

6-12-95
c/o 1.00 ✓
6-13-95
c/o 1.00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-297241

6/12/95 P.L.O.
P 507594

A 09047

DISTRICT 3rd

DATE 6/30/95

DATE SYSTEM APPROVED 6/13/95

INSPECTOR GLEN SAUCE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXXXXXXXX 313-2640

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Burntwoods LOT 10 Blk. C ROAD 14000 Celbridge Drive

PROPERTY OWNER William T and Donna A. Kerns

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from the left front lot corner, place distribution box 145 feet down the front lot line (205.00') and 110 feet off that same lot line. Run trenches on contour toward Castelbar Drive.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/15/95 DKS

PLANS APPROVED BY Amy McMillen/Mark Rifkin

REVISED DATE 02/21/95

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

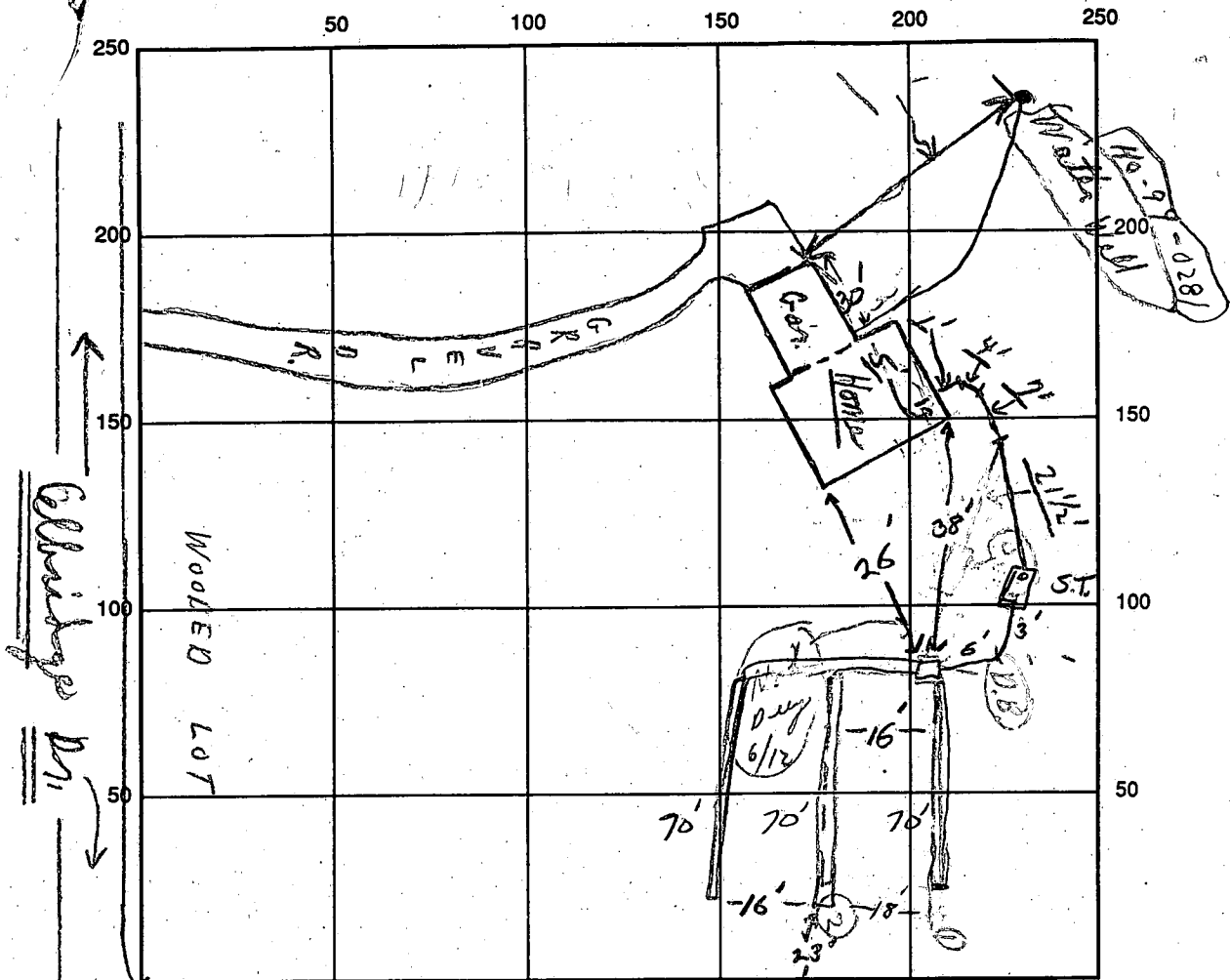
PERMIT VOID AFTER TWO YEARS

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 507594



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← Cattlebar Drive → S.T.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL (Baffles) 6/13/95 BACKE IN IT

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 210 FT. } 210

NUMBER OF TRENCHES 3 ONE 633 SQ. FT. BOTTOM AREA

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

ABSORBENT AREA NA SQ. FT.

