

3/23/89 ✓ AM
4/19/89 AM

4-19-89 Needs -3/23 P.C.D. - No WORK DONE ON SEPTIC C.B. House Connection JEN

PERMIT

P 43524

SEWAGE DISPOSAL SYSTEM

A 29855

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 1/23/89

04-319281

DATE SYSTEM APPROVED _____

INSPECTOR _____

Arnold Backhoe & Septic Services, Inc.

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Middle Trail ROAD 16213 Old Frederick Rd LOT 12D

PROPERTY OWNER Arnold Bowlin

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

210
3
610

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the right front lot corner, place the distribution box 335 feet down the right (879.11') lot line and 60 feet off the right line as seen when facing property from Old Frederick Road. Run trenches along contour towards the right/front lot lines.

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

PLANS APPROVED BY Sid Abel Updated DATE 1/20/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 TWO YEARS

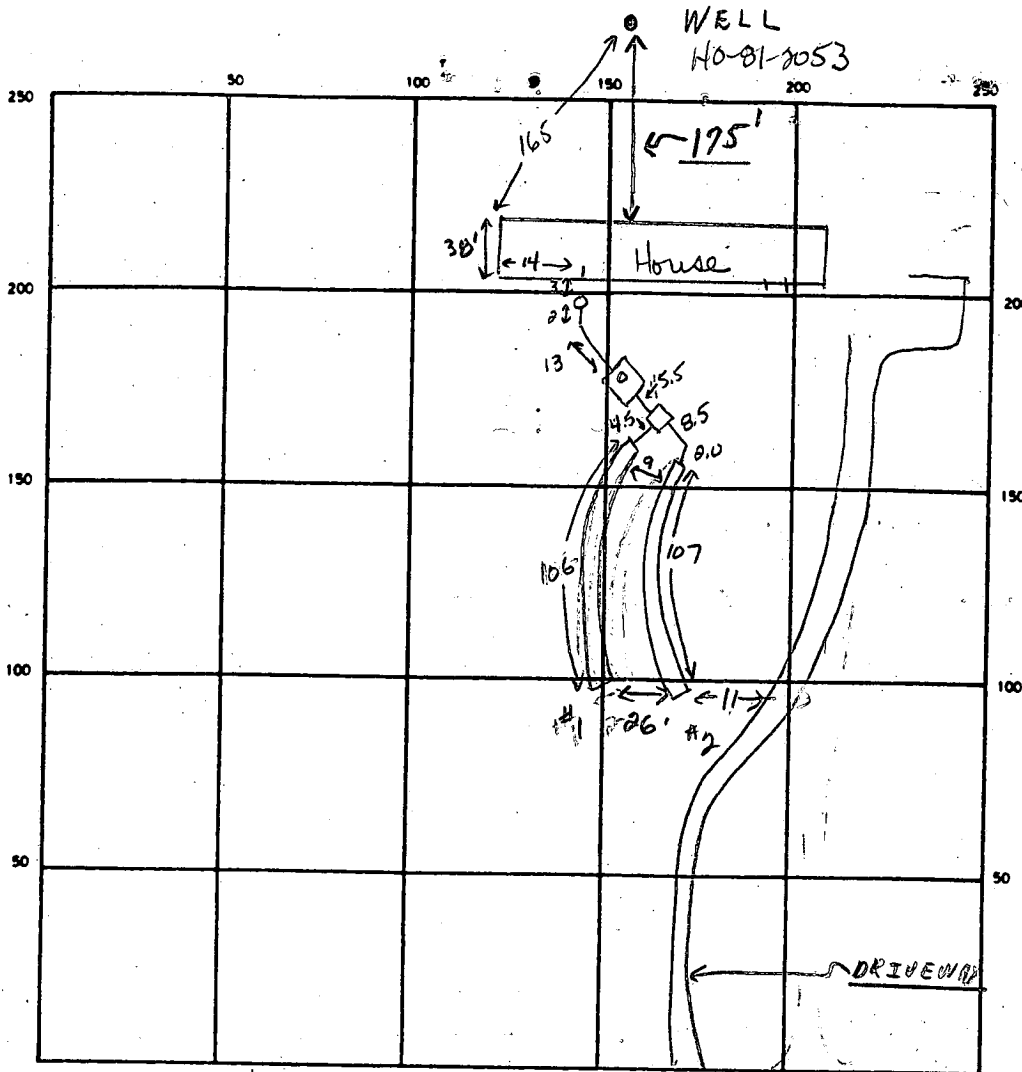
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 29855



