

8-19-94
after 12 noon
8/23/94
early PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50188

A 49783

DISTRICT 5th

DATE 08/02/94

05-411874

DATE SYSTEM APPROVED 8/24/94

INSPECTOR M. Riskin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

INDEXED

H. Edwards Construction, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6645 Mink Hollow Road, Highland, Maryland 20777 PHONE 596-6309

SUBDIVISION Hedgerow LOT 25 ROAD 13603 Gilbride Lane

PROPERTY OWNER ~~Campanile Homes, Inc. / Tuakli~~ Nady Tuakli ETHERLY

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

250 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 250

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 30 feet from the front lot line and 300 feet from the right lot line. Run trenches along contour toward back of lot.

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

PLANS APPROVED BY C. Williams DATE 07/21/94

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

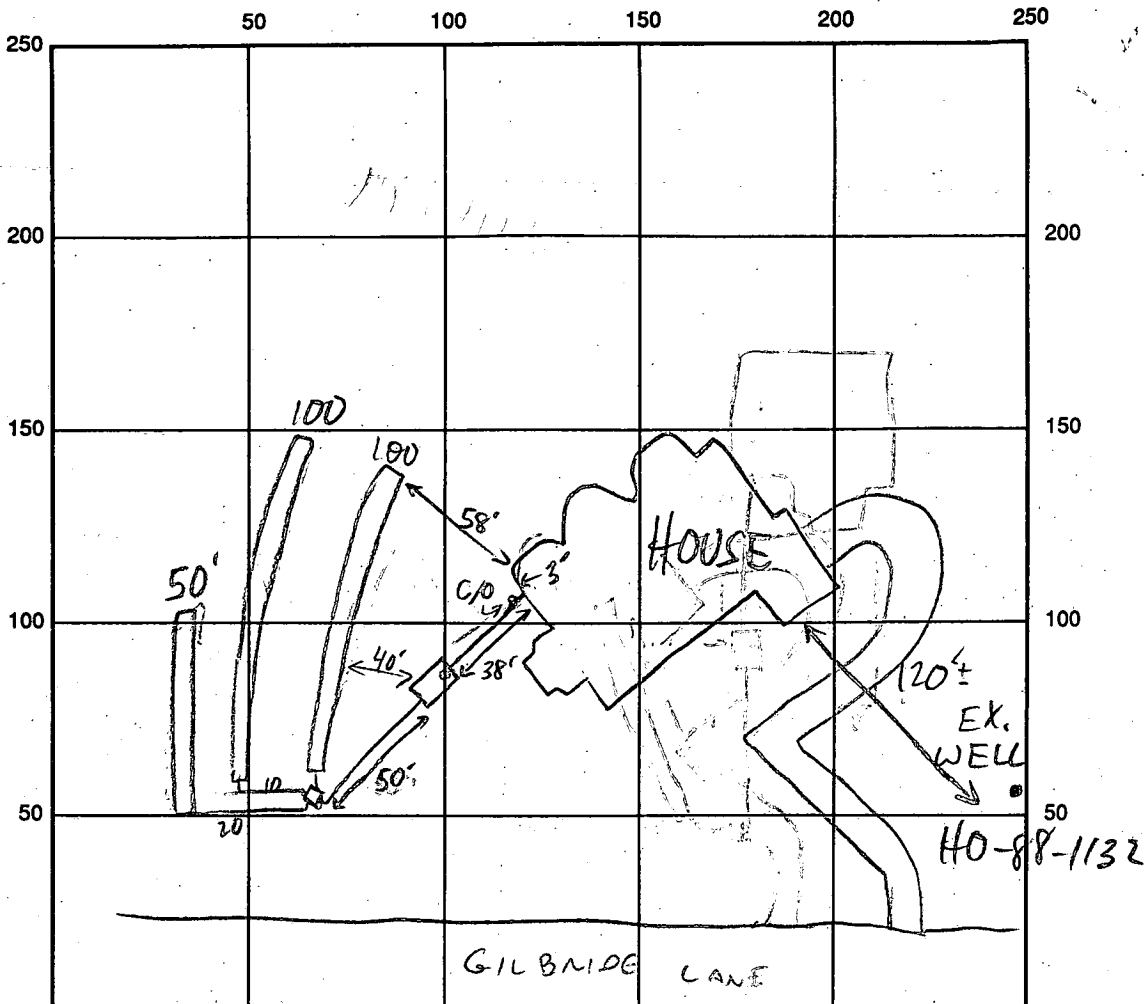
PERMIT VOID AFTER TWO YEARS

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
49783



SEPTIC TANK LEVEL 1500 GV

CLEANOUTS ST ✓ AND AT HOUSE ✓

DISTRIBUTION BOX LEVEL SMALL ✓

DRAIN FIELD/TITLE DEPTH $\frac{1}{2} \frac{2}{3}$ 9/9/9 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH $\frac{1}{2} \frac{2}{3}$ 4/4/4 FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{2} \frac{2}{3}$ 5/5/5 FT.

