

03-310582

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

P 39125

A 35196

DISTRICT 3rd

DATE 4/15/87

DATE SYSTEM APPROVED 4/28/87

INSPECTOR S. Abel

Lendrim Contracting, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 14010 Forsythe Road, Sykesville, MD 21784 PHONE 442-2416

SUBDIVISION Homewood ROAD 11206 McGee Way LOT 5

PROPERTY OWNER Douglas Dieringer

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 300 feet from the back left corner of the (360' and 370') lot lines and 80 feet off the left (360') lot line. Run trenches on contour toward left side of lot. May use elevation drawing for installation.

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

PLANS APPROVED BY S. Abel DATE 9/25/86

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 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.

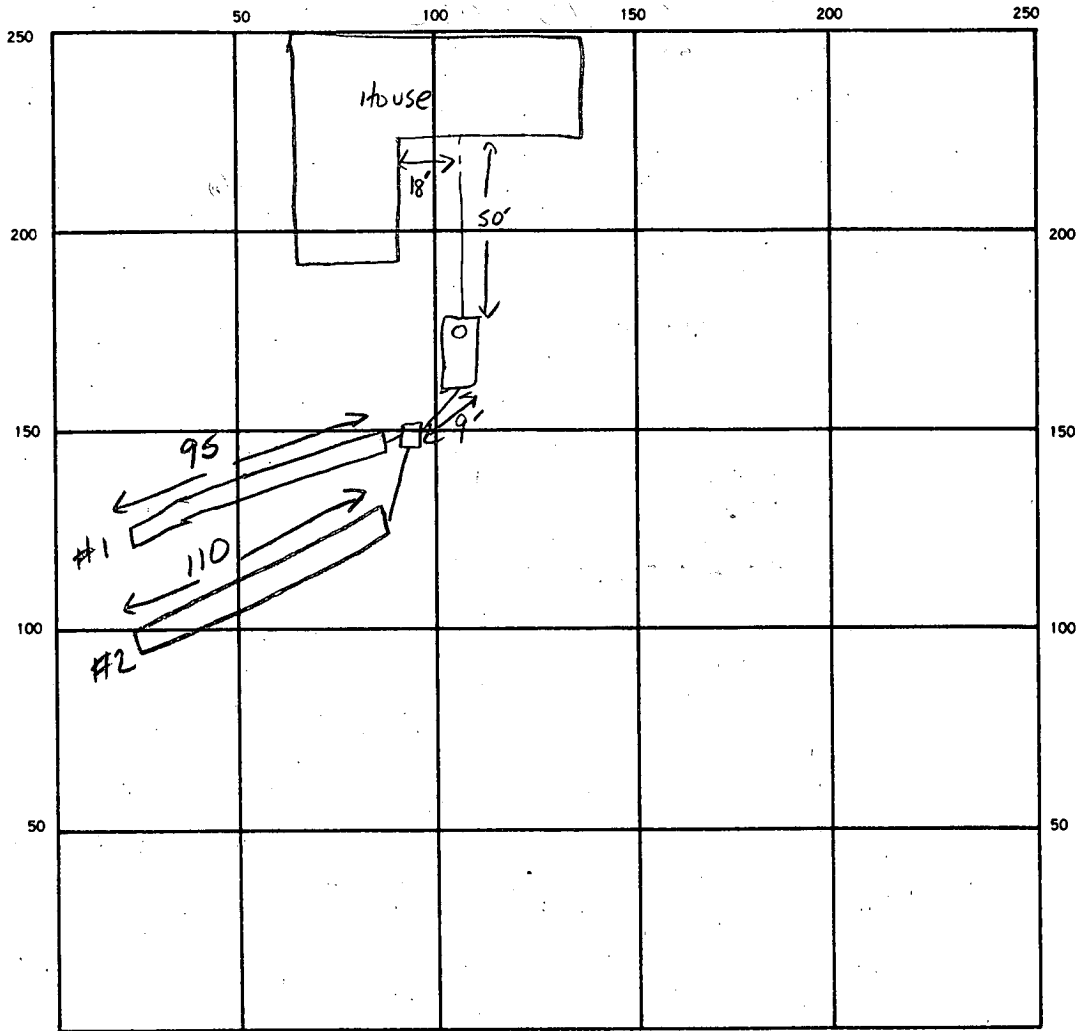
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35196



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

95  
110  
205

840

SEPTIC TANK LEVEL ✓ 2000 GAL CLEANOUTS ✓ 5T

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD (TILE FIELD) DEPTH 5.0 FT. TRENCH WIDTH 3/6 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 95 110 FT. TOTAL 205

NUMBER OF TRENCHES 2 ONE SIDEWALL (BOTTOM AREA) 285 660 SQ. FT. TOTAL 945

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

ABSORBENT AREA 945 SQ. FT.

