

8/22/90 ASAP

05-405092

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 46264

A 46188

DATE 8/17/90

DATE SYSTEM APPROVED

8/27/90

INSPECTOR

Mark Rifkin

INDEXED

Wayde Souder/Wesmar Corporation

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 13990 Triadelphia Mill Road, Dayton, MD

PHONE 531-2166

SUBDIVISION The Chase

ROAD 11645 Vixens Path

LOT 10

PROPERTY OWNER

Richard M. Tolbert ROBERT P. WILLET JR

ADDRESS

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER~~ ~~XXXXXX~~ ~~YES~~ ~~XXXXXXXXXX~~ ~~NO~~ ~~XXXXXX~~

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - SPECS FOR ADJUSTED SPECTED SYSTEM: Place distribution box 125 feet from rear (355.00') lot line and 90 feet from the right (205.11') lot line. Run trenches on contour; trenches on either side limited to 50 feet. Refer to site development plan (Revised 8/10/90) for detail of existing trench abandonment and new trench layout. Maintain 100 feet from all wells.

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK/MR

PLANS APPROVED BY

Mark Rifkin

DATE 8/13/90

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

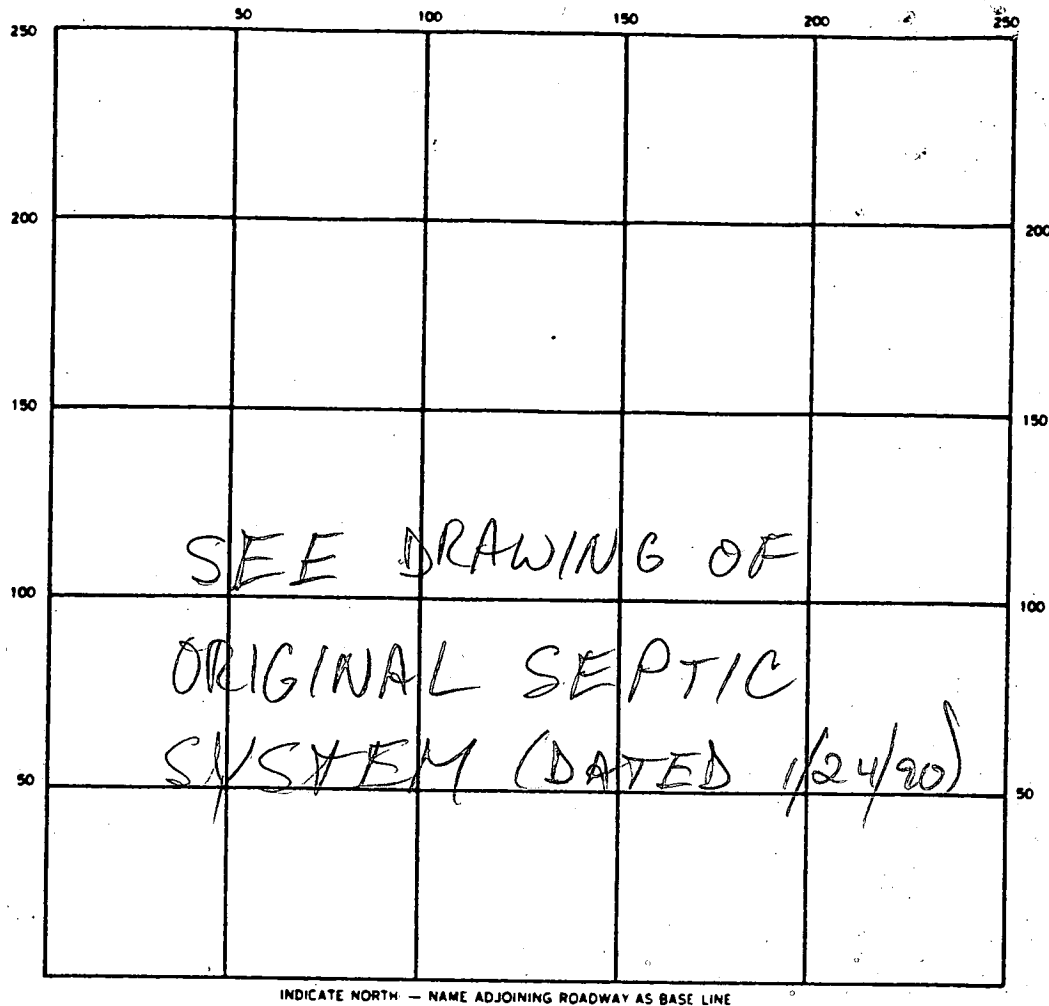
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

SLUG PERMIT  
AND RETURNED 6/22/2000  
B00125038  
GAZEBO

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

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

46188



SEPTIC TANK. LEVEL                      CLEANOUTS                     

DISTRIBUTION BOX. LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH ④62 ⑤69 ⑥73 FT.

