

12-19-97
1:00 meet installer
12/31/97 10:00
C.O.
1-26-98 1/27/98
10:30 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 69297D

A 48848

DISTRICT 3rd

DATE 12/22/97

DATE SYSTEM APPROVED 1/27/98

INSPECTOR M. Rifkin

3:00 HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX 410-313-2640

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 89 Triadelphia Road Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Quarterfield LOT 32 ROAD 11616 Whitetail Lane

PROPERTY OWNER Mr. and Mrs. Ron Griffin ^{BUILDER} GREENFIELD HOMES - RICK WILSON

ADDRESS _____

SEPTIC TANK CAPACITY 1750 GALLONS

LAYOUT INSPECTION REQUIRED BEFORE INSTALLATION

NUMBER OF BEDROOMS 6

NO ADJUSTMENTS IN TRENCH DEPTH

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 270

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

LOCATION - Place the distribution box 175 feet down the right lot line and 90 feet off this same lot line. Run trenches on contour in both directions.

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

12-19-97 LAYOUT INSPECTION - DNE BOX WILL HAVE TO BE OUT EARLIER THAN SHOWN ON PLAN DUE TO DRAWING ERROR AND CONTOUR.

PLANS APPROVED BY Mark Rifkin DATE 11/18/97

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 ~~AND~~ PERMIT SIGNED

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. AND RETURNED 11-24-99
Sub # 201121986
dict

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

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

C12867

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.

COUNTY
NUMBER

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO.

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

LOT

WELL LOG

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

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

TOP

BOTTOM

ENTER 0 IF FROM SURFACE

CASING RECORD

CASING TYPES
INSERT
APPROPRIATE
CODE
BELOW

STEEL

CONCRETE

PLASTIC

OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

OTHER CASING (if used)

diameter
inch

depth (feet)
from

to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STEEL

BRASS
BRONZE

OPEN
HOLE

PLASTIC

OTHER

DEPTH (nearest ft.)

SLOT SIZE 1

2

3

DIAMETER
OF SCREEN

(NEAREST
INCH)

from

to

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

air

piston

turbine

centrifugal

rotary

other
(describe
below)

jet

submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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)

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

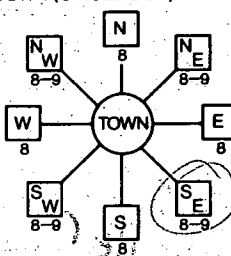
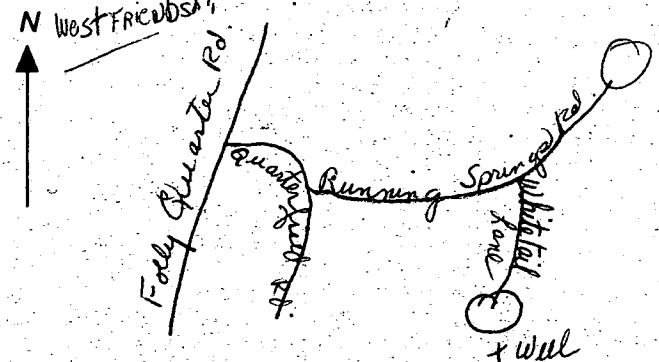
LIC. NO.

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

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

B 1 1988 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-93-0078 <small>70 fill in this form completely 78</small>
Date Received (APA) 102395 OWNER INFORMATION 15 Last Name SCRIVENER 34 Owner THOMAS First Name 36 Street or RFD 5026 DORSEY HALL DR 55 Town ELLICOTT CITY MD 70 State 72 21042 Zip 76		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION QUARTERFIELD 42 SECTION 2 44 46 LOT 32 48 50 52 NEAREST TOWN WESTFRIENDSHIP 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78 M I	
DRILLER INFORMATION Driller's Name Joseph L. Mayne 77 License No. 80 24 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy MD. 21771 Signature Joseph L. Mayne Date 10/23/95		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Whitetail Lane 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 320 37 DISTANCE FROM ROAD ENTER FT. OR MI FT 38 39 TAX MAP 23 BLK 15 PARCEL 101	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A48848 COUNTY NO. STATE SIGNATURE Mark E. Riffin INSERT S DATE ISSUED 102695 EXP. DATE 10/26/96 NORTH GRID 521000 EAST GRID 0825000 43 56 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input 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 checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 82X5 N 52X1 000 000	
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 30 32 INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (for Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROX. PERMIT NUMBER GAP 54 63 FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-93-0078 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

APPLICATION

PERCOLATION TESTING

A 48848
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 L. Zoller Me. + Mrs. Ron Griffin

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER SDC

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Quarterfield LOT NO. 32

ROAD AND DESCRIPTION (11616 WHITE TAIL LAKE)

BLDG. PERMIT SIGNED

AND RETURNED 11-18-97

Serial # B7108580

SFD - Urban

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD
(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 _____

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' 299
red tan
sa cl lm
10% frags 4 1/2
15-20%
hard frags 6
soft tan
gray wk.
decomposed
sandstone
10% frags 12

118

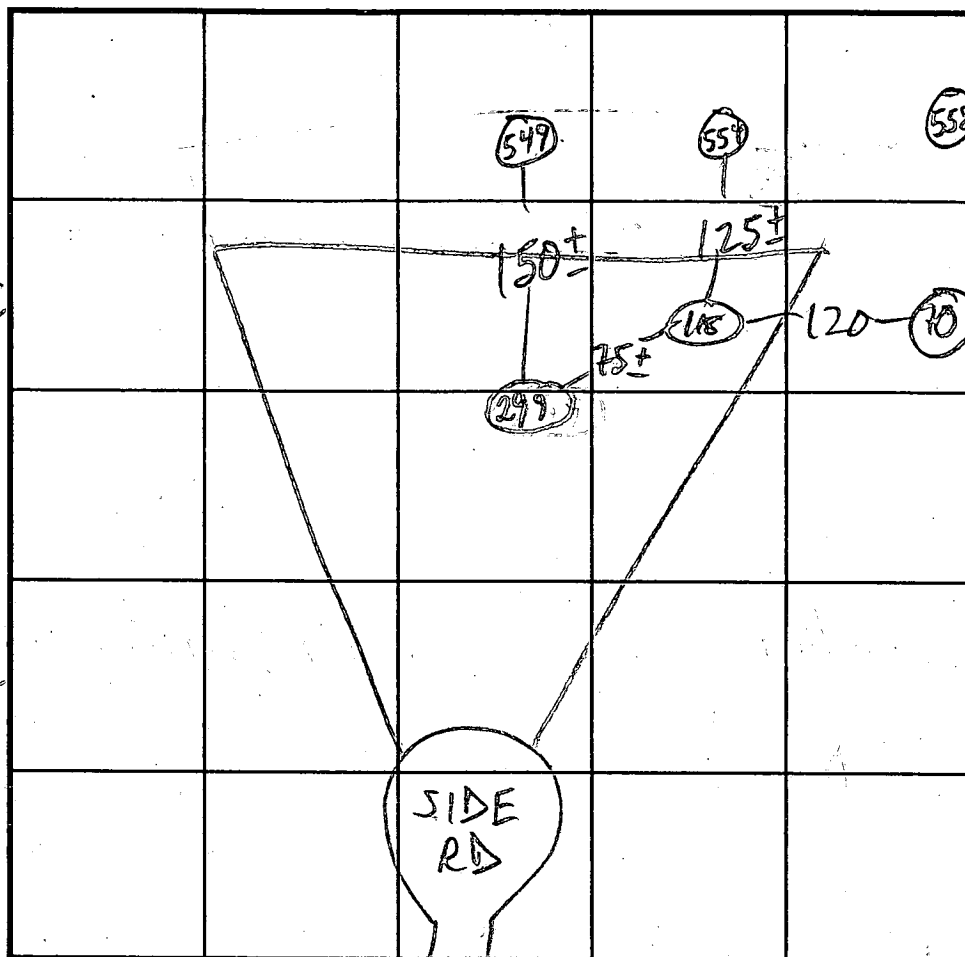
brn
sa cl lm 4

tan gray
beige
sa lm
10-15%
frags 12 1/2

70

dk. brn
sa si
cl lm 3 1/2

15-20%
quartz frags 5
tan gray
org mica
quartz
sa lm
5-15% 13



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/27/94	299	3' 9"	11:08	11:18	SLOW		
		4 1/2	11:24	11:34	SLOW		
	299	5	11:44	12:04	SLOW		
		7	12:29	12:31	12:31	12:35	4
	299	12					
2/10/93	118	5 1/2	3:09:30	3:10:30	3:10:30	3:18	8
		8 1/2	3:13:00	3:13:30	3:13:30	3:14:15	48 sec
	118	8 1/2	3:14:45	3:16:00	3:16:00	3:18	2
		12					
2/5/93	70	5 1/2	10:30:20	10:30:50	10:30:50	10:32	1
		9	10:31:15	10:32:30	10:32:30	10:35	2
	70	13					
10/24/95	549	4' 10' 3"					2
	554	4' 11					2
11/9/95	558	5 1/2 / 11 1/2					2

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

3

TRENCH WIDTH

3

INLET DEPTH

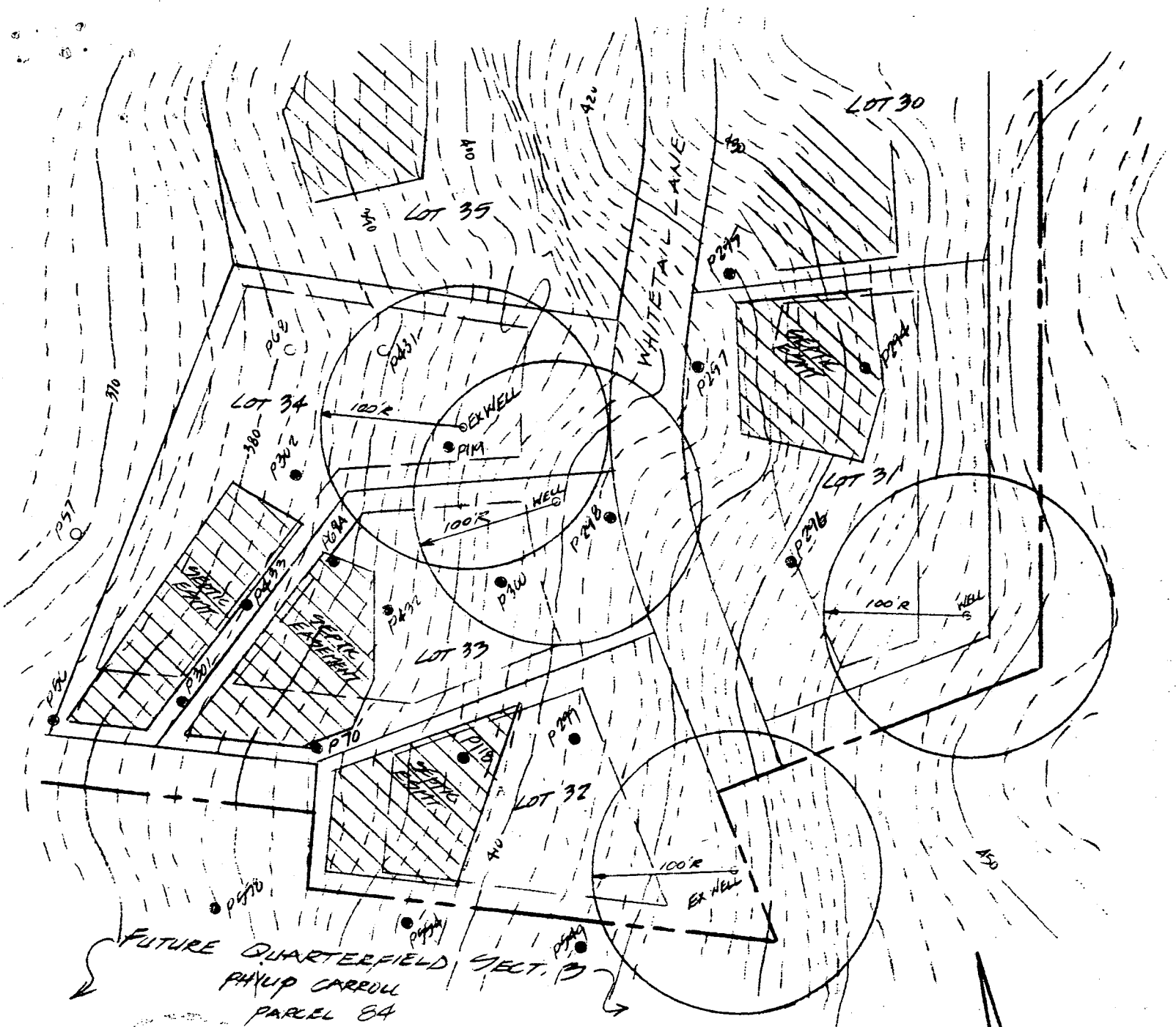
4

MAXIMUM BOTTOM DEPTH

6

SQ. FT./BEDROOM

180



FUTURE QUARTERFIELD SECT. 2
 PHILIP CARROLL
 PARCEL 84

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

John Downing

John Downing 4/10/96 1"=100'
 HOWARD COUNTY HEALTH OFFICER (CW)

SDC GROUP INC.
 3480 BALT. NATL. AVE, STE #18
 ELKTON CITY, MD 21043

THIS AREA INDICATES APPROVED PERC AREAS AND DESIGNATES A PRIVATE SEWERAGE BASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE BASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.

QUARTERFIELD SECT. 2 PERC CERTIFICATION PLAN
 LOTS 31-34 REVISION

PERC CERTIFICATION PLAN FOR SUBDIVISION APPROVED 2/8/95. REVISION DUE TO LOT RECONFIGURATION AND PROVISION OF ACCESS TO ADJACENT PARCEL 84.

SEPTIC AREAS SHOWN ARE A MINIMUM 10,000 SF.
 DEVELOPER: SDC GROUP, INC

MARCH 1996

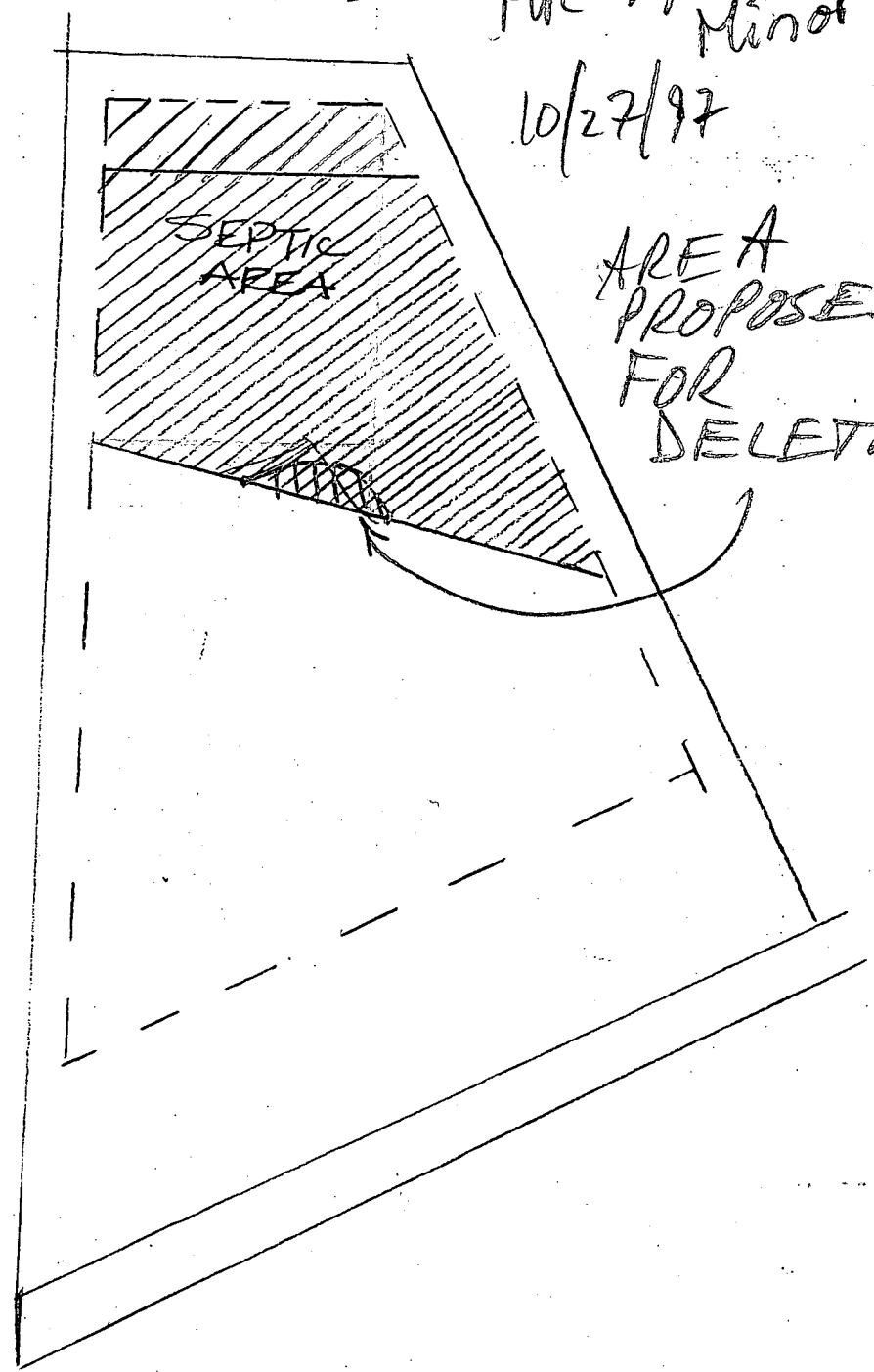
LOT 32 QUARTERFIELD

REVISION
FOR HOUSE
SITE OK

MR W/Rick
Minor

10/27/97

AREA
PROPOSED
FOR
DELETION



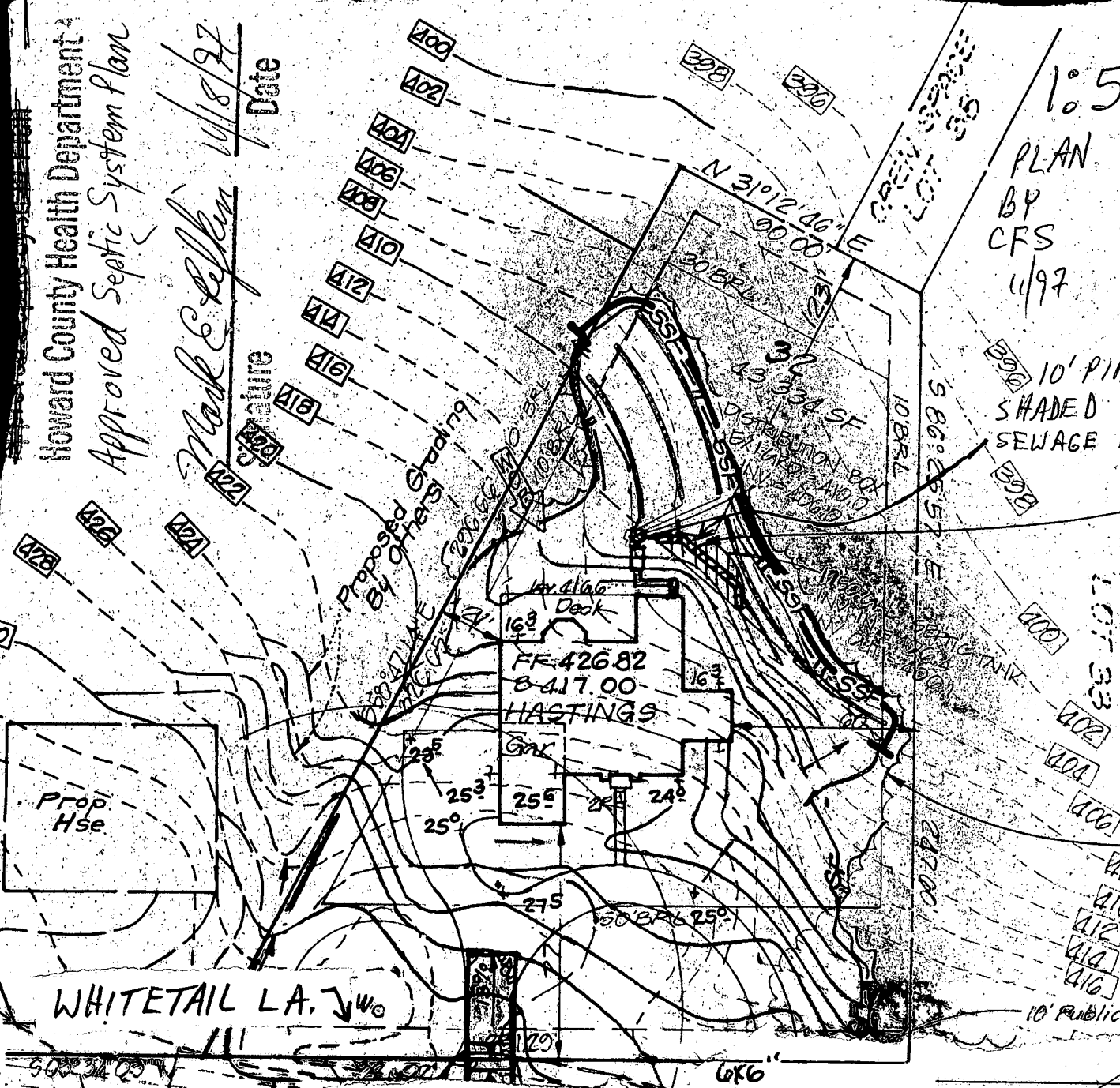
Howard County Health Department

Approved Septic System Plan

Mark C. [Signature] 11/8/97

Date

Signature



Total linear feet of trench required 270 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 1/2 feet

Depth of stone required below distribution pipe 4 feet

10' PIPE PRIOR TO S. TANK @ 1-2% FALL
SHADED PORTION OF
SEWAGE EASEMENT REMOVED

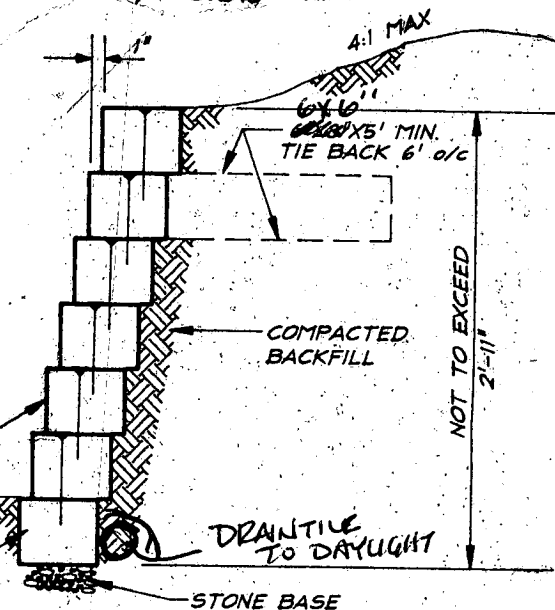
2.9' Timber Ret. wall, 30' Long

B.W 407.6

T.W 410.5

Drain tiles are required behind wall
& draining to daylight

Note: Grade swales away from
septic easement where ever
possible



BY COPY OF THIS PLAN, THE
HEALTH DEPT. ACCEPTS THIS MODIFICATION
TO THE RECORDED SEWAGE DISPOSAL EASEMENT.

TYPICAL RETAINING WALL

NO SCALE