

4/30/95  
~1 pm

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50542

A 36236

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DATE 3/24/95

~~XXXXXX~~ 313-2640

03-316548

DATE SYSTEM APPROVED 4/20/95

INSPECTOR DKS

Adamson Plumbing & Heating IS PERMITTED TO INSTALL X ALTER       

ADDRESS 7825 McCellan Avenue, Boonsboro, Maryland 21713 PHONE 301-416-3968

SUBDIVISION River Downs, Sec. 1 LOT 4 ROAD 901 High Stepper Trail

PROPERTY OWNER Steven C and Dolores A. Wilkie

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet up the right (511.34') lot line and 145 feet from the right (511.34') lot line as seen when facing the lot from High Stepper Trail. Run trenches on contour toward the front right and left rear lot corner.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/10/95 DKS

PLANS APPROVED BY Sid Abel REVISED DATE 07/22/88

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

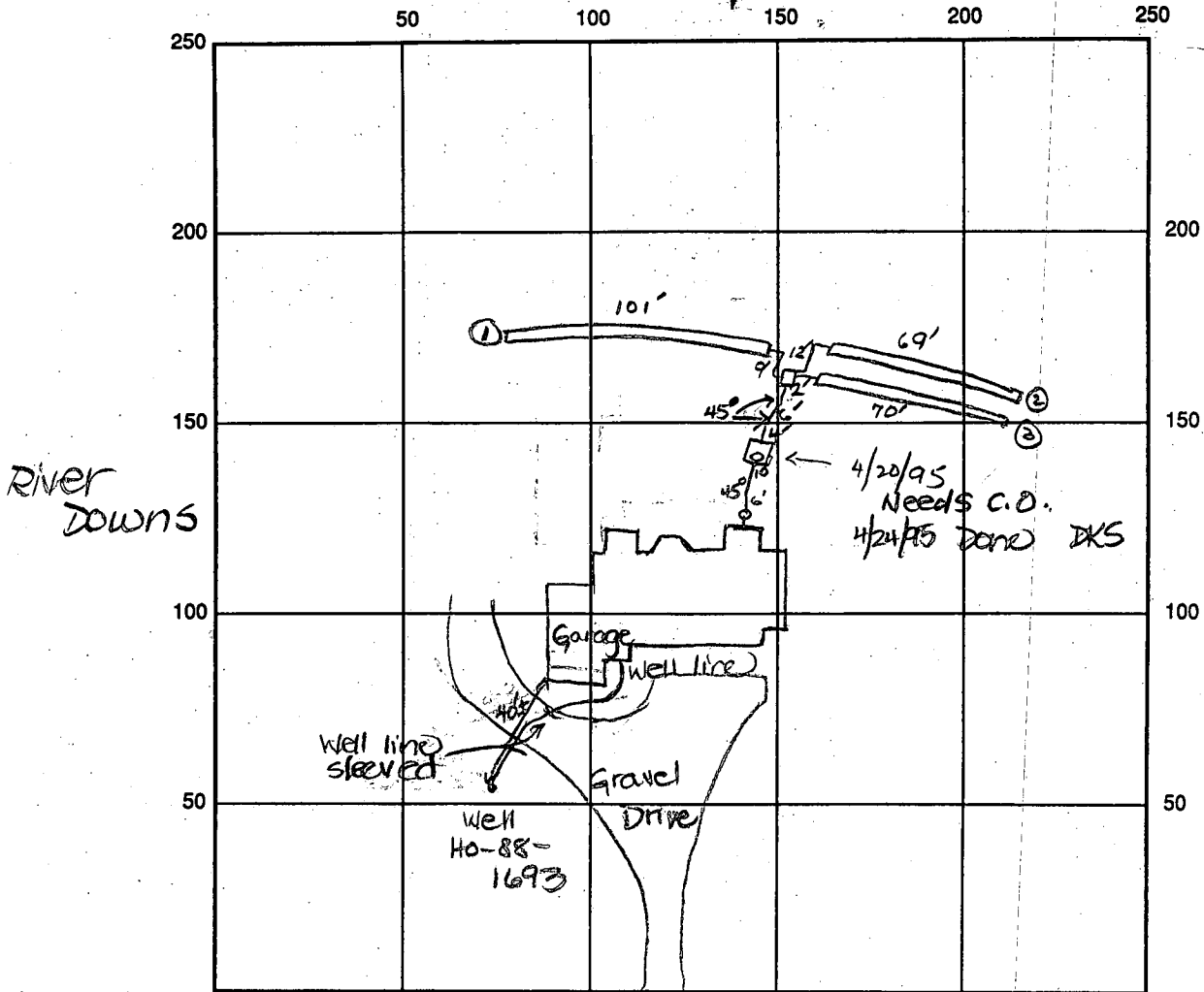
PERMIT VOID AFTER TWO YEARS

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  
36236



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

High Stepper Trail

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ① 101' ② 69' ③ 70' → 240'

