

3/5/90
noon
3/6/90 ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45623

A 33518

DISTRICT 4th

DATE 3/28/90

DATE SYSTEM APPROVED 3/6/90

INSPECTOR M. Riskin

04-345746

INDEXED

Dave Hopkins IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Country View Estates ROAD 17502 Country View Way LOT 1

PROPERTY OWNER Mr. Gary Barnard Donald P. Turner

ADDRESS _____

~~EXCHANGE GRINDER'S USED TO INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 20%~~

Add to a - Pool House

~~EXCHANGE GRINDER'S USED TO INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 20%~~

BLDG. PERMIT SIGNED

AND RETURNED 10-24-95

Serial # 62307

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 280 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet from the front lot line and 80 feet from the left side line as seen when facing the lot from Country View Way. Run the trenches on contour towards the left line.

***NOTE: TRENCHES TO BE 70' IN LENGTH.**

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges cm DATE 07/24/89

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

BLDG. PERMIT SIGNED

AND RETURNED 3/8/94

Serial # 52445

Inground pool

BLDG. PERMIT SIGNED

AND RETURNED 7/6/94

Serial # 55740 Pool House

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

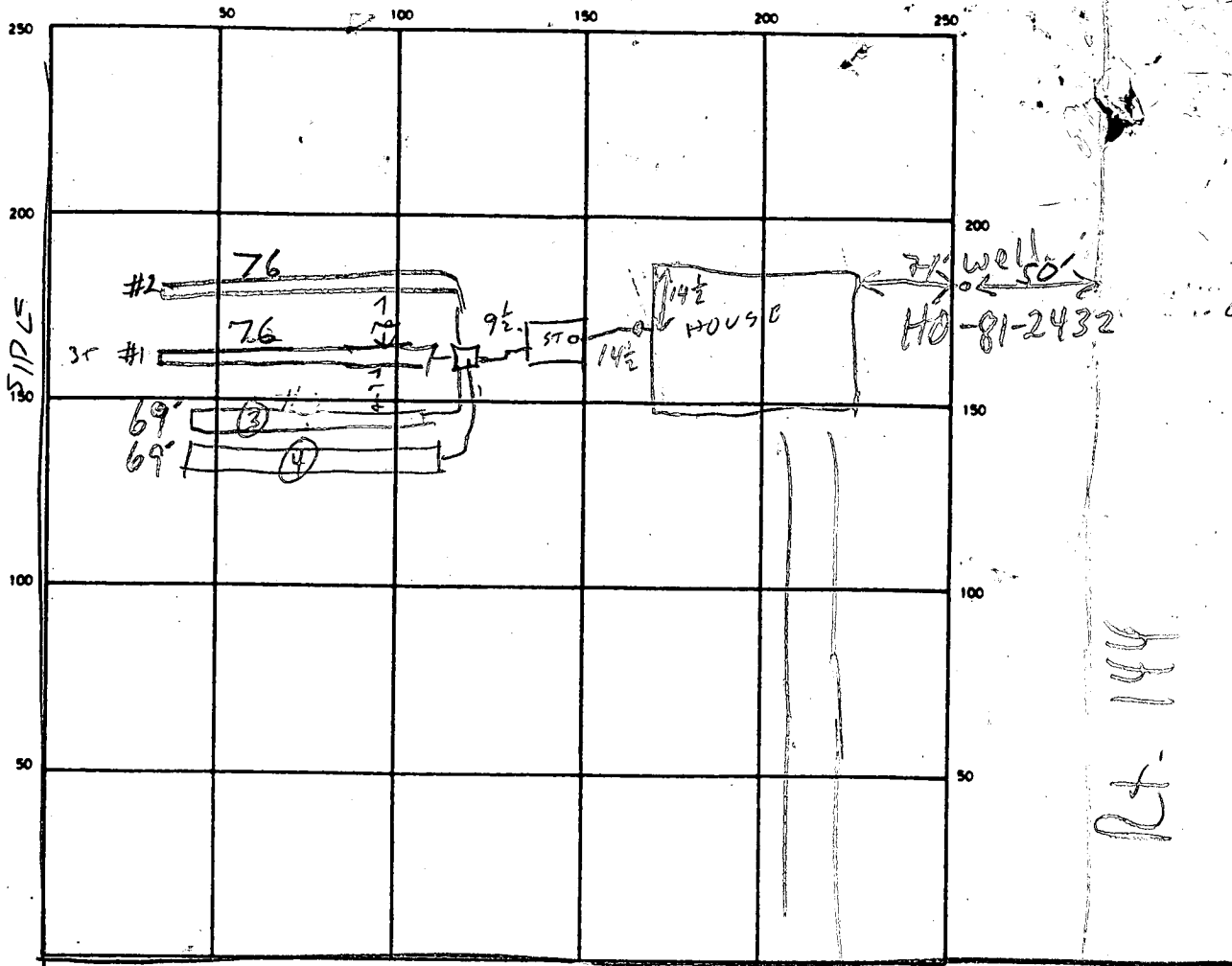
BLDG. PERMIT SIGNED

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260 AND RETURNED

