

12/12/97
CO. 11AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58910

A 56642I

DISTRICT _____

DATE 8-11-97

DATE SYSTEM APPROVED 12/12/97

INSPECTOR [Signature]

05-427169

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

Wesmar Corporation IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13990 Triadelphia Mill Road Dayton, MD 21036 PHONE (410) 531-2166

SUBDIVISION Twist & Turn Estates LOT 8 ROAD 14170 Twisting Lane

PROPERTY OWNER Donald Souder

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

****TRENCHES MUST START IN THE HIGHEST PORTION OF THE SEPTIC EASEMENT - DO NOT LOSE ANY HIGH AREA.****

TRENCHES - Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet down the right lot line and 70 feet off this same lot line as seen when facing the lot from Twisting Lane. Run first two trenches on contour towards the right lot line; run all other trenches 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.

PLANS APPROVED BY Donna K. Soe DATE 12/05/97

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

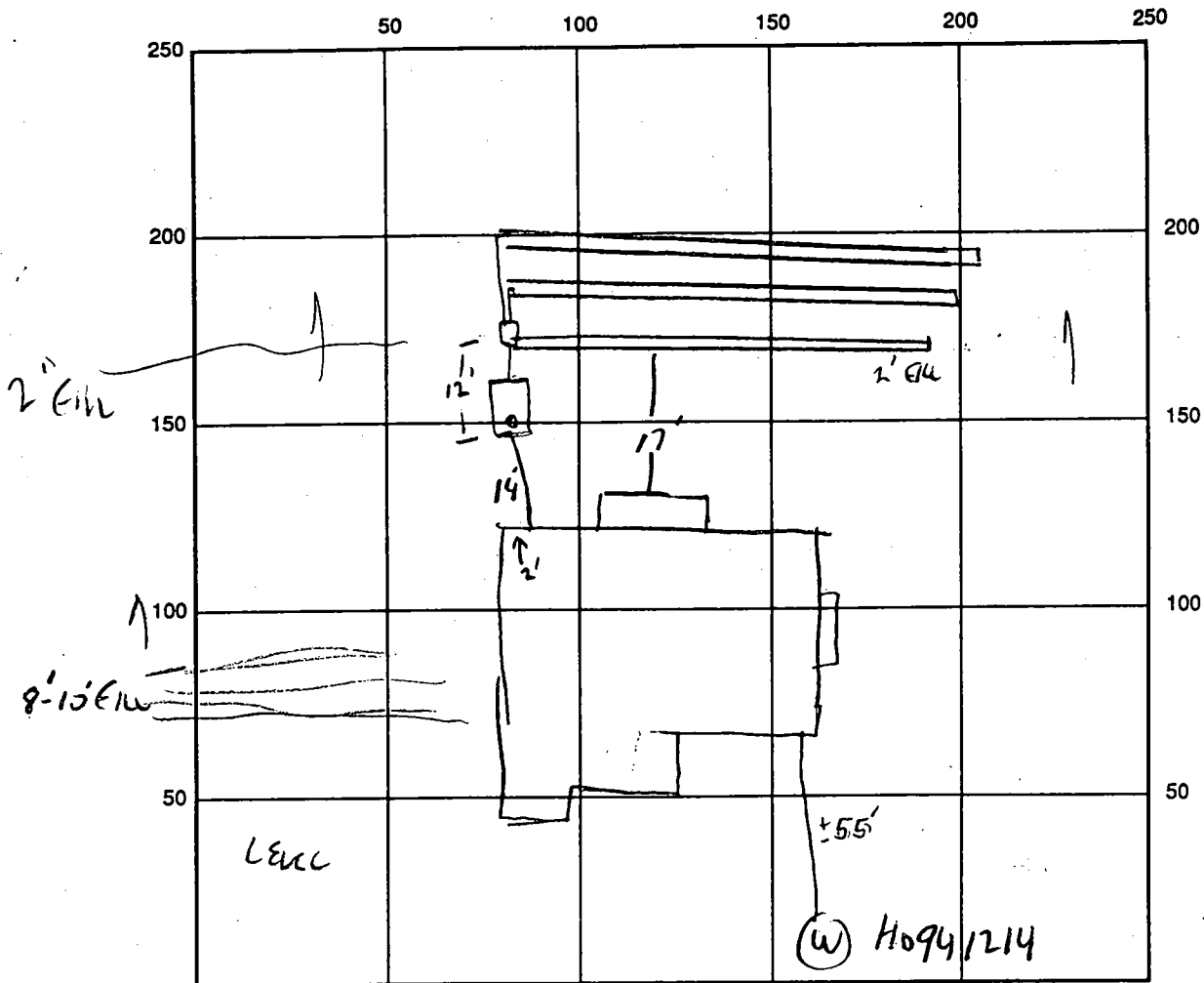
PERMIT VOID AFTER TWO YEARS

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**

A 516422



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1000 GAL CLEANOUTS 1 on TANK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 3.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH $\frac{1173}{10/12/75} = 217$

