

3/13/00
ASAP

Tax ID - 05-415705

3/13/00 Needs pump performance 30

3/16/00
6:00 P.M.
9/7/00
2:00 P.M. PUMP INDEXED
9/11/00 Pump Test After Wexford

PERMIT

P 513301
A 46500

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

ISSUE DATE 3/6/2000
APPROVAL DATE 9/11/00

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Linden Subdivision LOT NUMBER 5 ADDRESS 12796 Linden Church Road

PROPERTY OWNER James T. Kaberle PROPERTY OWNER'S ADDRESS 3341 Granite Road

SEPTIC TANK CAPACITY 1250 GALLONS Woodstock, MD 21163

PUMP CHAMBER CAPACITY 1250 GALLONS ****A top seamed pump chamber is required.****

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES: Trenches to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting from the intersection of the 116.00' and 494.83' lot lines, place the distribution box 175' down the 494.83' lot line and 105' off this same lot line. Run trenches on contour toward right side of lot.

Maintain a minimum of 100' separation distance between the well and all parts of the septic system. 3/13/00 O.K. (B)

PLANS APPROVED Ronald J. Pinkley DATE 3-3-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BLDG. PERMITS SIGNED AND RETURNED 6/9/00
BO0124497 Propane Tank

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 46500

APPLICATION

Lot 5

PERCOLATION TESTING

A 46200
P _____

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

DISTRICT _____
DATE 10-19-90
9-28-90

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 Robert White

ADDRESS 403 N. Fillmore St. - Arlington, Va. PHONE 1-708-243-2742

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Linden Subdivision, Lots 3-5 LOT NO. 5

ROAD AND DESCRIPTION Linden Church Road, Approx. 2200' East of Intersection
of Twelve Hills Road

TAX MAP 28 PARCEL # 293

SIZE OF LOT 3.0 Acres TYPE BLDG. S.F.D.
(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.

Robert White
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT-PERC OK MR 11/1/90

