

3-5-86
AM

PERMIT

P 36406

A REPAIR

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~882-2330~~
461-9933

3/10/86
repair
OK'd by code
(10)

ELLICOTT CITY
DISTRICT _____

DATE 3/03/86

INDEXED

Herman Sirk IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 489-4724

SUBDIVISION _____ ROAD 879 Long Corner LOT _____

PROPERTY OWNER Timothy Rigler

ADDRESS 879 Long Corner Road
Mt. Airy, Maryland 21771

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

BLDG. PERMIT SIGNED

AND RETURNED 1-8-99

Serial # B00 115610 -
2-car garage

PLANS APPROVED BY C. Williams DATE 3/03/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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

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

~~CALL 882-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

A
Repair



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LONG CORNER RD

PERMIT CARD _____

SEPTIC TANK, LEVEL old concrete block tank

CLEANOUTS 1 S.T. (NEW)

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 68 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/5/86 Repair of old existing system. New S.T. c/o installed.

Existing block tank thought to be still usable.

OK to add stone pipe paper to trench. Soil typical Mt Airy.

(20) = 20% structured saprolite mixed with clay loam to sandy clay loam

3/10/86 Stone pipe + paper in. Hook up to block tank in & looks OK. OK to cover trench + all work

DATE SYSTEM APPROVED 3/10/86 INSPECTOR B. Nyman

120
3
360
68
6
498

3/10/96

PERMIT

P 36606

A 36557-7

↑
REPLACE
WELL

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~

ELLICOTT CITY

DISTRICT _____

DATE _____

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER TIMOTHY RIGLER

ADDRESS 879 LONG CORNER RD (MAP 6 P.138)

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

4/13/96 on reverse side a site drawing showing house, other buildings, S.T. + proposed replacement well site. old house - no previous records on file

PLANS APPROVED BY _____ DATE _____

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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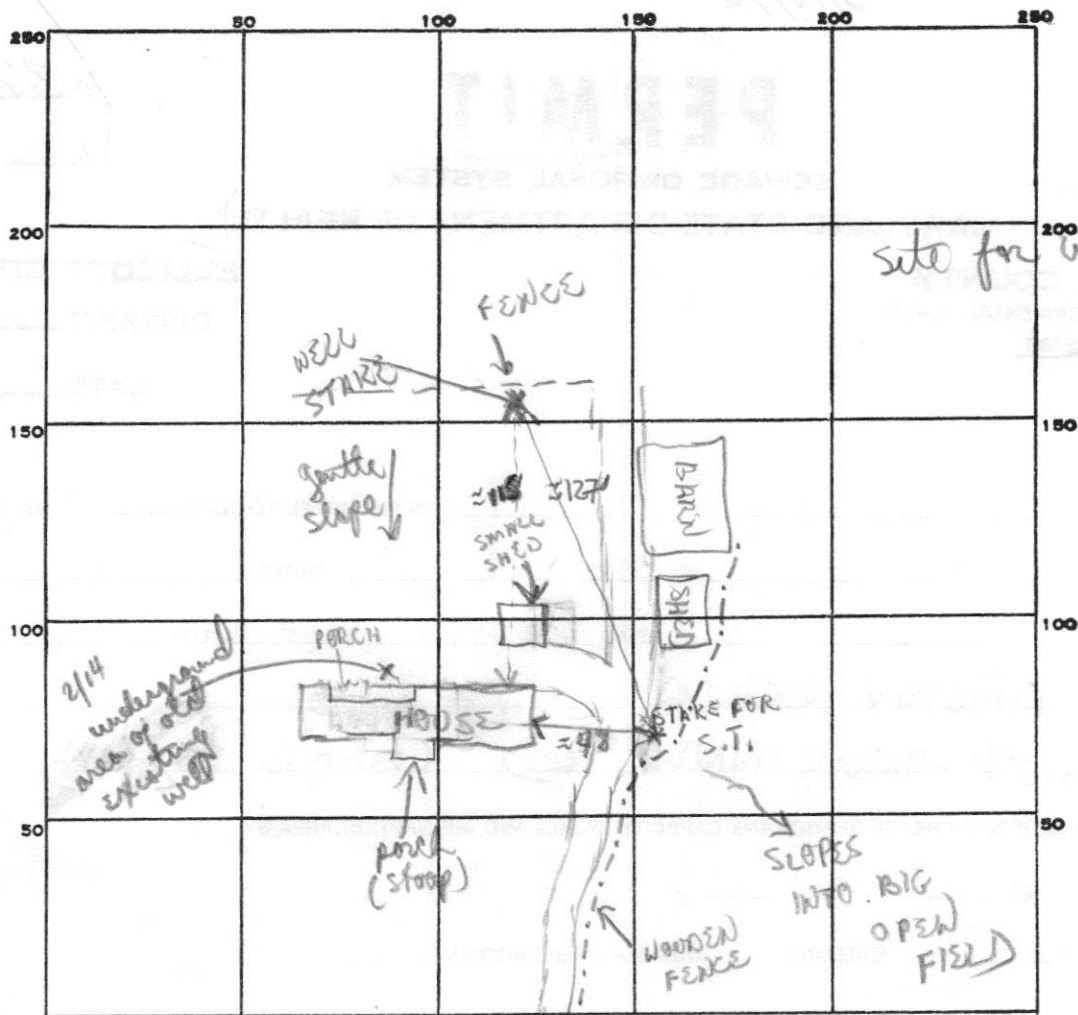
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PERMIT VOID AFTER THREE YEARS.

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

*CALL ~~992-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.



site for well OK'd
2/13/86
BA

SHAFFERS MILL RD

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LONG CORNER RD

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

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 _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: No records on file. Old house. Drawing above is to establish locations of everything. Did not see original "hand dug" well. Replacement well site OK. Does not appear to be above ground C/O for S.T. where stake is located.

