

05-405084

PERMIT

P. 44684

A 36985

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 1/2/89

DATE SYSTEM APPROVED 11/16/87

INSPECTOR M. RIFE

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION The Chase ROAD 11639 Vixens Path LOT 9

PROPERTY OWNER Dr. Thomas Day Muralidhar Nimmaadda

ADDRESS _____

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide.

Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade.

1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 155 feet up the right (479.67') lot line and 125 feet from the right (479.67') lot line as seen when facing the property from Vixens Path. Run trenches on contour toward the right lot line.

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 7/07/88 - Updated

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. **PAID PERMIT SIGNED**

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BADG. PERMIT SIGNED

AND RETURNED

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

HD-260

36985
A

APPLICATION

PERCOLATION TESTING

A 36985

P _____

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

DISTRICT 5

DATE 5/15/86

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 ~~Wayback Corporation~~ DR. THOMAS DAY

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

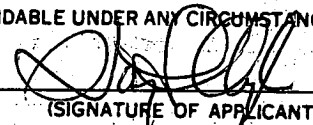
SUBDIVISION The Chase - formerly The Paddock LOT NO. 9

ROAD AND DESCRIPTION Homewood Road 11639 Vixens Path

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(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 Sidney Abel FOR Shallow tile field DATE 1-5-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/24/86 None Satisfactory, Hold For Subdivision Plat S. Abel

6/24/86 Shallow Syst. only, SA

BUDG. PERMIT SIGNED
AND RETURNED 7-7-88

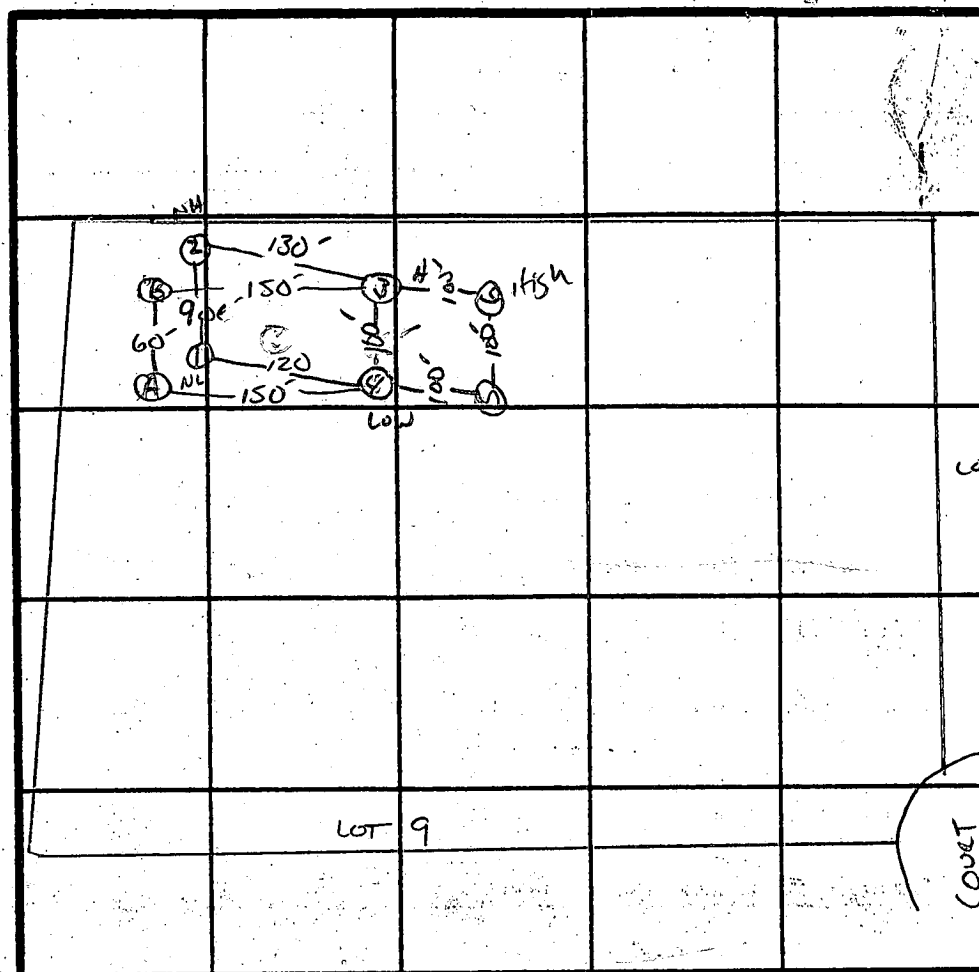
BP 19712 Sabel

THIS IS NOT A PERMIT

③ ④ ⑤
① ② ⑥

SOIL PROFILE

41-3
4 1/2" OR.
SAND LOAM
< 9% CLAY
< 10% FRAGS
3" STRONG BR. SH
SAND LOAM
10-20%
COARSE FRAGMENTS



LOT 10

LOT 9

COURT

̄ PERC
4min

INLET
3.0'

BOTTOM
4.5'
180#/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
HOMERWOOD Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/24/80	A	WATER AT 9' ROCK AT 9'					
	B	ROCK AT 18'					
	1 S	3.5'	2:11	2:12	2:12	2:14	2min
	1 V	12'	uniform soil below		3'		
	2 S	4'	2:16	2:17	2:17	2:18	1min
	2 V	12'	uniform soil below		3'		
	3 S	3.5'	2:25	2:26	2:26	2:27	1min
	3 M	8'	2:27	2:28	2:28	2:31	3min
	3 V	12'	same as hole 1 & 2				
	4 S	3'	2:26	2:29	2:29	2:36	7min
	4 V	12'	same as hole 1, 2, 3				
7/8/84	5 S	3.5'	11:39	11:40	11:40	11:41	1min
	5 V	12'	uniform soil below		3'		
	6 S	4'	11:43	11:47	11:47	11:56	9min
	6 M	8'	11:45	11:46	11:46	11:48	2min
	6 V	13'	uniform soil below		3'		

SEE NEXT
PAGE
ADDITIONAL
TESTS -
REVISED
SEPTIC
ALIGN.

REMARKS: HOLE'S DIFF. THAN FLAT / SHALLOW SYST. ONLY S. Abel

TYPE OF SOIL: Chester Silt Loam

S. Abel

Gett, Bob

APPLICATION

PERCOLATION TESTING

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

A 42799

P _____

DISTRICT 5

DATE 10/18/88

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 ~~ROSS ALLEN~~ DR. Thomas Day

ADDRESS P.O. Box 1018, Columbia MD21044 PHONE 997-8800

PROSPECTIVE BUYER NONE Wann Hogg 992-3044

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION THE CHASE - FORMERLY THE Paddock LOT NO. 9

ROAD AND DESCRIPTION 11639 Vixens Path

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 ACRES 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.

Bob Paulson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

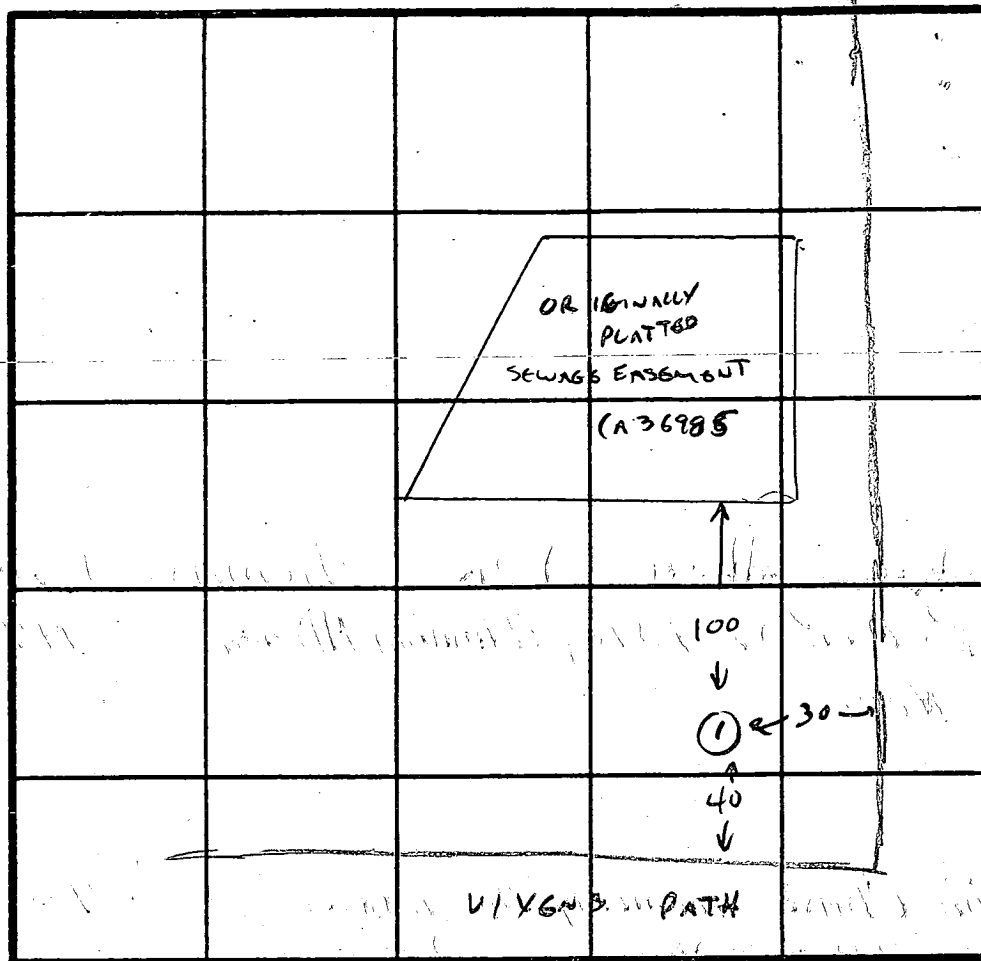
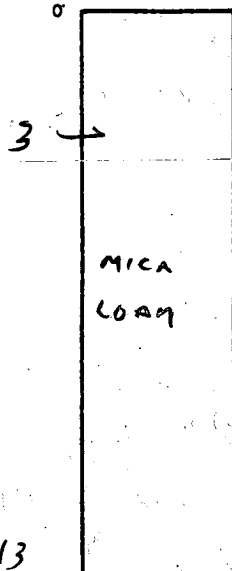
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A42799

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/20/88	①	3	VIS	OK			
		8		MICA LOAM	3-13'		
		13					

TO BE USED IN CONNECTION WITH A36985
TO ESTABLISH ADJUSTED SEPTIC EASEMENT

REMARKS

TYPE OF SOIL

MICA LOAM

TESTED BY

C. Williams

ALSO PRESENT

FYOCK,
JUANNE HOGGE

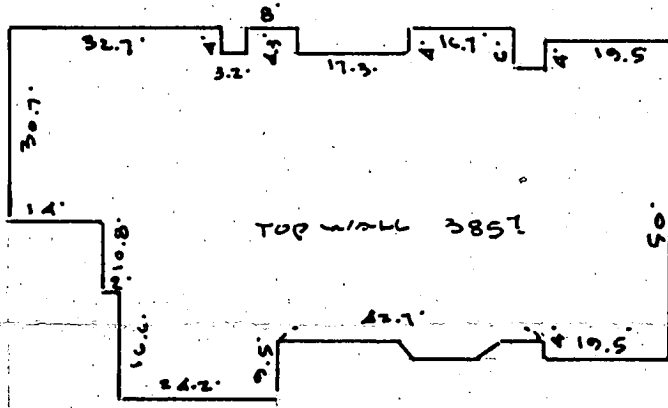
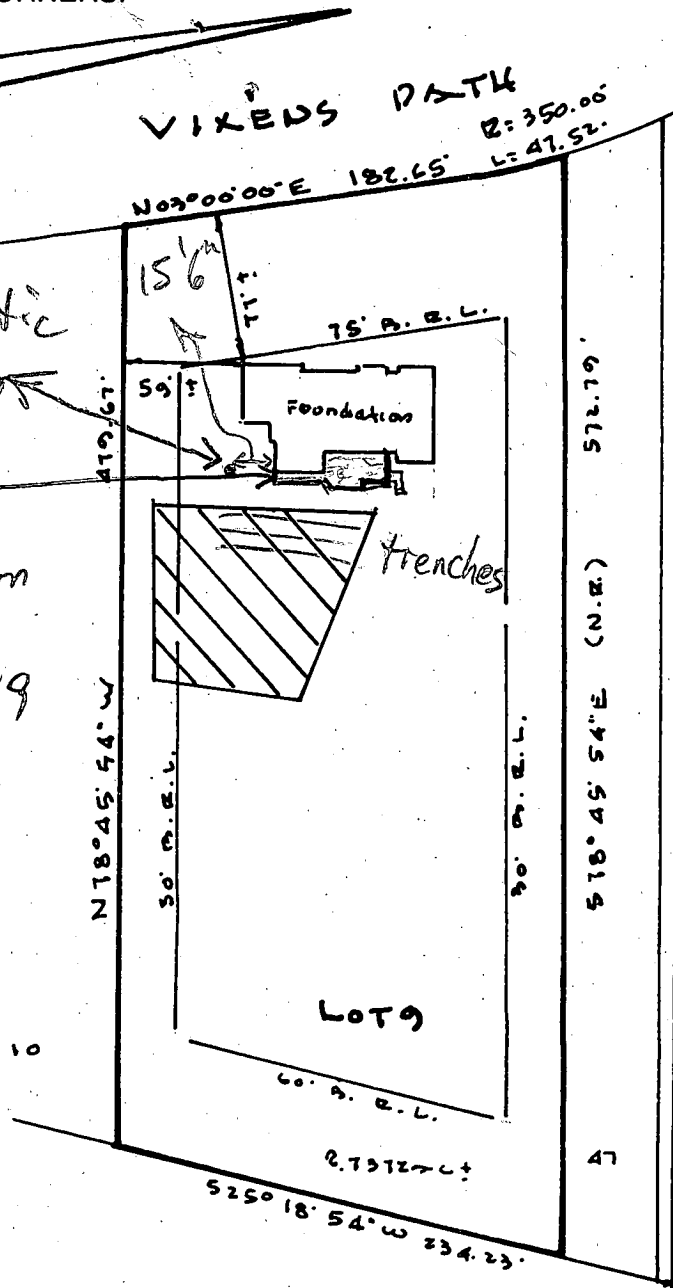
Property known as: **LOT 9**