REMARKS 4-23-87 OK TO CORR ST TO DB + BACK TO HOUSE.

DATE SYSTEM APPROVED 4-28-87 INSPECTOR S. Muhl

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 35796

P \_\_\_\_\_

DISTRICT 3RD

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 Douglas Dieringer

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

PROPERTY LOCATION:

SUBDIVISION Homewood LOT NO. #6 NOW #5

ROAD AND DESCRIPTION off Homewood Rd. NEAR Rt 108 (Ref. Plat)  
11206 Mc Gee Way.

SIZE OF LOT 3acre TYPE BLDG. S.F. 3 to 5 bedr.  
(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 Sichney Abel FOR Shallow 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 hole location, house AND well site. 576el

1/7/86 120 in 1 hole at 12' emphasize max bottom depth

BLDG. PERMIT SIGNED  
AND RETURNED 10/15/86 S. Abel

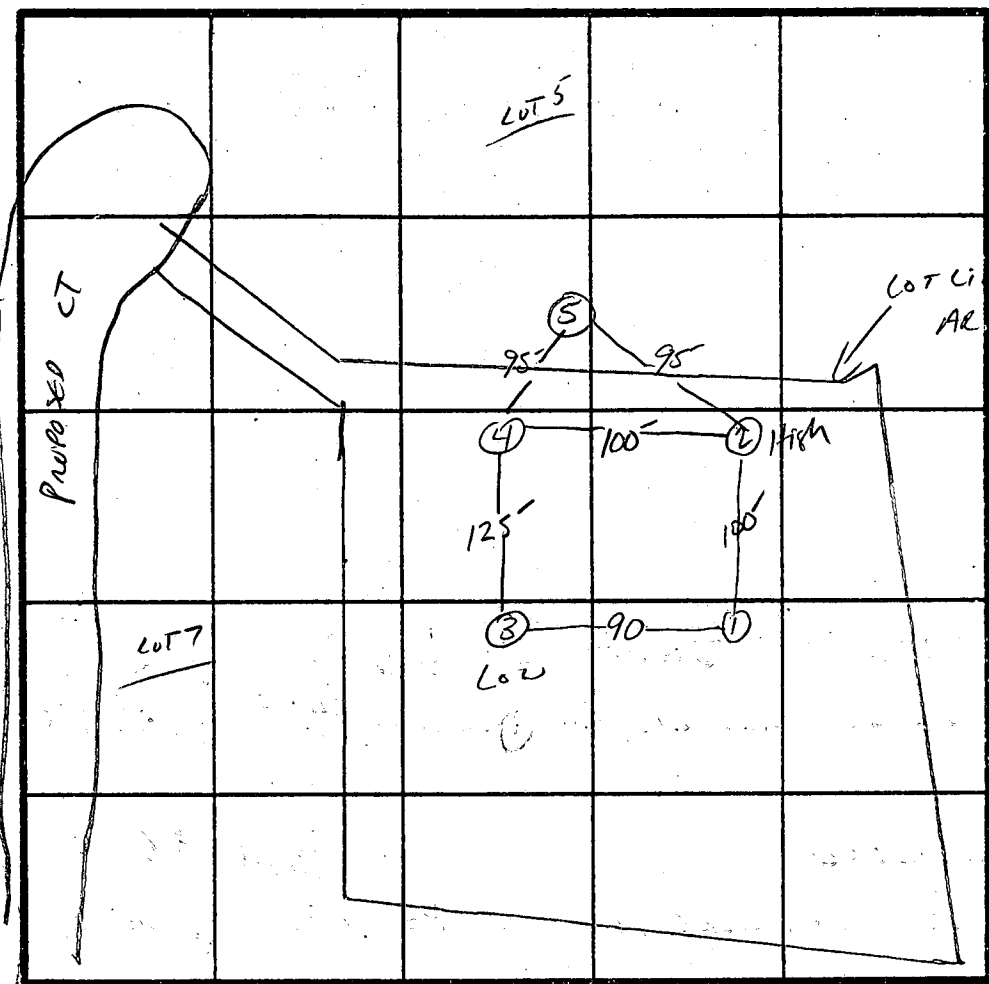
**THIS IS NOT A PERMIT** BP# 8335

SOIL PROFILE  
 ① ③ ④

0"  
6"  
3.5'  
10'

A1-3  
Brown Silty  
CLAY LOAM  
10-20%  
SAPROLITE

Yellow Brown  
Silty SAND  
10-20%  
SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0"  
6"  
3.5'  
9'

②  
A1-3  
Yellow Brown  
CLAY LOAM  
210%  
SAPROLITE

White Brown  
Silty SAND  
10-20%  
SAPROLITE

X 12 MIN  
 INLET 3 1/2'  
 BOTTOM 5'  
 17/86  
 UP X TO  
 16 MIN  
 High Press  
 Times +  
 H2O at  
 12 ft

(Paw)  
 2097/BR

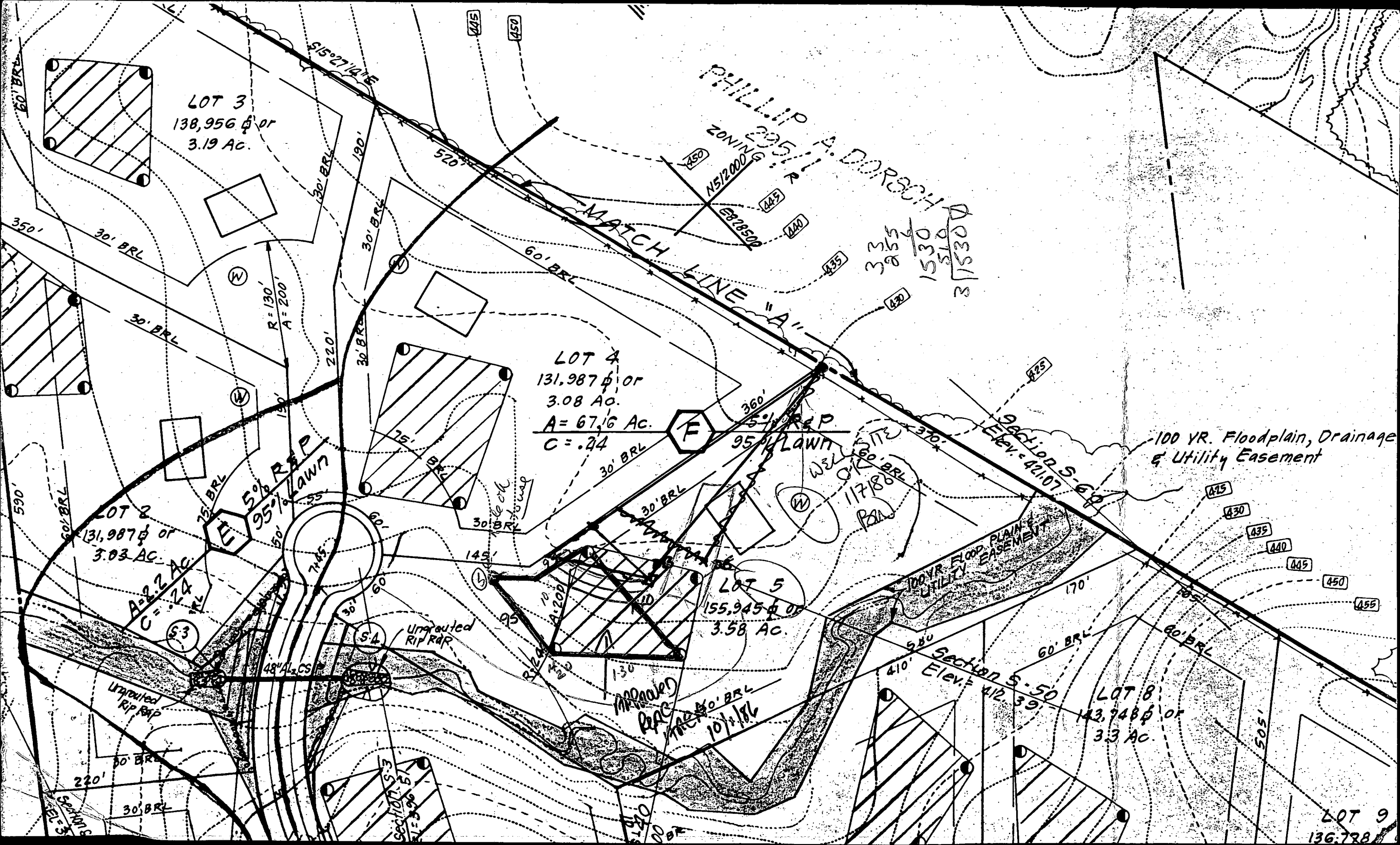
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17	1S	3.5'	3:04	3:14	3:14	3:36	22 MIN
	1V	10'	SHALLOW TEST PIT UNIFORM SOIL		Below 3.5'		
	2S	3'	3:09	3:13	3:13	3:24	11 MIN
	2V	9'	SHALLOW TEST PIT UNIFORM SOIL		Below 3.5'		
4/19	3S	5'	1:31	1:48	1:48	2:10	22 MIN
	3V	12'	WATER AT 12' UNIFORM SOIL		Below 4'		
	4S	4'	1:34	1:38	1:38	1:49	11 MIN
	4V	10'	SHALLOW TEST PIT UNIFORM SOIL		STRUCTURE Below 3.5'		
9/25/86	5V	12'	CLAY TO 4' - SAND LOAM - 10-15% FRAGMENTS				

9/25 - MAINTAIN SHALLOW SYST AT PRESENT TIMES

REMARKS: hole LOCATED AS PER PLAT - EQUIPMENT FAILURE UNABLE TO FINISH

TYPE OF SOIL \_\_\_\_\_

TESTED BY SABER ALSO PRESENT PAT LONDRAUM



LOT 3  
138,956 sq ft  
or  
3.19 AC.

LOT 4  
131,987 sq ft  
or  
3.08 AC.  
A = 67.16 AC.  
C = .24

PHILLIP A. DORRICH  
ZONING NS12000

335  
385  
-----  
1530  
510  
-----  
31530

11780  
11780  
-----  
11780

100 YR. Floodplain, Drainage  
& Utility Easement

Section S-50  
Elev. 412.39

LOT 8  
143,748 sq ft  
or  
3.3 AC.

LOT 9  
136,788 sq ft



3925

5-5-87  
AM

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 # 39253 Date 04-24-87  
 Name of Installer R. A. WOOD PLUMBING Telephone 301-4423  
 License number MD 7040  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner DERINGER Telephone 991-0078  
 Subdivision HOMELAND ESTATES Lot # 5 Well tag # - - - ?  
 Site Address 11206 MCGEE WAY  
ELLICOTT CITY MD

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type a. Deep well jet <input checked="" type="checkbox"/> b. Shallow well jet <input type="checkbox"/> c. Submersible <u>3/4</u>	1. Horsepower <u>3/4</u> 2. RPM <u>1750</u> 3. Voltage <input type="checkbox"/> a. 110 <input type="checkbox"/> b. 220 <u>1</u>	1. Make <u>GOLD</u> 2. Model # <u>11124</u> 3. Depth <u>2'</u>
2. Make <u>GOLD</u>		
3. Model # <u>2EH02</u>		
4. Capacity <u>2</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <u>20</u> Other <u>CABLE TIES</u>		
<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>10</u>	1. Type <u>POLYBUTYLENE</u>	1. Depth <u>110</u> ft.
2. Pressure relief valve? <u>75 PSI</u>	2. Size <u>1"</u>	2. Yield <u>12</u> GPM
	3. NSF and/or BOCA Code approved <u>Yes</u>	3. Static water level <u>    </u> ft.
	4. Depth of supply line <u>200' 95'</u>	4. Will water supply be disinfected by installer? <u>Yes</u>

75  
4  
300

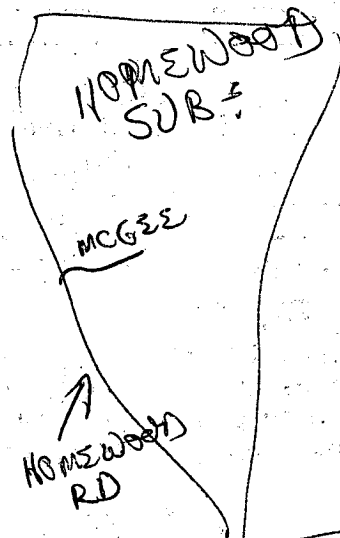
225  
9  
900

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: R. A. Wood  
Date: 04-24-87

WELL OK & PRESSURE TANK OK  
PUMP INSTALL  
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.  
300



GAITHER  
FARM

RT 708

C1 00827 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-35196**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **032186** Depth of Well **110** (TO NEAREST FOOT)  
 FROM "PERMIT TO DRILL WELL" **HO-81-1288**

OWNER **GOODIER BUILDERS INC** last name first name  
 STREET OR RFD **HOMERWOOD RD** TOWN **ELICOTT CITY**  
 SUBDIVISION **HOMERWOOD** SECTION [ ] LOT **5**

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	
SAND	0	98	
GRAY GRANITE	98	110	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **28** NO. OF POUNDS **2632**  
 GALLONS OF WATER **168**  
 DEPTH OF GROUT SEAL (to nearest foot).  
 from **0** ft. to **110** 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 **ST** Nominal diameter (nearest inch) **6** Total depth (nearest foot) **110.5**

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 BRONZE PLASTIC OPEN HOLE OTHER

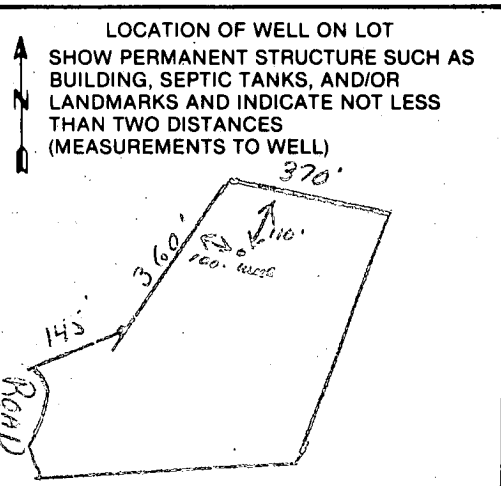
DEPTH (nearest ft.)  
 EACH SCREEN  
**HO** **104** **110**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **12**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **27** WHEN PUMPING **35**  
 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) **+** above **-** below LAND SURFACE (nearest foot)



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 **Joseph L. Maize**  
 (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 **3954** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND  
PERMIT TO DRILL WELL

please print or type.

OEP PERMIT NUMBER

**40-81-1288**

fill in this form completely

Date Received **12/27/85**

OWNER INFORMATION

**Goodier BUILDERS INC**  
Last Name Owner First Name

**233 DEEP DAKE DRIVE**  
Street or RFD

**Timonium MD 21093**  
Town State Zip

B 3 LOCATION OF WELL

**HOWARD** COUNTY

**HOMWOOD** SUBDIVISION

SECTION **44** LOT **5**

**ELLICOTT CITY** NEAREST TOWN

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

DRILLER INFORMATION

**Joseph L. Mayne** License No. **239**

**Joseph L. Mayne Well Drilling** Firm Name

**5512 Ridge Rd. Mt. Airy MD. 21771** Address

**Joseph L. Mayne** Signature **12/26/85** Date

B 4

**Homewood Road** NEAR WHAT ROAD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**675** DISTANCE FROM ROAD

ENTER FT or MI **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

**HOMWOOD** COUNTY NAME

**A-35196** COUNTY NO.

OEP SIGNATURE \_\_\_\_\_ DATE ISSUED **010786**

STATE HEALTH INSERT S \_\_\_\_\_ EXP. DATE **07/07/86**

NORTH GRID **511000** EAST GRID **3828000**

APPROXIMATE DEPTH OF WELL **240** FEET

APPROXIMATE DIAMETER OF WELL **6** 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

**8208** (E)

**5101** (N)

000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

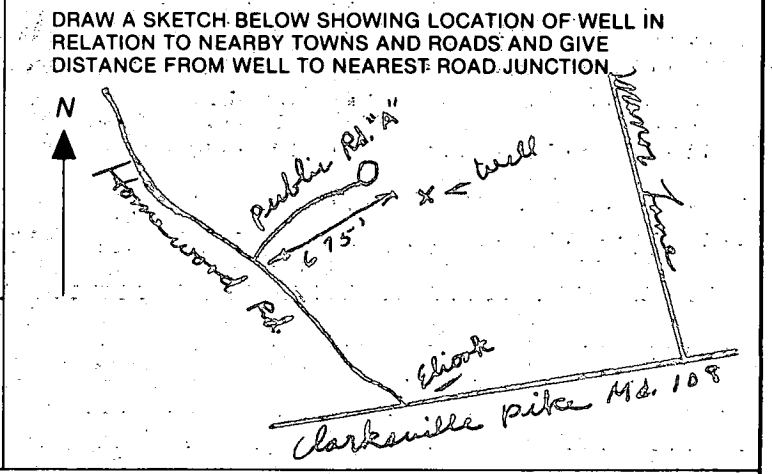
THIS WELL WILL NOT REPLACE AN-EXISTING WELL

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)

APPROX. PERMIT NUMBER \_\_\_\_\_

FORCE **BN** WRITE INITIALS IN BOX PERMIT NO. **40-81-2288**

SPECIAL CONDITIONS

HEALTH

3/2/86 H<sub>2</sub>O sample taken 10<sup>45</sup> am (H9643)

105 ft casing

40 ft annular space

28 bags cement

(includes 2 dry bags)

Well site = as per plot

1 ft casing above ground

sufficient vol for 500 gal/2h