2/27/96 ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 564446

A 49018

DISTRICT 3rd

DATE 2/13/96

DATE SYSTEM APPROVED 2/27/96

INSPECTOR AM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

WTC III Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 1820 Gillis Falls Road Woodbine, MD 21797 PHONE 489-4457

SUBDIVISION West Friendship Estates LOT 9 ROAD 3151 River Valley Chase

PROPERTY OWNER Forrest & Elizabeth Medley

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

210 / 4 = 840

280 / 3 (840) / 6 / 24

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180' down the left (303) lot line, and 85' off that same lot line as seen from River Valley Chase. Run trenches along 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 12/11/95 KB

PLANS APROVED BY Glen Savage DATE 11/30/95

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

LOG. PERMIT SIGNED AND RETURNED 5-28-98

Serial # 2191120335

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

Interior Alteration Basement

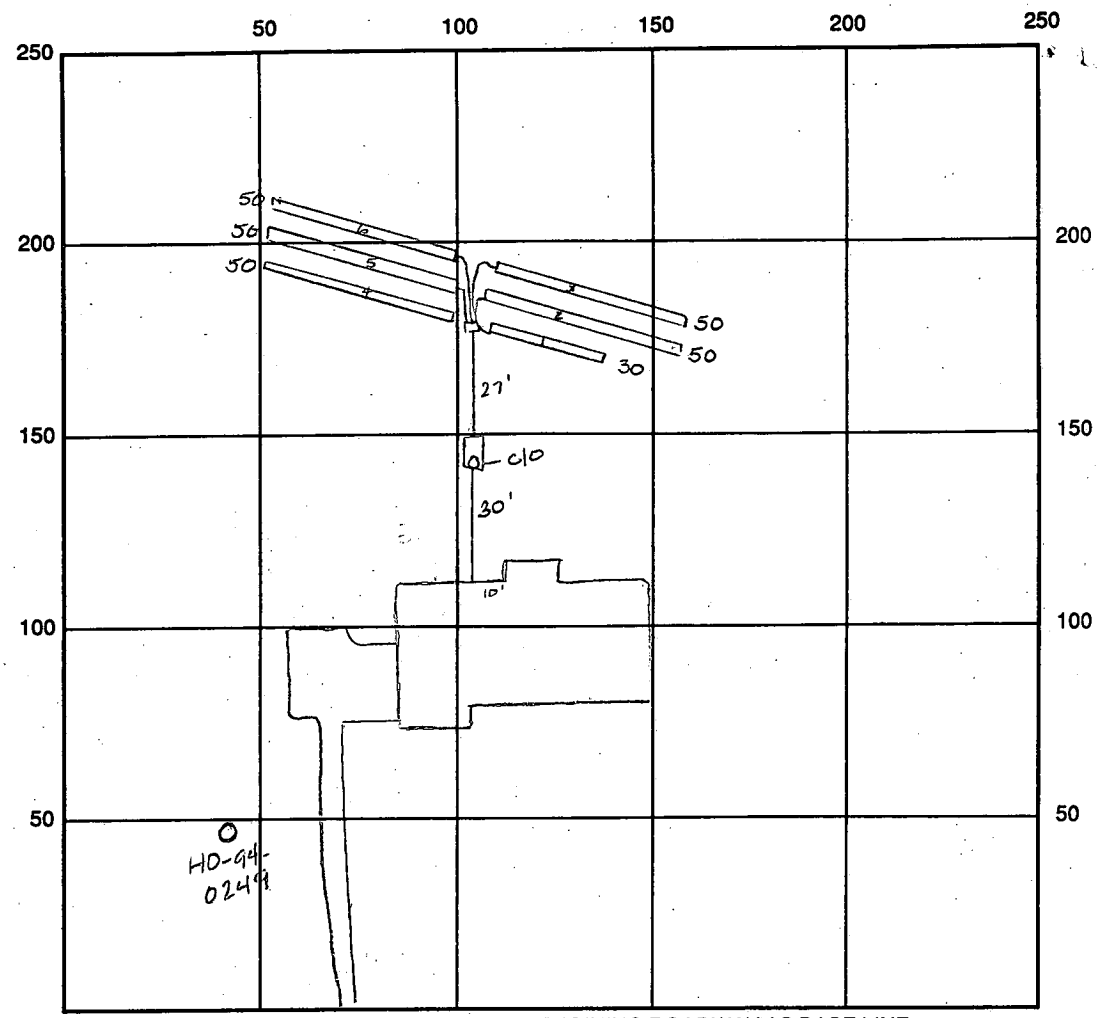
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 49018



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS clo OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH ①30 ②50 ③50 ④50 ⑤50 ⑥50 = 280 total linear ft

NUMBER OF TRENCHES 6 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT. 280 3 840

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

ABSORBENT AREA — SQ. FT.

REMARKS: 2/27/95 OK to cover all WORK final. dlw

DATE SYSTEM APPROVED 2/27/96 INSPECTOR Larry McMillen

APPLICATION

PERCOLATION TESTING

FEE A 49018

P _____

DISTRICT _____

DATE 3/5/93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

(2) holes (High) + (Low)

SUBDIVISION W FARM P I LOT NO. 10

ROAD AND DESCRIPTION NORD FARM

BLDG. PERMIT SIGNED AND RETURNED 11-30-95
Serial # 62788

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - ~~3~~ 4 BRMS
(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

HD-216 (3/92)

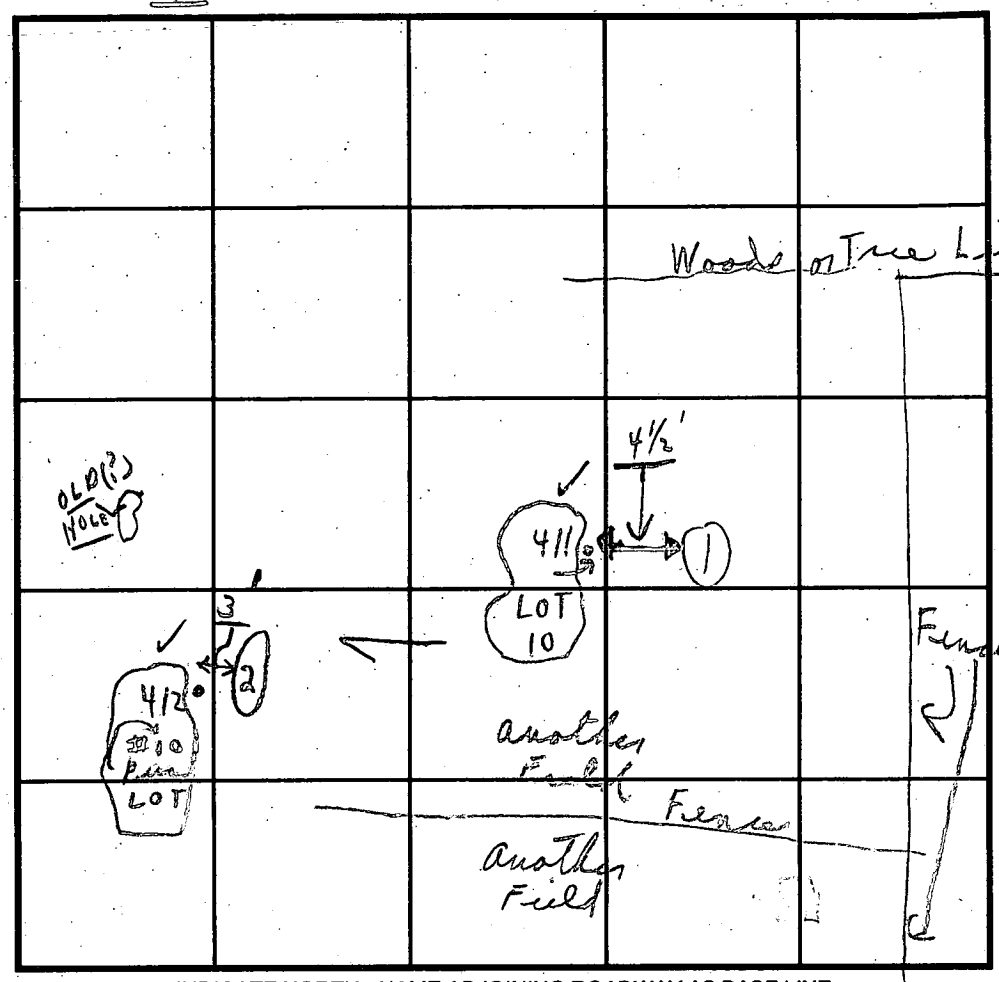
49018
COUNTY #

LOT #10

SOIL PROFILE
0'
Hole #①
to 5' clay
5' to
LOAM
11' DRY

LOT #13/14 Owner this way

HOLE ②
0'-5'
clay
5'
LOAM
DRY
11½'



SOIL PROFILE
0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
(Old Corn Crib) (Pole Barn)

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/26/93	#①	5'	1:21	1:22	1:22	1:24	2m
(N)	#411	11'		(all loam as seen)			
	#②	5'	1:26	1:44	1:44	2:06	22m
(L)	#412	11½'		(Loam below clay)			
2 Holes only							

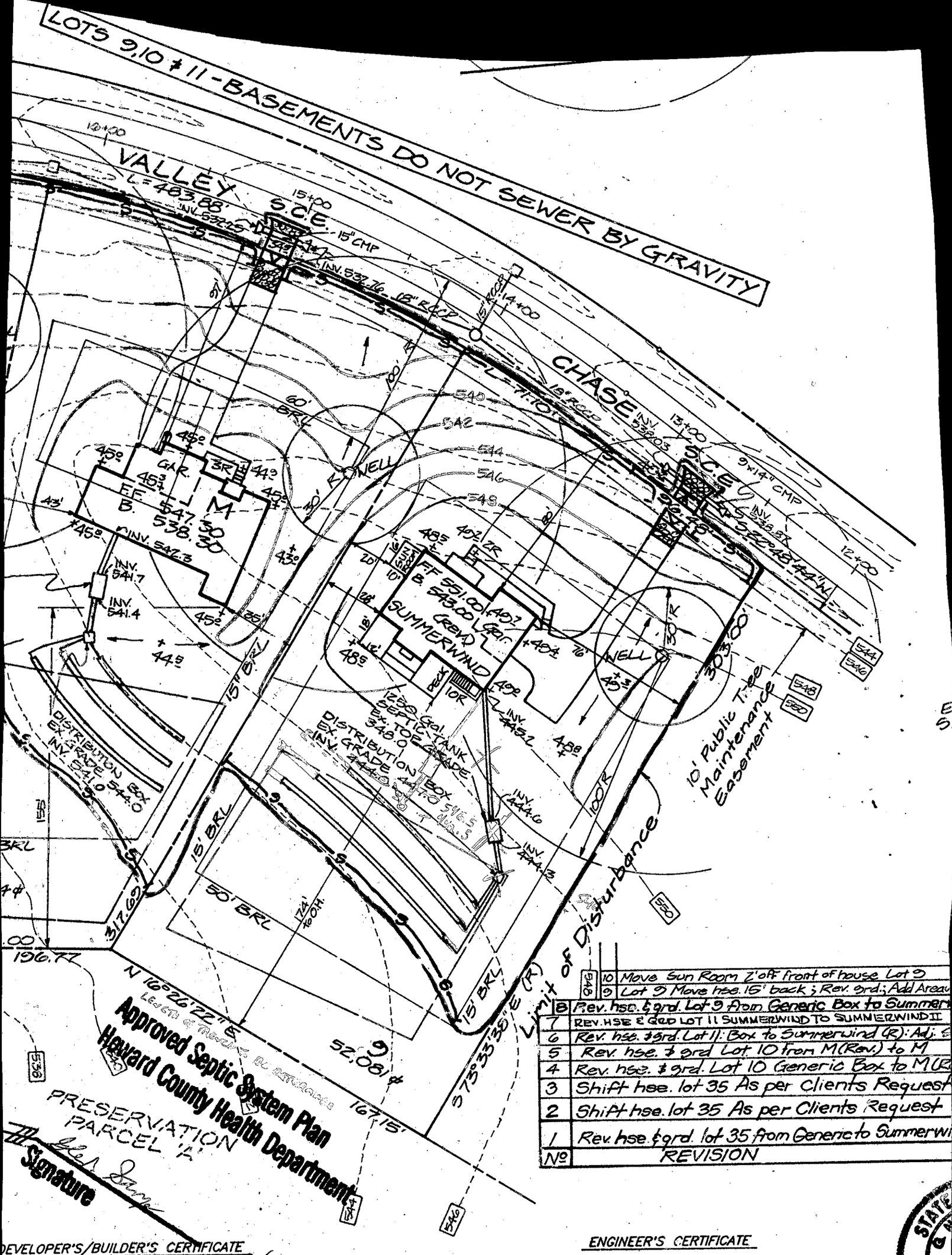
REMARKS Tests in open field

TYPE OF SOIL

TESTED BY C.B.A. ALSO PRESENT O.K. Jr. & assistant

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 TRENCH WIDTH 3

INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 6' SQ. FT/BEDROOM 210



No	REVISION
10	Move Sun Room 2' off front of house Lot 9
9	Lot 9 Move hse. 15' back; Rev. grd.; Add Areaw
8	Rev. hse. & grd. Lot 9 from Generic Box to Summer
7	REV. HSE & GRD LOT 11 SUMMERWIND TO SUMMERWIND II
6	Rev. hse. & grd. Lot 11: Box to Summerwind (R): Adj.
5	Rev. hse. & grd Lot 10 from M(Rev.) to M
4	Rev. hse. & grd. Lot 10 Generic Box to M(R
3	Shift hse. lot 35 As per Clients Request
2	Shift hse. lot 35 As per Clients Request
1	Rev. hse. & grd. lot 35 from Generic to Summerwi

DEVELOPER'S/BUILDER'S CERTIFICATE

I development and construction will be done according lopment and plan for sediment and erosion control and personnel involved in the construction project will have a nce at a Department of the Environment Approved the Control of Sediment and Erosion before beginning uthorize periodic on-site inspection by the Howard

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

C 1 **5926** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) — SEQUENCE NO. (DENV 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 A# 49018

ST/CO USE ONLY
DATE Received 12/12/94

*DATE WELL COMPLETED 12/06/94

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0249

OWNER DORSEY BUILDERS INC.
STREET OR RFD ____ last name RIVER VALLEY CHASE first name ____ TOWN W. FRIENDSHIP
SUBDIVISION W. FRIENDSHIP EST. SECTION 1 LOT 9

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 FROM	FEET TO	Check if water bearing
SAND	0	47	
GRAY MICA ROCK	47	305	✓

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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 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. 24
Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 15 NO. OF POUNDS 1410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 42 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	50

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below: [ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	49	305
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
from ____ to ____
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 ____
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

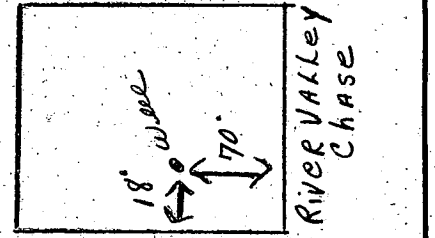
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 2.4
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37
WHEN PUMPING 276

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 (CIRCLE) (YES or NO) YES (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): [+] above [−] below LAND SURFACE 1 (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)



COUNTY

[redacted]/97
3/27/97

A49018

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 3151 River Valley Chase (Lot 9) ZIP _____

OWNER ☒ OCCUPANT ☐ Beth Medley ADDRESS same as above PHONE 489-5657

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Smells sewage in back yard WHEN STANDING ON PARKING PAD

CODES _____

RECEIVED BY A McMillen DATE 3/18/97 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 3/20/97 TIME 3:15 PM WEATHER Cloudy

REPORT No odor noted at this time. Probably odor from sewer vent pipes on ceiling from any house. Septic system appears to be in good condition – No odor noticed in Septic Tank Cleanout 3/20/97

3/27/97 MET OWNERS @ PROP.; DISCUSSED W/MR. MEDLEY BASIC SEPTIC SYSTEM OPERATION, ORIGINS OF SEPTIC FAILURES, ETC.; ALSO WALKED OVER SEWAGE ESMT (NO DISCHARGE NOTED) AND EXAMINED ADJ. PROPERTIES (NO DISCH. NOTED); ROOF DRAIN DISCHARGE LINE INSTALLED AT TOP OF SEWAGE AREA; END OF THIS DRAINLINE APPEARS TO HAVE SLIGHT UPSLOPE, SUCH THAT ALGAE & H_2O OBS'D SITTING IN END OF LINE; ADVISED OWNER THIS IS MOST LIKELY ODOR SOURCE; ALSO INVESTIGATED TWO VENTS 2' OFF GRADE @ DRIVEWAY PARKING PAD; BOTH CONN TO HOT H_2O HEATER; NO HD. ISSUE – FILE CLOSED (MR)

DATE SUBMITTED 3/20/97 SANITARIAN Paul J. Kelly

HD-172

3/27/97

A44-18

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

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DATE SUBMITTED 3/20/97 SANITARIAN Paul J. Kelly

HD-172