

P. 47915

A 40730

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3-17-92

DATE SYSTEM APPROVED 4-2-98

INSPECTOR JEN

INDEXED

05-410118

Donald Parlette

IS PERMITTED TO INSTALL X ALTER

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 **PHONE** 531-2140

SUBDIVISION Ashleigh Greene ROAD 12112 Sudbury Road LOT 26

PROPERTY OWNER Mr. and Mrs. William Forrestel

ADDRESS _____

~~XXCARRIAGE CHANDLER IS USED IN NO CASES EXCEPT FOR THE CARRIAGE OF PASSENGERS.~~~~GARRAGE GRINDER? X YES XXXXXXXXXXXX NO XXXXX~~

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 4

TRENCHES 180 sq.ft. per bedroom. Trenches to 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 10 feet off the rear (234.93') lot line and 240 feet off the left (276.36') lot line as seen when facing the lot from the pipestem. Run trenches a maximum length of 50 feet along contour toward the front left (412.01') lot line at the upper corner of the septic easement. Maintain a minimum of 100 feet from the well.

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

3-30-92 OK to place dist. box 60 ft off rear (234.93') lot line. Call if rock is excavated JEN

PLANS APPROVED BY Jane E. Nadeau cm DATE 02/22/90

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

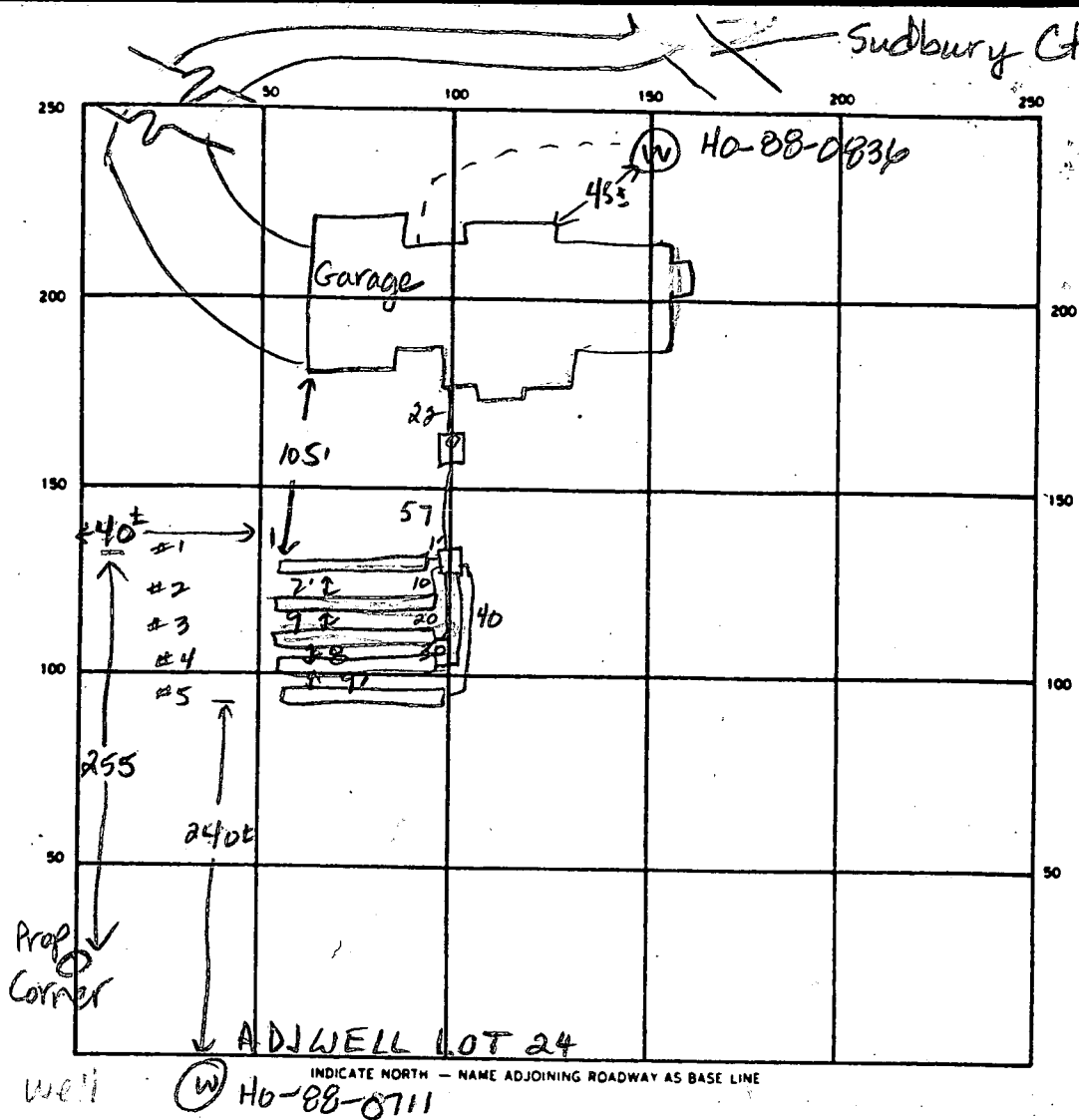
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

