

3/20/00 ASAP  
3/21/00 Repair Time?  
3/22/00-11:30AM  
3/22/00 10AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512030

A REPAIR

DISTRICT \_\_\_\_\_

DATE 7/26/99

DATE SYSTEM APPROVED 3/27/00

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

INDEXED  
# 341752  
City Sewer

Eugene Ts. Valentine Capital ~~Contract~~ Service IS PERMITTED TO INSTALL  ALTER

ADDRESS P.O. Box 46407, St. Petersburg, FL PHONE 410-320-0684 410-974-4710 987-1176

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 8455 Murphy Road

PROPERTY OWNER Eugene Valentine

ADDRESS 8455 Murphy Road  
Laurel, Maryland 20723

SEPTIC TANK CAPACITY 2000 TOP-SEAMED 2-CHAMBER GALLONS  
LOCATION OF TRENCH AND DRYWELL TO BE DETERMINED AT TIME OF PRE-INSTALLATION INSPECTION

NUMBER OF BEDROOMS 8

\_\_\_\_\_ SQUARE FEET PER BEDROOM PUMPED SEPTIC SYSTEM

LINEAR FEET OF TRENCH REQUIRED DRYWELL + 60' TRENCH

REPAIR - PURPOSE - IN SUPPORT OF EXPANSION OF EXISTING ADULT GROUP HOME TO 16 PERSONS.

INSTALL: Drywell and trench combination  
Drywell: 12' square, inlet 4 feet below original grade. Bottom 12 feet below

original grade, center ring optional  
Trench: Minimum 10' downhill of drywell, 2 feet wide. Inlet 4.5 feet below original

grade. Bottom 11.5 feet below original grade. TOTAL LENGTH - 60' MINIMUM.  
~~2000-1500~~ Gallon pump chamber, with high water alarm

Existing septic tank construction to be evaluated for possible replacement

Existing drywell to be disconnected, abandonment optional

PLANS APPROVED BY Mark E. Rifkin DATE 11/30/99

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.

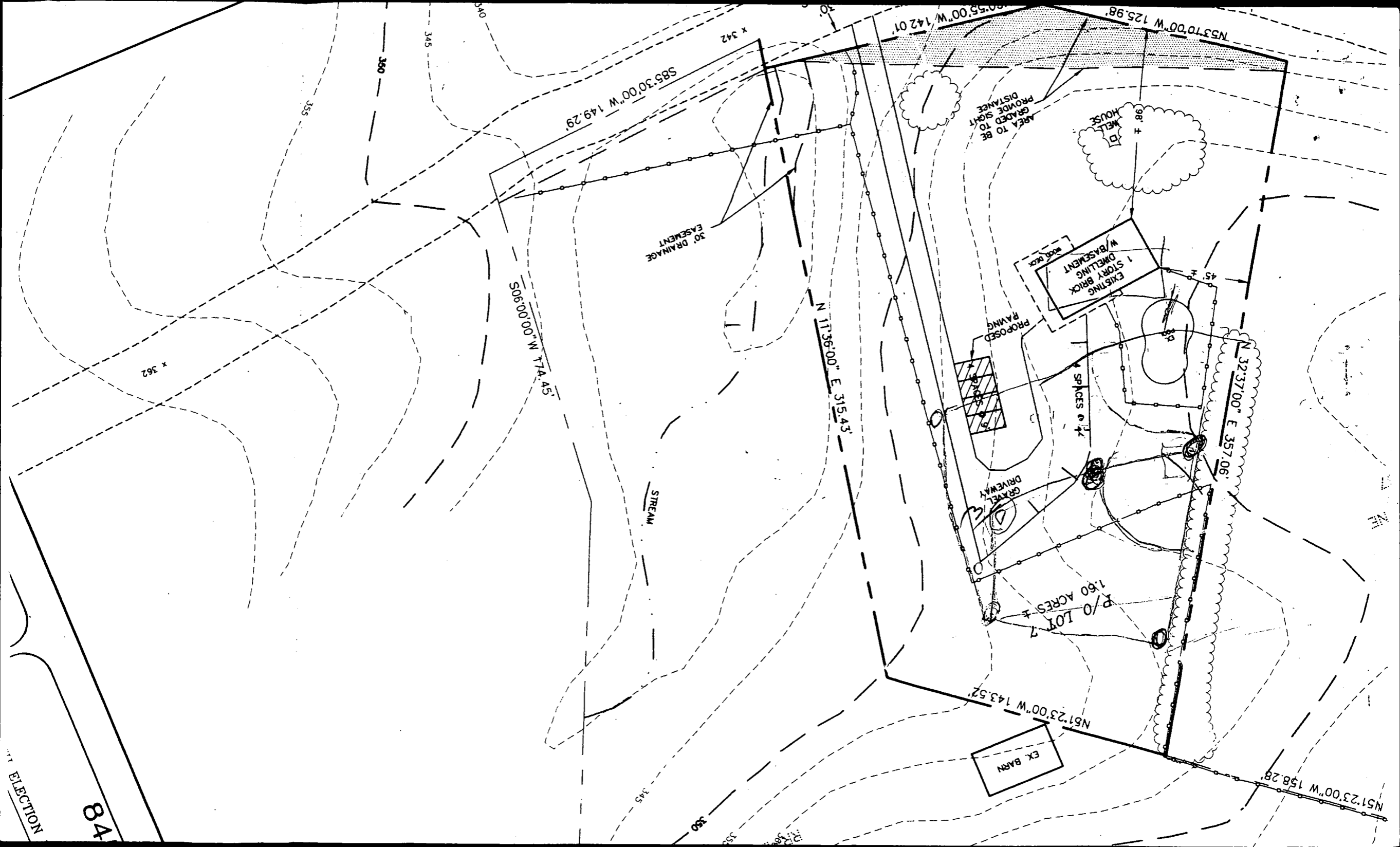
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90) \*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

512030





7/30/99  
10 AM

# APPLICATION

PERCOLATION TESTING

A REPAIR

P 512030

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

DISTRICT \_\_\_\_\_

DATE 7/26/99

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 EUGENE VALENTINE

ADDRESS 8455 MURPHY ROAD FULTON PHONE 410 974-4710

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

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 7

ROAD AND DESCRIPTION 8455 MURPHY ROAD

TAX MAP 46 PARCEL # 170

SIZE OF LOT 1.6 ACRES TYPE BLDG. ASSISTED LIVING FACILITY  
(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. Eugene Valentine  
(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

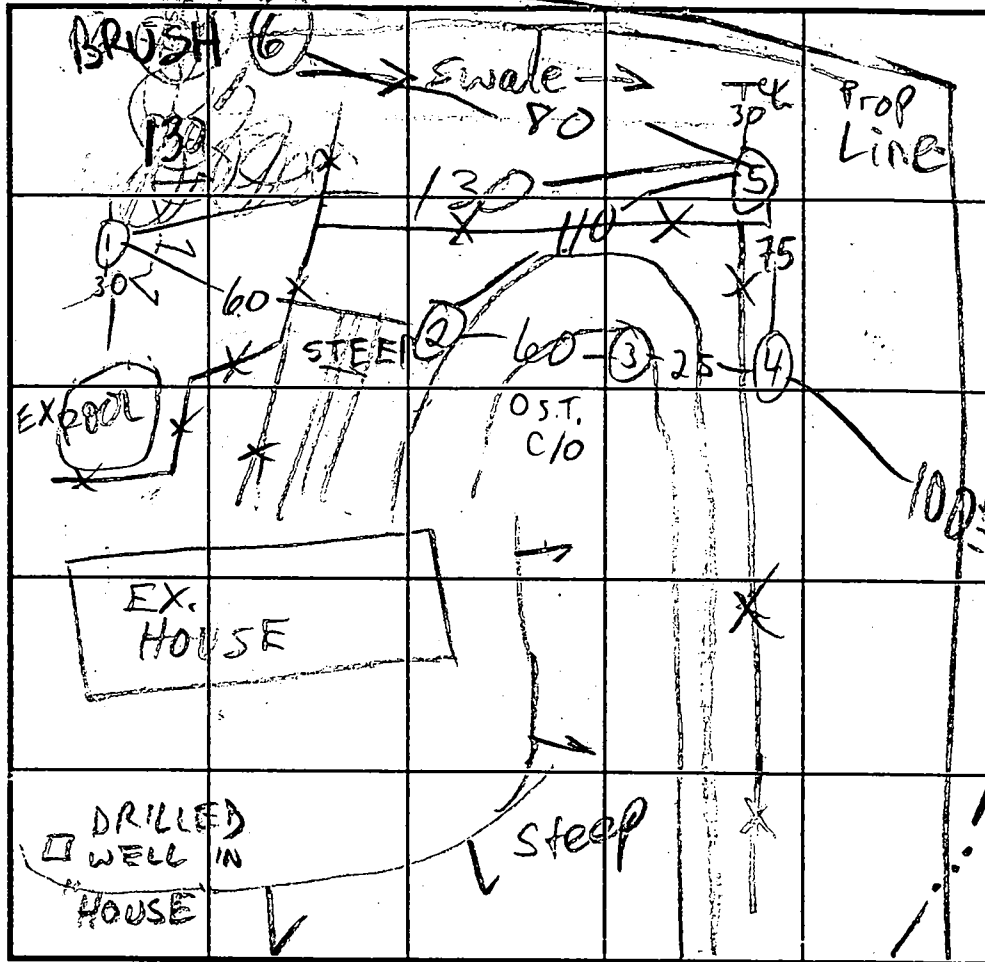
BARN

COUNTY #

SOIL PROFILE

0' tan orge sic 1m

5' tan brn mica si. 1m 15-20% frags



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MURPHY RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/30/99	1s	6	1:09	1:12	1:13	1:19	6
	1v	12 1/2	see profile				
	2v	12	see profile				
	3v	8	ALL ORGE/BRN CLAY		FAIL		
	4v	14	FILL / CLAY		FAIL		
	5s	6	2:19	2:25	2:25	2:52	27
	5v	13					
	6s	6	2:48	2:49	2:49	2:51	2
	6v	12 1/2					

REMARKS \_\_\_\_\_

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

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

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

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

12 1/2' tan brn mica sa 1m 410% frags

5' tan mica sa 1m 410% frags

13' (4) FILL

4' ORGANIC MAT'L MIX W/SOIL

5' orge cl

14'

ENCLOSED AREA 1.600

375

PLAN.

ALBIN F. AN

PLAT B

F. AND SARAH E. PAYNE  
PROPERTY  
LAT BOOK 5 FOLIO 67

P/O LOT 7  
RR-DEO

*Prop. Test  
Holes*

EX. BARN

P/O LOT 7  
1.60 ACRES ±

N 32°37'00" E 357.06'

GRAVEL  
DRIVEWAY

POOL

EXISTING  
1 STORY BRICK  
DWELLING  
W/BASEMENT

PROPOSED  
PAVING

WOOD DECK

WELL  
HOUSE

AREA TO BE  
GRADED TO  
PROVIDE SIGHT  
DISTANCE

*Stream*

30' DRAINAGE  
EASEMENT

N53°10'00"W 125.98'

N80°55'00"W 142.01'

N 17°36'00" E 315.43'

S85°30'00"W 149.29'

8455  
Murphy Road  
Map 46 P. 170 Grid 9

MURPHY ROAD  
(MINOR COLLECTOR - 60' ROW)

30'  
PAVING

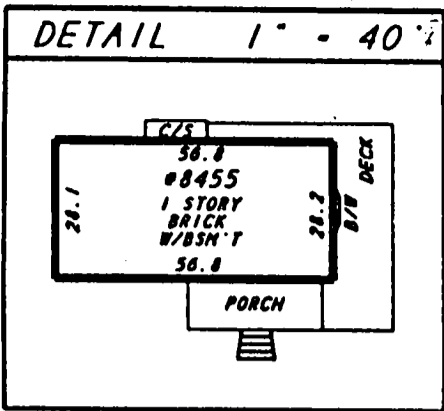
x 342

APPROX. 5000' TO THE  
INTERSECTION OF MURPHY  
ROAD AND OLD COLUMBIA  
PIKE

340

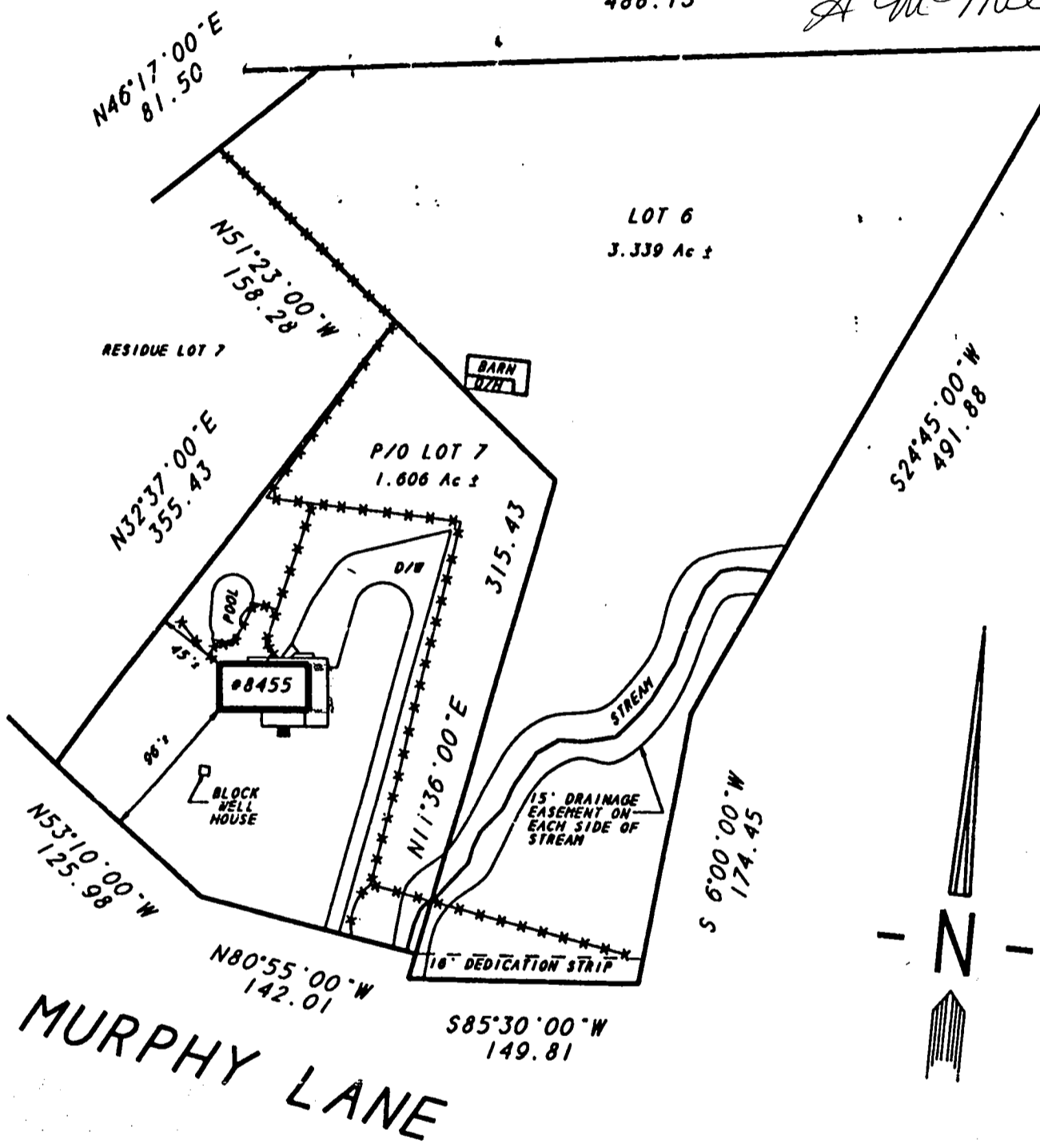
335

335



7/9/01  
B00131240  
Enclose existing car  
port - adding 2 bdrms  
for group home - repair  
for addition completed  
3/27/00  
A McMill

N82°31'00"E  
488.13



**DULEY AND ASSOCIATES, INC.**  
 P.O. BOX 1431  
 UPPER MARLBORO, MD.  
 20773-1431  
 PHONE : 301-888-1111  
 FAX : 301-888-1114

LOCATION SURVEY OF:  
**#8455 MURPHY LANE**  
 LIBER 1330 FOLIO 726  
 N/F PROPERTY OF  
**CURTIS H. & VIRGINIA A. ARNOLD**  
 FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MD  
 SCALE 1"=100' DATE: 9-24-96



CASE # 220496  
 VALENTINE  
 FILE # CN963589

**SURVEYOR'S CERTIFICATE**

I HEREBY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO LIE WITHIN FLOOD ZONE C. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING, OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 4". NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY, SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS NOT SHOWN ON RECORD PLAT MAY NOT BE SHOWN HEREON.

**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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sykesville, Md 21784

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

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

Name of Property Owner: Eugene Valentine Telephone #: 410-724-0054

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3167

Site Address: 8455 Murphy Rd  
Fulton Md 20769

Submersible Pump Data

Make: Red Jacket  
Model #: 0018 21-0072  
Pump Capacity 7 GPM  
Well Yield: 5 GPM

Pitless Adapter

Make: Cambell  
Model#: \_\_\_\_\_  
Depth: 42' (36" min)  
NSF/WSC approved: Y

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 250 feet

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: Black Plastic 1"  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y  
Approximate length of sleeve: 5'  
Sleeve caulked and sealed properly: Y

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: Allen Compton

date: 8-7-01

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

Date Insp. Requested: 8/7/01 Date Insp. Approved: 8/7/01 Inspector: (MR) SRK

Inspection Data:

- Pitless adapter watertight & 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 not seen outside of well cap/casing
- Correct well tag attached properly and casing 3" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

H<sub>2</sub>O line installed into ex. pit

7/26/01  
4:00

SITE INSRECTION SHEET

OWNER: Eugene Valentine

DATE REQUESTED: \_\_\_\_\_

PHONE #: \_\_\_\_\_

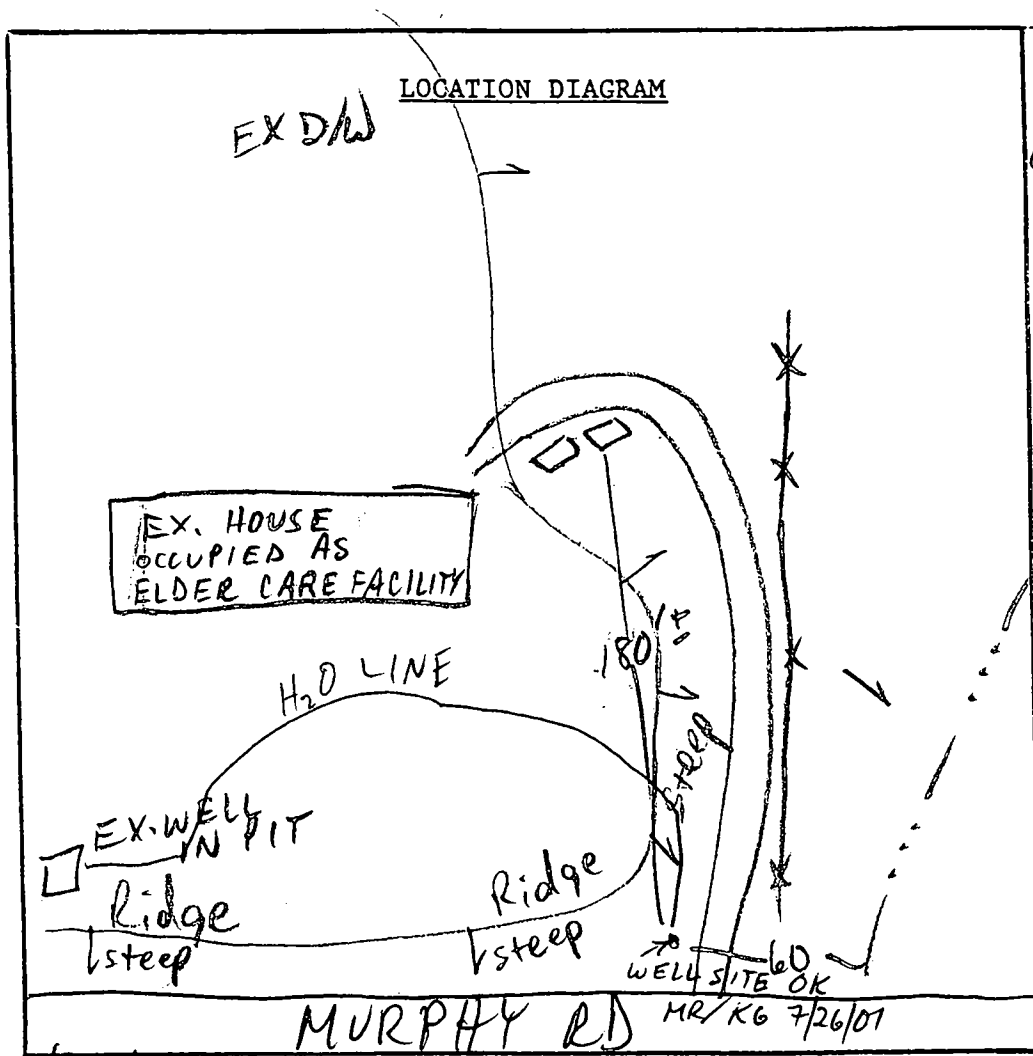
CONTRACTOR: \_\_\_\_\_

SITE ADDRESS: 8455 Murphy Rd

WELL TAG #: H0-94-3167

COUNTY #: \_\_\_\_\_

PROPOSAL: ex. well dry, replacement requested



7/31/01  
GROUT IN PROGRESS  
5 BAGS  
2' CASING A.G.  
17' OPEN HOLE  
20' CASING  
MR/KG

COMMENTS: 7/26/01 MET OWNER + DRILLER @ SITE; WELL SITE SELECTED BASED ON ACCESSIBILITY FOR WELL RIG; OK TO START MR/KG

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

C1 0628

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND 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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3167

