

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

P 510194

A 48822

DISTRICT 3rd

DATE 6-10-98

DATE SYSTEM APPROVED 10-2-98

INSPECTOR Km

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

ADDRESS 580 Obrecht Rd, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Quarterfield LOT 844 ROAD 11621 Quarterfield Drive

PROPERTY OWNER Dale Thompson Builders

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.

LOCATION - Starting from the right rear lot corner, start the first trench 120 feet down the right lot line (479.13') and 40 feet off this same lot line. Run trenches on contour as shown on the approved septic plan.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic permit.

ok 5/1/98

PLANS APPROVED BY Mark Rifkin/Amy McMillen

REVISED \_\_\_\_\_ DATE 04/30/98

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

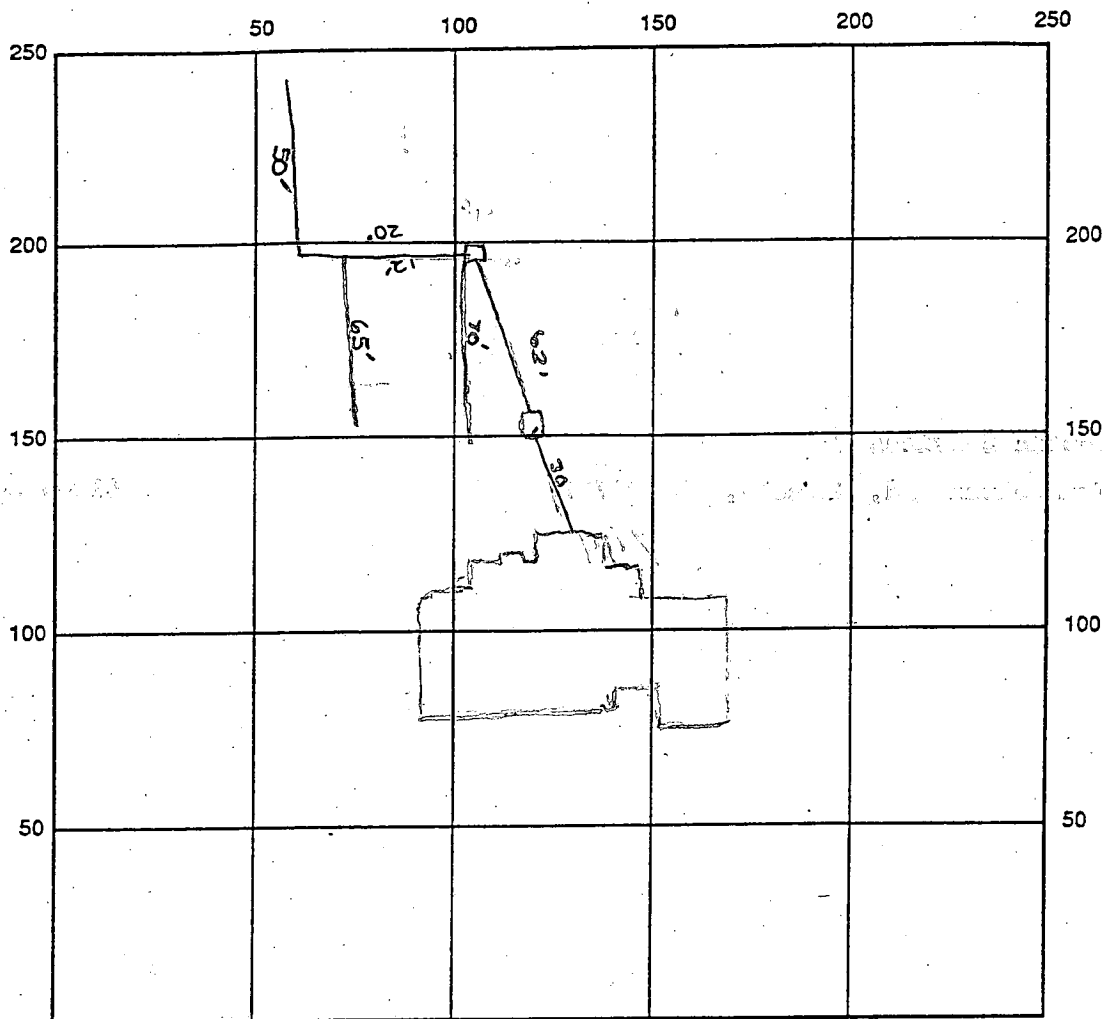
PERMIT VOID AFTER TWO YEARS

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

48822



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 06.1250 CLEANOUTS OK, (1) at house, (1) at septic tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 185 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 740 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/15/98 Bar according to spec per contractor, no  
house connection, O.K. to continue work HO  
6/15/98/pm OK to cover all work still needs house conn (km)  
10.2.98 has house connection (km)

DATE SYSTEM APPROVED 10.2.98 INSPECTOR Kim Martin

# APPLICATION

## PERCOLATION TESTING

A 48822

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. 6

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road  
intersection. (11621 Quarterfield Drive)

TAX MAP 23 PARCEL # 8,82 & 101

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

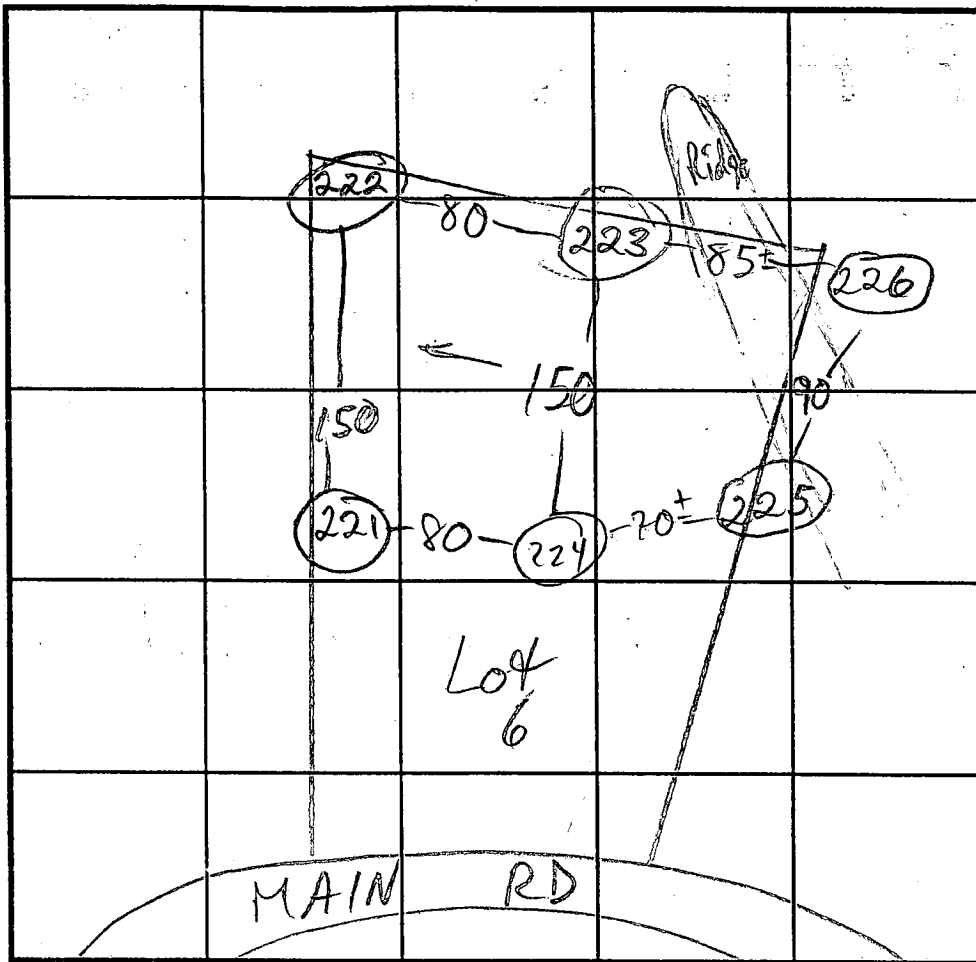
COUNTY #

SOIL PROFILE

ALL

org tan  
scl1/2 M  
3 1/2 15% fragstan  
org gray  
scl m  
10-20%  
mica  
caprolite

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/94	221S	5	2:08	2:10	2:10	2:12	2
	221V	1 1/2					
	224S	4 8"	2:23	2:23:45	2:23:45	2:25:15	1 1/2
	224V	12					
	223S	4	2:53	2:58	2:58	3:08	10
	223V	12 1/2					
	222S	4 1/2	3:12	3:15	3:15	3:21	6
	222V	12					
	225S	4 1/2	2:27:30	2:28:00	2:28:00	2:28:45	45 sec
	225V	12	2:29:10	2:30:00	2:30:00	2:31:00	1 min
	226S	4 1/2	2:40	2:43	2:43	2:47	4
	226V	12					

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

Hartfield crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

5

TRENCH WIDTH

2

INLET DEPTH

3 1/2

MAXIMUM BOTTOM DEPTH

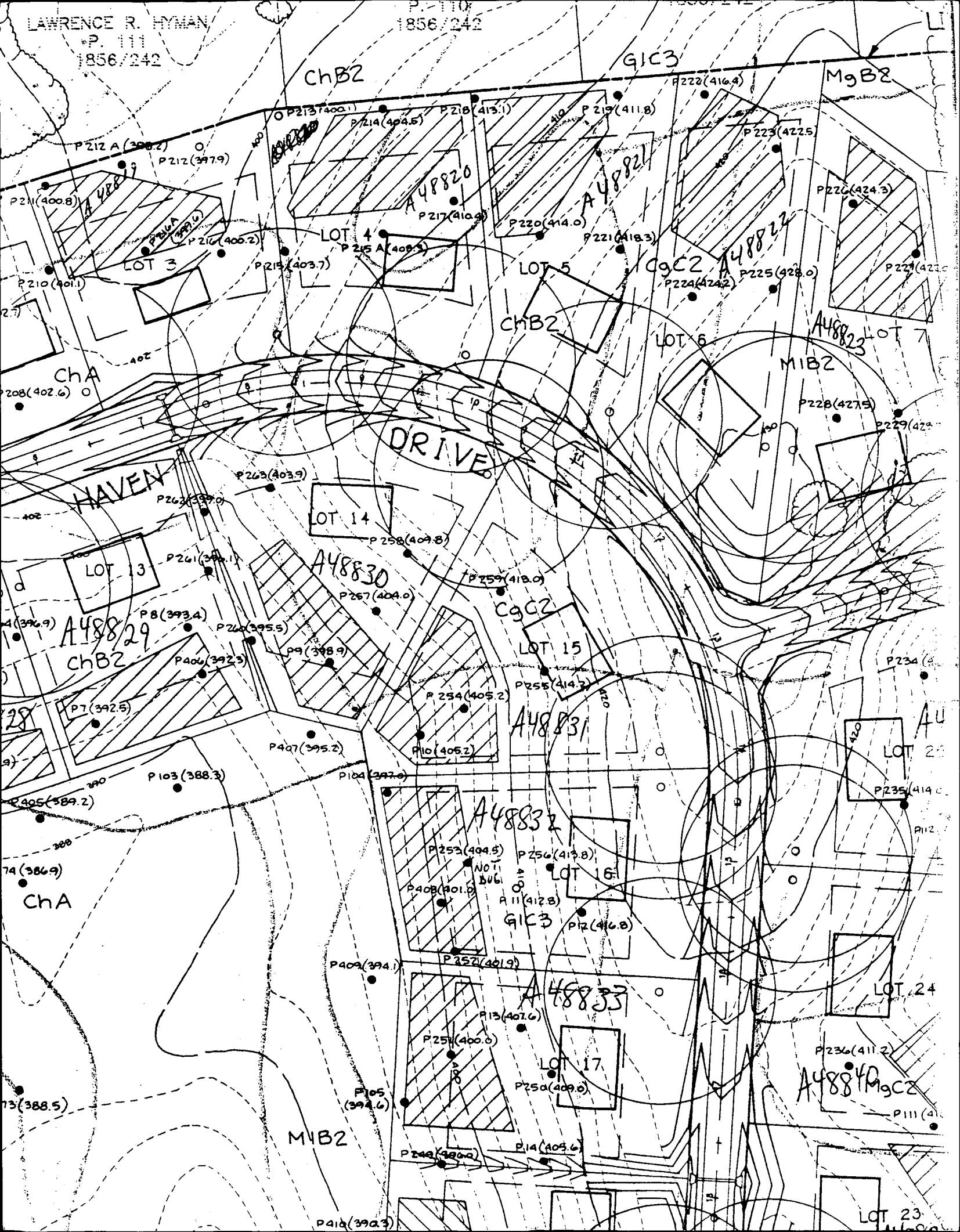
7 1/2

SQ. FT./BEDROOM

180

LAWRENCE R. HYMAN  
P. 111  
1856/242

1856/242

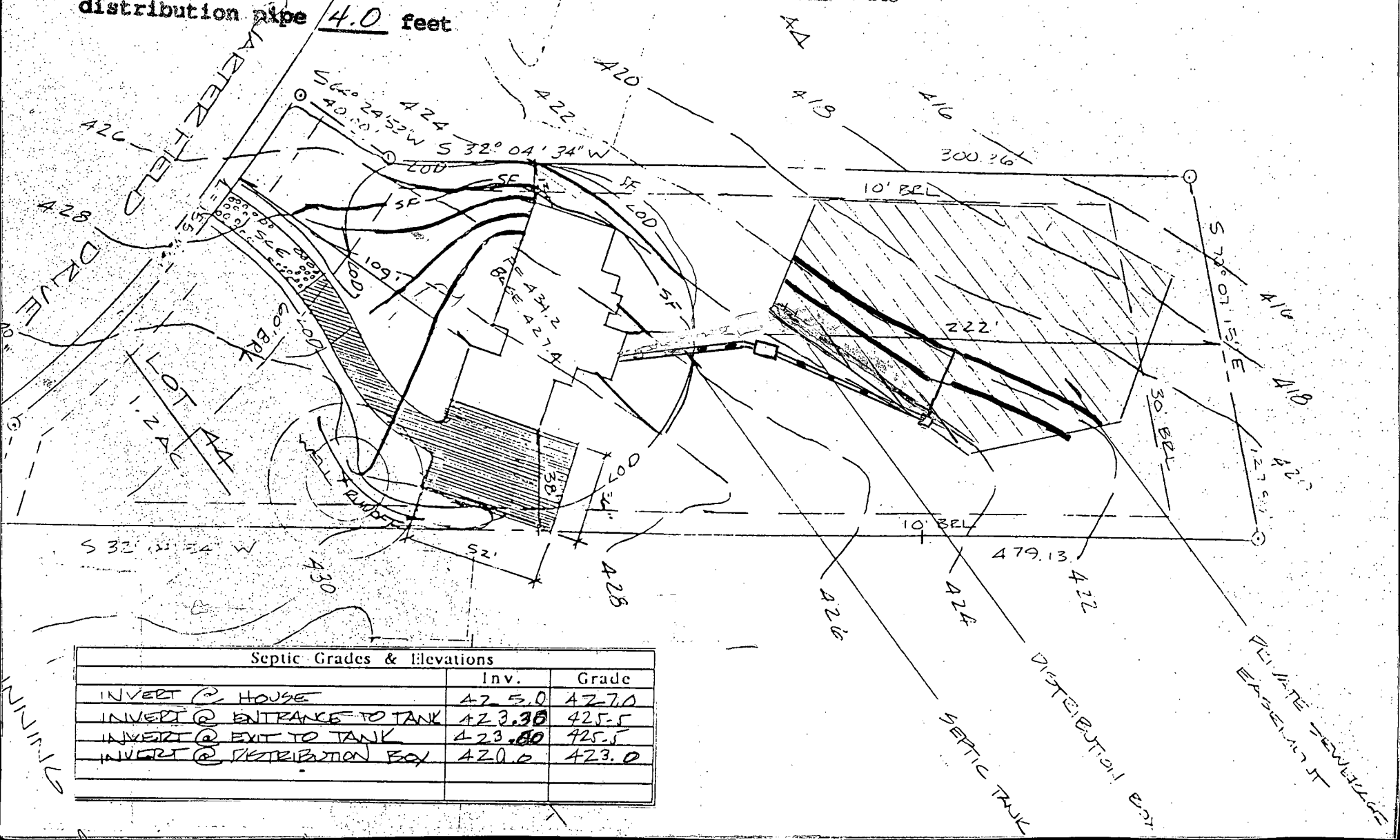


Depth of stone required below  
distribution pipe 4.0 feet

**Approved Septic System Plan**  
**Howard County Health Department**

NORTH

Amy McMill 4/30/98  
Signature Date



Septic Grades & Elevations		
	Inv.	Grade
INVERT @ HOUSE	425.0	427.0
INVERT @ ENTRANCE TO TANK	423.36	425.5
INVERT @ EXIT TO TANK	423.80	425.5
INVERT @ DISTRIBUTION BOX	420.0	423.0

C1 0183		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)								COUNTY NUMBER <u>A48822</u>			
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well				PERMIT NO. FROM "PERMIT TO DRILL WELL"			
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			
		020196		325				40-93-0238			
				(TO NEAREST FOOT)							
OWNER <u>Thompson</u> last name				DATE <u>Quarterfield</u> first name				TOWN <u>W. Friendship</u>			
STREET OR RFD				SECTION				LOT <u>6</u>			
SUBDIVISION <u>QUARTERFIELD</u>											
WELL LOG Not required for driven wells				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>27</u> NO. OF POUNDS <u>2538</u> GALLONS OF WATER <u>162</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>50</u> ft. 48 52 54 58 (enter 0 if from surface)				PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>65</u> ft. WHEN PUMPING <u>177</u> ft. TYPE OF PUMP USED (for test) <u>A</u> air <u>P</u> piston <u>T</u> turbine <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below) <u>J</u> jet <u>S</u> submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				Casing types insert appropriate code below MAIN CASING TYPE <u>SH</u> Nominal diameter top (main) casing (nearest inch) <u>4</u> Total depth of main casing (nearest foot) <u>84</u> 60 61 63 64 66 70 OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to				PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES <u>NO</u> 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) <u>31</u> PUMP HORSE POWER <u>37</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u>			
DESCRIPTION (Use additional sheets if needed)				SCREEN RECORD screen type or open hole (insert appropriate code below) <u>ST</u> STEEL <u>BR</u> BRASS BRONZE <u>HO</u> OPEN HOLE <u>PL</u> PLASTIC <u>OT</u> OTHER SLOT SIZE 1 <u>2</u> 3 DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) 60 from to				C 3 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			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				WELL HYDROFRACTURED <u>Y</u> <u>N</u>				C 3 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			
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.				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) 			
TYPE: MWD/MSD/MGD <u>24</u> DRILLERS LIC. NO. <u>Joseph L. Mayre</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u></u>				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				COUNTY							

B 1 <b>1984</b> 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	SEQUENCE NO. (MDE USE ONLY)  (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>H0-93-0238</b> 70 fill in this form completely 79
Date Received (APA) <b>12/5/95</b> OWNER INFORMATION 15 Last Name <b>THOMPSON</b> Owner 34 First Name <b>DALE</b> 36 Street or RFD <b>10005 OLD COLUMBIA RD</b> 57 Town <b>COLUMBIA</b> 70 State 72 <b>MD</b> Zip 76 <b>21046</b>		B 3 LOCATION OF WELL 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	
DRILLER INFORMATION Driller's Name <b>Joseph L. Mayne</b> 77 License No. 80 <b>24</b> Firm Name <b>Joseph L. Mayne Well Drilling</b> Address <b>5512 Ridge Rd. Mt. Airy MD 21771</b> Signature <b>Joseph L. Mayne</b> Date <b>12/15/95</b>		B 4 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	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> USE FOR WATER (CIRCLE APPROPRIATE BOX) <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)		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>Quarterfield OR.</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH DISTANCE FROM ROAD <b>100</b> ENTER FT OR MI <b>FT</b> TAX MAP: <b>24</b> BLK: <b>14</b> PARCEL: <b>8</b>	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 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 _____		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> COUNTY NAME STATE SIGNATURE DATE ISSUED <b>01/24/96</b> CO SIGNATURE <b>Mark E. Rifkin</b> NORTH GRID <b>522000</b> EAST GRID <b>0829000</b> SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>8284</b> N <b>5282</b> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ FORCE <b>100</b> WRITE INITIALS IN BOX <b>100</b> PERMIT No. <b>H0-93-0238</b> SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	