

1ap10-04-349431

PERMIT

File

9/4/92 P.C.O. C.B.A.
P 48471

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41059

DISTRICT 4th

INDEXED

DATE 9/2/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED 9/4/92

INSPECTOR C.B.A.

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Wellington LOT 20 ROAD 2826 Woodsdale Road

PROPERTY OWNER Leo Nechamkin

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ~~240~~ 180

TRENCHES - Trench to be 3 feet wide. Inlet 3¹/₂ feet below original grade. Bottom maximum depth 5¹/₂ feet below original grade. Effective area begins at 3¹/₂ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start first trench 55 feet from left (110.00') lot line and 120 feet from the front (228.03') lot line. Run trenches on contour to 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 7/14/92 RH

9/4/92 - CHANGE TO DEEP DITCH & DEEP INLET 4FT DEEP 4FT STONE, SAME LOCATION AS BEFORE RH

PLANS APPROVED BY Mark Rifkin AS BEFORE RH DATE 1/23/90

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

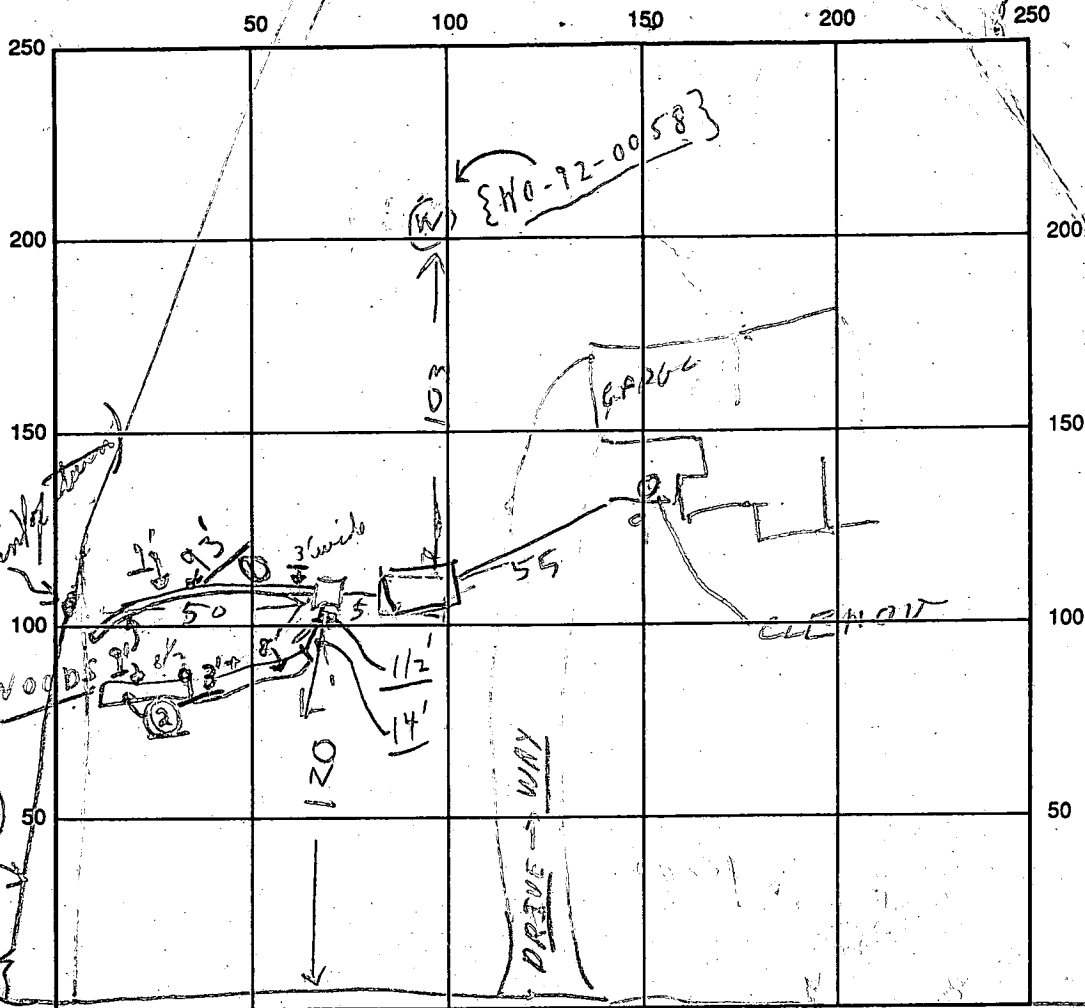
PERMIT VOID AFTER TWO YEARS

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 41059



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

WOODS PALERO

SEPTIC TANK LEVEL 1500 CLEANOUTS OK HOUSE S.O.C. Yes C.O.#1 P.M.C.B.U.

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 8 + average FT. TRENCH WIDTH 2 + FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 93' FT. } 186'

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 744 SQ. FT.

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

ABSORBENT AREA 744 SQ. FT.

REMARKS: 9/4/92 - SLEVE AROUND PART OF HOUSE SEWER UNDER THE DRIVEWAY - OK TO COVER TANK R/H

SPECS CHANGED R/H 9/4/92 P.M. Field System - ready for stone in

OK to continue, + 2 approaches; Final - OK to cover all work

as finish - material onsite for trench #2; c.Rd

9/4 - Final W.P.E. c.Rd

DATE SYSTEM APPROVED 9/4/92 INSPECTOR Charles Bryan Hester

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 41059

P _____

DISTRICT 404

DATE December 18, 1987

*4/13/88
perc OK'd
plans approved
@*

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 C. Oliver Goldsmith, et ux, Leo Nechamkin

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 461-8097
~~301-442-2121~~

PROPERTY LOCATION: LOT 20 Preliminary
SUBDIVISION Longwood Farm LOT NO. 20 Sec. 1

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and
Union Chapel Road (2826 Wooddale Road)

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential

(NUMBER OF BEDROOMS) *

* Undetermined at this time

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. SECURITY DEVELOPMENT CONT.
Ba: [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes & S/D plan

(good + bad)

BLDG. PERMIT SIGNED
AND RETURNED 4/24/88

Serial # 93708-SFD
4 Bedrooms - 4Bm.

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 41059
P _____

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

DISTRICT _____
DATE _____

*5/17/88
attempted re-perc
to adjust
failed*

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 20

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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 relocation of perc w/ adjustments to road

lost lines

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0
purple/pink
clay silt mix
2"
mostly
purple/ta
silty loam
↓
10 1/2'
layer of rock
fraggs
hard 11-11 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

orange clay
loam 3'

silty loam 4+

rock fraggs
10-15%

refusal 7'

8

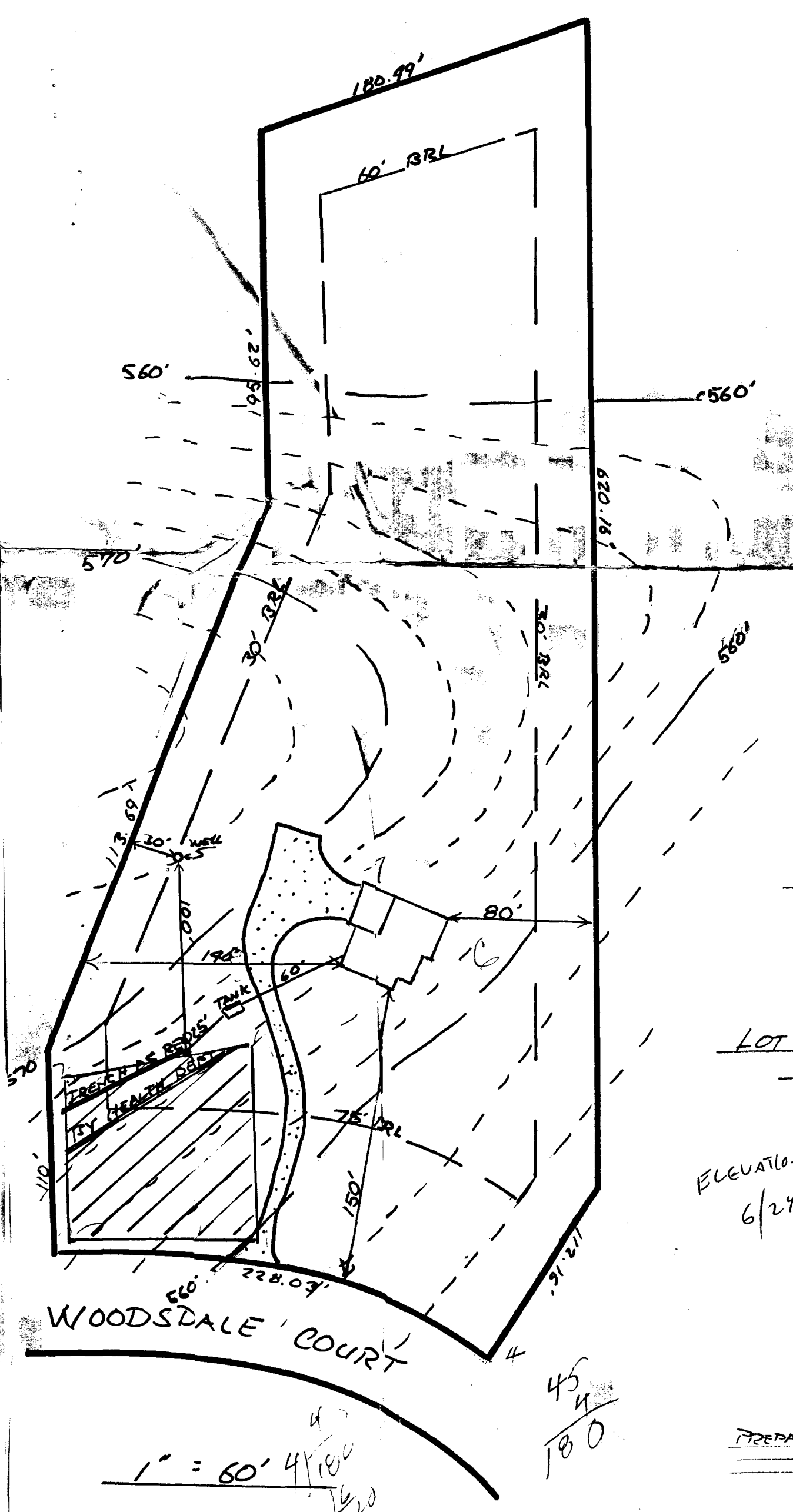
orange/brown
clay silt
loam
w/ loose rock
fraggs

