

7/02  
0:00

10/22/01  
15:00

1/8/02 WFE  
AM

ISSUE DATE: 10/22/2001

P 516080

APPROVAL DATE: 2/10/02

A 32402

# PERMIT

## INDEXED

### ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

04-344286

Eogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER   
MD, 21784

ADDRESS: 580 Obrecht Road, Sykesville, PHONE NUMBER: (410) 795-5670

SUBDIVISION: Haines Property LOT NUMBER: 1

ADDRESS: 17750 Hardy Road PROPERTY OWNER: Dan Ricker

SEPTIC TANK CAPACITY (GALLONS): 1250

**BUILDING PERMIT SIGNED  
AND RETURNED**

PUMP CHAMBER CAPACITY (GALLONS): N/A

7-17-03 300143063-IG POOL

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 200' from the existing well and 60' off the left lot line. Run (4) trenches on contour to left side of lot as shown on plan.
NOTES:	

PLANS APPROVED: MER 10/18/01 OK (BB) DATE: 10/15/01

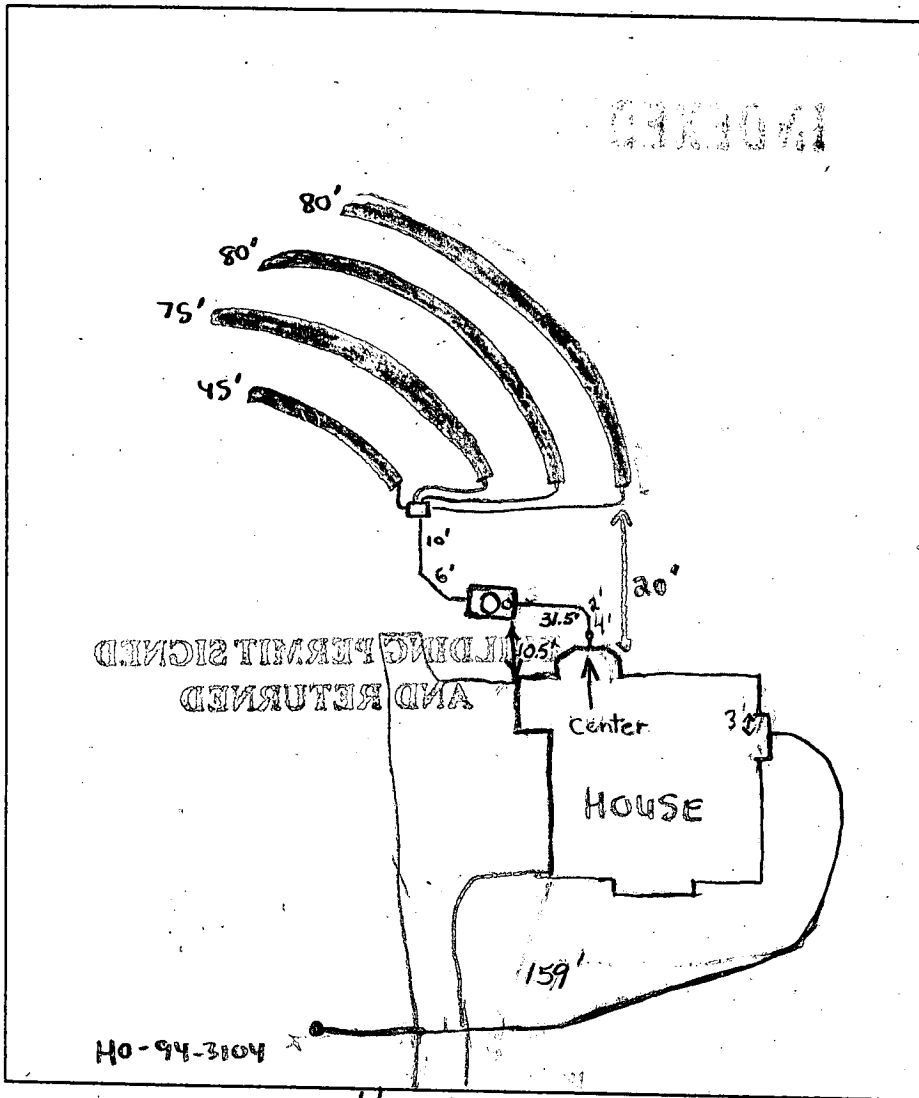
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

