04-352629

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 47815
A 46074
DISTRICT 4th
DATE 3/6/92
DATE SYSTEM APPROVED 3/25/92
INSPECTOR C.B.D.

CHARLES SHAW & CO. IS PERMITTED TO INSTALL X ALTER

ADDRESS 7040 ROUTE 32 - CLARKSVILLE PHONE 531-5405

SUBDIVISION Scarlett Ridge LOT 4 ROAD 14943 Roxbury Road

PROPERTY OWNER Mr. & Mrs. Harold Clark

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3.0 feet wide. Inlet 5.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 5.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning at the front right lot corner, as seen from Roxbury Road, place the 250' distribution box 260 feet down the right (212.91'/430.38') lot line and 30 feet off the same lot line. Run trenches along contour toward the right lot line. Maintain a minimum of 100 feet from the well. D.B. 30' off right lot line

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 10/1/91 OK RH

PLANS APROVED BY Jane E. Nadeau cm DATE 7/25/91

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.

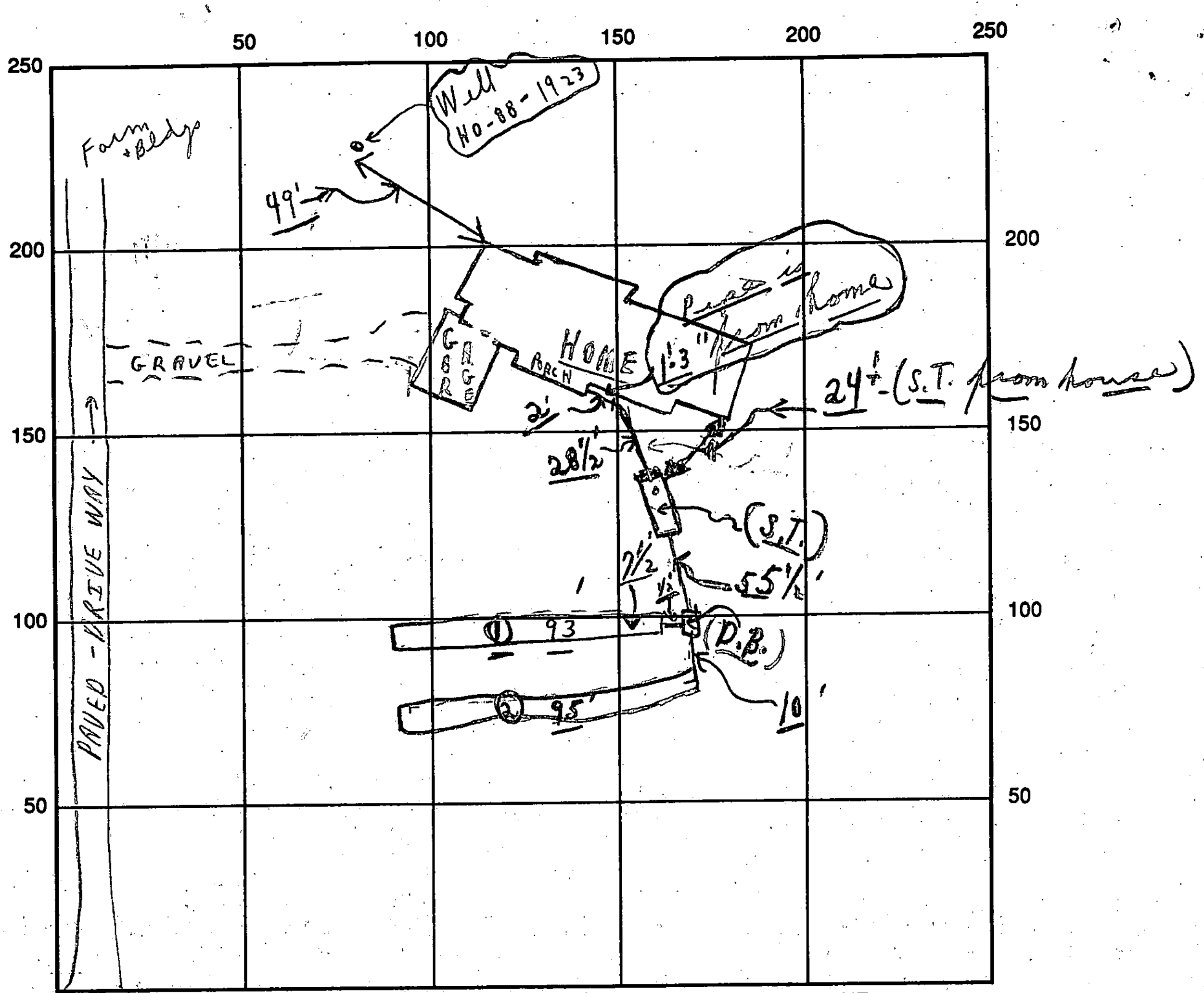
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

