

5-15-98
2:00 c.o.
5/18/98
ASAP in Co.

Needs Pump Test.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-359763

P 59843

A 50620

DISTRICT 4th

DATE 3-3-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 6/23/98

INSPECTOR A

INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 558-R Obrecht Rd, Sykesville, Md 21784 PHONE 410-795-5674

SUBDIVISION Holly Hills LOT 21 ROAD 3315 Sang Road

PROPERTY OWNER Williamsburg Group, LLC

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM REQUIRED

INSTALL: 1000 Gallon Pump Pit with Dual/Single Controls and Alarms.

Contractor to supply pump detail prior to issuance of septic permit

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 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 25 feet down the left lot line and 40 feet off that same lot line as seen from Sang Road. Run trenches along contour towards right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap grade or above on septic tank. *2/25/98 OK ALM*

PLANS APPROVED BY Glen Savage/Donna K. Soe REVISED _____ DATE 02/13/98

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**

A50620

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-R Ellicott Mills Drive
Ellicott City, MD 21043
461-9833

6-15-98

6-12-98
WPI a.m.
RE-SCHEDULED
EOR 6/15

OK to cover
Casing 10' above grade
P.A. 3.5' below grade
has 2 piece cap, line steered
ground wire needs to be attached
KM

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6-9-98

Name of Installer Charles A Klein & Sons

Telephone 410-549-6960

License Number 6531

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Williamburg Manor

Telephone 410-997-8800

Subdivision Wald Hills Lot # 21 Well Tag # HO-99-0915

Site Address 3315 Sang Road

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make UX-202
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth 320 ft.
- Yield 20 GPM
- Static water level 34 ft.
- Will water supply be disinfected by installer? _____

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: Charles A Klein Jr

Date: 6-9-98

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 50620

P _____

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

DISTRICT _____

DATE _____

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 Williamsburg Group

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 21

ROAD AND DESCRIPTION PROPERTY HAS APPROX. 175' OF FRONTAGE ON BURNWOODS ROAD - 21 LOT (17 NEWSFD'S) SUBDIVISION EXTENSION OF ISANG ROAD

TAX MAP 14 PARCEL # 92 3315 BLDG. PERMIT SIGNED 800109738 AND RETURNED 2-13-98 SFD - 4 Dem (SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT LOT 8; 40,093 SQ FT TYPE BLDG. _____

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 Demchick (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

