

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

P 510646

A 50368-5

DISTRICT 4th

DATE 8-25-98

DATE SYSTEM APPROVED 9/23/98

INSPECTOR JKS

Walter W. King Plumbing & Heating Contractors IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 5305 King's Court, Frederick, Md. 21703-6981 PHONE 301-662-6990

SUBDIVISION Riggs Property LOT 15 ROAD 1932 Sycamore Spring Court

PROPERTY OWNER Ryan Homes Jim Feux

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - 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 - Begin trenches 185 feet down the 320.08' lot line and 75 feet off that same lot line. Run trenches on contour in both directions.

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

OK KM 7-29-98

PLANS APPROVED BY Amy McMillen DATE 7/29/98

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

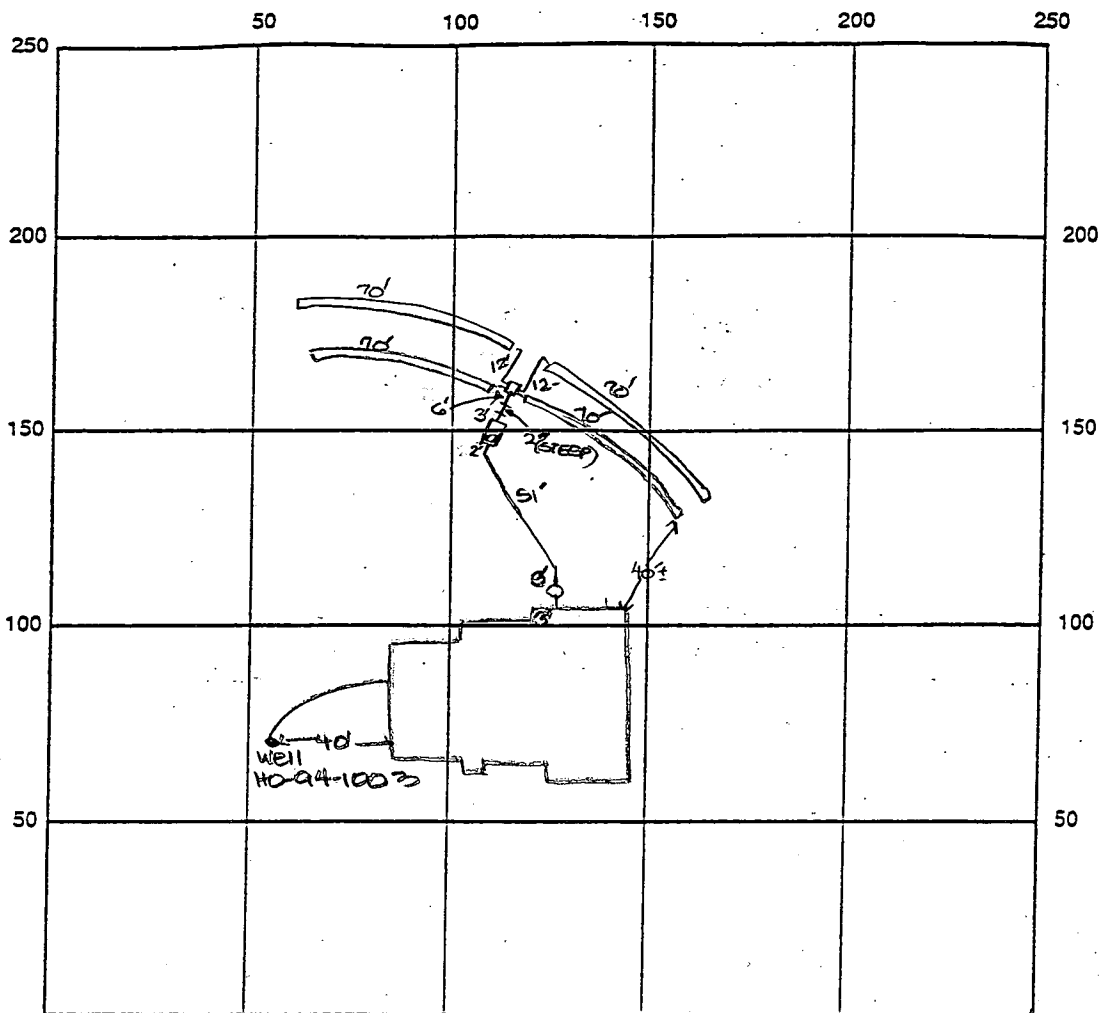
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sycamore Spring Court