Serial # 101918 - *decl*

A 33518



Rt. 144

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 COUNTRY VIEW WAY

SEPTIC TANK. LEVEL 1500 GAL - OK CLEANOUTS ST OK INLINE - OK

DISTRIBUTION BOX. LEVEL OK Baffle IN

DRAIN FIELD/TILE FIELD. DEPTH

1	2	3	4
9.5	9	9	9

 FT. TRENCH WIDTH 2 FT. INLET DEPTH

1	2	3	4
5	5	5	5

 FT.

EFFECTIVE GRAVEL DEPTH

1	2	3	4
4.5	4	4	4

 FT. TOTAL LENGTH

1	2	3	4
76	76	69	69

 FT. NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA

1	2	3	4
342	304	276	276

 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1198 SQ. FT.

REMARKS 3/5/90 ^{1100N} LOCATION OK - TRENCH #1 DUG RH 3/5/90 ^{345PM} TRENCH #1 OK
 TRENCH #2 DUG. ADD STONE. TRENCH #3 DIG LONGER & ADD STONE.
 DIG TRENCH #4 HOOK UP TANK RH
3/6/90 FINISH STONE IN (4) & COVER WHEN READY MR

DATE SYSTEM APPROVED 3/6/90 INSPECTOR M. Riskin

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

DISTRICT

DATE

A 35518

4TH

May 3, 1985

*Soil profiles
on back*

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 Richard M. Hough. Barnard Bros. Const. Co. Inc

ADDRESS 17591 Route 144 PHONE 409-4014 482-7521

PROPERTY LOCATION Country View

SUBDIVISION Hough Property LOT NO. 1

ROAD AND DESCRIPTION on Maryland Route 144, 600'± East of Long Corner Rd.
17502 Country View Way

SIZE OF LOT 3 ACRES + TYPE BLDG. 4 Bedroom
(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. Dennis M. Rusli
(SIGNATURE OF APPLICANT)

