

7/20/99
10:00.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511963

A 57611 A

DISTRICT _____

DATE 6/22/99

DATE SYSTEM APPROVED 7/21/99

INSPECTOR A

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

05-428 017

INDEXED

Covey Construction Company, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 254, Woodstock, MD 21163 PHONE 410-750-0398

SUBDIVISION Greenwood Place LOT 3 ROAD 12540 Woodridge Lane

PROPERTY OWNER Hamilton Reed

ADDRESS _____

**BUILDING PERMIT SIGNED
AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

10/24/00 800 156 713 - Finished Basement

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 378.92' & 309.51' lot lines, begin trenches 120 feet up the 309.51' lot line and 60 feet off this same lot line. Run trenches on contour toward the 309.51' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/MR*

PLANS APPROVED BY Amy McMillen DATE 2-19-99

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

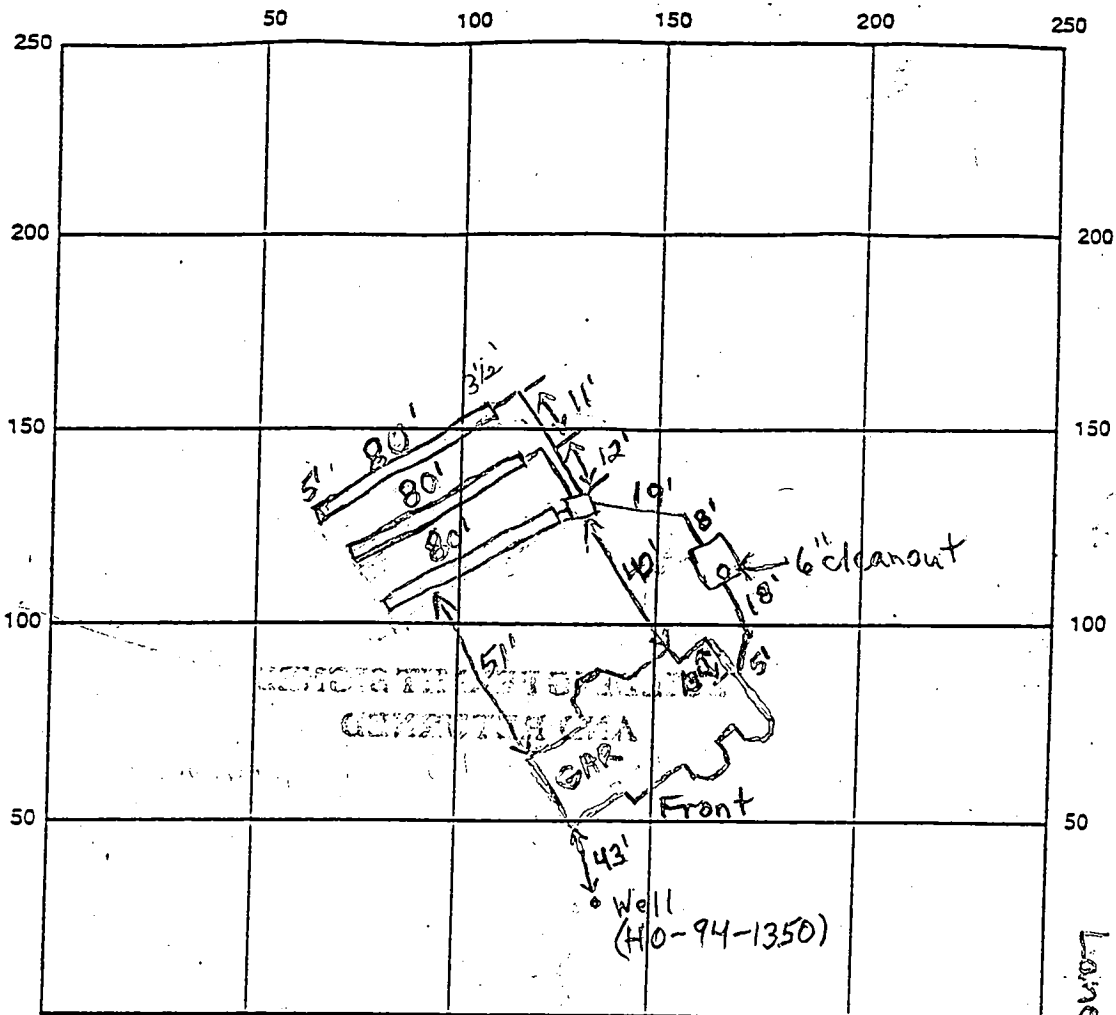
PERMIT VOID AFTER TWO YEARS

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 57611-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Private Access

Woodridge Lane

SEPTIC TANK LEVEL _____ CLEANOUTS 1-6" tank

DISTRIBUTION BOX LEVEL O.K.

