

05-406099

12/14/89 P.C.O. C.Bo

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 12/13/89

INDEX - TIME EXPIRED
COMPLIANCE 7/15/93

DATE SYSTEM APPROVED 12/18/89

INSPECTOR M. Litkin

Frail Septic Service

C. Williams / C.P.

IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 659, Mt. Airy, Maryland 21771

PHONE (301) 795-6674

SUBDIVISION Twelve Hills

ROAD 12984 Linden Church Rd. LOT 5

PROPERTY OWNER

~~Vintage Homes~~
~~Homestead Builders~~ Leroy + Darcell Noel

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet from the front lot line and 65 feet from the left side of the lot as seen when facing the lot from Linden Church Road. Run the trenches toward the front lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY Raymond Hodges

DATE 2/14/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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

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

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

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED

AND RETURNED 10/27/94

Serial # 56925

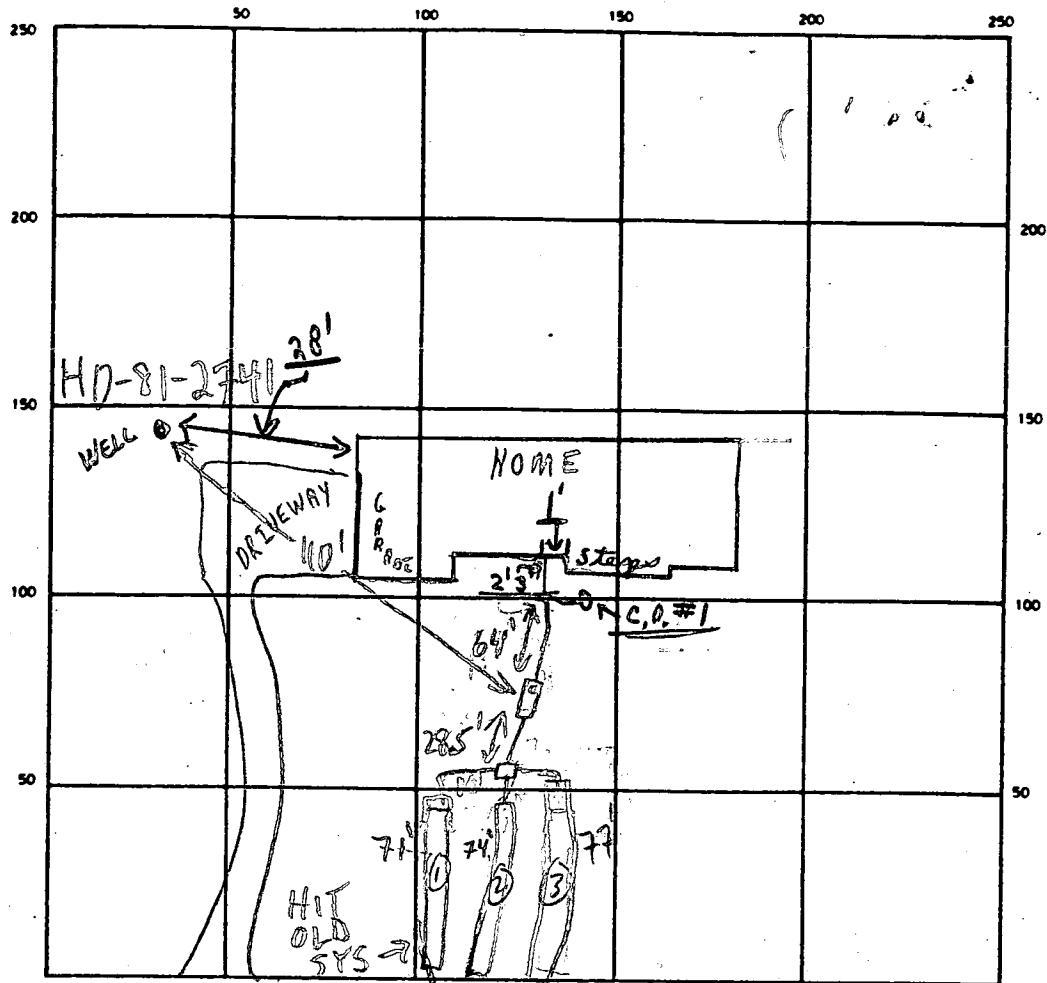
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

Additio 7

A
38264

12/14/89 / 2pm
12-15-89 ASAP - late pm
12-18-89 ASAP - late pm



LINDEN CHURCH ROAD

S.T.