2/13/86

B 1 **6308** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

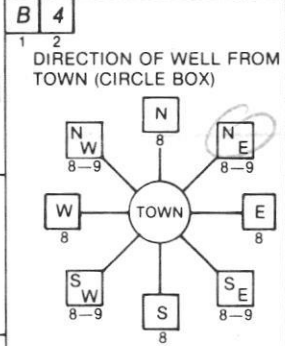
STATE OF MARYLAND
9-30 APR PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1340
 fill in this form completely

Date Received **3/1/86**
1-8290386
 OWNER INFORMATION
RIGLER TIMOTHY L
 Last Name Owner First Name
879 LONG CORNER RD
 Street or RFD
MT AIRY MD 21777
 Town State Zip

B 3 LOCATION OF WELL
Howard COUNTY
MAP 6 PARCEL 138 SUBDIVISION
 SECTION **44** LOT **48**
LONGCORNER NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
George F Easterday Driller's Name License No. **40**
L Franklin Easterday, Inc. Firm Name
9265 Brown Church Rd, Mt Airy, MD 21771 Address
George F. Easterday Signature Date **2-3-86**



Long Corner Rd NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD **500** FT or MI

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **500**
 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 COUNTY NAME
A 36537-2 COUNTY NO.
 OEP SIGNATURE **B. Nijon** STATE HEALTH INSERT S
 DATE ISSUED **08/07/86** EXP. DATE
 NORTH GRID **550000** EAST GRID **076200**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 000 000

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)

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **G A P**
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **HO-81-1340**

SPECIAL CONDITIONS

C1 00876 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-36537**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HQ-31-1340**

DATE RECEIVED [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **030789**

Depth of Well **160**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HQ-31-1340**

OWNER **RIGLER** last name **TIMOTHY** first name
 STREET OR RFD **877 LONGCORNER RD** TOWN **LONGCORNER**
 SUBDIVISION **MAP 6 P. 138** SECTION [] LOT []

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	
Topsoil	0	2	
Sandy	2	4	
Br. Slate	4	54	✓
Bl. slate	54	60	
Br. slate	60	64	✓
Bl. slate	64	85	
Green slate	85	105	
Bl. slate	105	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **20**

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

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

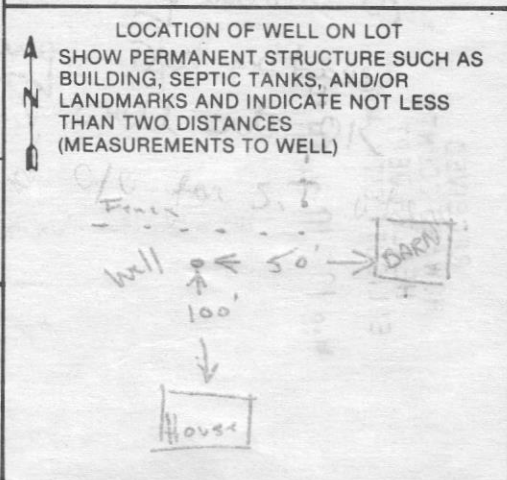
C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 **H0** **18** **100**
 8 9 11 15 17 21
 2 **[]** **[]** **[]** **[]** **[]** **[]**
 23 24 26 30 32 36
 3 **[]** **[]** **[]** **[]** **[]** **[]**
 38 39 41 45 47 51
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 56 60

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **50**
 WHEN PUMPING **100**
 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: 29
 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
 - below } **2** (nearest foot)
 49 50 51



CIRCLE APPROPRIATE LETTER
 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 **George J. Eastlund**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Wesley K. Blaylock**

WELL ABANDONMENT REPORT

Date 9/10/86

Permit Number of abandoned well (if any)

~~HO-81-1340~~

No tag - hand dug well

Driller's Name

EASTERDAY Louis F. JR.
Last First

Owner's Name

RIGLER Tim
Last First

Well Location:

County Howard

Subdivision _____

Section _____ Lot _____

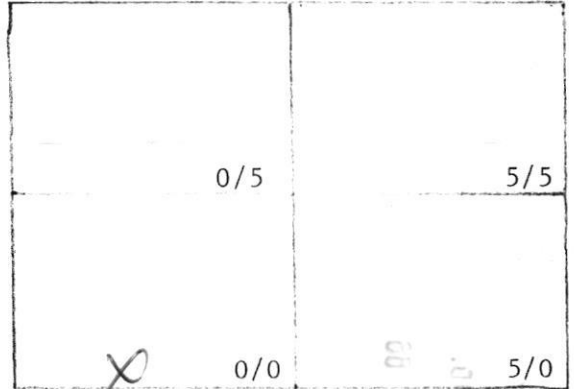
Nearest Town _____

Address 879 Long Corner Rd.

Maryland Grid Location

Box Number

E	<u>760</u>
N	<u>550</u>



Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, Specify

Depth of Well 63 Ft.

Type of Casing

- Steel
- Plastic
- Concrete
- Other, Specify

Size of Casing 6 In.

Was any case removed yes no

If yes amount removed _____ Ft.

Was casing ripped or perforated yes no

Log of Sealing Material

Materials	Feet	
	From	To
GRAVEL	63	17
CEMENT	17	5
TOP SOIL	5	0

Driller

[Signature]
Signature

License #

269

31104
 B00115610

Building Address 879 Long Corner Rd
Mt. Airy, MD 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: AA-98-26
 Census Tract 6040 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 6 Parcel 138 Grid 6
 Zoning R1-DED Map Coordinates _____ Lot size _____

Property Owner's Name Tim + Regina Rieger
 Address 879 Long Corner Rd
 City Mt. Airy State MD Zip Code 21771
 Home Phone 410 552 0112 Work Phone 829 6347
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone same Fax 301 829-6517

Existing Use S F D
 Proposed Use same w/ garage
 Estimated Construction Cost \$ 50,000-
 Description of Work Two car garage
enclosed entrance enclosing a porch
mainly relocating a bath

Contractor Company owner
 Contact Person Tim + Regina Rieger
 Address 879 Long Corner Rd
 City Mt. Airy State MD Zip Code 21771
 License No. _____ Phone _____ Fax _____

Occupant or Tenant owner (AA 98-26)
 Contact Name Tim + Regina Rieger
 Address 879 Long Corner Rd
 City Mt Airy State MD Zip Code 21771
 Phone 410 552 0112 Fax 301 829 6347

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl/ space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
_____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

