

1/5/98
C.O.
Late as possible
8-12-98
meet installer 12:00
septic pump test

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-427037

P 59277C

A 57047-D

DISTRICT 5th

DATE 12-22-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 8/12/98

INSPECTOR CW

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Gosman Property LOT 4 ROAD 14150 Brighton Dam Road

PROPERTY OWNER Francis Gosman 301-854-0352 fax

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS & 1000 Gallon Septic Tank Connected in Series for Future Pump Pit Use.

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the intersection of the 293.33' and 421.04' lot lines, place the distribution box 110 feet down the 421.04' lot line and 125 feet off that same lot line. Run trenches on contour toward the 234.56' lot line as seen when facing the lot from the pipestem.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/18/97 DRB

PLANS APPROVED BY Kim Maiste/Donna K. Soe REVISED DATE 12/18/97

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

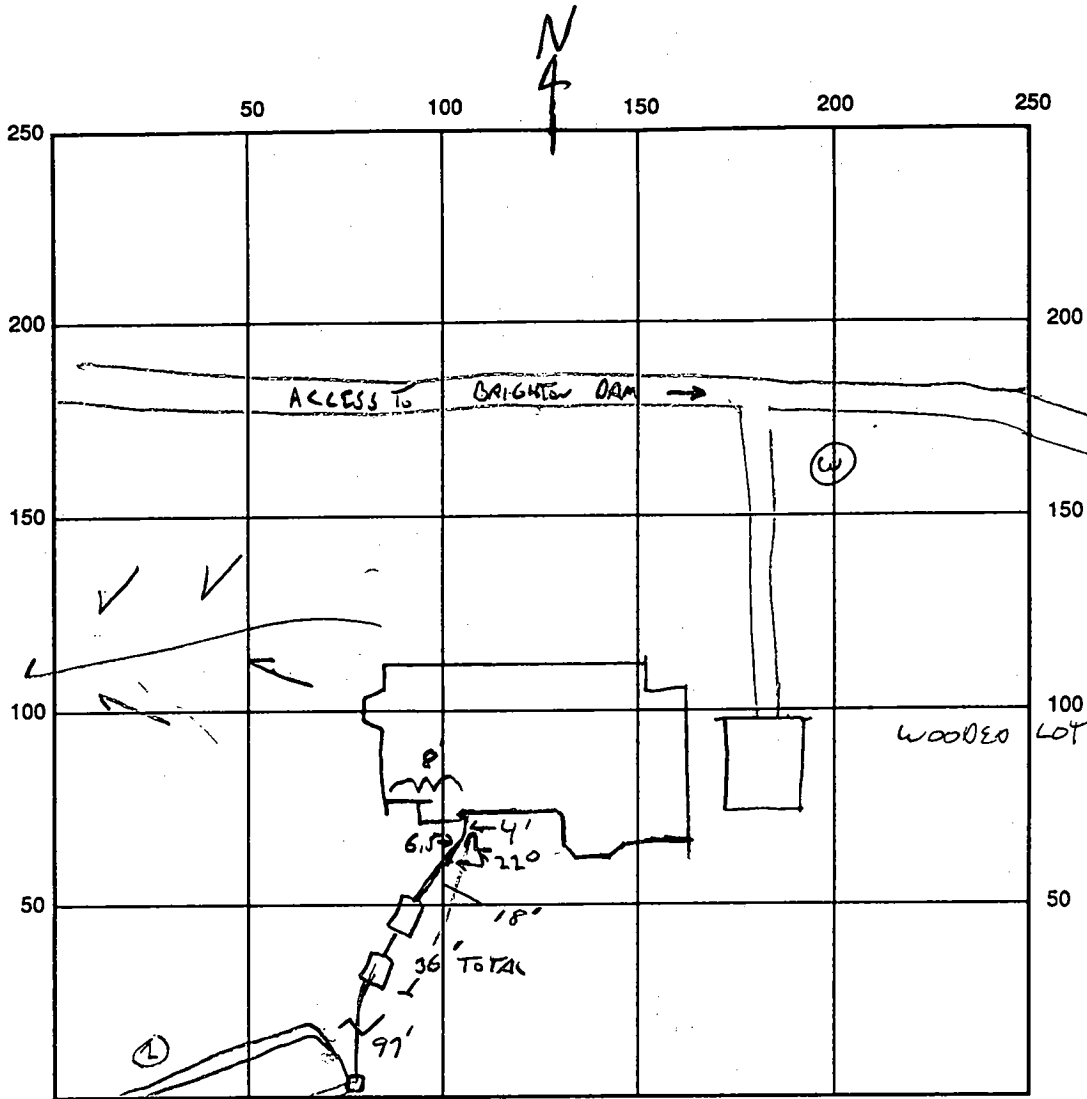
PERMIT VOID AFTER TWO YEARS

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 57047-D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 1250, 1000 GAL Pump PIT CLEANOUTS MANHOLES ON TANKS - 5'6"

