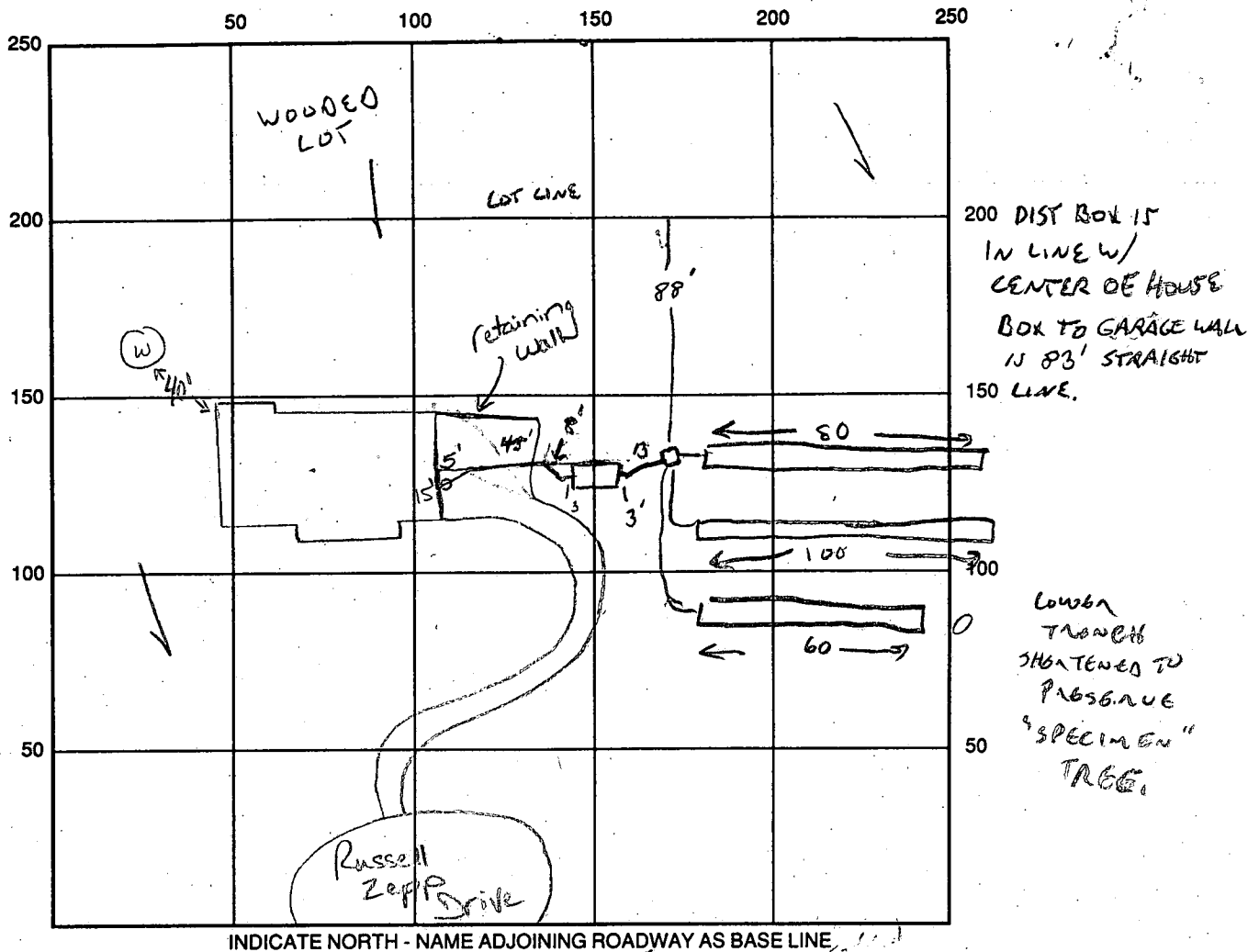




INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 GAL CLEANOUTS 5 TL

DISTRIBUTION BOX LEVEL OK - CRACK TO BE CEMENTED

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/16/98 has house connection, site inspection to confirm design of system, will call when starting to install system (CW) 4-29-98 OK TO COVER

