

4/24/96  
2-4

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-331761

P 50929

A 50820

DISTRICT 4

DATE 10/16/95

#### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

DATE SYSTEM APPROVED 4/23/96

INSPECTOR *[Signature]*

(sink)

### INDEXED

Bernard A. Duplan

IS PERMITTED TO INSTALL  ALTER

ADDRESS 3316 Hipsley Mill Road, Woodbine, MD 21797 PHONE 442-2444

SUBDIVISION Duplan Property LOT ROAD 3211 Jones Road

PROPERTY OWNER Bernard A. & Olga L. Duplan

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS \*Invert out of house is required to "have 18" minimum cover\*

NUMBER OF BEDROOMS 3 \*CALL FOR SEPTIC LAYOUT INSPECTION PRIOR TO INSTALLATION\*

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

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 - Place distribution box 230 feet up the left (657.87) lot line and 90 feet off that same lot line as seen when facing the lot from Jones Road. Run trenches on 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-10/30/95 [Signature]*

PLANS APPROVED BY Amy McMillen *[Signature]* DATE 10/16/95

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

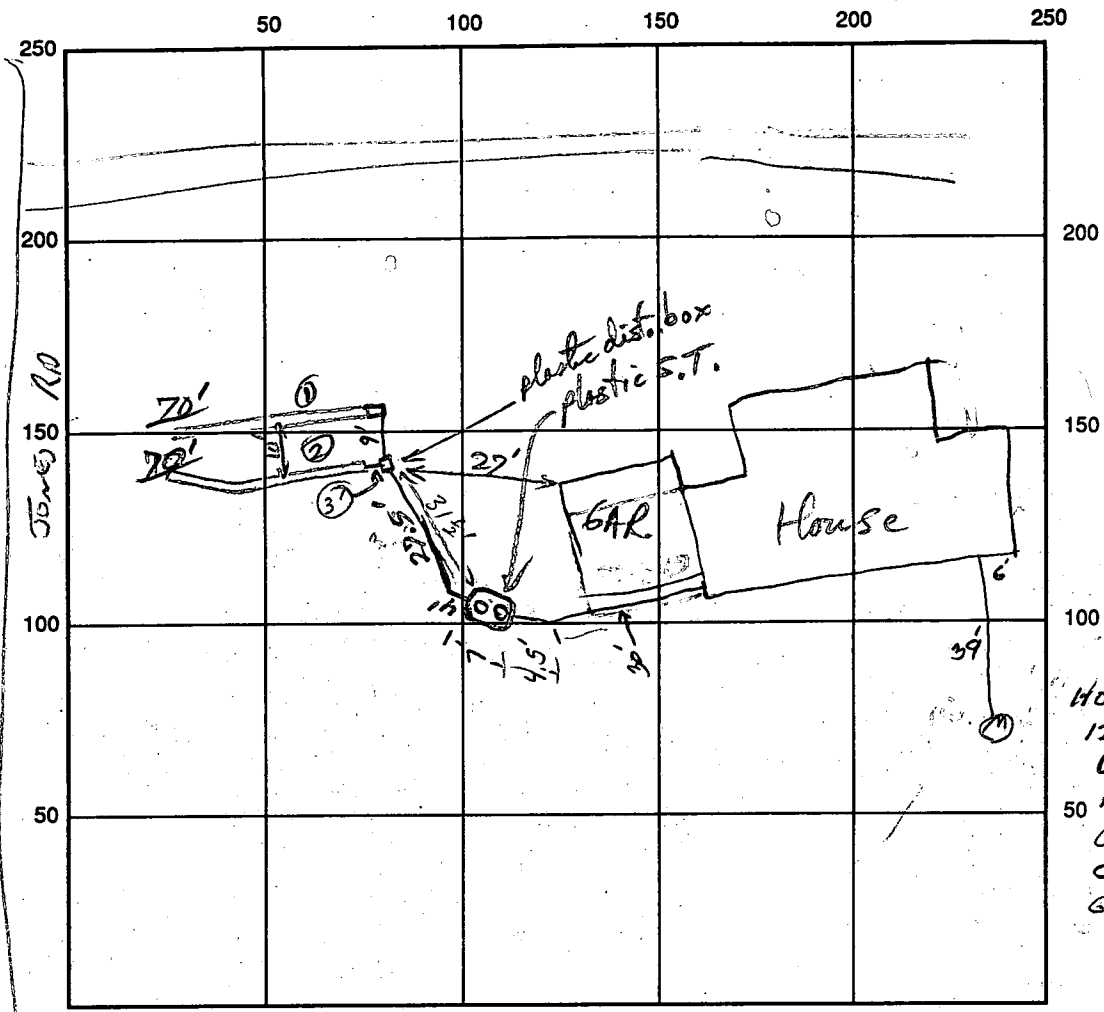
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*Add On - Garage*  
**BLDG. PERMIT SIGNED**  
**AND RETURNED 11-9-95**  
*Serial # 62495*

