3/15/88 AM
3/16/88 AM
6-15-90 pm

Tax ID - 05-404649

House connection req'd
6-15-90 House connection ok JEN

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 41207

A 37761

DISTRICT 5th

DATE 3/14/88

DATE SYSTEM APPROVED 6-15-90

INSPECTOR JEN

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Frall Septic Service IS PERMITTED TO INSTALL X ALTER ____

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

SUBDIVISION Newhouse ROAD 5260 Ten Oaks Road LOT 3

PROPERTY OWNER ~~Gregory Smith~~ Scott and Peggy Coulson

ADDRESS ____

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

GARBAGE GRINDER? YES ____ NO X

BLDG. PERMIT SIGNED AND RETURNED 11/21/94 Serial # 52016. Screened porch.

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 190 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

~~LOCATION - Place the distribution box 130 feet from the front lot line and 75 feet from the left lot line as seen when facing the lot from Ten Oaks Road. Run trenches on contour toward back of lot.~~

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

*INSPECTION REQ'D PRIOR TO SETTING TANK. CW 3/11/88

LOCATION - PUNT TRENCH THROUGH HIGH PERC HOLE LOCATED 50FT FROM LEFT SIDE & 165FT FROM THE FRONT LOT LINE ASSEEN TO WHEN FACING LOT FROM TEN OAKS RD

PLANS APPROVED BY S. Abel DATE 8/19/87

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).

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

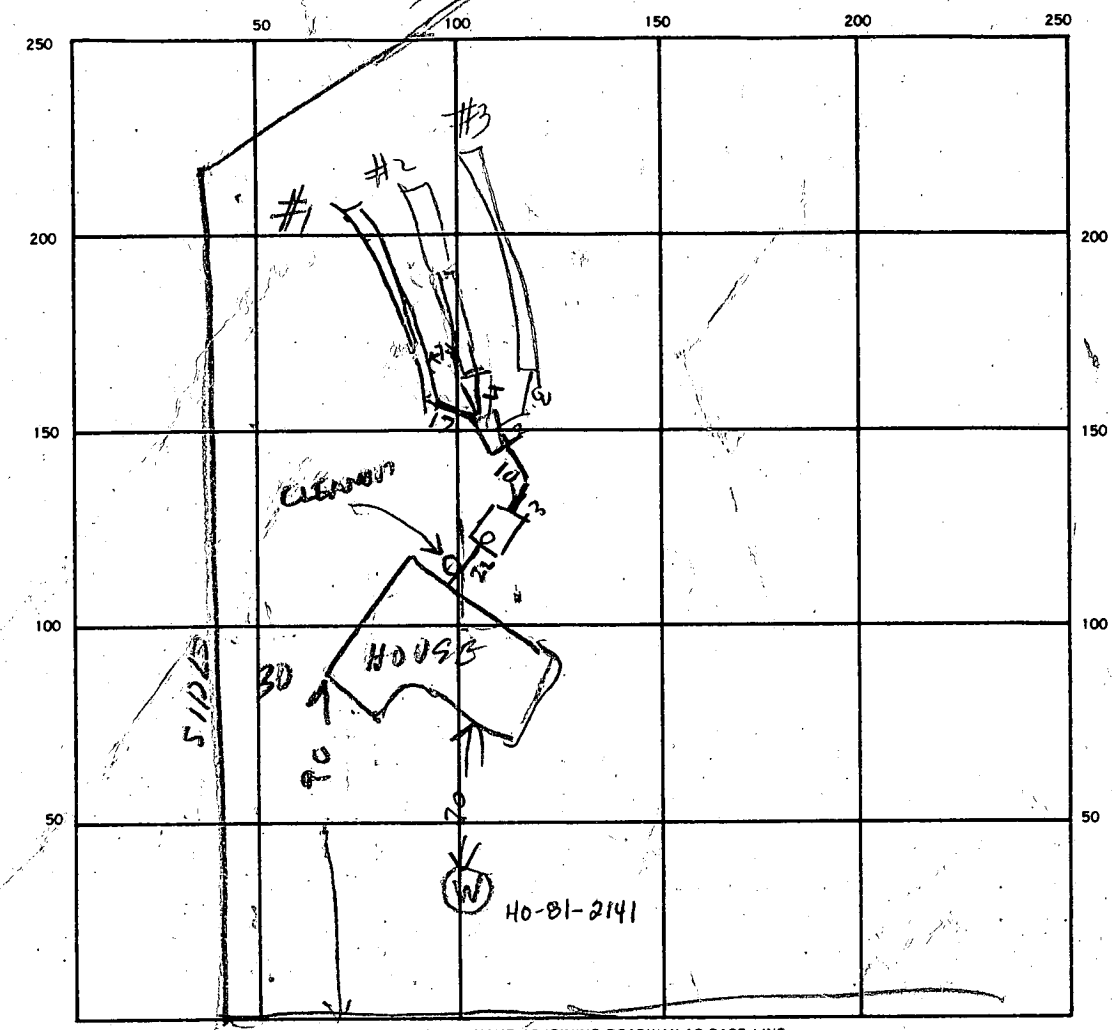
BLDG. PERMIT SIGNED AND RETURNED 7/19/01
B00131594 - Rec Room & Powder Room

