PERMIT

SEWAGE DISPOSAL SYSTEM

A59242

4th DISTRICT

DATE 12-4-9

INSPECTOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE INDFXFD

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXX

410-313-2640

36020le

Hatfield's Equipm	nent		IS	PERMITTED TO INSTALL	X ALTE	R
ADDRESS 13785 Burnt	woods Road Gler	nelg, MD	21737	PHONE_(301)	854-6172	_
SUBDIVISION Riggs Prop	erty: LO	от <u>5</u>	ROAI	14611 Riggs 2060 Roxbary Mi	Meadow 11 Road	DR
PROPERTY OWNER	Ry	an Homes				
ADDRESS			· ·			
SEPTIC TANK CAPACITY 1250						
NUMBER OF BEDROOMS4_						
180 SQUARE FEET PER	RBEDROOM			,		
LINEAR FEET OF TRENCH REQU	RED 240		-	•		
TRENCHES - Trench to	be 3 feet wide.	Inlet 3	feet below	original grade.	Bottom ma	ximum
	et below origina rade. 2 feet of			area begins at 3 ution pipe.	feet belo	W
LOCATION - Begin the	first trench 220	feet down	n the left			
contour in	both directions					
	<u>to exceed 100 fe</u> de or above on s			<u>de 6" - 8" diame</u> OK <i>AL</i> M	ter cleano	ut and
<u> </u>			<u> </u>			

PLANS APROVED BY _

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 **8LDG.** PERMIT SIGNED

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

Kim Maiste/Amy McMillen

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

AND RETURNED 12-18

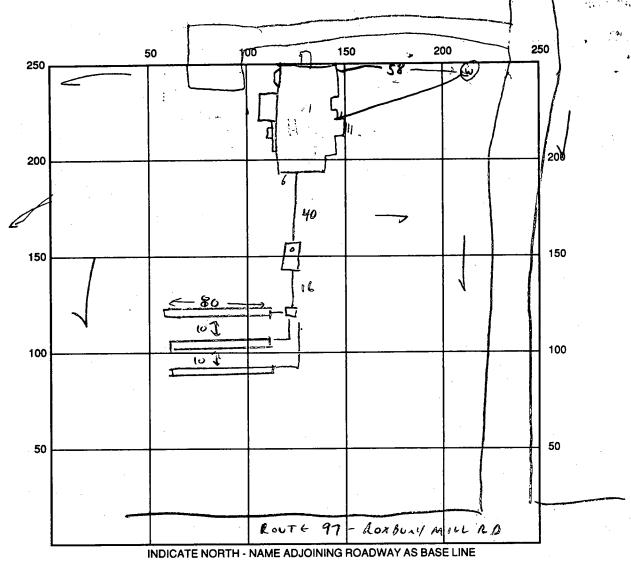
DATE

REVISED

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

09/08/97



SEPTIC TANK LEVEL	CLEANOUTS 57 V
SEPTIC TANK LEVEL	
DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIL	
EFFECTIVE GRAVEL DEPTH FT. TOTAL LENG	ETH 240 FT.
NUMBER OF TRENCHES 3 0 80 ONE-SH	DEWALD BOTTOM AREA 770 SQ. FT.
DRYWALL INSIDE DIAMETERFT. EFFECTIVE	DEPTH BELOW INLETFT.
ABSORBENT AREASQ. FT. REMARKS: 12/8/97 OK TO FIDISH MIDDE	& TABUCH AND COUEN ALL (CW)
12/9/97 WPT of TO COUR (HO941/21)	
*	
DATE SYSTEM APPROVED 12/9/97	INSPECTOR_Selbery

