

10/10/95 - PM
12/11 12:00

348257
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50922

A 40067

DISTRICT 4th

DATE 10-10-95

DATE SYSTEM APPROVED 10/11/95

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX 461-9933~~ 313-2640

INDEXED

William H. Smith, Jr.

IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 330, Forest Hill, MD 21050

PHONE 879-7641

SUBDIVISION White Woods Estates LOT 11 ROAD 17315 White Plains Court

PROPERTY OWNER Mr. and Mrs. Sean King

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

INSTALLER REPORTS CONTAINS DIFFER-
- FROM PLAN, CAN STILL GET TO
HIGH PART OF SEPTIC AND BY CHANGING
LOCATION OF SEPTIC TANK (CW)

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 155 feet up the front lot line and 50 feet off the left lot line as seen when facing the lot from White Plains Court. Run trenches on contour toward left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/19/95 DCS

PLANS APPROVED BY Sid Abel DATE 08/11/88

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
40067

APPLICATION

PERCOLATION TESTING

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

A 40067

P _____

DISTRICT 4TH

DATE 9-8-87

*10/29/88
perc OK'd pending
approved plat*

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 Kennard Warfield Jr Laurel Service Corp.

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION White Property White Wood EST. LOT NO. 11

ROAD AND DESCRIPTION South side of Balto National Pike (Rt 144) north side of Hardy Rd 17313 White Plains Ct.

TAX MAP 7 PARCEL # 1

SIZE OF LOT 3 ± acres TYPE BLDG. SFD-60253-4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 7/5/85

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 Rein
(SIGNATURE OF APPLICANT)

APPROVED BY Liching Abel FOR Shallow test fields DATE 8-12-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes & sublet plat

BLDG. PERMIT SIGNED
AND RETURNED 5-31-89

BP26337 8AL

THIS IS NOT A PERMIT

INLET 3E
max 50
X 7m

SOIL PROFILE

orange tan
silty clay
mass. 2'
to mostly
orange
powdery / gritty
silty loam
w/ 15% silt
and fines
(clayey)
6' ↓
hard bottom -
10 1/2' D

②

Similar solids
10 # 3

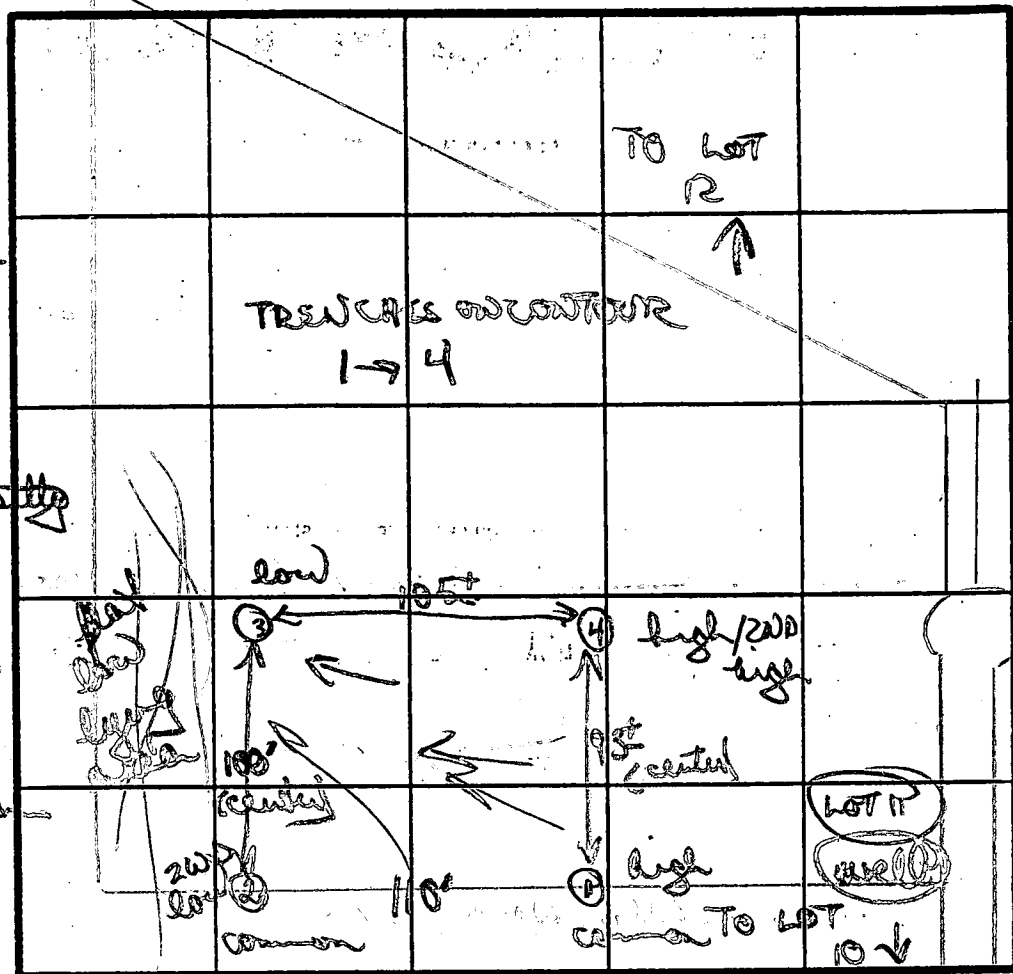
W/ 10-15
small
fraz
6

1175

②

orange
gritty like
slay up
scatter
fags 4^o

to change
real title
chubby si
luc
12/11



3 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

brown porous
 dry loc
 23-3
 to orange
 powdery
 silty loc
 w/ patches of
 on road
 exposed
 weathered
 frags 43' ↓
 11'D
 hard

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/29/82	①	2 1/2' S	1156	1159	1159	1206	7 min
		6' M	1156	1200	1200	1213	13 min
		10 1/2' D	hard bottom (see profile)				
	②	4' S	1205	1208	1208	1212	4 min
		12' D	bottom (see profile)				
	③	4' S	1158	1201	1201	1207	3 min
		12' D	bottom (see profile)				
11/2/82	④	VISUAL ONLY	good soils 3 1/2'				
		11' D	hard bottom (see profile)				

REMARKS

TYPE OF SOIL

TESTED BY

Common bps 1+2 for lots 10+11. Dug & tested
as staked. SHALLOW SYSTEM DUE TO ROCK BATHY
fairly similar orange / brown clays; silt & orange loams
w/ weathered frags

ALSO PRESENT

3.49 ACRE

Approved Septic System Plan
Howard County Health Department

Amey M. Mullen 7-5-95
Signature Date
BP 60253

Building Restriction Line

Note: Final length of trenches to be determined by Howard Co. Health Dept. at time of Permit issuance.

Private Sewage Easement

Septic System Elevations

Inv. out of house	92.0
Inv. into Septic Tank	91.4
Inv. out of septic tank	91.1
Inv. into dist. box	90.7
Inv. into trench	90.2
Ex. grade @ dist. box	93.7
Ex. grade @ trench	93.0
Ex. grade @ septic tank	93.5

Note: Contractor to provide positive drainage away from foundation at all times.

Length of proposed driveway:
130' + 24' x 24' parking pad.

Proposed Dwlg. Elevations

First Floor	97.0
Basement Floor	88.0
Garage Floor	95.67

Site Plan

Lot 11

"White Wood Estates"

C.M.P. 8245

4th Elect. Dist.

Howard Co., MD

Scale: 1" = 50'

June 7, 1995

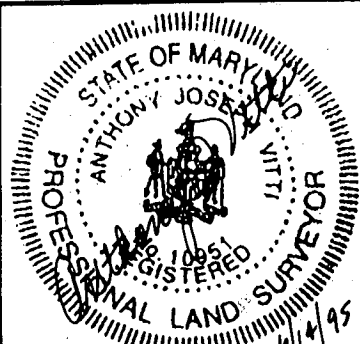
Associates, Inc.

g & Surveying

ad Suite 102

, MD 21093

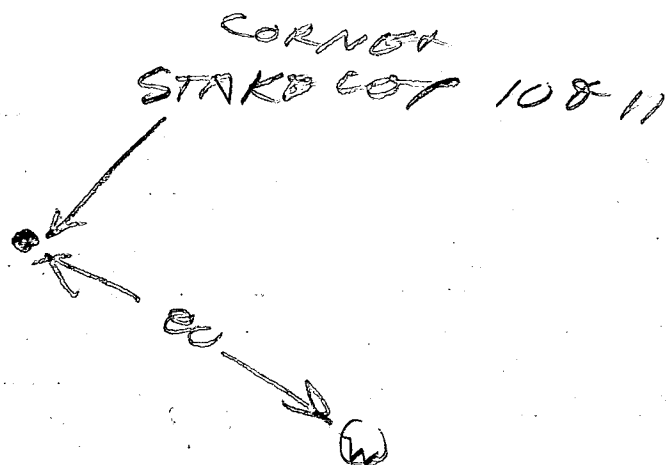
252-5212



Lab # 95-20

MD Reg. # 10951

B 1	3621	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0099 <small>fill in this form completely</small>
<p>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</p>				
<p>Date Received (APA) 080488</p> <p>OWNER INFORMATION</p> <p>WARRFIELD KEN (Last Name, Owner, First Name) 14663 TRIDELPHIA RD (Street or RFD) SIEMEL (Town) MD 21732 (State, Zip)</p>			<p>LOCATION OF WELL</p> <p>HOWARD (COUNTY) WHITE WOODS EST (SUBDIVISION) SECTION 44 LOT 11 POPULAR SPRINGS (NEAREST TOWN) MILES FROM TOWN (enter 0 if in town) 1 MI</p>	
<p>DRILLER INFORMATION</p> <p>RALPH MAYNE (Driller's Name) 253 (License No. 80) Ralph Mayne Well Drilling (Firm Name) 9170 Bruce Church Rd Mt Airy (Address) Ralph Mayne (Signature) 5/30/88 (Date)</p>			<p>WHITE PLAINS CT. (NEAR WHAT ROAD) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> DISTANCE FROM ROAD 40 FT or MI 41</p>	
<p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500</p>			<p>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p>	
<p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>			<p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard (COUNTY NAME) A-40067 (COUNTY NO.) STATE SIGNATURE _____ DATE ISSUED 081788 (DATE) NORTH GRID 549000 EAST GRID 0266000</p>	
<p>APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH</p>			<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER 1. well 2. well 3. well</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE E 7686 N 5489</p>	
<p>METHOD OF DRILLING (circle one)</p> <p><input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSSION <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____</p>			<p>2/25/88 WELL OK SEE OTHER SIDE RH</p>	
<p>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____</p>			<p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>	
<p>Not to be filled in by driller (OEP USE ONLY)</p> <p>APPROX. PERMIT NUMBER _____ FORCE SA WRITE INITIALS IN BOX PERMIT NO. 40-88-0099 SPECIAL CONDITIONS _____</p>			<p>COUNTY</p>	



8/25/88 900PM

- ① Well Location Properly OK (open hole)
- ② 40 ft casing
- ③ 35 ft open hole
- ④ 8 bags
- ⑤ Well already grouted Co information from Frank
- ⑥ Well OK

RECEIVED
HOWARD COUNTY
HEALTH DEPT
JUL 23 5 54 PM '88

B. Hodges

C1 0589		SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER A-40067	
DATE Received 110288		DATE WELL COMPLETED 082588		Depth of Well 205 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 14-08-0099
OWNER last name first name TOWN STREET OR RD SUBDIVISION SECTION LOT 11						
WELL LOG Not required for driven wells			GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL			
FEET FROM TO			CEMENT CM BENTONITE CLAY BC			
Check if water bearing			NO. OF BAGS NO. OF POUNDS			
Top Soil 0 2			GALLONS OF WATER 48			
Brown Shale 2 30			DEPTH OF GROUT SEAL (to nearest foot)			
Brown Shale 30 38			from 0 ft. to 35 ft.			
Blue Shale 38 50			(enter 0 if from surface)			
Brown Shale 50 55			CASING RECORD			
Blue Shale 55 205			casing types insert appropriate code below			
			ST CO STEEL CONCRETE			
			PL OT PLASTIC OTHER			
			MAIN Nominal diameter Total depth			
			CASING top (main) casing of main casing			
			TYPE (nearest inch) (nearest foot)			
			PL 6 40			
			OTHER CASING (if used)			
			diameter depth (feet)			
			inch from to			
			screen type or open hole			
			insert appropriate code below			
			ST BR HO STEEL BRASS OPEN			
			PL OT PLASTIC OTHER			
C2			DEPTH (nearest ft.)			
1 H O			11 15 17 21			
2			23 24 26 30 32 36			
3			38 39 41 45 47 51			
EACH SCREEN			SLOT SIZE 1 2 3			
			DIAMETER OF SCREEN (NEAREST INCH)			
			56 60			
			from to			
			GRAVEL PACK			
			IF WELL DRILLED WAS			
			FLOWING WELL INSERT			
			F IN BOX 68			
DRILLERS IDENT. NO. 273			OEP USE ONLY			
DRILLERS SIGNATURE			(NOT TO BE FILLED IN BY DRILLER)			
(MUST MATCH SIGNATURE ON APPLICATION)			T (E.R.O.S.) WQ			
			70 72 74 75 76			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE LOG OTHER DATA			
			CASING INDICATOR			
			PUMPING TEST			
			HOURS PUMPED (nearest hour) 3			
			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)			
			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)			