

PERMIT

03-812-313
File

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE INDEXED

P 47446
A 38124
DISTRICT 3rd
DATE 9/3/91
DATE SYSTEM APPROVED 9/5/91
INSPECTOR C. Bell

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Megen Hardt

IS PERMITTED TO INSTALL ALTER

ADDRESS 8133 Hog Neck Road, Pasadena, Md. 21122 PHONE 255-8234

SUBDIVISION Meadowood LOT 16 ROAD 12106 Mayapple Road

PROPERTY OWNER Jack and Michelle McCabe

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet from the front lot line and 100 feet from the right side line as seen when facing the lot from Mayapple Road. Run the trenches toward both side lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 4/12/91 RH*

PLANS APPROVED BY Raymond Hodges DATE 03/20/91

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

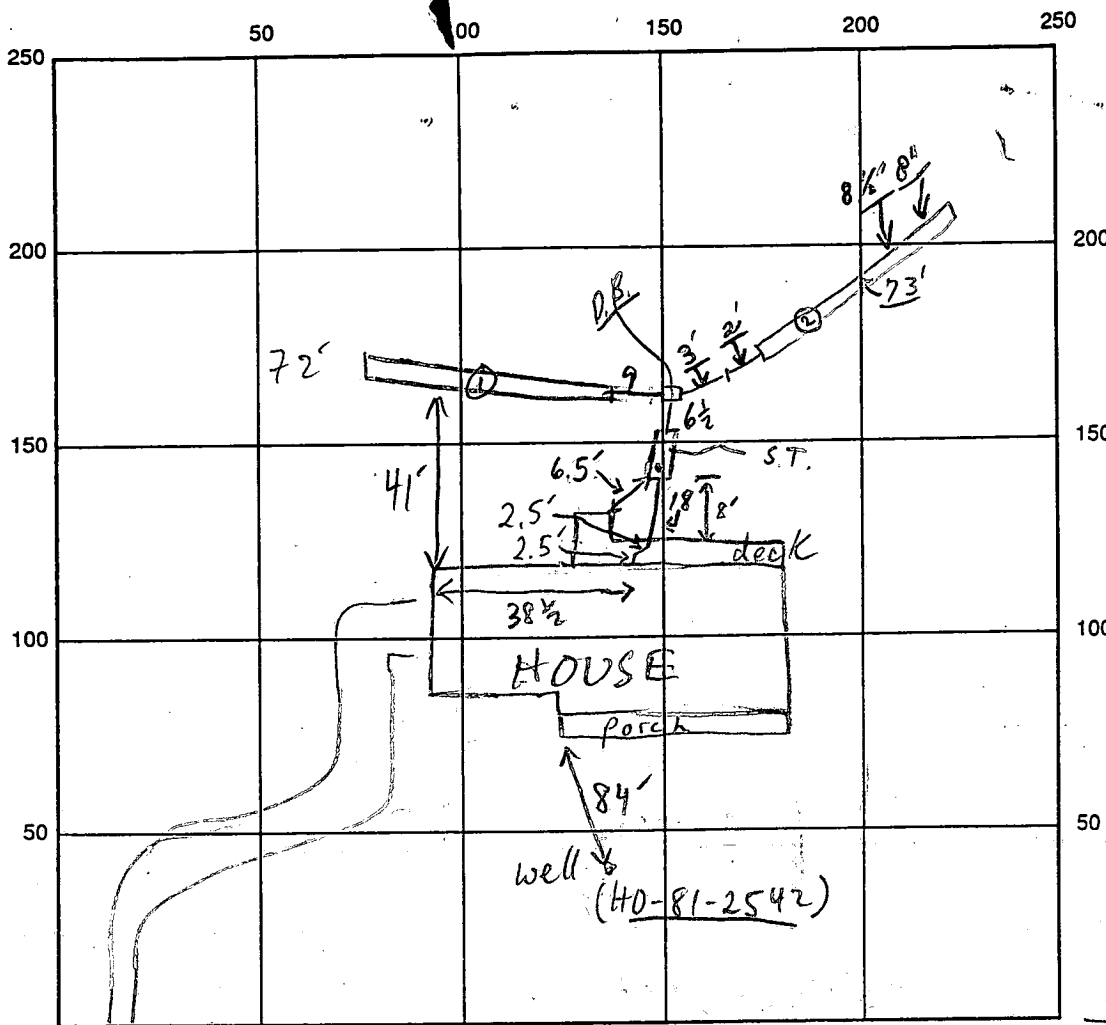
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
38124

2 1/2
 2 1/2
 18
 6 1/2
 9' - 72
 6 1/2
 8
 4 1/2
 84'
 38 1/2



MAYAPPLE DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS ST. only OK
 DISTRIBUTION BOX LEVEL OK (Baffle in)
 DRAIN FIELD/TITLE DEPTH 1 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 72; 73 } 145 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOYTON AREA 360/365 SQ. FT. } = 725
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 725 SQ. FT.