TOTAL LENGTH ① 100 ② 100 ③ 50 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA ① 500 ② 500 ③ 250 SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 750 SQ. FT.

REMARKS: 8/19/94 HOUSE → TANK → DB OK, 1ST TRENCH DUG - OK TO ADD STONE (L)

8/23/94 #1 OK TO COVER TRENCH ①, STONE ②, DIG ③ MR

8/23/94 #2 OK TO FINISH STONE & COVER ②, STONE ③ MR

8/24/94 OK TO COVER ALL MR

DATE SYSTEM APPROVED

8/24/94

INSPECTOR

M. Rifkin

APPLICATION

12/16/93
10:00

PERCOLATION TESTING

A 49783

P _____

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

PREVIOUS OK
PROPOSAL IS TO
"FLIP" SEPTIC AREA
TO ACCOMMODATE HOUSE SITE
(CW)

DISTRICT _____

DATE 12/13/93
11/18/93

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.
5-94 current owner

PROPERTY OWNER Mr. Lloyd Anderson & Dr. Nadu Tuaki

ADDRESS 6364 Sandchain Road PHONE 410 200-8714

AGENT OR PROSPECTIVE BUYER Hamilton Associates AIA, AICP (Emerson Hamilton)
Md. 20720

ADDRESS 11600 Legend Glen Drive Bowie PHONE (301) 464-0672

PROPERTY LOCATION:

SUBDIVISION HEDGEROW LOT NO. 25

ROAD AND DESCRIPTION GILBRIDGE LANE

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3.00 AC +/- GROSS TYPE BLDG. SINGLE FAMILY DWELLING
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 12/6/93 - PERC OK HOLD FOR PLAT R/D

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

COUNTY #

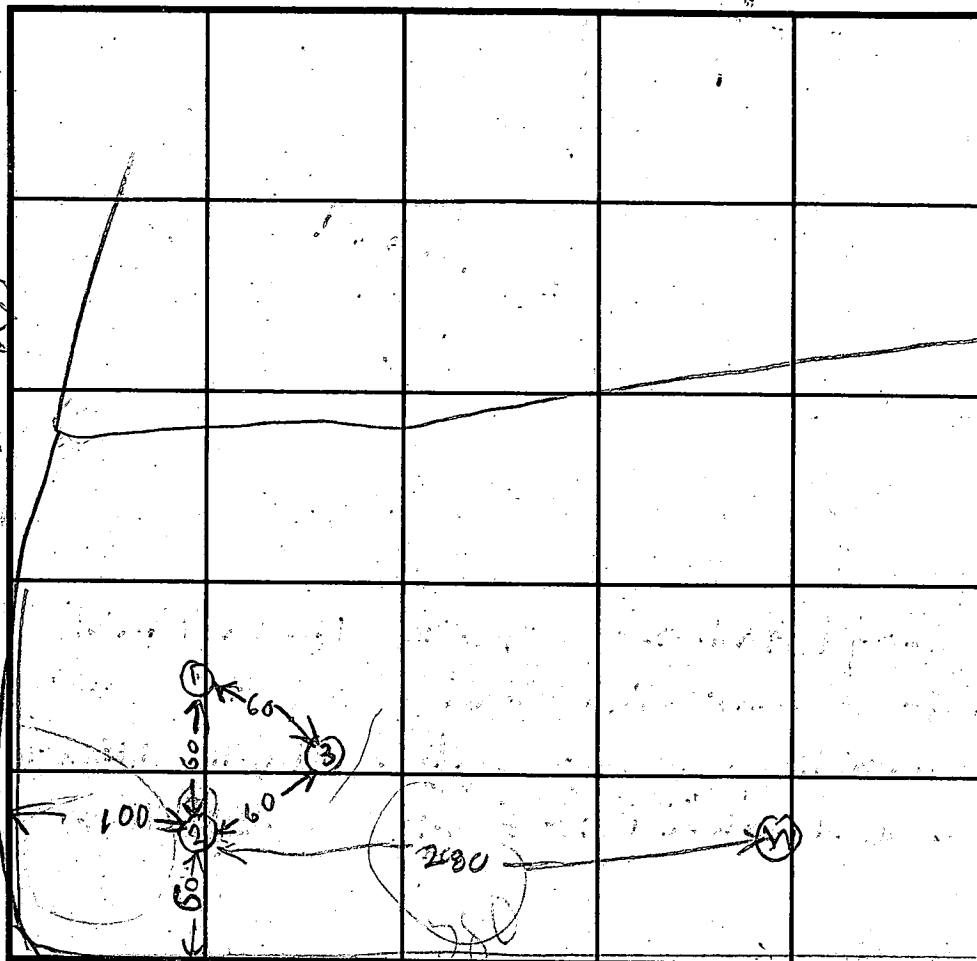
SOIL PROFILE

0'
 5'
 DULL BROWN CLAY
 BEIGE SAND LOAM

SOIL PROFILE

0'
 SOIL PROFILE

TRIDELPHIA MILL RD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GILBRIDE LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/6/93	1S	3	1036	1106	LITTLE PERC		
	1D	7	1113	1120	1120	1136	14
	1V	13	OK	BELOW 6FT			
	2S	3.5	1046	1115	LITTLE PERC		
	2D	7	1121	1125	1126	1139	12
	2V	12.5	OK	BELOW 6FT			
	3S	3.5	1057	1148	LITTLE PERC		
	3P	5	1146	1200	LITTLE PERC		
	3ED	7	1211	1217	1217	1229	
	3V	12 1/2	OK	BELOW 6FT			

13

12 1/2

12 1/2

(2)
 0'
 5'
 DULL BROWN CLAY
 BEIGE SAND LOAM

(3)
 DULL BROWN CLAY
 BEIGE SAND LOAM

REMARKS

TYPE OF SOIL

TESTED BY B. HODGES

WHIT WORTH COMPANY ALSO PRESENT MARK AFFORD

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 16

TRENCH WIDTH 2

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 9

SQ. FT/BEDROOM 240

USE OLD PERC HOLES (B) & (C) TO DI

APPLICATION

PERCOLATION TESTING

A 40525
P _____
DISTRICT 5TH
DATE 10-29-87

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

*1/21/88
perc OK'd pending
plat @*

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 LOWRIE SARGENT

ADDRESS 13243 WESTMEATH LANE PHONE 498-4334
CLARKSVILLE, MARYLAND 21029

PROSPECTIVE BUYER _____ PHONE _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION TEN OAKS LOT NO. 225 on Prelim

