

4/27/93
11/100

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~481-9933~~ 313-2640

04-343921
INDEXED

P 49135

A 33827

DISTRICT 4th

DATE 4/13/93

DATE SYSTEM APPROVED 4/27/93

INSPECTOR RH

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Timberleigh Ridge LOT 2 ROAD 175th Timberleigh Way

PROPERTY OWNER Mark B. Martin

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 158

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below. 4 feet of stone below distribution pipe. FRONT

LOCATION - As seen from Route 94, start first trench 115 feet from lot line and 70 feet from right lot line. Run trenches on contour toward right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/21/92 RH

PLANS APPROVED BY Mark Rifkin DATE 12/28/89

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

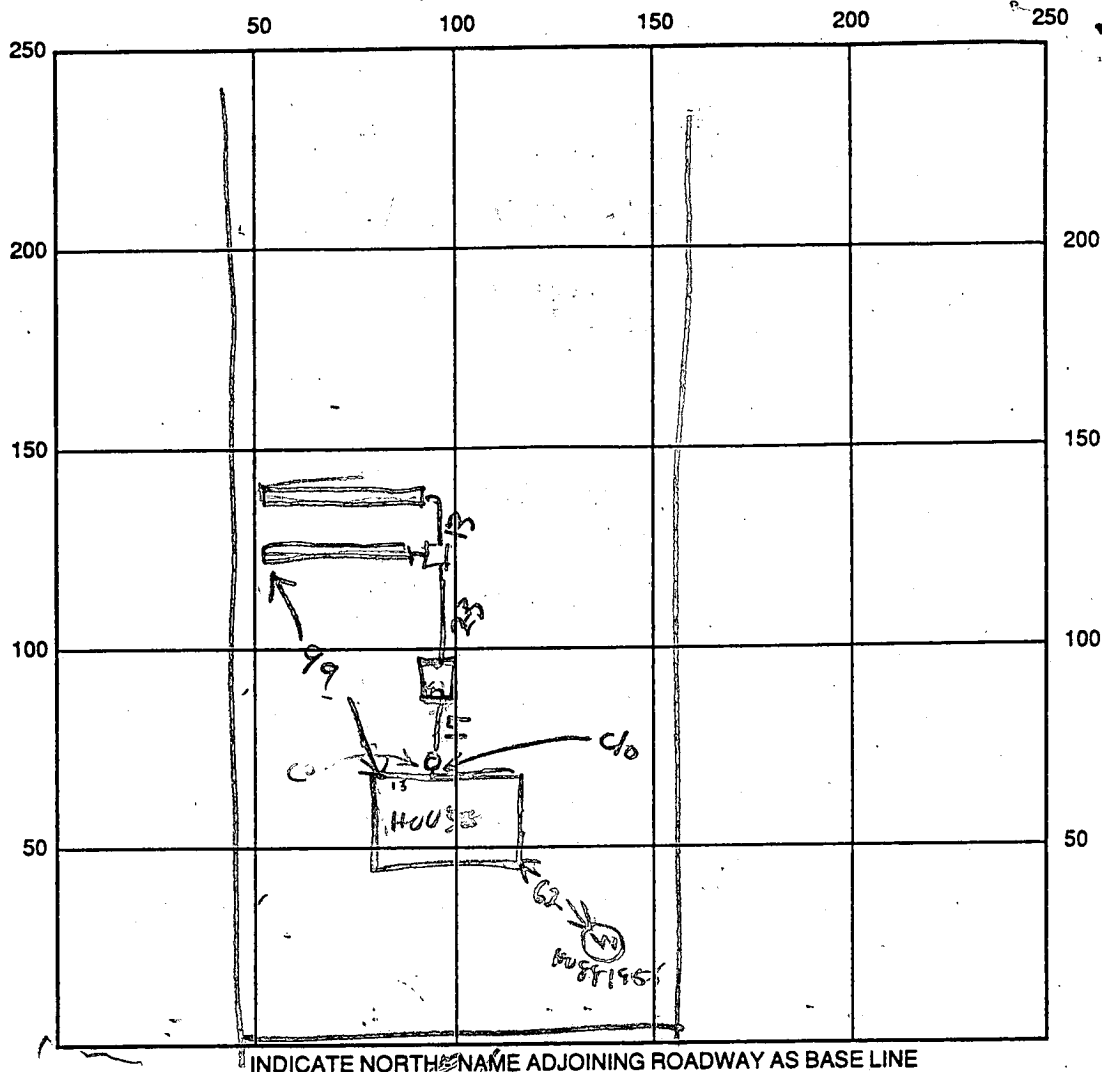
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
33827