HD-260

3 180
4
3 720
240 ft trench

A 40730



SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 1 on septic tank

DISTRIBUTION BOX. LEVEL OK (w/ baffles)

DRAIN FIELD TILE FIELD. DEPTH 5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3 FT. 4 FT. 4 FT. 4 FT. 4 FT.

EFFECTIVE GRAVEL DEPTH 2.5 1.5 1.5 1.5 1.5 FT. TOTAL LENGTH 51 50 51 50 51 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 153 150 153 150 153 SQ. FT.

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

ABSORBENT AREA 759 SQ. FT.

REMARKS 4-2-92 OK to cover all work NEW

DATE SYSTEM APPROVED 4-2-92 INSPECTOR Jane E. Hadean

APPLICATION

PERCOLATION TESTING

A 40730

P _____

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

DISTRICT _____

DATE _____

1/2

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 Winchester Homes Inc. Bill and Forrestel

ADDRESS 6305 Ivy Lane - Greenbelt, Md 20770 PHONE 474-4411

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene, Sec I LOT NO. New Lot 26

ROAD AND DESCRIPTION Simpson Road (1211/2 Sudbury) Reperced

TAX MAP _____ PARCEL # _____ BLDG. PERMIT SIGNED AND RETURNED 1/25/90
Serial # 40533 - SFD

SIZE OF LOT _____ TYPE BLDG 2F SFD - SFD
5 Bedrooms
(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 BLDG. PERMIT SIGNED AND RETURNED 12/12/90
Serial # 40533 - SFD - 4 Bedrooms DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 4-29-88 For perc hole locations and
subdivision plat approval. Review w/ older test holes
on old lots 25, 26, 4ENadeau. SHALLOW system if hole X is
used. Drywell For initial system only. 4EN 2-21-89

