

6/27/94
12 PM
6/28/94
40.3.00
6/29/94
1:00 PM

(Notes 4:00)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

286126

W. D. ...
6/28/94

6/27 P.C.O. CHD

P 57089B

A 49803

DISTRICT 3rd

DATE 6/14/94

DATE SYSTEM APPROVED 6/29/94

INSPECTOR C. B. ...

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Kingston LOT (7) ROAD 3581 Katashley Court

PROPERTY OWNER Arthur & Susan Walker *Son Bldg. Permit.*

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

OK TO CONTINUE
Notes
6/27/94 @ 12:00-12:30
CHD

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the left (223') lot line and 55 feet from the rear (245') lot line. Run trenches along contour toward rear of property.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/20/94 DKS

PLANS APPROVED BY C. Williams DATE 3/28/94

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**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

5/17/01
B00130265-pool

A 5008913

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 13376

P _____

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 12-8-67

Preliminary

Septic Tank - 1000

Dry Well - 300 sq. ft. absorbent sidewall area below the first 4 ft. of original grade. ~~Also depth~~ Max. depth permitted for Dry Well is 10 ft. below org. grade.

Place Dry Well 67 ft. from front lot line and 95 ft. from left lot line as seen when facing lot from KATASHLEY COURT.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER James W. King, Sr. - Arthur & Susan Walker

ADDRESS 304 Freetown Road PHONE 286-2757

PROPERTY LOCATION:

SUBDIVISION Kingston (J. W. King) LOT NO. 7A sec 2

ROAD AND DESCRIPTION Tridelphia Road 3581 KATASHLEY COURT
Glenelg, Maryland

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

SIZE OF LOT 250 x 210 1 Acre TYPE BLDG. 3 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT James W. King Sr.

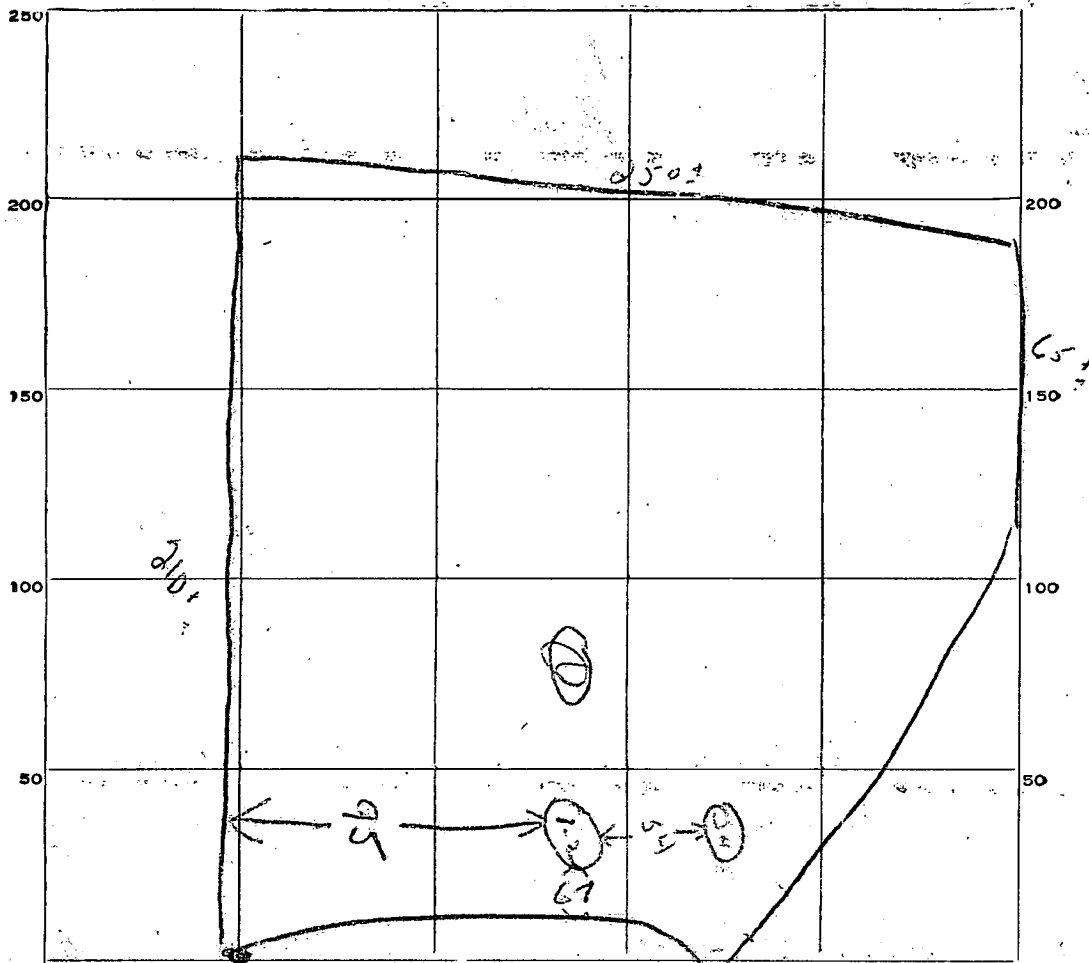
APPROVED BY R.W. Monaghan FOR Dry Well DATE 10-26-71
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/19/61	1	4 1/2 ft	11 06	11 07	11 07	11 09	2 min
	2	10 ft	11 10	11 11	11 11	11 13	2 min
	3	4 1/2 ft	11 13	11 15	11 15	11 20	5 min
	4	9 1/2 ft	11 15	11 16	11 16	11 19	3 min

