

03-306313

(A27839)

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 41549

A REPAIR

DISTRICT _____

DATE 4/21/88

DATE SYSTEM APPROVED 5/3/88

INSPECTOR R. A. [Signature]

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL _____ ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Buttercup Estates ROAD 12795 Buttercup Court LOT 3

PROPERTY OWNER Michael Deitz

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 5

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

TRENCH OFF OLD DRYWELL INLET 5FT
DEPTH 10FT FT 5FT STONE 2 FT WIDE
125FT LONG, ONE 25FT TRENCH & ONE 100FT
LONG TRENCH

PLANS APPROVED BY C. Williams DATE 4/18/88

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 TRENCH(IES) 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 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.

BUDG. PERMIT SIGNED

AND RETURNED 7/11/88

Serial # 19594 - Prod.

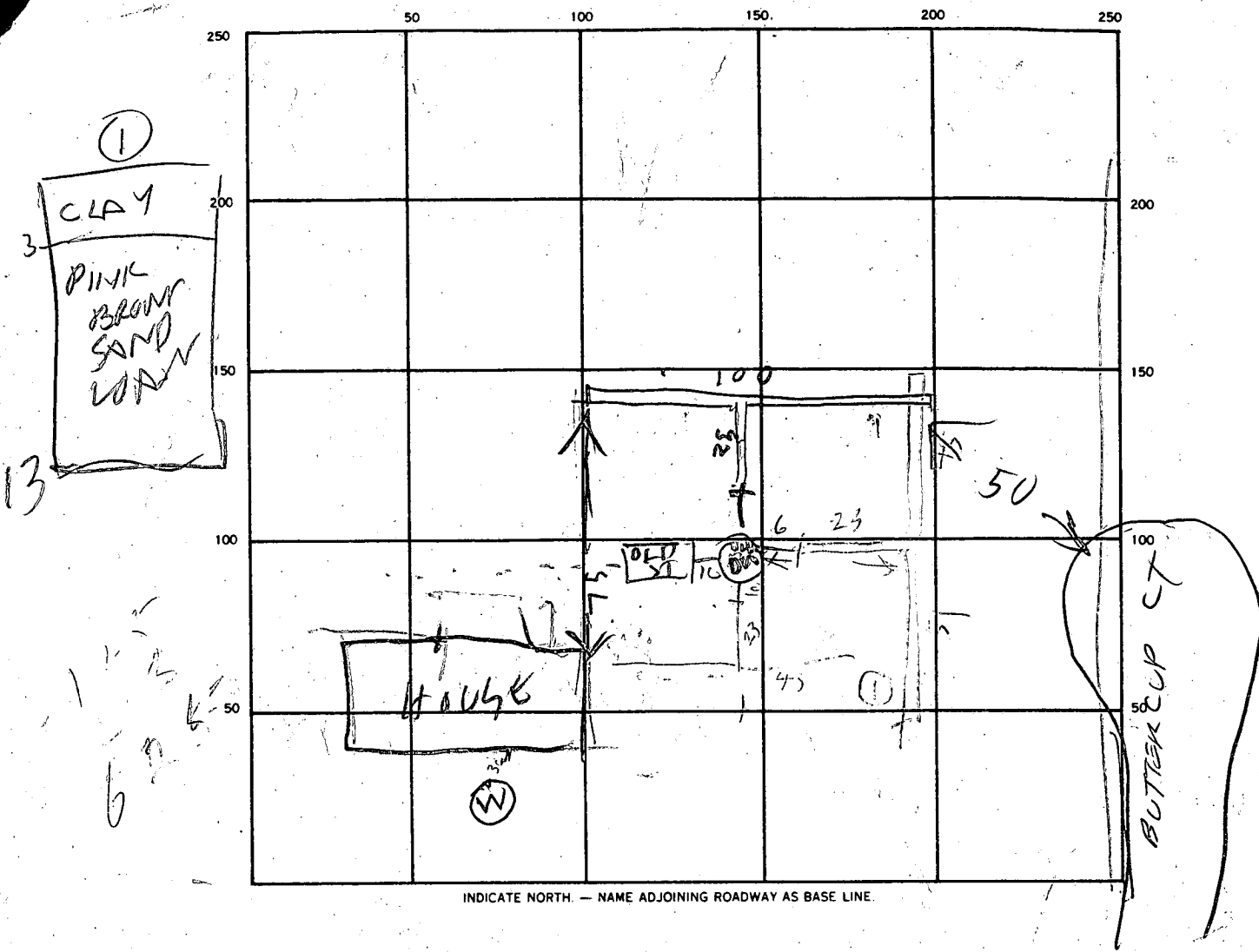
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 41549

