

4/4/98  
11:00  
11/6/98  
12:00 C.O.  
11/9/98 2:30-3:30  
11/10/98 12 PLASTER  
3:30  
12/21/98  
2:30 PUMP  
2:30 PLASTER

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-325903

P 511007

A 56429-A

DISTRICT 3rd

DATE 9/25/98

DATE SYSTEM APPROVED 12/22/98

INSPECTOR *du*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XIGORREX~~ 410-313-2640

### INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Gaither Overlook Hunt LOT 1 ROAD 11005 Dorsh Farm Road

PROPERTY OWNER ~~NV Homes~~ CHARLIE & LAWI NGUYEN

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

#### PUMPED SEPTIC SYSTEM

INSTALL: 1-1250 Gallon Top Seamed Pump Chamber

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

*9/26/98*

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 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the right front property corner, begin trenches 150 feet down the front lot line and 10 feet off that same property line as seen when facing the lot from Dorsh Farm Road.

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

~~ADD PERMIT SKIPPED~~

~~AND RETURNED 7-22-98~~

*Serial # B00 119585*

PLANS APPROVED BY Amy McMillen DATE 8/20/98

*du*

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

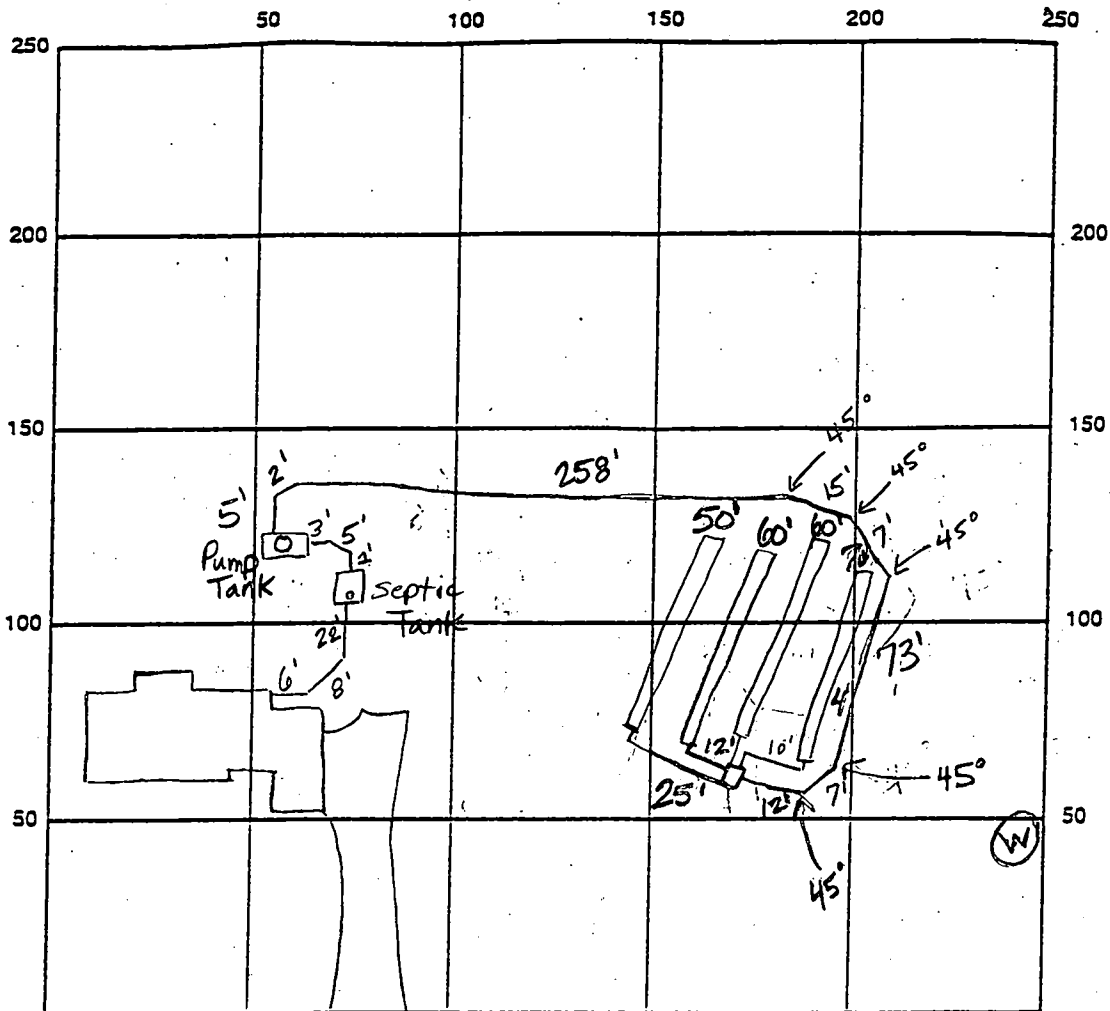
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

