

8/14/86
12-11th of hand

05-394341

approved 8/15/86

R. No 0663

PERMIT

P 33717

A 37418

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

INDEXED

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

DISTRICT 5th

XXXXXX
461-9933

DATE 7/28/86

{ I.C.O. Permitted only }
Time expired

Donald Parlette IS PERMITTED TO INSTALL ALTER

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 286-2140

SUBDIVISION Ralph Green Property ROAD 6551 Paper Place LOT Parcel 75

PROPERTY OWNER Rudolf Van't Hoff

ADDRESS

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCARION - Start the trench or place the distribution box 340 feet from the right (932.37') lot line and 290 feet from the back (1272.99') lot line as seen when facing the lot from Right of Way entrance. Run trenches on contour toward back lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY S. Abel DATE 6/13/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

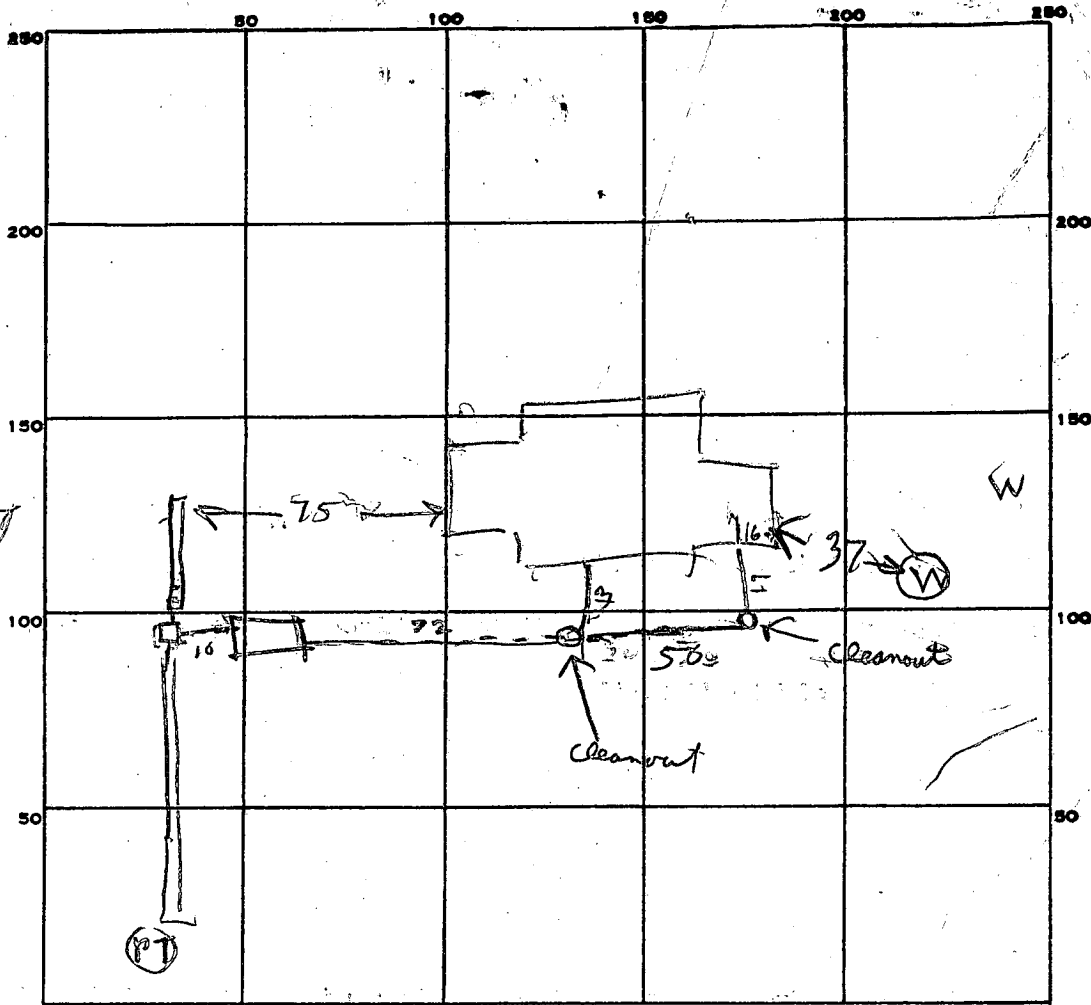
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 37418



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 6.54

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/14/86 LOCATION OK PERC HOLES (PT) FOUND TRENCH
DUG OK & IS OK ADD STONE TO TRENCH PUT CLEANOUT ON TRENCH
EVERY 75 FT & AT RIGHT ANGLE BOND RH 8/15/86 - 4BR 632
SOFT REQUIRED 654 SQ FT IN STALLED RH

DATE SYSTEM APPROVED _____

8/15/86 Ramon 19 Kudrya

	ST	HOUSE	SEWER
8/14	NO	YES	NO
8/15	OK	OK	OK
CLEANOUTS			

#1	#2		#1	#2	
9.5	9.8	FT.	2	2	FT.
31	3	FT.	34	25	FT.
TOTAL			TOTAL		
6 FT 6 IN.			6 FT 6 IN.		
TOTAL LENGTH			TOTAL LENGTH		
34			25		
FT 10 9			FT 10 9		

5/4/82 9:30 AM
Perf.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31888

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5A

DATE 4/20/82

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 Ralph Greene / Rene Gelber

ADDRESS 4090 Old Columbia Pike PHONE 465-5770

PROPERTY LOCATION: Ellicott City Md 21043

SUBDIVISION Alnutt LOT NO. _____

ROAD AND DESCRIPTION Alnutt Rd Highland

SIZE OF LOT 40 acres TYPE BLDG. 6 bedroom house
(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. Jm Gelber
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

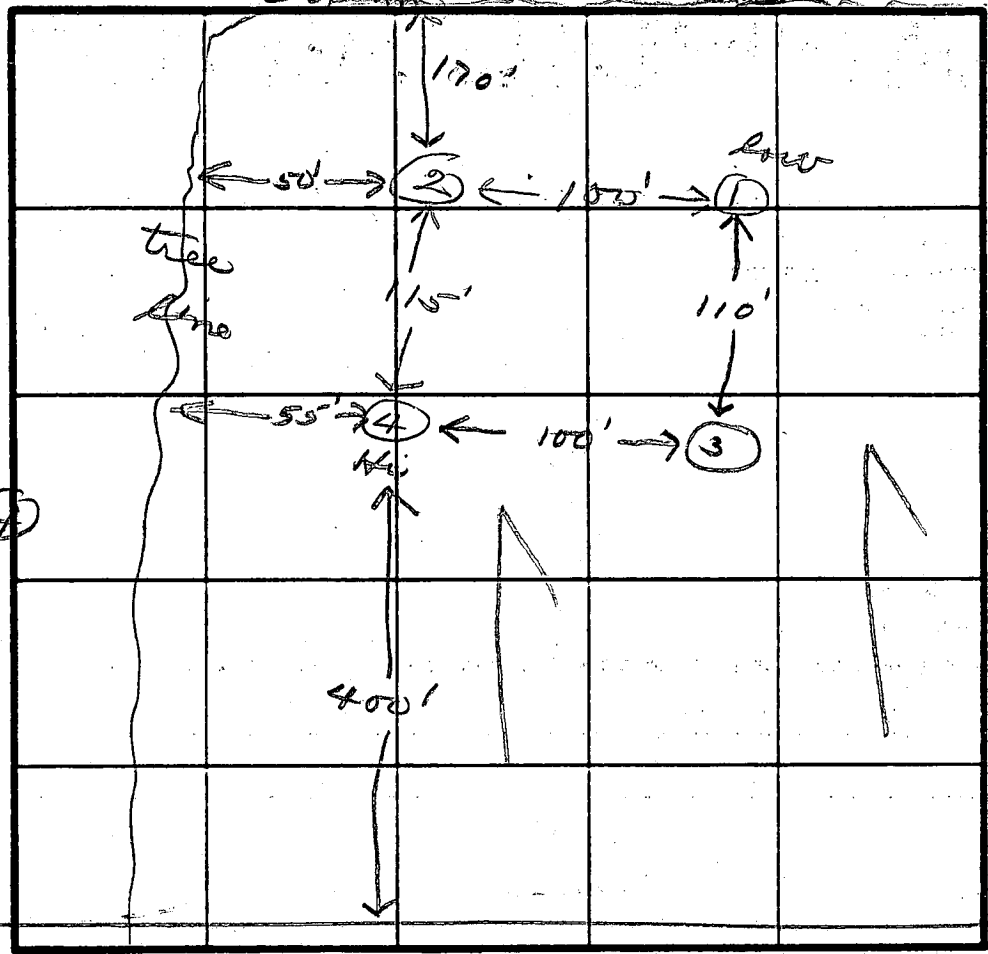
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

stream - tree line



①
SOIL PROFILE

clay
3 1/2'
sand, clay loam
12'
② ③ ④
all sandy loam
12'

LOT 2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/4/82	1S	4	10:00	10:22	10:22	10:50	28
	1M	8	9:57	10:07	10:07	10:23	16
	2S	3	10:14	10:16	10:16	10:18	2
	2M	7	10:16	10:18	10:18	10:21	3
	3V	12					
	4S	3	10:50	10:58	10:58	11:02	4
	4M	7	10:58	11:00	11:00	11:03	3

REMARKS Hold for certified holes

TYPE OF SOIL _____

TESTED BY JS ALSO PRESENT Orndorff

EH-12 1079

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 33717

P _____

DISTRICT 5

DATE 3/27/84

DIRECTIONS: ENTER LONG DRIVEWAY AT 12706 RT 108,
BEAR LEFT AFTER 1/2 MILE.

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 Ralph Greene Rudolf Van't Hoff

ADDRESS Per Hilda Lenthicum OFF 461-3200
PHONE 301-827-6570

PROPERTY LOCATION: Rt. 1, Box 246-C6
Queensstown Md 21658

SUBDIVISION Ralph Greene Property LOT NO. Parcel 75

ROAD AND DESCRIPTION Rte 108 Clarksville, Md. 6551 Paper Pl.
Clarksville 21027

SIZE OF LOT 16 1/2 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS C. Wilman DATE 4/27/84

REASONS FOR REJECTION OR HOLDING CERTIFIED PLAT & HOLE LOCATIONS REQUIRED

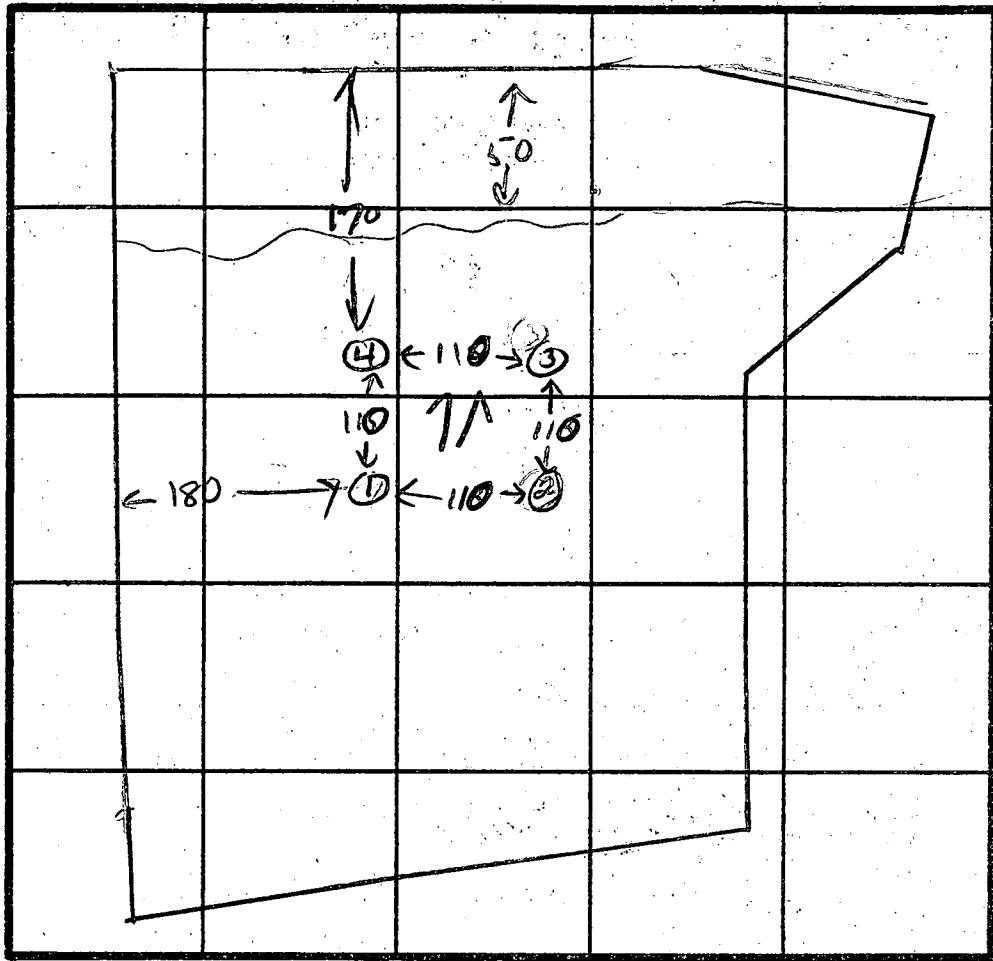
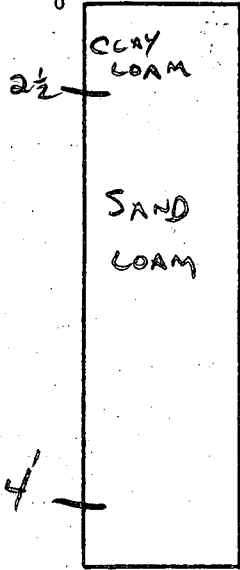
BP 71063
BDDG. PERMIT SIGNED
AND RETURNED 6-18-84

THIS IS NOT A PERMIT

Prep
4/3/84
3/30/84
9:30 A.M.
4/20/84
9:30 A.M.
cancelled JAE

ALL HOLES

SOIL PROFILE



120
110
230

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/27/84	1	3 8	10:23	10:26	10:26	10:30	4 MIN	
		14	1/2 CLAY LOAM THEN SAND LOAM					
4-27-84	2	3 8	10:24	10:26	10:26	10:28	2 MIN	
		14	SAND LOAM					
4-27-84	3	3 8	VISUAL					
		14	SAND LOAM					
4-27-84	4	3 8	10:43 10:43	10:46 10:45	10:46 10:45	10:50 10:47	4M 2M	
		14	SAND LOAM					