Handwritten notes:
5/11/88
1:00 PM
6-1-88
12 NOON



23
45
51
119

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH 19 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 125 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 675 SQ. FT.

1720
6
600

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/11/88 - SOIL OK SEE OTHER SIDE FOR SPECS RH
6/1/88 - NOW - TRENCH OK ADD STONE
6/1/88 PM - STONE ADDED RH

DATE SYSTEM APPROVED 6/1/88 INSPECTOR Raymond Judge

12/11/79 cap. JH

30247

P ~~27839~~

A 27839

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd.

INDEXED

DATE 10/1/70

Lawrence P. Gibbs

IS PERMITTED TO INSTALL ALTER

ADDRESS 808 Muller Rd., Westminster, Md.

PHONE 876-2195

SUBDIVISION Buttercup Estates

ROAD 12795 Buttercup Court LOT 3

PROPERTY OWNER Michael Shaw

ADDRESS 5710 Oak View Drive, Eldersburg, Md. 21784

PHONE: 781-7280

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DRY WELL

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. 12 per bedroom

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 100 FT. FROM front LOT LINE AND 56 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM Buttercup Court

NOTE: LEAVE 5 FEET EARTH BUFFER BETWEEN DRY WELL AND TRENCH. OAKY TO USE TRENCH OFF DRY WELL TO MAKE UP ABSORBENT SIDEWALL AREA IN SYSTEM. TRENCH TO FOLLOW CONTOUR OF THE LAND.

