

7/30/87
7/21/87
2PM

18

01-205064

PERMIT

P 39478
A 35028

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 6/16/87

DATE SYSTEM APPROVED 7/22/87

INSPECTOR RH

{ I.C.O.P. issued only
Time expired }

Robert L. Orndorff Paul Schissler IS PERMITTED TO INSTALL ALTER _____

ADDRESS 7469 Flamewood Drive, Clarksville, MD 21029 PHONE 776-0444

SUBDIVISION Caleb's Vinyard ROAD 4555 Ilchester Rd LOT 1

PROPERTY OWNER James Schulte

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

DRYWELL OR DRYWELL AND TRENCH - One drywell 15-x 15' with 6½ stone. 125 sq. ft. per bedroom. Inlet 3 feet below original grade. Bottom maximum depth 9¼ feet below original grade. Effective area begins at 3 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 drywell and trench. No trench is to exceed 100 feet, in length. Trench inlet to be same as drywell, with 6½ feet of stone below distribution pipe.

LOCATION - Start the drywell 380 feet from the front lot line and 140 feet from the intersection of the 280' and 140' lot lines. Run trench along contour towards front of property.

IF TRENCHES ARE TO BE USED INSTEAD OF DRYWELL INCREASE ABSORPTION AREA TO 158 SQ. FT. PER BEDROOM.

PLANS APPROVED BY C. Williams DATE 9/30/86

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.

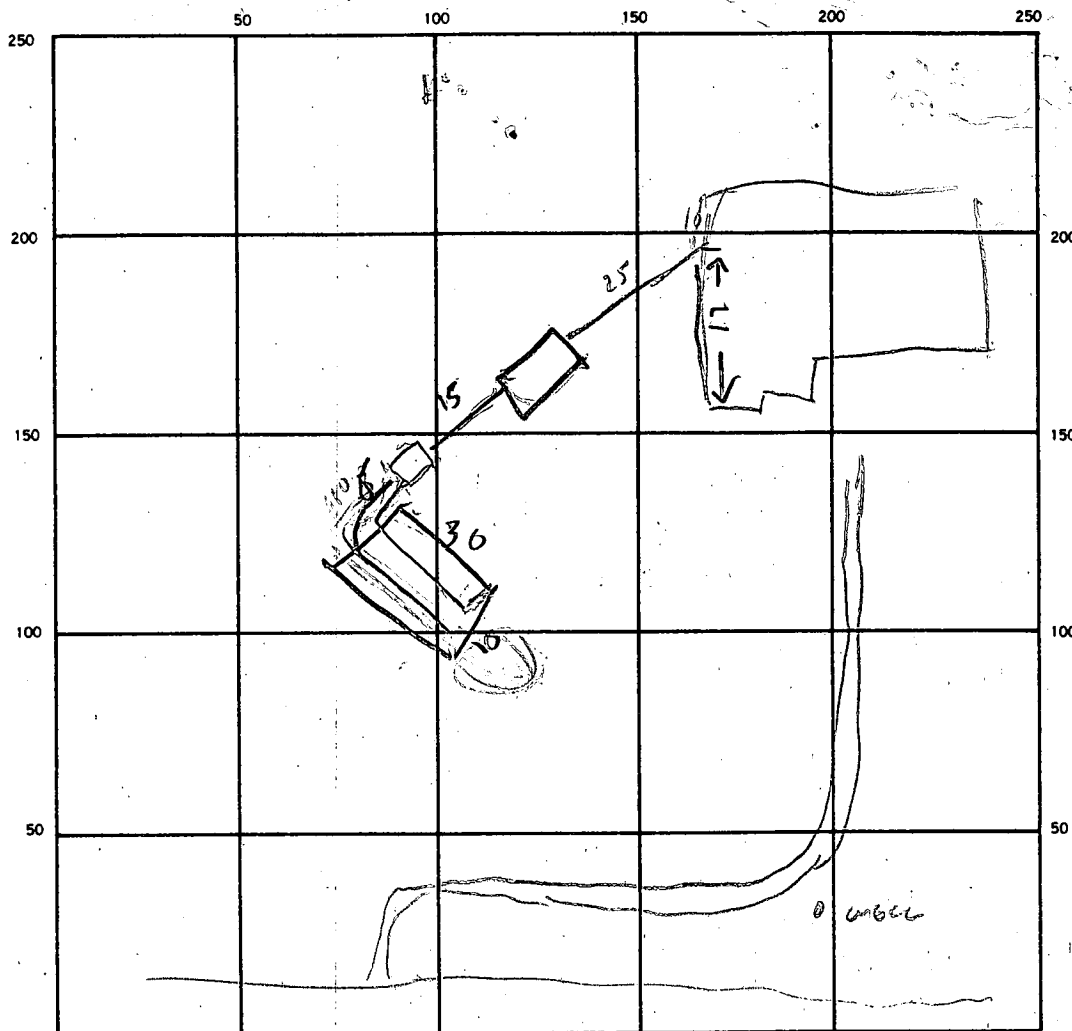
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

35028



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 10 FT. TRENCH WIDTH 10 FT. INLET. DEPTH 3 FT.

LEACHING PIT

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 13 30 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 300 SQ. FT.
180 ONE SIDEWALL

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

ABSORBENT AREA _____ SQ. FT. 9' DEEP

REMARKS 1ST TRENCH DUG TO 35-40' STOPPED - PASSING GRANITE BED ROCK

CHANGE TO 10X30' PIT. OK TO FILL AS YOU GO.

7/21/87 - PIT PARTLY DUG 10FT DEEP, 10FT WIDE 13FT LONG

FINISH PIT. 7/21/87 SOME STONE ADDED TO PIT. FINISH DIGGING

PIT & ADD STONE OK TO COVER TANK

7/22/87 PIT FINISHED

DATE SYSTEM APPROVED 7/22/87

INSPECTOR Raymond Hodge

MARCH 5, 1985
130

APPLICATION

A 35028

SEWAGE DISPOSAL TESTING

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 3/20/85

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 JAMES R. SCHULTE (PURCHASER)

ADDRESS 8492 FREDERICK RD, ELLICOTT CITY PHONE 465-6605 (o)
461-4473 (h)

PROPERTY LOCATION:

SUBDIVISION CALEB'S VINYARD (PROPOSED) LOT NO. 1

ROAD AND DESCRIPTION 4533-1
ILCHESTER RD BETWEEN BONNIE BRANCH AND
LANT BEECHWOOD

SIZE OF LOT 8.2 AC TYPE BLDG. Res - 3 Br
(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.

James R. Schulte
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR FREEMAN DRYWELL DATE 3/28/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 3/20/85
Serial # 66253
LFL

THIS IS NOT A PERMIT

B 1 **3263** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

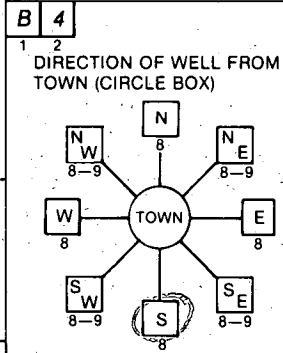
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0941
 fill in this form completely

Date Received **4/9/85 1:30 PM**
 OWNER INFORMATION
03/1/85
SCHULTE JAMES
8472 FREDERICK RD
ELLICOTT CITY MD 21043

LOCATION OF WELL
HOWARD
CALEBS VINYARD
ILLCHESTER
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
Ralph MAYNE
Ralph MAYNE (well drilling)
9120 Brown Church Rd. Mt. Airy
Ralph Mayne March 8 1985



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

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 35028 COUNTY NO.
 OEP SIGNATURE **Craig Wolman** STATE HEALTH INSERT S
 DATE ISSUED **032585** EXP. DATE **9/25/85**
 NORTH GRID **510000** EAST GRID **0864000**

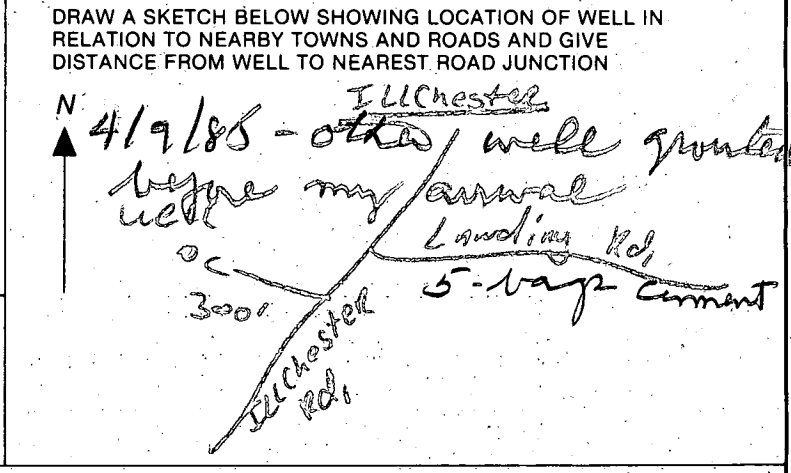
- USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 **860 4**
 N **510 0**

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)
 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 **GAP**
 FORCE **20** WRITE INITIALS IN BOX PERMIT No. **40-81-0941**

SPECIAL CONDITIONS

C1 9564 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 35028**

DATE Received: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **091385**
 Depth of Well: **300** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-0941**

OWNER: **SCHULTE JAMES**
 STREET OR RFD: **ILCHESTER RD** first name: **ILCHESTER**
 SUBDIVISION: **CALEB'S VINEYARD** 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	
Top Soil	0	2	
Sandy	2	25	
Sand Stone	15	30	
Mick B	30	45	
Sand Stone	45	50	
Mick B	50	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **27**
PL **6** **27**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **HO** 25 300
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

CIRCLE APPROPRIATE LETTER
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.

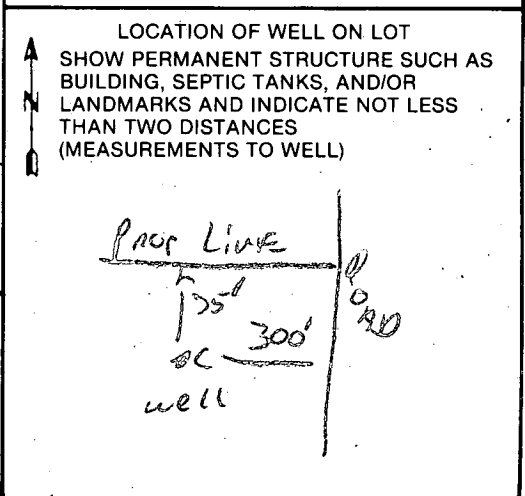
DRILLERS IDENT. NO. **223**
 DRILLERS SIGNATURE **Ralph S. Mayne**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **50** WHEN PUMPING **160**
 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:
 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 (nearest foot) **2** **-** below }



Howard

DATE 4/13/85

WELL YIELD TEST DATA SHEET - ~~FRANK~~ FRANK COUNTY

REVIEWED BY 5/1/85

Maryland Well Permit No. MO-81-2941

Owner or Applicant JAMES SCHULTE well pumps not kept on site

Location of Property (road) EK Chester Rd 300' deep well

Subdivision CALEBS VINEYARD Lot I Block _____ Plat _____ Sec. _____

Depth of Well 300 ft Height of Measuring Point Above Ground 14 ft

Static Water Level Below Measuring Point 50 ft

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
8:30	50 ft	7 sec	-	9 G.P.M.
9:00	160 ft	7 sec	-	9 G.P.M.
9:15	160 ft	25 sec	-	2 1/2 G.P.M.
9:30	160 ft	25 sec	-	2 1/2 G.P.M.
9:45	160 ft	25 sec	-	2 1/2 G.P.M.
10:00	160 ft	25 sec	-	2 1/2 G.P.M.
10:15	160 ft	25 sec	-	2 1/2 G.P.M.
10:30	160 ft	25 sec	-	2 1/2 G.P.M.
10:45	160 ft	25 sec	-	2 1/2 G.P.M.
11:00	160 ft	25 sec	-	2 1/2 G.P.M.
11:15	160 ft	25 sec	-	2 1/2 G.P.M.
11:30	160 ft	25 sec	-	2 1/2 G.P.M.
11:45	160 ft	25 sec	-	2 1/2 G.P.M.
12:00	160 ft	25 sec	-	2 1/2 G.P.M.
12:15	160 ft	25 sec	-	2 1/2 G.P.M.
12:30	160 ft	25 sec	-	2 1/2 G.P.M.
12:45	160 ft	25 sec	-	2 1/2 G.P.M.
1:00	160 ft	25 sec	-	2 1/2 G.P.M.
1:15	160 ft	25 sec	-	2 1/2 G.P.M.
1:30	160 ft	25 sec	-	2 1/2 G.P.M.
1:45	160 ft	25 sec	-	2 1/2 G.P.M.
2:00	160 ft	25 sec	-	2 1/2 G.P.M.
2:15	160 ft	25 sec	-	2 1/2 G.P.M.
2:30	160 ft	25 sec	-	2 1/2 G.P.M.
2:45	160 ft	25 sec	-	2 1/2 G.P.M.
3:00	160 ft	25 sec	-	2 1/2 G.P.M.

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 10.17.13.07Q.

Signature of Well Driller _____

27 ft PL-6 Boga

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 39119
 Date 4/13/87

Name of Installer CLARKE P+H Inc

Telephone 489-4029

License number 3808

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner J.R. Schulte

Telephone 465-6105
442-1133

Subdivision _____ Lot # _____

Well tag # 40-01-1999

Site Address 4555 Elcheater Rd

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

2. Make _____

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ 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 _____ Cable guards Other _____

Tank

1. Capacity _____
2. Pressure relief valve? 75 lbs

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42'

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: Bennett C. Clarke

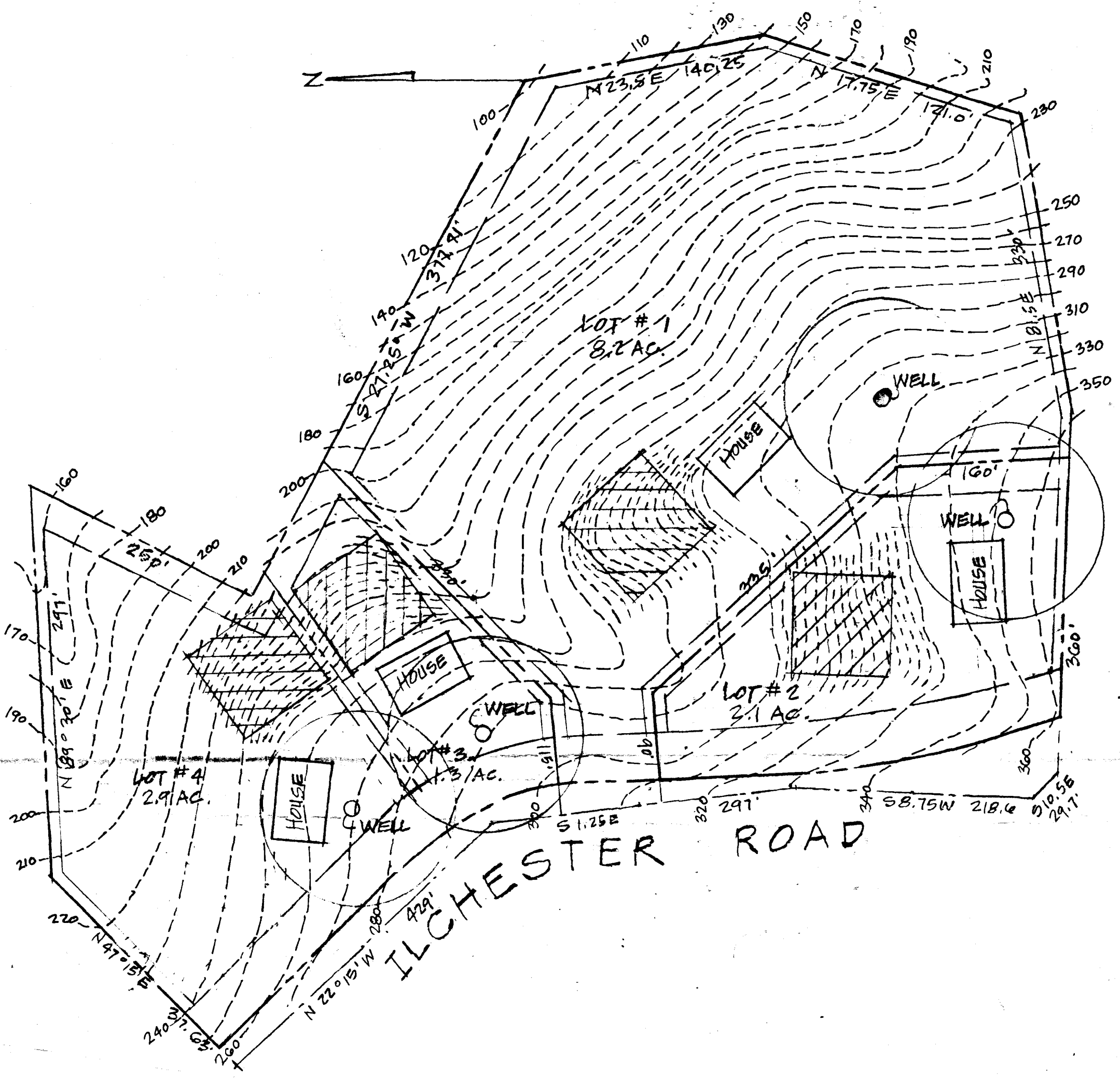
Date: 3-31-87

7/21/87 OK TO COVER PIPES & WIRES HALFWAY FROM HOUSE TO WELL

7/24/87 OK TO COVER PITLESS ADAPTER PRESSURE

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

TANK NOT YET INSTALLED



LOT #1
8.2 AC.

LOT #2
2.1 AC.

LOT #3
1.3 AC.

LOT #4
2.9 AC.

ILCHESTER ROAD

HOUSE

HOUSE

HOUSE

HOUSE

WELL

WELL

WELL

WELL

