

to 8/26/94  
10/3/94  
No one around  
to do water  
ASAP

10/3  
Needs Connection  
House checked OK  
P. 50117

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-354303

A 43438

DISTRICT 4th

DATE 06/29/94

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
313-2640

DATE SYSTEM APPROVED 10/6/94

INDEXED

INSPECTOR DKS

\* Time Expired for  
F.C.O.P. Compliance  
Masonry Contractors, Inc.

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Cabin Branch Farm LOT 57 ROAD 3201 Starting Gate Court

PROPERTY OWNER Martin, II / Scott DEMERS

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BLDG. PERMIT SIGN  
AND RETURNED 8/27/94  
Serial # B0101947  
2 car garage

210  
840  
280  
31840  
12  
24

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 - Starting from the intersection of the 131.00' and 427.10' lot lines, place the distribution box 90 feet down the 427.10' lot line and 200 feet off this same lot line. Run trenches on contour toward the left lot line. MAINTAIN AT LEAST 100 FEET FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/8/94 DKS

PLANS APPROVED BY Mark Rifkin/Amy McMillen REVISED DATE 07/05/94

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

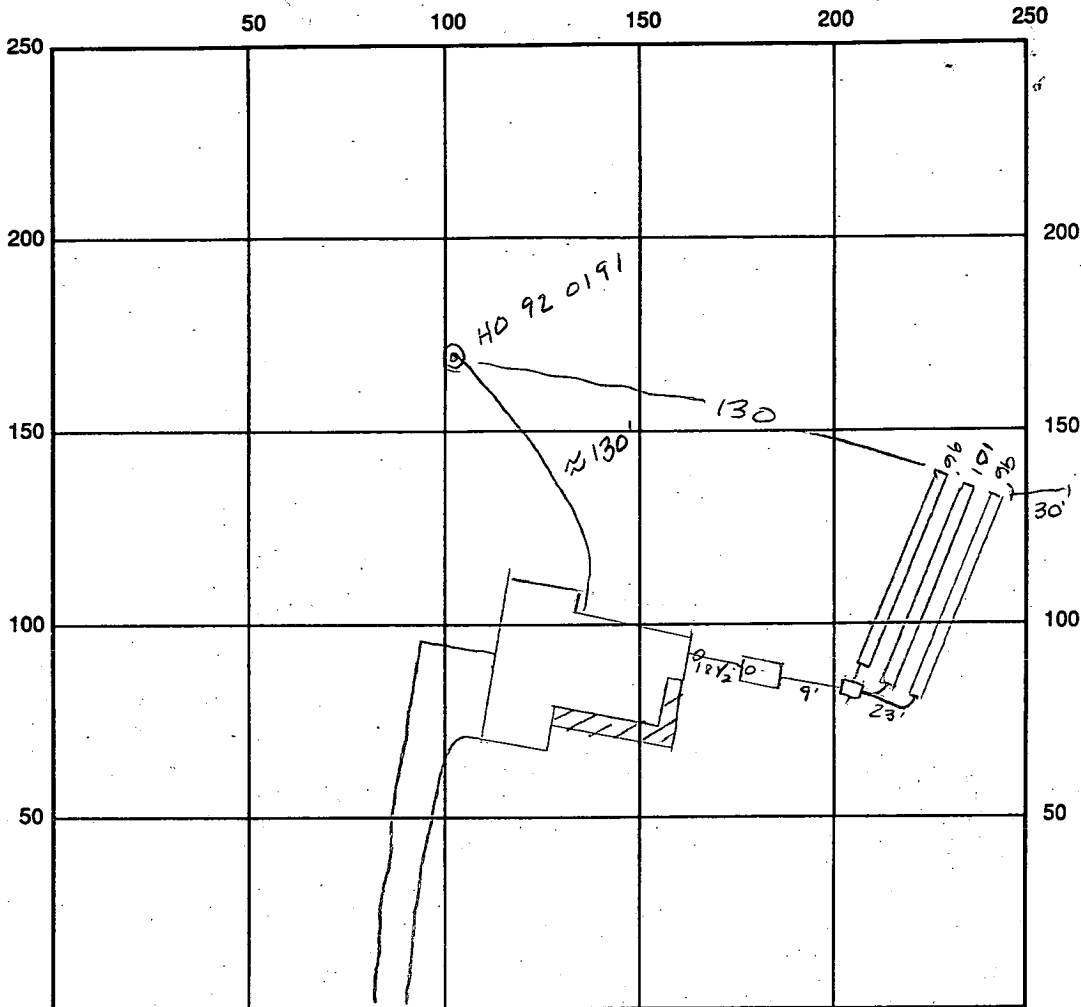
BLDG. PERMIT SIGNED  
AND RETURNED 4/24/95  
Serial # 54201 - deck

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  
43438



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
Starting Gate Ct

SEPTIC TANK LEVEL 1250 gal CLEANOUTS #1 & 2 OK

DISTRIBUTION BOX LEVEL OK baffles in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 29.3 linear ft

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 8.79 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 8/26/94 OK to cover all work - No house connection -  
call for inspection. Then 10/3/94 all work covered; call  
10/3/94 No one around to do a water test. Hold for  
another call!! call.  
10/6/94 House connection verified by water test. OK. DKS

DATE SYSTEM APPROVED 8/10/94 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 43438

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, Inc

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE 410-239-8230  
~~(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. 62 57

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East  
from Damascus Road (3201 Starting Gate Court)

TAX MAP 13 PARCEL # 42

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

BLDG. PERMIT SIGNED  
AND RETURNED 7/5/94  
Serial #55706  
Single Family - 4Bem

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 2 MAY 89 PERC OK BUT HOUSE SITE  
WELL SITES MUST BE CHANGED R/L

HD-216

# THIS IS NOT A PERMIT



(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE.** COUNTY NUMBER **A 43 438**

ST/CO USE ONLY DATE Received **10 20 99** DATE WELL COMPLETED **10 20 99** Depth of Well **145** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-92-0191**

OWNER **Paul Daniels** last name **Daniels** first name **Paul** TOWN **Lisbon** STREET OR RFD **Starting Gate Ct** SUBDIVISION **Cabin Ranch Farm** SECTION **LOT 57**

**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	42	
Blue Rock	42	145	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **10** NO. OF POUNDS **740**  
GALLONS OF WATER **60**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **1** ft. to **39** 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 **SI** Nominal diameter top (main) casing (nearest inch) **1** Total depth of main casing (nearest foot) **45**

**OTHER CASING (if used)**  
EACH CASING diameter 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	<b>110</b>	<b>145</b>
2		
3		

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
from \_\_\_\_\_ to \_\_\_\_\_

**C3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **3**  
PUMPING RATE (gal. per min. to nearest gal.) **10**  
METHOD USED TO MEASURE PUMPING RATE **Bucket**  
WATER LEVEL (distance from land surface) BEFORE PUMPING **32** WHEN PUMPING **37**  
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 **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 **1** (nearest foot)

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

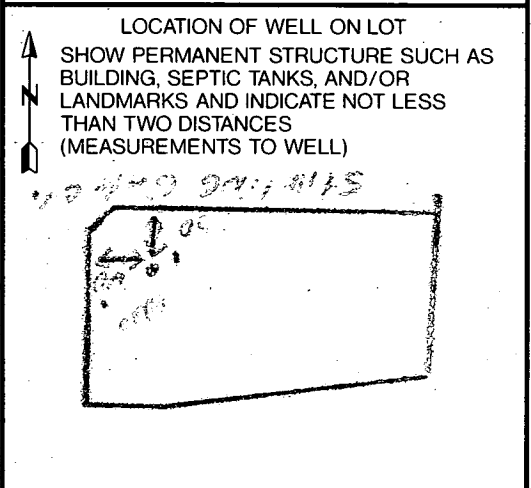
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**  
DRILLERS SIGNATURE **Paul Daniels**  
(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 **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) **70** W Q **74 75 76**  
TELESCOPE CASING LOG INDICATOR OTHER DATA



10/3/94  
ASAP  
✓ See below

No inspection  
(?) Not seen  
10-3-94  
CJ

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision Cabin Branch Farm Lot # 57 Well Tag # NO - 92 - 0191  
Site Address 3201 Starting Gate Ct

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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.

HD-215 10/30 No inspection - mud-covered line etc. near well.

② ONLY area near water well open 3' to 4' deep  
③ No one around for in house inspection. CJ



STARTING

COURT

HAYLOFT

LOT 57  
3.04 Ac.±

LOT 56  
3.03 Ac.±

LOT 55  
3.09 Ac.±

OPEN SPACE  
PARCEL "E"  
2.35 Ac.±  
(H.O.A.)

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

20' REVERTABLE SLOPE  
BASEMENT

3.5' GUTTER (TYPE A)

RELOCATE EX-POLE

50' TRAIL

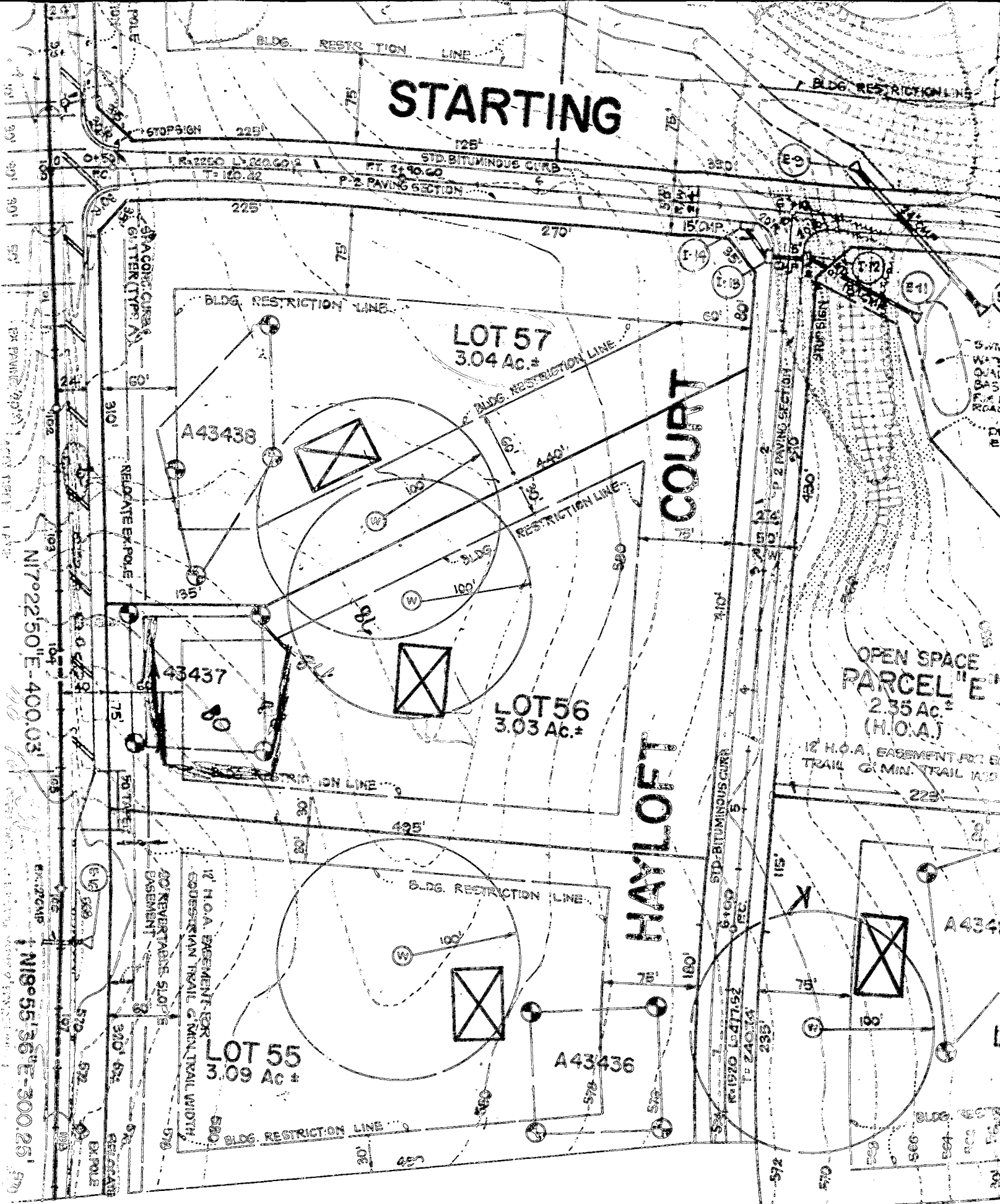
RESTRICTION  
EX-POLE

N17°22'50"E-400.03'

N18°55'36"E-300.25'

MATCH LINE

SEE SHEET

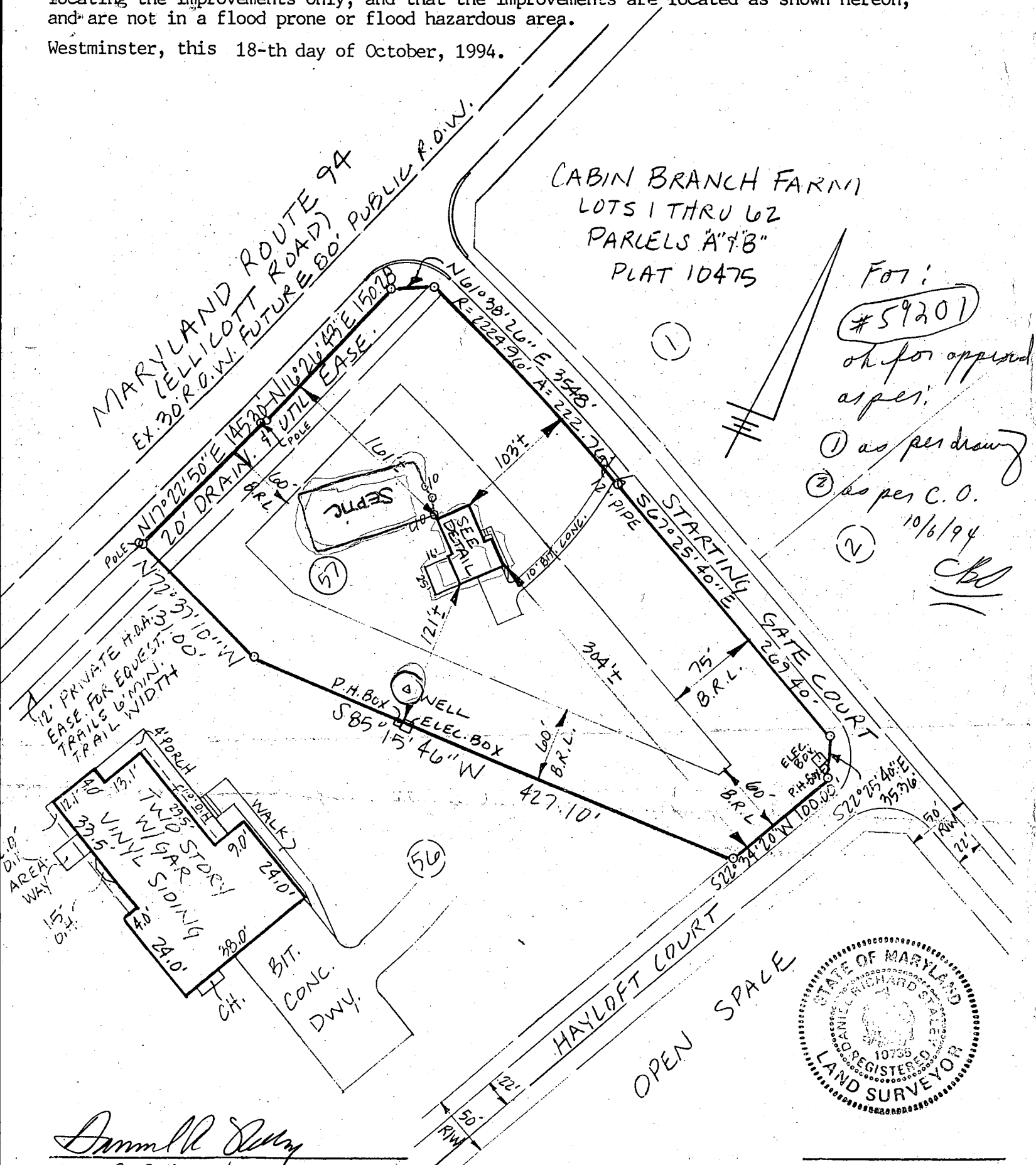


DRS & ASSOCIATES

LAND DESIGN CONSULTANTS

This is to certify that I have surveyed the property shown hereon, known as Lot # 57, "Cabin Branch Farm", Lots 1 thru 62, Parcels "A" & "B", located at 3201 Starting Gate Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Westminster, this 18-th day of October, 1994.



