7/14/89 3 pm
7/14/89 A.M. + P.M.

Tax ID - 05-404630 File

WELL COMPLETION 7/11 P.C.O. C.B.d

PERMIT

P 44384

A 37760

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

DATE 3/25/89

DATE SYSTEM APPROVED 7/11/89

INSPECTOR C.B.d

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Frall Septic Service, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Newhouse S/D ROAD 5270 Ten Oaks Road LOT 24

PROPERTY OWNER ~~G. W. Smith Associates, Inc.~~

ADDRESS ~~Lawrence Morris~~ Carl Lynch

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO ____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

229
3 | 880
293 ft trench

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the ~~LEFT~~ REAR lot corner, place 1st trench 180 feet down the rear (277.55') lot line and 15 feet off the rear line as seen when facing property from Ten Oaks Road. Run trenches along contour towards the left (470.57') line.

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

OK TO INSTALL 1-1½' DEEPER 7/10/89 CW

PLANS APPROVED BY B. Nixon DATE 6/24/87

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

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) BLDG. PERMIT SIGNED

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH AND RETURNED 7-15-96

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

Serial # B10112993
Inground Pool

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 2/9/2001
B00128409/FINISH BASEMENT-REC RM AND ½ bath

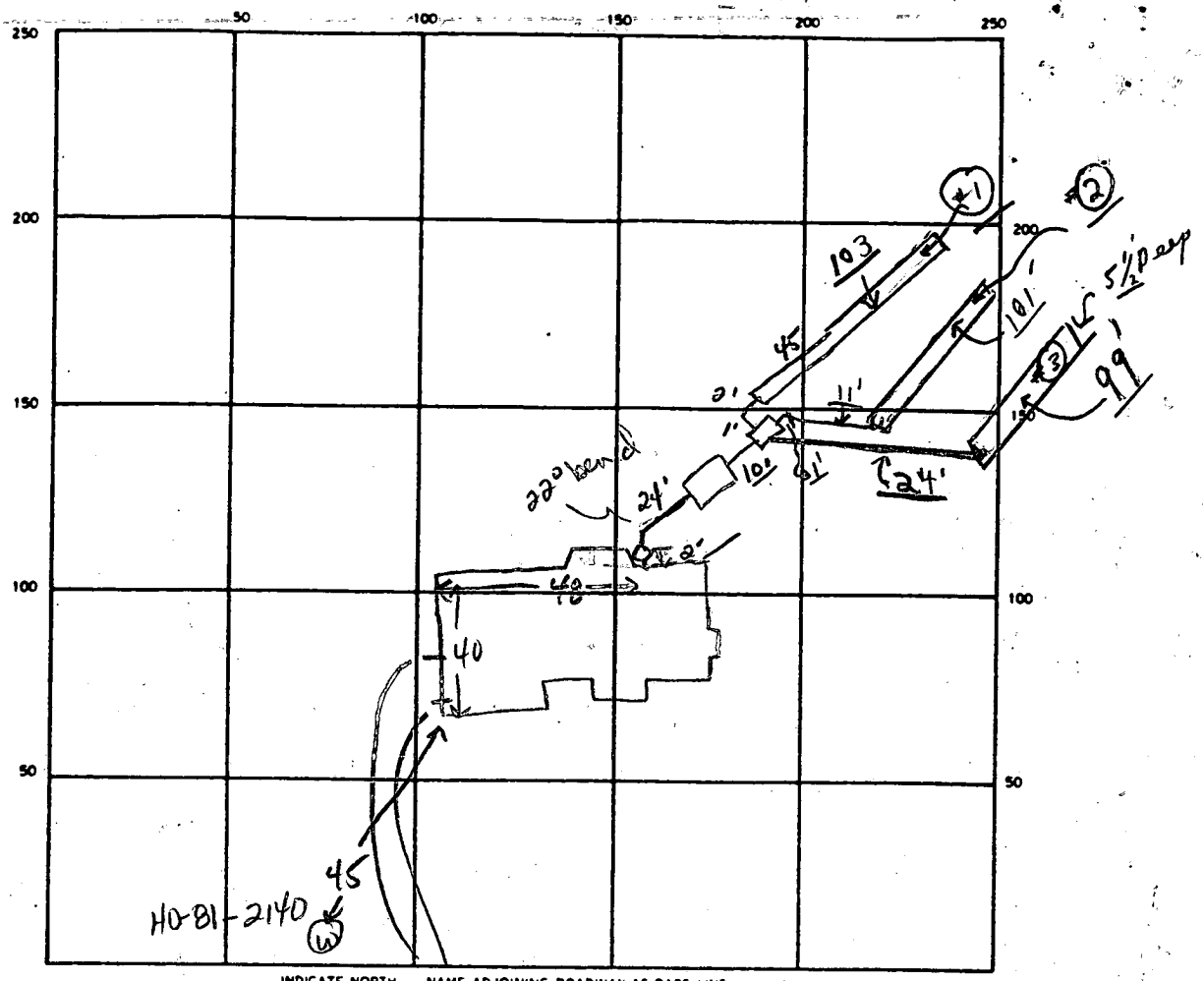
BLDG. PERMIT SIGNED AND RETURNED 4/20/90
Serial # 52232 - deck

