

10/3/95
ASAD

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-8933 313-2640

03-283593

P 50852

A 45580

DISTRICT 3rd

DATE 8-31-95

DATE SYSTEM APPROVED 10/3/95

INSPECTOR M. R. H. H. H.

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS P.O. Box 15, Woodbine, MD 21797

PHONE 795-7873

SUBDIVISION Kings Gift

LOT 25

ROAD 11624 WEST WINCHESTER LANE
11750 Frederick Road

PROPERTY OWNER

Trinity Builders

Ganjon

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

Maintain 100' from well to all parts of septic system

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place distribution box 130 feet up the left (352.00) lot line and 145 feet off that same lot line as seen when facing the lot from the existing Macadam Drive.

NOTES - Run trenches on contour in both directions.
No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/31/95 DCS

PLANS APPROVED BY Amy McMillen

DATE 8/4/95

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.

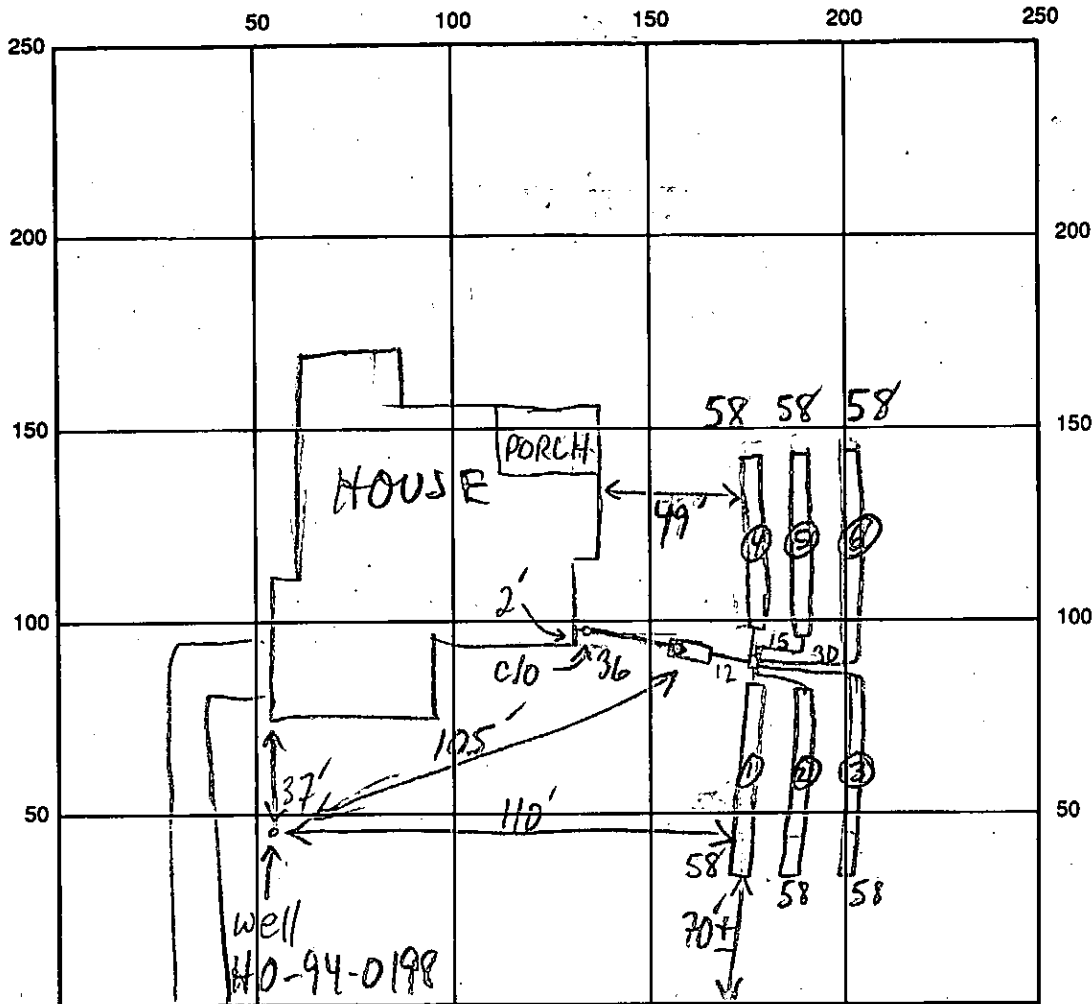
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-8933 FOR INSPECTION OF SEPTIC SYSTEM.

A 45580



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK

CLEANOUTS INLINE & S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 1-3/4-6
5/3-5.5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 1-3/4-6
3/1.5-3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 6 @ 58 FT.

NUMBER OF TRENCHES 6

~~ONE SIDEWALL~~/BOTTOM AREA 6 @ 174± SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1050± SQ. FT.

