

10/20/88 noon of CATB

OS-3523e3

HOUSE CONNECTION
SEPTIC TANK CLEARANCE 26' 0"

PERMIT

P 42801

A 36476

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 10/19/88

DATE SYSTEM APPROVED 10/24/88

INSPECTOR CWilliams

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, MD 21771 PHONE 831-7257

SUBDIVISION Harman Property ROAD 14043 Howard Road LOT 2

PROPERTY OWNER Lowell and Alyce Harman

ADDRESS 14045 Howard Road, Dayton, Maryland 21036 Phone: 596-9589

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom sidewall area. Trench to be 2 feet wide.
Inlet 3 ft. below original grade. Bottom maximum depth 7 ft. below
original grade. Effective area begins at 3 ft. below original grade. 4 feet of
stone below distribution pipe. Start the first trench 190 ft. from the front
lot line and 75 ft. from the left lot line as seen when facing the property from
Howard Road. Run trenches along contour toward left lot line.

PLANS APPROVED BY Craig Williams DATE 5/4/88

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

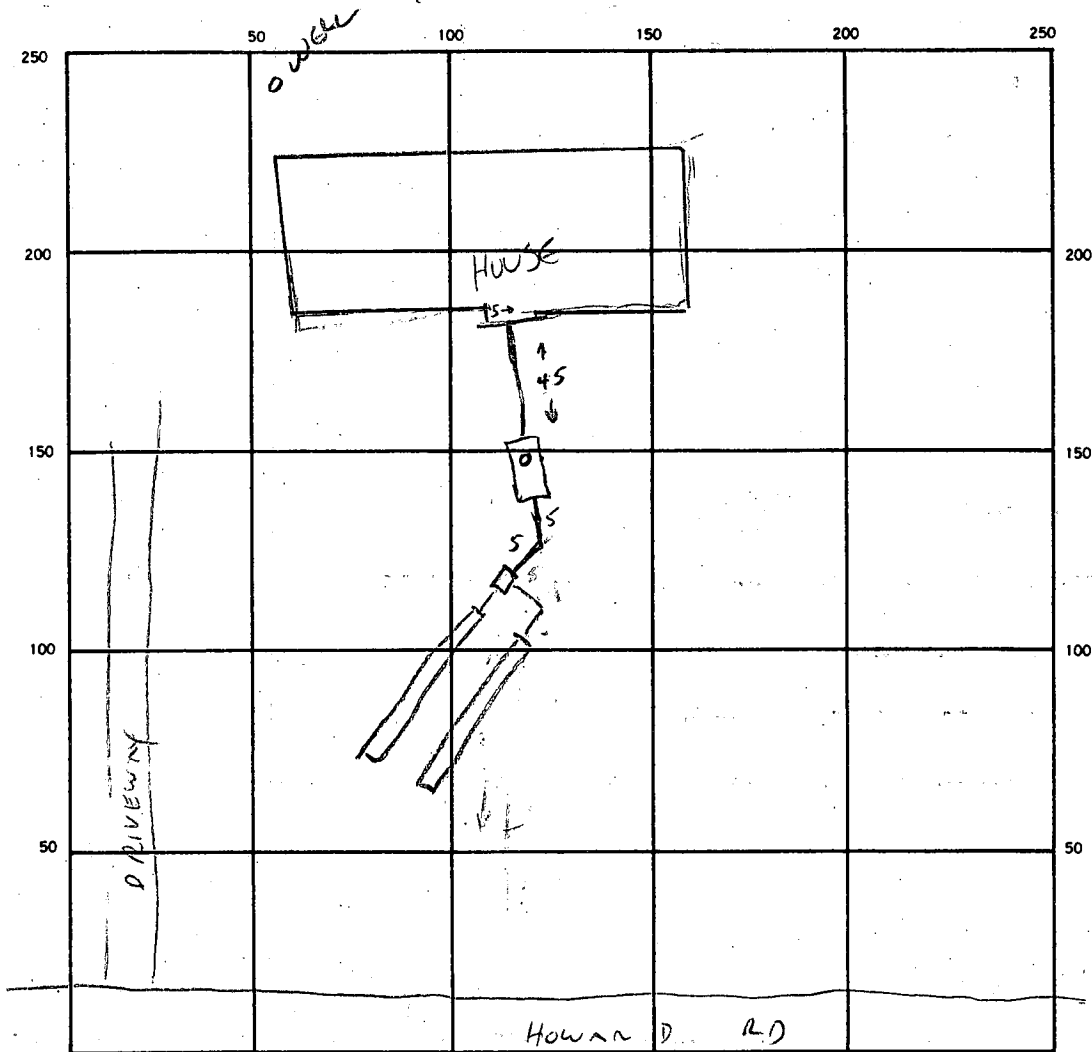
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

