

04-346467

2/20 { P.C.O. Not ready }

# PERMIT

P 45549

SEWAGE DISPOSAL SYSTEM

A 38016

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 2/14/90

DATE SYSTEM APPROVED 2/21/90

INSPECTOR RH

## INDEXED

Paul Schissler/South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157

PHONE 875-4197

SUBDIVISION Glenwood Springs

ROAD 2819 Glenwood Springs Dr LOT 4

PROPERTY OWNER Mr. Thomas Milbourne

ADDRESS \_\_\_\_\_

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER YESXXXXXXXXXXXXNOXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

trenches - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from right front lot corner, place 1st trench 35 feet down the right (650.0') lot line and 110 feet off the right lot line as seen when facing property from Glenwood Springs Drive. Run trenches along contour towards the rear lot line (167.51'). MAINTAIN THE TRENCHES AT LEAST 100 FEET FROM THE WELL.

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

PLANS APPROVED BY Bert Nixon

jr DATE 06/23/87

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

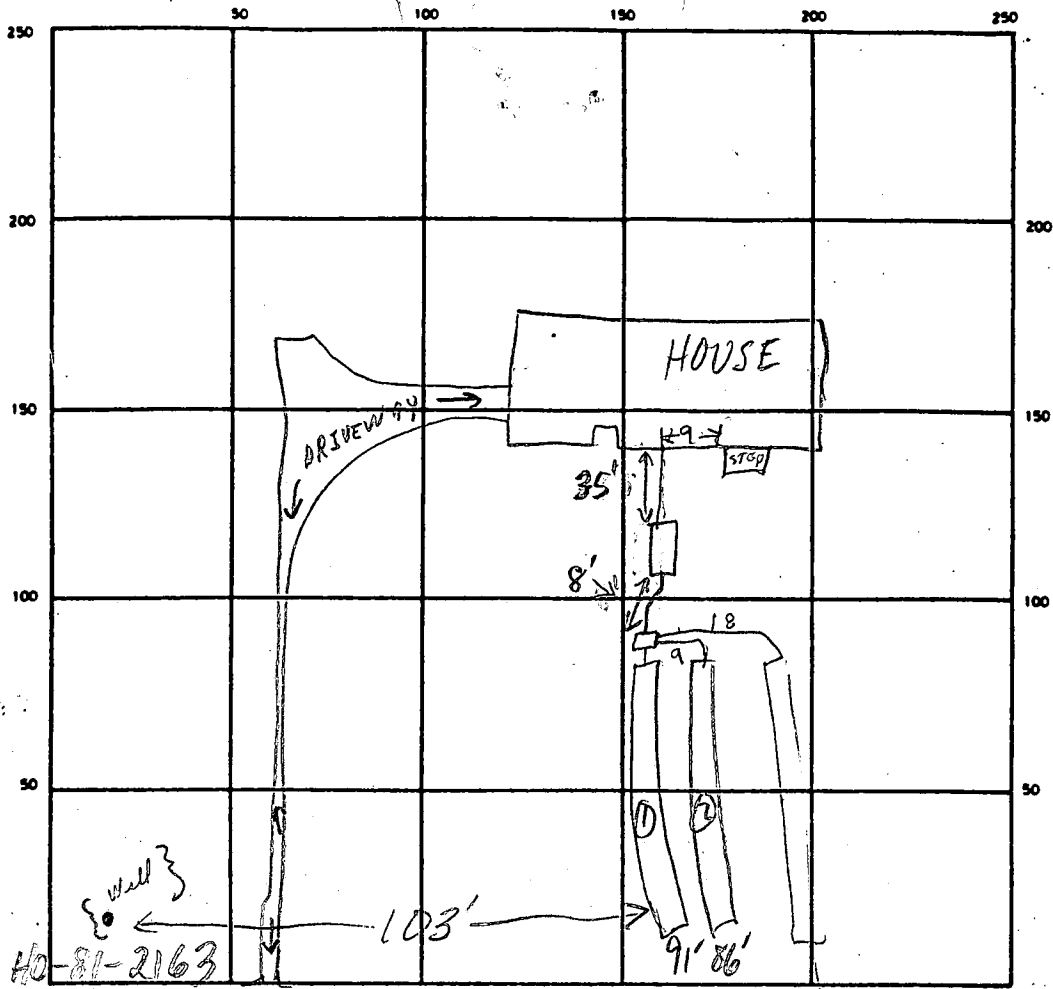
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38016



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE  
 "GLENWOOD SPRINGS DRIVE"

S.T.

