

3/16/89 PM-LATS
4/25/89
4/24/89

03-310604

PERMIT

P 43608
A 35201
DISTRICT 3rd

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 2/10/89

DATE SYSTEM APPROVED 4/26/89

INSPECTOR C. Williams

Frail Septic Service, Inc. IS PERMITTED TO INSTALL INSTALL ALTER
ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674
SUBDIVISION Homewood ROAD 11150 Homewood Road LOT 7
PROPERTY OWNER Kerwin Miller
ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

(256 #/GPM WITH DISP.)

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 300 feet from the front (276.96') lot line and 50 feet from the right (506.86') lot line as seen when facing the lot from Homewood Road. Run trenches on contour toward the back right corner of lot.

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

ADJUST LOCATION OF TRENCHES AS PER FIELD INSPECTION OF 2/10/89 TO TOPOGRAPHY PREVENTS GRAVITY-FLOW ACCESS TO HIGHEST PART OF SEWAGE EASEMENT. C. Williams

PLANS APPROVED BY Sid Abel DATE 2/07/86

COVER NO WORK UNTIL INSPECTED AND APPROVED

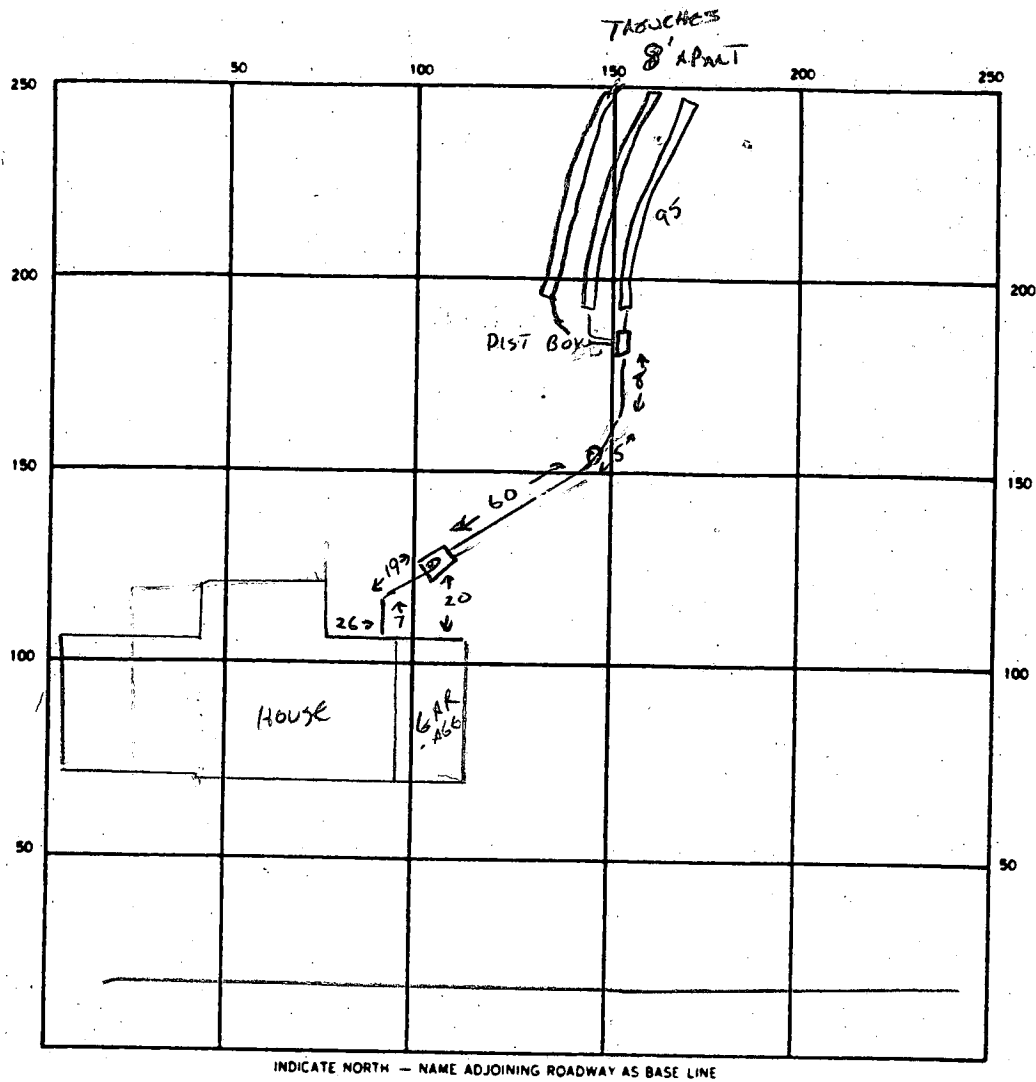
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

- 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 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 APPROVAL ON THIS PERMIT**

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
35201



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

285
x 4 1/2
1140
142
1282

SEPTIC TANK. LEVEL 2000 GAL. CLEANOUTS ST. MANHOLE - INCLINE

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 285 FT.

NUMBER OF TRENCHES 3 (95' each) ONE SIDEWALL/BOTTOM AREA 1280 SQ. FT.

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

ABSORBENT AREA 1280 SQ. FT.

REMARKS 4/25/89 OK TO FINISH FIRST TRENCH, CW

4/25/89 OK TO COVER FIRST TWO TRENCHES, CW

4/26/89 OK TO COVER ALL,

DATE SYSTEM APPROVED 4/26/89 INSPECTOR CWILLIAMS

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

IA 35201

P _____

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

ADDRESS 233 DEEP DUE DR TIMONVILLE MD 21093 PHONE SE. 252-6141

PROPERTY LOCATION: _____

SUBDIVISION HOMERWOOD LOT NO. #3

ROAD AND DESCRIPTION OFF HOMERWOOD RD. NEAR RT 108 (REF. PLAT)

SIZE OF LOT 3 acres TYPE BLDG. S.F. 3 to 5 Bed R.
(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 _____ FOR _____ DATE _____

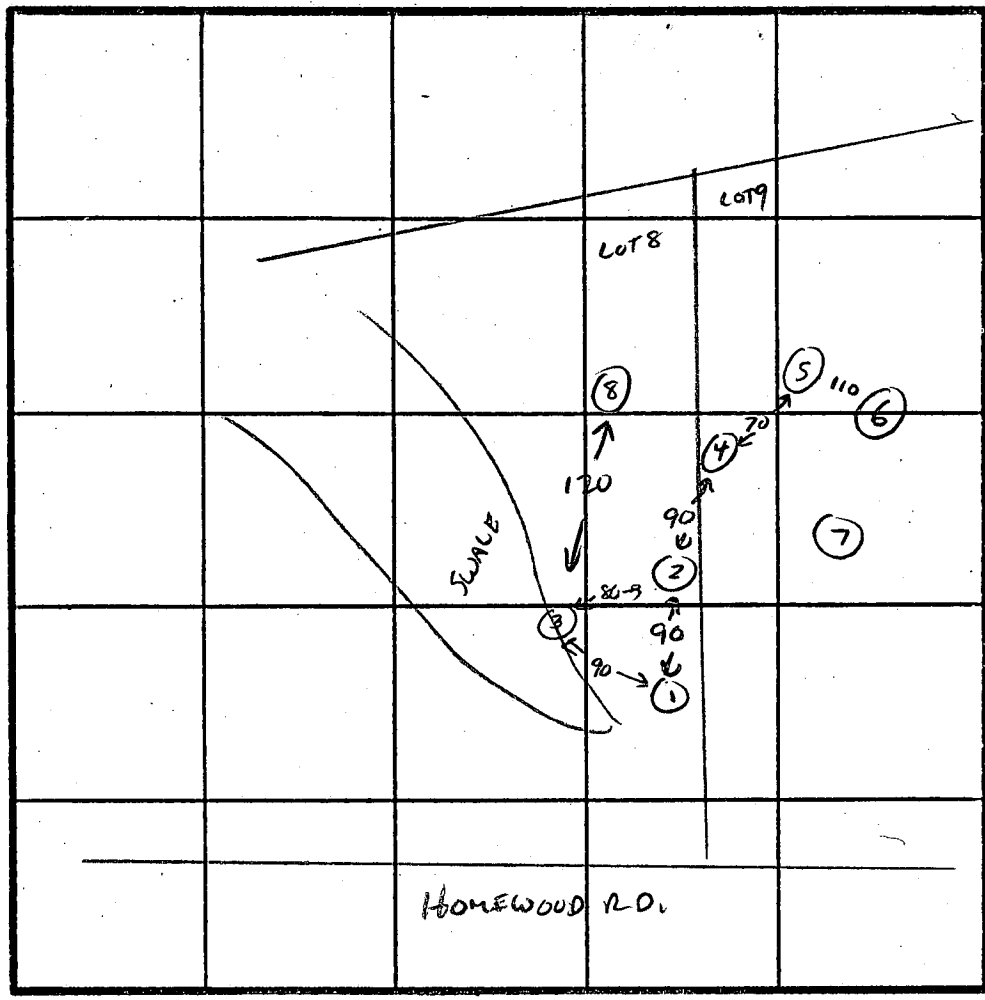
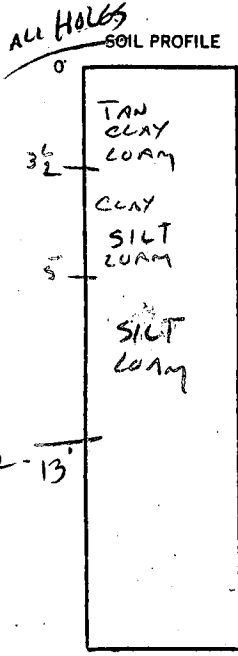
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 8
NEW LOT 7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X 12 MIN
INLET 3 1/2'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/16/85	1	3 1/2	3:18	3:22	3:22	3:28	6 MIN
		9	VISUAL	SAND			
		12	SAND				
4/16/85	2	3	3:25	3:27	3:27	3:30	3 MIN
		9	VISUAL	SAND			
		12	SLIGHTLY	DAMP AT 12'			
4/16/85	3	4	3:23	NO MOVEMENT			
		5	4:03	4:09	4:09	4:21	13 MIN
		12					
	8	4	4:09				TEST NOT COMPLETED
13		VIS OK	4-13'			OK	

BOTTOM
MAX 8
180#/BR

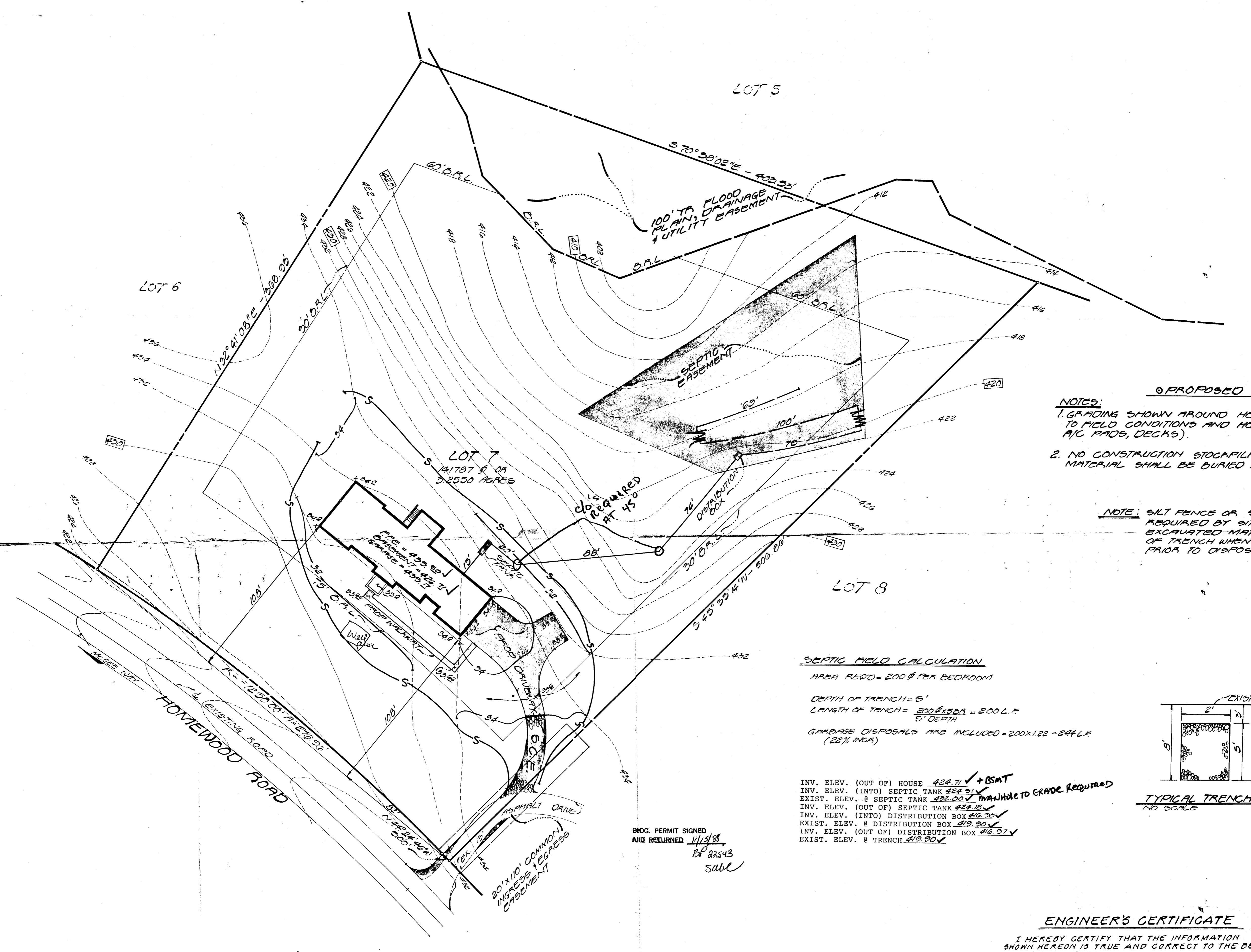
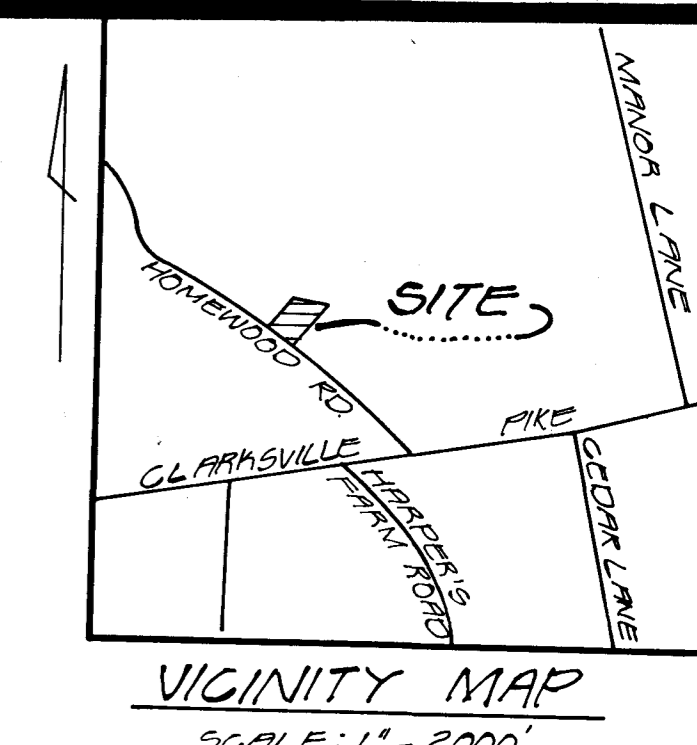
EH-12-1079

REMARKS SWALE MAY COMPLICATE HOUSE SITE.

TYPE OF SOIL MICH LOAM, MODERATE TEST TIMES.

TESTED BY CWELIN ALSO PRESENT PAT LENDRIN

SCALE: 1"=30'



NOTES:

1. GRADING SHOWN AROUND HOUSE MAY VARY DUE TO FIELD CONDITIONS AND HOUSE "ADD-ONS" (STOOPS, PIC PADS, DECKS).

2. NO CONSTRUCTION STOCKPILING, REFUSE OR EXCESS MATERIAL SHALL BE BURIED IN SEPTIC EASEMENT.

NOTE: SILT FENCE OR STRAW BALE DICES AS REQUIRED BY SITE INSPECTOR. FILL EXCAVATED MATERIAL ON HIGH SIDE OF TRENCH WHEN INSTALLING SEPTIC FIELDS PRIOR TO DISPOSAL OF EXCESS MATERIAL

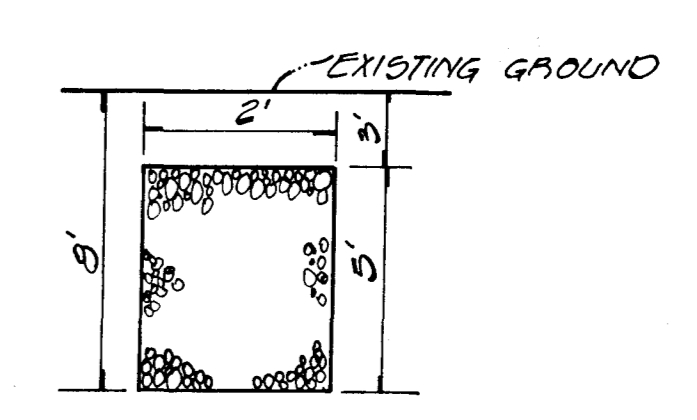
SEPTIC FIELD CALCULATION

AREA REQ'D = 200 SF PER BEDROOM

DEPTH OF TRENCH = 5'

LENGTH OF TRENCH = $\frac{200 \times 5}{5} = 200$ L.F.

GARBAGE DISPOSALS ARE INCLUDED = $200 \times 1.22 = 244$ L.F. (22% INCA)



TYPICAL TRENCH DETAIL
NO SCALE

INV. ELEV. (OUT OF) HOUSE 422.71 ✓ + BSMT

INV. ELEV. (INTO) SEPTIC TANK 422.31 ✓

EXIST. ELEV. @ SEPTIC TANK 422.00 ✓

INV. ELEV. (OUT OF) SEPTIC TANK 424.18 ✓

INV. ELEV. (INTO) DISTRIBUTION BOX 419.20 ✓

EXIST. ELEV. @ DISTRIBUTION BOX 419.20 ✓

INV. ELEV. (OUT OF) DISTRIBUTION BOX 416.57 ✓

EXIST. ELEV. @ TRENCH 419.20 ✓

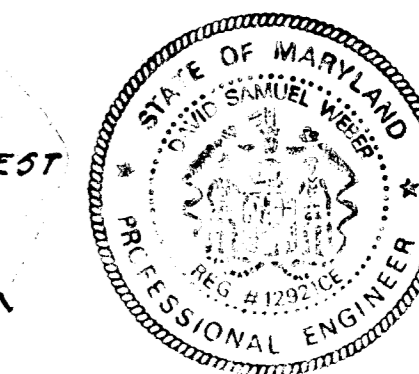
ENGR. PERMIT SIGNED AND RETURNED 11/3/88
EP 22543
SMB

ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

11/9/88
DATE

David S. Weber
DAVID S. WEBER, P.E., P.L.S.



PRINTED

NOV 9 1988

GW GUTSCHICK LITTLE & WEBER, P.A.
ENGINEERS, PLANNERS, SURVEYORS
3909 NATIONAL DRIVE SUITE 250 BURTONSVILLE OFFICE PARK BURTONSVILLE, MD. 20866
TELEPHONE (301) 421-4024

DES.	DRN.	CHK.	DATE	REVISION	BY	APP'R.
	HDB					

PREPARED FOR:
MILLER-BUILT
HONARD OAKS, INC.
4229 CHERRY VALLEY DRIVE
OLNEY, MARYLAND 20832
PHONE: (301) 924-5944

SITE PLAN
POINT OF HOMEWOOD
LOT NO. 7
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE	ZONING	G.L.W. FILE No.
1"=30'	R	88-074
DATE	TAX MAP No.	SHEET
OCT. 1988	PAR. 279	1 OF 2

GUTSCHICK, LITTLE & WEBER, P.A.

B 1 **3956** 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 *2nd*

please print or type

OEP PERMIT NUMBER
HO-81-1291

fill in this form completely

Date Received *3/24/86*

1 2 2 7 8 5 OWNER INFORMATION

Goodier Builders Inc.
Last Name Owner First Name

233 Deep Dale Drive
Street or RFD

Timonium **MD 21093**
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

Homewood SUBDIVISION

SECTION **7** LOT **7**

ELLICOTT CITY NEAREST TOWN

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

DRILLER INFORMATION

Joseph L. Mayne License No. **238**

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy 21771
Address

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

B 4

Homewood Road NEAR WHAT ROAD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **100** FT

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

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-35201 COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED **010786** EXP. DATE **07/07/86**

NORTH GRID **511000** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 828
N 511

location OK
89' casing
1' above pt
50' open
34' basement well
3/24/86
JS

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

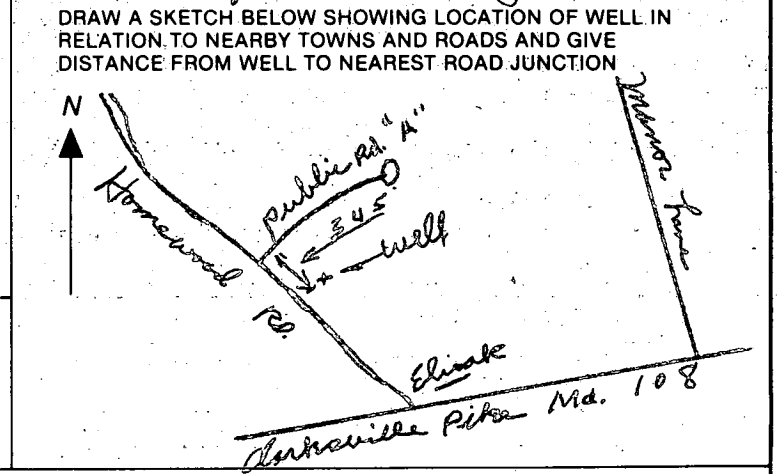
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEN 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 _____

FORCE **RD** WRITE INITIALS IN BOX PERMIT NO. **HO-81-1291**

C1 00829

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-35201

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 [] [] [] [] 13

15 032686 20

22 125 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 HC-81-1291

OWNER GOODIER BUILDERS INC last name first name STREET OR RFD HOMEWOOD RD. TOWN ELLICOTT CITY SUBDIVISION HOMEWOOD SECTION LOT 7

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

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include SAND (0-81) and GRAY GRANITE (81-125).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 34 NO. OF POUNDS 3196

GALLONS OF WATER 204

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

enter 0 if from surface

CASING RECORD

case types insert appropriate code below STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE S7 Nominal diameter 6 Total depth 189

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below STEEL (ST) BRASS (BR) OPEN HOLE (HO) BRONZE (PL) OTHER (OT) PLASTIC (OT)

DEPTH (nearest ft.)

Table with 3 columns: E A C H S C R E E N, DEPTH (nearest ft.), SLOT SIZE 1 2 3

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

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) 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 28

WHEN PUMPING 30

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

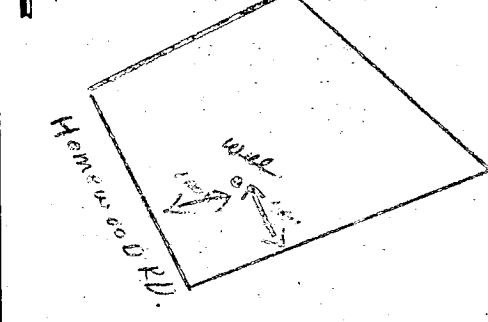
PUMP HORSE POWER

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)



5-26-89
AM

5/26/89
Partial ↓

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 X Receipt # 44385
Replacement _____ Date 5-29-89
Name of Installer RA Kelley Telephone 975-4820??
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Kerwin Miller Telephone 975-4820
Subdivision Point of Homewood Lot # 7 Well Tag # HO-81-1291 ✓ 5/26
Site Address 11150 Homewood Rd

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ 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 _____
Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth 125 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 12 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

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: 5-29-89 (?)

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

HD-215

{ Need to see pump & tank yet. } 5/26/89 Partial Line & pitless adapter ok. C.B.S.