

8/14/89
check

03-313816

File

PERMIT

P 44846
A 36598

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 08/10/89

INDEXED

DATE SYSTEM APPROVED 8/15/89

INSPECTOR C.B.O.

J. M. I. Plumbing Company IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 442-3780

SUBDIVISION King's Grant ROAD 3226 Parliament Place LOT 6

PROPERTY OWNER Williamsburg Builders PHONE: 997-8800

ADDRESS _____

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

GARBAGE GRINDER? YES X NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 5

262 FT
LONG (?)
4 FT STONE

TRENCHES - 1059 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 130 feet from the right (426') lot line and 185 feet from the right (rear) (356') lot line. Run trenches along contour in both directions.

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

Changed to no garbage grinder & 5 Bedrooms

PLANS APPROVED BY 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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

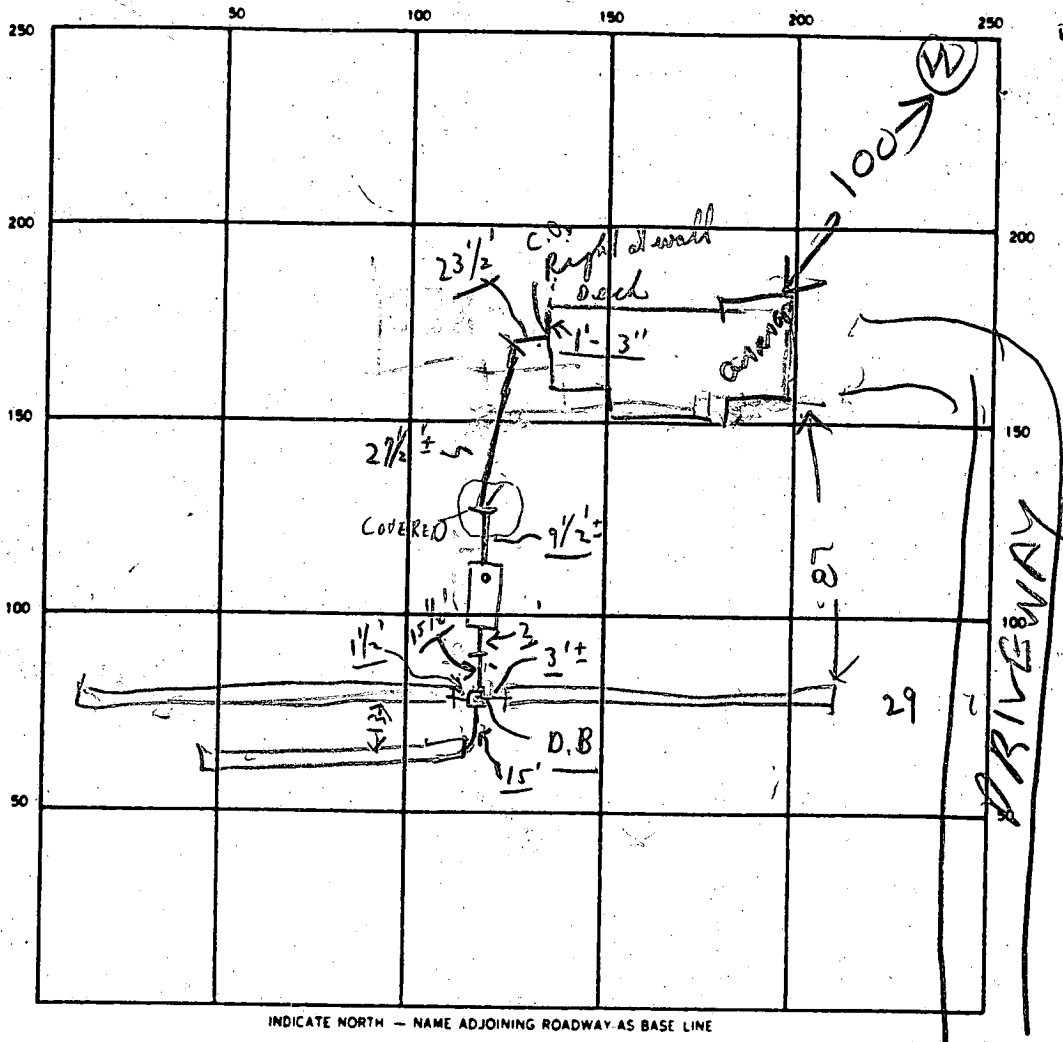
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

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
36598



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS S.T. / c.o. #1
OK / OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

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

EFFECTIVE GRAVEL DEPTH 1 FT. TOTAL LENGTH 22 | 9 1/4 | 15 FT. 221

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1105 SQ. FT.

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

ABSORBENT AREA 1105 SQ. FT.

REMARKS 8/14/89 99^{AM} LOCATION OK. TRENCH #1 & 2 DONE & #3 STARTED

FINISH DIGGING ADD STONE TO TRENCHES INSTALL TANK

8/14/89 8^{PM} A LITTLE STONE ADDED TO TRENCH RH 8/14/89 Check for # of

Bedrooms 8/15/89 ① STONE NOT OVER PIPE; PARTIAL; ② FINAL

DATE SYSTEM APPROVED 8/15/89 INSPECTOR Charles S. [Signature]

A 36598

SUBDIVISION: KING'S GRANT
PARLIAMENT PL.

LOT NUMBER: 6

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
Bottom maximum depth _____ feet below original grade.
Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

210 sq. ft./bedroom

Trench to be 2' wide.
Inlet 2 1/2 feet below original grade.
Bottom maximum depth 6 1/2 feet below original grade.
Effective area begins at 2 1/2 feet below original grade.
4 feet of stone below distribution pipe.

SBA/BB

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE DISTRIBUTION BOX 130' FROM THE
RIGHT (426') LOT LINE AND 185' FROM THE RIGHT-REAR (356')
LOT LINE. RUN TRENCHES ALONG CONTOUR IN BOTH
DIRECTIONS.

12/15/88 CWL/lan

APPLICATION

PERCOLATION TESTING

A 36598

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. P. Matherley Williamsburg Builders - 997-8800

ADDRESS Shenandoah Hill Farm Rt 32 West Friendship PHONE 578-4649

PROSPECTIVE BUYER Howard County Food Services Inc *per/cj*

ADDRESS 10176 Colton in Material Pipe PHONE 465-5855 *changed*
461-4600 *2/29*

PROPERTY LOCATION: ~~Stonewood~~ PKING'S GRANT *NEW C.C.B.*

SUBDIVISION Matherley Property LOT NO. XX *PLAT 6/86*

ROAD AND DESCRIPTION Rt 32 old Sandy Road & 3226 ~~Dead Head Ct~~
Parliament Pl.

TAX MAP 22 PARCEL # 7

SIZE OF LOT 4.0 ac TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Standard Franchises DATE 2-16-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/23/86 - Per OK Hold for Plat RD

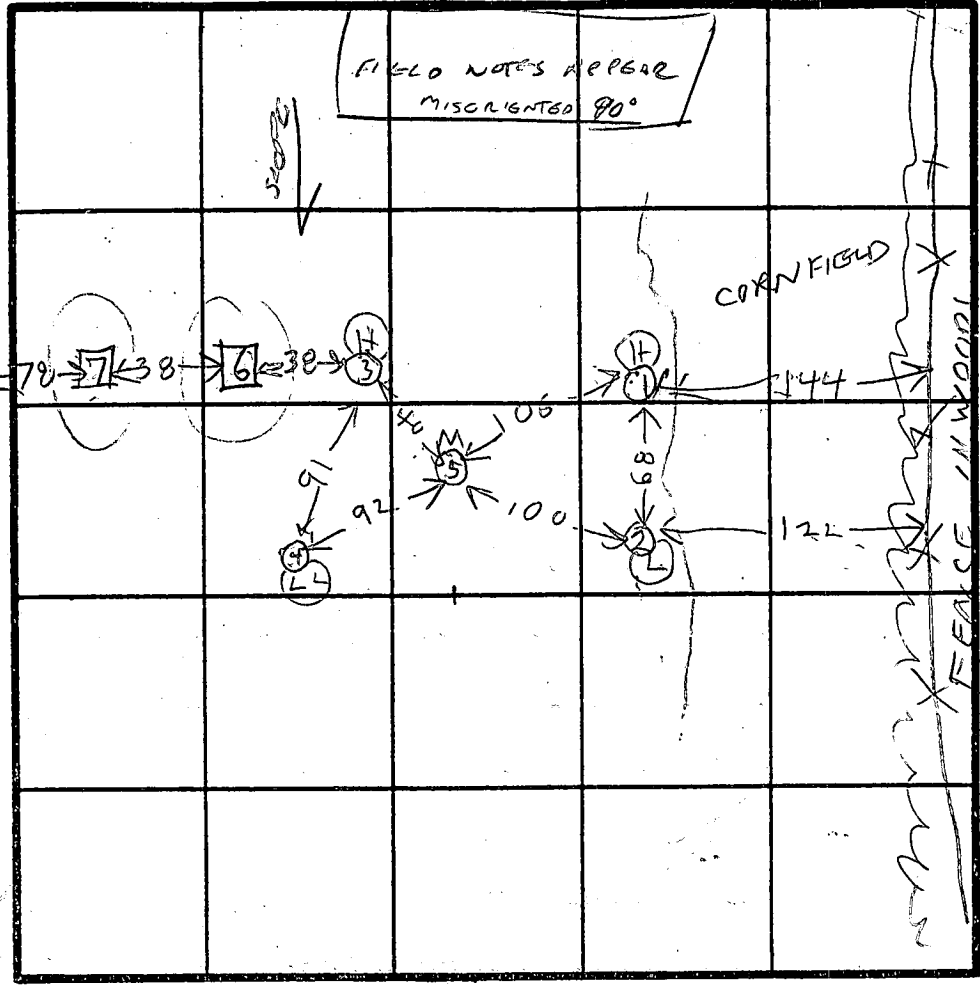
BLDG. PERMIT SIGNED
AND RETURNED 2-16-89
BT 23616 89C

THIS IS NOT A PERMIT

96002 726
26
6

(6)

(5)



4 RED BROWN CLAY LOAM
8 RED BROWN SAND LOAM
13 TAN SAND LOAM

6 RED & BROWN CLAY LOAM
8 RED SAND LOAM
9

7 RED & BROWN CLAY LOAM
8 BROWN SAND LOAM

SOIL PROFILE

0 RED BROWN CLAY
3 LIGHT BROWN SAND LOAM 10% SAPROLITE

2 BROWN CLAY LOAM
LIGHT BROWN SAND LOAM 10% SAPROLITE

3 BROWN CLAY LOAM
RED BROWN SAND LOAM
TAN SAND LOAM

4 RED BROWN CLAY LOAM
GRAY BROWN SAND LOAM
EH-12-1070

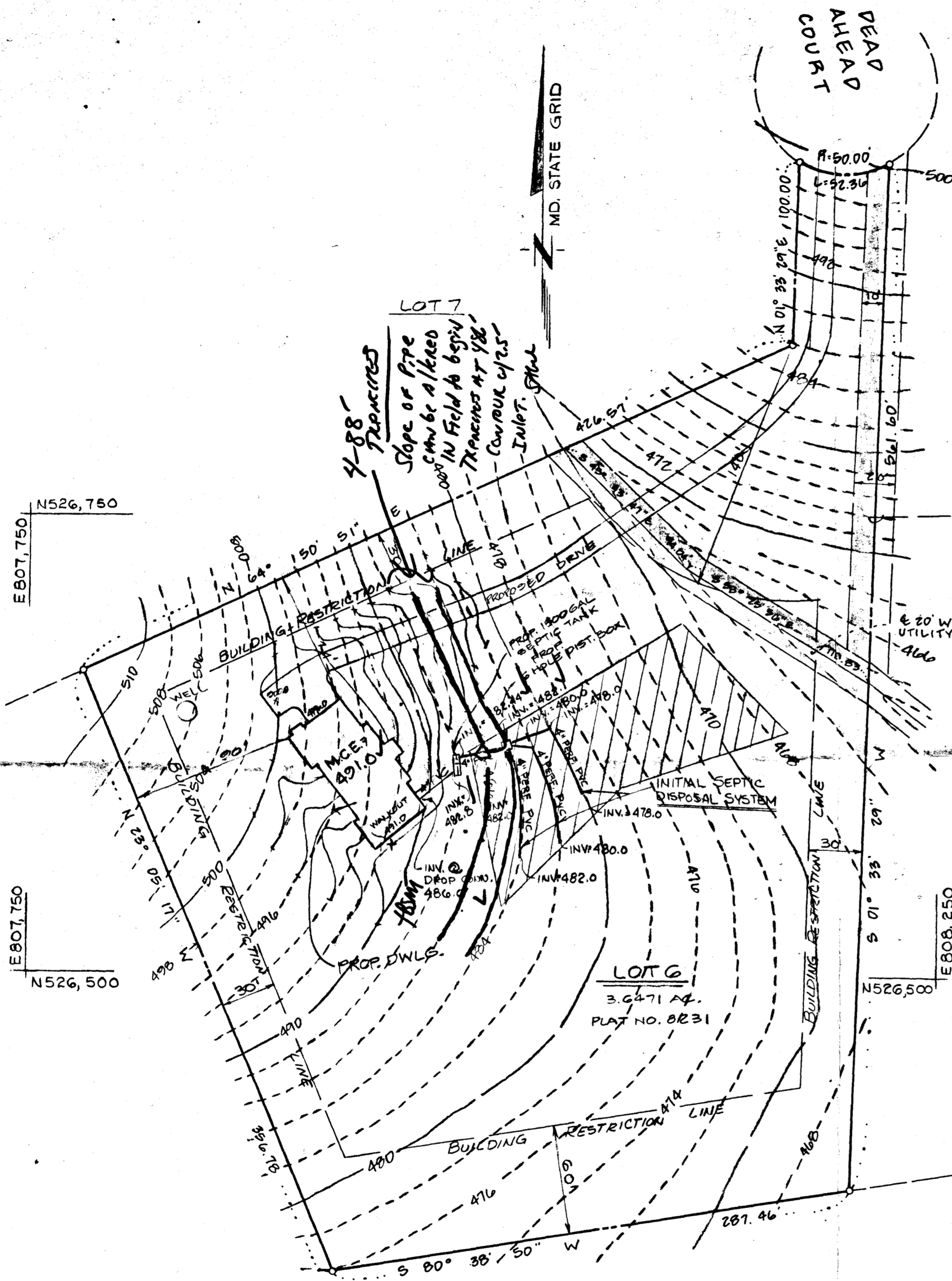
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/23/86	17	7 1/2	1046	1047	1047	1051	4
	15	5	1047	1149	1149	1052	3
"	IV	11	LOOKS	OK			
"	25	3.5	1054	1055	1055	1057	2
	2V	13	LOOKS	OK			
"	35	4	1100	1101	1101	1102	1
	3V	13	LOOKS	OK			
"	45	4	1109	1112	1112	1118	6
	4V	11.5	LOOKS	OK			
"	5V	13	LOOKS	OK			
"	6V	9	LOOK	UN SATISFACTORY			
"	7V	11	LOOKS	"			11

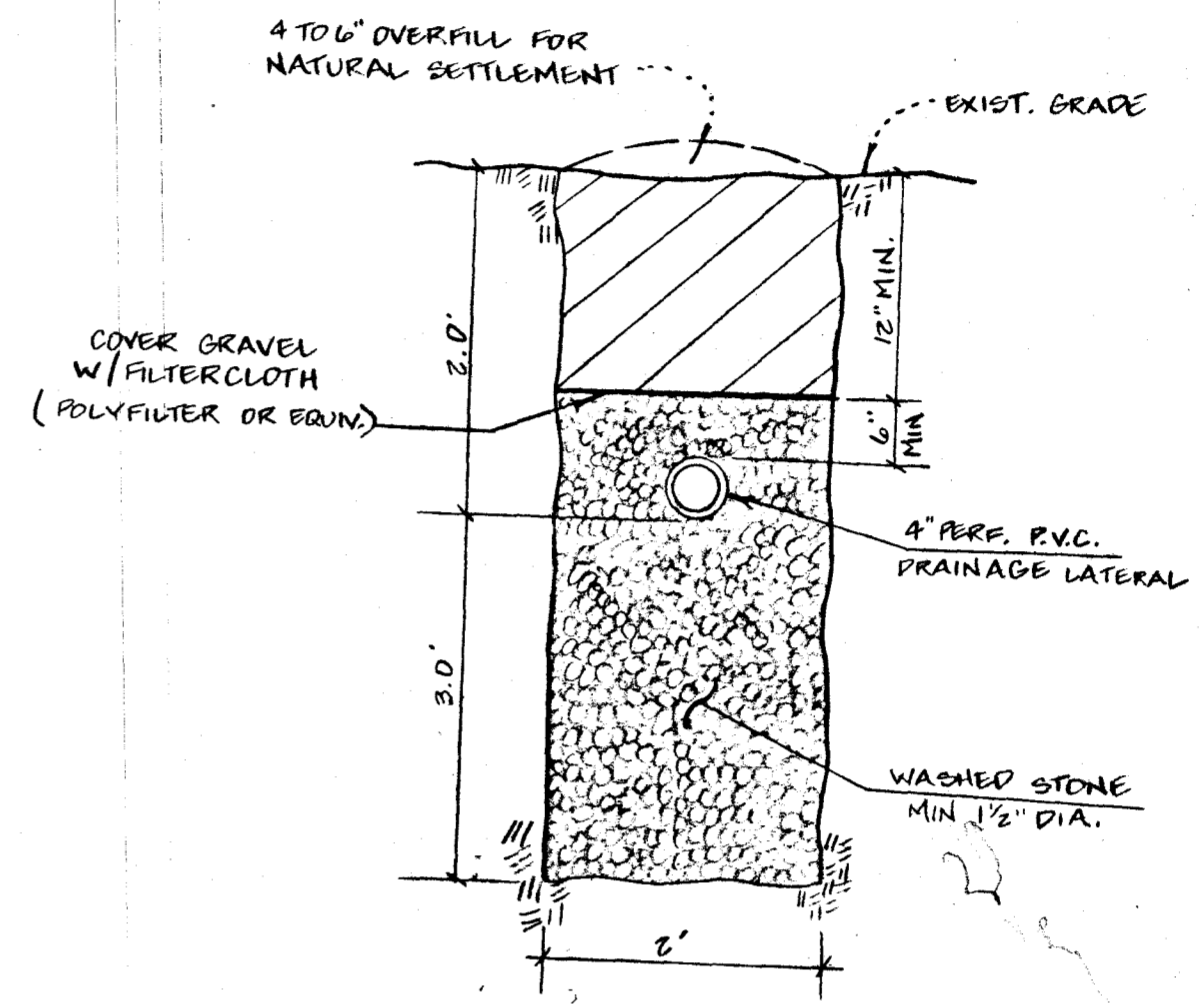
16
O = GOOD HOLES
□ = BAD HOLES
as below

REMARKS: Holes Dug Different From Survey & Test Plot
NO PROPERTY CORNER STAKES FOUND LAND MARKS
TYPE OF SOIL: AS SHOWN TO LOCATE HOLES

TESTED BY: R. HODGETT
ALSO PRESENT: 2 KETTERMANS



PLAN VIEW
SCALE: 1"=50'



TRENCH DETAIL
NO SCALE

BMDG. PERMIT SIGNED
AND RETURNED 2-16-89
BP 23616
SAL

LOT PLAN
LOT 6
GLEN MOOR
TAX MAP 22, PARCEL 7
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

APPROVED:
FOR PRIVATE SEWAGE DISPOSAL SYSTEMS
HOWARD COUNTY HEALTH DEPT.

County Health Officer _____ Date _____

NOTES: 1) ELEVATIONS & CONTOURS SHOWN
HEREON ARE BASED ON COUNTY TOPO.
2) CONTOUR INTERVAL: 2'
3) PLAT NO. 8231

KIDDE CONSULTANTS, INC. ENGINEERS • PLANNERS • SURVEYORS 1100 WEST STREET / SUITE 100 / LAUREL, MD 20707 (Wash.) (301) 953-1821 / 792-8086 (Balt.)	
DATE	Dec, 1988
SCALE	1"=50'

CL: 1

B 1 7808

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

MD-88-0371

(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)

12/14/88

OWNER INFORMATION

Howard Estates Dep

PO Box 1018

Columbia MD 21044

B 3

LOCATION OF WELL R-43301

Howard 8 COUNTY

King's Grant 23 SUBDIVISION

SECTION 44 46 LOT 48 50

Glenold 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M 1

DRILLER INFORMATION

George Easterday

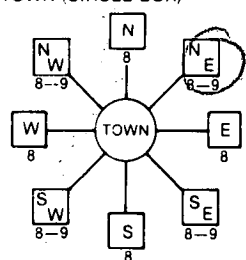
Driller's Name L.F. Easterday, Inc. 77 License No. 80

9265 Brown Church Rd., Md. 21771

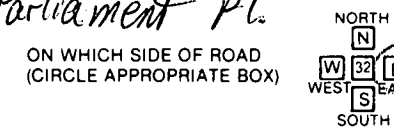
Signature Date 12-5-88

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD Parliament Pl



DISTANCE FROM ROAD 400 ENTER FT or MI 4

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 COUNTY NAME A 36598 COUNTY NO.

STATE SIGNATURE DATE ISSUED 010489

CO SIGNATURE EXP. DATE 12/05/89

NORTH GRID 527000 EAST GRID 0807000

APPROXIMATE DEPTH OF WELL 900 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

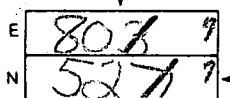
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other

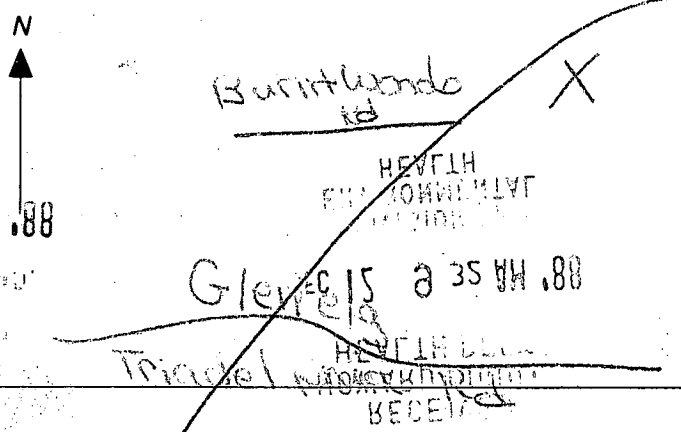
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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 DEEPEMED 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 GAP

FORCE CM PERMIT NO. MD-88-0371

SPECIAL CONDITIONS

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

DEC 9 9 08 AM '88

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

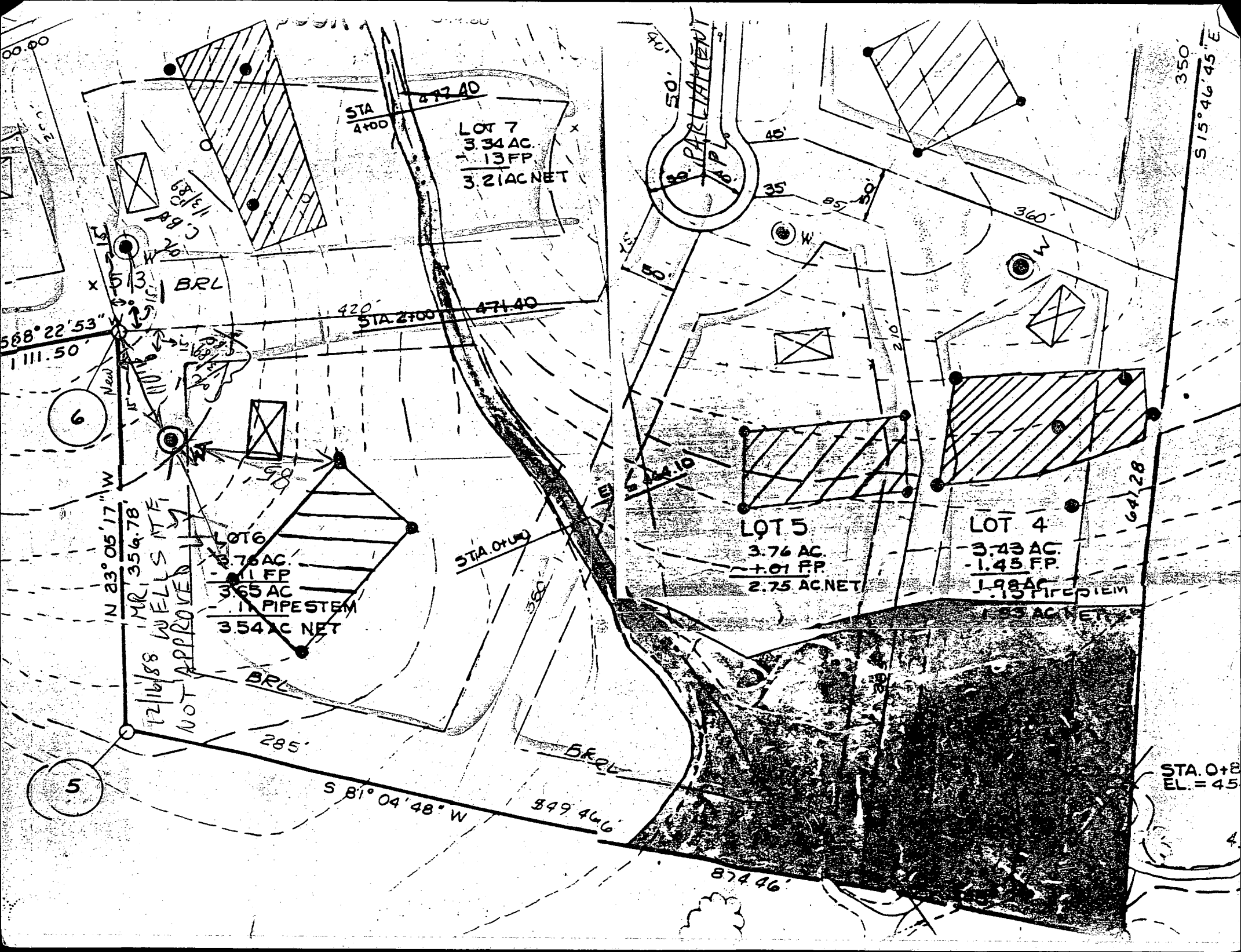
DEC 12 9 32 AM '80

DIVISION OF
ENVIRONMENTAL
HEALTH

1/27/89

- ① 63 FT casing 2 ft out of ground
- ② 57 FT open hole
- ③ 18 BAGS
- ④ LOCATION
- ⑤ Got information from Joe & Ralph
Well Grout already started at time
of arrival

B. Hodges



LOT 7
3.34 AC.
- 13 FP
3.21 AC NET

LOT 6
2.75 AC.
- 11 FP
3.65 AC
- 11 PIPESTEM
3.54 AC NET

LOT 5
3.76 AC.
- 1.01 FP
2.75 AC NET

LOT 4
3.43 AC.
- 1.45 FP
1.98 AC
- 1.15 PIPESTEM
1.83 AC NET

PARLIAMENT
APL

12/16/88 WELLS M.F.
NOT APPROVED

BRL

BRL

BRL

STA. 0+8
EL. = 45

STA 4+00

STA 2+00

STA 0+00

6

5

4

00.00

350
S 15° 46' 45" E

558° 22' 53"
1111.50

N 23° 05' 17" W
MR 354.78

S 81° 04' 48" W
849.466

874.46

641.28

350

S 15° 46' 45" E

4

C1 6697 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 = 36598

DATE RECEIVED DATE WELL COMPLETED 012789

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" A0-88-0371

OWNER HOWARD ESTATES DEV. STREET OR RFD Parliament Pl. TOWN GLENELG SUBDIVISION KING'S GRANT SECTION LOT 6

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 include Top soil, Red clay, Red mica, Green mica, Tan mica, Blue mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1800

CASING RECORD MAIN CASING TYPE ST Nominal diameter 6 Total depth 60

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 BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.) 1 140 2 42 3 300

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"

DRILLERS IDENT. NO. 40 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 56 60 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.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 WHEN PUMPING 154 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)

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) DRILL APPROX 1000 15' V W-11

8/15/89
Printed

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 Replacement
 Receipt # 46847
 Date 08/10/89
 Name of Installer JMI Plumbing Co. Telephone _____
 License Number 4524
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Williamsburg Builders Telephone 997-8800
 Subdivision Kings Grn Lot # 6 Well Tag # Ha-88-0371
 Site Address 3226 Parkwest Place

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>Howard</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT-100</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> 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 <u>1</u> Cable guards <input checked="" type="checkbox"/> Other _____		
Tank	Piping	Well data
1. Capacity <u>80</u>	1. Type <u>YARDLEY</u>	1. Depth <u>300</u> ft.
2. Pressure relief valve? <u>75"</u>	2. Size <u>1"</u>	2. Yield <u>5</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>31</u> ft.
	4. Depth of supply line <u>41'</u>	4. Will water supply be disinfected by installer? <u>Yes</u>

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: 8/10/89

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

HD-215 "Trench for lines being dug P.M. 8/15 12:40's only" C.B.A.