

05 409381

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 45829A 38869DATE 05/15/90DATE SYSTEM APPROVED 5/23/90INSPECTOR C. Williams

INDEXED

B.W.T., IncorporatedIS PERMITTED TO INSTALL E ALTERADDRESS 11974 Scaggsville Road, Fulton, Maryland 20759 PHONE 301-498-6138SUBDIVISION Ridgewood ROAD 13363 Ridgewood Court LOT 21PROPERTY OWNER Malibu Homes, Inc.

ADDRESS

~~GARBAGE GRINDER IS USED TO INCREASE SEPTIC TANK CAPACITY BY 30% AND ABSORPTION AREA BY 22%~~GARBAGE GRINDER? ~~YES~~ NO

6 x 150

360

SEPTIC TANK CAPACITY 1750 GALLONS NUMBER OF BEDROOMS 6TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.LOCATION - As seen from Ridgewood Drive Cul-De-Sac, start first trench 120 feet from right (400') lot line and 280 feet from rear lot line. Run trenches along contours toward rear 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. 5-16-90 JENPLANS APPROVED BY Mark RifkinDATE 4/20/89

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 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 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

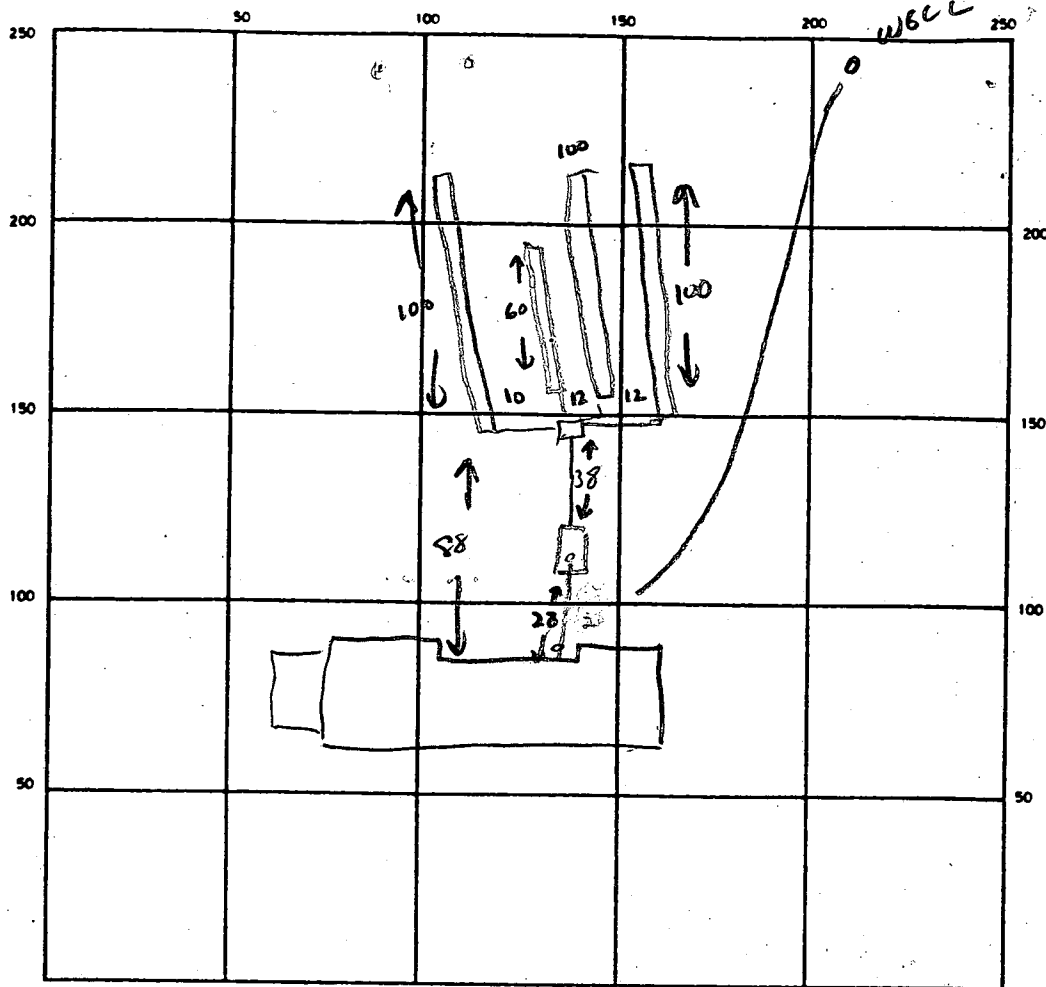
BLOG. PERMIT SIGNED

AND RETURNED 7/5/90Serial # 33870 - dec

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
38869



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL ✓ 2000 GAL CLEANOUTS ST & W/10/16 ✓

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 360 FT.

NUMBER OF TRENCHES 4 3-100'; 1-60' ONE SIDEWALL/BOTTOM AREA 1080 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 1080 SQ. FT.

REMARKS 5/23/90 OR TO COVER ALL WORK. CW.

DATE SYSTEM APPROVED 5/23/90

INSPECTOR Chellian

APPLICATION

PERCOLATION TESTING

A 38869

P _____

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

DISTRICT _____

DATE 2/26/87

62-87
Perks ok pending
plat approval DEN

sheet 1 of 2

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. Blunt
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 LOT 21 on Prelim

SUBDIVISION Ridgewood LOT NO. 2/5

ROAD AND DESCRIPTION Public CT C

TAX MAP 22 PARCEL # 160

SIZE OF LOT 3.0 AC TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BSP 516260 9/21/89 5-4-90
28307 4BR 6 bedrm
Malibu Homes

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 Nylon FOR Shallow only DATE 10/29/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for perc locations and subdivision plat approval
Shallow system only

THIS IS NOT A PERMIT

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 38869

P _____

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

DISTRICT _____

DATE 2-26-87

Sheet 2 of 2

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ridgewood LOT NO. 25

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

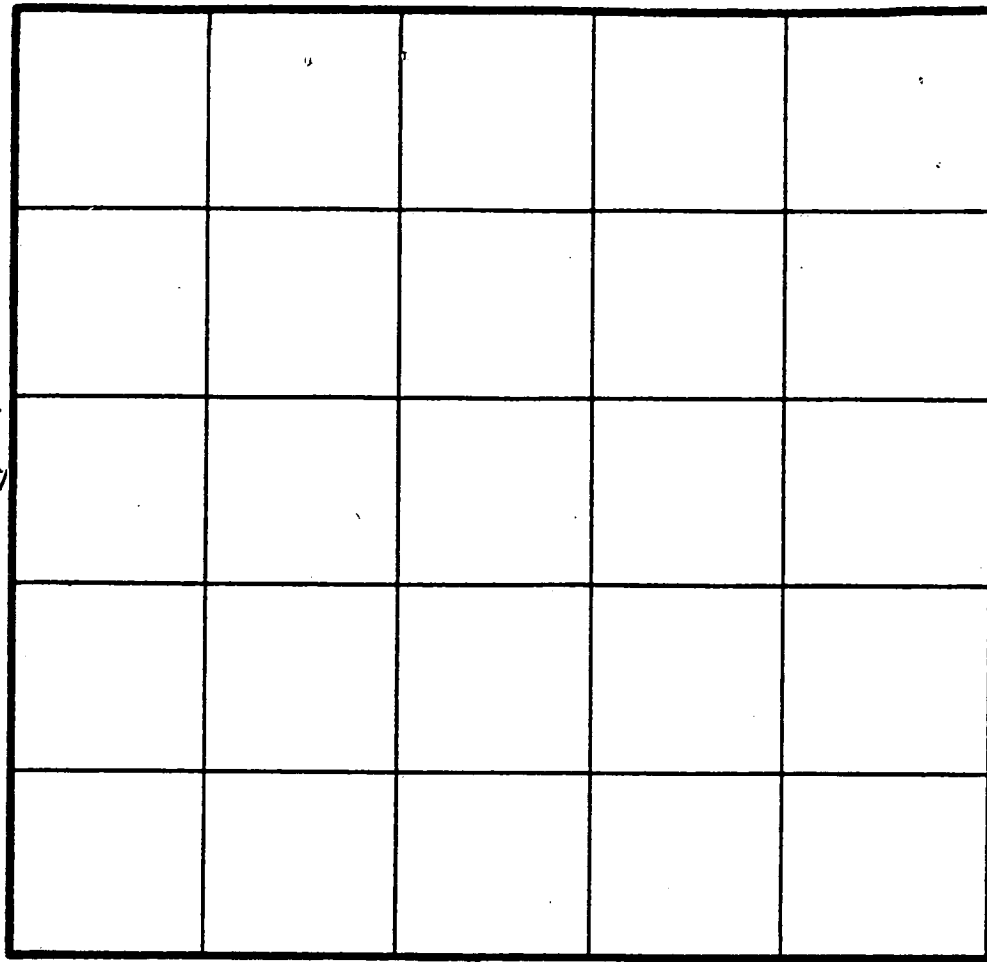
THIS IS NOT A PERMIT

A38869

(E)

SOIL PROFILE

0-3.0 Rd br si cl loam
 3.0-6.0 Rd br si lm, trc saprolite
 6.0-12.0 Brown to black micaceous silty loam, < 5% saprolite
 12.0 Bottom Dry



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(G)

0-3.0 Rd br si cl loam

3.0-6.0 Rd br silty loam, trc saprolite

6.0-12.5 Br to black micaceous si loam, < 10% saprolite

12.5 Bottom Dry

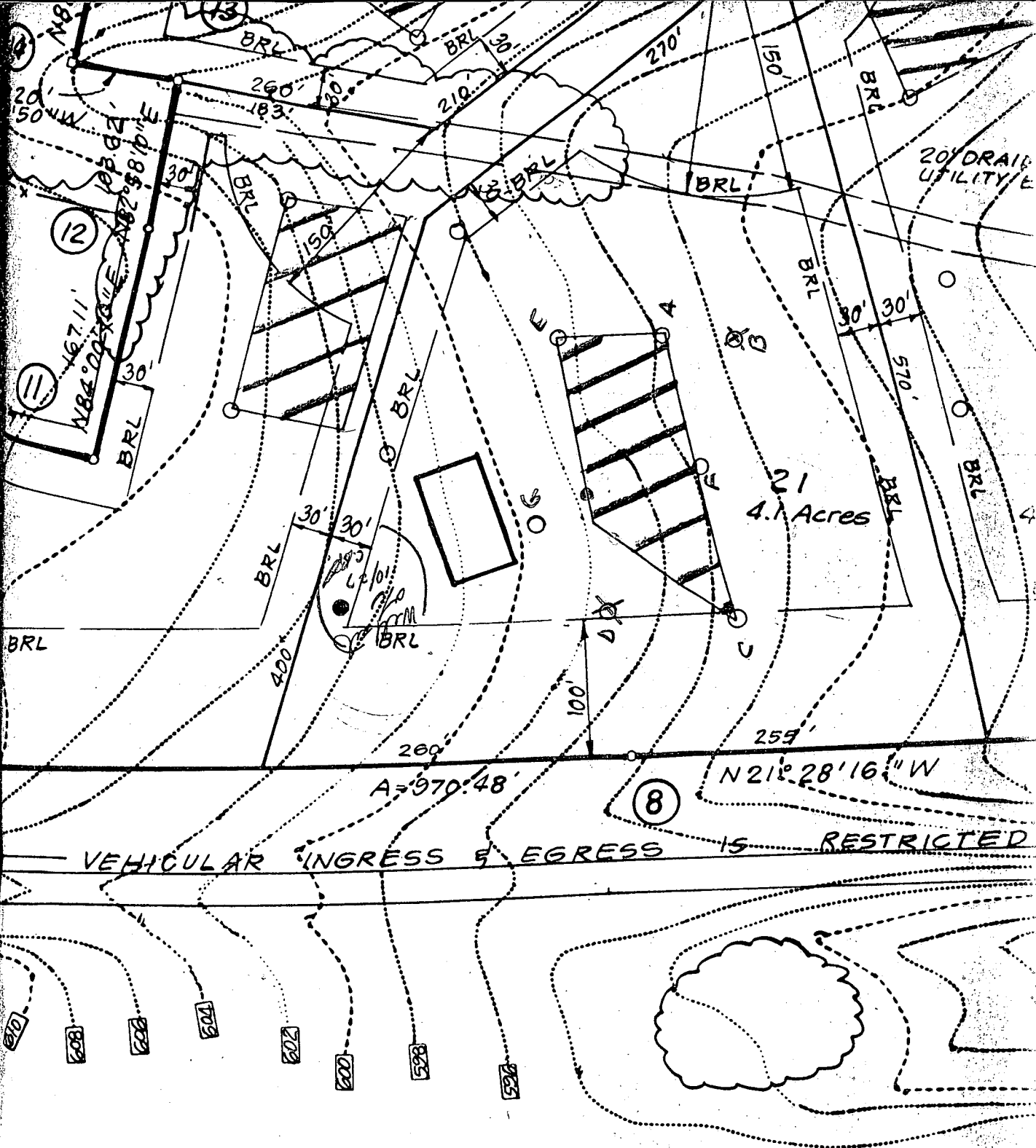
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/28/87	F	11.5 V	bottom	(see profile)				ok
	E	3.0 S	11:43	11:58	11:58	12:24	26 min	ok
		6.0 M	11:44	11:46	11:46	11:48	2 min	ok
		12.0 D	✓	bottom	(see profile)			
	G	3.0 S	12:12	12:19	12:19	12:47	28 min	ok
		12.5 D	✓	bottom	(see profile)			

REMARKS Design shallow system, start halfway btwn (G) & (E) with tee, on contour toward (F)

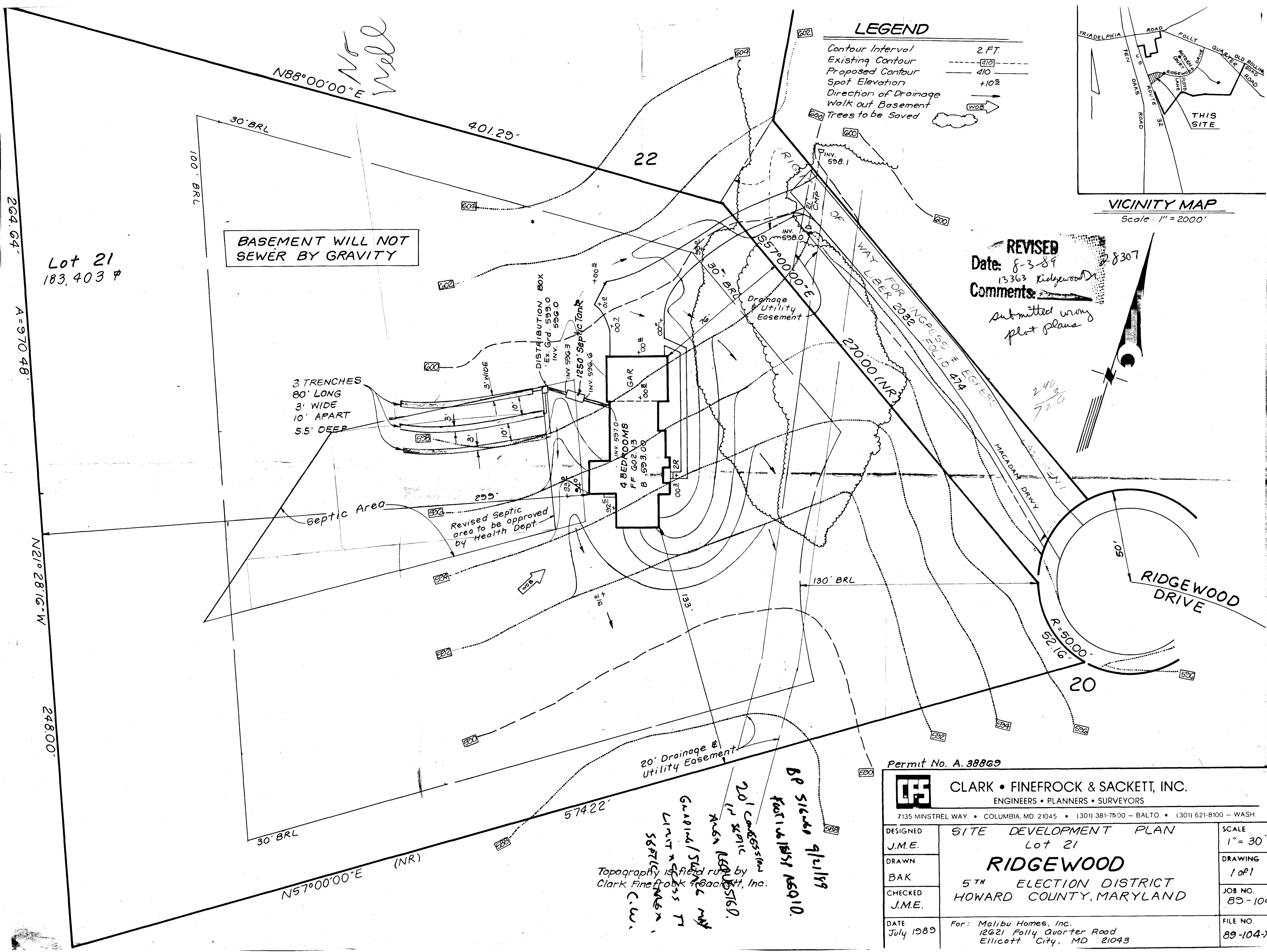
TYPE OF SOIL

TESTED BY

ALSO PRESENT



VEHICULAR INGRESS & EGRESS IS RESTRICTED



B 1	9784	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-08-0266 fill in this form completely
Date Received (APA) <div style="border: 1px solid black; padding: 2px;">02 FEB 88</div>				
OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px;">RIDGEWOOD ASSOC</div> <div style="border: 1px solid black; padding: 2px;">23 E REDWOOD ST</div> <div style="border: 1px solid black; padding: 2px;">BALTIMORE</div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px;">RIDGEWOOD DR</div> <div style="border: 1px solid black; padding: 2px;">40.00</div> <div style="border: 1px solid black; padding: 2px;">10/25/88</div> </div> </div>				
DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address: George F. Easterday Signature: <i>George F. Easterday</i> Date: 10/6/88				
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px;">500</div>				
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px;">200</div> FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px;">6</div> INCH METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jettied & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEN 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 <div style="border: 1px solid black; padding: 2px;">001 11 10 38 11 88</div> FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. <div style="border: 1px solid black; padding: 2px;">40-08-0266</div>				
SPECIAL CONDITIONS				

LOCATION OF WELL R-42843
 40.00
 10/25/88
 8 COUNTY
 23 SUBDIVISION
 SECTION

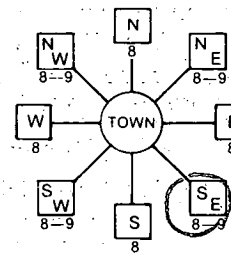
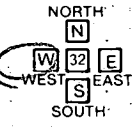
21

 LOT

21

 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town)

1

 MI
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD

500

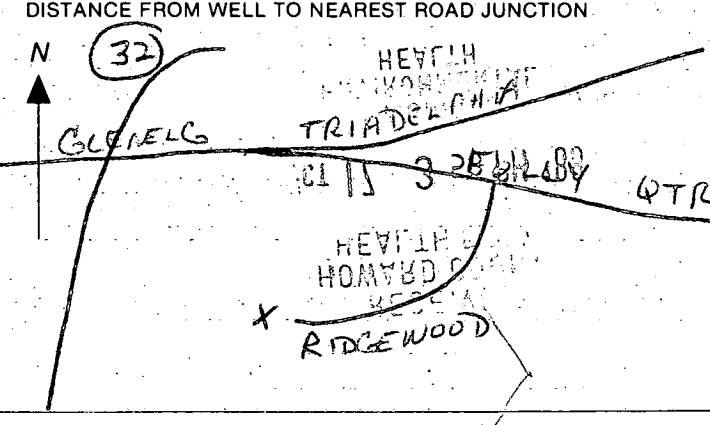
 FT
 ENTER FT or MI

FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD
 COUNTY NAME
 STATE SIGNATURE
 DATE ISSUED
 CO SIGNATURE
 EXP. DATE
 NORTH GRID
 EAST GRID
 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 WRITE THE BOX NUMBER FROM THE MAP HERE

800 7

520

 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION


4-13-89
 10AM GROUT
 already per Well
 32' casing
 21' open hole - grout
 10 Bags of cement
 1 1/2" casing above ground
 C.B.R.
 (Tag in P.M. at top)

C1-9646

SEQUENCE NO.
(DENV 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.

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED: THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft.

to

ft.

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN

Nominal diameter

Total depth

CASING

top (main) casing

of main casing

TYPE

(nearest inch)

(nearest foot)

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STEEL

BRASS

OPEN HOLE

BRONZE

PLASTIC

OTHER

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.
to nearest gal.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

air

piston

turbine

centrifugal

rotary

other (describe below)

jet

submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

YES

NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX - SEE ABOVE:

CAPACITY:

GALLONS PER MINUTE

(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

above

below

LAND SURFACE

(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)

CIRCLE APPROPRIATE LETTER
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 10.17.13 "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 IDENT. NO.

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

well 100'

500'

Ridge Road DR

Right lot line

Review OK 5/23/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0266 Mason
Location of property (road) RIDGEWOOD DR
Subdivision RIDGEWOOD Lot 21 Block Plat Sec.
Well Driller G. EASTERDAY Owner RIDGEWOOD ASSOC

Depth of well 200 15 GPM
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 17'

I. High rate pumping -- reservoir drawdown

Time pump started 3:15 Pumping rate 12 G.P.M.
Total time 0 to reach pumping water level 23 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

5/24/90

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 # 459.66
Date 05/24/90
Telephone 384-6493

Name of Installer C. Donald Dement

License Number 226
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Malibu Homes Inc Telephone 854-0530
Subdivision Ridge Wood Lot # 21 Well Tag # HO-88-0266
Site Address 2621 Folly Road Ellicott City 21043
Ridge Wood

Pump
1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒
2. Make Myers
3. Model # 7
4. Capacity 7 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 3/4
2. RPM 3450
3. Voltage 220
a. 110 ☐
b. 220 ☒

Pitless Adapter
1. Make Smart
2. Model # BP 10
3. Depth 41

Tank
1. Capacity 200
2. Pressure relief valve? Yes

Piping
1. Type Poly
2. Size 1.5"
3. NSF and/or BOCA Code approved ☐
4. Depth of supply line 4'

Well data
1. Depth 260 ft.
2. Yield 7.5 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? Yes

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).

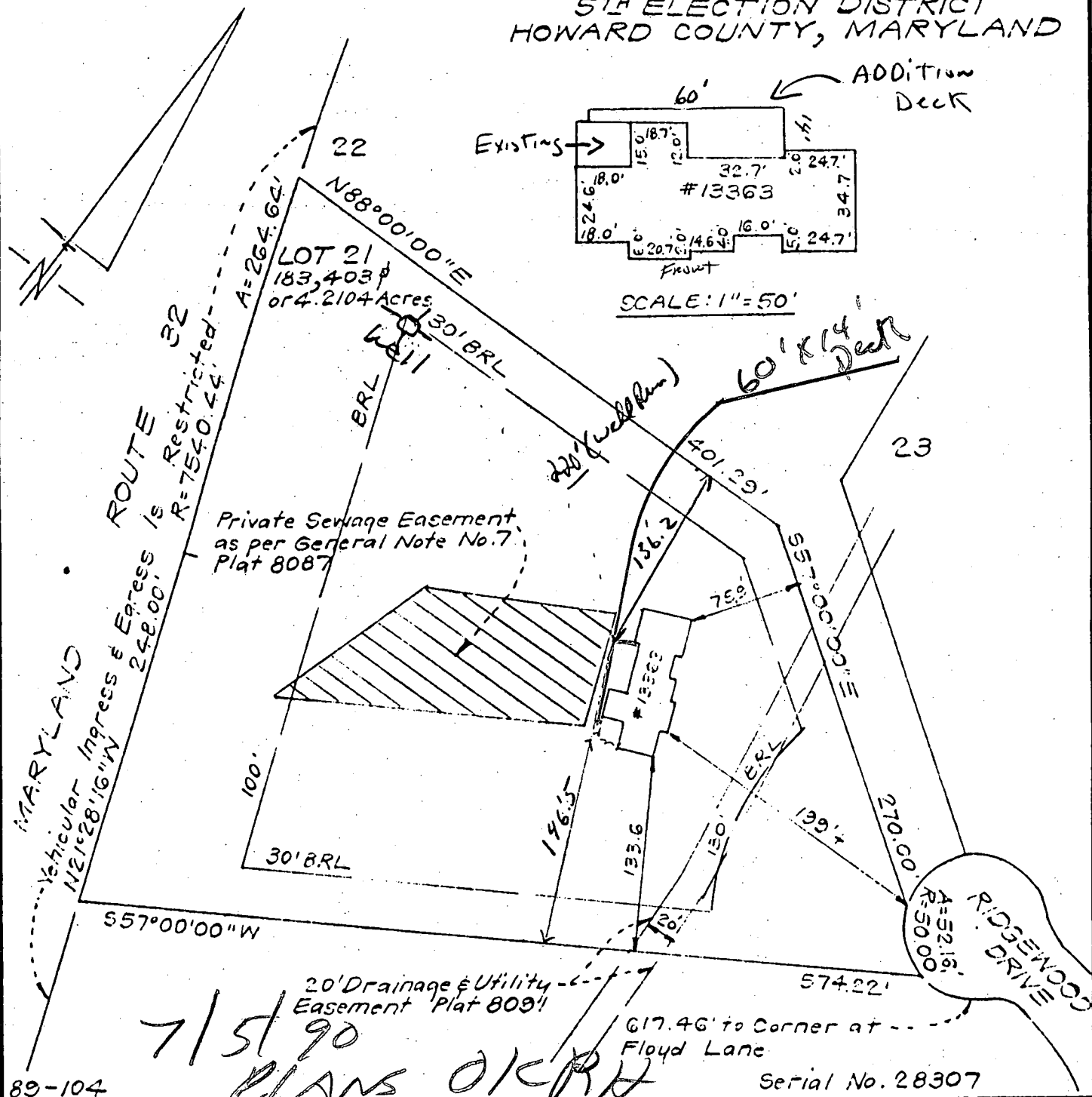
All information given above is true to the best of my knowledge.

Well line caps,
Casing, pitless adapter
OK - BDA 5-24-90
Signature of Applicant: C. Donald Dement
Date: 5-22-90

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

NOTE: No portion of this Lot lies within the 100' Year Flood Plain.

LOCATION OF HOUSE
13363 RIDGEWOOD DRIVE
LOT 21
RIDGEWOOD
LOTS 1 THRU 32
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Donald B. Sackett #6059

CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY COLUMBIA, MD. 21045
(301) 381-7500-BALTO. • (301) 621-8100-WASH.

REFERENCE

Plat 8091

DRAWN BY KWC

DATE 11-30-89

SCALE 1"=100'

CHECKED BY DBS

FILE NO.

1411-11