A 46074

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

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

HD-260(6-90)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← ROXBURY ROAD →

SEPTIC TANK LEVEL OK (1500± gallon) CLEANOUTS S.T. ok

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH ① 7.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5.5 FT.

EFFECTIVE GRAVEL DEPTH 2+ FT. TOTAL LENGTH ① 93' ② 95' FT. = } 188

NUMBER OF TRENCHES 2 ONE ~~SIDEWALL~~/BOTTOM AREA 564 SQ. FT.

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

ABSORBENT AREA 564 SQ. FT.

REMARKS: 3/24/92 Early P.M. per C.W. — No pipe or D.Box yet; just starting #① trench; ok to see {edges/ends} of trench + middle of #① trench on 3/25/92; 3/25/92 10:00a Final - ok to cover all work.

3/24 No W.P.I. C.B.S. 3/25/92 A.M. W.P.I. — not ready; C.B.S.

DATE SYSTEM APPROVED 3/25/92 INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

A 46074

P _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. 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 RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edgewood Farms Inc.

ADDRESS P.O. Box 189 Glenelg, MD 21737 PHONE 531-3455

PROSPECTIVE BUYER None

ADDRESS NA PHONE NA

PROPERTY LOCATION:

SUBDIVISION ~~Clark Property~~ Scarlet Ridge LOT NO 10 4 (Final F-91-119)

ROAD AND DESCRIPTION Roxbery ~~Mill~~ Road. One mile South of Triadelphia Property on Left.

TAX MAP 21 PARCEL # 63

SIZE OF LOT 3. TYPE BLDG Single
(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. Harold L Clark
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

