

10:00 ✓
4/15/93
P.M.
3:00 ✓

Tax ID - 03-315614

PERMIT

Filed

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49121

A 42203

DISTRICT 3rd

DATE 4/12/93

DATE SYSTEM APPROVED 4/15/93

INSPECTOR C.B.D.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Arnold Backhoe & Septic Services, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Second Discovery LOT 13 ROAD 12725 Maryvale Court

PROPERTY OWNER Trinity Custom Homes Scott & Judi Macglashin

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 - Place the distribution box 130 feet from the front lot line and 105 feet from the right lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/10/93 RH

PLANS APPROVED BY C. Williams DATE 01/09/90

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

BLDG. PERMIT SIGNED

AND RETURNED 4/19/94

PERMIT VOID AFTER TWO YEARS

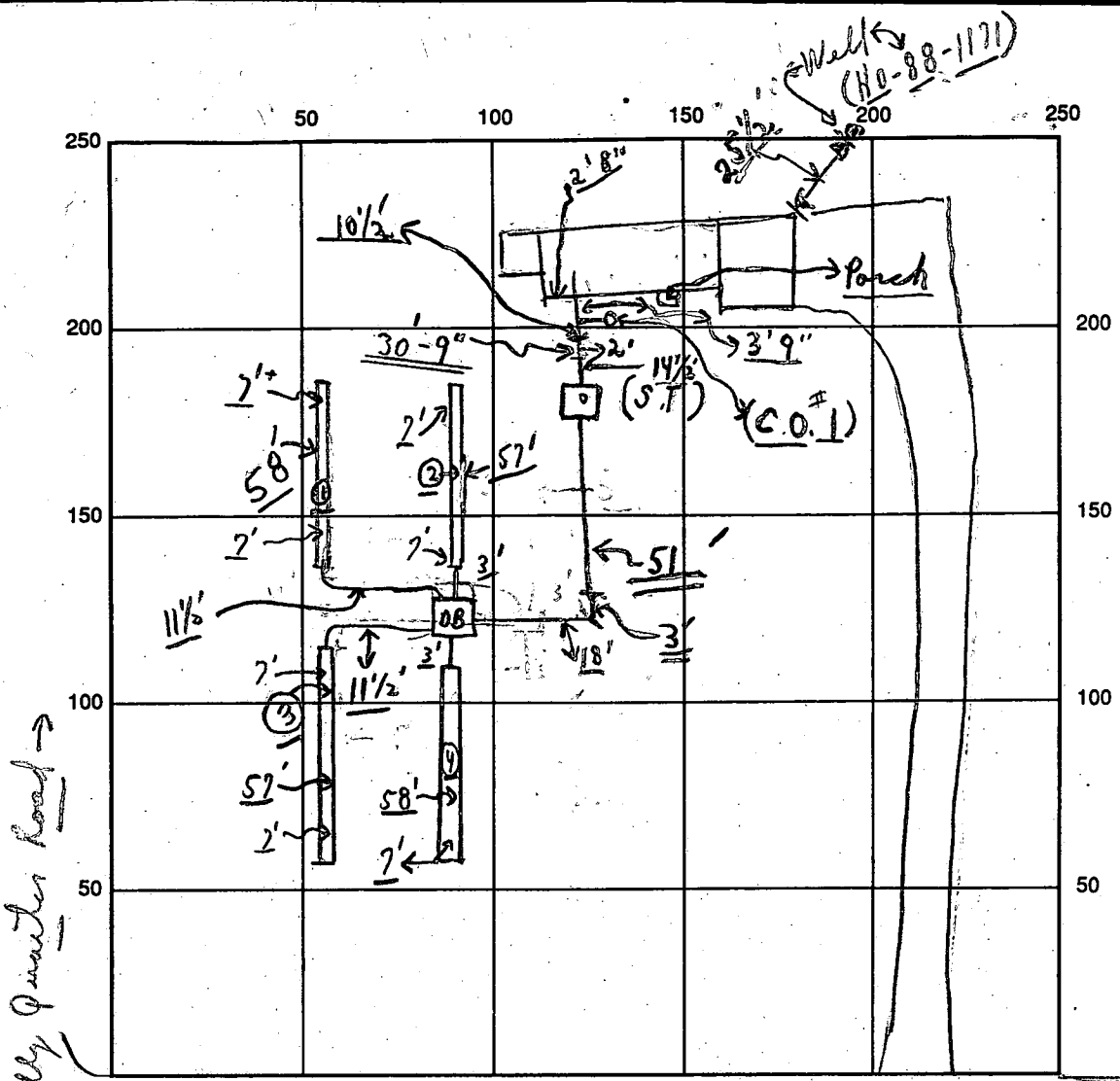
Serial # 53575

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. 3 level deck

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
42203



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Maryvale Court S.T. C.O.#1
 CLEANOUTS C.O. -OK OK

SEPTIC TANK LEVEL _____
 DISTRIBUTION BOX LEVEL OK (Baffle is in)
 DRAIN FIELD/TITLE DEPTH 7 + average FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 + FT. TOTAL LENGTH 230 FT. (1 58' 3 57' 2 57' 4 58')
 NUMBER OF TRENCHES 4 ONE SIDEWALL/FOUNDATION AREA 920 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 920 SQ. FT.

REMARKS: (A.M.) 4/15/93 OK for stone in (3) trenches; last trench need to see end closest to road only; partial; P.M. 4/15/93 Final ok to cover all trenches done; C. Bed. (Material on site)

4/15 Note: No W.P.I C.Bed.

DATE SYSTEM APPROVED 4/15/93 INSPECTOR Charles Bryan, Streets

APPLICATION

PERCOLATION TESTING

A 47203
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 Trinity Custom Homes

ADDRESS 12706 Folly Quarter Rd. Clarksville, Md. 21029 PHONE 410-730-3137
301-596-9208

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Aitcheson Property "Second Discovery" LOT NO. 13

ROAD AND DESCRIPTION End of Court 'A' (12725 MARIVALE COURT)

TAX MAP 22 Blk 23 PARCEL # 45

SIZE OF LOT 5.87 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.

Wm 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 1/29/93
Serial # 47063-
SFD - 5 Bedrooms

THIS IS NOT A PERMIT

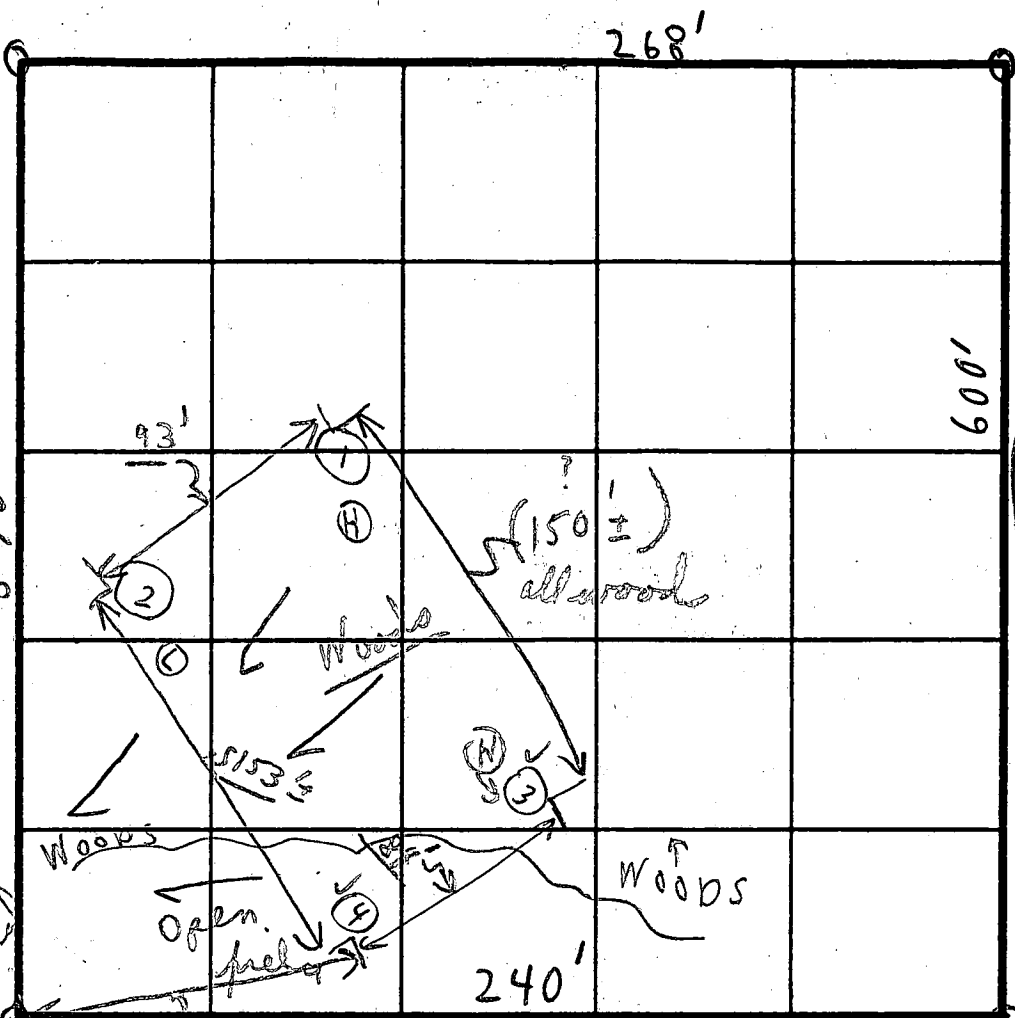
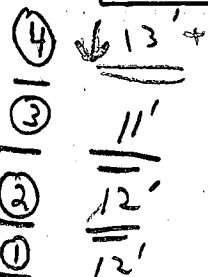
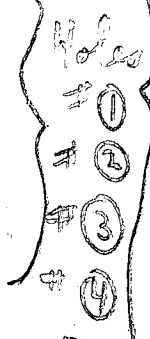
HD-216

142203

13

SOIL PROFILE

CLAY
NO STONE
NO ROCK
SANDY LOAM
TO



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
COURT "A"

SOIL PROFILE

1'- 4' Clay
4' to 12' S. side above
1'- 4' Clay
4'- 12' S. side above
1'- 3' CLAY LOAM white
3'- 11'
1'- 4' Loam
4'- 13' S. side above

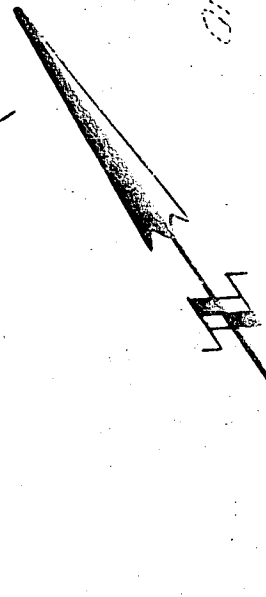
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/4/88	1A	4'	: 40 AM	:	:	:		
12/6/87	1B	Visual	light colored soil					
	2A	4'	8:03	8:05	8:05	8:07	2m	
	2B	12'	:(brown loam):					
	3A	3'	7:48	7:50	7:50	7:55	5m	
	2B	6'	7:48	7:49	7:49	7:51	2m	
	4A	4'	7:59	7:58	7:58	8:00	2m	
	4B	13'	: Light Tan Loam					
			:	:	:	:		
			:	:	:	:		

REMARKS _____ (Tests per stake) (Wanted on Fyock to dig on 2/12)

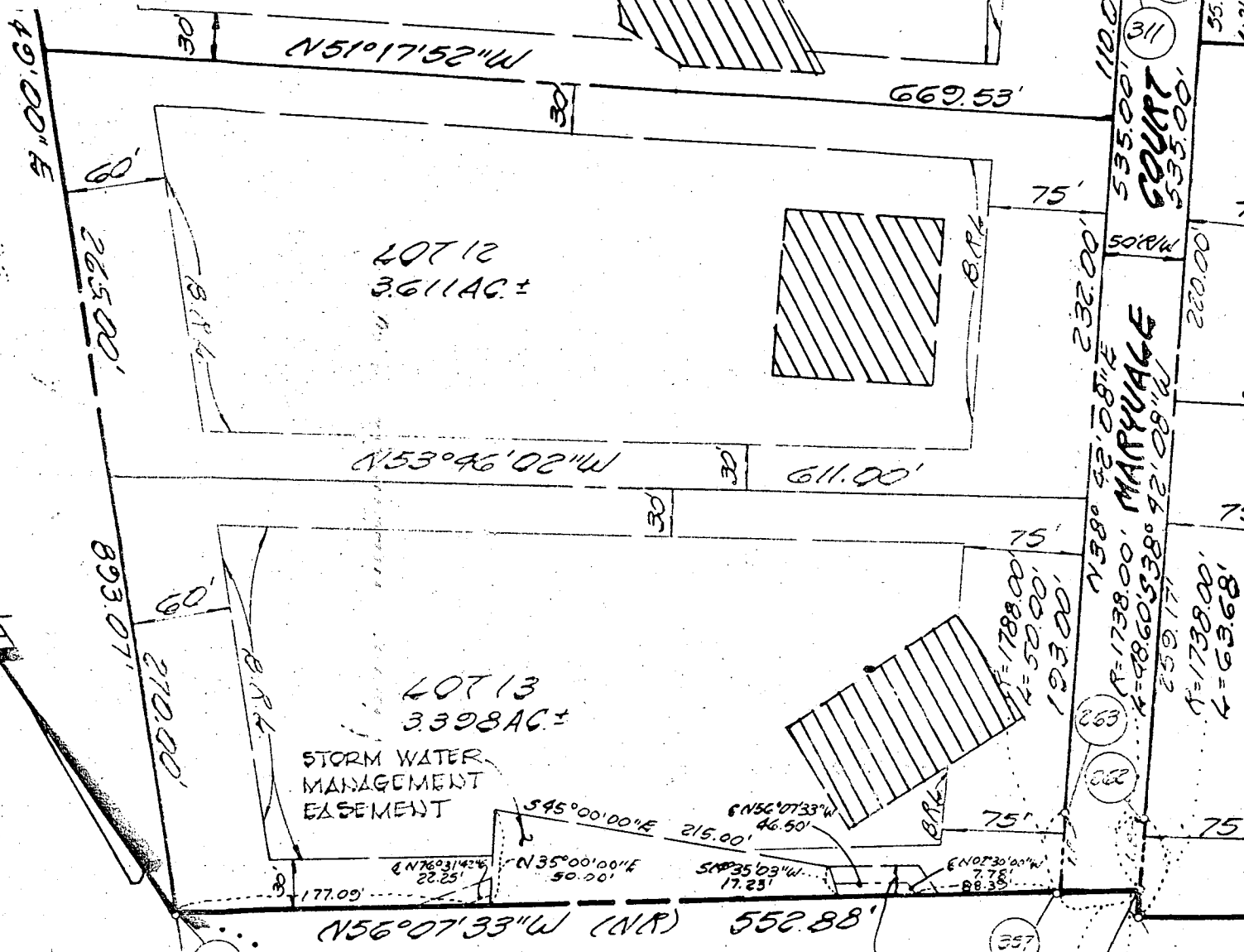
TYPE OF SOIL _____

TESTED BY C. BO [Signature] ALSO PRESENT 2 Fyock men
1 owner

6812.000
N52°00'00"



6812.000
N52°00'00"



ABILATION FOR SHEET 3 OF 4

NUMBER OF BUILDABLE LOTS TO BE RECORDED.....	7
NUMBER OF OPEN SPACE LOTS TO BE RECORDED....	0
NUMBER OF LOTS TO BE RECORDED.....	7
AREA OF BUILDABLE LOTS TO BE RECORDED.....	24.369AC.±
AREA OF OPEN SPACE TO BE RECORDED.....	0.000AC.±
AREA OF 100 YEAR FLOODPLAIN TO BE RECORDED.	0.000AC.±
AREA OF ROADWAY TO BE RECORDED.....	0.812AC.±
AREA TO BE RECORDED.....	25.181AC.±

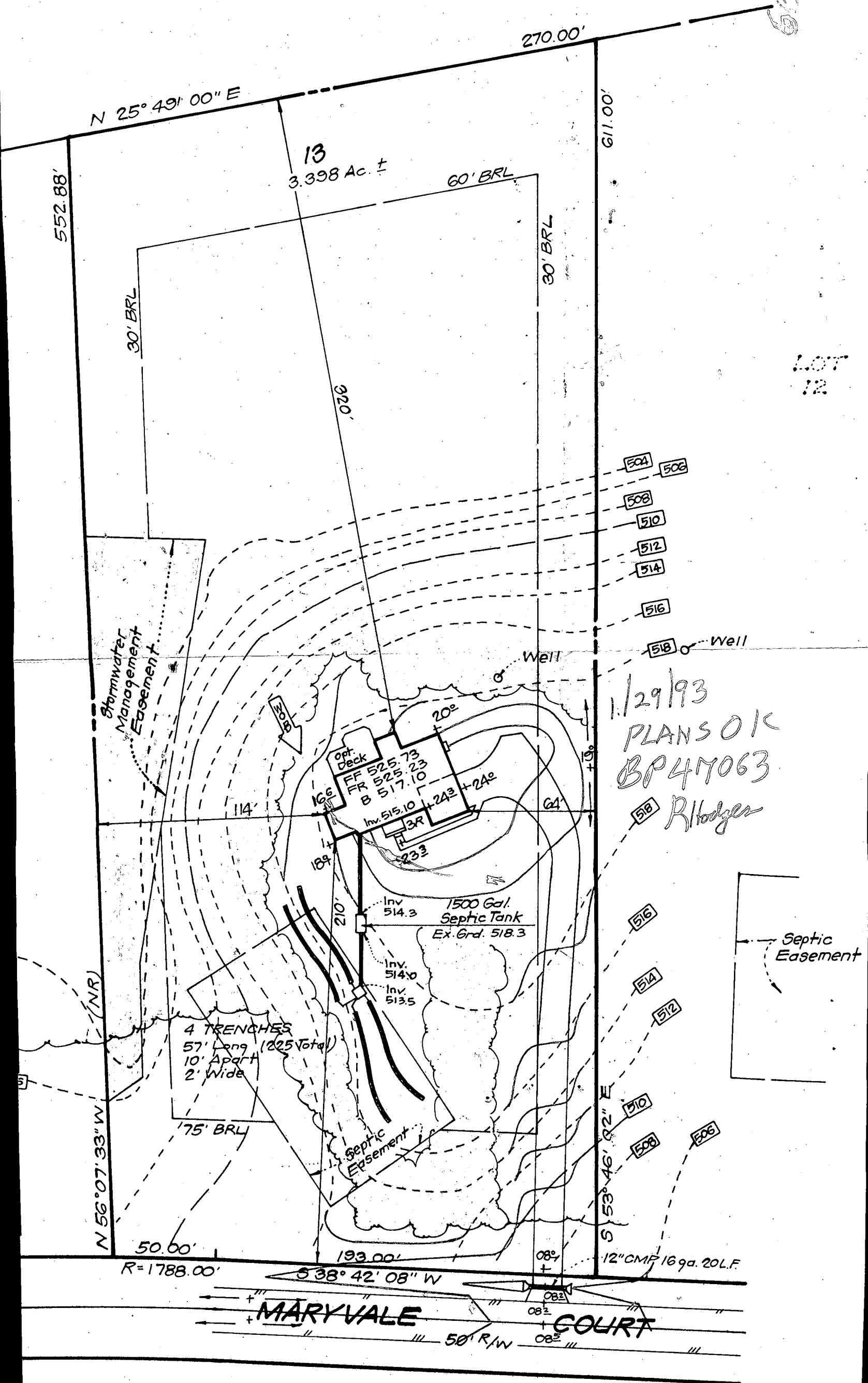
VED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

OWNER'S CERTIFICATE

I, WILLIAM W. MITCHESON, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HAVE ADOPTED THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN BY THE DEPT. OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINE AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO

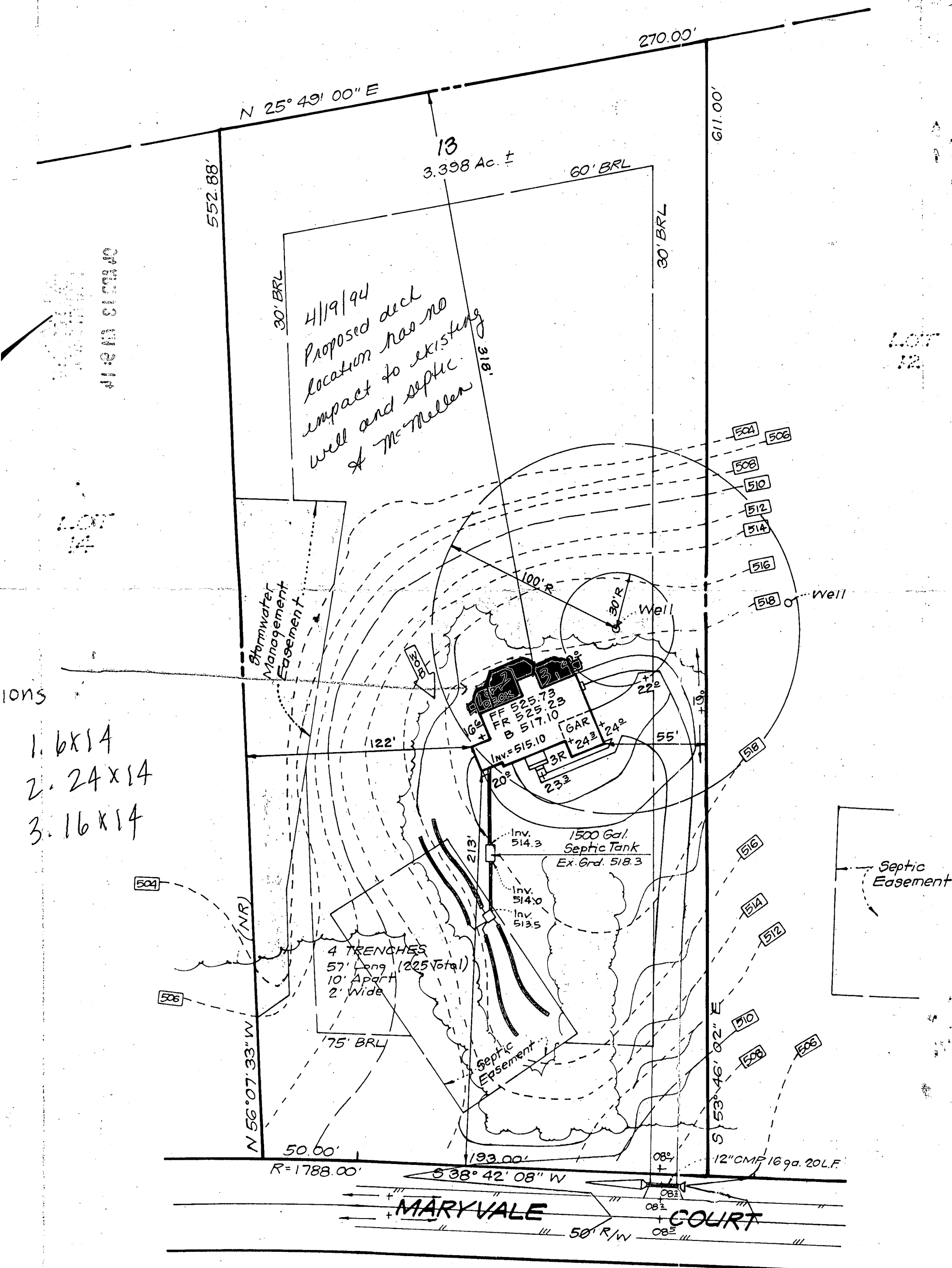
SIGNATURE 1/9/90 CW

632



NOTE: Provide Ho. Co. Std. Driveway Entrance R-6.05.

HOWARD COUNTY
861/258



552.88'

N 25° 49' 00" E

270.00'

611.00'

3.398 Ac. ±

60' BRL

30' BRL

30' BRL

ORANGE ST

LOT 12

IONS

- 1. 6x14
- 2. 24x14
- 3. 16x14

504

506

504

506

508

510

512

514

516

518

Well

122'

100' R

30' R

22'

55'

FF 525.73
FR 525.23
B 517.10
GAR
+24.2
+24.2
23.3

Inv. 515.10

Inv. 514.3

Inv. 514.0

Inv. 513.5

(NR)

4 TRENCHES
57' Long (225 Total)
10' Apart
2' Wide

75' BRL

516

514

512

510

508

506

50.00'

R=1788.00'

S 38° 42' 08" W

MARYVALE COURT

COURT

50' R/W

S 53° 46' 02" E

12" CMP 16 ga. 20 L.F.

NOTE: Provide Ho. Co. Std. Driveway Entrance R-6.05.

B 1 **6363** 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
HO-88-11171
 fill in this form completely

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

DRILLER INFORMATION
Frank Delph 453
Frank Delph Well Drillers Inc
18234 Penn Shop Rd Mt Airy Md
Frank Delph 12/19/89

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)

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettied & DRIVEN
 AIR-ROTary AIR-PERcussion **ROTARY (Hydraulic Rotary)**
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-88-11171**

SPECIAL CONDITIONS

LOCATION OF WELL
Howard COUNTY
Second Discovery SUBDIVISION
 SECTION **1** LOT **13**
Glennetg NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

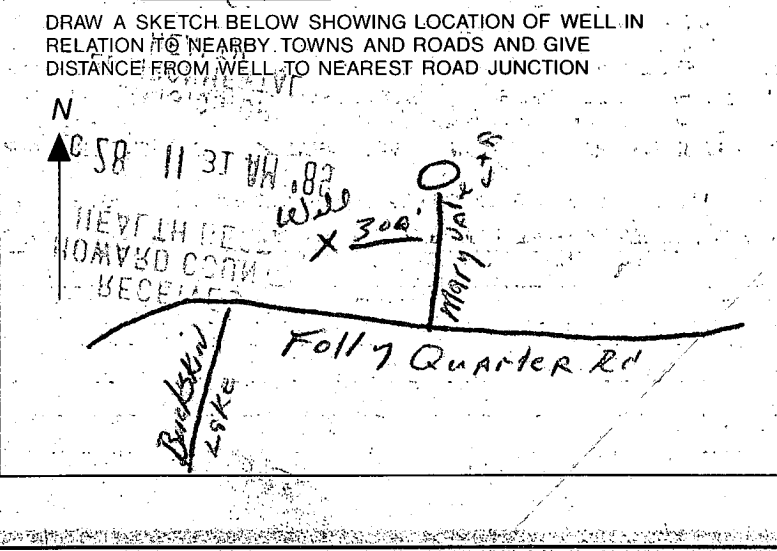
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Maryvale Court**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **300** FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A42203 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
Mark E. Liffkin SIGNATURE
012590 DATE
 NORTH GRID **520000** EAST GRID **0813000**

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
81X3
5X20



C1 1313 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 A42203

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
030190

Depth of Well
225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HD-88-1171

OWNER Second Discovery Ltd Partnership
 STREET OR RFD Maryvale TOWN Glenela
 SUBDIVISION SECOND DISCOVERY SECTION LOT 13

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	10	
Mika	10	35	
Sandstone	35	40	✓
M. Ka	40	90	
Sandstone	90	95	✓
Mika	95	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 6 NO. OF POUNDS 60
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 14 ft.

CASING RECORD
 casing types insert appropriate code below
ST CO
 STEEL CONCRETE
PL OT
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 225

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
 BRONZE HOLE
PL OT
 PLASTIC OTHER

DEPTH (nearest ft.)
 EACH SCREEN
1 2 3 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

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. 453

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Frank Deibel

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 F IN BOX 68

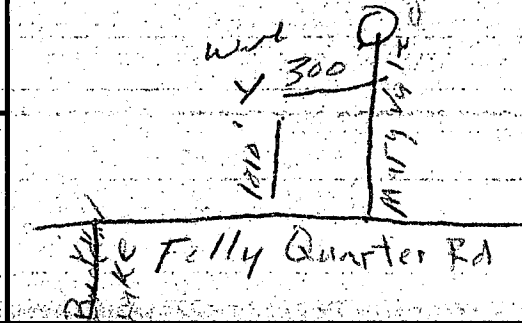
TELESCOPE CASING LOG INDICATOR
 T (E.R.O.S.) W Q
 70 72 74 75 76
 OTHER DATA

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 7
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 70
 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 or NO) 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) 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 (nearest foot) 2
 (-) 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)



COUNTY