6-23-94

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50068

A REPAIR

DISTRICT

DATE 06/06/94

DATE SYSTEM APPROVED

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XX461-9833XX~~ 313-2640

#35/316

INDEXED

A Company Home Improvement Contractors IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 4415 Falls Road, Baltimore, Maryland 21211-1225 PHONE 235-4010

SUBDIVISION ____ LOT ____ ROAD 4888 Ten Oaks Road

PROPERTY OWNER Mr. and Mrs. Lee Grant

ADDRESS 4888 Ten Oaks Road
Dayton, Maryland 21036

SEPTIC TANK CAPACITY ____ GALLONS

NUMBER OF BEDROOMS ____

____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ____

REPAIR - PURPOSE - NEEDS REPAIR TO PROVIDE SEPTIC CAPACITY FOR TWO UNITS. (BUILDING PERMIT 54007)
Call for inspection when ground is opened so sanitarian can recommend repair. 06/06/94

6/23/94 NO REPAIR INSTALLATION THIS DATE ONLY TESTING FOR ESTABLISHMENT OF REPAIR AREA MR

6/29/94 SEE FAX THIS DATE FOR DEFINITION OF SEPTIC REPAIR AREA; NO TESTS/OTHER WORK DONE ON THIS PERMIT MR

PLANS APROVED BY ____ DATE ____

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.

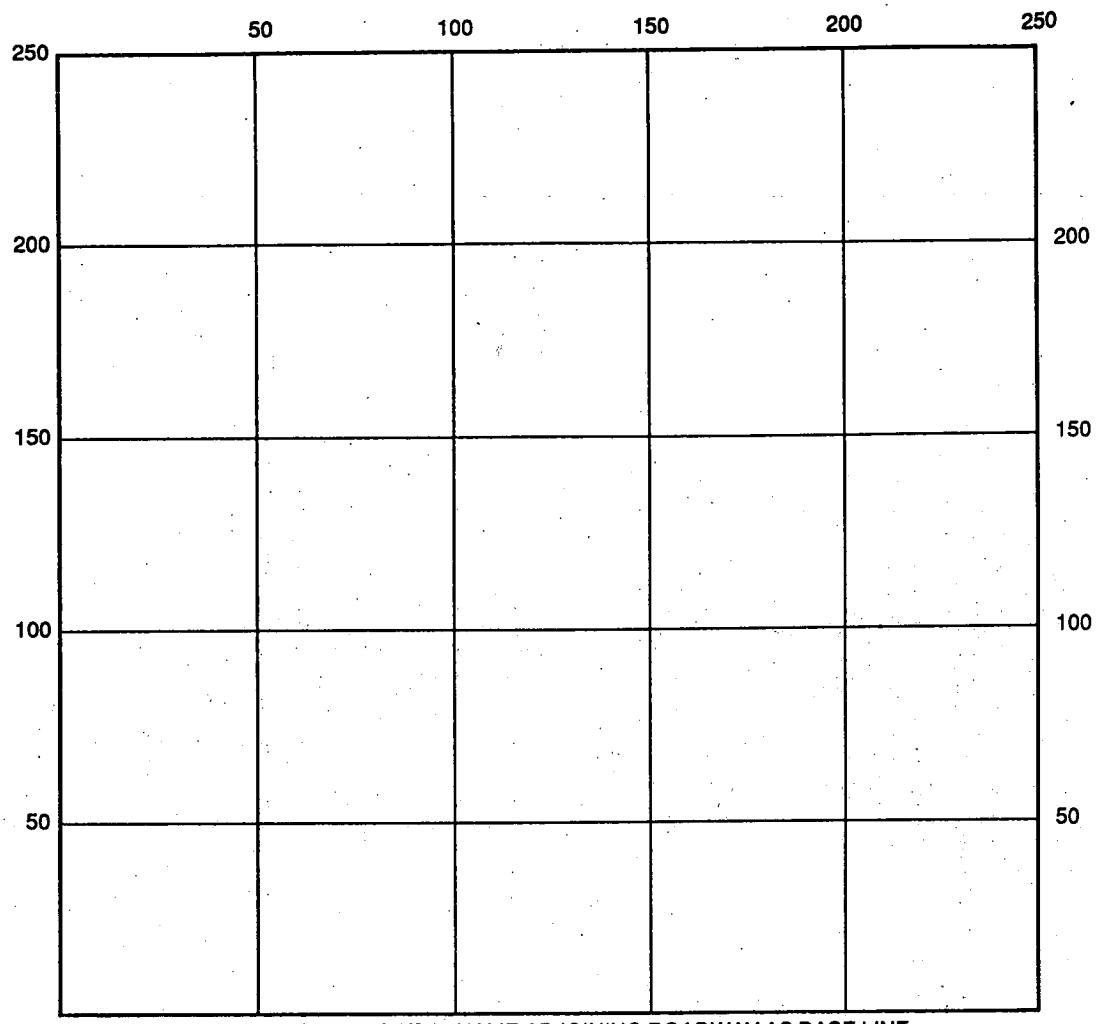
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

