soil	0	2	
Brown Sandy	2	40	<input checked="" type="checkbox"/>
Sand Stone	40	50	
Micka	50	190	
Sand Stone	190	195	<input checked="" type="checkbox"/>
Micka	195	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 45 46 NO. OF POUNDS 45 100
 GALLONS OF WATER 34
 DEPTH OF GROUT SEAL (to nearest foot)
 from ft. to ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 60 61 63 64 66 67 68 69 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

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HC	53
2		300
3		

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

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 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**
Ralph Maye

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

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

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour)
 PUMPING RATE (gal. per min. to nearest gal.)
 METHOD USED TO MEASURE PUMPING RATE **Buckett**
 WATER LEVEL (distance from land surface) BEFORE PUMPING
 WHEN PUMPING
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S 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 } LAND SURFACE (nearest foot)
 - below } (nearest foot)

