

W.P.I.  
Septic  
12/23/94  
A.S. B.P. - R.M.

12/21/94  
ASAP  
12/28/94  
ASAP

# PERMIT

05-411602

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50422

A 40501

DISTRICT 5th

DATE 1/30/94

DATE SYSTEM APPROVED 12/28/94

INSPECTOR DKS

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

### INDEXED

Tom Lawson IS PERMITTED TO INSTALL X ALTER

ADDRESS 12698 Route 216, Highland, Maryland 20777 PHONE 410-531-6270

SUBDIVISION Hedgerow LOT 1 ROAD 1622 Gilbride Lane

PROPERTY OWNER Tom Lawson DAN AND DAWN SHAW

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 2000 AS installed ~~1250~~ GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 130 feet off the front lot line and 155 feet off the right (134.45') lot line when facing the lot from Gilbride Lane. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/28/94 DKS

PLANS APPROVED BY Amy McMillen DATE 4/26/94

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

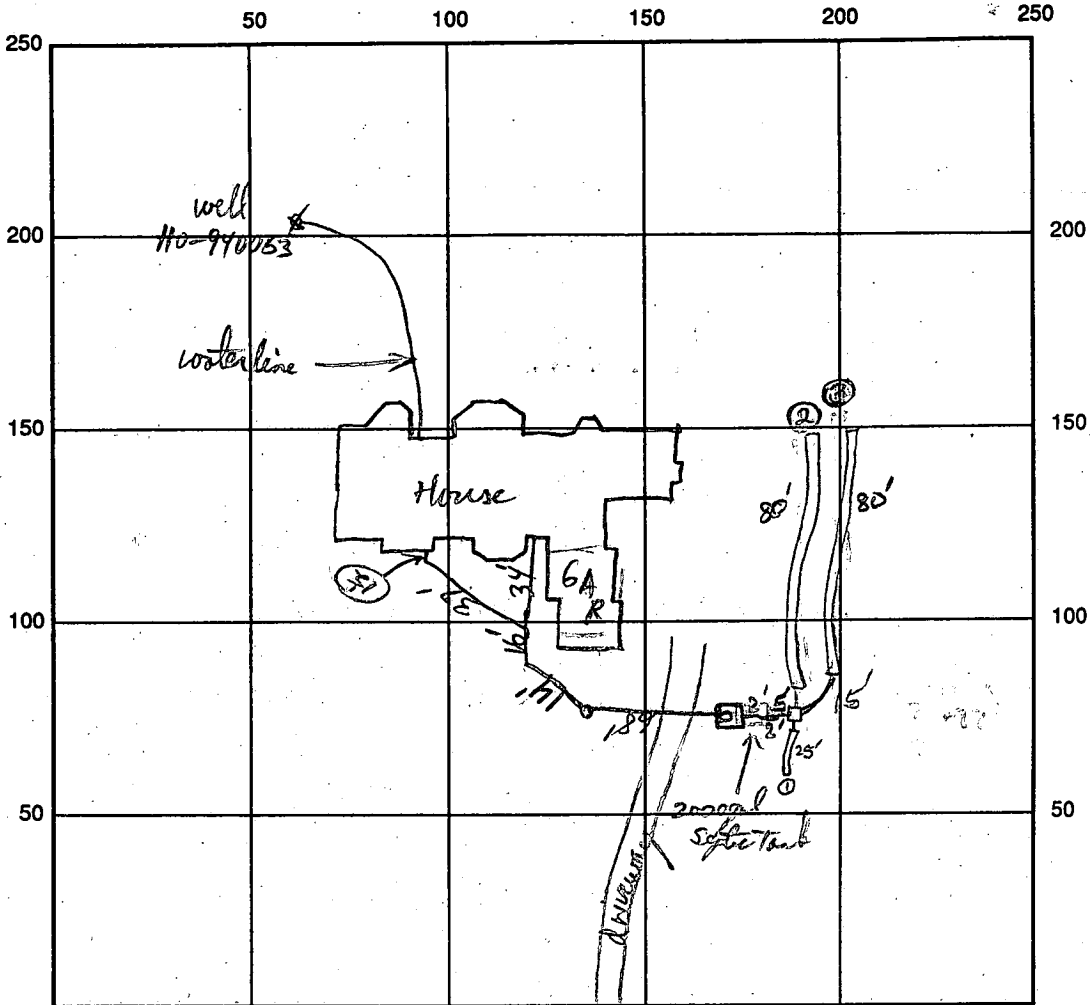
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED  
AND RETURNED 3-26-98  
Send # 4310 110 100  
Expanded perm.

A 40501  
70507



Gilbride Lane INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 gal CLEANOUTS S.T. & Midway  
 DISTRIBUTION BOX LEVEL OK - baffle in  
 DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.  
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 185' total  
 NUMBER OF TRENCHES 2 ONE SIDEWALL 2 AREA        SQ. FT.  
 DRYWALL INSIDE DIAMETER        FT. EFFECTIVE DEPTH BELOW INLET        FT.  
 ABSORBENT AREA        SQ. FT.

REMARKS: S.T. and supply, Hse Connection OK to cover 12/23/94  
12/27/94 A.M. OK to start trenches and continue. DKS  
12/28/94 Final - OK to cover all work. DKS

W/P at this site at 12/23/94  
 DATE SYSTEM APPROVED 12/28/94 INSPECTOR Sanna & Joe

# APPLICATION

PERCOLATION TESTING

A 40501

P \_\_\_\_\_

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

*1/28/88  
perc record pending  
approved plans  
(R)*

DISTRICT 5TH

DATE 10-29-87

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 ~~LOWERY SARGENT~~ TOM LAWSON

ADDRESS 13243 WESTHEATH LANE PHONE 410-531-6270  
CLARKSVILLE, MARYLAND 21029 498-4334

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION TEN OAKS HEDGEROW LOT NO. 1

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADELPHIA ROAD  
(13122 Gilbride Lane)

TAX MAP 28+34 PARCEL # 60, 59  
30+64

SIZE OF LOT 3.5 AC. 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]  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING (H) for field located holes + s/p plan

BLDG. PERMIT SIGNED  
AND RETURNED 5/7/94  
Serial # 54010-SFD-4Bem

# THIS IS NOT A PERMIT





B 1 **05598** SEQUENCE NO. (DP USE ONLY)  
1 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  
**40-94-0053**  
70 fill in this form completely 79

Date Received (APA) **032394**  
OWNER INFORMATION  
8 13  
**Headrow Assoc Ltd**  
15 Last Name Owner 34 First Name  
**13243 Westmeath Lane**  
36 Street or RFD 55  
**Clarksville MD 21029**  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION  
**Paul M. Fabiszak** 399  
Driller's Name 77 License No. 80  
**G. Edgar Harr Sons Corp**  
Firm Name  
**12047 Falls Rd Clarksville 21030**  
Address  
**Paul M. Fabiszak** 3/28/94  
Signature Date

B 2 WELL INFORMATION  
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)  
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

APPROXIMATE DIAMETER OF WELL **6** INCH  
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)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER **GAP**  
54 63  
FORCE **DS** WRITE INITIALS IN BOX 67 68 PERMIT No. **40-94-0053**  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

B 3 LOCATION OF WELL  
1 2  
**Howard**  
8 COUNTY 21  
**Headrow**  
23 SUBDIVISION 42  
SECTION **44** LOT **1**  
44 46 48 50  
**Clarksville**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **4** MI  
73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
1 2  
  
11 NEAR WHAT ROAD **Road A Gilbride Lane** 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
34 **150** 37 DISTANCE FROM ROAD  
ENTER FT OR MI **FT**  
38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** A 40501  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S  41  
DATE ISSUED **033094** **LOWERY** See 03/30/95  
43 48 CO/SIGNATURE /EXP. DATE  
NORTH GRID **505000** EAST GRID **0803000**  
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **11:00 grout went to site**  
2. **at 11:15 - were done the grout already.**  
3. **Am**  
WRITE THE BOX NUMBER FROM THE MAP HERE  
  
000  
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

C1 8801

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER

A 40501

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

OK #12/1/94

PERMIT NO. FROM "PERMIT TO DRILL WELL"

053194

400

10-94-0053

OWNER Hedgecreek Assoc. Ltd. last name Gilbride first name TOWN Clarksville SUBDIVISION Hedgecreek 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, TO), Check if water bearing. Rows: Overburden (0-15), Soft Shale (15-56), Gray Rock (56-400).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 48 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter (nearest inch) Total depth of main casing (nearest foot) PL 60 61 63 64 66 67 70

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

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

DEPTH (nearest ft.) No 60 400

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

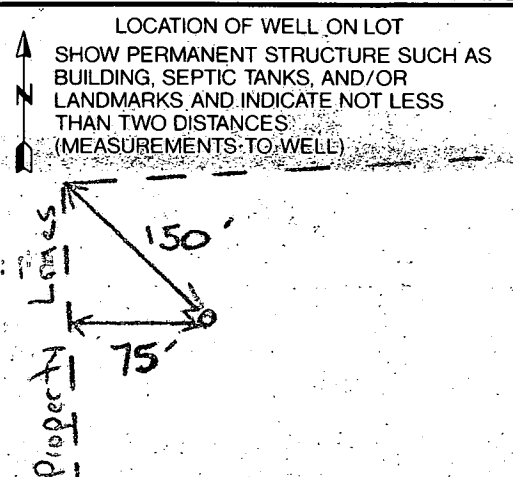
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 yield 59gpm after Hydro-Fracturing

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 11-15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 360 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: 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



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

THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Warren Powell

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 \_\_\_\_\_ Telephone \_\_\_\_\_  
 Subdivision Hedgerow Lot # 1 Well Tag # HO 94-6053  
 Site Address 13622 Gilbride Lane

| 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 <u>1</u> ft.                                   |
| 2. Pressure relief valve? _____ | 2. Size _____                          | 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? _____ |

*Pitless adapter and water line OK # 258 OK over RPP 12/23/94*

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.

