

6/13/87 AM

PERMIT

P 39022

A 33684

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 4/3/87

DATE SYSTEM APPROVED 6-18-87

INSPECTOR JEN

Jack Fyock

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Fox Pause ROAD 11900 Hall Shop Rd LOT 13

PROPERTY OWNER Land Development Corporation James Haskell

ADDRESS _____

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

GARBAGE GRINDER? YES NO _____

BLDG. PERMIT SIGNED 1330
AND RETURNED 5/19/86

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

Serial # 57485
Robert F. ...

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide, Inlet 3 feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 3 feet below original grade. 5.5 feet of stone below distribution pipe.

LOCATION - Place distribution box and start trench 280 to 300 feet from front (Hall Shop Road), lot line and 10 feet from left side property line and run trench on level ground approximately toward Route 32. Trench must be at least 100 feet from well and 20 feet from house.

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 R. Hodges/F. Frommelt DATE 4/17/86

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: 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.

BLDG. PERMIT SIGNED
AND RETURNED 4/11/86

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.

BLDG. PERMIT SIGNED
AND RETURNED 4/19/86

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

33684

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE _____

Per Test results found on A 33684

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: ~~EDWIN WILSON~~ *LAND Develop. Corp.*

ADDRESS: *Box 32 Ashton Md* PHONE _____

PROPERTY LOCATION:

SUBDIVISION: *FOX PAUSE* LOT NO. *NEW 13 per Final 3/21/86*

ROAD AND DESCRIPTION: *3.06 ac 11900 Hall Shop Rd.*

SIZE OF LOT _____ TYPE BLDG. _____
BLDG. PERMIT SIGNED AND RETURNED *1-7-87 SHW*
(NUMBER OF BEDROOMS) *BP 9608*

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.

(SIGNATURE OF APPLICANT)

APPROVED BY *Sidney Alms* FOR *Deep trenches* DATE *1-7-87*

REJECTED BY _____ FOR _____ DATE _____

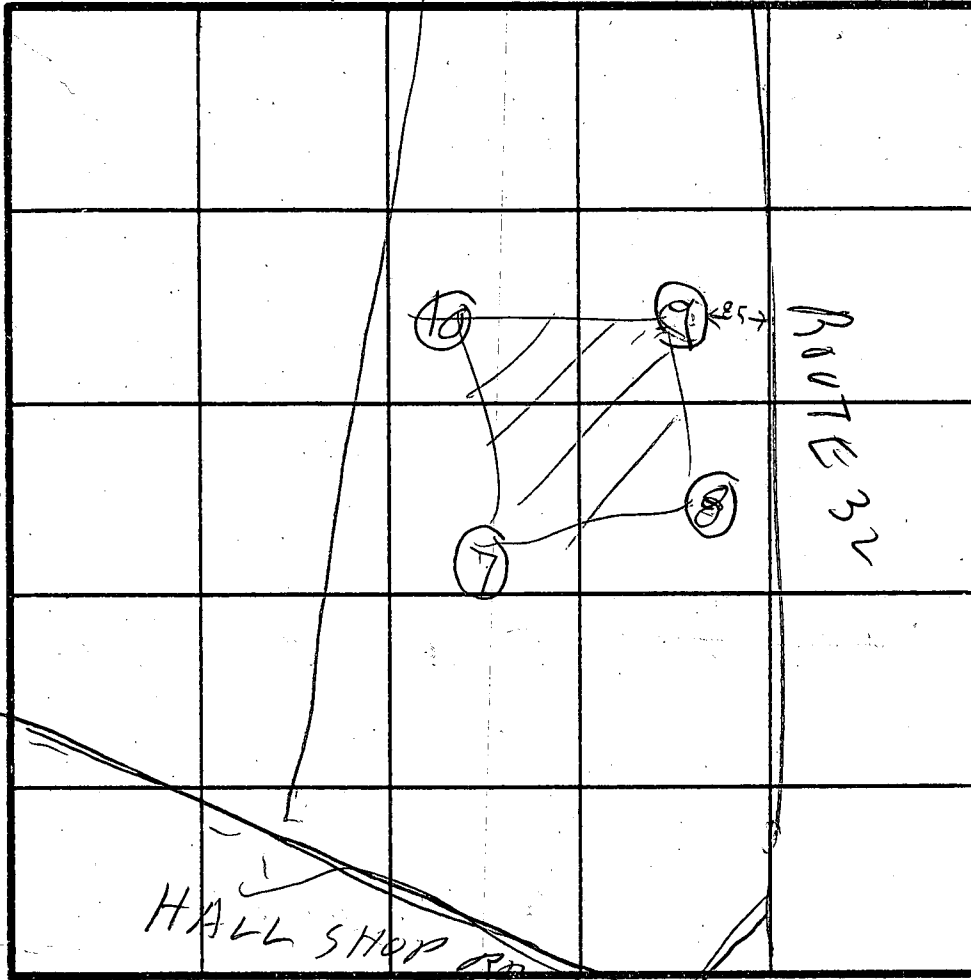
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'