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 36476



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX, LEVEL ✓

DRAIN FIELD/TILE FIELD, DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 1ST TRENCH OK TO ADD GRAVEL 10/20/88 CW

2ND TRENCH OK TO ADD TO GRAVEL TO SECOND TRENCH & COVER CURB

CLEANOUT & HOUSE CONNECTION REQUIRSP,

10/24/88 HOUSE CONNECTED CONFIRMED CW

DATE SYSTEM APPROVED 10/24/88 INSPECTOR CW

APPLICATION

1-30-86
9:30 AM

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36476
P _____

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

DISTRICT _____

DATE 1-7-86

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 LOVELL & ALYCE HARMAN

ADDRESS 14045 HOWARD RD. PHONE 596-9589
DAYTON, MD. 21036

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. L - (LOT 2)

ROAD AND DESCRIPTION 14043 HOWARD RD. (In front of lot K at 14045)

SIZE OF LOT 3 acres 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.

Lowell K Harman Alyce W Harman
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Deep Trenches DATE 6-9-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS SUBD. PLAT REQ'D. CW. DATE 2/7/86

REASONS FOR REJECTION OR HOLDING _____

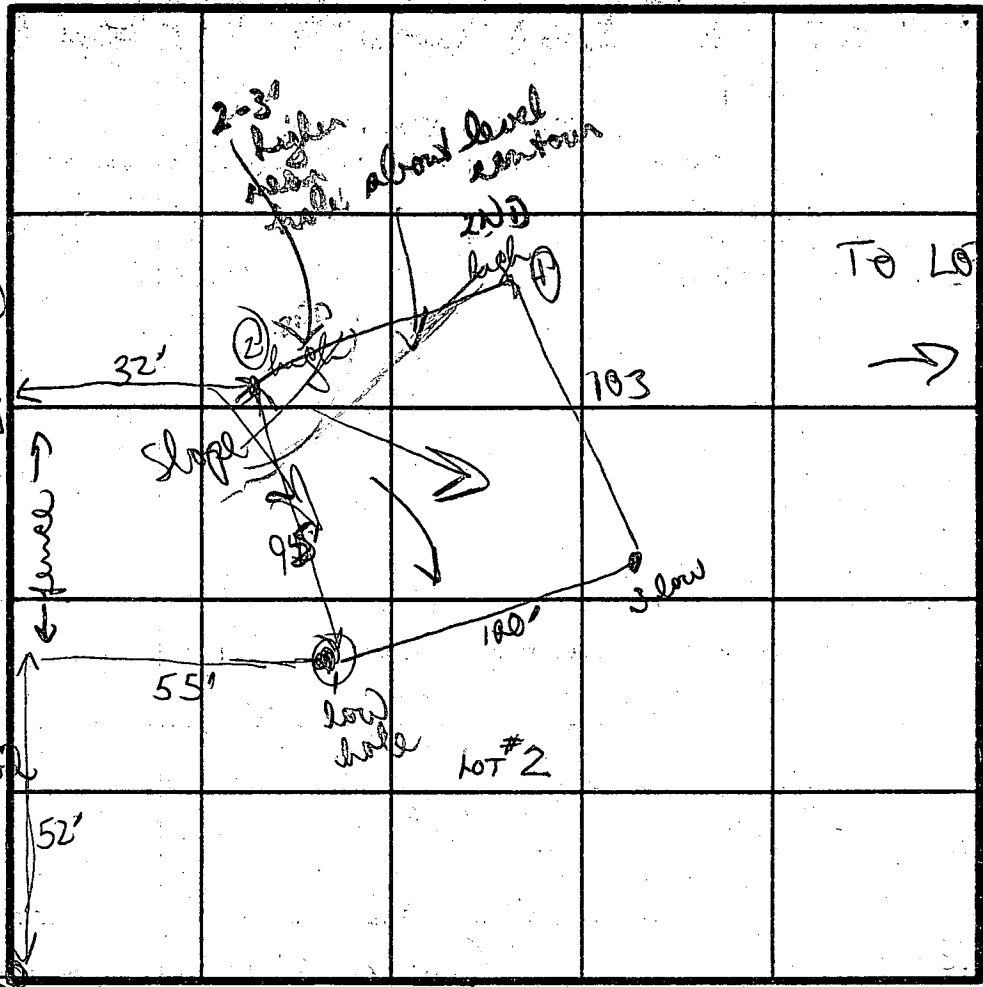
BLDG. PERMIT SIGNED
AND RETURNED 6-10-88

