

6/1/90 AM
9/17/91
10:00 AM

03 - 312046

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45828
A 37465
DISTRICT 3rd
DATE 4/25/90
DATE SYSTEM APPROVED 9/17/91
INSPECTOR M. Riskin

INDEXED

Bill Ingram/Farm and Home Excavating IS PERMITTED TO INSTALL ALTER
ADDRESS 14954 Burshy Park Road, Woodbine, Maryland PHONE 442-2139
SUBDIVISION Winslow Property ROAD 11915 Emerald Valley LOT 4
PROPERTY OWNER Donald Goldsmith Jim Chang
ADDRESS _____

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

GARBAGE GRINDER ~~YES~~ ~~NO~~ SEPTIC SYSTEM TO BE INSTALLED BEFORE FOOTING INSPECTION.

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 2 1/2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the left ~~front~~ ^{REAR} lot corner, place the distribution box 20 feet down the ~~left~~ ^{REAR} (406.50') and 30 feet off the ~~left~~ ^{REAR} line as seen when facing property from Emerald Court. Run trenches along contour toward the ~~right~~ ^{REAR} (370.00') 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.
MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

PLANS APPROVED BY Bert Nixon DATE 2/03/90

COVER NO WORK UNTIL INSPECTED AND APPROVED

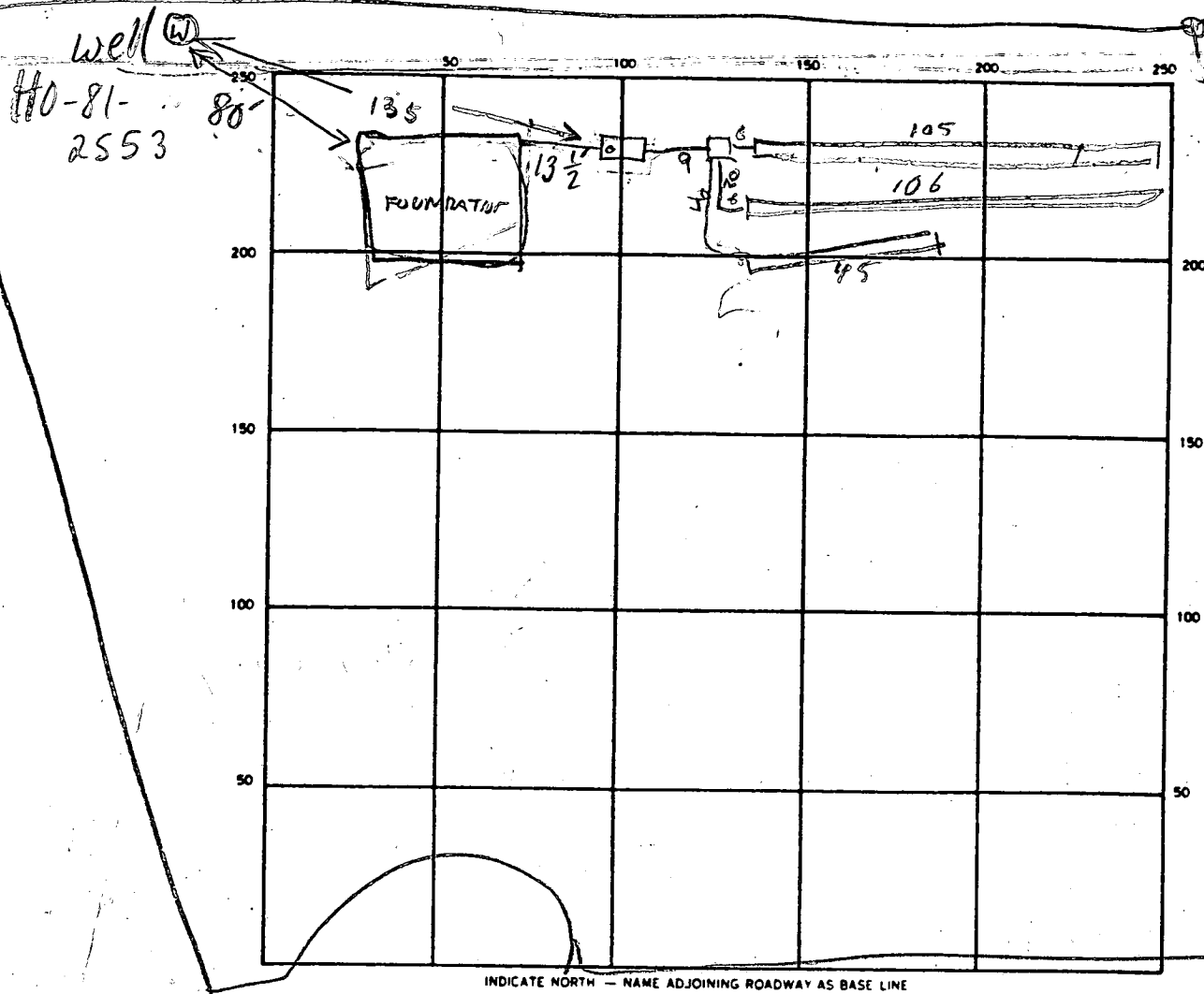
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

- 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 APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
37465



SEPTIC TANK LEVEL 1500 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 4.5 FT TRENCH WIDTH 3 FT INLET DEPTH 2 1/4 FT

EFFECTIVE GRAVEL DEPTH 2 1/2 FT TOTAL LENGTH 105 | 106 | 4.5 FT 256

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 768 SQ FT

DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT

ABSORBENT AREA 768 SQ FT

REMARKS 8/11/90 LOCATION OK. FOUNDATION STARTED
BUT NOT FOOTING. COVER TANK & TRENCHES
CALL FOR I/N INSPECTION OF HOUSE SEWER RH
9/17/91 HOUSE CONN OK; OK TO COVER MR

DATE SYSTEM APPROVED 9/17/91 INSPECTOR M. RITKIN

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

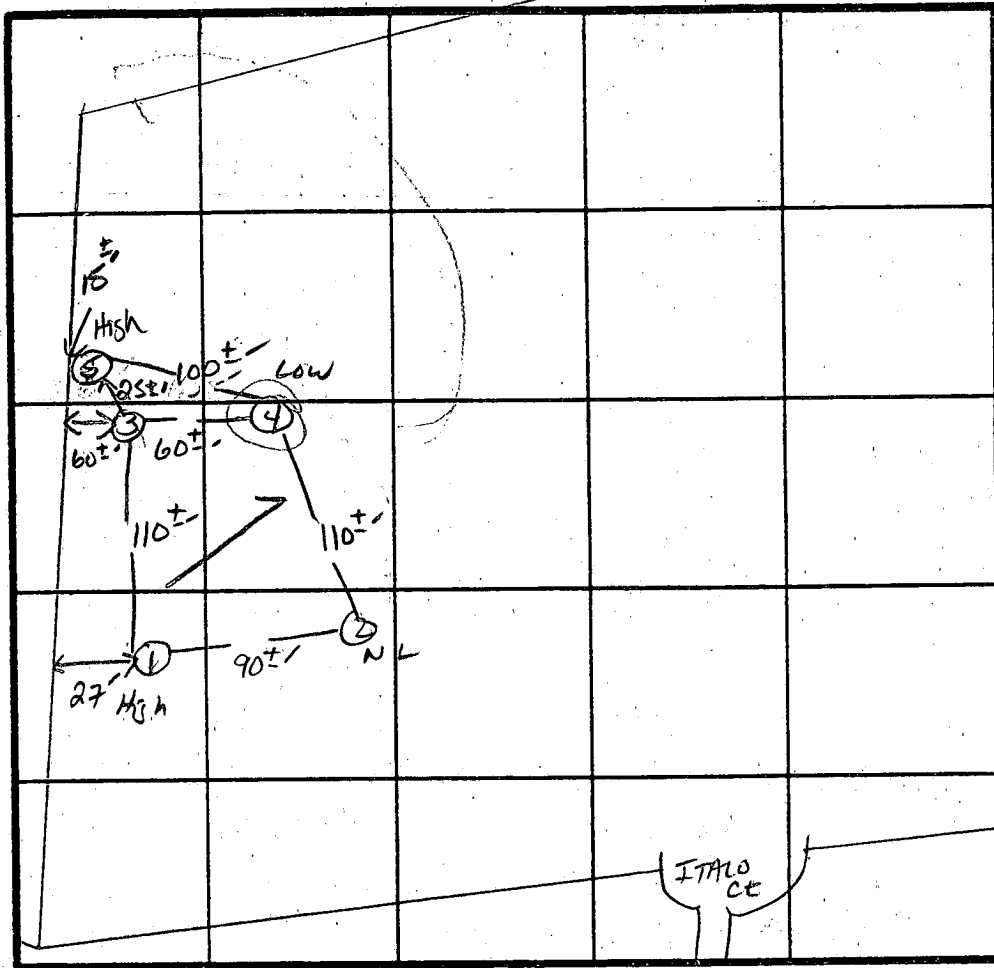
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

① ② ③ ④

0	A1-3
3"	Yellow BL SAND LOAM 49% CLAY 41% FRAGS
2'	TAN/BROWN SAND LOAM WITH yell + white veins OF SAND <10% FRAGS Highly micaceous NO MOTTLES
12'	



