

8/27/96
2:30 CIO
8/29/96
1.00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-365694

P 57086A

A26039

DISTRICT 3rd

DATE 8/21/96

DATE SYSTEM APPROVED 8/30/96

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~PHONE~~ 313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Friendship Manor LOT 19 ROAD 2630 Wellworth Way

PROPERTY OWNER Mr. and Mrs. Tom Bauer

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting at the end of the pipestem place the distribution box 130' down the 263.43' lot line and 220' off this same lot line as seen when facing the lot from Wellworth Way. Run trenches on contour towards the right side of the lot.

NOTES - No trench to exceed 110 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK/CW

PLANS APPROVED BY Donna K. Soe DATE 3/20/96

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

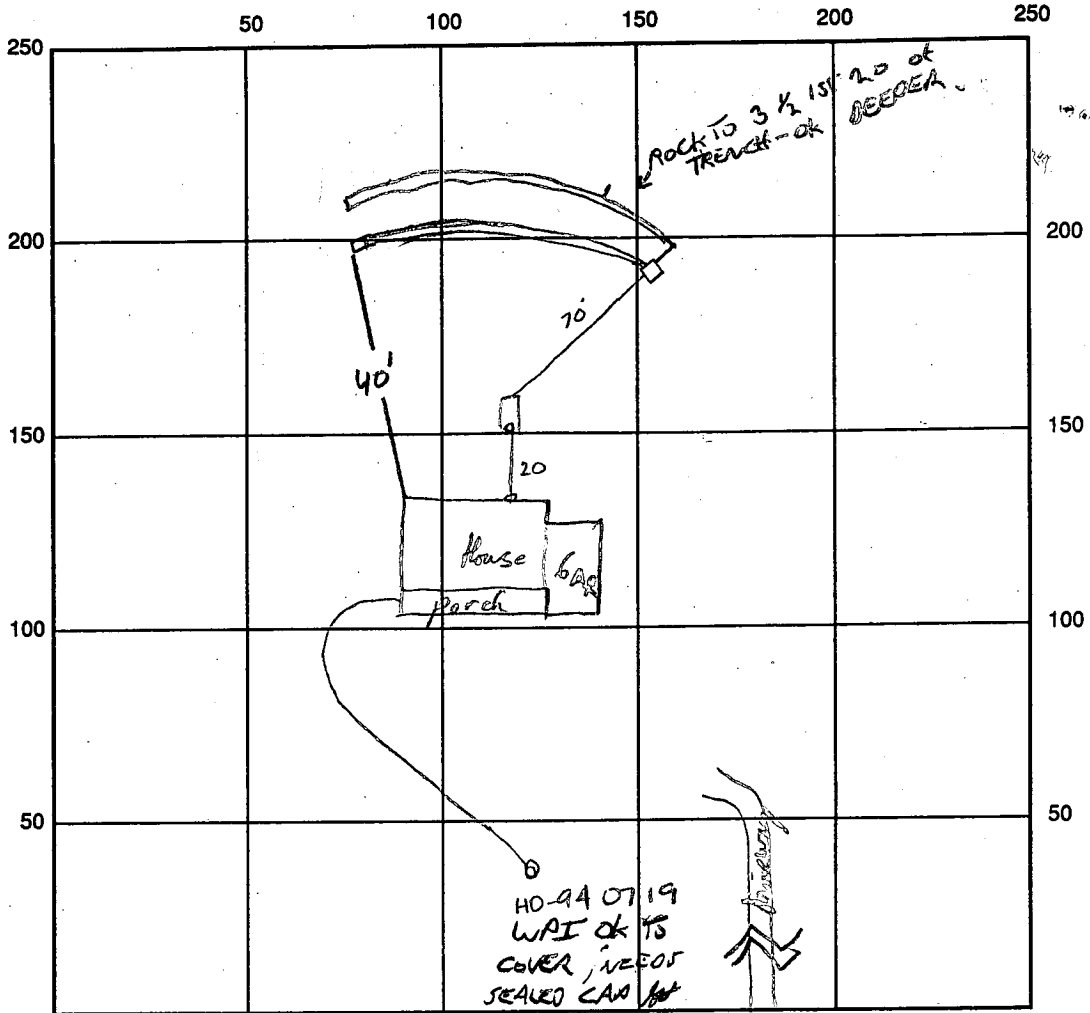
PERMIT VOID AFTER TWO YEARS

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
26039



W.P.I.
8/30/96
H

Well working

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK

CLEANOUTS 1 ON TANK, 1 AT HOUSE

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 1/2 - 7' FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 105 / 105 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: No Septic work done today 8/27/96 RP 8/30/96 ok to stone TRENCHES
OK TO COVER TANK. 8/30/96 TRENCHES COMPLETE,
OK TO COVER.

DATE SYSTEM APPROVED 8/30/96

INSPECTOR [Signature]

APPLICATION

A 26039

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/7/77

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER William B. Ridgely MR. & MRS. Tom Bauer

ADDRESS Spring Meadow Farm Cooksville, Md. 21728 PHONE Carol Clark

531-5115

PROPERTY LOCATION:

SUBDIVISION Ridgely Property (Friendship Manor) LOT NO. New 19

ROAD AND DESCRIPTION Rte. 144 - Rte. 32

2630 Wellworth way

S.F.D 4 BRMS
BLDG. PERMIT SIGNED
AND RETURNED 4-18-96

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedroom

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Albert Scheel

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

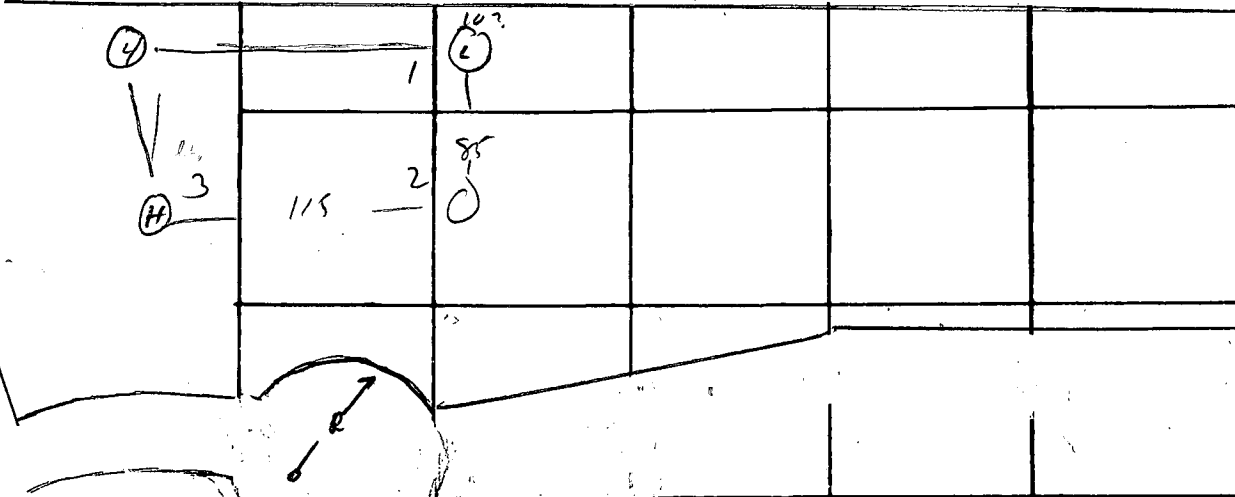
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 16



6) 51⁹

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
July 77	1	2 1/2	3 ¹⁶	3 ²²	3 ²²	3 ³⁴	12
	1A	13	3 ¹¹	3 ¹⁸	3 ¹⁸	3 ²²	4
	2	2 1/2	3 ¹⁷	3 ²⁴	3 ²⁴	3 ³⁶	12
	2A	13	3 ¹⁷	3 ²⁴	"	3 ³⁴	10
	3	3	3 ²⁰	3 ²³	3 ²³	3 ²⁶	3
	3A	13	3 ²⁰	3 ²⁴	3 ²⁴	3 ³⁴	10
July 77	4	12 1/2	vis	sandy loam			

$\bar{x} = 9$
 210
 Inlet 1 1/2
 Box 7 1/2

REMARKS _____

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT: Scheel

C1 4162

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.

COUNTY NUMBER A 26039

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid 040196

DEPTH OF WELL grid 300

PERMIT NO. grid H0-94-0719

OWNER: Bauer Tom; STREET OR RFD: Wellworth Way; TOWN: West Friendship; SUBDIVISION: Friendship Manor; SECTION: ; LOT: 19

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 Overburden, Soft Brown Shale, and Gray Rock.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

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...

TYPE: MWD/MSD/MGD; DRILLERS LIC. NO. 399

DRILLERS SIGNATURE: [Signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LC. NO. JSD048

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay); NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL, L, G, etc.); Nominal diameter top (main) casing; Total depth of main casing

OTHER CASING (if used) diameter inch, depth (feet)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); insert appropriate code below

DEPTH (nearest ft.)

Table with columns: A, C, H, S, C, R, E, N and rows for depth measurements (e.g., 10, 70, 300)

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

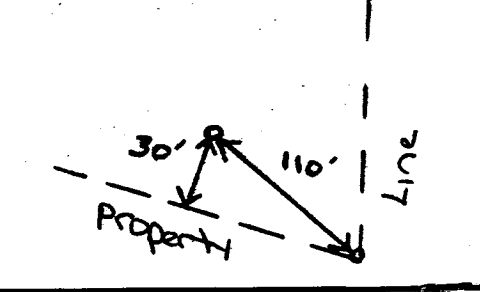
PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 5.4; METHOD USED TO MEASURE PUMPING RATE Submersible; WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft, WHEN PUMPING 272 ft; TYPE OF PUMP USED (for test) S 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; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT (circle appropriate box and enter casing height); LAND SURFACE (nearest foot)

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)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0719
Location of property (road) Weilworth Way
Subdivision Friendship Manor Lot 19 Block Plat Sec.
Well Driller G.E. Harr Owner Fauer

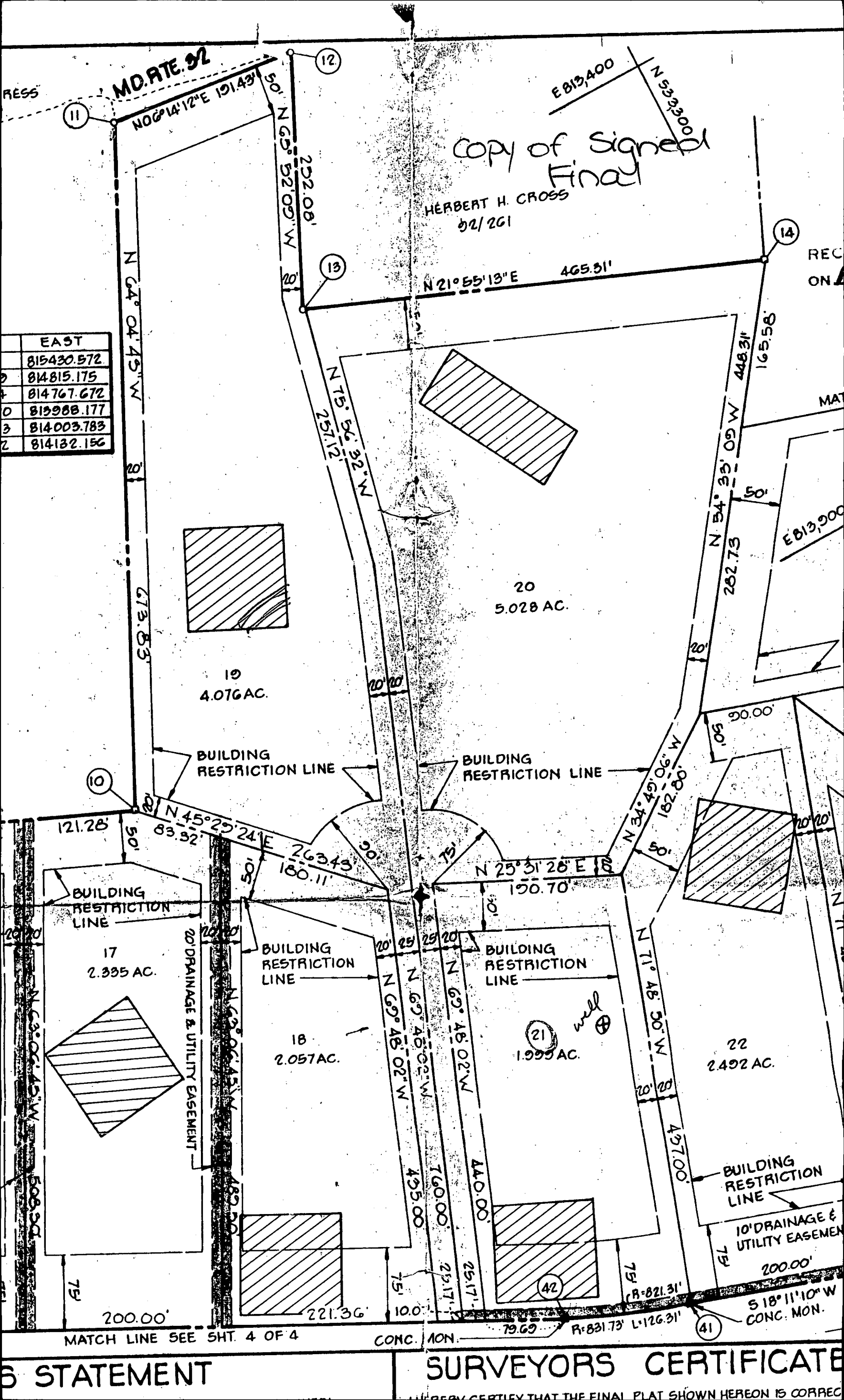
Depth of well 300'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 0845 Pumping rate 15.0
Total time 1 1/2 hr to reach pumping water level 272 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0845	40'	4		15.00
0900	138'	4		15.00
0915	190'	5		12.00
0930	229'	6		10.00
0945	251'	7		8.57
1000	269'	8		7.50
1015	275'	10		6.00
1030	272'	11		5.45
1045	272'	11		5.45
1100	272'	11		5.45
1115	272'	11		5.45
1130	272'	11		5.45
1145	272'	11		5.45
1200	272'	11		5.45
1215	272'	11		5.45
1230	272'	11		5.45
1245	272'	11		5.45
1300	272'	11		5.45
1315	272'	11		5.45
1330	272'	11		5.45



Copy of Signed Final Plat

HERBERT H. CROSS
02/26/01

	EAST
	815430.572
9	814815.175
4	814767.672
0	813988.177
3	814003.783
2	814132.156

MD. RTE. 92
NO 6° 14' 12" E 191.43'

N 21° 55' 13" E 465.31'

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

10' DRAINAGE & UTILITY EASEMENT

MATCH LINE SEE SHT. 4 OF 4

CONC. MON.

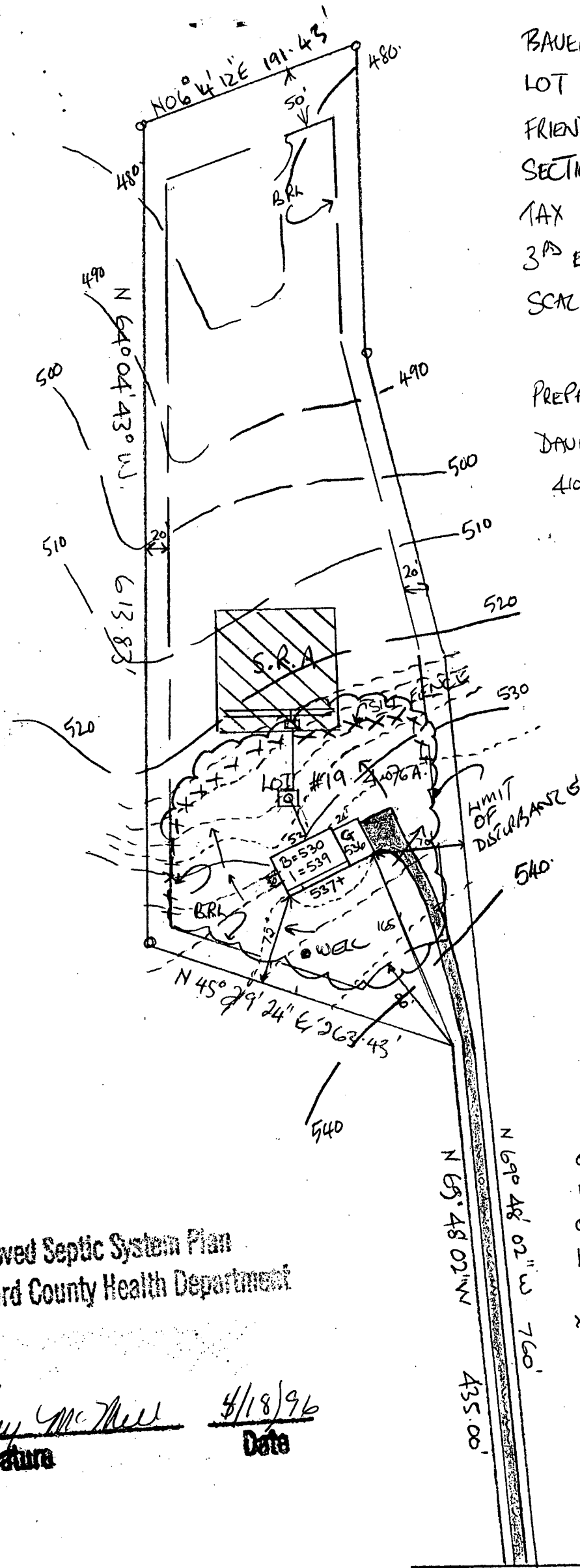
STATEMENT

SURVEYORS CERTIFICATE

THE SURVEYOR CERTIFIES THAT THE FINAL PLAT SHOWN HEREON IS CORRECT

BAUER RESIDENCE
 LOT #19
 FRIENDSHIP MANOR
 SECTION 2
 TAX MAP 15. PARCEL 14
 3RD ELECTION DISTRICT
 SCALE 1"=100'

PREPARED BY
 DAVIES HOMES INC.
 410-750-0007
 4/3/96



SEPTIC TO BE DETERMINED.

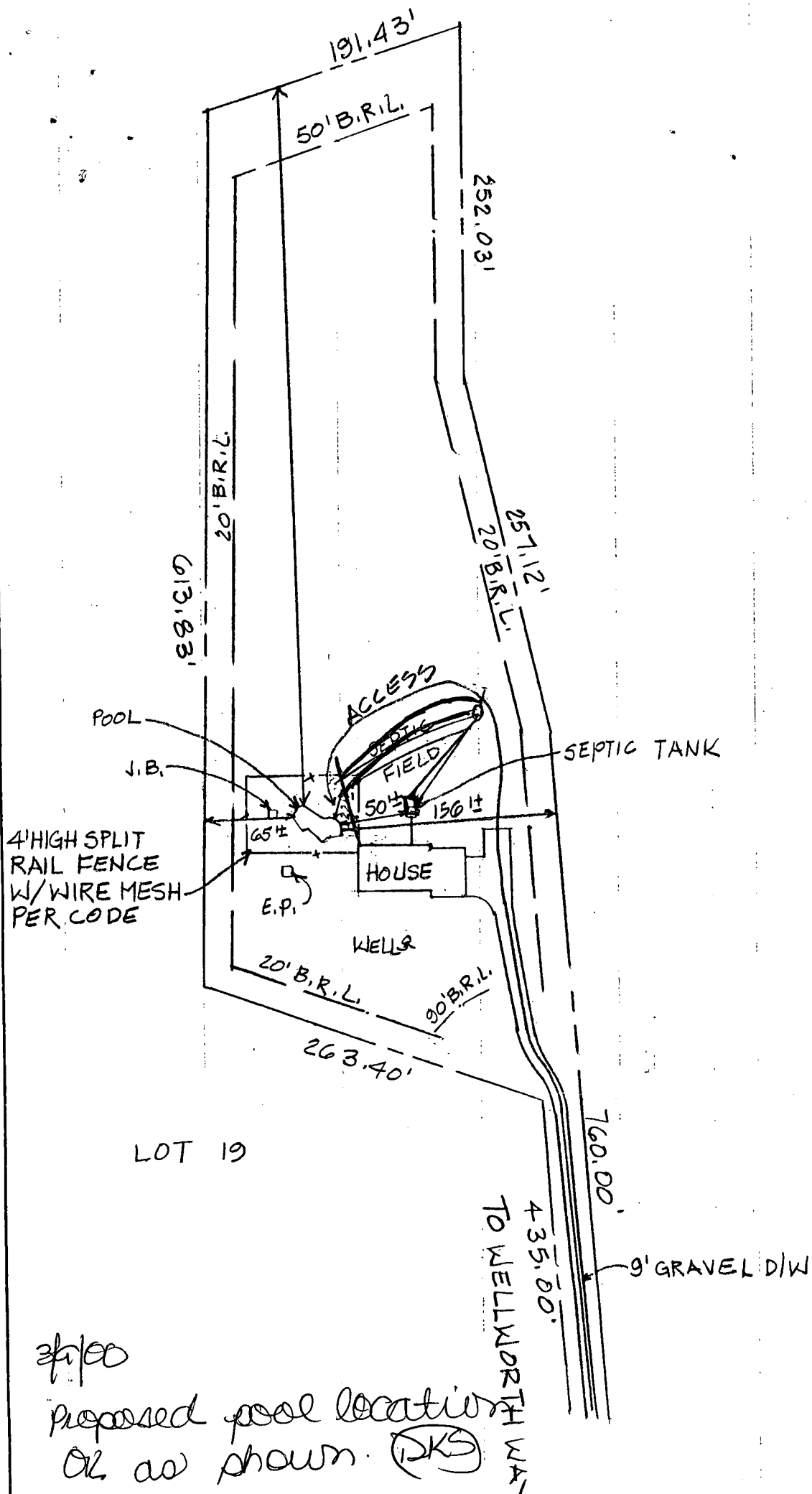
- OUT OF HOUSE 522.4
- INTO TANK 521.8
- OUT OF TANK 521.5
- INVERT INTO TRENCH 520.5
- X TQ GRADE AT TRENCH 523.

Approved Septic System Plan
 Howard County Health Department

Amy McMill
 Signature

4/18/96
 Date

WELLWORTH WAY



LOT 19

3/1/00

Proposed pool location
 as shown. (DKS)

TO WELLSBORO TOWN WAY

SCALE: 1" = 100'