

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

### INDEXED

DATE SYSTEM APPROVED

INSPECTOR

A 43435

DISTRICT 4th

DATE 4/30/94

6/30/94

ACM

6/2/94 Needs House Connection } 4/7 P.C.O. = 434  
P 49976B

04-354265

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102

PHONE 9-1- (410) 239-8330

SUBDIVISION Cabin Branch Farm LOT 54 ROAD 3212 Hayloft Court

PROPERTY OWNER Martin II, Inc. / JAMES BARRY

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 130 feet from front lot line and 80 feet from left (534.80) lot line as viewed from Hayloft Court. 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 5/3/94

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin

REVISED DATE 04/18/94

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.

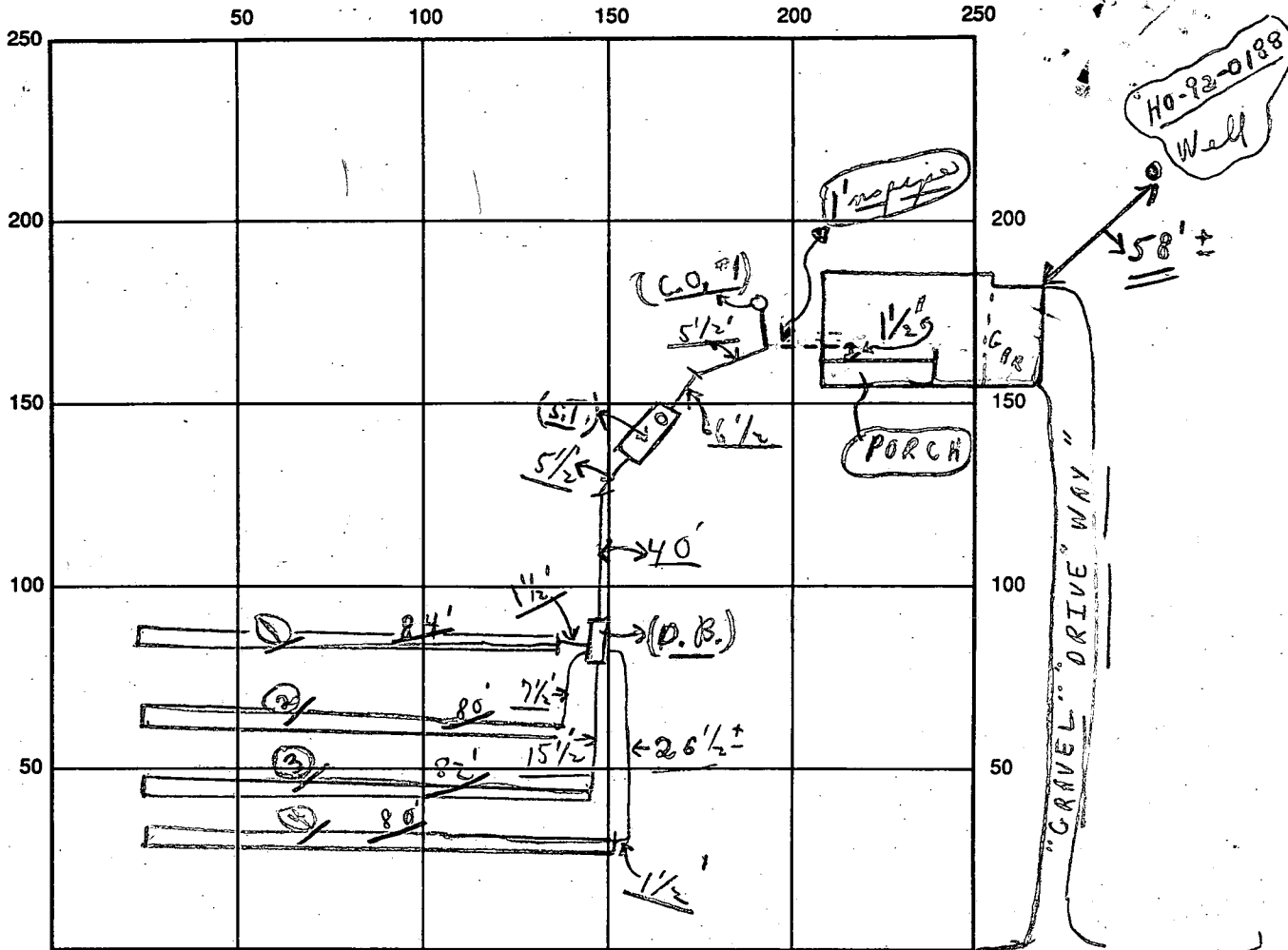
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

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

A 43435



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

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

DISTRIBUTION BOX LEVEL OK (Baffle is in) OK

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 20 FT. TOTAL LENGTH { ① 84' ; ② 80' ; ③ 82' ; ④ 80' } FT. = 326

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 978 SQ. FT.

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

ABSORBENT AREA 978 SQ. FT.

REMARKS: Partial 6/7/94 No house connection - 1' only; Partial - all done except this: OK to cover back of trenches - no finish - Material on site.

6/7/94 NEEDS HOUSE CONNECTION ONLY

DONE 6/7/94 W.P.I - ok CBS, already <sup>returned</sup> OK to BRIAN of MASONRY TOP <sup>LET THEM KNOW</sup> CBS

Note: 6/8/94 called in but done

DATE SYSTEM APPROVED 6/30/94 INSPECTOR A. McMillan

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 # 0  
Date \_\_\_\_\_  
Name of Installer Plumbing, Heating & Supplies Inc Telephone 410-844-5300  
License Number 5165  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
Name of Property Owner Earl Dew Telephone 410-239-8330  
Subdivision Cabin Branch Farm Lot # 54 Well Tag # 92-01-88  
Site Address 3212 Blaylock Ct

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Conolds  
3. Model # 7650542  
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 \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

Pitless Adapter  
1. Make Campbell  
2. Model # B-300K  
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 125 ft.  
2. Yield 10 GPM  
3. Static water level 44 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: 6-13-94

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

APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

53678

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3212 HAYLOTT COURT  
LISKEN, MD 21165

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

2 STORY Full Basement  
2 FB, 1 HB, 4 BDRMS.  
2 - GARAGE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
54	12	N/A	N/A	13		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
CAPENRANKAFAIR	R-C	13	4	6040

OWNER NAME AND ADDRESS

MARTIN II INC  
4219 HANOVER PIKE  
HANCHESTER MD 21102

PHONE NO.  
410-239-3330

OCCUPANT'S NAME AND ADDRESS

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

Same as Contr.

CONTRACTOR'S NAME AND ADDRESS

MASONRY CONT. INC.  
4219 HANOVER PIKE  
HANCHESTER MD 21102

PHONE NO.  
410-239-3330

EXISTING USE

VACANT LOT

PROPOSED USE

S.F.L.

EST. CONSTRUCTION COST

8100

LICENSE NUMBER

PERMIT FEE

SIZE OF BLDG.

TYPE OF BLDG.

B. ROOMS	ROOMS	BATHS	FIREPLACES

FOOTINGS

FOUNDATION	S. WALLS

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
		N/A	YES	Base	Y

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE: [Signature] DATE: 4-10-94

### FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/29/94	[Signature]
FIRE PROTECTION		
STORM WATER MGM.		

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the Law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

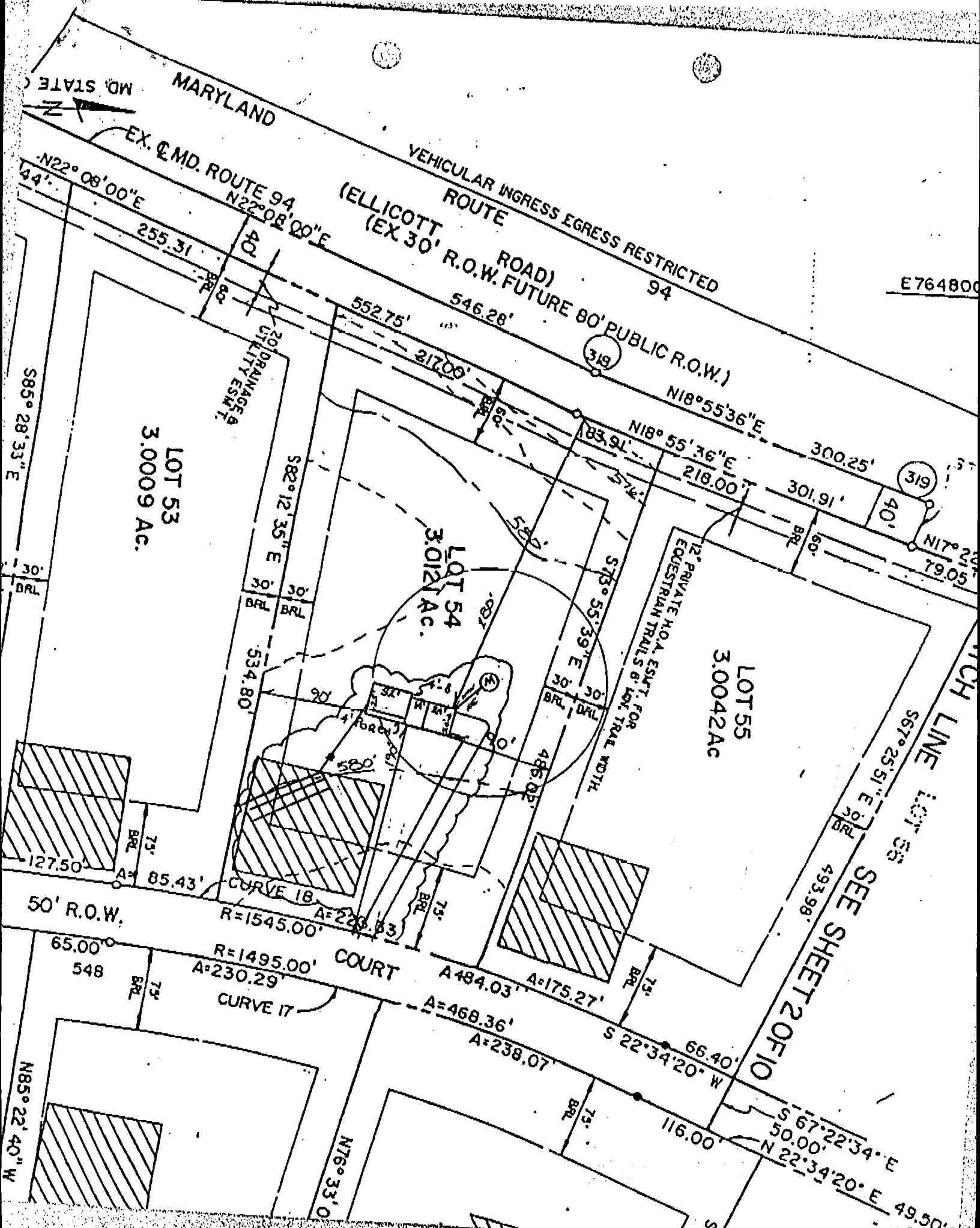
LP-69-591

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

APPROVED

DATE



INV. OUT OF HOUSE	577.8
INV. INTO SEPTIC TANK	577.5
INV. OUT OF SEPTIC TANK	577.2
INV. INTO DIST BOX	577.0
INV. INTO TRENCH	576.6
EXST'G GRADE @ TANK	580.25
EXST'G GRADE @ BOX	580.1
EXST'G GRADE @ TRENCH	580.1

Sanitary System Plan  
 Revised 4/29  
 County Health Department

*Jonathan See*  
 Signature  
 4/29/94

TWO STORY LOT 54 CABIN BRANCH

# APPLICATION

PERCOLATION TESTING

A 43435

P \_\_\_\_\_

R \_\_\_\_\_

DISTRICT \_\_\_\_\_

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 L. 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. 59 54

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East  
from Damascus Road (3212 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 Danna  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4/17/89 per OIC Hold for Percolation

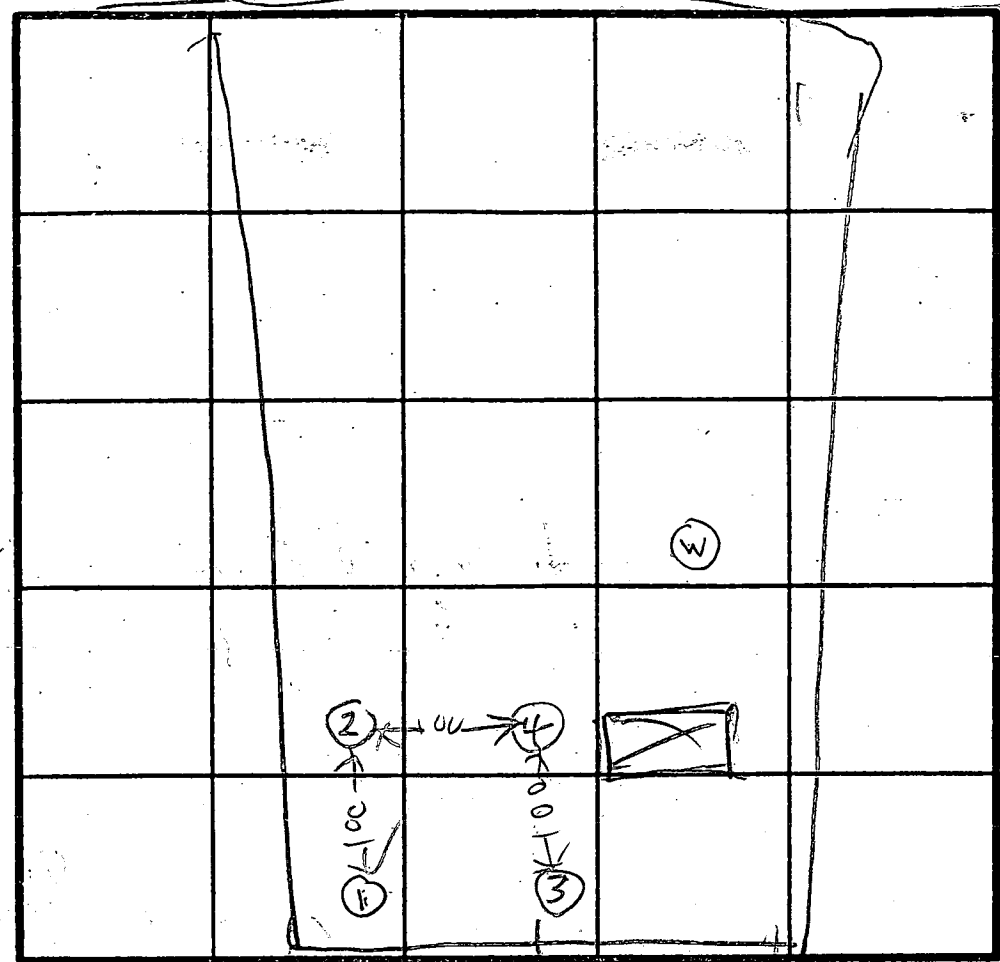
PERMIT SIGNED  
AND RETURNED 4/29/89  
Serial # 53678-SFD-4Bm

HD-216

# THIS IS NOT A PERMIT

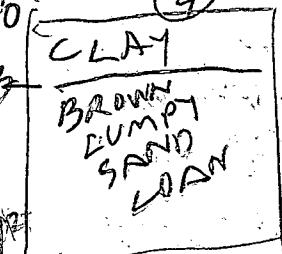
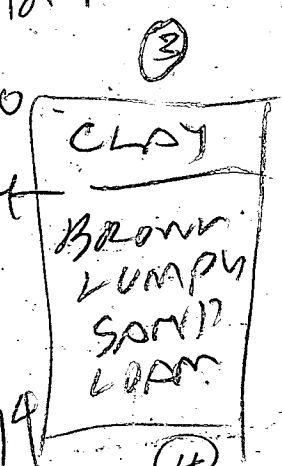
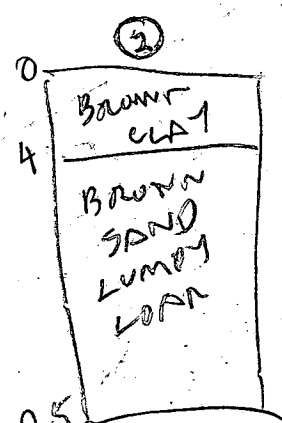
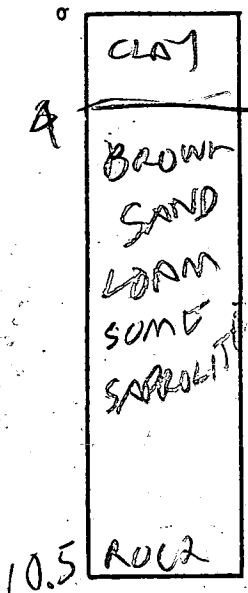
Lot 59  
X 43435

ROUTE 97



INCGT 4'  
X 12 MIN

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
UNIMPAVED RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/89	1 ✓	4	1209	1211	1211	1230	9
	1 ✓	10.5	OK				
4/17/89	2 ✓	4.5	1212	1231	1231	1251	20
	2 ✓	12.5					
	3 ✓	14	OK				
	4 ✓	4	1235	1241	1241	1250	9
	4 ✓	7.5	1235	1239	1239	1246	7
	4 ✓	13	OK				

REMARKS: <sup>002</sup> Hold Dig Per Test Plat

TYPE OF SOIL: \_\_\_\_\_

TESTED BY: R. Henderson

ALSO PRESENT: ROCKY JAMIE





C1 6779 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 A43435

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10/19/92

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-92-0188

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Brown Sand and Blue Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

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

DEPTH (nearest ft.) table with columns for screen depth and slot size

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. DRILLERS SIGNATURE SITE SUPERVISOR

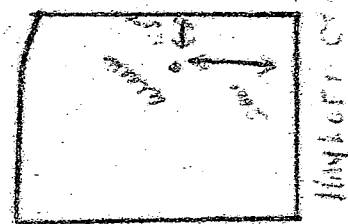
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED PUMPING RATE METHOD USED TO MEASURE PUMPING RATE WATER LEVEL BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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)



B 1 **03902** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

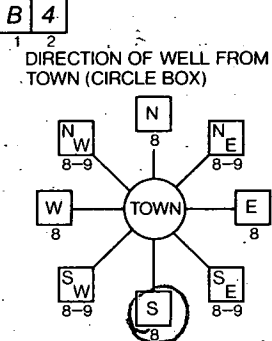
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-92-0182**  
 fill in this form completely

Date Received (APA) **090392**  
 OWNER INFORMATION  
**FRAULL DEVELOPERS**  
 Last Name Owner First Name  
**ACXG59** Street or RFD  
**W HIRBY** Town **MD 21701** State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**CABIN RANCH FARM** SUBDIVISION  
 SECTION **54** LOT  
**LISBON** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **4** M I

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



**Haystack Ct.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 DISTANCE FROM ROAD **100** 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 **A43435** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  
 DATE ISSUED **100792** CO SIGNATURE **Paul W. Kelly** EXP. DATE **4/7/93**  
 NORTH GRID **531000** EAST GRID **0565000**

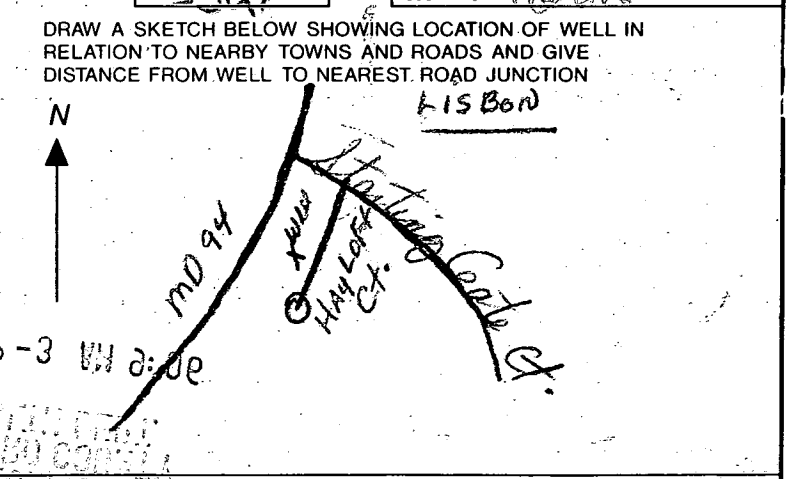
APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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  
 E **7625**  
 N **5321**  
 10/19/92 AM LOC 41' CASING OR 36' OPEN MR. 9 BAGS 10/19/92 1/2 CASING A.G. GROUT OR NOT OBS'D  
 000  
 000  
 000

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 \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **AA** WRITE INITIALS IN BOX PERMIT No. **HD-92-0182**