Per Test
Results
on Sheet
A 33604

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	7						
	8						
	9						
	10						

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

LAND DEVELOPMENT CORP
 BOX 386
 SANDY SPRING, MD. 2086
 924-2866

LOT 13 FOXPAUSE SUBDIVISION
 11900 HALLSHOP RD, CLARKSVILLE, MD
 SECTION 2 SCALE 1"=100'

180/BR
 2.5-8.5
 (484)

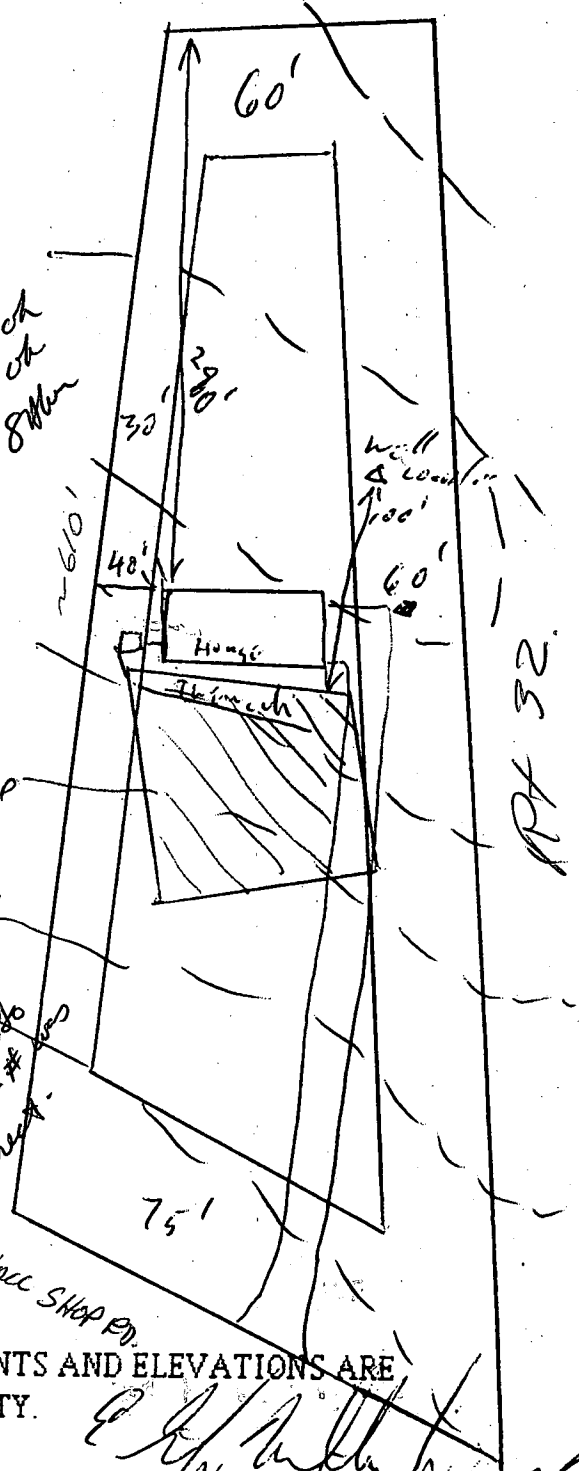
1-7-87
 elevations ok
 site plan ok
 SMM

1311 CF TRENCH REQUIRED
 FOR 4BR w/o DISPOSAL

BLDG. PERMIT SIGNED
 AND RETURNED 1-7-87 SMM
 BP 9608

FIRST FLOOR	<u>436</u> ✓
BASEMENT	<u>428</u> ✓
INV ELEV HOUSE	<u>423.20</u> ✓
INV ELEV TANK	<u>433</u>
EXIST ELEV	<u>435</u>
INV ELEV FR TANK	<u>432.75</u>
INV TO TRENCH	<u>432</u> ✓
EXIST ELEV	<u>435</u> ✓

BASEMENT NOT
 ON GRAVITY
 433.2
 called to
 confirm #
 incorrect.