SOIL AUGER FINDING _____

TESTED BY _____

Minimum Set back to be 100 ft from center of easment

REMARKS _____

Vol 24.

APPLICATION

PERCOLATION TESTING

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

12/21/93
10/00
12/22/93

PROBLOW OK - RE TEST PASSENBLY IN WET SEASON

LOT PROBUSLY APPROVED NO PLATTED EASEMENT

ADJACENT LOT HAD APPROVAL WITH DRAWN BECAUSE OF GRADIM/WATER TABLE CHANGES 12/16/93 CW

A 49803
P _____

DISTRICT _____
DATE 12/16/93

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 AGENT FOR OWNER / CENTURY 21 LUTHER JOHNSON B 832-6120

ADDRESS _____ PHONE 521-4400 (W) 521-0275 (H)

AGENT OR PROSPECTIVE BUYER ARTHUR + SUSAN WALKER / STEVE GRIFFIN - BUILDER

ADDRESS 10079 C WINDSTREAM LA PHONE 740-4648
COLUMBIA, MD 21044

PROPERTY LOCATION:

SUBDIVISION KINGSTON W FRIENDSHIP LOT NO. 7

ROAD AND DESCRIPTION 3581 KATASHLEY COURT

TAX MAP _____ PARCEL # _____

SIZE OF LOT 40,167 sq ft TYPE BLDG. SINGLE FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT 368194
AND RETURNED 52955-SFO-4Bmm

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.