REMARKS: 6/12/95 P.M. Partial, house connection - pipe from home to septic tank only; CBS HOLD FOR A CALL!!
6/13/95 (P.M.) 6/13/95 TRENCH 1, 2 COMPLETE OK TO COVER TRENCH 3
DUG OK TO COVER AS FINISHED AT [W.P.I.] SLEAVED AT HOUSE WALL DEPTH 3-4' PILESS ADAPTER OK TO COVER SS
6/12/95 No W.P.I. CBS

DATE SYSTEM APPROVED 6/13/95 INSPECTOR [Signature]

12/6/94
10:00

APPLICATION

PERCOLATION TESTING

A 09047

P _____

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

DISTRICT 3
DATE 11/23/94

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 JOHN L. TAGGART Williams + Donna A. Kerns

ADDRESS 10819 BRAEBURN RD COLUMBIA, MD 21044 PHONE 410-531-6409

AGENT OR PROSPECTIVE BUYER WILLIAM T. KERNS

ADDRESS 6133 Cedar Wood Dr. Columbia, MD 21044 PHONE 301-854-3082
800-444-6507

PROPERTY LOCATION:

SUBDIVISION BURN WOODS LOT NO. LOT 10C

ROAD AND DESCRIPTION CORNER CELBRIDGE & CASTLEBAR

TAX MAP 21 PARCEL # 110

SIZE OF LOT 1 ACRE TYPE BLDG. SINGLE FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 2/21/95
Serial # 58113 - SFO-3 Bim

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.

John L. Taggart
(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

COUNTY #

SOIL PROFILE

0' 1
brn red
sa cl m
4
org
yel/brn
5' si
sa m
5% frags
9
mottled
blk fractured
12
yel loam

