

9/11/89
9/13/89 APPROV WACH

File

9/11 P.C.O.
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P. 4488
A. 43713 - W

DATE 8/22/89

DATE SYSTEM APPROVED 9/13/89

INSPECTOR C.B.D.

INDEXED

Walter W. King Plumbing & Heating Contractors, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 5305 King's Court, Frederick, Maryland 21701 PHONE 301-662-6990

SUBDIVISION Glen Manor ROAD ¹⁴⁶⁰⁰ ~~14514~~ Burntwoods Road LOT 12

PROPERTY OWNER ~~Pulte Homes~~ Archibald

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 295 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the front lot line and 60 feet from the right lot line as seen when facing the lot from Burntwoods Road. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok/ew*

PLANS APPROVED BY Sid Abel DATE 4/12/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

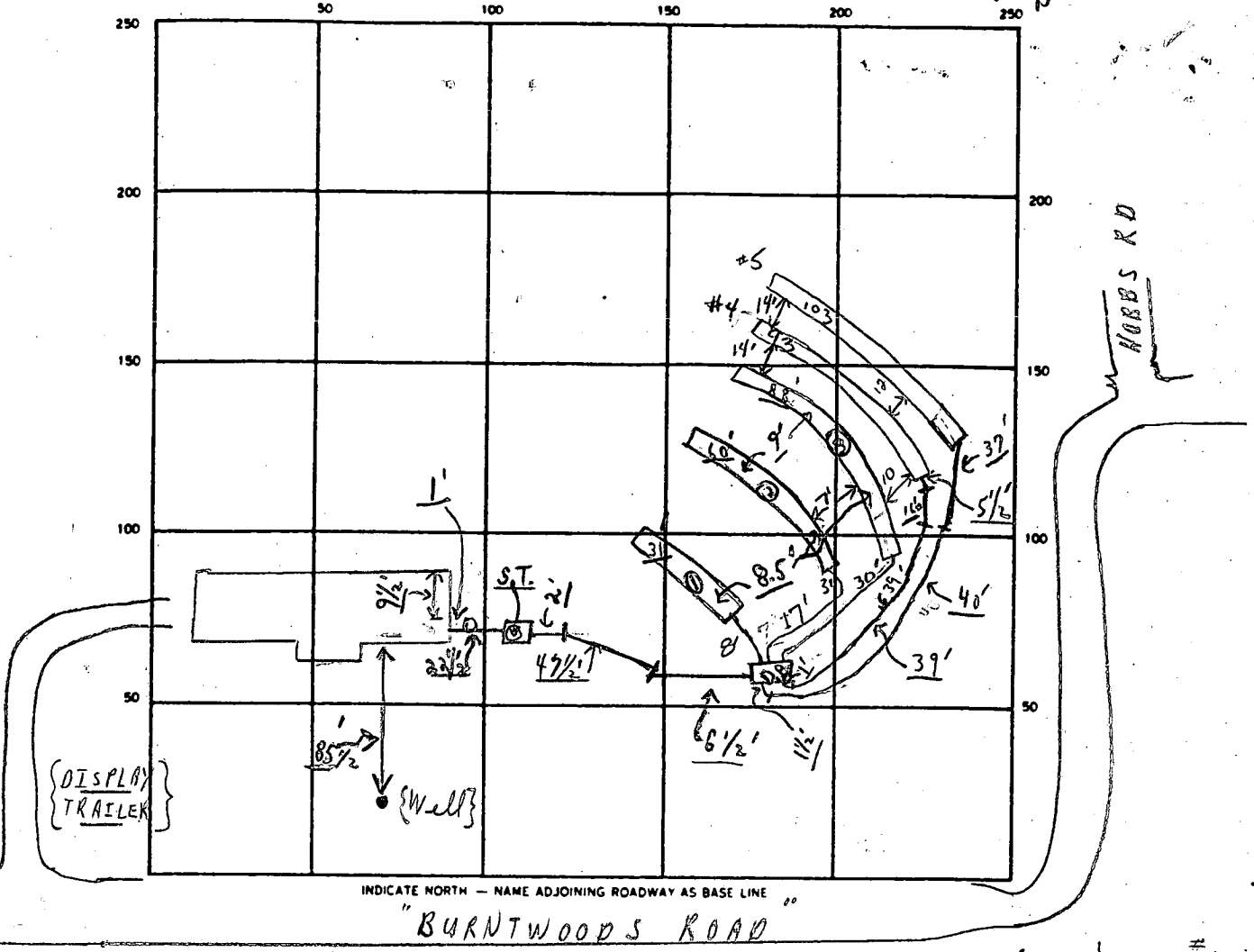
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

