

7/19/89 LAt6

05-400317

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 44919

A 34901

DISTRICT 5th

DATE 8/31/89

DATE SYSTEM APPROVED 7/19/89

INSPECTOR Cwellen

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS PHONE 988-9270

SUBDIVISION Greenefields ROAD 6533 Prestwick Drive LOT 21

PROPERTY OWNER David Putman

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 2000 GALLONS NUMBER OF BEDROOMS 6

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 225 feet from the front (189') lot line and 140 feet from the left (105') lot line along Pheasant Run, as seen when facing the lot from Prestwick Drive. Run trenches on contour toward the right lot line.

MAINTAIN SEPTIC TANK 100 FEET FROM WELL.

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

PLANS APPROVED BY Sid Abel DATE 2/13/86

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

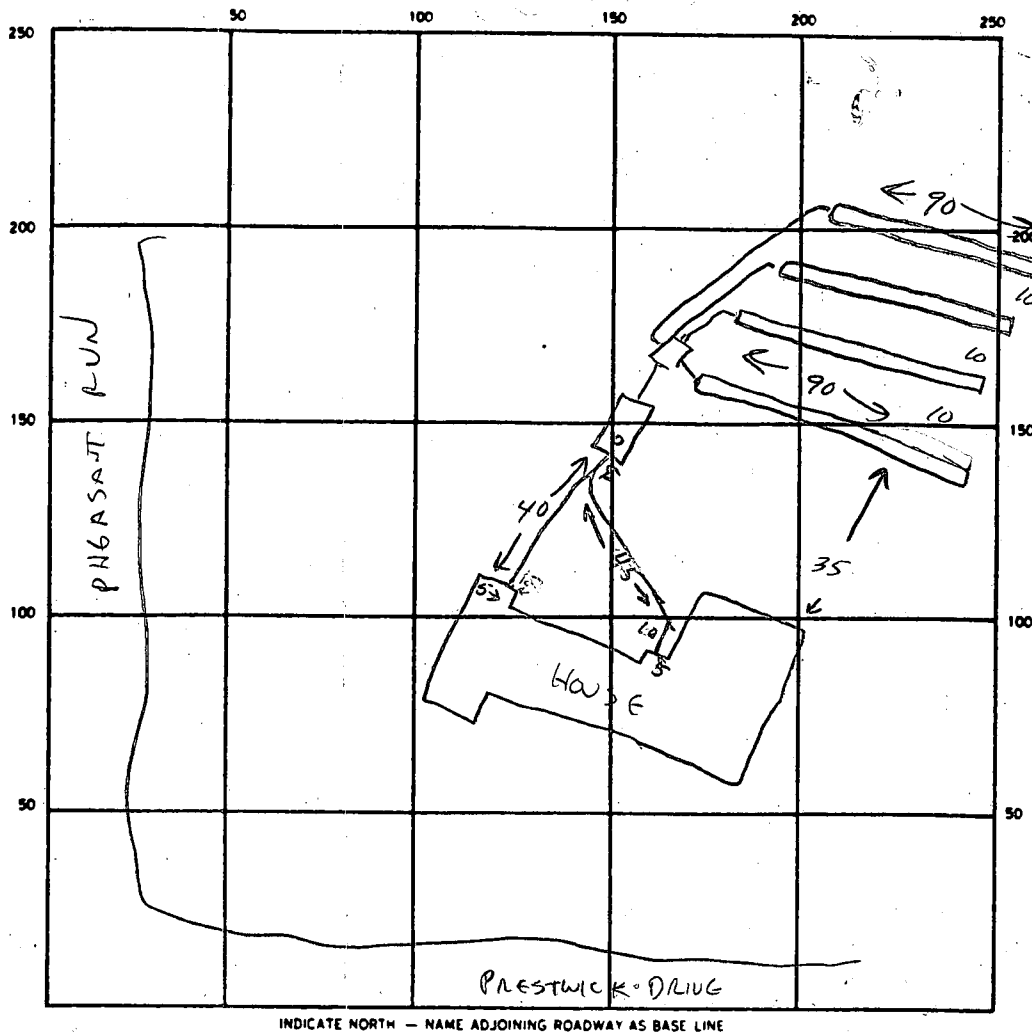
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 34901
10101



WELL LINE
40" BELOW GRADE
NO HOOF-UP
7/19/89
C. Willen

SEPTIC TANK LEVEL 2000 ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 360 FT.

NUMBER OF TRENCHES 4- 90' each ONE SIDEWALL/BOTTOM AREA 1442 SQ. FT.

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

ABSORBENT AREA 1442 SQ. FT.

REMARKS OK TO COVER ALL WORK 7/19/89 C. Willen

DATE SYSTEM APPROVED 7/19/89 INSPECTOR C. Willen

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 34901

P _____

DISTRICT 5

DATE 3-29-85

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~~ DEVELOPER Prestwick Drive Joint Venture DAVID PUTMAN - 236-5244

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / GREEN FIELDS SEC. 2 LOT NO. LOT 2 ON FINAL
6533

ROAD AND DESCRIPTION End of Prestwick Drive

SIZE OF LOT 3 acres TYPE BLDG. single family
(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.

Philip Magly
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abil FOR Shallon Tule Field DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-8-85 PERC. SATISFACTORY, hold for review water 2 holes, hold for
certified plat, hole location, house and well size. SAbil

PERC REVIEWED OK 4-23-85 Cwell

BDDG. PERMIT SIGNED
AND RETURNED 5-10-89
B125465
SKC

THIS IS NOT A PERMIT

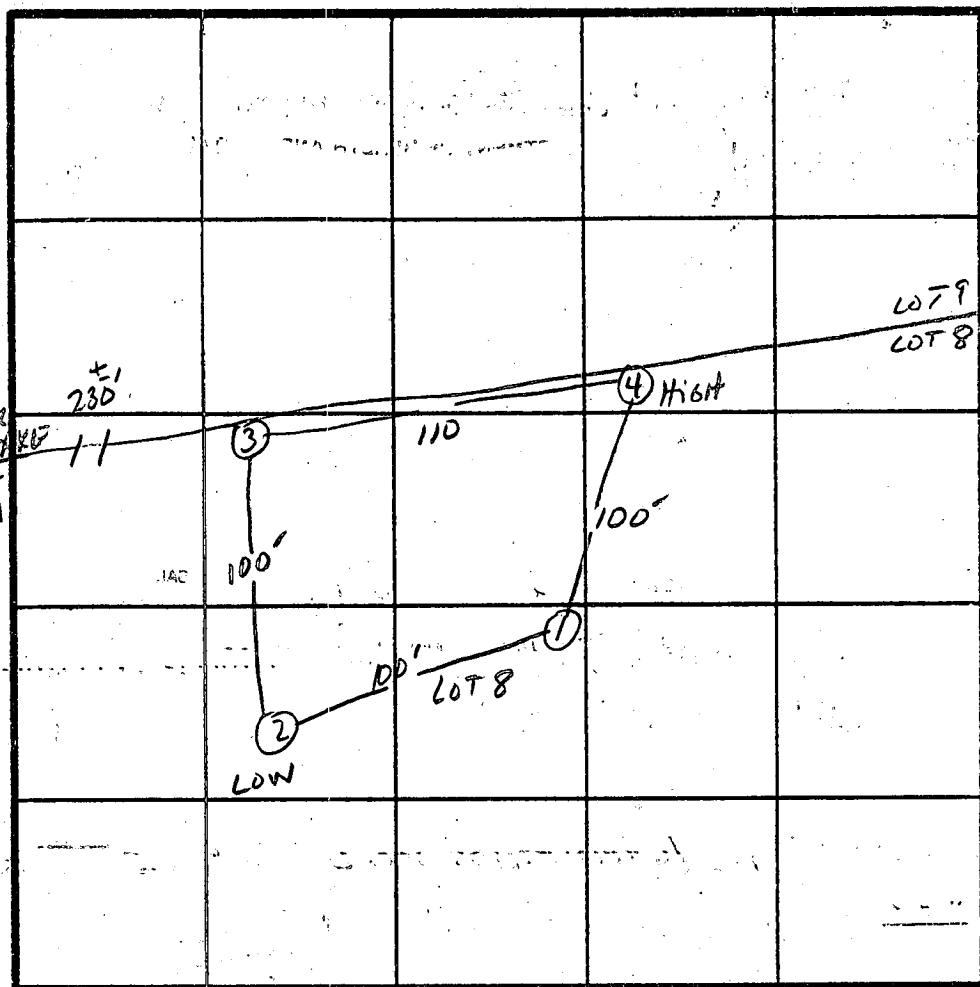


ROW Rd.

SOIL PROFILE

0'	AP
9"	BROWN CLAY LOAM 110% SAPROLITE
3.5'-4'	BROWN silty SAND 10-20% SAPROLITE
10'	SAPROLITE 20-30%
12'	HOLE 3

0'	AP
9"	BROWN CLAY LOAM 110% SAPROLITE
3'	BROWN silty SAND 10-20% SAPROLITE
11'	Grey Brown silty SAND 20% SAPROLITE



PRESTWICK DR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

River Clyde DR.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/8/85	15	5'	11:19	11:20	11:20	11:24	4 min
	1V	12'	UNIFORM SOIL STRUCTURE Below 4'				
	25	4.5'	11:21	11:22	11:22	11:25	3 min
	2V	12'	VARYING SOIL STRUCTURE SEE PROFILE UNDER AT 11'				
	35	4.5'	11:27	11:28	11:28	11:30	2 min
	3V	12'	UNIFORM SOIL STRUCTURE Below 4' WATER AT 12'				
	45	4.5'	11:32	11:33	11:33	11:36	3 min
	4V	12'	UNIFORM SOIL STRUCTURE Below 3.5'				

PERC. TIME
3 min
INLET 4.0
BOTTOM 5.0

Requires
Should be
Shallower

3.0 TO 4.5 #1

2.5 TO 4.0 #2

(BOT - 4.2 7)

REMARKS

BOTTOM MAX 4' Shallow System

TYPE OF SOIL

TESTED BY

SABER

C. Cassil, Richard Dimit, Phil Mangel

ALSO PRESENT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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PROPERTY ~~OWNER~~ DEVELOPER Prestwick Drive Joint Venture

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property LOT NO. 8

ROAD AND DESCRIPTION End of Prestwick Drive

SIZE OF LOT 3 acres TYPE BLDG. single family
(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.

Philip M. [Signature]
(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

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EFF-12-1079

B 1	1088	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-1549</div> <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received <div style="border: 1px solid black; padding: 2px;">7/25/86</div>		LOCATION OF WELL		
OWNER INFORMATION 15 Last Name: [] Owner: [] First Name: [] 36 Street or RFD: [] 57 Town: [] 70 State: 72 Zip: 76		8 COUNTY: [] 23 SUBDIVISION: [] SECTION: [] LOT: [] 52 NEAREST TOWN: [] MILES FROM TOWN (enter 0 if in town): []		
DRILLER INFORMATION Driller's Name: [] 77 License No. 80: [] Firm Name: [] Address: [] Signature: [] Date: []		WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): [] AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): [] 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: [] COUNTY NO.: [] OEP SIGNATURE: [] DATE ISSUED: [] CO SIGNATURE: [] EXP. DATE: [] NORTH GRID: [] EAST GRID: []		
APPROXIMATE DEPTH OF WELL: [] FEET 24 28		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: [] N: [] DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N 		
APPROXIMATE DIAMETER OF WELL: [] INCH NEAREST INCH		26' - casing 22' open 1 1/2' above sl 6' - bags well Not present at time of grant 7/25/86		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30- AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other: []		41 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE): [] 52		
REPLACEMENT OR DEEPEDED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE): [] 41 52		43 48 55 57 63		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: [] 54 63 FORCE: [] 67 68 WRITE INITIALS IN BOX PERMIT No.: [] 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS		

Review OK'd 8/19/86 BN

Well Permit No. HO - 81- 1549
Location of property (road) PRESTWICK DR.
Subdivision GREENEFIELDS Lot 21 Block _____ Plat _____ Sec. 1 AREA 2
Well Driller JOSEPH MAYNE Owner POZIS, JAMES

Depth of well 105
Distance of measuring point (M.P.) above ground 1 1/2 "
Static water level (S.W.L.) below M.P. 24'

Time pump started 8:00 Pumping rate 13
Total time 0 to reach pumping water level 24 ft. below M.P.

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.

It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of

Howard County.)

