

11/20/95
2:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-354281

P 50912

A 43437

DISTRICT _____

DATE 10/2/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

DATE SYSTEM APPROVED 11/21/95

INSPECTOR DKS

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4219 Hanover Pike, Manchester, MD 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 56 ROAD 3204 Hayloft Court

PROPERTY OWNER Martin II, Inc. / John JAMESON

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS *Maintain 100' separation distance between well and any part of septic system or use a top seamed septic tank.

NUMBER OF BEDROOMS 3 *Manhole required, if tank cover exceeds 3'*

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

CONTRACTOR REPORTS ROCKY SOILS AT HOUSE FOUNDATION AND SEPTIC TANK, BUT SUITABLE SOILS AT TRENCH LOCATION, OK TO PROCEED 11/20/95 (CW)

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

LOCATION - Place distribution box 95' from the intersection of the front right (427.10') and rear right (131.00') lot line and 145' from rear lot line (176.54') as viewed from Hayloft Court). Install trenches on contour toward rear lot line.

NOTES - Call health department for sight inspection of first open trench before proceeding with rest of septic system installation. No trench to exceed 100' in length. Provide 6" - 8" diameter cleanout and cap to grade on septic tank.

OK/ [Signature]

PLANS APPROVED BY Ron Pinkley DATE 10/21/92, 2/24/93

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

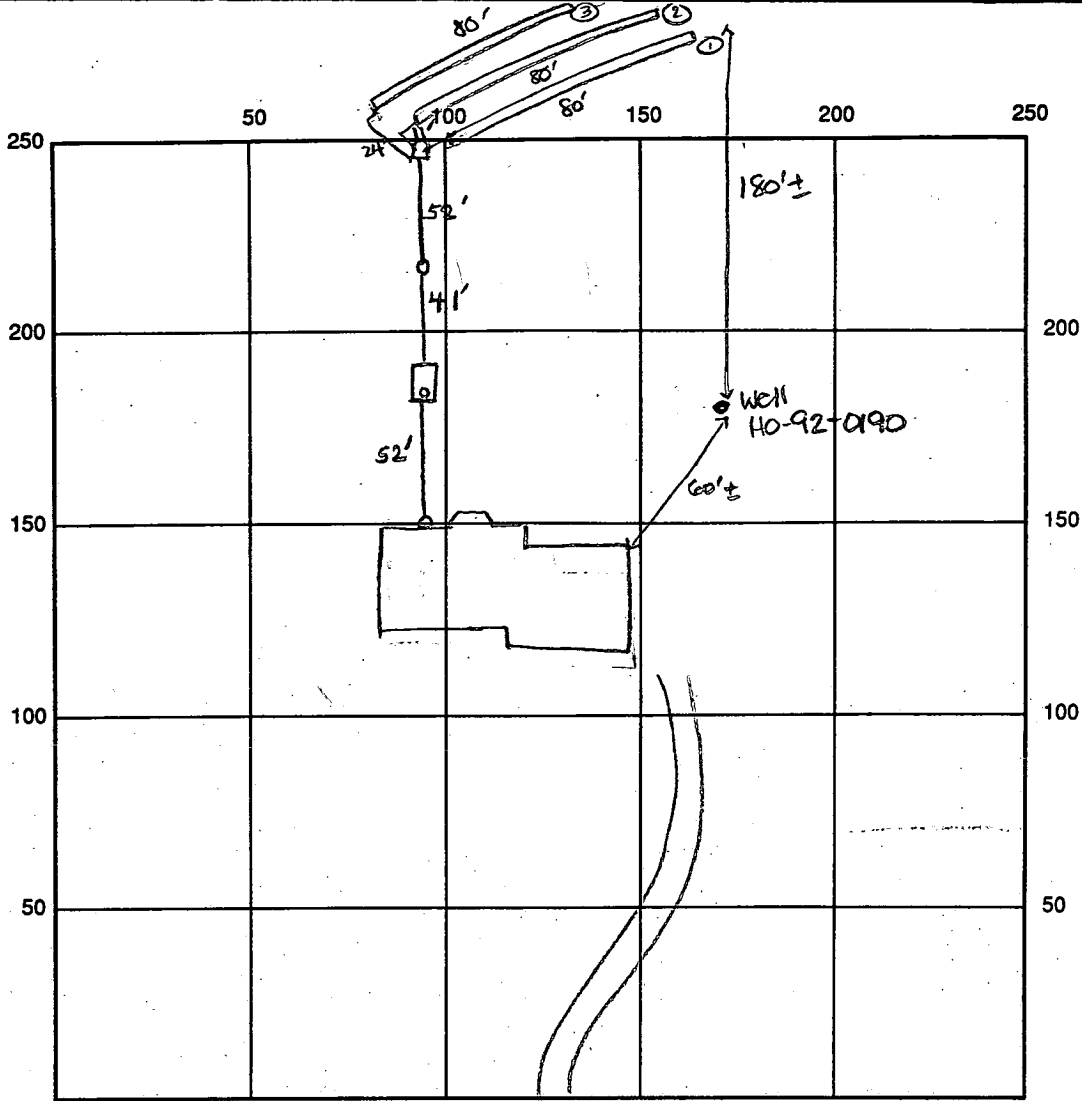
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

