

8/19/92

1ax ID - OS - 415179
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48517

A 47490

DISTRICT 5th

DATE 9/8/92

DATE SYSTEM APPROVED 8/19/92

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Shepherd Property LOT _____ ROAD 5008 Ten Oaks Road

PROPERTY OWNER Wayne Johnson

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS INSTALL: PUMP SEPTIC SYSTEM

NUMBER OF BEDROOMS 3
180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the right rear lot corner, place the distribution box 85 feet down the right lot line and 20 feet off the same lot line. Run trenches on contour toward rear of lot.

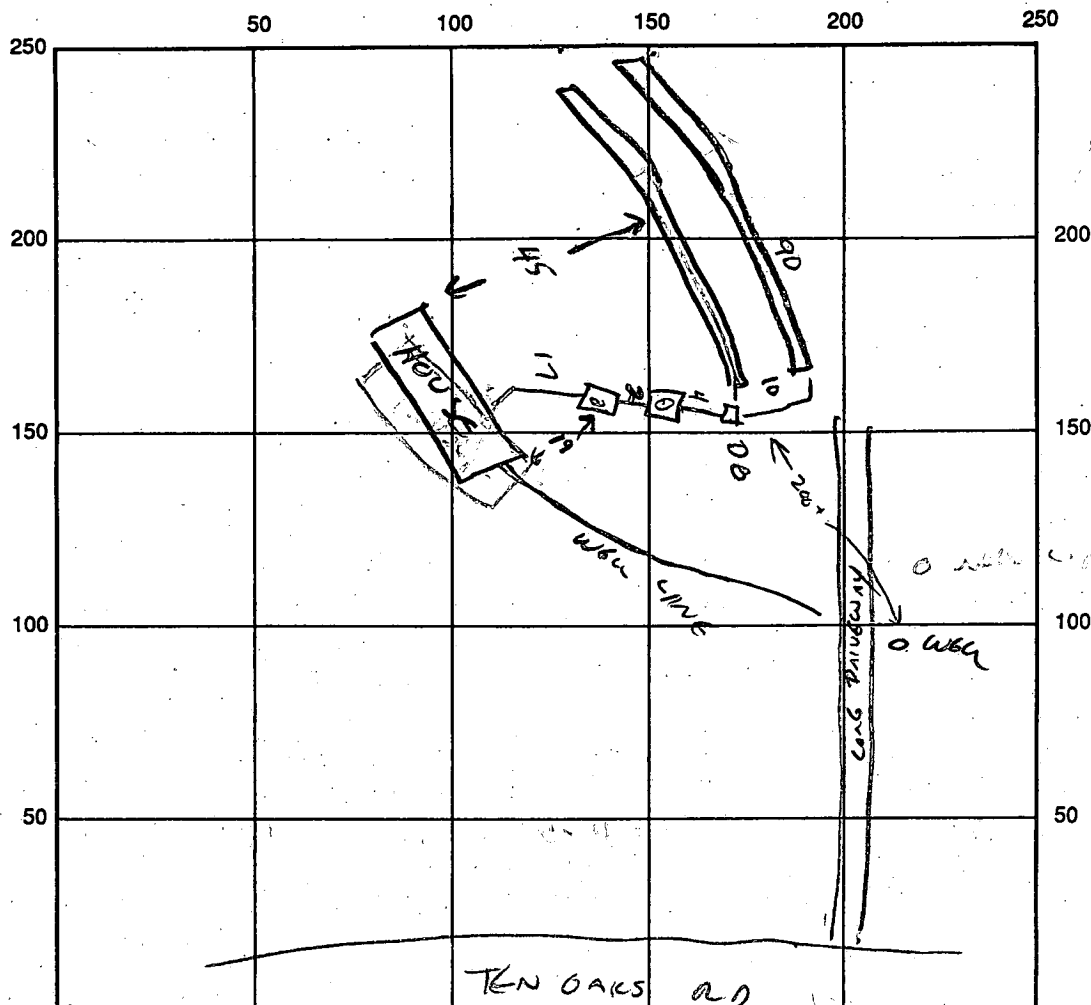
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/1/92 RH

PLANS APPROVED BY Mark Rifkin DATE 3/31/92

- 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**

A
47490



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL ✓

CLEANOUTS STV ✓ MANHOLE ON PUMP PIT ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 @ 90' ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 8/19/92 SUFFICIENT AREA REMAINS FOR AT LEAST ONE COMPLETE
GASIVITY FLOW REPAIR. SYSTEM COMPLETE - OK TO COVER. CW.