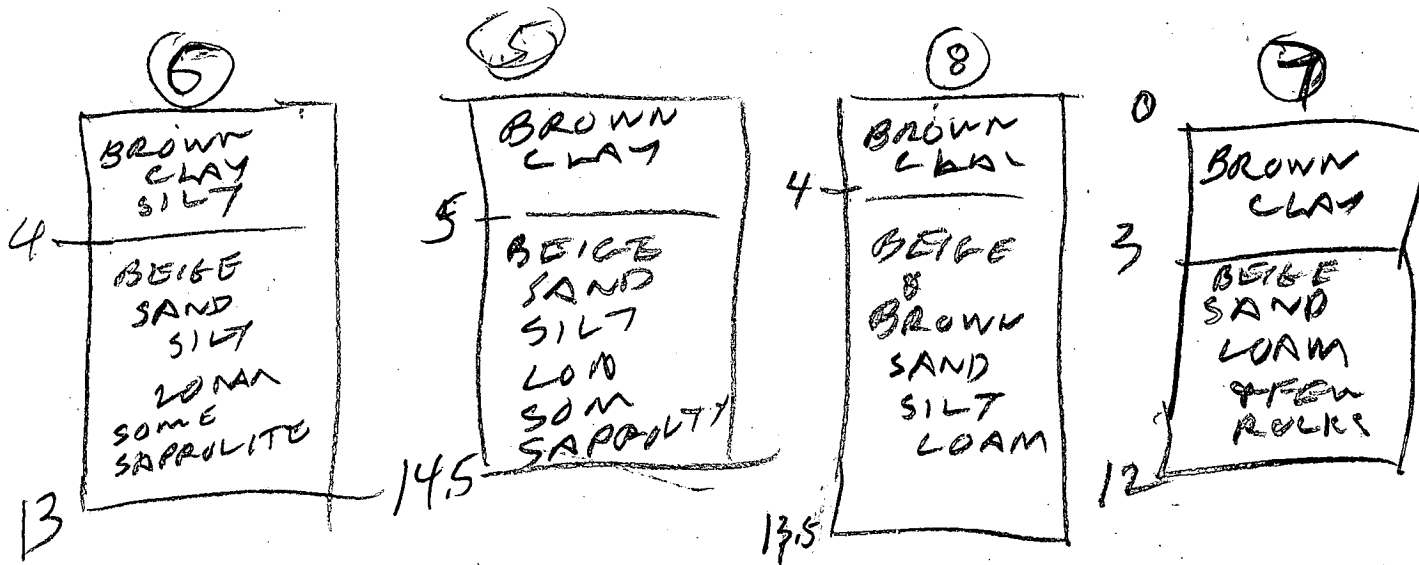
APPROVED BY Raymond Dodge FOR Trancher DATE 3/1/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/18/85 - PERC OK HOLD FOR PLAT RH
9/24/87 Spec Written RH BLDG. PERMIT SIGNED
AND RETURNED 7/29/87
Local # 27748
SFD -

THIS IS NOT A PERMIT



HOLE ELEV.
(GOOD HOLES)

- ⑤⑥ HIGHEST
- ⑧ = MEDIUM
- ② LOWEST
- ⑦ NEXT LOWEST

SYSTEM BETWEEN
HOLE ⑤⑥⑥

98
50
60
21 1/2

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 3551P

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE May 3, 1985

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ELLICOTT CITY, MARYLAND

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Dennis M. Rusli
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

