

stop! no insp.
6/3/91 ASAP

PERMIT

805-359481

SEWAGE DISPOSAL SYSTEM

P 47129

A 45849

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

INDEX - TIME EXPIRED FOR F.C.O.P.

HOWARD COUNTY HEALTH DEPARTMENT

COMPLIANCE 7/14/93

DATE 5/22/91

BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DATE SYSTEM APPROVED 6/3/91

461-9933

6275 Fairthorne # Lane, Clarksville Md.

11/13/91 (Mr. Howard Thompson # 531-2299)

21029

INSPECTOR RH

T & R Plumbing and Heating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 9921 Washington Blvd., Laurel, Maryland 20723 PHONE _____

SUBDIVISION Country Farm Lane LOT 10 ROAD 7487 ~~Country Farm Lane~~ Mink Hollow Road

PROPERTY OWNER Mr. & Mrs. Richard Benson

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 310 feet from the north lot line (498.50) and 130 feet from the east lot line (603.66 ft) long. Run the trenches toward the north 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. 11/19/90 OK RH

PLANS APPROVED BY Mr. Raymond Hodges cm DATE 10/29/90

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 45849

APPLICATION

PERCOLATION TESTING

A 45847

P _____

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

5-1-90
Preview ok. Possible
wet season test.
Minimum of 200 ft
to stream. AH

DISTRICT _____

DATE 4-30-90

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 RICHARD E JILL BENSON

ADDRESS 11040 BERRY PICK LANE PHONE 730-4966H 953-6241

WORK-NIM

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION COUNTRY FARM LANE LOT NO. 10

ROAD AND DESCRIPTION 7487 COUNTRY FARM LANE, APPROXIMATELY 1200 FEET ON RIGHT SIDE OF COUNTRY FARMLANE OFF MINK HOLLOW ROAD, Highland, MD

TAX MAP 40 PARCEL # 389 BLOCK 13
LIBER 880, FOLIO 297

BUDG. PERMIT SIGNED
AND RETURNED 10/29/90
Serial # 34578-SFD

SIZE OF LOT 5.018 ACRES TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

3 Bedrooms

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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/3/90 Perc OK Submit Altered

Septic System Plans showing

Revised Here Area P H 5/1/90 Perc OK

Remeasured Submit septic plans

THIS IS NOT A PERMIT

HD-216

2 original
Per Sheet

SOIL PROFILE B

0
1
9

CLAY

BROWN
SAND
LOAM

Lumpy

GRAY
SAPROLITE

9 ROCK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

9

CLAY

BROWN
SAND
LOAM
LUMPY

9 1/2 ROCK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/3/90	8V	9	ROCK	OR	SHALLOW		
5/3/90	9V	10 1/2	ROCK	BOT	OR SHALLOW		

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HADGITS

ALSO PRESENT RICK & KENNEDY
OF ROCK CO

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

A 17269

P _____

ELLICOTT CITY

DISTRICT 5

DATE 7/26/72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edwin G. Willson

ADDRESS 14507 Gilpin Road, Silver Spring, Md. PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION Mink Farm LOT NO. 10, Sect. 1

ROAD AND DESCRIPTION Unnamed Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5.08 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Edwin G. Willson

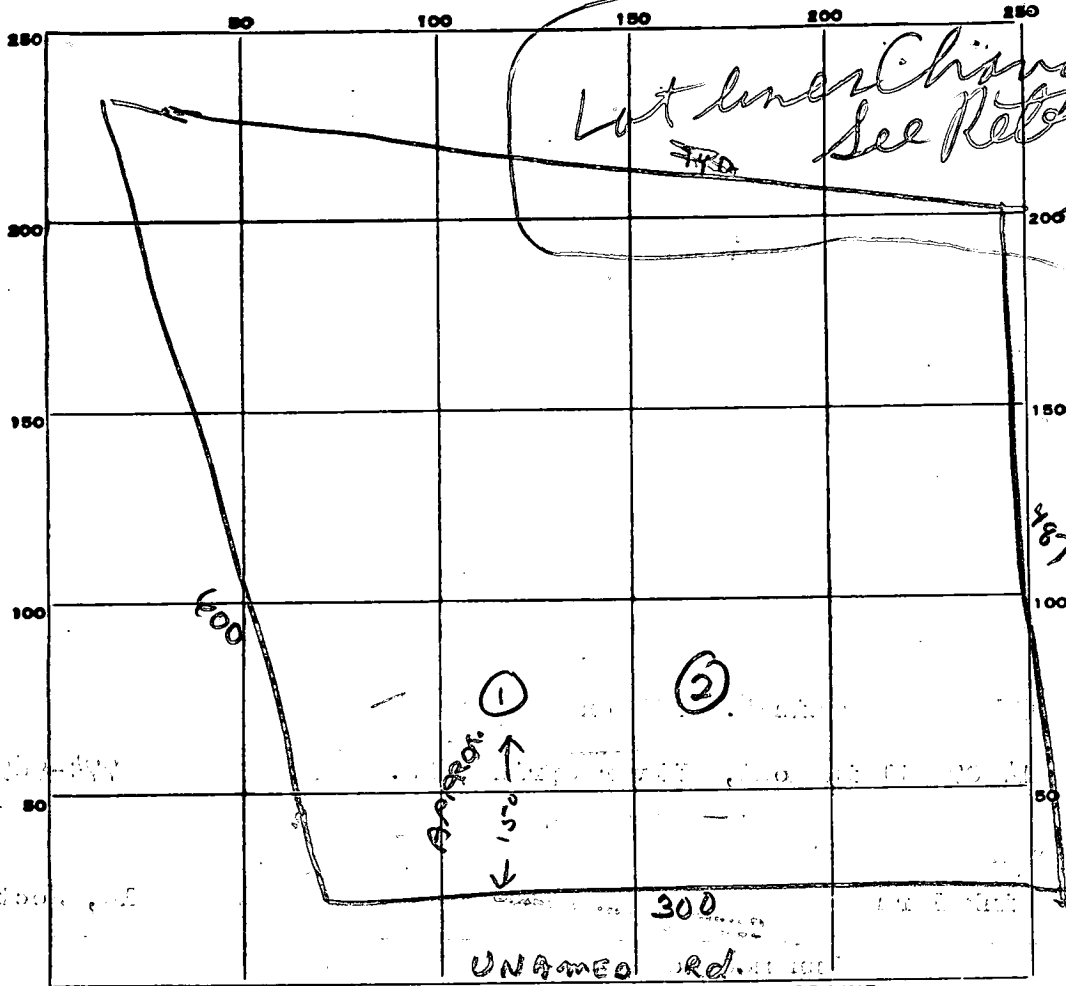
APPROVED BY [Signature] FOR _____ DATE 6/15/73

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/28/72	1	5 1/2 ft.	Water				
	2	7 1/2 ft.	Water - clayish.				

SOIL AUGER FINDING _____

TESTED BY R. Tove

REMARKS _____

PRELIMINARY

APPLICATION

A 18052

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 3/8/73

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 Edwin G. Willson

ADDRESS 14507 Gilpin Road, Silver Spring, Md. 20906 PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION Country Lane LOT NO. 10, Sect. 1

ROAD AND DESCRIPTION Country Farm Lane

SIZE OF LOT 5.018 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Edwin G. Willson

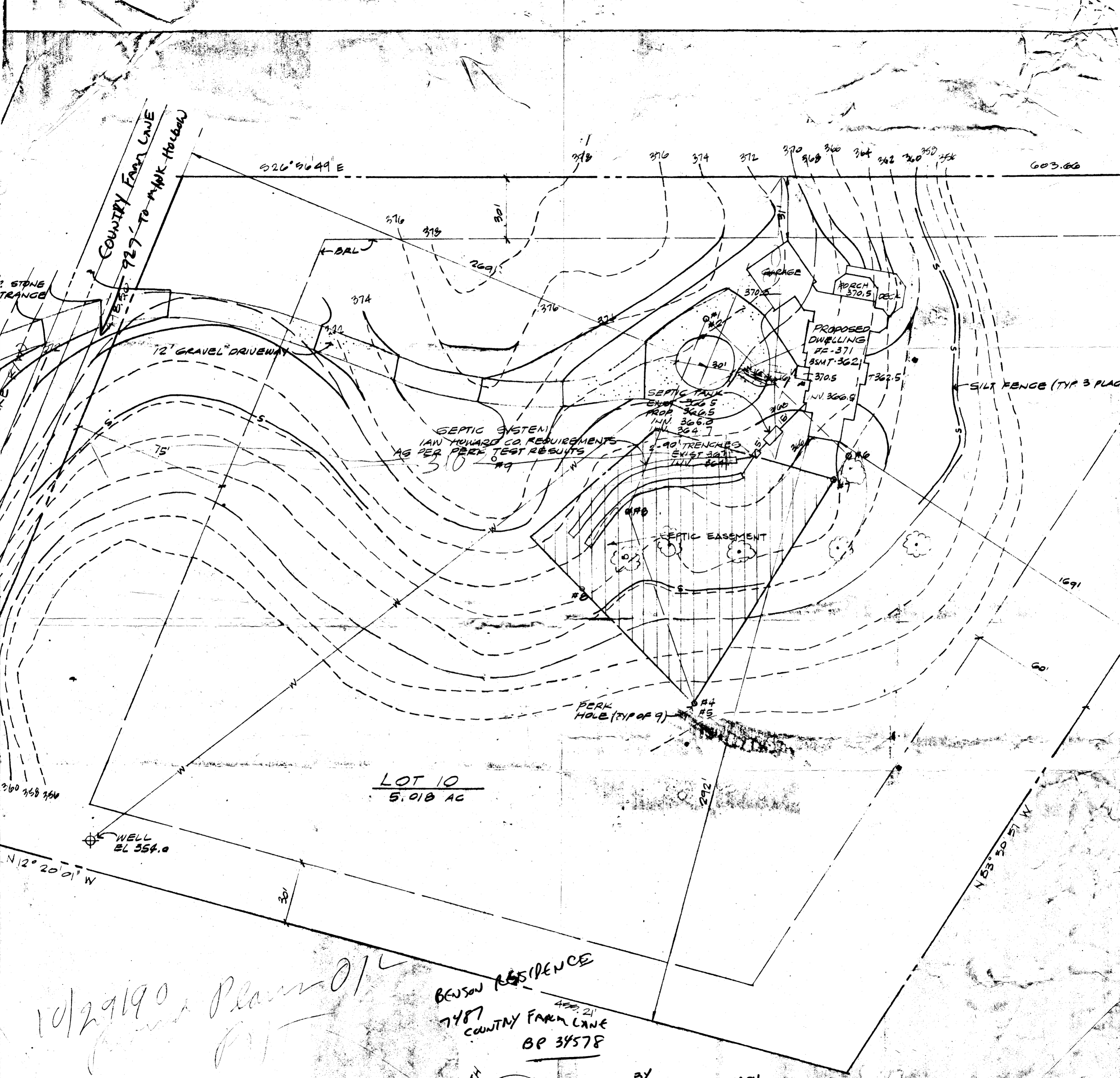
APPROVED BY [Signature] FOR _____ DATE 6/15/73
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



LOT 10
5.018 AC

BENSON RESIDENCE
7487
COUNTRY FARM LANE
BP 34578



PLANS BY
CHAS STEWART - MCH.

SITE PLAN
LOT 10
COUNTRY FARM LANE SUBDIVISION

10/29/90 Plans 01/2
PIT

C1 1634

SEQUENCE NO. (DENV USE ONLY)

STATE OF MONTANA 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 A 18052

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8-13

072090

225 (TO NEAREST FOOT)

H0-88-1396

OWNER: ST. CRAWF... STREET OR RFD... TOWN... SUBDIVISION... SECTION... LOT 10

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: Top Soil, Sandy, Sandstone, MICH A, SANDSTONE, MICH A, W, O, 200, 200.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 800 NO. OF POUNDS 800 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

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

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 50

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.) H0 48 225

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. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

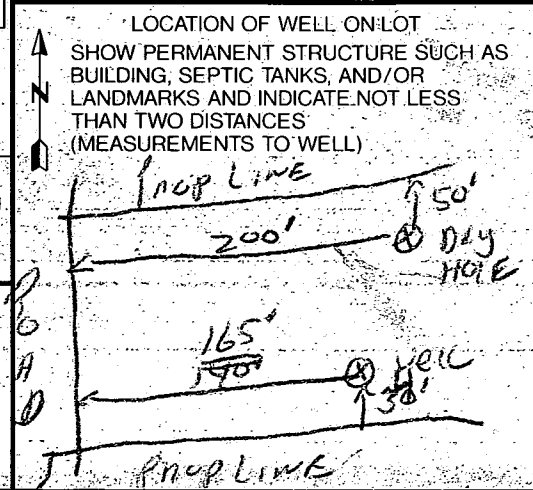
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 8 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 14 WHEN PUMPING 39 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: 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)



COUNTY

5/24/91

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 # 47130
Date 5/22/91
Name of Installer T-R Plan Ring Box 345 Savage MD Telephone 725-2392
License Number 7079 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner BENSON Telephone _____
Subdivision Courty Farm Lane Lot # 10 Well Tag # HD-84-1356
Site Address 7487 Mink Hollow Rd

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make JACKSON
3. Model # _____
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 3/4
2. RPM _____
3. Voltage 220
a. 110 _____
b. 220

Pitless Adapter
1. Make Harvard
2. Model # _____
3. Depth 41

Tank
1. Capacity 15 gallon
2. Pressure relief valve?

Piping
1. Type polyblue
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 31

Well data
1. Depth 225 ft.
2. Yield 7.5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? no

P.A. OK @ 3 1/2' B.G.
MR 5/24/91

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.