WELL PERMIT ISSUED
WELL RELEASED 10/1/91
Serial 39858-SFD-
3 Bedrooms

THIS IS NOT A PERMIT

A-46074

LOT 10

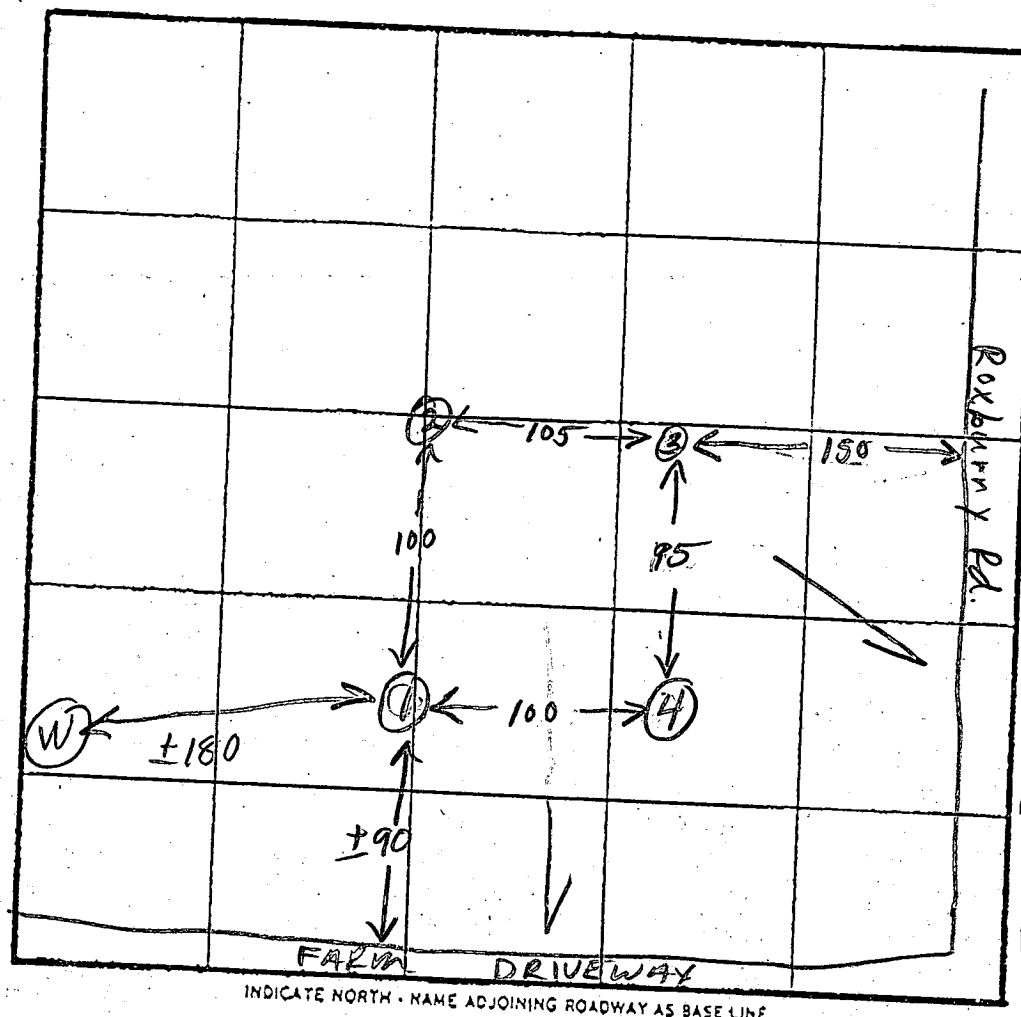
(1)

SOIL PROFILE

0 RED BROWN CLAY

6 LIGHT RED BROWN SILTY LOAM

12 BOTTOM



(3)

RED BROWN CLAY

4

RED BROWN SILTY LOAM

BED ROCK

12

(4)

ORANGE BROWN CLAY

6

RED BROWN SILTY LOAM

13 BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

$\bar{X}$ = 2 min
Inlet = 5.5 ft
Bottom 7.5 ft
180 sqft/bdrm

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/21/90	1S	5	11:18:00	SEE 15a			Failed
	1M	7½	11:18:30	11:19:30	11:19:30	11:21:30	2 min
	1V	12	See Profile (1)				
	2V	12	ORANGE BROWN CLAY +0.6 see profile (1)				
	3S	5	11:44	11:46	11:46	11:49	3 min
	3V	12	See Profile (3)				
	4S	5	11:29	11:31	11:31	11:33	2 min
	4V	13	See Profile (4)				
	15a	6	11:52	11:53	11:53	11:55	2 min.

