

03-290565

8/13/87
HOM
8/14/87
PM

PERMIT

P 39837
A 38238

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/12/87

DATE SYSTEM APPROVED 8-14-87

INSPECTOR JEN

Connor Construction Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 8455 Baltimore National Pike, Ellicott City, MD PHONE _____

SUBDIVISION Slade Property ROAD 13200 Linden Church Rd LOT Tax 28 Parcel 165
GREENBERRY LANE

PROPERTY OWNER William Slade

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

244
573
146.5

146.5 trench

TRENCHES - 244 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench at perc hole #3 which is located 90 feet from the South (N85° 16'00"W) lot line and 430 feet from the East (S 18° 00' 00"E) lot line. Install trench(s) along contour toward left side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OF/SA*
SYSTEM MAY BE INSTALLED AT LOCATION SHOWN ON ELEVATION DRAWING 8/13 SA

PLANS APPROVED BY C. Williams DATE 2/05/87

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.

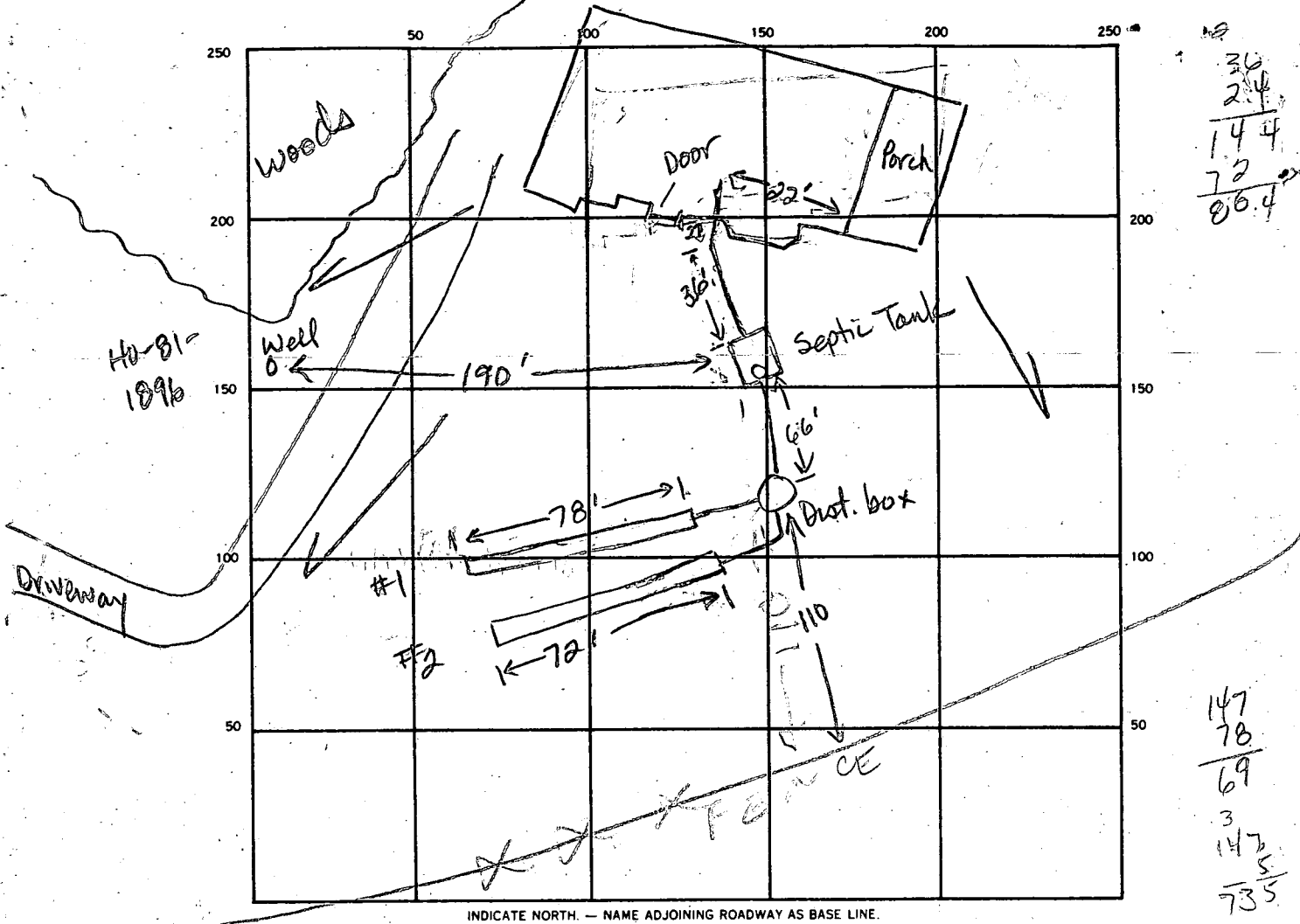
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 38238



30
2.4
144
72
86.4

147
78
69
3
147
735

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1500 CLEANOUTS ✓ ST cleanout on backend

DISTRIBUTION BOX. LEVEL 016

DRAIN FIELD/TILE FIELD. DEPTH 8.05 FT. TRENCH WIDTH 2/2 FT. INLET DEPTH 3.5 3.0 FT.

EFFECTIVE GRAVEL DEPTH 4.5 5.5 FT. TOTAL LENGTH 78 72 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 351 396 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 747 SQ. FT.

REMARKS 8/13/87 - LOCATION OK PER PLAN / DIG TRENCH #1

COMPLETELY & ADD STONE - DIG TRENCH #2 BUT DONOT ADD ALL STONE

8/13/87 1430M FINISH DIG INLET TRENCH #2 AND MOST ALL

STONE ADDED TO TRENCH #1 ADD PIPE & PAPER

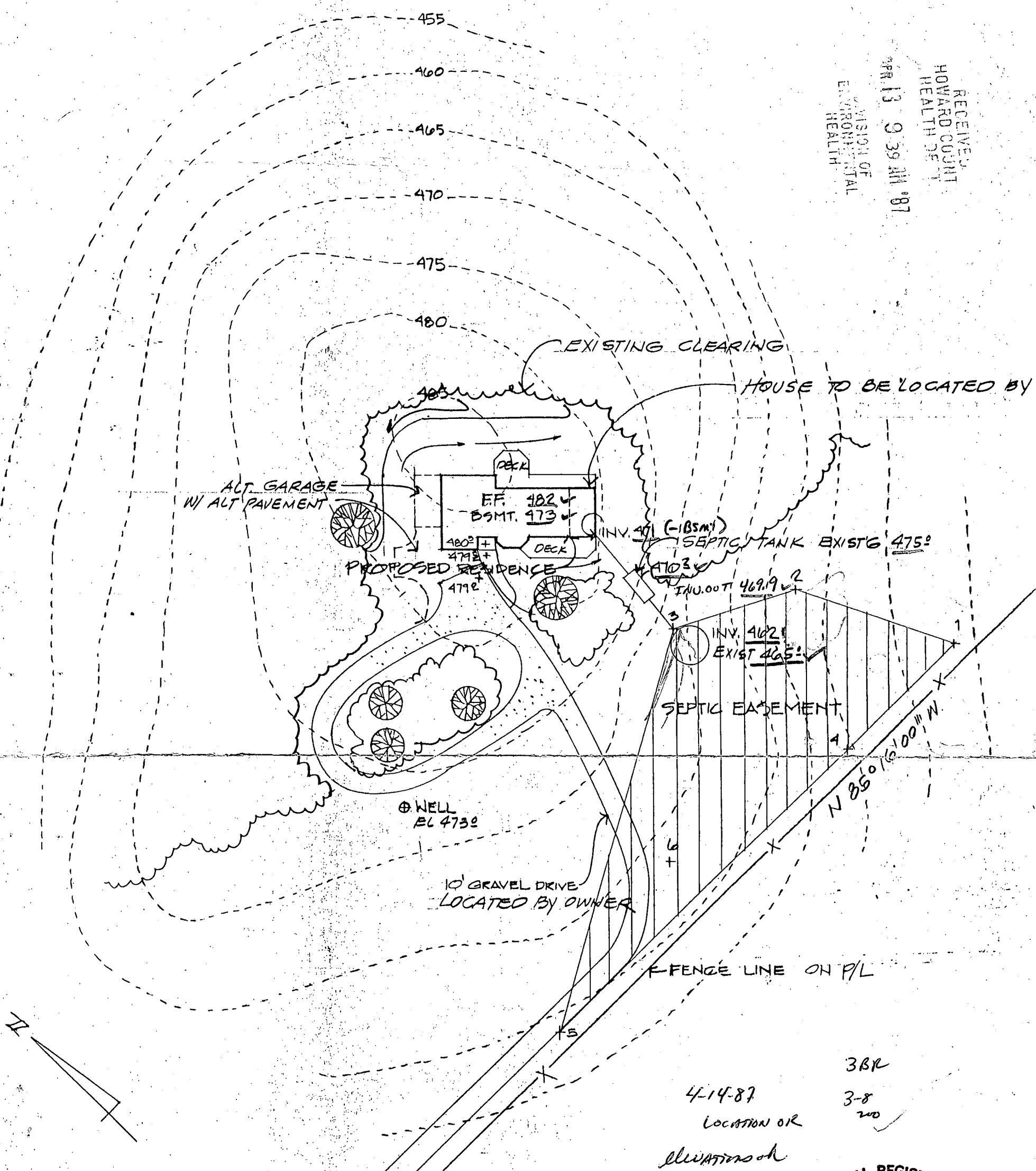
TO TRENCH #1 & TRENCH #2 FINISH HOOKING TANK

TO HOUSE (SA) 8/14/87 Must reamout inlet to dist box, stabilized pipe from ST

and connect to house. JEN 8/14/87 ok to cover all work JEN

DATE SYSTEM APPROVED 8/14/87 INSPECTOR Jane E. Madson

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT
 DIVISION OF
 ENVIRONMENTAL
 HEALTH
 APR 13 9 39 AM '87



PARTIAL
 SITE PLAN

SCALE: 1" = 50'-0"

4-14-87
 Location OK
 ELEVATIONS OK
 LOCATION OK
 NO DW TUB P TRINCH
 BSMT ON GRAVITY
 POSSIBLE
 S.A.H.



13200 LINDEN CHURCH ROAD
 CLARKSVILLE, MD 21029
 Parcel - 165
 Z. Map - 28
 CENSUS TR. - 6051

244
 32
 750
 150
 750

BLDG. PERMIT SIGNED
 AND RETURNED 4-14-87
 S.A.H.
 BR 11142

SLADE RESIDENCE

CRAIG L STEWART
 ARCHITECT PA
 5406 SMOOTH MEADOW WAY 596-5003 WASH.
 COLUMBIA, MD 21044 964-9233 BALT.

31 MAR 87

8/14/87

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 X Replacement _____
Receipt # 39859
Date 8-13-87
Name of Installer John Haskie Telephone 788 3289
License Number 3189
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner William Slade Telephone _____
Subdivision CHARLESVILLE Lot # _____ Well Tag # HO-01-1896
Site Address 13300 LINDEN CHURCH RD

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make MVERS
3. Model # _____
4. Capacity 60 GPM
5. Pump exceeds well capacity Yes X No _____
6. If Yes, is low pressure cutoff switch installed? Yes X No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other TAPE

Motor
1. Horsepower 1/2
2. RPM 2
3. Voltage 250
a. 110 _____
b. 220 X

Pitless Adapter
1. Make _____
2. Model # 010
3. Depth _____

Tank
1. Capacity 82
2. Pressure relief valve? 25 #

Piping
1. Type Big Blue
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 280

Well data
1. Depth 305 ft.
2. Yield 4 GPM
3. Static water level 250 ft.
4. 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).

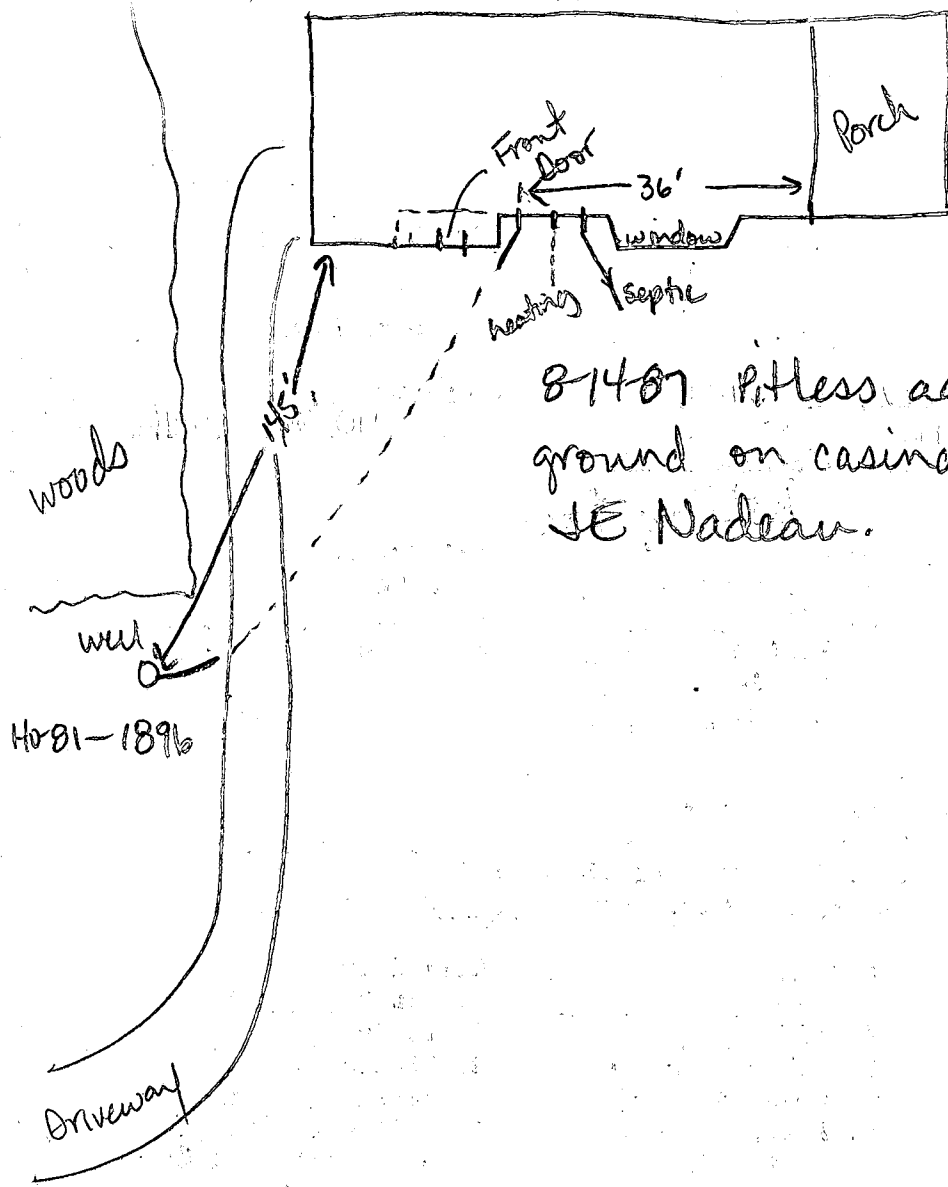
All information given above is true to the best of my knowledge.

Signature of Applicant: John Haskie

Date: 8-13-87

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

\$58.
 2.4
 232
 116
 139.2



81487 Pitless adaptor at 40 inches. No ground on casing. House connection ok.
 JE Nadeau.

C1 3841

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 38238

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

DATE RECEIVED

DATE WELL COMPLETED 022587

DEPTH OF WELL 22 30.5 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-21-1076

OWNER SLADE WILLIAM STREET OR RFD SLADE PROPERTY LINDEN CURRIE TOWN MAP 28 R 9 P 165 SECTION LOT

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT, BENTONITE CLAY, NO. OF BAGS 11, NO. OF POUNDS 1034.

CASING RECORD: MAIN CASING TYPE SF, Nominal diameter 4.7, Total depth of main casing 30.5.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with columns for depth intervals and slot size/diameter of screen.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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.

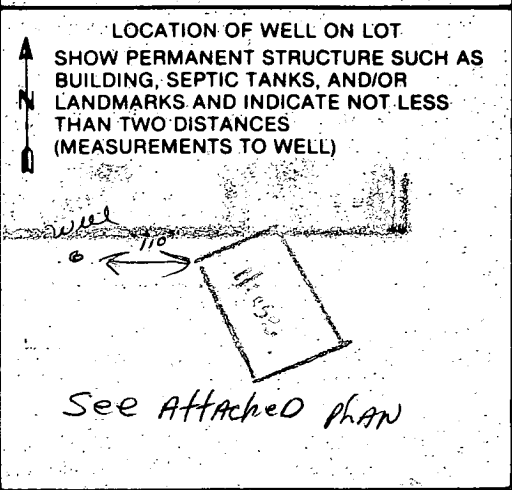
DRILLERS IDENT. NO. 928, DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

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

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 31, TYPE OF PUMP USED S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, CAPACITY GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 7 1542 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
110-81-1896
fill in this form completely

Date Received 11/29/87
OWNER INFORMATION
SLADE WILKIAM
12309 ARCTORIA DRIVE
SILVER SPRING MD 20904

B 3 LOCATION OF WELL
HOWARD COUNTY
SLADE PROPERTY (PIGS)
SECTION 44 46 LOT 48 50 (MAP 28)
DAYTON NEAREST TOWN
MILES FROM TOWN 1 MI

DRILLER INFORMATION
Joseph L. Magee 238
Joseph L. Magee Well Drilling
5512 Ridge Rd. Mt. Airy Md. 2177
Signature Date 1/26/87

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
TOWN
NEAR WHAT ROAD Linden Church Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 1/4 MI

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A 38238
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 02/10/87 Raymond Hodges 08/18/87
NORTH GRID 513000 EAST GRID 0809000

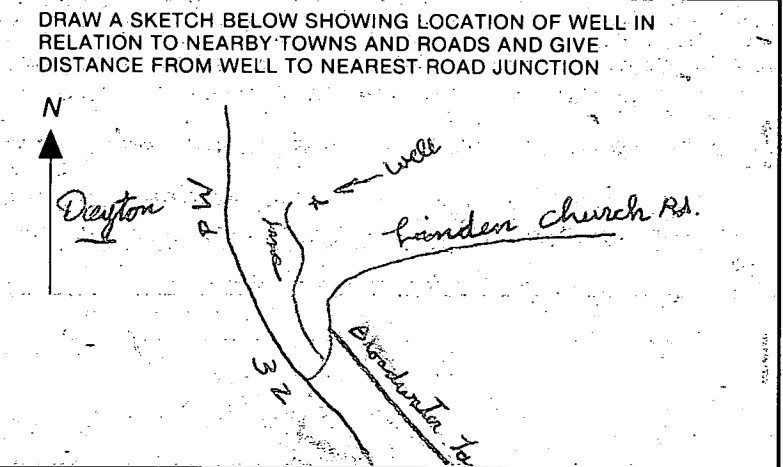
USE FOR WATER (CIRCLE APPROPRIATE BOX)
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

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 8049
N 5123

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 PERMIT NO. 110-81-1896

SPECIAL CONDITIONS

APPLICATION

PERCOLATION TESTING

A 38238
P _____

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

DISTRICT _____

please contact the architect

DATE 12/11/86

ok to process school

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. WILLIAM SLADE
ADDRESS 12309 PRETORIA DR, SILVER SPRING MD 20904
PROSPECTIVE BUYER N/A. PHONE 301-572-5185 (H)
395-4117 (W)
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION 13200 LINDEN CHURCH RD. LOT NO. _____
ROAD AND DESCRIPTION THE SLADE PROPERTY OFF RT 32
JUST NORTH OF LINDEN CHURCH RD. DIST ROAD JUST
28 P. 165 PART RD OF LINDEN CHURCH RD. CHURCH RD.
TAX MAP 28 PARCEL # _____
SIZE OF LOT 30 ACRE ± TYPE BLDG. SINGLE FAMILY
(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] ARCHITECT
(SIGNATURE OF APPLICANT) 301-596-5003

APPROVED BY Craig Williams FOR TRENCHES DATE 2/5/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/9/87 PERC OK (RECORDED) LOT NO SUBDIVISION
SUBMIT WELL SITE PLAN SHOWING PERC HOLE LOCATIONS
& HOUSE LOCATION R/L
BLDG. PERMIT SIGNED AND RETURNED 2/14/87

THIS IS NOT A PERMIT
BPH 11142

Value
5/19/87
11:20 PM

2600

SOIL PROFILE

①
BROWN CLAY

BROWN PINK SAND LOAM

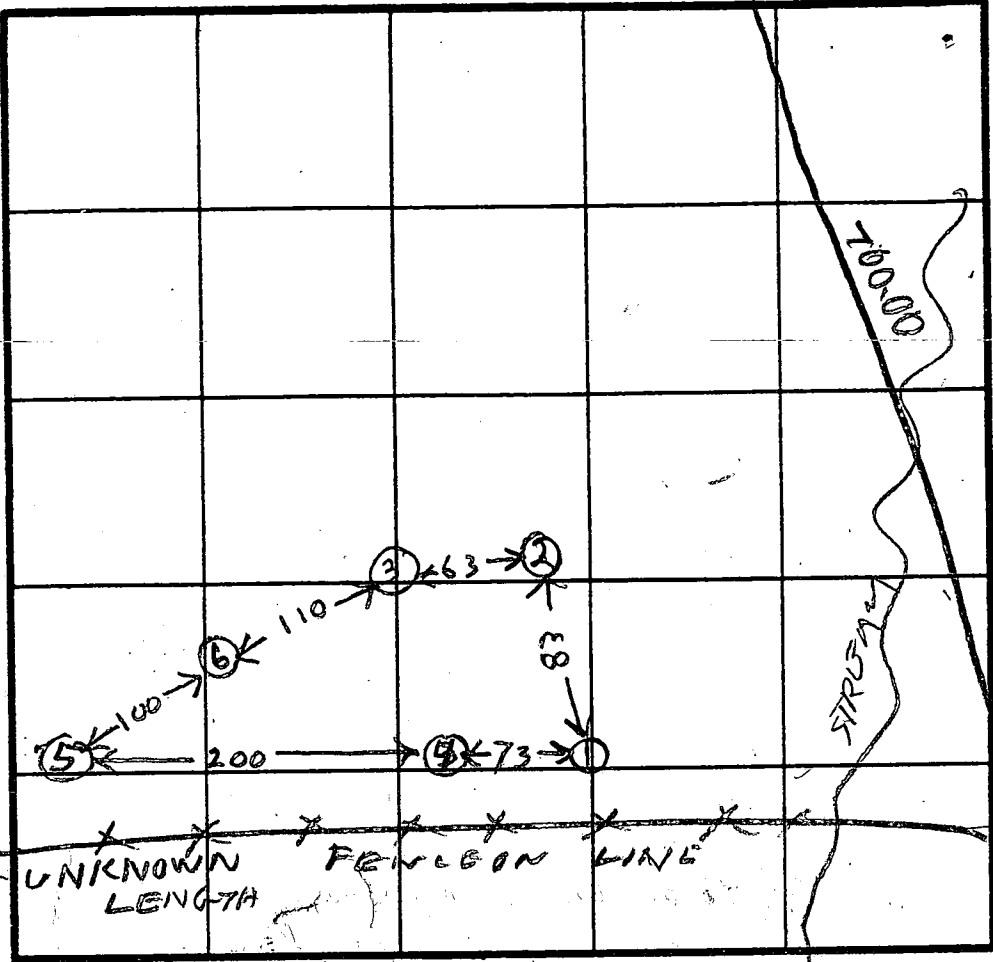
HARD

⑤
RED BROWN CLAY
4
GRAY BROWN SAND

⑥
BROWN CLAY
3
SAND LOAM

HOLD ELEVATION

① = LOWEST
②③ = HIGHEST
④ = HIGH
⑤⑥ = LOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②
CLAY SAND & ROCKS
BEIGE SAND LOAM

③
BROWN CLAY SAND
BEIGES SAND LOAM

④
RED CLAY
GRAY BROWN SAND LOAM

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|-------|----------|--------|------------------------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 19/87 | 1S | 6 | 145 | 212 | 212 | 212 | |
| | 1V | 12 | LOOKS LIKE SATS FACTOR | | | | |
| | 2S | 6.5 | 214 | 223 | 223 | 231 | |
| | 2V | 11 | OK | | | | |
| | 3S | 5 | 248 | 233 | 233 | 244 | 11 |
| | 3V | 8 | 220 | 227 | 227 | 242 | 1 |
| | 3V | 12 1/2 | OK | | | | |
| | 4S | 5 | 302 | 303 | 303 | 304 | 1 |
| | 4V | 12 1/2 | OK | | | | |
| | 5S | 6 | 320 | 323 | 323 | 326 | 3 |
| | 5V | 11 | OK | | | | |
| | 6V | 11 | OK | | | | |

15
12

SEE PLA

REMARKS

TYPE OF SOIL

TESTED BY R HODGES

CRAIG BULLER

ALSO PRESENT ROCKY & BILL (Backhoe)
MR & MRS SLADE (owner)

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

February 6, 1987

MEMORANDUM

TO: Charles Baker
Tax Assessment Office

FROM: Craig Williams, Director *C.W.*
Water and Sewerage Program
Bureau of Environmental Health

RE: Buildable Status
Slade Property
Linden Church Road at Route 32
Tax Map 28 Parcel 165

The above referenced property was approved as buildable after submission of an "informal" plat attesting to locations of successful percolation tests.

Because no subdivision of the property was proposed, a plat with signature block approvals was not required.

CW:VF

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

February 3, 1987

William Slade
12309 Pretoria Drive
Silver Spring, MD 20904

RE: Percolation Testing
Slade Property
Tax Map 28 Parcel 165
28

Dear Mr. Slade:

Percolation testing conducted January 9, 1987 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams

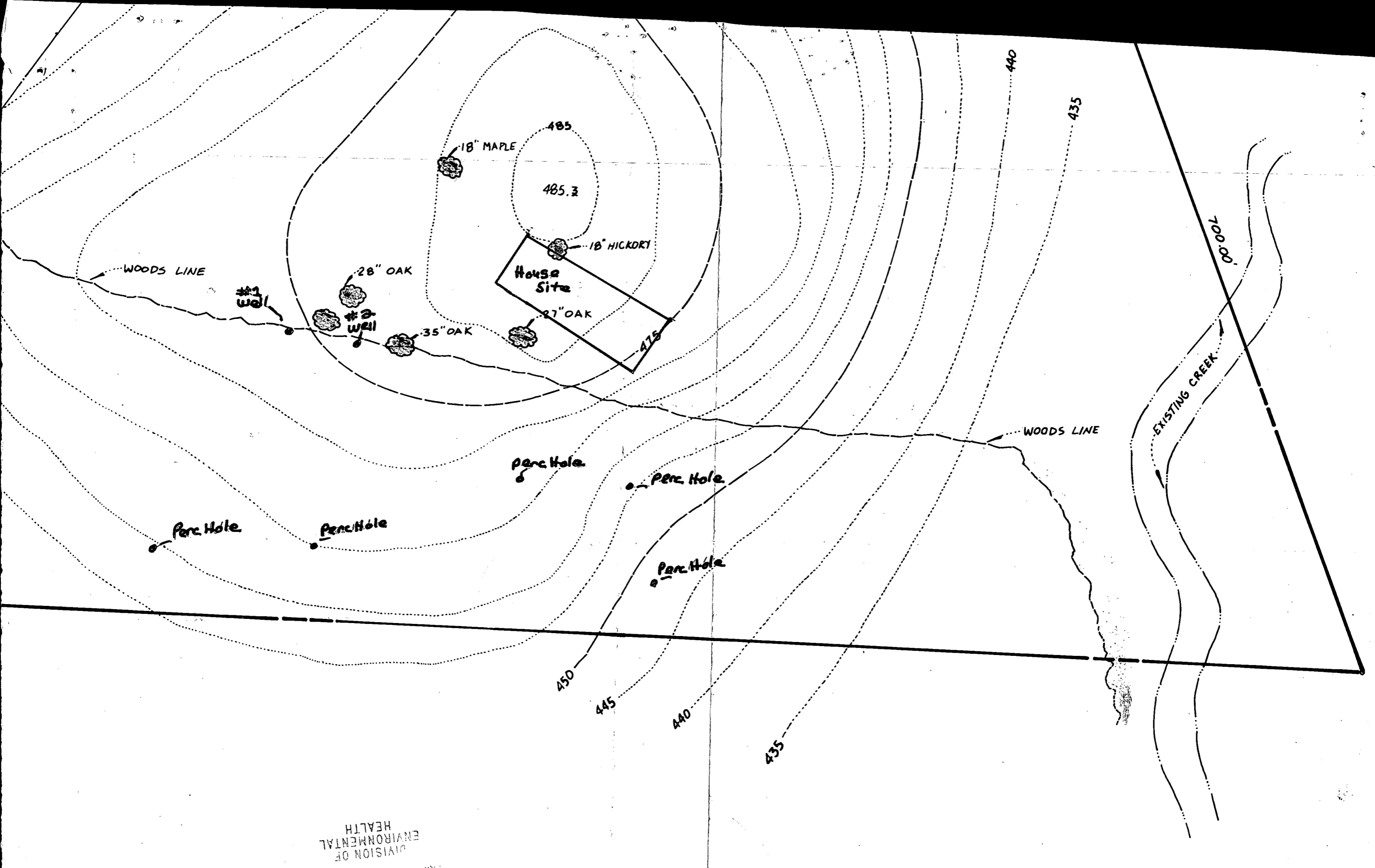
Craig Williams, Director
Water and Sewerage Program

CW:VF

"INFORMAL" PLAT REVIEWED OK 2/5/87

PROPERTY ~~ISSUED~~ ^{APPROVED FOR} AS BUILDING APPROVAL.
ELIGIBLE FOR

WELL PERMIT ISSUED 2/6/87 CW Williams



RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 NOV 24 4 21 PM '87
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

AVENUE # 102
 D 20832

DATE
 11-25-86
 DRAWN
 ADG
 CHECKED
 BILL

Sheet
 /
 of 1