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

THE CHASE

LOTS THRU 48 PLAT 1260
SHEET 3 OF 7
5th ELECTION DISTRICT
HOWARD COUNTY, MD

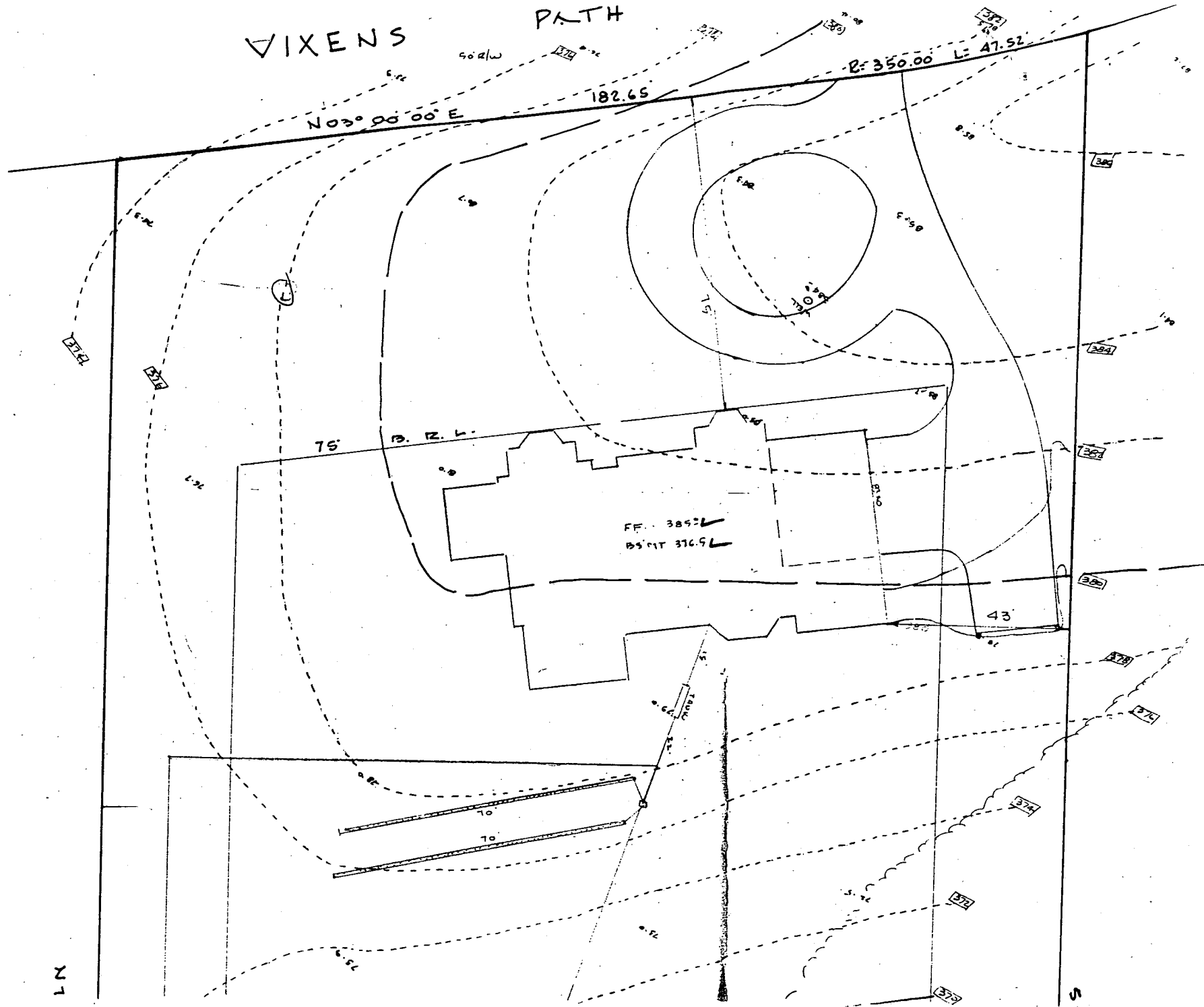
Recommend
Approval
MR 6/5/89
septic
proposed
deck
Deck Construction
Nearly Complete
6/5/89



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1"=100' DATE 12-15-1988
<p>This is to certify that I have surveyed the property known as:</p> <p><u>VIXENS PATH</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	<p>Walter Park</p>	<p>Columbia: 730-9060 Towson: 828-9060</p> <p>M & H DEVELOPMENT ENGINEERS, INC. Surveyors and Subdivision Designers</p> <p>231 Harpers Choice Village Center 5485 Harpers Farm Road Columbia, Md. 21044</p> <p>WALTER PARK REG. L.S. 5539</p>



M.B.H. DEVELOPMENT ENGINEERS, INC.
 SUITE 231 HARPERS CHOICE VILLAGE CENTER
 5035 HARPERS FARM ROAD
 COLUMBIA, MD 21044

DISTRIBUTION BOX EXIST. EL.
 TANK INVERT
 EXIST. EL.
 INV. OUT
 INV. ID

TRUCK : LENGTH & DEPTH
 DETERMINED BY ME

7-7-88

Electrician

BLDG. PERMIT SIGNED
 AND RETURNED 7-7-88

N 1

1

2

3

6

7

8

6080

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-36985

DATE Received
8 13

DATE WELL COMPLETED
15 20 100787

Depth of Well
22 26 285
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
28 29 30 31 32 33 34 35 36 37
40-81-2275

OWNER
last name first name
RIZON BUILDERS VIXENS PATH TOWN CLARKSVILLE

STREET OR RFD
SUBDIVISION THE CHASE SECTION LOT 9

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
FROM TO

Check
if water
bearing

SAND 0 15
GRAY HIGH ROCK 15 285
Dry well. 500'
Filled in with cement
+ Drilling materials

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 16 NO. OF POUNDS 564
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 48 TOP 52 54 BOTTOM 58 ft. to 21 58
(enter 0 if from surface)

CASING RECORD
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)
ST 1 24
60 61 63 64 66 70

OTHER CASING (if used)
diameter depth (feet)
inch from to
EACH CASING

screen type SCREEN RECORD
or open hole
insert
appropriate
code
below
ST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHER

DEPTH (nearest ft.)
EACH SCREEN
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
H 0 23 285
23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60 (NEAREST INCH)
from to

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

C 3
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 74
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 31
WHEN PUMPING 37
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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE 1 (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)
Vixens Path

3/15/89

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 # WP 43798
Date 3/15/89

Name of Installer FEAGA Plumbing & Heating

Telephone 442-5729

License Number 6318

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner THOMAS DAY

Telephone _____

Subdivision THE CHASE Lot # 9

Well Tag # 40-81-2095

Site Address 11639 Vixens Path

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
2. Make Goulds
3. Model # _____
4. Capacity _____ GPM

Motor

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

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

1. Capacity 42
2. Pressure relief valve? YES

Piping

1. Type PLASTIC
2. Size 1
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 280-3-4'

Well data

1. Depth 280 ft.
2. Yield 7 1/2 GPM
3. Static water level 31 ft.
4. Will water supply be disinfected by installer? YES

MR 3/15/89
P.A. 4' B.G.
NO TANK

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: Kenny Seay

Date: 3/15/89

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