

9-3-98
CO 11:00
AFTER CALLERS
10-10-98
WPI anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-358422

P 510640

A 43360

DISTRICT 4th

DATE 8/24/98

DATE SYSTEM APPROVED 9-3-98

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144 Woodbine, MD 21797 PHONE (410) 442-1336

SUBDIVISION Carriage Mill Estates LOT 16 ROAD 14713 Carriage Mill Drive

PROPERTY OWNER Oakhill Properties

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet from the front lot line and 80 feet from the right lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6/18/98 OK AU

PLANS APPROVED BY C. Williams/Donna K. Soe DATE 06/16/98

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

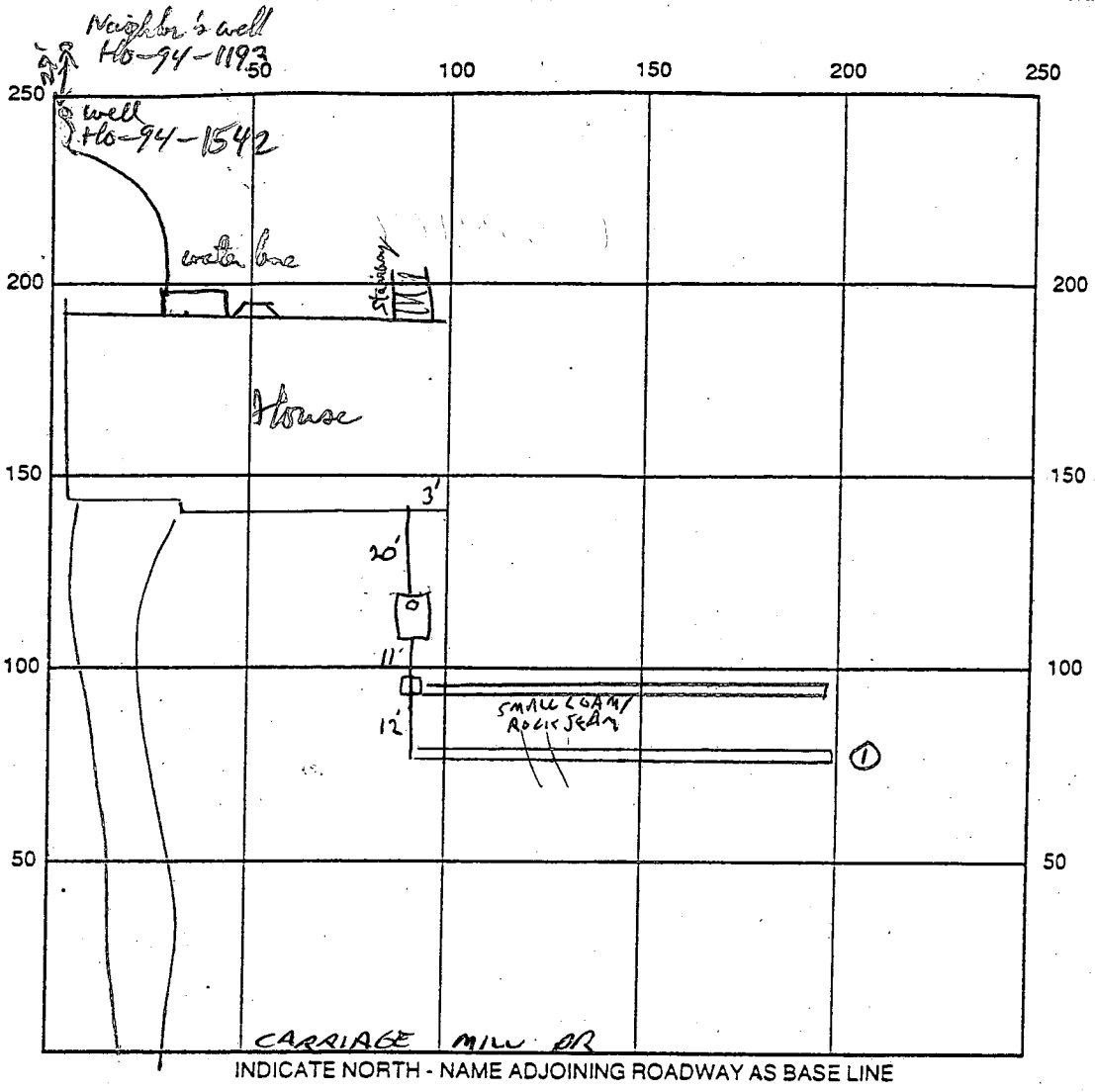
PERMIT VOID AFTER TWO YEARS

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
43360



SEPTIC TANK LEVEL OK-1250 CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL OK 2.5' SQUARE CONCRETE

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{1}{95} / \frac{2}{85}$ FT. = 180

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 9/3/98 1ST TRENCH OK TO STONE AT 9/3 OK TO COVER 1ST TRENCH
STONE 2ND - CEASE ENDS OF TRENCH + DIST BOX UNCOVERED AT
9.3.98 FINAL - COVER ALL WORK. AT

10/13/98 WPT pthers depth + water line OK @ 4/11 P/P 10/13/98

DATE SYSTEM APPROVED 9.3.98 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 43360

P _____

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

DISTRICT 1-6-88

DATE EST.

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 JOSEPH B. BERKE Oakhill Properties

ADDRESS 414 TIMBER COVE CIRCLE - LONGWOOD, FL. 32779 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION BERKSHIRE Estates LOT NO. 27

ROAD AND DESCRIPTION (14713 CARRIAGE MILL DRIVE)

28
10 ✓ Used for # X
30

TAX MAP 8 PARCEL # 158

BLDG. PERMIT SIGNED
AND RETURNED 6-16-88
Serial # BA112257

SIZE OF LOT 3.02 TYPE BLDG SF - 4 Bdrm
(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 B. Berke
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

new lot #28
 A - 43360

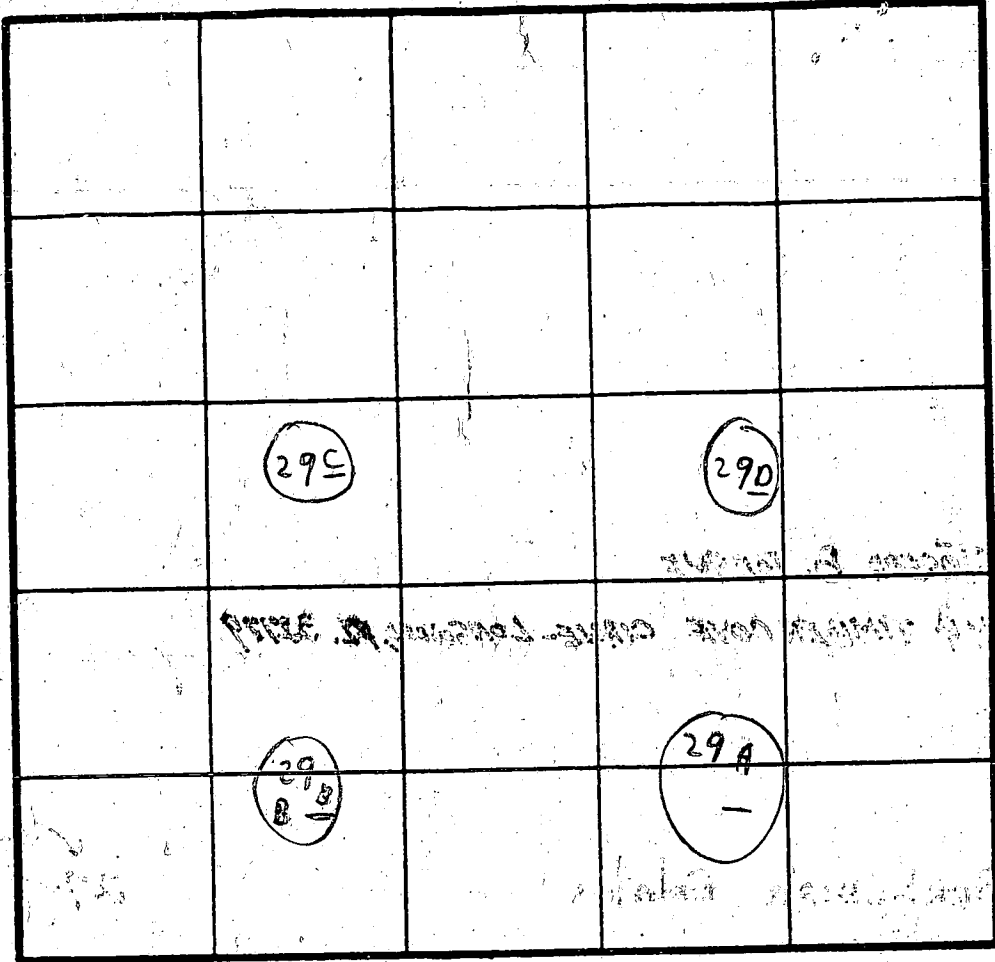
Route 144

~~29~~

SOIL PROFILE

T. SOIL
 C. LAY

 LOAM
 ↓



Level 4!
 {Average
 time 9 min}

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/5/89	29A	4 1/2'	1:17	1:19	1:19	1:26	7 min
WED	29B	15 1/2'			Vacuum		
	29B	7' 2"	1:20	1:22	1:22	1:26	4 min
	29C	16'					
	29C	4'	1:22	1:25	1:25	1:32	7 min
	29C	10 5'					
	29D	4 1/2'	1:24	1:24	1:24	1:28	4 min
	29D	9 1/2' 14'	1:30	1:33	1:33	1:39	4 min

Used #27 for 29
 top Run

REMARKS 4/5 Tests in open ; Test per stakes

TYPE OF SOIL _____
 TESTED BY C. B. D. ALSO PRESENT {Arnold's men + Bud}

OLD FREDERICK ROAD

N 543500

E 792000

MATCH LINE
See Sheet 2 of 5

60,404 sq. ft.

LOT 29
64,747 sq. ft.

LOT 30
59,844 sq. ft.

LOT 2
60,000 sq. ft.

LOT 32
64,721 sq. ft.

LOT 31
58,632 sq. ft.

LOT 1
60,000 sq. ft.

LOT 33
64,633 sq. ft.

LOT 35
60,000 sq. ft.

LOT 36
56,455 sq. ft.

LOT 34
57,053 sq. ft.

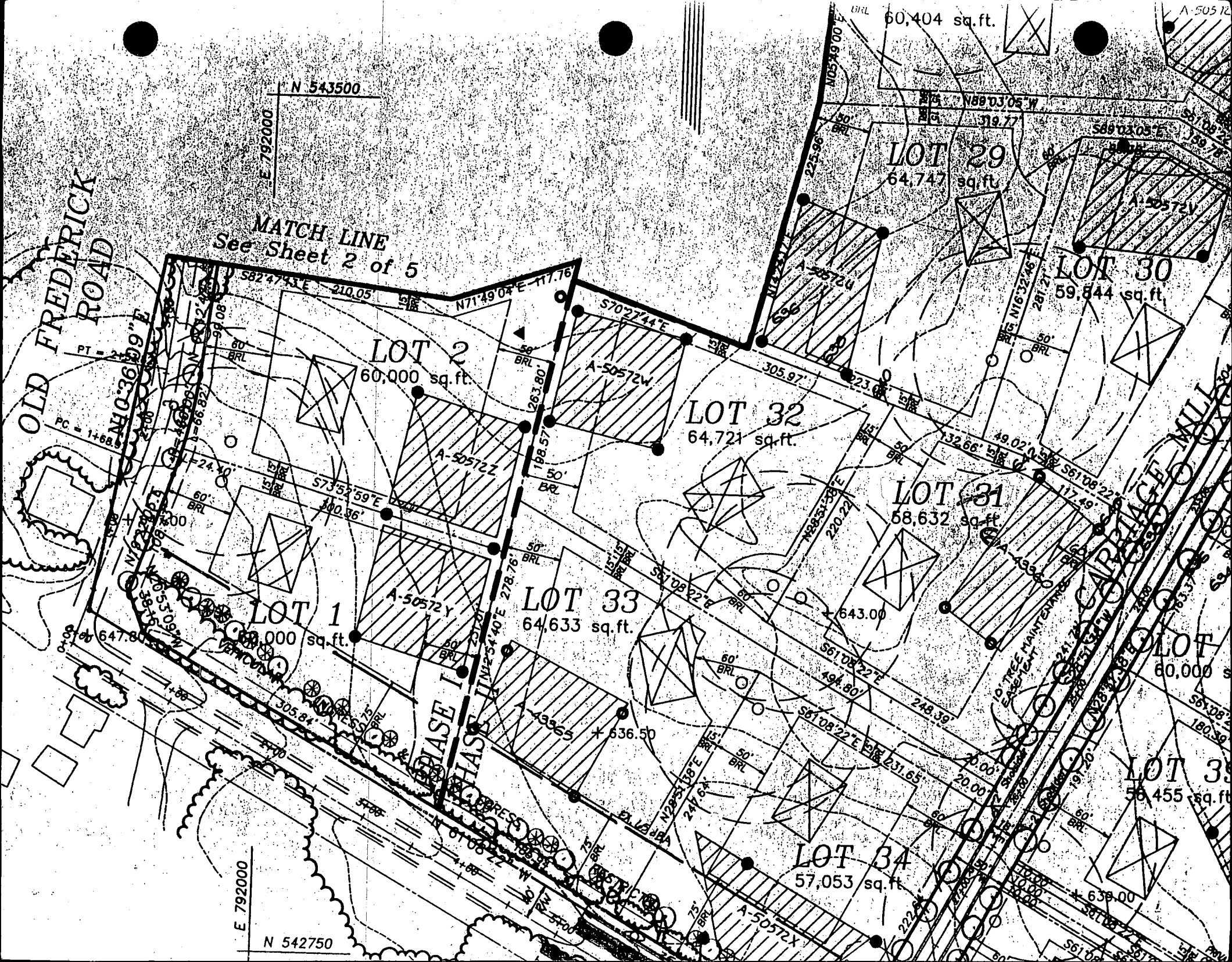
E 792000

N 542750

PHASE I
PHASE II

CARRIAGE MILL

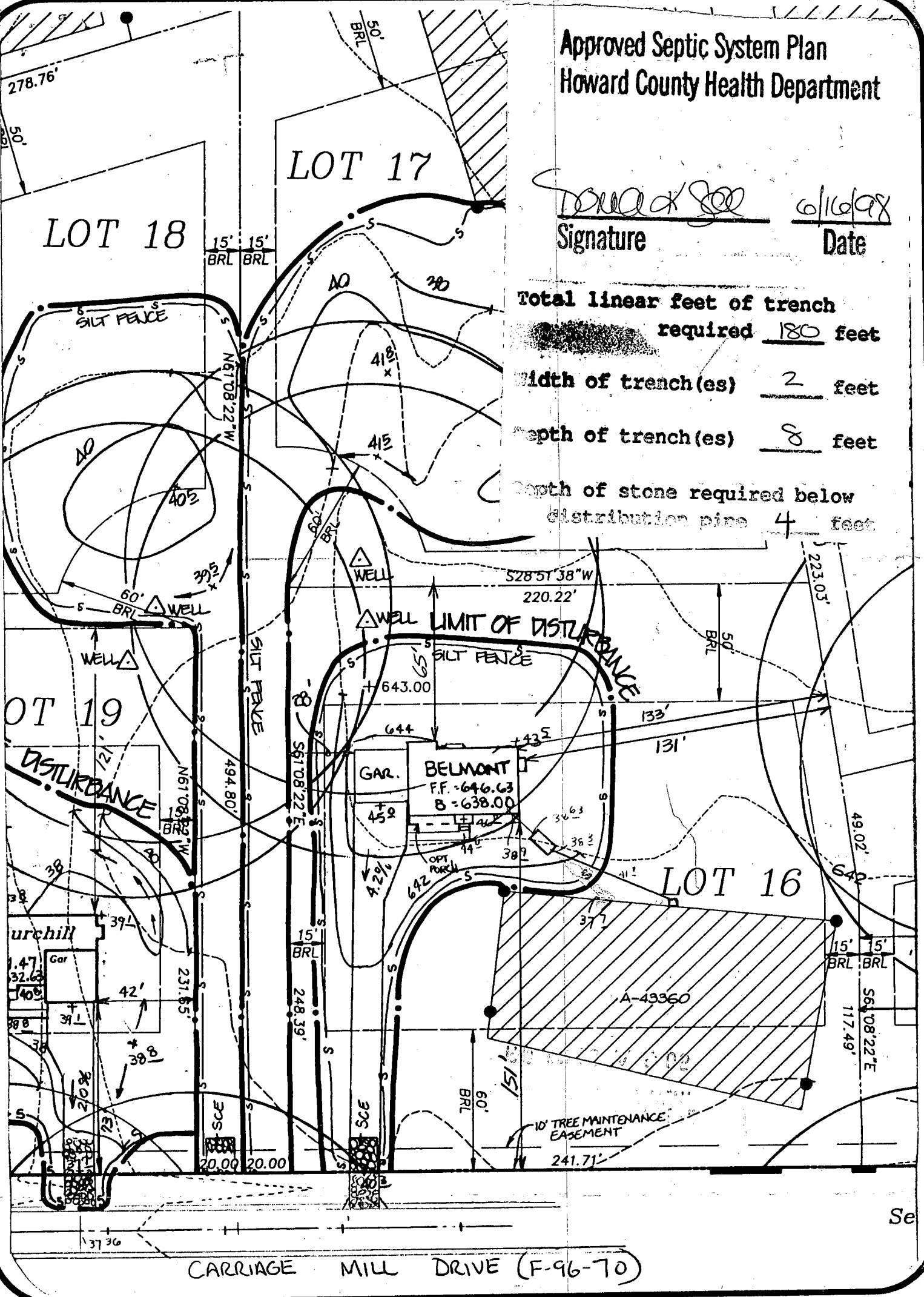
10 TREES MAINTENANCE
BASED ON



Approved Septic System Plan
Howard County Health Department

[Signature] 6/16/98
Signature Date

Total linear feet of trench required 180 feet
Width of trench(es) 2 feet
Depth of trench(es) 8 feet
Depth of stone required below distribution pipe 4 feet



CARRIAGE MILL FARMS

SEPTIC DATA

INV. OUT OF HOUSE = 638.9
INV. INTO SEPTIC TANK = 638.63
INV. OUT SEPTIC TANK = 638.3
INV. INTO DIST. BOX = 637.7
EX. ELEV @ DIST. BOX = 641.7

R.M. MOCHI GROUP, P.C.
CIVIL ENGINEERS
LAND SURVEYORS
PLANNERS
ENVIRONMENTAL

6P-96167

P.O. Box 10
New Market, MD 21774-0010
10120 A Old National Pike
Ijamsville, MD 21754-9706

(301) 865-5850
Fax: (301) 865-5111

PHASE I
LOT 16
BUILDING PERMIT

DATE: 6/8/98	PROJECT NO.: 95005.22
DRAWN BY: PFB	SCALE: 1"=50'

C1 05040

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A43360

ST/GO USE ONLY DATE RECEIVED 05/26/98

DATE WELL COMPLETED 05/26/98

Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1542

OWNER Oak Hill Properties STREET OR RFD Carriage Mill Drive TOWN COOKSVILLE SUBDIVISION Carriage Mill Road SECTION LOT 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Shaley clay, brown shale, gravel Mixed, Mica, gravel, Mica.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (17), NO. OF POUNDS (1700), GALLONS OF WATER (85), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (80).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 30-32, 38-41, 45-47, 51) and values (HO, 78, 100).

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.

DIAMETER OF SCREEN (NEAREST INCH) form with fields for diameter (56, 60) and slot size (1, 2, 3).

DRILLERS LIC. NO. MWD 040, DRILLERS SIGNATURE Beau F. Easton, LIC. NO. MWD 501, DRILLERS SIGNATURE Charles P. Hillman

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

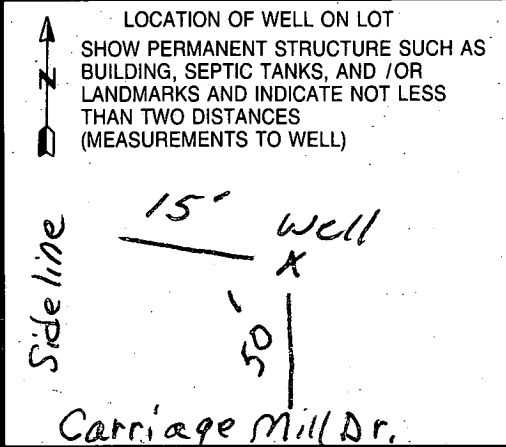
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (32, 61), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (+ above, - below).



B 1 **5461** SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

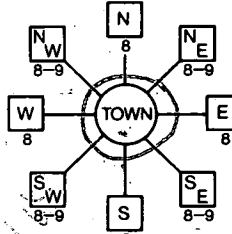

STATE PERMIT NUMBER

HO-94-1542
70 fill in this form completely 79

Date Received (APA) **4.8.98**
8 MM DD YY 13
OWNER INFORMATION **RN 7420**
Oak Hill Properties 703-443-0400
15 Last Name Owner First Name 34
107 Loudoun St., NE
36 Street or RFD 55
Leesburg, Va. 20175-3106
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard COUNTY 21
Carriage Mill Farms
23 SUBDIVISION 42
SECTION 44 46 LOT **16** 48 50
Cooksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **0** 73 M I 76.77 78

DRILLER INFORMATION
George F. Easterday M WD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday **4/7/98**
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Carriage Mill Dr
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 / 50 37
DISTANCE FROM ROAD Ft. 38 39
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE **5**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co. **A43360**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **04/29/98** **A M M. O O O** **4/29/98**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **540 000** EAST GRID **790 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 **AIR-ROtary** AIR-PERcussion. ROTARY (Hydraulic Rotary)
37 **CABLE** REVerse-ROtary DRive-POINT
other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **wells**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **790** 000 000
N **540** 000 000
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
5-26-99
11:30grou
No WSP
X
MAP 4 C-1

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER **AM** 54 G A P 63
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1542**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

410
313 2648

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Name of Installer Darren Wilson (Easterday Well + Pump)

Receipt #
Date 10-22-98

Telephone 301-831-7057

License Number _____

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Oakhill Prop

Telephone 203-443-0400

Subdivision _____

Lot # 16

Well Tag # 140-94-1510

Site Address 14713 Carriage Mills Dr.

Pump

1. Type

- a. Deep well jet _____
- b. Shallow well jet _____
- c. Submersible

2. Make Goulds

3. Model # 76505420

4. Capacity 7 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 _____

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make Martinson

2. Model # 8-10X

3. Depth 3 1/2

Tank

1. Capacity 30

2. Pressure relief valve? yes

Piping

1. Type PE

2. Size 1"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 3 1/2

Well data

1. Depth 82 ft.

2. Yield 15 GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? yes

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: Darren Wilson

Date: 11/12/98

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