

5-3-94
late pm

04-353773

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49878B

A 43387

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

DATE 2/14/94

INDEXED

DATE SYSTEM APPROVED 5/27/94

INSPECTOR Alan

Masonry Contractors, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 10 ROAD 3242 Starting Gate Court

PROPERTY OWNER Martin II, Inc.

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 2 1/2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place distribution box 25 feet from right (525.00') lot line and 190 feet from front (165.00') lot line as viewed from Starting Gate Court. Install trenches toward rear lot line. (DO NOT RAISE PIPE INVERT OR LOWER BOTTOM OF TRENCH)

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 2/22/94

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin REVISED DATE 2/18/94

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.

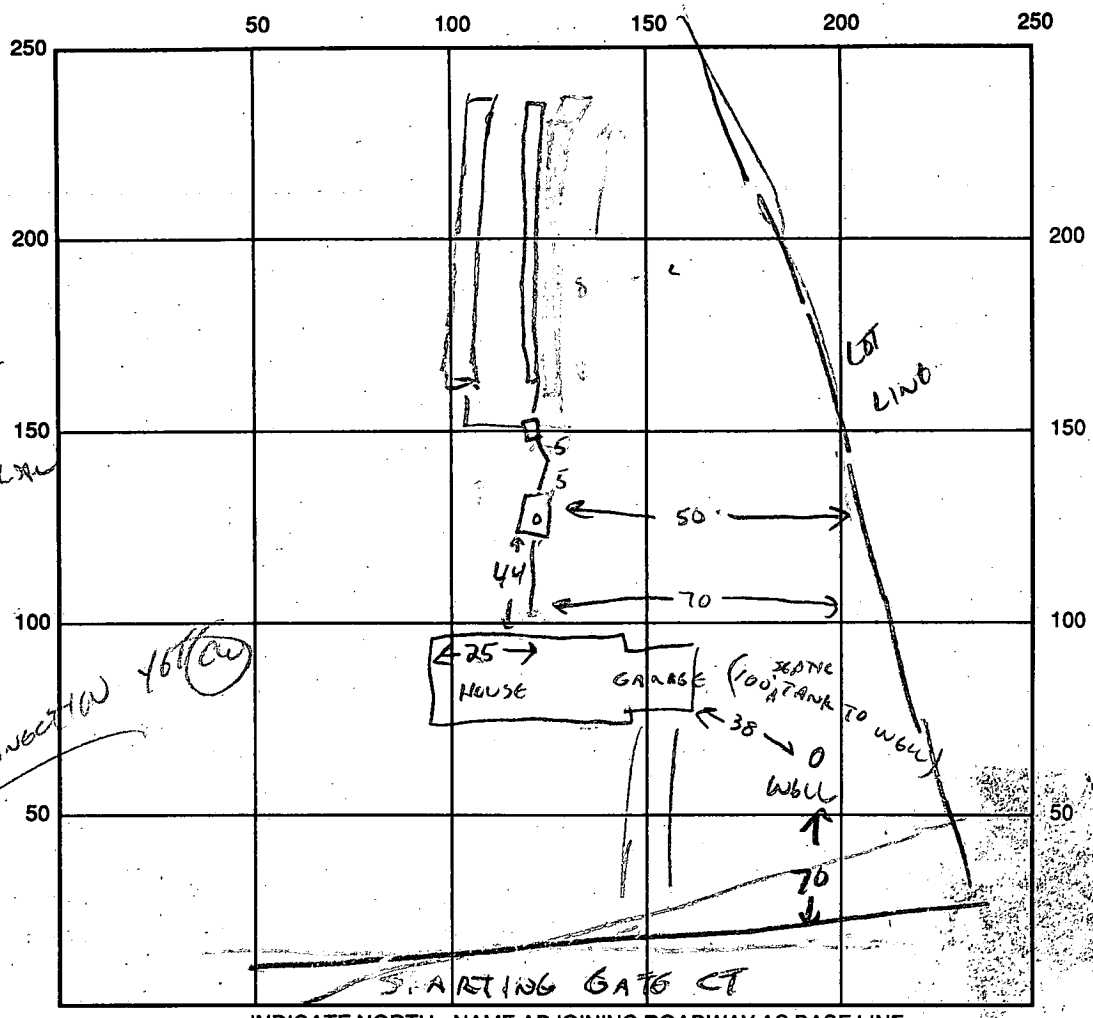
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 43387

ORDER TO CONTRACT
BUILD - R61
R61560 SITE PLAN

NO HOUSE CONNECTION YET



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL CLEANOUTS 57 INLINES

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 4' FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH _____ FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/3/94 INITIAL TRENCH OK TO COVER (25' FURTHER DOWNHILL THAN SPECIFIED)

RAIN IMMINENT - OK TO INSTALL & COVER REMAINING TWO TRENCHES W/O INSR.

5/26/94 - House connection was made per test (flush toilet heard water come into tank) AM

5/26/94 WPT - OK to cover AM

DATE SYSTEM APPROVED 5/27/94 INSPECTOR L. M. Miller

APPLICATION

PERCOLATION TESTING

A 43387

P _____

DISTRICT R

DATE 12/19/88

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

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 Oakton Associates, Inc. Martin H. Inc

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE 410-339-8330
(202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 12/10

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3242 Starting Gate Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres 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. James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/20/89-Per OK Shallow B/H

BLDG. PERMIT SIGNED

AND RETURNED 2/18/94
Serial # 52572
SFD-46mm

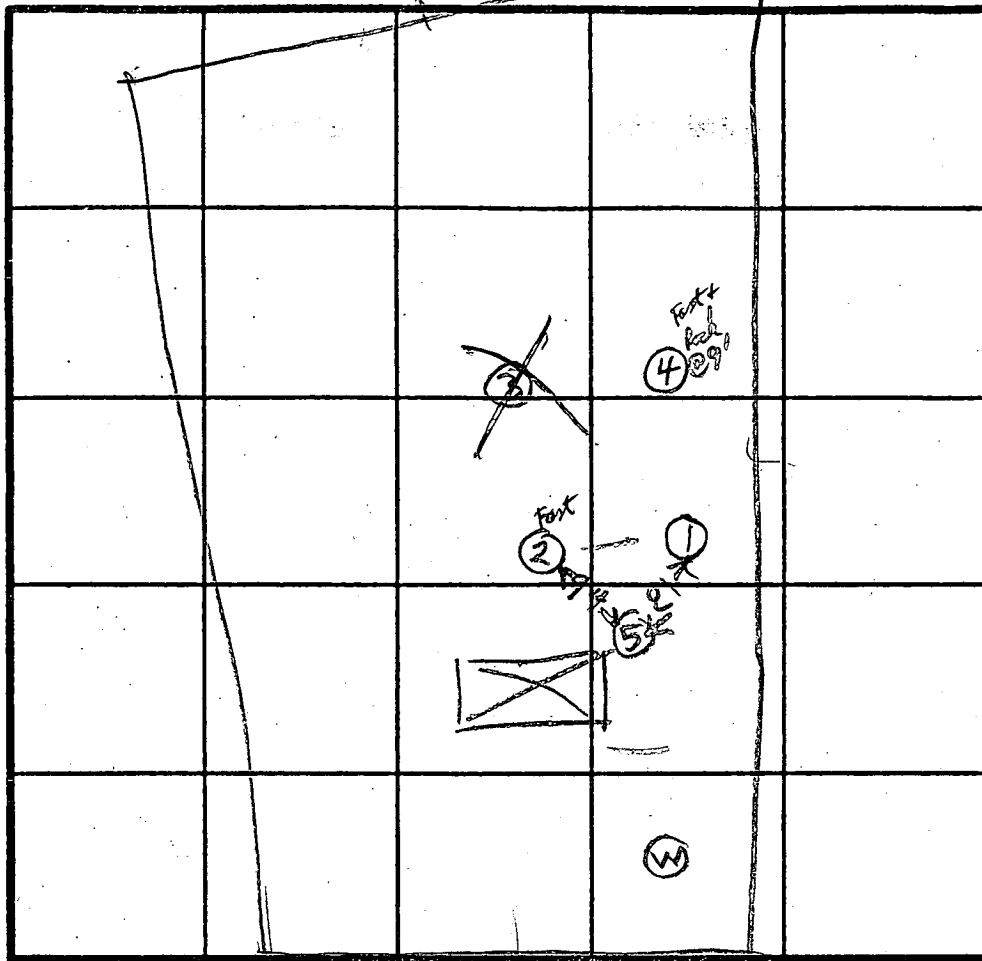
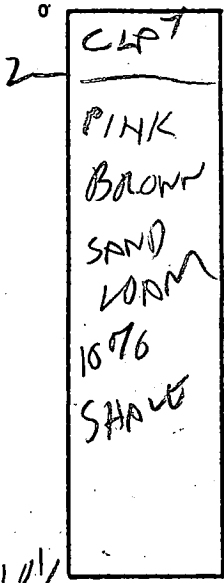
THIS IS NOT A PERMIT

HD-216

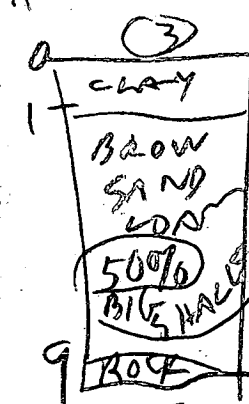
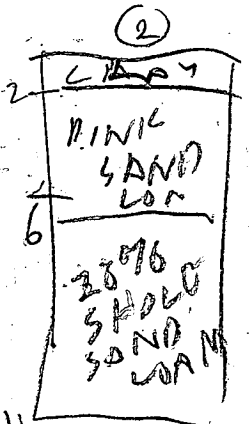
6-1/2
A 43387

47
13
1
3
48
3
0
INLET 2 1/2
1 1/2
X 3 MIN
54
5

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/20/89	1S	3.5	106	112	112	120	8
	1N	6.5	107	110	110	114	4
4/20/89	1V	10	OK				
	2S	6	120	26 sec		37 sec	
	2D	6	122	60		120 sec	
	2V	11	OK SHALLOW		SYSTEM		
	3S	4	127	135 sec		200 sec	
	3V	9	FAIL		FAST & LOCK		
	4V	9	OK SHALLOW		SYSTEM		
	5S	5	130 1st	26 sec	2nd	605 sec	
4/20/89	5S	5	135 1st	40 sec	2nd	180 sec	
	5V	11.5	OK SHALLOW				

REMARKS: Holes (1)(2)(3)(4) dug per Plat / hole (5) different

TYPE OF SOIL: _____

TESTED BY: RAYMOND JUDGE ALSO PRESENT: Janet Puckey, Jim

94

B 1 03928

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-92-0275

please print or type

Date Received (APA)

090392

OWNER INFORMATION

FALL DEVELOPERS

Box 659

MT AIRY MD 21771

B 3

LOCATION OF WELL

HOWARD

CABIN BRANCH FARM

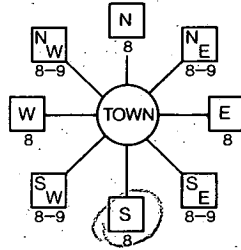
SECTION 10

LISBON

4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Starting Gate Court

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



20 DISTANCE FROM ROAD

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 4389 COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S

122892 CO SIGNATURE 6/25/92 EXP. DATE

NORTH GRID 532000 EAST GRID 0565000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

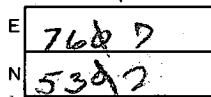
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT

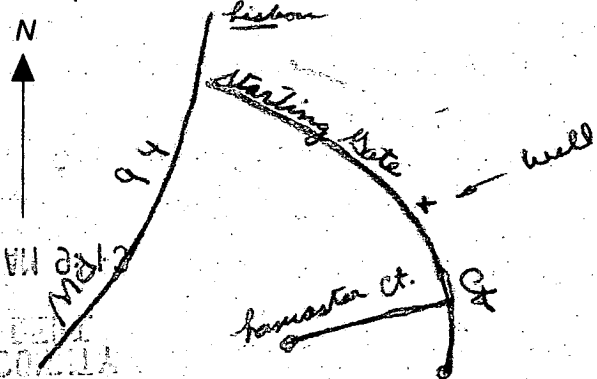
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED 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 GAP 052EB-3

FORCE RP PERMIT No. 10-92-0275

SPECIAL CONDITIONS

C1 6691 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 4387**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
05/11/93

Depth of Well
225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-92-0275

OWNER **Fra H Noydner**
 STREET OR RFD **starting gate Ct** TOWN **Lisbon**
 SUBDIVISION **Cable Branch Farm** SECTION _____ LOT **10**

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	
Brown Shale	0	54	
Blue Rock	54	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1034**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** 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) **57**

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

screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	57	225
2		
3		

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

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 **Quayle Moore**
 (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ W Q _____
 TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **48**
 WHEN PUMPING **164**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **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)

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)

See Attached Well Location

5/26/94
WPI-OK
to cover
line
A. McMullen

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 Replacement
Receipt # _____ Date _____
Name of Installer Plumbing, Heating & Supplies Telephone 410-848-5300
License Number 5165
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Trall Dolv Telephone _____
Subdivision Columbian Farms Lot # 10 Well Tag # 92-02-75
Site Address 3316 Starling Gate Court

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Conolds
3. Model # SE3054+
4. Capacity 5 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
1. Capacity 7
2. Pressure relief valve? yes
Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line 4
Well data
1. Depth 4 ft.
2. Yield 5 GPM
3. Static water level 48 ft.
4. Will water supply be disinfected by installer? No

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: Edgar E. Parry

Date: May 5, 1994

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL * CHEMICAL * PHYSICAL WATER ANALYSIS

1413 Old Taneytown Road
Westminster, MD 21158MD State Certification #133
(410) 848-1014 or 876-4554839 C South Main Street
Bel Air, MD 21014

WATER ANALYSIS REPORT

LABORATORY ID NUMBER: 13683
LOCATION: 3242 Starting Gate Court
Lot #10
LISBON, MD 21765 ✓
DATE/TIME COLLECTED: 05-18-1994, 0950
DATE/TIME REC'D LAB: 05-18-1994, 1055
WELL NUMBER: HO-92-0275REQUESTED BY: Masonry
SOURCE: Well
SITE: Powder Room Sink
COLLECTED BY: K. Kelso 92-564
@ RESIDUAL CHLORINE: None Detected
WATER SUPPLY TREATED: NO
TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS	FLAG
pH RESULTS @	✓ 6.8	6.5 - 8.5		
NITRATES	✓ 6.83	10 OR LESS	mg/L (PPM)	
TURBIDITY	✓ <10	LESS THAN 10		

ONPG/MUG 24-HOUR TEST:

COLIFORMS, TOTAL	✓ ABSENT	Absent	Bacteria Total Coliform
COLIFORMS, FECAL	✓ N/A	Absent	Bacteria Fecal Coliform

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS	FLAG
Sand	None	None		

* PARAMETERS FLAGGED WITH AN * ARE OUTSIDE THE RECOMMENDED LIMITS FOR DRINKING WATER.

PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETER(S) TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 05-19-1994

LABORATORY DIRECTOR: Charles Mooshian

Charles Mooshian, BS, MT(HHS)

COMMENTS: Use & Occupancy,

Sample Analyzed As Received

VH

LOT-10 CABIN BRANCH

- INV. OUT OF HOUSE - 533.4
- INV. INTO TANK - 533.0
- INV. OUT OF TANK - 532.7
- INV. INTO BOX - 532.3
- INV. INTO TRENCH - 532

WELL ELEVATION -
 MAINTAIN 20' BETWEEN
 HOUSE & FIELDS, TRENCHES
 OF EQUAL LENGTH TO BE
 DETERMINED. MIN. OF 18"
 OF COVER ON TANK.

- EXISTING GRADE @
- TANK - 534
 - BOX - 534.5
 - TRENCH - 534.5

Bill Coleman
 410 239 8330

REVISED 2/8

