

5/23/89 AH

05-409438

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

P 44074

A 38866

DISTRICT 5th

DATE 4-24-89

DATE SYSTEM APPROVED 5/23/89

INSPECTOR M. Rifkin

Dave Hopkins

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Ridgewood ROAD 13330 Ridgewood Drive LOT 24

PROPERTY OWNER Mark Collett

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 240 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 105 feet from front lot line as seen from Ridgewood Drive and 195 feet from right lot line. Run trenches along contours in both direction.

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

PLANS APPROVED BY

Mark Rifkin/C. Williams

DATE 11/21/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 40 PVC OR ABS

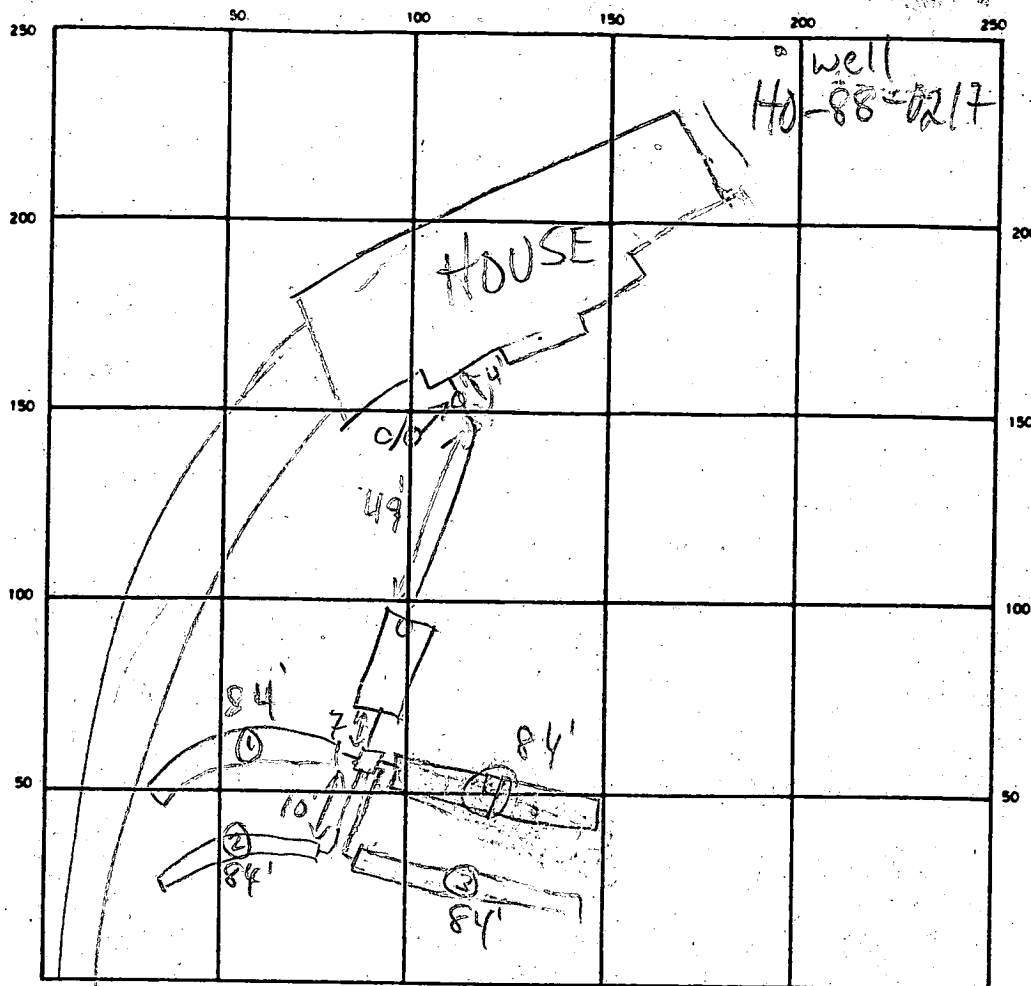
PERMIT VOID AFTER TWO YEARS

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 PVC 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 SYSTEMS.