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{112}{92/91}$ FT. = 183

NUMBER OF TRENCHES 2 ~~ONE SIDEWALL~~ BOTTOM AREA 732 SQ. FT.

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

ABSORBENT AREA - SQ. FT.

REMARKS: 1-5-98 TANKS AND LINE TO DISTRIBUTION BOX OK TO
COVER 1-6-98 OK TO STONE 1ST TRENCH, CEASE OPERATION
1-6-98 1ST TRENCH OK TO COVER, SECOND TRENCH OK TO STONE,
COVER EXCEPT ENDS, PUMP OPERATION TEST NEEDED.

1/6 COVER TRENCHES

PUMP + ALARMS FUNCTIONAL 8/12/98 CW

DATE SYSTEM APPROVED 8/12/98 INSPECTOR Cy Williams

C1 09495 SEQUENCE NO. (MDE USE ONLY)

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 A 57047D

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CD USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 11 19 97 Depth of Well 22 385' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1314

OWNER Gosman Francis STREET OR RFD Brighton Dam Rd TOWN Clarksville SUBDIVISION Gosman Prop. SECTION 4

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 FROM TO check if water bearing. Sand 0 90 Gray mica Rock 90 385

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 89 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 95

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 PLASTIC BRONZE HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 01 WELL HYDROFRACTURED YES Y NO N

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 LIC. NO. 1 M S D 0 2 4 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D

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

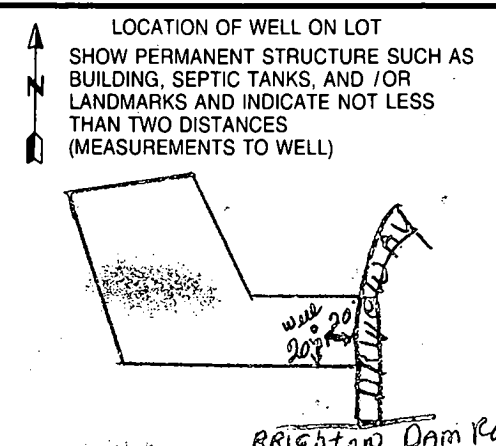
C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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 LOG INDICATOR OTHER DATA

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 265 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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) 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 - below 2 (nearest foot)



APPLICATION

PERCOLATION TESTING

A 57047D

P _____

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

DISTRICT _____

DATE 7/26/96

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 Francis Gosman

ADDRESS 14134 Brighton Dam Road PHONE 301-854-2417
Clarksville, MD 21029

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Gosman Property LOT NO. 4

ROAD AND DESCRIPTION 14134 Brighton Dam Road

TAX MAP 33 PARCEL # 1

~~BLDG. PERMIT SIGNED~~

~~AND RETURNED~~ 12-9-97

Serial # B0108900

SIZE OF LOT 3 acres + TYPE BLDG. single family - 4 Ben

(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.

