

#410746

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 5/0 2/90

DATE SYSTEM APPROVED 7/30/90

INSPECTOR M. Rifkin

INDEXED

Fogle's Septic Service, Inc.

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Twelve Hills ROAD 14016 Oaks Ct. LOT 35

PROPERTY OWNER Andy Zusi

ADDRESS

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

GARBAGE GRINDER YES ~~NO~~

NOTIFY HEALTH DEPARTMENT AT TIME OF FOOTING INSPECTION.

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SET THE SEPTIC TANK AT THE HIGHEST POSSIBLE PART OF THE SEPTIC RESERVE AREA, AND PLACE DISTRIBUTION BOX AS FOLLOWS: Starting from intersection of 319.45' and 286.37' lot lines, place box 150 feet down 319.45' lot line and 75 feet off this same line. Run trenches on contour toward 319.45' lot line.

NOTE - INSPECTION REQUIRED UPON START OF EXCAVATION.
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 Mark Rifkin jr DATE 11/13/89

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

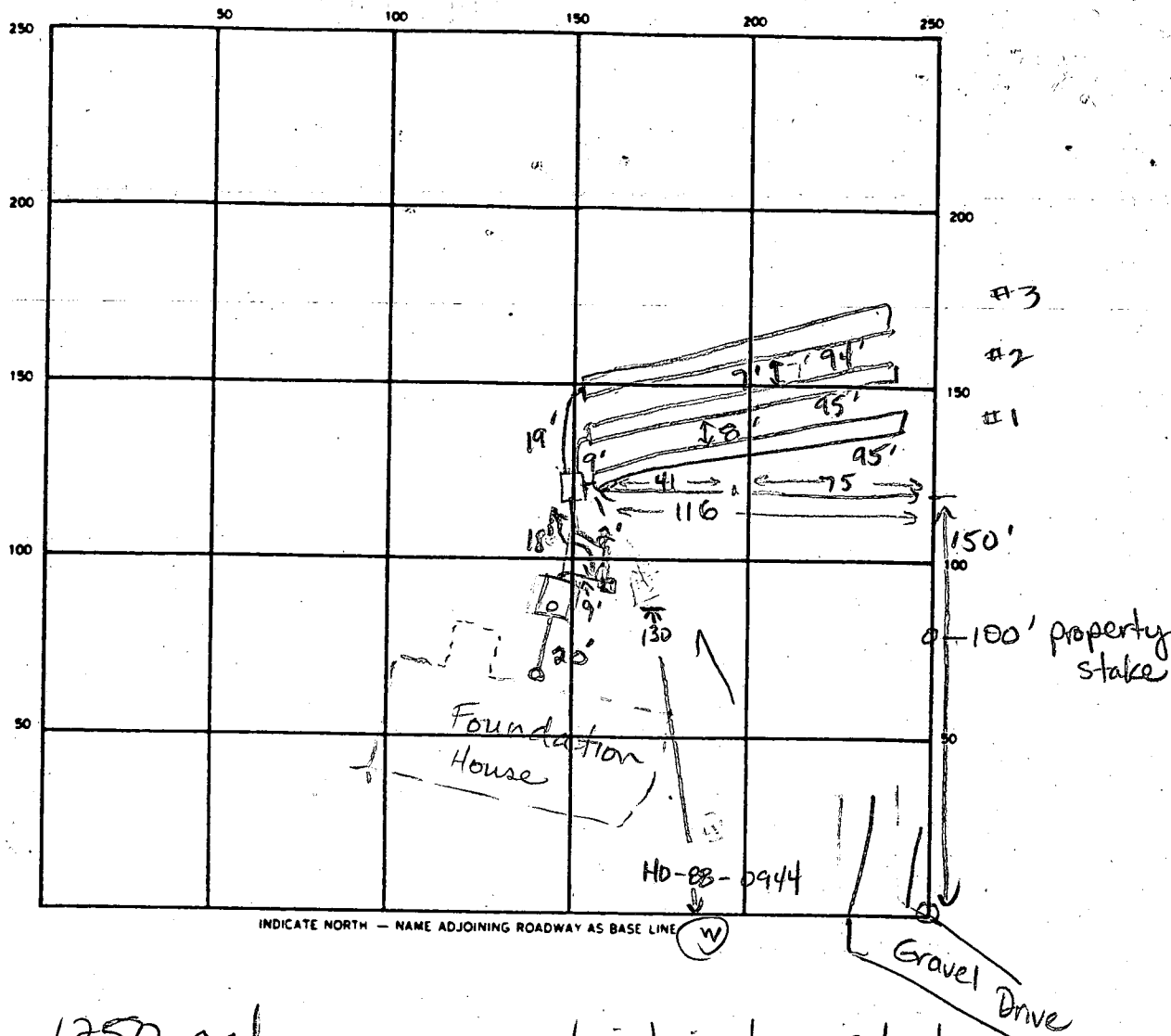
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

