

923
RN + LATER
9/23/86
Hate

03-310612

9/23/86
septic OK'd
Also partial
WBS OK'd
P 37615
A 35198

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X992X2330
461-9933

INDEXED

ELLICOTT CITY
DISTRICT _____
DATE 9/3/86

{ I.C.O. Permitted only }
Time expired

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salembottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Homewood ROAD 11140 Homewood Road LOT 8 13

PROPERTY OWNER Allan Waschak
11140 Homewood Road

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2-1500 GALLONS NUMBER OF BEDROOMS 6

TRENCHES - 192 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 245 feet from the front (230') lot line and 105 feet from the left (510') lot line as seen when facing the lot from Homewood Road. Run trench(s) on contour toward the back (230') lot line.

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.

BLDG. PERMIT SIGNED
AND RETURNED 10/30/86
Paul # 8014 Pro.

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.

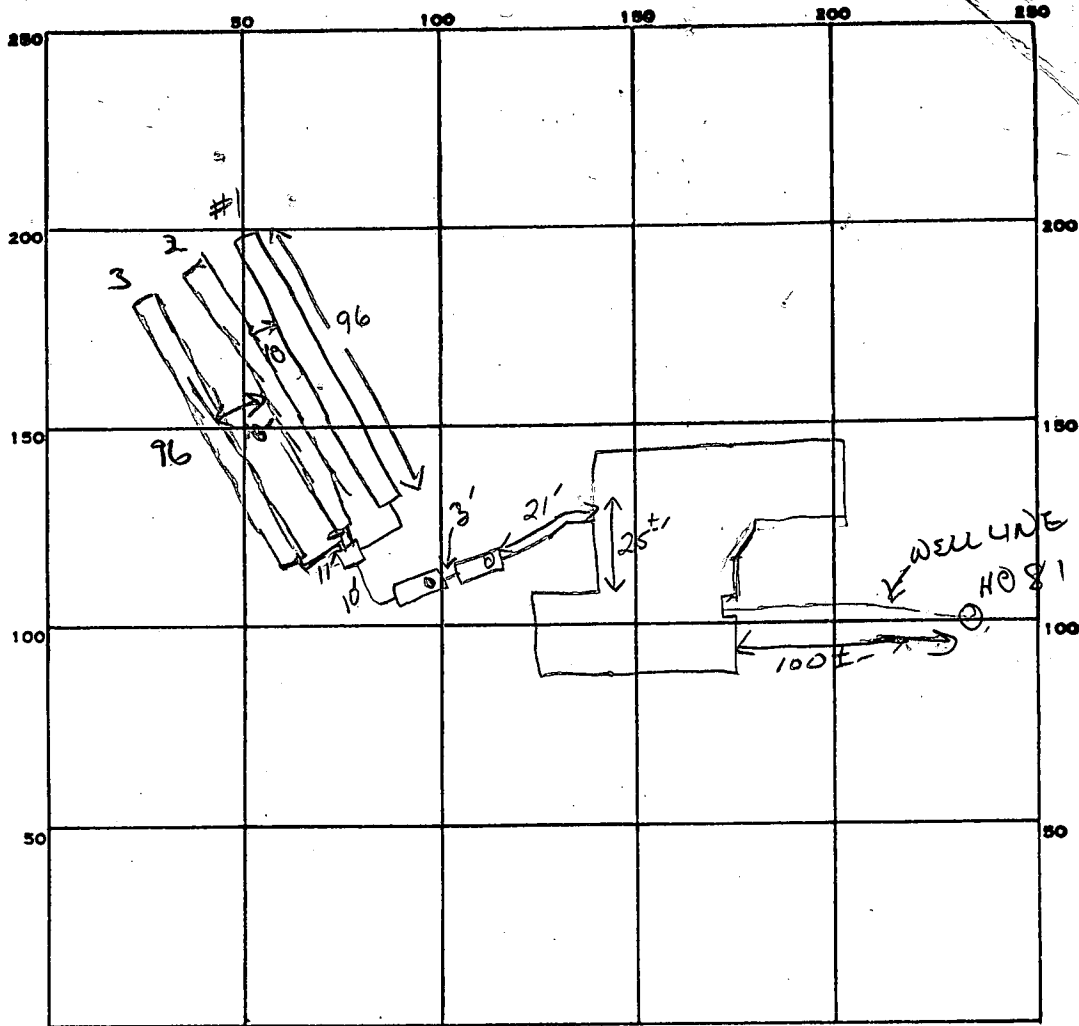
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6-INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35198



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

HOMWOOD Rd.