2

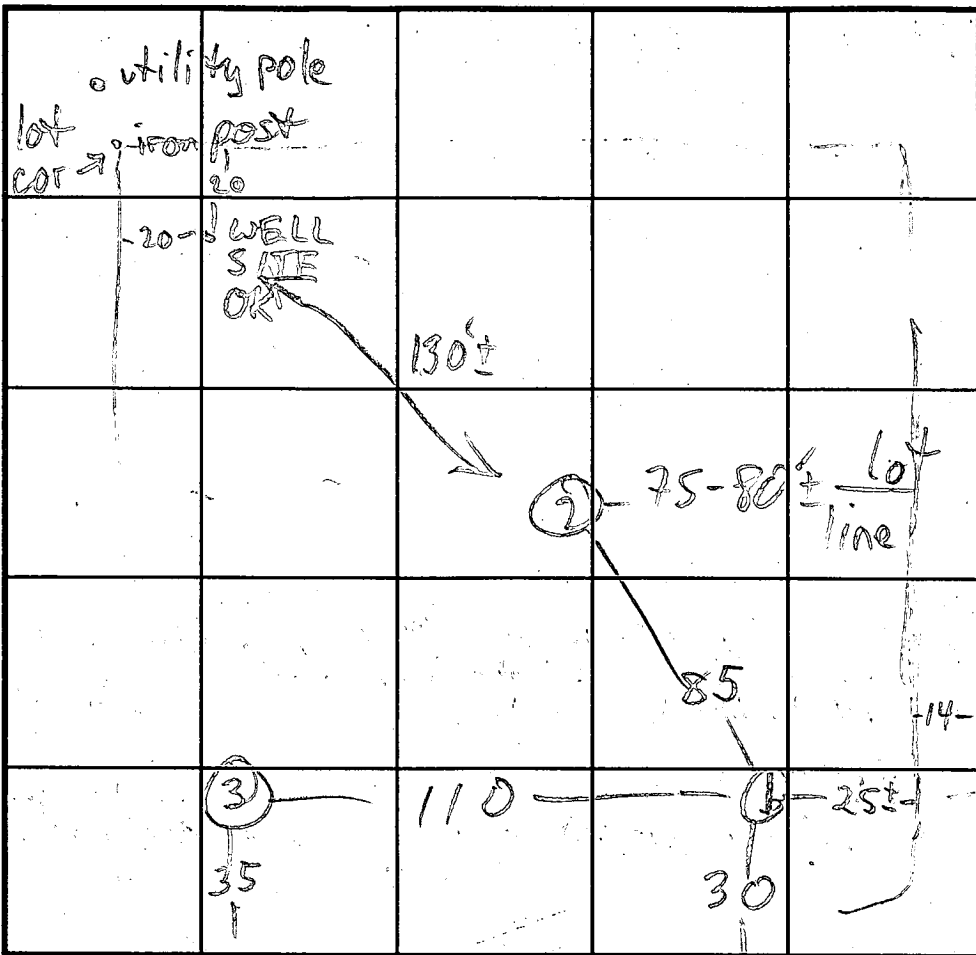
org
gravelly
cl m

4
tan gravelly
si sand
1 m
25-30% frags

11 No. AND BOT

yel
org sa
cl m
3 1/2
Fine
tan sa
loam

8-9
somewhat
moist
sa m
10% frags
12 1/2



SOIL PROFILE

0'

CASTLEBAR DR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/6/94	1 S	5		4 min		7 min	7
	1 V	12	see profile				
	2 V	11	"	"			
	3 V	12 1/2	"	"			

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Rifkin / C.W. ALSO PRESENT Fyock crew, owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 TRENCH WIDTH 3 buyer

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 210

8/7/75 - 15 ft. visual hole needed.

APPLICATION

A 09047

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank: Bedroom ¹⁰⁰⁰ 2 1/2 gal
" " ¹⁵⁰⁰ 1 1/2 gal
" " ¹⁵⁰⁰ 1 1/2 gal

DISTRICT 3

DATE 9/10/64

Day Well. 144 sq. ft. area below unit pipe from bedroom. Unit pipe to be 3 ft below grade. Eff starts 5 ft.

Please Day Well intercept 42 ft from front lot line and about 142 ft from right side line. Reason when flowing lot from street.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

may, total depth? (5'-6', depend on soil)

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS 212 Crownwood Road, E.C., Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Burnt Wood LOT NO. 10, Blk, C, Sec. 312

ROAD AND DESCRIPTION Street "B" - Belbridge Drive - Castlebar Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____ PHONE _____

ADDRESS _____ PHONE _____

SIZE OF LOT 230' x 150' x 210' TYPE BLDG. test per bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ M. A. Wakefield, Jr.

APPROVED BY [Signature] FOR Day Well DATE 9/10/64
(KIND OF SYSTEM)

