

LAYOUT 8/20/03-10PM INSP 4 \_\_\_\_\_  
 INSP 2 9/9/10AM x 3 INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 8/20/03  
 APPROVAL DATE: 9/9/03

**PERMIT  
INDEXED**

*05-427285*

P 519090  
 A 56642-K

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

Wesmar Corporation IS PERMITTED TO INSTALL  ALTER

ADDRESS: 13990 Triadelphia Road, Dayton PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Twist & Turn Estates LOT NUMBER: 10

ADDRESS: 14190 Twisting Lane PROPERTY OWNER: Donald Souder

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

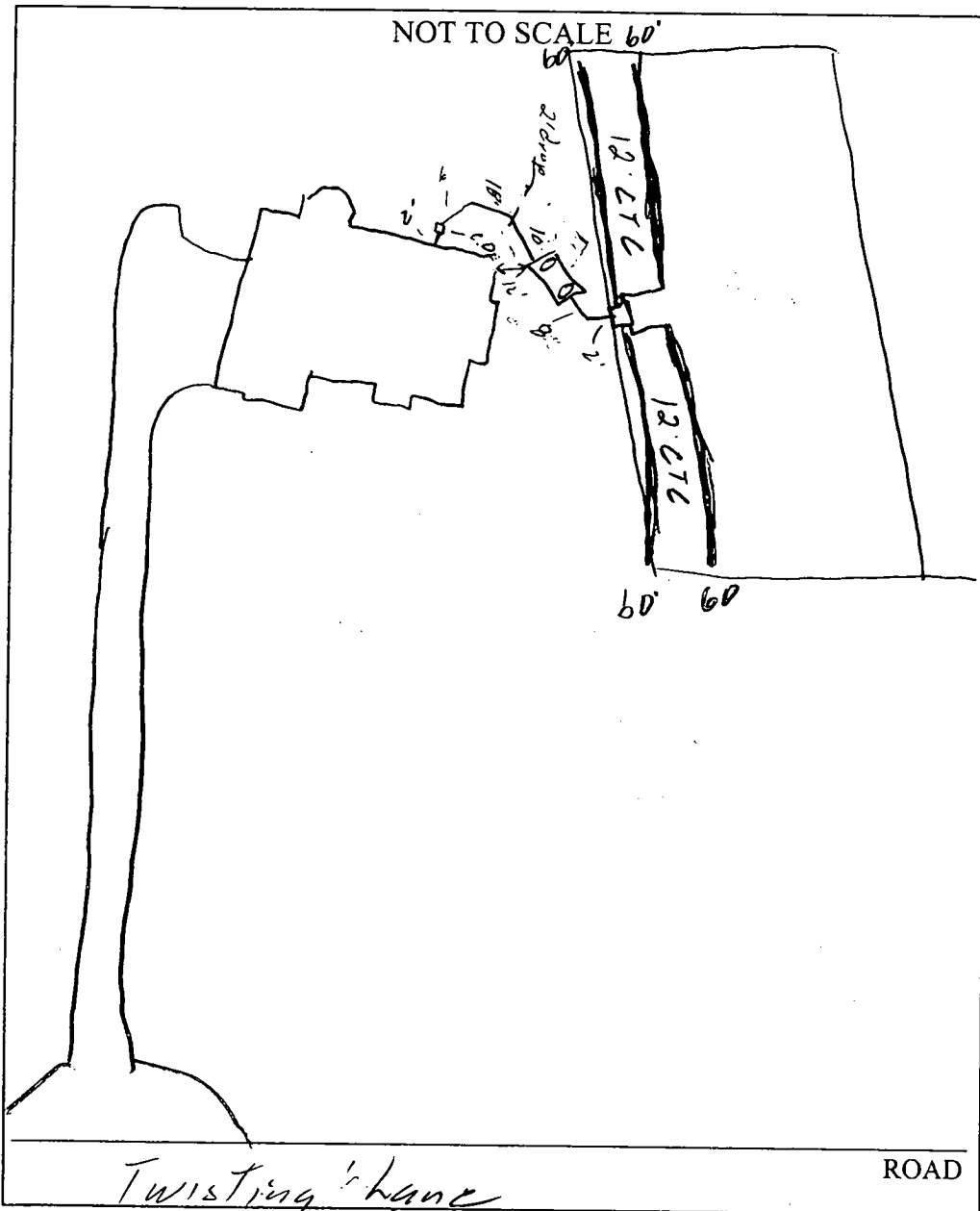
TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the center of the top of the septic easement. Run trenches on contour in both directions.
NOTES:	Install effluent filter. Less than 2500' from reservoir.

