

3/16/97
12:00
3/17/97
12:00
3/19/97
10:00

Tax ID-04-354974

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 38006

A 42485

DISTRICT 4th

DATE 3/5/97

DATE SYSTEM APPROVED 3/10/97

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXX~~ 313-2640

M.G. Fulton Services, Excavating Contractor IS PERMITTED TO INSTALL ALTER

ADDRESS 9429 Old Frederick Road, Ellicott City, MD 21042 PHONE (410) 465-8896

SUBDIVISION Country Springs LOT 45 ROAD 15038 Kenwood Court

PROPERTY OWNER Laura & Gary Collison - Jeff Peters

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 180 feet down the right (480.00') lot line and 120 feet off this same lot line. Run trenches on contour toward Kenwood Court.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/88 10-2-96

BUILDING PERMIT SIGNED

11/4/02 AND RETURNED
B001397375-IG PDL

PLANS APPROVED BY Mark Rifkin DATE 10/18/96

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

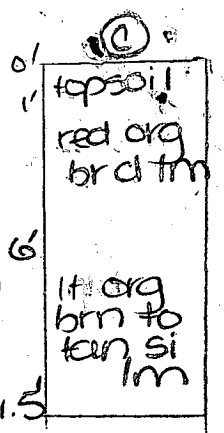
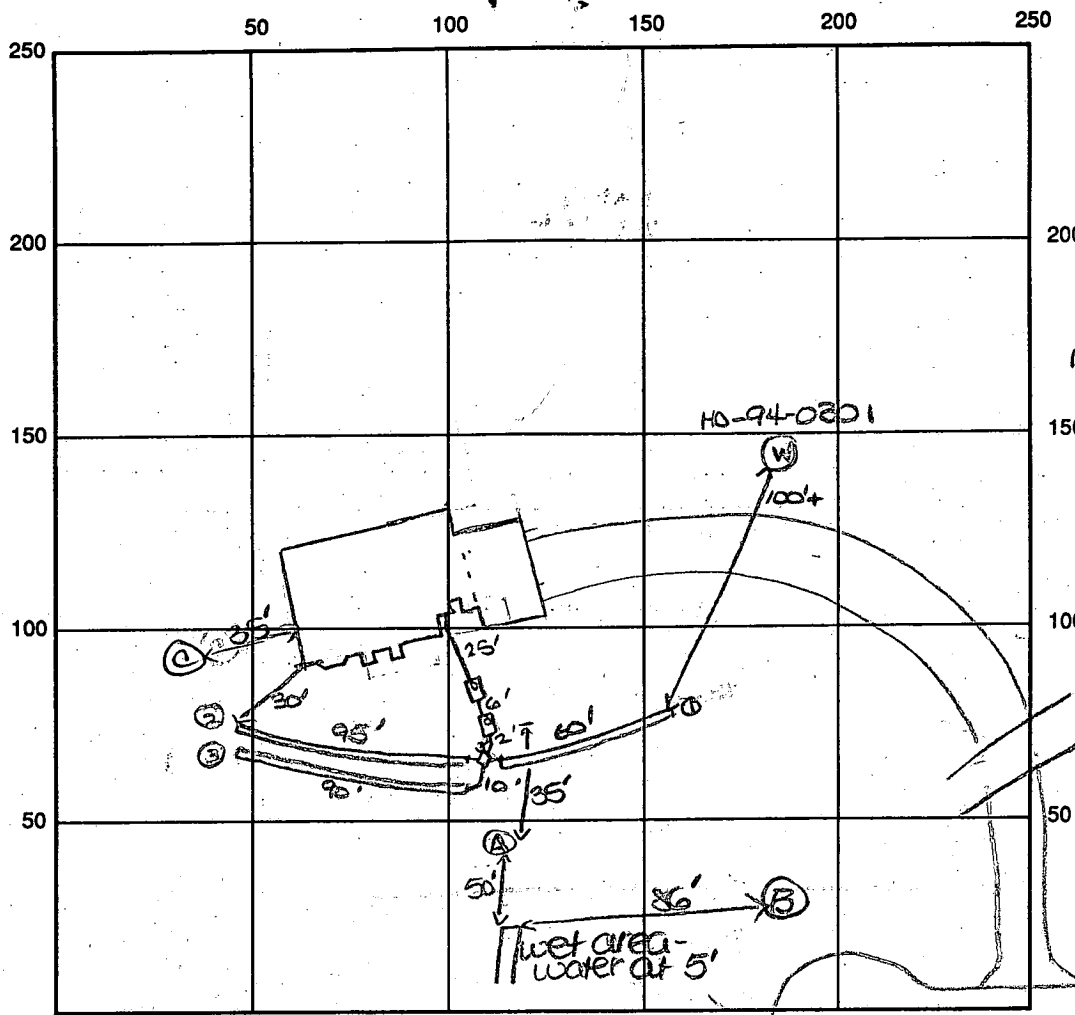
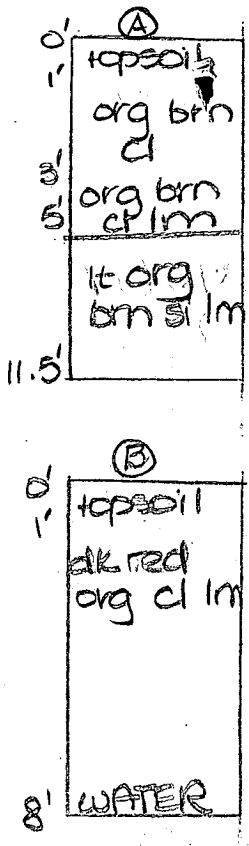
PERMIT VOID AFTER TWO YEARS

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
42485



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Kenwood Court

SEPTIC TANK LEVEL both OK -1250 gal CLEANOUTS one on each s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 295 FT. → 245'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 735 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

BUILDING PERMIT SIGNED AND RETURNED

REMARKS: 3/6/97 water encountered at far end of first trench - STOP WORK. (LATER) observation test holes dug to modify septic area. CW/DKS/KAM

3/7/97 layout check performed -OK to start work. DKS

3/10/97 FINAL INSP -OK to cover all septic work. DKS

DATE SYSTEM APPROVED 3/10/97 INSPECTOR JOHN K JOE

APPLICATION

PERCOLATION TESTING

A 42485

P _____

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

DISTRICT 4

DATE July 5, 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 Frail Developers, Inc. LAURA + GARY COLLISON

ADDRESS P. O. Box 659 Mount Airy, MD 21771 PHONE (301) 795-1866

ENGINEER OR CONTACT PERSON
PROSPECTIVE BUYER VANMAR ASSOCIATES INC. / Mike VanSant

ADDRESS 310 South Main Street Mount Airy, MD 21771 PHONE (301) 829-2890

PROPERTY LOCATION:

SUBDIVISION ~~RIPPEON PROPERTY~~ Country Springs LOT NO. 32 ^{33 31 45}

ROAD AND DESCRIPTION Bushy Park Road
(15038 Kenwood Court) ^{? on segment path 31 also signed permit resubdivided 9/25/92 to (45)}

TAX MAP 14 PARCEL # 12 ^{LOG. PERMIT SIGNED AND RETURNED 10/18/96 Serial # 670103622}

SIZE OF LOT 11.8 ac. ± TYPE BLDG SFD - 4 Brms
(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. Luanne Jennings, Agent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11-16-88 Per Satisfactory Hold for perc. Sab

HD-216

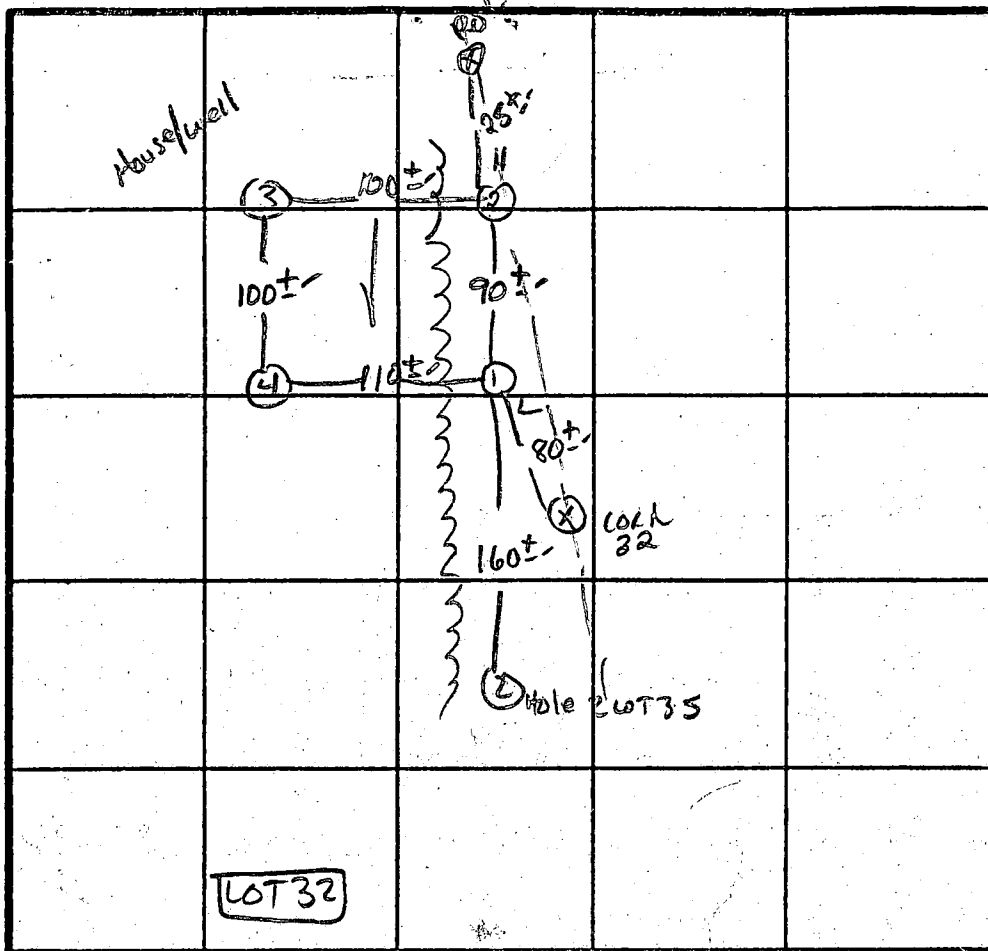
THIS IS NOT A PERMIT

A# 42485

①
SOIL PROFILE

3-6"	A 1-3/AP Yellow Br Silty clay loam 10-15% frag
3-35"	Yellow Br w/ PINK CAST Silt SAND loam 10% frag

13"



PERC 7 min
180 #/BR
INLET 3.5
BOTTOM 7.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BUSHY PINE Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/16/88	1S 1V	4" 13"	12:03 As profiled	12:04	12:04	12:08	4 MIN
	2S 2M	3.5 8.0	12:01 12:00	12:02 12:01	12:02 12:01	12:04 12:03	2 MIN 2 MIN
	2V	13"	As profiled				
	3S 3V	3.5 13"	11:56 Same as profile	11:58	11:58	12:01	3 MIN
	4S 4V	4.0 12.0	11:50 Similar to profile	11:59	11:59	12:16	17 MIN lower matrix color golden

REMARKS holes NOT per PWT

TYPE OF SOIL CHESTER CLAY

TESTED BY S. Abel ALSO PRESENT Phil Andrews, C. Cissel

PLAT * 9652

WOOD COURT

50' R/W

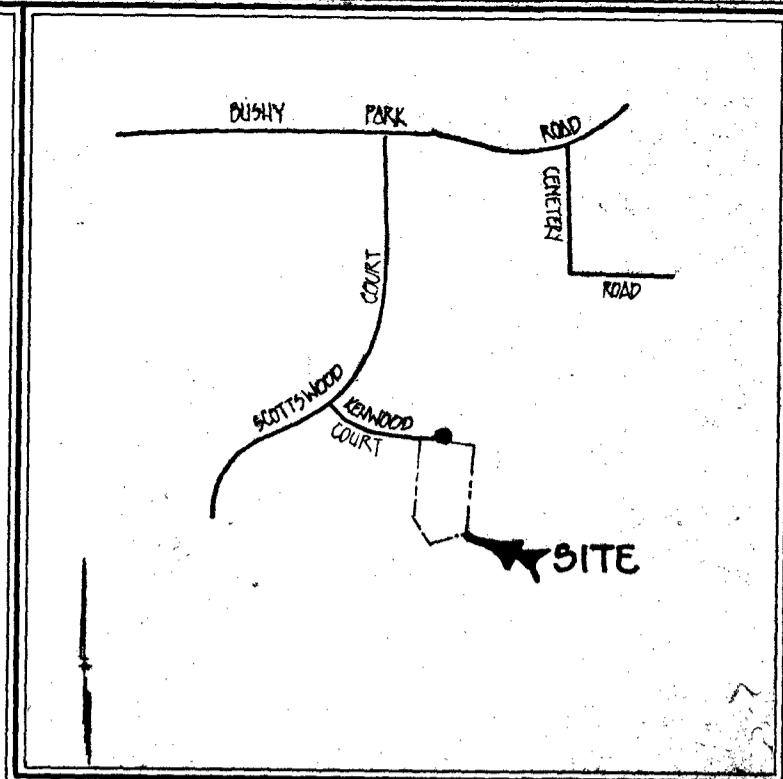
R=25.00'
L=21.03'

705°09'00" E 176.70'

R=50.00' L=74.42'

Approved Septic System Plan
Howard County Health Department

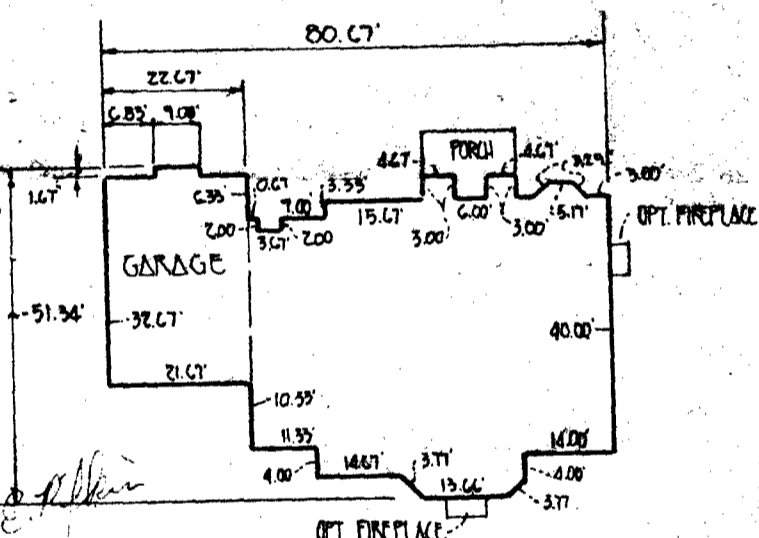
Mark E. Reffin
Signature 10/18/96
Date



VICINITY MAP
SCALE: 1"=120'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 548.90
B. BASEMENT ELEVATION: 550.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 548.50
D. INVERT IN AT SEPTIC TANK: 547.76
E. INVERT OUT AT SEPTIC TANK: 547.46
F. PROPOSED GRADE OVER SEPTIC TANK: 551.00
G. INVERT AT DISTRIBUTION BOX: 545.50
H. EXISTING GROUND OVER DISTRIBUTION BOX: 549.00
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. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



CULLISON RESIDENCE
NOT TO SCALE

LOT 45
3.535 AC.
PLAT 10534

10/18/96 Mark E. Reffin

EX. 25' WETLAND BUFFER

EX. 100' FLOODPLAIN
DRAINAGE / UTILITY EASEMENT
PLAT * 9652

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT COUNTRY SPRINGS LOT 45

TAX MAP 14	ZONING 'RR'	PARCEL 240
FOURTH ELECTRIC DIST.	HOWARD COUNTY, MARYLAND	
SCALE: 1" = 50'	DATE: SEPTEMBER 23, 1996	

KENWOOD COURT

R=25.00'
L=21.03'

R=50.00'
L=94.42'

S85°09'00"E 176.70'

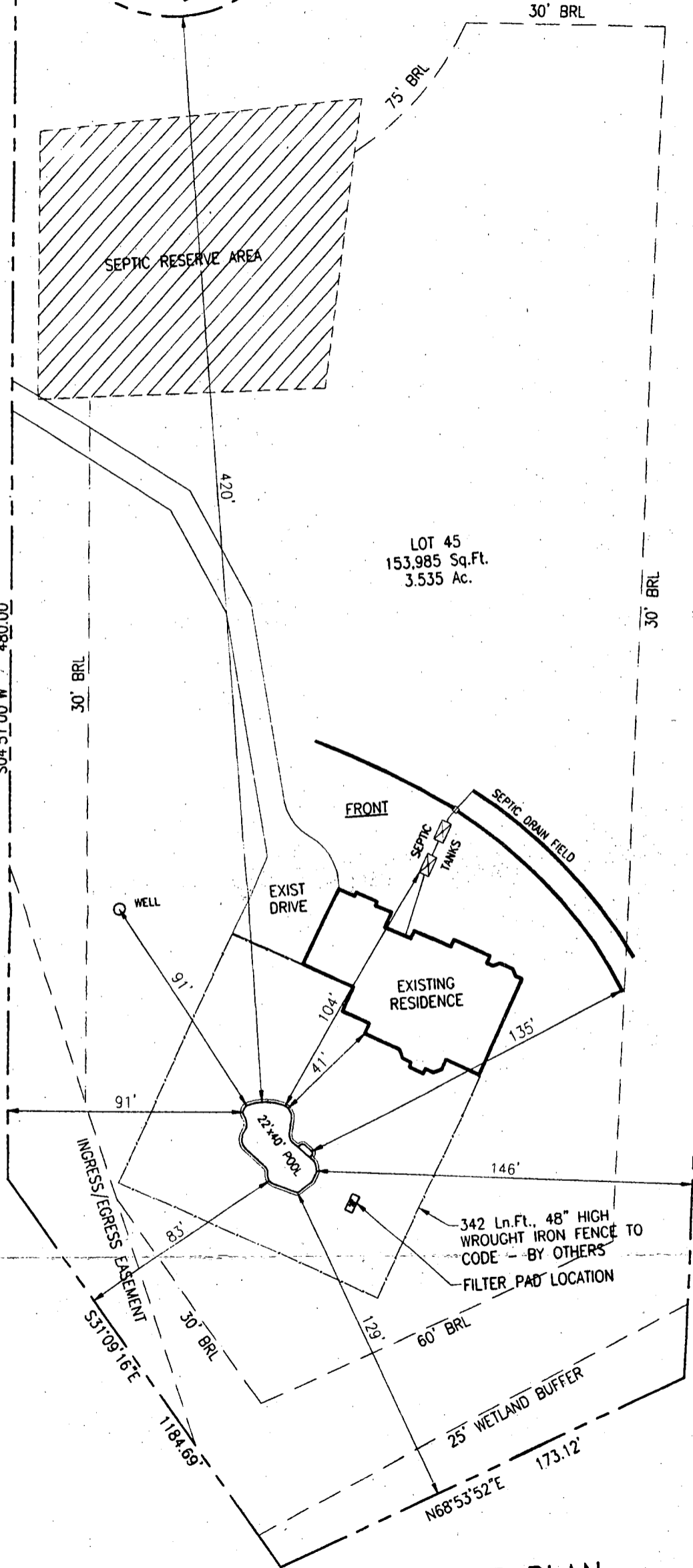
S04°51'00"W 480.00'

30' BRL

LOT 45
153,985 Sq.Ft.
3.535 Ac.

30' BRL

S06°03'27"W 553.77'



SITE PLAN
1" = 50'

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

1300139375

Building Address 15033 KENWOOD CT.
WOODBINE, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 10110 Subdivision COUNTRY SPRINGS
Section _____ Area _____ Lot 45
Tax Map 14 Parcel 240 Grid 3
Zoning R2050 Map Coordinates 7171 Lot size 3.535

Property Owner's Name JEFF LUCINDA PETERS
Address 15038 KENWOOD CT.
City WOODBINE State MD Zip Code 21797
Home Phone 410-489-2855 Work Phone 410-489-0400
Applicant's Name & Mailing Address, (if other than stated hereon):
JOHN KRAWCZYK
Phone 410-995-6600 Fax 301-621-3331

Existing Use SEW
Proposed Use SEW W/POU
Estimated Construction Cost \$ 25,000
Description of Work Install 22' x 40' wood frame in rear yard. POU TO BE FILTERED BY CURT. 4" x 4" mesh. POU TO BE ENCLOSED BY 4' HIGH FENCE TO CODE. POU TO BE BILLED BY TRUCK

Contractor Company MARYLAND POU'S INC
Contact Person JOHN KRAWCZYK
Address 9515 GREENWICH LANE
City COLUMBIA State MD Zip Code 21046
License No. 6-224
Phone 410-301-6711 Fax 410-301-6711

Occupant or Tenant OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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: <u>22' x 40' @</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>642 sq ft</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: <u>3' x 6' over</u> Footings: _____ Roof: _____	

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 THERETO; (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

John E. Krawczyk
Print Name

Title/Company

Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>11/14/02</u>	<u>Mark Kiffin</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

C1 5978

SEQUENCE NO. (DENV 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 A# 42485

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

050995

050495

2260 (TO NEAREST FOOT)

H0-94-0301

OWNER MARSHALL TED STREET OR RFD KENWOOD COURT TOWN GLENWOOD SUBDIVISION COUNTRY SPRINGS SECTION LOT 45

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand (0-80), GRAY Mica Rock (80-260).

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 27 NO. OF POUNDS 2538 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 7.5 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST 6 85 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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 BRONZE OPEN HOLE PL PLASTIC OT OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED yes (Y) no (N)

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 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. 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) H0 82 260 E A C H S C R E E N 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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 70 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 103 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) LAND SURFACE 3 (nearest foot)