SEPTIC TANK LEVEL 1500 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL (Baffles) OK

DRAIN FIELD/TILE FIELD. DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 286 FT. { 267' TRENCH

NUMBER OF TRENCHES 3 ONE ~~SIDEWALL~~ BOTTOM AREA 2258 (3) 270 SQ. FT.

DRYWELL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS 2/21/90 #1 OK TO COVER 1 & DIG 2 + 3 MR  
2/21/90 #2 OK TO COVER 2 & CONTINUE W/3; NO HOUSE CONN MR  
2/22/90 - TRENCH #3 OK

DATE SYSTEM APPROVED 2/22/90 INSPECTOR B. Hodger

# APPLICATION

PERCOLATION TESTING

A 38016  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

*1/21/87  
perc OK'd  
pending plan  
@*

DISTRICT \_\_\_\_\_  
DATE \_\_\_\_\_

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 Mr + Mrs. Thomas Milbourne 442-1757

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Glenwood Springs LOT NO. 4-C <sup>also</sup> with end 5 info

ROAD AND DESCRIPTION 2819 Glenwood Springs Drive Prelim ok 4/29/87

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING SHALLOW SYSTEM ONLY  
holding

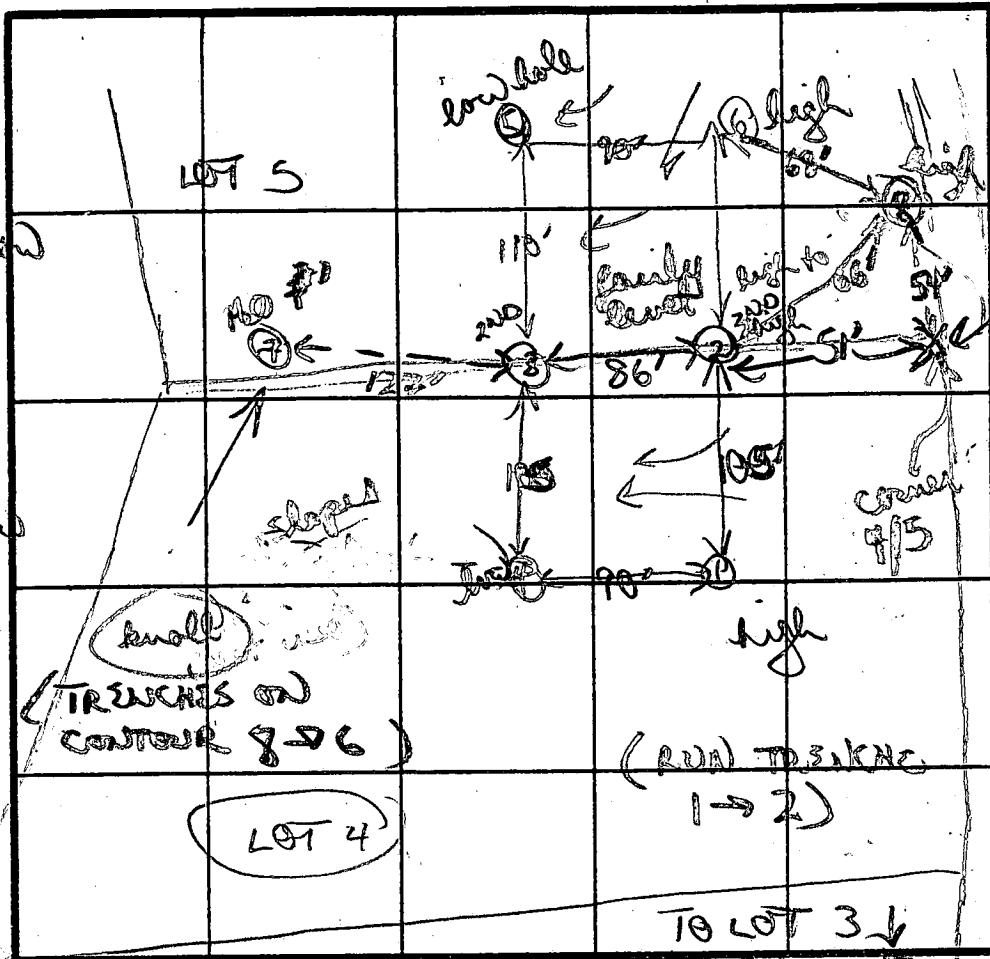
BLDG. PERMIT SIGNED  
AND RETURNED 12/7/89  
Serial # 29659  
SFD