NUMBER OF TRENCHES 3 ~~WALL~~/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS: 4/20/95 Final-OK to cover all work. Needs c.o. on s.t. DKS

4/24/95 c.o. installed. WPI OK. DKS

DATE SYSTEM APPROVED 4/20/95

INSPECTOR

*Smart Joe*

# APPLICATION

SEWAGE DISPOSAL TESTING

A 36236

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 11/24/85

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 ~~Grass Development Corporation~~ STEVEN C and Dolores A. WILKIE

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100

PROPERTY LOCATION:

LOT 14 Prelim. 11/86

SUBDIVISION River Downs LOT NO. X B

ROAD AND DESCRIPTION River Road - 2800' Northeastly From Route 32

(901 High Stepper Trail)

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known  
(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. William G. Karls Purden & Leschke  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow drain field DATE 1-2-87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 12-5-85 Perc Satisfactory, Hold For Certified Subdivision

PLAT. S. Abel

BLDG. PERMIT SIGNED  
AND RETURNED 12/30/94

Serial # 57649-SFD  
4 Bems

# THIS IS NOT A PERMIT

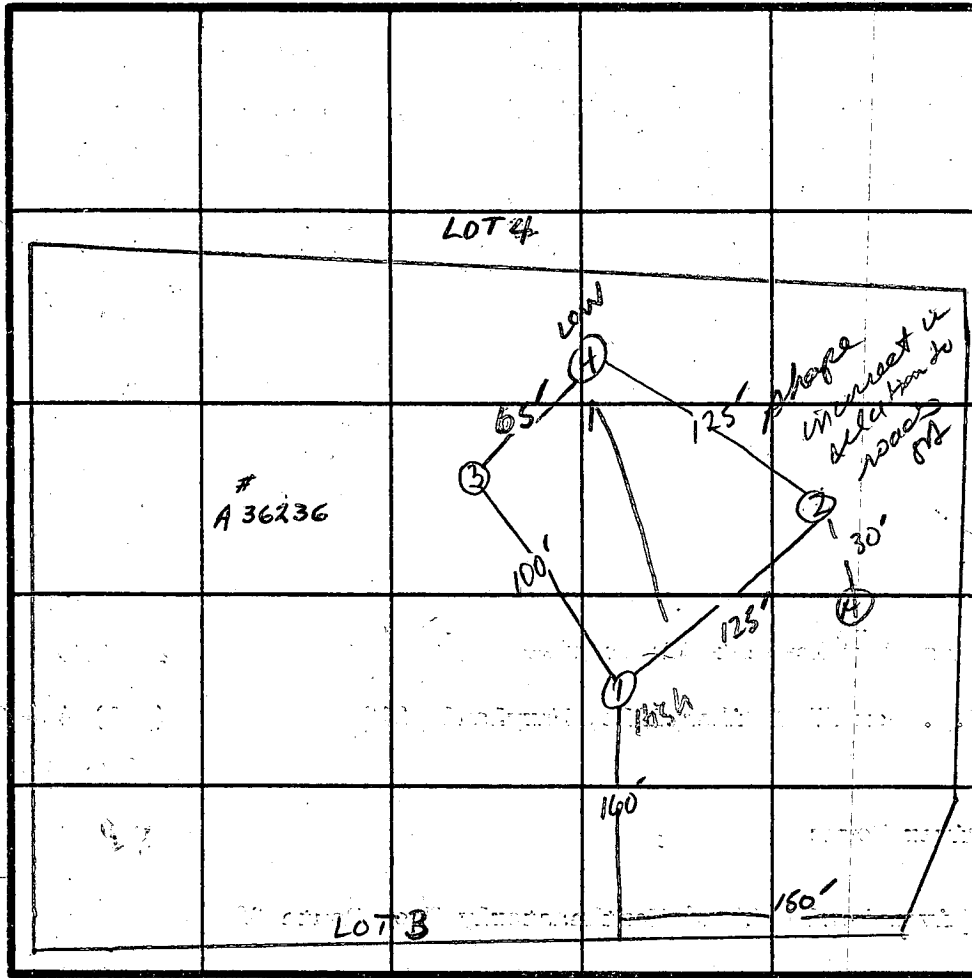
① ④

SOIL PROFILE

0'	A1-3
4'	Yellow BR SAND CLAY LOAM 210% SAPROLITE
3.5'	Brown Grey SAND silt LOAM 30% COARSE FRAGMENTS MICACEOUS SCHIST
12'	

② ③

0'	A1-3
4'	Yellow BR. Clay LOAM 210% SAPROLITE
4'	Brown Grey SAND silt LOAM 10-20% COARSE FRAGMENTS MICACEOUS SCHIST



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RIVER Rd.