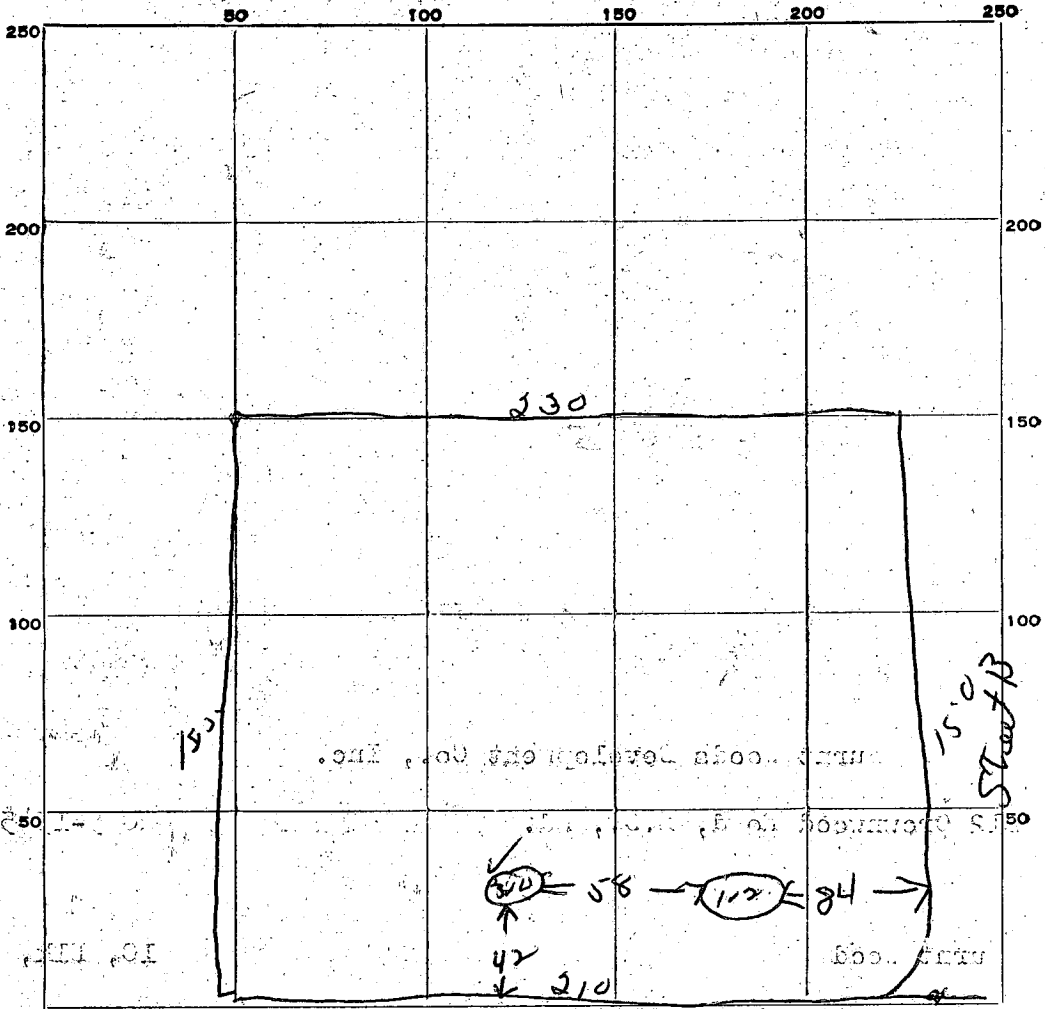
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

lot 10C



$\bar{x} = 15'$
 210' BR
 Inlet 5'
 Bot 9'

Street C

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/15/64	1	0 ft	11:10	11:20	11:20	11:40	20 min
	2	11 ft	11:13	11:16	11:16	11:23	7 min
	3	5 ft	11:17	11:19	11:19	11:29	10 min
	4	11 ft	11:16	11:17	11:17	11:24	7 min

If shallow
 Inlet 4 1/2'
 Bot 6 1/2'
 If excellent
 5' - 10'