REMARKS: 9/4/91 OK TO STONE TRENCH (1), LOWER INLET TO 3';
OK TO DIG TRENCH (2), STONE & LEAVE 20' OPEN AT END;
DECK FOOTERS DO NOT INTERFERE W/PIPE; 8' MEASUREMENT
S.T. TO DECK IS FROM S.T. TO DECK OVERHANG MR

P.M. 9/5/91 Partial - ok to finish #2 trench and put baffle in Dist Box.
 LATE P.M. 9/5/91 Final - ok to cover all work. c.b.

DATE SYSTEM APPROVED 9/5/91 INSPECTOR Charles Bryan Sherrill

[10/24/91 Deck as shown - ok.
 C. Betheak

APPLICATION

PERCOLATION TESTING

A 38/24

P _____

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

DISTRICT _____

DATE 11/28/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Springhill Associates - c/o D.S. Thaler & Associates, Inc.
Jack + Michelle McCabe

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE 301-259-5232
(301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 1716

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland (12106 Mayapple Road)

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ Acres TYPE BLDG. Single Family
(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.

Mike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/11/86 PERC OK HOLD FOR PLAT R/H

BLDG. PERMIT SIGNATURE
AND RETURNED 4/1/91
Serial # 36980 - SFD

THIS IS NOT A PERMIT



NOTES:
 TRENCH TO BE 2' WIDE
 TRENCH NO MORE THAN
 8' DEEP WITH 5'
 GRADE

1305 - INVERT EL INTO TREE
 1319 - INVERT EL INTO BOX
 1335 - INVERT EL OUT OF
 1350 - INVERT EL INTO T
 1380 - INVERT EL OUT OF
 H

INVERT EL INTO TREE

PROP. SEPTIC AREA

2-72' PIPES

1550 GAC TANK
 EL AT PUB - 1315

32'
 24'
 24'
 24'