56429-A

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Dorsh Farm Road

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank, manhole cleanout on pump pit

DISTRIBUTION BOX LEVEL OK, baffle in

DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1x70 + 50 + 2x60 = 240 FT.

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 11/4/98 HOUSE PLUMBER UNDER FOOTER, OK TO RELOCATE TANKS OFF LR (FROM BACK)

CORNER OF HOUSE GRADE IS CUT FOR WALK OUT IN BACK - TANKS WILL HAVE

3-4' COVER OVER BOTH TO SBA, SEPARATE WELL & PRESSURE SEWER LINE, SLEEPER WELL LINE

1E WITHIN 10' OF SEWER LINE, OK TO RUN PUMP LINE TO 2ST BOX THRU CENTER OF SBA.

11/6/98 RUN SEWER LINE TO CENTER OF SBA & RUN TRENCHES IN BOTH DIRECTIONS ALONG WELL LINE NEAR DR

& COVER BOTH TANKS 11/10/98 (am) OK TO CONTINUE RM 11/10/98 (pm) OK TO COVER NEEDS PUMP KIT

DATE SYSTEM APPROVED 12/22/98 INSPECTOR A M' Melle

12/22/98 Pump performance & alarm OK

# APPLICATION

PERCOLATION TESTING

56429A  
A ~~52053~~  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 7/30/86

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 J THOMAS SCRIVENER N.V. HINES

ADDRESS CB LAND DESIGN & DEVELOPMENT PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER DONALD R. REUWER JR

ADDRESS 10805 HICKORY RIDGE RD PHONE \_\_\_\_\_  
21044

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 1 ✓

ROAD AND DESCRIPTION (11005 Dorsch Farm Road)

TAX MAP 29 PARCEL # 21

AND RETURNED 8-20-86  
Serial # 113529  
-SFD-4 Bin

SIZE OF LOT 1+ACRES TYPE BLDG. \_\_\_\_\_  
(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

A56429A  
~~A.53203~~

COUNTY #

SOIL PROFILE

0'  
 1'  
 6'  
 11 1/2'

