

12:30
9/3/87

03-287483

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 39875
A 38442
DISTRICT 3rd
DATE 8/17/87
DATE SYSTEM APPROVED 9/3/87
INSPECTOR RH

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, MD 21771 PHONE 831-7257

SUBDIVISION _____ ROAD 1755 Henryton Road LOT _____

PROPERTY OWNER Caroline R. Horman

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 295 feet from the front (773.15') lot line and 370 feet from the left (346.24') lot line as seen when facing the lot from Henryton Road. Run trenches on contour toward left 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/GR

PLANS APPROVED BY S. Abel DATE 3/24/87

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 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.

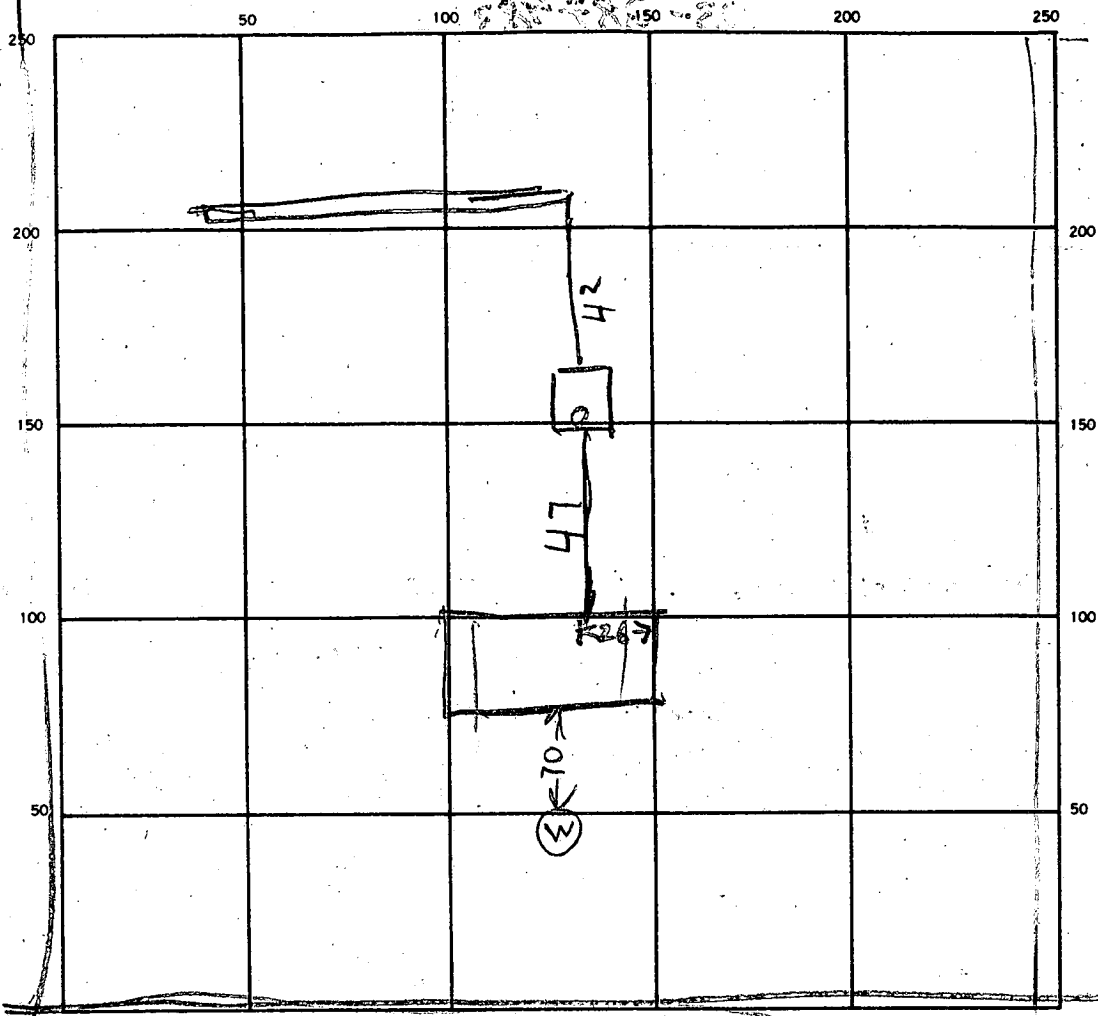
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 38442