DRIVEWAY

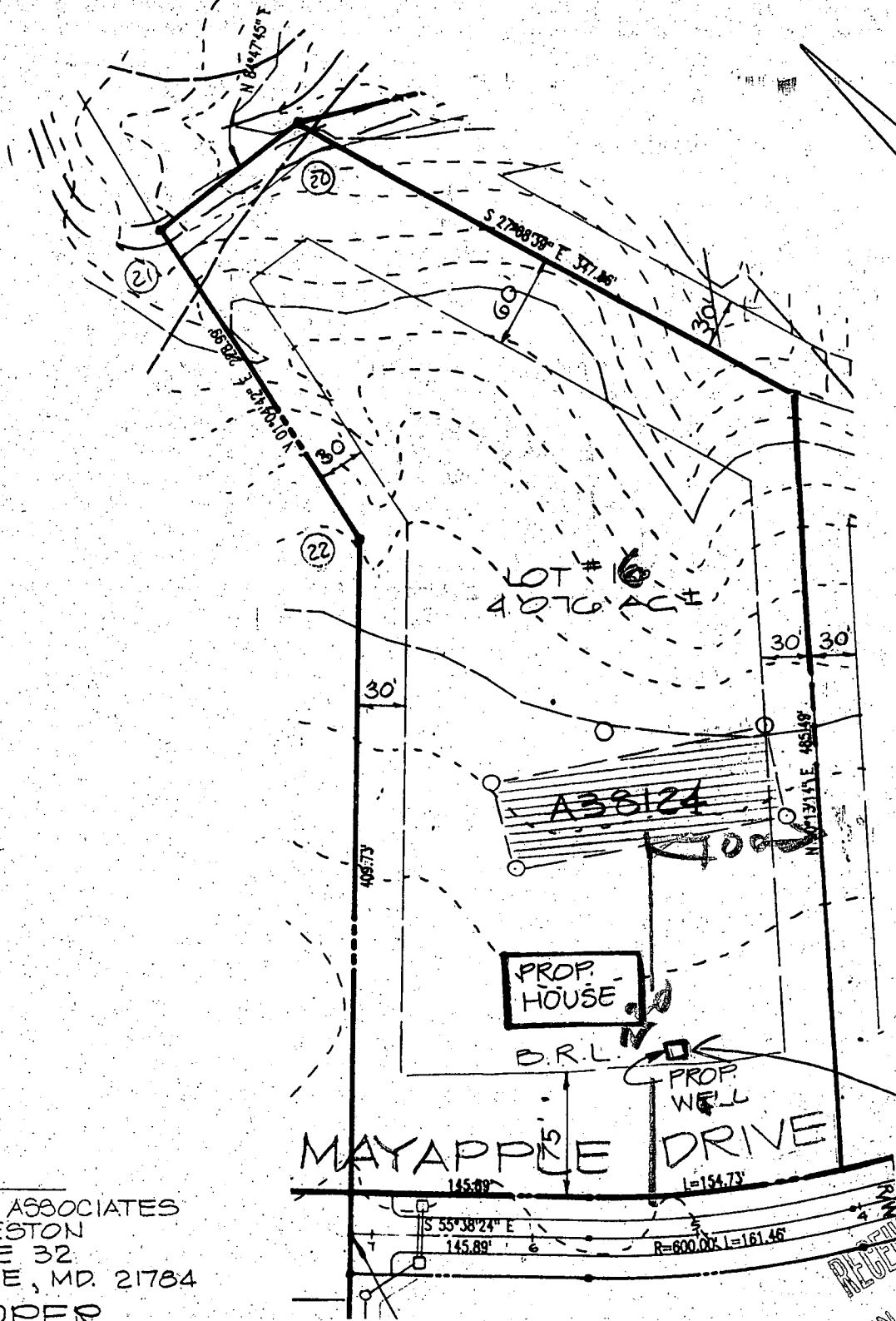
20'
 WATER WELL
 # HORI-2542

MAYAPPLE RD

1 April
 Dwayne Dickmer
 called with Additional
 Elevation Numbers
 Revised Plans OK
 RIT

Prepared By:
 Lauer Construction, Inc.
 132 Mayo Road
 Edgewater, MD 21037
 (301) 269-8044

Jack & Michelle McCabe		
SCALE: 1" = 40'	APPROVED BY: Permit # 36980	DRAWN BY
DATE:		REVISED
12106 Mayapple Road Marriottsville MD 21104		
Lot 16 - Meadowood Subdivision		DRAWING NUMBER



8/2/87
 sub ok'd
 as shown
 (initials)

OWNER

SPRING HILL ASSOCIATES
 RUTH H. WESTON
 1427 ROUTE 32
 SYKESVILLE, MD. 21784

DEVELOPER

KOREN DEVELOPMENT CORP. INC.
 5423 WATERCRESS PLACE
 COLUMBIA, MARYLAND 21045

RECEIVED
 JUN 30 1987
 L.F. EASTERDAY, INC.

D.S. Thaler & Assoc. Inc.
 CIVIL ENGINEERS · SURVEYORS
 LANDSCAPE ARCHITECTS
 11 WARREN ROAD
 BALTIMORE, MARYLAND 21208
 (301) 484-4100

LOT # 16
MEADOWWOOD

SECTION ONE

TAP MAP 10
 3RD ELECTION DISTRICT
 SCALE: 1"=100'

PARCEL 139
 HOWARD COUNTY, MARYLAND
 DATE: JUNE 25, 1987

B 7 2296 SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER

10-81-2542
70 fill in this form completely 79

Date Received

07 14 87

OWNER INFORMATION

SAARING HILL ASSOC.
15 Last Name 8 Owner 34 First Name

1432 RT 34
36 Street or RFD 55

W PATIENTS HIA MD 21199
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday 40
Driller's Name 77 License No. 80

Franklin Easterday, Inc.
Firm Name

9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Address

George F. Easterday 7/2/87
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
1 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

FORCE INITIALS PERMIT No. 10-81-2542
67 68 IN BOX 90 91 92 93 94 95 96 97 98 99

SPECIAL CONDITIONS

B 3

LOCATION OF WELL R 39649

HOWARD 8 COUNTY 21

MEADOWOOD 23 SUBDIVISION 42

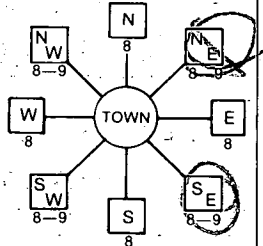
SECTION 1 LOT 116

SMARBYVILLE 52 NEAREST TOWN 71

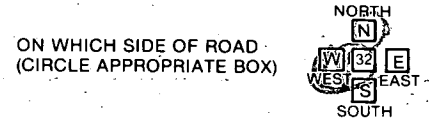
MILES FROM TOWN (enter 0 if in town) 4 MI 75 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MAY APPLE DRIVE
NEAR WHAT ROAD 30



DISTANCE FROM ROAD 80 FEET
ENTER FT or MI 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A38124 COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 02 10 88 A Wilson 08/10/88 EXP. DATE
NORTH GRID 54 9 0 0 0 EAST GRID 08 1 9 0 0 0
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