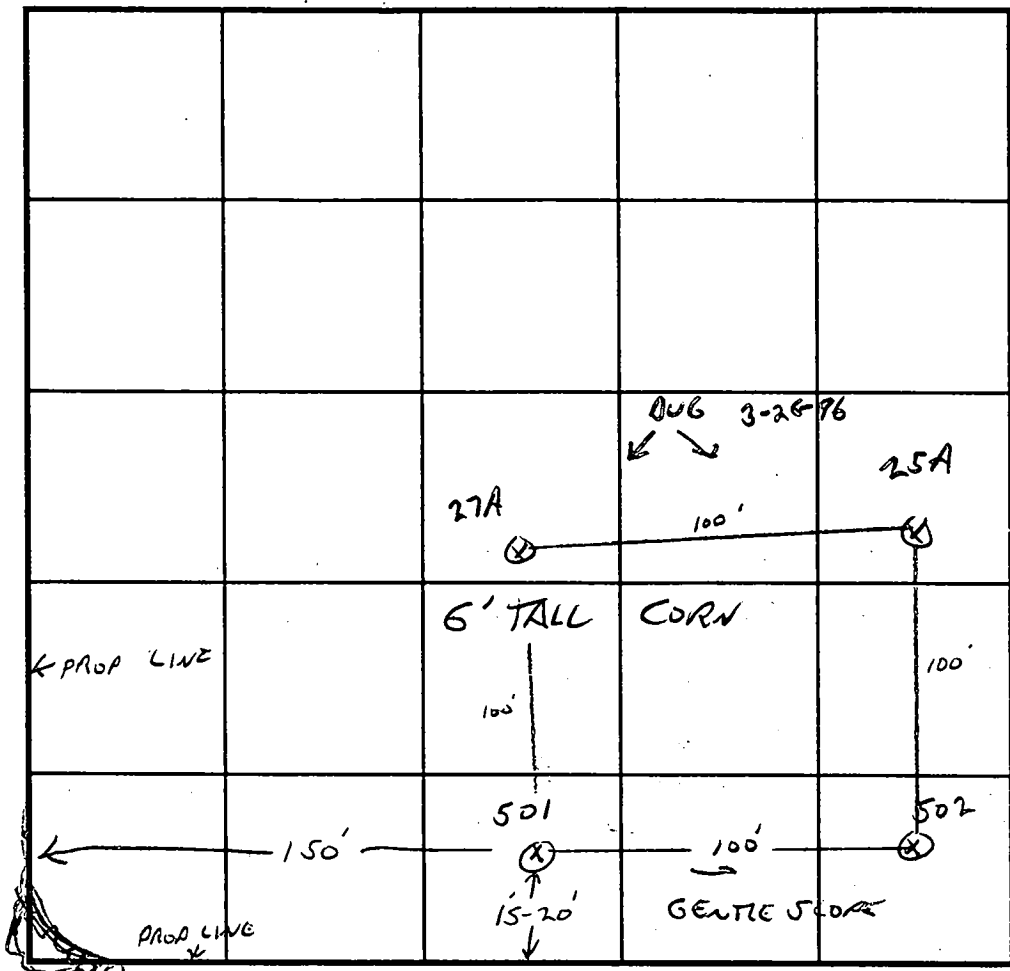
TOPSOIL  
 BURNT  
 GRANGE  
 SANDY  
 CLAY W/SH  
 TRANSITION  
 TO  
 TAN  
 S.S.C.

SOIL PROFILE

502

0'  
 1'  
 10'

TOPSOIL  
 DARK BR.  
 CL.  
 MIXED  
 COLORS  
 HEAVY  
 SANDY  
 LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
 WOODEN  
 MOWED LOT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/7/96	501	5/11 1/2"	2:53	2:59	2:59	3:07	8 MW
	502	3/10	2:58	3:01	3:01	3:04	3 MIN