THIS IS NOT A PERMIT



SOIL PROFILE

0-45

4.5-135

13.5

①

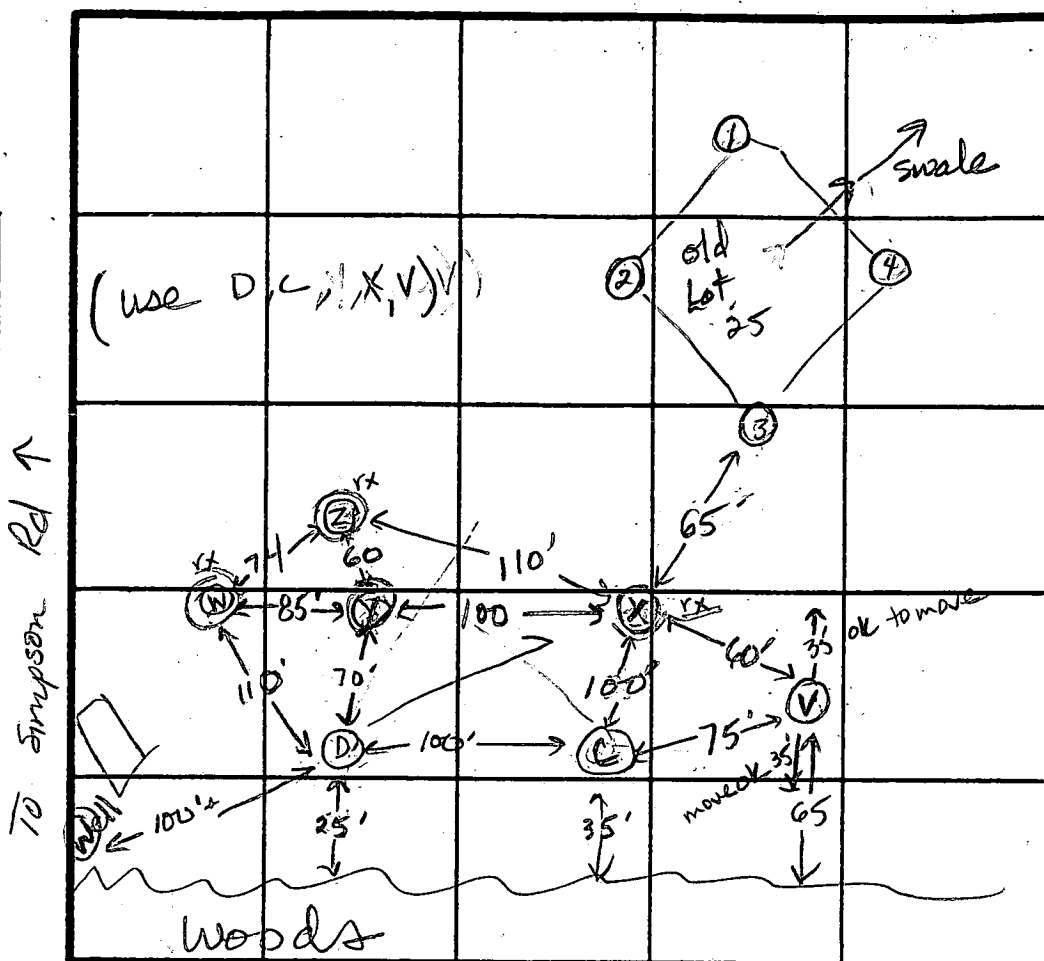
0-5.0 Rd br sh
cl lm
5.0-14.0 Rd-br
to yellow
sa sh lm,
6-5%
decompose
rock
14.0 Bottom

(X)

0 - 5.0 Red br sa
si cl lm

5.0 - 15.0 Yellow-
br sa
si lm,
L 40%
broken
rock
fragments
Some reli
structure
apparent

15.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-29-88	D	4.5 S	11:14	11:16	11:16	11:24	8min
		13.5 D	Bottom				ok
	C	4.5 S	12:03	12:20	3/4 inch	slow	F
		6.0 M	12:26	12:28	12:29	12:34	16min
		14.0 D	Bottom				ok
	X	5.5 S	10:47	10:54	10:54	11:01	7min
		15.0 D	Bottom	(Rock at 6.5 ft)			ok
	W	4.0 S	12:30	12:36	no movement		F
		5.5 S	12:11	12:25	1/4 inch	slow	F
	Z	7.0 M	12:39	12:41	12:41	12:43	2min
		13.5 D	Bottom	(Rock evident at 8.0 ft)			F
	Z	13.5 V		(Rock evident at 9.5 ft)			F

REMARKS

All holes moved. New lot lines exist. About 65 ft uphill old Lot 25. SHALLOW SYSTEM to avoid rocky soils. Some clay above, 0-5 Rd-br ss and lm, 5-15 Rd-yellow ss and lm, some broken rock.

TESTED BY

JE Nadeau

ALSO PRESENT

Burley Hamall
Rocky
Lebo Allen

APPLICATION

PERCOLATION TESTING

A 40730

P _____

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

2/2

DISTRICT _____

DATE _____

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 Ashleigh Greene, Sec I LOT NO. New Lot 26 replaced

ROAD AND DESCRIPTION Simpson Road (Old Lot 25)

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



SOIL PROFILE

0-6.0 Rd-br sa
si cl lm

6.0-13.5 Rd-yellow
sa silm,
L 30%
broken
rock
fraggs,
little
relict
structure
apparent

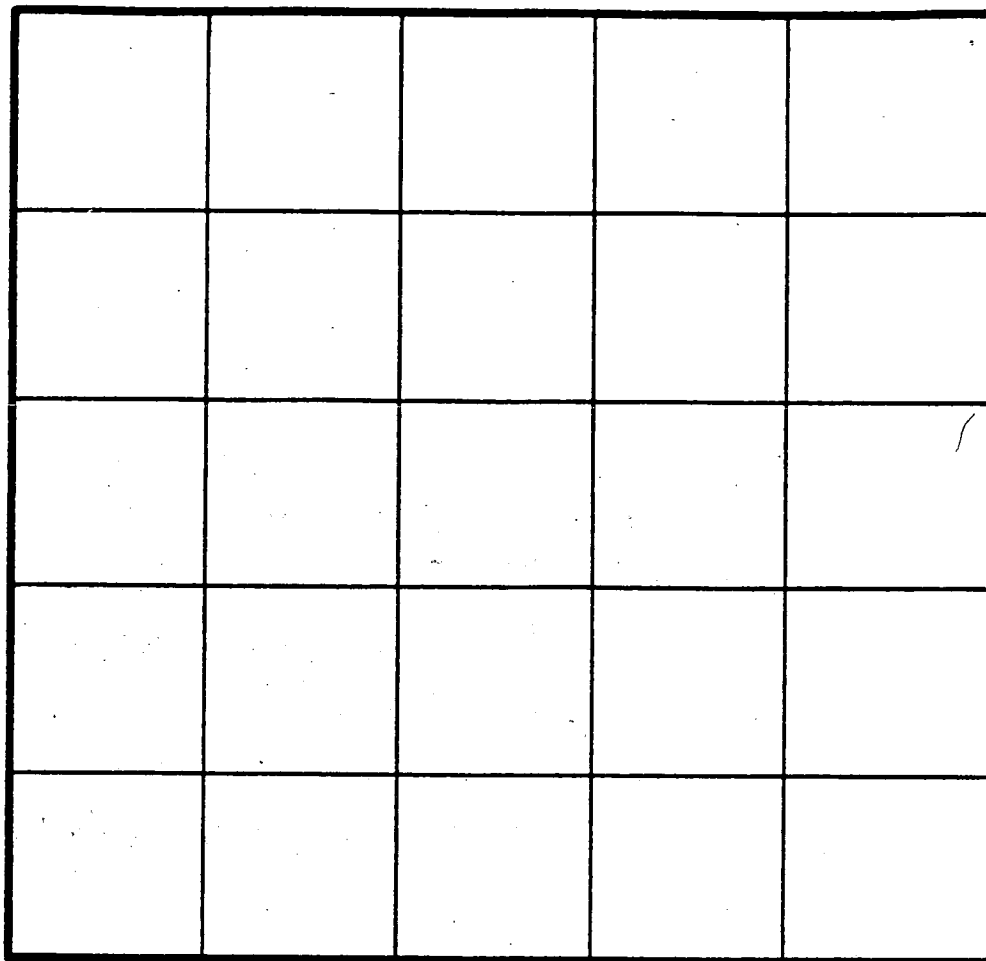
13.5 Bottom

(V)