PLANS APPROVED: Brian Baker DATE: 6/6/03

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

*A56642-K*



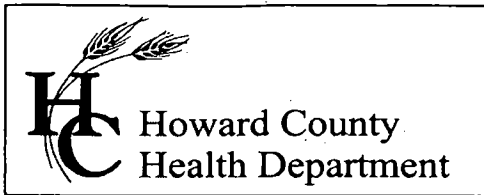
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		7204
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	F&B
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	M/A
BAFFLE FILTER	M/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 8/26/03 - SRA Stated, contours accurate. Check well readings. OK to install per B.P. (S)

INSTALLATION 9/9/03 - Tank set, 1 trench installed. OK to continue (S)  
9/9/03 - OK to cover all work. Gravel seemed very dusty (S)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/9/03



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 4, 2004

Donald E. Souder  
14191 Triadelphia Mill Road  
Dayton, MD 21036

**SENT VIA FACSIMILE 301-725-5774**

RE: 14190 Twisting Lane  
Twist & Turn Estates, Lot 10  
BP # B00141813  
Well Permit # HO-94-1216

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/09/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1216. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 04/30/2004  
Date of Well Completion: 09/04/1997

Respectfully,

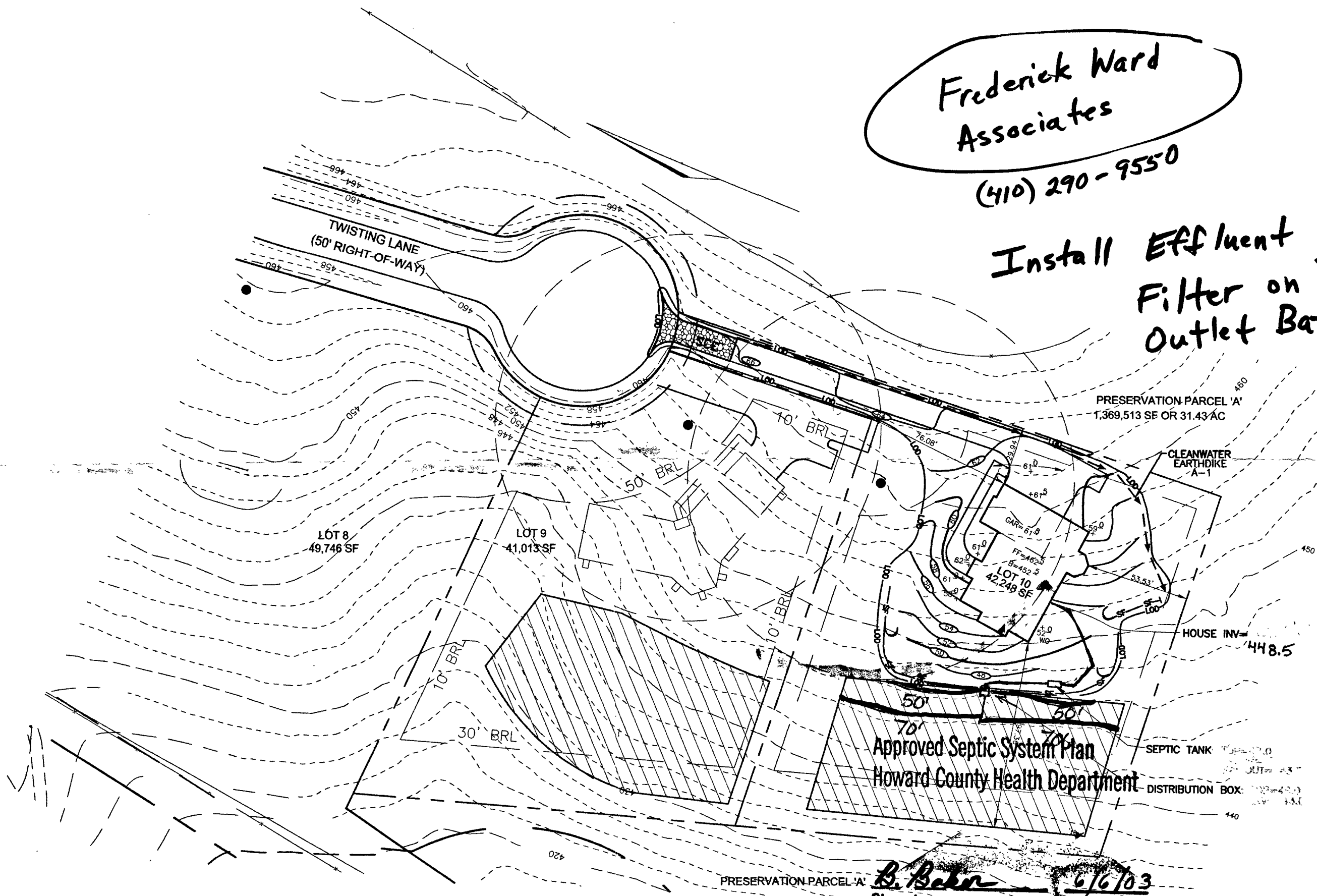
Brian Baker, R. S.  
Well and Septic Program

