

12/5/89 ASDP

05-402492

PERMIT

P 45944

A 35406

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 5/17/90

DATE SYSTEM APPROVED 12/5/89

INSPECTOR M. Riskin

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270/286-2939

SUBDIVISION Foxhall Villas ROAD 13333 Elliott Drive LOT 10, Sec. 2

PROPERTY OWNER Glyndon Construction Company Grady C. Frey

ADDRESS 4601 Prospect Avenue, Glyndon, Maryland 21701

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 187 sq.ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 1/2 feet below original grade 4 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from right rear (282.41/242.21') lot corner place the distribution box 190' down the right (242.21') lot line and 90' of the right line as seen when facing property from Elliott Drive. Run trenches along contour towards the right (242.21') lot line.

NOTE - TRENCHES NOT TO EXCEED 80' IN LENGTH. SYSTEM TO START ABOVE HIGH SIDE OF PERC TO MAXIMIZE HIGHER GROUND. OK/CW

PLANS APPROVED BY Craig Williams/Bert Nixon DATE 11/21/89

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

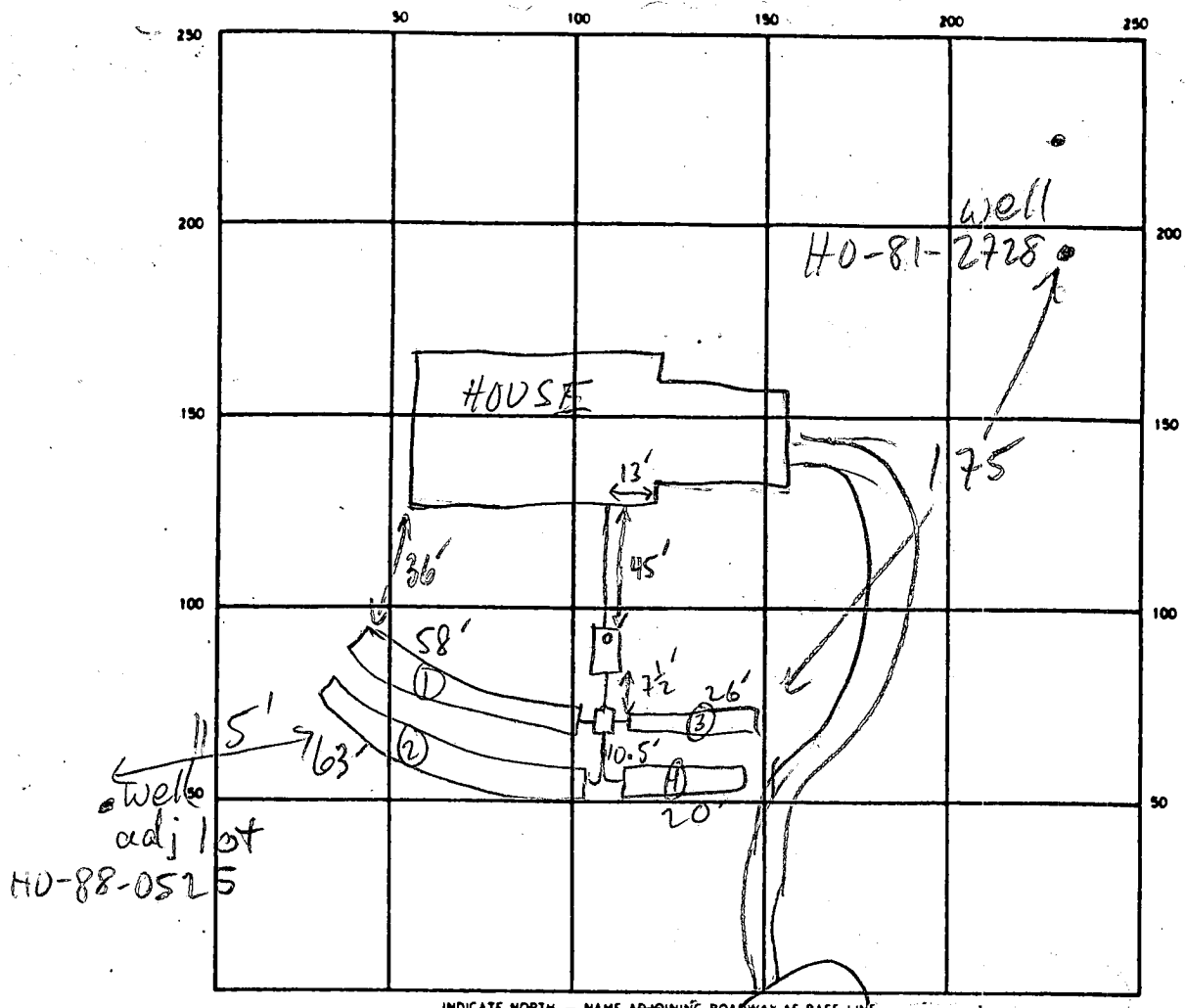
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 35706



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

ELLIOTT DR

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS OK-S.T.