A 43713

NOTE
 • Well on other lot



SEPTIC TANK LEVEL OK (2000) CLEANOUTS S.T. ← plug in. OK 9/13 Co. 0.1 in line OK

DISTRIBUTION BOX LEVEL OK (needs baffle) 9/13

DRAIN FIELD/TILE FIELD DEPTH } 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 3.5 4-4-4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 31' 60' 88' 103' } 375 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 1500 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1500 SQ. FT.

REMARKS 9/11/89 Partial - OK for stones in 3 trenches closest to S.T. OK TO COVER FROM HOUSE TO DISTRIBUTION BOX ONLY; ON 9/12/89 TO CALL. 9-12-89 OK to stone trenches #4 & 5, OK to cover #1. Add pipe and paper to trenches #2 through 5. JEN 9-12-89 OK to cover trench #2 JEN 9/13/89 OK TO COVER ALL WORK - FINAL.

DATE SYSTEM APPROVED 9/13/89 INSPECTOR Charles Bryan Stricker

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

9/11 Partially
C.B.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # 44894
Date 08/24/89

Name of Installer W.W.King Plbg. & Htg. Contr., Inc.

Telephone 301-662-6990

License Number 2217

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Pulce Homes

Telephone 310-681-5800

Subdivision Ellerslie Est/Glen Manor Lot # 12

Well Tag # 88 - 04 - 99

Site Address 14514 Burntwoods Rd.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
- Make Boulds
- Model # 7EH05422
- Capacity 7 GPM

Motor

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

Pitless Adapter

- Make Martinson
- Model # BP-10X
- Depth 42" min
60" max

- Pump exceeds well capacity Yes _____ No X
- 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 _____

Tank

- Capacity 80
- Pressure relief valve? yes

Piping

- Type plastic #160
- Size 1"
- NSF and/or BOCA Code approved X
- Depth of supply line 42" min
60" max

Well data

- Depth 140 ft.
- Yield 12 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? yes

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: Walter W King

Date: 8-17-89

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

HD-215

9/11/89 Partial - pitless adapter and water well line only - ok C.B.

C1 2336 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 **W-43713**

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **040189** Depth of Well: **140** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HC-88-0499**

OWNER: **KOLON DEVELOPMENT** last name **STENASIS** first name **G.A.** TOWN: **GLENSWOOD**
 STREET OR RFD: **STENASIS** SECTION: **12** LOT: **12**

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	
Top Soil	0	2	
Br Shale	2	10	
Tan Mica	10	30	
Grey Mica	30	35	
Br Mica	35	54	✓
Grey mica	54	55	✓
Br Mica	55	90	
Grey mica	90	92	✓
Br Mica	92	110	
Grey Mica			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT: **CM** BENTONITE CLAY: **BC**
 NO. OF BAGS: [] NO. OF POUNDS: []
 GALLONS OF WATER: []
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] ft. to [] ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: **S** Nominal diameter (nearest inch): **6** Total depth of main casing (nearest foot): **21**

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 OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	

CIRCLE APPROPRIATE LETTER
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 10.17.13 "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. **40**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] WQ []
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **direct**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **32** WHEN PUMPING **32**
 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: **S**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) []
 PUMP HORSE POWER []
 PUMP COLUMN LENGTH (nearest ft.) []
 CASING HEIGHT (circle appropriate box and enter casing height) **4** above } LAND SURFACE (nearest foot) **2**
 below }

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 plat

B 1 **1163** SEQUENCE NO. (DP USE ONLY)
 2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

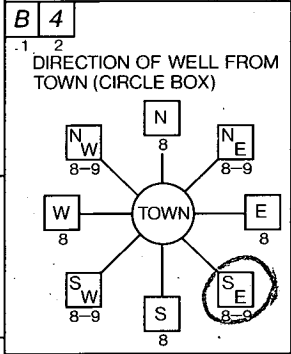
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-0499
 70 fill in this form completely 79

Date Received (APA) **030289**
 OWNER INFORMATION
 15 Last Name **KOREN** 34 Owner First Name
 36 Street or RFD **1 CENTRE PARK DR** 55
 57 Town **COLUMBIA** 70 State 72 **MD** 74 Zip 76 **21045**

B 3 LOCATION OF WELL **R 43713**
 1 **HOWARD** 21 COUNTY
 23 SUBDIVISION **ELLERSLIE** 42
 SECTION **12L** 44 46 LOT 48 50
 52 NEAREST TOWN **GLENWOOD** 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 M I 76 77 78

DRILLER INFORMATION
 Driller's Name **George F. Easterday** 77 License No. 80 **40**
 Firm Name **L. Franlin Easterday, Inc.**
 Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**
 Signature *George F. Easterday* 3/1/89 Date



ELLERSUE CT 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **2100** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
W-43713 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED **031589** *Sidy* DATE
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **527000** 50 55 EAST GRID **0794000** 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

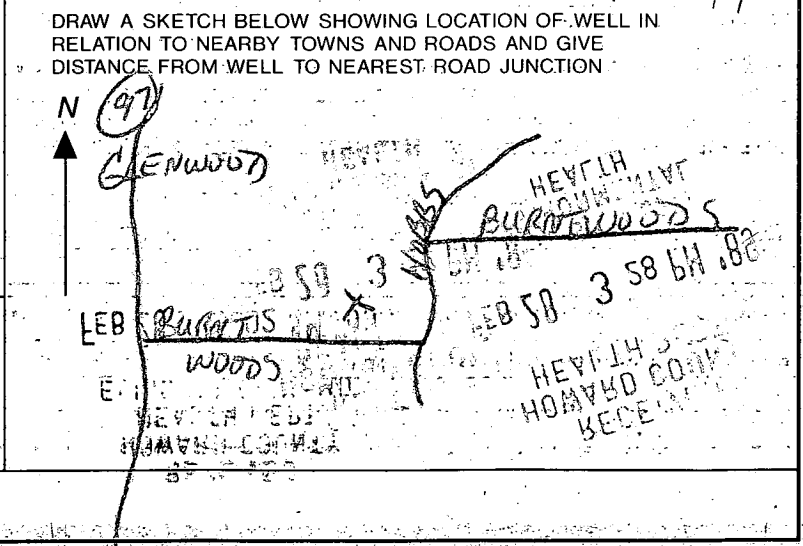
APPROXIMATE DEPTH OF WELL **300** 24 FEET 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **WELL**
 2. **GROUT**
 3. **5 BAGS GROUT**
21' CASING NOT OBS'D
18' OPEN
2 1/2' CASING A.G.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7964**
 N **5267**
 000 MAGOK MR 4/7/89
 000

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY 37 AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE 37 REVerse-ROtary Drive-POINT
 other _____

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

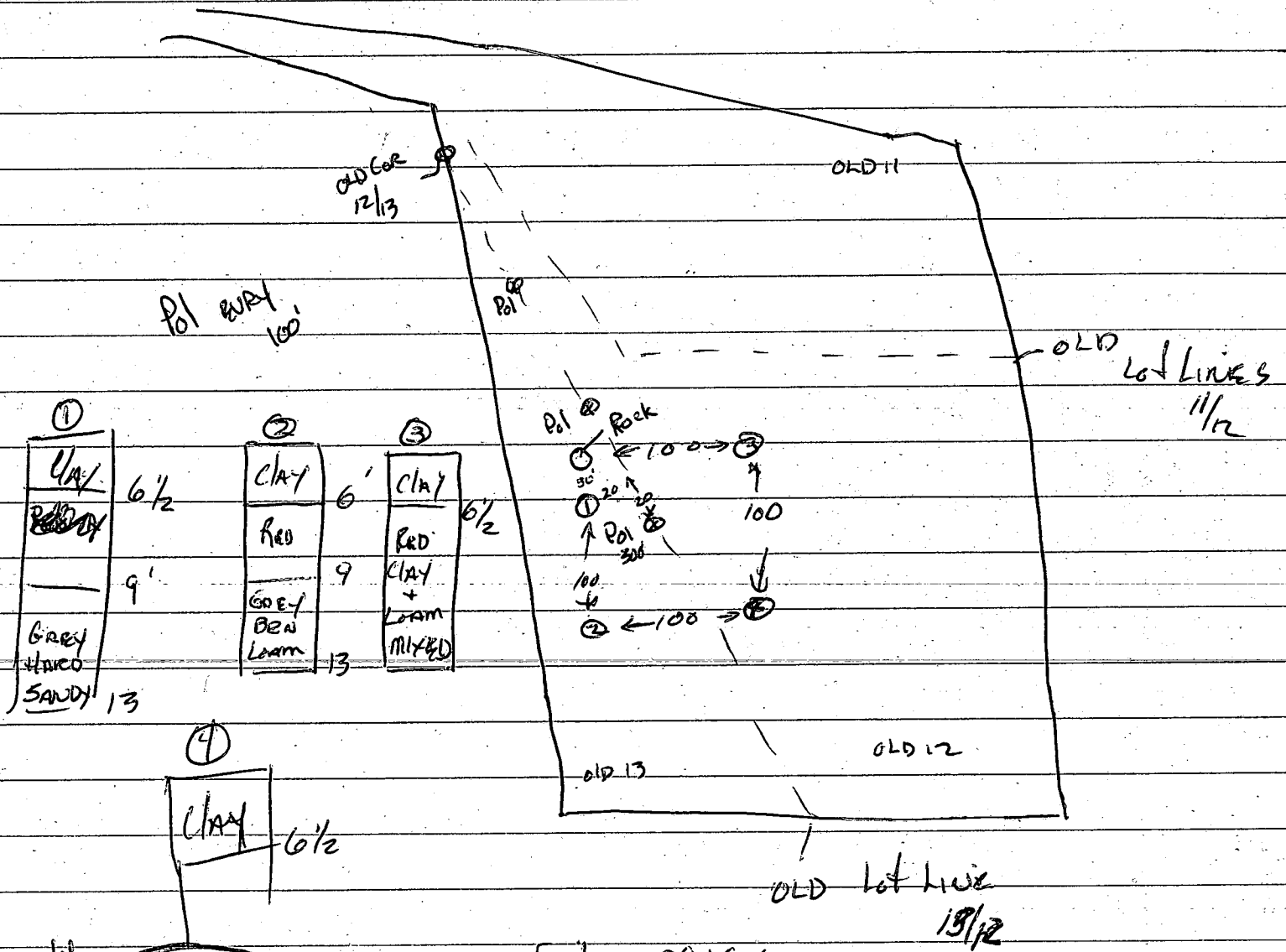


Not to be filled in by driller (OEP USE ONLY).
 APPROP. PERMIT NUMBER _____ GAP _____ 54 63
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **H0-88-0499**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Unnamed Lot F

Parcel of old #13, 11 & 12



3/12/82	13 5	2:29	Fail	X X X
1m 9		2:29	2:31	2:35
1D 13				
2s				
2m				
2D 13				
3s 5	2:40	7:XX	Fail	
3m 9	2:40	2:45		2:59
3D 13				

