

10/10/86 2pm

05-398703

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P. 37856
A. 35358

septic
OK 10/11/86
RAN

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 10/14/86

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Oakwood Forest ROAD 4301 Oakwood Landing Ct LOT 5

PROPERTY OWNER Renn Construction DON WARES

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 - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start trench 10 feet from the 1419.55 ft. lot line and 510 feet from the 200 ft. lot line. Run trench(s) along level ground toward the 620 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.

10/15

PLANS APPROVED BY C. Williams DATE 5/15/86

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.

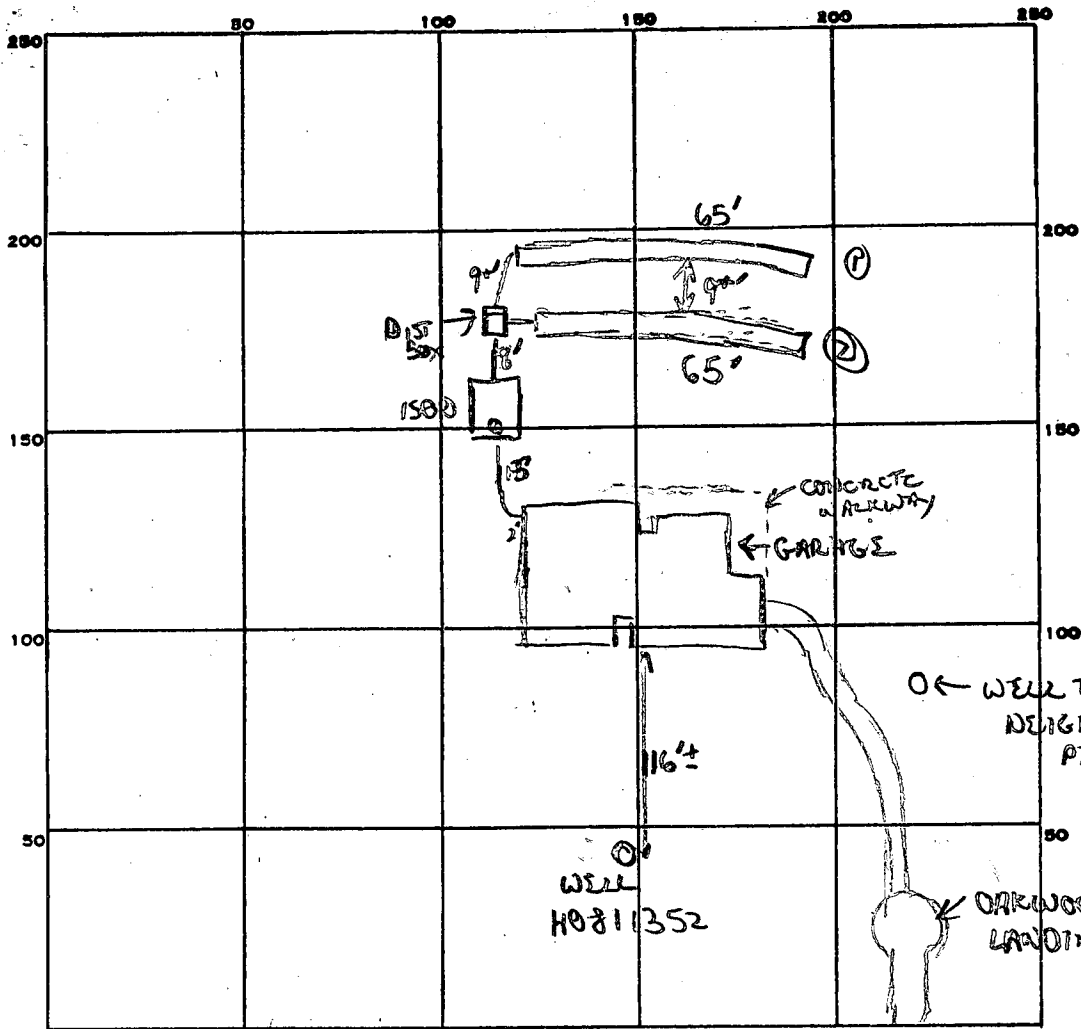
PERMIT VOID AFTER THREE YEARS.

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 912-2930~~ FOR INSPECTION OF SEPTIC SYSTEMS.

A 35358



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS RD

cont. final

160
4
640 min

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 gal

CLEANOUTS S.T.

