

4/25/89
LATE PM
4/26/89 AM
11/8/89

05-402468

PERMIT

P. 43962

A. 35403

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 4/12/89

DATE SYSTEM APPROVED 11/8/89

INSPECTOR R. HODGES

INDEXED

Hy and Lowe IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Fox Hall Villas ROAD 13313 Elliott Drive LOT 7

PROPERTY OWNER R. I. Gainer

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

3,720
270

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 95 feet from the front lot line and ^{105'}205 feet from the junction in the right lot line. Run trenches along contour toward the ~~right~~ ^{BOTH SIDE} lot lines. MAINTAIN 100 FEET SEPARATION FROM ANY WELL.

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

PLANS APPROVED BY C. Williams DATE 3/28/89

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

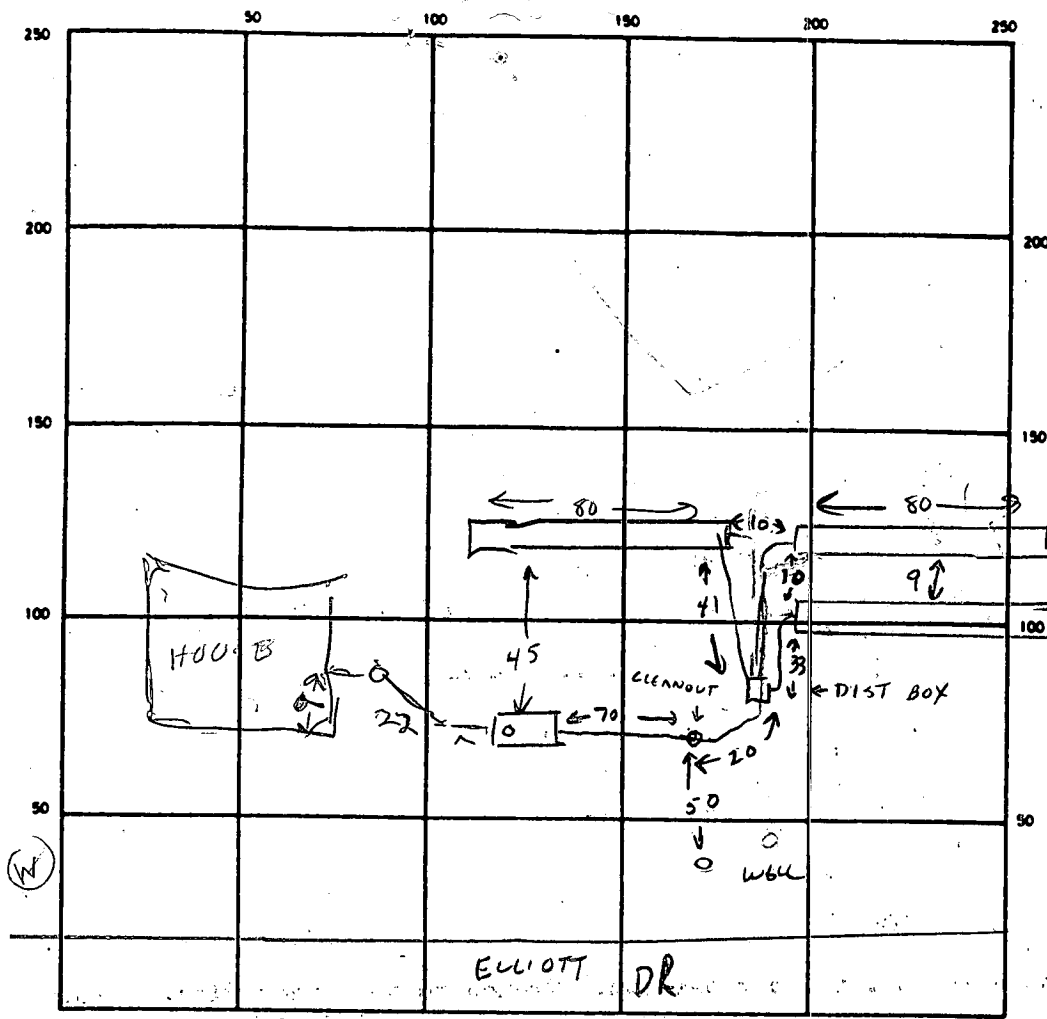
BUDG. PERMIT SIGNED
AND RETURNED 4/21/89
William H. Williams

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

2 Story Addition

A 35403



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL 1500 GAL ✓ CLEANOUTS ST ✓ INLINE ✓

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 (80 each) ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 4/25/89 TRENCHES OK TO COVER, MUST SEE SEWER LINES + DB, CW

4/26/89 OK TO COVER ALL WORK, HOUSE CONNECTION NEEDED FOR FINAL APPROVAL, CW

11/2/89 PIPE HOOKED UP HOUSE TO TANK R10

DATE SYSTEM APPROVED 11/2/89 INSPECTOR Raymond Hodges

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35403

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5-74

DATE 4-24-85

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 DAVID N. ELLIOTT

ADDRESS 6581 COLUMBIA PIKE COLUMBIA PHONE 997-5833

PROPERTY LOCATION:

SUBDIVISION FOXHALL VILLAS LOT NO. 7

ROAD AND DESCRIPTION ELLIOTT DRIVE ~~ROAD~~ OFA TRIADOLPHIA
MILL Rd.

SIZE OF LOT 3 acre TYPE BLDG. res. 3-4
(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.

David N. Elliott
(SIGNATURE OF APPLICANT)

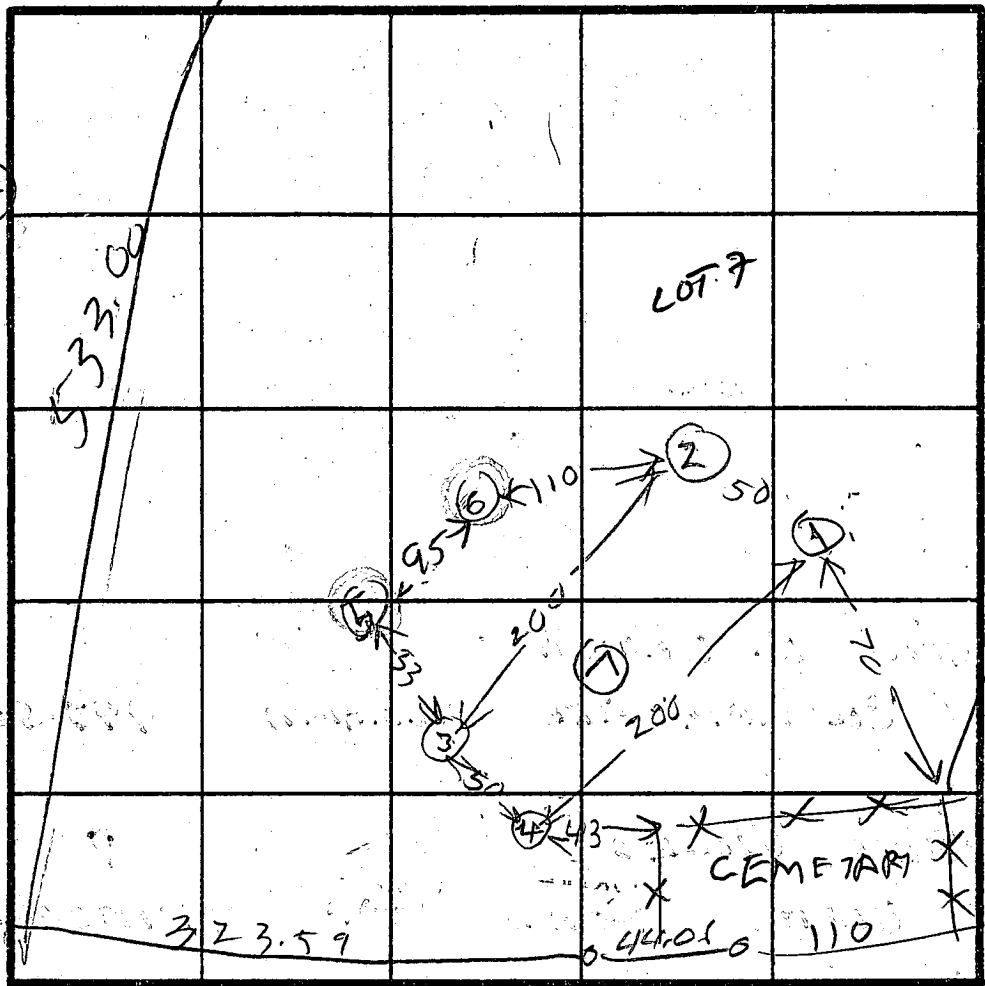
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CLAY
BROWN SAND LOAM & FEW ROCKS

