SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

50709-A DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXX

410-313-2640

327787

DATE SYSTEM APPROVED

South Carroll Backhoe	, Inc.	IS P	ERMITTED TO INSTALL X	ALTER
ADDRESS 4410 Salem Bottom R	oad, Westminster,	Maryland 21157	PHONE 410-875-	4197
SUBDIVISION Parkside	LOT	ROAD _	1836 Quarterhorse	Court
PROPERTY OWNER Cove	,		•	
ADDRESS P.O. Box 1713	Ellicott City, N	Maryland 21041		
TOP SEAMED SEPTIC TANK SEPTIC TANK CAPACITY 1250		ALL: 1-1250 GALLO	C SYSTEM REQUIRED N TOP SEAMED PUMP CH	
NUMBER OF BEDROOMS 4	NOTES	prior to iss	detail to be provide uance of septic perm	it.
180 SQUARE FEET PER BEDR	ОСМ		ance test is necessa tment approval of pu	
LINEAR FEET OF TRENCH REQUIRED	240	system.		
SEPTIC SYSTEM LAYOUT	INSPECTION REQUIRE	ED PRIOR TO START	OF TRENCHES	
depth 4.5 feet	<u>below original gra</u>	ade. Effective ar	original grade. Bot ea begins at 2.5 fee	tom maximum t below
LOCATION - Beginning from	the intersection o		470.00 lot lines, be	
on contour.	•	•	t same lot line. Ru	•
NOTES - No trench to ex to grade or abo	ceed 100 feet in ve on septic tank	length. Provide 6 • ///4/99 ** ///	" - 8" diameter clea N' 7000 0	nout and cap
PLANS APROVED BY Amy Mc Mille	n		DATE	06-16-99
COVER NO WORK UNTIL INSPECTED AND APP				

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) CHEMINA PLANNING STOP

· 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 L

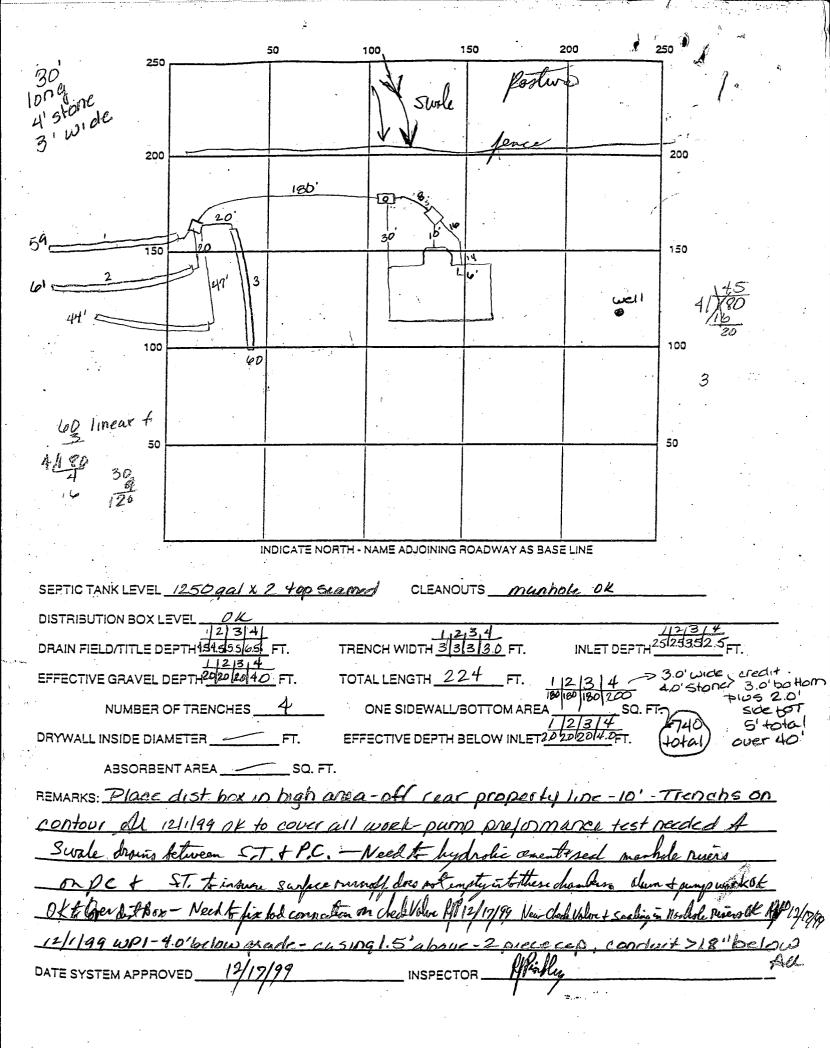
NOTE: ALL PIPE FROM HOUSE TO REPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE & 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 *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