DRAIN FIELD/TILE DEPTH 5-6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3-4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x80 FT. (240)

NUMBER OF TRENCHES 3 ONE-SIDED WALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 7/20/99 House connection made (B) East 20' of each trench are installed 4 to 6' - not on contour - Because pore hole good to 10' in some area - system accepted as installed - also any attempt to fix would result in too much SDA being used up - to allow 2 repairs in the future

DATE SYSTEM APPROVED 7/21/99 INSPECTOR A McNeill

APPLICATION

PERCOLATION TESTING

A 57611-A

P _____

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

PROPOSED 4 LOT
SUBDIVISION
PRESERVE EXISTING HOUSE
TO BE DEMOLISHED.

DISTRICT _____

DATE 12/18/96

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 Ellicott City Land Holdings HAMILTON REED

ADDRESS 1805 Hickory Ridge Rd. Suite 205 Col. Md. 21045 PHONE 740-210

AGENT OR PROSPECTIVE BUYER Land Design + Development

ADDRESS Same as above PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION Greenwood Overlook LOT NO. 1

ROAD AND DESCRIPTION Woodridge Lane (12540 Woodridge Lane)

TAX MAP 40 PARCEL # 156

SIZE OF LOT 1/2 acre TYPE BLDG. Single Family - 3Br
(SINGLE FAMILY DWELLING OR COMMERCIAL)

EDUC. PERMIT SIGNED
AND RETURNED 2-19-99
Serial # B10116258

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 _____

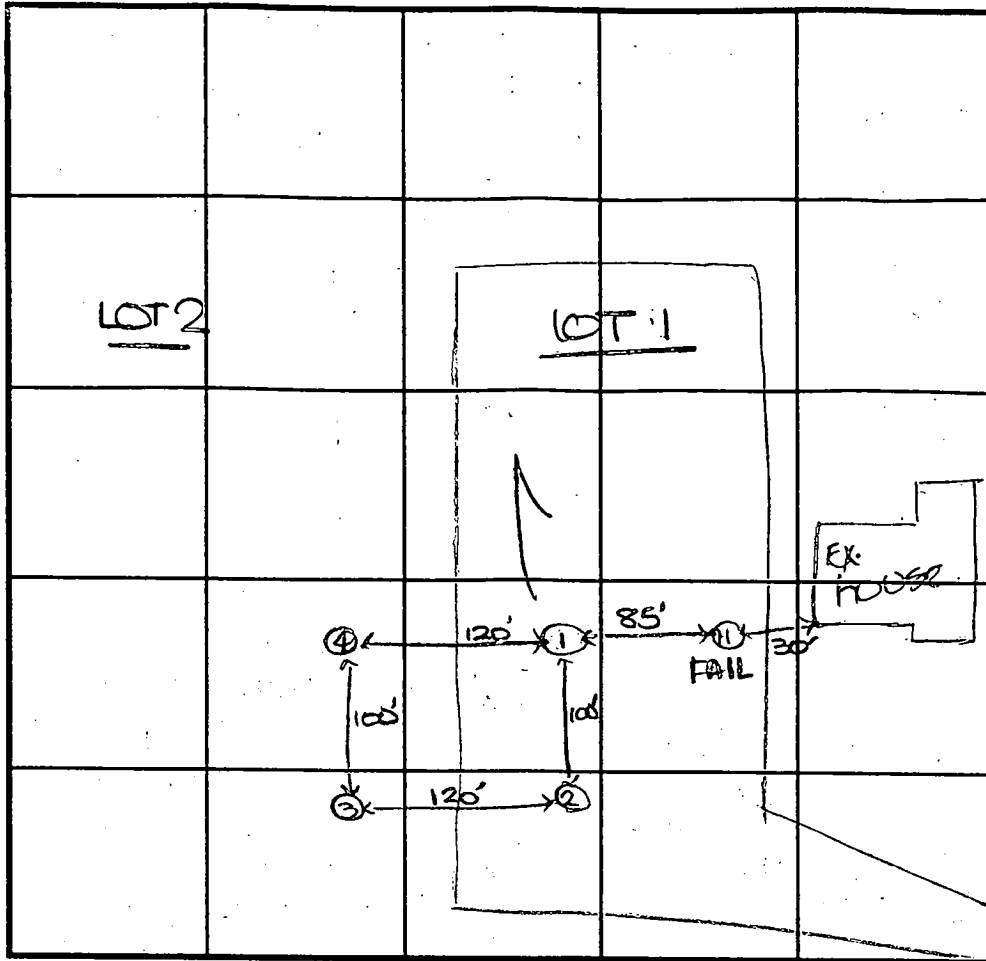
THIS IS NOT A PERMIT

COUNTY # 57611
SOIL PROFILE

0' topsoil
1' org br
cl m
3-3.5' 1t org
br si m
10% rock
frag

2/4
0' topsoil
1' org br
cl m
2.5-3' 1t org br
to fan
si m
15%+
rock
frags

a
0' topsoil
red org
br cl m
3+ 1t org br
si m
9' small
rock patch
15% rock
frags



SOIL PROFILE (11)

0' topsoil
1' red org
br cl m
4' org
br si
m
6' REFUSAL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Woodbridge Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1-7-97	1	3.5'S	9:38 _a	9:41	9:41	9:44	3	
		11.0'D	Visual OK - see profile					
	2	4.0'S	9:42	9:46	9:46	9:56	10	
		10.0'D	Visual OK - see profile					
	3	4.0'S	9:52	9:53 _a	9:53 _a	9:56 _a	3	
		11.0'D	Visual OK - see profile					
	4	4.0'S	10:03 _a 9:58 _a	10:06 _a 9:59	10:06 _a 9:59	10:09 _a 10:00	3 (10:00)	
		10.5'D	Visual OK - see profile					
	11	6.0'D	Refusal					FAIL

REMARKS holes not started

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT J. Spahn

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 3

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 180

STREAM

WL407 WL108 WL410 WL422 WL412 WL421 WL411 WL413

LOT 2

LOT 3

SPUR 200

ST1

#14

#13

#42

MELEMA #2
52

#15

#12

#11

12/8/97 well side of as shown DS

12/8/97 well side of as shown DS

TRAV 101 R&C
456.61

#40

Proposed 16' Wide Driveway

Lot 3

Lot 2

10'

100'

100'

ST4

ST7

ST3

16'

15'

16'

ST18/6

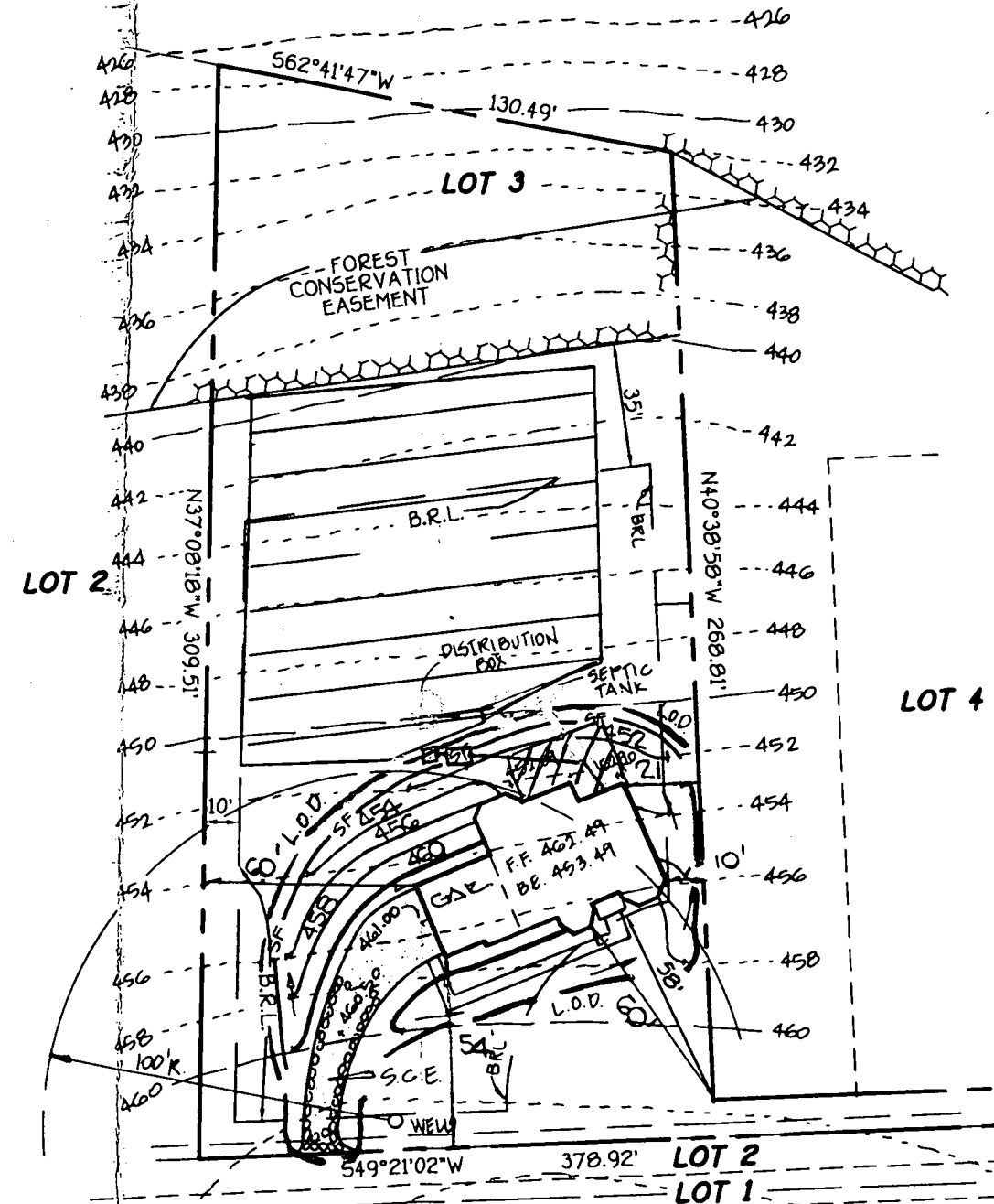
ST8

16'

FOR SOIL
NOT COVERED.

GENERAL NOTES

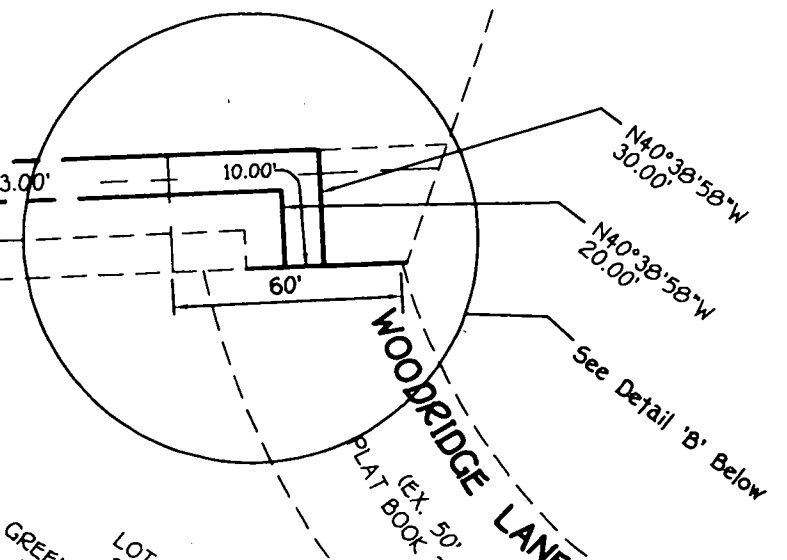
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 462.49
B. BASEMENT ELEVATION: 453.49
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 451.30
D. INVERT IN AT SEPTIC TANK: ~~450.00~~ 448.5
E. INVERT OUT AT SEPTIC TANK: ~~450.00~~ 448.2
F. PROPOSED GRADE OVER SEPTIC TANK: 450.00
G. INVERT AT DISTRIBUTION BOX: 448.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 458.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



Approved Septic System Plan Howard County Health Department

Ami M. Mc... 2/19/99
Signature Date

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



AS
MULCH SHOULD
ING
15
AS
THIS
POST.
TO
OF
IN
SECTION
ABOVE
UNDISTURBED
GROUND
DRIVEN A
15\"/>

LOT 34
GREENWOOD SECTION
PLAT BOOK 7
LOT 33
GREENWOOD SECTION
PLAT BOOK 7

C1 09448

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 A 57611

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 01 06 98

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1350

OWNER Benson Branch LLC STREET OR RFD Woodridge Lane TOWN FULTON SUBDIVISION Greenwood Place SECTION LOT 3

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 92 NO. OF POUNDS 1200

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 44

SCREEN RECORD

screen type or open hole (H) (O) (S) (T) (B) (R) (P) (L) (O) (T) (O) (T)

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE 35

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD 116 DRILLERS SIGNATURE

LIC. NO. M SD 112 SITE SUPERVISOR

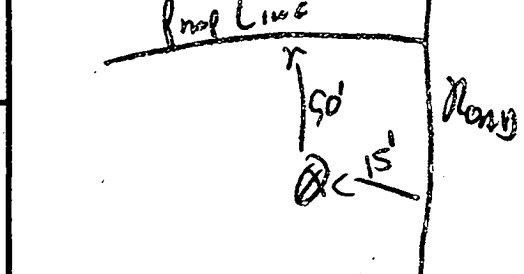
DEPTH (nearest ft.) table with columns 1-24 and rows E, A, C, H, S, R, E, N

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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS



B 1 **8765** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3, 8 ON ALL CARDS)

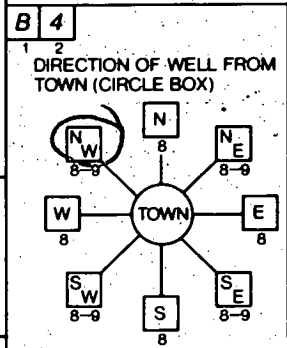
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-94-1350
 fill in this form completely

Date Received (APA) **11/13/97**
OWNER INFORMATION
Benson Branch LLC
 Last Name Owner First Name
13474 OPEN SPACE Ct
 Street or RFD
HIGHLAND MD 20777
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
GREENWOOD PLACE SUBDIVISION
 SECTION **3** LOT **3** HORSMAN
AULTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION CIRCLE MSD/MGD/MWD
Ralph Mayne
 Driller's Name License No. **716**
Ralph Mayne Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne Nov 11 97
 Signature Date



WOODRIDGE LA. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
400 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 TAX MAP: _____ BLK: _____ PARCEL: _____

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

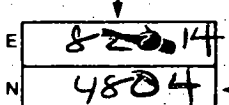
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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


NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
57611 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **12/8/98** EXP. DATE
120997 CO. SIGNATURE **Howard**
 NORTH GRID **484000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **150** FEET

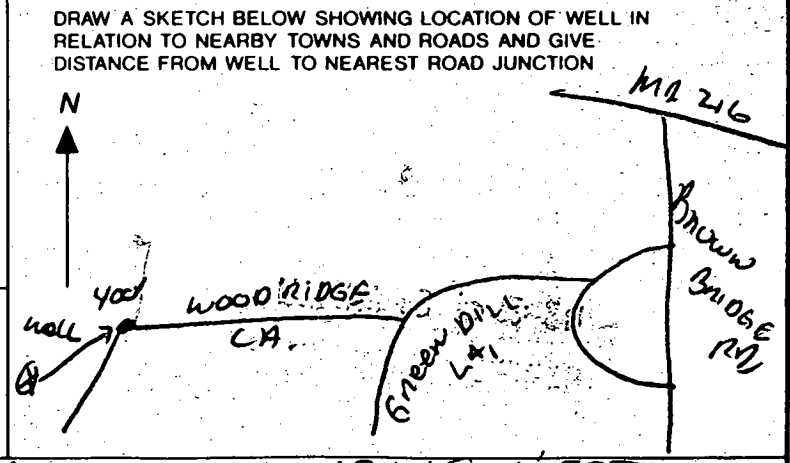
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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


1798 Grout 9:30
 44' steel casing
 30' open
 12 bags 
 location ok

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HC-94-1350**

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
Hamelton Reed well STEEL CASING 4 FEET ABOVE GRADE.

2/23/99
 WPI 4.5
 2 piece cap & PVC conduit
 OK
 J MCM

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement _____

Receipt # _____
 Date _____

Name of Installer CLARKE R & S Co

Telephone 489-4029

License Number 3808

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner Hamilton Reed

Telephone 489-4029

Subdivision Greenwood Pine Lot # 3

Well Tag # _____

Site Address 12540 Woodridge Lane

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
2. Make _____
3. Model # _____
4. Capacity _____ GPM

Motor

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

Pitless Adaptor

1. Make Hydrus
2. Model # _____
3. Depth 42"

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 _____

Tank

1. Capacity 42
2. Pressure relief valve? 25 lb

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42"

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: Kenneth C. Clarke

Date: 5-3-99

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