# THIS IS NOT A PERMIT

SHALLOW ONLY FOR BOTH

② SOIL PROFILE

orange/yellow clay/clay loam  
 4'  
 gradually to gritty silty yellow orange loam  
 11 1/2' D



③ orange/brown clay/clay loam (gritty chunky) 4'  
 layers of man 4 1/2'  
 grey to brown silty loam  
 10% man rock 8 1/2' w/ silty loam  
 12' D

⑤ orange/brown clay 3'  
 to purple gritty silty sandy type  
 11 1/2' D

④ heavy red chunky clay 2 1/2'  
 to purple/red silty loam  
 uniform  
 11' D

⑥ orange/red clay loam mix 3 1/2'  
 to purple chunky/silty loam  
 11 1/2' D

④ INDICATE NORTH - NAME ADJOINING ROAD AS BASE LINE  
 11 1/2' D bottom (see profile)

DATE	TEST NO.	DEPTH	PRE-WET		TEST DROP		TIME	
			START	STOP	START	STOP		
11/29/87	①	4' S	150	154	154	159	5 MIN	
		7 1/2'	150	153	153	157	4 MIN	
		11' D	bottom (see profile)					
common	②	4' S	153	158	158	210	2 MIN	
		7 1/2' M	153	154	154	155	1 MIN	
		11 1/2' D	bottom (see profile)					
common	③	4' S	215	226	226	240	14 MIN	
		8' M	215	218	218	225	7 MIN	
		12' D	bottom (see profile)					
⑥	⑥	3 1/2' S	205	210	210	215	5 MIN	
		11 1/2' D	bottom (see profile)					
		⑤	4-4 1/2' S	218	228	228	239	11 MIN

REMARKS

TYPE OF SOIL

TESTED BY

11 1/2' D (11' 1/2' D)

⑥ VISUAL ONLY  
 11' D bottom (see profile)

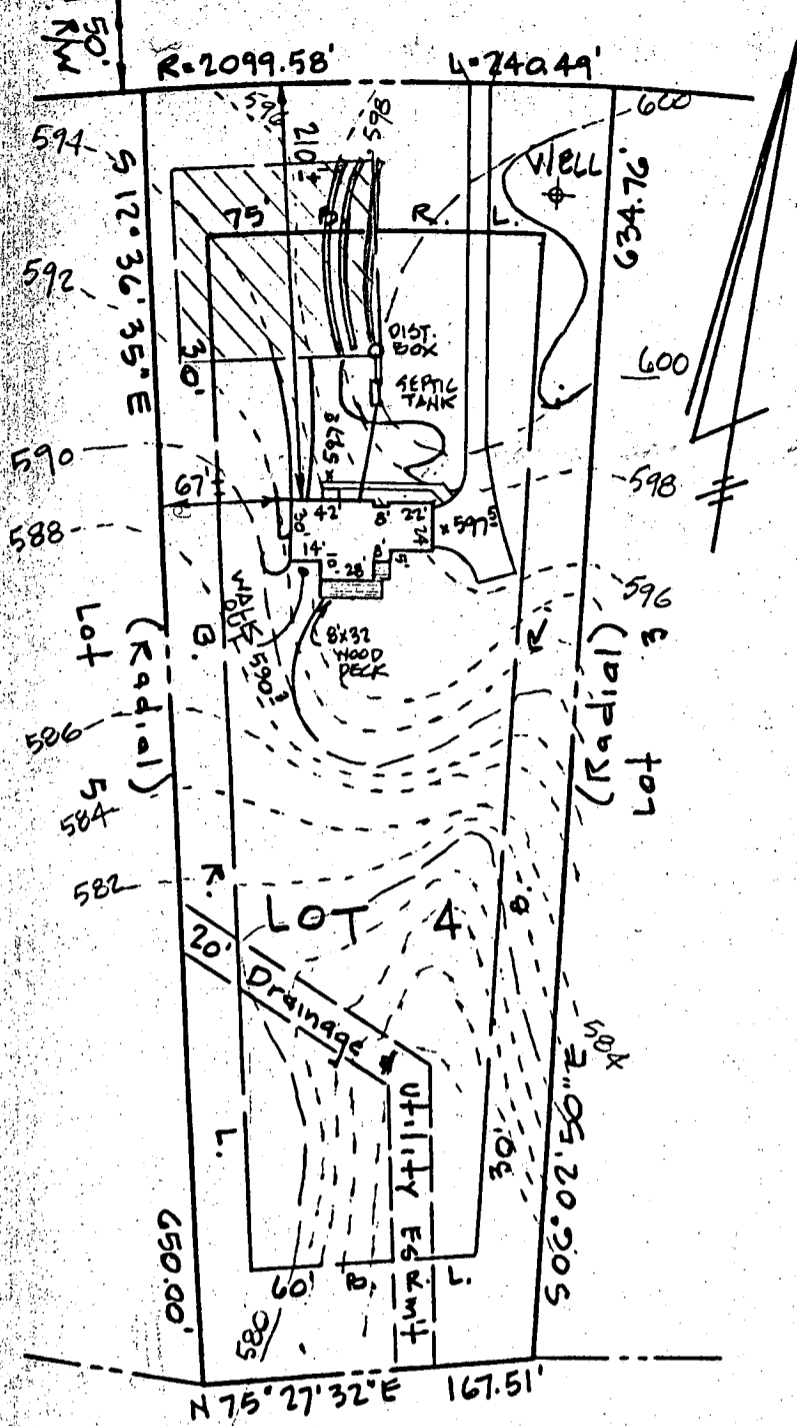
⑥ uniform ALSO PRESENT

⑦ 11' 1/2' D  
 11 1/2' D  
 ⑧ purple clay silty loam 3 1/2'  
 to purple powdery silty loam  
 11' D  
 X PRC  
 10 MIN  
 IN SET 4  
 BOTTOM 6  
 200 #/BR

# GLENWOOD SPRINGS DRIVE

## NOTE:

1. Lot area: 3.010 Ac. ±
2. Record Plat No 7680
3. Address: 2819
4. Tax Map No 14
5. HOUSE TYPE:  
2 sty w/ Full Bsm't.



## \* SEPTIC NOTE:

TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE. (TRENCH LENGTH SHOWN IS FOR 3 BEDROOM WITHOUT A GARBAGE DISPOSAL.)

*4 BR indicated*

	SEPTIC DATA	DATA
HOUSE FIN. FL.		6000
" BSM'T		5910
" SEWER INV.		59750
SEPTIC INV. IN.		59650
TANK INV. OUT		59635
FIN. GR.		5995
DISTR. " "		5990
BOX INV. IN		5960
WELL EX. GR.		6000
FIN. " "		"

*12/7/89  
Revised PLANS OK  
R/S*

**BUILDER**  
S.F. Contractors, Inc.  
3368 Brantly Court  
Glenwood, Md. 21738  
442-1133

**ENGINEER**  
John L. Schneider, P.E.  
100 N. Rolling Road  
Catonsville, Md. 21228  
301-744-1945

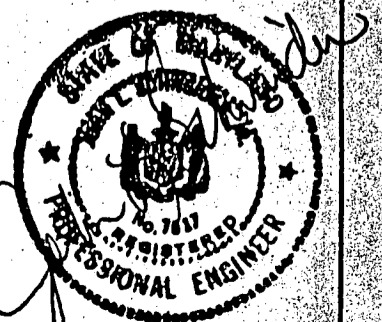
## GRADING STUDY

LOT 4 SECTION 1 | GLENWOOD SPRINGS AREA

4th ELECTION DISTRICT | HOWARD COUNTY - MD.

SCALE 1" = 100'

JULY 13, 1989



\* REVISED 9/2/89 TO CLARIFY SEPTIC TRENCH CRITERIA.