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8 + 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 + 5 IN. TOTAL LENGTH 65' + 65'

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 325 + 325

65
5
325
x2
650 OR

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 650 SQ. FT.

REMARKS 11/10/86 OK to add stone pipe paper to trench #1. OK to start trench #2

11/10/86 OK to finish digging & stoning trench #2. OK to cover trench #1. OK to cover trench #2 & all other work

DATE SYSTEM APPROVED 11/10/86 INSPECTOR B Wilson

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35358

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT Fifth

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.

ADDRESS 10176 BALTIMORE NATIONAL PIKE PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION OAKWOOD FOREST LOT NO. 5

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

SIZE OF LOT 5.0 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.

Charles J. Conner
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

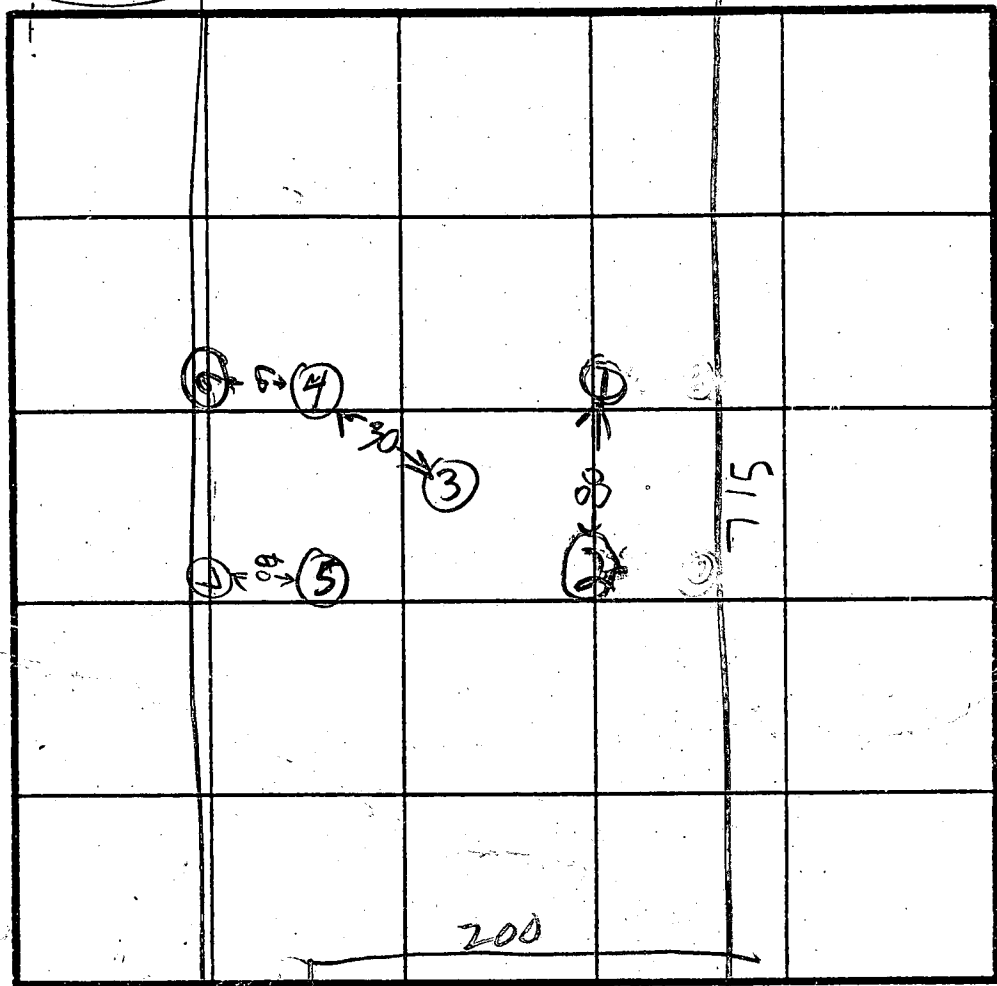
THIS IS NOT A PERMIT

LOT 5

5

SOIL PROFILE
 0' RED BROWN CLAY
 3' BROWN SAND LOAM & SOME SAPPOLITE
 12 1/2'

0' RED BROWN CLAY
 3' BROWN PINK SAND LOAM & SAPPOLITE
 12'



HOLE ELEVATION
 (2)(5) = HIGH
 (3) = MEDIUM
 (1)(4) = LOW

(2)
 RED BROWN CLAY
 BROWN GRAY CLAY
 (4)
 BROWN CLAY
 BROWN SAND LOAM
 13'