APPLICATION

PERCOLATION TESTING

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A A 50709

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640

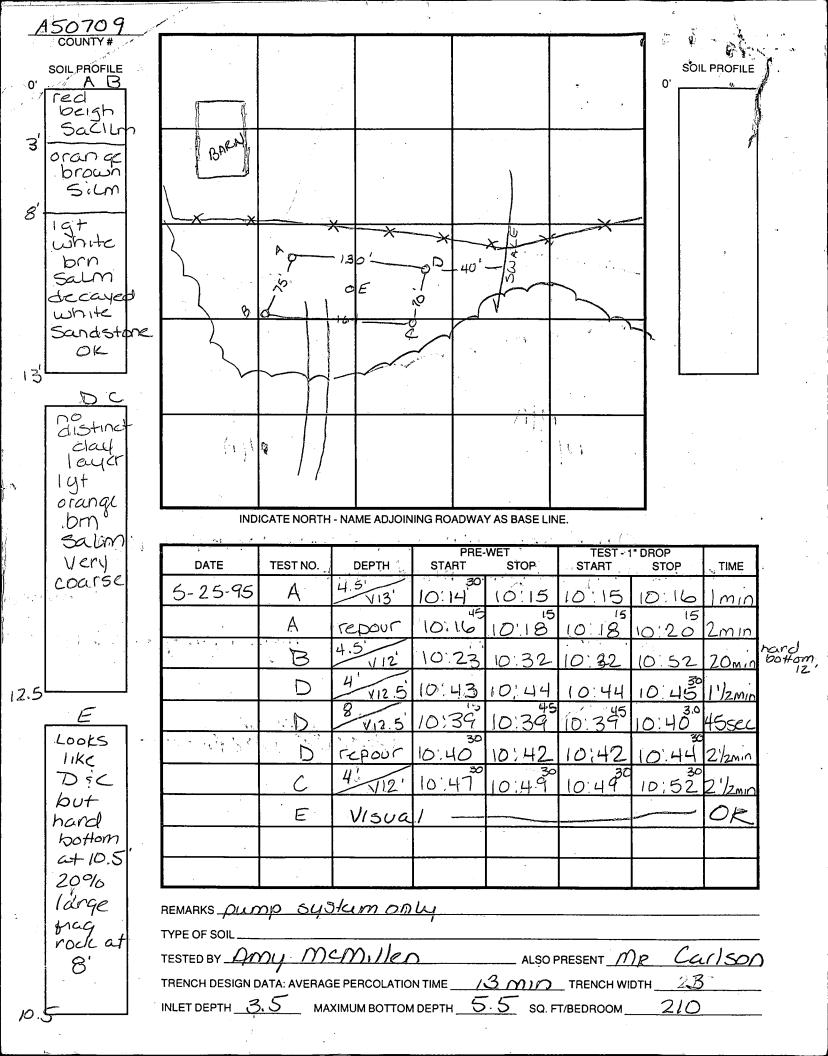
STRICT	
DATE	5-2495

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

	*
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECON	ISTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Craig and Christina Carlson	·
ADDRESS 1830 Quarterhorse Dr Wordstockhone 410	41/01 27 011
ADDRESS 18 DAY CYCLOTHE TO ST. DE CLOUISIONE TO	701 3389
AGENT OR PROSPECTIVE BUYER \(\mu\) \(\Omega\)	
$oldsymbol{V}^{-1}$] 4
ADDRESS PHONE V	(70)
PROPERTY LOCATION:	
SUBDIVISION Parkside LOTNO 11	Lo+1
ROAD AND DESCRIPTION Quarter horse Drive behind house lo	1 D + 1020
	(ATO) 41 1850
Quarterhorse Orive, Downhill, middle lot.	
TAX MAPPARCEL#	
SIZE OF LOT 3plus acres Type BLDG. Single FA	Family Duelling
(SINGLE FA	MILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED LINDED THIS ADDITIONALS ACCEPTABLE ONLY LINTU. BURLING FACILITIES DECOM	IS AVAILABLE & SULVANDEBOTAND THE
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOM	E AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-PEFLINDABLE UNDER AN	CIRCUMSTANCES. I ALSO AGREE TO
	16
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATUR	E OF APPLICANT)
APPROVED BY FOR	DATE
DISAPPROVED BYFOR	DATE
	DATE
HOLD PENDING FURTHER TESTS	·
REASONS FOR REJECTION OR HOLDING	- AV
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