BB/mlb

cc: Building Inspector's Office  
Community Services Program  
File

Frederick Ward Associates  
 (410) 290-9550

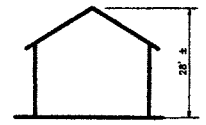
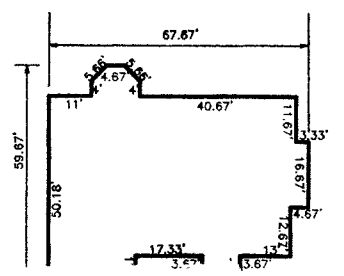
Install Effluent Filter on Tank  
 Outlet Baffle



PLAN VIEW  
 SCALE: 1"=50'

B. Baker  
 Signature Date 6/6/03

Twist + Turn Estates  
 Lot 10



PLACEMENT ESTABLISH

TO PROVIDE SOILS OF LEVELS, LOCAL UNACCEPTABLE

CON

I. THIS SLOPES WILL

A. IS NOT AD

B. ZONE IS NOT CONTINUING

C. MATERIAL IS

D. LIMESTONE

II. FOR THESE AREAS HAVING CONSIDERABLE STABILIZATION

CONST

I. TOPSOIL PROVIDED SPECIFICALLY SALVAGED REPRESENT PUBLISHED AGRICULTURE

II. TOPSOIL MUST MEET

I. SILT LOAM, USED IF REQUIRED APPROVED TOPSOIL SUBSOILS, CINDERS, ROOTS, TRUNK DIAMETER.

II. AS BERMUDA IVY, THISTLE

III. COMPOSED THE RATE FEET) PRICE DISTRIBUTE THE SOIL IN THE FOOT

II. FOR SECTION I



HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Kastner Plg + Htg, Inc. Telephone #: 301-725-5000
Address: 9335 Old Seagoville Rd
Lanrel MD 20723

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Gary Kastner License# 6500

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Donald Sowler Telephone #: 301-725-5772
Subdivision: Twist + Turn Est Lot #: 12 Well Tag #: HO-94-1216
Site Address: 14190 Twisting Ln
Dayton MD 21036

Submersible Pump Data

Make: Gould
Model #: 56507412
Pump Capacity: 5 GPM
Well Yield: 6 GPM

Pitless Adapter

Make: Harvard
Model #: B10X
Depth: 36" (36" min)
NSP approved: [checked]

Well Cap and Electric Conduit

Two piece watertight cap: [checked]
Screened, vented well cap: [ ]
Cap secured to casing: [ ]
Conduit min 18" B.G.: [ ]
Conduit secured to well cap: [checked]

Depth of well encountered at time of pump installation: 255 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt [checked]

Piping to house

Type: 1"
PSI: 160 (160 psi min)
Depth of supply line: 30 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: [ ]
Approximate length of sleeve: [ ]
Sleeve caulked and sealed properly: [ ]

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

10-30-03
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Date Insp. Approved: 10/31/04
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

50/KB
BB







**B 1** SEQUENCE NO. (MDE USE ONLY)  
**8276**  
 (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-94-1216**  
 fill in this form completely

**B 3** OWNER INFORMATION  
 Date Received (APA) **061397**  
**SOWER BUILDERS INC**  
 9355 OLD SCAGGSVILLE  
 LAUREL MD 20723

