

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE INDEXED

P 57052

A 36258

DISTRICT 3rd

DATE 7/30/96

DATE SYSTEM APPROVED 8/6/96

INSPECTOR AMM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike Clarksville, MD 21029 PHONE (410)531-5033

SUBDIVISION River Downs LOT 11 ROAD 939 High Stepper Trail

PROPERTY OWNER Mr. and Mrs. Gibiani

ADDRESS _____

**BUILDING PERMIT SIGNED
AND RETURNED**

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

BL G. PERMIT SIGNED
AND RETURNED 7/29/96

*Serial # B00101257
propane tank*

5-21-03-800142011-DECK

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the right (311.24') lot line and 165 feet from the left (327.29') lot line as seen when facing the lot from High Stepper Trail. Run trenches on contour in both directions.

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

OK by/les 12/29/96

PLANS APPROVED BY Sid Abel/Mark Rifkin Revised _____ DATE 1/2/86, 8/1/91, 12/4/95

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

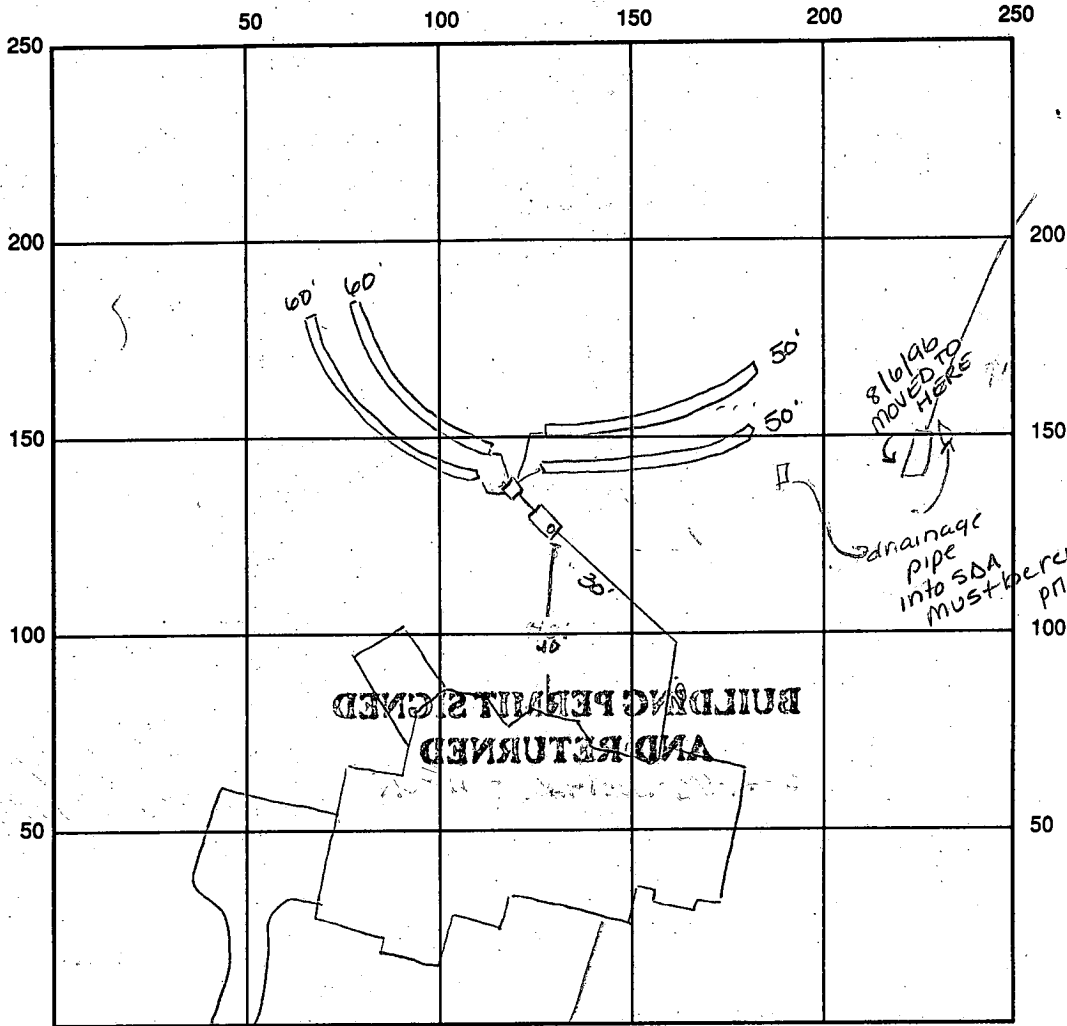
PERMIT VOID AFTER TWO YEARS

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**

*7/31/96
3 PM*



SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 7/31/96 Spec change - begin trenches in center of SDA, run trenches in both directions - small swale in SDA - OK to run trenches through * Hoose moved Au
8/1/96 OK to cover all work - No house connection, drainage pipe must be moved prior to septic approval AUM
8/6/96 House connection made, drainage pipe moved OK final insp made AUM
8/6/96 WPT - OK to cover Au

DATE SYSTEM APPROVED 8/6/96 INSPECTOR A. McMillen

APPLICATION

SEWAGE DISPOSAL TESTING

A 36258

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 11/26/85

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 Chase Development Corporation

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

PROPERTY LOCATION:

LOT 7 Prelim. 11/86

SUBDIVISION River Downs LOT NO. 2

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

S.F.D - 5 BRMS

BLDG. PERMIT SIGNED

AND RETURNED 11-14-95

Serial #62329

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. Rascher Purden & Leichter
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow tile fields DATE 1-2-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

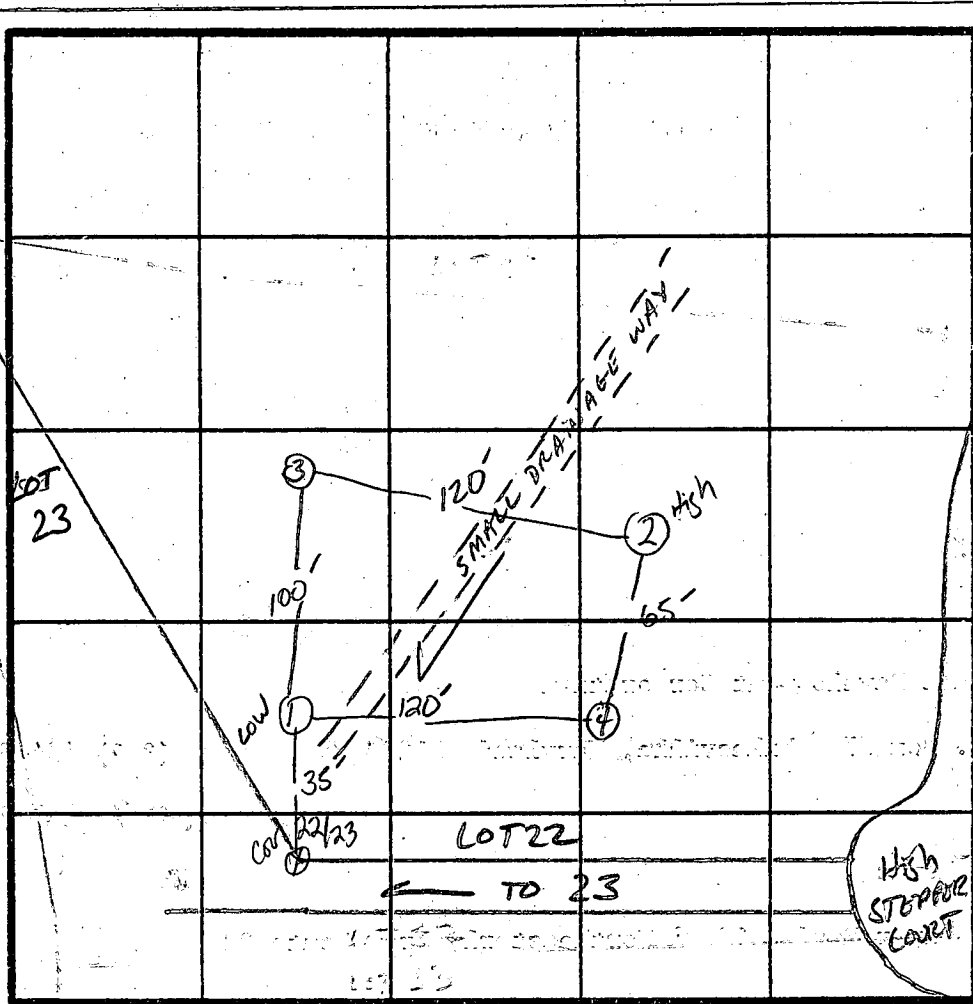
REASONS FOR REJECTION OR HOLDING 12-5-85 Perc. Satisfactory; Hold for Certified Subdivision

PLAT. S. Abel Shallow System S. Abel

THIS IS NOT A PERMIT

SPS.

