

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-318672

#### HOWARD COUNTY HEALTH DEPARTMENT

##### BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

P 50847

A 47209

DISTRICT 3rd

DATE 8-28-95

DATE SYSTEM APPROVED 8/31/95

INSPECTOR M. Rifkin

INDEXED

W.T. Cumberland & Company

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 16391 A.E. Mullinix Road, Woodbine, MD 21797 PHONE 854-6838

SUBDIVISION West Friendship Estates LOT 10 ROAD 3161 River Valley Chase

PROPERTY OWNER Henry & Jane Kroner  
ADDRESS 3161 River Valley Chase  
West Friendship, MD 21794

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

#### BUILDING PERMIT SIGNED

#### AND RETURNED

8-24-95 800 55703-Enlarge Room

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 195 feet down the right (355.61) lot line and 60 feet off that same lot line as seen when facing the lot from River Valley Chase. Run trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/31/95 DKS

PLANS APPROVED BY Amy McMillen

DATE 7/18/95

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



# APPLICATION

PERCOLATION TESTING

A 47209

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 6/13/91

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 PERCONTEE, INC. HARRY + JANE KRONER

ADDRESS 11900 TECH RD, SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

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

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES Section III LOT NO 105  
35

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/- TYPE BLDG \_\_\_\_\_

BLDG. PERMIT SIGNED

AND RETURNED 7/18/95

Serial # 60687  
SFD - 15 Bedroom

(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.

John C. Kroner  
(SIGNATURE OF APPLICANT)  
FOR PERCONTEE, INC.

APPROVED BY John C. Kroner FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

