

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 36933

A 29374

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXXX

05-34600
INDEXED

ELLICOTT CITY
DISTRICT 5th

DATE 5/13/86

{ I.C.O.P. issued only }
Time expired

R C M Corporation IS PERMITTED TO INSTALL ALTER

ADDRESS 5520 Cedar Lane, Columbia, Maryland 21044 PHONE 995-0133

SUBDIVISION Broadwater Estates ROAD 5690 Chamblis Drive LOT 7

PROPERTY OWNER Mr. & Mrs. Ronald Smith

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 193 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet from the 230.00 ft. lot line and 10 feet from the 258 ft. lot line. Run trench(s) on contour toward the 79.60 ft. lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY S. Abel DATE 1/09/86

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.

BLDG. PERMIT SIGNED
AND RETURNED 7/7/87
Serial # 13072
Post

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

A 29374

B 1 **1650** 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
HO-81-1207
 fill in this form completely

Date Received **10/21/85**
 OWNER INFORMATION
R C M CORPORATION
 Last Name Owner First Name
5520 CEOER LANE
 Street or RFD
COLUMBIA MD 21044
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
BROOKWATER EST SUBDIVISION
 SECTION **---** LOT **7**
HIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **4** M.I.

DRILLER INFORMATION
 Driller's Name **Ralph Mayne** License No. **253**
 Firm Name **Ralph Mayne Well Drilling**
 Address **9120 Brown Church Rd. Mt. Airy**
 Signature **Ralph Mayne** Date **9/21/85**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **CHAMBLIS DR.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **50** FT or MI
 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. **A29374**
 OEP SIGNATURE **R. Dixon** STATE HEALTH INSERT S
 DATE ISSUED **04/17/86** EXP. DATE
 NORTH GRID **505000** EAST GRID **0811000**

APPROXIMATE DEPTH OF WELL **150** FEET

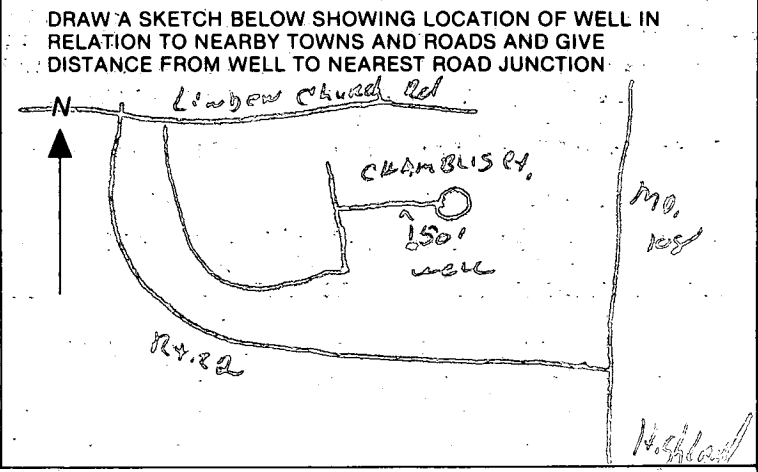
APPROXIMATE DIAMETER OF WELL **7 1/2"** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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)

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **BA** WRITE INITIALS IN BOX PERMIT NO. **HO-81-1207**

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
 NORTH GRID **810** EAST GRID **500**



Prel.

APPLICATION

A 29006

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 10/11/78

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 Arlie W. Broadwater

ADDRESS 5435 Broadwater Lane, Clarksville, Md. 21029 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Broadwater Lane LOT NO. 7

ROAD AND DESCRIPTION off Broadwater Lane

SIZE OF LOT 3.0 acres m/l TYPE BLDG. 3 or 4 bedrooms

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.

SIGNATURE OF APPLICANT /s/ Jack T. Gibson

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

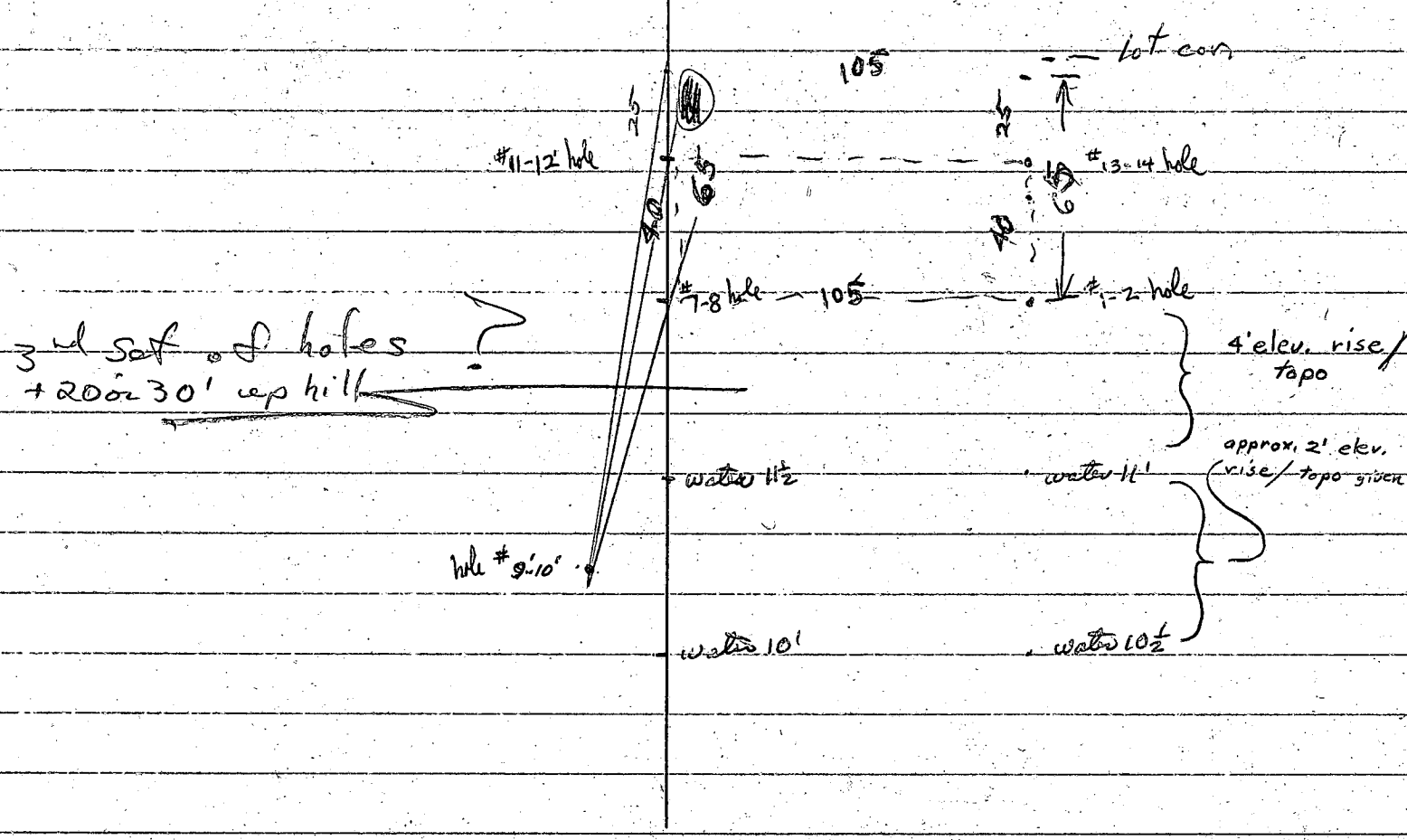
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for house site check.
C. P. D.

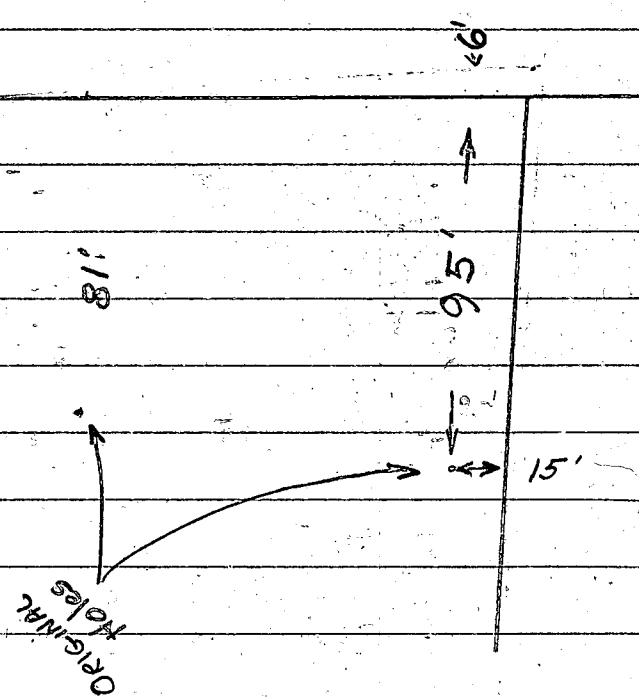
THIS IS NOT A PERMIT

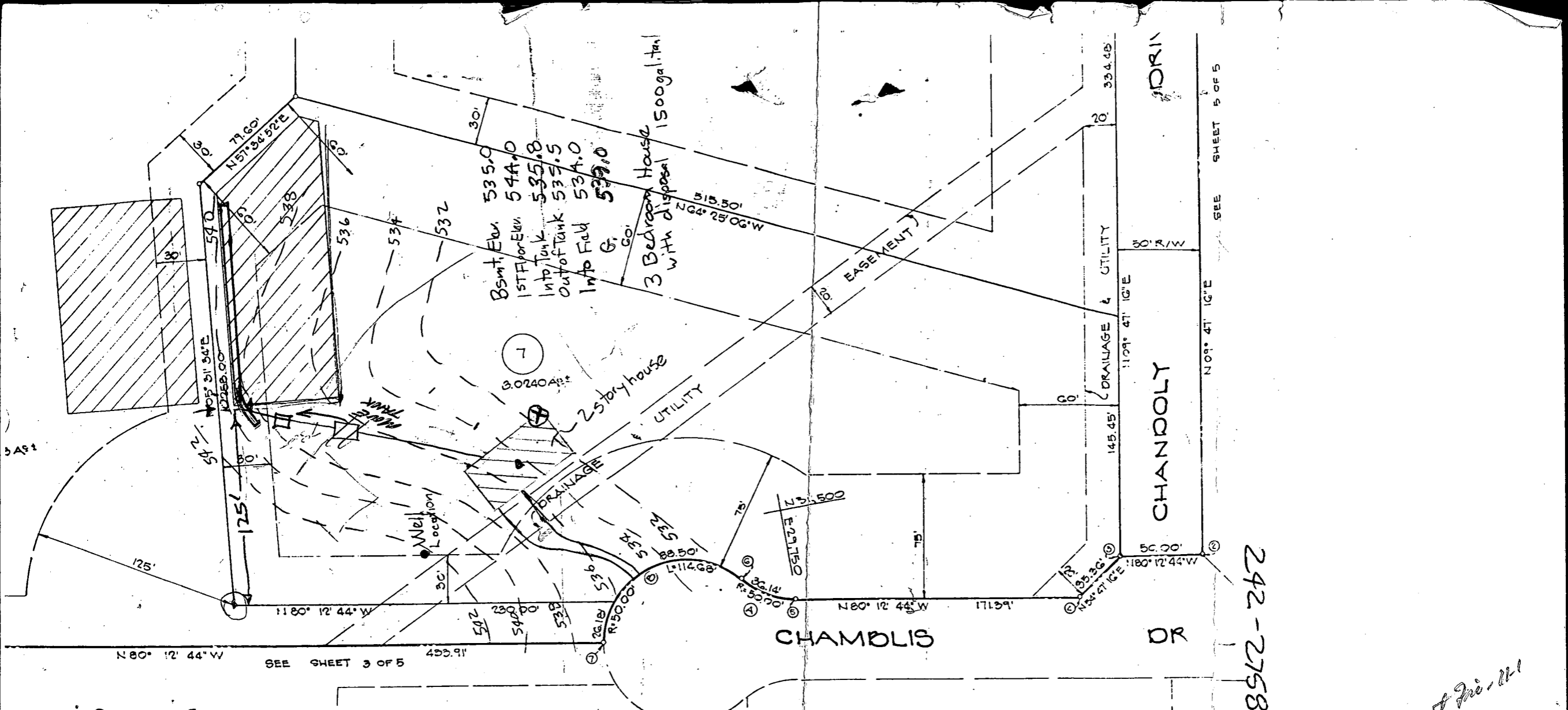
lot #7
1" = 50' Scale

105
5725
630
6825



7





SEE SHEET 5 OF 5

242-2758

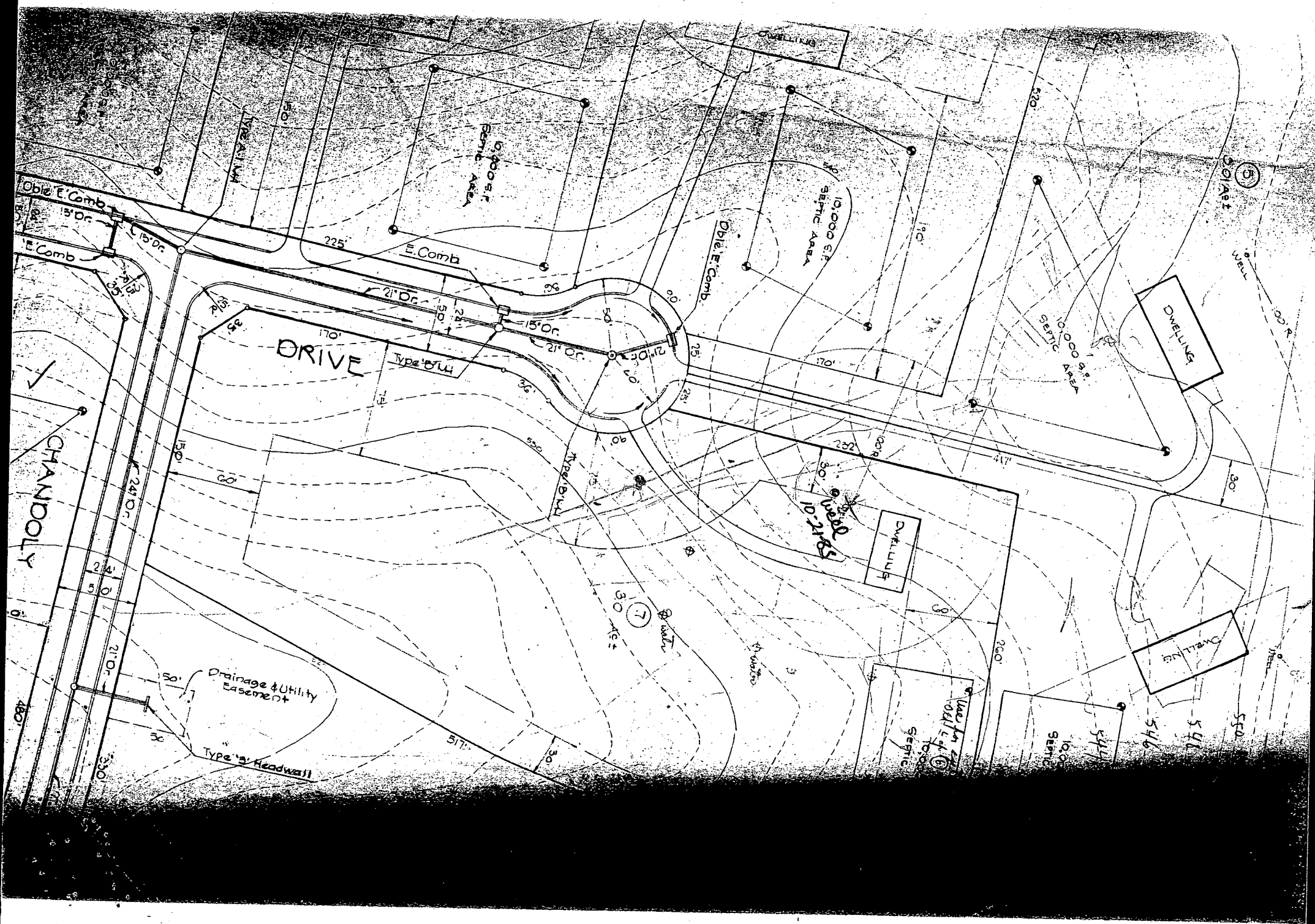
note on Fri. 11-1-85

11-1-85
Note sent 7-7

NOTE: THIS AREA DESIGNATES A PRIVATE SEWAGE TREATMENT PLANT AND SEWERAGE SYSTEM. THIS AREA IS SUBJECT TO AN EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE & SERVICING ANY RESIDENTIAL STRUCTURE CONSTRUCTED ON THIS BUILDING SITE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM.

