

05-393507

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P. 39683A 32180DISTRICT 5thDATE 7/17/87DATE SYSTEM APPROVED 7-17-87INSPECTOR S. AbelC. C. CisselIS PERMITTED TO INSTALL X ALTERADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006SUBDIVISION Jocelyn Acres ROAD 13422 Rich Lynn Court LOT 3, section 3PROPERTY OWNER Shane Stroup

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO XSEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

7-14-87 LOCATION TO BE DETERMINED IN FIELD.

LOG. PERMIT NO.

AND RETURNED 2-24-99160 x 4 640128 LF

Serial # B70116353
Imposed Pen.

PLANS APPROVED BY _____ DATE _____

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.

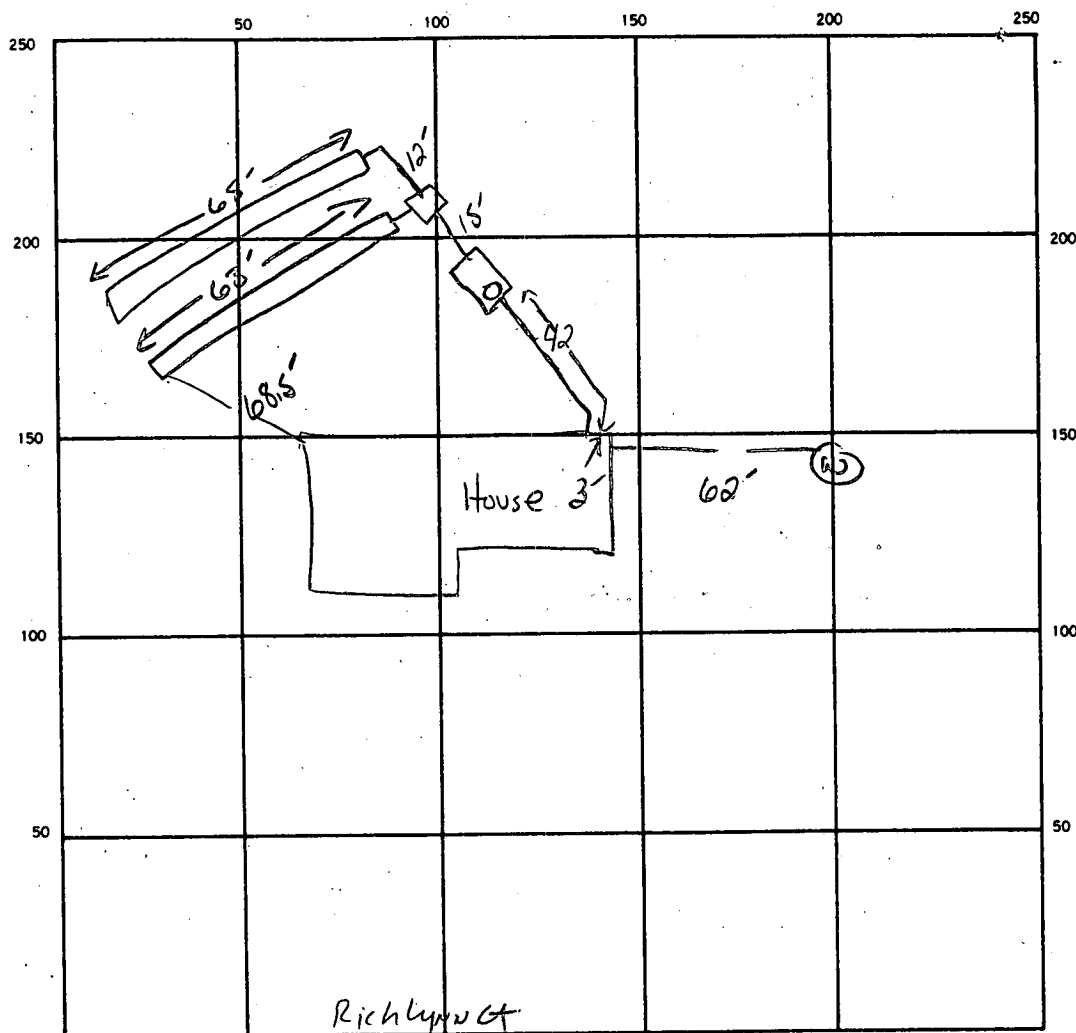
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 32180



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL ✓ 1500 GA CLEANOUTS VST

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH ① 5' ② 5' FT. TOTAL LENGTH ① 63' ② 65' FT. TOTAL 128

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 640 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 640 SQ. FT.

REMARKS 7-16-87 OK TO STONE BOTH TRENCHES SAW

7-16-87 Visual hole shows SANDY LOAM SOILS below N3.5-4.0' NO FILL. FILL
NOTED AT TANK HOLE ONLY. AMPLE AREA FOR A MINIMUM REPAIR. CURRENT
SEPTIC PASEMENT REMAINS USABLE. S. Muel

DATE SYSTEM APPROVED 7-17-87 INSPECTOR S. Muel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 32180
P _____
DISTRICT 5th
DATE 9-16-82

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 RICHARD DEMMITT
ADDRESS 9966 MARYLAND ROUTE 99 PHONE 465-4544

PROPERTY LOCATION:
SUBDIVISION JOCELYN ACRES, SECTION 3 LOT NO. 3

ROAD AND DESCRIPTION HIGHLAND ROAD, DIRECTLY ACROSS FROM ALLNUT LANE

(13422 Rich Lynn Court)
SIZE OF LOT 3 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(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.

Charles J. Conner

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

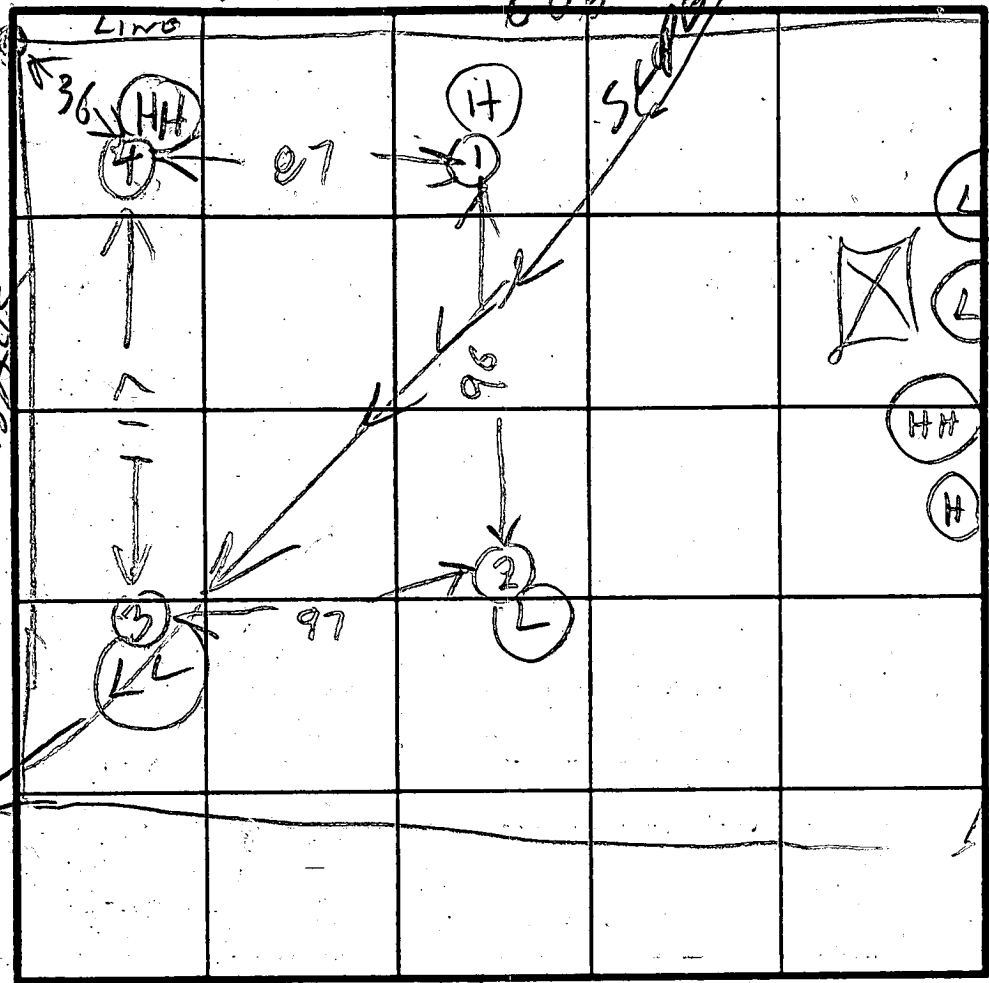
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SEEP LAY FOR ENTIRE LOT



SOIL PROFILE

1
BROWN CLAY
HARD GRAY & BROWN SAND

2
BROWN CLAY
TAN & GRAY SAND
HARD

3
TAN CLAY
HARD TAN SAND

4
BROWN CLAY
HARD TAN & GRAY SAND

HOLE ELEVATION

3 = LOWEST
2 = NEXT LOWEST
4 = HIGHEST
1 = NEXT HIGHEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/5/82	1 S	5 1/2	1004	1006	1008	1015	7
	1 D	8	1004	1006	1006	1013	7
	1 V	13	SEE SOIL PROFILE				
	2 S	5	1029	1031	1031	1036	5
	2 D	8 1/2	1039	1044	1044	1055	11
	2 V	6	SEE SOIL PROFILE				
	3 S	6	1045	1048	1048	1057	9
	3 D	9	1043	1046	1046	1049	3
	3 V	12 1/2	SEE SOIL PROFILE				
	4 D	8	1107	1108	1108	1109	1
	4 S	5	1107	1108	1108	1109	1
10/5/82	4 V	12	SEE SOIL PROFILE				

air line 6

max depth 3

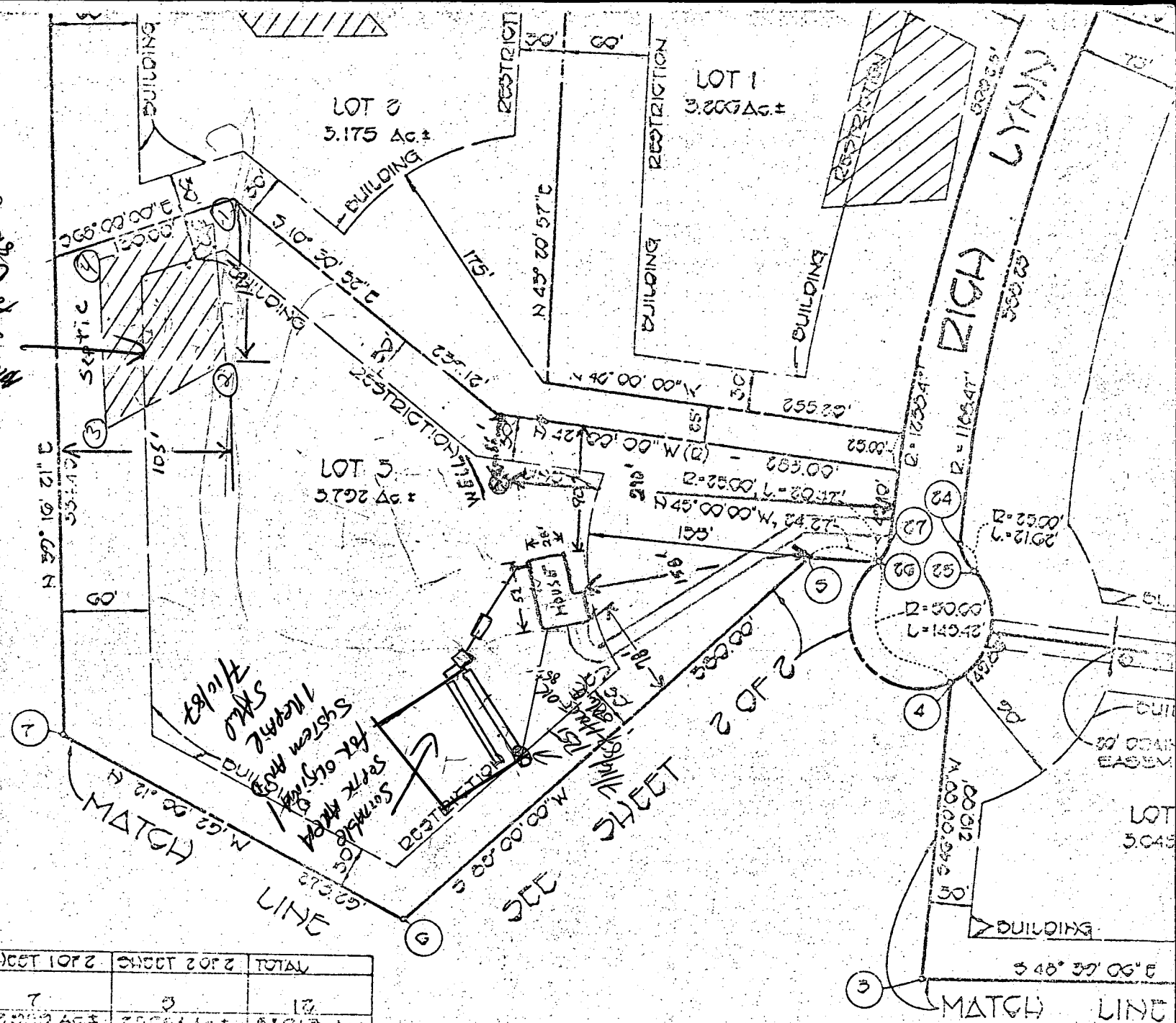
REMARKS DITCH BETWEEN HOLES (4) & (1)

