

8/30/93 10:00 ✓ LAYOUT / JSP
9/13/93
(11:30-12:00)

P.C.O. (Neep) houses connection
9/29 ✓ JSP - 9/13/93
CBO

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-354125

P 49383

A 43421

DISTRICT 4th

DATE 6/30/93

DATE SYSTEM APPROVED 9/29/93

INSPECTOR CBO

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

Masonry Contractors, Inc. / Frall Contr. IS PERMITTED TO INSTALL ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland PHONE 239-8330 795-1866

SUBDIVISION Cabin Branch Farm LOT 41 ROAD 3219 Starting Gate Court

PROPERTY OWNER Martin II

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION - Place distribution box 85 feet from left (514.00') lot line and 70 feet from front (254.24') lot line as viewed from Starting Gate Court. Install trenches on contour toward ~~front lot line and~~ back lot line.

NOTES - Maintain minimum 125 feet well to septic trench distance. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 7/15/93

PLANS APPROVED BY Ronald J. Pinkley/Raymond Hodges DATE 4/27/93

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

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

A
43421

237P
9/15/93
(P.M. 1300)

Final
OK
CBO

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

PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
LINE

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Plumbing, Heating & Supplies Inc.

Telephone 410-848-5300

License Number 5165

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Masonry Contractors

Telephone 410-239-8330

Subdivision Cabin Branch Farm Lot # 44

Well Tag # 92-02-69

Site Address Starting Gate Court

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goolds
- Model # SE505422
- Capacity 5 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Howard
- Model # B-300K
- Depth 4

Tank

- Capacity 7
- Pressure relief valve? yes

Piping

- Type Plastic
- Size 1
- NSF and/or BOCA Code approved NSF
- Depth of supply line 4

Well data

- Depth 285 ft.
- Yield 6.5 GPM
- Static water level 40 ft.
- 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: 7-24-93

card 9/3

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

LOT-41 CABIN BRANCH

7/13/93

REVISED PLANS

OK
R. Hodge 9

- 562.46
- INV OUT OF HOUSE - 561.58
- INV INTO TANK - 561.25
- INV OUT OF TANK - 561
- INV INTO BOX - 560.75
- INV INTO TRENCH - 560.5

3 TRENCHES
OF EQUAL LENGTH

QUESTIONS

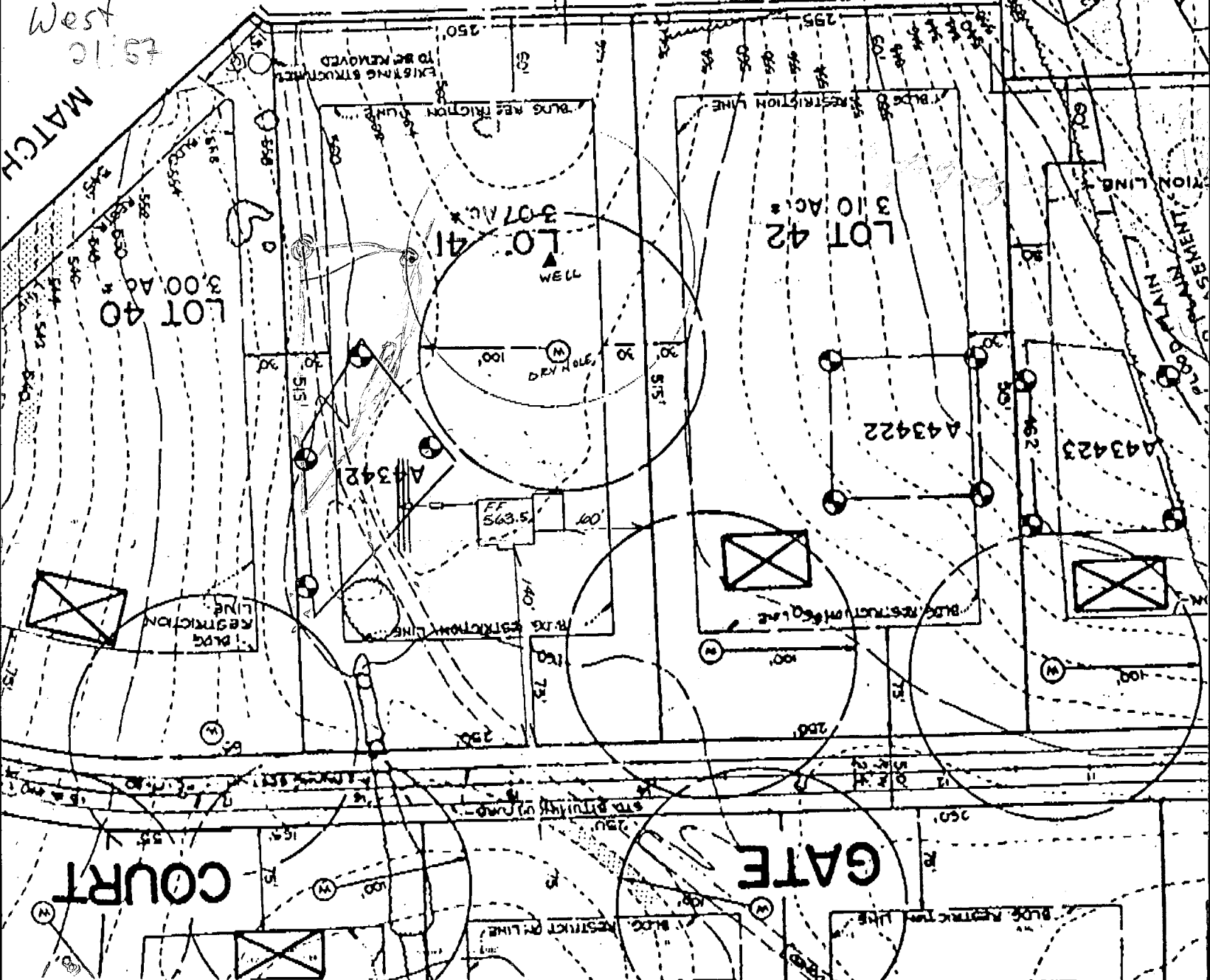
BILL COLEMAN
40 239 8330

- EXISTING GRADE @ 5.00
- TANK - 563
- BOX - 562.5
- TRENCH - 562.5

5'2" 68" 8'8"

D.R.S.

52 Winters St
West
21512



APPLICATION

PERCOLATION TESTING

A 43421

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 II

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE (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. 4541

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3219 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 4/24/89 Perc OK Hold for Plat R/H

BLDG. PERMIT SIGNED
AND RETURNED 7/13/93
Serial # 49484 - SFD - 4Bmm

THIS IS NOT A PERMIT

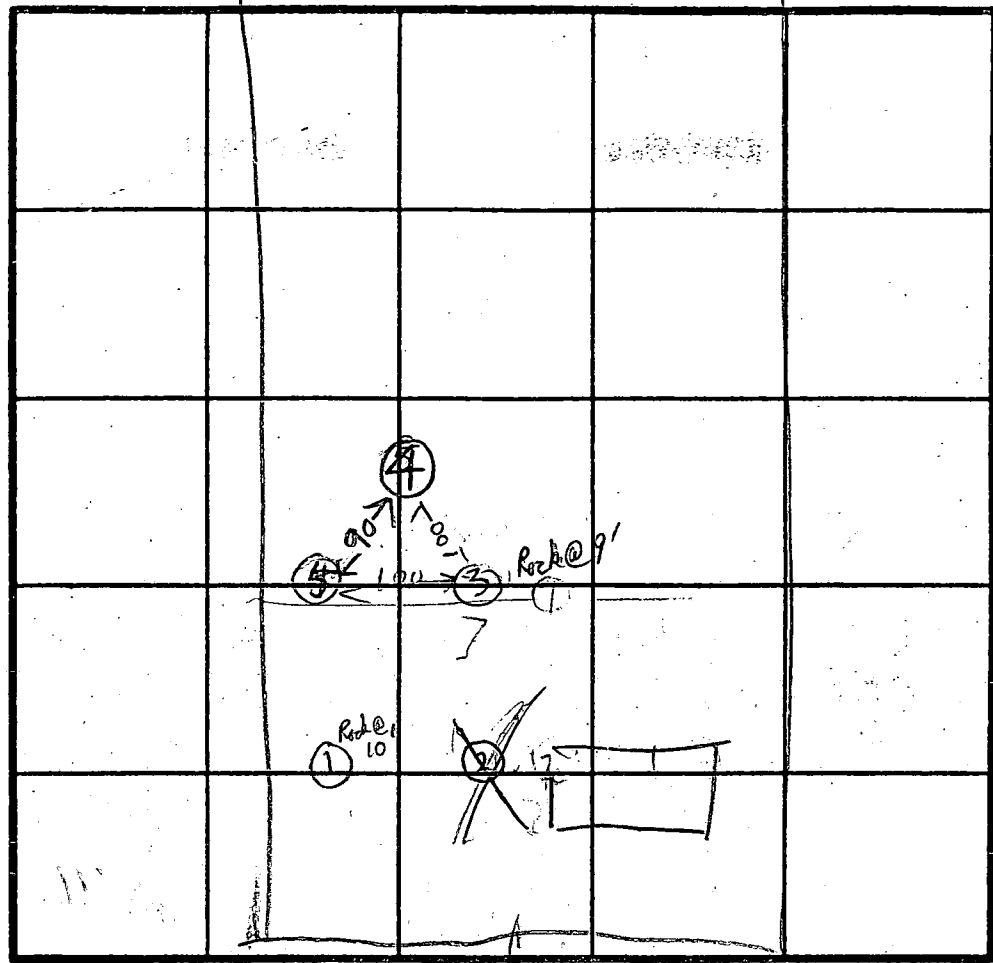
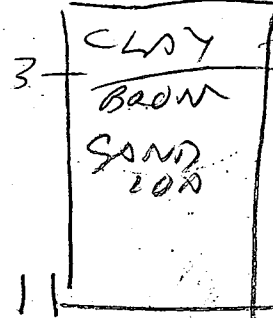
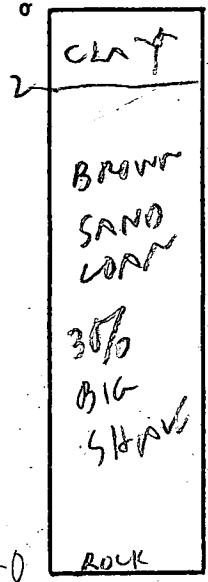
HD-216

Lot 45
A 4342

Lot 3
Foley

(5)

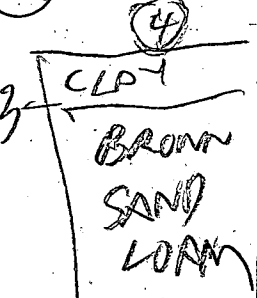
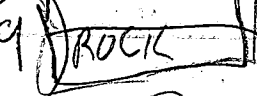
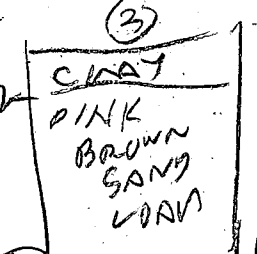
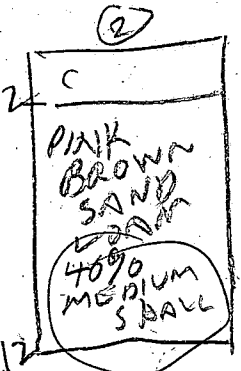
SOIL PROFILE



INGT 3'
X 7 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED RD



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/24/89	1S	3	151	156	156	204	8
	2S	10					
	2S 2S	3.5	210 wet	145 sec	2nd	44 sec	FAIL
	2S 2S	3.5	214 wet	25 sec	2nd	60 sec	FAIL
	2S	7	220	1st wet	10 sec		FAIL
	2S	12	FAIL	20	2nd	5 sec	
	3S	4	227	230	230	230	8
	3S	9	OK	SHA	LOW		
	4S	4	244	257	257	310	13
	4S	12					
	5S	4.5	252	258	258	304	6
	5S	11					

REMARKS: Holes (1)(2)(3)(5) dug per Test Plan Hole (4) differently

TYPE OF SOIL _____

TESTED BY: R. HODGES ALSO PRESENT: Rocky

W

C1 6689 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 43421

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
 04 26 93

Depth of Well
 22 285 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 H0-92-0267

OWNER Kroll Developer
 STREET OR RFD starting Gate Ct. TOWN Lisbon
 SUBDIVISION Cabin Beach farm SECTION 11 LOT 41

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	67	
Blue Rock	67	285	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 13 NO. OF POUNDS 1229
 GALLONS OF WATER 78
 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 STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 16 Total depth of main casing (nearest foot) 70

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	H0 09	285
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. 232
 DRILLERS SIGNATURE [Signature]
 (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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 40
 WHEN PUMPING 159
 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
 (CIRCLE) (YES or 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 } 1 (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

Date Received (APA)
090392

OWNER INFORMATION

FRANK DEVELOPERS
15 Last Name 34 Owner First Name

ACT 159
36 Street or RFD 55

MT AIRY **MD 21777**
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
8 COUNTY 21

CABIN BRANCH FARM
23 SUBDIVISION 42

SECTION LOT **41**
44 46 48 50

LISBON
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **4** MI
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne **238**
Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy 2177
Address

Joseph L. Mayne 9/7/92
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD
Martha Gate Ct. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD
025
34 37 ENTER FT or MI **FF**
38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

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 **A43421**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **12 18 92**
43 48 CO-SIGNATURE **[Signature]** EXP. DATE **6-8-93**

NORTH GRID **532000** EAST GRID **0766000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET
24 28

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

7006
5302

000
000

4/26/93 9:30
location
only 70'
over 50+
great 13 legs
8/29/93

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

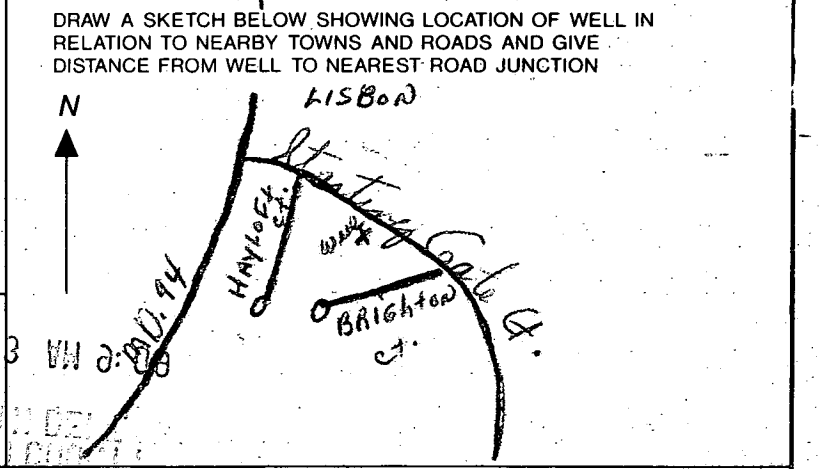
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



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

APPROX. PERMIT NUMBER _____ GAP _____ 05 FEB - 3
54 63

FORCE **AP** WRITE INITIALS IN BOX PERMIT No. **HD-92-0269**
67 68 70 71 72 73 74 75 76 77 78 79