THIS IS NOT A PERMIT

47209

ONLINE  
SOIL PROFILE

4 BROWN CLAY

BROWN SAND SILT LOAM

10 1/2

2 BROWN CLAY

BROWN SAND SILT LOAM

ONLINE  
3

BROWN CLAY

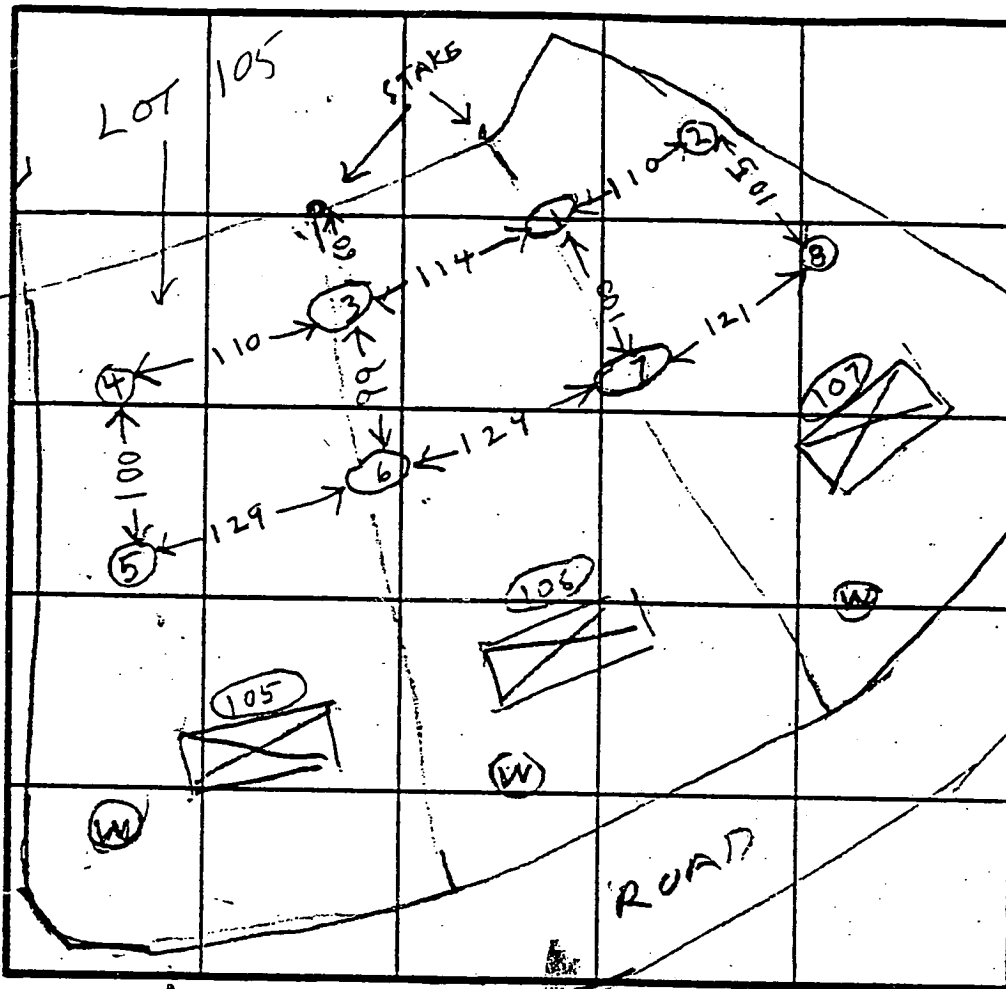
BROWN SAND SILT LOAM

ROAD

4

BROWN CLAY

BROWN SAND SILT LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

5 BROWN CLAY  
BROWN SAND SILT LOAM

ONLINE  
6 CLAY SAND SILT LOAM

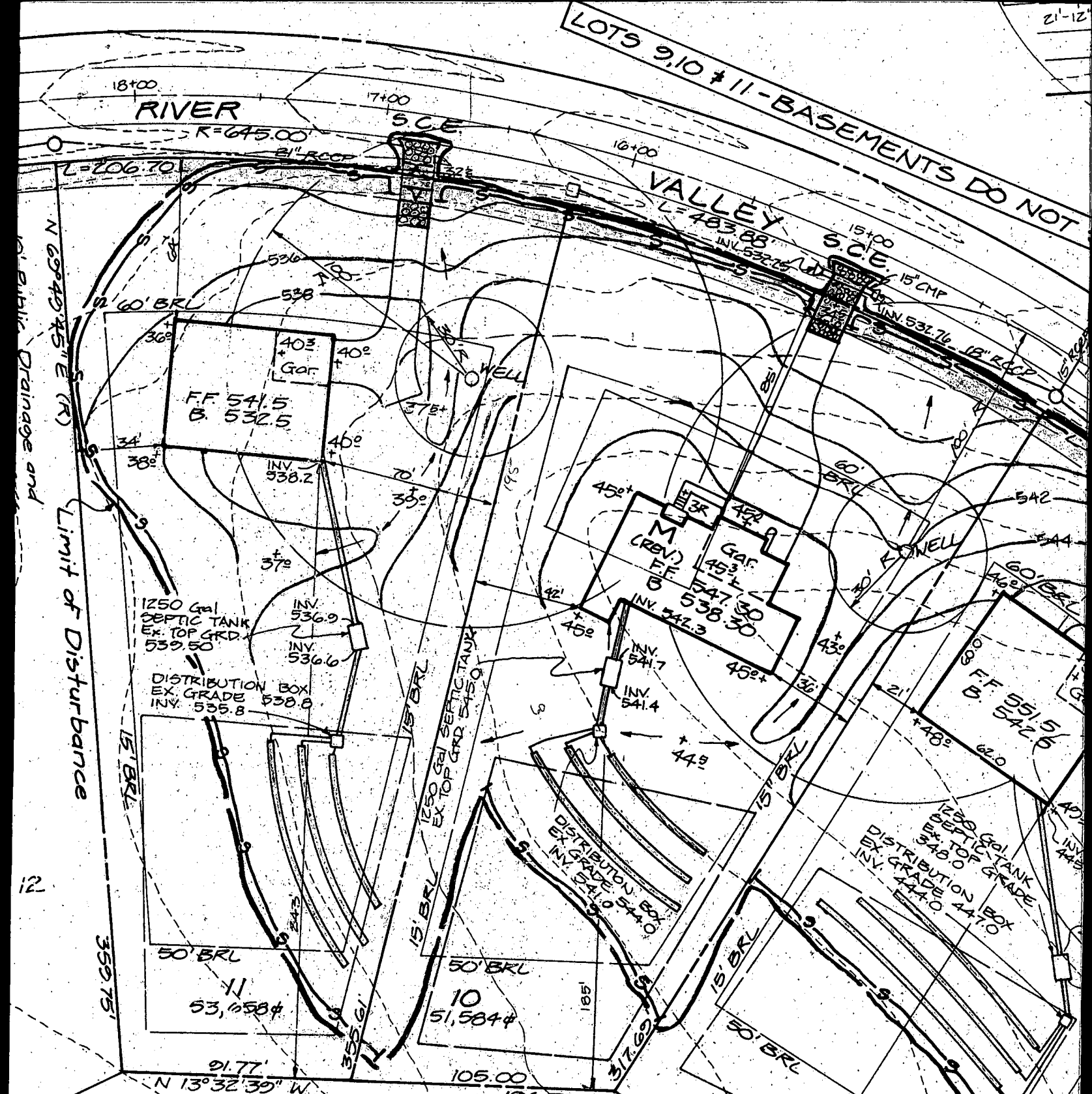
ONLINE  
7 BROWN CLAY  
BROWN SAND SILT LOAM

