

8/4/86
8:30 AM

8/5/86

8/3/86
septic ORID
RSD

8/4/86 outside WPI
OK'D
paid for?
35306
37417

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X992-2330X
461-9933

05-375258

ELLICOTT CITY
DISTRICT 5th
DATE 7/28/86

INDEXED

Donald Parlette IS PERMITTED TO INSTALL ALTER

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 286-2140

SUBDIVISION Fox Haven ROAD 14165 Route 108 LOT 20

PROPERTY OWNER David Nathan
14165 Route 108

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

TRENCHES - 192 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 10½ feet below original grade. Effective area begins at 2 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench 155 feet from the front lot line and 30 feet from the right side of the lot as seen when facing the lot from the Right-of-way. Run the trench toward the left side of the lot.

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. *ak/w*

PLANS APPROVED BY R. Hodges DATE 2/28/86

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.

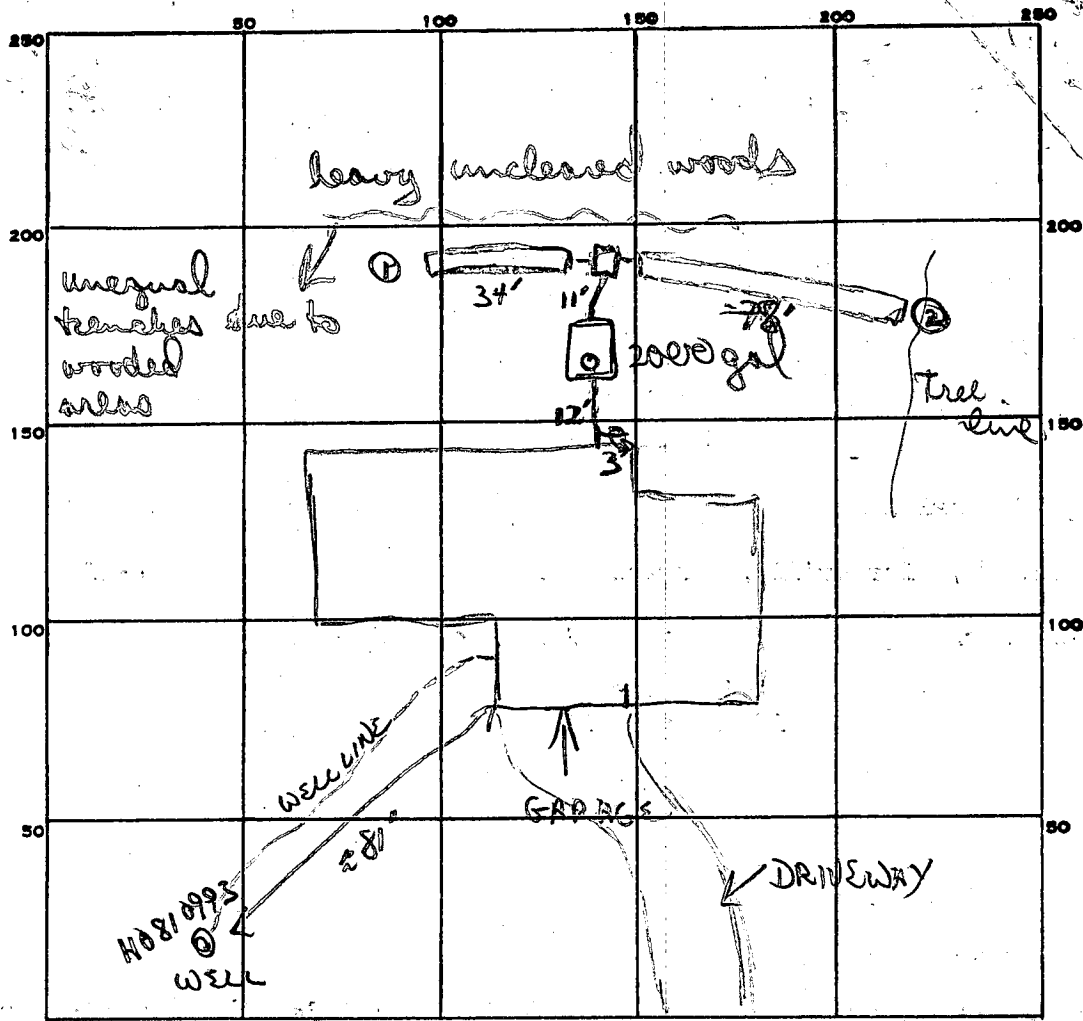
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35306