PERMIT CARD Final

SEPTIC TANK, LEVEL 2 (1500 GAL)

CLEANOUTS 2 (1 each S.T.)

DISTRIBUTION BOX, LEVEL 1

TILE FIELD, DEPTH 8' 8' 8' FT. TRENCH WIDTH 2 FT. INLET 4'

GRAVEL DEPTH 4 4 4 IN. TOTAL LENGTH 96 96 96 FT. 1 SIDE WALL
 NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 384 + 384 + 384

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

ABSORBENT AREA 1152 SQ. FT.

REMARKS 9/23/86 SA/BN

9/23/86 OK to cover trenches 1 & 2. OK to finish digging trench #3, add stone pipe paper & cover. OK to cover all other work

9/23/86 Potless in & OK, ground wire (not mounted) & lines in OK to cover outside line (striker attached)

DATE SYSTEM APPROVED 9/23/86

INSPECTOR B Nijon

5' 192
 1152
 288
 41152
 8/31/86
 3/2/86

96
 3
 884
 3
 1152

192
 6
 1152

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35198

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

PROPERTY LOCATION:

SUBDIVISION Homewood 11140 Homewood Rd. LOT NO. #9 (now #8)
ROAD AND DESCRIPTION off Homewood Rd. near Rt. 108 (show off Plat)

SIZE OF LOT 3 acre TYPE BLDG. S.F. 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 Goodier
(SIGNATURE OF APPLICANT)

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

REJECTED BY _____ FOR _____ DATE _____

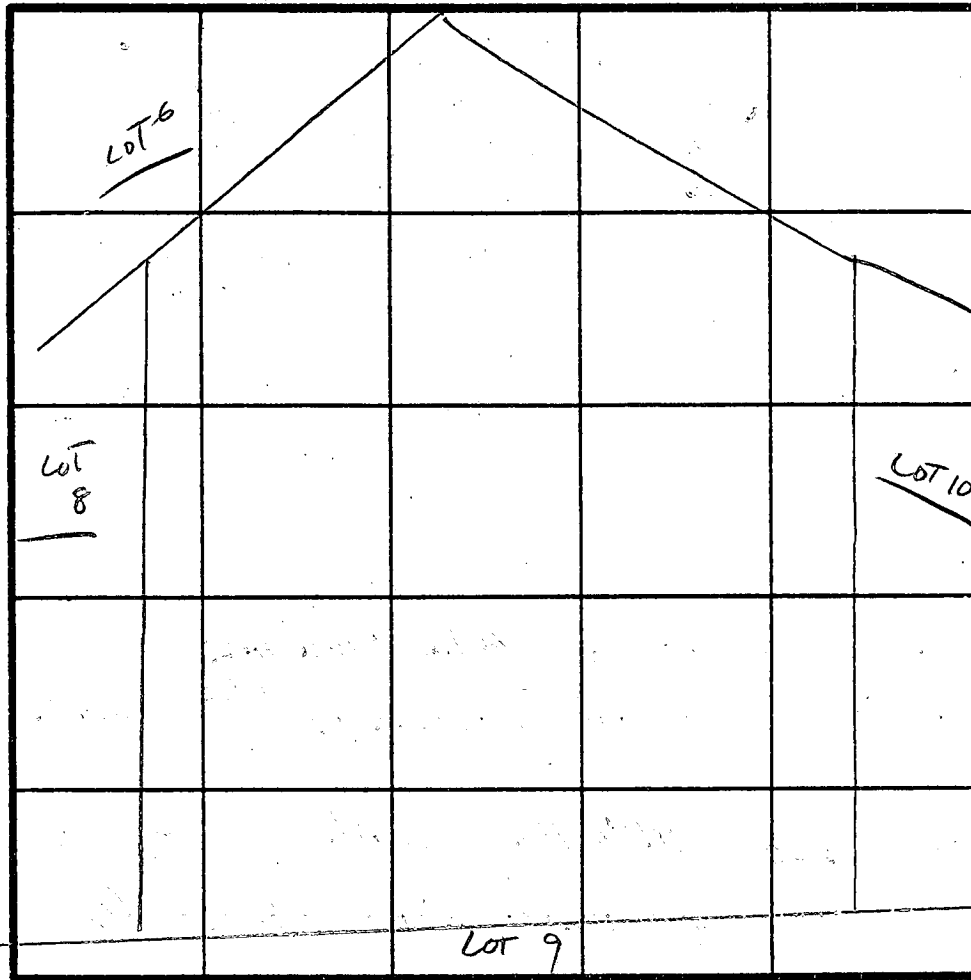
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/21/86

