

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353269

P 56455

A 45625

DISTRICT 4th

DATE 3/20/96

DATE SYSTEM APPROVED 3/19/96

INSPECTOR BB

#### HOWARD COUNTY HEALTH DEPARTMENT

##### BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

R. W. R. Plumbing

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2433 Woodstream Court, Ellicott City, Maryland 21043 PHONE 531-2982

SUBDIVISION Foxmoor LOT 22 ROAD 17715 Quail Covey Court

PROPERTY OWNER James and Janet Dickens

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

\*1000 gal. top seamed pump chamber\*

\*1500 Gal. top seamed septic tank\*

\* Septic contractor to provide pump information prior to septic permit issuance\*

\*A septic pump test must be performed w/a sanitarian present prior to recommendation from this office for use & occupancy

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - From the eastern most lot corner (intersection of 526' and 726' lot lines) place the distribution box 390' down the 726' lot line and 55' off that lot line.

NOTES Run trenches on contour toward 726' lot line.  
No trench to exceed 100 feet in length. Provide 6" - 8" diameter clenout and cap to grade or above on septic tank. OK 8-21-95 ALW

3/11/96 Top seamed tank only if excessive rock ALW

PLANS APPROVED BY Craig Williams/Amy McMillen

REVISED \_\_\_\_\_ DATE 5/11/92

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

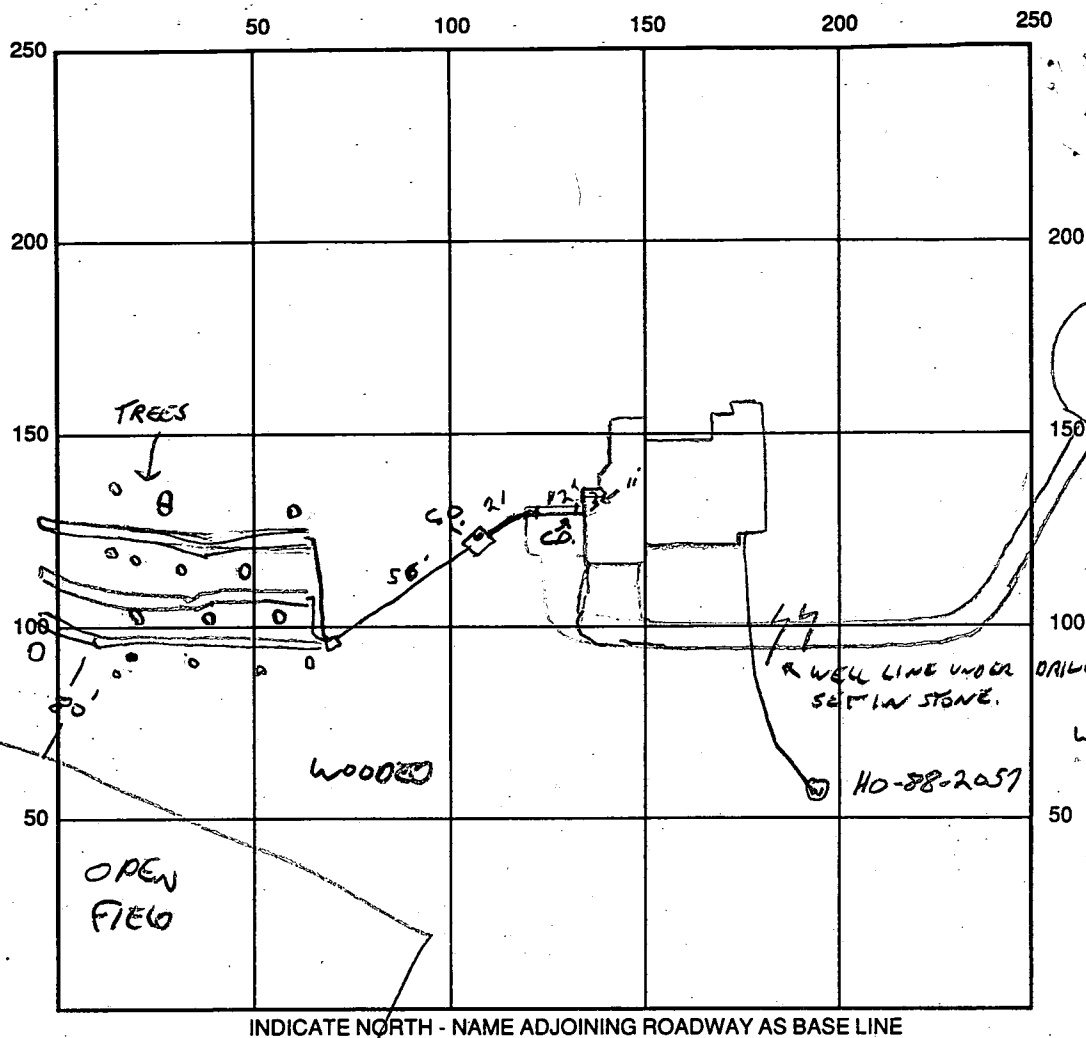
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



