

4/12/90 3P5
05-407192

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 45782

A 38575

DISTRICT 5th

DATE 4/12/90

DATE SYSTEM APPROVED 4/12/90

INSPECTOR M. Riskin

Claude Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Twelve Hills ROAD 13015 Twelve Trees Ct. LOT 16

PROPERTY OWNER Stephen J. Lape

**BUILDING PERMIT SIGNED
AND RETURNED**

ADDRESS 2-2875 BOMIS 2329-LP TANK

~~IF CABBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~CARBON CHLORINE~~ ~~YES~~ ~~XXXXXXXXXXXX~~ ~~NO~~ ~~XXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Place the first trench 280 feet down the left lot line (434.78') and 110 feet off the same lot line as seen when facing the lot from Twelve Trees Court. Run trenches on contour toward the left lot line (434.78').

NOTE - Maintain a minimum of 100 feet from the well.
- No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OKW

PLANS APPROVED BY Jane E. Nadeau cm DATE 07/12/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

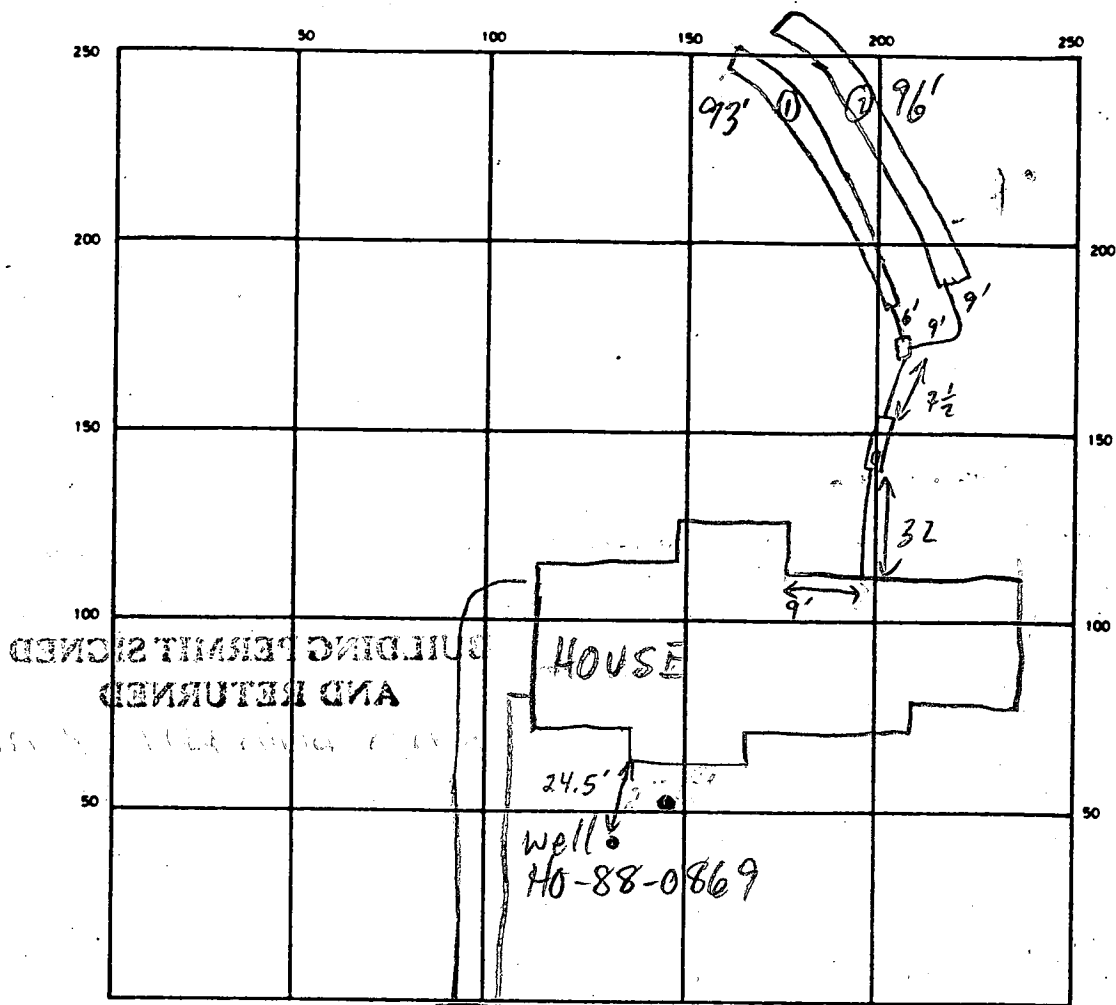
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38575



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

TWELVE TREES CT

SEPTIC TANK. LEVEL 1500 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK - BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 093' 96' FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 0342' 2384' SQ. FT.

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

ABSORBENT AREA 756 SQ. FT.

REMARKS 4/12/90 OK TO COVER ALL WHEN READY MR

DATE SYSTEM APPROVED

4/12/90

INSPECTOR

M. Rifkin

A 38575SUBDIVISION: Twelve Hills, Sec-2
Twelve Trees CtLOT NUMBER: 16DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES180 sq. ft./bedroom4Trench to be 2.0 ft wide.Inlet 3.0 feet below original grade.Bottom maximum depth 7.0 feet below original grade.Effective area begins at 3.0 feet below original grade.4.0 feet of stone below distribution pipe.

720 sq ft needed
for 4 Bedrooms
180 sq ft long

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Place the first trench 280 ft down the
left lot line (434.78') and 110 ft off the same lot line
as seen when facing the lot from Twelve Trees Court.
Run trenches on contour toward the left lot line
(434.78'). Maintain a minimum of 100 ft from the
well. JEN 7-12-89

APPLICATION

PERCOLATION TESTING

A 38575

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE 12/17/86

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 Altogether Limited Partnership Stephen J. Lape
ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 854-5745
465-5855

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE Lot 16 sec 2 (Final)
NEW 9 (April 87)

PROPERTY LOCATION:
SUBDIVISION Altogether LOT NO. 76
ROAD AND DESCRIPTION Linden Church Rd + Rt 32 13015 Twelve Trees Ct.

TAX MAP 28 PARCEL # 66
SIZE OF LOT 4.3 acres 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. Mal A. Reid
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/17/87 Per OK / Hold for Plat A77

BLDG. PERMIT SIGNED
AND RETURNED 9/19/89
Serial # 29156 - SFD - 4 Bed

THIS IS NOT A PERMIT

SOIL PROFILE

cut

2011

Run

12



✓

CLAY

BRUIN

5/10/19

✓

CLAY

5AN

200

10

1

Brown

500

079-20

12-10

413

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

av
Time
5 min
Max
Depth
3 FT

REMARKS

TYPE OF SOIL

TESTED BY:

Holes Dig Per Survey ~~one~~ Plant

BHOLGES

ALSO PRESENT

DAVE
CLINT
OLIVER

~~N 510,400~~
~~E 811,000~~

12/10 87

10-10-68

560° 50' 37" E

368° 57' 40" E
32.93'
32.81'
S 88° 03' 10" E
100.20'

32.81

384.26

1034

LOT 17
3.102 AC.±

LOT 16
3.505 AC. ±

55 COURT 566
W 50' R/W

||
AC. ±

PART OF
LOT 12

LOT 13
3.358 AC. ±

20' DRAINAGE
UTILITY EASEMENT
S 44° 55' 22" E
46.21'

3/8/90

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

461-9933

APPLICATION FOR PITLESS ADAPTER, WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Final
C.B.
Receipt # 45639
Date 03/05/90

Name of Installer Robert A. Thurman

Telephone _____

License Number 17380

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Contractor DAN Ostericher Telephone 854-2714

Subdivision Twelve Hills Lot # 16 Well Tag # No - 88 - 0869

Site Address 131015 Twelve Tree Ct Clarksville

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible ☒
- Make Jacuzzi
- Model # _____
- Capacity 7 GPM
- Pump exceeds well capacity Yes ☒ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? yes

Piping

- Type Polyethylene
- Size 1 1/2"
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth 315 ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