0-4.0 Rd-br si
sa loam

4.0-13.0 Brown
sa silm,
L 10%
saprolite,
little
broken
rock, L 20%

13.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

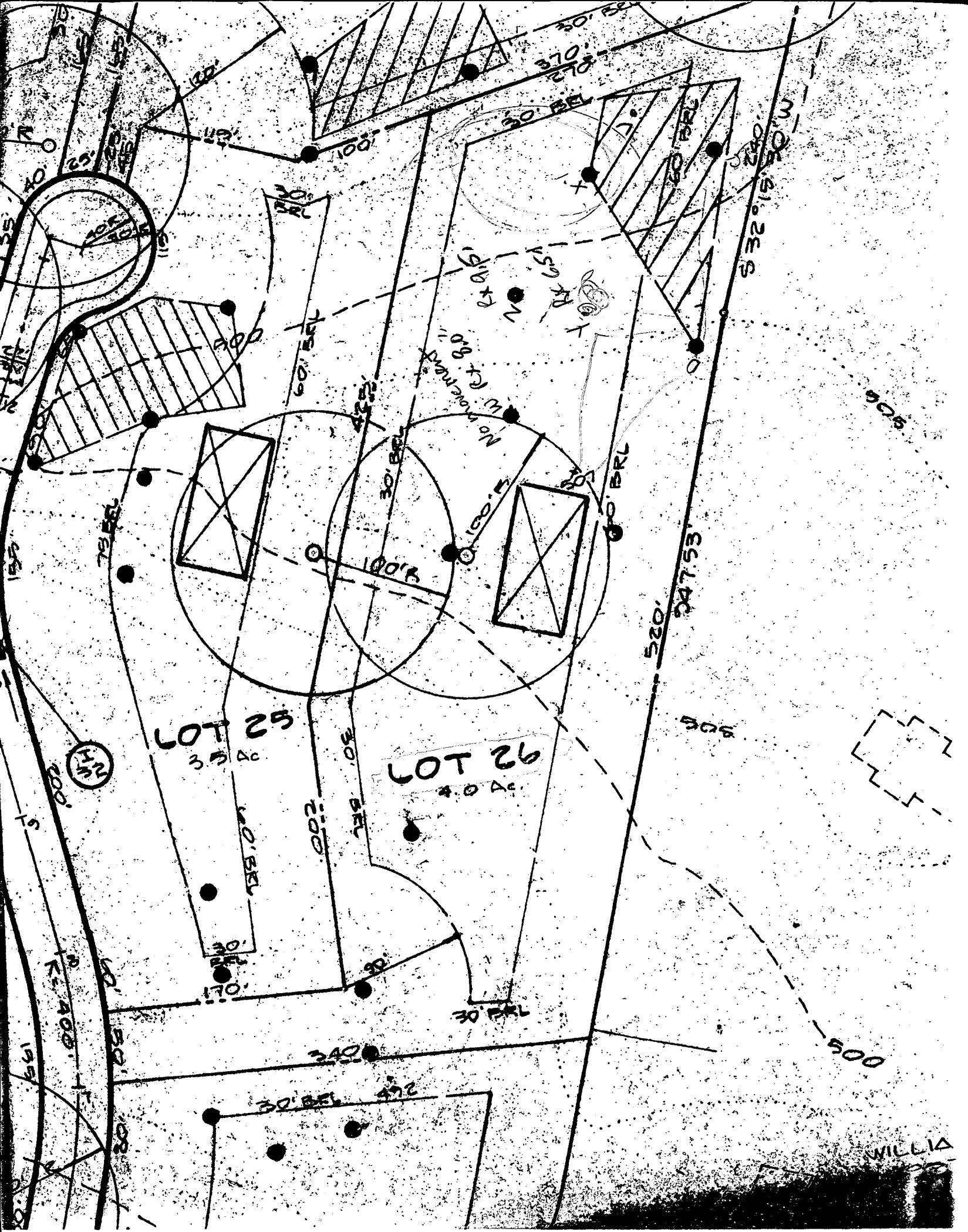
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-29-88	(Y)	5.5 S	12:05	12:11	12:11	12:18	7min
		13.0 D	Bottom	(Rock evident at 6.0')			F ₂
		3.5 S	12:38	12:40	12:40	12:44	4min
	V	4.0 S	1:41	1:45	1:45	1:50	5min
		13.0 D	Bottom				ok

