

9/30/88
10-3-88 ASAP

05-404835

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42569

A 37249

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DISTRICT _____

DATE 9/19/88

DATE SYSTEM APPROVED 10-3-88

INSPECTOR JEN

J. Allen Smith, Jr.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 5918 Hunt Club Road, Elkridge, Maryland 21227 PHONE 796-7532

SUBDIVISION Thistledown ROAD 7001 Woodscape Road LOT 8

PROPERTY OWNER Pen Oaks Construction, Inc. Robert & Irene Rosenberg

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

244
3 $\frac{244}{4} = 61$ ft
325.3 ft trench

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet down the left (534.5) lot line and 65 feet off the left (534.5') lot line as seen when facing the lot from Woodscape Drive. Run trenches on contour toward the rear lot line and front of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Sid Abel DATE 1/09/87

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 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 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.

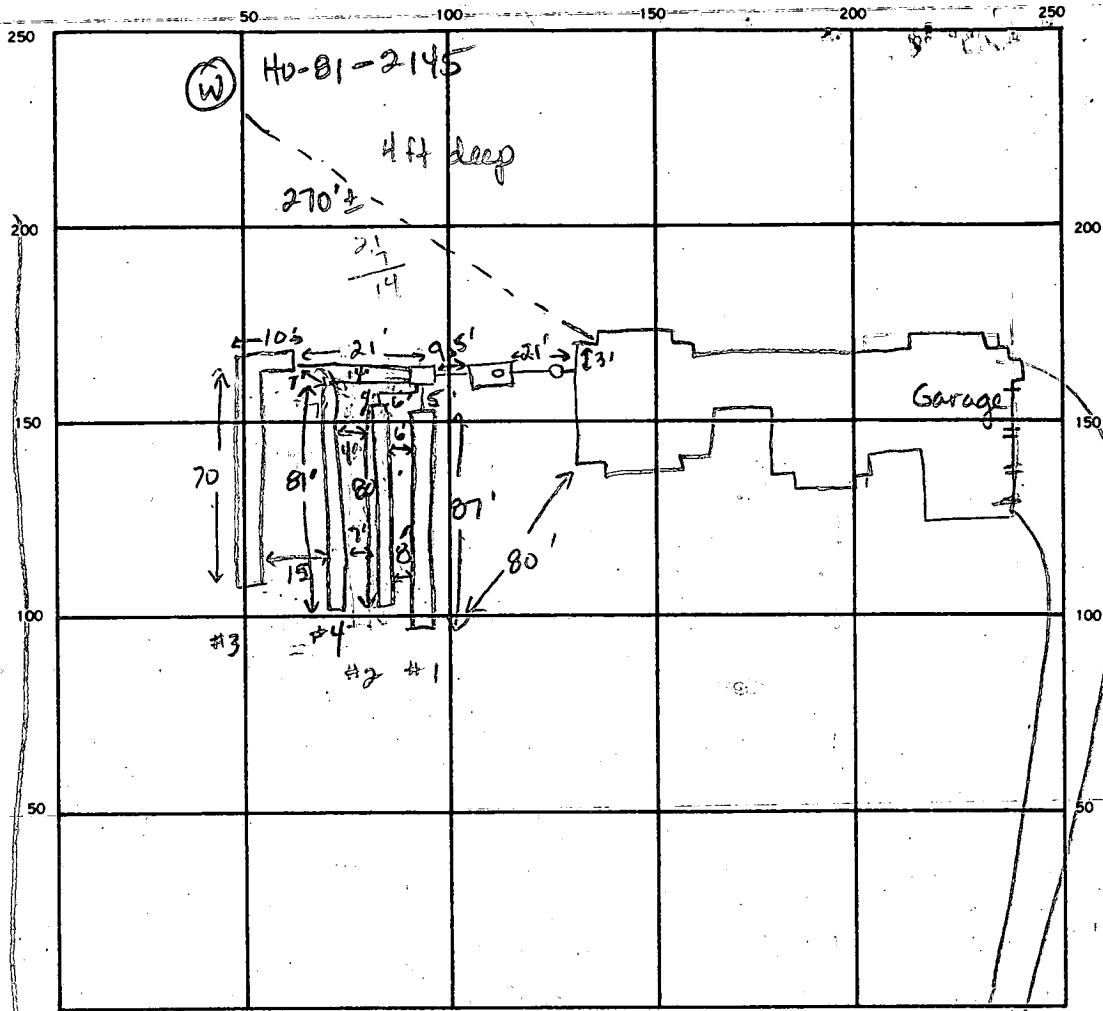
BDG. PERMIT SIGNED
AND RETURNED 4/19/89
Sid Abel #23230 - Pool

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37249



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 Woodscape Drive

SEPTIC TANK LEVEL 2000 gal CLEANOUTS 1 in line at house, 1 on septic tank

DISTRIBUTION BOX LEVEL ok has rocks baffle & cement around inside of box outlets

DRAIN FIELD/TILE FIELD: DEPTH 6.0 5.5 5.5 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.0 3.0 3.0 3.0

EFFECTIVE GRAVEL DEPTH 3.0 2.5 2.0 2.5 FT. TOTAL LENGTH 87 81 80 80 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 269 243 240 240 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 984 SQ. FT.

REMARKS 9-30-88 OK to cover trenches 1 thru 3. Need additional 77 ft
of trench. OK to place between trenches. Maintain 6 ft buffer from closest
part trenches. Add baffle and cement inside of outlets on dist. box. JEN
10-3-88 OK to cover trench #4 and all other work JEN

DATE SYSTEM APPROVED 10-3-88 INSPECTOR Jane E. Nadeau

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37249

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 4/25/86

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 Estate of Grace E. Tager TEN OAKS CONST. INC.
c/o Tom Lloyd
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE _____
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 9 8 on Prelim

ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.
7001 WOODSCAPE DR.

SIZE OF LOT 3.2 acres TYPE BLDG. residential
(NUMBER OF BEDROOMS)

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]
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Miller FOR Shallow test field DATE 1-9-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

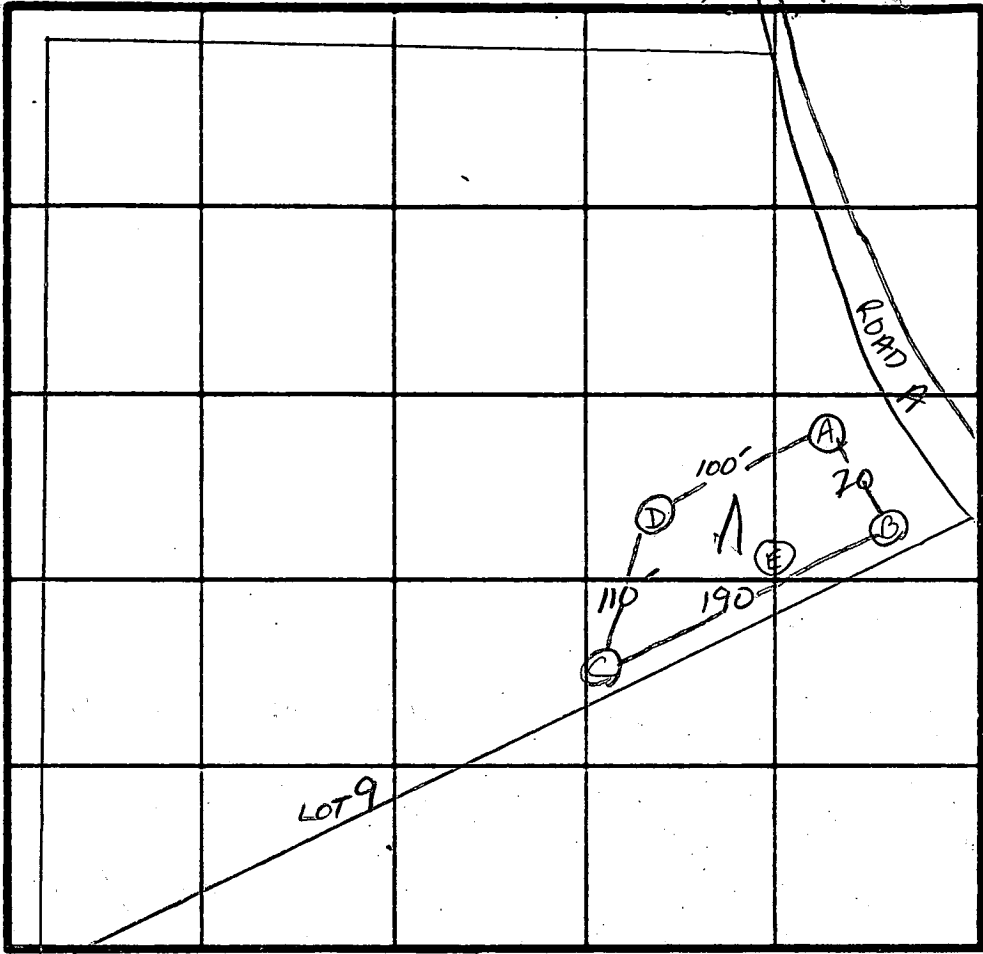
REASONS FOR REJECTION OR HOLDING 7-16-86 PERC. SATISFACTORY; Shallow Syst. HOLD FOR SUBDIVISION PERM. S.M.A.

BLDG. PERMIT SIGNED
AND RETURNED 5-27-88
BP 18781 *Sch*

THIS IS NOT A PERMIT

Ⓞ Ⓟ Ⓠ
ⓐ ⓑ
SOIL PROFILE

0
9.11
AP
Yellow BR
Silt CLAY
10-12% CLAY
410%
FRAGMENTS
3.5
Yellow BR
w/ Pink
CAST.
Silt CLAY
210%
FRAGMENTS
13.5



X PERC
10 MIN
INLET 4
BOTTOM 5.5
200 Ø/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 32

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------------|-----------------------------|----------------|----------------|----------------|-----------------|
| | | | START | STOP | START | STOP | |
| 7/14/86 | A S V | 4'- 13.5' | 10:20 UNIFORM SOIL BELOW | 10:21 | 10:21 3.5' | 10:23 | 2 MIN |
| | B S V | 4'- 12.5' | 10:21 UNIFORM SOIL BELOW | 10:24 | 10:24 3.5' | 10:31 | 7 MIN |
| | C S V | 4'- 13' | 10:32 SAME AS A+B | 10:36 | 10:36 | 10:44 | 8 MIN |
| | D S M | 5'- 10' | 10:25 10:31 | 10:39 10:32 | 10:39 10:32 | 11:07 10:34 | 28 MIN 2 MIN |
| | D V | 13' | SAME AS A+B | | w/ WHITE SAND | | CLAY TO 4.5' |
| | E V | 13' | SAME AS OTHER | | w/ WHITE SAND | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS HOLES AS PER PLAT.

TYPE OF SOIL CHESTER

TESTED BY S. Abel ALSO PRESENT MARK Allen Director

EHE12 10/9

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37249
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 4/25/86

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 Estate of Grace E. Iager
c/o Tom Lloyd
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE _____
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 9
ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.

SIZE OF LOT 3.2 acres TYPE BLDG. residential
(NUMBER OF BEDROOMS)

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.

Steven M. ...
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
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| | | | | |

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

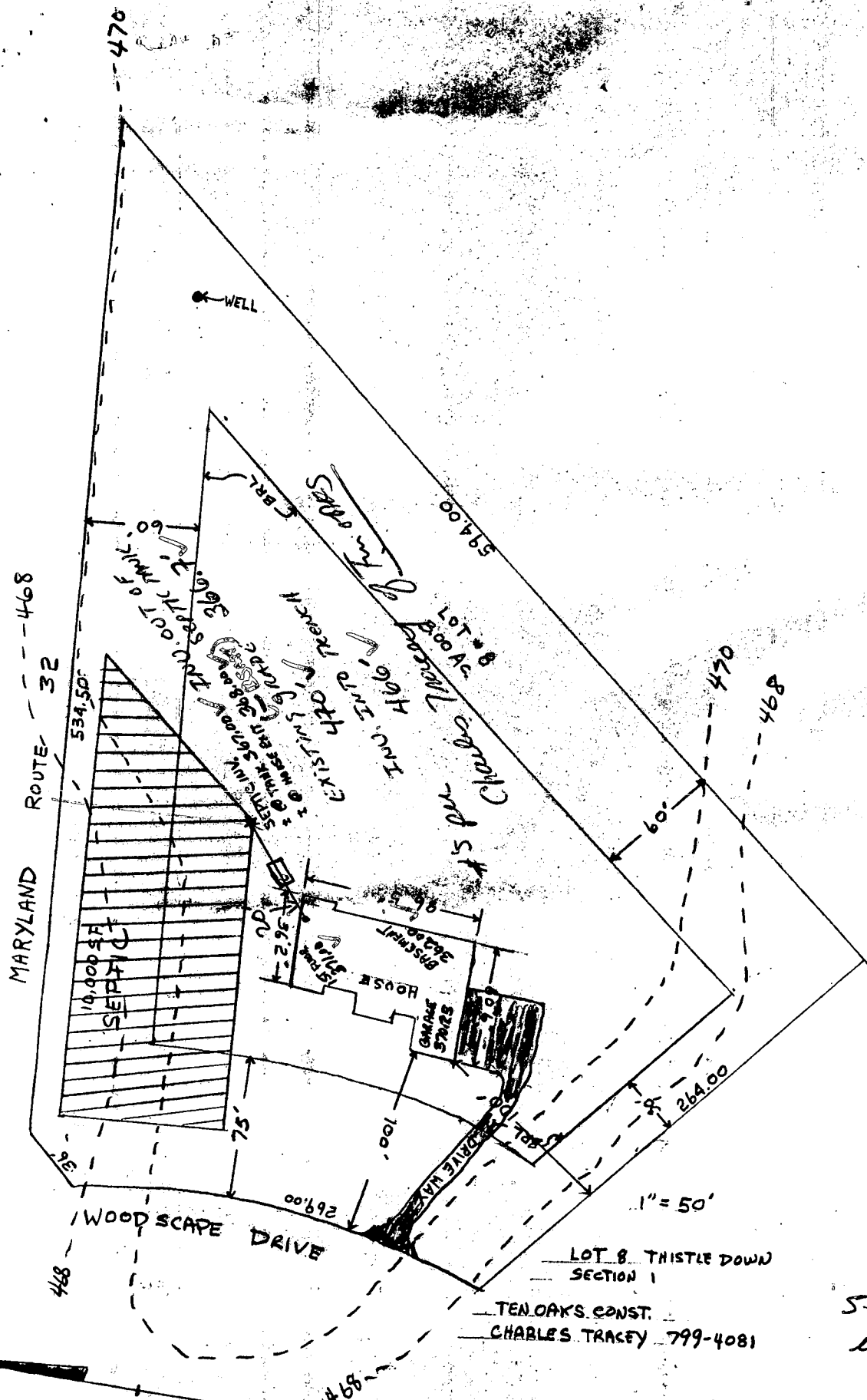
| DATE | TEST NO. | DEPTH | PRE-WET. | | TEST - 1" DROP | | TIME |
|------|----------|-------|----------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12 10/9



LOT 8 THISTLE DOWN SECTION 1

TEN OAKS CONST. CHARLES TRACEY 799-4081

5-27-88
 elevations A
 S. Able

BLDG. PERMIT SIGNED
 AND RETURNED 5-27-88
 BP18781
 S. Able

B 7 2236 SEQUENCE NO. (OEP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER

40-81-2145
fill in this form completely

Date Received

Owner Information

OWNER INFORMATION

15. East Name: T. J. OAKS
Owner: Construction
34 First Name: T. J.
36 Street or RFD: 5704 Wiggles Ave
55
67-70 Town: Howard
70 State: MD
72 Zip: 20794

DRILLER INFORMATION

Driller's Name: George F. Easterday
40
77 License No. 80
Firm Name: L.F. Easterday, INC
Address: 9265 Brown Ch. Rd., Mt. Airy, MD. 21771
Signature: George F. Easterday
Date:

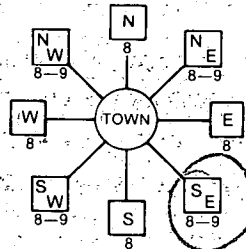
B 3

LOCATION OF WELL R-39430

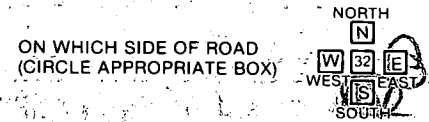
8 COUNTY: Howard
21
23 SUBDIVISION: Tristie Down
42
SECTION: 44 46 LOT: 48 50
52 NEAREST TOWN: Clarksville
71
MILES FROM TOWN (enter 0 if in town): 3 MI
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Woodscane DR
30



34 200 37 DISTANCE FROM ROAD
ENTER FT or MI: F 7
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

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.: A 37249
OEP SIGNATURE: A. Wilson
STATE HEALTH INSERT S
DATE ISSUED: 062487
CO SIGNATURE: A. Wilson
EXP. DATE: 1224187
NORTH GRID: 443000
EAST GRID: 0823000
50 55 57 63

APPROXIMATE DEPTH OF WELL: 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL: 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. Filled 2 dry
- 2. holes
- 3. holes

WRITE THE BOX NUMBER FROM THE MAP HERE

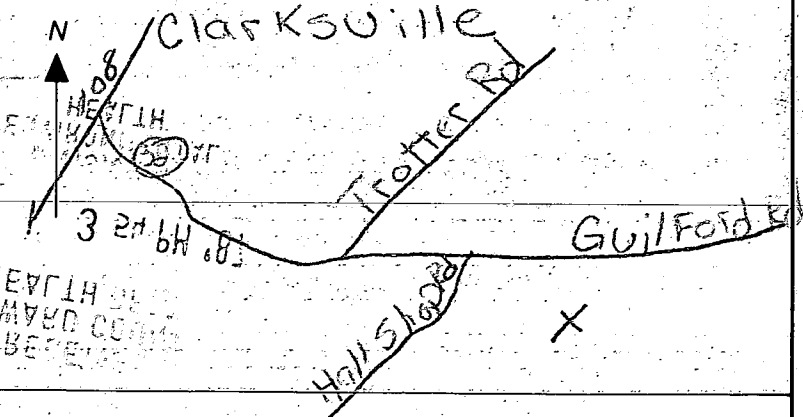
87/3
49/3

Location of 51-casing
2-above
47-open
16-top cement
7/9/87

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
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):

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: GAP

FORCE: (BA) WRITE INITIALS IN BOX PERMIT No. 40-81-2145

SPECIAL CONDITIONS

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
JUN 1 9 41 AM '87

7/7/87 lab # 5 filled
& capped off 1 bag
②

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 1 3 54 PM '87
DIVISION OF
ENVIRONMENTAL
HEALTH

COUNTY FOR THE PURPOSE OF A PUBLIC ROAD WIDENING

LAND TO B COUNTY F PUBLIC R

LOT 8

MARYLAND ROUTE 32

N 46° 46' 13"E 534.45'

LOT 1
3.276 AC.

LOT 8
3003 HOUSE

LOT 7
3.001 AC.

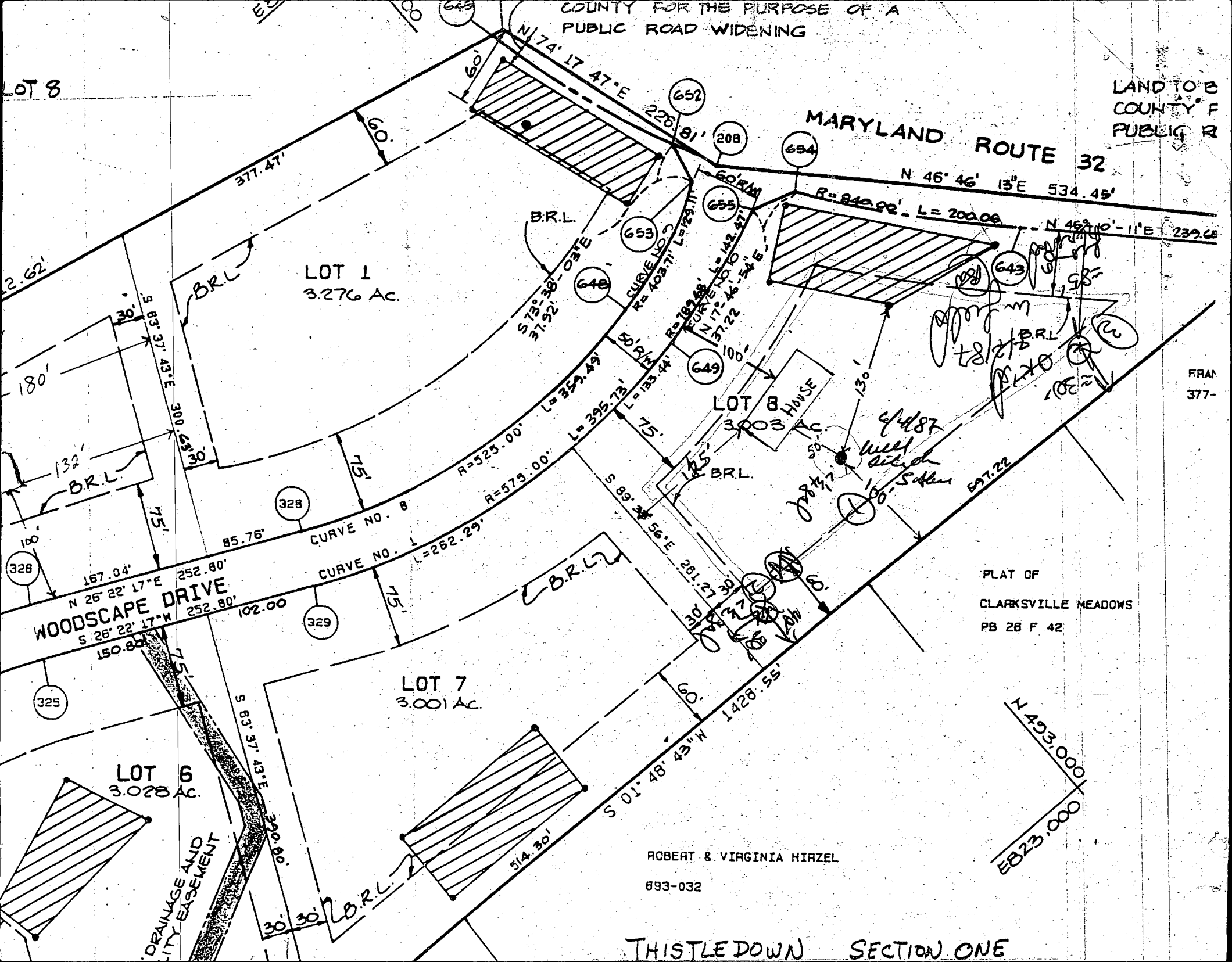
LOT 6
3.028 AC.

WOODSCAPE DRIVE
N 26° 22' 17"E 252.80'
S 26° 22' 17"W 252.80'

PLAT OF
CLARKVILLE MEADOWS
PB 26 F 42

ROBERT & VIRGINIA HIRZEL
693-032

THISTLEDOWN SECTION ONE



C1 **5944**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP 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.

COUNTY NUMBER **A 37249**

DATE Received

DATE WELL COMPLETED **070987**

Depth of Well **180**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HC-01-2145

OWNER **CONST. LANDSCAPE DRIVE** TOWN **CLARKSVILLE**
 SUBDIVISION **THISTLE DOWN** SECTION _____ LOT **8**

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 |
|---|------|-----|------------------------|
| | FROM | TO | |
| Top Soil | 0 | 1 | |
| RED MICA | 1 | 3 | |
| BR. MICA | 3 | 40 | |
| WHITE MICA | 40 | 60 | L |
| TAN MICA | 60 | 100 | L |
| Blue mica | 100 | 180 | L |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **16** NO. OF POUNDS **1600**
 GALLONS OF WATER **80**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **47** ft.
 (enter 0 if from surface)

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **51**
 WHEN PUMPING **79**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

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

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **51**

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: **29**
 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
 below } **2** (nearest foot)

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

C 2

DEPTH (nearest ft.)

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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)

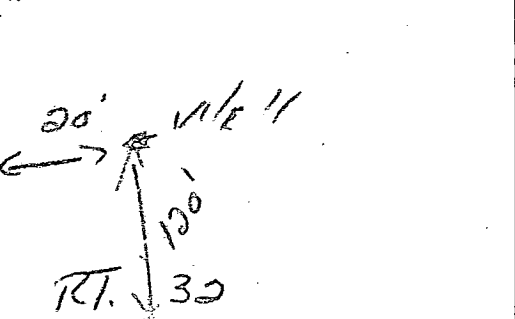
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.

DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE **Blane S. Thomas**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

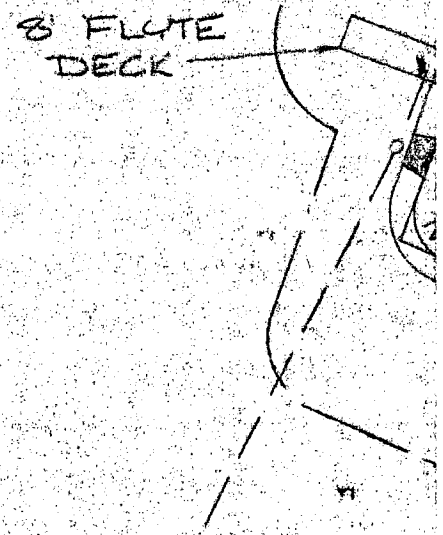
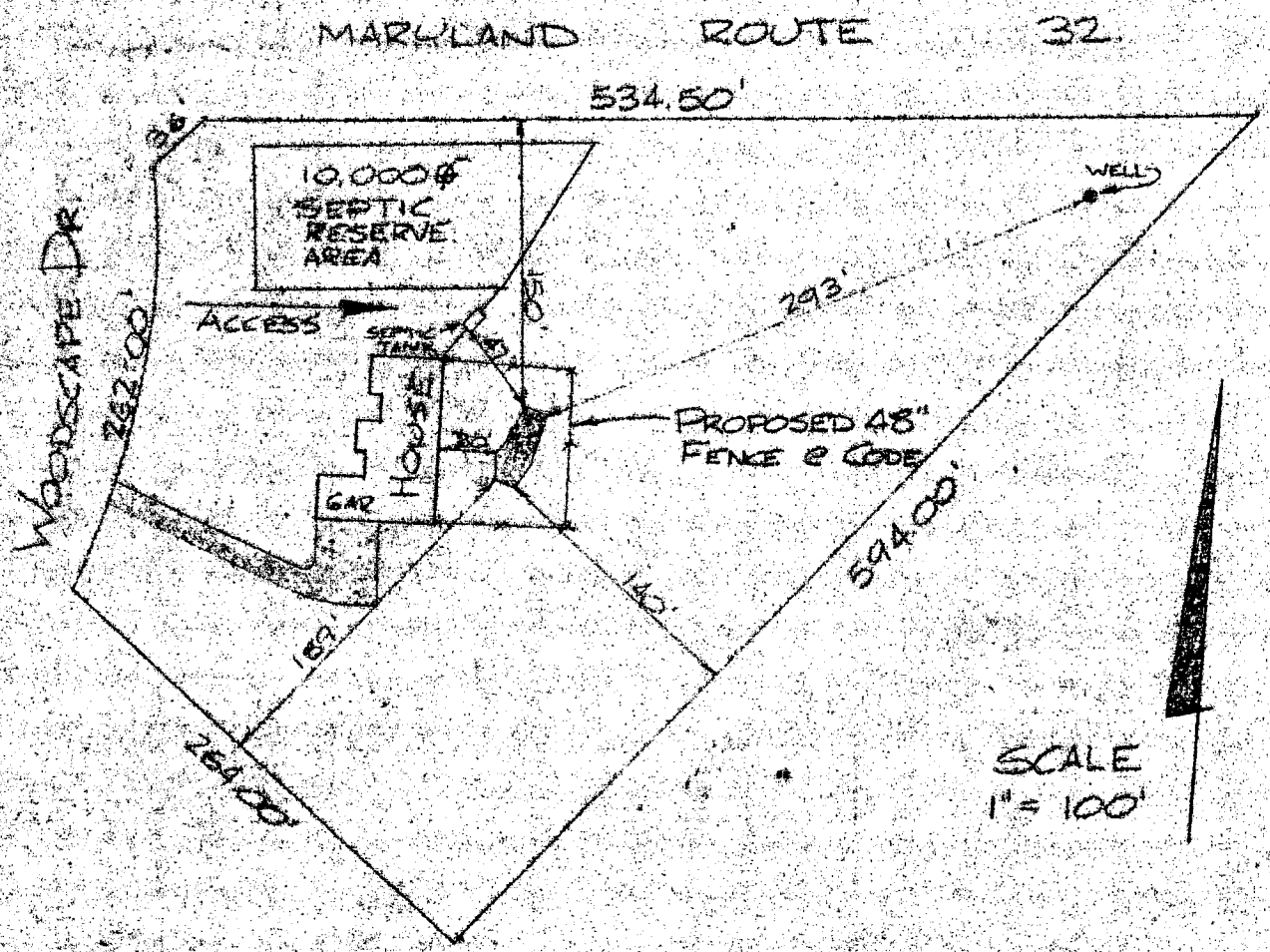
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



Pool Location Approval
of R.H.

1/19/89



SCALE
1" = 100'