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE
 ACTUAL AND CORRECT FOR THIS PROPERTY.

JACK FYOCK WILL INSTALL THE SYSTEM.

[Handwritten signature]
 Jack Fyock

B 1 8971 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 MD-81-1746

fill in this form completely

Date Received 12/24/86

OWNER INFORMATION

LAND TRAVEL PARMENT CORP
 15 Last Name 34 Owner First Name

POV 280
 36 Street or RFD 55

SANDY SPRING MD 20860
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD COUNTY 21

FOX PAUSE 23 SUBDIVISION 42

SECTION 44 46 LOT 13 48 50

CLARKSVILLE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 7.1 73 76 77 78

DRILLER INFORMATION

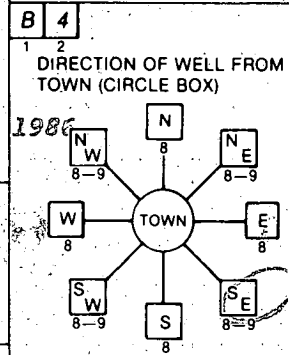
George P. Easterday, 77 License No. 80

Firm Name L. Franklin Easterday, Inc.

Firm Address 9265 Brown Ch. Rd., Mt. Airy, Md. 21721

Address George P. Easterday Date 10/28, 1986

Signature Date



Nece Shm Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

45 34 DISTANCE FROM ROAD 37

ENTER FT or MI 45 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. A 23684

OEP SIGNATURE [Signature] STATE HEALTH INSERT S [Signature] 41

DATE ISSUED 11/07/86 43 CO SIGNATURE [Signature] 48 EXP. DATE 05/07/87 52

NORTH GRID 492000 50 55 EAST GRID 0827000 57 63

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 200 24 FEET 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8281 8
4923 9

LOCATION OF CW

GROUT COMPLETES PRIOR TO ARRIVAL 12/24/86 CW

well

000
000

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

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

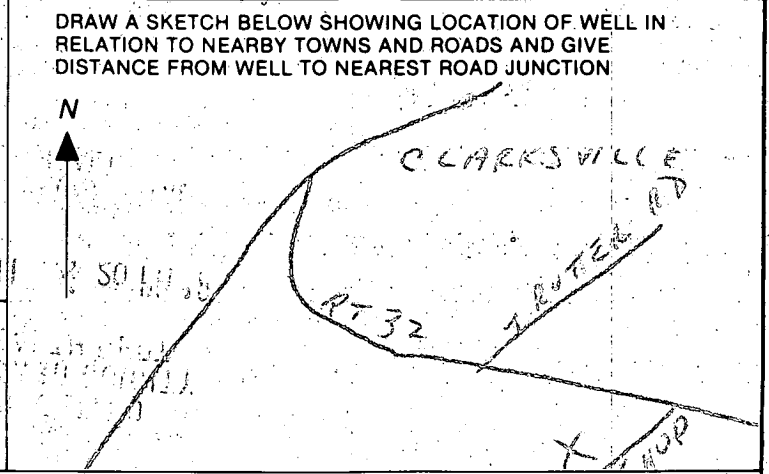
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____ 41 _____ 52



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

APPROP. PERMIT NUMBER _____ 54 GAP _____ 63

FORCE HA INITIALS IN BOX PERMIT NO. MD-81-1746 67-68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1-5392

SEQUENCE NO. (OEP USE ONLY)

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-33684

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 12 24 86

22 260 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 10-KI-1756

OWNER DEVELOPMENT CORP LAND last name first name TOWN CLARKSVILLE STREET OR RFD WALL SHOP RD SUBDIVISION FOX PAUSE SECTION LOT 13

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Topsoil 0-2, Br. mica 2-105, Tan mica 105-112, Gray mica 112-126, Tan mica 126-132, Gray mica 132-260.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 100 GALLONS OF WATER 8.5 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

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

MAIN CASING Nominal diameter Total depth top (main) casing of main casing (nearest inch) (nearest foot) ST 6 118

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

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

DEPTH (nearest ft.) HO 116 260. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

