

1-30-96
cfo signature

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50978

A 50193D

DISTRICT 4

DATE 11/14/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

DATE SYSTEM APPROVED 2/1/96

INSPECTOR *[Signature]*

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 795-7873

SUBDIVISION Abe Property LOT 1 ROAD 15430 Roxbury Road

PROPERTY OWNER Trinity Builders

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

**BUILDING PERMIT SIGNED
AND RETURNED
11-17-95 BOOK 157217-16 P00L**

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution grade.

LOCATION - Place the distribution box 90 ft from the front (417.31') lot line and 135 feet from the right (229.52') lot line as viewed from Black Walnut Lane. Install

NOTES - trenches on contour in opposite directions from distribution box. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/3/95 JKS

PLANS APPROVED BY Ronald J. Pinkley DATE 10/10/95

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA 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 APPROVAL ON THIS PERMIT**

A 50193D

9/6/94 10:00

APPLICATION

PERCOLATION TESTING

A 50193D

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 8/3/94

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 JAMES ABE

ADDRESS 15452 Roxbury Road PHONE (410) 489-7134
GLENWOOD ROAD, MD. 21738

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. LOT # 4 1

ROAD AND DESCRIPTION ROXBURY ROAD

TAX MAP 21 PARCEL # ~~195~~ 195

PERMITS PERMITS SIGNED
AND RETURNED 10-18-95
Serial # 62160

SIZE OF LOT LOT # 4 NET: 60,008 TYPE BLDG SFD - 5 BRMS
ENTIRE Parcel = 10.25 acres. (SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

James R. ABE
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

C 1 **2839** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 50193 A**

ST/CO USE ONLY DATE Received **10/18/95** DATE WELL COMPLETED **10/10/95** Depth of Well **185** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-94-0681**

OWNER **Trinity Homes** first name **Roxbury Rd** TOWN **Glenwood**
 STREET OR RFD last name **Abe Property** SECTION **1** LOT **1**
 SUBDIVISION

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
SAND	0	39	
GRAY MICA ROCK	39	185	

Dry well 360' filled in with cement & drilling materials.

GROUTING RECORD (yes) (no) **Y** **N**
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **4** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main casing) (nearest inch) **6**
 Total depth of main casing (nearest foot) **44**

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

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

NUMBER OF UNSUCCESSFUL WELLS: **1**
 WELL HYDROFRACTURED **Y** **N**

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. **24**

DRILLERS SIGNATURE **Joseph E. Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. _____

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

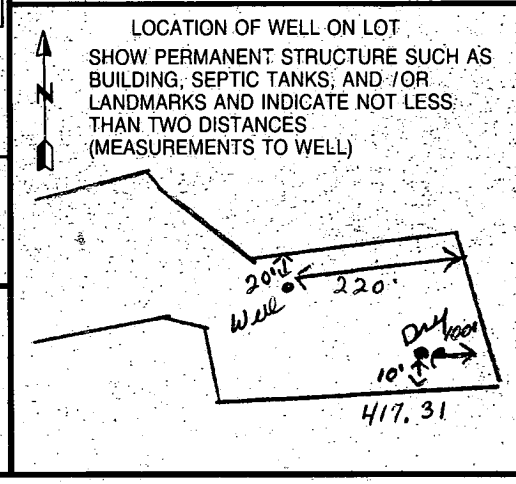
C 2
 DEPTH (nearest ft.)
 1 **H0** 2 **42** 3 **185**
 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____
 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 _____
 21 _____ 22 _____ 23 _____ 24 _____ 25 _____ 26 _____ 27 _____ 28 _____ 29 _____ 30 _____ 31 _____ 32 _____ 33 _____ 34 _____ 35 _____ 36 _____
 37 _____ 38 _____ 39 _____ 40 _____ 41 _____ 42 _____ 43 _____ 44 _____ 45 _____ 46 _____ 47 _____ 48 _____ 49 _____ 50 _____ 51 _____
 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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 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.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **34** ft.
 WHEN PUMPING **35** ft.
 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 (CIRCLE) (YES or NO) **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSEPOWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above **2** (nearest foot)
- below



