

PERMIT

File

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-313794

P 48131

A 36591

DISTRICT 1st

DATE 5-20-92

DATE SYSTEM APPROVED 7/10/92

INSPECTOR C.B.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

Fogle's

~~Han Sant Plumbing and Heating~~

IS PERMITTED TO INSTALL ALTER

ADDRESS 3 North Main Street, Mt. Airy, MD 21771 PHONE ~~879-0444~~ 795-5674

SUBDIVISION King's Grant LOT 4 ROAD ~~327~~ Parliament Place

PROPERTY OWNER Williamsburg Builders, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 400

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 3 1/2 feet below original grade. Effective area begins at 2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 130 feet from the left lot line and 110 feet from the rear lot line. Run trenches along 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.

(That is the left lot line as seen when facing the lot from Parliament Place)

PLANS APPROVED BY 5-20-92 JEN C. Williams DATE 12/15/88

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

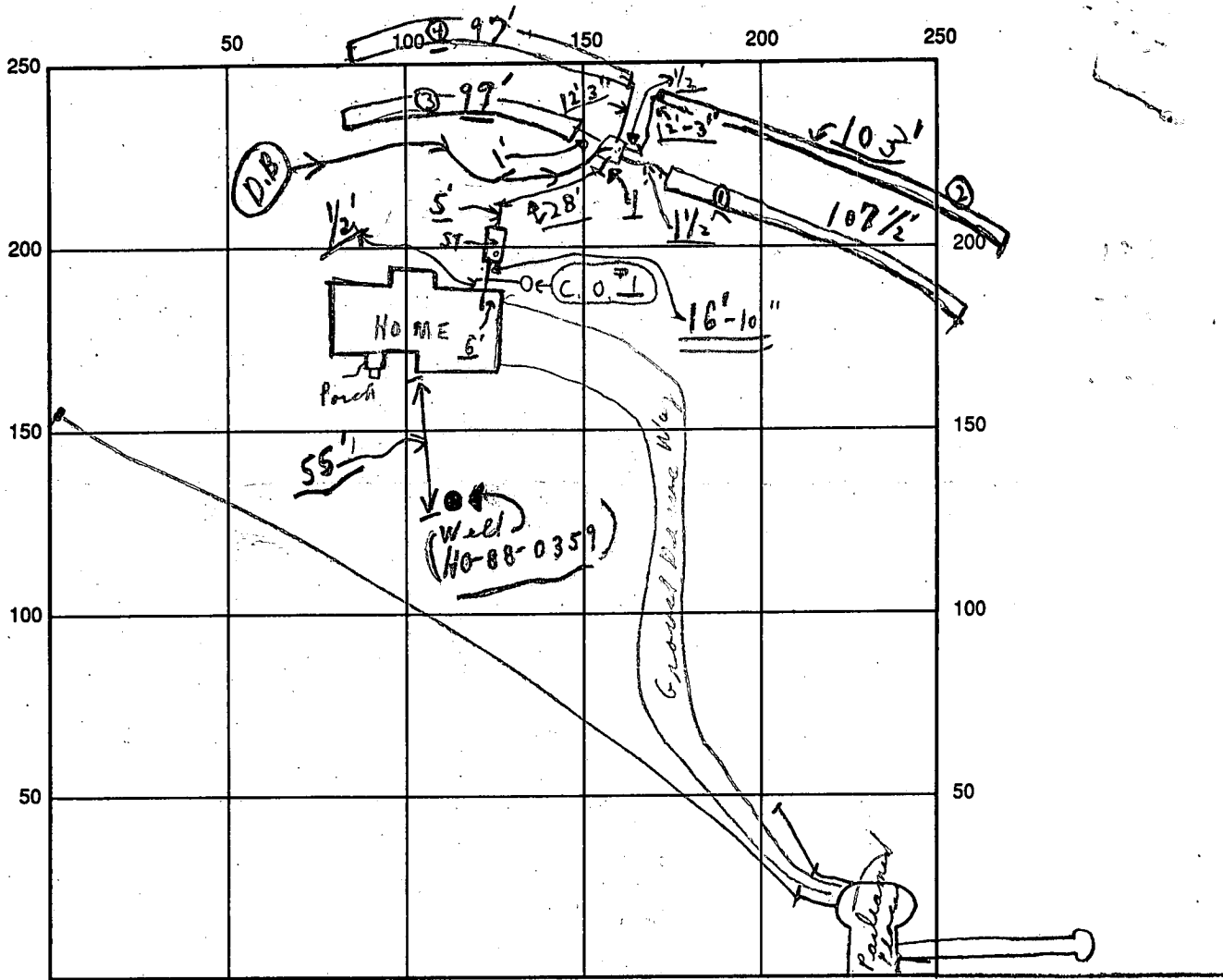
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 36591

6/19/92 10:30
7/10/92 10:30 ✓



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

W.F. ← To

← R1.32

→ To GLENELG

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK / C.O.#1 OK

DISTRIBUTION BOX LEVEL OK (3 apples in)

DRAIN FIELD/TITLE DEPTH 3 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 406 1/2 FT. { ① 107 1/2' | ③ 99' }
② 103' | ④ 97' }

NUMBER OF TRENCHES (4) ONE ~~REMOVED~~ BOTTOM AREA 1219 1/2 SQ. FT.

