

8/10/88 AM

8/11/88 2:00

TAX # 05 405259

PERMIT

P 40544

A 37002

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 11/24/87

DATE SYSTEM APPROVED 8-12-88

INSPECTOR LEN

{ I.C.O.P.
Time expired }

K. Jain IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 252-7166

SUBDIVISION P The Chase ROAD 11620 Masters Run LOT 24

PROPERTY OWNER Kamal Jain

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 6 3/1200
400

TRENCHES - 200 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 125 feet from the front lot line and 305 feet from the left lot line as seen when facing the lot from Masters Run. Run trenches on contour toward left and right lot lines.

NOTE - 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 S. Abel DATE 6/15/87

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.

BDDG. PERMIT SIGNED
AND RETURNED 5/10/90
Serial # 32530-1-500 gallon tank
BDDG. PERMIT SIGNED
AND RETURNED 6/17/88
Serial # 19355 - pool

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

37002

37002

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 X
Replacement _____

Receipt # 41745
Date 5/17/88

Name of Installer Baltimore Mechanical Services

Telephone 356-7164

License Number 620

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner KAMAL JAIN

Telephone _____

Subdivision The Chase Lot # 24

Well Tag # HO-81-2206

Site Address 11620 MASTERS RUN

Pump

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

Motor

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

Pitless Adapter

- 1. Make PT-800 Hammer
- 2. Model # PT 800
- 3. Depth 4'

- 2. Make MYERS
- 3. Model # SJ102J104P
- 4. Capacity 4 GPM GPM

- 5. Pump exceeds well capacity Yes _____ No X
- 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 X Cable guards X Other _____

Tank

- 1. Capacity 119 Gallon
- 2. Pressure relief valve? yes

Piping

- 1. Type Yandy
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 300'

Well data

- 1. Depth 345 ft.
- 2. Yield 6 GPM
- 3. Static water level 40 ft.
- 4. 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: [Signature]

Date: 5/13/88

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

C1 6007 SEQUENCE NO. (OEP 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. 37002

DATE RECEIVED

DATE WELL COMPLETED 080987

DEPTH OF WELL 45 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-2206

OWNER JAIN KAMAL last name first name STREET OR RFD MASTERS RUN TOWN ELLOAK SUBDIVISION THE CHASE SECTION LOT 24

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: SAND stone, 0-38; CORNYMEAN Rock, 38-345; DRY Well 350' FILLED IN WITH cement; DRAINAGE MATERIALS.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 396 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) 5 1/2 4 45

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.) 10 43 345 SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 122 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 LAND SURFACE - below (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)

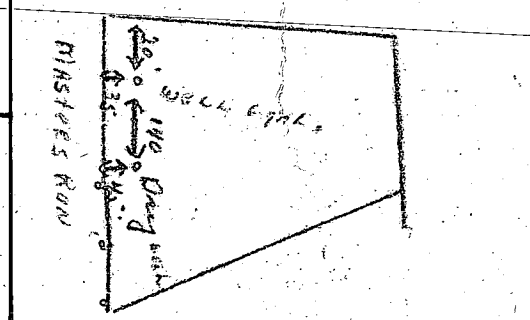
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED p TEST WELL CONVERTED TO PRODUCTION WELL

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. 238 DRILLERS SIGNATURE 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) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA



APPLICATION

N

PERCOLATION TESTING

A 37002

P _____

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation KAMAL SAIA

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

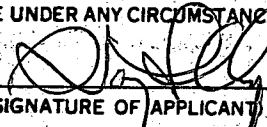
SUBDIVISION The Chase - formerly The Paddock LOT NO. 26 29 Final

ROAD AND DESCRIPTION: Homewood Road 11620 MASTERS RUN

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/27/86 Reclusion high H₂O table S. Area 7/2/86 Perc satisfactory;

Hold for Subdivision Plat & low hole visual in wet season, shallow sist. only; S. Area BP 15431

3/3/87 Perc Satisfactory, Hold for resub. Plat. S. Area

BLDG. PERMIT SIGNED
AND RETURNED 5-11/3/87

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

37002

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

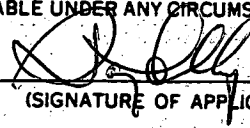
SUBDIVISION The Chase - formerly The Paddock LOT NO. 26 24

ROAD AND DESCRIPTION Homewood Road

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/31/84	11V	12" uniform soil below 3"					
	12V	12" uniform soil below 3"					
7/2/87	13	3.5 12.5 uniform soil	11:50 below	11:56 3"	11:56 3"	12:08	12 min
	14	4 12" uniform soil	11:55 below	12:00 3"	12:00 3"	12:10	10 min

REMARKS _____

TYPE OF SOIL _____

EH-12-1079

APPLICATION

N

PERCOLATION TESTING

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

A 37001
P _____
DISTRICT 5
DATE 5/15/86

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 Wayback Corporation

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

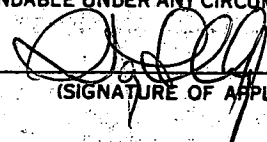
SUBDIVISION The Chase - formerly The Paddock LOT NO. 2524

ROAD AND DESCRIPTION Homewood Road

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(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)

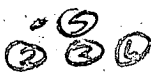
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

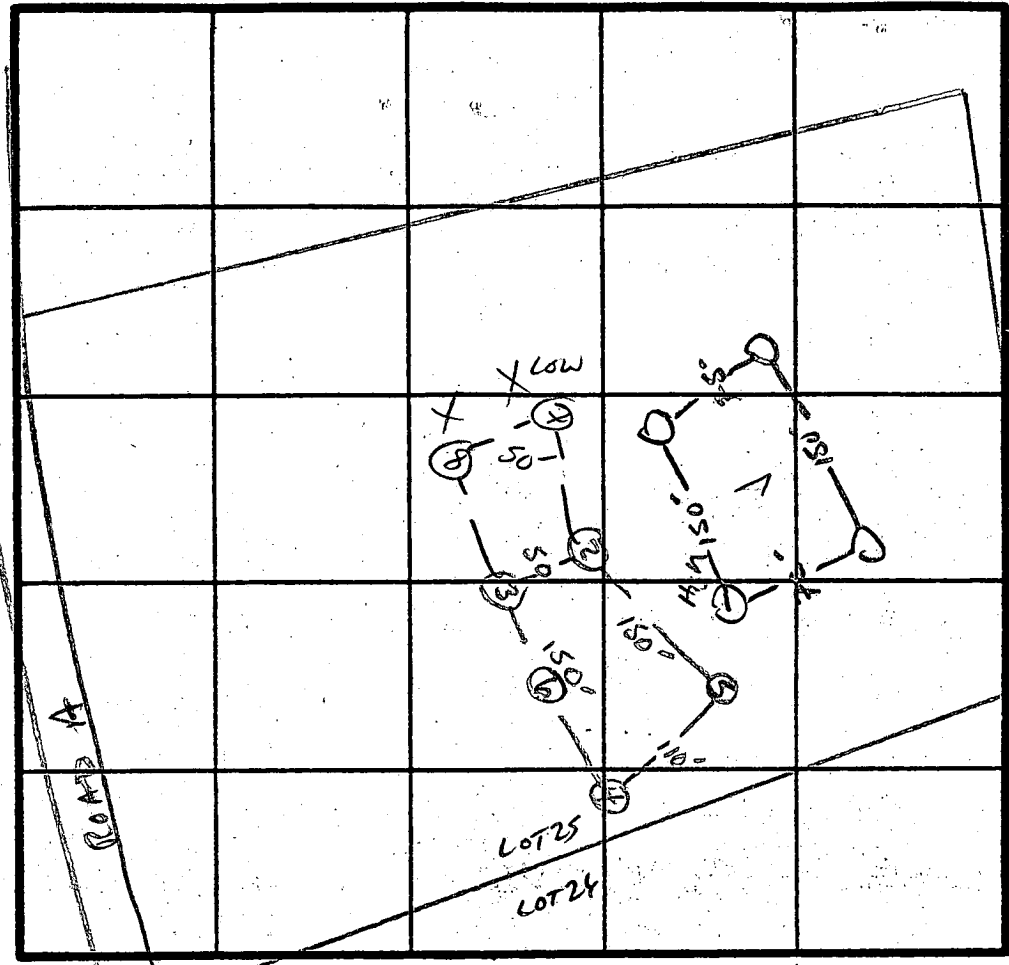
REASONS FOR REJECTION OR HOLDING 6/27/86 Redesign; WATER TABLE HIGH IN HIGH WAGE S. AREA; 7-2-86
PERC SATISFACTORY; HOLD FOR SUBDIVISION PERMITS; LOW WATE VISUAL TEST IN WET SEASON; SMALLER SEWER
ONLY. S. AREA 3-3-87. PERC SATISFACTORY - COMBIN W/ OTHER LOTS HOLD FOR SUBM. PERMITS

THIS IS NOT A PERMIT



SOIL PROFILE

0	4'-3"	A1-3
4'-1"		Light BR. SAND LOAM <10% CLAY <100% FRAGMENTS
3'-1"		Light BR. SILT LOAM <10% FRAGMENTS
3'-5"		