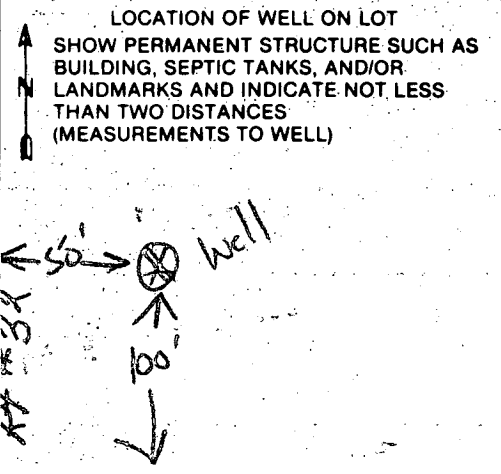
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C 3

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

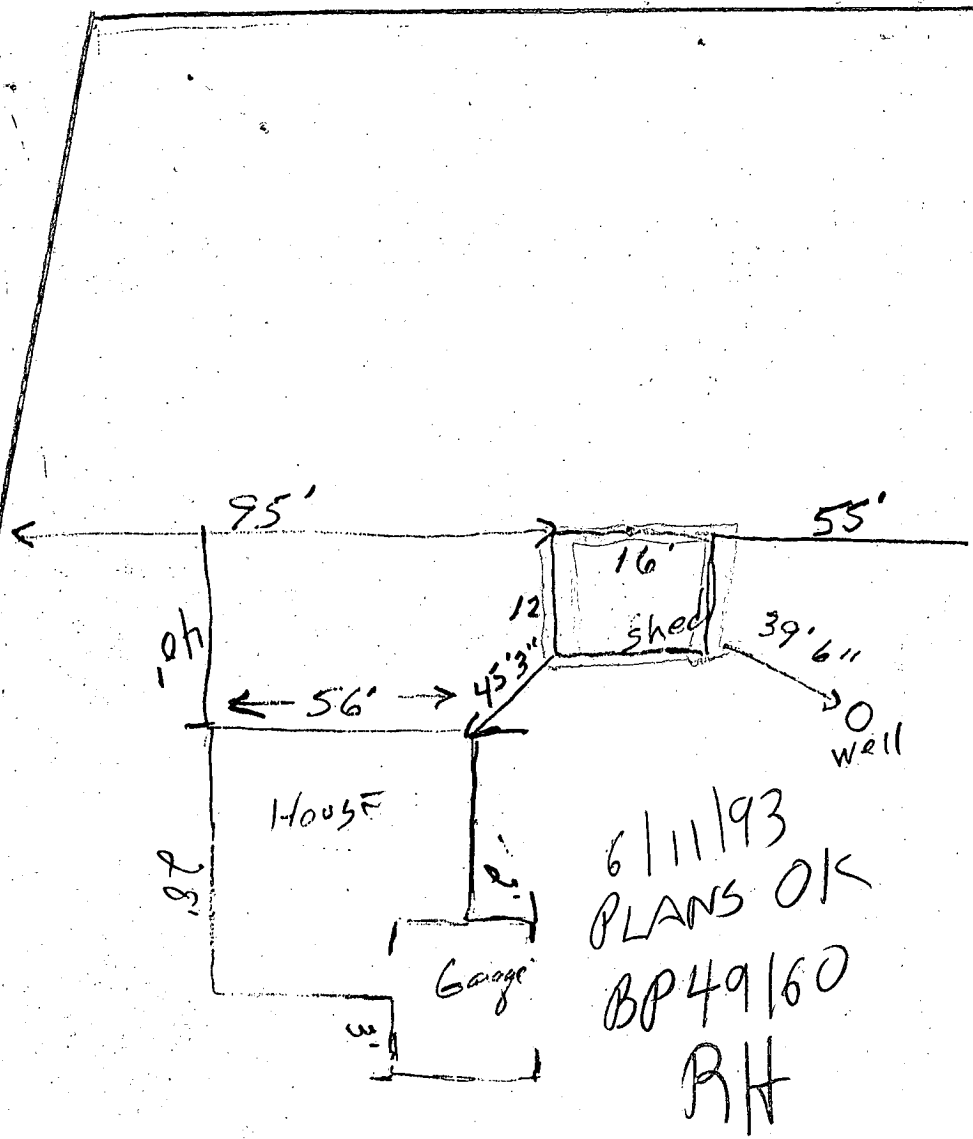
PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER 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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