A 37761

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS RD

SEPTIC TANK. LEVEL 1250 CLEANOUTS 5 1 OK / 1 in line

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH	1	2	3	TRENCH WIDTH	1	2	3	INLET DEPTH	1	2	3
	5	5	5 FT.		3	3	3 FT.		3	3	3 FT.

EFFECTIVE GRAVEL DEPTH	1	2	3		TOTAL LENGTH	1	2	3	TOTAL
	2	2	2	FT.		84	20	86	FT 259 INSTALLED

REQUIRED 177 / 176 SQ. FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA

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

ABSORBENT AREA ____ SQ. FT.

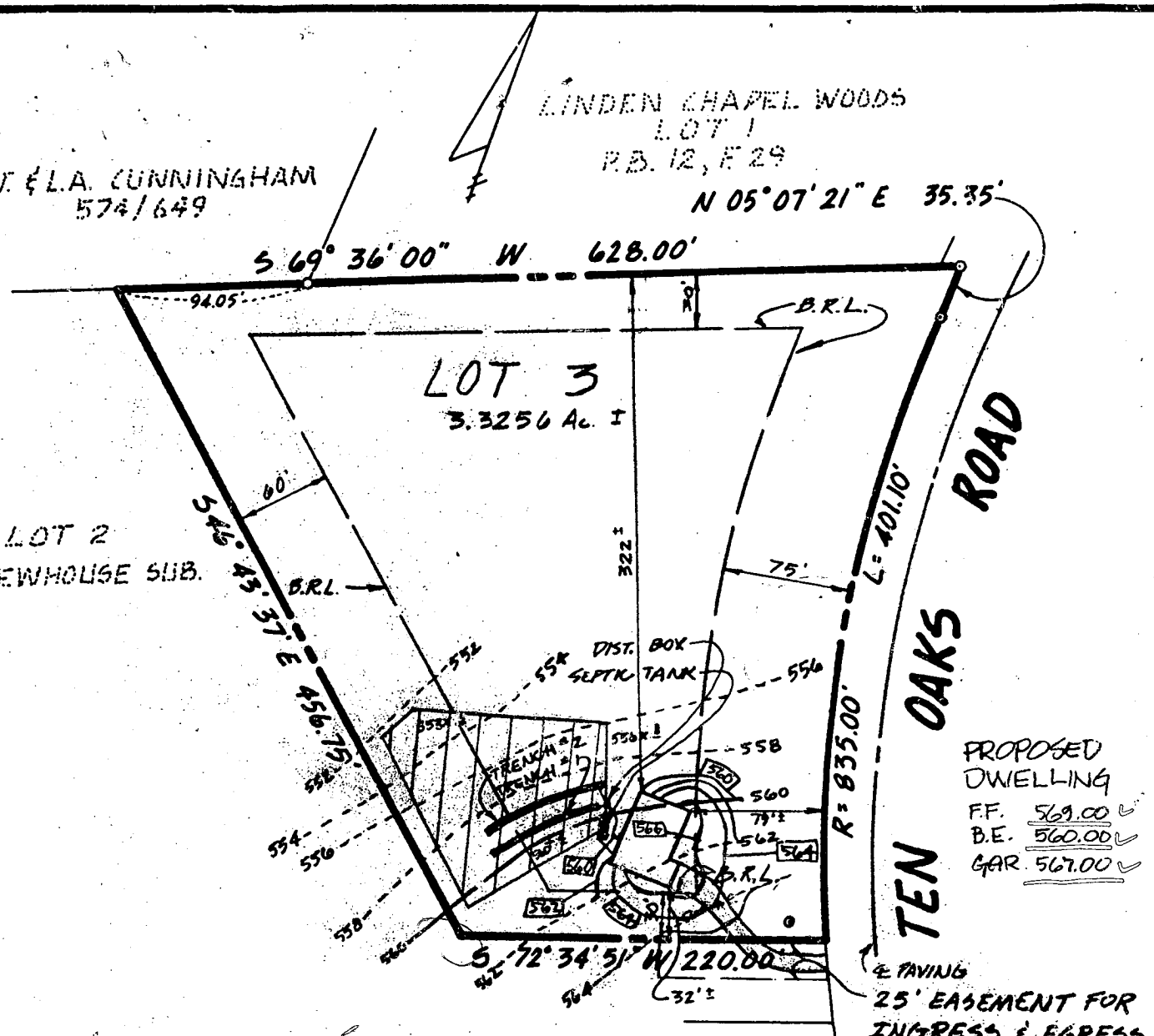
REMARKS 3/15/88 CHECKED PERC HOLES & CHANGED LOCATION ALITTLE RH

3/15/88 - COVER TRENCH #1 & TANK FINISH TRENCH #2 & #3 & CAL RH

3/16/88 - TRENCHE #1 #2 #3 COMPLETE CONNECT HOUSE TO TANK & CALL RH

6-15-90 House connection ok. JEN

DATE SYSTEM APPROVED 6-15-90 INSPECTOR Jane E. Nadeau



SEPTIC SYSTEM DATA

INV. @ HOUSE 557.2 + BSMT

ITEM TYPE	EX. GRADE	FIN. GRADE	INV. IN	INV. OUT
