

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-419999

P 50928 B

A 49952J

DISTRICT 6th

DATE 10-12-95

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 10/18/95

INSPECTOR M. Ripkin

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737

PHONE 988-9270

SUBDIVISION Brookwood Farms

LOT 6

ROAD 8131 Brookwood Farm Road

PROPERTY OWNER

Hallmark Builders, Inc. / VALERIE LYONS

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

Manhole required if cover over tank exceeds 3 feet.\*

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - 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 - Place distribution box 164' from front lot line and 46' from left lot line as viewed from Brookwood Farm Road. Run trenches along contour.

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

PLANS APPROVED BY Glen Savage

DATE 9/6/95

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

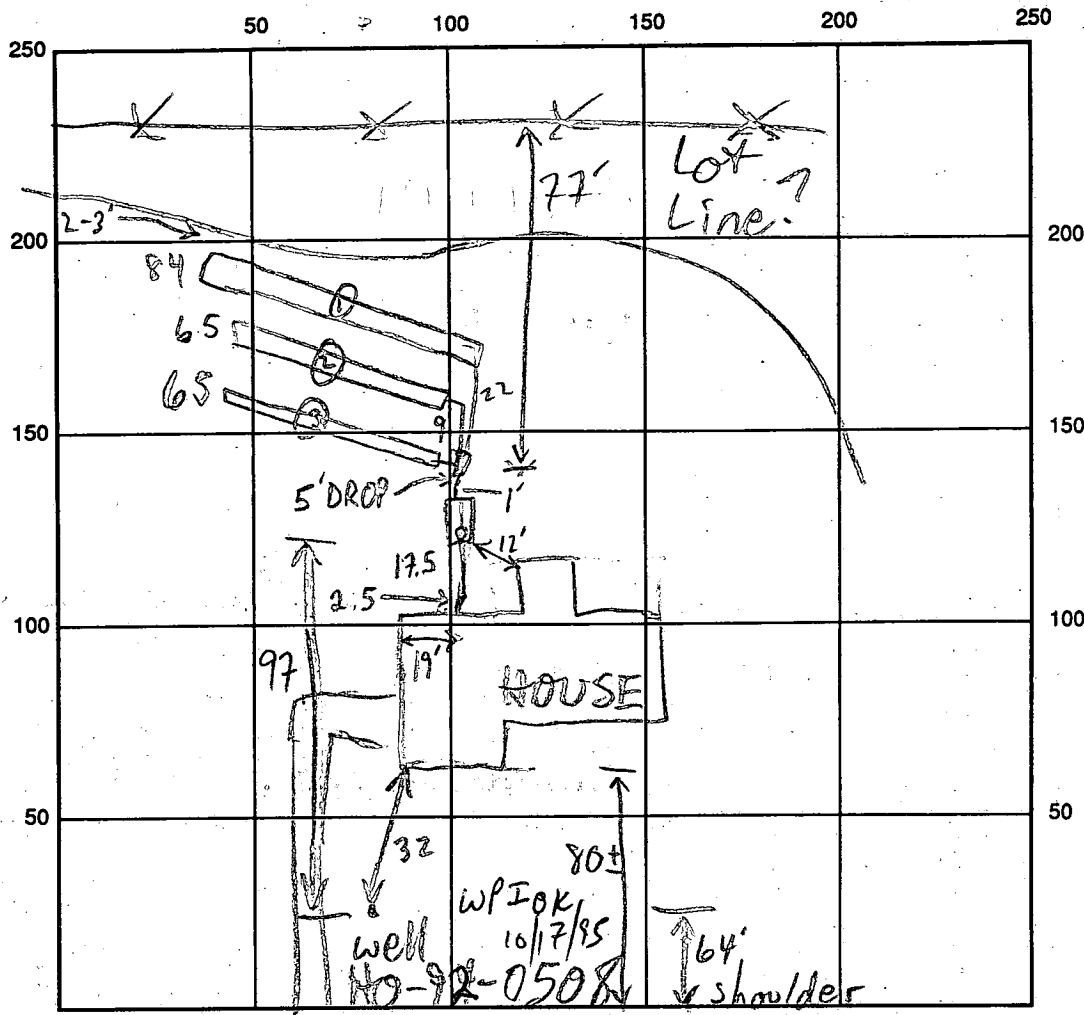
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*Add-on - Propane Tank*  
**BLDG. PERMIT SIGNED**  
**AND RETURNED 12-14-95**  
*Serial # 62936*

A  
49952J



BROOKWOOD FARM RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH  $\frac{1}{8.5} \frac{2}{7.5} \frac{3}{7}$  FT. TRENCH WIDTH 2 FT. INLET DEPTH  $\frac{1}{4.5} \frac{2}{3.5} \frac{3}{3}$  FT.