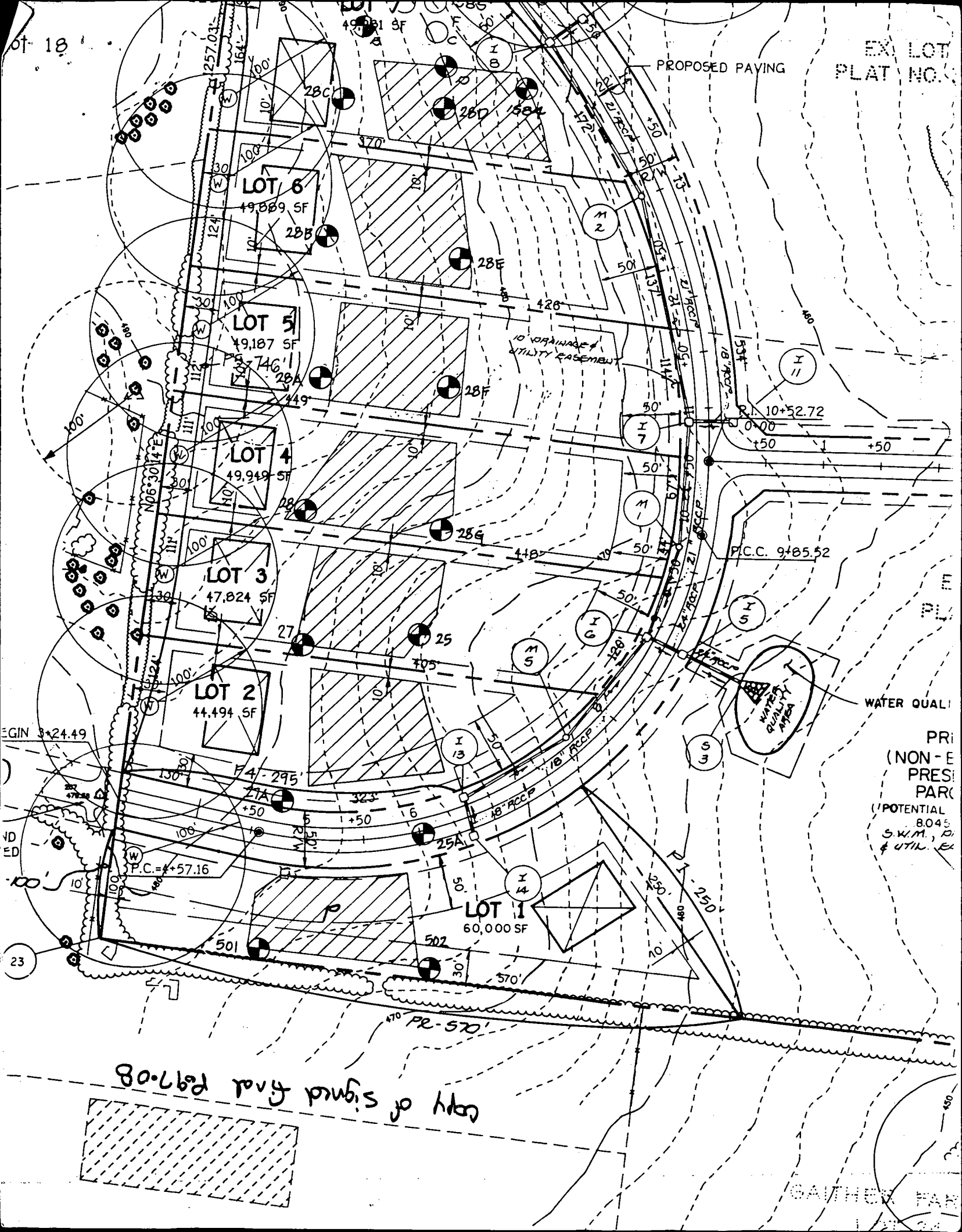
REMARKS LOT 1

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

TESTED BY B. SAVAGE ALSO PRESENT JAREO

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 TRENCH WIDTH 13

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



WATER QUALITY IMPROVEMENT AREA

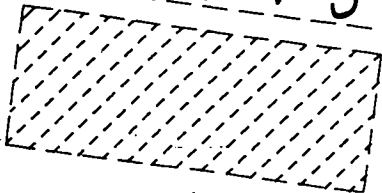
WATER QUALITY IMPROVEMENT AREA

PRI (NON-E PRESI PARC

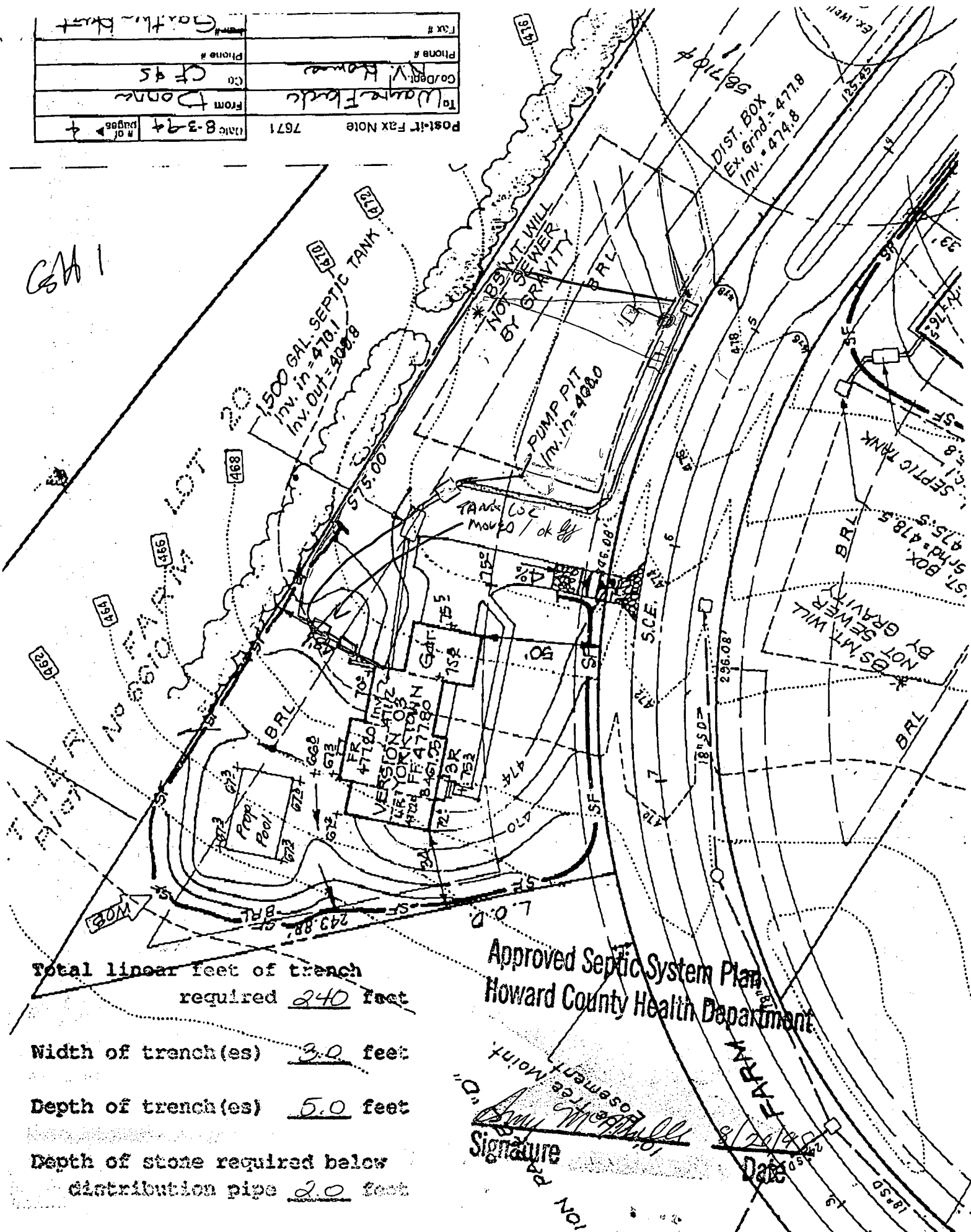
POTENTIAL 8.045

S.W.M., D & UTIL. E

copy of signed final plat 8-7-08



Post-it FAX Note	7671	DATE 8-3-94	# of pages 4
To	Maureen Florio	From	Donna
Co/Dept	N.Y. Home	Co	CF 45
Phone #		Phone #	
Fax #			Southwest



Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
 Howard County Health Department

Signature *[Handwritten Signature]*

Date 8/3/94

B 1 **8734** 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  
**HD-94-1426**  
 fill in this form completely

Date Received (APA) **020998**