R 50068



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

_____

_____

_____

_____

_____

DATE SYSTEM APPROVED _____ INSPECTOR _____

6-23-94
10:00am

APPLICATION

PERCOLATION TESTING

A Repair

P _____

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

DISTRICT _____

DATE _____

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 Lee Grant

ADDRESS 4888 Ten Oaks Road Dayton 21036 PHONE 531-2514

AGENT OR PROSPECTIVE BUYER same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

BLDG. PERMIT SIGNED AND RETURNED 6/29/94
Sewall # 57107 - addition

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 4888 Ten Oaks Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. 2 bdrm SFD w/ Apartment (SINGLE FAMILY DWELLING OR COMMERCIAL)

Existing older home + water used + septic

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. _____ (SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

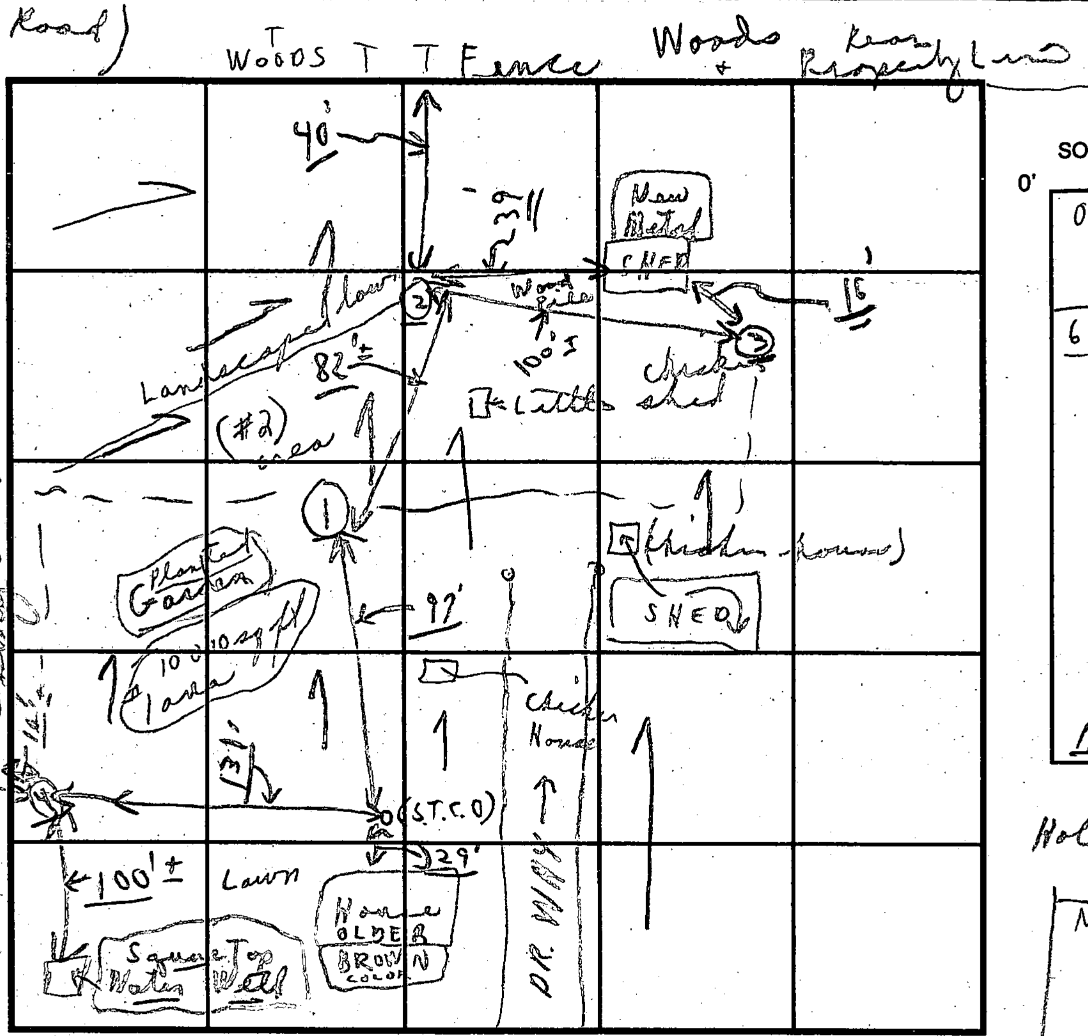
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