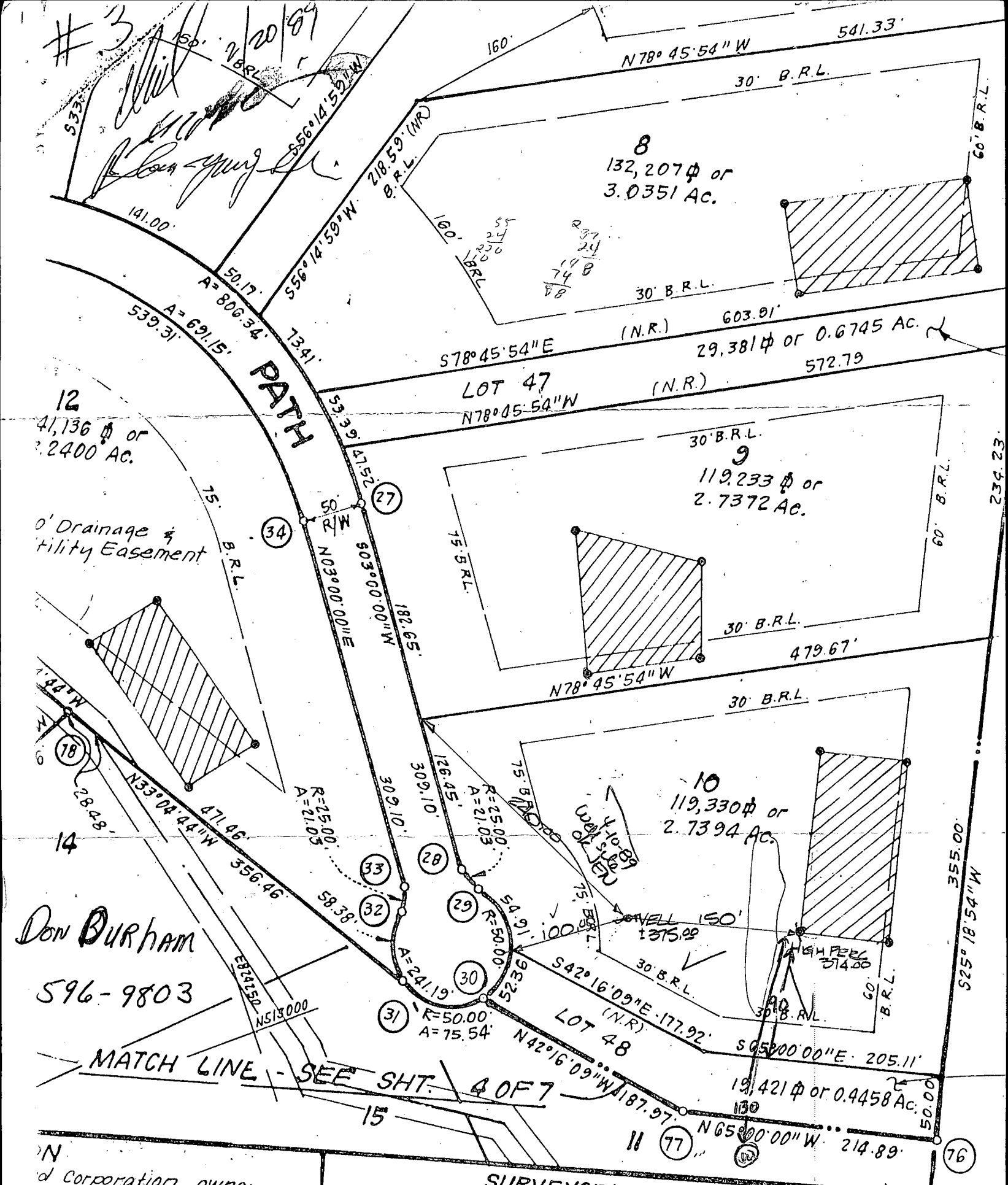
NUMBER OF TRENCHES 3 additional 5 total ~~ONE SIDEWELL~~/BOTTOM AREA ①86 ②207 ③219 SQ. FT.

DRYWELL INSIDE DIAMETER                      FT. EFFECTIVE DEPTH BELOW INLET                      FT.

ABSORBENT AREA 611 SQ. FT.

REMARKS 8/27/90 3 NEW TRENCHES INSTALLED & OK; FIRST EX. TRENCH ABANDONED, PORTIONS OF 2 OTHER EX. TRENCHES IN PROCESS OF ABANDONMENT (STONE REMOVAL); NOT NEC. TO MOVE DB, CONTRACTOR MAINTAINED DESIRED AMT. OF REPAIR AREA BY EXTENDING EA. OF 3 NEW TRENCHES; FINISH ABANDONMENT & COVER OR

DATE SYSTEM APPROVED 8/27/90 INSPECTOR M. R. P. Kin



**SURVEYOR'S CERTIFICATION**

I hereby certify that the Final Plat shown hereon is correct; that it is a subdivision of all of the land conveyed from Wayback Corporation to Wright Family Corporation, by a deed dated December 9, 1986 and recorded among the Land Records of Howard County, Maryland in Liber 1568 at Folio 243; Wright Family Corporation is now Howard Estate Development Corporation, by Articles of Merger dated December 16, 1986 and filed with the State Department of Assessments and Taxation of Maryland; and that all monuments are in place, or will be in place, prior to acceptance of the streets in the subdivision by Howard County as shown in accordance with the Annotated Code of Maryland as amended.

Dec. 18, 1986  
DATE

Donald B. Sackett  
DONALD B. SACKETT  
Registered Land Surveyor  
Md. No. 605

Don Burham  
596-9803

Seal

Don Burham, JR. Vice Pres.

RE  
ON  
OF

TAI  
5TH  
SCA

# APPLICATION

PERCOLATION TESTING

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

A 36986

P \_\_\_\_\_

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation Richard M. Tolbert

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 796-5617  
997-8800

PROSPECTIVE BUYER NONE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 10

ROAD AND DESCRIPTION Homewood Road 11645 Vixens Path

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.  
(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 Sidney W. Abel FOR Shallow tile field DATE 1-5-87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6/24/86 Rec. Satisfactory HOLD FOR Subdivision PLAT. S. Abel