hoe could only dig 13' could not test lots

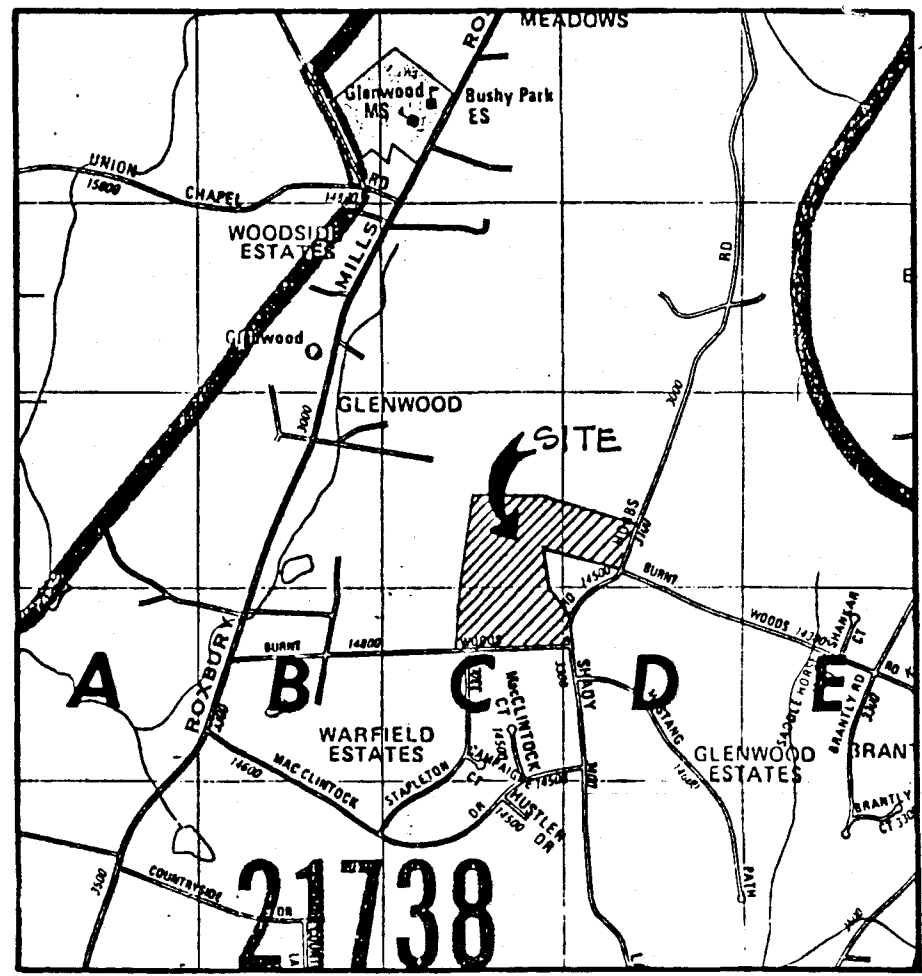
12-2-88- 13' Clay to 5-5.5' Chester loam. SAC

GENERAL NOTES:

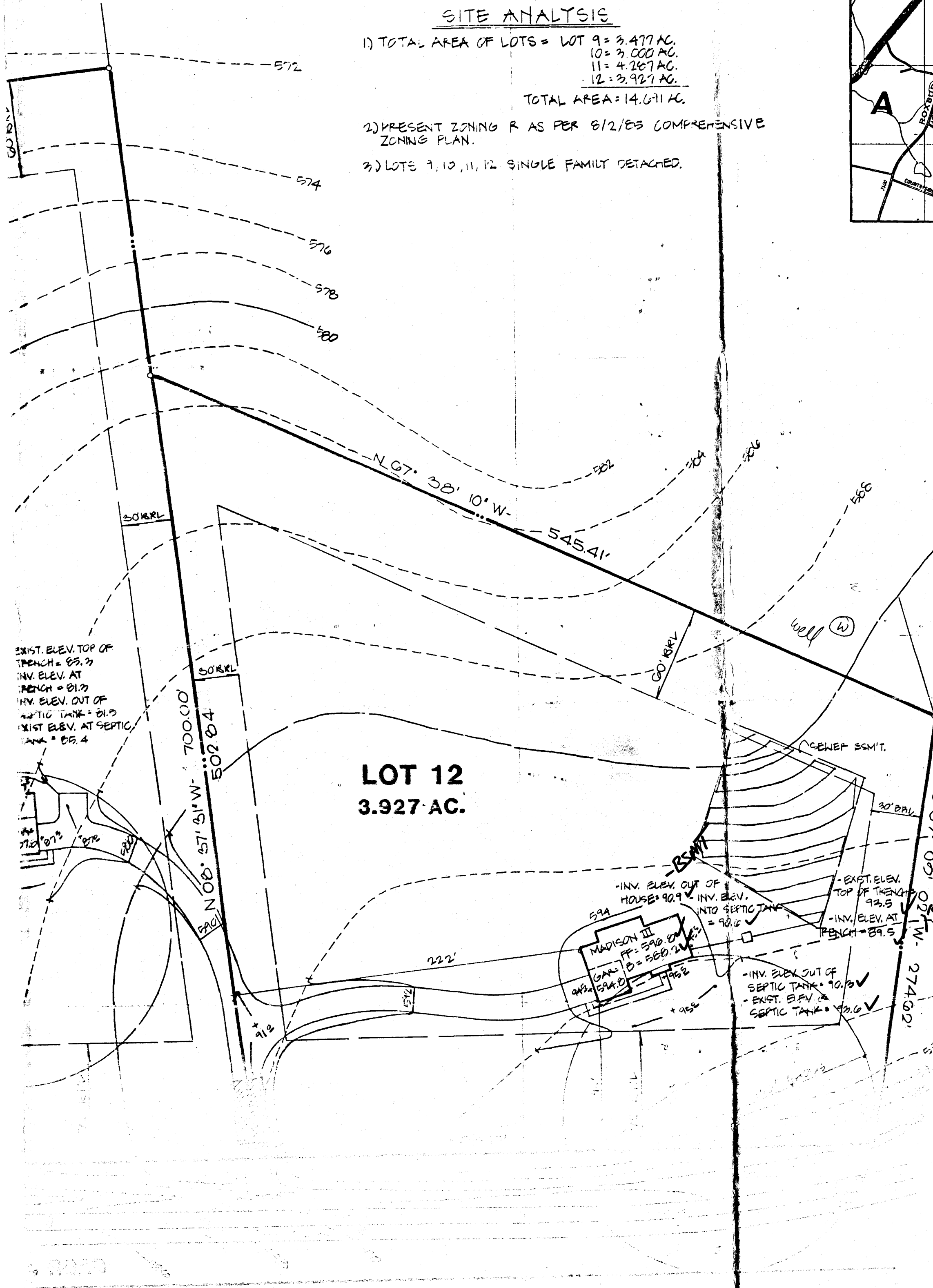
1) ELLERSLIE ESTATE LOTS 9-12 RECORDED AS PLAT NO. ON

SITE ANALYSIS

- 1) TOTAL AREA OF LOTS = LOT 9 = 3.477 AC.
 10 = 3.000 AC.
 11 = 4.267 AC.
 12 = 3.927 AC.
 TOTAL AREA = 14.671 AC.
- 2) PRESENT ZONING R AS PER 8/2/83 COMPREHENSIVE ZONING PLAN.
- 3) LOTS 9, 10, 11, 12 SINGLE FAMILY DETACHED.



VICINITY MAP
1" = 2000'



DESIGN	T.S.K.
DRAFT	J.F.P.
CHECKED	
DATE	5.8.87
SCALE	1" = 500'

NO.	REVISION	DATE	BY

FPB ASSOCIATES, INC.
 ENGINEERS • PLANNERS • SURVEYORS
 5200 WIGHTMAN ROAD, SUITE 400,
 GAITHERSBURG, MARYLAND 20879
 301-990-0525 • Wash. 946-9439

ELLERSLIE ESTATES
 4th. ELEC
 HOWARD CO.

ADDRESS CHART	
LOT NO.	STREET ADDRESS
9	
10	
11	
12	

OWNER/ DEVELOPER
PULTE HOME CORPORATION
 11120 NEW HAMPSHIRE AVE.
 SILVER SPRING, MARYLAND 20904
 (301) 681-5800

SUBDIVISION NAME	ELLERSLIE ESTATES	SECT./AREA	LOT/PARCEL #	LOTS 9-12
PLAT # OR L/F	BLOCK #	ZONE	TAX / ZONE MAP	ELEC. DIST.
			14	4th
WATER CODE	SEWER			

275 9-12.