

3/5/99
c.o. pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511449

A 48820

DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

DATE 3/4/99

DATE SYSTEM APPROVED 3/8/99

INSPECTOR *AK*

INDEXED

Fogles Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 558-R Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5674

SUBDIVISION Quarterfield LOT 42 ROAD 11613 Quarterfield Drive

PROPERTY OWNER Dale Thompson Builders

ADDRESS

BUILDING PERMIT SIGNED

AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS

1505 BOD 151759- FINKH Basement/Bden

NUMBER OF BEDROOMS 4

180
720

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 135 feet down the left lot line and 105 feet off this same lot line. Run trenches on contour to right rear corner 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. 10/23/98 OK AK

PLANS APPROVED BY Mark Rifkin/Glen Savage DATE 10-15-98

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

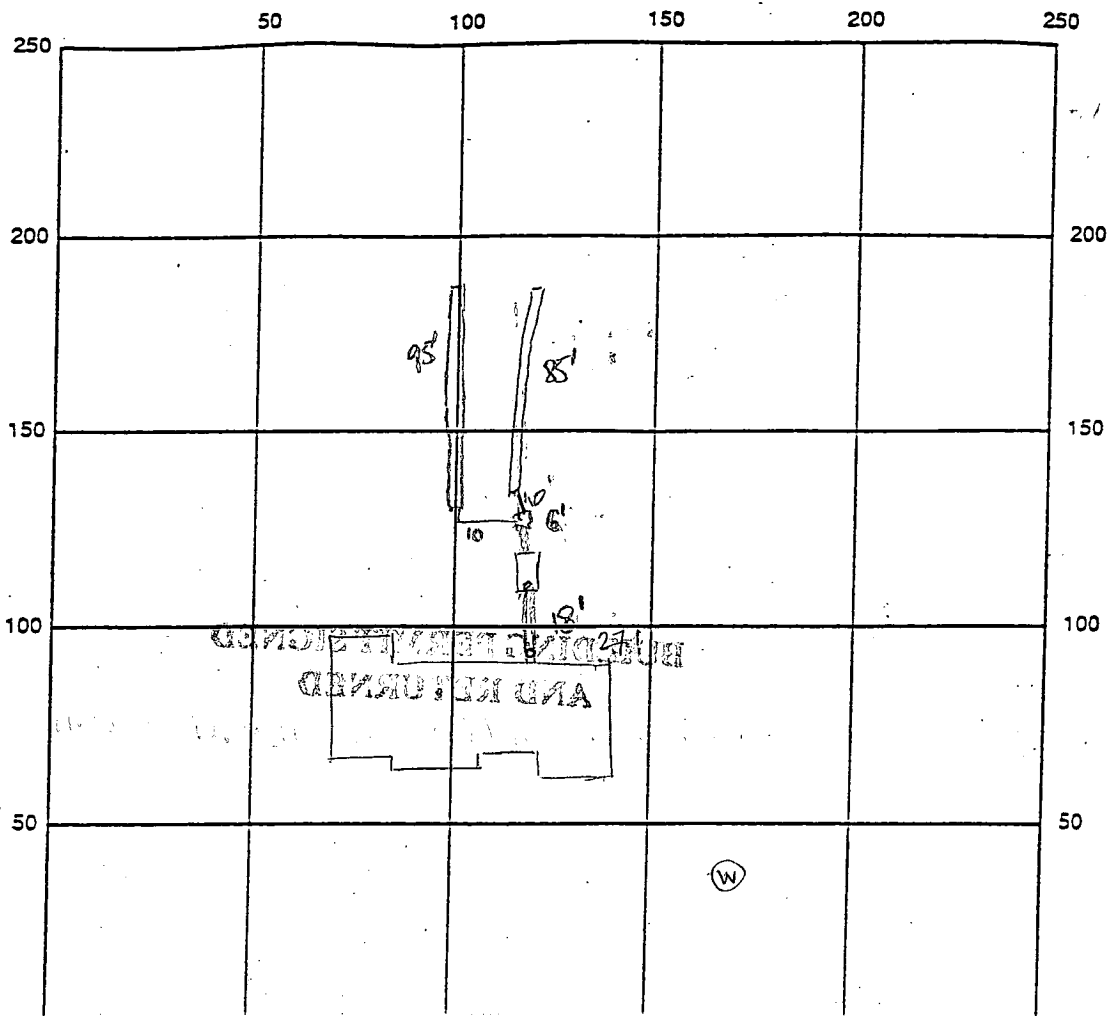
PERMIT VOID AFTER TWO YEARS

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**

48820



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Quarterfield Drive

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TILE DEPTH 7.5' FT. TRENCH WIDTH 2.0' FT. INLET DEPTH 3.5' FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 180 FT. 180

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 3/5/99 OK to cover septic tank once installed due to
weather. OK to continue DKS 3/8/99 OK to cover all
work A

DATE SYSTEM APPROVED 3/8/99 INSPECTOR A. McMillan

APPLICATION

PERCOLATION TESTING

A 488/20

