

2/23/99  
p.m.

# PERMIT

05-411653

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511411

A 40506

DISTRICT \_\_\_\_\_

DATE 2.12.99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X160000X~~ 410-313-2640

DATE SYSTEM APPROVED 2/23/99

INSPECTOR DLG

INDEXED

KPK Construction IS PERMITTED TO INSTALL ☒ ALTER \_\_\_\_\_

ADDRESS 9375-G Gerwig Lane Columbia, Maryland 21046 PHONE (410) 290-9963

SUBDIVISION Hedgerow LOT 6 ROAD 13600 Sheepshead Court

PROPERTY OWNER Richard & Janice Ko

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - 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 - Beginning from the intersection of the 40.00' and 632.80' lot lines, begin trenches 205 feet up the 632.80' lot line and 70 feet off that same lot line. Run trenches on contour toward the 632.80' lot line.

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

OK KM 10.1.98

PLANS APPROVED BY Amy McMillen DATE 9-29-98

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

40506



# APPLICATION

PERCOLATION TESTING

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

A 40506  
P \_\_\_\_\_

DISTRICT 5TH

DATE 10-29-87

*1/14/88  
perc OK'd pending  
plat @*

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 LOWRIE SARGENT RICHARD & JANILIE KO

ADDRESS 13243 WESTHEATH LANE PHONE 498-4334  
CLARKSVILLE, MARYLAND 21029

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION TEN OAKS LOT NO. 6 on Prelim

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADDELPHIA ROAD

(13600 SHEPHERD COURT)

**BLDG. PERMIT SIGNED**

**AND RETURNED 9-29-90**

*Serial # BLD 114283*

TAX MAP 28+34 PARCEL # 60, 59  
30+64

SIZE OF LOT 3.0 AC TYPE BLDG. SFD - 4 Bdr  
(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]*

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

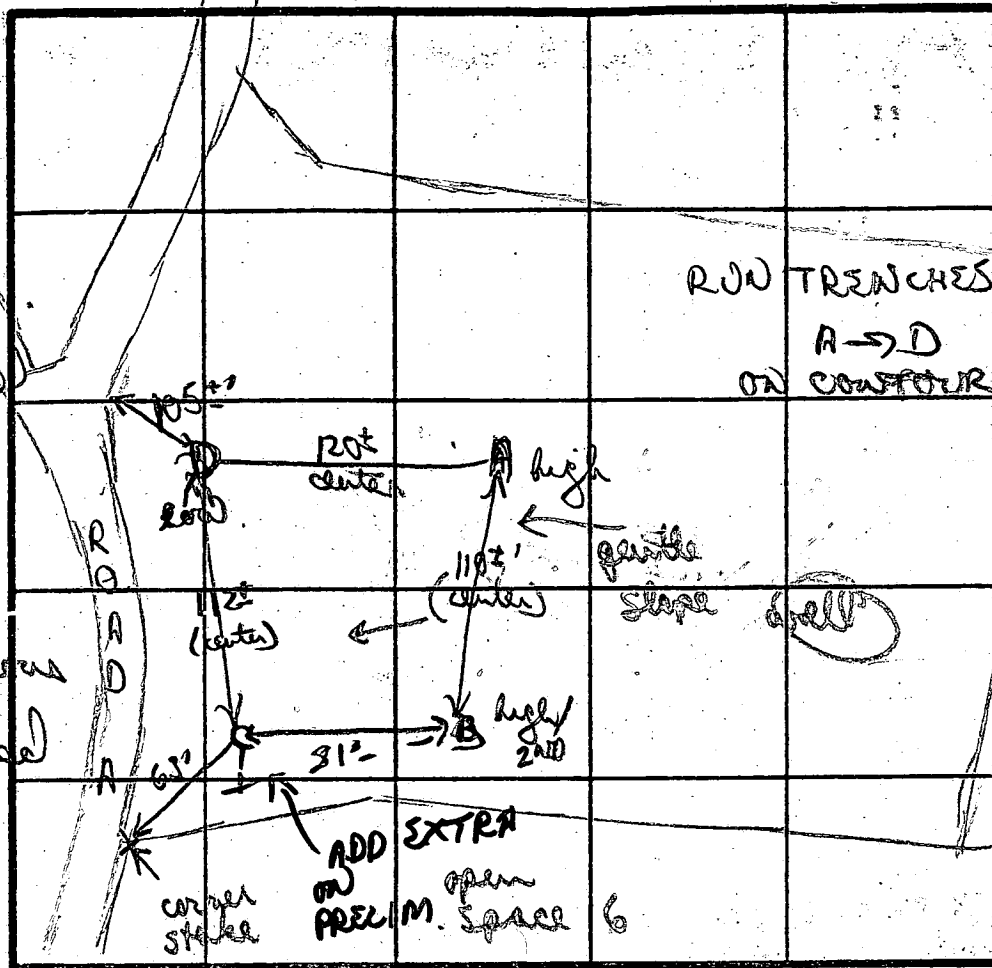
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING for field located holes & S/D plat