Francis Gosman
(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

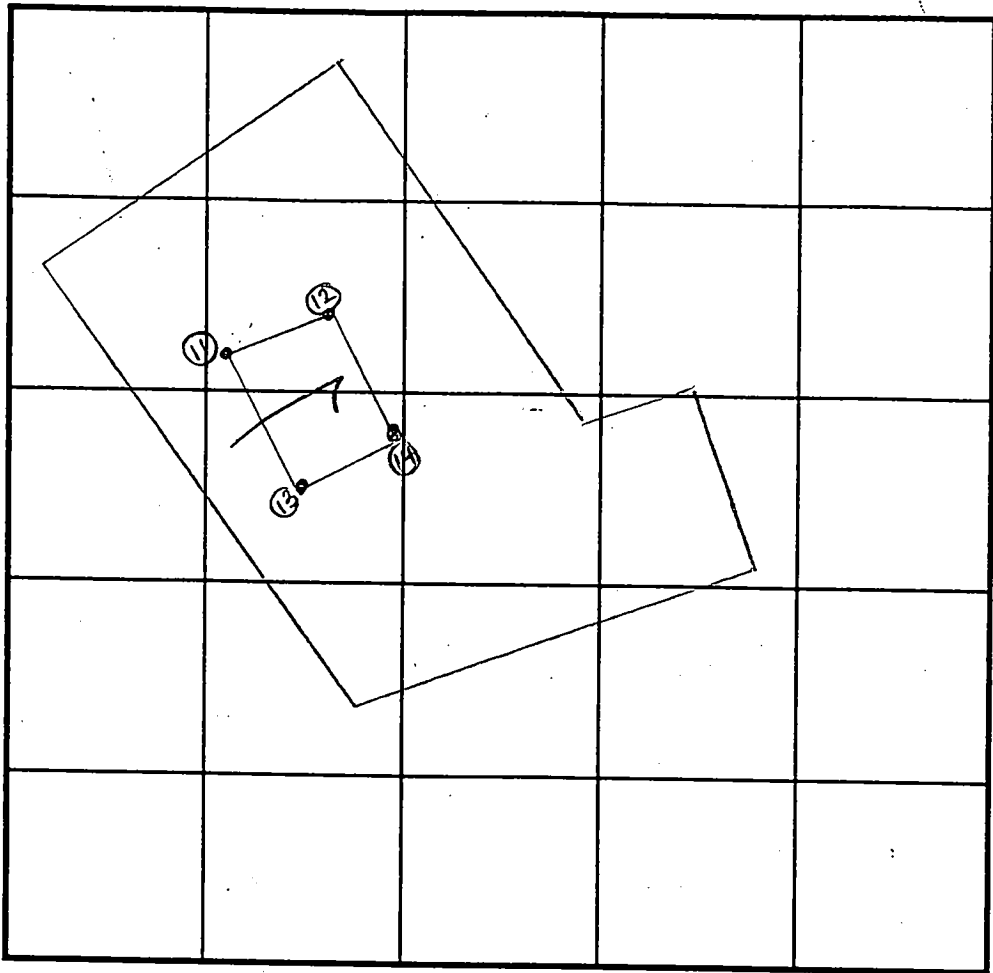
A 57047 E

COUNTY #

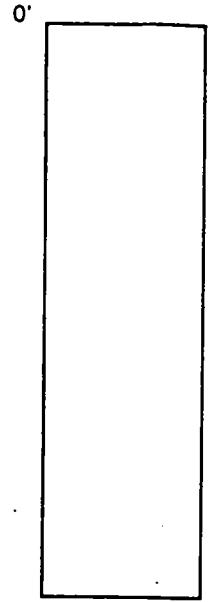
SOIL PROFILE (12)/(14)

0' 1" topsoil
 or br cl 1m
 3' 3.5' 1 1/2 br to tan si sa 1m
 13' 10% shale frags

0' 1" topsoil
 red br cl 1m
 4' 1 1/2 or br to 1 1/2 br si sa 1m
 12' 10% shale frags



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 Brighton Dam Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-15-96	12	4.0' S	10:20 ³⁰	10:21 ³⁰	10:21 ³⁰	10:23 ³⁰	2	
			10:18 ³⁰	10:19	10:19	10:20	1	
		13.0' D	Visual - see profile					
	11	4' 8" S	10:27 ³⁰	10:33 ³⁰	10:33 ³⁰	10:47 ³⁰	14	
		12.0' D	Visual - see profile					
	13	4.0' S	10:52 ³⁰	10:53 ³⁰	10:53 ³⁰	10:55 ³⁰	2	
		13.0' D	Visual - see profile					
	14	4.0' S	11:01 ³⁰	11:04	11:04	11:08	4	
		12.5' D	Visual - see profile					

REMARKS holes tested as staked - lot moderately wooded

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT R. Fyock

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5+ TRENCH WIDTH 2

INLET DEPTH 3.5' MAXIMUM BOTTOM DEPTH 7.5' SQ FT/BEDROOM 180

60' BRL

30' BRL

LOT 2
3.00 Acres

MIB2

EX. DUG
HAND
WELL

EX. SEPTIC TANK
PER OWNER

30' BRL

30' BRL

30' BRL

MIB3

A = 0.15 acres

LOT 1
2.00 Acres

30' BRL

293.34'

EXISTING
30'
RIGHT OF WAY

BRIGHTON DAM ROAD

MIB3

MIB3

MIB3

MIB3

MIB3

Copy of signed final
F-97-56

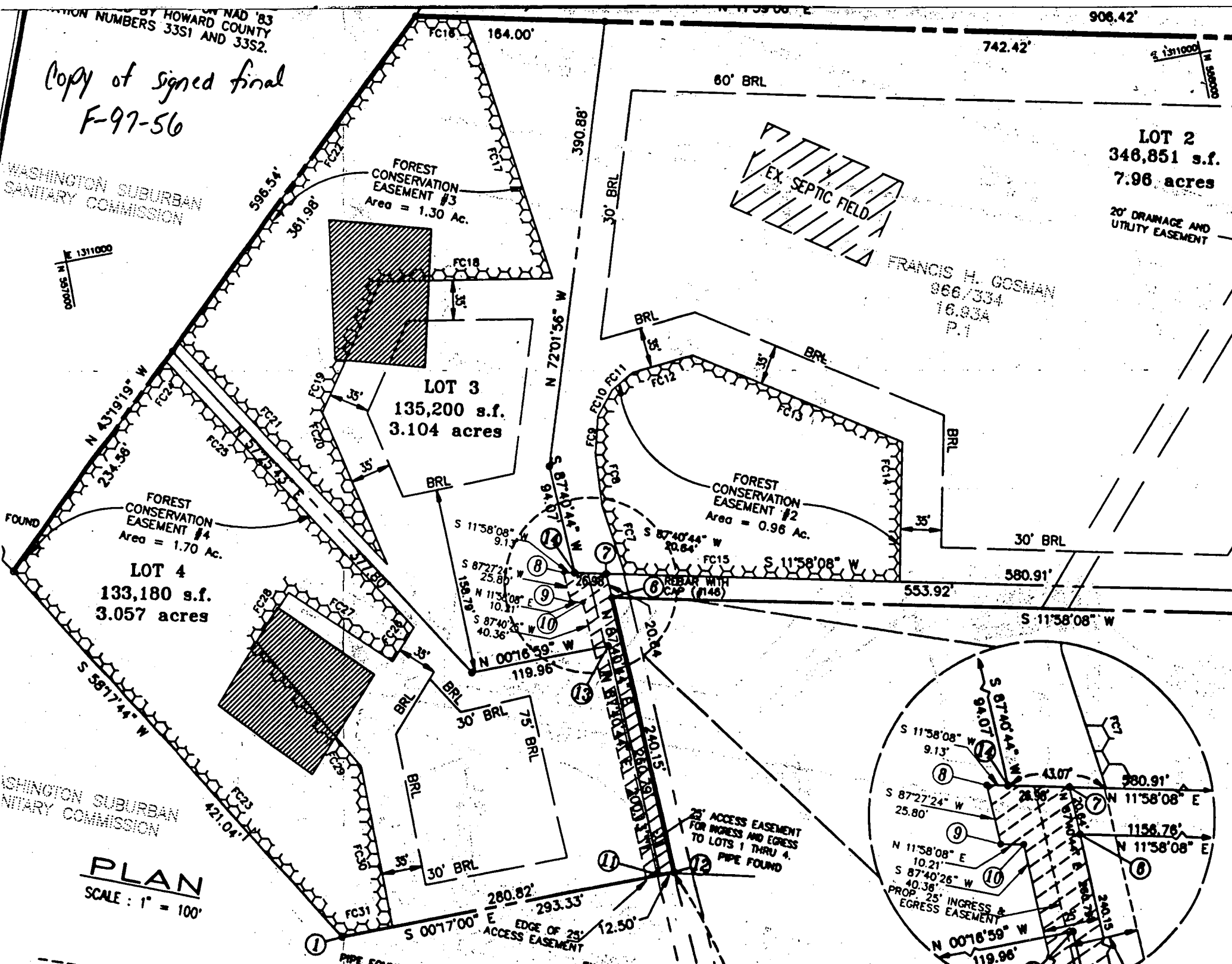
WASHINGTON SUBURBAN
SANITARY COMMISSION

SCALE 1" = 100'

FOUND

WASHINGTON SUBURBAN
SANITARY COMMISSION

PLAN
SCALE: 1" = 100'



908.42'

742.42'

SCALE 1" = 100'

LOT 2
346,851 s.f.
7.96 acres

20' DRAINAGE AND
UTILITY EASEMENT

FRANCIS H. GOSMAN
866/334
16.934
P.1

FOREST
CONSERVATION
EASEMENT #3
Area = 1.30 Ac.