C.O. #1

SEPTIC TANK LEVEL (250) GAL OK CLEANOUTS OK OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TILE FIELD DEPTH 8 | 7 | 3 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 | 7 | 3 FT.

EFFECTIVE GRAVEL DEPTH 4 | 4 | 3 FT. TOTAL LENGTH ① 66 ② 74 ③ 77 } 217 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 868 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

PARTIAL 12/14/89 OK TO COVER FROM HOUSE TO 1' OF DISTRIBUTION

REMARKS BOX. HOLD FOR CALL; NO TRENCHES DUG - 12/14/89 P.M. CBS

12/15/89 AM OK TO STONE ① & ② + DIG ③ MR

12/15/89 PM HIT OLD ^{ABANDONED} SYS AT END OF ①, CUT BACK TO 66'

(OLD SYSTEM APPEARS OK) CONTINUE MR 12/18/89 AM OK TO

CONTINUE (50' DUG) 12/18/89 PM OK TO COVER ALL MR

DATE SYSTEM APPROVED

12/18/89

INSPECTOR

M. Ritkin

APPLICATION

PERCOLATION TESTING

A 38264
P _____

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

DISTRICT _____

DATE _____

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 Hugh B. Hill Jr. Vantage Homestead

ADDRESS 12994 Linden Church Rd PHONE 531-2610

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Altogether Twelve Hills Sec. 1 LOT NO. 5

ROAD AND DESCRIPTION Linden Church Rd + 32 BARLOT

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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.

APPROVED BY Raymond Hodges (SIGNATURE OF APPLICANT) FOR Trencher DATE 2/4/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-5-87 Per SATISFACTORY w/ slight Adjustment to Proposal. Held for PLAT. same. 2/4/88 - FINAL PLAT SIGNED PH

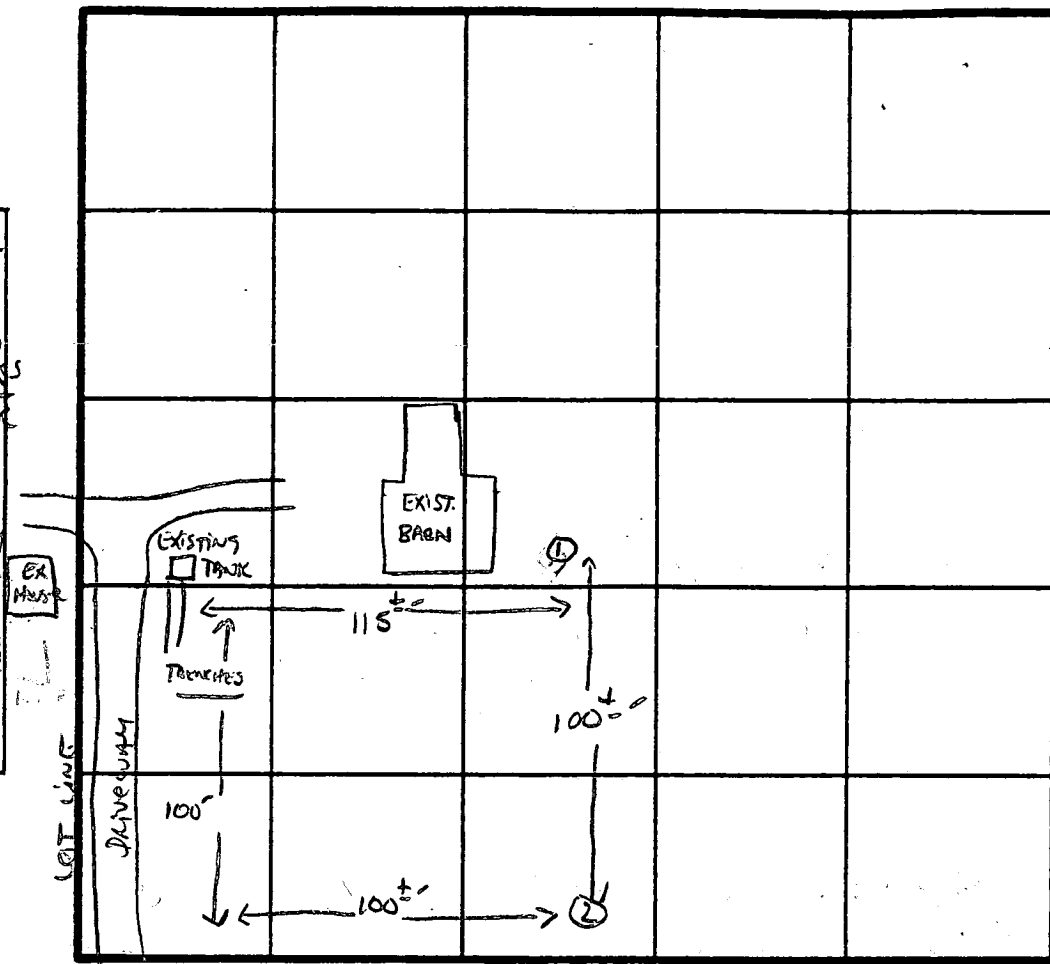
BLDG. PERMIT SIGNED
AND RETURNED 5-23-89
BP 24266 SAH