A 50820



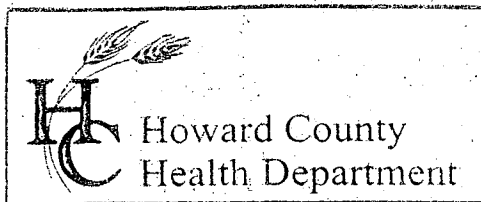
No 940682  
 12/18/95  
 WPI  
 PITES ADAPTER  
 OK, 4' DEEP  
 CASING 12' ABOVE  
 GRADE. *ll*

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000gal plastic S.T. CLEANOUTS Manhole covers at both ends of ST. OK ✓  
 DISTRIBUTION BOX LEVEL 6" level - open pipes  
 DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.  
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 70/70 FT.  
 NUMBER OF TRENCHES 2 Total ONE SIDEWALL/BOTTOM AREA 560 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 11-21-95 OWNER PROPOSED USING NORWEGIAN POLYETHYLENE SEPTIC TANK  
PRE-APPROVED BY ROBERT SHEESLEY (CONS. ENGR. HEALTH DEPTORS) 12-4-84. ll  
11-21-95 owner may place distribution box CLOSER TO HOUSE than 2' 70'  
TRENCHES as contour. PRELIMINARY LAYOUT OK, OWNER WILL CALL FOR INFO  
AFTER TANK IS SET. ll 12/18/95 POLY TANK SET, LAYOUT OK  
Trench mostly gravel filled & piped, last 10ft open to bottom. OK to finish gravel filling then covers. ll

DATE SYSTEM APPROVED 4/24/96 INSPECTOR [Signature]



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 6, 2003

Bernard Duplan  
3211 Jones Road  
Woodbine, MD 21797

RE: **Replacement Well Issues**  
3211 Jones Road  
Well Permit #: HO-94-3519

Dear Mr. Duplan:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form and submit it to this office via fax or mail once the pump is placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

This office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

*Steven R. Krieg*  
Steven R. Krieg  
Registered Environmental Sanitarian  
Well & Septic Program