HD-216 (3/92)

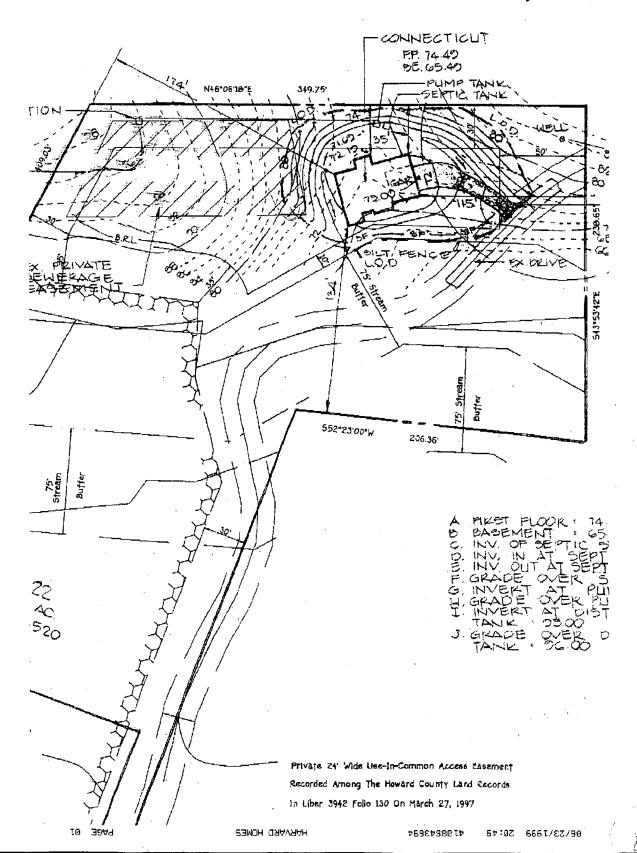


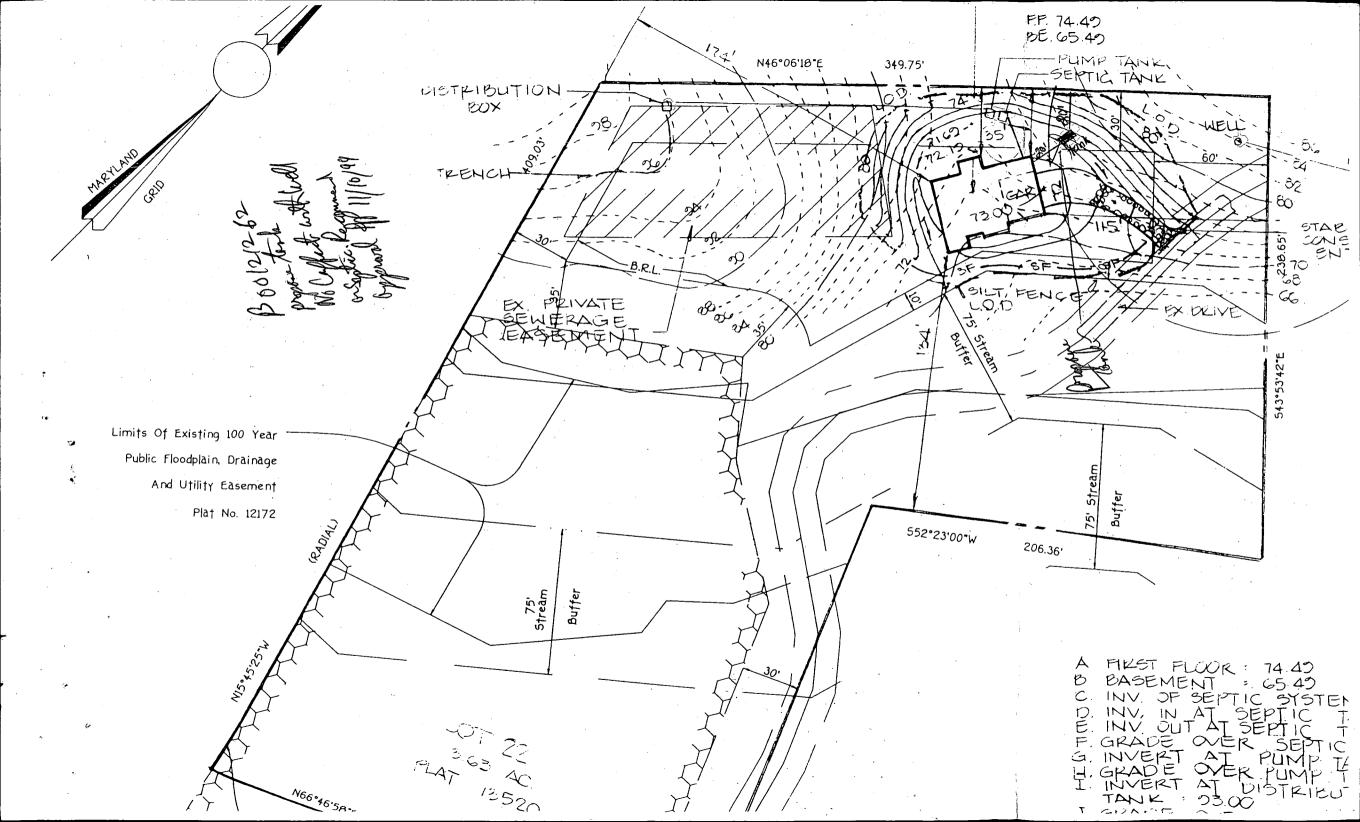
04696	SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.	
14.3			FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A 50709	
ST/CO USE ONLY DATE Received MM DD YY 8 13 DATE WELL COMPLE		Depth of Well 22 /45' 20 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 23/O. 28 29 30 31 32 33 34 35 36 37		
· · · · · · · · · · · · · · · · · · ·	renant		OMES.		
	836 QU RKSIde	Part	ER HORSE SECTION TOWN U	1000 Stock	
WELL L	•		GROUTING RECORD YES NO	C 3	
Not required for STATE THE KIND OF FORMATIC COLOR, DEPTH, THICKNESS A	-	HEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	1 2 PUMPING TEST	
DESCRIPTION (Use	FEET	nG check f water	CEMEN CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)	
additional sheets if needed)	FROM TO L	pearing	NO. OF BAGS 46 7 NO. OF POUNDS 646 GALLONS OF WATER 57 9015	PUMPING RATE (gal. per min.)	
Brown Soil	0 20		DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE	
GRAY GRANIK	20 65		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)	
HARD TAN	ا سروا سر		casing CASING RECORD	BEFORE PUMPING 17 20 ft.	
: Sandstone	65 75		(insert appropriate) STEEL CONCRETE	WHEN PUMPING $\frac{84}{22}$ ft.	
HARD Gray			code below PLASTIC OTHER	TYPE OF PUMP USED (for test)	
Granite'	75 145		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine other	
			TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)	
			60 61 63 64 66 70	J jet S submersible	
