

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1/12/00 Needs house
conn (DS)
P 513194

A 59833-D

DISTRICT _____

DATE 12/27/99

DATE SYSTEM APPROVED 4/4/00

INSPECTOR M.R. Pkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

INDEXED

1-11-2000
Late PM
1/12/00 C.O.
2/8/00
House connection
check

4/4/00
House
conn
(anything)

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 410-531-5033

SUBDIVISION Holly Crest I LOT 5 ROAD 13805 Holly Crest Lane

PROPERTY OWNER John & Julie King

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 170 feet from the front lot line and 70 feet from the left lot line as seen when facing the lot from Holly Crest Lane. Run trenches on contour toward the left lot line.

NOTES - **MAINTAIN 100 FEET FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM.** No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/15/99 OK DA

PLANS APPROVED BY Amy McMillen DATE 12/02/99

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

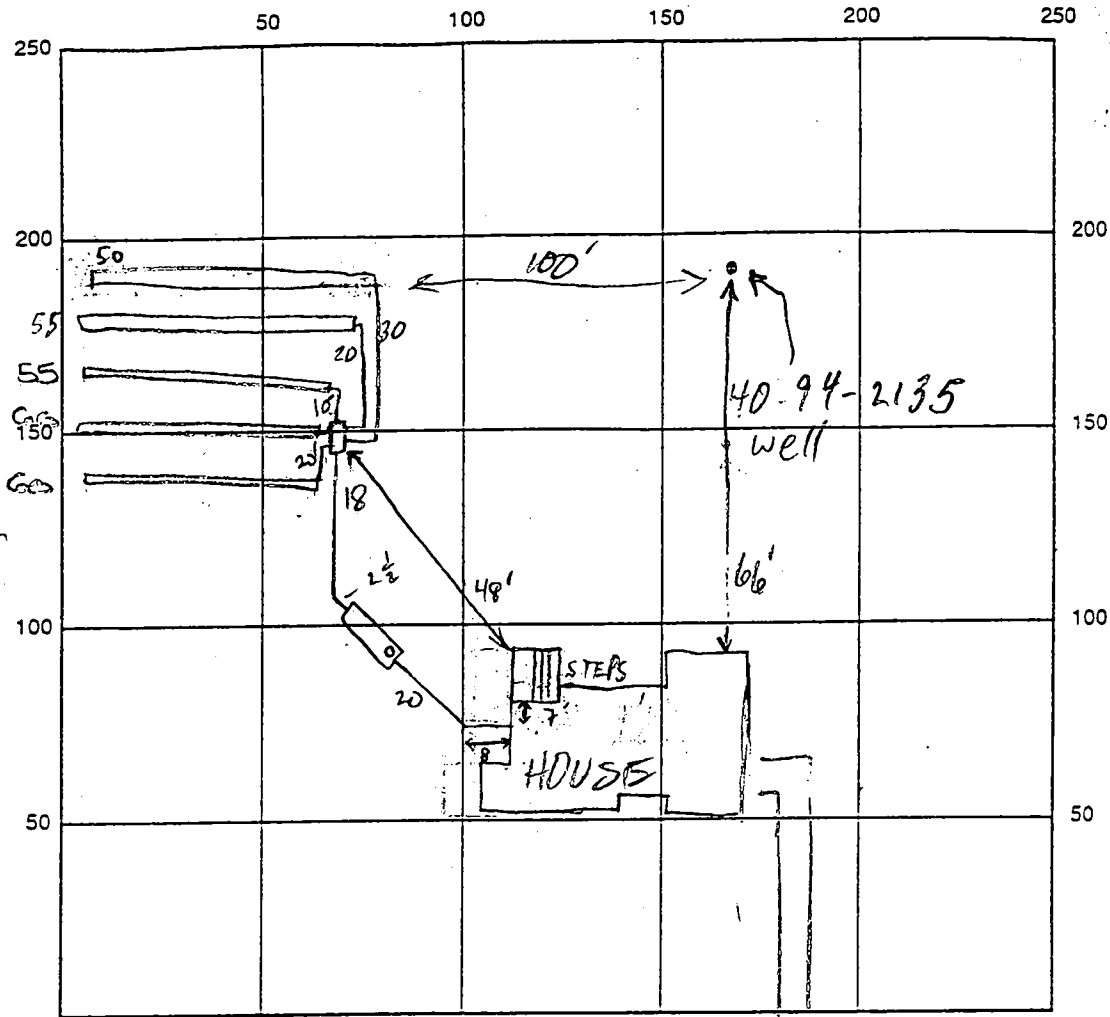
PERMIT VOID AFTER TWO YEARS

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 59833 D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE HOLLYCREST LA

SEPTIC TANK LEVEL 1500 GAL TOP SEAMED CLEANOUTS 8" @ S.T.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 5 ONE-SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 1/11/00 OK TO COVER FIRST TWO TRENCHES, TANK, NO HOUSE CONN (MR)

1/12/00 OK to cover all septic work - needs house connection for final approval. DKS

2/8/00 UNABLE TO CONFIRM CONNECTION - ASSURED FOR 2/15

4/4/00 HOUSE CONN OK (MR)

DATE SYSTEM APPROVED 4/4/00 INSPECTOR M. Ripkin

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement _____

Receipt # _____
Date _____

Name of Installer DELUXE PLUMBING + HEATING

