

7/24/00
LAYOUT INSPECTION
"LUNCH TIME"
7/27/00
10:00
(to meet contractor)
#292983

8/3/00
Septic final 2-3 p4

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513643

A59232

ISSUE DATE 6/20/2000

APPROVAL DATE 8/3/00

INDEXED

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

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION TM 10 Prc1 91 Grid 18 LOT NUMBER ADDRESS 1600 Woodstock Road

PROPERTY OWNER James Hansen PROPERTY OWNER'S ADDRESS 3290B Pine Orchard Lane

SEPTIC TANK CAPACITY 1000 GALLONS Ellicott City, MD 21042

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 335 feet from the rear lot line and 45 feet off the left lot line

as seen when facing the lot from Woodstock Road. Run trenches on contour toward the right lot line.

Trench layout, Tank & DBOX Ammended in field. Keep trenches 7' ETE to
Conserve area on SRU (Run 3 = 60' Trenches)

PLANS APPROVED Amy McMillen OKA/24/00 MJS DATE 2-25-00

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

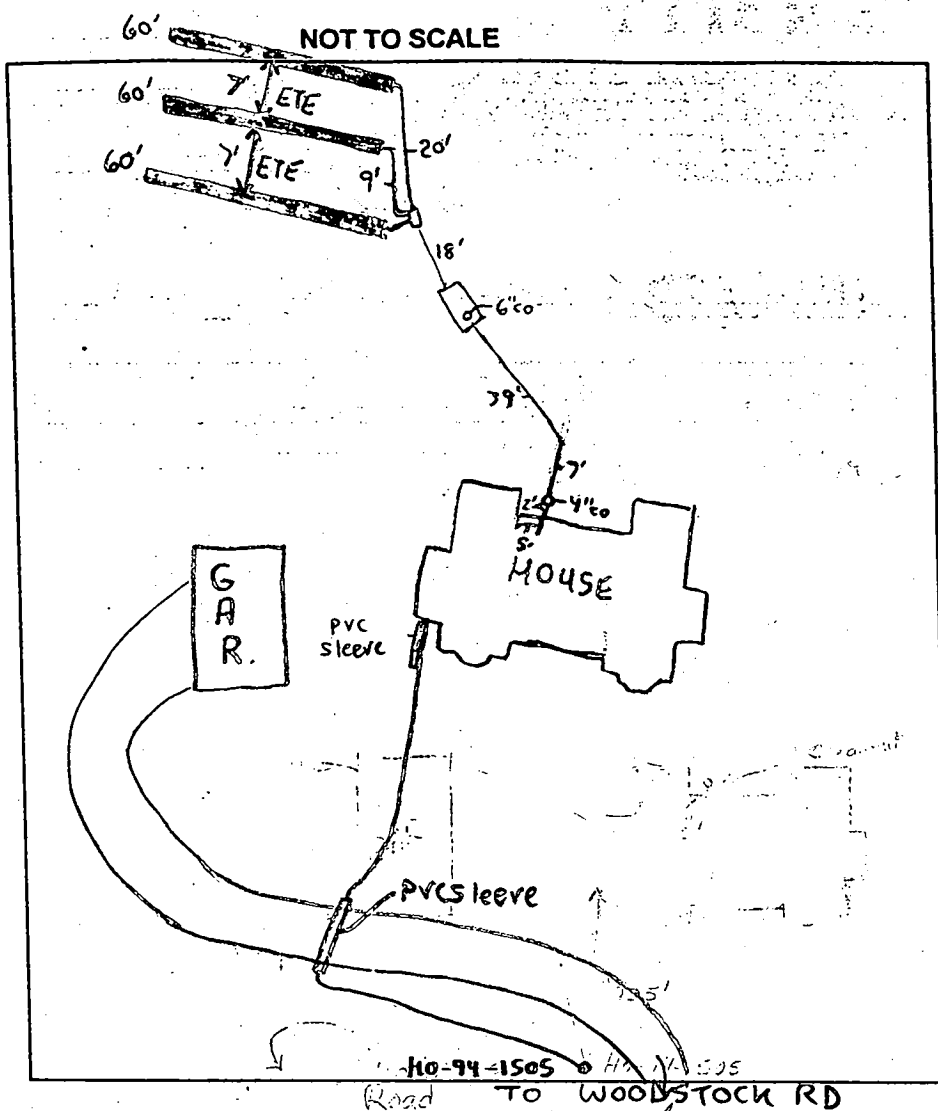
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

A59232



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 540
 DISTRIBUTION BOX LEVEL ☒
 BAFFLE IN DISTRIBUTION BOX ☒

SEPTIC TANK DATA

SEPTIC TANK 1250 MS GALLONS
 MANHOLE RISER ☒
 6 INCH INSPECTION PORT ☒

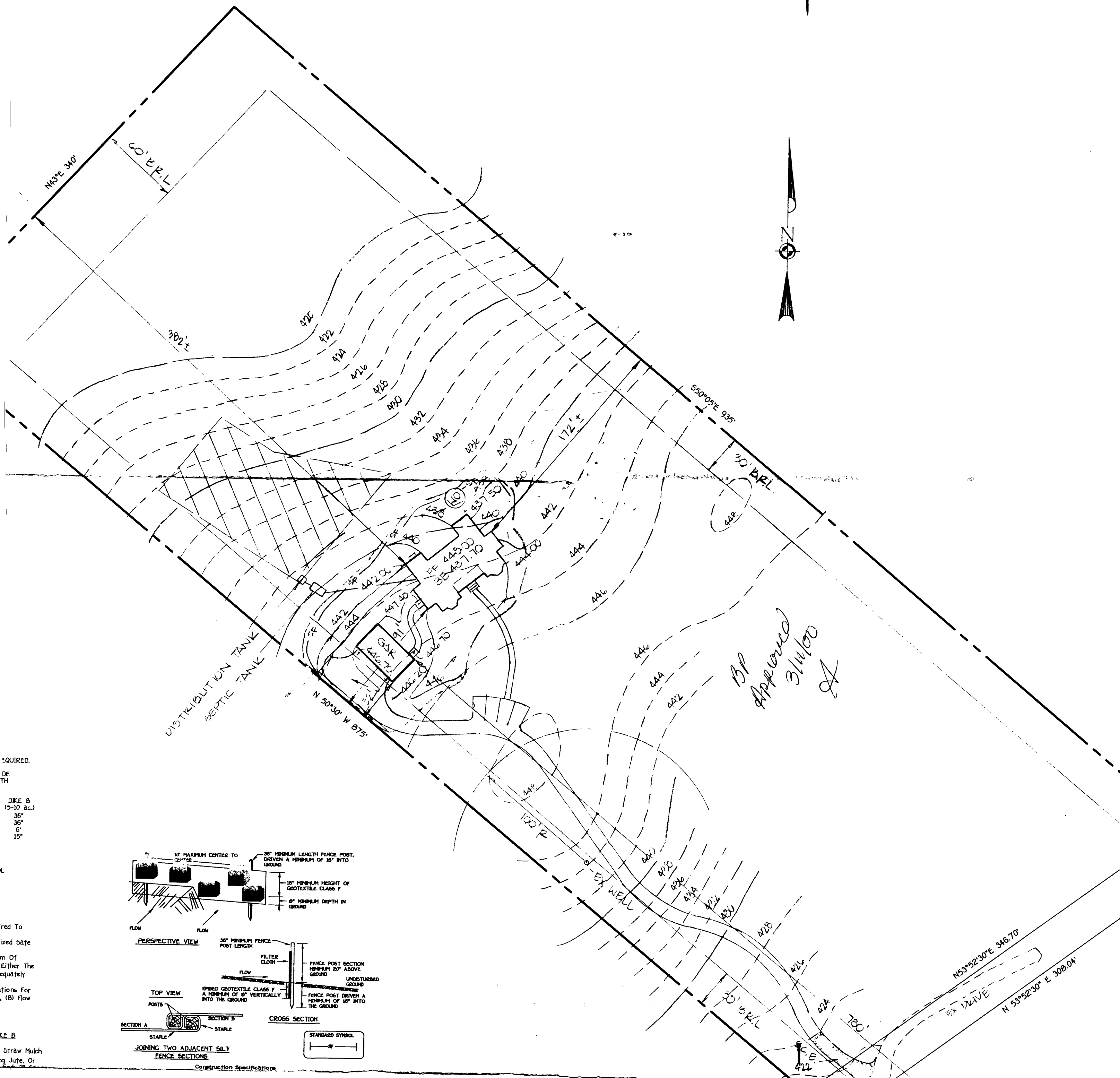
PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: 7/24/00 Left at 12:00. Raining - no sign of Tringles crew. (BB)