THIS IS NOT A PERMIT

HD-216

① ②
SOIL PROFILE

0	A-1-B
3"	Yellow BR Silt loam CLAY 9-15% 15-20% FRAGS
2"	STRONG BR Silty CLAY LOAM 15+% 10-15% CLAY
6"	Yellow BR Highly micaceous Silt loam 20-25% FRAGS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
LINDEN CHURCH Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/5/87	1 V	6" 13"	11:59	12:09	12:09	12:30	2 min
	2 V	SAME AS #1			only 4"		Soil dry

REMARKS USE EXISTING SYSTEM AS HIGH AREA OF PERC 2 LOW HOLES AS LOW AREA.

TYPE OF SOIL _____

TESTED BY S. Abel ALSO PRESENT O-KETTERMAN

APPLICATION

PERCOLATION TESTING

A 38264
P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Hugh B. Holt Sr. Vantage Homestead.

ADDRESS 12994 Linden Church Rd PHONE 531-2610

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~Attogeter~~ Twelve Hills Sec. 1 LOT NO. 5

ROAD AND DESCRIPTION 12984 Linden Church Rd + 32 BARN LOT

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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APPROVED BY Raymond Hodges (SIGNATURE OF APPLICANT) FOR Trencher DATE 2/4/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-5-87 Perc Satisfactory w/ slight adjustment to proposal. Hold for
PLAT. S.W. 2/4/88 - FINAL PLAT SIGNED

BUDG. PERMIT SIGNED
AND RETURNED 5-23-87
BP 29266 SM

THIS IS NOT A PERMIT

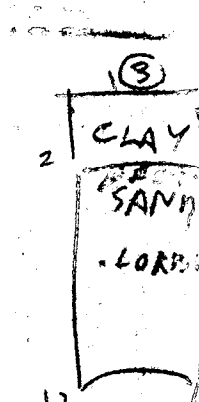
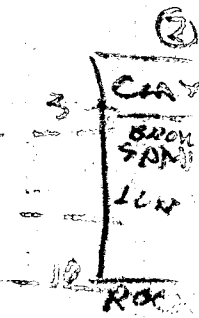
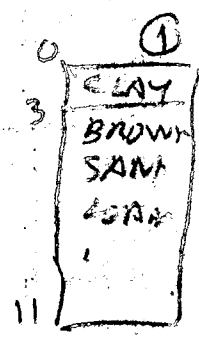
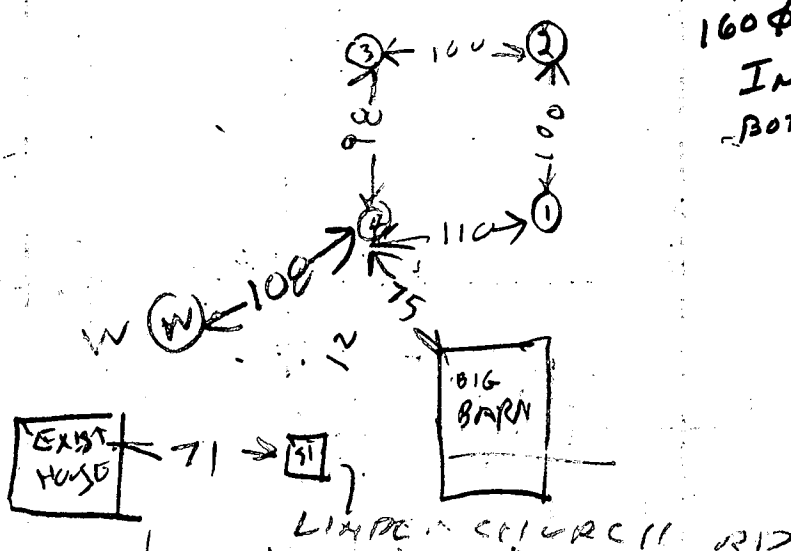
HD-216