Griffin
(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

COUNTY #

SOIL PROFILE

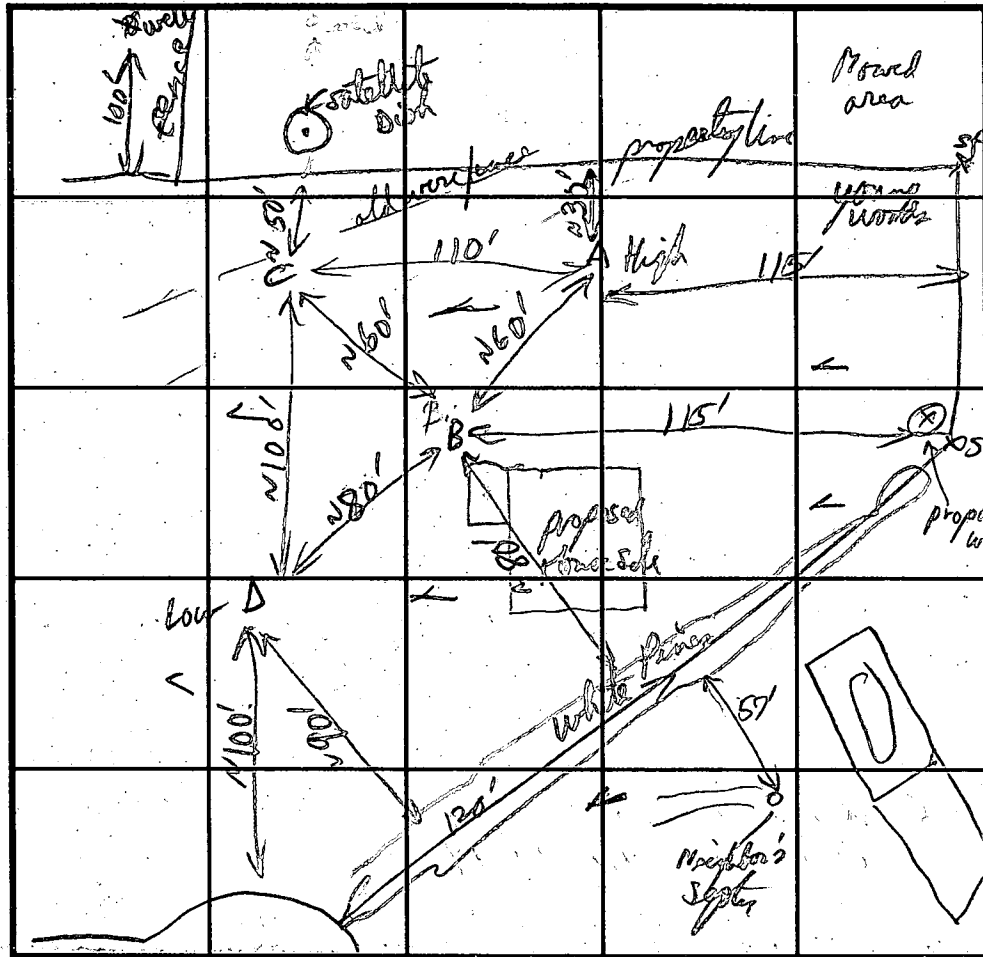
0' Hole A
 0' E, A Topsoil loam
 8" yel. Br. silty loam
 1 1/2' hl-CL
 4 1/2' mixed loam silty loam
 CL
 11' Tan - yel. red
 Mica loam
 15-25% mufr soft
 Mica spherule

Hole B

0, E, A, L topsoil
 1 1/2' yel. br. hl-CL
 silty loam
 4-5' Red. Red brn
 CL
 Red Mica loam
 13' Tan & pale
 Red-pink
 Mica loam

Hole C

0, E, A, L topsoil
 6" silty loam
 2 1/2' yel. Br. hl-CL
 Red brn-yel. CL
 5 1/2' Tan - yel. red
 Mica loam
 15% mufr soft
 str Mica
 Spherule



SOIL PROFILE

0' Hole D
 Red CL
 5' Neutral brn
 Mica loam
 30% mufr soft
 Mica spherule
 11' Hole E

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-22-93	A	4'	3:34:30	still too dry	3:44	failed	too low
		11' OK below 4 1/2'		found on soil texture & structure			
	B	4'	3:10:30	3:40:00	30 min wet wash		3 min
		13' OK below 5'	3:19:30	3:21:50	3:21:50	3:24:40	3 min
	C	5'	2:57	still no wet	3:16:30	3:30:00	13 min
		11 1/2'					
	D	5'	3:04:50	3:08:14	3:08:14	3:16:00	8 min
		11'					

REMARKS Cheta + Mica loams. - OK below 4 1/2'

TYPE OF SOIL _____

TESTED BY RJP willy ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min to loam 30% air CL TRENCH WIDTH 3