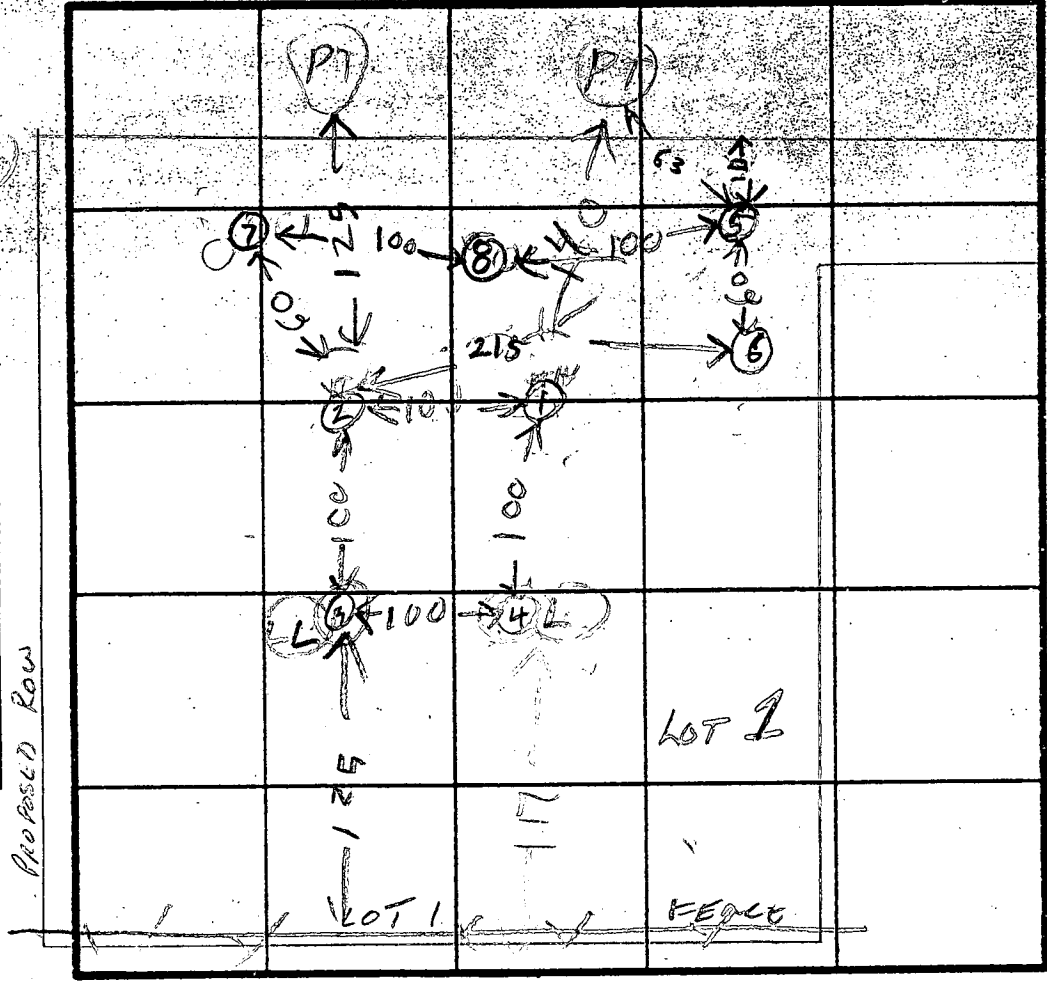
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

30104
SOIL PROFILE

BLUNT
CLAY
LOAM
LIGHT
BROWN
SAND
SILT
LOAM



95
50
4-10-86
PERC LOCATION
OK

X 18mm
INLET 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
MD Rt 144

BAWNA
CLAY
LIGHT
BROWN
SAND
SILT
LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/17/85	1S	4.5	134	210	142	36	MIN SLOW 26
	1V	14	UNSAT				
	2S	6.5	140	142	142	15	9
	2V	13.5	LOOKS	OK			
11/18/85	3S	5.5	148	221	221	15	9 SLOW 12
	3V	14	LOOKS	UNSAT			
	4V	13	LOOKS	UNSAT			
	1M	5.5	225	257	257	38	1 SLOW 11
7/17/85	4S	6	234	255	255	32	37 MIN 37
	3M	7	240	321	321	41	MIN SLOW
	5S	6	945	953	953	22	29
11/11	5V	14.5	LOOKS	OK	1040	1032	22
	6S	5	952	1040	1040	1032	22
	6V	13	LOOKS	OK			
11/14	7S	5.5	1003	1004	1004	10	1
	7V	12.5	LOOKS	OK			
11/16	8V	13.5	LOOKS	OK			

REMARKS: 7/17/85 HOLES NOT DUG FOR SURVEY OR
Tom Byrnes Hedges
SKIP

12-1078
CLAY
TOPSOIL
LIGHT
BROWN
SAND
SILT
LOAM

B 1 **5735** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

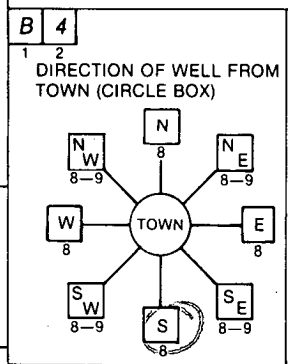
STATE OF MARYLAND PERMIT TO DRILL WELL *11/30/87*
 please print or type *9120*