**WOODLOT ENTERPRISES** OWNER INFORMATION

**5026 DONSEY HALL DR**

**ELLICOTT CITY MD 21042**

B 3 LOCATION OF WELL

**HOWARD** COUNTY

**BAITHER OVERLOOK** SUBDIVISION

SECTION **44** LOT **1**

**WILD LAKE** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **7** MI

DRILLER INFORMATION

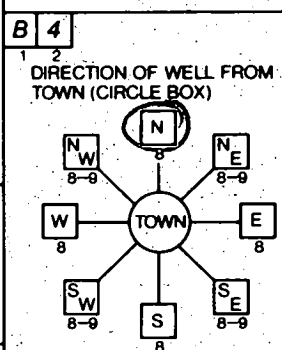
**Ralph Mayne** DRILLER'S NAME

**Ralph Mayne Well Drilling** FIRM NAME

**9120 Brown Church Rd Mt Airy** ADDRESS

**John Mayne** SIGNATURE

**Feb 4 1998** DATE



**Dorsey Farm Rd** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**25** DISTANCE FROM ROAD

ENTER FT OR MI **FT**

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

**Howard** COUNTY NAME

**AS6429 A** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **02/17/98** INSERT S

**Kim Maule** CO-SIGNATURE DATE **2/17/99** EXP. DATE

NORTH GRID **830000** EAST GRID **0520000**

APPROXIMATE DEPTH OF WELL **1150** FEET

APPROXIMATE DIAMETER OF WELL **6'** NEAREST 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 \_\_\_\_\_

