

12/1/98  
12-1  
(partial)  
12-3-98  
C.O. final 3pm

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511031C

A 50388-M

DISTRICT 4th

DATE 10-8-28

DATE SYSTEM APPROVED 12-3-98

INSPECTOR *JS*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

# 360818

INDEXED

K & K Excavating IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 14960 Route 144, Woodbine, MD 217977 PHONE 410-442-1336

SUBDIVISION ~~Cherry~~ Ridge View Hunt LOT 11 ROAD 15274 Ridge Hunt Drive

PROPERTY OWNER Selfridge Builders

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 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 281.19' and 129.82' lot lines, begin trenches 135 feet up the 281.19' lot line and 40 feet off that same lot line. Run trenches on contour toward the back 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.

OK KM 8-28-98

PLANS APPROVED BY Amy McMillen DATE 8/26/98

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

50388-11



# APPLICATION

## PERCOLATION TESTING

A 50388M

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 11/10/99

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Richard Hoenes Selfridge Builders

ADDRESS 8668 Baltimore National Pike  
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### PROPERTY LOCATION:

SUBDIVISION White Property LOT NO. 1512

ROAD AND DESCRIPTION 15274 Ridge Hunt Drive  
South side 15000 block of Carrs Mill Road; 1 mile +/- west  
of Roxbury Mills Road intersection.

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4 Bdr  
(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. Richard Hoenes  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A50388m  
COUNTY #

SOIL PROFILE

0' 1154  
bright red  
CSIL

1' 1gt orange  
tan  
gravelly  
SIL

4' 1gt reddish  
tan  
SL  
very decayed  
soft  
saprolite  
white/pink/red

1155 1156  
orange  
brn  
C

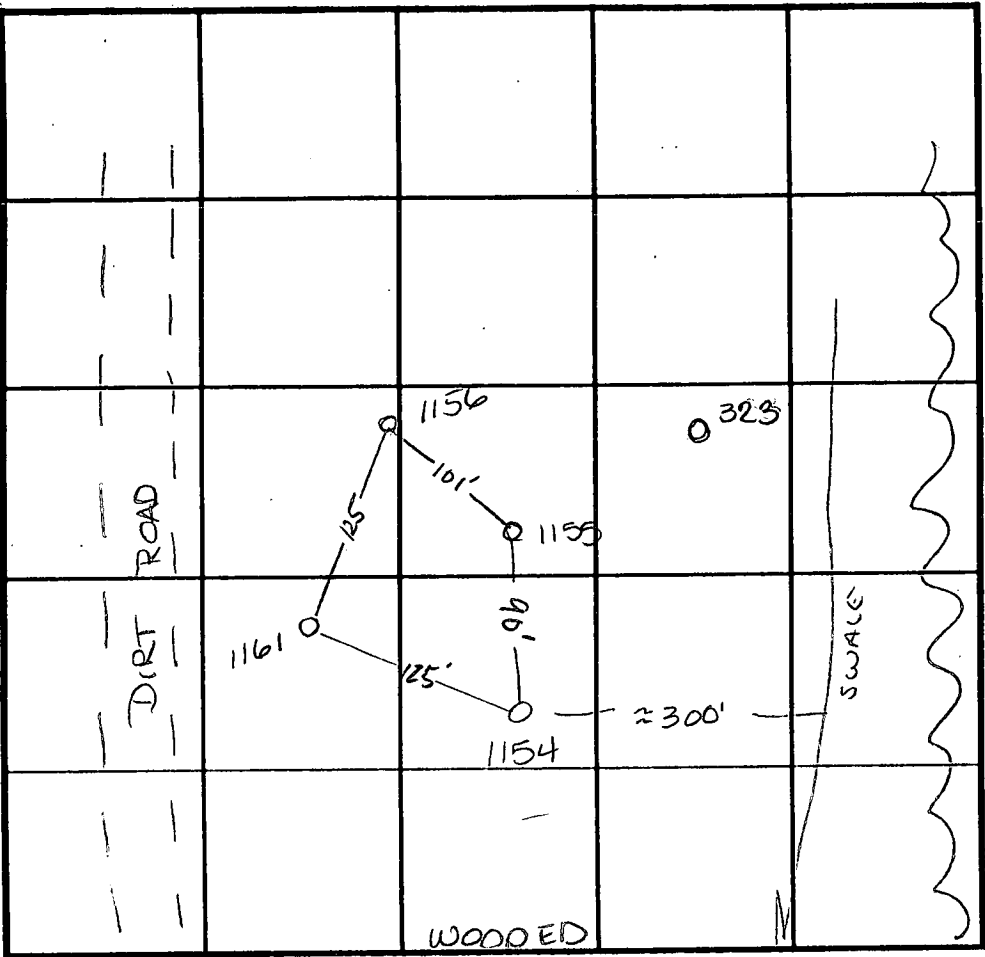
reddish  
brn  
C

reddish  
SIL  
very decayed  
soft  
saprolite  
throughout  
streaks  
of white  
gravelly  
sand  
throughout

