

7/28/99
9:30am
meet Installer
7/29/99 12pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512032-B

A 50560-TT

DISTRICT _____

DATE 7/27/99

DATE SYSTEM APPROVED 7/29/99

INSPECTOR SRK

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX 410-313-2640

325237
INDEXED

Ben Lewis, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS P.O. Box 93, Germantown, MD 20874 PHONE 301-428-3900

SUBDIVISION Lyndonbrook LOT 19 ROAD 2075 St. James Road

PROPERTY OWNER Jacobsen Homes, LLC

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place distribution box 110 feet from the rear lot line and 80 feet from the left lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/18/99 JKS

PLANS APPROVED BY C. Williams DATE 3-10-99

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 25/40 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.

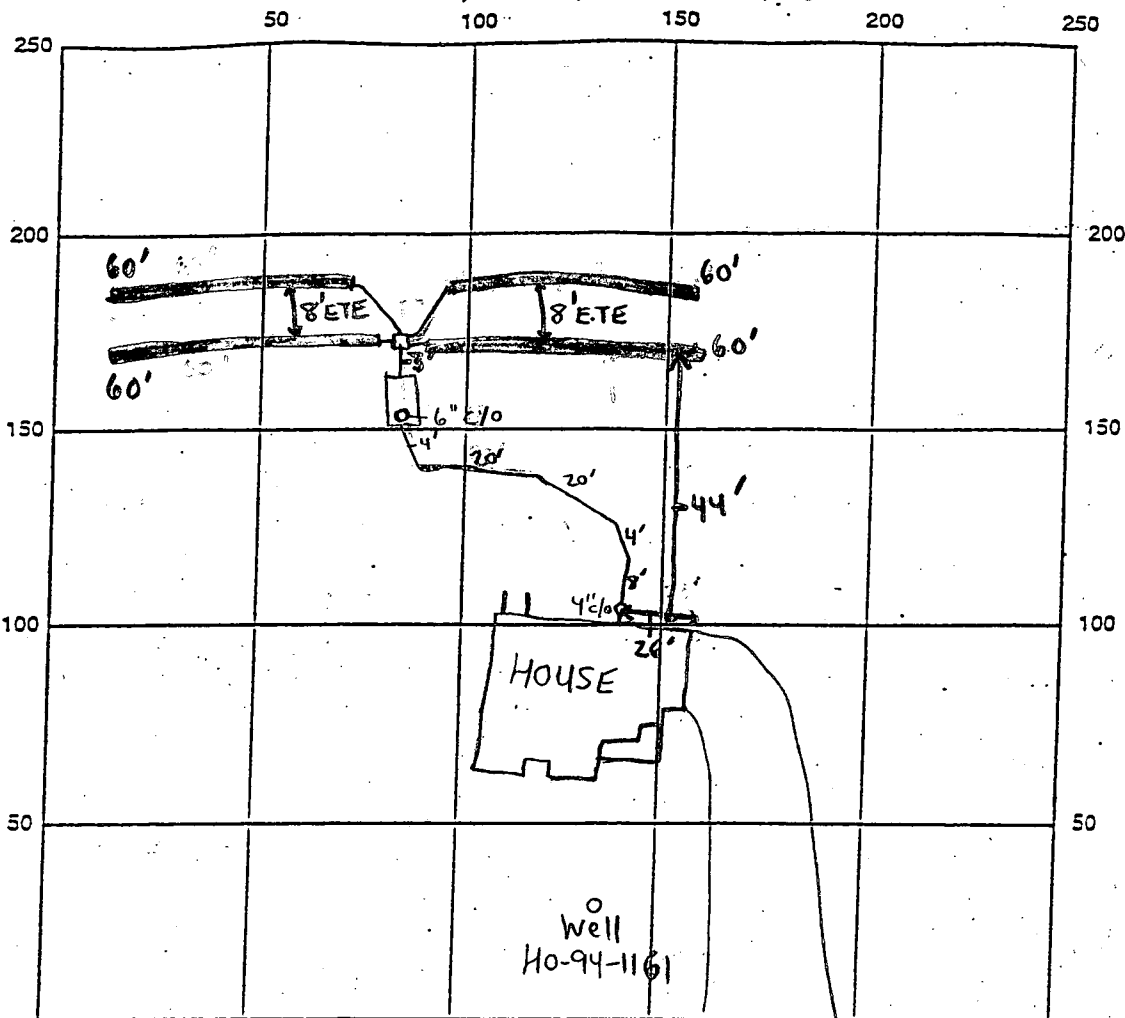
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