REMARKS: 10/3/95 #1 TOPO IN REAR PORTION OF SEPTIC EASEMENT POSS.
NOT AS PER PLAN - INSTALLER ALSO BELIEVED HOUSE MOVED
FORWARD (NOT TRUE). BOX IS ∴ SLIGHTLY TOO FAR BACK; SINCE SD A
LIMITED, GAVE OK TO RUN TRENCHES IN LAYOUT SHOWN
4'9" DOWN HILL, TRENCH BOTTOMS + STONE LEVEL - CONTINUE (R)

10/3/95 #2 OK TO COVER WPI: OK TO COVER 3 1/2' B.G.

DATE SYSTEM APPROVED 10/3/95

INSPECTOR M. Ripkin

S.K. PLG. ⁴¹⁰ 775-0562 (WELL LINE)

3/2/90

APPLICATION

PERCOLATION TESTING

A 45580

P _____

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

page 164 OK
TO MOVE SEPTIC AREA
CLOSER TO ROAD.

DISTRICT _____

DATE 2/21/90

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 Jean R. Dickey Trinity Builders ✓

ADDRESS 13700 Forsythe Rd., Sykesville, Md. 21784 PHONE 442-2456

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

BLDG. PERMIT SIGNED

AND RETURNED 8/9/95

SFD-5B form Serial #61066

SUBDIVISION King's Gift LOT NO. 25

ROAD AND DESCRIPTION 11750 Frederick Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SF

(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.

APPROVED BY C. B. Strenker FOR Jennifer D. Johnson DATE 3/2/90

(SIGNATURE OF APPLICANT)

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/2/90 Need certified perc holes; house

site and well site, C.B.S.

{ Early 7/5/90 Plat of 6/18/90 ok. C.B.S. } Resonance and water well perc. C.B.S.
A.M.

THIS IS NOT A PERMIT

HD-216

See #26

3/2/90

APPLICATION

PERCOLATION TESTING

A 4558
P _____

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

PERVIEW OK.
TO MOVE SEPTIC AREA
CLOSE TO ROAD.
MUST CHECK LOCATION
OF DRILLING WELL LOT 26 ✓

DISTRICT _____
DATE 2/21/90

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 Jean R. Dickey
ADDRESS 13700 Forsythe Rd. Sykesville, Md. 21784 PHONE 442-2456

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION King's Gift LOT NO. 26
ROAD AND DESCRIPTION Frederick Rd.

TAX MAP _____ PARCEL # _____
SIZE OF LOT _____ TYPE BLDG. SF
(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.

Jennifer D. Johnson 3/2/90 att. ②
(SIGNATURE OF APPLICANT) + helper sites

APPROVED BY _____ FOR an area of holes DATE _____
REJECTED BY C.B. Stresh FOR any system DATE 3/5/90

HOLD PENDING FURTHER TESTS _____ DATE _____
REASONS FOR REJECTION OR HOLDING 3/5/90 Late P.M. → Water table problems, rock and/or clay in areas of 4 holes. 3/5 Tests to find near common north of way. C.B.

THIS IS NOT A PERMIT

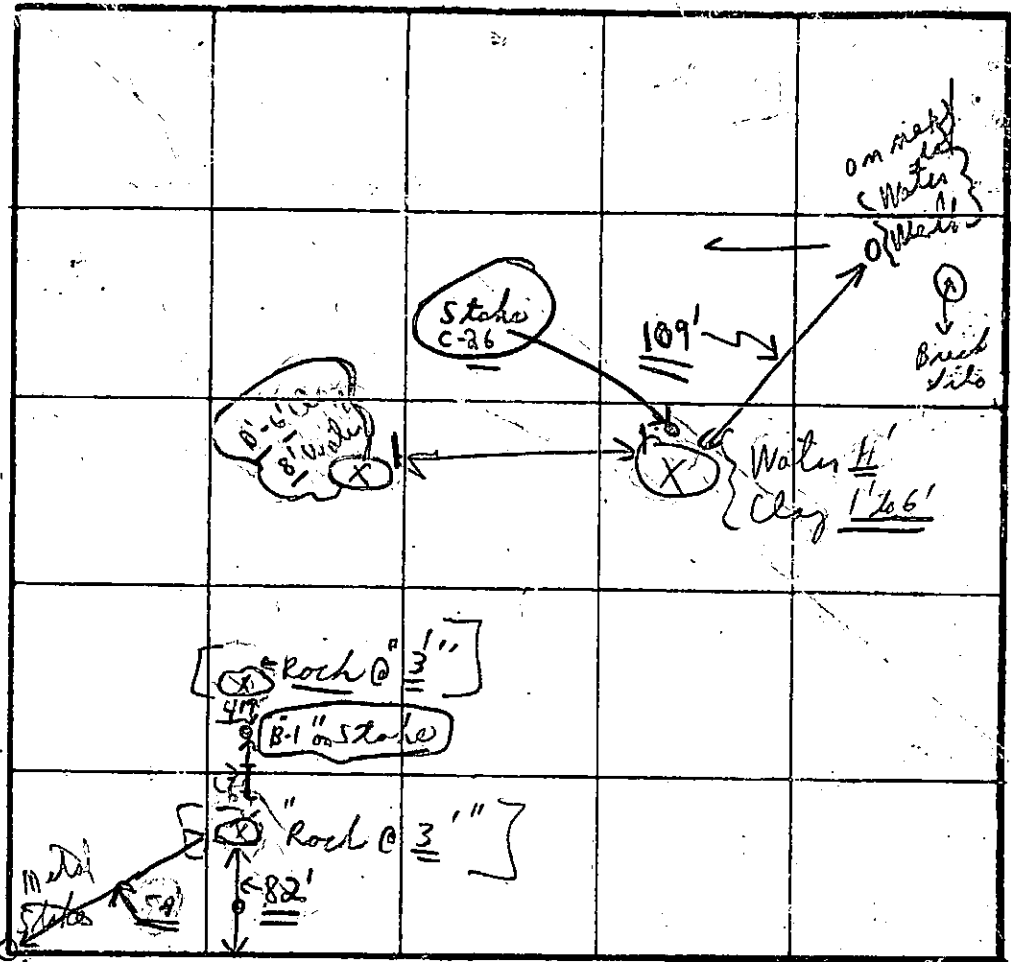
(Plot of 6/18/90 C.B. not in area of septic shown not approved or C.B. disapproved. Hold for)

Retest
R # 45581

LOT #26

Hole # 0
SOIL PROFILE

to -'
= 'to ='
Not
Tested



Hole
0
SOIL PROFILE

0' -'
CLAY
= 'to ='
Not
Tested

Hole # 25
0

SOIL PROFILE

to -'
= 'to ='
Not
Tested

INDICATE NORTH - NAME ADJOINING ROADWAY AS
BASE LINE

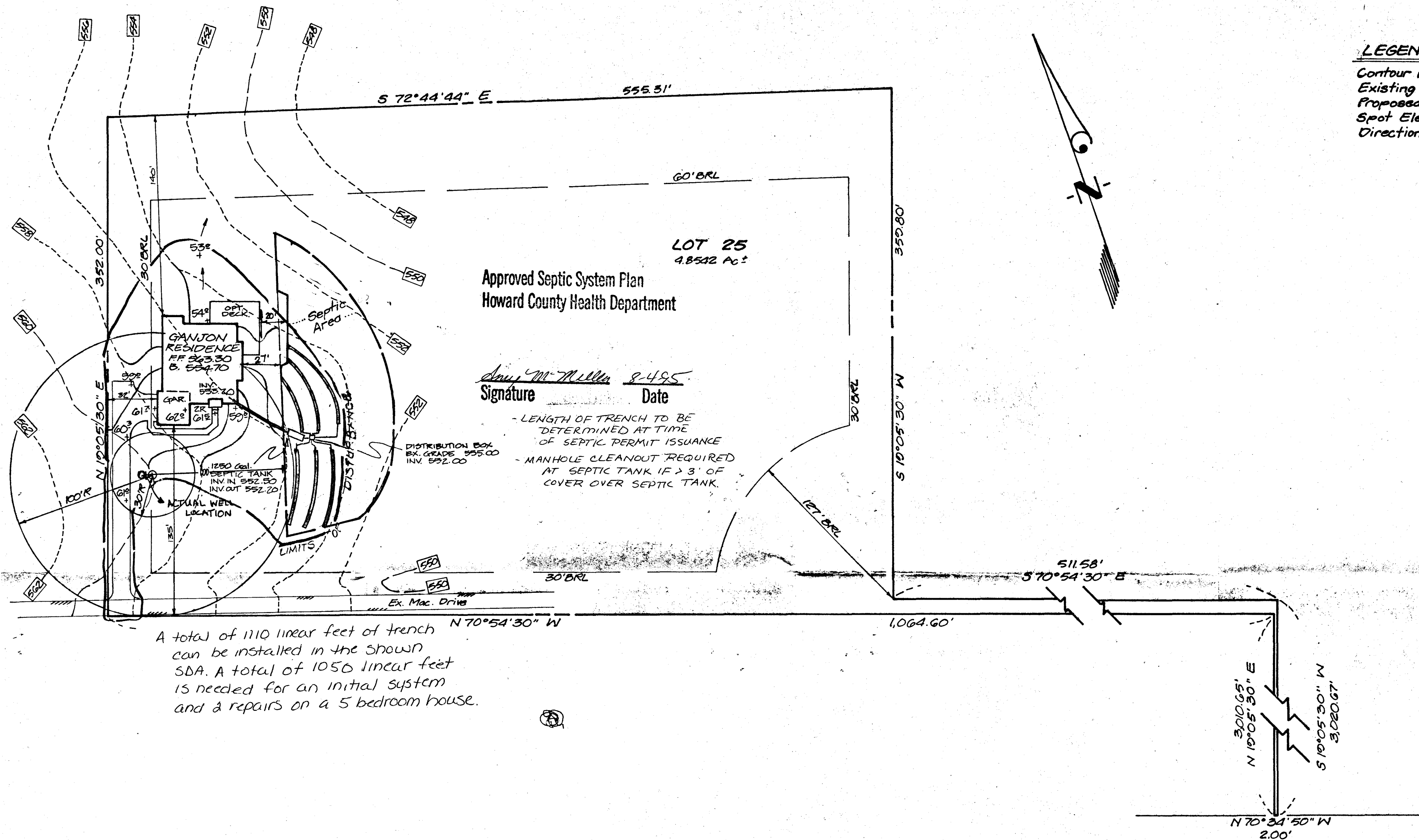
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3/5/90	Stake (B1)	1'	:	:	:	:	
	0	1'	No tests		ROCK OK		
	0	1'	No tests		(WATER)		
	0	1'	No tests		(CLAY)		
	0	1'	X		X		
	0	1'					
	0	1'					
	0	1'					

Hole
0
SOIL PROFILE

to -'
= 'to ='
Not
Tested

REMARKS 2:45 to 3/5/90 Tests in field & on 3/5/90 Monday
Test per stake

TYPE OF SOIL
TESTER BY C. B. A.
ALSO PRESENT { Shee }
{ 10:00 is nobody } (3/5/90 late P.M.) { Frost }



GENERAL NOTES

- Existing Topography was field run by Clark, Finefrock & Sackett, Inc. on 7-21-95.
- Length of trenches to be determined at time of permit issuance.

No.	REVISIONS	DATE
1	Re-locate location of house (move hse back 50')	8-3-95

Approved Building Permit Plan

CLARK • FINEFROCK & SACKETT, INC. ^{BP61060} ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED JME	SITE DEVELOPMENT PLAN LOT 25 KING'S GIFT 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1"=50'
DRAWN PS		DRAWING 1 of 1
CHECKED JME		JOB NO. 05-120
DATE 7-21-95		FILE NO. 05-120-X
For: TRINITY BUILDERS, Inc. 6212 Devon Drive Columbia, MD. 21044		

C1 4550		SEQUENCE NO. (DENY 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.	
1 2 3 4 5 6 7 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER <u>A45580</u>		
ST/CO USE ONLY DATE Received <u>12/14/94</u>		DATE WELL COMPLETED <u>093094</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-0798</u>		
OWNER last name <u>Dickey</u> first name <u>John</u>		Depth of Well <u>450</u> (TO NEAREST FOOT)				
STREET OR RFD <u>Frederick Rd</u>		TOWN <u>West Friendship</u>				
SUBDIVISION <u>King's Gift</u>		SECTION <u>25</u>		LOT <u>25</u>		
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>		C3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		NO. OF BAGS <u>25</u> NO. OF POUNDS <u>2500</u> GALLONS OF WATER <u>150</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>60</u> ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min. to nearest gal.) <u>1</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>17</u> WHEN PUMPING <u>360</u>		
DESCRIPTION (Use additional sheets if needed)		Check if water bearing		TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		
Overburden 0 30 Brown Shale 30 57 Granite 57 450 X		Casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER				
water was encountered at 170 & 410'		MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>10</u> Total depth of main casing (nearest foot) <u>600</u>				
		OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED DRILLER WILL INSTALL PUMP YES <u>NO</u> 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) <u>31</u> PUMP HORSE POWER <u>37</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> CASING HEIGHT (circle appropriate box and enter casing height) <u>+</u> above LAND SURFACE <u>1</u> (nearest foot) <u>-</u> below		
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER				
WELL HYDROFRACTURED yes <u>Y</u> no <u>N</u>		C2 DEPTH (nearest ft.) <u>HO</u> <u>60</u> <u>450</u>				
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		SLOT SIZE 1 2 3 DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) from to				
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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 68 <u>68</u>		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) <u>100'</u> <u>25'</u>		
DRILLERS IDENT. NO. <u>399</u> DRILLERS SIGNATURE <u>Paul M. [Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) <u>Allen [Signature]</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) 70 72 TELESCOPE CASING LOG INDICATOR W Q 74 75 76 OTHER DATA				