

7/16/93
after Nixon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-341635

P 49241

A 28465

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

DATE 05/19/93

INDEXED

DATE SYSTEM APPROVED 7/16/93

INSPECTOR M. Rifkin

Dean Builders

IS PERMITTED TO INSTALL ALTER _____

ADDRESS P. O. Box 435, Damascus, Maryland 20872 PHONE 253-5576

SUBDIVISION Countryside LOT 24 ROAD 3530 Countryside Drive

PROPERTY OWNER Carl F & Rose A. Ruff

ADDRESS _____

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 1/2 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

Location - SHALLOW SYSTEM DUE TO POTENTIAL ROCK. Place the distribution box 160 feet down the right (464.19') line and 100 feet off the right line as seen when facing property from Countryside Drive. Run trenches along contour towards the left (697.22') lot line.

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

ok/cw

PLANS APPROVED BY Bert Nixon/Mark Rifkin REVISED DATE 5/19/93

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

BLDG. PERMIT SIGNED
AND RETURNED 12-31-93

PERMIT VOID AFTER TWO YEARS

Serial # 20109294

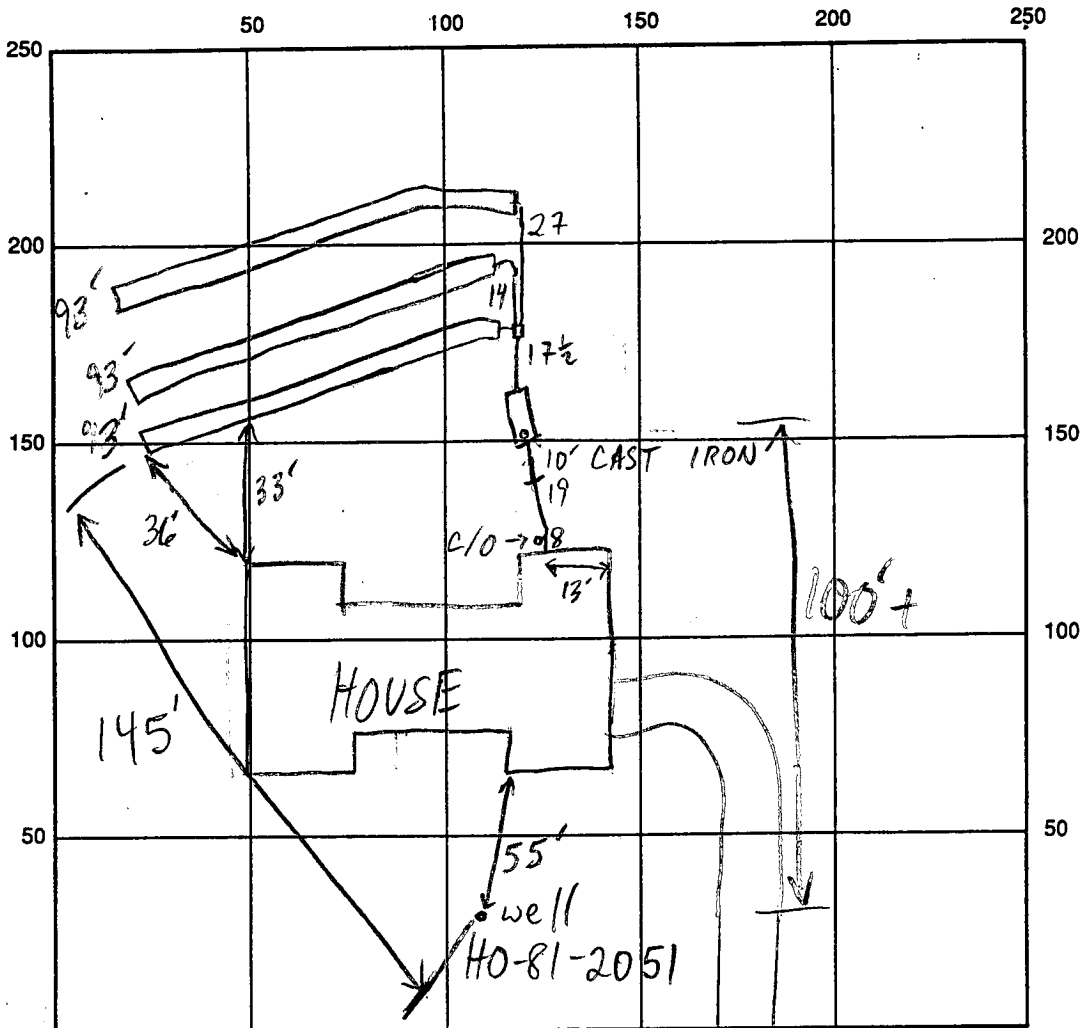
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

Sumner

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 28465



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS S.T.:OK, INLINE-OK

DISTRIBUTION BOX LEVEL OK-BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{5} \frac{2}{5} \frac{3}{5}$ FT. TRENCH WIDTH 3 FT. INLET DEPTH $\frac{1}{3.5}$ $\frac{2}{3.5}$ $\frac{3}{3.5}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{1.5}$ $\frac{2}{1.9}$ $\frac{3}{1.5}$ FT. TOTAL LENGTH 3@93± FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3@280 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS: 7/16/93 OK TO COVER ALL MR

DATE SYSTEM APPROVED 7/16/93 INSPECTOR M. Ritkin

PRELIMINARY

APPLICATION

A 28465

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

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

DATE 7/11/78

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 Estate of Sylvan A. Manger CARL F + ROSE A. Ruff

ADDRESS _____ PHONE 540-8274
Mr. Rome - 465-1869

PROPERTY LOCATION:

SUBDIVISION Countryside S/D LOT NO. 24

ROAD AND DESCRIPTION Route 97 (3530 Countryside Drive)

SIZE OF LOT 3 acres 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/ Bernard Rome

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

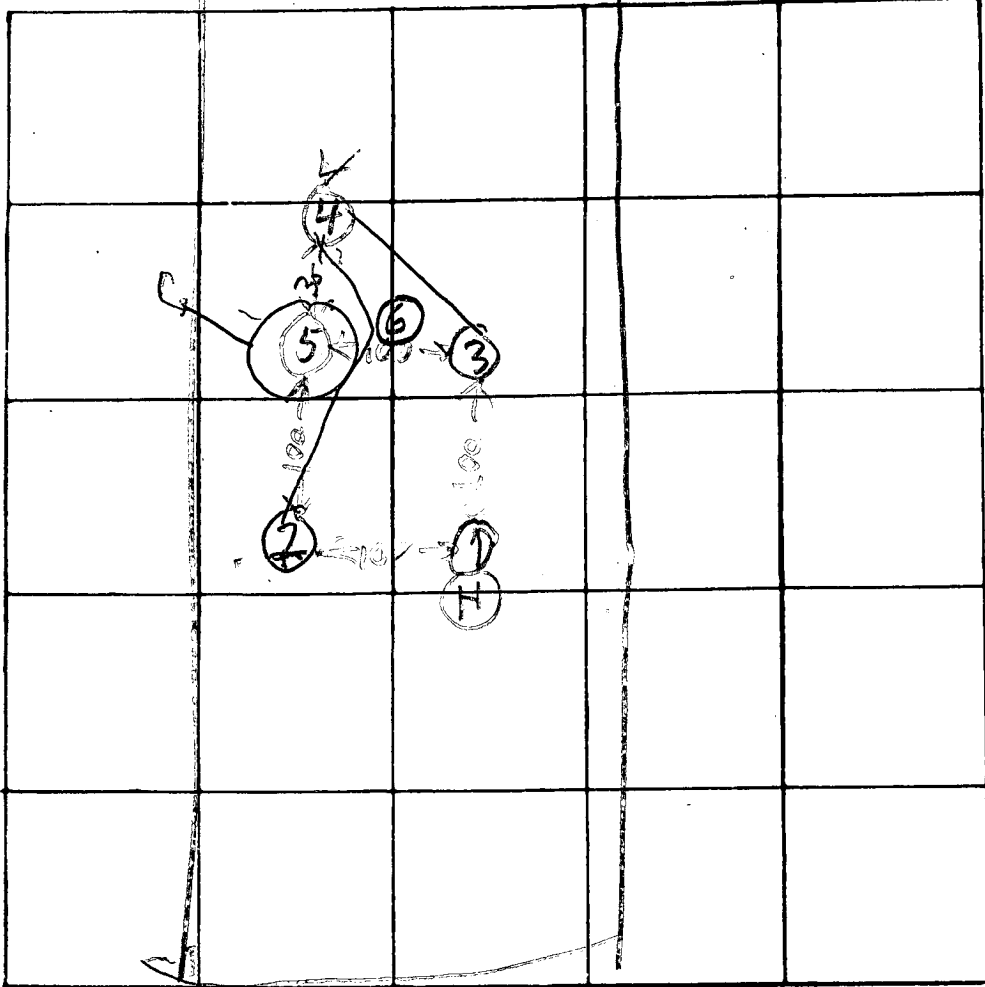
REASONS FOR REJECTION OR HOLDING 9/7/78 Satisfactory & Hold for Review

BLDG. PERMIT SIGNED
AND RETURNED Stoltz
Serial # 48428-SFP

THIS IS NOT A PERMIT

lot #24

Lot 24



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/7/78	1 D	12 1/2	1118	1121	1121	1129	6	
	1 S	5	1119	1122	1122	1137	13	
	2 V	12	ALL SAND					
	3 D	12	1124	1128	1127	1130	3	
	3 S	4 1/2	1125	1127	1127	1135	5	
	4 D	12 1/2	1134	1138	1138	1143	5	
	4 S	3	1134	1152	1152	1213	21	
	5 V	9	TOP 4 FT CLAY BOT 4 FT SAND KUCIC 1357200					
9/7/78	4 V	13	SAND 177 (BACK HOLE COULD NOT GET 1457)					
(GLK) - +SS 2/2/79	6 D	13'	VISUAL - SANDY LOAM - NO ROCK					

REMARKS 1116 (4) 1457 VISUAL

TYPE OF SOIL _____

TESTED BY RL

ALSO PRESENT

LINDA W
B. ROME
GALLIGER
& HUDGINS

B 1 **3363** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

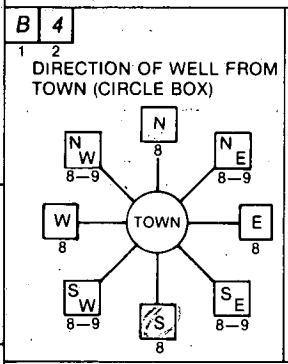
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
MD-81-2051
 fill in this form completely

Date Received: [] [] [] [] [] []
 OWNER INFORMATION
 Last Name: **QUADRI** Owner: **D-PARRA**
 Street or RFD: **11006 WOOD AVE S WAVE**
 Town: **SLUMBER** State: **MD** Zip: **1044**

B 3 LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: **COUNTRYSIDE**
 SECTION: [] [] [] [] LOT: **24**
 NEAREST TOWN: **ELMWOOD**
 MILES FROM TOWN: **1 1/4** MI

DRILLER INFORMATION
 Driller's Name: **Joseph L. Wagner** License No. **238**
 Firm Name: **Joseph L. Wagner Well Drilling**
 Address: **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature: **Joseph L. Wagner** Date: **11/1/87**



Countryside Road
 NEAR WHAT ROAD: [] [] [] [] [] [] [] [] [] []
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD: **50** FT
 ENTER FT or MI [] [] [] [] [] [] [] [] [] []

B 2 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 HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: **HOWARD** COUNTY NO. **A-28465**
 OEP SIGNATURE: _____ STATE HEALTH INSERT S []
 DATE ISSUED: **042487** CO SIGNATURE: **B. Wilson** EXP. DATE: **10/24/87**
 NORTH GRID: **524000** EAST GRID: **0791000**

