

12-2-94  
cto 12:00 pm  
3/15/95  
10 am

Needs House Connection

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-408008

P 50382

A 37376

DISTRICT 5th

DATE 11/9/94

DATE SYSTEM APPROVED 3/15/95

INSPECTOR M. Rifkin

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933~~ 313-2640

### INDEXED

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Dunfarmin Estates LOT 6 ROAD 14000 Angus Court

PROPERTY OWNER Ron and Nancy Brightbill

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the rear left (253.70'/310') lot corner, place the distribution box 145 feet down the left (310') lot line and 135' off the line as seen when facing property from Angus Court. Distribution box location must be a minimum 65 feet off the rear lot line. Run trenches along contour towards the right (584.21') lot line ONLY. MAINTAIN MINIMUM 100 FEET FROM WELL (INCLUDING LOT 8) TO SEPTIC.

NOTES - No trench to exceed 100 feet in length.. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/6/94 DCS

PLANS APPROVED BY Bert Nixon DATE 02/02/88

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, 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  
37376



# APPLICATION

AS 37376

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5  
DATE 7-14-86

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 Ron and Nancy Brightbill  
S-Turner Nichols + James S. Nichols

ADDRESS 13270 Tradelphia Mill Road PHONE 410-321-3565  
Clarksville 531-2505

PROPERTY LOCATION \_\_\_\_\_

SUBDIVISION Dunefarm LOT NO. 6

ROAD AND DESCRIPTION New Street (macadam)

off. Highland Road (14110 Angus Court)

SIZE OF LOT 3 Ac TYPE BLDG. \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT James S. Nichols

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

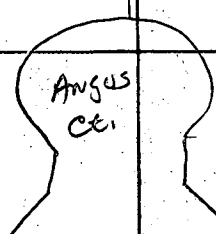
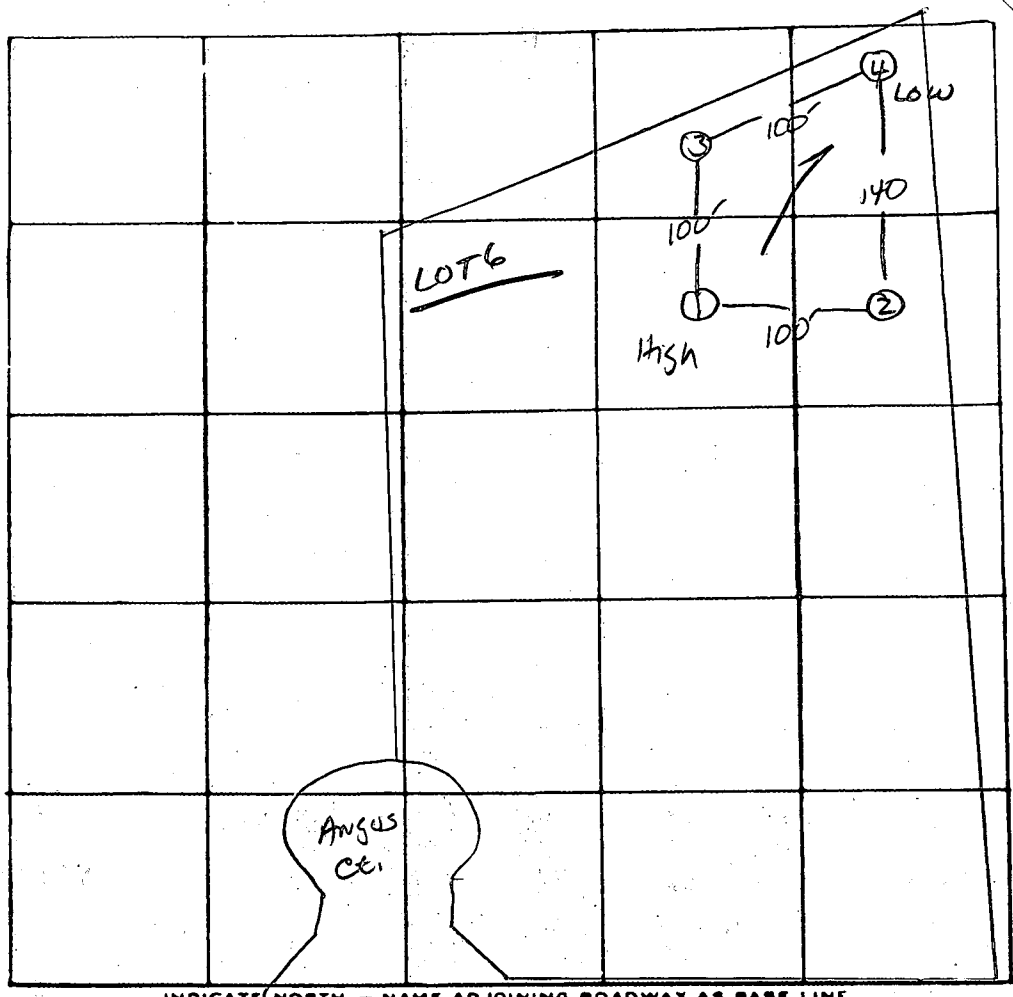
REASONS FOR REJECTION OR HOLDING 8-26-86 Perc Satisfactory; Hold For Subdivision