		,	E OTHER CASING (if used) A diameter depth (feet) H inch from to	27 27	
	50 Y		C A	PUMP INSTALLED DRILLER INSTALLED PUMP YES DRILLER INSTALLED PUMP	
	90 V		N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION	
	120 4	/	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED	
		· ·	or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
**************************************			(appropriate code below BRONZE PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
		·	PLASTIC OTHER	PUMP HORSE POWER 37 41	
NUMBER OF UNSUCCESSFU	L WELLS:		C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED	yes (M)	$\begin{bmatrix} 1 & 46 & 25 & 148 \\ 8 & 9 & 11 & 15 & 17 & 21 \end{bmatrix}$	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPR			C 2 3 24 26 30 32 36	LAND SURFACE	
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		S C 3 R 38 39 41 45 47 51	below below (nearest)		
P TEST WELL CONVERTED WELL			R 38 39 41 45 47 51 E 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 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		N	SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
DRILLERS LIC. NO.1 MWD 355		GRAVEL PACK			
DRILLERS SIGNATURE		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	\		
(MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	ନ୍ଦ 		
Mas Dones		T (E.R.O.S.) W.Q			
SITE SUPERVISOR (sign. of			70 72 74 75 76 TELESCOPE LOG		
responsible for sitework if diffe	sient from permittee)	CASING INDICATOR OTHER DATA	REAR Prop Une	