PERMIT SIGNED AND RETURNED 3/27/97
Serial # B0109662
[Signature]

A 43437



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hayloft Court

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one on s.t., two in line

DISTRIBUTION BOX LEVEL OK - baffle in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ① 80' ② 80' ③ 80' FT. → 240' total

NUMBER OF TRENCHES 3 ~~CONCRETE~~ SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS: 11/20/95 FINAL - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED 11/20/95 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 43437

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 Dakton 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. 6756

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3204 Hayloft Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERM. PERMIT SIGNED
AND RETURNED 10/11/89
Serial # 62052
Single Family - B.B. Jones

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 4/18/89 - Dig Moe R.H.

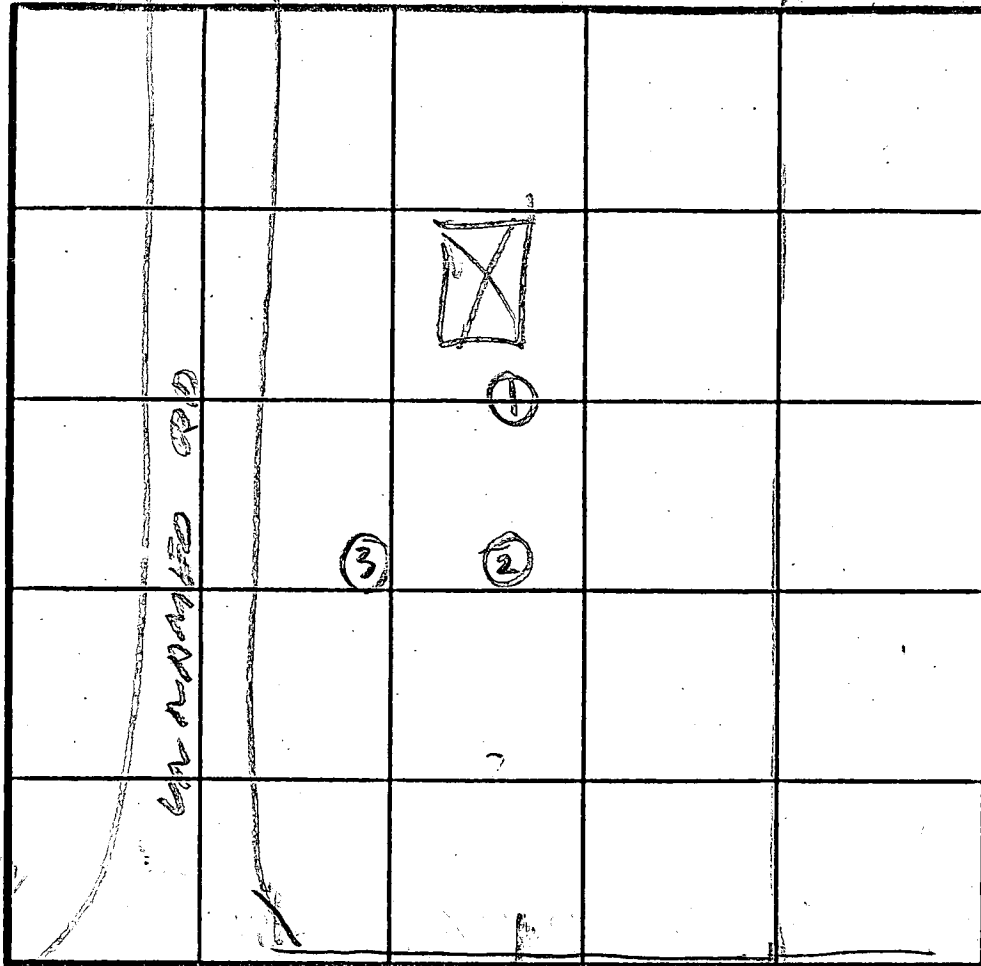
HD-216

THIS IS NOT A PERMIT

Lot 61
A4343

(3)

SOIL PROFILE



0
CLAY
4
50%
SHALE
SAND
LOAM
9
ROCK

0
CLAY
1
60%
BIG
SHALE
SANDY

6
CLAY
7
ROCK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/19/80	1V	9	FAIL	ROCK & SHALE			
	2V	8 1/2	FAIL	ROCK & SHALE			
	3V	7	CLAY & ROCK				
	4						13
	5	5		35			
	6			25.0			48
				3			
	5L		17	31			20
	1V		7				
	5	11	OK				

REMARKS: Hole 1, 2, 3 pertained to 366 NEXT SHEET

TYPE OF SOIL: _____

TESTED BY: B. HODGES ALSO PRESENT: Jamil Jim

Pager

APPLICATION

PERCOLATION TESTING

A 43437

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CABIN BRANCH FWRN LOT NO. LOT 62

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

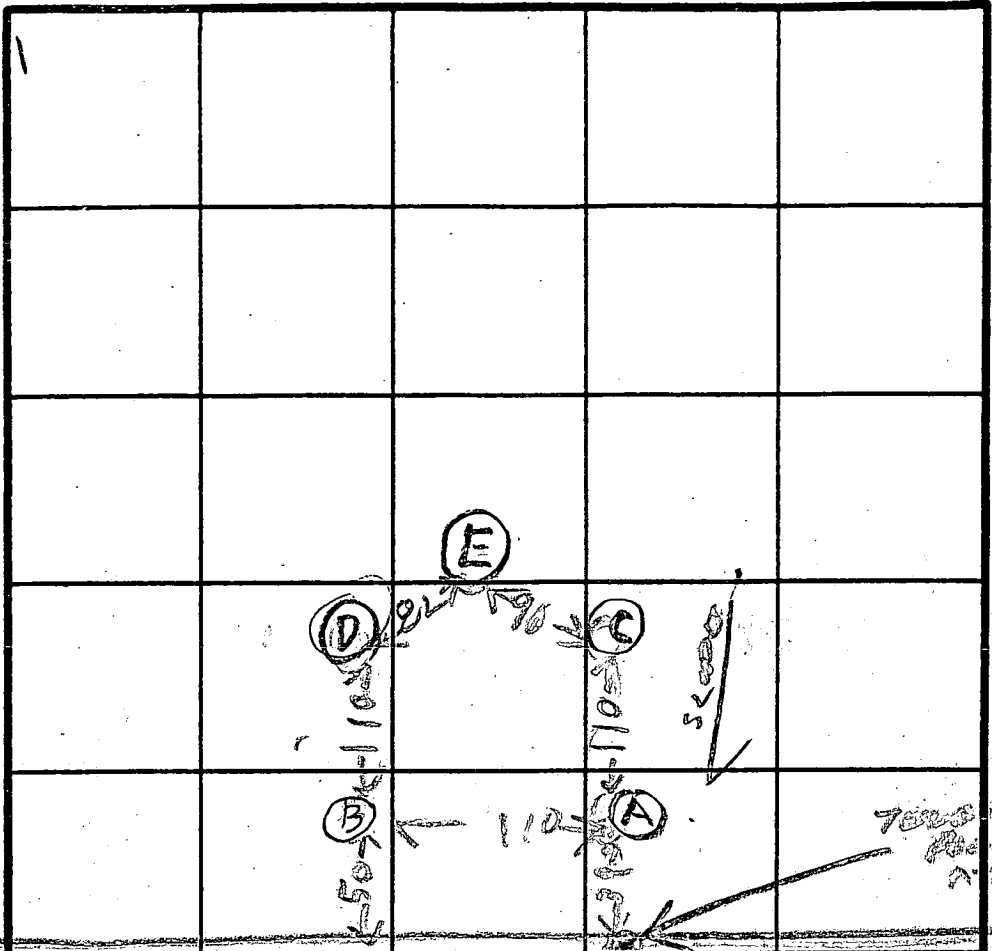
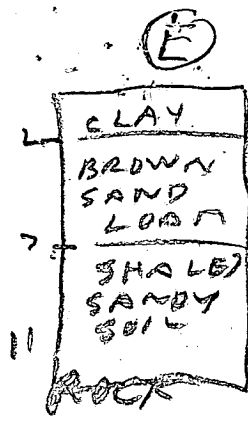
REASONS FOR REJECTION OR HOLDING 4/27/89 perc OK but to clear
may be changed R/H