INSPECTION COMMENTS: 7/24/00 House connection made. (BB) 7/24/00 - SYSTEM LAYOUT CHANGED IN FIELD AS DISCUSSED WITH KURT. FROM F. OGLES, OK TO CONTINUE WORK (SRK) 8/3/00 - OK TO COVER ALL WORK (SRK)

INSPECTOR Steven R. Krug DATE SYSTEM APPROVED 8/3/00



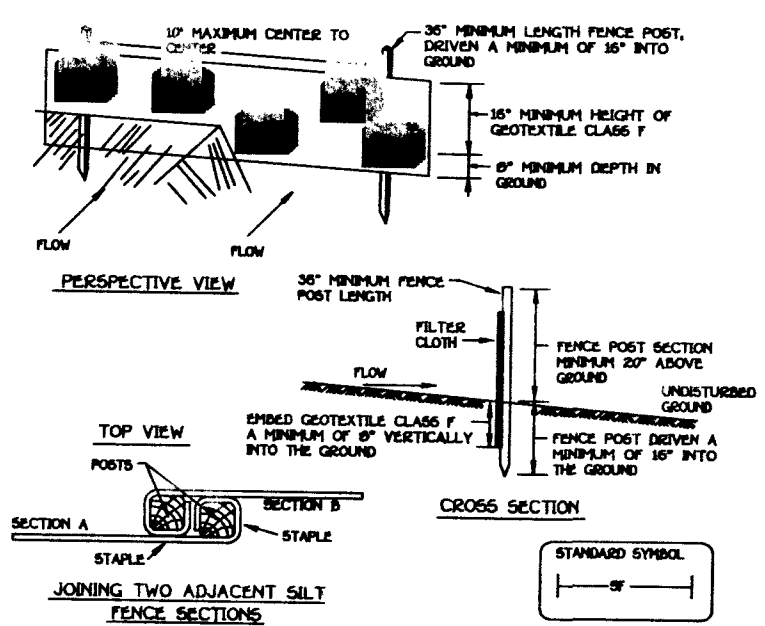
REQUIRED.
DE
TH

DIKE B
(5-10 ac.)
36"
36"
6"
15"

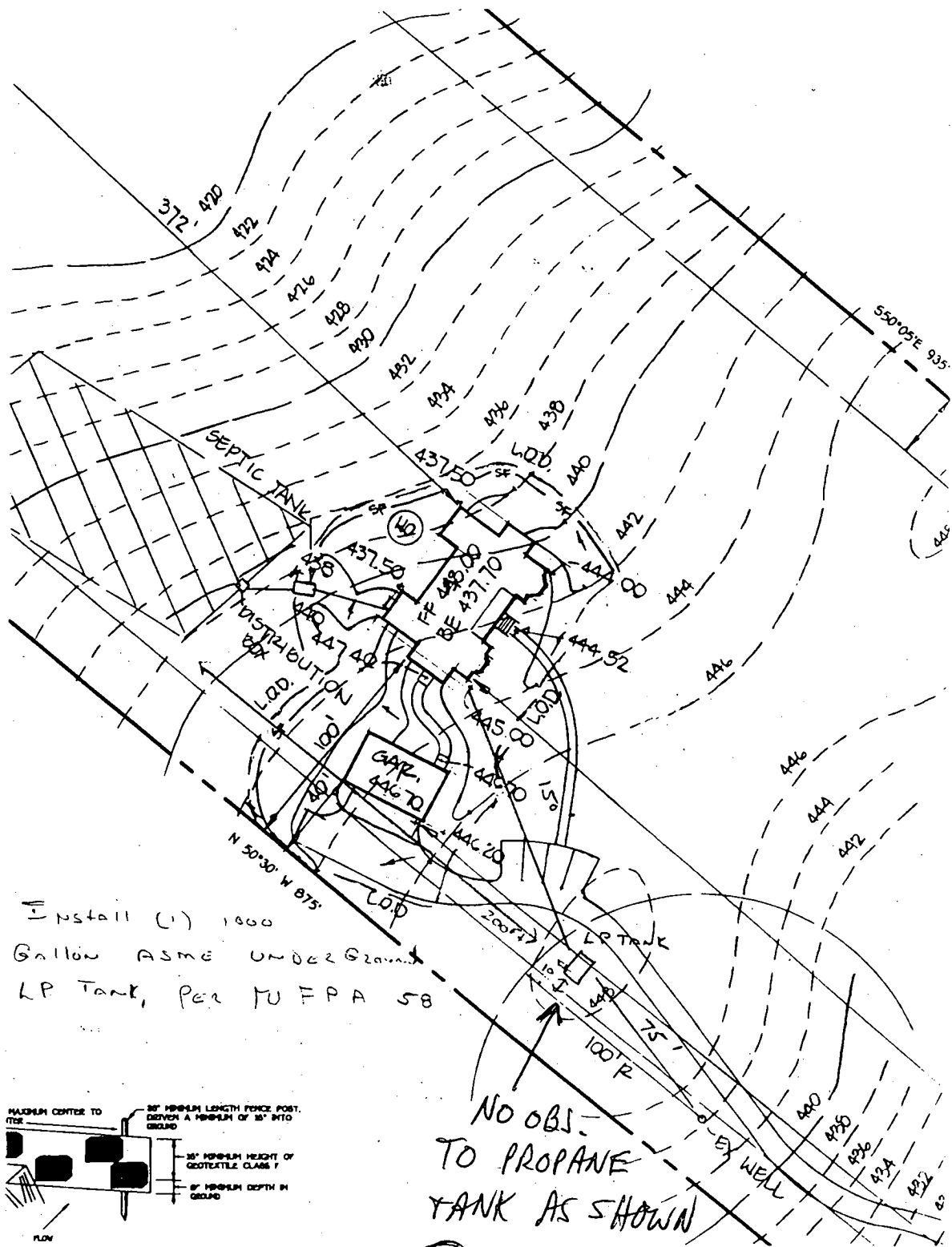
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on (B) Flow

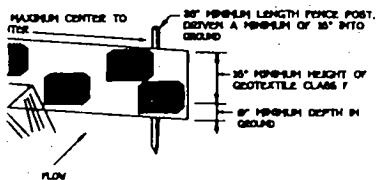
DIKE B
nd Straw Mulch
sing Jute, Or
at



Construction Specifications



Install (1) 1000
Gallon ASME UNDERGROUND
LP Tank, per MUFPA 58



NO OBS.
TO PROPANE
TANK AS SHOWN

MR 9/2/00

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 312-2456 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 312-0000

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00126164

Building Address: 1600 Woodstock Rd.
Woodstock, MD 21063

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract: 6030 Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: 10 Parcel: 91 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot size: _____

Existing Use: Single Family Dwelling
Proposed Use: SANG WILKES TANK
Estimated Construction Cost: \$ 3500
Description of Work: Install 11,000 Gallon
AIRCUG TANK PER NFPA 58

Property Owner's Name: Hanson, James
Address: 3290 B Pine Orchard Ln
City: ELLICOTT CITY State: MD Zip Code: 21040
Home Phone: _____ Work Phone: 410-463-2300
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone: _____ Fax: _____

Contractor Company: Amer Gas
Contact Person: Tom McLaughlin
Address: 10097 Baltimore National Pike
City: ELLICOTT CITY State: MD Zip Code: 21040
License No: _____ Phone: 410-463-0300 Fax: _____

Occupant or Tenant: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Engineer or Architect Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☐ SF Townhouse ☐ Depth: _____ Width: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Thomas R. McLaughlin
Title/Company: _____
Print Name: Thomas R. McLaughlin
Date: Aug 28, 2000