OWNER: Valenzuela STREET OR RFD: 8455 SECTION: Fulham

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Mica, Gray Mica, Brown, Gray Mica, Brown, Gray Mica.

GROUTING RECORD form with fields for YES/NO, CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (7), NO. OF POUNDS (658), GALLONS OF WATER (42), DEPTH OF GROUT SEAL (0 to 18 ft).

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (20).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), SLOT SIZE (1, 2, 3), DIAMETER OF SCREEN (56, 60).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

- CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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.: M SD 009. DRILLERS SIGNATURE: [Signature]. LIC. NO.: M D

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

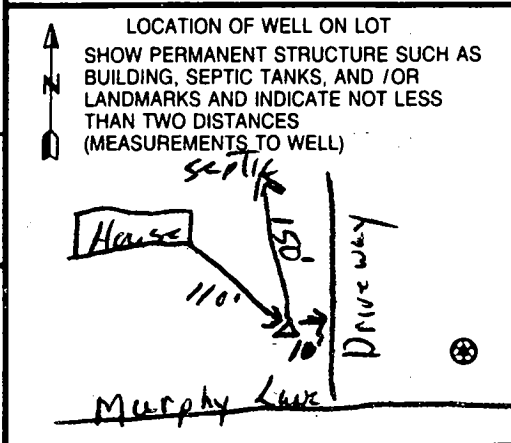
DEPTH (nearest ft.) table with columns 1-51 and rows E, A, C, H, S, R, E, E, N.

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

C3 PUMPING TEST form with fields for HOURS PUMPED (01), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (60 ft before, 240 ft when), TYPE OF PUMP USED (A air).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (8), PUMP HORSE POWER (1/2), PUMP COLUMN LENGTH (230), CASING HEIGHT (02).



B 7-1 06954

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W51596 Please print or type

HO-94-3167 fill in this form completely

Date Received (APA) 08/22/01

OWNER INFORMATION

Valentine, 8455 Murphy Rd., Fulton MD, 20759

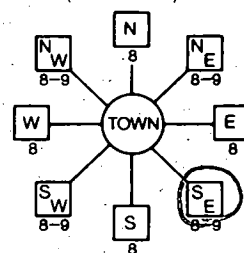
LOCATION OF WELL

Howard, 8455 Murphy rd., Fulton, 2 miles from town

DRILLER INFORMATION

Allen Compton, MS D009, Eagles Well Drilling, 580 Obrecht rd, Sykesville

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



8455 Murphy rd., NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50 FT, DISTANCE FROM ROAD

TAX MAP: 46 BLK: 9B PARCEL: 0170

WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL

Howard, P512030, COUNTY NAME, COUNTY NO.

DATE ISSUED 07/26/01, Mark E. Rifkin, EXP. DATE 7/26/02, NORTH GRID 476, EAST GRID 0824

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY (circled), JETTED, 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 (circled), 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, PERMIT No. HO-94-3167

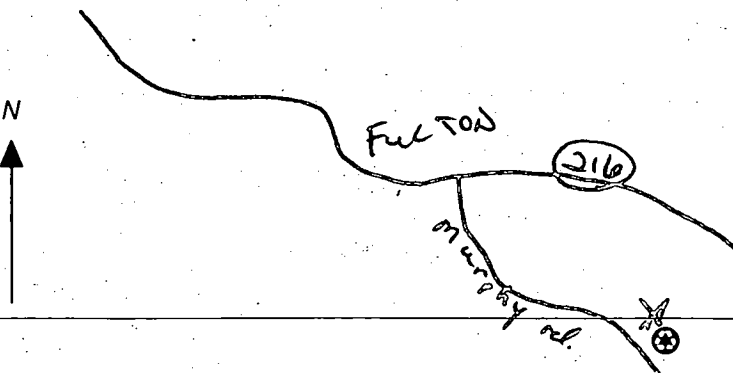
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

824, 476

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED