

5/11/87
NOON

05-392918

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 39193

A 37131

DISTRICT 5th

DATE 4/23/87

DATE SYSTEM APPROVED 5/12/87

INSPECTOR BN

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Dave Hopkins

IS PERMITTED TO INSTALL X ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 549-2889

SUBDIVISION Dunfretten Estates ROAD 13733 Pasture Green LOT 10

PROPERTY OWNER Stanely Jakubik - 997-2510 - Work# - Mrs.

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. 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 or start the trench 120 feet from the back (360') lot line and 180 feet from the left (417.43') lot line as seen when facing the lot from Pasture Green Court. Run trench on contour toward back 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.

PLANS APPROVED BY S. Abel DATE 11/17/86

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.

LOG. PERMIT SIGNED AND RETURNED
4/23/87
Serial # 26318 - deck

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37131

JUNE 30, 1986
Hester

APPLICATION

PERCOLATION TESTING

A 37131

P _____

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

DISTRICT: 5TH

DATE 5/28/86

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 STANLEY & MARY JANE JAKUBIK

ADDRESS 6706 Bushranger Path Columbia MD 21046 PHONE 997-7460

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. # 10

ROAD AND DESCRIPTION Pasvie Green (Macadam) - 13733

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 ac. TYPE BLDG. RESIDENTIAL
(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 Sidney Abel FOR Deep Trenches DATE 11/19/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/30/86 Perc. Satisfactory hole For Conf. Hole Location. S Abel

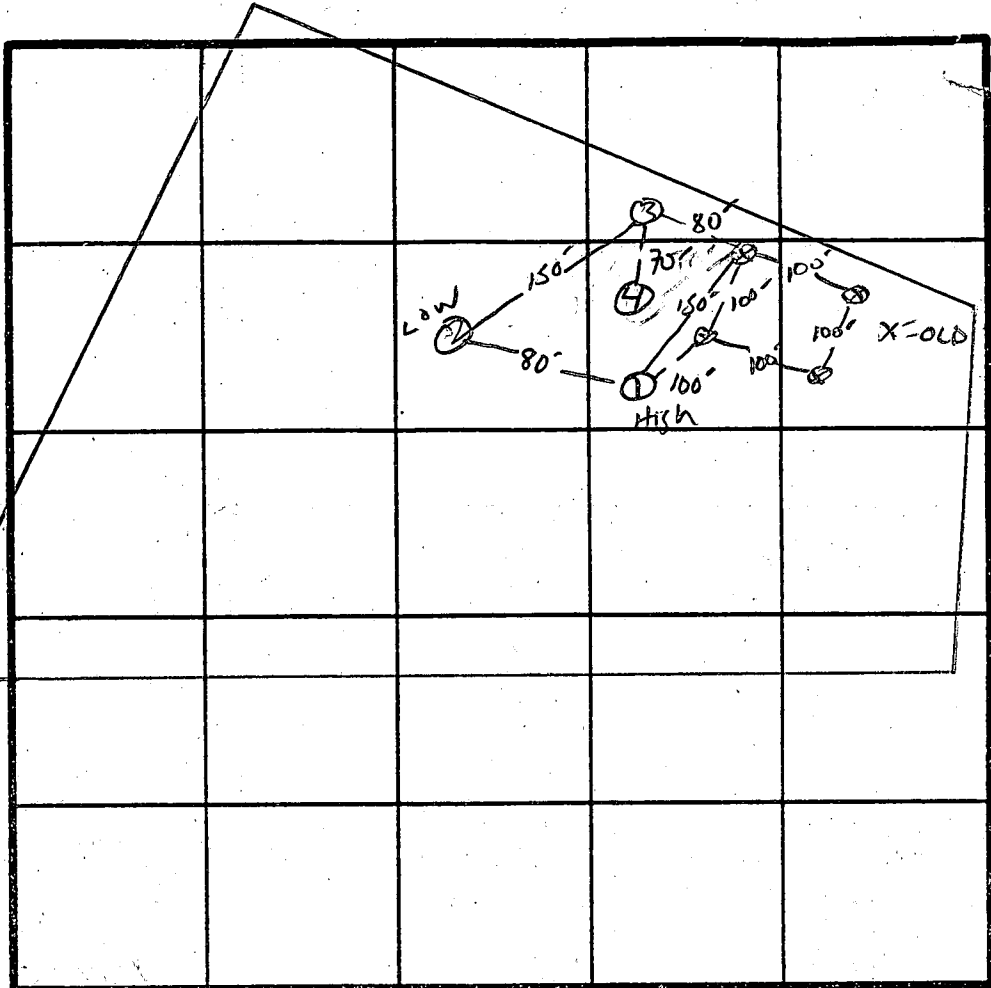
BLDG. PERMIT SIGNED AND RETURNED 11/17/84