SEPTIC TANK	560.5	560.5	557.2	556.9
DISTRIB. BOX	559.5	559.5	556.8	556.4
TRENCH #1	559.5	559.5	556.5	~~550.5~~ 554.5
TRENCH #2	559.0	559.0	556.0	~~550.0~~ 554.0

8/19/87
Trenches shown are insufficient for 3BR house - 8 BR elevation ok
8 BR

BLDG. PERMIT SIGNED AND RETURNED 8/19/87
BP 14099
S. Shaberger

SITE PLAN
NEWHOUSE SUBDIVISION
LOT 3

TAX MAP 28 PARCEL 65
5TH ELECTION DISTRICT
HOWARD COUNTY, MD
SCALE: 1" = 100' DATE: 8/11/87

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

APPLICATION

A 37761

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. ~~Gregory Smith~~

PROPERTY OWNER Howard A. Newhouse & Eva Marie Newhouse

ADDRESS 5280 Ten Oaks Rd. PHONE 531-2106

PROSPECTIVE BUYER —

ADDRESS — PHONE —

PROPERTY LOCATION:

SUBDIVISION Newhouse Property 5260 Ten Oaks Rd. LOT NO. ~~8~~ 8 Lot #3

ROAD AND DESCRIPTION Westside Ten Oaks Rd, South of Linden Church Rd

TAX MAP 34 PARCEL # 69?