P 37760

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



SEPTIC TANK. LEVEL 2000 gal CLEANOUTS 1 at house

DISTRIBUTION BOX. LEVEL OK w/ baffle ✓

DRAIN FIELD/TILE FIELD. DEPTH ① 3.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH ① 3.5' FT.

EFFECTIVE GRAVEL DEPTH ① 2.0, ② 2.0, ③ 2.0 + FT. TOTAL LENGTH ① 103', ② 101', ③ 99' FT } 303'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA To be 100 each 909 SQ FT.

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

ABSORBENT AREA 909 SQ. FT.

REMARKS 7-10-89 OK to continue trenches. JEN 7/11/89 A.M. - OK TO COVER ALL WORK; EXCEPT LAST 50'± OF ③ TRENCH. PARTIAL C.B.O.

7/11 P.M - OK TO COVER - FINAL.

7/11 A.M. - PARTIAL - W.P.I. - {WATER lines} + pitless adapters - only - ok C.B.O.

DATE SYSTEM APPROVED 7/11/89 INSPECTOR Charles Bryan Wheeler

APPLICATION

A 37760

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE 7-21-86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Howard A. Newhouse & Eva Marie Newhouse

ADDRESS 5280 Ten Oaks Rd. PHONE 531-2106

PROSPECTIVE BUYER — C.W. Smith Assoc. Inc.

ADDRESS — PHONE —

PROPERTY LOCATION:

SUBDIVISION Newhouse Property LOT NO. 2

ROAD AND DESCRIPTION West Side Ten Oaks Rd., South of Linden Church Rd.
5270 Ten Oaks Rd.

TAX MAP 34 PARCEL # 69?

SIZE OF LOT 3.201c TYPE BLDG. SINGLE Family
(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 Sidney Abel FOR Standard Tunelers DATE 10-10-88

REJECTED BY _____ FOR _____ DATE _____

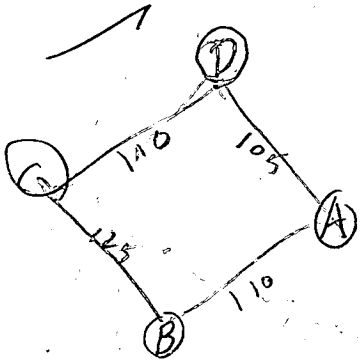
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/19/86 Perc OK HOLD FOR PLAT RIT

