

6-9-86
approved
S. Abel

PERMIT

P 36898

A 27837

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~892230X~~
461-9933

INDEXED

03-306305

ELLICOTT CITY
DISTRICT 3rd

DATE 5/06/86

Wright Construction IS PERMITTED TO INSTALL X ALTER

ADDRESS Eldersburg, Liberty Road PHONE

SUBDIVISION Buttercup Estates ROAD 12791 Buttercup Ct. LOT 2

PROPERTY OWNER ~~Larry Gimes~~ Emerson

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

158/BDRM
1F DW - 125/BDRM

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

PLACE THE DISTRIBUTION BOX 118' FROM THE FRONT (326') LOT LINE AND 60' FROM THE (323')

RIGHT SIDE LINE AS SEEN FROM THE COURT. RUN TRENCHES ON CONTOUR TOWARD THE FRONT LOT LINE.

BOTTOM MAX 9', IN LOT 4'

START TRENCHES AS HIGH IN PEGC AREA AS POSSIBLE.

BLDG. PERMIT SIGNED

AND RETURNED 11/30/94

Serial # 57300
Deep addition

PLANS APPROVED BY S. Abel/C. Williams

DATE 5/05/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 27837

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 36898
A 28898

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 337

DATE 5-28-86

WRIGHT CONTR. IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS ELDERSBURG LIBERTY RD. PHONE _____

SUBDIVISION BUTTERCUP EST. ROAD BUTTERCUP CT. LOT 2

PROPERTY OWNER LARRY GRIMES

ADDRESS 1336 LARBYLERS RD. BALTO. MD 21228

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO 70. MD 21228

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

PLACE THE DISTRIBUTION BOX 118' FROM THE FRONT (326') LOT LINE & 60" FROM THE (323') RIGHT SIDE LINE AS SEEN FROM THE COURT. RUN TRENCHES ON CONTOUR TOWARD THE FRONT LOT LINE

PLANS APPROVED BY _____ DATE _____

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

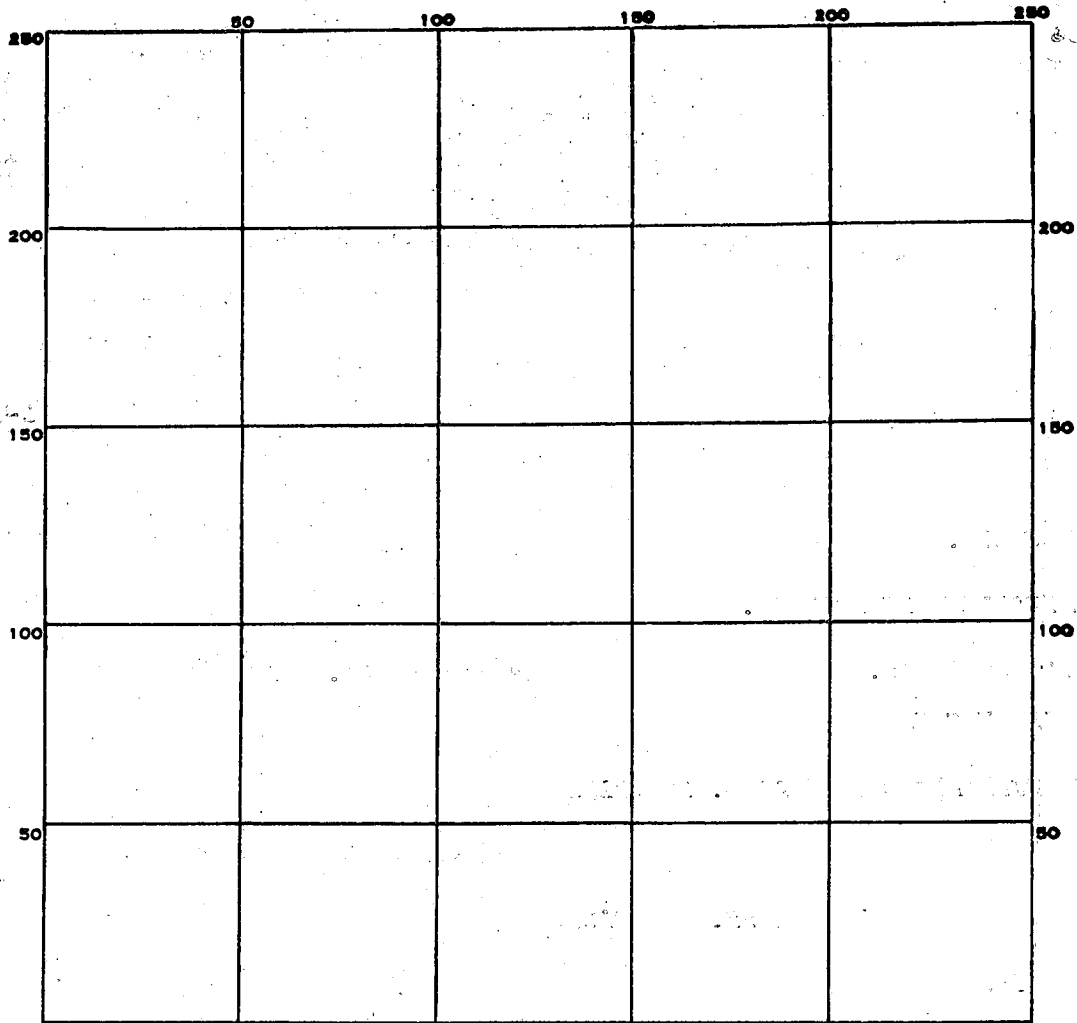
PERMIT VOID AFTER THREE YEARS.