EDG. PERMIT SIGNED
AND RETURNED 12/12/90
Serial # 35602
deh

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

30011



SEPTIC TANK. LEVEL 1250 gal CLEANOUTS 1 in line, 1 on s. tank

DISTRIBUTION BOX. LEVEL OK w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 95 95 94 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 285/285/282 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 852 SQ. FT.

REMARKS "Stop Work" order issued. Trench & dist. box placed in center of SDA. Relocate dist. box to top of SDA. Disconnect existing leachate line from tank to dist. box and reconnect to box at upper part of sewage disposal area. Call for reinspection 7-26-90 JEN
7/30/90 NEW DB 9' FROM S.T. APPROX SAME ELEV AS
INTENDED LOC 16' AWAY SITE OR MR

DATE SYSTEM APPROVED 7/30/90 INSPECTOR M. Ritkin

— Memo To The File —
14016 Twelve Oaks Court
Twelve Hills Lot-35

Fogle installed septic system prior to footing inspection but without Health Department inspection until trenches were completed.

Fogle notified this office July 26, 1990 and requested an inspection as soon as possible.

I met with Fogle's man at the above mentioned site and determined that the trenches were in suitable soils but had been placed half way down in the sewage disposal area easement.

A "stop work" order was issued. (7-26-90)

Due to known rock at shallow depths, below the SDA ~~limits~~ easement boundary, it was requested that an additional distribution box be placed at the top of the SDA (highest point). This distribution box will be connected to the existing distribution box with the original ~~sewer~~ ^{leachate} line to be disconnected (from the septic tank to the lower distribution box).

Jane E. Nadeau
7-27-90

APPLICATION

PERCOLATION TESTING

A 39911

P _____

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

DISTRICT 5TH

DATE 8-19-87

9-24-87
Percolation ok pending
plat approval JEN

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 ~~Robert Simat~~

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE Final 35

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III 14016 LOT NO. 19 ~~18~~ new

ROAD AND DESCRIPTION Linden Church Rd ~~13002 Twelve Hills Drive~~

14016 Twelve Oaks Court

TAX MAP 28 PARCEL # 49

SIZE OF LOT 3 acres TYPE BLDG. 4 Bedrooms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BUDG. PERMIT SIGNED
AND RETURNED 8/24/87
531-2193
SAF

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 D. Kinn

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-24-87 for perc hole locations, subdivision
plat approval JEN SHALLOW SYSTEM ONLY

BUDG. PERMIT SIGNED
AND RETURNED 8/29/87
Serial #37474
4 Bedrooms

THIS IS NOT A PERMIT

Olen K, Mark K, Dave

APPLICATION

PERCOLATION TESTING

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

A 43751
P _____
DISTRICT 5TH
DATE 3-8-89

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

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE Final 35

PROPERTY LOCATION:

SUBDIVISION 12 HILLS SECTION III LOT NO. 10 RE-PERC

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 AC 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-9-89 Unclear of new and old hole locations and suitability of soils. Recommend rejection. JEN

HD-216

THIS IS NOT A PERMIT

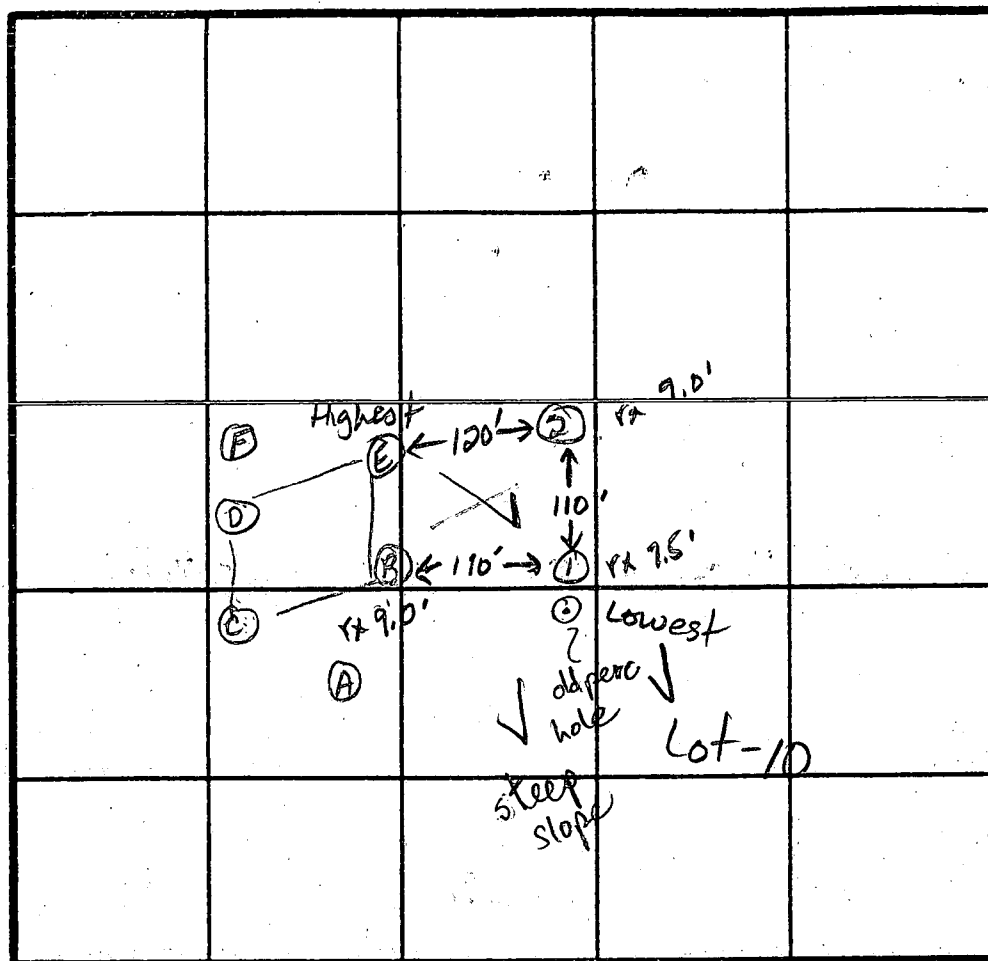
A 43751

①
SOIL PROFILE0-3 Rd-br si
cl lm3-10.0 Rd-br
sa si lm
some rx
pieces
L 35%
Structure at
Refusal

10.0

7.5ft

②

0-5.5 Rd-br si
cl lm5.5-11.0 Tan sa
si lm,
some
rx trap
L 40%
Structure at
11.0 Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-9-89	1	3.5 S	3:27	3:29	3:29	3:31	2min
		10.0 D	(Rock at 7.5 ft)		Refusal at 10 ft		2
	2	4.5 S	3:35	3:37	3:37	3:41	4min
		11.0 D	(Rock at 9.0 ft)		Refusal at 11.0 ft		ok

REMARKS Unclear as to locations of #1 & 2. #1 has rx structure at 7.5ft
Unclear as to suitability of soils in #2
 TYPE OF SOIL

TESTED BY Jane E. Wadeau ALSO PRESENT John Reimer
Dave

B 1 6836 (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 H0-88-0944 fill in this form completely
Date Received (APA) 121688 OWNER INFORMATION 15 Last Name HILTCBETHEK Owner LTD First Name PART 36 Street or RFD 10176 EALT NAT PIKE 55 ELLICOTT CITY MD 21043		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 TWELVE HILLS 23 SUBDIVISION SECTION 3 42 LOT 20 44 DAYTON 50 M I 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1	
B 2 DRILLER INFORMATION Driller's Name Frank Delph 77 License No. 80 453 Firm Name Frank Delph Well Drillers Inc. Address 18334 Penn Shop Rd. D.H. Army Md. Signature [Signature] Date 12/14/88		B 4 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 Hills Road ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 600 ENTER FT or MI FT	
B 2 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. R# 39911 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 072489 CO SIGNATURE [Signature] EXP. DATE 1/24/90 NORTH GRID 512000 EAST GRID 021100	
APPROXIMATE DEPTH OF WELL 200 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 811 E N 507 5812 000 000	
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 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) H0-88-0944		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE C0 WRITE INITIALS IN BOX H0-88-0944	
SPECIAL CONDITIONS			

C1 2440 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

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 39711

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

10 30 89

22 205 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
#10-08-0944

OWNER

STREET OR RFD

last name

first name

TOWN

SUBDIVISION

SECTION

LOT

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

Top Soil 0 2
shale 2 5
Mika 5 13
Sandstone 15 40
Mika 40 50
Sandstone 50 70
Mika 70 90
Sandstone 90 15
Mika 15 25

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Yes No
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 6

NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (to nearest foot)

from 0 19 ft. to 54 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN Casing Nominal diameter Total depth
TYPE top (main) casing of main casing
(nearest inch) (nearest foot)

PL 2 21
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

DEPTH (nearest ft.)

EACH SCREEN

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

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS

EXCEPT HOME USE
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

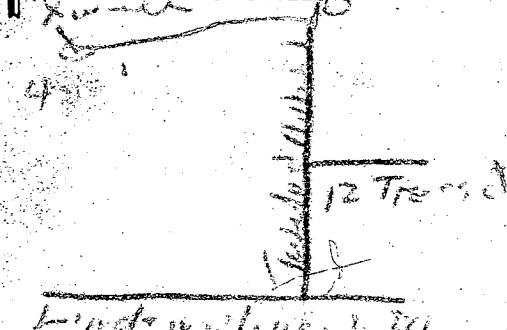
PUMP COLUMN LENGTH
(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above } LAND SURFACE (nearest foot)
- below }

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)



COUNTY

39911

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

New Installation X
Replacement _____

Receipt # 416397
Date 11/2/90

Name of Installer Cannell Water Systems Inc Telephone 576-6880

License Number PI 074

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner J+B Telephone 795-6018

Subdivision Tweville Hills Lot # 35 Well Tag # _____

Site Address Tweville Oak Ct

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 X

Pitless Adapter

1. Make Martinson
2. Model # B-10X
3. Depth 41

2. Make Howell Goulds

3. Model # 2-10 EESDS

4. Capacity 10 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 _____ Cable guards _____ Other _____

Tank

1. Capacity 120 GON
2. Pressure relief valve? yes

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 4'

Well data

1. Depth 180 ft.
2. Yield 10 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: [Signature]

Date: 11/2/90

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

30 NOV 1990
HEALTH DEPT
HOWARD COUNTY
RECEIVED

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE

SYKESVILLE, MARYLAND 21784

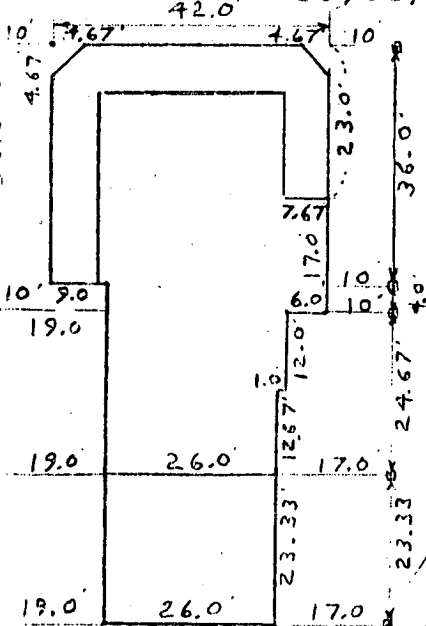
PHONE (301) 795-2210

7-26-90
Septic installation
placed here (0)
Next repair to be
made at highest
part of SDA. JE Nadeau
5-3-73

BASSLERS INC

LOT
35

50' INGRESS & EGRESS
EASEMENT FOR
BASSLER'S INC. & ITS
ASSIGNS & FOR LOTS
35, 36, 37 & 38



TWELVE OAKS
COURT

EXIST, GRN. AT DISTR. BOX	548.90
INV. IN DISTR. BOX	546.90
INV. OUT OF SEPTIC TANK	547.00
INV. INTO SEPTIC TANK	547.40
INV. OUT OF DWELLING	547.90
FIRST FLOOR ELEV.	556.00
CELLAR ELEV.	547.00
WELL ELEV.	554.20
NO. OF BEDROOMS	4
ACREAGE	3.7135 AC.S