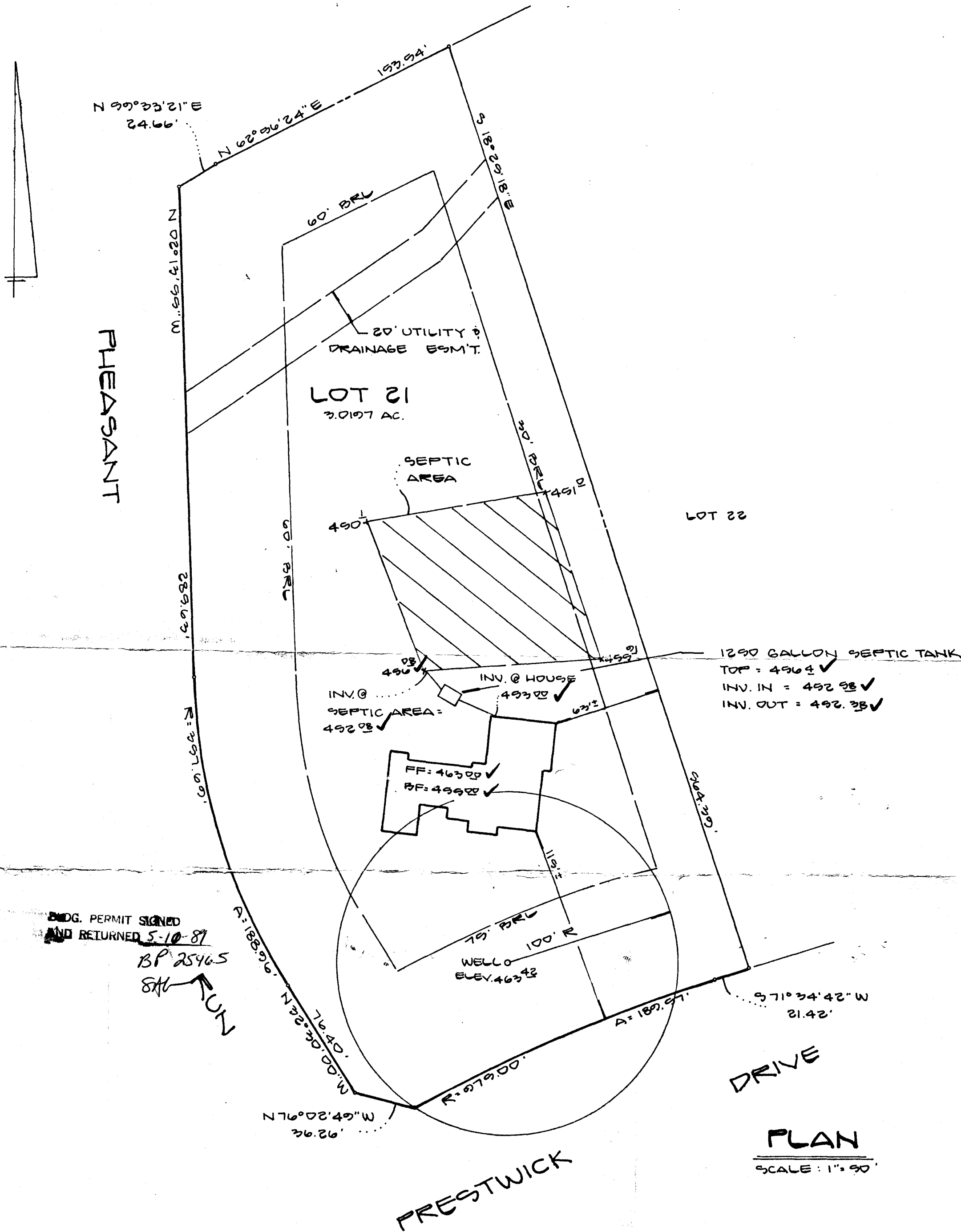
Greene Fields Section One (1) Area Two
Lot 21

James Potts
(Name)

1209 Brand Ford Rd.
Catonsville Md 21228
(Address)

HO 81 1549
(OEP Well Permit Number)

6/11/86
(Date)



MDG. PERMIT SIGNED
AND RETURNED 5-10-89
BP 25465
SAL RUN



I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

Jefferson D. Lawrence 5/89
JEFFERSON D. LAWRENCE DATE
MD. REG. PROF. SURVEYOR #9216

OWNER:
SHORDA
GENERAL CONTRACTOR
14312 FAIRDALE RD.
SILVER SPRING, MD
20904
(301) 236-9100



DEVELOPMENT
CONSULTANTS
GROUP, INC.
17004 GEORGIA AVENUE S.102
OLNEY MARYLAND, 20832
(301) 924-4570

LOT 21
SECTION 1, AREA 2
GREENE FIELDS
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

DATE
MAY, 89
DRAWN
MH
CHECKED
JDL
SCALE
1" = 90'

SHEET
1
OF 1
PROJECT NO:
21-719