PERMIT

SEWAGE DISPOSAL SYSTEM

| | • | | |
|---|------|----|--|
| A | 4094 | 44 | |

512703

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT DATE 9/13/99

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640 XXXXXXXXX

DATE SYSTEM APPROV

INSPECTOR CA

| | INSPECTOR |
|--|--|
| Tom and Brenda Twigg / Freeden | SEPHIC IS PERMITTED TO INSTALL X ALTER |
| ADDRESS 8225 Elko Drive, Ellicott City, | MD 21043 PHONE 410-992-8017 |
| SUBDIVISION Sand Hill Acres LOT_ | 9 ROAD 2425 Sand Hill Road |
| PROPERTY OWNER Thomas | as and Brenda Twigg |
| ADDRESS | |
| SEPTIC TANK CAPACITY 1500 GALLONS | BLDG. PERMIT SIGNED OKO |
| NUMBER OF BEDROOMS 59 | and returned 4/20/00 2425 Lamp- |
| 180 SQUARE FEET PER BEDROOM | |
| LINEAR FEET OF TRENCH REQUIRED 300 | |
| 5 feet below original grade. Efter 2 feet of stone below distribution box 160 for the left/rear (640') lot line. | eet from the left (190') lot line and 70 feet from Run trenches along contour in both directions. |
| NOTES - No trench to exceed 100 feet in grade or above on septic tank. C | length. Provide 6" - 8" diameter cleanout and cap to |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| PLANS APROVED BY C. Williams/Donna K. Soe | DATE 5-20-1999 |
| OVER NO WORK UNTIL INSPECTED AND APPROVED | |
| EITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTM | MENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM |
| OTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND ACCEPTABLE. | D/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT |
| OTF: ALL DASTS OF SERTIC SYSTEMS (LE TANK DISTRIBUTION S | BOY TRENDUEN TO BE 100 FEET BROW WELL WINLERS 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

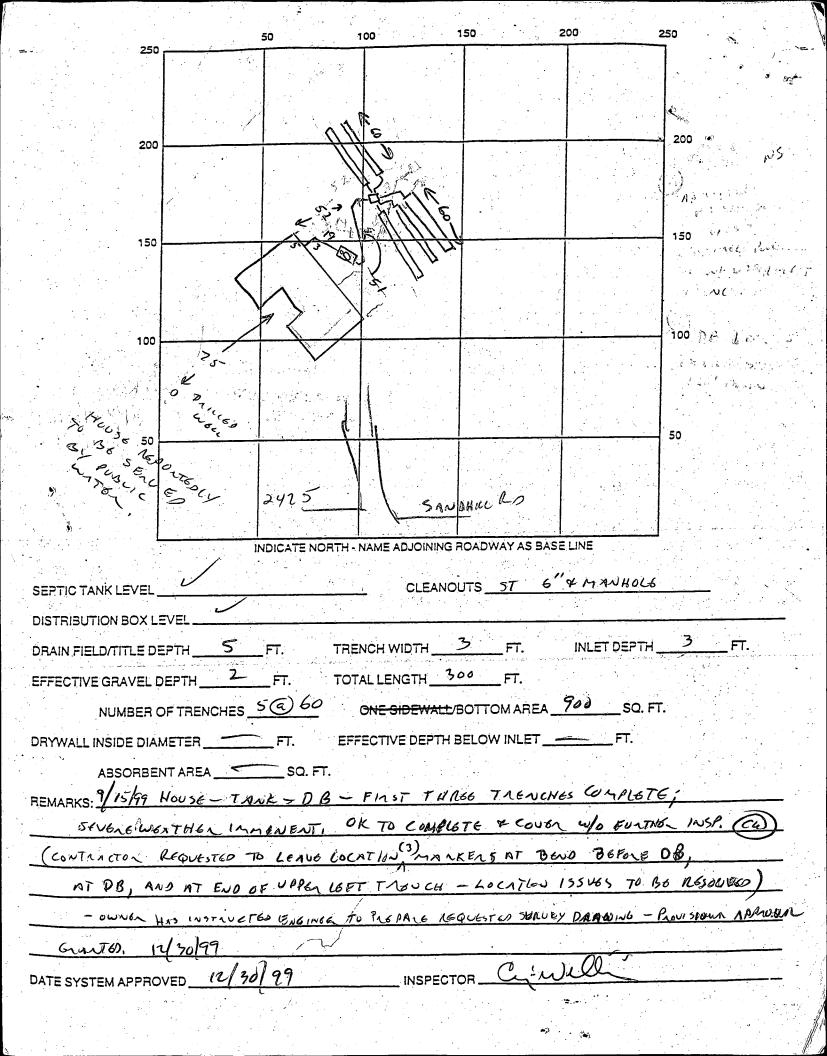
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 5 INCHES IN DIAMETER CAST IRON, CONC. TE 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 'CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



