

5-1-89
8:30
5/15/89
5/17/89 AM

05-405688

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 44016
A ~~37300~~ 37295

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DISTRICT 5th

DATE 4/21/89

DATE SYSTEM APPROVED 5/17/89

INSPECTOR RH

Hy and Lowe IS PERMITTED TO INSTALL ALTER

ADDRESS 7000 Warfield Road, Gaithersburg, Maryland PHONE 831-7880

SUBDIVISION William Contrivance Estates ROAD 9405 Elizabeth Ct. LOT 29

PROPERTY OWNER American Heritage Homes, Inc. PHONE: 774-6283

ADDRESS Simms

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 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 135 feet from Elizabeth Court and 75 feet from the corner of the right lot line (150' & 355.37'). Run trenches along contour toward left side of property.

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 C. Williams DATE 9/02/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

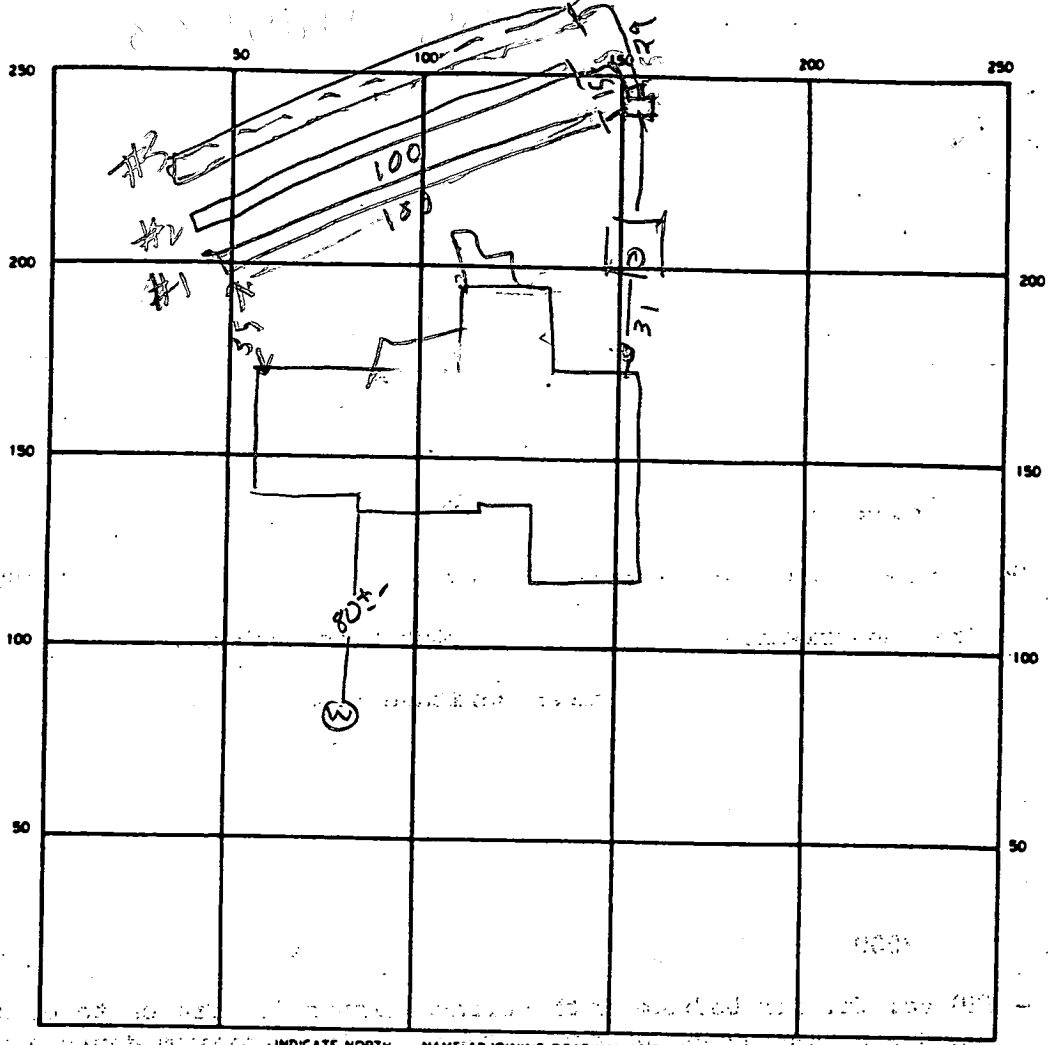
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