BP 19113
Sab

THIS IS NOT A PERMIT

well area

SOIL PROFILE
 0' sandy (med/coarse) clay loam
 -3' coarse, chunky grain soil (red/brown) with ~15% rock frag. (smooth) (6-8") frag 7-6" in size gravel loam
 12' bottom



3
 Red/brown sandy/clay loam
 3-4" tan finest grain sandy mica loam 10-15% (1-3") frag. unif. to bottom

NOTE: small view of igneous rock (worked out later) (4-10")

2 corner stake

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 HOWARD RD

No clay to speak of uniform sandy mica loam (1-3" mica fragments ~15% of sample)
 11 1/2 bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/31/86	1	3'	1034	1037	1037	1042	5min
		12'	bottom (see profile)				
	2	3'	1028	1030	1030	1033	3min
		11 1/2'	bottom (see profile)				
	3	3 1/2'	1045	1047	1047	1050	3min
		12'	bottom (see profile)				
	4	3'	1059	1104	1104	1110	6min
		12'	bottom				

4
 Red/brown sandy/clay loam
 fine to coarse grain tan brown sandy loam w/ ~10% small rock fragments
 12' bottom

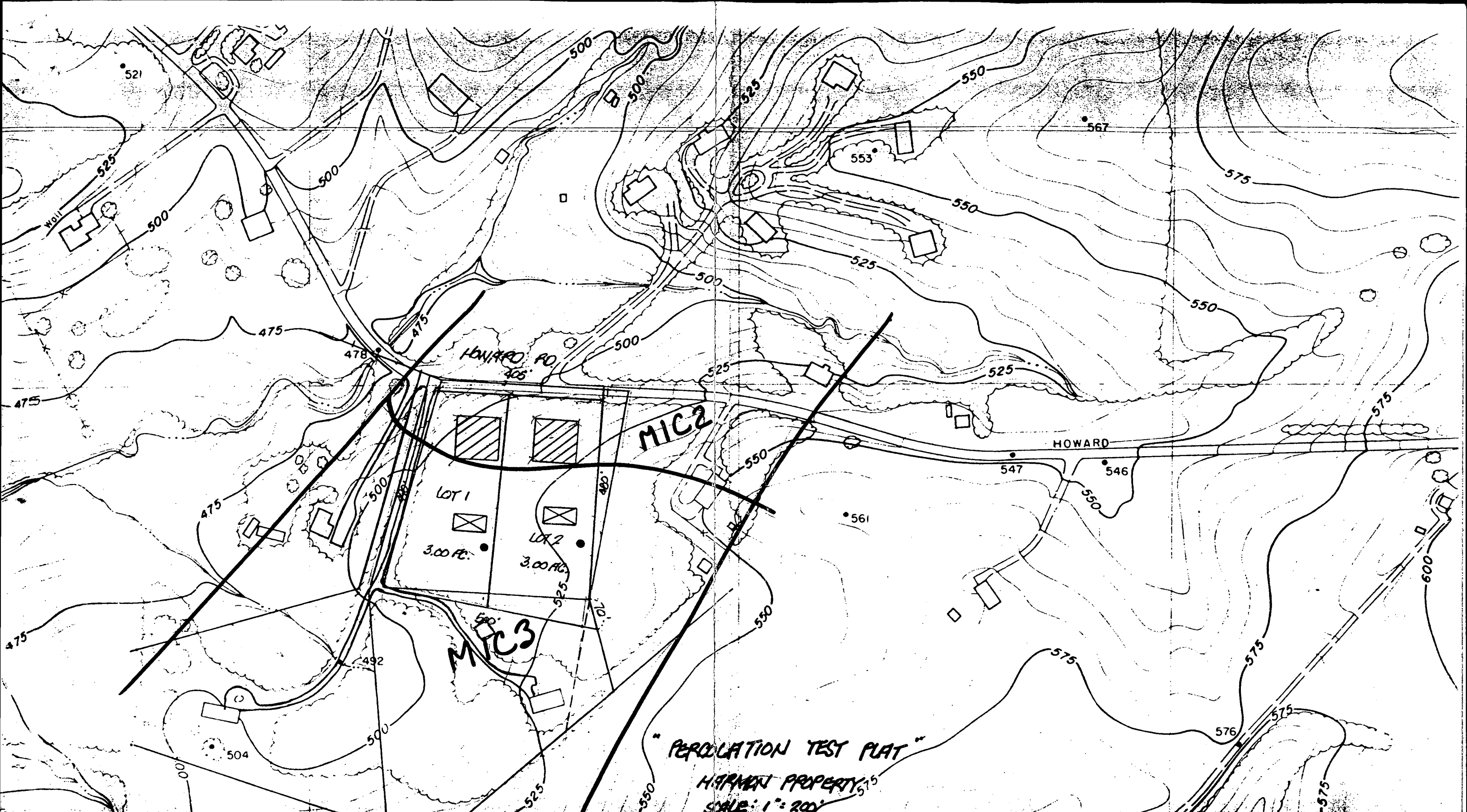
good perc times INLET 3'
 mostly sandy/micaeous loam mixture

EH-12-1079

1/31/86
 REMARKS
 TYPE OF SOIL
 TESTED BY

B. Naper

ALSO PRESENT Dennis + owner



"PERCOLATION TEST PLAT"
 HARMON PROPERTY
 SCALE: 1" = 200'

E 799,000

E 801,000

NO.	REVISION	DATE	BY
A	ISSUED		REF

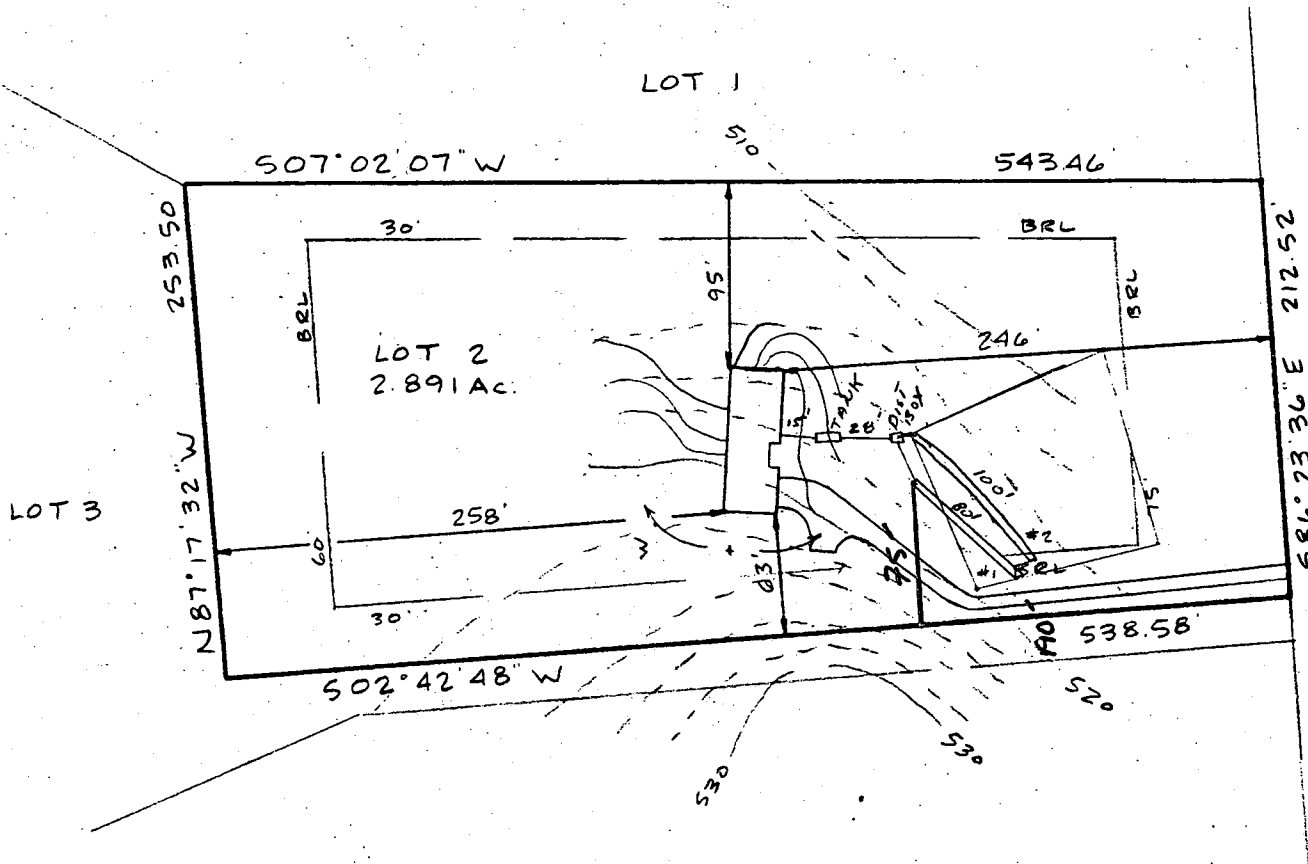
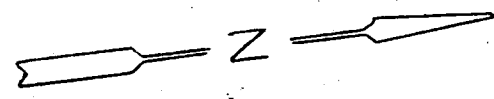
228 - 34



SCALE 1" = 200'
 CONTOUR INTERVAL 5'

BOLD FACE ARROWS WHERE SHOWN IDENTIFY THE DIRECTION OF CONTROL STATIONS PLOTTED ON ADJACENT MAP SHEETS

COPY
 ALL R
 NO PA
 NOTIC
 BY AP
 STOR
 PERM



HOWARD ROAD
30' r/w

I certify the above measurements and elevation to be actual and true for this property.