(6+7)
 CLAY LOAM 3'
 MICA SAND LOAM
 12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5/1/85	1S	4'	1040	1043	1043	1047	4
	1V	12 1/2'	LOOKS		OK		
	2S	5'	1044	1047	1047	1050	3
	2V	12'	LOOKS		OK		
	3V	12 1/2'	LOOKS		OK		
	4S	4'	1101	1103	1103	1106	3
	4V	13'	LOOKS		OK		
X	5S	4 1/2'	1108	1109	1109	1111	2
	5V	12'	LOOK		OK		
5/20/85	6	4 1/2'	VIS OK AT 3'				
5/20/85	7	3 1/2'	VIS OK AT 3'				

TIME - 3min
 INLET 3'
 BOTTOM MAX 8'

REMARKS HOLES DUG PER SURVEYOR PLAN

TYPE OF SOIL _____
 TESTED BY R. HODGES / *[signature]* ALSO PRESENT O. KETTERMAN G. RESH

4/1/86

OAK wood

Forest

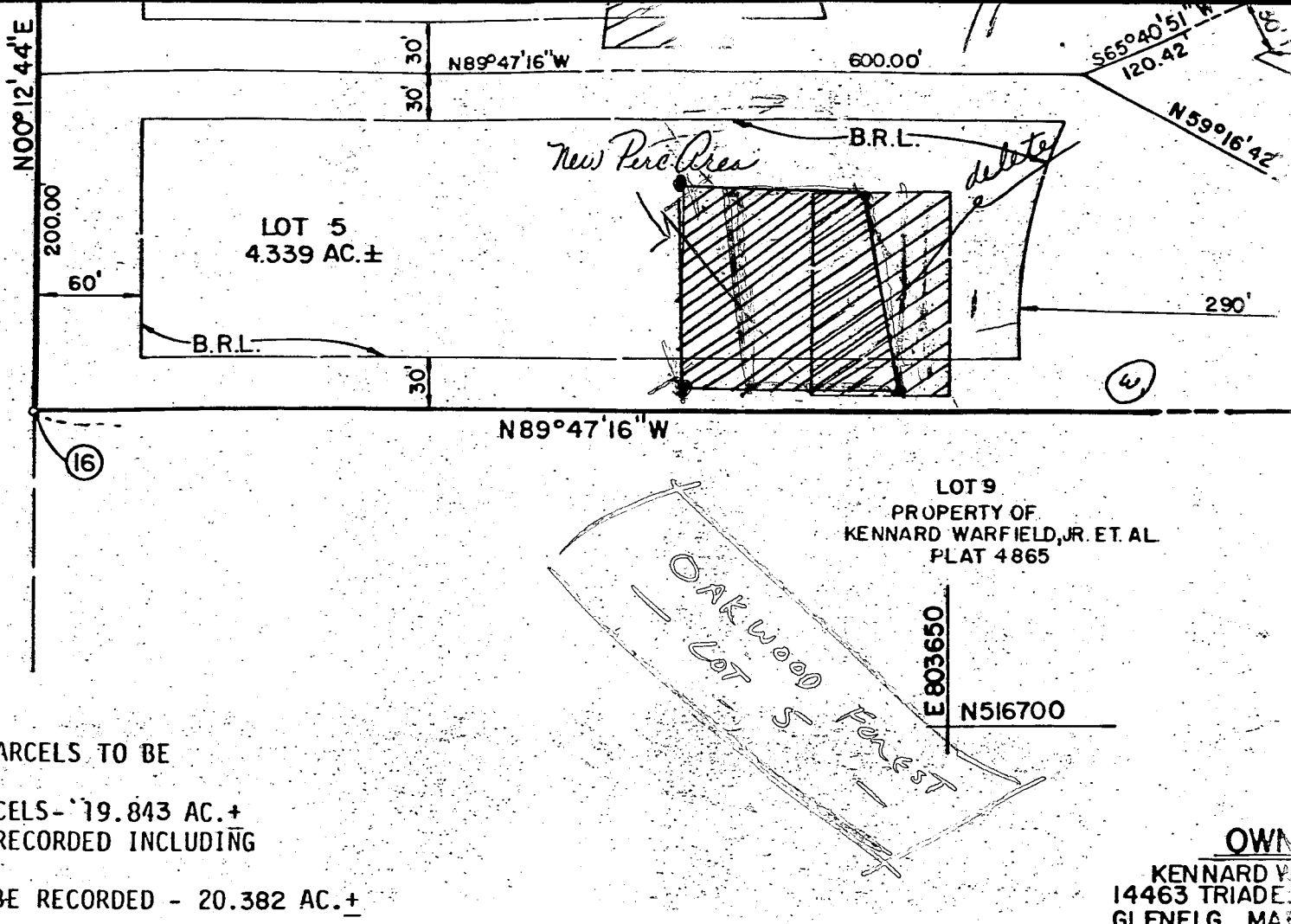
5

OK TO ADJUST

PERC AREA AS

SHOWN.

CW



AREA TABULATION:

1. TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED - 5
2. TOTAL AREA OF LOTS AND/OR PARCELS - 19.843 AC. +
3. TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS - 0.539 AC. +
4. TOTAL AREA OF SUBDIVISION TO BE RECORDED - 20.382 AC. +

OWN
KENNARD V.
14463 TRIADE.
GLENELG, MA

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

Joyce Byrd 1-21-86
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.

J. Ronald ... 1-28-86
 DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS, AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

OWNER'S CERTIFICATE:

I, KENNARD WARFIELD, JR. SURVIVING GENERAL PARTNER-WARFIELD BROT PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISHMENT LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UNDER ALL ROADS, AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT ARE REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREET STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND (3) THE WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON THE LOTS AND RIGHT-OF-WAYS.

WITNESS OUR HANDS THIS 23RD DAY OF AUGUST, 1985.

B 1 2284 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

40-81-1252

fill in this form completely

OWNER INFORMATION

Date Received: 4/23/86

15 Last Name: KALIN, MA... Owner: ... First Name: ...

36 Street or RFD: ...

57 Town: ... 70 State: MD Zip: ...

B 3 LOCATION OF WELL

8 COUNTY: ... 21

23 SUBDIVISION: ... 42

SECTION: ... 44-46 LOT: ... 48-50

52 NEAREST TOWN: ... 71

MILES FROM TOWN (enter 0 if in town): ... 73-78

DRILLER INFORMATION

Driller's Name: Kalin, Mayne License No. 80: 273

Firm Name: ...

Address: ...

Signature: ... Date: Feb 5 1986

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD: ... 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD: ... 37

ENTER FT or MI: ... 38-39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): ... 8-12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 ... 14-20

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: ... COUNTY NO. ...

OEP SIGNATURE: ... STATE HEALTH INSERT S: ...

DATE ISSUED: ... CO SIGNATURE: ... EXP. DATE: ...

NORTH GRID: ... EAST GRID: ...

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: ...

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER:

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 3

N 510 3

000 000

REPLACEMENT OR DEEPEDED 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE): ...

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

N

4/23/86

WELL OIL

SEE OTHER SIDE RH

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: ... GAP ...

FORCE: ... WRITE INITIALS IN BOX: ... PERMIT No.: ...

SPECIAL CONDITIONS

H/23186 10 years

- ① Well already covered
- ② 50 FT casing
- ③ 46 FT open hole
- ④ 12 BAGS
- ⑤ NOT SURE ON LOCATION
IN MIDDLE

RECEIVED
STONARD COUNTY
HEALTH DEPT.
FEB 10 4 09 PM '08
DIVISION OF
ENVIRONMENTAL
HEALTH
WOODS

C1 00888- 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-35358

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
 04 23 86

DEPTH OF WELL
 22 180 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-31-1352

OWNER KNOTT HOME BUILDERS
 STREET OR RFD 12512 OAKS RD. first name TOWN DAYTON
 SUBDIVISION OAKWOOD FOREST SECTION LOT 5

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	35	✓
Sand Stone	35	40	
Micka	40	75	
Sand Stone	75	80	✓
Micka	80	180	

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 22
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 4 1/2 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 (nearest inch) Total depth (nearest foot)
 PL G SC [] [] [] []
 60 61 63 64 66 67 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

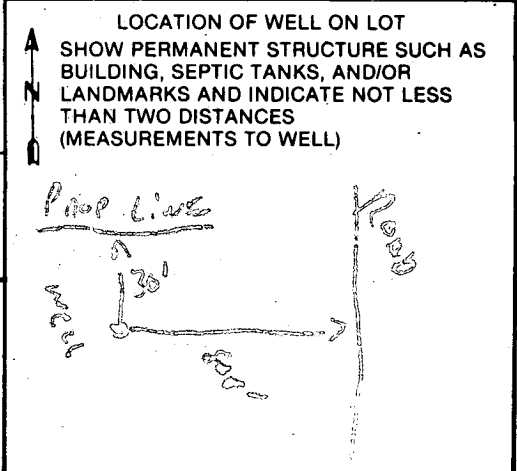
C2
 DEPTH (nearest ft.)
 FACTS SCREEN
 1 HO 42 180
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 35
 WHEN PUMPING 75
 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:
 29
 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 }



CIRCLE APPROPRIATE LETTER WHEN THIS WELL WAS COMPLETED
 A A WELL WAS ABANDONED AND SEALED
 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 Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

10 Oaks

New Installation
 Replacement

Receipt # 37869
 Date 10/13/86

Name of Installer Smithy Haus Katonville, Md.

Telephone 742-2093

License number 3104
 Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner Peas + Peas Construction

Telephone _____

Subdivision Whiteoak Landing Lot # 5

Well tag # 40-81-1352

Site Address 4301 Oakwood Landing Rd
 Menlo Park, Md 21237

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

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

2. Make Kellogg
3. Model # 56CN13A1
4. Capacity _____ 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 _____

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 76 ft.

Well data

1. Depth 100 ft.
2. Yield 6 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

10-16-86 OK to cover - pitless & lines 4 ft below ground

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).

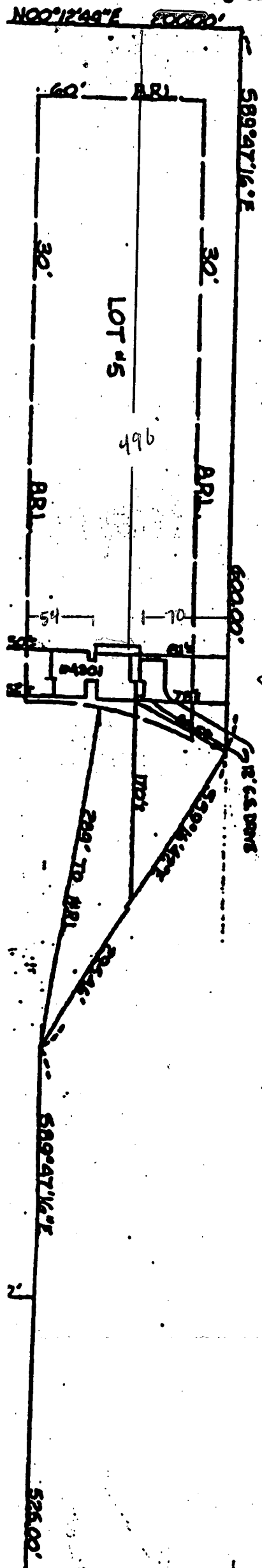
All information given above is true to the best of my knowledge.

Signature of Applicant: Smithy Haus

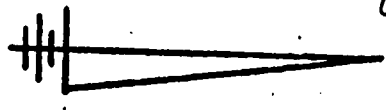
Date: 10/13/86 Madeline King

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

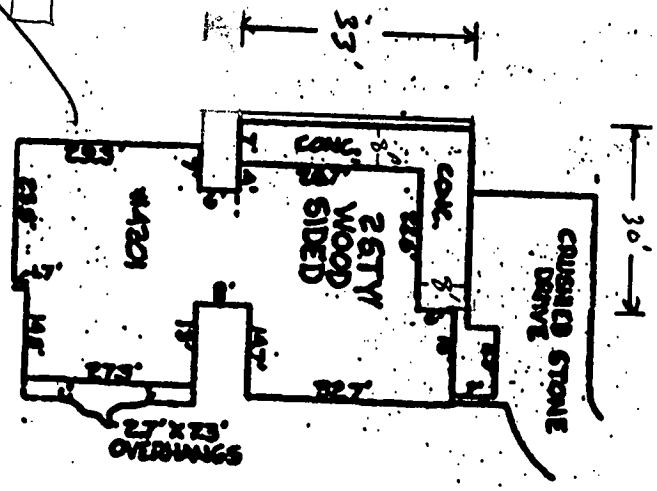
as 4301 Oakwood Landing Court, also known as Lot 15, as shown on EST and recorded among the land records of Howard County in Plat C.H.P. 16597.



B00126309
Deck OK per BB
9/6/00



SCALE: 1"=30'



Saurabh Munshi.

OAKWOOD LANDING COURT