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE
HENRY TON RD

SEPTIC TANK. LEVEL 1000

CLEANOUTS ST
OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 5.5 FT. TOTAL LENGTH 97 INSTALLED / REQUIRED 97

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 533 SQ. FT. 480

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

$$\begin{array}{r} 4.5 \\ \times 5.5 \\ \hline 485.5 \\ \hline 5335 \end{array}$$

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/2/87 ¹²⁰⁰ TRENCH PARTLY DUG & TANK SET FINISH
DIGGING TRENCH & ADD STONE

DATE SYSTEM APPROVED 9/3/87

INSPECTOR Raymond Hodger

SUBDIVISION:

LOT NUMBER:

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

160 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 feet below original grade.

5 feet of stone below distribution pipe.

3-110
Ray Hopkins

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 295 FEET FROM THE FRONT (773.15')
LOT LINE AND 370 FEET FROM THE LEFT (346.24') LOT LINE AS SEEN
WHEN FACING THE LOT FROM HENRYTON Rd. RUN TRENCHES ON
CONTOUR TOWARD LEFT LOT LINE. 3-24-87 S. AMM

APPLICATION

2/19/87
9:30

PERCOLATION TESTING

A 38442

P _____

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

DISTRICT 3RD

DATE 1-19-87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*ok to process
called Ms. Horman
w/ date on 1/19/87*

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

PROPERTY OWNER CAROLINE R. HORMAN

ADDRESS 1730 HENRYTON ROAD PHONE 442-1831

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION ~~EAST SIDE OF~~ ¹⁷⁵⁵ HENRYTON ROAD & ~~NORTH SIDE~~

~~OF ROUTE 99~~

TAX MAP 10 PARCEL # 18

SIZE OF LOT 13.69 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(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. Caroline R. Horman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-9-87 Perc. SATISFACTORY; Hold for certified holes, house level. 8A