HD-216 (3/92)

(4888 Ten Oaks Road)
Repair
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS ROAD

SOIL PROFILE # Hole ①

0'

0 - 6' Clay

6' Sandy Loam

(S.T.C.O) DRY @ 14½'

Payton Post Office Well East

Hole ②

0-7' Clay

7' LOAM

DRY @ 13'

Hole ③

0'-4'-8" Clay

4'-8" LOAM

Dry @ 12'±

SHALLOW ONLY

SOIL PROFILE Hole #④

0'

0'-6' Clay

6'- LOAM

DRY @ 11½'

Hole #⑤

Not dug

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/23/94	①	6 ft	10:00	10:02	10:02	10:04	2 min
Thursday	① →	14½	0'-6'	Clay sandy mix	Loam		
	②	(A) 5½	10:13	10:18	10:18 / Dirt fell in	10: (10:36)	Lowered a bit
	② →	13'	0'-9" / 9'-6 13'	Clay Loam	sandy mix		
(Lowered)	③	4'-8"	10:27	10:29	10:29	10:32	3 min
	③ →	12±	0'-4'8" / 4'8"-12'	Clay	→ Loam		—
Height	④	6½'	11:20	11:22	11:22	11:25	3 min
	④ →	11½'	0'-6' / 6'-11½	Clay Loam			
	②C	→ 7'	→ Light	drain	starts - no	test	
		'	(Hole	caved)			

(2B) 10:44 | 10:57 | 10:57 | 11:XXX | 3/4 (11:28)

