

6/14/90 EARLY PM
6/18/90 10-11

410770

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 45854

A 39907

DISTRICT 5th

DATE 5/2/90

DATE SYSTEM APPROVED 6/18/90

INSPECTOR BH

Fogle's Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Twelve Hills ROAD 14021 ~~Twelve Oaks Ct~~ LOT 38, Section 3

PROPERTY OWNER Thomas V. Rush

ADDRESS

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

GARBAGE GRINDER ☒ YES ☐ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 3 feet below original grade. 3.5 feet of stone below distribution pipe.

LOCATION - Beginning at the left rear lot corner as seen when facing the lot from Twelve Oaks Court, place the distribution box 200 feet down the left (330.82') lot line and 75 feet off the same lot line. Run trenches on contour toward the right (339.11') lot line. Maintain a minimum of 100 feet from the well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5-2-90 JEN

PLANS APPROVED BY Jane Nadeau DATE 5/10/89

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

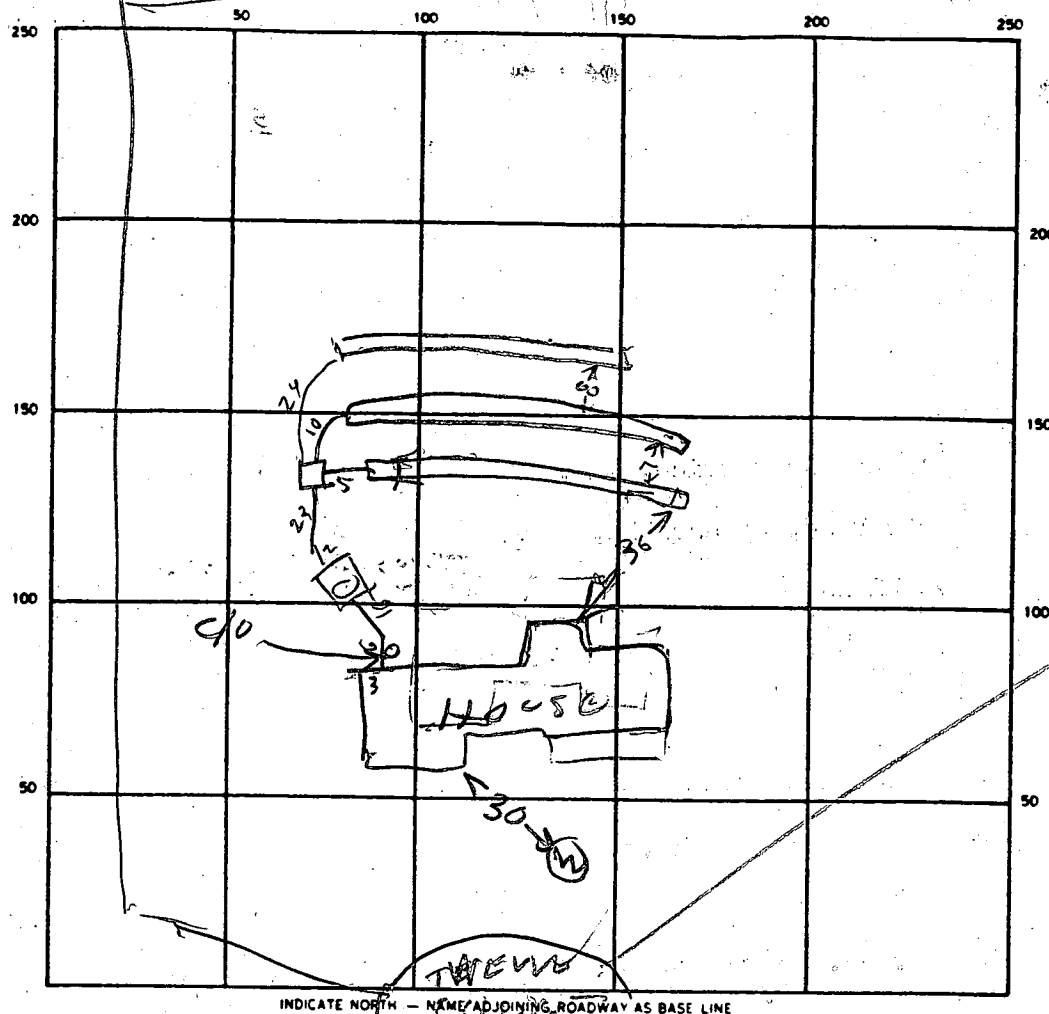
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

39907



SEPTIC TANK LEVEL

1250

CLEANOUTS

ST HOUSE SEWER
OK OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD DEPTH

7	7	5.5
4	4	3.5

TRENCH WIDTH

2

FT.

