

4/13/84  
APPROVED BJA  
P 33723  
A 31414

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

INDEX  
OS-365317

ELLICOTT CITY  
DISTRICT 5th.  
DATE 4/12/84

Pat Lendrim IS PERMITTED TO INSTALL X ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Maryland 21784 PHONE 442-2416

SUBDIVISION Clarksville Ridge ROAD 6609 Swing Court LOT 11

PROPERTY OWNER Roger & Jill Levin

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES to be 2 feet wide. Inlet to be 3 1/2 - 4' below original grade and effective absorbant area from 4 - 8 feet only. Maximum depth of trenches to be 8 feet below original grade. A minimum of 155 sq. ft. effective absorbant sidewall area per bedroom needed. Trenches can not exceed 100 feet in length. Distribution box to be used if more than 1 trench used. Two inspections of trenches required - before and after stone installed. If more than 1 trench used - need to have 15 feet distance between trenches, center to center. Run trenches on contour and on level ground as much as possible. LOCATION: Start trenches at a point 75 feet up from left rear corner point of lot along left property line and 65 feet from left property line when facing lot from cul de sac - Swing Court.

PLANS APPROVED BY C. B. Streaker DATE 6/15/81

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

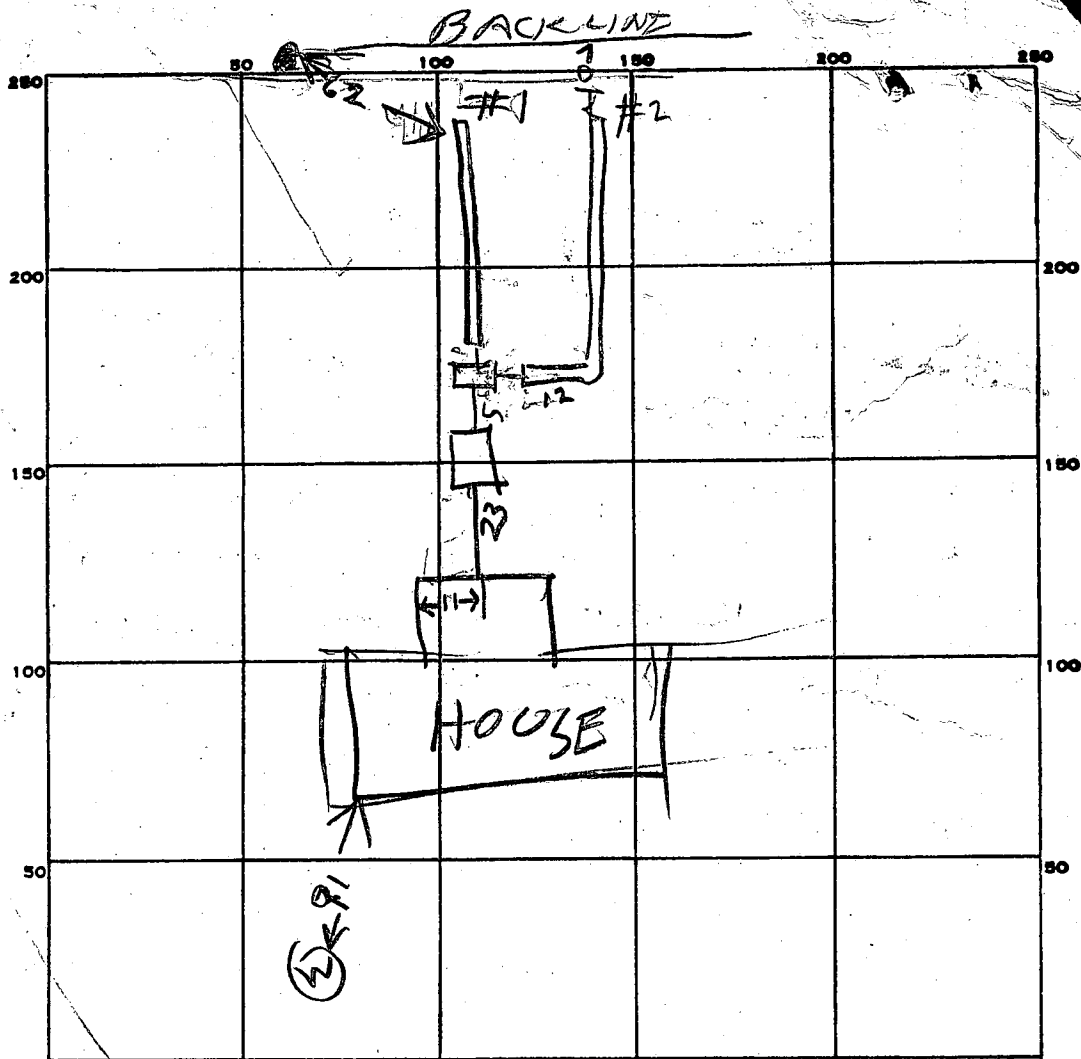
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

