

9/1/88 EARLY AM 9:40
12 noon

04 - 346661

PERMIT

P 42434

A 38371

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/24/88

DATE SYSTEM APPROVED 9-1-88

INSPECTOR JEN

C. C. Cissel IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Glenwood Springs ROAD 2844 Glenwood Springs Dr 23

PROPERTY OWNER William Cole

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

³180
4
4720
180 ft trench

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the right front lot corner, place 1st trench 180 feet down the right (583.96') lot line and 65 feet off the right line as seen when facing property from Glenwood Springs Drive. Run trenches along contour back towards the right 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/W

PLANS APPROVED BY Bert Nixon DATE 6/23/87

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 SPECIFIED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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.

**BUILDING PERMITS SIGN
AND RETURNED**

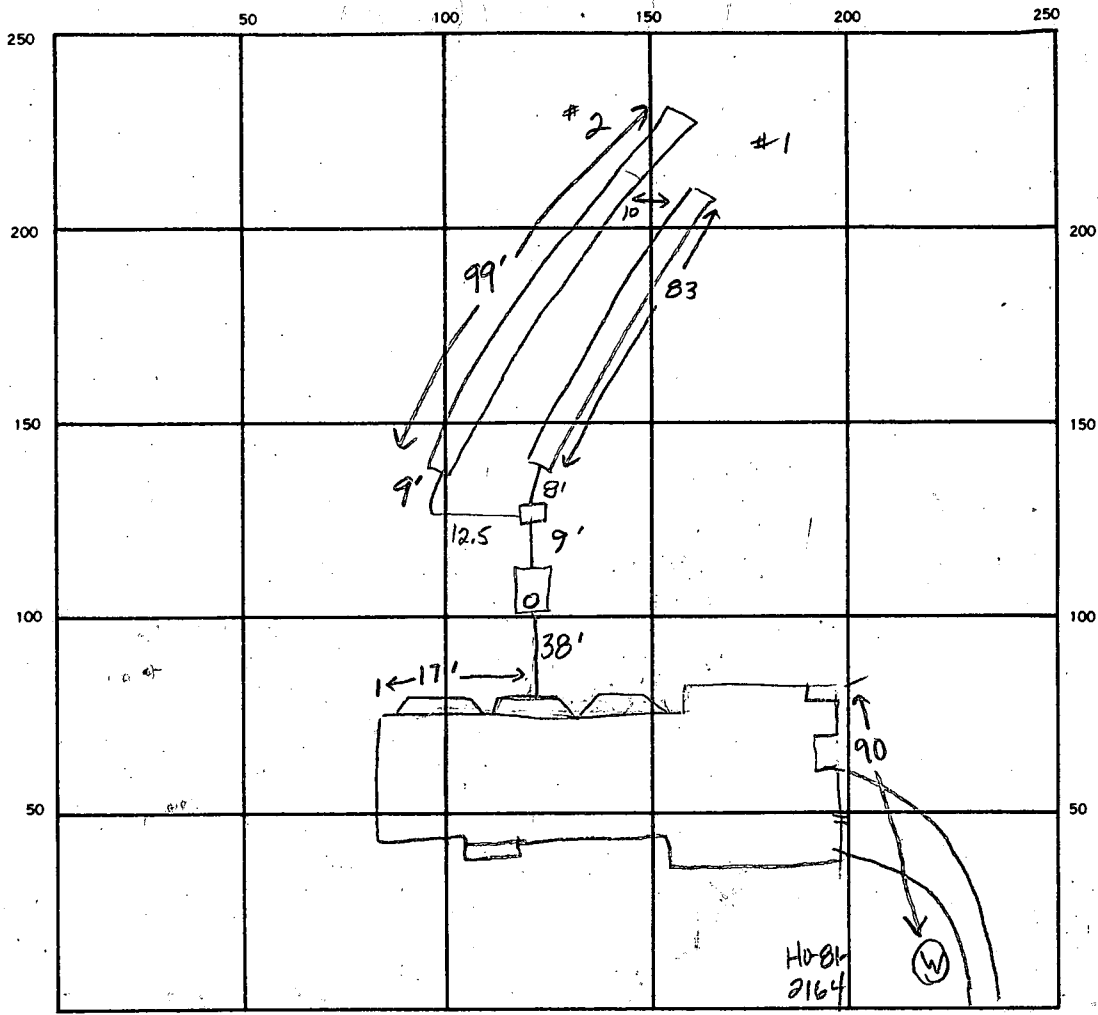
11/5/03, B00139975 SUNROOM

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-38371



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

83
38
2.4
15.2
16
91

SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 1 on S. Tank

DISTRIBUTION BOX. LEVEL OK w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.0 4.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 4.5 FT. TOTAL LENGTH 83 99 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 332 445.5 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT MATERIAL 777.5 SQ. FT.

REMARKS 9-1-88 OK to finish stone, add pipe & paper to both trenches.
Call for final, JEN 9-1-88 OK to cover all work. JEN

83 9
232 99
4.5
475
396
4455

DATE SYSTEM APPROVED 9-1-88

INSPECTOR Gene E. Madean

APPLICATION

PERCOLATION TESTING

A 38371

P _____

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

*1/27/88
perc test approved
@*

DISTRICT _____

DATE 10-14-86

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 William Cole

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

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

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. Twenty Three

ROAD AND DESCRIPTION Hobbs Road 2844 Glenwood Springs Dr. Rule of 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 P. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located hakes & sub 3 plot

BLDG. PERMIT SIGNED
AND RETURNED 5-25-88

BP 18797 sub

THIS IS NOT A PERMIT

$\bar{X} = 4\frac{1}{2}$ min

INLET 4

MAX D 8

RES 2/60RM

①

SOIL PROFILE

brown/orange
silty clay
lean
3'
to to
brown
pale
silty
lean
↓
12'D

②

orange
clay 3'
to brown
lean
silty
lean
↓
12'D

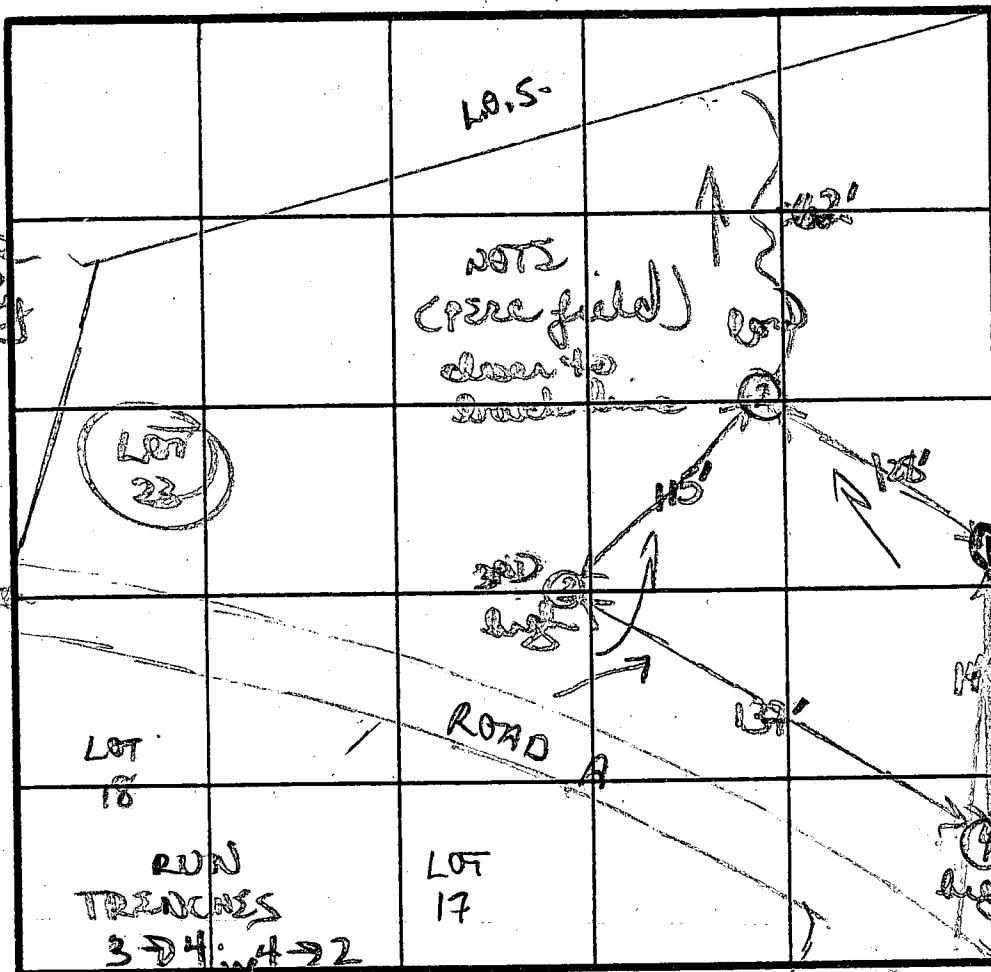
↓

12'D

③

chunky
clay w/ brown
silty lean
4'

to brown
orange silty
lean
↓
11'D



④
brown/orange
silty clay
lean 3'
to brown
pale
silty
lean

LOT 25
gentle
swale
area

LOT 24

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/27	①	3'S	215	219	219	226	7min	
		7'S	215	218	218	222	4min	
		12'D	bottom (see profile)					
	②	4'S	228	232	232	238	5min	
		8'M	228	231	231	235	4min	
		12'D	bottom (see profile)					
	③	4'S	231	234	234	238	4min	
		11'D	bottom (see profile)					
	④	4'S	259	259	259	302	3min	
		11'D	bottom (see profile)					

REMARKS holes 124 common for lots 23+24

TYPE OF SOIL fairly uniform; brown/orange clays 3-4', brown silty lean

TESTED BY B. Dyfan

ALSO PRESENT Phil, Cliff

B 1 **3301** SEQUENCE NO. (OEP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

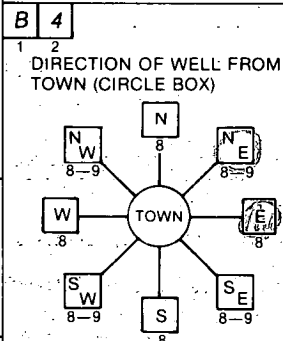
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-2124
 fill in this form completely

Date Received
 OWNER INFORMATION
CARMAN ASSOCIATES
 15 Last Name 34 Owner First Name
Box 122
 36 Street or RFD 55
ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
GLENWOOD SPRINGS
 23 SUBDIVISION 42
 SECTION **23** LOT **23**
 44 46 48 50
GLENWOOD
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1/2** M I
 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne
 77 License No. 80 **238**
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy Md. 21771
 Address
Joseph L. Mayne
 Signature **6/9/87**
 Date



Mlemmond Springs Drive
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
25
 34 DISTANCE FROM ROAD 37
 ENTER FT or MI **FT**
 38 39

B 2 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 38371 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S 41
 DATE ISSUED **063087** **B. Naylor** 12/30/87
 43 48 CO'SIGNATURE EXP. DATE
 NORTH GRID **531 000** EAST GRID **0793 000**
 50 55 57 63

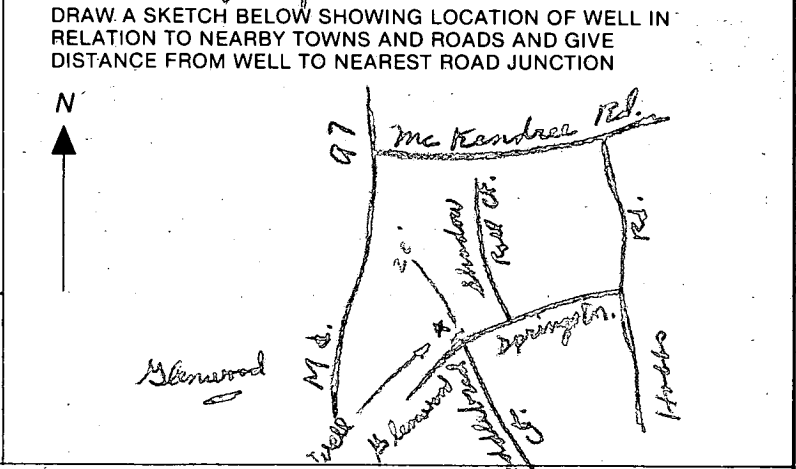
APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

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)
 3 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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 **794 3**
 N **536 1**
 000 000
 Location OK
 36 - casing
 1 - above
 32 - open
 9 - bags
 7/10/87
 JS

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) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____ 54 63
 FORCE **BA** WRITE INITIALS IN BOX PERMIT NO. **HO-81-2124**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 5973

SEQUENCE NO. (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 38371

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

07/10/87

22 125 26 (TO NEAREST FOOT)

HC-81-2164

OWNER ASSOCIATES (last name) CARMEN (first name) STREET OR RFD GLENWOOD SPRING DRIVE TOWN GLENWOOD SUBDIVISION GLENWOOD SPRINGS SECTION LOT 23

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown shale 0-32, Craymire Rock 32-165.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) 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 0 ft. to 32 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) ST 4 CO 44 PL 45 OT 46

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 BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.) 11 165

- 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 (MUST MATCH SIGNATURE ON APPLICATION)

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

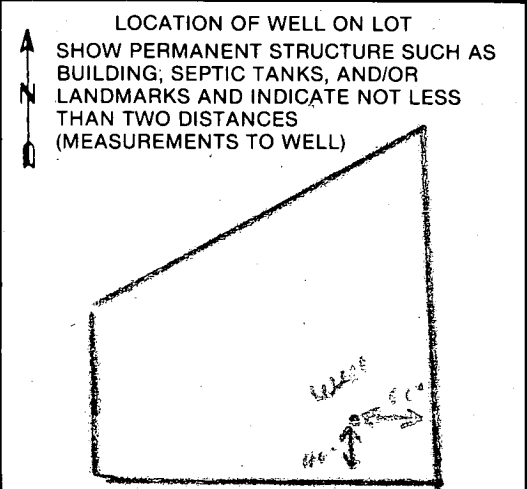
GRAVEL PACK IF DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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.) 12 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 32 TYPE OF PUMP USED (for test) 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 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)



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 # 42593
 Date 9/21/88

Name of Installer ROBERT L. FEELER Co., INC.

Telephone 781-4655

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NH-HOMES

Telephone 997-0700

Subdivision SECTION 1, BLK. 17 Lot # 23 Well Tag # 40-81-2164

Site Address 2844 CLEMMOND SPRINGS DR.

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
2. Make DELINE (GRINDL)
3. Model # 3ALN
4. Capacity P 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

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

1. Make FLOWATIC
2. Model #
3. Depth 42"

Tank

1. Capacity CAPTIVE AIR WX-202
2. Pressure relief valve? YES

Piping

1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data

1. Depth 165 ft.
2. Yield 12 GPM
3. Static water level 42' 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: Robert L. Feeler R.L.F. Co., Inc.

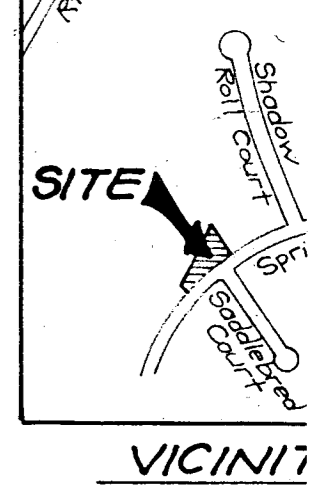
Date: 9/21/88

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

HD-215

9/21/88 OK sticker on casing

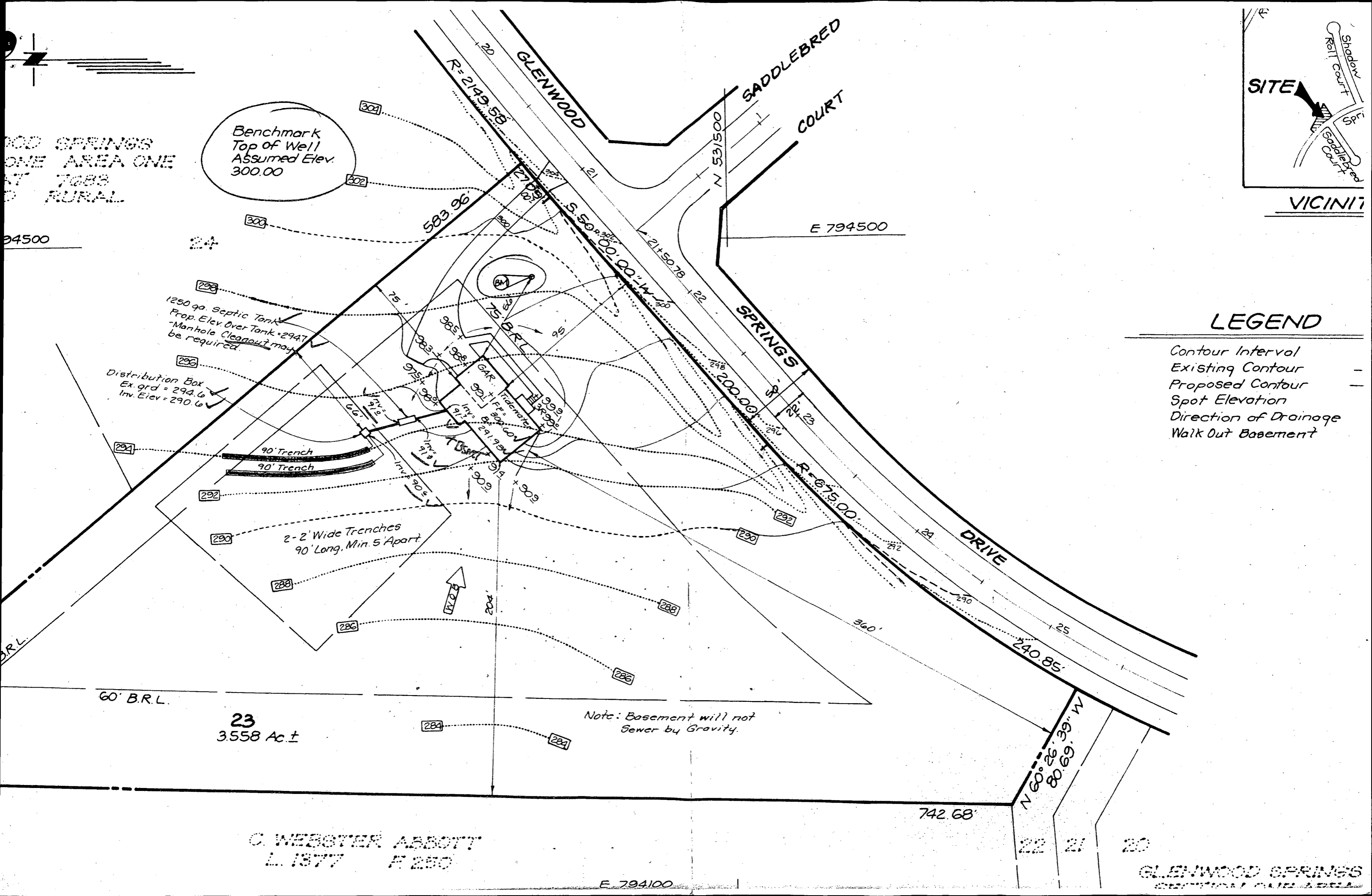
WOOD SPRINGS
 ONE AREA ONE
 AT 7088
 RURAL



Benchmark
 Top of Well
 Assumed Elev.
 300.00

LEGEND

- Contour Interval
- Existing Contour
- Proposed Contour
- Spot Elevation
- Direction of Drainage
- Walk Out Basement



Distribution Box
 Ex. grd = 294.6
 Inv. Elev = 290.6

1250 ga. Septic Tank
 Prop. Elev. Over Tank = 294.7
 Manhole Cleanout may
 be required.

2-2' Wide Trenches
 90' Long, Min. 5' Apart

90' Trench
 90' Trench

Note: Basement will not
 Sewer by Gravity.

23
 3.558 Ac. ±

C. WEBSTER ABBOTT
 L. 1377 F. 250

GLENWOOD SPRINGS
 SECTION ONE AREA ONE