DATE SYSTEM APPROVED 8/19/92

INSPECTOR C. Willett

APPLICATION

PERCOLATION TESTING

A 47490
P _____

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

DISTRICT _____
DATE 9/18/91

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 ORVILLE + PATRICIA STEPHERD Johnson

ADDRESS 5006 TEN OAKS RD. CLARKSVILLE MD. 21029 PHONE 301-854-0026

PROSPECTIVE BUYER WAYNE + TRACY JOHNSON [T/C, Not current]

ADDRESS 10612 OXHORN CT. Columbia MD. 21044 PHONE 301-997-5466

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 474/263

ROAD AND DESCRIPTION 5008 TEN OAKS RD. CLARKSVILLE

TAX MAP 28 PARCEL # P.140

SIZE OF LOT 7 ACRES TYPE BLDG Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 5/15/92
Serial # 42615 -
SFD-3 Bedroom
Single Family Dwelling

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.

Wayne Johnson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC OK HOLD FOR PLAT 10/18/91 MR

BLDG. PERMIT SIGNED
AND RETURNED 5/15/92
Serial # 42615 - SFD-3 Bedroom

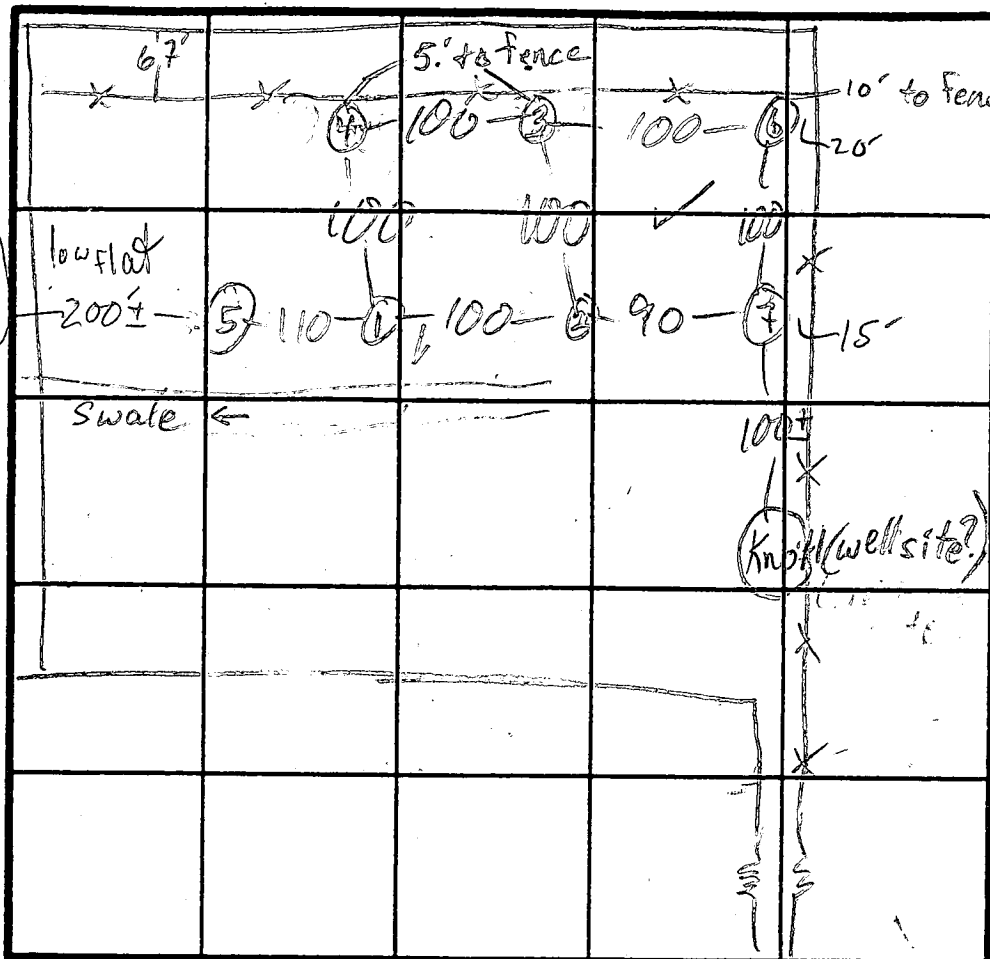
THIS IS NOT A PERMIT

A 47490

property line in dispute

SOIL PROFILE

very sandy
cl loam
mica
3
brn pink
powdery
sa lm
high
mica
mottles?
at 6'
↓
13



② + ③

brn pink sa
clay lm 1 1/2 - 3
pink
brn
sa lm
hi mica
5% frags
mottles
at bot
13 1/2 - 14