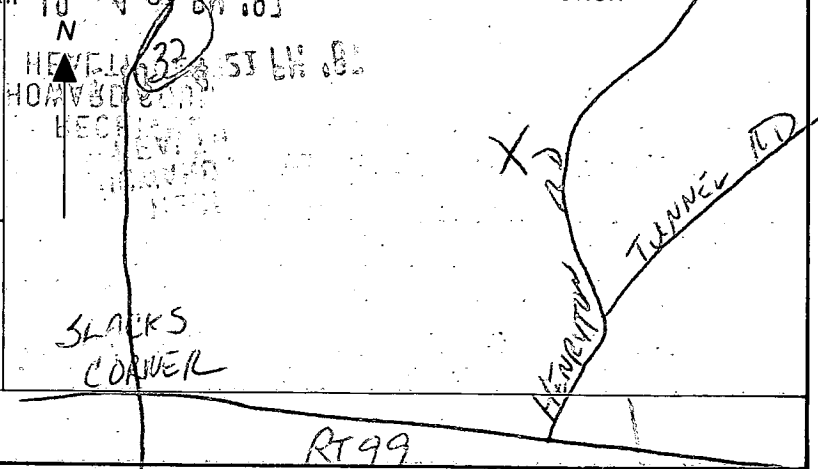
SOURCES OF DRILLING WATER

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



4/22/88 2
location as per state
70' casing (2' above)
50' open hole
20 bags cement

(2) H₂O samples taken

C1 2153

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A38124

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 042288

DEPTH OF WELL 420

PERMIT NO. 10-81-2542

OWNER

ASSOCIATES SPRING HILL

STREET OR RFD

MAY APPLE DRIVE

TOWN

SYKESVILLE

SUBDIVISION

MEADOWOOD

SECTION

1

LOT

10

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

Check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Rows include Topsoil, Br. Mica, Tan Mica, Gray Mica, Tan Mica, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Grouting record boxes Y, N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 110

DEPTH OF GROUT SEAL (to nearest foot)

Grouting seal depth grid from 0 to 50 ft.

CASING RECORD

Casing types insert appropriate code below

Casing record boxes ST, CO, PL, OT

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

Main casing type grid ST, 4, 70

OTHER CASING (if used)

diameter inch depth (feet) from to

Other casing grid

screen type or open hole insert appropriate code below

Screen record boxes ST, BR, HO, PL, OT

DEPTH (nearest ft.)

Depth grid for each casing and screen

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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.

DRILLERS SIGNATURE

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

Gravel pack and flow insert grid

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

OEP use only grid T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

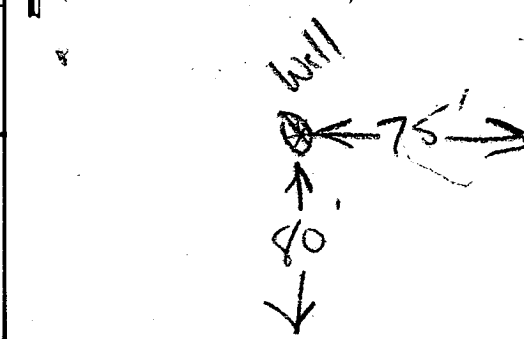
PUMPING TEST

Pumping test grid including hours pumped, pumping rate, method used, water level, when pumping, type of pump used.

PUMP INSTALLED

Pump installed grid including driller will install pump, capacity, pump horse power, pump column length, casing height, land surface.

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



Time 10:00 4-22-88

Review OK 8/25/88 dw

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2542
 Location of property (road) MAYAPPLE DRIVE
 Subdivision MEADOWOOD Lot 16 Block _____ Plat _____ Sec. 1
 Well Driller GEORGE EASTERDAY owner ASSOCIATES, SPRING HILL

Depth of well 420 16pm
 Distance of measuring point (M.P.) above ground 24"
 Static water level (S.W.L.) below M.P. 57'

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 10 gpm
 Total time 30min to reach pumping water level 165' 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	165	30 Sec		2
11:00	165	30 Sec		2
11:15	165	30 Sec		2
11:30	165	30 Sec		2
11:45	165	30 Sec		2
12:00	165	30 Sec		2
12:15	165	30 Sec		2
12:30	165	30 Sec		2
12:45	165	30 Sec		2
1:00	165	30 Sec	Pump Set 400'	2
1:15	165	30 Sec		2
1:30	165	30 Sec		2
1:45	165	30 Sec	Joe Waidman	2
2:00	165	30 Sec		2
2:15	165	30 Sec		2
2:30	165	30 Sec		2
2:45	165	30 Sec		2
3:00	165	30 Sec		2
3:15	165	30 Sec		2
3:30	165	30 Sec		2
3:45	165	30 Sec		2
4:00	165	30 Sec		2
4:15	165	30 Sec		2
4:30	165	30 Sec		2

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Final
OK to
Cover
C.B.D.

9/14/91
1:30 PM
For P.M.
9/15/91

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
LINE

New Installation _____
Replacement _____

Receipt # 47445
Date 9/3/91

Name of Installer Barham

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner McCabe Telephone _____

Subdivision Heathwood Lot # 16 Well Tag # HO-81-2342

Site Address 12106 Mayapple Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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

9/5/91 P.M. C.B.D.