

12/22/94 AM  
c/o Final system installed  
ASAP = by 1/10/95  
HWPI

04-354052

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50403B  
A 43413

DISTRICT 4th

DATE 11/18/94

### INDEXED

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XX461993X 313-2640

DATE SYSTEM APPROVED 12/22/94

Md State #22-89  
Plumbing Heating & Supply (96-2622)  
848-5300

INSPECTOR *[Signature]*

Masonry Contractors, Inc. IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Cabin Branch Farms LOT 34 ROAD 3205 Brighton Court

PROPERTY OWNER *[Signature]* BUILDING PERMIT SIGNED KINNISON

ADDRESS AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS 51705 BODK3759-PO@CA

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box approximately 110 feet from left lot line (259.50') and 170 feet from the front (210.99') lot line as viewed from Brighton Court.

NOTES - MAINTAIN 100 FEET FROM TO WELL TO SEPTIC SYSTEM. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic system. OK 12/9/94 DKS

PLANS APPROVED BY Ronald J. Pinkley DATE 11/05/92

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) **NO PERMIT SIGNED AND RETURNED 2/1/2001 800128299 - DECK**

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

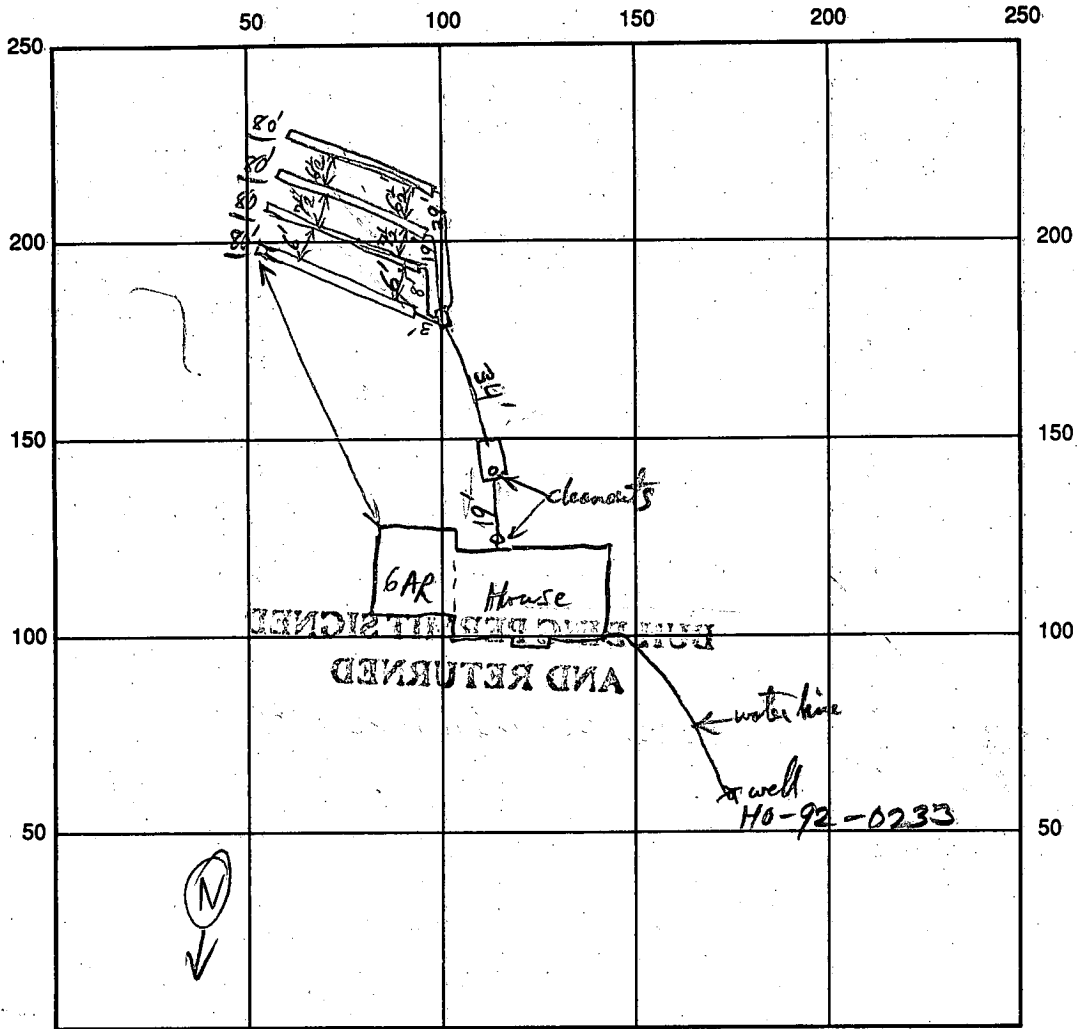
PERMIT VOID AFTER TWO YEARS

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 43413



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
Brighton Ct

SEPTIC TANK LEVEL 1250 CLEANOUTS S.T. + Hse  
 DISTRIBUTION BOX LEVEL 1175 <sup>outlet pipe on</sup> dist box Not level - Need to correct or add backflow / correct - OK to cover R/P 12/22/94  
 DRAIN FIELD/TITLE DEPTH 6' FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 123/4 / 10/20/20/50 FT.  
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: Need Level pipe in dist. box - OK to cover rest of system keep box open for final inspection  
R/P 12/22/94 D.B. pipe all back, Man, OK to cover R/P 12/22/94

WPI - pitless adapter + water line OK 3 1/2 ft R/P 12/22/94  
 DATE SYSTEM APPROVED 12/22/94 INSPECTOR R. Priddy

# APPLICATION

PERCOLATION TESTING

A 43413

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. Martin II, Inc

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE 410-239-8330 (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. 3834

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East  
from Damascus Road (3205 Brighton 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 4/21/89 - Perc OK Hold for Plat

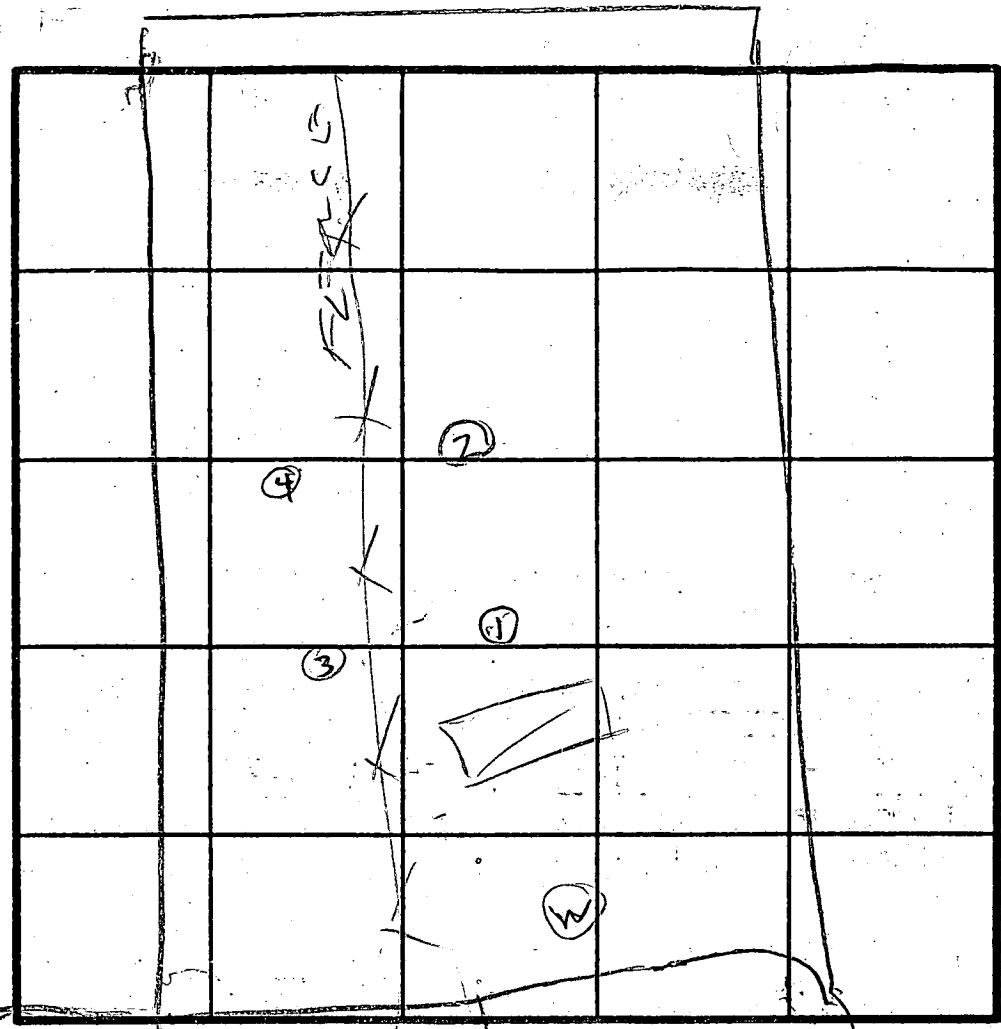
BLDG. PERMIT SIGNED  
AND RETURNED 11/29/88  
Serial # 57319-SFD-4Bm

HD-216

# THIS IS NOT A PERMIT

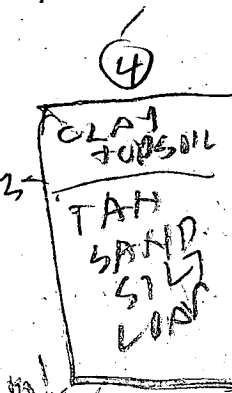
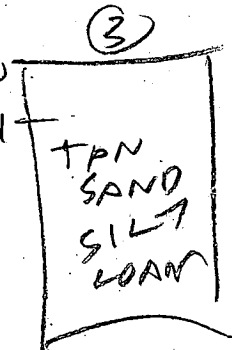
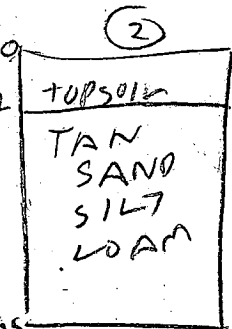
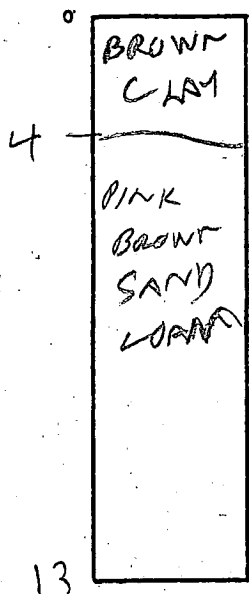
Lot 38  
A43412

1155



INLET 3'  
x 6 MIN

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/89	1 S	4.5	1152	1157	1157	1121	24
	1 V	13					
	2 S	3.5	1158	1200	1200	1206	6
	2 V	12.5					
	3 S	5	1216	1217	1217	1220	3
	3 V	5	1216	1217	1217	1220	3
	3 V	11.5	OK				
	4 V	12 1/2	OK				

REMARKS: Ho Br ① ② ③ ④ dug per test plan

TYPE OF SOIL

TESTED BY: R. Hodger

ALSO PRESENT: Rocky, James, Jeff

B 1 03936

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-92-0233

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

please print or type

fill in this form completely

Date Received (APA)

090392

OWNER INFORMATION

ERALL DEVELOPERS, BOX 659, MD 94, MIDDLETON

B 3

LOCATION OF WELL

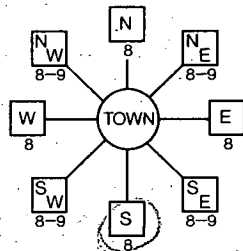
HOWARD COUNTY, CABIN BRANCH FARM, SECTION 44, LOT 34, LISBON

DRILLER INFORMATION

Joseph L. Mayne, 238, Joseph L. Mayne Well Drilling, 5512 Ridgely Rd. Int. Hwy 2177

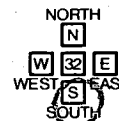
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brighton Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



40 DISTANCE FROM ROAD

ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only), Farming, Industrial, Commercial, State and Federal Gov. Other, Public or private water company, Test, observation, monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, A43413 COUNTY NO., DATE ISSUED 1/10/92, CO SIGNATURE, NORTH GRID 531000, EAST GRID 0466000

APPROXIMATE DEPTH OF WELL 260 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

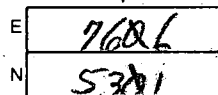
METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jettied & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, DRive-POINT

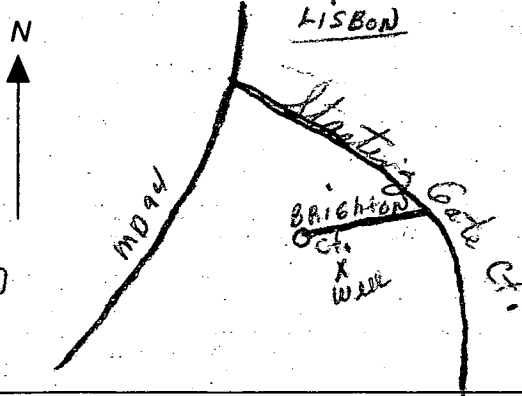
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. Well

12/2/92 Ground 9:30, location OK only - JS

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)

- 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 deepen an existing well

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE RA PERMIT No. HO-92-0233

SPECIAL CONDITIONS

C1 6627 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 43413

ST/CO USE ONLY  
 DATE RECEIVED

DATE WELL COMPLETED  
120292

Depth of Well  
380  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
A0-92-0233

OWNER Full Developers  
 STREET OR RFD last name Brighton Ct first name Lisboa TOWN  
 SUBDIVISION John Branch farm SECTION LOT 34

**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	72	
Blue Rock	72	380	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 18 NO. OF BOUNDS 1699  
 GALLONS OF WATER 108  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 50 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 51  A 75

**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

**C2**  
 DEPTH (nearest ft.)  
 1 H0 74 380  
 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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.) 2  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 42  
 WHEN PUMPING 281  
 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 (nearest foot)  
 - below }

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

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)

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 & Supply

Telephone 848-5300

License Number Md State 2289

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner \_\_\_\_\_

Telephone \_\_\_\_\_

Subdivision Cabin Branch Farm Lot # 34

Well Tag # HO-92-0233

Site Address 3205 Brighton Court

**Pump**

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_
2. Make \_\_\_\_\_
3. Model # \_\_\_\_\_
4. Capacity \_\_\_\_\_ 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 \_\_\_\_\_
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

**Pitless Adapter**

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth \_\_\_\_\_

**Tank**

1. Capacity \_\_\_\_\_
  2. Pressure relief valve? \_\_\_\_\_
- pitless adapter + water line ok @ 3 1/2 ft  
 12/22/94*

**Piping**

1. Type \_\_\_\_\_
2. Size \_\_\_\_\_
3. NSF and/or BOCA Code approved \_\_\_\_\_
4. Depth of supply line \_\_\_\_\_

**Well data**

1. Depth \_\_\_\_\_ ft.
2. Yield \_\_\_\_\_ GPM
3. Static water level \_\_\_\_\_ ft.
4. Will water supply be disinfected by installer? \_\_\_\_\_

