

7/20/87
A.P.P.

04-344669

PERMIT

P 39774

A 35331

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 6/24/87

DATE SYSTEM APPROVED 7/22/87

INSPECTOR (Signature)

Zepp Plumbing & Heating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 12447 Route 108, Clarksville, Maryland 21029 PHONE _____

SUBDIVISION Karras Property ROAD 16193 Old Frederick LOT 3

PROPERTY OWNER James Daniels
16193 Old Frederick 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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet from the back right corner - (intersection of rear 412' and right 321.20' lot lines) and 100 feet from the right lot line as seen when facing the lot from Route 99. Run trenches on contour toward ~~left~~ and right lot lines.

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

~~INSTALLER TO CONTACT AND MEET INSPECTOR PRIOR TO BEGINNING INSTALLATION~~

PLANS APPROVED BY C. Williams DATE 10/28/86

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: 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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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.

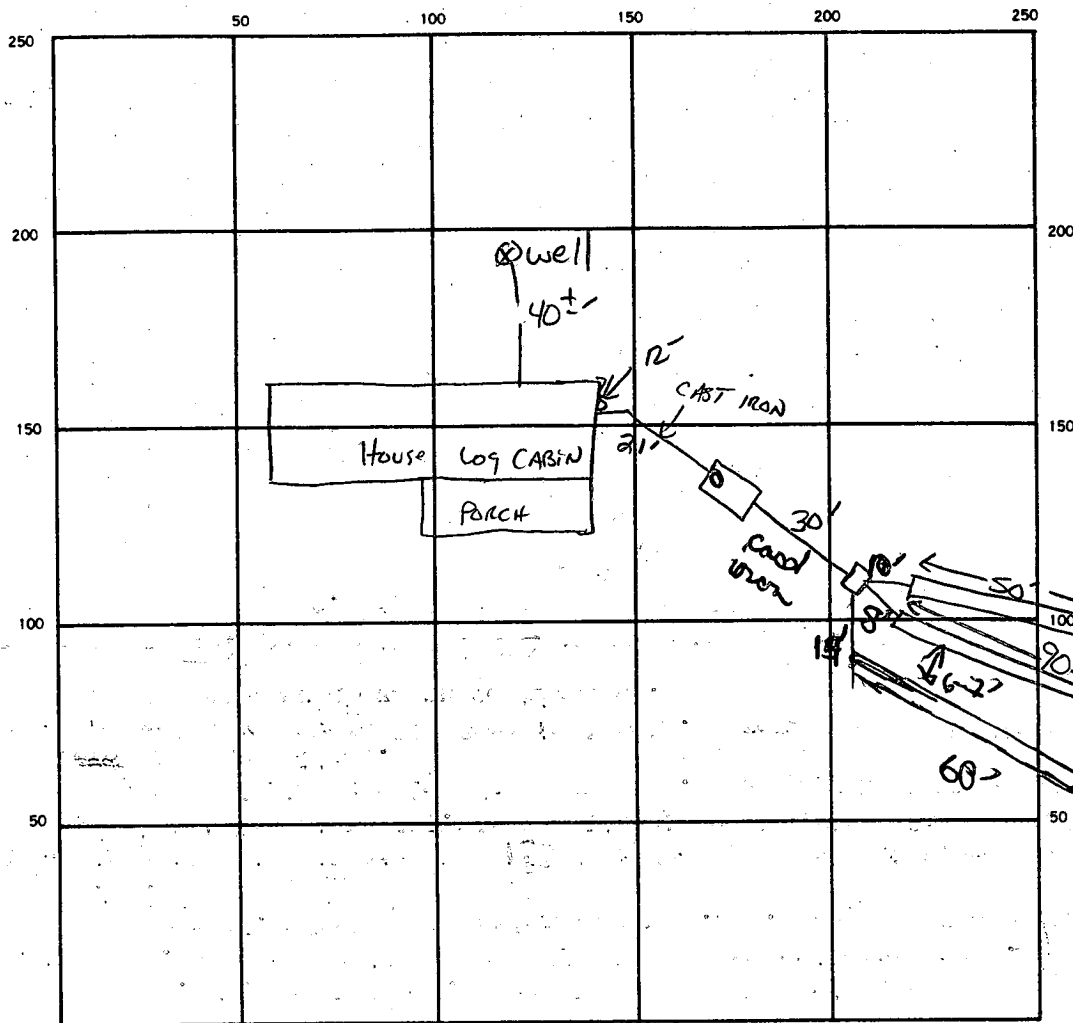
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-35331



$2 \frac{180}{3} / 40$
 $3 \sqrt[3]{540} / 2$

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

UTO OLD FREN. Rd.