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4 x 70' FT. → 280

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER 18 FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 9/23/98 FINAL INSP - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED

9/23/98

INSPECTOR

[Signature]

Total linear feet of trench
required 280 feet

Width of trench(es) 3.0 feet

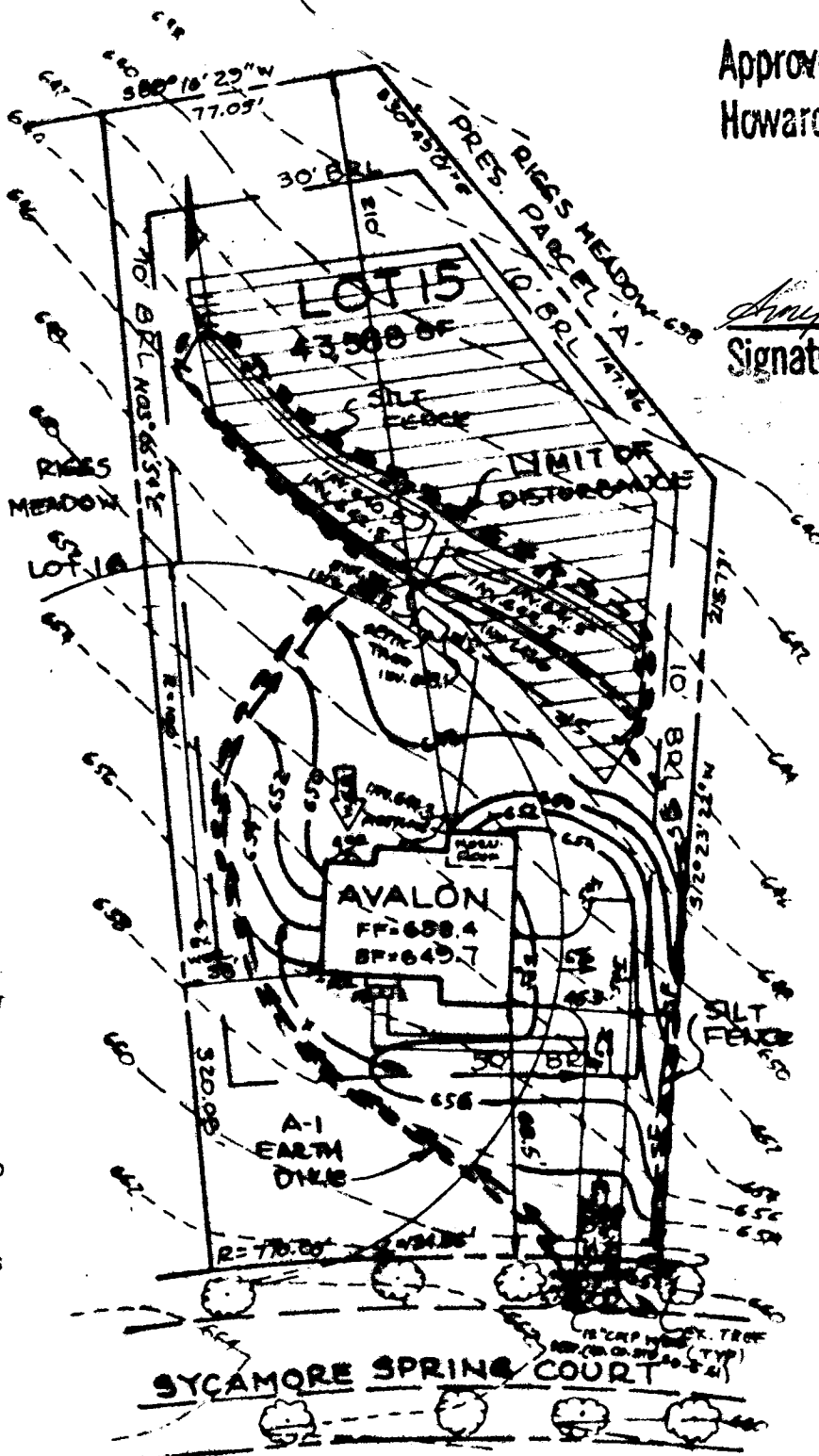
Depth of trench(es) 5.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Signature

Date



PLAN

SCALE: 1"=50'

TOPSOIL STABILIZATION

- I. Topsoil salvaged from the site shall be used as set forth in these specifications. If the given soil type can be found, it shall be published by USDA-SCS.
- II. Topsoil Specifications - Soil
 - i. Topsoil shall be a loam. Other soils may be used by the appropriate agency. Contrasting textured, slag, coarse fragments in diameter.
 - ii. Topsoil must be free of grass, nut sedge, poison ivy, etc.
 - iii. Where the subsoil is exposed, it shall be spread at the time of the placement of the topsoil and worked into the topsoil.
- III. Vegetative Stabilization
 - i. When topsoiling, maintain the grade.
 - ii. Grades on the areas to be stabilized shall be at least 4" - 8" higher than the original grade.
 - iii. Topsoil shall be uniform in thickness of 4". Sprinkle the topsoil with a minimum of 20.0 Vegetative Stabilizer.