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee: \$ 10.00 Permit fee: \$ 10.00 Examine fee: \$ 10.00 Sub-total paid: \$ 30.00 Add'l permit fee: \$ 0.00 TOTAL FEES: \$ 30.00 Balance due: \$ 0.00 Check: # 22554 Validation: # 22554
State Highways			All minimum setbacks met? YES ☐ NO ☐	
Building Official			Is Entrance Permit required? YES ☐ NO ☐	
Dev. Engineering DPZ	9/2/00	Mark R. Plon	Historic District? YES ☐ NO ☐	
Health			Lot Coverage for New Town Zone: _____	
Fire Protection			SDP/Red-line approval date: _____	
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐				
CONTINGENCY CONSTRUCTION START: ☐				
ONE STOP SHOP: ☐				

Distribution of Copies: White: Building Official Green: LDD DPZ Yellow: DED DPZ Pink: Health Gold: SHA

Approved by: _____
Rev. 10/12/99

APPLICATION

PERCOLATION TESTING

A 59232

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 11/26/97

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 ~~FRANK B. BARR~~ GILBERT & LIESELOTE PELLEBRAC

ADDRESS 7551 PALOS VERDES DR. GILBERT CA 94311 PHONE _____

AGENT OR PROSPECTIVE BUYER JIM AND MARY LYNN HANSEN

ADDRESS 17 RIDGE RD BALD MD 21228 PHONE 410 719-8544

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION 1600 WOODSTOCK RD

TAX MAP 10 PARCEL # 91

SIZE OF LOT 9.83 AC TYPE BLDG. SINGLE FAM.
(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. M. J. H. 7.11
(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

A59232

COUNTY #

SOIL PROFILE

0'



28E

5YR 4/6

CRUMB
LOAM
MED MUR.
WSP7.5YR 4/4
LS GR

VERY FINE

TRANSVERSE

BAND 7.5YR

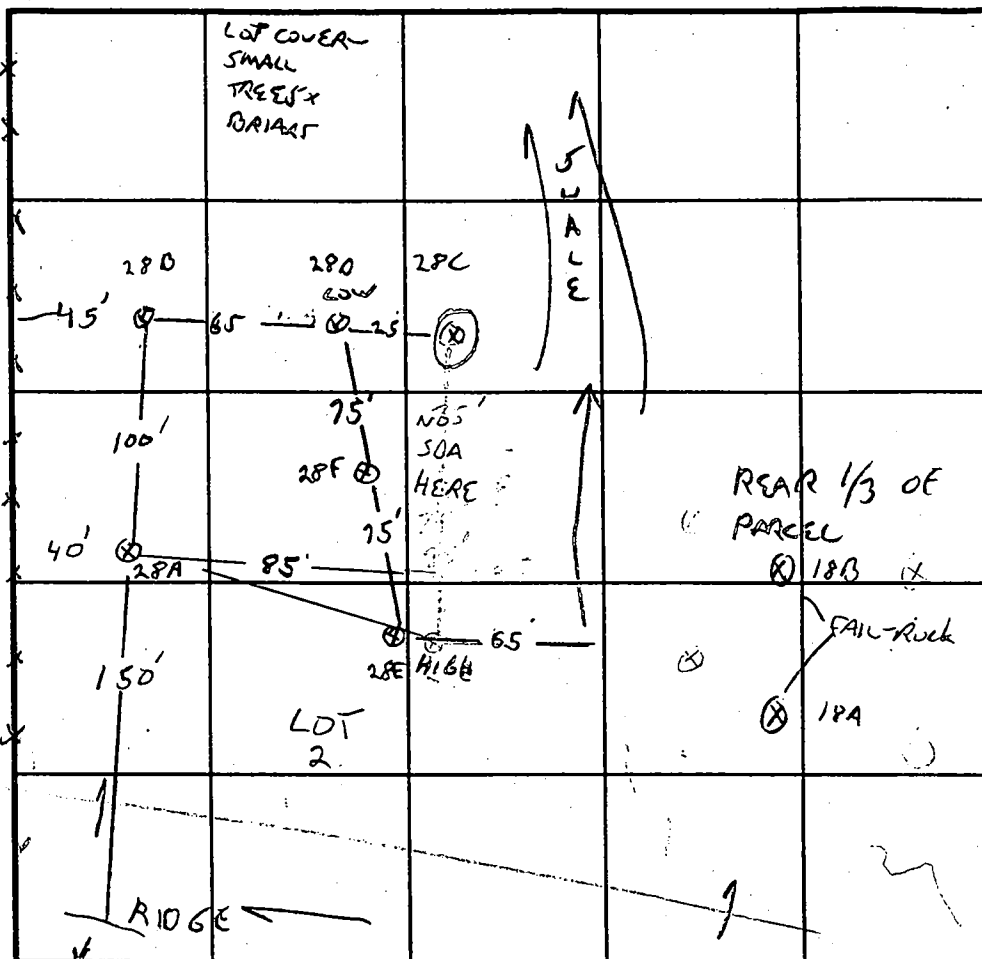
8.0V

20% UNCONFINED

FRAGILE ROCK

(TESTED)

11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

B

4.5'

12

25YR 4/4
LOAM BLK1.5YR 3/4
LS M, VERY FINE
LOOSE,Rock - SEAL CONSIDERABLE
4.50% IN
UPPER SIDE
OF HOLE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/97	28A	5/12V	10:55	10:58	10:58	11:02	4 MIN
	28B	5/12V	11:07	11:10	11:10	11:21	18 MIN
	28C	Rock starts @ 3.5					F
	28D	4.5/11V	11:27	11:29	11:29	11:34	5 MIN
	28E	7.5/7V	11:50	11:53		11:57	4 MIN
		4.5	11:54	11:57		11:59	2 MIN
	28F	10.5V	30% ROCK				OK

REMARKS 400040 - SMALL TREES, PRESENT CURB/STATION CURB TO ORDER, ADD 10% TO LGA OR

TYPE OF SOIL LOW EDGE TO MAKE UP GABAGE IF REQUIRED.

TESTED BY G. SAVAGE

ALSO PRESENT CHARLIE WHITE / MARY LYNN HANSEN

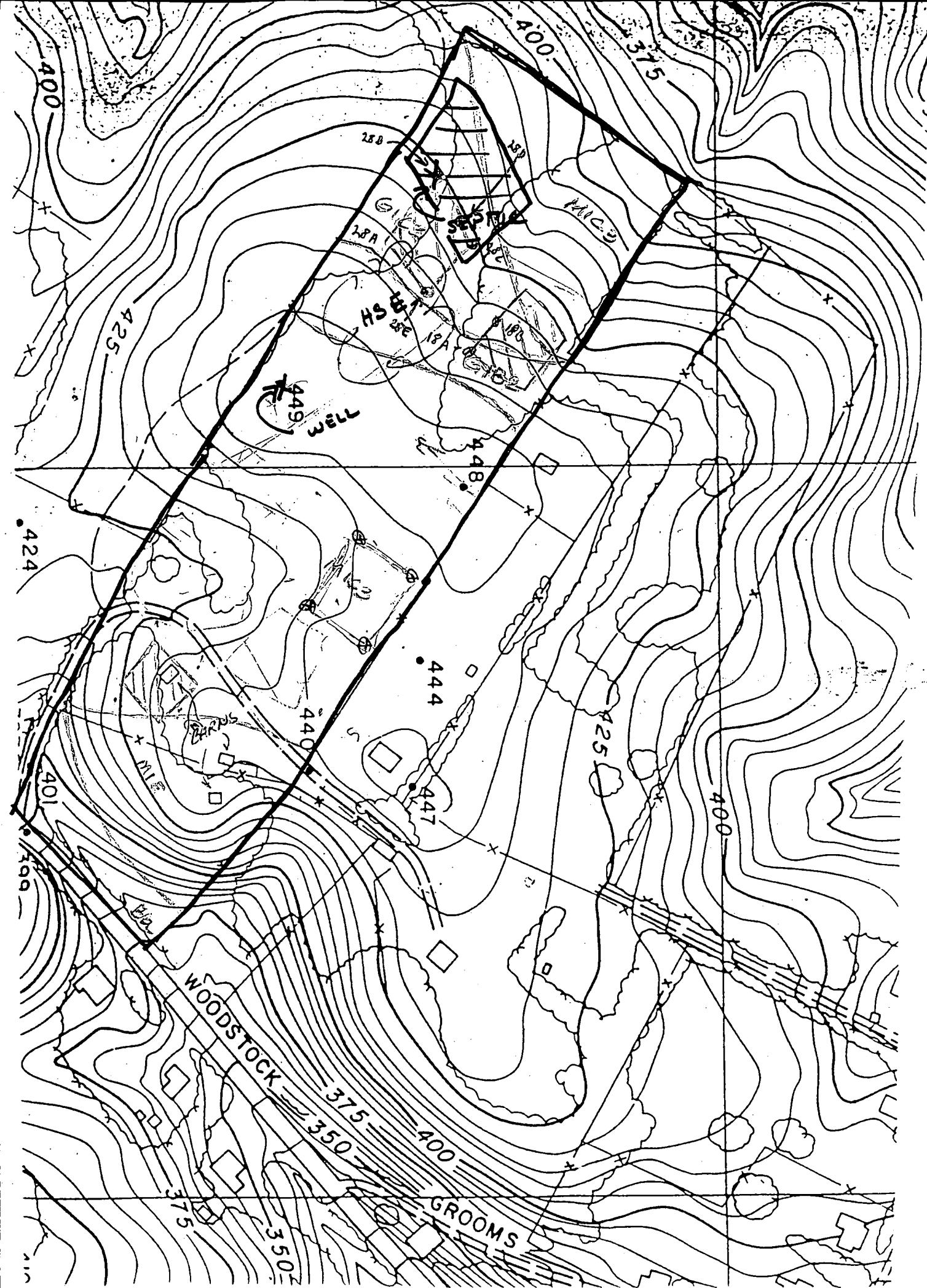
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 MIN