PLANS APPROVED BY Raymond Hodges

DATE 10/20/78

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

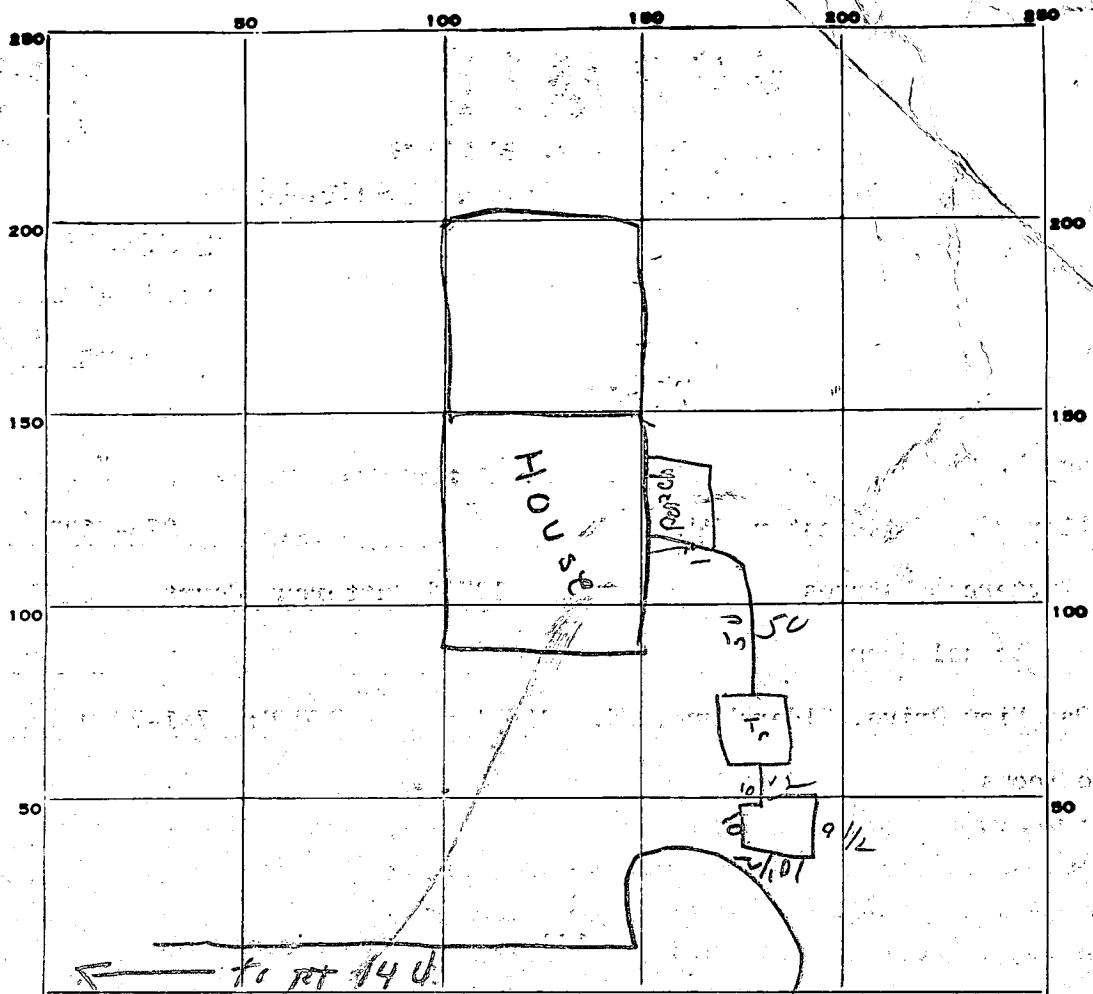
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

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

A 27839



PERMIT CARD NIP

SEPTIC TANK, LEVEL 0 1/2 CLEANOUTS STOK | need cleanout on Dry Well

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER: Perimeter 40 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 360 SQ. FT.

REMARKS 10-23-79, visit property, sewer leaving house under foundation contrary to submitted approved plan, would enter septic area 8±' below grade, informed Mr. Shaw would have to leave house at 1st floor level & pump lower level to upper gravity line, could re test, hit water. f.f.

11/5/79 - install cleanout on Dry Well -

call when pump installed & proper lines installed

12-11-79 pump & D.W. cleanout installed.

DATE SYSTEM APPROVED 12-11-79 INSPECTOR [Signature]

Prep.

APPLICATION

A 27839
P _____

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: 465-5000, EXT. 356

DISTRICT 3rd
DATE 4/17/78

*SEE SEPARATE SHEETS
FOR PERCS
ALSO SEE PLAN*

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 Chester Grimes

ADDRESS 12790 Frederick Road, West Friendship, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Buttercup Estates LOT NO. 332

ROAD AND DESCRIPTION Route 144

*New 3 2 holes
4 on pipe
R.H.*
BLDG. PERMIT SIGNED
AND RETURNED 4-16-78
Serial # 38419

SIZE OF LOT 3.3. acres m/1 TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Jack Boender