PLAT. S. Abel

BLDG. PERMIT SIGNED  
AND RETURNED 8/5/99  
Serial # 53707  
SFD - 4Bmm

# THIS IS NOT A PERMIT

③ ④  
 ① ②  
 9" AP  
 Yellow Red  
 Silty LOAM  
 9-12% CLAY  
 40% FRAGS.  
 4" Yellow BR  
 Silty  
 SAND  
 LOAM  
 40% FRAGS  
 14" MICACEOUS  
 FEW PINK  
 CASTS



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE  
 HighLAND Rd.

X PERC  
 7 MIN  
 INLET 4  
 BOTTOM 8  
 187 # BR  
 190

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/24/86	1 S	4"	10:11	10:13	10:13	10:16	3min
	1 M	9"	10:11	10:12	10:12	10:15	3min
	1 V	14"	Uniform soil below 4"				
	2 V	13"	Uniform Soil below 4"				
	3 S	4.0"	10:12	10:14	10:14	10:17	3min
	3 V	14"	Uniform soil below 4"				
	4 S	4"	10:13	10:22	10:22	10:40	18min
	4 V	13"	Uniform Soil below 4"				

REMARKS Holes Per PLAT  
 TYPE OF SOIL Glendg  
 TESTED BY S. Abel ALSO PRESENT: Fyall & Co.

# APPLICATION

A 37376

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P O BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5  
DATE 7-14-86

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 S-Turner Nichols & James S. Nichols

ADDRESS 13270 Traddlers Mill Road PHONE 531-2505  
Clarksville

PROPERTY LOCATION:

SUBDIVISION Dunbar LOT NO. 6

ROAD AND DESCRIPTION New Street (Macadam)  
off Highland Road

SIZE OF LOT 3 AC TYPE BLDG. \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT James S. Nichols

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT


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 \_\_\_\_\_

B 1 3633 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  
40-81-2523  
fill in this form completely

Date Received (APA) 012688  
OWNER INFORMATION  
VICKERS James  
13738 HIGHLAND ROAD  
CLARKSVILLE MD 21029

B 3 LOCATION OF WELL  
HOWARD COUNTY  
DUNFARMIN ESTATES  
SECTION 46 LOT 6  
CLARKSVILLE  
MILES FROM TOWN 1.2 MI

DRILLER INFORMATION  
Joseph L. Mayne 238  
Joseph L. Mayne Well Drilling  
5512 Ridge Rd. Mt. Airy, MD  
Joseph L. Mayne 1/27/88

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
UNGAUS CT.  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 150 FT  
ENTER FT or MI FH

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)  
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 COUNTY NAME A37376 COUNTY NO.  
STATE SIGNATURE DATE ISSUED 012988 B Wilson 07/29/88  
NORTH GRID 503000 EAST GRID 0806000

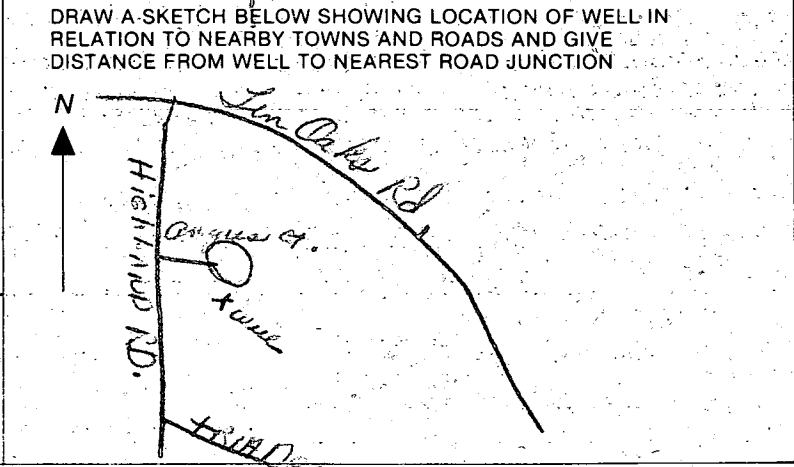
APPROXIMATE DEPTH OF WELL 300 FEET

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. Well  
2. WELL GRouted  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 8006  
N 5003

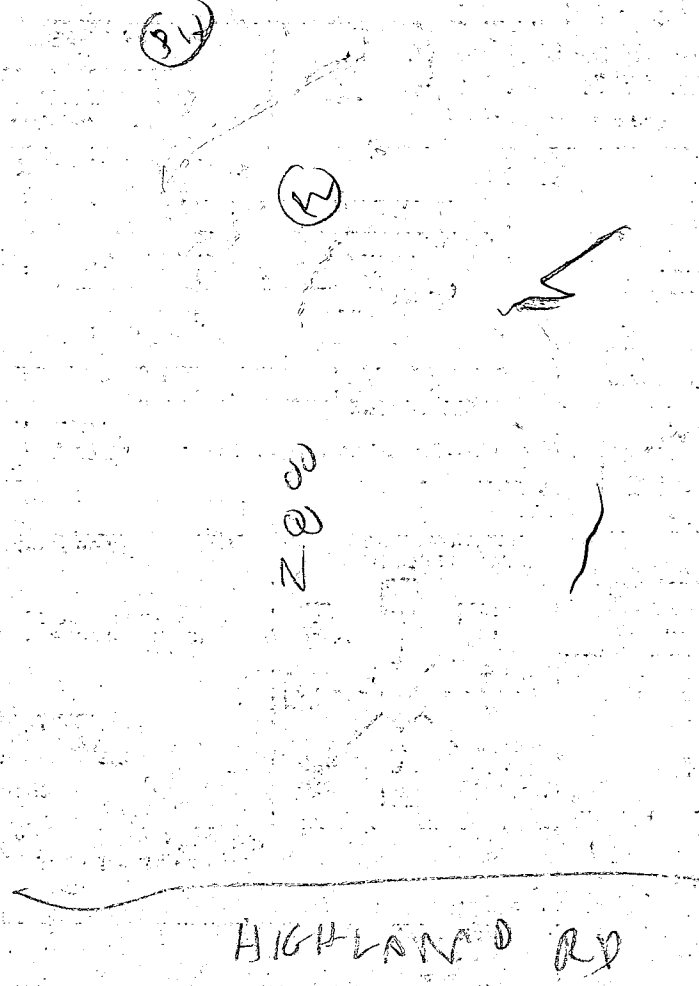
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER GAP

FORCE INITIALS PERMIT NO. 40-81-2523

SPECIAL CONDITIONS  
COUNTY



- ① 24 ft casing
- ② OVER 54 FT open Hole
- ③ Location OK per plan
- ④ Dry Hole (DH) already sealed with Cement

**C1** 2136 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 37376**

DATE Received  
 8 1 13

DATE WELL COMPLETED  
 15 20 **03/10/88**

Depth of Well  
 22 26 **365**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-81-2523**  
 28 29 30 31 32 33 34 35 36 37

OWNER **NICHOLS** last name  
**JAMES** first name  
 STREET OR RFD **ANGUS COURT** TOWN **CLARKSVILLE**  
 SUBDIVISION **DUNFARMIN ESTATES** SECTION **6** LOT **6**

**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	
Sand	0	76	
Grny Mch	76	365	
Rock			

*DRY well 360'*  
*Filled in with cement & drilling materials*

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **25** NO. OF POUNDS **2350**  
 GALLONS OF WATER **150**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **54** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **84**

**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

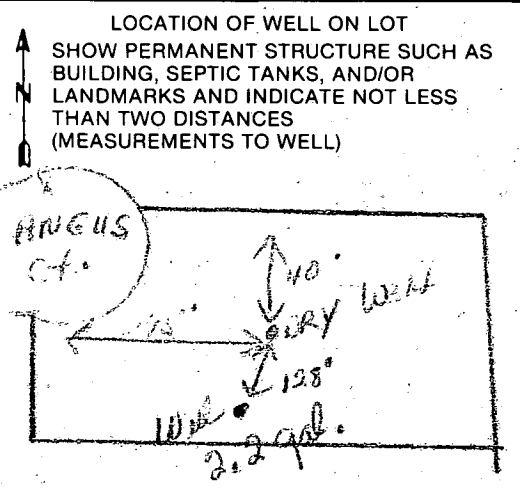
**C2**  
 DEPTH (nearest ft.)  
 1 **HO** **83** **365**  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)

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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **2.2**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **24**  
 WHEN PUMPING **274**  
 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 (nearest foot)  
 (-) below }



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 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 **Joseph P. Morgan**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2523  
 Location of property (road) ANGUS COURT  
 Subdivision DUNFARMIN ESTATES Lot 6 Block      Plat      Sec.       
 Well Driller JOSEPH MAYNE Owner NICHOLS, JAMES

Depth of well 365'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 24

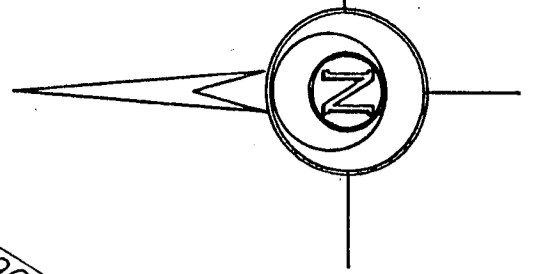
I. High rate pumping -- reservoir drawdown

Time pump started 7:35 Pumping rate 20 gpm.  
 Total time 30 min to reach pumping water level 274 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:50	153'	3		20
8:05	274	3		20
8:20	271	42		1.4
8:35	269	36		1.6
8:50	266	36		1.6
9:05	266	30		2
9:20	266	30		2
9:35	265	30		2
9:50	264	30		2
10:05	265	27		2.2
10:20	265	27		2.2
10:35	265	27		2.2
10:50	265	27		2.2
11:05	265	27		2.2
11:20	265	27		2.2
11:35	265	27		2.2
11:50	265	27		2.2
12:05	265	27		2.2
12:20	265	27		2.2
12:35	265	27		2.2
12:50	265	27		2.2
1:05	265	27		2.2
1:20	265	27		2.2
1:35	265	27		2.2
HD-224 1:50	265	27		2.2
2:05	265	27		2.2

SEPTIC DATA



FIRST FLOOR  
INVERT AT HOUSE 607.22  
599.22

SEPTIC TANK  
EXISTING GRADE 602.22  
INVERT IN 599.0  
INVERT OUT 598.6

DISTRIBUTION BOX  
EXISTING GRADE 601.0  
INVERT 597.5

TRENCHES  
NO. # of TRENCHES 4  
TOTAL LENGTH 760'  
WIDTH 20'  
4" STONE BELOW  
DISTRIBUTION PIPE.

LOT 5

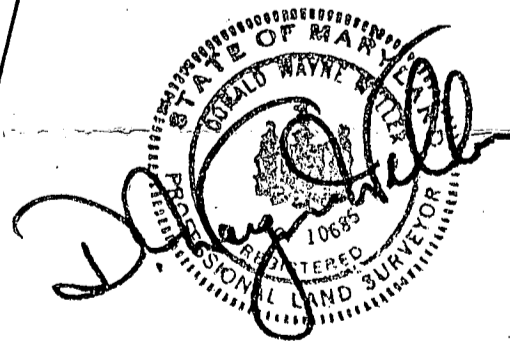
Trench length to  
be determined  
at time of septic  
permit issuance.

\*Specs changed  
11-21-94 DKS

ANGUS COURT

HIGHLAND ROAD

LOT 6  
3.148 AC. +/-



LAND DESIGN ENGINEERING, INC. Approved Septic System Plan  
8835 Columbia 100 Parkway Howard County Health Department  
Unit N  
Columbia, MD. 21045  
(410) 715-1070  
(301) 596-3424  
(410) 715-0681 (Fax)

LOT 6  
DUNFARMIN ESTATES  
PLAT #7830  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MD.

*Shirley McMiller* 8/5/94  
Signature Date

SCALE: 1" = 50' DATE JULY 26, 1994

