

2/11/92
9:30
2/12/92 ASSISTANCE

05-367263

PERMIT

SEWAGE DISPOSAL SYSTEM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 46752
A 38938
DISTRICT 5th
DATE 4/6/91
DATE SYSTEM APPROVED 2/19/92
INSPECTOR Cwillra

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Donald Parlette Excavating, Inc. IS PERMITTED TO INSTALL X ALTER _____
ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 531-2140
SUBDIVISION _____ LOT _____ ROAD 7007 Brooks Road
PROPERTY OWNER Jeffrey Taylor PHONE: 854-2943
ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 267

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 570 feet from the front (239.2') lot line and 15 feet from the right (666.10') lot line as seen when facing the lot from Brooks 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. 1/16/91 OK RAK

PLANS APPROVED BY Sid Abel DATE 6/12/87

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

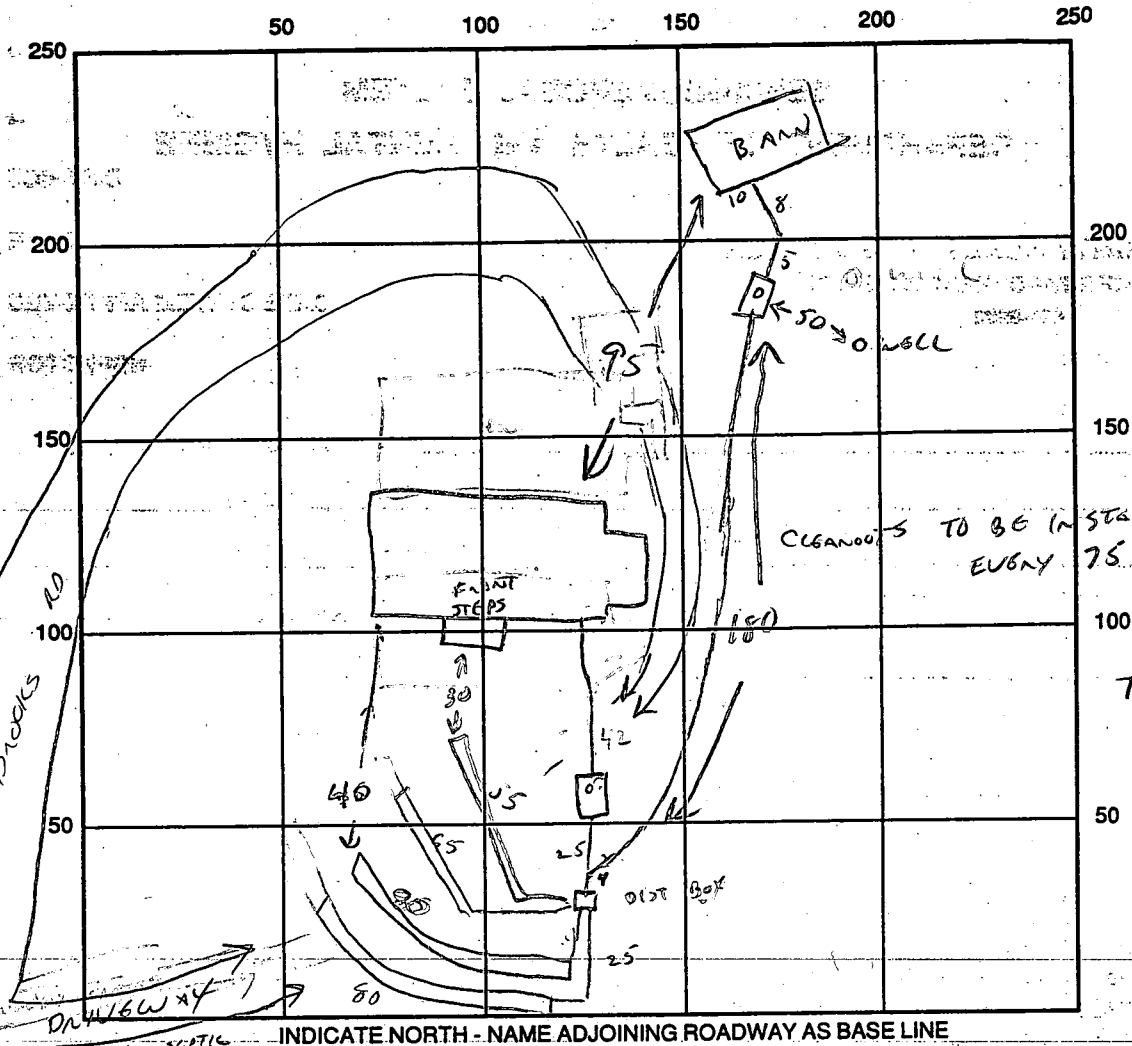
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA 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**