1161  
orange  
red  
C

reddish  
orange  
SIL

tan  
w/  
orange  
tint  
SIL



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-16-94	1154	4' VII	6:13	6:15 <sup>30</sup>	6:15 <sup>30</sup>	6:18	2 1/2 min
	1155	4.5' VII	6:18 <sup>45</sup>	6:22	6:22	6:28	6 min
	1156	4.5' VII	6:22 <sup>45</sup>	6:25	6:25	6:29	4 min
12-22-94	1161	6' VII	5:26 <sup>30</sup>	5:31	5:31	5:41	10 min
3-21-96	323	Visual	to 6.0'	- water at 6.0'			F

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

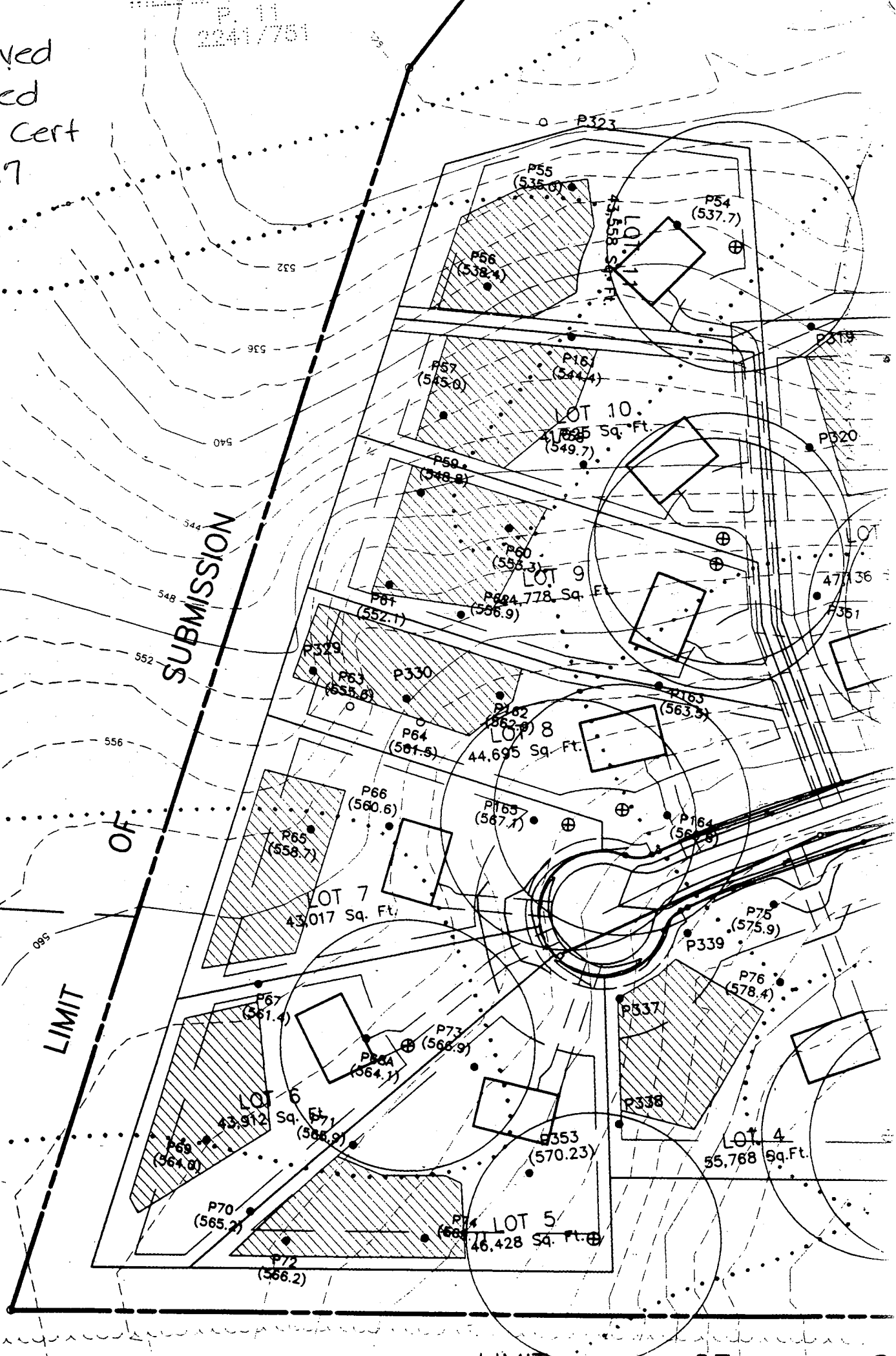
TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