Telephone 410-549-2118

License Number 8494

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner ALLAN HOMES INC.

Telephone 410-381-1414

Subdivision HOLLY CREST Lot # 5

Well Tag # HO-94-2135

Site Address 13805 HOLLY CREST LANE.

DAYTON, MD. 21036

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make GOULDS
- Model # 26507412 L
- Capacity 7 GPM

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make HARVARD
- Model # PT 800
- Depth 4'

- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- Capacity _____
- Pressure relief valve? YES

Piping

- Type CELLFLEX
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 3'-4'

Well data

- Depth 385 ft.
- Yield 8 GPM
- Static water level 48' ft.
- Will water supply be disinfected by installer? NO

2" PC CAP & CONDUIT
3" B.G. MR w/ 1/4" / \$2000

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 1-3-00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION

PERCOLATION TESTING

A 59833

P _____

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

DISTRICT _____

DATE 2/18/98

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 Allen Brown John & Julie King

ADDRESS 4609 Linthicum Rd. PHONE 410-531-2658

AGENT OR PROSPECTIVE BUYER Greg & Rhonda Carpenter

ADDRESS P.O. Box 440 Clarksville 21029 PHONE 301-498-9433

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 8

ROAD AND DESCRIPTION East side of Linthicum Road
(13805 Holly Crest Lane)

TAX MAP 28 PARCEL # 4

SIZE OF LOT 44,713 SF TYPE BLDG. SFD - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

REG. PERMIT SIGN'D
AND RETURNED 12-2-98
Serial # B1012368
SFD - 4 Bm

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. Cindy DeLorenzo
(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 _____

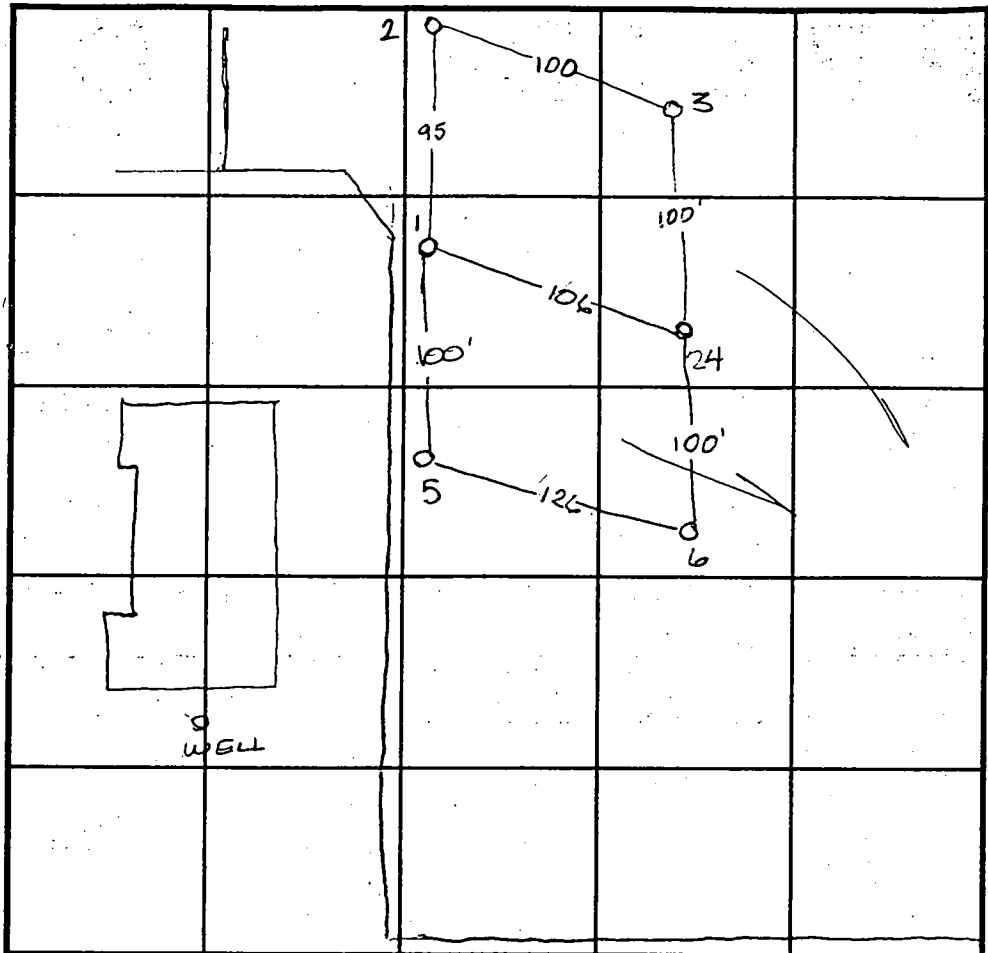
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1 2
 yellow
 orange
 SiClM
 2.0
 red
 pink
 w/
 15%
 yellow
 mica
 shale
 SiSalm
 11.0



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

3.5

red
 brown
 SiClM

3.0
 1gt
 yellow
 orange
 SiLM

8.0
 dark
 red
 w/
 15%
 mica
 saprolite
 red &
 mica white
 11.0

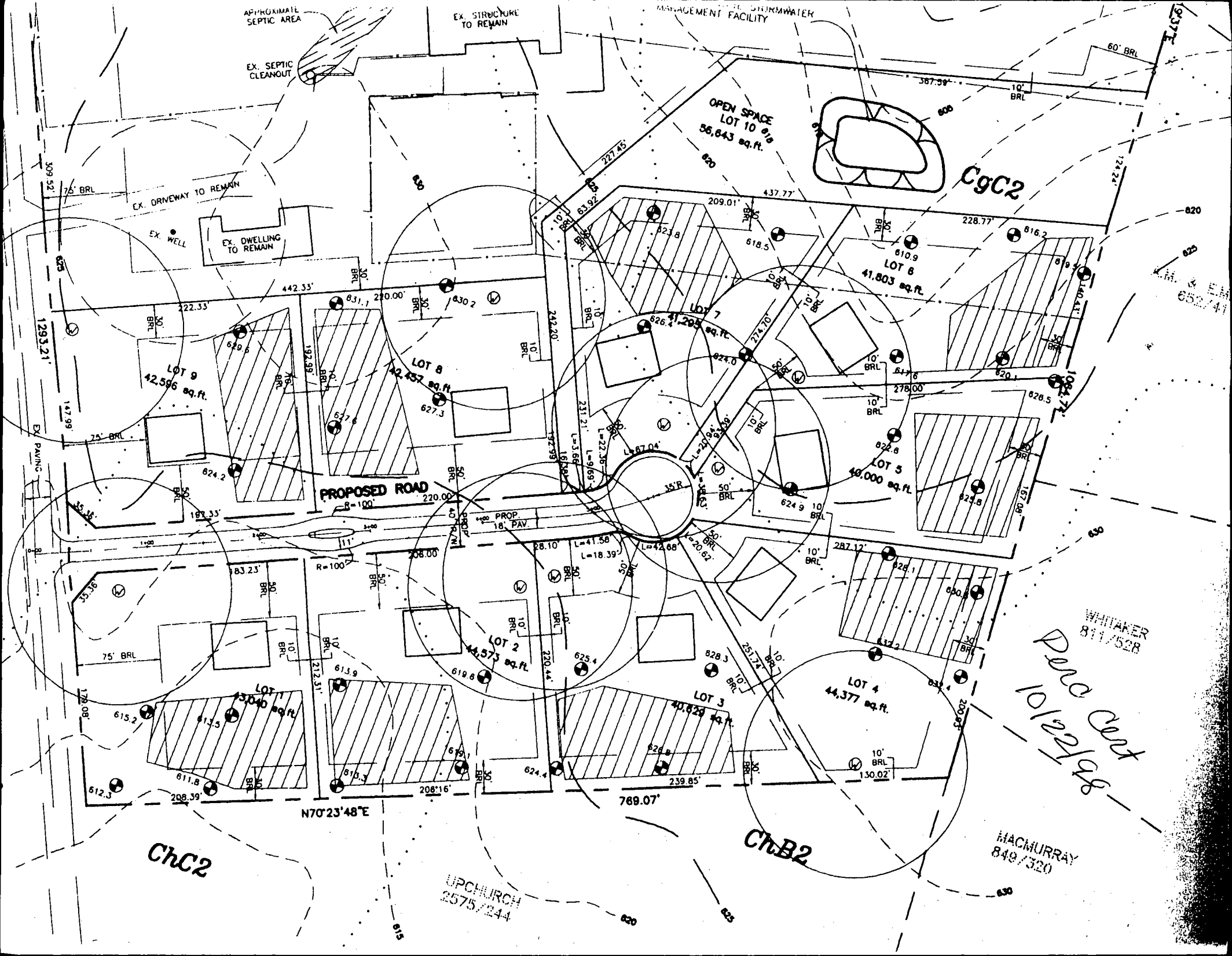
4.5

orange
 yellow
 SiClM
 sub &
 blocky
 strong
 struct.

3.0
 dark
 red w/
 mottles
 of bright
 yellow
 SiLM
 10%
 saprolite
 not H₂O
 11.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-98	1	3.5 / V11.0	9:53	10:00	10:00	10:07	7min
	2	3.5 / V11.0	9:55	10:07	10:07	10:25	18min
	3	3.5 / V11.5	9:57	9:58 ³⁰	9:58 ³⁰	10:01	2 1/2 min
	4	Visual	to 11.0-sec profile		—		OK
	5	3.5 / V11.0	10:08	10:10	10:10	10:12	2min
	6	3.0 / V12.0	10:06	10:14	10:14	10:22	8min

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Chuck Zepp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



APPROXIMATE SEPTIC AREA

EX. STRUCTURE TO REMAIN

WATER MANAGEMENT FACILITY

EX. SEPTIC CLEANOUT

EX. DRIVEWAY TO REMAIN

EX. WELL

EX. DWELLING TO REMAIN

OPEN SPACE LOT 10 56,643 sq. ft.

ChC2

LOT 9 42,596 sq. ft.

LOT 8 42,457 sq. ft.

LOT 7 42,205 sq. ft.

LOT 6 41,803 sq. ft.

PROPOSED ROAD 18' PAV.

LOT 5 40,000 sq. ft.

LOT 2 44,573 sq. ft.

LOT 3 40,829 sq. ft.

LOT 4 44,377 sq. ft.

