

11/22/89

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

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

P 45790  
A 35405  
DISTRICT 5th  
DATE 11/4/89  
DATE SYSTEM APPROVED 11/22/89  
INSPECTOR R J J

INDEXED

Fogle's Refuse & Septic Service, Inc. IS PERMITTED TO INSTALL  ALTER   
ADDRESS 558 R. Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670  
SUBDIVISION Fox Hall Villas ROAD 13327 Elliot Drive LOT 9  
PROPERTY OWNER Major Construction  
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

SHALLOW SYSTEM - TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the front lot line and 15 feet from the right side of the lot as seen when facing the lot from Elliot Drive. Run the trenches toward Elliot Drive.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. (all w)

PLANS APPROVED BY Raymond Hodges/C. Williams DATE 9/02/86-4/21/89

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

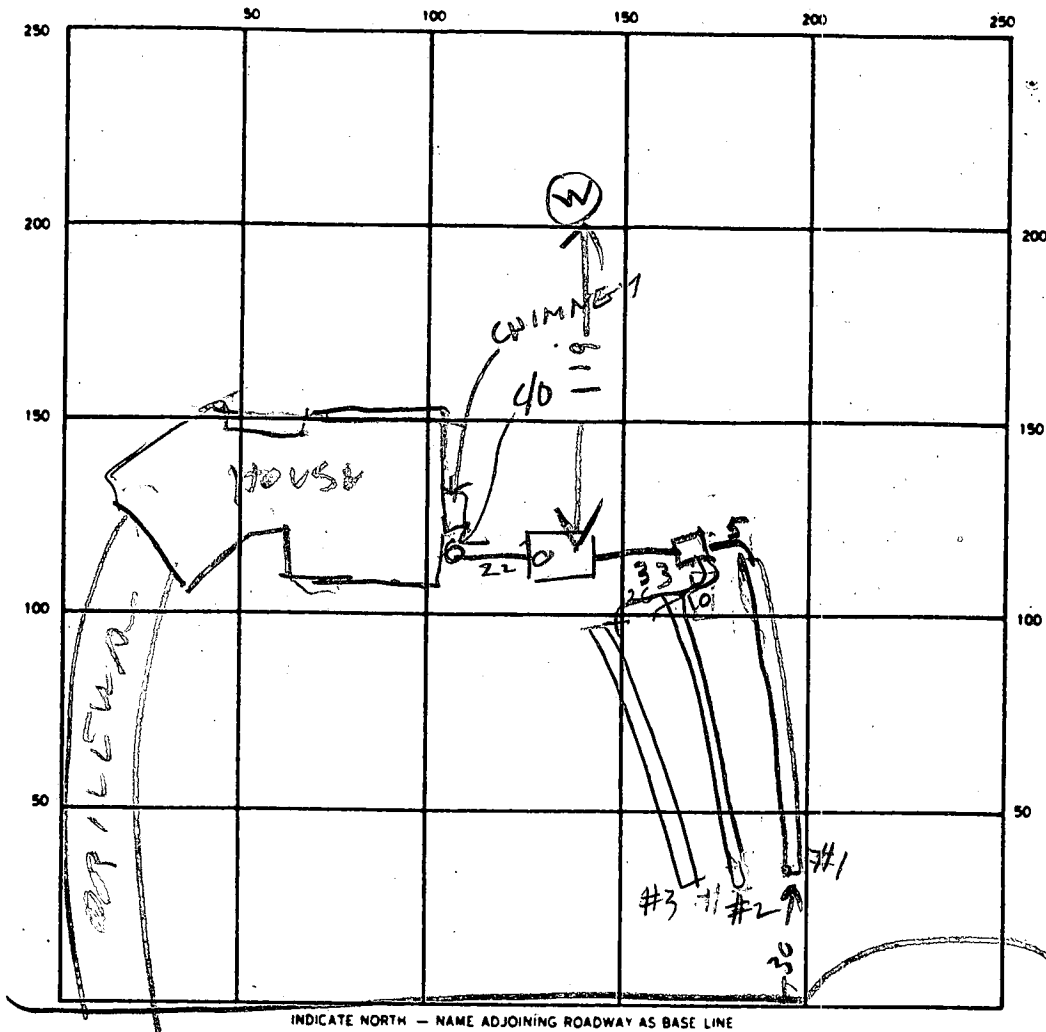
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

35405  
A 35405  
9



189  
20  
40  
20

SEPTIC TANK LEVEL 1250 CLEANOUTS ST OK

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

DRAIN FIELD/TILE FIELD DEPTH 

1	2	3
5	5	3

 FT. TRENCH WIDTH 

1	2	3
3	3	3

 FT. INLET DEPTH 

3.5	3.5	3.5
-----	-----	-----

 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 

#1	#2	#3
22	23	80

 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 

1	2	3	TOTAL
24.6	24.9	24.0	7.35

 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

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

REMARKS 11/22/89<sup>PM</sup> - LOCATION OK. TRENCH #1 OK TRENCH #2 STARTED  
11/22/89<sup>PM</sup> - TRENCHES #2 & #3 FINISHED

DATE SYSTEM APPROVED 11/22/89 INSPECTOR Raymond Hodge

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 35405

P \_\_\_\_\_

DISTRICT 5-23

DATE 4-24-85

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 DAVID N. ELLIOTT

ADDRESS 6581 Columbia Pike, Columbia PHONE 997-5833

PROPERTY LOCATION:

SUBDIVISION FOXHALL VILLAS LOT NO. 9

ROAD AND DESCRIPTION ELLIOTT ROAD DRIVE

SIZE OF LOT 3 acre TYPE BLDG. res. 3-4  
(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.

David N. Elliott  
(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



# FOX HALL VILLAGES

LOT #	SEC	AVT IM	MAX DEPTH OF INLET	
1	1	15		Already on fence
2	1	-	-	" "
✓ 3	1	15 MIN	5 FT	" "
✓ 4		5 min	2 FT	" "
5		7 MIN	2 FT	" "
6		4 MI	3 FT	" "
7				DID NOT PASS (5/14/85)
8				DID NOT PASS 5/13/85
9				DID NOT PASS 5/13/85
10		5 MIN	3 FT	✓
11		13 MIN	3 FT	✓
12		14 MIN	4 FT	✓

lot #7 7 holes 200' by 50'

#8 3 holes water failed

#9 1 hole highest possible water failed

#10 5 Holes

#11 5 Holes (1 hole failed) MONDAY

#13 4 holes

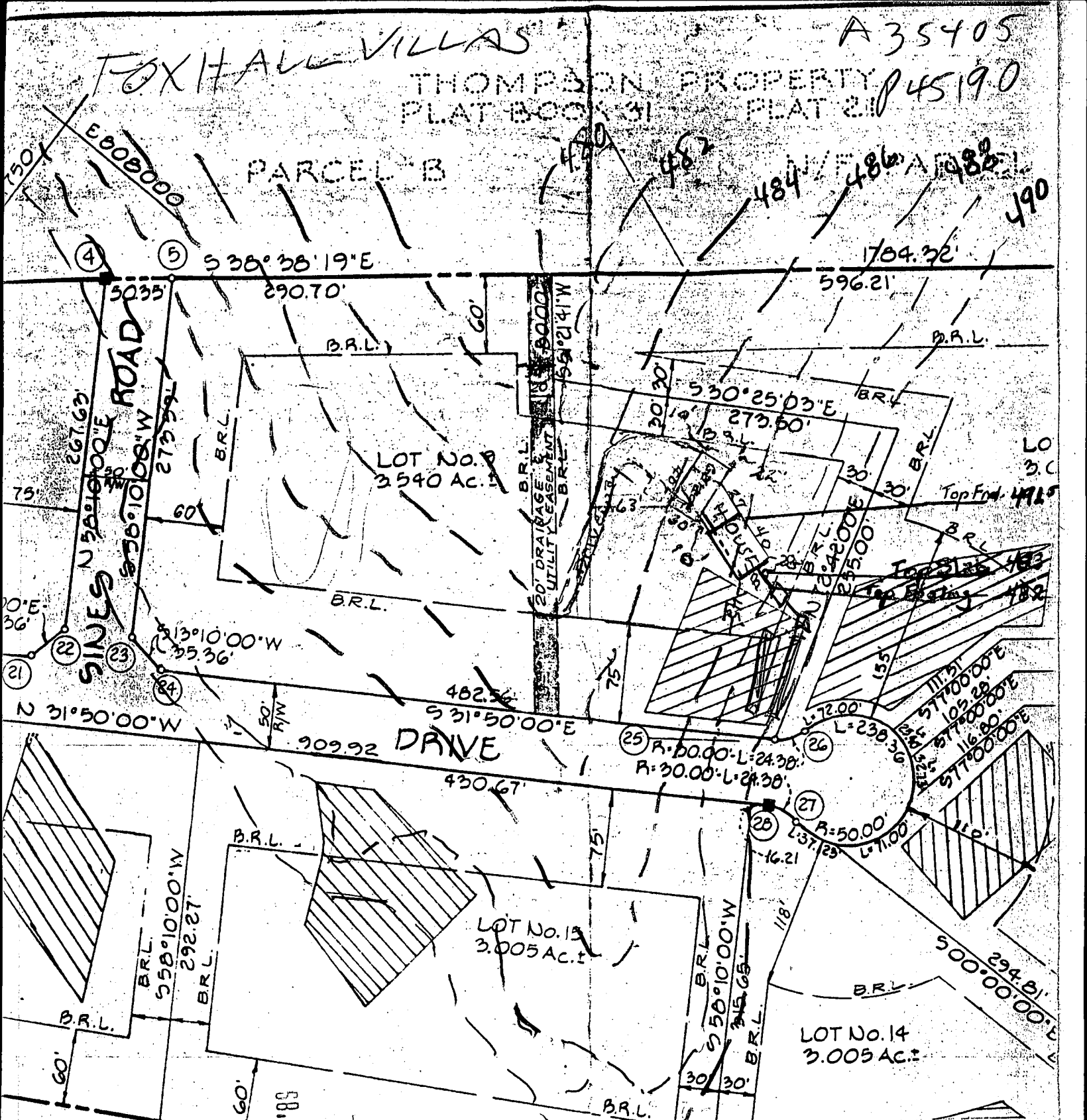
uts  
Passed  
on 1/11

# FOX HALL VILLAS

A 35405

THOMPSON PROPERTY  
PLAT BOOK 31 PLAT 2

4519.0



RECEIVED  
FORWARD COUNTY  
HEALTH DEPT.  
APR 21 1 26 PM '88

BUDG. PERMIT SIGNED  
AND RETURNED 4/21/88

DP 24857

- VISION OF SURFACE Grade AT Trench 489.5 ✓
- HEALTH DEPT. HELET AT 485.5 GRADIENT ✓
- House will be minimum of 20' from Drain Field ✓
- TANK Outlet AT 486 ✓
- Inlet to Tank 486.3 ✓
- Intercept at house AT 487 ✓ -BSMT

Slab Height @ 483' ✓

First Floor Elevation AT 491.5' ✓

APR 21 1988  
4/21/88

B 1 5906 SEQUENCE NO. (DP 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

STATE PERMIT NUMBER  
40-88-0525  
fill in this form completely

Date Received (APA) 030989  
OWNER INFORMATION  
MACK CONST DRILLING LTD  
4055 ARJAY CIRCLE  
EIGHTH CITY MD 21043

B 3 LOCATION OF WELL  
HOWARD COUNTY  
FOYHALL  
SECTION 44 LOT 9 PARCEL B  
NEAREST TOWN  
MILES FROM TOWN 3 MI

DRILLER INFORMATION  
FRANK - Delph 453  
FRANK-DELPH WELL DRILLING INC  
234 PENN SHOP RD  
Frank Delph 3/3/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
TOWNSHIP MAP  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
EAST SIDE OF ROAD  
DISTANCE FROM ROAD 200 FT

B 2 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 COUNTY A 35405  
STATE SIGNATURE DATE ISSUED 040589  
NORTH GRID 808000 EAST GRID 0501000

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)

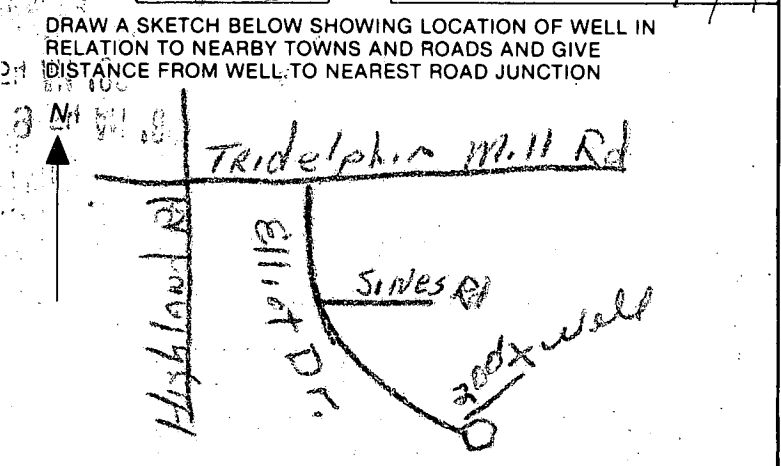
APPROXIMATE DEPTH OF WELL 200 FEET

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  
507  
808  
JAGOK 4/11/89

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROtary Drive-POINT

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 DEEPEN 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 GA-P  
FORCE SA PERMIT NO. 40-88-0525

SPECIAL CONDITIONS  
465-0337 Dick Liggett  
COUNTY



**C1** **2268** SEQUENCE NO. (DENV USE ONLY)  
 1 2 3 6  
 (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-35405**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **04/1/89** Depth of Well **145** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-88-0525**

OWNER **MAJOR CONSTRUCTION AND DEVELOPMENT LTD**  
 STREET OR RFD last name **SHIRT DR.** first name TOWN **Manassville**  
 SUBDIVISION **FAYHALL VILLAGES** SECTION LOT **9**

**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	
Shale	2	12	
Mika	12	35	
Sandstone	35	50	L
Mika	50	55	
Sandstone	55	75	L
Mika	75	145	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **7** NO. OF POUNDS **700**  
 GALLONS OF WATER **42**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **17** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO PL OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **23**

**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

**C2**  
 DEPTH (nearest ft.)  
 1 **110** 11 **133** 15 17 21  
 2 23 24 26 30 32 36  
 3 38 39 41 45 47 51  
 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.) 70  72  WQ 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.) **10**  
 METHOD USED TO MEASURE PUMPING RATE  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **17**  
 WHEN PUMPING **17**  
 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  
**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. **453**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

