

7/10/01
Layout
10:00

04-315588

ISSUE DATE: 7/5/2001

P 515320

APPROVAL DATE: 02-08-02

A 59872-A

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville, MD PHONE NUMBER: 410-795-5670

SUBDIVISION: Arenel LOT NUMBER: 1

ADDRESS: 1401 Long Corner Road PROPERTY OWNER: Craig & Stacy Knott

SEPTIC TANK CAPACITY (GALLONS): 1000

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

TRENCHES:	Trench to be <u>3.0</u> feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the right rear lot corner, place the distribution box 265' down the right lot line and 140' off this same lot line. Run (2) trenches on contour to right side of lot.
NOTES:	

PLANS APPROVED: MER *OK AM* DATE: 4/16/01

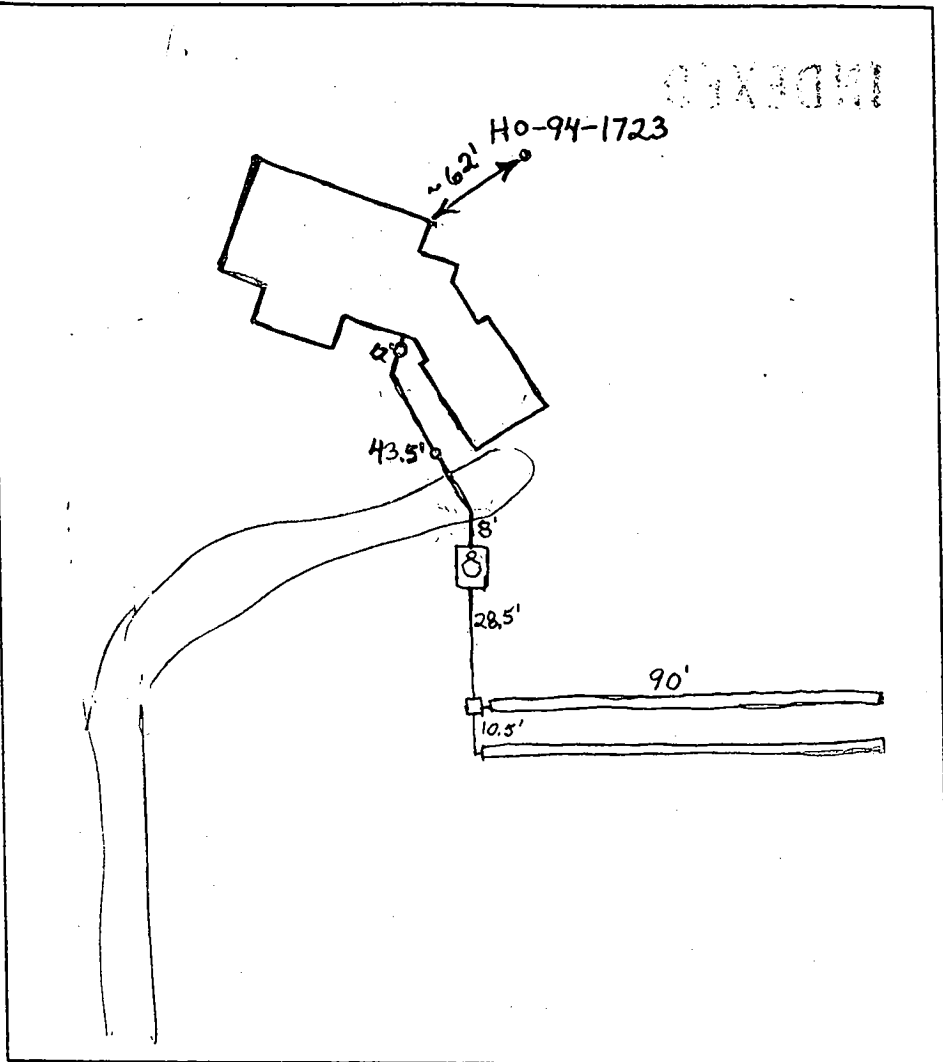
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A 59872-A

NOT TO SCALE

INDEX



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4'
 TRENCH BOTTOM DEPTH 6'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 180'
 ABSORBENT AREA 540 sq ft
 DISTRIBUTION BOX LEVEL yes
 BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1000 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA N/A