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADELPHIA ROAD

TAX MAP 28+34 PARCEL # 60,59
30+64

SIZE OF LOT 3.5 AC. TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

*ESTABLISH
NEW AN6A
LOWER ON LOT (CW)*

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 _____

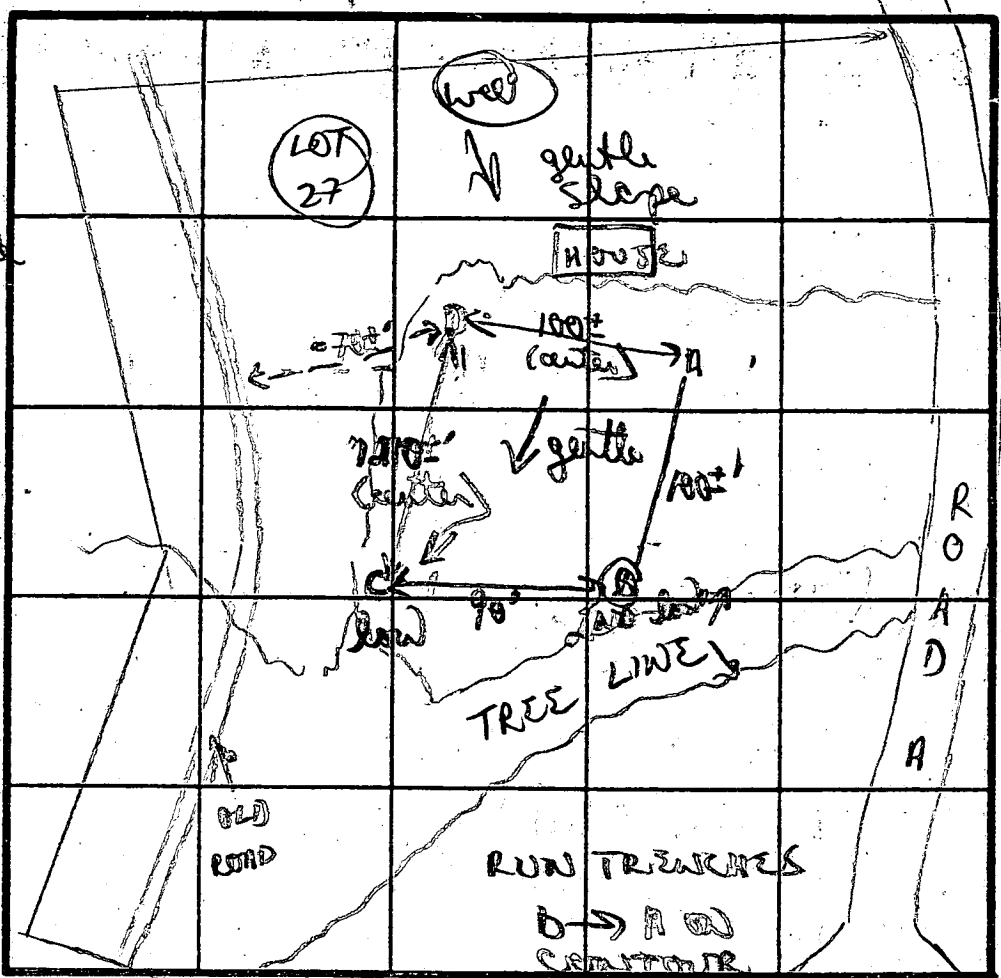
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING far field located holes & S/D plat

THIS IS NOT A PERMIT

WET 4'
 MAX D 81
 $\bar{x} = 14 \text{ min}$
 210 →

TO LOT 26



A + B
 orange/grey
 brown
 clay/clay
 loam
 4'±
 to mostly
 grey silty
 loam
 w/ small
 weathered
 frags
 11'± D
 B

SOIL PROFILE
 yellow purple
 clay 4'
 changing
 to grey
 orange silty
 clay
 loam
 ↓
 11'± D
 C

heavy yellow
 orange
 brown clay
 4'
 changing
 to grey tan
 silty loam
 w/ 10% silty
 scattered
 frags
 ↓
 12'± D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 TRIADELPHIA MILL ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/21/88	D	4' S	328	332	339	357	18 min	
		11'± D	bottom (see profile)					
	A	4' S	331	335	335	342	6 min	
		11'± D	bottom (see profile)					
	C	4' S	340	NO MOVEMENT				
		5'±	355	408	408	436	28 min	
		12'± D	bottom (see profile)					
	B	4'± S	346	348	348	353	5 min	
		12'± D	bottom (see profile)					

Similar to A
 w/ larger
 patches
 of
 orange
 silty
 loam
 7'
 scattered
 frags to
 4'
 12'± D

Here tested E as stated. Area in light woods

REMARKS
 TYPE OF SOIL orange/grey clays 4'± mostly grey silty loam
 TESTED BY B. N. Wilson ALSO PRESENT John S. Keith, Brian



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 14, 1994

Hamilton Associates
11600 Legend Glen Drive
Bowie, MD 20720

Attn: Emerson Hamilton

RE: Percolation Testing
Application No. A49783
Proposed Use: Single Family Dwelling

Dear Mr. Hamilton:

It was confirmed with you by telephone that the above referenced plat does not contain field located test holes, which supports the possibility that the proposed sewage disposal easement may not have been adequately tested. (Copy of this office's original letter requesting same is enclosed.)

Please resubmit with field located test hole locations and a signed note on the plat stating: "Percolation test holes have been field located."

It may be to your advantage to request a review conference when submitting this revision, as there are any number of other routine details which also need to be added to the plat.

If you have any questions regarding this matter, please call me at 313-2640.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

Enclosure

CW: dc

cc: Mr. Anderson
File

REDAUGS BP/SEPTIC PLANS APPROVED.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 9, 1993

Hamilton Associates
11600 Legend Glen Drive
Bowie, Maryland 20720

Attention: Emerson Hamilton

RE: Percolation Test Results
Application No. A49783
Proposed Use: Single Family Dwelling
Property ID: Hedgerow S/D - Lot 25
Gilbridge Lane

Dear Mr. Hamilton:

Percolation testing conducted December 6, 1993 on the above referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plan showing actual locations and elevations of all excavated test holes and the existing well and approximate location for the property dwelling.

This plan should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please call me at 313-2640.

Very truly yours,

Raymond Hodges, R. S.
Water and Sewerage Program

RH:jr

Enclosure

cc: Messrs: Anderson & Tuakli
File

B 1. **5361** SEQUENCE NO. (DP USE ONLY)
2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

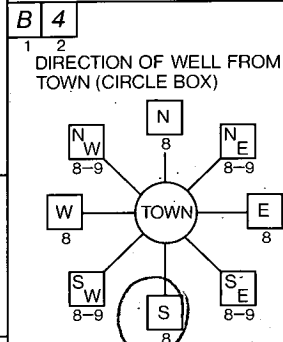
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-88-1132
70 fill in this form completely 79

Date Received (APA) **112789**
OWNER INFORMATION
RES CONTRACTORS
15 Last Name Owner First Name 34
10730 CONN AVE
36 Street or RFD 55
KENSINGTON MD 20895
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 **HOWARD** 21
8 COUNTY
HEDGEROW 42
23 SUBDIVISION
SECTION 44 46 LOT **25** 50
DAYTON 71
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2** 73 **M I** 76 77 78

DRILLER INFORMATION
George F. Easterday 40 80
Driller's Name 77 License No.
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd, Mt. Airy, Md. 21771
Address
George F. Easterday 11/28/89
Signature Date



GILBRIDE 30
11 NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W E EAST
SOUTH S
34 **30** 37
DISTANCE FROM ROAD
ENTER FT or MI **ET** 38 39

B 2 WELL INFORMATION
1 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 R# **40525**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S 41
DATE ISSUED **121389** x **Chad B...** # **61113190**
43 CO SIGNATURE 48 EXP. DATE
NORTH GRID **504000** 50 55 EAST GRID **0804000** 57 63

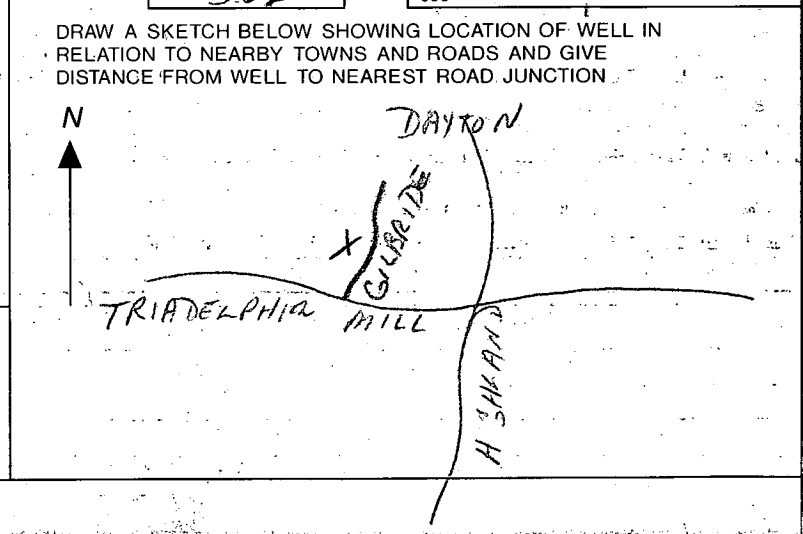
APPROXIMATE DEPTH OF WELL **200** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** 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 _____

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 **800 4**
N **500 4**
000
000

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
 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)
APPROX. PERMIT NUMBER _____ 54 GAP 63
FORCE **CV** WRITE INITIALS IN BOX 67 68 PERMIT No. **40-88-1132** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

1 2 3 4 5 6
1269 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 40525

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well
350 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-98-1132

OWNER R. + S. CONTRA... last name first name TOWN DRYTON
STREET OR RFD 131 0870E
SUBDIVISION HEDGEROW SECTION LOT 25

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	
Bn Shale	2		
Bn Mica	30	70	✓
Sand Stone	70	76	
Bn Mica	76	88	✓
Gray Mica	88	98	
Bn Mica	98	100	✓
Gray Mica	100	350	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
CEMENT BENTONITE CLAY
NO. OF BAGS 50 NO. OF POUNDS 2500
GALLONS OF WATER 100
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 77 ft.