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 651 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 12/12/97 TRENCHES APPEAR TO BE PROPERLY INSTALLED THROUGH FILL TOP
HIGH TRENCH 115 ONLY 17' FROM HOUSE, SHOULD BE OK.
COVER ALL WORK. *jt*

* NOTE THAT REDUCED SEPARATION DISTANCES BETWEEN SDP, HOUSE, AND
TANK WERE APPROVED ON SITE PLAN. *jt*

DATE SYSTEM APPROVED 12/12/97 INSPECTOR *John J...*

APPLICATION

PERCOLATION TESTING

A 56642I

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE May 22, 1996

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 Donald Sander

ADDRESS 14191 TRINDEPHIA ROAD PHONE (301) 854-3400 (h)
DORTON, MD 21036 792-0834 (o)

AGENT OR PROSPECTIVE BUYER U/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SANDER PROPERTY LOT NO. 8

ROAD AND DESCRIPTION ROAD A' APPROXIMATELY 1500' WEST OF GREENBRIDGE RD
14170 TWISTING LANE
ALONG TRINDEPHIA MILL ROAD

TAX MAP 27 PARCEL # 24

**BLDG. PERMIT SIGNED
AND RETURNED 12-5-97**

SIZE OF LOT 1 ac +/- 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.

Donald Sander
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

**BLDG. PERMIT SIGNED
AND RETURNED 12-5-97**

REASONS FOR REJECTION OR HOLDING _____

Serial # B19107305
SFD-3 Bedroom

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

A 56642I
COUNTY #

SOIL PROFILE
527

0' bright red SiCLM

3.0 tan orange SiLM micaceous

6.5 lgt tan grey micaceous SiSALM 15% Saprolite water

13.0

14.0

526

1.5 brn SiCLM

lgt tan orange SiCLM micaceous 15% Saprolite water

15.0

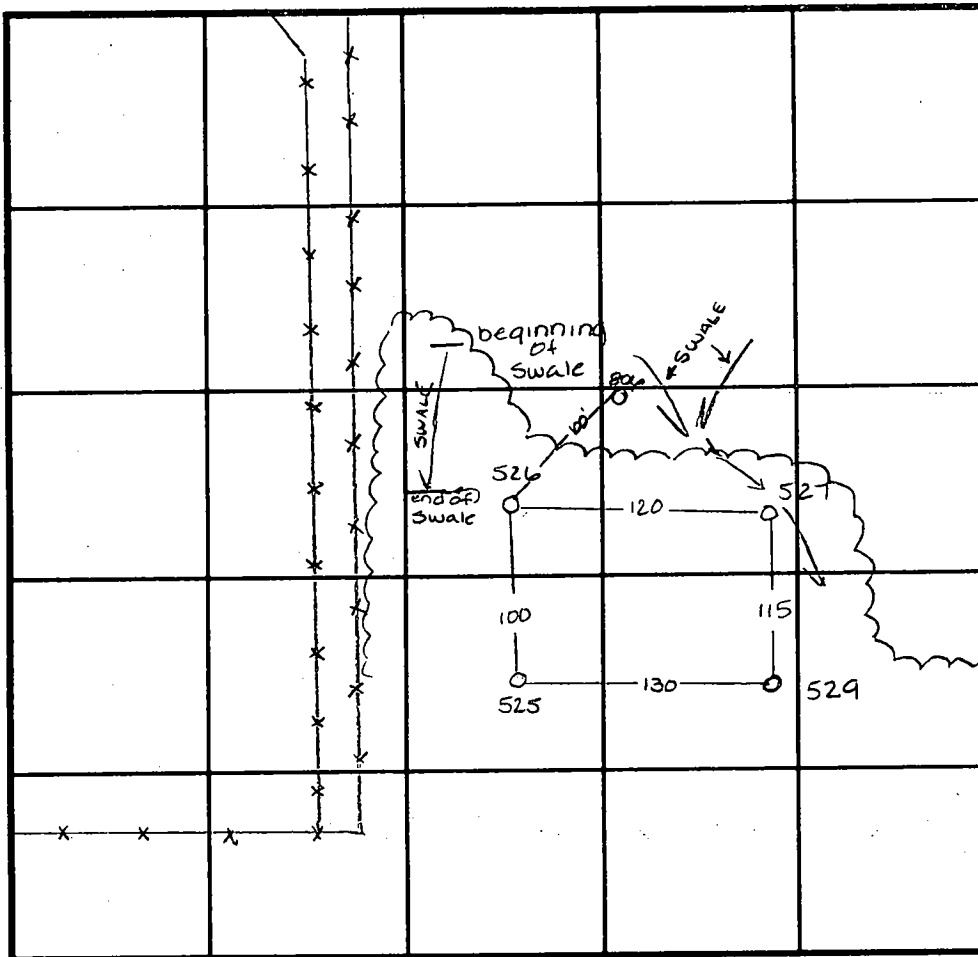
529

3.0 lgt orange SiCLM

lgt grey SiCLM 20% Saprolite

7.0 dark black brown SiCLM water at 7.0'