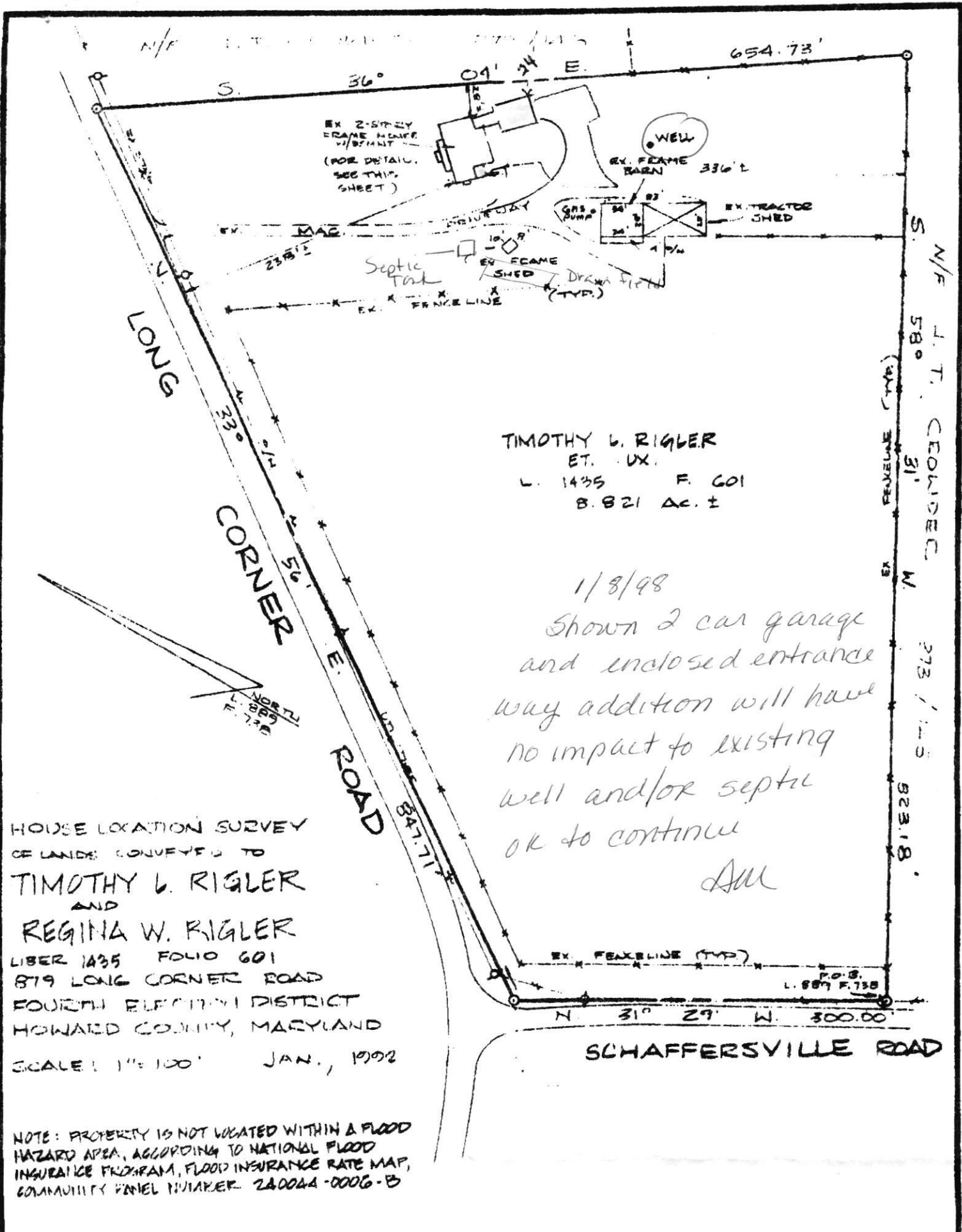
[Signature]
 Applicant's Signature
owner
 Title/Company

Timothy Rieger
 Print Name
12-31-98 1-4-99
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>1/8/98</u>	<u>A McMullen</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>79106</u>
Rear: _____	Filing fee \$ <u>250.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone SDP/Red-line approval date _____ Accepted by <u>[Signature]</u>	Balance due \$ _____
	Check # <u>582</u>
	Validation # <u>19421</u>



TIMOTHY L. RIGLER
 ET. L.S.
 L. 1435 F. 601
 8.821 AC. ±

1/8/98
 Shown 2 car garage
 and enclosed entrance
 way addition will have
 no impact to existing
 well and/or septic
 ok to continue
 All

HOUSE LOCATION SURVEY
 OF LANDS CONVEYED TO
TIMOTHY L. RIGLER
 AND
REGINA W. RIGLER
 LIBER 1435 FOLIO 601
 879 LONG CORNER ROAD
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' JAN., 1998

NOTE: PROPERTY IS NOT LOCATED WITHIN A FLOOD
 HAZARD AREA, ACCORDING TO NATIONAL FLOOD
 INSURANCE PROGRAM, FLOOD INSURANCE RATE MAP,
 COMMUNITY PANEL NUMBER 240044-0006-B



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.	
REFERENCE	JOB NO.
L. 1435 F. 601	261-221



VANMAR ASSOCIATES INC.
 Engineers · Surveyors · Planners
 310 South Main Street, Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015 (301) 549-2751

PLAT TRANSMITTAL SHEET

SLONET 7/28/06

TO: Robert Weber, Bureau Director *8/2 7/28/06*

FROM: Sara M. Davis

DATE: 7/27/06

RE: PLAT # F 06 038
PROJECT NAME Kipler prop

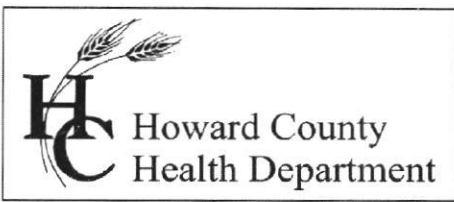
Please find paper copy(s) and 1 mylar(s) for your:

Review

Review & signature

Return to Well & Septic Program.

Bob, *7/27/06*
We do not have
5 perc holes in
SDA, but perc can
app'd this way. Also,
the ex. septic system
is not in the SDA.
Mike



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____
 APPROVAL DATE: _____ **PERMIT: CONSTRUCTION** A _____
 PROPERTY ADDRESS: 1101 SHAFFERSVILLE ROAD, MT. AIRY, MD 21771
 SUBDIVISION: RIGLER PROPERTY LOT: 1 TAX ID: 04-370805
 CONTRACTOR: _____ EMAIL: _____
 CONTRACTOR ADDRESS: _____ PHONE: _____

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: ADAM and BOBBIE JO HARRISON EMAIL: _____
 OWNER ADDRESS: 2111 FLAG MARSH ROAD, MT AIRY, MD 21771 PHONE: _____

BAT UNIT MODEL: NORWECO TNTLP 500 PUMP SIZE: 0.3 PUMP TANK CAPACITY: 1500

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: _____ DATE RECORDED: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>250</u>	INLET DEPTH: <u>2.77' (33¼")</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6.0</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6.0</u>

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.

