

9/24/87  
2PM

# PERMIT

P 39881

A 36277

## SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

DISTRICT 3rd

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 8/18/87

### INDEXED

DATE SYSTEM APPROVED 10/22/87

INSPECTOR S. Aul

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Clover Hill ROAD 12575 Clover Hill Dr. LOT 1

PROPERTY OWNER Elmer Biggs

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 1500 ~~1000~~ GALLONS NUMBER OF BEDROOMS X 3 BEDROOM  
205

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Beginning from left rear corner, place 1st trench 230 feet down the left (1261.45') lot line and 150 feet off the left lot line as seen when facing property from Clover Hill Drive. Run trenches along contour back towards the left lot line. BE SURE TO MAINTAIN MINIMUM 100 FEET DISTANCE FROM WELL TO SEPTIC.

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

9/24/87 - TALKED TO SCHISSLER <sup>OH SA</sup> 3 BED ROOMS & GARBAGE GRINDER

PLANS APPROVED BY B. Nixon DATE 10/21/86

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: 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 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 40 PVC OR ABS.

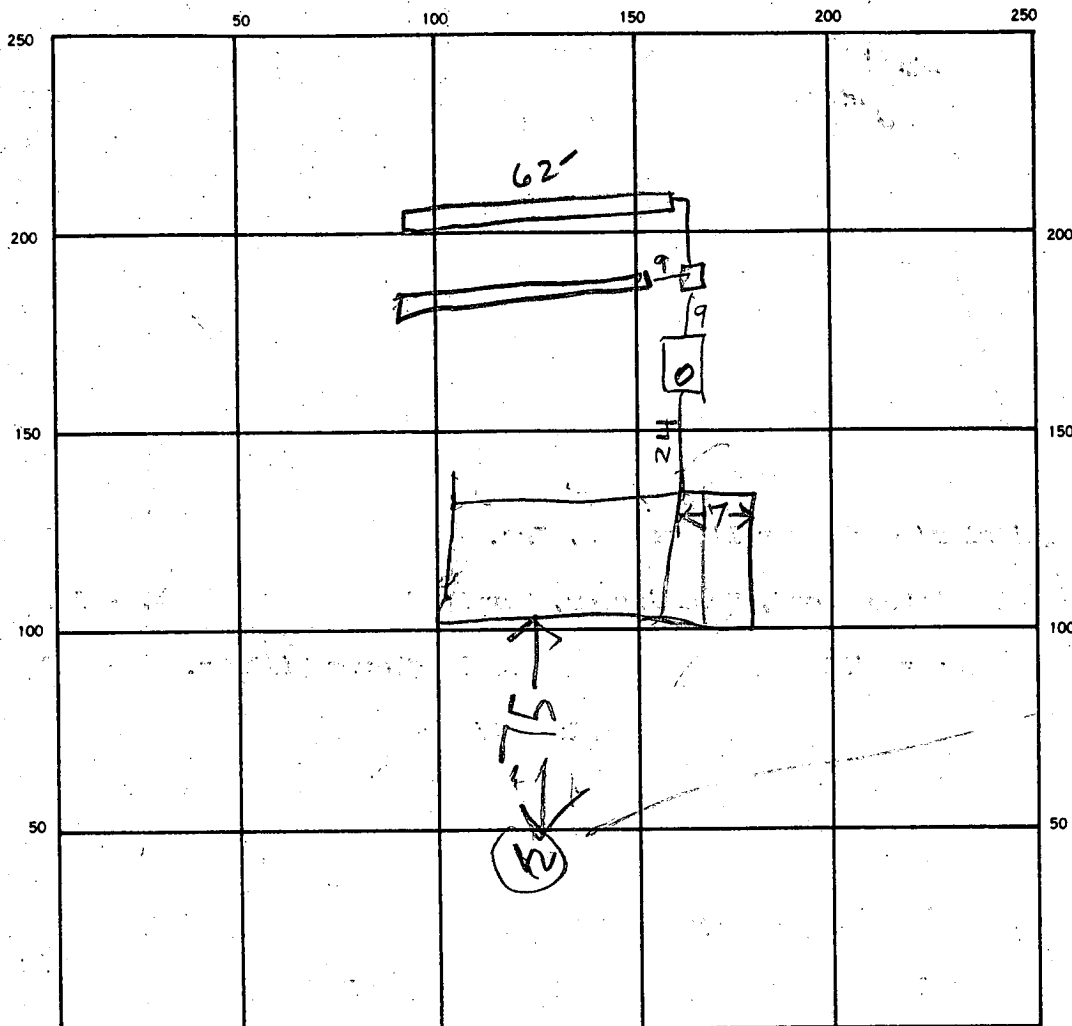
PERMIT VOID AFTER TWO YEARS.