* TO DIST. BOX - CONTRACTOR WILL UNCOVER FOR FINAL. (CW)

8/29/98 - 1ST TRENCH OK TO ADD GRAVEL 7/30/98 MIDCOTRENCH OK, CW

7/30/98 SYSTEM COMPLETE - OK TO COVER (CW)

DATE SYSTEM APPROVED 7/30/98 INSPECTOR CWILL

APPLICATION

PERCOLATION TESTING

A 43082

P _____

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

DISTRICT 5TH

DATE 9-20-88

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 RUSSELL ZEPP Mr. & Mrs. Bill Thetford

ADDRESS 13790 PHONE 854-2797

PROSPECTIVE BUYER HENRY L. BLEVINS

ADDRESS 3600 WATERSVILLE RD PHONE 795-2337
MT. AIRY, MD 21771

PROPERTY LOCATION:

SUBDIVISION ZEPP SUBDIVISION LOT NO. 11

ROAD AND DESCRIPTION HIGHLAND ROAD HOWARD CO

ZIP: 21029 (13857 Russell Zepp Drive)

TAX MAP 34 PARCEL # 7

SIZE OF LOT 3.37 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. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

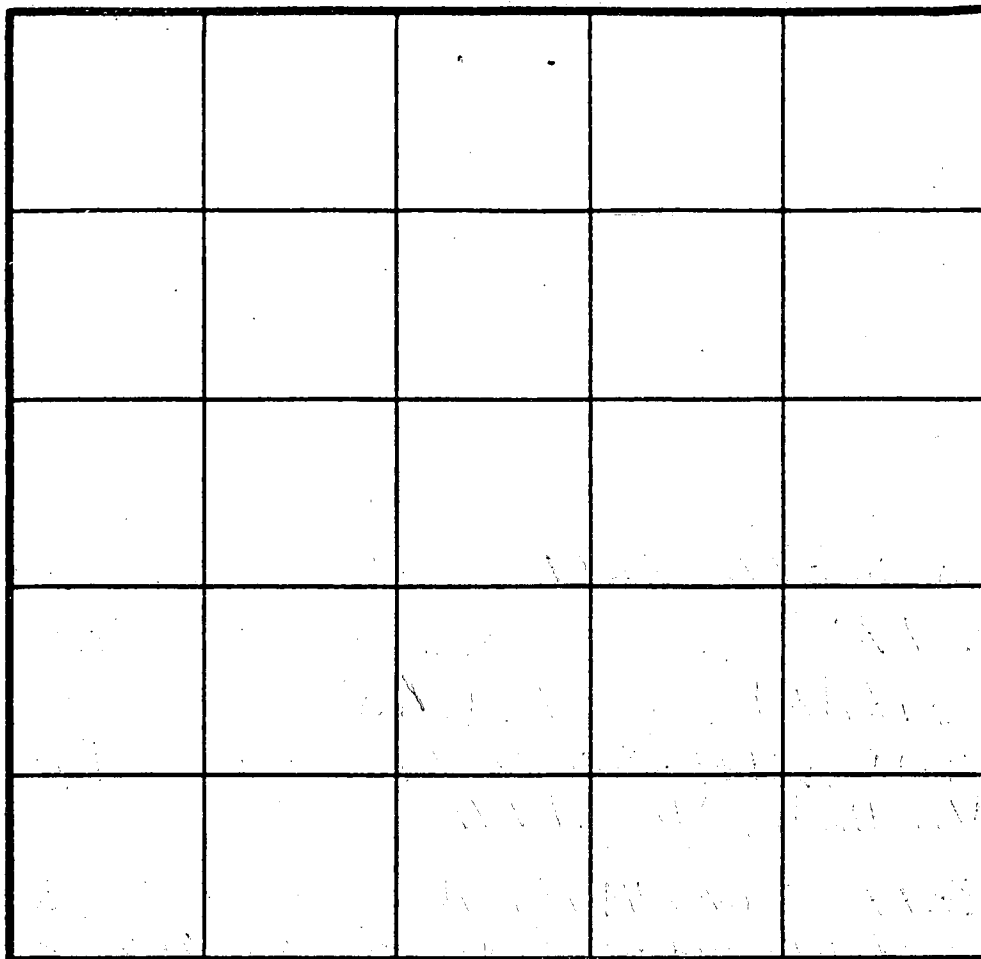
THIS IS NOT A PERMIT

⑥

SOIL PROFILE

6" topsoil
dk. org
to med brn
to red
clay
loam
3 1/2" med
org and
deep org.
to lt. t
dk brn to
off-white
sandy loam