- 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

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
~~37300~~
37295



28
7

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ELIZABETH CA

SEPTIC TANK LEVEL 2000 OK

CLEANOUTS 5/115
012/012

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 1/2/3 5/5/5 FT. TRENCH WIDTH 333 FT. INLET DEPTH 1/2/3 3.5/3.5 FT.

EFFECTIVE GRAVEL DEPTH 2/2/2 FT. TOTAL LENGTH 100/100/100 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/15/89 - TRENCHES #1 & #2 OK TANK OK. COVER

CALL FOR INSPECTION OF UNFINISHED TRENCH #3

5/17/89 - TRENCH #3 OK R

DATE SYSTEM APPROVED 5/17/89

INSPECTOR Raymond Hodge

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

April 19, 1989

MEMORANDUM

TO: Hy and Lowe

FROM: Craig Williams, Director *CW*
Water and Sewerage Program

RE: William Contrivance Estates
Lots 29, 31, 34
Septic Installation Permits

Due to the length of trenches involved on the above referenced job-sites, please request a layout inspection at the time you begin excavation so we may be certain that the most effective use of available area is being made.

Thank you for your cooperation in this matter.

CW:JR

WILLIAMS CONTRIVANCE
ELIZABETH CT

A 37295

SUBDIVISION:

LOT NUMBER: 29

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

Trench to be 3 wide.

180 sq. ft./bedroom
200 sq ft/bedroom with 6D.

Inlet 3.5 feet below original grade.

4BR/BR

Bottom maximum depth 5 feet below original grade.

Effective area begins at 3.5 feet below original grade.

1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 135' FROM THE

ELIZABETH CT AND 75' FROM THE CORNER OF THE RIGHT

150 Ft + 355.37 Ft
LOT LINE.

RUN TRENCHES ALONG CONTOUR TOWARD

LEFT SIDE OF PROPERTY,

9/2/88 CW/llian

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 37295

P _____

DISTRICT 5th

DATE 6/26/86

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 G. Ellsworth Jager American Heritage Homes, Inc. 774-6283

ADDRESS 11788 Route 216 Fulton, Maryland 20759 PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance LOT NO. NEW 17 29

ROAD AND DESCRIPTION End of Lovet Road 9405 Elizabeth Ct

SIZE OF LOT 3.1 acres TYPE BLDG. residential
(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.

C. Ellsworth Jager
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Akel FOR Standard trench DATE 11/25/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

BDDG. PERMIT SIGNED AND RETURNED: 11/25/88 DATE SAU

REASONS FOR REJECTION OR HOLDING 8/6/86 - PERC PROB OK 13 UT

MAY WANT TO DIG VISUAL HOLE NEXT SEASON
HOLD FOR PLAT TO DECIDE BIT

1/8/86 SUGGEST SHIFTING SEPTIC AREA TO LEFT TO ALLOW MORE FLEXIBLE WELL SITES ON LOTS 27628.

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EIT 12 10/9

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 37295

P _____

DISTRICT 5th

DATE 6/26/86

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 C. Ellsworth Iager

ADDRESS 11788 Route 216 Fulton, Maryland 20759 PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance LOT NO. 18 29

ROAD AND DESCRIPTION End of Lovet Road

SIZE OF LOT 3.1 acres TYPE BLDG. residential
(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.