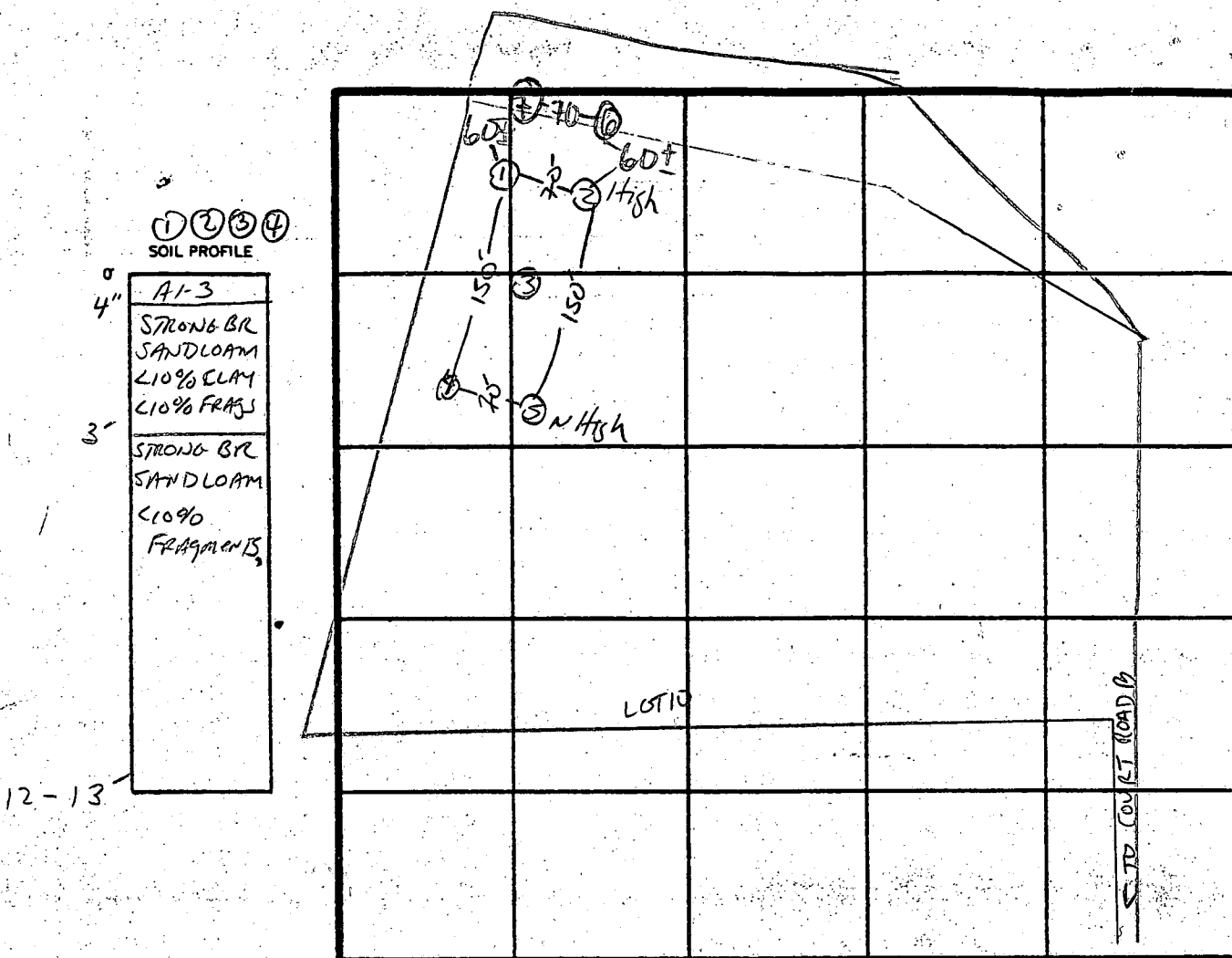
6/24/86 Shallow Syst. Only

ENDG. PERMIT SIGNED  
AND RETURNED 8/24/89

Serial # 28579-SFD.

# THIS IS NOT A PERMIT

4 Beckson



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
HOMewood Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/24/86	1 S V	4' 12' UNIFORM SOIL	1:34	1:35	1:34	1:37	3min
	2 S M	4' 9'	1:30	1:31	1:31	1:33	2min
			1:30	1:31	1:31	1:34	3min
	2 V	12' DUNE CO #1					
	3 V	13' DUNE CO #1 & 2 SAND LOAM BELOW					3'
	4 S V	3.5' 13' SAMEAS HOLE #1-3	1:26	1:27	1:27	1:29	2min
	5 S V	3.5' 12' DUNE CO AND OTHER HOLES	1:23	1:28	1:24	1:26	2min
7/27/80	6	11 1/2' SAME AS #1 W/W H & TAN FR					
	7	13 1/2' SAME AS #1 W/W H & TAN					

REMARKS: HOLES DUG Per PLAT

5. eff

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 # 45520  
Date 1-30-90

Name of Installer Kirsten R. H. Inc.

Telephone 725-5000

License Number 1862

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Richard Tolbert Telephone           

Subdivision Chase Lot # 10 Well Tag #           

Site Address 11645 Vixen Path

Pump

1. Type
  - a. Deep well jet ☐
  - b. Shallow well jet ☐
  - c. Submersible ☒
2. Make Goulds
3. Model # 5RS10 4/2
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 hp
2. RPM
3. Voltage           
  - a. 110
  - b. 220 ☒

Pitless Adapter

1. Make Hammond
2. Model #
3. Depth 3 ft

Tank

1. Capacity 42
2. Pressure relief valve? Yes

Piping

1. Type #160
2. Size 1"
3. NSF and/or BOCA Code approved ☒
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? ☐

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: 1-30-90

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

1/30/90

THE PERMIT IS IN THE MAIL

C. Walker

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 KASTNER Telephone \_\_\_\_\_  
License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
Name of Property Owner Talbert Telephone \_\_\_\_\_  
Subdivision THE CHASE Lot # 10 Well Tag # HO-88-0531  
Site Address 11645 Vixen's Path

Pump Motor Pitless Adapter  
1. Type 1. Horsepower \_\_\_\_\_ 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
2. Make \_\_\_\_\_ b. 220 \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ 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 \_\_\_\_\_

Tank Piping Well data  
1. Capacity \_\_\_\_\_ 1. Type \_\_\_\_\_ 1. Depth \_\_\_\_\_ ft.  
2. Pressure relief valve? \_\_\_\_\_ 2. Size \_\_\_\_\_ 2. Yield \_\_\_\_\_ GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? \_\_\_\_\_

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: \_\_\_\_\_

Date: 1/30/90

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

2387

SEQUENCE NO.  
(DENV USE ONLY)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 36786

DATE RECEIVED  
IN COUNTY (ON ALL CARDS)

DATE RECEIVED

8 13

DATE WELL COMPLETED

092589

Depth of Well

22 360 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

41-99-0531

OWNER

STREET OR RFD

last name

first name

TOWN

SUBDIVISION

SECTION

LOT

## 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

TO

Check  
if water  
bearing

SANDSTONE

0

33

GRAY MICH  
BECK

33

44

## 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 8 NO. OF POUNDS 750

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 31 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST CO  
STEEL CONCRETE  
PL PL OT  
PLASTIC OTHERMAIN Nominal diameter Total depth  
CASING top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)

St 1 38

EACH  
CASING

## OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole  
insert  
appropriate  
code  
below

## SCREEN RECORD

ST BR HO  
STEEL BRASS OPEN  
PL BRONZE HOLE  
PLASTIC OTHER

C2

EACH  
SCREEN

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour)

A

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

2

METHOD USED TO

MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

30

WHEN PUMPING

260

TYPE OF PUMP USED (for test)

A air P piston T turbine  
C centrifugal R rotary O other  
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)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