EFFECTIVE GRAVEL DEPTH  $\frac{1}{4} \frac{2}{4} \frac{3}{4}$  FT. TOTAL LENGTH 084 @ 065 ③ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 10/17/95 HOUSE APPEARS TO HAVE MOVED BACK (SCALES 120' TO REAR, MEASURES 100' TO FENCE (LINE?)); OK TO COVER TRENCHES ①②, MIDDLE OF LAST TRENCH. LEAVE ALL ELSE OPEN MR 10/18/95 FAXED COPY OF WALL CHECK SHOWS HOUSE W/IN 5' OF CORRECT LOCATION; WALL CHECK ACCEPTED; ALL WORK OK TO COVER MR

DATE SYSTEM APPROVED 10/18/95 INSPECTOR M. Ritzkin

# APPLICATION

PERCOLATION TESTING

A 49952J

P \_\_\_\_\_

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

DISTRICT 5

DATE 4/4/94

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.

PROPERTY OWNER FIRST AMERICAN PROPERTIES OF MD, INC

ADDRESS 1751 PINNACLE DRIVE  
MCLEAN, VA 22102 PHONE (410) 442-1045

AGENT OR PROSPECTIVE BUYER CARMAN ASSOCIATES

ADDRESS P.O. BOX 122  
ELLICOTT CITY, MD 21041 PHONE (410) 442-1045

PROPERTY LOCATION:  
SUBDIVISION BROOKWOOD FARMS LOT NO. NEW LOT 6  
7

ROAD AND DESCRIPTION N. SIDE LIME KILN RD. OPPOSITE RESERVOIR RD

TAX MAP 40&45 PARCEL # P-1

**BLDG. PERMIT SIGNED**  
**AND RETURNED 9-6-95**  
*Serial # 61532*  
*- 4 bond*

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SINGLE FAMILY DWLG.  
(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 OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

