

C.O
9:22-95
12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-419832

P 50850

A 49271

DISTRICT 5th

DATE 8-31-95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

DATE SYSTEM APPROVED 9/25/95

INSPECTOR M. Ripkin

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Cortina Highlands LOT 8 ROAD 13425 Green Hill Court

PROPERTY OWNER Jacobsen Homes / Bob Jackson

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

BLDG. PERMIT SIGNED
AND RETURNED 01/31/96

Serial # 63328 - deck

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place distribution box 200 feet up the left (270.89') lot line and 40 feet off that same lot line as seen when facing the lot from the use-in common driveway. Run trenches on contour toward the back 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 7/31/95 DKS

PLANS APPROVED BY Amy McMillen DATE 7/18/95

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

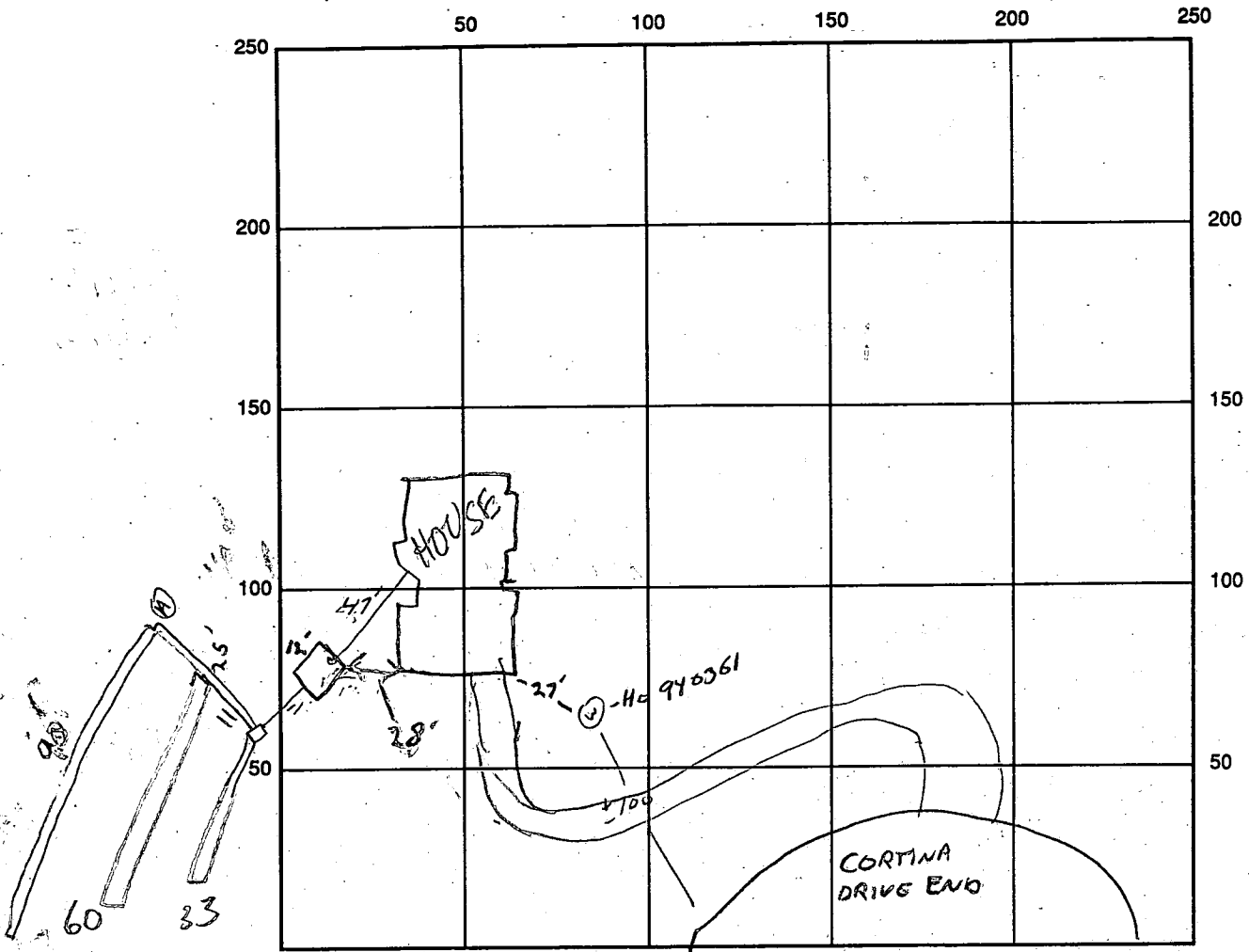
PERMIT VOID AFTER TWO YEARS

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
492271



SEPTIC TANK LEVEL OK CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL OK - NO BAELE

DRAIN FIELD/TITLE DEPTH 8-8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ① 450 ② 300 ③ 165 SQ. FT.

