

open trench
7-9-97
noon
C.O.
7-10-97
noon
7-15-97
WPT
ready now

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58564

A 48821

DISTRICT 3rd

DATE 7/14/97

DATE SYSTEM APPROVED 7/10/97

INSPECTOR ALM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Quarterfield LOT 43 ROAD 11617 Quarterfield Drive

PROPERTY OWNER Steve Olson

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet $3\frac{1}{2}$ feet below original grade. Bottom maximum depth $7\frac{1}{2}$ feet below original grade. Effective area begins at $3\frac{1}{2}$ feet below original grade. 4 feet of stone below distribution pipe. 120

LOCATION - Starting from the left rear lot corner, start the first trench 120 feet up the left lot line and 45 feet off this same lot line. Run trenches on contour to 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.

PLANS APPROVED BY Mark Rifkin/Ronald J. Pinkley DATE 03/19/97

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

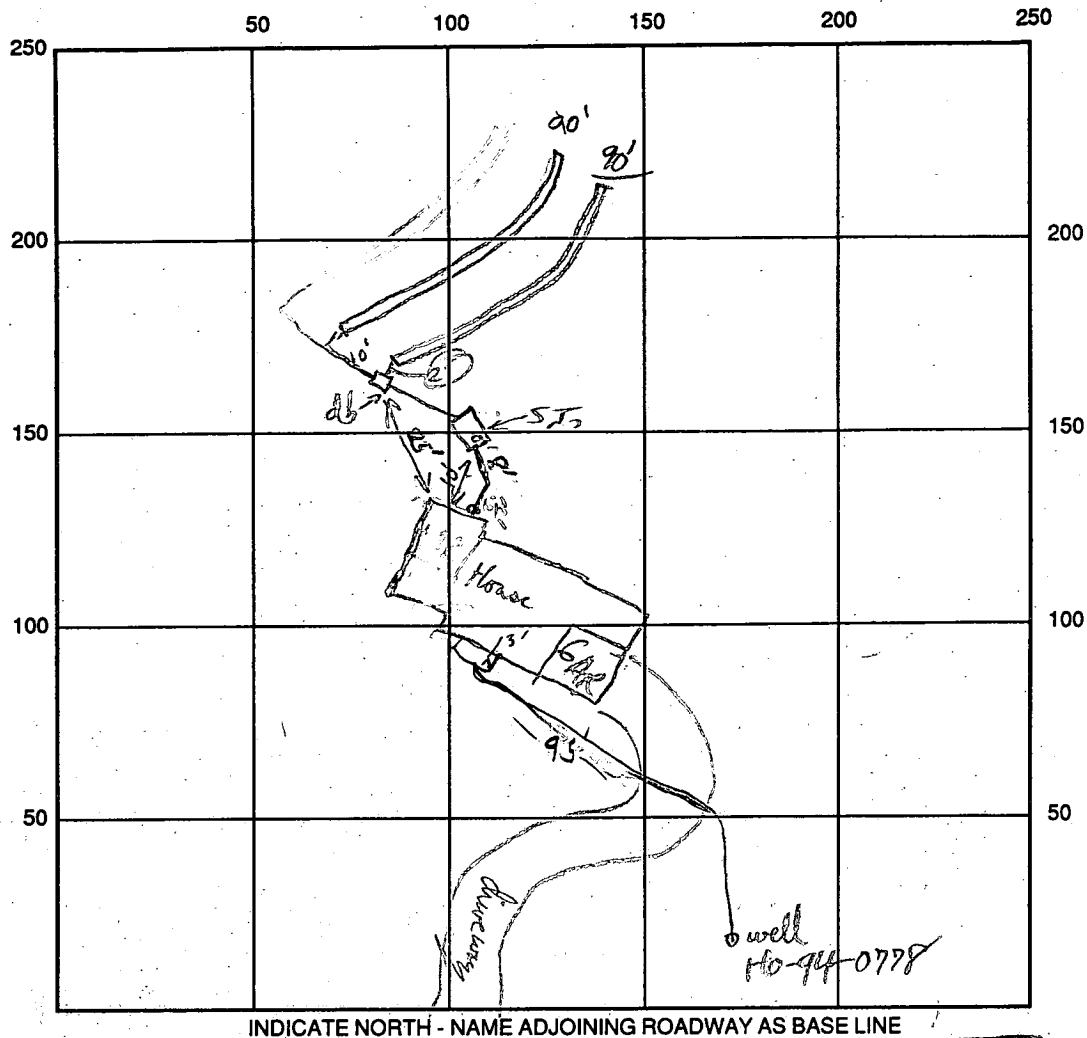
PERMIT VOID AFTER TWO YEARS

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
48821



SEPTIC TANK LEVEL 1250 gal CLEANOUTS 1 by house, 1 @ ST - both OK
 DISTRIBUTION BOX LEVEL OK baffle is in
 DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 180 FT.
 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: House Connection & Septic Tank Placement OK. 7/9/97 R/P
1st Open Trench OK to gravel fill, OK to cover. all but end of line when finished.
all for Next Trench Temp. 7/9/97 R/P 7/10/97 OK to cover all work final ACM
7/15/97 well line OK to cover, as ground work
del

DATE SYSTEM APPROVED 7/10/97 INSPECTOR A McMiller

APPLICATION

PERCOLATION TESTING

A 48821

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 Steve Olson
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. 5
(11617 Quarterfield Drive)
ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection.

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 4 Bed
(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] vs
(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

0'

ALL

red sa

cl m

15%

Frag

3 1/2

tan

red brn

sa m

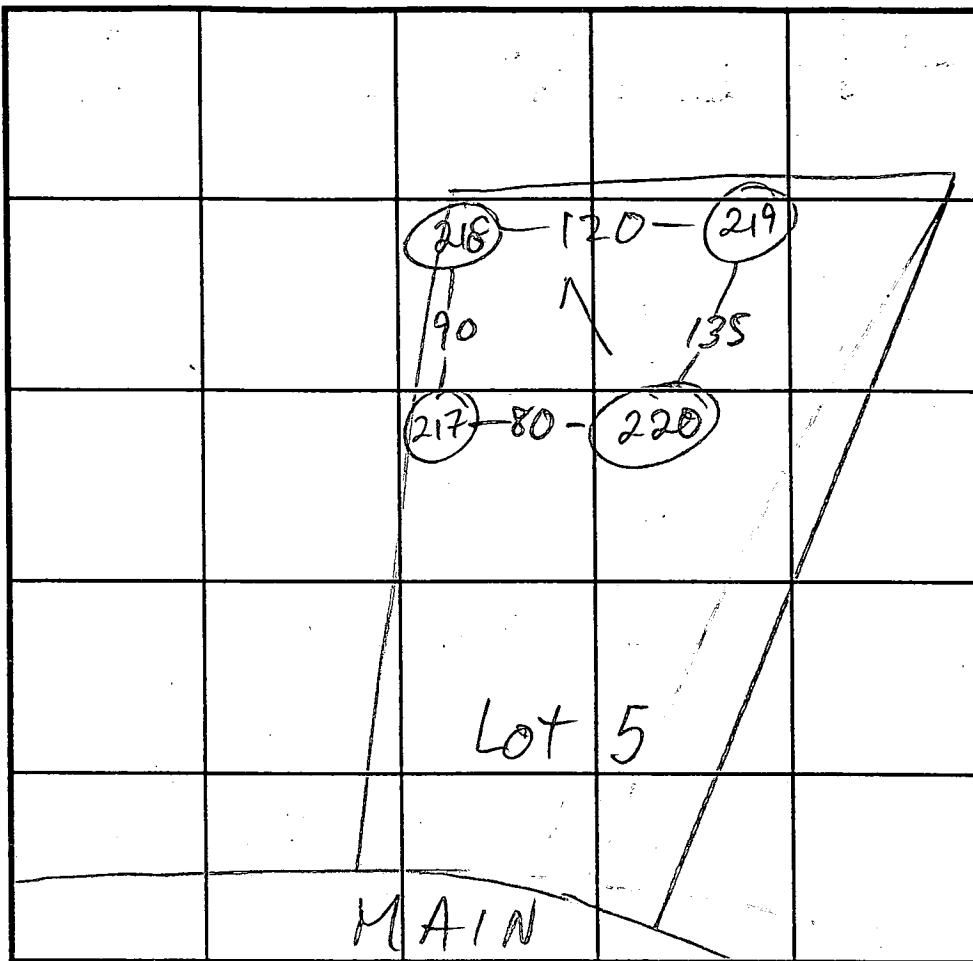
10%

Frag

12-14

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/94	218 S	4 1/2"	1:07:10	1:09:10	1:09	1:12	3
1/1	218 V	12					
	217	4 1/2	1:16	1:17:00	1:17:00	1:19	2
	217	14					
	219	4	2:00	2:01	2:01	2:02	1
	219	12					
	220	4 1/2	2:05	2:06	2:06	2:08	2
	220	12					

