

9/29/88 ANYTIME

File

P.C.O. 9/26 C.B.D.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED  
04-321324

DATE 7/18/88

DATE SYSTEM APPROVED 9/29/88

INSPECTOR C.B.D.

Daniel R. Lehman IS PERMITTED TO INSTALL  ALTER

ADDRESS 16100 A. E. Millinix Road, Woodbine, Maryland 21797 PHONE \_\_\_\_\_

SUBDIVISION Lehman Property ROAD 16090 A. E. Mullinix Rd LOT 1

PROPERTY OWNER Daniel Lehman

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the juncture of 535' & 270' lot corner, place the 1st trench 30 feet down the front (270') line and 130 feet off the 270' line as seen when facing property from Common Road Way. Run trenches along contour towards the 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. okicw

PLANS APPROVED BY Bert Nixon DATE 5/07/87

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 38443



# APPLICATION

2-26-87  
8-9-87  
1:30 PM  
H. S. W. C.

PERCOLATION TESTING

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

A 38443

P \_\_\_\_\_

DISTRICT 4

DATE 1/10/87

2/26/87  
perc test  
pending  
approved  
plat  
ok to proceed  
owner called  
date 1-17-87  
JWS

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 DANIEL R. LEHMAN W 353-2862

ADDRESS 16100 A.E. MULLINIX RD. WOODBINE, MD 21797 PHONE 854 6584

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION \_\_\_\_\_ LOT NO. I 5.1 AC  
ROAD AND DESCRIPTION 16090  
BEHIND 16100 A.E. MULLINIX RD.

TAX MAP 13 GRID 6 PARCEL # 158  
SIZE OF LOT 5.1 AC 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. David R. Lehman  
(SIGNATURE OF APPLICANT)

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

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

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

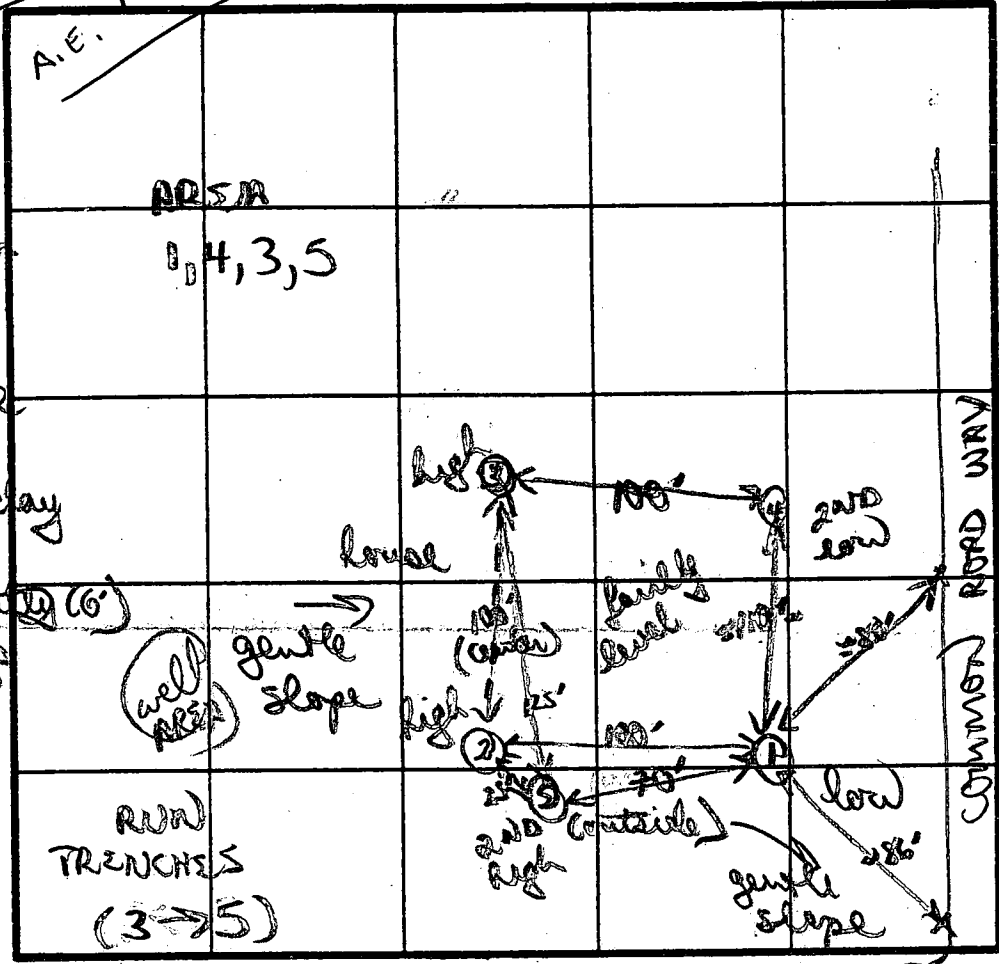
REASONS FOR REJECTION OR HOLDING for field located holes + plat  
B.P.# 17577

BLDG. PERMIT SIGNED  
AND RETURNED 4-11-88

# THIS IS NOT A PERMIT

LOT 1 LEHMAN PROPERTY  
A.E. MULLINIX RD

SOIL PROFILE  
orange/brown clay hard 3 1/2'  
brown/orange to brown tan silty clay low mix w/ 10% small frags sup 9'  
12'D



brown/purple clay/clay low 3'  
to purple silty low mix w/ 15% small layered spherulite 6'  
12'D

210 @ 80 INLET 4" MAX D 7 1/2

similar soils to #1 w/ 5% small frags 10' silty low 6'  
12'D

brown/orange clay mix 3 1/2'  
yellow/brown clay/silt mix 6'  
to brown/purple silty low w-5% 10% small frags 8'  
12'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
(16900) AE MULLINIX RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/26/87	①	3 1/2'	117	131	131	200	29 MIN	
		7 1/2'	118	128	128	150	22 MIN	
		12'D	bottom (see profile)					
	CAN EXCLUDE ②	4 1/2'	136	STOPPED (CRESHETTER)				
		5 1/2'	152	222	222	102	100 IN 30'	
	③	7 1/2'	124	128	128	137	10 MIN	
		12'D	bottom (see profile)					
	④	4 1/2'	208	213	213	220	7 MIN	
		7 1/2'	153	200	200	212	12 MIN	
		12'D	bottom (see profile)					
	⑤	3 1/2'	157	201	201	208	7 MIN	
		12'D	bottom (see profile)					
	⑥	5 1/2'	210	223	223	240	17 MIN	

REMARKS front corners approx soils fairly uniform brown/orange clays 4' clay/silt below  
TESTED BY B N yon ALSO PRESENT Herman & Jr



4/5/88

Mr. Fred Frommelt  
Bureau of Environmental Health  
3525 Ellicott Mills Dr.  
Ellicott City, Md. 21043

Dear Mr. Frommelt,

Attoch per our phone conversation today is a plot plan with the well and septic system shown. I have not decided if I will install a disposer. Therefore, I have noted on a table at bottom of the plot plan, <sup>with</sup> the varies specifications

If there are any questions,  
please call me.

