

Tax ID - 03311899

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 41866

A 36378

DISTRICT \_\_\_\_\_

DATE 6/6/88

DATE SYSTEM APPROVED 6-20-88

INSPECTOR JEN

INDEXED

Gary Cearfoss IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Andrew ~~Driver Property~~ ROAD 127<sup>1/2</sup> Sugar Maple Drive LOT 5

PROPERTY OWNER Gary Cearfoss

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 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 540 feet down the right (790.95') lot line and 60 feet off the right lot line as seen when facing the lot from Sugar Maple Drive. Run trenches on contour toward the 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. OKSA

PLANS APPROVED BY Sid Abel DATE 10/06/87

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 36378



# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36378

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE December 31, 1983

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 Michael Andrew

ADDRESS 5319 Five Fingers Way PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Driver Property LOT NO. 5

ROAD AND DESCRIPTION Left side of Sugar Maple Drive off of Driver Road

SIZE OF LOT 3+ acres TYPE BLDG. \_\_\_\_\_  
(NUMBER OF BEDROOMS)

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.

W. Michael Andrew  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

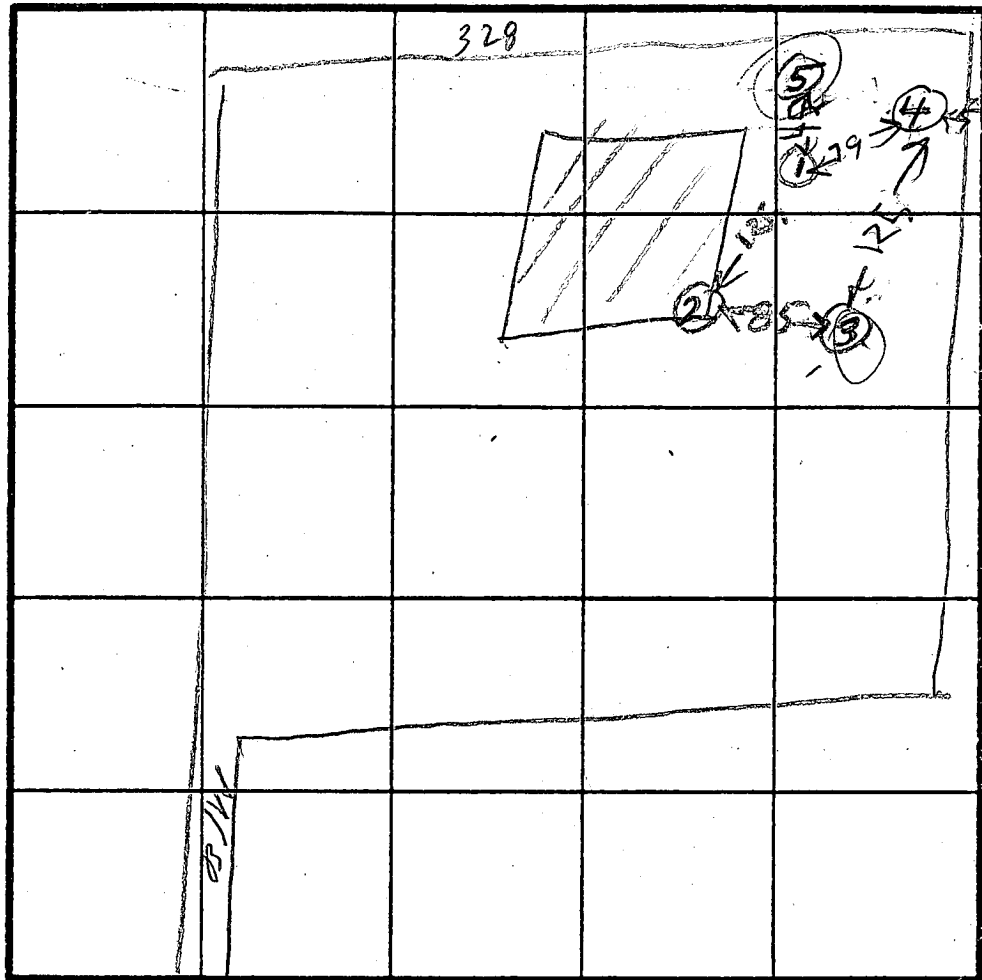
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# THIS IS NOT A PERMIT

LOT 5

①②③④  
SOIL PROFILE

all  
sandy



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

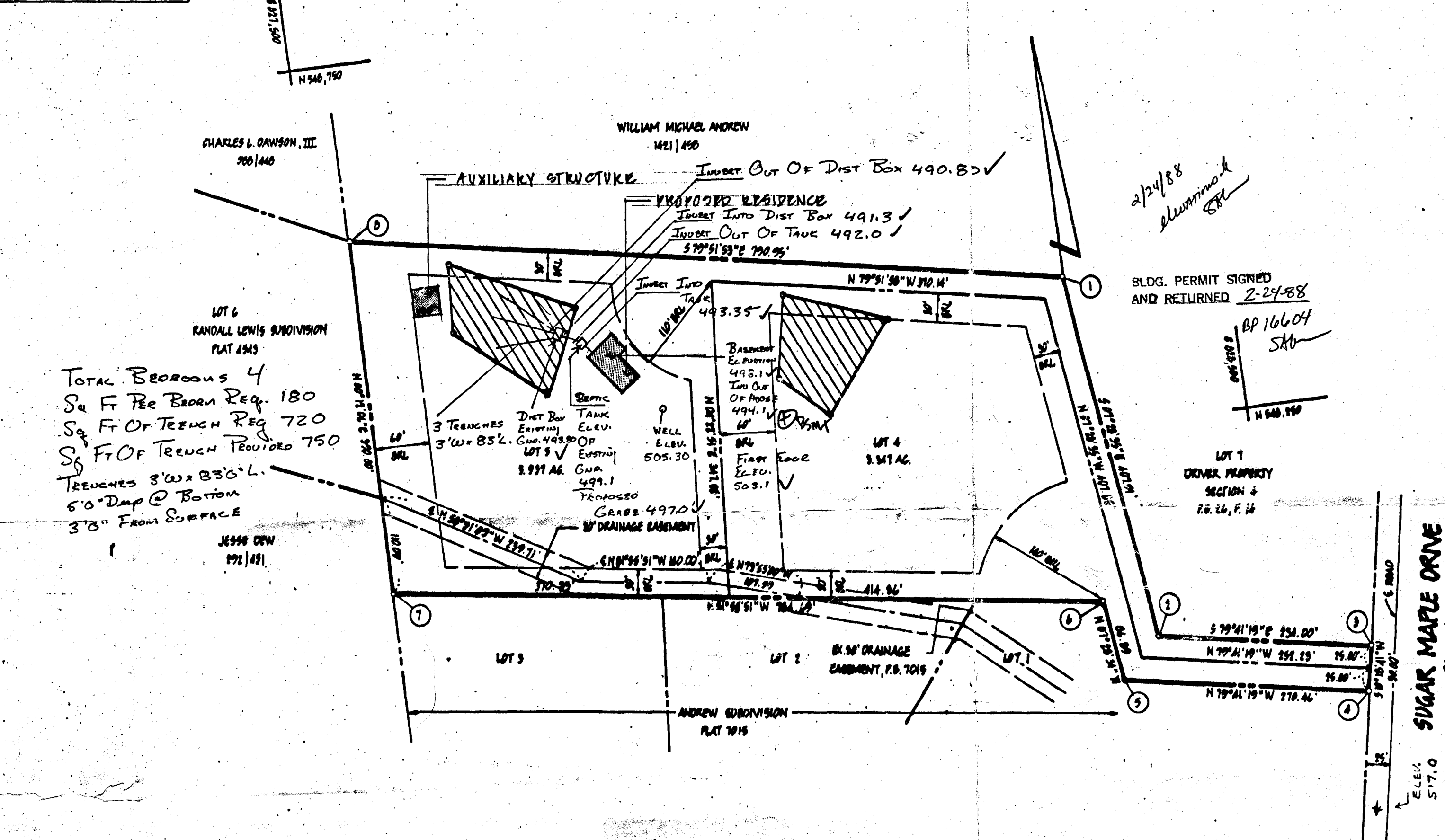
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/85	1S	2 1/2	251	252	252	253	1
	1V	11	LOOKS OK		OK		
	2S	3	255	258	258	302	5
	2V	11	LOOKS OK		OK		
	3S	3	303	304	304	305	1
	3V	11	LOOKS OK		OK		
	4V	12	ALL SAND				
+	5V	8	ROCK BOTTOM & CLAY				

REMARKS

TYPE OF SOIL

Iron Pyrite nodules

COORDINATE SCHEDULE	
NORTH	EAST
540,118.878	820,917.771
540,019.636	820,970.847
547,971.751	820,601.068
547,922.550	820,592.110
547,970.971	820,726.222
540,097.119	820,914.717
540,167.266	827,597.792
540,557.264	827,599.165



### GENERAL NOTES

- 1) Tax Map - M Parcel - P1010
- 2) Deed Reference - M21/450
- 3) Coordinates shown hereon are based on Maryland State Plane coordinate system, Howard County control station.
- 4) Subject property zoned - R per 8-02-85 Comprehensive Zoning Plan.
- 5) @ - Designates iron pin set.
- 6) The lots shown hereon comply with the minimum ownership width and lots required by the Maryland State Department of Health and Mental Hygiene.
- 7) This area designated a private sewage easement of a minimum of 10,000 sq. ft. as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structures constructed on these building sites. 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 sewer easement. Recordation of a modified sewage easement shall not be necessary.
- 8) All percolation test holes shown hereon have been field located and shown thus (a).
- 9) For flag or pipestem lots, refuse collection, snow removal and road maintenance are provided to the junction of the flag or pipestem and the road right-of-way line, and not onto the flag or pipestem lot driveway.
- 10) PLAN SUBJECT TO VP-87-104.
- 11) SEE OPBZ FILE: F-87-00.