Boor23062  
Bedroom 3/31/80

A 31414



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL OK 1500 CLEANOUTS ST OK  
TOP 1 FT BELOW GRADE

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

| TILE FIELD, DEPTH |    | TRENCH WIDTH |    |
|-------------------|----|--------------|----|
| #1                | #2 | #1           | #2 |
| 2                 | 2  | 2            | 2  |

GRAVEL DEPTH 2 IN. TOTAL LENGTH 58 / 72 FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 4/13/83<sup>AM</sup> - DITCH OK NOW ADD STONE  
RD 4/13/83 230 PM - STONE ADDED TO  
DITCH #1 COVER DITCH #1 & TANK & HOUSE SEWER  
4/13/84 330 PM - STONE ADDED TO  
DITCH #2 OK TO COVER DITCH #2

DATE SYSTEM APPROVED 4/13/84 INSPECTOR Raymond Hodge

# APPLICATION

*Recorded*

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

DISTRICT

*5th*

DATE

*June 5, 1981*

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

*Mr. George Russell*

ADDRESS

*Route 2 - Box 454 - Lancaster, Va.*

PHONE

*804-462-5476*

*22503*

PROPERTY LOCATION:

SUBDIVISION

*Clarksville Ridge*

LOT NO.

*11*

ROAD AND DESCRIPTION

*Living Court - Route 32 to Whitegate Road  
Turn left & go straight to Living Court*

SIZE OF LOT

*1.235 acres*

TYPE BLDG.

*3 bedroom ranch*  
(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

*Dorothy Camero - 596-3362*  
(SIGNATURE OF APPLICANT)

APPROVED BY

*[Signature]*

FOR

*[Signature]*

DATE

*6/15/81*

REJECTED BY

*[Signature]*

FOR

*[Signature]*

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

*15% for certified holes; house site,  
water well sites; adjacent lots water wells*

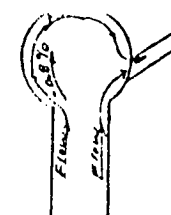
*captured & held records for location  
records only. Paper found on lot.*