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: Robert A. Thurman

Date: March 1, 1990

✓ 3/8/90 C.B.
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1	1006	SEQUENCE NO. (DENV 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 38575

ST/CÖ USE ONLY DATE Received	DATE WELL COMPLETED 07 31 37	Depth of Well 22 303 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0867
---------------------------------	--	--	--

OWNER Lee, Stephen
STREET OR RFD. last name Twelve Trees Ct first name TOWN Rayton
SUBDIVISION Twelve Hills SECTION 1 LOT 16

WELL LOG			GROUTING RECORD			C 3			
Not required for driven wells			WELL HAS BEEN GROUTED (Circle Appropriate Box)			yes Y 44 no N 44			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL			PUMPING TEST			
DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	CEMENT CM		BENTONITE CLAY BC		HOURS PUMPED (nearest hour)	
	FROM	TO		NO. OF BAGS		NO. OF POUNDS			PUMPING RATE (gal. per min. to nearest gal.)
Top Soil	0	2		GALLONS OF WATER		METHOD USED TO MEASURE PUMPING RATE Bucket		WATER LEVEL (distance from land surface) BEFORE PUMPING	
Shale	2	35		DEPTH OF GROUT SEAL (to nearest foot)		WHEN PUMPING			TYPE OF PUMP USED (for test)
Mika	35	60		from 48 TOP 52 BOTTOM 58		ST CO STEEL CONCRETE		OTHER CASING (if used)	
Sandstone	60	65		ft. to 54 58		PL OT PLASTIC OTHER			
Mika	65	220		MAIN CASING TYPE		Nominal diameter top (main) casing (nearest inch)		Total depth of main casing (nearest foot)	
Sandstone	220	225		PL		60 61		63 64	
Mika	225	305		66 67		68 69		70 71	
				ST CO STEEL CONCRETE		PL OT PLASTIC OTHER			
				ST CO STEEL CONCRETE		PL OT PLASTIC OTHER			
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				ST CO STEEL CONCRETE		PL OT PLASTIC OTHER			
				ST CO STEEL CONCRETE		PL			

C A S I N G	screen type or open hole	insert appropriate code below	SCREEN RECORD		PUMP INSTALLED
					DRILLER WILL INSTALL PUMP YES ☒ NO ☐
	diameter inch	depth (feet) from	to	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
	CAPACITY: GALLONS PER MINUTE (to nearest gallon)	PUMP HORSE POWER	PUMP COLUMN LENGTH (nearest ft.)	CASING HEIGHT (circle appropriate box and enter casing height)	LAND SURFACE
	C 2	DEPTH (nearest ft.)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49		49
CIRCLE APPROPRIATE LETTER					49

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL	3 SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH)	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)
--	---	--

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.

423

36 60
from to

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

PLATE 1

Two

DRILLERS IDENT. NO. <u>1234</u> 	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Twelve Trees Ct Twelve Trees Rd					
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) 	<table border="1"> <tr> <td>T</td> <td>(E.R.O.S.)</td> <td>W Q</td> </tr> <tr> <td>70 ☐</td> <td>72 ☐</td> <td>74 ☐ 75 ☐ 76 ☐</td> </tr> </table>		T	(E.R.O.S.)	W Q	70 ☐	72 ☐
T	(E.R.O.S.)	W Q					
70 ☐	72 ☐	74 ☐ 75 ☐ 76 ☐					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) 	TELESCOPE CASING LOG INDICATOR	OTHER DATA LINDEN CHURCH RD					

Page 7/31/89 of 89
Date

Review

OK MR 10/27/89

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0869
Location of property (road) Twelve Trees Court
Subdivision Twelve Hills Lot 16 Block Plat Sec. 1
Well Driller Frank Delph Owner Lee, Stephen

Depth of well 305 ft
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
Total time 30 min to reach pumping water level 8.5 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	86'	20 sec		36 GPM
9:15	86'	20 sec		36 GPM
9:30	86'	20 sec		36 GPM
9:45	86'	20 sec		36 GPM
10:00	85'	20 sec		36 GPM
10:15	85'	20 sec		36 GPM
10:30	85'	20 sec		36 GPM
10:45	85'	20 sec		36 GPM
11:00	86'	20 sec		36 GPM
11:15	85'	20 sec		36 GPM
11:30	85'	20 sec		36 GPM
11:45	85'	20 sec		36 GPM
12:00	85'	20 sec		36 GPM
12:15	85'	20 sec		36 GPM
12:30	85'	20 sec		36 GPM
12:45	85'	20 sec		36 GPM
1:00	50'	20 sec		36 GPM
1:15	50'	20 sec		36 GPM
1:30	50'	20 sec		36 GPM
1:45	50'	20 sec		36 GPM
2:00	50'	20 sec		36 GPM
2:15	50'	20 sec		36 GPM
2:30	50'	20 sec		36 GPM
2:45	50'	20 sec		36 GPM

HD-224 2 00 50'

20 sec

36 GPM

42 ft PL 38 gpm 9 Barger

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0869
Location of property (road) Twelve Trees Court
Subdivision Twelve Hills Lot 16 Block Plat Sec. 1
Well Driller Frank Delph Owner Lee, Stephen

Depth of well 305 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 35 ft

$$\begin{array}{r} 309 \\ 265 \\ \hline 34 \end{array}$$

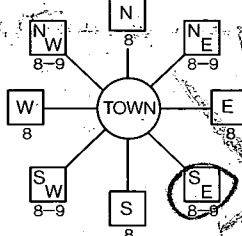
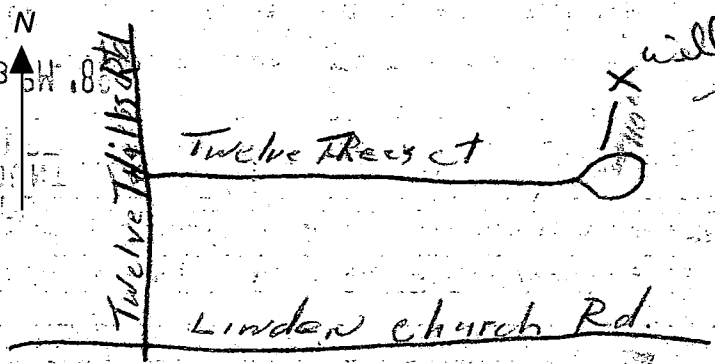
I. High rate pumping -- reservoir drawdown

Time pump started 8:30 am Pumping rate 10 gpm
Total time 30 min to reach pumping water level 85 ft. below M.P.

