

6/23/92 ASAP

04-350588

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48291

A 41012

DISTRICT 4th

DATE 6/24/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 6/26/92

INSPECTOR [Signature]

INDEXED

Dave Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Lisbon Estates LOT 8 ROAD 1630 Brittle Branch Road

PROPERTY OWNER Barnard Brothers Construction Co., Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

Handwritten calculations:
8x50' = 90"
x54"
231' 4860 CSA
6' light = 72"
(5' outlet) - 21,039 sq ft vert. in.
x60' x72'
1262' 1514.8 gal

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 255 feet from the front lot line and 10 feet from the left lot line as seen when facing the lot from Lisbon Road. Run trenches on contour toward the right 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/CW*

PLANS APPROVED BY Sid Abel DATE 6/23/92

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

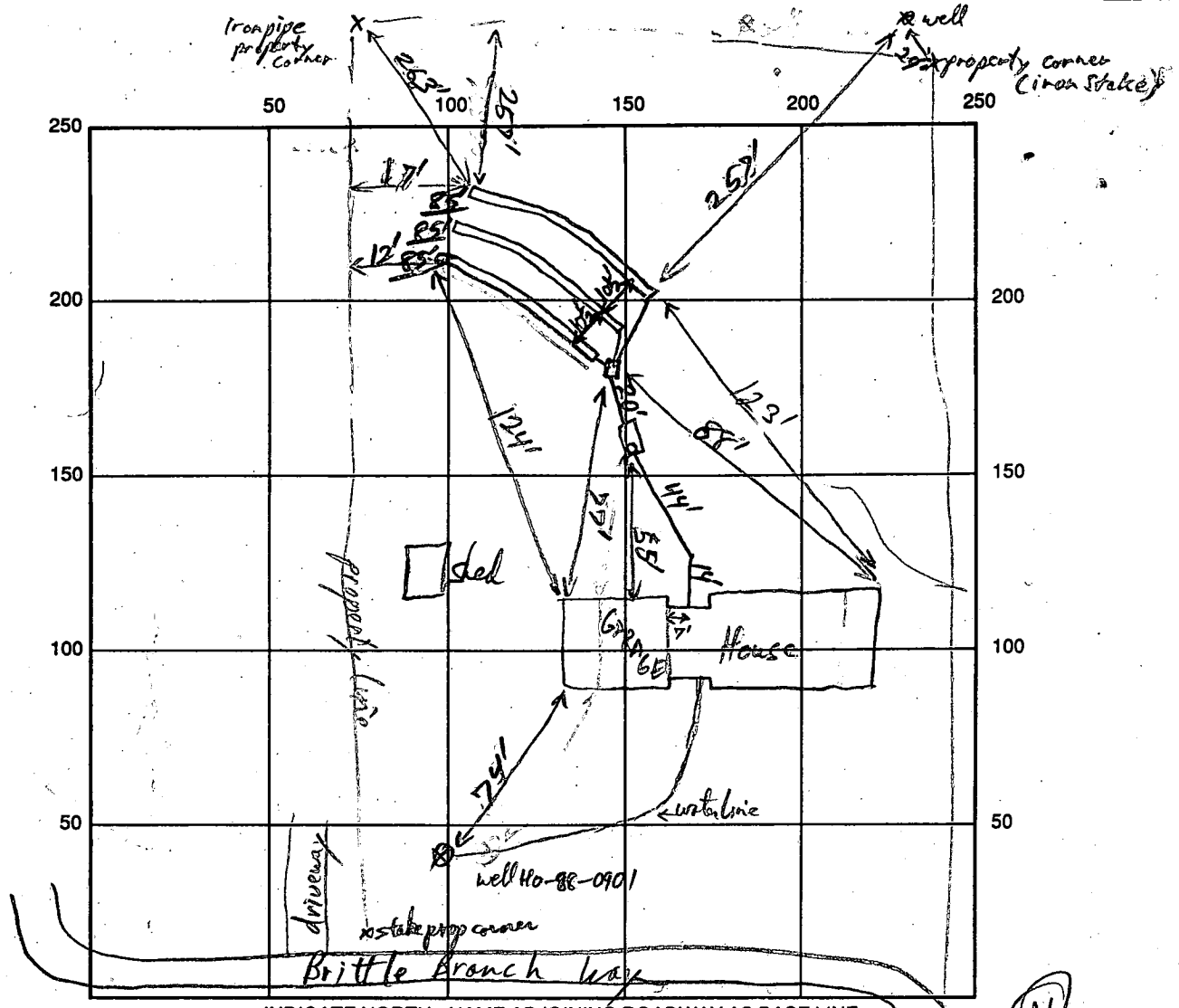
PERMIT VOID AFTER TWO YEARS

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**

A 41012



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE



SEPTIC TANK LEVEL 1250 gal ✓ CLEANOUTS ✓ ST

DISTRIBUTION BOX LEVEL ✓ (2 1/2 ft cover)

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 85' 85' 85' FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 255 SQ. FT.