12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/24/91	15	5	1052	1055	1055	1102	7	ON LOT 10
7/24/91	2	10	OK					LOT 10
	3	4	1104	1104	1104	1108	4	LOT 10
	4	10.5	OK	1112	1112	1113	1	ON LOT 10
	4S	5	1122	1123	1123	1124	1	LOT 10
	4V	11.5	OK					LOT 10
	5	1.2	OK					LOT 10
	6S	4	1204	1206	1206	1209	3	ON LOT 10
	6V	7.5	1203	1205	1205	1207	1207	LOTS 10 & 11
	6	11	OK					
	7S	3.5	1213	1218	1218	1221	3	ON LOT 10
	7D	7.5	1217	1224	1224	1229	5	LOT 7
	7V	12	OK					
	8V	11 1/2	OK					

REMARKS: Hole 4(5) dug Per Survey on Stake Other Holes  
 TYPE OF SOIL: clay different  
 TESTED BY: [Signature]  
 JOHN REEDER  
 ALSO PERCENT GUTTERMAN

8 BROWN CLAY  
BROWN SAND SILT LOAM



Approved Septic System Plan  
Howard County Health Department

Amy M. Mullen 7-18-95  
Signature Date

Length of trench to be determined  
at time of septic permit issuance

HOWARD S.C.D.  
Technical Requirements  
7/6/95  
Date  
Preservation Service

DEVELOPER'S/BUILDER'S CERTIFICATE

"I/We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary."

SEPTIC PLAN IS APPROVED  
FOR SEDIMENT  
AND EROSION CONTROL  
BY THE HOWARD SOIL  
CONSERVATION DISTRICT.

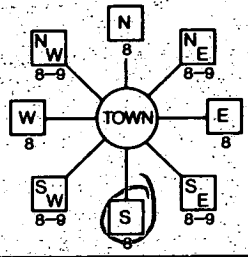
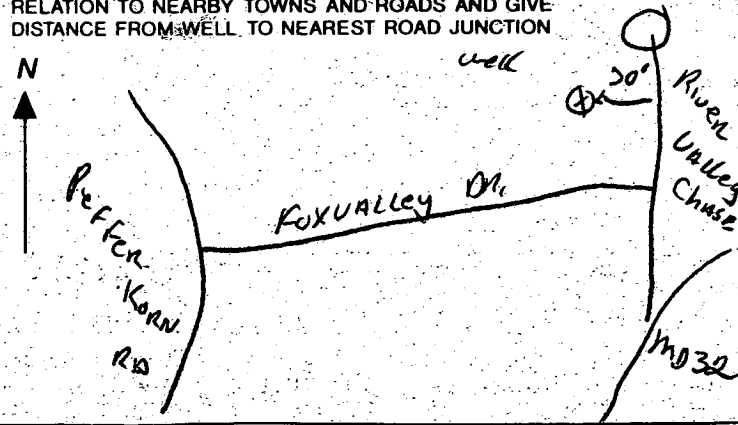
7/6/95  
Date