A 50620

COUNTY #

SOIL PROFILE

569

TOPSOIL

BROWN SILTY CLAY COAM

TAN SANDY COAM 108 6"-1' ROCKS

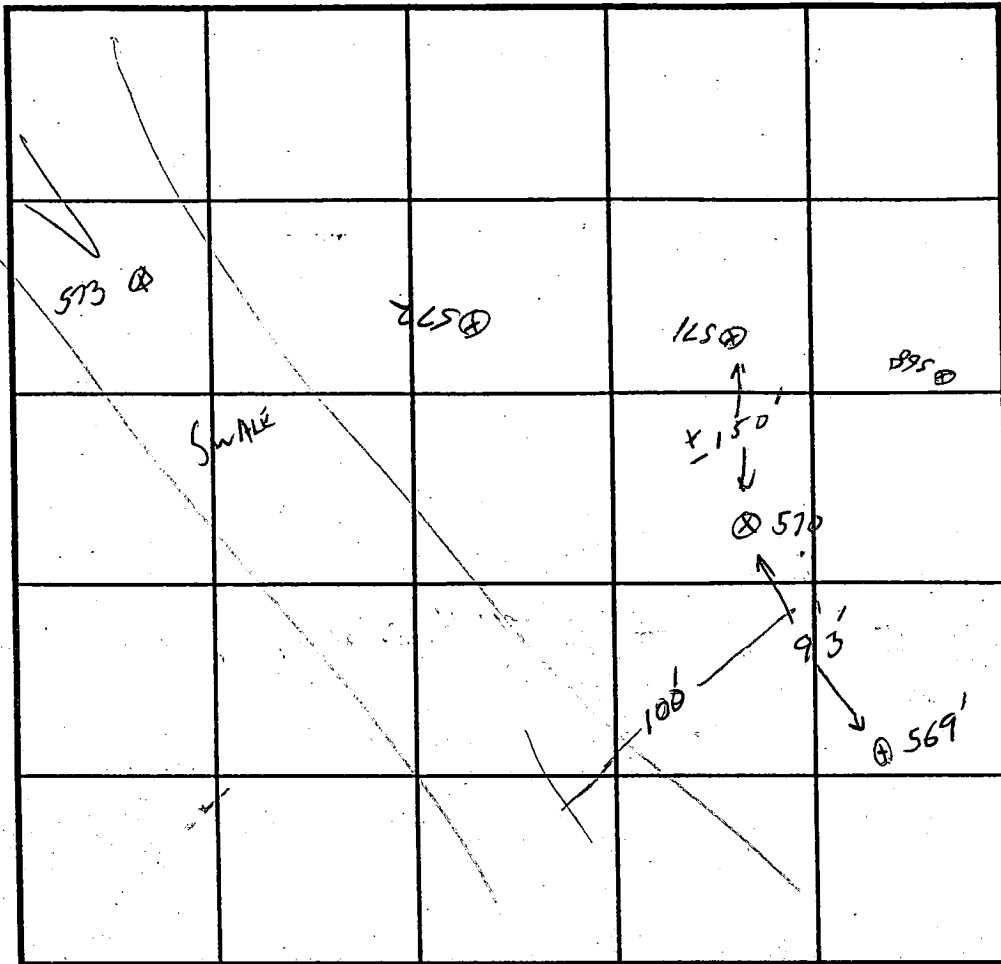
SOIL PROFILE

570

TOPSOIL

DARK BROWN SILTY CLAY

LIGHT TAN MICAEOUS SILT COAM



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	570 <small>OK TO 11' 6"</small>	4'	203	204	204	208	4 MIN
		8'	203	204	204	206	2 MIN
	569 <small>OK TO 10' 6"</small>	3' 6"	216	218	218	221	3 MIN
		7'	217	218	218	220	2 MIN

REMARKS LOT 21

TYPE OF SOIL _____

TESTED BY GLEN SAVAGE ALSO PRESENT WILL HOOKNEY + HELMERS

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

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

C 1 7816 SEQUENCE NO. (MDE USE ONLY)

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-50620

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0915

OWNER WILLIAMSBURG BUILDERS STREET OR RFD SANG ROAD TOWN GLENWOOD SUBDIVISION HOLY HILLS SECTION LOT 21

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. Entries: Sand (0-22), Gray Mica Rock (22-320).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 8 NO. OF POUNDS 752 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 24 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 27 of main casing (nearest foot)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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

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 L Mayne

LIC. NO. 27

DRILLERS SIGNATURE Larry Mayne

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

DEPTH (nearest ft.)

Table for depth measurement with columns 1-51 and values 25, 320.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