# THIS IS NOT A PERMIT

C  
SOIL PROFILE

brown/orange clay (heavy) to clay loam mix 4-5' to mostly brown silty micaceous loam w/ 10-15% s. weathered frags 9' 1/2



INLET 4'  
MAX D 8'  
194 8/80  
X = 9 1/2 min

D  
chunky brown orange clay 3 1/2' gradually changing to orange brown gully silty micaceous loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/14/88	C	3' 5"	1052	1057	1057	1104	7min
		12' 0"	bottom (see profile)				
	D	3 1/2' 5"	1056	1059	1059	1102	3min
		11 1/2' D	bottom (see profile)				
	B	3' 5"	1100	1113	1113	1138	25min
		7 1/2' M	1101	1105	1105	1114	9min
		12 1/2' D	bottom (see profile)				
	A	3 1/2' 5"	1108	1117	NO MOVEMENT (see profile)		
		4 1/2' 5"	1118	1122	1122	1131	9min
		7' M	1108	1111	1111	1116	5min
		12 1/2' D	bottom (see profile)				

perc in open field. Dug & tested as stated

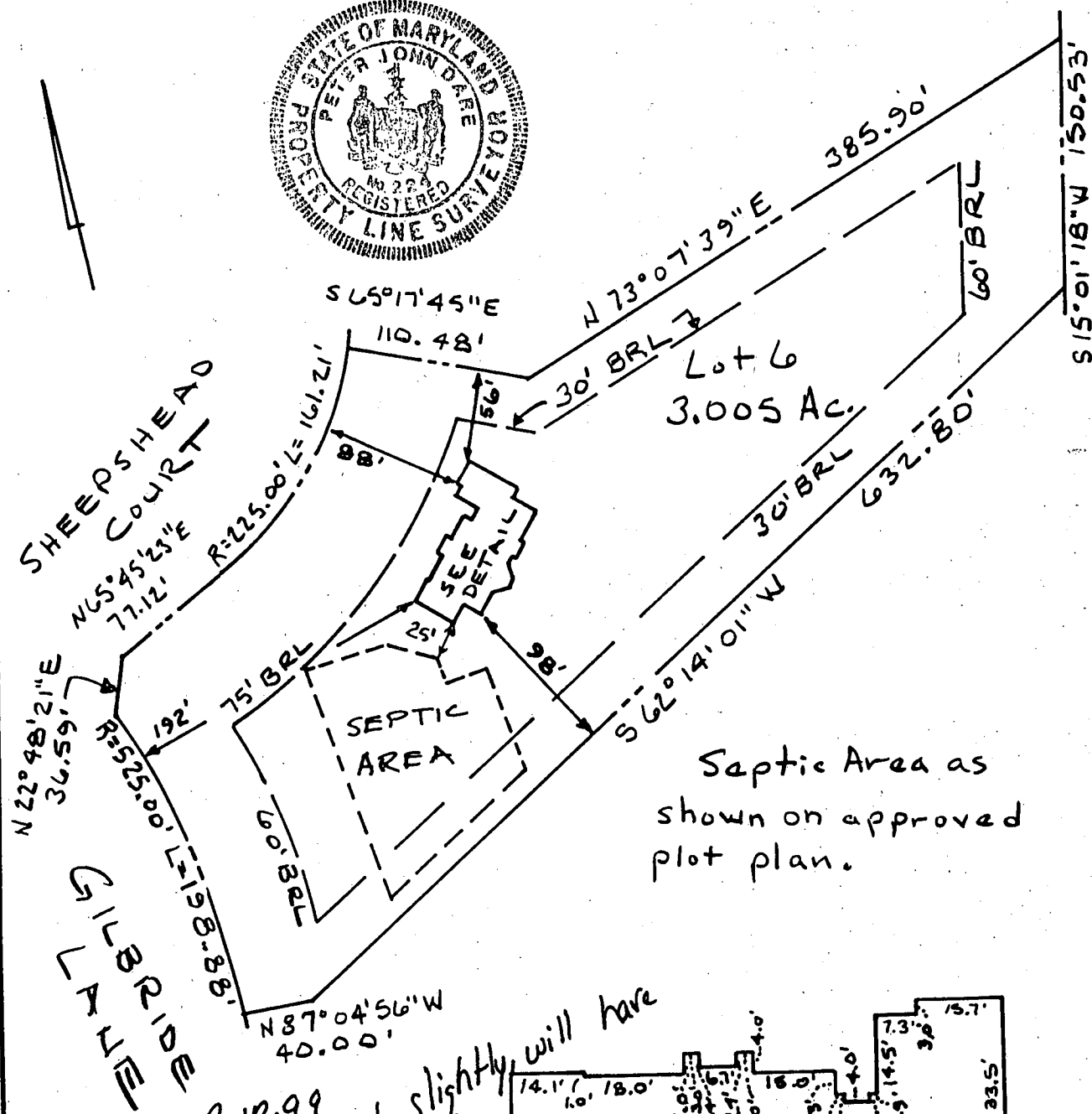
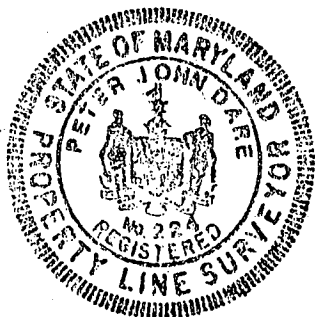
REMARKS

TYPE OF SOIL

TESTED BY

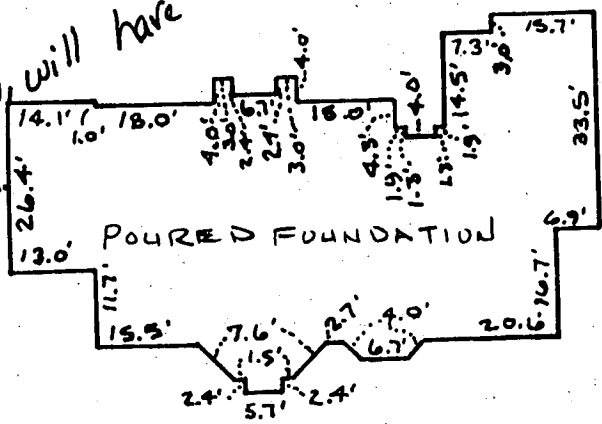
Brown/orange clays 3-4', dug to silty micaceous loam w/ weathered frags  
B. Nylor  
ALSO PRESENT Keith, Paul

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



TOP OF FOUNDATION  
WALL ELEV. = 534.2

2.12.99  
house shifted slightly will have  
no impact on  
Septic as shown (KMO)



#### SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA FIRM IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET:

PETER J. DARE  
MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 8933  
FEMA FIRM No. 240044 00268  
DATED DEC. 4, 1986