$\bar{X} = 3$
180 # BR
Inlet 3'
Bottom 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TENOAKS RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/24/91	1 S	2	10:12:30	10:13:30	10:13:30	10:14:30	1
	1 M	4	10:13			10:13:40	
	1 M ₂	REPOUR	10:14:30	10:15:00	10:15:00	10:16	1
	1 V	13	see	profile			
	2 S	3	10:20	10:21	10:21	10:22	1
			10:22:30	10:23:30	10:23:30	10:25	1 1/2
	2 V	14	see	profile			
	3 S	4	10:30:30	10:34	10:34	10:42	8 EST
	3 V	13 1/2	see	profile			
	4 S	3 1/2	10:32:30	10:38	10:38	10:43	5 EST
	4 V	13	see	profile			
	5 V	10	WATER	AT 9" CAVE-IN 2 1/2			
	6 S	3 1/2	11:04	11:06:30	11:06:30	11:08:30	2
			11:05				

REMARKS 6 V 14 see profile
WATER IN LOW HOLES; USE ②-③-⑥-⑦

TYPE OF SOIL

TESTED BY M. Rifkin

ALSO PRESENT Fyock & co, buyer

org brn
sa cl lm
yell brn
mottles
at 5'
sa lm
↓
damp dk
brn sa. lm
mottles
at bot

APPLICATION

PERCOLATION TESTING

A 47490

P _____

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

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 D. Shepherd

ADDRESS 5006 Ten Oaks Rd PHONE _____

PROSPECTIVE BUYER Wayne & Tracy Johnson

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Ten Oaks Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

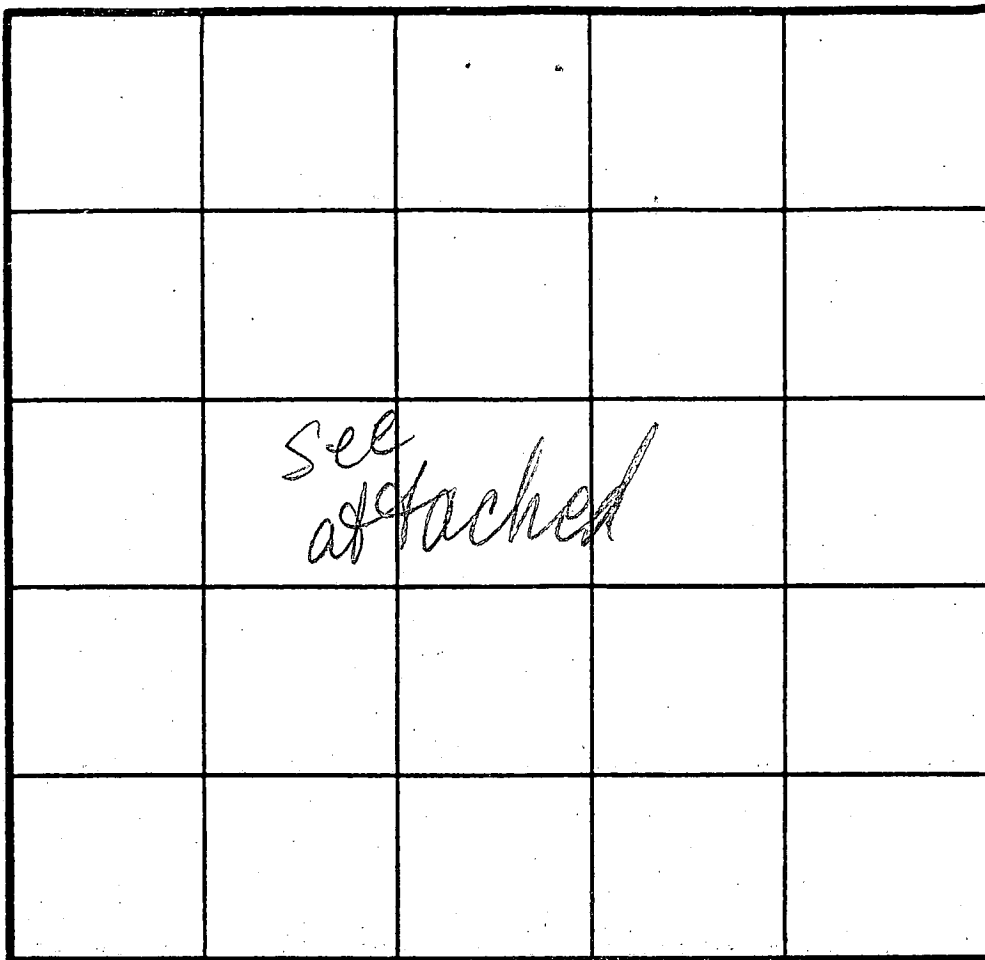
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

