

PERMIT

05-411610

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48813

A 40502

DISTRICT 5th

DATE 1/4/93

DATE SYSTEM APPROVED 4/15/93

INSPECTOR GRH

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Hedgerow LOT 2 ROAD 13628 Gilbride Lane

PROPERTY OWNER Russell & Ellen Harper

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES - 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 - Place distribution box 120 feet from front lot line and 180 feet from the left lot line. Run trenches on contour toward the front lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/29/92 GRH

PLANS APPROVED BY Mark Rifkin/Craig Williams REVISED DATE 1/17/90
7/02/92

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.

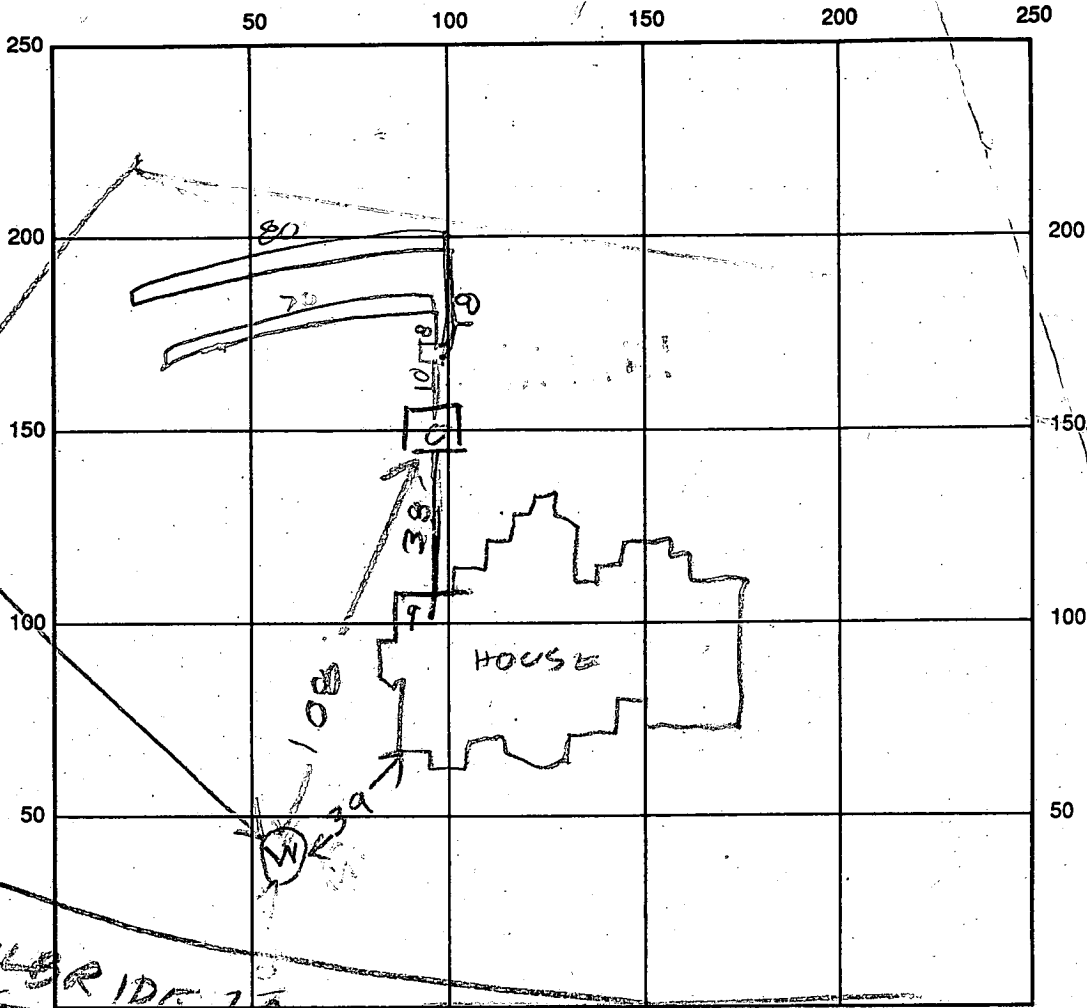
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

NOG. PERMIT SIGNED
AND RETURNED 25-99
Serial # B10118924
duu

A
40502



SEPTIC TANK LEVEL 1000 CLEANOUTS MAN HOLE

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8.4 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.1 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 70/80 FT. 150 TOTAL

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 600 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/13/93 - HOUSE MOVED CLOSER TO FRONT THAN SHOWN ON PLANS
BUT TANK LOCATION OK. COVER TANK & HOUSE SEWER RIDGES
4/14/93 - DISTRIBUTION BOX INSTALLED R/H 4/15/93^{PM} TRENCH #1 OK
DIG TRENCH #2 4/15/93^{3PM} - TRENCH #2 OK

DATE SYSTEM APPROVED 4/15/93 INSPECTOR Raymond Hodges

APPLICATION

PERCOLATION TESTING

A 40502
P _____

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

*4/13/87
perc or'd pending
approved permit*

DISTRICT 374
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 LOWRIE SARGENT RUSSELL + ELLEN HARPER

ADDRESS 13243 WESTMEATH LANE PHONE 329-3824
CLARKSVILLE, MARYLAND 21029 498-4334

PROSPECTIVE BUYER RUSS HARPER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TEN OAKS LOT NO. 2

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADELPHIA ROAD
(13628 Gilbride Lane)

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

SIZE OF LOT 3.0 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 _____

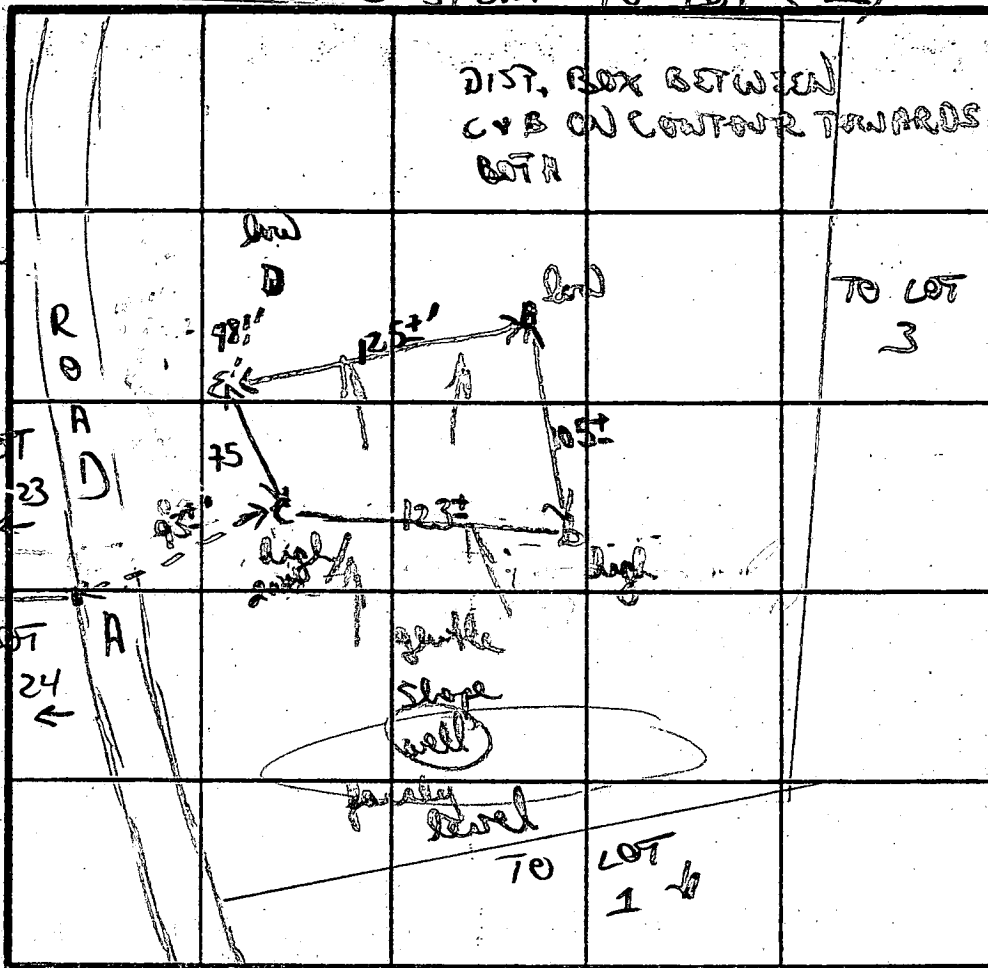
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes + S/D need

BLDG. PERMIT SIGNED
AND RETURNED 6/30/92
Serial # 44246
SFD - 3 Bedroom

THIS IS NOT A PERMIT

PIPE STEM TO LOT 3 →



D
SOIL PROFILE

Brown/orange clay 3 1/2' - 4'
to brown silty mica
w/ small
frag layered
w/ small
frag
5'
hard

E
Brown
cheater/light
gravelled
clay 4-4 1/2'
w/ patches
med/size
frags 5-8'
to 5-10%
small 9' b
12' D

C
orange/brown
cheater clay
heavy 3 1/2'
changing up to
brown silty
mica
w/ 5% scattered
frags 6'

INLET 4'
MAX 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/13/82	C	4' 5"	133	136	136	142	6min	
		12' D	bottom (see profile)					
	D	ROCK BOTTOM	7' D		DONT USE			
	B	3 1/2' S	137	141	141	146	5min	
		12' D	bottom (see profile)					
	A	4' S	149	152	152	157	5min	
		12' D	bottom (see profile)					
	E	4' S	210	217	217	229	12min	
		7 1/2' M	211	215	215	222	7min	
		12' D	bottom (see profile)					

$\bar{X} = 7 \text{ min}$
180°/80

12' D
A
orange/brown
clay 3 1/2'
Clay low
4 1/2'

to light
to silty
massive
lots of
patches of small
med frags
6' b
12' D

Adjusted uphill slightly due to rock. Per field
in Drusba. Some measurements were across