APPLICATION

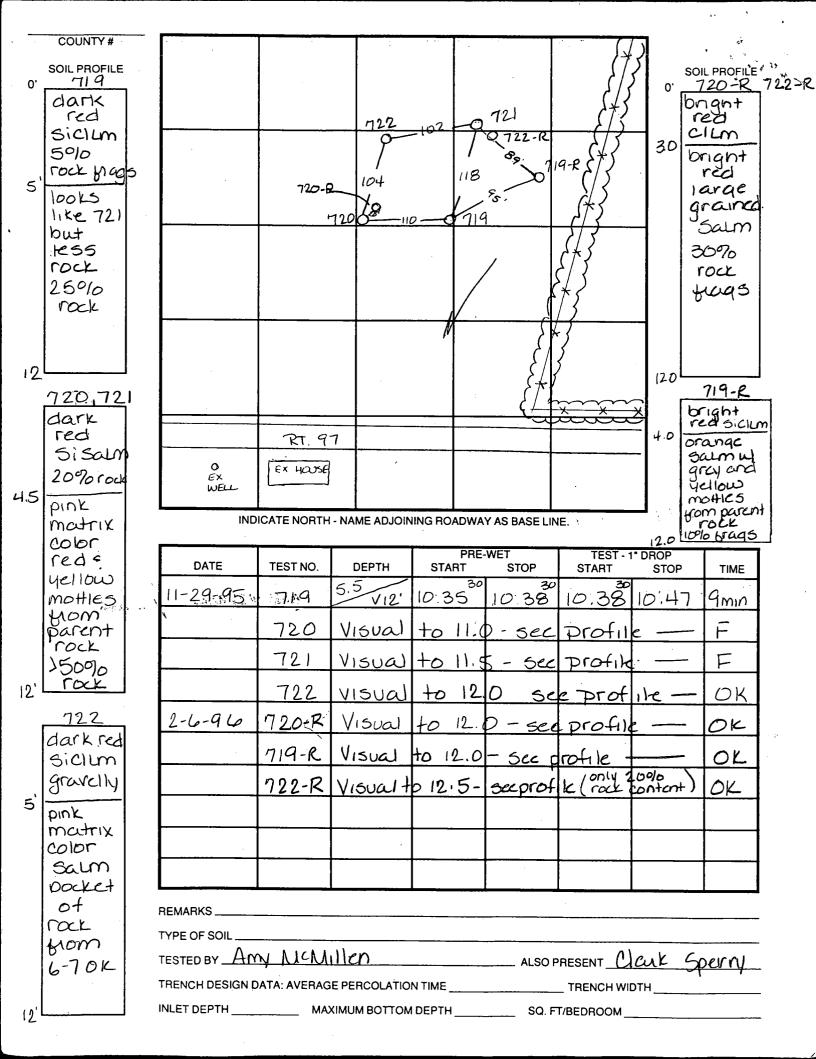
PERCOLATION TESTING

A 50463. HOWARD COUNTY HEALTH DEPARTMENT DISTRICT _____ **BUREAU OF ENVIRONMENTAL HEALTH** 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE TELEPHONE: 313-2640 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. RYAN HOMES ADDRESS AGENT OR PROSPECTIVE BUYER _ **ADDRESS** PHONE PROPERTY LOCATION: SUBDIVISION R1995 Property ROAD AND DESCRIPTION 2060 ROXBURY MITROAD SIZE OF LOT 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 __ HOLD PENDING FURTHER TESTS _ REASONS FOR REJECTION OR HOLDING __ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # DATE

HIS IS NOT A PERMI

HD-216 (3/92)

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



APPLICATION

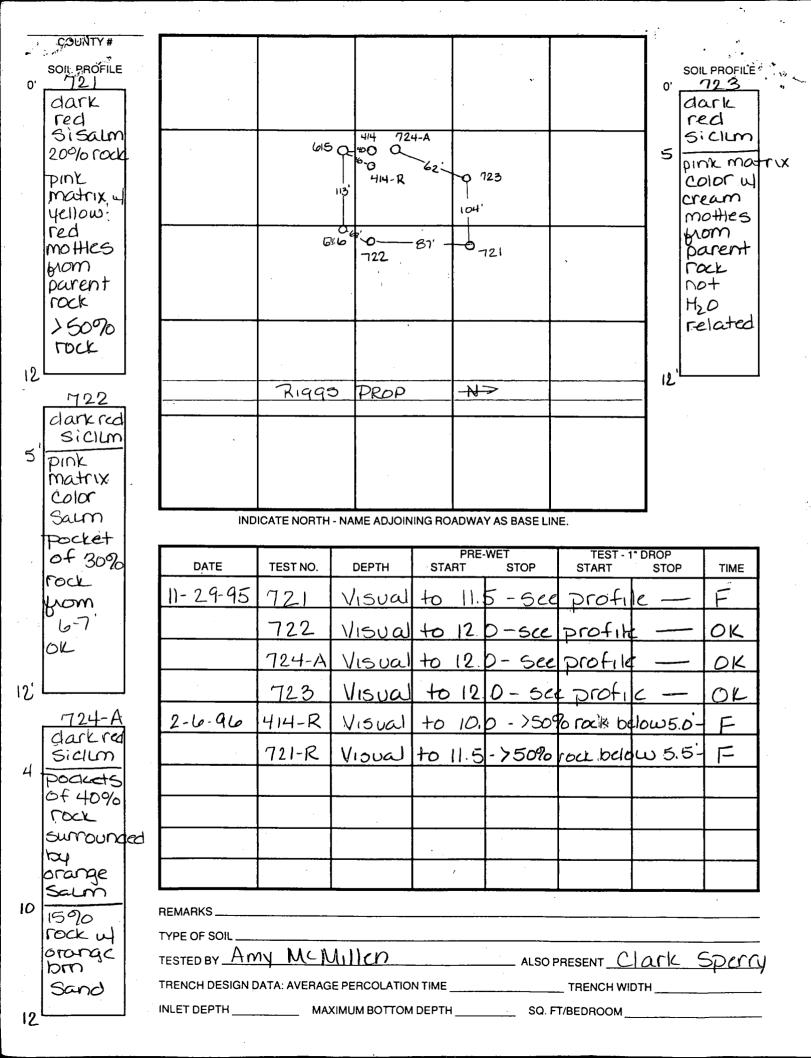
PERCOLATION TESTING

A 50463

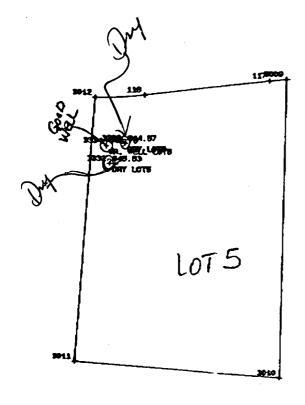
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			·	P	
	HOWARD COUNTY HEALTH DEPARTMENT			DICTRICT	
	BUREAU OF ENVIRONMENTAL HEALTH	: · · · · · · · · · · · · · · · · · · ·		DISTRICT	
	3525-H EŁLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640			DATE	·
TO:	THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND				
	I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATI	ION FOR PERMIT TO CON	ISTRUCT (OR RECON	ISTRUCT) A SEWAGE DISPOS	SAL SYSTEM.
PRC	PERTY OWNER				
	ADDRESS	P)	HONE		
AGE	NT OR PROSPECTIVE BUYER				
	ADDRESS	P	HONE		
PRO	PERTY LOCATION:				
SUB	DIVISION RIGGS	LC	DT NO. 5		
ROA	D AND DESCRIPTION			<u></u>	
TAX	MAPPARCEL #	· ·	·	; ,	
SIZE	OF LOT	TYPE BLDG	(SINGLE FA	MILY DWELLING OR COMME	RCIAL)
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	LE ONLY UNTIL PUBLIC			
	CONNECTED WITH THE FILING OF THIS PERC TEST APPLI			4	
CON	APLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LO)T			
			SIGNATUR	E OF APPLICANT)	
APP	ROVED BY	FOR		DATE	
DISA	APPROVED BY	FOR		DATE	 -
HOL	D PENDING FURTHER TESTS				
REA	SONS FOR REJECTION OR HOLDING		· .		

THIS IS NOT A PERMIT

HD-216 (3/92)



