

12/14/93 ✓
CATS AM & PM

Tax ID-03-315568

PERMIT

Final

1 P.C.O. 12/14

SEWAGE DISPOSAL SYSTEM

P 49775

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 42198

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DATE 11/30/93

~~XXXXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 12/14/93

INSPECTOR CRD

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Second Discovery LOT 8 ROAD 12755 Maryvale Court

PROPERTY OWNER Amanollah and Akhtar Taheri

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225 ✓

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the breakpoint in the right lot line (269.59' / 431.16' intersection), place the distribution box 95 feet down the 431.16' lot line and 70 feet off that lot line. Run trenches along contour toward right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 11/17/93

PLANS APPROVED BY C. Williams/Mark Rifkin REVISED _____ DATE 10/27/93

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

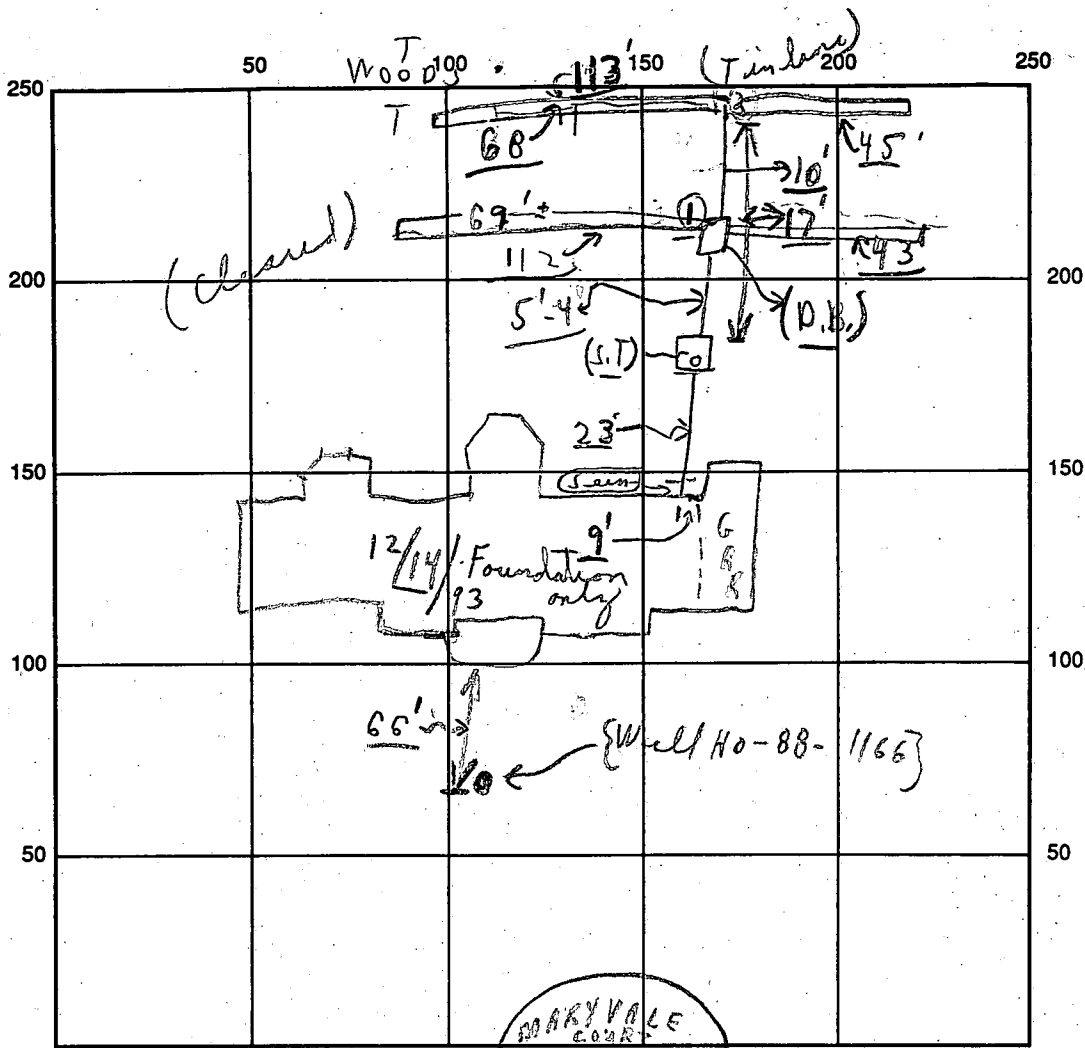
PERMIT VOID AFTER TWO YEARS

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
42198



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS S.T.C.O / OK

DISTRIBUTION BOX LEVEL OK (Baffles as in)

