

9/2/00  
NON

RPS#  
427-150

# PERMIT

## SEWAGE DISPOSAL SYSTEM

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

P 514266  
A 56642-H  
ISSUE DATE 9/20/2000  
APPROVAL DATE 9/22/06

INDEXED

Covey Construction Company, Inc. IS PERMITTED TO INSTALL  INSTALL  ALTER

ADDRESS P.O. Box 254, Woodstock, MD 21163 PHONE 410-750-0398  
SUBDIVISION Twist & Turn Estates LOT NUMBER 7 ADDRESS 14160 Twisting Lane  
PROPERTY OWNER Nu-Homes, Inc. PROPERTY OWNER'S ADDRESS 10630 Little Patx. Pkwy.  
SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED Columbia, MD 21044  
PUMP CHAMBER CAPACITY 1000 GALLONS - ~~TOP SEAMED~~  
NUMBER OF BEDROOMS 4  
SQUARE FEET PER BEDROOM 180  
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. 2.0 feet of stone below distribution ~~box~~ pipe  
LOCATION: Place the distribution box 100 feet off the right lot line and 20 feet off the front lot line as seen from Twisting Lane. Run trenches along contour towards the right lot line.

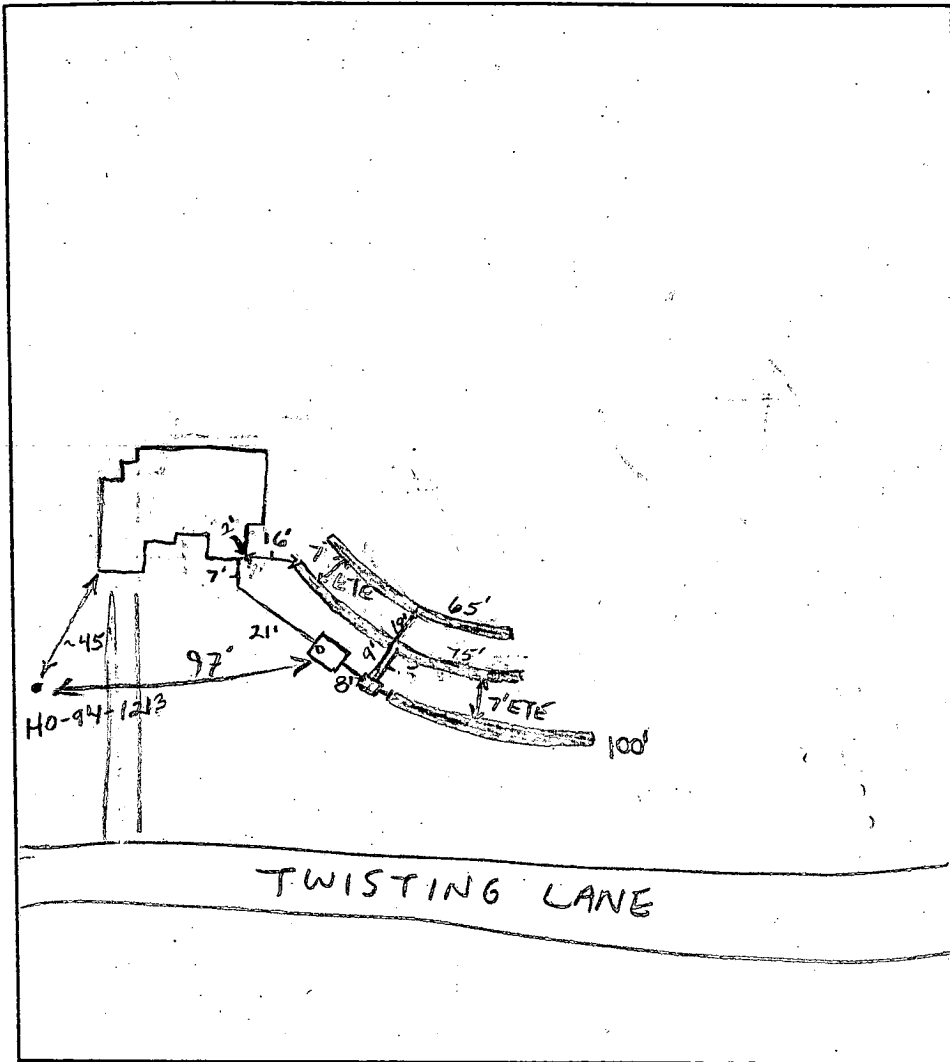
PLANS APPROVED Donna K. Soe DATE 6/23/00

- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 514266

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	2'
TRENCH BOTTOM DEPTH	4'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	240
ABSORBENT AREA	720 ft <sup>2</sup>
DISTRIBUTION BOX LEVEL	OK
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1250 TS GALLONS
BAFFLES IN	
MANHOLE RISER	Not Needed
6 INCH INSPECTION PORT	Yes
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	N/A
PUMP PERFORMANCE TEST	N/A

PRE-CONSTRUCTION INSPECTION: To install a 100', 75' and 65' trench in order to stay out of swale.

INSPECTION COMMENTS: 9/21/00 House connection made. Tank looks O.K. Gave Mr. Covey permission to use T's on the two shorter trenches. T's to be left open when installed. The T's must be completely level. Septic area not staked. Will call builder. O.K. to cover 65' trench. (BB)  
9/22/00 - ON TO COVER ALL WORK, T's level - (SRK)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 9/22/00

# APPLICATION

PERCOLATION TESTING

A 56642 H

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 TRIDELPHIA ROAD PHONE (301) 254-3408 (h)  
DORTON, MD 21036 792-0834 (o)

AGENT OR PROSPECTIVE BUYER N/A

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

PROPERTY LOCATION:

SUBDIVISION Sander Property LOT NO. 7

ROAD AND DESCRIPTION Road A' APPROXIMATELY 1500' WEST OF GREENBRIDGE RD  
ALONG TRIDELPHIA MILL 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. \_\_\_\_\_  
(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

56642 H

COUNTY #

SOIL PROFILE

612

bright orange  
SiClM  
4.0  
dark orange brown  
SiSalm  
micaceous  
<10%  
Saprotic

611, 526

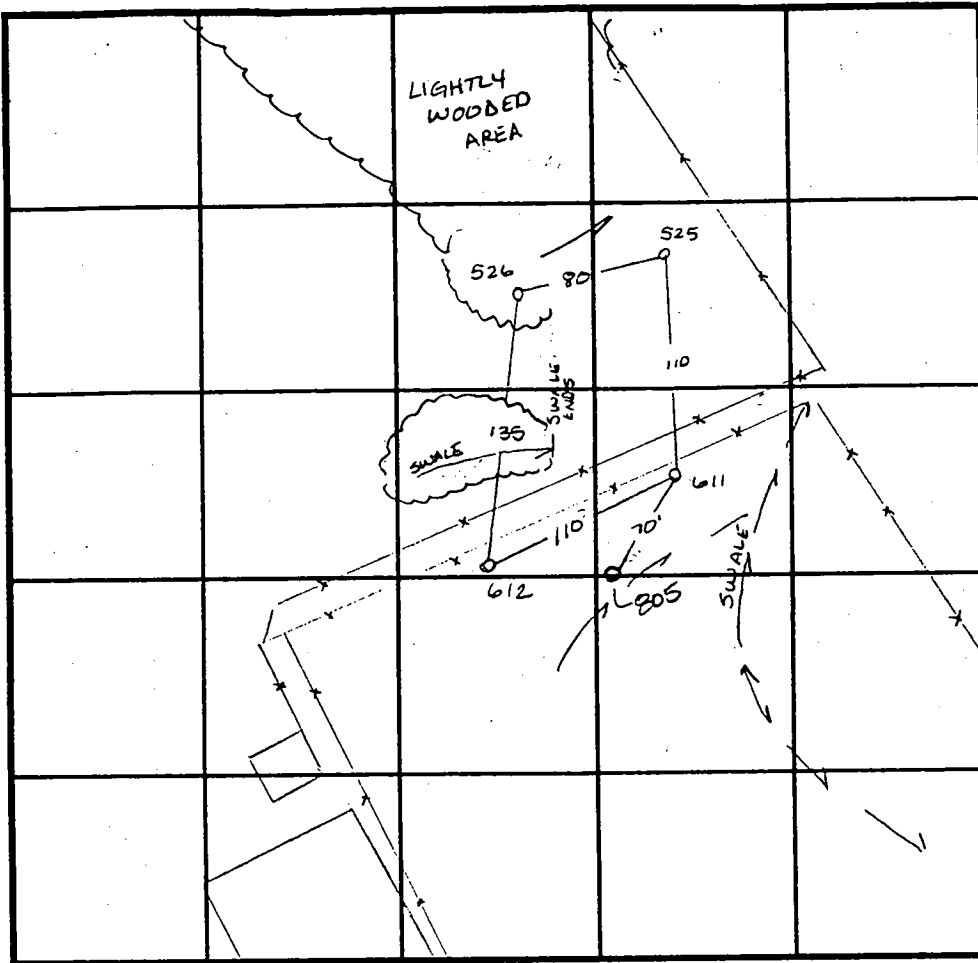
brn SiClM

1.5  
lgt tan orange  
SiClM  
micaceous  
15%  
Saprotic

15.0  
water

525

water at 5.0



SOIL PROFILE

805

no distinct clay layer  
lgt orange bgnh  
SiClM  
5.0  
lgt grey tan  
SiSalm  
grey from decayed  
grey  
Sand-stone  
16.0

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	612	4.0 V14.0	1:49	1:54	1:54	2:12	18min
	611	3.0 V15.0	1:35	1:37	1:37	1:39	2min
	525	VISUAL	Insufficient depth to H <sub>2</sub> O		at 5'4"		F
	526	3.0 V15.0	11:53	11:55	11:55	11:57	2min
8-6-96	805	2.5 V16.0	12:03	12:06	12:06	12:12	6min

REMARKS (tested in wet season extended)

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

TESTED BY Amy McMillan

ALSO PRESENT Wayne Sauder

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

TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_

MAXIMUM BOTTOM DEPTH \_\_\_\_\_

SQ. FT./BEDROOM \_\_\_\_\_

C1 5061  
 SEQUENCE NO. (MDE USE ONLY)

**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.

1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED  
 IN COLS. 3 ON ALL CARDS)

COUNTY NUMBER A56642H

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
8/1/97

DATE WELL COMPLETED  
 MM DD YY  
07 15 97  
 Depth of Well  
 22 305 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
HO-94-1213  
 28 29 30 31 32 33 34 35 36 37

OWNER Souder Builders Inc.  
 STREET OR RFD Twist & Turn Lane TOWN Dayton  
 SUBDIVISION Twist & Turn Est SECTION \_\_\_\_\_ LOT 7

**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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	48	✓
Sand Stone	48	50	
MICKA	50	90	
Sand Stone	90	95	✓
MICKA	95	305	

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED    
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 44 NO. OF POUNDS 1400  
 GALLONS OF WATER 84  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30+ ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
     
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
PL 6 59  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
PE 6 \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED yes no  
   
 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

**C 2** DEPTH (nearest ft.)  
HO 57 305  
 1 2 3 4 5 6 7 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

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.

DRILLERS LIC. NO. 1 M SD 116  
Mark Meyers  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M SD 117  
Mark Meyers

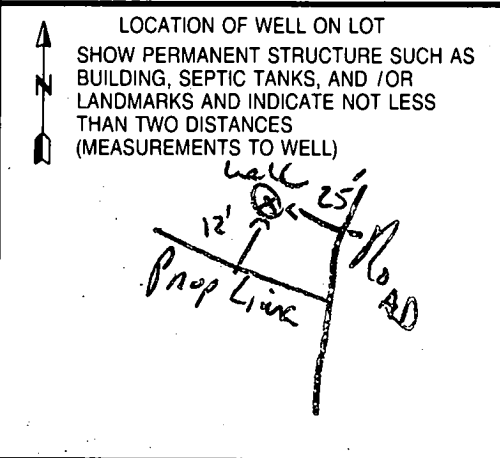
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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 CASING LOG INDICATOR OTHER DATA

**C 3** PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 5  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 28 ft.  
 WHEN PUMPING 105 ft.  
 TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP 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) 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)





<b>B 1</b>	<b>8282</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>40-94-1213</b> <small>70 fill in this form completely 79</small>
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**Date Received (APA)**  
 **OWNER INFORMATION**

**SOWER BUILDERS INC**

15 Last Name      Owner      First Name      34  
**9335 OLD SCAYGUSVILLE**

36      Street or RFD      55  
**LAUREL**      Town      **MD 20723**      Zip      76

**B 3**      **LOCATION OF WELL**

1      2      **HOWARD**      8 COUNTY      21

23 SUBDIVISION      42  
**TWIST E TURN APT.**

SECTION **1**      LOT **7**

44      46      48      50

**DAYTON**      52 NEAREST TOWN      71

MILES FROM TOWN (enter 0 if in town) **2**      M I      73      76      77      78

**DRILLER INFORMATION**      CIRCLE:  MSD / MGD / MWD

**Ralph MAYNE**      116

Driller's Name      77 License No. 80

**Ralph MAYNE Well Drilling**

Firm Name

**9120 Brown Church Rd. Mt. Airy**

Address

**North Myrtle 6/13/97**

Signature      Date

**B 4**

1      2      **TWIST E Turn LA**      11      30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST      EAST      NORTH      SOUTH

DISTANCE FROM ROAD **25**      34      37

ENTER FT OR MI **25**      38      39

TAX MAP: **27**      BLK:      PARCEL **2Y**

**B 2**      **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**      2      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.**      **A56642H**

COUNTY NAME      COUNTY NO.

STATE SIGNATURE      INSERT S      41

DATE ISSUED **062597**      **A Mc Miller**      **6/25/98**

43      48: CO SIGNATURE      EXP. DATE

NORTH GRID **508000**      EAST GRID **798000**

50      55      57      63

APPROXIMATE DEPTH OF WELL **1150**      24      28      FEET

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

**METHOD OF DRILLING (circle one)**

BORED (or Augered)       JETTED       Jetted & DRIVEN

AIR-ROTARY       AIR-PERCUSION       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

**508**

7      000      000

**REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)**

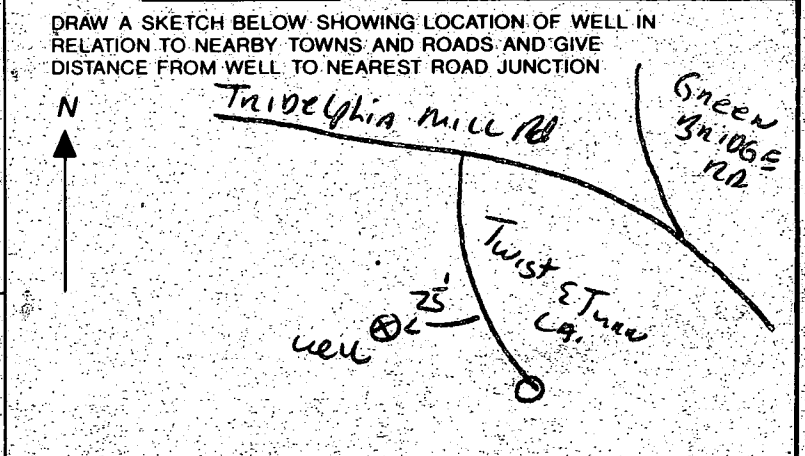
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)      41      52



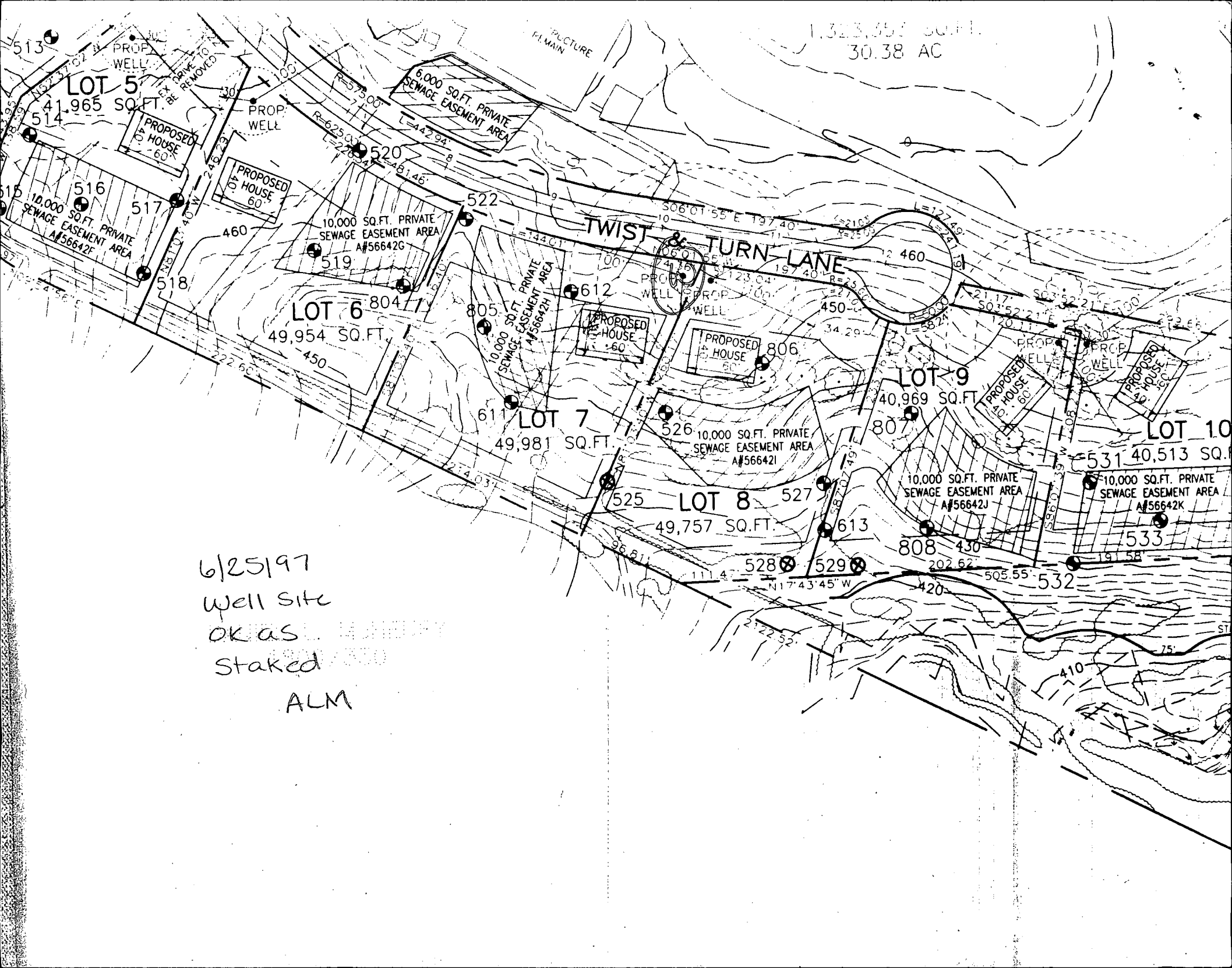
**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER **G A P**      54      63

FORCE **AM**      WRITE INITIALS IN BOX      PERMIT No. **40-94-1213**

67      68      70      71      72      73      74      75      76      77      78      79

1,323,357 SQ. FT.  
30.38 AC



6/25/97  
Well site  
OK as  
staked  
ALM

10/16/00  
a.m.

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: ROBERT L. FEEZER CO. INC. Telephone #: 410-781-4655  
Address: 1824 BARNETT AVE  
SPRINGFIELD, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): ROBERT L. FEEZER License# 2122

\*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: NU-HOMES Telephone #: 410-730-2100  
Subdivision: TWISTING TURN ESTATES Lot #: 7 Well Tag #: HO-94-1213  
Site Address: 14160 TWISTING LANE  
DRAYTON, MD 21036

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STA-LITE Make: PL80 Two piece watertight cap:   
Model #: 5V402HL Model#: PL80/100 Screened, vented well cap:   
Pump Capacity: 3 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 5 GPM NSF approved: YES Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 70 (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt YES

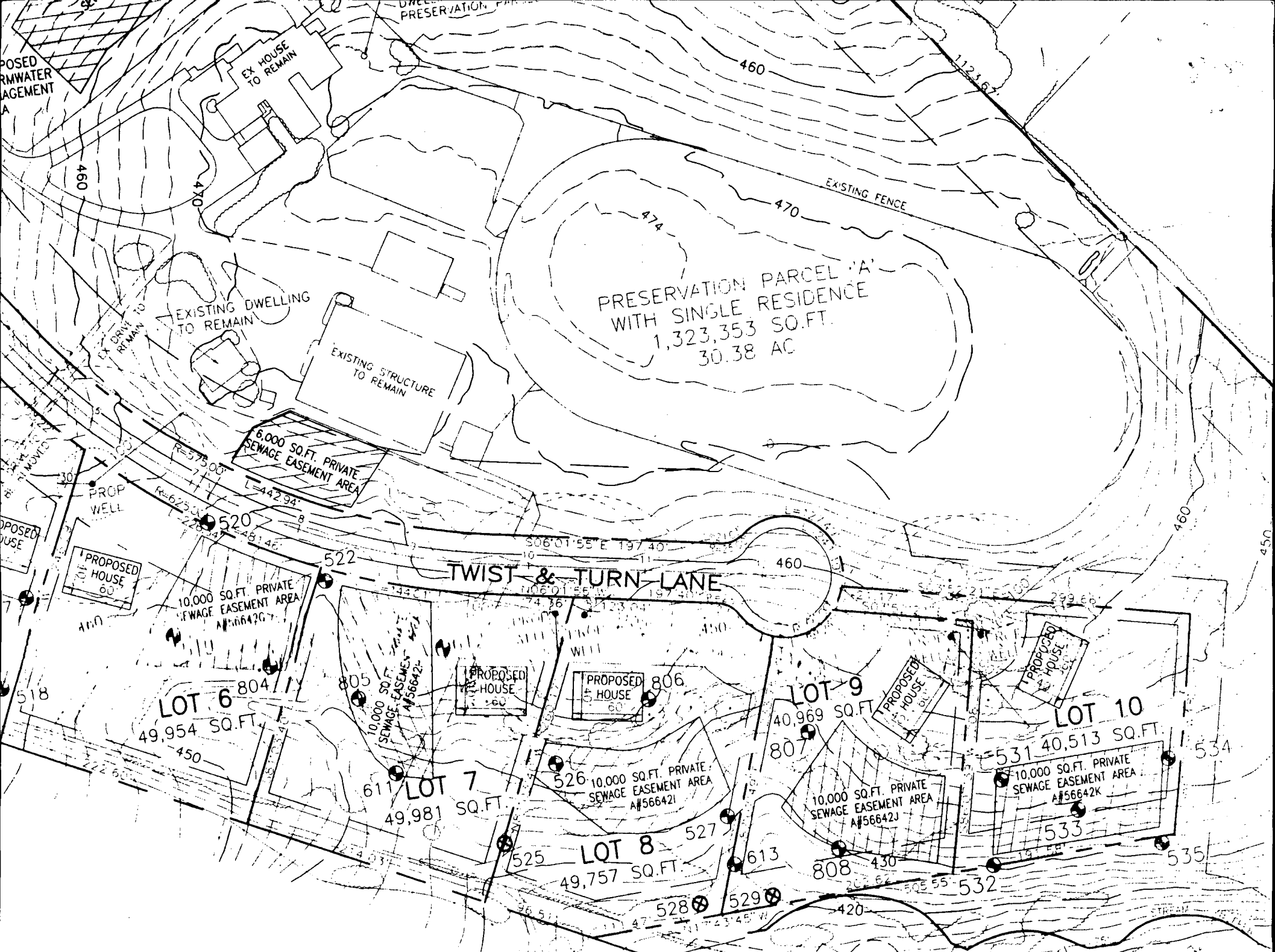
Piping to house House Connection  
Type: PVC PVC sleeved to undisturbed soil at wall penetration: 8'-10'  
PSI: 160 (160 psi min) Approximate length of sleeve: 8'  
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: YES

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.

Robert L. Fezer Signature of company representative responsible for installation  
date 10/16/2000

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

Date Insp. Requested: 10/18/2000 Date Insp. Approved: 11/1/00 RLR  
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   
NOT OBS'D

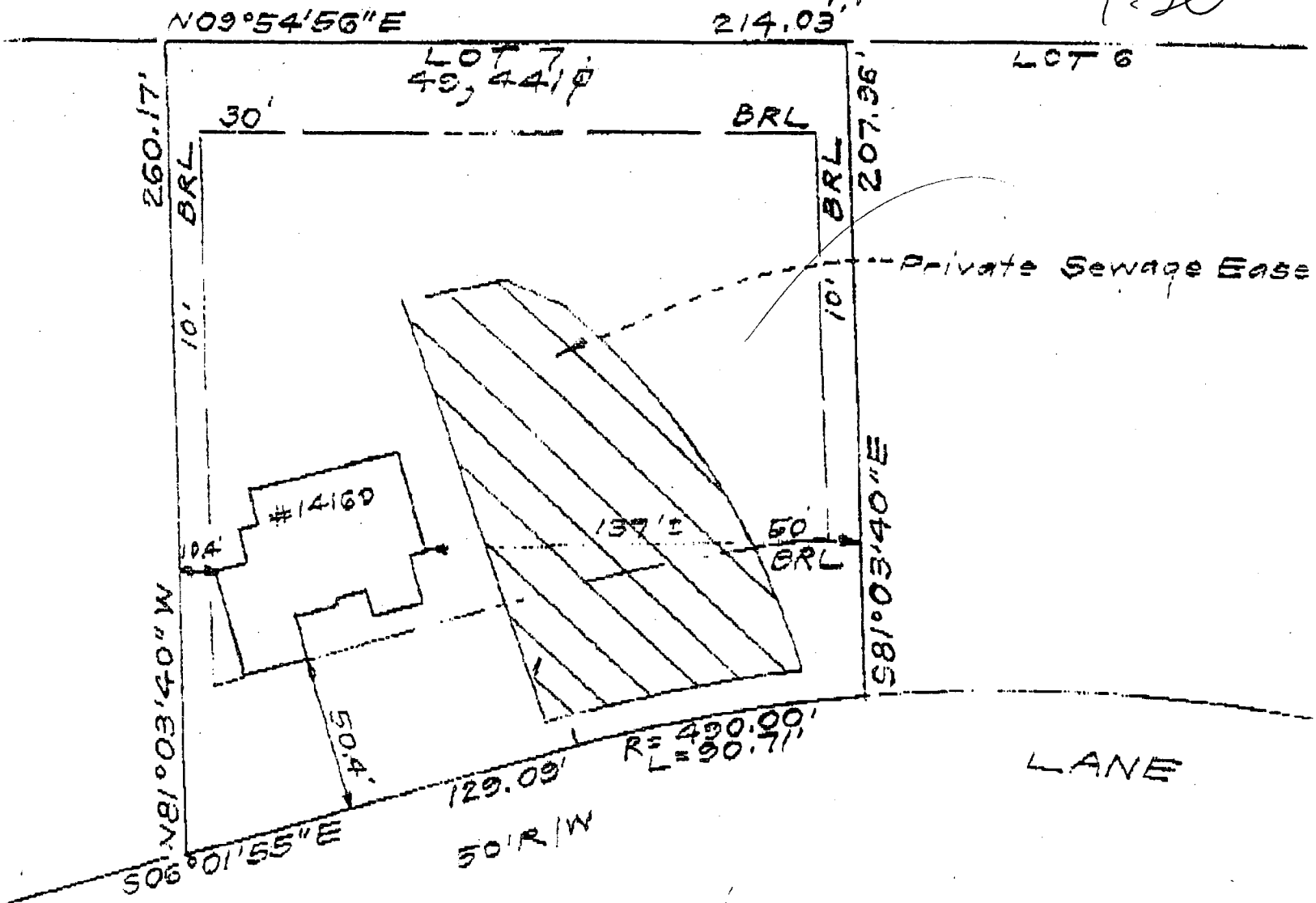


SIGNED PERC CERT



DANIEL L. McHENRY  
L. 1809 F. 350

WALL CHECK  
OR MR 9/20/00  
W/BP PLAN 1:50



STING