*6/15/81 checked*

*C.B.M.*

## THIS IS NOT A PERMIT



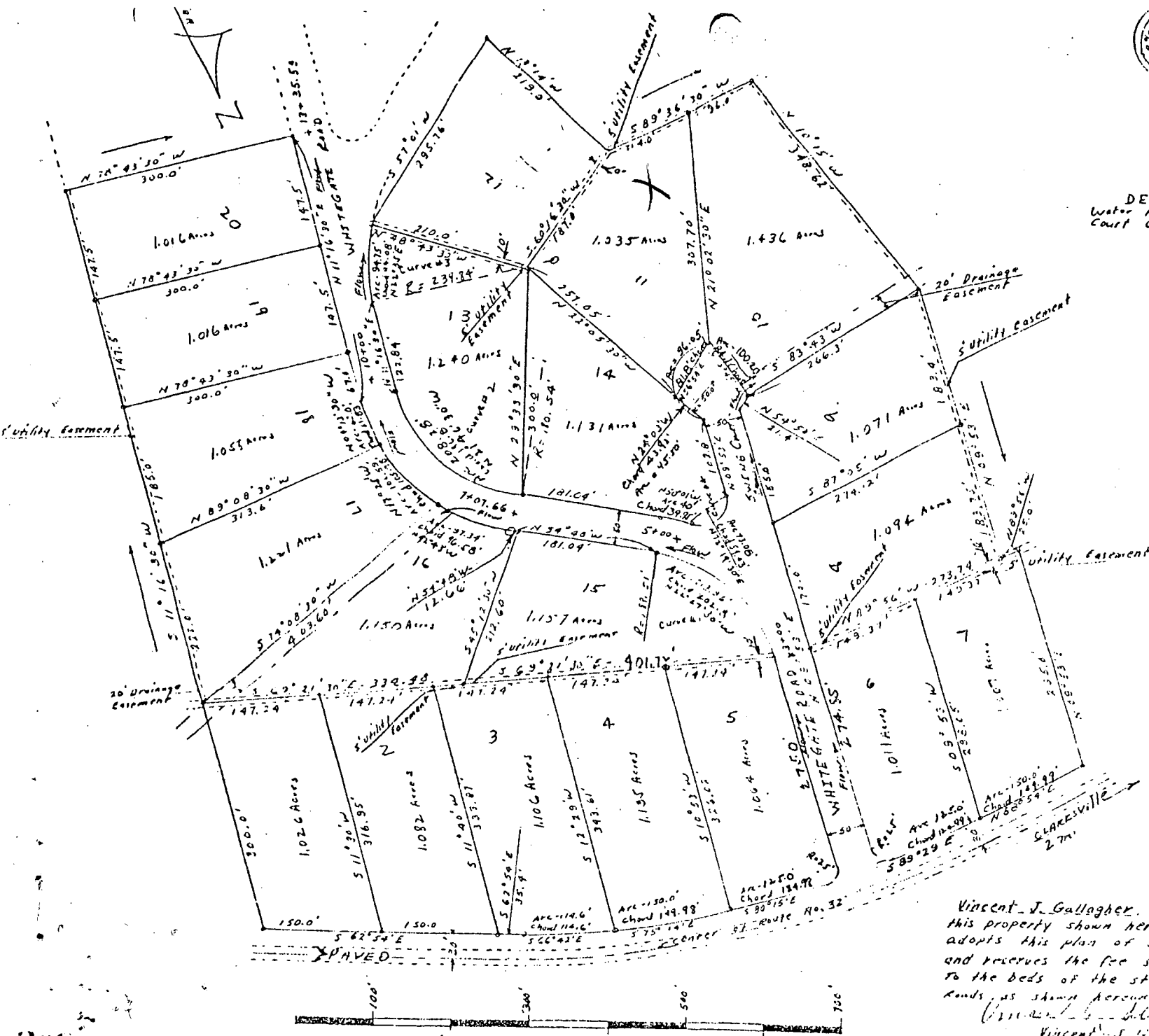


| Curve No. 2 | Incl.   |
|-------------|---------|
| $\Delta$    | 66° 06' |
| D           | 71° 44' |
| R           | 180.0'  |
| L           | 201.18' |
| T           | 111.1'  |

DETAIL  
Water Flow - Swing  
Court Circle

| Curve No. 3 | Incl.     |
|-------------|-----------|
| $\Delta$    | 45° 16'   |
| D           | 23° 53.4' |
| R           | 239.84'   |
| L           | 159.49'   |
| T           | 100'      |

Plan Approved by:  
William J. Gallagher, Chairman  
Thomas J. Gallagher, Jr., Planning  
The Board of Commissioners, County of  
July 10, 1954



Vincent J. Gallagher, owner of  
this property shown hereon hereby  
adopts this plan of sub-division  
and reserves the fee simple title  
to the beds of the streets and for  
roads as shown hereon.  
Vincent J. Gallagher, owner  
Vincent J. Gallagher

CLARK  
VINCE

Fifth  
Howard  
Scale 1  
April 1954  
and then  
Surveyed

268

|                                                             |      |                                |                                                                                                     |                                                                         |
|-------------------------------------------------------------|------|--------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| C 1                                                         | 8116 | SEQUENCE NO.<br>(WRA USE ONLY) | STATE OF MARYLAND<br>WELL COMPLETION REPORT<br>FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE | THIS REPORT MUST BE SUBMITTED WITHIN<br>30 DAYS AFTER WELL IS COMPLETED |
| (THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS) |      |                                | COUNTY<br>NUMBER                                                                                    | A 31414                                                                 |

|                                 |               |                     |                      |                                           |
|---------------------------------|---------------|---------------------|----------------------|-------------------------------------------|
| Date Received<br>(WRA use only) | July 23, 1981 | DATE WELL COMPLETED | Depth of Well<br>170 | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL" |
|                                 |               |                     | (TO NEAREST FOOT)    | 40-73-3944                                |

|               |                   |         |             |
|---------------|-------------------|---------|-------------|
| OWNER         | Caruso            | Steve   | Eda         |
| STREET OR RFD | Swing Court       | TOWN    | Clarksville |
| SUBDIVISION   | Clarksville Ridge | SECTION | LOT 11      |

|                                                                                                   |                 |                              |
|---------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| WELL LOG<br>Not required for driven wells                                                         |                 |                              |
| STATE THE KIND OF FORMATIONS<br>PENETRATED, THEIR COLOR, DEPTH,<br>THICKNESS AND IF WATER BEARING |                 |                              |
| DESCRIPTION (Use<br>additional sheets if needed)                                                  | FEET<br>FROM TO | Check<br>if water<br>bearing |
| Top Soil                                                                                          | 0 2             |                              |
| Sandy                                                                                             | 2 21            |                              |
| Micka                                                                                             | 21 45           |                              |
| Sand Stone                                                                                        | 45 50           | ✓                            |
| Micka                                                                                             | 50 170          |                              |

|                                                   |                          |
|---------------------------------------------------|--------------------------|
| GROUTING RECORD                                   |                          |
| WELL HAS BEEN GROUTED<br>(Circle Appropriate Box) |                          |
| yes                                               | no                       |
| <input checked="" type="radio"/> Y                | <input type="radio"/> N  |
| TYPE OF GROUTING MATERIAL                         |                          |
| CEMENT                                            | BENTONITE CLAY           |
| <input checked="" type="radio"/> CM               | <input type="radio"/> BC |
| NO. OF BAGS 8 NO. OF BOUNDS 800                   |                          |
| GALLONS OF WATER 48                               |                          |
| DEPTH OF GROUT SEAL (to nearest foot)             |                          |
| from 48 TOP                                       | to 31 BOTTOM             |
| (enter 0 if from surface)                         |                          |

|                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| CASING RECORD                                           |                                                 |
| casing types<br>insert appropriate<br>code below        |                                                 |
| <input checked="" type="radio"/> ST                     | <input type="radio"/> CO                        |
| STEEL                                                   | CONCRETE                                        |
| <input type="radio"/> PL                                | <input type="radio"/> OT                        |
| PLASTIC                                                 | OTHER                                           |
| MAIN CASING TYPE                                        |                                                 |
| <input checked="" type="radio"/> S                      | <input type="radio"/> T                         |
| Nominal diameter<br>top (main) casing<br>(nearest inch) | Total depth<br>of main casing<br>(nearest foot) |
| 6                                                       | 34                                              |

|                        |                         |
|------------------------|-------------------------|
| OTHER CASING (if used) |                         |
| diameter<br>inch       | depth (feet)<br>from to |
|                        |                         |

|                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| SCREEN RECORD                       |                          |                          |
| screen type<br>or open hole         |                          |                          |
| insert appropriate<br>code below    |                          |                          |
| <input checked="" type="radio"/> ST | <input type="radio"/> BR | <input type="radio"/> HO |
| STEEL                               | BRASS<br>BRONZE          | OPEN<br>HOLE             |
| <input type="radio"/> PL            | <input type="radio"/> OT |                          |
| PLASTIC                             | OTHER                    |                          |

|                                   |    |     |
|-----------------------------------|----|-----|
| C 2                               |    |     |
| Seq. no.                          |    |     |
| DEPTH (nearest ft.)               |    |     |
| 40                                | 31 | 170 |
| EACH SCREEN                       |    |     |
| SLOT SIZE                         |    |     |
| DIAMETER OF SCREEN (NEAREST INCH) |    |     |
| from to                           |    |     |

