

Permit ID-03-317595

LAYOUT 5/20/02 AM INSP 4 \_\_\_\_\_  
INSP 2 5/21/02 INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 5/2/2002

P 516960

APPROVAL DATE: 5/21/02

A 42303

# PERMIT INDEXED

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Hawksfield Estates LOT NUMBER: 5

ADDRESS: 3106 Old Oak Drive PROPERTY OWNER: Greenfield Homes, Inc. Alfred Lucco

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 160 feet off front lot line and 80 feet off left lot line 460.45' when facing the lot from Old Oak Drive. Run trenches on contour towards Old Oak Drive.
NOTES:	

PLANS APPROVED: Brian Baker *OK 3/12/02* (SD) 3/01/2002

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

**BUILDING PERMIT SIGNED** 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**AND RETURNED** 5202  
800135918-#6 POOL

A42303

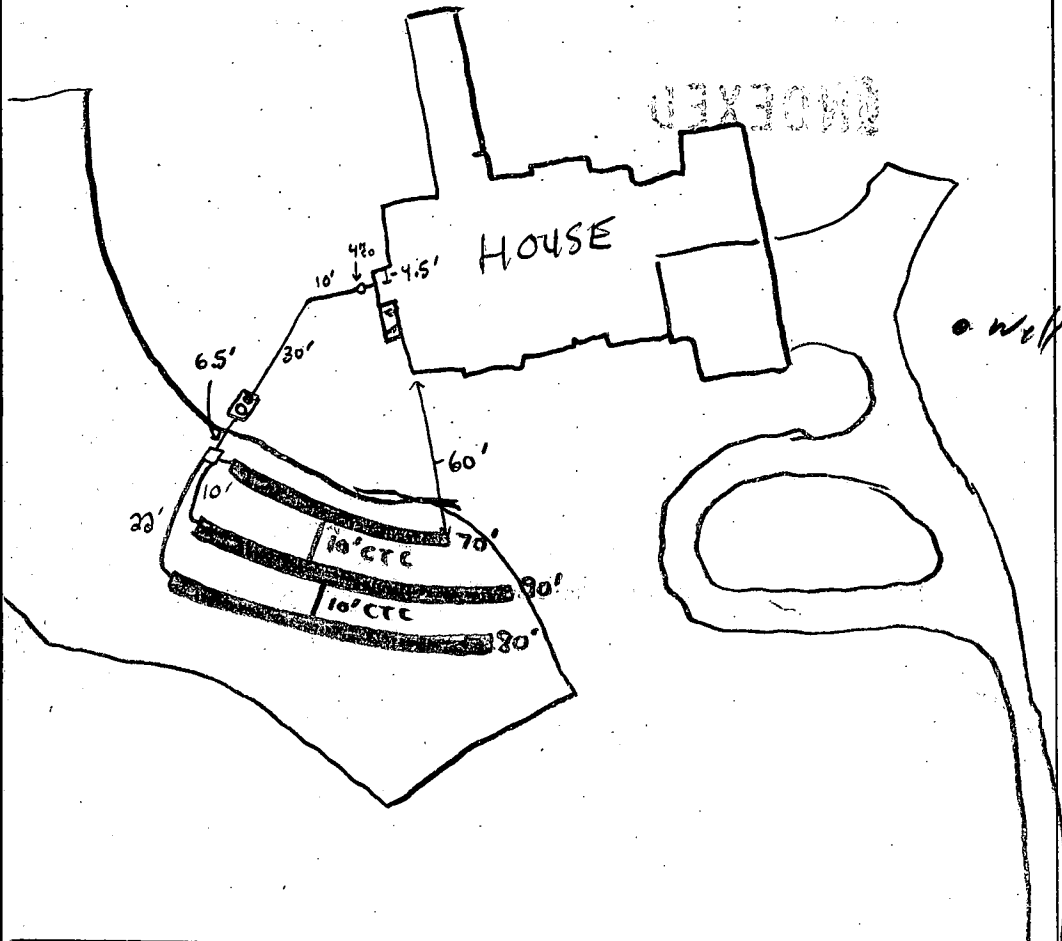
NOT TO SCALE

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720ft <sup>2</sup>
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		NA

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	✓
BAFFLE FILTER	NA
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	NA
SEPTIC TANK 2 LEVEL	NA
CAPACITY	NA GAL
SEAM LOC	NA
TANK LID DEPTH	NA
BAFFLES	NA
BAFFLE FILTER	NA
MANHOLE LOC	NA
6" PORT LOC	NA
WATERTIGHT TEST	NA



Old Oak Rd

ROAD

PRE-CONSTRUCTION 5/20/02 House conn. changed. Lot staked. 1st trench may be 6" deep, keep 2nd & 3rd trenches at 3' inlet. 10' CTC (50)

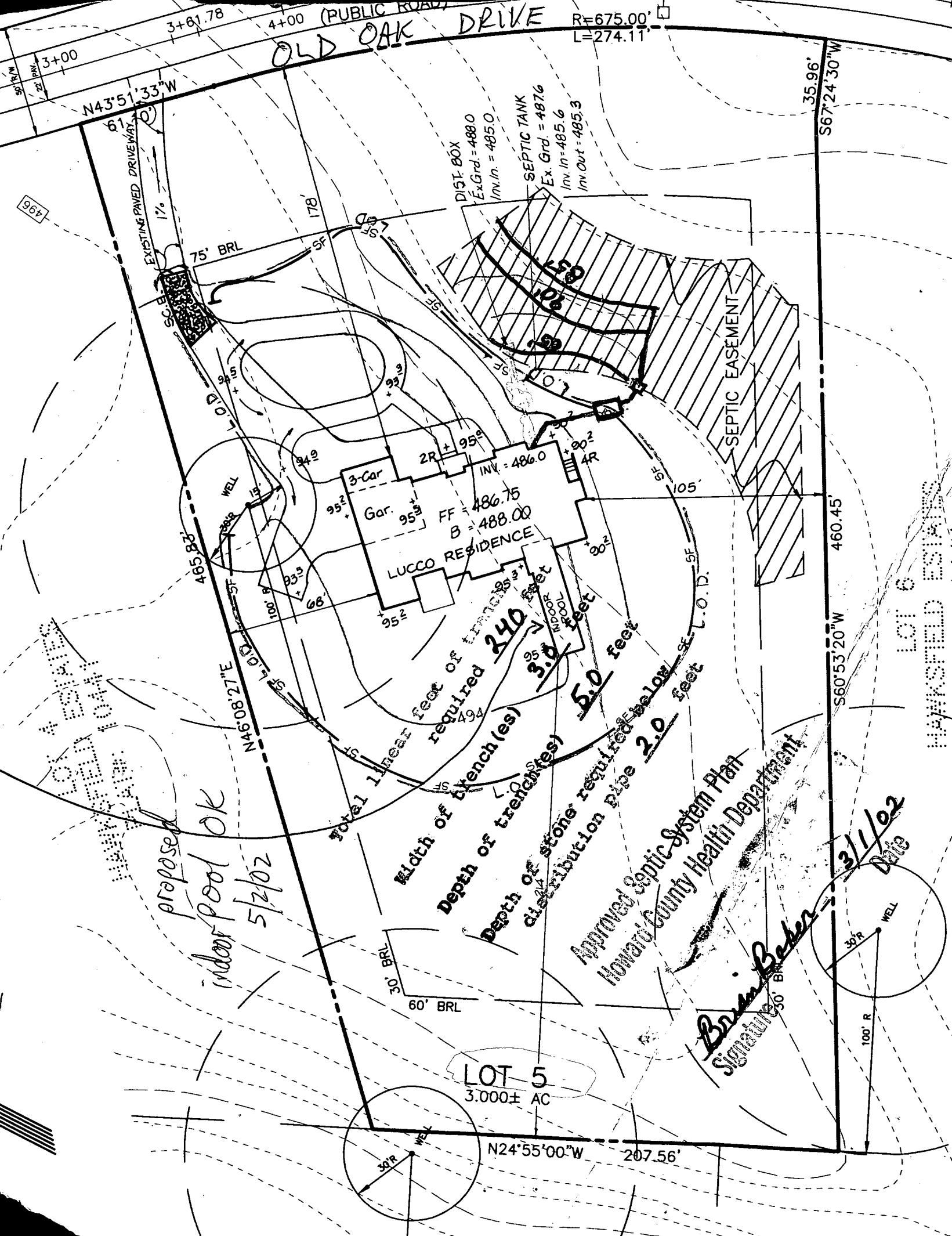
INSTALLATION 5/21/02 - ON TO COVER ALL WORK (SRK/JB)

BUILDING PERMIT SIGNED

FINAL INSPECTOR Steven R. King

DATE OF APPROVAL 5/21/02





*proposed indoor pool ok*  
*5/2/02*

**Total linear feet of trench(es) required 240 feet**  
**Width of trench(es) 3.0 feet**  
**Depth of stone required below distribution pipe 2.0 feet**

**Approved Septic System Plan**  
**Howard County Health Department**

*Brian Baker*  
 Signature

*3/1/02*  
 Date

**LOT 5**  
 3.000± AC

MARKSFIELD ESTATE  
 LOT 6

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Gartland Plumbing Inc Telephone #: 410-875-5303  
Address: 1620 W. Old Liberty Rd  
Sykesville, MD 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation: License# 6352  
Name (Print): Joseph Gartland  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: AJ Fred Lullo Telephone #: 410-281-6782  
Subdivision: Hawksfield Lot #: 5 Well Tag #: HO-94-2340  
Site Address: 3106 Old Oak Dr  
Ellicott City, MD 21042

**Submersible Pump Data** **Pitless Adapter** **Well Cap and Electric Conduit**  
Make: Goulds Make: RT Two piece watertight cap:   
Model #: 26507 Model#: P1004 Screened, vented well cap:   
Pump Capacity: 327 GPM Depth: 48" (36" min) Cap secured to casing:   
Well Yield: 12 GPM NSF approved: Yes Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 23 (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt Yes

**Piping to house** **House Connection**  
Type: Poly PVC sleeved to undisturbed soil at wall penetration: ✓ } Sleeve under  
PSI: 160 (160 psi min) Approximate length of sleeve: \_\_\_\_\_ } Footer & Drive  
Depth of supply line: 36" (36" min) Sleeve caulked and sealed properly: \_\_\_\_\_ } way

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date Nov 20, 2002

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/20/02 Date Insp. Approved: 3/14/03 B 8/20/02 BA  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter   
Under Footer

Sleeved Under Driveway

C1 -06658

SEQUENCE NO. (MDE 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 A42303

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2340

OWNER Digi Data last name Old Oak Dr first name TOWN W. Friendship SUBDIVISION Hawkfield SECTION LOT 5

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3/8.5 PUMPING RATE (gal. per min.) 11/15 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 34/17-20 ft. WHEN PUMPING 187/22-25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Gravel & Schist, Soft Br. Schist, Hard Br. Sandstone, Hard Br. Schist, Hard Blue & Br. Sandstone, Hard Blue Sandstone, Hard Pink Sandstone, Hard Blue Sandstone, Hard Blue & Pink Sandstone, Hard Blue Sandstone, Quartz & Blue Sandstone, Hard Blue Sandstone.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 41

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

SCREEN RECORD screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, R, E, N. Values include 41, 480, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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 - below LAND SURFACE 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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 LIC. NO. MWD 296 Ronald Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 334 Site Supervisor (sign. of driller or journeyman responsible for sitework if different from permittee)

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

MDE 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

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) Old Oak Drive

EMERGENCY/TEMP NO. IF ANY

B 1 **8558** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

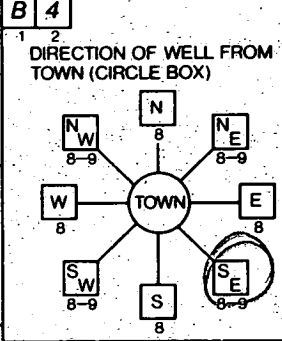
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-2340**  
 fill in this form completely

Date Received (APA) **072099**  
 OWNER INFORMATION  
**MIGI-DATA HOLDINGS**  
 9881 **PROKULZAND PARK**  
**COLUMBIA** MD **21046**

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**HAWKSAFIELD ESTATES** SUBDIVISION  
 SECTION **1** LOT **5**  
**NEXT FRIENDSHIP** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2.1** MI

DRILLER INFORMATION  
 CIRCLE: MSD/MGD/MWD  
**Ronald Kiefer** Driller's Name License No. **296**  
**Westminster Rotary Well Drilling, Inc.** Firm Name  
**P.O. Box 86, Westminster, Md 21158** Address  
**Ronald Kiefer (USB) 7/9/99** Signature Date



**Old Oak Drive** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **WEST**  
 DISTANCE FROM ROAD **180** FT OR MI **FT**  
 TAX MAP: **16** BLK: **20** PARCEL: **258**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

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 Co** COUNTY NAME  
**A42303** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S   
 DATE ISSUED **073099** **A M Muel** CO SIGNATURE **073000** EXP. DATE  
 NORTH GRID **530000** EAST GRID **820000**

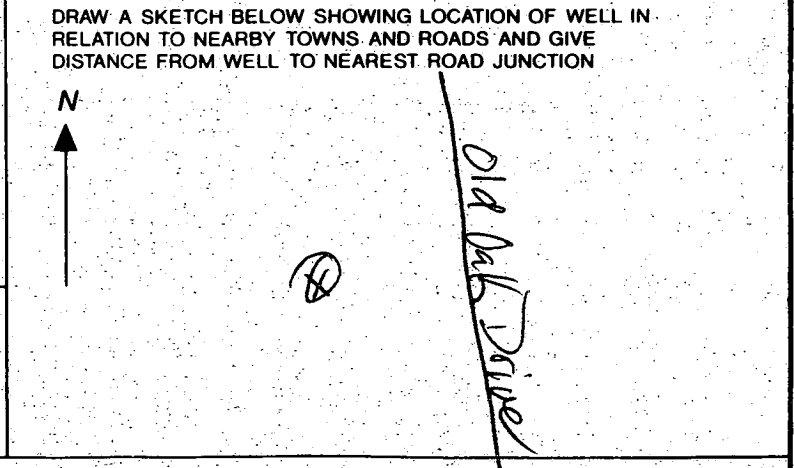
APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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. **City**  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE

**X 12/28/99**  
**8:45 Groot**  
**NO Insp**

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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 (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER **G A P**  
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-2340**

# APPLICATION

PERCOLATION TESTING

A 42303

P \_\_\_\_\_

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

DISTRICT 3rd

DATE 8/5/88

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 LEVAN SCHIMEL RICHMAN : BELMAN P.A. c/o HAMISH OSBOERNE

ADDRESS 9801 BROKEN LAND PKWY COLUMBIA 21046 PHONE 381-6000

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION HAWKSFIELD ESTATES LOT NO. LOT 5 Preliminary

ROAD AND DESCRIPTION EMERALD VALLEY ROAD & TRIADELPHIA ROAD

TAX MAP 16:23 PARCEL # 40:228

SIZE OF LOT 3.0 ± AC. 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.

*Hamish Osborne*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

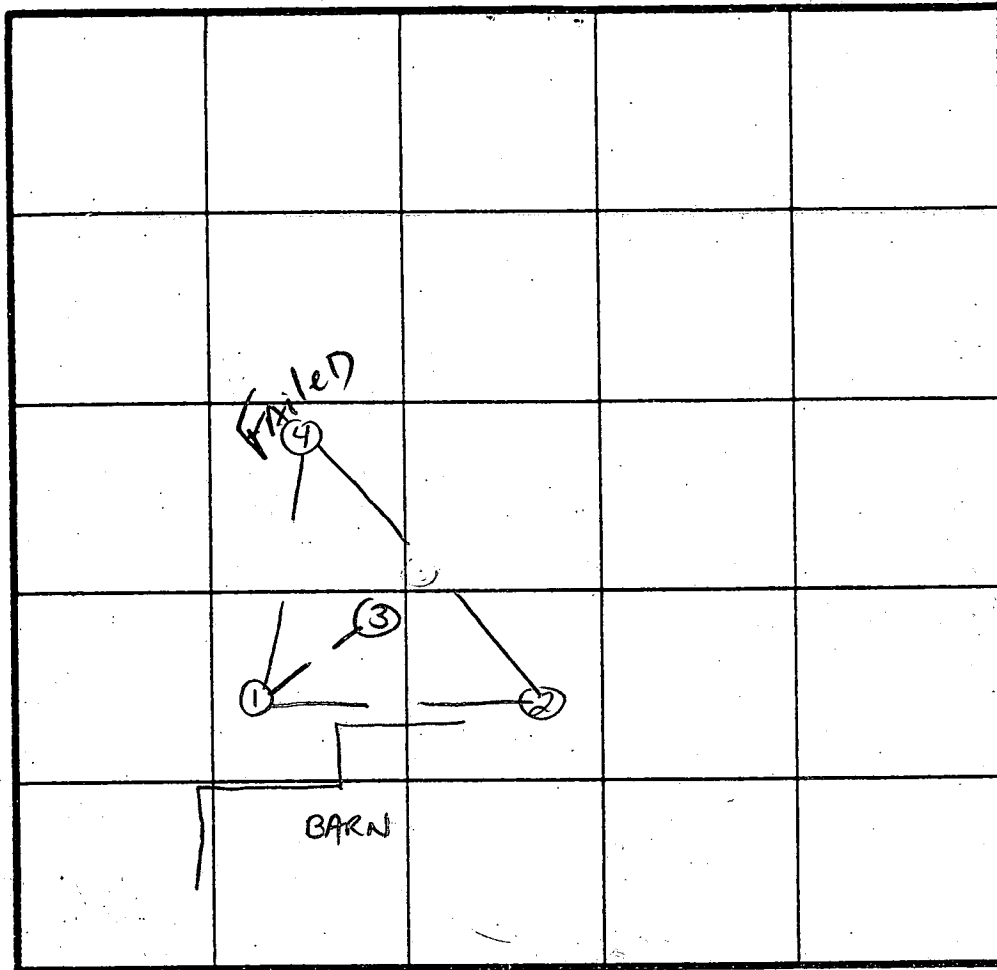
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8-11-88 Holes 1-3 OK Hole 4 H<sub>2</sub>O - CAN Adjust

AREA TO GET 10K \$ WITH Hole 3 AS low hole. SAU  
BAWS TO BE DEMOLISHED, CONFIRMING PERC REQUIRED PRIOR TO  
WELL PERMIT TO BE SURE NOT INADVERTENT SOIL DAMAGE HAS OCCURRED. C.W.

# THIS IS NOT A PERMIT



$\bar{x}$  Perc 6 min  
 180  $\phi$  / BR  
 INLET 3.0  
 BOTTOM 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/11/88	1S 1V	5.0' 12	12:39	12:40	12:40	12:42	2 min
	2S 2V	4.5' 8.0	12:54	12:55	12:55	12:57	2 min 2 min
	2V	12.5'	UNIFORM	SOIL below	3.0'	LOWER PROFILE	ALL TAN
	3S 3V	4.5' 12-	12:44	12:52	12:52	11:10	18 min
	4V	SOIL UNIFORM AT ~ 3.0' $\bar{x}$ PERC 2.5 min / INCH H <sub>2</sub> O AT ~ 9' w/ MOTTLES AT APPROX 7'					

REMARKS \_\_\_\_\_

TYPE OF SOIL CHESTER LM.  $\Rightarrow$  GRANULY LM

TESTED BY S. Abel ALSO PRESENT \_\_\_\_\_

EH-12-1079