SIZE OF LOT 3.75AC

BLDG. PERMIT SIGNED
~~AND~~ RETURNED 11/21/94
Permit # 59016

TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)
Addition

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 Sid Abel FOR Shallow Trenches DATE 8-19-87

REJECTED BY _____ FOR _____ DATE _____

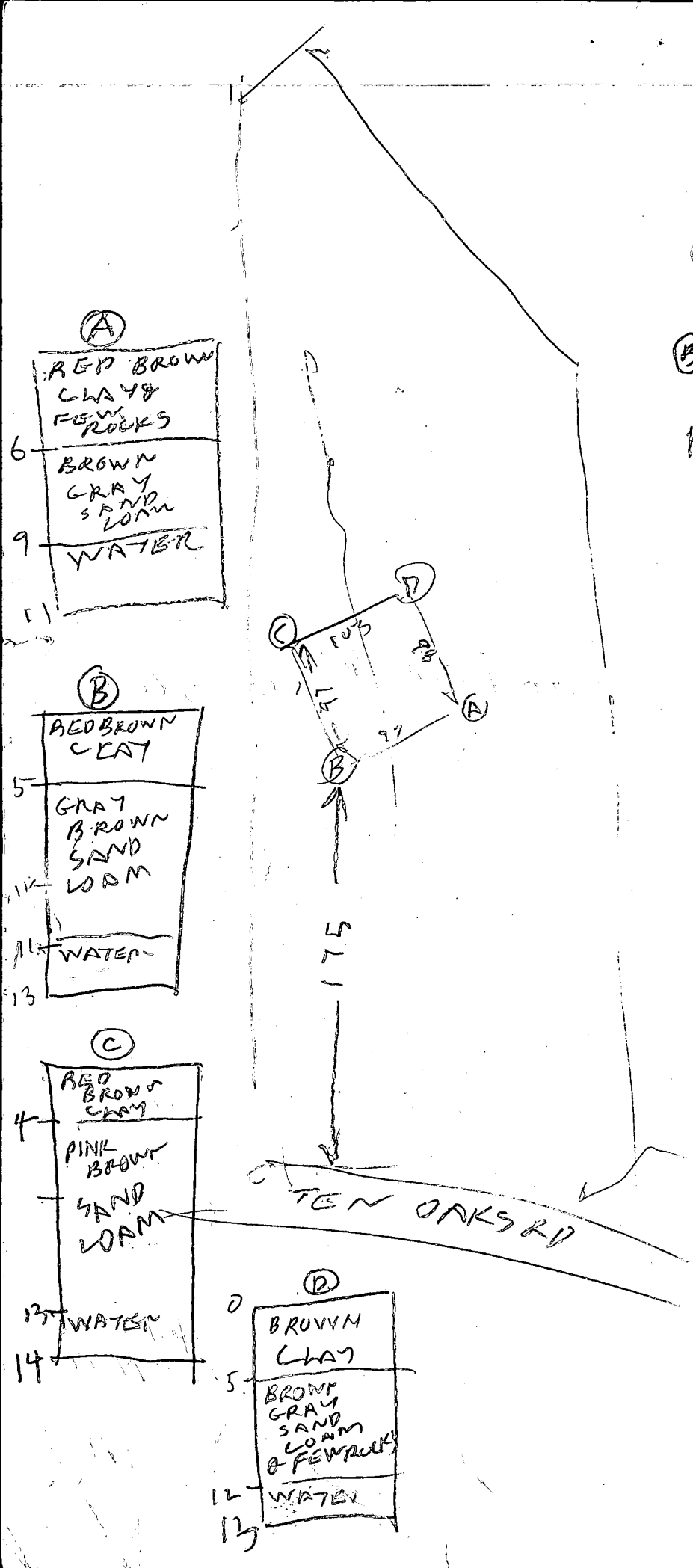
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/8/86 VISUAL HOLES WET HOLD FOR WETSEASON RH

BLDG. PERMIT SIGNED
AND RETURNED 8/19/87
BP # 140929

THIS IS NOT A PERMIT

8/87


HOLE ELEVATION
C = HIGHEST
A = LOWEST
B B = MEDIUM
Hole Dug per surveyor Plat
70
A
RED BROWN CLAY & FEW ROCKS
6
BROWN GRAY SAND LOAM
9
WATER
11
B
RED BROWN CLAY
5
GRAY BROWN SAND LOAM
11
WATER
13
C
RED BROWN CLAY
4
PINK BROWN SAND LOAM
13
WATER
14
D
0
BROWN CLAY
5
BROWN GRAY SAND LOAM & FEW ROCKS
12
WATER
13
D
C
A
B
TEN OAKS RD