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

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 58' 63' 20' 167'

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 751 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 12/5/89 OK TO COVER ALL MR

DATE SYSTEM APPROVED 12/5/89

INSPECTOR M. Rifkin

APPLICATION

Original

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35406

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5TH

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. 10

ROAD AND DESCRIPTION CORNER OF TRIADAZONIA MILL + HIGHLAND ROADS
ON PROPOSED ELLIOTT DRIVE.

SIZE OF LOT 3 ACRE TYPE BLDG. 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 _____

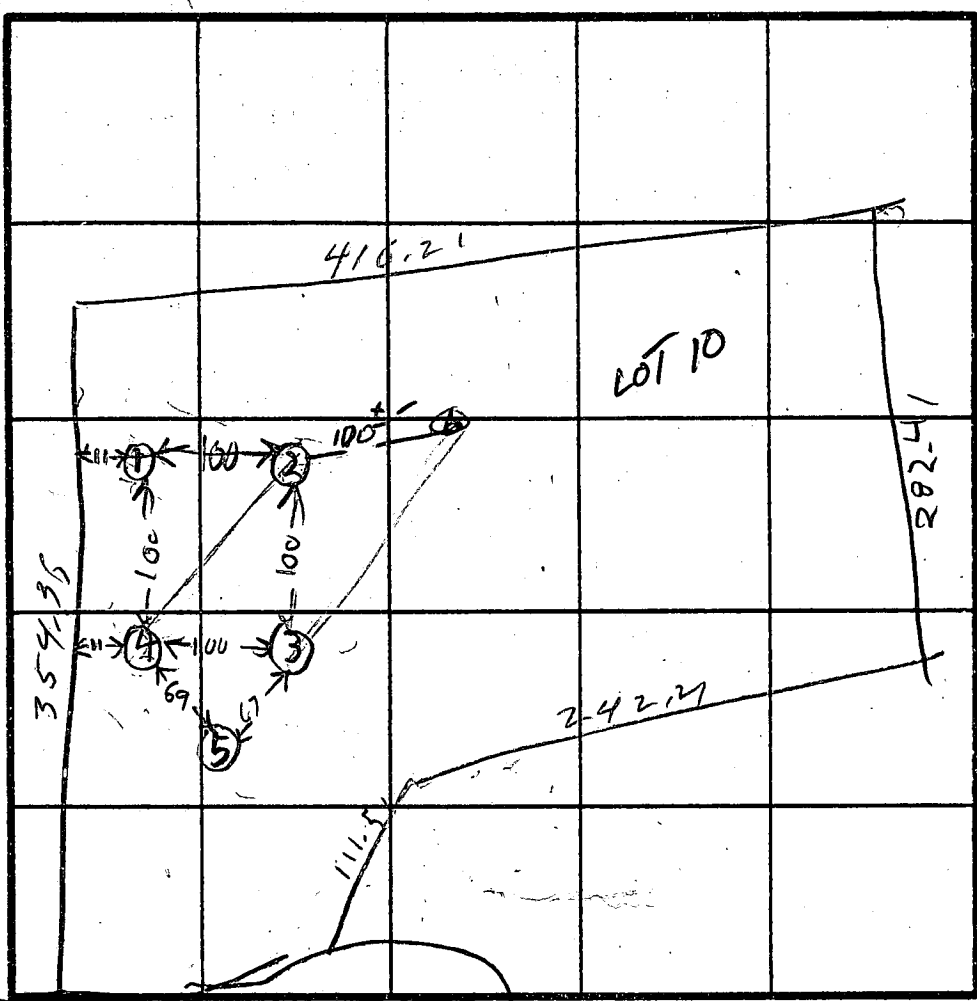
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 10

(F661-APR 30)

20



SOIL PROFILE

①
BROWN CLAY TOPSOIL
3 1/2'
WHITE & TAN SILT SAND CLAY LOAM
12'

④
BROWN CLAY & TOPSOIL
3'
BROWN SAND LOAM
12'

⑤
BROWN CLAY & TOPSOIL
3'
BROWN SAND LOAM
12'

②
BROWN CLAY & TOPSOIL
2'
BROWN SAND LOAM
12'