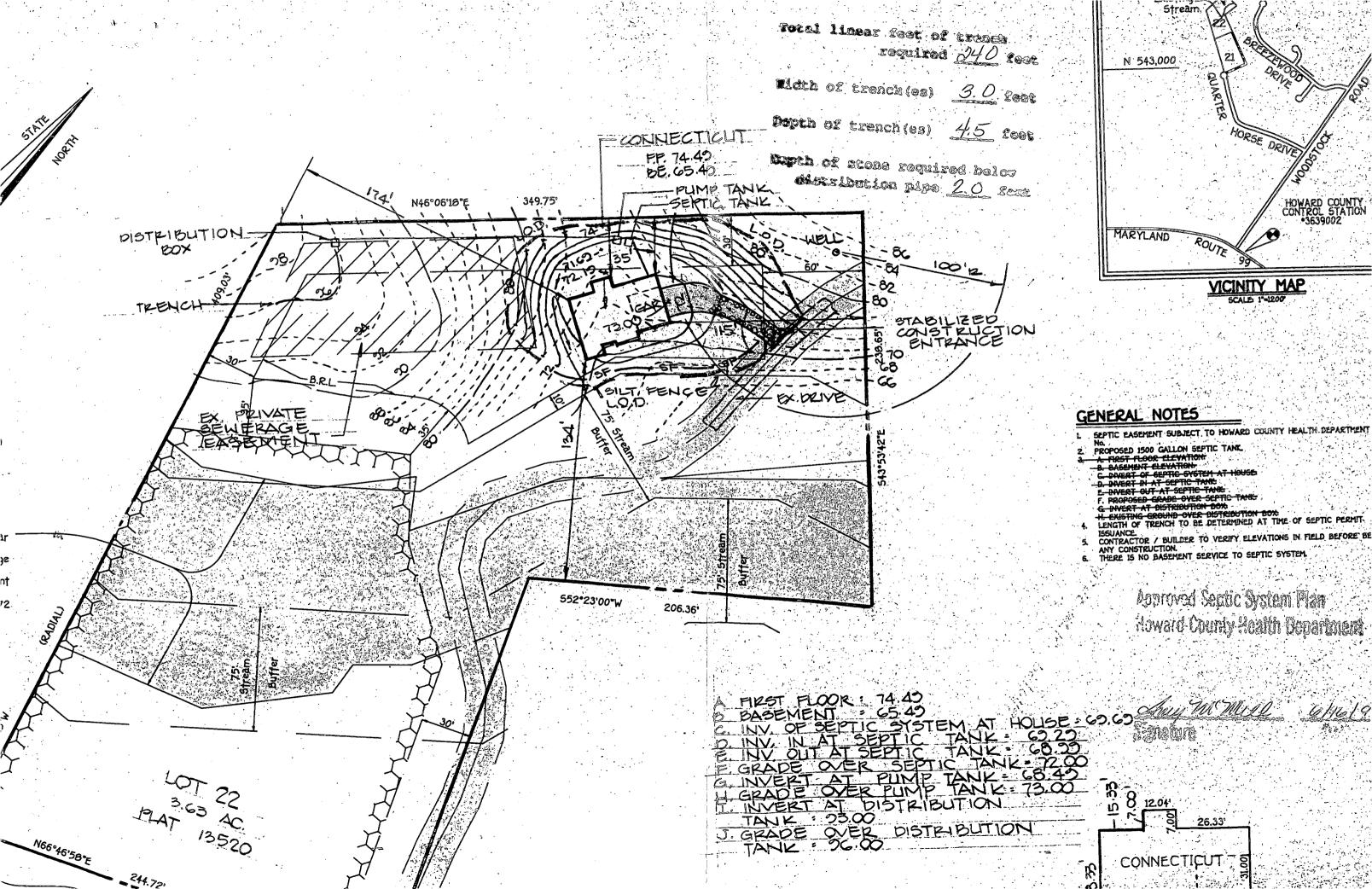
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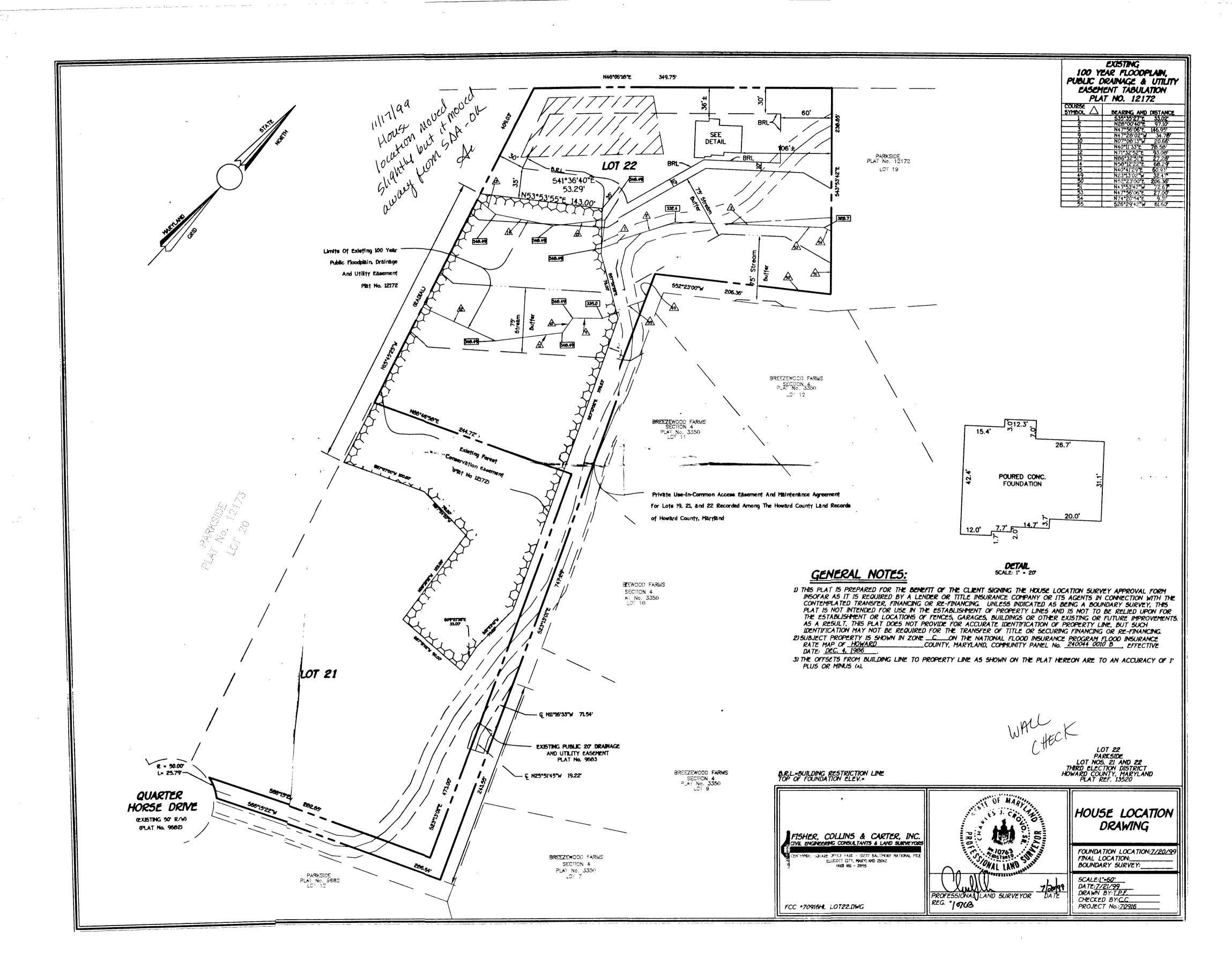
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Segnature Control Con		Drilling	DIRECTION OF WELL FROM	1836 Quarter Horse Ko
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SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =		4.5		