X PERC
2min
INLET 2.5'
BOTTOM 5'
180 #/BR

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/9/86	1 S	3'	1:40	1:41	1:41	1:43	2min
	1 M	7'	1:47	1:48	1:48	1:49	1min
	1 V	12' uniform soil below 2'					
	2 S	3'	1:44	1:45	1:45	1:46	1min
	2 V	12' SAME AS HOLE #1					
	3 S	3'	1:55	1:56	1:56	1:58	2min
	3 V	11.5' TIGHT COMPACTED SAND AT 11.5'					
	4 S	3'	1:59	2:00	2:00	2:04	4min
	4 V	11' SAME AS #3 HALLID COMPACTED SAND AT 11'					
	5 V						

REMARKS Shallow Syst. only

TYPE OF SOIL blended SAND LOAM

TESTED BY S. Abel

ALSO PRESENT MR Goldsmith Shawn
BACK HOE

B 1 1747 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

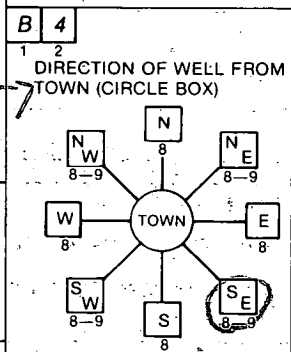
STATE OF MARYLAND PERMIT-TO DRILL WELL
please print or type

OEP PERMIT NUMBER
40-81-2553
fill in this form completely

Date Received 988-2633
OWNER INFORMATION
Goldsmith, Dan
3556 Lakeway Dr
Ellicott City MD 21043

B 3 LOCATION OF WELL
Howard
LINSLOW Property
West Friendship
MILES FROM TOWN 2 MI

DRILLER INFORMATION
Harry EDmondson
Harry EDmondson Drilling
741 Lee Mill Rd. Westminster 2057
Signature: Harry Edmondson Date: 1-20-88



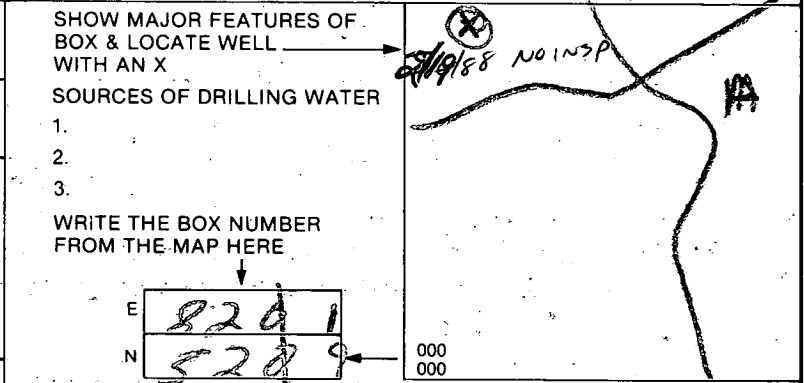
B 4 EMERALD CT.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 300 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 3
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A37465
OEP SIGNATURE R. Wilson DATE ISSUED 02/16/88
NORTH GRID 529000 EAST GRID 0821000

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)

APPROXIMATE DEPTH OF WELL 230 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

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 DEEPEMED 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. 40-81-2553

SPECIAL CONDITIONS

C1 **2161** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 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 37465**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **02 19 88** Depth of Well **250** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-81-2553**

OWNER **HOMES BARDON** STREET OR RFD **EMERALD COURT** TOWN **WEST FRIENDSHIP** SUBDIVISION **WINSLOW PROPERTY** SECTION [] LOT **4**

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	
Top soil	0	1	
Clay	1	3	
Brown sand	3	15	
Shell	15	30	
mica	30	200	
white & gray	200	250 ✓	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1,034**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **PK** **06** **35**
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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.)
 EACH SCREEN **HD** **33** **250**
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36
 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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. **257**
Harry Chardon
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Alber Compton
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

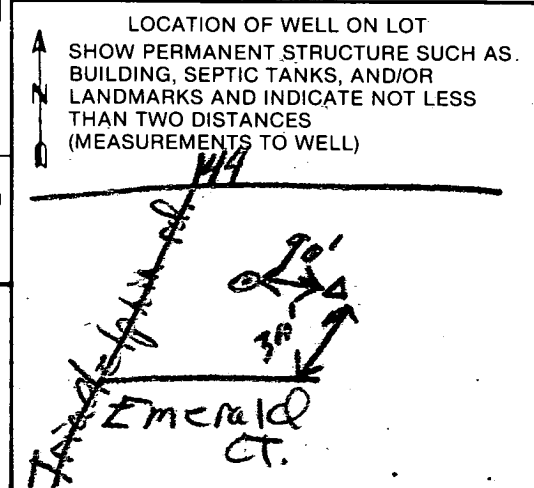
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

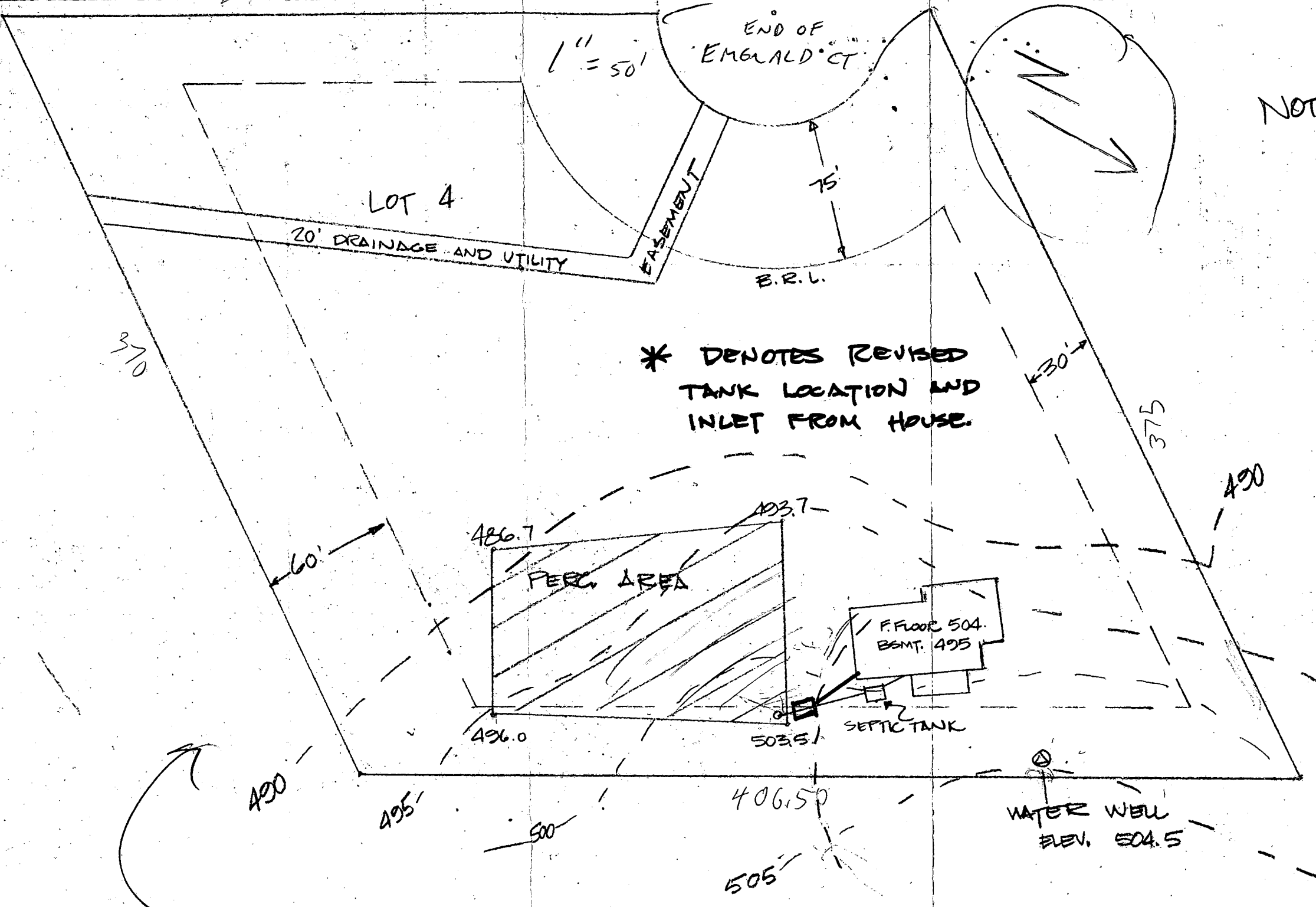
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] WQ [] [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **03**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **19 gal**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **18**
 WHEN PUMPING **113**
 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 } **02** (nearest foot)





NOTES:

1. SEPTIC SYSTEM TO BE INSTALLED BEFORE BUILDING PERMIT IS ISSUED.
2. EXACT LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

INVERT ELEVATIONS:

503.0'	PIPE OUT OF HOUSE
502.0'	" INTO S. TANK
501.7'	" OUT OF TANK
500.6'	" INTO DRAIN FIELD

THIS AREA IS UNDEVELOPED PASTURELAND
 THERE ARE NO WATER WELLS =
 SEPTIC AREAS WITHIN 100 FEET

11/1/89
 Revised Plans OK but
 Septic System First
 before Building Permit R/H

4/24/90 OK TO RELEASE OP - SYSTEM TO BE INSTALLED BEFORE
 ROUTING INSP. C.W.