**B 3** LOCATION OF WELL  
**HOWARD**  
**TWIST & TURN EST**  
**DAYTON**  
 MILES FROM TOWN (enter 0 if in town) **2 MI**

**B 3** DRILLER INFORMATION  
**Ralph MAYNE**  
**Ralph Mayne Well Drilling**  
 9120 Brown Church Rd. Mt Airy  
 Ralph Mayne 6/13/97

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **Twist & Turn CA.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **150**  
 ENTER FT OR MI **FT**  
 TAX MAP: **27** BLK: \_\_\_\_\_ PARCEL **2Y**

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**B 2** 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)

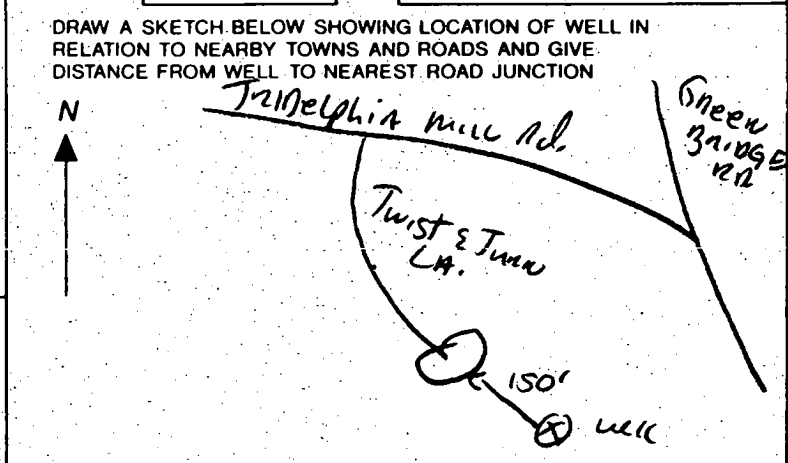
NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL  
**Howard Co** COUNTY NAME  
**A56642K** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **062597**  
**A McMillen** CO SIGNATURE  
**6/25/98** EXP. DATE  
 NORTH GRID **508000** EAST GRID **0798000**

APPROXIMATE DEPTH OF WELL **150** FEET  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 WRITE THE BOX NUMBER FROM THE MAP HERE

**B 3** METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVerse-ROTary DRIVE-POINT

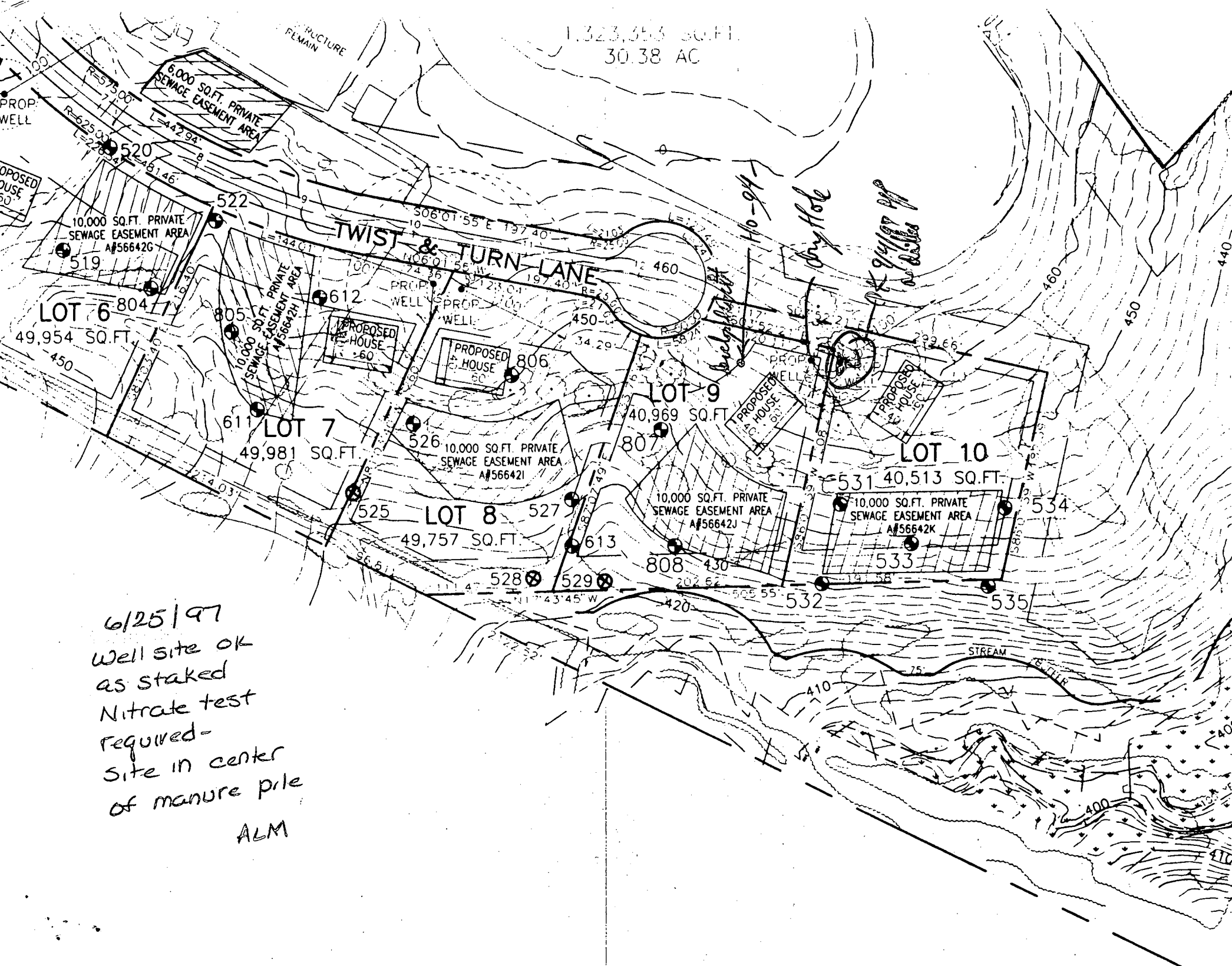
**B 3** REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1216**

