

Tax ID-05-411408

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48898

A 42235

DISTRICT 5th

DATE 2/04/93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 2/5/93

INSPECTOR [Signature]

C. S. Zabel, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 15039 Oak Orchard Road, New Windsor, MD 21776 PHONE 938-9275

SUBDIVISION Adams Reach, Section 1 LOT 8 ROAD 5609 Broadwater Lane

PROPERTY OWNER ~~Marsha L. Johnson~~ Jnderjit Sawhney

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 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting the first trench 130 feet from the front lot line and 150 feet from the left lot line as seen when facing the lot from Broadwater Lane. Run trenches on contour toward both side 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 14 OCT 92 RH

PLANS APPROVED BY Raymond Hodges DATE 8/12/92

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

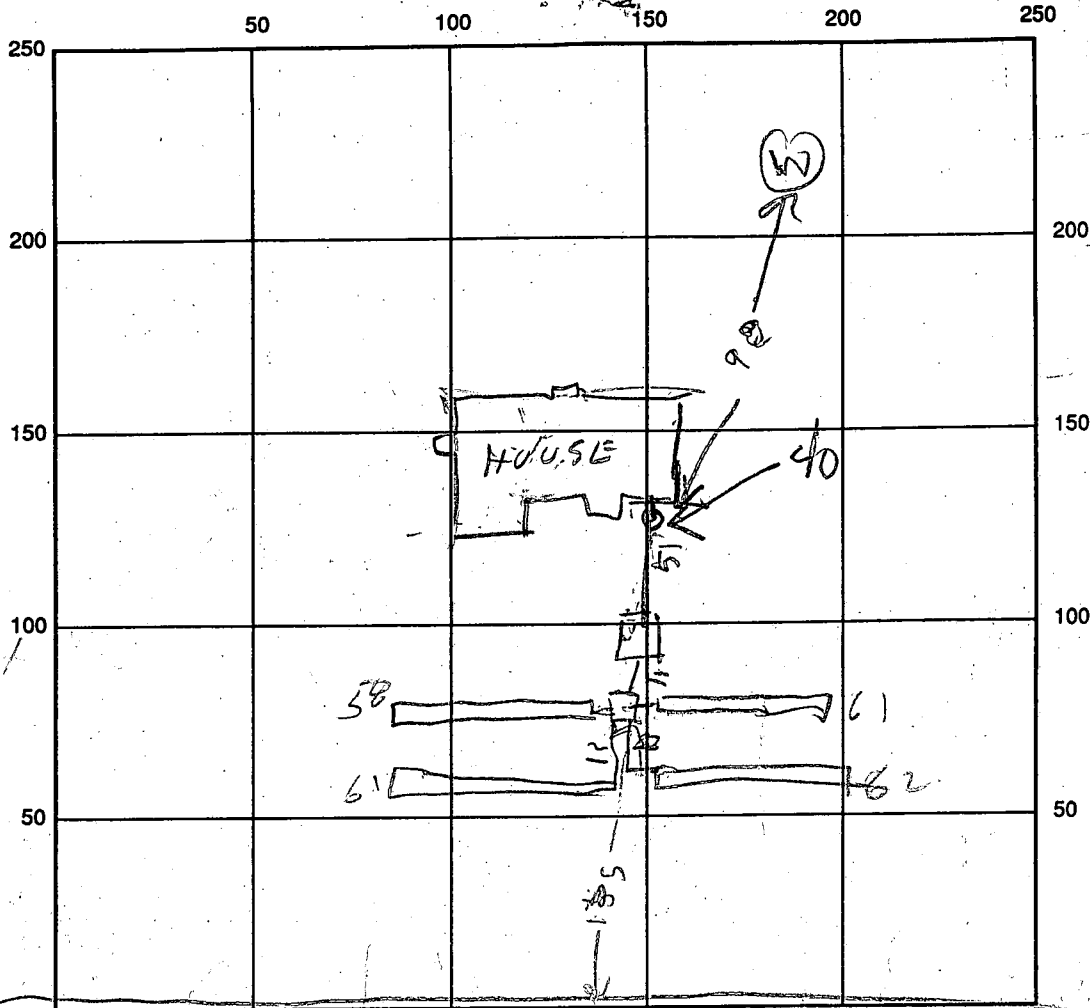
PERMIT VOID AFTER TWO YEARS

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 42235



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BROAD WATER LAND

24
3
723

SEPTIC TANK LEVEL OK 1850 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 247 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 723 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 2/4/93 AM TANK SET ONE TRENCH STARTED
2/14/93 - TRENCHES DUG SOME STONE'S ADDED
FINISH ADDING STONE & PUT CLEANOUT ON TANK R/H
2/5/93 - STONE ADDED PUT PAPER ON STONE &
FN STALL CLEANOUT ON TANK

DATE SYSTEM APPROVED 2/5/93 INSPECTOR Raymond Fodges

Discuss 2/6/93 chlorination + discussion + no show rd 1:40 (Recommend clean out call all cost water tank & fresh Dave all no ability) 1:40 to 1:55 (1:15 to 1:55) @ site Left cards + paper work of (garage door) leave 12:50 AM

APPLICATION

PERCOLATION TESTING

A 42235
P _____

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

DISTRICT 5TH
DATE MAY 1988

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 Macsha L. Johnson
~~BAC MP DEVELOPMENT LIMITED PARTNERSHIP~~

ADDRESS C/O M.P. ASSOCIATES
3901 NATIONAL DRIVE SUITE 100 PHONE 421-1700
BURTONSVILLE, MARYLAND 20866

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION ADAMS REACH Sec. 1 LOT NO. 22 Lot 8 Preliminary

ROAD AND DESCRIPTION LOCATED ON THE NORTH AND SOUTH SIDES OF
MD. ROUTE 32, WEST OF RTE 108, NORTH OF TEN OAKS ROAD
(5609 Broadwater Lane)

TAX MAP 28 PARCEL # 240
SIZE OF LOT ± 3.3 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 [Signature] FOR Standard bench DATE 6-9-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-13-88 Perc Satisfactory - hold for subcl. plat. subcl

BLDG. PERMIT SIGNED
AND RETURNED 9/14/92
Serial # 44089 - SFD

BLDG. PERMIT SIGNED
AND RETURNED 9/5/89
Serial # 28093
SFD - 4 Bedrooms

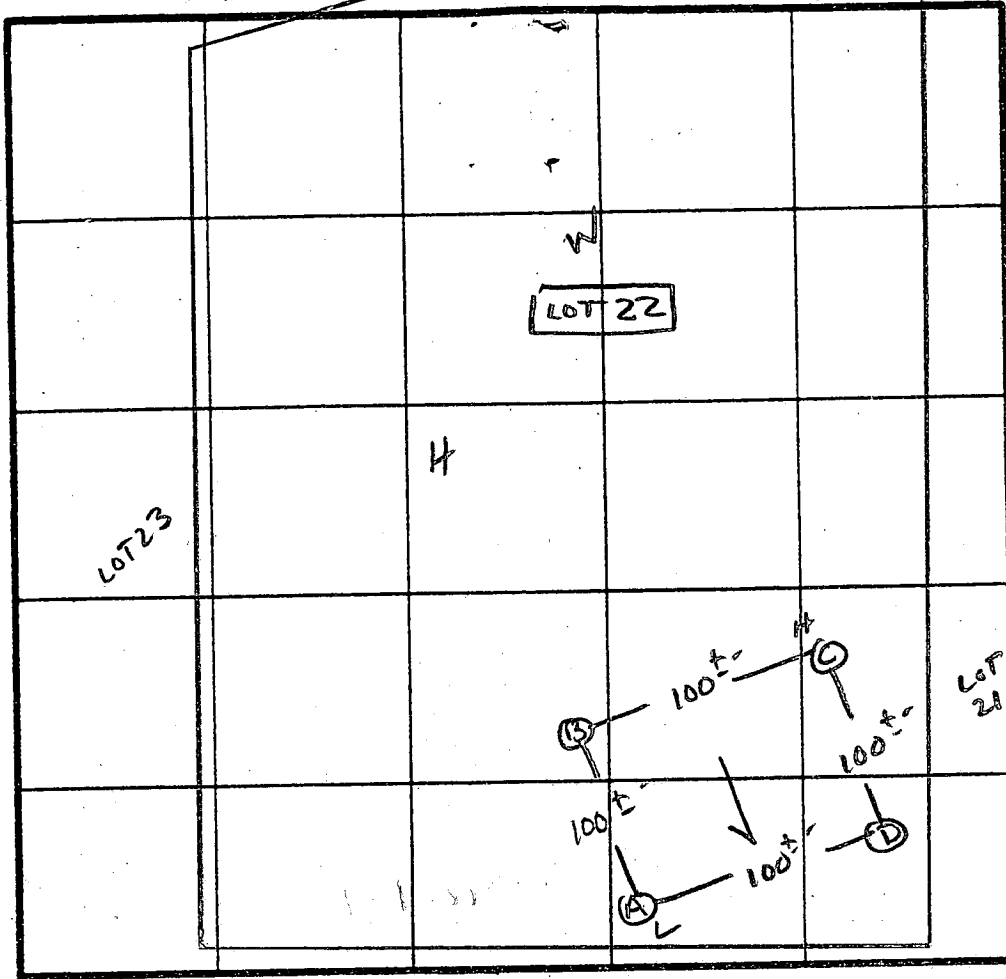
THIS IS NOT A PERMIT

A-42235

L.O.S.

④-①
SOIL PROFILE

0	AP
8"	Yellow Br Silt Clay Loam 10-15% FRAGS
3.5'	Red Brown Silt Loam Highly micaceous 15-25% FRAGS
4.5'	
12'	



\bar{x} Perc 6 min
180 ϕ 13A
INLET 3.5
BOTTOM 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Broadwater Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/13/88	A _S A _V	5.5' 12.5'	11:00 UNIFORM	11:00 SOIL below	11:10 3.5-4.0'	11:18	18 MIN
	B _V	12.0'	UNIFORM	SOIL below	4.0'		
	C _S C _M	3.5' 8.5'	11:18 11:15	11:19 11:16	11:19 11:16	11:21 11:18	2 MIN 2 MIN
	C _V	12.0'	UNIFORM	SOIL below	3.5'		
	D _S D _V	5' 12.0'	11:11 UNIFORM	11:12 SOIL below	11:12 3.5'	11:14	2 MIN

REMARKS: Holes APPROX. PERM - LANDSCAPE POSITION SUGGEST SHALLOW SPT

TYPE OF SOIL: Chester loam

TESTED BY: S. Auhl

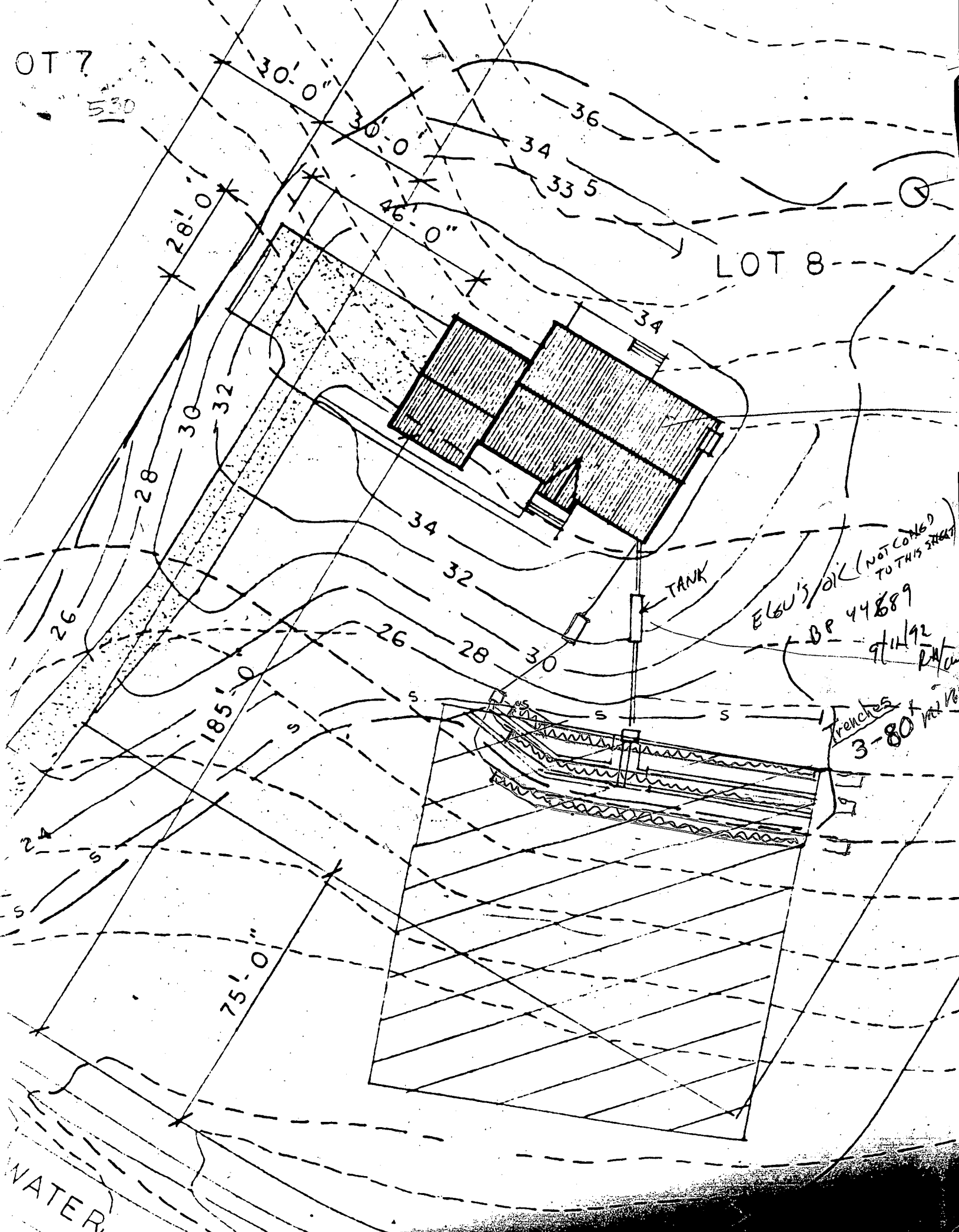
ALSO PRESENT: Frock & Co.

EH-12-1079

OT 7

530

LOT 8



ELBU'S OIL (NOT CONED TO THIS STREET)
 BR 44889
 9/11/92

TRENCHES
 3-80

WATER

B 1 **9162** 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
40-88-0724
 70 fill in this form completely 79

Date Received (APA) **05.18.89** OWNER INFORMATION
KOREN DEVELOPMENT
 15 Last Name Owner First Name 34
ONE CENTRE PARK DR
 36 Street or RFD 55
COLUMBIA **MD 21045**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **12-44290**
HOWARD 40.00
 8 COUNTY 518/89
ADAMS REACH
 23 SUBDIVISION 42
 SECTION 44 46 LOT **8**
 48 50
CLARKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday **40**
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday **5/4/89**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **300** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39

BROADWATER LN.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH

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)
 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 **A-42235**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **061289** **Schubert** **12-11-89**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **504000** EAST GRID **0810000**
 50 55 57 63

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

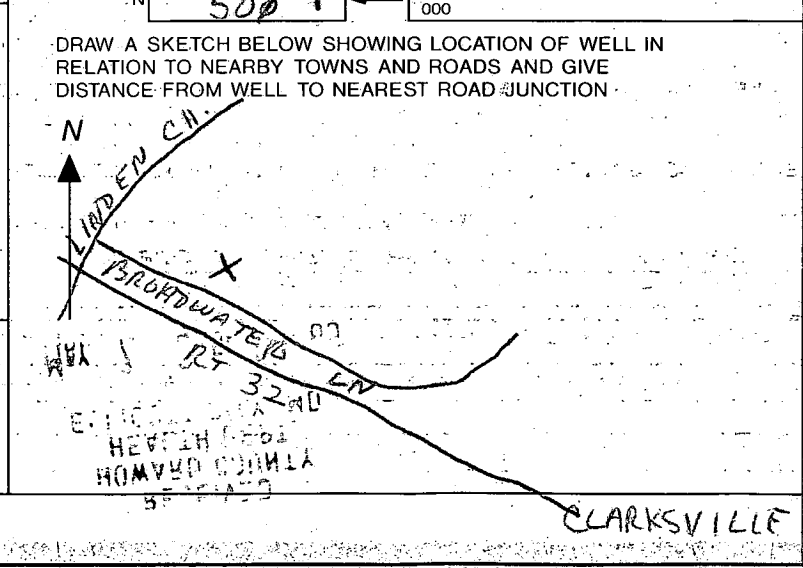
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 **8100**
 N **5004**
 000 000

7/21 **NO. 1250**
GROUT

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) **40-88-0724**



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 54 63
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-88-0724**
 67 68 70 71 72 73 74 75 76 77 78 79
 SPECIAL CONDITIONS

C1 **0048** 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 **A-72235**

ST/CO USE ONLY
 DATE Received

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 DATE WELL COMPLETED **072487**

Depth of Well **400**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H0-88-0724

OWNER: **KUMAR DEVELOPMENT**
 STREET OR RD. last name **BROADWAY LANE** first name **CLARKSMILE** TOWN
 SUBDIVISION **ALAN'S POOL** SECTION **1** LOT **8 (22)**

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	
Topsoil	0	2	
Clay + Shale	2	5	
Soft Brown Mica	5	62	
Brown Mica	62	68	
Grey Mica	68	75	
Brown Mica	75	85	✓
Grey Mica	85	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED. (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **2000**
 GALLONS OF WATER **100**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **60** 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) **6** Total depth of main casing (nearest foot) **17**
 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	H0	65	400
2			
3			

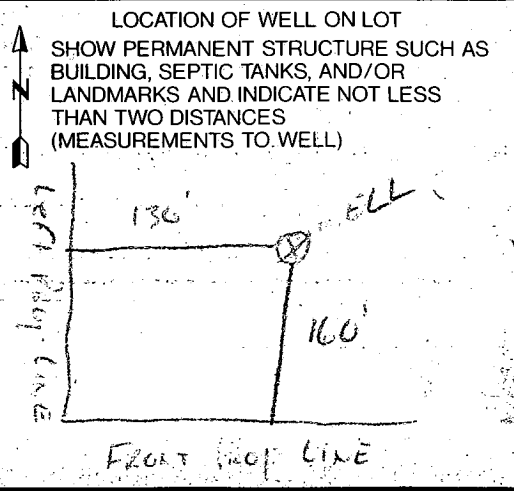
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Burbit**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **23** WHEN PUMPING **700**
 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) above } LAND SURFACE below } **2** (nearest foot)



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 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for site work if different from permittee)