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 \_\_\_\_\_

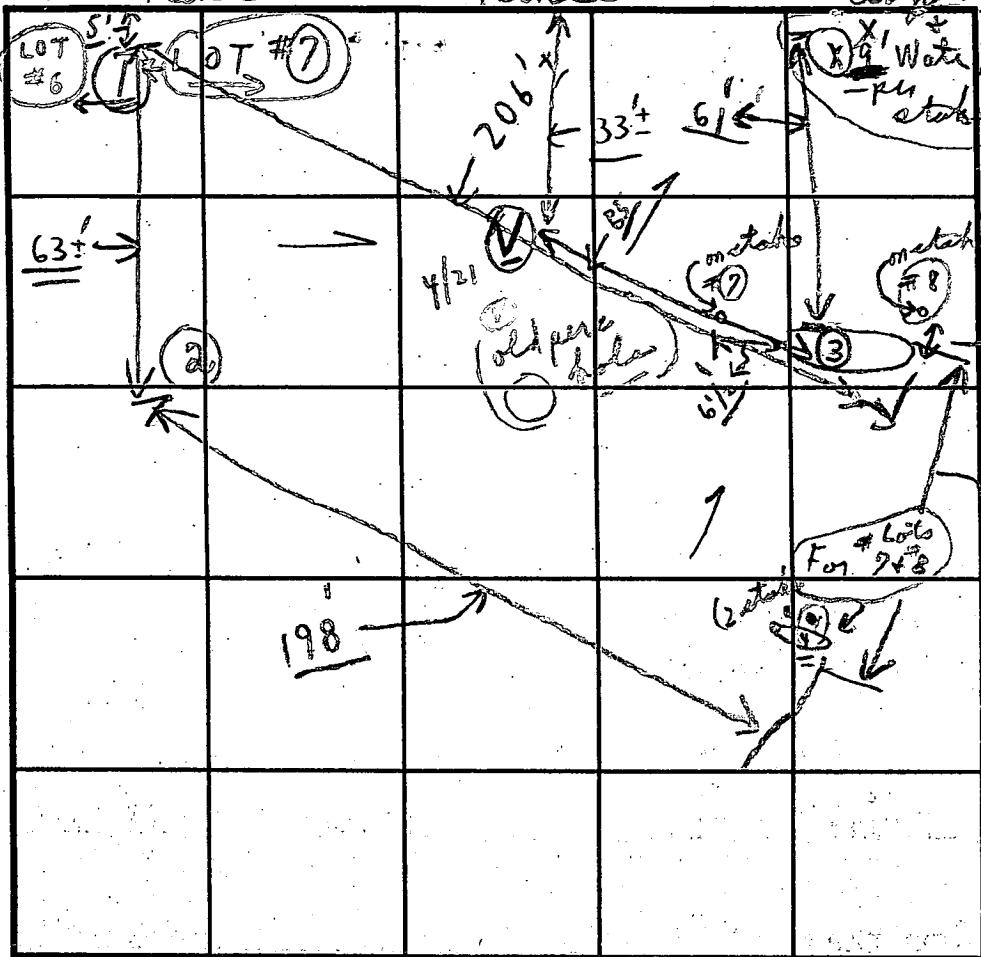
# THIS IS NOT A PERMIT

New Lot 6  
A49952 J

Bunches Gravel Road  
WOODEN FENCE

COUNTY #  
LOT 2  
SOIL PROFILE  
HOLE # ①

0'-7'  
CLAY  
7' to 14'  
  
LOAM  
  
14'



SOIL PROFILE  
HOLE ④  
0'-3' 10"  
CLAY  
3'-10"  
LOAM  
  
DRY  
11'-10"

(Visual Hole)  
Loam below  
0'-6" clay  
6" LOAM TO 13"  
Water 13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

HOLE # ②  
0'-4' 3"  
CLAY  
4' 3" to

LOAM  
  
11 1/2

HOLE # ③  
0'-5'  
CLAY  
5'

LOAM  
  
Water  
12 1/2'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/18/94	①	7'	10:34	10:37	10:37	10:49	12 min
See LOT ①	①	14'	0:-	14'	LOAM - DRY		
4/19/94	②	4' 3"	10:38	10:43	10:43	10:52	9 min
ON FOR	②	11 1/2'	0:-				
	③	5'	11:04	11:10	(out) 11:10	11:13	5 min
	③	Water 12 1/2'	0:-		12 1/2'	Water just @ bottom	
	④	3' 10"	11:07	11:09	11:09	11:11	1 1/2 - 2 min
		11' 10"			dry loam		
	4 1/2'	(6' to)	(Loam below clay)				
	(V)	13'	Water		on 4/11/94		

① hole For LOT 7+8

For 2+8

Water just @ bottom For 7+8

REMARKS 4/18/94 tests in water (tests per stake) 4/19/94 = tests per stake  
TYPE OF SOIL Late P.M. Loam below clay No stone  
TESTED BY C. Bell ALSO PRESENT (PHIL)  
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 min TRENCH WIDTH 3  
INLET DEPTH 4 1/2 MAXIMUM BOTTOM DEPTH 6 1/2 SQ. FT./BEDROOM 180+ or 210+

\*

LOT 6  
 Approved Septic System Plan  
 Howard County Health Department

*[Signature]*  
 Signature

9-8-95  
 Date

LENGTH OF TRENCH TO BE DETERMINED

210.80  
 180.93  
 135.1  
 5 DISTURBANCE

E.D. (A-3)

