

04-364678

# PERMIT

## SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

P 514631

A 51063-A

ISSUE DATE 11/6/2000

APPROVAL DATE 8/31/01

11/16/00  
C.O.  
AM

8/31/01  
12:00

Pump  
Test

3/29/01  
Anytime  
House  
Connection

### INDEXED

John Goodman Backhoe Service

IS PERMITTED TO INSTALL X ALTER     

ADDRESS 13750 Triadelphia Road, Glenelg, MD 21737 PHONE 410-489-7235

SUBDIVISION Glenwood Springs LOT NUMBER 1 ADDRESS 2874 Glenwood Springs Drive

PROPERTY OWNER Patricia L. Boyer PROPERTY OWNER'S ADDRESS 3024 Hobbs Road

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED Glenwood, MD 21738

PUMP CHAMBER CAPACITY 1250 GALLONS TOP SEAMED

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 3.5 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Beginning from the intersection of the 149.28' and 158.85' lot lines, begin trenches 10 feet down the 158.85 lot line and <sup>10</sup> 20 feet off that same lot line. Run trenches on contour toward the driveway. Find dist. box, etc. and Septic Tank locations to be determined at trench layout inspection. PP 11/6/00

OK PP 11/6/00

PLANS APPROVED Amy McMillen DATE 7/25/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

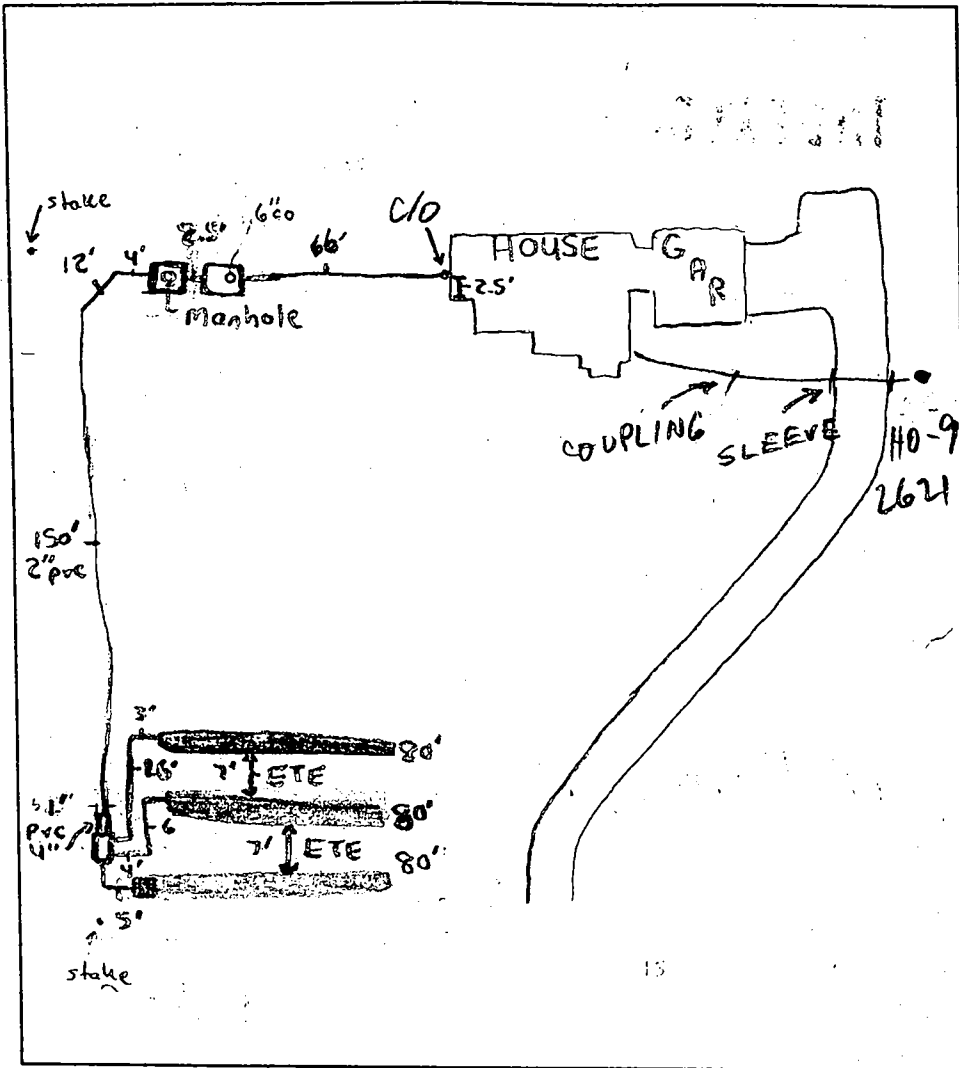
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A51063-A

2874 GLEWOOD SPRINGS DRIVE  
 BOYER PROPERTY, LOT 1

Total

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 2'  
 TRENCH BOTTOM DEPTH 3.5'  
 DEPTH OF STONE 1.5'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 T.S. GALLONS  
 BAFFLES IN NOT REQUIRED  
 MANHOLE RISER TANK SHALLOW  
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250 T.S.  
 BAFFLES IN   
 MANHOLE RISER   
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: 11/14/00 Pre Installation OK Install trenches straight across top - this is not necessarily on air-tour but will consider  
 INSPECTION COMMENTS: 11/16/00 - OK TO CONTINUE WORK & COVER TRENCH (1) & SPECIFIED ITEMS (SRW) 11/16/00 - OK TO COVER ALL WORK, STILL NEEDS HOUSE CONN. AND SEPTIC PUMP TEST - (SRW) - 3/29/01 HOUSE CONN OK (MR) 8/31/01 Pump and alarm working. (BB)