SOIL PROFILE
 ① ③
 0'
 9" A1-3
 Yellow Red
 Silt Clay
 LOAM 20%
 SAPROLITE
 4'
 Yellow BR
 SAND silt
 LOAM
 <10%
 SAPROLITE
 12.5'



̄ Perc. Time
 3min
 INLET 1/2"
 BOTTOM
 5.5
 170#/BR
 CONSIDER
 Shallow
 SYSTEM

SOIL PROFILE
 ② ④
 0'
 9" A1-3
 RED ORANGE
 Silt Clay
 LOAM 20%
 SAPROLITE
 5'
 Yellow BR
 SAND silt
 <10%
 SAPROLITE
 12'

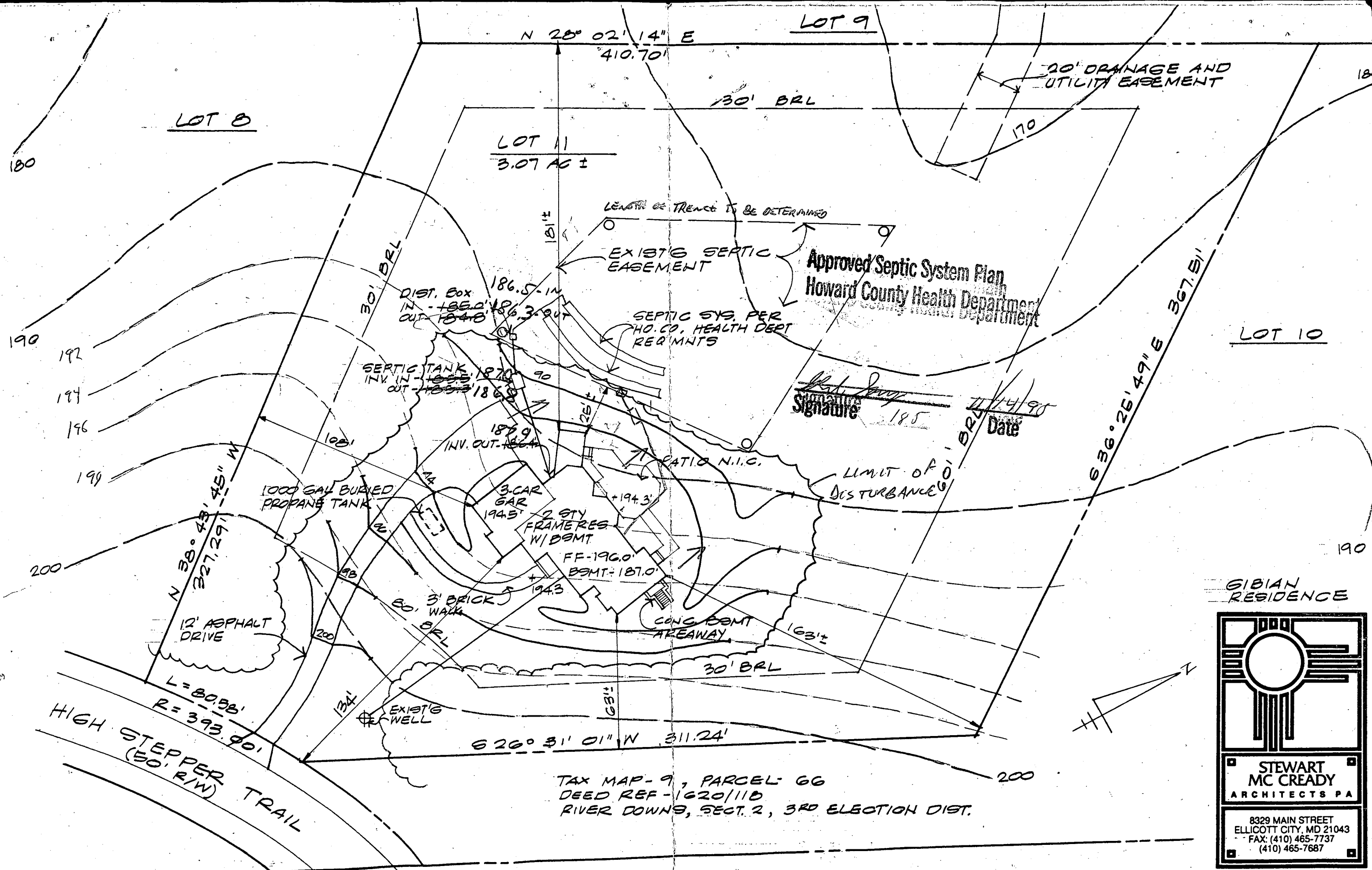
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/6/85	1	4.5'	11:28	11:30	11:30	11:32	2min
		12.5'	UNIFORM SOIL	STRUCTURE	Below 4"		
	2	5.5'	11:41	11:42:30	11:42:30	11:45:30	3min
		12'	UNIFORM SOIL	STRUCTURE	Below 5"		
	3	4'	11:35	11:36	11:36	11:38	2min
		12'	UNIFORM SOIL	STRUCTURE	Below 4"		
	4	5.5'	11:47	11:48	11:48	11:50	2min
		12'	UNIFORM SOIL	STRUCTURE	Below 5"		