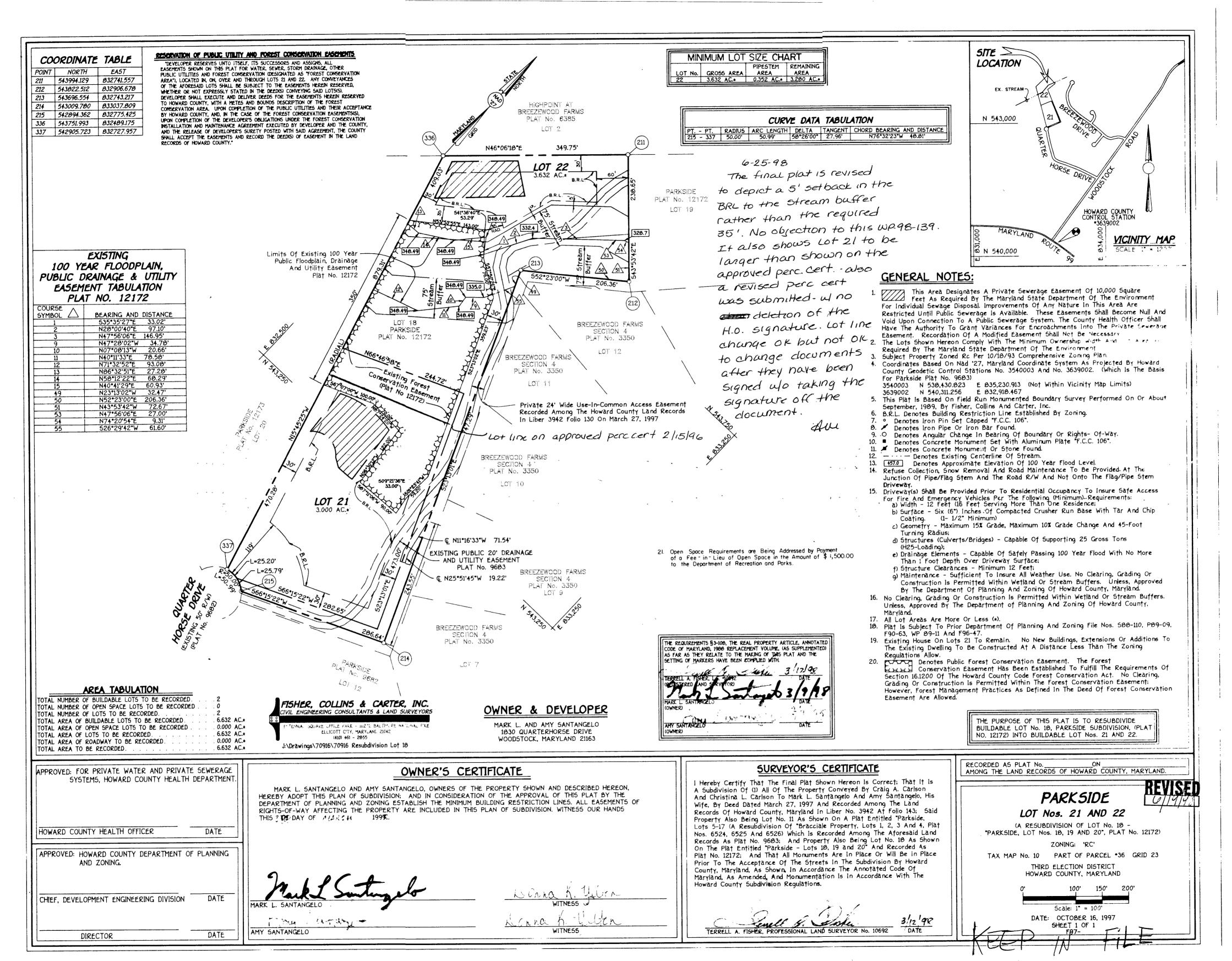
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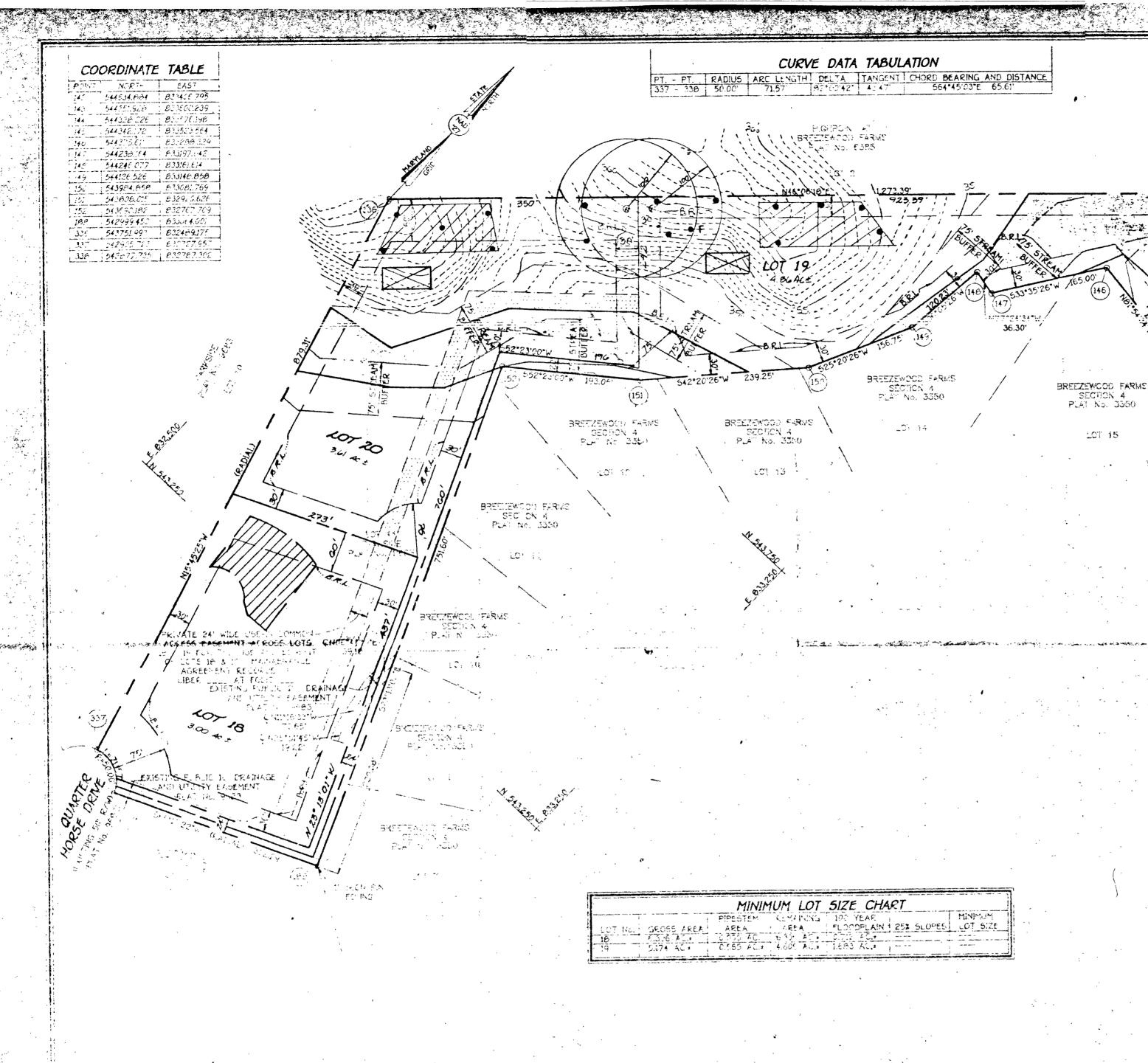