REMARKS 6/23 Tests as per above

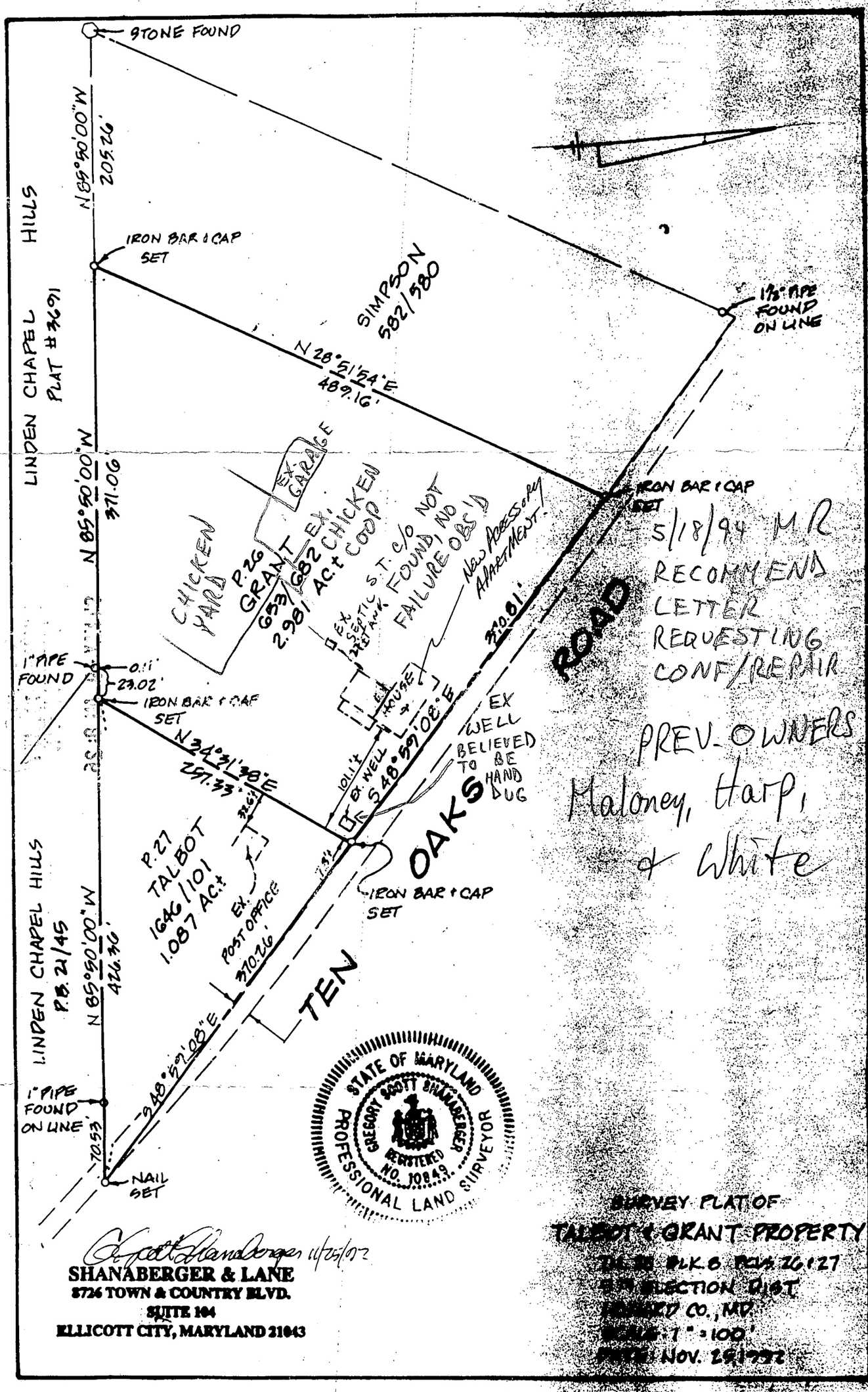
TYPE OF SOIL Loam below clay in all holes - no water or rigid

TESTED BY C.B.Q. ALSO PRESENT Arnold's men (BUZZY, Kenny, Mr. Arnold Briefly, Mr. Cunningham)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min+ TRENCH WIDTH 3'

INLET DEPTH 5' MAXIMUM BOTTOM DEPTH 7' SQ. FT/BEDROOM 180

→ (Worked around garden + yard + bldgs.) 6/23/94



5/18/94 MR RECOMMENDS LETTER REQUESTING CONF/REPAIR

PREV. OWNERS Maloney, Harp, & White

Gregory Scott Shanaberger 11/25/02

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 104
ELLICOTT CITY, MARYLAND 21043

SURVEY PLAT OF
TALBOT & GRANT PROPERTY
LOT 28 BLK. B PCLS. 26 & 27
3RD ELECTION DIST.
HOWARD CO., MD.
SCALE: 1" = 100'
DATE: NOV. 25, 1992

FAX TRANSMITTAL

FROM:

"A" Company Home Improvements
4415 Falls Road
Baltimore, MD 21211-1225
410-235-4010, 1-800-673-9074
fax=410-889-4816

TO: MARK RIFKIN
BUREAU OF ENVIRONMENTAL HEALTH

RE: GRANT RESIDENCE BLDG PERMIT #54007
4888 TEN OAKS RD DAYTON MD 21036

THE FOLLOWING FAX IS A SKETCH OF THE "SEPTIC REPAIR" AREAS PER THE TEST/INSPECTION IN THE MORNING OF 23 JUNE 1994.

IT HAS BEEN SIGNED BY THE OWNER AND THE CONTRACTOR OF RECORD FOR BUILDING PERMIT #54007.