INLET DEPTH 4-6 MAXIMUM BOTTOM DEPTH 7-8' SQ. FT./BEDROOM 215

C1 **0512** 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 **449803**

ST/CO USE ONLY DATE Received [] [] [] [] [] [] [] [] DATE WELL COMPLETED **12 02 94** Depth of Well 22 **550** 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-92-0510**

OWNER **Michael** last name **Katagley** first name **Court** TOWN **West Friendship MD**
 STREET OR RFD **Kingston** SUBDIVISION **2** SECTION **7** LOT **7**

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	
BROWN SHALE	0	35	
BLUE SLATE	35	550	
WITH MICA MARKED IN			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **940**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **39** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth (nearest foot) **40**

OTHER CASING (if used)
 diameter inch **4** depth (feet) from **10** to **100**

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

C2
 DEPTH (nearest ft.)
 1 **PL** **60** **60**
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE 1 2 3 **.010**
 DIAMETER OF SCREEN **4** (NEAREST INCH)
 from **40** to **100**

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.

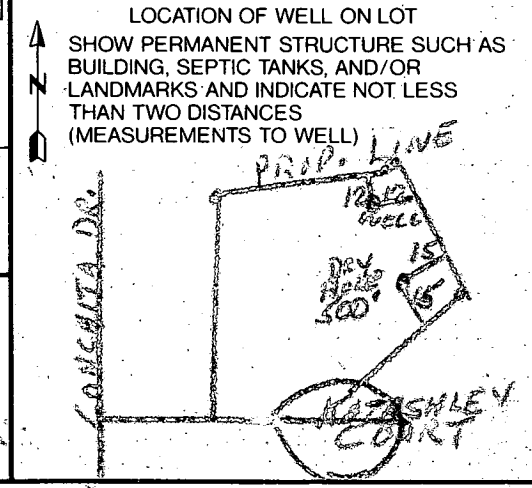
DRILLERS IDENT. NO. **139**
Robert Chino
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Robert Chino
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **TIME**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **40** WHEN PUMPING **150**
 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 (CIRCLE) (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: **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) **+** above **49** } LAND SURFACE **1** (nearest foot) **50 51**



Well site OK
as marked
12/22/93 PJP

Anchor holes
12/22/93 PJP

new well site
OR
AUM

DRY hole
(pipe)
corner
Stake

1/24/94
NOTE: IF HOLE
TWO IS ALSO DRY
THEN THE DRILLER
MAY MOVE 15' to 20'
DOWN HILL FROM HOLE
#1. IF ALSO A FAILED
THEN CONTACT ^{HD} OFFICE
AUM