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

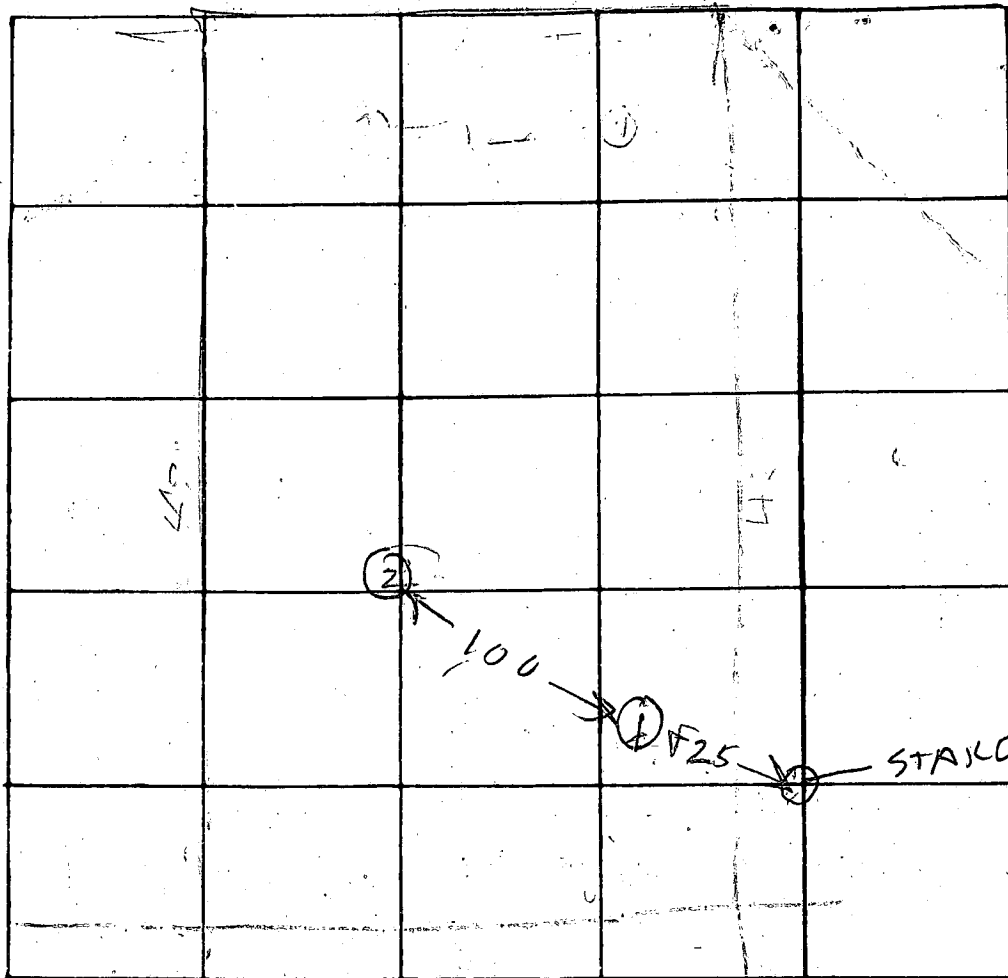
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING D. 4/25/78 - DIG MORE &

LOT LINES TO BE CHANGED (R.H.)

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

450

RT 1144

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME	
			START	STOP	START	STOP		
4/10/78	1V	8	ALL SANDY WATER 7 FT					
4/10/78	2V	12	TOP 4 FT CLAY BOT SANDY WATER 10 FT AT 8 FT					
PIPESTEM 4/10/78	3S	3 1/2	104	109	109	115	6	
PIPESTEM	3D	12	104	109	109	115	6	
PIPESTEM	4V	11 1/2	TOP 3 FT CLAY BOTTOM SANDY					

Holes on New lot 3

REMARKS: (3) (4) EXTRA HOLES DUG ON PIPESTEM LOT LINES TO BE CHANGED (3) (4) ARE 100 FT APART

TESTED BY: R. HODGES

ALSO PRESENT: J. FYOLK, D. RUSHT

B 1 **5783** SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 STANES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO 73-3144
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
3/29/79
1:30 P.M.