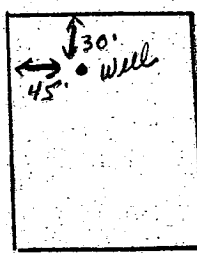
PUMPING TEST

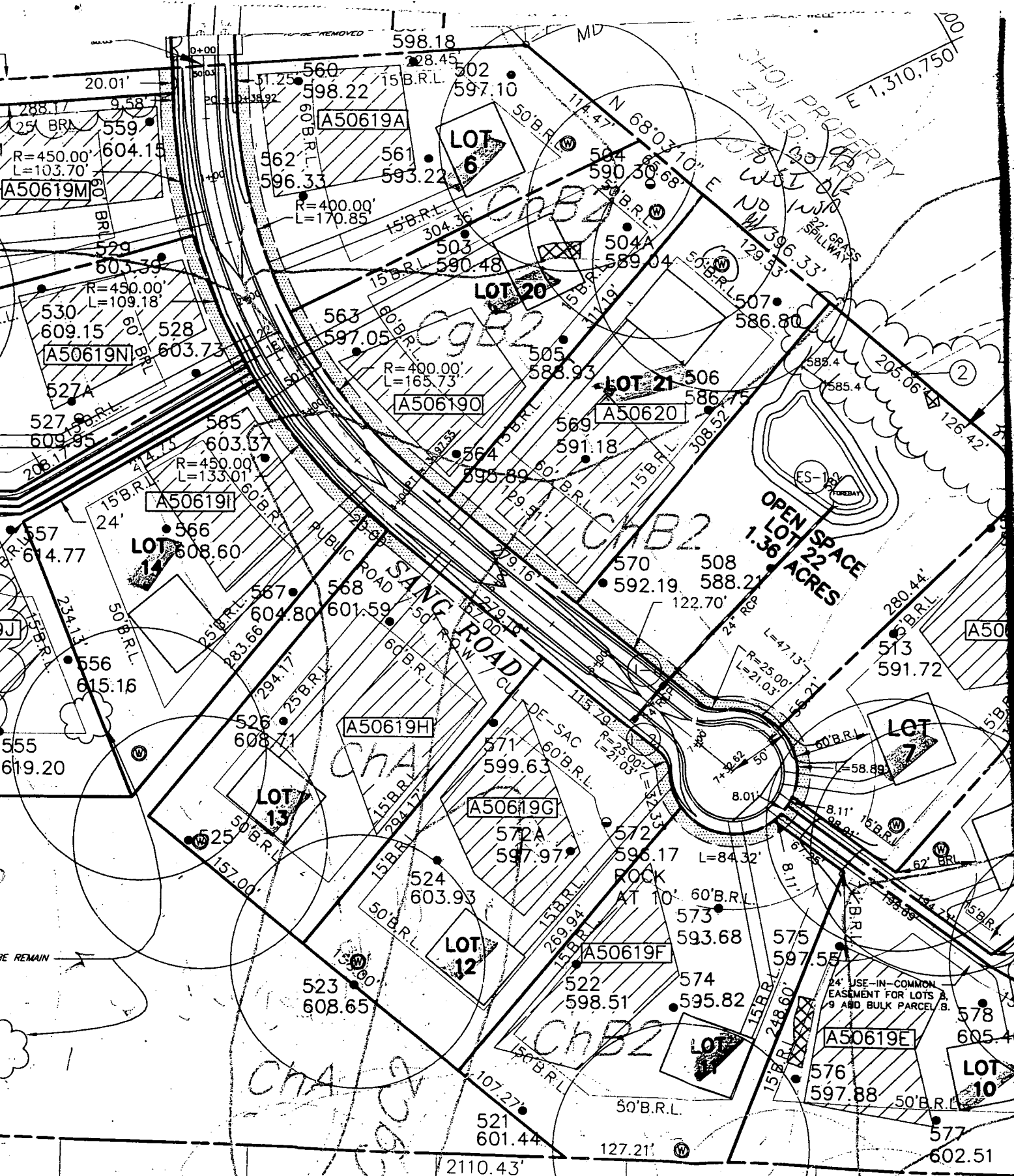
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 228 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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. 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)

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)