HUGH B. HILL PROP

BARN LOT #5

TESTING PLAT LOT LINES TO BE CHANGED
 EXISTING HOUSE ON ONE LOT & BARN ON
 OTHER LOT SEPTIC SYSTEM FOR
 EXISTING HOUSE TO BE ON BARN LOT
 THEREFORE SYSTEM FOR HOUSE MUST BE REFINED

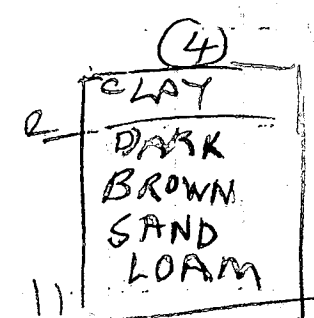
2 APR 2 MIN
 160 Φ/BR
 INLET 3'-
 BOTTOM 7'-



11/2/87	1s	4	225	227	227	229	2
	1V	11	LOOKS OK				
	2s	5	231	232	232	233	1
	2V	10	LOOKS OK				
	3s	4	237	239	239	241	2
	3V	12	LOOKS OK				
	4s	3	252	255	255	257	2
	4D	7	252	255	255	257	2
12/87	4V	11	LOOKS OK				

inlet max depth
3 ft.

artificial
2 min



Tested By B. Hodger

Manning
Depth

C1 9517 SEQUENCE NO. (DENV USE ONLY)
 (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 A38264

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 062298 Depth of Well 22 325 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" A0-81-2747

OWNER NOEL CROBY last-name first name
 STREET OR RFD CINDY CHAPEL RD. TOWN DAYTON
 SUBDIVISION TWELVE HILLS SECTION LOT 5

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	
Top Soil	0	2	
Sandy	2	11	
Sandstone	11	25	
MICKA	25	35	
Sandstone	35	40	✓
MICKA	40	190	
Shale Stone	190	195	✓
MICKA	195	325	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
 CEMENT BENTONITE CLAY
 NO. OF BAGS 5 NO. OF POUNDS 500
 GALLONS OF WATER 5
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
 PL 6 24

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

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

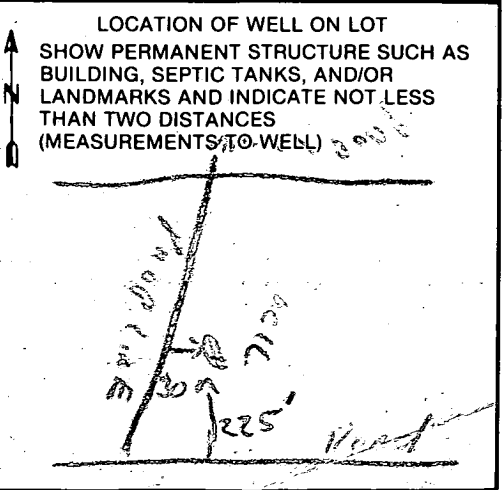
C2
 DEPTH (nearest ft.)
 1 110 20 325
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK from to
 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.) 9
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35
 WHEN PUMPING 135
 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) } LAND SURFACE (nearest foot)
 + above }
 - below }



CIRCLE APPROPRIATE LETTER
 A 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. 273
 DRILLERS SIGNATURE Keith Maynard
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Keith Maynard
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)