APPLICATION

PERCOLATION TESTING

DISTRICT 4

DATE 1-29-86

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH PO BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE 461-9933

| TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND | |
|--|--|
| I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RE | CONSTRUCT) A SEWAGE DISPOSAL SYSTEM |
| EXPLOSITY OWNER HILLTON DEVELOPM | nent COID |
| PA DA DA DA | OVILLE MAZIOZA 531-5539 |
| ADDRESS 10. 15th 208 CLASIES | 1VILL 1961 - 5 31 - 5 37 |
| PROSPECTIVE BUYER | |
| | |
| ADDRESS | PHONE |
| PROPERTY LOCATION: | |
| SAND 1/21/ ACHOC | FILINAL LOT9 |
| 2425 C | & LAMPLIGHTERS Drive |
| ROAD AND DESCRIPTIONSAND HILL KOAA | & LAMPLICATERS Drive |
| | |
| The state of the s | |
| TAX MAP PARCEL # 5 | |
| SIZE OF LOT 3 Ceres | TYPE BLOG Single Family |
| | (SINGLE FAMILY DWELLING OR COMMERCIAL) |
| THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY U | NYII BUDU C CACUTE COCCU |
| THE STATE OF THE S | NTIC PUBLIC FACILITIES BECOME AVAILABLE I FULLY UNDERSTAND THE |
| FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NOT | N-REFUNDABLE UNDERJANY CIRCUMSTANCES I ALSO AGREE TO COMPLY |
| WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. | Juchen Minnett |
| | (SIGNATURE OF APPLICANT) |
| PPROVED BYFOR | DATE |
| | |
| EJECTED BYFOR | DATE |
| OLD PENDING FURTHER TESTS | DATE |
| FASONS FOR REJECTION OR HOLDING | |
| EASONS FOR REJECTION OR HOLDING | BINDG. PERMIT SIGNIST |
| | AND RETURNED 9//2/89 |
| | Seni #27104-SFD |

