

7/25/88
10:10 AM

8/1/88
AM

04-346157

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42106

A 38665

DISTRICT 4th

DATE 7/22/88

DATE SYSTEM APPROVED 8-1-88

INSPECTOR JEN

A. B. Crouse IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 876-8316

SUBDIVISION Hough Property ROAD 17650 Hardy Road LOT 1

PROPERTY OWNER Jack Chadwell Chandell

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. 12
237

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 237 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 20 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the right front lot corner, place the distribution box 185 feet down the right (605') lot line and 85 feet off the right line as seen when facing property from Hardy Road. Run trenches along contour towards the front (263.94') and rear (257.74') lot lines.

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

* MAXIMUM BOTTOM DEPTH MUST BE STRICTLY OBSERVED. IF ANY PART OF TRENCH IS DEEPER THAN 6' IT IS SUBJECT TO DISAPPROVAL. OK/CW.

PLANS APPROVED BY OK TO EXCEED 100' Bert Nixon DATE 3/22/88

COVER NO WORK UNTIL INSPECTED AND APPROVED. 3-105' TRENCHES ADEQUATE

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) **BUILDING PERMIT SIGNED**

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

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. 619-03 800142573-GARAGE

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.

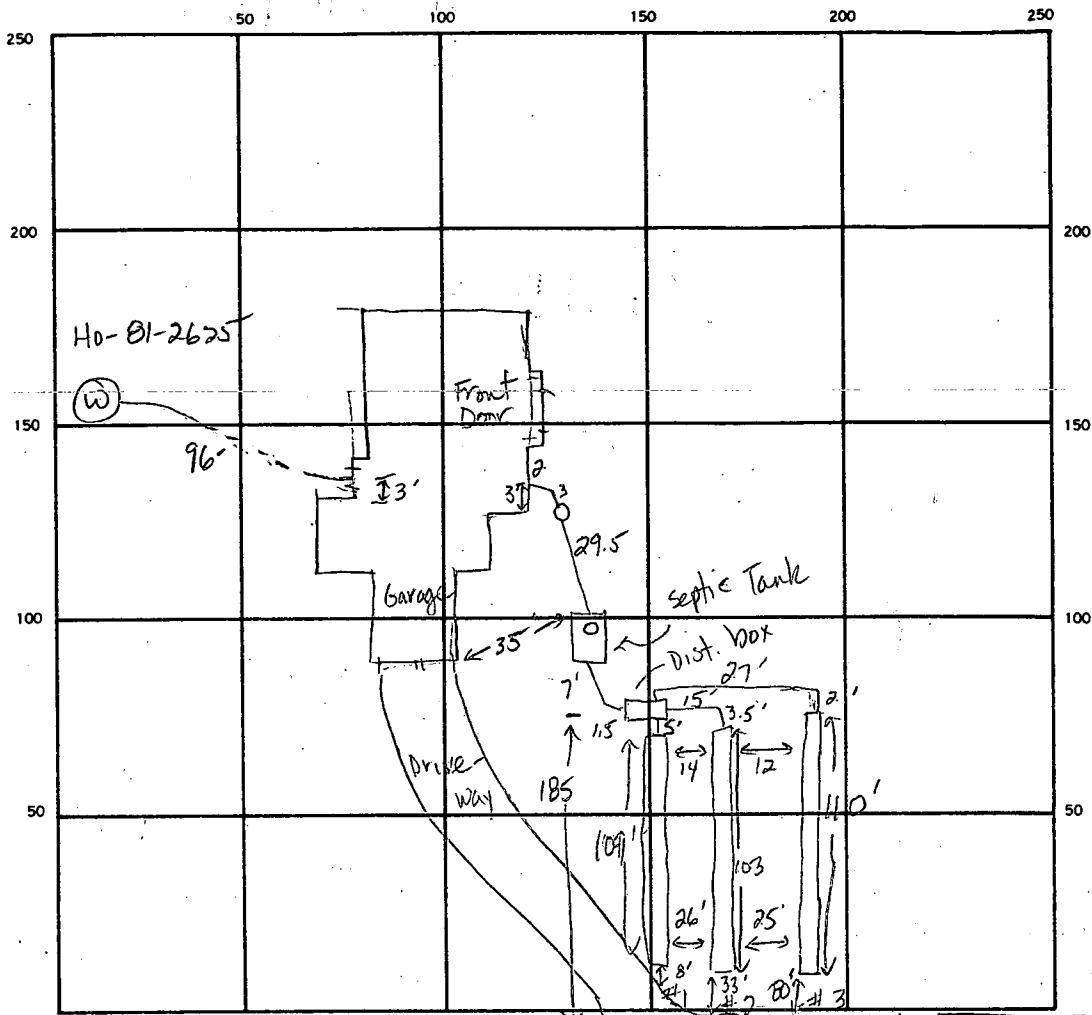
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

38665



2
 38
 29
 144
 72
 86

 1
 74
 24
 29.6
 148
 177

 45
 21
 150
 50
 39

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE. To Roadside
 Hardy Road

SEPTIC TANK. LEVEL 2000 gal CLEANOUTS 1 on S. Tank, 1 at house in line
 DISTRIBUTION BOX. LEVEL OK w/ baffle
 DRAIN FIELD TILE FIELD. DEPTH 5.5/5.5/5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5/3.5/3.5 FT.
 EFFECTIVE GRAVEL DEPTH 2/2/2 FT. TOTAL LENGTH 109'/103'/110' FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 327/309/330 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

REMARKS CONSTRUCTION 966 SQ. FT.
AND RETURNED TO COVER ALL WORK. JEN

DATE SYSTEM APPROVED 8-1-89 INSPECTOR Jane E. Maden

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A B8665
P _____
DISTRICT 4TH
DATE 2/9/87

OK TO Process
2-9-87
S. Abel

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 WAYNE C. HOUGH JACK CHADWELL
ADDRESS 17740 HARDY RD. PHONE W-235-1536
MT. AERY, MD. 21771 H-795-6987

PROPERTY LOCATION:
SUBDIVISION Hough Property LOT NO. 1
ROAD AND DESCRIPTION North side of Hardy Road, 17650, 1420' ± east of Leg
Corner Road.
SIZE OF LOT 3 Acre minimum TYPE BLDG. 3
(NUMBER OF BEDROOMS)

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.

Wayne C. Hough
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-13-87 INC SATISFACTORY, Hold for PLAT-S. Abel

BLDG. PERMIT SIGNED
AND RETURNED 4-27-88

BP18034
S. Abel

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

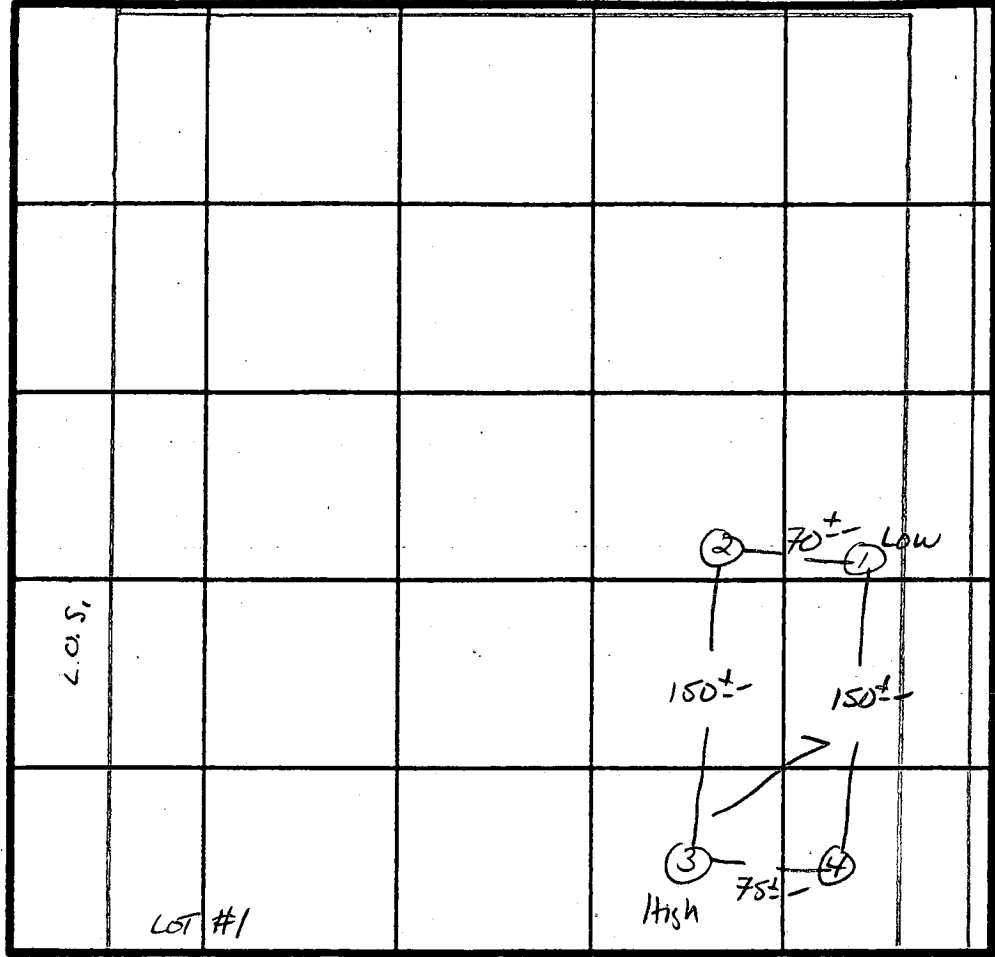
HD-216

THIS IS NOT A PERMIT

LOT 2

① → ④
SOIL PROFILE

10"
AP
Yellow Br
CLAY LOAM
15%
13-25%
FRAGS
4.5'
Yellow Br
SILT LOAM
25-35%
SHALE
FRAGS
12-13"
MASSIVE
SAPROLITE
10'-



\bar{x} PERC 9 MIN
190 PSI BR
INLET - 4'
BOTTOM - 6'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

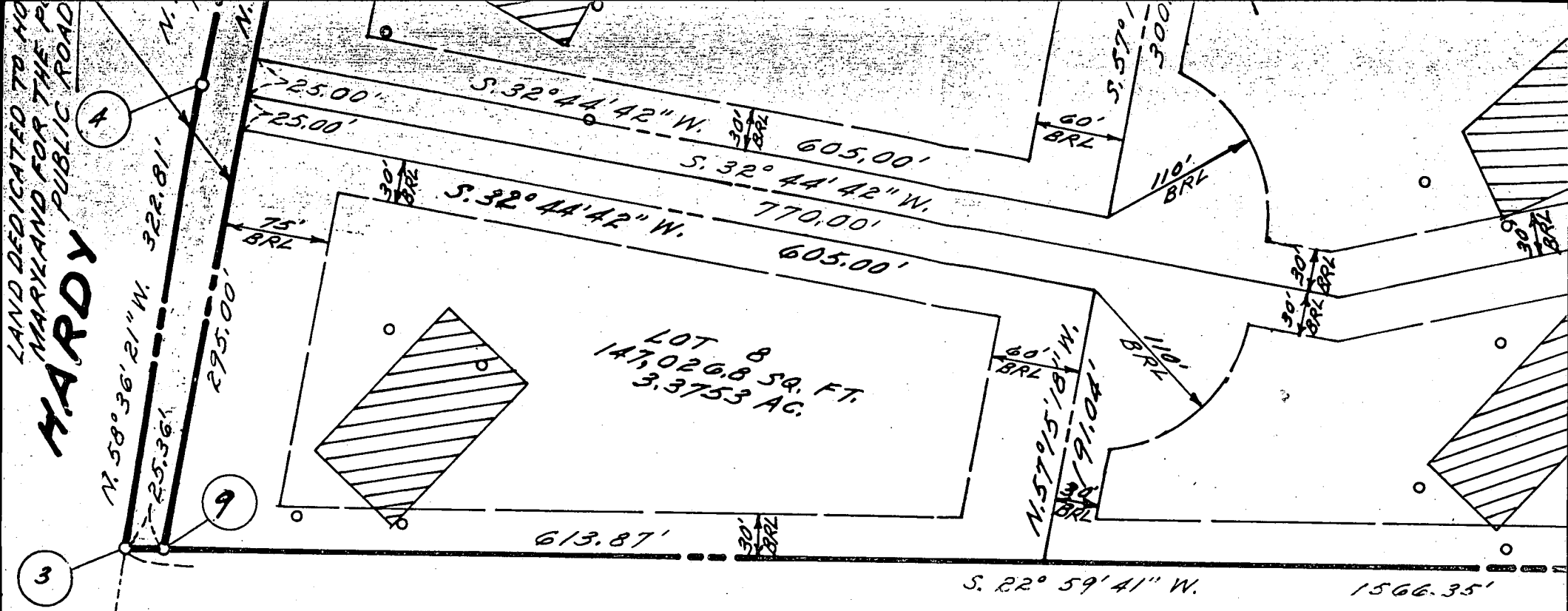
HARDY RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/87	1 S V	4.5' 12'	10:34	10:38	10:38	10:44	6 MIN
			UNIFORM BELOW 4.5'		MASSIVE SAPROLITE AT 10-11"		
	2 S V	3.0' 11.5'	10:35	10:46	10:46	11:08	22 MIN
			MASSIVE SAPROLITE AT 110"				
	3 S M	3' 6'	10:38	10:40	10:40	10:44	4 MIN
			10:41	10:42	10:42	10:46	4 MIN
	3 V	12'	UNIFORM SOIL BELOW		3' MASSIVE SAPROLITE AT 11"		
	4 V	12.5'	SAME AS #3				

REMARKS HOLES PER PLAT 1 SHALLOW SPT

TYPE OF SOIL ME AIRM

TESTED BY S. Auld ALSO PRESENT Rocky Allen BREKIDOP



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT

Joseph Boden 1-13-88
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

Virgini 1-21-83
 PLANNING DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS.
 HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

James M. Lewis 1/8/88
 DIRECTOR DATE

OWNER'S STATEMENT

We, WAYNE C. HOUGH, owner of the property and described hereon, hereby adopt this plan of subdivision, and in consideration of approval of this final plat by the Office of Planning and Zoning, establish the minimum building restriction lines and grant unto Howard County, Maryland, its successors or assigns, 1) the right to lay, construct and maintain sewers, drains, water pipes and municipal utilities and services, in and under all roads and street rights-of-way and specific easement areas shown hereon, 2) the right to require dedication for public the beds of the streets and/or roads and floodplains and open space where applicable and for good and other valuable consideration, hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or floodplains, storm drainage facilities and open space where applicable, 3) the right to require dedication of waterway and drainage easements for the specific purpose of their construction, repair and maintenance, and 4) that no building or similar structure of any kind shall be erected on or over the said easements and rights-of-way.