20% frags



4
6" topsoil
dk org
to pink
clay loam
3 1/2" pink org
to med
brn
silt loam
high mica
25% frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑦

6" topsoil
org pink
clay
loam
2 1/2" org pink
yellow
sandy
silt
loam
20% frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	7 S	5	5:52	5:53	5:53	5:55	2
	7 V	11	see profile				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

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

A 43082
P _____

DISTRICT 5TH
DATE 9-20-88

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[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING perc UNSAT, HOLD PENDING FURTHER TESTS

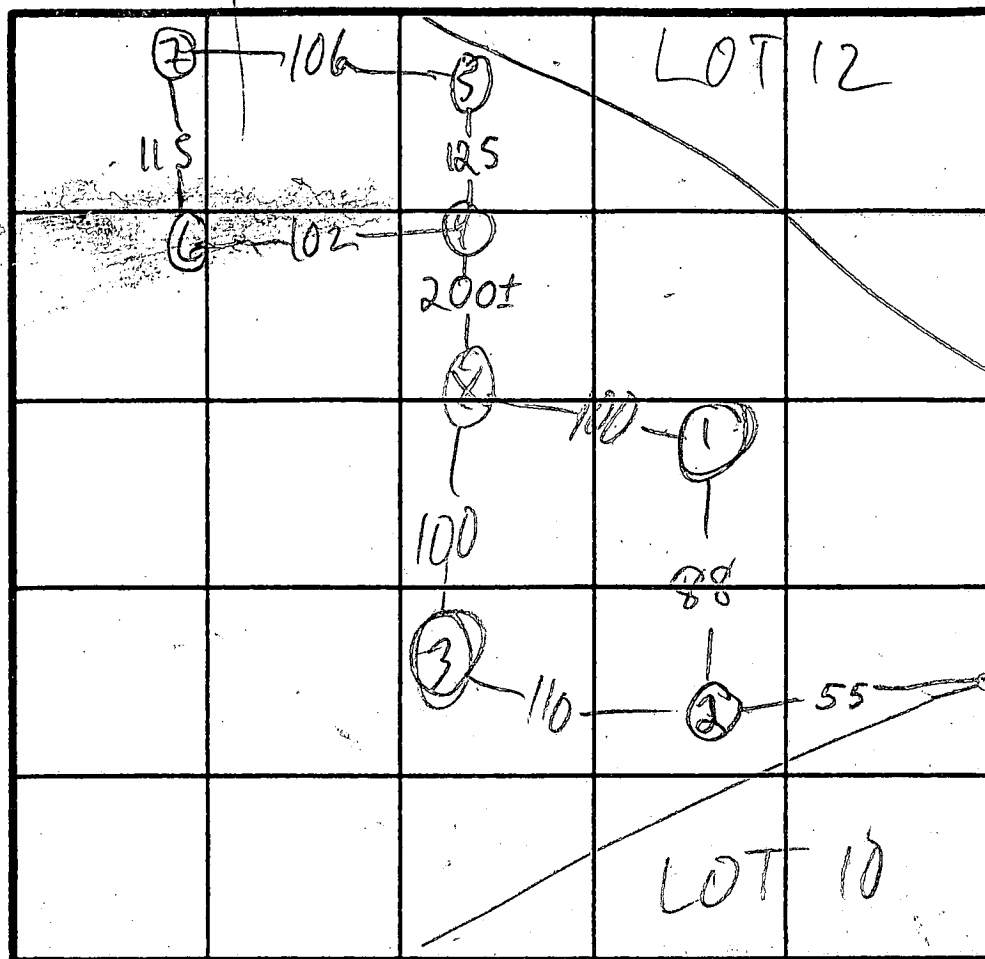
HD-216

THIS IS NOT A PERMIT

Lot 11
A 43082

SOIL PROFILE

topsoil
yellow
+ org
clay
loam
5% frags
very little
mica
↓



(5) LO
(4) MED LO
(6) (7) H1

X = 4
180 BR
Inlet 4
Bottom 8

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/3/89	(1)	(9')	CLAY	TO	BOTTOM		
	2	8'					
	(3)	9'	11:59	BARELY MOVED			
			10% frags				
	4 M	8	5:08 5:18	5:11 5:21	5:11 5:21	5:16 5:25	5 4
	4 V	12	see profile				
	5 S	5 1/2	5:33	5:35	5:35	5:40	5
	5 V	13	clay to 1/2 - 2'	5% frags	5% frags	5% frags	to (4)
	6 M	4 1/2 9	5:43 5:42	5:45 5:44	5:45 5:44	5:48 5:48	3 4
	6 V	10 1/2	see profile next page				

REMARKS

HOLES (1) (2) & (3) DUG PER PLAN

TYPE OF SOIL

M. Rifkin

TESTED BY

ALSO PRESENT

4.27.98
house shifted 30'
closer to sewage easement.
See revised house location
drawing. **KM**

RUSSELL ZEPP DR.

SYMBOLS

- SILT FENCE
- LIMIT OF DISTURBANCE
(NOT TO EXCEED 21,000 SF)
- STONE CONST. ENTRANCE
- EXISTING CONTOUR
- PROPOSED CONTOUR

Approved Septic System Plan
Howard County Health Department

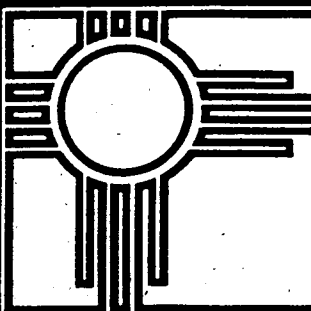
Shirley M. McCreedy 10/26/97
Signature Date