② + ②

SOIL PROFILE

2-2 1/2
0'
brn sa
cl. 1m
lt. brn
sa 1m
hi mica
10-20%
Fraggs
some
leached
some
blocky
12 1/2-14



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/24/71	7.5	3	11:08	11:10	11:10	11:13	3
	7 v	12 1/2	see profile				

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Rifkin

ALSO PRESENT Fyock & Co, buyer

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

EVALUATION OF S.D.A.
EXISTING HOUSE
RE: SUBDIVISION OF
LOT FROM PROPERTY

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 Orville Shepherd

ADDRESS 5006 Ten Oaks Rd PHONE _____

PROSPECTIVE BUYER Wayne & Tracy Johnson

ADDRESS 6612 Oxhorn Ct Col. 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Shepherd Property LOT NO. EXISTING HOUSE

ROAD AND DESCRIPTION 5006 Ten Oaks Rd

TAX MAP 28 PARCEL # 140

SIZE OF LOT _____ TYPE 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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

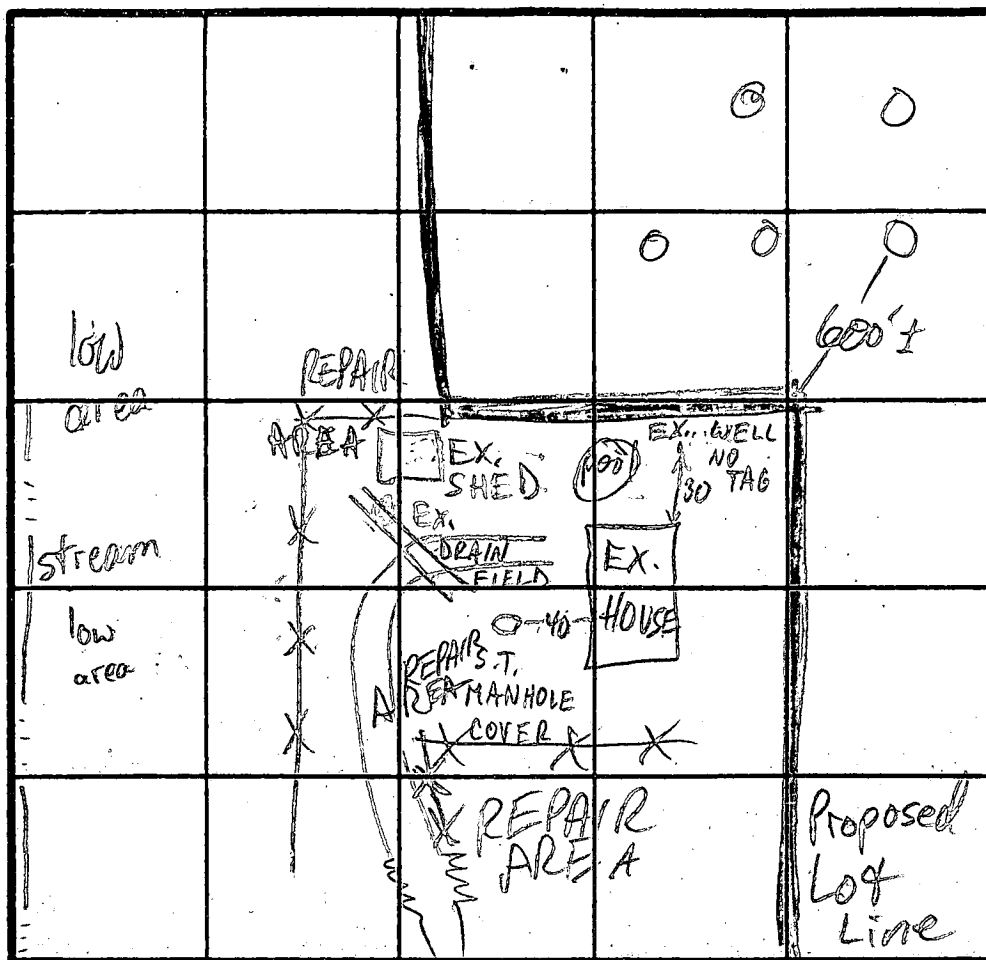
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