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Joseph M. Zoller, III DALE Thompson Builders
11696 Carroll Mill Road
ADDRESS Ellicott City, Maryland 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
ADDRESS P.O. Box 417, Ellicott City, MD 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Zoller Property LOT NO. 4
11613 Quarterfield Drive
ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection.

TAX MAP 23 PARCEL # 8,82 & 101

BLDG. PERMIT SIGNED

AND REVENUE 10-15-98

Serial # BR 114548

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 4 Bm
(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. SDC Group Inc.
By: [Signature] V.P.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

214 215 214

brn (215A)

cl lm

tan

red

sa lm

5-10 %

mica &

other frags

12 212

brn

cl lm

red

clay

brn

silt lm

5%

Frags

12

12

12

12

12

12

12

12

12

12

12

12

12

12

12

12

12

swale

FAIL CLAY

FAIL CLAY

95

216

60

215

65

215A

95

217

90

218

80

214

90

213

65

212

95

115±

135

115±

115±

115±

115±

115±

115±

115±

115±

115±

115±

115±

115±

Lot 4

SOIL PROFILE

0'

MAIN RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
7/20/94	215 S	4 1/2	11:03	11:05	11:05	11:07	2 *
	215 V	11' 10"					
	216 S	4'	10:58	11:01	11:01	11:06	5
	216 V	11' 10"					
	212 S	4' 8"	11:19	11:33	11:33	12:08	35
	212 V	12'					
	213 S	6'	1:31	1:49	3/4"	SLOW	FAIL
	214 S	4'	1:02	1:04:30	1:05:30	1:07:30	FAST 2 *
	214 V	12'					
	212 S	6' 4"	1:26	1:46	1/2 - 3/4"	SLOW	FAIL

REMARKS

215A

13

clay to 4' s into profile *

TYPE OF SOIL

218 S

4 1/2"