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 ↓ Homewood Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/26/84	1 ✓	WATER AT 9"	High	HOLE			
	2 S ✓	3"	11:54	11:55	11:55	11:57	2 MIN
	3 S ✓	12"	11:58	12:00	12:00	12:04	4 MIN
	4 S ✓	3.5"	12:02	12:05	12:05	12:12	7 MIN
	4 M	9"	12:03	12:04	12:04	12:06	2 MIN
	4 V	13"	UNIFORM	SOIL	BELOW	3.5"	
	5 S ✓	3"	12:12	12:15	12:15	12:22	7 MIN
	12"	UNIFORM	SOIL	BELOW	3.5"		
	6 V	12"	UNIFORM	SOIL	BELOW	3"	
7/2/84	7 V	WATER AT 5"					
	8 V	WATER AT 11.5"					

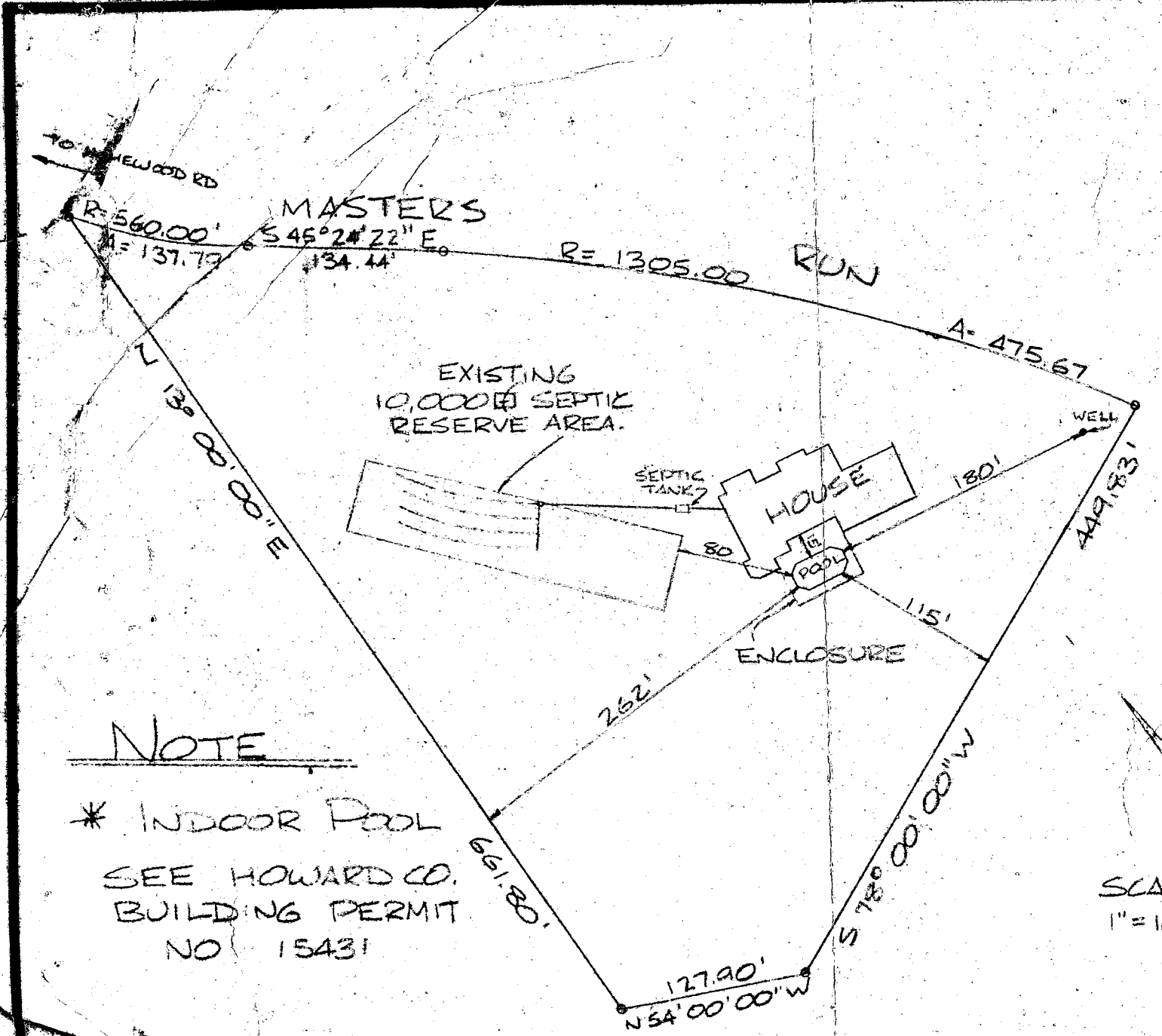
REMARKS WATER High hole - WET SEASON LOW HOLE RETEST