Philip A. Dorsey  
Signature

10-18-94  
Date

I have  
Erosion  
plan  
conc  
with  
Dist

W 50712

<b>B 1</b> 0621 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>H0-94-0574</b> <small>70 fill in this form completely 79</small>
<b>OWNER INFORMATION</b> Date Received (APA) <b>062015</b> <b>DOKSEY BUILDERS INC</b> <small>15 Last Name 34 Owner First Name</small> <b>13090 OLD AREC RD</b> <small>36 Street or RFD 55</small> <b>SYKESVILLE MD 21154</b> <small>57 Town 70 State 72 Zip 76</small>		<b>B 3</b> <b>LOCATION OF WELL</b> <b>HOWARD</b> <small>8 COUNTY 21</small> <b>WESTER EMO SHIP A EST.</b> <small>23 SUBDIVISION 42</small> SECTION <b>7</b> LOT <b>10</b> <small>44 46 48 50</small> <b>WESTER EMO SHIP A</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <b>1</b> MI <small>73 76 77 78</small>	
<b>DRILLER INFORMATION</b> Driller's Name <b>Ralph MAYNE</b> Firm Name <b>Ralph MAYNE (well drilling)</b> Address <b>9120 Brown Church Rd Mt. Airy</b> Signature <b>Ralph Mayne</b> Date <b>6/12/95</b> <small>77 License No. 80</small>		<b>B 4</b> <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>NEAR WHAT ROAD</b> <b>River Valley Chase</b> <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 37</small> <b>20</b> DISTANCE FROM ROAD ENTER FT OR MI <b>FT</b> <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14 20</small>		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL <b>150</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6"</b> INCH <small>NEAREST INCH</small>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>HOWARD</b> <small>COUNTY NAME</small> STATE SIGNATURE _____ DATE ISSUED <b>062095</b> <small>43 48</small> CO SIGNATURE <b>Charles Bryan V. Thacker</b> EXP. DATE <b>6/20/96</b> <small>50 55 57 63</small> NORTH GRID <b>529000</b> EAST GRID <b>0808000</b>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 37</small> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>8008</b> N <b>5209</b> <small>000 000</small>	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <small>54 63</small> FORCE <b>C</b> WRITE INITIALS IN BOX <b>INITIALS</b> PERMIT No. <b>H0-94-0574</b> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <b>410-750-2836</b> <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

C1 2715

SEQUENCE NO.  
(MDE 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# 47209

ST/CO USE ONLY

DATE Received

070795

DATE WELL COMPLETED

062895

Depth of Well

22 245 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0-99-0579

OWNER DORSEY BUILDERS INC.  
STREET OR RFD RIVER VALLEY CHASE TOWN WEST FRIENDSHIP  
SUBDIVISION WEST FRIENDSHIP EST. SECTION 1 LOT 10

## 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

Top Soil

0 2

Sandy

2 35

Sand Stone

35 45

MICKA

45 65

Sand Stone

65 75

MICKA

75 245

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐NO. OF BAGS 15 NO. OF ROUNDS 1500

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

PL

6

50

EACH  
CASING

## OTHER CASING (if used)

diameter  
inchdepth (feet)  
from to

CASING

screen type  
or open hole  
insert  
appropriate  
code  
below

## SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes

no

Y

N

## 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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 116Ralph WayneDRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. 117Ralph WayneSITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

C2

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  
H0 48 245

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN (NEAREST  
INCH)

56 60

GRAVEL PACK

IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE

LOG

OTHER DATA

CASING

INDICATOR

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

5

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

33 ft.

WHEN PUMPING

27 ft.

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  
(CIRCLE) (YES or NO)YES ☐ NO ☒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 29CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)

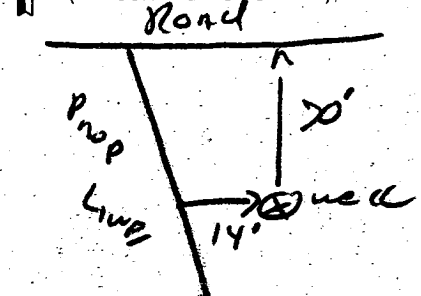
+ above

- 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)

COUNTY