BLDG. PERMIT SIGNED
AND RETURNED 6-287 8A
BP12299

THIS IS NOT A PERMIT

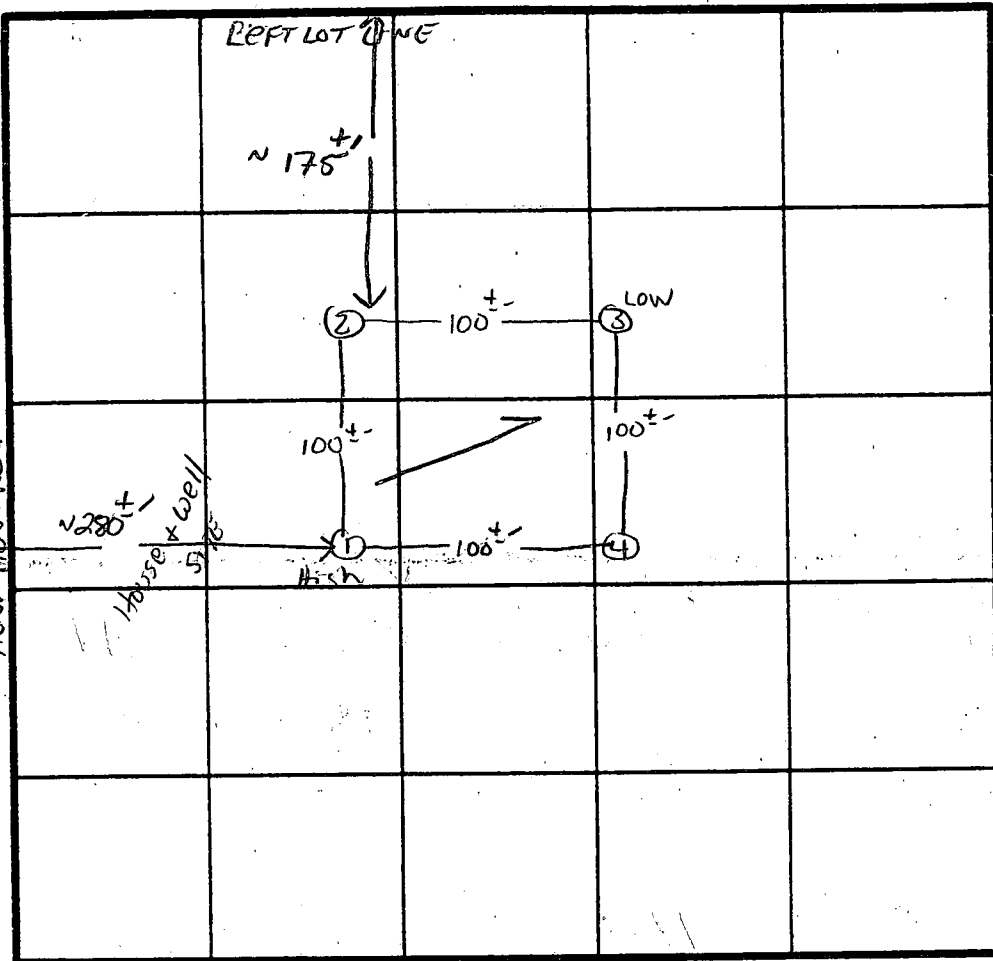
224
51
28

①②③④

SOIL PROFILE

10"
AP
RED BROWN
S: H LOAM
12-15% CLAY
<10% FRAGS
4.0-
4.5
Yellow Red
to yellow
Brown
S: H SAND
LOAM
20-25%
FRAGMENTS
GRAVEL AT
3-5" US
QUARTZITE IN
13'
Hole #34

Hourly Rod
House & Well



X Perc 6 min
160 φ/BR
INLET 4"
BOTTOM 9"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 99

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/9/87	1 S	5.5'	10:28	10:31	10:31	10:37	6 min
		9'	11:00	11:02	11:02	11:06	4 min
	1 V	13' uniform soil below			4.5'		
	2 S	4.5'	10:41	10:43	10:43	10:47	4 min
		13' uniform soil below			4.0'		
	3 S	4.5'	10:49	10:53	10:53	11:02	9 min
		13' uniform soil below 4" w GRAVEL AT 3-5" LEVEL					
	4 S	4.5'	10:59	11:01	11:01	11:04	3 min
		12.5' uniform soil below 4" SAND #3					

REMARKS: HOLE LOCATIONS APPROX TO BOUNDARIES.

TYPE OF SOIL: MADD Lm. to Gravelly LOAM.

TESTED BY: S. Abel ALSO PRESENT

EH-12-1079

CORRECTED

MAP 9-
-P. 8

P. 294

ALBEE FARM 41138

A.S. BAKER
190/149;
378/322
170.89A
P. 119

STANLEY F. MELCHIOR
356/407
25.50A
P. 184

THOS. LENNON
401/573
5.91A
P. 179

D.E. DOERER
473/427
5.56A
P. 19

R.C. MADARY JR. & W.F.
430/740
5.53A
P. 175

P. 236
P. 235
P. 178

S.B. CISSEL
829/124
17.43A
P. 16

WILLIAM C. SCHMIDT
227/397
15.75A
P. 47

RUSSELL M. SHIPLEY
173/595
42A
P. 15

J.G. WARFIELD & W.F.
410/177
413/389

31A
P. 150

A.S. HORMAN
364/394
78.50A
P. 18

25.09A

136.9A
ALPHA

22.72A

14.78A

2.22A
301
2

J.E. BROWN
611/256
5.00A
P. 208

H.R. STOLTE
1152/17
5.00A
P. 219

P. 286

P. 263

P. 273

P.H. SCHWARTZ
231/327
6.01A
P. 45

P. 46

P. 22

SAND HILL ROAD

HENRYTON ROAD

RALEIGH RD.

EVERLEA SEC. III EVERLEA II

TUNNELL

THO. G. PARTO
928/64
11.25A
P. 114

MAP 9-
-P. 48

CAROLINE NORMAN

1730 HENRYTON ROAD

442-1831

HENRYTON ROAD
 18' HAIR C 1" MIN
 HENRYTON ROAD
 HENRYTON ROAD

SITE PLAN:

C.R. HOPMAN PROPERTY
 TAX MAP 10 PARCEL 18
 350 ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

L. 364 / F. 492

FIRST FLOOR ELEV. 624.70
 GARAGE ELEV. 624.00

DISTRIBUTION BOX:
 EXISTING ELEVATION 622.50
 INVERT 618.30

TANK:
 EXISTING ELEVATION 622.50
 INV. OUT 619.20
 INV. IN 619.60

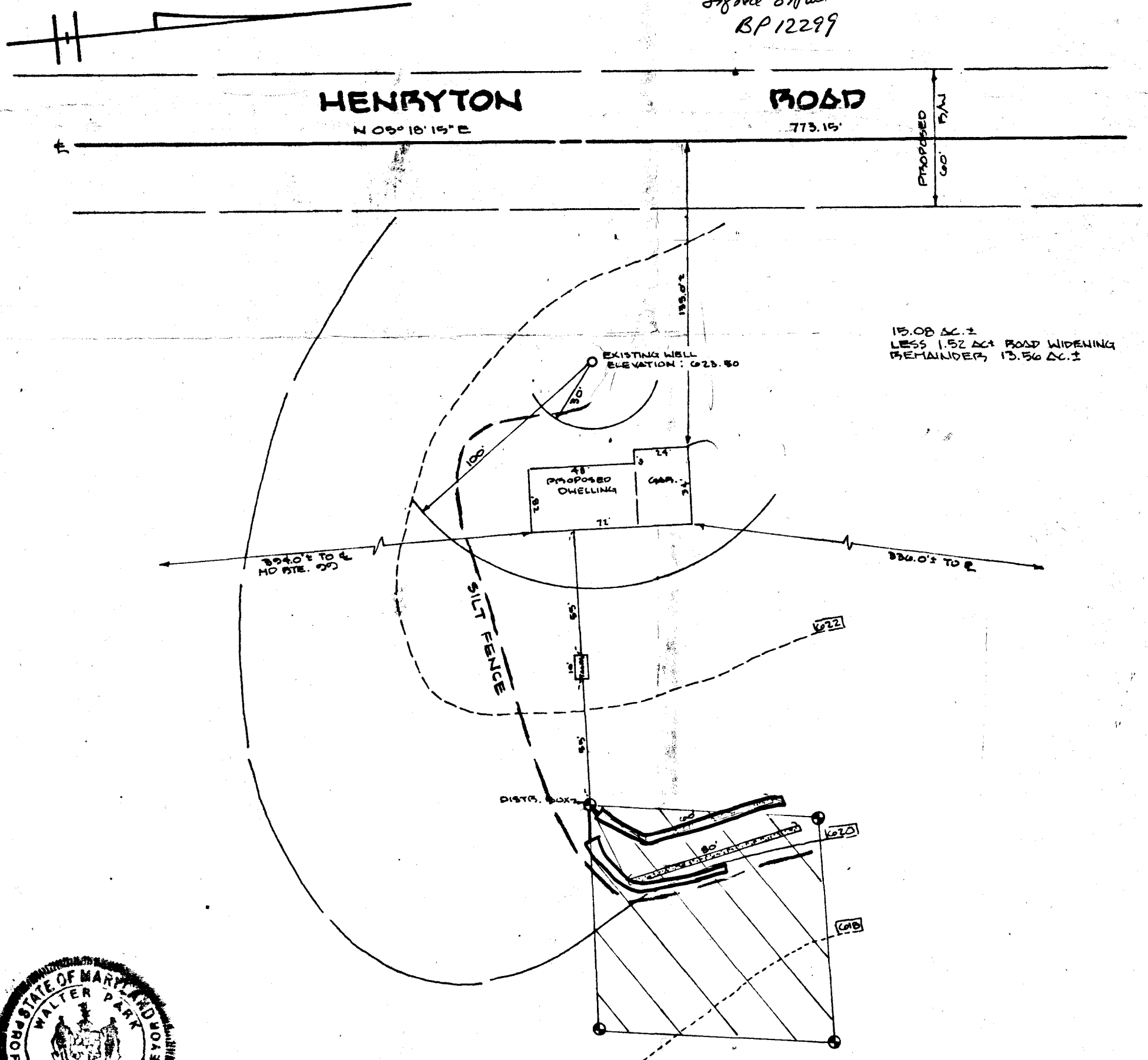
INVERT AT HOUSE 620.70 NO BSMT SERVICE

SCALE: 1"=50'

DATE: 5/25/87

6/2/87
 elevations on
 S. Abbe

BLDG. PERMIT SIGNED
 AND RETURNED 6/2/87
 Signed S. Abbe
 BP 12299

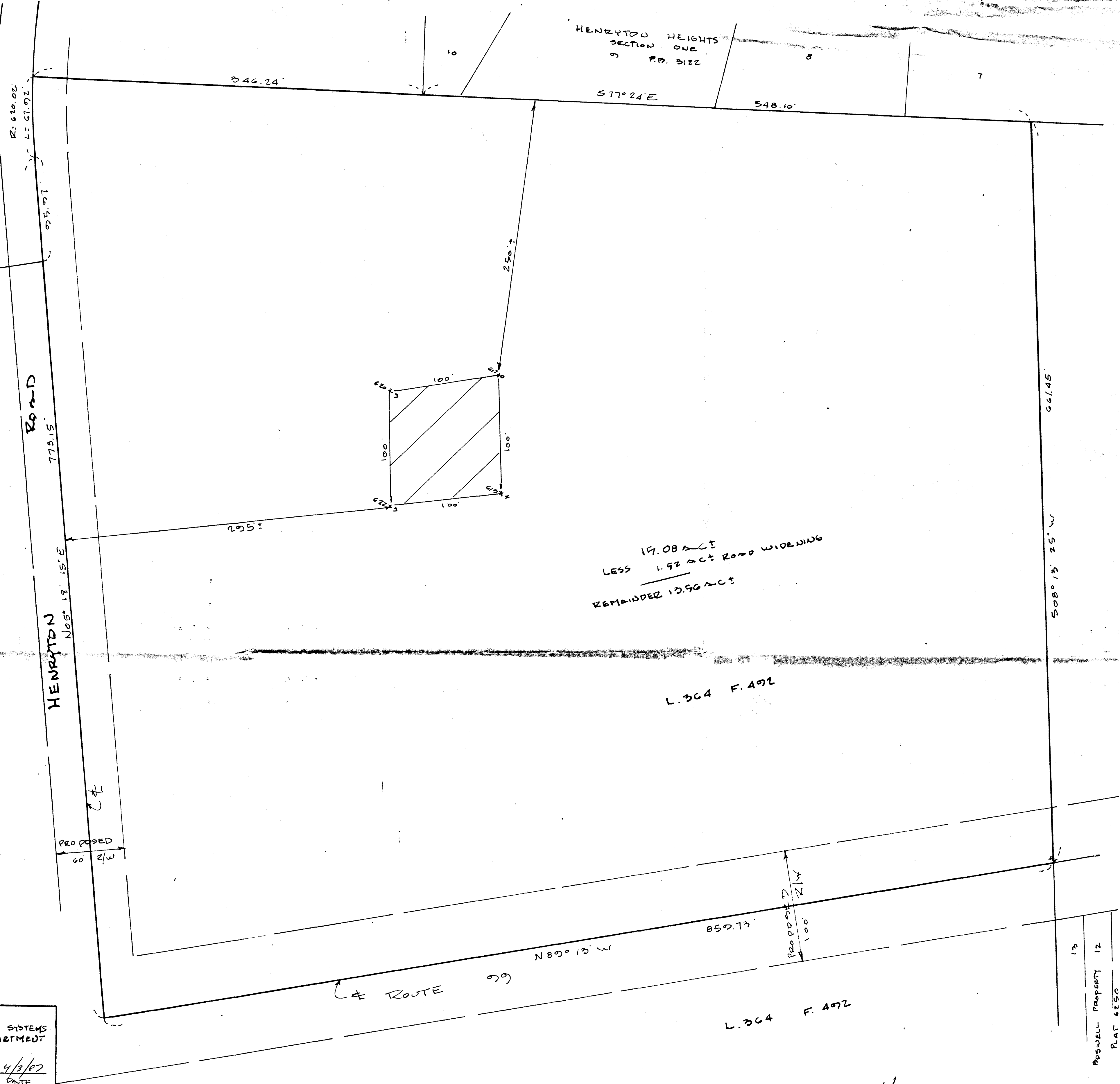


HUDKINS ASSOCIATES, INC.
 SUITE 231 HAPPERS CHOICE VII. CTR.
 8485 HAPPERS FARM ROAD
 COLUMBIA, MARYLAND 21044
 PHONE: 730-9060

Handwritten signature/initials

HENRYTON HEIGHTS
SECTION ONE
P.D. 2122

LOT ONE
HORMAN ACRES
PLAT 6183



19.08 AC ±
LESS 1.52 AC ± ROAD WIDENING
REMAINDER 17.56 AC ±

L. 304 F. 492

L. 304 F. 492

L. 304 F. 492

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT
John M. Boyd M.D. / *1/15/87* / *4/3/87*
COUNTY HEALTH OFFICER / DATE

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 FT AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH & 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 & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH & MENTAL HYGIENE.

220' ± DENOTES FIELD LOCATED PERC HOLES

PART OF C.B. HORMAN PROPERTY
TAX MAP 10 PARCEL 18
380 ELECTION DISTRICT HOWARD COUNTY, MD
SCALE 1" = 50' MARCH 15, 1987
SIGNED FILE COPY
AREA FROM DEED PLOTTING - NOT A FIELD SURVEY

HORMAN

HORMAN PROP.
RT 99 @ HENRYTON RD.

HEALTH DEPT *Signed*

13
PROPERTY 12
PLAT 6150

B 7 **7212** 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
40-81-2062
 fill in this form completely

Date Received
 OWNER INFORMATION
HORMAN CAROLINE
 Last Name Owner First Name
1730 HENRTON RD
 Street or RFD
MARRIOTT SUILLMOR 21104
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
HORMAN PROP PARCEL 18 SUBDIVISION
 SECTION **ALPHA** LOT
ALPHA NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION
Ralph Mayne Driller's Name License No. **223**
Ralph Mayne (well Drilling) Firm Name
920 Brown Church Rd. Mt. Airy Address
Ralph Mayne Signature Date **3/31/87**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **100** FT or MI **FT**

HEWYARD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **100** 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
Howard COUNTY NAME **A-38442** COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **050187** CO SIGNATURE **Schuyler** EXP. DATE **11-01-87**
 NORTH GRID **541000** EAST GRID **0821000**

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** 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 _____

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

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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-81-2062**

SPECIAL CONDITIONS **412-1831**

HEALTH DEPARTMENT APPROVAL

②

90

HENRYTON RD

5/5/87 1129AM

- ① LOCATION OK
- ② 36 FT CASING 1 FT OUT OF GROUND
- ③ 17 1/2 FT OPEN HOLE
WILL BE NECESSARY TO SET ~~AND~~ R HO PROPS
CEMENT

5/5/87 229PM

- ① WELL HAS BEEN GROUTED
- ② 9 BAG USED
- ③ WELL OK

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAY 6 3 14 PM '87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2062
 Location of property (road) Kennyon Rd.
 Subdivision Horsman Tract Lot Block Plat Sec.
 Well Driller R. Myer Owner Horsman