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

A 50368 ~~5~~
P _____
DISTRICT 4th
DATE 9/30/94

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 Amelia Riggs, c/o SDC Group, Inc. RYAN HOMES
8480 N Baltimore - National Pk
ADDRESS PO BOX 417, Ellicott City, MD 21041 PHONE (410) 465-6105

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

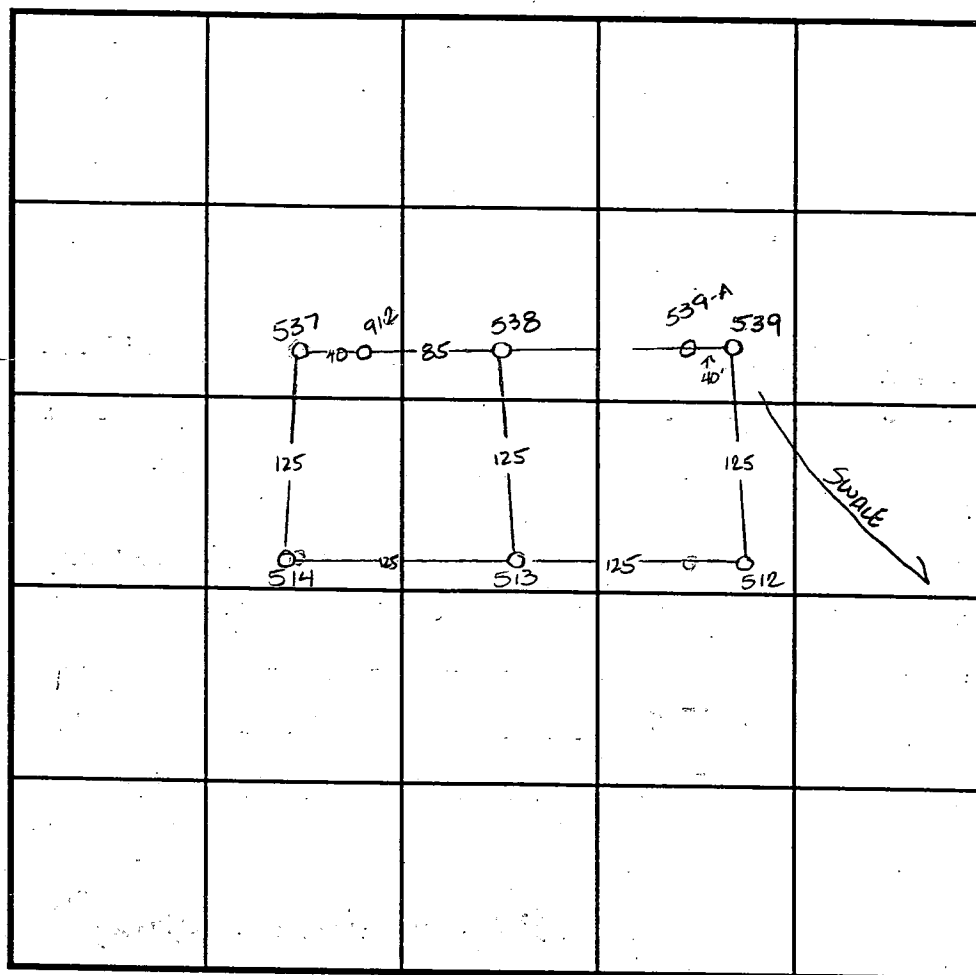
SUBDIVISION Riggs Property LOT NO. Grd. 15
ROAD AND DESCRIPTION Located @ SW Corner of the intersection of
Roxbury Mill (Rte. 97) & Frederick Rd (Rte. 100)
TAX MAP 0814 PARCEL # 96 BLDG. PERMIT SIGNED 7-27-98
AND RETURNED 7-27-98
Senat 07/11/97-4Bm
SIZE OF LOT 55000 ± S.F. TYPE BLDG Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. James R. Morley, III V. Pos.
(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