10/31/95 logged old
Lab No. Date Received
C301642 211
1642

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number H02595 Name Trinity Homes County Howard County Code 13

Source Roxbury Rd (Black Walnut Lane) Date Category Code 4A

Collected Date 10/10/95 Time 10:30 Collector & Phone RSPinley 313-2640 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project S

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H2SO4

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: H0-94-0681 Abe Property lot 1 of Parcel 2

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630			11.7	10-12-95	BK
	pH*, Ca CO ₃ SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						
<p>Result phoned to Howard Co. (Vicky) on 10/13/95. W. R. Rameche</p>							

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief Asoka I. Katumuluwa

Date Reported

OCT 13 1995

95 OCT 20 AM 11: 58

Partial List of Submitter Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1-30 County Codes	53 Chesapeake Bay & Special Projects
41 Individual Septics & Wells Program	59 Standard & Certification Program
42 Water Supply Program	63 Division of Food Control
43 Recreational Sanitation & Migrant Camps, DHMH	64 Engineering & Maintenance, DHMH
44 STP Inspection Division	65 Division of Community Services
45 Hazardous & Solid Waste Admin. (Landfill Samples)	66 Office of Attorney General
46 Pre-Treatment Enforcement Division	67 Dept. of General Services
48 Licensing and Certification, DHMH	77 E.P.A.
52 Water Quality Monitoring Program	91 State Highway Administration
	96 L.U.S.T./U.S.T./CERCLA
	99 Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
S Safe Drinking Water Act (SDWA)	N National Pollution Discharge Elimination System (NPDES)
R Resource Conservation and Recovery Act (RCRA)	M Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1F Sediment Samples	2F Innovative Disposal
2A Industrial Effluents/Compliance	5A Solid Waste/Landfills
2B Industrial Grab	5B Kidney Dialysis
2C Municipal Compliance	5C Commercial Bottled Waters
2D Municipal Grab	5D Misc. Wastewaters
4A MCL Surveys	5E Misc. River/Stream
4B Routine Monitoring & Other Communities	5F Misc. Drinking Water
4D Potable - County Community	5G Swimming Pools
4E Potable - Non Community	5H Marine or Estuarine Natural Bathing Areas
4F Potable - Private Wells	
4G Real Estate Trans./Charge Samples	

Partial List of Error Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
A Laboratory Accident	J Wrong sample type
C Mechanical/Materials failure	RR No sample received
D Insufficient Sample	X Improper preservation
E Sample past holding time	LL Mislabeled sample



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 19, 1995

Trinity Builders
6212 Devon Drive
Columbia, Maryland 21044

RE: Abe Property, Lot #1
15430 Roxbury Road
Well Permit #HO-94-0681

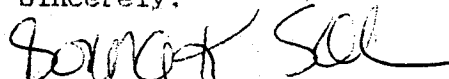
Dear Sir or Madam:

At the time of the well yield test for the above referenced well, the water sample taken showed an above normal nitrate-nitrogen concentration. At the time of the yield test, the nitrate-nitrogen concentration was **11.7 ppm**. A copy of the test result is enclosed.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen level greater than 10 parts per million. This problem is potentially correctable through the use of an acceptable nitrate treatment device. Approval of this water supply by this office will be contingent upon the proper installation of an acceptable nitrate treatment device and a maintenance agreement for that device.

If you have any questions relative to this matter, please call this office at (410) 313-2640. Thank you in advance for your time and cooperation.