RIDGEWOOD DR

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS OK ON TANK; OK IN LINE  
 DISTRIBUTION BOX LEVEL OK  
 DRAIN FIELD/TILE FIELD DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 35-4 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4 @ 84' = 336 FT.  
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1038 SQ. FT.  
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET ✓ FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS 5/23/89 TRENCHES COMPLETE - OK TO COVER MR

DATE SYSTEM APPROVED 5/23/89 INSPECTOR M. Ripkin

# APPLICATION

PERCOLATION TESTING

A 38866

P \_\_\_\_\_

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

5-27-87  
Perks ok pending  
plat approval, JED

DISTRICT \_\_\_\_\_

DATE 2/26/87

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 Royden A. Bunt MARK COLLETT  
c/o F.A.M. Equities, Inc. 233 E. Redwood Street.  
ADDRESS Baltimore, MD 21202 PHONE \_\_\_\_\_

PROSPECTIVE BUYER F.A.M. Equities, Inc.  
802 Garrett Bldg., 233 E. Redwood Street  
ADDRESS Baltimore, MD 21202 PHONE 301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road

SUBDIVISION Ridgewood 13330 Ridgewood Dr LOT NO. LOT 24 on Prelim 2/2

ROAD AND DESCRIPTION Public CT A

TAX MAP 22 PARCEL # 160

SIZE OF LOT 3.0 AC TYPE BLDG. Single Family  
(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. Wigand H. Theimer (Agent for FAM Eq.)  
(SIGNATURE OF APPLICANT)

APPROVED BY B Nifon FOR Shallow only DATE 10/29/87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING for lot locations and subdivision plat  
approval

LOG. PERMIT SIGNED  
AND RETURNED 3-10-89

BP 23885

# THIS IS NOT A PERMIT

# SHALLOW SYSTEM

PLACE BOX BETWEEN

A & D; Run both directions

INLET 3 1/2'

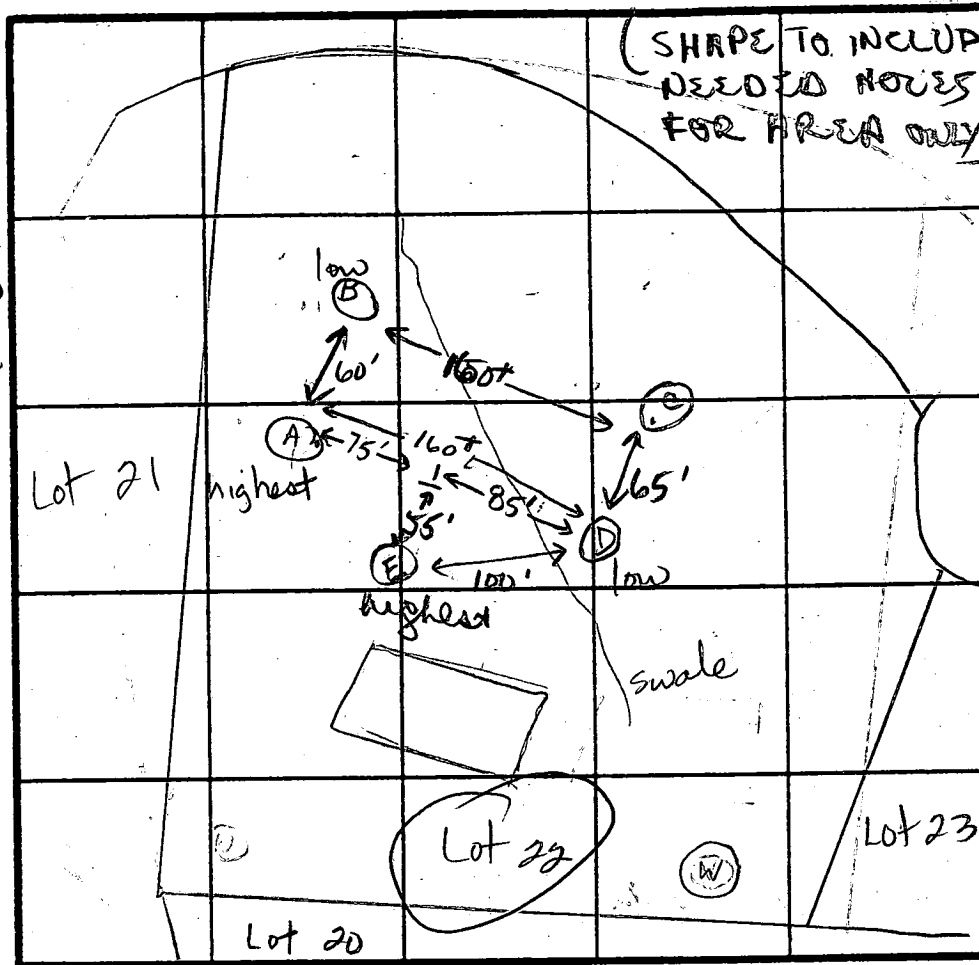
MAX D 6'