539
red
alum
+ tan/
beigh
alum
pink to
orange
sasilum
2' zone of
5-7' of
30% rock
to 100%
7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0'	538	1gt orange +an
4		darker; br. ghter orange Si: Salm. 50% frags
9		reddish 1gt + orange Salm 100% rock frags
11.5	910	bright red gravelly Si: cum
3'		bright orange Si: cum 5-10% 2-5 inch dia. rock frags
12		

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-10-94	514	4.5 VII	9:11 ³⁰	9:19	9:19	9:40	21min
11-15-94	513	4.5 VII	9:45	9:47	9:47	9:52	5min
	512	4.0 VII	9:54	9:54	9:55 ³⁰	9:58 ³⁰	3min
	539	5.0 VII.5	10:01	10:04	>30 min -		F
11-10-94	537	Refusal	at 5.5				F
4-25-95	912	Visual	to 12.0 - sec profile				OK
11-15-94	538	4.5 VII.5	5:22	5:23	5:23	5:26 ³⁰	3 1/2 min

REMARKS

TYPE OF SOIL

TESTED BY Amu McMillen

ALSO PRESENT

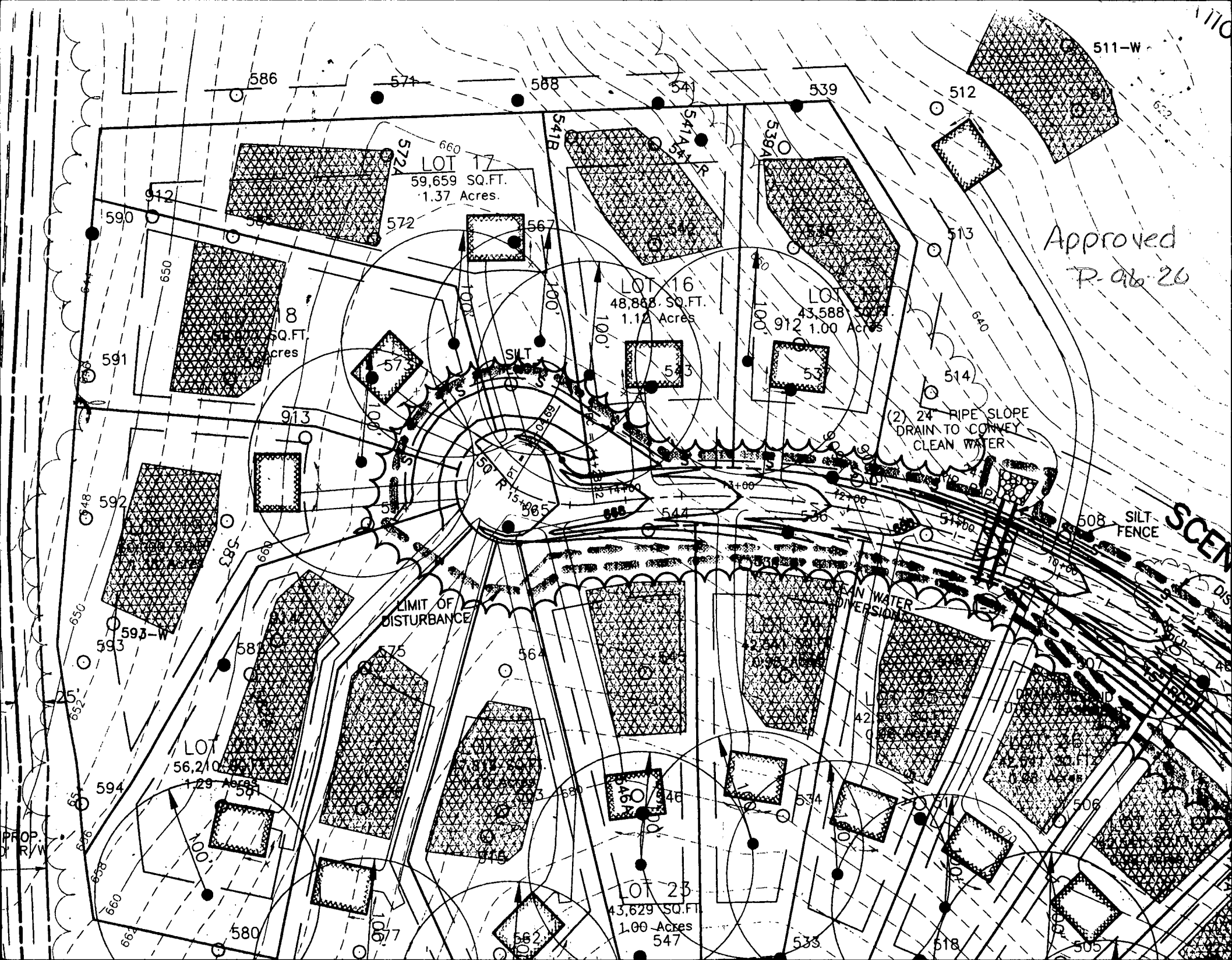
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