HOLE ELEVATIONS
(4) = HIGHEST
(3)(1) NEXT HIGHEST
(2) = MEDIUM
(6) = LOWEST
(5) = NEXT LOWEST

SOIL PROFILE (1)(2)(3)(4)
0 BROWN CLAY TOPSOIL
2 BROWN GRAY SAND MICA LOAM

(5)
3 BROWN CLAY
BROWN GRAY SAND MICA LOAM
10 1/2 WATER

(6)
3 CLAY
7 1/2 ROCKS & BROWN SAND
8 WATER

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/10/85	1S	3	1050	1051	1051	1052	1
	1V	11	LOOKS	OK			
	2S	2 1/2	1053	1054	1054	1055	✓
	2V	11 1/2	LOOK	OK			
	3S	3	1059	1100	1100	1101	1
	3V	11	LOOKS	OK			
	4S	3 1/2	1102	1104	1104	1106	2
	4V	11	LOOKS	OK			
	(5V)	12	WATER		10 1/2	FAILS	
	(6V)	8	WATER		7 1/2	FAILS	
	7V	10 1/2	LOOKS	OK			

NO HOUSE SITE HIGHER THAN HOLES
LATEST PART HAD SEPTIC CHECKOUT FIRST 8
HAD TO GET STATE CAR
TYPE OF SOIL HOLES NOT DUG PER SURVEYOR STAKES

TESTED BY RII FLOCK COMPANY EFF ALSO PRESENT

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
 Replacement

Receipt # 45215
 Date 11/13/89

Name of Installer DENNISON PLUMBING

Telephone 301-473-4015

License Number 1A040

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner ROMIE & RUTH GAINER Telephone _____
 Subdivision FOX HALL VILLAS Lot # 7 Well Tag # HO-88-0428
 Site Address 13313 Ellicott Drive, Woodville, MD

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 _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ 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? _____

11/8/89 OUTSIDE WORK OK
 Per R.H./CW.

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: Herbert M. Denison

Date: 11-6-89

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

C1 **2299** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (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-35403**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **03 23 89** Depth of Well **320** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-88-0928**

OWNER **GAINER R.** last name **ELLIOTT DRIVE** first name TOWN **DAYTON**
 SUBDIVISION **FOXHALL VILLAGES** 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		Check if water bearing
	FROM	TO	
SANDSTONE	0	49	
GRAY Micr rock	49	320	

Dry well 400' filled in with cement + Drilling material

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1134**
 GALLONS OF WATER **66**
 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 top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **55**

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

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 **40** **54** **320**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **26** WHEN PUMPING **105**
 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**
 (CIRCLE) (YES or 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) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below }

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)

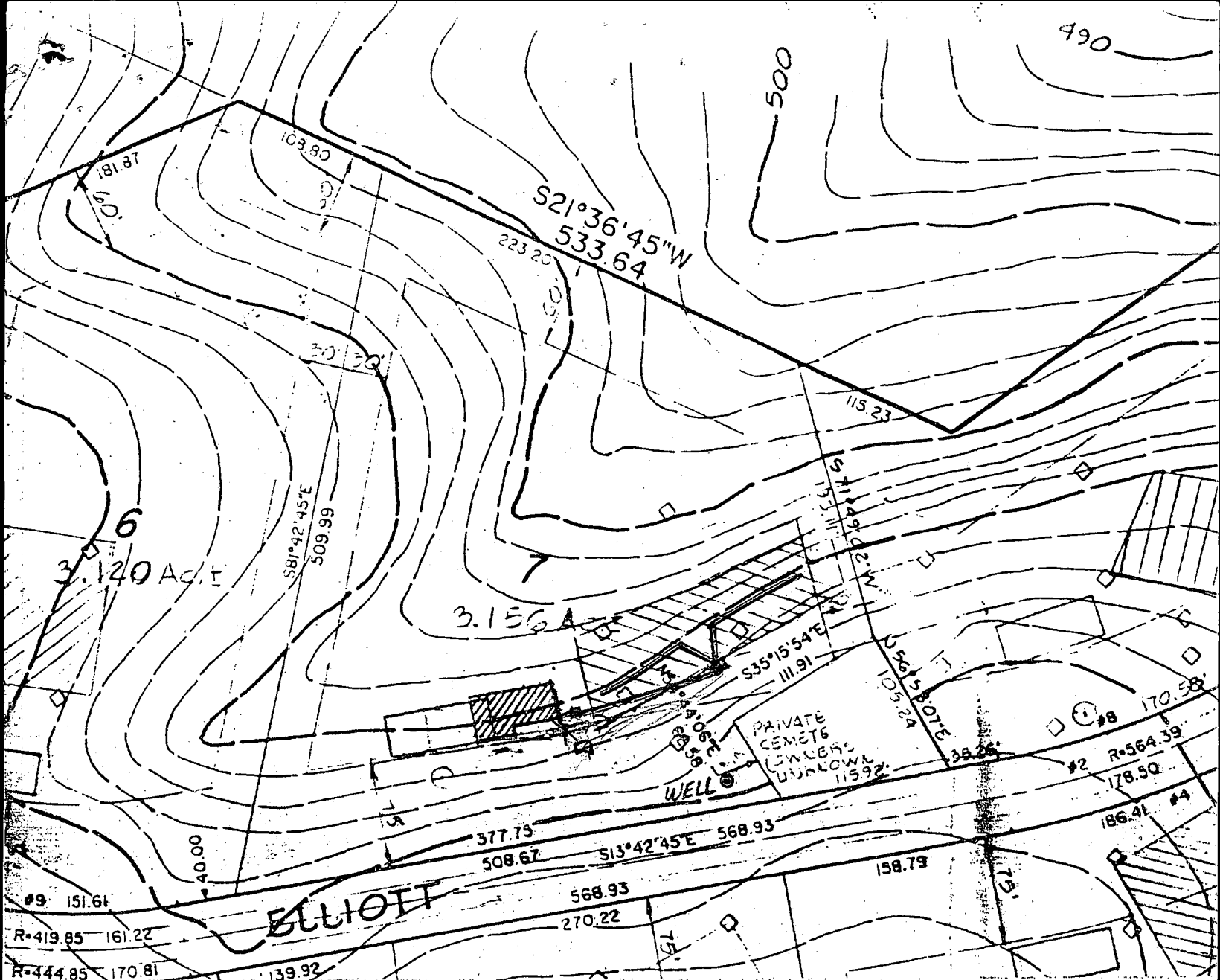
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **238**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