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

OLD FREDERICK ROAD

SEPTIC TANK LEVEL 1000 gal CLEANOUTS 1 at house in line, 1 on septic tank
 DISTRIBUTION BOX LEVEL OK (w/ baffle)
 DRAIN FIELD TILE FIELD DEPTH 5.5 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 2.5 FT.
 EFFECTIVE GRAVEL DEPTH 3.0 3.0 FT. TOTAL LENGTH 106 107 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 318 321 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 639 SQ. FT.

REMARKS 3/23/89 NO WORK DONE ON SEPTIC SYSTEM. C.R.
4-19-89 OK to cover all work, Needs house connection SEN
5/24/89 HOUSE CONNECTION UNABLE BY BUILDER AT TIME OF PLUMBING FINAL. C.W.

DATE SYSTEM APPROVED 5/24/89 INSPECTOR C. Willman

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29855

P _____

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

DISTRICT 4th
DATE 5/22/79

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 Howard Associates Arnold Bowlin
ADDRESS Suite 118, Teachers Bldg., Columbia Md PHONE _____

PROPERTY LOCATION:

SUBDIVISION (Middle Trail) LOT NO. 12-D
ROAD AND DESCRIPTION 16213 Old Frederick Road

SIZE OF LOT P 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 15/ Joel Abramson for Howard Assoc.

APPROVED BY Sid Ahe FOR Shallow fields DATE 1-20-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

6/12/79 REASONS FOR REJECTION OR HOLDING for certified test holes. (Carbon copy to be given)
See later tests on this sheet. C.B.D. 6/13/79
C.B.D. & F.D.

PERMIT SIGNED
AND RETURNED 1-20-89
BP23245

THIS IS NOT A PERMIT

APPLICATION

A 22543

SEWAGE DISPOSAL TESTING

P _____

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 4

DATE 11/25/75

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 Howard Associates

ADDRESS _____ PHONE Joel Abramson
730-7733

Any questions call:

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 12 D

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 2.016 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Joel Abramson

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

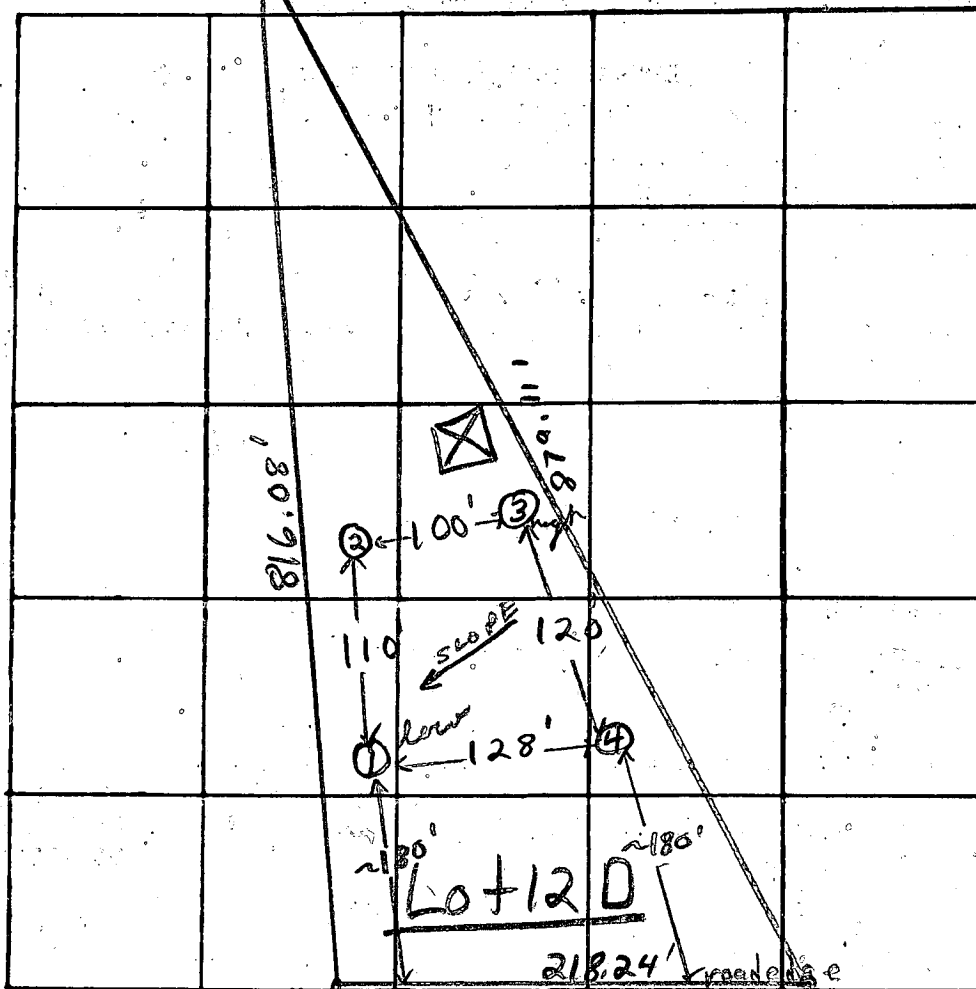
REJECTED BY Frank Shein FOR any DATE 5/6/76

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING poor soil

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Old Fredrick Road

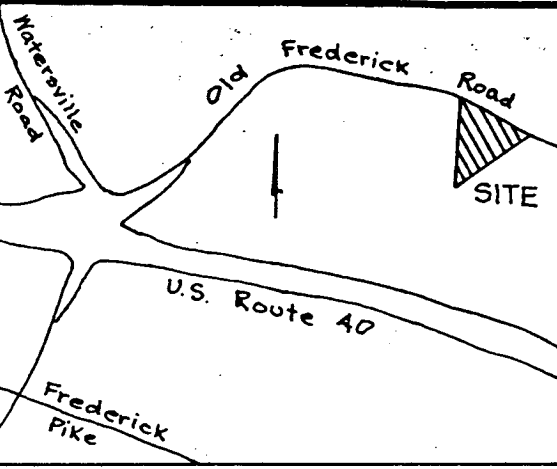
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/11/76	1 low	5 1/2'	3:14	3:16	3:16	3:19	3 min
	1A	13'	3:08	pulled	peg 3:29	no water	Failed
	2	5'	3:27	pulled	peg 3:37 1/4" drop		Failed
	2A	12'	3:22	pulled	peg 3:43 1/2" drop		Failed
	3 high	4 1/2'	3:38	3:42	3:42	3:48	6 min
	3A	12 1/2'	3:35	3:41	3:41	3:56	18 min
	4	12' clay to 5' clay sand & silty sand below					