SEPTIC TANK LEVEL 1500 CLEANOUTS O/K

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{1}{2}$ 80 FT. 160

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/27/93 TRENCHES DUG R22

4/27/93 TRENCHES FINISHED

DATE SYSTEM APPROVED 4/27/93 INSPECTOR Raymond Hodge

APPLICATION

A33827
~~A34787~~

SEWAGE DISPOSAL TESTING

A 34707

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

AND COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT Fourth

DATE 12/17/84

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 Elizabeth William B. and Phyllis Martin Taylor Mark B. Martin
ADDRESS 3268 Route 94 PHONE 854-6301 489-4983

PROPERTY LOCATION

SUBDIVISION Martin Property LOT NO. X 2
17529
ROAD AND DESCRIPTION Timberleigh Way off of Maryland Route 94

SIZE OF LOT 40,000 s.f. TYPE BLDG. single family

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.

SIGNATURE OF APPLICANT Anthony J. Bogdan

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-8-85 - Pub OK, Hold for certified plat S&H
part of perc. failed off lot lines B.P. # 67277

BLDG. PERMIT SIGNED

AND RETURNED

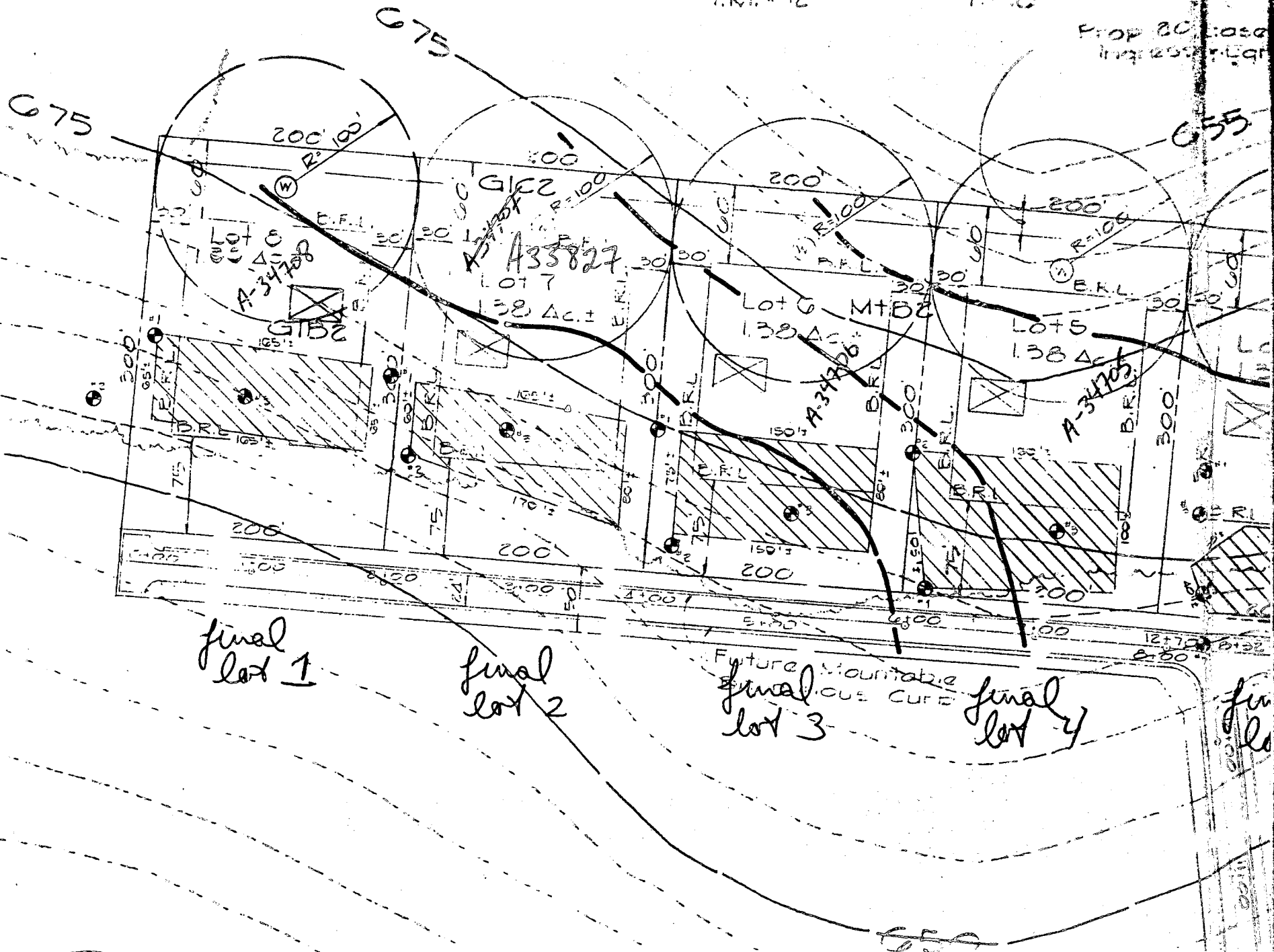
Serial 43172 - SFD - 3 Bedrm

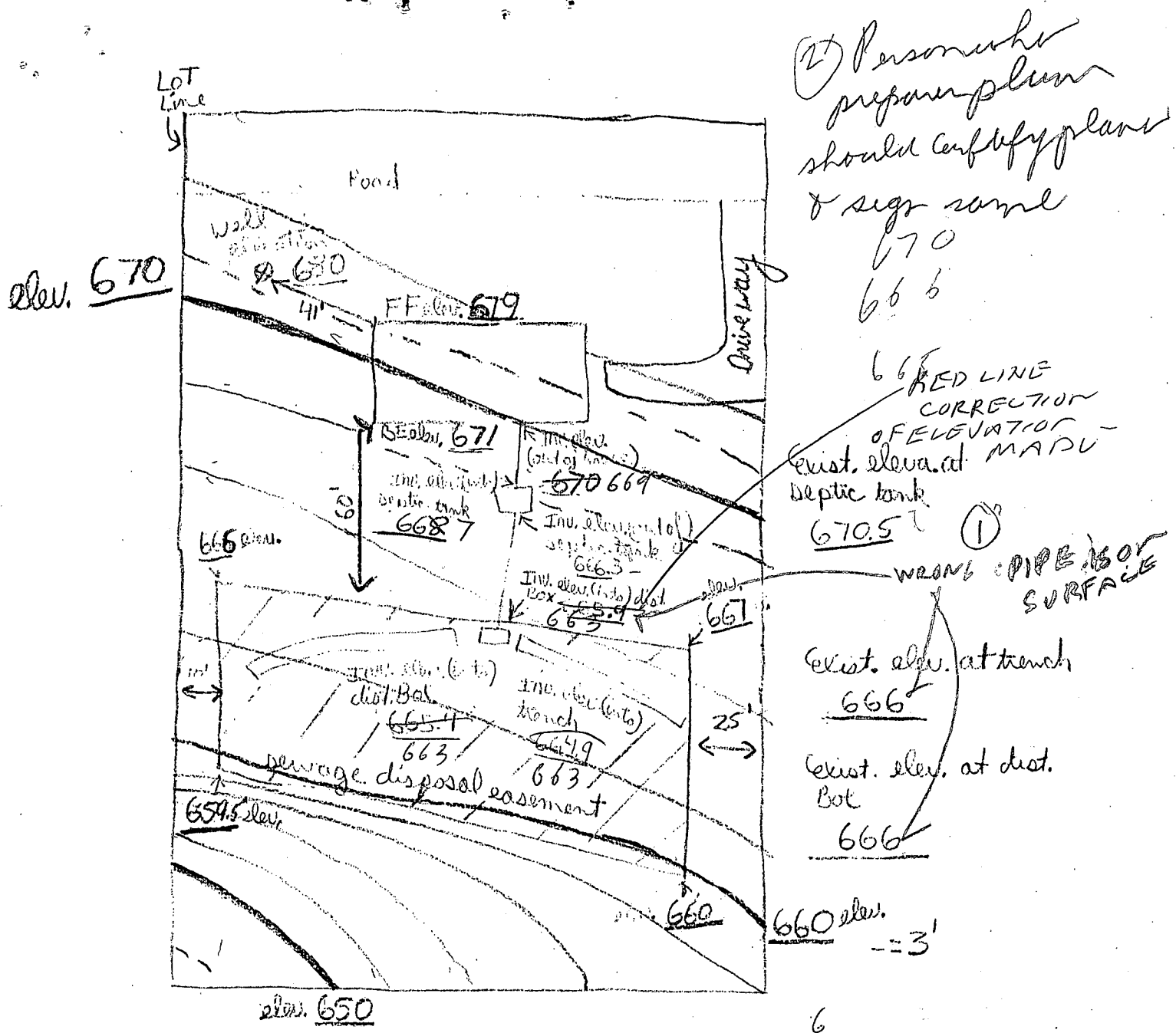
THIS IS NOT A PERMIT

1. SIR K. COM

Property of
Wye River Enterprises
1058/68
T.M.# 12 P*10

Prop 20,000
Imp 2000 ft. Lg





Site plan Mark and Tracy Martin 301-854-6301

Lot number 2 as shown and designed on plot of subdivision entitled "Lots 1-8, Timberleigh Ridge." Plot is recorded among the plot records of Howard County, Maryland as plot C.M.P. number 6337.