TEN OAKS RD. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/24/71	NO	PERCS	NEC.				
	AREA FOR NEW LOT TOO FAR AWAY						
	UP HILL TO AFFECT EX. SEPTIC						

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Riffin ALSO PRESENT Fyock & Co, buyer

+ BASEMENT
SERVICE
elevations OK
MR 5/15/92

DISTRIBUTION BOX
INV. IN 552.00
557.50
1000 GALLON
PUMP PIT

SEPTIC TANK
INV. IN 445.89 545.89
INV. OUT 445.38 545.39

WELL
EX. ELEV. 559.4

PLAN
1" = 50'

1 complete
+ repair
+ Double-Tank
7/31/92
A.M.

565

560

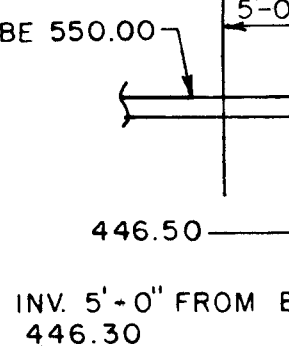
555

550

545

540

535



330.90
S10° 1' 10" W

S80° 31' E
124.85

S82° 31' E
420.92

495.86
S13° 58' W

N83° 23' W
731.61

60' B.R.L.

30' B.R.L.

30' B.R.L.

163' ±
142' ±
134' ±
85' ±

344' ±

INV. 559.0

EX. 560.7

EX. 554.5

EX. 557.7

EX. 558.75

EX. 558.75

EX. 558.75

EX. 558.75

EX. 558.75

EX. 558.75

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EX. 558.75

TRENCH

SEPTIC FIELD

Temporary
Stockpile
Area

10' MIN.

540

540

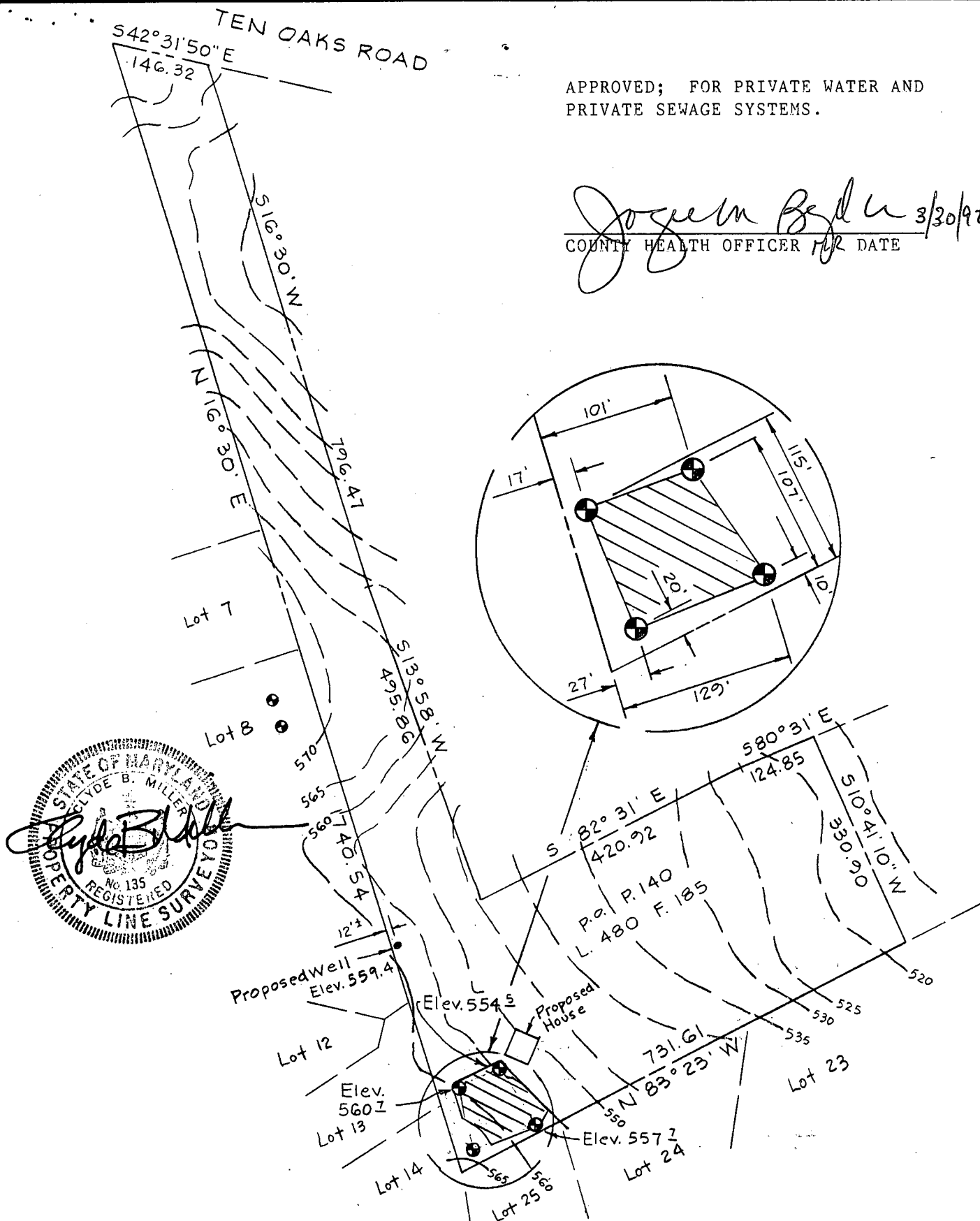
560


N 16° 30'

BE 550.00
5'-0"
446.50
INV. 5'-0" FROM B
446.30


APPROVED; FOR PRIVATE WATER AND
PRIVATE SEWAGE SYSTEMS.

Joey B. Miller 3/30/92
COUNTY HEALTH OFFICER *HR* DATE



3. Percolation test holes shown hereon have been field located and are shown .
4. The lots shown hereon comply with the minimum ownership width and lot areas as req'd. by the Md. State Dept. of the Environment.
5. Other than the two percolation test holes shown for Lot 8 (A15746) there are no other septic systems or septic easements within 100' of the property line adjacent to the well site.
6. House site is not sewerable by gravity service

GENERAL NOTES :

1. There are no adjacent well or septic locations.
2.  This area designates a private sewer easement of 10,000 sq. ft. as req'd. by the Md. State Dept. of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage 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 variance for encroachments into the private sewer easement. Recordation of a modified sewer easement shall not be necessary.

PERCOLATION TEST PLAT

part of PARCEL 140
Deed Ref. L. 480 F. 185
5006 Ten Oaks Road

Tax Map 28

5th Election Dist. Howard Co. Md.

Scale: 1" = 200' Date: 12-11-91



ENGINEERS • ARCHITECTS • PLANNERS

5560 STERRETT PLACE, SUITE 300, COLUMBIA, MD 21044 (301) 730-7950

C1 5162 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 A47490ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

8 13

15 20

Depth of Well
22 125 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-92-0035
28 29 30 31 32 33 34 35 36 37OWNER Johnson last name Ten Oaks Rd first name Wayne
STREET OR RFD TOWN Dayton
SUBDIVISION SHEPHERD PROPERTY SECTION LOT Par. 140

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	
Overburden	0	15	
Brown Shale	15	50	
Gray Rock	50	125	X

GROUTING RECORD

WELL HAS BEEN GROUTED ☒ YES ☐ NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 33 NO. OF POUNDS 330
GALLONS OF WATER 198
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)
ST 60 61 63-64 66-70OTHER CASING (if used)
diameter inch depth (feet) from to

EACH CASING

screen type or open hole
insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C2

DEPTH (nearest ft.)
1 40 58 125
2 23 24 26 30 32 36
3 38 39 41 45 47 51
EACH SCREENSLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from toGRAVEL 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 76
TELESCOPE CASKING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 6
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 23
WHEN PUMPING 82
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
(CIRCLE) (YES or 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)
LAND SURFACE (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)

no map available

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. 689

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY