

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-354168

P 49449

A 43424

DISTRICT 4th

DATE 7/16/93

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
313-2640

INDEXED

DATE SYSTEM APPROVED 10/4/93

INSPECTOR ALM

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21202 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 44 ROAD 3207 Hayloft Court

PROPERTY OWNER Martin H Thomas + Caroline Noonan

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

*4 x 12" = 710  
3 1/2" = 3100  
BLDG. PERMIT SIGNED  
AND RETURNED 3/19/97  
Serial # 53360-16 4498  
detached garage*

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 1/2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place distribution box 145 feet from front lot line (Hayloft Court) and 125 feet from left lot line (220.00'). Run trenches on contour, initial trenches to right, future trenches 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. *OK/MR 2/21/93*

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin

REVISED DATE 12/30/92

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)

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

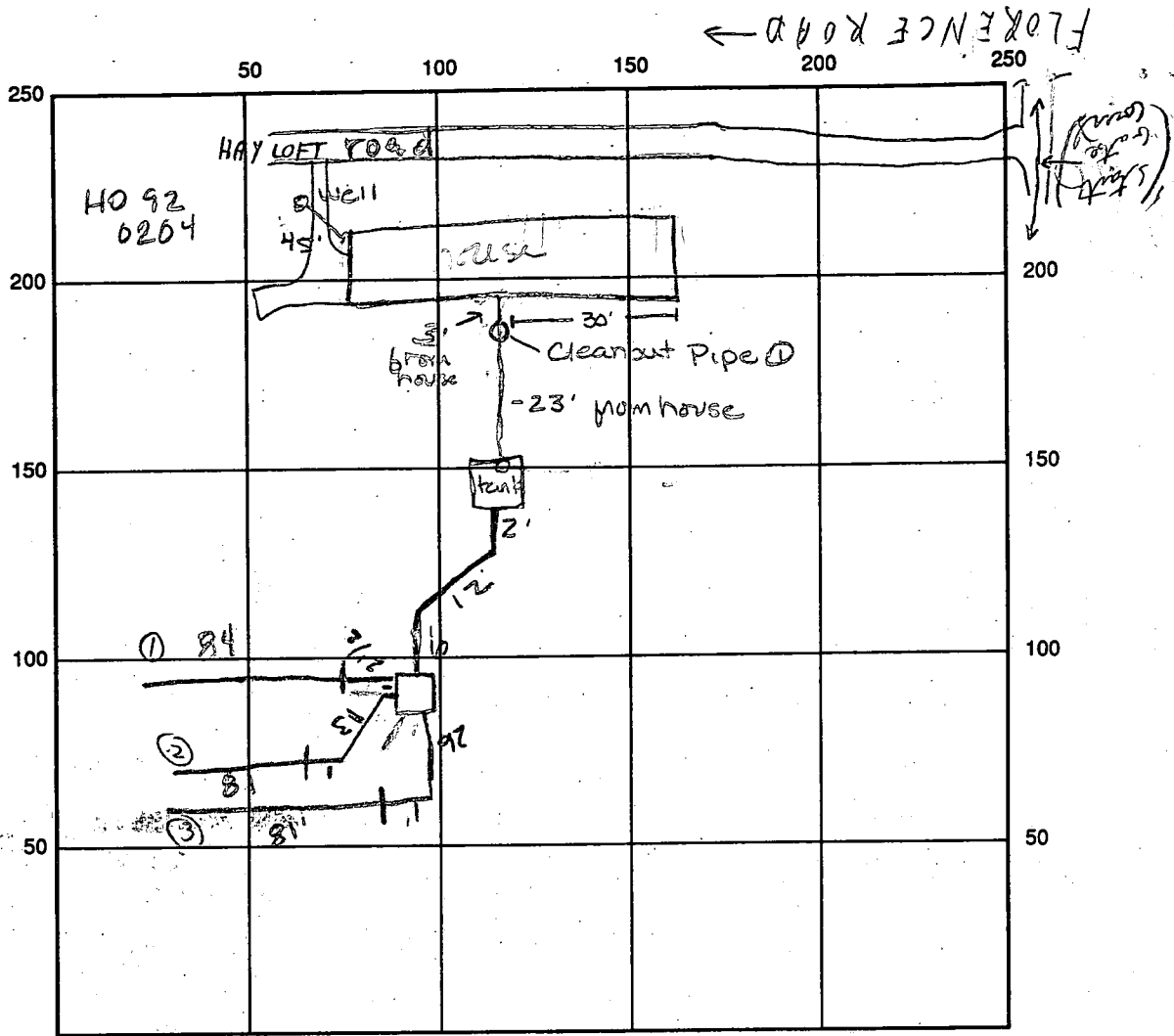
PERMIT VOID AFTER TWO YEARS

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 49449



SEPTIC TANK LEVEL OK CLEANOUTS 9T OK CO #1 OK

DISTRIBUTION BOX LEVEL OK baffle is in

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

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 246 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT.

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

ABSORBENT AREA 738 SQ. FT.