210
 8
 1680

SOIL AUGER FINDING _____

TESTED BY Dum 9/15/64

REMARKS _____

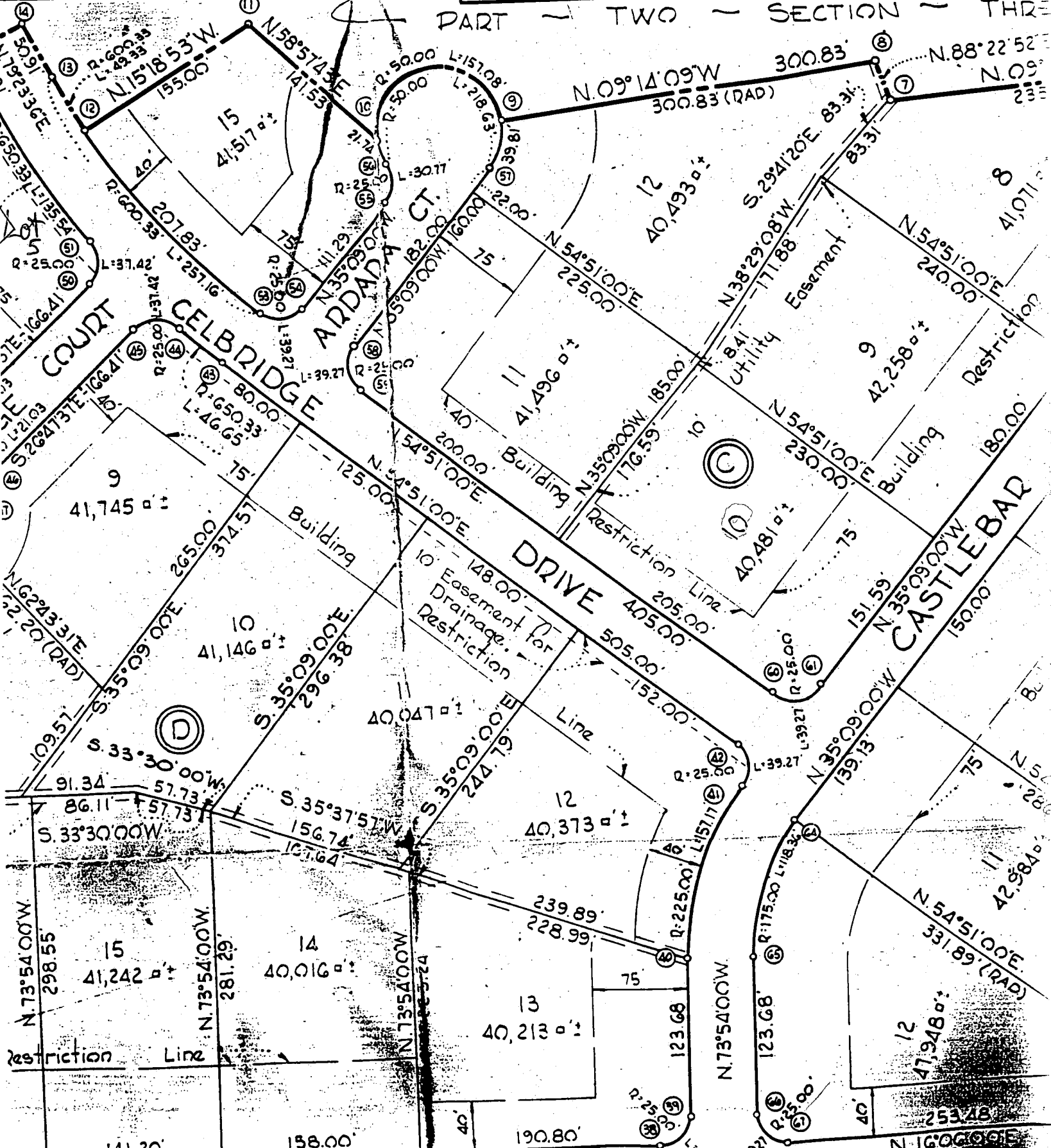
ALSO PRESENT 1 Booth / Dum LOT NO. 10C sec 3, part 1

NO	BEARING	CHD	DIST
09	14°09'E	100	100
17	02°21'E	79	32
19	51°05'W	6	10
28	54°00'E	35	36
31	06°00'W	35	36
20	59°45'W	353	17

Copy
of Final

NO	TO NO	RADIUS	LENGTH	TANGENT	DELTA	CHD	BEAR
33	34	25.00	39.27	25.00	90° 00' 00"	S.19° 06' 30"	
35	36	25.00	39.27	25.00	90° 00' 00"	N.70° 53' 30"	
36	37	2022.59	345.65	173.25	09° 47' 30"	N.20° 59' 45"	
38	39	25.00	39.27	25.00	90° 00' 00"	N.28° 54' 00"	
40	41	225.00	151.17	79.13	38° 45' 00"	N.54° 31' 30"	
41	42	25.00	39.27	25.00	90° 00' 00"	N.80° 09' 00"	
43	44	650.33	46.65	23.34	04° 06' 37"	S.56° 54' 00"	

PART - TWO - SECTION - THREE



C1 5992

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 A-09047

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0281

OWNER KERNIS TED last name first name TOWN GLENWOOD SUBDIVISION BURNTWOODS SECTION C LOT 10

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND Stone and GRAY MICHA Rock.

GROUTING RECORD form including fields for WELLS HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form including diameter, depth (feet) from to.

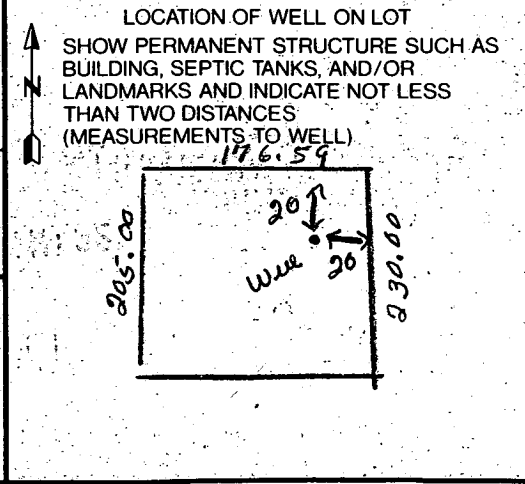
SCREEN RECORD form including screen type or open hole, insert appropriate code below, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN.

