

12/6/01

Layout 10-11

12/7/01 - AM
Final

ISSUE DATE:

12/4/01

APPROVAL DATE:

12/7/01

PERMIT

INDEXED

P 516431B

A 58947-P

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

04-365402

Union Paving Co, Inc

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS:

5977 Sandy Ridge Rd, Elbridge, MD

PHONE NUMBER:

410-379-6463

SUBDIVISION:

Windridge Farm

LOT NUMBER:

15

ADDRESS:

14565 Windridge Court

PROPERTY OWNER:

Hamilton Reed

SEPTIC TANK CAPACITY (GALLONS):

1250

PUMP CHAMBER CAPACITY (GALLONS):

N/A

NUMBER OF BEDROOMS:

4

SQUARE FEET PER BEDROOM:

180

LINEAR FEET OF TRENCH REQUIRED:

240

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:	Beginning from the intersection of the 192.30' and 95.96' lot line, begin trenches 75 feet down the 95.96' lot line and 60 feet off that same lot line. Run trenches on contour in both directions.
NOTES:	

PLANS APPROVED:

Amy Mc Millen

6/2/01 OK (BT)

DATE:

6-18-01

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

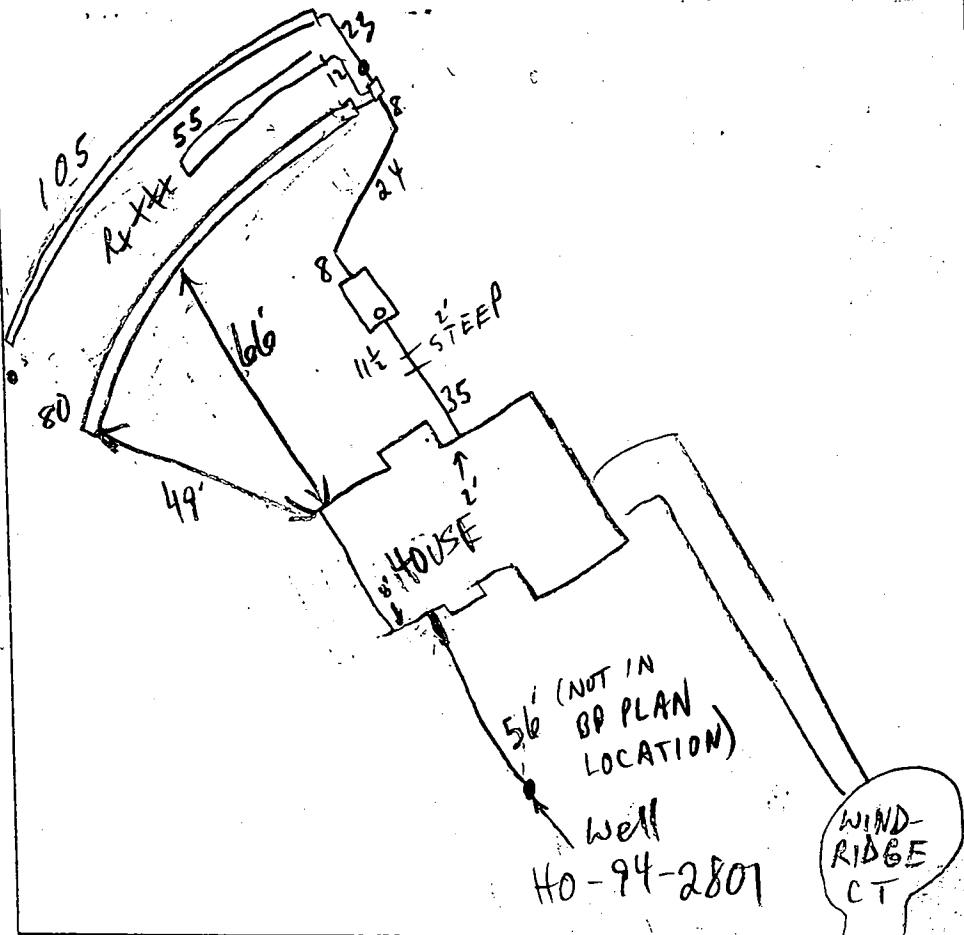
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A58947-P

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 2'
TRENCH BOTTOM DEPTH 4-4.5'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 240'
ABSORBENT AREA 720 ft²
DISTRIBUTION BOX LEVEL _____
BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER _____
6 INCH INSPECTION PORT FRONT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 12/6/01 10:30 OK TO START W/3 80' TRENCHES AND D.B.

@ RT. FRONT COR OF SRA (MR)

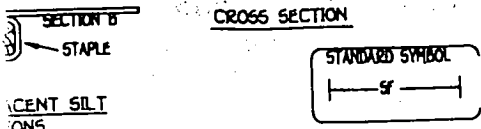
INSPECTION COMMENTS: 12/6/01 3:00 RX @ MIDDLE TRENCH LIKELY ISOLATED,
OK TO CONTINUE - COVER TANK TRENCHES; HOLD FOR INSP OF CONN FROM
TANK TO BOX (MR) 12/7/01 OK TO COVER ALL (MR)

INSPECTOR M. Rifkin

DATE SYSTEM APPROVED

12/7/01

EMBED GEOTEXTILE CLASS 1
A MINIMUM OF 8" VERTICALLY
FENCE POST DRIVEN A
MINIMUM OF 16" INTO
THE GROUND



SILT FENCE
ONS

Construction Specifications
minimum of 36" long driven 16" minimum into the
be 1 1/2" x 1 1/2" square (minimum) cut, or 1 3/4" diameter
all be of sound quality hardwood. Steel posts will be
weighting not less than 100 pound per linear foot.

stapled securely to each fence post with wire ties
id-section and shall meet the following requirements

50 lbs/in (min)	Test: MSMT 509
20 lbs/in (pin)	Test: MSMT 509
0.5 gal ft / minute (max)	Test: MSMT 322
75% (min)	Test: MSMT 322

tile fabric come together, they shall be overlapped
event sediment bypass.

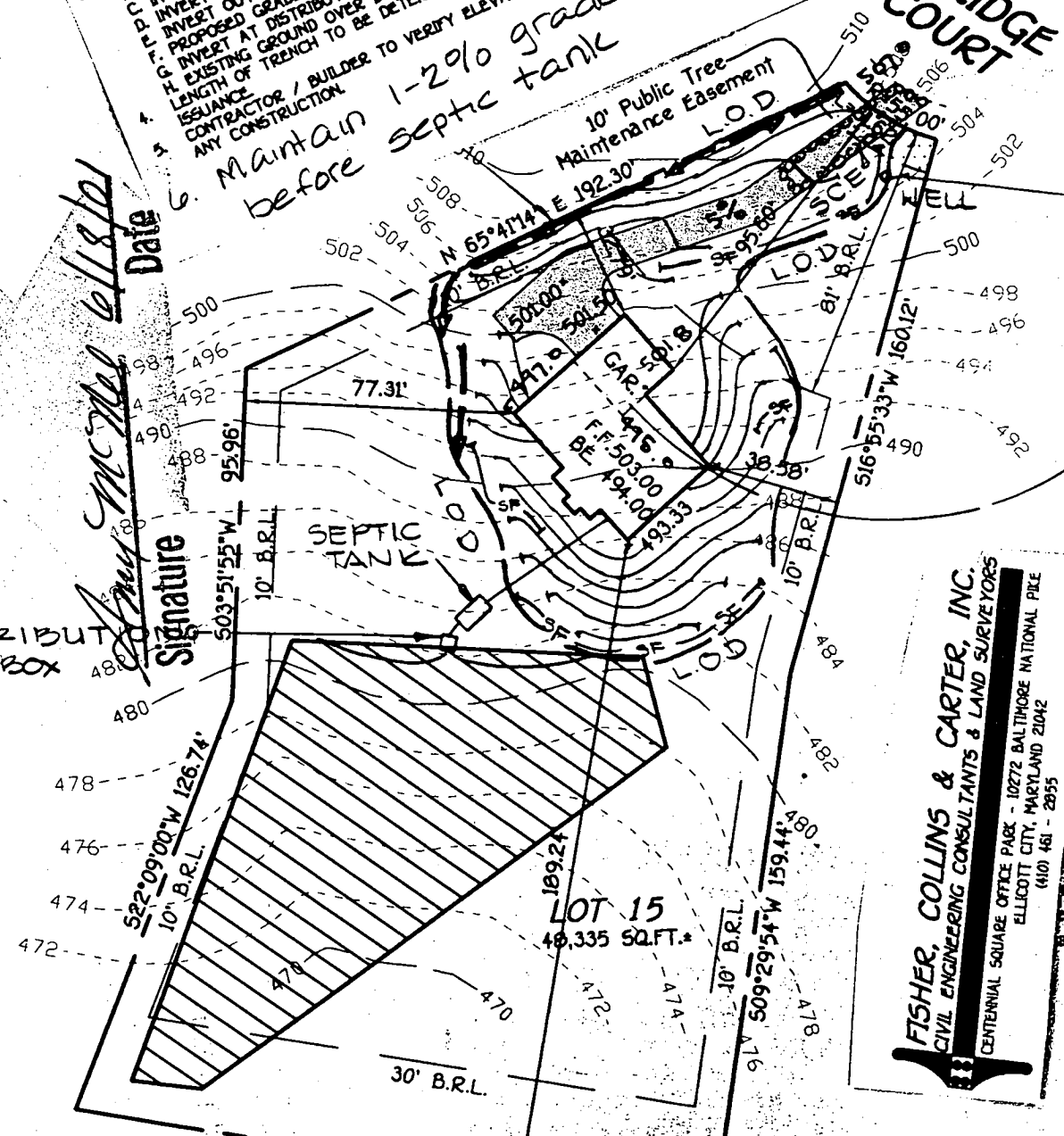
spected after each rainfall event and maintained
diment accumulation reached 50% of the fabric height.

SILT FENCE
NOT TO SCALE

Approved Septic System Plan
Howard County Health Department

- GENERAL NOTES**
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
 2. No. 1500 GALLON SEPTIC TANK
 3. A. FIRST FLOOR ELEVATION 503.00
B. BASEMENT ELEVATION 494.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 492.50
D. INVERT IN AT SEPTIC TANK: 480.30
E. INVERT OUT AT SEPTIC TANK: 483.00
F. PROPOSED GRADE OVER SEPTIC TANK: 480.00
G. PROPOSED GRADE OVER DISTRIBUTION BOX: 482.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 480.00
I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT
J. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING
K. ANY CONSTRUCTION
 4. Maintain 1-2% grade before septic tank

Date June 11, 2011
Signature [Signature]



Total linear feet of trench required 240 feet
14565 WINDRIDGE
Width of trench(es) 3.0 feet

inlet @ 2.0 Ft
Bottom @ 4.0 Ft
Stone fill - 2.0 Ft
Spec's per ALH

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461-2855

APPLICATION

PERCOLATION TESTING

A 58947E

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 04

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 Ray + Jane Cabbage

ADDRESS 14564 Dorsey Mill Rd Glencol, MD 21738 PHONE 410-489-7017

AGENT OR PROSPECTIVE BUYER Susquehanna Land Holding Co

ADDRESS 1814 Hyman La Crofton MD 21114 PHONE 410-451-3916

PROPERTY LOCATION:

SUBDIVISION Cabbage Sub LOT NO. 7

ROAD AND DESCRIPTION _____

TAX MAP 21 PARCEL # 31

SIZE OF LOT 1⁺ AC. TYPE BLDG. SFD
(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.

[Signature]
(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

58947 I

COUNTY #

SOIL PROFILE

0' 9A
or/br
Silty
loam

3.0' 30-40%
Shale
outcrop
tan silty
loam

7.5' HARD
BOTTOM

9B

2.5' or/br
Clay
loam

br/tan
Silty
loam

15%
Shale
frags

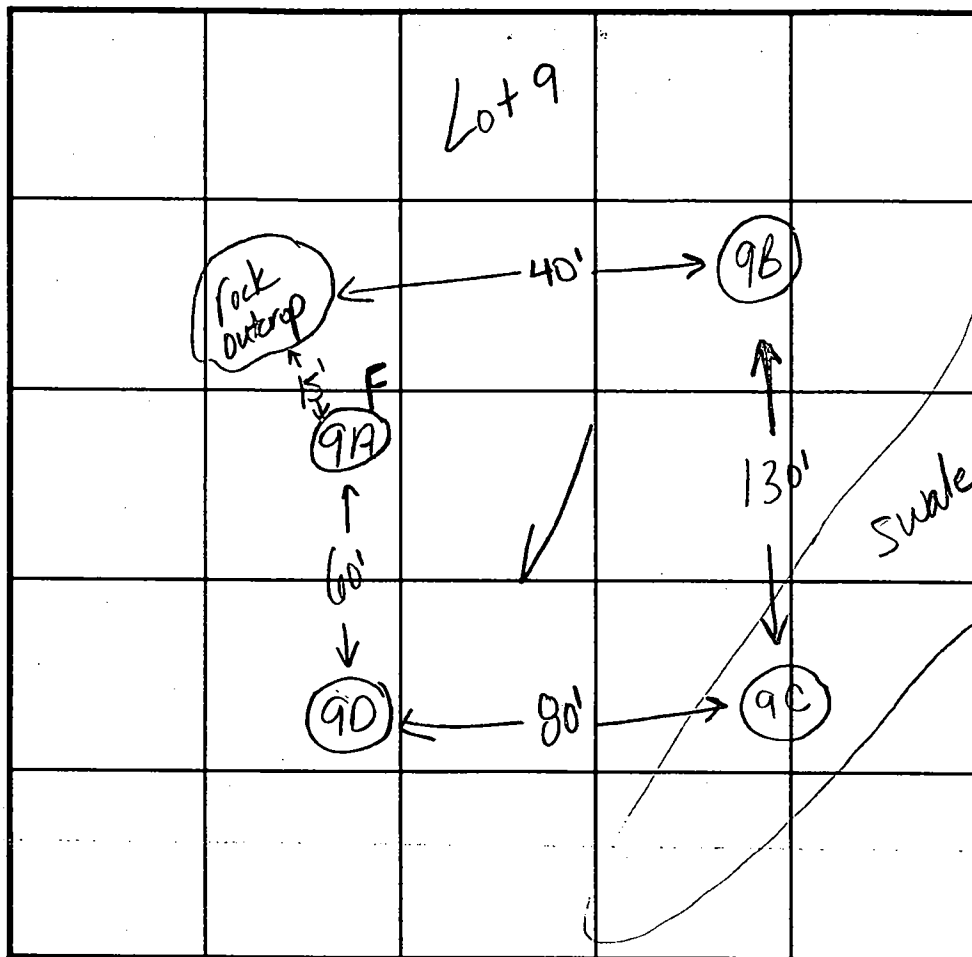
9C

2.5' or/br
Clay
loam

br/tan
Silty
loam

20%
Shale

7.0' HARD
BOTTOM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 9D
Same
as
hole
#9B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/6/97	9A	FAILED DUE TO ROCK					F
		7.5'D					
	9B	3.0'S	3:12	3:1330	3:1330	3:16	230
		11.0'D	Visual	ok - see profile			
	9C	3.0'S	3:04	3:05	3:05	3:07	2min
		7.0'D	HARD	BOTTOM			
	9D	3.0'S	2:56	2:58	2:58	3:00	2min
		12.0'D	Visual	ok - see profile			

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

Kim Maister / Amy McMillen

ALSO PRESENT

Hugo + Jeff Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2-3 minutes

TRENCH WIDTH

3

INLET DEPTH

2

MAXIMUM BOTTOM DEPTH

4

SQ. FT./BEDROOM

180

C1 07890

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

13

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

MM DD YY
10 24 00

Depth of Well

22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-2801

OWNER

BRS DEVELOPERS

STREET OR RFD

last name WINDRIDGE CT.

first name

TOWN GLENELG

SUBDIVISION

WINDRIDGE FARMS

SECTION

LOT 15

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Top Soil

0 2

Sandy

2 15

Sand Stone

15 20

MICKA

20 27

Sand Stone

27 30

MICKA

30 110

Flint Rock

110 115

MICKA

115 200

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 45 46

NO. OF POUNDS 45 46

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 23 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PC

6

25

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHERPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

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
WELLI 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.

DRILLERS LIC. NO. 1

MSD 112

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

D

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

68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE

LOG

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

4

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28 ft.

WHEN PUMPING 20 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other

J jet

S submersible

PUMP INSTALLED

DRILLER INSTALLED 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

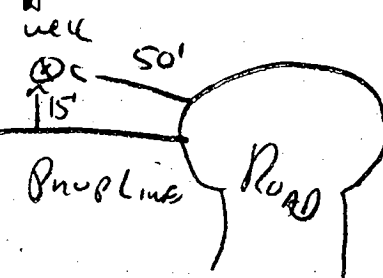
+ above

LAND SURFACE

- below

2 (nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

B 1 18647 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type W513672	STATE PERMIT NUMBER H0 - 94 - 2801 <small>70 fill in this form completely 79</small>
Date Received (APA) <small>8 MM DD YY 13</small> BNS Developments LLC <small>15 Last Name Owner First Name 34</small> 8808 Center Park Dr, Suite 209 <small>36 Street or RFD 55</small> Columbia MD 21045 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> WINDRIDGE FARMS <small>23 SUBDIVISION 42</small> SECTION 2 LOT 15 <small>44 46 48 50</small> GLENECLG <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <small>M I</small> <small>73 76 77 78</small>	
DRILLER INFORMATION Ralph Mayne MSD 116 <small>Driller's Name 76 License No. 81</small> Ralph Mayne well drilling <small>Firm Name</small> 9120 Brown Church rd Mt Airy <small>Address</small> 255-00 <small>Signature Date</small>		B 4 WINDRIDGE CT <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 50 37</small> DISTANCE FROM ROAD 50 <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED 08 10 00 C. W. Weller 8/9/01 <small>43 MM DD YY 48 GO SIGNATURE EXP. DATE 41</small> NORTH GRID 520 000 EAST GRID 0790 000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. GROUT + LOC 3. 25' CASING 23' OPEN 7 BAGS 1 1/2' CASING A.G. TAG OK 10/24/00	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 520	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTARY JETTED <input type="checkbox"/> Jettied & DRIVEN <input type="checkbox"/> <small>30</small> AIR-ROTARY <small>AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37</small> CABLE <small>REverse-ROTary Drive-POINT</small> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <small>41</small> _____ <small>52</small>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT NO. H0 - 94 - 2801 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

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: CLARKE P+H INC Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21157

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

Name (Print): BEN CLARKE License# 3808

*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: Hamilton Reed Telephone #: 410-480-9146
Subdivision: Windridge Farms Lot #: 15 Well Tag #: HO-94-2801
Site Address: 14565 Windridge Ct

Submersible Pump Data

Make: Goulds
Model #: 55B05422
Pump Capacity 5 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Howard
Model#: P-T-800
Depth: 42 (36" min)
NSF approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 200 (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

Piping to house

Type: PLASTIC
PSI: ✓ (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 15"
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: BEN CLARKE

1-30-02
date

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

Date Insp. Requested: 12/12/01

Date Insp. Approved: 12/12/01 50

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely ✓

Elec. conduit extends at least 18" below grade/attached to cap properly ✓

Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

BB