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/17/88	6	3'5"	VISUAL	ONLY			3-4 min TEST
		11'0"	hard	bottom	(see profile)		
	7	rock	refusal	7'			
	8	Rock	refusal	4'			

REMARKS: readjustment (rop in uphill direction) failed
road adjustment necessary to keep approved

TYPE OF SOIL: poor

TESTED BY: B. N. Ryan ALSO PRESENT: Kern Chip



ELEVATIONS	
Well	<u>572.00'</u>
F.F.	<u>574.00'</u>
Base.	<u>566.00'</u>
SEPTIC	
Inv. Out (House)	<u>565.50'</u>
Inv. In	<u>565.00'</u>
Inv. Out Tk	<u>564.70'</u>
Ex. Gr.	<u>567.00'</u>
DRAINFIELD	
Ex. Gr.	<u>567.00'</u>
Inv. In.	<u>563.50'</u>

LOT 20 WELLINGTON
3.2591 AC.

ELEVATIONS OK
6/24/92 CWL

WOODSDALE COURT

1" = 60' $\frac{4}{180}$
45
4
180

PREPARED BY: FRED DICKSON
410.442.5965

B 1 00701

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-92-0058

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

please print or type

fill in this form completely

Date Received (APA)

042092

OWNER INFORMATION

MECHANICAL S LEO
2284 ELMWOOD RD
ELICOTT CITY MD 21043

B 3

LOCATION OF WELL

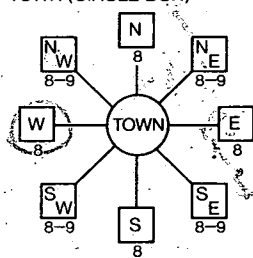
HOWARD
8 COUNTY
WILLIAMSON
23 SUBDIVISION
SECTION 44 46 LOT 48 50
CLAYWOOD
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 5.7

DRILLER INFORMATION

Joseph L. Mayne 238
Driller's Name License No. 80
Joseph L. Mayne Well Drilling
5512 Ridge Rd. Mt. Airy, Md. 21051
Address
Signature Date 4/26/92

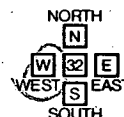
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WOODSDALE RD.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



250
DISTANCE FROM ROAD

ENTER FT or MI FA

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A # 41059 COUNTY NO.
STATE SIGNATURE DATE ISSUED 043092 Charles Bayne 10/30/92 EXP. DATE
NORTH GRID 531000 EAST GRID 0790000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

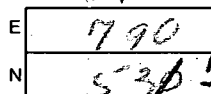
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT

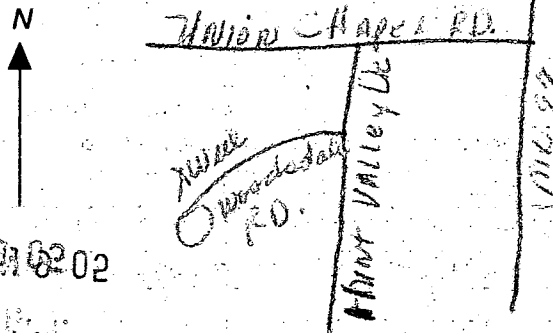
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



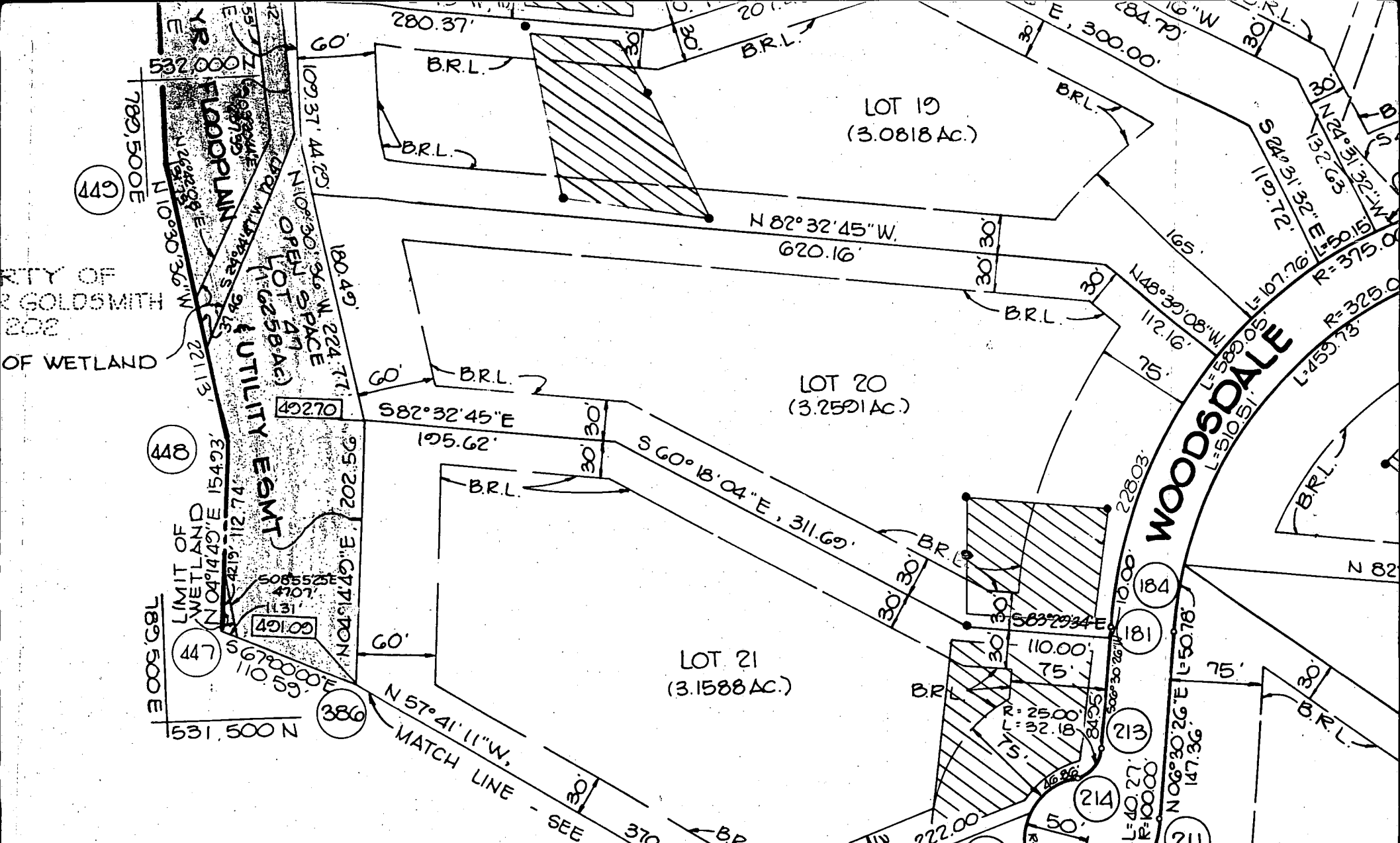
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 0518202

FORCE CM PERMIT No. 40-92-0058

SPECIAL CONDITIONS

COUNTY



CURVE DATA

Δ	ARC	TAN	CHORD	BEARING
19°23'41"	181.87	91.81	181.00	S 78°14'14" E
15°23'48"	251.94	126.73	251.18	N 76°14'18" W
04°53'05"	80.22	40.03	79.99	N 85°29'32" W
90°00'00"	589.05	375.00	530.33	S 51°30'26" W
73°44'23"	32.18	18.75	30.00	S 43°22'37" W
230°39'57"	201.29	—	90.38	S 35°05'09" E
23°01'26"	40.77	20.41	40.00	N 18°02'39" E

C1 4566

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)

COUNTY NUMBER A# 41059

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 051192

22 26 285 (TO NEAREST FOOT)

28 37 10-10-0058

OWNER CLARK ASSOC. OR NECHFMKIN, LEO last name WOODSDALE first name RO. TOWN GLENWOOD SUBDIVISION WELLINGTON SECTION LOT 20

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SANDSTONE, GRAYMICA, and ROCK.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT/BENTONITE CLAY NO. OF BAGS/POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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 insert appropriate code below ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) HO 23 285

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 298

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 60.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 WHEN PUMPING 71 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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