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

192
 1
 768
 1100
 57 17680

2 final RIGHT OF WAY → LEADING TO RTE 108

PERMIT CARD _____

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS 1 S.T. (will be inline)

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10' & 10' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7' & 7' IN. TOTAL LENGTH 34 & 78 FT.

NUMBER OF TRENCHES 2 (see into SIDE WALL) TOTAL BOTTOM AREA 2384 = 546

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

ABSORBENT AREA 2784 SQ. FT.

34	78
7	7
238	546
	-20
	526

REMARKS 8/4/86 OK to go 3-10' of soils look as good as area of bank. OR to "T" off dist box to maximize good area

8/4/86 OK to add stone pipe paper to both trenches. OR to cover partial WPT. done (outside OK'd) parts of 1 to get other

8/5/86 OK to cover trenches & all work

DATE SYSTEM APPROVED 8/5/86 INSPECTOR B. Bryan

Revised 4/30/85 1:30 P.M.

APPLICATION

A 35306

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 4/17/85

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 RICHARD HALLOWELL DAVID NATHAN

ADDRESS HIGHLAND PHONE 286-2988

PROPERTY LOCATION: 1416 S RTE 108

SUBDIVISION FOXHAVEN LOT NO. 20

ROAD AND DESCRIPTION OFF EAST SIDE OF RTE 108 ON FIRST PRIVATE ROAD, APPRX. 400' NORTH OF PATUXENT RIVER

SIZE OF LOT PARCEL 20 3,412 ac 713/368 TYPE BLDG. RES 4 BEDROOMS
(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. Rosalie Nathan
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING CERTIFIED LOCATIONS DESIRED. OWNER NOTIFIED. J.S.

B.P. 69419
4-21-85

THIS IS NOT A PERMIT

Recorded
Liber 713, Folio 368

APPLICATION

A 21598

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/2/75

3 B.R. 1000 gal. septic tank / 4 B.R. 1250 gal. septic tank
Drywell & trench system to have 120 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 1/2 ft. of non-porous soil. Maximum depth permitted for system is 11 1/2 ft. below original grade. Located drywell 155 ft. from the front lot line and 30 ft. from the right side line. Start the trench after a foot earth buffer and run it towards the left side line, on level ground, the necessary distance or less when facing the property from the right of way.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND NOTE: Call for inspection of trench before gravel is installed

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. V 610 UPDATED 2/20/86 R17

PROPERTY OWNER Richard Hallowell

ADDRESS Highland, Md. 20777 PHONE ~~XXXX~~ 286-2988

PROPERTY LOCATION: Highland, Md.

SUBDIVISION (Fox Haven) LOT NO. 20

ROAD AND DESCRIPTION Off E. side of Rt 108 on first private road approx 400' N. of Patuxent River.

SIZE OF LOT Parcel 20, 3.412 ac. 713/368 TYPE BLDG. Ees. 4 bedrms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Richard Hallowell
Richard Hallowell

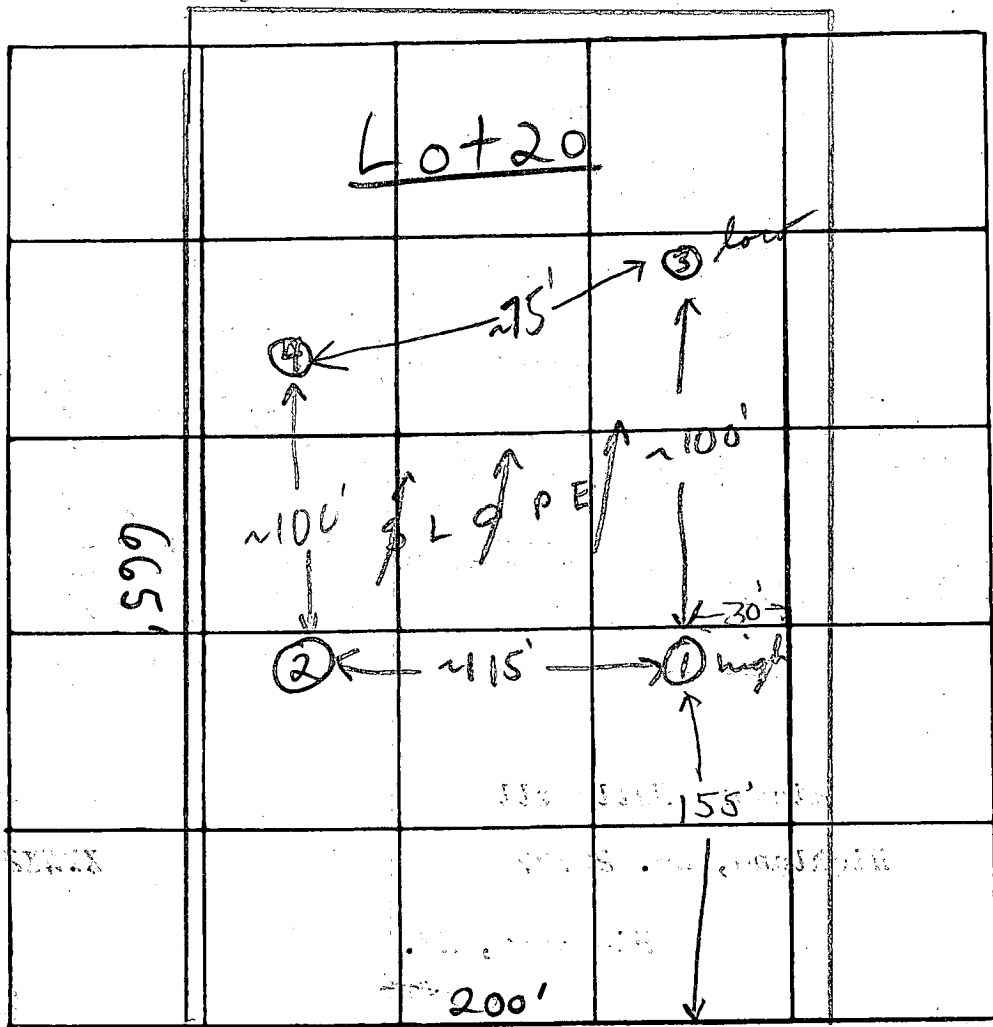
APPROVED BY Frank Scheiner FOR Drywell & trench DATE 1/22/76
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/1/75 Certify all holes & s.

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

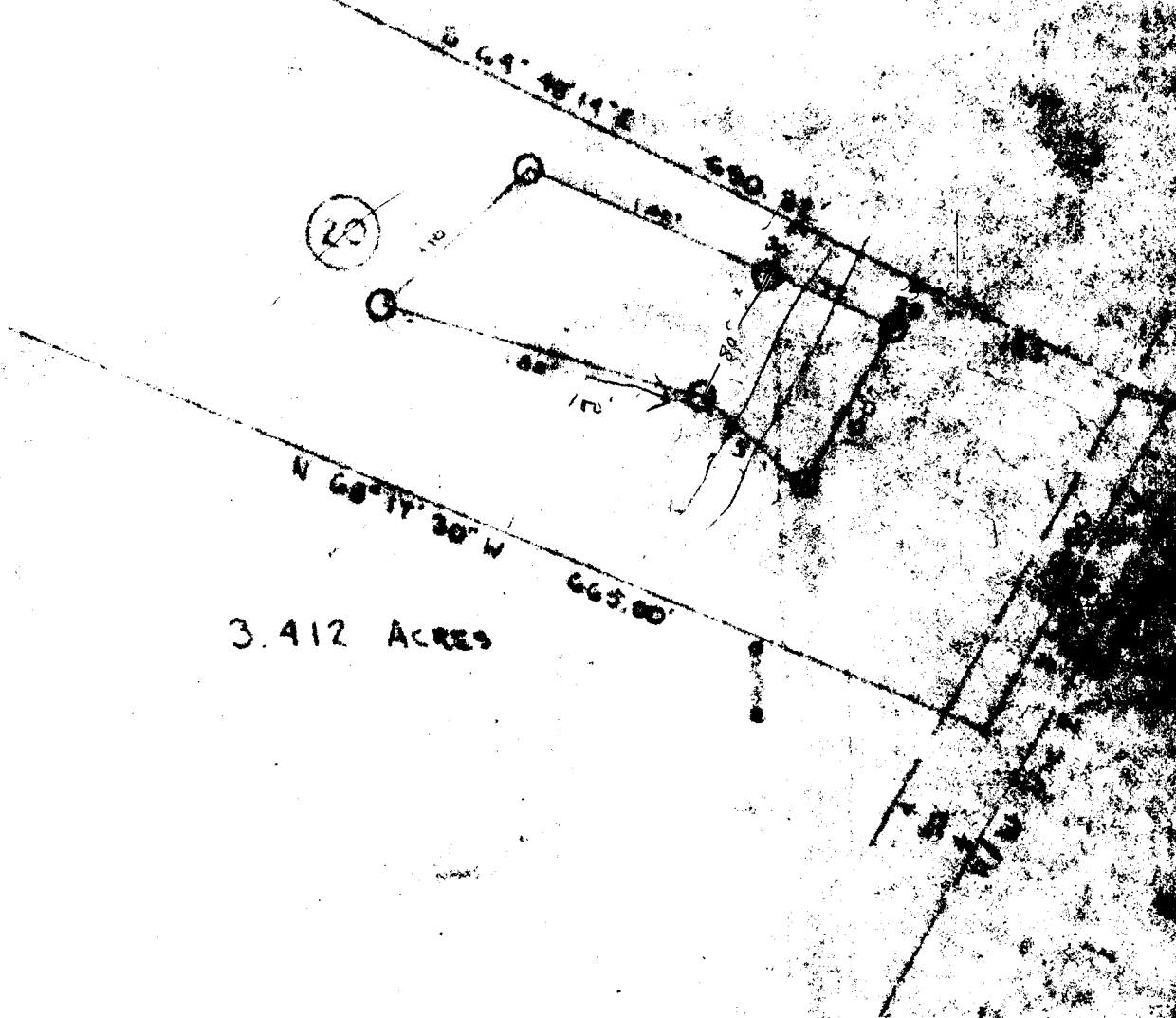
R/W

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/75	high	6 1/2'	3:29	3:34	3:34	3:39	5 min
	1A	12 1/2'	3:29	3:35	3:35	3:43	8 min
	2	12'	Visual	Top 5'	red clayey silt	mineral matter below	
	3 low	5'	3:30	3:33	3:33	3:38	5 min
	3A	12'	3:30	3:36	3:36	3:46	10 min
	4	4 1/2'	3:41	3:42	3:42	3:43	1 min
	4A	11 1/2'	3:41	3:43	3:43	3:47	4 min

120 sq. ft. / 100' x 120' area
invest 4 1/2 ft

REMARKS Wooded lot certify all holes
 TYPE OF SOIL min. brown soil top 2' - 6' clayey silt
 TESTED BY R.T. & F.S. ALSO PRESENT: _____

12-15



3.412 ACRES

PLAT OF SURVEY
 OF
 LOT 20, FOX HAVEN
 FIFTH ELECTION DIST. HOWARD CO.
 HIGHLAND, MARYLAND
 SCALE 1/4\"/>

ROSE NATHAN
 730-9380
 108 PAST HALL SHOP

ON LEFT 12-15 MAIL BOX TO
 FOX HAVEN

RIGHT SIDE

LOT NEXT TO RED HOUSE WITH
 SATILITE DISH

○ Denoting field location of a monument
 Note: The lot shown herein complies with
 the provisions of the Maryland State Health Dept
 regarding Private Water & Private Sewer



Handwritten signatures and notes at the bottom left of the page.

RED HOUSE WITH SATILITE DISH

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 # 37447
Date 8/1/86

Name of Installer David F. Rickle Plumbing + Heating

Telephone 795-1220

License number Ho. Co. # 5335

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Mr. and Mrs. David Nathan

Telephone _____
Subdivision Fox Haven Lot # 20 Well tag # HO - 81 - 0993

Site Address 14165 Route # 108
Highland, Maryland

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible 4"
- Make Goulds
- Model # 5ES07-412
- Capacity 9 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 3/4
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Martinson
- Model # B-10X
- Depth 4-5 feet

Tank

- Capacity 42 gallon rated
- Pressure relief valve? Yes - 1/2"

Piping

- Type Polybutylene
- Size 1" I.P.
- NSF and/or BSCA Code approved D-2662
- Depth of supply line 4-5 feet

Well data

- Depth 300 ft.
- Yield 5 GPM
- Static water level 40 ft.
- Will water supply be disinfected by installer? No
by contractor

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: David F. Rickle

Date: July 21, 1986

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

2273

STATE OF MARYLAND
WELL COMPLETION REPORT

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

COUNTY NUMBER **A 21598**

NUMBER IS TO BE PUNCHED
S-3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY,
PLEASE PRINT OR TYPE

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20
073085

22 26
300
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
40-81-0993

OWNER **NATHAN DAVID**
STREET OR RFD **Route 108** TOWN **HIGHLAND**
SUBDIVISION **FOX HAVEN** SECTION _____ LOT **20**

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	
Top Soil	0	2	
Clay	2	10	
Shaley	10	20	
Sand Stone	20	90	<input checked="" type="checkbox"/>
Mica	90	209	
Opening	209	210	<input checked="" type="checkbox"/>
Mica	210	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **16** NO. OF POUNDS **1600**
GALLONS OF WATER **85**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **165** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)
S 7 **6** **68**

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

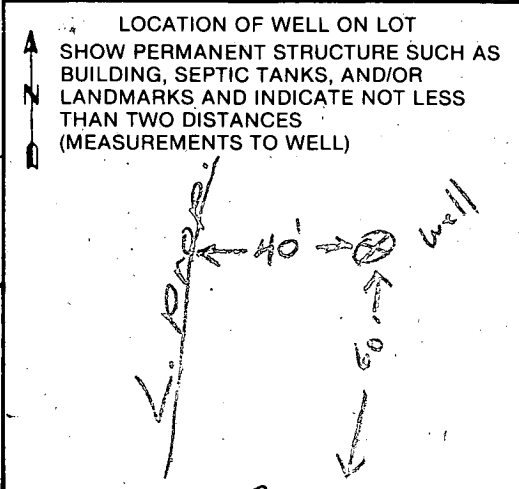
DEPTH (nearest ft.)
EACH SCREEN
1 **40** **66** **300**
2 _____
3 _____
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)

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

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **10**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **40**
WHEN PUMPING **135**
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: **29**
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 } **4**



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

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. **40**
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
George Eastenday
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
Blue Shomerson

B 1 **8688** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

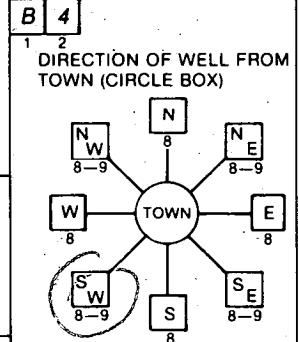
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0993
 fill in this form completely

Date Received 7/31/85 9:30 AM
OWNER INFORMATION
Mathan David
 Last Name Owner First Name
7499 BAYVIEW CT
 Street or RFD
Columbia MD 21045
 Town State Zip

B 3 **LOCATION OF WELL**
Howard COUNTY
Foy Haven SUBDIVISION
 SECTION LOT 20
Highland NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION
George Easterday License No. 40
L. Franklin Easterday Inc Firm Name
9265 Brown Church Rd Mt. Airy Md. Address
George Easterday Signature 4-15-85 Date



PT 108 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 150 FT or MI FA

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
Howard COUNTY NAME **A21598** COUNTY NO.
 OEP SIGNATURE **CO SIGNATURE** STATE HEALTH INSERT S
092385 DATE ISSUED **CO SIGNATURE** EXP. DATE
081000 NORTH GRID **0808000** EAST GRID

APPROXIMATE DEPTH OF WELL 150 FEET

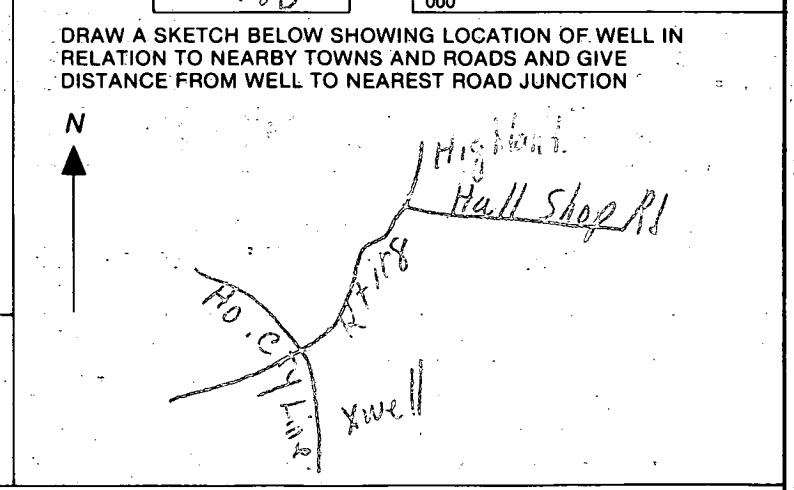
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
 E 9008
 N 4801

Location OK
68' casing
65' open
16' bag cement
7/30/85
JL

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)
 APPROX. PERMIT NUMBER GAP
 FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-81-0993

SPECIAL CONDITIONS

N 22° 24' 00" E 240.00'

70.4
69.75
372

N 68° 17' 30" W 665.00'

S 64° 49' 14" E 690.92'

3.4 ACRES ±
LOT 20 FOX HAVEN
5TH ELECTION DISTRICT
HOWARD CO, MD.
1" = 50'-0"

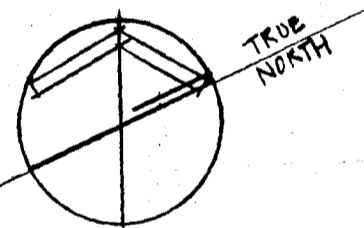
House out	-	370.4
Tank in	-	369.75
Tank out	-	369.50
Dist. in	-	369.3
Dist. out	-	369.2
Trench in	-	369.0
GRADE		372.0

2 - 90' TRENCHES

well & c.w.

WELL O

DIST. BOX
SEPTIC TANK BY OWNER



B.P. # 69419
Septic br. & location of
4-21-86 JH

S 29° 27' 10" W 200.00'

140'-0"

50' RW

E OF 50' RW

The Nathan Residence
14165 Rte 108
Highland, MD 20777