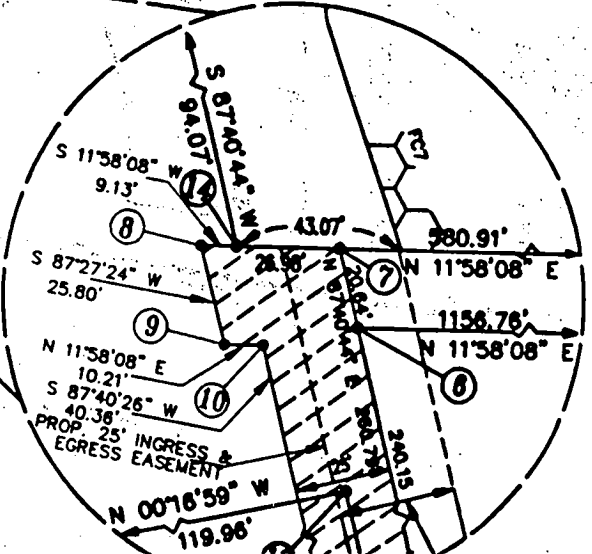
LOT 3
135,200 s.f.
3.104 acres

FOREST
CONSERVATION
EASEMENT #2
Area = 0.96 Ac.

FOREST
CONSERVATION
EASEMENT #4
Area = 1.70 Ac.

LOT 4
133,180 s.f.
3.057 acres

25' ACCESS EASEMENT
FOR INGRESS AND EGRESS
TO LOTS 1 THRU 4.
PIPE FOUND



PIPE FOUND

EX

B 1	8056	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1314 <small>fill in this form completely</small>
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Date Received (APA) **10/20/97**

OWNER INFORMATION

15 Last Name **GOSMAN** Owner First Name **FRANCIS**

36 Street or RFD **14134 Brighton Dam Rd.**

57 Town **CLARKSVILLE** md. State **MD** Zip **21029**

LOCATION OF WELL

8 COUNTY **Howard**

23 SUBDIVISION **Gosman Property**

SECTION **44** LOT **4**

52 NEAREST TOWN **CLARKSVILLE**

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

DRILLER INFORMATION

Driller's Name **Joseph L. Mayne** License No. **MSD 024**

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy Md. 21771**

Signature **Joseph L. Mayne** Date **10/16/97**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD **Brighton Dam Rd.**

34 **890** 37 DISTANCE FROM ROAD **FT**

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard** COUNTY NO. **A 57047D**

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **10-28-97** EXP. DATE **12/1/98**

43 MM DD YY 48 CO SIGNATURE _____

NORTH GRID **497 000** EAST GRID **799 000**

APPROXIMATE DEPTH OF WELL **the 359 ft 54 in** FEET

APPROXIMATE DIAMETER OF WELL **6 in** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7909**

N **4907**

000
000

*11/19/97
Grant 9:30
No insp
km*

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 DEEPENED 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