INSPECTOR Brian Baker DATE SYSTEM APPROVED 8/31/01

Total linear feet of trench required 240 feet

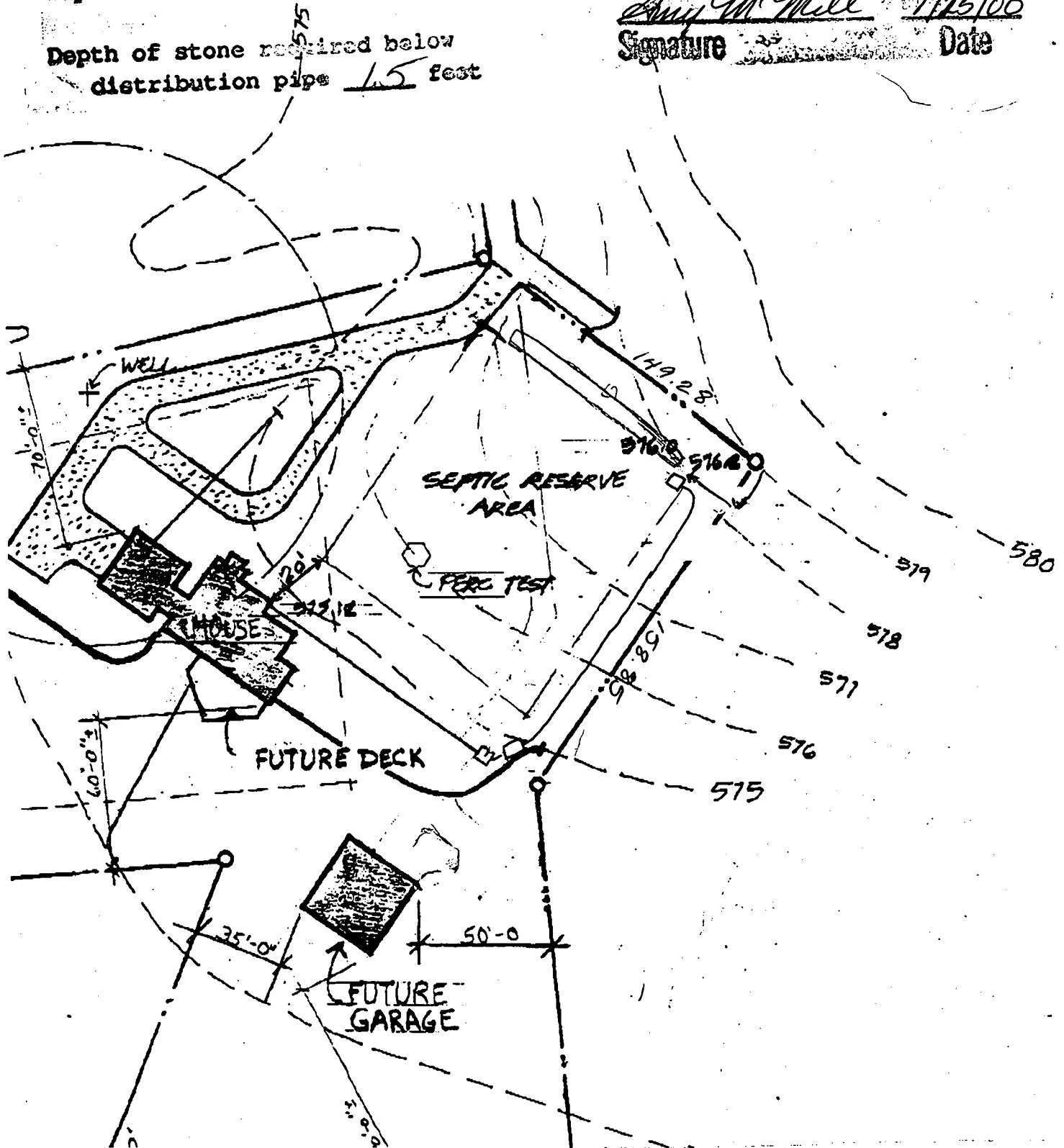
Width of trench (feet) 3.0 feet

Depth of trench (feet) 3.5 feet

Depth of stone required below distribution pipe 1.5 feet

# Approved Septic System Plan Howard County Health Department

Amy McMill 7/25/00  
Signature Date



**GENERAL NOTES**

**ELEVATIONS REQUIRED**

- BASEMENT FLOOR ELEVATION: 567.54 FT
- FIRST FLOOR ELEVATION: ~~576.75~~ FT
- INVERT OUT OF HOUSE: 575.12 FT
- INVERT INTO PUMP: ~~567.90~~ FT 572.8
- INVERT INTO SEPTIC TANK: ~~568.50~~ FT 573.3
- INVERT INTO DISTRIBUTION BOX: 576.20 FT
- INVERT INTO TRENCH: 576.00 FT
- EXISTING GRADE AT SEPTIC TANK: ~~575.00~~ FT 575.0
- EXISTING GRADE AT TRENCH: 575.50- 578.00 FT
- GRADE ELEVATION AT WELL: 572.00 FT

**NOTE:**

1. EXISTING GRADES AT SEPTIC AREA ARE INTERPOLATED BASED ON SURVEYED 5 FT CONTOURS. EXACT GRADE SHOULD BE FIELD VERIFIED PRIOR TO HOUSE LAYOUT AND SEPTIC INSTALLATION.