BP # 71780

THIS IS NOT A PERMIT



SOIL PROFILE

0	TAN CLAY LOAM
4	SAND CLAY LOAM
6	SAND LOAM 10% GRAVEL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

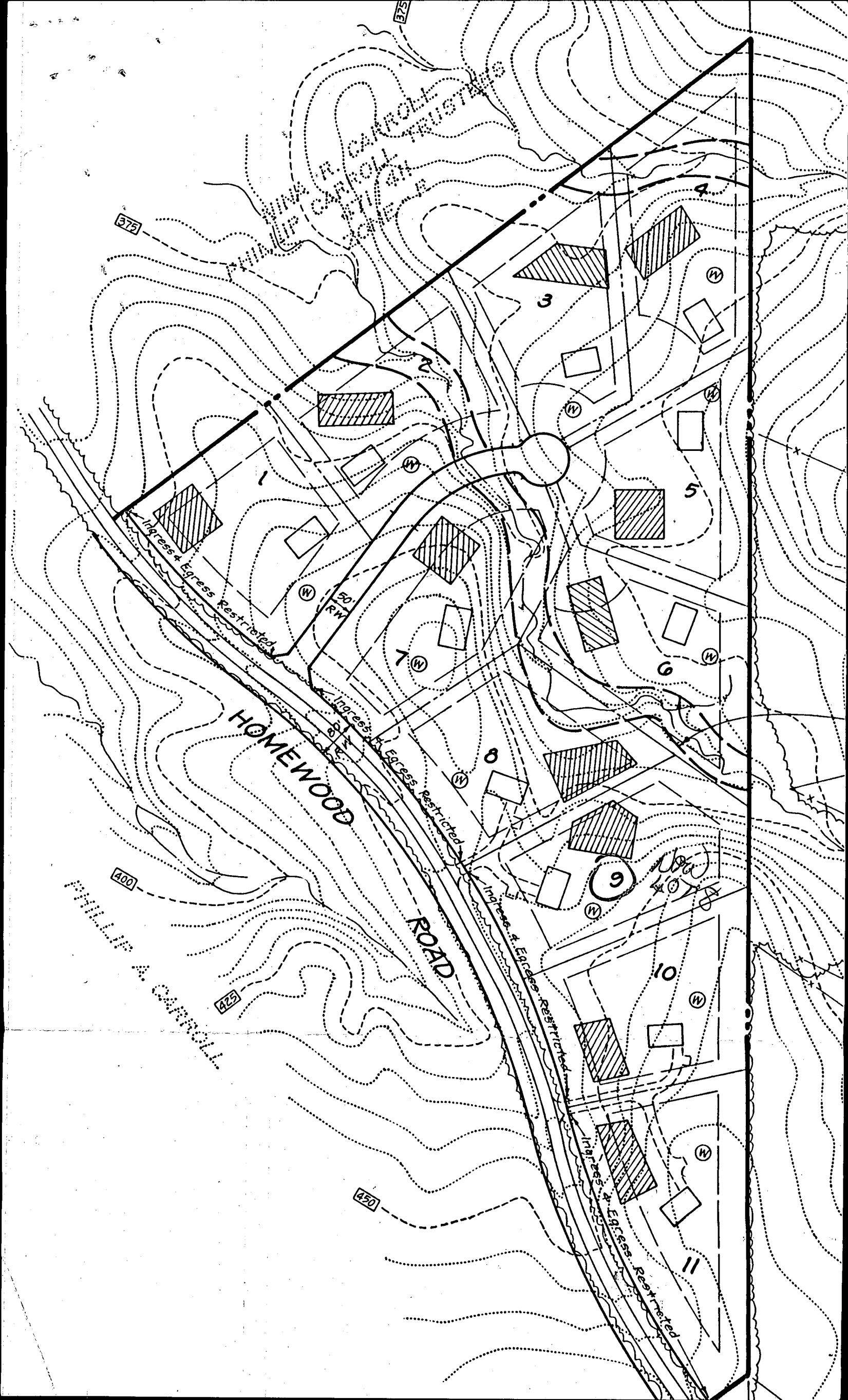
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	4	4 1/2	3:29	3:34	3:34	3:39	5 MIN
		13	SLIGHTLY DAMP AT 13'				
	5	3 1/2	3:31	NO MOVEMENT			
		5	3:59	4:06	4:06	4:15	9 MIN
		12					
	6	3 1/2	3:34	3:50			
		4 1/2	3:54	3:56	3:56	3:59	3 MIN
		9					
	7	3	3:46	3:50	3:50	3:56	6 MIN

X 6 MIN
INSET 4'
BOTTOM
MAX
8'

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



C1 00835 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-35198**

DATE RECEIVED
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
033186

DEPTH OF WELL
205
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
NO-81-1297

OWNER **GOODIER BUILDERS INC**
 STREET OR RFD **Homeewood Rd** first name TOWN **ELICOTT CITY**
 SUBDIVISION **Homeewood** SECTION LOT **8**

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	75	
GRAY GRANITE	75	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1222**
 GALLONS OF WATER **78**
 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**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter (nearest inch) Total depth (nearest foot)
ST **1** **4**

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.)
 EACH SCREEN
HO **81** **205**

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 Moynihan**

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

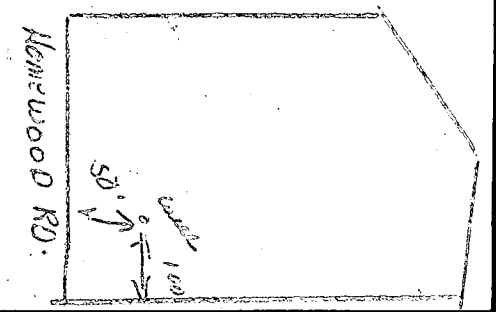
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **0**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **27**
 WHEN PUMPING **141**
 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)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 LAND SURFACE (nearest foot)

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)



B 1 3957

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND 2nd PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-1297

fill in this form completely

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

11:10 AM please print or type

Date Received 3/27/86

OWNER INFORMATION

GOODIER B. WILBERS INC. 233 Deep Lake Drive Timonium MD 21093

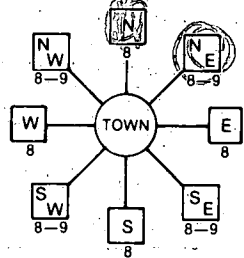
LOCATION OF WELL

HOWARD COUNTY HOMEWOOD 23 SUBDIVISION SECTION 44 LOT 8 ELIZOITY CITY MILES FROM TOWN 1.0 MI

DRILLER INFORMATION

Joseph L. Mayne 238 Driller's Name License No. 80 Firm Name Joseph L. Mayne Well Drilling Inc. Address 5512 Ridge Rd. Mt. Airy 21771 Signature Date 12/26/85

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD Homewood Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 50 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3 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 COUNTY NO. A 35198 OEP SIGNATURE DATE ISSUED 010986 B Nixon 07/09/86 CO SIGNATURE EXP. DATE NORTH GRID 510000 EAST GRID 0828000

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

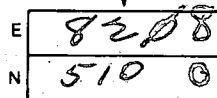
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

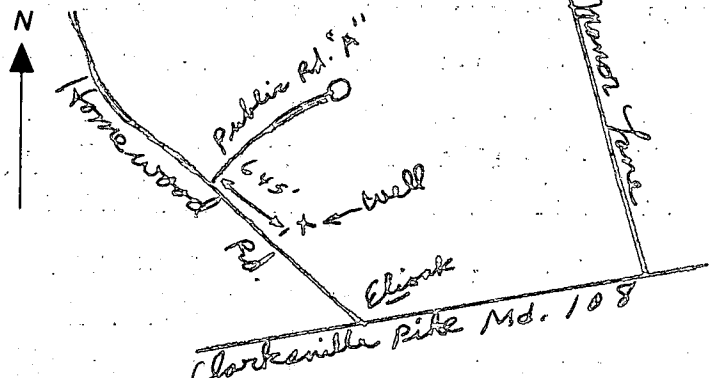
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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



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

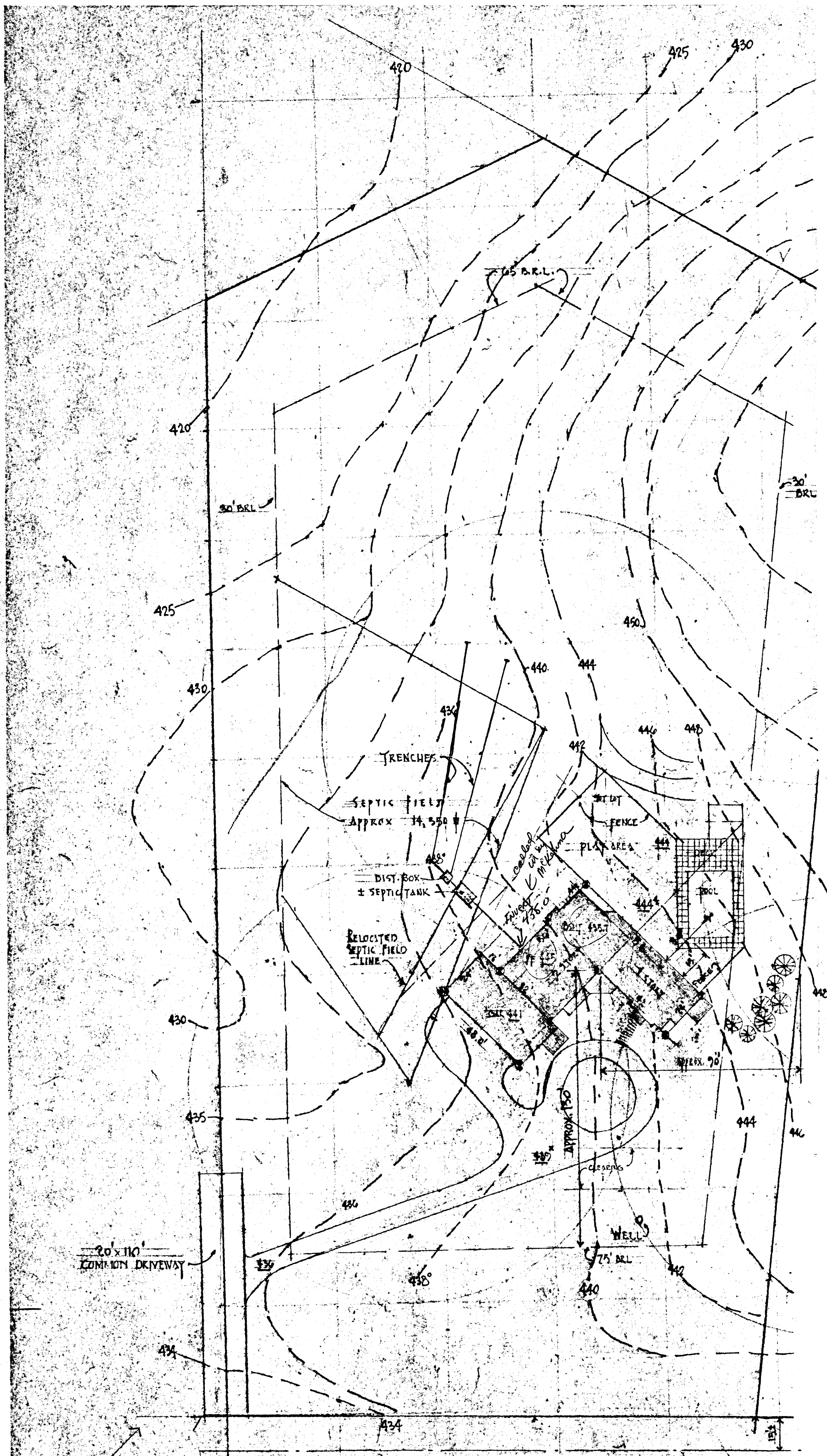


Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

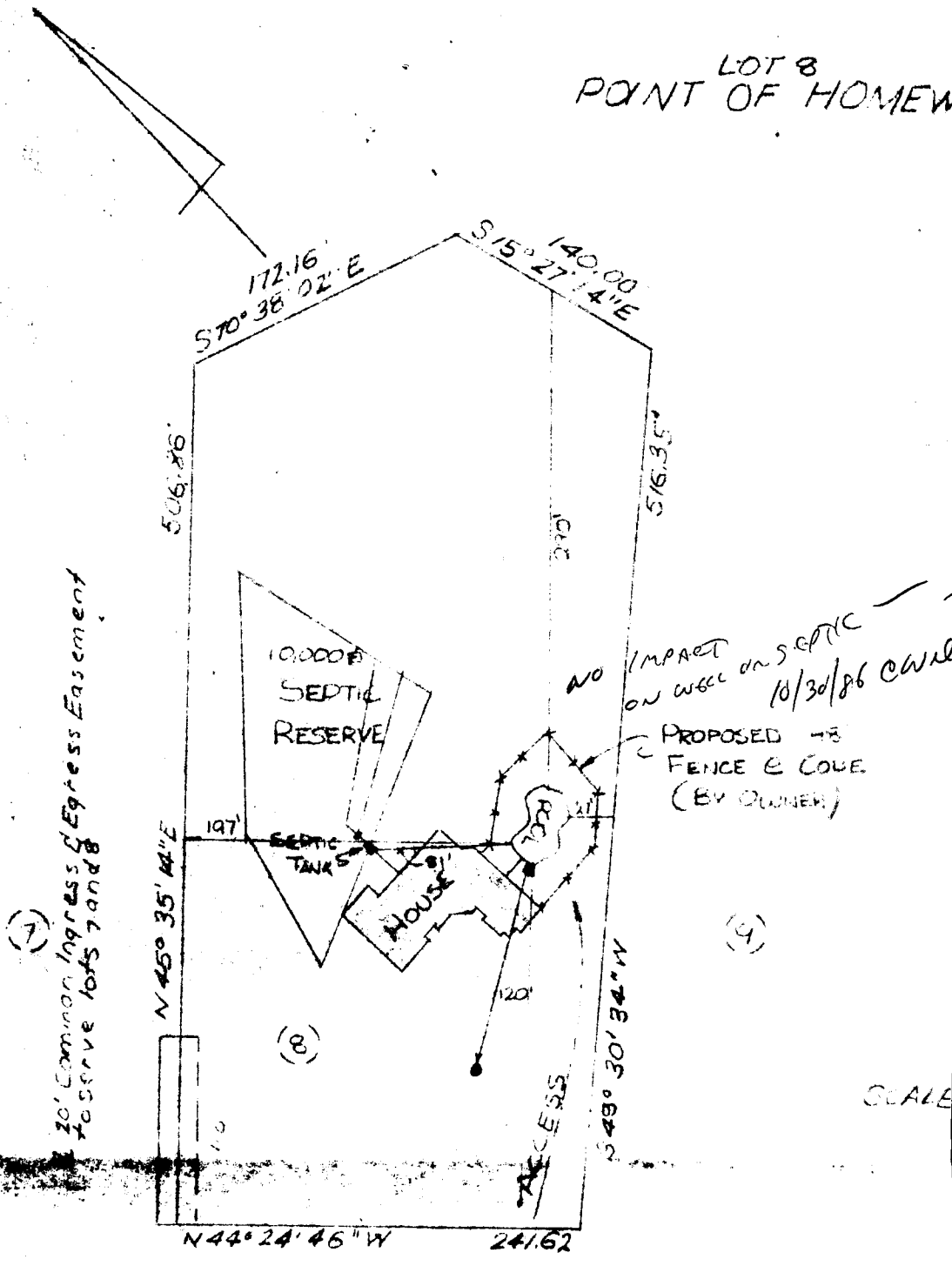
FORCE Am WRITE INITIALS IN BOX PERMIT NO. HO-81-1297

SPECIAL CONDITIONS



HOMWOOD RD

LOT 8
POINT OF HOMEWOOD



HOMEWOOD

ROAD