TRENCH WIDTH 3

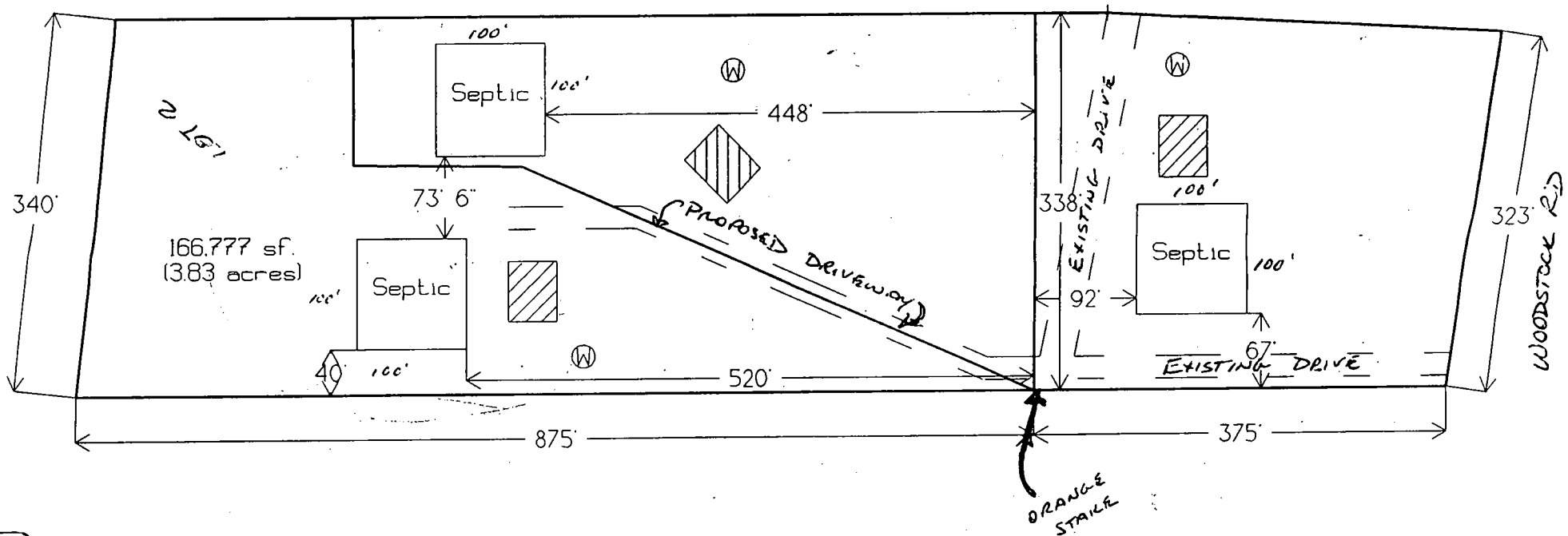
INLET DEPTH 3.5

MAXIMUM BOTTOM DEPTH 5.5

SQ. FT./BEDROOM 180



WE STAKED THE CORNERS OF EACH OF THE
3 SEPTIC AREAS



2
A

FROM RT 40 W TAKE RT 99 TO WOODSTOCK RD
TAKE WOODSTOCK RD E 3/4 MI AND LOOK FOR GRAVEL
DRIVE ON LEFT. YOU WILL SEE MAILBOXES FOR 1580 AND 1590
THIS PROPERTY'S ADDRESS IS 1600 WOODSTOCK RD

10/1/97
10:00

APPLICATION

PERCOLATION TESTING

A 58958

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

9/4/97
Existing lot of
record
No existing dwellings
on the prop.
ALM

DISTRICT _____

DATE 9/4/97

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 GILBERT F. PERLEBERG & LIESELOTTE PERLEBERG

7551 PALAS VERDES DR GOLTA, CA 93117

ADDRESS 1600 WOODSTOCK RD WOODSTOCK MD PHONE _____

AGENT OR PROSPECTIVE BUYER JAMES + MARY LYNN HANSEN

ADDRESS 17 RIDGE RD BALTO MD 21228 PHONE 410 719-8544

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION 1600 WOODSTOCK RD

TAX MAP 10 PARCEL # 91

SIZE OF LOT 9.83 ACRES TYPE BLDG. SINGLE FAM. HOME
(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. x m j y 7. A
(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 _____

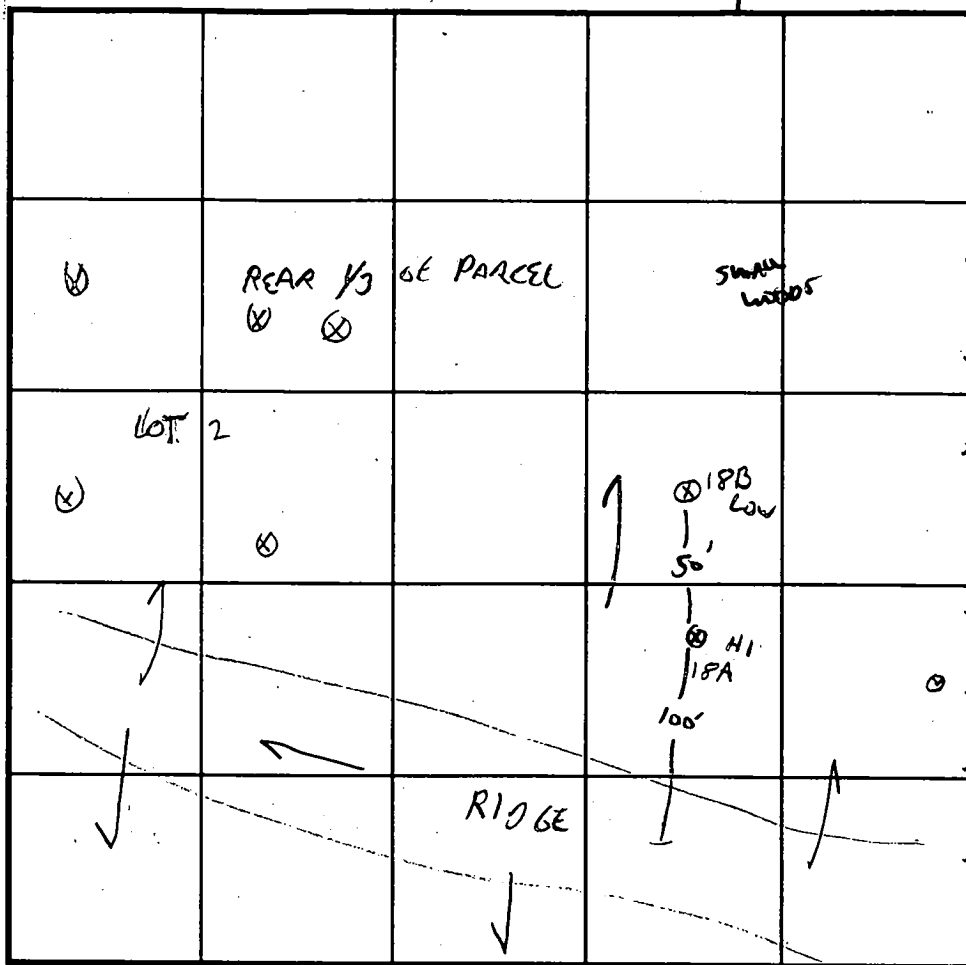
THIS IS NOT A PERMIT

A58958
COUNTY #

SOIL PROFILE

0'

30' Rock
CL'
HARD & 8



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

8A

0'
6'

2.54A
4/6 x 3/2
COARSE GRAIN
CLAY
SL

3'

HARD
STRUCTURE
SAPPHIRE

5'

Rock

PASTURE

LOT LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/97	18A	4V				Rock	F
	18B	8V				Rock	F

REMARKS LOT 1, THIS AREA UNSUITABLE FOR S.O.A.

TYPE OF SOIL

TESTED BY G. SAUAGE

ALSO PRESENT MIKE KASCHER / MARY LYNN HANSEN / JIM HANSEN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

58958

A ~~59232~~

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE ~~11/26/97~~

9/4/97

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 ~~PERCEBORG~~ GILBERT F LIESELOTE PERCEBORG

ADDRESS 7551 PALOS VERDES DR. GAITHERSBURG MD 20878 PHONE _____

AGENT OR PROSPECTIVE BUYER JIM AND MARY LYNN HANSEN

ADDRESS 17 RIDGE RD BALTO MD 21228 PHONE 410 719-8544

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION 1600 WOODSTOCK RD

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SINGLE FAM.
(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.

M. J. Hansen

(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

A 58958
COUNTY #

SOIL PROFILE

0'

18E

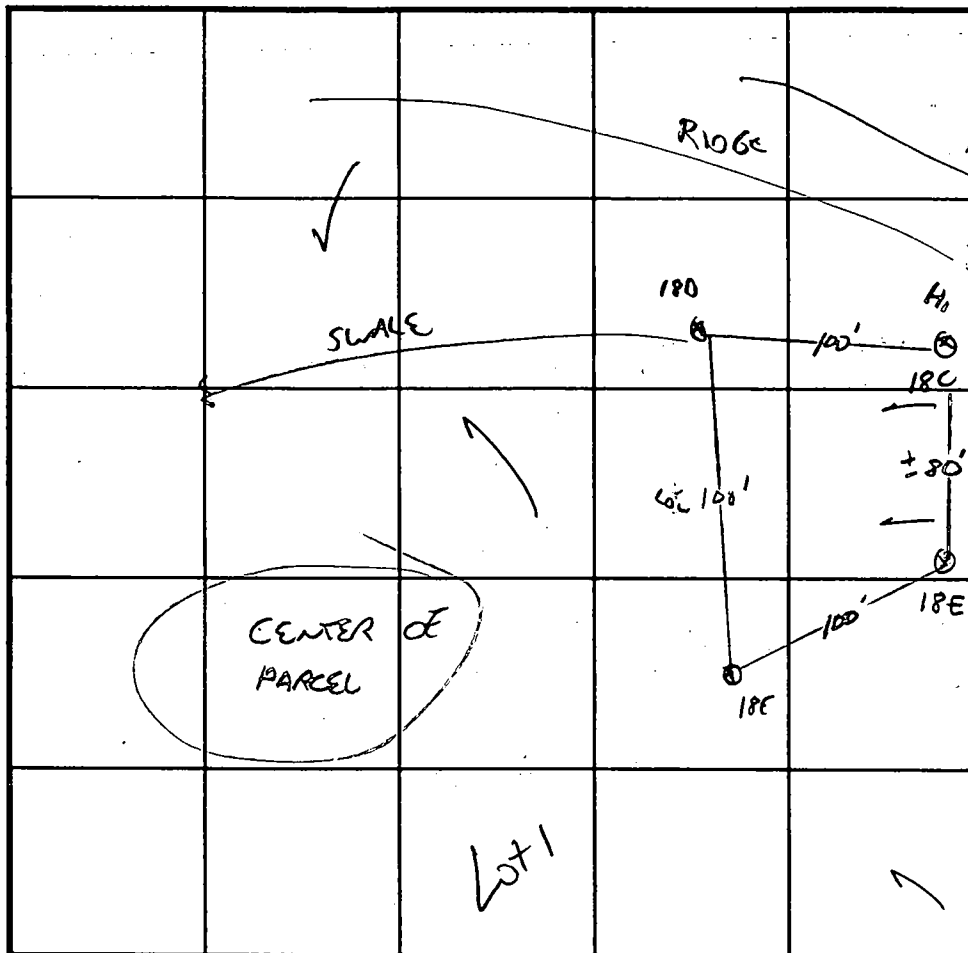
0-40
1'
3

STRONG
BROWN
SBK FINE
LOAM

4-5'
18C
DARK
YELLOW
BROWN
GRSL

+10
FRAGILE
PARENT
MATERIAL
HORIZONTAL
COARSE
GRAVEL

12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

18C
TYPICAL

7.5 YR 5/4
LOAM
VPO, M ER
SBK

7.5 YR 4/4
SL VERY
MICACOUS
WEAK THILL
PRIMAAR
THILL

10 YR 5/3
LS GRAVELLY
MASSIVE

HOLE TRANSECTED
BY 6" 12" BARS
GRAVELLY LOAM
DENSE - APPEARS
NON CONDUCTIVE

EXISTING
SEPTIC

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/97	180	3.5' / 11.5'	1:53	2:06	2:06	2:12	
		3	3:06	3:09		3:12	3 min
	18C	7' / 11V	2:15	2:17		2:21	4 min
		4	2:51	2:53		2:57	4 min
	18E	4.5' / 12V	2:54	3:01		3:10	9 min
	18E	5' / 12V	2:59	3:01		3:05	4 min

REMARKS ROW 800 OF 180 TRANSITION TO DEEP CLAY, TEST ON UPHILL SIDE LOT 1

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT MIKE KASGAR / JIA HANSEN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3

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

APPLICATION

PERCOLATION TESTING

A 59222

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9/4/97

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 PERLEBERG

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER HANSEN

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION 1600 WOODSTOCK ROAD

TAX MAP 10 PARCEL # 91

SIZE OF LOT 9.83 AC TYPE BLDG. SED
(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)

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HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

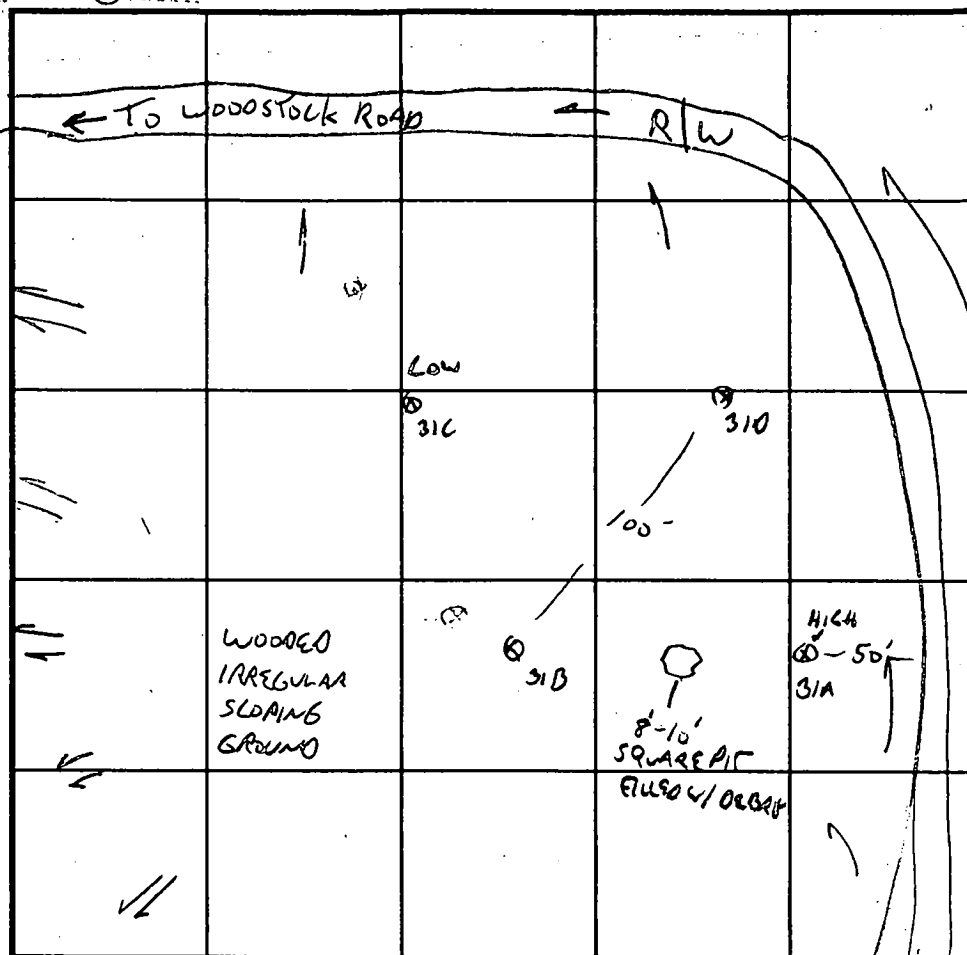
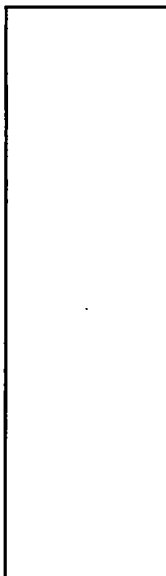
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

59222
COUNTY #

Lot 3

SOIL PROFILE



SOIL PROFILE

31B & D TYPICAL

LIGHT
Brown
Loamy
Sand

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/97	31B	5' 11"	3:30	3:37		3:44	7 min
	310		3:35			3:35	< 1 min / 2 in
		RENG	3:39	3:40		3:41	1.5 min approximately
	31A	0'	HARD SAMPLE				F
	31C	5' 10"	NOT TESTED DUE TO ROCK 90%				F

31C

STRONG
Brown
Loam

4
MED
Brown
Loamy sand
SOFT-HARD
SAMPLE
90%

REMARKS LOT 3, FURTHER EVALUATION REQUIRED

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT MARY LYNN HANSEN
MIKE HANSEN, JIM HANSEN

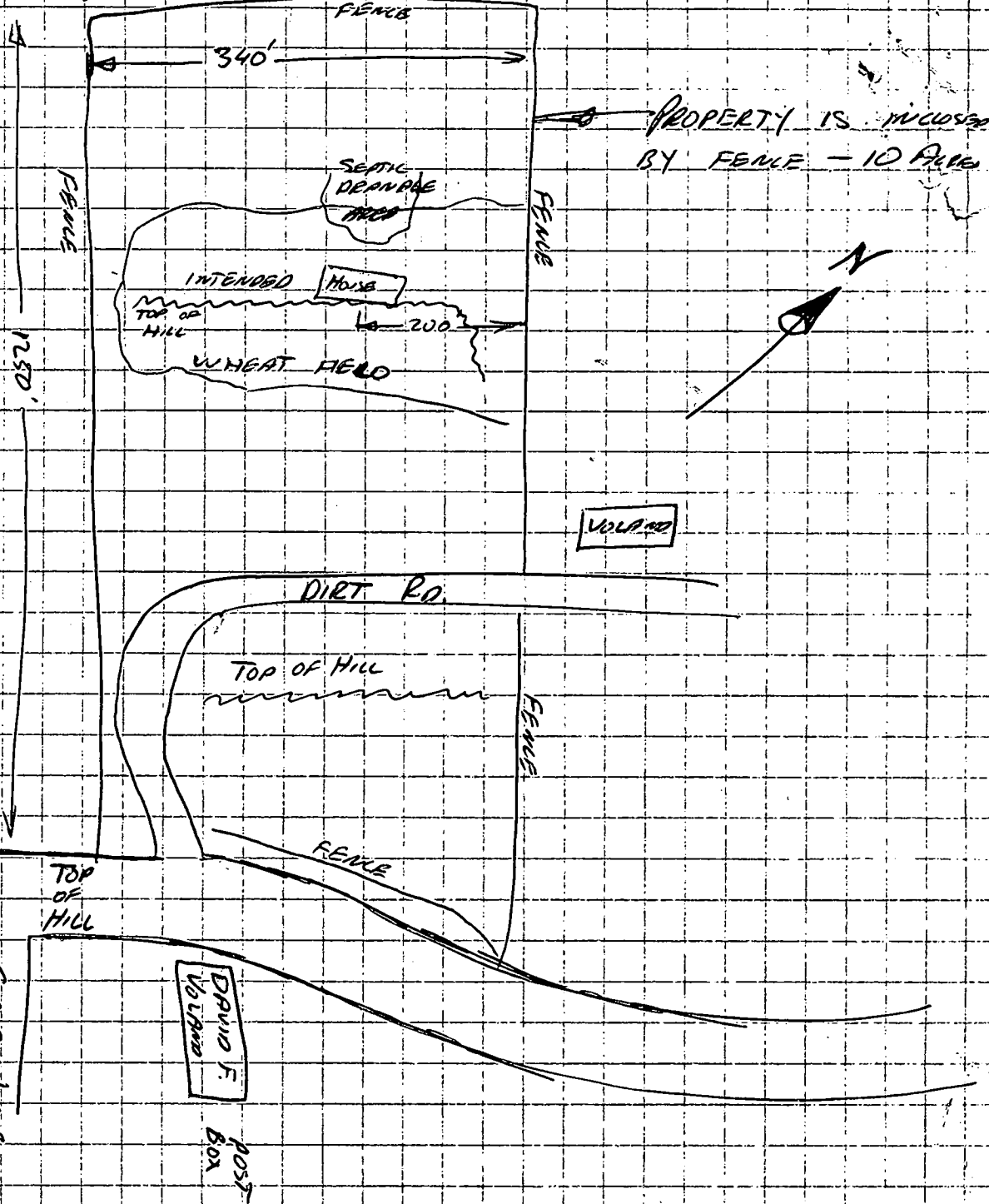
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

GILBERT F. PERLBERG
RFD 2, Box 215 BELL PUE
GLEN BURNIE, MD.

PREVIOUSLY TESTED FOR
WARREN LONG

STATE FOREST



APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 05684

P _____

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 750 gal.

Tile Field - 300 sq ft bottom area

Dry Well - 300 sq ft absorbent side wall area below the inlet pipe

DISTRICT _____

DATE 8/24/62

Place Tile Field between 100 to 160 ft from dirt road on left side as you
face from Woodstock Rd and between 15 and 65 ft from Barbed Wire Fence.

or Place Dry Well about 140 ft from dirt road and about
39 ft from wire fence.

VOID SEE NEW SHEET UPDATE
OF 12/13/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

Warren Long

ADDRESS

Woodstock, Md.

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION

Woodstock Rd - 1 mile from Rt 99 on
left going north

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT

9 acres plus

TYPE BLDG. _____

NUMBER OF BEDROOMS

3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT

Warren Long

APPROVED BY

Donald W. Thompson

FOR

Health Officer
(KIND OF SYSTEM)

DATE

8-28-62

REJECTED BY _____

FOR

(KIND OF SYSTEM)

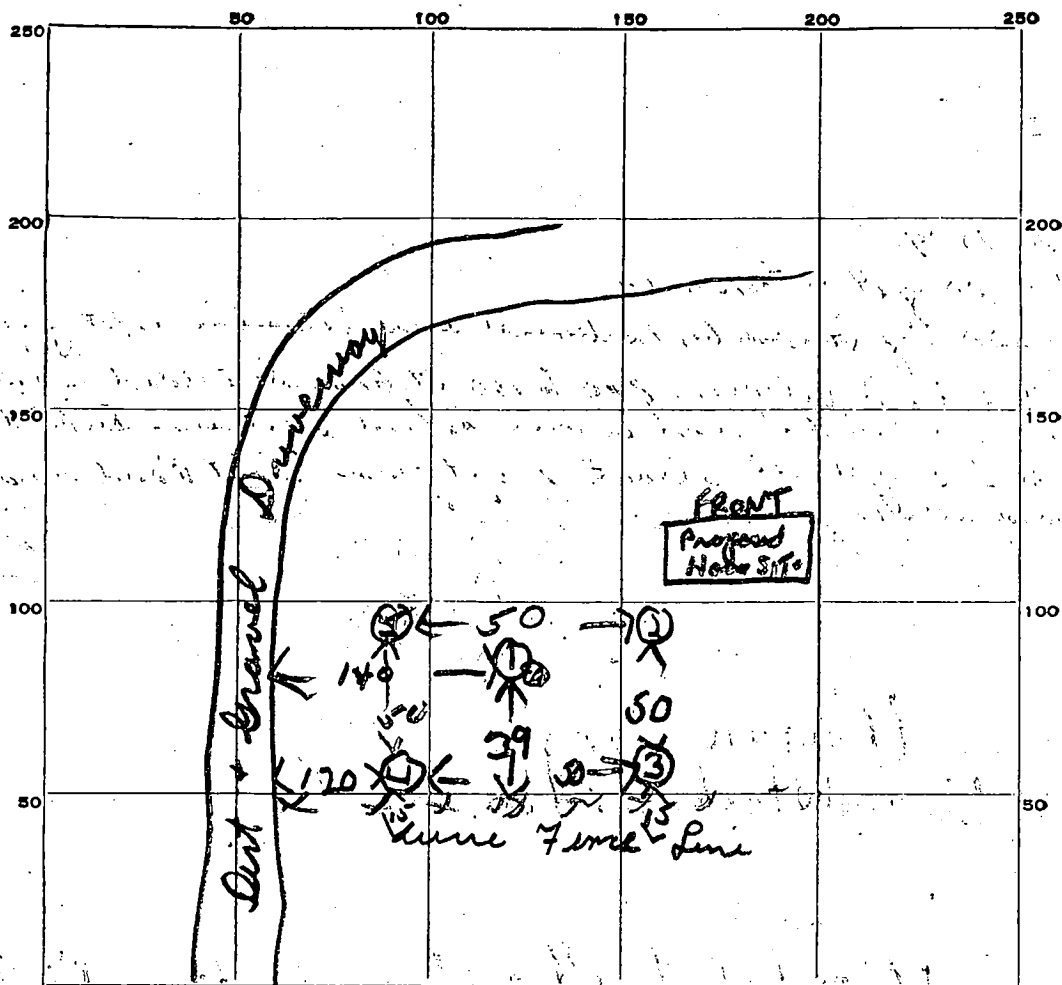
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



← to RT 99 INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE. Woodstock Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-28-67	1	9	1255	1256	1256	100	4 min
	1A	5	1259	100	100	103	3 min
	2	3	106	107	107	109	2 min
	3	3	108	112	112	118	6 min
	4	3	110	112	112	120	8 min
	5	3	113	116	116	120	4 min

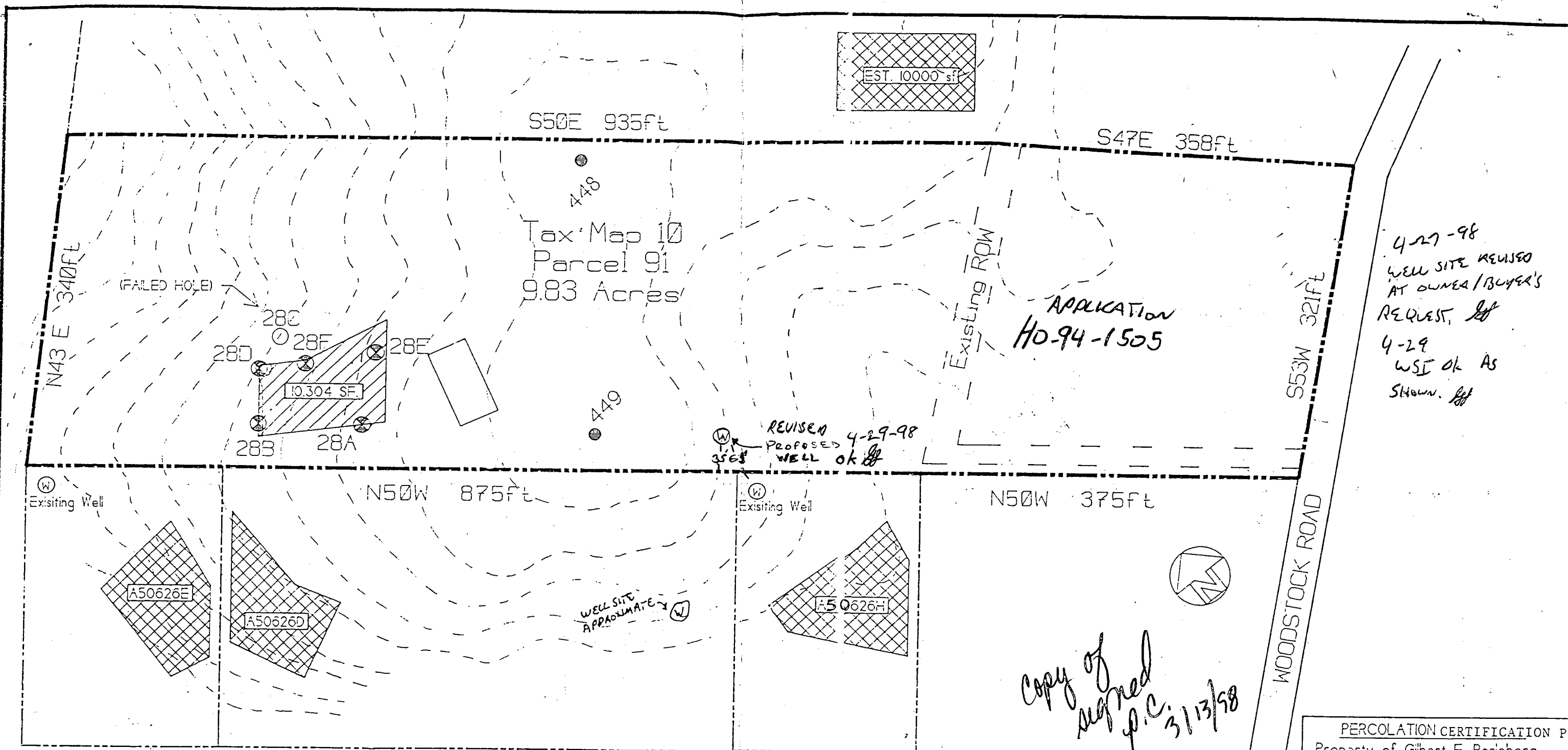
SOIL AUGER FINDING

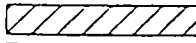
TESTED BY Dum 8-28-67

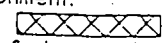
REMARKS

ALSO PRESENT Warren Long

LOT NO.



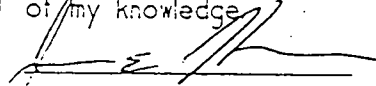
 This area designates a private sewage easement of 10,000+ sf as required by the Maryland State Dept. of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary. Percolation test holes shown hereon have been field located and shown as . The lot shown hereon complies with the minimum ownership width and lot areas as required by the Maryland State Dept of the Environment.

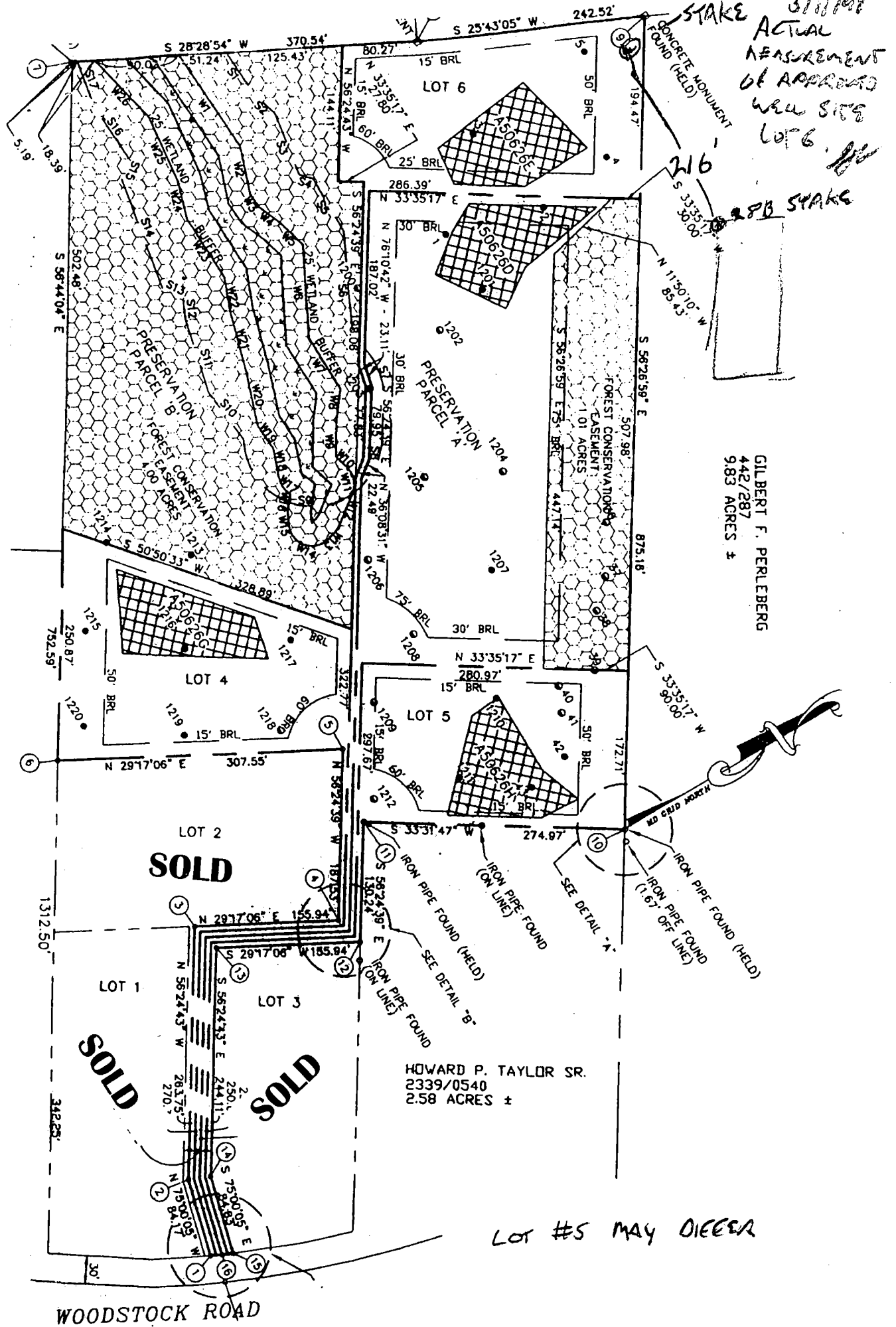
 This area designates an existing private sewage easement within 100 ft of property lines. The location and size of the northernmost sewage easement are estimated.

APPROVED: For Water and Private Sewage Systems

County Health Officer

Date

PERCOLATION CERTIFICATION PL.
 Property of Gilbert F. Perieberg
 Tax Map 10 Parcel 91
 Election District, Howard County, M.
 Scale: 1" = 100' Date: 03/08/99
 I hereby certify that the measurements shown hereon are accurate to the best of my knowledge.

 James E. Hansen
 17 Ridge Road
 Catonsville, MD 21228
 (410) 719-8544



**ONLY 2
LOTS TO BE SOLD
AT THESE PRICES!!!**

**DRASTICALLY
REDUCED!!!**

4 Gorgeous lots to choose from!!!

Partly WOODED to 100% WOODED lots are available.

<u>LOT #</u>	<u>ACREAGE</u>	<u>ORIGINAL PRICE</u>	<u>BARGAIN PRICE</u>
#4	1.5+	\$119,000.00	\$ 84,000.00
#5	1.0+	\$124,000.00	\$ 89,000.00
#6	1.3+	\$139,000.00	\$ 99,000.00
Preserve	3.4+	\$150,000.00	\$114,000.00

WELLS ARE INCLUDED WITHIN THE PRICE LISTED ABOVE!!!

Well & Septic

Private drive to be paved

Call for Restrictions & Covenants

Next to Open space & MD State park land

For further Details or to "Walk" the lots:

"JIM BIM"

**James W. Bimstefer
Re/Max Columbia & Ellicott City**

410-715-3246 or 410-531-1414

CALL JIM BIM FOR TOPOGRAPHICAL PLATS & HOMESITE LOCATION(S)

165
51
216

C1 05048

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 58958

ST/CO US ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
06 05 98

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0-94-1505
28 29 30 31 32 33 34 35 36 37OWNER HANSEN MARY LYNN
STREET OR RFD 1605 WOODSTOCK TOWN WOODSTOCK
SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 5 NO. OF POUNDS 500GALLONS OF WATER 55

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 18 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST620

OTHER CASING (if used)

EACH CASING
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)

56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

W0 7M 55 68 10

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.)70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

6
8 9
2

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 2 ft.WHEN PUMPING 202 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)above } LAND SURFACE
below } 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)well
60'
20'
Lot LineNUMBER OF UNSUCCESSFUL WELLS: 0WELL HYDROFRACTURED yes no
Y N

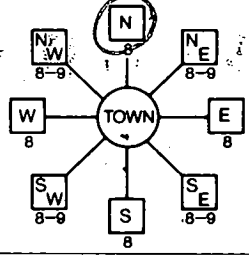
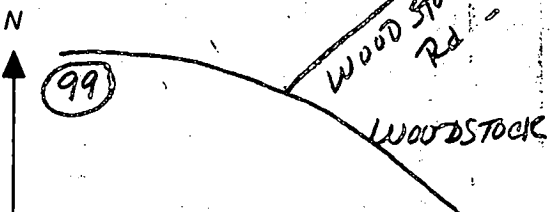
CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELLI 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.DRILLERS LIC. NO. 1 MW D 040
George F. Easterday
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 081

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

COUNTY

B 1 3416 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1505 70 fill in this form completely 79
Date Received (APA) 3-25-98 8 MM DD YY 13 Hansen Mary Lynn 15 Last Name Owner First Name 34 17 Ridge Road 36 Street or RFD 55 Baltimore, Md. 21228 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL CO# 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Woodstock 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 73 76 77 78	
DRILLER INFORMATION George F. Easterday M W D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday 3/23/98 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  1600 Woodstock Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 450 37 DISTANCE FROM ROAD Ft ENTER FT OR MI 38 39 TAX MAP: <u>10</u> BLK: <u>18</u> PARCEL <u>91</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A58958 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>4-1-98</u> <u>4-1-98</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>544</u> 0 0 0 EAST GRID <u>835</u> 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 <u>830</u> <u>835</u> N <u>540</u> <u>4</u> 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  MAP 6 E11	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH 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 39 ☐ 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	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER <u>65</u> WRITE INITIALS IN BOX 54 63 FORCE <u>65</u> PERMIT No. <u>HO-94-1505</u> 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

2/20/99 SUE 1247 - ASSESS WELL-STATE LOCATIONS

RECALL BUT IF IN CONFLICT,

MIC3

2/20 CENTRAL LOT LINE IS SLIGHT RIGGE CONTOUR BREAKS IN
OPPOSITE DIRECTIONS SOA APPAR TO DRAW AND FROM PROVIDED WELL
ON LOT 4 NO STAKES EVIDENT EXCEPT PERC SURVEY MARKERS FOR PARCELS
NEED TO SEE WELL STAKES FOR LOT 4.

