

8/23/99
12:00
C.P.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-359690

P 512664

A 50619-I

DISTRICT _____

DATE 8/12/99

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

INDEXED

DATE SYSTEM APPROVED 8/23/99

INSPECTOR DKS

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Holly Hills LOT 14 ROAD 3330 Sang Road

PROPERTY OWNER Patuxent Builders, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - 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 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 75 feet off the right lot line and 110 feet off the front lot line as seen from SANG Road. Run trenches along 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. 6/30/99 OK ALL

PLANS APPROVED BY Glen Savage/Amy McMillen B00118640 DATE 6-17-1999
SEP 07/1999

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

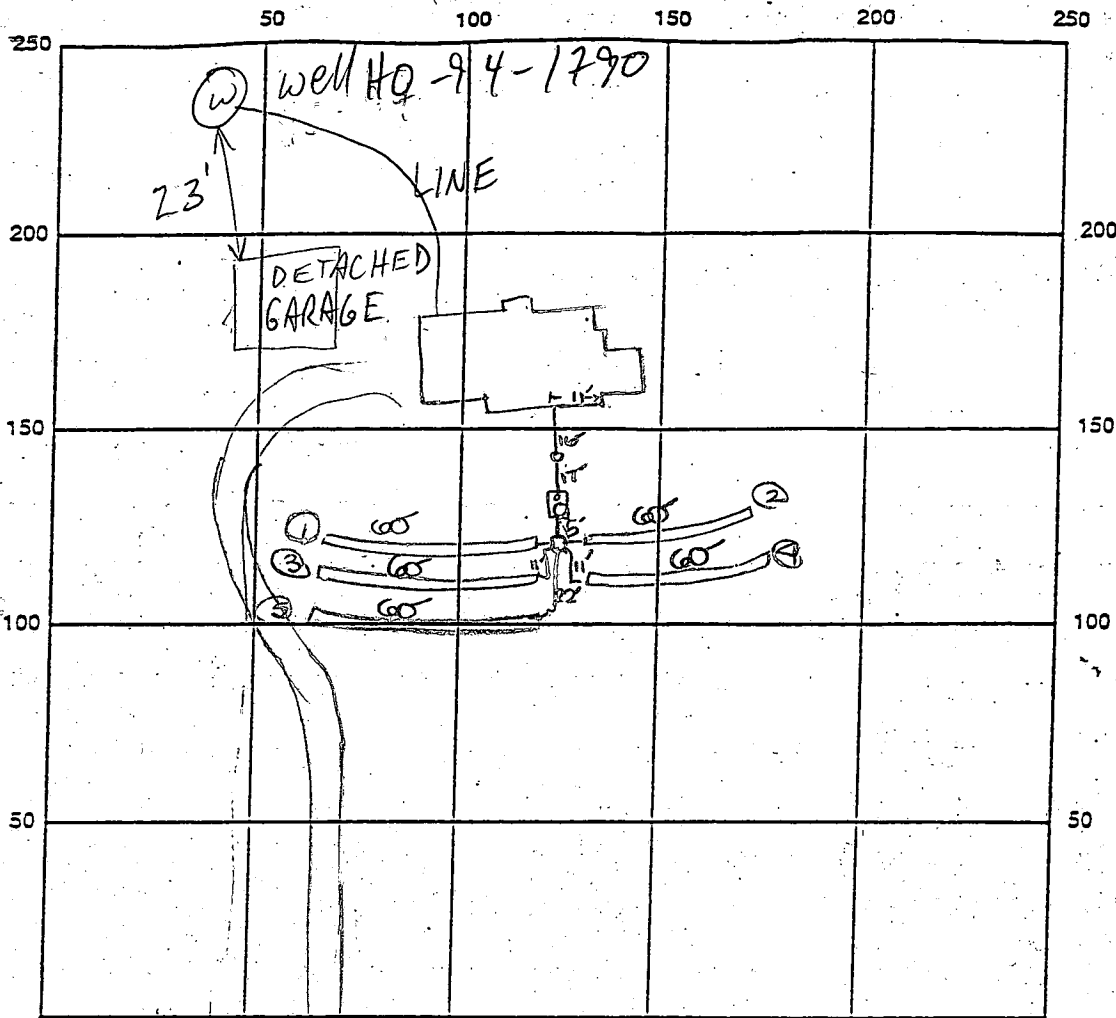
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEM.