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~

Long Corner Road

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 7/10/01 No house connection. O.K. to cover. (BB)

02-08-02 Spoke to Craig Knott (owner) - said house conn made. (KG)

INSPECTOR Kacie Goedeking (KG)

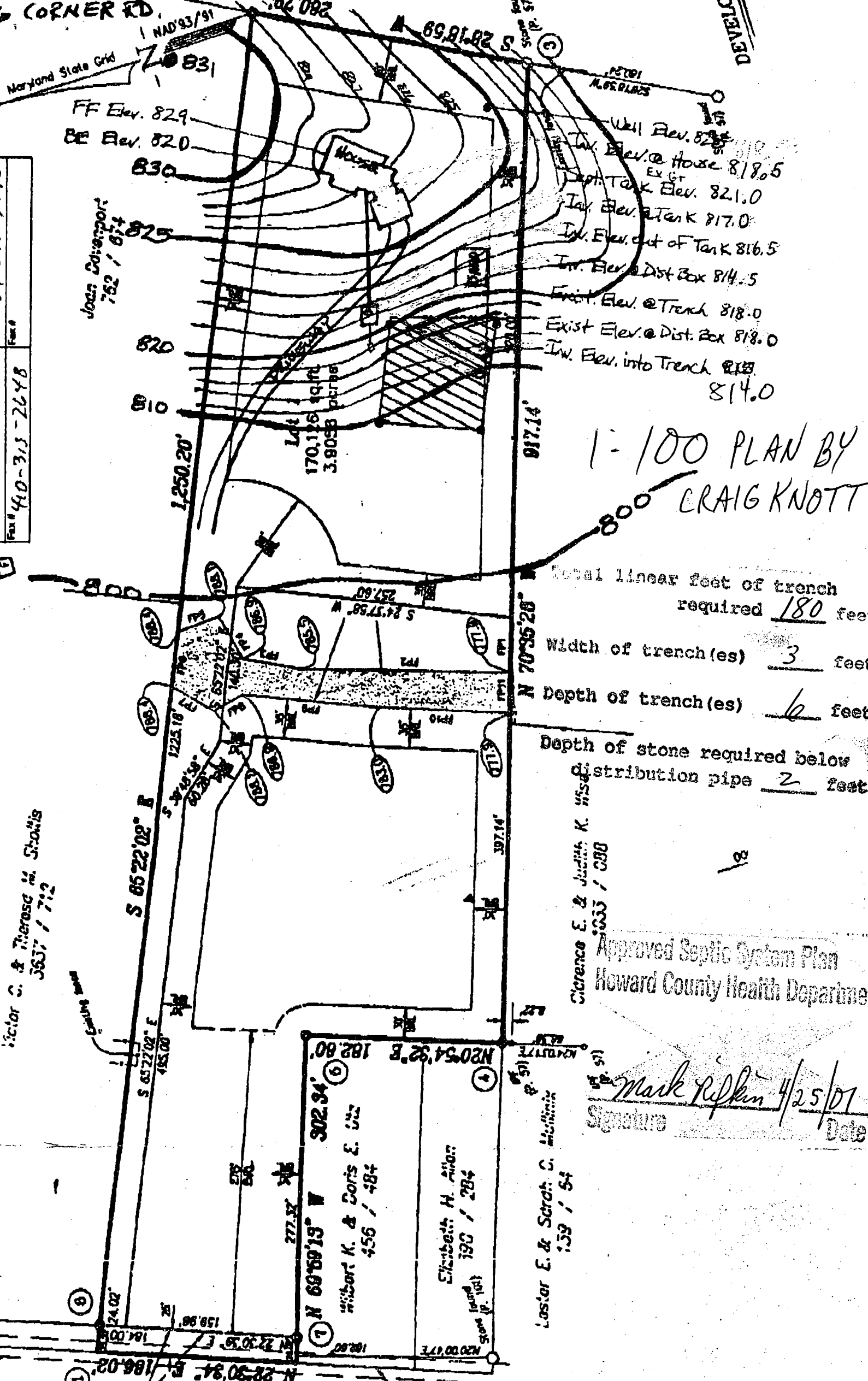
DATE SYSTEM APPROVED 02-08-02

6 CORNER RD.

Plan # 40-315-2648

Victor C. & Therese M. Stonis
3537 / 712

corner road



Well Elev. 828.0
 Elev. @ House 818.5
 EX. GT
 Sept. Tank Elev. 821.0
 Tank Elev. 817.0
 In. Elev. out of Tank 816.5
 In. Elev. Dist Box 814.5
 Front Elev. @ Trench 818.0
 Exist Elev. @ Dist. Box 818.0
 In. Elev. into Trench 814.0