REMARKS: 8/25 Severe bedrock at back end of tank Distribution box to be set 28' back from tank, 3 trenches 80' long. Contractor agrees to start inside scope of tank 3 holes dug when site area soils OK

8/26 All work complete at arrival OK. to cover - Needs 3ft connection from house to cleanout M+C Rd 10/4/93 House connection made ALM

DATE SYSTEM APPROVED 10/4/93 INSPECTOR Amy McMillan

# APPLICATION

PERCOLATION TESTING

A 43424

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, Jr*

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE <sup>410-239-8350</sup> (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. 48/44

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East  
from Damascus Road (3207 Hayloft 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 \_\_\_\_\_

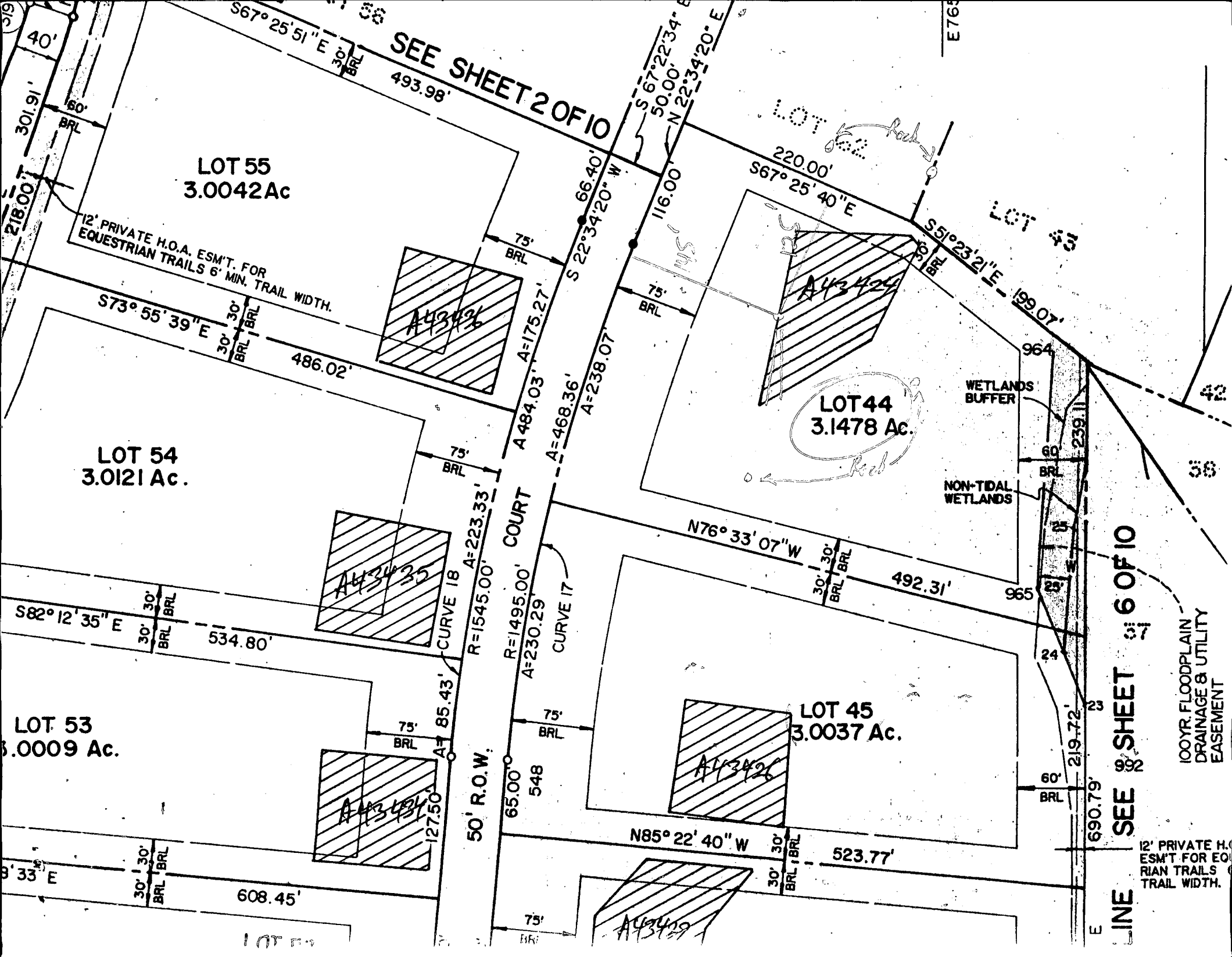
REASONS FOR REJECTION OR HOLDING 4/27/89 Per OK 5 shallow

*Hold for Paul R...*  
BLDG. PERMIT SIGNED AND RETURNED 7/19/83  
Serial # 49754  
SFD-4/Bim

# THIS IS NOT A PERMIT

HD-216





SEE SHEET 2 OF 10

LOT 55  
3.0042 Ac

LOT 54  
3.0121 Ac.

LOT 53  
3.0009 Ac.

LOT 44  
3.1478 Ac.

LOT 45  
3.0037 Ac.

12' PRIVATE H.O.A. ESM'T. FOR  
EQUESTRIAN TRAILS 6' MIN. TRAIL WIDTH.

WETLANDS  
BUFFER  
NON-TIDAL  
WETLANDS

100YR. FLOODPLAIN  
DRAINAGE & UTILITY  
EASEMENT

50' R.O.W.

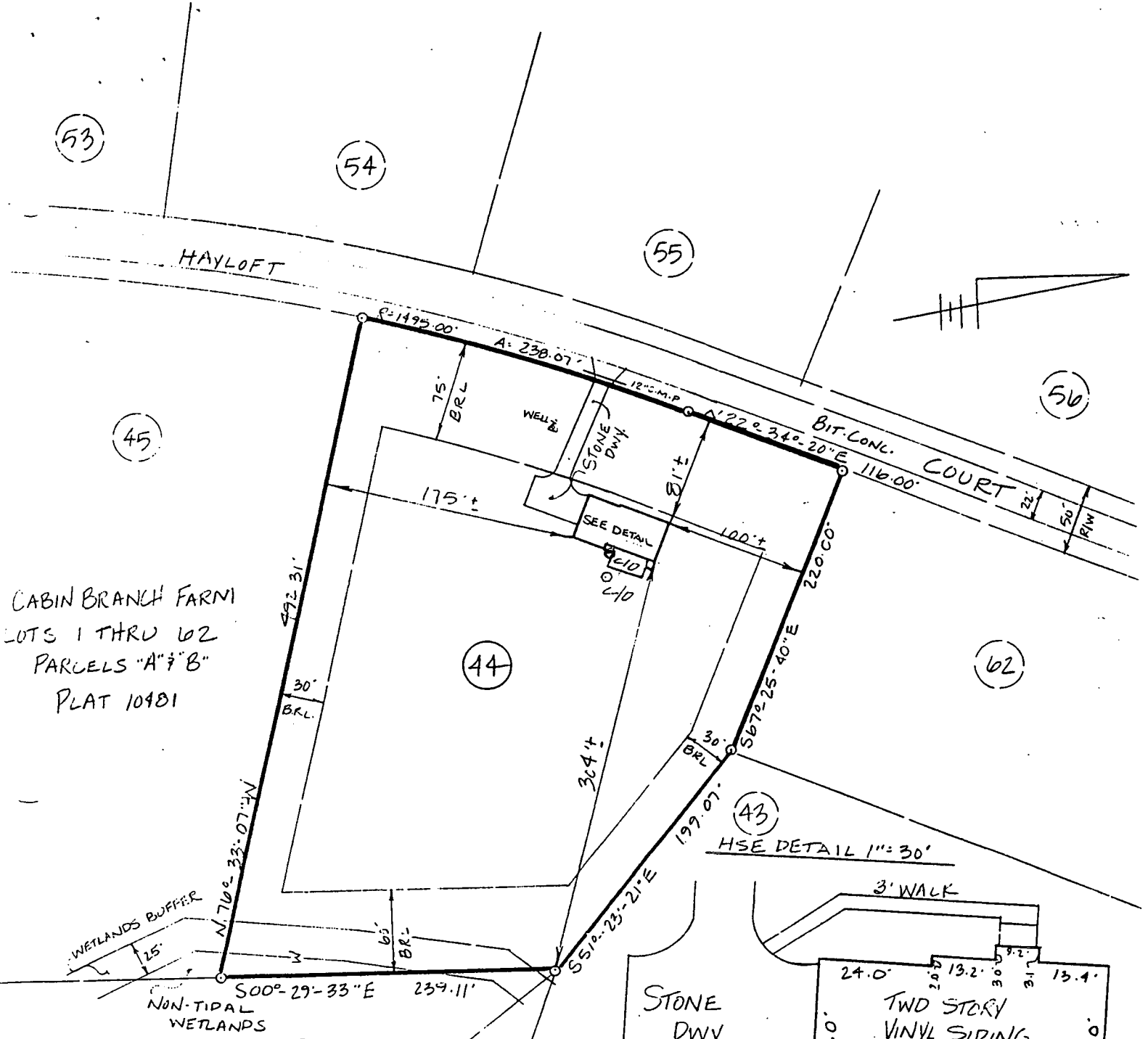
COURT

LINE SEE SHEET 6 OF 10

12' PRIVATE H.O.A. ESM'T. FOR EQUESTRIAN TRAILS 6' MIN. TRAIL WIDTH.

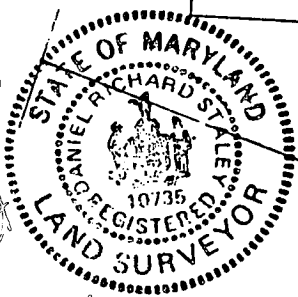
flood prone or flood hazardous area.

Westminster, this 11-th day of October, 1993.



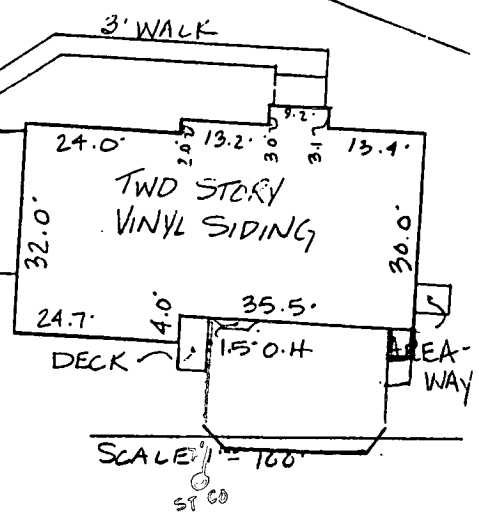
CABIN BRANCH FARM  
 LOTS 1 THRU 102  
 PARCELS "A" & "B"  
 PLAT 10481

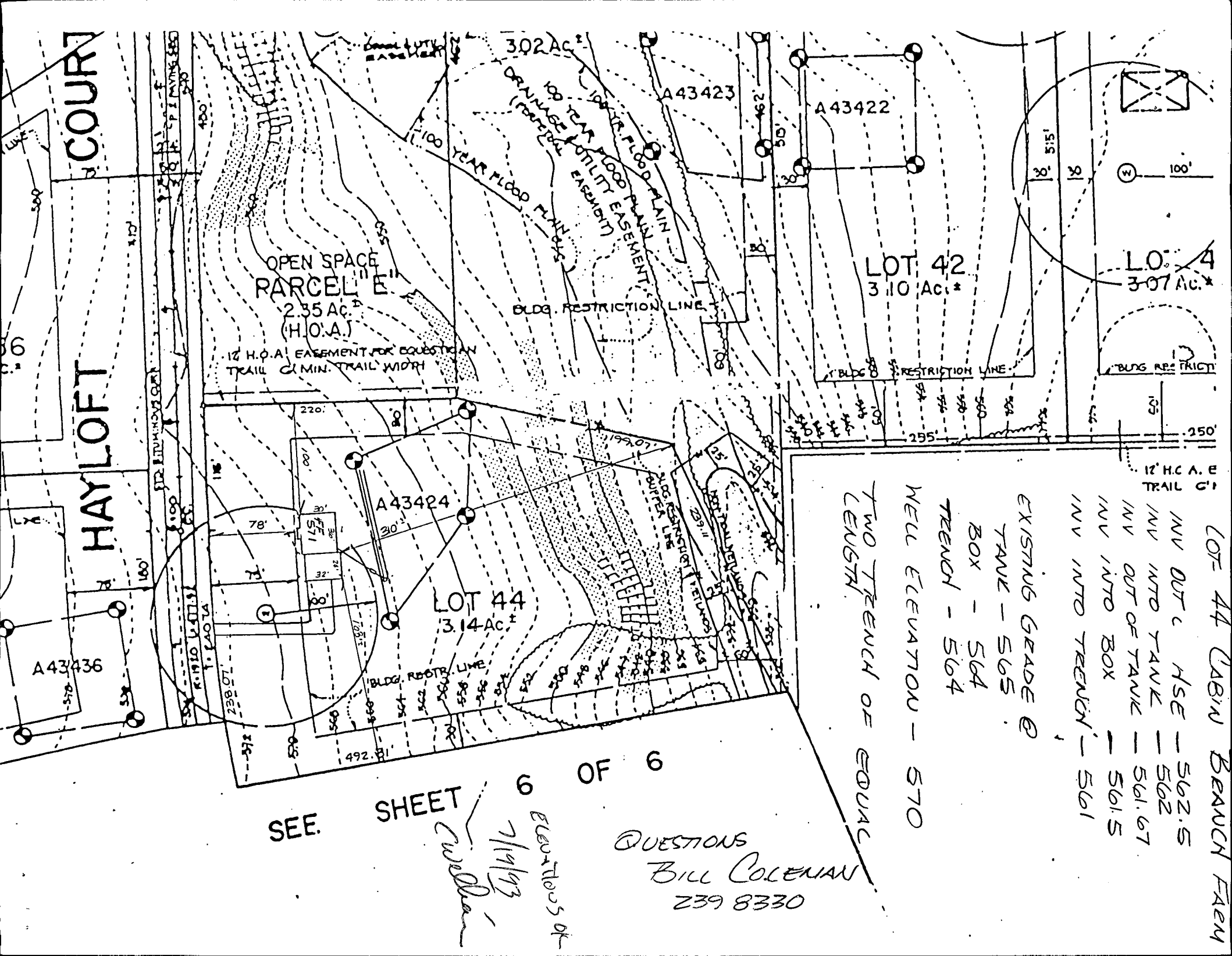
*Daniel R. Staley*  
 DANIEL R. STALEY L.S. # 10735



*4/6/94  
 Proposed  
 addition  
 has no impact  
 to watershed  
 well or  
 stream*

52 WINTERS STREET, WESTMINSTER, MARYLAND 21157  
 (410) 848-4060 • (410) 876-6040





COURT

HAYLOFT

OPEN SPACE  
PARCEL  
2.35 AC.  
(H.O.A.)

12' H.O.A. EASEMENT FOR EQUESTRIAN  
TRAIL (MIN. TRAIL WIDTH)

302 AC.  
DRAINAGE EASEMENT  
(FOREVER EASEMENT)  
100 YEAR FLOOD PLAIN  
LOWER FLOOD PLAIN  
100 YEAR FLOOD PLAIN

BLDG. RESTRICTION LINE

LOT 42  
3.10 AC.\*

LOT 4  
3.07 AC.\*

LOT 44  
3.14 AC.\*

TWO TRENCH OF EQUAL  
LENGTH

WELL ELEVATION - 570

EXISTING GRADE @  
TANK - 565  
BOX - 564  
TRENCH - 564

LOT 44 CABIN BEACH FARM  
INV OUT - 562.5  
INV INTO TANK - 562  
INV OUT OF TANK - 561.67  
INV INTO BOX - 561.5  
INV INTO TRENCH - 561

SEE SHEET 6 OF 6

QUESTIONS  
BILL COLEMAN  
239 8330

*Bill Coleman*  
7/14/93  
ELEVATIONS OF

A43436

A43424

A43423

A43422

12' H.O.A. E  
TRAIL 6'

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 Inc

Telephone 410-848-5500

License Number 5165

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

Name of Property Owner Masonry Contractors Inc

Telephone 410-239-8330

Subdivision Cabin Branch Farm Lot # 44

Well Tag # 40-92-0204

Site Address Hayloft Ct

**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? \_\_\_\_\_

**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? \_\_\_\_\_

*Plumber suggest 3/2" pipe under driveway 8/30/99 ABM*

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.

C 1 SEQUENCE NO. (DENV 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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: last name, first name, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown Shale 0-38, Blue Rock 38-165.

GROUTING RECORD

WELL HAS BEEN GROUTED (yes/no), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Each casing diameter, depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

C 2

DEPTH (nearest ft.) table with columns for each screen section (1-3) and rows for depth (8-21, 23-36, 38-51). Includes SLOT SIZE and DIAMETER OF SCREEN.

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 (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour), PUMPING RATE (gal. per min. to nearest gal.), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (for test) (A, C, J, P, R, S, T)

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, - below) LAND SURFACE (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)

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)

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

B 1 **03910** SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

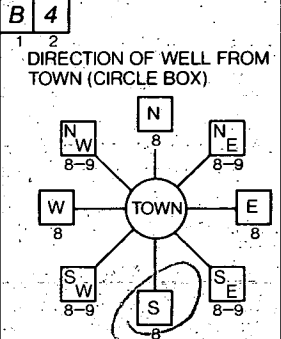
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HD-92-0204**  
fill in this form completely

Date Received (APA) **090392**  
**OWNER INFORMATION**  
**FRANK DEVELOPERS**  
Last Name Owner First Name  
**BOX 659**  
Street or RFD  
**MT AIRY** **MD 21771**  
Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**CABIN BRANCH FARM** SUBDIVISION  
SECTION **44** LOT **44**  
**LISBON** NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **4** MI

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



**Hayloft Ct.** NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST 32 EAST  
SOUTH  
DISTANCE FROM ROAD **40** FT or MI  
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)  
 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** COUNTY NAME  
**A 43424** COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
**101692** CO SIGNATURE **Mark E. Ribbin** EXP. DATE **4/16/93**  
NORTH GRID **531000** EAST GRID **056400**

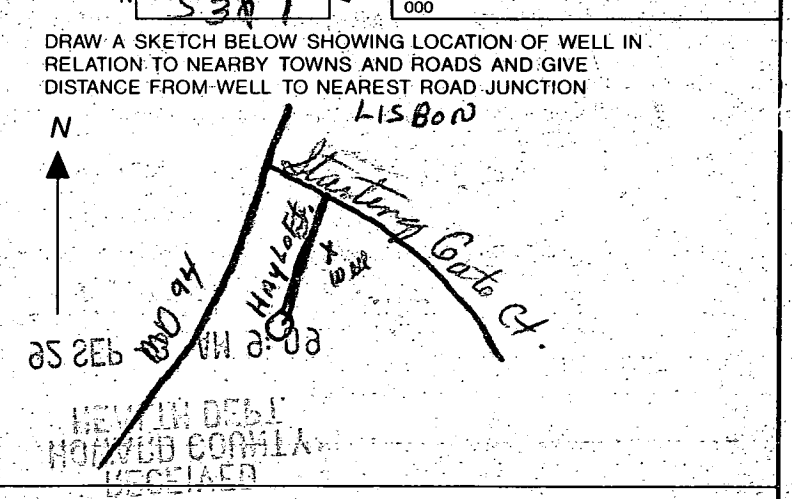
APPROXIMATE DEPTH OF WELL **260** FEET

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 \_\_\_\_\_

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  
**2605**  
**5301**

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) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER **G A P**  
FORCE **RP** WRITE INITIALS IN BOX PERMIT NO. **HD-92-0204**

SPECIAL CONDITIONS

**Plumbing,  
Heating &  
Supplies, INC.**

Received 10-15-93  
Lot - 44  
Cabin Branch

40 JOHN STREET WESTMINSTER, MARYLAND 21157  
(410) 848-5300 FAX #(410) 876-6766 (410) 876-2622

October, 15 1993

Mr. & Mrs. Thomas Noonan  
3207 Hayloft Court  
Woodbine, MD 21797

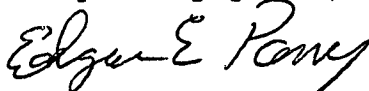
Re: Reverse Osmosis

Dear Mr. and Mrs. Noonan:

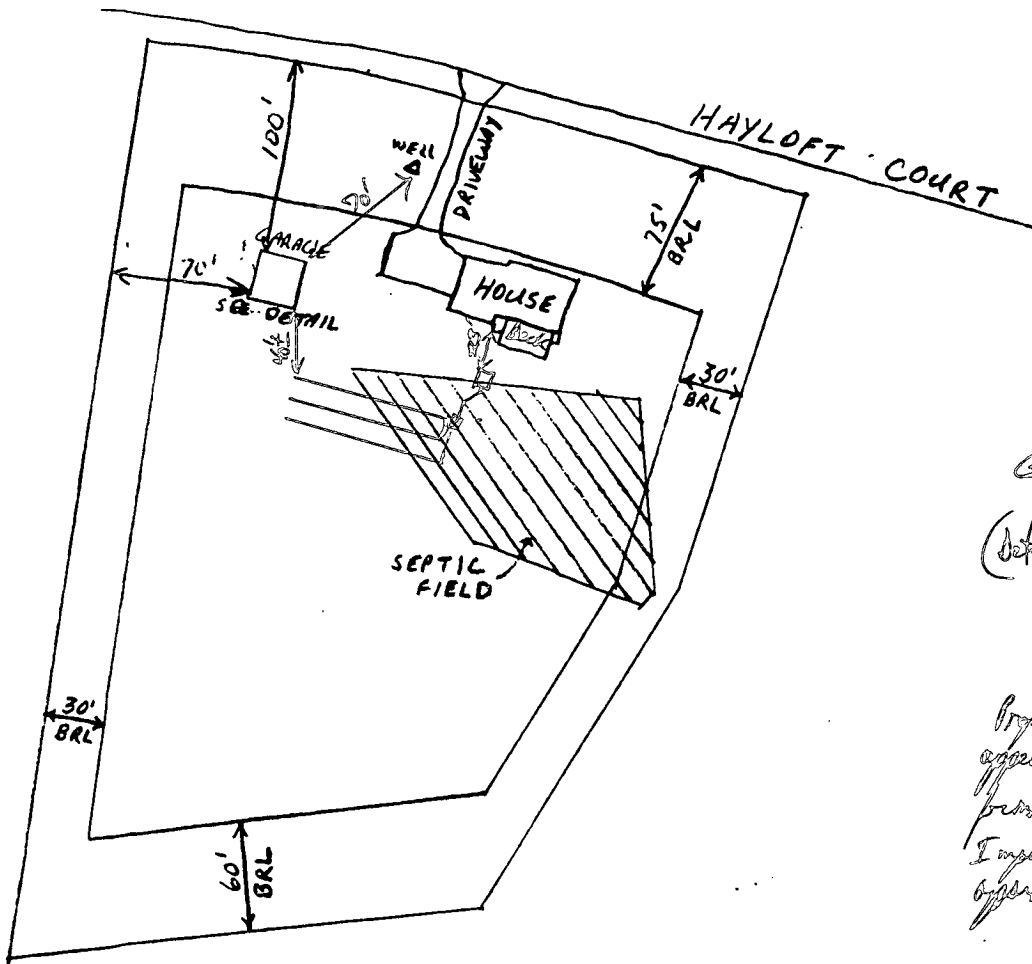
Plumbing, Heating & Supplies Inc., will service the Reverse Osmosis system installed at the above address for one year from the above date. This includes one filter and membrane change for Bruner Model #LPRO 30000133 unit.

If you have any questions, please contact me at this office.

Very truly yours,



Edgar E. Parry  
Contract Manager

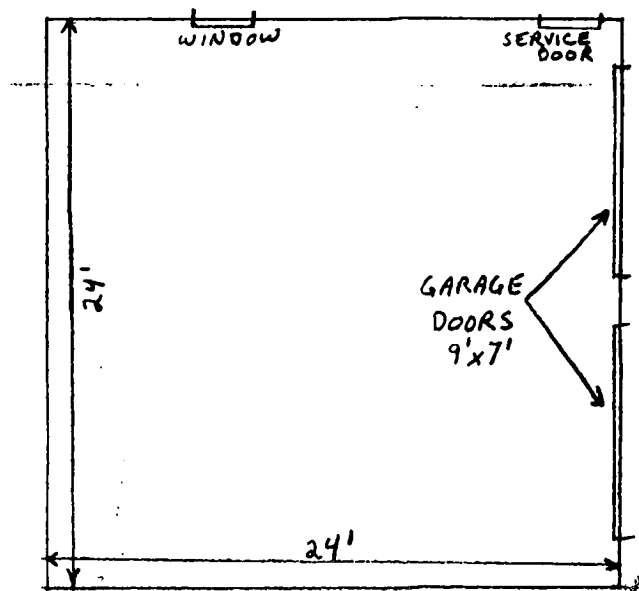


(A43424)  
 Cabin Branch Lot 44  
 3207 Hayloft Ct  
 (detached garage)

300104498

Proposed Garage  
 appears to be far enough  
 from Septic System. No  
 Impact - recommend  
 approval

GARAGE DETAIL 1" = 8'



A43424