## PERM

### SEWAGE DISPOSAL SYSTEM

P	512751
	50368-S

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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INDEXED. # 360400 DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

DATE 10/4

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BLUG PERME

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B00132106

XXXXXXXXX 410-313-2640

	•
Walter W. King Plumbing & Heating	IS PERMITTED TO INSTALL X ALTER
ADDRESS 5305 King's Court, Frederick, MD 21703	PHONE 301-831-4070
SUBDIVISION Riggs Meadows LOT 23	ROAD 1937 Sycamore Spring Court
PROPERTY OWNER Ryan Homes T	ONY + JUDY WANKERL
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS	
NUMBER OF BEDROOMS 4	
180 SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 240	
TRENCHES - Trench to be 3 feet wide. Inlet 2.5 fee  4.5 feet below original grade. Effective grade. 2.0 feet of stone below distribut	e area begins at 3.5 feet below original tion pipe.
LOCATION - Start the first trench 180 feet down the	e left lot line and 70 feet off that same lot enic Drive. Run trenches on contour towards
the left side of the lot.  NOTES - No trench to exceed 100 feet in length.	Provide 6" - 8" diameter cleanout and cap
to grade or above on septic tank. ON Sp	97/99
FLANS APROVED BY Kim Maiste/Ronald J. Pinkley	DATE 8-31-1999
COVER NO WORK UNTIL INSPECTED AND APPROVED	• :
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPO	DNSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° : ACCEPTABLE.	SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCH!	ES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER	
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TREND	n -

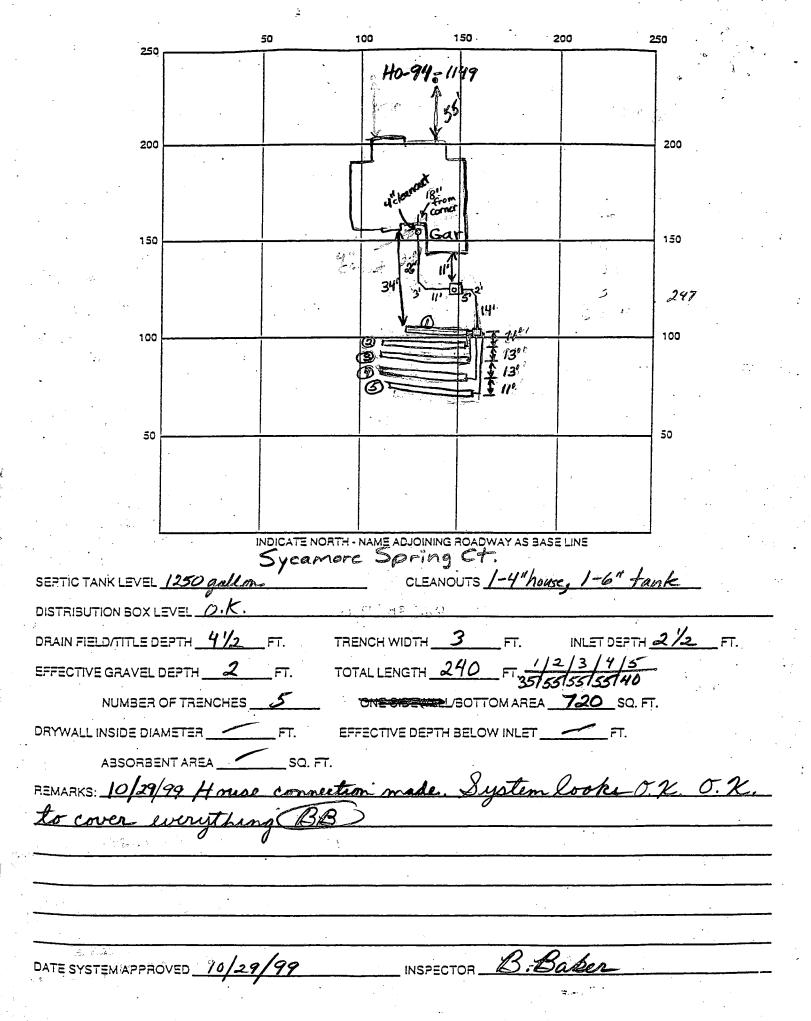
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

