

8/31/87 - now
9/9/87

PERMIT

P 39932

SEWAGE DISPOSAL SYSTEM

A 33686

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-400228
INDEXED

DATE 8/20/87

DATE SYSTEM APPROVED 9/9/87

INSPECTOR CW [signature]

Jack Fuock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Fox Pause ROAD 11918 Hall Shop Road LOT 16

PROPERTY OWNER Land Development Corporation

ADDRESS William ^{Sue} Anton

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

GARBAGE GRINDER? YES NO SHALLOW SYSTEM ONLY

244
4
976

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box at high perc hole (280' down the right lot line and 120' off the right line) as seen when facing property from Hall Shop Road. Run trenches along contour toward the left lot line.

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

OK/SA

PLANS APPROVED BY Bert Nixon DATE 4/20/87

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.

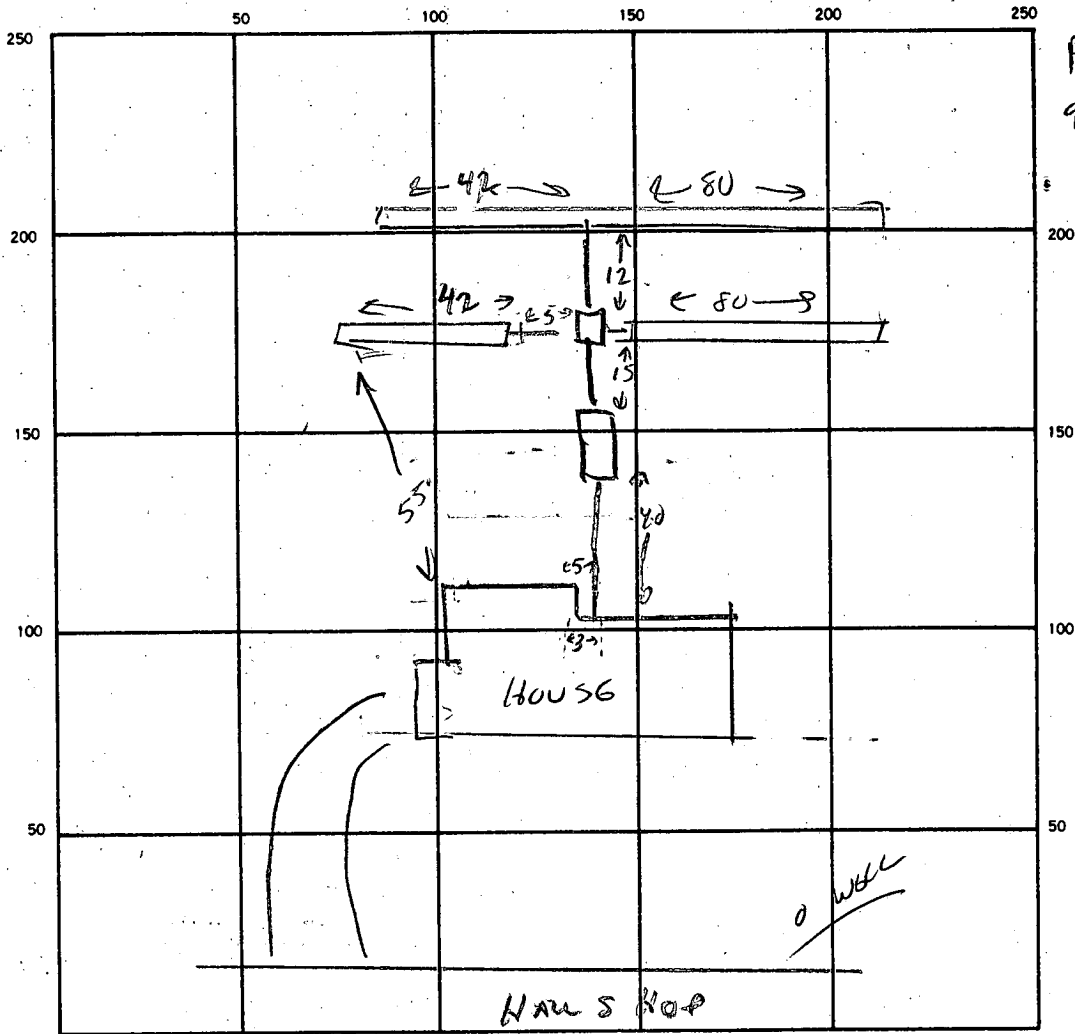
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33686



Per: C. Williams
 9-9-87
 Pitless adaptor
 ok. No permit.
 No request for
 inspection.