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: \_\_\_\_\_

Date: \_\_\_\_\_

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

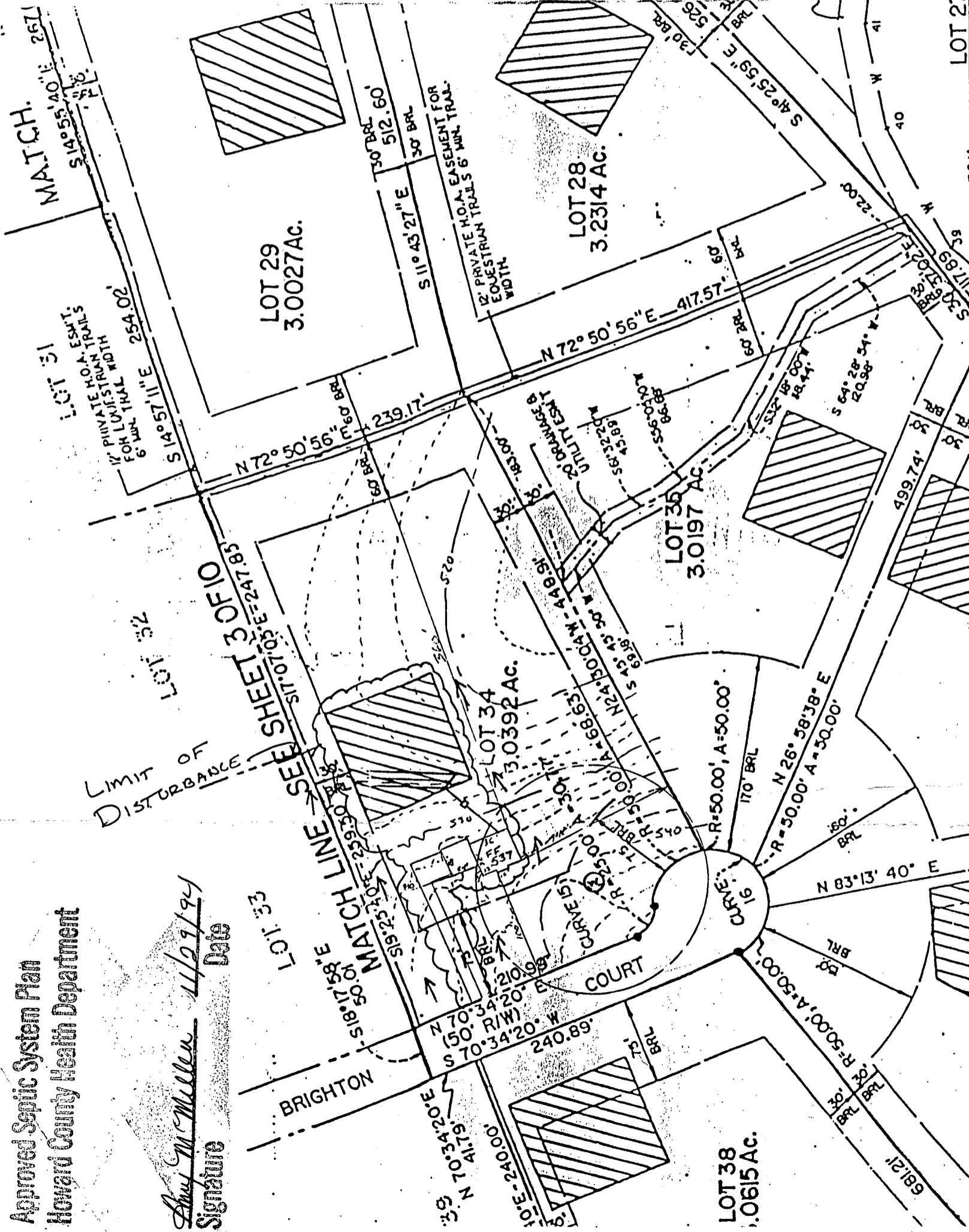
# LOT 34 CABIN BRANCH

INVERT OUT OF HOUSE - 525  
 INVERT INTO SEPTIC TANK - 524.6  
 INVERT OUT OF SEPTIC TANK - 524.25  
 INVERT INTO DIST. BOX - 524  
 INVERT INTO TRENCH - 523.5

EXISTING GRADE @ TANK - 529  
 EXISTING GRADE @ BOX - 527  
 EXISTING GRADE @ TRENCH - 527  
 WELL ELEVATION - 542  
 MANHOLE C/O REQUIRED  
 ON ST.

QUESTIONS:

STEVE ROTH 1-800-237-8330



Approved Septic System Plan  
 Howard County Health Department

*Ann M. Miller*  
 Signature  
 11/29/94  
 Date

SEE SHEET 3 OF 10  
 MATCH LINE

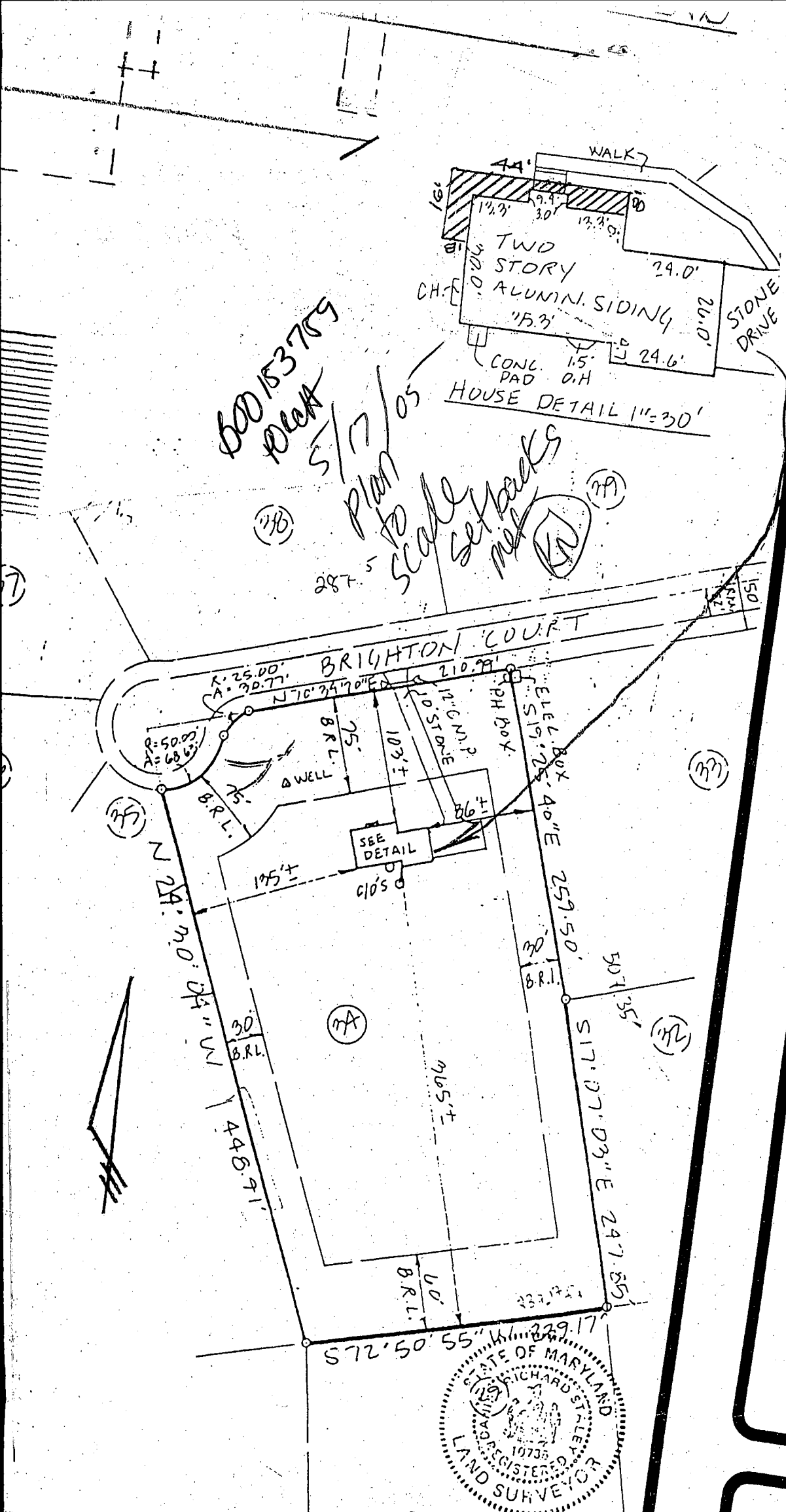
LIMIT OF DISTURBANCE

BRIGHTON

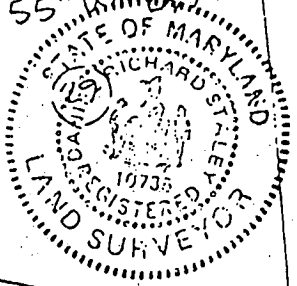
COURT



New Core



Mr. & Mrs. Jim Kinnison  
 3205 Brighton Court  
 Woodbine, Maryland 21797



DRAWN	W.H.C.
CHECKED	M.A.B.
DATE	04-29-05
SCALE	AS NOTED
JOB NO.	022-05
SHEET	

**B.C. GRAPHICS**  
 2000 GRIFFIS AVENUE  
 BALTIMORE, MD 21230-1505

ed Insured  
 5982

**PRO**  
**MODELING**

actor

in:

- Painting
- Basement & More

Bus./Fax: 410-