For:  
 #59201  
 ok for approval  
 as per:  
 ① as per drawing  
 ② as per C.O.  
 10/6/94  
 [Signature]



*Daniel R. Staley*  
 DANIEL R. STALEY L.S. #10738

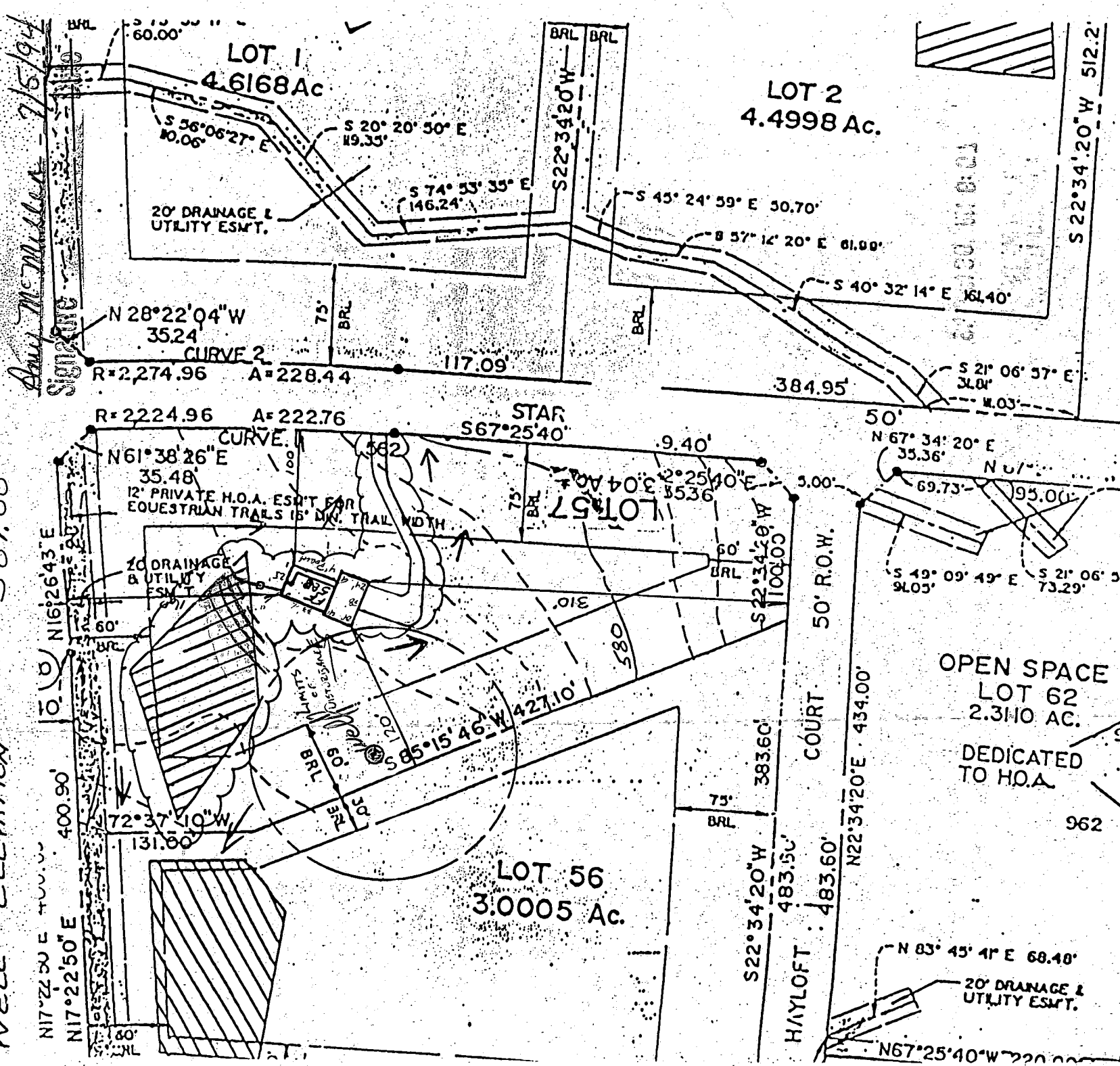
SCALE 1" = 100'

**LOT 57 CABIN BRANCH**

- INVERT OUT OF HOUSE 583.08
- INVERT INTO SEPTIC TANK 582.83
- INVERT OUT OF SEPTIC TANK 582.50
- INVERT INTO DIST. BOX 582.25
- INVERT INTO TRENCH 582.00
- EXIST'G GRADE @ TANK 585.00
- EXIST'G GRADE @ BOX 586.00
- EXIST'G GRADE @ TRENCH 586.00
- WELL ELEVATION 587.00

NOTE: TRENCH LENGTH TO BE DETERMINED AT SEPTIC PERMIT ISSUANCE

Approved Septic System Plan  
Howard County Health Department



Amy McMillan 7/5/94

OPEN SPACE  
LOT 62  
2.310 AC.  
DEDICATED  
TO H.O.A.