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

ABSORBENT AREA 915 SQ. FT.

REMARKS: 9/24/95 OK TO COVER TANK IN HOUSE STONE + COVER TRENCH A - LEAVE ENDS OPEN. 88

9/25/95 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 9/25/95 INSPECTOR M. RIFKIN

APPLICATION

PERCOLATION TESTING

A 49271
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE 5/26/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

~~Estate of Vincent L. Vinella~~ Jacobson Homes, Inc.
PROPERTY OWNER Esther Remson, Personal Representative
15517 Prince Frederick Way
ADDRESS Silver Spring, MD 20906 PHONE (301) 598-2409

AGENT OR PROSPECTIVE BUYER Paul D. Remson
The Michael Companies, Inc.
ADDRESS 4390 Parliament Place PHONE (301) 459-1533
Suite A

PROPERTY LOCATION: Lanham, MD 20706

SUBDIVISION Vinella Property LOT NO. 58

ROAD AND DESCRIPTION ~~Cortina Court and Mink Hollow~~ Cortina Highlands
13425 Green Hill Court

TAX MAP 34 PARCEL # 59

SIZE OF LOT 40,000 Sq. Ft. TYPE BLDG. Single Family 4 Bedroom
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG PERMIT SIGNED
AND RECEIVED 7-20-95
Serial # 60799

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. Esther Remson PR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 6/1/93 Perc OK Hold for Plat RN.

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

LA 5 49271

COUNTY #

SOIL PROFILE (1) (2)

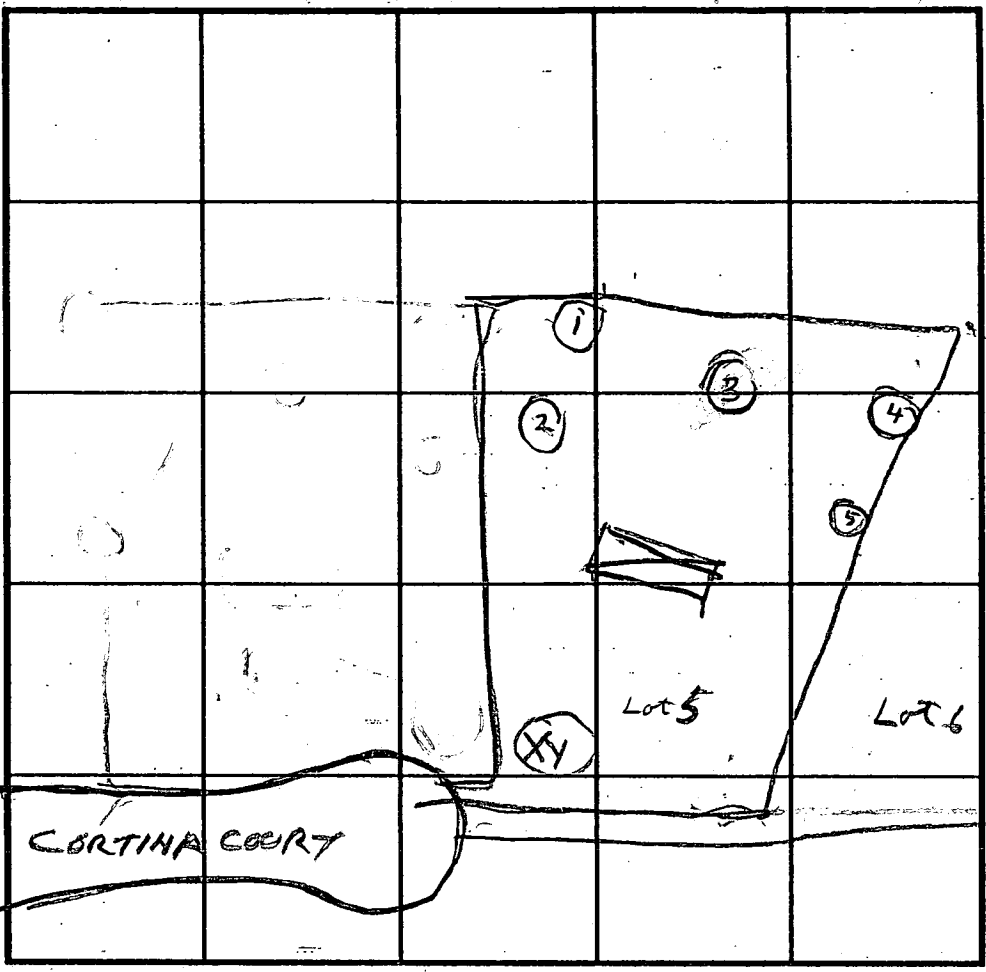
0'
2'
12'
CLAY TOPSOIL
PINK BROWN SAND MICA LOAM

(3)
3'
CLAY TOPSOIL
PINK BROWN SAND MICA LOAM

(4)
4'
TOPSOIL BROWN CLAY
PINK BROWN PURPLE SAND LOAM

ON-LINE SOIL PROFILE (5)

0'
2'
12 1/2'
CLAY TOPSOIL
BROWN SAND MICA LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

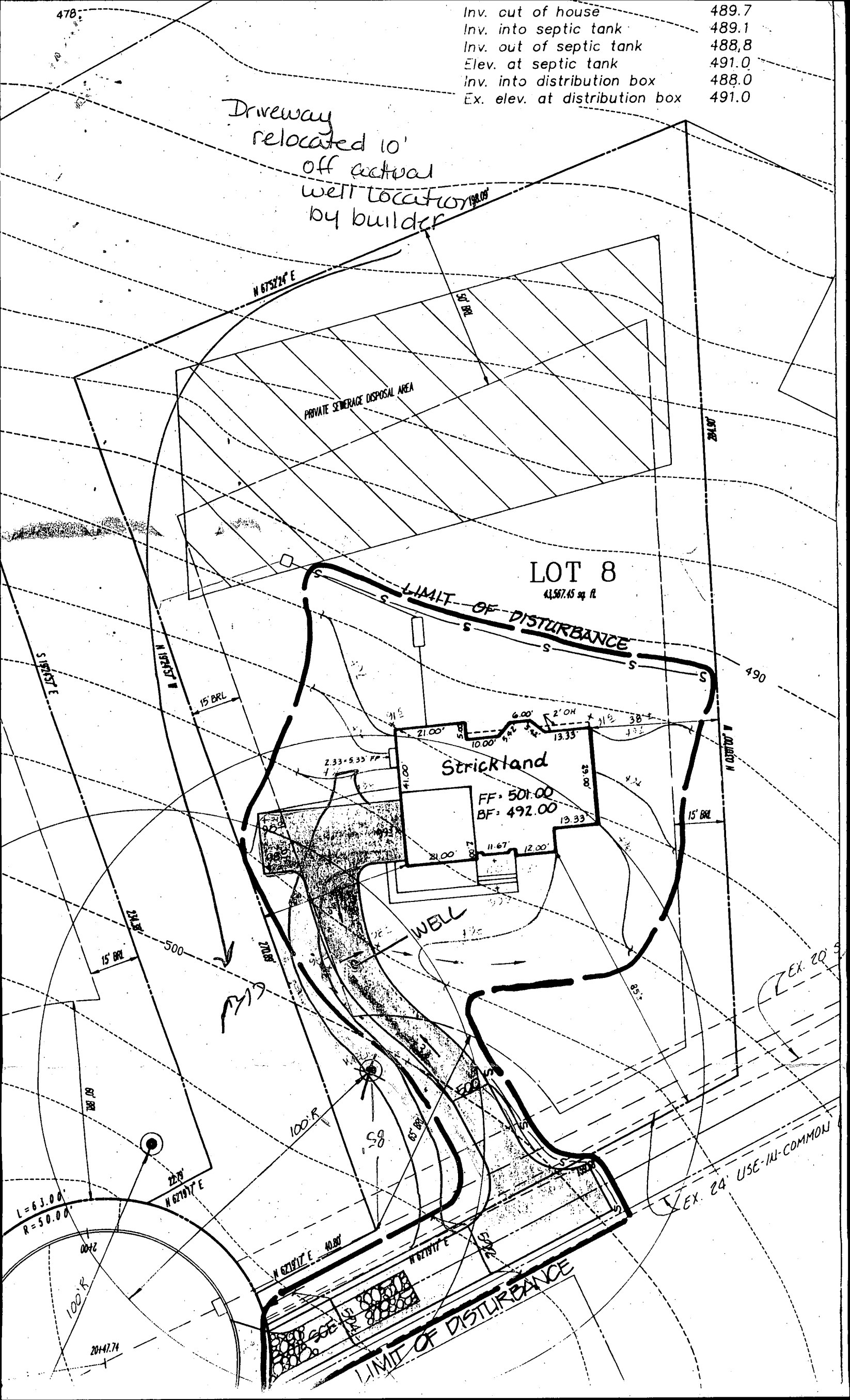
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/1/93	1S	4	1216	1217	1217	1219	2
	1V	12	OK				
	2S	4 1/2	1220	1221	1221	1223	2
	2V	12 1/2	OK				
	3S	4	142	144	144	148	4
	3V	12	OK				
	ON LINE 4S	4	148	157	157	204	7
	ON LINE 4V	12	OK				
	ON LINE 5S	4	153	154	154	157	3
	ON LINE 5V	12.5	OK				

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY R HONGES ALSO PRESENT BACHMANN & RICH
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

ON LINE 14586 ON LINE 586

Inv. out of house	489.7
Inv. into septic tank	489.1
Inv. out of septic tank	488.8
Elev. at septic tank	491.0
Inv. into distribution box	488.0
Ex. elev. at distribution box	491.0

Driveway
relocated 10'
off actual
well location
by builder



LOT 8
43,567.45 sq ft

Strickland

FF = 501.00
BF = 492.00

WELL

PRIVATE SEWERAGE DISPOSAL AREA

LIMIT OF DISTURBANCE

EX. 24' USE-IN-COMMON

1/B

Lot 7
Open Space

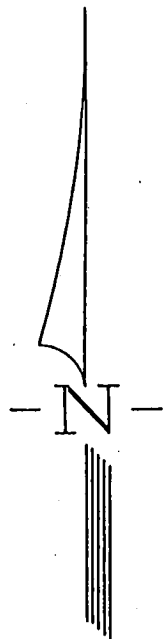
198.09'

N 67°52'24" E

PRIVATE SEWERAGE DISPOSAL AREA

50' Bt

S 03°01'00" E



Lot 8

Lot 9

N 19°24'57" W

284.90'

Lot 7
Open Space

1/31/96

Proposed deck location will have no impact on existing well and septic

Am

N 62°19'17" E
40.80'

270.89'

WELL

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

MAC DW

Existing 20' Storm Drain & Utility Easement, as recorded among The Land Records of Howard County, Maryland Plat No. 11765

24' Use in common Easement for Lots 8, 9, 10, & 11 (Private) as Recorded among The Land Records of Howard County, Maryland Liber 3505, Folio 427

R = 50.00'
L = 10.14'

S 62°19'17" W

Lot 9

GREEN HILL COURT
(50' r/w)

LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: #13425 Green Hill Court

TOP OF WALL ELEV. = 500.08' FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
AREA OF MINIMAL FLOODING
PER COMMUNITY PANEL NUMBER 240044-0032-B

LOT 8

Cortina Highlands

Plat of Resubdivision

PLAT No. 11781

ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION

DATE: SRP
8/23/95

FINAL

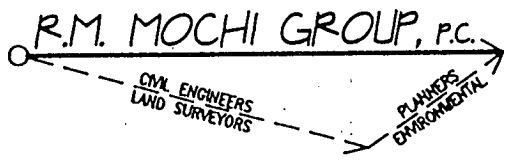
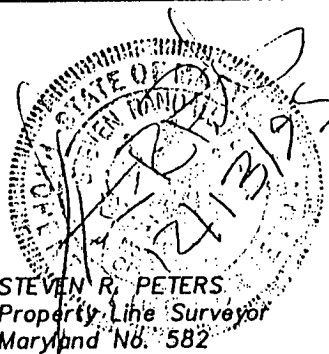
DATE: SRP
12/13/95

DRAWN BY: DBW

SCALE: 1"=50'

PROJECT No.:

95508.00



3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305

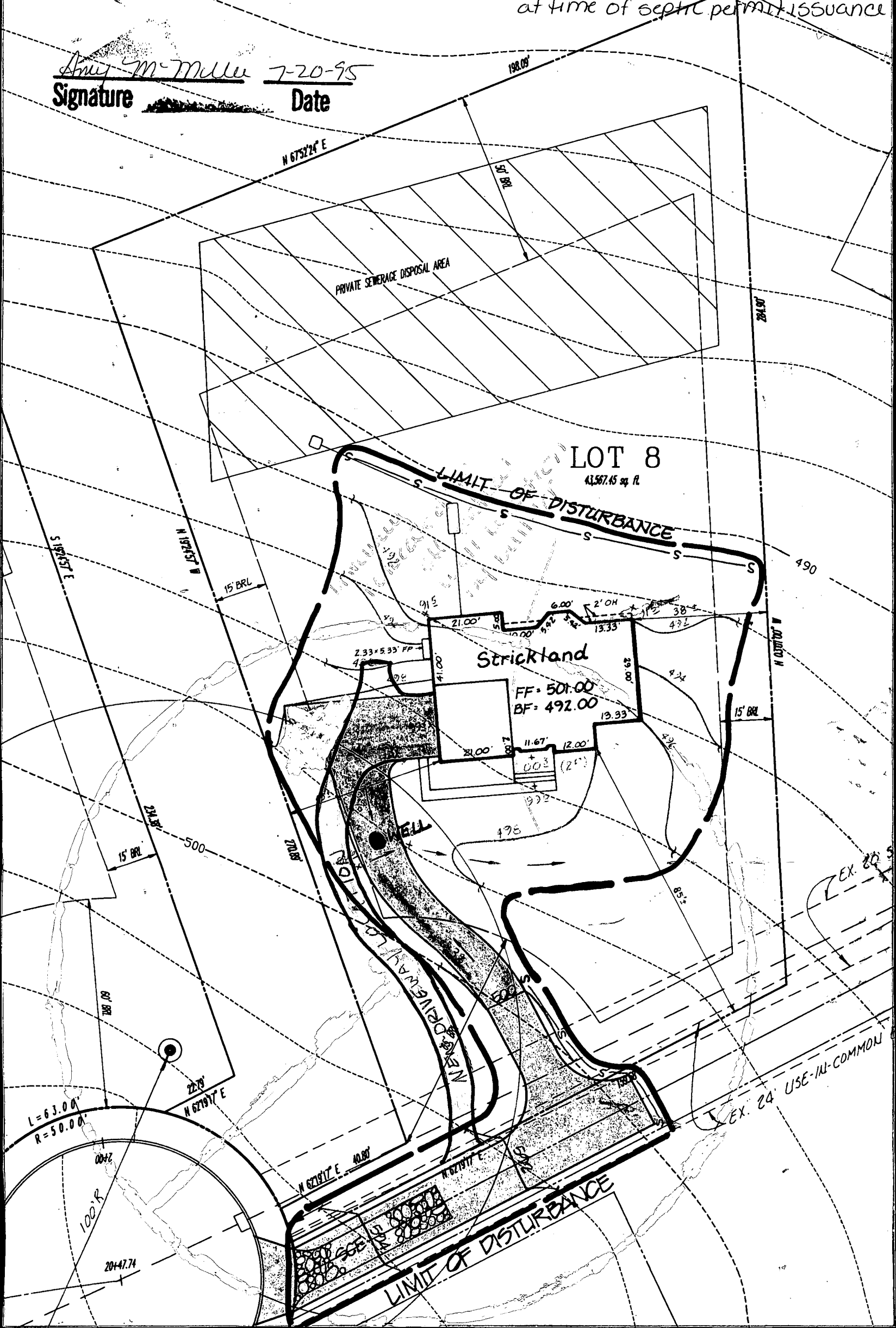
(410) 461-0079
Fax: (410) 750-6340

Inv. cut of house	489.7
Inv. into septic tank	489.1
Inv. out of septic tank	488.8
Elev. at septic tank	491.0
Inv. into distribution box	488.0
Ex. elev. at distribution box	491.0

Length of trench to be determined at time of septic permit issuance

Approved Septic System Plan
Howard County Health Department

Amy M. Miller 7-20-95
Signature Date



PRIVATE SEWERAGE DISPOSAL AREA

LOT 8
43,567.45 sq. ft.