First Floor Elevation 528.0
 Basement Floor Elev. 519.0
 Inv. elev. out of house ~~520.0~~ 522.0
 Septic tank:
 Inv. elev. into tank 519.66 **521.66**
 Inv. elev. out of tank 519.33 **521.33**
 Inv. elev. into dist. box 519.0
 Inv. elev. into trench 518.5
 Exist. elev. at dist. box 522.0
 Exist. elev. at trench 522.00
 Well elevation 528.0

13313 Elliott Drive
 Clarksville, Md.

Lot 7, Parcel D **BOG. PERMIT SIGNED AND RETURNED 4-5-89**
 Scale: 1" = 100'
BP24898
BA

I certify that the above measurements are actual and correct for this property.

Signed: R. Banner

Bob Kline
 890-6879

301-236-5951
 202-722-6776

B 1 2204

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HC-88-0428

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

please print or type

fill in this form completely

Date Received (APA)

013189

OWNER INFORMATION

GAINER R

13 ANN-Y

PUNTONSVILLE MD 20866

B 3

LOCATION OF WELL

HOWARD

FAYHALL VILLAS

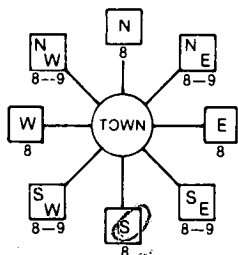
SECTION LOT 7

DAYTON

MILES FROM TOWN (enter 0 if in town) 3 1/2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ellist Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 80

ENTER FT or MI FT

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 A-35403

STATE SIGNATURE INSERT S

DATE ISSUED 022789

NORTH GRID 502000 EAST GRID 0807000

APPROXIMATE DEPTH OF WELL 220 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

REPLACEMENT OR DEEPEINED 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 DEEPEINED (IF AVAILABLE)

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

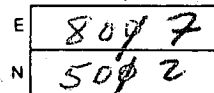
APPROP. PERMIT NUMBER GAP

FORCE SA PERMIT No. HC-88-0428

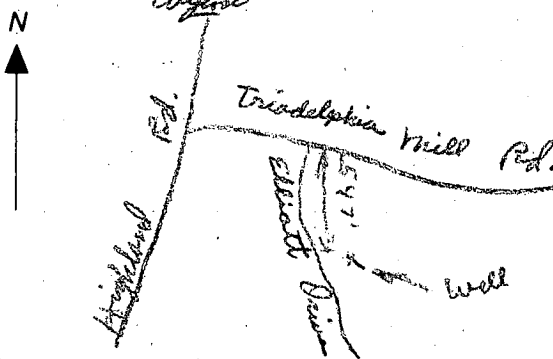
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER

3/22/89 pm
55' CASING
50'+ OPEN
11 BAGS
1 1/2" CASING A.G. MR
WAG 3/22/89

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



SPECIAL CONDITIONS W 202-722-6776

H 236-5951