$$\begin{array}{r} 312 \\ 265 \\ \hline 477 \end{array}$$

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

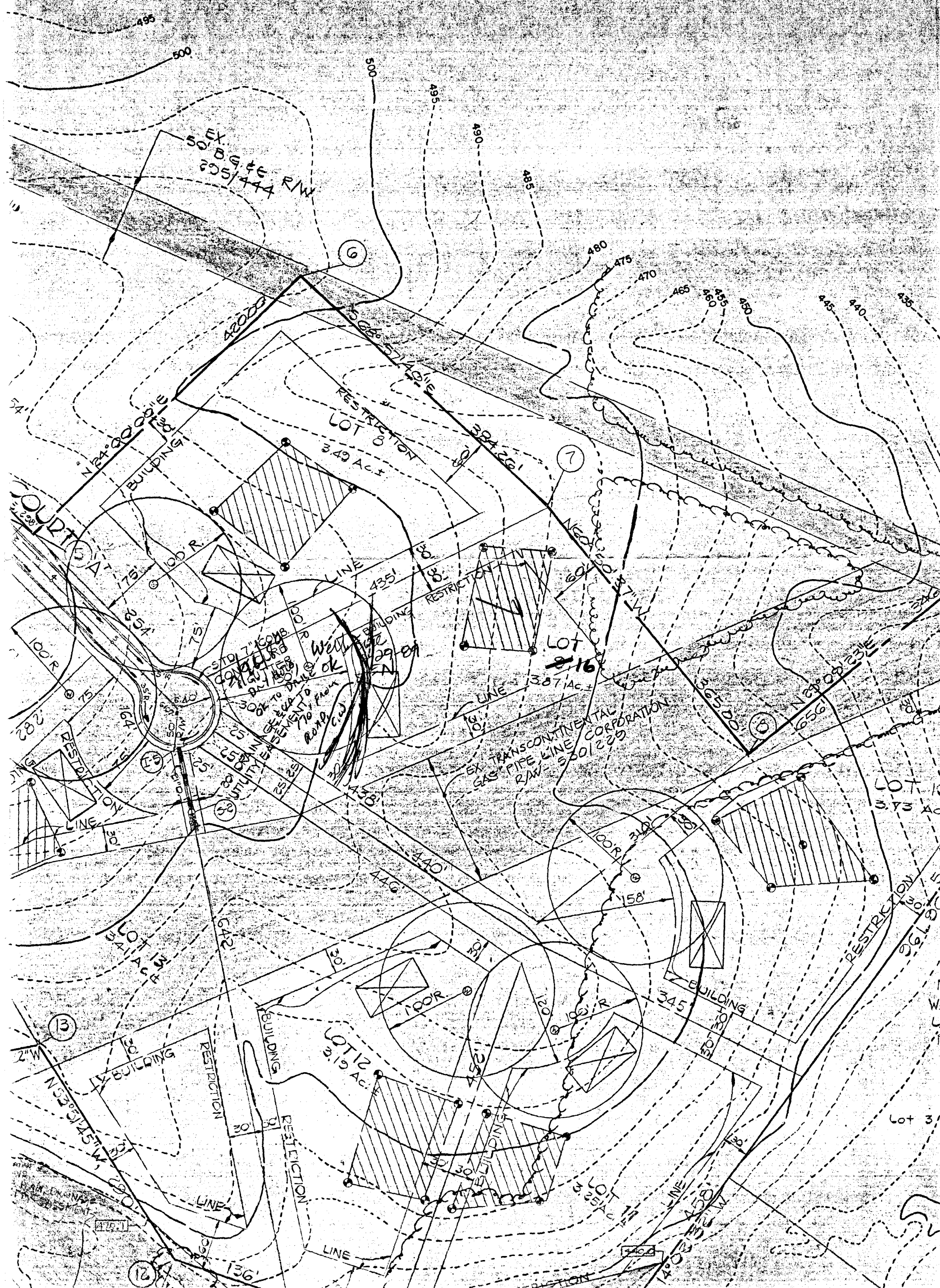
[illegible]

B 1 2161	SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-0869
OWNER INFORMATION Date Received (APA) 063089 LEE STEPHEN 11929 NEW COUNTRY LA 11 4121094		LOCATION OF WELL H0 21 8 COUNTY Twelve Hills 23 SUBDIVISION SECTION 1 LOT 16 11 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1.7 MI	
DRILLER INFORMATION Driller's Name Frank Delph 77 License No. 80 400 Firm Name Frank Delph Well Drillers Inc. Address 1234 Penn. St. Md. H. Ark. Signature Frank Delph Date 6/29/89		B 3 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		B 4 NEAR WHAT ROAD Twelve Trees Ct ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W E DISTANCE FROM ROAD 110 FT ENTER FT or MI FT	
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 COUNTY NAME Howard COUNTY NO. A 38575 STATE SIGNATURE _____ DATE ISSUED _____ INSERT S ☐ 071289 June 7, 1989 1-12-90 NORTH GRID 519000 EAST GRID 0010000	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		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 810 5109	
METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN ☐ 30 AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) ☒ 37 CABLE ☐ REVerse-ROTary ☐ Drive-POINT ☐ 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) ☒ 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 ☐ THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER G A P FORCE JN WRITE INITIALS IN BOX PERMIT No. H0-88-0869	
SPECIAL CONDITIONS			

15	10
16	9
17	8
18	7

11	14
12	13
13	12
14	11
15	10
16	9
17	8
18	7

7 MIN	4 FEET
11 MIN	4 FEET
2 MIN	3 FEET
4 MIN	3 FEET
4 MIN	3 FEET
8 MIN	4 FEET
8 MIN	3.5 FEET
8 MIN	4 FEET



HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

TO:

FROM:

DATE:

*516260
9/19/89
CW*

This office has received your building permit # 29156.
We are unable to approve your permit for the following reason(s):

☐ No septic elevations/site plans provided (example and septic specification enclosed).

☐ Incorrect septic specs. (See enclosure.)

☐ No invert elevation at _____

☐ No existing grade at _____

☐ No elevation at well.

☐ Invert at trench(s) incorrect. (See enclosed.)

☐ House too small.

☐ House to _____ less than _____ feet.

☐ Well to _____ less than _____ feet.

☐ Sewage easement location incorrect.

☐ No well on property.

☐ Other: PUT A CLEANOUT ON THE SEWER LINE EVERY 10 FT

TRENCH TOO SHORT FOR 4 BEDROOMS - WRITE EXACT LENGTH
OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC
PERMIT ISSUANCE

If you should have any question, please call RAYMOND HODGES
or _____ at 461-9933.

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOND, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 24, 1989

MEMORANDUM

TO: Engineers Preparing Building Permit Drawings

FROM: Craig Williams, Director *CW*
Water and Sewerage Program

SUBJECT: Septic System Specifications for Building Permits

In some instances, septic system specifications may not be immediately available upon request.

When specifications are not available, you may proceed with the following points in mind.

1. Plumb to the highest point of the septic reserve area.
2. The exact length of trench need not be calculated. If trench length is not known, show some trenches and state "trench-length to be determined at time of septic permit issuance".
3. Refer to the chart on the signed preliminary plat for the trench inlet depth. If not available, it is generally safe to assume an inlet depth of 3 feet below original grade.

If you have any further questions, please call 461-9933.

CW:JR

SUBDIVISION: Twelve Hills, Sec-2
Twelve Trees Ct

A 38575
LOT NUMBER: 16

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	sq. ft./bedroom
3 bedroom	1000 gallon	<u>Minimum Total Square Feet</u>
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

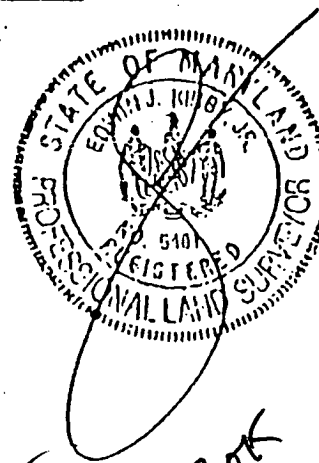
TRENCHES

Trench to be 2.0 ft wide. 180 sq. ft./bedroom
Inlet 3.0 feet below original grade. 4
Bottom maximum depth 7.0 feet below original grade. 720 sq ft needed
Effective area begins at 3.0 feet below original grade. for 4 Bedrooms
4.0 feet of stone below distribution pipe. 180 sq ft long

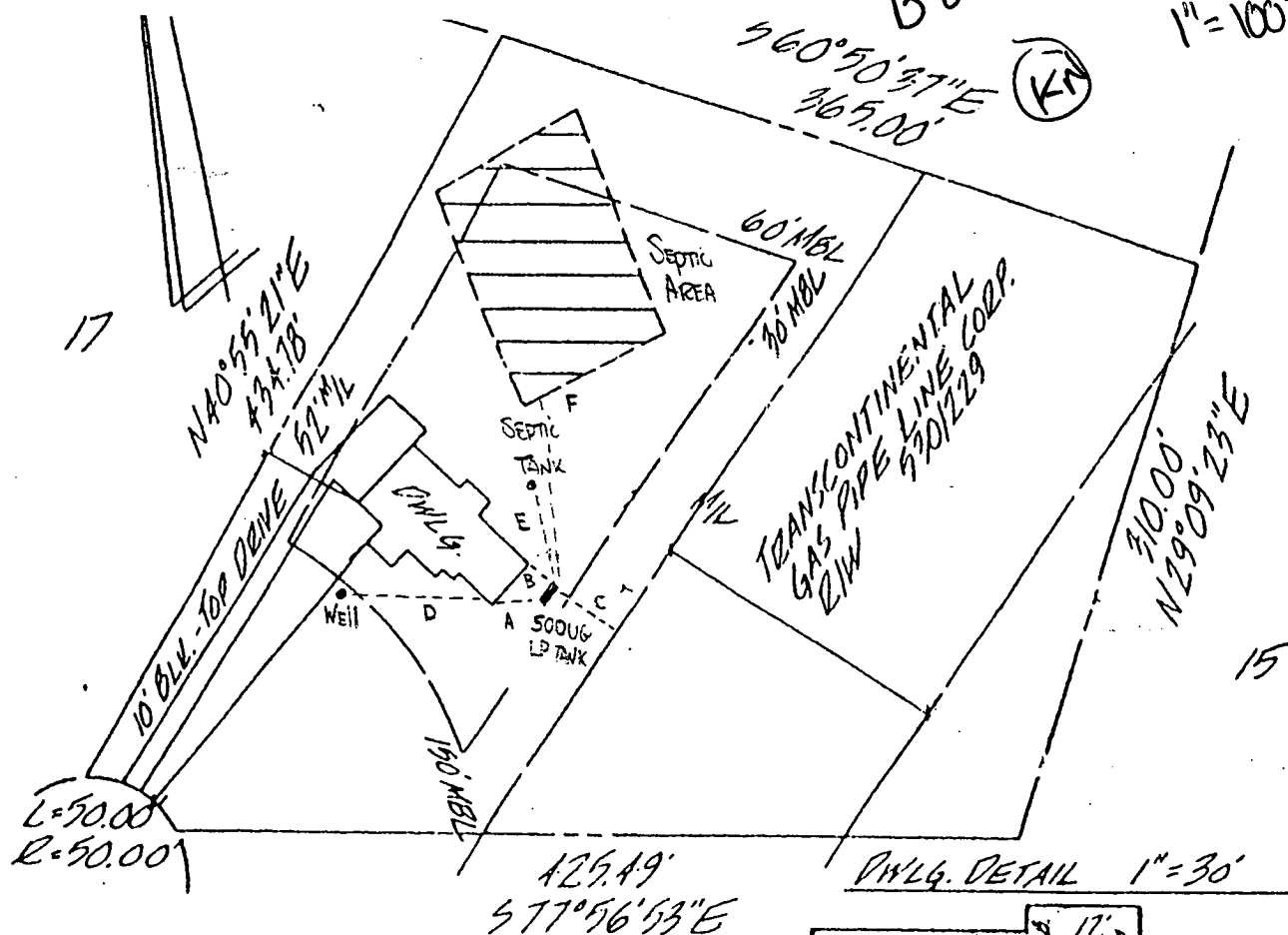
- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Place the first trench 280 ft down the
left lot line (434.78') and 110 ft off the same lot line
as seen when facing the lot from Twelve Trees Court.
Run trenches on contour toward the left lot line
(434.78'). Maintain a minimum of 100 ft from the
well. JEN 7-12-89

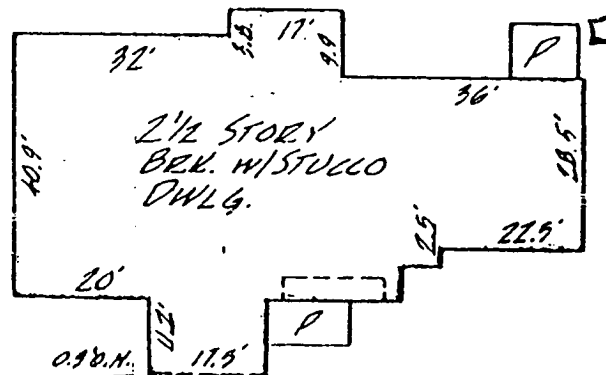
(A) FRONT CORNER HOUSE 21'
 (B) REAR CORNER HOUSE 15'
 (C) NEAREST PROPERTY LINE 37'
 (D) WELL 9'
 (E) SEPTIC TANK 44'
 (F) SEPTIC AREA 87'



2/28/05
B00152329 OK
✓ Scale
1" = 100'



#13015 Twelve Trees Court



EDWIN J. KIRBY & ASSOCIATES
800 Greenspring Valley Road
Lutherville, MD 21093