Strickland

FF = 501.00
BF = 492.00

LIMIT OF DISTURBANCE

EX. 24 USE-1/4-COMMON

10/5/95
A.M.
7M 410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3625-N Ellicott Mills Drive
Ellicott City, MD 21040
401-0930

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Name of Installer Ben Lewis Inc Receipt # _____ Date _____ Telephone 3014283900

License Number 11202 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Jacobsen Bedes Telephone 3019532083

Subdivision Cortez Highlands Lot # 8 Well Tag # _____

Site Address 13425 Sheer Hill Ct, Highland, MD

Pump

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible

2. Make Grundfos

3. Model # 54507422

4. Capacity 5 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 230
 a. 110 _____
 b. 220 _____

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth 451

Tank

1. Capacity 40

2. Pressure relief valve?

10/5/95 NO NSP MR

Piping

1. Type 200# BK Pipe

2. Size 1 1/2

3. NSF and/or BOCA Code approved

4. Depth of supply line 378

Well data

1. Depth 359 ft.

2. Yield 5 GPM

3. Static water level 40 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: [Signature]
Date: 10/9/95

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

B 1	4410	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
<small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)		40-94-0361 <small>70 fill in this form completely 79</small>		

Date Received (APA)
020295

OWNER INFORMATION

SDC **GROUP**

15 Last Name 8 Owner 34 First Name

8480 BALT. NATIONAL PK

36 Street or RFD 55

ELLICOTT CITY MD 21043

57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

1 2

HOWARD

8 COUNTY 21

CORTINA HIGHLANDS

23 SUBDIVISION 42

SECTION 44 46 LOT 8 50

HIGHLAND

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI

73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD

Joseph L. MAYNE 24

Driller's Name 77 License No. 80

Joseph L. MAYNE Well Drilling

Firm Name

5512 RIDGE RD. Mt. Airy MD. 21771

Address

Joseph L. Mayne 2/2/95

Signature Date

B 4

1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

3

Cortina Dr.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST SOUTH

34 100 37

DISTANCE FROM ROAD

ENTER FT OR MI FT

38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 **WELL INFORMATION**

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A-49271

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S

022895 2/28/95

43 48 CO SIGNATURE EXP. DATE

NORTH GRID 493000 EAST GRID -7700.00

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE 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

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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 800770

N 4923

000 000

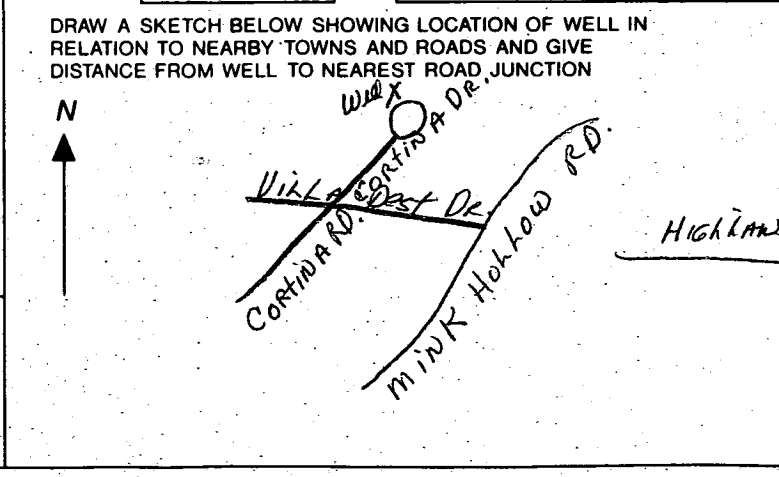
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

54 63

FORCE 65 WRITE INITIALS IN BOX PERMIT No. 40-94-0361

67 68 70 71 72 73 74 75 76 77 78 79



C1 3595

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 A-49271

ST/CO USE ONLY DATE Received 020295

DATE WELL COMPLETED 032795

Depth of Well 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0351

OWNER SOC GROUP STREET OR RFD last name CORTINA DRIVE first name TOWN HIGHLAND SUBDIVISION CORTINA HIGHLANDS SECTION LOT 8

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICA ROCK, 0-100, 100-340.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 25, NO. OF POUNDS 2350.

CASING RECORD: casing types insert appropriate code below. Includes codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: 57, 6, 105.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes codes: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y/N).

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 26.04.04 "WELL CONSTRUCTION"...

DRILLERS IDENT. NO. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DEPTH (nearest ft.) table with columns 1-51. Includes handwritten entries: H0, 103, 340.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (TELESCOPE CASING), (E.R.O.S.), WQ (LOG INDICATOR), OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 204, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 59, WHEN PUMPING 285, 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) 2.