Sincerely,


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
Enclosure

2/20/96
ASAP
OK - JP

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Name of Installer S.K. Plumbing & Heating Telephone 410-775-0562

License Number 12285

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Trinity Homes Telephone 410 313-8722

Subdivision Lot #1 RBE Scot site Lot # Well Tag # HO - 99 - 0681

Site Address 15430 Parkway Rd Glenwood MD

Pump

1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible

2. Make Jazzucussi

3. Model #

4. Capacity GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations?
 Torque arrestors Cable guards Other Shoe

Motor

1. Horsepower 3/4

2. RPM

3. Voltage

a. 110
 b. 220

Pitless Adapter

1. Make

2. Model #

3. Depth

Tank

1. Capacity

2. Pressure relief valve? Yes

Piping

1. Type PVC

2. Size 1 1/2"

3. NSF and/or BOCA Code approved

4. Depth of supply line per Code

Well data

1. Depth 185 ft.

2. Yield 15 GPM

3. Static water level ft.

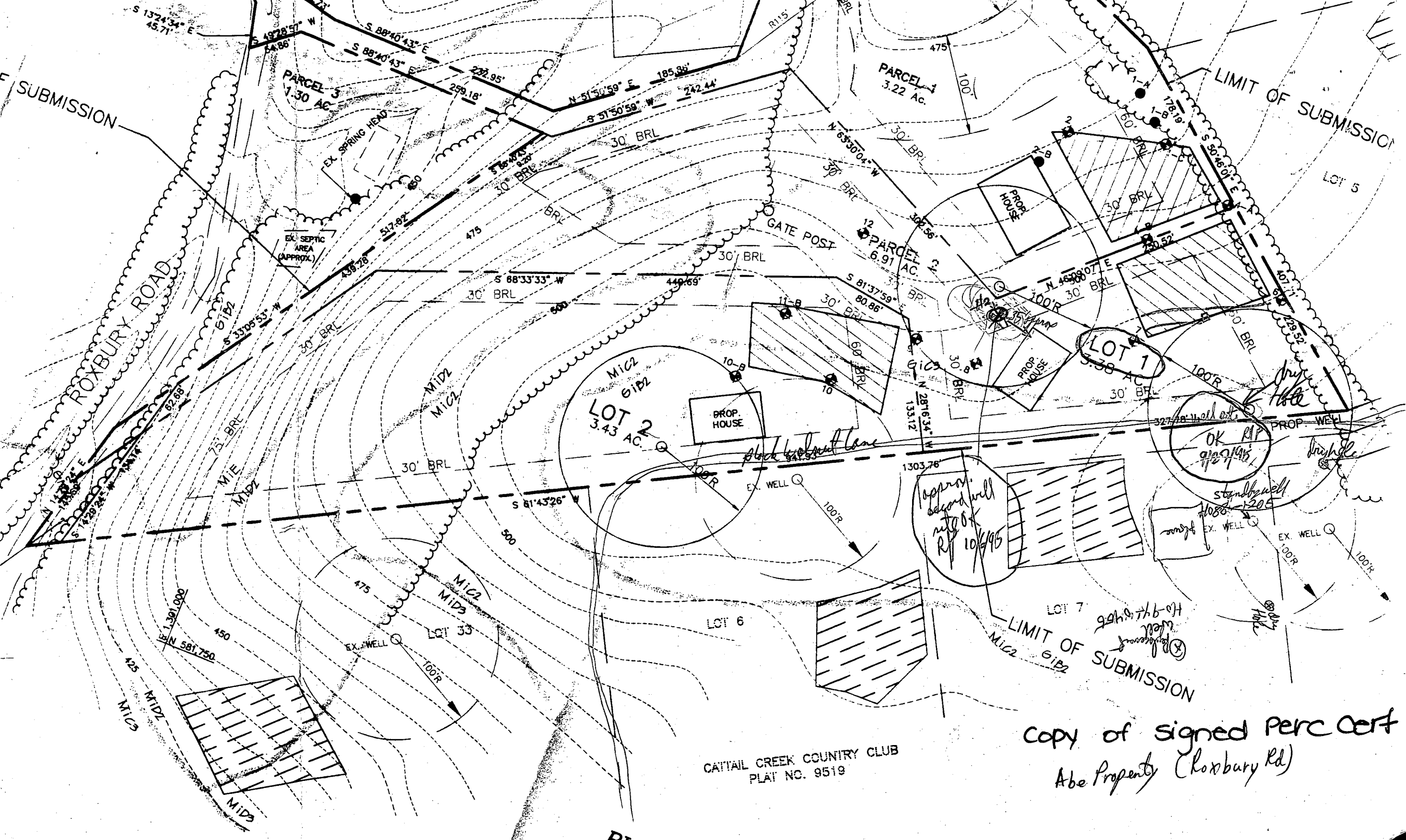
4. Will water supply be disinfected by installer? Yes