INLET DEPTH

3 1/2

FT.

EFFECTIVE GRAVEL DEPTH

4	4	3.5
---	---	-----

FT.

TOTAL LENGTH

70 1/2

FT.

NUMBER OF TRENCHES

3

ONE SIDEWALL/BOTTOM AREA

280	227	243	TOTAL
			810

DRYWELL INSIDE DIAMETER

FT.

EFFECTIVE DEPTH BELOW INLET

FT.

ABSORBENT AREA

SQ. FT.

REMARKS

6/14/90 LOCATION OK TRENCH #1 DUG TANK OK

ADD STONE TO TRENCH #1 DIG TRENCH #2

6/14/90 330 PM - NOTHING DONE LOSTONE TRUCK STUCK RH

6/18/90 1000 AM - GIVEN TANK & TRENCH #1 ADD STONE TO TRENCH #2

DIG TRENCH #3 RH 6/18/90 2000 PM TRENCH #2 & #3 OK RH

DATE SYSTEM APPROVED

6/18/90

INSPECTOR

Raymond J Hodge

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

9-23-87
Percs ok pending
subdivision plat
approval JEN

A 39907

P _____

DISTRICT 5 TH

DATE 8-19-87

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 ~~Alfred Bassler~~ Thomas V. Rush - 531-5731

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE Final 38

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. 18 ~~15~~ ~~new~~

ROAD AND DESCRIPTION 14021 Twelve Oaks Court, Linden Church Rd Clarksville, Md 21029

TAX MAP 28 PARCEL # 49

SIZE OF LOT 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. Paul D. Kinn
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-23-87 for subdivision plat approval, new lot line design, house & well site location and perc hole locations JEN

BOG. PERMIT SIGNED 4/2/88
AND RETURNED 10/2/89
Serial # 29965-SFD

THIS IS NOT A PERMIT

High
Low

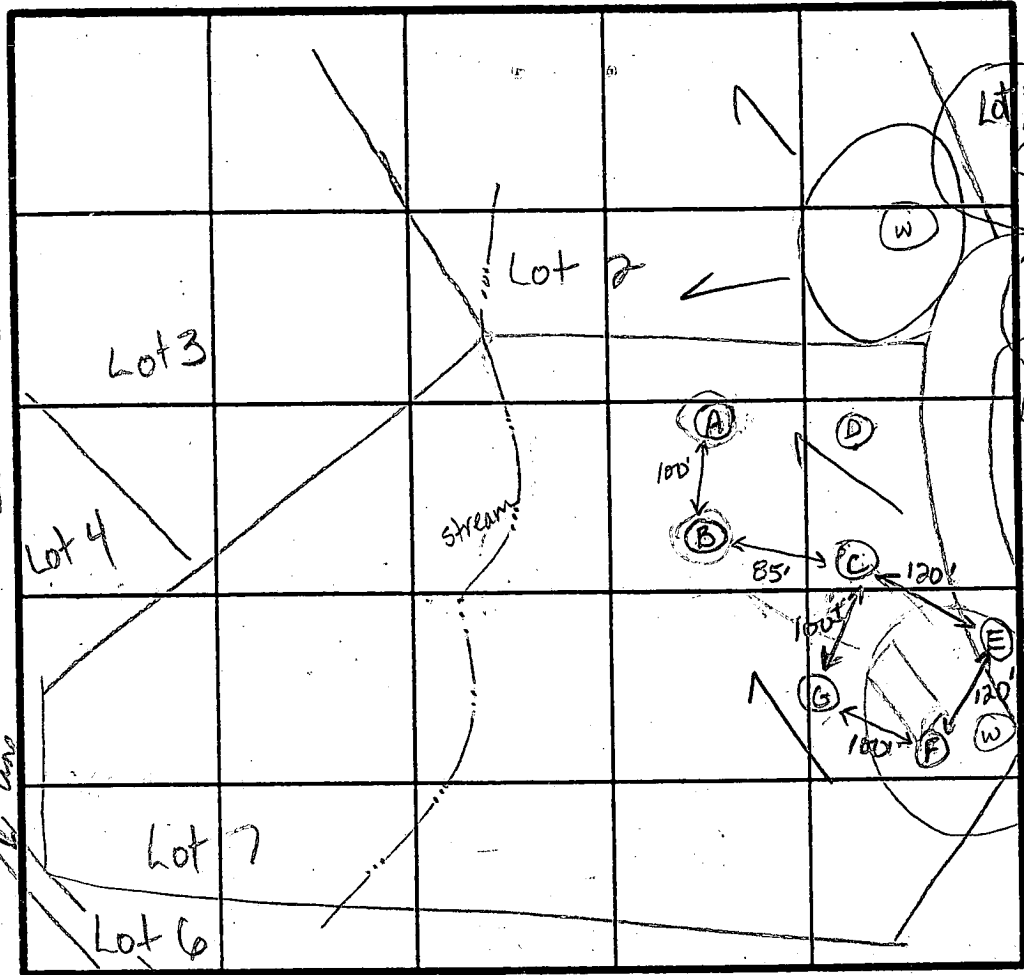
F
E
G
C
B
A

SOIL PROFILE

0-8±	Red s1 clay, tr. sa
0-7±	Red s1 clay, tr. sa
0-4	Red sa s1 clay, tr. gvl 25%
4-13.0	Red cl sa silt loam
13.0	Bottom

0-6±	Red sa s1 clay, large gravel 40%
6-12.5	Brown to gray sandy silt loam
12.5	Bottom

0-5.0	Br s1 sand loam, some gravel < 30%
5.0-11.0	Tan to gray sandy silt loam
11.0	Bottom



X Perc
3 MIN
180 #/BA
INLET 3"
BOTTOM 6"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-23-87	B	8± V	all clay				failed
9-16-87	A	7± V	all clay				failed
9-23-87	C	5.0 S	3:33	3:36	3:36	3:40	4
		13.0 D	Bottom (see profile)				
	E	6.0 S	3:37	3:39	3:39	3:41	2
		7.0 M	3:37	3:39	3:39	3:41	2
		12.5 D	Bottom (see profile)				
	F	10.5 V	(see profile)		Refusal at 10.5'		
	G	5.0± S	3:44	3:46	3:46	3:48	2
		11.0 D	Bottom (see profile)				

0-2.5 Brown s1 clay
2.5-7.0 Tan sa silt loam
7-10.5 Gray sa silt, tr. decomp. rock frags, < 20%
10.5 Refusal on indurated soils

D Not excavated

REMARKS Lower holes were solid clay. Must relocate lot lines to have house and well site. Make sure surrounding wells are 100 ft off septic area.
TYPE OF SOIL 0-4.5 Red sa s1 clay, 4.5-11 Brown sa silt loam

TESTED BY JE Nadeau ALSO PRESENT Alan K, Mark R, Dave,
Olen Sr & Jr

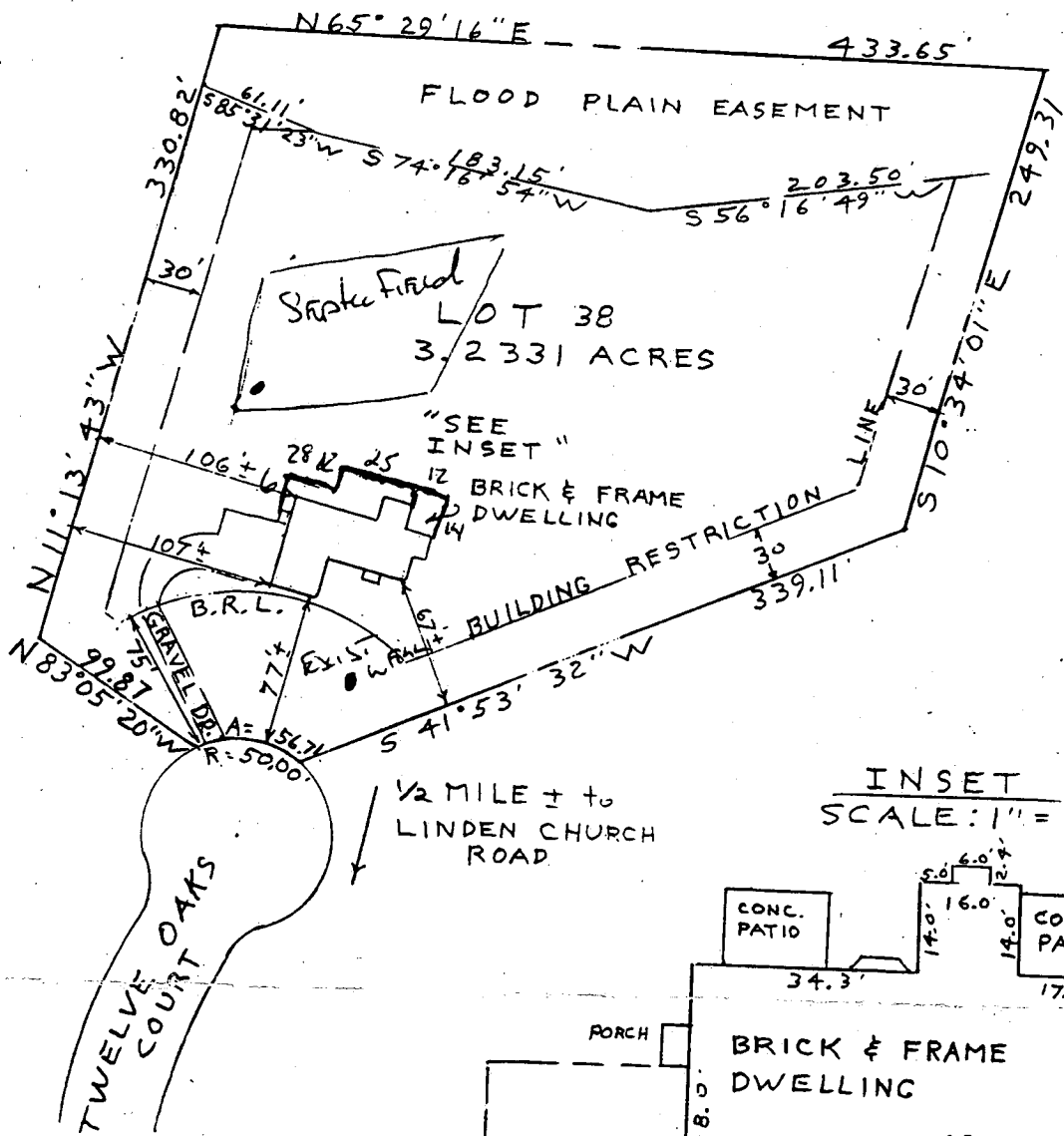
William E. Doyle

LAND SURVEYOR 8440

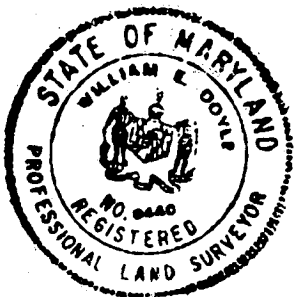
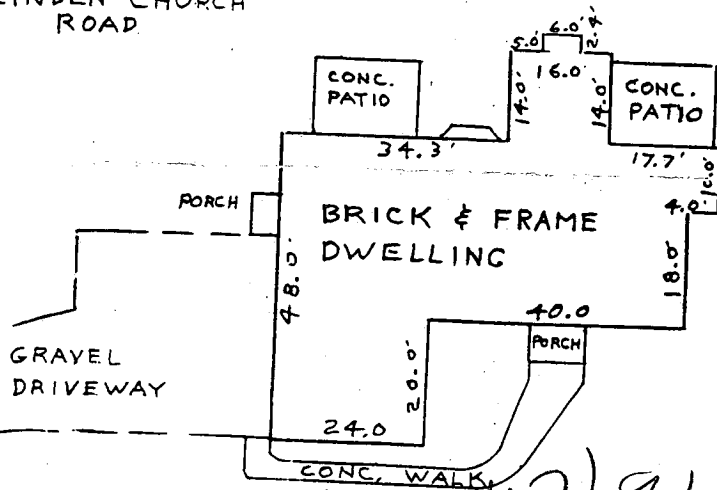
5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210

LOCATION SURVEY

14021 TWELVE OAKS COURT
LOT 38, SECTION 3
TWELVE HILLS
PLAT NO. 8546
ELECTION DISTRICT 5
HOWARD COUNTY MARYLAND



INSET
SCALE: 1" = 30'



THIS IS TO CERTIFY THAT WE HAVE MADE A
LOCATION SURVEY OF THE IMPROVEMENTS, AND
THAT THEY ARE LOCATED ON THE LOT AS SHOWN
HEREON.

Signed This 18 day AUGUST 1920

SCALE 100 ft. = 1 inch

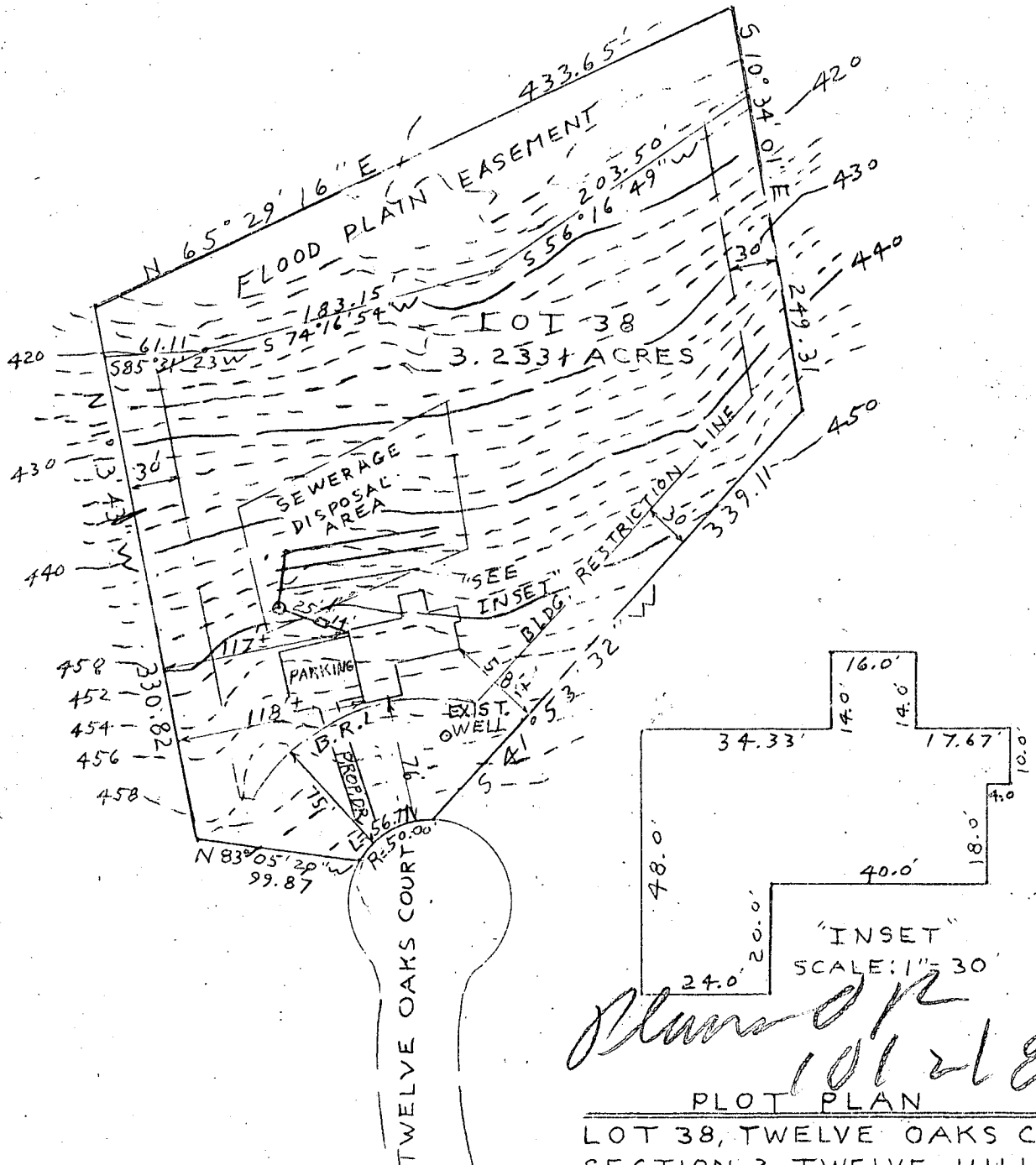
William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE

SYKESVILLE, MARYLAND 21784

PHONE (301) 795-2210



EXIST, GRN. AT DISTR. BOX	449.00
INV. IN DISTR. BOX	446.00
INV. OUT OF SEPTIC TANK	446.50
INV. INTO SEPTIC TANK	446.90
INV. OUT OF DWELLING	447.18
FIRST FLOOR ELEV.	458.00
CELLAR ELEV.	449.00
WELL ELEV.	457.00
NO. OF BEDROOMS	3
ACREAGE	3.2331 ACRES

LOT 38, TWELVE OAKS COURT
SECTION 3, TWELVE HILLS
PLAT NO. 8546
ELECTION DISTRICT 5

HOWARD COUNTY MARYLAND

SCALE: 1"=100'

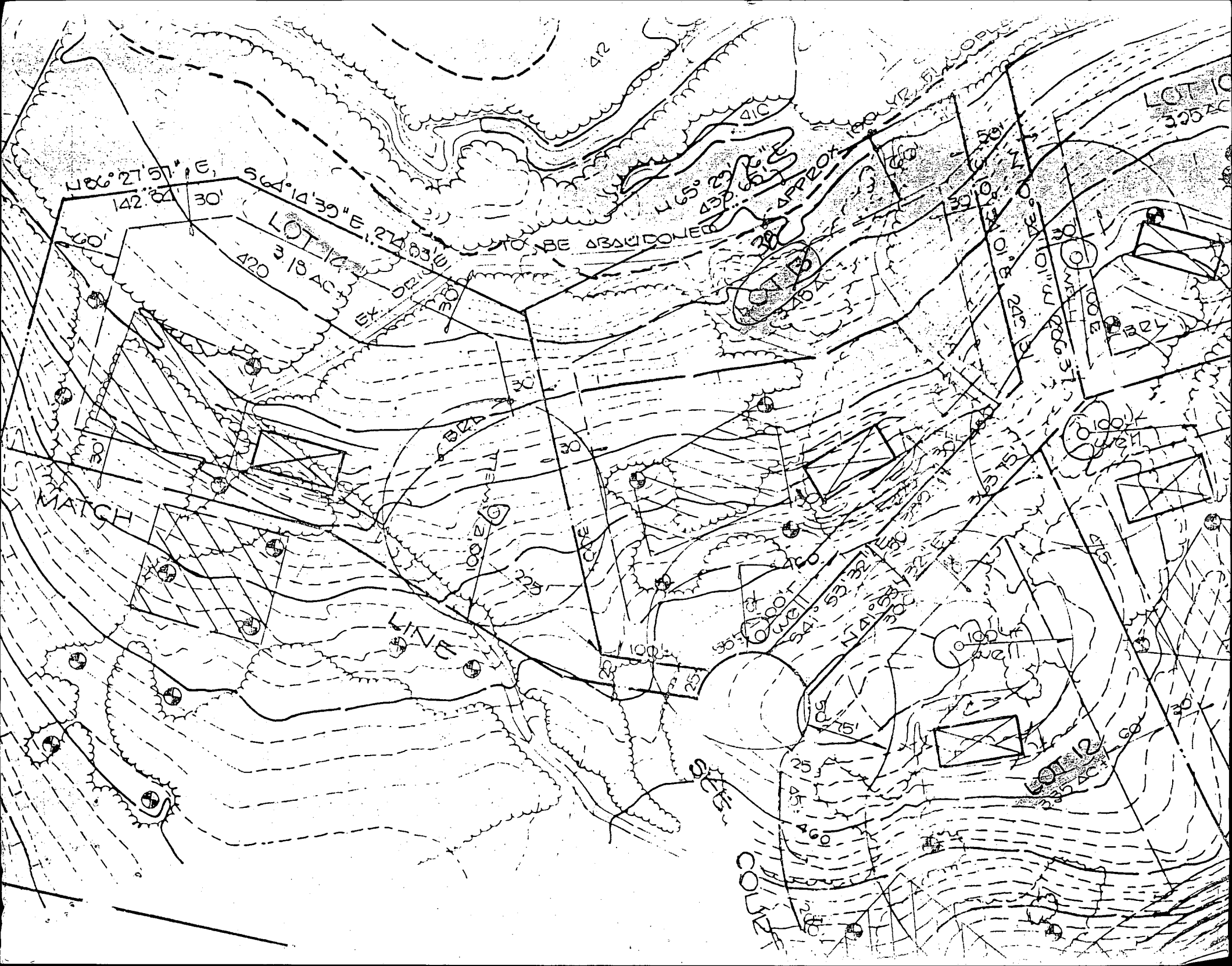
DRAWN: SEPTEMBER 14, 1989

I CERTIFY THE ABOVE MEASUREMENTS
AND ELEVATIONS ARE ACTUAL AND
CORRECT FOR THIS PROPERTY.

signed William E. Doyle



FILE NO. 393-30



052°31' N
E. 811.250

Basslers, Incorporated
516/763
Zoned: R

FLOODPLAIN
EASEMENT

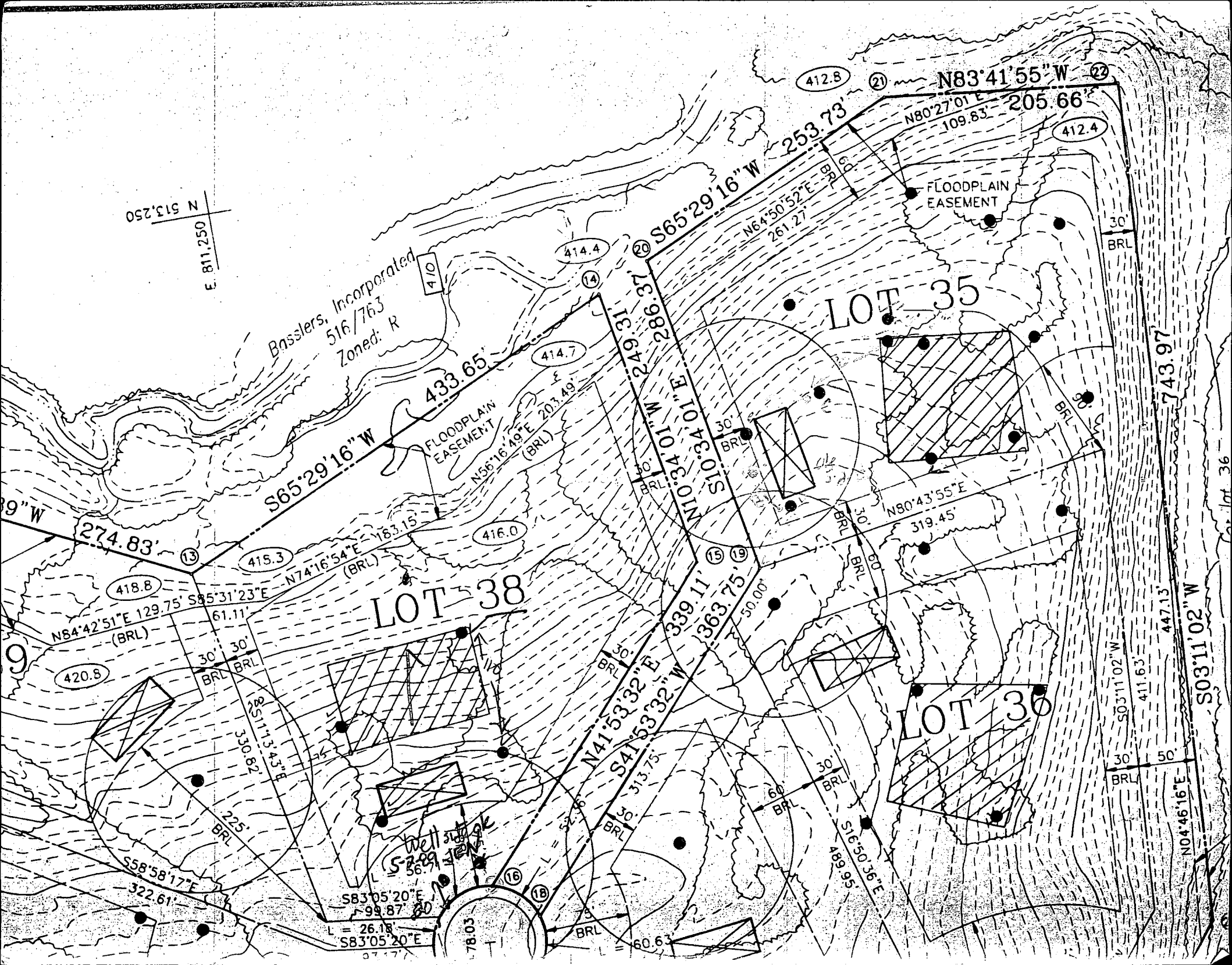
FLOODPLAIN
EASEMENT

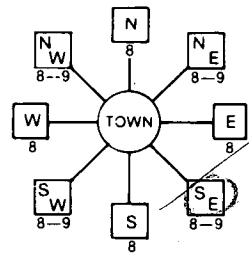
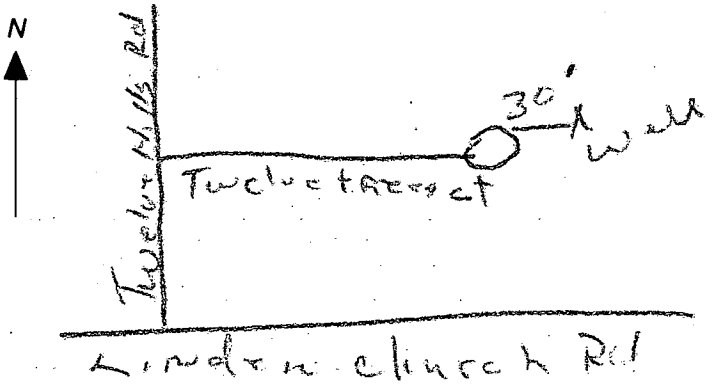
LOT 38

LOT 35

LOT 36

Well
52.89
56.99



B 1 6838 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-0605 fill in this form completely
Date Received (APA) 121688 OWNER INFORMATION 15 Last Name ALTOGETHER Owner LTD First Name PAK 36 10176-BALT NAT PIKE 55 Street or RFD 57 ELLICOTT CITY MD 21043 76 Town State Zip		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION TWELVE HILLS 42 SECTION 3 46 LOT 13 50 52 NEAREST TOWN DAYTON 71 MILES FROM TOWN (enter 0 if in town) 1 73 MI 76 77 78	
DRILLER INFORMATION Driller's Name Frank Delph 453 77 License No. 80 Firm Name Frank Delph Well Drillers Inc. Address 18234 Penn Shop Rd. Mt. Airy Md. Signature Frank Delph 12/10/88 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Twelve Trees ct 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 30 37 ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A# 39907 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S DATE ISSUED 05/08/89 James E. Nadeau 11/10/89 43 48 CO SIGNATURE EXP. DATE NORTH GRID 512000 50 55 EAST GRID 0811000 57 63	
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)		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 811 E 509 N 5812 000 000 JENadeau	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		9-1-89 10:00 grout 11:00am 10 bags cement 2 ft above grade 44 ft plastic casing 39 ft open Location ok well JENadeau	
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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE JAN 67 68 WRITE INITIALS IN BOX PERMIT NO. HO-88-0605 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

C1 2443		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.																																																																																																																																																																																																																																																																																																																																																																																																																																	
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WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 1000 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 27 ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 7 METHOD USED TO MEASURE PUMPING RATE Ruckert WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 WHEN PUMPING 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible																																																																																																																																																																																																																																																																																																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">Check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>Shale</td><td>2</td><td>10</td><td></td></tr><tr><td>Sandstone</td><td>10</td><td>30</td><td>✓</td></tr><tr><td>Mika</td><td>30</td><td>60</td><td></td></tr><tr><td>Sandstone</td><td>60</td><td>70</td><td>✓</td></tr><tr><td>Mika</td><td>70</td><td>70</td><td></td></tr><tr><td>Sandstone</td><td>70</td><td>70</td><td>✓</td></tr><tr><td>Mika</td><td>70</td><td>70</td><td></td></tr></tbody></table>		DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	Top Soil				Shale	2	10		Sandstone	10	30	✓	Mika	30	60		Sandstone	60	70	✓	Mika	70	70		Sandstone	70	70	✓	Mika	70	70		CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) AL L 44 OTHER CASING (if used) diameter inch depth (feet) from to 																																																																																																																																																																																																																																																																																																																																																																																															
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DRILLERS IDENT. NO. 445 DRILLERS SIGNATURE James H. Miller SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) James H. Miller		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21																						2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22																						3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23																						4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24																						5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25																						6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26																						7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27																						8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28																						9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29																						10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30																						GRAVEL PACK from to IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	
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COUNTY		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) Twin Hills Well 30' X																																																																																																																																																																																																																																																																																																																																																																																																																																					

7/9/90

Mail Check for \$1000 to

Final 7/9/90
C.B.C.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION
LIVE

New Installation X Replacement _____
Receipt # 46110
Date 6/22/90
Name of Installer CANNON WATER SYSTEMS INC. Telephone _____
License Number 074
Certified Well Pump Installer X Well Driller _____ Registered Plumber _____
Name of Property Owner J+B BUILDERS Telephone 351-6018
Subdivision TWENTY HILLS Lot # 38 Well Tag # NO - 88 - 0605
Site Address 14021 TWENTY DAKS CT

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make GOULDS
3. Model # 7EH05412
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards _____ Other _____
Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 X
Pitless Adapter
1. Make MARTINSON
2. Model # R10X
3. Depth _____
Tank
1. Capacity NO
2. Pressure relief valve? X
Piping
1. Type Plastic
2. Size 1 1/2
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 5'
Well data
1. Depth 205 ft.
2. Yield 7 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: _____
Date: 6/22/90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.