

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-407540

DATE 7/14/89

DATE SYSTEM APPROVED 8-11-89

INSPECTOR S. Abel

Andy Snow

Dave Hopkins

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 14196 Frederick Road, Cooksville, Maryland 21723 PHONE 854-6190

SUBDIVISION Waterford ROAD 12920 Wexford Park LOT 14

PROPERTY OWNER Polaris Development Corp.

ADDRESS

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

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1500 ~~1250~~ GALLONS NUMBER OF BEDROOMS 5 ~~4~~

TRENCHES - 250 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 5.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 245 feet down the right (492.49') lot line and 215 feet off the same lot line as seen when facing the lot from Wexford Park. Run trenches on contour toward the left 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 4/01/87

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

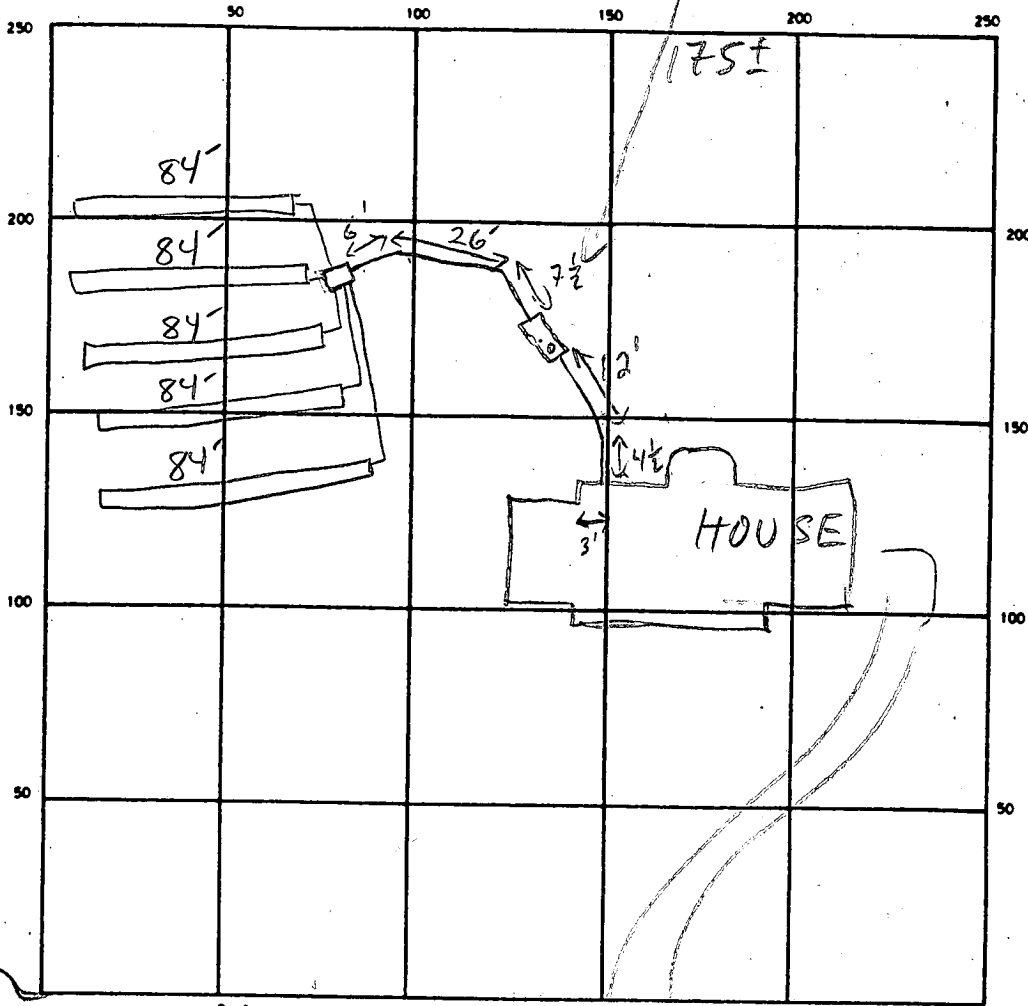
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

34970

HO-88-01531 well

H-B 4 1/2
B-T 12
T-B 7 1/2
B-B 26
B-Box 6

417
3/1250
84
S 17
4 1/2
17
5-84'



WEXFORD PARK

SEPTIC TANK. LEVEL OK 1500 GAL CLEANOUTS S.T. OK

DISTRIBUTION BOX. LEVEL OK - BAFFLE IN

DRAIN FIELD/TILE FIELD DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 50 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 420 FT. NEED 417'

NUMBER OF TRENCHES to be 5 ONE SIDEWALL/BOTTOM AREA 1260 SQ. FT.

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

ABSORBENT AREA 1260 SQ. FT.

REMARKS 8/10/89 OK TO COVER HOUSE TO DB MR
8/11/89 OK TO COVER ALL WORK 8A

DATE SYSTEM APPROVED 8-11-89 INSPECTOR S. J. Hall

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 34970

P _____

DISTRICT 5th ELECTION

DATE 2-14-85

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 HUNTINGTON INTERNATIONAL CORPORATION 774-8082
Polaris Develop. Corp.
ADDRESS 4951 BARKWOOD PARKWAY NW, WASH., D.C. 20016 PHONE (202) 659-2474

PROPERTY LOCATION: NATEK FORD
SUBDIVISION HUNTINGTON ESTATES Section 2 LOT NO. DE 3 LOT 14 Prelim.

ROAD AND DESCRIPTION ON BRIGHTON ROAD, 1800' WEST OF TEN OAKS ROAD
INTERSECTION 12920 WEXFORD PARK

SIZE OF LOT 3.20 AC± TYPE BLDG. SINGLE FAMILY DWELLING
(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.

Charles J. Connors

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 4-1-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-1-85 Rec. SATISFACTORY, hold for certified hole location,
house and well site Subdivision plat. SAbel - Shallow System
ONLY S. Abel 12-13-85

BEDG. PERMIT SIGNED
AND RETURNED 11/22/88 BP 22650
SAB

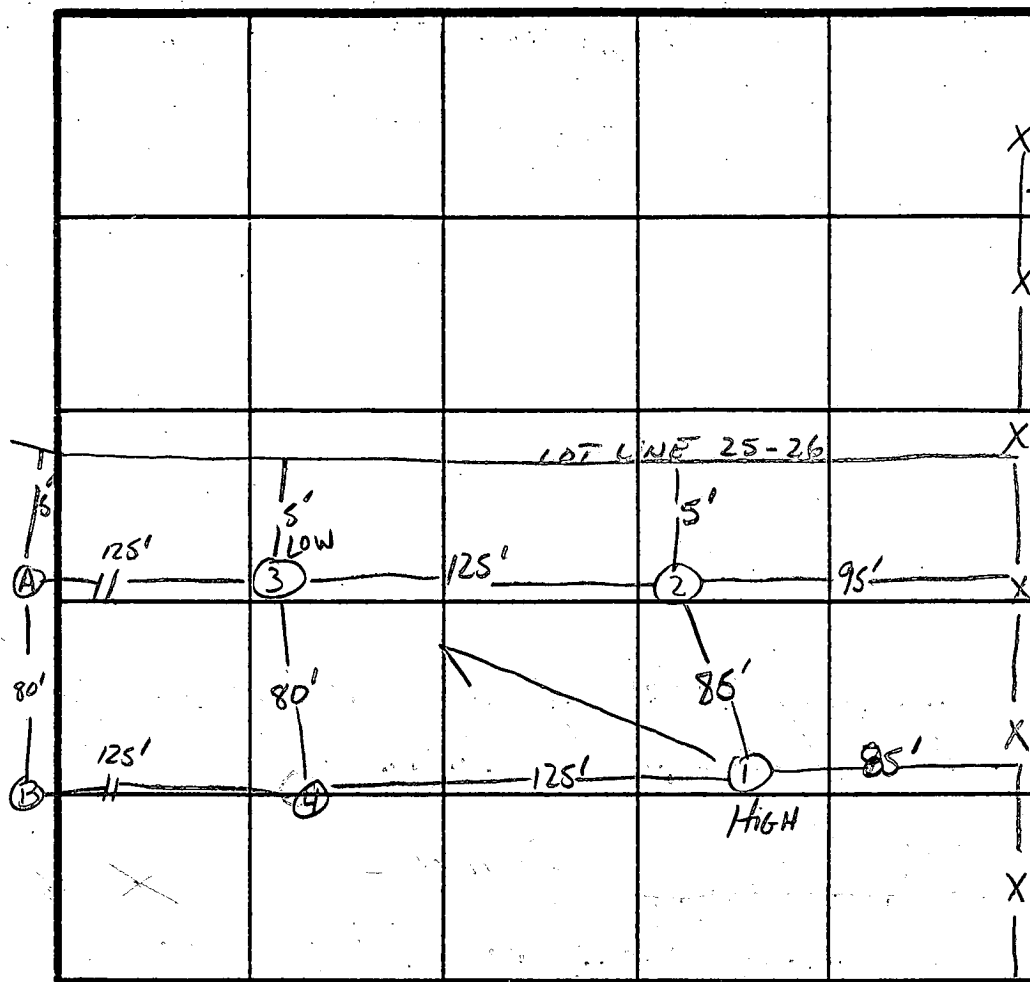
THIS IS NOT A PERMIT

A1-3
RED BROWN
CLAYLOAM
210%
SAPROLITE

RED BROWN
Silt & SAND
10-20%
SAPROLITE

GREY BROWN
micaceous
Silt & SAND
20-30%
SAPROLITE

- old
fine
Removed
ALSO LOT
LINE



X Perc Time
20 min
INLET 5.0"
BOTTOM 6.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/85	15 1V	5.5' 12' VARYING SOIL STRUCTURE SEE PROFILE	1:12	1:25	1:25	1:53	28min
	25 2V	6' 13' VARYING SOIL STRUCTURE Below 5' see Profile	1:15	1:18	1:18	1:25	7min
	35 3V	6' 12' UNIFORM SOIL Below 5.6'	1:30	1:37	1:37	1:49	12min
	45 4V	6' 12' UNIFORM SOIL STRUCTURE Below 6'	1:39	1:54	1:54	2:25	31min
	A	GOOD HOLE ON LOT LINE					
	B	ROCK AT 8' ABANDONED					

SHALLOW SKETCHING

REMARKS WATER ENTERING PERC HOLES FROM CLAY LAYER ABOVE TIMES ARE LONG
HOLE 4 LONG PERC TIME DUE TO WATER ENTERING HOLE 1+4
TYPE OF SOIL HOLE FROM SATURATED SOIL ABOVE

TESTED BY S. Abel ALSO PRESENT TERAY, LES, DONNY

ALSO PRESENT

EH-12-1079.

OWNER: POLARIS DEVELOPMENT CORP.
3414 MORNINGWOOD DR., SUITE 1
OLNEY, MD 20832
301-774-8082

DRAWING SCALE: 1"=50'

LOT INFORMATION: 12920 WEXFORD PARK
CLARKSVILLE, MARYLAND 21029
LOT: 14 SECTION: 2
SUBDIVISION: WATERFORD
ELECTION DIS: 5 TAX MAPS: 34
CENSUS TRACK: 6051
ZONE: R

ELEVATIONS

1-Basement elevation:-----	452.00 Ft.✓
2-First floor elevation:-----	462.00 Ft.✓
3-Invert out of house:-----	455.86 Ft.✓ - BSMT
4-Invert into septic tank:-----	455.58 Ft.✓
5-Invert out of septic tank:-----	455.28 Ft.✓
6-Invert into trench:-----	455.00 Ft.✓
7-Existing grade at septic tank:--	458.88 Ft.✓
8-Existing grade at start piont---	460.00 Ft.✓
9-Elevation of well at grade:-----	463.60 Ft.✓

DISTANCE FROM HOUSE TO TANK:	27.00 Ft.✓
DISTANCE FROM TANK TO S.P. :	27.00 Ft.✓
INVERT AT START PIONT :	5.00 Ft.✓

SYSTEM DESIGN INFORMATION

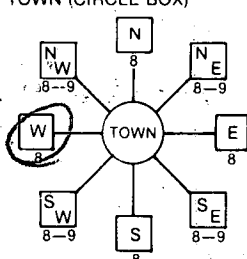
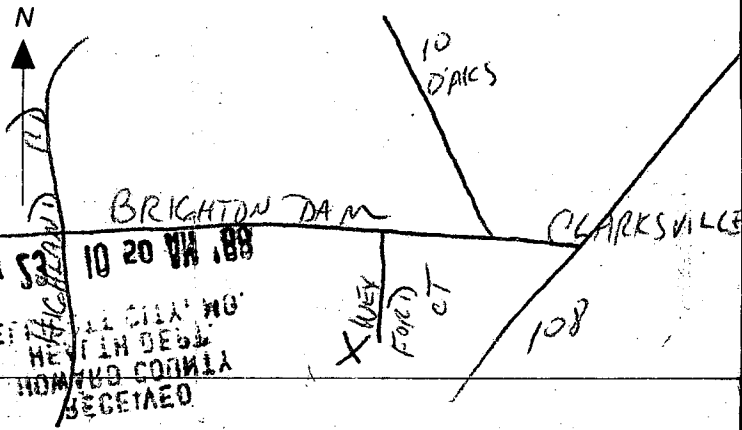
1500 GALLON TANK ✓
250 SQFT PER BEDROOM ✓
3 FT WIDE TRENCH ✓
6.5 FT BELOW ORIGINAL GRADE ✓
1.5 FT STONE BELOW PIPE ✓

BUDG. PERMIT SIGNED

AND RETURNED 11/22/88

RECEIVED
HOWARD COUNTY
HEALTH DEPT
NOV 21 9 23 AM '88
BP 22650
SAL

[illegible]

B 1 8538 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP-USE ONLY) 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	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-0153 ✓ fill in this form completely
Date Received (APA) 052388 OWNER INFORMATION ROLARIS DEVELOPMENT 15 Last Name 13 Owner First Name 34 341 1/2 MORNINGWOOD DR 36 Street or RFD 55 OLNEY MD 20832 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL R-41901 HOWARD WATERFORD 8 COUNTY 21 23 SUBDIVISION 42 SECTION 2 LOT 14 44 46 48 50 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
DRILLER INFORMATION George F. Easterday Driller's Name 77 License No. 80 40 L. Franklin Esterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 5-20-88 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD WELFORD CT 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐ 34 600 37 DISTANCE FROM ROAD ENTER FT or MI FT 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 HOWARD #34970 COUNTY NAME COUNTY NO. STATE SIGNATURE Sally Abbe INSERT S ☐ DATE ISSUED 083088 3/1/89 43 48 CO SIGNATURE EXP. DATE NORTH GRID 498000 EAST GRID 0811000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN ☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) 30 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8101 N 498 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 001 44 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GA P 3 54 63 FORCE 54 WRITE INITIALS PERMIT NO. H0-88-0153 67 68 IN BOX 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS	

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88 - 0153
Location of property (road) WEXFORD COURT
Subdivision WATERFORD Lot 14 Block - Plat - Sec. 2
Well Driller G. EASTERDAY Owner POLARIS DEVELOPMENT

Depth of well 340'
Distance of measuring point (M.P.) above ground 1 1/2'
Static water level (S.W.L.) below M.P. 19'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 G.P.M.
Total time 15 min to reach pumping water level 41 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

C. B. [Signature]

C1 0662

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-34970

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

1 2 3 4 5 6 7 8 9 10 11 12 13

100488

22 340 26
(TO NEAREST FOOT)40-88-0153
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

last name

WATSON PARK

first name

TOWN

CLARKSVILLE

SUBDIVISION

WATKINS

SECTION

2

LOT

14

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

Top Soil

0

2

Red Clay

2

2

Red Mica

7

45

Tan Mica

45

100

Gray Mica

100

395

White Mica

295

B10

Gray Mica

310

340

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 29 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN Casing TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST

6

50

EACH CASING

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHER

C2

1 2

1

2

3

4

5

6

7

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Well Permit No. HO - 88-0153

Subdivision WATERFORD Lot 14 Block - Plat - Sec. 2

Well Driller G. EASTER DAY Owner POLARIS DEVELOPMENT

Depth of well 340 156PM

Distance of measuring point (M.P.) above ground $1\frac{1}{2}$ ft

Static water level (S.W.L.) below M.P. 19 ft

Time pump started 8:30 Pumping rate 10 cpm
Total time 15 min to reach pumping water level 4 1/2 ft. below M.P.

Total time 15 min to reach pumping water level 41 ft. below M.P.

[illegible]

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

8/16/89

Partial
① A.M.
N/A
ready
② See
below
C.B.S.

New Installation X
Replacement _____

Receipt # 44235
Date 5/16/89

Name of Installer GASKE Plumbing & HEATING, Inc.

Telephone 247-6963

License number #3189
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber X

Name of Property Owner POLARIS Development Corp. Telephone 301-774-8082
Subdivision WATER FORD Lot # 14 Well tag # 40-88-0153
Site Address 12920 Wexford PARK

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
2. Make Myers or Equal
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No X
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 _____

Motor

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

Pitless Adapter

1. Make HAKUARD
2. Model # PT 800
3. Depth _____

Tank

1. Capacity 80
2. Pressure relief valve? yes

Piping

1. Type Big Blue
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line _____

Well data

1. Depth 340 ft.
2. Yield 15 GPM
3. Static water level 315 ft.
4. Will water supply be disinfected by installer? No

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.

8/16/89 Partial
Water Well line
and pitless adapter
is ok only
C.B.S.

Signature of Applicant: John Maske

Date: 5-11-89

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