TYPE OF SOIL R HODGES
TESTED BY R HODGES
ALSO PRESENT R DIMMITT C CUSSE

10/22/82 trench about 3' max depth bottom @ 8 ft. FS

THOMAS O. NICHOLS
ET. AL.
USP Route
422/200
7/1/87
MHA Lemay
Sample
for future
USE

SCALE 1/10" = 1'
ALL DRAWINGS TO SCALE

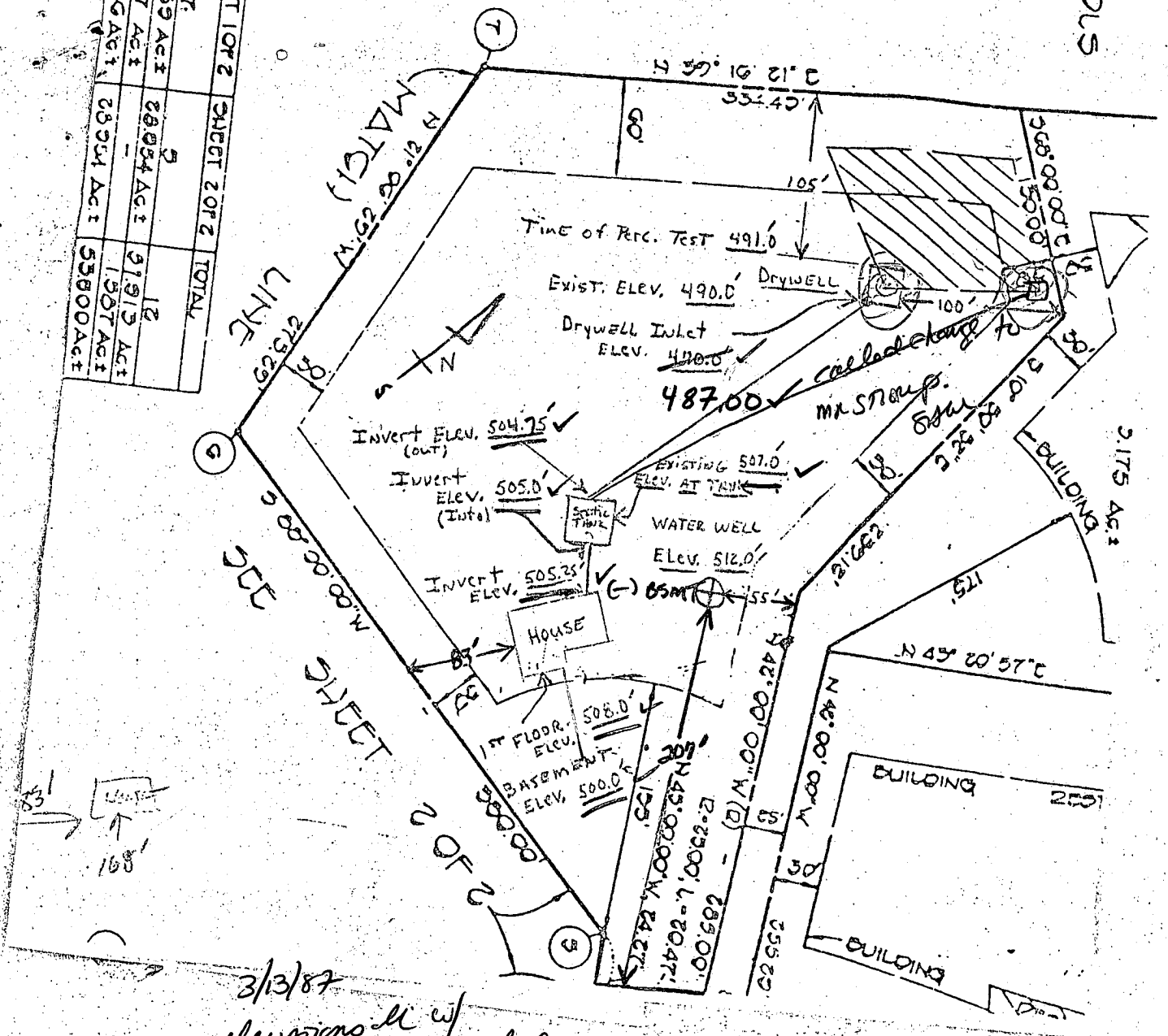


NUMBER OF LOTS TO BE RECORDED	SHEET 1 OF 2	SHEET 2 OF 2	TOTAL
TOTAL AREA OF LOTS	22,200 Ac±	22,204 Ac±	44,404 Ac±
AREA OF R/W & WIDENING	1,557 Ac±	-	1,557 Ac±
TOTAL AREA OF SUBDIVISION	24,046 Ac±	22,204 Ac±	46,250 Ac±

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

OWNER'S CERTIFICATE

SHEET 1 OF 2	SHEET 2 OF 2	TOTAL
22559 ACFT	22559 ACFT	12
1307 ACFT	1307 ACFT	12
24946 ACFT	24946 ACFT	12
25354 ACFT	25354 ACFT	12
53800 ACFT	53800 ACFT	12



3/13/87
 elevations all w/
 inlet change noted above
 Sffw

BLDG. PERMIT SIGNED
 AND RETURNED 3-13-87

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

Jocelyn Acres
 Lot 3 - Sec 3
 490-0036

Work - 588-2720
 13422 Ruth Lynne Ct.

Signed Shane Robert Stamp

C1 3876

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 32180

DATE Received

8	9	10	11	12	13
---	---	----	----	----	----

DATE WELL COMPLETED

0	3	0	9	8	7
---	---	---	---	---	---

Depth of Well

22	2	8	0	26
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(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

110	-	41	-	1	7	5	8
-----	---	----	---	---	---	---	---

28 29 30 31 32 33 34 35 36 37

OWNER

STULLIP

SHANK

STREET OR RFD

last name

NORTH LYNN

first name

TOWN HIGHLAND

SUBDIVISION

JOGELYN ACRES

SECTION

LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

Top Soil	0	2	
Sandy	2	40	L
Sand Stone	40	45	
Mica	45	75	
Sand Stone	75	80	L
Mica	80	280	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ Y ☐ N no

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)Casing types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETEPL OT
PLASTIC OTHER

MAIN Casing TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 6 50
60 61 63 64 66 67 70OTHER CASING (if used)
diameter inch depth (feet) from toscreen type or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
HOLE
PL PL OT
PLASTIC OTHERC2
DEPTH (nearest ft.)
1 HO 48 280
2 11 15 17 21
3 23 24 26 30 32 36
38 39 41 45 47 51SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from toGRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

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

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 200

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 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)

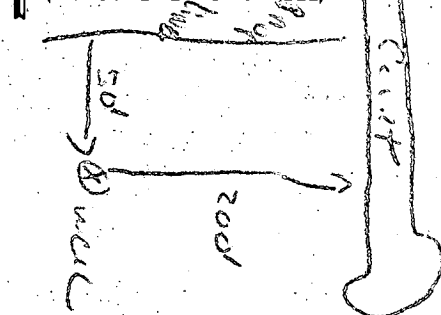
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } (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)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
WELLI 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. 223

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

HEALTH

APPROVED PLAN

JOCELYN ACRES

THOMAS G. NICHOLS ET AL
2008/7/28