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 NEWHOUSE PROPERTY LOT NO. 1

ROAD AND DESCRIPTION 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)

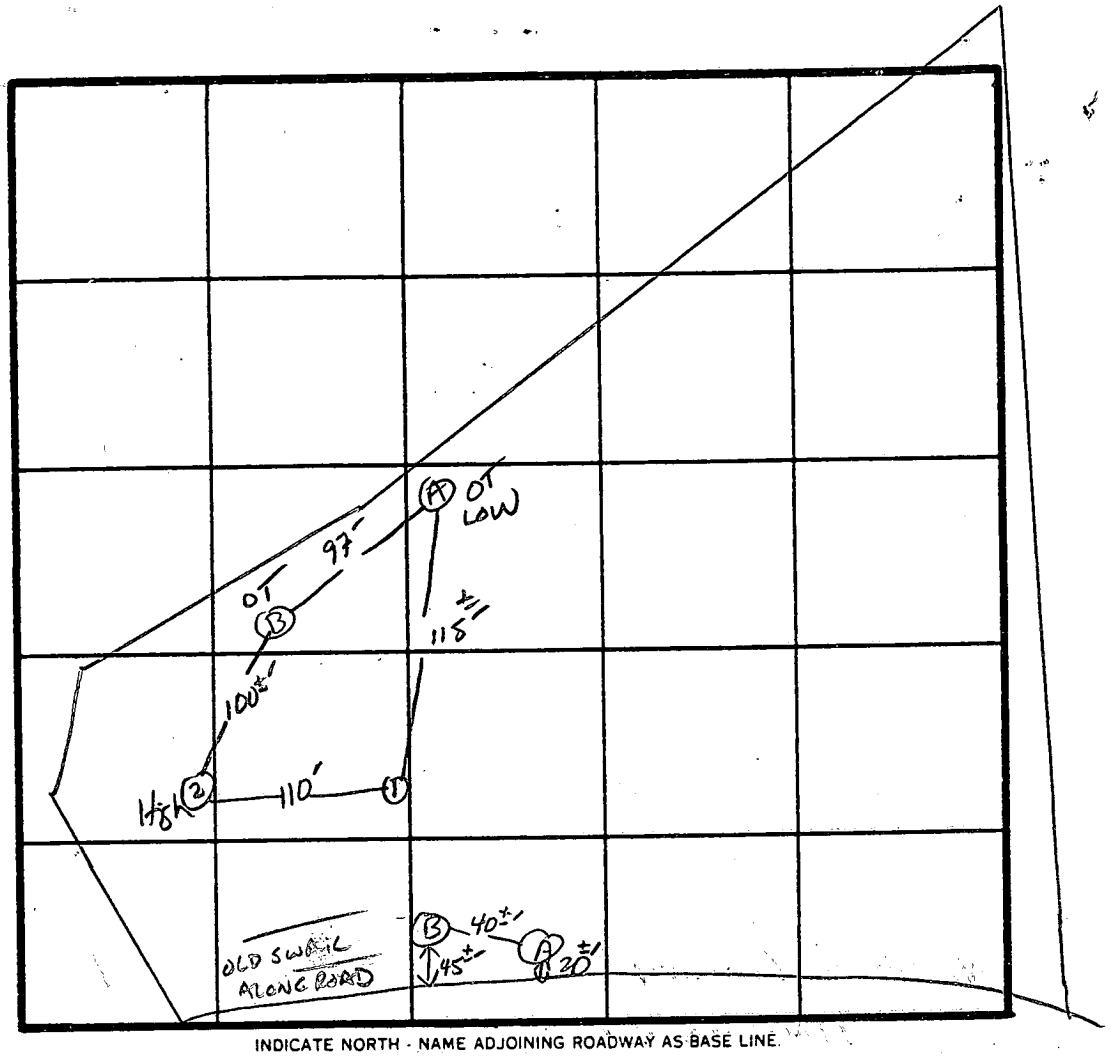
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS Rd.

① ②

SOIL PROFILE

0'

12" — AP: RED BROWN SILTLOAM 9-12% CLAY <10% FRAGS

5' — PINK BROWN MICACEOUS SILTLOAM 10-15% FRAGMENTS

Soil DRY

14.5'

DATE	TEST NO.		DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/8/86 OT	B	S D	5' 7.5'	4 min 16 min	DEEP	14.5'	RH Results	
	A	S V	5.5 14.5	2 min OK SOIL			Lot 2 Results	
9/25/86	1	S V	5' 14.5'	1:12 UNIFORM soil below	1:16	1:16 5'	1:23	7 min
	2	S V	5' 12'	1:24 UNIFORM	1:25 soil below 5'	1:25	1:27	2 min
9/26/86	A		WATER AT	13.5' WET AT 12'		✓		
	B		WATER AT	13.5' WET AT 12.5'		✓		

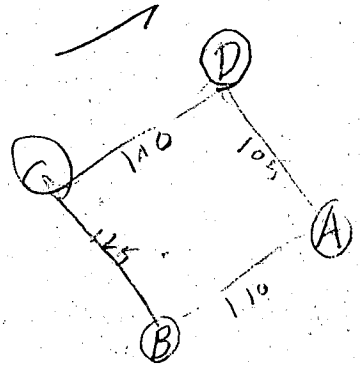
REMARKS Shallow Syst only; Holes Diff than Surveyor Plat.

TYPE OF SOIL Glenelg

TESTED BY _____ ALSO PRESENT Newhouse

EH-12-1079

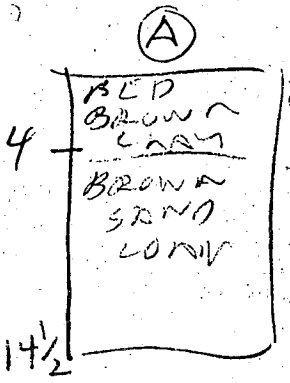
A37760



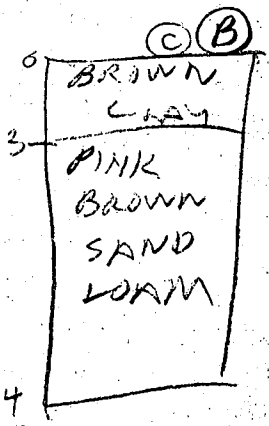
HOLE ELEVATIONS

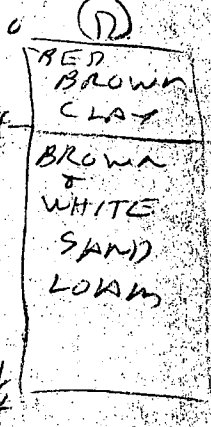
(B)(C) = HIGH

(D)(A) = LOW



B





TEN OAKS RD

1/8/86	AS	5½	1107	1109	1109	1104	2	
1/9/86	AV	14½	LOOKS OK					
9/3/86	DS	6	1144	1149	1149	1153	4	
	DV	14½	LOOKS OK					
	BS	5	1159	1203	1203	1207	4	
	BD	7½	1201	1211	1210	1226	16	
	BV	14½	LOOKS OK					
	CS	4½	1232	1241	1241	1249	8	
	CV	14	LOOKS OK					

HOLES A+B USGD FOR RECONFIGURED LOT 3 SEE A37761

C 1 | 5941 | SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-37759

DATE Received

DATE WELL COMPLETED 06/30/87

Depth of Well 150 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2141

OWNER SMITH ASSOC. G.W.
(last name) (first name)

STREET OR RFD TWO OAKS ROAD TOWN DAYTON

SUBDIVISION NEWHOUSE SECTION LOT 3

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
Light Brown soil	0	3	
Rust color soil	3	35	
Brown Soil	35	50	
SHELL	50	65	
gray	65	120	
White & brown rock	120	125	✓
Gray rock	125	150	✓

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 10.17.13 "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. 2700