-216

THIS IS NOT A PERMIT

HO265 SOIL PROFILE

CLAY

LOTA

Brown

LOAA

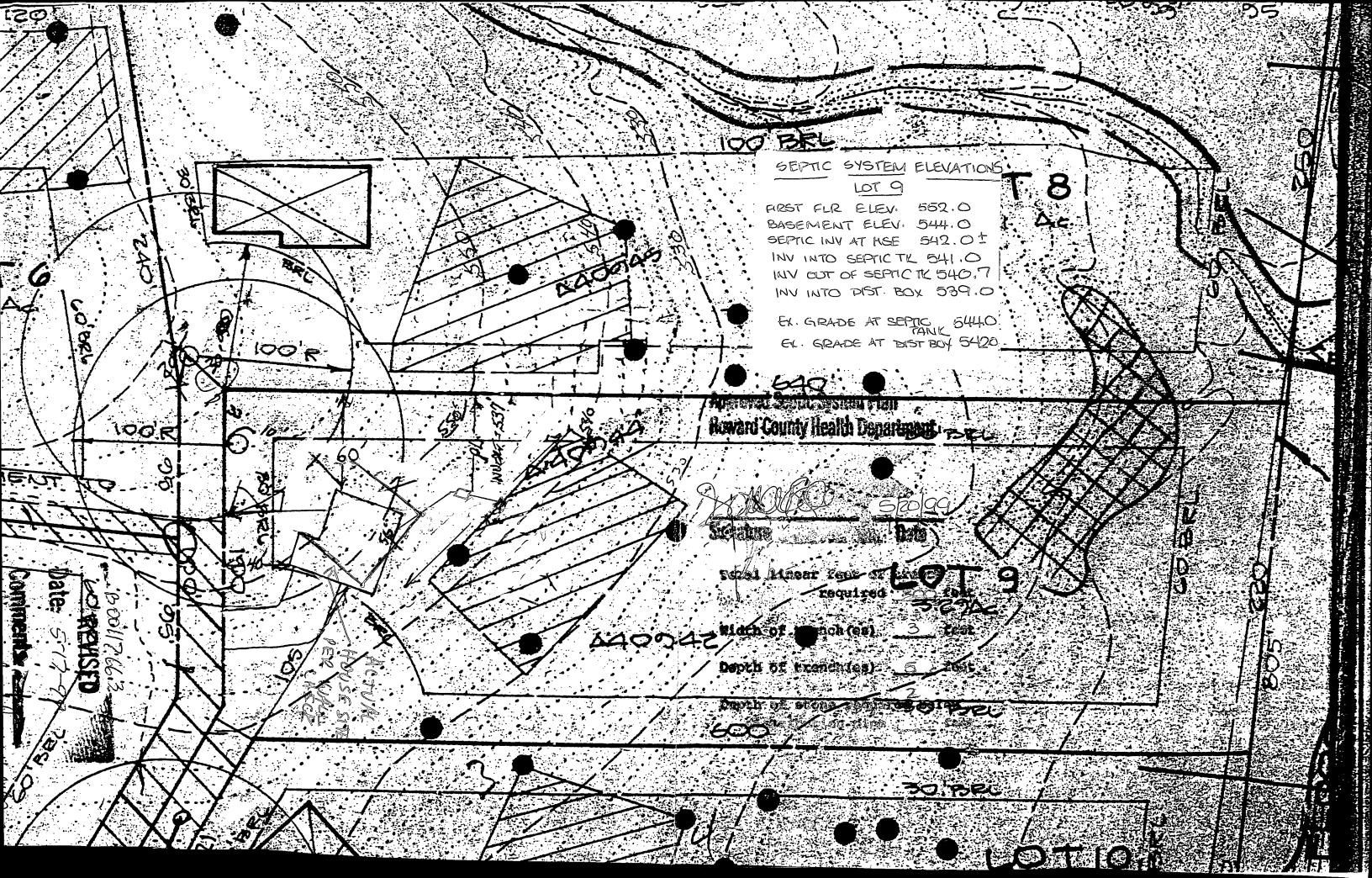
LOAA

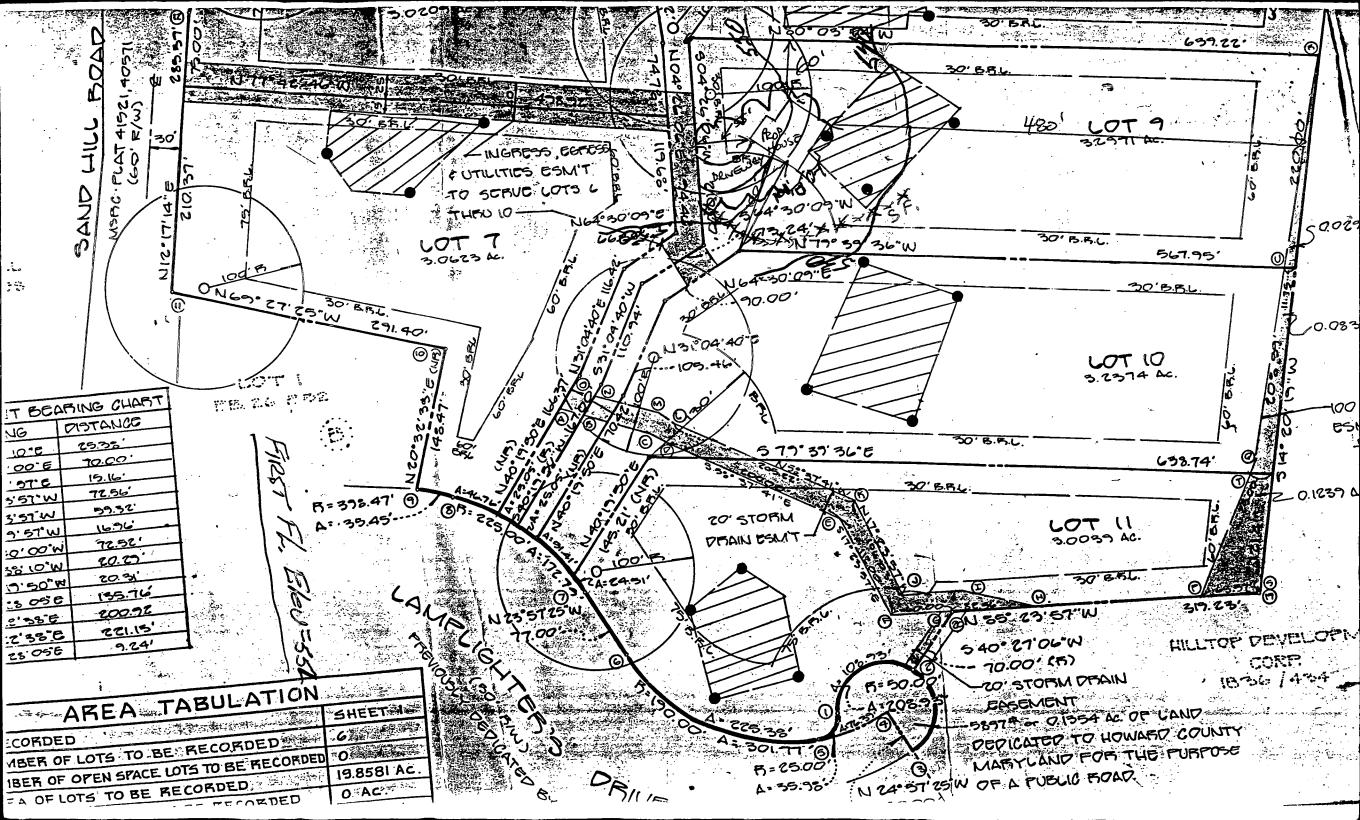
| | | | | 4 | |
|---|-----|--------|--------------------|---------------|---|
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| | | | (3) ^W 1 | | |
| | | | 400 - 500 | | |
| | | | | | |
| | | | JANA HILL | ng | |

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

| DATE | TEST NO. | DEPTH | | WET | TEST - | | | |
|---------|----------|-----------|----------|---------|-----------|--------|---------|-----|
| 3/29/88 | | | START | STOP | START | STOP | TIME | 4.6 |
| | | 3 | VIS OK | | | | | |
| | | | DAMPA | | | | | |
| | 2 | 2½ 6 | VIS OK | | 3-1p' | | | |
| | | 11 | | | | | и | |
| | 3 | 3 | U/5 | OK | lung | 3-11' | | |
| | | 11 | | | | | | |
| | 7 | TEST HOLE | ADJACE. | T LOT | A 40945 |) | | οK |
| | | THOT IN S | WALE - M | ny BE W | BT, SULLO | word 5 | oics ox | |
| | | | | | | | | |

| REMARKS | SHALLOW SYSTEL | ONLY - DAMP | AT II' MA | XIMUN WATER | WATEL LEUGL | |
|----------------|----------------|-------------|----------------|-------------|-------------|--|
| REMARKS | | | | NTLY HIGHEL | | |
| TYPE OF SOIL _ | MICA LOAM | | | | | |
| TESTED PY | cureli- | | _ ALSO PRESENT | DEMNIET | C15561 | |





OC&L



HOWARD COUNTY HEALTH DEPARTMENT OF 12/30/99 (County Health Off

Diane L. Matuszak, M.D., M.P.H., County Health Officer

December 29, 1999

Mr. Thomas Twigg 8225 Elko Drive Ellicott City, Md 21043

> Re: Response to request for occupancy approval Sand Hill Acres Lot 9 2425 Sand Hill Road

Dear Mr. Twigg,

Two issues remain to be addressed prior to obtaining Health Department recommendation for occupancy approval. One involves the choice of water supply, and the other involves the location of the septic system.

Please refer to two different letters dated September 20, 1999 (copies enclosed) addressing each of these issues separately. Resolution of both issues is needed in order to obtain Health Department recommendation for occupancy approval. We discussed the septic system issue yesterday and you indicated that your engineer, Jeff Lawrence, was preparing the requested exhibit.

In our discussion, I overlooked the second letter and neglected to remind you of the concern regarding the choice of water supply. The tone of our discussion did imply that public water was being utilized. If that is the case, then a final determination on the status of the existing unused well is needed. Please review the September letter addressing the issue in greater detail and contact me to clarify your plans.

Again, thank you for your attention to this matter.

Yours truly, Can Wille Craig Williams, Sanitarian

encl's

cc: Avis Corbin - Licenses and Permits Bruce Forte - Inspections



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 20, 1999

Mr. Thomas Twigg 8225 Elko Drive Ellicott City, Md 21043

Re: Septic System Installation

Sand Hill Acres Lot 9 2425 Sand Hill Road

Dear Mr. Twigg,

The septic system for the above referenced property was installed on September 15, 1999, but with some concern as to whether or not it is in the intended location. The installed system, as measured from lot boundaries, seemed to be 30' further back on the lot than intended; yet when measured from the house foundation, the system appeared to be in the correct location.

Submittal of a surveyed site plan showing the house footprint, the recorded sewage disposal area, and critical points of the installed system, is requested to confirm the correctness of the installed location.

The importance of this request is in assuring that adequate area remains available for future septic system repair; prior percolation test history suggests there could be water table interference if installation were to be attempted further back on the lot than the lower boundary of the platted septic area.

Thank you for your prompt attention to this matter.

Yours truly,_ Can william

Craig Williams, Sanitarian

note * - 4 critical points would be sufficient to to define the location of the installed sytem. First is the septic tank cleanout, then to the left of that and closest to the house is a stake which marks a bend in the supply line from the tank to the distribution box. Just below is another stake which marks the distribution box, and then to the left of that is a stake which marks the end of the uppermost trench.

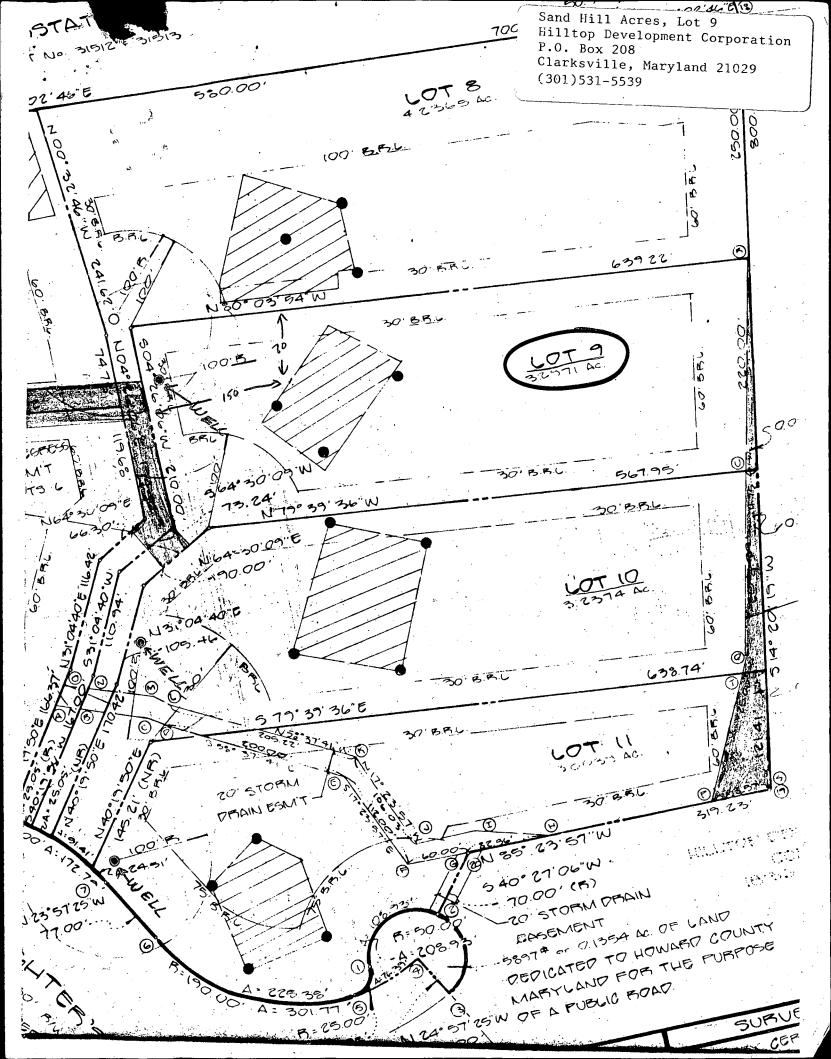
cc: Jeff Lawrence SEE ATTAOHMEN

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

on water 30 Water and Sewage Program Community Environmental Health Program Food Protection Program Phone: 410-313-2640 FAX: 410-313-2648 TTD: 410-313-2323 TOLL FREE: 1-877-4MD-DHMH

| C 1 3219 SEQUENCE NO. (DENV USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED: |
|--|---|--|
| 1, 2, 3 (THIS NUMBER IS TO BE PUNCHED IN COLS, 3-6 ON ALL CARDS) | FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE | COUNTY NUMBER A40944 |
| ST/CO USE ONLY DATE Received DATE WELL COMPLETE | Depth of Well | PERMIT NO. FROM "PERMIT TO DRILL WELL" |
| 8 13 15 15 89 | 22 DE NEAREST FOOT) | 40 - 48 - 06 70 28 29 30 51 32 33 34 35 36 37 |
| OWNER Hitten | first name | Ock deration |
| | first name TOWN TOWN | LOT 9 |
| WELL LOG | GROUTING RECORD yes no | C 3 |
| Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, | WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL | 1 2 PUMPING TEST |
| THICKNESS AND IF WATER BEARING | CEMENT (CM) BENTONITE CLAY BC | HOURS PUMPED (nearest hour) |
| DESCRIPTION (Use additional sheets if needed) FROM TO Check if water bearing | NO OF BAGS 12 NO OF POUNDS 1128 | PUMPING RATE (gal. per min. 15 to nearest gal.) |
| l de la lacation de lacation de la lacation de lacation de la lacation de lacation de lacation de lacation de la lacation de la lacation de lacation de lacation de la lacation de la lacation de l | GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) | METHOD USED TO MEASURE PUMPING RATE BUTCHES |
| SAND STONE 0 48 | from 7 ft. to 3 g ft. | WATER LEVEL (distance from land surface) |
| GRAY MARA 48 285 V | 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface) | BEFORE PUMPING 5 20 |
| Programme Progra | casing CASING RECORD types Insert ST CO | WHEN PUMPING |
| | (appropriate) STEEL CONCRETE | TYPE OF PUMP USED (for test) |
| | code below PLASTIC OTHER | A air P piston T turbine |
| | MAIN Nominal diameter Total depth CASING top (main) casing of main casing | C centrifugal R rotary O other (describe |
| | TYPE (nearest inch) (nearest foot) | 27 27 below) |
| | 60 61 63 64 66 70 | 27 |
| | E OTHER CASING (if used) C diameter depth (feet) | PUMP INSTALLED |
| | inch from to | DRILLER WILL INSTALL PUMP YES (NO) |
| | | (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION |
| | G COPEN PECOND | MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE |
| | screen type SCREEN RECORD or open hole ST BR HO | TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O) |
| | appropriate STEEL BRASS OPEN | IN BOX - SEE ABOVE: CAPACITY: 29 CAPACITY: |
| | below PL OT | GALLONS PER MINUTE (to nearest gallon) |
| | C 2 PLASTIC OTHER | PUMP HORSE POWER |
| | DEPTH (nearest ft.) | PUMP COLUMN LENGTH (nearest ft.) |
| | E H O CH OSS | CASING HEIGHT (circle appropriate box |
| | A 8 9 11 15 17 21 | + above LAND SURFACE |
| OIDOLE ADDOCUMENTO | S 23 24 26 | below (nearest foot) |
| A WELL WAS ABANDONED AND SEALED | R 3 E 38 39 41 45 47 51 | LOCATION OF WELL ON LOT |
| WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED | SLOT SIZE 123 | SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR |
| P TEST WELL CONVERTED TO PRODUCTION WELL | DIAMETER (NEAREST OF SCREEN INCH) | N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) |
| THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 2604.04 "WELL CONSTRUCTION" | 56 60 from to | |
| 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 | GRAVEL PACK L | 0.00 |
| MY KNOWLEDGE. | FLOWING WELL INSERT F IN BOX 68 68 | |
| DRILLERS IDENT. NO. | OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) | |
| DRILLERS SIGNATURE | T (E.R.O.S.) W Q | THE COLUMN TO TH |
| (MUST MATCH SIGNATURE ON APPLICATION) | 70 72 74 75 76 | |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | TELESCOPE LOG OTHER DATA CASING INDICATOR | |
| responsible for stework it different from permittee) | COUNTY | |



\$ 14.50,10, M 220.00 60' URL LOT 9 160' 116104 Proposal 18×35 1.0T tO DETAIL cole: 1"= 50' Scale: 4/20/00 N 04'26'06" E 210.00" 2 2 64.30.00° E N 3/10.04 40° E N 40.10.50° E proposed pool location has no impact to well or septic Oh SRU S 40.19:50. W 4,=25, 05′ R-225, 00′

Offset dimensions shown thus NN± are generally within 1 (one) foot of the stated distance if 20 feet or less. Longer distances may exceed 1 foot margin proportionally. All offsets depend on site

1.11.

<u> 5.2..</u>

6-16-97