S. Abel BP 8973

THIS IS NOT A PERMIT

①
SOIL PROFILE

0'	AD
8'	Brown sand loam <10% frag. <9% clay
3'	Brown highly micaceous silt loam <10% fragments



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

13-14'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/30/84	1S	5"	10:50	10:51	10:51	10:52	1min
	1V	13"	uniform soil 50/50		3"		
	2S	4.5"	10:55	10:56	10:56	10:58	2min
	2V	14"	10:58	10:59	10:59	11:00	1min
	3S	4.5"	10:59	11:00	11:00	11:01	1min
	3V	13"	uniform soil 50/50		3"		
	4V	13"	silt loam		3-13" same as hole 1-3		

REMARKS _____

TYPE OF SOIL Glenelg Silt Loam

TESTED BY S. Abel ALSO PRESENT PAVE Hopkins

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 31723
P _____
DISTRICT 5th

DATE 11/24/87

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 S. Turner Nichols and James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #10

ROAD AND DESCRIPTION Pasture Green (Macadam)

SIZE OF LOT 3 Acres TYPE BLDG. _____ (NUMBER OF 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.

S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

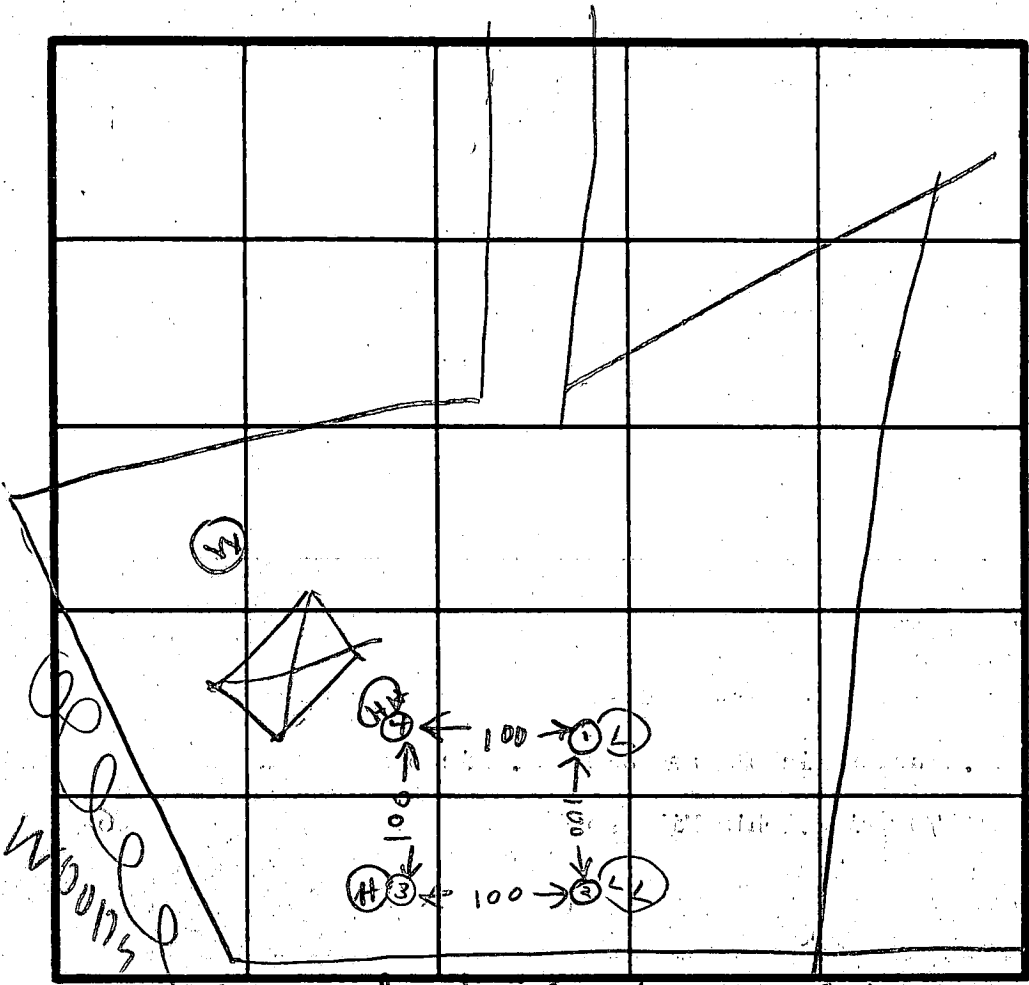
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#10

