

10/15/92 ~~ASAP~~ ~~ASAP~~

PERMIT

04-346696

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48590

A 38373

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 10/13/92

DATE SYSTEM APPROVED 10/15/92

INSPECTOR M. Rifkin

INDEXED

Allen's Backhoe Rental

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 15050 carrs Mill Road, Woodbine, Maryland 21757 PHONE 301-854-6561

SUBDIVISION Glenwood Springs LOT 25 ROAD 2809 Shadow Roll Court

PROPERTY OWNER Ronald B. Myers

ADDRESS _____

BUILDING PERMIT SIGNED

AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

8/26/92
T/C inquiry
[2 (105')]
C.B.D.
62603 800142720-DECK

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the right front corner, place the distribution box 300 feet down the right (594.15') lot line and 30 feet off the right line as seen when facing property from Shadow Roll Court. Run trenches along contour towards the rear (273.92') lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" -8" diameter cleanout and cap to grade or above on septic tank. OK 3 SEPT 91 BH

PLANS APPROVED BY Bert Nixon cm DATE 6/30/88

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

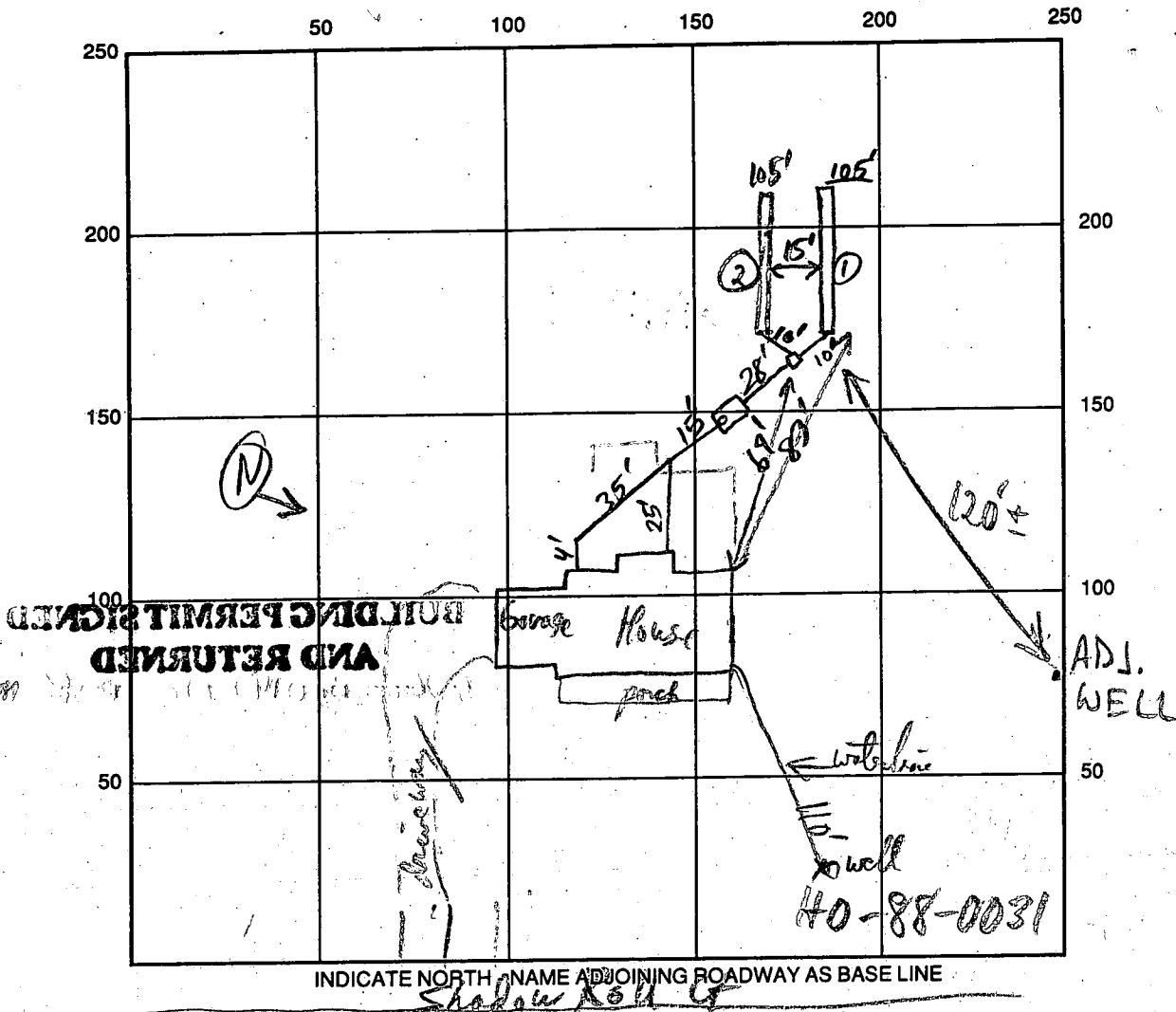
PERMIT VOID AFTER TWO YEARS

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**

A 38373H



SEPTIC TANK LEVEL 1500 gal CLEANOUTS ✓ ST

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 7 1/2 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 1 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 1/4 FT.

TOTAL LENGTH 105/105 FT.

NUMBER OF TRENCHES 2

ONE SIDEWALL/BOTTOM AREA 420/420 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS: 1st Trench OK to gravel fill - Final Insp PM - 1st Trench OK to cover - 2nd Trench open
OK to fill with gravel - call for Final Insp Tomorrow AM 10/14/92 OK to cover ST + DB
10/15/92 STONE IN TRENCH ① BROUGHT UP TO 3 1/2; ALL
WORK OK TO COVER MR

DATE SYSTEM APPROVED 10/15/92 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 38373

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4

DATE NOV. 21, 1986

*1/29/87
perc OK'd pending
approved
pld*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER RONALD B. + SUSAN MYERS
MR. G. WEBSTER ABBOTT - PERSONAL REP. ESTATE OF JESSE HAKES

ADDRESS 2590 N. CALVERT STREET BALTO. 21218 PHONE 384-5208
Silver Spring, Md - 20904

PROSPECTIVE BUYER RONALD B. CARTER

ADDRESS 1750 DAISY ROAD, WOODBINE MD. 21797 PHONE 461-2855

PROPERTY LOCATION: Glenwood Springs
SUBDIVISION JESSE HAKES ESTATE LOT NO. 25 Pulein ch

ROAD AND DESCRIPTION N/S ROAD 'A' 220' WEST CENTERLINE COURT B' 4/29/87
2809 Shadow Roll Ct.

TAX MAP 14 PARCEL # 83

SIZE OF LOT 3 AC. TYPE BLDG. SFR
(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 Did Allet FOR Deep trenches DATE 0-24-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located certified holes
+ sub 2 pld

BLDG. PERMIT SIGNED
AND RETURNED 8/26/91
Seal #38346 - SFRD

BLDG. PERMIT SIGNED
AND RETURNED 2-24-89

BP 23722 SAC

THIS IS NOT A PERMIT

SOIL PROFILE

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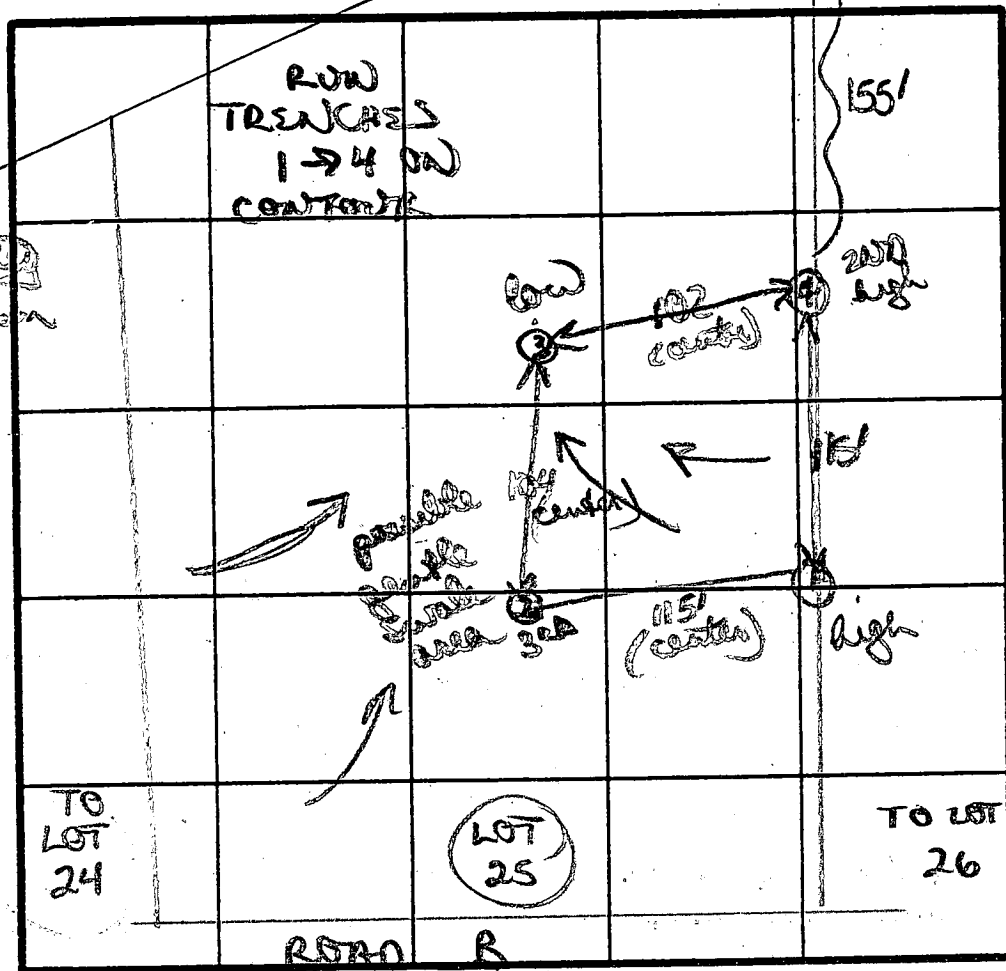


brown/orange
chunky/clay
22
do clay too
4th
changing to
orange/tan
brown/slate
mud/clay
200

11D



brown porridge
chunky clay
selt brown
milk 3/4
clothing to
powdery brown
selt 3/4
milk 1/2
11/2



-INDICATE NORTH NAME ADJOINING ROADWAY AS "BASE LINE"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/1/87	①	3 1/2 S	1213	1218	1218	1227	9 min
		7 1/2 M	1215	1218	1218	1223	8 min
coral scales		11' D	bottom (see profile)				
	②	3 1/2 S	1239	1242	1242	1246	4 min
		8' M	1239	1241	1241	1243	2 min
		12' D	bottom (see profile)				
	③	4 1/2 S	202	220	220	220	30 min
		7 1/2 M	107	112	112	121	9 min
		11' D	bottom (see profile)				
	④	3 1/2	113	118	118	127	9 min

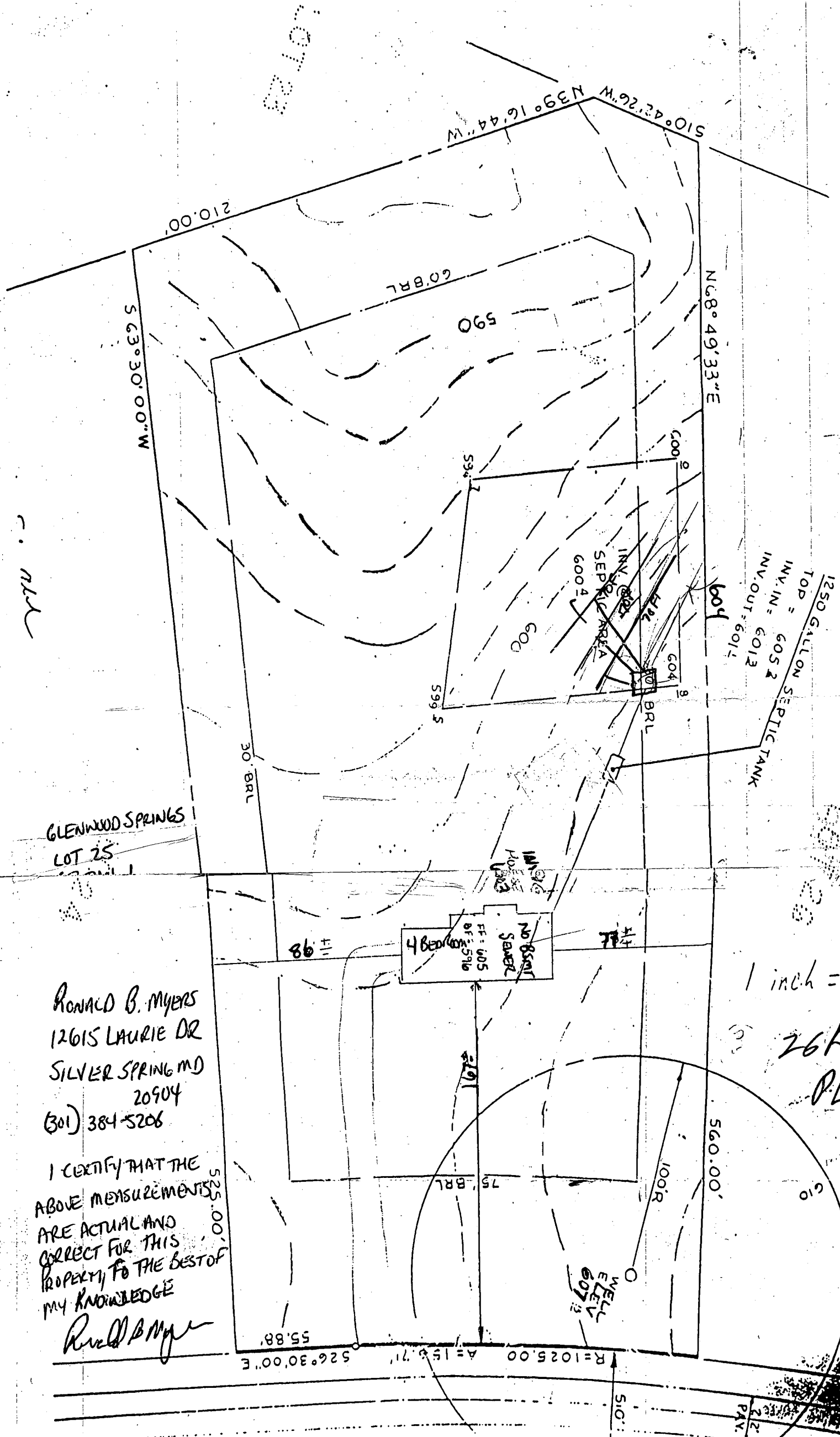
11'5 bottom (see profile)
holes 104 common w/ lot 26

TYPE OF SOIL

TESTED BY

ALSO PRESENT

Handwritten signature: *John W. Smith*



GLENWOOD SPRINGS
LOT 25

RONALD B. MYERS
12615 LAURIE DR
SILVER SPRING MD
20904
(301) 384-5206

I CERTIFY THAT THE
ABOVE MEASUREMENTS
ARE ACTUAL AND
CORRECT FOR THIS
PROPERTY TO THE BEST OF
MY KNOWLEDGE
Ronald B. Myers

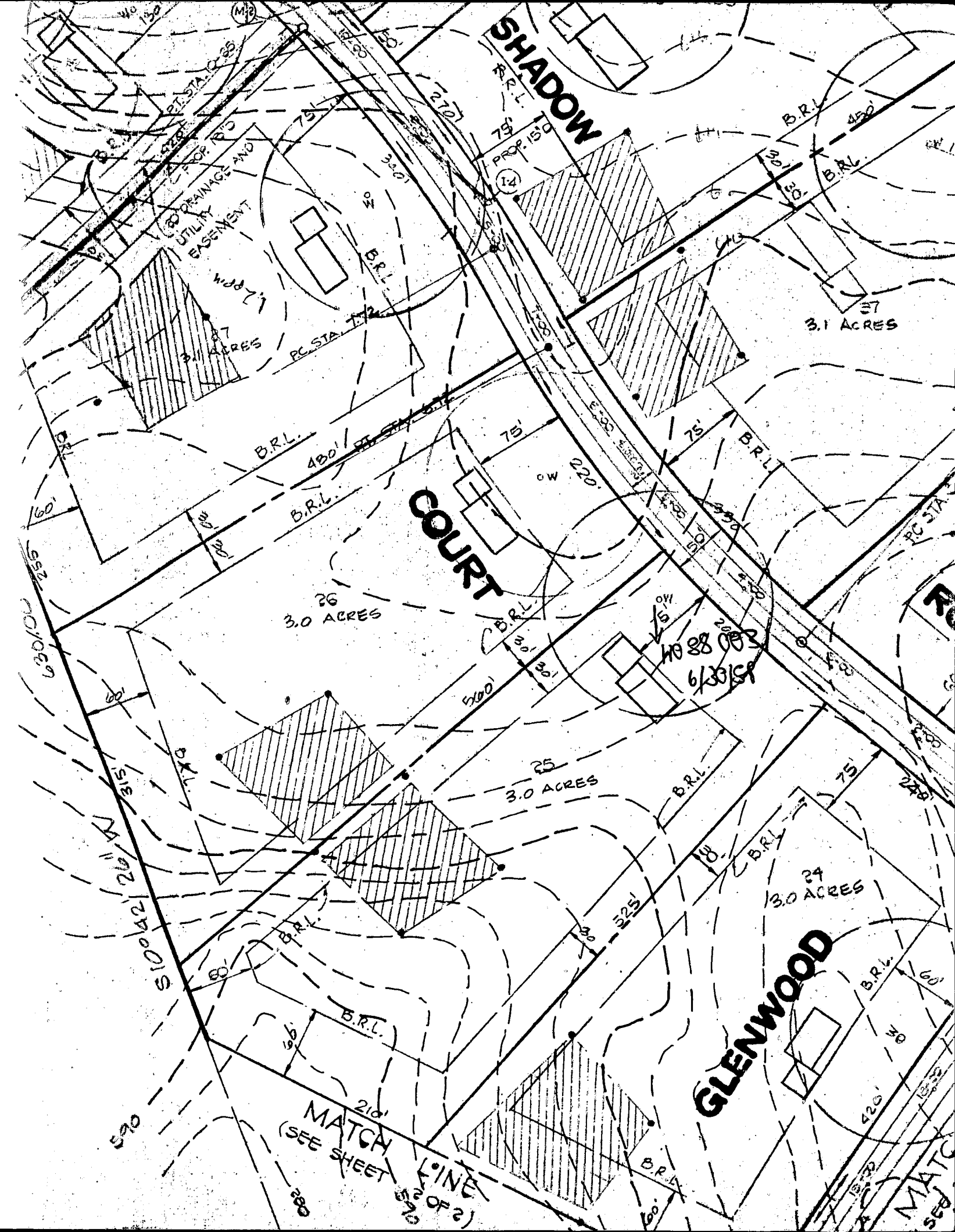
1 inch = 50 Feet

26 AUG 91
PLANS
OK
R/H

SHADOW

COURT

GLENWOOD



DRAINAGE AND
UTILITY
BASEMENT

3.1 ACRES

3.1 ACRES

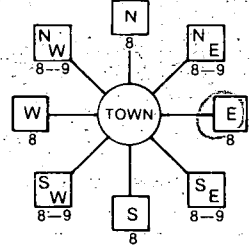
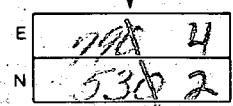
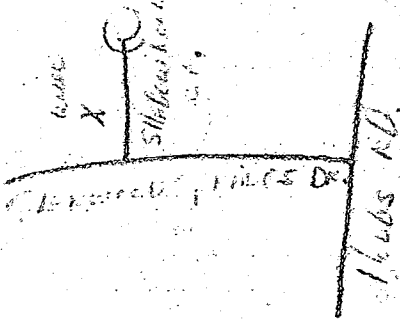
26
3.0 ACRES

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3.0 ACRES

24
3.0 ACRES

MATCH
(SEE SHEET
LINE
OF 2)

NO 88 003
6/30/58

B 1	1310	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER 40-88-0031
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS			please print or type	
Date Received (APA) 062888 OWNER INFORMATION 062888 15 Last Name 36 Street or RFD 57 Town 70 State 72 Zip 76			B 3 LOCATION OF WELL 10000000000000000000 8 COUNTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 5 73 76 77 78	
DRILLER INFORMATION Driller's Name Firm Name Address Signature Date			B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 75 37 DISTANCE FROM ROAD ENTER FT or MI FF 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID	
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T 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  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 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) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE WRITE INITIALS IN BOX PERMIT NO.				
SPECIAL CONDITIONS				

COUNTY

P.T. - OK
Grout not witnessed
SB

Owner CARMAN ASSOCIATES

1572 7-7-88

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

August 8, 1988

Carman Associates
P. O. Box 122
Ellicott City, Maryland 21043

RE: Glenwood Springs - Lot 25
Shadow Roll Court
Well Tag Number: H0-88-0031

To Whom It May Concern:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 11.5 parts per million. COMAR ~~10.17.13.09~~ ^{26.04.09} prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,

Jane E. Nadeau

Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:JR

6/26/08 JAB
 Plan not to scale
 but no foreseeable
 impact on system
 Deck O.K.

B0014272