OWNER **SHAW MICHAEL**
 COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD **CARMAE ROAD**
 COL 36 COL. 55
POST OFFICE **SYKESVILLE MD 21784**
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
DATE **1/24/79** **LICENSE NUMBER** **209**
 COL 77 COL. 80
FIRST NAME **HOWARD** **DRILLER** **DILLON** **LAST NAME**
SIGNATURE *Howard Dillon*

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
COUNTY **HOWARD**
 (DO NOT ABBREVIATE COUNTY NAME) COL. 21
SUBDIVISION **RUTTER CUP ESTATES**
 COL 23 COL. 42
SECTION **3** **LOT** **3**
 COL 44 COL. 50
NEAREST TOWN **MAYFIELD**
 COL 52 COL. 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) **3** **MI**
 COL 73 COL. 76 77 78

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**
 COL 8 COL. 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **300**
 COL 14 COL. 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**
 1 2 3 (SEQ. NO.) 6
 NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST
 COL 8 COL. 9
NEAR WHAT ROAD **MD RT # 144**
 COL 11 COL. 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
 COL 32 COL. 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **150** **MI**
 COL 34 COL. 37 38 39

APPROXIMATE DEPTH OF WELL **250** FEET
 COL 24 COL. 28
APPROXIMATE DIAMETER OF WELL **1** (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

24' - CASING
2' - ABOVE GR.
21' - OPEN HOLE
15' - BARS CEMENT CRT # 40

3/29/79
MD RT # 144

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)
 COL 41 COL. 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER **54** **ENGINEER REVIEW DISTRICT NO.** **65**
FORCE **WRITE INITIALS IN BOX** **CONDITIONS** **A E N S G W Q C L U**
 COL 67 68 COL. 70 71 72 73 74 75 76 77 78 79

BOX NUMBER **810** **530**
NORTH COORDINATE **50 51 52 53 54 55**
EAST COORDINATE **08 09 00 01 02 03**
ELEVATION AT WELL HEAD (FEET) **65 66 67 68**
0/0 **5/0**

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX) **Howard** **MD00008**
 COL 41 COL. 48
DATE **012679**
 COL 43 COL. 48
APPROVED BY *Donald W. Monaghan*
Donald W. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

Shaw & Associates Inc.

Resid:

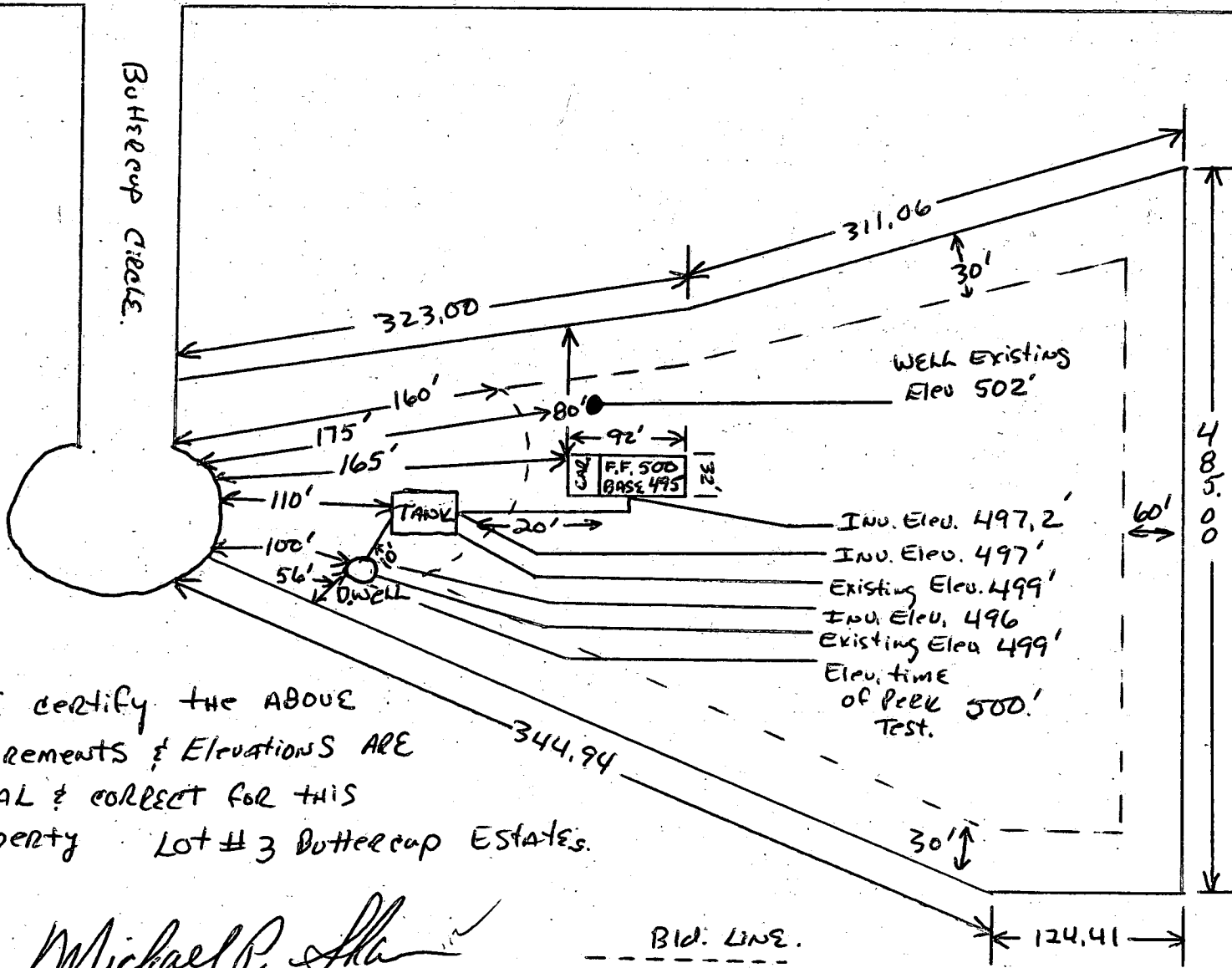
MR & MRS MICHAEL P. SHAW
5710 OAK VIEW DRIVE
EIDELSBURG, Md. 21784

7027 Carmac Road
Lykesville, Maryland 21784

Phone: 795-5197

Health Dept. for Septic.

Rt. 144



I certify the ABOVE
MEASUREMENTS & ELEVATIONS ARE
ACTUAL & CORRECT FOR THIS
PROPERTY Lot #3 Buttercup Estates.

Michael P. Shaw

BLD. LINE.
Sept. placed WARE
Required. By H. County
Health Dept.

copy - D.W.
4/16/79

W.

C 1 3370
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 3/29/79
 DATE WELL COMPLETED 15 16 17 18 19 20
 DEPTH OF WELL 125
 22 (TO NEAREST FOOT) 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-49-49149
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 209

OWNER SHAW LAST NAME Michael FIRST NAME
 STREET OR RFD Carmo Road POST OFFICE Sykesville, Md. 21784

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Mica Sand	0	24	
Mica Rock	24	125	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 15 NO. OF POUNDS 1125

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 21 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE S T 6 24

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 60 61 63 64 66 70

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

EACH CASING

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

EACH SCREEN

1 2 3 (SEQ. NO.) 6

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN 56 60 (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

70 T LOG CASING 72 LOG INDICATOR 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 25 (NEAREST FOOT) 17 20

WHEN PUMPING 100 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE (NEAREST FOOT) 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

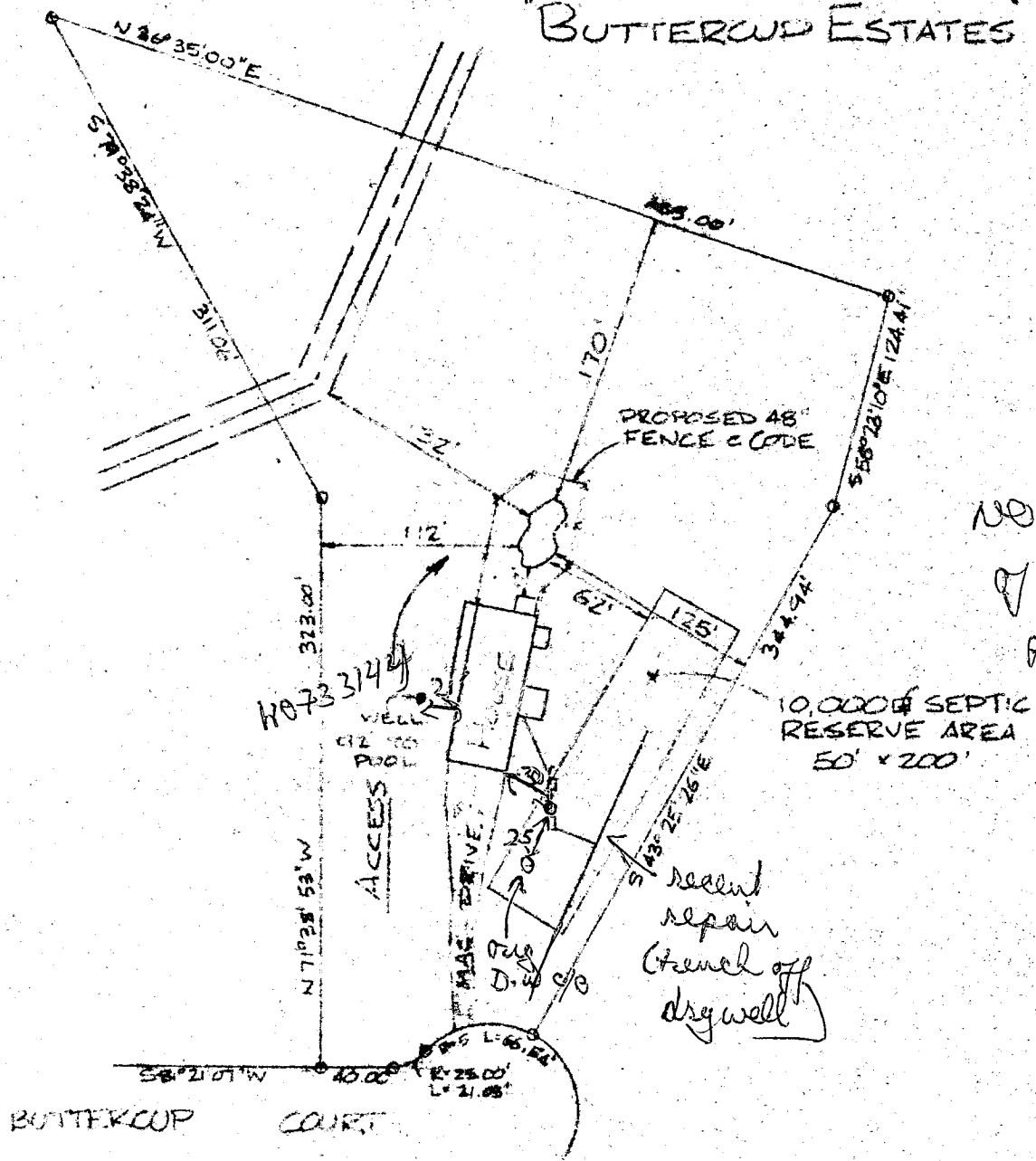
DRILLERS NAME

(PLEASE PRINT) Signature

SIGNATURE

SCALE 1"=100'

LOT 3
"BUTTERCUP ESTATES"



7/5/88
NO Impact
of proposed
pool on well & septic
OK'd
(Ba)