

approved
12/22/86 C. Williams

12/10/86
PM

12/22/86
AM
LATER

PERMIT

P 38077
A 35194

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XX99212330
461-9933

Law 101 03-310566

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 11/17/86

RCM Corporation IS PERMITTED TO INSTALL X ALTER

ADDRESS 5520 Cedar Lane, Columbia, Maryland 21044 PHONE

SUBDIVISION Homewood ROAD 11213 McGee Way LOT 3

PROPERTY OWNER David Tayman

ADDRESS

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 130 feet from the back (510') lot line and 225 feet from the right (190') lot line as seen when facing the lot from McGee Court. Run trenches on contour toward the front and back property lines.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

off

BLOG. PERMIT SIGNED
AND RETURNED 3/19/97
Serial # 03104501
Kitchen addition

PLANS APPROVED BY S. Abel DATE 2/07/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

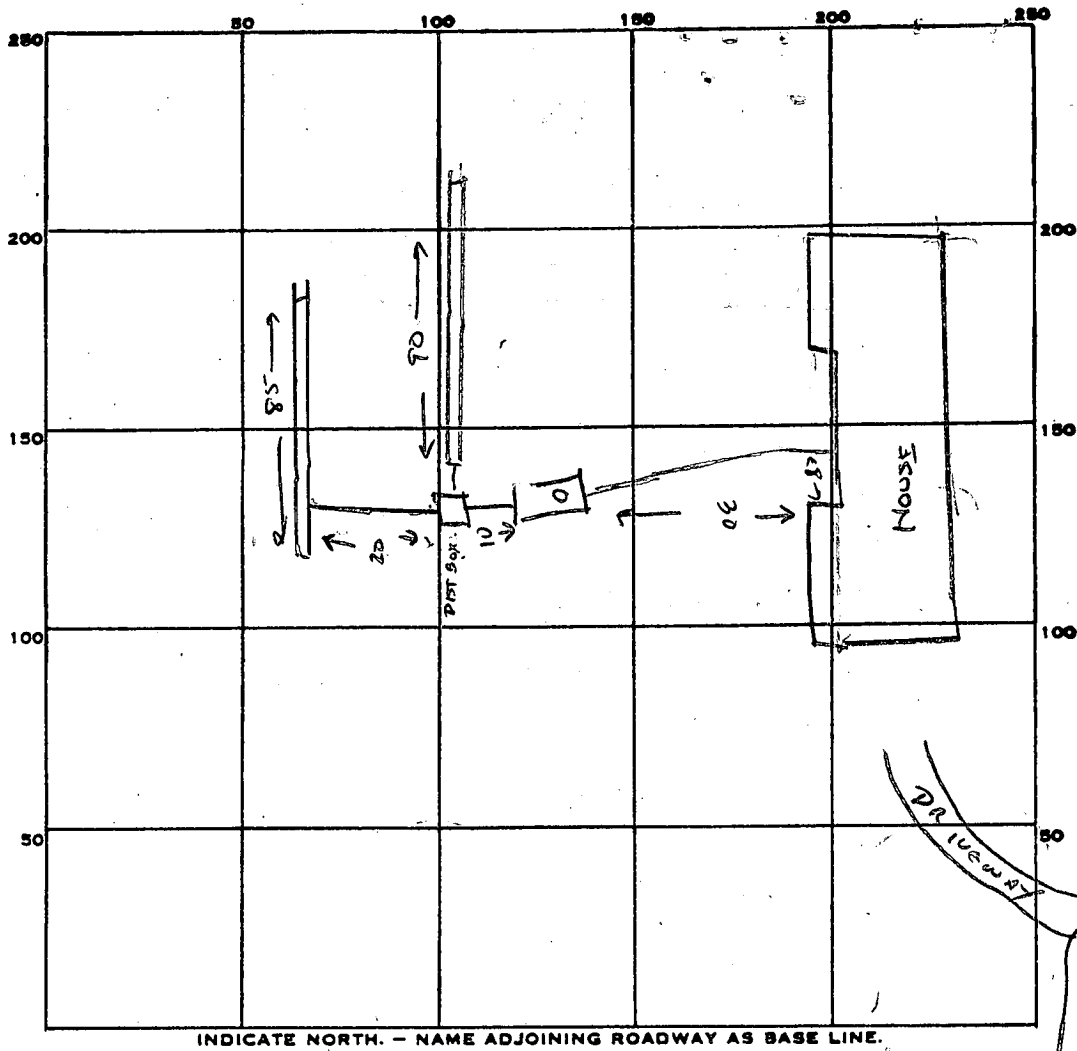
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
35194



MCGEE
CT

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS STV

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 175 FT.

NUMBER OF TRENCHES 2 (85 + 90) ONE SIDEWALL TOTAL BOTTOM AREA 875

SEEPAGE PITS, INSIDE DIAMETER - FT. DEPTH BELOW INLET - FT.

ABSORBENT AREA 875 SQ. FT.

REMARKS 12/18/86 TANK INSTALLED OK TO COVER SEWER LINE HOUSE - TANK (C/W)

DATE SYSTEM APPROVED 12/22/86

INSPECTOR C. Williams

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35194

P _____

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

DISTRICT _____

DATE 3-18-85

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 Robert Goodier DAVID TAYMAN

ADDRESS 233 Deep Delt Dr. Timonium Md. 21093 PHONE 252-6141

PROPERTY LOCATION:

SUBDIVISION Homewood LOT NO. #4 (now 3)

ROAD AND DESCRIPTION off Homewood Rd. near Rt. 108 (shown on plat)
11213 McGee way

SIZE OF LOT 3 acre TYPE BLDG. S.F. 3 to 5 bed.
(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.

Robert Goodier
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 2-7-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-19-85 Perc. SATISFACTORY, hold for certified subdivision
plat, note location, house and well size small

BLDG. PERMIT SIGNED
AND RETURNED 7-21-86 80

BP# 71839

THIS IS NOT A PERMIT

① ②
SOIL PROFILE

6" A1-3
BROWN CLAY LOAM
L10% SAPROLITE

3'-3.5" BROWN SILTY SAND
10-20% SAPROLITE

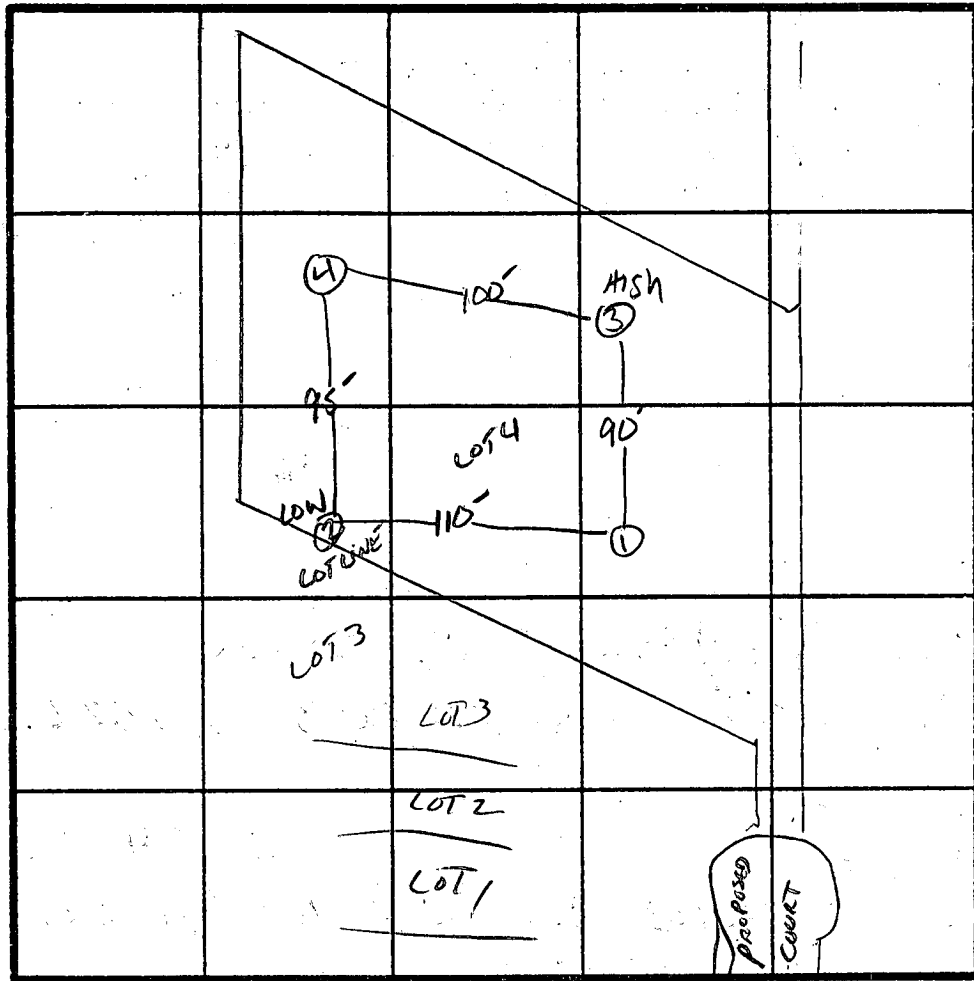
6" A1-3
BROWN CLAY LOAM L10% SAPROLITE

4" BROWN SILTY SAND L10% SAPROLITE

6" A1-3
BROWN CLAY LOAM L10% SAPROLITE

2" BROWN SILTY SAND L10% SAPROLITE

12"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X 12 MIN
INLET 3'
BOTTOM 8'
6' STONE
180°/BR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/19	1 ✓	3.5' 12" UNIFORM SOIL STRUCTURE BELOW 3.5"	2:35	2:45	2:46	3:02	17min
	2 ✓	3' 10" SHALLOW TEST PIT UNIFORM SOIL BELOW 3"	2:40	2:50	2:50	3:04	14min
	3 ✓	3.5' 10" SHALLOW TEST PIT UNIFORM SOIL BELOW 3.5"	2:57	3:03	3:03	3:18	15min
	4 ✓	2' 12" UNIFORM SOIL STRUCTURE BELOW 2"	3:00	3:02	3:02	3:07	5min

REMARKS _____

TYPE OF SOIL _____

TESTED BY SABEL ALSO PRESENT PAT LENDERMAN

C1 00825

SEQUENCE NO. (OEP USE ONLY)

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 35914

DATE RECEIVED

8 13

DATE WELL COMPLETED

15 20 03/18/85

Depth of Well

22 26 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 37 HQ-81-2286

OWNER

GOODIS

BUILDERS INC.

STREET OR RFD

NEWWOOD RD

TOWN

ELICOTT CITY

SUBDIVISION

HOMEWOOD

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 FROM TO

Check if water bearing

SAND

0 56

GRAY GRANITE

56 165

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

yes Y 44 no N 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 120 NO. OF POUNDS 1380

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)

57 6 163

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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.

238

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING

WHEN PUMPING

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 (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:

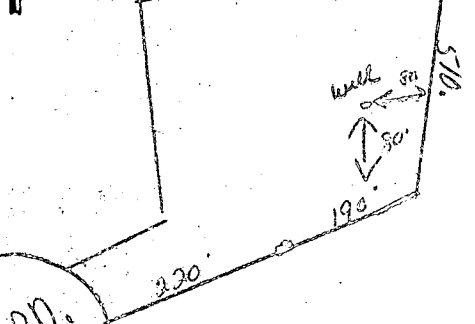
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

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)



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

PUMP

CONTRACTOR NOT KNOWN.

New Installation
 Replacement _____

Receipt # _____
 Date _____

Name of Installer G. DON DEMOTT

Telephone 384-6494

License number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner DAVID TAYMAN Telephone _____
 Subdivision HOMEWOOD Lot # 3 Well tag # HO-81-2286
 Site Address 11213 MCGEE WAY

<p>Pump</p> <p>1. Type</p> <p> a. Deep well jet _____</p> <p> b. Shallow well jet _____</p> <p> c. Submersible _____</p> <p>2. Make _____</p> <p>3. Model # _____</p> <p>4. Capacity _____ GPM</p> <p>5. Pump exceeds well capacity Yes _____ No _____</p> <p>6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____</p> <p>7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____</p>	<p>Motor</p> <p>1. Horsepower _____</p> <p>2. RPM _____</p> <p>3. Voltage _____</p> <p> a. 110 _____</p> <p> b. 220 _____</p>	<p>Pitless Adapter</p> <p>1. Make _____</p> <p>2. Model # _____</p> <p>3. Depth _____</p>
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<p>Tank</p> <p>1. Capacity _____</p> <p>2. Pressure relief valve? _____</p>	<p>Piping</p> <p>1. Type _____</p> <p>2. Size _____</p> <p>3. NSF and/or BOCA Code approved _____</p> <p>4. Depth of supply line _____</p>	<p>Well data</p> <p>1. Depth _____ ft.</p> <p>2. Yield _____ GPM</p> <p>3. Static water level _____ ft.</p> <p>4. Will water supply be disinfected by installer? _____</p>
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PITLESS INSPECTED OK 12/22/86 ~~SINCE DAY AS TO THE APPROVAL~~ C. Welch

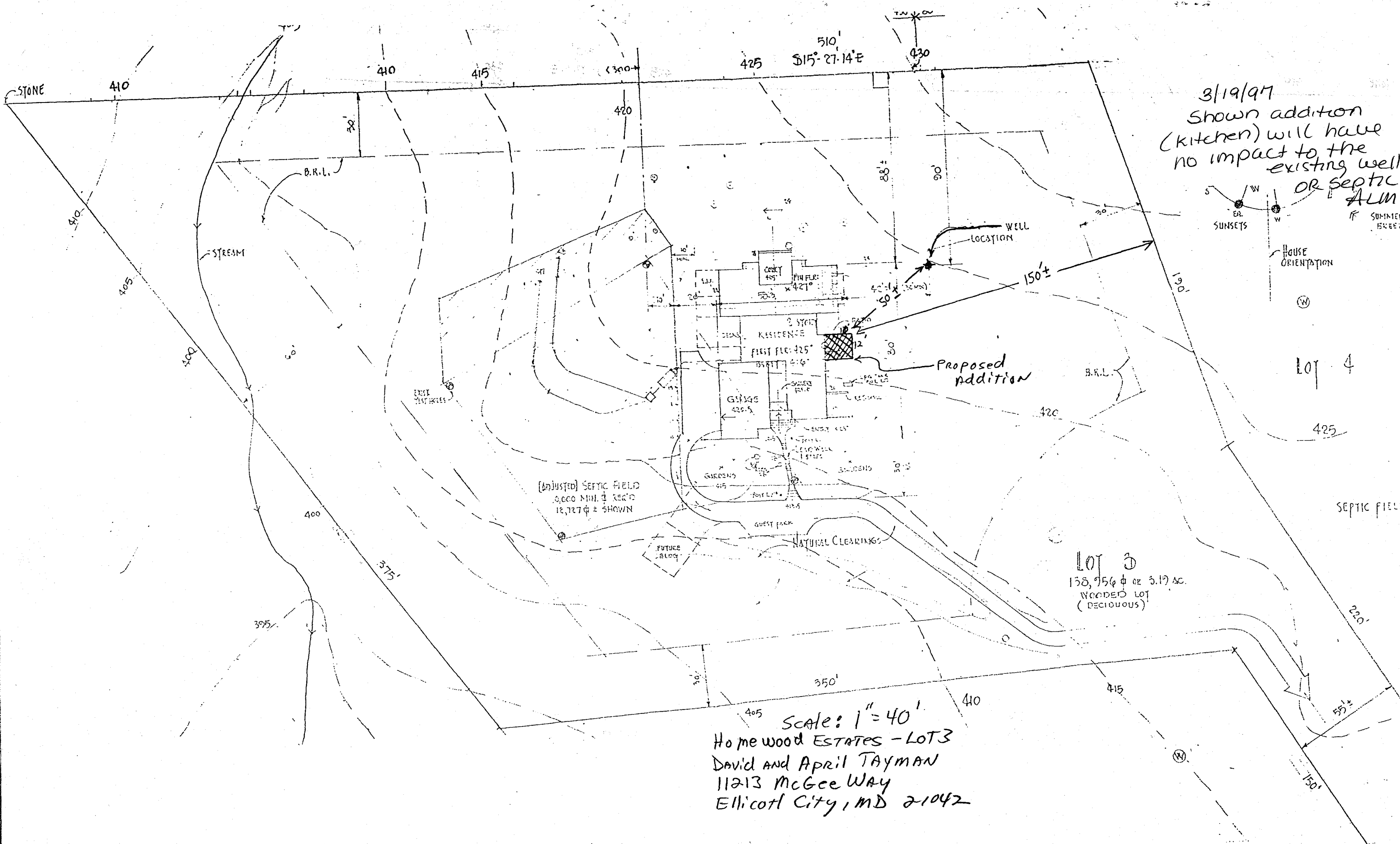
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