LOCATION: 16090 A.E. MULLINIX RD  
PERMIT # 17577

Sincerely,

D. R. Lehman  
D. R. LEHMAN  
16100 A.E. MULLINIX RD.  
WOODBINE, MD 21797

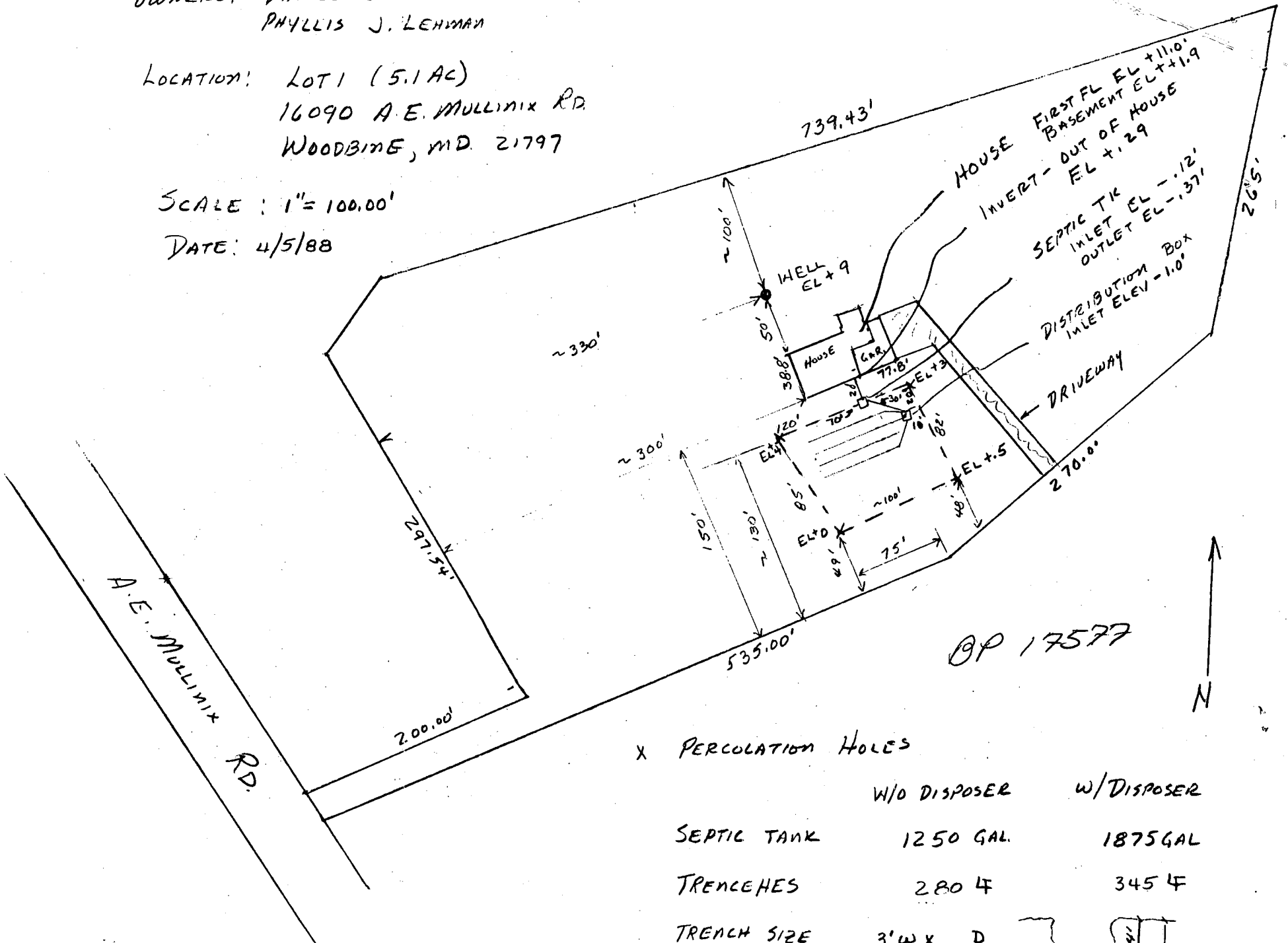
H: 301-854-6584  
O: 301-353-6581

OWNERS: DANIEL R. LEHMAN  
 PHYLLIS J. LEHMAN

LOCATION: LOT 1 (5.1 AC)  
 16090 A.E. MULLINIX RD.  
 WOODBINE, MD. 21797

SCALE: 1" = 100.00'

DATE: 4/5/88

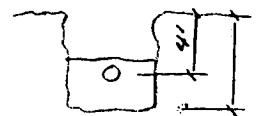


OP 17577



X PERCOLATION HOLES

	W/O DISPOSER	W/ DISPOSER
SEPTIC TANK	1250 GAL.	1875 GAL
TRENCHES	280 LF	345 LF
TRENCH SIZE	3' W x _ D	



C1 2418

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 38443

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

DATE RECEIVED

DATE WELL COMPLETED 060387

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2065

OWNER LEHMAN DANIEL STREET OR RFD A.E. MULLINIX RD TOWN LISBON SUBDIVISION MAP 13 Q6 P. 158 SECTION LOT 1

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, FEET TO, Check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE GLAY (BC) NO. OF BAGS 16 NO. OF POUNDS 1600

CASING RECORD casing types insert appropriate code below STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) TYPE (P) L (6) 72

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below STEEL (ST) BRASS (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.) HO 70 200

- 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. 273

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

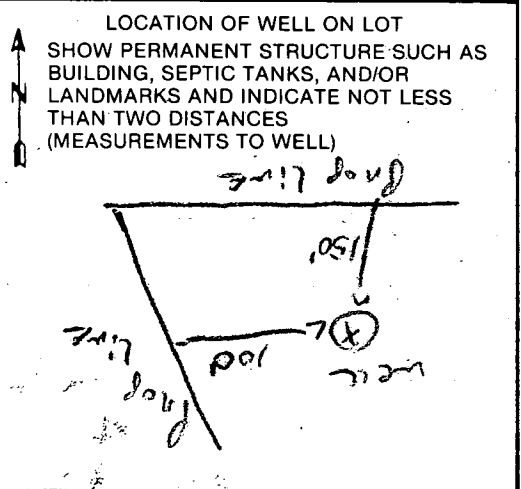
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 4.0 WHEN PUMPING 9.0 TYPE OF PUMP USED (for test) C centrifugal 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 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)



10/31 Partial  
C.B.D.

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 # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Lehman, Daniel

Telephone \_\_\_\_\_

Subdivision Mo 13 06 P158 Lot # 1

Well Tag # 10-81-2065

Site Address AL Mullinix Rd

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_
2. Make \_\_\_\_\_
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 \_\_\_\_\_ Other \_\_\_\_\_

Motor

1. Horsepower \_\_\_\_\_
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_
2. Pressure relief valve? \_\_\_\_\_

Piping

1. Type \_\_\_\_\_
2. Size \_\_\_\_\_
3. NSF and/or BOCA Code approved \_\_\_\_\_
4. Depth of supply line \_\_\_\_\_

Well data

1. Depth 200 ft.
2. Yield 10 GPM
3. Static water level 40 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: \_\_\_\_\_

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

10/31/88 Partial {line & pitless adapter ok.  
Note: Need to see pump & tank