THIS IS NOT A PERMIT

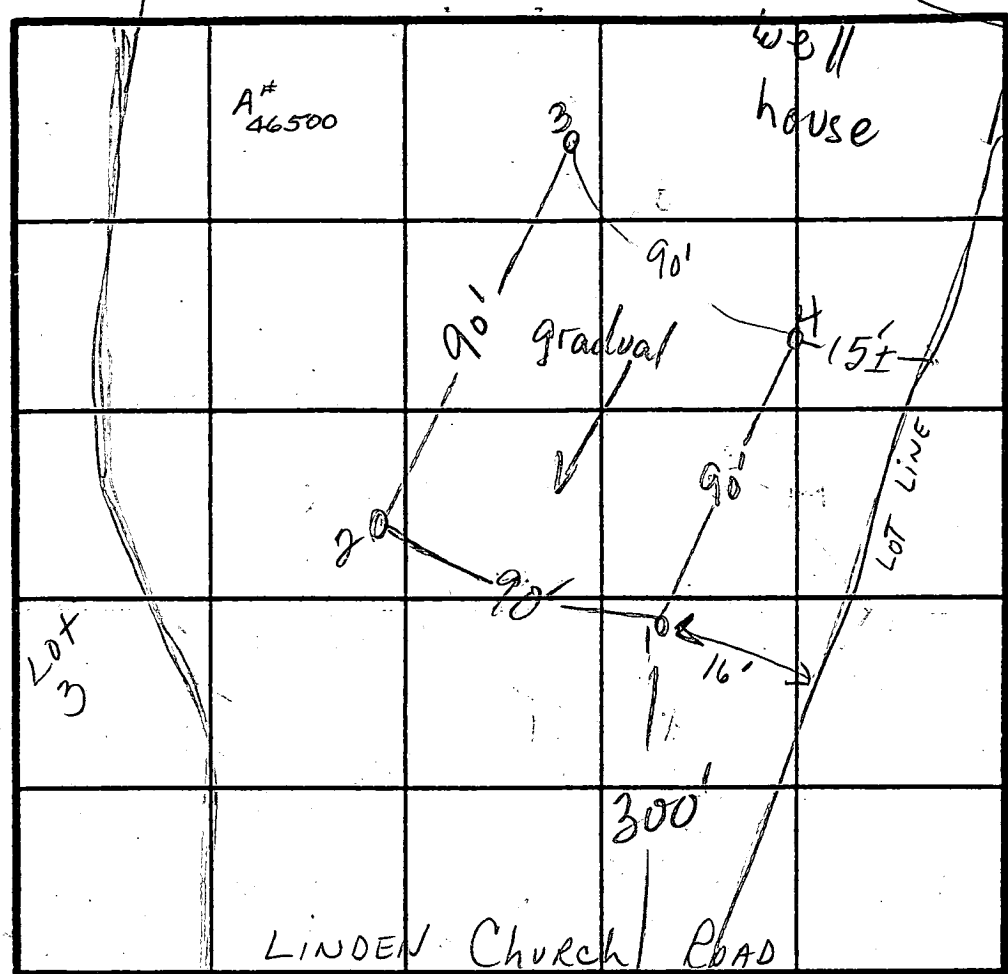
Lot 5
A# 46500

Hole # 1 x # 2
3 x # 4
SOIL PROFILE

0-3' } Brown
orange
HARD
CLAY LOAM

5' } yel. 95%
hard
Silt loam
some sm.
Fraggs

11-12 1/2' } pink red
pinkish
mica fine
SILT
LOAM
some yellow



210 BR
 $\bar{x} = 9$
4 1/2 In
8 1/2 Bot

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
10-31-90	#1 M	7	10:49	10:51	10:51	10:54	3 min	POURED B. OF PEG	
	#1 S	4	10:54	11:01	11:01	11:13	12 min		
	1 V	11 1/2	see profile						
	2 S	4	11:33	11:41	11:41	12:11	30 min EST	POURED B. OF PEG	
	2 V	13	see profile						
	3 S	5'	3:06	3:07	3:07	3:10	4 min	TIP	
	3 V	11 1/2	see profile						
	4 S	4 1/2	2:53	2:54	2:54	2:56	2 min	Bot of Peg	
	4 M	5 1/2	2:54	2:56	2:56	2:59	3 min		
	4 V	12 1/2	SEE PROFILE 5-10% FRAGS						

REMARKS: Holes ^{NOT} dug per plot in dense woods/underbrush; Expand slightly to 10 KPA

TYPE OF SOIL: _____

TESTED BY: JBG-rme

ALSO PRESENT: ENGR. OWNERS BACKHOE OPERATOR

LOT 4

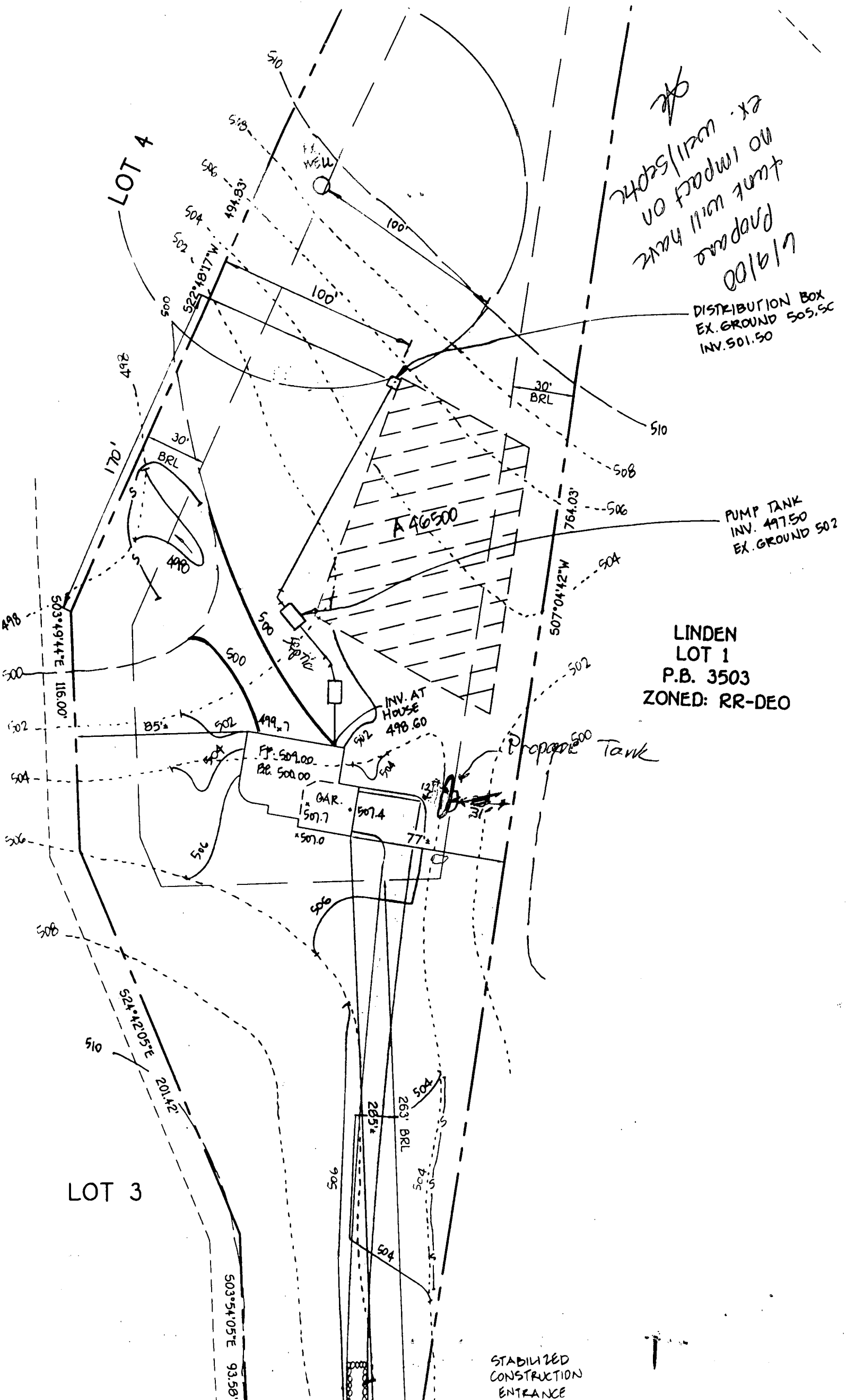
*ex. wall/septic
no impact on
pump tank
6/19/00*

DISTRIBUTION BOX
EX. GROUND 505.50
INV. 501.50

PUMP TANK
INV. 497.50
EX. GROUND 502

LINDEN
LOT 1
P.B. 3503
ZONED: RR-DEO

STABILIZED
CONSTRUCTION
ENTRANCE



PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

LOT 5

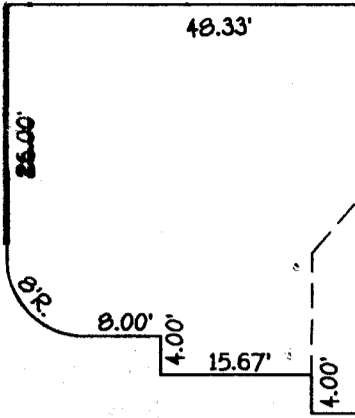
LINDEN SUBDIVISION
LOTS 3-5

TAX MAP No: 28 PARCEL: 293
FIFTH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: JANUARY, 2000

PLAT 10761

BASSLERS INC.
L. 516 F.736
ZONED: RC-DEO

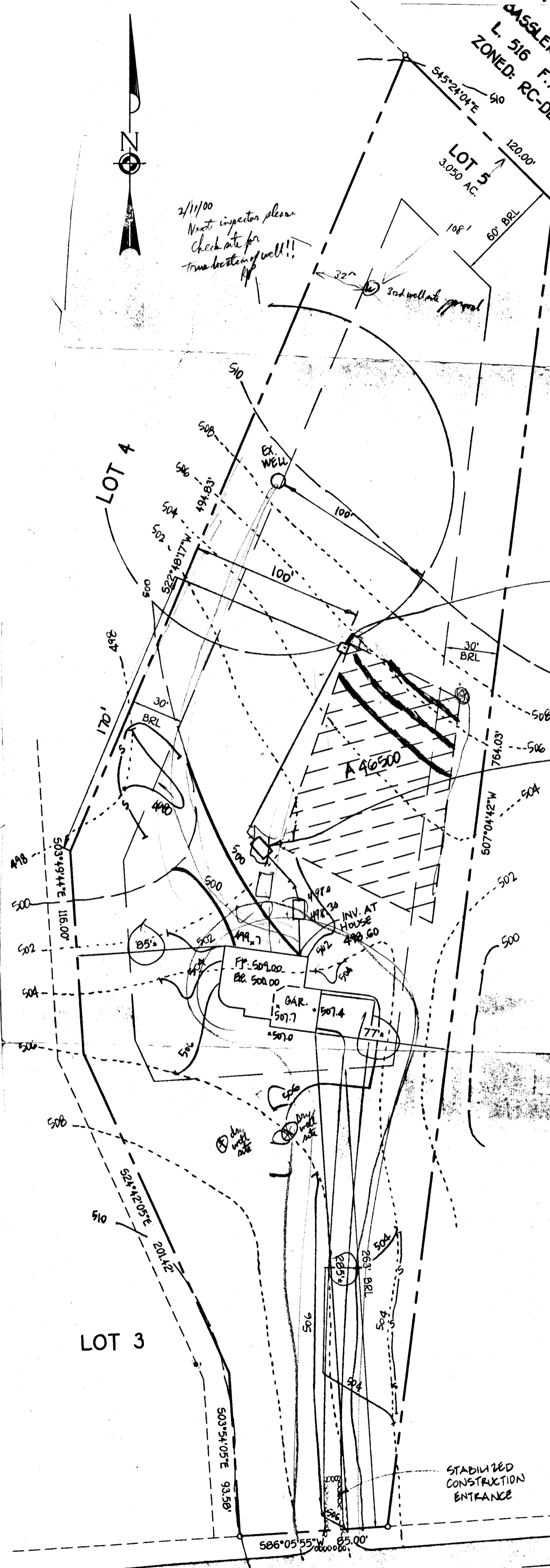
LOT 5
3.050 AC.



FOOTPRINT
SCALE: 1"=20'



2/11/00
Nest inspector please
check site for
true location of well!!



Total linear feet of trench
required 210 feet

Width of trench(es) 2 feet

Depth of trench(es) 8 1/2 feet

Depth of stone required below
distribution pipe 4 feet

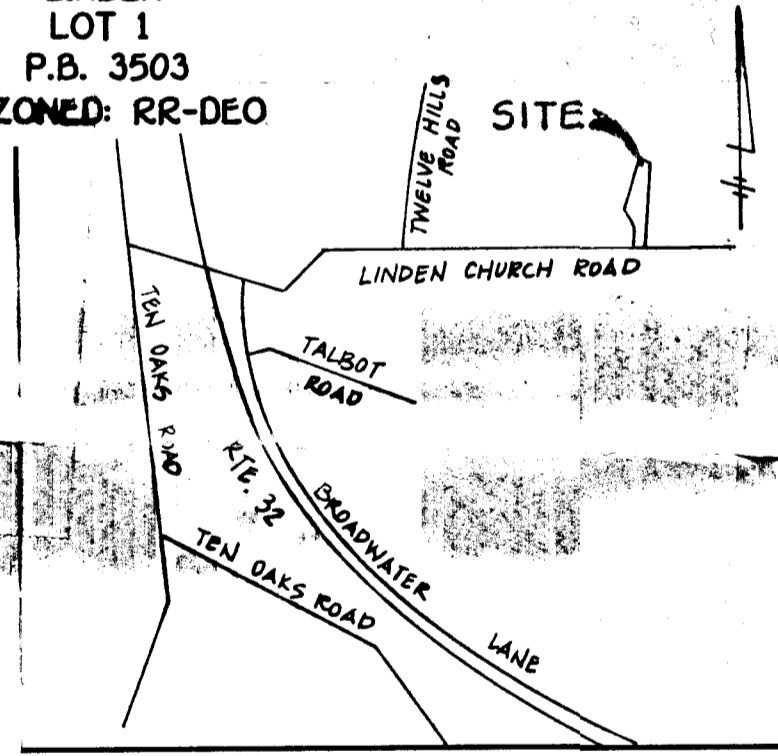
DISTRIBUTION BOX
EX. GROUND 505.50
INV. 501.50

Approved Septic System Plan
Howard County Health Department

Small Print
Signature _____ Date 2/11/00

PUMP TANK
INV. 497.50
EX. GROUND 502.00

LINDEN
LOT 1
P.B. 3503
ZONED: RR-DEO



VICINITY MAP
SCALE: 1"=1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
 - A. FIRST FLOOR ELEVATION 509.00
 - B. BASEMENT ELEVATION 504.00
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE 498.60
 - D. INVERT IN AT SEPTIC TANK 498.30
 - E. INVERT OUT AT SEPTIC TANK 498.00
 - F. PROPOSED GRADE OVER SEPTIC TANK 501.00
 - G. INVERT AT DISTRIBUTION BOX 501.50
 - H. EXISTING GROUND OVER DISTRIBUTION BOX 505.50
3. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
4. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION

STABILIZED
CONSTRUCTION
ENTRANCE



LINDEN CHURCH ROAD

OWNER
JIM AND KATHY KABERLE
3341 GRANITE ROAD
WOODSTOCK, MARYLAND 21163

B 1 9276

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-2354 fill in this form completely

Date Received (APA)

07 01 99

OWNER INFORMATION

Kabark Jim 922-1141

3341 Granite Road

Woodstock MD 21163

B 3 LOCATION OF WELL

Howard COUNTY

LINDEN SUBDIVISION

SECTION 44 46 LOT 5 48 50

Clarksville NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

Paul M. Fabiszak M D 3 9 9 Driller's Name License No.

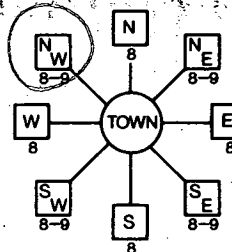
G. Edgar Hann Sons Corp Firm Name

12047 Falls Rd Cockeysville 21030 Address

Signature Date 6/30/99

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linden Church Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 209 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 18 PARCEL 293

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A46500 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 073099 Mark E. Riffin 7/30/00

NORTH GRID 509 000 EAST GRID 0812 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 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
other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

PERMIT No. 40-94-2354

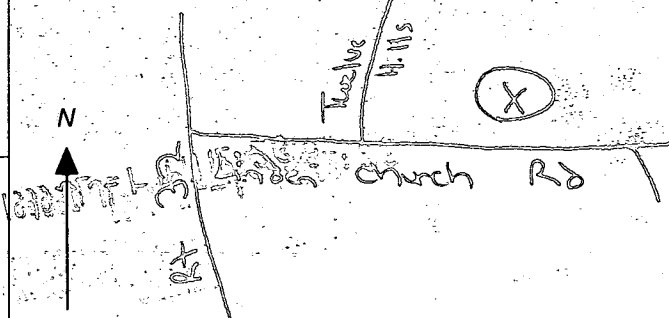
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 812 N 509

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 06675 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 46500

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 08 25 99

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2354

OWNER Kabeerke Linden Church TOWN Clarksville SUBDIVISION LINDEN SECTION LOT 5

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 160'.

GROUTING RECORD Form with fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth of main casing.

OTHER CASING (if used) Form with fields for diameter, depth.

SCREEN RECORD Form with fields for screen type or open hole (ST, BR, HO, PL, OT).

PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO. M D 399 DRILLERS SIGNATURE Thomas McElroy

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

DEPTH (nearest ft.) Table with columns for depth intervals (1-11, 15-17, 21-23, 26-30, 32-38, 41-45, 47-51) and rows for casing diameter and slot size.

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

PUMP INSTALLED Form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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)