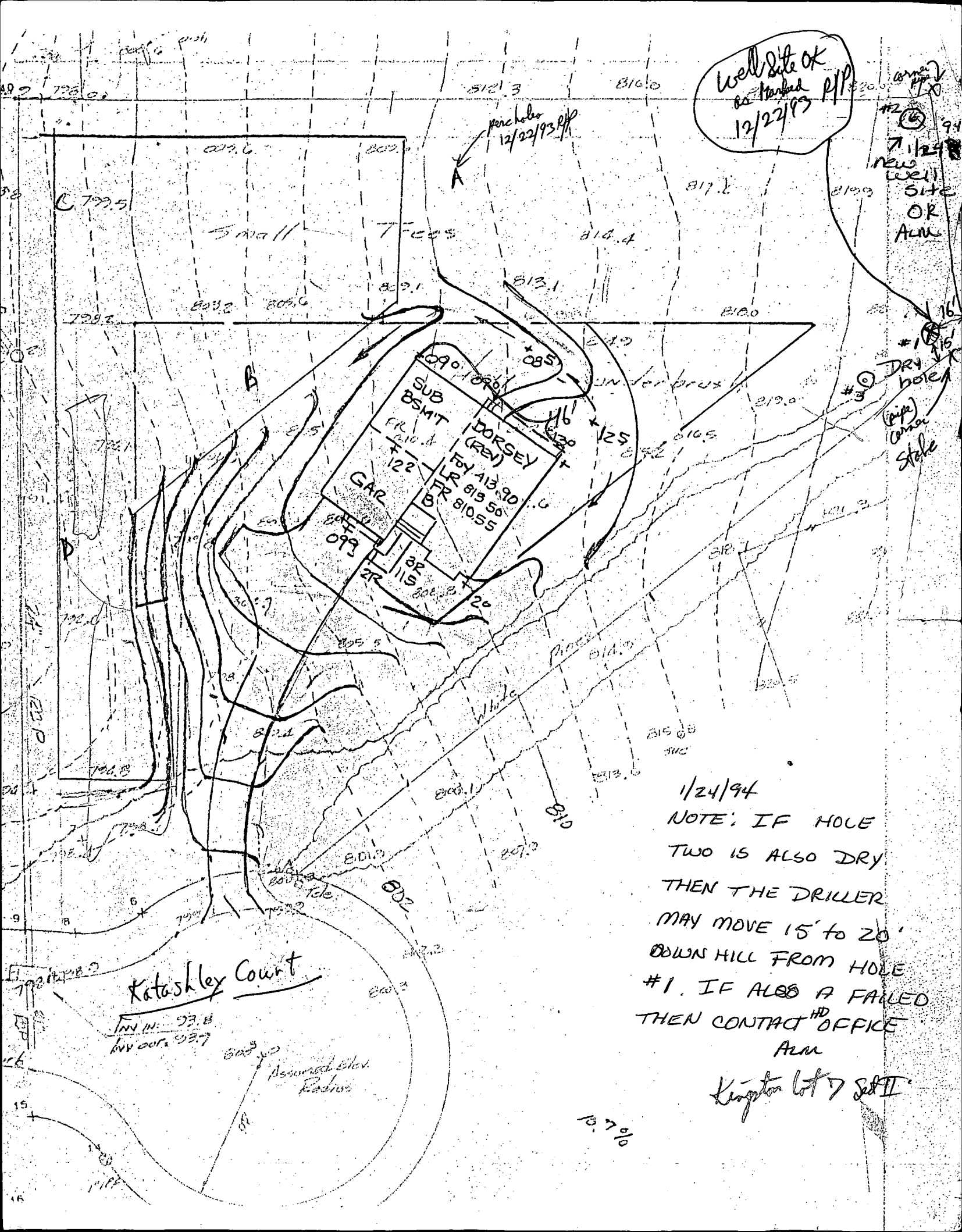
Kingston lot 7 set II

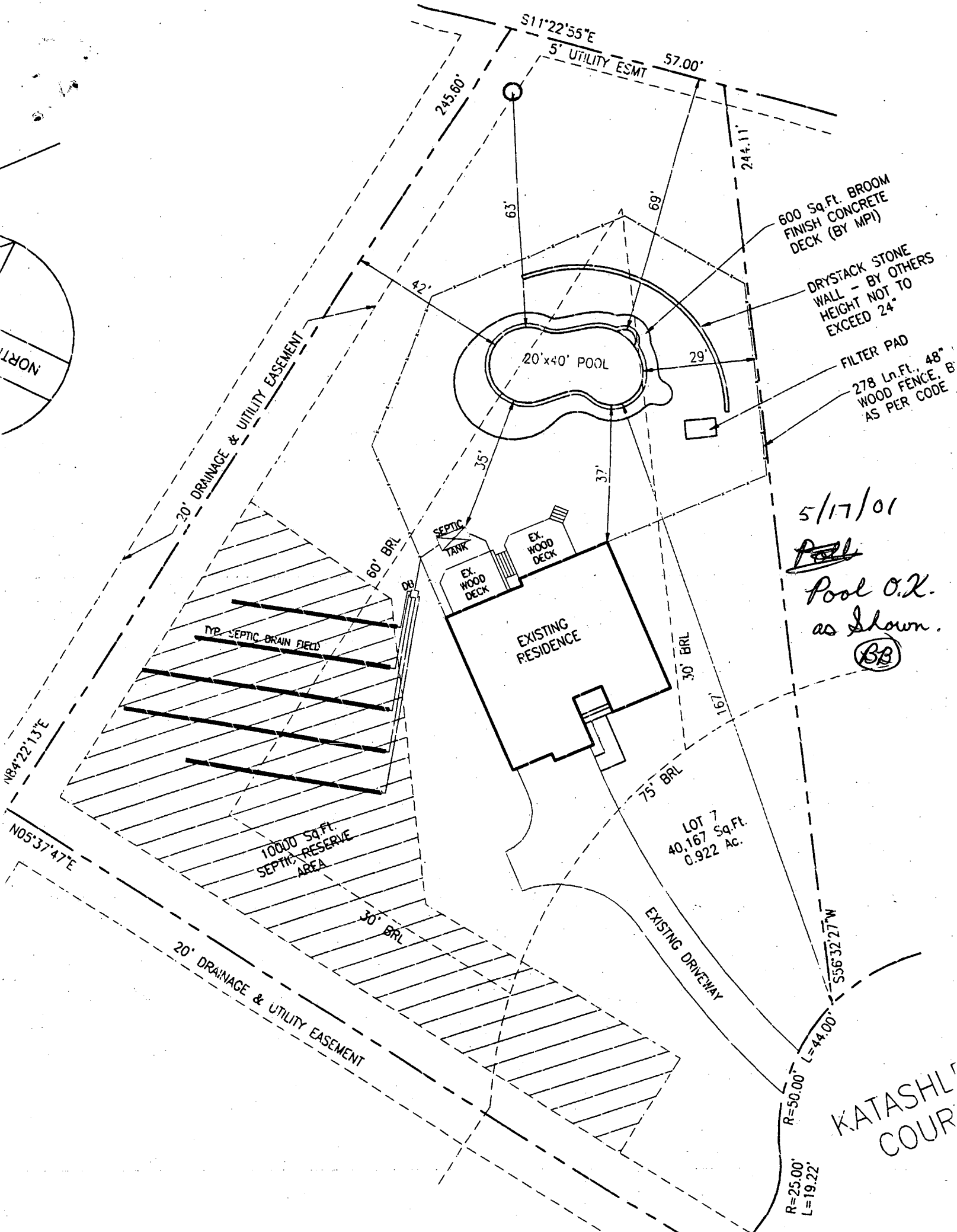
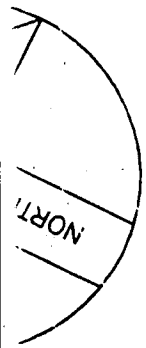
Katashley Court

Twp. 11 N. R. 23 E.
S. 27

Assumed Elev.
Radms

10.7%





600 Sq. Ft. BROOM FINISH CONCRETE DECK (BY MPI)

DRystack STONE WALL - BY OTHERS HEIGHT NOT TO EXCEED 24"

FILTER PAD
278 Ln. Ft., 48" WOOD FENCE, 8' AS PER CODE

5/17/01
Pool
Pool O.K. as Shown.
(BB)

LOT 7
40,167 Sq. Ft.
0.922 Ac.

EXISTING DRIVEWAY

KATASHLI COUR

EARTH DIKE DETAIL (E.D.)