432402

PER KURT CASSELL  
FROM FOGLE'S

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>3'</u>
TRENCH INLET DEPTH	<u>3'</u>
TRENCH BOTTOM DEPTH	<u>5'</u>
DEPTH OF STONE	<u>2'</u>
NUMBER OF TRENCHES	<u>4</u>
TOTAL TRENCH LENGTH	<u>280'</u>
ABSORBENT AREA	<u>840 ft<sup>2</sup></u>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1250 TS</u> GALLONS
MANHOLE RISER	<u>Yes</u>
6 INCH INSPECTION PORT	<u>Yes</u>
PUMP CHAMBER DATA <u>N/A</u>	
PUMP CHAMBER GALLONS	<del>_____</del>
MANHOLE RISER	<del>_____</del>
ALARM	<del>_____</del>
PUMP PERFORMANCE TEST	<del>_____</del>

PRE-CONSTRUCTION INSPECTION: Hardy Road 10/26/01 To install as per B.P. plan. (BB)

INSPECTION COMMENTS: 10/26/01 No House Connection. Tank Set. (BB) 1/8/02 Could  
NO SEE HOUSE CONN MADE. WPI OK'd (KB) 2/28/02. INSTALLER NEVER CALLED  
IN FOR FINAL INSP. & THEN COVERED WITHOUT APPROVAL, (HONEST MISTAKE  
MADE - INSTALLER REPUTABLE), INSTALLER SUBMITTED DRAWING ON (SRD)

INSPECTOR: \_\_\_\_\_ DATE SYSTEM APPROVED 2/28/02



Building Address 604 N HARDY RD  
W. side 21783  
 Suite/Apt #: NA SDP/WP/Petition #: NA  
 Census Tract 60400 Subdivision Homes Property  
 Section 1 Area 1.2 Lot 1  
 Tax Map 6 Parcel 821 Grid 6  
 Zoning RC-DEP Map Coordinates 2 1/2 Lot size 3,000

Property Owner's Name Dan Ricker  
 Address 13840 Forsythe Rd  
 City Sykesville State MD Zip Code 21784  
 Home Phone 410 412 3613 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use: VACANT LOT  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 300,000  
 Description of Work CONSTRUCTION of Driveway single  
Family Home. 2 story + Basement  
Fireplace Bed. 2 1/2 bath. 3 car

Contractor Company DATADESCU Homes  
 Contact Person D. Ricker  
 Address 13840 Forsythe  
 City Sykesville State MD Zip Code 21784  
 License No. 1295  
 Phone 410 412 0319 Fax \_\_\_\_\_

Occupant or Tenant NA  
 Contact Name Dan Ricker  
 Address 13840 Forsythe Rd.  
 City Sykesville State MD Zip Code 21784  
 Phone 410 412 0319 Fax \_\_\_\_\_

Engineer or Architect Company FISHER COLLINS  
 Contact Person Robb  
 Address \_\_\_\_\_  
 City Ellicott City State MD Zip Code 21042  
 Phone 410 416 2855 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>1700</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

**BUILDING DESCRIPTION: RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>36.11</u> Width <u>36.11</u> 1st floor: <u>962.11</u> <u>484</u> 2nd floor: <u>862.11</u> <u>38.11</u> Basement: <u>8635</u> <u>45.11</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Daniel N Ricker  
 Title/Company DATADESCU HOMES

Print Name Daniel N Ricker  
 Date \_\_\_\_\_

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

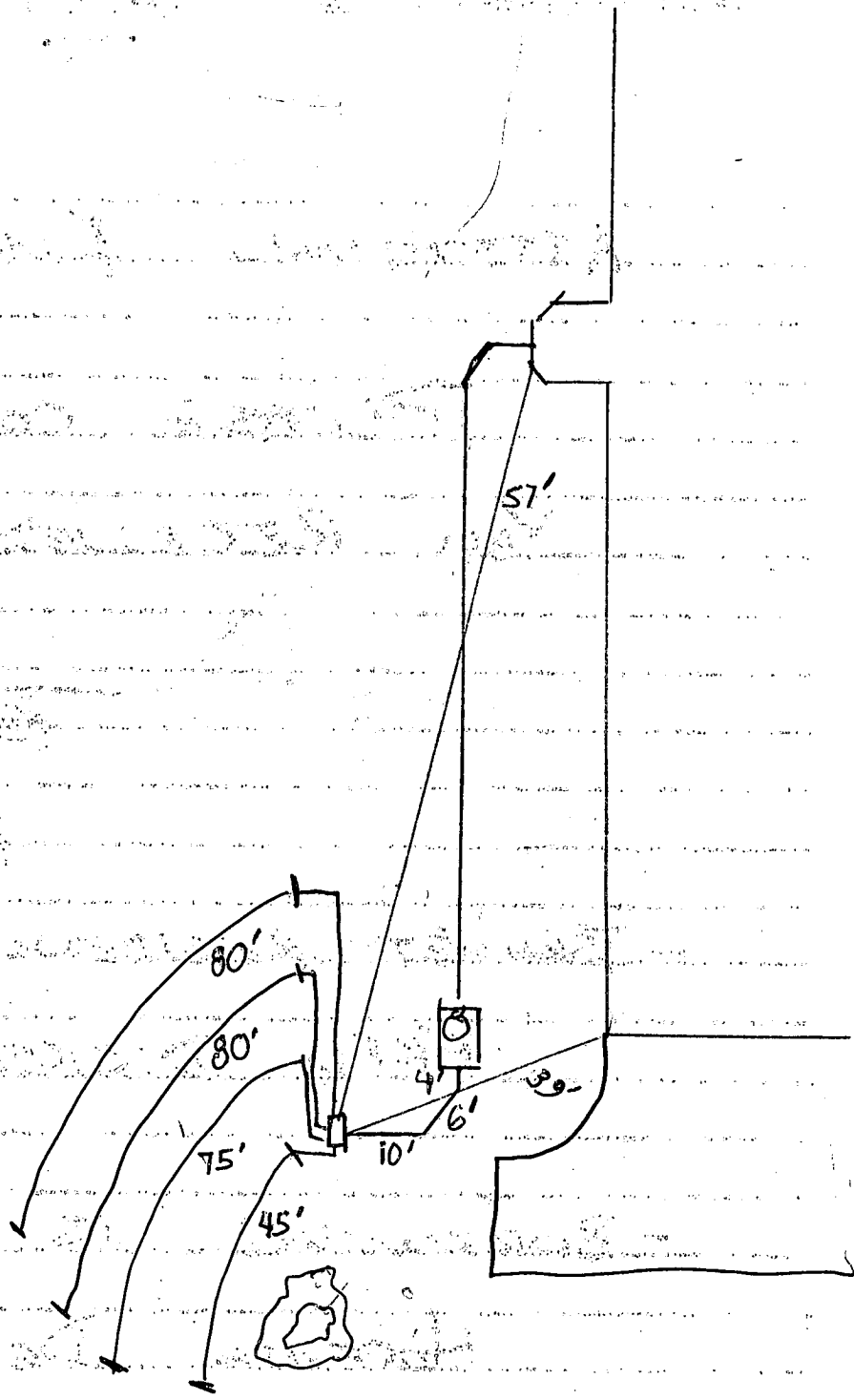
**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ/SUB/BACK INFORMATION	PROPERTY ID#
Land Development DPZ				
Public Utilities				
Building Official				
City Engineering DPZ				
Health				
Fire Protection				
Equipment Control Agency (required prior to issuance)				
YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				
Distribution of Copies: _____				
White Building Official				
Green LDD DPZ				
Yellow DED DPZ				
Pink Health				
Gold SH				

DRAWING FROM KURT CASSELL  
& GARY MULLINS FROM FOGGLES  
SEPTIC CLEAN, SUBMITTED 2/28/02

DO NOT DISCARD

OKSRK



INSTALLER  
NEVER CALLED IN  
FINAL INSP.  
& THEN COVERED  
TRENCHES

ATTENTION, KURT.

PLEASE CONFIRM THAT  
YOU RECEIVED THIS.

BOB

HOFFMAN

- BRUNETT RESIDENCE IS FOR

FRED DICKSON CO.

- BORKOWSKI IS FOR

HOFFMAN DESIGN-BUILD.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: AR Crowell Plumb. & S. Telephone #: 410-715-9565  
 Address: 9017 Red Bank Rd #4105  
Columbia MD 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Robert Crowell License# 8980  
 \*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: DAN RICKER Telephone #: 410-442-3613  
 Subdivision: HAINES PROPERTY Lot #: 1 Well Tag #: HO 94-3104  
 Site Address: 17750 Hardy Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Lorain</u>	Make: <u>Copbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>25PL75122</u>	Model #: <u>BRK</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>280</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <input type="checkbox"/>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <input type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 2-14-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/8/02 Date Insp. Approved: 1/8/02 Inspector: (KQ)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 01765

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OKSRK

COUNTY NUMBER 7/2/01

ST/GO USE ONLY DATE Received MM DD YY 06 28 01

DATE WELL COMPLETED 06 12 2001

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 3104

OWNER Viking Development STREET OR RFD Hardy Road TOWN Mt Airy SUBDIVISION Haines Property SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and #1 well 400' (backfilled).

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and screen diameter.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. MWD 399 DRILLERS SIGNATURE LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

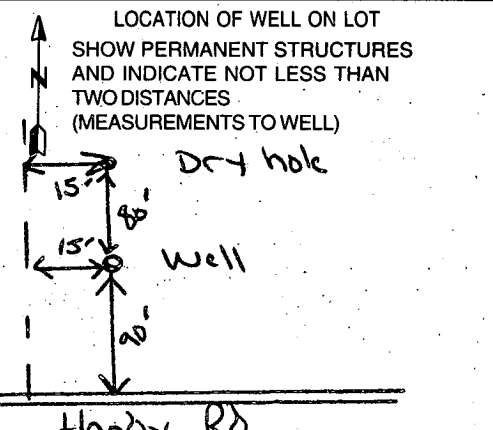
DEPTH (nearest ft.) table with columns for depth and casing height.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3104  
 Location of property (road) Hardy Road  
 Subdivision Haines Property Lot 1 Block      Plat      Sec.       
 Well Driller G. Edgar Hart Sons Corp Owner Viking Development

Depth of well 300'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 43'

I. High rate pumping -- reservoir drawdown

Time pump started 0900 Pumping rate 15.0  
 Total time 45 min to reach pumping water level 242 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 4 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0900	43'	4		15.00
0915	139'	4		15.00
0930	188'	5		12.00
0945	242'	32		1.87
1000	240'	30		2.00
1015	240'	30		2.00
1030	240'	30		2.00
1045	240'	30		2.00
1100	240'	30		2.00
1115	240'	30		2.00
1200	240'	30		2.00
1215	240'	30		2.00
1230	240'	30		2.00
1245	240'	30		2.00
1300	240'	30		2.00
1315	240'	30		2.00
1330	240'	30		2.00
1345	240'	30		2.00
1400	240'	30		2.00
1415	240'	30		2.00
1430	240'	30		2.00
1445	240'	30		2.00
1500	240'	30		2.00
1515	240'	30		2.00



B 1	<b>7091</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W515 213</i> please print or type	STATE PERMIT NUMBER <b>HO-94-3104</b> <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

**OWNER INFORMATION**

Date Received (APA) \_\_\_\_\_

8 MM DD YY 13

Viking Development  
15 Last Name Owner First Name 34

815 Windriver Drive  
36 Street or RFD 55

Sylkesville MD 21784  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard  
8 COUNTY 21

Haines Property  
23 SUBDIVISION 42

SECTION \_\_\_\_\_ LOT 1  
44 46 48 50

mt Airy  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I I  
73 76 77 78

**DRILLER INFORMATION**

Paul M Fabuszak MWD 399  
Driller's Name 76 License No. 81

G Edgar Harr Sons Corp  
Firm Name

12047 Falls Rd Cockeysville 21030  
Address

Tackling 4-11-01  
Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD** Hardy Road 30

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

34 300 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 14 20

**USE FOR WATER. (CIRCLE APPROPRIATE BOX)**

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard 32402  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41

DATE ISSUED 05 16 01 Steven R. King 05 16 02  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 550 000 EAST GRID 760 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other \_\_\_\_\_

**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

39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

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

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-94-3104  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 760

N 550

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

5001 V6 S0 WH ID: 0P

5001 V6 S0 WH ID: 0P

Hardy Rd



# 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 32402

P \_\_\_\_\_

DISTRICT 4

DATE January 3, 1983

*Pre-l.*  
*1/10/83*  
*9:30 A.M.*  
*1/25/83*  
*9:30 AM*  
*1 hole*

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 Kenneth L. Haines

ADDRESS 759 Long Corner Rd. Mt. Airy, Md. 21771 PHONE 829-1394

PROPERTY LOCATION: Hardy Rd. and Long Corner Rd.

*LOT # 1 ON FINAL PLAT*

SUBDIVISION No Tax map 6, grid 6, parcel 42 LOT NO. X

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT 3 acres 5.4 TYPE BLDG. 3 or 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.

APPROVED BY *Sidney Abel* FOR *Kenneth L. Haines* (SIGNATURE OF APPLICANT) DATE *11/17/86*  
*Raymond Woodley* FOR *Shallow Perc Tests* DATE *3/3/83*

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 11/13/83 - Hold FOR REVIEW SLOW HOLE

*PSHALE RH 11/18/83 Further testing req'd Mr. Haines informed F.F.*  
*1/25/83 PERC LOOKS OK NOW BUT MUST*  
*1/29/83 CHECK WITH FS FS SAID PERC OK*

# THIS IS NOT A PERMIT

*3/3/83 Specs written*

RECEIVED  
HOWARD  
HEALTH  
ELLICOTT CITY  
20

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	

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 32402

P \_\_\_\_\_

DISTRICT 4

DATE January 3, 1983

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 Kenneth L. Haines

ADDRESS 759 Long Corner Rd. Mt. Airy, Md. 21771 PHONE 829-1394

PROPERTY LOCATION: Hardy Rd. and Long Corner Rd.

SUBDIVISION No. Tax map 6, grid G, Parcel 42 LOT NO. 2

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT 3 acres TYPE BLDG. 3 or 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.

Kenneth L. Haines  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

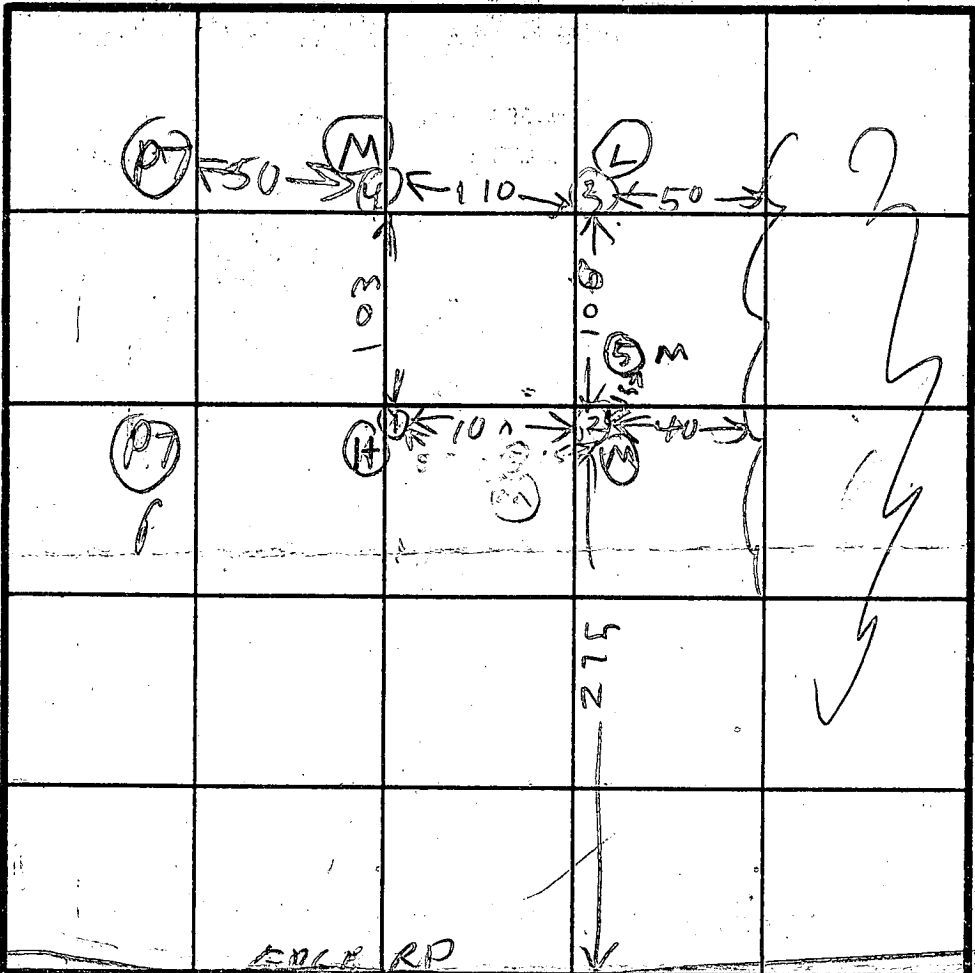
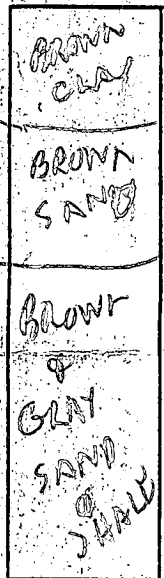
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

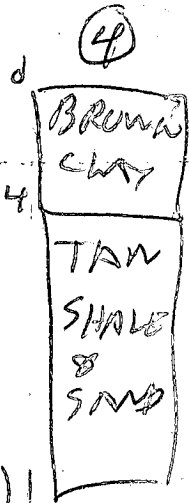
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

SOIL PROFILE

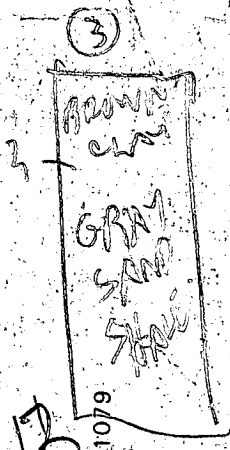
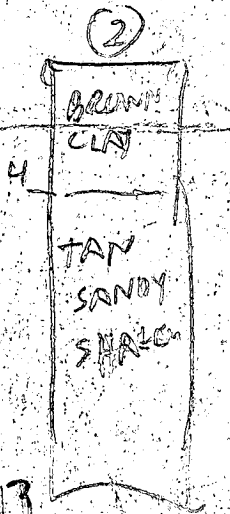


HOLE ELEV.  
 (H) = HIGH  
 (L) = LOW  
 (M) = MEDIUM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HARDY RD



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/24/83	1S	4	241	243	243	245	2
	1P	7	246	252	252	305	13
	1V	11	LOOKS OK				
	2D	7	254	303	303	313	12
	2S	4	256	335	1st mech	39mm	
	X2V	13	LOOK OK DOUBT FEEL				
	3S	4 1/2	308	322	322	344	22
	3D	6 1/2	312	321	327	1st mech	15
	3V	10 1/2	SEE PROFILE		LOOKS OK		
	4S	4	330	345	345	400	15
1/25/83	5S	5 1/2	1056	1059	1059	1004	5
	5V	12 1/2	LOOKS OK		SEE PROFILE		



REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY B. Haines ALSO PRESENT KENNETH HAINES WILL HOPKINS

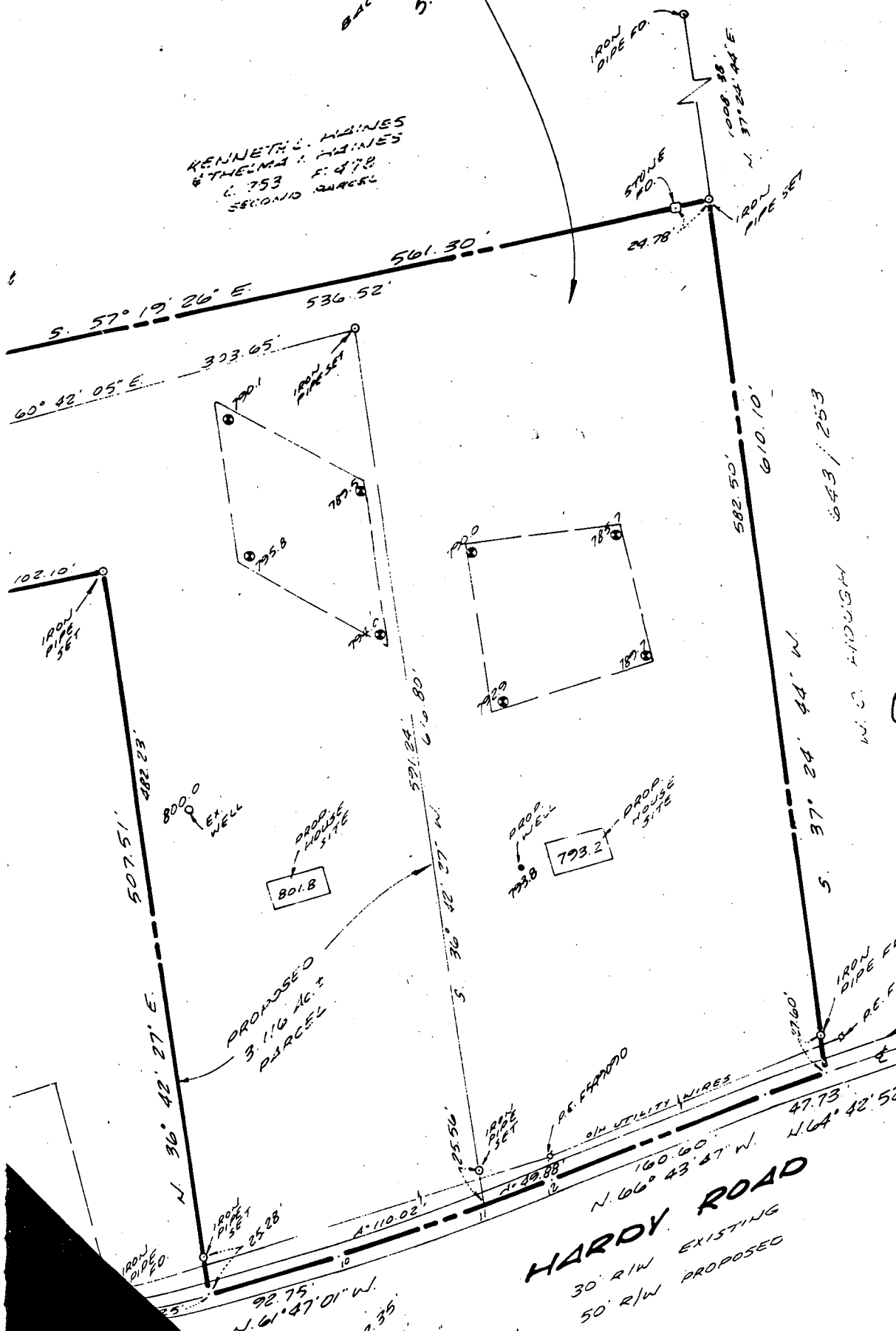
EH-12-1079

12 1/2

KENNETH C. MAINES  
L. 753 F. 478  
SECOND PARCEL

RESIDUAL  
KENNETH C. MAINES  
L. 753 F. 478  
FIRST PARCEL  
BACK C. 191 F. 350  
5.423 AC.±

TOTAL AREA  
371.97



BRIG  
PERC  
CERT  
SIGNED  
2/83

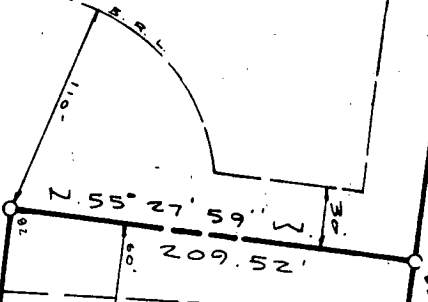
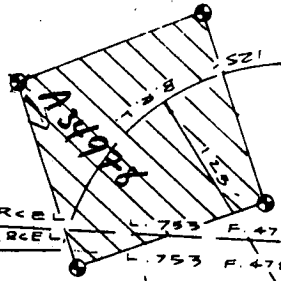
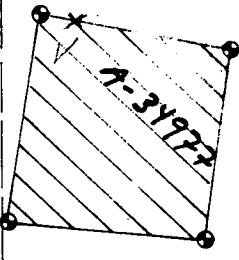
**HARDY ROAD**  
30' R/W EXISTING  
50' R/W PROPOSED

10-12  
PIUS . 1.852.35  
159.90  
04 20 45  
00.00  
8° 15' 24" W.  
0.85' 24" W.

8888  
MAY  
F.

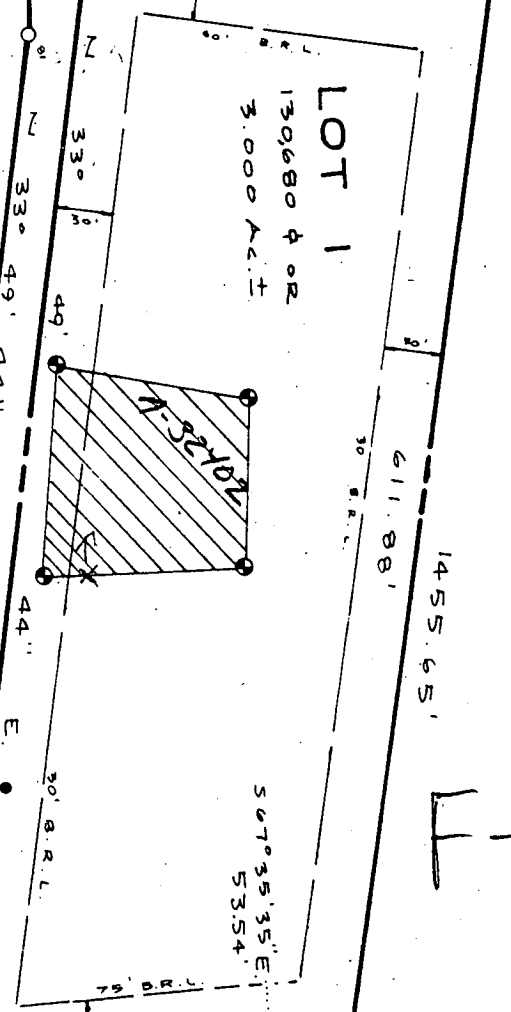
3/255

N.R.B.  
H.O.V.  
N 34° 14' 32" E 350.67'



220 PARCEL  
10' B.R.L. 1st PARCEL  
L=753 F=478  
L=753 F=478

63° 34' 48" W 303.65'



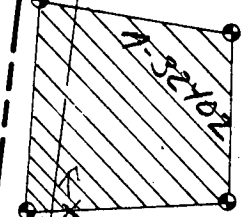
C. L. HAINES  
1145/550

1455.65'  
611.88'

HOUSE 0647/253

F-86-40

586.22' E  
586.22' E  
591.24'



507° 35' 35" E  
535.4'

R=1852  
A=49

LAND DEDICATED TO  
BOARD COUNTY MD. FOR  
THE PURPOSE OF A PUBLIC

DY ROAD