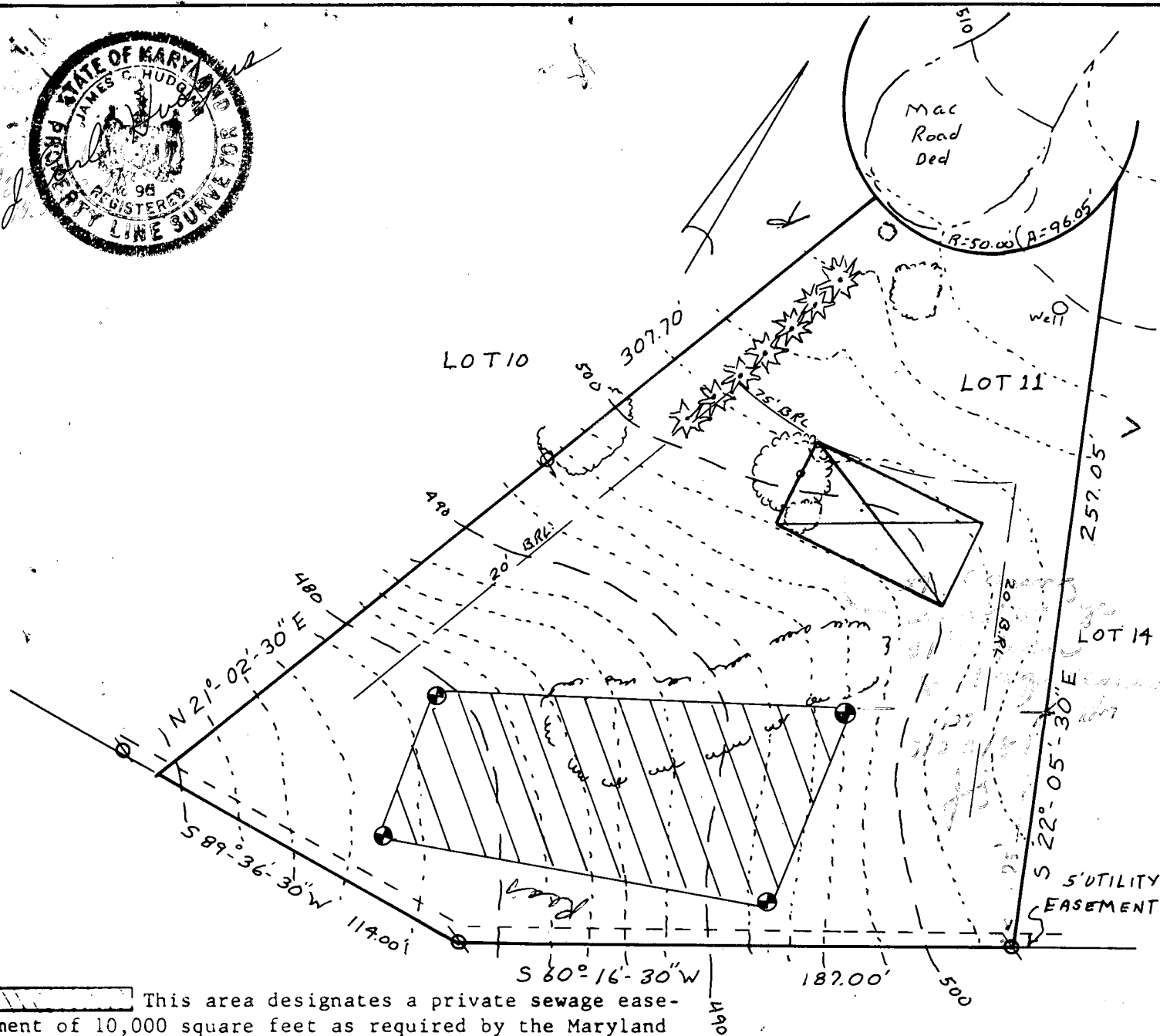
|                                                  |                  |            |
|--------------------------------------------------|------------------|------------|
| GRAVEL PACK                                      |                  |            |
| IF WELL DRILLED WAS<br>FLOWING WELL CIRCLE BOX   |                  |            |
| WRA USE ONLY<br>(NOT TO BE FILLED IN BY DRILLER) |                  |            |
| T                                                | (E.R.O.S.)       |            |
| 70                                               | 72               | W Q        |
| TELESCOPE<br>CASING                              | LOG<br>INDICATOR | OTHER DATA |

|                                                 |                         |                         |
|-------------------------------------------------|-------------------------|-------------------------|
| C 3                                             |                         |                         |
| Seq. no.                                        |                         |                         |
| PUMPING TEST                                    |                         |                         |
| HOURS PUMPED (nearest hour)                     |                         |                         |
| PUMPING RATE (gal. per min.<br>to nearest gal.) |                         |                         |
| METHOD USED TO<br>MEASURE PUMPING RATE          |                         |                         |
| WATER LEVEL (distance from land surface)        |                         |                         |
| BEFORE PUMPING                                  |                         |                         |
| WHEN PUMPING                                    |                         |                         |
| TYPE OF PUMP USED (for test)                    |                         |                         |
| <input checked="" type="radio"/> A              | <input type="radio"/> P | <input type="radio"/> T |
| air                                             | piston                  | turbine                 |
| <input type="radio"/> C                         | <input type="radio"/> R | <input type="radio"/> O |
| centrifugal                                     | rotary                  | other (describe below)  |
| <input type="radio"/> J                         | <input type="radio"/> S |                         |
| jet                                             | submersible             |                         |