C1 1328

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A50368 QST/CO USE ONLY
DATE Received

031297

DATE WELL COMPLETED

030797

Depth of Well

22 165 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-94-1003

OWNER SDC
STREET OR RFD last name SCENIC DR. first name TOWN
SUBDIVISION RIGGS PROPERTY SECTION LOT 15

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

Clay	0	2	
Brown Shale	2	12	
Gray Mica Rock	12	165	✓

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 6 NO. OF POUNDS 364

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 20 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)ST 6 22
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from toEACH
CASINGscreen type
or open hole
insert
appropriate
code
belowSCREEN RECORD
ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHERIN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes ☒ Y no ☐ N

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 26.04.04 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 24

DRILLERS SIGNATURE Joseph L. Mayne

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

TELESCOPE
CASINGLOG
INDICATORW Q
74 75 76

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.
to nearest gal.) 20METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 26

WHEN PUMPING 34

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other
27 27 27 (describe
below)
J jet S submersible

PUMP INSTALLED

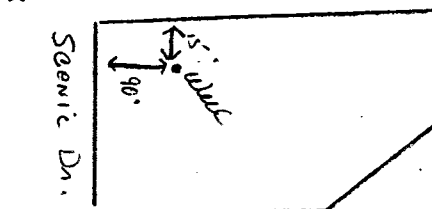
DRILLER WILL INSTALL PUMP YES (NO)

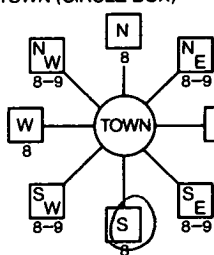
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE: 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
- below } 2 (nearest
49 50 51 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)

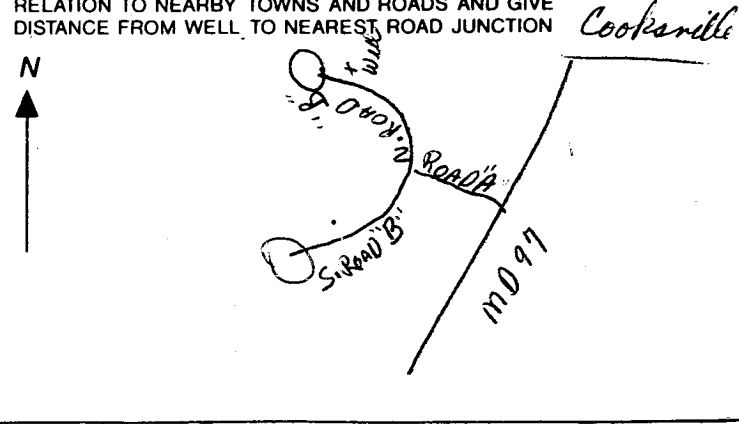
B 1 : 7482 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-1003 <small>fill in this form completely</small>
Date Received (APA) 1/1/99 OWNER INFORMATION SDC 15 Last Name Owner First Name 34 BOX 417 36 Street or RFD 55 ELK LICK CT CITY MD 21041 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 RIGGS PROPERTY 23 SUBDIVISION 42 SECTION LOT 15 44 46 48 50 COOKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78	
DRILLER INFORMATION CIRCLE: MSD/MGD/MWD Joseph P. Mayne Driller's Name 77 License No. 80 Joseph P. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy 21771 Address Joseph P. Mayne 11/18/96 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD M. Road B Scenic Dr 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> EAST <input type="radio"/> WEST <input type="radio"/> SOUTH <input type="radio"/> 34 90 37 DISTANCE FROM ROAD ENTER FT OR MI F7 38 39 TAX MAP: BLK: PARCEL 96	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		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)	
APPROXIMATE DEPTH OF WELL 280 FEET 24 28		APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH	
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			
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 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 FORCE AM WRITE INITIALS IN BOX PERMIT No. 40-94-1003 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