Witness my/our hands this 25 day of August, 1987

Wayne C. Hough

Plenty

 WITNESS

 WITNESS

S 57°15'18" E. 257.74'

J-8807 N.D 11894 HOUSE / WELL
FB-103 P. 43 2-15-88 BOENDER ASSOCIATES
LOT # 1 LAVRAND

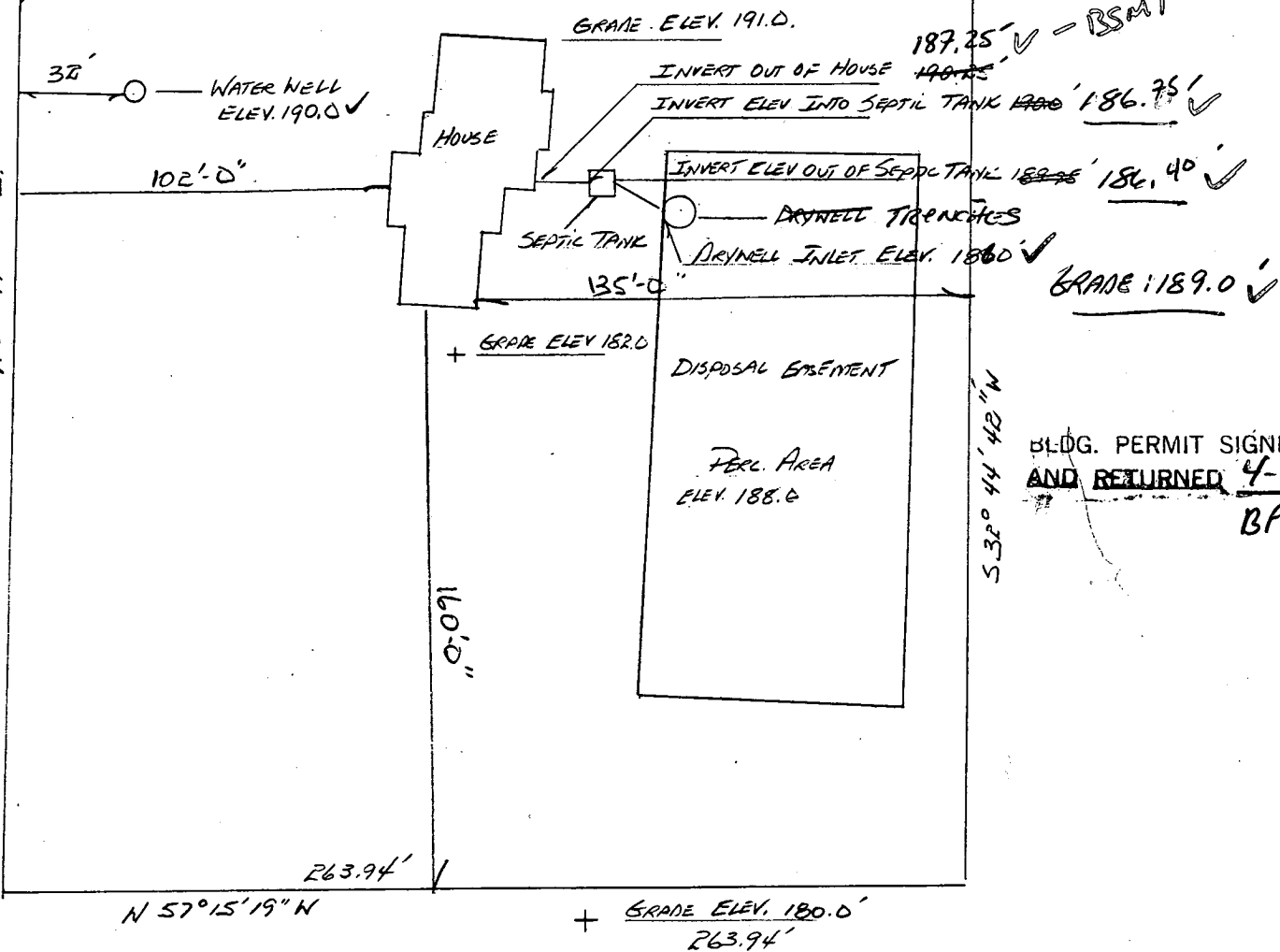
4-BEDROOMS ✓
1- GARBAGE DISPOSAL ✓

HOUSE!
FIRST FLR. ELEV. 193.0' ✓
BASEMENT ELEV. 185.0' ✓

605.03

605'

N 33° 19' 56" E.



BLDG. PERMIT SIGNED
AND RETURNED 4-27-88
BP18034
SM

I Certify That The Above Measurements And Elevations Are Actual And Correct For This Property.

Signed: Joseph M. Chadwell

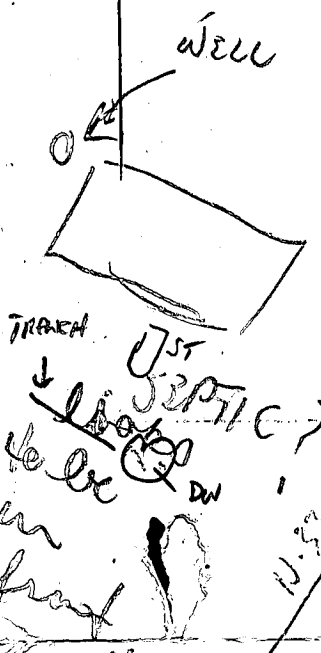
ELEVATION DRAWING FOR BUILDING PERMIT

#829 1309
(no answer)

NEXT DOOR
M R WARFIELD
17660 HARDY
MAP 6 Q 6 P.207

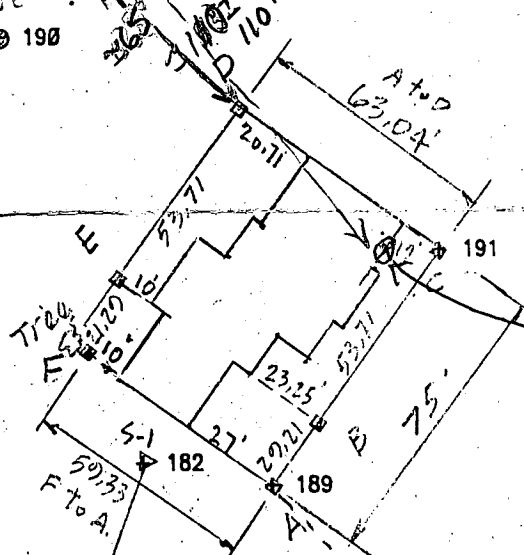
186
S-57-15-18"E - 257.74'

J-8807-W. O. 11894
HOUSE & WELL S. O.
FB-103-Pg 43
(2-15-88)
LOT 1



Well
Property line S. O. 5.03'
20' → may be closer
probably closer to well location based upon (C, D) etc. stakes

3/17/88
Appears based upon C & B field stakes
upper perc holes next to proposed house site



approx perc location

1" = 50'

185
N-57°15'19"W
HARDY ROAD Co. Sta. 263.94'
002.

3/15/88
Adjusted perc field (see final plat) probably has sufficient distance that house site as shown is probably OK.

S-32°44'42"W
M-26°44'02"E

188

1 **1579** SEQUENCE NO. (DP USE ONLY)
 2 3 4 5 6
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

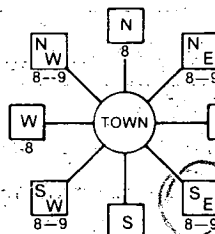
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
HO-01-2625
 fill in this form completely

Date Received (APA) **022488**
 OWNER INFORMATION
 15 Last Name **CNAWELL** Owner
 34 First Name **BOB + V**
 36 Street or RFD **5 MILLERBORO CT**
 55
 57 Town **GANGES** 70 State **05** 72 Zip **20272** 76

B 3 LOCATION OF WELL **R-41093**
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION **LUBERLAND** 42
 SECTION **44** 46 LOT **1** 48 50
 52 NEAREST TOWN **MT AIRY** 71
 MILES FROM TOWN (enter 0 if in town) **4** 73 **M I** 76 77 78