B 1 3315 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

40-81-2163  
fill in this form completely

Date Received

8 13

OWNER INFORMATION

CARMAN ASSOCIATE  
15 Last Name Owner First Name 34

BOX 122  
36 Street or RFD 55

ELLICOTT CITY MD 21043  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Mayne 238  
Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling  
Firm Name

5512 RIDGE RD. Mt Airy 21771  
Address

Joseph L. Mayne 6/9/87  
Signature Date

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)

APPROXIMATE DEPTH OF WELL 200 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 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP
FORCE INITIALS PERMIT No. 40-81-2163

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD  
8 COUNTY 21

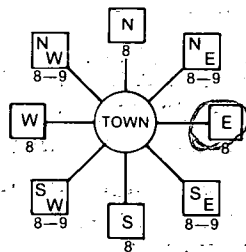
GLENWOOD SPRINGS  
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

GLENWOOD  
52 NEAREST TOWN 71

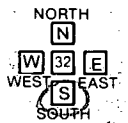
MILES FROM TOWN (enter 0 if in town) 1/2 MI  
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GLENWOOD SPRING DR.  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 30 FT  
34 37 ENTER FT or MI 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD 38016  
COUNTY NAME COUNTY NO.

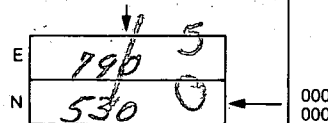
OEP SIGNATURE DATE ISSUED BNufon 12/30/87  
SIGNATURE DATE ISSUED

530 0775  
NORTH GRID EAST GRID

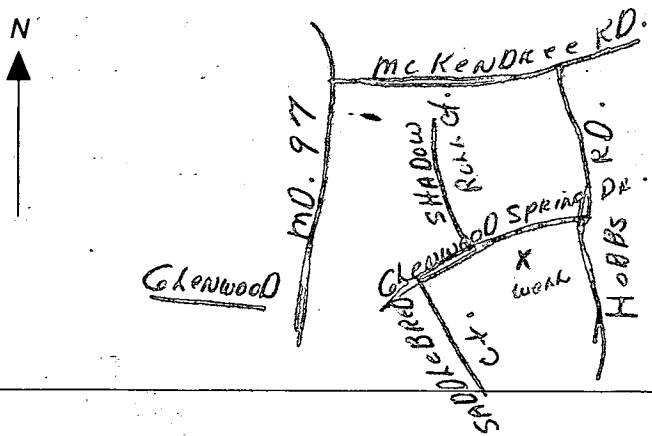
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE



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



8/26/87

48' casing

35' open

9 bags

location as per  
approved

H<sub>2</sub>O sample taken

C1 5965

(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 38016

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 18 26 97

22 26 22 5

28 37 10-81-2163

OWNER ASSOCIATES S CARMEN STREET OR RFD GLENWOOD SPRINGS DRIVE TOWN GLENWOOD SUBDIVISION GLENWOOD SPRINGS SECTION LOT 4

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICK ROCK, 0, 43, 43, 225.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) 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 (to nearest foot) from 7 ft. to 35 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 49

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) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 49, 17, 225

CIRCLE APPROPRIATE LETTER 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 (MUST MATCH SIGNATURE ON APPLICATION)

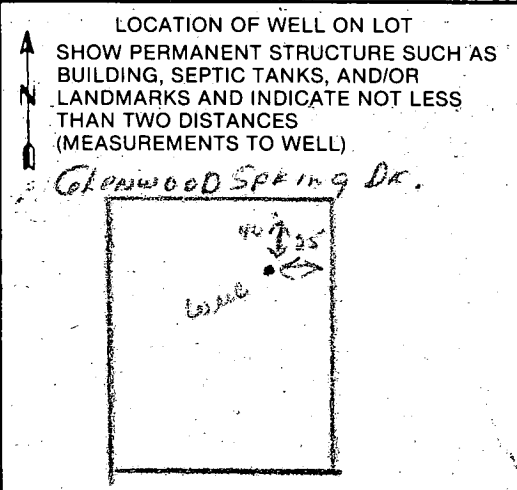
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 52 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 105 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: 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)





2/28/90

ASAP

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 45614  
Date 02/27/90

Name of Installer CLARKE P+H

Telephone 489-4029

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber 3808

Name of Property Owner S.F. Contractor Telephone 442-1133  
Subdivision Glenwood Spring Lot # 4 Well Tag # MD-81-2163  
Site Address 2819 Glenwood Spring

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT-800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Couderc</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>66gal</u>	1. Type <u>Plastic</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>7516</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/> <u>NO</u>

P.A. Covered MR 2/28/90

HEALTH DEPARTMENT  
STAMPED  
FEB 28 5 31 PM '90

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: Kenneth C. Clarke  
Date: 2-27-90

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