X=9 MIN

200% (C)

## SOIL PROFILE

0-3.5' Br micaceous  
sl loam, trace of saprolite  
3.5-12.0 Br micaceous  
silty loam  
L 20%  
saprolite  
12.0 Bottom



0-3.5 Rd br si  
cl loam

3.5-7.0 Rd si lm  
(clay)

7.0-11.0 Gray-brown  
micaceous  
sl lm,  
L 15%  
saprolite

11.0 Bottom

(B)

0-2.0 Br si cl lm

2.0-4.0 Rd br  
micaceous  
sl lm, trc  
Saprolite

4.0-7.0 Gray-br  
micaceous  
sl loam,  
small  
schist  
fragments  
L 30%  
saprolite  
11.0 Bottom

(D)

0-3.5 Br si cl lm

3.5-8.5 Rd br si  
lm

8.5-12.5 Rd br  
micaceous  
sl lm,  
L 20%  
saprolite,  
small vx  
fragments  
12.5 Bottom

(E)

0-6.0 Rd br  
si cl lm

6.0-8.0 Yell, br  
micaceous  
sl lm,

8.0-14.0 Rd br  
micaceous  
sl loam,  
L 20%  
saprolite  
14.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
TRIADELPHIA ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/27/87	C	3.5 C S	2:40	2:45	2:45	2:52	7 min	ok
		6.0 M	2:39	2:41	2:41	2:43	2 min	ok
		12.0 D	bottom (see profile)					
	D	12.5 V	bottom (see profile)					
	E	4.0 S	2:58	3:00	3:00	3:05	5 min	ok
		14.0 D	bottom (see profile)					
	A	4.0 S	3:06	3:20	3:20	3:50	30 min	ok
		11.0 D	bottom (see profile)					
	B	2.5 S	3:13	3:15	3:15	3:17	2 min	ok
		11.0 D	bottom (see profile)					