12' 2

1:07

1:09

1:09

1:12

3 *

TESTED BY

M. Ripkin

USE

214-215-215A-218

ALSO PRESENT

Hayfield crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2

TRENCH WIDTH

2

INLET DEPTH

3 1/2

MAXIMUM BOTTOM DEPTH

7 1/2

SQ. FT./BEDROOM

180



C 1 6093		SEQUENCE NO. (MDE USE ONLY)	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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM <u>03</u> DD <u>26</u> YR <u>98</u>		Depth of Well 22 <u>245</u> 26 (TO NEAREST FOOT)		COUNTY NUMBER <u>A48820</u>
ST7CO USE ONLY DATE Received <u>03-04-98</u>		DATE WELL COMPLETED MM <u>03</u> DD <u>26</u> YR <u>98</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-94-1200</u>		
OWNER <u>Thompson</u> last name		STREET OR RFD <u>Quarterfield Dr</u> first name		TOWN <u>W. Friendship</u>		
SUBDIVISION <u>QUARTERFIELD</u>		SECTION		LOT <u>42</u>		
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N 44 44		C 3 1 2		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC		PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u>		
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1880</u>		PUMPING RATE (gal. per min.) <u>12</u>		
FEET FROM TO		GALLONS OF WATER <u>120</u>		METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>		
check if water bearing		DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>25</u> ft. (enter 0 if from surface)		WATER LEVEL (distance from land surface)		
<u>Sand</u> <u>0</u> <u>89</u>		Casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER		BEFORE PUMPING <u>58</u> ft.		
<u>Gray Micaceous Rock</u> <u>89</u> <u>245</u>		MAIN CASING TYPE <u>ST</u> <u>6</u> <u>83</u>		WHEN PUMPING <u>129</u> ft.		
		OTHER CASING (if used) diameter depth (feet) inch from to		TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		
		SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER		PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) NO		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		DEPTH (nearest ft.) <u>HO</u> <u>81</u> <u>245</u>		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
WELL HYDROFRACTURED Y N		C 2 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		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
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		SLOT SIZE 1 <u>2</u> 3		CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u>		
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.		Diameter of Screen (NEAREST INCH) <u>56</u> <u>60</u>		PUMP HORSE POWER <u>37</u> <u>41</u>		
DRILLERS LIC. NO. <u>MS DO 24</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Samuel M. M...</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		Casing Height (circle appropriate box and enter casing height) + above - below <u>2</u> (nearest foot)		
LIC. NO. <u>MS DO 27</u>		TELESCOPE CASING LOG INDICATOR OTHER DATA		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)		
SITE SUPERVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee) <u>Samuel M. M...</u>		COUNTY		Quartermaster Dr.		

EMERGENCY/TEMP. NO. IF ANY

B 1	1915	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1200 fill in this form completely
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Date Received (APA)
020196

OWNER INFORMATION

8 13
HOMPSON DALE

15 Last Name Owner First Name 34

36 10005940COLUMBIA RD

57 70 State 72 Zip 76

57 70 State 72 Zip 76

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD

Driller's Name Joseph L. Mayne

77 License No. 80 24

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy 21771

Signature Joseph L. Mayne Date 2/1/96

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 220 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL

☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

☐ THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE HIR WRITE INITIALS IN BOX PERMIT No. HO-94-1200

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL

1 2 HOWARD

8 COUNTY 21

23 SUBDIVISION QUARTERFIELD

SECTION 44 46 LOT 42

52 NEAREST TOWN WESTFRIENDSHIP

MILES FROM TOWN (enter 0 if in town) 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 20

ENTER FT. OR MI FH

TAX MAP: 23 BLK: 8 PARCEL 82

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A48820

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 6/12/98

CO SIGNATURE EXP. DATE

NORTH GRID 523000 EAST GRID 0829000

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

824

523

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

West FRIENDSHIP

Quarterfield Dr.

Running Springs Rd.



410 995-6736
301-596-7280
Fax 410-381-8747

**DALE
THOMPSON**
BUILDERS

10005 Old Columbia Road
Columbia, MD 21046

Approved Septic System Plan
Howard County Health Department

B00114548

Signature [Signature] Date 10/15/98

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7.5 feet

Depth of stone required below distribution pipe 4 feet

Septic Grades & Elevations		
	Inv.	Grade
INVERT @ DISTRIBUTION BOX	406.00	408.0
INVERT @ EXIT TO TANK	406.25	
INVERT @ ENTRANCE TO TANK	406.50	
INVERT @ HOUSE	406.75	411.00

APPROVED SEPTIC SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

SITE PLAN

SCALE: 1" = 50'