CURVE DATA					
No.	RADIUS	LENGTH	TANGENT	Δ	CHORD BEAR. LG. DISTANCE
A	50.00'	36.14'	18.90'	41° 24' 33"	N59° 30' 21" W 35.72'
B	50.00'	114.68'	110.76'	131° 24' 31"	S75° 29' 53" W 91.14'

ITS, REFUSE
L AND ROAD
IDED TO THE
R PIPESTEM
VAY LINE AND
PIPESTEM LOT



C1 **2467** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **A-29374**

DATE RECEIVED

DATE WELL COMPLETED **10/21/85**

DEPTH OF WELL **200** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1207**

OWNER **R.C.M. CORPORATION**
STREET OR RFD **CHAMBLIS DRIVE** first name TOWN **HIGHLAND**
SUBDIVISION **BROADWATER ESTATES** SECTION LOT **7**

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	20	
Sand/Stone	20	25	✓
MickA	25	45	
Sand/Stone	45	50	✓
MickA	50	200	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **6** NO. OF POUNDS **600**
GALLONS OF WATER **30**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **28** 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **30**

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 **H.O.** OPEN HOLE
PL PLASTIC **OT** OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	H.O.	200
2		
3		

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

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. **273**
Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Wayne

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

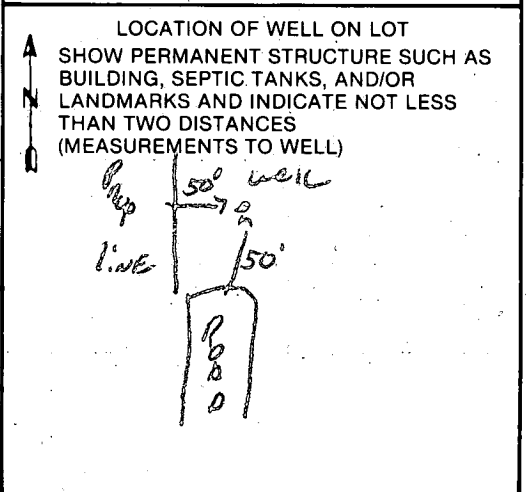
GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76

C3

PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **7**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **25**
WHEN PUMPING **50**
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 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) **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 **50** (nearest foot)
- below }



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1207
 Location of property (road) CHAMBLIS DRIVE
 Subdivision BROADWATER ESTATES Lot 7 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner RCM CORPORATION

Depth of well 200 ft
 Distance of measuring point (M.P.) above ground 3 ft
 Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

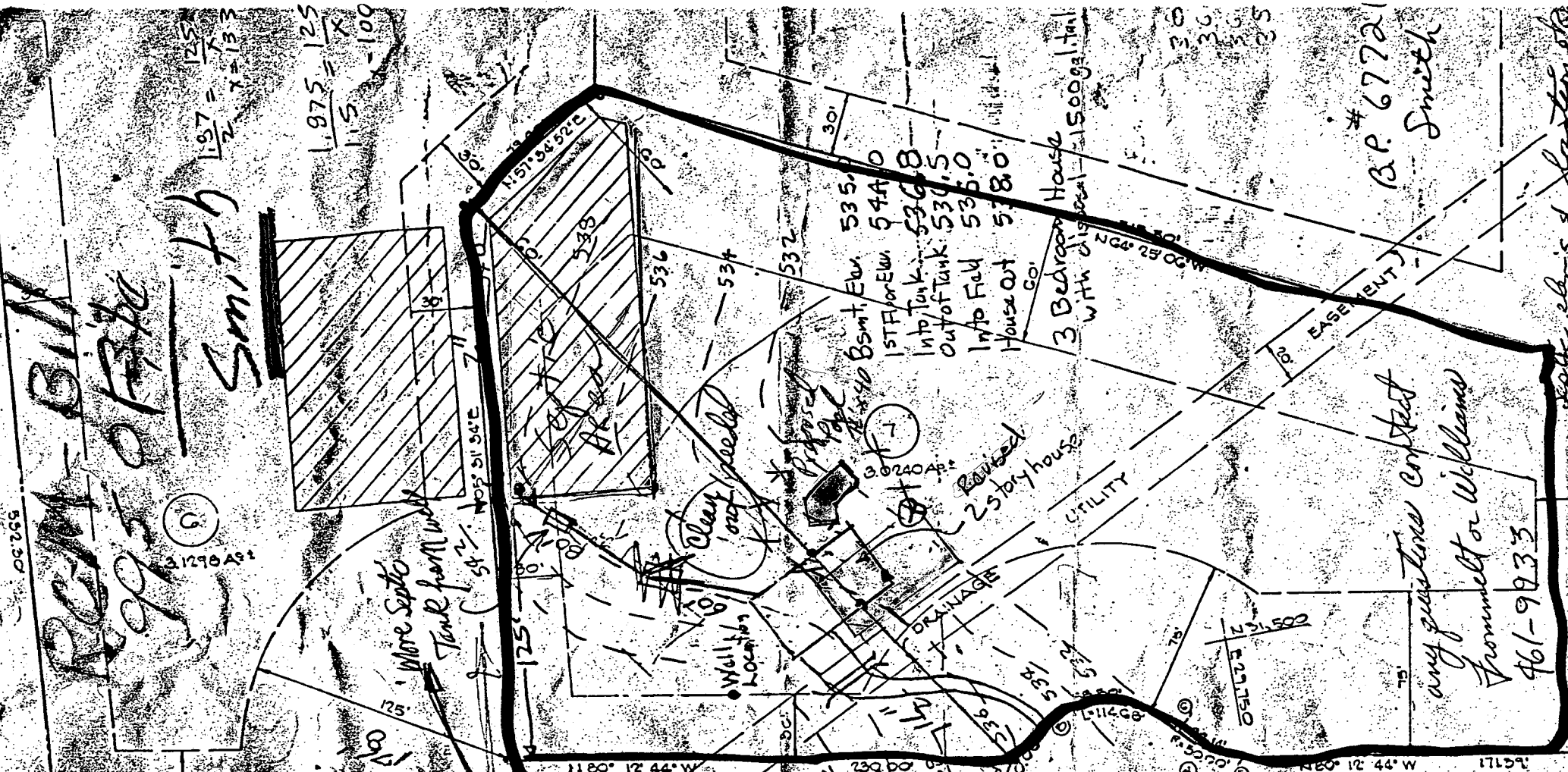
Time pump started 9:00 Pumping rate 96 P.M.
 Total time 15 min to reach pumping water level 50 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	50 ft	9 sec	/	76 P.M.
9:30	50	9		7
9:45	50	9		7
10:00	50 ft	9 sec		76 P.M.
10:15	50	9		7
10:30	50	9		7
10:45	50 ft	9 sec		76 P.M.
11:00	50	9		7
11:15	50	9		7
11:30	50 ft	9 sec		76 P.M.
11:45	50	9		7
12:00	50	9		7
12:15	50 ft	9 sec		76 P.M.

Bill Smith
Bill Smith

$\frac{1.97}{2} = \frac{1.25}{x}$
 $1.975 = \frac{1.25}{x}$
 $x = 100$



67721
 Smith

any easement contact
 Frommelt or Williams
 461-9933

Bill Smith & Eastern

FLAG OR PIPESTEM LOTS, REFUSE
 TOLLS, SNOW REMOVAL AND ROAD
 MAINTENANCE ARE PROVIDED TO THE
 OWNER OF THE FLAG OR PIPESTEM
 LOT. THE CENTER OF WAY LINE AND
 CENTER OF PIPESTEM LOT

NOTES:
 THIS AREA DESIGNATES A PRIVATE SEWAGE
 TREATMENT PLANT (STP) OF APPROXIMATELY 10,000 SQ. FT. AS
 REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH
 AND MENTAL HYGIENE FOR NOMINAL SEWAGE DISPOSAL
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