Depth of well 205 ft
 Distance of measuring point (M.P.) above ground 1 ft
 Static water level (S.W.L.) below M.P. 40 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:40 Pumping rate 12 G.P.M
 Total time 20 m. IV to reach pumping water level 105 ft 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	105 ft	10 sec	X	6 G.P.M
9:15	105	10		6
9:30	105	10		6
9:45	105 ft	10 sec		6 G.P.M
10:00	105	10		6
10:15	105	10		6
10:30	105 ft	10 sec		6 G.P.M
10:45	105	10		6
11:00	105	10		6
11:15	105 ft	10 sec		6 G.P.M
11:30	105	10		6
11:45	105	10		6
12:00	105 ft	10		6 G.P.M

36 ft PL 9 bags

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 39942
 Date 8/21/87

Name of Installer J. Jos. Garland Inc.

Telephone 375-2400

License number 1713
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner CAROLINE HOYMAN Telephone _____
 Subdivision N/A Lot # _____ Well tag # HU-81-2062
 Site Address 1755 HERRINGTON RD. MANNINGTON, MD. 21104

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Grundfos
 3. Model # 10ST05422
 4. Capacity 10 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 _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make Alumal
 2. Model # PT800
 3. Depth 42"

Tank
 1. Capacity 42 gal.
 2. Pressure relief valve? YES.

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

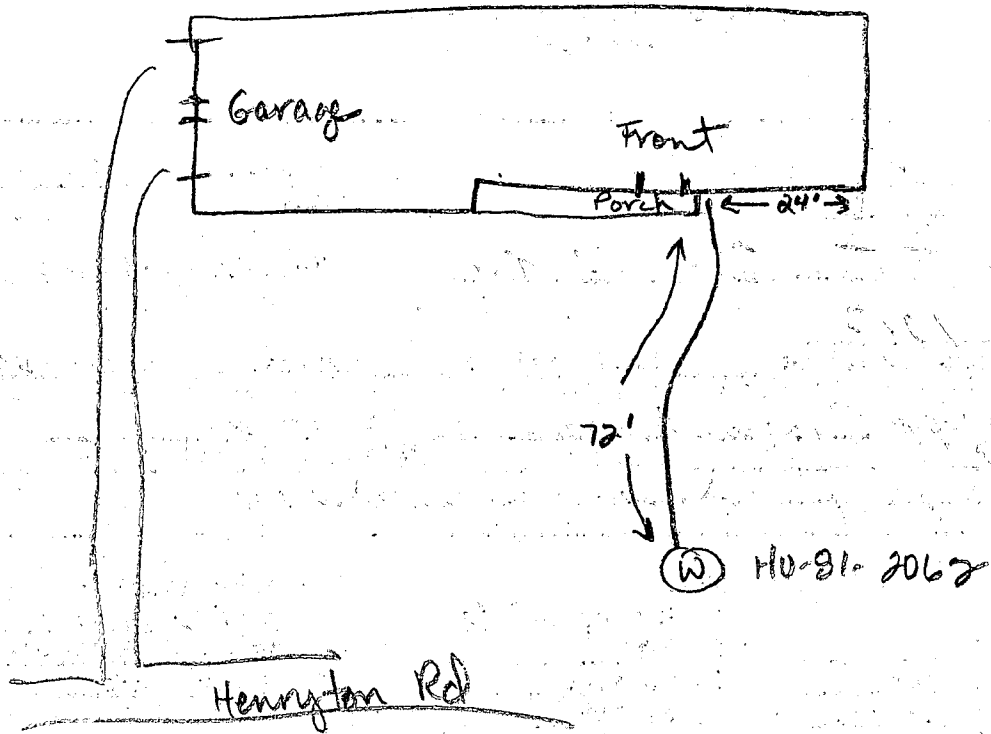
Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? _____

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: 8/3/87

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



9-10-87 Pitless adaptor at 43 inches. Plastic casing - no ground.
 House connection ok. JE Nadeau

34
 21
 170
 60

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT
 JUNE 5 2 14 PM '87
 DIVISION OF
 ENVIRONMENTAL
 HEALTH