

6/20/89 AM

04-346645

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 44236

A 38369

DISTRICT 4th

DATE 5/13/89

DATE SYSTEM APPROVED 6-20-89

INSPECTOR S. AB

Holstein Excavation

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Glenwood Springs ROAD 2856 ~~Hobbs Road~~ ^{Glenwood Springs Dr} LOT 21

PROPERTY OWNER N. V. Homes Gerald & Colleen Ryan

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 34

TRENCHES - 210 sq.ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench 30 feet off the front (408.63') lot line and 210 feet off the right lot line as seen when facing the lot from Glenwood Springs Drive. Run trenches on contour toward the rear of lot. (483' LOT LINE)

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

PLANS APPROVED BY Sid Abel DATE 5/13/88

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**

A 38369

APPLICATION

PERCOLATION TESTING

A 38369

P _____

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

*2/3/87
perc OK'd pending
approved plat*
(B)

DISTRICT _____

DATE 10-14-86

TO: THE COUNTY HEALTH OFFICER
ELICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER NU Homes - 320-2269

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave. Ellicott City, Md PHONE 21043 461-2855

PROPERTY LOCATION: Glenwood Springs

SUBDIVISION Hakes Property LOT NO. Twenty - ONE

2856 ROAD AND DESCRIPTION Hobbs Road Return ok 4/29/87

TAX MAP 14 PARCEL # 83,87,202

SIZE OF LOT 3+ACRES TYPE BLDG SFD
(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.

Ronald D. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Alwl FOR Shallow Trenches DATE 5-13-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

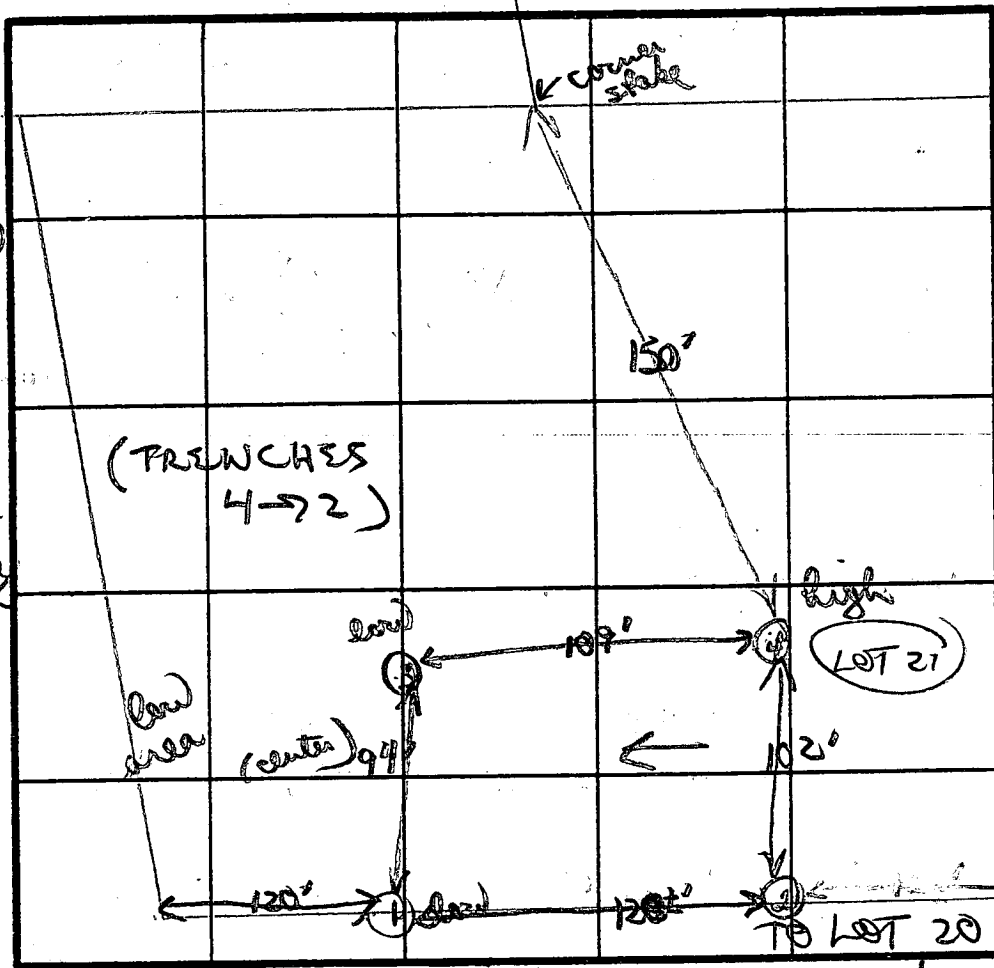
REASONS FOR REJECTION OR HOLDING for certified hole locations & sub: plat
shallow system

BLDG. PERMIT SIGNED AND RETURNED 4/27/89
BP25282 SA

THIS IS NOT A PERMIT

LOT 19

LOT 22



$\bar{X} = 84 \text{ MIN}$
 INLET $3\frac{1}{2}$
 MAX D $5\frac{1}{2}$
 187 A/BORN

② SOIL PROFILE

chunky/gritty
 red/orange
 brown clay
 3 1/2'
 to orange
 light brown
 silty/sandy
 loam
 mix
 ↓
 12'D

③

chunky brown
 orange clay
 clay loam
 3 1/2'
 to tan
 orange brown
 to powdery
 chunky loam
 11'D

③ & ④

gritty/chunky
 orange/red
 clay loam
 4'
 orange/light
 powdery
 brown silty
 loam w/ 28%
 scattered
 Mn frags.

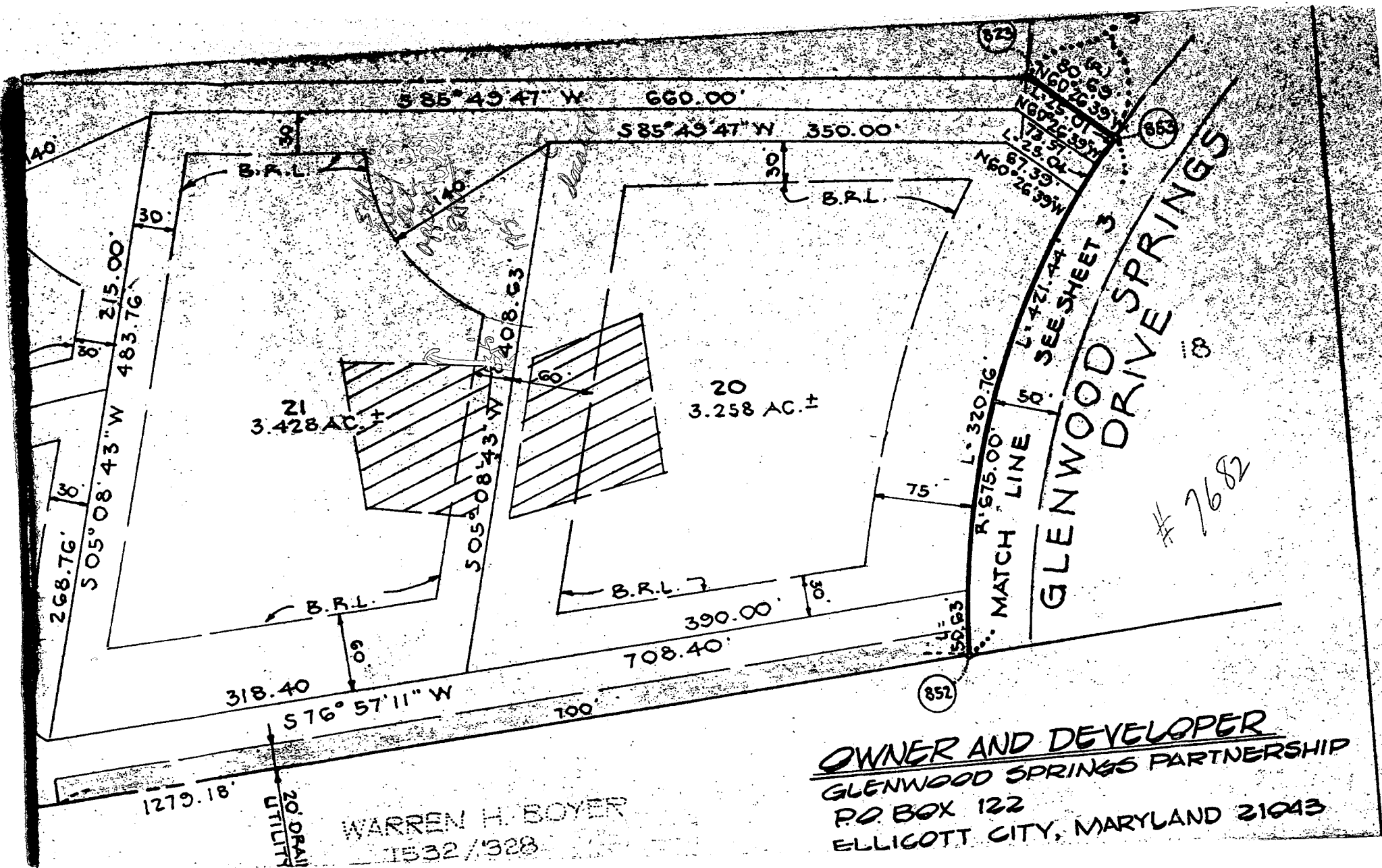
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/3/87	②	3 1/2 S	1040	1045	1045	1051	6 MIN
		8' M	1040	1042	1042	1045	3 MIN
		12' D	bottom (see profile)				
	③	4 1/5	1112	1117	1117	1134	17 MIN
		11' D	bottom (see profile)				
	④	3 1/2 S	1123	1125	1125	1129	4 MIN
		12' D	bottom (see profile)				
	①	3' S	1108	1114	1114	1128	14 MIN
		8' M	1108	1110	1110	1113	5 MIN
		11' D	bottom (see profile)				

REMARKS: SHALLOW SYSTEM
 holes 1 & 2 common for lots 20 & 21

TYPE OF SOIL: orange/brown clays to 4', silty loam below

TESTED BY: B. Neff

ALSO PRESENT: cliff, Warren

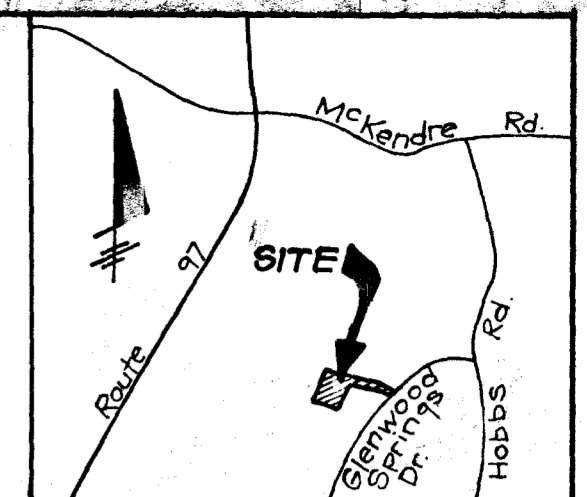


WARREN H. BOYER
1532 / 328

OWNER AND DEVELOPER
 GLENWOOD SPRINGS PARTNERSHIP
 P.O. BOX 122
 ELLICOTT CITY, MARYLAND 21043

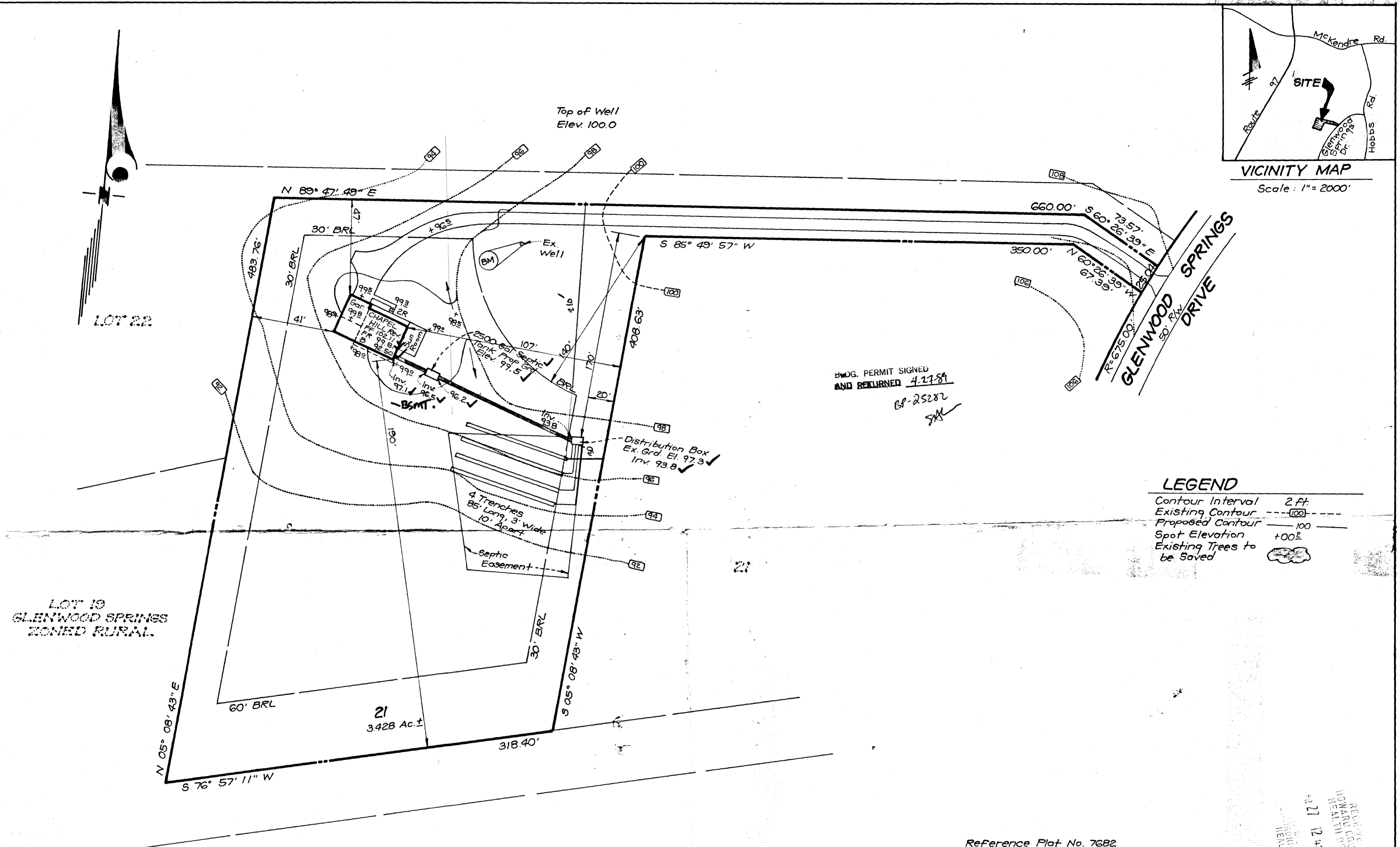
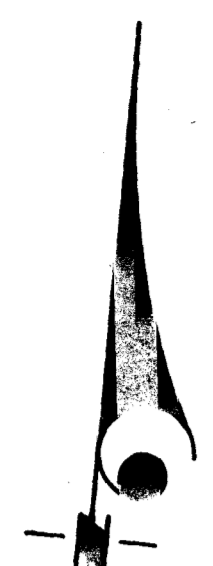
GLENWOOD DRIVE SPRINGS
 MATCH LINE
 SEE SHEET 3

7682



VICINITY MAP

Scale: 1" = 2000'



BUDG. PERMIT SIGNED
AND RETURNED 4.27.89
BF-25282
SMK

LEGEND

Contour Interval	2 ft.
Existing Contour	---+100---
Proposed Contour	---100---
Spot Elevation	+002
Existing Trees to be Saved	

Reference Plat No. 7682

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED JME	SITE DEVELOPMENT PLAN LOT 21 GLENWOOD SPRINGS SECTION ONE AREA ONE 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN BAL		DRAWING 1 OF 1
CHECKED JME		JOB NO. 89-057
DATE April 1989		FILE NO. 89-057x
FOR: N.V. HOMES, INC. 10230 New Hampshire Ave. # 203 Silver Springs, Md. 20903		

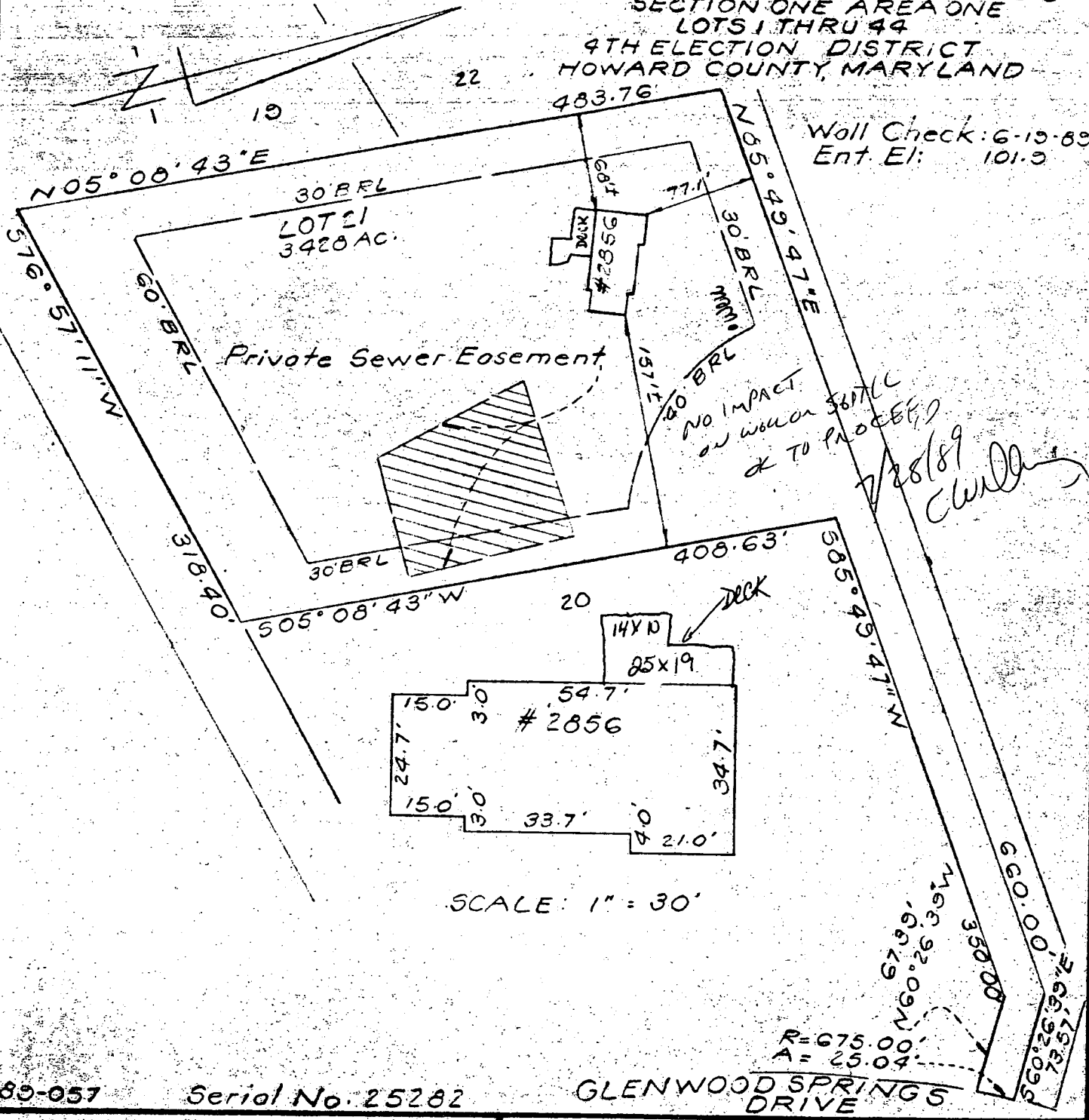
RECEIVED
HOWARD COUNTY
HEALTH DEPT
APR 21 12 42 PM '89

Note No Portion of this lot lies within the 100 Year Flood Plain.

LOCATION OF HOUSE
2856 GLENWOOD SPRINGS DRIVE
LOT 21

GLENWOOD SPRINGS
SECTION ONE AREA ONE
LOTS 1 THRU 44
9TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Wall Check: 6-19-89
Ent. El: 101.3



SCALE: 1" = 30'

89-057

Serial No. 25282

GLENWOOD SPRINGS DRIVE

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

David B. Sackett 6059

CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY COLUMBIA, MD. 21045
(301) 381-7500-BALTO. • (301) 621-8100-WASH.

REFERENCE	DRAWN BY SNP	CHECKED BY KWC
Plat No. 7682	DATE 6-20-89	FILE NO. 551-W
	SCALE 1" = 100'	

BRUNING 40-22 60545-01

B 1 **5614** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER
40-81-2746
 fill in this form completely

Date Received (APA) **042788**
 OWNER INFORMATION
 Last Name **CHLMMH** Owner **ISSOCYNYES** First Name
 Street or RFD **PO BOX 122**
 Town **ELLICOTT CITY MD** State **72** Zip **21043**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **GREENWOOD SPRINGS**
 SECTION **21** LOT **21**
 NEAREST TOWN **GREENWOOD**
 MILES FROM TOWN (enter 0 if in town) **9/2** MI

DRILLER INFORMATION
 Driller's Name **Joseph I. Mayne** License No. **238**
 Firm Name **Joseph I. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy 21771**
 Signature **Joseph I. Mayne** Date **4/26/88**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Greenwood Spring Dr.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **500** FT
 ENTER FT or MI **FT**

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. **A-38369**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **051388** CO SIGNATURE **John Deibel** EXP. DATE **11-12-88**
 NORTH GRID **530000** EAST GRID **0793000**

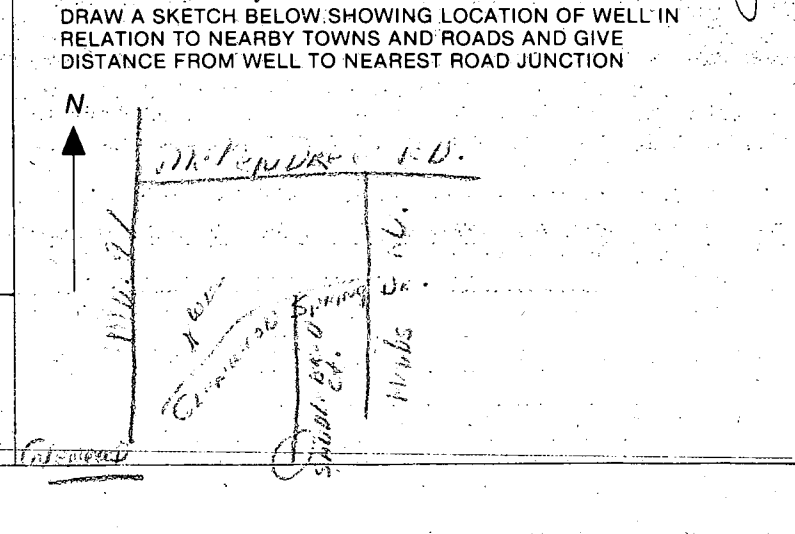
APPROXIMATE DEPTH OF WELL **500** FEET

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
1903
5390
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

APPROXIMATE DIAMETER OF WELL **6** 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)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **CA** WRITE INITIALS IN BOX PERMIT No. **40-81-2746**

SPECIAL CONDITIONS

C1 **9529** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-38369**

DATE Received
 8 13

DATE WELL COMPLETED
 15 20 **110988**

Depth of Well
 22 26 **185**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-2740
 28 29 30 31 32 33 34 35 36 37

OWNER **CRAMAN ASSOCIATES**
 last name first name
 STREET OR RFD **CRAMON SPRING DR** TOWN **CRANWOOD**
 SUBDIVISION **CRANWOOD SPRINGS** SECTION **12** LOT **21**

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 FROM TO Check if water bearing
Subsilon 0 20
GRAY MICH 20 155 ✓
rock

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **564**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **1** ft. to **23** 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 **SV** Nominal diameter top (main) casing (nearest inch) **1** Total depth of main casing (nearest foot) **185**

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
 DEPTH (nearest ft.)
 EACH SCREEN
HO **185**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **73**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **26**
 WHEN PUMPING **81**
 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**
 (CIRCLE) (YES or 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 (nearest foot)
- below } **1** (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

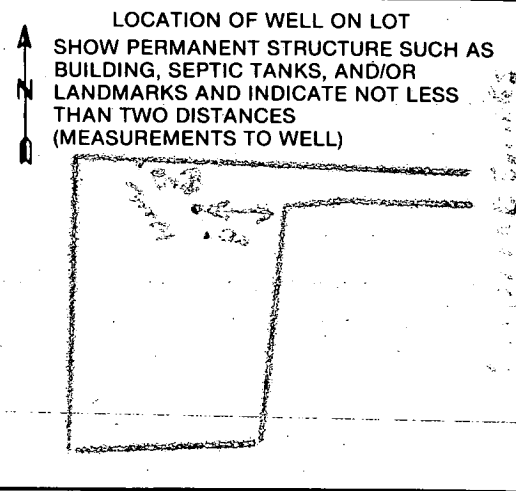
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE **Joseph T. Mays**
 (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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



COUNTY

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 # 44431
 Date 5/23/89

Name of Installer BEN LEWIS INC.

Telephone _____

License Number 11202

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner N. V. HOMES

Telephone 445-3200

Subdivision Glenwood Spring Lot # 21

Well Tag # HO -81 -274

Site Address 28510 Glenwood Spring

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make Gould Martin
2. Model # B10X
3. Depth 30"

2. Make Gould
3. Model # 5ES07422
4. Capacity 5-6 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 Other _____

Tank

1. Capacity 42
2. Pressure relief valve? YES

Piping

1. Type Black, 10051
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 49"

Well data

1. Depth 185 ft.
2. Yield 75 GPM
3. Static water level 26 ft.
4. Will water supply be disinfected by installer? NO

6/20/89. Pitless at 46" line covered. See

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: _____

Date: 5/23/89

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