Total linear feet of trench
required 240 feet

Width of trench(es) 2.0 feet

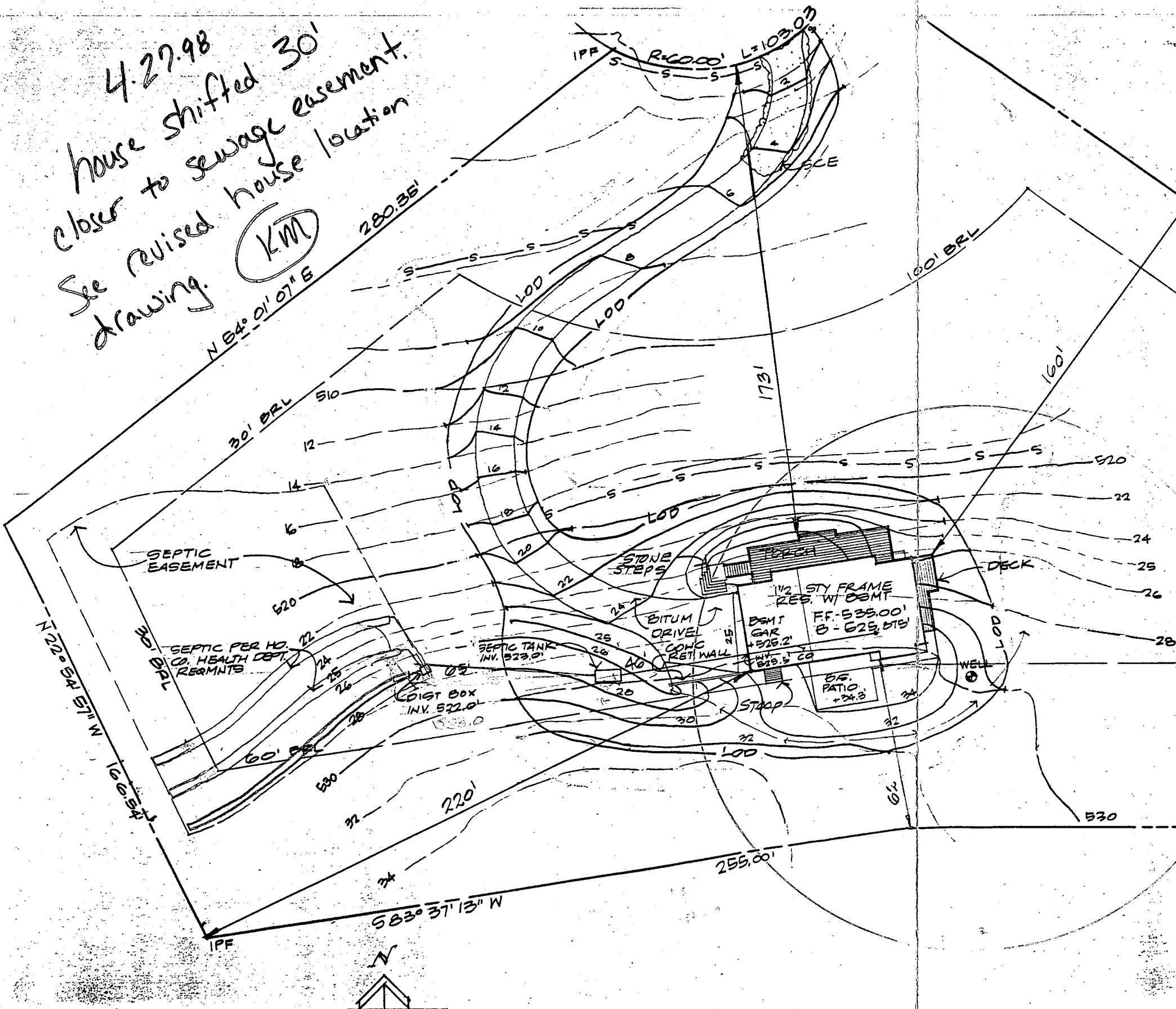