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED. CIRCLE APPROPRIATE LETTER.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).



I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION". DRILLERS IDENT. NO. 24. DRILLERS SIGNATURE Joseph L. Maupre. SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) Larry Maupre 27.

TELESCOPE CASING LOG INDICATOR OTHER DATA form with checkboxes for T, WQ, #0, 72, 74, 75, 76.

B 1 **5326** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-0281
fill in this form completely

Date Received (APA)
01/29/95

OWNER INFORMATION

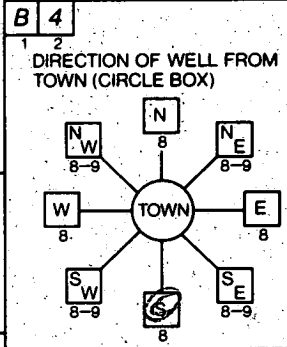
HERNS (Last Name) **ted** (First Name)
6133 CEDAR WOOD DR. (Street or RFD)
COLUMBIA (Town) **MD21044** (State 72) **Zip 76**

B 3 **LOCATION OF WELL**

HOWARD (8 COUNTY)
BURNWOODS (23 SUBDIVISION)
SECTION **10** LOT **10**
GLENDWOOD (52 NEAREST TOWN)
2 1/2 (MILES FROM TOWN) **MI**

DRILLER INFORMATION MSD/MGD/MWD

Joseph R. Wayne (Driller's Name) **24** (77 License No. 80)
Joseph R. Wayne Well Drilling (Firm Name)
5512 Ridge Rd. Mt. Airy, Md. 21771 (Address)
Joseph R. Wayne (Signature) **1/5/95** (Date)



Celbridge Drive (NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**
200 (DISTANCE FROM ROAD)
ENTER FT OR MI: **FT**

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)

H HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD (COUNTY NAME) **A-09047** (COUNTY NO.)
STATE SIGNATURE _____ DATE ISSUED **01/29/95** (CO SIGNATURE) **Joe Will** (EXP. DATE) **1/12/96**
NORTH GRID **526000** EAST GRID **0900000**

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 AIR-ROTARY **AIR-PERCUSION** **ROTARY** (Hydraulic Rotary)
 CABLE **REVERSE-ROTARY** **DRIVE-POINT**
other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL**
-
-

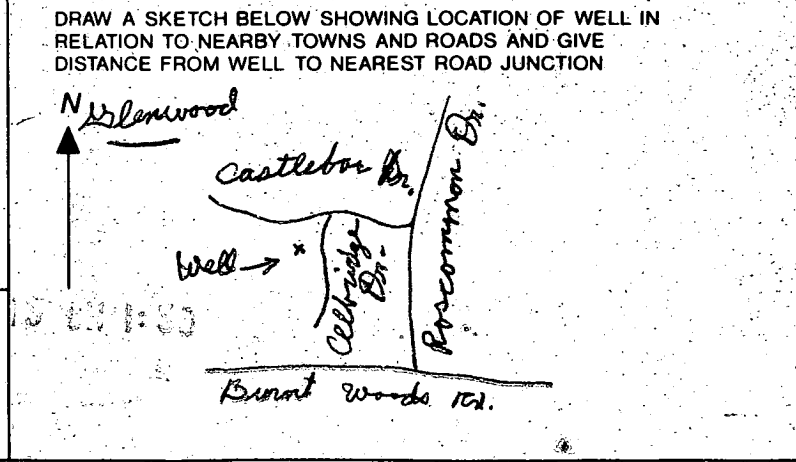
WRITE THE BOX NUMBER FROM THE MAP HERE

790800 (E)
520 (N)

2-7-95
9:30 grout with puller
40' BAGS
63' CASING
2' CASING ABOVE GROUND
GS + CBS
will TAG AT SITE

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
 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) _____

