

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

PERMIT

P 538130

APPROVAL DATE: 3/28/13

A REPAIR

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

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Road Westminster, MD 21157 PHONE NUMBER: 410-596-3618

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 6404 Lochridge Road PROPERTY OWNER: Diane Reitz

SEPTIC TANK CAPACITY (GALLONS): HOOT

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 3

SQUARE FEET OF HOUSE: _____

LINEAR FEET OF TRENCH REQUIRED: _____

*2 Beds -
5.5' x 100' = 1,100 sq. ft.*

TRENCHES:	
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____ DATE: _____

- 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 OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

See As-Built Drawing
On Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES _____
TOTAL LENGTH _____
ABSORPTION AREA _____
DISTRIBUTION BOX LEVEL _____
DISTRIBUTION BOX BAFFLE _____
DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

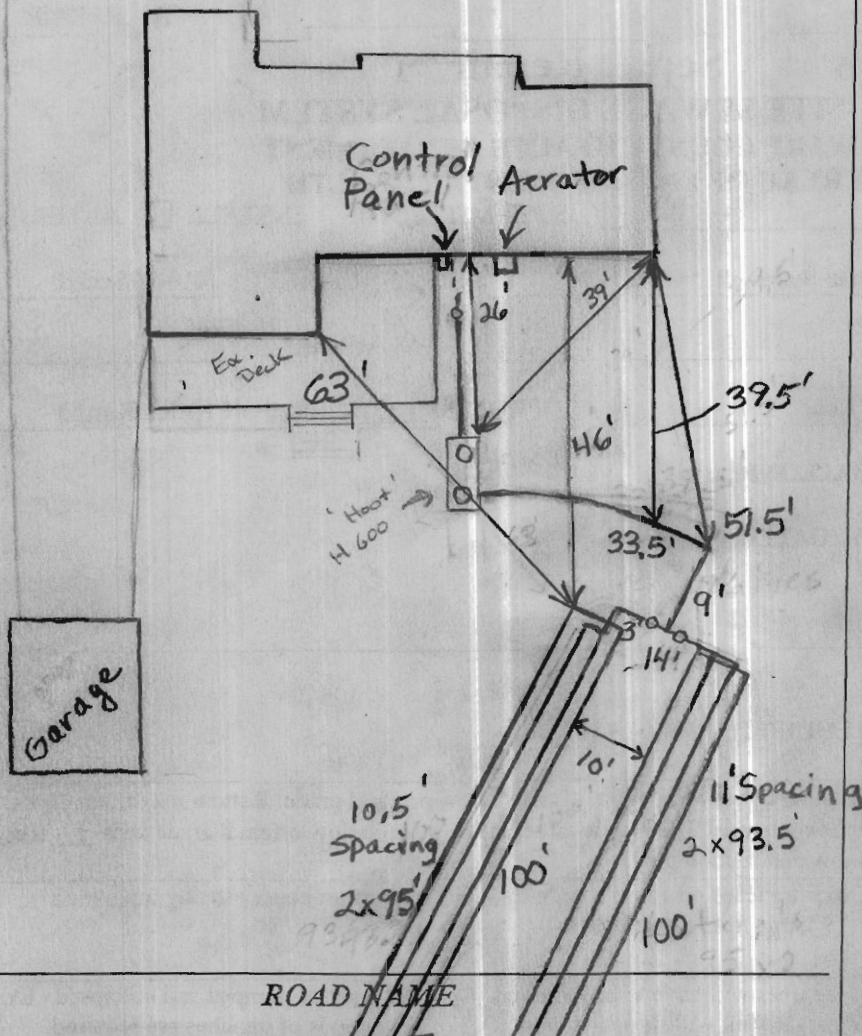
PRE-CONSTRUCTION:

11/16/2012 Loops like a bed can be installed in the area of holes
A + C. Fill in area will have to be scraped off so that
contour can be determined. Low pressure dosing. HOOT tank
with 750 gallon pump chamber. One H.P. pump. Three inch
force main and 1.5" laterals. Bed bottom at 2' with 1' of
total gravel. BB

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
5.5	1-2'	2'-3'
NUMBER OF TRENCHES		2
TOTAL LENGTH		200'
ABSORPTION AREA		1100
DISTRIBUTION BOX LEVEL		N/A
DISTRIBUTION BOX BAFFLE		N/A
DISTRIBUTION BOX PORT		N/A

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Mayer Bros
CAPACITY	4600 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Front/Rear
6" PORT LOC	None
WATERTIGHT TEST	OK
SLOTTED	Yes
DATE ON LID	Dry
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	Part of HOOT
CAPACITY	750 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	No
BAFFLE FILTER	No
MANHOLE LOC	Front+Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	Dry

PRE-CONSTRUCTION:

11/28/2012 Revisited site to get measurements. 5.5' did layout for beds. 5.5' fill is on area in middle of yard and close to house. 12/4/2012 Installer starting on beds. 12/5/2012 57' Property Corner

INSTALLATION: 12/6/12 Hoot tank set. Beds cut in w/ grade and stored. No file present. Contractor did have spec's on site for bed design.

12/11/2012 Beds finished but lateral hole spacing is wrong. Upper laterals have 11' hole spacing and lower laterals have 10' hole spacing. Need to finish pump line. 12/13/2012 (AM) No electricity to HOOT system. 12/13/2012 No one on site. Got final as-built measurements.

FINAL INSPECTOR [Signature] DATE OF APPROVAL 3/28/13

12/14/2012 - start-up
3/28/13 - start-up certificate received from Mayer Bro's. System approved 90

Pump off Elev =

Laterals: Upper
 Bed 1 Elev = 5.66'

 lower
 Bed 2 Elev = 7.25'

Lateral length =



MAYER BROS., INC. 917
 Precast Concrete Products
 6264 Race Rd. Elkridge, MD 21075

Letter of Satisfaction
Hoot System Installation

Address of Property: 6404 Lochridge Rd.
Columbia, MD

Date of Final Inspection: 12-13-12

Installer: South Carroll

Hoot Technician/Inspector: Ed McHadden

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

Name of Inspector
 Mayer Bros., Inc.

DEC 14 2012

DEC 14 2012

259
 - CYI 304-~~988~~-4759
 - HowCo HD Brian
 240-777-6314
 410-313-2648 FAX

PH: 410-796-1434
 FX: 410-796-1438

WBE
NPCA Certified Plant

mayerbro@connext.net
 www.mayerbrosprecast.com



Groase Interceptors, Groase Solutions, Aerobic Treatment Units, Septic Tanks, Holding Tanks, Storm Water Structures, Hydroceptors, Bench Barrier, Water Meter Vaults, Sectional Valve Vaults, Top Slabs, Curb Heads, Curb Bumpers, PennEntry Basement Entries, Scapewal Window Wells, Custom Precast Products

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT

P 538130

A REPAIR

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

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Road Westminster, MD 21157 PHONE NUMBER: 410-596-3618

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 6404 Lochridge Road PROPERTY OWNER: Diane Reitz

SEPTIC TANK CAPACITY (GALLONS): N/A

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET OF HOUSE: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____ DATE: _____

- 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 OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____, DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A-Repair P-538130

PERMITTEE

South Carroll Backhoe Inc.

LOCATION

4404 Backridge Road
Diane Reitz

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

Inspector

Date

WORK IS SATISFACTORY, CONTINUE

Inspector

Date

FINAL INSPECTION MADE, COVER ALL WORK

Jeff,

Thanks for your help on this one. Once you have the signed agreements, please call my cell phone at 410-302-8361. I will then take off from work early to pick up and get to the recorder's office by 3:00, if possible. If for some reason the documents are not signed to get recorded Tuesday, I will go over and record first thing Wednesday.

What do I do with the recorder's receipt? Should I be giving it to someone?

One other favor, can you make a copy of each document for me so that I have a copy of the fully executed that I can attach to the filing receipt. I know that the originals will stay at the recorder's office.

Thanks,

Diane Reitz



Canaan Valley Institute

WORKING FOR THE SUSTAINABILITY OF THE MID-ATLANTIC HIGHLANDS SINCE 1995

November 30, 2012

Ms. Diane Reitz
6404 Lochridge Road
Columbia, MD 21044

RE: FY 2013 Howard County Bay Restoration Fund OSDS Upgrade Program

Dear Ms. Reitz:

Thank you for your application to participate in the Howard County Bay Restoration Fund OSDS Upgrade Program. The Howard County Health Department has verified that your existing septic system is failing and in need of repair. Based on your 2011 income tax return form, you are eligible to receive funding to cover **100%** of the cost to upgrade your system to one of the MDE approved BAT units up to \$13,000. The approved price includes the cost of the unit, installation of the unit, and 5 years of operation and maintenance. The price does not include the cost of permits.

In order to receive your OSDS upgrade, **you MUST follow these steps:**

1. **Sign this letter** on the bottom of page 2 **and return it** in the envelope provided **within 2 weeks of the date of this letter.**
2. File a septic repair permit application with the Howard County Health Department **within 2 weeks of the date of this letter.** The permit application fee is \$396.00 (\$165 for tank approval only).
3. Sign the enclosed Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration Funds, have it signed by a Howard County Health Department Bureau Director or Designee. Then take it to the Circuit Court and have it recorded in Land Records **within 2 weeks of the date of this letter.**
4. Prepare your property and schedule installation of the system. The system must be installed **within 6 weeks of the date the Agreement and Easement is recorded.**

If assistance is needed in completing any of the steps listed above, you may contact me at 304-940-3443 or kristin.mielcarek@canaanvi.org.

494 RiverStone Road | Davis, WV 26260
Phone: (304) 259.4739 or (800) 922.3601 | Fax: (304) 259.4759
www.canaanvi.org

The system vendor may provide a contractor to install your BAT unit. CVI will provide payment of 75% of the cost of the system and installation (not to exceed \$9230) directly to the vendor. The homeowner will be responsible for the remaining balance. The vendor may also require proof of insurance from your contractor.

If your system is not installed within the 8 week timeframe listed in the steps on page 1, the funds may be released and used elsewhere. If you cannot complete installation in within this timeframe, please contact me to request an extension.

For more information on septic repair permitting, contact:

Jeff Williams
Program Supervisor, Well and Septic
410-313-1771

Please sign and return this original letter and keep a copy for your records. If you have any questions, please contact me at 304-940-3443 or by email at kristin.mielcarek@canaanvi.org.

Sincerely,

Kristin Mielcarek, Watershed Circuit Rider

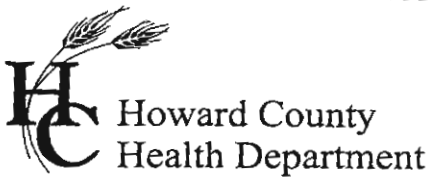
Accepted by: Diane Reltz, Property Owner

I have read and agree to the conditions of this Agreement Letter.

Signature

Date

494 RiverStone Road | Davis, WV 26260
Phone: (304) 259.4739 or (800) 922.3601 | Fax: (304) 259.4759
www.canaanvi.org



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE

Reason for Request:

- A. Failing System (includes surface discharge or inadequate treatment zone)

Has the contractor verified through excavation/pumping evaluation that there are no pipe blockages?

- B. System relocation for proposed addition for setback compliance *
C. To replace a collapsed septic tank
D. To replace a collapsed drywell

**For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, additional testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor:
Contractor's Address:

South Small Backhoe
4410 Salem Parkway Rd
Washington 21157

Contactors Phone #:
Property Address:
Property (Subdivision) & Lot #:
County file #, if known:
Owner's Name and Phone #:

410-875-4197
6404 Lochridge Rd
Diane Reitz 301-992-8349

Is public sewer available/nearby:

If public sewer may be close, mention further research will be performed to verify availability

Names of any previous owners:

Year House Built:

of Existing Bedrooms:

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: Name:

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair or upgrade.

Print out a copy of the Real Property Data via Dept. of Taxation website Indexed file found

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (x2414).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden, x4419, for further detail.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. Contractor is to notify office of the emergency situation as soon as possible.

Maryland Department of Assessments and Taxation
Real Property Data Search (vwl1A)
HOWARD COUNTY

[Go Back](#)
[View Map](#)
[New Search](#)
[GroundRent](#)
[Redemption](#)
[GroundRent](#)
[Registration](#)

Account Identifier: District - 05 Account Number - 347939

Owner Information

Owner Name: REITZ BARRY P **Use:** RESIDENTIAL
REITZ DIANE M **Principal Residence:** YES
Mailing Address: 6404 LOCHRIDGE RD **Deed Reference:** 1) /02046/ 00756
COLUMBIA MD 21044-4033 2)

Location & Structure Information

Premises Address **Legal Description**
6404 LOCHRIDGE RD LOT 42 1.00 A.
COLUMBIA 21044-0000 6404 LOCHRIDGE RD
BRAEBURN, SEC 3

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
0035	0017	0255		0000			42	2	

Special Tax Areas

Town	Ad Valorem	Tax Class
NONE	101	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1969	1,854 SF	1.0000 AC	

Stories	Basement	Type	Exterior
1.000000	YES	STANDARD UNIT BRICK	

Value Information

	Base Value	Value As Of	Phase-in Assessments	
			As Of	As Of
Land	312,500	262,500	07/01/2012	07/01/2013
Improvements:	264,200	238,800		
Total:	576,700	501,300	501,300	501,300
Preferential Land:	0			0

Transfer Information

Seller: DECHEUBEL JOSEPH F AND WF **Date:** 08/29/1989 **Price:** \$180,000
Type: ARMS LENGTH IMPROVED **Deed1:** /02046/ 00756 **Deed2:**

Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 04/26/2011

11/19/69
Ready

99-11-19-69
PUT

PERMIT

P 24934
A 14893

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 11/3/69

Calvin Miles IS PERMITTED TO INSTALL ALTER

ADDRESS Route 216, Fulton, Maryland PHONE 725-5311

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Braeburn ^{*4404*} ROAD Lochridge LOT 42

PROPERTY OWNER Joseph DeChaubel *Barry P + Diane M. Reitz*

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 300 sq. ft. absorbent sidewall area below inlet pipe.

Max. depth for dry well 12 ft. below original grade. Place dry well about 36 ft. behind left rear corner of house as seen when facing from the front.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

REG. PERMIT SIGNATURE
AND RETURNED *5/2/90*
Serial # 32338
Stacy Anderson
NOV 20 1969

PLANS APPROVED BY D. W. Monaghan DATE 10/28/69

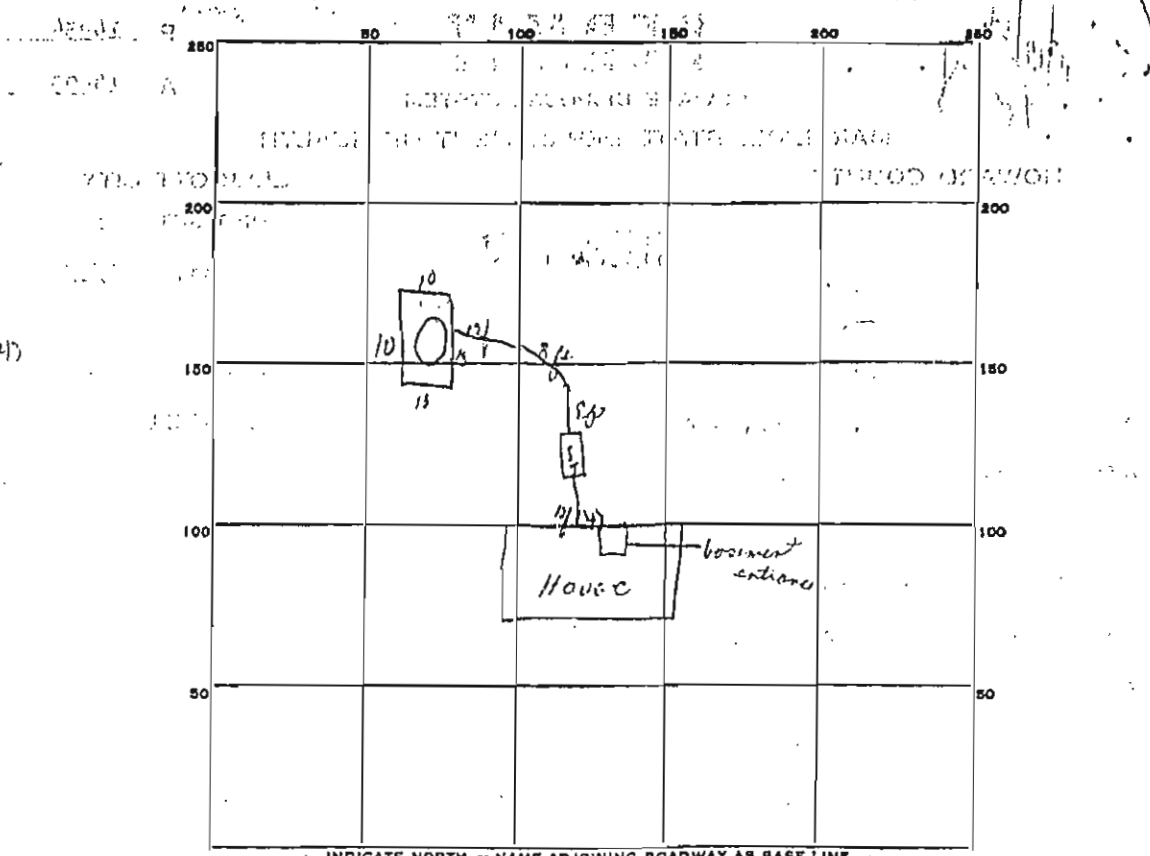
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

REG. PERMIT SIGNATURE
AND RETURNED *3/21/90*
Serial # 31748-3 ca garage

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

14893



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Lockridge Ave

PERMIT CARD AK

SEPTIC TANK, LEVEL 012 CLEANOUTS 012

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE-DIAMETER 43 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 501 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11/19/69 INSPECTOR D.W. M...he

10/28/69
9:30
Re-test

APPLICATION

A 14893

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 10/21/69

Septic Tank - 1000 gal.
Dry Well - 3000 gal. above ground in driveway area
in driveway - inlet pipe. Max depth for Dry Well 12 ft below existing grade
about
Place Dry Well 136 ft. behind left rear corner of house
as shown on plan showing location of pipe

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Joseph DeChaubel

ADDRESS Simpsonville, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION Brasburn LOT NO. 42

ROAD AND DESCRIPTION Lachridge Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mrs. Joseph DeChaubel

APPROVED BY W. M. Morgan FOR Dry Well DATE 10/25/69
(KIND OF SYSTEM)

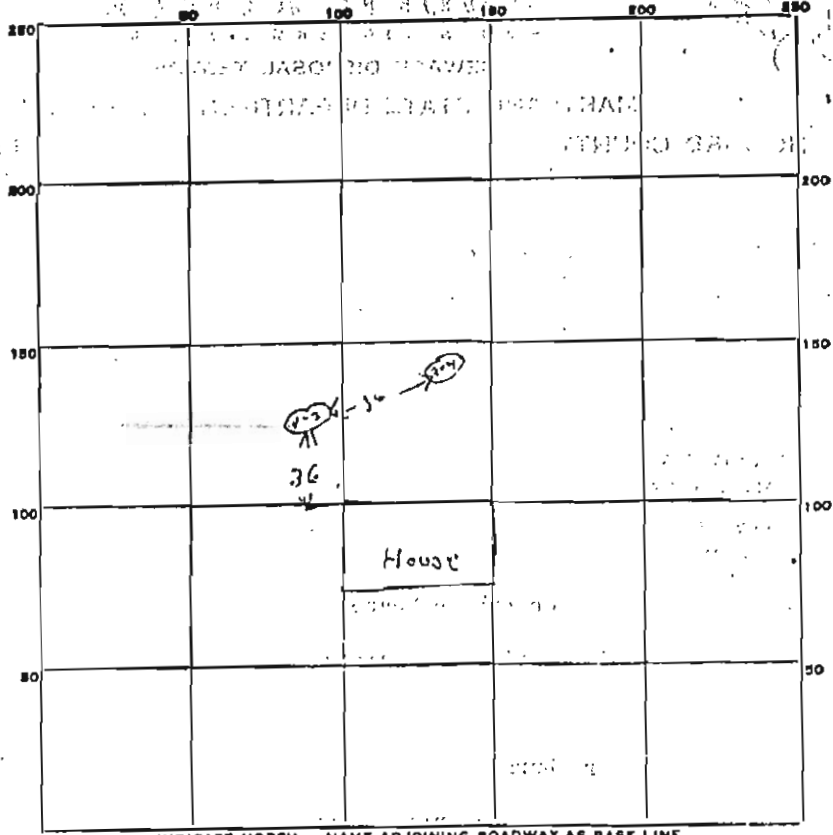
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

EPBLC A



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/23/64	1	9 ft	9 37	9 37	9 39	9 43	4 min	
	2	43 ft	9 32	9 40	9 40	9 45	5 min	
	3	not test same type soil						
	4							
10-29-67	well to be min 15' in front of house, improved area - 74							

SOIL AUGER FINDING _____

TESTED BY 10/26/69 Sum

REMARKS _____

APPLICATION

SEWAGE DISPOSAL TESTING

A 09147

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/30/64

Septic Tank - ⁷⁵⁰1000 gal. 4/16/69
Dry Well - ^{42.2}52.2 sq ft sidewall area below the inlet pipe.

Place Dry Well ~~at~~ between 30 and 90 ft from front lot line and 18 ft from left sideline as seen when facing lot from Lochridge Rd.

TO: THE COUNTY HEALTH OFFICER,
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER A. H. Young, Jr., Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Beeburn LOT NO. 42

ROAD AND DESCRIPTION Lochridge Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT A. H. Young, Jr.

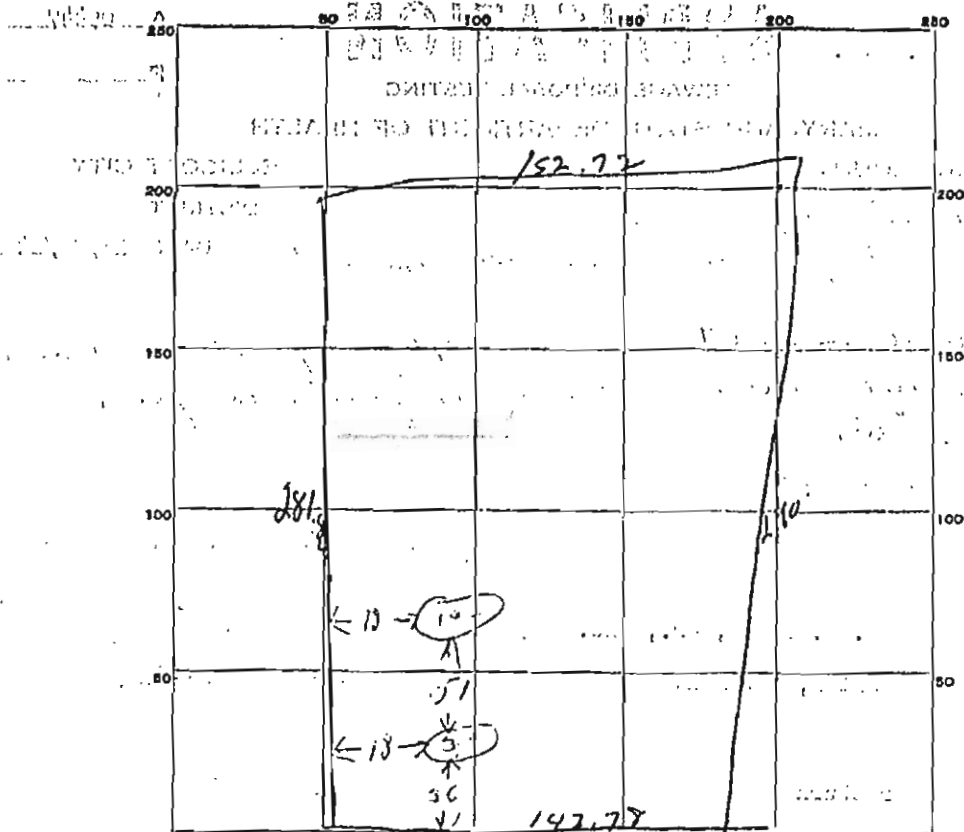
APPROVED BY W. M. Managhar FOR Dry Well DATE 12-27-64
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Lockridge Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/23/44	1	9.24	11:45	11:47	11:47	11:52	5 min
	2	4 1/2 ft	11:46	11:50	11:50	12:10	20 min
	3	9.17	11:48	11:49	11:49	11:55	6 min

SOIL AUGER FINDING _____

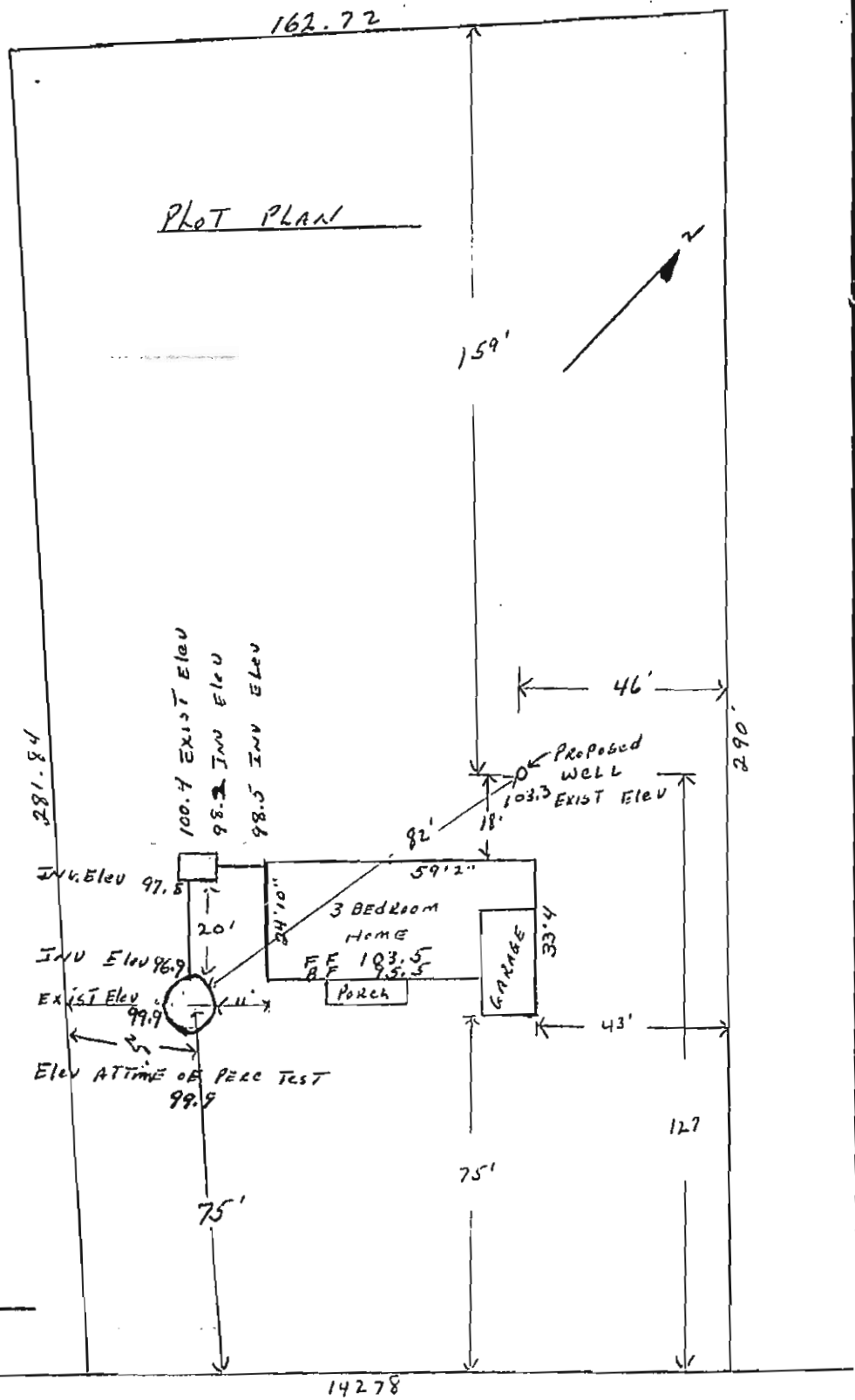
TESTED BY *lum*

REMARKS _____

ALSO PRESENT *thermal bag as* LOT NO. *42 plot 3*

"I CERTIFY THE MEASUREMENT BELOW AND ELEVATIONS ARE ACTUAL
 AND CORRECT FOR THIS PROPERTY." MAY 2ND 1965

Stan W. Lake A



SCALE 1" = 30'

LOCKRIDGE ROAD
 BRAEBURN DEVELOPMENT

100.0
 CENTER ROAD ELEV

JOSEPH DE CHABEL
 SIMPSONVILLE MD

1 4829 (SEQUENCE NO. (OWN USE ONLY))
2 3 (SEQ. NO.) 6
115 NUMBER 17 30 BY PUNCHES
(COL. 3-6 ON ALL EXAMS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED
WITHIN 30 DAYS AFTER COMPLETION
OF THE WELL.
FILL IN THIS FORM COMPLETELY

DATE RECEIVED
(OWN USE ONLY)

DATE WELL COMPLETED
12-3-69

DEPTH OF WELL
300
22 (TO NEAREST FOOT) 28

PERMIT NO. FROM PERMIT TO DRILL WELL
MD-70-0079
28 29 30 31 32 33 34 35 36 37
122
DRILLERS IDENTIFICATION NO.

OWNER: Decheubel (LAST NAME) Joseph (FIRST NAME)
STREET OR RFD: 937 Lochridge Rd. POST OFFICE: Cockeysville, Md.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Ovenbunden	0	6	
Shale Rock	6	20	
Gray Granite	20	300	

GROUTING RECORD (YES NO
WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)
Y 45 N 46

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 20 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES
INSERT APPROPRIATE CODE BELOW

STEEL: S T
CONCRETE: C O
PLASTIC: P L
OTHER: O T

MAIN CASING TYPE: S 7
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 21

OTHER CASING (IF USED)

E A C H C A S I N G	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL: S T
BRASS OR BRONZE: B R
OPEN HOLE: H O
PLASTIC: P L
OTHER: O T

C. 2 (SEQ. NO.) 8

DEPTH (NEAREST WHOLE FOOT)
FROM 21 TO 300

E A C H S C R E E N	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1	11	0	21	300
2				
3				
4				

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 80 (NEAREST FOOT)

WHEN PUMPING 290 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

A AIR 27
P PISTON 27
T TURBINE 27
C CENTRIFUGAL 27
R ROTARY 27
O OTHER (DESCRIBE BELOW) 27
J JET 27
S SUBMERSIBLE 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

29

CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

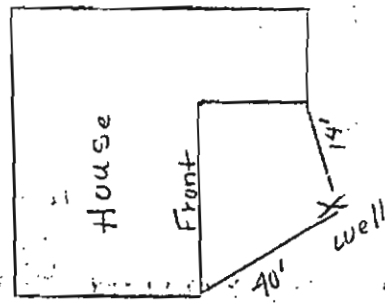
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

LAND SURFACE

7 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: G. Edgar Harr Sons' Corp

SIGNATURE: [Signature]

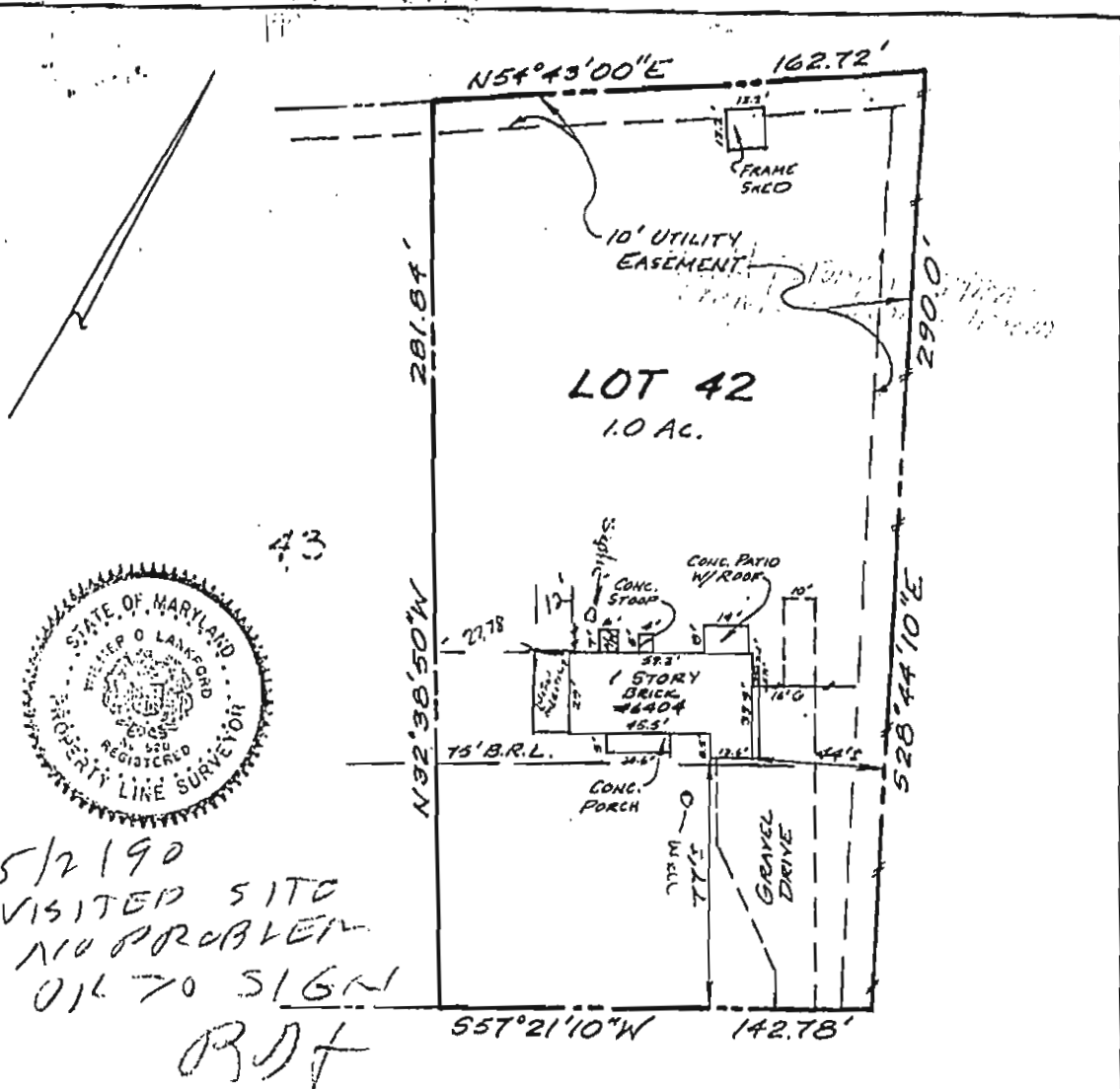
SLOTSIZE 1, 2, 3, 4

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 08 F

OWN USE ONLY (DO NOT BE FILLED IN BY DRILLER)

TELESCOPE CASING 74
LOG INDICATOR 75
OTHER DATA AVAILABLE 76

NOTE: This location for title purposes only - not to be used for determining property lines. Property corner Markers Not guaranteed by this location.



5/2/90
 VISITED SITE
 NO PROBLEM
 OK TO SIGN
 WJF

LOCHRIDGE ROAD

LOCATION OF HOUSE
LOT 42 - PLAT THREE
BRAEBURN
 HOWARD COUNTY, MARYLAND

H.U.D. PANEL NO: 240044-0033B
 FLOOD ZONE C

BUILDING LINE AND/OR FLOOD ZONE INFORMATION IS TAKEN FROM AVAILABLE SOURCES AND SUBJECT TO INTERPRETATION OF ORIGINATOR.

SURVEYOR'S CERTIFICATE THE PLAN SHOWN HEREON IS PREPARED FROM FIELD MEASUREMENTS OF EXISTING STRUCTURES AND DIMENSIONS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, AS SHOWN OR DESCRIBED. <i>Wilma Olanford</i> REGISTERED LAND SURVEYOR MD • 520	REFERENCES PLAT BK. 10 PLAT NO. 12	SNIDER, BLANCHARD, & ASSOC., INC. SURVEYORS - ENGINEERS LAND PLANNING CONSULTANTS 286 Monrovia Lane Frederick, MD 21701 (301) 696-5544 2 Professional Dr., Suite 316 Gaithersburg, MD 20878 (301) 918-5100
	LIBER FOLIO	