

7/7/00  
10:00

# PERMIT

P 513647

## SEWAGE DISPOSAL SYSTEM

A 510573

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 6/22/00

410-313-2640

APPROVAL DATE 7/10/00

INDEXED

04-~~1026431~~

364066

W. R. Becker LLC

IS PERMITTED TO INSTALL  ALTER

ADDRESS 15300 Carrs Mill Road, Woodbine, MD 21797 PHONE 410-442-5737

SUBDIVISION Doud Property LOT NUMBER 3 ADDRESS 15495 Carrs Mill Road

PROPERTY OWNER W.R. Becker LLC PROPERTY OWNER'S ADDRESS 15300 Carrs Mill Road

SEPTIC TANK CAPACITY 1250 GALLONS

**BUILDING PERMIT SIGNED**

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

**AND RETURNED**

619-08 800142547 FINISH BASEMENT

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 135 feet off the 147.25' lot line and 30 feet off the 172.02' lot line. Run trenches along contour towards the rear lot line. *okl.cw*

PLANS APPROVED Donna K. Soe

DATE 4/11/2000

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

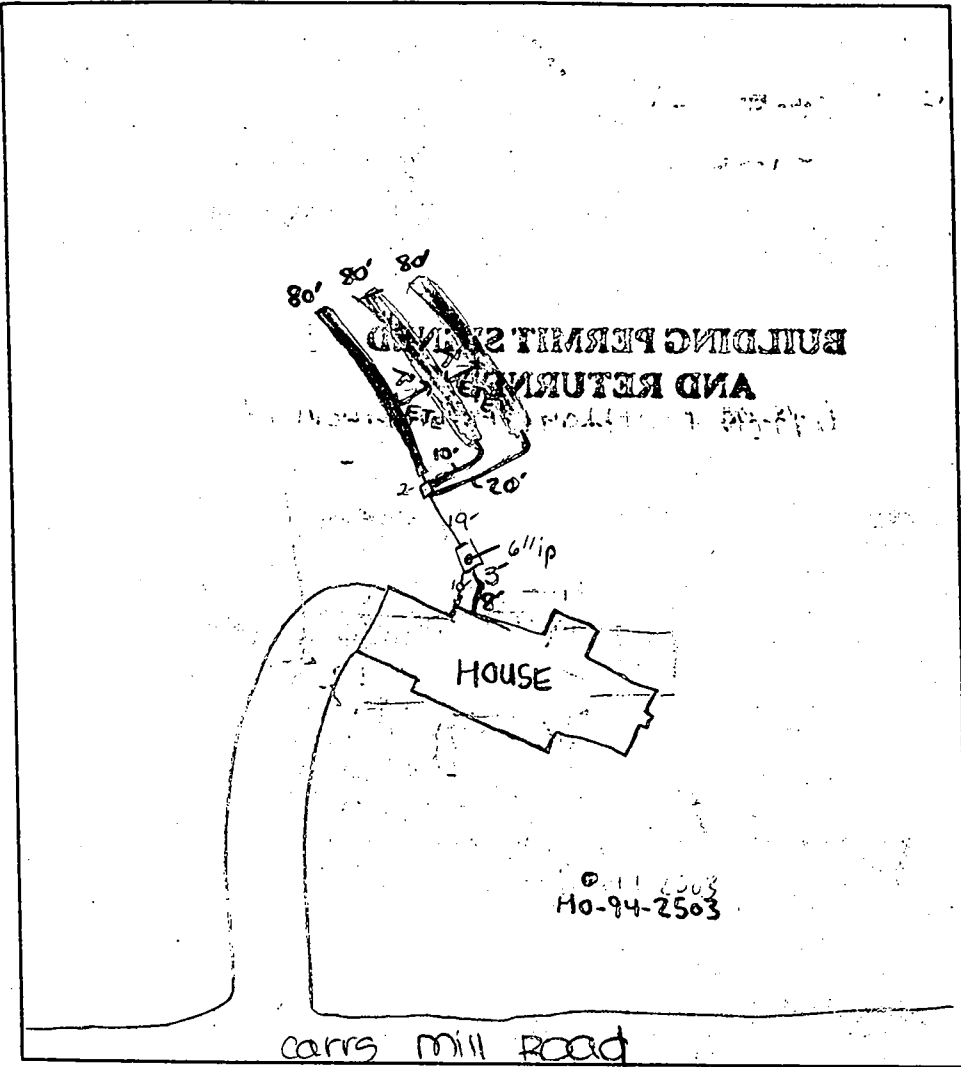
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