|                                                                                              |  |
|----------------------------------------------------------------------------------------------|--|
| PUMP INSTALLED                                                                               |  |
| YES NO                                                                                       |  |
| <input checked="" type="radio"/> Y <input type="radio"/> N                                   |  |
| DRILLER WILL INSTALL PUMP<br>(CIRCLE APPROPRIATE BOX)                                        |  |
| IF DRILLER INSTALLS PUMP, THIS SECTION<br>MUST BE COMPLETED FOR ALL WELLS<br>EXCEPT HOME USE |  |
| TYPE OF PUMP (WRITE APPROPRIATE<br>LETTER IN BOX - SEE ABOVE:<br>(A, C, J, P, R, S, T, O))   |  |
| CAPACITY:<br>GALLONS PER MINUTE<br>(to nearest gallon)                                       |  |
| PUMP HORSE POWER                                                                             |  |
| PUMP COLUMN LENGTH (nearest ft.)                                                             |  |
| CASING HEIGHT (circle appropriate box<br>and enter casing height)                            |  |
| LAND SURFACE                                                                                 |  |
| (nearest foot)                                                                               |  |

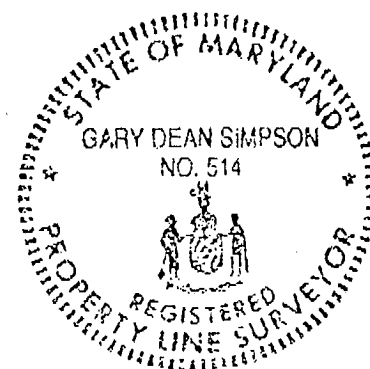
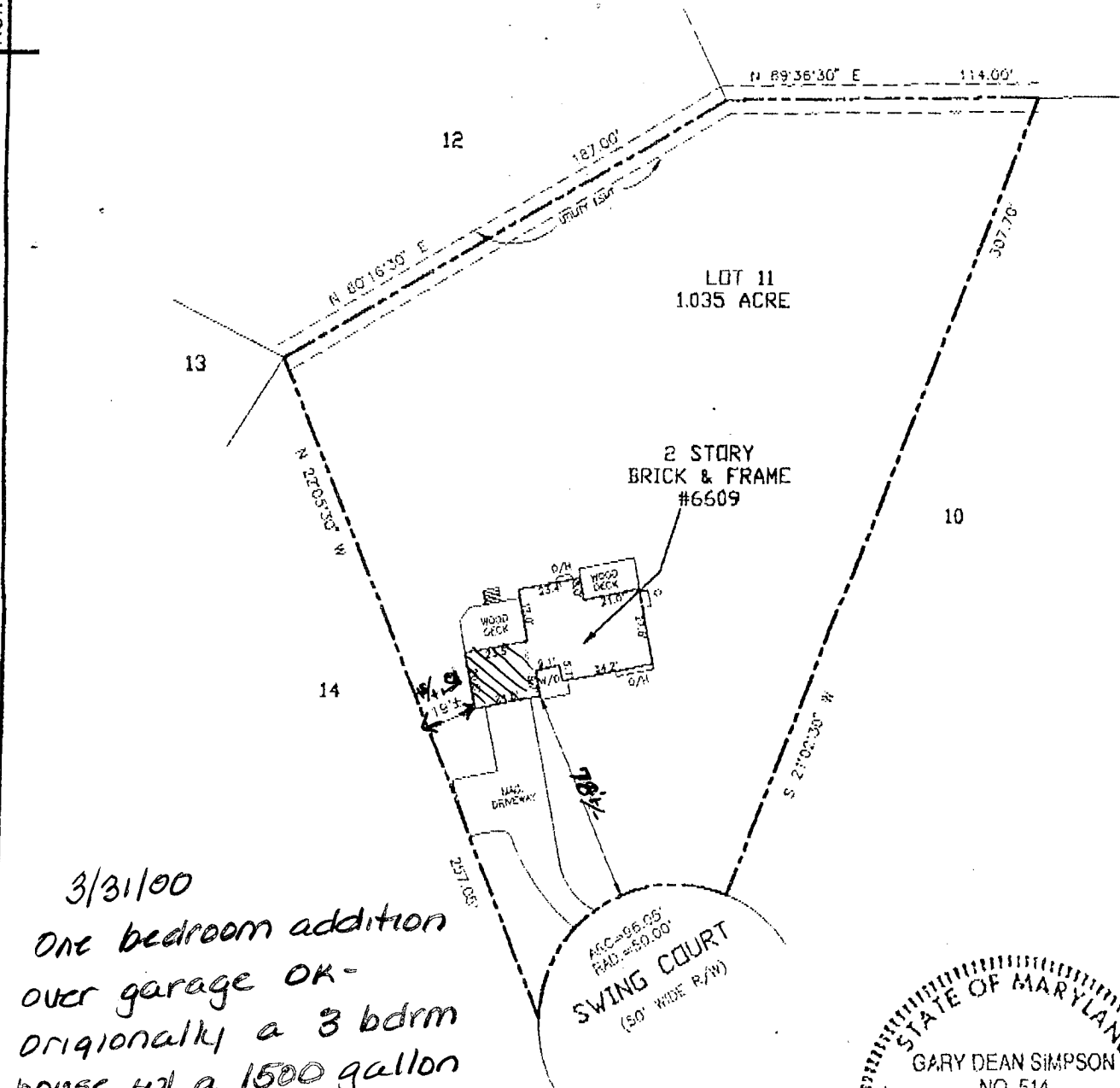
|                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LOCATION OF WELL ON LOT                                                                                                                               |  |
| SHOW PERMANENT STRUCTURE SUCH AS<br>BUILDING, SEPTIC TANKS, AND/OR<br>LANDMARKS AND INDICATE NOT LESS<br>THAN TWO DISTANCES<br>(MEASUREMENTS TO WELL) |  |
|                                                                                                                                                       |  |