SOIL PROFILE



Hole Elev
 ④ HIGHEST
 ③ = HIGH
 ① = LOW
 ② = LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE WOODS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/2/81	1S	4 1/2	301	302	302	304	2
12/2/81	1V	12	TOP	1.00	CLAYEY		
			BOT	11.00	SANDY	DRY	
	2S	3 1/2	314	315	315	316	1
	2V	14	ALL SAND				
	3S	4	326	327	327	328	1
	3V	12	ALL SAND				
	4S	3 1/2	340	341	341	342	1
	4V	12	ALL SAND				

air time 2
 max depth 2 1/2

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT

ORNDORF
NICHOLS
STRIMEL
JERRY

EH-12-1079

C1 0768

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 A31723

DATE RECEIVED

DATE WELL COMPLETED 071983

DEPTH OF WELL 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0170

OWNER Stiles Gary last name first name STREET OR RFD Pasture Green TOWN Highland SUBDIVISION Dunfretten Estates 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. Rows include Topsoil, Brown Mica, Lt. Br. Mica, Gray mica, mica schist, Quartz, mica schist.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 1800 GALLONS OF WATER 55 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

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

MAIN CASING Nominal diameter top (main) casing TYPE ST 60 61 Total depth of main casing (nearest foot) 71 70

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 BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) HO 89 340

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.

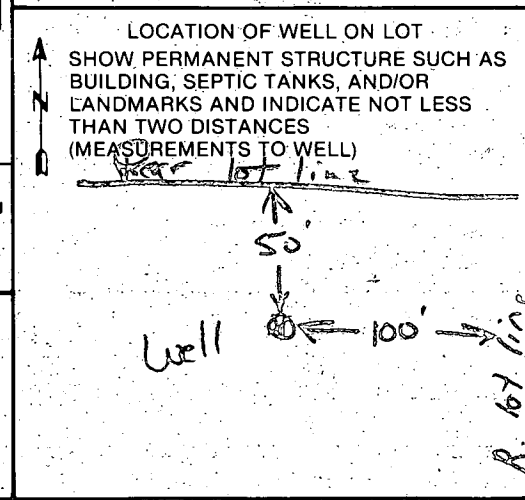
DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE Anna J. Easterday SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Walter K. Blomquist

GRAVEL PACK from to 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 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.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 59 WHEN PUMPING 80 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)



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 38828
 Date _____

Name of Installer Crouse P+H Inc

Telephone 531-3311

License number 2356

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Stan + Jan Jakubik Telephone 997-7460

Subdivision Dunfetter's Estate Lot # 10 Well tag # 10-81-0170

Site Address 13733 Pasture Green Charbonville Md 21029

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Howells</u>	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>60 gal</u>	1. Type <u>Plastic</u>	1. Depth _____ ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>36"</u>	4. Will water supply be disinfected by installer? <u>yes</u>

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: Charles J. Crouse

Date: 3-3-87

5/ #3197 - WORK COVERED DISAPPROVAL STICKER INSTALLED ON NEW PRESSURE TANK NOT YES
 Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection. INSTALLED P+H