50619 I



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sang Road

SEPTIC TANK LEVEL OK CLEANOUTS one in line, one on site
manhole on site

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 1.2/3,4,5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1.2/3,4,5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 5x60 FT. + 300 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 8/23/99 A.M. OK to install trenches and
continue work. DKS

8/23/99 P.M. OK to cover all work - final Insp. DKS

DATE SYSTEM APPROVED 8/23/99 INSPECTOR [Signature]

11/2/99
Any time

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date 11-1-99

Name of Installer John Gaske

Telephone 410-247-6963

License Number 3189

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Putuxent, Boickers
~~John Gaske~~

Telephone 301-317-1277

Subdivision HOLLY HILLS Lot # 14

Well Tag # 140-94-1790

Site Address 3330 SANG Rd

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
- 2. Make BOULDS
- 3. Model # 76505412L
- 4. Capacity 6 GPM

Motor

- 1. Horsepower 1/2
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

- 1. Make B10
- 2. Model # _____
- 3. Depth _____

5. Pump exceeds well capacity Yes _____ No X

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 X Cable guards X Other Tape + Ties

Tank

- 1. Capacity 203 w x
- 2. Pressure relief valve? RV 50

Piping

- 1. Type 160 lb
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 168

Well data

- 1. Depth 180 ft.
- 2. Yield 8.5 GPM
- 3. Static water level 35 ft.
- 4. Will water supply be disinfected by installer? NO

11/2/99 OK TO COVER
4-5 B.G. 2-PC CAP &
CONDUIT OK
MR

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: John Gaske

Date: 11-1-99

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

APPLICATION

PERCOLATION TESTING

A 50619

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9/29/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WAYNE NEWSOME PATUXENT BUILDERS, Inc

ADDRESS P.O. BOX 39, COLUMBIA, MD 21045 PHONE (410) 792-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HOLLY HILLS ESTATES LOT NO. 4 ^{ORIGINAL} NEW LOT # 14

ROAD AND DESCRIPTION PROPERTY HAS APPROX. 176' OF FRONTAGE ON BURNWOODS ROAD 33021 LOT (17 NEW SFD'S) SUBDIVISION EXTENSION OF ISANG ROAD

TAX MAP 14 PARCEL # 92
SIZE OF LOT LOT 8; 40,093 SQ FT TYPE BLDG. _____
COOL. PERMIT SFPD
NO. RETURNED 6-17-99
Serial # B17118940
SFD 3 B2
(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. Stephanie Demchuk
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

0619-I

COUNTY #

SOIL PROFILE

565

TOPSOIL

BROWN CLAY LOAM

TAN S.S.L.