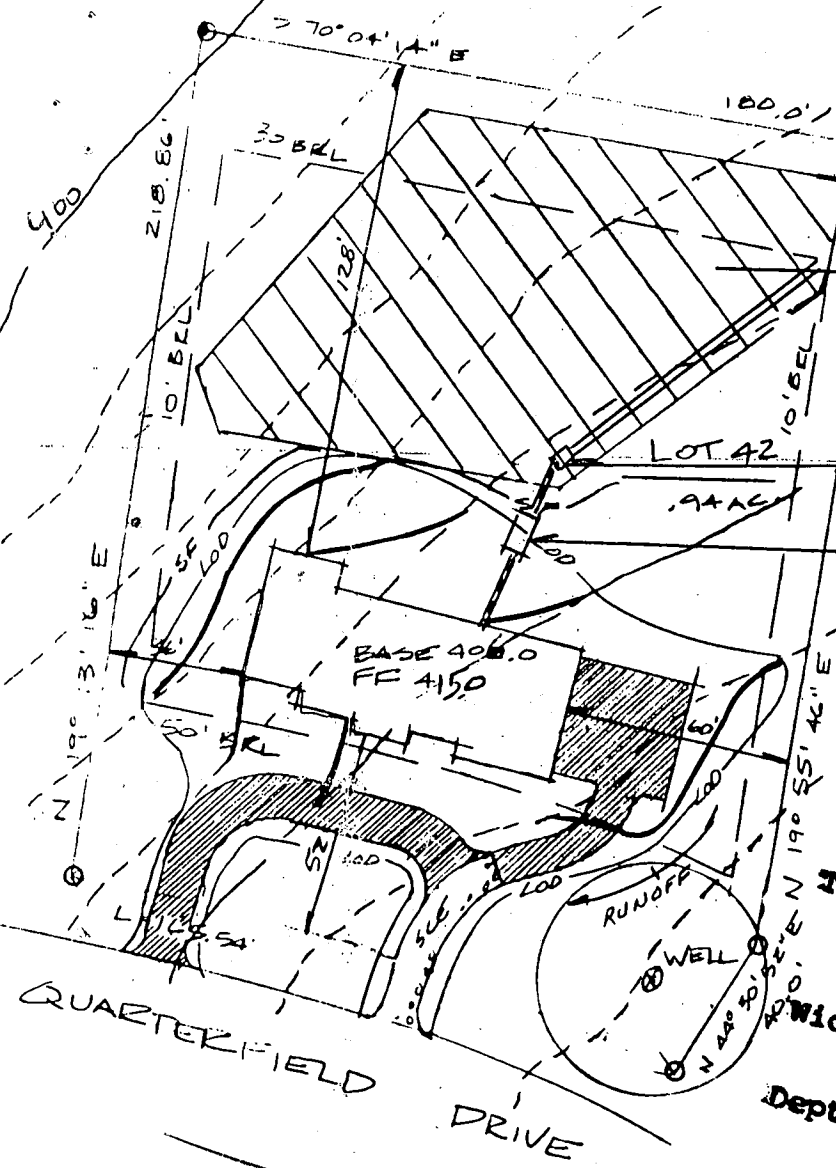
DATE: 9/1/98

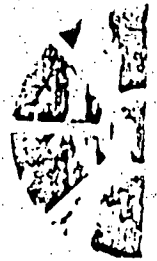
WEYMER RESIDENCE

Q 42 AKA 4

DRAWN BY LL

APPROVED BY

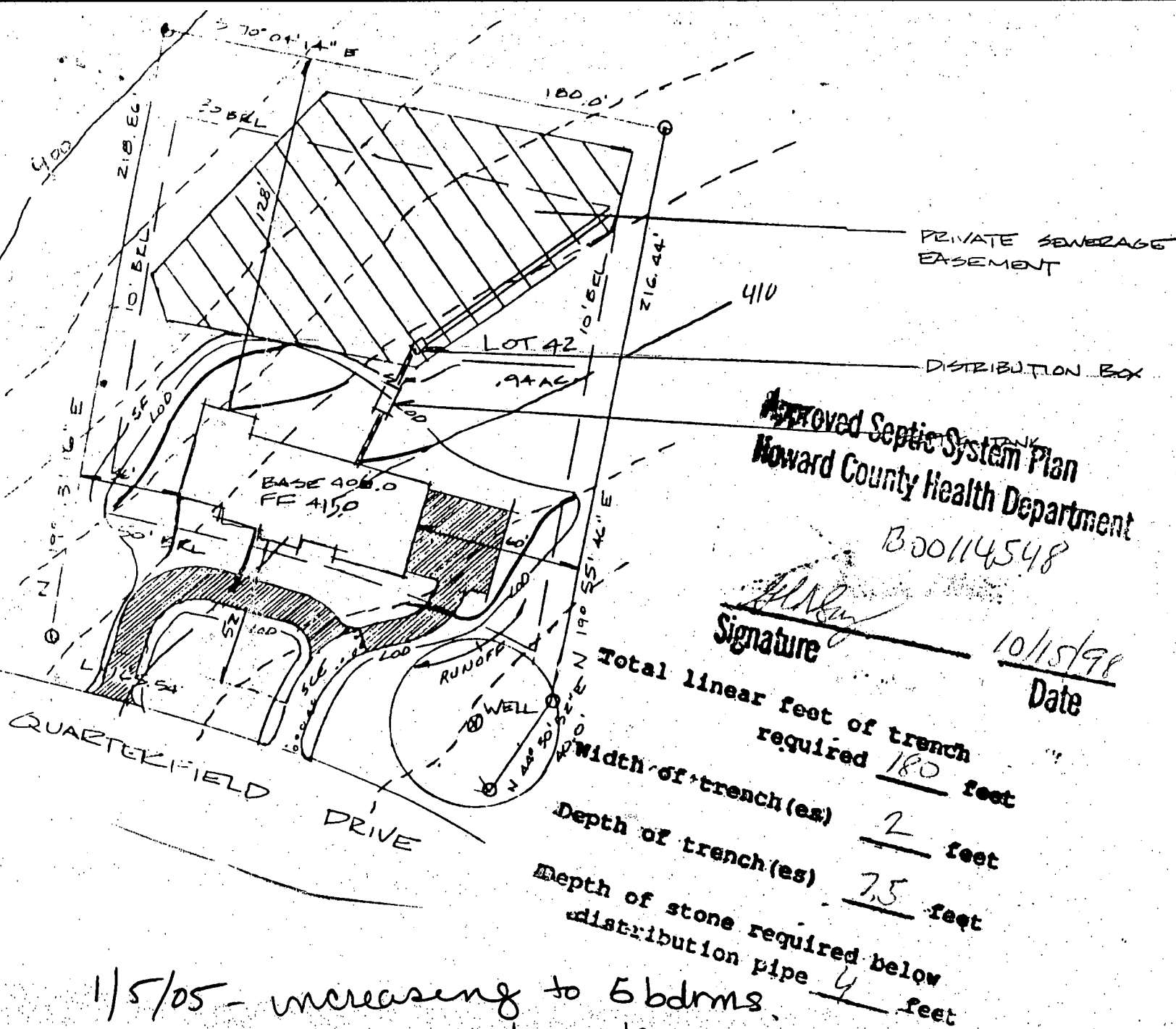




DALE
THOMPSON
BUILDERS

10005 Old Columbia Road
Columbia, MD 21046

410.995.6736
301.596.7280
Fax 410.381.8747



1/5/05 - increasing to 5 bdrms.
Trenches support 5 bdrm, however,
recommend increasing S.T. to
15000 gal. total; however system
only 7 years old. Not requiring
S.T. upgrade @ this time. Upgrade
when system fails and/or additional
permits come into office for review.
(KN)

800151759 APPROVED

WALK-THRU BUILDING PERMIT

BP# 511449 A# 48820

APP. SAN [Signature] DATE: 1/5/05

DESC. OF WORK: finish basement
total 5 bdrms now

Future upgrades to home
may require S.T. upgrade

GP-99-47

Septic Grades & Elevations		
	Inv.	Grade
INVERT @ DISTRIBUTION BOX	406.00	408.0
INVERT @ EXIT TO TANK	406.25	
INVERT @ ENTRANCE TO TANK	406.50	
INVERT @ HOUSE	406.75	411.00

APPROVED SEPTIC SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

* SAW BASEMENT
PLAN

(KN)

SITE PLAN

SCALE: 1" = 50'

DATE: 9/1/98

DRAWN BY: L

APPROVED BY:

WEYMER RESIDENCE

Q 42 AKA 4