

04-344243

4/26/89
AM

PERMIT

P 43574

A 35950

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 4/26/89

DATE SYSTEM APPROVED 10/5/89

INSPECTOR M. Rifkin

Herman Sirk

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION Crowder Property ROAD 1115 Schaffersville Rd LOT 2

PROPERTY OWNER Edward Simpson

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - System to be installed for garage with apartment overtop - 2 Bedroom size - system to be 3 bedrooms in size. Place the first trench 150 feet from the front lot line and 150 feet from the right lot line as seen when facing the lot from Schaffersville Road. Run trenches on contour toward rightlot line. NOTE:

THIS SEPTIC SYSTEM FOR GARAGE AND APARTMENT USE ONLY AND NOT FOR THE USE OF THE HOUSE TO BE BUILT IN FUTURE. SYSTEM AT LOWEST POINT OF SEWAGE DISPOSAL AREA.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. sk/cw

PLANS APPROVED BY Sid Abel DATE 11/18/88

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 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

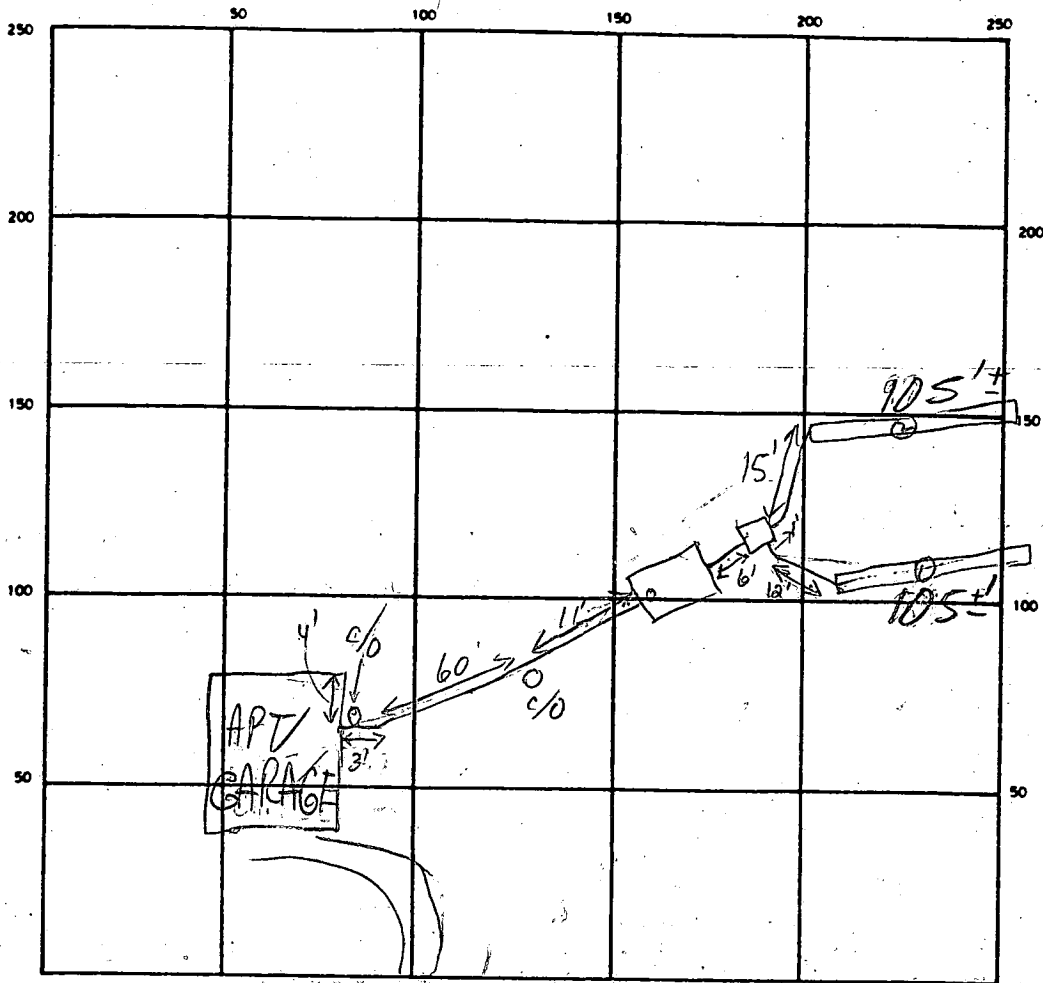
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 35950



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 SHAFFERSVILLE RD

SEPTIC TANK. LEVEL OK (8' x 4') CLEANOUTS ALL OK
 DISTRIBUTION BOX. LEVEL OK BAFFLE IN
 DRAIN FIELD/TILE FIELD. DEPTH 4' FT. TRENCH WIDTH 3' FT. INLET DEPTH 2' FT.
 EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 105' } 210' FT. 13' MORE
 NUMBER OF TRENCHES 2 ~~ONE SIDEWALL~~/BOTTOM AREA 630 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2' FT.
 ABSORBENT AREA — SQ. FT.

REMARKS 4/26/89 TRENCHES COMPLETELY DUG, STONED & PAPERED, ALL
LINES IN-NEED 13' ADDITIONAL TRENCH (NO ONE AT SITE) MR
10/5/89 SYSTEM COMPLETE MR

DATE SYSTEM APPROVED 10/5/89 INSPECTOR M. Ripkin

APPLICATION

SEWAGE DISPOSAL TESTING

A 35950

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 9/2/85

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 Jesse & Deane Crowder Jr.
ADDRESS 865 Long Corner Rd. Mt Airy Md 21771 PHONE 829-1579

PROPERTY LOCATION:

SUBDIVISION Crowder Property LOT NO. 2
ROAD AND DESCRIPTION along Schufferville Rd. off Long Corner Rd.

SIZE OF LOT 3.6 acres. TYPE BLDG. Residence
(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.

Jesse Crowder Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

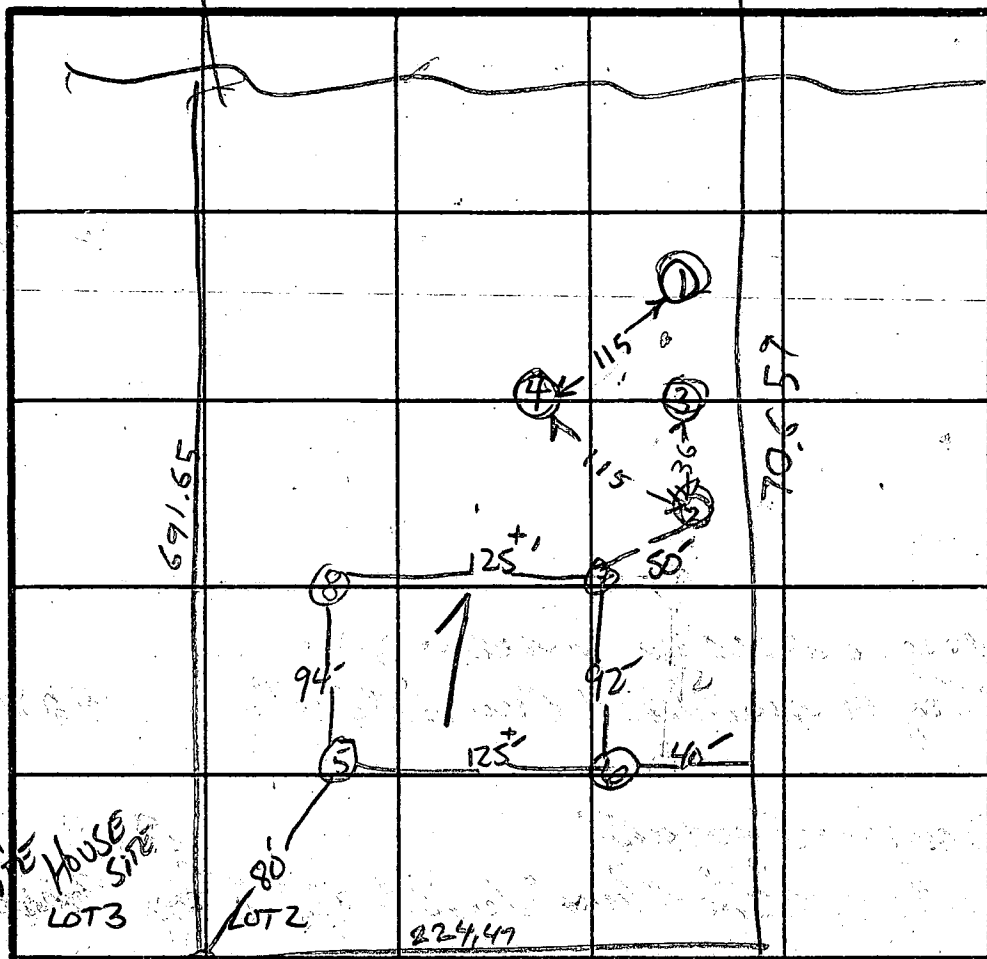
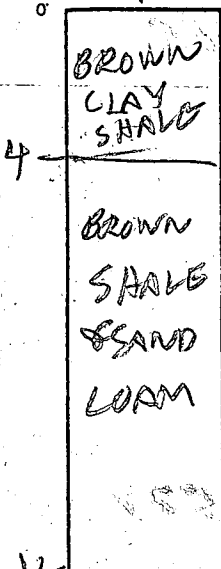
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HAFFERSVILLE RD

| DATE | TEST-NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|---------|-----------|-------|--------------------------------|---------|----------------|------|---------|--|
| | | | START | STOP | START | STOP | | |
| 6/21/25 | 1B | 8 | 3 04 | 3 06 | 3 06 | 3 07 | 1 min | |
| | 1S | 4.5 | 3 13 | 3 42 | 3 42 | 4 07 | 2nd per | |
| | 1V | 12 | LOOKS UN SAT | | | | | |
| | 2V | 8 | ROCK BUT & BIG SHALE UNSAT | | | | | |
| | 3V | 7 | ROCK BOTTOM & BIG SHALE UNSAT | | | | | |
| | 4V | 8 | ROCK BOTTOM & BIG SHALE UNSAT | | | | | |
| 6 SEPT | 1V | 12 | UNSAT IS FACTOR SHALE TOO FAST | | | | | |
| 9/11/25 | 5 S (12) | 4.5' | 1:36 | 1:44 | 1:44 | 1:58 | 14 min | |
| | 6 S (12) | 7' | 1:33 | 1:36 | 1:36 | 1:42 | 10 min | |
| | 7 S (12) | 4' | 1:42 | 1:46:30 | 1:46:30 | 1:55 | 8.5 min | |
| | 8 S (12) | 7' | 1:39:30 | 1:42 | 1:42 | 1:47 | 5 min | |
| | 9 S (12) | 4.5' | 1:47:30 | 1:54 | 1:54 | 2:12 | 18 min | |
| | 10 S (12) | 7' | 1:51:30 | 1:52:30 | 1:52:30 | 1:55 | 2.5 min | |
| | 11 S (12) | 4.0' | 1:59 | 2:20 | 2:20 | 2:24 | 16 min | |
| | 12 S (12) | 7' | 1:56:30 | 2:08 | 2:08 | 2:24 | 16 min | |

REMARKS: HOLES (1) & (2) DUG PER SURVEYOR STAKE. HOLE (3) & (4) NOT DUG PER STAKE. LOT 2+3 TO BE COMBINED, SAGD

TYPE OF SOIL _____ TESTED BY R HODGES ALSO PRESENT H SIKK & SON

EH-12-10

APPLICATION

SEWAGE DISPOSAL TESTING

A 35950

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 9/2/85

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 Jesse & Susan Crowder Jr.
ADDRESS 865 Long Corner Rd. Mt Airy Md 21771 PHONE 829-1579

PROPERTY LOCATION:
SUBDIVISION Crowder Property LOT NO. 2
ROAD AND DESCRIPTION along Schufferville Rd. off Long Corner Rd.
SIZE OF LOT 3.6 acres. TYPE BLDG. Residence
(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.

Jesse Crowder Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Shallow trenches DATE 1/8/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/6/85 DIG MORE
9/11/85 PERC. SATISFACTORY - HOLD FOR Subdivision PLAT. To be combined
OR ADJUSTED WITH LOT #3, S. ABL

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 | |
| 9/11/85 | 8 S1 | 5' | 2:22 | 2:32 | 2:32 | 2:55 | 23min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

November 23, 1988

Mr. Eddie Simpson
148 Bonfit Road
Silver Spring, Maryland

RE: Building Permit #22044
Crowder Property - Lot 2
Schaffersville Road

Dear Mr. Simpson:

This office has reviewed the above referenced permit for the proposed garage with apartment and approval has been granted with the following restrictions:

1. Due to the location of the septic system at the low end of the sewage disposal area, the septic system cannot be used as the primary system for any future house.
2. The septic system to be installed for the garage/apartment must be of minimum size required by the health department.
3. When the main residence is built a new septic system, sized accordingly, must be installed at the highest point of the sewage disposal area. Only the basement plumbing may be connected to the existing septic system.

If you should have any questions concerning this matter, please feel free to contact me at 461-9933.

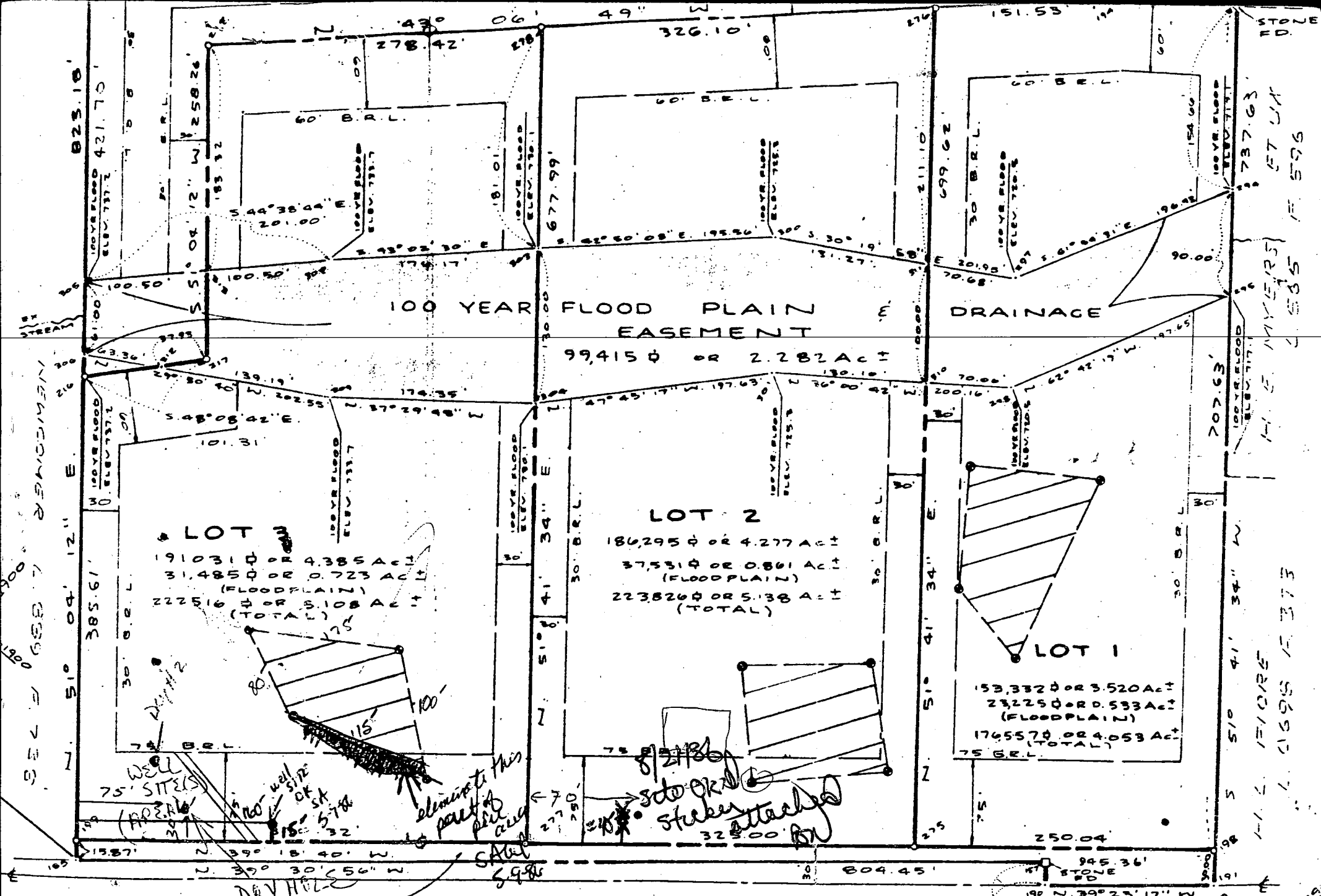
Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Licenses and Permits



ND DEDICATED TO HOWARD COUNTY, MD. FOR THE PURPOSE A PUBLIC ROAD 15840 ± OR 364 AC ±

SCHAFFERSVILLE ROAD
 60' R/W

N. 49° 51' 44" E. 190.25' 17.18

DEDICATION

SURVEYORS CERTIFICATION

CURVE DATA

C1 5274

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-35950

DATE RECEIVED

DATE WELL COMPLETED 091686

DEPTH OF WELL 278 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-21-1642

OWNER SIMPSON EDWARD STREET OR RFD SCHAEFFERSVILLE ROADS TOWN MOUNT AIRY SUBDIVISION CROWDER PROP SECTION LOT 2

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) YES Y NO N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 110 METHOD USED TO MEASURE PUMPING RATE submersible

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), Check if water bearing. Rows include: Dirt, Soft Brown Shale, Hard Brown Shale, Soft Brown Shale, Hard Brown Shale, Hard Brown Shale, Hard Brown Shale, Hard Blue Slate, Hard Brown Shale, Hard Blue Slate, Hard Brown Shale, Hard Blue Schist & Blue & Brown Limestone, Blue Limestone, Schist & Hard Blue Slate, Hard Blue Slate & Schist & Blue Limestone.

NO. OF BAGS 1900 NO. OF POUNDS 1700 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 3 ft.

BEFORE PUMPING WATER LEVEL (distance from land surface) 3 WHEN PUMPING 220

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

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST G S2R

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

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

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) LAND SURFACE (nearest foot)

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

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

C2 DEPTH (nearest ft.) EACH SCREEN 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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...

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F-IN BOX 68

DRILLERS IDENT. NO. 296 Ronald L. Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

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) LONG CORNER X WELL 40' SCHAEFFERSVILLE

B 1 3745 SEQUENCE NO. (OEP-USE ONLY)
1 2 3 6
(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

MD-81-1042
fill in this form completely

Date Received

8 13

OWNER INFORMATION

SIMPSON EDWARD T
15 Last Name Owner First Name 34
140 BOW FRONT RD
736 Street or RFD 55
MOUNTAIN VIEW MD 20944
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

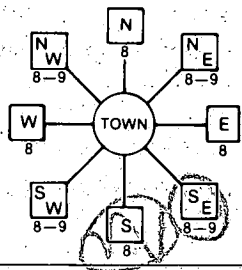
ADAM COUNTY
JESSE CROWDER FARM
23 SUBDIVISION 42
SECTION 44 46 LOT 2 48 50
MOUNTAIN VIEW
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78 MI

DRILLER INFORMATION

Ronald L. Kyker 796
Driller's Name License No. 80
Westminster Rotary Well Drilling, Inc
Firm Name
P.O. Box #861, Westminster, Md. 21157
Address
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



SCHAFFERSVILLE
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD
ENTER FT or MI 27
38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 9 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 260 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

HARVARD A-35950
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 08 21 86 R. Nichols 02 20 87
NORTH GRID 249 0 0 0 EAST GRID 07 6 7 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 290 24 28 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

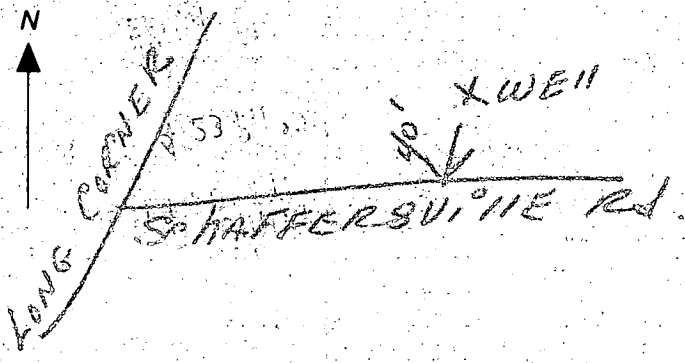
- 1. CITY
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 4602
N 546

X
Location OK
82' - casing
1' above gr.
50' + open
19' - bags cement
000 9/16/86

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



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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. MD-81-1042 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