15% - 20% SAPPOLITE FRAGS

SOIL PROFILE

566

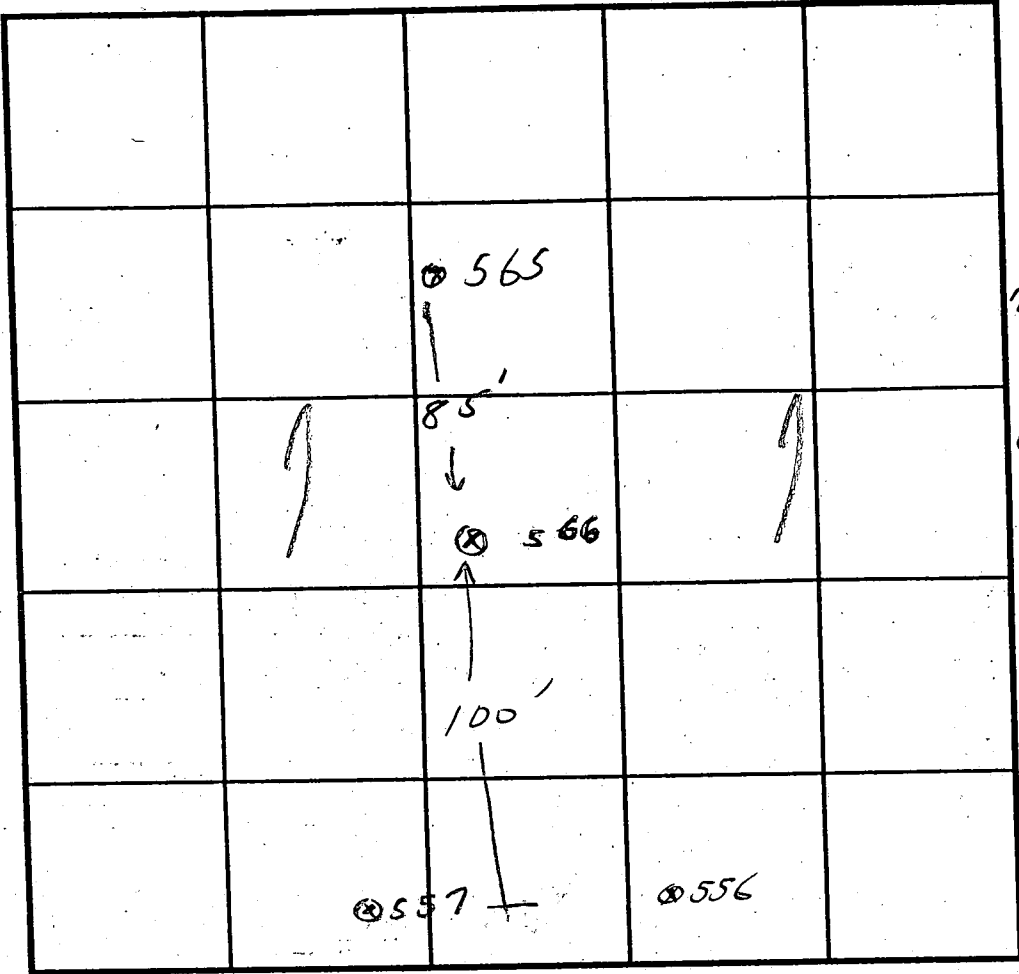
TOPSOIL

MED BROWN CLAY

BROWN SILTY SANDY CLAY

TAN SANDY LOAM

10% SAPPOLITE FRAGS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/29/95	^{OK TO 10'} 566	4' 6"	2:59	NO MOVEMENT	TEST STOPPED		
		8'	3:00	3:02	3:02	3:05	3 MIN
		5' 4"	3:06	3:07	3:07	3:09	2 MIN
	^{OK TO 10'} 565	4'	3:15	3:16	3:16	3:20	4 MIN

REMARKS LOT 14

TYPE OF SOIL _____

TESTED BY GLEN SAUSAGE ALSO PRESENT WILL HOPLAND + HIS WIFE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 50619

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT: _____

DATE 9-28-95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WAYNE NEWSOME

ADDRESS P.O. BOX 39, COLUMBIA, MD 21045 PHONE (410) 792-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HOLLY HILLS ESTATES LOT NO. 4 ^{ORIGINAL} NEW LOT 8/14

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TAX MAP 14 PARCEL # 92

SIZE OF LOT LOT 8; 40,093 SQ FT TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Stephanie Demchik
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