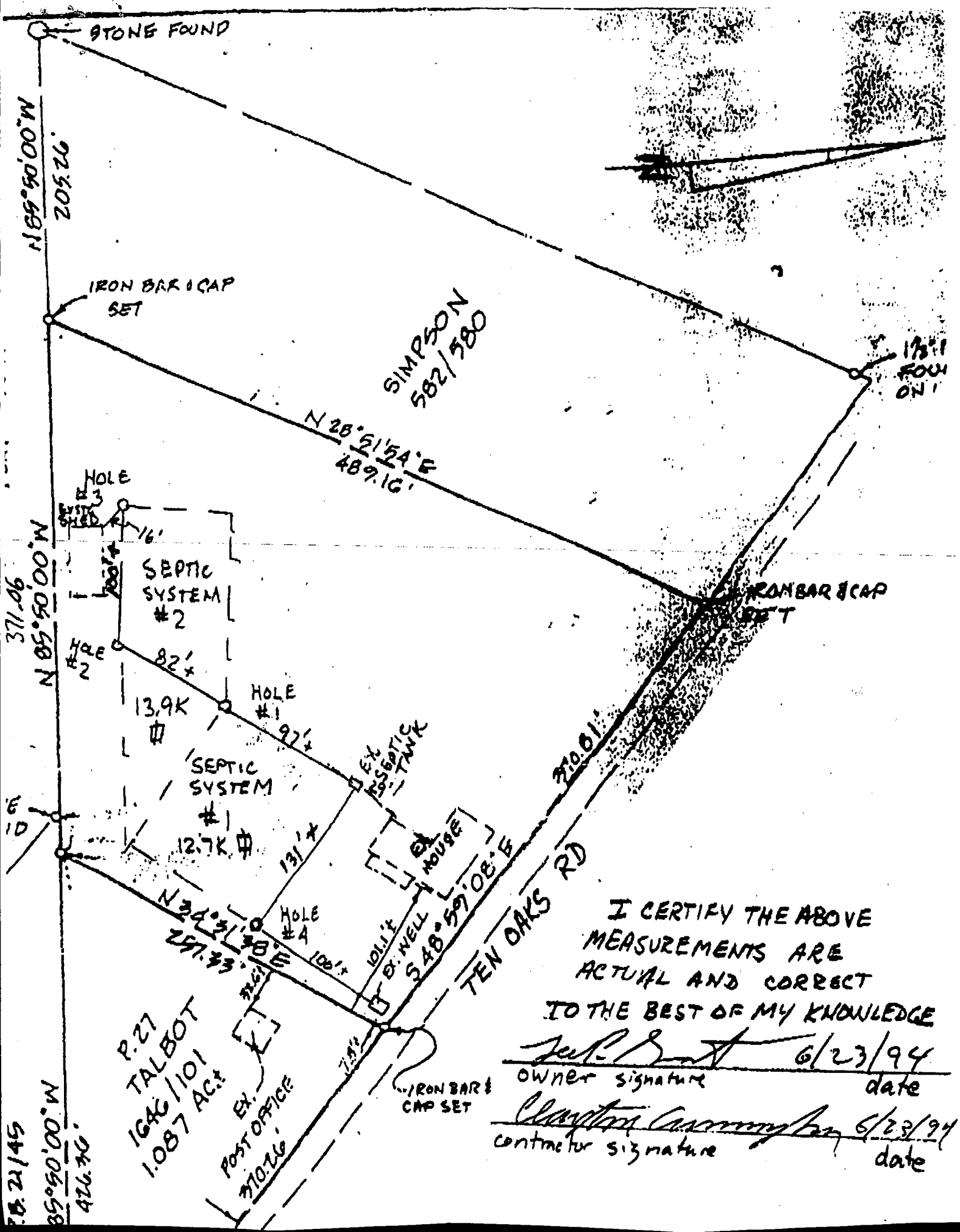
THIS BEING DONE AND NOW SUBMITTED PER INSTRUCTIONS BY THE INSPECTOR, B. STREAKER R.S.