2 7/24  
 1 5/12/00  
 REVISIONS  
 REQUIR

CONSULTAN

Approved Septic System Plan  
Howard County Health Department

*[Signature]* 7/26/00  
Signature Date

SITE / PLOT PLAN

UNAPPROVED

4/5/01 Anytime

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   
Replacement

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Mark Brew Plumbing & Heating

Telephone 3018540609

License Number MPL16761

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Patricia L Boyer

Telephone 3018545935

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO-94-2621

Site Address 2874 Glenwood Springs Dr, Glenwood MD 21738

- Pump**
- Type
    - Deep well jet \_\_\_\_\_
    - Shallow well jet \_\_\_\_\_
    - Submersible
  - Make \_\_\_\_\_
  - 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 \_\_\_\_\_
  - RPM \_\_\_\_\_
  - Voltage \_\_\_\_\_
    - 110 \_\_\_\_\_
    - 220

- Pitless Adapter**
- Make \_\_\_\_\_
  - Model # \_\_\_\_\_
  - Depth 4'

- Tank**
- Capacity \_\_\_\_\_
  - Pressure relief valve?

- Piping**
- Type P.E.
  - Size 1"
  - NSF and/or BOCA Code approved \_\_\_\_\_
  - Depth of supply line 4'

- Well data**
- Depth 300 ft.
  - Yield 7 GPM
  - Static water level 10 ft.
  - Will water supply be disinfected by installer?

2-PC CAP, GROUT, CASING HEIGHT, CONDUIT, WELL LINE, DEPTH ALL 4/5/01 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: Mark Brew

OLD FORM ACCEPTED UNTIL 9/8/00 → Date: 8-10-00  
OK SRK

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

*Keep In File*

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Taneytown Rd. • Westminster, MD • (410) 848-1014 • (410) 876-4554 • FAX (410) 848-0298

**WATER ANALYSIS REPORT**

Laboratory ID #:	40343	Account #:	4995
Location:	2874 Glenwood Springs Drive Glenwood, MD 21738	Company:	CASH ACCOUNT
Date/ Time Coll:	09/05/01 1140	Requested by:	Stacey Boyer
Date/ Time Rec'd:	09/05/01 1442	Source:	Well
Chlorine, ppm:	Free: ND Total: ND	Site:	(A) Powder Room Tap (B) Holding Tank
Collected by:	J. Yeager 6176JY	Treatment:	Sediment Filter
		pH:	6.5
		Well #:	HO-94-2621

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD
(A) Bacteria, Total Coliform, MPN	<1.0	MPN/100 ml	<1.0	SM9223
(A) Bacteria, E. coli, MPN	<1.0	MPN/100 ml	<1.0	SM9223
(A) Turbidity	14.1	NTU	10	SM2130B
(B) Nitrate	10.0	mg/L	10	601
(B) Turbidity	20.6	NTU	10	SM2130B
(B) Sand	None Seen		None Seen	Vis/Grav

**NOTES:**

- 1) MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2) Results lower than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3) mg/L = milligrams per liter or parts per million (ppm)
- 4) NTU = Nephelometric Turbidity Units
- 5) ND: None Detected
- 6) Sample (B) collected prior to treatment
- 7) Visual well check: Sealed, vented cap
- 8) Use & Occupancy

Date Reported: 09/06/01

Laboratory Director:

*Chas Mooshian*  
 Chas. Mooshian, BS, MT

07680

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A51063A

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2621

OWNER: Boyer, STREET OR RFD: Hobbs Rd, TOWN: Glenwood, SUBDIVISION: Boyer Prop, SECTION: , LOT: 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy Silt, Clay, Sand & Silt, brown Mica, Mica, Sand Stone, Flint, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (27), NO. OF POUNDS (2700), GALLONS OF WATER (162), DEPTH OF GROUT SEAL (85 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (103).

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

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

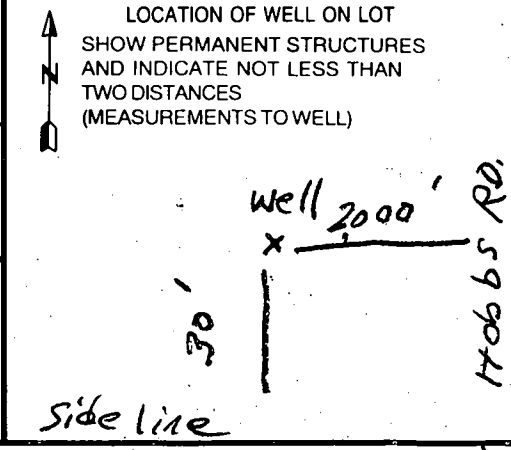
DEPTH (nearest ft.) table with columns 1-21 and rows A-E, showing depth intervals and slot size.