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

ABSORBENT AREA 1220⁺ SQ. FT.

REMARKS: 6/19/92 TRUCK FILLED TRENCH AREA. ORDER TO REMOVE TO ALLOW TRUCK INSTRUCTION.
7/10/92 A.M. Final - all work ready.
D.C.R.

7/10/92 No W.P.I. reported by C. Bell.

DATE SYSTEM APPROVED 7/10/92 INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

A 36591

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3rd

DATE 2-17-86

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. C. Motherley Williamsburg Builders Inc

ADDRESS Summerhill Farm Rt 32 West Friendship PHONE 489-4642

PROSPECTIVE BUYER Howard County Land Services Inc

ADDRESS 10176 Baltimore Nat 7 Pike PHONE 465-5855

PROPERTY LOCATION: 666 Moor KING'S GRANT

SUBDIVISION Motherley Property LOT NO. new 4

ROAD AND DESCRIPTION Rt 32 ~~old highway road~~ near old Irony Rd
3210 Parliament Pl.

TAX MAP 22 PARCEL # 7

SIZE OF LOT 3.2 ac BLDG. PERMIT SIGNED AND RETURNED 7/18/89 SFD-5 Bv.
Serial # 41897 TYPE BLDG. Single Family
(SIMPLE FAMILY DWELLING OR COMMERCIAL) Serial # 26981

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. J. C. Motherley
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/21/86 - DIG MORE WATER 7/22/86 Submit

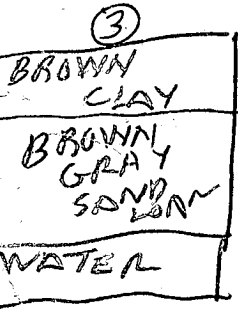
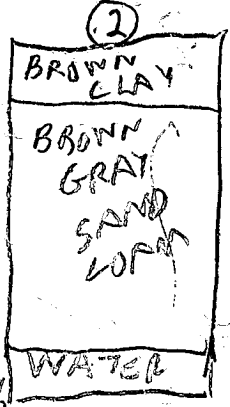
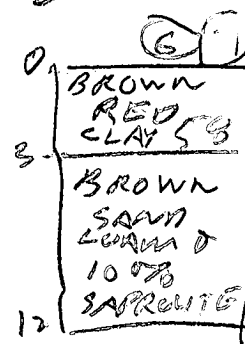
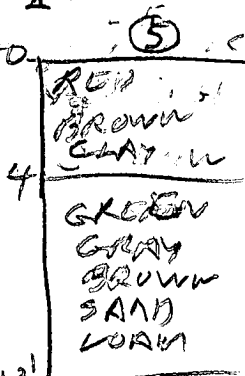
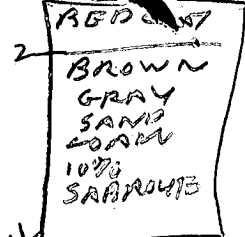
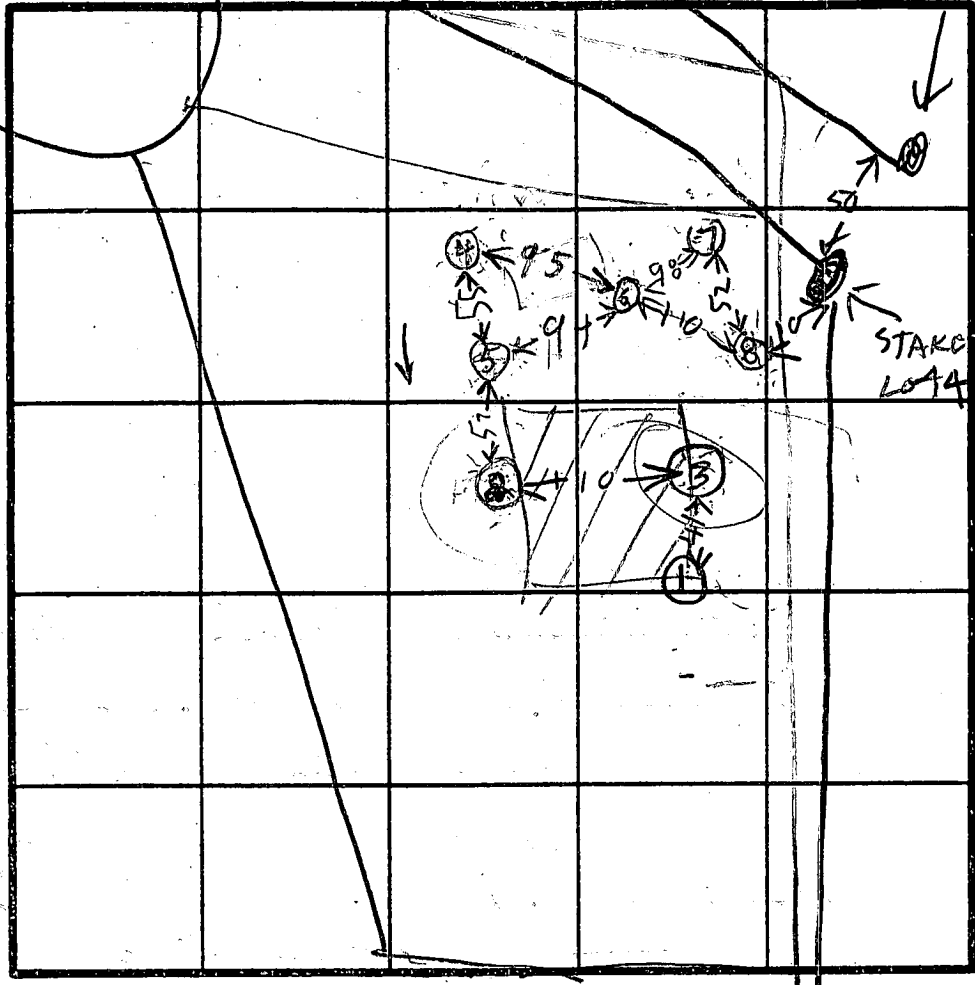
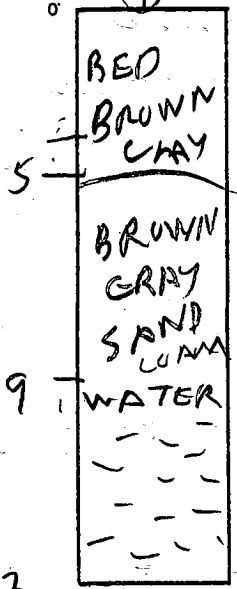
plat showing New Perc Area. If location of perc holes
OK Annual holes in wet season may be required Hold
for Discussion with CW. RH

THIS IS NOT A PERMIT

DEAD AHEAD CT

STAKE LOT 3 (4)

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/12/86	1 V	13	WATER 9 FT UNSATISFACTORY					
	2 S	3	307	309	309	315	6	
	2 V	12 1/2	UNDERGROUND WATER					12 FT
	3 S	3	311	314	314	320	6	
	3 V	13 1/2	UNDERGROUND WATER					13 FT
7/22/86	4 S	3	311	312	312	315		
	4 V	11 1/2	LOOKS OK					
	5 S	4	316	319	319	323		
	5 V	13 1/2	LOOKS OK					
	6 V	12	LOOKS OK					
	7 S	5	330	331	331	332	2	
	7 P	5 1/2	333	334	334	337	3	
	7 V	11	LOOKS OK					
	8 V	2 1/2	335	332	337	344	7	
	9 V	12	LOOKS OK					

(28)
ALL LIGHT BROWN SAND LOAM

REMARKS

Hole 1 Dig Per Survey on Stake Hole (2) (3) different
Hole (5) Dig about 6 ft higher than Hole 2

TYPE OF SOIL

TESTED BY

R. HODGES

ALSO PRESENT

POP KETTERMAN
KETTERMAN JR

EH-12-1079

B 1 **7806** SEQUENCE NO. (DP USE ONLY)
 NUMBER IS TO BE PUNCHED IN SPACES 3-6 ON ALL CARDS

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
10-88-0359
 fill in this form completely

Date Received (APA) **13/14/88**
 OWNER INFORMATION
HOWARD ESTATES **DEW**
 Last Name Owner First Name
PO BOX 10418
 Street or RFD
Columbia **MD 21044**
 Town State Zip

B 3 LOCATION OF WELL **R-43199**
44.00
12/14/88
Howard
 COUNTY
~~STATE~~ **KING'S GRANT**
 SUBDIVISION
 SECTION **4** LOT **4**
Glennig
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** **MI**

DRILLER INFORMATION
George Easterday
 Driller's Name
L.F. Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
M. F. Easterday **12-5-88**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Parliament Place**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST SOUTH NORTH
300
 DISTANCE FROM ROAD
 ENTER FT or MI **F**

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 **A# 36591**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **122388** **Charles Z...** **6/23/87**
 CO SIGNATURE EXP. DATE
 NORTH GRID **527000** EAST GRID **0807000**

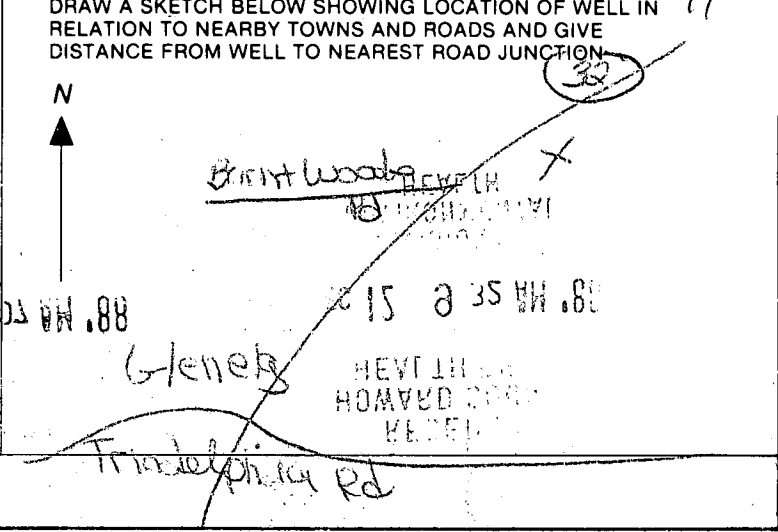
APPROXIMATE DEPTH OF WELL **900** FEET

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
 other _____

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
 E **808**
 N **527**
6/5/89 10:00 GROUT OBS'D
58' CASING
52' OPEN
2' CASING A.G.
14 BAGS MR
ITAG OK 6/5/89

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **DEC 3 8**
 FORCE **CO** WRITE INITIALS IN BOX PERMIT No. **10-88-0359**

SPECIAL CONDITIONS

C1 6703 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 C.O.S. 3-6 ON ALL CARDS)

COUNTY NUMBER 9 36571

DATE RECEIVED

DATE WELL COMPLETED 06/19/99

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0359

OWNER HOWARD ESTATES REV. STREET OR RFD Regent's Row TOWN GLEVELG SUBDIVISION GLEN MOOR SECTION 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. Rows include Top Soil, BR. mica, Blue mica, Green mica, TAN mica, BLUE mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft.

CASING RECORD MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 60 Total depth of main casing (nearest foot) 58

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

SCREEN RECORD screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) 140 58 200

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 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.

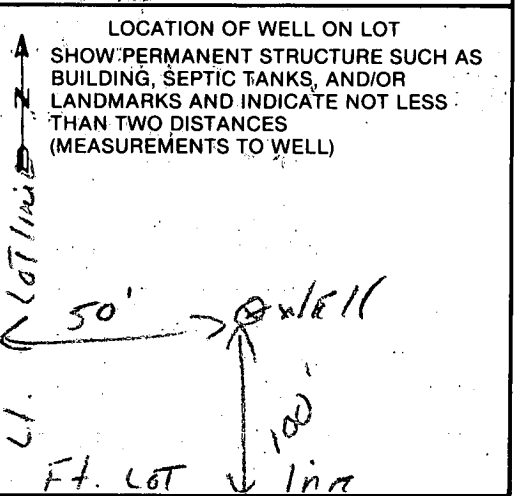
DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE Blane Lee Shaw SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T TELESCOPE CASING LOG INDICATOR WQ OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 7 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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)



6/22/92 ASAP

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 # 48130
 Date 5-20-92

Name of Installer Van Sant Plbg & Htg

Telephone 795-6566

License Number 1467
 Hanford A. Van Sant

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Williamsburg Builders

Telephone 997-8800

Subdivision Kings Grant Lot # 4 Well Tag # HO-08-0359

Site Address 3219 Parliament Place West Friendship

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible ✓
- Make Goulds
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No ✓
- If Yes, is low pressure cutoff switch installed? Yes _____ No ✓
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ✓ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage
 - 110 _____
 - 220 ✓

Pitless Adapter

- Make Campbell
- Model # B10-X
- Depth 48"

Tank

- Capacity 40gal.
- Pressure relief valve? ✓

Piping

- Type _____
- Size 1"
- NSF and/or BOCA Code approved ✓
- Depth of supply line 48"

Well data

- Depth 48" ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? ✓

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: Hanford A. Van Sant

Date: 5/14/92

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

HD-215

6/22/92 - OK COVER OUTSIDE
 WORK PRESSURE TANK NOT INSTALLED
 RJ

