

4/29/93
4/26/93
A.M./C.W.
4/30/93
No change
C.B./J.S.

PERMIT

File

P.C.O.
(4/26/93)
INRAID

P 48752
35789
A 35188
4/27
N. change

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-344049

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 12/14/92

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 4/30/93

INDEXED

INSPECTOR C.B.S.

Will Hopkins IS PERMITTED TO INSTALL X ALTER

ADDRESS 2724 Jennings Chapel Road, Woodbine, Maryland PHONE 831-5788

SUBDIVISION J. P. Helton Property LOT 3 ROAD 1390 Florence Road

PROPERTY OWNER J. P. Helton *Cook*

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

*** NOTE TO INSTALLER: BE SURE TO CONFIRM TRENCH LOCATION RELATIVE TO LOT LINES. HOUSE LOCATION MAY BE CHANGED SLIGHTLY FROM APPROVED SITE PLAN!

NUMBER OF BEDROOMS 3

*** CONTRACTOR TO REQUEST TRENCH INSPECTION PRIOR TO PLACEMENT OF STONE. TRENCH DEPTH DEEPER THAN SPECIFIED WILL BE CAUSE FOR DISAPPROVAL.

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

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

LOCATION - Place distribution box 125 feet from the front (287') lot line and 90 feet from the left (465') 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. *OK 12/21/92 RH*

PLANS APPROVED BY C. Williams DATE 6/02/92

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

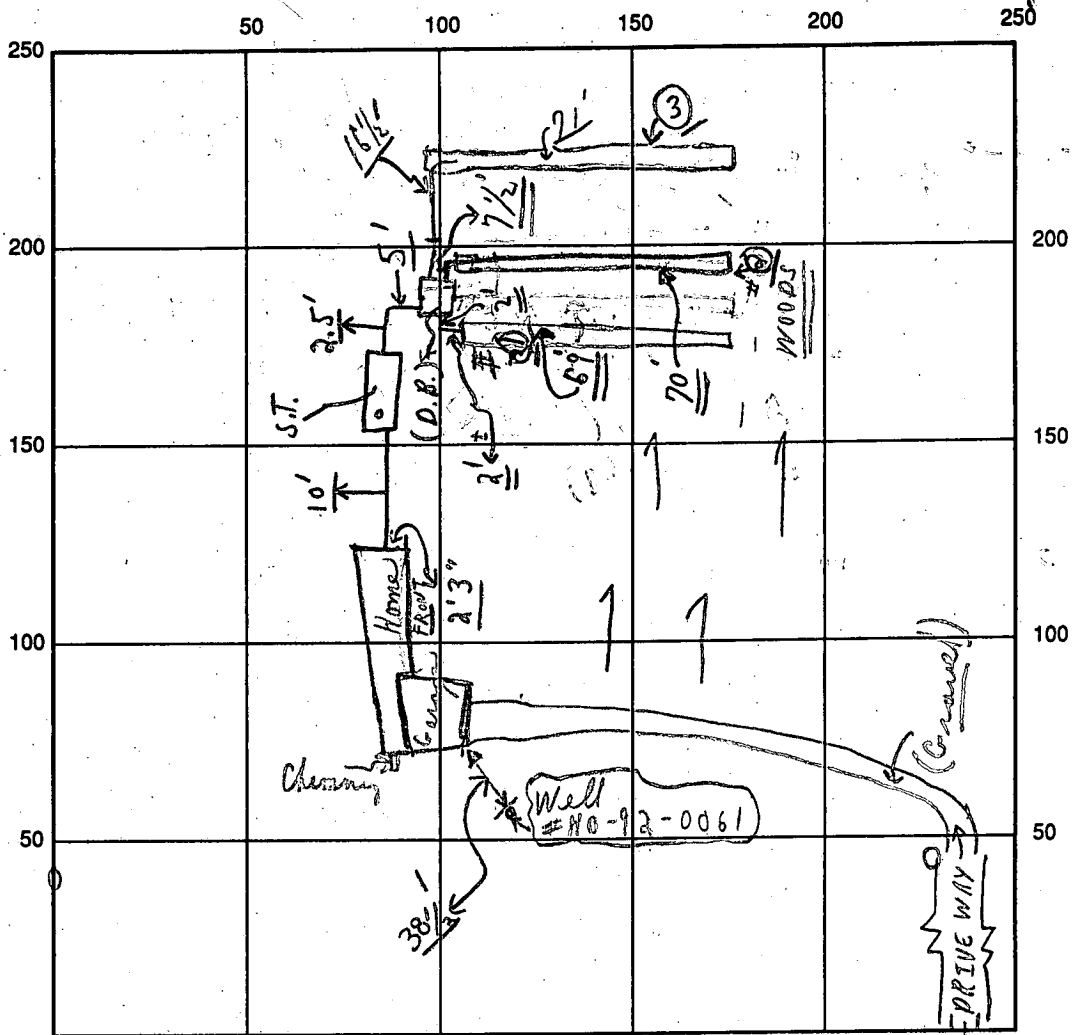
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLOG. PERMIT SIGNED
AND RETURNED 2/6/99
Serial # 270116193
Interior Alluvial
Drainage