Private  
 Septic  
 Easement

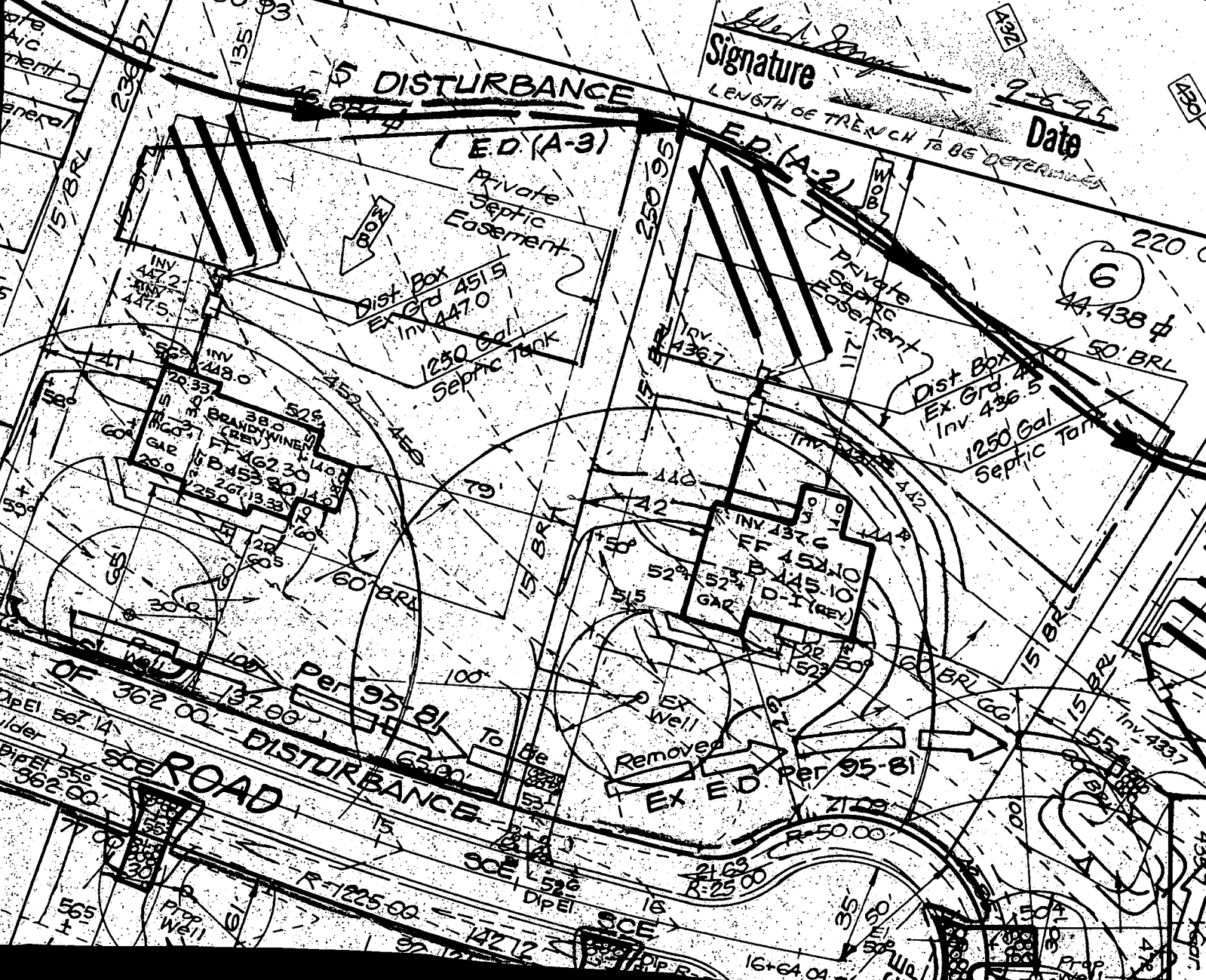
Dist. Box  
 Ex. Grd. 451.5  
 Inv. 447.0  
 1250 Gal.  
 Septic Tank

E.D. (A-2)

Private  
 Septic  
 Easement

Dist. Box  
 Ex. Grd. 447.0  
 Inv. 436.5  
 1250 Gal.  
 Septic Tank

220.0  
 44,438 sq ft  
 50' BRL



SCEN ROAD  
 DISTURBANCE  
 OF 362.00' - 137.00'  
 Per 95-81  
 To Be  
 Removed  
 Ex E.D.  
 Per 95-81

362.00  
 137.00  
 142.12  
 R-1225.00  
 R-142.12  
 R-21.63  
 R-25.00  
 R-50.00  
 R-55.00  
 R-60.00  
 R-65.00  
 R-70.00  
 R-75.00  
 R-80.00  
 R-85.00  
 R-90.00  
 R-95.00  
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 R-500.00