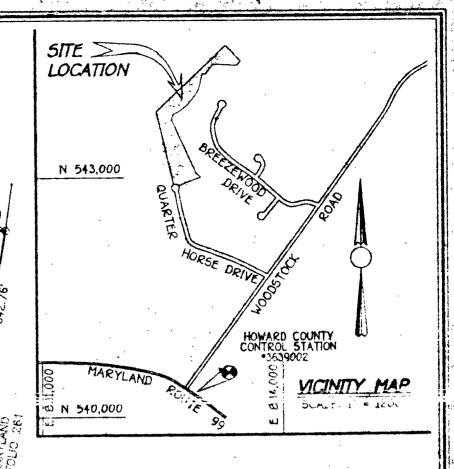












GENERAL NOTES:

N75°09'37"W 54.45'

545°24'27"W

- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE D'SPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACH-MENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- 2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- 3. W DENOTES WELL LOCATION.
- 4. DENOTES PROPOSED HOUSE.
- 5. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
- G. . DENOTES FIELD LOCATION OF PERC HOLE



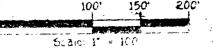
PERC CERTIFICATION PLAN PARKSIDE

LOTS 18 - 20

(A RESUEDIVISION OF LOT No. 11 - 7 PARKSIDE, LOTS 5 - 17", PLAT No. 9683)

ZONING 'RC' TAX MAP No. 10 : PART OF PARCEL *36

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND



DATE: AUGUST 17, 1995 SHEET 1 OF 1

OWNER AND DEVELOPER

CRAIG A CARLEON

AND
CHRISTIMA L. CARLSON
1630 QUARTERHORSE DRIVE
WOODSTOCK, MARYLAND 21163

MISHER, COLLINS & CARTER, INC.

779,00 70,000

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SASTEMS, HOWARD COUNTY HEALTH DEPARTMENT. fairly HENDH OFFER) from