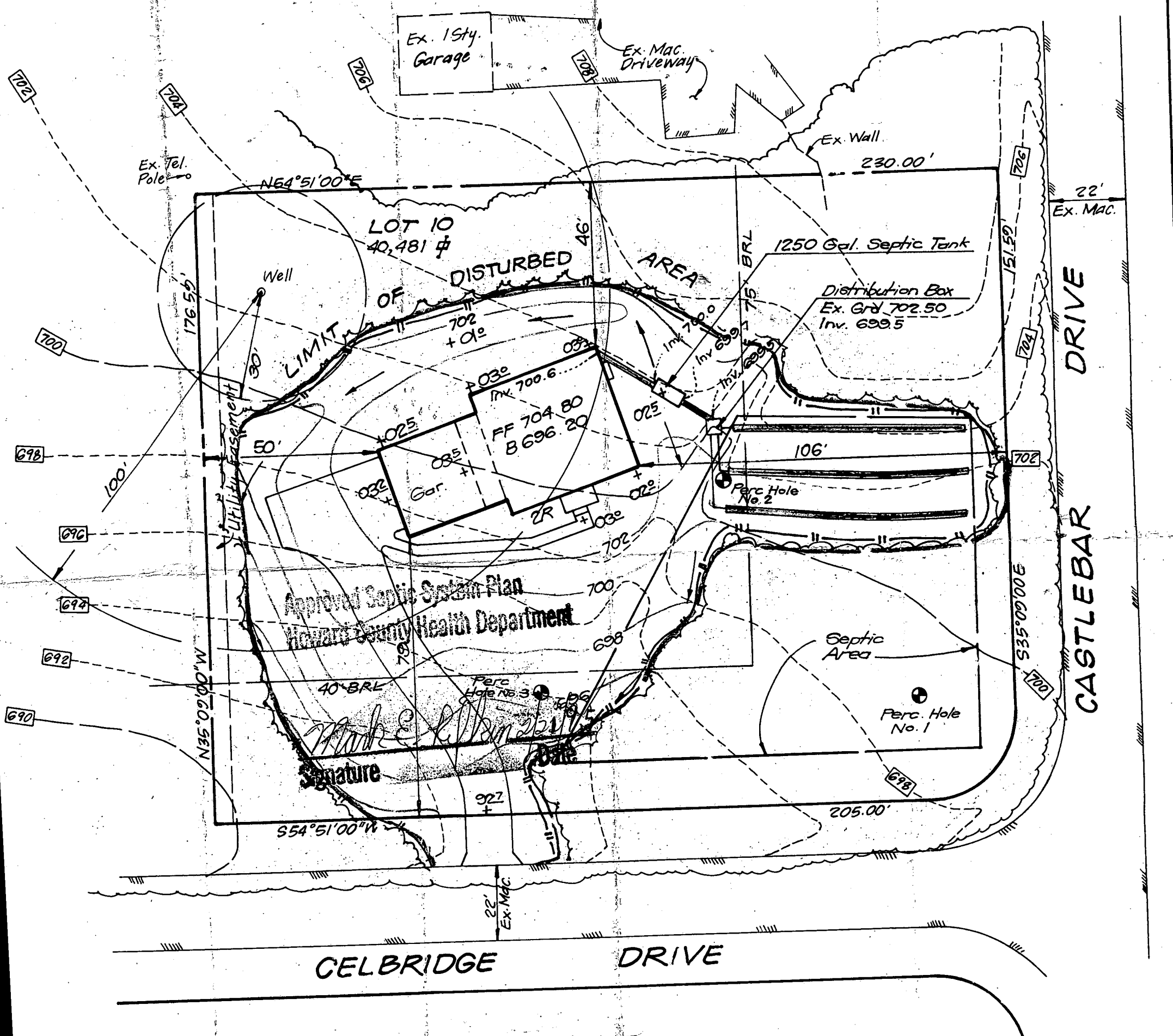


Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER _____ **G A P** _____

FORCE **CW** (WRITE INITIALS IN BOX) **PERMIT No.** **HO-94-0281**

SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



Ex. 1sty. Garage

Ex. Mac Driveway

Ex. Wall

Ex. Tel. Pole

LOT 10
40,481 \pm

LIMIT OF DISTURBED AREA

1250 Gal. Septic Tank

Distribution Box
Ex. Grd 702.50
Inv. 699.5

Well

FF 704.80
B 696.20

106'

Perc. Hole No. 2

Approved Septic System Plan
Howard County Health Department

Septic Area

Perc. Hole No. 1

Signature

2/21/05

CELBRIDGE DRIVE

DRIVE

CASTLEBAR DRIVE