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6' IN. TOTAL LENGTH 140ft. FT.

NUMBER OF TRENCHES 2 TOTAL ~~BOTTOM~~ AREA 790 sq. ft.

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

APPLICATION

A 27837

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4/17/78

SEE SEPARATE SHEET

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER ~~Chester E. Grimes~~ Larry & Sandra Grimes

ADDRESS 12790 Frederick Road, West Friendship, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Buttercup Estates LOT NO. 1

ROAD AND DESCRIPTION ~~Route 144~~ 12791 Buttercup Court

SIZE OF LOT 3.1 acres m/l TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Jack Boender

APPROVED BY Raymond Dodge FOR DRY WELL DATE 10/20/78
(KIND OF SYSTEM)

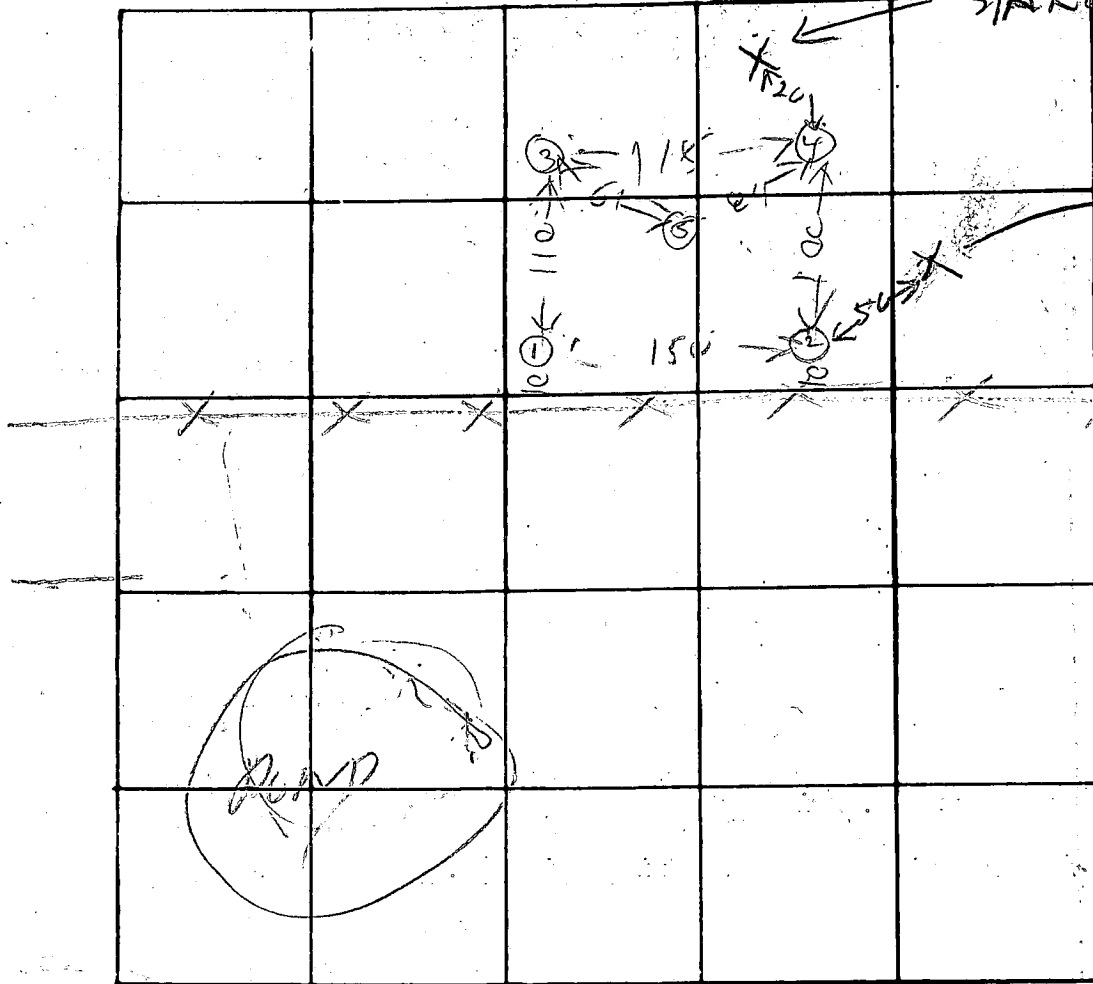
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/25/78 - PERC OK HOLD FOR

UNTRIPLED HOLE'S 10/19/78 FINAL PLAT

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

ROUTE 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/25/78	1S	3	1144	1146	1146	1148	2
	1D	12	1145	1200	1200	1225	25
	2S	3	1155	1205	1205	1215	10
	2D	9 1/2	1155	1200	1200	1205	5
	3D	12	1214	1220	1220	1233	13
	3S	3 1/2	1218	1214	1214	1216	2
	4S	3 1/2	1245	1246	1246	1248	2
	4D	12 1/2	1246	1252	1252	1257	5
4/25/78	5V	11 1/2	TOP	3 FT	CLAY		
			BOT	8 1/2	SANDY		

22
3
4

50

REMARKS

air time 7
Max depth 3

TYPE OF SOIL

TESTED BY

R HODGES

ALSO PRESENT:

J F YOCK
D. RUSIT

APPLICATION

A 27838

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4/17/78

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Chester E. Grimes

ADDRESS 12790 Frederick Road, West Friendship, Md. PHONE _____

PROPERTY LOCATION

SUBDIVISION Buttercup Estates LOT NO. 2

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3.3 acres m/l TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Jack Boender

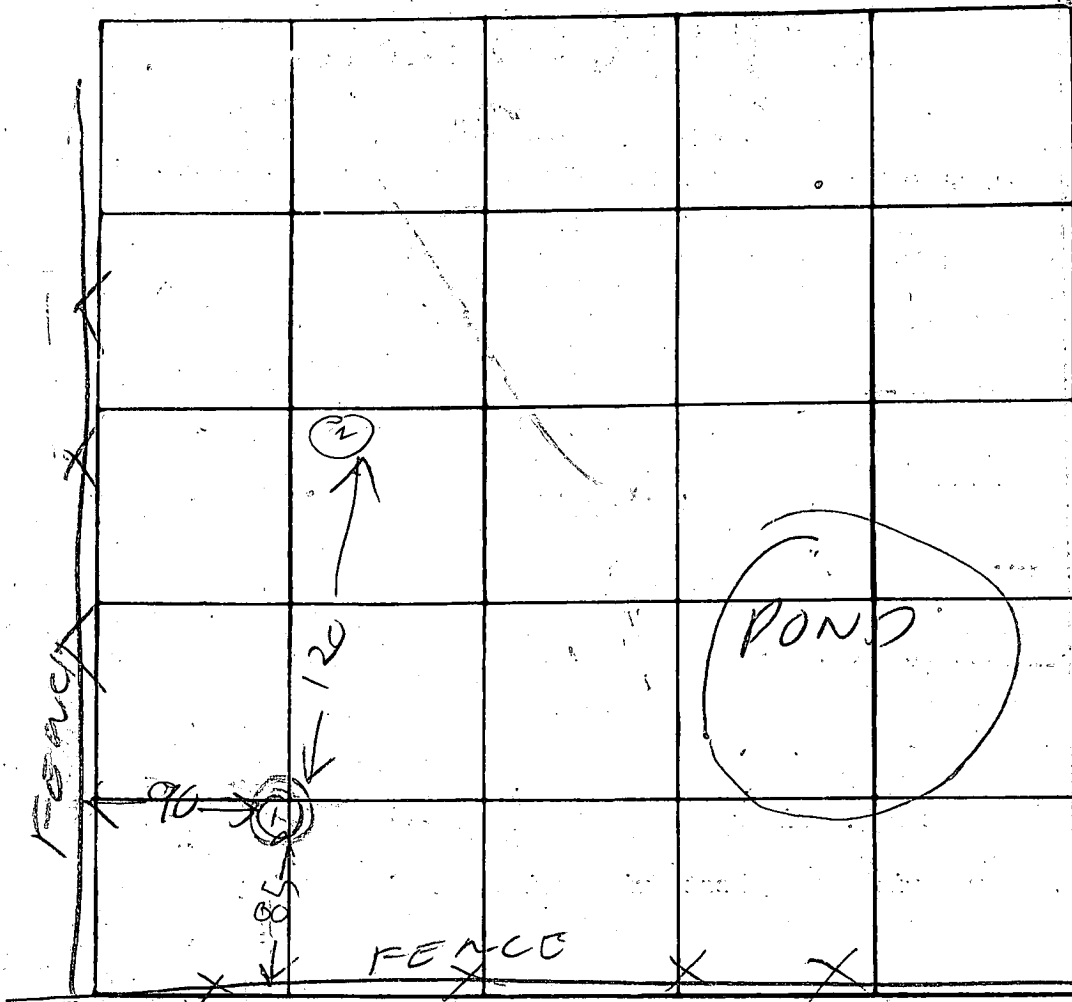
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/25/78 DIG MORE

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RT 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/25/78	(1) S	3 1/2	234	245	little per			
4/25/78	(1) D	10	UNDERGROUND WATER 10 FT					
4/25/78	(2) V	9	UNDERGROUND WATER					

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT D. RUSH

J. FLOCK

B 1 **1013** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1426

fill in this form completely

Date Received **4/10/86**

OWNER INFORMATION:

GRIMES **JANOV**

15 Last Name Owner First Name

1336 A DIDDLE FORT RD

36 Street or RFD 55

WILMETHURVILLE **MD 21228**

57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HAMIL **21**

8 COUNTY

BUTTERCUP ESTATES **42**

23 SUBDIVISION

SECTION **44** **46** LOT **2** **50**

WEST FRIENDSHIP **71**

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **4** **MI**

73 76 77 78

DRILLER INFORMATION

Driller's Name **238**

77 License No. 80

Firm Name **5512 Ridge Rd. Mt Airy Md 21771**

Address

Signature **4/7/86**

Date

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

2 NEAR WHAT ROAD

BUTTERCUP COURT **30**

11

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH **32** EAST

WEST SOUTH

225 **37**

DISTANCE FROM ROAD

ENTER FT or MI **FT**

38 39

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)

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 HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A27837**

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S **41**

DATE ISSUED **04/17/86**

43 48 CO-SIGNATURE **Stanger** **10/17/86** EXP. DATE

NORTH GRID **576000** EAST GRID **0811000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **140** **28** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 _____

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

8101 **5306**

Creation of 53' casing 3' above pt. 10' open 40' feet 9 bags cement 4/30/86

88

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

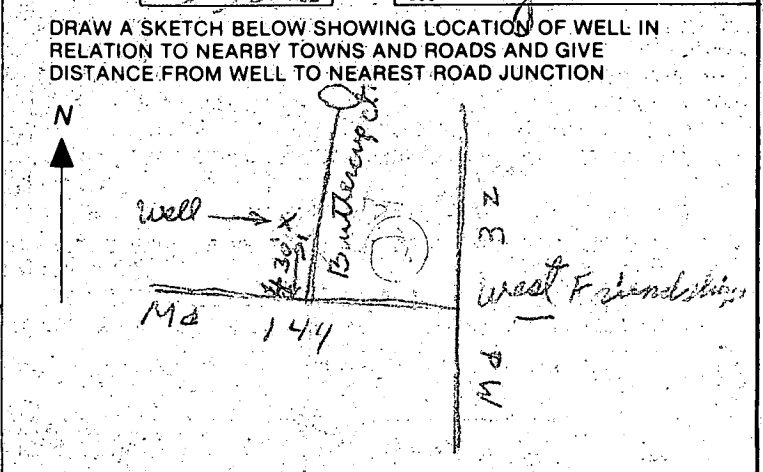
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 **THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY**

THIS WELL WILL DEEPEM AN EXISTING WELL

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



Not to be filled in by driller (OEP USE ONLY)

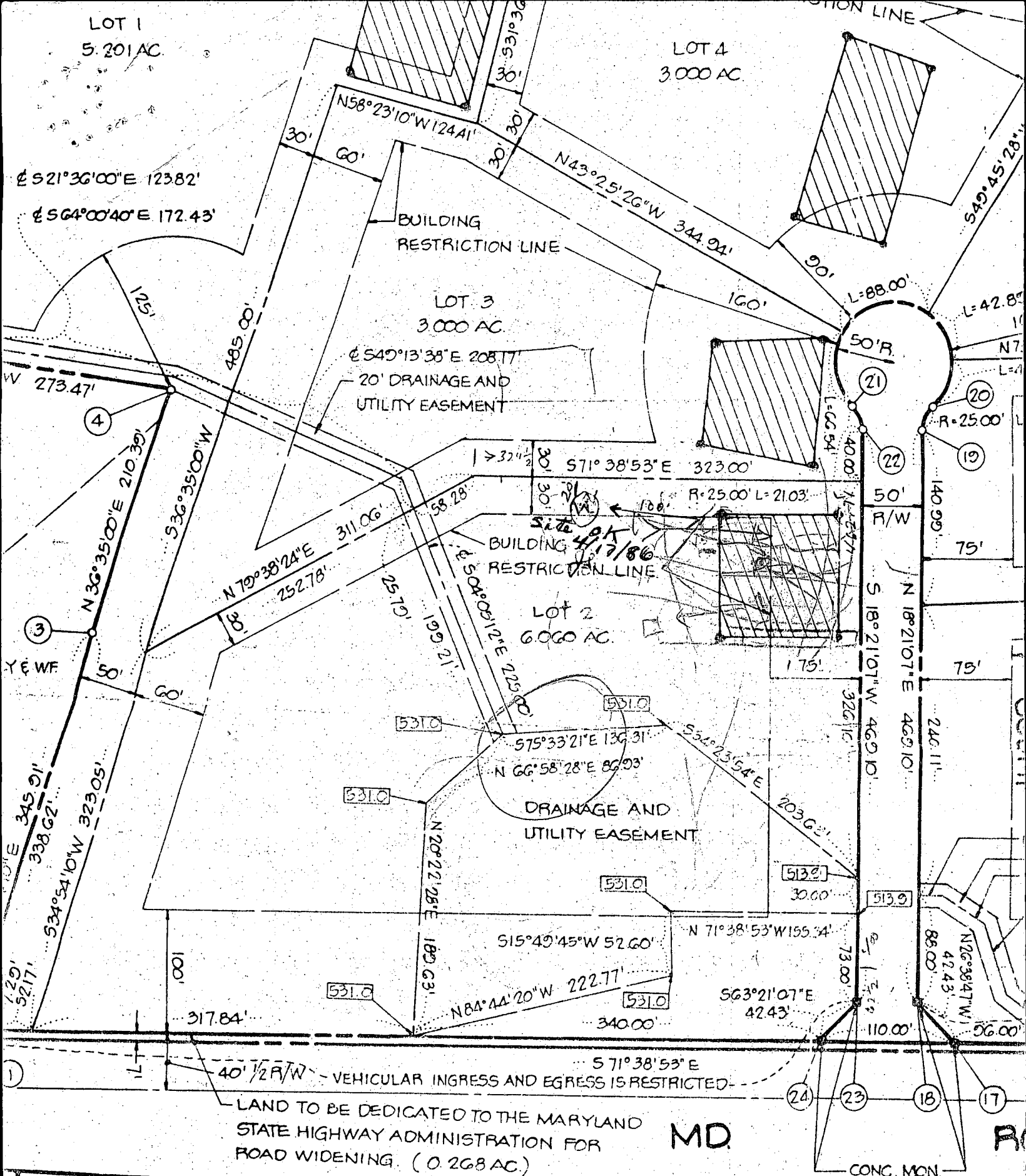
APPROP. PERMIT NUMBER _____ **G A P** _____ **63**

54

FORCE **AS** **WRITE INITIALS IN BOX** **PERMIT No.** **40-81-1426**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



OWNERS STATEMENT

WE, CHESTER E. GRIMES, AND DOLORES E. GRIMES, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE RESTRICTION LINES

SUB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Larry J. Drums
(Name)

442-2096
744-1595

1336 Middleford Rd.
(Address) 21228

(OEP Well Permit Number)

4/1/86
(Date)

C1 00482

SEQUENCE NO. (OEP 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 A 2 7 8 3 7

DATE Received

DATE WELL COMPLETED 04 30 86

Depth of Well 105 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-81-1426

OWNER GRIMES LARRY last name first name STREET OR RFD BUTTERCUP CT TOWN SUBDIVISION BUTTERCUP ESTE SECTION LOT 2

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY Mica Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 9, NO. OF POUNDS 846, GALLONS OF WATER 54, DEPTH OF GROUT SEAL 40 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter 6, Total depth 53.