15.0



SOIL PROFILE
806

0' orange red SiLM

4.0 lgt tan orange SiLM micaceous 10-20% very decayed shale

15.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-30-96	527	3.0 / V14.0	11:07	11:15	11:15	11:29	14min
	526	3.0 / V15.0	11:53	11:55	11:55	11:57	3min
	525	Visual	insufficient depth to H ₂ O table - H ₂ O at 5' 4"				F
	529	3.5 / V15.0	10:48	10:50	10:50	10:54	4min F
8-6-96	806	2.5 / V15.0	11:18 ³⁰	11:24	11:24	11:36	12min

REMARKS (tested in wet season extended)

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Wayne Souder

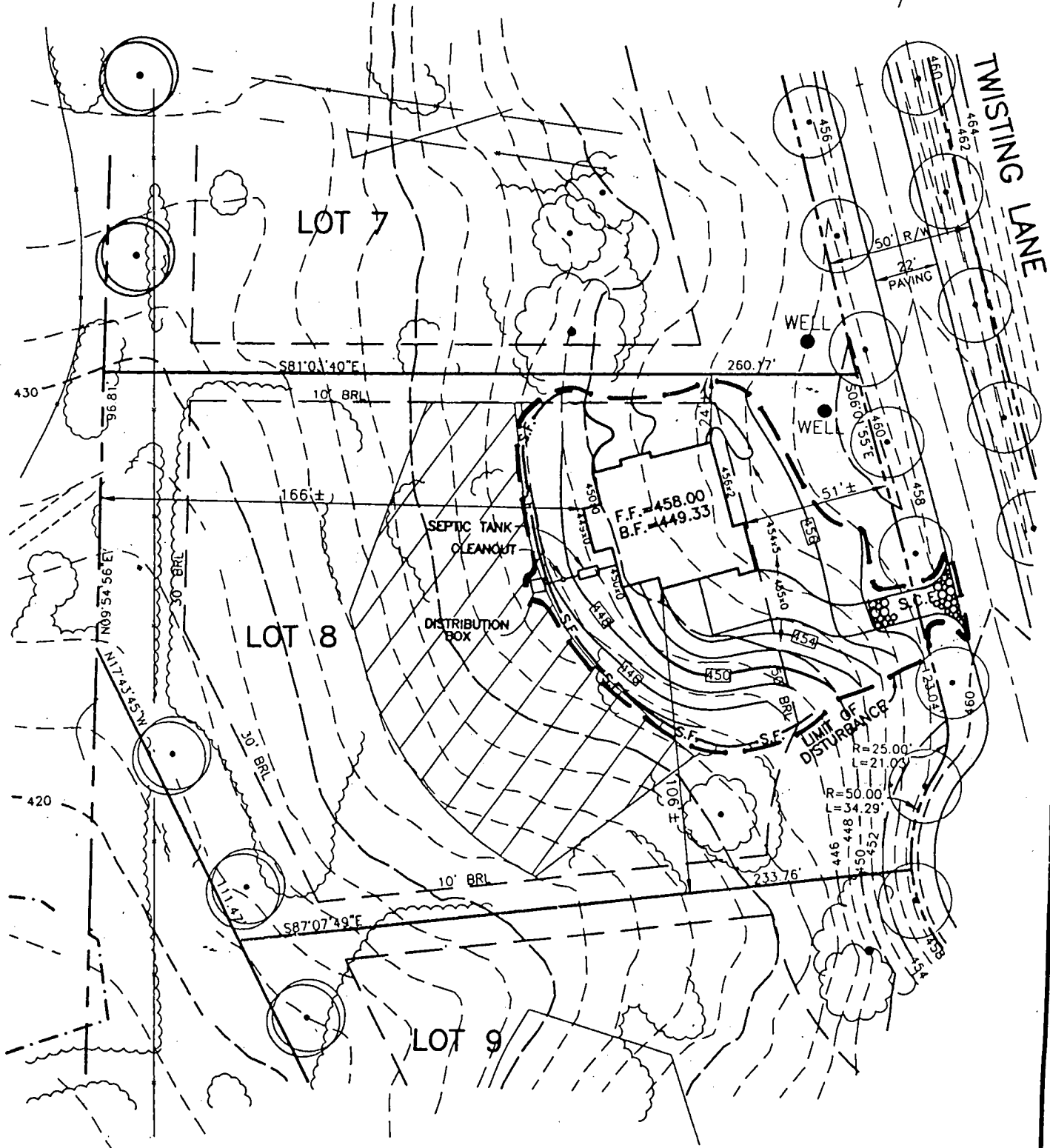
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH 1.5 MAXIMUM BOTTOM DEPTH 3.5 SQ. FT/BEDROOM _____

DISTRIBUTION BOX:
 EX. GROUND= 445.0
 INV. OUT= 443.5
 INV. IN= 444.0
 CLEANOUT:
 TOP ELEV.= 447.0
 INV. OUT= 444.4
 INV. IN= 445.8
 SEPTIC TANK:
 TOP ELEV.= 448.5
 INV. OUT= 446.3
 INV. IN= 446.6
 HOUSE:
 INV. OUT= 446.8

NOTE:
 LENGTH OF TRENCH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT ISSUANCE.

MD. STATE GRID MERIDIAN



Marks & Vogel Associates, Inc.
 Engineers-Surveyors-Planners

PLOT PLAN
 FOR
LOT 8, TWIST & TURN ESTATES
HOWARD COUNTY, MARYLAND
F-97-165

FIFTH ELECTION DISTRICT TAX MAP 24

SCALE 1"=50'
 DRAWN BY J.C.O.
 CHECKED BY R.H.V.
 DATE JULY, 1997
 W. O. # 96-03

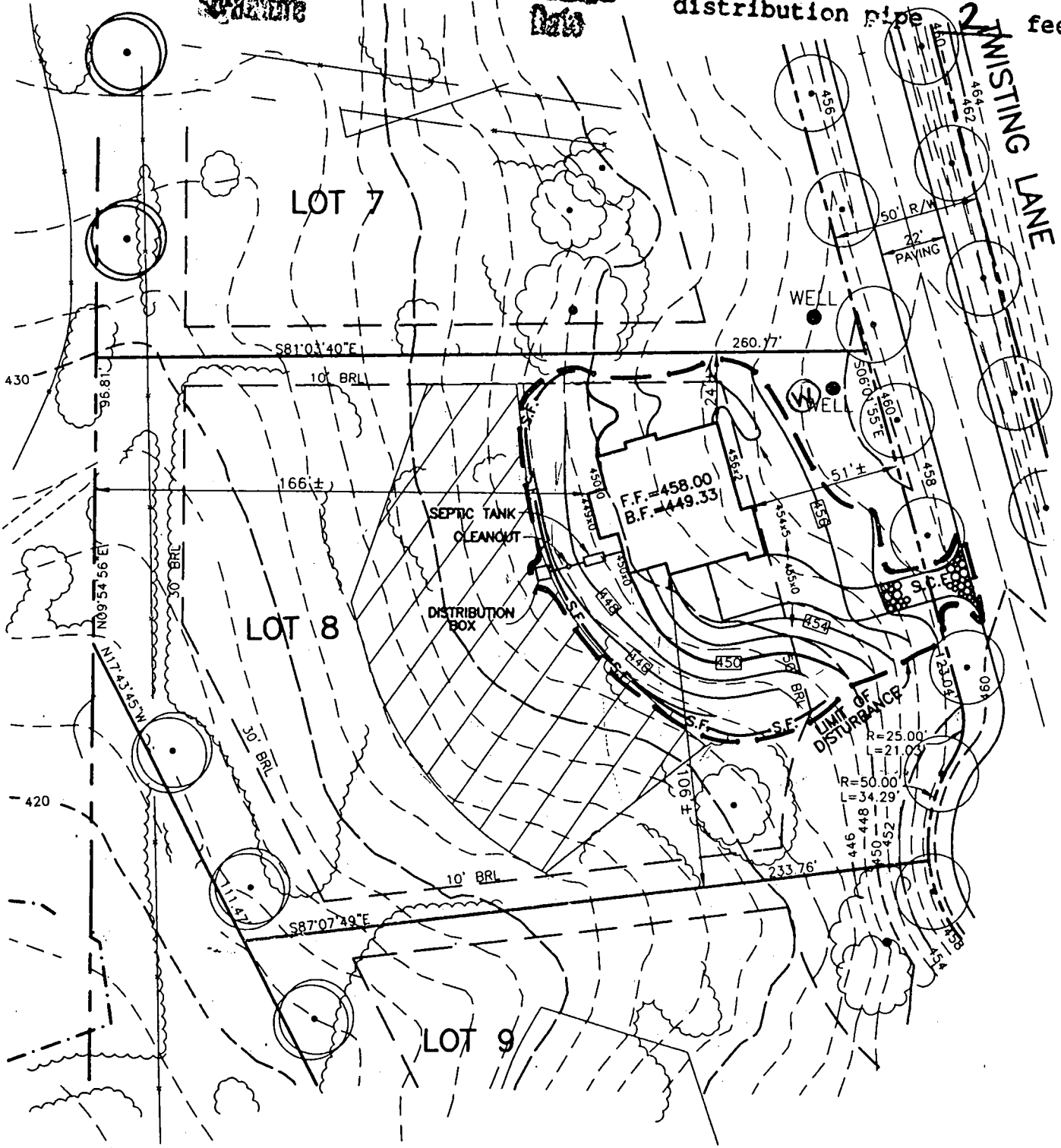
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 TOP ELEV.= 447.0
 INV. OUT= 444.4
 INV. IN= 445.8
 SEPTIC TANK:
 TOP ELEV.= 448.5
 INV. OUT= 446.3
 INV. IN= 446.6
 HOUSE:
 INV. OUT= 446.8

NOTE:
 LENGTH OF TRENCH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT ISSUANCE.

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required **210 feet**
 Width of trench(es) **3 feet**
 Depth of trench(es) **3.5 feet**
 Depth of stone required below distribution pipe **2 feet**

[Signature]
 Signature
 12/5/97
 Date



Marks & Vogel Associates, Inc.
 Engineers-Surveyors-Planners

SCALE 1"=50'
 DRAWN BY J.C.O.
 CHECKED BY R.H.V.
 DATE JULY, 1997
 W. O. # 96-03

PLOT PLAN
 FOR
LOT 8, TWIST & TURN ESTATES
HOWARD COUNTY, MARYLAND
F-97-165



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

September 27, 1997

TO: Donald E. Souder
 14191 Triadelphia Mill Road
 Dayton, Maryland 21036

FROM: Amy Mc Millen, R.S.
 Water & Sewerage Program *ALM*

RE: Building Permit #B00107365 & B00107364
 Twist & Turn Estates - Lots 8 & 9
 14268 & 14272 Triadelphia Road

*12/2/97
 Site inspection made -
 corners of septic area
 staked; fill over front
 left portion of septic
 area removed.*

(D/S)

COMMENTS

This office has received the above referenced building permit application. We are unable to approve your permit at this time.

On September 23, 1997, your engineer fixed the elevation problems that were communicated to you on or about September 22, 1997. However, a follow-up site inspection revealed that grading has occurred in the septic easements of Lots 8 and 9. It appeared that the swale between the two lots had been filled. Please submit a revised building permit plan showing the actual extent of grading that has occurred on the two lots.

If you have any question, please call Amy Mc Millen at (410)313-2640. Thank you for your cooperation in this matter.

*10/29/97 Engineer staked septic
 corners - site inspection showed
 grading had occurred on lot 8 -
 Engineer told to return area
 to original grade - Left same
 message w/ D. Souder 10/31/97*

AM:am
 cc: Marks & Vogel Assoc., Inc.
 Building Inspector's Office
 File

ALM



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 13, 1997

TO: Donald E. Souder
14191 Triadelphia Mill Road
Dayton, Maryland 21036

FROM: Amy Mc Millen, R.S. *ALM*
Water & Sewerage Program

RE: Building Permit #: B00107365 & B00107364
Twist & Turn Estates - Lots 8 & 9
14268 & 14272 Triadelphia Mill Road

COMMENTS

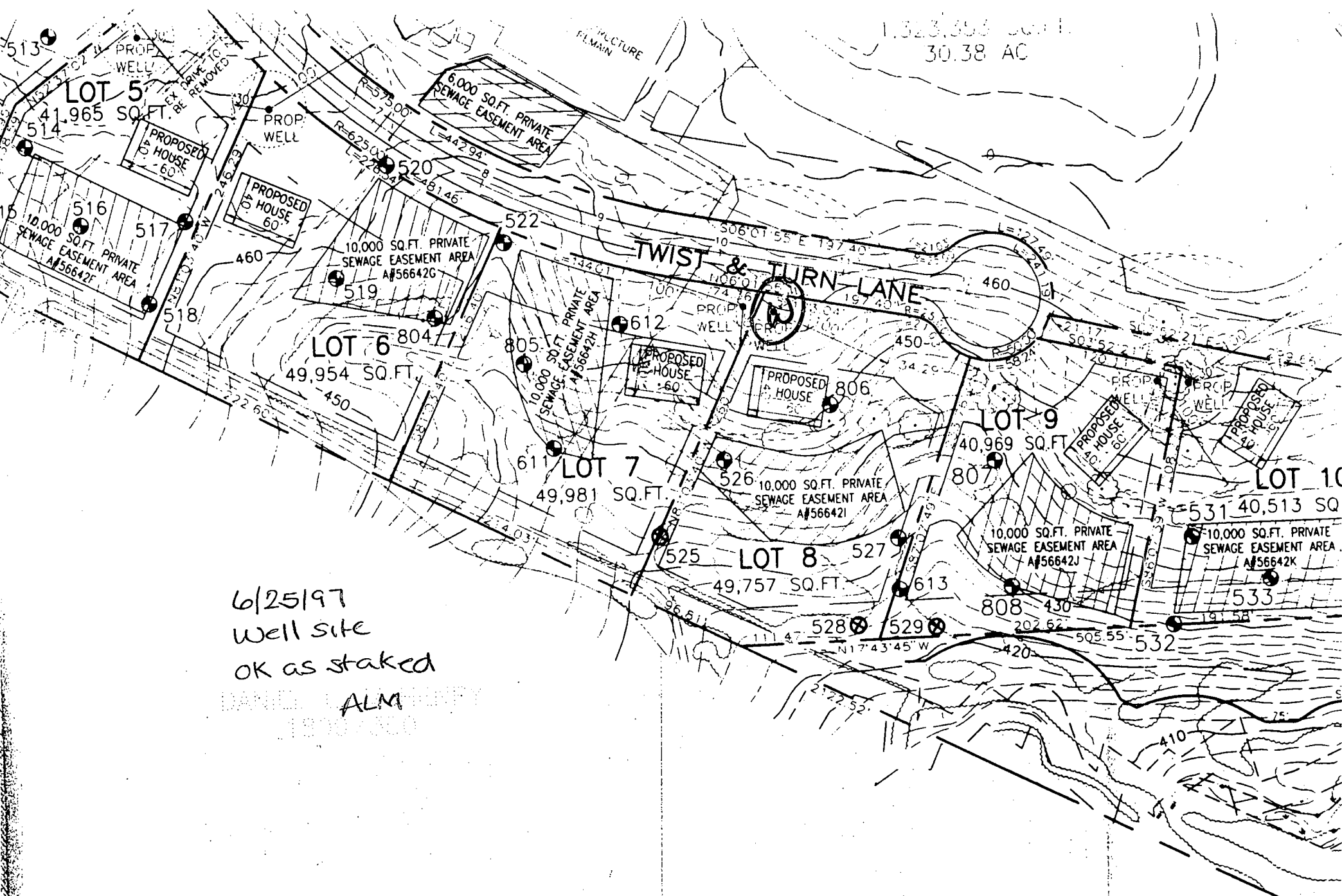
This office has received the above referenced building permit applications. We are unable to review your permits at this time because the above referenced lots do not legally exist, i.e. they are not recorded in the Land Records of Howard County.

Once the Twist & Turn subdivision has been legally recorded, review of the above referenced building permits will be possible.

If you should have any question, please call Amy Mc Millen at 313-2640. Thank you for your cooperation in this matter.

AM:am
cc:File

1,323,353 SQ.FT.
30.38 AC



6/25/97
Well site
OK as staked
ALM



SIGNED PERC CERT

PRESERVATION PARCEL 'A'
WITH SINGLE RESIDENCE
1,368,521 SQ.FT.
31.42 AC. ±

LOT 6
49,954 SQ.FT.

LOT 7
19,981 SQ.FT.

LOT 8
19,757 SQ.FT.

LOT 9
40,969 SQ.FT.

LOT 10
42,324 SQ.FT.




EXISTING STRUCTURE TO REMAIN

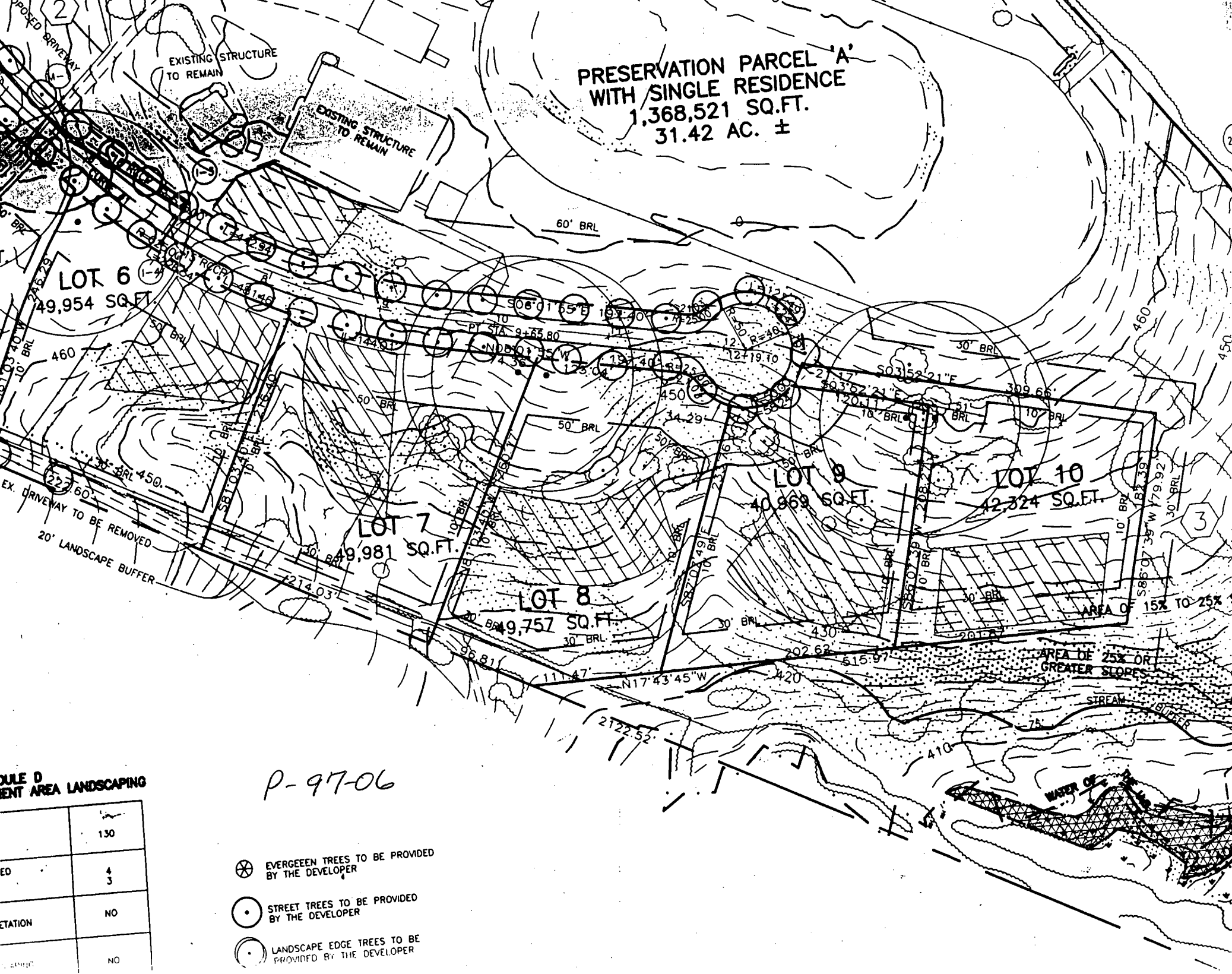
EXISTING STRUCTURE TO REMAIN

MODULE D
PLANT AREA LANDSCAPING

	130
ED	4
ETATION	NO
	NO

P-97-06

-  EVERGREEN TREES TO BE PROVIDED BY THE DEVELOPER
-  STREET TREES TO BE PROVIDED BY THE DEVELOPER
-  LANDSCAPE EDGE TREES TO BE PROVIDED BY THE DEVELOPER



B 1 **8275** 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
40-94-1214
 fill in this form completely

Date Received (APA) **061397**
 OWNER INFORMATION
SOUDER BUILDERS INC
 15 Last Name 13 Owner First Name 34
9335 OLD SCAGGSVILLE
 36 Street or RFD 55
LAUREL MD 20723
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY 21
TWIST E TURN EST SUBDIVISION 42
 SECTION **1** LOT **8**
DAYTON NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2 MI**
 73 76 77 78

DRILLER INFORMATION
Ralph Mayne
 Driller's Name 77 License No. 80 **116**
Ralph Mayne Well Drilling
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 6/13/97
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
Twist E Turn LA. NEAR WHAT ROAD 30
 34 **25** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: **27** BLK: _____ PARCEL **29**

B 2 WELL INFORMATION
 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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

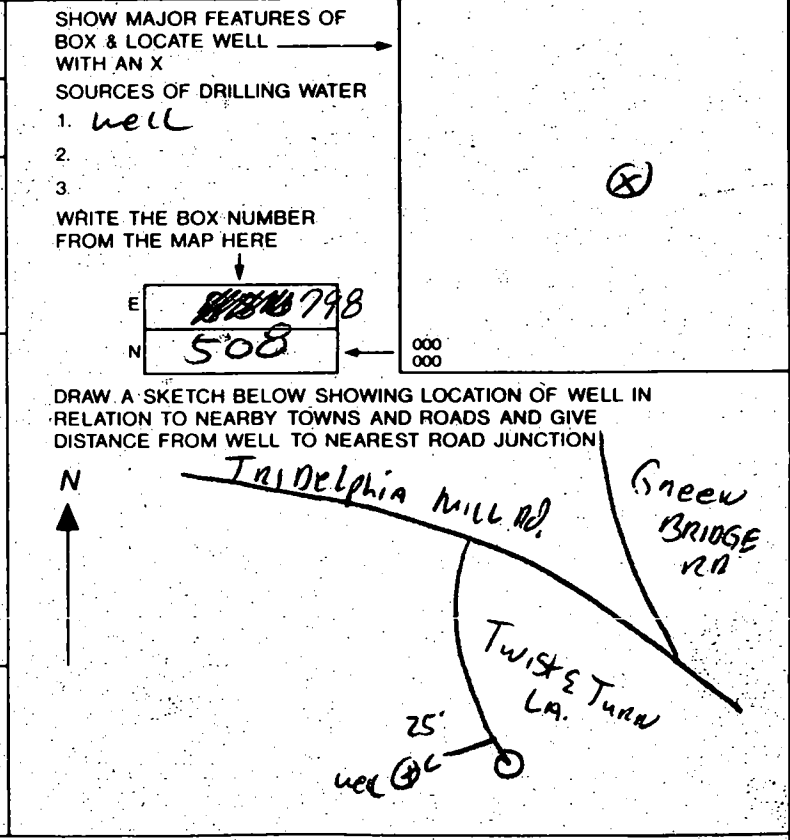
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME
A56B42 I COUNTY NO.
 STATE _____ INSERT S
 DATE ISSUED **062597** **A M Miller** **6/25/98**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **508000** EAST GRID **798000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6"** 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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS.
 THIS WELL WILL DEEPEM 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)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No **40-94-1214**
 67 68 70 71 72 73 74 75 76 77 78 79



C1 6060

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A56642I

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

DATE RECEIVED 8-1-97

07 16 97

22 245 26 (TO NEAREST FOOT)

FROM "PERMIT TO DRILL WELL" H0-94-1214

OWNER Joudier Builders Inc STREET OR RFD Twist & Turn TOWN Dayton SUBDIVISION Twist-N-Turn SECTION LOT 8

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top So. L, Sandy Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL 30+

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 47

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

DEPTH (nearest ft.)

Table for depth measurements with columns for casing height and slot size.

C3

PUMPING TEST

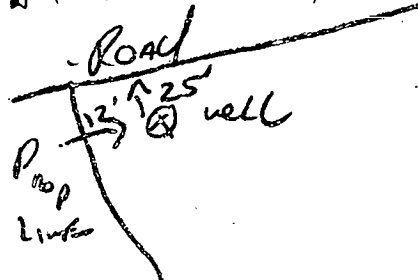
HOURS PUMPED 3 PUMPING RATE 12.0 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL 27 BEFORE PUMPING 27 WHEN PUMPING 67 TYPE OF PUMP USED (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (N) TYPE OF PUMP INSTALLED PLACE (S) IN BOX 29 CAPACITY: GALLONS PER MINUTE 31-35 PUMP HORSE POWER 37-41 PUMP COLUMN LENGTH 43-47 CASING HEIGHT (+) above LAND SURFACE (2) below

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)



DRILLERS LIC. NO. MS D 116 DRILLERS SIGNATURE

LIC. NO. MS D 117

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 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

2-27-98 AM

2/27/98
WPI CASING
CRACKED ABOVE PRESS
ADAPTER - INSTALLER KNOWS
WILL BE OK LATER TODAY
LATE IN PM IS POSSIBLE
AM MONDAY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Hills Drive
Ellicott City, MD 21043
TO HOUSE 461-9933
OK

3/2/98
CASING REPAIRED W
SLEEVE + CHEMICAL NEW
OK TO COVER.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date _____

Name of Installer Kastner Plumbing Inc Telephone 301-725-5000

License Number 1862
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Donald Souder Telephone 301-725-5722
Subdivision Trust + Twin Estates Lot # 8 Well Tag # _____
Site Address 14170 Twinning Lane Dayton

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Coult
3. Model # 56505412
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Howard
2. Model # _____
3. Depth 3 FT

Tank
1. Capacity 42 gallon
2. Pressure relief valve? yes

Piping
1. Type #160
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3 FT

Well data
1. Depth 245 ft.
2. Yield 12 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: 1-29-98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.