1:100 PLAN BY
 CRAIG KNOTT

Total linear feet of trench required 180 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 6 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department
 Clarence E. & Judith K. W554
 3535 / 680

Signature: Mark Ruffin / 4/25/07
 Date

Lester E. & Sarah C. Melvin
 159 / 54

Robert K. & Coris E. W55
 456 / 484

Elizabeth H. Allen
 190 / 284

FF Elev. 829
 BE Elev. 820

Local Government
 752 / 674

820
 810

1,250.20'

Lot 1
 170.176 sq ft
 3.8093 acres

917.14'

N 70°36'28"

397.14'

S 85°22'02" E

S 65°22'02" E

N 20°54'32" E 182.80'

N 69°59'19" W 302.94' 6
 277.57'

24.02'

184.00'

158.88'

N 22°30'36" E

N 28°30'34" E 186.02'

182.80'

N 20°00'17" E

Stone (sq ft) 1001

190 / 284

159 / 54

456 / 484

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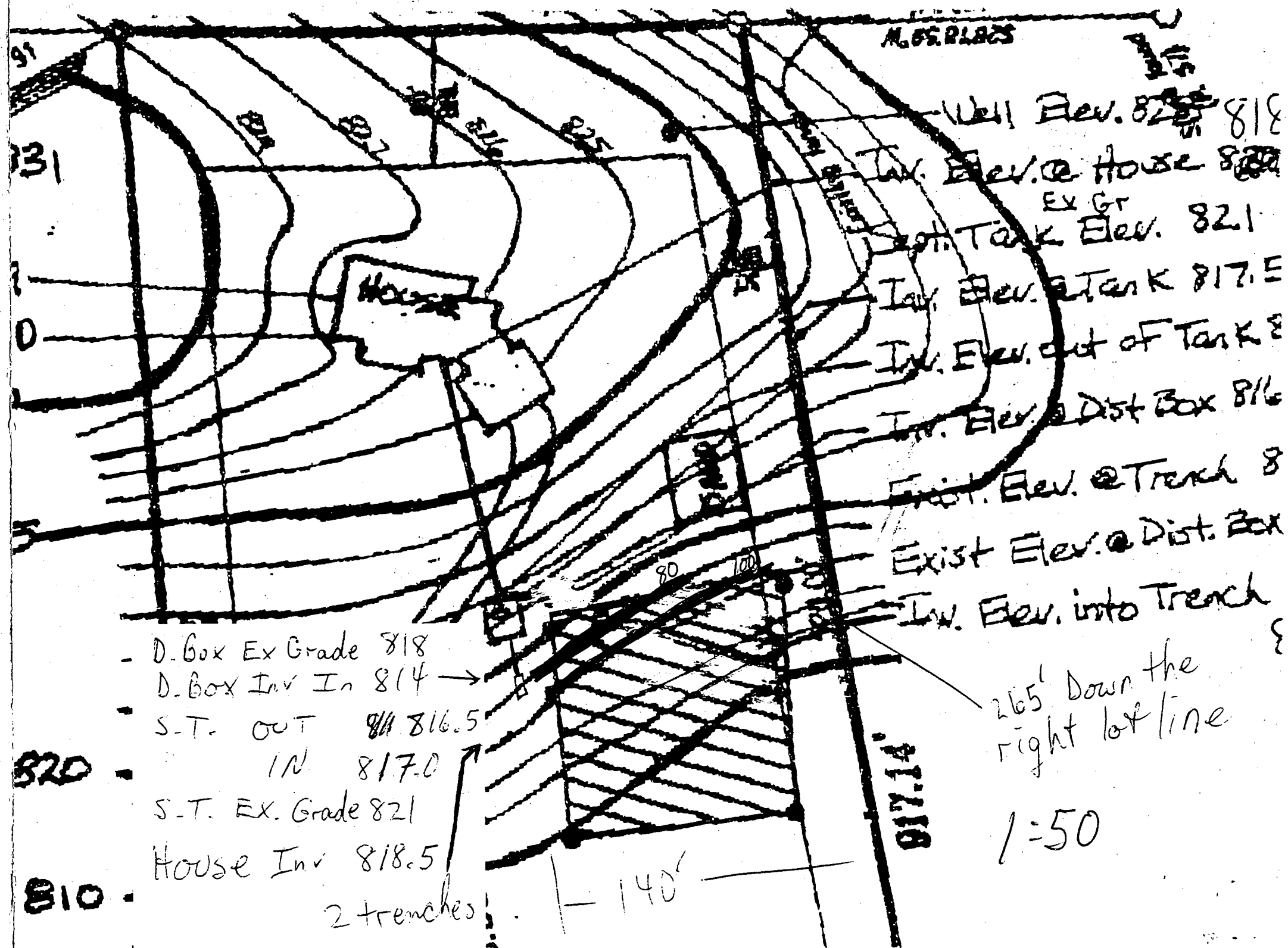
302.94'