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

**520** (North)

**830** (East)

**2/20/98 9:30**

⊕

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

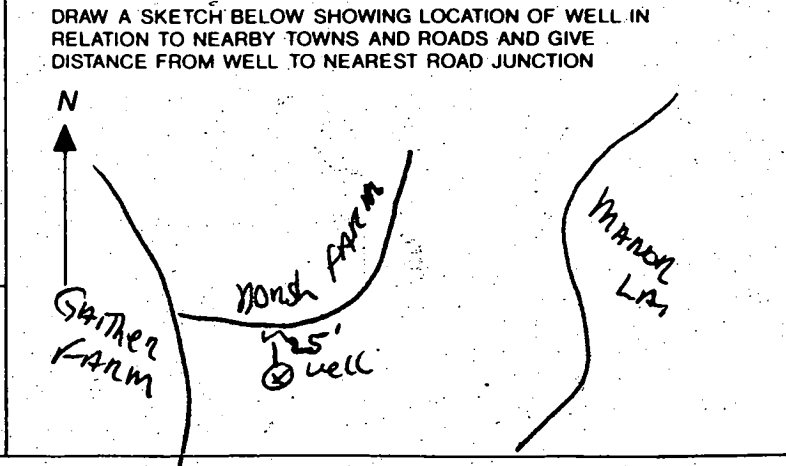
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **100** WRITE INITIALS IN BOX **100-94-1426** PERMIT No.

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY \_\_\_\_\_

C 1 05139

SEQUENCE NO. (MDE 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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 56429 A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 02 20 98

Depth of Well 22 405 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-1426

OWNER Woodlot Enterprises STREET OR RFD 10000 Farm Rd TOWN Wild Lake SUBDIVISION Grither Overlook SECTION LOT

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, PLIN Rock, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 900

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

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BR BRASS BRONZE PL PLASTIC HO HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A 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...

DRILLERS LIC. NO. MS D 116 DRILLERS SIGNATURE

LIC. NO. MS D 117 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 110 35 405

AS C H 2 S C 3 R E E S L O T S I Z E 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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) 6 PUMPING RATE (gal. per min.) 2. METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 225

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

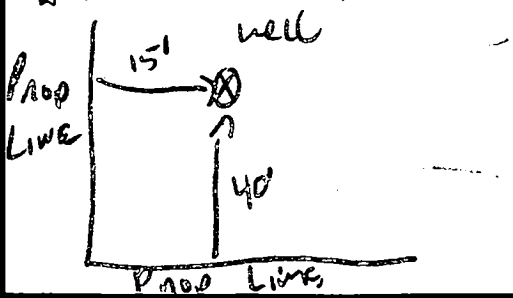
PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

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) 31 35 PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (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)



11/10/98

P.A. 5' below grade  
casing 1' 8" above grade  
has 2 piece cap. etc to cover  
(KM)

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 11/9/98

Name of Installer ROBERT L. FEZER Co., Inc.

Telephone \_\_\_\_\_

License Number 2122

Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NV Homes Telephone 410 795-1405  
Subdivision Gaspar Hunt Lot # LOT 1 Well Tag # HO-94-1426  
Auto Address 11005 DORSCH FARM ROAD

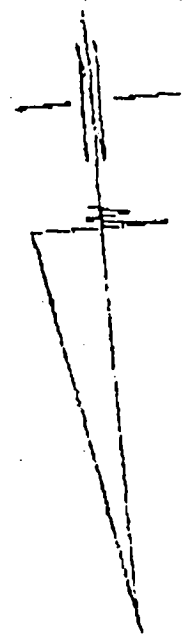
<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>Campbell</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # <u>B-510 X</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>Well - 30 gallons</u>	1. Type <u>Polyethylene</u>	1. Depth <u>405</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1 1/4</u>	2. Yield <u>2</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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).

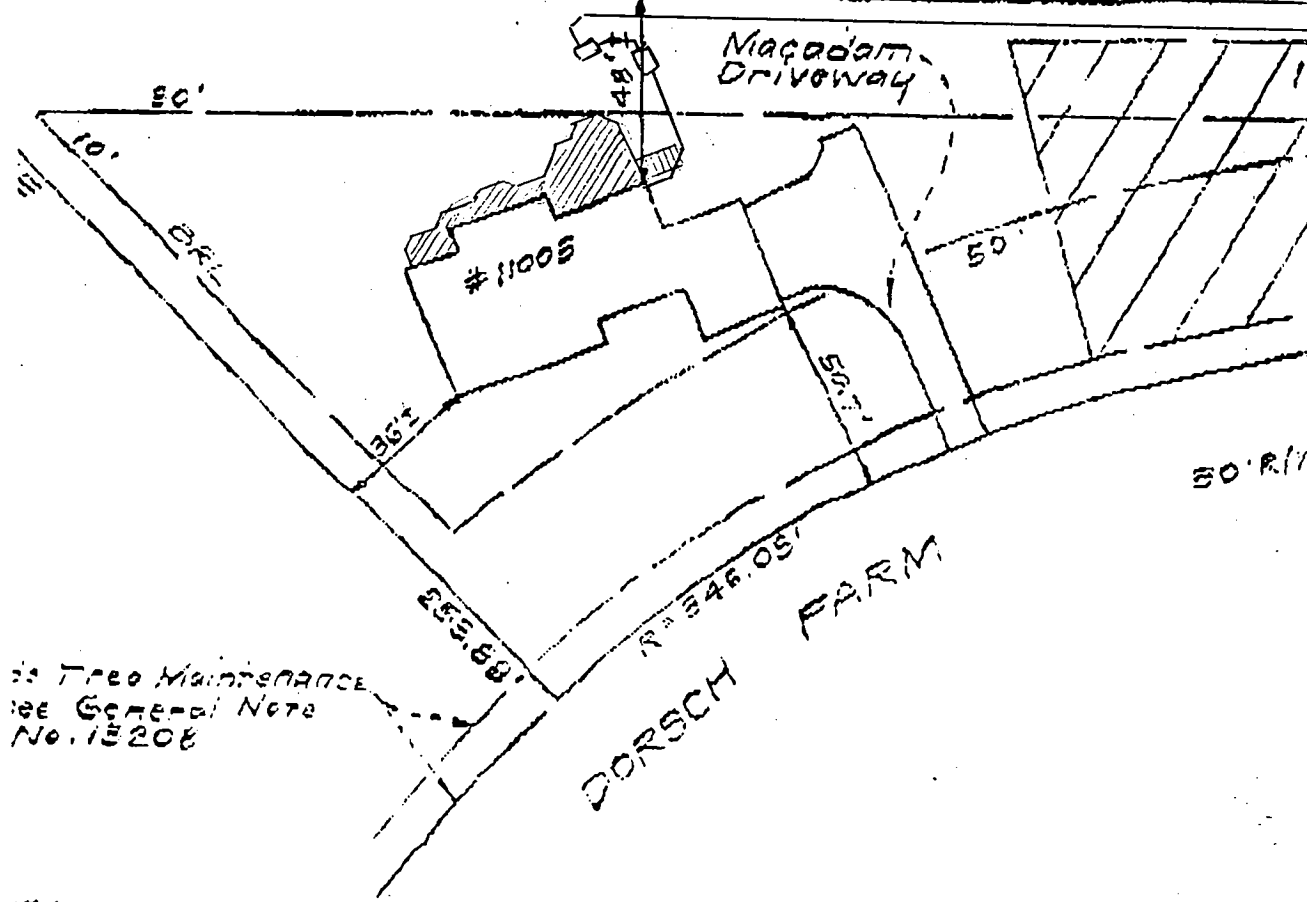
All information given above is true to the best of my knowledge.  
Signature of Applicant: Robert L. Fezer  
Date: 11/9/98

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



7/27/99  
 Closest part of deck  
 is 15' from the pump  
 chamber well is on  
 other side of SDA  
 off this paper  
 OK to proceed  
 AC

5' 52" W



is Tree Maintenance  
 see General Note  
 No. 13208

NOTATION

not only insofar as  
 insurance company  
 completed transfer.

in the establishment  
 lines or other existing