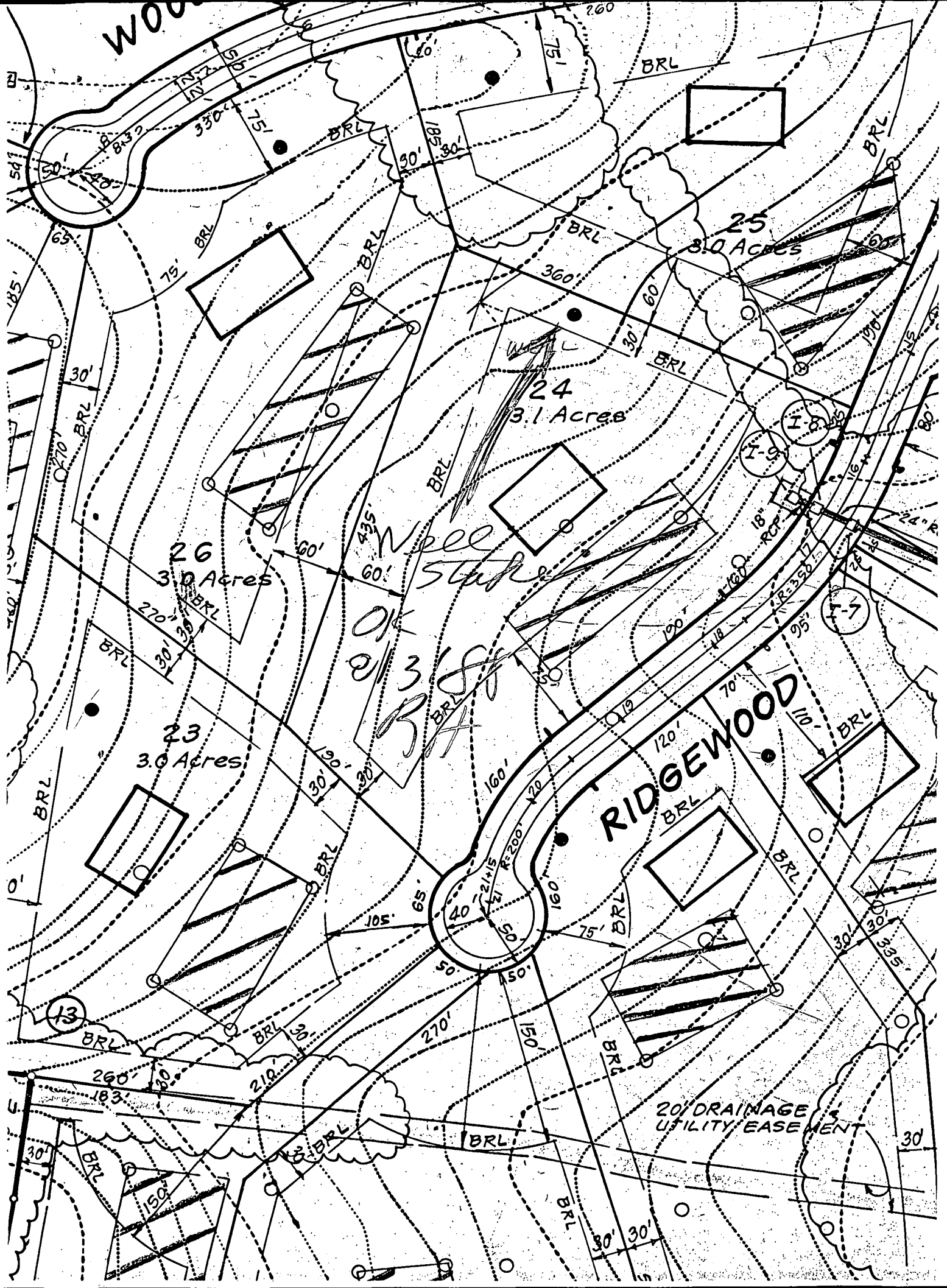
## REMARKS

(A) (B) (C) (D) as staked on plat, (E) new (A) should perk better at 5.0'

TYPE OF SOIL Rd br si cl lm, Yellow br si lm, Rd br micaceous sl lm L 20% saprolite