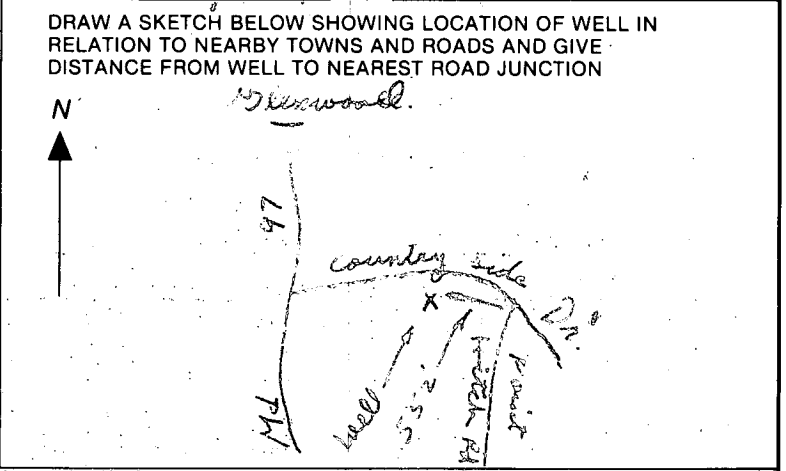
APPROXIMATE DEPTH OF WELL: **300** FEET

APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 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:
 E **794** 1
 N **524** 4
 000 000

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
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): **87-62-10**



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: [] [] [] [] [] [] [] [] [] []
 FORCE: **12** WRITE INITIALS IN BOX: **MD-81-2051** PERMIT NO. **MD-81-2051**

SPECIAL CONDITIONS

C1 2402
SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A 28465

DATE Received [] [] [] [] [] [] [] []
DATE WELL COMPLETED 15 08 87
Depth of Well 22 145 26 (TO NEAREST FOOT)
PERMIT NO. 10-81-2051

OWNER QUADRI DEBORAH
last name first name
STREET OR RFD COUNTRY SIDE DR TOWN GLENWOOD
SUBDIVISION COUNTRY SIDE SECTION LOT 24

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	
Brown Shale	0	16	
Gray/White Rock	16	145	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
CEMENT NO. OF BAGS 6 NO. OF POUNDS 564
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL (ST) CONCRETE (CO)
PLASTIC (PL) OTHER (OT)
MAIN CASING TYPE S T
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 22

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL (ST) BRASS (BR) OPEN HOLE (HO)
PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.)
EACH SCREEN 1 14 2 145 3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN [] [] [] (NEAREST INCH)

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 10.17.13 "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.

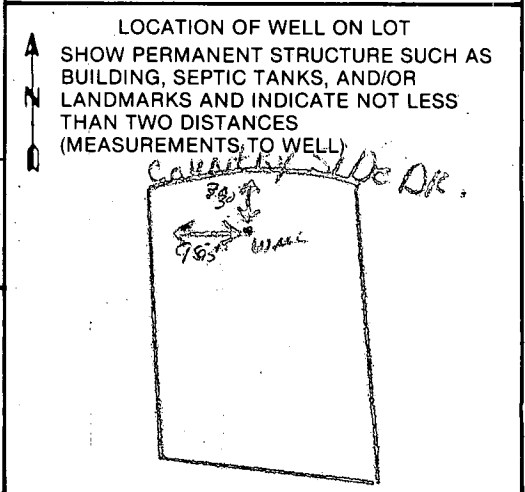
DRILLERS IDENT. NO. 238
DRILLERS SIGNATURE [Signature]
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
70 [] 72 [] 74 [] 75 [] 76 []
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE Subjet
WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 38
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



7/14/93
after 11:00 AM

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

313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # -0-
Date 6/1/93

Name of Installer David Stang & Son

Telephone _____

License Number 5638

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 5638

Name of Property Owner CARL RUFF

Telephone _____

Subdivision COUNTRYSIDE Lot # 24 Well Tag # HO-81-2051

Site Address 3530 COUNTRYSIDE DR. GLENWOOD, MD, 21738

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make GOULDS
- Model # 5E305412
- Capacity 7 GPM
- 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 _____

Motor

- Horsepower 1/2
- RPM 1140
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make HARVARD
- Model # _____
- Depth 4 FT

Tank

- Capacity 80 gal equiv.
- Pressure relief valve? Yes

P.A. OK 3 1/2 - 4' B.G.
MR 7/16/93

Piping

- Type POLYETHYLENE
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 4 Ft.

Well data

- Depth 145 ft.
- Yield 12 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? Yes

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: Thomas D. Stang

Date: 6-1-93

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

