

11/18/92

05-412021

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48265

A 37506

DISTRICT _____

DATE 9/29/92

DATE SYSTEM APPROVED 4/18/92

INSPECTOR R.P.

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland 21029 PHONE 854-2513

SUBDIVISION Chapel Woods II LOT 9 ROAD 11816 Chapel Woods Drive

PROPERTY OWNER Sheldon & Elaine Kramer

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 145

BLDG. PERMIT SIGNED
AND RETURNED 3/4/94
Serial # 52706
Imground prot.

TRENCHES - 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 - Start the first trench 250 feet from the front lot line and 105 feet from the left lot line as seen when facing the lot from Chapel Woods Drive. Run trenches on contour toward the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6/1/92 R10

PLANS APPROVED BY Sid Abel/R. Hodges REVISED _____ DATE 5/08/92

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 BLDG. PERMIT SIGNED

PERMIT VOID AFTER TWO YEARS

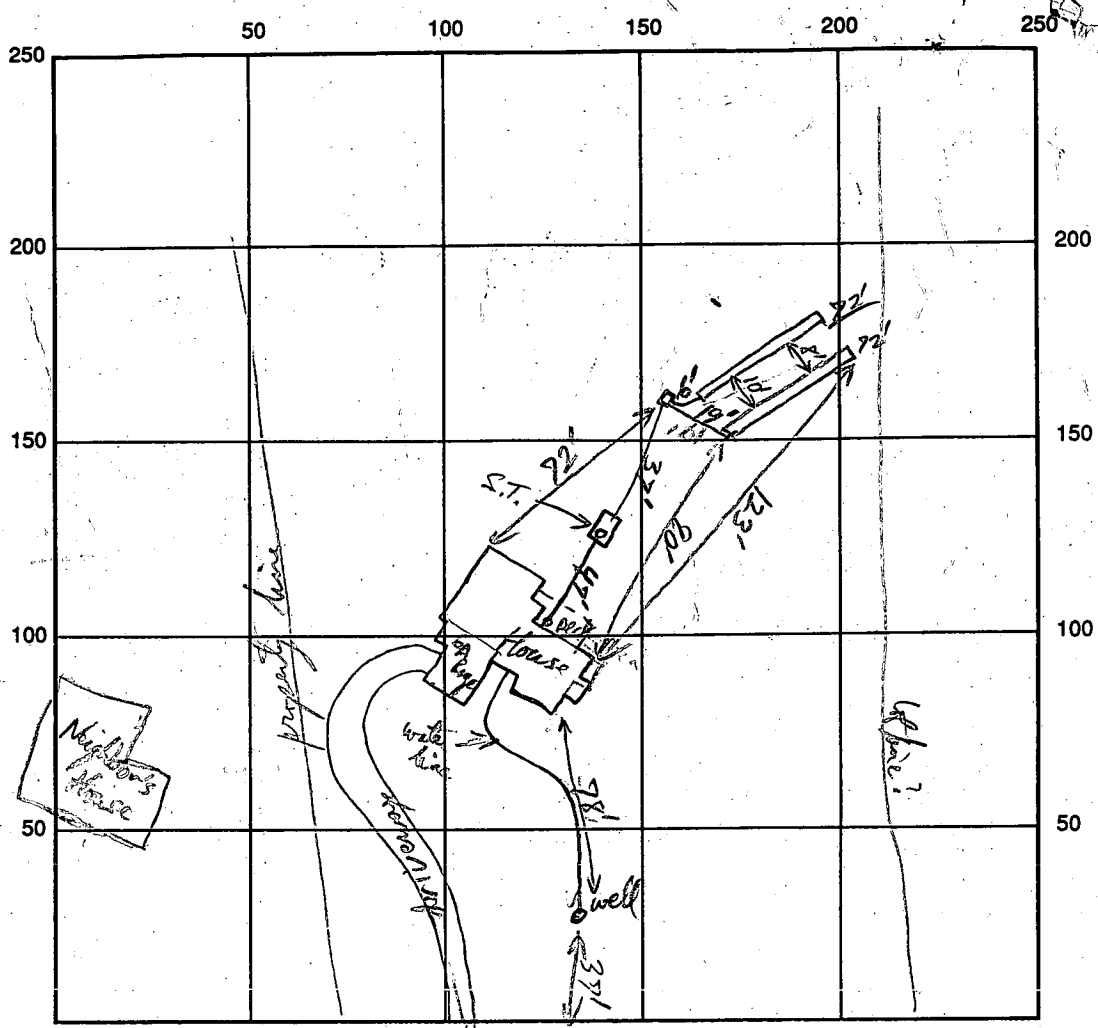
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. Prot Imground

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 37506

A37806



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Chapel Estates Dr

SEPTIC TANK LEVEL 2000gal CLEANOUTS HSE + ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 9' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 15 FT. TOTAL LENGTH 72/72 FT. 144 LF total

NUMBER OF TRENCHES 2 ~~ONE SIDEWALL/BOTTOM~~ AREA 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Open trenches ok to gravel fill. - ST ok to cover supply line - 11/18/92 DB'4
Trench ok to cover. AP 11/18/92 but house has 5 bedrooms (4 upstairs and a Master Bedroom
+ Bath downstairs - should have placed 180 Linear Feet of Drain Trenches - Septic Tank size is ok for 5 BR

DATE SYSTEM APPROVED 11/18/92 INSPECTOR *[Signature]*

Ready 12/3
12/20
Hold for call. 1PM
No change

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 # -0-
Date 12/17/92

Name of Installer G. DONALD DEMENT Telephone 301 384-16493

License Number 276
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner SHELDON KRAMER Telephone 977-2930
Subdivision CHAPEL WOODS Lot # 9 Well Tag # HO-88-0927
Site Address 1816 CHAPEL WOODS DR

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>MART</u>
a. Deep well jet <input type="checkbox"/>	2. RPM <input type="checkbox"/>	2. Model # <u>B1</u>
b. Shallow well jet <input type="checkbox"/>	3. Voltage <u>220</u>	3. Depth <u>48</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <input type="checkbox"/>	
2. Make <u>ITACUZZI</u>	b. 220 <u>220</u>	
3. Model # <input type="checkbox"/>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>50</u>	1. Type <u>Poly</u>	1. Depth <u>260</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/> <u>YES</u>	2. Size <u>1</u>	2. Yield <u>8</u> GPM
<i>pitless adapter OK @ 4/8 water line OK 12/3/92</i>	3. NSF and/or BOCA Code approved <input type="checkbox"/>	3. Static water level <u>30</u> ft.
	4. Depth of supply line <u>48</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: G. Donald Dement

Date 8-17-92

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

C1 1061 SEQUENCE NO. (DENV 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-37506

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
 11/01/89

Depth of Well
 165 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-88-0927

OWNER: JIM TAYLOR last name first name TOWN: CRANKSVILLE
 STREET OR RFD: CHARLES ST DA SECTION: LOT: 9
 SUBDIVISION: CHARLES ST II

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 STONE	0	19	
GRAY MICH ROCK	19	165	

DRY WELL 380'
 Filled in with cement + drilling materials

GRROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box)
 TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC)
 NO. OF BAGS: 5 NO. OF POUNDS: 470
 GALLONS OF WATER: 30
 DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 21 ft.

CASING RECORD
 MAIN CASING TYPE: ST
 Nominal diameter top (main) casing (nearest inch): 6
 Total depth of main casing (nearest foot): 74

OTHER CASING (if used)
 diameter inch: depth (feet) from to

SCREEN RECORD
 screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)
 DEPTH (nearest ft.): 165

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour): 3
 PUMPING RATE (gal. per min. to nearest gal.): 10
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface):
 BEFORE PUMPING: 29
 WHEN PUMPING: 60
 TYPE OF PUMP USED (for test): 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: S
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon):
 PUMP HORSE POWER: 37-41
 PUMP COLUMN LENGTH (nearest ft.): 43-47
 CASING HEIGHT (circle appropriate box and enter casing height):
 LAND SURFACE (nearest foot): 2

LOCATION OF WELL ON LOT:
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 See Attached Well Location

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 28.04.04 "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.: 935
 DRILLERS SIGNATURE: Joseph P. Wayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework, if different from permittee):

COUNTY

B 1- **8713** SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(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

40-88-0927
70 fill in this form completely 79

Date Received (APA)

06/6/89

OWNER INFORMATION

J. J. M. INC
15 Last Name 13 Owner 34 First Name

5570 STERRETT PLACE
36 Street or RFD 55

COLUMBIA MD 21044
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Mayne 238
Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling
Firm Name

5512 Pilcke Rd. Mt. Hill 4 2170
Address

Joseph L. Mayne 6/11/89
Signature Date

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)

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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

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) **40-88-0927**

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **G A P**

FORCE **SA** PERMIT No. **40-88-0927**

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD COUNTY

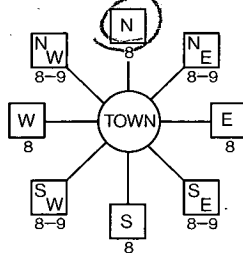
CHAPL WOODS II SUBDIVISION

SECTION **9** LOT **9**

CLARKSVILLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHapel Woods Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **120** FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A-37506** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____

072189 **Sidney Abel** 01-20-90

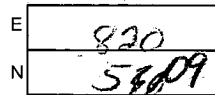
NORTH GRID **509000** EAST GRID **0820000**

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



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



CLARKSVILLE



CLYDES

B.R.L.

LOT #17
10.11 AC
NET 32.1 AC

HOUSE

100 YEAR FLOODPLAIN STUDY
CROSS SECTION # 4
ELEV. 324.43

100 YEAR FLOODPLAIN
DRAINAGE AND UTILITY
EASEMENT OF THE

100 YEAR FLOODPLAIN STUDY
CROSS SECTION # 3
ELEV. 330.30

LIMIT OF 100 YEAR FLOODPLAIN

LOT #10
3.20 Ac
NET 2.50 Ac

LOT #9
3.23 AC
NET 2.33 AC

LOT #8
3.38 AC
NET 2.45 AC

HOUSE

HOUSE

WELL

WELL

WELL
APEL

WOODS DRIVE

DRIVE

SHEET 3

EXISTING PD
TO REMAIN

20' DRAINAGE AND
UTILITY EASEMENTS

E-8

E-5

B.R.L.

APPLICATION

SEWAGE DISPOSAL TESTING

A 37506

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 8/13/86

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 J.J.M. Partnership Sheldon + Elaine Kramer

ADDRESS 5570-201 Sterrett Place PHONE 947-2930
Columbia, Maryland 21045 740-4466

PROPERTY LOCATION:
SUBDIVISION Chapel Woods II LOT NO. LOT 10 ON PRELIM
X 9 on 2ND Prelim

ROAD AND DESCRIPTION West side of Middle Patuxent; North of Route 108 (11814 Chapel Woods Dr)

SIZE OF LOT 3.83 ac. 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.

John Mikolasko
(SIGNATURE OF APPLICANT)

APPROVED BY Seamus Abul FOR Deq Kneales DATE 7-21-89

REJECTED BY _____ FOR _____ DATE _____

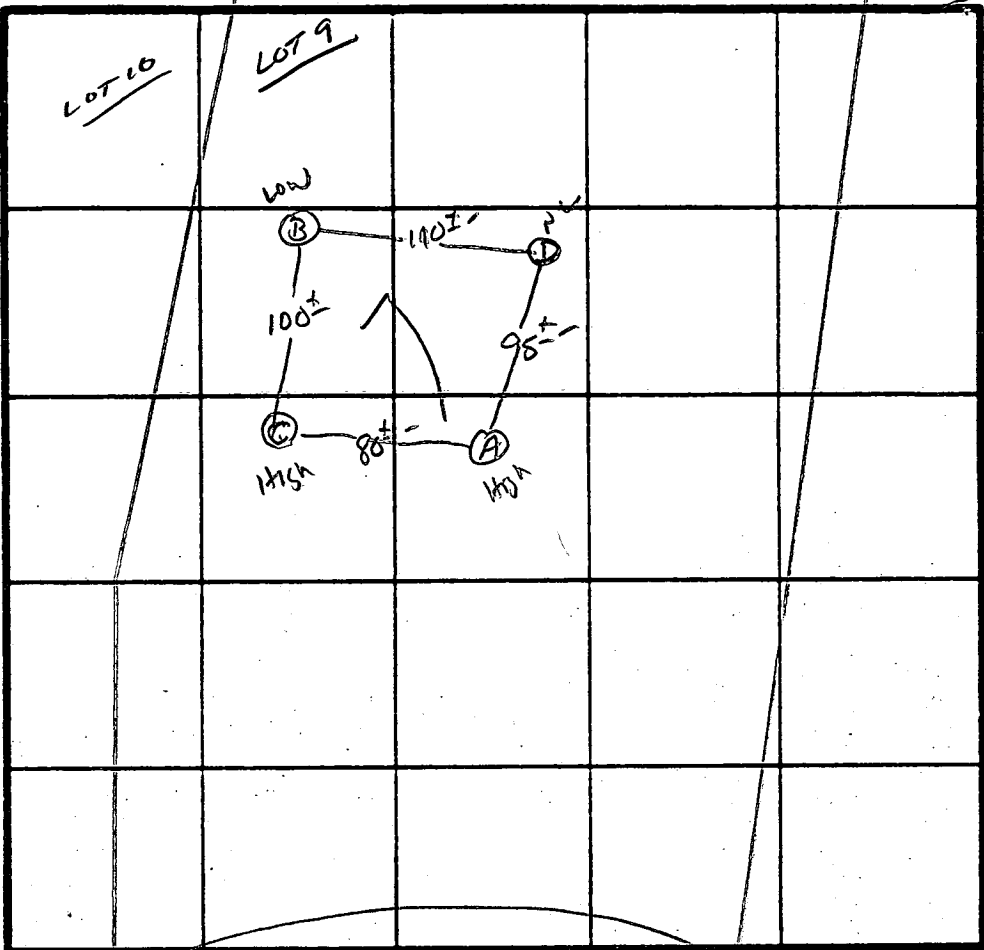
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-9-84 PERC SATISFACTORY; hold for subdivision PLANS - S. Abul

BLDG. PERMIT SIGNED
AND RETURNED 5/8/92
Serial # 42477 - SFD
4 Bedrooms

THIS IS NOT A PERMIT

LOT 8



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

4" 0-4" A1-3
 Yellow BR
 Silt loam
 <10% frags
 9-12% clay

3.5-4" 4" Yellow BR.
 SANDS silt
 10-15%
 FRAGMENTS
 Slightly
 micaceous

4" 0-4" A1-3
 Yellow BR.
 silt loam
 9-12% clay
 <10% frags

3" 4" Tan Brown
 Silt SAND
 10-15%
 Fragments

$\bar{x} = 6 \text{ MIN}$
 INLET $3\frac{1}{2}$
 MAX D $8\frac{1}{2}$

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/9/86	B S M	4"	11:59	12:01	12:01	12:04	3 min
		8"	11:55	11:56	11:56	11:59	3 min
	B V	13"	UNIFORM soil below 4"				
	D S V	3" 13"	12:06	12:07	12:07	12:08	1 min
	A S V	3.5" 12.5"	12:10	12:11	12:11	12:12	1 min
	C S V	4" 12"	12:14	12:27	12:27	12:50	23 min

REMARKS Notes Per. Plat

TYPE OF SOIL Granely / Clastic

TESTED BY S. Abel ALSO PRESENT RLO + owner / Developer

EN 12 1079

LOT 11

LOT 10

LOT 9

LOT 8

10008

Well(Lot-8)

5
60 x C
CL E-B

65

CL 23+09

70

CL E-S(EN

10009

Well(Lot-9)

10010

Well(Lot-10) Spur(21-

10000

PC
CL 11+01.72 PC
0.5 31+00.72 PC

SW 10
0.5 31+00.72 PC

EST. 42+89.20

409

trav

1129

408

MON.

trav

410

WELL LOCATION
AS ORIG. STAKED
BY REIMS & ASSOC.

(SCALE
1" = 100')

0.5 31+00.72 PC
0.5 31+00.72 PC
0.5 31+00.72 PC

CHAPPEL WOODS II

Drawing: ROAD

Fri Nov 10 12:06:25 1989

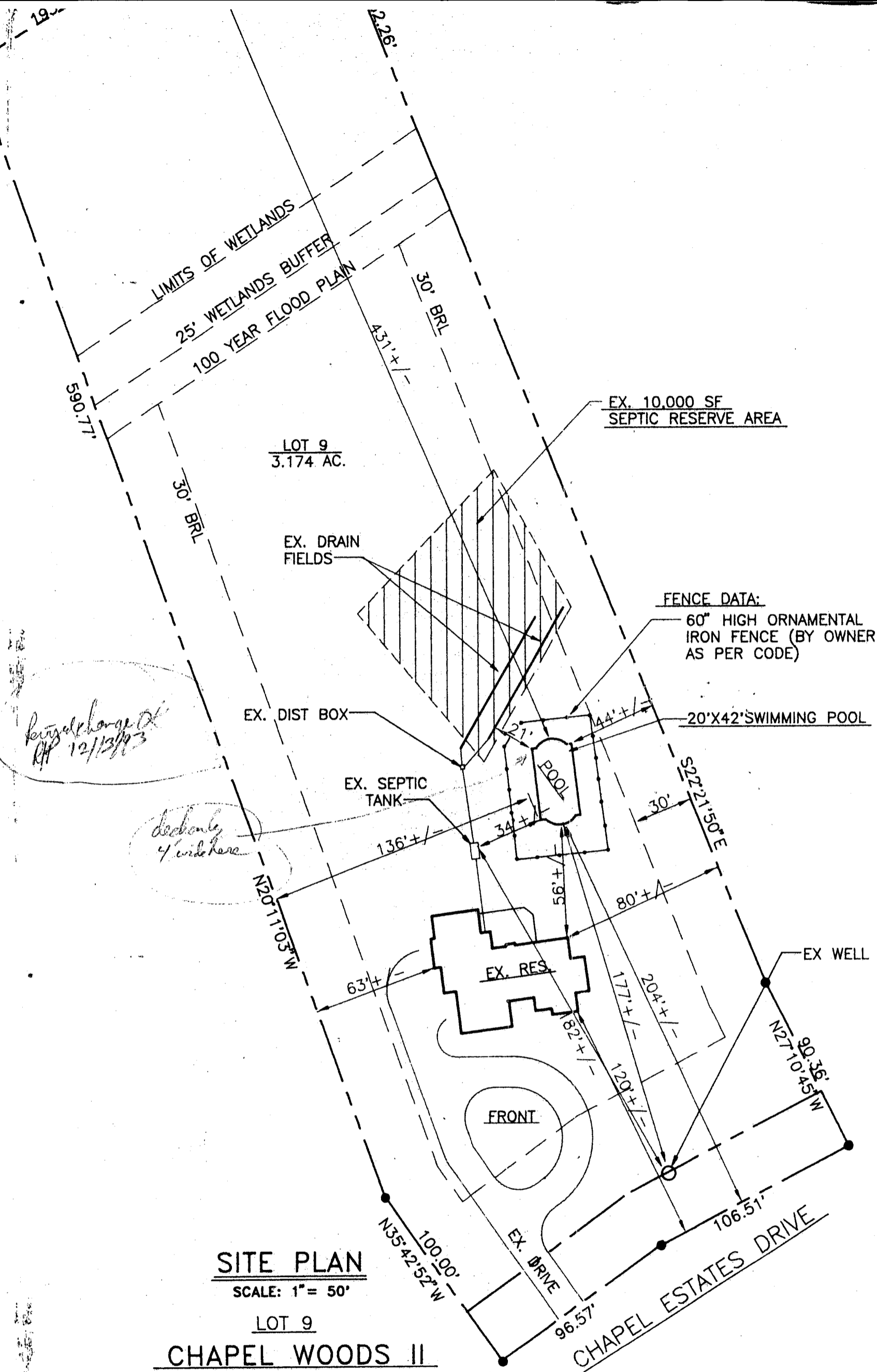
EXISTING WELL LOCATIONS

LISTING OF CURRENTLY SET COORDINATE POINTS

Point	Coordinates	Elevation	Desc / Type
10013	N E	509582.360 819993.817	Well (Lot-13) CPNT
10010	N E	509708.039 820769.688	Well (Lot-10) CPNT
10009	N E	509759.416 820927.058	Well (Lot-9) CPNT
10008	N E	509942.705 821097.558	Well (Lot-8) CPNT

(LOT 11) WELL CAME IN @ ORIG. POINT STAKED BY (LOT 11)
REIMER, MUGGE ASSOC.

LOT 12 - TWO DRY HOLES - TO DATE



SITE PLAN

SCALE: 1" = 50'

LOT 9

CHAPEL WOODS II

5TH ELECTION DIST.
HOWARD COUNTY, MD

Customer and Salesman agree that this access, elevation & location of all lot and appurtenances are in agreement. Changes from this drawing must be in writing by the Customer and MPI.

BY - SALESMAN _____
BY - CUSTOMER _____

DIRECTIONS:

RT-32 WEST TO A RIGHT TURN ONTO RT-108. FOR 1 5/10 MILES TO A LEFT TURN ONTO LINDEN CHURCH ROAD. FOLLOW TO END. TURN RIGHT ONTO CHAPEL ESTATES DRIVE. FOLLOW TO SITE ON THE LEFT.

MAP BOOK:

Co.: HWRD
PAGE: 14
GRID: G3