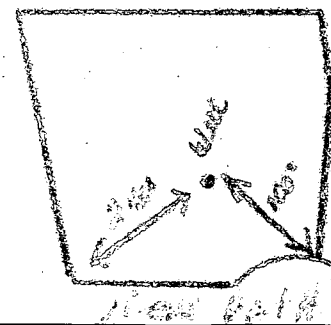
+ above

LAND SURFACE

- below

(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)CIRCLE APPROPRIATE LETTER  
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 10.17.13 "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. 238

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

COUNTY



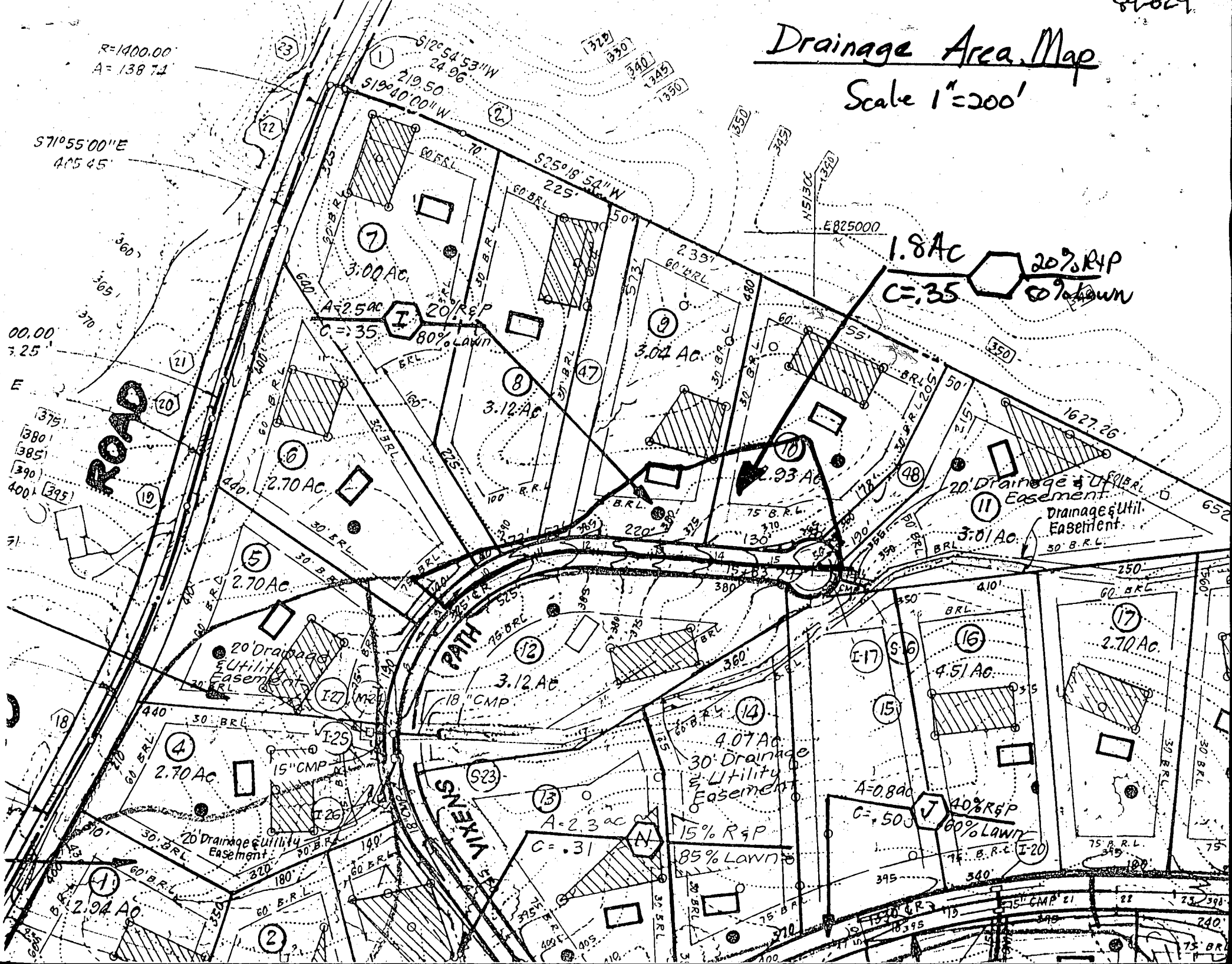
B 1	2217	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-0531 <small>fill in this form completely</small>
<p>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</p>				
<p><b>OWNER INFORMATION</b></p> <p>Date Received (APA) 040589</p> <p>15 Last Name: DUHAM 21 Owner: W 27 First Name: DONALD 34</p> <p>36 Street or RFD: 13267 LAKE SIDE DRIVE 55</p> <p>57 Town: CLARKSVILLE 70 State: MD 72 Zip: 21029 76</p>			<p><b>LOCATION OF WELL</b></p> <p>8 COUNTY: HOWARD 21</p> <p>23 SUBDIVISION: THE CHASE 42</p> <p>SECTION: 44 46 LOT: 10 50</p> <p>52 NEAREST TOWN: CLARKSVILLE 71</p> <p>73 MILES FROM TOWN (enter 0 if in town): 3 76 77 78 MI</p>	
<p><b>DRILLER INFORMATION</b></p> <p>Driller's Name: Joseph L. MAYNE 77 License No. 80: 238</p> <p>Firm Name: Joseph L. Mayne Well Drilling</p> <p>Address: 5512 Ridge RD. Mt. Airy 2111</p> <p>Signature: Joseph L. Mayne Date: 4/5/89</p>			<p><b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b></p> <p><b>NEAR WHAT ROAD</b> Vixen Path 30</p> <p><b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b></p> <p>34 100 37 DISTANCE FROM ROAD ENTER FT or MI F 4</p>	
<p><b>WELL INFORMATION</b></p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20</p>			<p><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p>Howard COUNTY NAME A 36786 COUNTY NO.</p> <p>STATE SIGNATURE: [Signature] INSERT S 41</p> <p>DATE ISSUED: 041089 43 CO SIGNATURE: Gene T. Madson 48 EXP. DATE: 10-10-89</p> <p>NORTH GRID: 512000 50 55 EAST GRID: 0824000 57 63</p>	
<p><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>			<p><b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b></p> <p>SOURCES OF DRILLING WATER</p> <ol style="list-style-type: none"> <li>Well</li> <li></li> <li></li> </ol> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>512000 55 0824000 57 63</p>	
<p>APPROXIMATE DEPTH OF WELL 300 24 28 FEET</p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH</p>			<p>5/25/89 / Well Driller</p> <p>8 = Saw some of ground</p> <p>38' Well casing</p> <p>2' Casing above ground</p> <p>31' Ground - open C.B. &amp; per well outline (Von Tag - R)</p>	
<p><b>METHOD OF DRILLING (circle one)</b></p> <p>BORED (or Augered) JETTED Jetted &amp; DRIVEN</p> <p>AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>CABLE REVERSE-ROTARY Drive-POINT</p> <p>other _____</p>			<p><b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52</p>	
<p><b>Not to be filled in by driller (OEP USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER _____ 54 GAP _____ 63</p> <p>FORCE J N WRITE INITIALS PERMIT NO. H0-88-0531 67 68 IN BOX 70 71 72 73 74 75 76 77 78 79</p>			<p><b>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</b></p>	
<p>SPECIAL CONDITIONS</p>				

# Drainage Area Map

Scale 1"=200'

R=1400.00  
A=138.74

S71°55'00"E  
405.45'





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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

July 9, 1990

*Reply to:*

Mr. Edward A Puckett  
Janal Pools, Inc.  
9693-S Gerwig Lane  
Columbia, Maryland 21046

Re: The Chase - Lot 10  
Vixen's Path  
Ellicott City, Maryland 21043

Dear Mr. Puckett:

On July 9, 1990 we discussed your proposed swimming pool location for the above referenced property in advance of submittal of the building permit application.

The location you proposed impacts on the sewage disposal easement and installed septic system. You are encouraged to consider alternate locations which would not have this impact.

If you determine to pursue the location discussed, the following would be required in order to gain a recommendation for approval from this office:

- (1) Successful percolation test to establish suitable conditions for modification of sewage reserve area. (\$100 application fee; 6 - 8 week time frame from date of application to scheduling of test.)
- (2) If the percolation test is successful, abandonment and replacement of one or more sewage disposal trenches would be required. (Septic system repair permit fee - \$10.) Any trench within a 20 feet radius of the pool would have to be taken out of service, all gravel to be removed and replaced by clean compacted fill. This level of protection is necessary so that an abandoned trench is not vulnerable to leakage from the pool, which could in turn saturate trenches still in service further down hill.
- (3) An engineered plat of the revised sewage disposal easement would have to be submitted for Health Officer's Signature.

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Bureau of Environmental Health

3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Director 461-9956    Water and Sewerage, Permits 461-9933    Community Environmental Health 461-9944  
Technical Services 461-9955

Mr. Edward A. Puckett

-2-

July 9, 1990

As you can see, these corrections are quite involved; a modification of the proposed pool location would seem to be a more reasonable solution.

Yours truly,

A handwritten signature in cursive script, appearing to read "Craig Williams".

Craig Williams, Director  
Water and Sewerage Program

CW:cm

cc: GYC Builders

THE CHASE  
LOTS 1 THRU 48  
PLAT 7260

LOT 9

JENNS

PATH

N78°45'54"W

479.67'

355.00'

LOT 10

119,330 S.F. or  
2.7394 Acres

S25°18'54"W

TOTAL LENGTH OF  
TRENCH = 300 L.F.

PHILIP A. CARROLL  
L. 93  
P. 229

Note: Ex. 12" CMP To be removed  
and replaced by 17"x13" CMPA  
16 ga. 28 L.F.

See Ho. Co. Std. R-606 for  
Residential Driveway Entrance.

Ingress And Egress Easement  
Folio

WELL  
ADJ.  
LOT 11

1500 Gal. SEPTIC TANK  
Drop Grd. Elev. 79.50

S65°00'00"E

THE CHASE  
PLAT 7260

205.11

R=25.00'  
A=21.03'

12" CMP

15" CMP

25' BRL

12' BRL

8' BRL

4' BRL

2' BRL

1' BRL

6"

3"

1 1/2"

3/4"

1/2"

3/8"

1/4"

1/8"

1/16"

1/32"

1/64"

1/128"

1/256"

1/512"

1/1024"

1/2048"

1/4096"

1/8192"

1/16384"

1/32768"

1/65536"

1/131072"

1/262144"

1/524288"

1/1048576"

1/2097152"

1/4194304"

1/8388608"

1/16777216"

1/33554432"

1/67108864"

1/134217728"

1/268435456"

1/536870912"

1/1073741824"

1/2147483648"

1/4294967296"

1/8589934592"

1/17179869184"

1/34359738368"

1/68719476736"

1/137438953472"

1/274877906944"

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1/9353610478917491454313003981760262599104"

1/24/90 pm

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 45100  
A 36986  
DATE 10/20/89  
1/24/90

DATE SYSTEM APPROVED

INSPECTOR M.R. Fria

Wayde Souder/Wesmar Corporation

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13990 Triadelphia Mill Road, Dayton, MD. PHONE 531-2166

SUBDIVISION The Chase ROAD 11645 Vixens Path LOT 10

PROPERTY OWNER Richard M. Tolbert

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 130 feet from the back 355' lot line and 140 feet from the left (479.7') lot line as seen when facing the lot from Vixen's Path. Run trenches on contour toward the left and 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. OK/CW

PLANS APPROVED BY Sid Abel DATE 1/05/87

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

BOG. PERMIT SIGNED

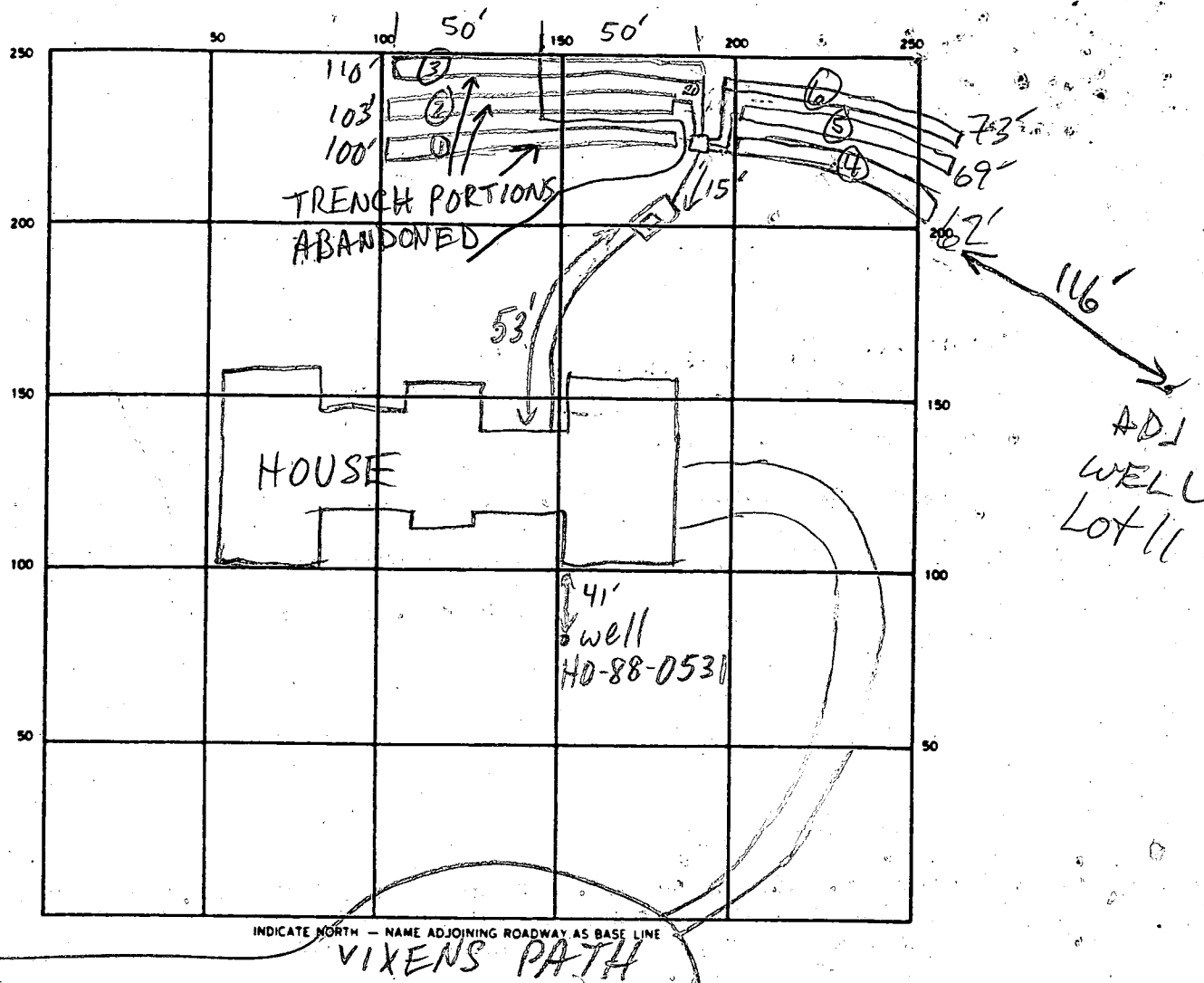
AND RETURNED

Serial # 33921  
1/24/90  
100 gal purpose  
Canh

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

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

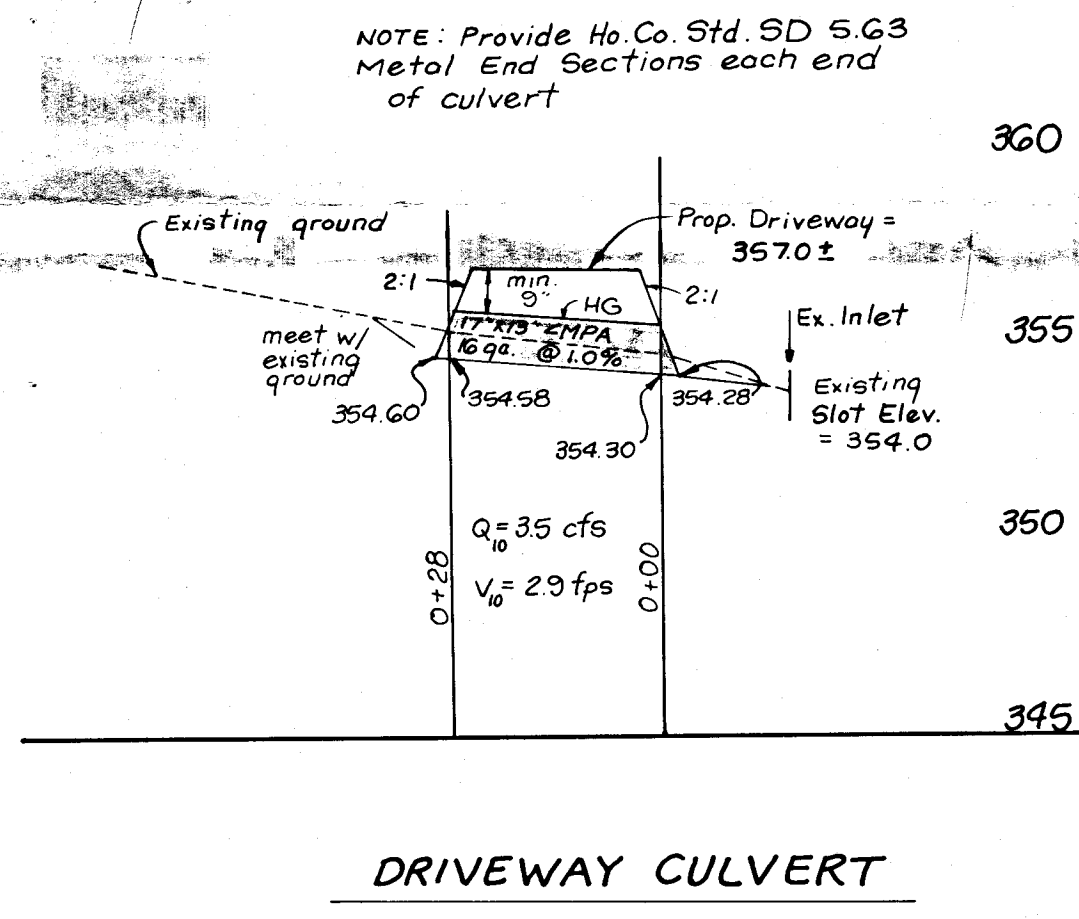
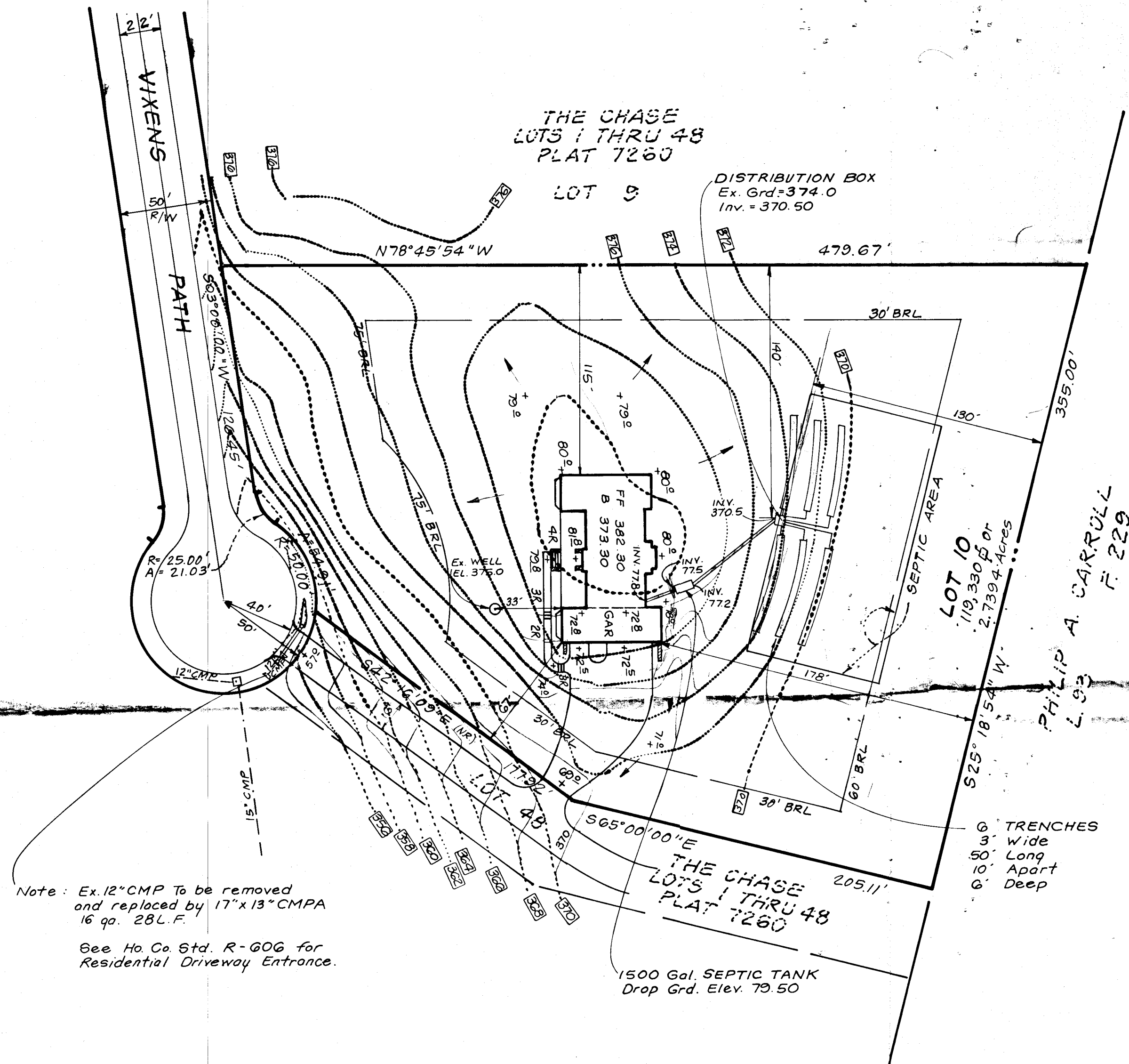
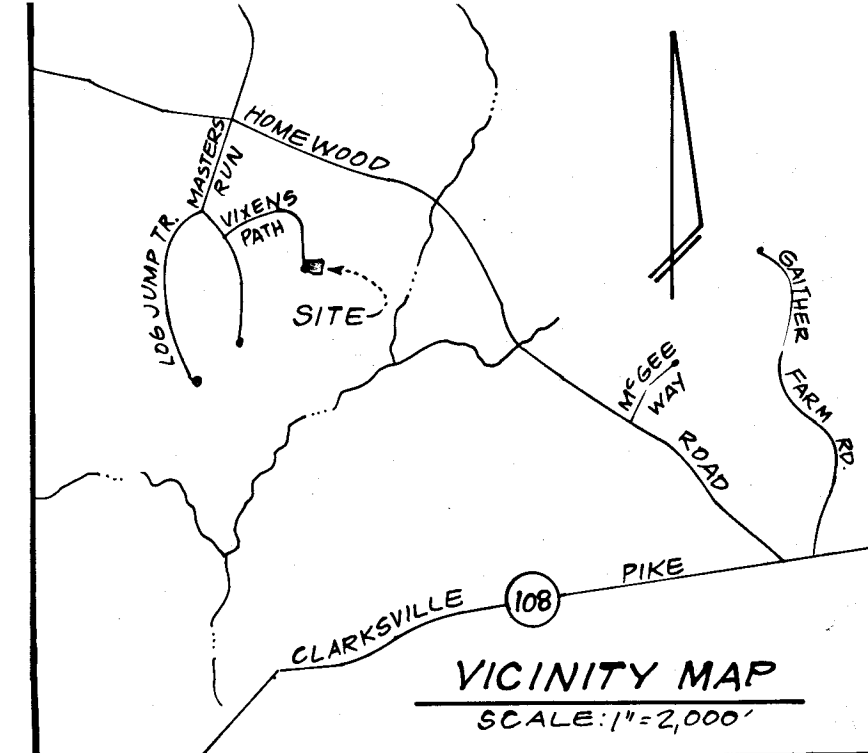
11645  
VIXENS PATH



SEPTIC TANK. LEVEL 1500 GAL-OK CLEANOUTS MANHOLE-OK  
 DISTRIBUTION BOX. LEVEL OK - BAFFLE IN  
 DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.  
 EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 1100 103 110 } 313 FT.  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 939 SQ. FT.  
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS 12/5/89 OK TO MOVE SDA 30' TOWARD RIGHT LOT LINE MR  
1/24/90 OK TO COVER ALL MR  
8/27/90 NEW DRAWING FOR SDA ADJUSTMENT FOR  
POOL/TENNIS CT; SEE OTHER SEPTIC SHEET  
FOR INFO MR

DATE SYSTEM APPROVED 1/24/90 INSPECTOR M. Rife



Scale: Hor. - 1"=25'  
Vert. - 1"=5'

8/24/89  
PLANS OK RH

<b>CLARK • FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7200 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED JME	<b>SITE DEVELOPMENT PLAN</b> <b>LOT 10</b>	SCALE 1"=50'
DRAWN BAK VLM	<b>THE CHASE</b> TAX MAP NO. 29 PARCEL NO. 24 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	DRAWING 1 OF 1
CHECKED JME	FOR: G.Y.C. Builders 11356 Homewood Rd. Ellicott City, Maryland 21043	JOB NO. 89-029
DATE JULY 1989		FILE NO. 89-029-X



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00123342
---	---	-----------------------------------

Building Address <u>11645 VIXENS PATH</u> <u>ELLICOTT CITY, MARYLAND 21042</u>	Property Owner's Name <u>ROBERT &amp; CHRISTINE WILLET</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>11645 VIXENS PATH</u>
Census Tract _____ Subdivision <u>THE CHASE</u>	City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code _____
Section _____ Area _____ Lot <u>10</u>	Home Phone <u>(410)</u> Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>SINGLE FAMILY DWELLING</u>	Contractor Company <u>ANTHONY &amp; SYLVAN POOLS, INC.</u>
Proposed Use <u>SAME, WITH POOL AND SPA</u>	Contact Person <u>GEORGE A. SCHWEICH - CONTRACTOR</u>
Estimated Construction Cost \$ <u>29,100.00</u>	Address <u>10840 GUILFORD ROAD, SUITE 407</u>
Description of Work <u>CONCRETE INGROUND POOL WITH DE. FILTER</u> <u>POOL TO BE FILLED BY TRUCK</u> <u>25'6" WIDE, 55' LONG, 3' TO 8' DEEP</u> <u>WITH 8' DIVING BOARD. TOTAL S.F. = 1,300</u>	City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>20701</u>
<u>EXISTING 5.0' PICKETT FENCE. MEETS CODE</u>	License No. <u>19347</u>
Occupant or Tenant <u>SAME AS OWNER</u>	Phone <u>(301) 470-1930</u> Fax <u>(410) 792-2818</u>
Contact Name _____	Engineer or Architect Company <u>N/A</u>
Address _____	Contact Person <u>A</u>
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	Multi-family dwellings: _____	Natural Gas <input type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	
	Full _____	No. of 2 BR units: _____	
	Partial _____	No. of 3 BR units: _____	
	Other Suppression _____	Other Structure: <u>INGROUND POOL</u>	
	# of Heads _____	Dimensions: <u>25'6" X 55'</u>	
		Footings: _____	
		Roof: _____	
		State Certified Modular _____	
		Manufactured Home _____	
			Sprinkler system: N/A <input type="checkbox"/>
			NFPA #13D _____
			NFPA #13R _____
			Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

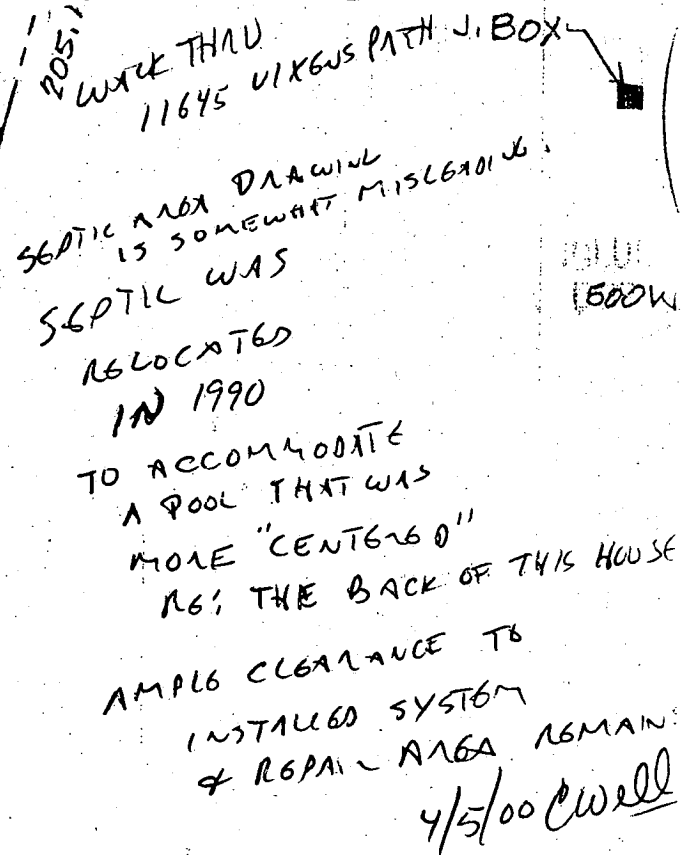
<u>George A. Schweich</u> Applicant's Signature <u>AGENT FOR CONTRACTOR</u> Title/Company	<u>GEORGE A. SCHWEICH</u> Print Name <u>April 4, 2000</u> Date
--	---

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u>
<u>Land Development, DPZ</u>			Front: _____	Filing fee \$ _____
<u>State Highways</u>			Rear: _____	Permit fee \$ _____
<u>Building Official</u>			Side: _____	Excise tax \$ _____
<u>Dev. Engineering, DPZ</u>	<u>4/5/00</u>	<u>C. Willet</u>	Side St.: _____	Sub-total paid \$ _____
<u>Health</u>			All minimum setbacks met? _____	Add'l permit fee \$ _____
<u>Fire Protection</u>			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>125.00</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? _____	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
a: permit form  
RECEIVED HEALTH DEPT  
APR 10 5-10 PM 2000  
Rev. 10/15/98

1 HOURS OF GRADING ARE INCLUDED  
ANY ADDITIONAL HOURS ARE CHARGED DIRECTLY TO THE USER



11645  
SITE 1

PATH