#### TSA GROUP, INC.

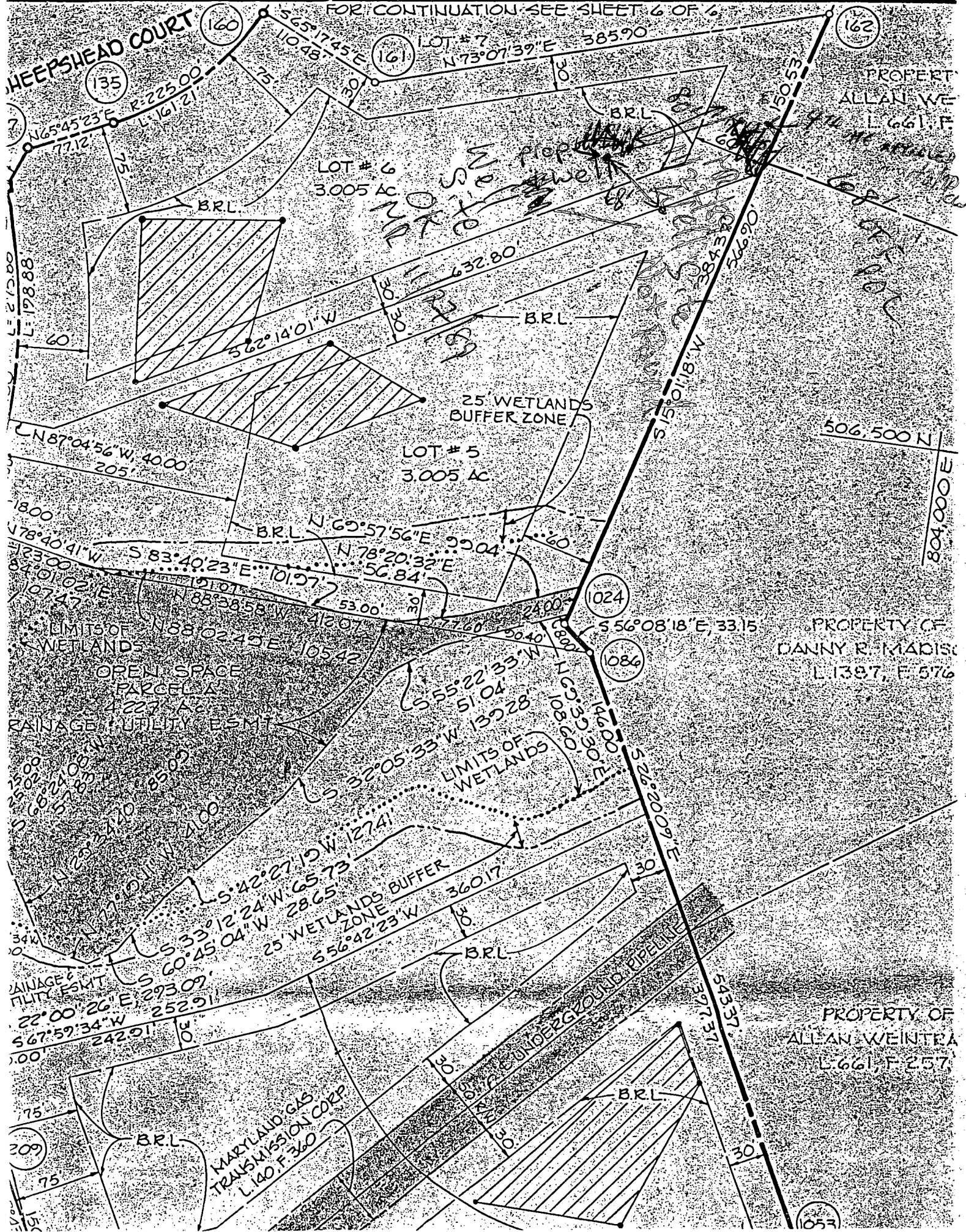
planning • architecture • engineering • surveying  
8480 BALTIMORE NATIONAL PIKE SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
(410) 465-6105

LOCATION DRAWING  
13600 SHEEPSHEAD COURT  
LOT 6  
HEDGEROW-SECTION  
ONE

5<sup>th</sup> ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 100' DATE: 11/10/98