5056017

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ST. JAMES ROAD

SEPTIC TANK LEVEL 1500 gallon Top Seam CLEANOUTS 4" @ House, 6" @ Tank

DISTRIBUTION BOX LEVEL Baffle is in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

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

DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 7/28/99 - OK TO RUN 2-60' TRENCHES ON CONTOUR IN BOTH DIRECTIONS (AM/SOL)

7/29/99 - OK TO COVER ALL WORK - (SRK)

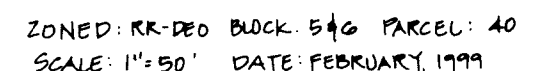
DATE SYSTEM APPROVED

7/29/99

INSPECTOR

Steven R. Krieg

d periodically and after



(Handwritten scribbles)

APPLICATION

PERCOLATION TESTING

A 50560TT

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/3/95

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 Annelore Stiegler JACOBSEN HOMES, LLC
2151 Route 32
ADDRESS Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
P.O. Box 417
ADDRESS Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 19 19

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32 (2075 St. James Road)

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 3-10-95

Serial # B10116523

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

50560-T

COUNTY #

SOIL PROFILE

731 732

orange
brn to
red
siltmbrn
orange
siltmmicaceous
15-20%
micaceous
shale
frag

571 570

orange
brown
siltmlgt tan
yellow
micaceous
siltm<5%
rock

574

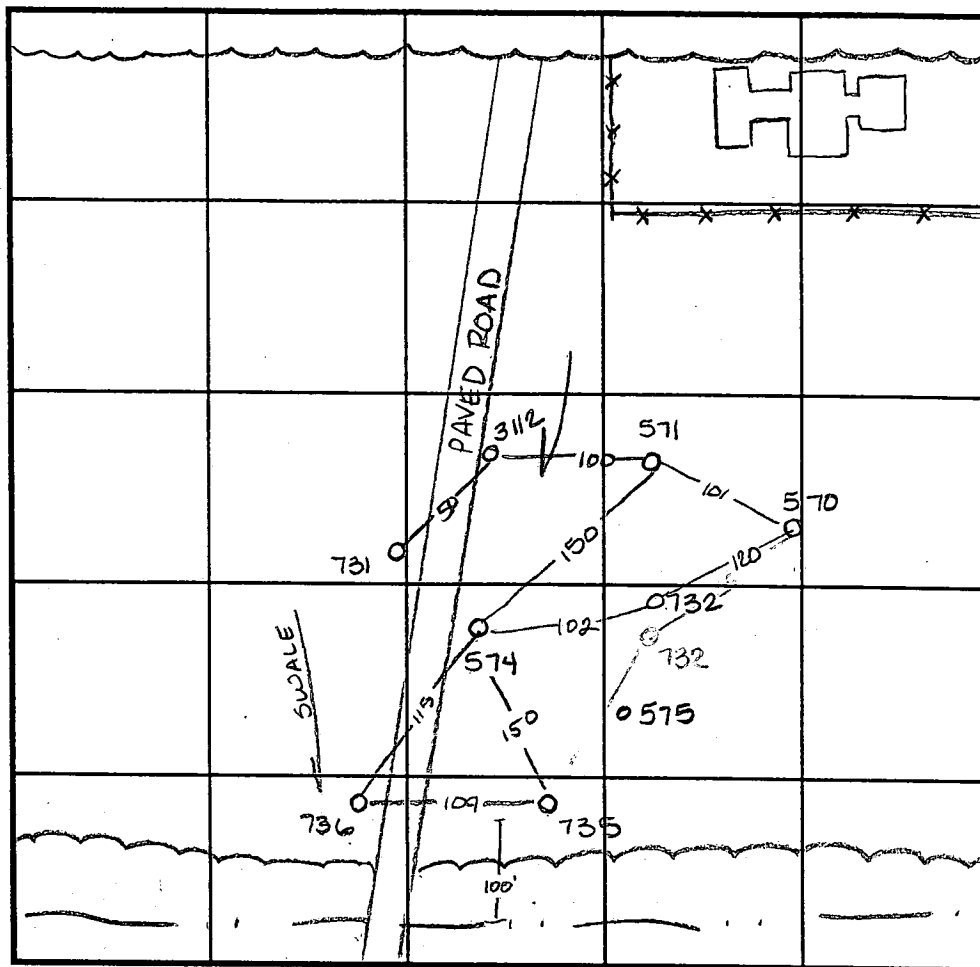
orange
red
siltm
micaceouslgt
tan
siltm
<5%
rock

SOIL PROFILE

575

orange
red
siltm
micaceouslgt
tansiltm
<5%
rock
evidence
of
H₂O at
6.5

3112

dark
orange
siltmlgt orange
tan
siltm
micaceous
some sa

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-21-96	735	Water	at 5.0	—	—	—	F
	736	Water	at 5.5	—	—	—	F
	731	Visual	to 12.0	—	—	—	OK
	732	3.5 V12.0	1:32	1:34	1:34	1:36	2min
3-28-95	571	4.0 V11.5	1:21 ³⁰	1:23	1:23	1:25	2min
	570	5.0 V12.0	1:11 ⁴⁵	1:12 ¹⁵	1:12 ¹⁵	1:17	43/4min
	574	4.0 V12.0	1:28	1:30	1:30	1:34	4min
3-20-95	575	4.0 V12.0	1:28	1:30	1:30	1:34	4min
11-6-96	3112	Visual	to 12.0	—	—	—	OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Clark

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A 575605

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/3/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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ADDRESS Sykesville, Maryland 21784 PHONE _____

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P.O. Box 417
ADDRESS Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 2019

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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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 50560-5

COUNTY #

SOIL PROFILE

575

orange
red
SiCLm
micaceous

1gt
tan

SiLm

< 5 %

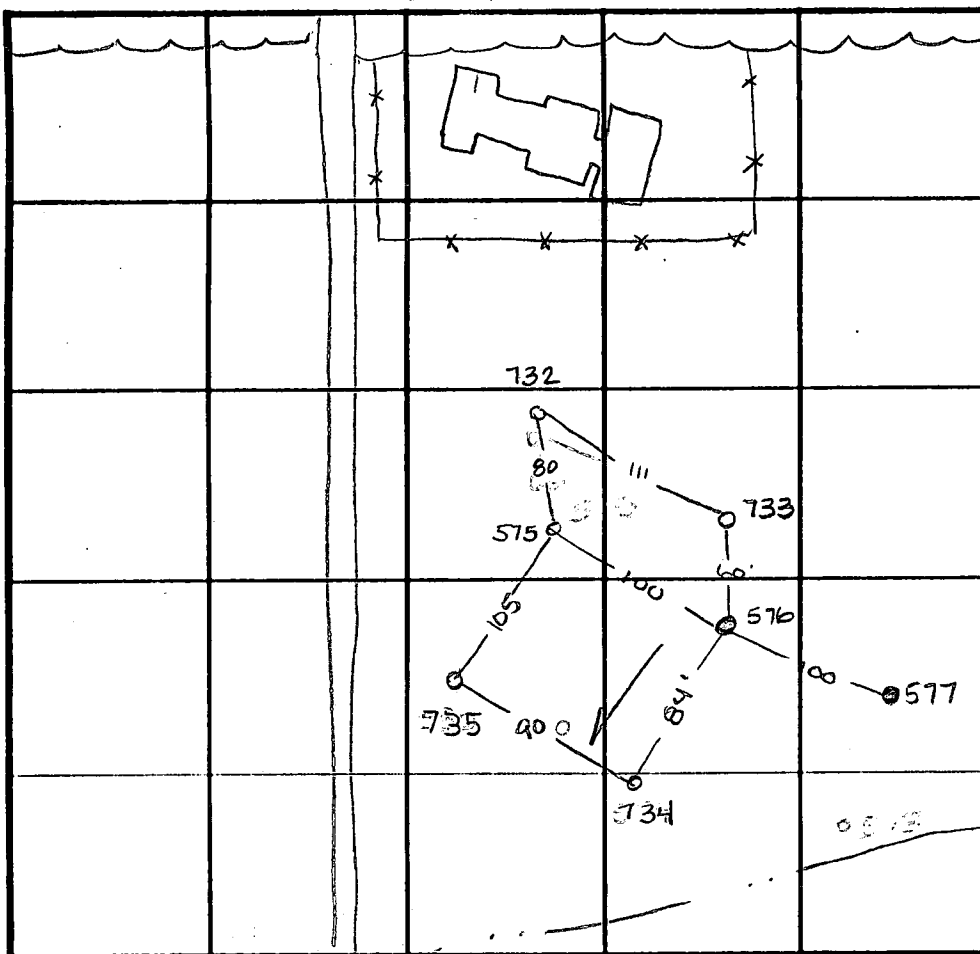
rock

micaceous

evidence
of H₂O @
6.5'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-95	575	4' VIZ'	1:28	1:30	1:30	1:34	4min
	577	Water @ 9'					F
	576	Water @ 10'					F
2-21-96	735	Water @ 5.0'					F
	734	Water @ 4.0'					F

REMARKS 580, 579, 578 Not dug

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Larry

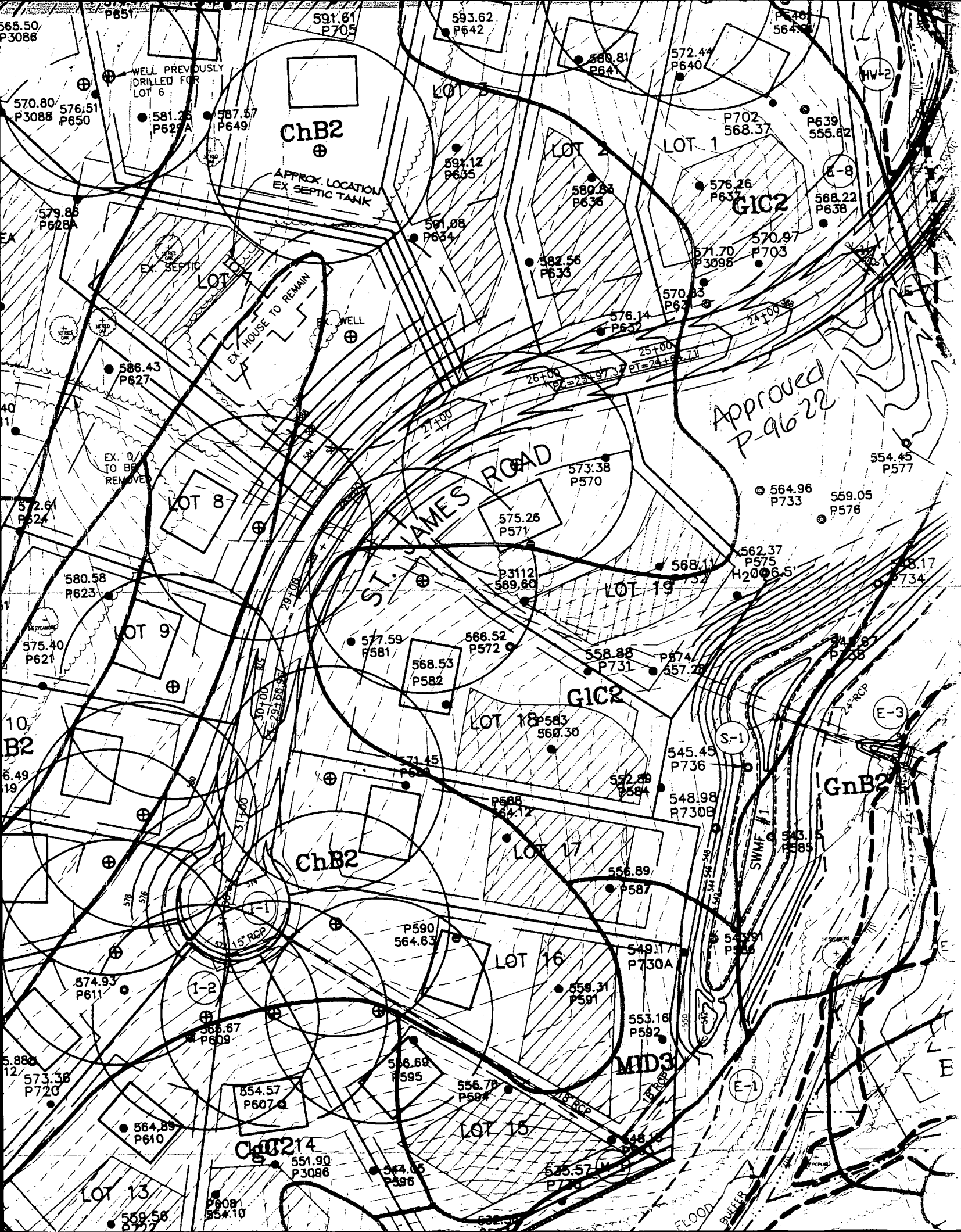
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



C 1		6056		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER <u>A50560-T</u>	
ST/CO USE ONLY DATE Received <u>7 8 97</u>		DATE WELL COMPLETED MM DD YY <u>6 30 97</u>		Depth of Well 22 <u>405</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>110-94-1161</u>		28 29 30 31 32 33 34 35 36 37	
OWNER <u>SJC</u> last name		ST. James Rd. first name		TOWN <u>West Friendship</u>		SUBDIVISION <u>St. James Property</u>		SECTION <u>19</u> LOT <u>19</u>	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Y</u> <u>N</u> 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>22</u> NO. OF POUNDS <u>2068</u> GALLONS OF WATER <u>132</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>57</u> ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> 8 9 PUMPING RATE (gal. per min.) <u>4</u> 11 15 METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>41</u> ft. 17 20 WHEN PUMPING <u>232</u> ft. 22 25 TYPE OF PUMP USED (for test) <u>A</u> air <u>P</u> piston <u>T</u> turbine 27 27 27 <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other 27 27 27 <u>J</u> jet <u>S</u> submersible 27 27					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE <u>ST</u> 60 61 Nominal diameter top (main) casing (nearest inch!) <u>6</u> 63 64 Total depth of main casing (nearest foot) <u>60</u> 66 70 OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING		PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES <u>NO</u> 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) <u>+</u> above } LAND SURFACE <u>-</u> below } (nearest foot) 49 50 51					
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO <u>Sand</u> 0 57 <u>Gray Mica</u> 57 405 <u>Rock</u>		SCREEN RECORD screen type or open hole insert appropriate code below <u>ST</u> <u>BR</u> <u>HO</u> STEEL BRASS OPEN BRONZE HOLE <u>PL</u> <u>OT</u> PLASTIC OTHER DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 <u>110</u> <u>59</u> <u>405</u> E A C H S R E E N 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES <u>NO</u> 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) <u>+</u> above } LAND SURFACE <u>-</u> below } (nearest foot) 49 50 51			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED <u>Y</u> <u>N</u>		C 2		C 3		C 3	
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 WELL 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.		DRILLERS LIC. NO. <u>MS-D024</u> DRILLERS SIGNATURE <u>Barry L. Maupre</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>MS-D027</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG CASING INDICATOR OTHER DATA		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) <u>St. James Rd.</u> <u>30.0' well</u> <u>110.0'</u>			

B 1 9407 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-94-1161 70 <u>fill in this form completely</u> 79
Date Received (APA) 4/24/97 8 MM DD YY 13 SDC 15 Last Name Owner First Name 34 P.O. Box 417 36 Street or RFD 55 ELlicott City MD. 21041 57 Town 70 State 72 Zip 76		B 3 HOWARD LOCATION OF WELL 8 COUNTY 21 Stiegler Property 23 SUBDIVISION 42 SECTION <u> </u> LOT <u>19</u> 44 46 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION Joseph L. Mayne M SDO 24 Driller's Name 76 License No. 81 Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy Md. 21774 Address Joseph L. Mayne 4/21/97 Signature Date		B 4 St James R.O. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 32 EAST E SOUTH S 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
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 A50560-T COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 5/20/97 Kim Minto 5/20/98 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 538 000 EAST GRID 814 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 E 814 N 54038 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary Drive-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM 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) APPROP. PERMIT NUMBER <u>54</u> GAP 63 FORCE Km WRITE INITIALS IN BOX 110-94-1161 67 68 PERMIT No. 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