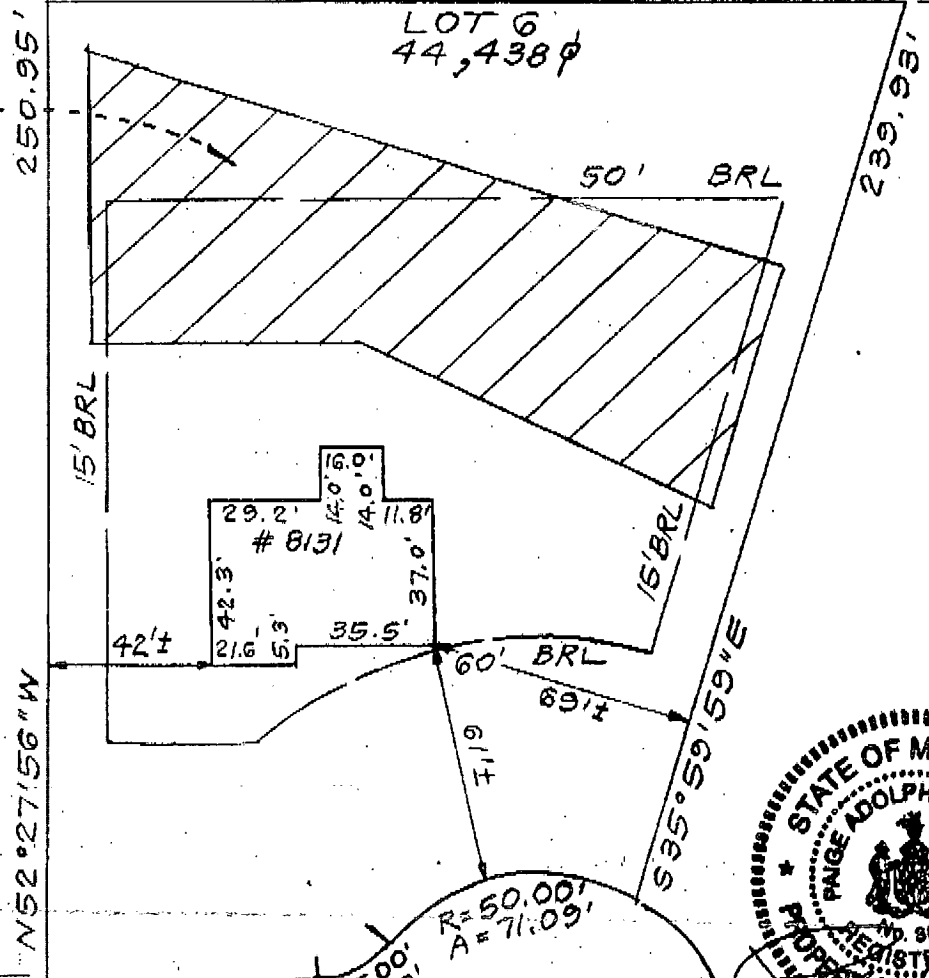
LOT 5  
 HICKORY HILL FARM  
 P. NO. 7519

N37°30'36" E 220.00'

5

7

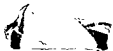
Private Sewage Easement, see General Note No. 9 Plat No. 11845



10-6-95

BROOKWOOD FARM ROAD  
 50' R/W

95-007  
 94-064 R



**Howard County Health Department**

To: File

Issued as  
test well

From: \_\_\_\_\_

Date: \_\_\_\_\_

HD-170

**B 1** 01160 SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

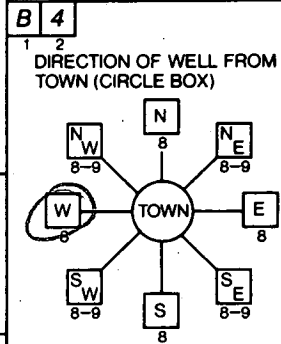
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
 HO-92-0508  
 fill in this form completely

**Date Received (APA)**  
 1/20/93  
**OWNER INFORMATION**  
 CARLSON KENNETH  
 12402 LIME KILM RD  
 FULTON MD 20759

**B 3** LOCATION OF WELL  
 HOWARD COUNTY  
 BROOKWOOD FARMS  
 SECTION 44 46 LOT 48 50  
 FULTON  
 MILES FROM TOWN (enter 0 if in town) 1 MI