C 1 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY
(THIS NUMBÉR IS TÓ BE PUNCHED IN CÓLS, 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER
ST/CO-USE ONLY DATE Received MM DD YY 8 13 DATE WELL COMP	70 22 440 ° 26	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 1/2
OWNER SOC	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD last name Sic Amo	RE SPRING REGION TOWN	Cooksville
SUBDIVISION KIGGS PROP	RECTION	LOT
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Pow)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS	HOURS PUMPED (nearest hour)
Brown shake o 22	GALLONS OF WATER	PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE BUCKET
BROWN Shake 0 22 GRAY MICA 22 440 V ROCK	from 6 tt. to 24 BOTTOM 58 tt. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Rock	casing types insert ST CO	BEFORE PUMPING 58 ft. WHEN PUMPING 265 ft
	insert appropriate code below PL OT	WHEN PUMPING 22 TYPE OF PUMP USED (for test)
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)
	60 61 63 64 66 70 E OTHER CASING (if used)	jet Submersible
	diameter depth (feet) H inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP VES NO
2 dry wells 400, 480' Filled in with	S	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
Filled in with	screen type or open hole S T B R H O	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
Coment o diellios materiales	insert STEEL BRASS OPEN Appropriate BRONZE HOLE	IN BOX 29. CAPACITY: GALLONS PER MINUTE
manua	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED Yes N	E A 8 9 11 15 17 21 C 2	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	H 23 24 26 30 32 36 S C 3	LAND SURFACE
P TEST WELL CONVERTED TO PRODUCTION WELL	R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	DIAMETER	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO.1 MS D 02 4	GRAVEL PACK	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	See attacked
LIC. NO.1 M D 1	T (E.R.O.S.) W Q	www sor and you
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70 72 TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	



168+

No Well Driver on Lots 1-4

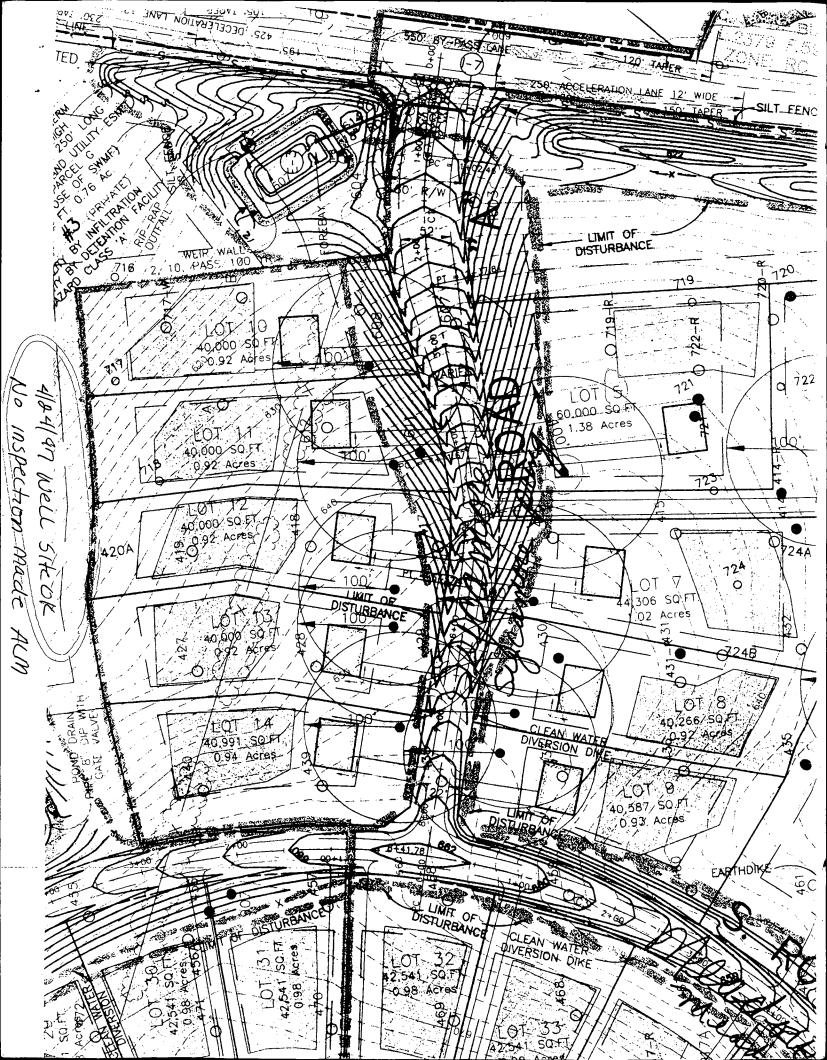
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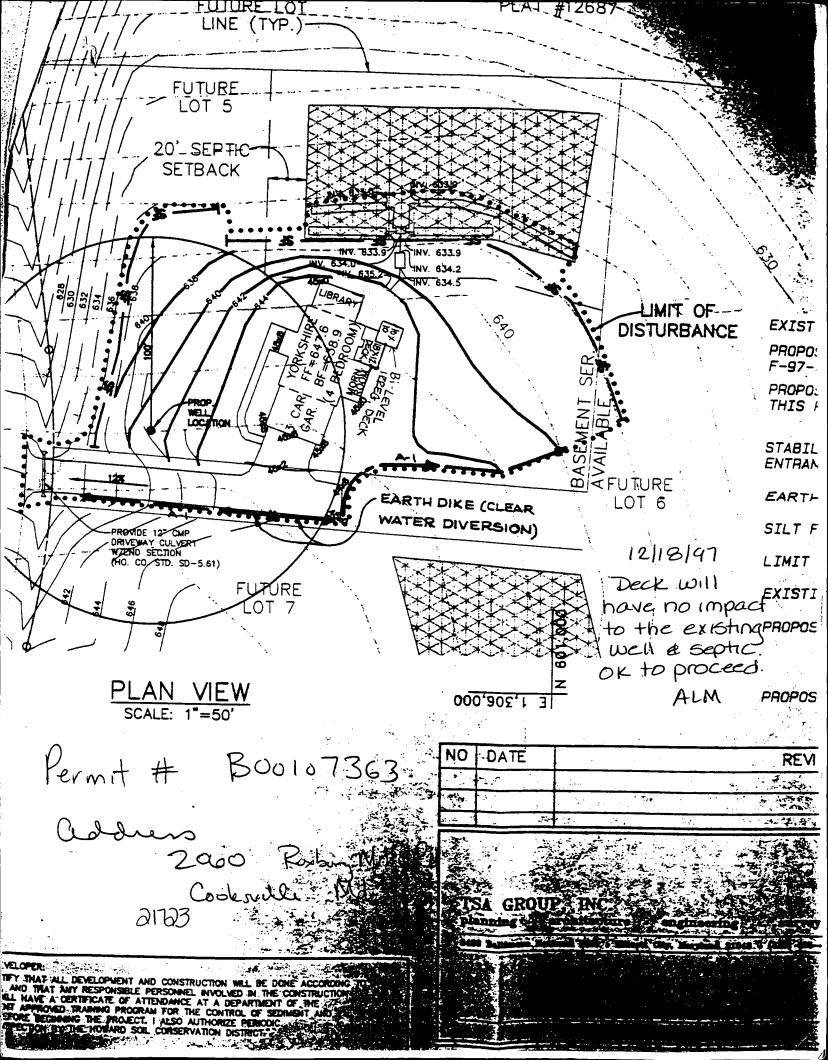
RIGGS 0533

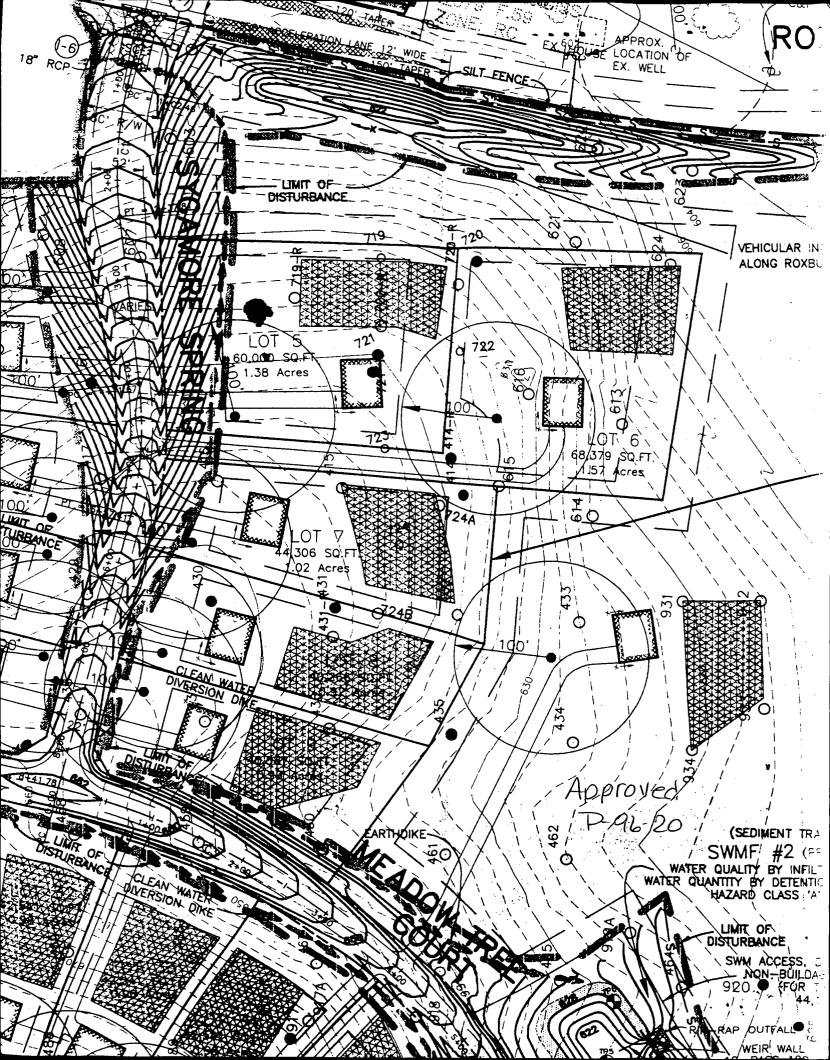
EMERGENCY/TEMP NO IF ANY

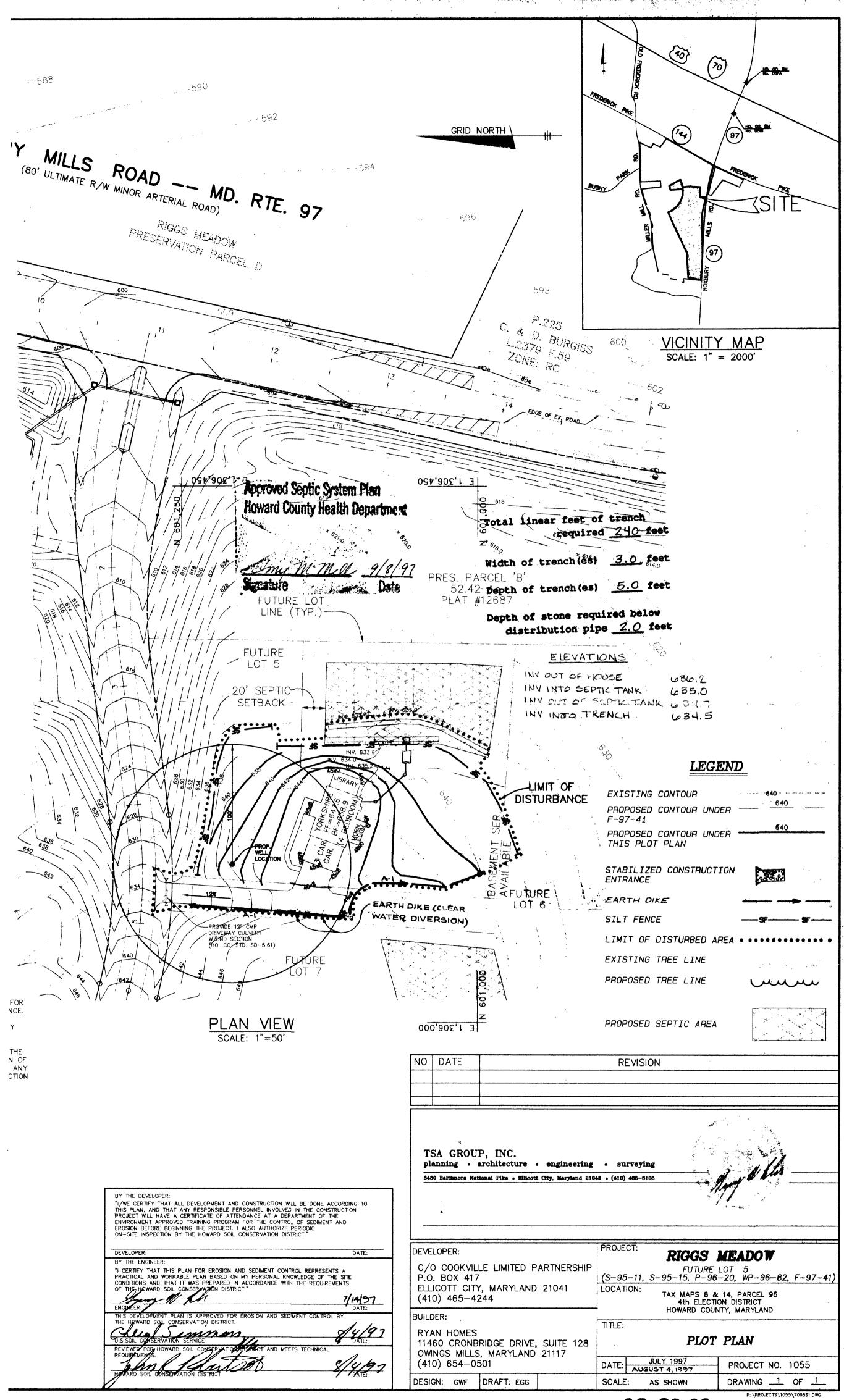
EMERICENCY/TEMP NO IP ANT		
19 1 (4-19) AMPENDE ONLY	MARYLAND	STATE PERMIT NUMBER
PERMIT TO	DRILL WELL	
"IN COLS. 3-6 ON ALL CARDS) please pr	int or type	
0313197 OWNER INFORMATION	B 3	LOCATION OF WELL
8 13	A OWARD	21
15 Last Name Owner First Name 34	R1665 P	ROPERHY
[23 SUBDIVISION SECTION	LOT 5
ELLICOTT CITY MO21041	44 46	48 50
57 Town / 70 State 72 Zip 76 DRILLER INFORMATION CIRCLE: MSD/MGD/MWD	COOKSVI 52 NEAREST TOWN	1440
DRILLER INFORMATION CIRCLE: MSD/MGD/MWD	MILES FROM TOWN (ente	er 0 if in town) 73 76 77 78
Orilley's Name 77 License No. 80	B 4	SYCAMORE SPRING RO.
Firm/Name / D. I D.	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
55/2 Ridge Rd. Mt. aug md. 2/77/	N N	NORTH [N]
Signature 3/31/9/		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
B 2 WELL INFORMATION	W TOWN E	34 65 37 WE (S)
APPROX. PUMPING RATE (GAL. PER MIN.)		DISTANCE FROM ROAD ENTER FT OR MI
AVERAGE DAILY QUANTITY NEEDED 8 12 (GAL. PER DAY)	S S S S	38:39
14 20	8-9 (S) 8-9	TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING (LIVESTOCK WATERING & AGRICULTURAL	Howard Co.	
IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.	COUNTY NAME	COUNTY NO.
22 OTHER (REQUIRES APPROPRIATION PERMIT)	STATE SIGNATURE DATE ISSUED	INSERT S 41
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT	042497	1 m miller 4/24/98
APPROVAL) TEST, OBSERVATION, MONITORING (MAY REQUIRE	NORTH 5 4 0 0 0	O SIGNATURE EXP DATE O EAST 7 2 0 0 0
APPROPRIATION PERMIT)	50 50	55 57 63
APPROXIMATE DEPTH OF WELL 200 FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL	7/9/97
24 28	SOURCES OF DRILLING	WATER 9:30GROUT
APPROXIMATE DIAMETER OF WELL NEAREST INCH	1. Wekk	7-9-97
METHOD OF DRILLING (circle one)	3.	7-9-97
BORED (or Augered) JETTED Jetted & DRIVEN	WRITE THE BOX NUMB	HER MISTED INSP. (KM)
AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse_ROTary DRIVE POINT	FROM THE MAP HERE	
other	E 7902	
REPLACEMENT OR DEEPENED WELLS	N 5304	10 ← ∞ ∞ ∞ ∞
(CIRCLE APPROPRIATE BOX)		W SHOWING LOCATION OF WELL IN
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	DISTANCE FROM WELL	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION Cooksnille
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS	N Seen	E 1
THIS WELL WILL DEEPEN AN EXISTING WELL		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52		Jan 1
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		A Comment of the comm
APPROP PERMIT NUMBER GAP		Married Marrie
FORCE A M WRITE PERMIT NO. H 1 - 94 - 1 / 2 /	ang.	
67 68 N BOX 70 71 72 73 74 75 76 77 78 79	1	4 /
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -		J 🚱

COUNTY









GP-98-08