X PERC  
2 MIN  
INLET 3.5'  
BOTTOM 5.5'

160 #/BR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/2/85	1 S V	4' 12'	11:59	12:00	12:00	12:01	1min
	2 S V	4.5' 12.5'	12:06	12:07	12:07	12:09	2min
	3 S V	4.5' 12'	12:23	12:24	12:24	12:26	2min
	4 S V	4' 12'	12:44	12:45	12:45	12:47	2min
	A	ROCK AT 3' - MICACEOUS SCHIST					

REMARKS HOLES LOCATED DIFF THAN PLAT, LOT # A'd.

TYPE OF SOIL Glenels SAND LOAM

TESTED BY S. Abel

Jeff, CURTIS, JOHN

ALSO PRESENT

B 1 9144

SEQUENCE NO. (DP. USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

0-88-1693

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

040891

OWNER INFORMATION

PARIS HAROLD

PO BOX 1422

PILLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

RIVER DOWNS

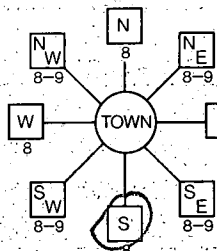
SECTION 001 LOT 4

SYKESVILLE

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HIGH STEPPER TRAIL

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 80 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 Co A-36236

STATE SIGNATURE DATE ISSUED

040891 D. Buggs 10-08-91

NORTH GRID 550000 EAST GRID 0814000

APPROXIMATE DEPTH OF WELL 540 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

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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

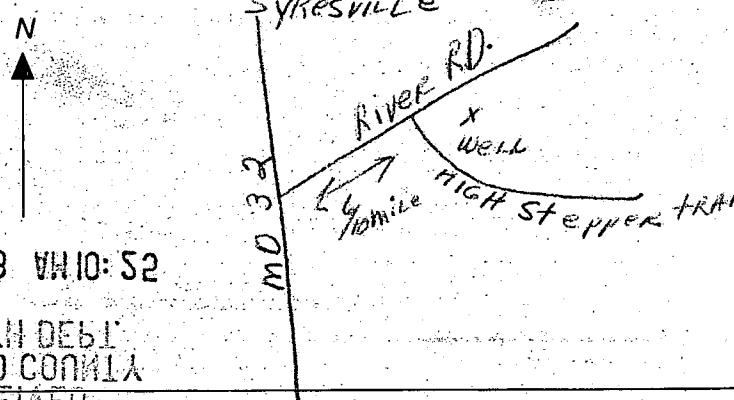
APPROX. PERMIT NUMBER GAP

FORCE 0B PERMIT No. 0-88-1693

SPECIAL CONDITIONS

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
8104
550

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



C11 4551

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

COUNTY NUMBER A-36236

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" A0-88-1693

OWNER Paris Harold last name first name STREET OR RFD High Stupper Trail TOWN Sykesville SUBDIVISION River Downs SECTION 1 LOT 4

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND Stone 0 37, GRAY Mich Rock 37 145.

GROUTING RECORD WELL HAS BEEN GROUDED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 752 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 32 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL (ST) BRASS (BR) OPEN HOLE (HO) BRONZE (PL) PLASTIC (OT) OTHER

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for casing types.

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 43 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 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) LAND SURFACE (nearest foot) 2

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 26.04.04 "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.

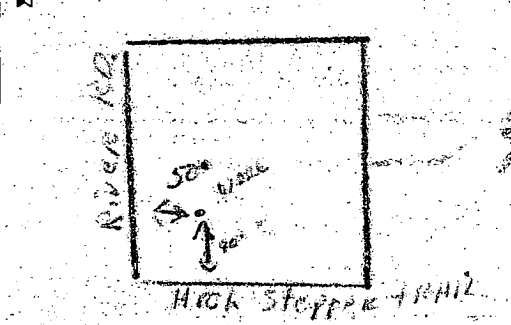
DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

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)





4/24/95  
10:10:30

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 \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer Adamson P & H Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Wilkie Telephone \_\_\_\_\_  
Subdivision River Downs Lot # 4 Well Tag # HO-88-1693  
Site Address 901 High Stepper Trail

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? _____

4/24/95  
Pitless Adapter 4.5' below  
well casing 1'4" above grade  
OK to cover DKS

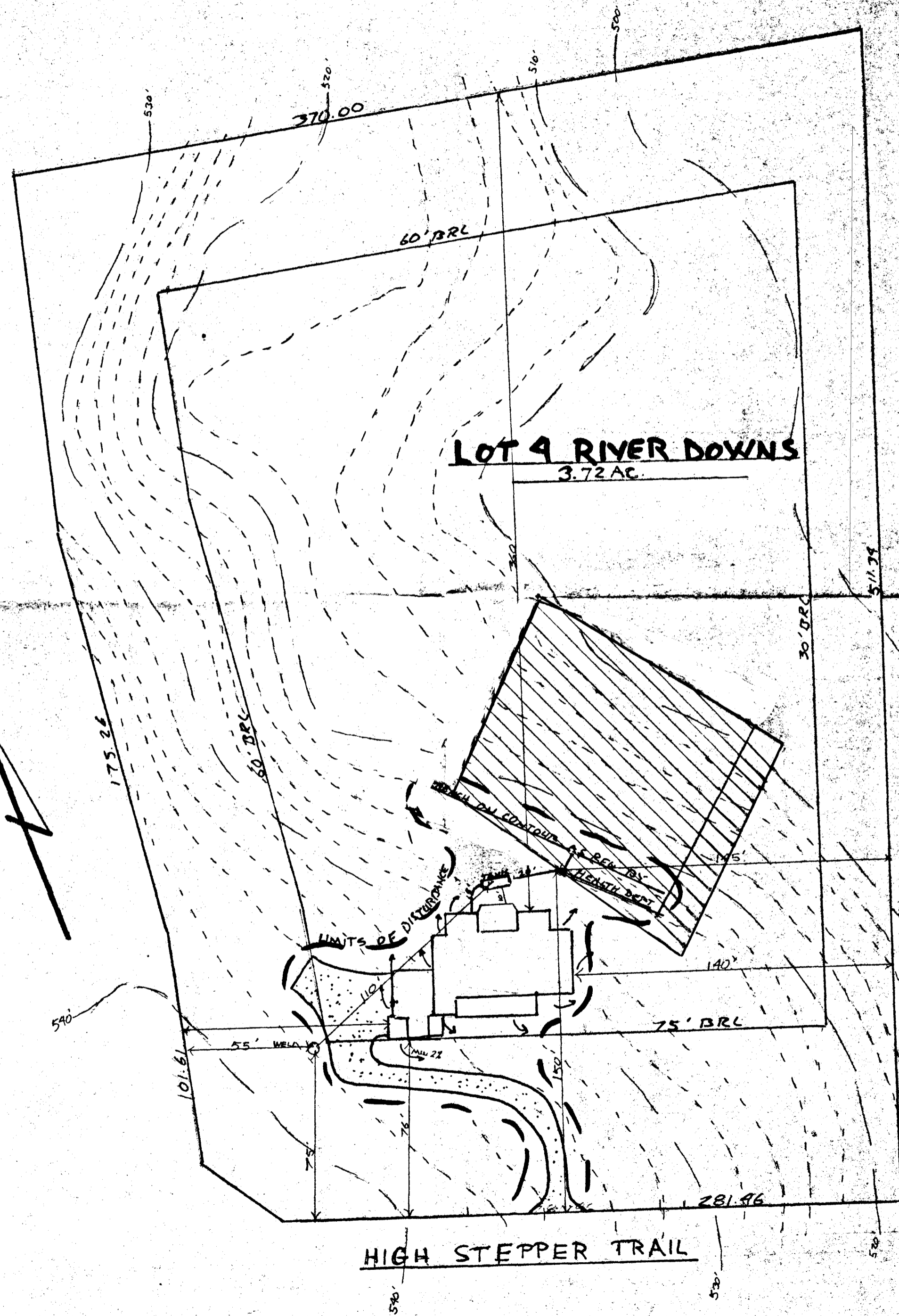
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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.



ELEVATIONS:	
WELL	538.00'
HOUSE	
F.F.	536.00'
BASE	526.00'
INV. OUT	523.00'
TANK	
ORG. GR.	526.00'
FIN. GR.	526.00'
INV. IN.	521.40'
INV. OUT	521.00'
DIST. BOX	
EX. GR.	529.00'
INV. IN.	520.50'

MANHOLE CLEANOUT  
REQUIRED AT SEPTIC TANK  
MAINTAIN 1-2% GRADE  
10 FEET PRIOR TO SEPTIC  
TANK

Approved Septic System Plan  
Howard County Health Department

*[Signature]*  
Signature      Date

<b>RIVER DOWNS LOT 4</b>		APPROVED BY	DRAWN BY
SCALE: 1" = 40'			
DATE: 12-17-99		REVISED	
PREPARED BY: FRED DICKSON			
410-781-6786		DRAWING NUMBER	