

3/1/90
3/2/90

408415

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45706

A 40037

DISTRICT 5th

DATE 3/19/90

DATE SYSTEM APPROVED 3/2/90

INSPECTOR BZF

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION Eagle Point Landing ROAD 5319 Aerie Court LOT 4

PROPERTY OWNER Mr. Anthony Capitano

ADDRESS _____

~~NO GARAGE OR OTHER USES EXCEEDING SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARAGE OR OTHER USES EXCEEDING SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq.ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from left rear lot corner place distribution box ^{22790 JEN} 55 feet down rear lot line and 140 feet off this same lot line. Run trenches toward left rear corner of lot along contours.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ^{22790 JEN}

PLANS APPROVED BY Mark Rifken cm DATE 11/21/88

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

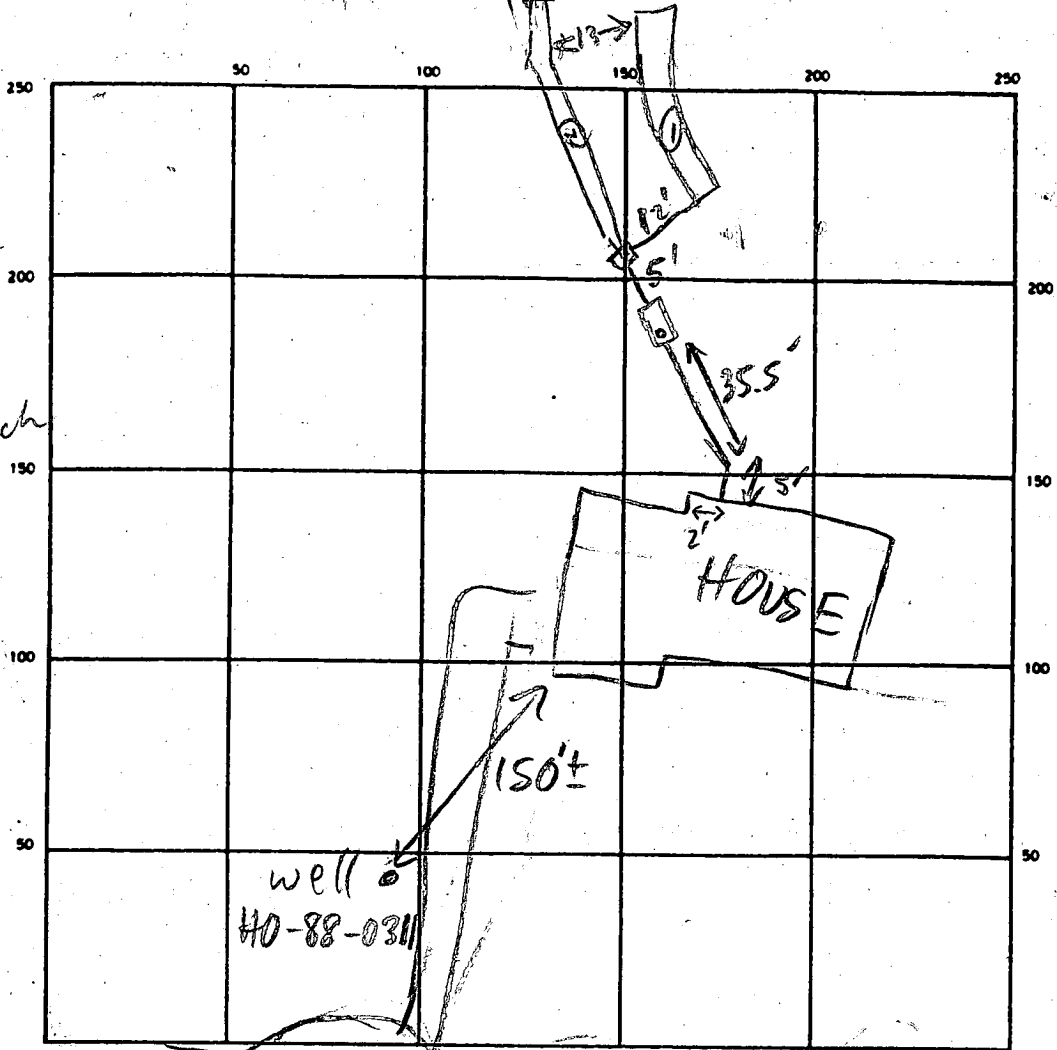
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

40087

2' COR
 8 H-B
 35 1/2 B-T
 5 F-B
 12 B-Trench
 65



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 AERICIE CT

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TILE FIELD DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 105 | 111 | TOTAL FT 216
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 864 SQ FT.
 DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ FT.

REMARKS 3/1/90 TRENCH #0 DUG TO 65', CONTINUE, BACKFILL HOUSE TO DB MR

3/2/90 TRENCH #1 DUG 105 FT & SOME STONE ADDED R/H

3/2/90 TRENCH #1 & #2 OK R/H

DATE SYSTEM APPROVED 3/2/90 INSPECTOR Raymond Hodges

APPLICATION

PERCOLATION TESTING

A 40037

P _____

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

DISTRICT 5TH

DATE 9-1-87

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 ~~Smith Roberts & Assoc~~ Anthony Capitano

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Talbot Property, Eagle Point Landco LPT NO. 4

ROAD AND DESCRIPTION Few Oaks Rd 5319 Aeris Ct.

TAX MAP 28 PARCEL # 46-A

SIZE OF LOT 3 acres 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. Mark D. Reim
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Adal FOR Deep trenches DATE 6-19-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/6/87 Perc OK Hold for Plat B/H
1/19/89 Prelim Plat OK B/H

LOG. PERMIT SIGNED
AND RETURNED 6-19-87
B127188
8A

THIS IS NOT A PERMIT

4

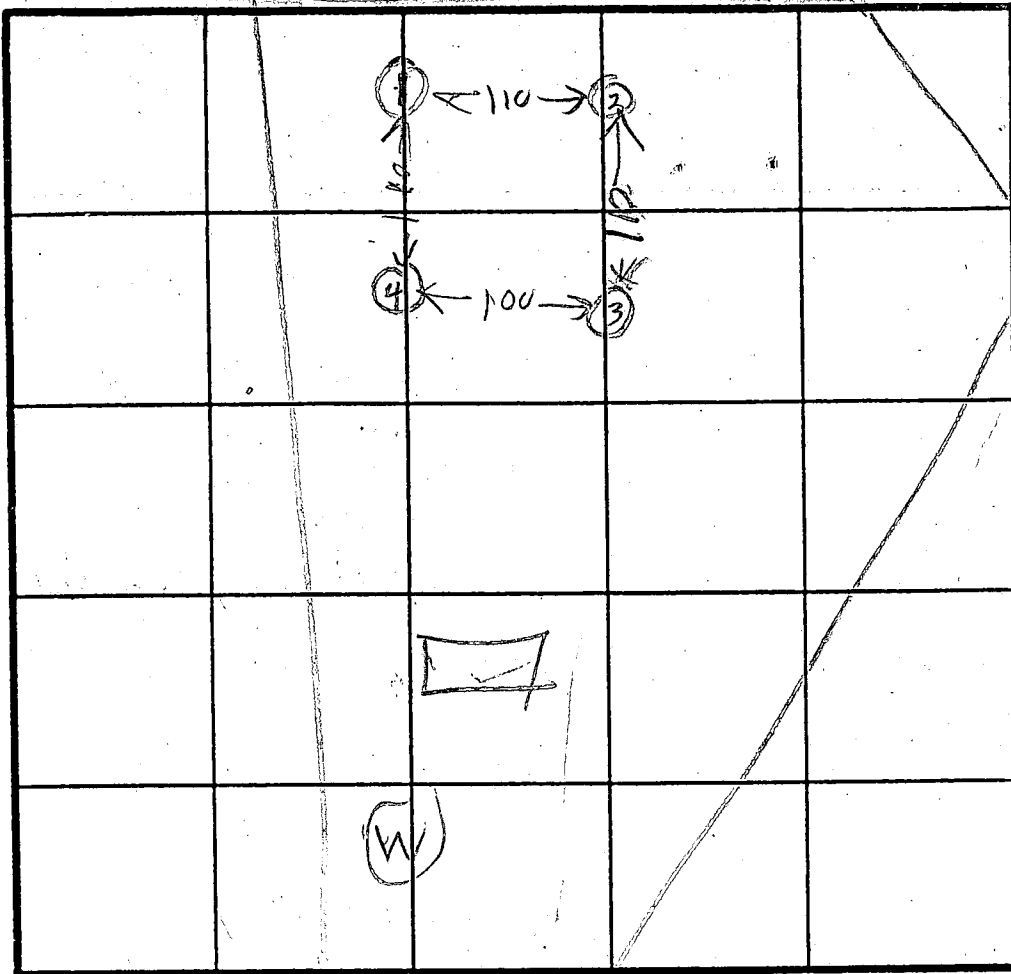
SOIL PROFILE

0
 3
 CLAY
 BROWN
 PINK
 ORANGE
 SANDY
 LOAM

3
 12
 ②
 BROWN
 CLAY
 PINK
 ORANGE
 SANDY
 LOAM

3 1/2
 11
 ③
 BROWN &
 CLAY &
 TOP SOIL
 PINK
 BROWN
 SANDY
 LOAM

12
 ④
 BROWN
 CLAY
 PINK
 BROWN
 SANDY
 LOAM
 EH-12-1079



HOLE ELEVATIONS
 ① ④ HIGH
 ② ③ LOW

\bar{x} perc
 8 MIN
 INLET 3"
 BOTTOM 7"
 170 #1BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

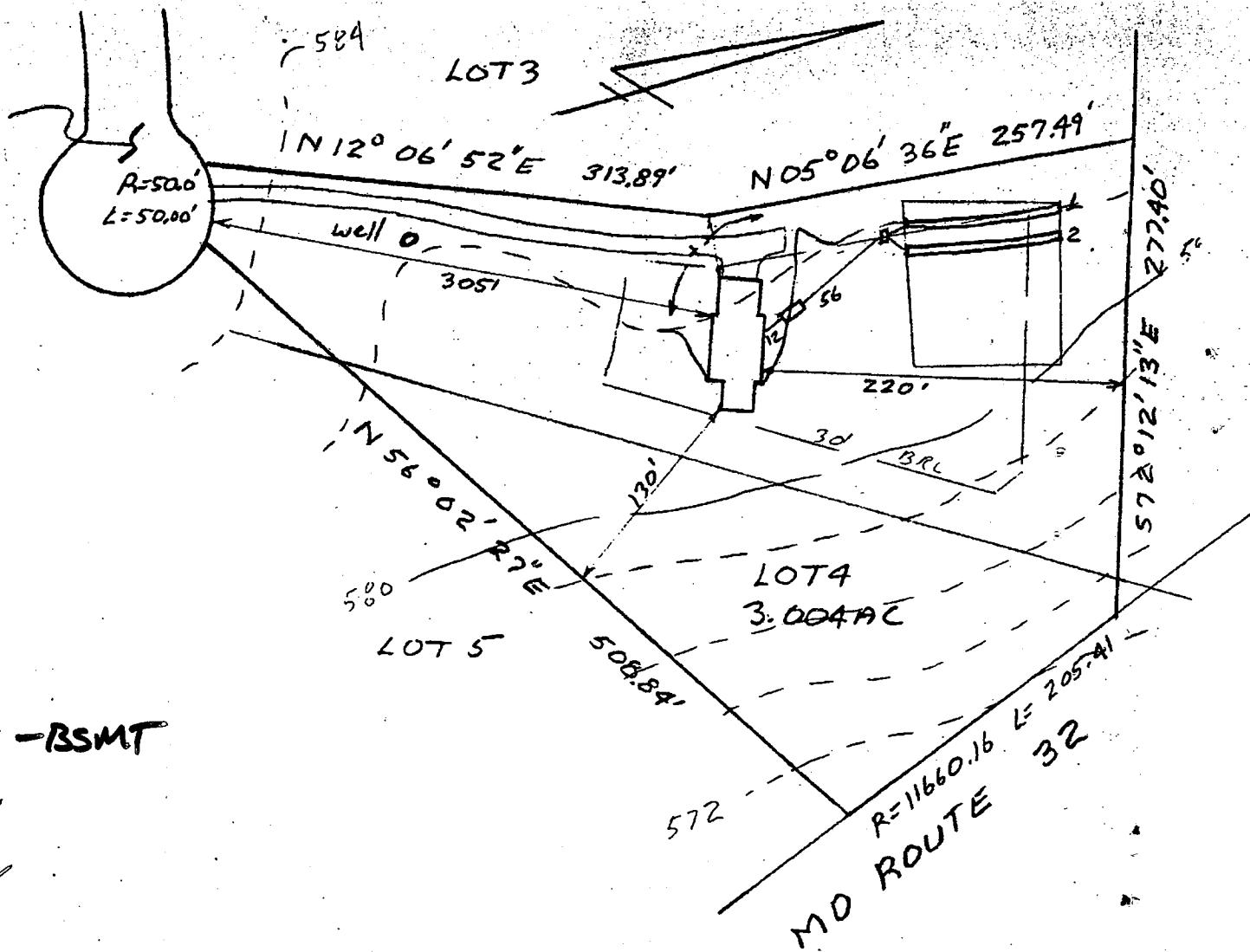
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/16/97	1S	4	200	201	204	206	4
	1D	7	201	204	204	206	2
	1V	12	OK				
	2S	4	221	222	222	224	2
	2V	12	OK				
	3S	4	225	240	240	303	23
	3V	11	OK				
10/6/97	4V	12	OK				

REMARKS Holes dug per surveyor Plat

TYPE OF SOIL _____

TESTED BY R. HONGES ALSO PRESENT O. KETTERMICH

AERIE COURT



HOUSE:

FIRST FLOOR 584.0 ✓
 BASEMENT 575.0 ✓
 INVERT 579.28 ✓ -BSMT

SEPTIC TANK:

EXISTING GRADE 581.9 ✓
 PROPOSED GRADE 582.0 ✓
 INVERT IN 579.03 ✓
 INVERT OUT 578.78 ✓

DISTRIBUTION BOX:

EXISTING GRADE 581.9 ✓
 PROPOSED GRADE 581.9 ✓
 INVERT IN 576.2 ✓
 INVERT OUT 578.1 ✓

TRENCHES:

	# 1	# 2
EXISTING	582.0 ✓	581.8 ✓
INVERT	576.0 ✓	577.8 ✓
BOTTOM	574.0	573.8
STONE	4.0	4.0
WIDTH	2.0	2.0
LENGHT	100	100

ENGG. PERMIT SIGNED
 AND RETURNED 6-19-89
 BP27188
 SA

I certify the above measurements
 and elevations to be true and actual
 for this property.

J. Carl Hudgins
 J. Carl Hudgins

PLOT PLAN

LOT 4
 EAGLE POINT LANDING
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 TAX MAP 28 PARCEL 46
 SCALE 1"=100' DATE 6-13-89

B 1 **6803** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

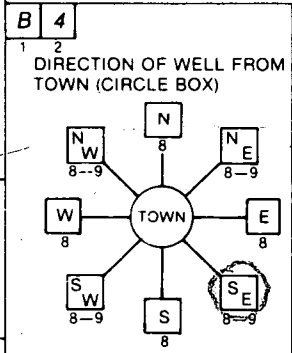
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0311
 fill in this form completely

Date Received (APA) **111088**
 OWNER INFORMATION
LABITANO Owner **ANTHONY** First Name
4290 **TEW OAKS ROAD** Street or RFD
DAYTON Town **MD** State **21036** Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
EAGLE POINT SUBDIVISION
 SECTION **4** LOT **4**
DAYTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
FRANK Delph Driller's Name **453** License No. 80
FRANK-Delph Well Drilling Inc. Firm Name
18234 Penn Shop Rd. Mt Airy Md. Address
Frank Delph Signature **11-10-88** Date



Aerie Ct. NEAR WHAT ROAD
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **A 40037** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **11/17/88** CO SIGNATURE **Craig Williams** EXP. DATE **5/17/89**
 NORTH GRID **807000** EAST GRID **0507000**

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)

APPROXIMATE DEPTH OF WELL **200** 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 _____

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) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CL** WRITE INITIALS IN BOX PERMIT No. **HO-88-0311**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well water
 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

SPECIAL CONDITIONS
988-9178

5/28/89

- ① Well already grouted
 - ② 45 ft pipe
 - ③ 35 ft open
 - ④ 9 bags
 - ⑤ Location OK
 - ⑥ Got information from Dave Delfs
- Frank Butler

C1 6660 SEQUENCE NO. (DENV 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 A 40037

DATE RECEIVED

DATE WELL COMPLETED 05/18/87

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0311

OWNER CAPITAL TAX last name APPLIC COURT first name TOWN DAYTON SUBDIVISION FABLE POINT LAWS SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Topsoil, Shale, MIKA, Sandstone, MIKA, Sandstone, MIKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 7, NO. OF POUNDS 700.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE PL, Nominal diameter 6, Total depth of main casing 45.

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 (nearest ft.) 35.

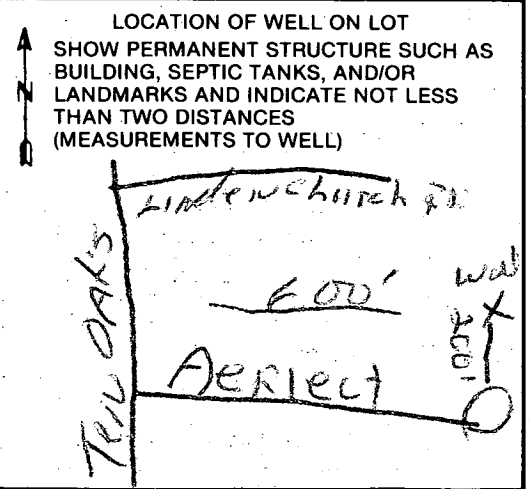
DEPTH (nearest ft.) 305. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH).

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 8, PUMPING RATE 2 gal. per min. to nearest gal., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 35, WHEN PUMPING 175, TYPE OF PUMP USED (for test) 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: S.



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. 453. DRILLERS SIGNATURE Frank W. [Signature]. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

3/9/90
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 # 45641
Date 3/5/90
Name of Installer Robert A. Thurman Telephone _____
License Number 17380
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner CAPTANO CUSTOM CON. Telephone 9889178
Subdivision EGLE POINT LAND Lot # 4 Well Tag # HC-08-03/1
Site Address 5319 ARLE COURT, CLARKSVILLE, MD

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 JACUZZI b. 220 _____
3. Model # _____
4. Capacity 17 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 Poly 1. Depth _____ ft.
2. Pressure relief valve? YES 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ 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: Robert C. J.

Date: March 10 1990
3/9/90 OK TO COVER OUTSIDE WORK
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.
PRESSURE TANK NOT INSTALLED R/T