REMARKS Small swale in Perc Field ⇒ NOT Significant to Affect Approval.

TYPE OF SOIL Glenelg Loam

TESTED BY S. Abel

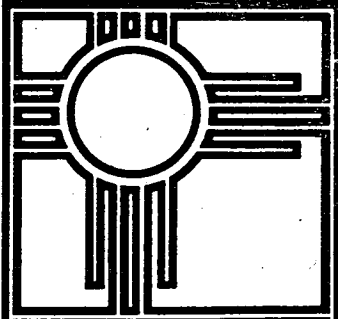
Jeff Dohn
 ALSO PRESENT CURTIS



Approved Septic System Plan
 Howard County Health Department

Signature: *[Signature]*
 Date: 11/14/90

SIBIAN RESIDENCE



STEWART
 MC CREADY
 ARCHITECTS PA

8329 MAIN STREET
 ELLICOTT CITY, MD 21043
 FAX: (410) 465-7737
 (410) 465-7687

TAX MAP - 9, PARCEL: 66
 DEED REF - 1620/118
 RIVER DOWNS, SECT. 2, 3RD ELECTION DIST.

SITE PLAN

LOT 11, RIVER DOWNS SUBDIV., HIGH STEPPER TRAIL, HOWARD CO., MD

1"=40'

10 OF 19 OCT 95

1:40

C1 **4607** SEQUENCE NO. (DENY 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 36258**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
08/09/11

Depth of Well
165
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-1995

OWNER **PEARIS Harold**
 STREET OR RFD **High Steppers Trail** TOWN **Sykesville**
 SUBDIVISION **RIVER DOWNS** SECTION **11** LOT **11**

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	
SANDSTONE	0	35	
CLAY MICA	35	165	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **376**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **3.5** 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 top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **40**

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

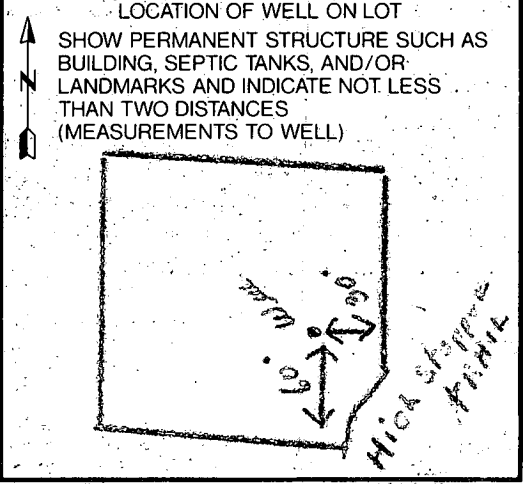
C 2
 DEPTH (nearest ft.)
HO 38 165
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

C 3
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 **32** WHEN PUMPING **49**
 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 (CIRCLE) (YES or NO) **NO**
 IF DRILLER INSTALLED 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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31 35**
 PUMP HORSE POWER **37 41**
 PUMP COLUMN LENGTH (nearest ft.) **43 47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE **2** (nearest foot)
- below }



CIRCLE APPROPRIATE LETTER
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**
Joseph R. Mays
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)