

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511904

A 50463-G

DISTRICT _____

DATE 5-24-99

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

360540

DATE SYSTEM APPROVED _____

INDEXED

INSPECTOR _____

Walter W. King Plumbing & Heating Contractors, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 5305 King's Court, Frederick, MD 21703 PHONE 301-662-6990

SUBDIVISION Riggs Property LOT 36 ROAD 2016 Meadow Tree Court

PROPERTY OWNER Ryan Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet up the left lot line and 60 feet off this same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/14/99 OK All

PLANS APPROVED BY Mark Rifkin DATE 4-26-1999

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

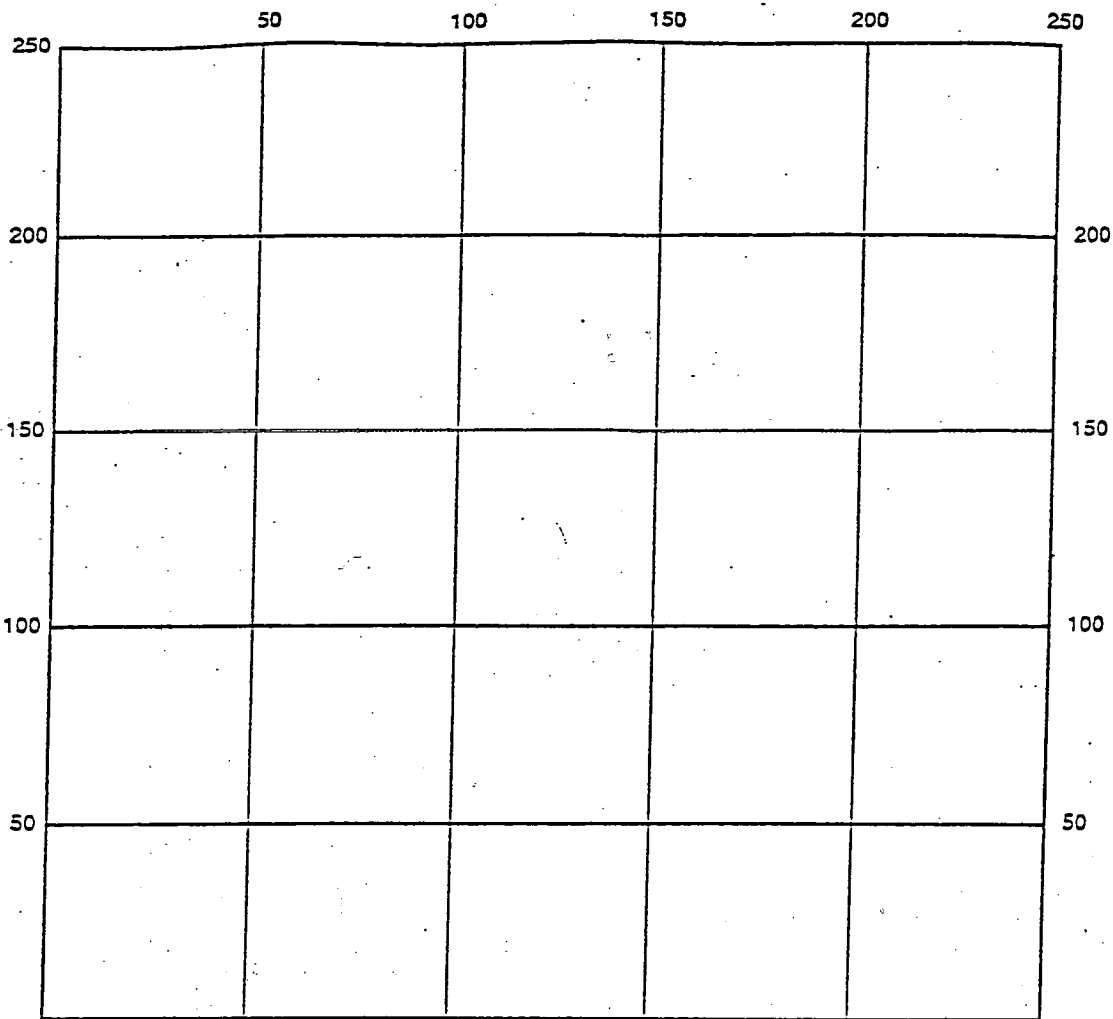
PERMIT VOID AFTER TWO YEARS

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 50463-G



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

7/22/99

Trenches 4ft to gravel

H0

98ft bottom trench

1-4" line cleanout

92ft middle "

1-6" tank "

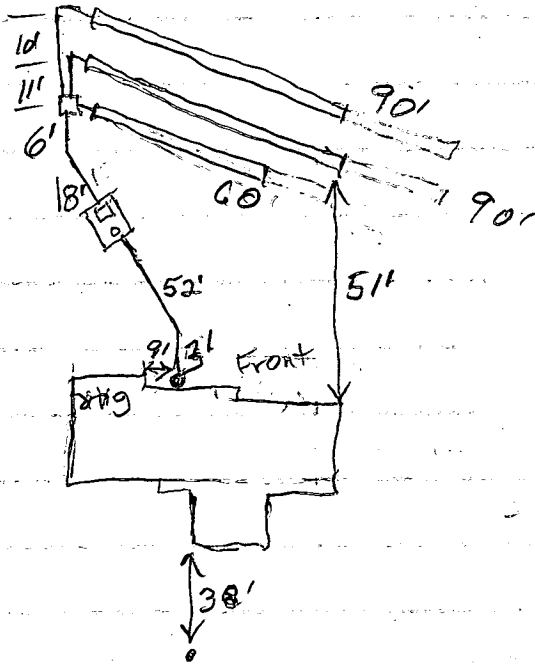
61ft trench closest to house

1- manhole

11' 21'

Meadow Tree Ct.

Lot 36



2016 ?
Meadow Tree Ct.

H0-94-1118

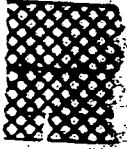
Adapter 50"

8" above ground

cap + grom look o.k.

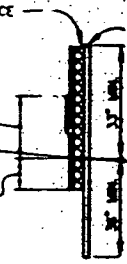
MAN LINK FED
VER OF FLD

MANHOLE



NOE

ELECTIVE VIEW



SECTION

PAGE
M - 28 - 3

SUPER

CONSTRUCTION

height end to
or Chain Link
2" fabric end

is fashioned to
to and true
ends of the

lined secure
section.

bedded a mi
cloth edge

formed as
s, or when

lined secur
id shall m

30
20
0.3
75

Approved Septic System Plan

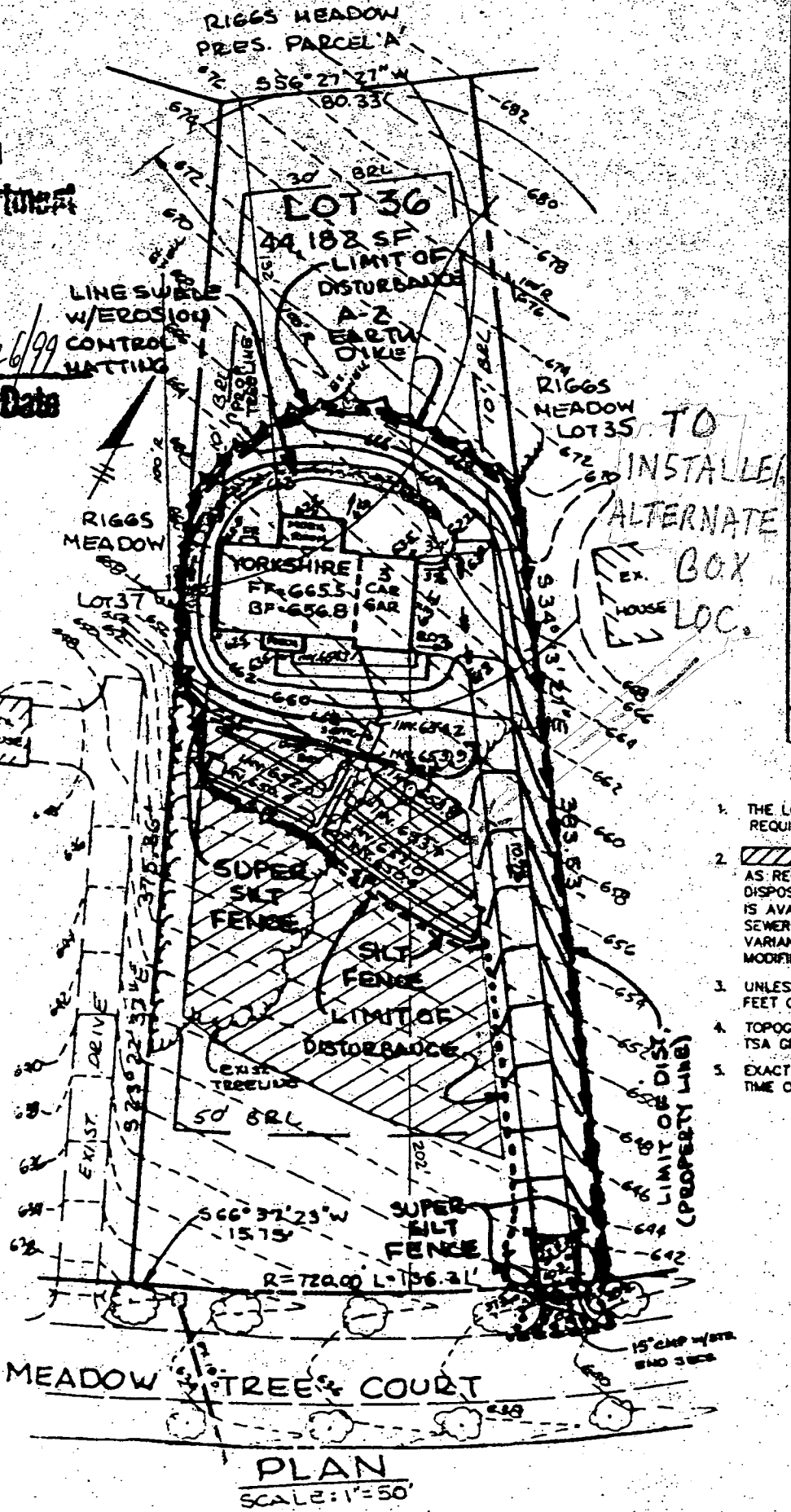
Howard County Health Department

Mark E. Rifkin
Signature

4/26/99
Date

BOO117171

- Total linear feet of trench required 240 feet
- width of trench(es) 3 feet
- Depth of trench(es) 6 feet
- Depth of stone required below distribution pipe 2 feet



1. THE LOT REQUIRE
2. AS REQU DISPOS IS AVAIL SEWERAC VARIANC MODIFIED
3. UNLESS FEET OF
4. TOPOGRA TSA GRC
5. EXACT L TIME OF

from the existing site may be used provided that it meets the standards these specifications. Typically, the depth of topsoil to be salvaged for a can be found in the representative soil profile section in the Soil Survey DA-SCS in cooperation with Maryland Agricultural Experimental Station.

15 - Soil to be used as topsoil must meet the following:

APPLICATION

50463G
~~50463G~~
~~50463G~~

PERCOLATION TESTING

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4th
DATE 9/30/94

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 Analia Riggs, ch SDC Group, Inc RYAN HOMES
8490 N Baltimore - National P.ike
ADDRESS PO BOX 417, Ellicott City, MD 21041 PHONE (410) 465-6125

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Riggs Property LOT NO. Grd. 1 3/6 3/6
ROAD AND DESCRIPTION Located @ SW Corner of the intersection of
Roxbury Mill (Rte. 97) & Frederick Rd (Rte. 14)
TAX MAP 8814 PARCEL # 96 **BLDG. RETURN SIGNED AND RETURNED 4-26-99**
SIZE OF LOT 55000 ± S.F. TYPE BLDG Single Family Dwelling
(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. Moxley, III V. Pos.
(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

COUNTY #

SOIL PROFILE
499

topsoil

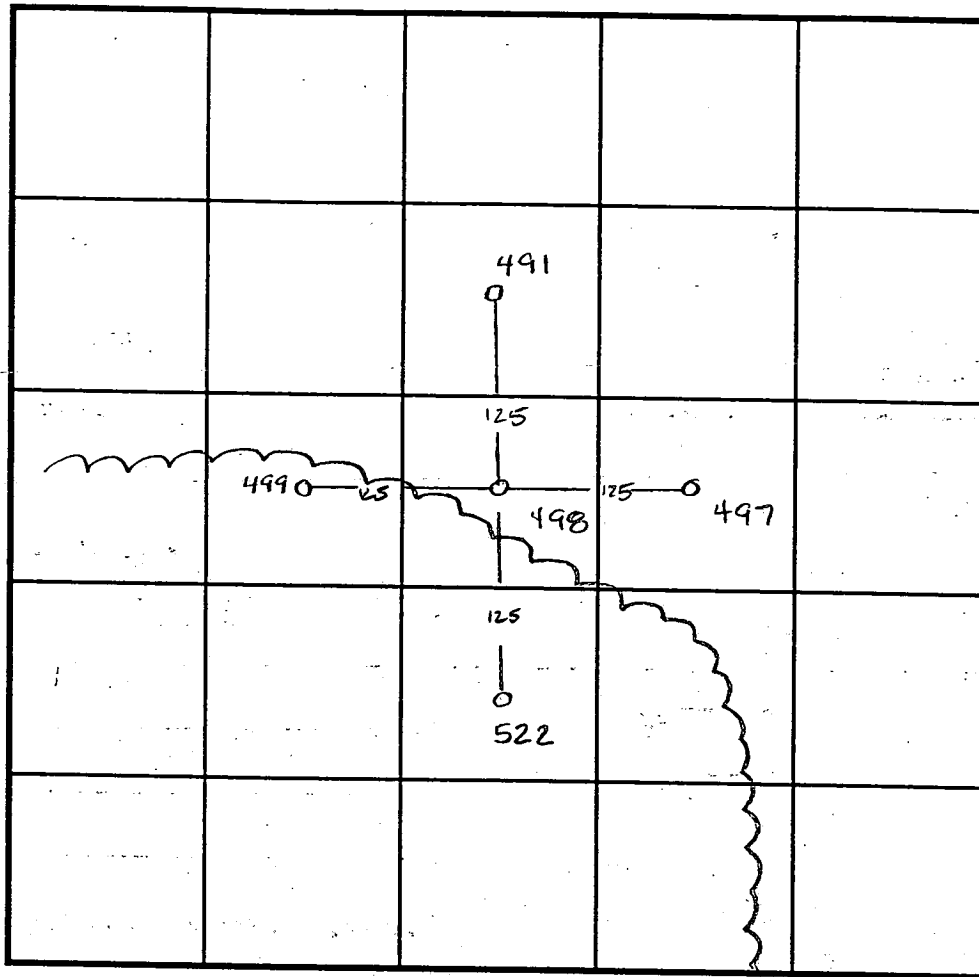
yellow
orange
Cl Salm.

reddish
orange
Salm
25%
1" dia
rock
brags

SOIL PROFILE
497

red
clay

bright
pink
Salm
micaceous



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

491 498

reds
yellow
mottled
clay

lgt tan
beigh
w/ some
red
Sa Salm
50% rock

5"-10"
diameter
brags
OK

522

lgt
beigh
Sa Clm

orange
red.
Silm
very
dry &
hard
looks
like rock
coming
out but
breaks to
power)

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|---------------|--------------|--------------------|--------------------|--------------------|--------------------|-----------|
| | | | START | STOP | START | STOP | |
| 11-3-94 | 499 | 5.0 V12.0 | 6:16 ³⁰ | 6:18 | 6:18 | 6:20 | 2min |
| 11-2-94 | 491 redour | 6.0 V13.0 | 6:39 ³⁰ | 6:40 ³⁰ | 6:40 ³⁰ | 6:42 | 1 1/2 min |
| | 498 | 5.0 V12.0 | 6:33 ¹⁵ | 6:34 ¹⁵ | 6:34 ¹⁵ | 6:36 ⁴⁵ | 2 1/2 min |
| | 522 | 6.0 V12.0 | 6:20 ³⁰ | 6:24 ³⁰ | 6:24 ³⁰ | 6:31 ⁴⁵ | 7/4 min |
| 11-96 | 497 | 4.5 V12.5 | 5:11 ¹⁵ | 5:12 ¹⁵ | 5:12 ¹⁵ | 5:13 ¹⁵ | 1 1/2 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

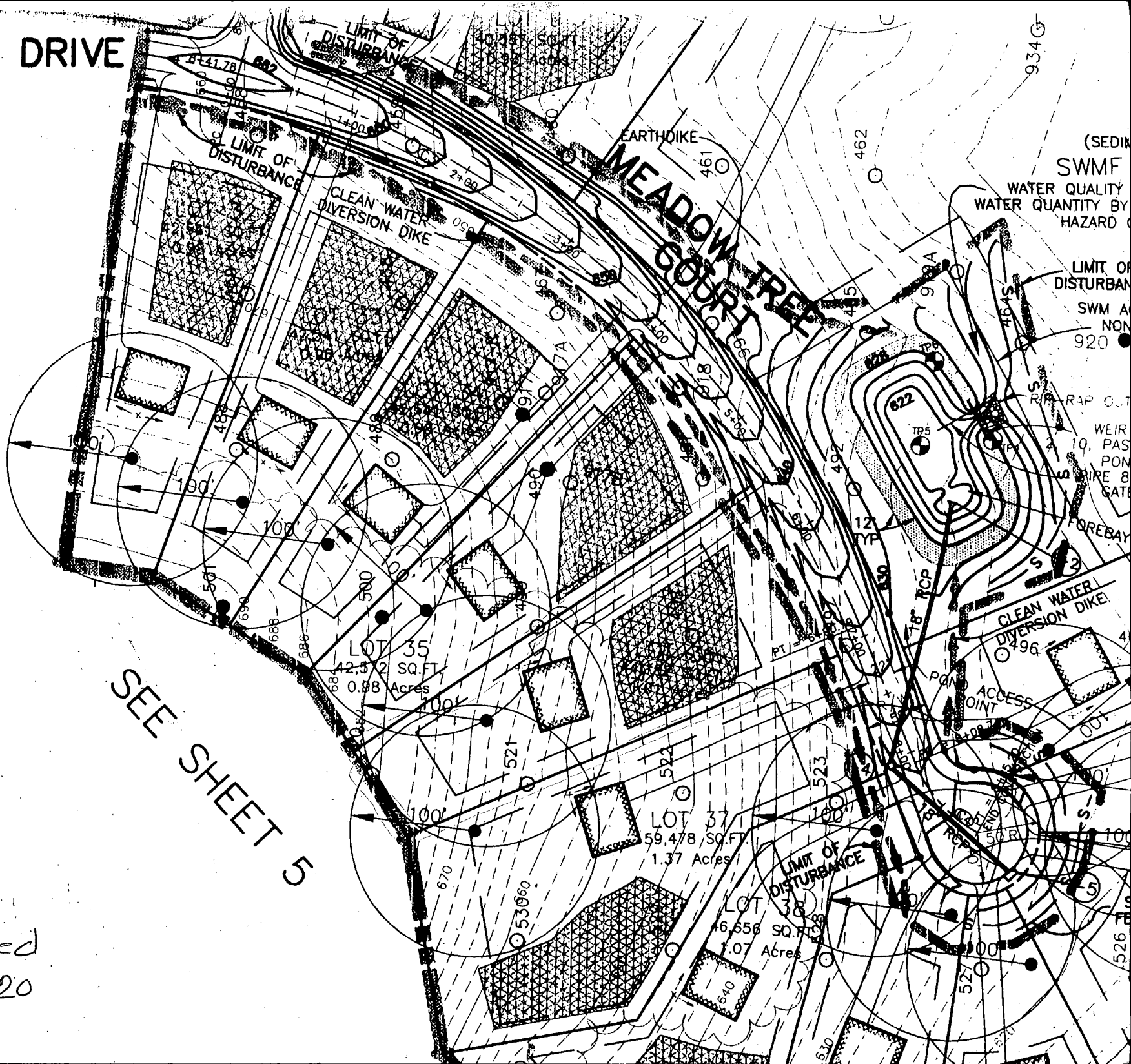
REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillan ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

SCENIC DRIVE

MATCH LINE

SEE SHEET 5

Approved
P-96-20



(SEDI
SWMF
WATER QUALITY
WATER QUANTITY BY
HAZARD

LIMIT OF
DISTURBANCE
SWM A
NON
920

RIP RAP
WEIR
10, PAS
POND
GATE

FOREBAY

CLEAN WATER
DIVERSION DIKE

ACCESS
POINT

LIMIT OF
DISTURBANCE

LOT 38
16,656 SQ. FT.
0.38 Acres

LOT 37
59,478 SQ. FT.
1.37 Acres

LOT 35
42,372 SQ. FT.
0.98 Acres

C1 1330

SEQUENCE NO. (DENV 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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 05/15/97

Depth of Well: 345 (TO NEAREST FOOT)

PERMIT NO.: HO-94-1118

OWNER: SDC last name Meadowtree Ct first name TOWN: Cooksville SUBDIVISION: Riggs Property SECTION: LOT: 36

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. Includes entries for Brown Shale and Gray Mica Rocks.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1034

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

MAIN CASING TYPE Nominal diameter top (main) casing of main casing (nearest inch) Total depth of main casing (nearest foot) ST 6 39

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 BRONZE OPEN HOLE PL OT PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED. YES (Y) NO (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.

DRILLERS IDENT. NO. 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

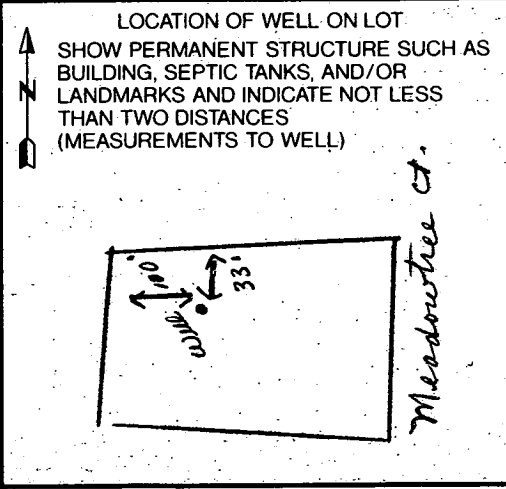
DEPTH (nearest ft.) HO 38 345

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 52 WHEN PUMPING 216 TYPE OF PUMP USED (for test) 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)



B 1 **7469** SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
HC-94-11118
 70 fill in this form completely 78

Date Received (APA) **033197**
 OWNER INFORMATION
 15 Last Name **SOB** Owner First Name
 36 Street or RFD **PO BOX 4117**
 57 Town **ELLICOTT** City **CITYMD** 70 State 72 Zip **21047**

B 3 LOCATION OF WELL
 1 **Howard**
 8 COUNTY
 23 SUBDIVISION **RIGGS PROPERTY**
 SECTION **36** LOT
 52 NEAREST TOWN **COOKSVILLE**
 MILES FROM TOWN (enter 0 if in town) **1** M I

DRILLER INFORMATION
 Driller's Name **Joseph L. Maize** License No. **024**
 Firm Name **Joseph L. Maize Well Drilling**
 Address **5512 Ridge Rd. Mt Airy 21571**
 Signature **Joseph L. Maize** Date **3/31/97**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Meadowtree Ct.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **270** 37
 DISTANCE FROM ROAD ENTER FT OR MI **F7**
 TAX MAP: _____ BLK: _____ PARCEL _____

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
 COUNTY NAME **Howard** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **042297** CO SIGNATURE **A. Mc Miller** EXP. DATE **042198**
 NORTH GRID **540000** EAST GRID **0792000**

APPROXIMATE DEPTH OF WELL **200** FEET

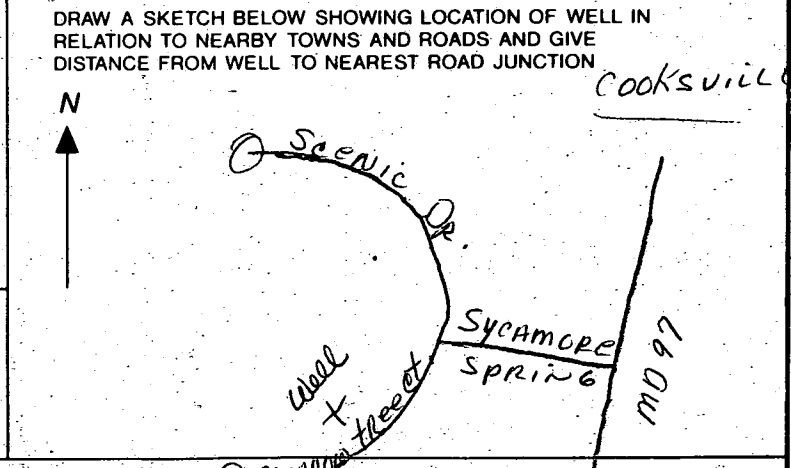
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

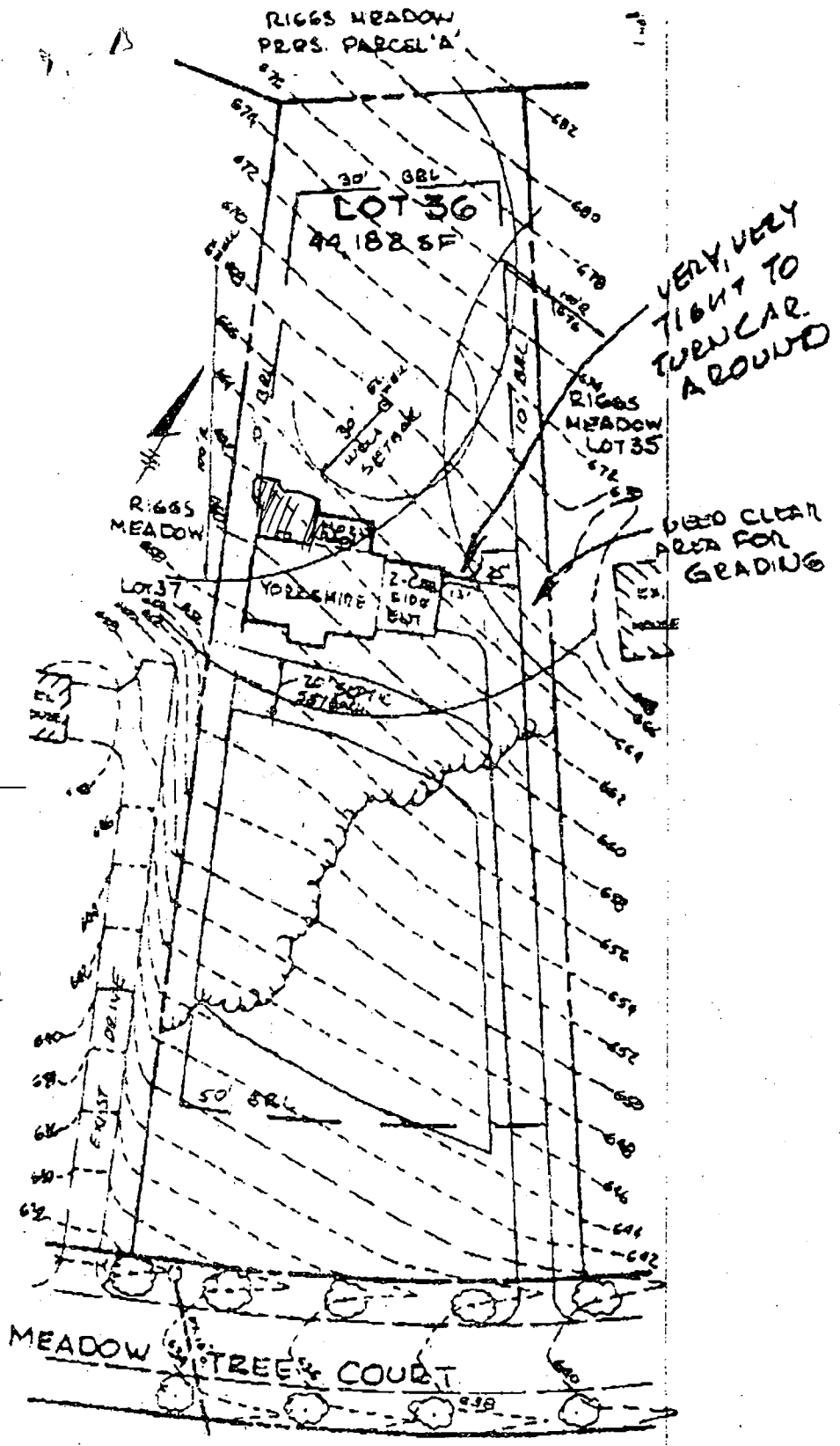
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HC-94-11118**

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
 E **7902**
 N **5304**



ATTN:
ERIE RADDY

From:
MELB SURTOVANT



Melb Surtovant
 3/2/199
 2990 600/22849

Proposed deck location as shown *(DK)*