BLDG. PERMIT SIGNED
AND RETURNED 10/10/88
BP 213465

THIS IS NOT A PERMIT

A37760

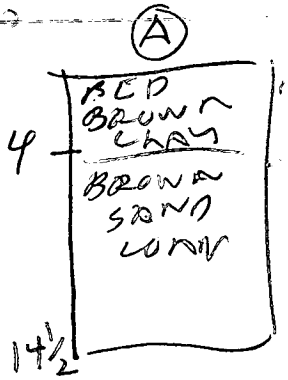


HOLE

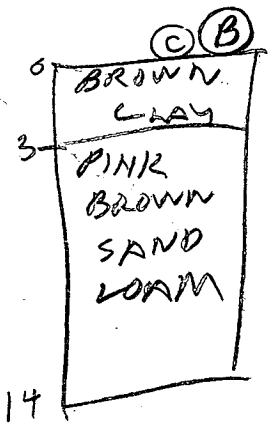
ELEVATIONS

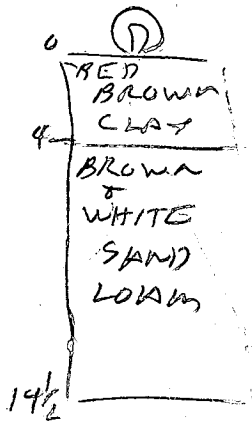
(B)(C) = HIGH

(D)(A) = LOW



B





1

TEN OAKS RD

9/8/36	AS	5½	1107	1109	1109	1101½	2
9/9/36	AV	14½	LOOKS OK				
9/9/36	DS	6	1144	1149	1149	1153	4
	DV	14½	LOOKS OK				
	BS	5	1159	1203	1203	1207	4
	BD	7½	1201	1210	1210	1226	16
	BV	14½	LOOKS OK				
	CS	4½	1237	1241	1241	1249	8
	CV	14	LOOKS OK				