HD-216

THIS IS NOT A PERMIT

Lot 62
EXTRA NOTES
FOR UT RES DIVISION
62861

INCGT 3 1/2 X 10 MIN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

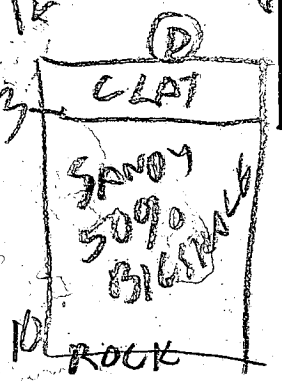
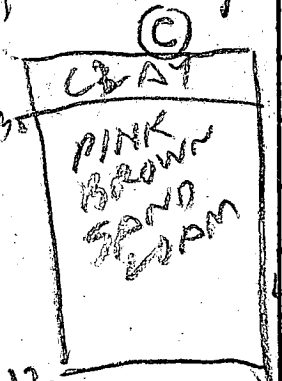
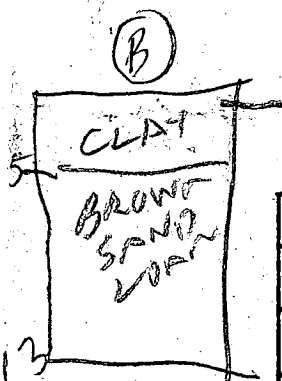
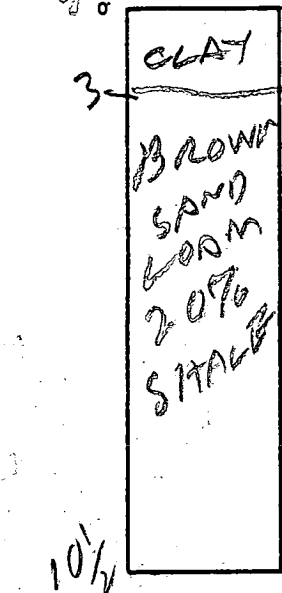
ROUTE 94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/27/79	AS	3.5	230	233	250	251	13
	AV	10.5	OK				
	BS	5	233	235	250	251	12
	BV	13	OK	DEEP SYSTEM			
	BES	6.5	304	317	314	334	20
	CS	4	253	256	256	300	4
	CV	7	257	300	300	308	8
	CV	12	OK				
	DV	10	SHALE	FAIL			
4/27/79	EV	11	OK	SHALLOW SYSTEM			

REMARKS _____

TYPE OF SOIL _____

TESTED BY A. Hodges ALSO PRESENT James
Jeff
Jim



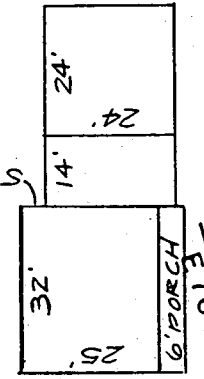
LOT 56 CABIN BRANCH FARM
 INV. OUT OF HSE - 581.83
 INV. INTO TANK - 581.34
 INV. OUT OF TANK - 581
 INV INTO DIST. BOX - 579.5
 INV. INTO TRENCH - 579

WELL ELEVATION - 587
 MAINTAIN 20' BETWEEN HSE &
 FIELDS, TRENCHES OF EQUAL
 LENGTH TO BE DETERMINED.