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

35789
4/27/93



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS Florence Rd S.T.C.O. OK

DISTRIBUTION BOX LEVEL OK (Baffle is in) 4/30 (Needs Capacity) Noted on record

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH $\left. \begin{array}{l} \textcircled{1} 69' \\ \textcircled{2} 70' \\ \textcircled{3} 71' \end{array} \right\}$ FT. = 210

NUMBER OF TRENCHES 2 ONE ~~SIDEWALL~~ BOTTOM AREA 630 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 630 SQ. FT.

REMARKS: 4/22/93 TALKS TO CONTRACTOR BY TELEPHONE - INSTALLATION SHAPING UP OK, OK TO
PROCEED WITH TRENCH INSTALLATION CW. 4/26/93 ON SITE INSPECTION IN RAIN
- OK TO CONTINUE; PARTIAL - C.B.E. "OK TO COVER FROM HOME TO (2) TRENCH;
"NEED TO SEE (3) TRENCH + PIPE DOWN FROM (2) TRENCH ONLY"
4/27/93 Machines on site - no work done since yesterday (9:39)
(4/26/93 No W.P.I. - NO WORK DONE C.R.D.) 4/30/93 Last trench done ^{left hand end} C.B.E. ^{front}

DATE SYSTEM APPROVED 4/30/93 INSPECTOR Charles Bryan et al

APPLICATION

5/27/85
9:30

35189
~~35188~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE March 18, 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 J.P. Hilton

ADDRESS 1404 Florence Rd. Mt Airy, Md. PHONE 829-2964

PROPERTY LOCATION: same as above

SUBDIVISION Hilton Property LOT NO. 7
1390

ROAD AND DESCRIPTION Florence Rd. 1/2 mi from Song Caves Rd.
lot 3 says behind lot #4

SIZE OF LOT 3.392 AC. TYPE BLDG. single family
304 bedrooms
(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.