J. Carl Huggins
J. Carl Huggins

<u>HOUSE:</u>	
FIRST FLOOR	523.33 ✓
BASEMENT	514.33 ✓
INVERT	515.25 ✓
<u>SEPTIC TANK:</u>	
	(BSAT)
EXISTING GRADE	517.6 ✓
PROPOSED GRADE	517.6 ✓
INVERT IN	514.94 ✓
INVERT OUT	514.69 ✓
<u>DISTRIBUTION BOX:</u>	
EXISTING GRADE	516.5 ✓
INVERT IN	514.4 ✓
INVERT OUT	514.3 ✓

<u>TRENCHES:</u>		# 1	# 2
EXISTING GRADE		517.2 ✓	516.1 ✓
INVERT		514.2 ✓	513.1 ✓
BOTTOM		510.2 ✓	509.1 ✓
STONE		4.0 ✓	4.0 ✓
WIDTH		2.0 ✓	2.0 ✓
LENGTH		80.0 ✓	100.0 ✓

6-9-88
Elevations of
Saber

BLDG. PERMIT SIGNED AND RETURNED 6-10-88
5th ELECTION DISTRICT HOWARD COUNTY, MD.
SCALE 1"=100'
DATE 29 APR 88

BP 19113
Saber

PLOT PLAN
LOT 2
HARMAN SUBDIVISION
TAX MAP 27
PARCEL

C1 9548 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 A30476

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER: CAPITANO TONY; STREET OR RFD: HOWARD ROAD; TOWN: DAYTON; SUBDIVISION: HARMAN PROPERTY; SECTION MAP 27 P/O P.56 LOT 2

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, FEET (FROM, TO), Check if water bearing. Rows: Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC; NO. OF BAGS: 11; NO. OF POUNDS: 1100; DEPTH OF GROUT SEAL: 35 ft.

CASING RECORD

Casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER); MAIN CASING TYPE: ST; Nominal diameter: 6 inches; Total depth: 42 feet.

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter (inch), depth (feet).

SCREEN RECORD

screen type: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER); SLOT SIZE: 1, 2, 3; DIAMETER OF SCREEN: 56 inches.

C2

Table for C2 with columns: DEPTH (nearest ft.), EACH SCREEN.

C3

PUMPING TEST

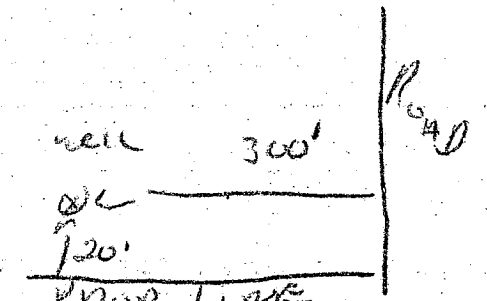
HOURS PUMPED: 3; PUMPING RATE: 5 gal. per min.; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: 30 before, 29 when pumping; TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP: YES (NO); CAPACITY: 31-35 GALLONS PER MINUTE; PUMP HORSE POWER: 37-41; PUMP COLUMN LENGTH: 43-47; CASING HEIGHT: + above, - below; LAND SURFACE: 2 (nearest foot).

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)



- 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. 277; DRILLERS SIGNATURE: Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): Ralph Wayne

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

GRAVEL PACK: from to; IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70), (E.R.O.S.) (72), WQ (74, 75, 76), LOG INDICATOR, OTHER DATA

10/20/88

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 X Replacement _____ Receipt # 42683
Date 10/3/88
Name of Installer Glenn A. Haslam Telephone 356-7164
License Number #6420
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Lowel Kay Harman Telephone 596-9589
Subdivision Dayton Lot # 2 Well Tag # HO-81-2265
Site Address 14043 Howard Road

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make _____
a. Deep well jet _____ 2. RPM 1500 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible X a. 110 X
2. Make Gould b. 220 _____
3. Model # _____
4. Capacity 12 GPM
5. Pump exceeds well capacity Yes X No _____
6. If Yes, is low pressure cutoff switch installed? Yes X No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

Tank Piping Well data
1. Capacity 230 1. Type Plastic 1. Depth 180 ft.
2. Pressure relief valve? X 2. Size 1" 2. Yield 3.5 GPM
3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? _____

APPROVED WITHOUT INSPECTION
10/24/88 CW [Signature]

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: [Signature]

Date: 10/3/88

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