Tested by R. Hodges

Also Present
Allie Freedom Sanders

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Newhouse Property

Ten Oaks Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

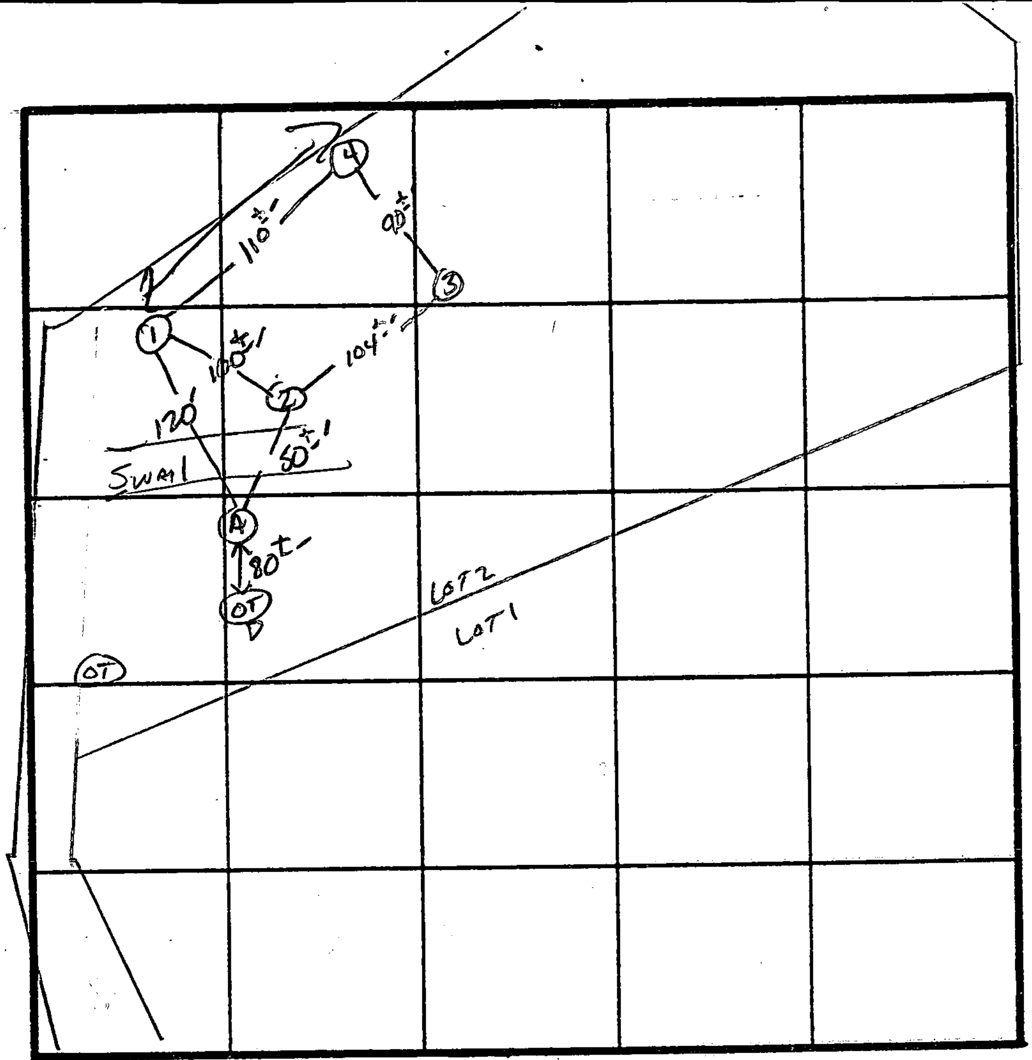
① ② ③

SOIL PROFILE

Depth	
0'	A-0
12"	Yellow Br Silt loam c 2% clay 10-18% frags
3.5'	Yellow Br w/ Pink casts micaceous silt loam 10-15% frags
13	

④

Depth	
0	A0
12"	Yellow Br Silt loam 12-15% clay - 20% frags. Large stones
4'	Yellow Br. silt loam 10-15% fragments
9'	Brown micaceous silt loam 20-30% frags
13	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Ten Oaks Rd.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/25/86	1 S V	4' 14.5'	1:46 Uniform soil below 3.5'	1:47	1:47	1:48	1 min
	2 S V	4' 13'	1:42:30 Uniform soil below 3.5'	1:43:30	1:43:30	1:45:30	2 min
	3 S V	4.5' 13'	2:56 Uniform soil below 3.5'	2:57:30	2:57:30	3:00	2.5 min
	4 V	13'	Uniform soil below 4'				

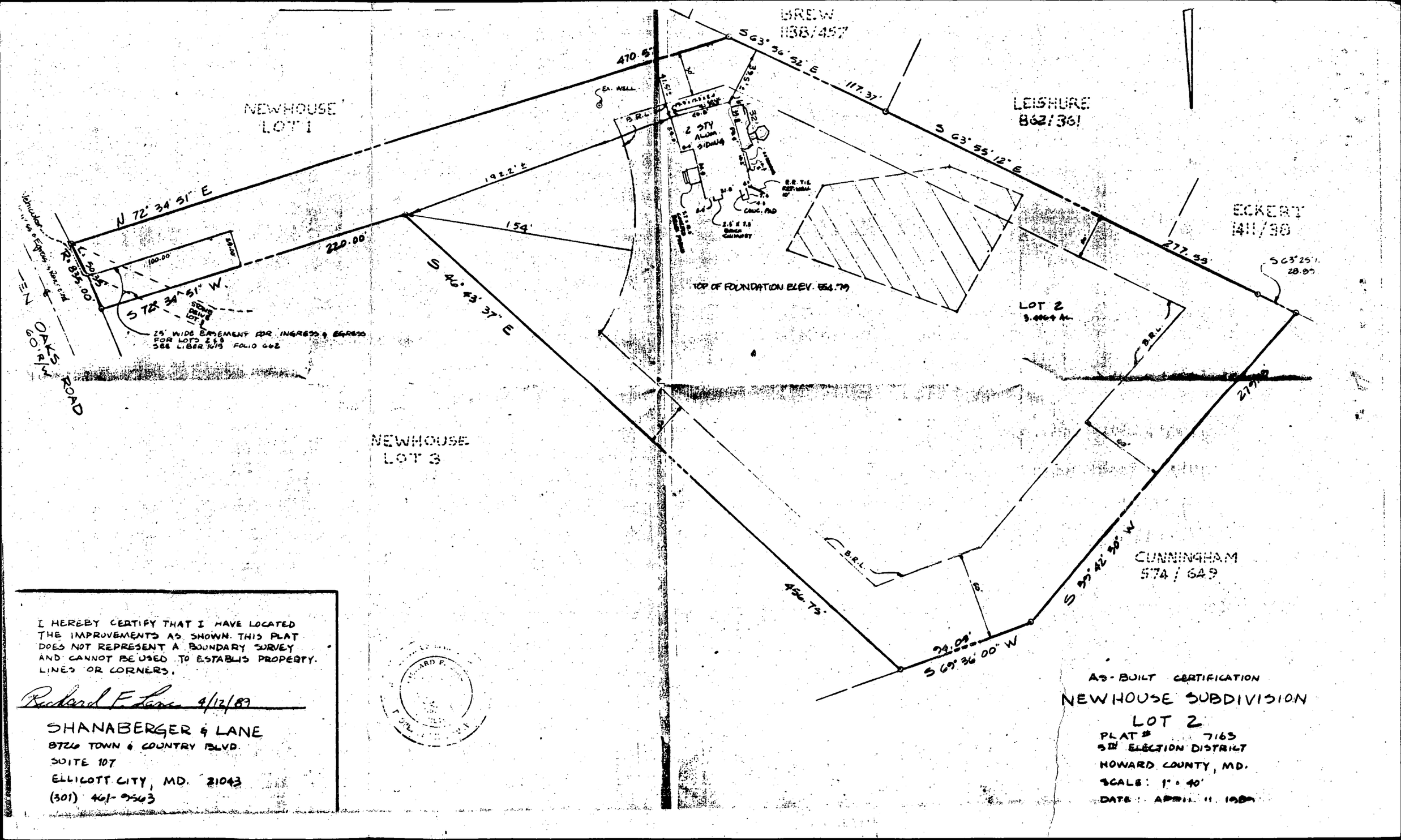
REMARKS Shallow Syst. Only. Holes diff than plat

TYPE OF SOIL Glenelg

TESTED BY S. Abel

ALSO PRESENT New House / Freedom Sanitation Holland

EH 12-1079



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLIS PROPERTY. LINES OR CORNERS.

Richard F Lane 4/12/89

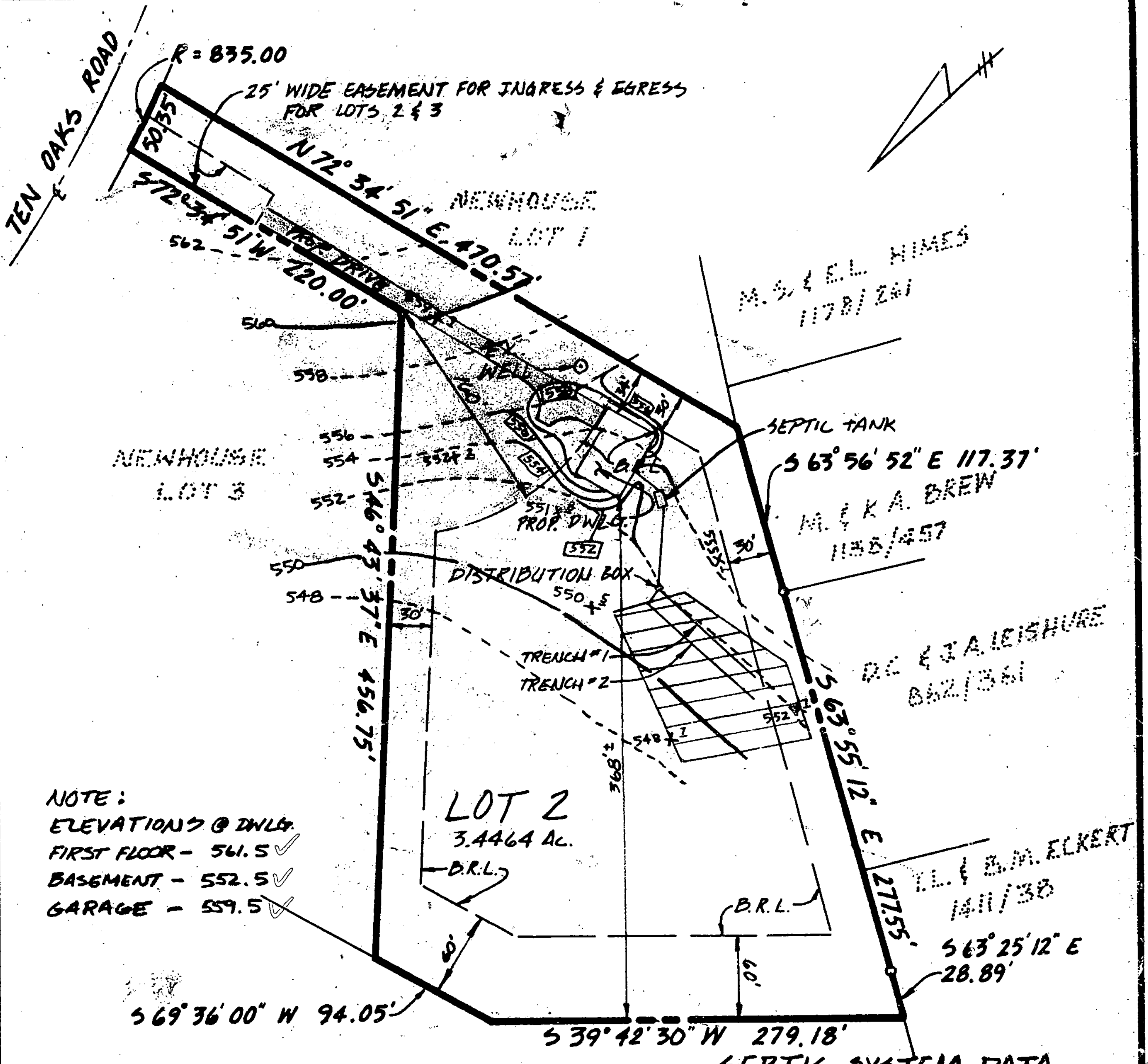
SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 107
ELLICOTT CITY, MD. 21043
(301) 461-9563

AS-BUILT CERTIFICATION

NEWHOUSE SUBDIVISION

LOT 2

PLAT # 7163
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: 1" = 40'
DATE: APRIL 11, 1989



SEPTIC SYSTEM DATA
INV. @ HOUSE: 550.4 ✓ + BSMT

ITEM TYPE	EX. GRADE	FIN. GRADE	INV. IN	INV. OUT
SEPTIC TANK	553.5	553.5	550.2 ✓	549.9 ✓
DISTRIB. BOX	552.0	552.0	549.3 ✓	549.1 ✓
TRENCH #1	552.0	552.0	549.0 ✓	543.0 ✓
TRENCH #2	551.3	551.3	548.3	542.3

9/29/88
elevation ok
Sahl

BLDG. PERMIT SIGNED
AND RETURNED 10/11/88 BP 21546
SAH

E-Shanks OK JA

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLICOTT CITY, MD 21043
461-9563

SITE PLAN
NEWHOUSE SUBDIVISION
LOT 2

TAX MAP 28 PARCEL 65
5th ELECTION DISTRICT HOWARD COUNTY, MD
SCALE: 1" = 100' DATE 3/11/87

EMERGENCY/TEMP NO. IF ANY

B 1 1785 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER HO-81-2140
fill in this form completely

Date Received 05078

OWNER INFORMATION

G W Smith Associates
Last Name — Owner — First Name

7626 Haines Court
Street or RFD

Laurel MD 20707
Town — State — Zip

DRILLER INFORMATION

Bernard Feezer 210
Driller's Name — License No.

Firm Name: Tri County

Address: 16009 Frederick rd. Lisbon

Signature: Bernard Feezer Date: 21765

LOCATION OF WELL

B 3

Howard
COUNTY

Kelhouse
SUBDIVISION

SECTION ___ LOT 2

Clayton
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

Ten Oaks rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N
WEST W | 32 | E EAST
S SOUTH

DISTANCE FROM ROAD 360

ENTER FT or MI FT

WELL INFORMATION

B 2

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
(P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
(T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A 37760 — COUNTY NO.

OEP SIGNATURE
STATE HEALTH INSERT S

DATE ISSUED 062487 — CO SIGNATURE B Nixon — EXP. DATE 12/24/87

NORTH GRID 5070000
EAST GRID 0806000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
30 (AIR-ROTary) — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT

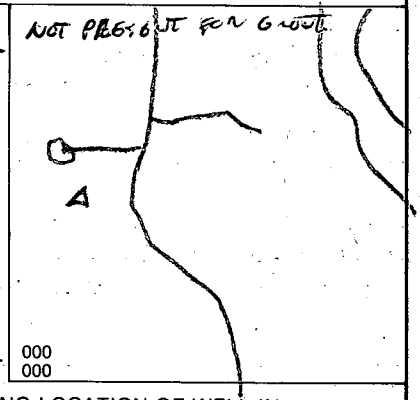
other ___

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8006
N 5007

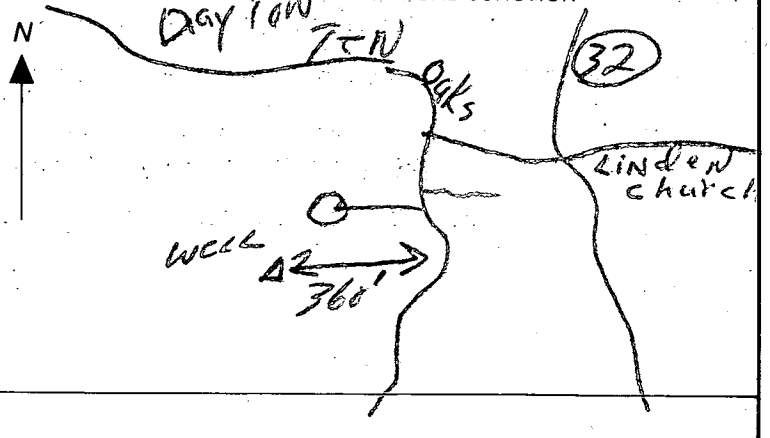


REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
(D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 41 ___ 52

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



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER ___GAP___

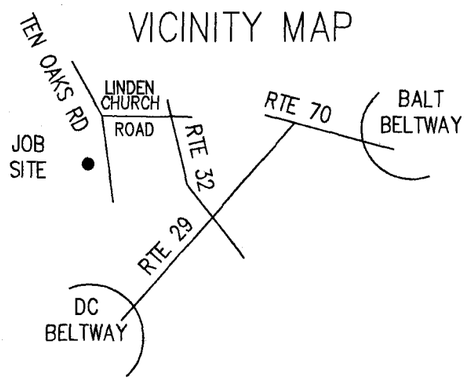
FORCE (B) WRITE INITIALS IN BOX PERMIT No. HO-81-2140

SPECIAL CONDITIONS

HEALTH

SITE MTG. w/CONTRACTOR
POOL LOC OK
7/15/98 MR

VICINITY MAP



DIRECTIONS:
FROM THE DC BELTWAY TAKE
RTE 29 NORTH TO
(L) RTE 32 TO
(L) LINDEN CHURCH ROAD TO
(L) TEN OAKS ROAD

LOT 4
NEWHOUSE SUBDIVISION
SCALE: 1" = 60'
+3 ACRES

JOB NUMBER _____ CONTRACT DATE 6-30-98
SALESMAN PETE MOUSAW
CONSTRUCTION OFFICE PH # (703) 257-0007
(888) 257-0007

MAP NUMBER
13
K-4

COUNTY HOWARD
LOT # 4 BLOCK _____
SUB DIV NEWHOUSE SUBDIVISION
CROSS ST LINDEN CHURCH RD

GENERAL NOTES

1) TWO SKIMMERS ON POOL
2) BLUE QUARTZ POOL FINISH
3) THREE FIBER OPTIC LIGHTS
4) 600 SQ FT COLORED CONCRETE DECK
5) 125 SQ FT WOOD RETAINING WALL

BLUE HAVEN POOLS
SINCE 1954

Prepared Especially For:
NAME *CARL & MARY LYNCH*
STREET *5270 TEN OAKS ROAD*
CITY *CLARKSVILLE* STATE *MD* ZIP *21029*
HOME PHONE 301 854-3807
WORK PHONE _____

DRAWN BY	DATE DRAWN:	SHEET 1 OF 2
CMB	7-8-98	