

B 1 22405

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO - 15 - 0126 fill in this form completely

Date Received (APA)

8 4 2015

OWNER INFORMATION

VANDERPOOL William 15029 Double Bridges CT GLENELG MARYLAND 21738

B 3

LOCATION OF WELL

HOWARD COUNTY MERIWETHER FARM SECTION 1 LOT 10 GLENELG NEAREST TOWN

DRILLER INFORMATION

SCOTT MILLER MS D 214 NORTHERN VIRGINIA DRILLING 11356 INDUSTRIAL RD MANASSAS VA

B 4

SOURCES OF DRILLING WATER

1. DRINKING

15029 Double Bridge CT ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 0001 BLK: PARCEL 24

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NO. 13 STATE SIGNATURE DATE ISSUED 8/21/15 CO SIGNATURE EXP. DATE 8/21/16

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH 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

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) 41 52

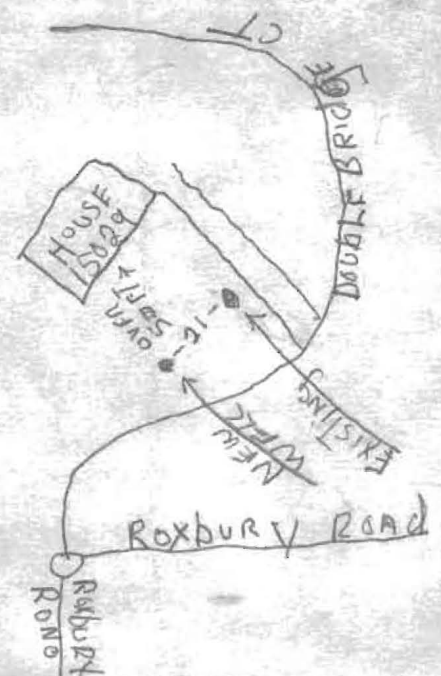
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No. HO - 15 - 0126

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Drill at stated/approved well locations



C1 22607

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received MM DD YY 01 06 16

DATE WELL COMPLETED MM DD YY 03 26 15

Depth of Well 22 420' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-15-01216

OWNER VAN DER BEEK, WILLIAM WELL SITE ADDRESS 15029 DOUBLE BRIDGES CT TOWN GLENELG SUBDIVISION HERMITAGE FARMS SECTION 1 LOT 10

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, SANDSTONE, GREY SHALE, VOID W/SLURRY, BOLD SHALE, BOLD SANDS.

GROUTING RECORD yes no 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 casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MS D 214 DRILLERS SIGNATURE LIC. NO. D

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

Table with columns: C 2, DEPTH (nearest ft.), A 8 9 11 15 17 21, C 2 23 24 26 30 32 36, S 38 39 41 45 47 51, E N, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3.0 PUMPING RATE (gal. per min.) 14.0 WATER LEVEL (distance from land surface) BEFORE PUMPING 42' WHEN PUMPING 79'

PUMP INSTALLED DRILLER INSTALLED 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) 10 gpm PUMP HORSE POWER 1 HP PUMP COLUMN LENGTH (nearest ft.) 300'

LATITUDE 39.257852 LONGITUDE 77.039156 (DEFAULT COORD. WGS 84)

NOTES: Handwritten notes including 'Have over 10' 21' double braced well' and 'Roxbury Rd'.



HOWARD COUNTY HEALTH DEPARTMENT

56566

DATE
8 / 4 / 15

Received From

Northern Virginia

PHONE # 703-361-6859

Drilling Inc

For

Replacement Well

15039 Double BRIDGES CT

Glenn/g, MD

One Hundred Seventy

Dollars

CASH

CHECK

NO.

10177

\$

160 | -

Received By

M Youmans

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9-15-15 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 1698

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 15 - 0126

* PERSON ABANDONING WELL: Alan Hirsdale

WELL DRILLERS LICENSE NUMBER: MSD 213

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: William Vanderpool

* WELL LOCATION: 15029 Double Bridges Ct

COUNTY: Howard

NEAREST TOWN: Glencol

TAX MAP _____ BLOCK _____ PARCEL _____

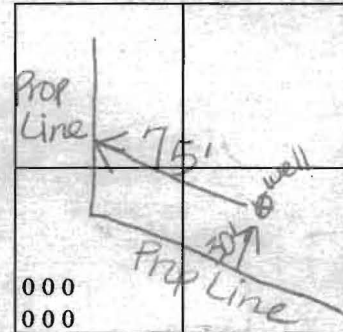
SUBDIVISION: Meriwether Farms

SECTION: 1 LOT: 10

NEAREST ROAD: Roxbury Rd.

MARYLAND GRID COORDINATES

BOX NUMBER E 3
N 7



SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6.25 ID INCHES IN DIAMETER

* DEPTH OF WELL: 280 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 1 Below Grade-cut

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	280'	0'

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ LICENSE # _____ CIRCLE ONE _____ DATE _____



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 15 - 0126
Site Address: 15029 Double Bridges Ct.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve 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.

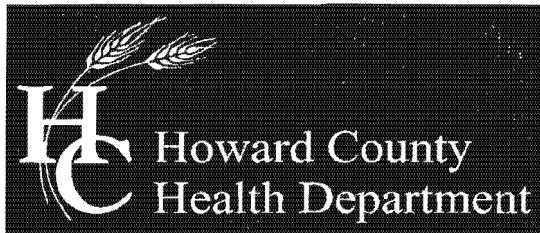
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 8/31/15 Date Insp. Approved: 8/31/15 Inspector: SC

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

tie-in to existing line



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

August 31, 2015

Homeowner
15029 Double Bridges Ct.
Glenelg, MD 21738

RE: Replacement Well Sampling
15029 Double Bridges Ct.
#HO-15-0126

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently no charge for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The existing (HO-95-1698) must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

March 3, 2016

William & Hannah Vanderpool
15029 Double Bridges Court
Glenelg, MD 21737

RE: **Replacement Well Sampling**
15029 Double Bridges Court
#HO-15-0126

Dear Mr. & Mrs. Vanderpool,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

An initial letter requesting sampling was sent in August of 2015. It is especially important that the Health Department obtain bacteria testing results as the previous well on the property had elevated levels of coliform bacteria. There is a potential for bacterial contamination of the new well if both wells share the same aquifer.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Environmental Health Specialist
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

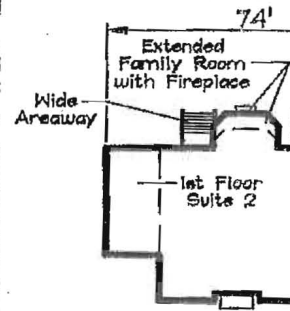
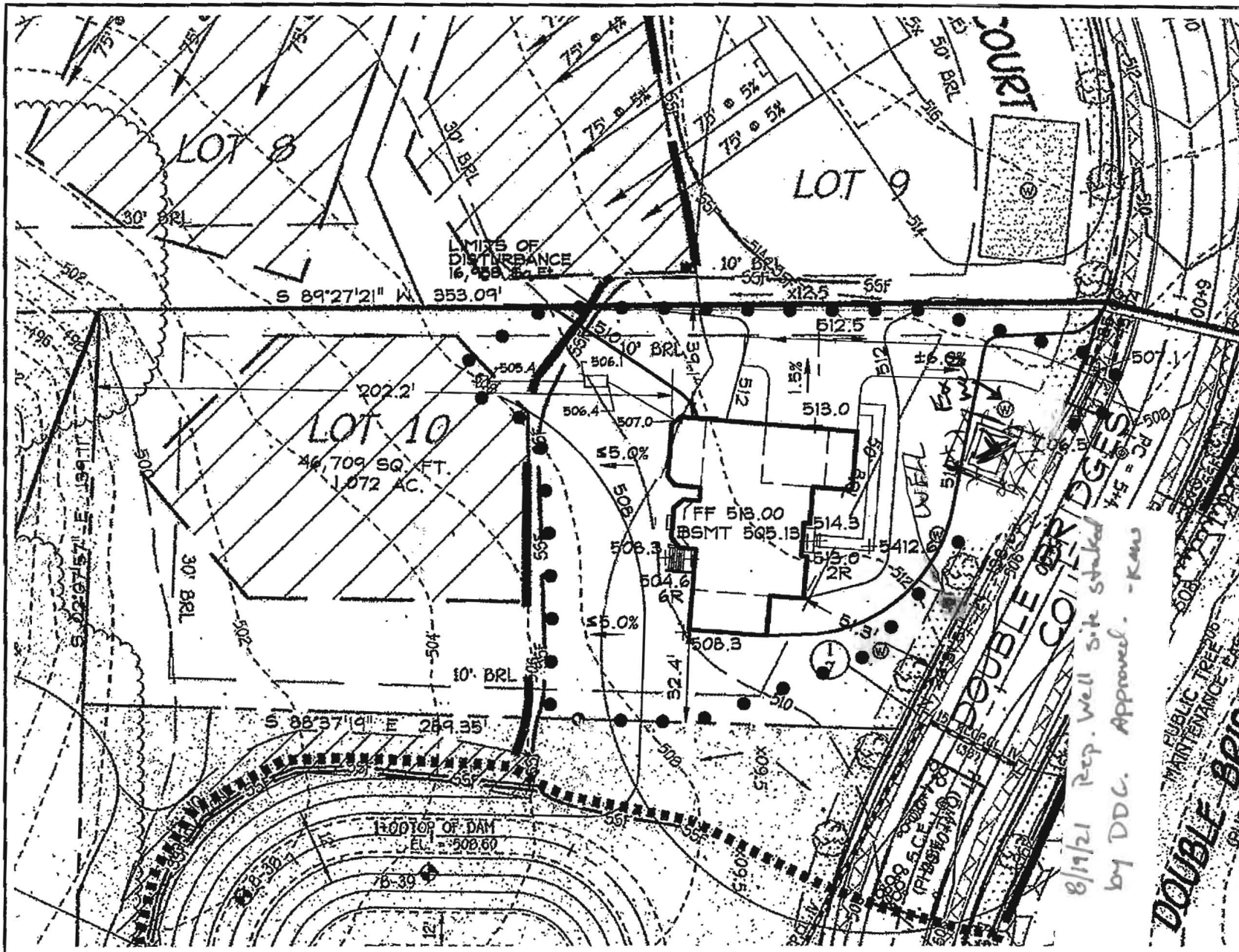
Well Site Location:

<u>MERIWETHER FARM</u>	<u>10</u>	<u>DOUBLE BRIDGES COURT</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS, INC (professional land surveyor or company employing professional land surveyors) on AUGUST 17, 2015 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



MANHATTAN
ELEVATION
BRICK AND STONE

GENERAL NOTES

1. BASE SQUARE FOOTAGE: 4,140 sq. ft.
2. BASE INFORMATION: THIS PLAN IS AN APPROVED FINAL PREPARED BY F AND CARTER INC. 12/17/08.
3. EJECTOR PUMP: SEWER BASEMENT.
4. DRIVEWAY CULVERT: THE APPROVED F-08-139.

8/14/21 Rep. Well site staked
by DDG. Approved. -Kaw

DOUBLE BRICK
SILTY SANDS
PUBLIC TREE MAINTENANCE

SILT FENCE

MERIWETHER FARM
4th ELECTION DISTRICT HOWARD COUNTY, MD
TAX MAP 21, PARCEL 24

LOT 10
15029 DOUBLE BRIDGES COUN.
GLENWOOD, MD 21738
PLOT PLAN
KHOV ELEVATION

OWNER/BUILDER:

Work Plan for 15029 Double Bridge CT Glenelg Maryland 21738
Vanderpool residence 8/4/, 2015

Northern Virginia Drilling, Inc. proposes the following:

- Drill 1 Water wells located in the yard of address above.
- The wells will be 6" in diameter.
- We will abandon existing well.
- These cuttings will be placed on plastic tarp and covered to keep them from being blown into the drains or on other areas.
- Silt fence will be in install a long with straw We will control run off.

Neil Self

Wolf, Kevin

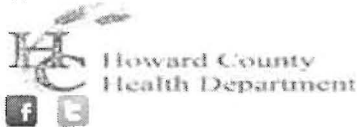
From: Wolf, Kevin
Sent: Tuesday, August 11, 2015 12:27 PM
To: Clark, Russell (RClark@KHOV.COM)
Cc: Brian Collins; neil.self@nvdinc.com
Subject: 15029 Double Bridges Court Repl. Well
Attachments: 20150811122711312.pdf; WellSiteLetter.pdf

Russ,

The owner at the above referenced address is out of water. Northern Virginia Drilling has submitted a well permit application to drill a replacement well for the property owners. Is it possible to have someone from DDC come out and stake the replacement well sites as approved on the Perc Cert plan/BAT site plan? This is an unfortunately situation for them due to the fact that they have only been in the house for 6 months. I have attached the information pertaining to the old well and other pertinent property info. Let me know if you can help. All I would need is a confirmation from the surveyor that the alt. well locations have been staked. See attached well site stake out form.

Thanks,

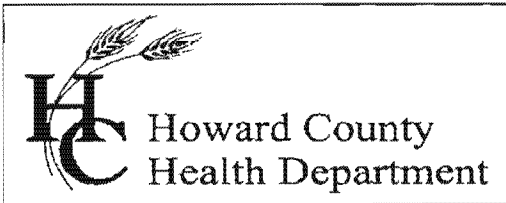
Kevin M. Wolf, LEHS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

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Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR BACTERIA

Expiration Date – January 15, 2015

December 19, 2014

William & Hannah Vanderpool
15029 Double Bridges Court
Glenelg, MD 21737

**RE: Meriwether Farm Section 1, Lot # 10
15029 Double Bridges Court
Building Permit: B13003370
Well Permit: HO-95-1698**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **12/19/2014**. Final approval of the well line connection to the dwelling was granted on **6/23/2014**. The well construction was completed on **2/5/2009**. Water samples were collected on **12/15/2014** and **12/18/2014**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability or

b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability **or**

c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

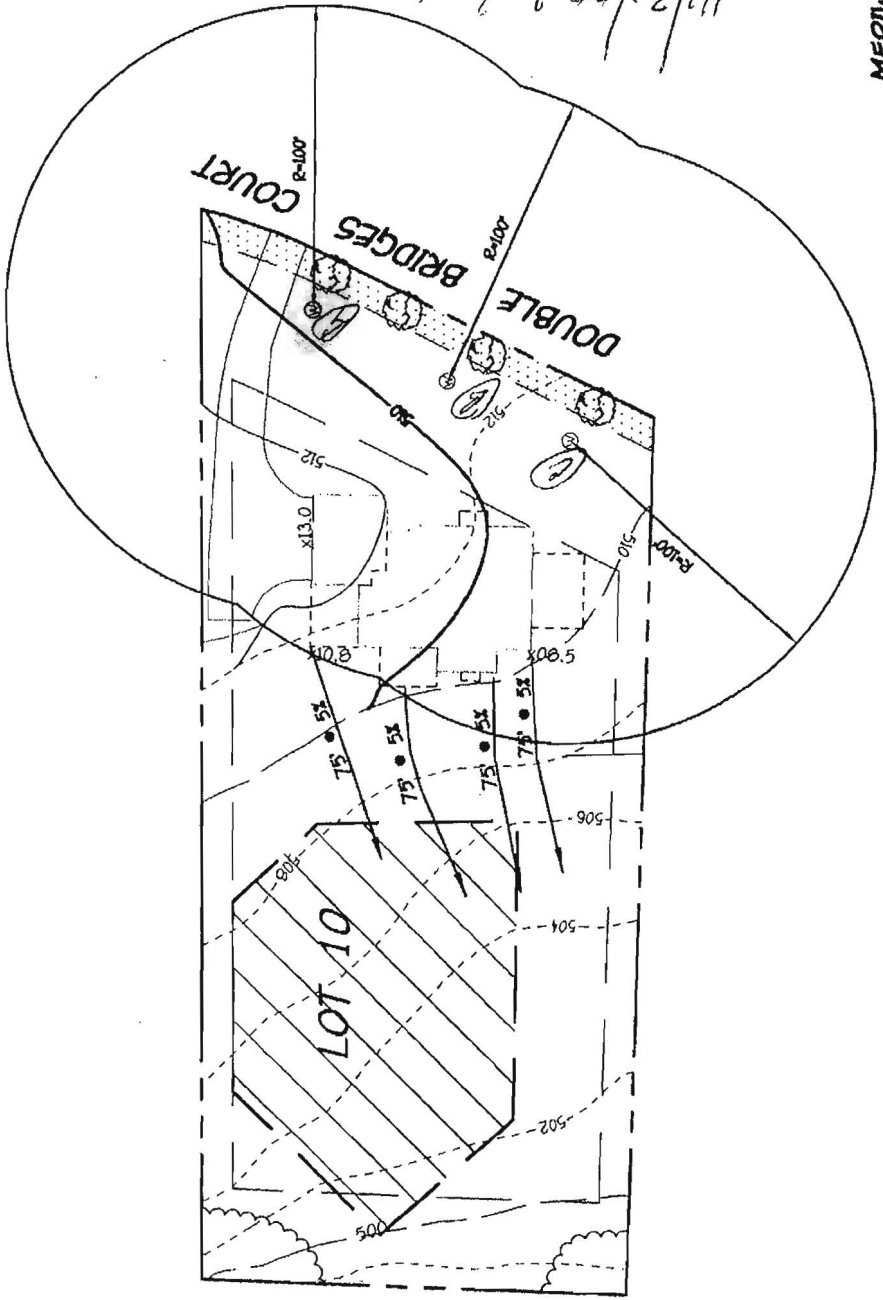
Hank Oswald

Hank Oswald, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



11/20/08 Well Sites OK (E)



**MEGWETHER FARM
SECTION ONE**

WELL LOCATION PLAN
LOT 10

ZONED RC-DEO

TAX MAP No. 21 GRID No.14, 15, 20 & 21

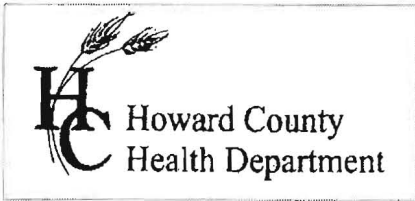
PARCEL No. 24

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE 1"=60' DATE: OCT. 6, 2008

FESHER, COLLINS & CARTER, INC.
CITY ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - SUITE BALTICORE NATIONAL PKC.
ELICOTT CITY, MARYLAND 21042
410.961.8655



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

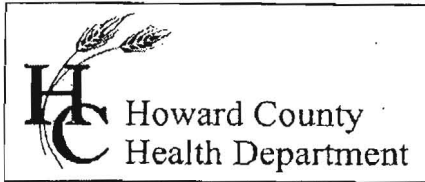
Well Site Location:

Subdivision/Property Name	Lot #	Road Name
Meriwether, Section 1	10	Double Bridges Court

- The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on Oct. 7 & 8, 2008 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07



Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 8/5/12/14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 546356

INSTALLATION APPROVAL DATE: _____ **PERMIT** A _____

CONSTRUCTION

PROPERTY ADDRESS: 15029 Double Bridges Court

SUBDIVISION: Meriwether Farm Section 1 LOT: 10 TAX ID: _____

CONTRACTOR: Ben Lewis Plumbing EMAIL: _____

CONTRACTOR ADDRESS: 23407 Frederick Road, Clarksburg, MD 20871 PHONE: 301-674-3324

PROPERTY OWNER: K Hovnanian Homes EMAIL: _____

OWNER ADDRESS: 1802 Brightseat Road, Landover, MD 20785 PHONE: 301-683-6268

BAT UNIT MODEL: HOOT ABNR 600 BAT UNIT SIZE: 600 GPD

PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>155'</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6'</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set BAT unit and pump tank per plan. Set distribution box per plan. Install equal length trenches on contour.	

ISSUED BY: Jeff Williams ISSUE DATE: 8/13/14 EXPIRATION DATE: 8/13/15

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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 410-313-1771 TO SCHEDULE INSPECTIONS.**

NOT TO SCALE

See As-Built Drawing
On Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3.5'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		156'
ABSORPTION AREA		468 + Sidewall
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Mayer Bros
CAPACITY	~2,100 GAL
SEAM LOC	Top
TANK LID DEPTH	05-15'
BAFFLES	Front
BAFFLE FILTER	N/A
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	N/A
DATE ON LID	Dry
PUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION

10/1/2014 Layout done. (BIB)

INSTALLATION:

10/7/2014 Tank set. Working on trenches. (BIB)
10/10/2014 System finished. Need BAT certification from Mayer Bros. inspector. (BIB)

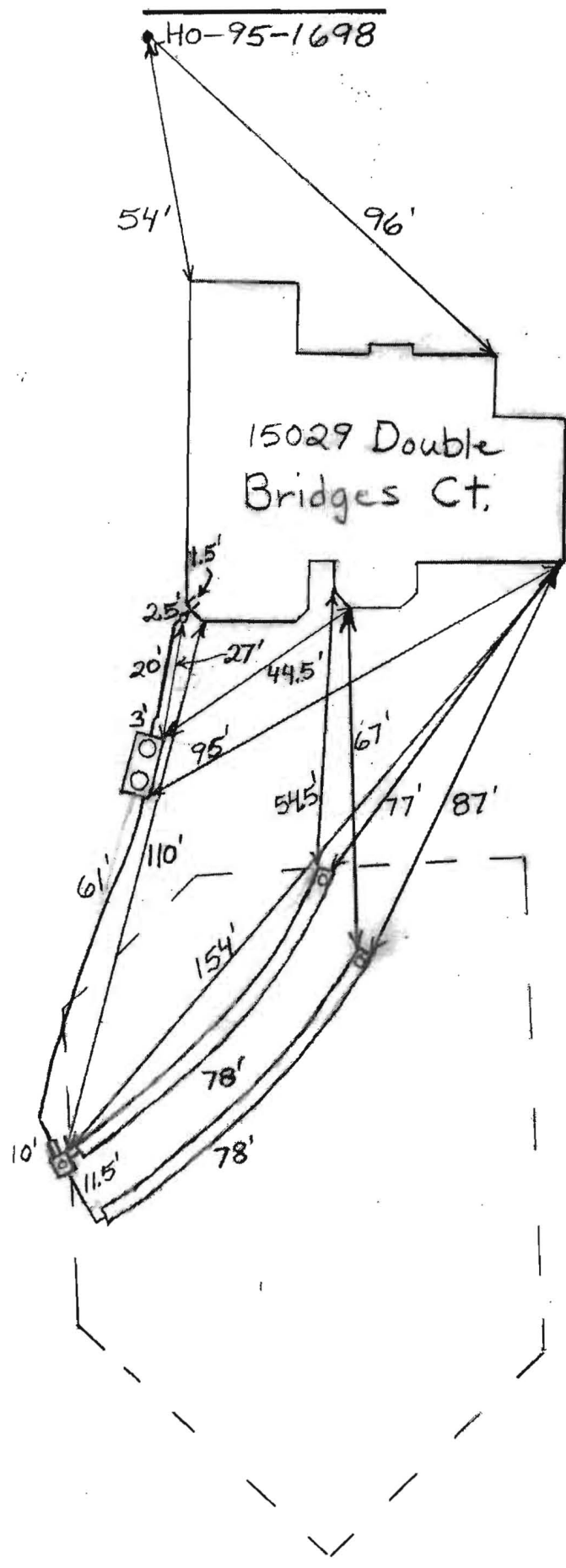
Received letter of satisfaction for The Root Systems Install.
Date of final inspection: 12/10/14 (H.D.)

FINAL INSPECTOR

Hank Oswald

DATE OF APPROVAL

12/19/14



CURVE TABLE						
CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.	CHD. DIST.
C-1	185.00'	43.04	13°19'42"	21.62'	S19°52'00"W	42.94'

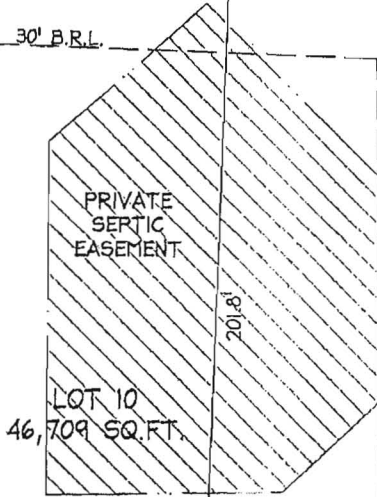
PART OF BUILDABLE
PRESERVATION
PARCEL 'A'

MARYLAND COORDINATE SYSTEM
NAD'83



N02°07'57"E 139.11'

LOT 8



PRIVATE
SEPTIC
EASEMENT

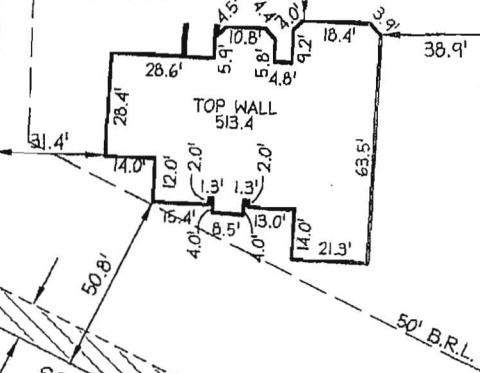
LOT 10
46,709 SQ. FT.

NON-BUILDABLE
PRESERVATION
PARCEL 'D'

289.35'

M 191°17'58"N

THE BUILDING
SHOWN HAS
POURED CONCRETE
WALLS



LOT 9

N89°27'21"E 353.09'

*OK
5/30/14*



SURVEYOR'S CERTIFICATE

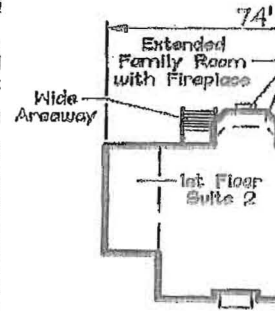
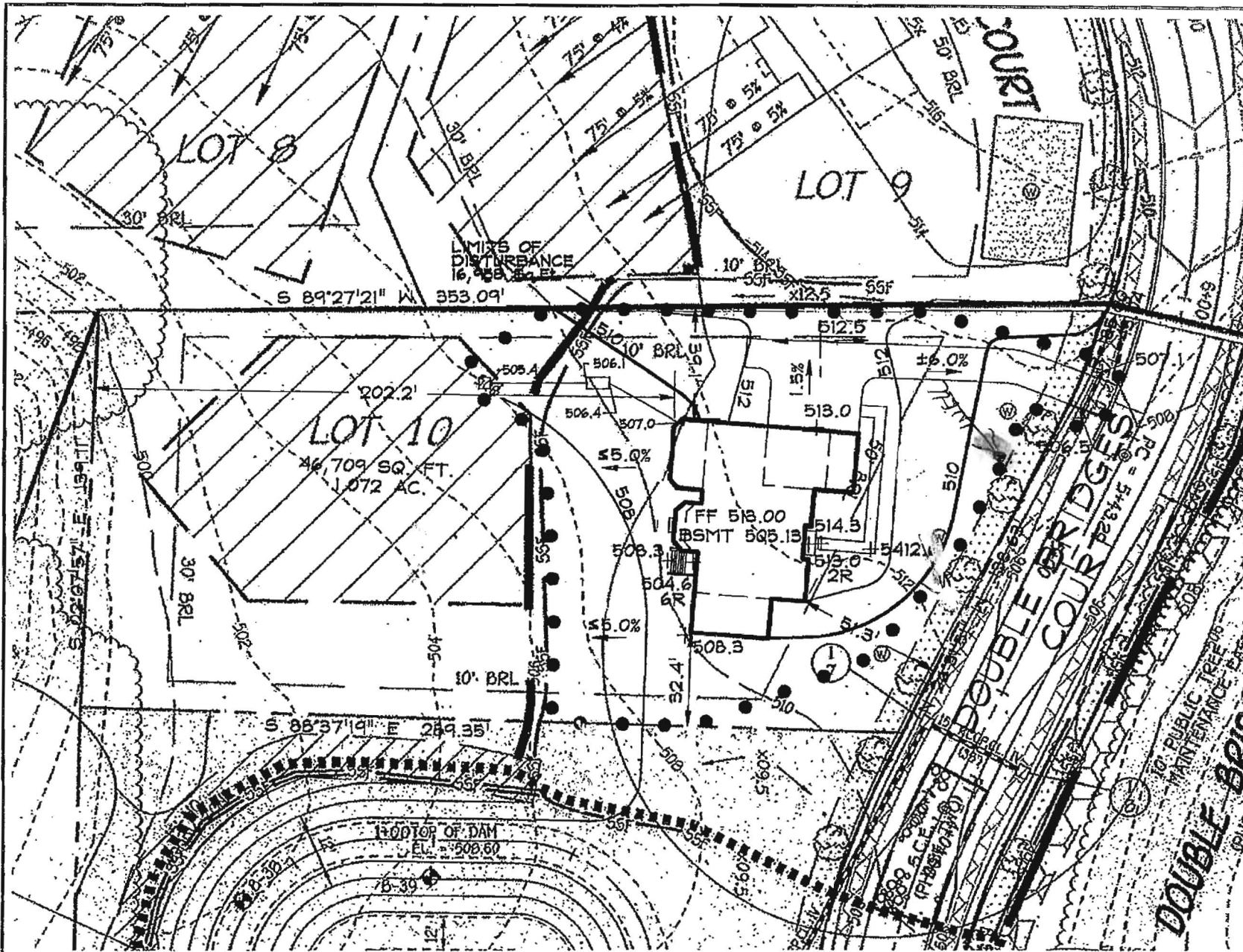
I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE. I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/6/14.

Robert B. Southard

10' PUBLIC TREE
MAINTENANCE
EASEMENT

S26°31'51"W 121.77'
DOUBLE BRIDGES COURT
(PUBLIC ACCESS PLACE)
50' R/W

C-1



MANHATTAN
ELEVATION
BRICK AND ST

GENERAL NOTES

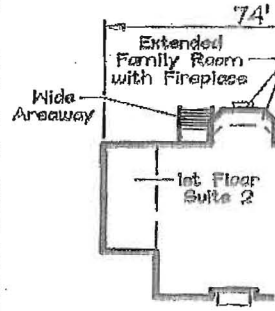
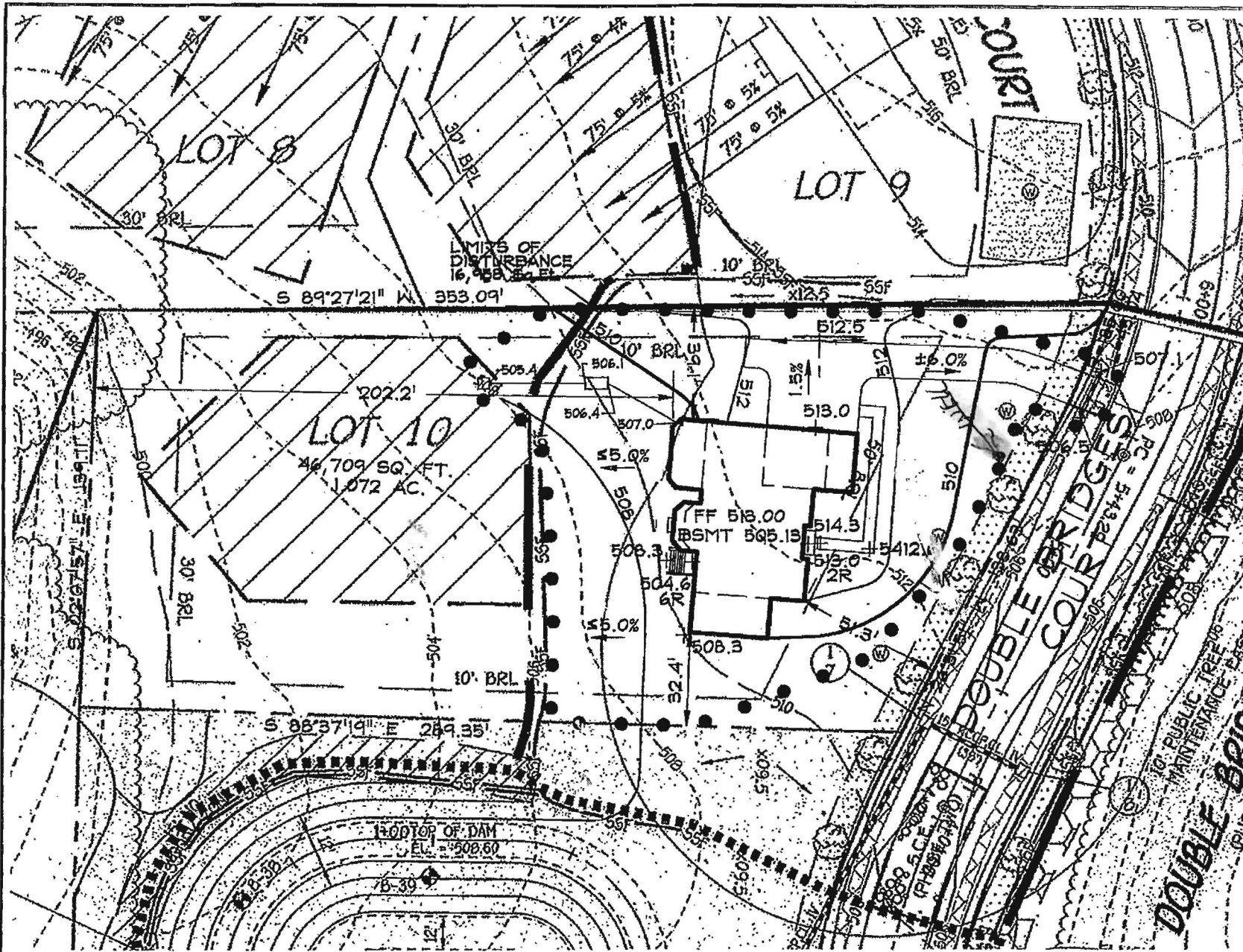
1. BASE SQUARE FOOTAGE OF HOUSE: 4,140 sq. ft.
2. NUMBER OF BED ROOMS: 2
3. THIS PLAN IS SUBJECT TO ALL CITY AND COUNTY APPROVED FINANCIAL REGULATIONS AND IS PREPARED BY THE ARCHITECT AND ENGINEER IN ACCORDANCE WITH THE APPROVED FINANCIAL REGULATIONS OF THE CITY OF GLENWOOD, MD. DATE: 12/17/08.
4. EJECTOR PUMP FOR SEWER BASEMENT. SEE PLAN FOR LOCATION.
5. DRIVEWAY CULVERT UNDER DOUBLE BRIDGES. SEE PLAN FOR LOCATION AND APPROVED FINANCIAL REGULATIONS OF THE CITY OF GLENWOOD, MD. DATE: 12/17/08.

1-50
SCALE

MERIWETHER FARM
4th ELECTION DISTRICT HOWARD COUNTY, MD
TAX MAP 21, PARCEL 24

LOT 10
15029 DOUBLE BRIDGES COURT
GLENWOOD, MD 21738
PLOT PLAN
KHOV ELEVATION

OWNER/BUILDER



MANHATTAN
ELEVATION
BRICK AND ST

- GENERAL NOTES**
1. BASE SQUARE FOOTING HOUSE 4,140 sq. ft. NUMBER OF BEAMS
 2. BASE INFORMATION THIS PLAN IS AN APPROVED FINAL PREPARED BY [NAME] AND CARTER IN 12/17/08.
 3. EJECTOR PUMP SEWER BASEMENT
 4. DRIVEWAY CULVERT THE APPROVED F-08-139.

1-50
SCALE

MERIWETHER FARM
4th ELECTION DISTRICT HOWARD COUNTY, MD
TAX MAP 21, PARCEL 24

LOT 10
15029 DOUBLE BRIDGES COURT
GLENWOOD, MD 21738
PLOT PLAN
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