

05-363136

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40738

A 38925

DISTRICT 5th

DATE 12/30/87

DATE SYSTEM APPROVED 11/25/87

INSPECTOR S. Abel

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION John Phillips Property ROAD 7290 Guilford Road LOT 8

PROPERTY OWNER Robert Banyas

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 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY DUE TO WATER. As seen looking at the lot from Route 32, place the distribution box 230 feet down the right lot line from the back right corner and 180 feet off the same lot line. Run trenches on contour toward the left lot line. o

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

OK

PLANS APPROVED BY S. Abel DATE 8/13/87

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.

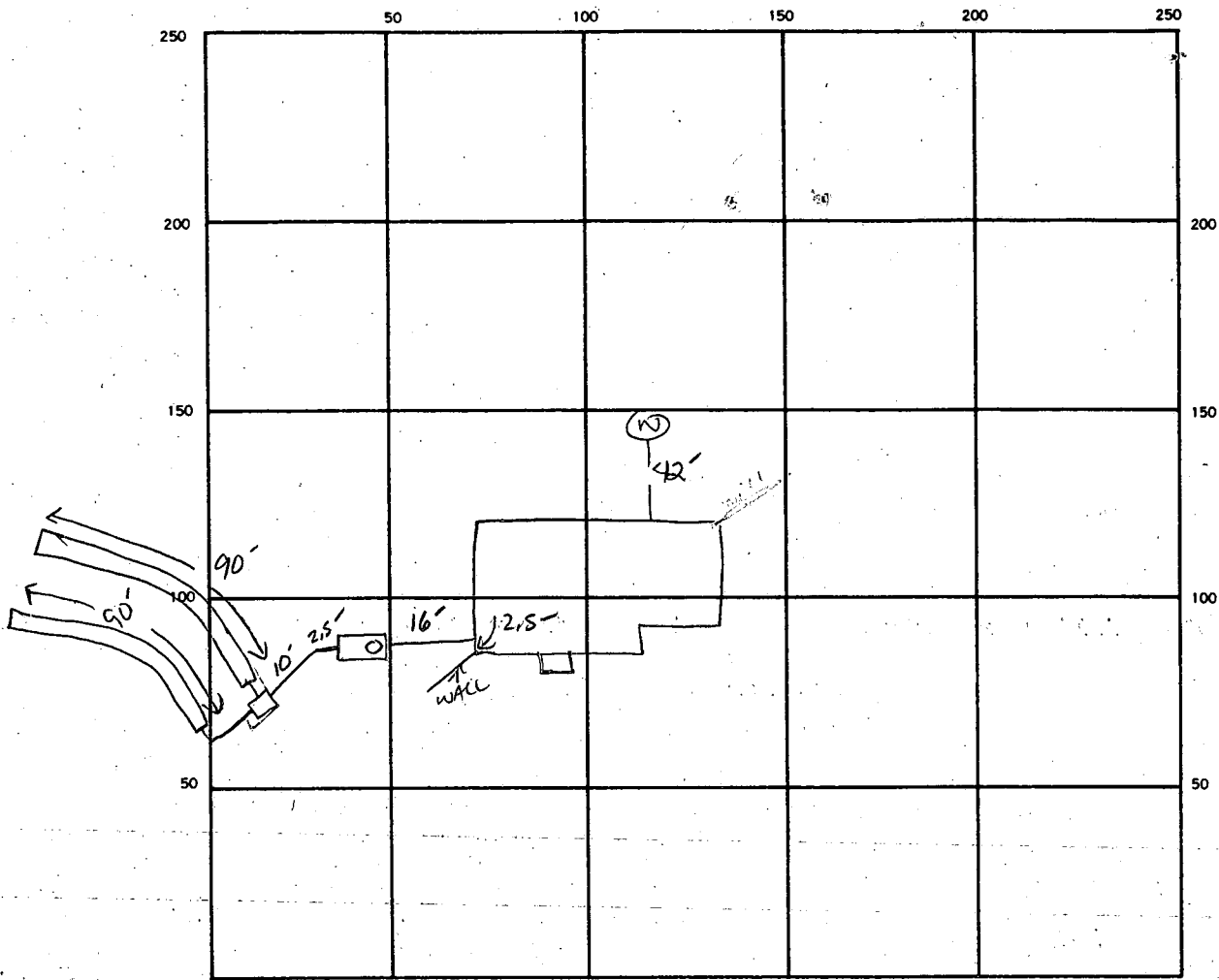
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 38925



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

RE 32

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS

DISTRIBUTION BOX LEVEL

DRAIN FIELD TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 90 90 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA 540 SQ. FT.

REMARKS 11/25/87 OK TO COVER

DATE SYSTEM APPROVED 11/25/87 INSPECTOR S. Abel

APPLICATION

*Permit
4/23/87
9:30 AM
Frock*

PERCOLATION TESTING

A 38925
P _____

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

DISTRICT _____
DATE 3/13/87

*NEED DIRECTIONS
- MAS. BANYAS -
61K TO ACCESS
3-13-87
LD*

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 John W. Phillips ROBERT BANYAS

ADDRESS STEWART FLORIDA PHONE _____

PROSPECTIVE BUYER ROBERT E. BANYAS ✓

ADDRESS Box 425 SIMPSONVILLE MD 21150 PHONE 596-3030
740-2720

PROPERTY LOCATION:

SUBDIVISION _____

ROAD AND DESCRIPTION - RT 32 - 295032 CLARKVILLE PROP. ON LEFT
before Prop. Sold Pond. (old Phillips Property)

TAX MAP _____ PARCEL # 7290 Guilford Rd. *3-1/2 Acs Frack*

SIZE OF LOT 1.86 acres TYPE BLDG. SINGLE FAMILY
(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. Robert E. Banyas
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED _____

THIS IS NOT A PERMIT

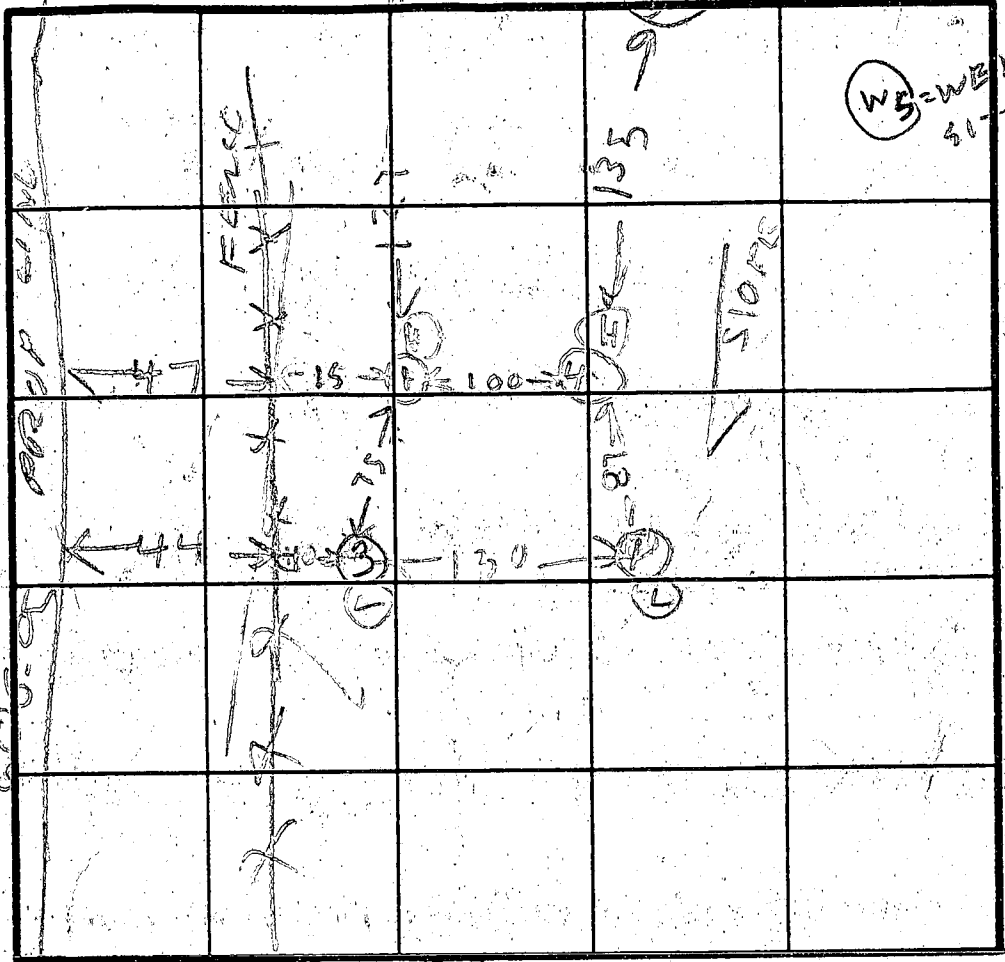
100 204.29

(WS)

(WS) = WELL 51-B

SOIL PROFILE

ALL DARK BROWN SAND LOAM
WATER



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ALL BROWN & WHITE SAND LOAM

ALL LIGHT BROWN & DARK BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/26/57	1.5	1	1000	1001	1001	1002	2
	1V	1	WATER		10.5		
	2.5	1.5					
	2V	1	WATER		10.5		
	3V	13	OK				
	4.5	2	1007	1009	1009	1012	3
	4V	12.5	OK				

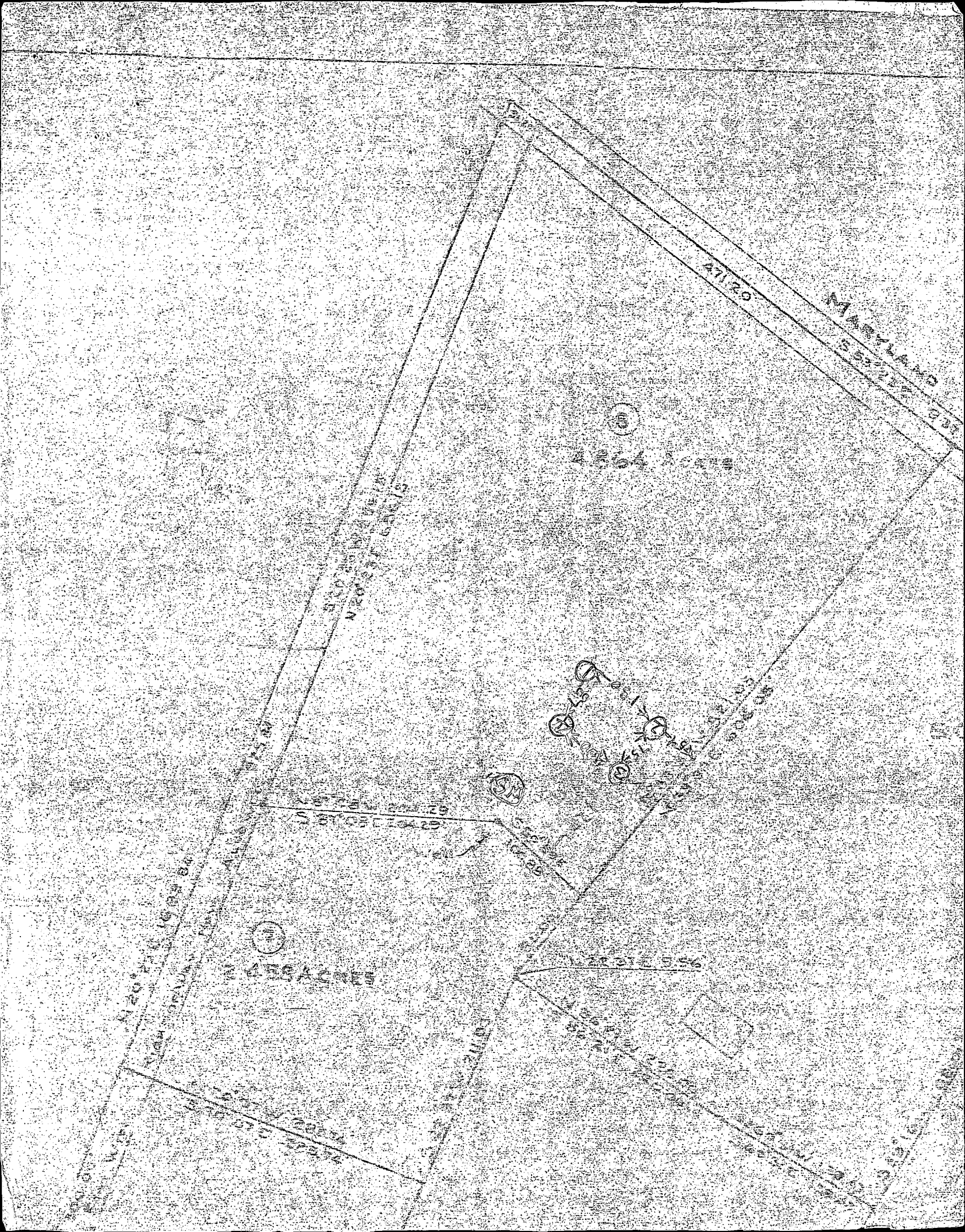
REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT FRANK BACKLOR
BRUCE BRANASS

EH-12-1079



50.00
Foot Wide

N 20° 23' E 1659.84
RIGHT-OF-WAY NOW ALLOWED 329.84

N 70° 07' W 285.74
S 70° 07' E 285.74

①
1.100 ACRES

S 20° 23' W 656.15
N 20° 23' E 656.15

S 51° 08' W 204.29
S 51° 08' E 204.29

Well

S 50° 58' E 100.88

N 22° 31' E 3.56

N 56° 21' W 220.90
S 56° 21' E 220.90

N 60° 31' W 159.47
S 60° 31' E 159.47

S 22° 37' W 211.03
N 69° 16' S 208.01

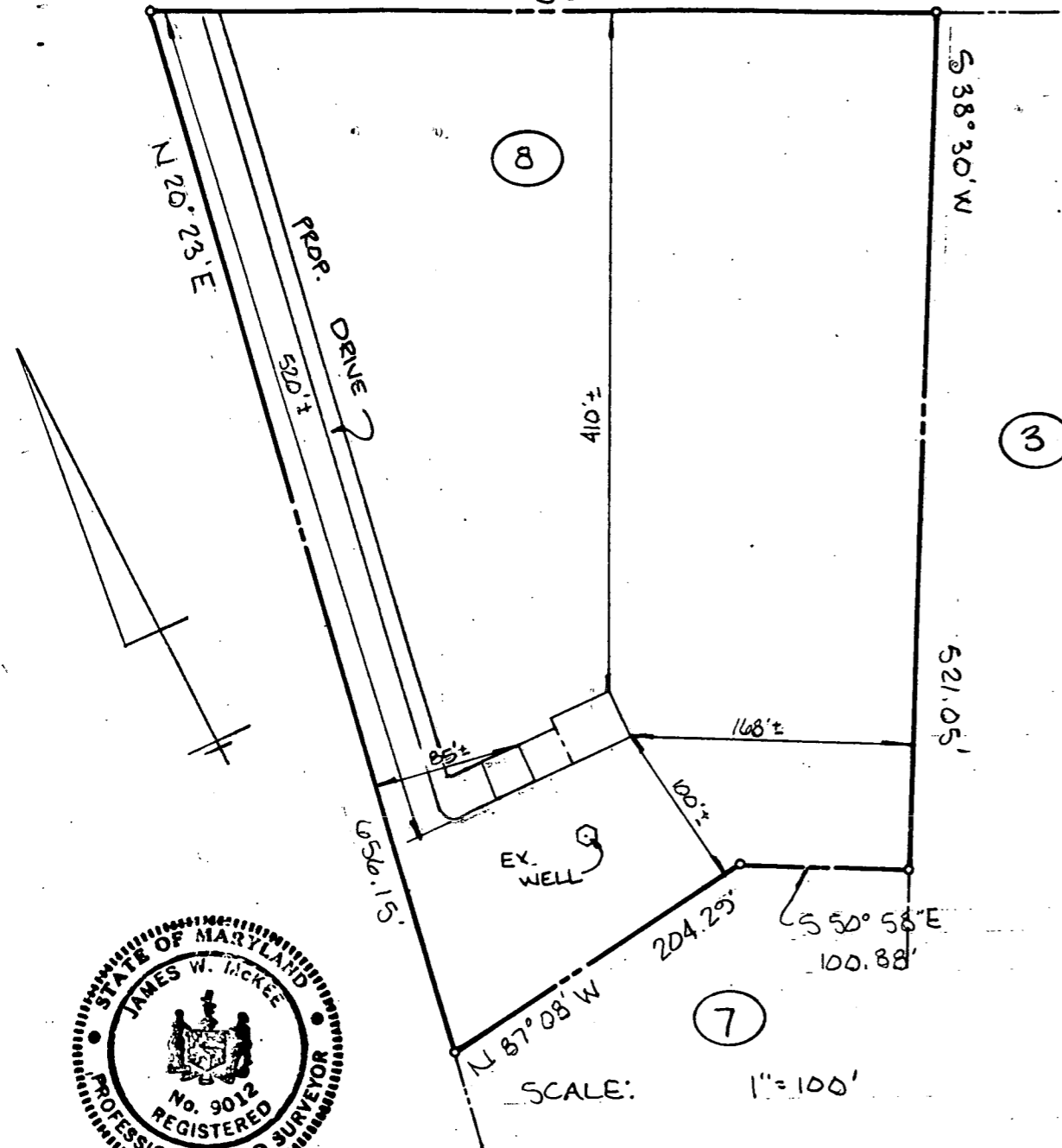
②

4.864 ACRES

471.20

MARYLAND
S 53° 23' E 937

S 53° 23' E RTE. 32 471.20'



SCALE: 1"=100'

NOTE:
CONTRACTOR SHALL PROVIDE
POSITIVE DRAINAGE AWAY FROM
FOUNDATION AT ALL TIMES.

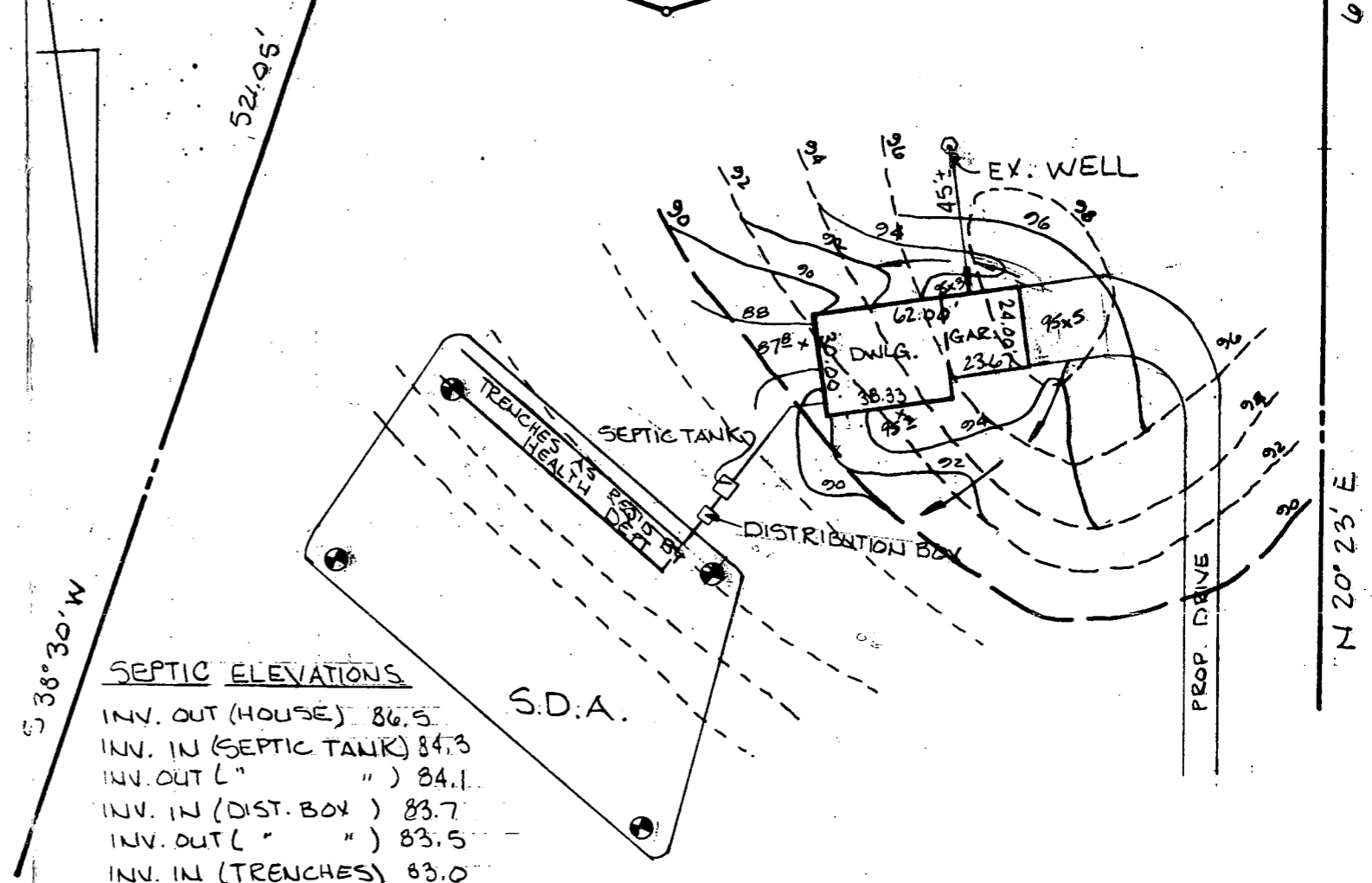
DISTURBED AREA = 13,000^{sq} ft



James W. McKee 7-15-87
James W. McKee, MD Reg. No. 9012 Date

MCKEE & ASSOCIATES, INC.
CIVIL ENGINEERS - LAND SURVEYORS
Shawon Place - 5 Shawon Road
Hunt Valley, MD 21093
301-252-5820

S 50° 58' E 100.88' N 87° 08' W 204.29'



SEPTIC ELEVATIONS
INV. OUT (HOUSE) 86.5
INV. IN (SEPTIC TANK) 84.3
INV. OUT (") 84.1
INV. IN (DIST. BOX) 83.7
INV. OUT (") 83.5
INV. IN (TRENCHES) 83.0

SCALE: 1"=50'

PROPOSED ELEVATIONS
F.F. : 97.3
GAR. : 96.0
BSMT : 88.5

SITE PLAN
LOT 8
"JOHN W. PHILLIPS PROPERTY"
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: AS SHOWN DATE: JULY 14, 1987

B# 13539 BAN YAS

CC-245

B 1 **0211** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

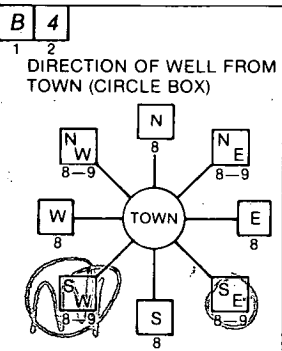
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2087
 fill in this form completely

Date Received **04/27/87**
 OWNER INFORMATION
 Banyas Robert
 Boy 425
 Simpsonville Md 21150

B 3 LOCATION OF WELL
 Howard
 MAP 35 Q21 P144
 SECTION 44 46 LOT 8 50
 SIMPSONVILLE
 MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION
 George F. Easterday
 Franklin Easterday Inc.
 9265 Brown Church Mt. Airy
 George Easterday



RT 32
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 470
 DISTANCE FROM ROAD
 ENTER FT or MI 5+

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard
 COUNTY NAME A-38925 COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED 11/22/87
 CO-SIGNATURE
 NORTH GRID 493000 EAST GRID 0826000

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)

APPROXIMATE DEPTH OF WELL 200 FEET

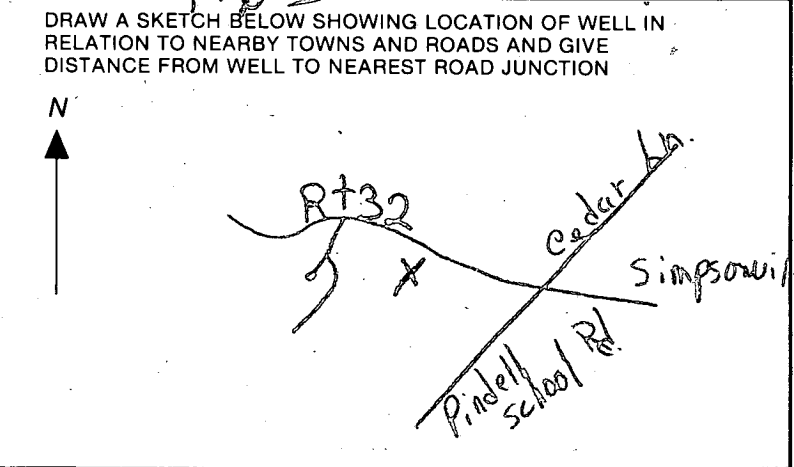
APPROXIMATE DIAMETER OF WELL 6 INCH

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 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 INITIALS PERMIT NO. 40-81-2087

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
 8206
 4903



SPECIAL CONDITIONS

C1 0384 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 38925

DATE Received

DATE WELL COMPLETED 06/15/87

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2087

OWNER BANYAS ROBERT STREET OR RFD RT 32 TOWN CLARKSVILLE SUBDIVISION MAP 35 Q21-P.144 SECTION LOT 8

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top soil, Clay, Shaley Shale, Mica, Sand Stone, and Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC), NO. OF BAGS 12, NO. OF POUNDS 1200, GALLONS OF WATER 60, DEPTH OF GROUT SEAL 35 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter 6 inch, Total depth of main casing 44 feet.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 42, 160

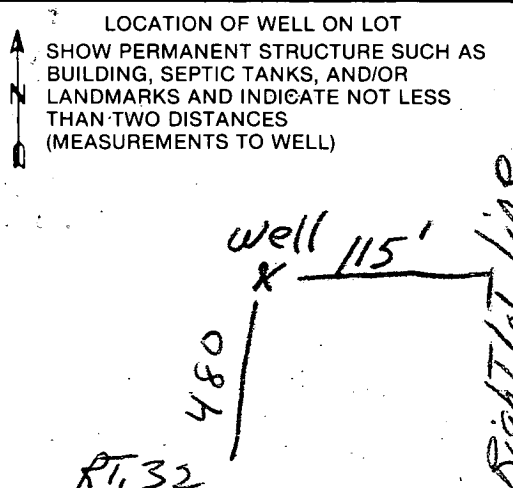
SCREEN RECORD: SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 56, 60

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 (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 30, WHEN PUMPING 49, TYPE OF PUMP USED (for test) 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 (to nearest gallon) PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) 2



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. 40, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Robert Boyas Telephone _____
Subdivision McD 35 021, 2, 1411 Lot # 8 Well Tag # Ho-81-208
Site Address Rt 32 Clarksville

Pump Motor Pitless Adapter

1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
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 _____

Tank Piping Well data

1. Capacity _____ 1. Type _____ 1. Depth 160 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 10 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 30 ft.
4. Depth of supply line _____ 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.

12-2-87

ANYTIME

38925

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 X
 Replacement _____

Receipt # 40505
 Date 12/2/87

Name of Installer Wm. H. Smith Jr.

Telephone 301-879-7641

License Number PJ 58

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner JOHN C ANDREWS Telephone 301-740-2722

Subdivision JOHN PHILLIPS Lot # X Well Tag # 10-21-2007

Site Address 7296 Guilford Rd.

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
 - Make Golden
 - Model # 1/2
 - Capacity 5 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 1/2
 - RPM 3250
 - Voltage 2
 - 110 _____
 - 220 _____

- Pitless Adapter**
- Make _____
 - Model # _____
 - Depth _____

- Tank**
- Capacity 42 gal
 - Pressure relief valve? _____

- Piping**
- Type _____
 - Size _____
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data**
- Depth _____ ft.
 - Yield _____ GPM
 - Static water level _____ ft.
 - 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: William H. Smith

Date: 12/2/87

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

12/2/87 HD-215 OK COVER OUTSIDE WORK PRESSURE TANK OK R.H.