REMARKS

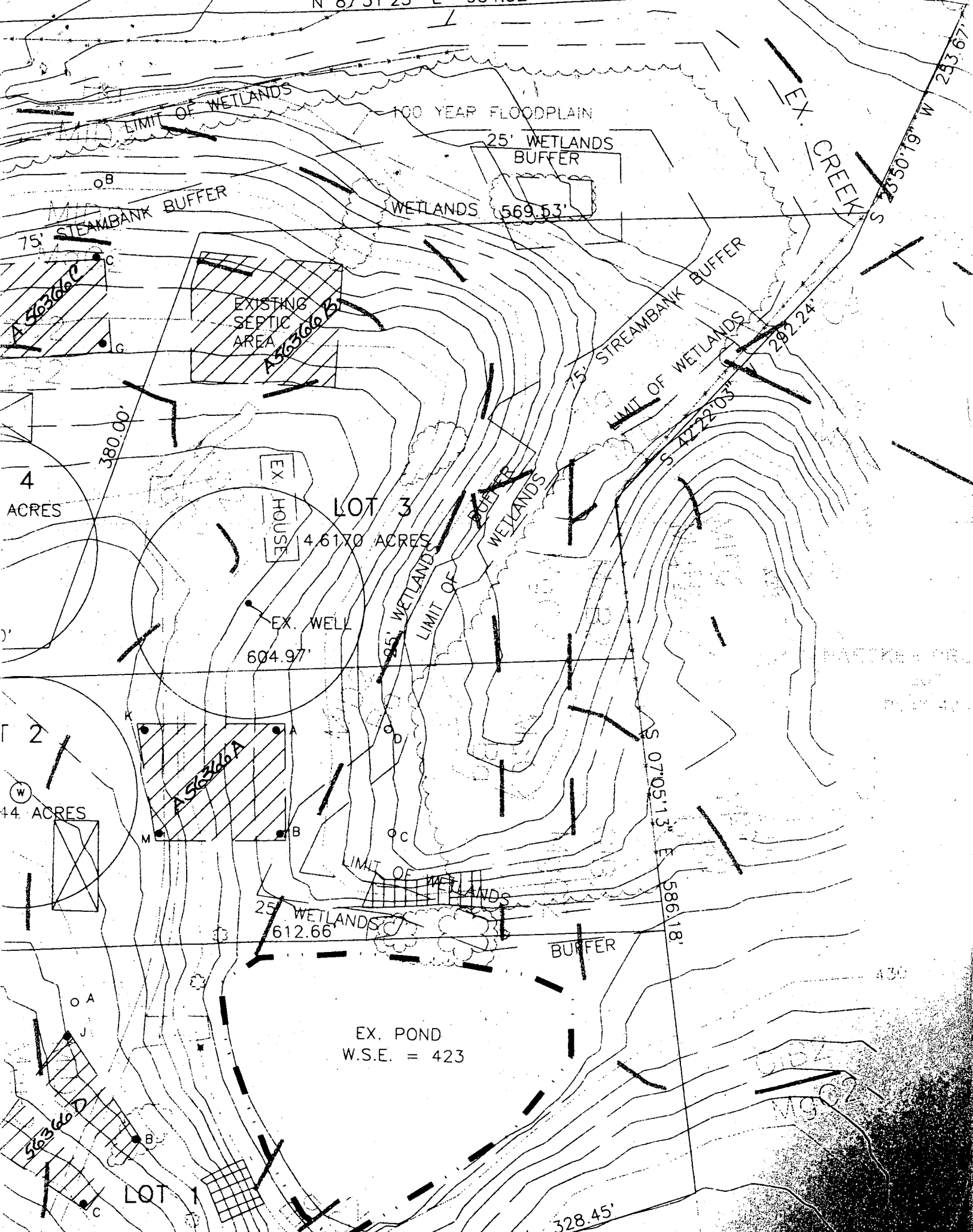
TYPE OF SOIL SAND LOAM BELOW 2 1/2' CLAY LOAM

TESTED BY C Williams

ALSO PRESENT SKIP, RALPH GREENE

EH-12-1079

N 87°31'23" E 934.52'



LIMIT OF WETLANDS

100 YEAR FLOODPLAIN

25' WETLANDS BUFFER

EX. CREEK

75' STREAMBANK BUFFER

WETLANDS 569.53'

A 48366C

EXISTING SEPTIC AREA

A 56366B

75' STREAMBANK BUFFER

LIMIT OF WETLANDS

4 ACRES

380.00'

EX. HOUSE

LOT 3

4.6170 ACRES

95' WETLANDS BUFFER

EX. WELL 604.97'

44 ACRES

A 56366A

S 07°05'13" E 586.18'

LIMIT OF WETLANDS

25' WETLANDS BUFFER 612.66'

EX. POND W.S.E. = 423

A 56366D

LOT 1

4.8234 ACRES

328.45'

283.67'

S 83°50'19" W

287.24'

S 47°22'03"

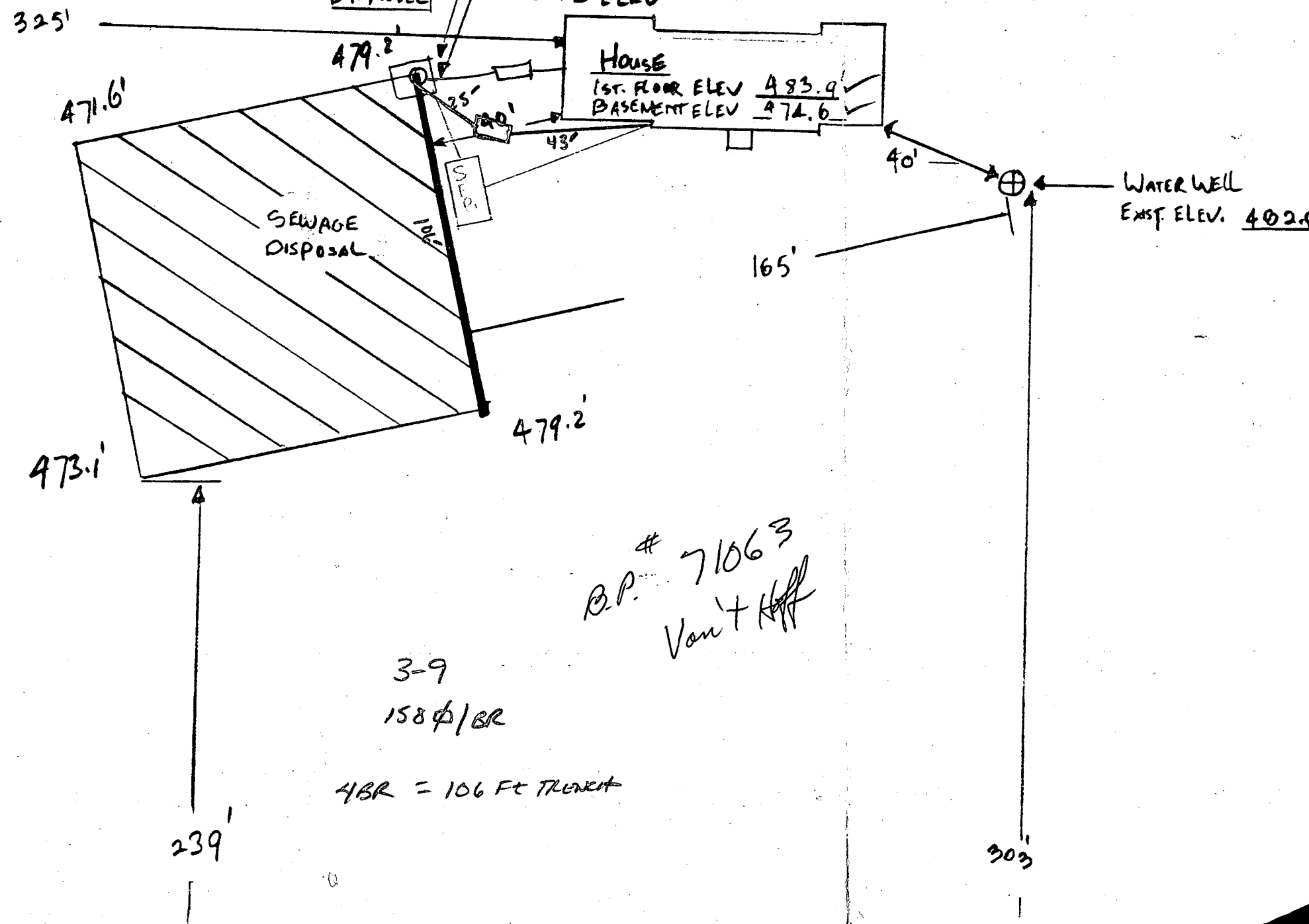
430

MG 07

TIME OF PERC TEST
 EXISTING ELEV
 TRENCH
 DRYWELL INLET ELEV

479.2 ✓
 479.2 ✓
 476.2 ✓
 DRYWELL

SEPT. TANK OUT ELEV 476.6
 SEPT. TANK IN ELEV. 476.9 ✓
 ELEV. AT TANK 479.2 ✓
 OUT OF HOUSE ELEV 477.4 ✓



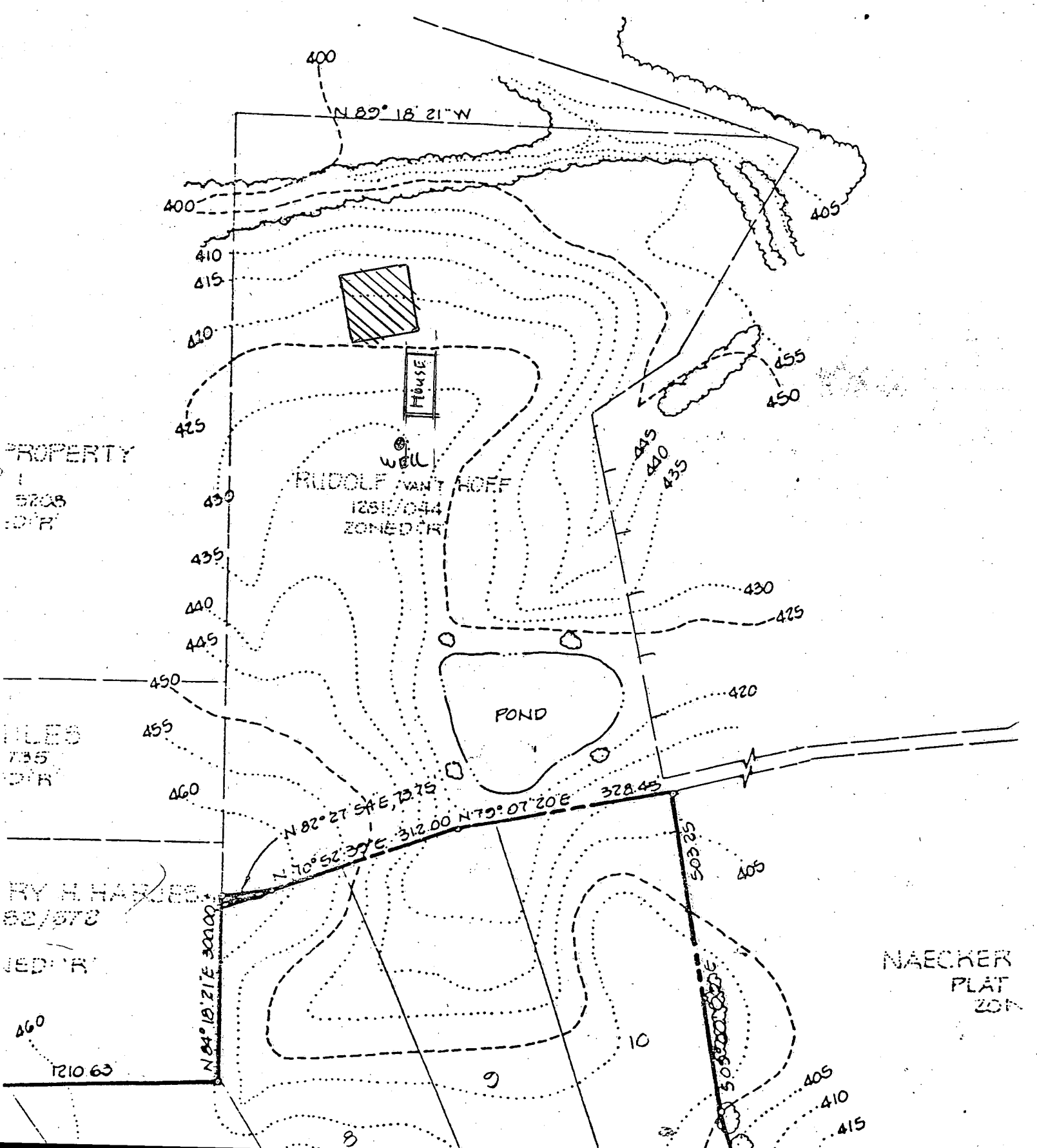
R VANT HOFF - SITE PLAN
SCALE 1" = 40'-0"

71063
 B.P. Van't Hoff

3-9
 158 φ / BR
 4BR = 106 FT TRENCH

SCALE

1/2 - 750'



B 1 1015 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
 40-91-1452
 fill in this form completely

Date Received 1/1/86
OWNER INFORMATION
 15 Last Name: V... 34 Owner: ... First Name: ...
 36 Street or RFD: ... 55
 57 Town: ... 70 State: MD 72 Zip: ... 76

DRILLER INFORMATION
 Driller's Name: ... 77 License No. 80: ...
 Firm Name: ...
 Address: ...
 Signature: ... Date: 1/14/86

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.): ... 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): ... 20

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 260 FEET
 APPROXIMATE DIAMETER OF WELL ... 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 WRITE INITIALS IN BOX PERMIT No. 40-91-1452

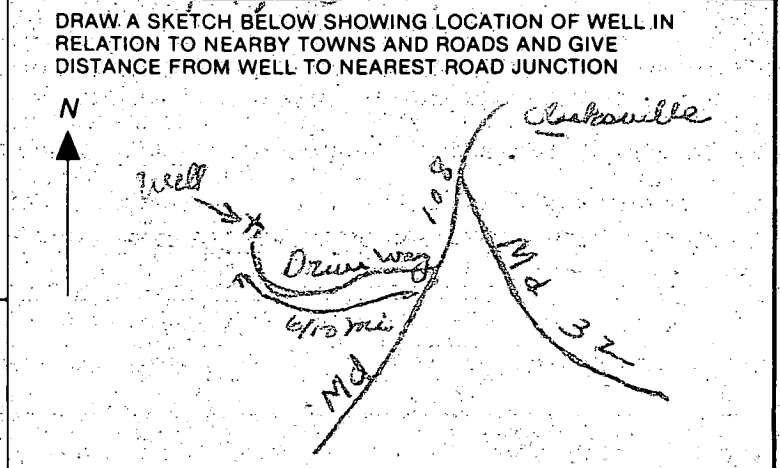
SPECIAL CONDITIONS

B 3 LOCATION OF WELL
 8 COUNTY: HARWARD
 23 SUBDIVISION: ...
 SECTION: ... LOT: ... 75
 52 NEAREST TOWN: ...
 MILES FROM TOWN (enter 0 if in town) 1 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD: Md 102 (Blacksville Rd)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST
 DISTANCE FROM ROAD: ...
 ENTER FT or MI: ...

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: HARWARD COUNTY NO. A33717
 OEP SIGNATURE: ... STATE HEALTH INSERT S
 DATE ISSUED: 1/09/86
 CO SIGNATURE: ... EXP. DATE: ...
 NORTH GRID: 490000 EAST GRID: 0912000

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: 8102
 Location of well: 42' casing, 1' above well, 38' open, 9' bag cement
 C/2/86



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 # 37446
 Date 7/21/86

Name of Installer David F. Rieck Plumbing & Heating

Telephone 795-1220

License number Ho. Co. #5335

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Rudolf and Kathryn Van't Hoff Telephone _____

Subdivision N/A Lot # _____ Well tag # HO-81-1953

Site Address 6551 Paper Place
Clarksville, Maryland 21029

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible 4"

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make Martinson
2. Model # D-10X
3. Depth 4-5 feet

2. Make Goulds

3. Model # TEH05-412

4. Capacity 12 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

1. Capacity 42 gallon rated
2. Pressure relief valve? Yes 1/2"

Piping

1. Type Polybutylene
2. Size 1" I.P.
3. NSF and/or BOCA Astm # Code approved D-2662
4. Depth of supply line 4-5 feet

Well data

1. Depth 145 ft.
2. Yield 12 GPM
3. Static water level 31 ft.
4. Will water supply be disinfected by installer? No

By Contractor

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: David F. Rieck

Date: July 21, 1986

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

See other work

8/14/86

- ① Tag OK
- ② OK to cover pipe, w/ner, pitless adapter
- ③ Pressure tank not yet installed
- ④ No sticker put on well today

8/15/86

- ① Put Green Seal on Well
- ② Pressure Tank Not Yet Installed

158
 4

 632

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 JUL 24 9 08 AM '86

PLO PLAN - (Rudolf van Hoff)

Scale 1" = 100.0'

NAECKER Prop.

GREEN FIELD Sub DIVISION

GERBER Prop.