C. Ellsworth Iager
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

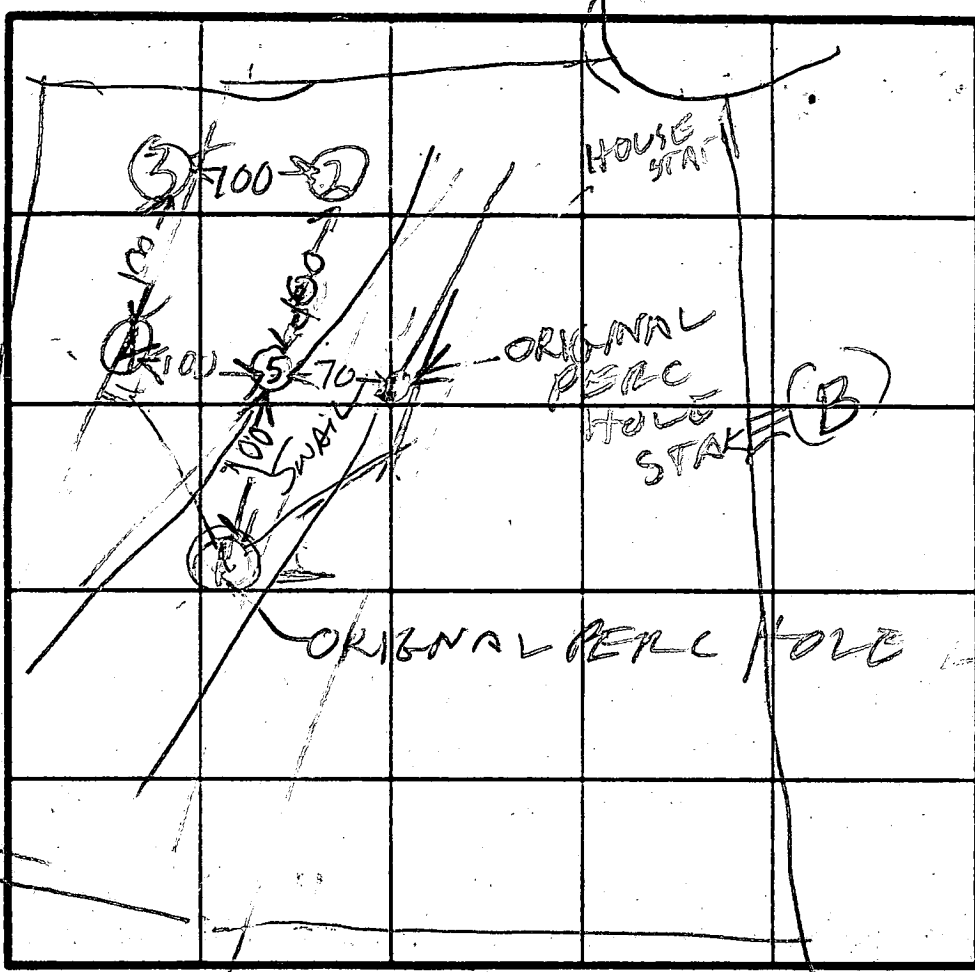
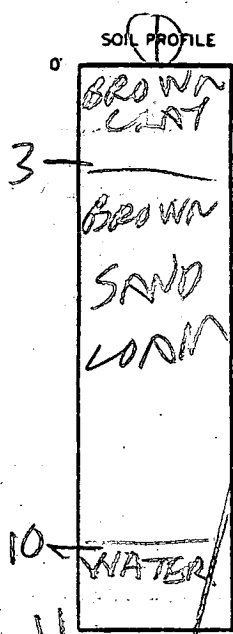
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/6/86	(C) 1V	11	WATER		10 FT		
	2S	3	1131	1132	1134	1134	2
	2V	12					
	3S		1132	1133	1135	1134	1
	3V	6	1132	1133	1135		
	3V	12 1/2	LOOK 3 OF				
	4S	2 1/2	1139	1134	1139	1135	1
	4V	12 1/2	LOOK 5 OK				
	5S	3	1136	1137	1137	1139	2
	5V	13					
9/5/86	5V	13' UNIFORM SOIL BAKW		3' Soil DRY TO 13'			
		NO H ₂ O -> LOW HOLE, APPROX 20FE FROM DRAINAGEWAY OK FOR APPROVAL OF SHALLOW SYST. ONLY 3' 4.5'					

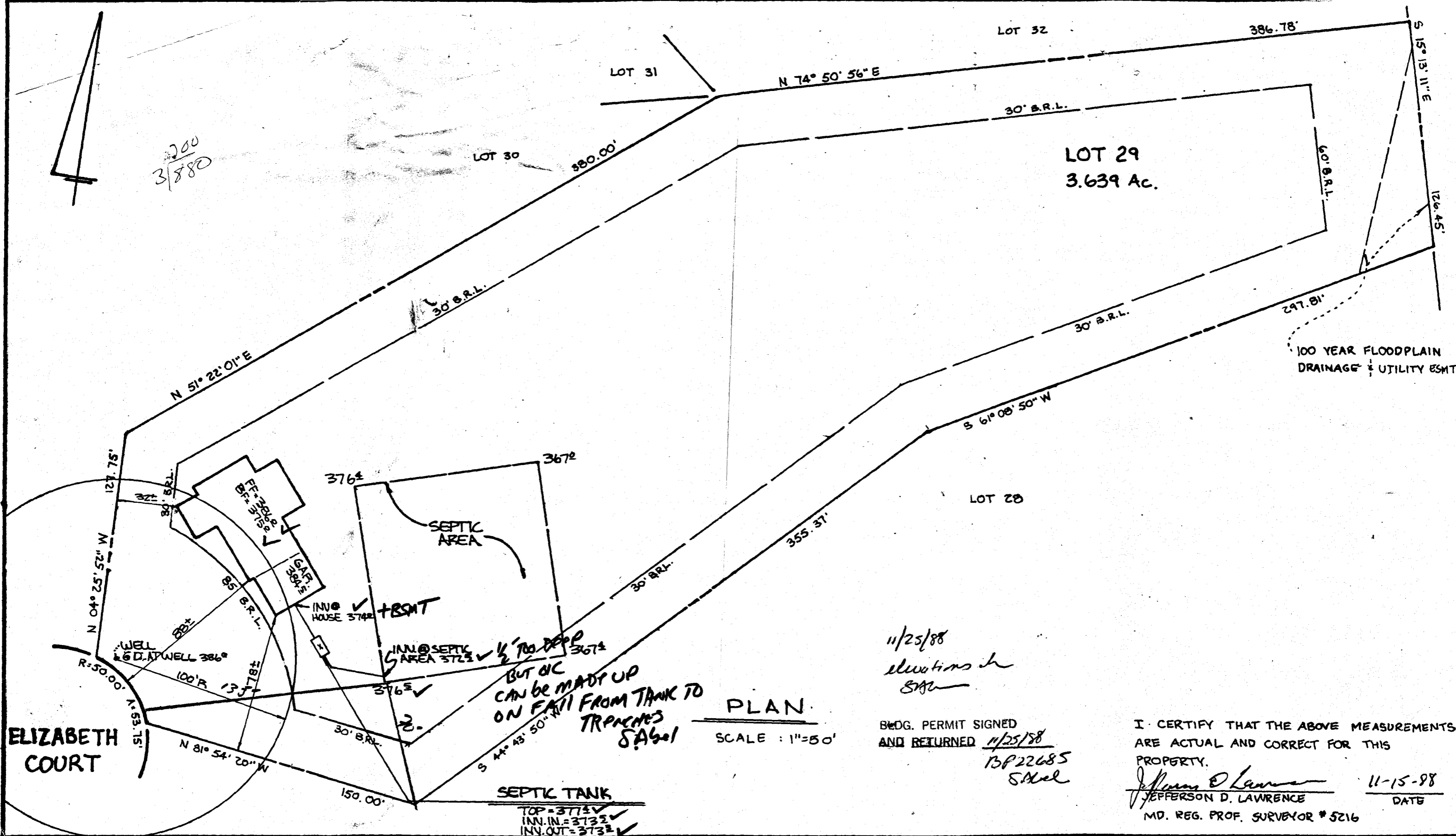
REMARKS Hole (D) DUG PER REVISED PLAN

TYPE OF SOIL
 TESTED BY B. HONG ALSO PRESENT IN CLS RISKY & ROCKY

EH 12 1079

Master

200
3/880



ELIZABETH COURT

BUT OK
CAN BE MADE UP
ON FALL FROM TANK TO
TRAPCHES
S. Abel

PLAN
SCALE: 1"=50'

11/25/88
elevations by
S. Abel

BUDG. PERMIT SIGNED
AND RETURNED 11/25/88
15822685
S. Abel

I CERTIFY THAT THE ABOVE MEASUREMENTS
ARE ACTUAL AND CORRECT FOR THIS
PROPERTY.
Jefferson D. Lawrence
JEFFERSON D. LAWRENCE
MD. REG. PROF. SURVEYOR # 5216
11-15-98
DATE

AMERICAN HERITAGE HOMES
18228 DARNELL DRIVE
OLNEY, MD 20832
(301) 774-6283



DEVELOPMENT
CONSULTANTS
GROUP, INC.

17904 GEORGIA AVENUE # 102
OLNEY, MARYLAND 20832
301-924-4570

PLAT: 7278

SITE PLAN LOT 29

WILLIAMS CONTRIVANCE ESTATES
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

DATE JUNE, 88	Sheet 1
DRAWN SS	of 1
CHECKED	
SCALE 1"=50'	PROJECT NO. 10-812

B 1 **6493** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

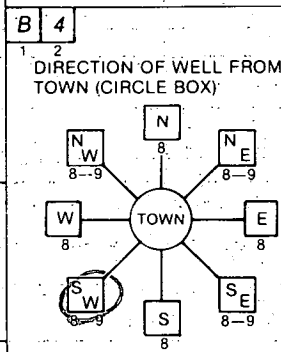
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-81-2788
 fill in this form completely

Date Received (APA) **051788**
 OWNER INFORMATION
AMERICAN HERITAGE
 15 Last Name Owner First Name 34
18228 DARNELL DICK
 36 Street or RFD 55
OLNEY Town MD **20832** Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
WILLIAMS CONTRIVANCE SUBDIVISION
 SECTION **29** LOT
LOVAT FULTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 George F. Easterday
 Driller's Name **40** License No. 80
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
 Signature *George F. Easterday* Date **4/26/88**



LOVAT RD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 DISTANCE FROM ROAD **600** FT
 ENTER FT or MI **FT**

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

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard COUNTY NAME
 A 37295 COUNTY NO.
 STATE SIGNATURE DATE ISSUED
060888 *L. Franklin Easterday* EXP. DATE **12-08-98**
 NORTH GRID **476000** EAST GRID **0817000**

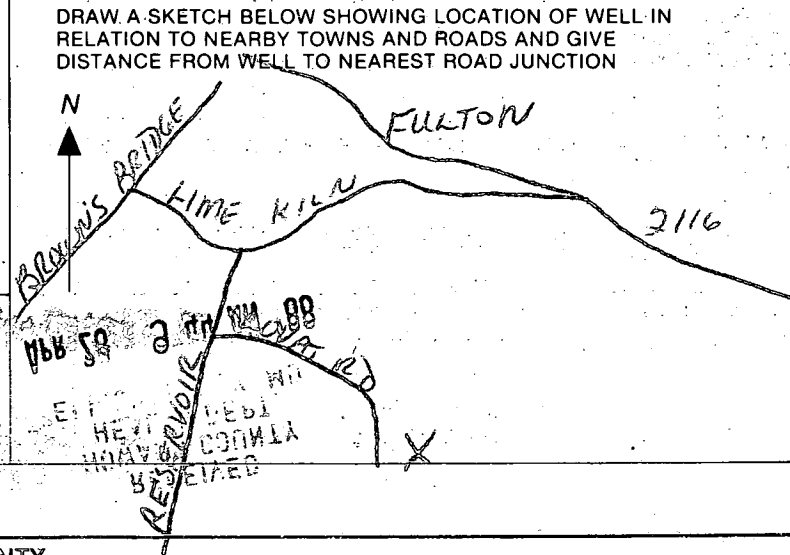
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 _____

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 **8107**
 N **4706**
 000
 000

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **HO-81-2788**

SPECIAL CONDITIONS

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 G. EASTERDAY Telephone _____

License Number 40
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Am. Heritage Homes Telephone _____
 Subdivision Williams Contingent Lot # 29 Well Tag # HO-81-2788
 Site Address 9405 Ellicott Ct

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 _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

5-4-89 Pitless AT 48" well cap SMO, NO PUMP SERVING TO WELL WITH CAP SMO

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: _____

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