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

MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 81

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

DEPTH (nearest ft.)
H0 79 350

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. 41

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

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

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 4
METHOD USED TO MEASURE PUMPING RATE R...
WATER LEVEL (distance from land surface) BEFORE PUMPING 33
WHEN PUMPING 130
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
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)

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

COUNTY

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 8-26-94

Name of Installer IRA R. RAGER

Telephone 301-251-0474

License Number 5280
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner NADU TUAKLI Telephone 410-290-8714
Subdivision HEDGE ROW Lot # 25 Well Tag # _____
Site Address 13603 GILBRIDE LANE

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make JAZZ
- Model # KB54521-S2
- Capacity 5 GPM
- Pump exceeds well capacity Yes No _____
- 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 _____

Motor

- Horsepower DNE
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Camp Bell
- Model # B300X
- Depth 800 FT

Tank

- Capacity 80 gal.
- Pressure relief valve? YES

Piping

- Type 160 PSI
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 300 ft

Well data

- Depth 320 ft.
- Yield 4 gal. GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? NO

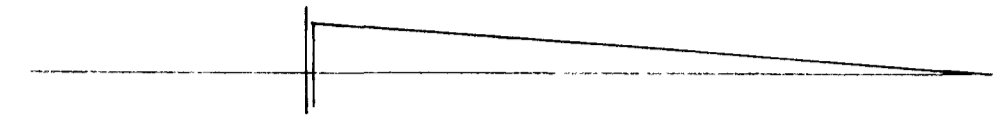
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