277.57'

182.80'

184.00'

ALSO PLANS



Well Elev. ~~820~~ 818

Inv. Elev. @ House ~~820~~

EX GR

S-T. Tank Elev. 821

Inv. Elev. @ Tank 817.5

Inv. Elev. out of Tank 8

Inv. Elev. @ Dist Box 816

Exist. Elev. @ Trench 8

Exist Elev. @ Dist. Box

Inv. Elev. into Trench

265' Down the right lot line

1:50

- D. Box Ex Grade 818

- D. Box Inv In 814 →

- S-T. OUT 816.5

IN 817.0

- S-T. EX. Grade 821

House Inv 818.5

2 trenches

820

810

817.18

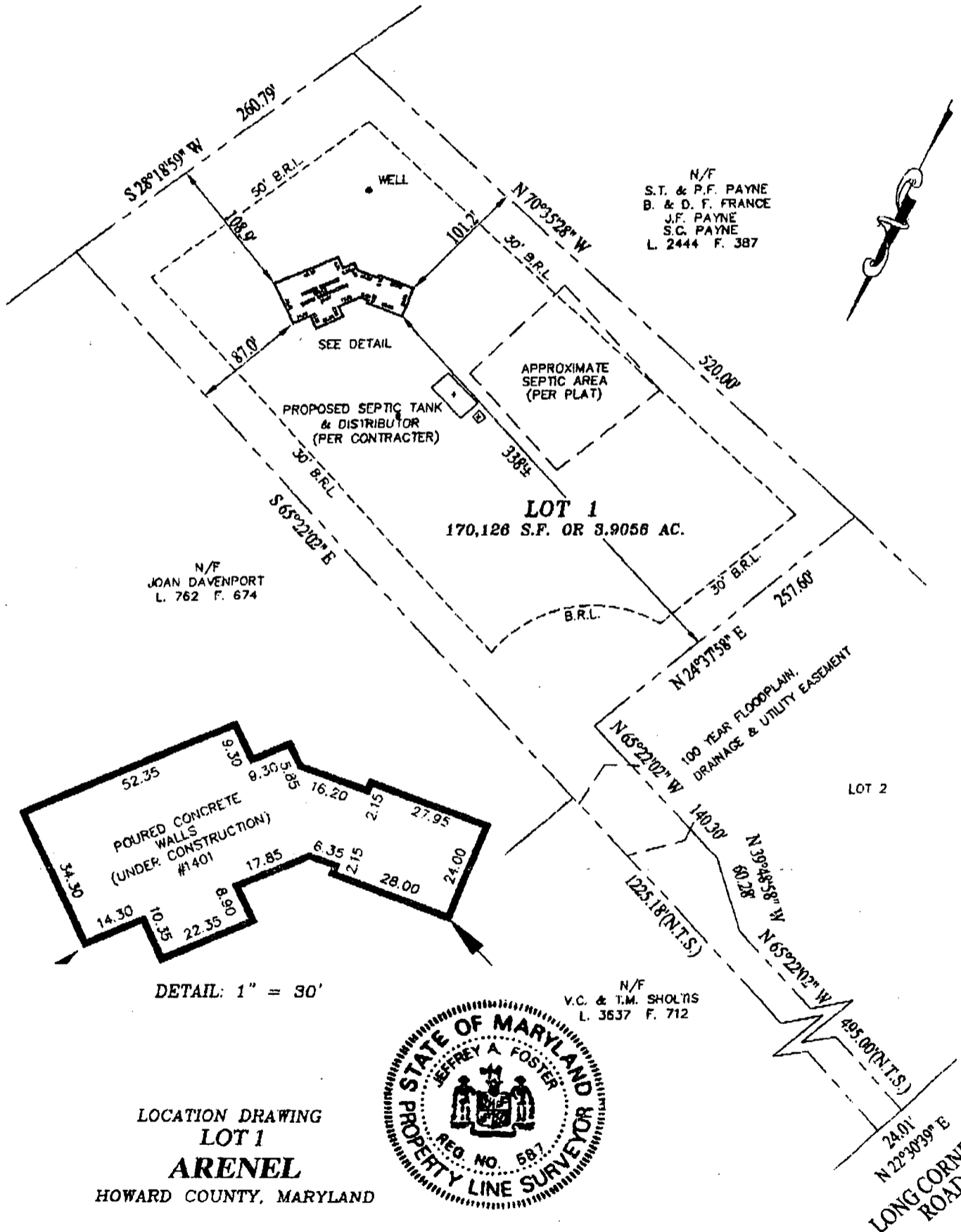
140'

8/13/01
 House moved
 6' forward and
 10' to right
 No impact
 to well or
 septic
 A arenel

CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

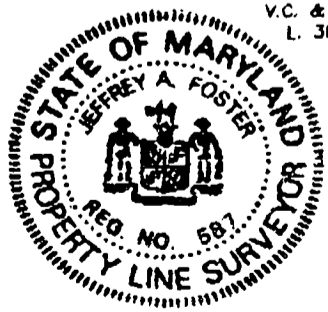
Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 1 foot.
 Flood Zone "C" per H.U.D. Flood Panel No. 240044-006 B.



N/F
 S.T. & P.F. PAYNE
 B. & D. F. FRANCE
 J.F. PAYNE
 S.C. PAYNE
 L. 2444 F. 387

N/F
 JOAN DAVENPORT
 L. 762 F. 674

N/F
 V.C. & T.M. SHOLTS
 L. 3637 F. 712



LOCATION DRAWING
LOT 1
ARENEL
 HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION. <i>Jeffrey A. Foster</i> MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587	REFERENCES PLAT BK. PLAT NO. 13341		SNIDER & ASSOCIATES SURVEYORS - ENGINEERS LAND PLANNING CONSULTANTS 2 Professional Drive, Suite 216 Gaithersburg, Maryland 20879 301/948-6100, Fax 301/948-1266	
	LIBER FOLIO		DATE OF LOCATIONS WALL CHECK: HSE. LOC.: B-27-01	SCALE: 1" = 100' DRAWN BY: J.E.S. JOB NO.: 01-9027

7/25/01
Anytime

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: JOHN J. KIRLIN, INC. Telephone #: 301-424-3410
Address: 515 DOVER RD.
ROCKVILLE, MD 20850

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): ROBERT BEAVERS License# 3149
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Craig Kroff Telephone #: 301-674-7614
Subdivision: Arenex Lot #: 1 Well Tag #: HO-94-1723
Site Address: 1401 Long Corner Rd
Mt. Airy, MD 21771

Submersible Pump Data
Make: Sanyo **Pitless Adapter**
Model #: 9246-0153 Make: Campbell
Pump Capacity 7 GPM Model#: B10X
Well Yield: 10 GPM Depth: 40 (36" min)
NSF approved:
Depth of well encountered at time of pump installation: 45 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Piping to house
Type: Crestline S1DR7
PSI: 200 (160 psi min)
Depth of supply line: 38 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 12"
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert E. Beavers date: 3-4-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7-25-01 Date Insp. Approved: 7/25/01 MR/KG
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

*Grade to be raised to provide minimum 36" @

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1723
 Location of property (road) Long Corner Road
 Subdivision Chestnut Hills Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Longwood Construction
 Depth of well 245^{ft}
 Distance of measuring point (M.P.) above ground 2^{ft}
 Static water level (S.W.L.) below M.P. 48^{ft}

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 15 GPM
 Total time 15 min to reach pumping water level 79 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
9:15	79 ft	6 Sec	_____	10 GPM	
9:30	79 ft	6 Sec		10 GPM	
9:45	79 ft	6 Sec		10 GPM	
10:00	79 ft	6 "		10 "	
10:15	79 ft	6 "		10 "	
10:30	74 ft	6 "		10 "	
10:45	74 ft	6 Sec		10 GPM	
11:00	74 ft	6 Sec		10 GPM	
11:15	74 ft	6 Sec		16 GPM	
11:30	74 ft	6 "		10 "	
11:45	74 ft	6 "		10 "	
12:00	74 ft	6 Sec		10 GPM	
12:15	74 ft	6 Sec		10 GPM	

B 1 07308

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

10-94-1723 fill in this form completely

Date Received (APA)

052798

OWNER INFORMATION

LONGWOOD CONST. JESSY SMITH RD MARY MD 21221

B 3

LOCATION OF WELL

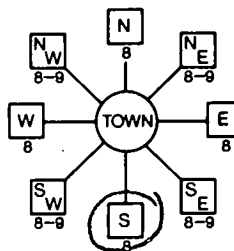
HOWARD CHESTNUT HILLS LONG CORNER MILES FROM TOWN

DRILLER INFORMATION

Ralph MAYNE KALOH MAYNE Well DRILLING 9120 Brown Church Rd. Mx Any 5-28-98

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Long Corner Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 115 FT.

WELL INFORMATION

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

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 A59872 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED Kim White 9/8/99 NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

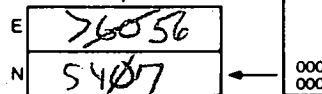
METHOD OF DRILLING (circle one)

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

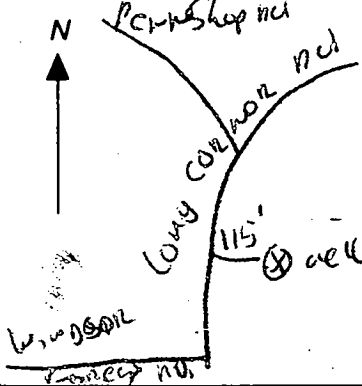
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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)

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



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



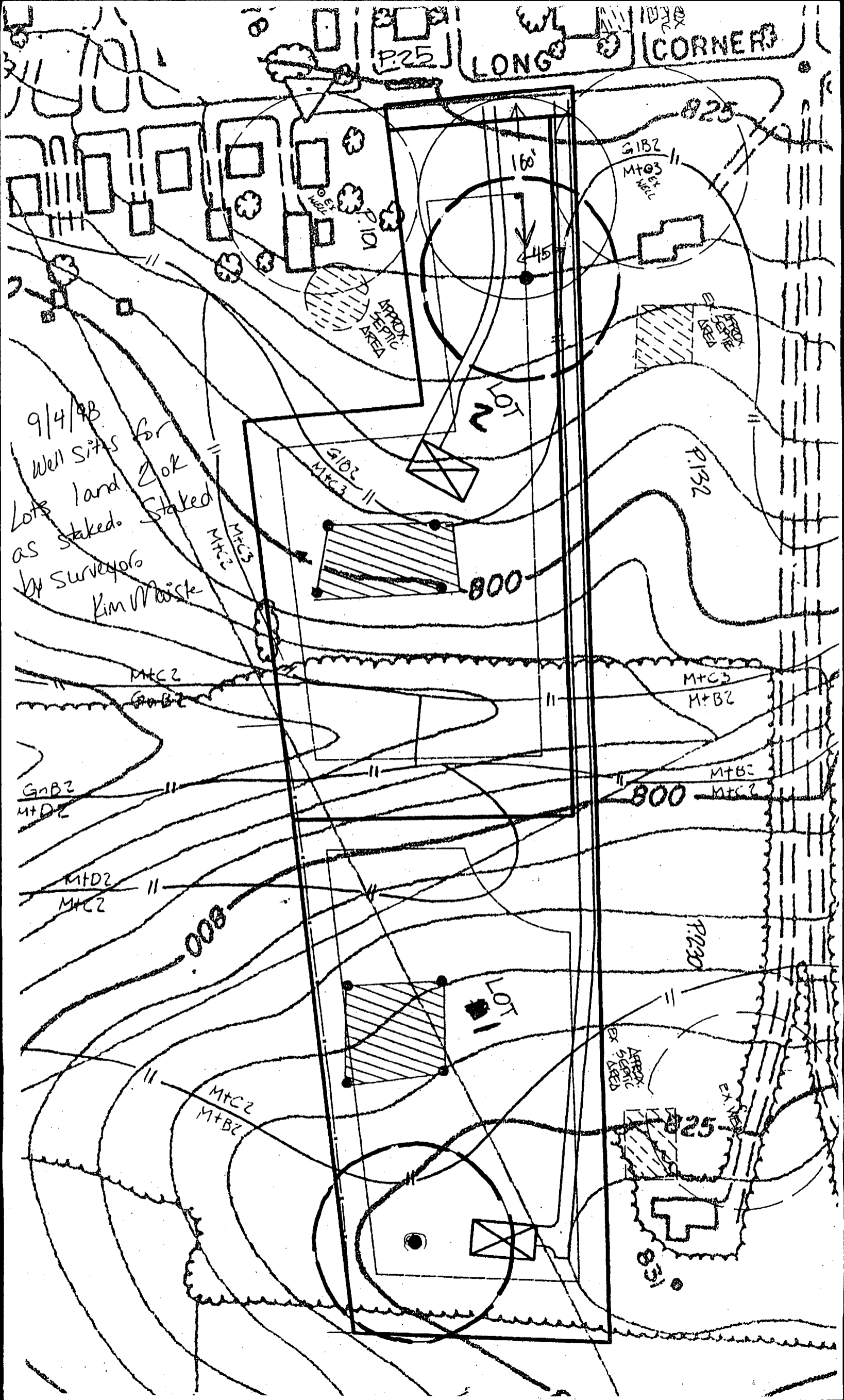
APPROX. PERMIT NUMBER GAP FORCE M PERMIT No. 10-94-1723

SPECIAL CONDITIONS 301-825-8825

P.25

LONG

CORNER



9/4/98
Well sites for
lots land staked
as staked
by surveyors
Kim Maick

P.101

APPROX.
SEPTIC
AREA

LOT 2

GIBZ
MTC3
Well

P.132

800

MTC2

MTC3
M+B2

GIBZ
M+B2

800

MTC3
MTC2

MTC2
MTC2

800

LOT 1

P.130

MTC2
M+B2

825

APPROX.
SEPTIC
AREA

825

3-31-98
10:00

APPLICATION

PERCOLATION TESTING

A 59872

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3/17/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Carl & Myrtle Sandifer

ADDRESS 13200 Carriage Ct., Rockville, MD 20850 PHONE _____

AGENT OR PROSPECTIVE BUYER Steven P. Murray

ADDRESS 12311 Jesse Smith Rd., Mt. Airy, MD 21771 PHONE (301) 829-8825

PROPERTY LOCATION:

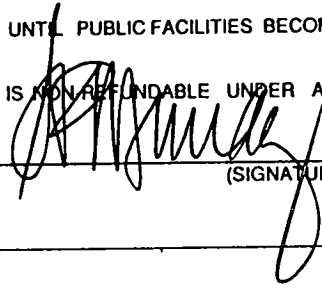
SUBDIVISION Chestnut Hills - Parcel W LOT NO. Lot 2

ROAD AND DESCRIPTION East side of Long Corner Road; 1100' south of Penn Shop Road

TAX MAP G PARCEL # 193

SIZE OF LOT 4.0 Ac. 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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT, PERC OR MR 4/4/98