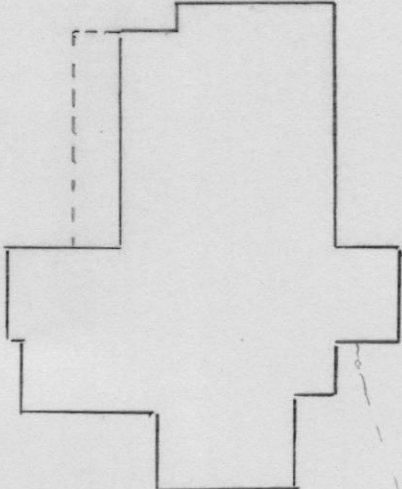
NOTES: **Install at least one cleanout on SHC near foundation.**
A PRESSURE TEST IS REQUIRED PRIOR TO COVERING LATERALS IN TRENCHES.
BAT unit installation must be certified by manufacturer prior to Final Approval of this permit.
The installed septic system must pass a Pump & Alarm test prior to Health Department Final Approval of this Permit and release of 'Use and Occupancy'.

ISSUED BY: R BRICKER ISSUE DATE: _____ EXPIRATION DATE: _____

- NOTE: **CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION**
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: **AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM**
 ELECTRICAL PERMIT ISSUED E _____
- NOTE: **AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.**
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 410-313-1771 TO SCHEDULE INSPECTIONS.

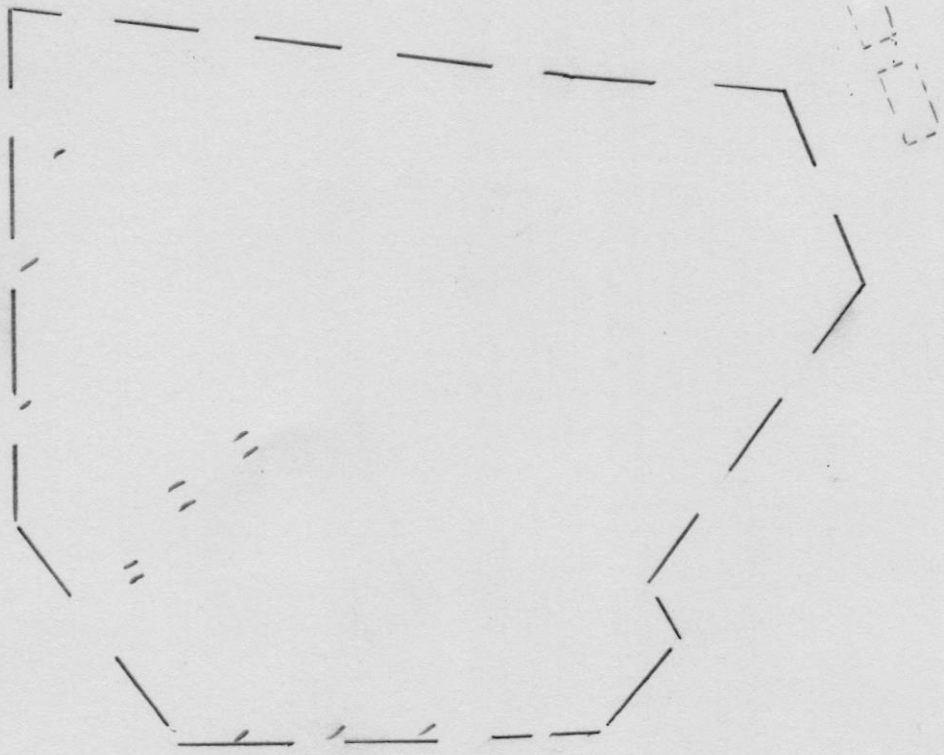
NOT TO SCALE
1" = 30'



②
MO-95-0251

Long
Corner
Rd
↑
↓

← Shaffersville Rd →





**Howard County
Health Department**

Maura J. Rossman, M.D., Health Officer

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

RECEIPT DATE: 07/15/2022 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 572090

APPROVAL DATE: _____ **PERMIT: CONSTRUCTION**

A _____

PROPERTY ADDRESS: 1101 SHAFFERSVILLE ROAD, MT. AIRY, MD 21771

SUBDIVISION: RIGLER PROPERTY LOT: 1 TAX ID: 04-370805

CONTRACTOR: SAMS CREEK EMAIL: _____

CONTRACTOR ADDRESS: 2810 SAMS CREEK RD, NEW WINDSOR, MD 21776 PHONE: (443) 821-4932

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: ADAM and BOBBIE JO HARRISON EMAIL: _____

OWNER ADDRESS: 2111 FLAG MARSH ROAD, MT AIRY, MD 21771 PHONE: _____

BAT UNIT MODEL: NORWECO TNTLP 500 PUMP SIZE: 0.3 PUMP TANK CAPACITY: 1500

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: 10/14/22 DATE RECORDED: 10/14/22

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>250</u>	INLET DEPTH: <u>2.77' (33 1/4")</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6.0</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6.0</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<p>Install at least one cleanout on SHC near foundation.</p> <p>A PRESSURE TEST IS REQUIRED PRIOR TO COVERING LATERALS IN TRENCHES.</p> <p>BAT unit installation must be certified by manufacturer prior to Final Approval of this permit.</p> <p>The installed septic system must pass a Pump & Alarm test prior to Health Department Final Approval of this Permit and release of 'Use and Occupancy'.</p>	

ISSUED BY: R BRICKER ISSUE DATE: _____ EXPIRATION DATE: 7-15-23

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

ELECTRICAL PERMIT ISSUED E 22004150

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

090392

SEP-158 (244)

OFFICE OF THE SUPERVISOR OF PUBLIC WORKS

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:

11/3/22 - site insp, contractor onsite, stakes in place for BAT unit, pump tank, force main & 6 trenches, laid out trenches on contour, slight adjustment on trenches to make contour, minimum of 9' in between all trenches, location of the sewer line is coming out of the house in a different location than on the OSDS plan. (R/S)

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-SP-APP-22-00174

Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application

Address: 1101 Shaffersville RD, Mt. Airy, MD 21771

Receipt No.	4499					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	1641	\$396.00	07/18/2022	ATAYLOR		

Owner Info.: Adam & Bobby Jo Harrison
1101 Shaffersville Rd.
Mt. Airy, MD 21771

Work Description:



HOWARD COUNTY HEALTH DEPARTMENT

72090

DATE 7/15/22

PS

Received From

Sams Creek Const

PHONE #

For

Septic Permit Piggler
Property 1101 Shaffersville
RD.

CASH

CHECK

NO.

11041

Three hundred ninety six
dollars

\$ 396.00

Received By

Kemp

need to talk
w/ Contractor
about scope

Design.
concerns.



