

4/26/92 1 PM

PERMIT 04-349652

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48288

A 41139

DISTRICT 4th

DATE 4/24/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEX - TIME EXPIRED
FOR F.C.O.P. COMPLIANCE
5/6/93 C. Williams / C.B.S.
INDEXED

DATE SYSTEM APPROVED 6/26/92

INSPECTOR M. Pitkin

Wayde Souder/Wesmar Corporation IS PERMITTED TO INSTALL ALTER

ADDRESS 13990 Triadelphia Mill Road, Dayton, MD 21036 PHONE 531-2166

SUBDIVISION Wellington, Sec 1, Area 11 LOT 39 ROAD 2864 Hunt Valley Drive

PROPERTY OWNER Edwin R & Barbara P. Golden

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 85 feet from the front lot line and 110 feet from the left side of the lot as seen when facing the lot from Hunt Valley Drive. Run the trenches toward both the front and back of lot along contour lines.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 6/10/92 R/B BP42621*

PLANS APPROVED BY Raymond Hodges DATE 1/26/90

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

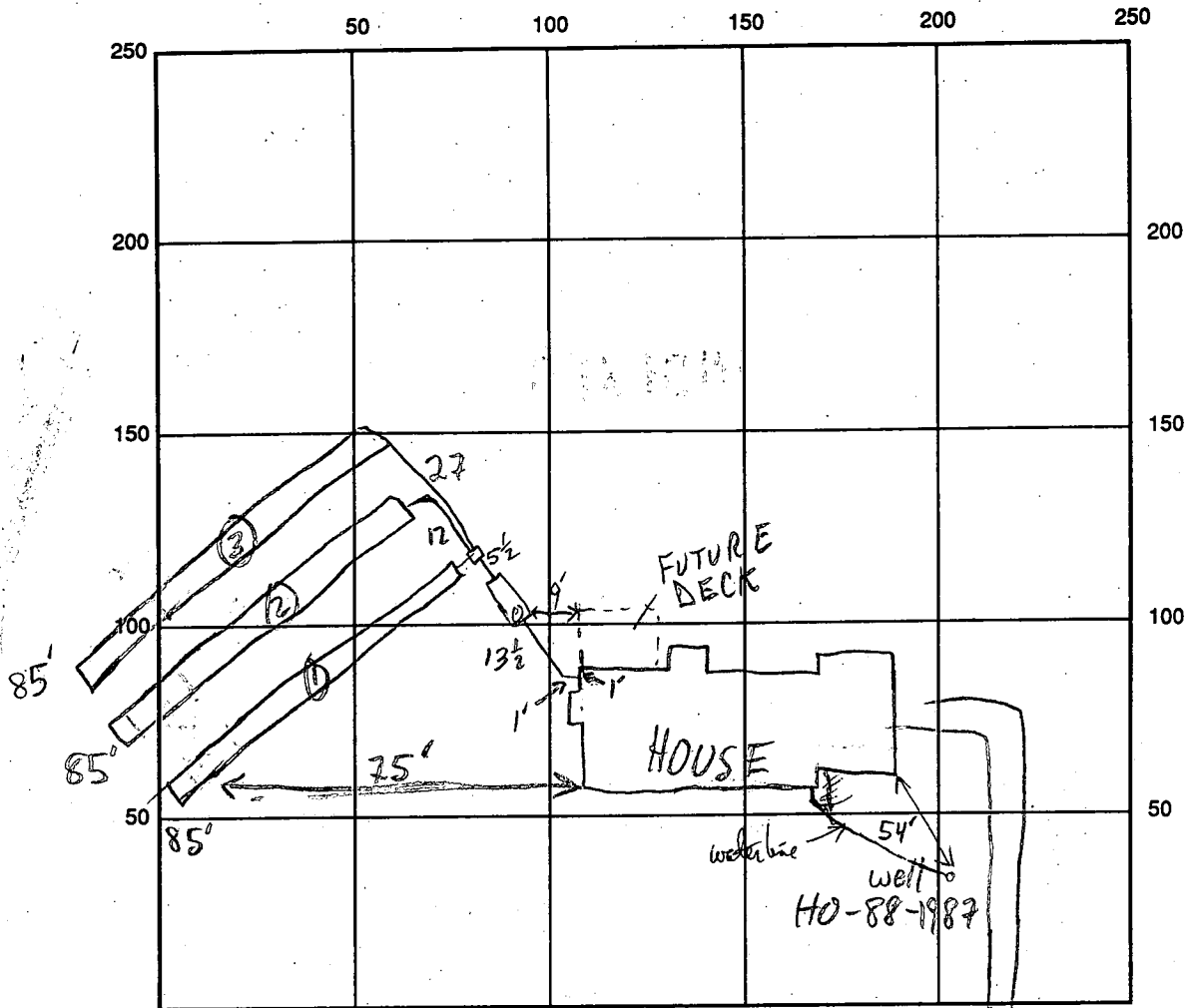
PERMIT VOID AFTER TWO YEARS

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 41139



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK-BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1\ 2\ 3}{5.5\ 5.5\ 5.5}$ FT. TRENCH WIDTH 3 FT. INLET DEPTH $\frac{1\ 2\ 3}{3.5\ 3.5\ 3.5}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1\ 2\ 3}{2\ 2\ 2}$ FT. TOTAL LENGTH 3@85' FT.

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

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 765 SQ. FT.

REMARKS: 6/26/92 OK TO COVER ALL MR

DATE SYSTEM APPROVED 6/26/92 INSPECTOR M. Rifkin

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 41139

P _____

DISTRICT 4TH

DATE ~~December 18, 1987~~
FEB 26 1988

*4/8/88
perc OK pending
approved plan
①*

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 G. Oliver Goldsmith, et ux Edwin R. + Barbara P. Golden
ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 466-5641 / 301-442-2121

PROPERTY LOCATION: Lot 39 Preliminary
SUBDIVISION Longwood Farm LOT NO. 46

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and Union Chapel Road (2804 Hunt Valley Drive)

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential
(NUMBER OF BEDROOMS) *
* Undetermined at this time

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 MOSMA REQUIREMENTS IN TESTING THIS LOT. Senior Development Corporation
By: At & Bond VP.
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Trench DATE 1/26/90

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING: for hold located holes & S/D plan

1/26/90 Special Master R/V BLDG. PERMIT SIGNED AND RETURNED 3/24/92

Serial # 42621-SFD
4 Bedrooms

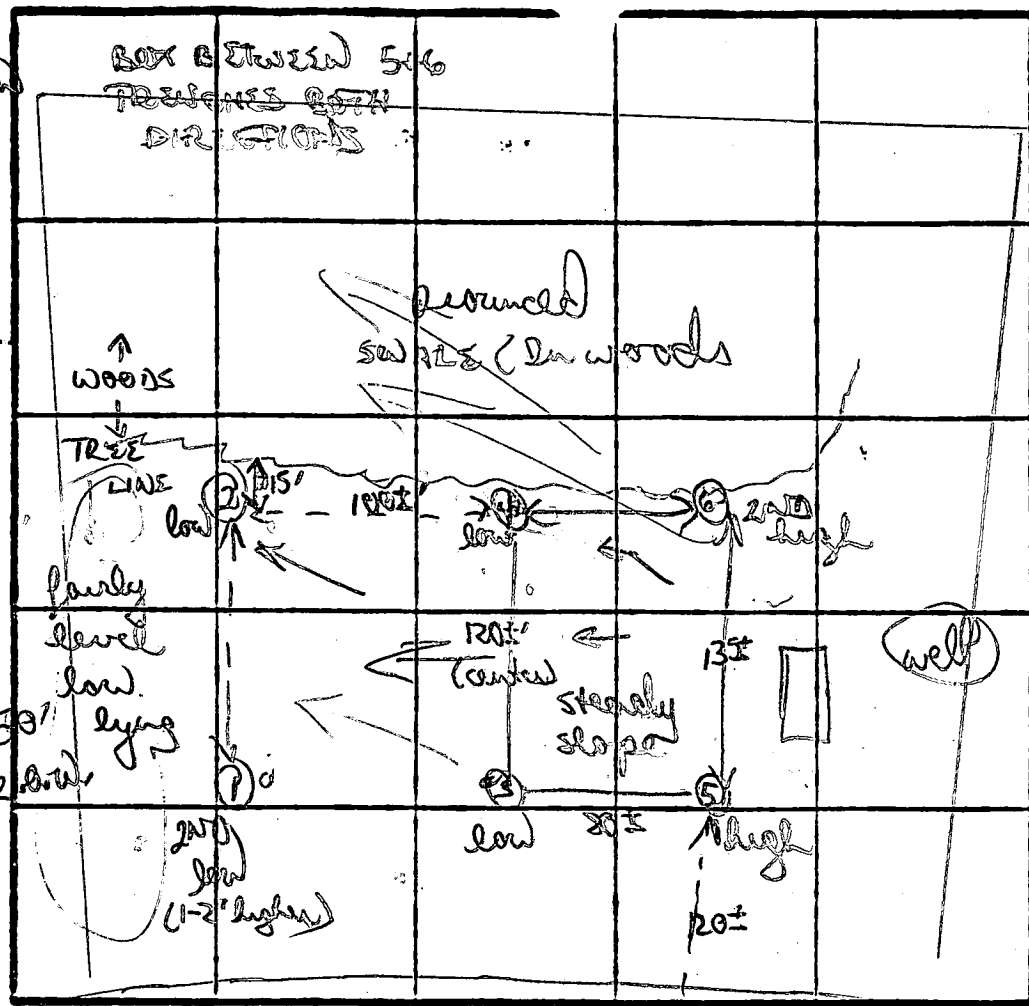
THIS IS NOT A PERMIT

INLET 3 1/2
 MAX D 5 1/2 x 6 MIN
 180 x 130
 X=6

SOIL PROFILE

yellow/brown clay 3 1/2-4'
 to yellow orange clay gritty silty mix 9'-10'
 orange w/ patchy grey (rotten) rocks 10-15% 150 10+ D
 yellow/orange clay low 3 1/2
 silty clay mix 6'
 mostly orange low
 deep/seeping 8' w/ H2O 9 1/2' D

orange/brown patchy clay clay low 3 1/2-4'
 to mostly orange silty low
 mixed lac frags 10' (reworked)



③
 Similar soils to #4 w/ med layered frags 7' refusal 9+
 516
 bright orange clay clay gravelly low 3 1/2-4'
 to mostly gritty silty low w/ 10-15% small frags 7 1/2'

INDICATE NORTH. BASELINE JOINING ROADWAY DRIVE

DATE	TEST NO.	DEPTH	PRE WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/8/88	①	4' S	212	215	215	218	3 MIN	
		150 10+ D (see profile)						
	③	4' S	215	221	221	228	7 MIN	
		9' D	bottom (see profile)					
	④	3' S	216	219	219	226	7 MIN	
		10' D	bottom (see profile)					
	②	150 9 1/2' deep	(seeping 8' w/ H2O) (EXCLUDE)					
	⑤	3 1/2' S	230	234	234	244	10 MIN	
		7' D	227	230	230	233	3 MIN	
		11' D	bottom (see profile)					
	⑥	visual only	'good' soils			4' b		

REMARKS: moved uphill due to H2O in lower holes uncertain of distance to property lines; well site here uncertain.

TYPE OF SOIL: orange yellow clays 4+'; gritty silty loams w/ rock frags

TESTED BY: B. N. W. / Chip Kern

ALSO PRESENT: Chip Kern

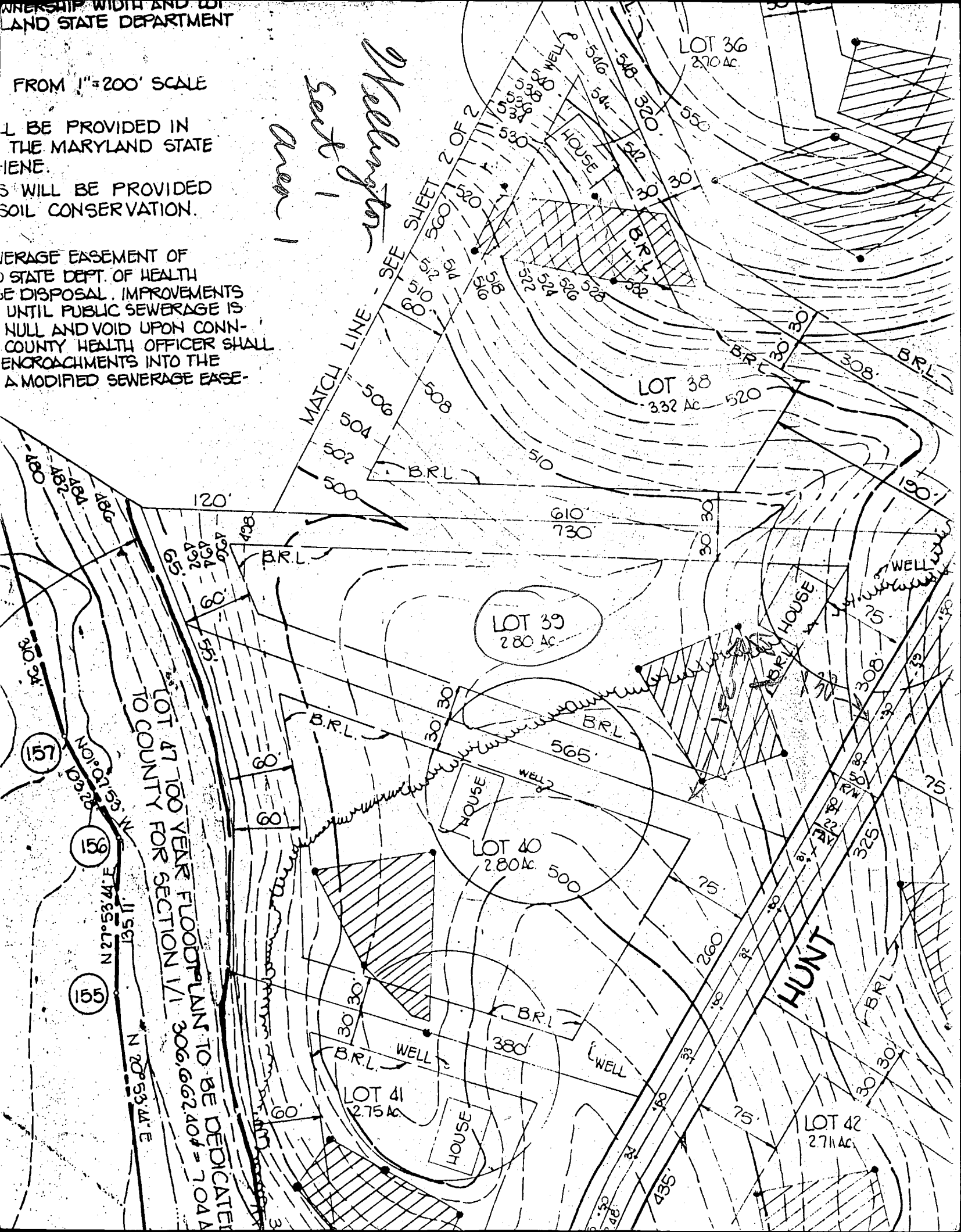
FROM 1"=200' SCALE

ALL BE PROVIDED IN THE MARYLAND STATE ENGINEERING ACT OF 1908.

PLANS WILL BE PROVIDED FOR THE PROTECTION OF SOIL CONSERVATION.

PERMANENT EASEMENT OF THE MARYLAND STATE DEPT. OF HEALTH FOR THE DISPOSAL OF SEWAGE UNTIL PUBLIC SEWERAGE IS AVAILABLE. NULL AND VOID UPON CONNECTION TO COUNTY HEALTH OFFICER SHALL BE ENCROACHMENTS INTO THE EASEMENT AREA. A MODIFIED SEWERAGE EASEMENT.

Wellington Ave 1



MATCH LINE - SEE SHEET 560 2 OF 2

LOT 47 100 YEAR FLOODPLAIN TO BE DEDICATED TO COUNTY FOR SECTION 1/1 306.662.40' = 7.04 A

HUNT

LOT 39
280 Ac

LOT 40
280 Ac

LOT 41
2.75 Ac

LOT 42
2.71 Ac

LOT 36
270 Ac

LOT 38
332 Ac

157

156

155

N 101° 07' 53" W 135.11'

N 27° 53' 44" E 135.11'

N 20° 53' 44" E

SEE SHEET 560 2 OF 2

MATCH LINE

530

522

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526

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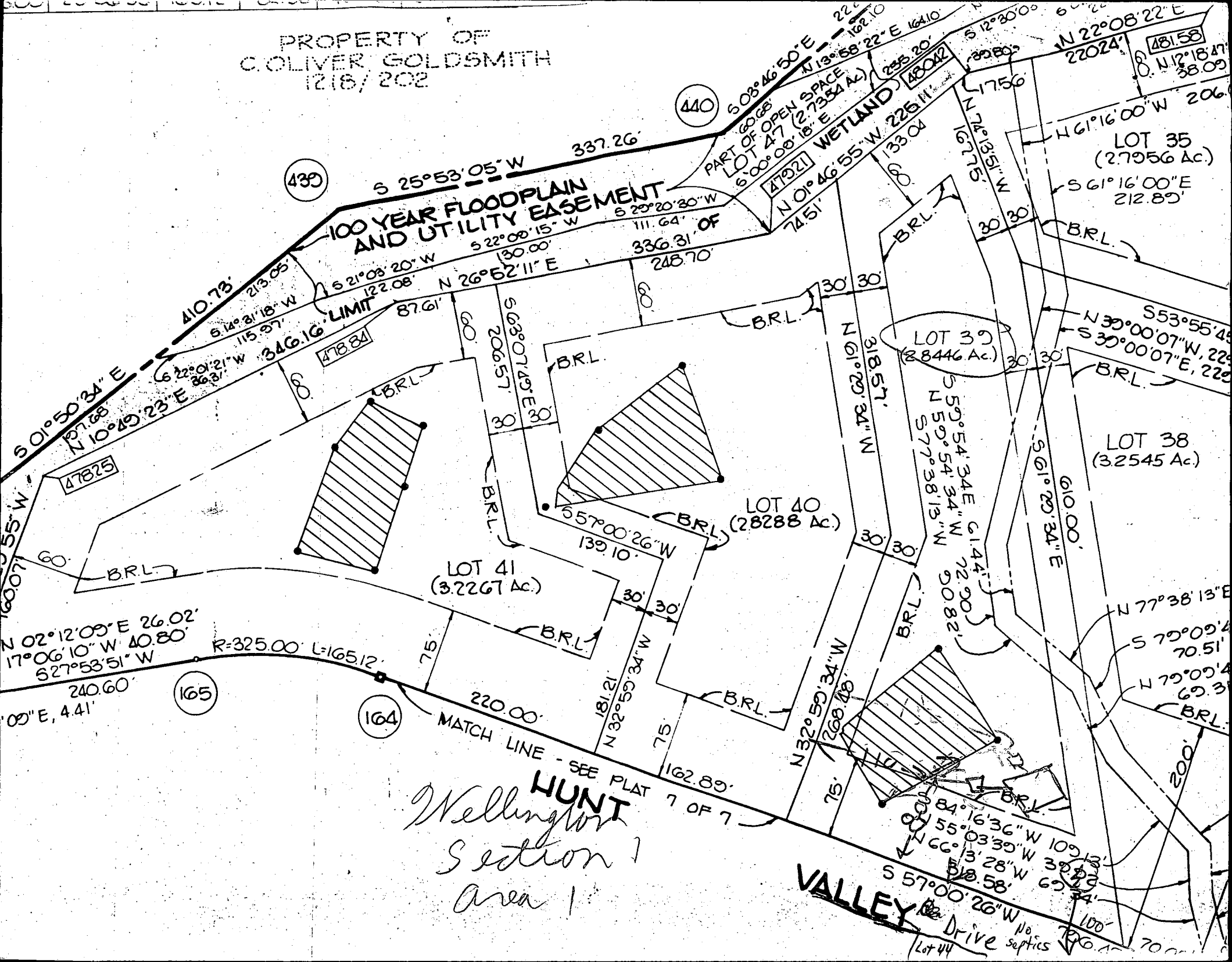
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PROPERTY OF
C. OLIVER GOLDSMITH
1218/202



439

440

47825

47884

47825

LOT 39
(2.8446 Ac.)

LOT 40
(2.8288 Ac.)

LOT 41
(3.2267 Ac.)

LOT 38
(3.2545 Ac.)

165

164

HUNT
Wellington
Section 1
Area 1

VALLEY
Drive

Lot 44

100 YEAR FLOODPLAIN
AND UTILITY EASEMENT

PART OF OPEN SPACE
LOT 47 (2.7354 Ac.)

VALLEY Drive

Lot 44

B 1 **5553** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

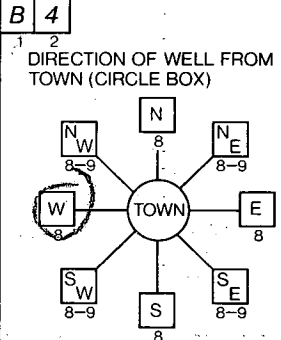
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
HD-88-1987
 fill in this form completely

Date Received (APA) **10/1/91**
 OWNER INFORMATION
CLARK ASSOCIATES
 Last Name Owner First Name
ROBOX 1710
 Street or RFD
ELLICOTT CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
WELLINGTON SUBDIVISION
 SECTION **39** LOT **39**
GLENNWOOD NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **5** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **238**
Joseph L. Mayne Well Drilling
 Firm Name
5512 RIDGE RD. MT. AIRY MD 21771
 Address
Joseph Mayne **10/8/91**
 Signature Date



Hunt Valley Dr. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **65** FT
 ENTER FT OR MI **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 NAME
A41139 COUNTY NO.
 STATE SIGNATURE **Mark E. Kellin** DATE ISSUED **10/1/91**
 NORTH GRID **530000** EAST GRID **079000**
 EXP. DATE **4/29/92** EXTENDED **4/29/92**

APPROXIMATE DEPTH OF WELL **200** FEET

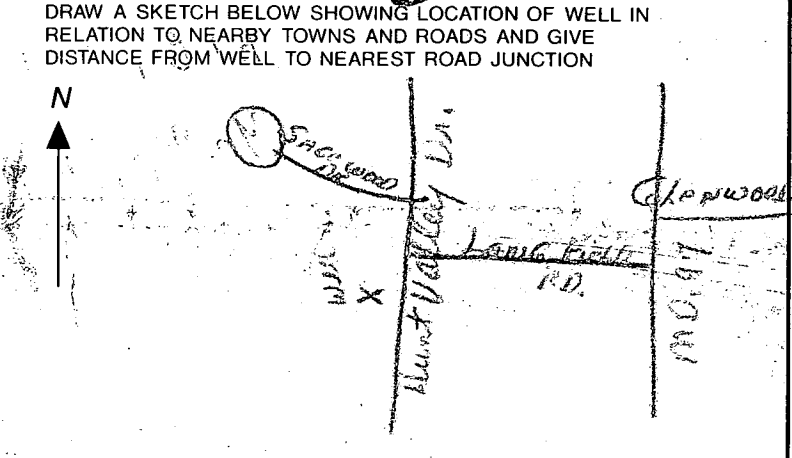
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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

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 **790**
 N **530**

4-30-92 9:30 am
Location
Grant & Hwy **4-30-92**

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)
 APPROX. PERMIT NUMBER **G A P**
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-88-1987**

SPECIAL CONDITIONS

C1 4650

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 A41139

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 043072

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-1987

OWNER Clark Associates last name first name TOWN Glenwood STREET OR RFD HUNT Valley Dr SUBDIVISION WELLINGTON SECTION LOT 39

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND Stone, GRAY MICA ROCK.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 8, NO. OF POUNDS 752.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter 6, Total depth 37.

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

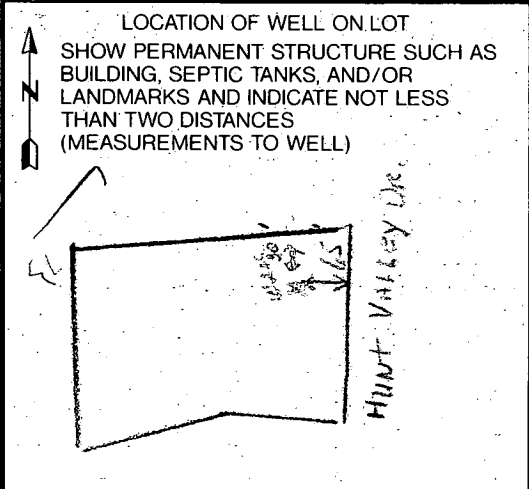
SCREEN RECORD: screen type or open hole (HO), DEPTH (nearest ft.) 35, 185.

SLOT SIZE, 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 (74, 75, 76), TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 21, WHEN PUMPING 41, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (2) LAND SURFACE.



- 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. 238, DRILLERS SIGNATURE (Must match signature on application), SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee).

7/3/92

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 X Receipt # "Fee IN THE MAIL"
 Replacement _____ Date _____

Name of Installer CAMPOL WATER SYSTEMS - RON SMITH Telephone _____

License Number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner _____ Telephone _____
 Subdivision WELLINGTON Lot # 39 Well Tag # HO-88-1987
 Site Address 2864 HUNTVALLEY DR

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 _____ 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 OK @ 4ft
and water line RPP 7/2/92*

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.