LOT 15

LOT 16

LOT 17

LOT 18

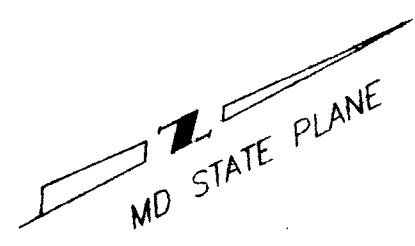
LOT 19

EX. DWELLING

EX. DWELLING

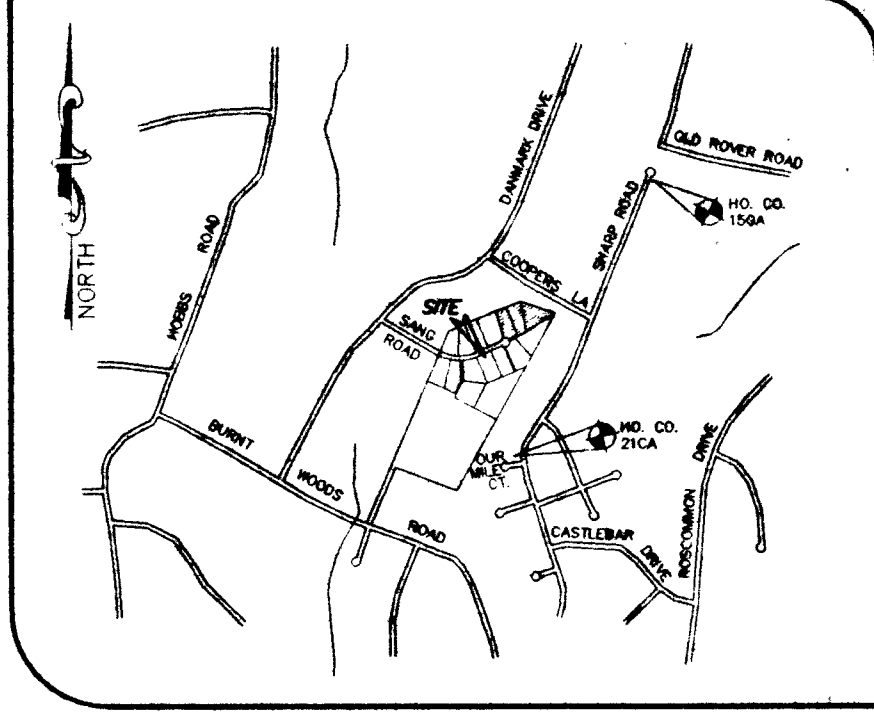
EX. DWELLING

EX. DWELLING

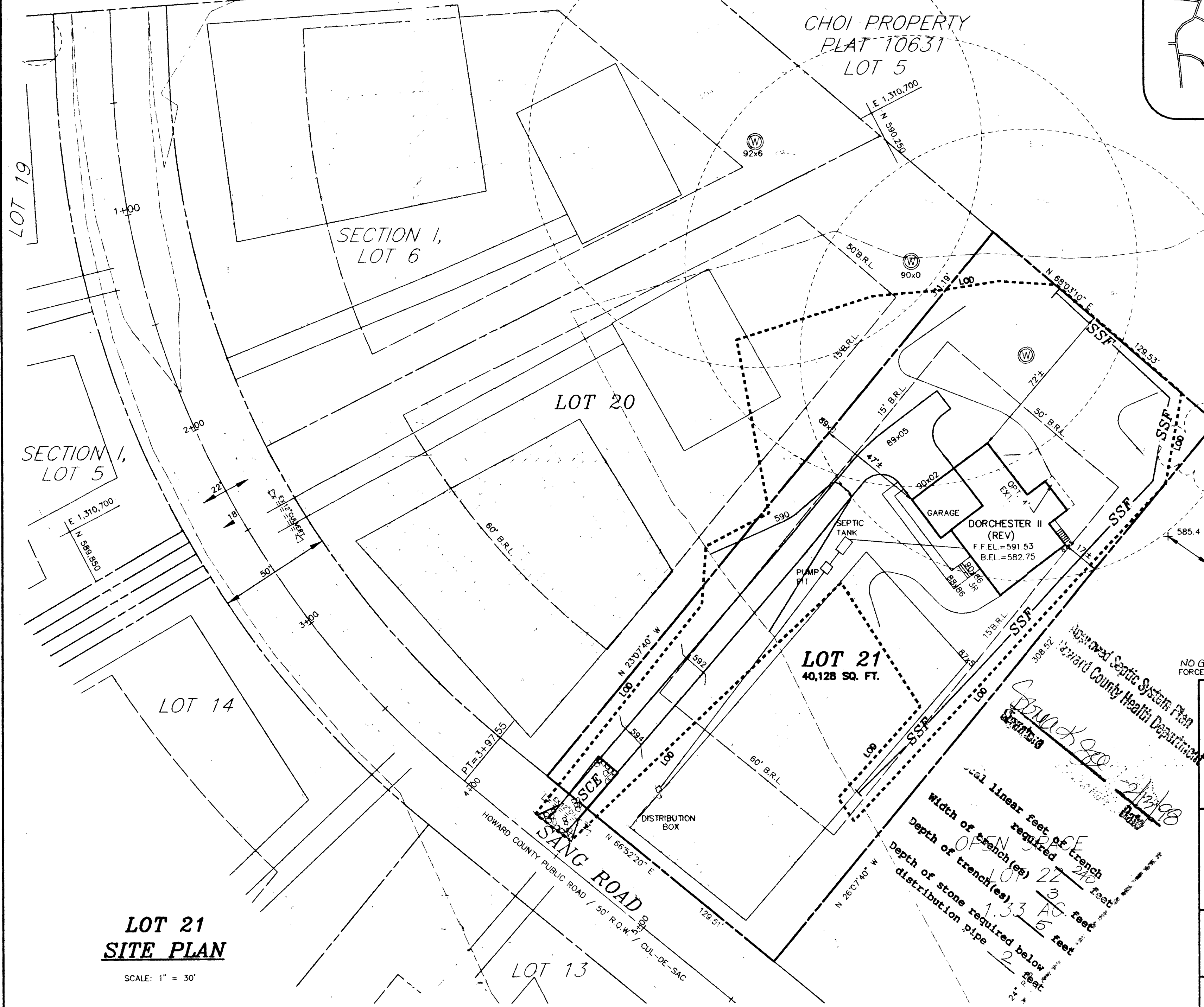


PROPERTY
PLAT 10631
LOT 5

CHOI PROPERTY
PLAT 10631
LOT 5



VICINITY MAP
SCALE: 1" = 2000'



FIRST FLOOR ELEV.	= 591.53
INV. OUT OF HOUSE	= 586.30
INV. IN SEPTIC TANK	= 585.30
INV. OUT SEPTIC TANK	= 585.05
INV. IN PUMP PIT	= 584.84
EXIST. ELEV. @ SEPTIC TANK	= 587.80
PROP. ELEV. @ SEPTIC TANK	= 589.30
EXIST. ELEV. @ DIST. BOX	= 594.00
INV. IN DIST. BOX	= 591.00

NO GRAVITY SEWER FROM BASEMENT.
FORCE MAIN REQUIRED FROM PUMP PIT TO DISTRIBUTION BOX.

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

Shuang T. Davis 1/16/98
DEVELOPER'S SIGNATURE DATE
DEVELOPER'S NAME

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

John Hildner 1/15/98
ENGINEER'S SIGNATURE DATE
ENGINEER'S NAME

REVIEWED FOR HOWARD COUNTY HEALTH DEPARTMENT
MEE'S TECHNICAL REQUIREMENTS

Carol Simms 1/15/98
USDA-NATURAL RESOURCES CONSERVATION SERVICE DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE SOIL CONSERVATION DISTRICT.

John Hildner 1/21/98
DATE

LOT 21
SITE PLAN

SCALE: 1" = 30'

Project: 98009
Date: 1/15/98
Illustrator: JRM
Scale: 1" = 30'

DATE: 1/15/98
REVISIONS:

HOLLY HILLS, SECTION II, LOT 21
PLAT 12602
PLOT PLAN - LOT 21

MILDENBERG,
BOENDER & ASSOC. INC.
Engineers Planners Surveyors
4072 Bursary Hill Drive, Suite 202, Ellicott City, Maryland 21042
(301) 821-5521 Fax: (410) 997-0288 Fax

AP. 98. 02