SEPTIC TANK LEVEL OK 8' x 6' x 7'

CLEANOUTS 1 AT WALL, TO BE ADDED ON TANK-OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 112 1/3 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 954 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 8/11/96 OK to put line out of house in side of garage. A pump system will not be necessary. All 3-18-96 DISTRIBUTION Box 10' TO LEFT OF SPECS (AS APPROVED BY AM ACCORDING TO CONTRACTOR). 1ST TRENCH STARTED, OK TO COVER TO DIST. BOX, 3-19-96 TRENCHES COMPLETE EXCEPT LAST 20', CLEANOUT ON TANK OK TO COVER AS WORK COMPLETED.

DATE SYSTEM APPROVED 3/19/96

INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

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

Preview ok,  
SDA < 10,000 ft  
Expand area at  
time of test. JEN  
2-28-90

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 ORCHARD DEVELOPMENT

JAMES + JANET DICKENS

ADDRESS 7050 Oakland Mills Road - Suite 100

PHONE (301) 290-9494

PROSPECTIVE BUYER Columbia, MD 21046

ADDRESS Attn: Gary Colton

PHONE

PROPERTY LOCATION:

SUBDIVISION Foxmoor

LOT NO. Parcel C LOT "B"

ROAD AND DESCRIPTION End of Timberleigh Way

(17715 QUAIL COVEY COURT)

TAX MAP 12 PARCEL # 16

SIZE OF LOT

BLDG. PERMIT SIGNED  
AND RETURNED

Serial # 61068  
TYPE BLDG. Single Family SFD-5 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.

1 Mary T. Armiger  
(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

8-7-90 For plat approval SHALLOW SYSTEM

ONLY JEN

## THIS IS NOT A PERMIT

A45625

9

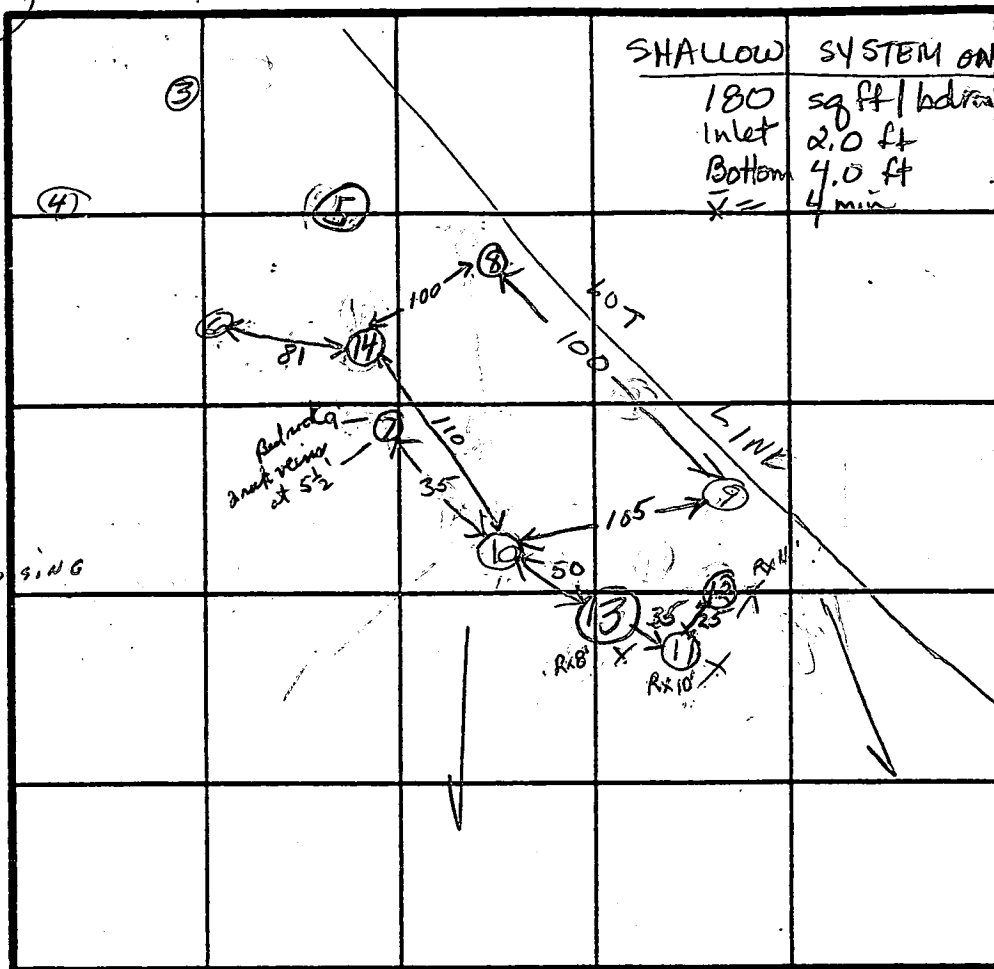
SOIL PROFILE

ORANGE  
YELLOW  
CLAY

ORANGE  
BROWN  
SILTY  
LOAM

ORANGE  
BROWN  
SILTY LOAM  
15-20% ROCK FRAGS  
IN SOIL

ORANGE  
BROWN  
SILTY LOAM  
5% decomposed  
rock frag



14

ORANGE  
SANDY  
SILT  
5-10% Rock

White clay  
LOAM

ORANGE  
SANDY  
SILT  
LOAM

10-20%  
rock frags

Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

10

BROWN  
CLAY

ORANGE  
BROWN  
SILTY  
LOAM

ORANGE  
BROWN  
SILTY  
LOAM  
5-10%  
decomposed  
rock

SAME AS  
ABOVE

20% Rock  
Frag

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/25	95	4 1/2	10:40	10:45	10:45	10:49	4 min
	9M	8	10:41	10:43	10:43	10:48	5 min
	9V	12	see Profile 9				OK
	10S	4 1/2	11:01	11:03	11:03	11:07	4 min
	10V	13	see Profile 10				
	11V	10	refusal at		12 too much rock		Fail
	12V	11	refusal at		11 too much rock		Fail
	13V	8	refusal at		8		Fail
	14S	5	12:44	12:46	12:46	12:48	2 min
	14V	12	see Profile 14				
	14S(a)	3 1/2	12:49	12:51	12:51	12:54	3 min

REMARKS No well site staked, keep trenches away from rock holes.

TYPE OF SOIL

TESTED BY B. Adams ALSO PRESENT S.N./D. Cole

# APPLICATION

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

Preview ok,  
SDA < 10,000 ft  
Expand area at  
time of test. JEN  
2-28-90

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DATE

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER ORCHARD DEVELOPMENT

ADDRESS 7050 Oakland Mills Road - Suite 100 PHONE (301) 290-9494

PROSPECTIVE BUYER Columbia, MD 21046

ADDRESS Attn: Gary Colton PHONE

PROPERTY LOCATION:

SUBDIVISION Foxmoor LOT NO. Parcel C LOT "B"

ROAD AND DESCRIPTION End of Timberleigh Way

TAX MAP 12 PARCEL # 16

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

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

1. Mary T. Armiger  
(SIGNATURE OF APPLICANT)

APPROVED BY FOR DATE

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS PLAT REQUIRED cwellan DATE 6/26/90

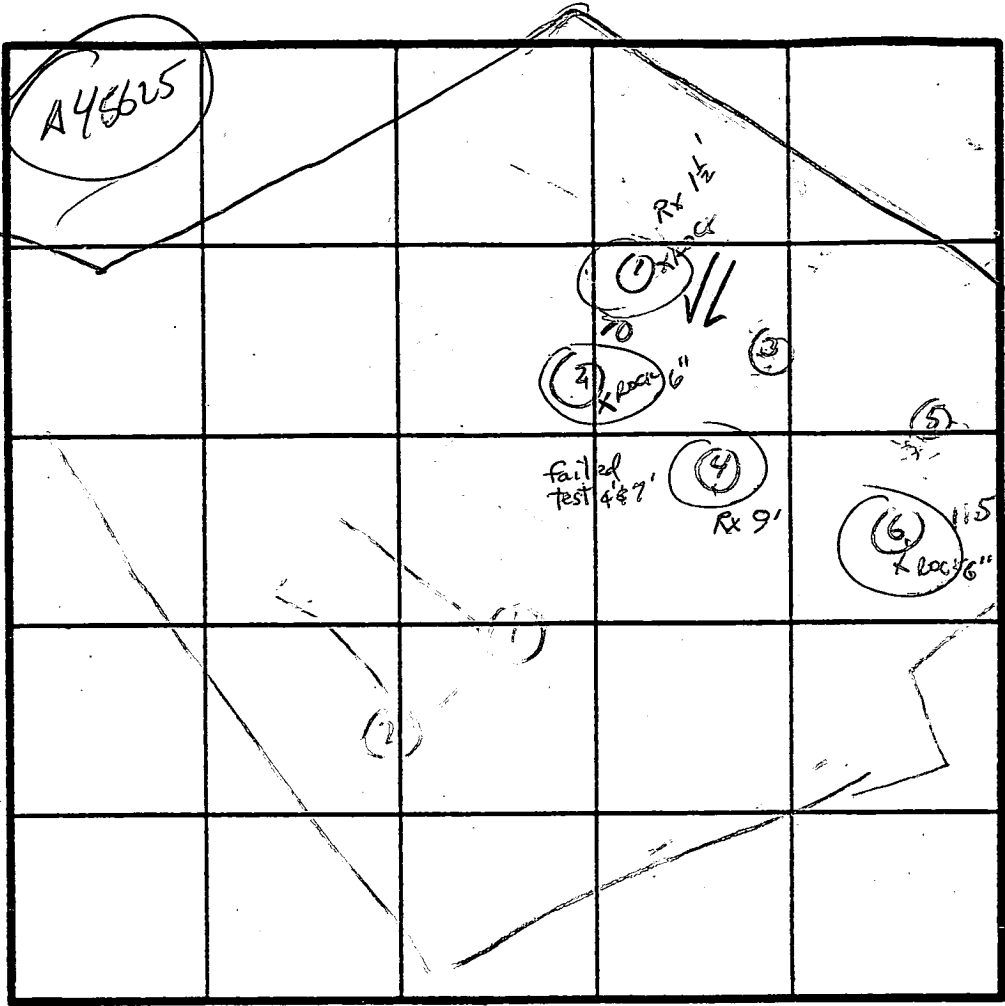
REASONS FOR REJECTION OR HOLDING

8-7-90 Recommend rejection of this portion,  
Rock at shallow depths. JEN

## THIS IS NOT A PERMIT

1+26  
6" 1/2 RICH  
ROCK  
REFUSAL  
SOIL PROFILE

4-6  
TAN  
CLAY  
SILT  
LOAM  
9- BEDROCK



A45625

-OK

RX VEIN 5 1/2'  
BED RX 9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4, 7  
SILT  
LOAM  
ROCK  
VEIN  
5 1/2-9'  
SILT  
LOAM  
9- BEDROCK

8  
1 1/2  
TOP SOIL  
SILT  
LOAM  
20%  
SOFT SAPPHIRE  
12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/18/90	①	Rock	70-80'	AT 1 1/2'	REFUSAL	AT 6'	X
	②, ⑥	80-90' TO ROCK		AT 6"	REFUSAL	AT 4'	X
	3, 5	NOT DUG					
	④	SILT LOAM TO ROCK AT 9'			NO PILE AT 4+7' - 56'	BELOW	X
	⑦	SILT LOAM 2 ROCK VEINS AT 5 1/2'				BEDROCK AT 9'	
		3 1/2	2:26	2:31	2:31	2:35	4 MIN
		NO OBSERVATIONABLE BUT PROMISING - RE-TEST				30' TO 40' SLOPE C.W.	
	8	5'	2:30	2:31:30	2:31:30	2:33:30	2 MIN
		8 1/2'	2:29	2:30	2:30	2:32:30	2 1/2 MIN
		2 1/2	2:38	2:44	2:44	2:50	9 MIN
		12	VS LOAM		OK		
	④	4'	2:46	LITTLE MOVEMENT		10 MIN	X
		7'	2:43	LITTLE MOVEMENT		15 MIN	X

REMARKS 1-6 AS PROPOSED

TYPE OF SOIL

TESTED BY C. WILSON / B. ADAMS ALSO PRESENT D. HOPKINS

C 1 5139 SEQUENCE NO. (DENV USE ONLY)

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

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

A 45625

ST/CO USE ONLY  
DATE Received

DATE WELL COMPLETED

8 13

050492

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
10-88-2057

OWNER

STREET OR RFD

last name

Chesapeake Holdings

first name

TOWN

Florence

SUBDIVISION

Foxdoor

SECTION

LOT 22

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED; THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOCheck  
if water  
bearing

Topsoil 0 1  
Br. Sandstone 2 12  
Tan Sandstone 12 80  
Granite 80 82  
Tan Sandstone 82 84  
Granite 84 235  
Quartz 235 236  
Granite 236 300

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 19.1 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

ST 6 21 70

EACH  
CASING

OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

SCREEN RECORD

insert  
appropriate  
code  
belowST BR HO  
STEEL BRASS OPEN  
HOLE  
PL PL OT  
PLASTIC OTHER

C 2

DEPTH (nearest ft.)  
1 19 300  
2  
3SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60

from to

GRAVEL PACK  
IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68OEP USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)T (E.R.O.S.) W Q  
70 72 74 75 76TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 71

WHEN PUMPING 88

TYPE OF PUMP USED (for test)

A air P piston T turbine  
C centrifugal R rotary O other (describe below)  
J jet S 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 2 (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)

see plot

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  
WELLI 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 PRE-  
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF  
MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

WPF 3/18/96  
afternoon  
OK - *[initials]*

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

Name of Installer RWR. PLUMBING INC

Telephone 531-2982

License Number 4605

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

Name of Property Owner JANET & JAMES DICKENS

Telephone 301-854-3835

Subdivision FOX MOOR Lot # 22

Well Tag # 40-88-005

Site Address 17715 QUAIL COVEY CT

Pump

1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible ☒

2. Make RED JACKET

3. Model # 75SEW1

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No N/A

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 \_\_\_\_\_

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220 ☒

Pitless Adapter

1. Make MARTINSON

2. Model # 1NSAD M1BL

3. Depth 4'

Tank

1. Capacity \_\_\_\_\_

2. Pressure relief valve? YES

Piping

1. Type WELL TUBING

2. Size 1"

3. NSF and/or BOCA Code approved YES

4. Depth of supply line 4'

Well data

1. Depth 300 ft.

2. Yield 10 GPM

3. Static water level 71 ft. BELOW M.P.

4. Will water supply be disinfected by installer? NO

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).

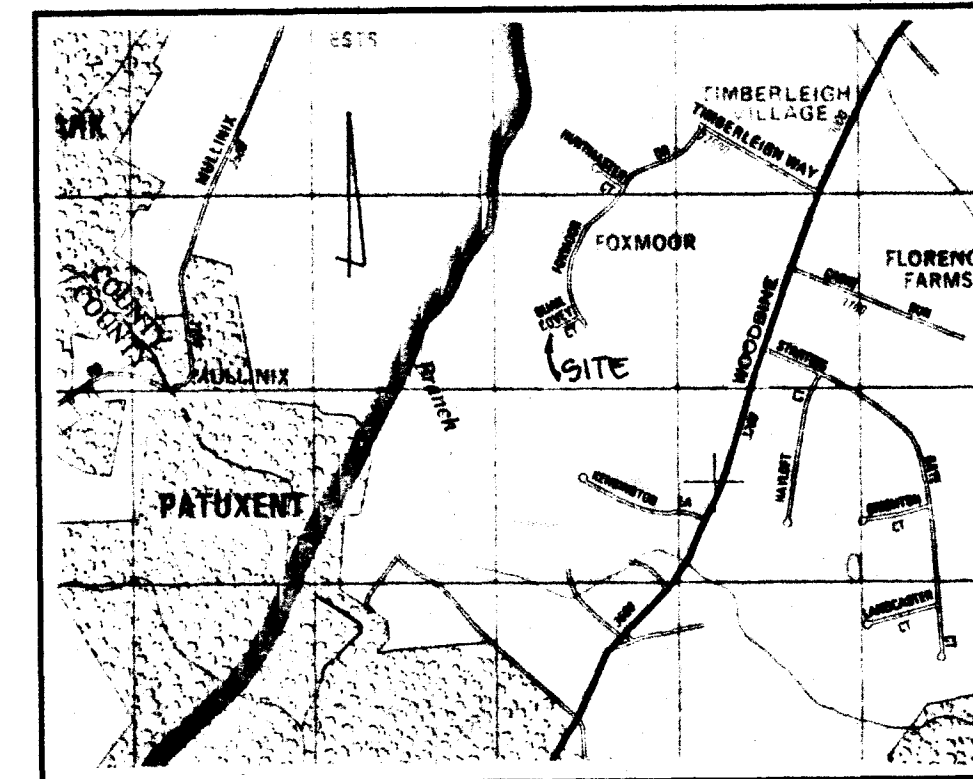
All information given above is true to the best of my knowledge.

Signature of Applicant: *[Signature]*

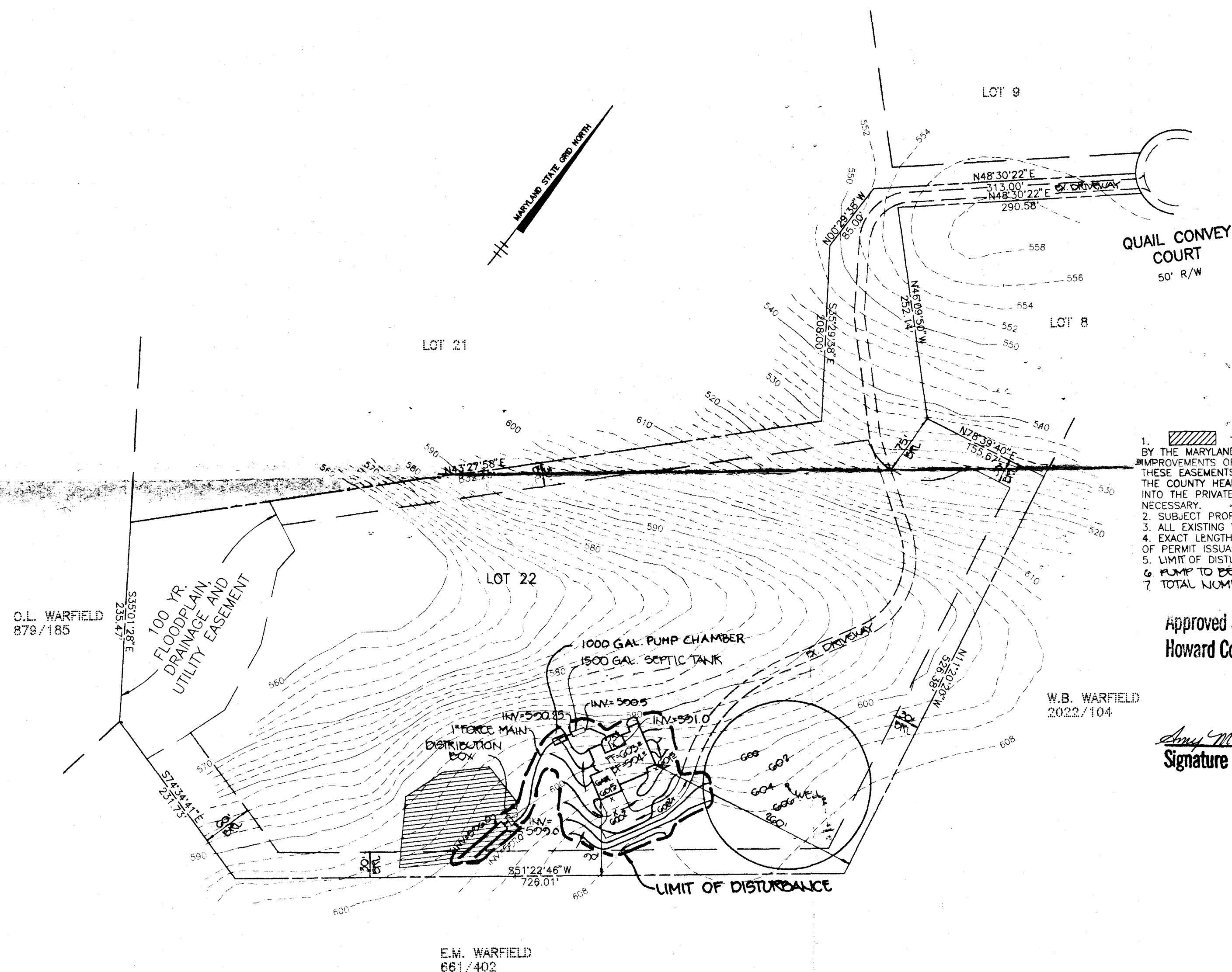
Date: \_\_\_\_\_

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





VICINITY MAP  
SCALE: 1" = 2000'



GENERAL NOTES

1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SF± AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE 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 SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. SUBJECT PROPERTY IS ZONED: R
3. ALL EXISTING WELL AND SEPTICS WITHIN 100' OF THE SUBJECT PROPERTY HAVE BEEN SHOWN.
4. EXACT LENGTH OF SEPTIC TRENCHES TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
5. LIMIT OF DISTURBANCE : 20,200 SF
6. PUMP TO BE ABS 50/11-4W SIDE DISCHARGE OR EQUAL.
7. TOTAL NUMBER OF BEDROOMS : 5

Approved Septic System Plan  
Howard County Health Department

W.B. WARFIELD  
2022/104

*Amy M. Miller* 8-4-95  
Signature Date

PLOT PLAN  
FOXMOOR  
LOT 22

PLAT NO. 10324  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: JULY 27, 1995

T.S.A. GROUP INC.  
8480 BALTIMORE NATIONAL PIKE, SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
(410) 465-6105

7501947  
Don