OTHER CASING (if used) diameter inch, depth (feet) from to.

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

DEPTH (nearest ft.) table with columns for casing and screen depths.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

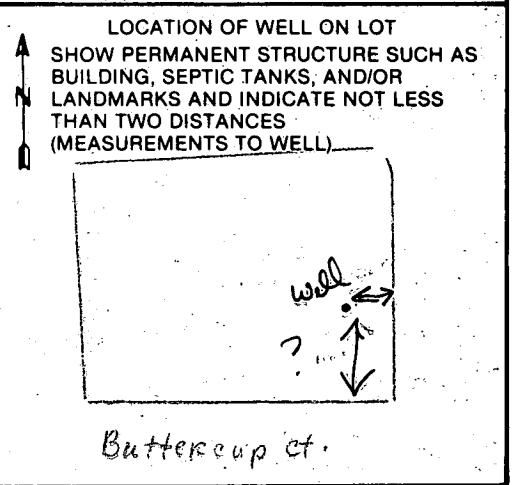
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

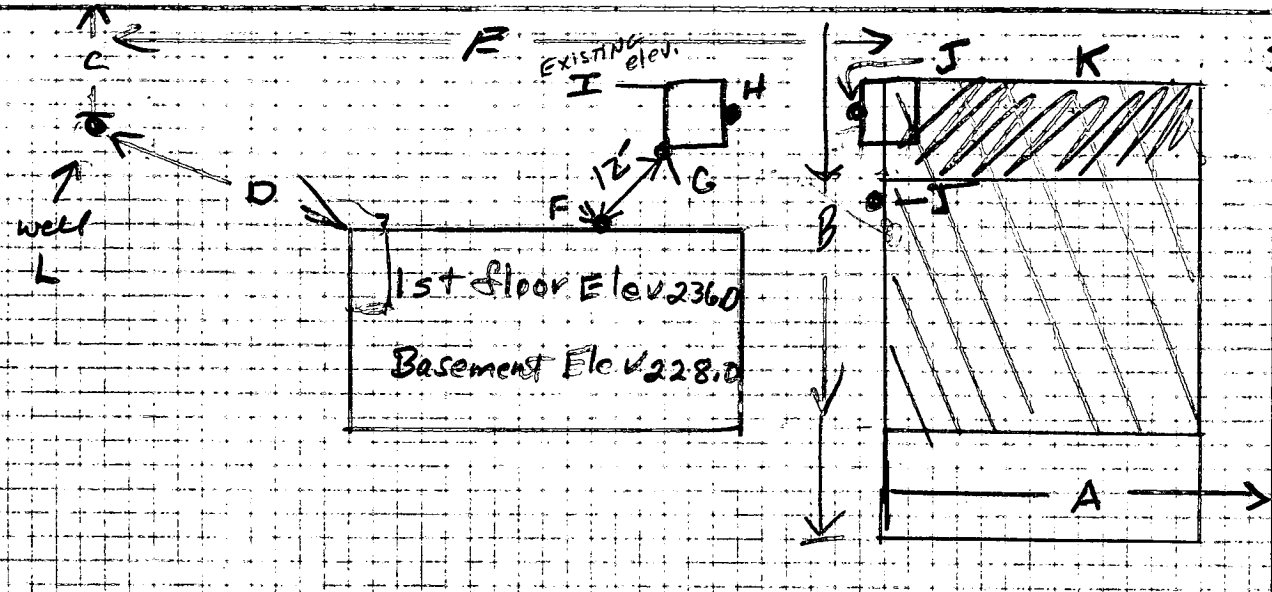
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: C 3, HOURS PUMPED 3, PUMPING RATE 12, METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 15, WHEN PUMPING 35, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 3 (nearest foot).