|                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CIRCLE APPROPRIATE BOX                                                                                                                                                                                                                                           |  |
| <input checked="" type="radio"/> A A WELL WAS ABANDONED AND SEALED<br>WHEN THIS WELL WAS COMPLETED                                                                                                                                                               |  |
| <input type="radio"/> E ELECTRIC LOG OBTAINED                                                                                                                                                                                                                    |  |
| <input type="radio"/> P TEST WELL CONVERTED TO PRODUCTION<br>WELL                                                                                                                                                                                                |  |
| I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL<br>CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT<br>TO DRILL WELL" AND THAT INFORMATION CONTAINED<br>IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE<br>TO THE BEST OF MY KNOWLEDGE, INFORMATION AND<br>BELIEF. |  |
| DRILLERS IDENT. NO. 273                                                                                                                                                                                                                                          |  |
| DRILLERS SIGNATURE<br>Ralph E. Maynard                                                                                                                                                                                                                           |  |
| SITE SUPERVISOR (sign of driller or journeyman<br>responsible for sitework if different from permittee)                                                                                                                                                          |  |



NTT Associates  
Suite 307, Clark Bldg.  
Columbia, MD 21044  
321-0307

7/8/81 Plot to Dr. Bugh for signature.



PROPERTY ADDRESS: 6609 SWING COURT

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 0033B AS REVISED 12-04-1986.

## CERTIFICATE

I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS.

*Gary Dean Simpson*  
GARY DEAN SIMPSON

## REFERENCES

PLAT BK 5

PLAT NO. 41

LIBER

FOLIO

**CMS**

CENTRAL MARYLAND SURVEYORS

4319 NORTHEAST DR. (301) 282-2500 FAX (301) 282-8876 BOWIE, MD 20716

DATES:

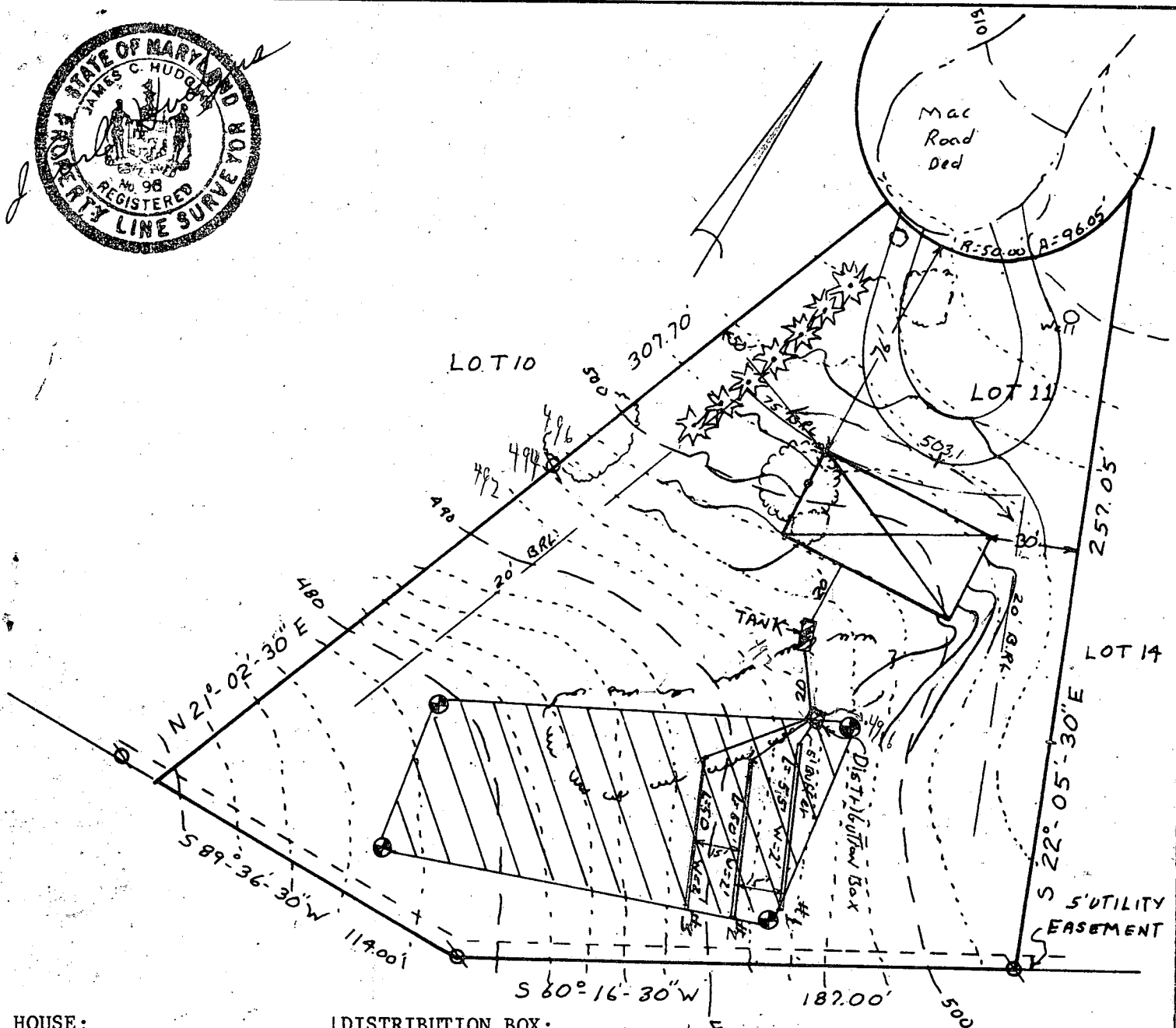
SCALE: 1"=60'

WALL CHECK:

DRAWN BY: JPK

HSE. LOC.: 10-01-93

- 3) B.R.L. Information, if shown was obtained from existing record plat or local agencies and is not guaranteed by CMS, INC.  
4) Building line and/or Flood Zone information is subject to the interpretation of the originator.  
5) CMS, Inc. does not certify to unshown or unrecorded encroachments or overlaps.



HOUSE:  
 FIRST FLOOR ELEV. 505.5  
 BASEMENT ELEV. 496.0  
 INVERT @ HOUSE 493.00

DISTRIBUTION BOX:  
 EXISTING GRADE 494.0  
 PROPOSED GRADE 494.0  
 INVERT 490.5

SEPTIC TANK:  
 EXISTING GRADE 494.0  
 PROPOSED GRADE 494.0  
 TANK INVERT IN 491.17  
 TANK INVERT OUT 490.92

TRENCHES:  

|    | INVERT | BOTTOM | LENTH |
|----|--------|--------|-------|
| #1 | 489.0  | 485.0  | 55'   |
| #2 | 487.0  | 483.0  | 50'   |
| #3 | 485.0  | 481.0  | 50'   |

# GRADING STUDY

LOT 11

CLARKSVILLE RIDGE

PLAT BOOK 5 FOLIO 41

5th ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE 1"=50'

DATE 8/4/81

I certify the above measurements and elevations are actual and true for this lot.

J. Carl Hudgins  
 J. Carl Hudgins

8/21/81 B.P.#47348 signed bot  
 Hudgins on vacation til 9/1/81  
 Installer must be aware of C.B.D.

Too much hold drop from house  
 8/5/81  
 C.B.D. system not started  
 Call P.S.A.P. high side system ok P.D.  
 (phone 321-0307)  
 8/5/81 T/C to Amy  
 A.M. she is to have Carl Hudgins stop & for correct C.B.D.

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
AUG 4 3 08 PM '81  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

47348  
revised plot  
plan  
8/4/81