4510573

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3

TRENCH INLET DEPTH 4

TRENCH BOTTOM DEPTH 6

DEPTH OF STONE 2

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 240

ABSORBENT AREA 720 ft<sup>2</sup>

DISTRIBUTION BOX LEVEL

4 INCH CO. ON D.BOX

BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 <sup>MID SEPT</sup> GALLONS

MANHOLE RISER N/A

6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

~~PUMP CHAMBER GALLONS \_\_\_\_\_~~

~~MANHOLE RISER \_\_\_\_\_~~

~~ALARM \_\_\_\_\_~~

~~PUMP PERFORMANCE TEST \_\_\_\_\_~~

PRE-CONSTRUCTION INSPECTION: N/A

INSPECTION COMMENTS:

7/7/00 need c.o. on site. OK to cover from house to dist box.

OK to cover 1<sup>st</sup> trench and continue. DS

7/10/00 - OK TO COVER ALL WORK (SRK)

INSPECTOR Steven R. King

DATE SYSTEM APPROVED 7/10/00

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: J.A. Smith + Co. Inc. Telephone #: 410.296.7532  
Address: 7080 Kit Kat Rd  
Elkridge MD 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): J. Allen Smith Jr. License# 5581

\*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: W.R. Becker LLC Telephone #: 410.442.3257  
Subdivision: Dowd Property Lot #: 3 Well Tag #: HO-94-2503  
Site Address: 15495 Carrs Mill Rd  
Woodbine MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: Martingon Two piece watertight cap: YES  
Model #: 5GS05412 Model#: 510K Screened, vented well cap: YES  
Pump Capacity 5 GPM Depth: 48" (36" min) Cap secured to casing: YES  
Well Yield: 10 GPM NSF approved: YES Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: YES  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4.  
Torque arrestors of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house  
Type: Black poly  
PSI: 160 (160 psi min)  
Depth of supply line: 42" (36" min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 12"  
Sleeve caulked and sealed properly: YES

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: J. Allen Smith Jr. date: 9/13/00

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

Date Insp. Requested: 7/7/00 Date Insp. Approved: 7/7/00  
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 ✓

JAC



# APPLICATION

8/20/98  
10/15/98

PERCOLATION TESTING

A 510573

P \_\_\_\_\_

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

INITIAL PROPOSAL LIMITED  
BY SEPARATION REQUIRS  
WELLS TO ADJACENT SEPTICS  
SEPTICS TO STAGNA

DISTRICT \_\_\_\_\_  
DATE 7-21-98

(CW)

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 Robert Timothy Dowd

ADDRESS 15535 Carrs Mill Rd Woodbine, MD 21797 PHONE (301) 854-6651

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

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

PROPERTY LOCATION:

SUBDIVISION Dowd Property LOT NO. ~~3, large farm lots~~ 3

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP 14 PARCEL # 10 Grid 8

SIZE OF LOT 1 Acre TYPE BLDG. Single Family  
(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. Tim Dowd  
(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

SOIL PROFILE

0'

topsoil

3.5'

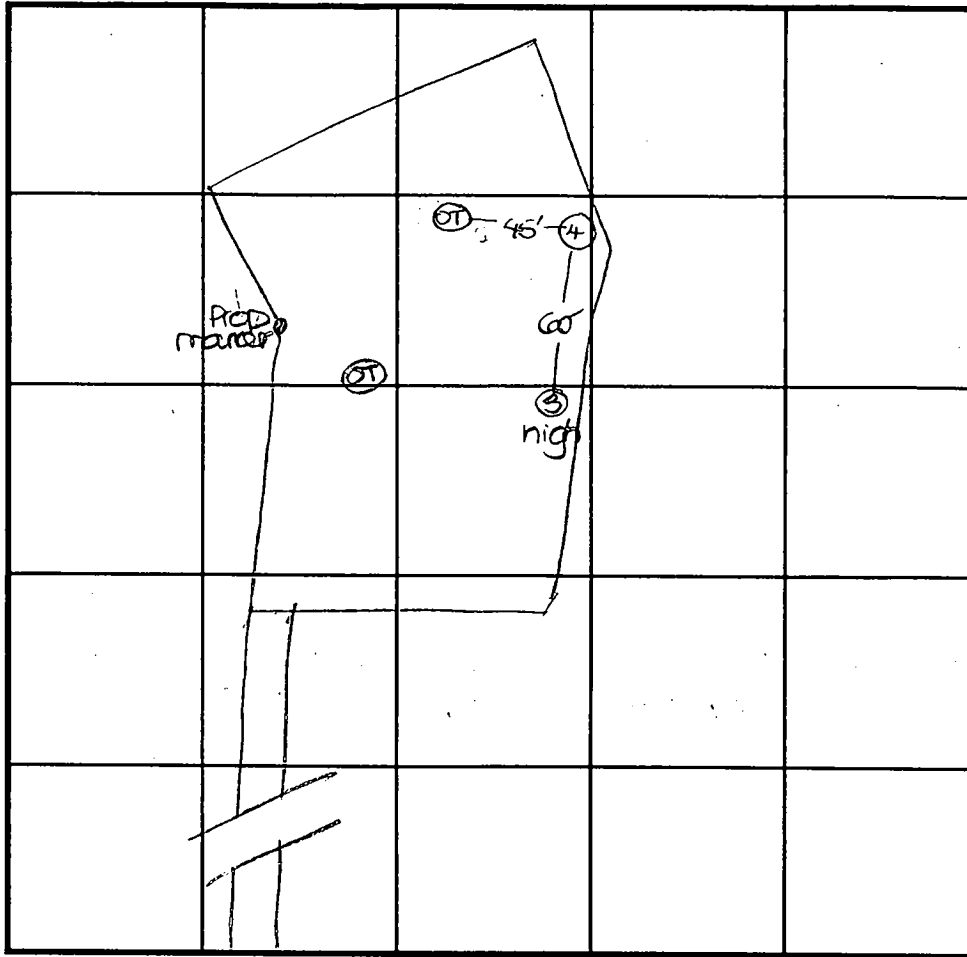
4'

org red  
brn  
a Lm

pale  
gy beige  
si Lm

5-10%  
rock

13'



0'

✓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Carrs Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-15-09	4	3.5' S	2:03 <sub>3</sub>	2:09	2:09	2:17	8
		13.0' D	visual	- see	profile		OK
	3	3.0' S	2:12	2:17	2:17	2:24	7
		14.0' D	visual	- see	profile		OK

REMARKS holes tested as staked - located in corn field

TYPE OF SOIL \_\_\_\_\_

TESTED BY D. Sae ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 510573

P \_\_\_\_\_

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

INITIAL PROPOSAL LIMITED  
BY SEPARATION REQUIREMENTS  
WELLS TO ADJACENT SEPTIC  
SEPTICS TO STASNA

DISTRICT \_\_\_\_\_

DATE 7-21-98

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

(CW)

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

PROPERTY OWNER Robert Timothy Dourd

ADDRESS 15535 Carrs Mill Rd Woodbine, MD 21797 PHONE (301) 854-6651

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

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

PROPERTY LOCATION:

SUBDIVISION Dourd Property LOT NO. 3, ~~three farm lots~~ (3)

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP 14 PARCEL # 10 Grid 8

SIZE OF LOT 1 Acre TYPE BLDG. Single Family  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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 \_\_\_\_\_

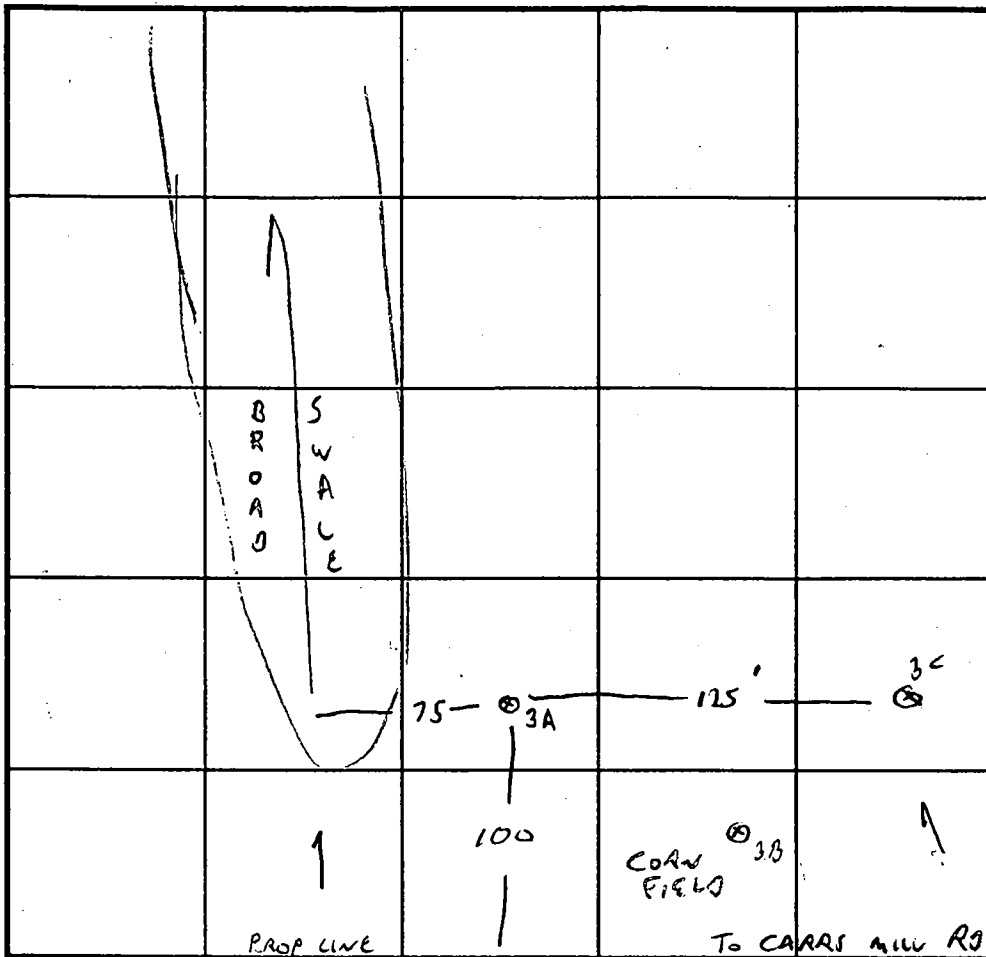
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A 510573

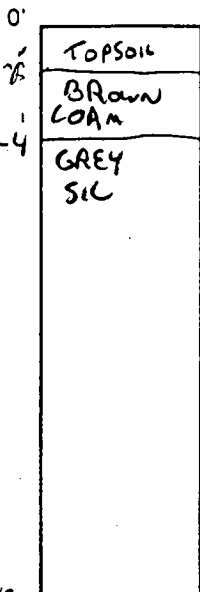
COUNTY #

SOIL PROFILE



SOIL PROFILE

3A



TYPICAL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RECENT PERC/SDA THIS AREA

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/15/78	3A	5/13	241	245	→	252	7 MIN
	3B	4/14V	NO NEED TO TEST				OK
	3C	4/14V	"	"			OK

REMARKS 3 OF 3

TYPE OF SOIL \_\_\_\_\_

TESTED BY G. SAVAGE ALSO PRESENT OWNER - LATHELOS

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 MIN TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180



C1 07551

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 A 510573

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 12/29/99

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2503

OWNER Becker William STREET OR RFD Carrs Mill Road TOWN Woodbine SUBDIVISION David Property SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top soil, Clay, Br. Sandstone, Tan Sandstone, Granite, Fractured zone, Granite, Tan Sandstone, Granite.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (1500), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0 to 32 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (35).

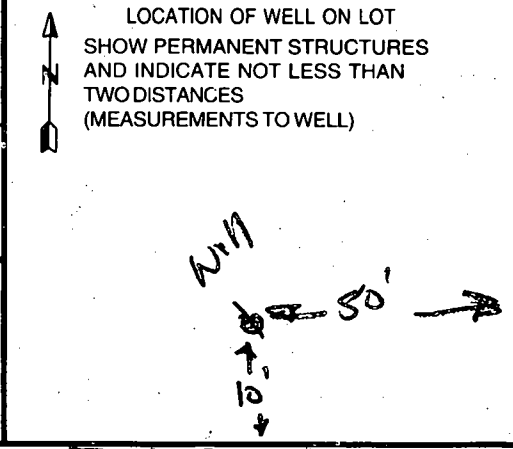
OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.) table with rows 1-51 and columns 8-21, 23-26, 30-32, 38-41, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (40 ft), WHEN PUMPING (46 ft), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (49), LAND SURFACE (2).



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y, N).

- CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. MW D 040

DRILLERS SIGNATURE (Wesley Blaylock), LIC. NO. MW D 386

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

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

Front Prop. line X

B 1 14220

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2503 fill in this form completely

Date Received (APA)

OWNER INFORMATION

RN 8105

Howard

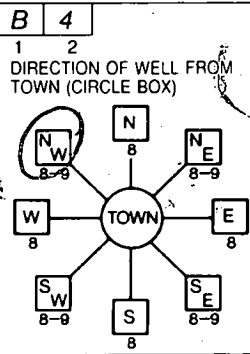
LOCATION OF WELL

CC#

Becker William 15300 Carrs Mill Rd Woodbine, Md 21797

8. COUNTY Howard 23 SUBDIVISION Dowd Property SECTION 44 46 LOT 3 48 50 GLENWOOD 52 NEAREST TOWN GLENWOOD MILES FROM TOWN 2

DRILLER INFORMATION George F. Easterday M W 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airv. Md. 21771



CARRS MILL RD 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD 500 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 510573 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/19/99 EXP. DATE 12/6/00 NORTH GRID 536 000 EAST GRID 0787 000

USE FOR WATER (CIRCLE APPROPRIATE BOX) 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

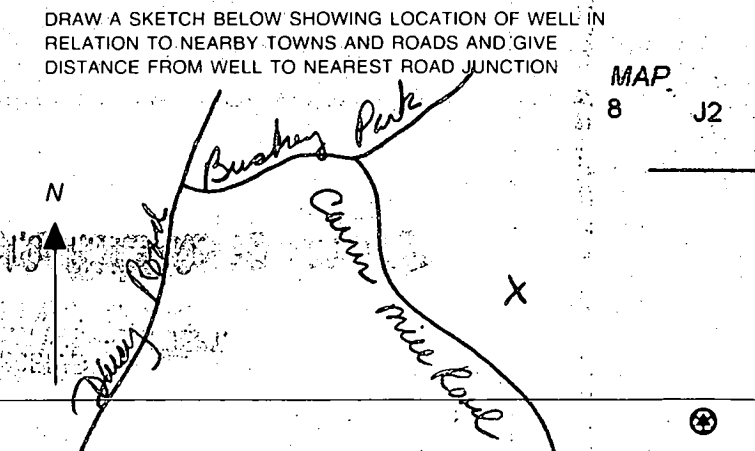
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 780 N 530

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE Reverse-ROTARY Drive-POINT

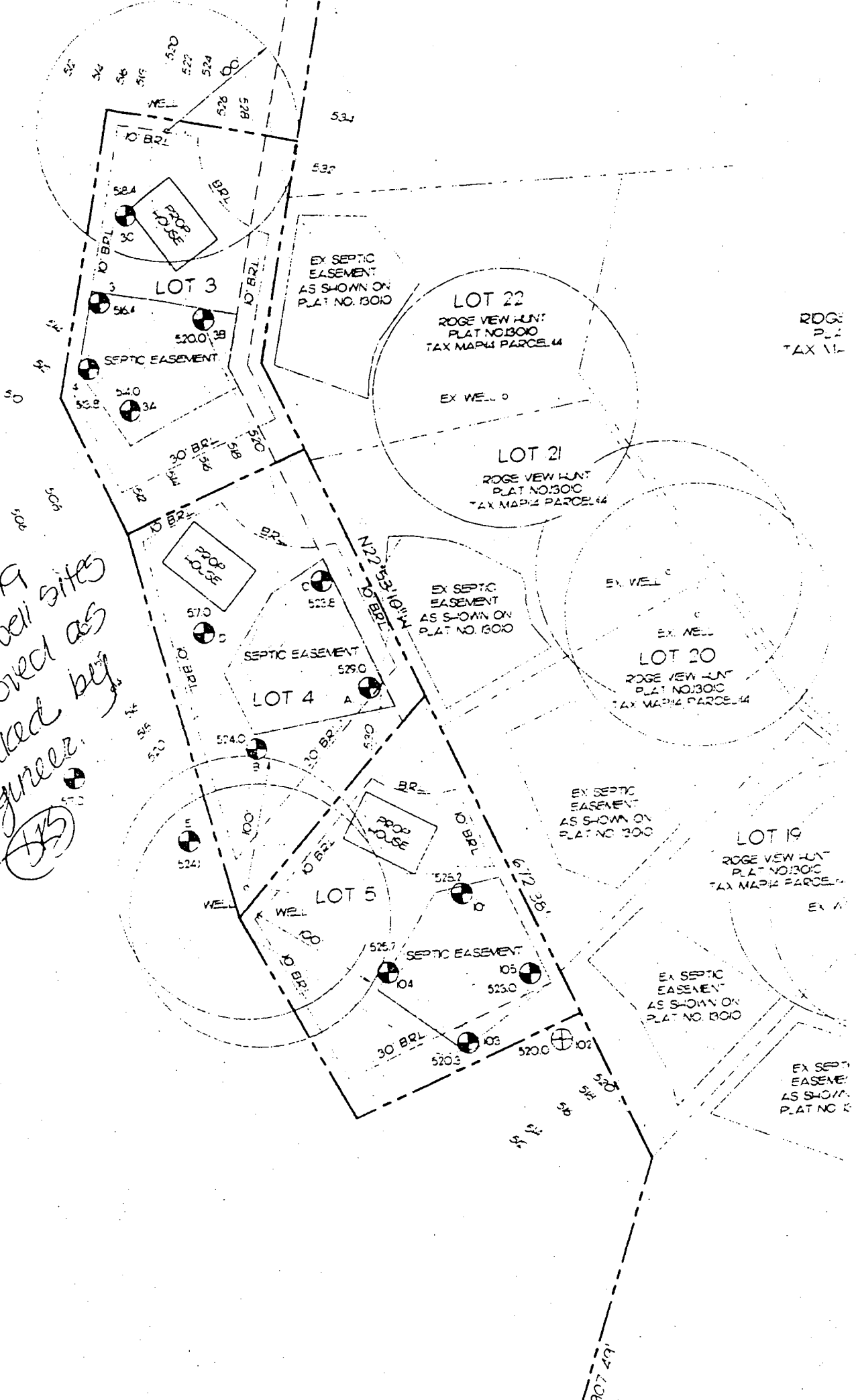
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER GAP PERMIT No. HO-94-2503



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

12/3/99  
All well sites  
approved as  
staked by  
engineer  
(Signature)





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## HOWARD COUNTY HEALTH DEPARTMENT


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Diane L. Matuszak, M.D., M.P.H., County Health Officer

December 7, 1999

### MEMORANDUM

TO: Mr. George F. Easterday  
L. Franklin Easterday, Inc.  
9265 Brown Church Road  
Mt. Airy, Maryland 21771

FROM: Donna K. Soe, R.S.   
Water and Sewerage Program

RE: Well Permit Applications  
Dowd Property, Lots 3 thru 5  
Carrs Mill Road

This is to advise you of special conditions associated with the above referenced well permits. As part of subdivision approval, it is required that all three wells are drilled prior to Health Department approval of the record plat.

Additionally, the wells on lots 4 and 5 shall be drilled in a dry weather condition (i.e., not in the "wet" season) with simultaneous yield tests performed. **It is requested that you provide 48 hours notice to this office when scheduling the simultaneous yield tests.**

Thank you in advance for your cooperation regarding this matter.

DKS  
Cc: file