### AREA TABULATIONS

TOTAL NUMBER OF LOTS TO BE RECORDED: 2  
 TOTAL AREA OF LOTS TO BE RECORDED: 1.24 AC  
 TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS: NONE  
 TOTAL AREA OF OPEN SPACE TO BE RECORDED: NONE  
 TOTAL AREA OF FLOODPLAIN TO BE RECORDED: NONE  
 TOTAL AREA OF SUBDIVISION TO BE RECORDED: 1.24 AC.

### OWNER'S STATEMENT

We, WILLIAM MICHAEL ANDREW and REBA RENTZ ANDREW, owners of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this final plat by the Office of Planning and Zoning, establish the minimum building restriction lines. ALL EASEMENTS OR RIGHT-OF-WAYS AFFECTING THE PROPERTY ARE ILLUSTRATED IN THIS PLAN OF SUBDIVISION.

### SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct, that it is a SUBDIVISION of PART of the lands conveyed by ALLAN G. DRIVER AND MARY JANE DRIVER, HIS WIFE, TO WILLIAM MICHAEL ANDREW AND REBA RENTZ ANDREW, HIS WIFE, by deed dated DECEMBER 25, 1985 and recorded in the Land Records of Howard County, Maryland in Liber M21 at Folio 450 and that all monuments are in place as shown in accordance with the Annotated Code of Maryland, as amended.

William G. Hertel, Professional Land Surveyor, MD. No. 8438 Date 4-10-87

RECORDED AS PLAT 7328 ON 8-4-87 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD.

LOTS 4 AND 5  
 ANDREW SUBDIVISION

TAX MAP - M  
 TAX MAP PARCEL NO. - P1010  
 EX. ZONING - R  
 ELECTION DISTRICT - 5 RD

boender associates inc.  
 consulting engineers  
 and surveyors

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.  
 HOWARD COUNTY HEALTH DEPARTMENT

*Signature* 3-27-87  
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

*Signature* 8-3-87  
 PLANNING DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS.  
 HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

Witness my/our hands this 4 day of April, 1987.

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">8337</div>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-2344</div>
Date Received <div style="border: 1px solid black; padding: 2px; display: inline-block;">092387</div>		LOCATION OF WELL R-40/53 40 RD 4/23/87	
OWNER INFORMATION Last Name: <u>CEAKFOSS</u> Owner: <u>GARY</u> First Name: _____ Street or RFD: <u>LO4 STONEY LANE</u> Town: <u>BALTIMORE</u> State: <u>MD</u> Zip: <u>21228</u>		B 3 8 COUNTY: <u>HOLCART</u> 23 SUBDIVISION: <u>ANDREW</u> SECTION: _____ LOT: <u>5</u> 52 NEAREST TOWN: <u>WOODSTOCK</u> MILES FROM TOWN (enter 0 if in town): <u>5</u> MI	
DRILLER INFORMATION Driller's Name: <u>George F. Easterday</u> Firm Name: <u>I. Franklin Easterday, Inc.</u> Address: <u>5205 Brown Church Road, Mt. Airy, MD. 21771</u> Signature: _____ Date: <u>9/11/87</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): <u>500</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> DISTANCE FROM ROAD: <u>500</u> FT	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: <u>HOWARD</u> COUNTY NO.: <u>A-36378</u> OEP SIGNATURE: _____ STATE HEALTH INSERT S: <input type="checkbox"/> DATE ISSUED: <u>092387</u> CO SIGNATURE: _____    EXP. DATE: <u>03-22-87</u> NORTH GRID: <u>547000</u> EAST GRID: <u>0827000</u>	
APPROXIMATE DEPTH OF WELL: <u>200</u> FEET APPROXIMATE DIAMETER OF WELL: <u>6</u> INCH    NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;">             E <u>85827</u>              N <u>5487</u> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered)    JETTED    Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT other: _____		1026-87 Location ok? 31# casing 226 bags cement ? open hole 1 ft above ground JEN Nadeau	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____		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: _____ FORCE: <u>SA</u> WRITE INITIALS IN BOX: _____    PERMIT NO.: <u>40-81-2344</u>		SPECIAL CONDITIONS	