TESTED BY J. Nadeau / S.A. ALSO PRESENT Jeff (eng), Chris & Neil

WOOD



RIDGEWOOD

20' DRAINAGE  
UTILITY EASEMENT

B 1	9332	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>H0-88-0217</b> <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <b>092288</b>		LOCATION OF WELL <b>Howard</b> COUNTY <b>Ridgewood</b> SUBDIVISION SECTION <b>44</b> LOT <b>24</b> <b>Glennville</b> NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <b>1</b> MI		
OWNER INFORMATION Signature <b>Homes Inc</b> Last Name <b>P</b> First Name <b>B</b> Owner <b>2840</b> Street or RFD <b>Columbia</b> Town <b>Ad</b> State <b>21</b> Zip <b>045</b>				
DRILLER INFORMATION Driller's Name <b>Robert W. Reichart</b> License No. <b>353</b> Firm Name <b>Wm. W. Reichart, Inc</b> Address <b>1772 Baltimore Pike, Hanover PA 17331</b> Signature <b>Robert W. Reichart</b> Date <b>9/2/88</b>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> NEAR WHAT ROAD <b>Ridge wood Dr</b> DISTANCE FROM ROAD <b>250</b> FT or MI <b>54</b>		
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) <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 HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> COUNTY NAME <b>A 38866</b> COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <b>000488</b> CO SIGNATURE <b>Raymond Hodges</b> EXP. DATE <b>4/4/88</b> NORTH GRID <b>520000</b> EAST GRID <b>0807000</b>		
APPROXIMATE DEPTH OF WELL <b>250</b> FEET APPROXIMATE DIAMETER OF WELL _____ INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Approved well</b> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <b>800 7</b> N <b>500 0</b>		
METHOD OF DRILLING (circle one) BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____ AIR-ROTary _____ AIR-PERCussion _____ ROTARY (Hydraulic Rotary) _____ CABLE _____ REVERSE-ROTary _____ DRIVE-POINT _____ other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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 _____ GAP _____ FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. <b>H0-88-0217</b> SPECIAL CONDITIONS _____				

COUNTY





HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # 44363  
Date 5-19-89

Name of Installer Easterday Well Pump

Telephone 831-5170

License Number ewp/PI 269

Certified Well Pump Installer ☐ Well Driller ☒ Registered Plumber ☐

Name of Property Owner Mark Collett

Telephone 531-6539

Subdivision Ridgewood Lot # 24

Well Tag #       

Site Address 13330 Ridgewood Rd.

Pump

1. Type

- a. Deep well jet ☐  
b. Shallow well jet ☐  
c. Submersible ☒

2. Make Goldo

3. Model # 7EH05422

4. Capacity        GPM

5. Pump exceeds well capacity Yes ☐ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor

1. Horsepower 1/2

2. RPM 35

3. Voltage       

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make Mattson

2. Model # BP10

3. Depth 42"

Tank

1. Capacity 32

2. Pressure relief valve? yes

Piping

1. Type 3/4" polyethylene

2. Size 1"

3. NSF and/or BOCA Code approved ☐

4. Depth of supply line 42"

Well data

1. Depth        ft.

2. Yield        GPM

3. Static water level        ft.

4. Will water supply be disinfected by installer? yes

we did not drill

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: L Franklin Easterday

Date: May 19 1989

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

HD-215

HOWARD COUNTY HEALTH DEPARTMENT RECEIVED

5/19/89 - AM. ✓

5/19 Partial  
See below  
C.B.D.

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_

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

Name of Property Owner \_\_\_\_\_

Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO - 88 - 0217

Site Address \_\_\_\_\_

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_
2. Make \_\_\_\_\_
3. Model # \_\_\_\_\_
4. Capacity \_\_\_\_\_ GPM

Motor

1. Horsepower \_\_\_\_\_
2. RPM \_\_\_\_\_
3. Voltage
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth \_\_\_\_\_

5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_
2. Pressure relief valve? \_\_\_\_\_

Piping

1. Type \_\_\_\_\_
2. Size \_\_\_\_\_
3. NSF and/or BOCA Code approved \_\_\_\_\_
4. Depth of supply line \_\_\_\_\_

Well data

1. Depth \_\_\_\_\_ ft.
2. Yield \_\_\_\_\_ GPM
3. Static water level \_\_\_\_\_ ft.
4. Will water supply be disinfected by installer? \_\_\_\_\_

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.

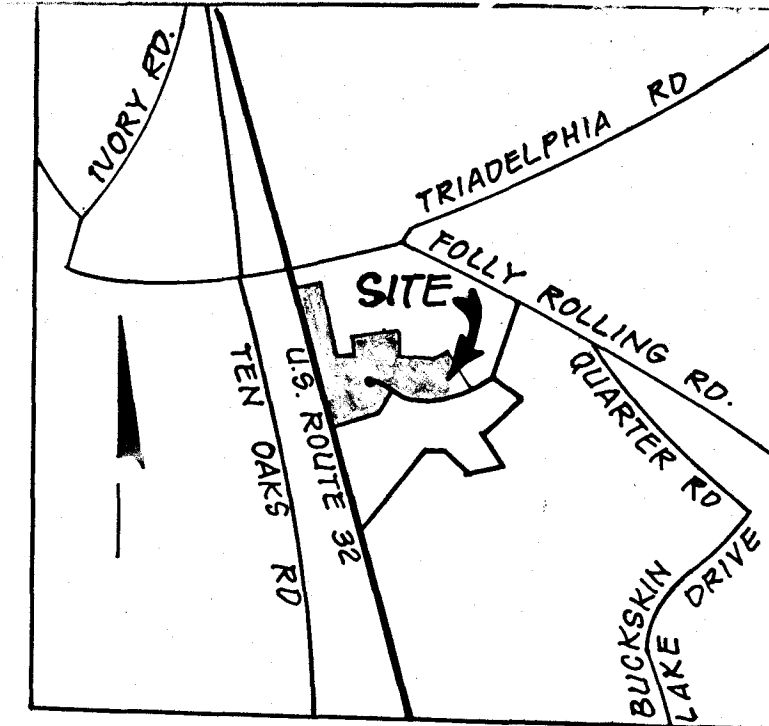
Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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

HD-215

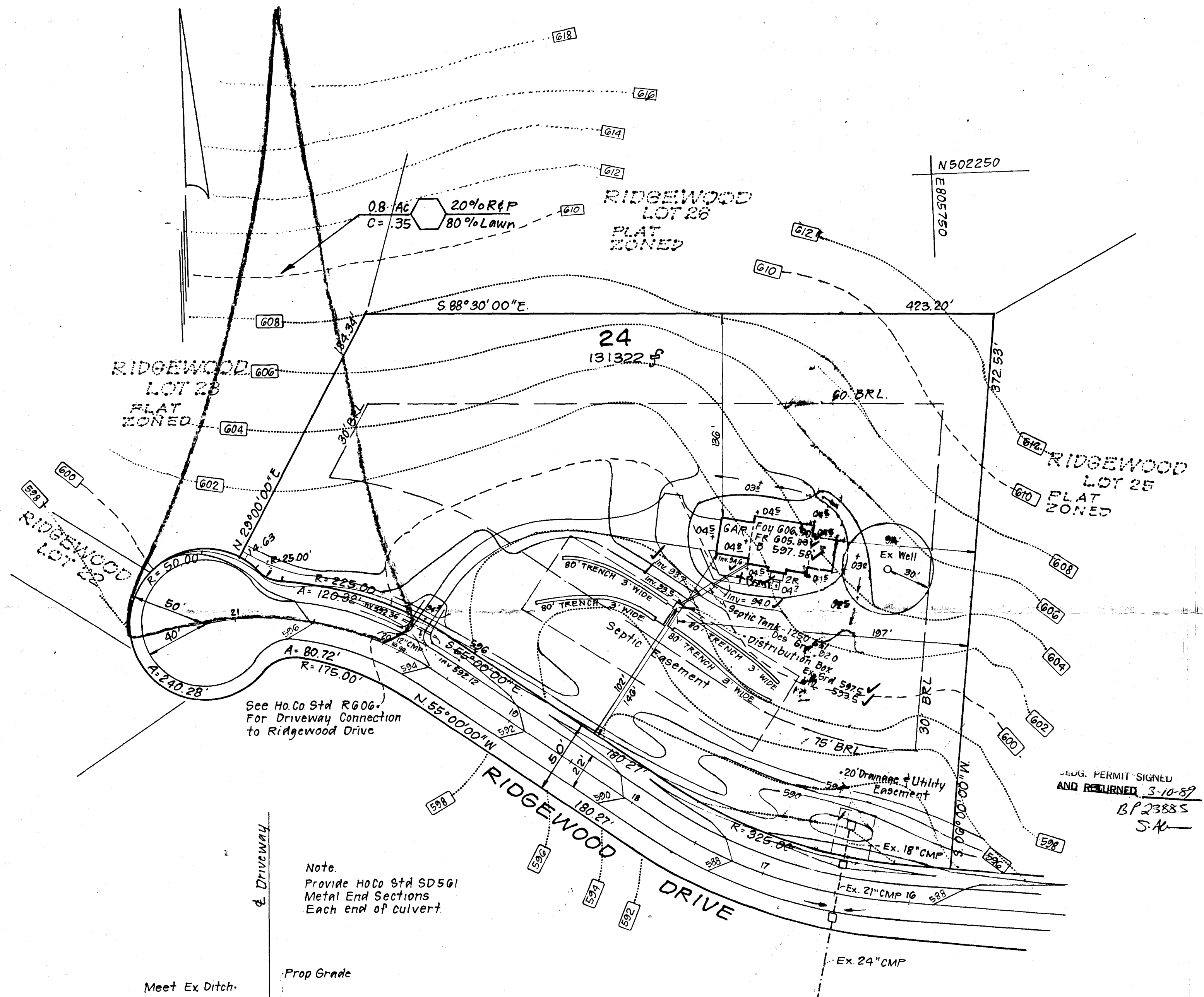
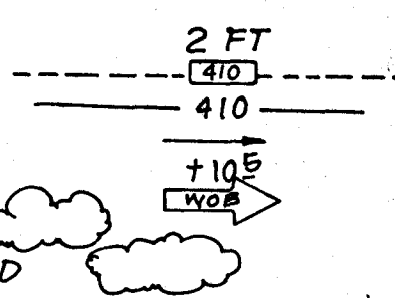
Partial 5/19 Pitless adapter & line is  
only → ok from house to well. C.B.D.



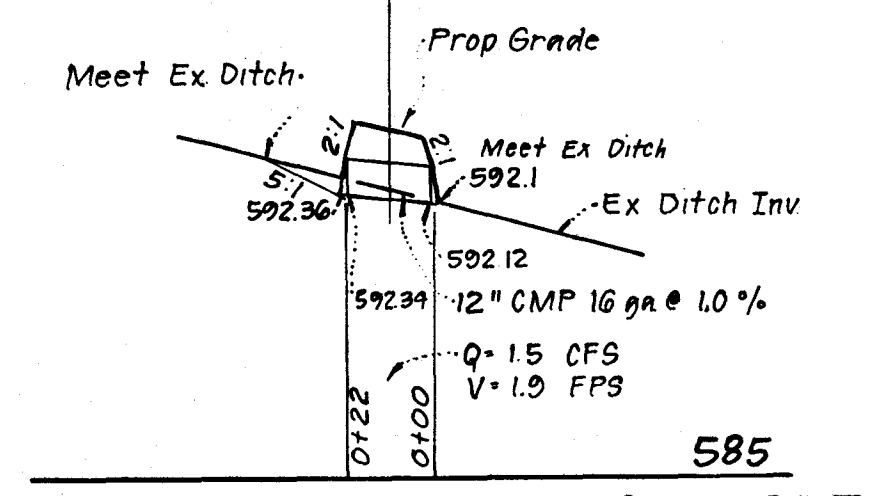
**VICINITY MAP**  
Scale: 1" = 2000'

**LEGEND**

1. CONTOUR INTERVAL
2. EXISTING CONTOUR
3. PROPOSED CONTOUR
4. DIRECTION OF DRAINAGE
5. SPOT ELEVATION
6. WALK-OUT BASEMENT
7. EXISTING TREES
8. EXISTING TREES TO BE SAVED




Note:  
Provide HoCo Std SD501  
Metal End Sections  
Each end of culvert



**PROFILE DRIVEWAY CULVERT**

Scale: Horizontal 1" = 50'  
Vertical 1" = 5'

 <div>CLARK • FINEFROCK &amp; SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS</div>		
7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7900 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED JME	SITE DEVELOPMENT PLAN LOT 24 RIDGEWOOD  5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN GS		DRAWING 1 OF 1
CHECKED JME		JOB NO. 89-034
DATE 3-9-89		FILE NO. 89-034 D
For: Collett Construction, Inc 12960 Linden Church Rd Clarksville, Md 21029		