150
 3
 540 MIN

SEPTIC TANK. LEVEL 11000 GAL CLEANOUTS 1 ST.

DISTRIBUTION BOX. LEVEL w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH 3 3 3 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3' all 3# FT. (top trench 3-4' at far end)

EFFECTIVE GRAVEL DEPTH 2' 2' 2' FT. TOTAL LENGTH 50, 90, 60 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM. AREA 150, 270 + 180 SQ. FT.

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

ABSORBENT AREA 600 SQ. FT.

REMARKS 7/20/87 LOCATION OF TANK HOLE OK RUN TRENCH THROUGH 2ND HIGHEST PERC HOLE. SWALE NOT A PROBLEM HERE. R/Hodge
7/21/87 OK TO COVER #1 + #2 LEAVE ENDS OPEN #2;
7/22/87 OK TO cover ends of all trenches, OK to cover all other work

DATE SYSTEM APPROVED 7/22/87 INSPECTOR B. Wilson

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35331
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE April 22, 1985

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 George Karras James Daniels

ADDRESS 200 Evans Street, Rockville, Md. PHONE 424-2017

PROPERTY LOCATION:

SUBDIVISION Karras Property LOT NO. 3

ROAD AND DESCRIPTION 16193 South side of Old Frederick Road, west of Route 94

SIZE OF LOT 4-6 acres TYPE BLDG. _____ (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.

(SIGNATURE OF APPLICANT)

APPROVED BY Sickey Abel FOR Shallow Drain fields DATE 10/27/85

REJECTED BY _____ FOR _____ DATE _____

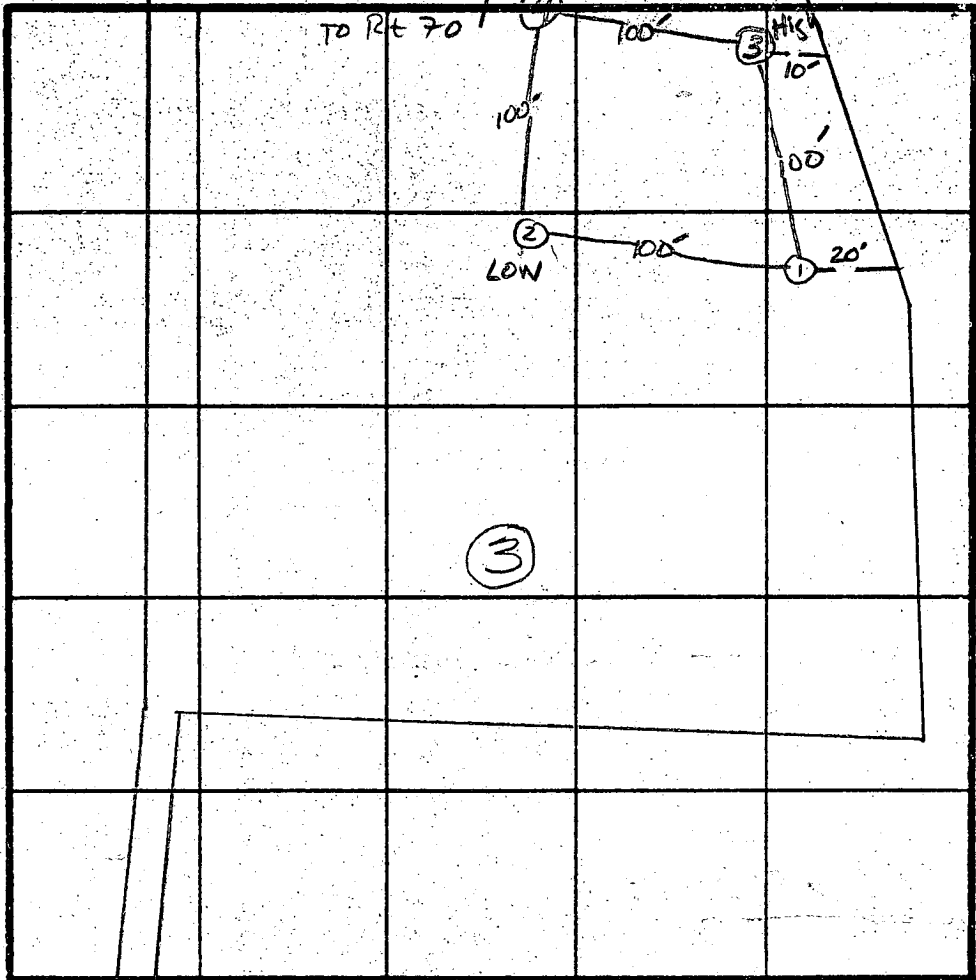
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-28-85 perc. Results Satisfactory, WATER in low hole
Used For Review. and certified hole location. SAbel, perc. AREA
Acceptable for Shallow System. SA

BLDG. PERMIT SIGNED
AND RETURNED _____

THIS IS NOT A PERMIT

HOUSE SITE / WELL SIDE



7 PERC
3min
180 ϕ / BA
INLET 2.5'
BOTTOM 4.0'
18" STONES

① ③
SOIL PROFILE

6"
A1-3
Yellow BR
LOAM CLAY
10-20%
SAPROLITE
2.5'
BROWN
SAND LOAM
10-20%
SAPROLITE
12'

②

6"
A1-3
Yellow BROWN
CLAY LOAM
10-20%
SAPROLITE
2'
Yellow BR.
SAND LOAM
20-30%
SAPROLITE
11.5'
12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
OLD FREDERICK Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/24/85	1 V	3' 12"	12:14	12:15	12:15	12:17	2min
	2 V	2.0' 12"	12:20	12:22	12:22	12:26	4min
	3 V	2.5' 12"	12:29	12:31	12:31	12:34	3min
	4 V						

REMARKS

TYPE OF SOIL

SAND

Jeff. SKIP, JACK,

6/12/10/9

B 7 1702 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

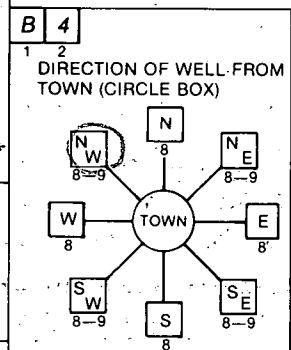
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
40-81-2042
fill in this form completely

Date Received 6/3/87
OWNER INFORMATION
15 Last Name: MARICIS
Owner: Jim
First Name: []
34
36 Street or RFD: 439 Woodland rd
55
57 Town: Millersville Md 21108
70 State 72 Zip 76

LOCATION OF WELL
1 2 HOWARD
7 8 COUNTY 21
23 SUBDIVISION: MARREAS PROPERTY 42
SECTION: [] 44 46 LOT: 3 48 50
52 NEAREST TOWN: LISBON 71
MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION
Driller's Name: Bernard Feizer
77 License No. 80
Firm Name: Fred. rd.
Address: Lisbon Md. 21765
Signature: Bernard Feizer Date: []



11 Old Fred. rd. 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32
EAST E
SOUTH S
34 1400 37
DISTANCE FROM ROAD
ENTER FT or MI 2 38 39

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: HOWARD
COUNTY NO.: A-35331
OEP SIGNATURE: [] STATE HEALTH INSERT S: []
DATE ISSUED: 042087
CO SIGNATURE: B Nixon EXP. DATE: 10/20/87
NORTH GRID: 551000 EAST GRID: 0777000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

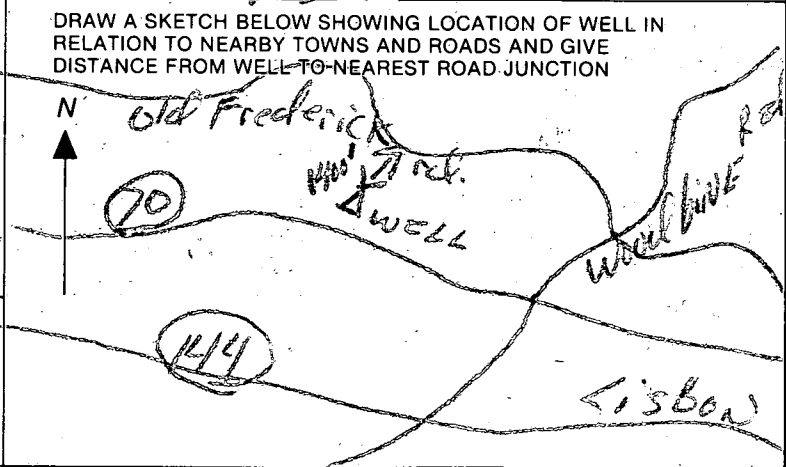
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

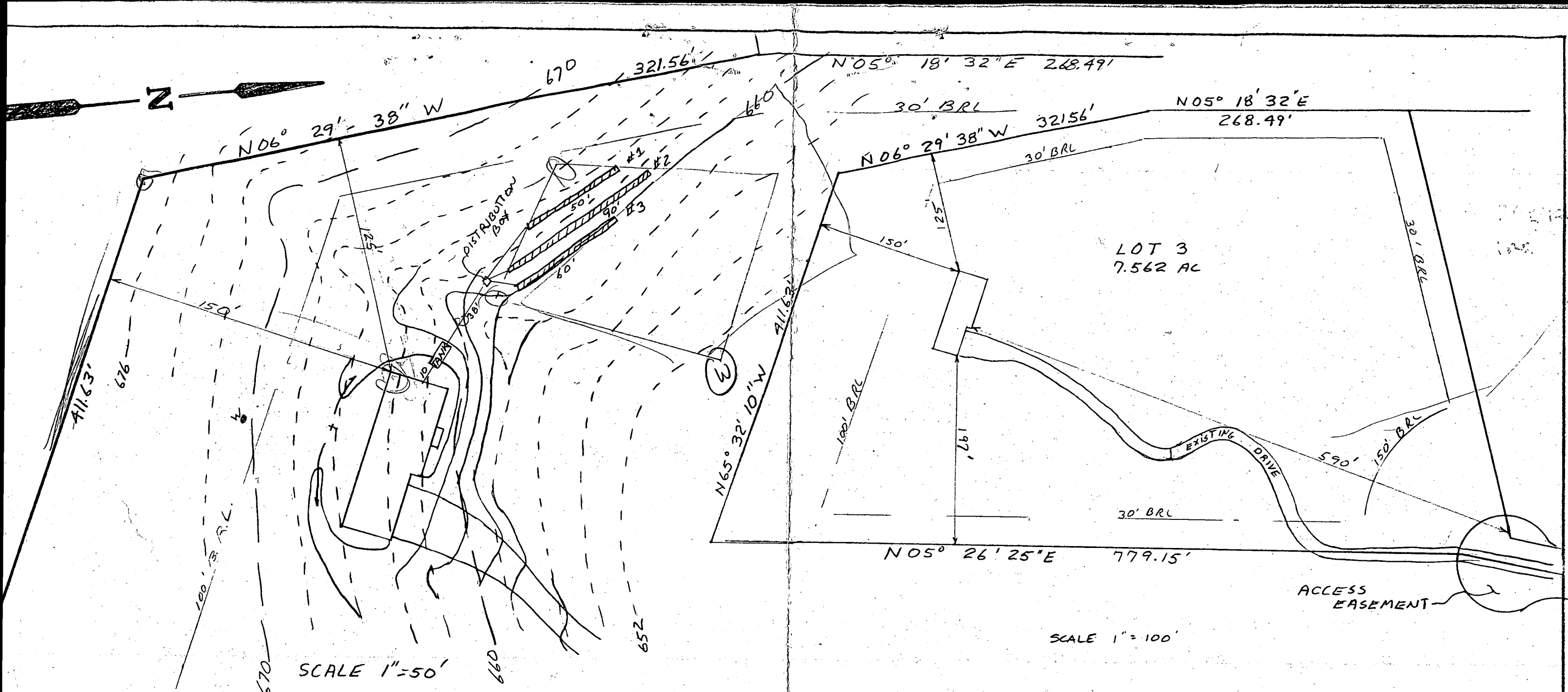
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other []

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) [] 41 [] 52

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER [] 54 GAP [] 63
FORCE [] WRITE INITIALS IN BOX PERMIT No. 40-81-2042 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. 2. 3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 770+
N 551
000
000





HOUSE:

FIRST FLOOR	668.0 ✓
BASEMENT	659.0 ✓
INVERT	659.16 (-BSMT) ✓

SEPTIC TANK:

EXISTING GRADE	661.5 ✓
PROPOSED GRADE	665.0 ✓
INVERT IN	658.95 ✓
INVERT OUT	658.70 ✓

DISTRIBUTION BOX:

EXISTING GRADE	661.5 ✓
PROPOSED GRADE	661.5 ✓
INVERT IN	658.3 ✓
INVERT OUT	658.2 ✓

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

TRENCHES:

	#1	#2	#3
EXISTING	663.0	662.0 ✓	660.0 ✓
INVERT	660.0	659.0 ✓	657.0 ✓
BOTTOM	658.0 ✓	657.0 ✓	655.0 ✓
STONE	23.0	23.0	23.0
WIDTH	3.0 ✓	3.0 ✓	3.0 ✓
LENGTH	50.0 ✓	90.0 ✓	60.0 ✓

SCALE 1" = 100'

5/8/87
 ELEVATIONS OF
 S. Blud
 RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 MAY 7 9 03 AM '87
 ENVIRONMENTAL
 HEALTH

BLDG. PERMIT SIGNED
 AND RETURNED

PLOT PLAN
 LOT 3
 KARRAS PROPERTY
 TAX MAP 2
 PARCEL 31
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MD.
 SCALE: AS SHOWN
 DATE 3/17/87

C1 2394 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 3533

DATE Received [] DATE WELL COMPLETED 05 11 87 Depth of Well 350 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2042

OWNER DANIELS (last name) Jim (first name)
 STREET OR RFD OLD FREDERICK ROAD TOWN LISBON
 SUBDIVISION KARRAS PROPERTY SECTION [] LOT 3

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	5	
Brown soil	5	56	
gray rock	56	150	✓ OK
gray x white rock	150	300	✓
gray rock	300	350	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 18 NO. OF POUNDS 492
 GALLONS OF WATER 108
 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 ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 350

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

SCREEN
 DEPTH (nearest ft.) 61
 HO 90 350
 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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 03
 PUMPING RATE (gal. per min. to nearest gal.) 5
 METHOD USED TO MEASURE PUMPING RATE 1901
 WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 120
 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 - below LAND SURFACE 101 (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)
Old Frederick rd

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. 570
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Allen Comata
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

7/22/87
 OK to cover
 outline
 (BA)

New Installation x
 Replacement

Receipt # 39775
 Date 6/24/87

Name of Installer Zepp Plumbing & Heating Inc.

Telephone

License number 1782
 Certified Well Pump Installer

Well Driller Registered Plumber x

Name of Property Owner James Daniels

Telephone 647 0083

Subdivision Karras Prop Lot # 3

Well tag #

Site Address 16193 Old Frederick Road
 Woodbine, Maryland 21797

Pump
 1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible goulds
 2. Make

Motor
 1. Horsepower 1
 2. RPM
 3. Voltage
 a. 110
 b. 220 x

Pitless Adapter
 1. Make
 2. Model #
 3. Depth 42"

ground to be installed

3. Model #
 4. Capacity 5 GPM
 5. Pump exceeds well capacity Yes No x

6. If Yes, is low pressure cutoff switch installed? Yes x No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards x Other

Tank
 1. Capacity
 2. Pressure relief valve?

Piping poly blue
 1. Type blue
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 42' 4" deep

Well data
 1. Depth ft.
 2. Yield GPM
 3. Static water level ft.
 4. Will water supply be disinfected by installer?

not in
 text

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: Edgar B. Zepp
 Date:

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