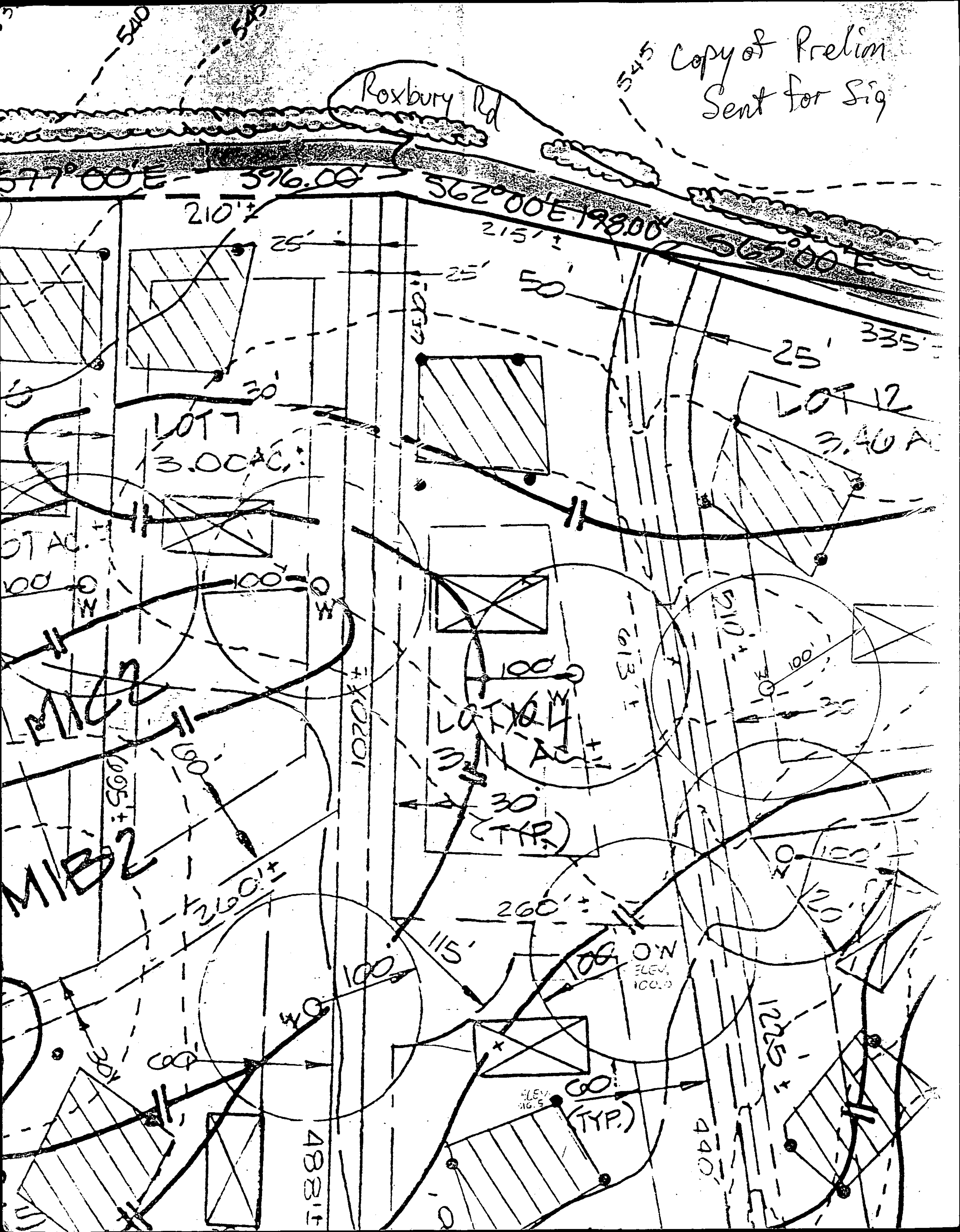
Rock at 12.0'