20' DRAINAGE & UTILITY ESMT.

HAYLOFT

COURT 50' R.O.W.

962

7/5/94 AMB



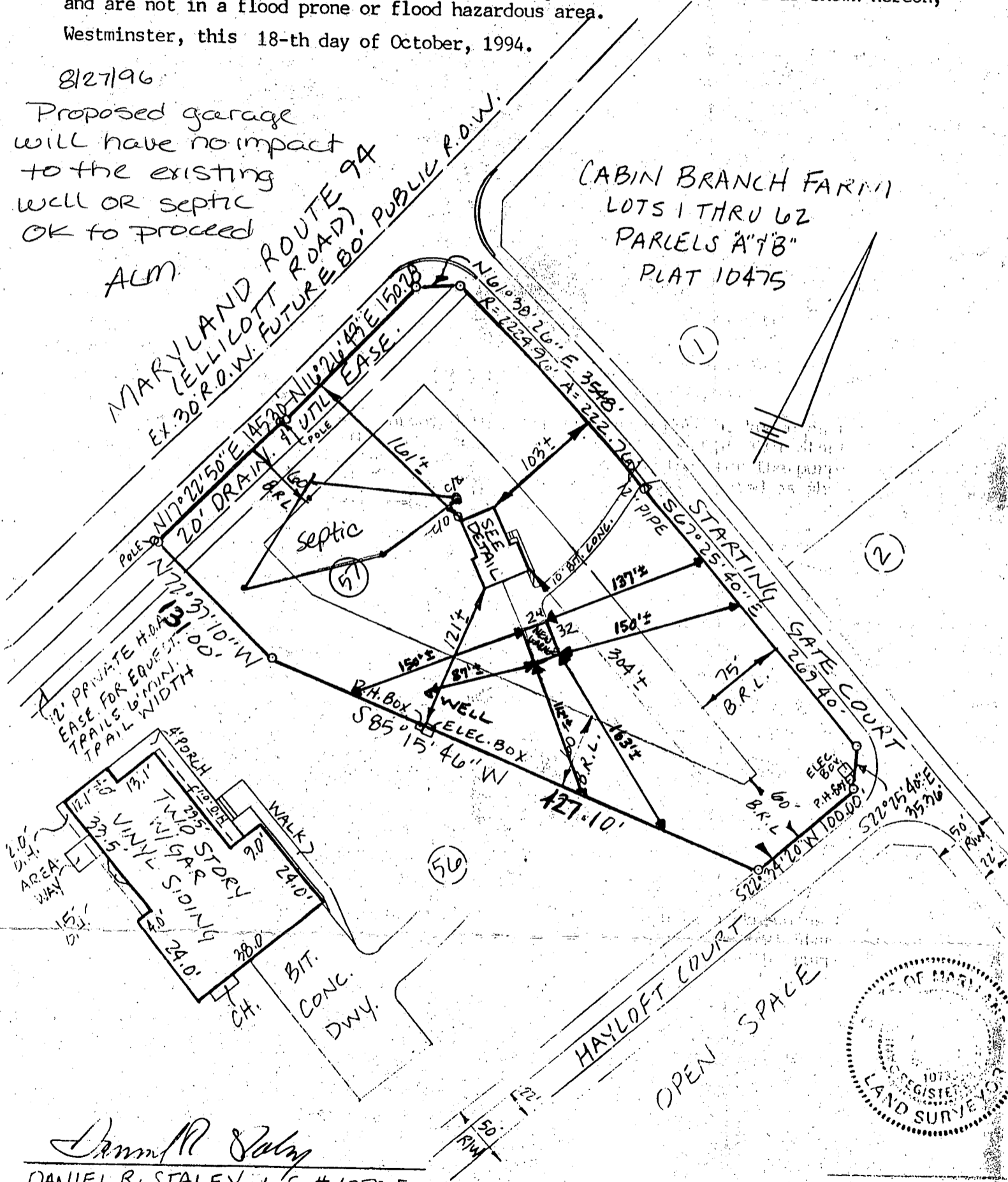
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Westminster, this 18-th day of October, 1994.

8127196

Proposed garage will have no impact to the existing well or septic OK to proceed  
ALM



*Daniel R. Staley*  
DANIEL R. STALEY L.S. #10775

SCALE 1" = 100'