**Howard County
Health Department**

Maura J. Rossman, M.D., Health Officer

Bureau of Environmental Health

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

RECEIPT DATE: 07/16/2012 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 572090

APPROVAL DATE: _____ **PERMIT: CONSTRUCTION**

A _____

PROPERTY ADDRESS: 1101 SHAFFERSVILLE ROAD, MT. AIRY, MD 21771

SUBDIVISION: RIGLER PROPERTY LOT: 1 TAX ID: 04-370805

CONTRACTOR: SAMS CREEK EMAIL: _____

CONTRACTOR ADDRESS: 2810 SAMS CREEK RD, NEW WINDSOR, MD 21776 PHONE: (443) 821-4932

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: ADAM and BOBBIE JO HARRISON EMAIL: _____

OWNER ADDRESS: 2111 FLAG MARSH ROAD, MT AIRY, MD 21771 PHONE: _____

BAT UNIT MODEL: NORWECO TNTLP 500 PUMP SIZE: 0.3 PUMP TANK CAPACITY: 1500

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: _____ DATE RECORDED: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>250</u>	INLET DEPTH: <u>2.77' (33 1/4")</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6.0</u>
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LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<p>Install at least one cleanout on SHC near foundation.</p> <p>A PRESSURE TEST IS REQUIRED PRIOR TO COVERING LATERALS IN TRENCHES.</p> <p>BAT unit installation must be certified by manufacturer prior to Final Approval of this permit.</p> <p>The installed septic system must pass a Pump & Alarm test prior to Health Department Final Approval of this Permit and release of 'Use and Occupancy'.</p>	

ISSUED BY: R BRICKER ISSUE DATE: _____ EXPIRATION DATE: 7-15-23

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PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

090342

SEP 4 - 158 (EWH)

OFFICE CITY, SEPT 1901 4014, 024 2858

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 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 _____

PRE-CONSTRUCTION:

11/3/22 - lateral detail requested from engineer. (EWH)

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 572090

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE: Sans Creek
LOCATION: 1101 Shaffersville Road Ridge Property Lot 1

****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, OK TO
CONTINUE

Inspector

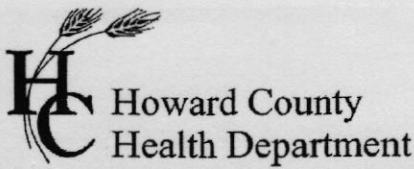
Date

COMMENTS: _____

FINAL INSPECTION MADE, OK TO
COVER ALL WORK

Inspector

Date



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 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 07/15/2022 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572090

APPROVAL DATE: 1/13/2023 **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: 1101 SHAFFERSVILLE ROAD, MT. AIRY, MD 21771

SUBDIVISION: RIGLER PROPERTY LOT: 1 TAX ID: 04-370805

CONTRACTOR: SAMS CREEK EMAIL: _____

CONTRACTOR ADDRESS: 2810 SAMS CREEK RD, NEW WINDSOR, MD 21776 PHONE: (443) 821-4932

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: ADAM and BOBBIE JO HARRISON EMAIL: _____

OWNER ADDRESS: 2111 FLAG MARSH ROAD, MT AIRY, MD 21771 PHONE: _____

BAT UNIT MODEL: NORWECO TNTLP 500 PUMP SIZE: 0.3 PUMP TANK CAPACITY: 1500

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: 10/14/22 DATE RECORDED: 10/14/22

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>250</u>	INLET DEPTH: <u>2.77' (33 1/4")</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6.0</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6.0</u>

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.

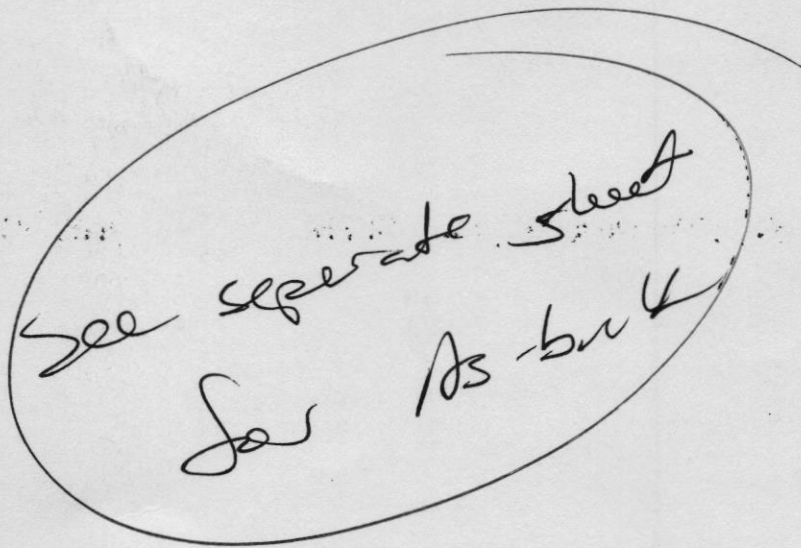
NOTES: Install at least one cleanout on SHC near foundation.
 A PRESSURE TEST IS REQUIRED PRIOR TO COVERING LATERALS IN TRENCHES.
 BAT unit installation must be certified by manufacturer prior to Final Approval of this permit.
 The installed septic system must pass a Pump & Alarm test prior to Health Department Final Approval of this Permit and release of 'Use and Occupancy'.

ISSUED BY: R BRICKER ISSUE DATE: _____ EXPIRATION DATE: 7-15-23

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 CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH 3' INLET 2.5' BOTTOM 6'
NUMBER OF TRENCHES 3 CENTER FEET
TOTAL LENGTH 150 F
ABSORPTION AREA 750 SF
DISTRIBUTION BOX LEVEL LPD
DISTRIBUTION BOX BAFFLE MANIF
DISTRIBUTION BOX PORT

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL YES
MANUFACTURER BACKRIVER
CAPACITY 1750 GAL
SEAM LOC TOP
TANK LID DEPTH 2'
BAFFLES BAT
BAFFLE FILTER BAT
MANHOLE LOC FRONT/MID/BACK
6" PORT LOC
WATERTIGHT TEST
SLOTTED BAT
DATE ON LID
PUMP/SEPTIC TANK LEVEL YES
MANUFACTURER
CAPACITY 1500 GAL
SEAM LOC TOP
TANK LID DEPTH
BAFFLES =
BAFFLE FILTER =
MANHOLE LOC FRONT/BACK
6" PORT LOC
WATERTIGHT TEST =
SLOTTED
DATE ON LID

NORWECO

ROAD NAME

PRE-CONSTRUCTION:

11/3/22 - site insp contractor onsite. stakes in place for BAT unit. pump tank force main & 4 trenches, laid out trenches on contour, slight adjustment on trenches to make contour, minimum of 9' in between all trenches, location of the sewer line is coming out of the house in a different location than on the OSDS plan. (R/SP)

INSTALLATION:

12/19/2022 TANK SET. SHE + SL INSTALLED (P 12/20/2022)
FM AND LOWER TR INSTALLED (P 12/21/2022 TRS COMPLETE,
MANIFOLD INSTALLED. (P) 1/9/23 - SWW wasp w/ alarm, Pump, & aerator.
Distal head measured at 211.6 ft. P & A successful. Measured distance
from house to well. SP/RED. 1/13/2023 start-up with tank received
from BAT vendor (KW)

FINAL INSPECTOR

K. Wolf

DATE OF APPROVAL

1/13/2023



BACK RIVER PRE-CAST, LLC
 PO BOX 329
 GLYNDON, MD 21071
 PH# 410-833-3394

NORWECO CERTIFICATION

PROPERTY OWNER: ADAM HARRISON	INSTALLATION COMPANY: SAMS CREEK
ADDRESS: 1101 SHAFFERSVILLE RD	CERTIFIED INSTALLER: JOE WRIGHT
CITY, ZIPCODE & COUNTY: MT.AIRY, 21771, HOWARD	PERMIT#
SIZE OF SYSTEM INSTALLED:	DATE INSTALLED: 11-10-22
600 GPD CONCRETE	START-UP DATE: 01-13-23
NUMBER OF BEDROOMS:	DATE OF FINAL INSPECTION:
TYPE OF INSTALLATION: NEW	DATE OF ELECTRICAL INSPECTION:
ELECTRICAL WIRING PER ELECTRICAL INSTRUCTIONS: YES	TANK LEVEL: YES
HT. OF CONTROL PANEL ABOVE FINAL GRADE: 48"	BURIAL DEPTH OF TANK: 36"
SYSTEM WIRED ON A 15-AMP DEDICATED CIRCUIT WITH STD. BREAKER: YES	RISERS 4" - 6" ABOVE GRADE: YES
LENGTH(S) OF UF WIRE PAST LAST AERATION RISER(S): 36"	VENTED LID(S) ON AERATION CHAMBER(S): YES
FEMALE PLUG(S) WIRED TO UF WIRE: YES	ANY GROUND SETTLING AROUND TANK:
CONDUIT(S) ENTERING AERATION RISER MADE WITH A WATERTIGHT CONNECTION: YES	NO
ISTHE INSIDE OF THE CONDUIT ENTERING THE CONTROL PANEL(S) AND AERATION RISER(S) SEALED WITH DUCT SEAL: YES	

ON 2ND PAGE MAKE A ROUGH SKETCH OF THE HOUSE ,WHERE THE SYSTEM IS LOCATED, WHERE THE CONTROL PANEL IS LOCATED , WHERE THE FRONT OF THE IS AND DIRECTIONS TO THE PROPERTY.

DIRECTIONS CAN START A FEW STREETS AWAY

EXAMPLE: RT. X LEFT ONTO XX STREET RIGHT ONTO PRIVATE DRIVEWAY 5TH HOUSE OF THE LEFT.

I certify that the Norweco Singulair TNT Wastewater Treatment System was installed according to the manufacture's specifications.

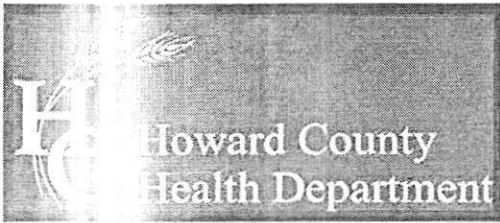
Matthew Geckle

January 13,2023

Signature of BRP Representative

Vice-President

Date



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 101 Long Corner / Shattersville

Subdivider: Eglee Lot: 1

Table with 4 columns: Replacement type, Application rate, Effective area beginning depth, Bottom maximum depth. Values are handwritten: 0.8, 6, 6 for initial system; 0.6, 4, 4 for 1st replacement.

Design Flow: 150 gallons per day per bedroom
Design flow / application rate = square footage of drainfield required
Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula: (W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

- Standard design requirements:
- Trenches must be located to provide room for 3 systems in the disposal area
- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Tanks and trenches must be placed as shallow as possible while maintaining 2% fall in pipe from house and at least 18" cover over trenches. If 2% fall from house is not possible, the minimum allowable fall is 1%
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D + W up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:
★ BAT unit required - Low Pressure Dosed drainfield.
- only 2 systems OK

Approved: [Signature] Date: 5/24/19 - revised 9/13/21

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, May 24, 2019 3:09 PM
To: Tim Feaga (tim@heritagemaryland.com)
Subject: RE: Rigler
Attachments: [Untitled].pdf

Attached is a spec sheet for the disposal area. Unfortunately, the area is very rocky in the treatment zone. Due to the rock, we will require a BAT unit. We will allow only 2 systems to fit in the area given the BAT unit and that will help offset the application rate and no sidewall. The engineer might do ok using a 2' wide trench given that they only need to be 6' separation when there is no sidewall credit being applied.

Jeff

From: Williams, Jeffrey
Sent: Thursday, May 23, 2019 3:21 PM
To: 'Tim Feaga' <tim@heritagemaryland.com>
Subject: RE: Rigler

I managed to find the file. It was filed under Shafferville Rd and was actually in limbo waiting to be scanned after being recently pulled from our pending drawer. We have a signed perc cert and the test notes and the plat. I could see how just looking at the test notes from VanMar would cause confusion given the multiple failing holes and the scattered locations. Seeing the signed perc cert makes it more clear. It seems as though the staff comments may have come from a position of thinking that we had testing but not a signed perc cert?

It will be up to the engineer to determine how many bedrooms can fit in the area, but they will need system specs from us. I will work on that. The test notes do have some red flags in there with rock and bottom depth.

Jeff

From: Tim Feaga <tim@heritagemaryland.com>
Sent: Wednesday, May 22, 2019 2:01 PM
To: Williams, Jeffrey <jewilliams@howardcountymd.gov>
Subject: FW: Rigler

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good afternoon Jeff,

Our firm sold a lot to some folks who are in their study period phase. They wanted to know how many bedrooms could be built in terms of septic capacity and I advised their agent to have them to talk with your group but also engage an engineer to work on some designs. I think they only got to step one and have now had some concerns (see below from their agent).

I don't know who they spoke to at Health even though I've asked twice. Obviously things get twisted when repeated from person to person but I'm hoping the sanitarian did not really indicate that the seller or sellers team was derelict in digging 4 holes as opposed to 5. Obviously 4 would have been the requirement at that time or the perc cert would not have been signed.

More importantly the sanitarian is indicating that some problem could exist (again, 3rd hand reporting). Could you please try to intervene and see if there is indeed some concern or if the buyer is misinterpreting the information that was presented.

Just one more item of background to present, the buyer reportedly could not obtain records from health. We tracked down these test notes from the engineer.

Thanks in advance,

Tim Feaga

Hi Tim,

I just got off of the phone with the buyers. Matthew went back to the health department today to confirm that they had what they needed. Unfortunately, unless we're missing something, there's still nothing that specifies the number of bedrooms that will be allowed in the house they hope to build. I know you've said at least 4, possibly more, but they don't feel comfortable without seeing something from the health department to confirm that. While there, whomever they spoke to, I'm afraid I still didn't get a name, said that there were only 4 trenches dug when there should be 5 and that two of them had failed. She implied that they would likely need to have another percolation test done on a different part of the land unless we are able to find something on record to say otherwise. This is both a time and financial concern at this point.

The health department was provided copies of everything we have in hand right now, the perc cert, the well completion report, the plat/landscaping document, and the septic notes that you sent over yesterday. They are hopeful they will be able to find something with that information in hand.

The buyers really want to make this work, I just wanted to let you know our status as of right now. He is going to check back in with the health department by phone tomorrow and if he hasn't heard anything by then, he'll go in person again on Thursday.

Regards,
Marnie

Tim Feaga

Timothy W. Feaga
Heritage Realty and Heritage Land Development
P.O. Box 482
15950 North Avenue
Lisbon, MD 21765
Phone: 410-489-7900
Fax: 410-489-4754

Email: Tim@HeritageMaryland.com

EQUAL HOUSING OPPORTUNITY

Heritage Realty and Heritage Land Development are tradenames of Land Marketing Consultants, Inc.

From: Joyce James [<mailto:Joyce@heritagemaryland.com>]
Sent: Wednesday, May 22, 2019 1:45 PM

To: Tim Feaga
Subject: Fwd: Rigler

----- Forwarded message -----

From: **Debbie VanSant** <dkv@vanmar.com>

Date: Mon, May 20, 2019 at 2:02 PM

Subject: Rigler

To: Joyce James <Joyce@heritagemaryland.com>

Hi Joyce

Upon review of our file regarding the perc testing results on the Rigler property, I found a results letter from 8/23/04. I "think" these may be what you are looking for. Please let me know. Have a great afternoon.

Debbie VanSant

VANMAR ASSOCIATES, INC.

310 South Main Street

Mount Airy, Maryland 21771

310 831 5015

301 829 2890

410 549 2751

Fax: 301 831 5603

John 3:16

--

Joyce James

Heritage Realty and Land Development

15950 North Avenue

PO Box 482

Lisbon, MD 21765

Phone: 410-489-7900

Fax: 410-489-4754

email: joyce@heritagemaryland.com

Equal Housing Opportunity

Clerk of the Circuit Court for
Howard County

9250 Judicial Way,
Ellicott City, MD 21043
410-313-2111

LR - Agreement Recording Fee
1x 20.00 20.00

Name: Harrison
Ref: 11

LR - Agreement Surcharge
1x 40.00 40.00

SubTotal: 60.00
Total: 60.00

REV-Check-WFB 60.00
Number : 14015

10/14/2022 13:45 CC17-DH
#16703578/396/4
***** DUPLICATE #001 *****

10/14/2022 13:47 CC17-DH
Thank you for visiting us today

1101 Shaffersville
~~Plum~~ Road

Maura J. Rossman, M.D., Health Officer

**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 14 day of October, among Adam and Bobbie Joe Harrison, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 1101 Shaffersville Rd Mt. Airy MD 21771, in the 4 Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 6, Block # , Parcel # 138, Deed Reference # 19386/00453 and Tax Account # 370805 ("the Property").

WHEREAS, The Property is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective November 24, 2016. The pre-treatment device being installed is

NORWECO Singular 600 BAT

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County.
- B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
- D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
- E. This agreement shall run with the land and upon Owner's taking title to the Property shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as

the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Property that the system shall require maintenance or other attention. Upon taking title to the Property, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.


G. This agreement may be voided at any time at the discretion of the County.


H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed this agreement on the date indicated above.



Howard County Health Department

 10-10-22
Owner #1 Signature Date

Adam Harrison
Owner #1 Print Name

Buyer #1 Signature Date

Buyer #1 Print Name

 10-10-22
Owner#2 Signature Date

Bobbie Jo Harrison
Owner #2 Print Name

Buyer #2 Signature Date

Buyer #2 Print Name

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 04 Account Number - 370805

Owner Information

Owner Name: HARRISON ADAM Use: RESIDENTIAL
 HARRISON BOBBIE JO Principal Residence: NO
 Mailing Address: 2111 FLAG MARSH RD Deed Reference: /19386/ 00455
 MOUNT AIRY MD 21771-

Location & Structure Information

Premises Address: 1101 SHAFFERSVILLE RD Legal Description: LOT 1 3,0001 A
 MT AIRY 21771-0000 1101 SHAFFERSVILLE RD
 RIGLER PROPERTY

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 18472
 0006 0006 0138 4010102.14 1002 1 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 3,0000 AC 000000

Stories Basement Type Exterior Quality Full/Half Bath Garage Last Notice of Major Improvements

Value Information

	Base Value	Value As of 01/01/2020	Phase-in Assessments	
			As of 07/01/2022	As of 07/01/2023
Land:	205,000	205,000		
Improvements	0	0		
Total:	205,000	205,000	205,000	
Preferential Land:	0			

Transfer Information

Seller: RIGLER TIMOTHY LINK TRUSTEE	Date: 05/21/2020	Price: \$215,000
Type: ARMS LENGTH VACANT	Deed1: /19386/ 00455	Deed2:
Seller: RIGLER TIMOTHY L	Date: 02/24/2015	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /16032/ 00187	Deed2:
Seller:	Date:	Price: \$0
Type:	Deed1: /01435/ 00601	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2022	07/01/2023
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	0.00

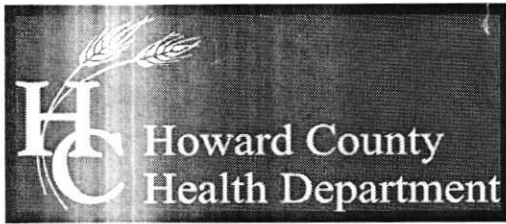
Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 1101 Long Corner / Shattersville

Subdivision: Riplee Lot: 1

Table with 4 columns: Replacement type, Application rate, Effective area beginning depth, Bottom maximum depth. Values include 0.8, 0.6, 6, 4, 6, 4.

Design Flow = 150 gallons per day per bedroom
Design flow ÷ application rate = square footage of drainfield required
Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Tank and trenches must be placed as shallow as possible while maintaining 2% fall in pipe from house and at least 18" cover over trenches. If 2% fall from house is not possible, the minimum allowable fall is 1%.
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D + W up to a maximum spacing of 18'.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
Maximum trench length is 100'
Maximum pipe depth is 4'

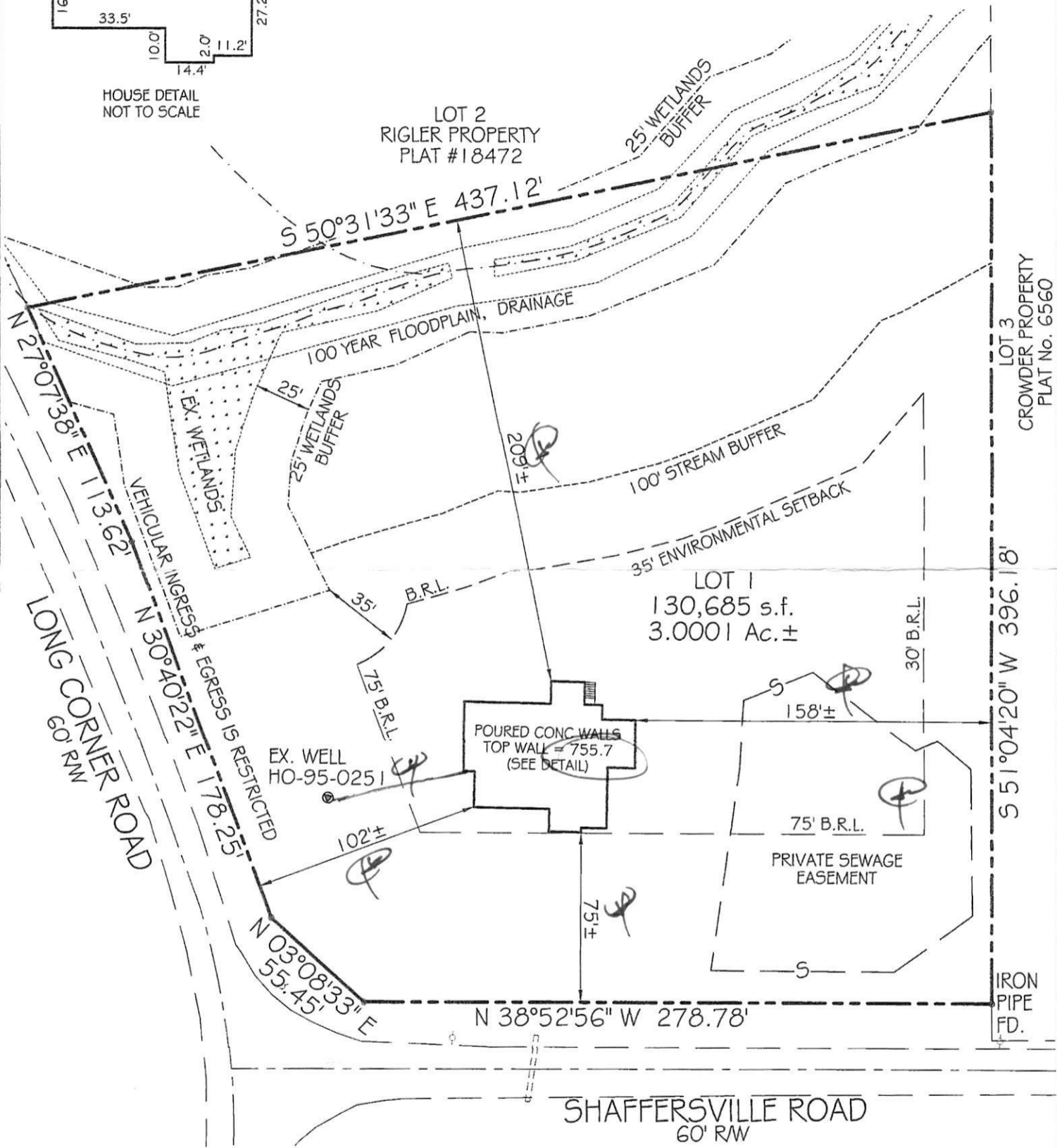
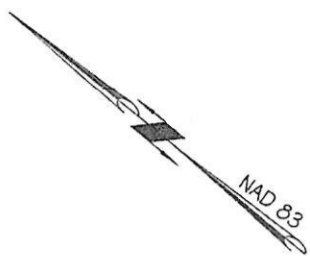
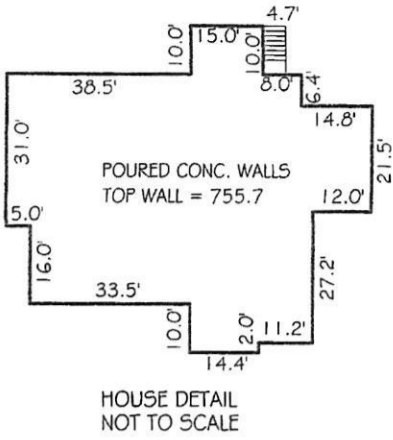
Additional requirements:

★ BAT unit required
- only 2 systems OK

Approved: [Signature] Date: 5/24/19

NOTES:

- 1) FOUNDATION AND FOOTINGS ARE IN PLACE AS SHOWN HEREON.
- 2) BUILDING TIES ARE ±0.5' UNLESS OTHERWISE NOTED.
- 3) TOP OF WALL = 755.7



PROFESSIONAL CERTIFICATION:

I HEREBY CERTIFY THAT THIS DOCUMENT WAS PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21512, EXPIRATION DATE AUGUST 4, 2023, IN ACCORDANCE WITH COMAR 09.13.05.12.

Jeffery W. Elkins
 Jeffery W. Elkins, Prof. Land Surveyor
 No. 21512
 Date: 4/21/2022

APPROVED 07/20/2022
 WALL CHECK DRAWING
 LOT 1
RIGLER PROPERTY

PLAT No. 18472
 1101 SHAFFERSVILLE ROAD
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 60' APRIL, 2022

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES, INC.
 Engineers Surveyors Planners
 310 South Main Street Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015 (410) 549-2751

REFERENCE

JOB NO.