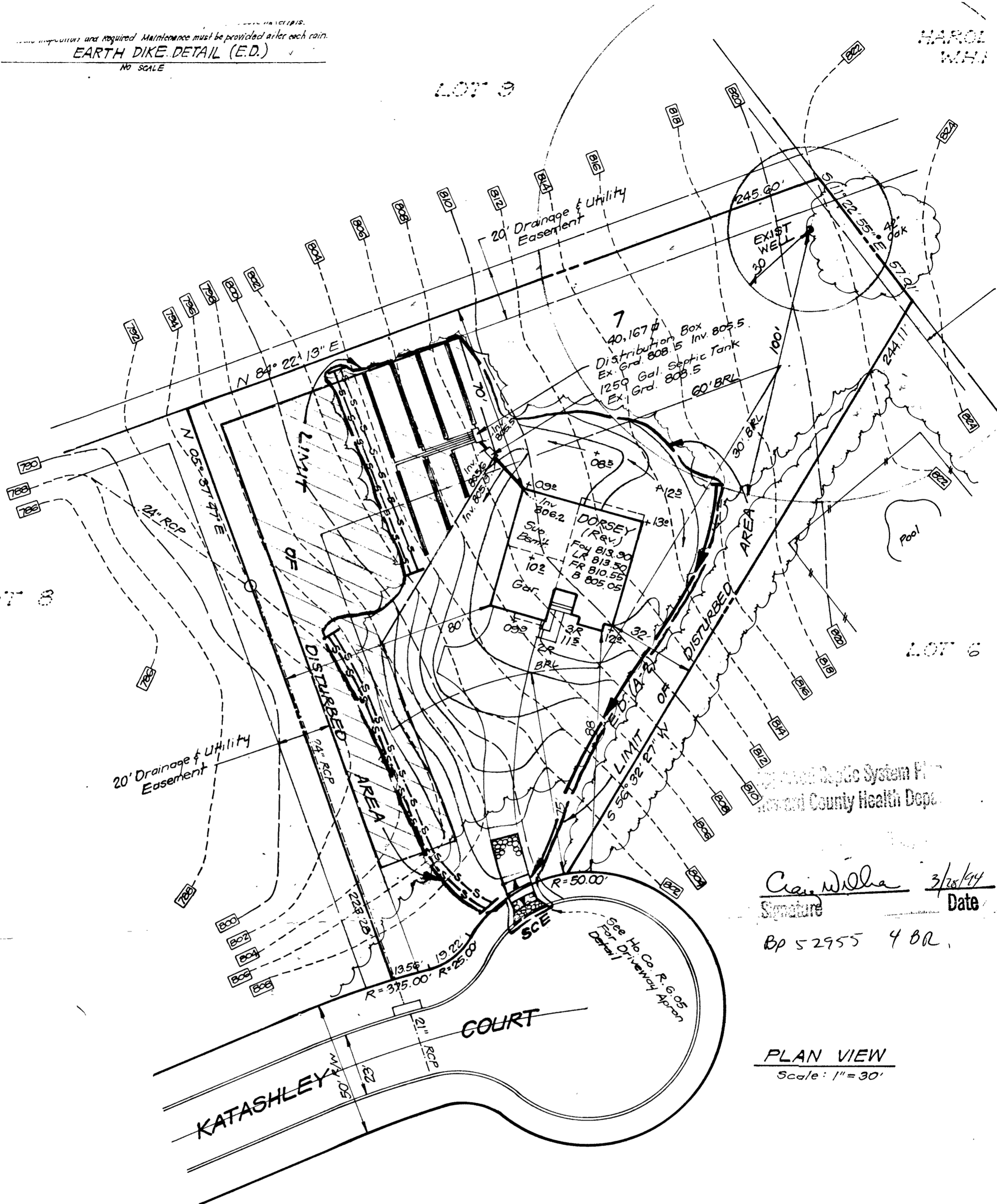
NO SCALE

HAROLD
WHI

LOT 9

LOT 8

LOT 6



Approved Septic System Plan
Howard County Health Dept.

Craig Wilha 3/28/04
Signature Date

Bp 52955 4 BR

PLAN VIEW
Scale: 1" = 30'

BUILDER'S CERTIFICATE

ment and construction will be done according and plan for sediment and erosion control and involved in the construction project will have a Department of the Environment Approved trol of Ssdiment and Erosion before beginning periodic on-site inspection by the Howard heir authorized agents, as are deemed

Fin Date

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conserva-tion District.

G. Nelson Clark Date