12-1-93 anytime
12/28/93 ASAP
12/29/93 WPI

PERMIT

(Needs House Connection ONLY)

12/1/93 P.C.O.

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353859

P 46938

A 43394

DISTRICT 4th

DATE 9/30/93

DATE SYSTEM APPROVED 12/28/93

INSPECTOR ALM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

Masonry Contractors, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 4219 Hanover Pike, Manchester, MD PHONE 410-239-8330

SUBDIVISION Cabin Branch Farms LOT 16 ROAD 3272 Starting Gate Ct.

PROPERTY OWNER Martin II Inc.

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting at the left front lot corner, place the distribution box 255' up the left lot line (634.51) and 65' from this left lot line as viewed from Starting Gate Ct. Install trenches on contour toward left lot line.

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 11/3/93

PLANS APROVED BY Mark Rifkin DATE 10/7/93

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.

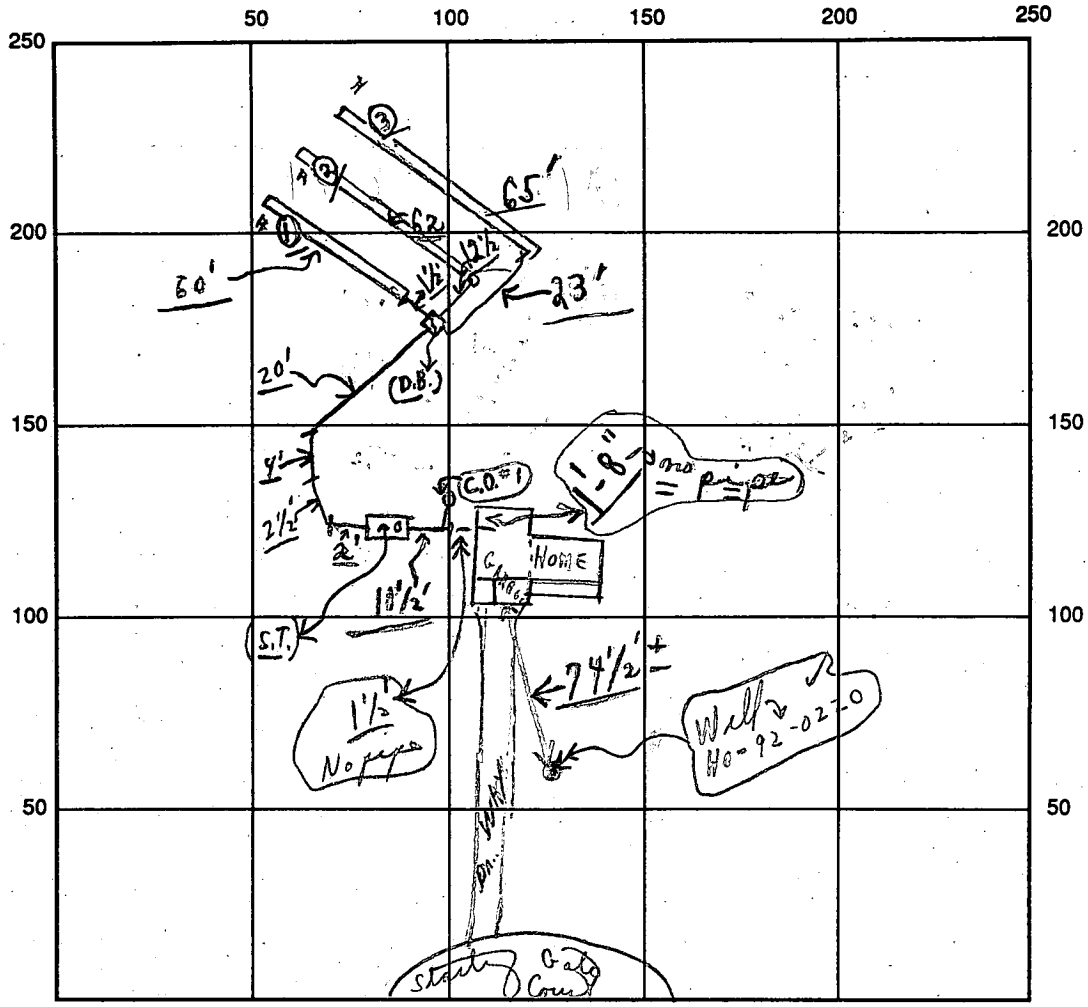
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

A 43394

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

HD-260(6-90)

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK / C.O. #1 OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

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

① 60' ② 62' ③ 65' =

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 187 FT.

NUMBER OF TRENCHES 3 ONE ~~SIDEWALL~~/BOTTOM AREA 561+ SQ. FT.

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

ABSORBENT AREA 561+ SQ. FT.

REMARKS: Partial 12/1/93 (Later A.M.) ALL COMPLETE—EXCEPT HOUSE CONNECTION. CBS

12/28/93 House connection made AM

12/29/93 WPI OK to cover AM

2/1/93 No W.P.I. CBS

DATE SYSTEM APPROVED 12/28/93 INSPECTOR Amy McMullen

APPLICATION

A 43394

PERCOLATION TESTING

P

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

DISTRICT R

DATE 12/19/88

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 Oakton Associates, Inc.

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

PROSPECTIVE BUYER Anchor Capital Group

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

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 15/16

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

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 4/19/89 - Perc OK Hold for Plat RH

HD-216

THIS IS NOT A PERMIT

LOT 19
AH3394

SOIL PROFILE (1)

0 CLAY
3 BROWN LUM° SAND LOAM 10% SHALE
13

(2)

0 CLAY
2 BEIGE SAND LOAM 10% SHALE
13

(3)

0 CLAY
2 BEIGE SAND SILT LOAM 5% SHALE
12

(4)

0 CLAY
3 DK BROWN SAND SILT LOAM 10% SMALL SHALE
12

57

114

48 13

02

INLET 3'
X̄ 5MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/19/89	1 5 1 12	3.5 5	1141 1148	1144 1143	1144 1144	1147 1146	3
4/19/89	1V	13	OK				
	2 5 2V	3.5 13	1150 OK	1157	1157	1204	7
	3V	12	OK				
	4 5 4V	4 12	1159 OK	1200	1200	1202	2

REMARKS Dug (4)(3)(2)(1) per Test Pit

TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT JAMIE ROCKY

EMERGENCY/TEMP NO. IF ANY

B 1 03942 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-92-0220
fill in this form completely

Date Received (APA): 090392

OWNER INFORMATION
Last Name / Owner: HALL DEVELOPERS
First Name:
Street or RFD: BOX 159
Town: MT AIRY
State: MD
Zip: 21771

DRILLER INFORMATION
Driller's Name: Joseph L. Mayne
License No.: 238
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy 21771
Signature: Joseph L. Mayne
Date: 9/2/92

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)

APPROXIMATE DEPTH OF WELL: 260 FEET

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

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

B 3 LOCATION OF WELL
8 COUNTY: HOWARD
23 SUBDIVISION: CABIN BRANCH FARM
SECTION: LOT: 16
52 NEAREST TOWN: LISBON
MILES FROM TOWN (enter 0 if in town): 4 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW (TOWN)
NEAR WHAT ROAD: Starting Gate Court
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 120
ENTER FT or MI: FT

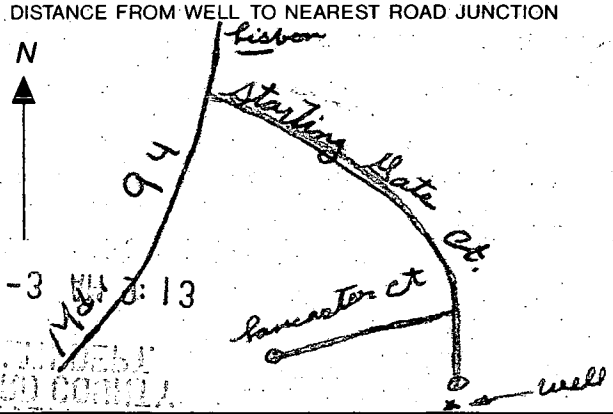
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Howard
COUNTY NO.: A 43394
STATE SIGNATURE
INSERT S
DATE ISSUED: 10 28 92
CO SIGNATURE
EXP. DATE: 4/28/93
NORTH GRID: 529000
EAST GRID: 767000

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

11/16/ 9:30 X
84' CASING
20 BAGS
50'+ OPEN
1" CASING AG
LOC OK
TAG OK
GROUT OK
NOT OBS'D
MR 11/16/92

E 762 7
N 529 29

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



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: KD WRITE INITIALS IN BOX
PERMIT No.: HO-92-0220

SPECIAL CONDITIONS

COUNTY

C 1 | 6623 | 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 43394

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 11/16/92

Depth of Well: 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-92-0220

OWNER: Small Developers
STREET OR RFD: Crestwood Estates (last name / first name) TOWN:
SUBDIVISION: Cabin Branch Estates SECTION: LOT: 16

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 FROM	FEET TO	Check if water bearing
Brown Shale	0	80	
Blue Rock	80	145	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL: CEMENT CM; BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 180

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 57 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	84

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD

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

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	HO	93	145
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 10

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 48

WHEN PUMPING: 78

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 (CIRCLE) (YES or NO): 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)

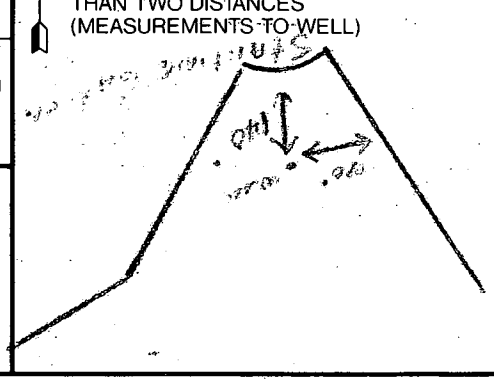
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above / − below LAND SURFACE (nearest foot) 1

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)



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 (MUST MATCH SIGNATURE ON APPLICATION): Joseph C. Mayne

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T — TELESCOPE CASING; (E.R.O.S.) — LOG INDICATOR; W Q — OTHER DATA

COUNTY

2353
WPI
12/29/93
ASAP

12/29/93
WPI -OK
Alm

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 ✓ Receipt # -0-
Replacement ____ Date 11/4/93

Name of Installer Plumbing, Htg & Supplies Inc. Telephone 410-848-5300

License Number 5165
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Masonry Contractors Inc. Telephone 410-239-8330
Subdivision Colin Branch Farm Lot # 16 Well Tag # ~~92 02 20~~
Site Address 3268 Starting Gate Court HO-92-0220

- -

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 7EH05422
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 Campbell
2. Model # B-300X
3. Depth 4

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 145 ft.
2. Yield 10 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).

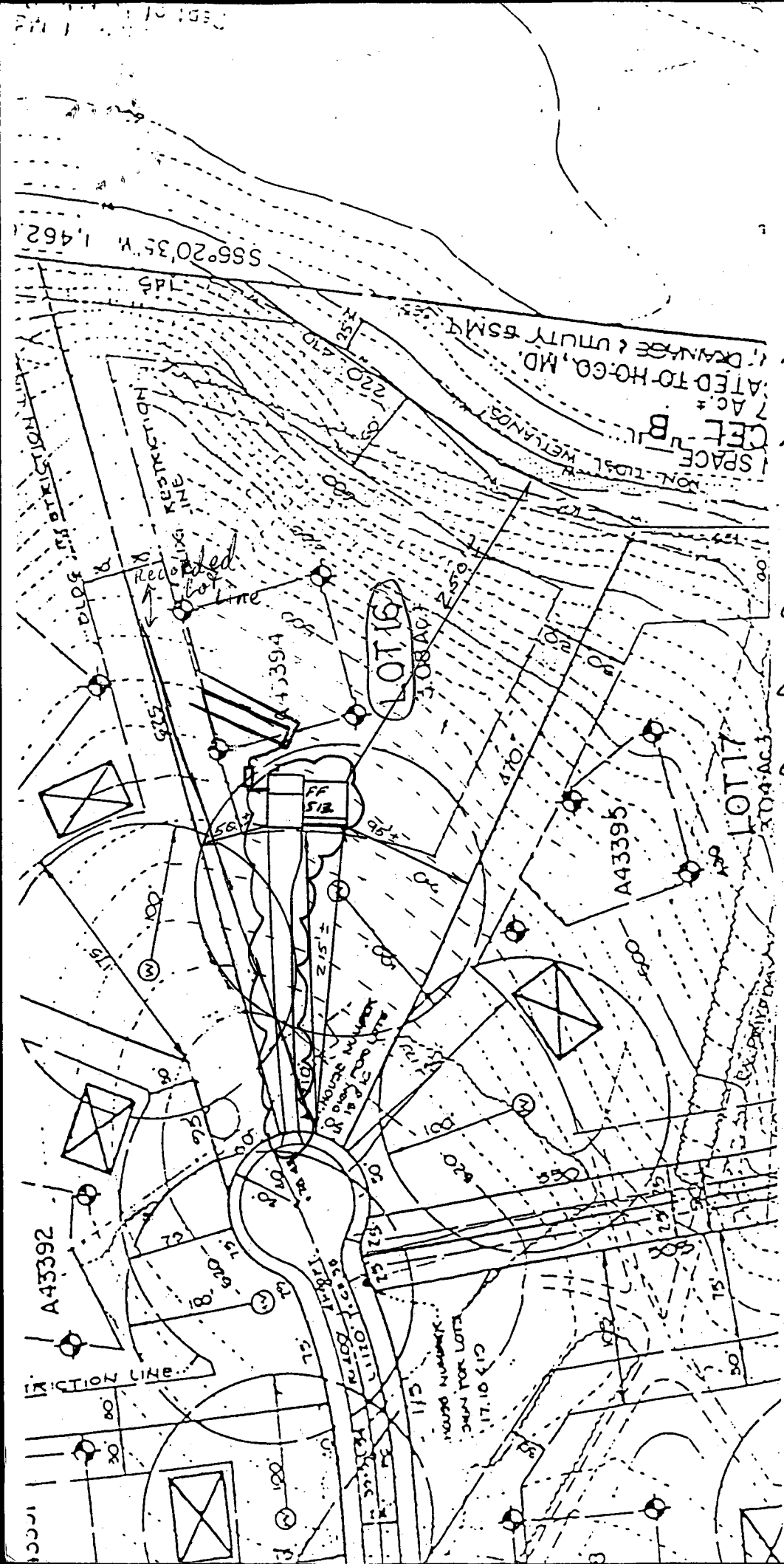
All information given above is true to the best of my knowledge.

Signature of Applicant: Edgar E Parry

Date: 11-2-93

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

HD-215



LOT-16
CABIN BRANCH FARM

INVERT OUT OF HOUSE
505.00

INVERT INTO SEPTIC TANK
504.80

INVERT OUT OF SEPTIC TANK
504.45

INVERT INTO DIST. BOX
504.10

INVERT INTO TRENCH
504.00

EXISTING GRADE @ TANK
509.00

EXISTG GRADE @ BOX
507.00

EXISTG GRADE @ TRENCH
507.00

WELL ELEVATION
513.00

3 TRENCHES 70'