**DRILLER INFORMATION**  
 RALPH MAYNE  
 RALPH MAYNE WELL DRILLING  
 GIZO BROWN Church Rd, Mt. Airy  
 RALPH MAYNE 12/16/93



LIME KILM RD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 2500  
 ENTER FT or MI 500

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 HOWARD CO. #W49787  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 12/20/94  
 CO SIGNATURE EXP. DATE  
 NORTH GRID 480000 EAST GRID 815000

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

APPROXIMATE DEPTH OF WELL 150 FEET

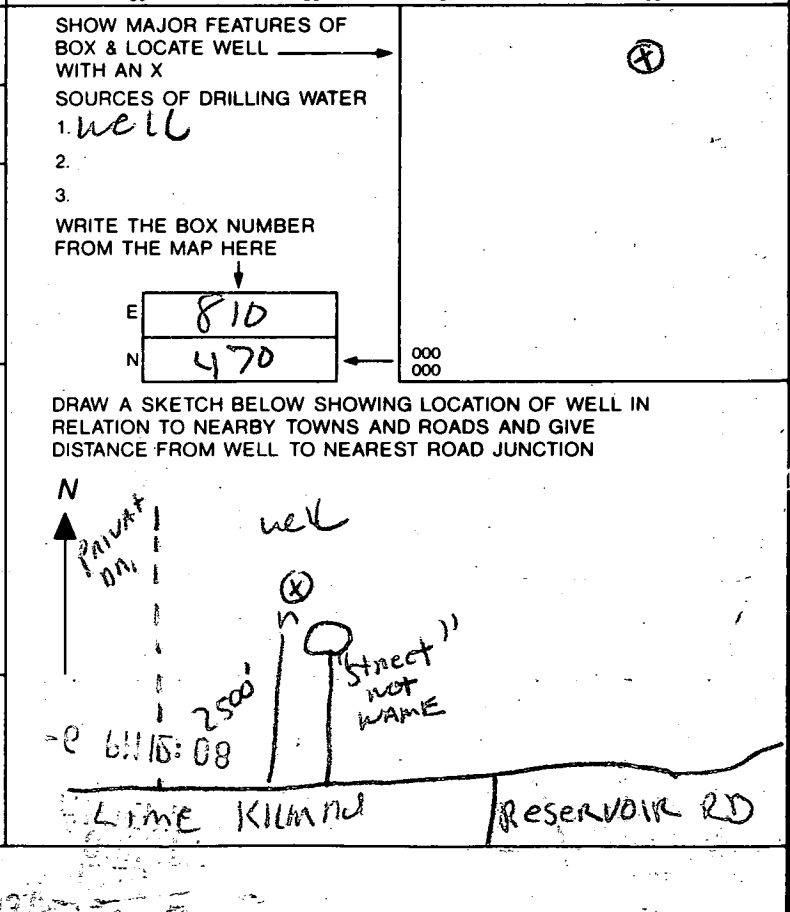
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTARY Drive-POINT  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE AM WRITE INITIALS IN BOX PERMIT No. HO-92-0508

SPECIAL CONDITIONS 301-498-1046



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 Kastner Pkg + Htg. Inc.

Telephone 301-725-5000

License Number 6500

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Hallmark Blobs

Telephone 410-964-4440

Subdivision Brookwood Lot # 6

Well Tag # \_\_\_\_\_

Site Address 8131 Brookwood Farm Rd  
Fulton, MD 20759

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make Gould
- Model # \_\_\_\_\_
- Capacity 5 GPM

Motor

- Horsepower 3/4
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Harvard
- Model # \_\_\_\_\_
- Depth 3 ft.

- 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 \_\_\_\_\_

Tank

- Capacity 40 gal
- Pressure relief valve? yes

Piping

- Type 1/2" psi
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 3 ft.

Well data

- Depth 305 ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- 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: [Signature]

Date: 10-17-95

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

C1 8879 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 W 49787

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER CARLSON KENNETH last name LIME KILN RD first name TOWN FULTON SUBDIVISION BROOKWOOD FARMS SECTION LOT 6

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, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, SANDY, SANDSTONE, MICKA, SANDSTONE, MICKA, SANDSTONE, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD casing types insert appropriate code below STEEL CONCRETE PLASTIC OTHER

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

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 40 54 300

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 116 Talk Mape

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR 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) LAND SURFACE

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)