KPK Construction Lot 6 Hedgeland

FOR CONTINUATION SEE SHEET 6 OF 6



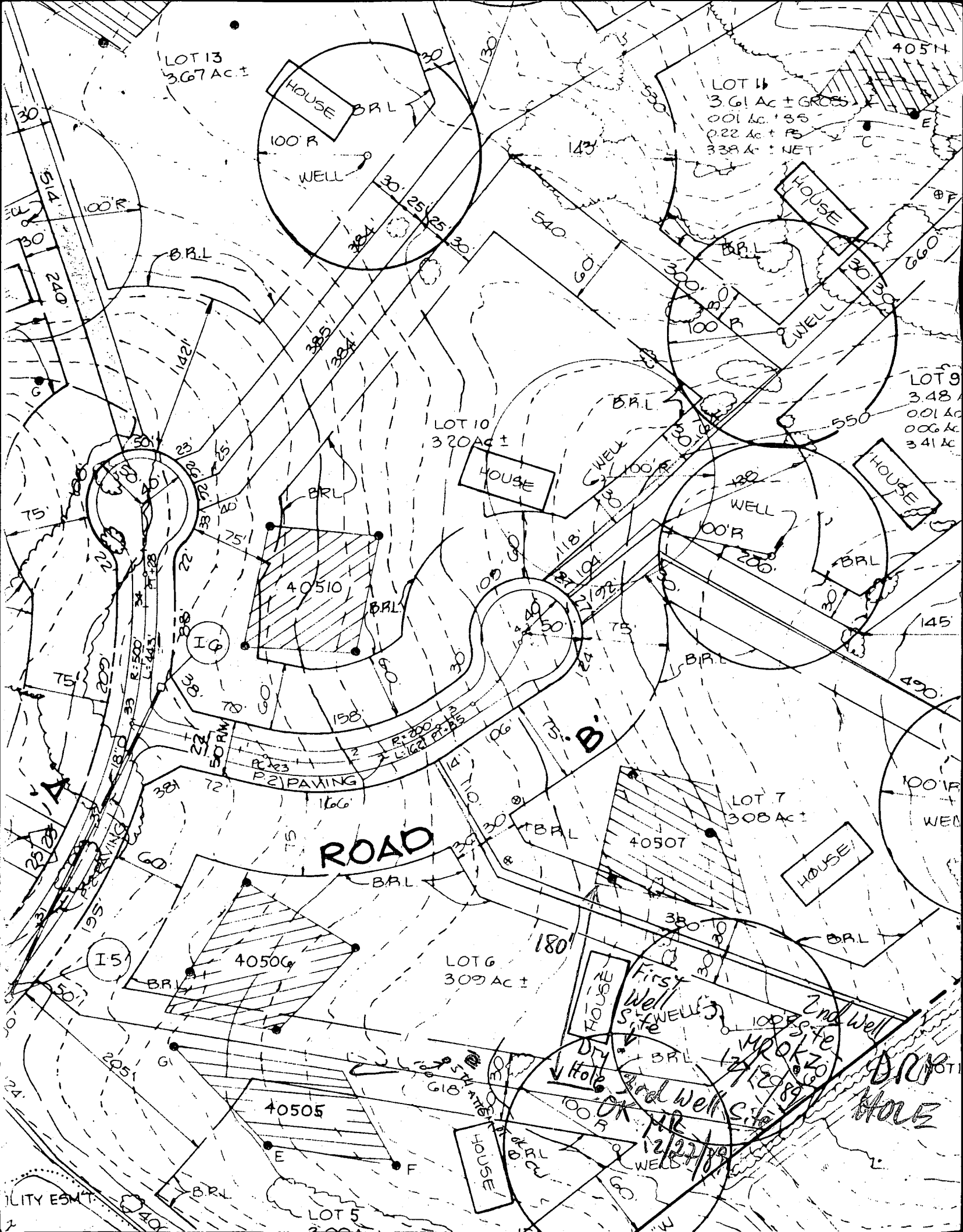
PROPERTY OF  
ALLAN WEINTRA  
L. 661, F. 257

PROPERTY OF  
DANNY R. MADISON  
L. 1387, F. 576

PROPERTY OF  
ALLAN WEINTRA  
L. 661, F. 257

MARYLAND GAS  
TRANSMISSION CORP.  
L. 140, F. 360



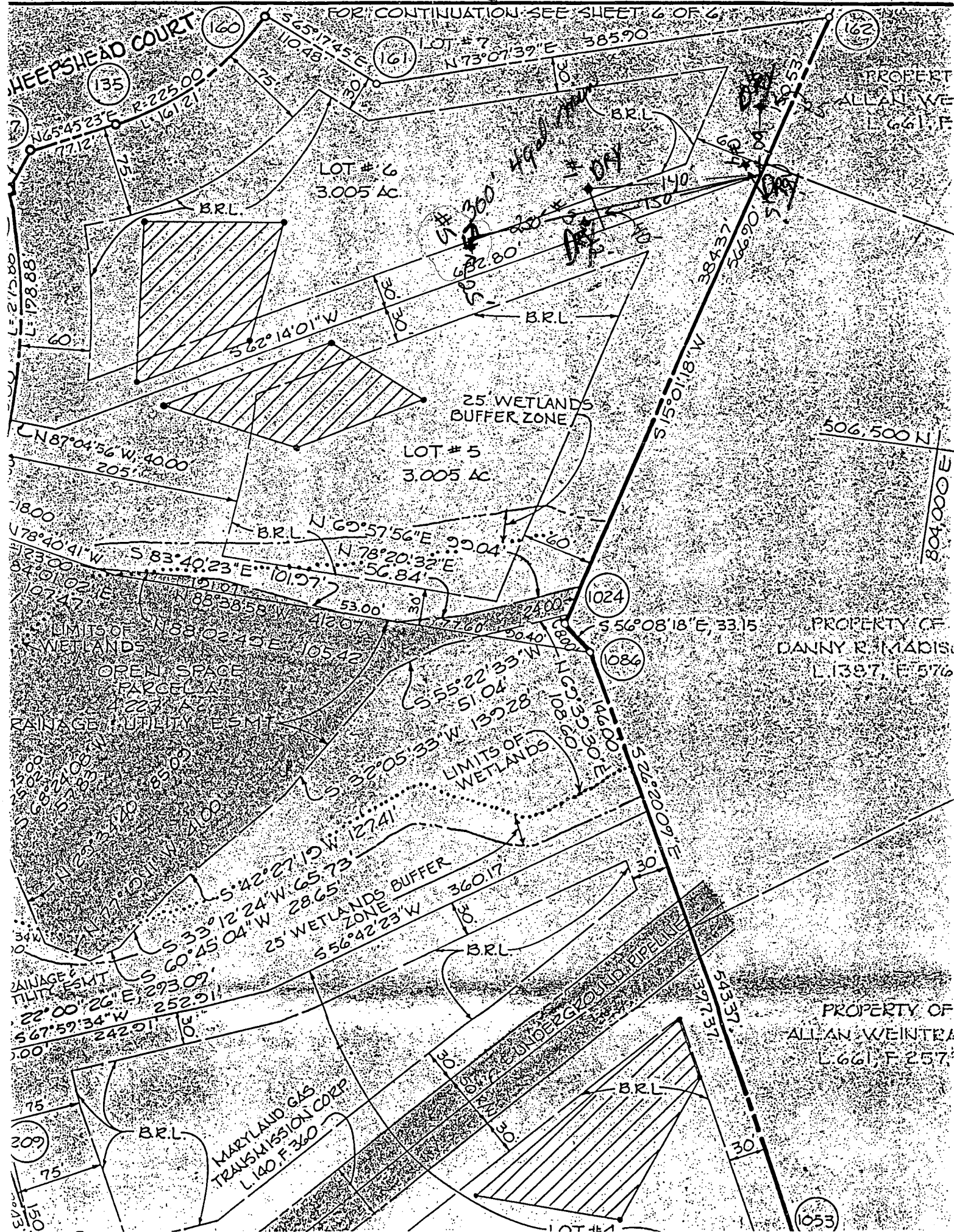






Hedge row, lot #6

FOR CONTINUATION SEE SHEET 6 OF 6



# APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

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

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

Name of Installer Mark Brew Plumbing & Heating

Telephone 301 854 0609

License number 116261

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

Name of Property Owner Richard & Janice Ko

Telephone 410 531 2439

Subdivision Hedgeron

Lot # \_\_\_\_\_

Well tag # \_\_\_\_\_

Site Address 13600 Sheephead Ct, Clarksville 21029

## Pump

1. Type

- a. Deep well Jet \_\_\_\_\_
- b. Shallow well Jet \_\_\_\_\_
- c. Submersible ✓

2. Make \_\_\_\_\_

3. Model # \_\_\_\_\_

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

## Pitless Adapter

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

## Tank

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

## Piping

- 1. Type P.E.
- 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? \_\_\_\_\_

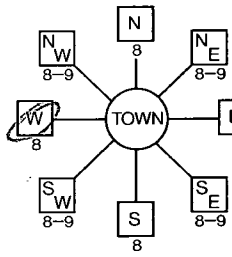

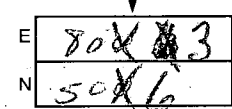
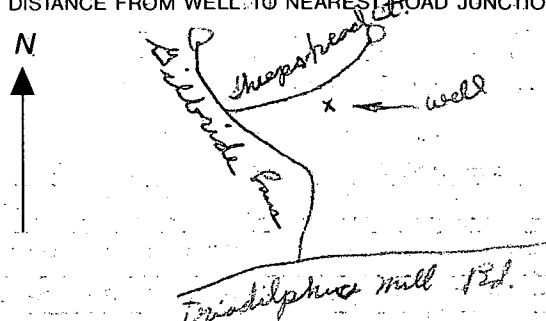
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Mark Brew

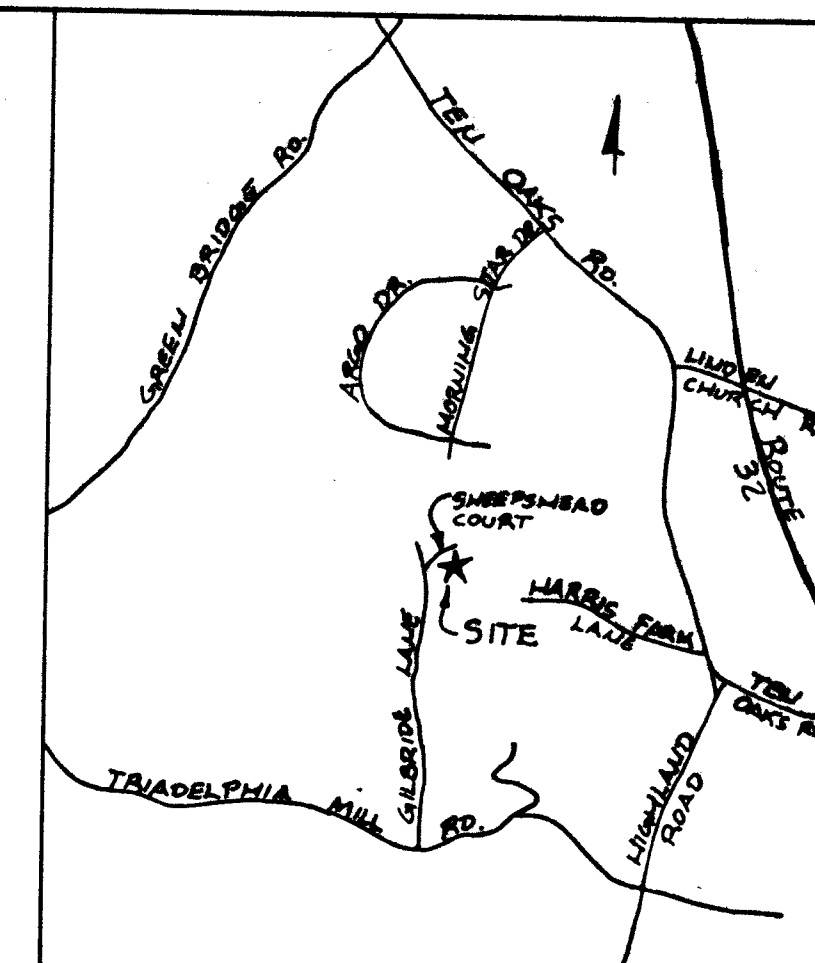
Date: 3-5-99

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

B 1 <b>2024</b> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6, ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-88-1123</b> ✓ <small>70 fill in this form completely 79</small>
Date Received (APA) <b>1111689</b> OWNER INFORMATION <b>KPK CONSTRUCTION</b> <small>15 Last Name 34 Owner First Name</small> <b>9743 POLISHED STONE</b> <small>36 Street or RFD 55</small> <b>COLUMBIA</b> <b>MD 21046</b> <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <b>HOWARD</b> <small>8 COUNTY 21</small> <b>HENDERSON</b> <small>23 SUBDIVISION 42</small> SECTION <b>1</b> LOT <b>6</b> <small>44 46 48 50</small> <b>CLARKVILLE</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <b>3</b> <b>MI</b> <small>73 76 77 78</small>	
DRILLER INFORMATION <b>Joseph L. MAYNE</b> <b>238</b> <small>Driller's Name 77 License No. 80</small> <b>JOSEPH L. MAYNE WELL DRILLING</b> <small>Firm Name</small> <b>5512 RIDGERD. MT. AIRY 21771</b> <small>Address</small> <b>Joseph L. Mayne</b> <b>11/15/89</b> <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>Sheepshead Ct.</b> <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>280</b> <small>34 37</small> ENTER FT OR MI <b>FT</b> <small>38 39</small>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>6</b> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>A40506</b> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE <b>Mark E. Riffin</b> <b>6/6/90</b> <small>DATE ISSUED 41</small> <b>120689</b> <b>Mark E. Riffin</b> <b>6/6/90</b> <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <b>506000</b> EAST GRID <b>080300</b> <small>50 55 57 63</small>	