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 (59 ft), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (7.8), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (10 ft before, 171 ft when pumping), TYPE OF PUMP USED (S - submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (+ above, 2 below)



DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE: George F. Eustenbury, LIC. NO. 1 MWD 501, DRILLERS SIGNATURE: Charles R. Fuller, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 7 **09632**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

**HO-94-2621**  
fill in this form completely

Date Received (APA)  
**03/13/00**

OWNER INFORMATION **RN 8191**

B 3

LOCATION OF WELL

**CC#**

**Boyer Keith & Stacy**  
Last Name Owner First Name  
**P. O. Box 205**  
Street or RFD  
**Glenwood, Md 21738**  
Town State Zip

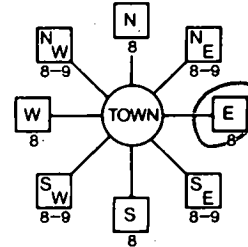
**Howard**  
COUNTY  
**Patricia Boyer Prop**  
SUBDIVISION  
SECTION **1** LOT **1**  
**Glenwood**  
NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **1** M

DRILLER INFORMATION

**George F. Easterday** M **WD 040**  
Driller's Name License No.  
**L. Franklin Easterday, Inc.**  
Firm Name  
**9265 Brown Church Rd., MT. Airv. Md. 21771**  
Address  
**George F. Easterday** **3/11/2000**  
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Hobbs Road**  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**2000**  
DISTANCE FROM ROAD  
ENTER FT OR MI  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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 Co** **A51063A**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
DATE ISSUED **03/14/00** **AM Mill** **3/14/01**  
43 MM DD YY 48 CO SIGNATURE EXP DATE  
NORTH GRID **520 000** EAST GRID **790 000**

APPROXIMATE DEPTH OF WELL **300** 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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

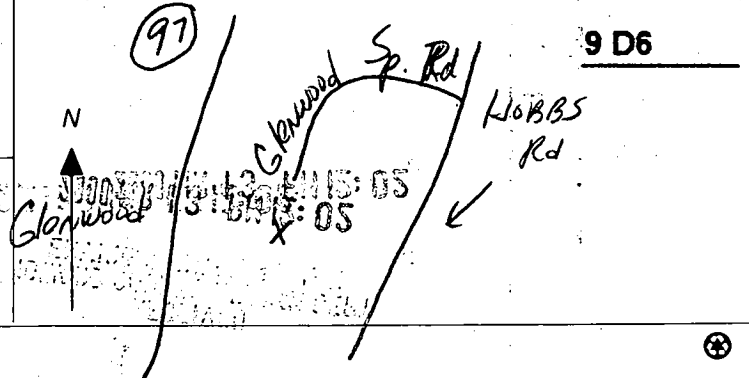
- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**

N **520**

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 \_\_\_\_\_ GAP \_\_\_\_\_  
PERMIT No. **HO-94-2621**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





# Howard County

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## *Internal Memorandum*

**Subject:** Temporary Use Application 00-03  
Temporary Use for Patricia L. Boyer

**To:** Howard County Police Department  
Department of Public Works  
Department of Inspections, Licenses and Permits  
Bureau of Environmental Health  
Department of Fire and Rescue Services

**From:** George L. Beisser, Chief *AB*  
Division of Public Service  
and Zoning Administration

**Date:** March 16, 2000

Attached is the application for the temporary use referenced above as permitted under Section 132 of the Howard County Zoning Regulations. This Section allows for approval by the Director of the Department of Planning and Zoning of a temporary use of property, provided the following determinations are made:

1. The use will not adversely affect vicinal properties.
2. The use does not require significant or permanent changes to the existing topography, vegetation, structures or other features of the site.

The temporary use can be granted for up to 60 days but is not renewable.

A public hearing on the application is scheduled for **April 11, 2000**. Please submit any advisory comments or applicable requirements your agency has on the application **by March 27, 2000**.

If you have any questions, please contact me at extension 2393.

GLB\SRB:hg  
Attachment

For DPZ office use only:  
Case No. TU 00-03  
Date Filed 3/3/00  
Date Accepted for Scheduling \_\_\_\_\_

MAR -3 PM 2:13

Hearing Date \_\_\_\_\_

Petition to the Howard County Department of Planning and Zoning  
Temporary Use

1. Petitioner's Name Patricia L. Bayne  
Address 3024 Hobbs Rd Glenwood, Md 21738  
Phone No. (W) 901 924-5200 (H) 301 854-6935

2. Counsel for Petitioner: \_\_\_\_\_  
Counsel's Phone No. \_\_\_\_\_

3. Property Identification:  
Address of Subject Property: 3024 Hobbs Rd Glenwood, Md 21738  
Total Acreage of Property: 27 acres  
Property Location: Southern Terminus of Glenwood Sp. Dr.  
Election District: 4th Zoning District: RR-DEO  
Tax Map # 14 Block # 23 Parcel/Lot # 103  
Subdivision Name (if applicable): Fox Meadow Farm

4. Petitioner's Interest in Subject Property:  
 Owner (including joint ownership)  Other (describe and give name and address of owner)  
If the Petitioner is not the owner of the subject property, documentation from the owner authorizing the petition must accompany this petition.