32

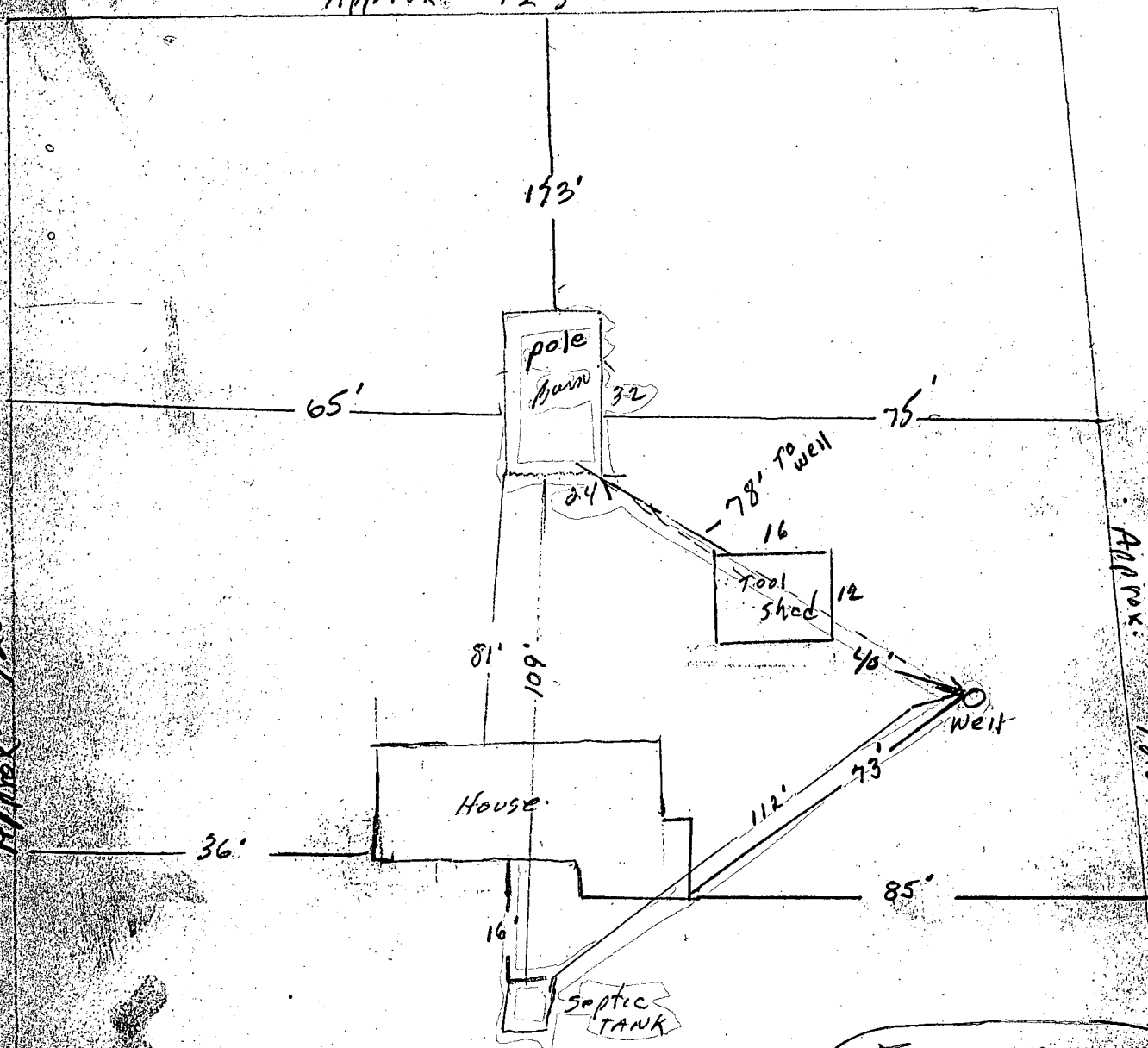
6/11/93
 PLANS OK
 BP 49160
 RH

SEPTIC FIELD

JAMES G. HASKELL

11900 Hill Top Rd Clarksville Md 21029 410-531-3000

Approx. 123'



Approx. 720'

RT 22

PERC AREA

For #59485

Note ① ok as shown
② ok per check out of 6/18/87

James G HASKELL
11900 Hall Shop Rd
Clarksville md
21029
410-531-3008

CBS

Hall Shop Rd.