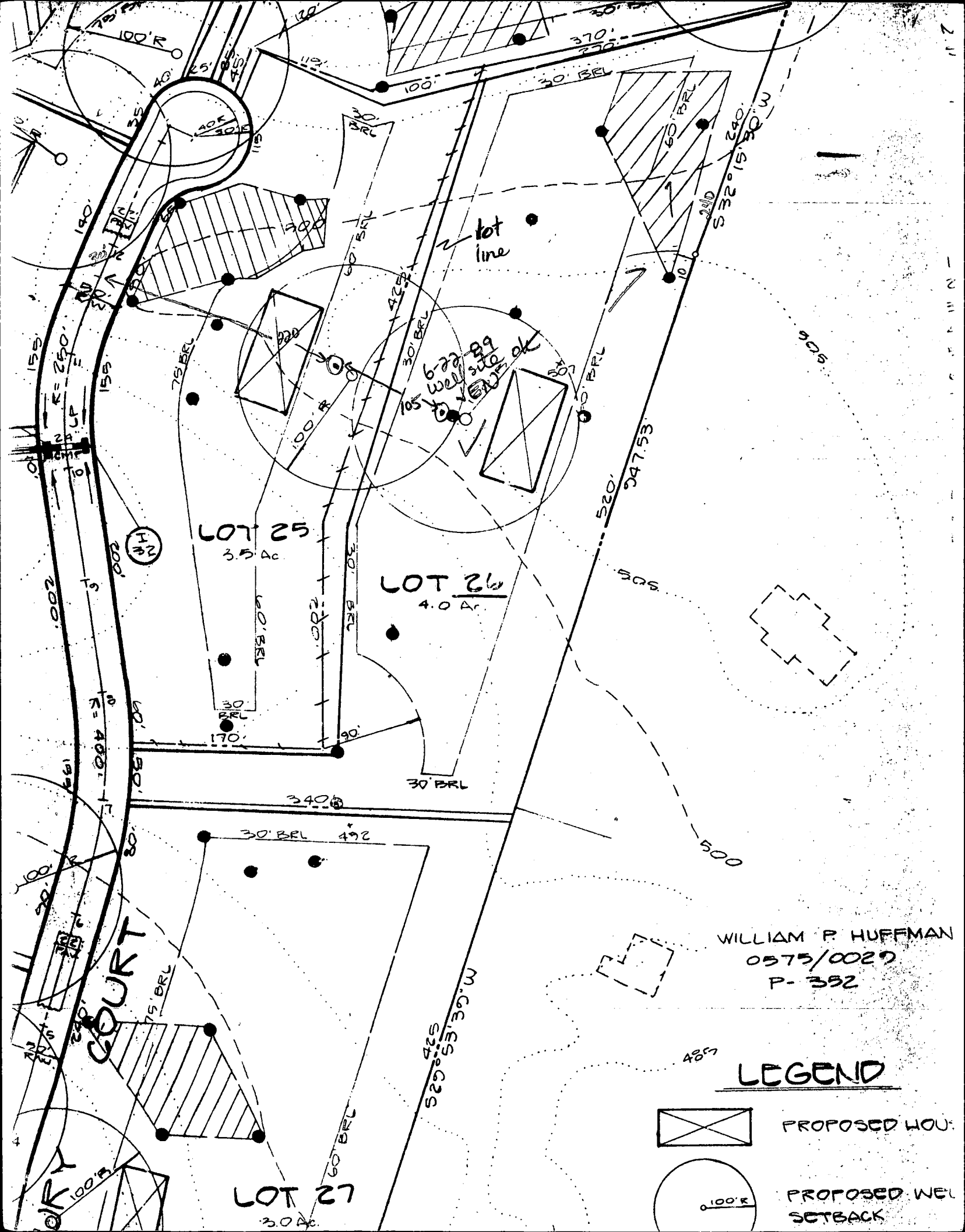
REMARKS Use holes C, D, V, X for perc area, ok to move 35ft
on either side of hole V. Do not use hole Y in area