TYPE OF SOIL Glenville Bait Transition

S. Abel

J. Bob, W. Bob

EH-12-1079

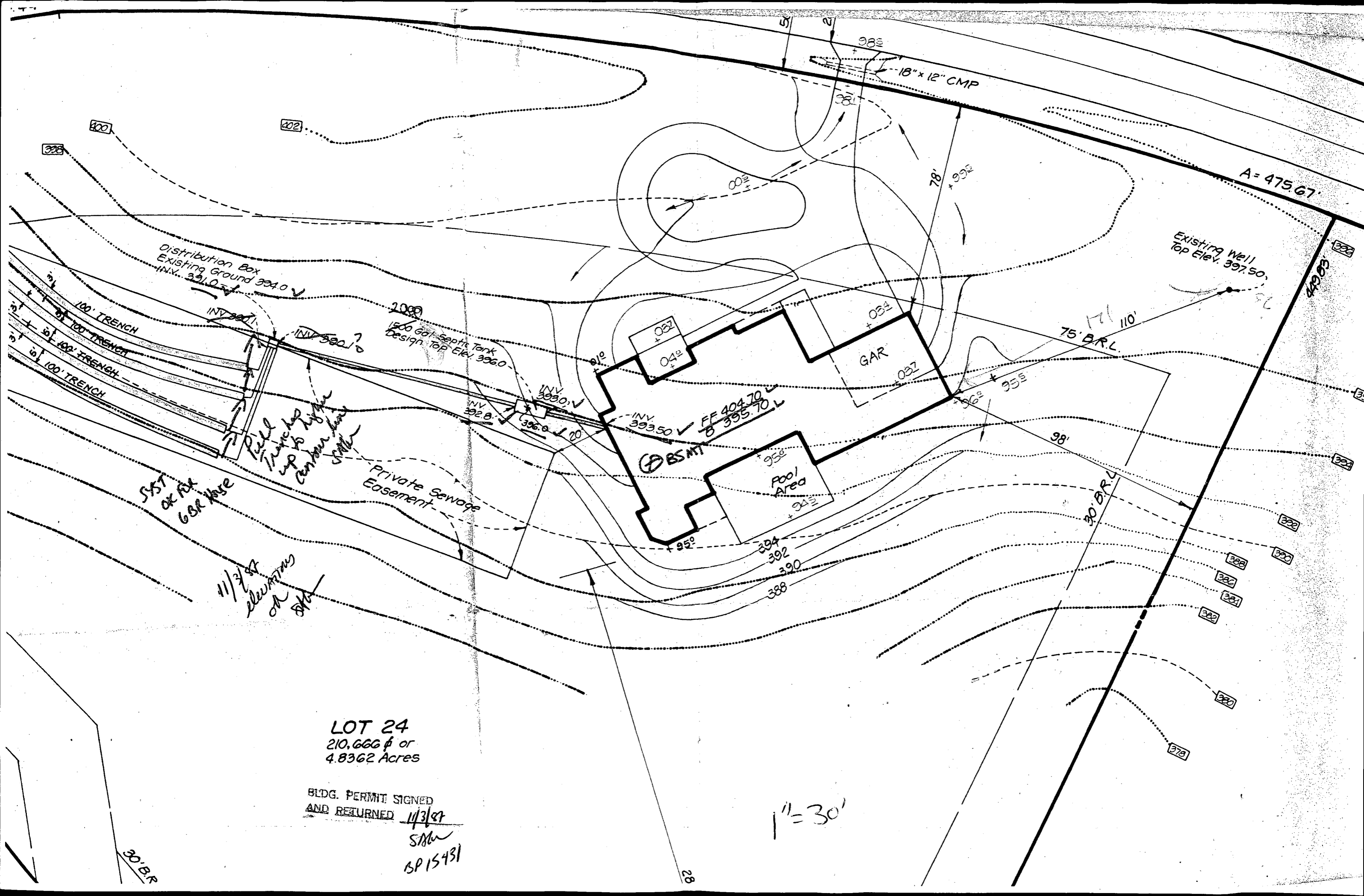


NOTE

* INDOOR POOL
 SEE HOWARD CO.
 BUILDING PERMIT
 NO. 15431

6/17/88
 OR TO SIGN
 PER RH

SCALE
 1"=100'



A = 475.67'

Existing Well
Top Elev. 397.50'

Distribution Box
Existing Ground 394.0
INV. 391.0

1500 Gal. Septic Tank
Design Top Elev. 396.0

FF 404.70
B 395.70

BSMT

Pool Area

GAR

Fill
Trench up
up to higher
contour line
still

Private Sewage
Easement

SSST
or fix
GSR hose

11/2' of
elevation
on
SFA

LOT 24
210,666 sq ft or
4.8362 Acres

BLDG. PERMIT SIGNED
AND RETURNED 11/3/87

SRLW
BP 15431

1" = 30'

30' B.R.