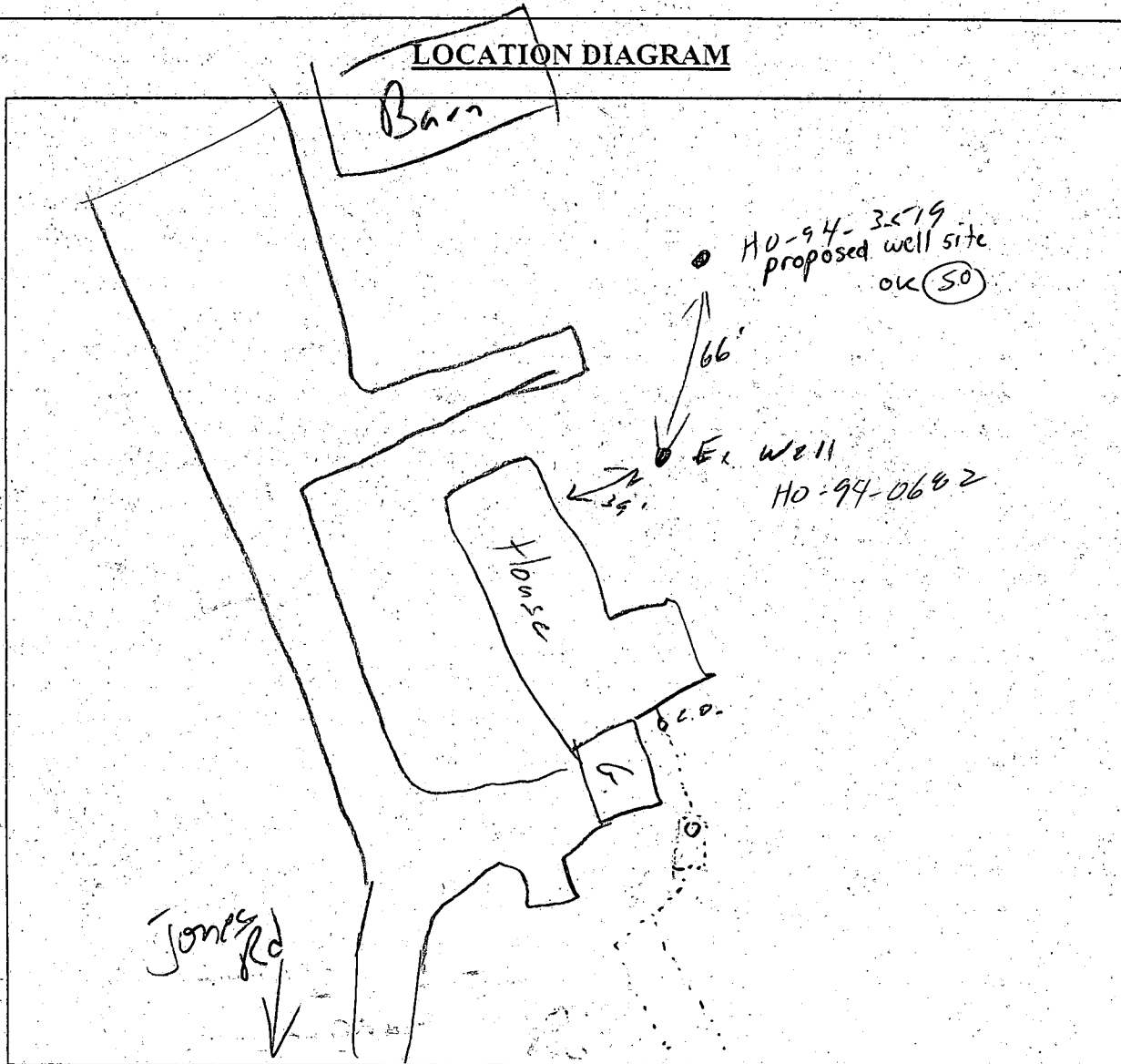
Enclosure

cc: Community Environmental Health Program  
File ✓

SITE INSPECTION SHEET

OWNER: Bernard Duplan PHONE #: \_\_\_\_\_  
ADDRESS: 3211 Jones Rd CONTRACTOR: \_\_\_\_\_  
WELL TAG #: New HO-94-3529  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Low Flow

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: 10/9/02 INSPECTOR: (Signature)

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 94 - 3579  
Site Address: 3211 Jones Rd

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

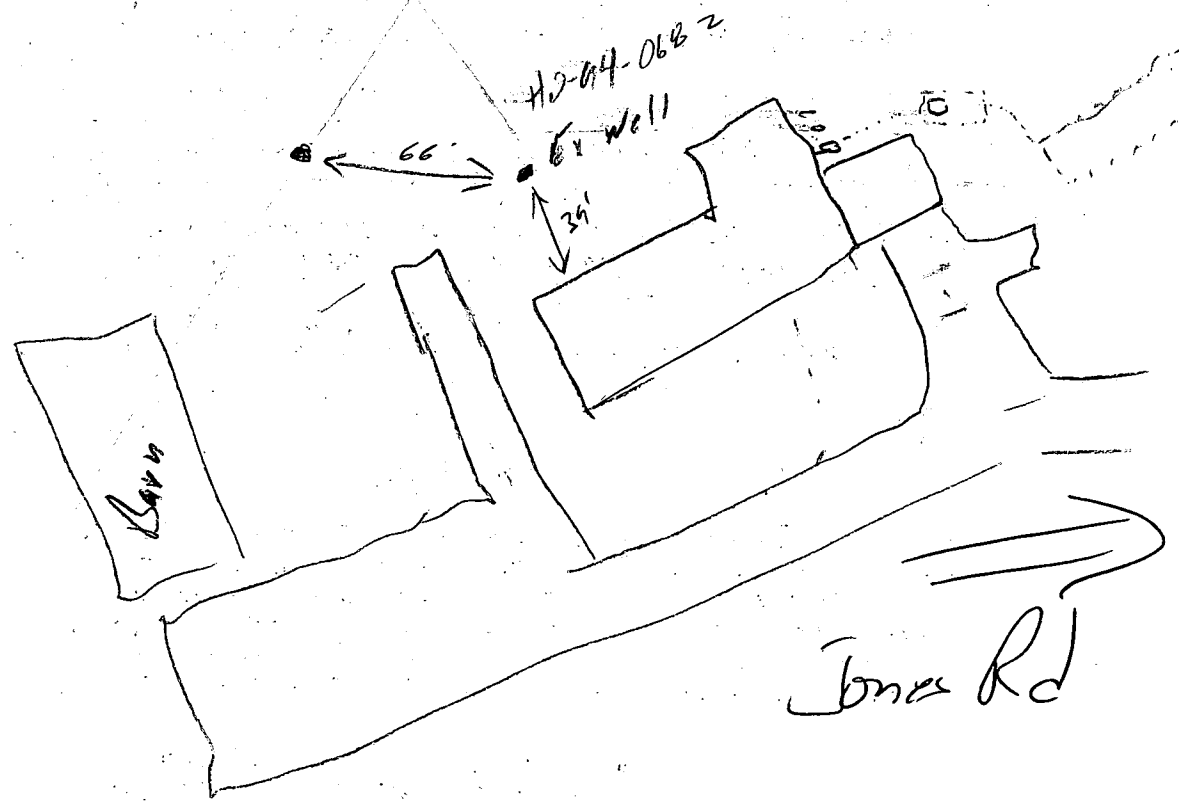
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/22/02 (50)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

- Connected to ex. well line

10/9/02  
11:45

# Repl. Well Site Insp

3211 Jones Rd



C1 14270 SEQUENCE NO. (MDE USE ONLY)

STATE OF MICHIGAN 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 150820

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 10 10 82

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-24-3519

OWNER Duplan Bernard STREET OR RFD 3211 Jones Rd TOWN Daisy SUBDIVISION SECTION LOT Map 13, P. 286

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER, CERTIFICATION statement.

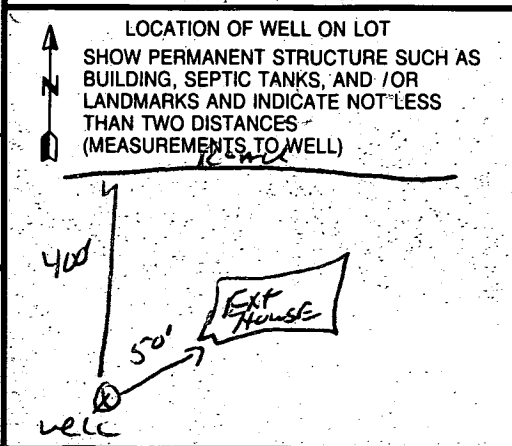
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-36, 38-51, 53-66).

DRILLERS LIC. NO., DRILLERS SIGNATURE, SITE SUPERVISOR fields.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1	<b>2442</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>517953</b>	STATE PERMIT NUMBER <b>HO-94-3519</b> <small>fill in this form completely</small>
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Date Received (APA) **10 09 02**

**OWNER INFORMATION**

8 MM DD YY 13  
**Duplaw Bernard**

15 Last Name Owner First Name 34

36 **3211 JONES Rd**  
Street or RFD 55

57 **WOODBINE MO. 21797**  
Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 **Howard**

8 COUNTY **NA** 21

23 SUBDIVISION **K27** 42

SECTION **DAISY** LOT **4**

44 46 48 50

52 NEAREST TOWN **DAISY** 71

MILES FROM TOWN (enter 0 if in town) **4** M I  
73 76 77 78

**DRILLER INFORMATION**

**Ralph E. MAYWE MSD 117**

Driller's Name 76 License No. 81

**Ralph E. MAYWE Well Drilling**

Firm Name

**17024 Handy Rd, Mt Airy MO, 21771**

Address

**Ralph E. Maywe**

Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1 2

W N W N E W E S E S

8 8 8 8 8 8 8 8

**TOWN**

11- NEAR WHAT ROAD **JONES Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N  
WEST W  
EAST E  
SOUTH S

34 **400** 37

DISTANCE FROM ROAD **4**  
ENTER FT OR MI 38 39

TAX MAP: **13** BLK: **22** PARCEL **286**

**WELL INFORMATION**

1 2

APPROX. PUMPING RATE **5**  
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **500**  
(GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard** COUNTY NAME **A 50820** COUNTY NO.

STATE SIGNATURE

DATE ISSUED **10 09 02** **Mark E. Ripkin** 10/9/02

43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID **529** 0 0 0 EAST GRID **0773** 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30  AIR-ROTARY  AIR-PERCUSsion  ROTARY (Hydraulic Rotary)

37  CABLE  REVERSE-ROTARY  DRIVE-POINT

other \_\_\_\_\_

**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

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 **HO-94-0682** 52

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

APPROP. PERMIT NUMBER **G**

PERMIT No. **HO-94-3519**  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

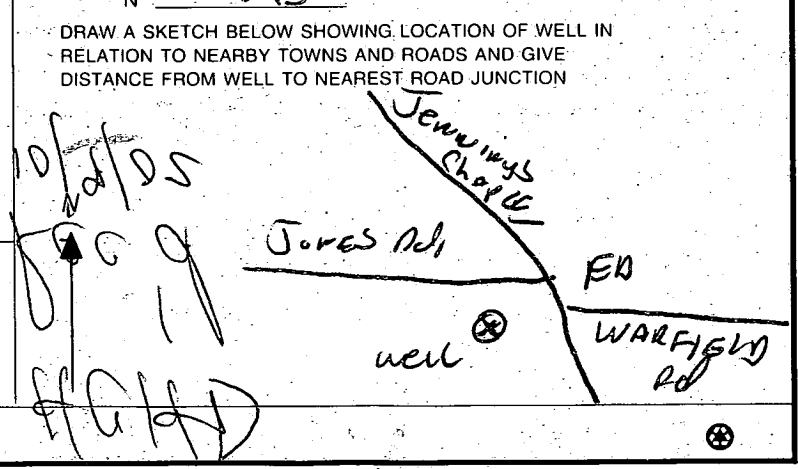
1. **well**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **52029** 000  
N **07703** 000



**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

2840 SEQUENCE NO. (MDE 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 13-150820

ST/CO USE ONLY DATE Received 10/16/95 DATE WELL COMPLETED 10/1/95 Depth of Well 400 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0682

OWNER Duplan Bernard STREET OR RFD 2211 Jones Rd TOWN FREDERICKSON WOODBINE SUBDIVISION Duplan Property SECTION LOT

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	
red Clay	2	6	
brown shale	6	25	
Sand Stone	25	80	
Shale Mixed	80	90	
Mica	90	100	
Sand Stone	100	115	
Mica	115	130	✓
Sand Stone	130	225	
Mica	225	226	✓
Flint	226	330	
Mica	330	331	✓
Flint	331	400	
Mica			

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)  
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 26 NO. OF POUNDS 2600  
 GALLONS OF WATER 130  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 76 ft.

CASING RECORD  
 casing types insert appropriate code below  
 MAIN CASING TYPE: ST (STEEL), PL (PLASTIC), CO (CONCRETE), OT (OTHER)  
 Nominal diameter top (main) casing (nearest inch): 6  
 Total depth of main casing (nearest foot): 105

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

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

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 110  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 410 ft. WHEN PUMPING 123 ft.  
 TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED  
 DRILLER WILL INSTALL PUMP (YES) YES (NO) NO  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)  
 PUMP HORSE POWER  
 PUMP COLUMN LENGTH (nearest ft.)  
 CASING HEIGHT (circle appropriate box and enter casing height) 2 (below) LAND SURFACE (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS:  
 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

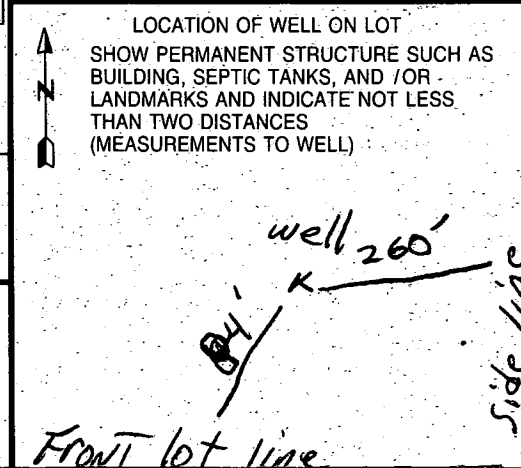
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD 40  
 DRILLERS LIC. NO. 40  
 DRILLERS SIGNATURE: George J. Esterlony  
 LIC. NO. MWD 501  
 SITE SUPERVISOR SIGNATURE: Charles R. Latta

DEPTH (nearest ft.)  
 A C H S C R E E N  
 1 2 3  
 H 0 1 0 3 4 0 0  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN 56 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)  
 W Q 74 75 76





8/16/95  
10/00

# APPLICATION

PERCOLATION TESTING

A 50820

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

*problem OK  
EXISTING RECORDS LOT.  
(CW)*

DISTRICT \_\_\_\_\_

DATE 8-7-95

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER BERNARD A. DUPLAN

ADDRESS 3316 HIPSLEY MILL ROAD (2/77) PHONE (410) 442-2444

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION ON JONES ROAD: 516' FROM JENNING CHAPEL ROAD

TAX MAP 711/475 PARCEL # \_\_\_\_\_

*Serial # 62225*  
BLDG. PERMIT SIGNED  
AND RETURNED 10-24-95

SIZE OF LOT 3.0 ACRES TYPE BLDG. SINGLE FAMILY DWELLING 3 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.

*Jeanne DuPlan*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

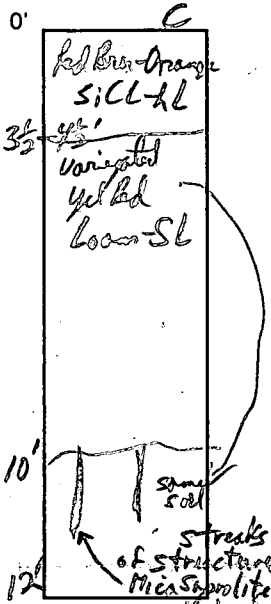
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

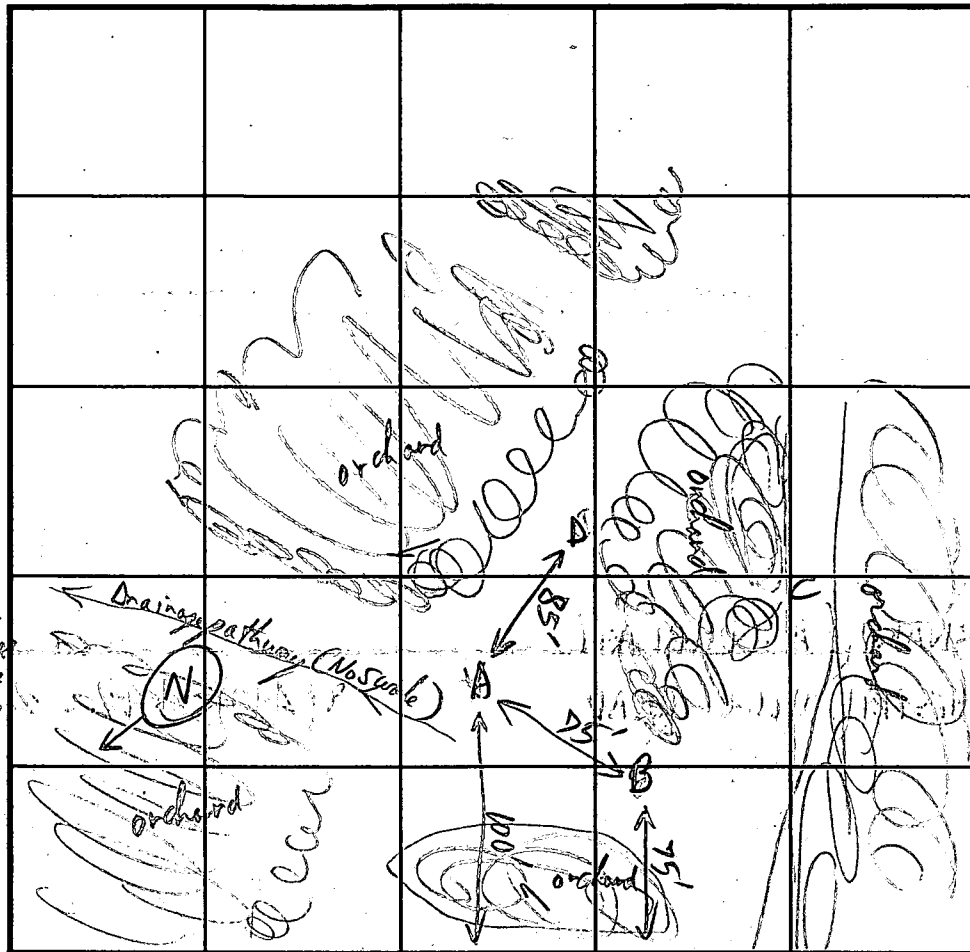
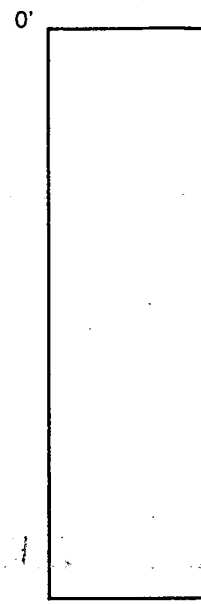
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

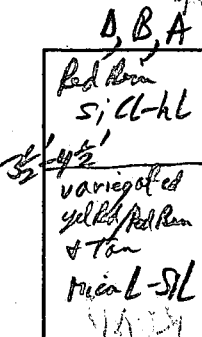
SOIL PROFILE



SOIL PROFILE



Jones Rd INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



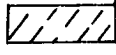
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/16/95	A	5'	11:30:00	11:32:00	11:32:00	11:36:00	4 min
		1/12'					
	B	4'	11:40:00	11:41:40	11:41:40	11:44:50	3 min
		1/12'					
	C	4'	12:20:30	12:22:30	12:23:00	12:27:00	4 min
		1/12'					
	D	4'	11:51:00	11:53:30	11:53:30	11:58:00	4 1/2 min
		1/12'					

REMARKS Uniform soils throughout - 12 ft was deepest owner's backhoe could dig  
 TYPE OF SOIL Soil Dry - OK below 3 1/2 ft  
 TESTED BY R. R. [Signature] ALSO PRESENT  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 2'  
 INLET DEPTH 1/2' MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 180

APPROVED FOR PRIVATE WATER & SEWAGE SYSTEMS.

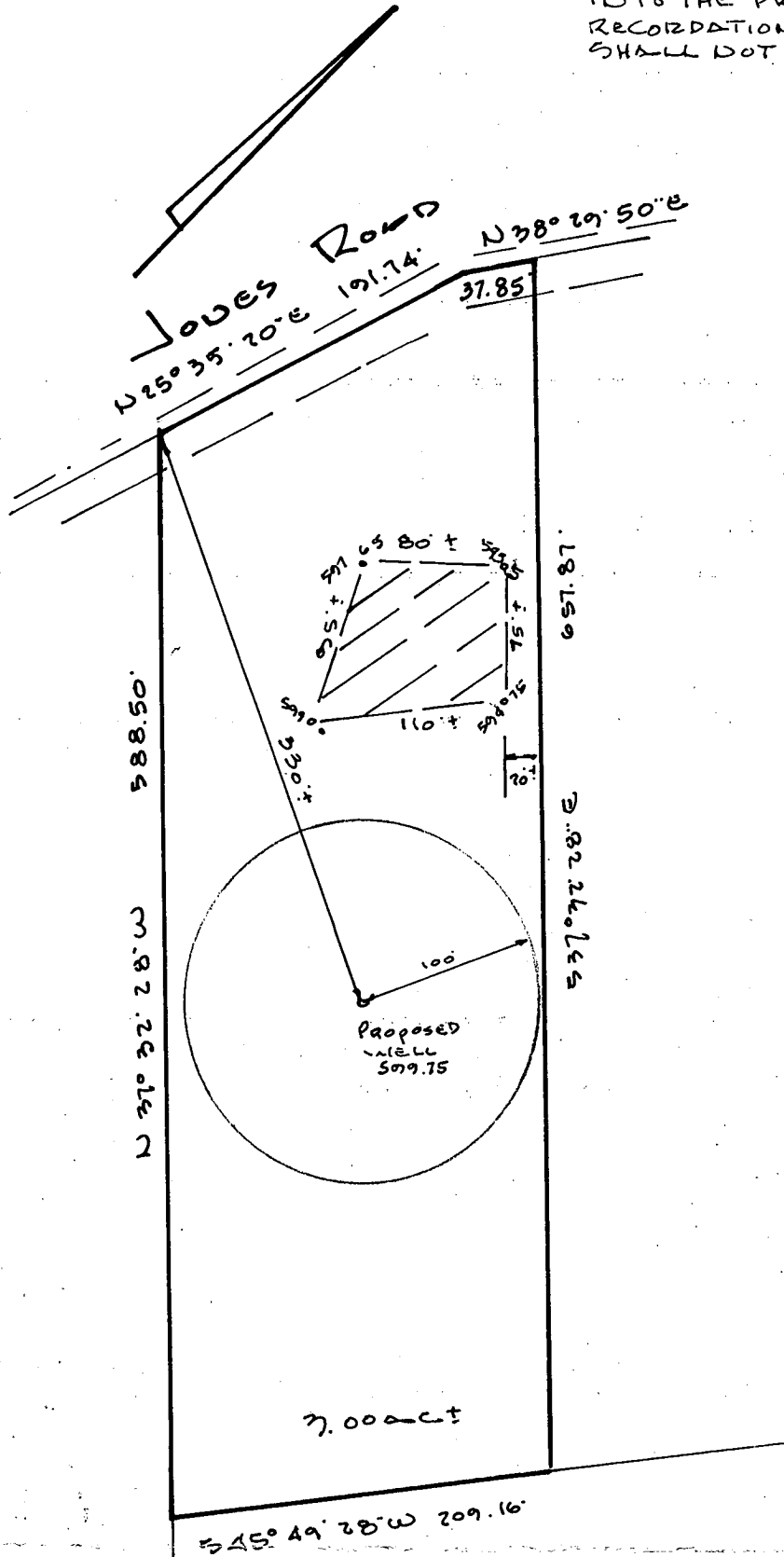
HOWARD COUNTY, MARYLAND

*J. J. Blair* 9-27-98  
COUNTY HEALTH OFFICER / DATE

 THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.

SUBJECT PROPERTY ZONED 'R' PER 9-18-92 COMPREHENSIVE ZONING PLAN.

THIS PLAT IS BASED ON FIELD RUN MONUMENTED BOUNDARY SURVEY PERFORMED ON OR ABOUT JAN. 28, 1975 BY CLAUDE SKINNER & ASSOC. OR OR ABOUT SEPT. 9, 1980 BY HUDKINS ASSOCIATES.

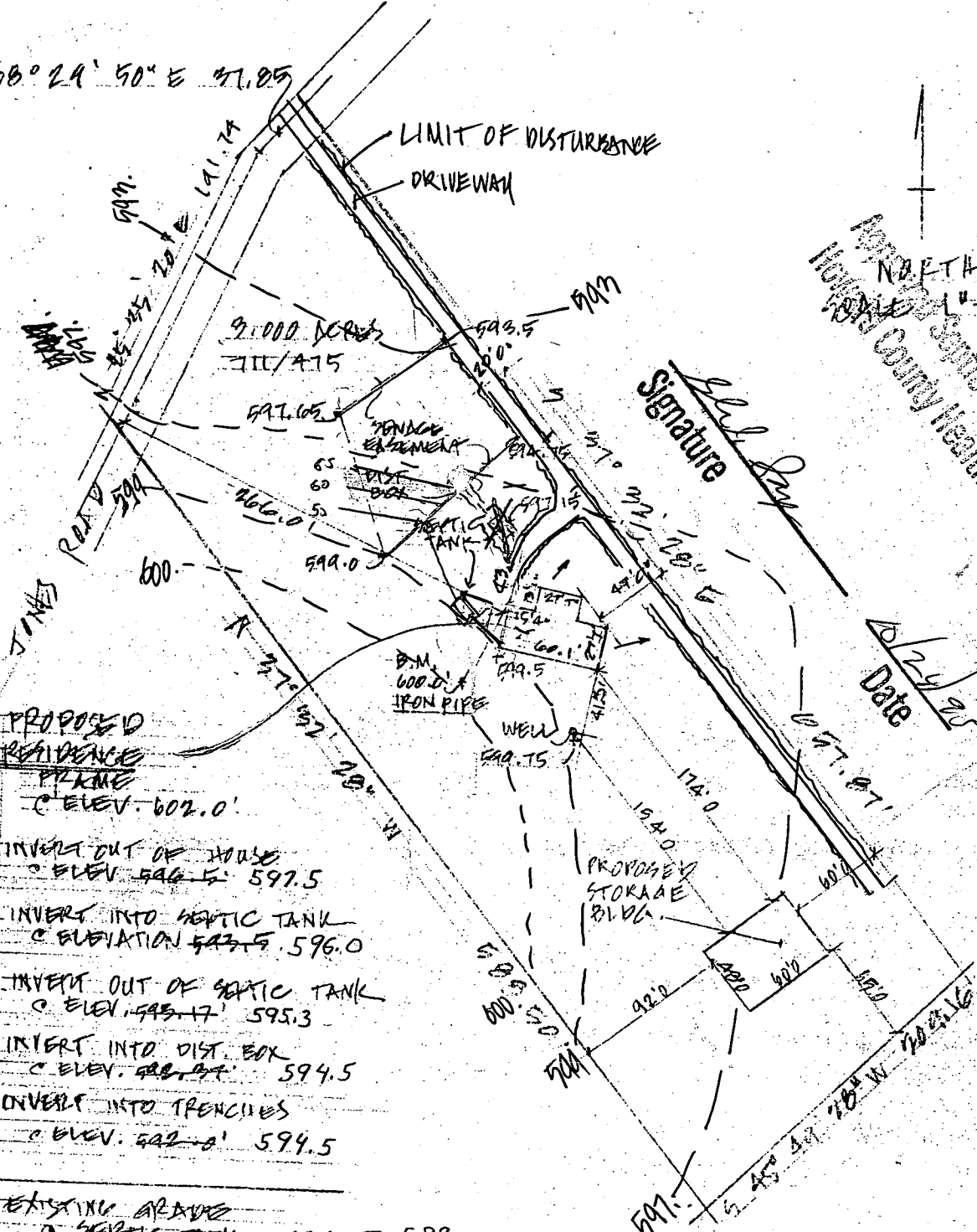


BERNARD A. DUPLAN PROPERTY NURSERY & OFFICE  
7716 HIPSLEY MILL ROAD  
WOODBINE, MD 21797

L.D.E. INC.  
9250 RUMSEY ROAD SUITE 100  
COLUMBIA, MD 21045  
410-715-1070

442-2444

N 38° 29' 50" E 97.85



NORTH  
 100' 0"  
 Proposed Septic System Plan  
 Howard County Health Department

Signature *[Handwritten Signature]*

Date 12/22/2015

- PROPOSED RESIDENCE PLANE  
 ○ ELEV. 602.0'
- INVERT OUT OF HOUSE  
 ○ ELEV. 597.5
- INVERT INTO SEPTIC TANK  
 ○ ELEVATION 596.0
- INVERT OUT OF SEPTIC TANK  
 ○ ELEV. 595.3
- INVERT INTO DIST. BOX  
 ○ ELEV. 594.5
- INVERT INTO TRENCHES  
 ○ ELEV. 594.5

- EXISTING GRADES
- SEPTIC TANK = 597.15 599
- DISTRIBUTION BOX = 597.0 598
- TRENCHES = 599.0 DOWN TO 593.5
- WELL = 599.75 599.0
- LENGTH OF TRENCH TO BE DETERMINED  
 CHANGES TO SPECS AGREED TO BY OWNER

OWNER PROPERTY -  
 3211 JONES ROAD  
 TAX MAP - 13  
 BLOCK - 22  
 PARCEL - 286