**B 3** SPECIAL CONDITIONS  
 APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

1,323,353 SQ.FT.  
30.38 AC



STRUCTURE  
REMAIN

6,000 SQ.FT. PRIVATE  
SEWAGE EASEMENT AREA

10,000 SQ.FT. PRIVATE  
SEWAGE EASEMENT AREA  
A#56642G

LOT 6  
49,954 SQ.FT.

PROPOSED  
HOUSE  
560

PROPOSED  
HOUSE  
560

LOT 7  
49,981 SQ.FT.

10,000 SQ.FT. PRIVATE  
SEWAGE EASEMENT AREA  
A#56642I

LOT 8  
49,757 SQ.FT.

10,000 SQ.FT. PRIVATE  
SEWAGE EASEMENT AREA  
A#56642J

10,000 SQ.FT. PRIVATE  
SEWAGE EASEMENT AREA  
A#56642K

LOT 10  
40,513 SQ.FT.

6/25/97  
Well site OK  
as staked  
Nitrate test  
Required -  
Site in center  
of manure pile  
ALM

dry hole  
No-94  
9/1/97  
No-94

STREAM

# APPLICATION

PERCOLATION TESTING

A 56642K

P \_\_\_\_\_

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

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 TRIADELPHIA ROAD PHONE (301) 854-3408 (h)  
DARTON, MD 21036 792-0834 (o)

AGENT OR PROSPECTIVE BUYER W/A

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

PROPERTY LOCATION:

SUBDIVISION SANDER PROPERTY LOT NO. 10

ROAD AND DESCRIPTION ROAD A APPROXIMATELY 1500' WEST OF GREENBRIDGE RD  
ALONG TRIADELPHIA MILLS ROAD

TAX MAP 27 PARCEL # 24

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 \_\_\_\_\_

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

A 56642 K  
COUNTY #

SOIL PROFILE  
531 533 534

0' orange  
brn  
SiClm

2.0 lgt  
orange  
tan  
Si.Salm  
micaceous  
<5%  
Saprolite

15.0

532 535

0' orange  
red  
SiClm

2.0 red  
brn  
SiLm

5.0 orange  
brn  
SiLm  
micaceous  
10%  
Saprolite

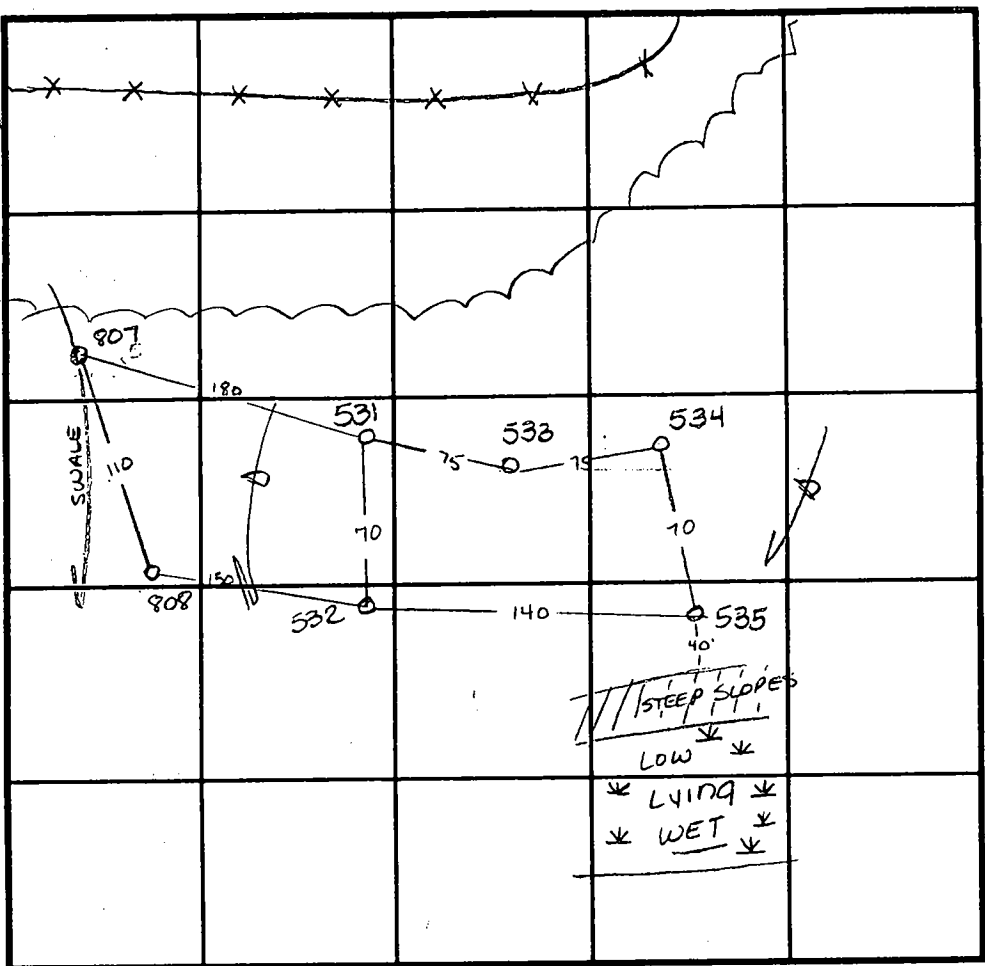
15.0

807

0' orange  
beigh  
SiClm

4.0 lgt  
orange  
SiLm  
micaceous  
pockets  
of  
lgt  
tan  
SiLm

16.0



SOIL PROFILE  
808

0' same  
as  
807  
but  
from  
'5-8'  
30%  
decayed  
Saprolite

12.0 refusal

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	531	3.0 V15.0	10:03	10:06	10:06	10:11	5min
	532	3.5 V15.5	10:07	10:13	10:13	10:22	9min
	533	3.0 V15.0	10:13	10:15	10:15	10:19	4min
	534	5.0 V15.0	10:19	10:20	10:20	10:23	3min
	535	4.0 V14.5	10:24	10:29	10:29	10:26	7min
8-6-96	807	Visual	to 16.0	-see prof k-	located in C. of swale		
	808	4.0 V12.0	11:36	11:37	11:37	11:38	1min

REMARKS 807 in C. of swale move 25' off  
Tests conducted in wet season extended

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

TESTED BY Amy McMillen ALSO PRESENT Wayne Souder

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

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



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**  
**49,981 SQ.FT.**

**LOT 8**  
**49,757 SQ.FT.**

**LOT 9**  
**40,969 SQ.FT.**




**LOT 10**  
**42,324 SQ.FT.**

EXISTING STRUCTURE TO REMAIN

EXISTING STRUCTURE TO REMAIN

**SCHEDULE D**  
**PLANT AREA LANDSCAPING**

PLANTING	130
PLANTING	4
PLANTING	NO
PLANTING	NO

-  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

P-97-06

