

Approved 5/20/86 *2mg*

PERMIT

P 35754
A 29416

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

04-342127

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

DISTRICT 4th

INDEXED

DATE 7/9/85

J & N Mechanical Services, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 1008 S. Potomax Street, Hagerstown, Maryland 21740 PHONE 797-3500

SUBDIVISION Red Lion Estates ROAD 14642 Red Lion Drive LOT 11

PROPERTY OWNER Robert Shawley - W - 797-4888

H - 781-6322

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 209 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Place the trench between perc hole (2) and perc hole (3). Perc hole (2) is located 270 feet from the lot line running along Old Frederick Road and 180 feet from the right side of the lot as seen when facing the lot from Old Frederick Road. Perc hole (3) is located 175 feet from the lot line running along Old Frederick Road and 220 feet from the right side of the lot as seen when facing the lot from Old Frederick Road. 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 before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges DATE 7/13/84

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.

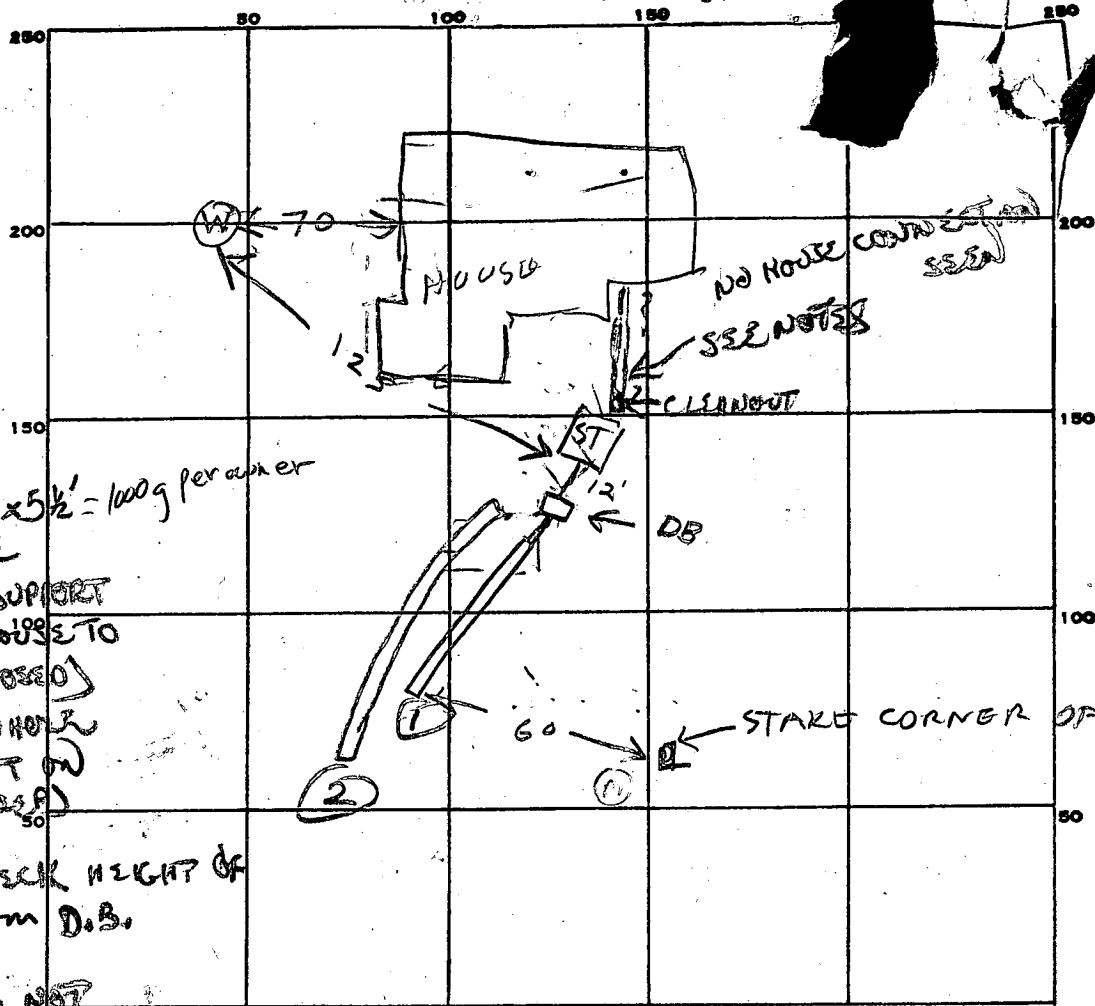
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29416

OLD FRED RD



10/28/85

ST DIM. $4.2 \times 7.7 \times 5\frac{1}{2}' = 1000 \text{ g per day}$

? SIZE

BAD PIPE SUPPORT FROM HOUSE TO ST. (EXPOSED)

NEED MANHOLE CLEANOUT ON S.T. (>4" DIA)

DOUBLE CHECK HEIGHT OF PIPES FROM D.B.

CONNECTIONS NOT CEMENTED IN FOOT OF STs

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL OK 1000 TOP CLEANOUTS 1

4 FT below grade Manhole need

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH	#1	#2	FT.	TRENCH WIDTH	<u>2</u>	FT.	
	10.5	10					132
							6
							792

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 82 / 70 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/12/85 TRENCHES NOT IN LOCATION PER PERMIT BUT PER PLANS. FF CHANGED LOCATION ON SITE PLANS BUT NOT PERMIT. TRENCH #1 OK ADD STONE & DIG TRENCH #2 RH

9/11/85 - use solid pipe from dist. box to trenches.

could only measure one small place of stone in #1 trench

DATE SYSTEM APPROVED 5/20/86

INSPECTOR Stayer

Red Lion Estates

A 29416

SUBDIVISION:

LOT NUMBER: 11

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total square Feet

25
10

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCH PREFERRED HERE

TRENCHES

209 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 feet below original grade.

5 feet of stone below distribution pipe.

BP * 63982
3 Bed -

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: 7/13/84 - PLACE THE TRENCH BETWEEN

PERC HOLE (2) & PERC HOLE (3) PERC HOLE (2) IS LOCATED 270 FT
FROM THE LOT LINE RUNNING ALONG OLD FREDERICK RD AND 180 FT
FROM THE RIGHT SIDE OF THE LOT AS SEEN WHEN FACING THE
LOT FROM OLD FREDERICK RD. PERC HOLE (3) IS LOCATED 175 FT
FROM THE LOT LINE RUNNING ALONG OLD FREDERICK RD AND
220 FT FROM THE RIGHT SIDE OF THE LOT AS SEEN WHEN FACING
THE LOT FROM OLD FREDERICK RD

BLDG. PERM. SIGNED
AND RETURNED 4-385

Final

APPLICATION

A 29416

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 4th

DATE 1/17/79

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 ~~H.B.L. Properties, Inc.~~ Robert Shawley

ADDRESS _____ PHONE Boender - 465-7777

PROPERTY LOCATION:

SUBDIVISION REDLION ESTATES LOT NO. 17 *Now #11 10/80 PLAT*

ROAD AND DESCRIPTION ~~Old Frederick Road~~ 14642 Red Lion Dr

SIZE OF LOT 4.9 acres 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 Boender for E. Brooke Lee

APPROVED BY Raymond Hodger FOR Trench DATE 7/13/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/13/84 Specs written R/H B.P. 63982

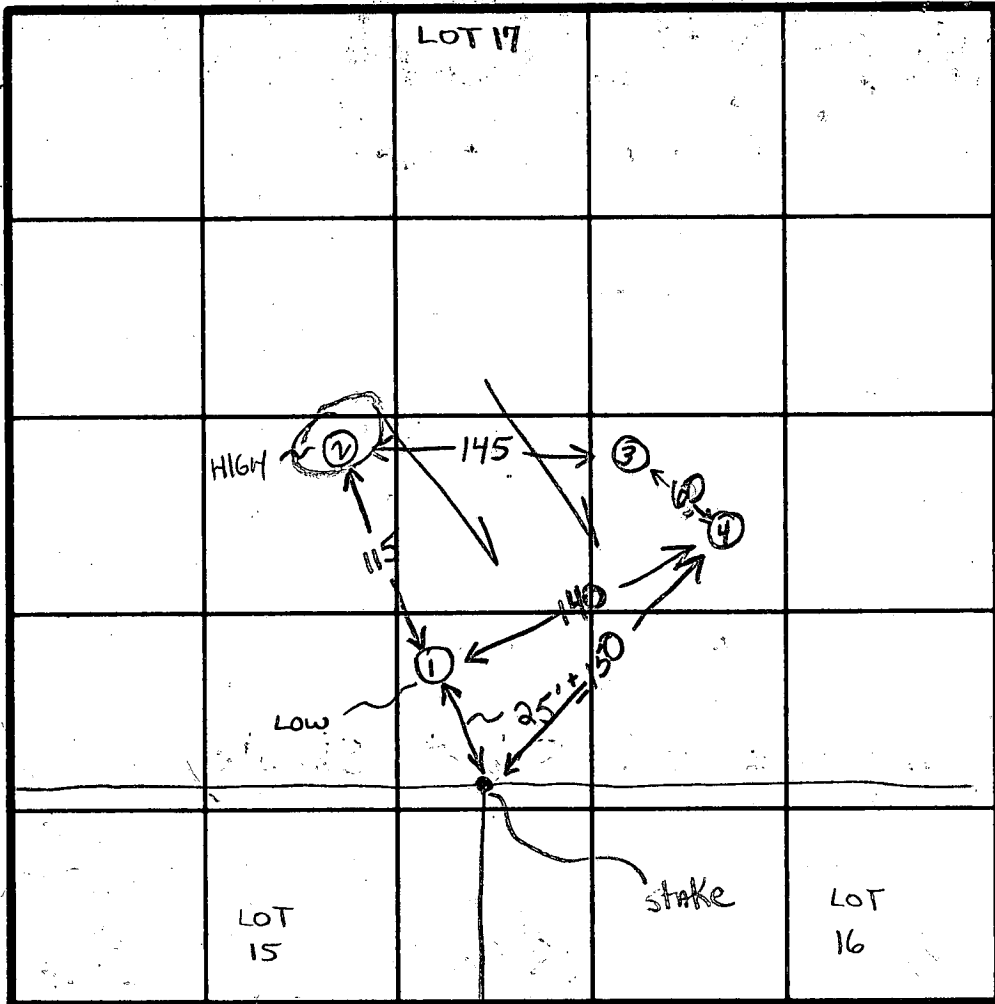
BLDG. PERMIT SIGNED
AND RETURNED 4-385

THIS IS NOT A PERMIT

17
11 10/80 PLAT

SOIL PROFILE

0



Trench 2 → 3

TRENCH FOR SYSTEM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/13/79	1S	4	158	201	201	207	6
	1D - LOW	14 B	158	159	159	201	3
	2S	4	205	207	207	215	8
	2D HIGH	13	205	225	225	- ABORTED	
	3S	13'	SIMILAR MATERIAL - VISUAL				
	3D						
	4S	4	216	219	219	225	6
	4D B	13 1/2	216	218	218	222	4
	2D	13 1/2	324	349	349	445	26

HARD

REMARKS wooded lot -

TYPE OF SOIL NO pronounced clay layer - SANDY LOAM - HARD packed deep

TESTED BY GLK

ALSO PRESENT Devel/Drawy

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.)

K.P. Gardner

(Name)

PO Box 954 *Red Lion*
SEVERN PARK MD

(Address)

HO-81-0852

(OEP Well Permit Number)

June 14 1985

(Date)

Lot 11 Red Lion Est,

JOHN H. MCCANN AND WIFE
271/12
EX ZONING R

$N 23^{\circ} 10' 27'' W$ 1163.6'

$N 51^{\circ} 0' 49'' E$ 297.2'

$N 36^{\circ} 47' 04'' E$ 64.50'