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 59872

COUNTY #

ADJ. DWELLING

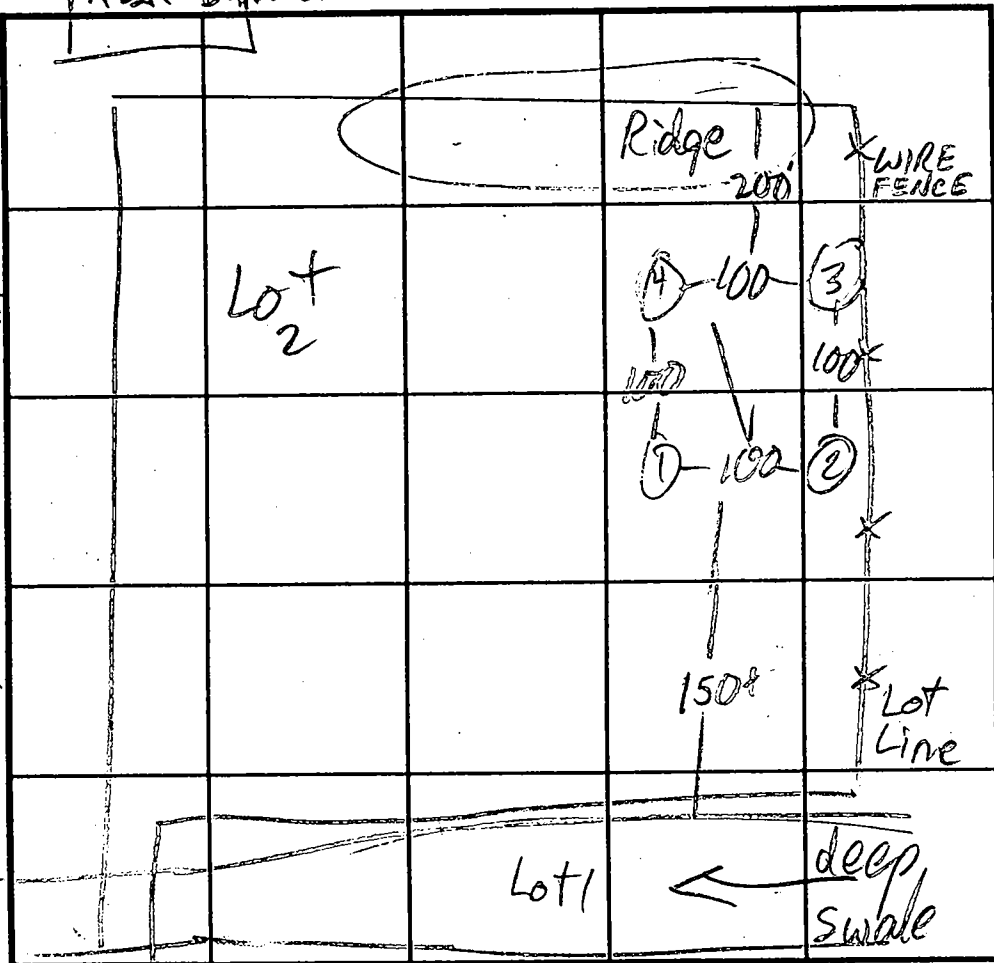
SOIL PROFILE

(1) 2
brn
sac l m
4-5
brn
sa l m
25%
shale
10-12

(3)
brn
sac l m
10% frags

(4)
gray brn
m
20-25%
shale
11 1/2

(4)
brn
sac l m
4
brn red
yel
sa l m
15-20%
shale
12



SOIL PROFILE



LONG CORNER ROAD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/31/98	1 S	5	12:04	12:06	12:06	12:08	2
	1 V	10	OK see profile				
	2 S	6	12:07	12:10	12:10	12:13	3
	2 V	12	OK sim to 1				
	3 V	1 1/2	OK see profile				
	4 S	5 1/2	12:22	12:28	12:28	12:36	8
	4 V	7 1/2	12:22	12:28	12:28	12:41	13
	4 V	12	OK see profile				

REMARKS HOLES PER PLAN

TYPE OF SOIL

TESTED BY M. Ripkin ALSO PRESENT OK OK Jr. buyer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

Copy Signed
Perc Cert