THANK YOU

JIM CUNNINGHAM
OFFICE MANAGER

TOTAL NUMBER OF PAGES
INCLUDING COVER PAGE = 2

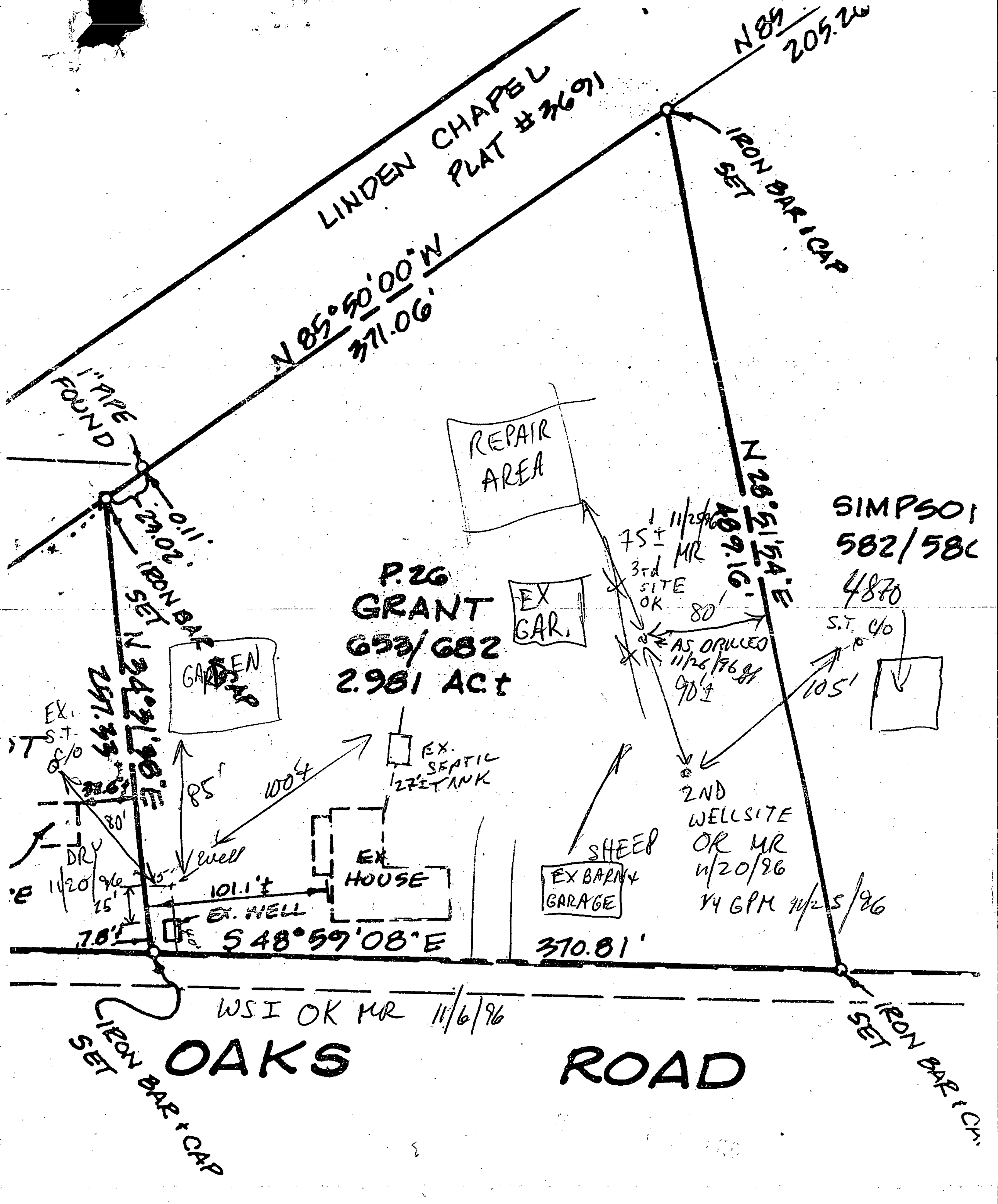
SKETCH ACCEPTED FOR ESTABLISHMENT OF SUFFICIENT SEPTIC REPAIR AREA TO SUPPORT BP 54007; OK TO SIGN BP
MR 6/29/94



I CERTIFY THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT TO THE BEST OF MY KNOWLEDGE

owner signature 6/23/94 date

contractor signature 6/23/94 date


LINDEN CHAPEL
PLAT #36791
N 85°50'00"W
371.06'
1" PIPE FOUND
IRON BAR SET
IRON BAR & CAP SET
REPAIR AREA
SIMPSON
582/58
P.26
GRANT
653/682
2.981 Ac±
EX GAR.
75'± 11/25/96 MR
3rd SITE OK
80'
AS DRILLED 11/26/96
90'±
S.T. C/O
105'
GARDEN
EX. S.T. C/O
85'
100'±
EX. SEPTIC TANK
80'
DRY 11/20/96
well
15'
101.1'±
EX. HOUSE
EX. WELL
7.8'
2ND WELLSITE OK MR 11/20/96
1/4 GPM 11/25/96
SHEEP
EX BARN & GARAGE
S 48°59'08"E
370.81'
WSI OK MR 11/6/96
OAKS
ROAD
IRON BAR & CAP SET