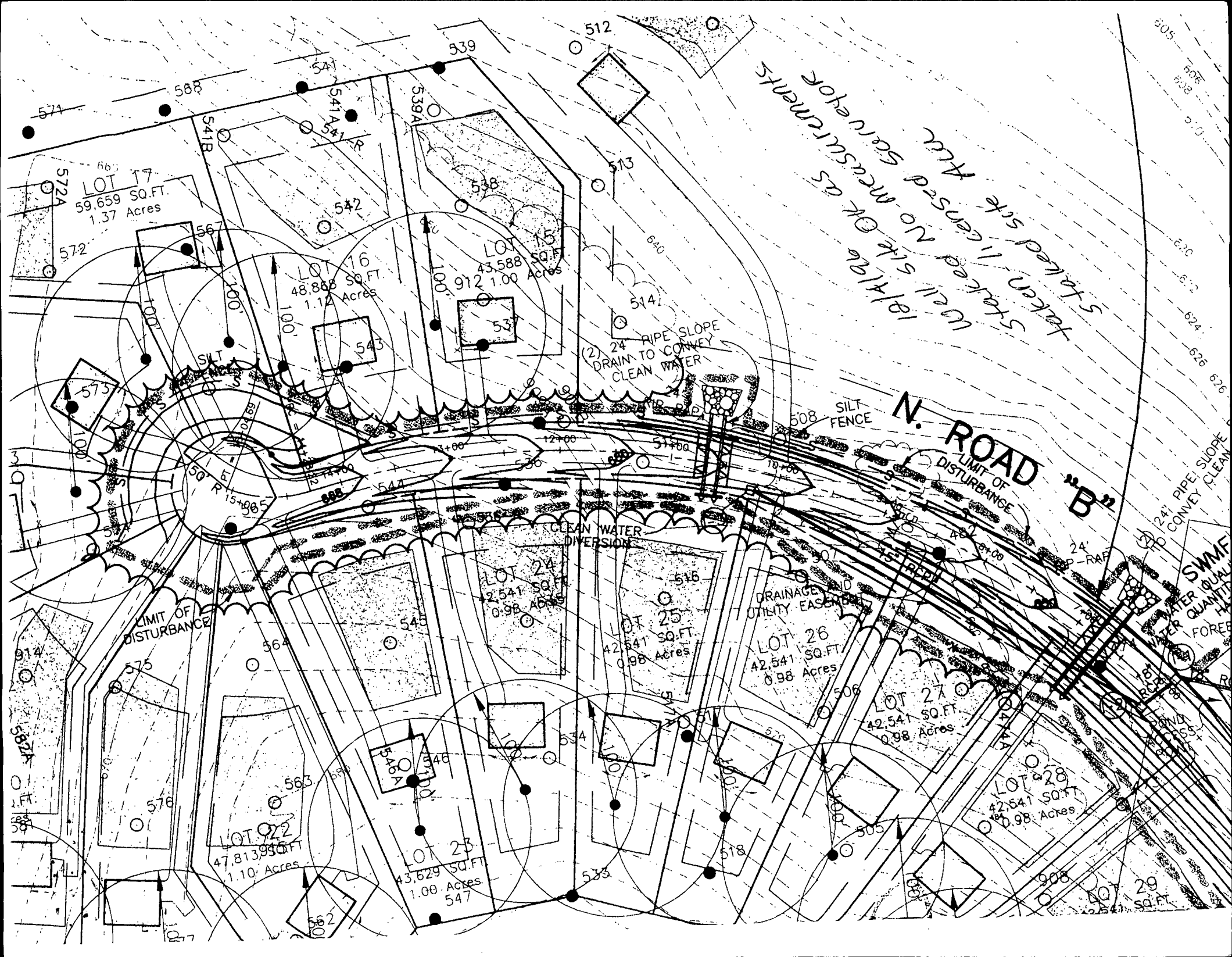
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD CO. A 50368 Q
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S 41
 DATE ISSUED 12/04/96 A. M. Miller 12/4/97
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 530000 EAST GRID 0790000
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 790
 N 530
 000
 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION





Well site OK as
staked No measurements
taken site area

N. ROAD "B"

(2) 24" PIPE SLOPE
DRAIN TO CONVEY
CLEAN WATER

SILT
FENCE

CLEAN WATER
DIVERSION

DRAINAGE AND
UTILITY EASEMENT

SWME
WATER QUANTITY
FORE