OEP PERMIT NUMBER **HO-81-2432**
 fill in this form completely

Date Received **110282**
 OWNER INFORMATION
BAKMAN GARY Last Name Owner First Name
1035 St MICHEAS LN Street or RFD
MT Airy Town **MD 21221** State Zip

B 3 LOCATION OF WELL
Howard COUNTY
COUNTRY VIEW SUBDIVISION
 SECTION **44-46** LOT **1**
POPLAR SPRINGS NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Ralph Mayne Driller's Name **273** License No. 80
Ralph Mayne Well Driller Firm Name
9120 Queen Church Rd Mt. Airy Address
Ralph Mayne Signature **10/28/87** Date



~~HO-81-2432~~ COUNTRY VIEW
 NEAR WHAT ROAD **WAY**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **200**
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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
Howard COUNTY NAME **A-35518** COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **111987**
 CO SIGNATURE **Sally Whit** EXP. DATE **15-18-88**
 NORTH GRID **552000** EAST GRID **0764000**

APPROXIMATE DEPTH OF WELL **150** FEET

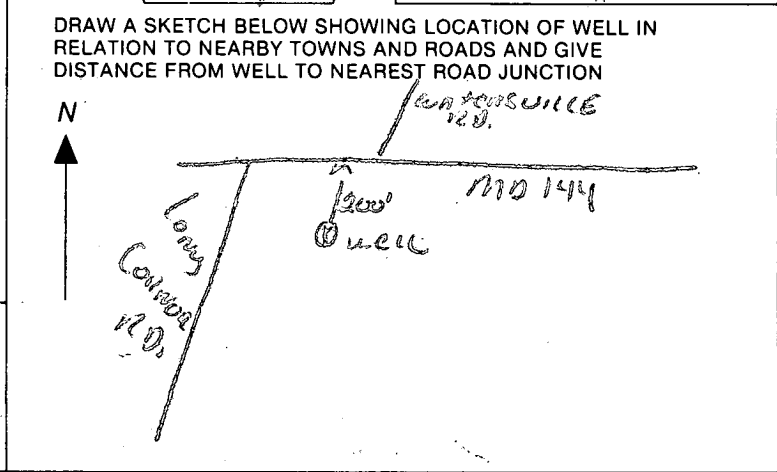
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **7604**
 E **5502**

11/30/87
50" pipe
450 PEN
12 BAGS
511
LOCATION OK

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)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **HO-81-2432**

SPECIAL CONDITIONS

Country View

MD. 144

N 28° 03' 48" E

5800 ± TO LONG CORNER RD.

S 61° 57' 12" E 226.83'

7.00'

S 61° 59' 44" E

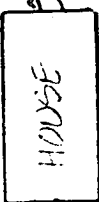
3
NING-R

N 27° 27' 34" E 277.01'

VEHICULAR INGRESS

370' AND EGRESS IS RESTRICTED

25' TRANSITION FROM 30' PAVING TO 22'



2.1 AC
Country View
Sub.

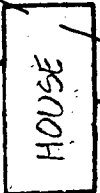
E 300.40'

TO BE RAZED

660'

30' BRL
30' BRL

LOT 2
3.0 AC ±



75' BRL

ROAD 'A'

30' BRL
30' BRL

625'

LOT 3
3.0 AC ±



75' BRL

780'

210'

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

33518

New Installation Replacement Receipt # 45552
 Date 2/16/90

Name of Installer J. JOSEPH GARDNER, Inc. Telephone 875-2400

License Number 1713
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Barnard Const. Co. Telephone 489-7621
 Subdivision COUNTRY VIEW ESTATES Lot # 1 Well Tag # - - -
 Site Address 17502 COUNTRY VIEW WAY

Pump 1. Type a. Deep well jet <input type="checkbox"/> b. Shallow well jet <input type="checkbox"/> c. Submersible <input checked="" type="checkbox"/> 2. Make <u>Grundfos</u> 3. Model # <u>10E705422</u> 4. Capacity <u>10</u> GPM 5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/> 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input type="checkbox"/> Other <input type="checkbox"/>	Motor 1. Horsepower <u>1/2</u> 2. RPM <input type="checkbox"/> 3. Voltage <input type="checkbox"/> a. 110 <input type="checkbox"/> b. 220 <input checked="" type="checkbox"/>	Pitless Adapter 1. Make <u>Howard</u> 2. Model # <u>PT-800</u> 3. Depth <u>42'</u>
---	---	--

Tank 1. Capacity <u>42 gal.</u> 2. Pressure relief valve? <u>75 PSI</u>	Piping 1. Type <u>PLASTIC</u> 2. Size <u>1"</u> 3. NSF and/or BOCA Code approved <u>Yes</u> 4. Depth of supply line <u>42'</u>	Well data 1. Depth <input type="checkbox"/> ft. 2. Yield <input type="checkbox"/> GPM 3. Static water level <input type="checkbox"/> ft. 4. Will water supply be disinfected by installer? <input type="checkbox"/>
--	---	--

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: _____
 Date: 2/12/90

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

N/E
L.E. MUMMAU
PLAT 3862

N/E
HOUGH
583/209

A) Prop. House
F.F. Elev = 778.0'
Bsm't. Elev = 769.5'
Inv. Out = 770.78'

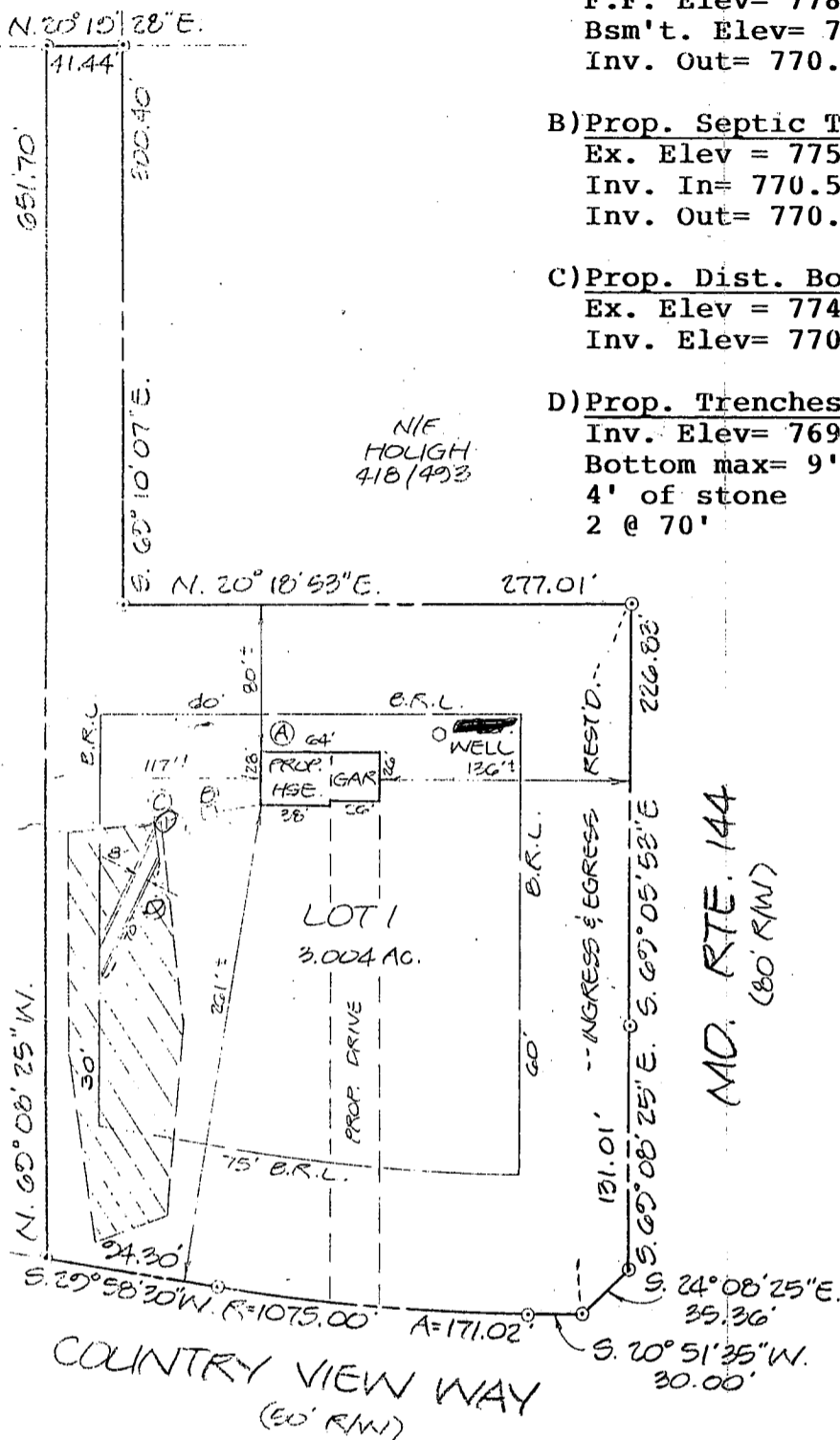
B) Prop. Septic Tank
Ex. Elev = 775.0'
Inv. In = 770.54'
Inv. Out = 770.24'

C) Prop. Dist. Box
Ex. Elev = 774.7'
Inv. Elev = 770.0'

D) Prop. Trenches
Inv. Elev = 769.7'
Bottom max = 9'
4' of stone
2 @ 70'

N/E
HOUGH
418/493

LOT 2



MD. RTE. 144
(80' R/W)

PLOT PLAN
LOT 1
COUNTRY VIEW
SITUATED ON COUNTRY VIEW WAY
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' JUNE 1989

7/24/89
PLANS OK
RHOODES



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC.
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015

REFERENCE

JOB NO.

PLAT NO. 7320

88-1786

N/E
L.E. MUMMAU
PLAT 3062

N/E
HOLIGH
583/200

N. 20° 10' 28" E.

41.44
651.70'

300.40'

S. 69° 10' 07" E.

N. 20° 18' 53" E.

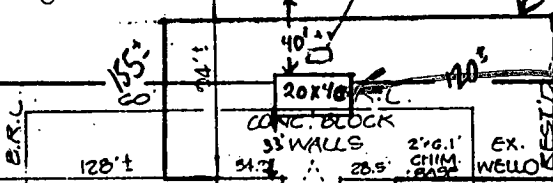
277.01'

Pool
excav.

N/E
HOLIGH
418/493

5' fence
Board on board
and split rail w/ mesh wire
outside

LOT 2



LOT 1
3.0004 AC.±

MD. RTE. 144
(80' R/W)

2/8/94
No impact
to existing
well or septic.
A. M. Mellan
Health Department

N. 69° 08' 25" W.

S. 29° 58' 30" W. R=1075.00

A=171.02'

S. 69° 05' 53" E.

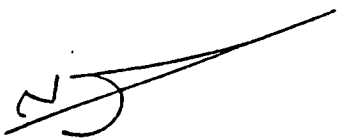
S. 24° 08' 25" E.
25.36'

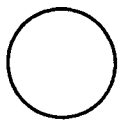
S. 20° 51' 35" W.
30.00'

COUNTRY VIEW WAY
(50' R/W)

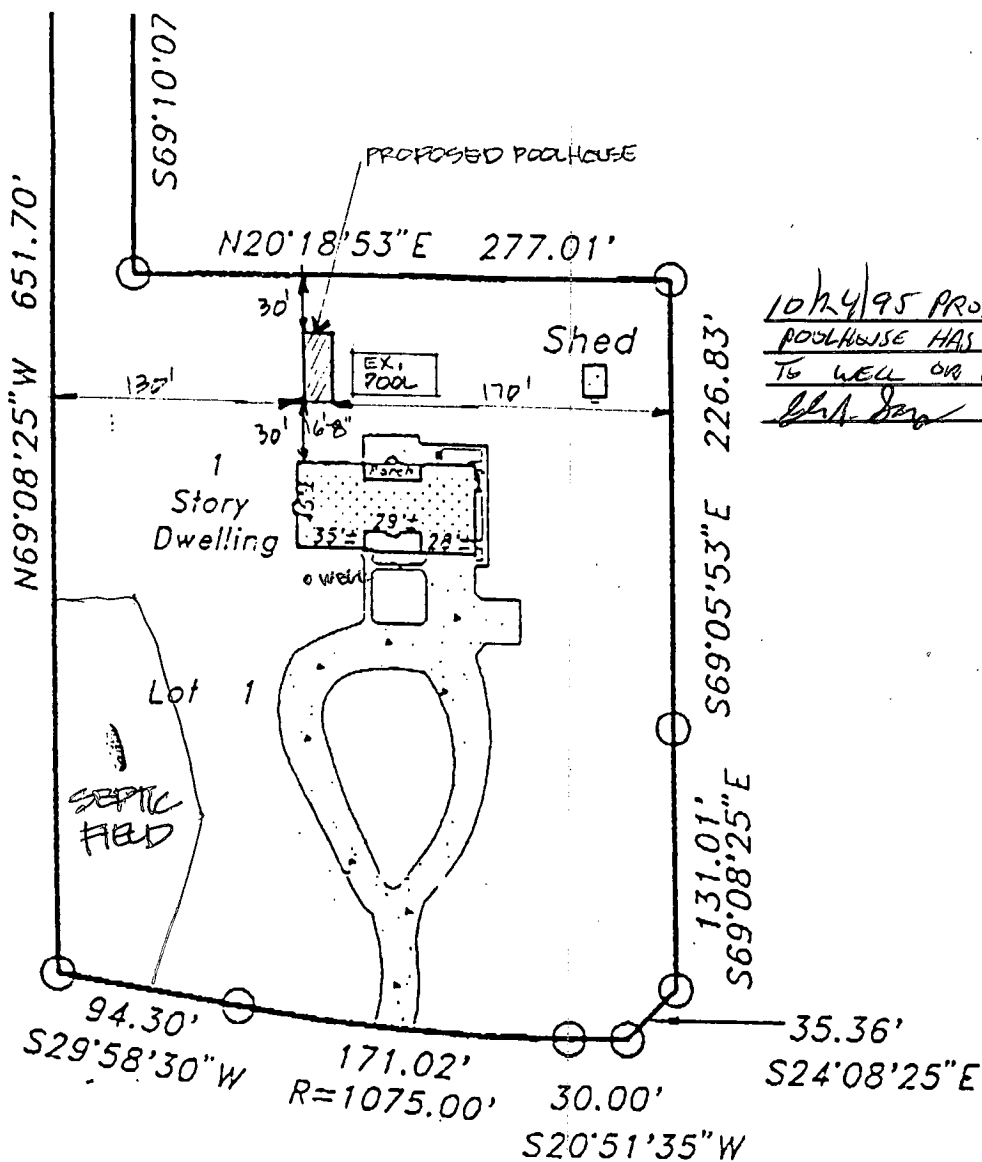
WALL CHECK SURVEY
LOT 1

COUNTRY VIEW
17502 COUNTRY VIEW WAY
ELECTION DISTRICT N° 4
HOWARD COUNTY, MARYLAND
SCALE: 1"=100'
FEB 1990





North



10/24/95 PROPOSED
POOLHOUSE HAS NO IMPACT
TO WELL OR SEPTIC
John Chalk

*Well loc.
 NOT CORRECT ?!*

COUNTRY VIEW WAY

Scale: 1" = 100'-0"

Proposed Poolhouse Addition To The TURNER RESIDENCE

17502 Country View Way
 Mount Airy, Maryland 21771

John Patrick Chalk, AIA, PA
 ARCHITECT

7 Allspice Court
 Owings Mills, Maryland 21117