A
38938



SEPTIC TANK LEVEL 1500 GAL HOUSE / 1000 GAL BARN CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT. (55+65+80+80)

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 2/11/92 SITE INSP., TANK TO BE INSTALLED FOR PUMPS/SANITAGE, ONLY FEASIBLE LOCATION IS NEAR TO WELL, CAUTION TO BE TAKEN IN SEALING VULNERABLE POINTS OF TANK. CW

2/19/92 EFFLUENT LINE FROM BARN TANK NOT YET COMPLETE, DURING ON-SITE, TO BE OK TO COVER WHEN COMPLETED, IN-LINE CLEANOUTS TO BE INSTALLED. CW

DATE SYSTEM APPROVED 2/19/92 INSPECTOR CW

APPLICATION

PERCOLATION TESTING

A 38938

P _____

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

DISTRICT 574

DATE 3-17-87

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

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

854-2943

PROPERTY OWNER ~~McBride Donald K & Mary K.~~ Jeffrey Taylor

ADDRESS 7025 Brooks Rd. Highland Md 20777 PHONE H 854-0179 W 762 8576

PROSPECTIVE BUYER _____

ADDRESS N/A PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION ~~7025~~ 7007 Brooks Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 5.569A 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.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidny Abel FOR Shallow tile field DATE 10/2/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-1-87 Perc Satisfactory; Hold for PRAT showing hole location House and well site, S. Abel

BLDG. PERMIT SIGNED AND RETURNED 10/2/87

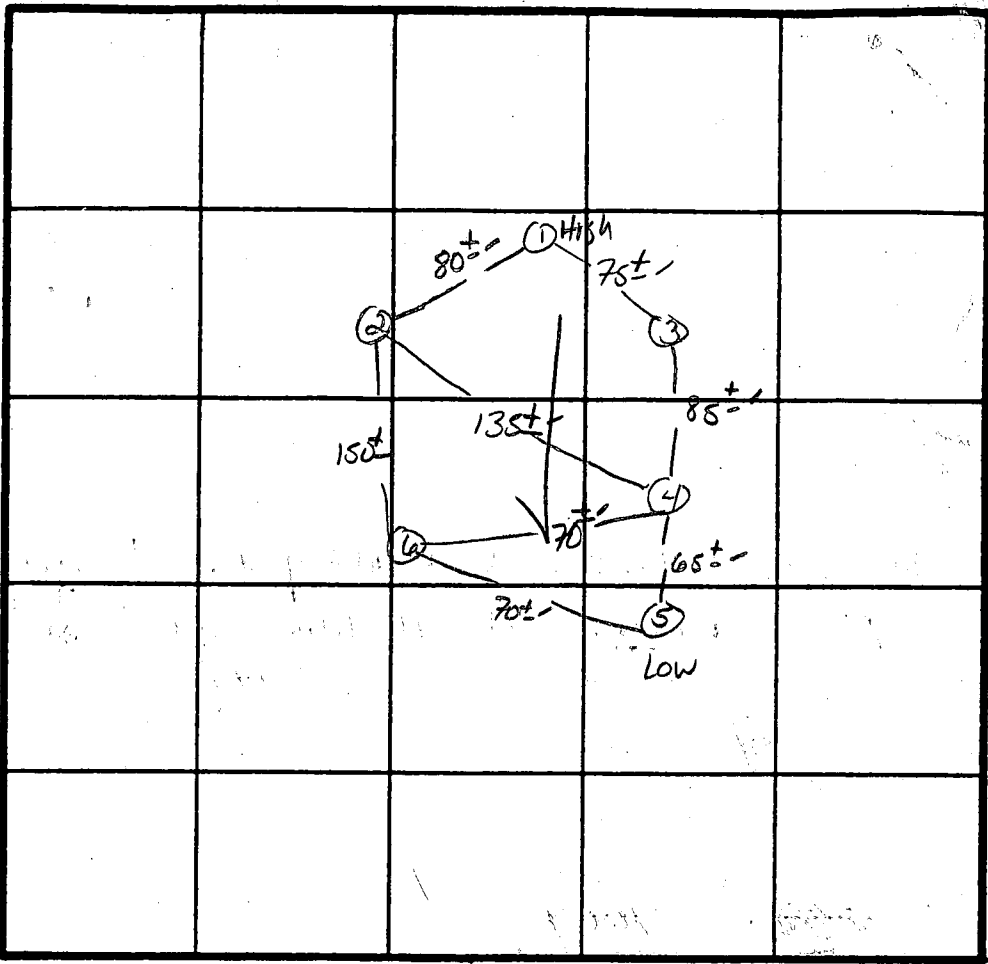
BP 14880 SFD
11/881 Sheld
SM

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

A1-3
 STRONG BR.
 S. MOAM
 9% CLAY
 10-15% FRAGS
 ~ 3'
 YELLOW BR.
 HIGHLY
 MITIGIOUS
 SANDY LOAM
 20-25%
 FRAGS



x PERC 12 MIN
 200 #1 BR
 INLET 2.5'
 BOTTOM 4.5'

9-12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BROOKS Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/87	1 S V	2.0' 12" UNIFORM	10:55	11:10	11:10	11:34	24 MIN
	2 S V	2.0' 11 UNIFORM SOI	10:58	11:04	11:04	11:20	16 MIN
	3 S V	3' 10.0' HARD BOTTOM	11:01	11:02	11:02	11:05	3 MIN
	4 S V	2.0' 9" RAUGH ROCK	11:06	11:07	11:07	11:11	4 MIN
	5 S V	-HOLE UNSATISFACTORY - NOT TESTED					
	6 S V	2' 9" SAME AS #4	11:16	11:22	11:22	11:35	13 MIN

REMARKS SMALLOW SVST only

TYPE OF SOIL Glenely

TESTED BY S. Abel ALSO PRESENT Allen

3309

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2169

fill in this form completely

Date Received

8 [] [] [] [] 13

OWNER INFORMATION

TAYLOR JEFFERY

7005 GARDNER LANE

HIGHLAND MD 20777

B 3

LOCATION OF WELL

HOWARD

McBRIDE PROP. (MAP 40 P. 37)

SECTION [] [] LOT [] [] S. 569A-C

HIGHLAND

MILES FROM TOWN (enter 0 if in town) 1 1/2 MI

DRILLER INFORMATION

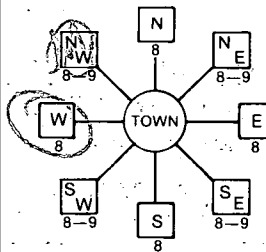
Joseph L. Wayne 238

Joseph L. Wayne Well Drilling 5512 Ridge Rd. Mt. Airy, Md. 21771

Signature Joseph L. Wayne Date 6/15/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brooks Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 620 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 No. A38938
OEP Signature R. Wilson Date Issued 12/30/87
North Grid 489000 East Grid 0809000

APPROXIMATE DEPTH OF WELL 260 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

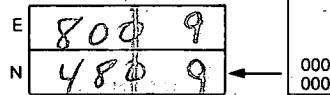
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 deepen an existing well
Permit number of well to be replaced or deepened (if available)

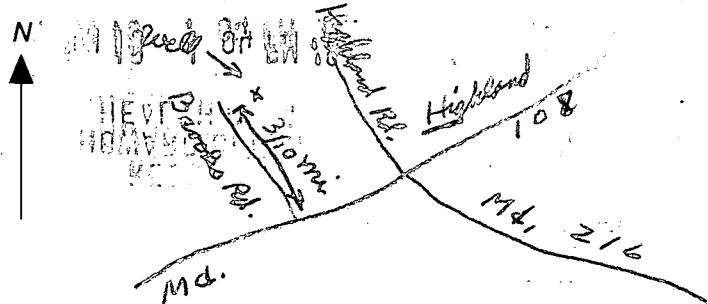
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE INITIALS PERMIT NO. 40-81-2169

SPECIAL CONDITIONS

7/7/87

- ① Well already drilled at 1040 AM
scheduled for 930
- ② 22 ft casing
- ③ 19 ft open hole
- ④ 6 logs

JUN 18 1 04 PM '87

RECEIVED
HOWARD COUNTY
HEALTH DEPT

DEPT OF
ENVIRONMENTAL
HEALTH

C1 5976

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 COES 3-6 ON ALL CARDS)

COUNTY NUMBER A-38938

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER TAYLOR JEFFREY STREET OR RFD BROOKS ROAD TOWN HIGHLAND SUBDIVISION Mc BRIDE PROP. MAP 42 B37

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, TO), Check if water bearing. Includes handwritten entries: SAND Stone, CORRY MICH ROCK, 0 12, 12 225.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 364

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)

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

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

DEPTH (nearest ft.) grid with handwritten entries: HO 20, 225

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

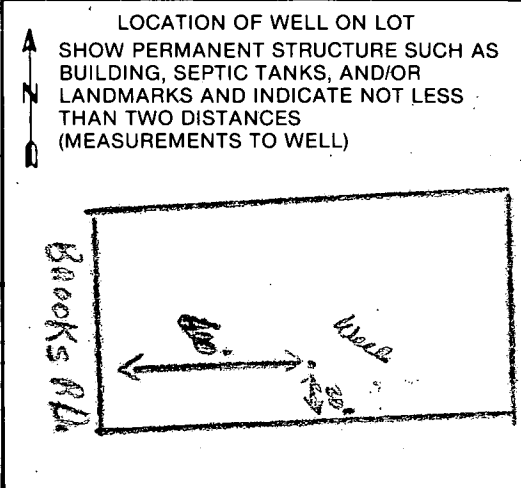
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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 (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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) + above LAND SURFACE - below (nearest foot)



6/13/89

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 X
Replacement _____

Receipt # P 43892
Date 3-10-89 3-21-89

Name of Installer John M. Gaske III

Telephone 247-6963

License number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber # 3189

Name of Property Owner Mr. Jeffery Taylor Telephone 854-2943
Subdivision _____ Lot # Par. 37 Well tag # 40-81-2168
Site Address 7007 Brooks Road

Pump

- 1. Type
 - a. Deep well jet X
 - b. Shallow well jet _____
 - c. Submersible X
- 2. Make Goulds
- 3. Model # _____
- 4. Capacity 9 GPM
- 5. Pump exceeds well capacity Yes _____ No X
- 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 X Cable guards X Other Tape

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

- 1. Make Harvard
- 2. Model # PT800
- 3. Depth 42"

Tank

- 1. Capacity 82
- 2. Pressure relief valve? yes

Piping

- 1. Type Big Blue
- 2. Size 1 1/4"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 205'

Well data

- 1. Depth 225'ft.
- 2. Yield 10 GPM
- 3. Static water level 55 ft.
- 4. 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: John Gaske

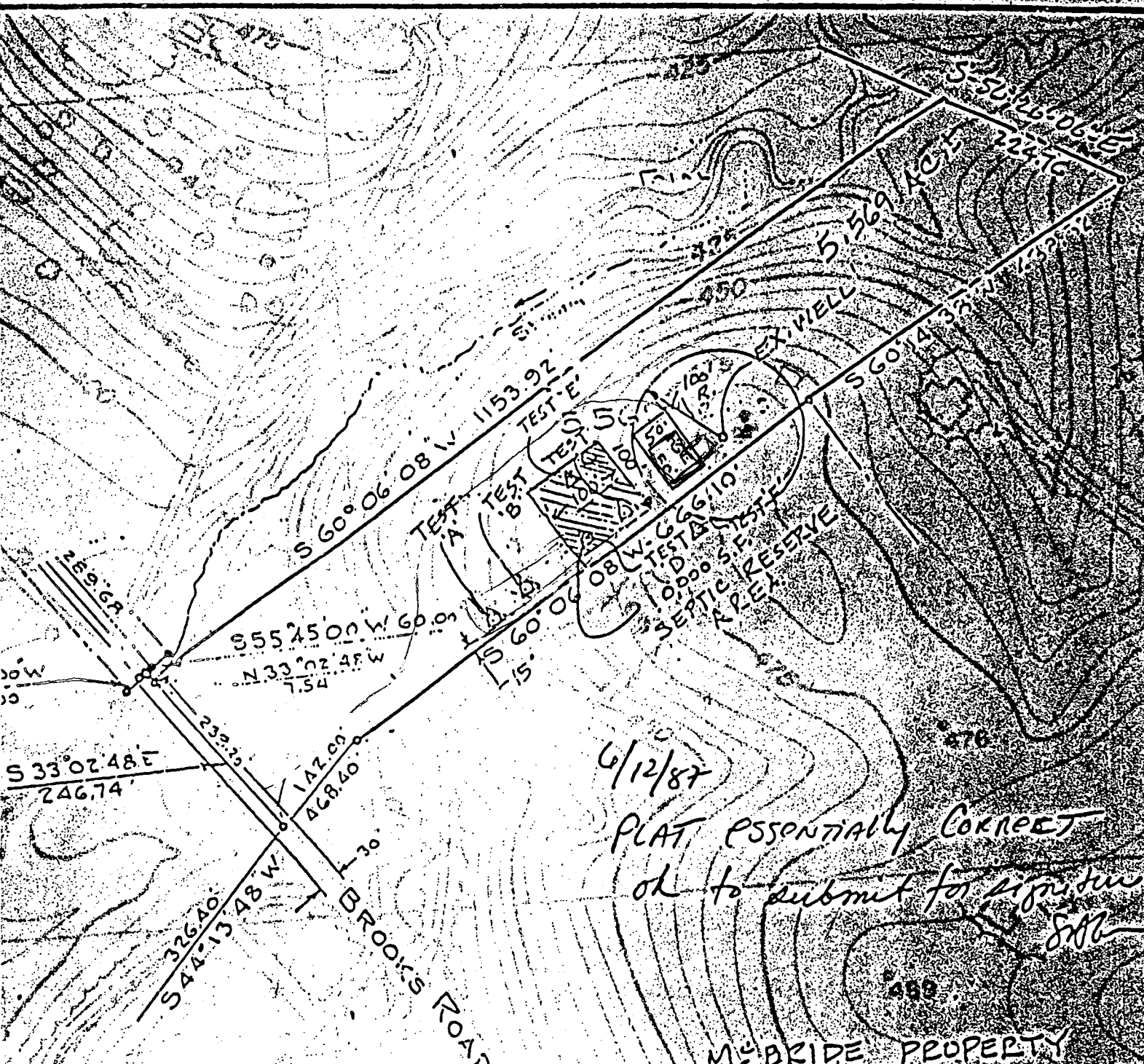
Date: 3-13-89

6/13/89 - COVER OUTSIDE

WORK BUT EXTRA FILL OVER PART OF DITCH

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

WHICH IS ONLY 2 1/2 FT DEEP TANK NOT INSTALLED RH



6/12/87

PLAT ESSENTIALLY CORRECT
 ok to submit for signature
JMC

McBRIDE PROPERTY
 BROOKS ROAD
 SUBDIVISION: STYFED SINGER
 PLAT REF.: HIGHLAND, MD.
 McBRIDE PROPERTY
 5TH ELECT. DISTRICT
 HOWARD CO., MD.

PERCOLATION TEST CERTIFICATION

THIS IS TO CERTIFY THAT WE HAVE LOCATED THE IMPROVEMENT ON THE LOT SHOWN HEREON AND THAT THE IMPROVEMENTS EXIST AND THAT SAID IMPROVEMENTS ARE ENTIRELY WITHIN THE LOT BOUNDARIES.