Lot 10

Liber 307 folio 419

Tax maps 28 and 34 Parcel 1

5th Election District

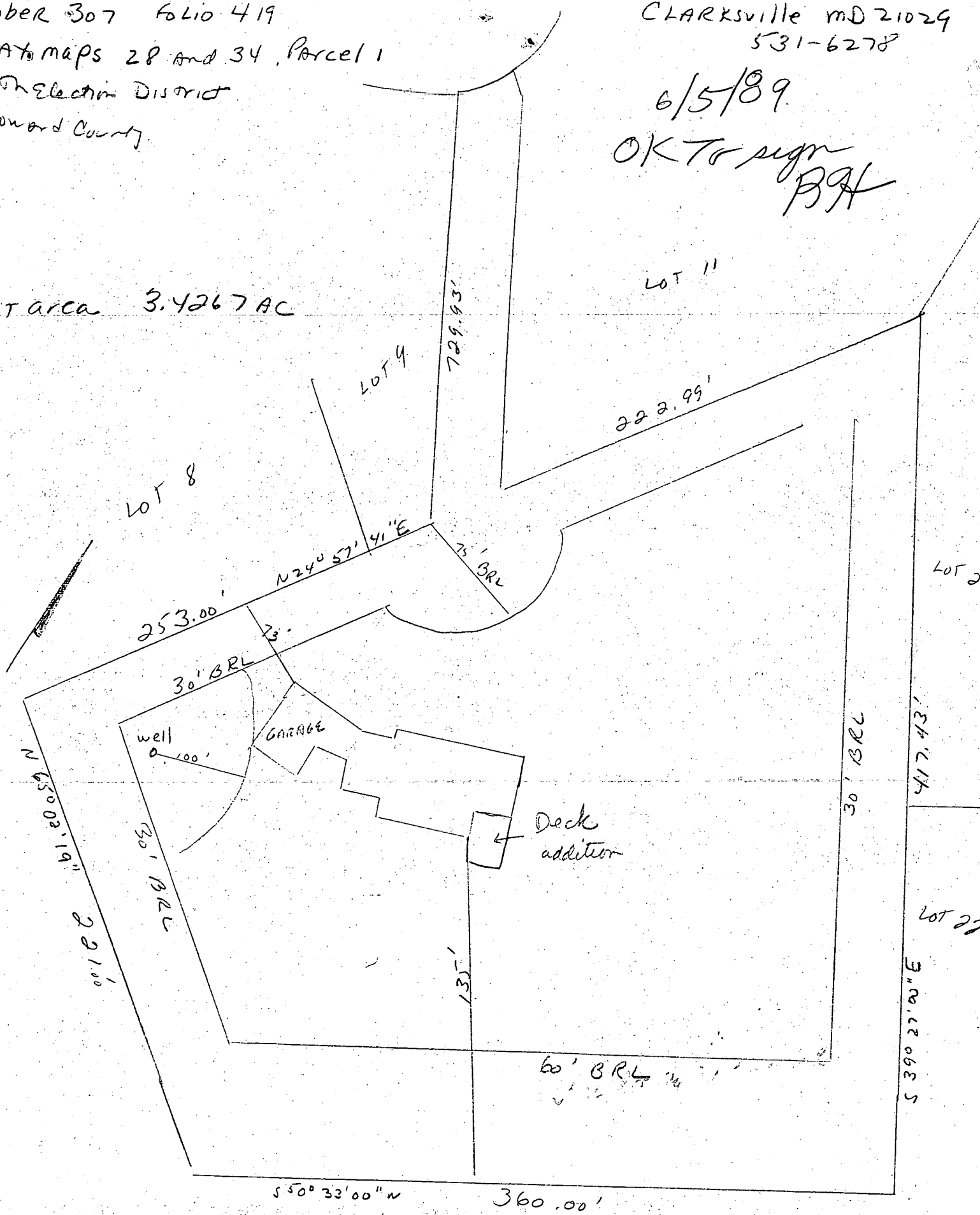
Howard County

STANLEY WAVE JACUBIK
13733 PASTURE GREEN
CLARKSVILLE MD 21029
531-6278

6/5/89

OK To sign
BAH

Lot area 3.4267 AC

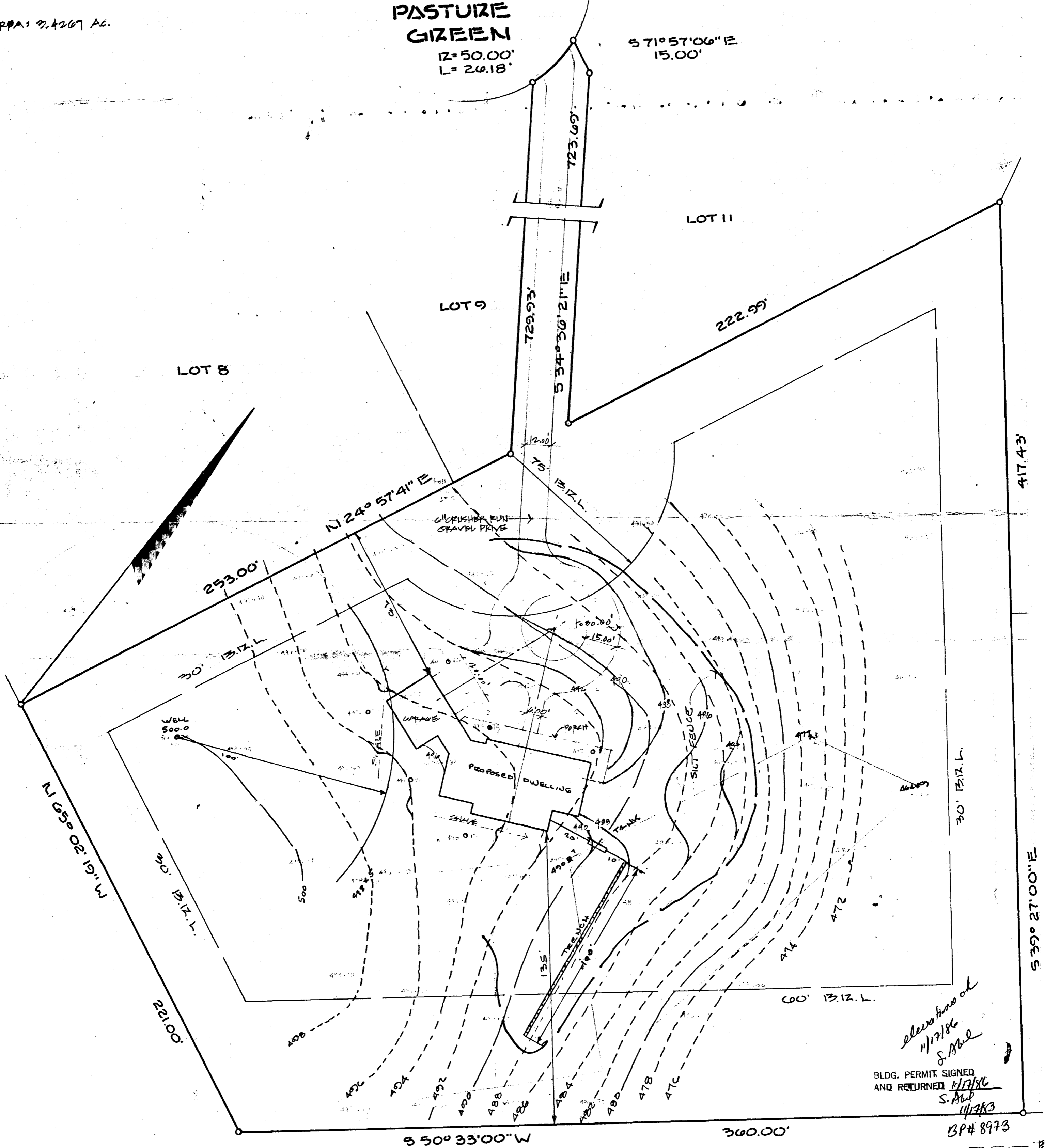


APPA: 2.4207 AC.

PASTURE GREEN

W = 50.00'
L = 20.18'

S 71° 57' 06" E
15.00'



Elevations of
11/17/86
S. B. B. B.
BLDG. PERMIT SIGNED
AND RETURNED 11/17/86
S. B. B. B.
11/17/86
BP# 8973

CHARLES RUPPERT, JR.

TRENCH. EXISTING GRADE = 488.5V
INVERT = 484.5V
TANK EXISTING GRADE = 490.0V
INVERT OUT = 484.7V
INVERT IN = 485.0V
INVERT AT HOUSE = 485.4V
WELL = 500.00V
FIRST FLOOR = 496.40V
BASEMENT = 481.40V
GARAGE = 482.73V
MANHOLE COVERS REQUIRED

SCALE 1" = 10'