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 APROVAL ON THIS PERMIT**

A 36277



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CLOVER HILL DR

SEPTIC TANK LEVEL 15000 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 9/9 FT. TRENCH WIDTH 21 FT. INLET DEPTH 35 FT.

EFFECTIVE GRAVEL DEPTH 5.5 5.5 FT. TOTAL LENGTH 62 62 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 341 341 SQ. FT.

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

ABSORBENT AREA 682 SQ. FT.

REMARKS 9/24/87<sup>200PM</sup> LOCATION OK PER PLAN 3 RH SPECS REVISED  
TO ACCOMMODATE GARBAGE GRINDER RH 9/24/87<sup>400PM</sup> COVER TANK  
& TRENCH #1 DIG TRENCH #2 RH

DATE SYSTEM APPROVED 10/22/87 INSPECTOR S. Ah

# 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

DISTRICT

DATE

A 34277

P \_\_\_\_\_

3 RD

Nov. 26, 1985

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

West Friendship Joint Venture

ADDRESS

3560 Ellicott Mills Drive

PHONE

465-7777

PROPERTY LOCATION:

SUBDIVISION

Clover Hill - Lots 1 thru 9

LOT NO.

Lot 1

ROAD AND DESCRIPTION

On Maryland Route 144, 1400' ± S. of Rte 32 (off

the dead end of existing S.R.C. Service Road.)

SIZE OF LOT

3.00 ± AC.

TYPE BLDG.

3

(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.

D. Bush

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

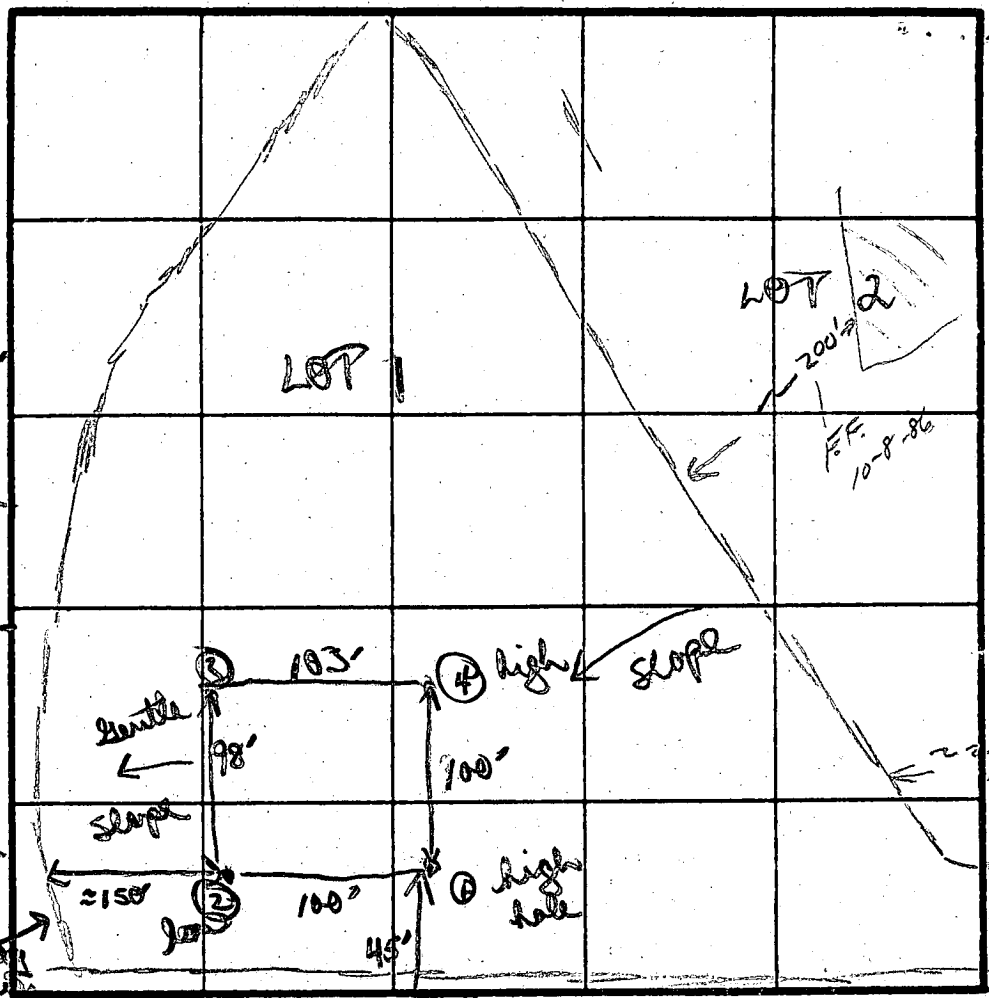
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