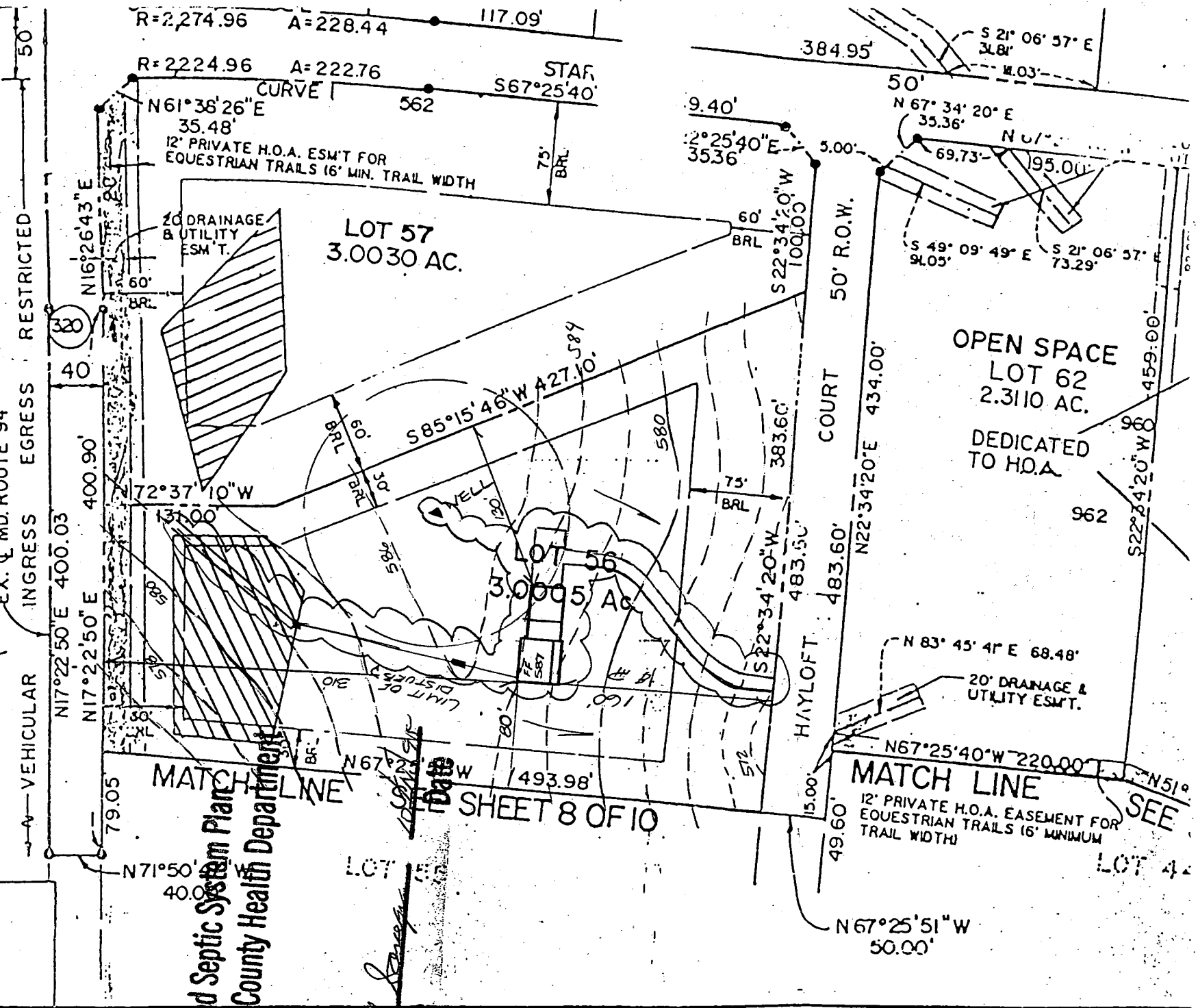
? BILL COLEMAN
 239-8330

EXISTING GRADE @
 TANK - 586.25
 BOX - 582.25
 TRENCH - 582

IT	CHORD	CH BEARING
1	222.66	N70°17'45"W
2	228.34	S70°18'16"E



IT	CHORD	CH BEARING
1	222.66	N70°17'45"W
2	228.34	S70°18'16"E



APPROVED SEPTIC SYSTEM PLAN
 HOWARD COUNTY HEALTH DEPARTMENT
 I HEREBY CERTIFY THAT THE FINAL PLAN SHOWN HEREON IS
 CORRECT, THAT IT IS A DIVISION OF ALL THE LANDS CONVEYED
 BY OAKTON ASSOCIATES INC. A MARYLAND CORPORATION TO CABIN BRANCH