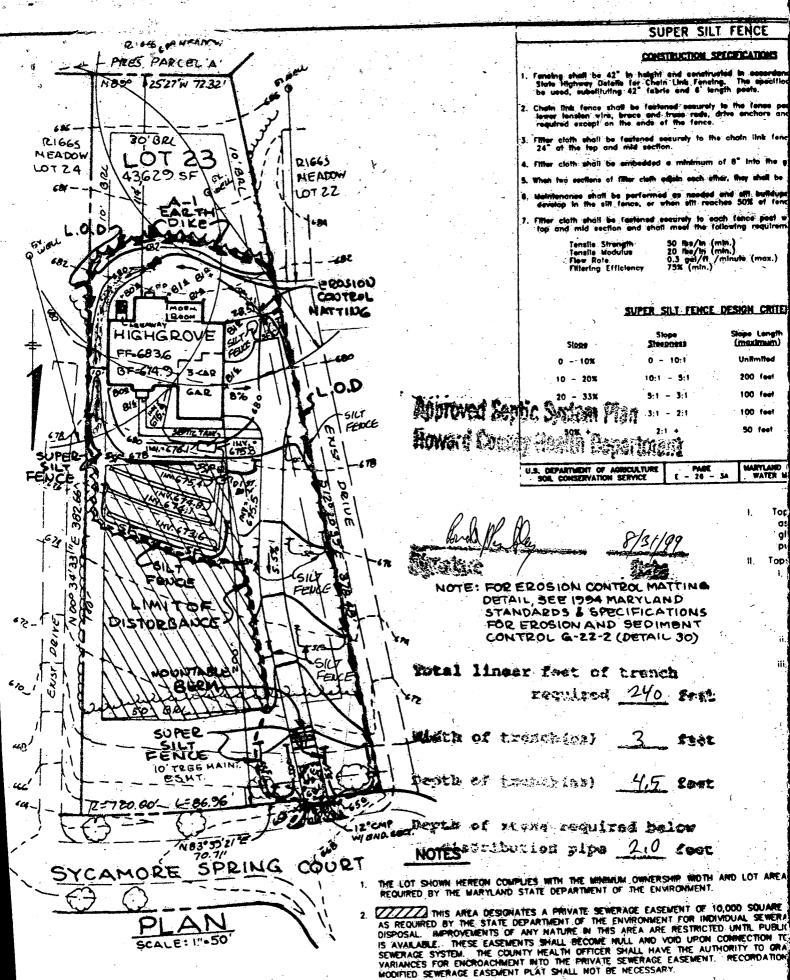
PERMIT VOID AFTER TWO YEARS

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 25/40 PVC OR ABS

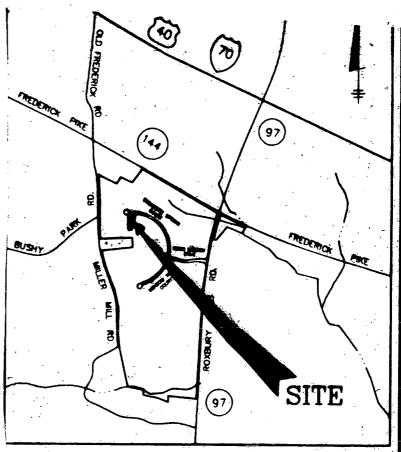
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 5 INCHES IN DIAMETER CAST IRON. CONCRETE OR

PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.





LINITESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN



### VICINITY MAP

SCALE: 1" = 2000'

## BENCHMARK

ROJECT:

## RIGGS MEADOW LOT 23

CATION:

TAX MAPS 8 & 14 - PARCEL 96, 4th ELECTION DISTRICT PLAT: 12960

HOWARD COUNTY, MARYLAND

TLE:

## PLOT/GRADING PLAN

IATE:

PROJECT NO.

1108

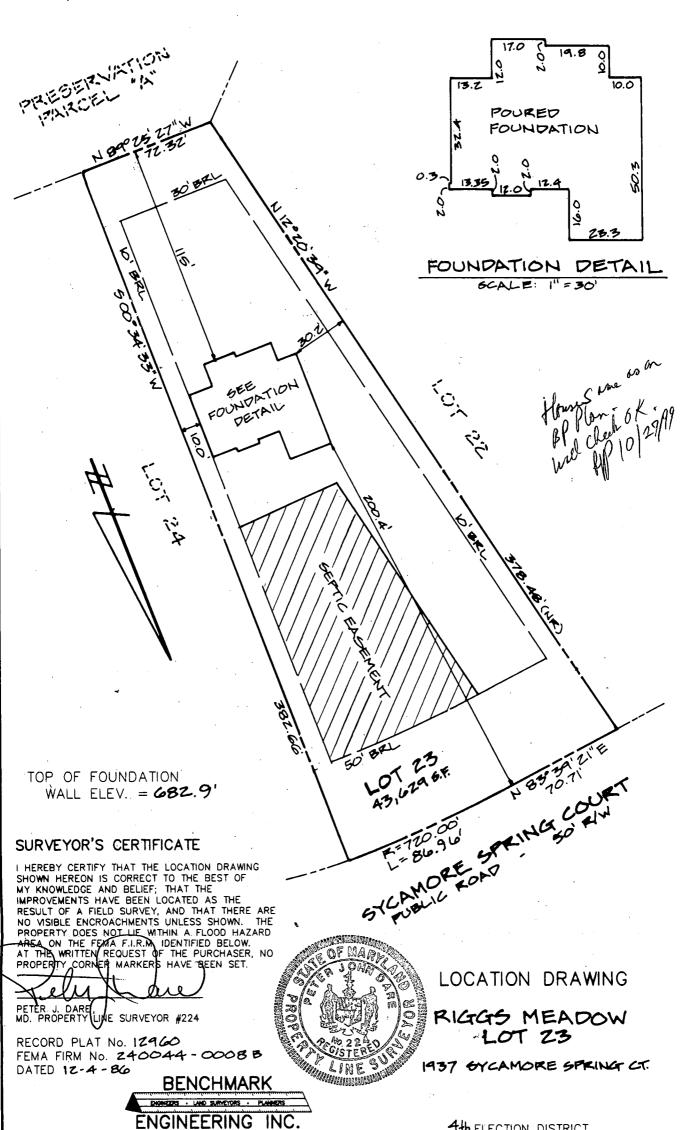
CALE:

AS SHOWN

DRAWING

OF

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



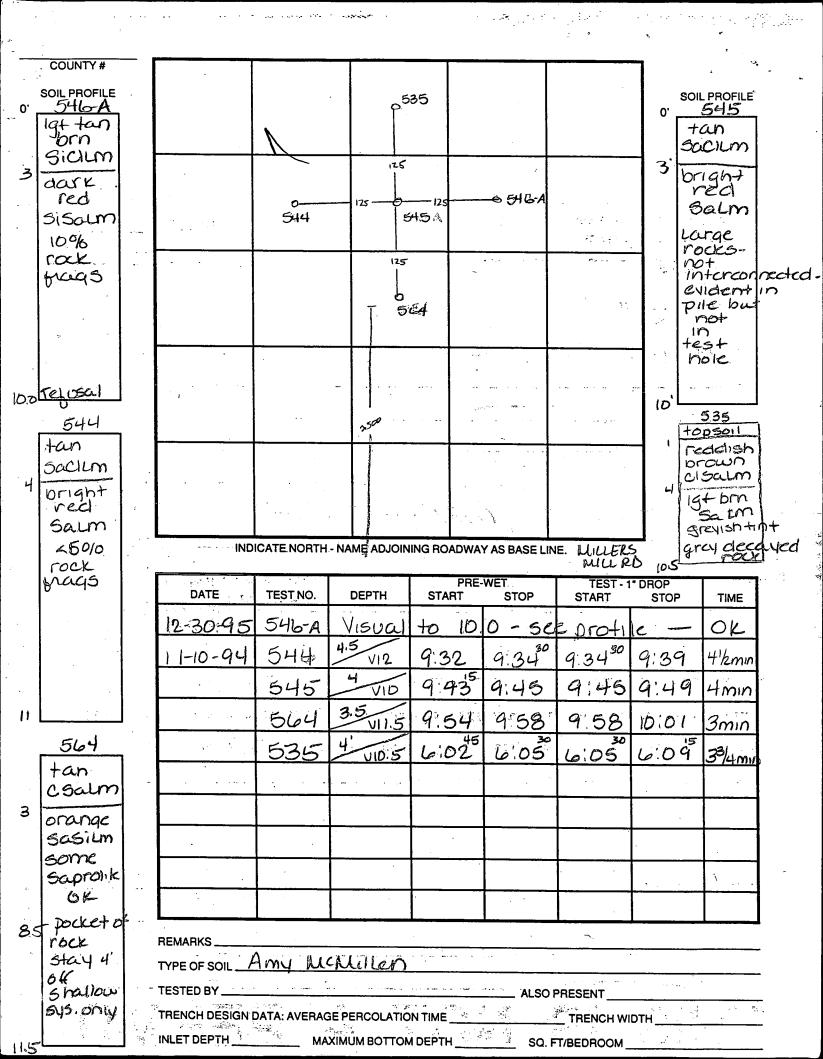
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

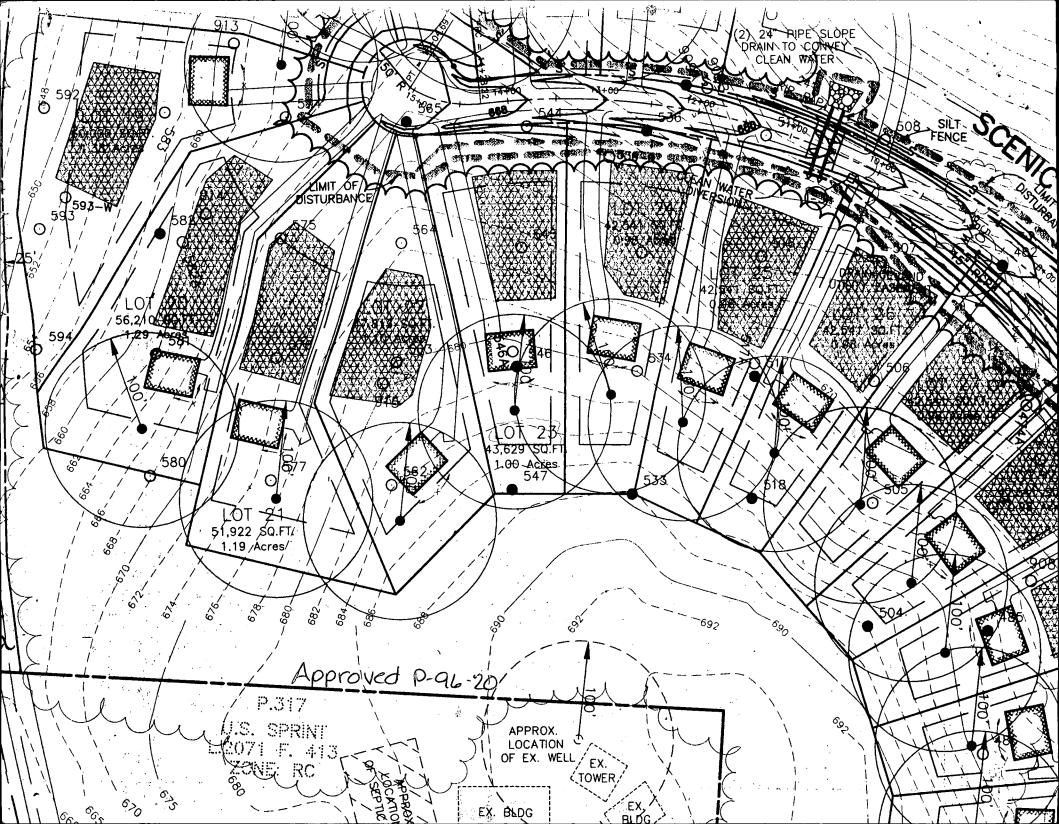
4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND SCALE: 1" = 50' DATE: 10-25-91

# APPLICATION

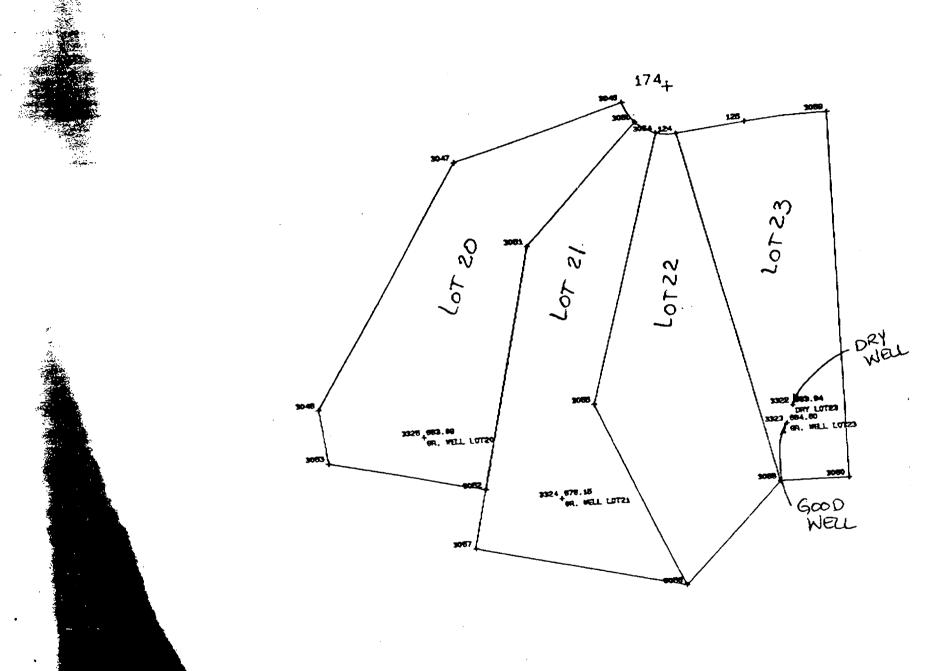
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HOWARD COUNTY HEALTH DEP	1	Į	*		DISTRICT .	4 th	
PO BOX 476 ELLICOTT CITY MARYL	ž				3	9/2-1211	· · .
TELEPHONE 461-9933		FILES			DATE .	7/30/94	<del></del>
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THE COUNTY HEALTH OFFICER	•	i filmation (1 a 1977). Film			en e		: .
ELLICOTT CITY, MARYLAND	·						
I; HEREBY, APPLY FOR THE NECESS	ARY TEST IN ORDER	TO CONSTRUCT IO	R RECONSTRUC	N A SEWAGE DISP	OSAL SYSTEM.	and or purple necessary rate destroys	:
ery OWNER Amatia	X 1995	C/_	SDC_	Group /	AC KVA	w Homes	
8480	,,	mure -Na	tonal P.	Ke /		65-6105	. •
ADDRESS PO. BOX	417,61	1/cott Ci-	4, MD	21041 PH	ONE (410)46	35-6125	<del></del>
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# THIS IS NOT A PERMIT



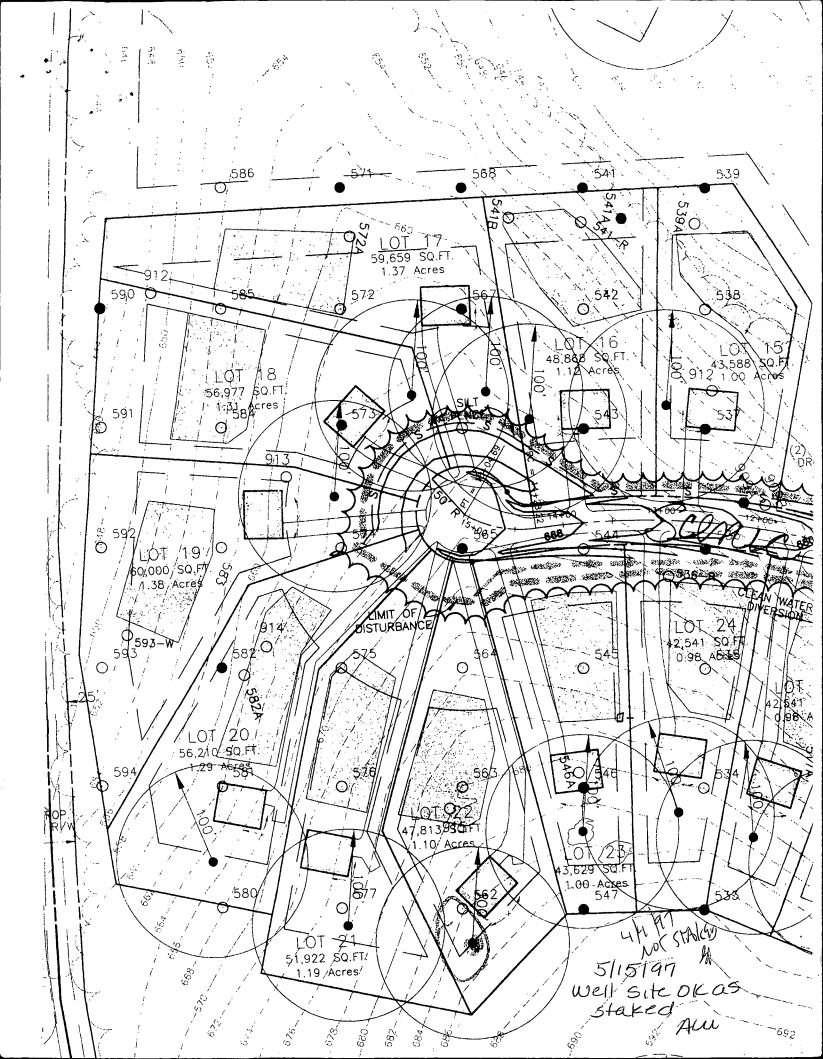


C 1 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 50368		
ST/CO USE ONLY DATE WELL COMPL	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"		
DATE Received   MM	7 22 425 26	HO 94 1149		
8 / 13   15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNER Spe	first name			
STREET OR RFD	URIVE TOWN	Cooksviile ma.		
SUBDIVISION RIGES PROPER	Tion I			
WELL LOG  Not required for driven wells	WELL HAS BEEN GROUTED			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR	(Circle Appropriate Box)	PUMPING TEST		
COLOR, DEPTH, THICKNESS AND IF WATER BEARING  DESCRIPTION (Use FEET check	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT (CM)  BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)  FROM TO bearing	45 46 45 46 67	PUMPING PATE (get per min )		
	NO. OF BAGS NO. OF POUNDS SALLONS OF WATER	PUMPING RATE (gal. per min.)		
BROWN ShALE 0 19	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket		
	from $\frac{O}{48}$ TOP 52 ft. to $\frac{21}{54}$ BOTTOM 58 ft.	WATER LEVEL (distance from land surface)		
19 425 V	(enter 0 if from surface)	977		
GRAY MICA ROCK	casing CASING RECORD	BEFORE PUMPING 17 20 ft.		
ROCK	types insert ST CO	WHEN PUMPING 292 ft.		
	(appropriate code pelow PL OT	22 25		
	below PLASTIC OTHER	TYPE OF PUMP USED (for test)		
	MAIN Nominal diameter Total depth	P piston T turbine		
	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe		
	<u>s+ 6 23 </u>	27 below)		
	60 61 63 64 66 70	J jet (S)submersible		
	E OTHER CASING (if used) A diameter depth (feet)	27		
	H inch from to	PUMP INSTALLED		
	ă s	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)		
	N G	IF DRILLER INSTALLS PUMP, THIS SECTION		
520' dry well fieled en		MUST BE COMPLETED FOR ALL WELLS.		
	screen type SCREEN RECORD or open hole OLT DID	TYPE OF PUMP INSTALLED            PLACE (A,C,J,P,R,S,T,O)         29		
with comesto drelling	insert STEEL BRASS OPEN	IN BOX 29.		
malicales	( appropriate ) BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
	below PL OT PLASTIC OTHER	(to nearest gallon) 31 35		
		PUMP HORSE POWER  37  41		
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
yes no	# #0 22 425	CASING HEIGHT (circle appropriate box		
WELL HYDROFRACTURED (Y) N	A 8 9 11 15 17 21	and enter casing height)		
CIRCLE APPROPRIATE LETTER	C 2	LAND SURFACE		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	S C 3	below (nearest) foot)		
E ELECTRIC LOG OBTAINED	R 38 39 41 45 47 51	49 50 51		
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR		
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	OF SCREEN INCH) 56 60	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES		
KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)		
DRILLERS LIC. NO. 1 M $\frac{S}{D}$ D $\frac{Q}{D}$ $\frac{Q}{D}$ 1	GRAVEL PACK	0 24		
Joseph & Mayora	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	See attached well locations.		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY	in an Parations		
LIC. NO.1 M D 1	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	Well source.		
	*	and the second second		
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76			
responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA			
The state of the s				



Rig

EMERGENCY/TEMP.	NO IF ANY	III STATES	USE INDUSTRIES UP, MD 20794
P 1 71.50 SEQUENCE NO. S	TATE OF MARYLAND	STATE PERMIT NUME	3ER
MDE HEE ONLY	RMIT TO DRILL WELL	1401-1941-17	149
THIS NUMBER IS TO BE PUNCHED	please print or type	70 fill in this form com	pletely <sup>79</sup>
IN COLS. 3-6 ON ALL CARDS)  Date Received (APA)	B 3	LOCATION OF WELL	
033197 OWNER INFORMATION	1 2	ECONTION OF WELL	
8 13	HOWA 8 COUNTY	$\mathcal{M}U$	
15 Last Name Owner First Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STAROPERTYTT	
PO 140X4/12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 SUBDIVISION		42
36 Street or RFD	55 SECTION 44	LOT [2]	
57 Town 70 State 72 Zig	52 NEAREST TOW	SUILLE	71
DRILLER INFORMATION CIRCLE: (MSD) M	GD/MWD	OWN (enter 0 if in town)	
Driller Name 1 2 77 Ligar	171	73 76 77 7	78
- Chaeph K. Mayre Well Drille	<u>nex   1 2                                 </u>	Scenic Dr.	
5512 Redge Rd. mf ain Del.	O DIRECTION OF WE		
Address			NORTH.
Signature Date	3//9/	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	W BE
B 2 WELL INFORMATION		34 <b>390</b>	37 SOUPH
APPROX. PUMPING RATE (GAL. PER MIN.)	TOWN	8 DISTANCE PHOW HOM	Trit I
AVERAGE DAILY QUANTITY NEEDED ( 12		ENTER FT O	)R MI [ <b>f                                  </b>
(GAL PER DAY)	SW 8-9 S	8-9 TAX MAP: BLK:	PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX)	8	NOT TO BE FILLED IN BY DRILLE	ER
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY FETFARMING (LIVESTOCK WATERING & AGRICULTURAL	Hound	HEALTH DEPARTMENT APPROV	368
IRRIGATION)	COUNTY NAME		NTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVOTHER (REQUIRES APPROPRIATION PERMIT)	SIGNATURE	INSERT	rs 🛄
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	DATE ISSU	97 Am Millen 51	115/98
APPROPRIATION PERMIT AND STATE HEALTH DEPART	43	48 CO SIGNATURE	EXP. DATE
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NORTH 5 4	0000 EAST 07920 C	0 0
		FEATURES OF HATTE 6 rout	NOU190
APPROXIMATE DEPTH OF WELL 24 27 FEET	BOX & LOCAT	WELL //SA) × 10	12/87
	SOURCES OF	DRILLING WATER	
APPROXIMATE DIAMETER OF WELL	NEAREST 1. WELL		(E)
METHOD OF DRILLING (circle one)	2.	(1) Of (10)	
	3.  DRIVEN WRITE THE BO	DX NUMBER	
AIR-ROTary AIR-PERcussion ROTARY (Hydraul	c Rotary) FROM THE MA	P HERE	
<u>CABLE</u> <u>REV</u> erse <u>-ROT</u> ary <u>DR</u> i	ve- <u>POINT</u>	7000	
other		7902	
REPLACEMENT OR DEEPENED WELLS	N N	530	<u> </u>
(CIRCLE APPROPRIATE BOX)		CH BELOW SHOWING LOCATION OF WELL NEARBY TOWNS AND ROADS AND GIVE	L IN
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE			Cooksville
ABANDONED AND SEALED  39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED  A STANDBY CONTACT LOCAL APPROVING A ITHORITY F	AS N	o Sea	
A STANDBY-CONTACT LOCAL APPROVING AUTHORITY F POLICY ON STANDBY WELLS	OR A	Chick Control of the	1
THIS WELL WILL DEEPEN AN EXISTING WELL		liest E.	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	_	Wes	
(IF AVAILABLE) 41	52		
Not to be filled in by driller (MDE OR COUNTY USE ON	ILY)	LSVEAM	10/2
APPROP. PERMIT NUMBER GAP	<b>1</b>	SPRIN	ere à
54	53		10
FORCE   WRITE INITIALS PERMIT No.	78 79	O MEADAUTHREE	1"
SPECIAL CONDITIONS			1 6



long & Judy Wanter! · Picket fence Sycamore Spring Court from rear of 410-489-0242 \*\* TOTAL PAGE, 01 \*\*\* Feb. 25. 2000 11:45AN WANKSHL r. 4 house BENCHMARK ENG. 061E.0N 一间附为 8. Story Frame ulbrick Face oundation detail 16 x 3 Del SCALE: 1" = 30" 6/21/01 FOUNDATION FOUNDATION Deck O.K. · Proparty Cor Rebor and Cap Set TOP OF FOUNDATION WALL ELEV. = 682.9' SURVEYOR'S CERTIFICATE I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO MISIBLE ENCROACHMENTS UNLESS SHOWN. THE