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

ABSORBENT AREA 765 SQ. FT.

REMARKS: 1st Trench started where required - rest of system OK as installed
OK to cover RD 6/24/92 - Only 1/2" of gravel under, 18" over drain pipe
Mid way in Trench - try to keep 2ft under pipes when shallow trenches. etc.

DATE SYSTEM APPROVED 6/26/92 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 47012
P _____

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

DISTRICT _____
DATE 2/19/88

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 ~~LAURENCE EDAN BLUMBERG~~ Barward Brothers Construction Co, Inc
ADDRESS 2909 OLD COURT ROAD BALTIMORE MD 21208 PHONE _____

PROSPECTIVE BUYER JOSEPH A. CONNOLLEY
ADDRESS 1535 MONTEVIDEO RD. TAKESUP MD 20794 PHONE 799-5985 489-7624
202-288-6395
8 on highway

PROPERTY LOCATION:

SUBDIVISION LISBON ESTATES - PROPOSED LOT NO. 8 - Reports

ROAD AND DESCRIPTION RT 144 ^{West} TO RT 94 - SOUTH TO SITE ON left
approx 1 mile - (1430 Brittle Branch Way)

TAX MAP 17 PARCEL # 134

SIZE OF LOT MINIMUM 3 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.

Joseph Connolley
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (CIRCLED) 2-24-88 pending subdivision plat approval and perc hole locations, SHALLOW SYSTEM ONLY. Move system uphill 10-20 ft away from hole 3. JEN

BLDG. PERMIT SIGNED AND RETURNED 4/5/88

THIS IS NOT A PERMIT

Serial # 93104-SFD
4 Bedover

HD-216

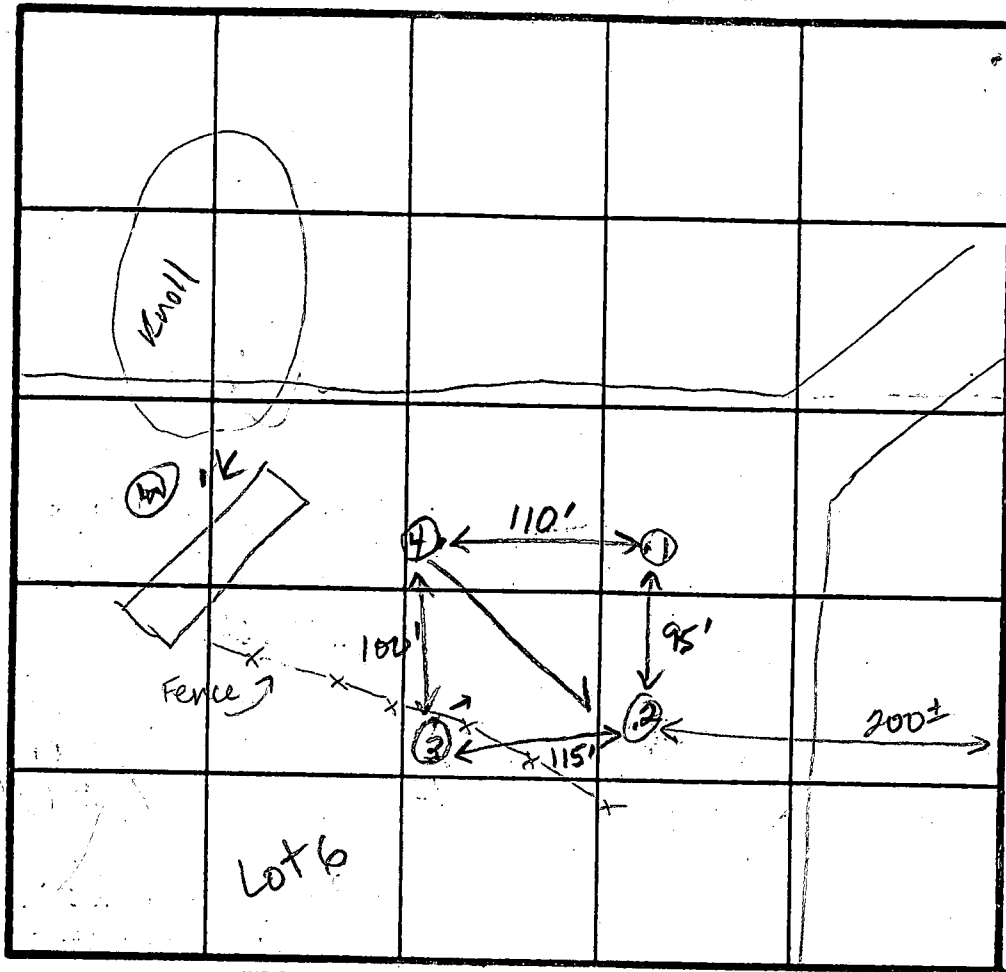
High 4
3
2
1
Low

SOIL PROFILE

0-4.0 Rd s/c l m, little broken rock frags < 30%

4.0-13.0 Rd sa s/l loam, some broken rock frags < 40%, bedding apparent below 6 ft.

13.0 Bottom



③

0-2.0 Rd-br s/c l m

2-10.5 Rd-br sa s/l m, some broken rock < 50% Bedding apparent below 5 ft

10.5 Bottom

septic area unmarked Lot 7

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②

0-4.0 Br s/c l m

4.5-13.0 Br sa s/l m little decomposed rock < 30%, bedding apparent below 8 ft

13.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-24-88	1	4.0 S	12:33	12:38	12:38	12:43	5
		13.0 D	Bottom (see profile)				
	2	3.0 S	12:33	12:43	1/2 inch	slow	
		4.0 M	12:55	12:57	10:57	1:02	5
		13.0 D	Bottom (see profile)				
	3	10.5 ✓	(see profile - rocky below 5 ft)				ok
	4	4.5 S	12:45	12:51	12:51	1:00	9
		6.5 M	12:40	12:50	12:50	12:53	3
		12.0 D	Bottom (see profile)				

④

0-4 Rd-br s/c l loam

4-12.0 Rd sa s/l m, some broken rx frags, < 40% Bedding apparent below 6 ft

12.0 Bottom

REMARKS SHALLOW SYSTEM ONLY 2'-4' inlet.

TYPE OF SOIL 0-4 Rd-br s/c l m, 4-13 Rd sa s/l m, broken rx < 40%

TESTED BY JE Nadeau, B. Ehlers ALSO PRESENT Slippy, Rocky

6' min shallow system 2' x 3'

2.5 I

B 1 **2256** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3/6 ON ALL CARDS)

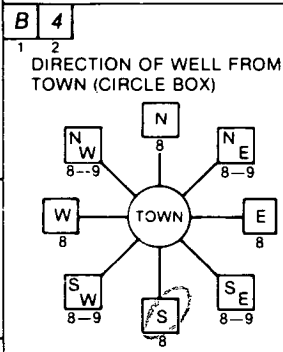
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-88-0901
 fill in this form completely

Date Received (APA) **052389**
 OWNER INFORMATION
 Last Name **FFELL** Owner First Name **FRANCIS**
 Street or RFD **PO BOX 659**
 Town **DAVIDSVILLE** State **MD** Zip **21277**

LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **LISKON ESTATES**
 SECTION **8** LOT **8**
 NEAREST TOWN **LISKON**
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** License No. **238**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature **Joseph L. Mayne** Date **5/22/89**



NEAR WHAT ROAD **Brittle Branch Way**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **65** FT or MI **67**

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
 COUNTY NAME **HOWARD** COUNTY NO. **A 41012**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **071789** CO SIGNATURE **Chris Williams** EXP. DATE **7/17/90**
 NORTH GRID **543000** EAST GRID **0772000** EXTENDED **6/14/90**

APPROXIMATE DEPTH OF WELL **240** FEET

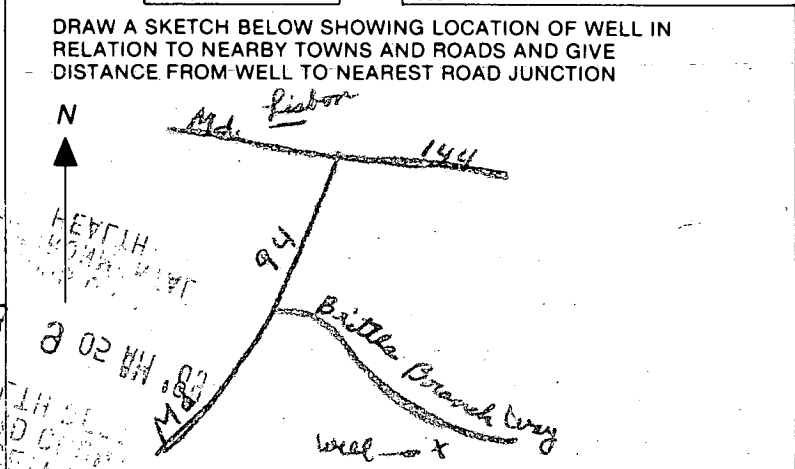
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary Drive-POINT
 other _____

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

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

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 _____
 FORCE **CW** INITIALS PERMIT NO. **HC-88-0901**

SPECIAL CONDITIONS

C1 **1029** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-41012**

ST/GO USE ONLY
DATE Received
052389

DATE WELL COMPLETED
062890

Depth of Well
22 165
(TO NEAREST FOOT)

*review ok
8/2/92 cw*

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-23-0901

OWNER **FRALL Developers**
STREET OR RFD last name **BRIAR BRANCH way** first name TOWN **Lisbon**
SUBDIVISION **Lisbon Estates** SECTION LOT **8**

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	
Brown SLATE	2	50	✓
Brown SLATE	50	55	
Blue SLATE	55	75	
Brown SLATE	75	80	✓
Blue SLATE	80	165	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **10** NO. OF POUNDS **1000**
GALLONS OF WATER **60**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **45** ft.

CASING RECORD
casing types insert appropriate code below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **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

C2
DEPTH (nearest ft.)
EACH SCREEN
HO **58** **165**

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. **223**
Frank Payne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

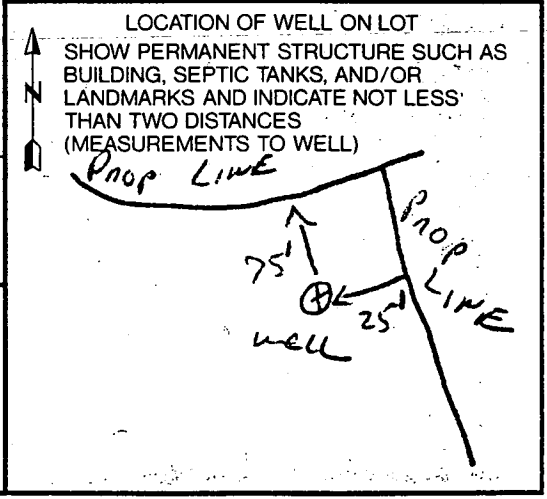
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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
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 **44**
WHEN PUMPING **48**
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) **31** **35**
PUMP HORSE POWER **37** **41**
PUMP COLUMN LENGTH (nearest ft.) **43** **47**
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **4** (nearest foot)



DRILLER **County**

6/29/92 12:00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Final
6/29/92
C.B.D.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

WELL LINE

New Installation
Replacement

Receipt # 48231
Date 6/15/92

Name of Installer J. JOSEPH GARTLAND, INC.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner BARNARD BROS. CONST. INC. Telephone 489-7621

Subdivision Lisbon Estates Lot # 8 Well Tag # HO-88-0901

Site Address 1630 Brittle Branch Way

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goulds
- Model # 10ETS05422
- Capacity 10 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
- Voltage
 - 110
 - 220

Pitless Adapter

- Make Howard
- Model # PT800
- Depth 42"

Tank

- Capacity 42
- Pressure relief valve? 75psi

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- 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: [Signature]

Date: 6/11/92

05 JUN 15 01:30

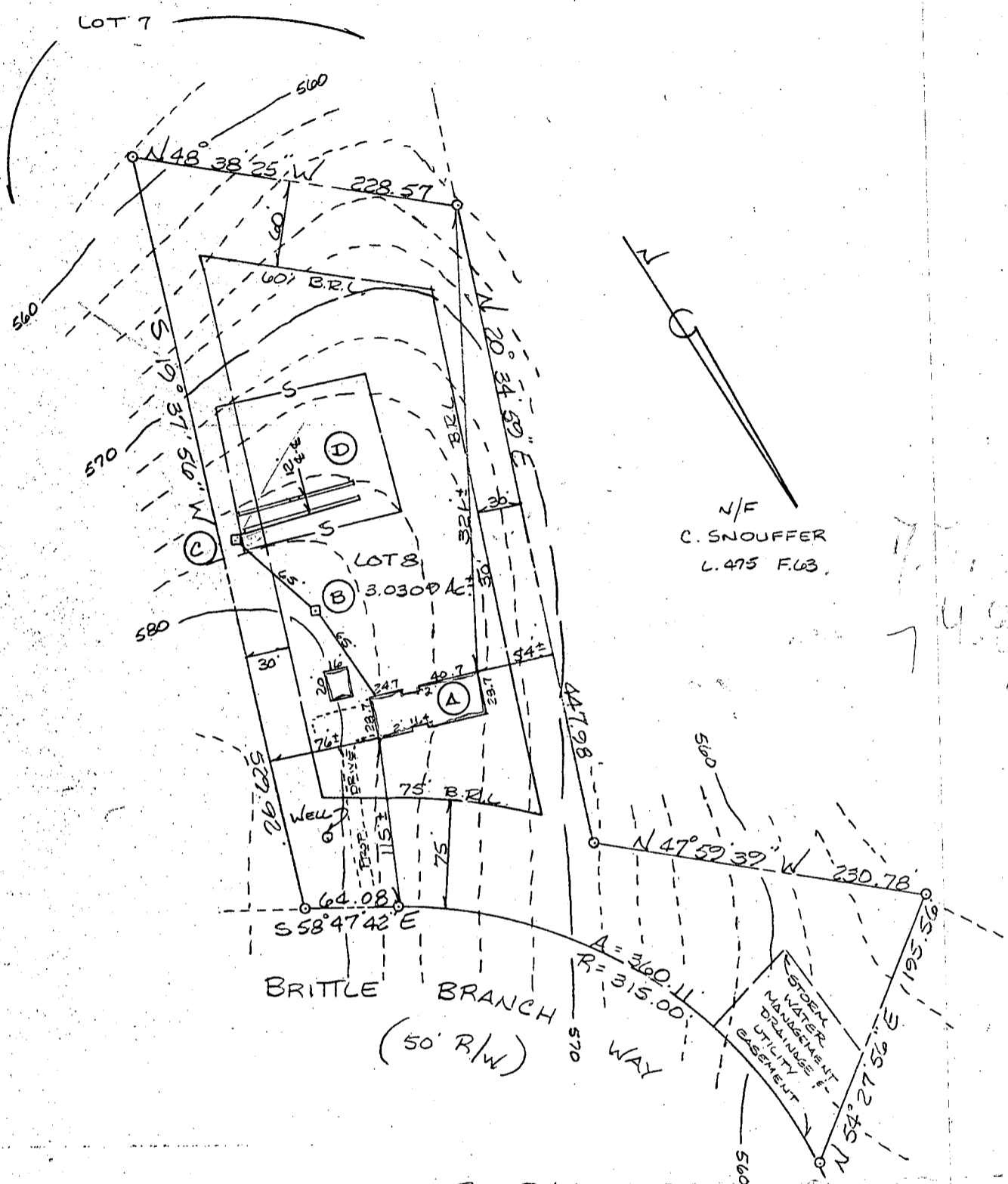
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

(A) PROP. 4 BED. HOUSE
 F.F. ELEV. = 581.0
 BSMT. ELEV. = 572.0
 INV. ELEV. = 576.8

(B) PROP. SEPTIC TANK
 EX. ELEV. = 579.5
 INV. IN = 576.1
 INV. OUT = 575.8

(C) PROP. DIST. BOX
 EX. ELEV. = 577.3
 INV. ELEV. = 575.1

(D) PROP. TRENCHES
 INV. ELEV. = 574.8
 1.5' STONE, 4' BOT. MAX.
 LENGTH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT
 ISSUANCE.



PLOT PLAN
 LOT 8
 LISBON ESTATES
 SITUATED ON BRITTLE BRANCH WAY
 ELECTION DISTRICT No 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' MAY 1992

RH/CW
 6/4/91
 PLANS O/K
~~Report~~
 Well Completion
 Report
 BP 43104



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT - 9449	91-28

LIBERTY SURVEY, INC.
 4140 RIDGE ROAD
 TAYLORSVILLE, MARYLAND
 410-875-0722 21157