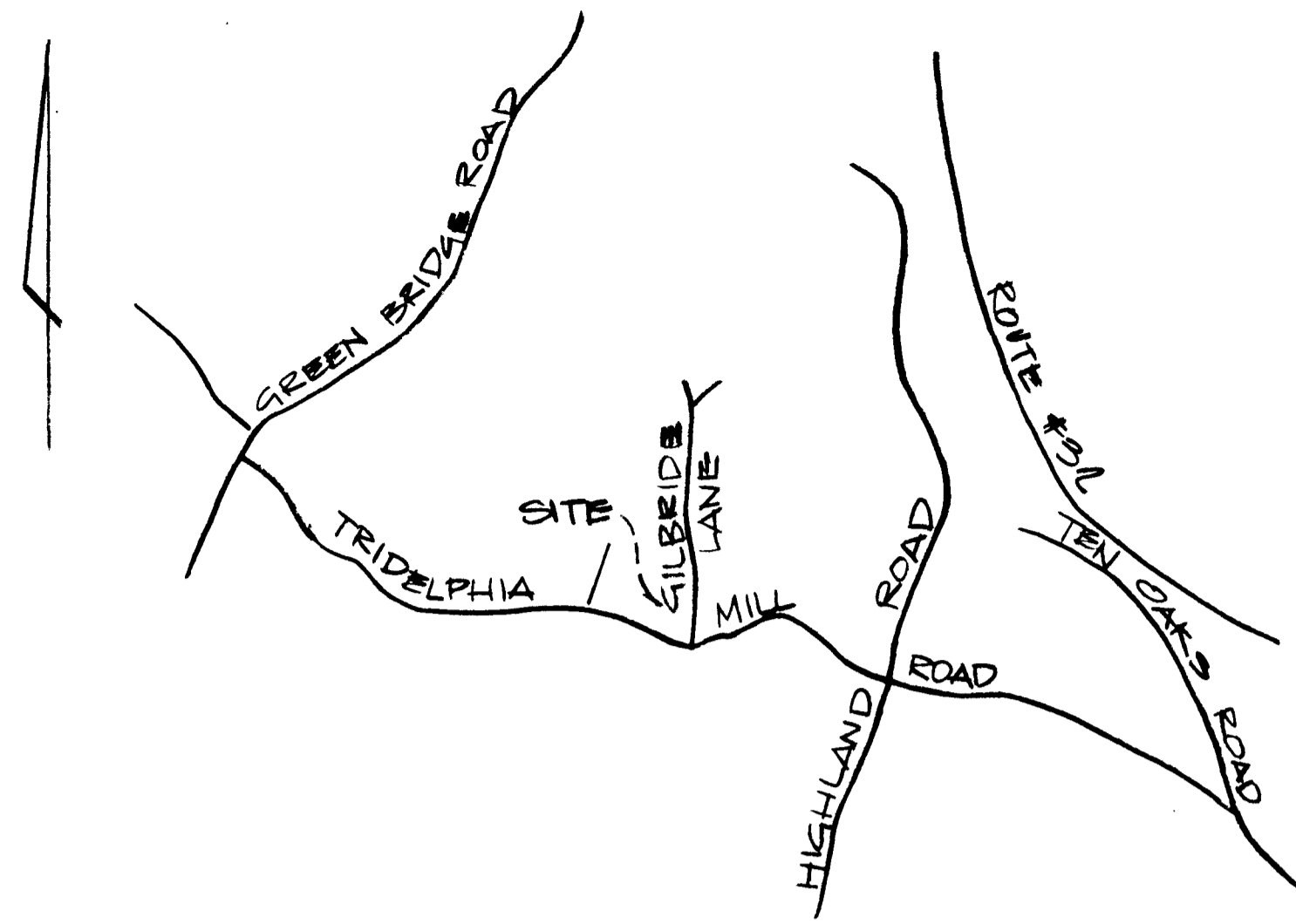
Signature of Applicant: Ira R. Rager

Date: 8-26-94

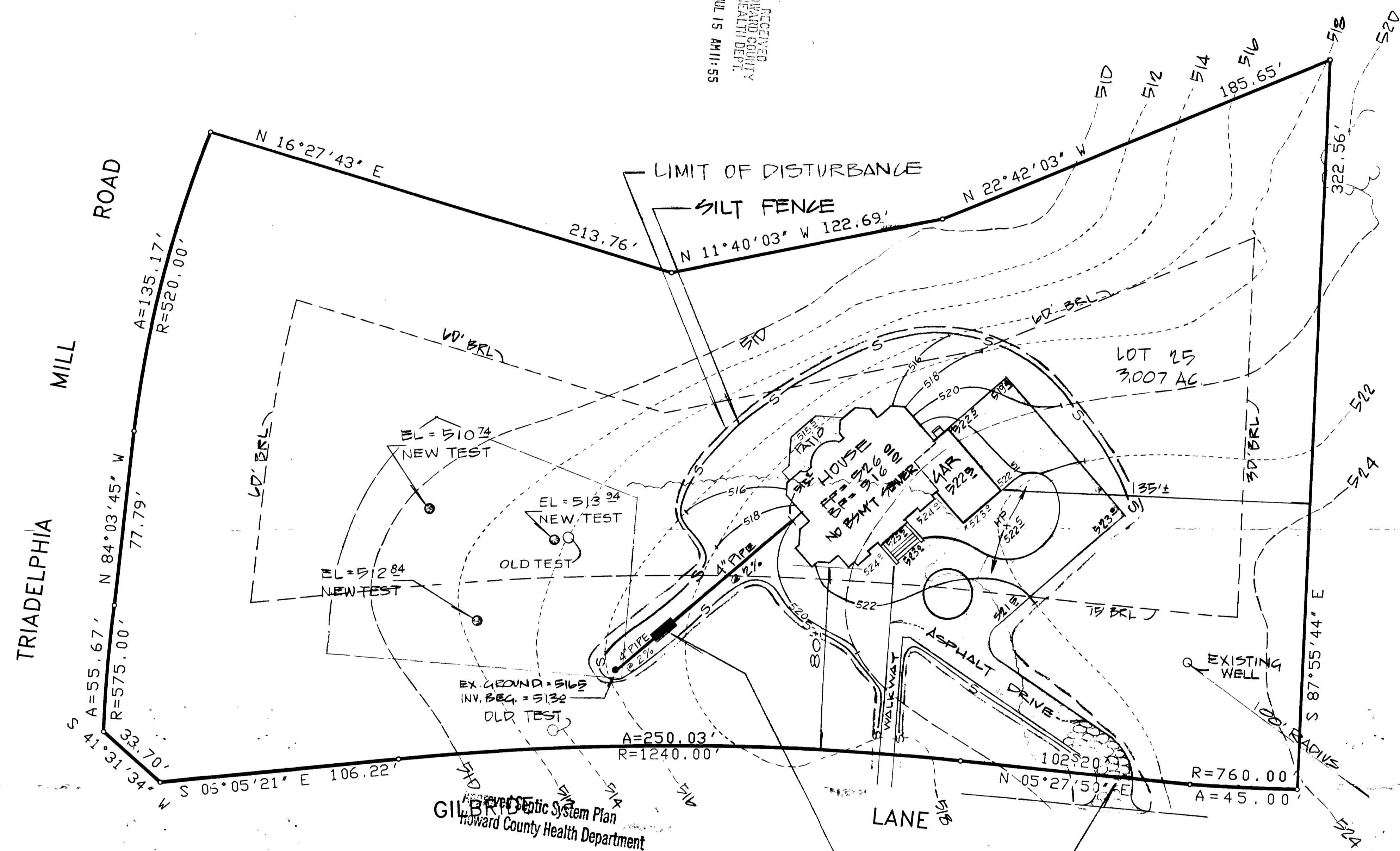
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 JUL 15 AM 11:55
 U. 309 @ F. 241