DRAIN FIELD/TITLE DEPTH 27 average / precast FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4+ FT. TOTAL LENGTH 225 FT. (225)

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 900+ SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET ~ FT.

ABSORBENT AREA 900+ SQ. FT.

REMARKS: A.M. 12/14/93 Partial ok to continue on #2 Trench & start #1 Trench; 12/14/93 ok to cover as finished; material on site for last parts of trenches; CB

(12/14/93 No WPI CB)

DATE SYSTEM APPROVED 12/14/93 INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

A 42198

P _____

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

DISTRICT Third

DATE Feb. 26, 1988

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 William W. Aitcheson Amanollah and AKHTAR TAHERI
ADDRESS 12706 Folly Quarter Rd. Clarksville, Md. 21029 PHONE 301-596-9208
465-3938

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Aitcheson Property "Second Discovery" LOT NO. 8
ROAD AND DESCRIPTION 3.08 acres Court 'A' (Folly Quarter Rd.)
(12755 MARYVALE Court)

TAX MAP 22 Blk 23 PARCEL # 45
SIZE OF LOT 3.08 acres TYPE BLDG Single Family Dwg.
(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.

William W. Aitcheson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 10/20/88
Health # 57196 - SFD
4 Bedrooms

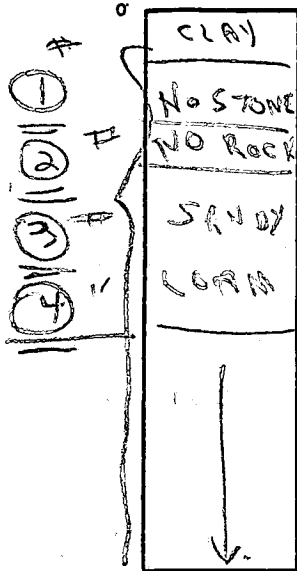
HD-216

THIS IS NOT A PERMIT

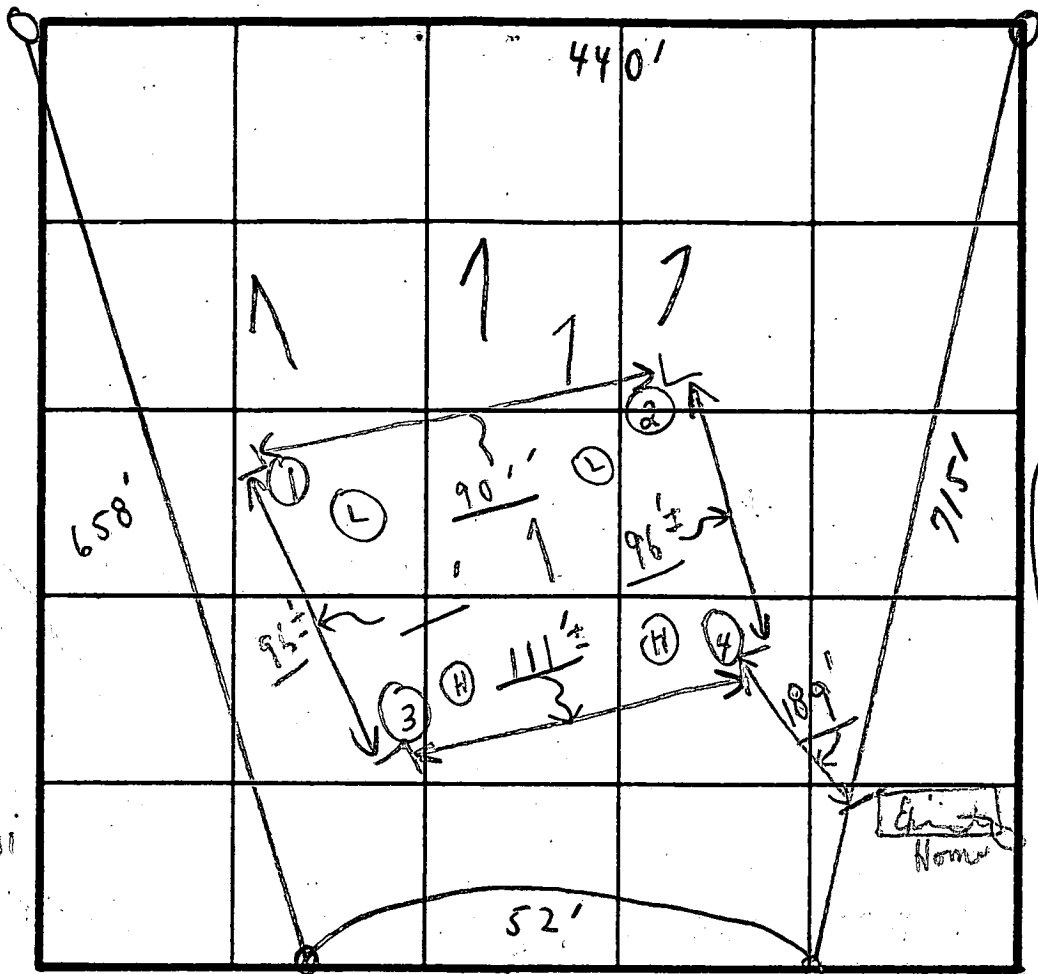
A42198

#8

SOIL PROFILE



① 10' ② 11' ③ 11'
④ 9'



INLET 3'
BOTTOM 17'
X 2 MIN
180 CW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| SOIL PROFILE | DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|-------------------------|--------|----------|--------|---------|------------|----------------|------|-------|
| | | | | START | STOP | START | STOP | |
| 1' - 1 1/2' Clay + Sand | 8/4/88 | 1A | 1 1/2' | 2:43 | 2:44 | 2:44 | 2:45 | 1 min |
| 1 1/2' - 10' Sandy loam | #662 | ① 1B | 10' | : | Visual | sandy loam | | |
| 1' - 4' clay | | 2A | 4' | 2:46 | 2:47 | 2:47 | 2:48 | 1 min |
| | | ② 2B | 11' | : | Sandy loam | | | |
| 1' - 2' Clay | | 3A | 2' | 2:56 | 2:57 | 2:57 | 2:59 | 2 min |
| 2' Loam Sandy 11' | | ③ 3B | 5' | 2:54 | 2:55 | 2:55 | 2:57 | 2 min |
| 1' - See above | | 4A | 9' | : | : | : | : | |
| | | ④ 4B | | : | Visual | Sandy loam | | |

REMARKS

TYPE OF SOIL

TESTED BY

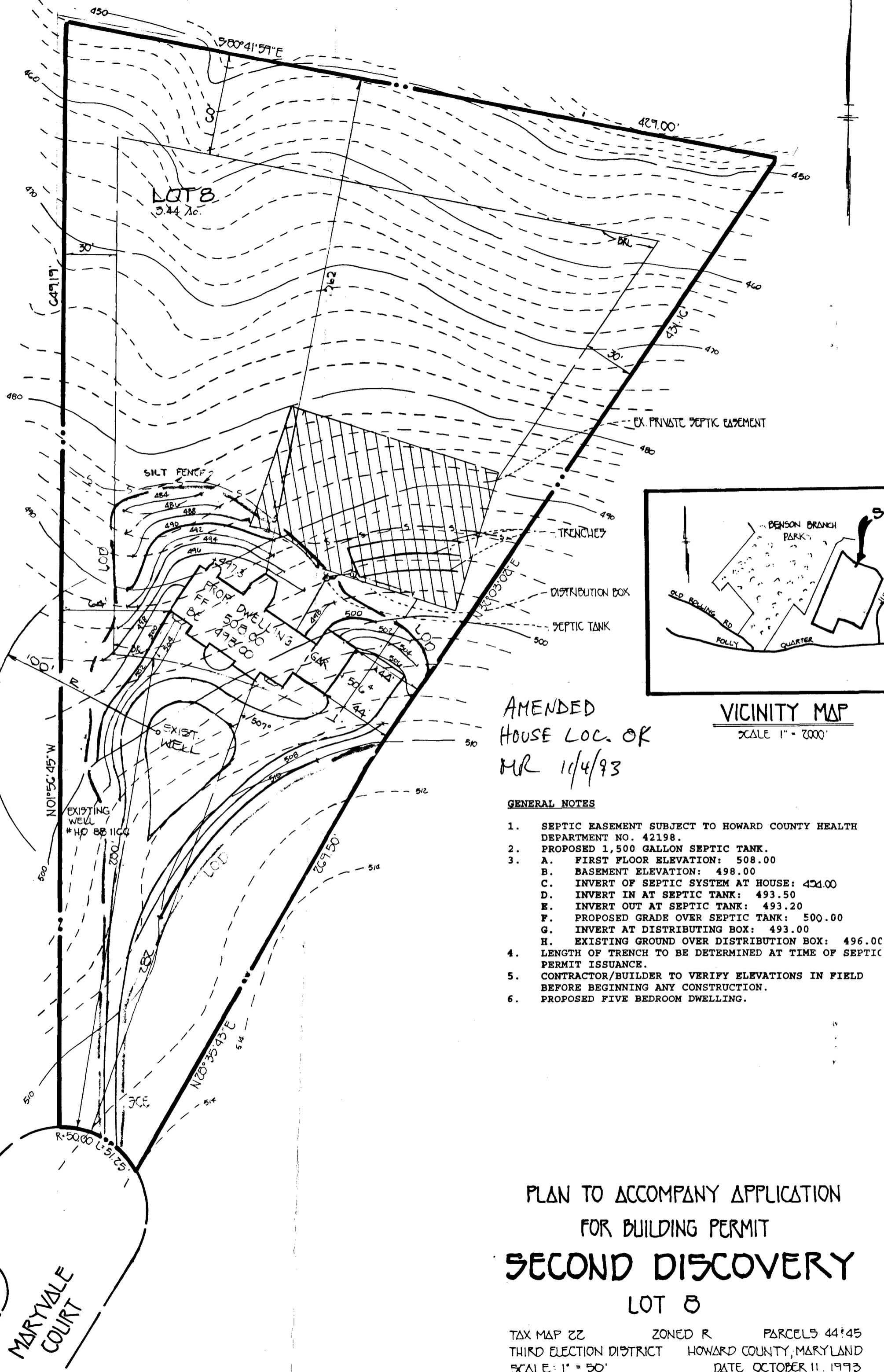
all in Woods
Peru per stake

C. B. C.

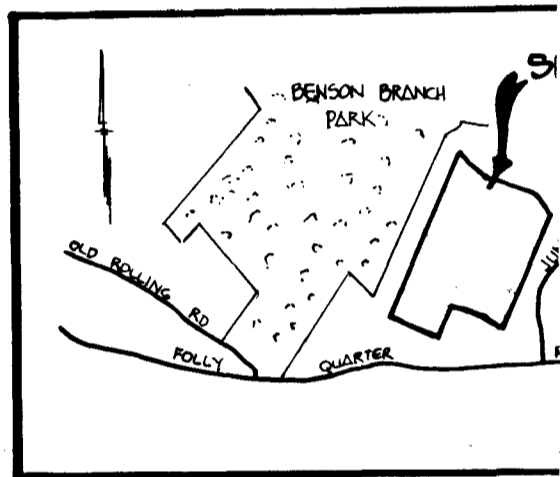
ALSO PRESENT

2 Fyock's men
Lawney

Four
Loops
Vape
on
#9



AMENDED
HOUSE LOC. OR
MR 10/4/93



VICINITY MAP
SCALE 1" = 2000'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT NO. 42198.
2. PROPOSED 1,500 GALLON SEPTIC TANK.
3.
 - A. FIRST FLOOR ELEVATION: 508.00
 - B. BASEMENT ELEVATION: 498.00
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE: 492.00
 - D. INVERT IN AT SEPTIC TANK: 493.50
 - E. INVERT OUT AT SEPTIC TANK: 493.20
 - F. PROPOSED GRADE OVER SEPTIC TANK: 500.00
 - G. INVERT AT DISTRIBUTING BOX: 493.00
 - H. EXISTING GROUND OVER DISTRIBUTION BOX: 496.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR/BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. PROPOSED FIVE BEDROOM DWELLING.

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
SECOND DISCOVERY
LOT 8

TAX MAP 22 ZONED R PARCELS 44:45
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE OCTOBER 11, 1993

MARYVALE COURT

B 1 **6370** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-88-1166
fill in this form completely

Date Received (APA) **122889**
OWNER INFORMATION
Sec Dis Ltd Partner
8307 Main Street
Ellicott City Md 21043

B 3 LOCATION OF WELL
Howard
8 COUNTY
Second Discovery
23 SUBDIVISION
SECTION **1** LOT **8**
Glenn 19
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Frank Delph 453
Driller's Name License No. 80
Frank Delph Well Drillers Inc
18234 Penn Shop Rd Mt Airy Md
Frank Delph 12/19/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
E
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
N
Maryvale Court
NEAR WHAT ROAD
DISTANCE FROM ROAD **120** FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A42198
COUNTY NAME COUNTY NO.
STATE SIGNATURE **Mark E. Ripkin** DATE ISSUED **7/25/90**
NORTH GRID **520000** EAST GRID **0813000**

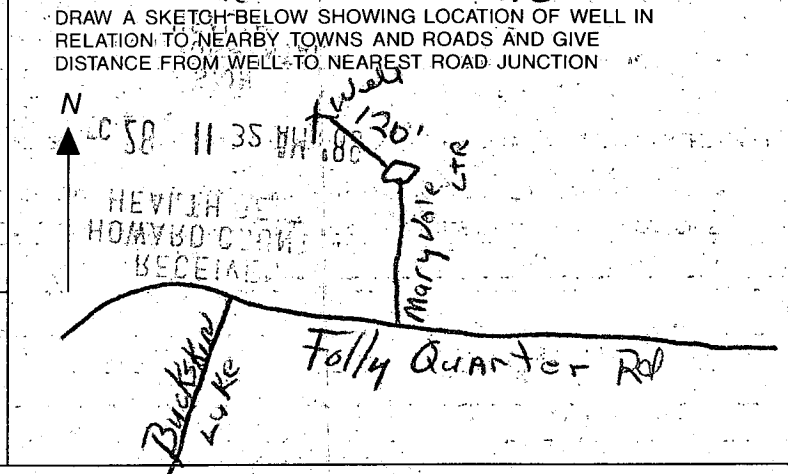
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
8183
5200

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)
APPROX. PERMIT NUMBER **G A P**
FORCE **MD** PERMIT No. **40-88-1166**

SPECIAL CONDITIONS

C1 1308 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 A42198

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
12 27 90

Depth of Well
305
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
AD-88-11166

OWNER Sec. Discovery - Ltd. Partnership
 STREET OR RFD Maryvale TOWN Glenn
 SUBDIVISION SECOND DISCOVERY SECTION 1 LOT 8

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 | |
| Shale | 2 | 20 | |
| M.K.A | 20 | 35 | |
| Sandstone | 35 | 40 | <input checked="" type="checkbox"/> |
| M.K.A | 40 | 170 | |
| Sandstone | 170 | 175 | <input checked="" type="checkbox"/> |
| M.K.A | 175 | 305 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 800
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 2 ft. to 25 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 PL L J K
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 24

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

DEPTH (nearest ft.)
 1 11 2 38 3 77
 4 5 6 7 8 9
 10 11 12 13 14 15
 16 17 18 19 20
 21 22 23 24 25
 26 27 28 29 30
 31 32 33 34 35
 36 37 38 39 40
 41 42 43 44 45
 46 47 48 49 50
 51 52 53 54 55

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 26.04.04 "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. 483
 DRILLERS SIGNATURE Frank D. ...
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.)
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35
 WHEN PUMPING 125
 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:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below }

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)
 Folly Quarters Rd.