

8/3/87 AM
8/4/87
DATE AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 39622
A 35195
DISTRICT 3rd
DATE 7/10/87
DATE SYSTEM APPROVED 8-4-87
INSPECTOR JEN

RCM Corporation/ Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD PHONE 531-5033/RCM-995-0333

SUBDIVISION Homewood ROAD 11210 McGee Way LOT 4

PROPERTY OWNER Mr. & Mrs. Wondwosen Abdi
ADDRESS 11210 McGee Way

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2250 GALLONS NUMBER OF BEDROOMS 5

BR 245 = 1225
5X " 4/1-1225
306ft trench

TRENCHES - 245 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 185 feet from front (60') lot line and 160 feet from left (220') lot line as seen when facing the lot from McGee Court. Run trenches on contour toward the front (360') lot line.

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

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: 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

A 35195

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35795

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 Goodner Abd: Woodson

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

PROPERTY LOCATION:

SUBDIVISION Homewood LOT NO. #5 (now #4)

ROAD AND DESCRIPTION off Homewood Rd near Pt. 108 (ref. plat)
11210 McGeer Way

SIZE OF LOT 3 acre TYPE BLDG. SF. 3 to 5 beds.
(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 Goodner
(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 REC. SATISFACTORY, hold for subdivision plat, Ade location, house and well site. S. Abel

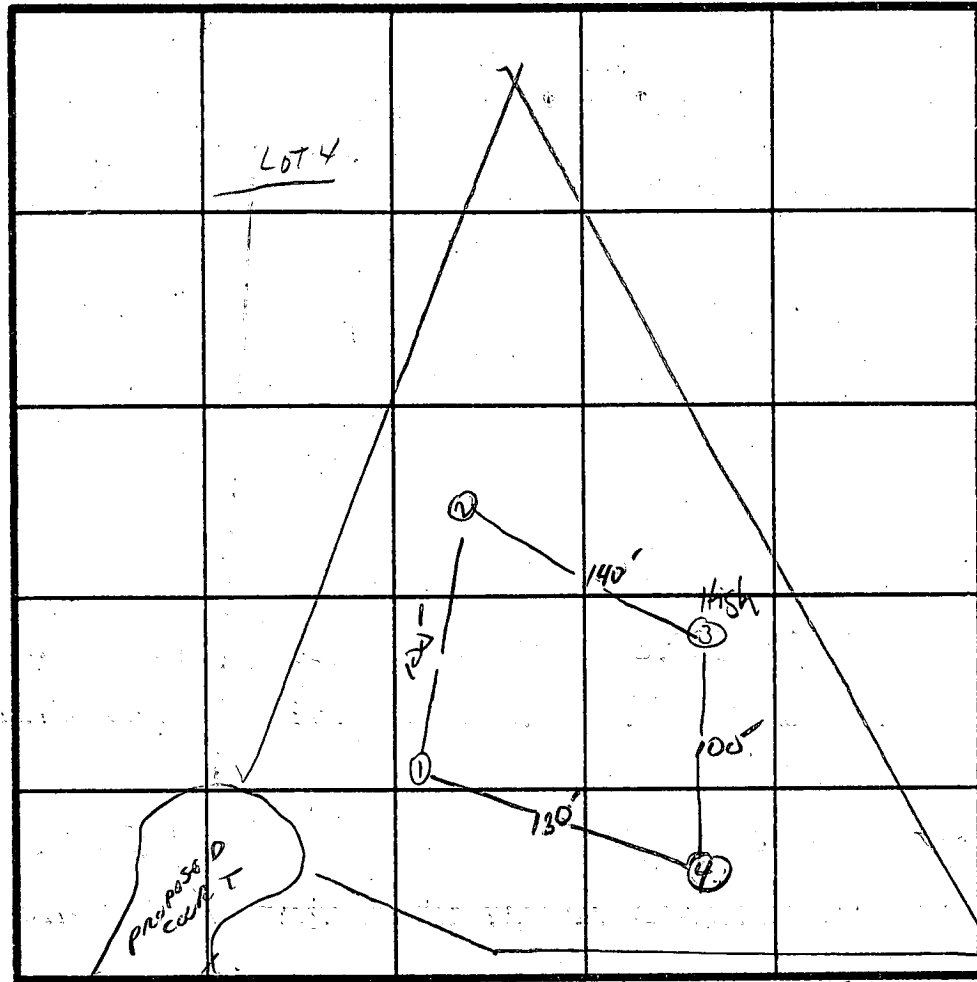
BLDG. PERMIT SIGNED
AND RETURNED 12/2/86

S. Abel
BP#9172

THIS IS NOT A PERMIT

① ②
SOIL PROFILE

0	6"	A1-3 BROWN CLAY LOAM L10% SAPROLITE
3.5'	12'	BROWN MICAEOUS SILTY SAND 10-20% SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. LOT 6

7 15 MIN
INLET 4'
BOTTOM
MAX 8'
2017/BR

③

0	6"	A1-3 BROWN CLAY LOAM L10% SAPROLITE
3'	10'	BROWN YELLOW SILTY SAND 20-30% SAPROLITE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/19	1S 1V	4.5' 12'	1:45	1:47	1:47	1:57	10min
	2S 2V	4' 10'	1:58	1:59	1:59	2:07	8min
	3S 3V	4' 10'	2:02	2:14	2:14	2:38	24min
	4S 4V	5.5' 10'	2:10	2:15	2:15	2:25	10min

④

0	6"	A1-3 BROWN CLAY LOAM L10% SAPROLITE
4.5'	10'	BROWN SAND SILTY LOAM 10-20% SAPROLITE

REMARKS HOLES APPROX AS PLAT

TYPE OF SOIL _____
TESTED BY S. Moe ALSO PRESENT PAT LINDEMAN

DRAIN FIELD . 2'-0" WIDE X 8'-0" DEEP
 252'-0" LONG (3 TRENCHES @ 84'-0")
 4'-0" DN. TO DISTRIBUTION BOX INLET
 WITH 4'-0" STONE BELOW PIPE

McGEE WAY

PROPOSED TWO
 STORY BRICK
 VENEER DWELLING
 W/ ATTACHED
 3 CAR GARAGE
 (5 BEDROOMS TOTAL)

FIRST FLOOR 430.00
 BASEMENT 420.8?

BASEMENT ON SANITARY

SANITARY LEAVE HOUSE 418.95 ✓
 TANK INLET 418.4583 ✓
 TANK OUTLET 418.2083 ✓
 DISTRIBUTION BOX 418.00 ✓

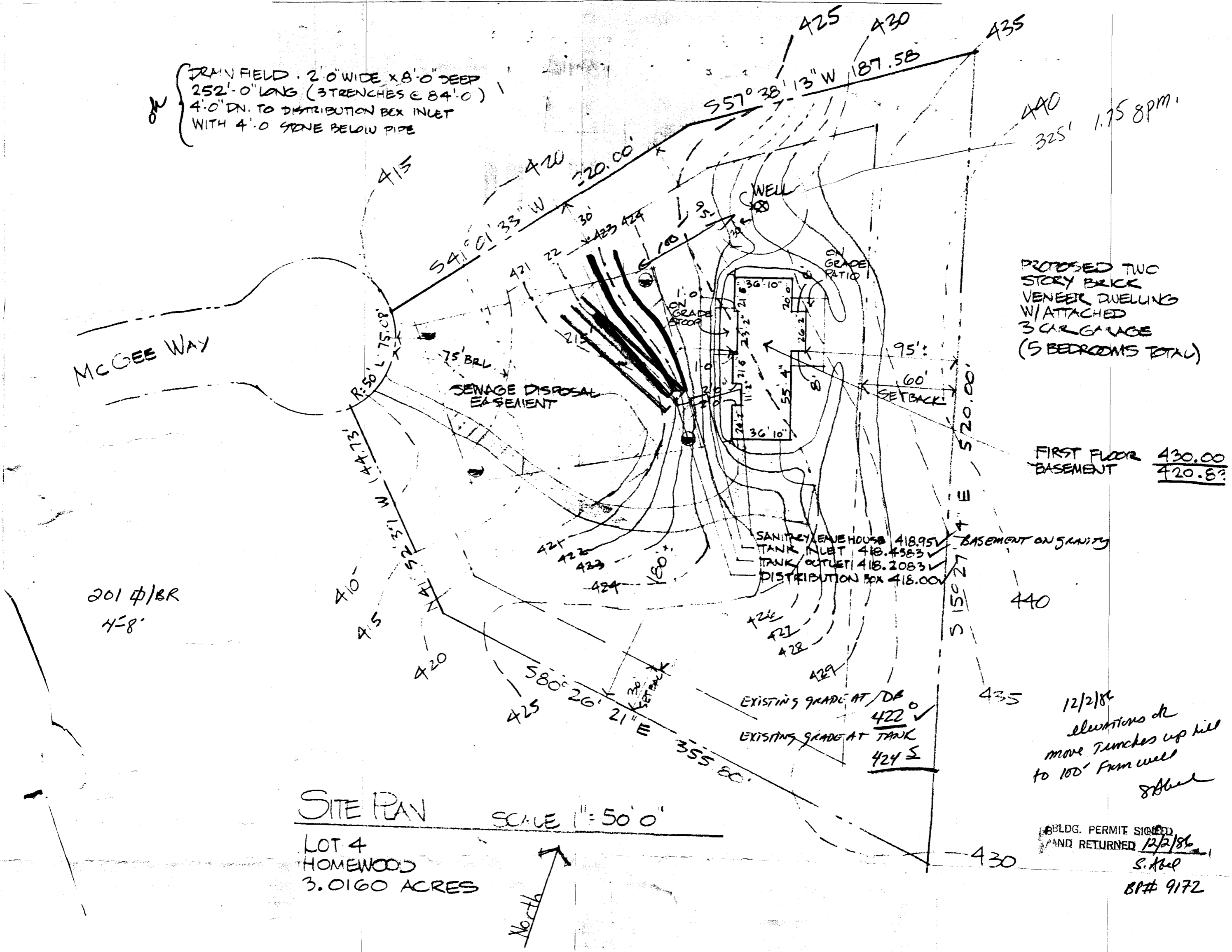
EXISTING GRADE AT DB 422.0 ✓
 EXISTING GRADE AT TANK 424.5

12/2/86
 elevations ok
 move trenches up hill
 to 100' from well
 S. Abel

BLDG. PERMIT SIGNED
 AND RETURNED 12/2/86
 S. Abel
 BP# 9172

SITE PLAN SCALE 1" = 50' 0"

LOT 4
 HOMEWOOD
 3.0160 ACRES



B 1 3953

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-1287

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received

2/27/85

OWNER INFORMATION

GOODIER BUILDERS INC.

233 Deep Dale Drive

Himontium MD 21093

B 3

LOCATION OF WELL

HOWARD

Home wood

SECTION 44 46 LOT 48 50

ELIZABETH CITY

MILES FROM TOWN (enter 0 if in town) 1/10 MI

DRILLER INFORMATION

Joseph L. Mayne 238

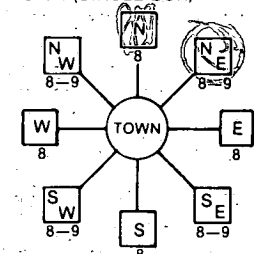
Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy 21771

Joseph L. Mayne 12/26/85

B 4

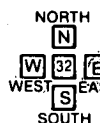
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Homewood Road

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 1000 37 DISTANCE FROM ROAD

ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A-35195

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 010786 B. Nijon 07/07/86

NORTH GRID 511000 EAST GRID 0828000

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

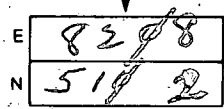
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. WELLS
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



Location of 58' casing 2' above W- 50' open 15' deep cement 3/18/86

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

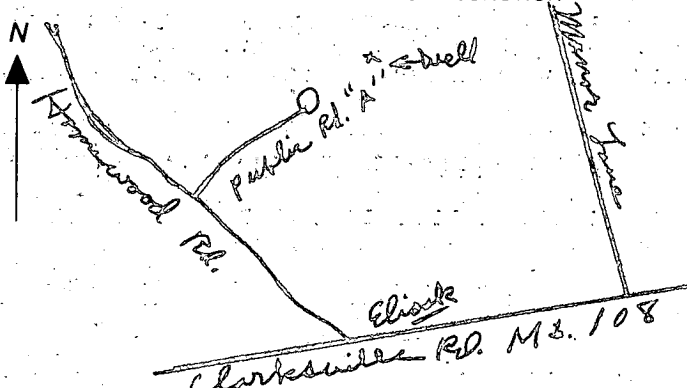
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE IN INITIALS PERMIT No. HO-81-1287

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



SPECIAL CONDITIONS

C1 00826 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-35195

(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)

DATE RECEIVED: DATE WELL COMPLETED 032486

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1287

OWNER GOODISR BUILDERS INC. STREET OR RFD HOMEWOOD RD TOWN SILICOTT CITY SUBDIVISION HOMEWOOD 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. Includes handwritten entries: SAND 0-51, GRAY GRANITE 51-325.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

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

MAIN CASING TYPE (SF) Nominal diameter top (main) casing of main casing (nearest inch) 6 1/2 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 insert appropriate code below (ST) (BR) (HO) STEEL BRASS OPEN HOLE (PL) (OT) PLASTIC OTHER

DEPTH (nearest ft.) 40 57 325

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.

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

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE

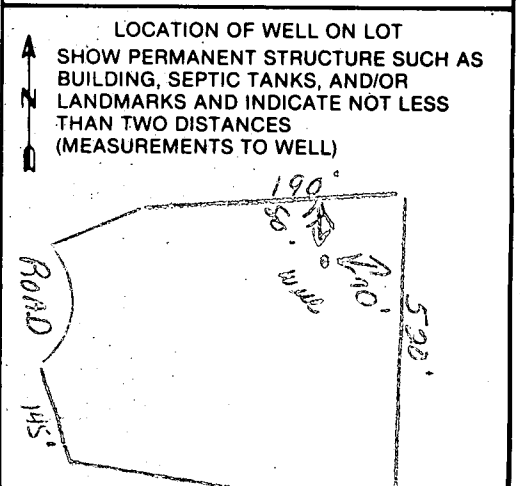
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ

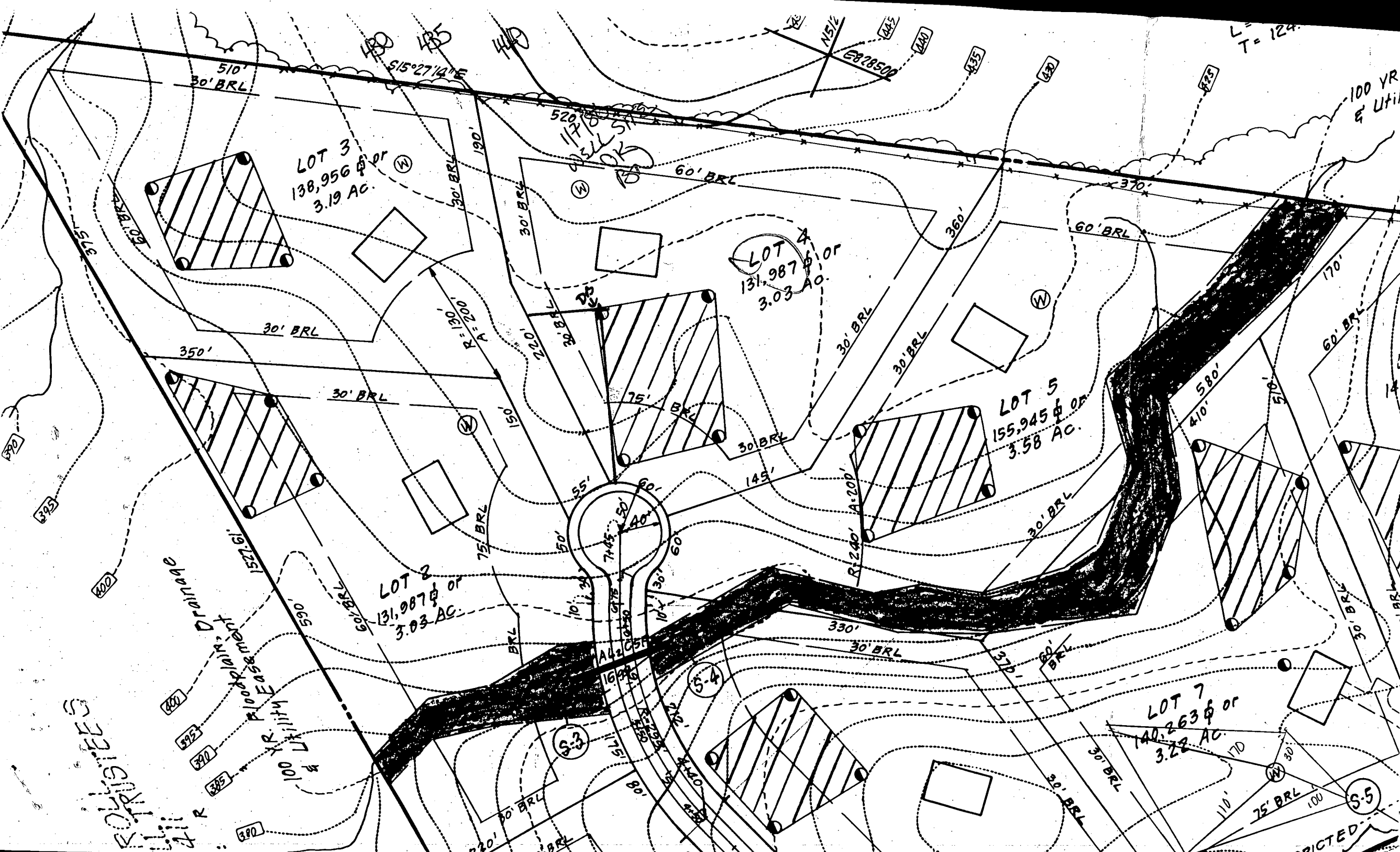
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 130 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 274 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 PUMP HORSE POWER PUMP COLUMN LENGTH CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 1 (nearest foot)





LOT 3
138,956 sq ft
3.19 AC.

LOT 4
131,987 sq ft
3.03 AC.

LOT 5
155,945 sq ft
3.58 AC.

LOT 2
131,987 sq ft
3.03 AC.

LOT 7
140,263 sq ft
3.22 AC.

ROCKIES

100 YR. Utility Easement

100 YR. & Util.

L
T = 124.

RESTRICTED

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

35195

New Installation Replacement Receipt # 39623
 Date 7/13/87
 Name of Installer G. DONALD DEMENT Telephone 384-6493
 License number #276
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner WOODSEWN ABNT Telephone 995-0133
 Subdivision HOMEWOOD EST Lot # 4 Well tag # -
 Site Address 11210 MCGEE WAY ELLICOTT MD
21043

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>MART.</u>
a. Deep well jet <input type="checkbox"/>	2. RPM <input type="checkbox"/>	2. Model # <input type="checkbox"/>
b. Shallow well jet <input type="checkbox"/>	3. Voltage <input type="checkbox"/>	3. Depth <u>4'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <input type="checkbox"/>	
2. Make <u>GOULD</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <input type="checkbox"/>		
4. Capacity <input type="checkbox"/> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>60</u>	1. Type <u>POLY</u>	1. Depth <u>240</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield <input type="checkbox"/> GPM
	3. NSF and/or BOCA Code approved <input type="checkbox"/>	3. Static water level <input type="checkbox"/> ft.
	4. Depth of supply line <u>4'</u>	4. Will water supply be disinfected by installer? <u>YES</u>

7/13/87 PIPRESS AT 60"; well line 54-60" - INSIDE WORK WORK NOT COMPLETE. Signed

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: G. Donald Dement
 Date: 7-10-87

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