DRILLER INFORMATION
 George F. Easterday
 Driller's Name **L.F. Easterday, INC** 77 License No. **80**
 Firm Name
 9265 Brown Chirch Rd., Mt. Airy, MD. 21771
 Address
 Signature *[Signature]* Date **2-16-88**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


11 NEAR WHAT ROAD **1115 JV Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **250** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 2 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
 COUNTY NAME **HOWARD** COUNTY NO. **A35665**
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **022288** CO SIGNATURE **A Nipen** EXP. DATE **09/22/88**
 NORTH GRID **550000** 50 55 EAST GRID **0763000** 57 63

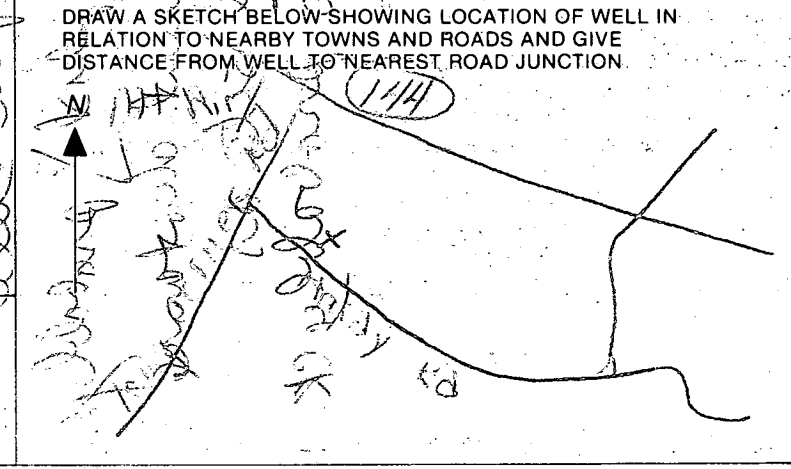
APPROXIMATE DEPTH OF WELL **200** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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
 E **27663**
 N **25500**
 000 X
 000

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 _____ 54 G A P _____ 63
 FORCE **BD** WRITE INITIALS IN BOX PERMIT NO. **HO-01-2625** 67 68 69 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS _____

C1 8580

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 A38665

DATE RECEIVED

DATE WELL COMPLETED 040488

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2625

OWNER CHADWELL BETTY LOU STREET OR RFD HARMY ROAD TOWN MT. AIRY SUBDIVISION LAURAND PROPERTY SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Slate, Soft Brown Slate, Brown Slate, Blue Slate, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 18, NO. OF POUNDS 1800, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 60 ft.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE ST, Nominal diameter 60, Total depth 63.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. SCREEN TYPE HO, DEPTH 61.

SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN 56 (NEAREST INCH).

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 65, WHEN PUMPING 72, TYPE OF PUMP USED S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). See plot plan.

CIRCLE APPROPRIATE LETTER 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. 40. DRILLERS SIGNATURE Morgan F. Entorbery. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Carl H. Johnson.

8-1-88
AM

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

HO-2625

New Installation
Replacement

Receipt # 42167
Date 7/22/88

Name of Installer A.B. PROUSE

Telephone 876-8316

License Number 6248

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner JACK CHADWELL

Telephone 81-2625

Subdivision LARAND Lot # 19

Well Tag # HO-26-25

Site Address 17650 HARDY Rd LISBON

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make TAIT
- Model # _____
- Capacity 7 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make MARTINSON
- Model # BX-10
- Depth 42"

Tank

- Capacity 42 gal
- Pressure relief valve? 75 lb.

Piping

- Type 1" Polyethylene
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 42"

Well data

- Depth 300 ft.
- Yield 10 GPM
- Static water level 65 ft.
- Will water supply be disinfected by installer? NO

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: A.B. Prouse

Date: 7/22/88

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

8-1-88

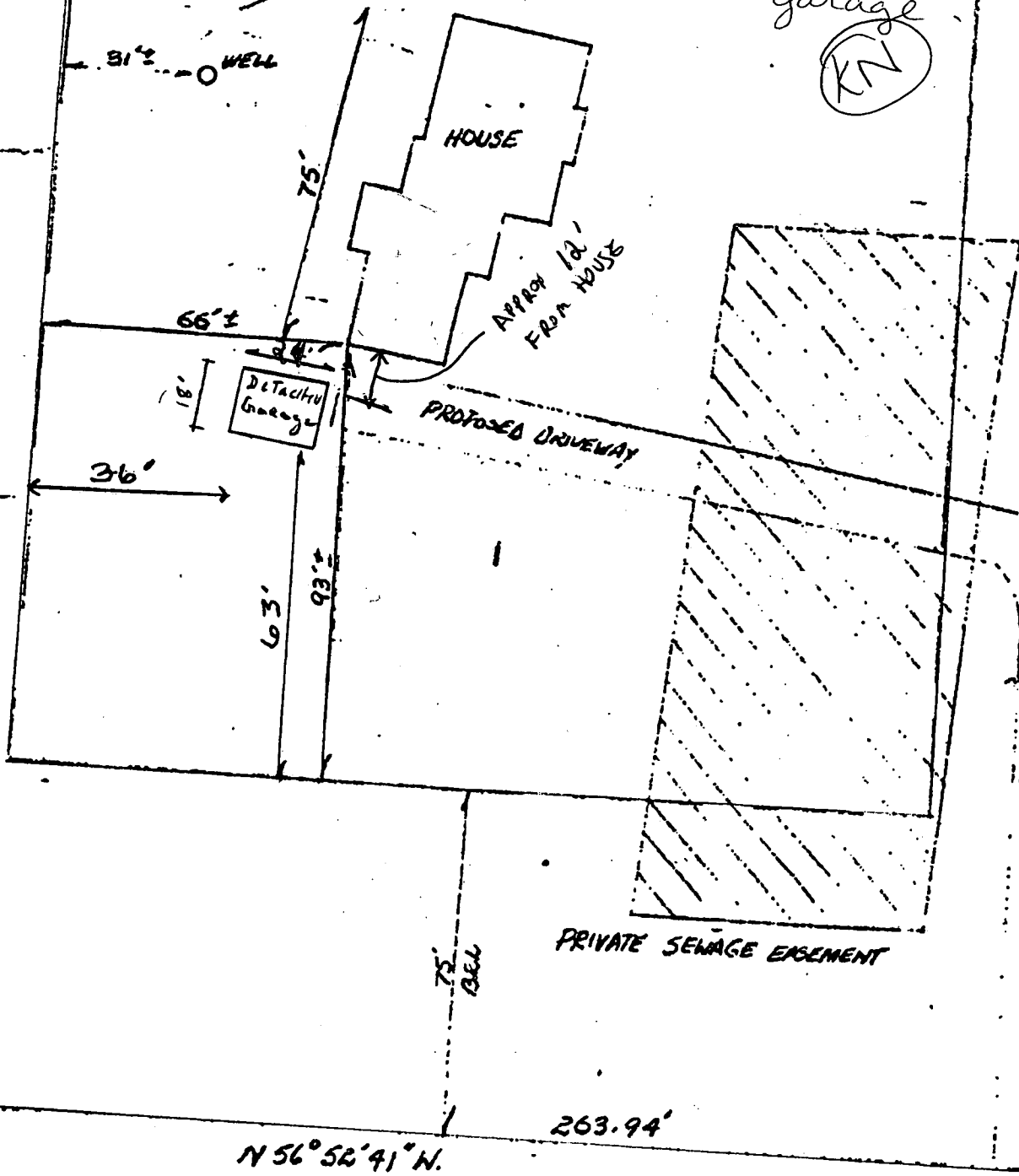
Pitless adaptor at 48 inches. Well line covered.

Ground line connected. House connection ok. JEN [unclear]

6/19/03 B00142573

Garage OK. No plumbing inside garage

KT



HARDY