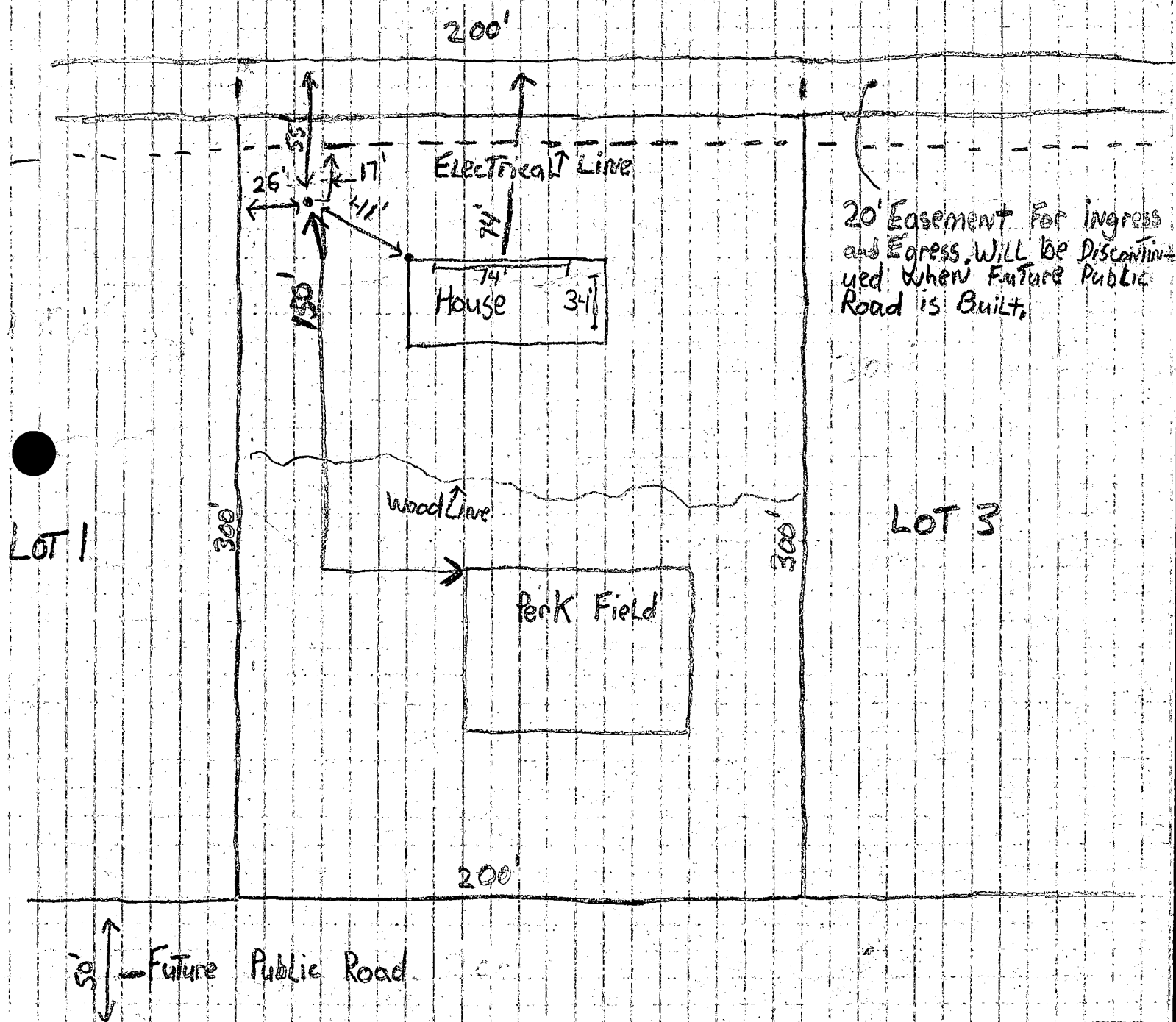
1.3 acre lot

6/10/92 Talked to Mr. Martin He Claimed He preb plans He said OK to make corrections in Elevations. REVISD PLANS OK Kjt

PLOT PLAN

For Mark Martin
Tracy Martin

Lot No. 2 as shown and designated on a Plat of subdivision
entitled, "Lots 1-8, Timberleigh Ridge," Plat is recorded among the Plat
Records of Howard County, Maryland as Plat C.M.P. No. 6337.

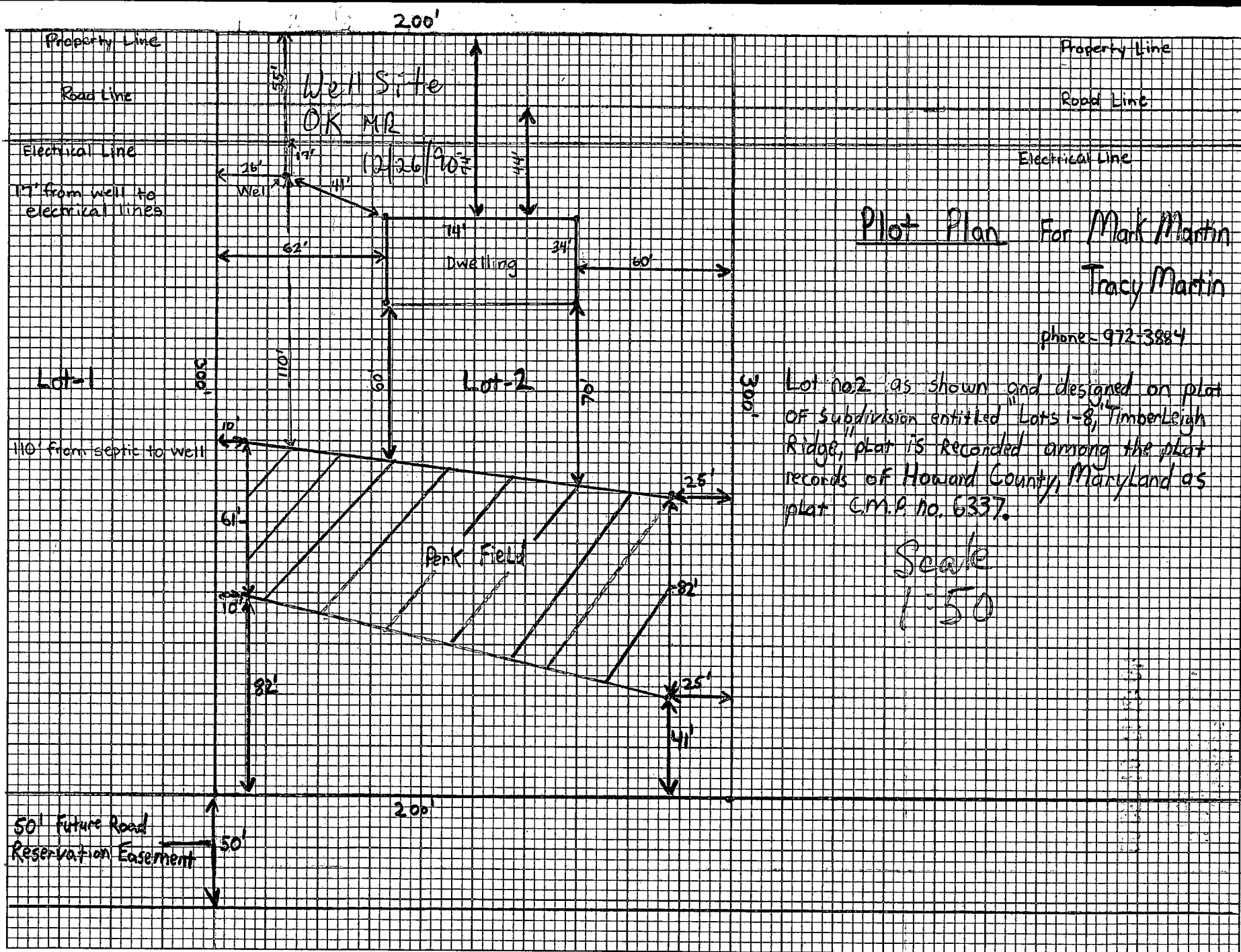


3258 Rt 94

Woodbine

21797

854-6359-H+W



June 8, 1992

To whom it may concern:

Please be advised that the building permit applied for is for the 38' x 34' dwelling as shown in the Construction Plan. The plot plan shows a 74' x 34' dwelling, but accounts for a future garage.

Thank-you,
Tracy Martin

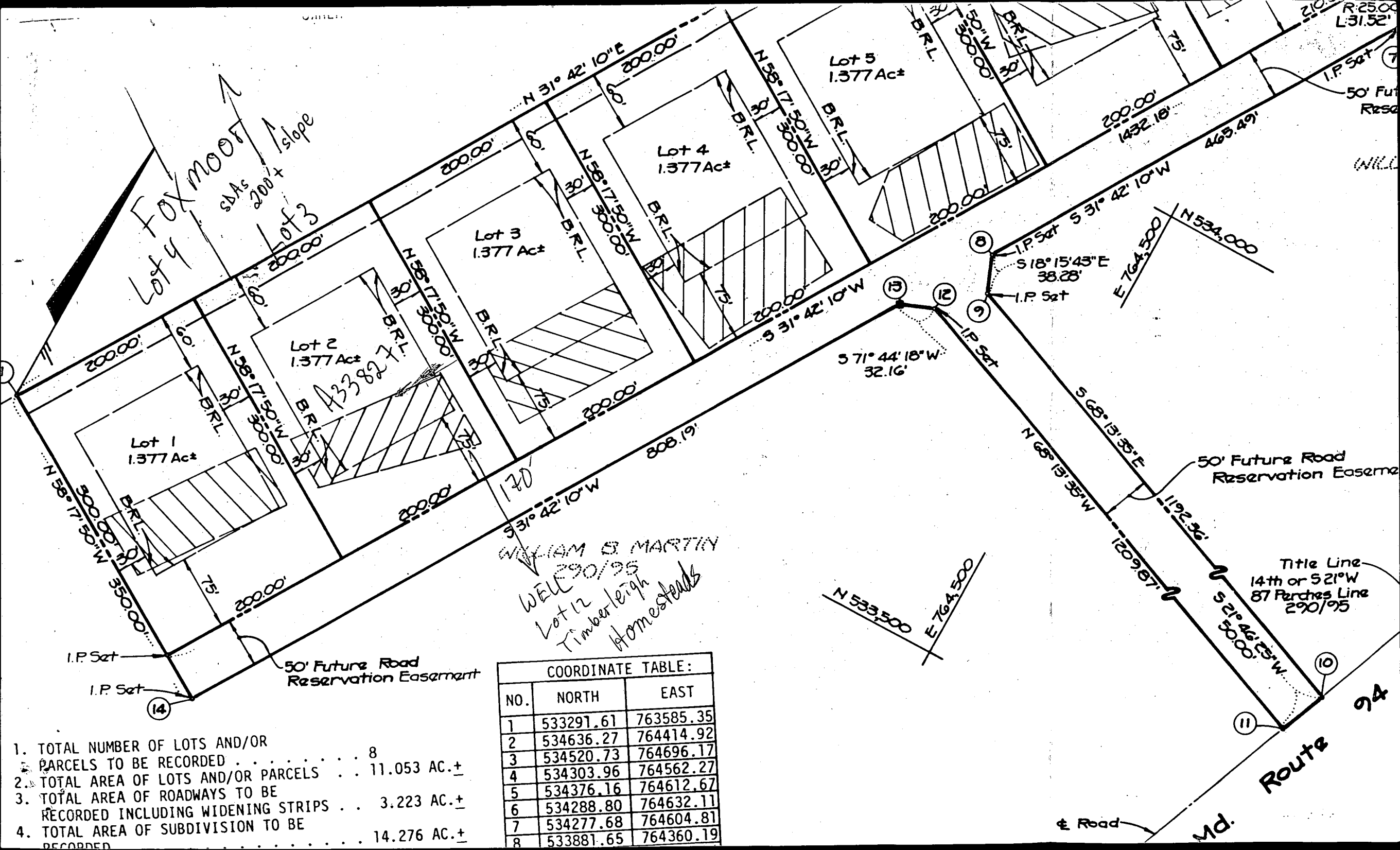
301-854-6301

3248 Rt 94

Woodbine, Md 21797

Re: CMP no. 6337
Timberleigh Ridge
Lot #2
Mark Martin

111111

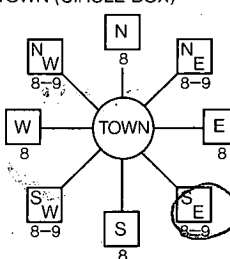
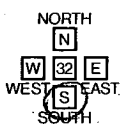
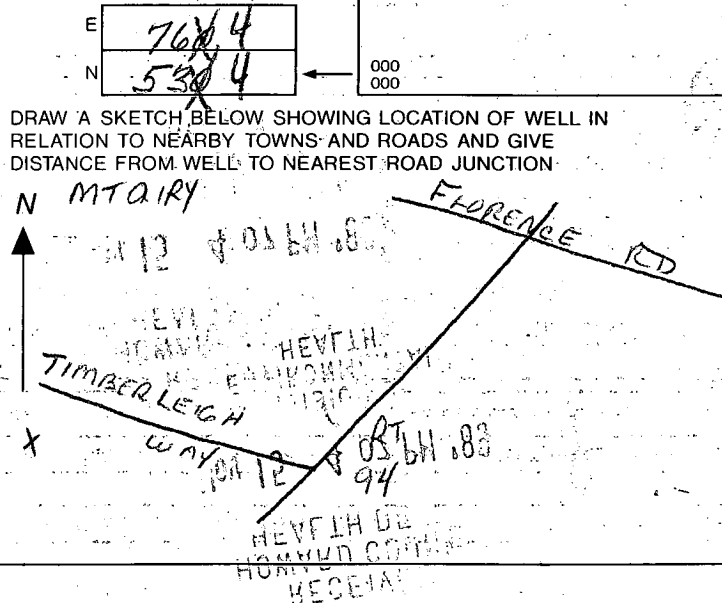


FOXMOOR
Lot 4
Lot 3
Lot 2
Lot 1

WILLIAM S. MARTIN
290/95
Lot 12
Timberleigh
Homesteads

COORDINATE TABLE:		
NO.	NORTH	EAST
1	533291.61	763585.35
2	534636.27	764414.92
3	534520.73	764696.17
4	534303.96	764562.27
5	534376.16	764612.67
6	534288.80	764632.11
7	534277.68	764604.81
8	533881.65	764360.19

1. TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED 8
2. TOTAL AREA OF LOTS AND/OR PARCELS 11.053 AC.±
3. TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS 3.223 AC.±
4. TOTAL AREA OF SUBDIVISION TO BE RECORDED 14.276 AC.±

B 1 2224 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-88-1656 fill in this form completely
Date Received (APA) 11/15/89		LOCATION OF WELL HOWARD COUNTY TIMBERLEIGH RIDGE SUBDIVISION SECTION 44 LOT 2 MT AIRY NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 4 MI	
OWNER INFORMATION MARTIN MARK & TRACY Last Name Owner First Name 3258 RT 94 Street or RFD WOODBRIDGE Town MD 21797 Zip		DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday Signature 11/14/89 Date 40 License No. 80	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 600 FT	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A33827 COUNTY NO. STATE SIGNATURE Mark E. Perkins DATE ISSUED 6/27/91 NORTH GRID 534000 EAST GRID 0764000	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3.	
METHOD OF DRILLING (circle one) ☒ BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN ☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic, Rotary) ☐ CABLE ☐ REVerse-ROTARY ☐ Drive-POINT other _____		WRITE THE BOX NUMBER FROM THE MAP HERE 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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 MT AIRY FLORENCE RD TIMBERLEIGH W 12 8 03 PM '89 94	
Not to be filled in by driller. (OEP. USE ONLY)			
APPROP. PERMIT NUMBER MR FORCE MR INITIALS IN BOX PERMIT No. HD-88-1656 SPECIAL CONDITIONS			

C10999

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
NUMBERA33527

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

SECTION

TOWN

LOT

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	TO
Topsoil	0	2
B. Shale	2	16
Ta. Slate	16	24
Gray Slat	24	65
Ta. Slat	65	80
Gray Slat	80	148
Flint	148	152
Gray Slat	152	400

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

OTHER CASING (if used)

SCREEN RECORD

screen type or open hole

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

DEPTH (nearest ft.)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

CIRCLE APPROPRIATE LETTER

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.

DRILLERS SIGNATURE

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

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

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)

LAND SURFACE

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)

Well

40'

20'

Driveway

Page _____ of _____
Date _____

1-17-91 8:15

Review OK per CW 6/25/92

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1656
Location of property (road) Timberleigh Way
Subdivision TIMBERLEIGH RIDGE Lot 2 Block _____ Plat _____ Sec. _____
Well Driller EASTERDAY Owner Martin, Mark

Depth of well 400 16 GPM
Distance of measuring point (M.P.) above ground 3ft.
Static water level (S.W.L.) below M.P. 64ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 g.p.m.
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	151 ft.	30 sec.		2 g.p.m.
9:15	151 ft.	30 sec.		2 g.p.m.
9:30	151 ft.	30 sec.		2 g.p.m.
9:45	151 ft.	30 sec.		2 g.p.m.
10:00	152 ft.	30 sec.		2 g.p.m.
10:15	152 ft.	30 sec.		2 g.p.m.
10:30	152 ft.	30 sec.		2 g.p.m.
10:45	152 ft.	30 sec.		2 g.p.m.
11:00	152 ft.	30 sec.		2 g.p.m.
11:15	152 ft.	30 sec.		2 g.p.m.
11:30	152 ft.	30 sec.		2 g.p.m.
11:45	152 ft.	30 sec.		2 g.p.m.
12:00	152 ft.	30 sec.		2 g.p.m.
12:15	152 ft.	30 sec.		2 g.p.m.
12:30	153 ft.	30 sec.		2 g.p.m.
12:45	153 ft.	30 sec.		2 g.p.m.
1:00	153 ft.	30 sec.		2 g.p.m.
1:15	153 ft.	30 sec.		2 g.p.m.
1:30	153 ft.	30 sec.		2 g.p.m.
1:45	153 ft.	30 sec.		2 g.p.m.
2:00	153 ft.	30 sec.		2 g.p.m.
2:15	153 ft.	30 sec.		2 g.p.m.
2:30	153 ft.	30 sec.		2 g.p.m.
2:45	153 ft.	30 sec.		2 g.p.m.
HD-224 3:00	153 ft.	30 sec.		2 g.p.m.

4/29/93
4/30/93
AM. to C. B. from C.W.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

1-9-93

4/30/93
Final
O.K.
C.B.

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # -0-
Date 2/11/93

Name of Installer K.H. Plumbing

Telephone 857-0255

License Number 8300

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Mark Martin

Telephone 854-6301

Subdivision Lot # 2

Well Tag # Ho-88-1855

Site Address 17549 Timberleigh Way

4/30/93
C.B.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible ☒
- Make
- Model #
- Capacity GPM
- Pump exceeds well capacity Yes ☐ No ☒
- If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☐ Other ☐

Motor

- Horsepower
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make
- Model #
- Depth

Tank

- Capacity
- Pressure relief valve? yes

Piping

- Type 160 PSI
- Size 1"
- NSF and/or BOCA Code approved ☐
- Depth of supply line

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- Will water supply be disinfected by installer? ☐

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Keith Hurd

Date: 1-9-93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.