ChC2

ChB2

WHITAKER 811/528

Dena Curt
10/22/98

MACMURRAY 849/320

UPCHURCH 2575/244

K.M. & E.M. 852/41

C 1 9627 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.
COUNTY NUMBER A59833 D

ST/CO USE ONLY
DATE Received
9/3/99

DATE WELL COMPLETED
MM 3 DD 18 YY 99

Depth of Well
385'
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2135

OWNER Carpenter last name Antonicum first name
STREET OR RFD Holly Crest TOWN Dayton
SUBDIVISION Holly Crest SECTION I LOT 5

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	
Sandy	2	50	✓
Sand Stone	50	55	
MICKA	55	70	
Sand Stone	70	75	✓
MICKA	75	250	
Sand Stone	250	255	✓
MICKA	255	385	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 23 NO. OF POUNDS 2300
GALLONS OF WATER 138
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30+ ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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 HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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. MSD 116
Shelly Mayers
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MSD 112
Shelly Mayers

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

DEPTH (nearest ft.)
HO 58' 385'

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	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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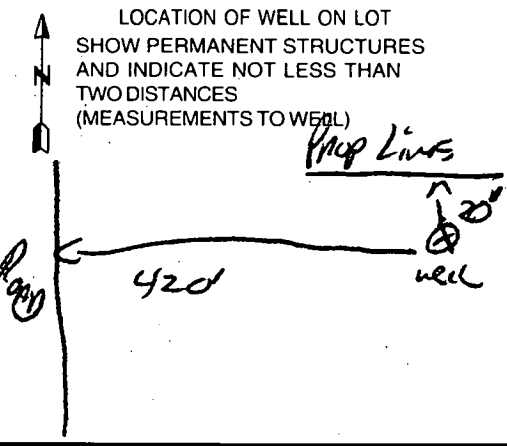
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

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 O
70 _____ 72 _____ 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 6
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 48 ft.
WHEN PUMPING 147 ft.
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 INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 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)



B 1 4712

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2135
fill in this form completely

Date Received (APA)

021699
8 MM DD YY 13

OWNER INFORMATION

Carpen's Contracting
15 Last Name Owner First Name 34
B.O. Box 440
36 Street or RFD 55
Clarksville MD 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

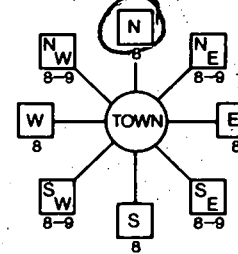
Howard
8 COUNTY 21
Holly Crest I
23 SUBDIVISION 42
SECTION 44 46 LOT 85 48 50
DAYTON
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

Ralph MAYWE MS D 116
Driller's Name 76 License No. 81
Ralph MAYWE well DRILLING
Firm Name
9120 Brown Church Rd. Mt Airy
Address
Ralph Maywe 2-10-99
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linthicum Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

420
34 DISTANCE FROM ROAD 37
ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO A59833
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 021999 A McMillan 021900
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 514 000 EAST GRID 002 000
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
- AIR-PERCussion ROTARY (Hydraulic Rotary)
- 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
 - 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 DEEPEEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

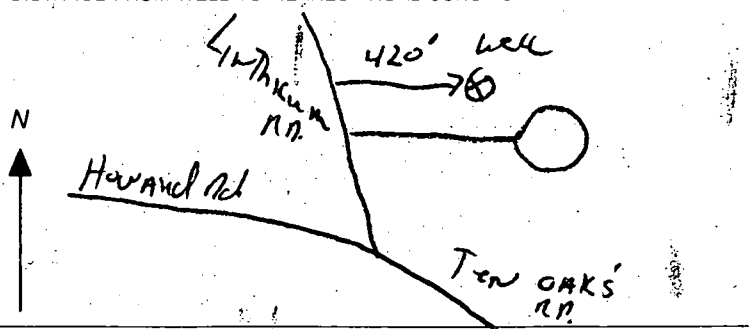
SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800802
N 20054

3/18/99
9:00 GROUT
Missed - already done

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

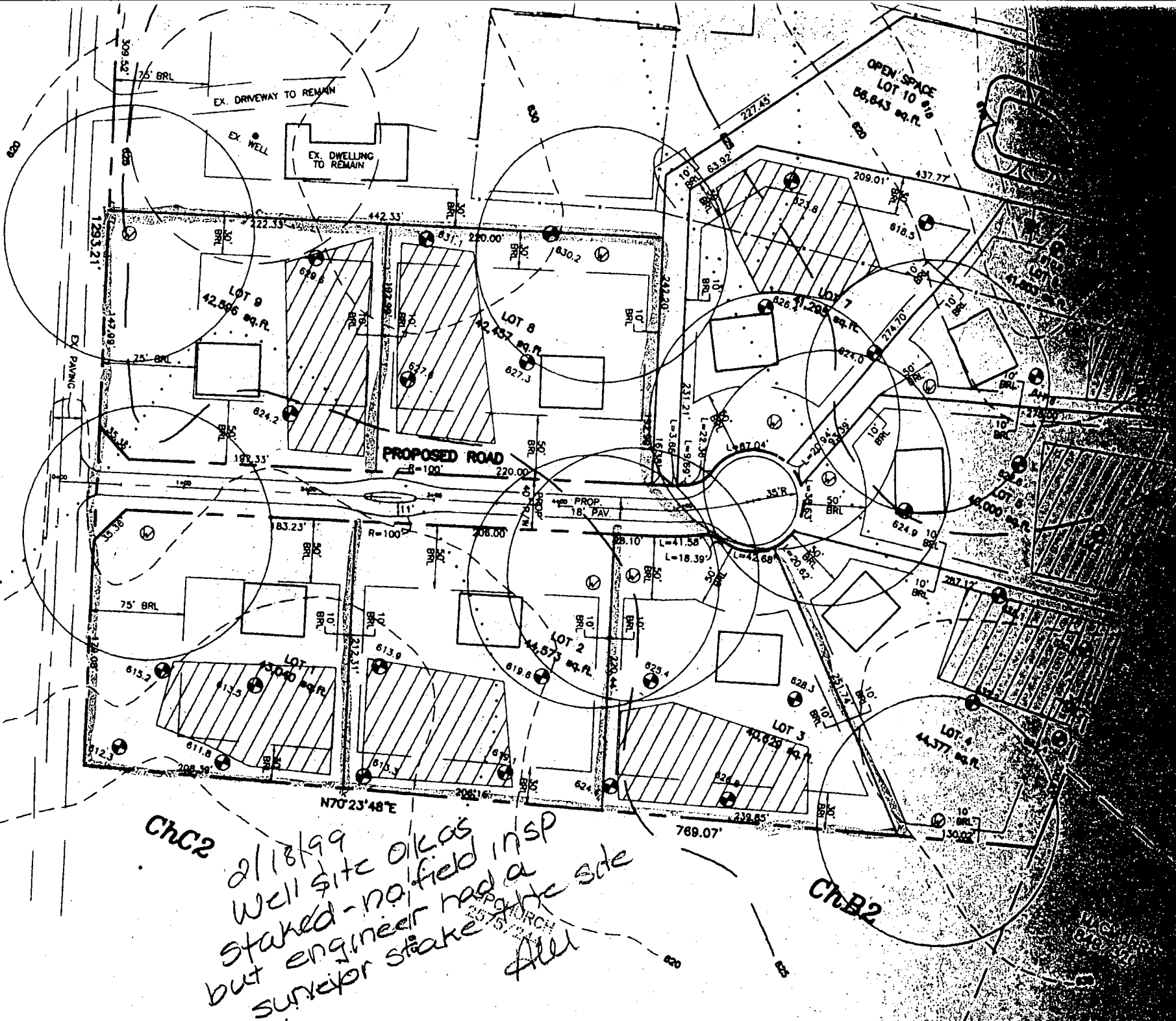


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ GAP _____
54 63
PERMIT No. HO-94-2135
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

829
if
test
at this
made no
ly to the



CHC2
2/18/99
well site ok as
staked - no field in sp
but engineer had a
surveyor stake on the side
All

LEGEND