REMARKS 3/11/76 Failed prewet

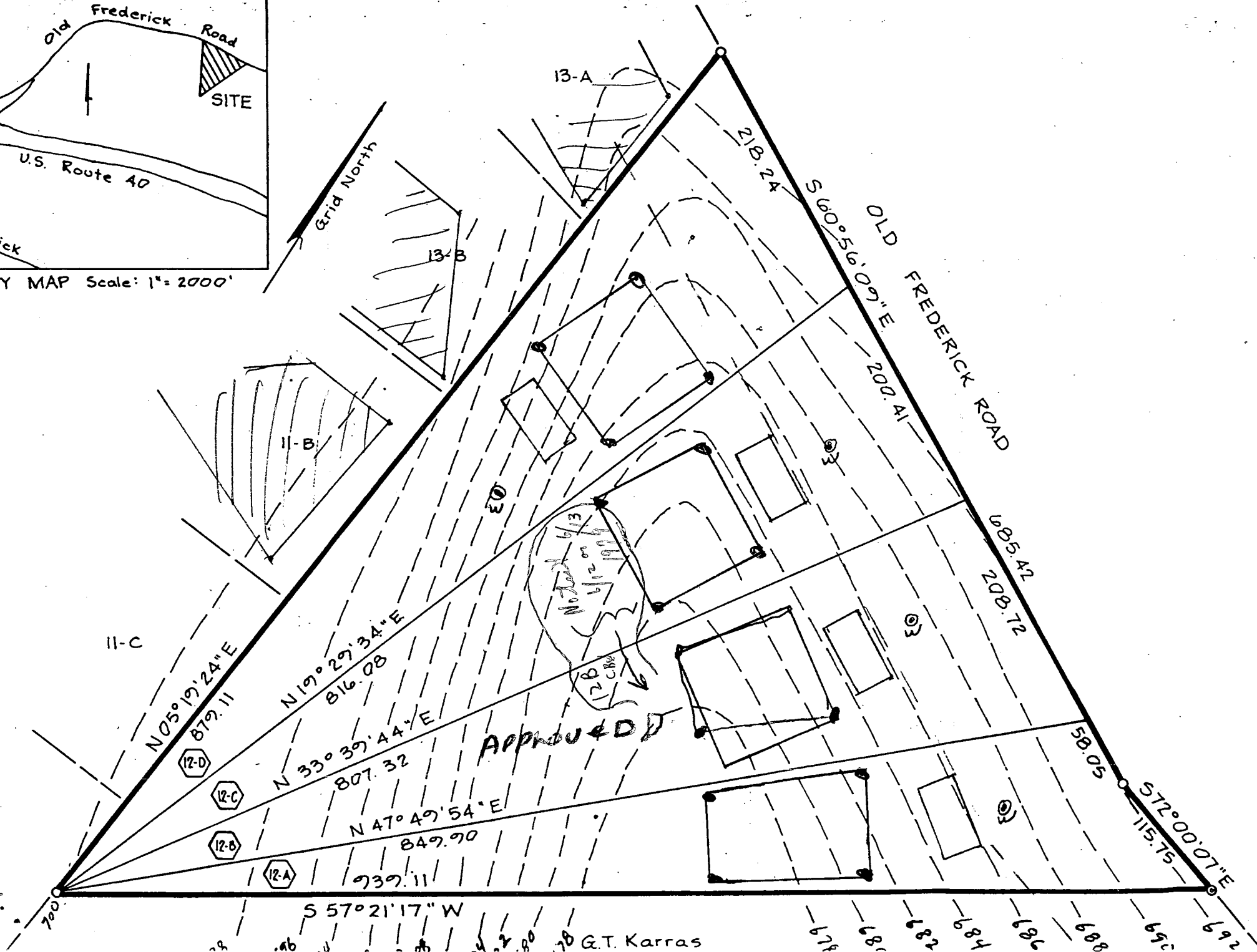
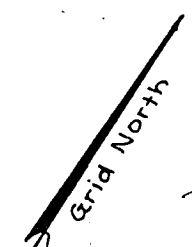
TYPE OF SOIL clayey silt loam mixed & saprolite

TESTED BY F.S.

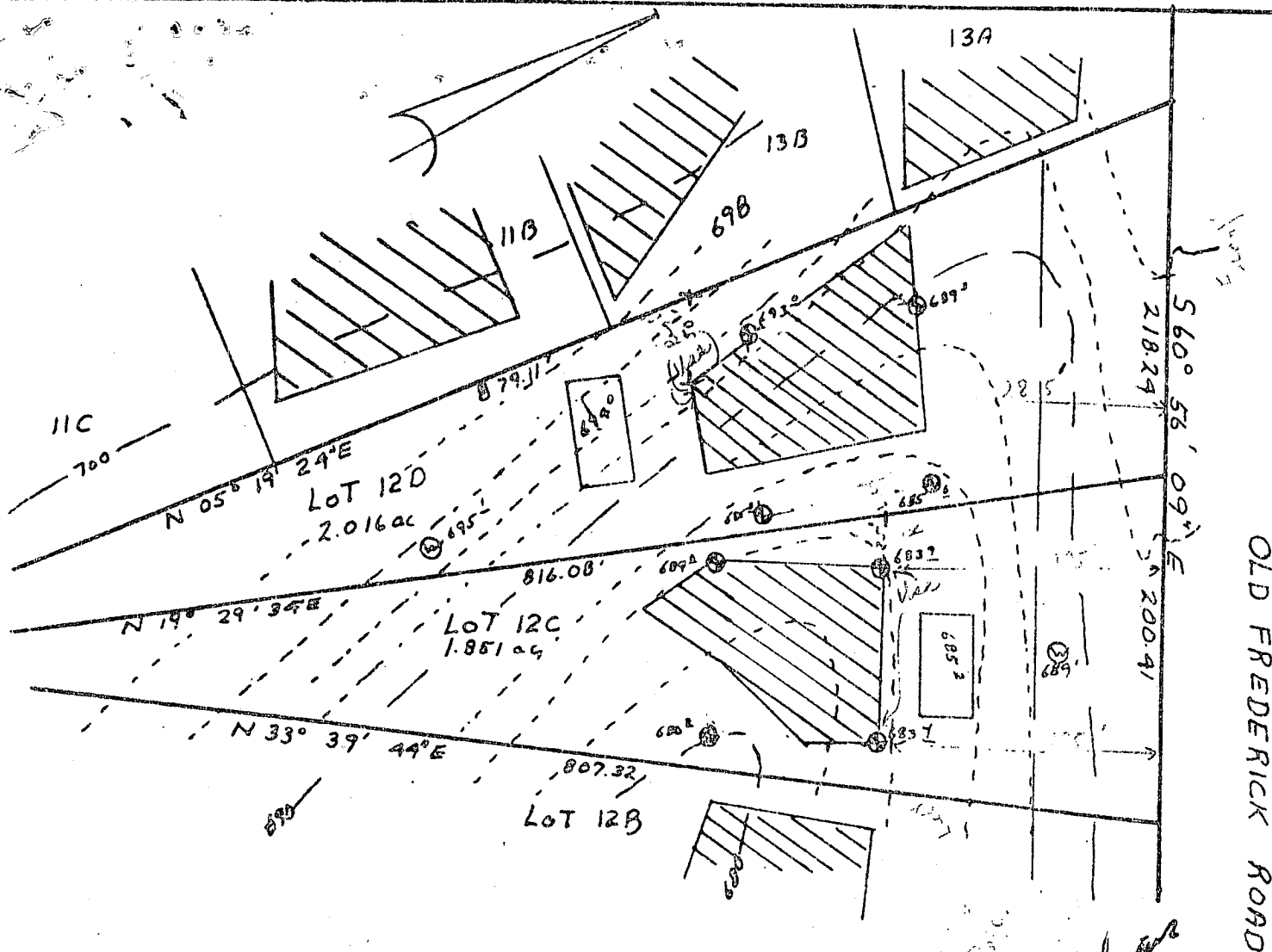
ALSO PRESENT: Lendrim screw



VICINITY MAP Scale: 1" = 2000'



G.T. Karras



Joseph H. ...
 J. H. ...
 ...

This area designates a private sewage easement of 10,000 square feet 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 sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary. Percolation test holes shown hereon have been field located and shown as "⊙".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

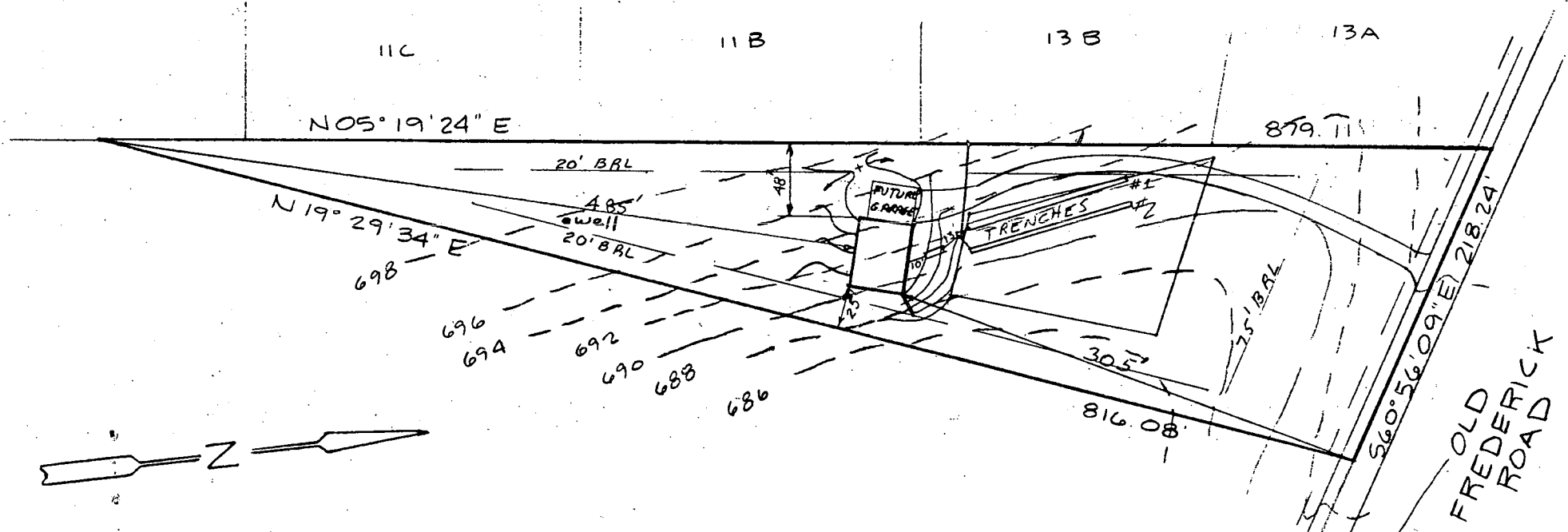
Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Joseph H. ...
 County Health Officer
 Date 11-11-81

PERCOLATION TEST PLAT
 LOTS 12C & 12B
 MIDDLE TRAIL LISBON
 Property of
 Howard Associates
 4th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 6-12-79
 Revised 10-12-81

NTT Associates
 Suite 307, Clark Bldg.
 Columbia, MD 21044
 321-0307



HOUSE:

FIRST FLOOR 700.7 ✓
 BASEMENT 691.7 ✓
 INVERT 690.0 ✓

SEPTIC TANK:

EXISTING GRADE 691.3 ✓
 PROPOSED GRADE 694.0 ✓
 INVERT IN 689.79 ✓
 INVERT OUT 689.54 ✓

DISTRIBUTION BOX:

EXISTING GRADE 692.0 ✓
 INVERT IN 689.4 ✓
 INVERT OUT 689.3 ✓

TRENCHES:

	# 1	# 2
EXISTING	692.2 ✓	690.8 ✓
INVERT	689.2 ✓	687.8 ✓
BOTTOM	687.2 ✓	685.8 ✓
STONE	2.0 ✓	2.0 ✓
WIDTH	3.0 ✓	3.0 ✓
LENGHT	105.0 ✓	105.0 ✓

OK w/o DISPOSAL
 8/1

PLOT PLAN
 PARCEL 12D
 MIDDLE TRAIL PROP.
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MD.
 SCALE 1"=100'
 DATE 12/23/88
 TAX MAP # 2 PARCEL 160

I CERTIFY THE ABOVE MEASUREMENTS
 AND ELEVATIONS TO BE TRUE AND
 ACTUAL FOR THIS PROPERTY

J. Carl Hudgins
 J. CARL HUDGINS

BUDG. PERMIT SIGNED
 AND RETURNED 1-20-89
 23245
 8/1

B 1 6792 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

40-81-2053

fill in this form completely

Date Received

OWNER INFORMATION

8 13

15 Last Name **POWELL** Owner First Name **CLAUDE** 34

36 **12 AFISTER** Street or RFD 55

57 **LAUREL** Town 70 State 72 **MD20707** Zip 76

B 3 LOCATION OF WELL

1 2 **ACWANA** 21

8 COUNTY

23 SUBDIVISION **WINDY TRAIL** 42

SECTION **44-46** LOT **131** 50

52 NEAREST TOWN **LAUREL** 71

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

DRILLER INFORMATION

Paul Wayne 77 License No. **873**

Driller's Name

Paul Wayne Well Drilling

Firm Name

9120 Brown Church Rd. Mt. Airy

Address

Paul Wayne 11/5/86

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **OLD FRED RD.** 30

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **480** 37

DISTANCE FROM ROAD

ENTER FT or MI **1.5** 38 39

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **1** 8 **0** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 **0** 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A-29855 COUNTY NO.

OEP STATE HEALTH

SIGNATURE INSERT S **41**

DATE ISSUED **092987** **Subj. Alch 11/29/87** EXP. DATE

43 48 CO SIGNATURE

NORTH GRID **552000** EAST GRID **0735000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** 24 **0** 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 _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

D 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

FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-81-2053**

67 68 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

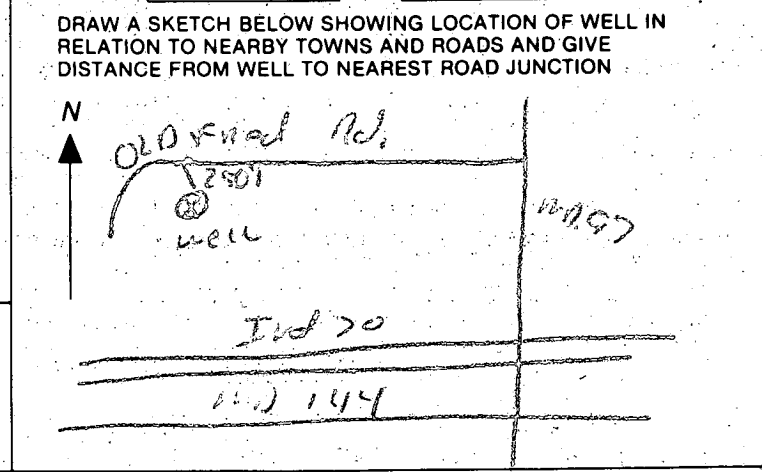
↓

E **7705**

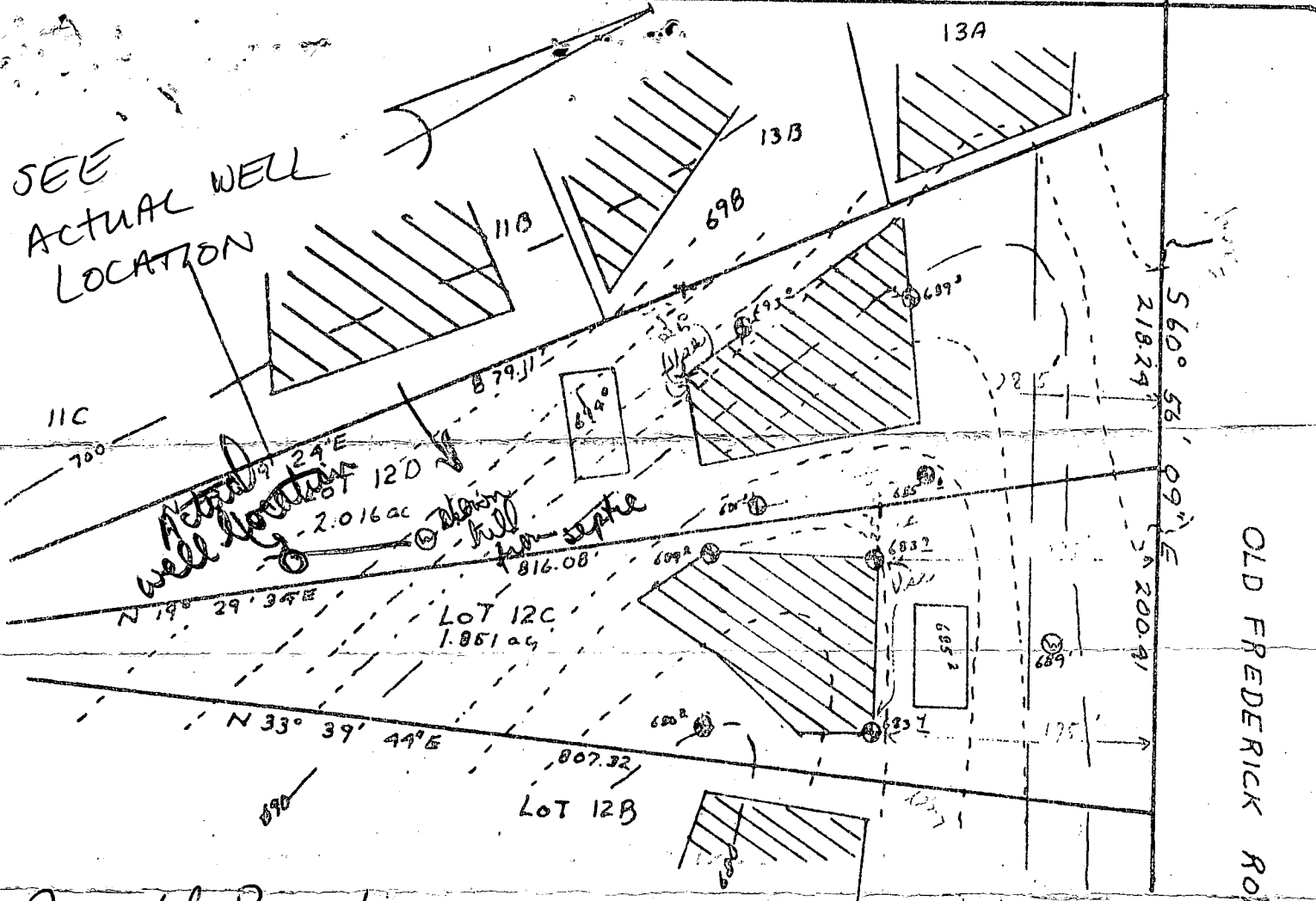
N **5502**

000 000

4/30/87
not present for ground looks OK



SEE
ACTUAL WELL
LOCATION



Arnold Bowlin
498-9429

Paul Ludwig
PLAT

This area designates a private sewage easement of 10,000 square feet 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 sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Joseph B. Jones
County Health Officer
11-11-81
Date

PERCOLATION TEST PLAT
LOTS 12C & 12B
MIDDLE TRAIL LISBON
Property of
Howard Associates

4th Election District
Howard County, Maryland
Scale 1"=100'
Date 6-12-79
Revised 10-12-81

NTT Associates
Suite 307, Clark Bldg.
Columbia, MD 21044
321-0307

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2053
 Location of property (road) OLD FREDERICK RD
 Subdivision MIDDLE TRAIL Lot 12D Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner BOWLIN, CLAUDIA

Depth of well 205'
 Distance of measuring point (M.P.) above ground 2ft
 Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown
 Time pump started 5:45 Pumping rate 9 G.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 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:00	50'	7 sec	/	9 G.P.M.
6:15	50'	7 sec		9 G.P.M.
6:30	50'	7 sec		9 G.P.M.
6:45	50'	7 sec		9 G.P.M.
7:00	50'	7 sec		9 G.P.M.
7:15	50'	7 sec		9 G.P.M.
7:30	50'	7 sec		9 G.P.M.
7:45	50'	7 sec		9 G.P.M.
8:00	50'	7 sec		9 G.P.M.
8:15	50'	7 sec		9 G.P.M.
8:30	50'	7 sec		9 G.P.M.
8:45	50'	7 sec		9 G.P.M.
9:00	50'	7 sec		9 G.P.M.

45' PL 10 bags

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.)

Samuel Bowen
(Name)

18 Pfister St.
Laurel MD 20707
(Address)

H0812053
(OEP Well Permit Number)

10-25-86
(Date)