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

Hartfield 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

EMERGENCY/TEMP NO. IF ANY

B 1 1905		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER 40-94-0778 70 fill in this form completely 79	
Date Received (APA) 020196				OWNER INFORMATION			
Last Name: HOMERSON Owner: DALE				First Name: DALE			
Street or RFD: 10005 OLD COLUMBIA RD				Town: COLUMBIA Zip: MD 21046			
DRILLER INFORMATION				CIRCLE: MSD/MGD/MWD			
Driller's Name: Joseph L. Mayne				77 License No. 24			
Firm Name: Joseph L. Mayne Well Drilling				Address: 5512 Ridge Rd. Mt. Airy MD 21771			
Signature: <i>Joseph L. Mayne</i>				Date: 2/1/96			
B 2 WELL INFORMATION				B 3 LOCATION OF WELL			
APPROX. PUMPING RATE (GAL. PER MIN.) 5				8 COUNTY: HOWARD			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500				23 SUBDIVISION: QUARTERFIELD			
				SECTION: 5 LOT: 5			
				52 NEAREST TOWN: WEST FRIENDSHIP			
				MILES FROM TOWN (enter 0 if in town) 4 MI			
				NEAR WHAT ROAD: QUARTERFIELD DR			
				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): 30			
				DISTANCE FROM ROAD: 30 FT OR MI FT			
				TAX MAP: 23 BLK: 9 PARCEL: 82			
USE FOR WATER (CIRCLE APPROPRIATE BOX)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				Howard COUNTY NAME			
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				A 48821 COUNTY NO.			
☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				STATE SIGNATURE: Mark E. Rifkin DATE ISSUED: 5/2/97			
☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)				CO SIGNATURE: 523000 EXP. DATE: 0824000			
☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				NORTH GRID: 523000 EAST GRID: 0824000			
APPROXIMATE DEPTH OF WELL 220 FEET				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
APPROXIMATE DIAMETER OF WELL 6 INCH				SOURCES OF DRILLING WATER			
METHOD OF DRILLING (circle one)				1. Well			
☒ BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN				2.			
☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary)				3.			
☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT				WRITE THE BOX NUMBER FROM THE MAP HERE			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL				N West Friendship			
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				Folly Quarter Rd.			
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				QUARTERFIELD DR.			
☐ THIS WELL WILL DEEPEN AN EXISTING WELL				+ well			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41				Running Spring Rd.			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)							
APPROX. PERMIT NUMBER GAP							
FORCE MR WRITE INITIALS IN BOX							
PERMIT No. 40-94-0778							
SPECIAL CONDITIONS							
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED							

COUNTY

C1 4575

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 48821

ST/CO USE ONLY

DATE RECEIVED

052096

DATE WELL COMPLETED

051796

Depth of Well

22 340 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

MD-94-0778

OWNER

STREET OR RFD

SUBDIVISION

Thompson

Quartermfield Dr

TOWN No. Friendship

QUARTERFIELD

SECTION

LOT 5

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
bearingSand
Gray Mica
Rock

0 69

69 340

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM)

BENTONITE CLAY (BC)

NO. OF BAGS

24

NO. OF POUNDS

2256

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft to 66 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)

S7

6

73

OTHER CASING (if used)

EACH
CASINGdiameter depth (feet)
inch from toscreen type
or open holeinsert
appropriate
code
below

SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

PLASTIC

OT

OTHER

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

004.5

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

59 ft.

WHEN PUMPING

234 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 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 29.CAPACITY:
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

(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)

Quartermfield Dr

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes

Y

no

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
WELLI 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. 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 27

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

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL INSERT

F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

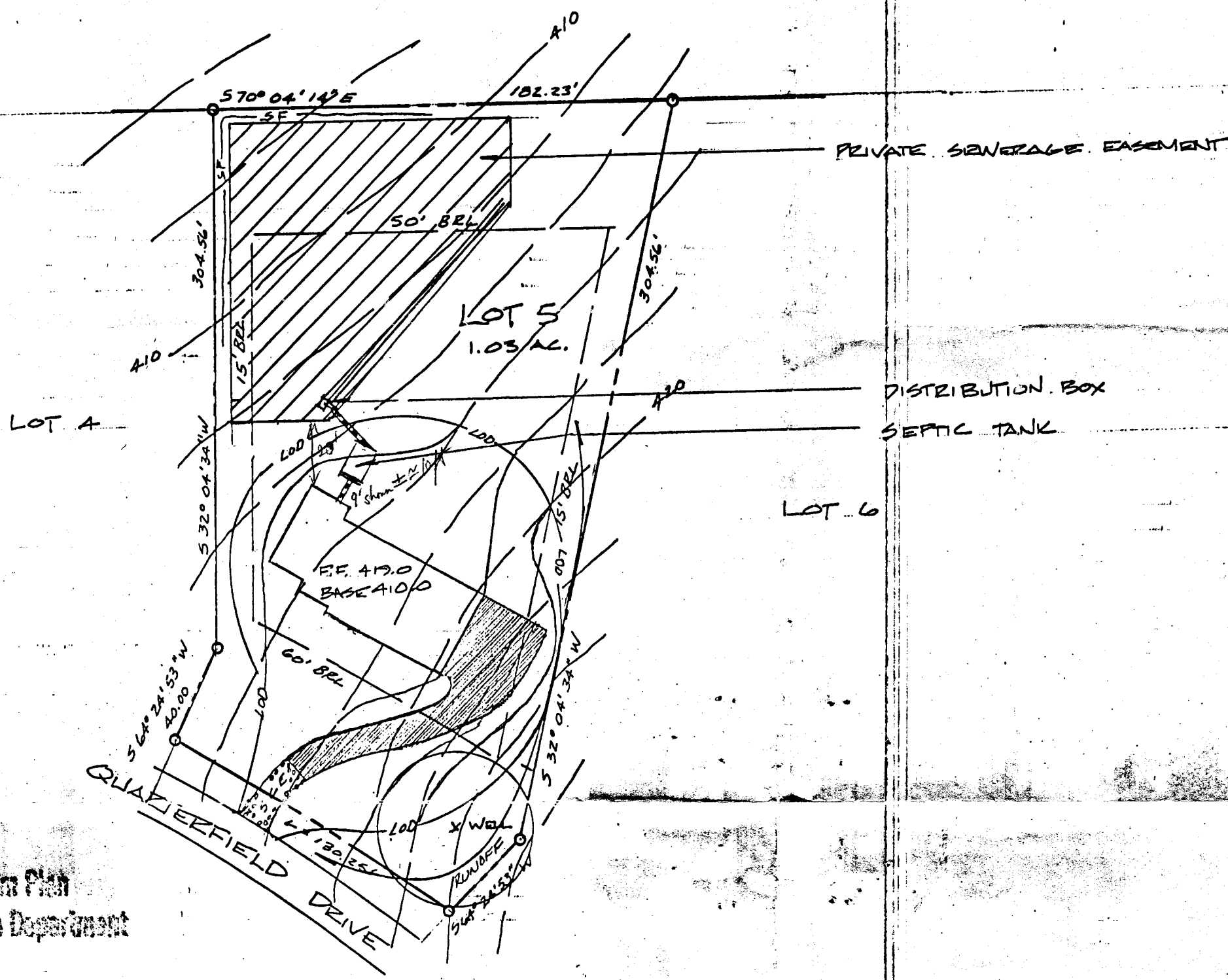
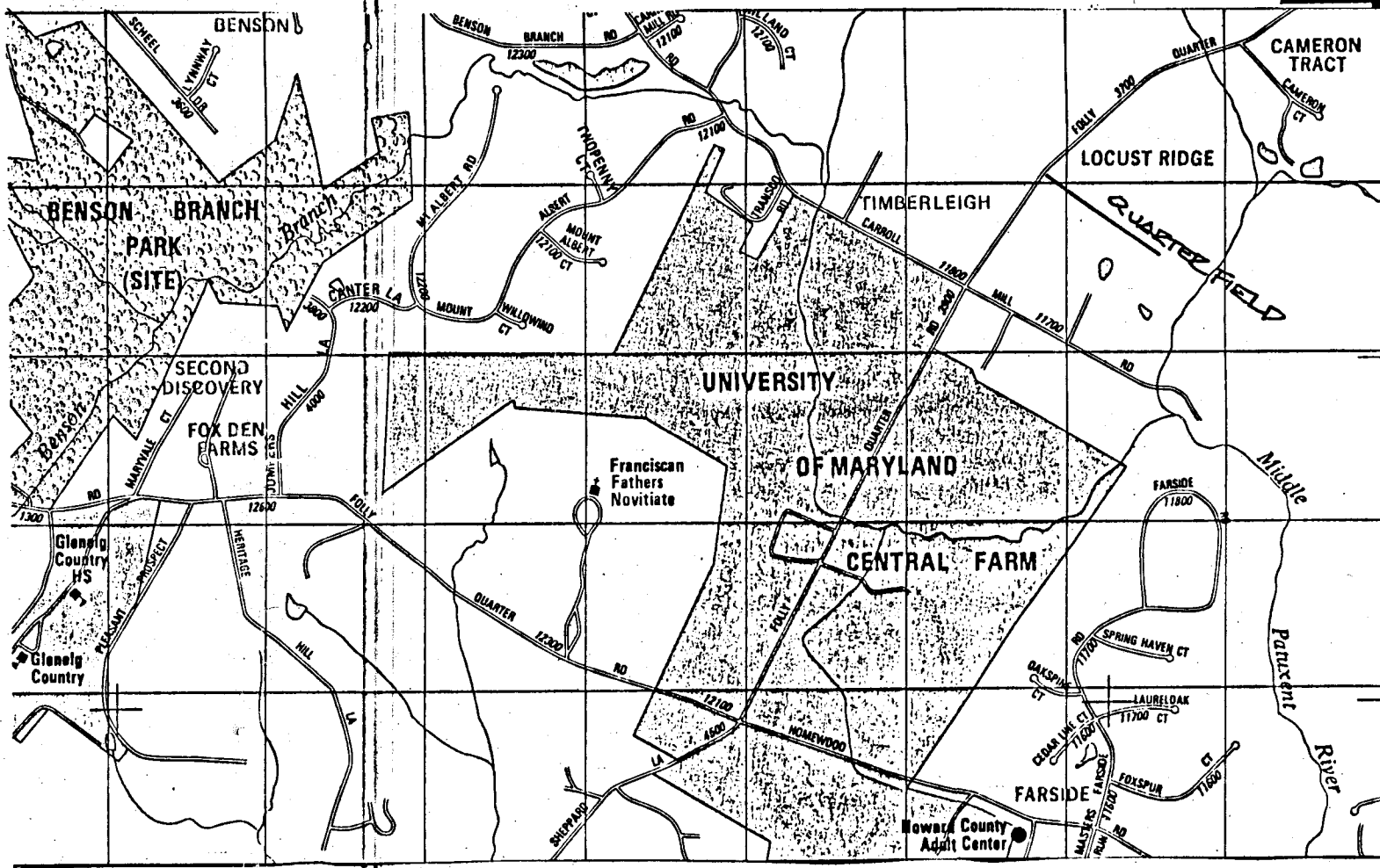
72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

COUNTY



Approved Septic System Plan
Howard County Health Department

Amy McMillan
Signature Date 3/19/97

Plan Approval (Keep 16' House & Septic Tank) 3/19/97

Lot 5 Quarterfield (11619 Quarterfield Dr)

APPROVED SEPTIC SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

Signature

Date

Septic Grades & Elevations

	Inv.	Grade
INVERT AT HOUSE	411.75	418.0
INVERT AT ENTRANCE TO TANK	411.50	
INVERT AT EXIT TO TANK	411.25	
INVERT AT DISTRIBUTION BOX	411.0	413.0

G.P.# 97-113



DALE THOMPSON
BUILDERS

10005 Old Columbia Road
Suite M-159
Columbia, MD 21046

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

DRAWN BY
APPROVED BY

SCALE: 1" = 20'
DATE: 2/21/97

OLSON RESIDENCE

Q-5