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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 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 <b>300</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> <small>30 37</small> <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) <u>CABLE</u> REVERSE-ROTARY Drive-POINT other _____		REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ <small>41 52</small>	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ <small>54 63</small> FORCE <b>MA</b> WRITE INITIALS IN BOX PERMIT No. <b>HO-88-1123</b> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <b>725-6401/725-0963/202-714-3092</b>			

1/8/90 { 4 Dry holes - filled with  
3 bags of cement - each per  
John Mayne. C.B.S

(Snow & icy conditions started)  
C.B.S.



VICINITY MAP  
SCALE: 1" = 2000'

# NOTES

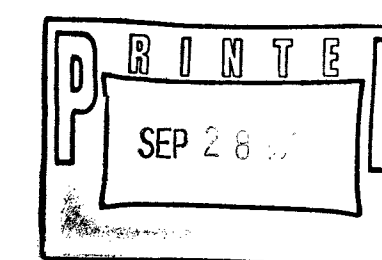
1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
2. UNLESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
3. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM F-89-111 WHICH WAS PREPARED BY THE REIMER GROUP, INC.
4. EXACT LENGTH OF SEPTIC TRENCHES TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
5. DISTURBED AREA = 29,250 SF.

Total linear feet of trench  
required 290 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below  
distribution pipe 2.0 feet



Approved Septic System Plan  
Howard County Health Department

Signature [Signature] Date 9/21/98

**BENCHMARK**  
ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

PROJECT: <b>HEDGEROW - SECTION 1 LOT 6</b>	
LOCATION: TAX MAP 38 & 34 - PARCELS 59, 60, 30 & 64 5th ELECTION DISTRICT PLAT: 8933 HOWARD COUNTY, MARYLAND	
TITLE: <b>PLOT PLAN</b>	
DATE:	PROJECT NO. 1196
SCALE: AS SHOWN	DRAWING <u>1</u> OF <u>1</u>