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: [Signature]
Date: 2/12/96

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



CAPITAL CREEK COUNTRY CLUB
 PLAT NO. 9519

copy of signed Perc Cert
 Abe Property (Roxbury Rd)

PRIVATE INGRESS/EGRESS
ACCESS EASEMENT FOR
LOTS 1 & 2, AND PARCEL 1
L. 3513 F. 350

ROXBURY ROAD
(PUBLIC ROAD)

GREGORY F. CARROLL
3397/545
ZONE: RC-DEC

WALLACE DEWITT JR.
313/325
ZONE: RC-DEC

APPROXIMATE
EX. POND-BANK

24' PRIVATE INGRESS/
EGRESS ACCESS EASEMENT
FOR LOTS 1 & 2, AND
PARCEL 1
L. 3513 F. 350

C.A. & D.D. SHARP
PARCEL 1
3.22 Ac.
L. 3469 F. 562

CAITAIL CREEK COUNTRY CLUB
PLAT NO. 9514
ZONE: RC-DEC

PARCEL 3
1.30 AC.

LOT 1
3.38 AC.

PARCEL 2
6.01 AC.
L. 3469 F. 562

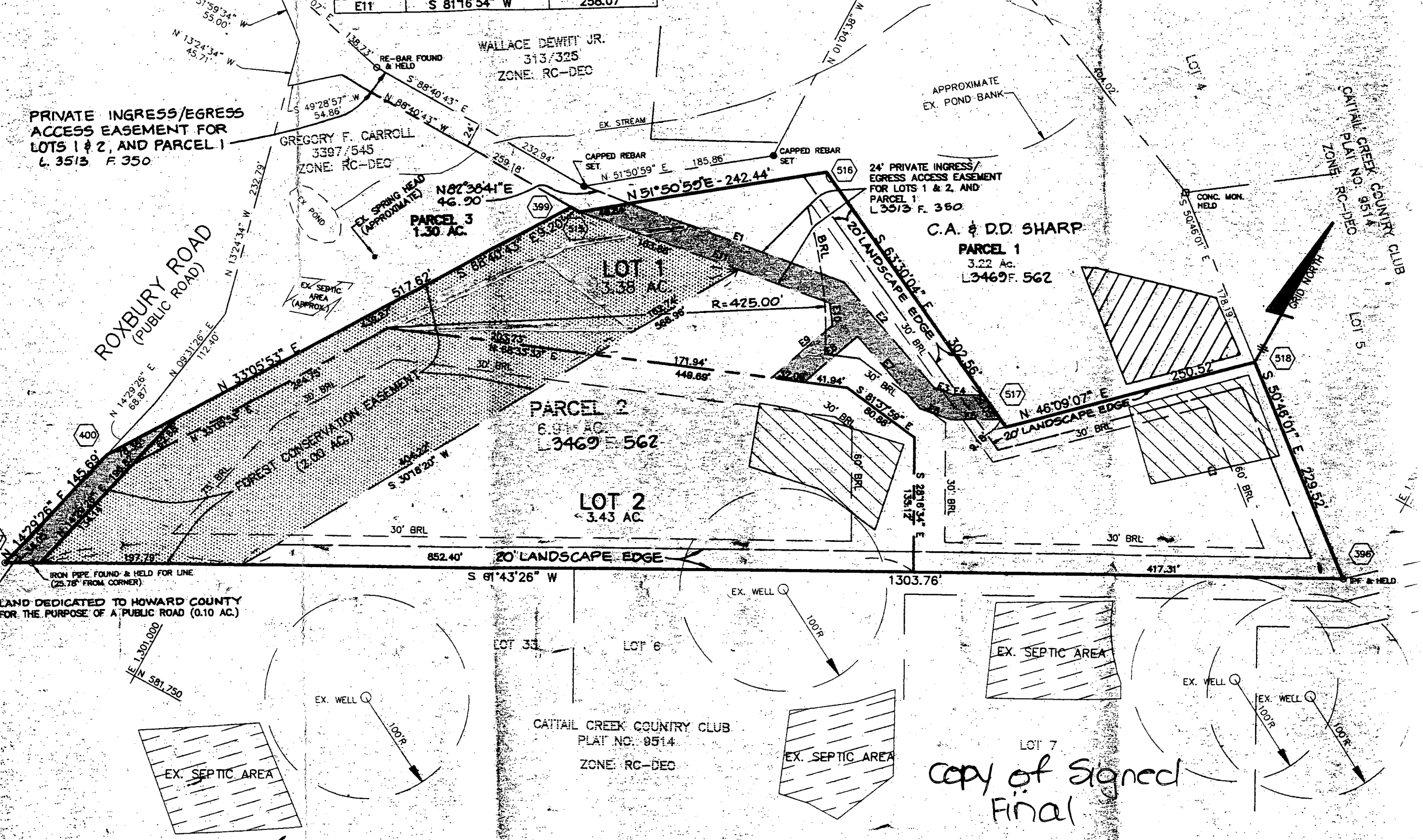
LOT 2
3.43 AC.