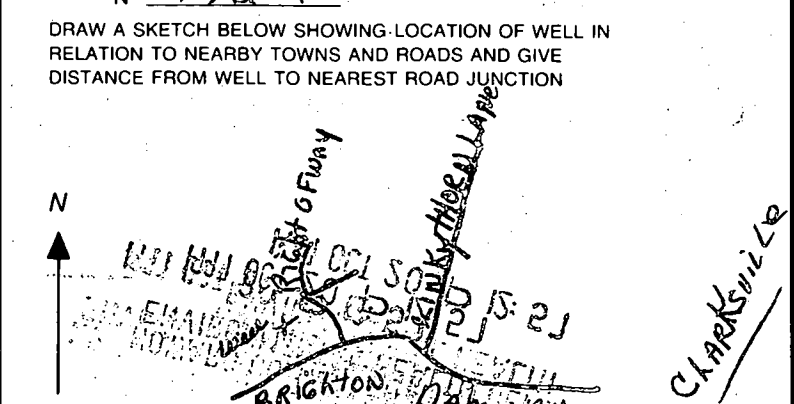
THIS WELL WILL DEEPEN AN EXISTING WELL

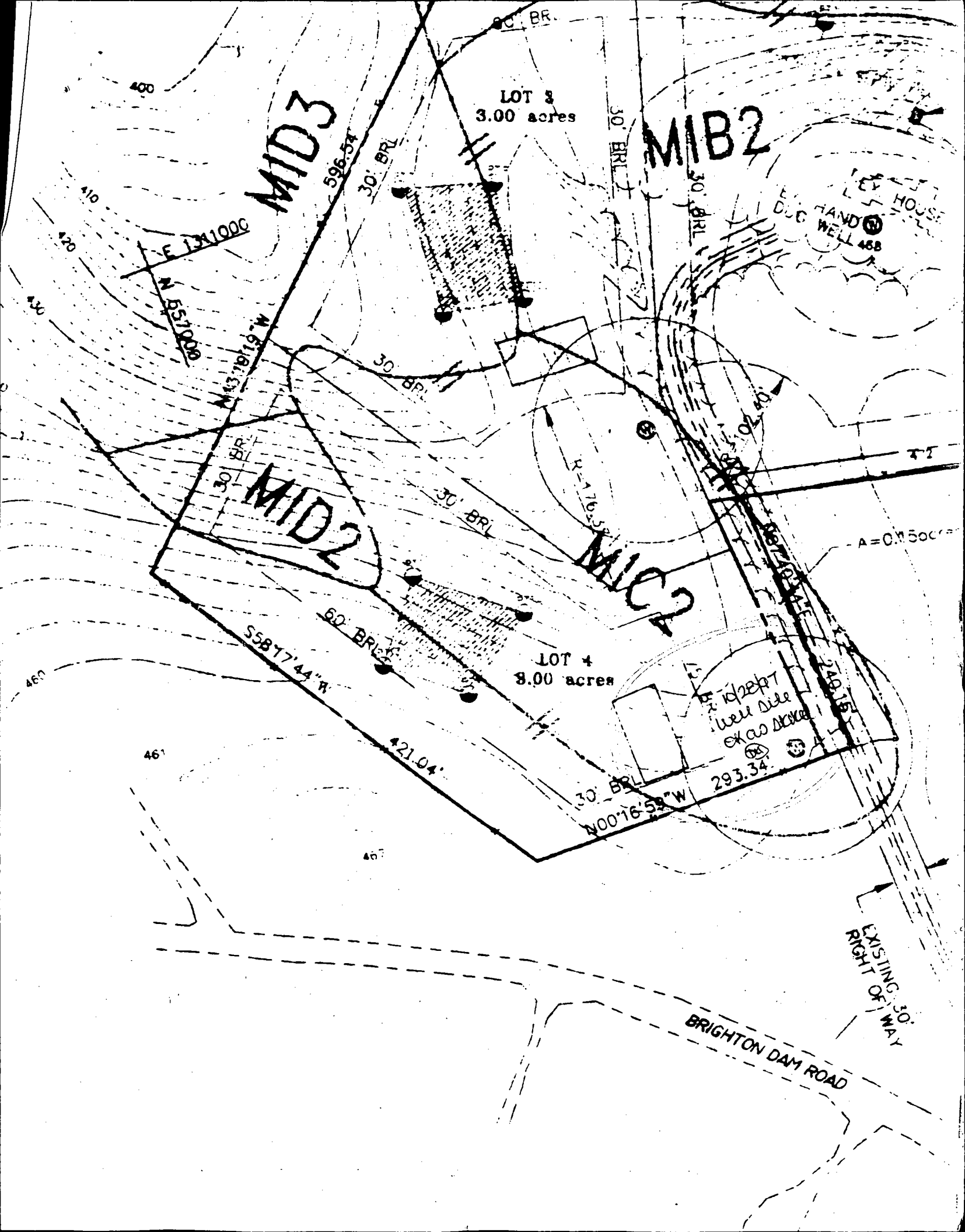
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 _____ 52 _____

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

APPROX. PERMIT NUMBER _____ G A P _____

FORCE **DS** WRITE INITIALS IN BOX **HO-94-1314** PERMIT No. _____





LOT 3
3.00 acres

MIB2

MID3

MID2

MIB3

LOT 4
8.00 acres

E 1311000

N 8510000

N 1317819 W

30' BR.

596.54

30' BR.

30' BR.

30' BR.

30' BR.

30' BR.

30' BR.

60' BR.

S 5877'44" R

421.94'

30' BR.

N 00'16'53" W

293.34'

EXISTING 30'
RIGHT OF WAY

BRIGHTON DAM ROAD

1020PT
Well Side
EX AS DRAWN

HOUSE
HAND
WELLS
488

A=0.15000

R=176.58

400

410

420

430

460

461

467