VICINITY MAP
 SCALE: 1"=2000'



I HEREBY CERTIFY THAT THE NEW SEPTIC TESTS SHOWN HEREON WERE LOCATED BY ACCEPTED FIELD PRACTICES
 JEFFERSON D. LAWRENCE DATE
 PROF. LAND SURVEYOR MD. REG #5216

GIBBONS Septic System Plan
 Howard County Health Department

Signature: *Chris J. Williams*
 Date: 7/15/94

SEPTIC TANK
 TOP = 5172
 INV. IN = 5138
 INV. OUT = 5135
 INV. BEGINNING SEPTIC FIELD = 5132
 INV. HOUSE = 5151

PLAN
 SCALE: 1"=30'

ALL WELL AND SEPTIC SYSTEMS WITHIN 100' OF THIS PROPERTY ARE SHOWN ON THIS PLAN.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION SHOWN HEREON IS CORRECT.

JEFFERSON D. LAWRENCE DATE: 7/15/94
 PROFESSIONAL LAND SURVEYOR
 MARYLAND REGISTRATION 5216

HEALTH DEPARTMENT CERTIFICATION
 BY APPROVAL OF THIS BUILDING PERMIT SITE PLAN HEALTH DEPARTMENT ACCEPTS THE DEPICTED MODIFICATION TO THE RECORDED DISPOSAL EASEMENT.

DEVELOPER/APPLICANT
 CAMPANILE HOMES, INC.
 17509 SIR GALAHAD WAY
 ASTON, MD. 20861
 301-774-3498
 CONTACT PERSON: TONY CAMPANILE

Revision: LOCATION OF NEW SEPTIC TESTS MOVED 7-13-94

SITE DEVELOPMENT PLAN SECTION ONE LOT 25 HEDGEROW HOWARD COUNTY, MARYLAND PLAT NO 8931		
O'CONNELL & LAWRENCE INC. 17904 GEORGIA AVENUE SUITE OLNEY MARYLAND 20832 301-924-4570 FAX 301-924-5872	DESIGNER WM. A. L. EN	SHEET 1
	DRAWN W. K. A.	DATE MAY, 1994
	SCALE 1"=30'	JOB No. 243-11

8-26-94
AMM

8/26/94
E-mail
CBL

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 _____

Name of Installer I.R. Rager and Son

Telephone 301-251-0474

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

Name of Property Owner _____ Telephone _____
Subdivision Hedgerow Lot # 25 Well Tag # HD-88-1132
Site Address 13603 Gilbride Lane

Pump

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

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

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

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
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: _____

✓ E-mail 8/26

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

WALK THRU

✓

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B 00122570

Building Address 13603 GILBRIDE LANE
CLARKSVILLE MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605101 Subdivision Hedgerow

Section _____ Area _____ Lot 25

Tax Map 28 Parcel 30 Grid 20

Zoning RL Map Coordinates 1345 Lot size _____

Property Owner's Name ALICE ETHERLY

Address 13603 GILBRIDE LANE

City CLARKSVILLE State MD Zip Code 21029

Home Phone 703-919-006 Work Phone 301-288-5637

Applicant's Name & Mailing Address, (if other than stated hereon):
ALICE ETHERLY
100 Stewart Ave
MARTINIQUE, MD, 21207

Phone 301-288-5637 Fax _____

Existing Use SO

Proposed Use Shop

Estimated Construction Cost \$ 10000

Description of Work DETACH 11x22 1/2x8
in back of house

Contractor Company PERDINI-RENUCH INC.

Contact Person LEE BISSWELL

Address 19700 TRAVELERS RD.

City CLARKSVILLE State MD Zip Code 21737

License No. 44559

Phone 410-313-8288 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company PERDINI-RENUCH INC.

Print Name ALICE ETHERLY

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official	<u>2/24/00</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>2/24/00</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID# 7077

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ _____

Balance due \$ _____

Check # 171

Validation # _____