Depth of trench(es) 8.0 feet

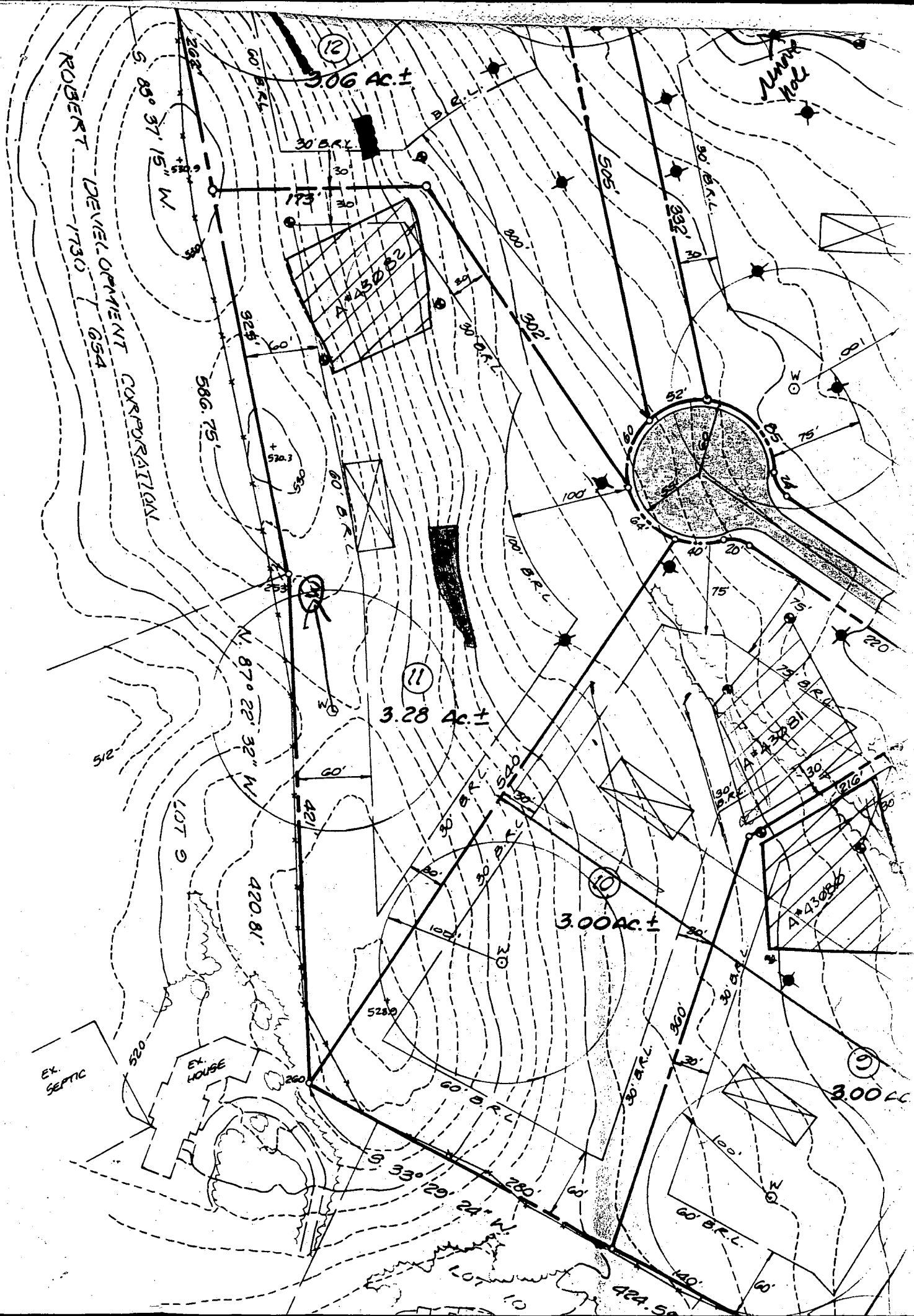
Depth of stone required below
distribution pipe 3.0 feet