REMARKS

TYPE OF SOIL

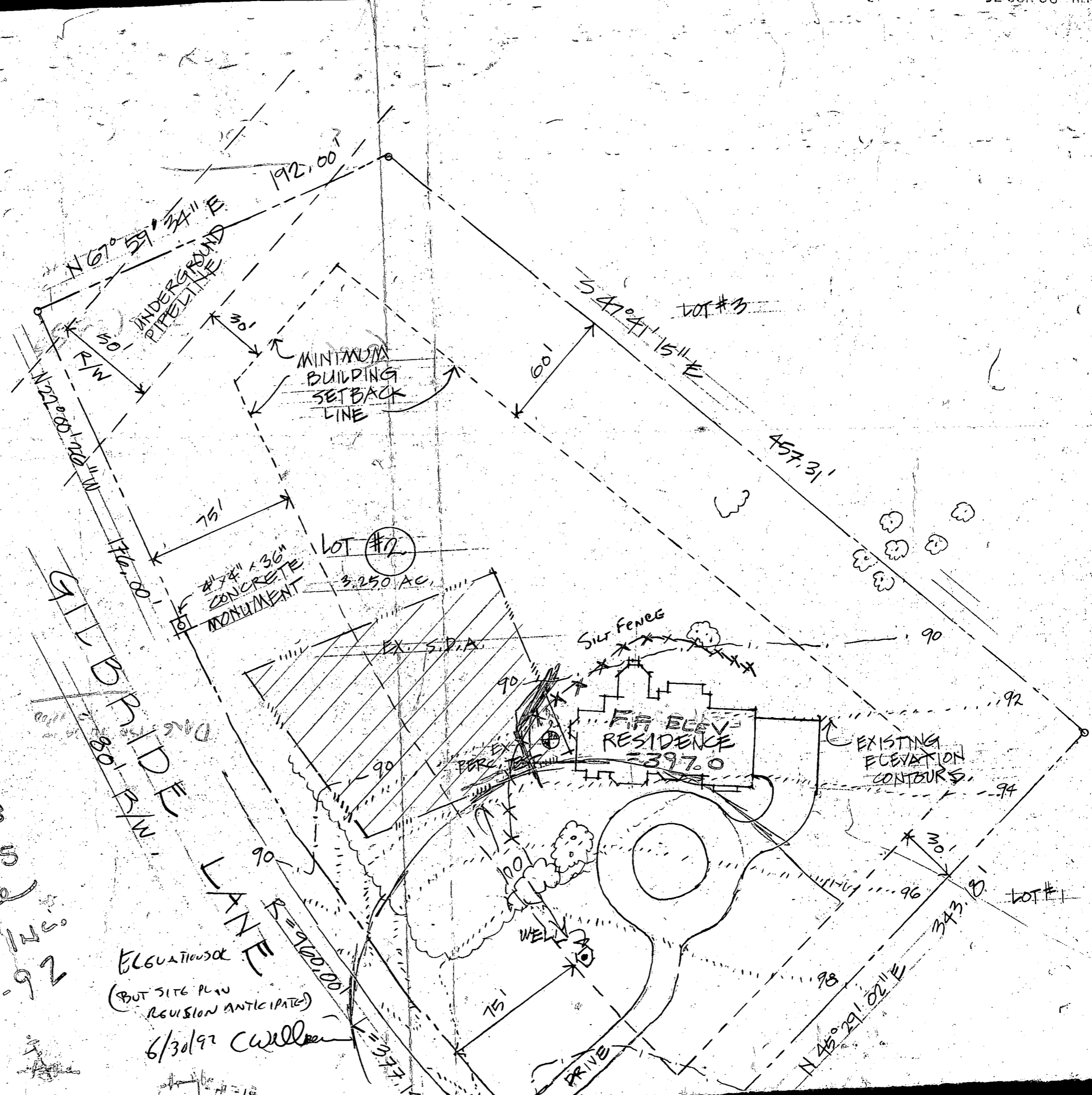
TESTED BY

Brown/orange clays to 4'; silty mica clay w/ scattered
frags below

B N Iron

ALSO PRESENT

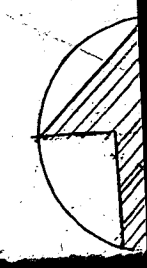
incl. bench



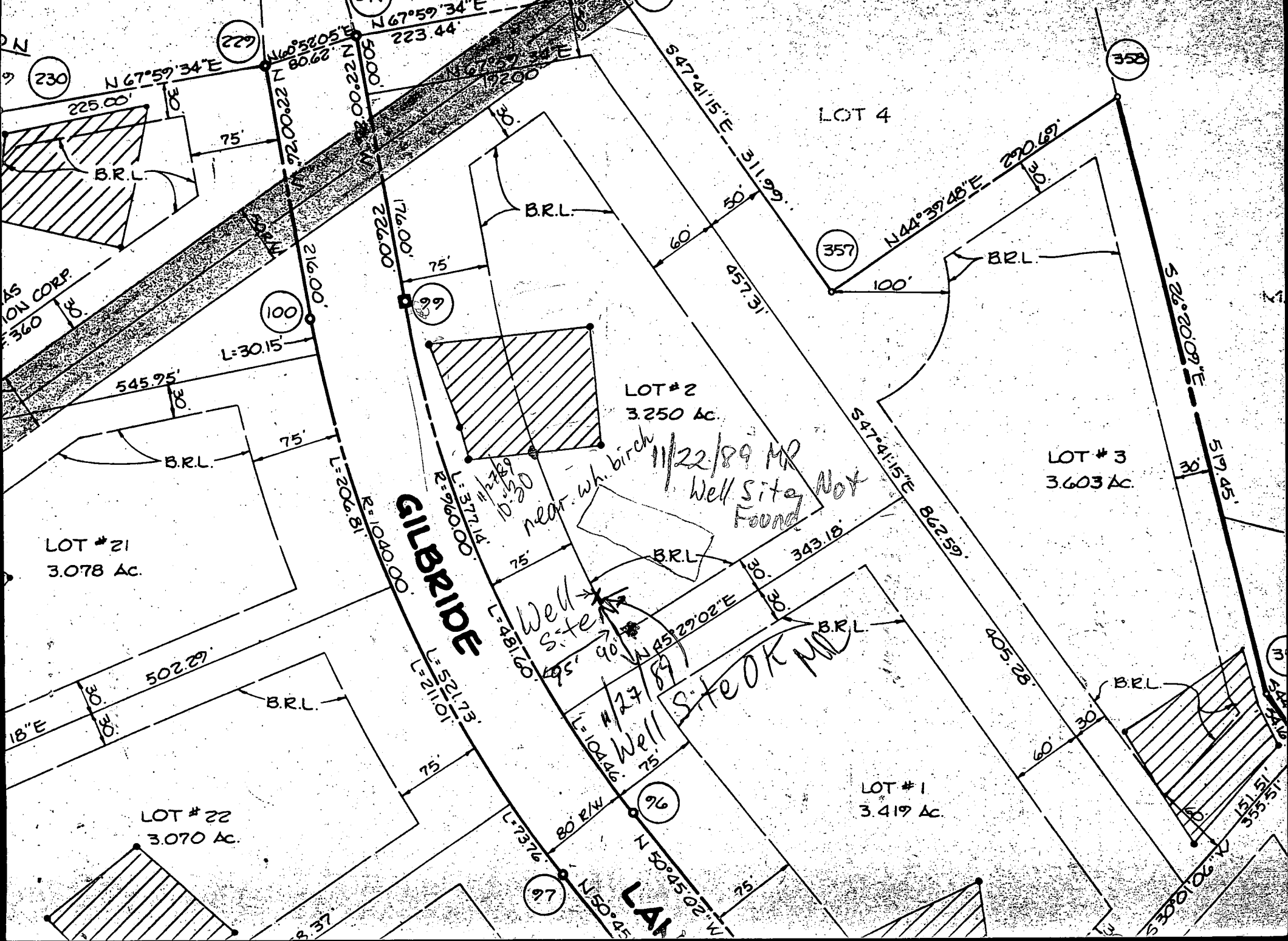
TRENCH INVERT 390.3
 EXIST. GROUND @ INITIAL TRENCH = 393.5
 F.F. ELEV. HOUSE = 397.00
 INV. OUT OF HOUSE = 394.0
 INV. IN TO TANK = 390.8
 INV. OUT OF TANK = 390.5

Handwritten signature
 TSA Group Inc.
 6-30-92

ELEVATIONS OF
 (BUT SITE PLAN REVISION ANTICIPATED)
 6/30/92 *Will*



CONTINUATION SEE SHEET 4 OF 6



214

215

230

279

358

357

100

99

LOT #21
3.078 Ac.

LOT #2
3.250 Ac.

LOT #3
3.603 Ac.

LOT #22
3.070 Ac.

LOT #1
3.419 Ac.

GILBRIDE

near wh. birch
11/22/89 MD
Well Site Not Found

Well Site
12/27/89
Well Site OK MD

97

96

3

DN

AS
ION CORP.
360

18"E

LA

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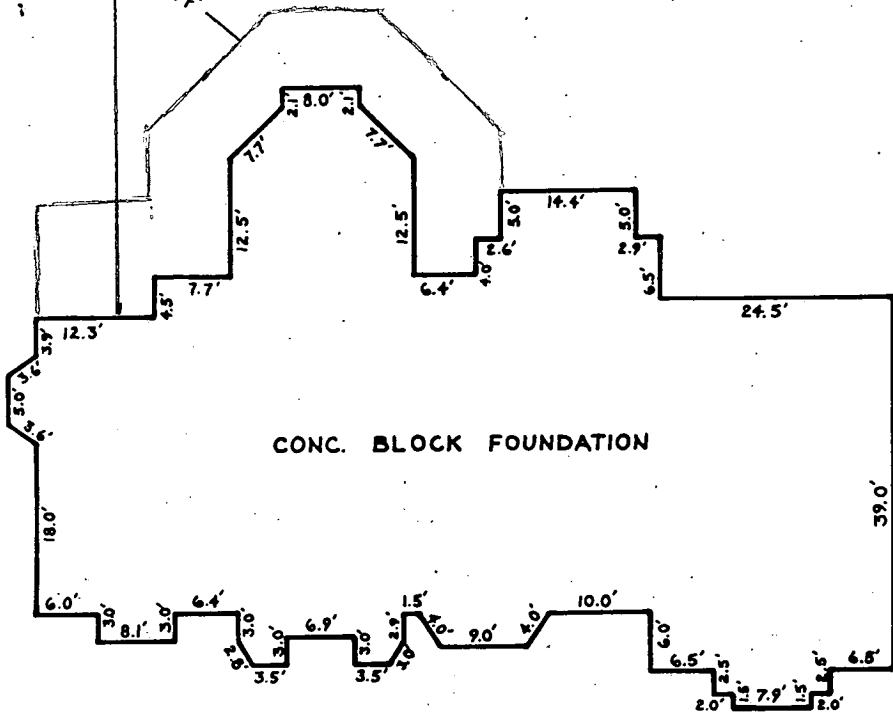
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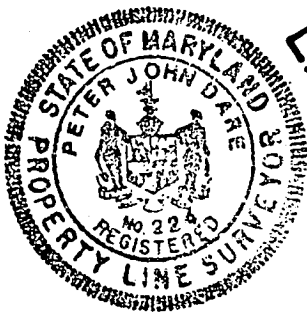
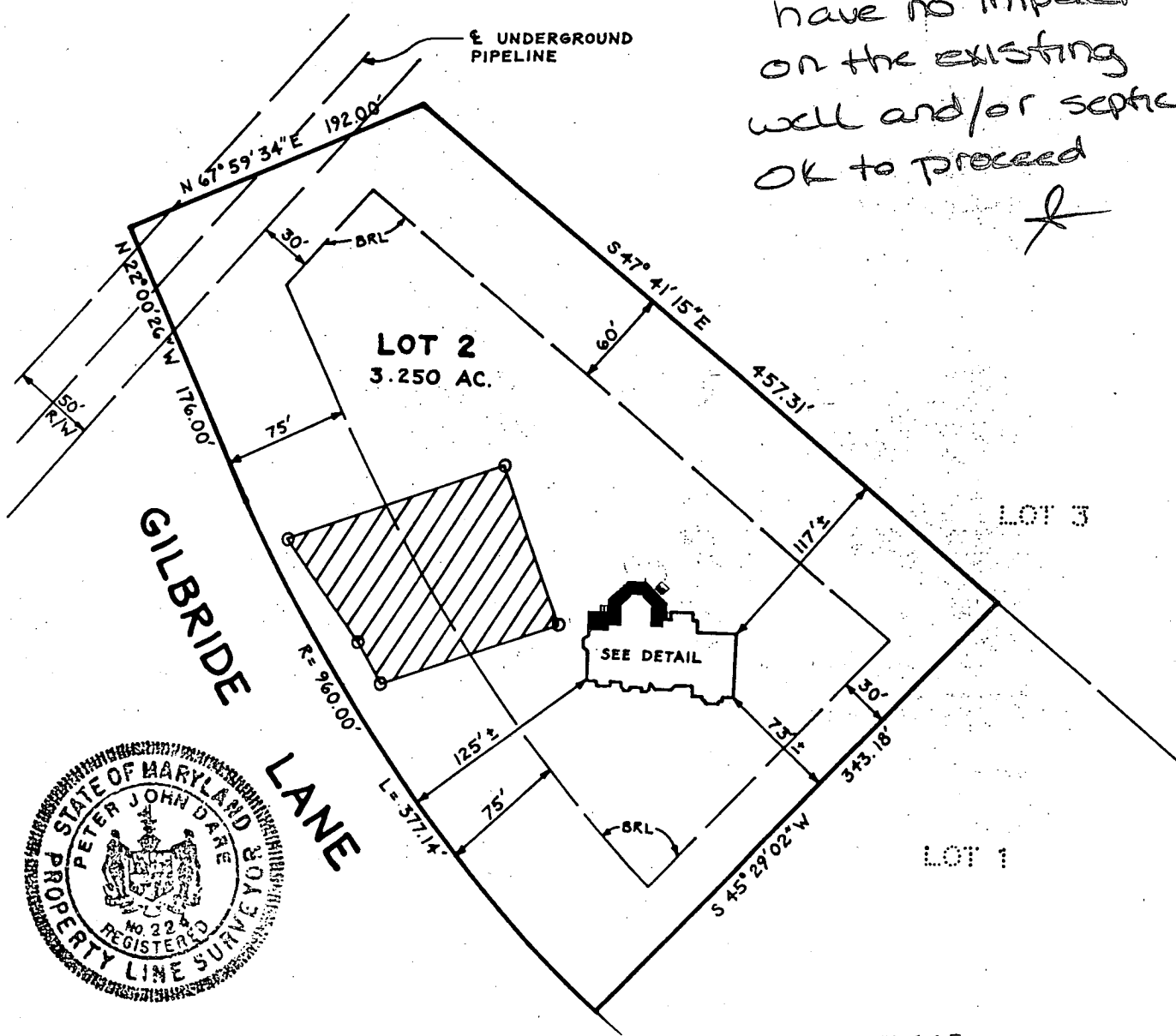
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7/5/99
 Shown deck
 location will
 have no impact
 on the existing
 well and/or septic
 OK to proceed



C1 1268 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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: A40502

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
 01/16/90

Depth of Well
 400 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HD-88-1131

OWNER: HADDER RUSSELL
 last name first name
 STREET OR RFD: Gilbide La TOWN: Dayton
 SUBDIVISION: WEDGE RD. SECTION: LOT: 7

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Bk Shak	2	20	
Bk Mica	20	50	
	50	67	
Gray Mica	67	69	
Bk Mica	69	70	
Gray Mica	70	82	✓
Flint	82	91	
Gray Mica	91	201	
Bk Mica	201	201	
Bk Mica	201	400	
Gray Mica			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS: 25 NO. OF POUNDS: 2500
 GALLONS OF WATER: 125 CORRECTED
 DEPTH OF GROUT SEAL (to nearest foot) MR-22390
 from 0 ft. to 51 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 60 Total depth of main casing (nearest foot): 60
 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
 PL OT PLASTIC OTHER
 DEPTH (nearest ft.)
 1 HO SE 400
 2
 3

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST
 HOURS PUMPED (nearest hour): 6
 PUMPING RATE (gal. per min. to nearest gal.): 2
 METHOD USED TO MEASURE PUMPING RATE: Pumpt
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 44 WHEN PUMPING: 169
 TYPE OF PUMP USED (for test): S submersible
 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
 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)

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)

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 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.: 40
 DRILLERS SIGNATURE: [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): [Signature]

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

COUNTY

B 1 2222 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

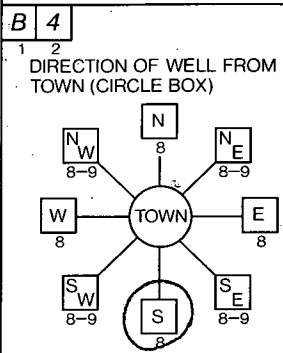
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-88-1131
fill in this form completely

Date Received (APA) 11/16/89
OWNER INFORMATION
HARPER RUSSELL W
14217 QUAIL CREEK W
SPARKS MD 21156

B 3 LOCATION OF WELL
HOWARD COUNTY
HEDGEROW SUBDIVISION
SECTION 44 46 LOT 2 48 50
DAYTON NEAREST TOWN
MILES FROM TOWN 2 MI

DRILLER INFORMATION
George F. Basterday
Driller's Name License No. 40
L. Franklin Basterday, Inc.
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
Signature Date 11-10-89



B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
GILBERT LN NEAR WHAT ROAD
Gilbride
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 200 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)
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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A40502 COUNTY NO.
STATE SIGNATURE DATE ISSUED 120889 Mark E. Rabin 6/8/90
NORTH GRID 505000 EAST GRID 0804000

APPROXIMATE DEPTH OF WELL 300 FEET

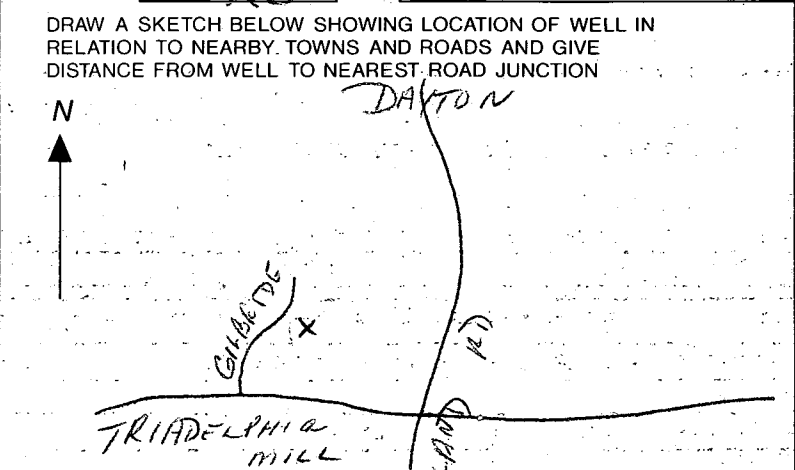
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 80X4
N 50X5

1/16/90 277 6 ROOT
51' OPEN OBS'D
60' CASING
25 BAGS
3' CASING A.G.
TAG OK 1/16/90 MR

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)



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE MD PERMIT No. HO-88-1131

SPECIAL CONDITIONS 329-3824

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 # _____ Date 4/13/93
Name of Installer ROBT. L. FEEDER CO. INC. Telephone 781-4655
License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner RUSSELL ELLEN HARTER Telephone 795-1405
Subdivision HEDGELOW Lot # 2 Well Tag # HO-88-1131
Site Address 13628 GILBRIDE LD.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make MOCKEILL
a. Deep well jet _____ 2. RPM 3450 2. Model # MS-10
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42" +
c. Submersible
2. Make FLINTA WALLING a. 110 _____
3. Model # LF05B07-301 b. 220
4. Capacity 5 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 CAPTIVE AIR Piping Well data
1. Capacity WX205 1. Type Poly 1. Depth 410 ft.
2. Pressure relief valve? YES 2. Size 1" 2. Yield 3 GPM 2-3
3. NSF and/or BOCA Code approved YES 3. Static water level 50' ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? YES

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: Richard J. Roden
Date: 4/13/93

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

HD-215 4/13/93 OK Cover outside works
Pres Pressure Tank Not yet installed