APPROVED BY _____ FOR _____ DATE _____

OLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

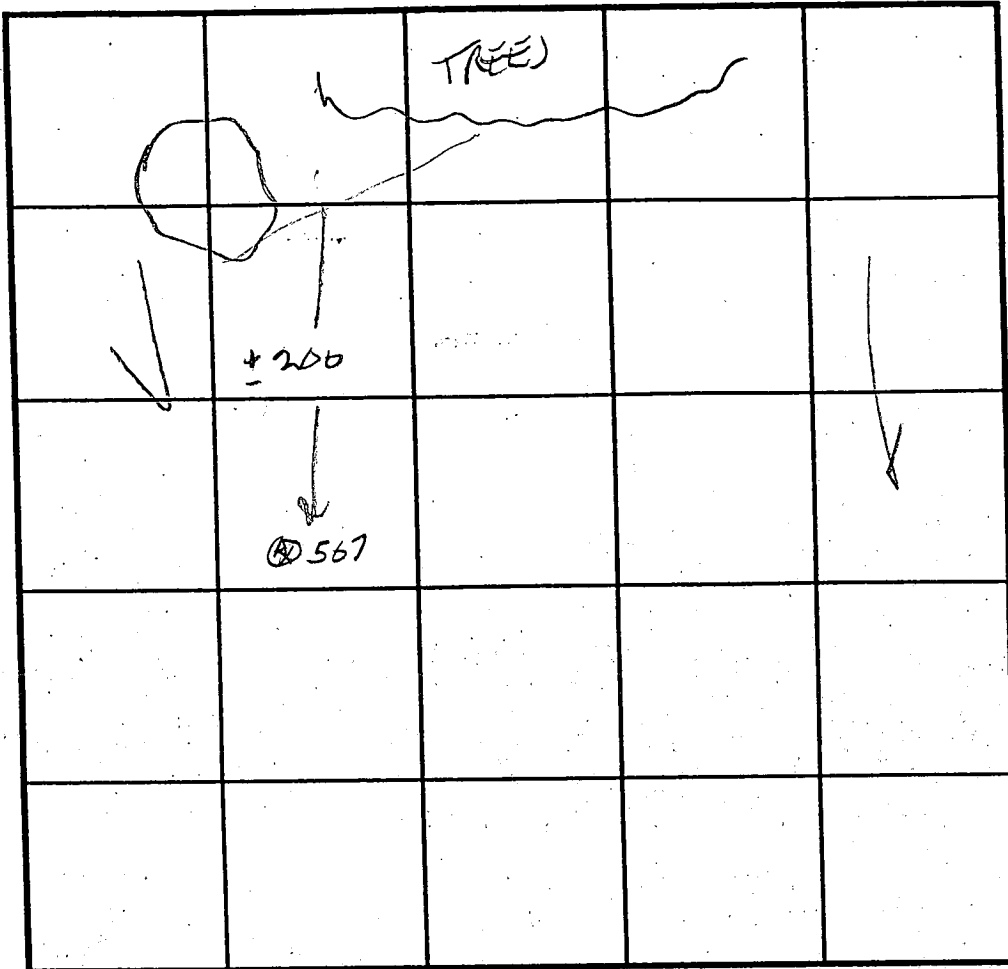
DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

50619-I
COUNTY #

SOIL PROFILE

0'



SOIL PROFILE 567

0'

1'

5'6"

TOPSOIL

RED SILTY CLAY LOAM

Pink MAREOUS SILT LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-28-95	OKT 12 567	3' 6"	10:39	10:47	10:47	10:58	11 MIN
		8'	10:40	10:41	10:41	10:43	2 MIN

REMARKS LOT 14

TYPE OF SOIL _____

TESTED BY GLEN SAUAGE ALSO PRESENT WKL HOOKER & HELPER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

B 1 6710

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-1790
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Patuxent Builders
15 Last Name Owner First Name 34
P.O. Box 906
36 Street or RFD 55
SAVAGE md 20763
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

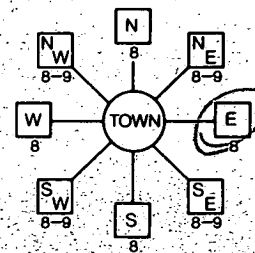
8 COUNTY Howard 21
Holley Hills
23 SUBDIVISION 42
SECTION 14
44 46 48 50
Colewood
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D 024
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy 21771
Address
Joseph L. Mayne 10/14/98
Signature Date

B 4 1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jang Rd.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 250 37
DISTANCE FROM ROAD FT MI
ENTER FT OR MI 38 39
TAX MAP: 14 BLK: _____ PARCEL: 92

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. A 56019 I
STATE SIGNATURE Gledberg INSERT S
DATE ISSUED 10/19/98 Gledberg 10/19/99 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 529 0 0 0 EAST GRID 780 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 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)

- 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.

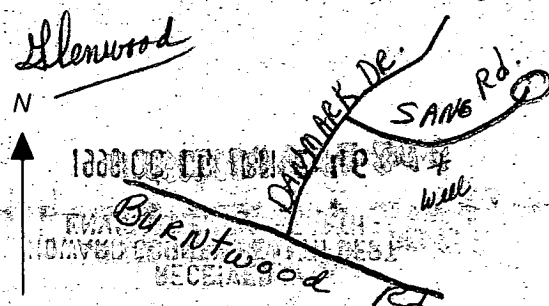
11/9/98 9:30 grout
NO WSP

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780
N 529

000
000

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



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

APPROX. PERMIT NUMBER 40-94-1790 G A P
54 63
PERMIT NO. 40-94-1790
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