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

signed William E. Doyle

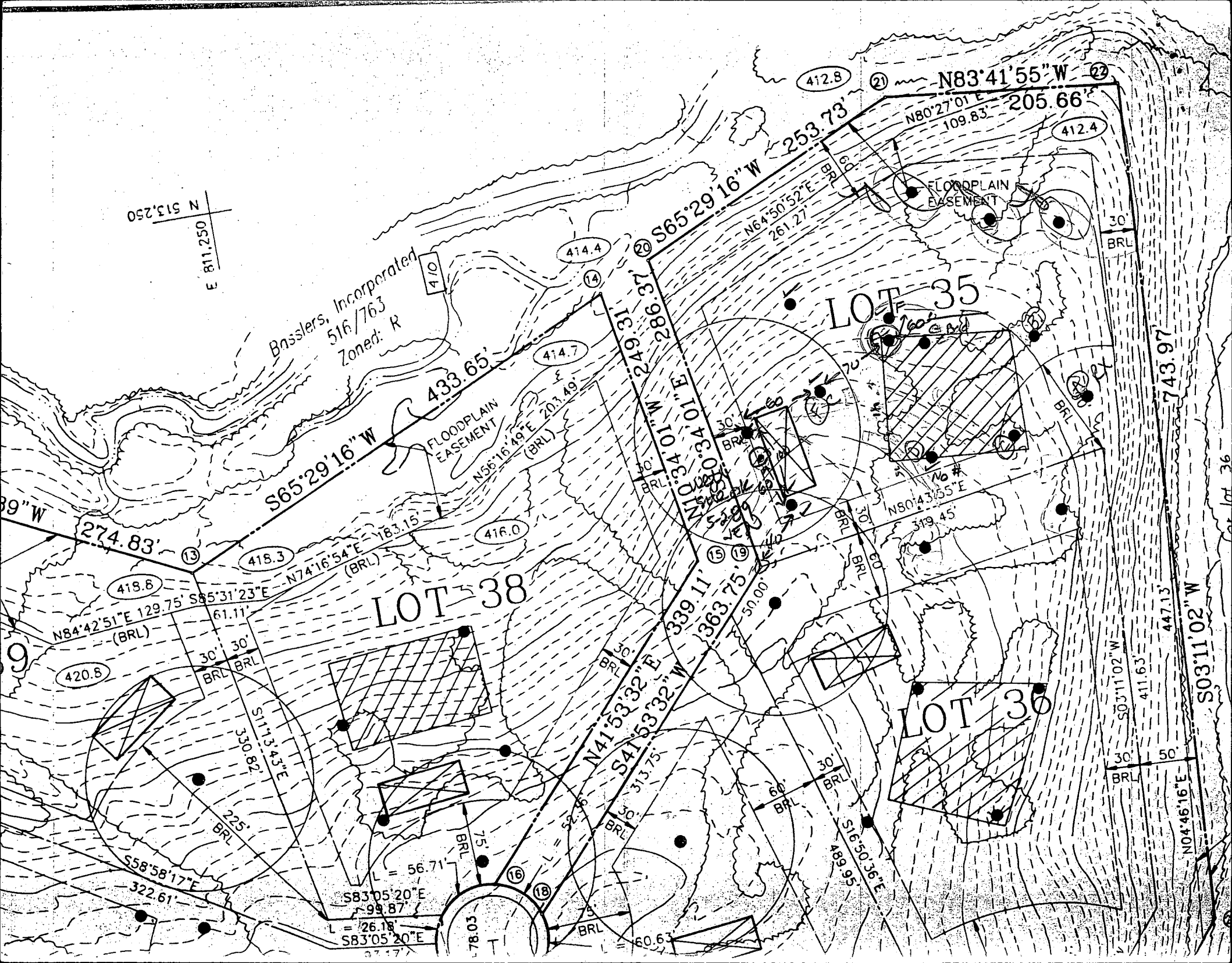
PLOT PLAN

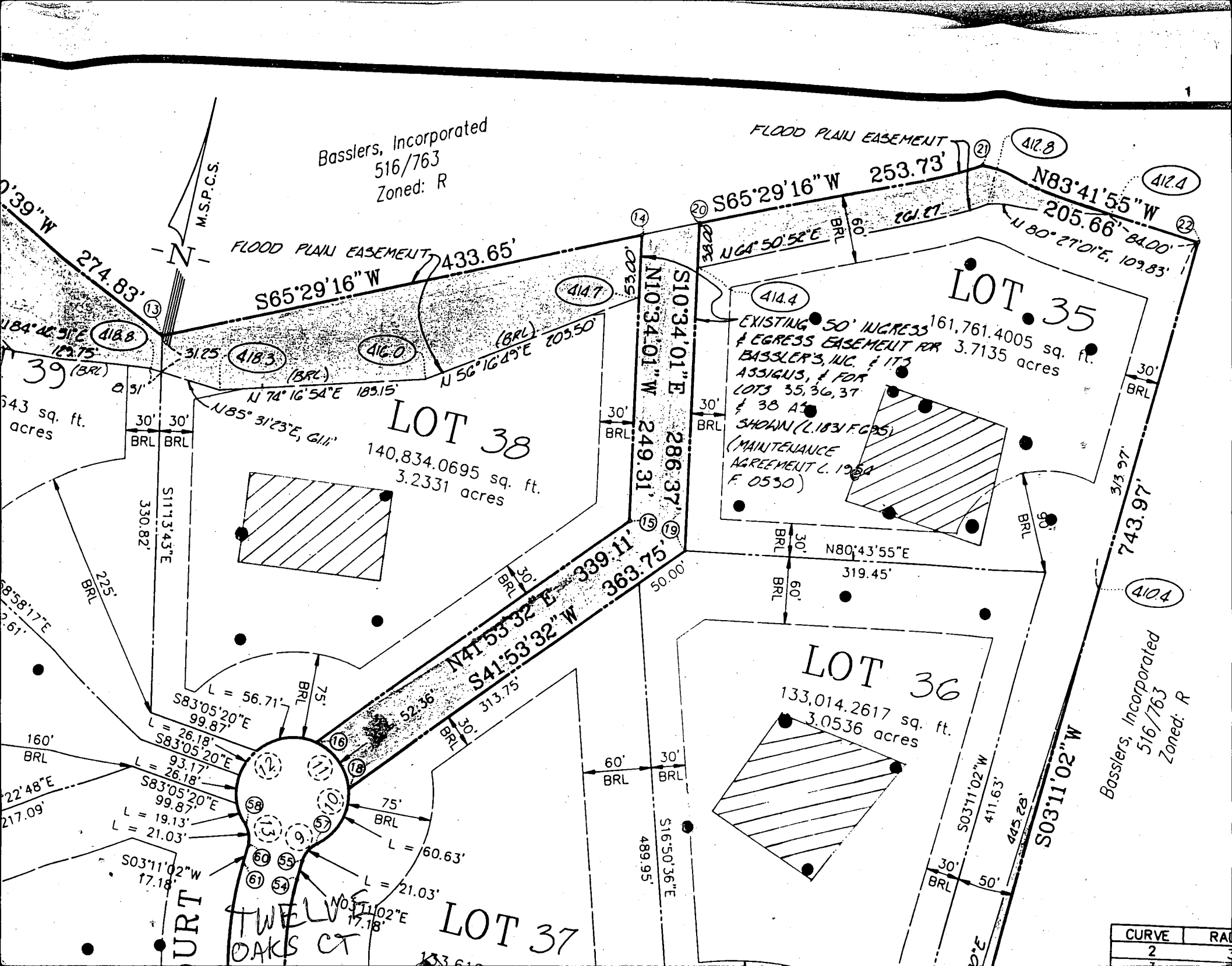
LOT 35, TWELVE OAKS COURT
SECTION 3, TWELVE HILLS
PLAT NO. 8546
ELECTION DISTRICT 5
HOWARD COUNTY MD.
SCALE: 1" = 100'
DRAWN: APRIL 30, 1990



TWELVE
HILLS
ROAD

5/29/90 PLANS OK
RH





William E. Doyle

LAND SURVEYOR 8440

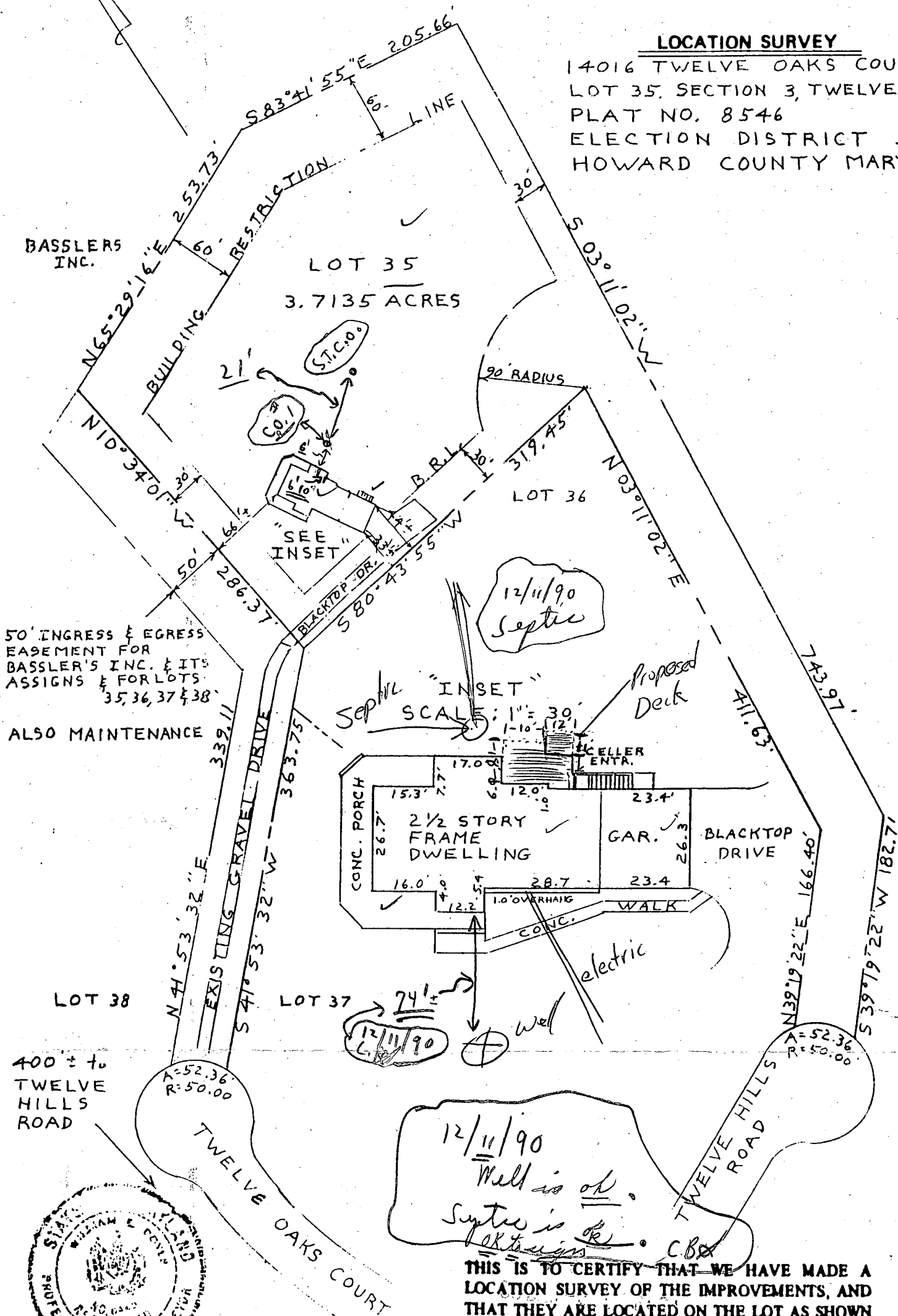
5312 EMERALD DRIVE

SYKESVILLE, MARYLAND 21784

PHONE (301) 795-2210

LOCATION SURVEY

14016 TWELVE OAKS COURT
LOT 35, SECTION 3, TWELVE HILL
PLAT NO. 8546
ELECTION DISTRICT 5
HOWARD COUNTY MARYLAND



SCALE 100 ft. = 1 inch