FOREST CONSERVATION EASEMENT
(2.00 AC.)

LAND DEDICATED TO HOWARD COUNTY
FOR THE PURPOSE OF A PUBLIC ROAD (0.10 AC.)

CAITAIL CREEK COUNTRY CLUB
PLAT NO. 9514
ZONE: RC-DEC

copy of signed
Final

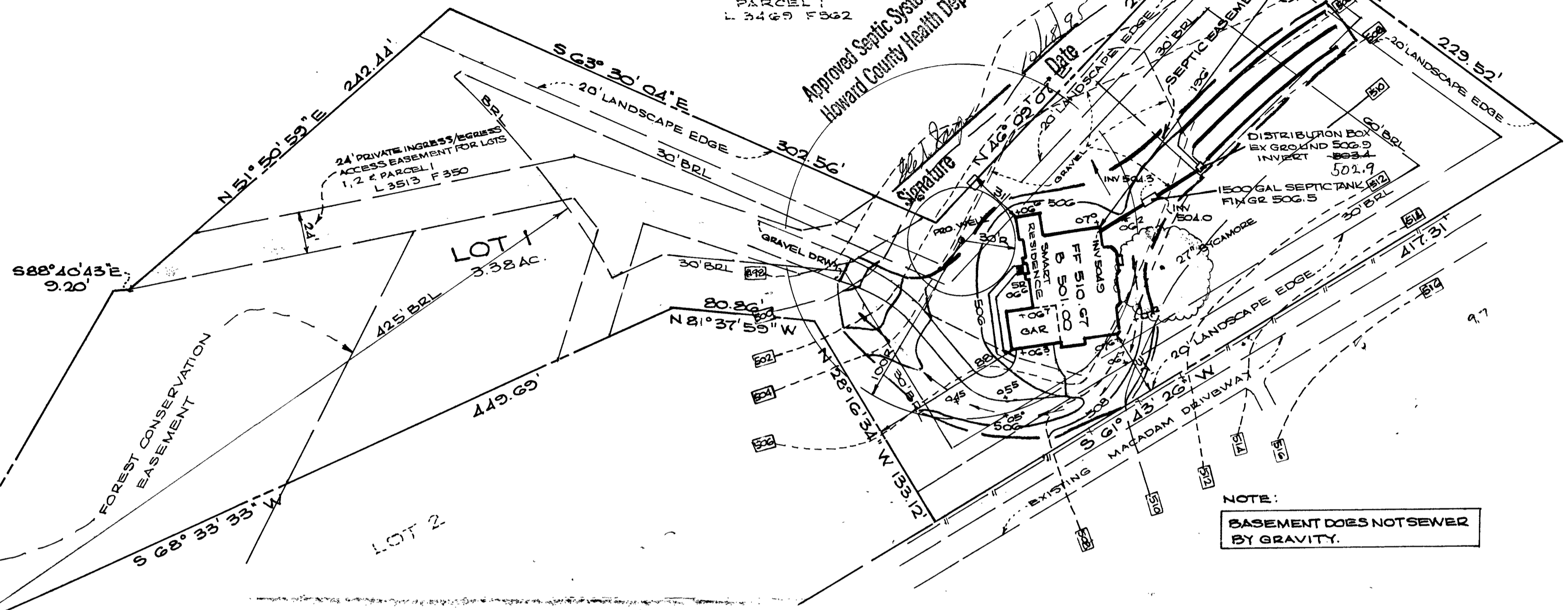




ROXBURY ROAD
(PUBLIC ROAD)

C.A. & DD SHARP
PARCEL 1
L 3469 F362

Approved Septic System Plan
Howard County Health Department



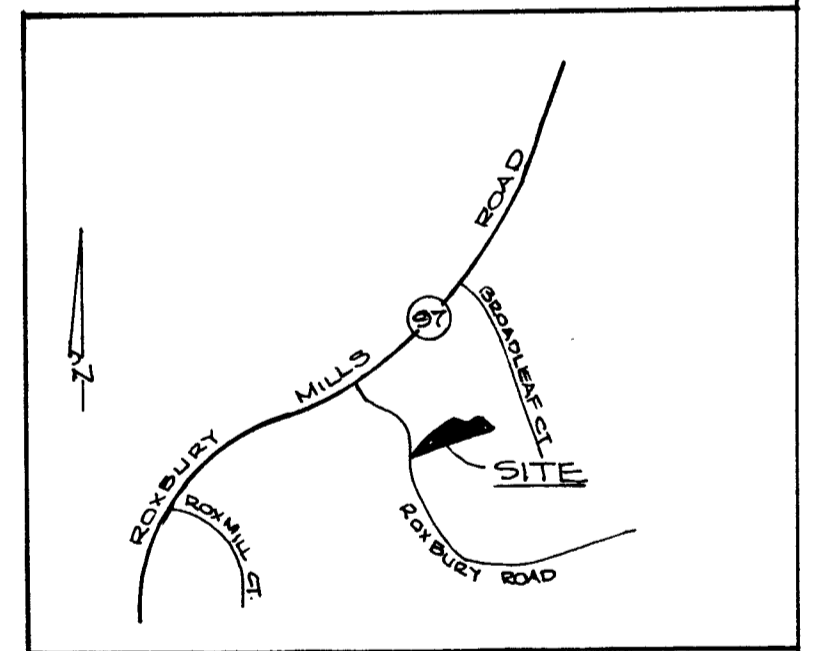
NOTE:
BASEMENT DOES NOT SEWER
BY GRAVITY.

LEGEND

- | | |
|---------------------------|--------|
| CONTOUR INTERVAL | 2 FEET |
| EXISTING CONTOUR | 506 |
| PROPOSED CONTOUR | 506 |
| SPOT ELEVATION | + 07' |
| DIRECTION OF DRAINAGE | |
| EXISTING TREE TO BE SAVED | |
| LIMIT OF DISTURBED AREA | |

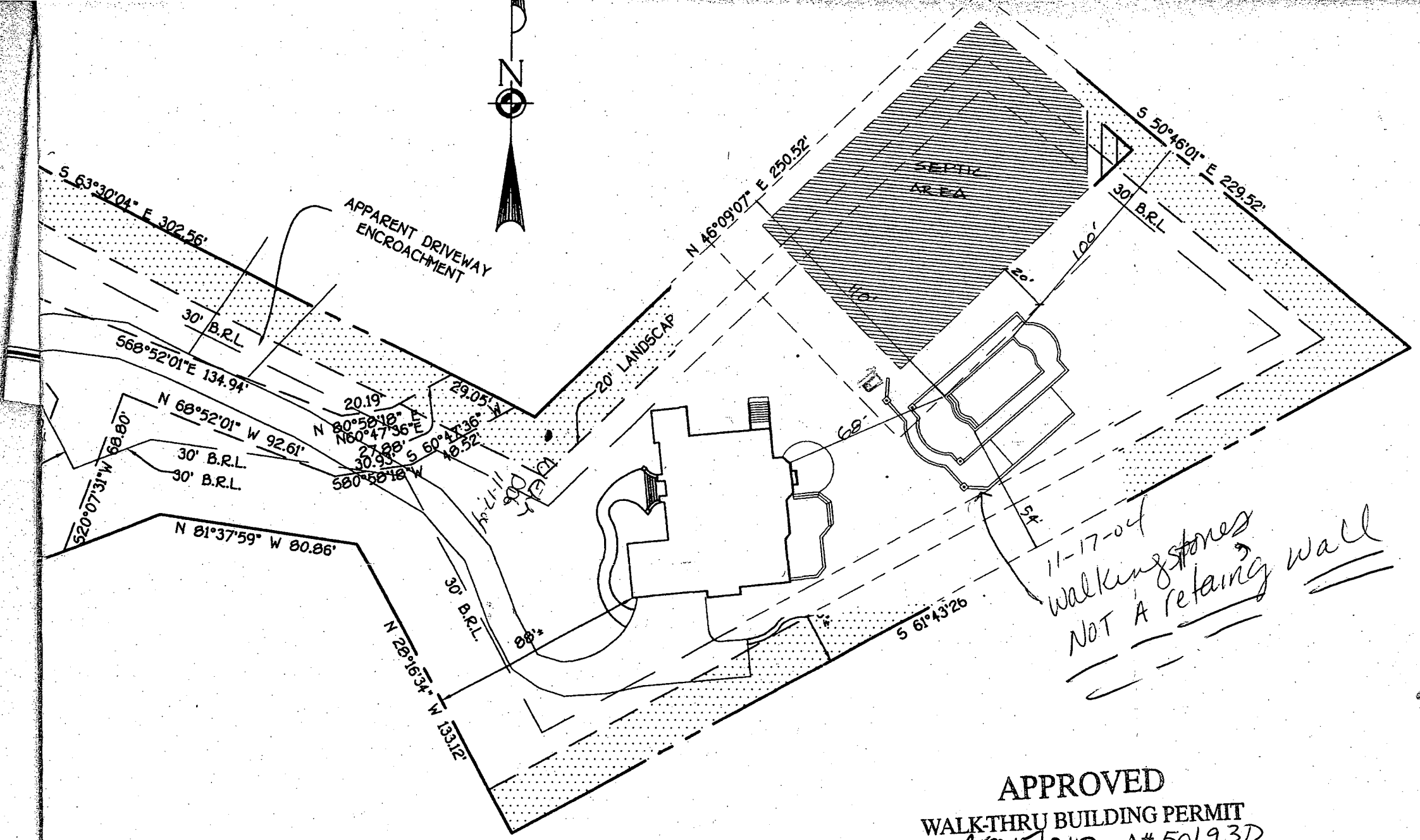
NOTES

1. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF PERMIT ISSUANCE
2. EXISTING TOPOGRAPHY FIELD RUN BY CLARK, FINEFROCK & SACKETT INC. 9/14/95
3. DISTURBED AREA = 24,250 sq ft
4. BEDROOMS = 5
5. ZONED RC



VICINITY MAP
SCALE 1" = 2000'

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DRAWN R.M.T.	ABE PROPERTY	DRAWING 1 of 1
CHECKED <i>jmu</i>	TAX MAP 21 PARCEL 195 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO. 95-156
DATE 10-10-95	FOR: TRINITY BUILDERS INC 6212 DEVON DRIVE COLUMBIA, MARYLAND 21044	FILE NO. 95-156 X



11-17-04
 walking stones
 NOT A retaining wall

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 60015/217 A# 50193D
 APP. SAN Kacie DATE: 11-17-04
 DESC. OF WORK: inground pool
& landscaping