TYPE OF SOIL

TESTED BY

ALSO PRESENT





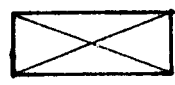
LOT 25
3.5 Ac

LOT 26
4.0 Ac

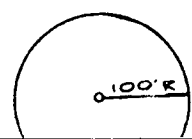
LOT 27
3.0 Ac

WILLIAM P. HUFFMAN
0575/0027
P-352

LEGEND



PROPOSED HOUSE



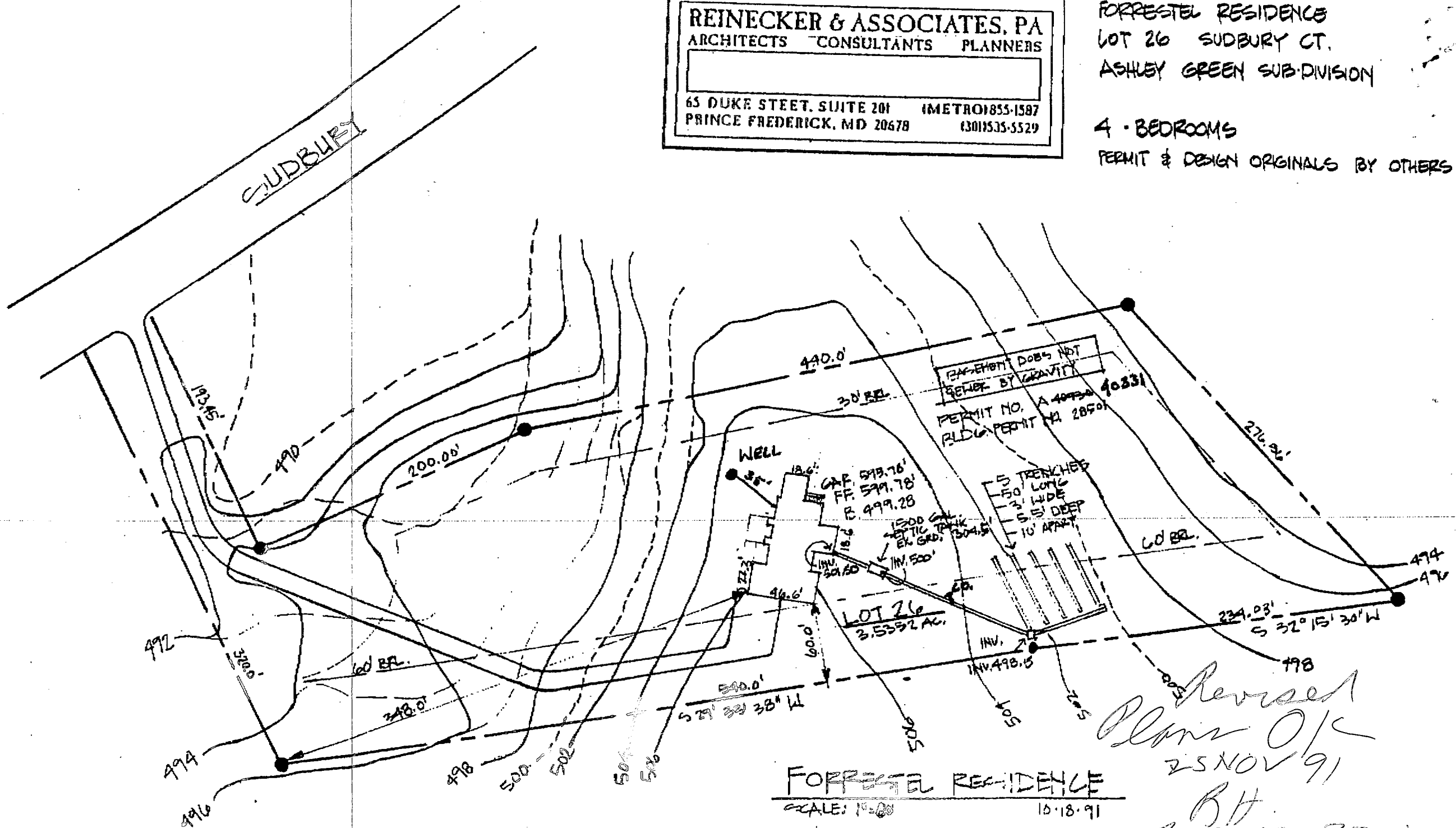
PROPOSED WELL
SETBACK

REINECKER & ASSOCIATES, PA
ARCHITECTS CONSULTANTS PLANNERS

FORRESTEL RESIDENCE
LOT 26 SUDBURY CT.
ASHLEY GREEN SUB-DIVISION

4 - BEDROOMS

PERMIT & DESIGN ORIGINALS BY OTHERS



FORRESTA RESIDENCE

SCALE: 1"=10'

15.18.9

178
Revised
Plans O/C
25 NOV 91
BH
BP 40331

B 1 <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">9122</div>	SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">H0-08-0836</div> fill in this form completely
Date Received (APA) <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">042689</div>		B 3 LOCATION OF WELL R 44104 <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">HOWARD</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">ASHLEICA GREENE</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">HIGHLAND</div>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">WINCHESTER HOMES</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">6305 IVY LANE S 700</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">GREENBELT MD 20770</div>		8 COUNTY 23 SUBDIVISION SECTION 1 LOT 26 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address Signature <i>George F. Easterday</i> Date 4/18/89		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">SIDBURY CT</div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">300</div> ENTER FT OR MI FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">Howard</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">A 40730</div> COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">070789</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">Dane P. Madcan</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">1-7-90</div> NORTH GRID 489000 EAST GRID 082000 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 <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">820</div> <div style="border: 1px solid black; padding: 2px; font-size: 24px; font-weight: bold;">480</div>	
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)		APPROXIMATE DEPTH OF WELL 900 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE 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 <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)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GA P 098 FORCE IN PERMIT No. H0-08-0836 SPECIAL CONDITIONS			

C10094SEQUENCE NO. (DENY 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.

COUNTY
NUMBERA 40730

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well
22 420 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
44-88-0836

OWNER
last namefirst nameTOWN
STREET OR RFD
SUBDIVISIONSECTIONLOT

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
FROMTO

Check
if water
bearing

Topsoil02
Br. mica272
Tan mica7276
Gray mica76145
Tan mica145155
Gray mica155420

GROUTING RECORD
yesno
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENTCMBENTONITE CLAYBC
NO. OF BAGSNO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
fromft. toft.
TOPBOTTOM
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
STEELCONCRETE
PLASTICOTHER
MAIN
CASING
TYPE
Nominal diameter
top (main) casing
(nearest inch)
Total depth
of main casing
(nearest foot)
OTHER CASING (if used)
diameter
inch
depth (feet)
fromto

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below
STEELBRASSOPEN
HOLE
PLASTICOTHER
DEPTH (nearest ft.)
EACH
SCREEN
SLOT SIZE 1 2 3
DIAMETER
OF SCREEN
(NEAREST
INCH)
fromto
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.)WQ
TELESCOPE
CASING
LOG
INDICATOR
OTHER DATA

C 3
1 2
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)
airpiston turbine
centrifugalarotaryother
jet
submersible
PUMP INSTALLED
DRILLER WILL INSTALL PUMP
(CIRCLE) (YES or 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)
LAND SURFACE
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)