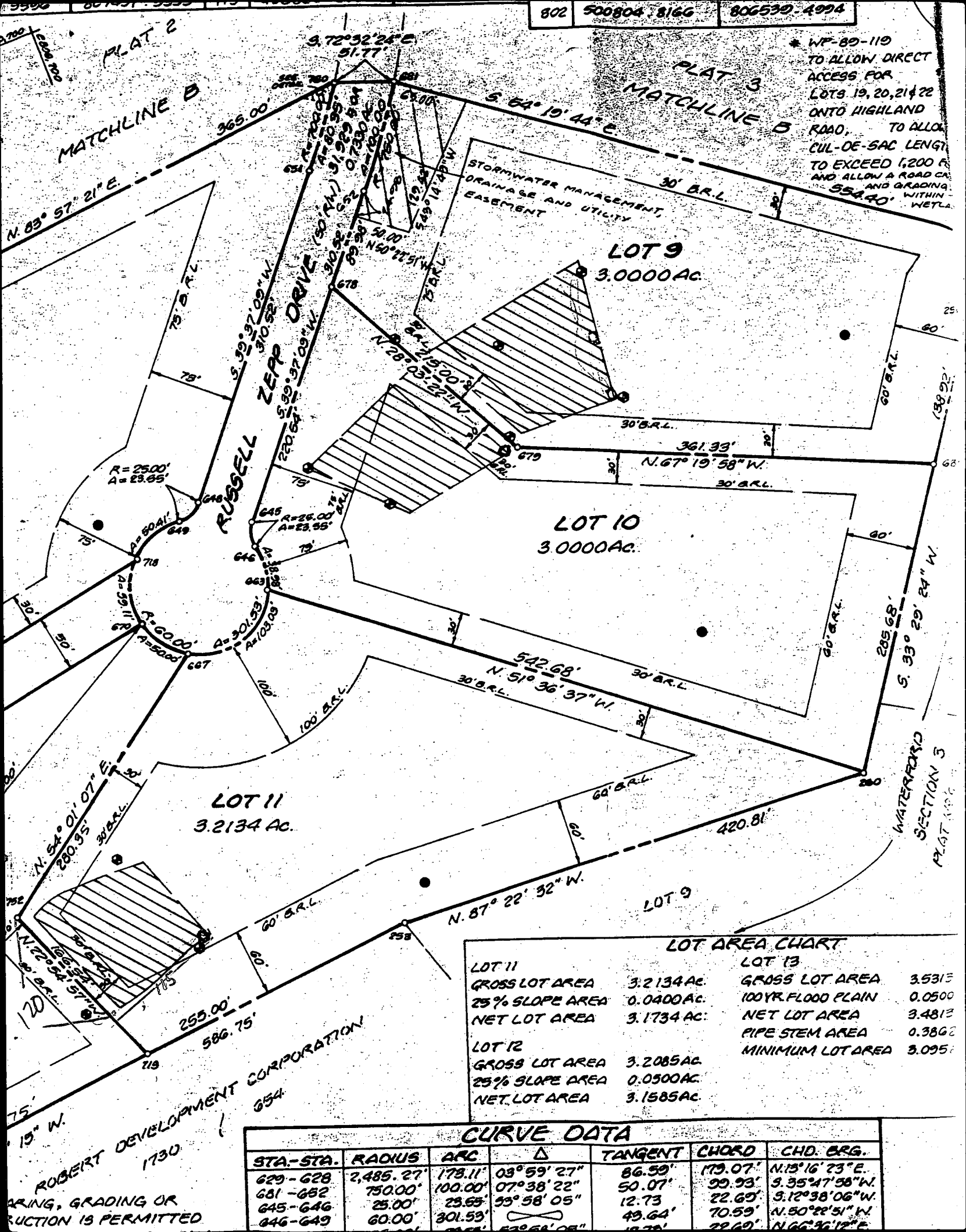

**STEWART
MC CREADY**
 ARCHITECTS PA
 8329 MAIN STREET
 ELLICOTT CITY, MD 21043
 FAX: (410) 465-7737
 (410) 465-7687

SITE PLAN 1" = 40' 0"
LOT 11 BRIERLY, HOWARD CO., MD

6 OCT 1997







C16052

SEQUENCE NO.
(MDE 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 43082

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
8/1/97

DATE WELL COMPLETED
MM 07 DD 31 YY 99
1520

Depth of Well
22 165 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1157
28 29 30 31 32 33 34 35 36 37

OWNERThetfordWilliam

STREET OR RDRussell Lepp Dr

TOWNClarksville

SUBDIVISIONBRIERLYSECTIONLOT 11

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	50	
Sand Stone	50	55	
MICKA	55	70	
Sand Stone	70	75	✓
MICKA	75	150	
Sand Stone	150	155	✓
MICKA	155	165	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes 44Yno 44N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS45 4617NO. OF POUNDS45 461500

GALLONS OF WATER102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.

48 TOP 52 54 BOTTOM 58

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEELSTCONCRETECO

PLASTICPLOTHEROT

MAIN CASING TYPE

PL665

Nominal diameter top (main) casing (nearest inch)!

60 61 63 64 66 70

Total depth of main casing (nearest foot)

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

insert appropriate code below

STEELSTBRASSBRBRONZEPLPLASTIC

OPEN HOLEHOOTHEROT

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

38915

PUMPING RATE (gal. per min.)

1115

METHOD USED TO MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

701720ft.

WHEN PUMPING

752225ft.

TYPE OF PUMP USED (for test)

A27airP27pistonT27turbine

C27centrifugalR27rotaryO27other (describe below)

J27jetS27submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)

YESNO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

3135

PUMP HORSE POWER

3741

PUMP COLUMN LENGTH (nearest ft.)

4347

CASING HEIGHT (circle appropriate box and enter casing height)

+49above

LAND SURFACE

-49below

25051(nearest foot)

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTURED

yesYnoN

CIRCLE APPROPRIATE LETTER

A 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 26.04.04 "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 LIC NO. MS D 116

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC NO. MS D 112

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

C2

DEPTH (nearest ft.)

12345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565758596061626364656667686970717273747576

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

5660

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

68

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

T(E.R.O.S.)WQ

TELESCOPE CASINGLOG INDICATOROTHER DATA