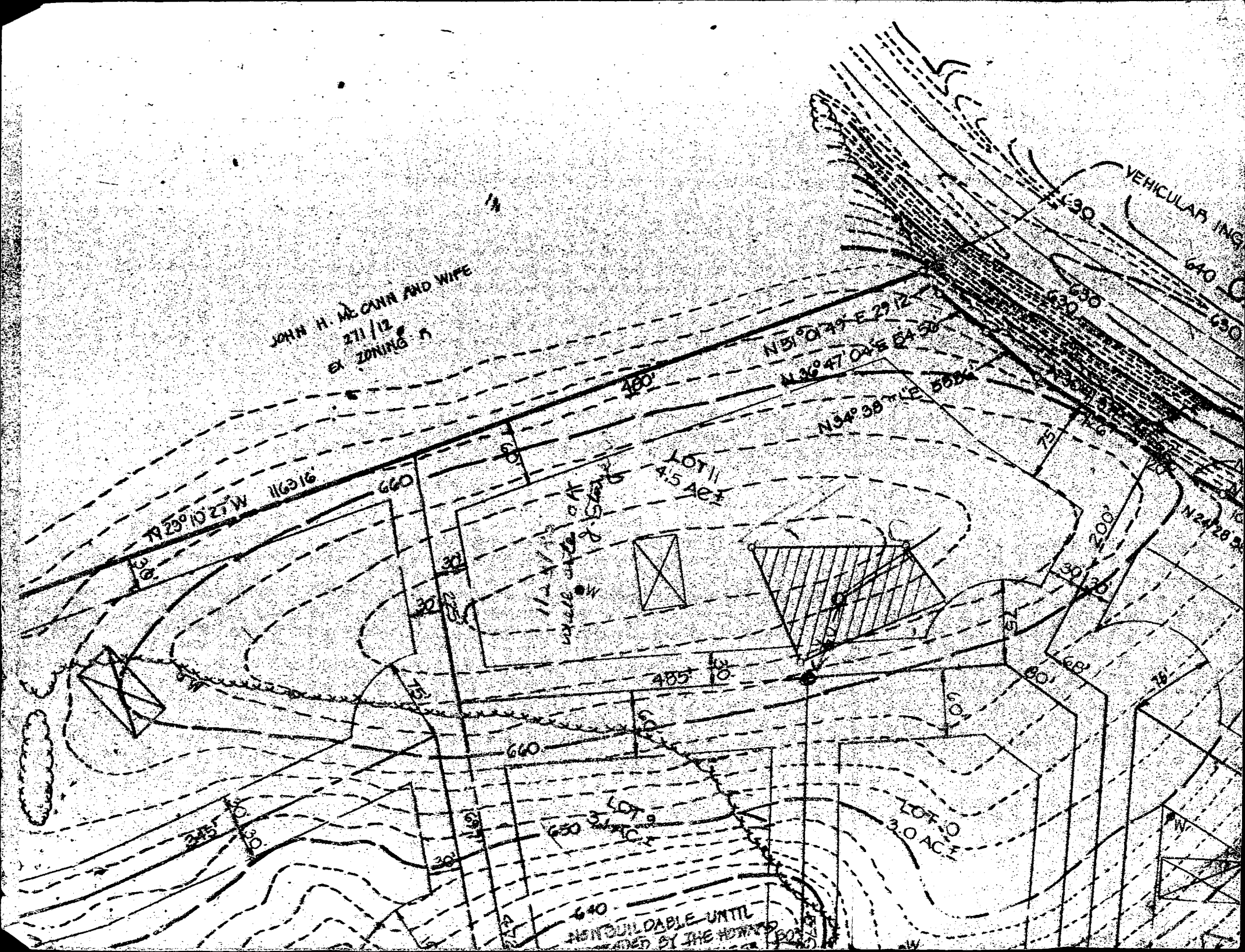
$N 34^{\circ} 38' 11'' E$ 582.4'

LOT 11
4.5 AC ±

LOT 10
3.0 AC ±

NON-BUILDABLE UNTIL
APPROVED BY THE BOARD

VEHICULAR INGRESS



B 1 9510 SEQUENCE NO. (OEP USE ONLY)
1 2 3 6
(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

40-81-0852
70 fill in this form completely 79

Date Received 2/19/85 12:30 AM.
01/1/83
OWNER INFORMATION

GARDNER K P
15 Last Name Owner First Name 34

P O BOX 954
36 Street or RFD 55

SEVERNA PARK MD 21146
57 Town 70 State 72 Zip 76

Ralph MAYNE 273
Driller's Name License No. 80

Ralph Mayne Well Drilling
Firm Name

9120 Brown Church Rd. Mt. Airy
Address

Ralph Mayne 11/14/85
Signature Date

B 3 LOCATION OF WELL

HOWARD
8 COUNTY 21

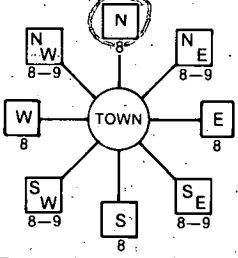
KEO LIOU EST
23 SUBDIVISION 42

SECTION 44-46 LOT 48-50

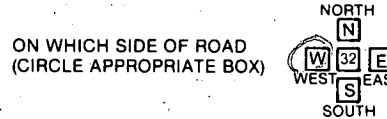
COOKSVILLE
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD 97
11 NEAR WHAT ROAD 30



34 1500 37
DISTANCE FROM ROAD

ENTER FT or MI FT 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A29416
COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S 41

DATE ISSUED 012385 J. Stover 7/23/85
43 48 CO SIGNATURE EXP. DATE

NORTH GRID 545000 EAST GRID 0793000
50 55 57 63

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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)

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

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 _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ GAP _____
54 63

FORCE JS PERMIT No. 40-81-0852
67 68 INITIALS IN BOX 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

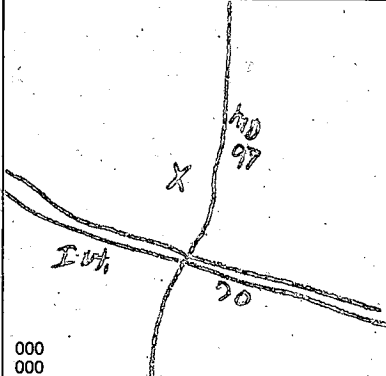
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

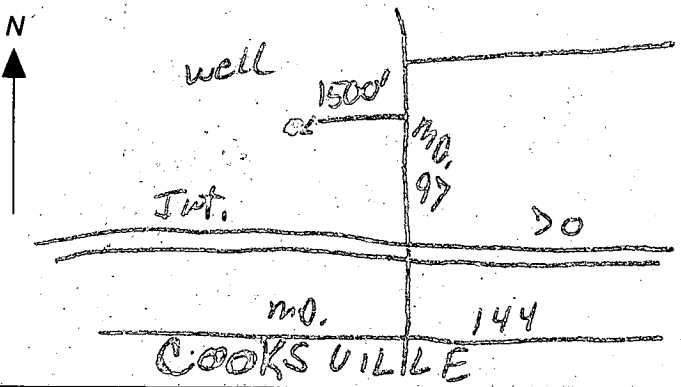
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7903
N 5405



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



C1 **9490** SEQUENCE NO. (OEP USE ONLY)
 1-23 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
 PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A29416**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **02/19/85** Depth of Well **2260** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **70-81-0852**

OWNER **GARDNER K P** last name first name TOWN **COOKSVILLE**
 STREET OR RFD **RT 97** SUBDIVISION **RED LION EST.** SECTION **LOT 11**

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	11	
Sand Stone	11	30	
Micka	30	45	
Sand Stone	45	55	✓
Micka	55	100	
Sand Stone	100	105	✓
Micka	105	260	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **300**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL: (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

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

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 20	260
2		
3		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **50** WHEN PUMPING **200**
 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 **-** below LAND SURFACE **2** (nearest foot)

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. **223**
 DRILLERS SIGNATURE **Ralph Maype**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **Ralph E. Maype**
 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 **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **70** **72** WQ **74** **75** **76**
 TELESCOPE CASING LOG INDICATOR OTHER DATA