REMARKS

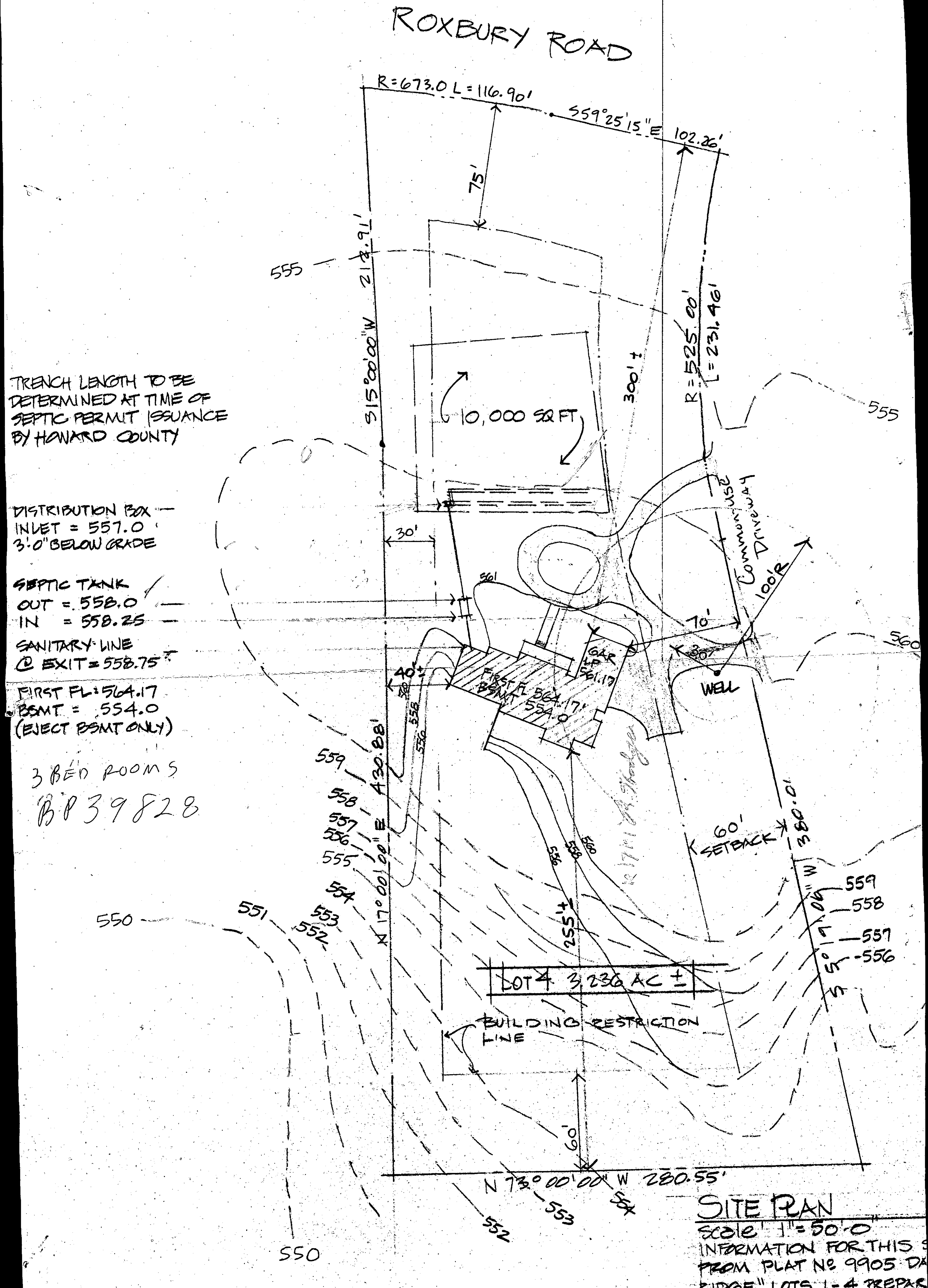
TYPE OF SOIL

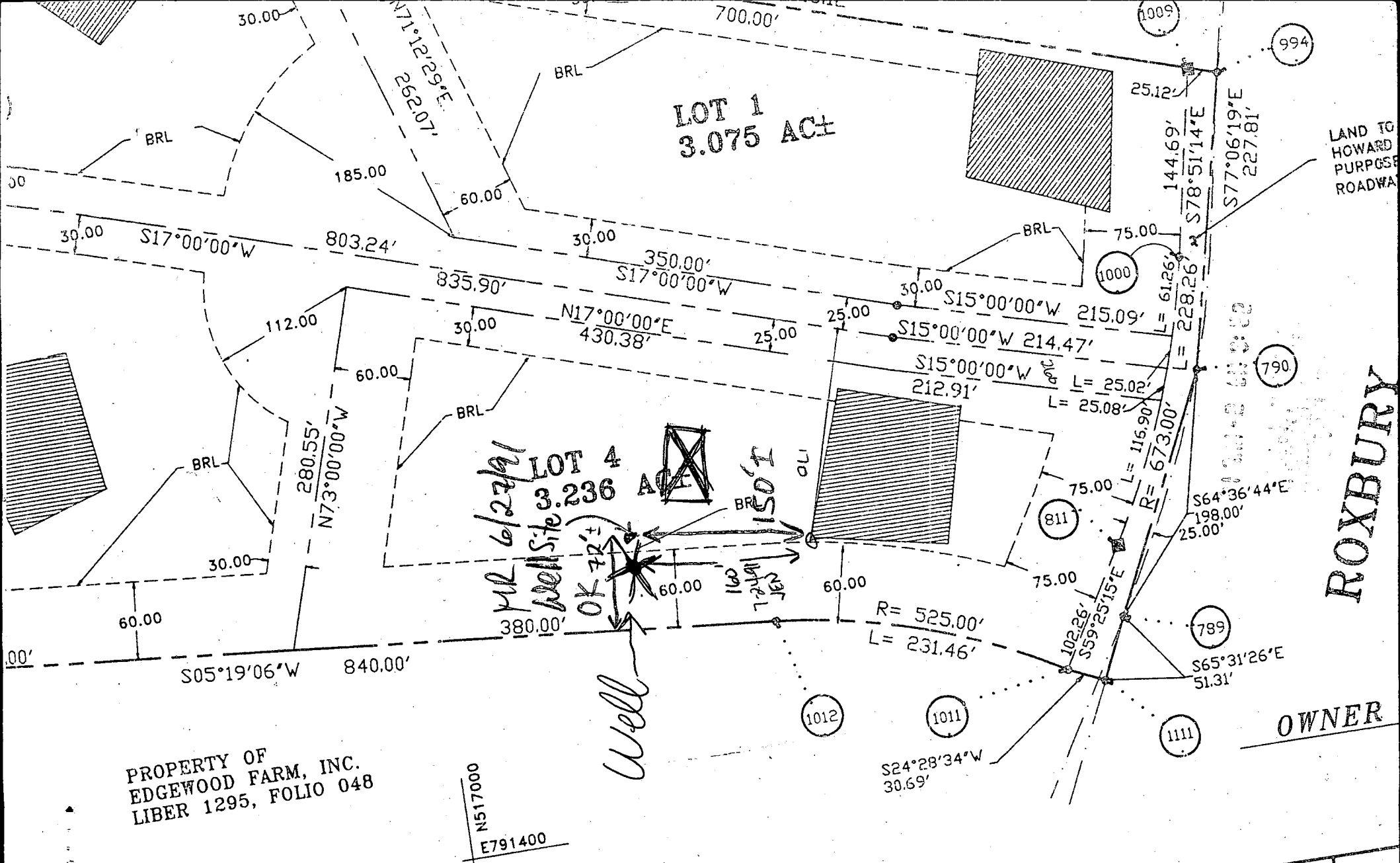
TESTED BY B. Adams

ALSO PRESENT



Copy of Prelim
Sent for Sig
Roxbury Rd
540
545
S77°00'E 396.00'
S62°00'E 198.00'
S65°00'E
210'±
215'±
25'
50'
335'
LOT 7
3.0 AC.±
LOT 12
3.40 AC.
LOT 4
AC.±
100'
W
30'
30' (TYP.)
60'
60' (TYP.)
MIB2
1070'±
1095'±
613'±
510'±
260'±
115'
1225'±
488'±
440'
ELEV. 100.0


ROXBURY ROAD
R=673.0 L=116.90'
S59°25'15"E 102.26'
75'
S15°00'00"W 218.91'
555
10,000 SQ FT
300'±
R=525.00'
L=231.46'
555
TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE BY HOWARD COUNTY
DISTRIBUTION BOX INLET = 557.0 3'-0" BELOW GRADE
SEPTIC TANK
OUT = 558.0
IN = 558.25
SANITARY LINE @ EXIT = 558.75
FIRST FL = 564.17
BSMT = 554.0
(EJECT BSMT ONLY)
3 BED ROOMS
BP39828
30'
561
COMMON USE DRIVEWAY
100'R
70'
30'
GAR LP 561.17
FIRST FL 564.17'
BSMT 554.0
40'±
WELL
560
559
558
557
556
555
554
553
552
551
550
N 17°00'00" E 430.88'
60' SETBACK
380.01'
S 5° 17' 06" W
559
558
557
556
255'±
LOT 4 3.236 AC ±
BUILDING RESTRICTION LINE
60'
N 73°00'00" W 280.55'
553
554
552
550
SITE PLAN
Scale 1" = 50'-0"
INFORMATION FOR THIS S
FROM PLAT No 9905 DA
RIDGE" LOTS 1-4 PREPAR