Bernard Green
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 32 NO. OF POUNDS 3008

GALLONS OF WATER 192

DEPTH OF GROUT SEAL (to nearest foot)

from C ft. (TOP) to 50 ft. (BOTTOM)
(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	06	69

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to
1			
2			

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	66	150
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T TELESCOPE CASING | (E.R.O.S.) LOG INDICATOR | WQ OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE 1 gal.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 18

WHEN PUMPING 65

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:

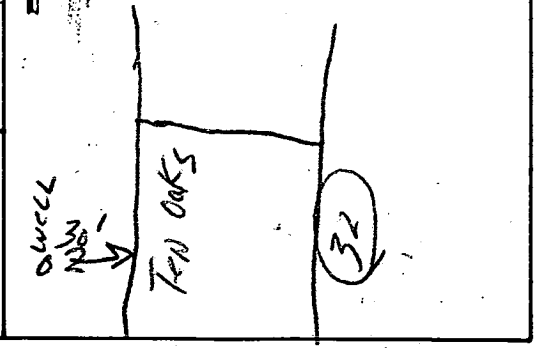
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
+ above / − below LAND SURFACE 03 (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)



HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 | 1786 | 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-81-2141
fill in this form completely

Date Received: 05 07 87

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.

Tri County
Firm Name

16069 Frederick Rd. Lisboa
Address

Bernard Feezer 21765
Signature — Date

B 2 WELL INFORMATION

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)
- [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)

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

other

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
- [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)

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

APPROP. PERMIT NUMBER GAP

FORCE [ ] WRITE INITIALS IN BOX PERMIT No. HO-81-2141

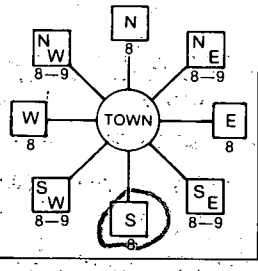
SPECIAL CONDITIONS

B 3 LOCATION OF WELL

Howard COUNTY
New House Sub SUBDIVISION
SECTION — LOT 3
Dayton NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ten Oaks rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 45
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME — A-37759 COUNTY NO.

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED 06 24 87 — B Nelson CO SIGNATURE — 12/24/87 EXP. DATE

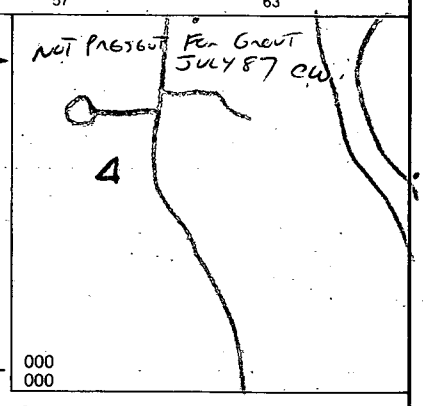
NORTH GRID 507000 — EAST GRID 080600

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

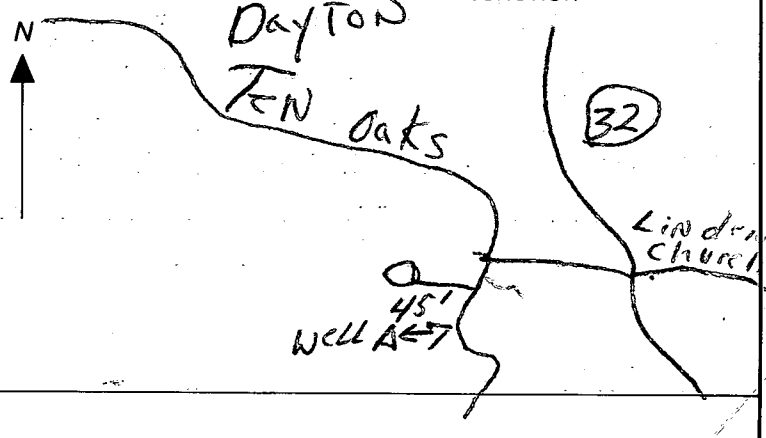
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 6
N 500 7
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



HEALTH