SOIL PROFILE

red/brown  
sandy/clay  
loam  
2'-3'

red/fine  
gray fine  
to med grain  
micaceous  
loam  
10-15% small  
med frag.  
structured  
saprotite  
uniform  
12' bottom



4  
red/brown  
sandy clay  
loam  
4'  
tan sandy  
micaceous  
loam  
small-med  
frag. struc  
med  
saprotite  
12'

end of property  
of fence  
fence

heavy  
red/brown  
clay  
4'

tan/brown  
sandy  
loam  
uniform  
to bottom  
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/2/85	1	1 1/2' S	1026	1030	1030	1034	4 MIN	
		5' M	1026	1027	1027	1029	2 MIN	
		12' D	Bottom - see soil profile					
	2	4' M	1035	1036	1036	1038	2 MIN	
		12' D	Bottom - uniform sandy loam					
	3	6' M	1036	1040	1040	1044	4 MIN	
		14' D						
	4	VISUAL INSPECTION						
		12' D	Hard bottom similar to #1					

3  
red/brown  
clay (some  
loam)  
5 1/2'

chunky  
sandy  
loam  
15-20%  
chunky  
fragmented  
saprotite  
some  
micaceous  
soil  
14' bottom

X 3 MIN  
INLET 4' (3 1/2)  
168 # (8 1/2)

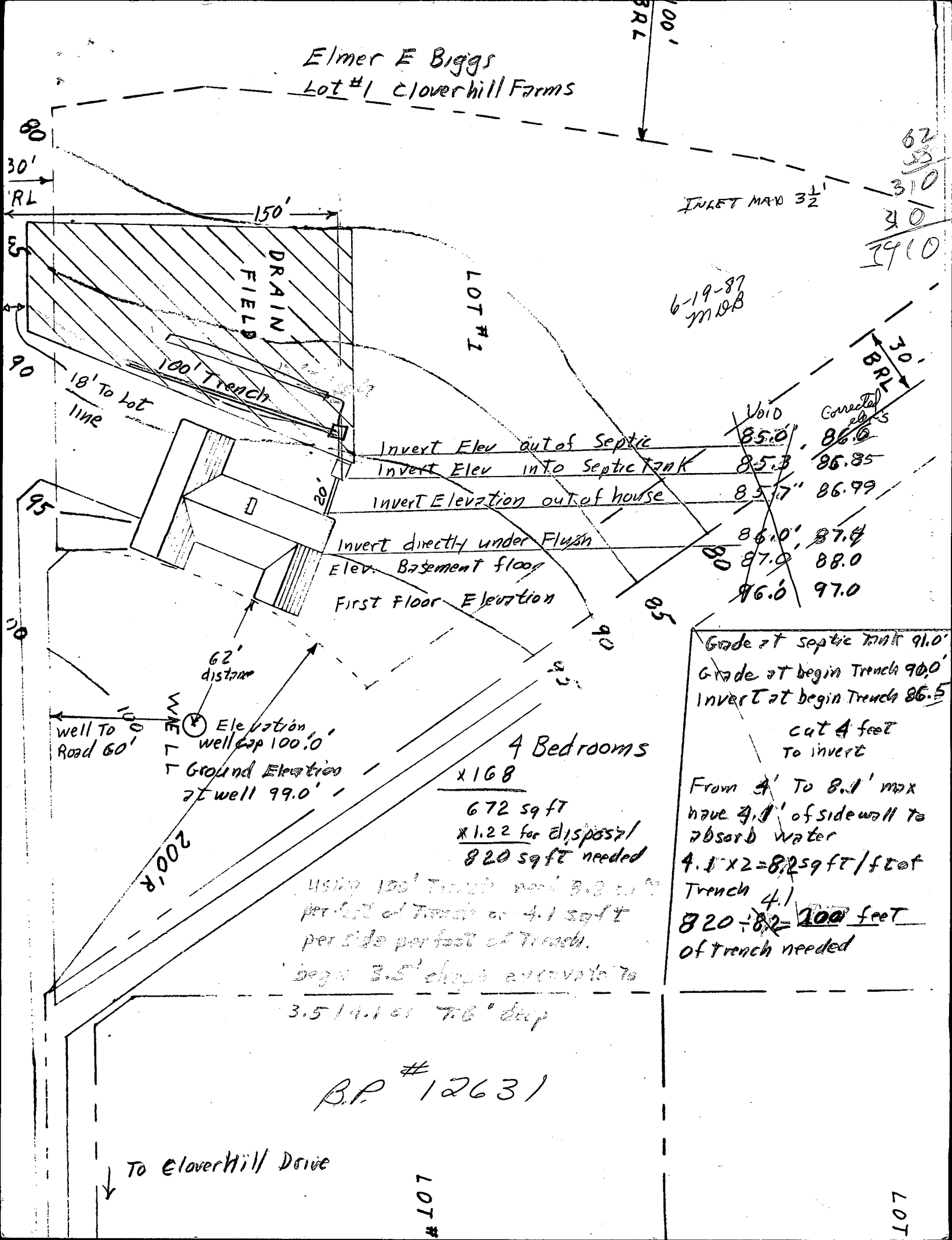
low hole #2 heavy pocket of clay to 4 ft.  
clay moderate in other holes

REMARKS  
TYPE OF SOIL soil mostly sandy loam mixtures w/ fragments of saprotite  
TESTED BY Be Wilson  
ALSO PRESENT Jack Scott

EH-12-1079

12/2/85  
approved

Elmer E Biggs  
Lot #1 Cloverhill Farms



62  
33  
310  
30  
1910

6-19-87  
MJB

Void	85.0	Corrected elev. 86.5
Invert Elev out of Septic	85.3	86.85
Invert Elev into Septic tank	85.7"	86.99
Invert directly under Flush	86.0'	87.4
Elev. Basement floor	87.0	88.0
First Floor Elevation	86.6	97.0

Grade at septic tank 91.0'  
Grade at begin Trench 90.0'  
Invert at begin Trench 86.5'  
cut 4 feet to invert  
From 4' to 8.1' max have 4.1' of sidewall to absorb water  
4.1 x 2 = 8.2 sq ft / foot Trench 4.1'  
820 ÷ 8.2 = 100 feet of trench needed

4 Bedrooms  
x 168  
672 sq ft  
x 1.22 for disposal /  
820 sq ft needed

Using 100' Trench need 3.2 cu ft per foot of Trench or 4.1 sq ft per side per foot of Trench.  
begin 3.5' deep excavate to 3.5' x 4.1' or 7.6" deep

B.P. # 12631

To Cloverhill Drive

LOT #

LOT

**C1** 5357  
 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-36277**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **12/17/86** Depth of Well **285** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **40-81-1724**

OWNER **BIGGS** (last name) **ELMER** (first name) TOWN **WEST FRIENDSHIP**  
 STREET OR RFD **CLOVER HILL DR** SUBDIVISION **CLOVER HILL** SECTION [ ] LOT **1**

**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	0	46	
CORAY MICH ROCK	46	285	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **13** NO. OF POUNDS **1222**  
 GALLONS OF WATER **78**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **40** 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) **4** Total depth of main casing (nearest foot) **52**

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

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 **40** **51** **285**  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ]

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

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

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.

GRAVEL PACK [ ] from [ ] to [ ]  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

DRILLERS IDENT. NO. **238**  
 DRILLERS SIGNATURE *[Signature]*  
 (MUST MATCH SIGNATURE ON APPLICATION)

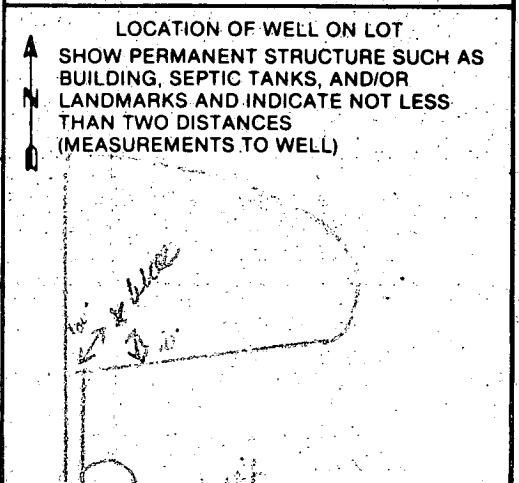
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) [ ] WQ [ ] [ ] [ ]  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]

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

TELESCOPE CASING [ ] LOG INDICATOR [ ] OTHER DATA [ ] [ ] [ ]

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **53**  
 METHOD USED TO MEASURE PUMPING RATE **hooked**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **47**  
 WHEN PUMPING **110**  
 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: **29**  
 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 (nearest foot) **1**  
**-** below }



B 1 5282

SEQUENCE NO (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

10-81-1724

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

Date Received

2/7/86

OWNER INFORMATION

CIGES E ELMOR  
15 Last Name Owner First Name  
2103 SHAWNEE RD  
36 Street or RFD 55  
PARDY ASAC 4A MD 21133  
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 Ridge Rd. Mt. Airy Md. 21771  
Address  
Joseph L. Mayne 10/7/86  
Signature Date

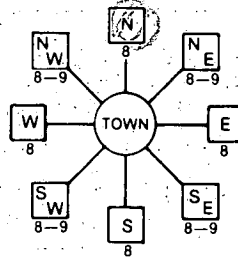
B 3

LOCATION OF WELL

8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1/2 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30  
Cloverhill Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 900 37  
DISTANCE FROM ROAD

ENTER FT or MI 38 39

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)

- [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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A36277  
COUNTY NAME COUNTY NO.  
OEP SIGNATURE STATE HEALTH INSERT S  
DATE ISSUED 10/21/86 B. Wilson 04/21/87  
CO SIGNATURE EXP. DATE  
NORTH GRID 435000 EAST GRID 0813000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

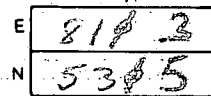
APPROP. PERMIT NUMBER 54 GAP 63

FORCE FA WRITE INITIALS IN BOX PERMIT No. 10-81-1724

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



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