5. Description of Temporary Use

Please respond in detail to all of the following items applicable to the proposed use. Pages may be attached to this application if additional space is needed.

a. Description of proposed use: Temporary Storage Trailer  
during construction of single family home  
on lot #4

- b. Dates of operation: 4/00 — 12/00
- c. Daily hours of operation: 24 hrs daily
- d. Description of temporary structures or other improvements to be installed on subject property: Metal Storage Container
- e. Potential number of employees/staff on site at one time: 0
- f. Potential number of customers/visitors on site at one time: 0
- g. Description of parking facilities, including the number of parking spaces on site; number and location of off-site parking spaces available for use; surface material of parking areas: 0
- h. Description of outdoor lighting to be used, including intensity and type of existing or proposed lighting fixtures: 0
- i. Potential noise levels and sources of noise generated by proposed use; proposed noise mitigation measures: 0

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
2000 MR 20 AM 11:01

6. Temporary Use Plan

All plans must be folded to approximately 8-1/2 x 14 inches. The plan must be drawn to scale and must include the items listed below:

- (a) Distances to property lines
- (b) Size of property
- (c) North arrow
- (d) Scale of plan
- (e) Tax map, parcel and lot number of subject property
- (f) Existing and proposed uses, structures, parking spaces, driveways, and points of access on the subject property.
- (g) Location of well and private sewerage easement, if applicable
- (h) Floor area and height of structures, setback distances, and other numerical values necessary for examination of the petition.
- ~~(i) Any other information necessary for full and proper consideration of the petition.~~

7. Materials, Fees, Posting and Advertising

- a. Eight (8) copies of this petition, all supplemental pages or reports, and the required plans must be submitted.
- b. The undersigned agrees to pay all costs in accordance with the current schedule of fees. The fee is \$100.00 plus \$15.00 for a poster. The undersigned also agrees to properly post the property at least 15 days immediately prior to the hearing, to maintain the posters as required, and to submit an affidavit of posting at the time of the hearing.

8. Signatures

The undersigned hereby affirms that all of the statements and information contained in, or filed with, this petition are true and correct.

The undersigned has read the instructions on this form, filing herewith all of the required accompanying information.

Patricia L Boyer  
Petitioner's Name Printed

Patricia L Boyer  
Signature of Petitioner

\_\_\_\_\_  
Signature of Attorney

For DPZ office use only:

Hearing fee: \$ \_\_\_\_\_  
 Poster fee: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

(Make checks payable to the "Director of Finance")

TU-7/10/97



# APPLICATION

PERCOLATION TESTING

A 51063

P \_\_\_\_\_

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

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 PATRICIA L. BOYER

ADDRESS P.O. BOX 322  
BROOKVILLE, MD 20833 PHONE (410) 489-9727

AGENT OR PROSPECTIVE BUYER W. KEITH BOYER

ADDRESS 8720 CHURCH LANE  
RANDALLSTOWN MD 21133 PHONE (410) 868-8010

PROPERTY LOCATION:

SUBDIVISION PATRICIA L. BOYER PROPERTY LOT NO. A-3

ROAD AND DESCRIPTION WEST SIDE HOBBS RD. 1000' FT. NORTH  
OF BURNT WOODS RD.

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 4.0 A.C. TYPE BLDG. SINGLE FAMILY DWLG.  
(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.

(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

1 7

0' red brown SiCLM

2.0 pink SiSalm

6.0 lgt brn Salm

11.0

6 2 3

red brown SiCLM

2.0 lgt orange brown SiLm

30-40 dull mottled SiLm micaceous H<sub>2</sub>O indicated

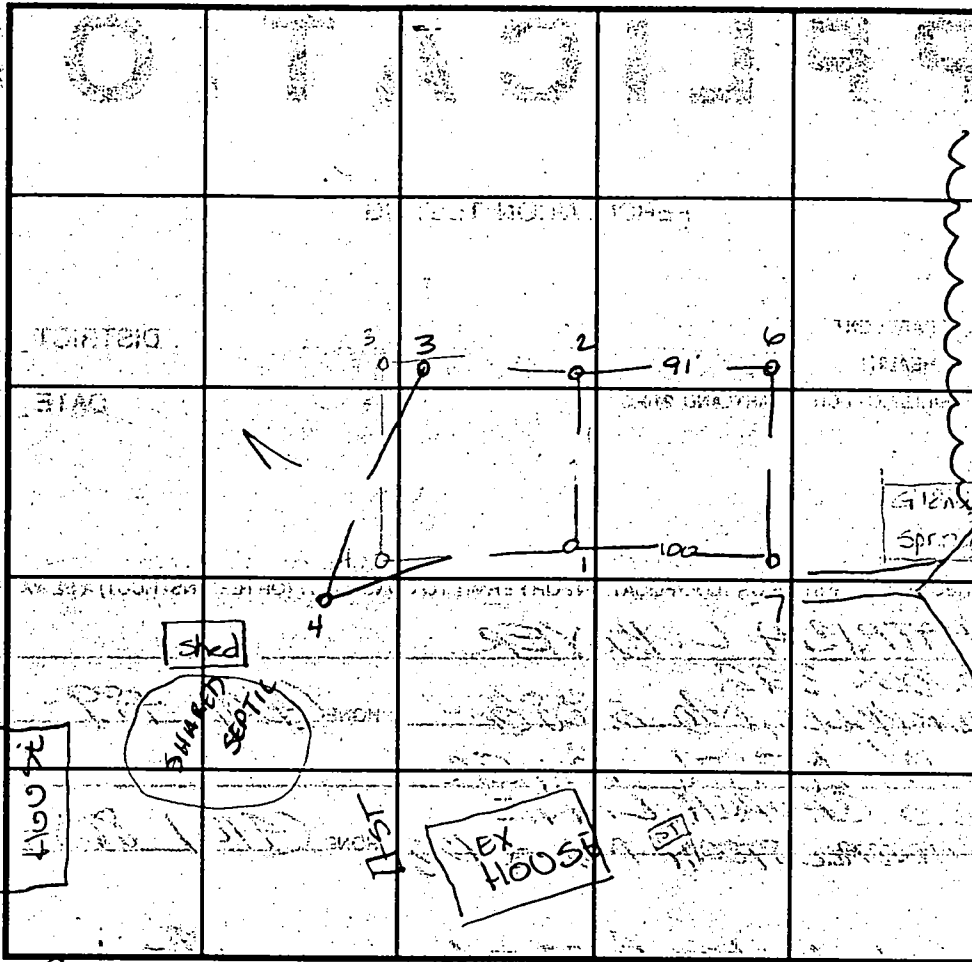
4

heavy tan SiCLM

2.0 dark red SiSalm

80 grey Sandstone 15% dull grey brn Salm

11.0



SOIL PROFILE

0'

Blank soil profile box.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/19/98	1	2.5 / VII.0	11:12	11:14	11:14	11:16	2min
	2	3.0 / VII.0	11:17	11:25	11:25	11:32	7min
	3	2.5 / VII.5	11:20	11:22	11:22	11:24	2min
	4	Visual	- see profile				OK
	6	3.0 / VII.0	12:58	1:04	1:04	1:15	11min
	7	Visual	- see profile				OK

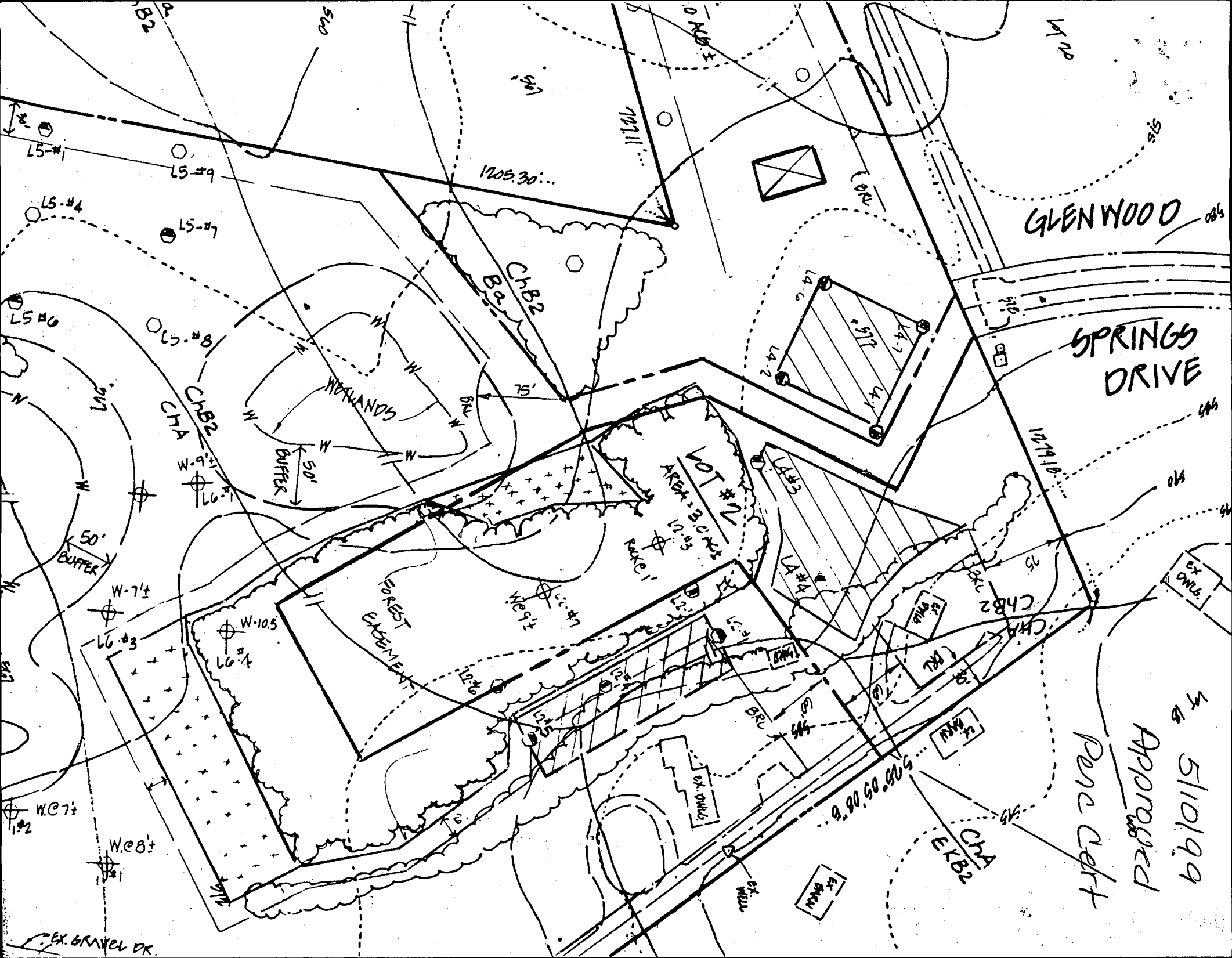
REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7min TRENCH WIDTH 3.0

INLET DEPTH 2.0 MAXIMUM BOTTOM DEPTH 3.5 SQ. FT./BEDROOM 180



GLENWOOD 0045

SPRINGS DRIVE 0045

Approved  
5/10/99  
Pond Left

1705.30...

17011...

101910...

525.05.08.5

L5-#1  
L5-#9  
L5-#4  
L5-#7

L5-#8

CHA  
CHB2  
W-9.5  
L6-#1

50'  
BUFFER

50'  
BUFFER

W-7.5

W-10.5  
L6-#4

W.C. 7  
1-#2

W.C. 8  
1-#1

EX. GRAVEL DR.

CHB2  
BOR

NOT IN  
AREA - 30 X 65  
L2-#5  
L2-#6

FOREST  
EASEMENT

CHB2  
CHA

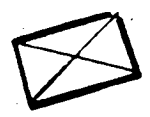
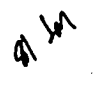
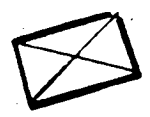
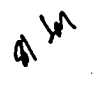
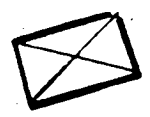
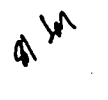
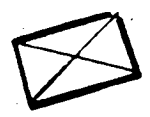
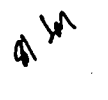
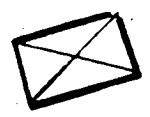
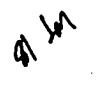
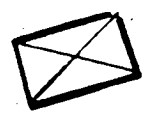
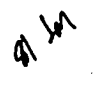
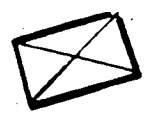
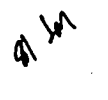
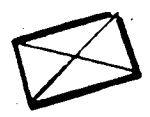
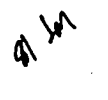
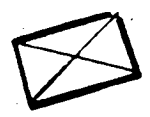
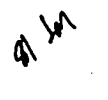
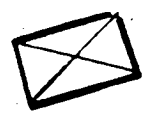
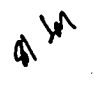
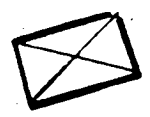
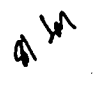
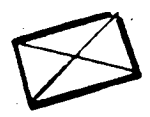
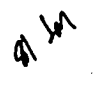
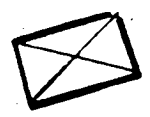
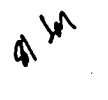
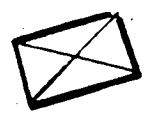
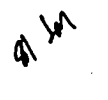
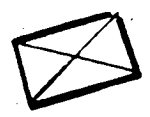
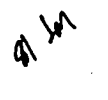
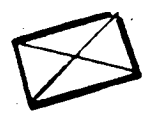
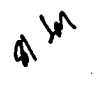
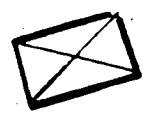
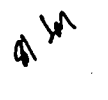
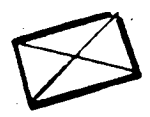
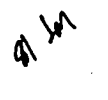
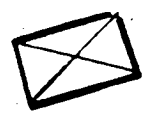
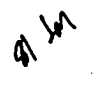
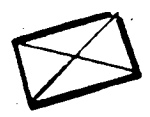
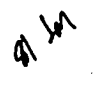
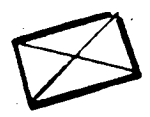
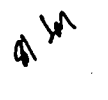
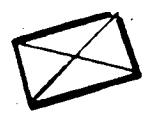
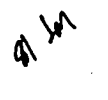
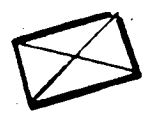
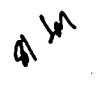
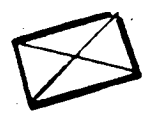
EX. DWG.

EX. DWG.  
EKB2  
CHA

EX. DWG.

EX. DWG.

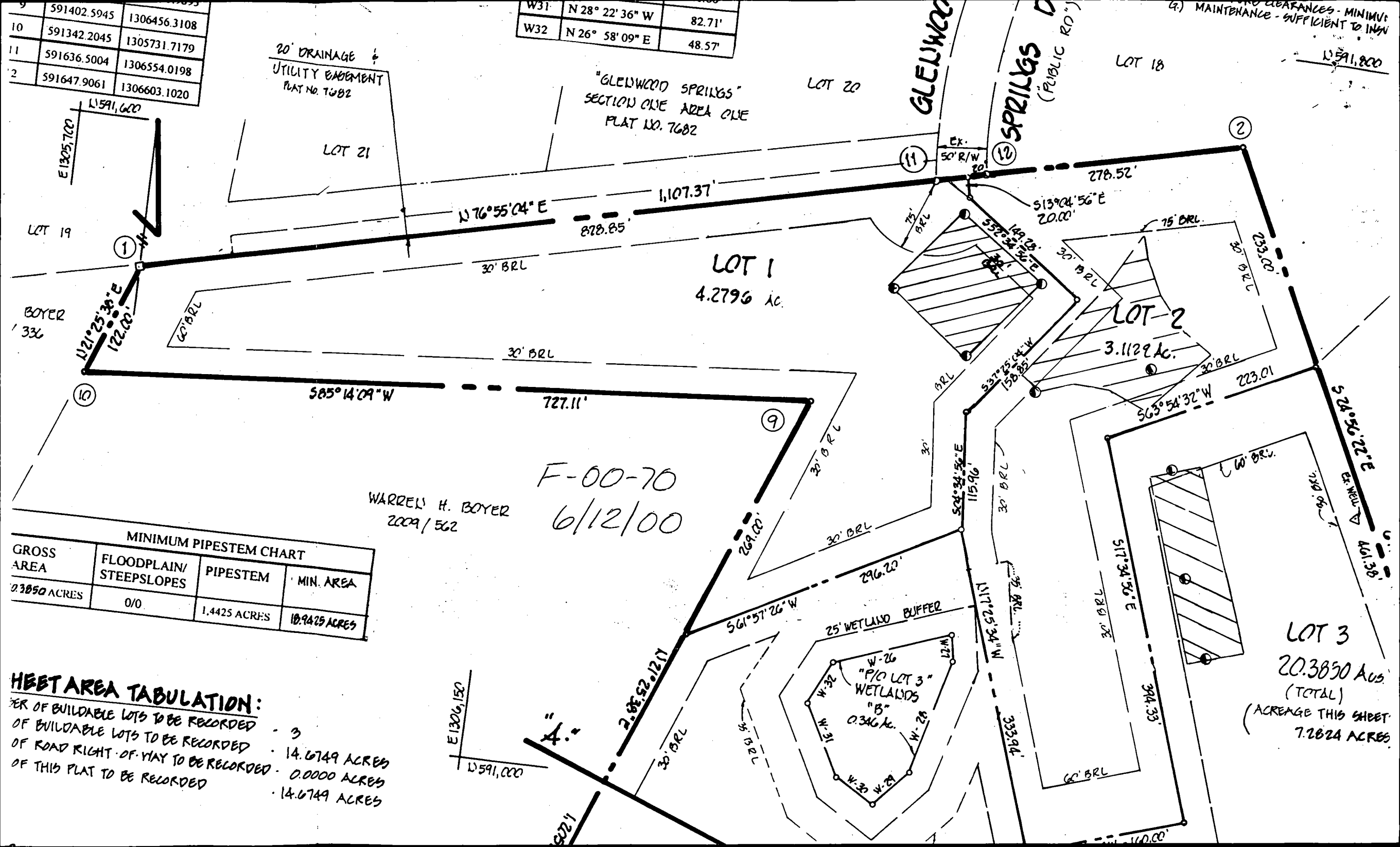
EX. DWG.



9	591402.5945	1306456.3108
10	591342.2045	1305731.7179
11	591636.5004	1306554.0198
2	591647.9061	1306603.1020

W31	N 28° 22' 36" W	82.71'
W32	N 26° 58' 09" E	48.57'

(4) MAINTENANCE - SUFFICIENT TO INVA...



GROSS AREA	FLOODPLAIN/STEEPSLOPES	PIPESTEM	MIN. AREA
2.3850 ACRES	0/0	1,4425 ACRES	10.9425 ACRES

**HEET AREA TABULATION:**

PER OF BUILDABLE LOTS TO BE RECORDED - 3

OF BUILDABLE LOTS TO BE RECORDED - 14.6749 ACRES

OF ROAD RIGHT-OF-WAY TO BE RECORDED - 0.0000 ACRES

OF THIS PLAT TO BE RECORDED - 14.6749 ACRES

LOT 3  
20.3850 ACRES  
(TOTAL)  
(ACREAGE THIS SHEET)  
7.2824 ACRES

Attn. Amy Mcmillian

02/04/1992 18:07

2074 Glenwood Springs

DR

Glenwood Spring Lot

=== COVER PAGE ===

TO: \_\_\_\_\_

FAX: 4104423609

FROM: CRC ASSOC \_\_\_\_\_

FAX: ~~4104423609~~

TEL: ~~4104423609~~

31854-5060

COMMENT: Attn. Amy Mcmillian, let me know what else you need for our septic permit

02/04/1992 18:07 4105499863

CRC ASSOC

PAGE 01

THE LOT SHOWN HERRON IS IN FLOOD ZONE 'C' PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL A 94004400146

Right hand lot lines (149.28' + 58.35') are same as a record plat, differ from prelim plan and BP Plan - Specs are wrong for BP Plan. Issue to be resolved at layout inspection. However these locations OK relative to SDA  
AP 1/14/00