- A 125 FT ✓
- B 160 FT ✓
- C 13 FT ✓
- D 35 FT ✓
- E 128 FT ✓
- F 233.25 ✓
- G 233.0 ✓
- H 232.75 ✓
- I 235.0 ✓
- J 230.0 ✓
- K 234.0 ✓
- L 224.0 ✓

INLET

J- ORIGINAL ELEVATION 233.0

B.P. # 70136

Buffer strip correct

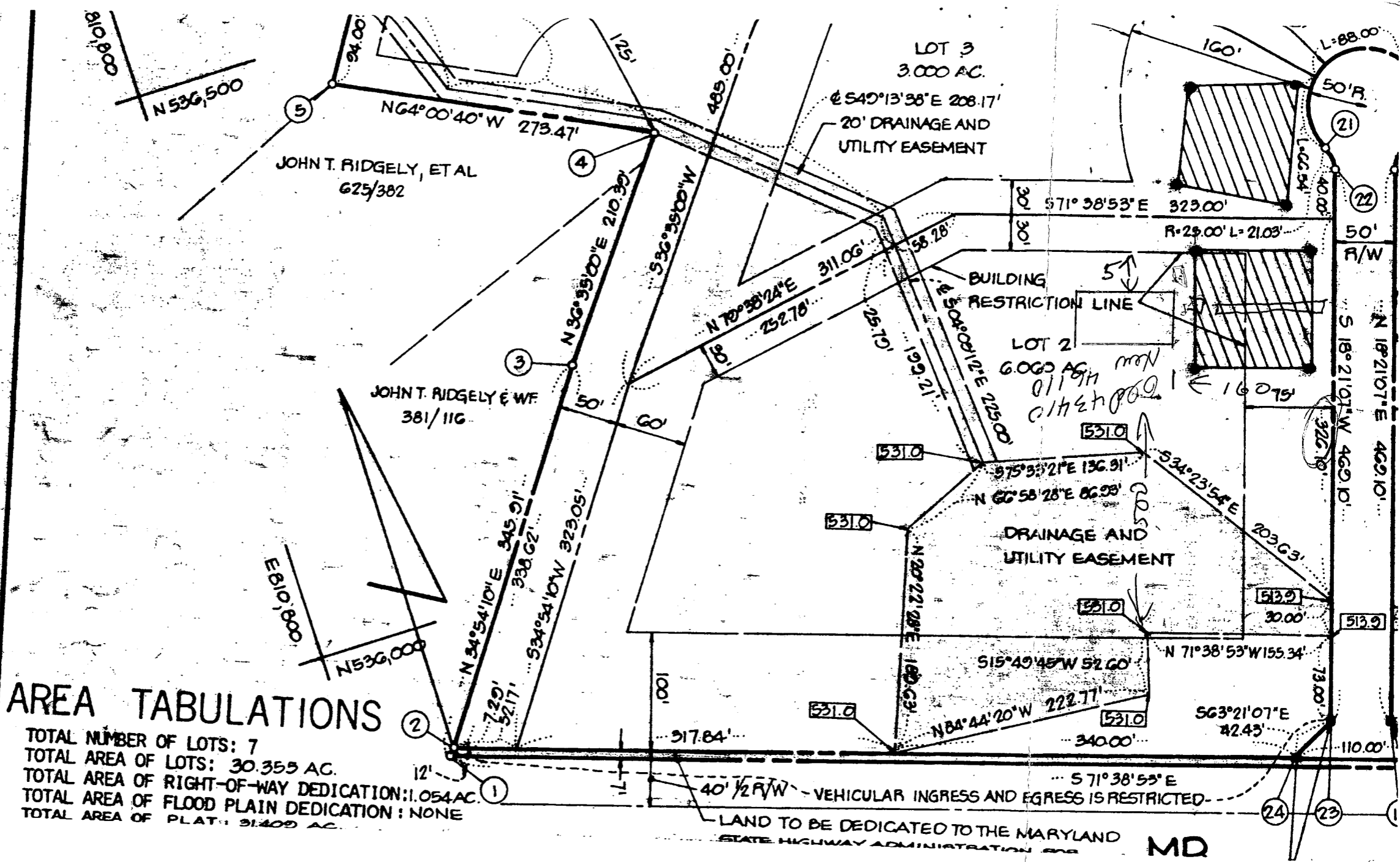
← RT 144 →

78-5-9

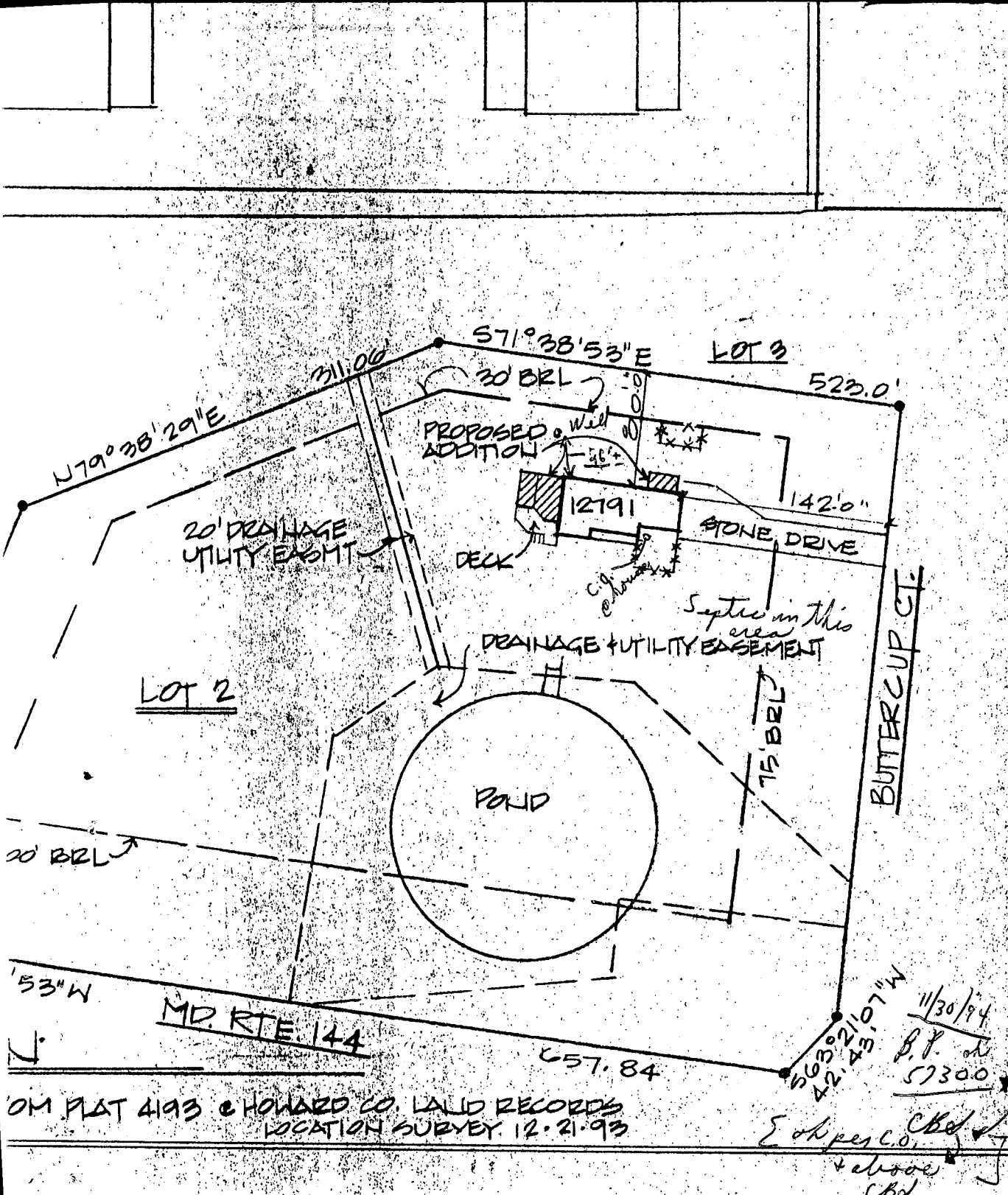
78-5-9

AREA TABULATIONS

TOTAL NUMBER OF LOTS: 7
 TOTAL AREA OF LOTS: 30.355 AC.
 TOTAL AREA OF RIGHT-OF-WAY DEDICATION: 1.054 AC.
 TOTAL AREA OF FLOOD PLAIN DEDICATION: NONE
 TOTAL AREA OF PLAT: 31.409 AC.



MD



REVISIONS	
date	remarks

drawn by ADW	checked by
scale NOTED	date 8.31.94

PROJECT TITLE

EMERSON ADDITION
 12791 BUTTERCUP COURT
 WEST FRIENDSHIP, MD.

CONTENT

ELEVATIONS
 SITE PLAN

project number	drawing number
1099	1

OM PLAT 4193 & HOWARD CO. LAND RECORDS
 LOCATION SURVEY 12-21-93

11/30/94
 S.P. de
 57300

Expres C.O.
 + choice
 C.O.