Approved  
Revised  
Perc. Cert  
1-97

P. 11  
2241/751



NON-BUILDABLE

TOTAL AREA 14.41 Ac.±  
(AGRICULTURAL PRESERVATION EASEMENT)

Approved Septic System Plan  
Howard County Health Department

Total linear feet of trench  
required 240 feet

Width of trench(es) 3.0 feet

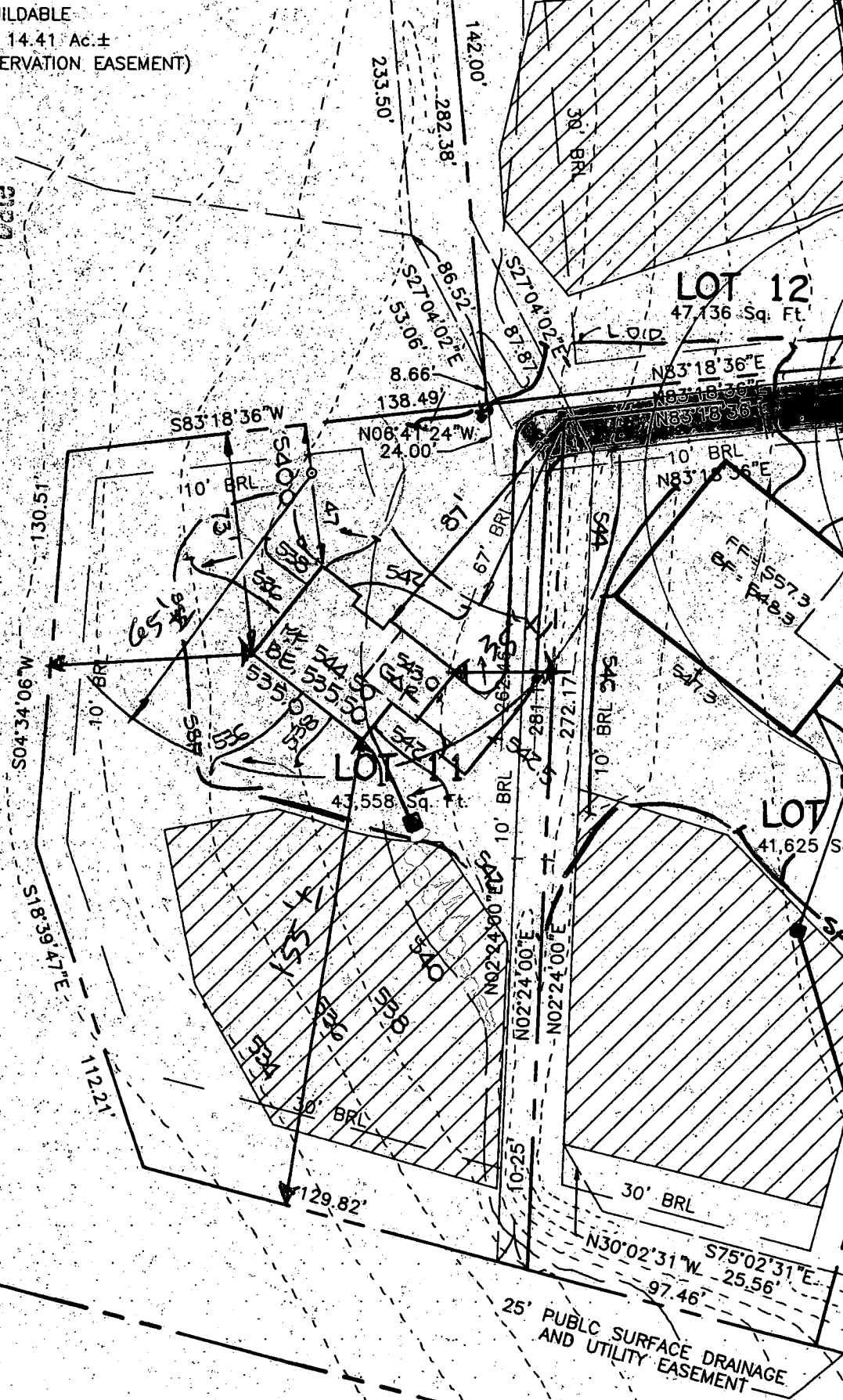
Depth of trench(es) 5.0 feet

Depth of stone required below  
distribution pipe 2.0 feet

*[Signature]*  
Signature Date 8/26/98

Date

Signature



SEPTIC SYSTEM DATA CHART

LOT •	INV. AT HOUSE	INV. IN AT S.T.	INV. OUT AT S.T.	GROUND AT S.T.	GROUND AT DIST BOX	INV. AT DIST BOX
11	539.1	538.5	538.2	541.0	541.0	538.0
12	538.3	537.9	537.6	540.9	541.0	538.0
13	534.2	533.8	533.5	536.8	530.0	527.0

C1 4359

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETEDCOUNTY  
NUMBER A 50388 M

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
08 07 98

Depth of Well

22 185 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"  
HO-94-1627

OWNER

STREET OR RFD

SUBDIVISION

Selfridge  
last name  
Glenview  
first name  
Ridge View Hunt

TOWN

Glenwood

SECTION

LOT 11

## 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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	45	✓
Sand Stone	45	50	
MICKA	50	80	
Sand Stone	80	85	✓
MICKA	85	125	
Sand Stone	125	130	✓
MICKA	130	185	

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)☒ Y ☐ N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 30+ 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below☒ ST  
STEEL☐ CO  
CONCRETE☒ PL  
PLASTIC☐ OT  
OTHERMAIN  
CASING  
TYPE  
PLNominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)☒ ST  
STEEL☐ BR  
BRASS☒ HO  
OPEN HOLE☐ PL  
PLASTIC☐ OT  
OTHER

C2 DEPTH (nearest ft.)

1 HO 57 185  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1 2 3DIAMETER  
OF SCREEN (NEAREST  
INCH)56 60  
from toGRAVEL 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.) W Q

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 18 ft.

WHEN PUMPING 38 ft.

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 INSTALLED PUMP YES ☒ NOIF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 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 foot)  
49 50 51LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES  
AND INDICATE NOT LESS THAN  
TWO DISTANCES  
(MEASUREMENTS TO WELL)

DRILLERS LIC. NO. 1 M SD 116

DRILLER'S SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M SD 117

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

B 1	<b>4765</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>110-94-1627</b> <small>fill in this form completely</small>
Date Received (APA) <b>7-6-98</b>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 <b>SELFRIEDGE Builders Inc.</b>		55 Street or RFD		
57 <b>14045 GAREO DR.</b>		70 State 72 Zip 76 <b>GLENWOOD MD. 21238</b>		
DRILLER INFORMATION				
Driller's Name <b>RALPH MAYNE</b>		MS D 116 License No. 81		
Firm Name <b>RALPH MAYNE WELL DRILLING</b>				
Address <b>9120 Brown Church Rd Mt Airy</b>				
Signature <b>Ralph Mayne</b> Date <b>6-29-98</b>				
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		8 <b>500</b> 12		
14		20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <b>Howard</b> COUNTY NO. <b>A 50388M</b> STATE SIGNATURE _____ INSERT S → DATE ISSUED <b>7-13-98</b> Kim Maisto <b>7-13-99</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>536 000</b> EAST GRID <b>788 000</b> 50 55 57 63				
APPROXIMATE DEPTH OF WELL <b>150</b> FEET		NEAREST TOWN		
APPROXIMATE DIAMETER OF WELL <b>64</b> INCH		MILES FROM TOWN (enter 0 if in town) <b>2</b> M I		
METHOD OF DRILLING (circle one)		TAX MAP: <b>14</b> BLK: <b>89</b> PARCEL: <b>14</b>		
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <b>790 88</b> N <b>540 36</b>		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A-STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		CANAS MILL RD GLEN VIEW DR. well @ 40'		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G A P _____				
PERMIT NO. <b>110-94-1627</b>				
SPECIAL CONDITIONS				