4
0
4
13.584AC±
0.240 AC±
13.824 AC±

RECORDED
RECORDED
CORDED
DED

SEWERAGE

OWNER'S CERTIFICATE

BY HAROLD L. CLARK, PARTNER, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT
CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING,
AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE
PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL
HEREON, (2) THE RIGHT TO REQUIRE DEDICATION FOR
FACILITIES AND OPEN SPACE WHERE
THE SPECIFIC PURPOSE OF THEIR
ERECTED ON OR

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WIT

C 1 4590 (1 2 3 6) 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 46074

ST/CO USE ONLY DATE Received: 1 (8–13)

DATE WELL COMPLETED: 07 24 97 (15–20)

Depth of Well: 160 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-88-1723 (28–37)

OWNER: Clark (last name) Harold (first name)

STREET OR RED: Roxbury Rd TOWN: Glenelg

SUBDIVISION: SCARLET RIDGE SECTION: LOT: 4

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 FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Clay	2	8	
Silt Sand Clay	8	65	
Sand Stone	65	75	
Mica	75	90	
Mica & Flint Mixed	90	95	✓
Mica	95	110	
Sand Stone	110	112	✓
Mica	112	160	

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

TYPE OF GROUTING MATERIAL

CEMENT (C M) (45–46) BENTONITE CLAY (B C)

NO. OF BAGS 30 NO. OF POUNDS 3000

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52) ft. to 46 (54–58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:

ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60–61)	6 (63–64)	86 (66–70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below:

ST STEEL; BR BRASS BRONZE; HO OPEN HOLE; PL PLASTIC; OT OTHER

C 2

		DEPTH (nearest ft.)	
EACH SCREEN 1	HO (8–9)	69 (11–15)	160 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): 3 (8–9)

PUMPING RATE (gal. per min. to nearest gal.): 10 (11–15)

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 35 (17–20)

WHEN PUMPING: 54 (22–25)

TYPE OF PUMP USED (for test)

A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): 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: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (49); (–) below (49) LAND SURFACE 2 (nearest foot) (50–51)

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.

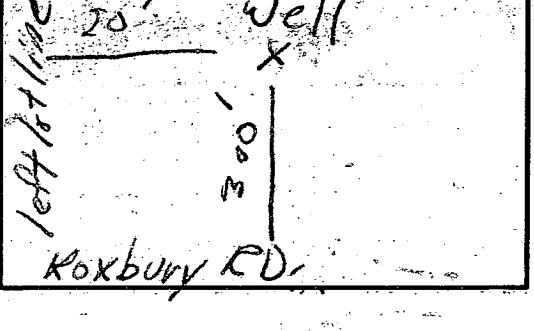
DRILLERS IDENT. NO. 40

Roger F. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)



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

T (70) TELESCOPE CASING; (E.R.O.S.) (72) LOG INDICATOR; W Q (74–76) OTHER DATA

COUNTY

3/27/92 AM

(3/27/92 No inspection)

No Final Not ok C.Bd.

Water + mud in hole covering line & placed

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

No inspection (3/27) — No inspection

APPLICATION FOR PITLESS ADAPTER WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # 47716
Date 1/7/92

Name of Installer Allen M. Van Sant ian Telephone 442-2221

License Number 1862
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Harold Clark Telephone ____
Subdivision ____ Lot # 4 Well Tag # HO-88-1923
Site Address 14943 RoxBury Rd Glenelg

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 5HS05412
4. Capacity 5 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 1/2
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Harvard
2. Model # ____
3. Depth 3 Ft

Tank
1. Capacity 42
2. Pressure relief valve? Yes

Piping
1. Type #160LS
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3 Ft

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? Yes

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: 12-20-91

Rain Water & Mud over construction on 3/27 C.Bd
No

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

Note: Left card 3/27/92 at casing to clear mud + water & call; Hold for a call. C.Bd

HD-215