C 1 | 7891 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER P 50068

ST/CO USE ONLY
DATE Received: 1/20/96

DATE WELL COMPLETED: 1/17/96

Depth of Well: 360 ft. (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0991

OWNER: GRANT (last name) LEE (first name)
STREET OR RFD: 4888 TEN OAKS RD TOWN: DAYTON
SUBDIVISION: TAX MAP 28 6108 P26 SECTION: LOT:

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 FROM	FEET TO	check if water bearing
Sand	0	43	
Gray Mica Rock	43	360	✓

2 dry wells 6'40' 460' filled in with cement + drilling materials

NUMBER OF UNSUCCESSFUL WELLS: 2

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 WELL

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 KNOWLEDGE.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 24
Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 27
Barry M. Mayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 14 NO. OF POUNDS 1316
GALLONS OF WATER (N) 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 44 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	47

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
- ST STEEL
- BR BRASS BRONZE
- HO OPEN HOLE
- PL PLASTIC
- OT OTHER

C 2

EACH SCREEN

	DEPTH (nearest ft.)
1	HO 45 360
2	
3	

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

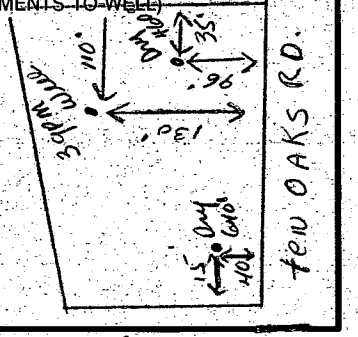
C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 6
PUMPING RATE (gal. per min.): 3
METHOD USED TO MEASURE PUMPING RATE: AIR
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 48 ft.
WHEN PUMPING: 290 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 WILL INSTALL PUMP (CIRCLE) (YES or NO): YES (NO)
IF 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 29.
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above / – below LAND SURFACE
2 (nearest 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)



COUNTY

12/9/96 OK AL

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 1 4813 | SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0991
fill in this form completely

Date Received (APA): 11/04/96

OWNER INFORMATION

Last Name: GRANT | Owner: J. | First Name: LEE
Street or RFD: 4888 TOWN OAKS RD
Town: DAYTON | State: MD | Zip: 21036

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD: 24
Driller's Name: Joseph L. Mayne
License No.: 80
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy, Md. 21771
Signature: Joseph L. Mayne
Date: 11/1/96

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (H) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS

(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: MR (WRITE INITIALS IN BOX) PERMIT No.: HO-94-0991

LOCATION OF WELL

B 3

COUNTY: HOWARD
SUBDIVISION:
SECTION: LOT: TAX MAP 28 GRID 8 PARCEL 26
NEAREST TOWN: DAYTON
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE (8-9)

NEAR WHAT ROAD: 4888 Town Oaks Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), EAST (E), SOUTH (S)

DISTANCE FROM ROAD: 40 FT

TAX MAP: BLK: PARCEL: 26

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD | COUNTY NO.: P 50068
STATE SIGNATURE: | INSERT S:
DATE ISSUED: 11/18/96 | CO SIGNATURE: Mark Rafkin (CW) | EXP. DATE: 11/17/97

NORTH GRID: 511000 EAST GRID: 0804000

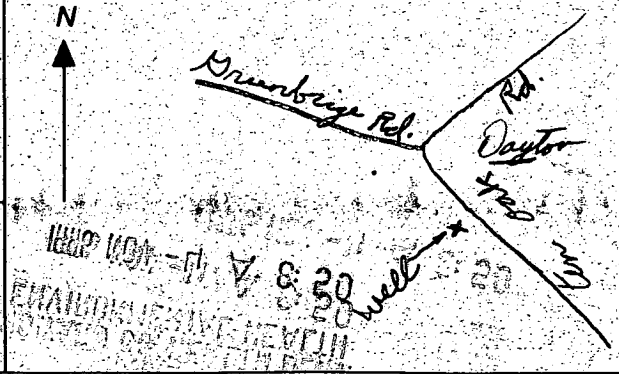
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE: E 804 / N 510

11/26/96 9:30
GROUT COMPLETED
TAG ON WELL
LOCATION AS APPROVED

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



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY