

11-7-87
9:30am
final

05-399106

11/5/87
PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 40315

A 35203

DISTRICT 5th

DATE 10/20/87

DATE SYSTEM APPROVED 11-9-87

INSPECTOR JEN

Jay Gulliford IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Greenefields ROAD 6516 Prestwick Drive LOT 9

PROPERTY OWNER Jay Gulliford

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 4

207
828

TRENCHES - 207 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place distribution box 150 feet from the ~~front~~ ^{REAR} (400.27') lot line and 35 feet from the ~~left~~ ^{RIGHT PLANT} lot line as seen when facing the lot from Right-of-way. Run trenches on contour toward the ~~right~~ ^{LEFT} lot lines. MAINTAIN 100 FEET FROM THE WELL WITH THE SEPTIC TANK. ^{LEFT/REAR (3 / 400.27') LINES.}

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

PLANS APPROVED BY S. Abel DATE 2/14/86

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.

BLDG. PERMIT SIGNED
AND RETURNED 7/23/92
Serial # 44655 - Pool

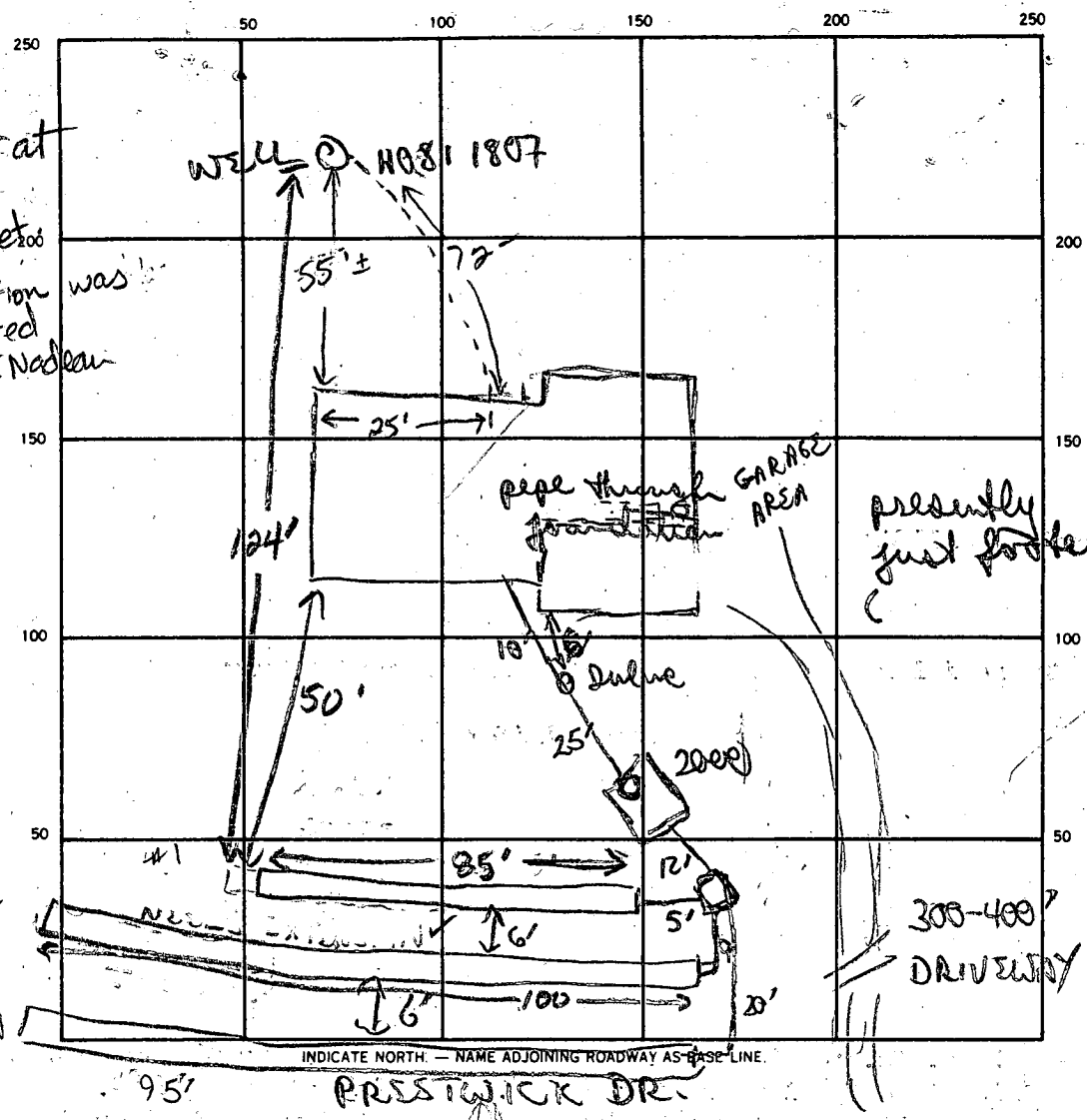
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35203

11-9-87
 WP Inspection
 Pitless adaptor at
 52 inches, No
 ground line yet
 House connection
 ground line covered
 in trench. JEN Nadeau



30
 24
 120
 60
 72

270
 37828
 22
 18

276
 195
 87

95
 65
 35
 195
 37828
 207
 4
 21
 18

828

SEPTIC TANK LEVEL 2000 CLEANOUTS 1 in line manhole c/o (2 rings)

DISTRIBUTION BOX LEVEL W/ baffle

DRAIN FIELD/TILE FIELD DEPTH 4 1/2 FT. TRENCH WIDTH 3' FT. INLET DEPTH 3' 3' 3' FT.

EFFECTIVE GRAVEL DEPTH 1.5 1.5 1.5 FT. TOTAL LENGTH 85' 100' 95' FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 255 360 285 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS 11/5/87 Building plans inaccurate @ trench length. Adjustments to trenches 1 & 2 needed. Trench #1 to be 65'; trench 2 100' long OR to cover trench #3; OK to cover from house to dist. box for other 2 trenches. Trench #1 not to exceed 65' due to infringement on well 11-6-87 OK to cover trench #1, add stone, pipe & paper to trench #2. JEN 11-9-87 OK to cover trench #2 and all other work.

DATE SYSTEM APPROVED 11-9-87 INSPECTOR Jane E. Nadeau

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35203

P _____

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

DISTRICT 5

DATE 3-29-85

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 DEVELOPER Prestwick Drive Joint Venture JAY Gulliford

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:
SUBDIVISION Ralph Greene Property KAREN FIELDS Sect LOT NO. NEW LOT 9 ON
X FINAL

ROAD AND DESCRIPTION End of Prestwick Drive 6516 PRESTWICK DR.

SIZE OF LOT 3 acres TYPE BLDG. single family
(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.

Philip Mangit
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Tile fields DATE 2-14-86

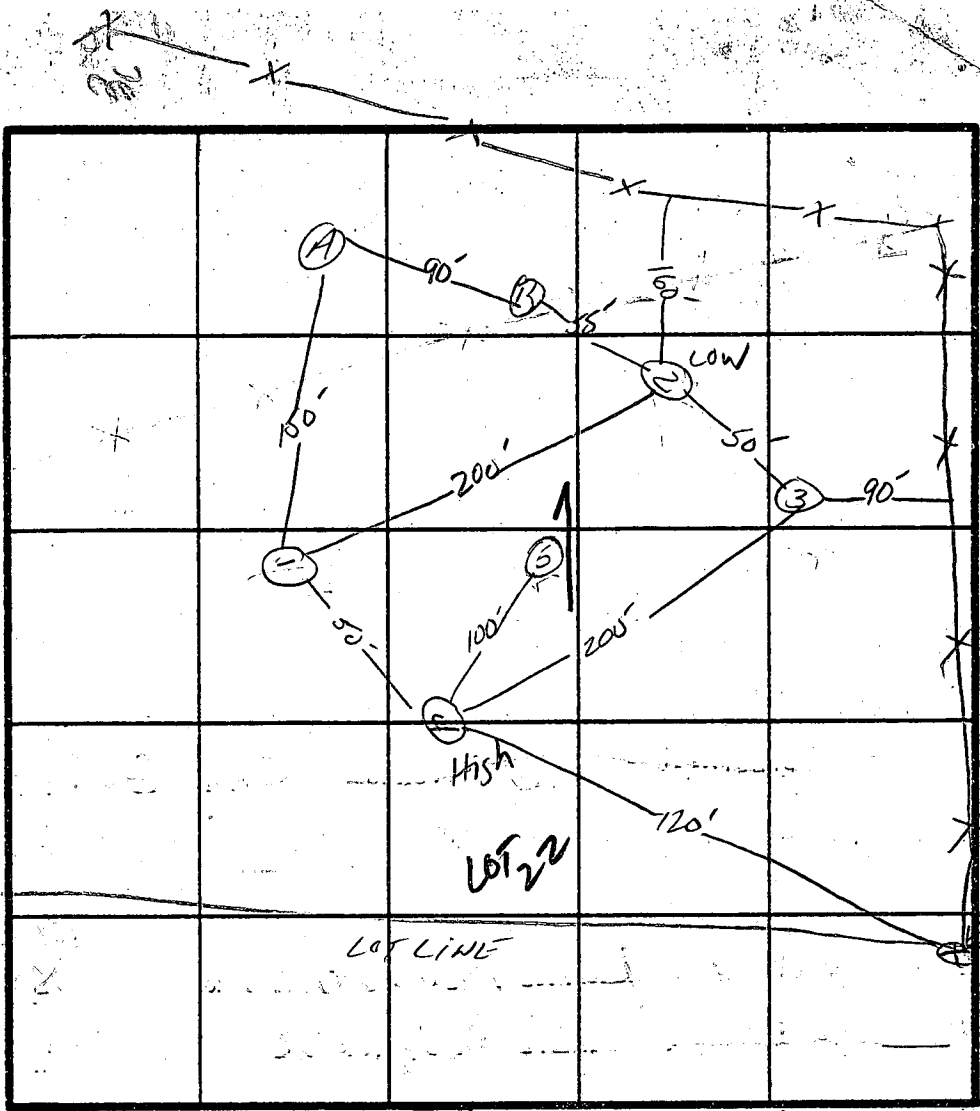
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-9-85 Perc Satisfactory, hold for Review WATER IN ONE hole,
hold for certified Subdivision PCAT, HOLE LOCATION, house AND well site, Sabel
Perc reviewed OK 4/23/85 C. Williams

BLDG. PERMIT SIGNED
AND RETURNED 9/28/87
BP 14738

THIS IS NOT A PERMIT



STAKE CORROW

MOZ
X Perc. Time
10min

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

① ③
SOIL PROFILE

| | |
|-----|---|
| 0" | AP |
| 9" | BROWN CLAY LO AM 40% SAPROLITE |
| 4" | BROWN SAND LO AM 10-20% SAPROLITE |
| 10" | Grey Brown SAND silty 10-20% SAPROLITE |

② ④

| | |
|------|---|
| 0" | AP |
| 9" | BROWN CLAY LO AM 40% SAPROLITE |
| 3.5" | BROWN silty SAND 20-30% SAPROLITE |

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|--------|--------------|-----------|---|-------|----------------|-------|-------|--|
| | | | START | STOP | START | STOP | | |
| 4/9/85 | ✓ 1S ✓ 1V | 5' 12' | 11:05 | 11:11 | 11:11 | 11:24 | 13min | |
| | | | IRREGULAR SOIL STRUCTURE SEE PROFILE | | | | | |
| | ✓ 2S ✓ 2V | 12' | 11:16 | 11:27 | 11:27 | 11:47 | 20min | |
| | | | UNIFORM SOIL STRUCTURE BELOW 3.5' WATER AT 11 | | | | | |
| | ✓ 3S ✓ 3V | 4' 12' | 11:21 | 11:22 | 11:22 | 11:25 | 3min | |
| | | | UNIFORM SOIL STRUCTURE BELOW 3.5' | | | | | |
| | ✓ 4S ✓ 4V | 4' 12' | 11:27 | 11:28 | 11:28 | 11:30 | 2min | |
| | | | UNIFORM SOIL STRUCTURE BELOW 3.5' | | | | | |
| | ✓ 5V | 12' | UNIFORM SOIL STRUCTURE BELOW 3.5' | | | | | |
| | | | | | | | | |
| | | | A WATER AT 8' CLAY TO 6' | | | | | |
| | | | B WATER AT 8' CLAY TO 4' | | | | | |

INLET 3.0
BOTTOM 4.5
168#/BR

REMARKS:

BOTTOM MAX 4" (7" BOTT. ⇒ H₂O)
Shallow Sqs if PLAT Review OK

TYPE OF SOIL

TESTED BY

F Abel

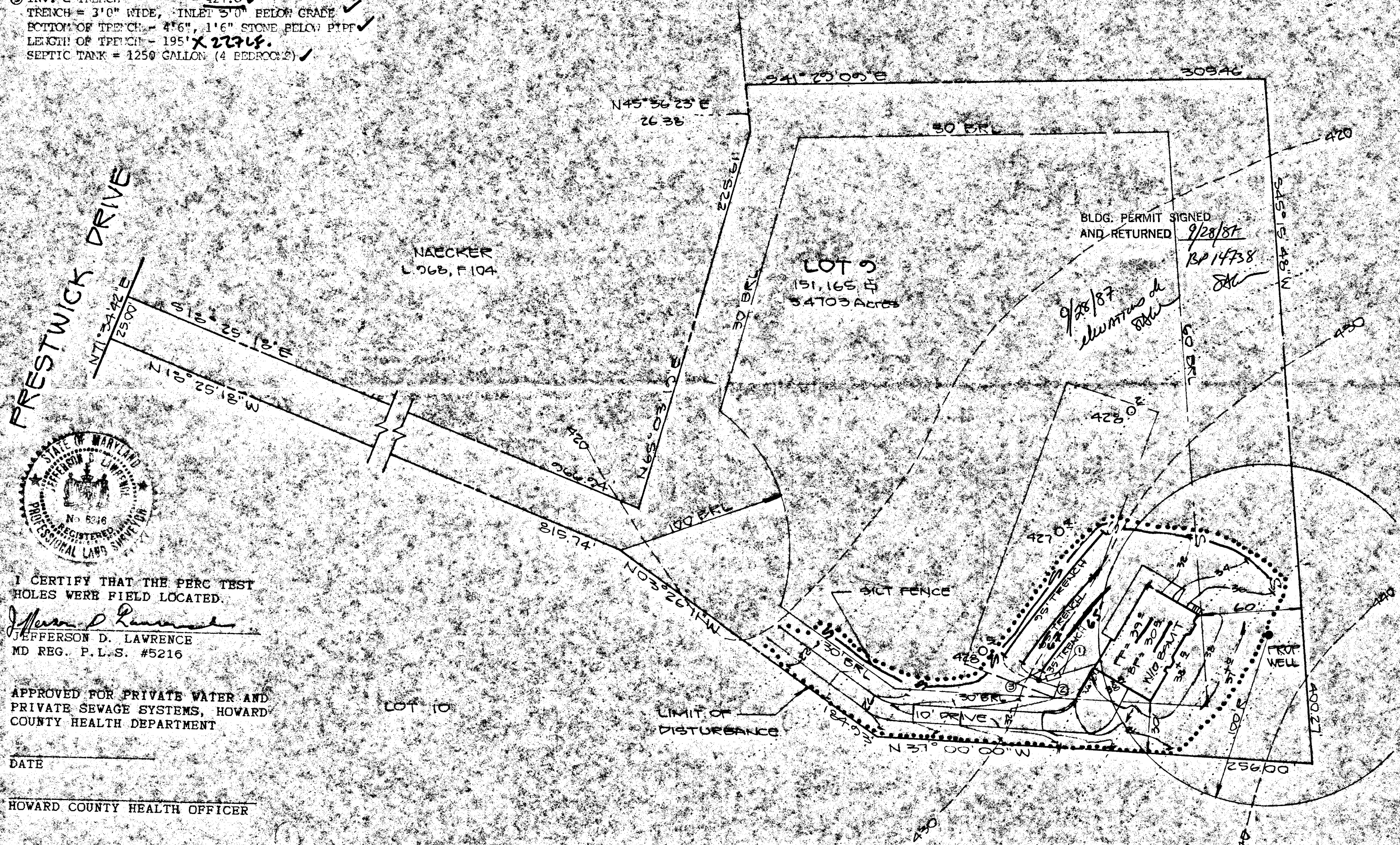
Phil Mangels, Richard Demitt
C. Cross

ALSO PRESENT

SEPTIC INFORMATION:

- INV. @ HOUSE = 428.6 ✓ + BSAT
- ① INV. @ TANK (IN) = 428.3 ✓
- INV. @ TANK (OUT) = 427.9 ✓
- ② INV. @ DIST. BOX (IN) = 427.8 ✓
- INV. @ DIST. BOX (OUT) = 427.7 ✓
- ③ INV. @ TRENCH = 427.6 ✓
- TRENCH = 3'0" WIDE, INLET 5'0" BELOW GRADE ✓
- BOTTOM OF TRENCH = 4'6", 1'6" STONE BELOW PIPE ✓
- LENGTH OF TRENCH = 195' X 227' ✓
- SEPTIC TANK = 1250 GALLON (4 BEDROOM) ✓

GAITHER
C. 241 F. 349



I CERTIFY THAT THE PERC TEST HOLES WERE FIELD LOCATED.

Jefferson D. Lawrence
JEFFERSON D. LAWRENCE
MD REG. P.L.S. #5216

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT

DATE _____
HOWARD COUNTY HEALTH OFFICER

JAY GULLIFORD
12101 ASPENWOOD LANE
LAUREL, MD 20708
725-2474



DEVELOPMENT CONSULTANTS GROUP, INC.
17904 GEORGIA AVENUE * 102
OLNEY, MARYLAND 20832
301-924-4570

SITE PLAN FOR LOT 9
GREENE FIELDS
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

| | |
|-------------------|------------|
| DATE 9-14-87 | Sheet 1 |
| DRAWN M.A.M. | of 1 |
| CHECKED J.D.L. | 21-502 |
| SCALE 1"=50' | |

B 1 **1523** 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

40-81-1807
 fill in this form completely

Date Received
 [] [] [] [] [] [] [] []

OWNER INFORMATION

HIGHLAND DEVELOPMENT
 15 Last Name 34 Owner First Name

PO BOX 208
 36 Street or RFD 55

CLARKSVILLE MD 21029
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HOWARD
 8 COUNTY 21

GREENE FIELDS
 23 SUBDIVISION 42

SECTION **1** LOT **9**
 44 46 48 50

HIGHLAND
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION

Joseph J. Mayne 238
 77 License No. 80

Joseph J. Mayne Well Drilling
 Firm Name

5512 RIDGE RD. MT. AIRY 21771
 Address

Joseph J. Mayne 11/12/86
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

PRESTWICK DR.
 11 NEAR WHAT ROAD 30

NORTH
 N
 WEST EAST
 WEST EAST
 SOUTH

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1200
 34 DISTANCE FROM ROAD 37
 ENTER FT or MI **FT**
 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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 A 35203
 COUNTY NAME COUNTY NO.

OEP SIGNATURE **[Signature]** STATE HEALTH INSERT S
 DATE ISSUED **12/18/86** SIGNATURE **Stager** EXPIRE DATE **6/18/89**
 43 48 50 55 57 63

NORTH GRID **494000** EAST GRID **0813000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **210** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 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

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

812 3
494 4

2/5/87 WELL OR SE/O OTHER SIDE R/R WELL

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

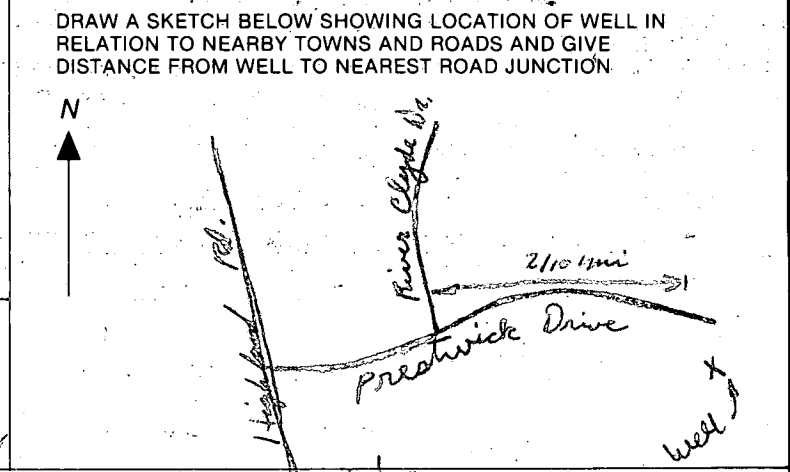
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

APPROP. PERMIT NUMBER _____ GAP _____
 54 63

FORCE **XI** WRITE INITIALS IN BOX PERMIT No. **40-81-1807**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

2/5/07

- ① well already crouted location ①/2
- ② 62 FT paper
- ③ ^{4 1/2 FT} 45 FT open hole
- ④ 14 Bags
- ⑤ well OK

JR Hodges

C1 3754 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 35203**

DATE RECEIVED [] [] [] [] [] [] DATE WELL COMPLETED **070587** Depth of Well **22 205** 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **W0-81-1807**

OWNER **HIGHLAND DEVELOPMENT** STREET OR RFD **PRINCESTWICK DR** TOWN **HIGHLAND** SUBDIVISION **GREENE FIELDS** SECTION **1** LOT **9**

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 | 56 | |
| CLAY with peck | 56 | 205 | |

GROUTING RECORD
 WELL HAS BEEN GROUDED (Circle appropriate box) **Y** **N**
 TYPE OF GROUING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1216**
 GALLONS OF WATER **34**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **25** 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 of main casing (nearest foot)
5 1/2 **6** **6 1/2**

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

C2

| EACH SCREEN | DEPTH (nearest ft.) | |
|-------------|---------------------|------------|
| | 1 | 2 |
| 1 | 40 | 205 |
| 2 | | |
| 3 | | |

- CIRCLE APPROPRIATE LETTER
A 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**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

T (E.R.O.S.) **70** **72** WQ **74** **75** **76**

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

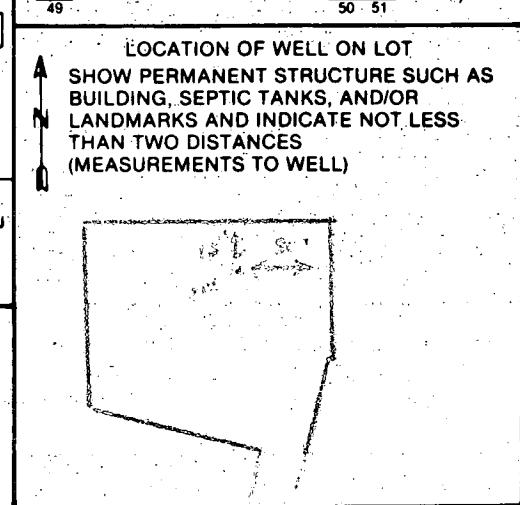
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **direct**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **07**
 WHEN PUMPING **72**

TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

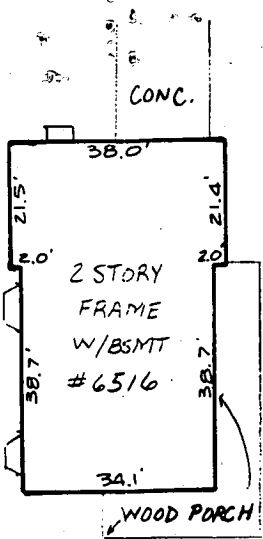
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below }



SURVEYOR'S CERTIFICATION

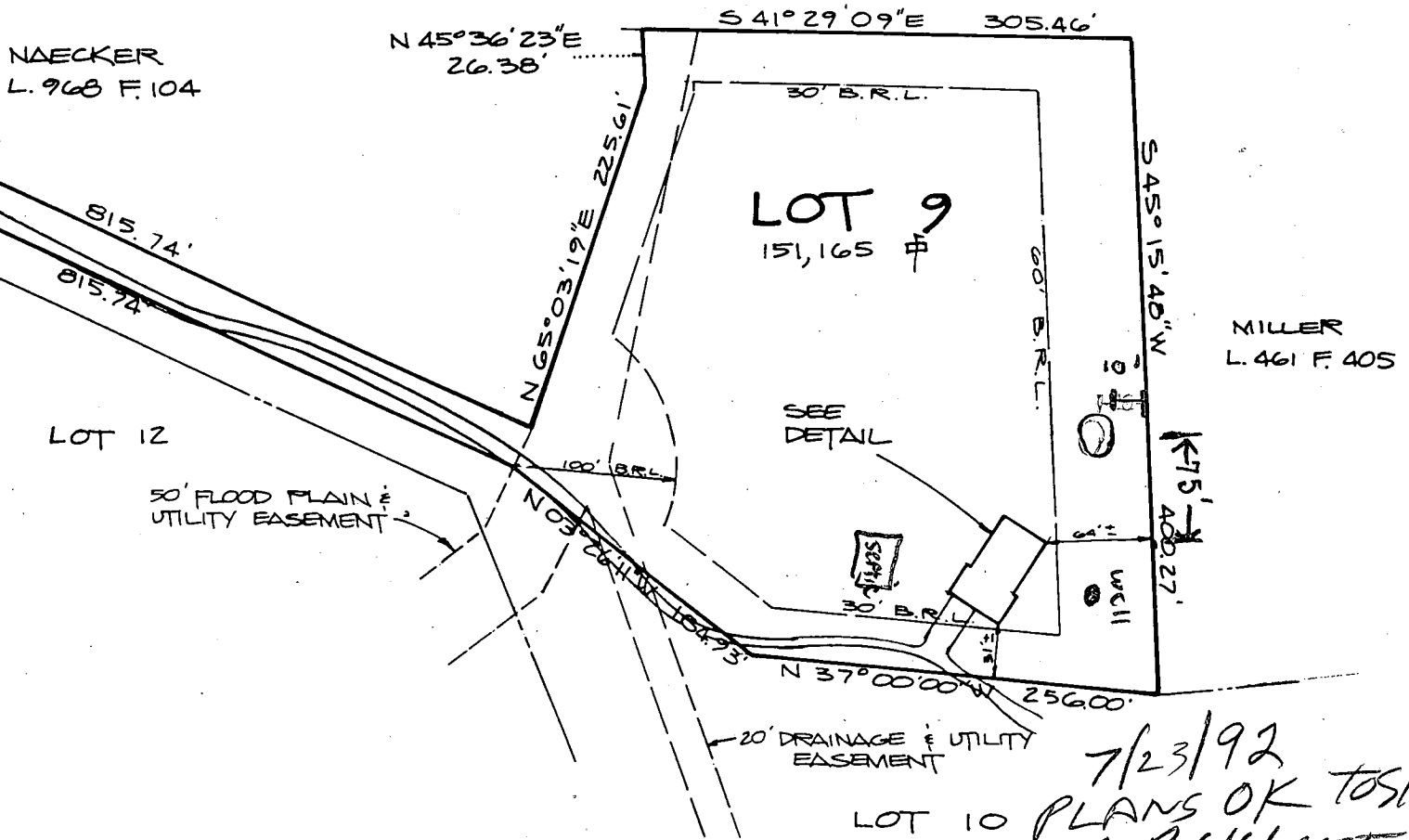
I hereby certify to the best of my knowledge & belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.

Professional Land Surveyor No. 5216



DETAIL

SCALE: 1" = 30'



7/23/92
 PLANS OK TO SIGN
 BP 44655
 RH

LOT 9
 SECTION 1
GREENE FIELDS
 HOWARD COUNTY, MD.

| | |
|--------------------|-----------------------|
| DATE NOV. 87 | SHEET 1 |
| DRAWN M.D.R. | OF 1 |
| CHECK | |
| SCALE 1" = 100' | PROJECT NO. 21-502 |