OWNER'S CERTIFICATE
 WE, CABIN BRANCH LIMITED PARTNERSHIP, A MARYLAND
 PRESIDENT AND PHILIP E. BOURNE, VICE PRESIDENT, OWNERS
 AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUB

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 11-20-95
 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 Froll Dev. Telephone _____
 Subdivision Cabin Branch Farms Lot # 56 Well Tag # 93-01-90
 Site Address 3204 Rayliff Court

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Conlds
 3. Model # 2G505422
 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-300K
 3. Depth 4

Tank
 1. Capacity 7
 2. Pressure relief valve? yes
 11/20/95
 P.A. 5' below grade
 Casing 1' above " OK to cover (DKS)

Piping
 1. Type Polyethylene
 2. Size 1"
 3. NSF and/or BOCA Code approved NSF
 4. Depth of supply line 4

Well data
 1. Depth 165 ft.
 2. Yield 25 GPM
 3. Static water level 38 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. Perry
 Date: 11-20-95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.
 HD-213 Ready for Pitless & Hoase Connection Inspection

B 1 03901

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-92-0190

(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

FALL DEVELOPERS

MOXD59

MT. AIRY MD 21791

B 3

LOCATION OF WELL

HOWARD

CABIN BRANCH FARM

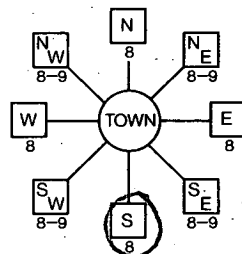
SECTION 44 46 LOT 48 50

LISBON

MILES FROM TOWN (enter 0 if in town) 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Shuloff Ct.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 300

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 A43437 COUNTY NO.
STATE SIGNATURE DATE ISSUED 100792 EXP. DATE 4-7-93
NORTH GRID 532000 EAST GRID 0765000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED 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 DEEPEMED 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 PP PERMIT No. HO-02-0190

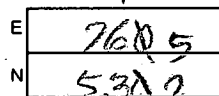
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

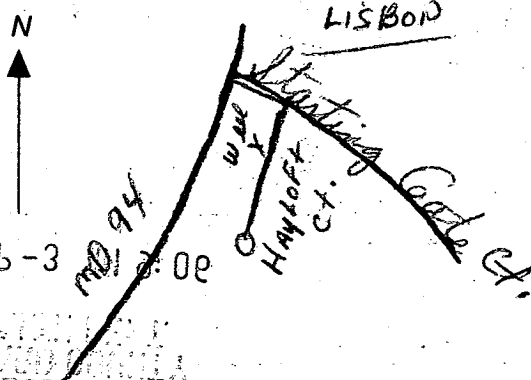
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 6776 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 43437

ST/CO USE ONLY DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: 10/21/92 Depth of Well: 165 PERMIT NO. FROM "PERMIT TO DRILL-WELL": 110-92-0190

OWNER: Frank Norelmanns last name first name TOWN: Lisbon
 STREET OR RFD: 1.5 km
 SUBDIVISION: P. in Branch Farm SECTION: LOT: 56

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	
<u>Brown Silts</u>	<u>0</u>	<u>45</u>	
<u>Blue Rock</u>	<u>45</u>	<u>165</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY
 NO. OF BAGS: 11 NO. OF POUNDS: 1034
 GALLONS OF WATER: 600
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 165 ft.

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): 6 Total depth of main casing (nearest foot): 165

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	3
1	<u>110</u>	<u>47</u>	<u>165</u>
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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.) 70 72 W Q 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.): 9-5
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 39 WHEN PUMPING: 74
 TYPE OF PUMP USED (for test): 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: 29
 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 2 (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)