1
 246
 3
 720

SEPTIC TANK. LEVEL 2000 G ✓ CLEANOUTS ✓ ST

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 5 1/2 FT. TRENCH WIDTH 4 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH 24.4 (122+122) FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 976 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 976 SQ. FT.

REMARKS 8/31/87 HOUSE CONNECTION NB6060 FOR FINAL CW1

9/9/87 HOUSE CONNECTION OK. CW

DATE-SYSTEM APPROVED 9/9/87 INSPECTOR C. Williams

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 33686

P _____

DISTRICT 5

DATE 3/12/84

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 G. Mully~~ LAND Develop. Corp.

ADDRESS Box 32 Ashton Rd 20861 PHONE 854 0300

PROPERTY LOCATION:

SUBDIVISION Fox Pounce LOT NO. ~~16~~ 16

ROAD AND DESCRIPTION ~~Corner RT 32 & Hall's Shop Rd~~

11915 Hall Shop Rd

SIZE OF LOT 3.42 AC TYPE BLDG. sg 1 Family 4 Bed

(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.

Edwin G. Mully
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/7/84 PERC OK HOLD FOR PLAT

BLDG. PERMIT SIGNED
AND RETURNED 4/20/84

87-11031
Edwin

THIS IS NOT A PERMIT

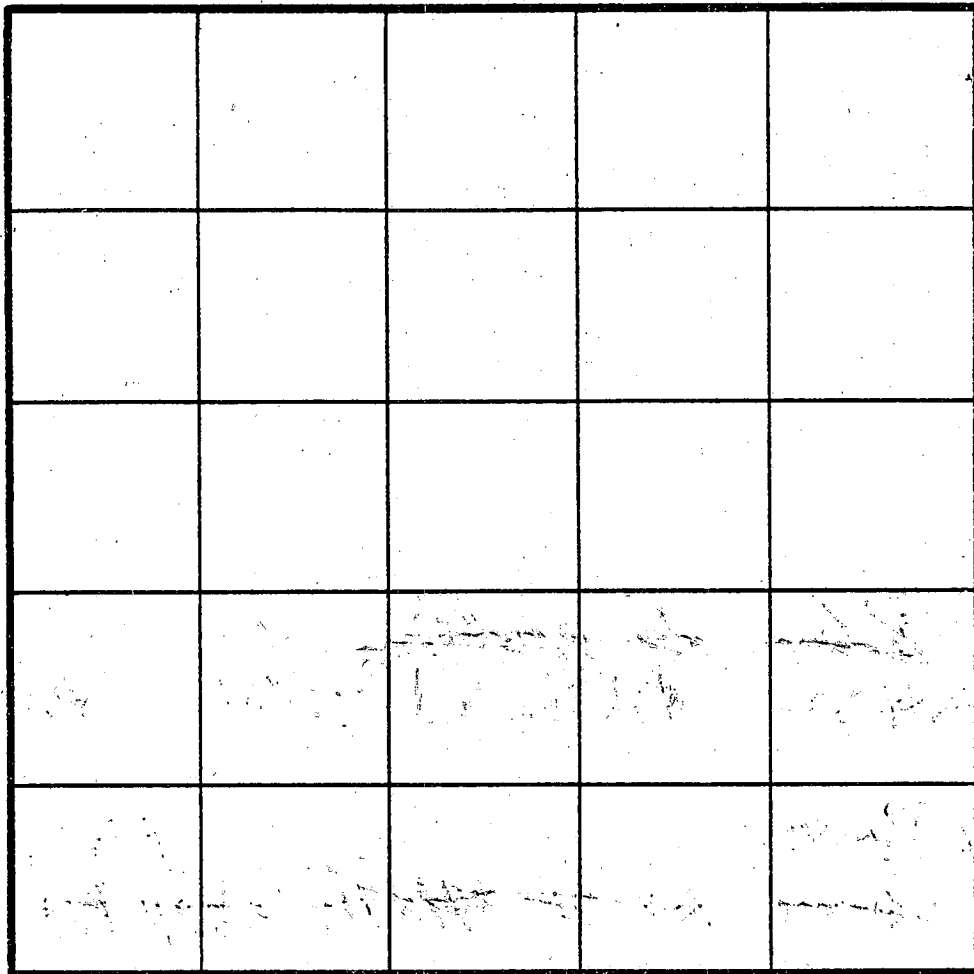
SOIL PROFILE

0'

4' BROWN CLAY

PURPLE & BROWN SAND LOAM

13 1/2'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/26/24	B S B V	4' 13 1/2'	1226	1230	1230		
			LOULIS	OK			

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

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 33686

P _____

DISTRICT 5

DATE 3/12/84

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 Edna S. Walker

ADDRESS Box 32 Ashton Rd 20861 PHONE 854 0300

PROPERTY LOCATION:

SUBDIVISION Fox Pkwy LOT NO. 16

ROAD AND DESCRIPTION corner RT 32 + Halle Shop Rd

SIZE OF LOT 3.42 AC TYPE BLDG. sgl Family 4 Bed

(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

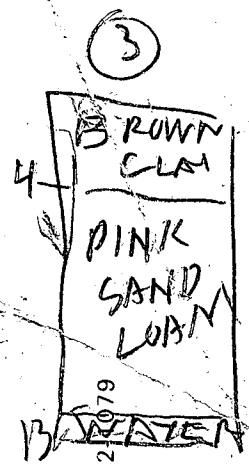
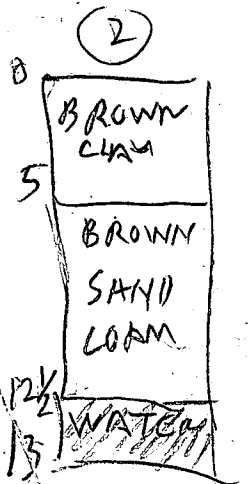
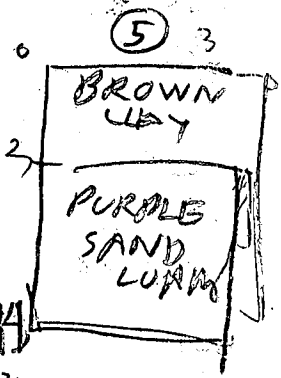
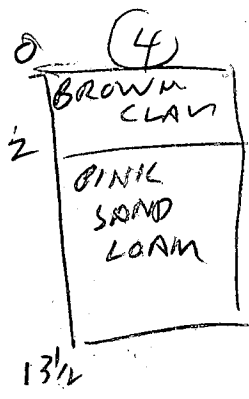
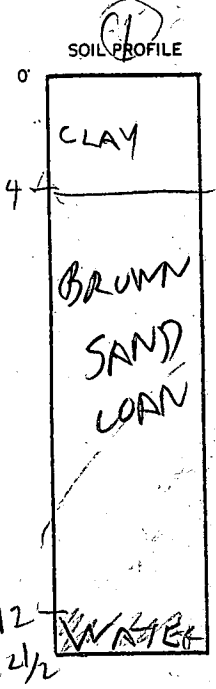
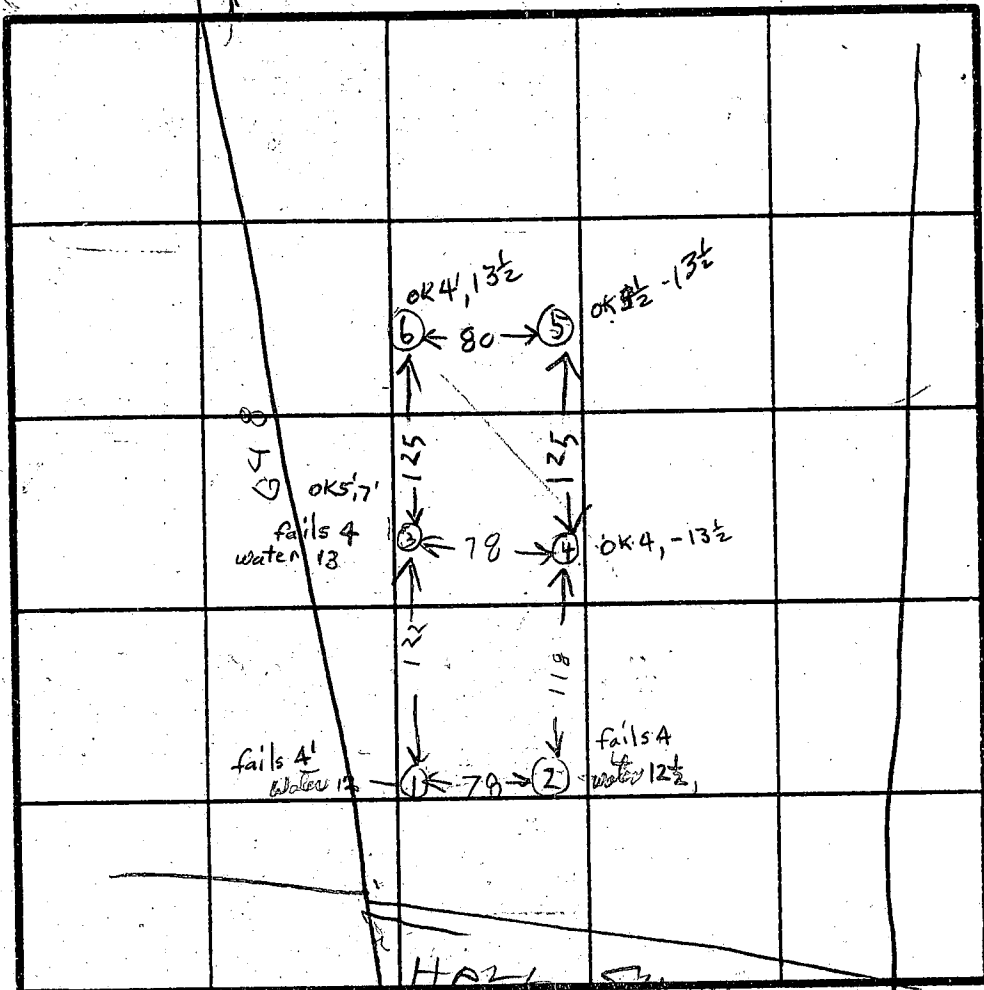
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT NE

See plan



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/26/84	1S	6	1005	1040	1040	1026	16
	1V	12 1/2	WATER		12	UNSAT	
	2S	4	1009	1013	1013	1026	13
	2V	13	WATER		12 1/2 FT	UNSAT	
	1AS	4	1013	1026	1026	1059	33
	2Sredg	4	1027	1059	32 little per		
	3V	13	WATER		13 FT	UNSAT	
	4S	4	1032	1033	1033	1035	2
	4V	13 1/2	LOOKS OK				
	3S	4	1035	1051	little per		
	3V	7	1035	1040	1040	1049	9
	3M	5	1055	1105	1105	1124	19
	5V	13 1/2	LOOKS OK				

HOLE ELEV
 (3) HIGH
 (2) LOW

REMARKS

TYPE OF SOIL

TESTED BY

RYOCK CO
 ROBERT JACK LARRY SKIP
 ALSO PRESENT WILSON

EH-12079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33687

P _____

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

DISTRICT 5

DATE 3/12/64

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 G. Wilson

ADDRESS Box 32 Ashton Md 20861 PHONE 8540300

PROPERTY LOCATION:

SUBDIVISION Fox Pkwy LOT NO. 17

ROAD AND DESCRIPTION corner RT 32 & Halls Shop Rd

SIZE OF LOT 3109 AC TYPE BLDG. 59 1/2 Bed
(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.

Edwin G. Wilson
(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

B 7 7606 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
10-81-1918
fill in this form completely

Date Received
OWNER INFORMATION
LAND DEVELOPMENT
BOX 386
SANDY SPRING MD 20866

B 3 LOCATION OF WELL
HOWARD
FOX PAUSE
CLARKSVILLE
MILES FROM TOWN 2 MI

DRILLER INFORMATION
George F. Easterday
L. Franlin Easterday- Inc.
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
2/11/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD WALL SHOP rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 47

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)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A 33656
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 021987 A Nylan 08/19/87
NORTH GRID 442000 EAST GRID 082000

APPROXIMATE DEPTH OF WELL 200 FEET

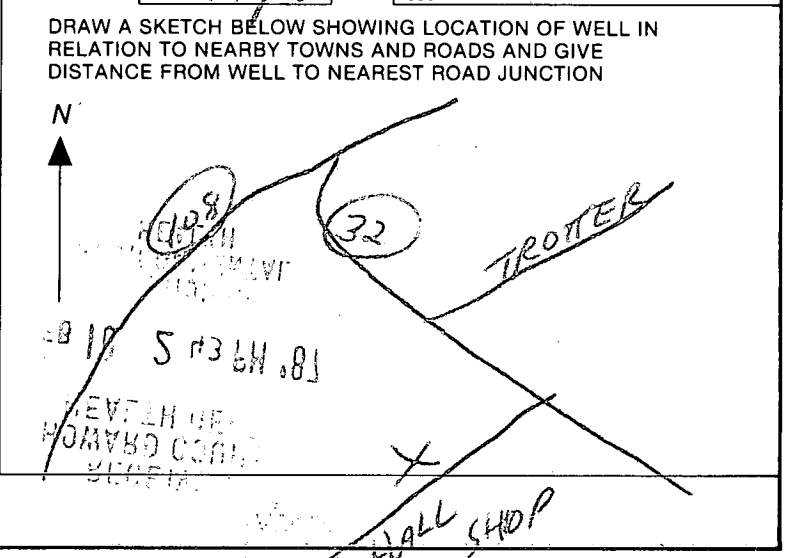
APPROXIMATE DIAMETER OF WELL 6 INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8200
N 4902

3-17-87
NOT PRESENT FOR GRANT
S HW
WELL

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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



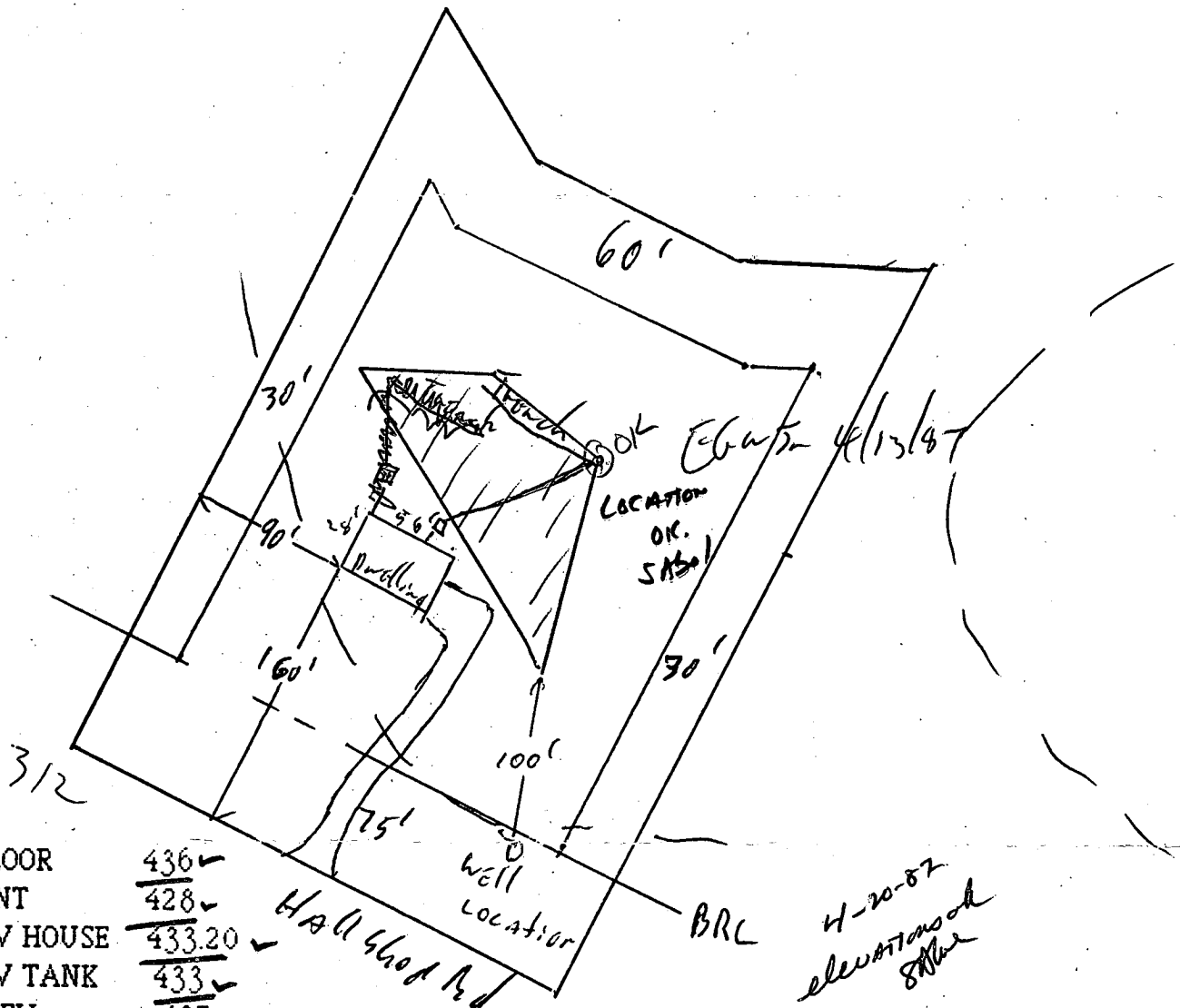
Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP

FORCE INITIALS IN BOX PERMIT No. 10-81-1918

SPECIAL CONDITIONS

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

LOT 16 FOXPAUSE SUBDIVISION
 11918 HALLSHOP RD, CLARKSVILLE, MD
 SECTION 2 SCALE 1"=100'



FIRST FLOOR	<u>436</u> ✓
BASEMENT	<u>428</u> ✓
INV ELEV HOUSE	<u>433.20</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> ✓ 431.5
EXIST ELEV	<u>435</u> ✓

Hall Shop Rd

BRL
 4-20-87
 elevations ok
 S.A.S.

BLDG. PERMIT SIGNED
 AND RETURNED 4-20-87

S.A.S.
 CP# 11031

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

JACK FYOCK WILL INSTALL THE SYSTEM.

[Handwritten Signature]

C 3865

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 33686

DATE RECEIVED

DATE WELL COMPLETED 03/17/87

DEPTH OF WELL (TO NEAREST FOOT) 22 294 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" WC-81-11118

OWNER: DEVELOPMENT LAND; STREET OR RFD: MITX HALL SHOP RT; TOWN: CLARKSVILLE; SUBDIVISION: FOX PAUSE; SECTION: ; LOT: 16

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 include Top Soil, Red Mica, Sand Mica, Blue Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Circle appropriate box) Y N

TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC. NO. OF BAGS 14, NO. OF POUNDS 1400. GALLONS OF WATER 70. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

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

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch) 51, Total depth of main casing (nearest foot) 14.

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.

DEPTH (nearest ft.): 1 140, 2 94, 3 200.

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.

SLOT SIZE: 2; DIAMETER OF SCREEN (NEAREST INCH) 56 to 60.

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...

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

DRILLERS IDENT. NO. 40; DRILLERS SIGNATURE: George J. [Signature]; 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.

C 3

PUMPING TEST: HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min. to nearest gal.) 8; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 17, WHEN PUMPING 79; TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO; 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 2 (nearest foot).

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).