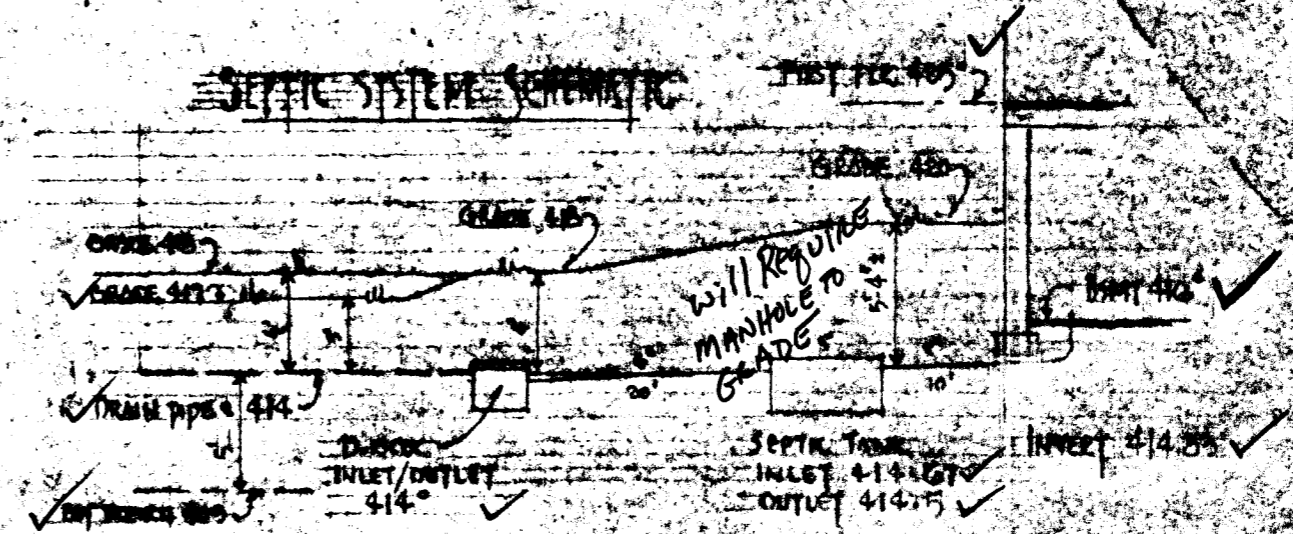
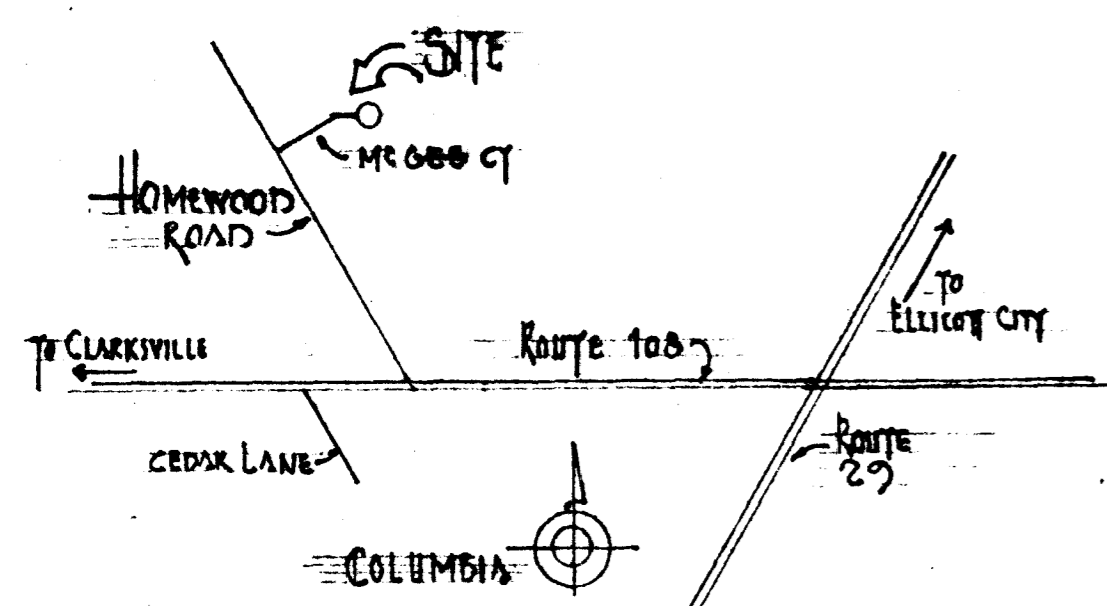
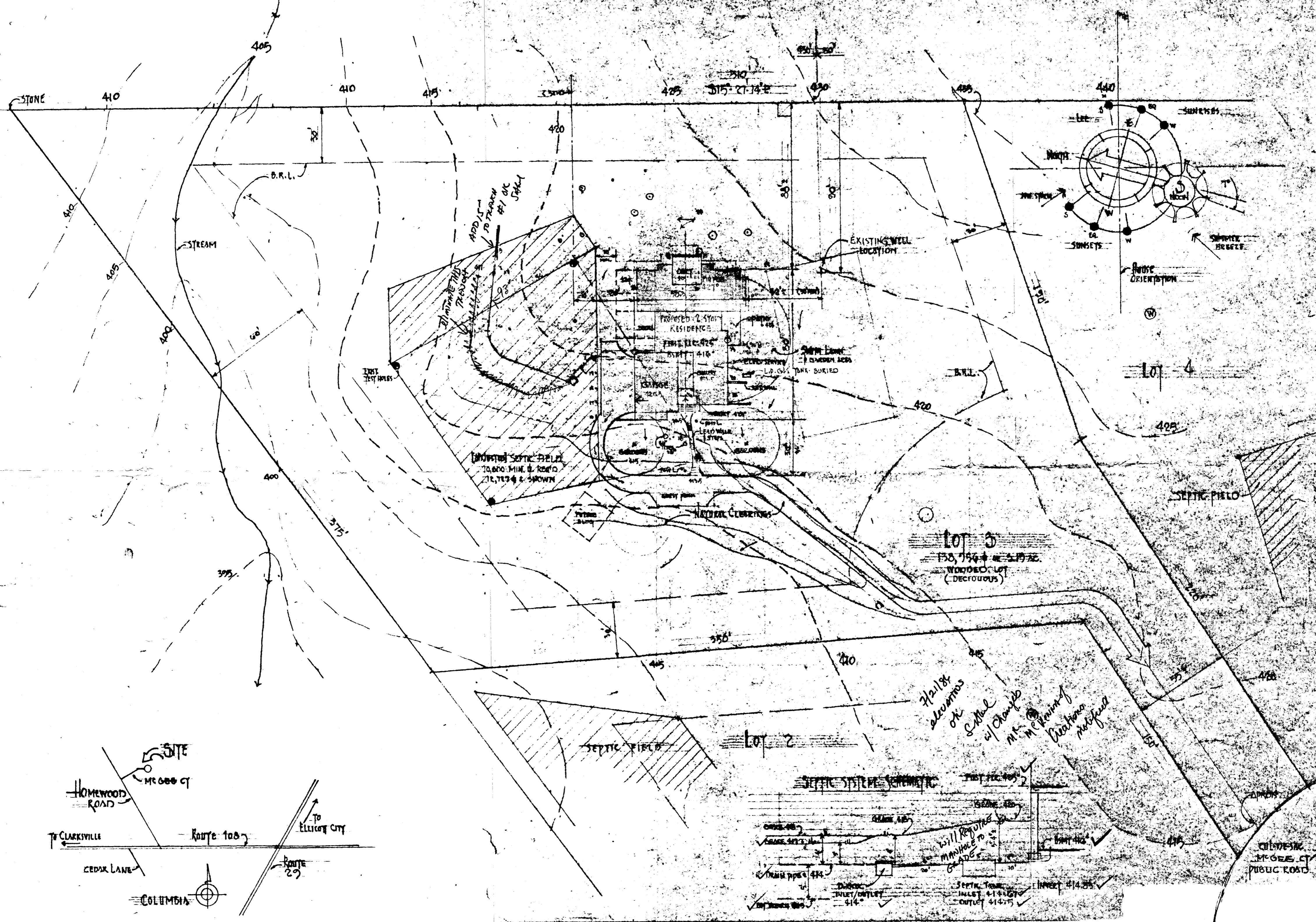
Date: _____

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



3/19/97
 Shown addition
 (kitchen) will have
 no impact to the
 existing well
 OR SEPTIC
 ALM

Scale: 1" = 40'
 Homewood Estates - LOT 3
 David and April TAYMAN
 11213 McGee Way
 Ellicott City, MD 21042



3'-8"
180 Φ / BR
1108" TRENCH
MC

SITE PLAN 1" = 30'