J.P. Hilton
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

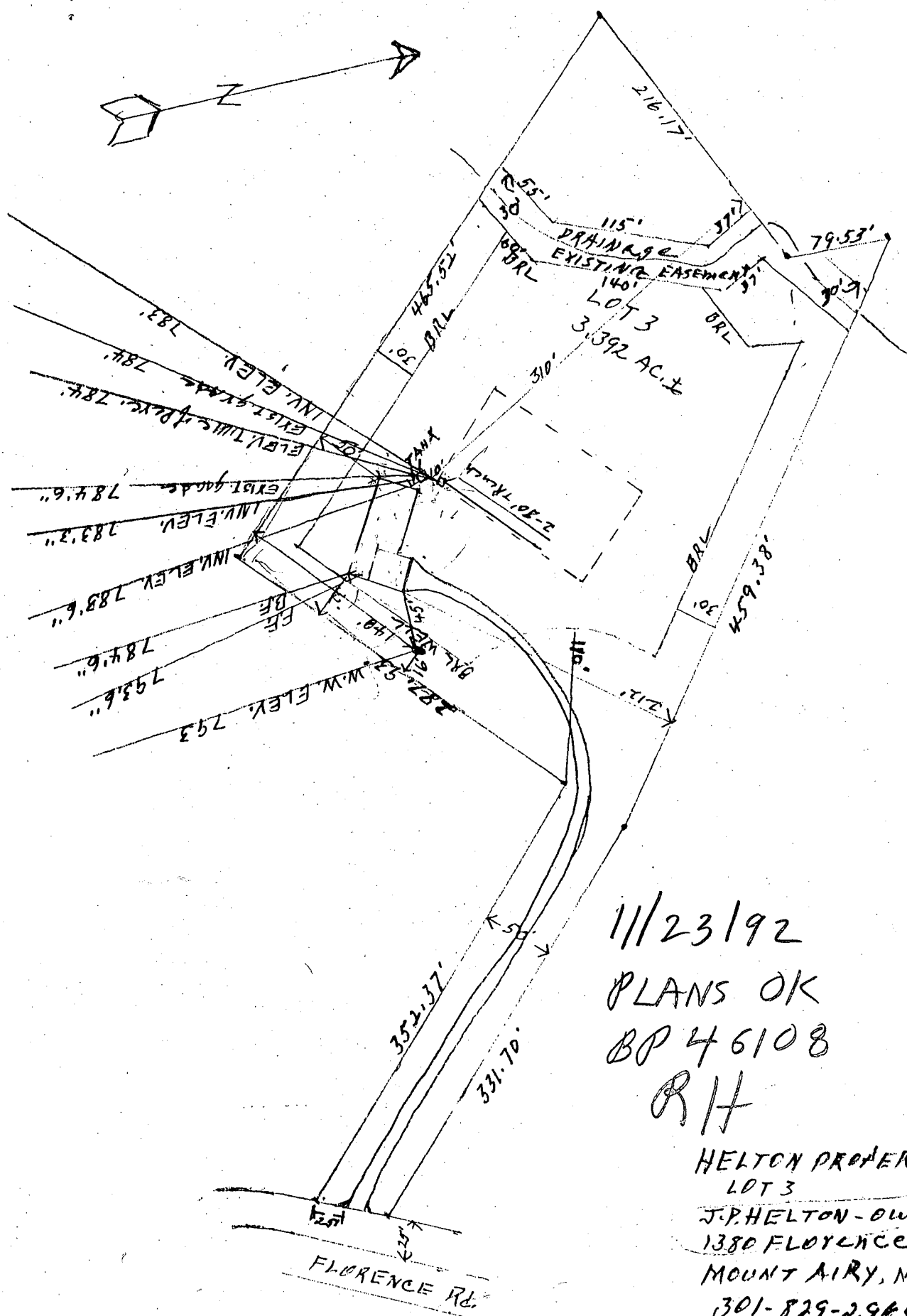
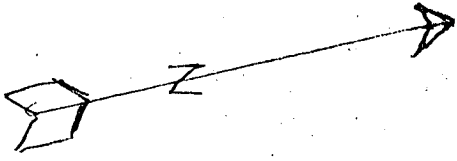
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-20-85 PERC SATISFACTORY FOR SHALLOW SYSTEM; HOLD FOR
CERTIFIED HOLE LOCATION.

BLDG. PERMIT SIGNED
AND RETURNED 11/23/92
Serial # 44108-SFD
3 Bedrooms

THIS IS NOT A PERMIT



11/23/92
 PLANS OK
 BP 46108
 RH

HELTON PROPERTY
 LOT 3
 J.P. HELTON - OWNER
 1380 FLORENCE Rd
 MOUNT AIRY, MD. 21771
 301-829-2944

SCALE 1" = 100'

B 1 6182

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-92-0061

(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)

041492

OWNER INFORMATION

HELTON J P

FLORENCE RD

Mt Airy MO21771

B 3

LOCATION OF WELL

HOWARD

HELTON PROP.

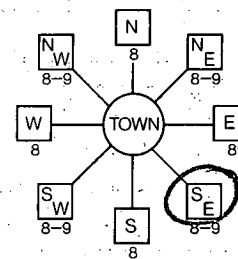
SECTION 1 LOT 3

LONG CORNER

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

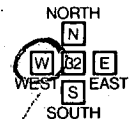
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



FLORENCE RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 600 FT

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 COUNTY NAME A# 35188 COUNTY NO.

STATE SIGNATURE DATE ISSUED 043092 Charles Bryan 11/30/92

NORTH GRID 546000 EAST GRID 0758000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

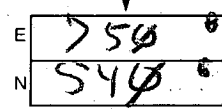
METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

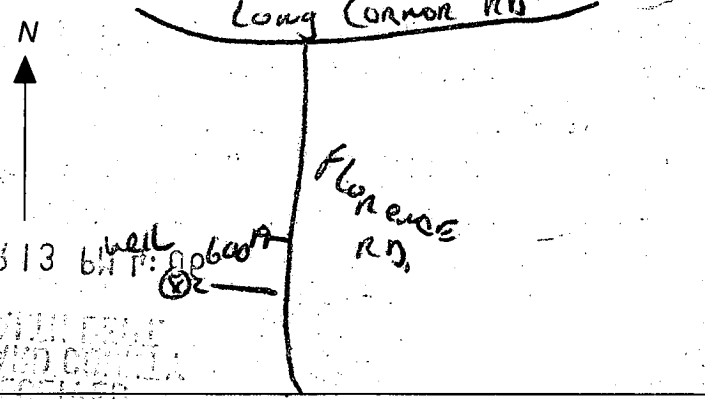
SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



Handwritten notes: all should 4/3/92 Well 6 # Bags of cement 21' casing 19' Open-grout 2' casing above ground C.B.S. (ok) (Tap on site @)

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 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 CM PERMIT No. H0-92-0061

SPECIAL CONDITIONS

C1 **5186** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 35188**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED

Depth of Well
 22 **320** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
10-92-0061
 28 29 30 31 32 33 34 35 36 37

OWNER **HELTON J.P.**
 STREET OR RFD last name **FLORENCE ROAD** first name TOWN **LONG CORNER**
 SUBDIVISION **HELTON PROP** SECTION LOT **3**

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	
Yellow Shale	2	10	
Brown Slate	10	15	
Blue Slate	15	45	
Brown Slate	45	50	✓
Blue Slate	50	100	
Green Slate	100	110	✓
Blue Slate	110	320	

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 **36**
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **17** ft.
 48 TOP 52 54 BOTTOM 58
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **21**
 60 61 63 64 66 70

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.)
 1 **HO** **19** **320**
 8 9 11 15 17 21
 2
 23 24 26 30 32 36
 3
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 8 9
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **97**
 17 20
 WHEN PUMPING **181**
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 27

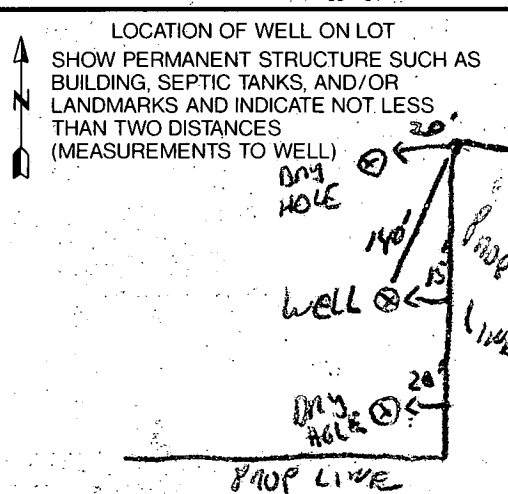
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 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 }

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 26.04.04 "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. **273**
 DRILLERS SIGNATURE **Keith Wayne**
 (MUST MATCH SIGNATURE ON APPLICATION)

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



5/29/93 PA
Cancelled by Contractor

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 yes
Replacement _____

Receipt # -0-
Date 2/1/93

Name of Installer CORNWELL PLUMBING & HEATING

Telephone 988-9221

License Number M 3036

Certified Well Pump Installer yes Well Driller _____ Registered Plumber yes

Name of Property Owner J.P. HELTON

Telephone 829-2964

Subdivision _____ Lot # _____ Well Tag # H0-92-0061

Site Address 1390 FLORENCE RD, MT AIRY, MD 21771

RALPH MRYNE

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible yes
- 2. Make JACUZZI
- 3. Model # t7bs41011-s2
- 4. Capacity 10 GPM
- 5. Pump exceeds well capacity Yes _____ No 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 ###

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage 220
 - a. 110 _____
 - b. 220 yes

Pitless Adapter

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

Tank

- 1. Capacity 20 gal
- 2. Pressure relief valve? yes

Piping

- 1. Type _____
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 290'

Well data

- 1. Depth 300 ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? yes

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: 2/1/93

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

HD-215 3/30/93 OK WPI R. Bodger

2/16/99 OFFICE/OTHER INTERIOR
ALTERATIONS OR NO IMPACT
MR 2/16/99

Workshop
Storage