③
BROWN CLAY & TOPSOIL
4'
BROWN OR REDDISH SAND LOAM

⑥
AP
RED BROWN SILT CLAY CM. CLAY FRAGMENTS
Brown silty SAND 100% FRAGMENTS
ELEVATION

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ELLIOTT DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/10/85	1 S	4	1204	1230	LITTLE	DE R	2 13
	1 V	12	LOOKS	DOUBTFUL			
4/10/85	2 S	3	1204	1205	1205	1207	5
	2 V	12	LOOKS	OK			
3/10/85	3 S	5 1/2	1213	1215	1215	1220	6
	3 V	12	LOOKS	OK			
3/10/85	4 S	5	1231	1234	1234	1240	8
	4 V	12	LOOKS	OK			
3/10/85	5 S	4	201	206	206	214	16 min
	5 V	12	LOOKS	OK			
3/10/85	6 S	4-13	10:50	10:59	10:59	11:15	16 min

②③ = HIGHEST
① = LOWEST
④ = NEXT LOW
⑤ = NEXT HIGHEST

REPAIRS ALL SHALLOW!

max depth 4 FT or 5 min

REMARKS HOLES ①②③④ DUG PER SURVEYOR PLAT

TESTED BY R HODGE (FYUCCO TERRY) JEFF

EH-12-1079

B 1 **3676** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER
HO-81-2728
 fill in this form completely

Date Received (APA) **04/12/88**

OWNER INFORMATION

FNEY JR. **GRADY**
 Last Name Owner First Name

5710 SCHMIDT RD.
 Street or RFD

RIVERDALE MD 20732
 Town State Zip

B 3 LOCATION OF WELL

HOWARD
 COUNTY

FOXHALL VILLAS
 SUBDIVISION

SECTION **2** LOT **10**

ANNESVILLE
 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **0.2** MI

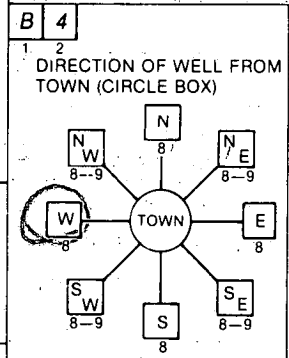
DRILLER INFORMATION

Joseph L. Mayne
 Driller's Name License No. **238**

Joseph L. Mayne Well Drilling
 Firm Name

5512 Hillside Rd. Hill, Md 21771
 Address

Joseph L. Mayne **3/25/88**
 Signature Date



ELIOTT DR.
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **220** FT or MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **1**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5**

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 **A35406**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **05/08/88** BY **A. Nylan** **11/10/88**
 CO SIGNATURE EXP. DATE

NORTH GRID **5000** EAST GRID **0800**

APPROXIMATE DEPTH OF WELL **200** 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

- WELL**
- OK S.B.G.**
- OTHER SIDE**

WRITE THE BOX NUMBER FROM THE MAP HERE

8008

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

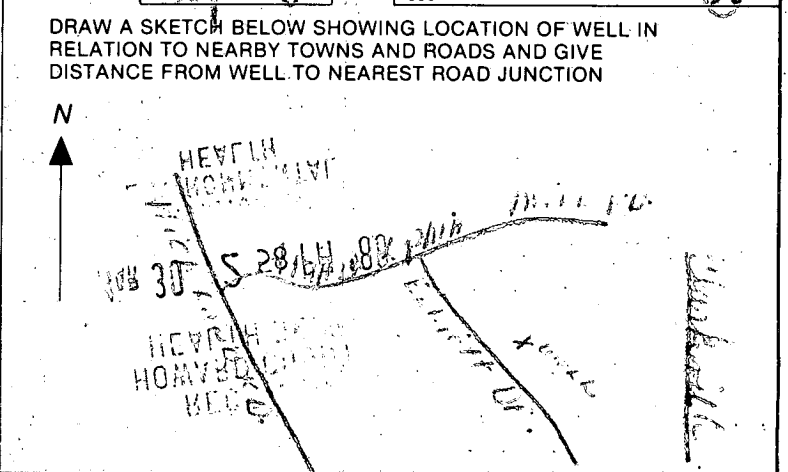
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

APPROX. PERMIT NUMBER **G A P**

FORCE **60** WRITE INITIALS IN BOX PERMIT NO. **HO-81-2728**

7/15/88

- ① 90 ft casing
- ② over 50 ft open hole
- ③ Location looks ok per plan
- ④ 18 BPS
- ⑤ well OK

Count already started R. H. H. H.
Got some information
from Johnny

GRADY C. FREY JR
5710 SOMERSET RD
RIVERDALE HGTS MD 20737
1-301-779-1159

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
MAR 30 8 54 AM '88

RECEIVED
HOWARD COUNT
HEALTH DEPT.
MAR 30 2 58 PM '88
DIVISION OF
ENVIRONMENTAL
HEALTH

C1 7797 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A35406

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

DATE Received DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER FREY GRADY STREET OR RFD 2110TT DRIVE TOWN CLARKSVILLE SUBDIVISION FOX HALL VILLAS SECTION 2 LOT 10

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICHA ROCK, 0 83, 83 115.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 18 NO. OF POUNDS 1672

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE Nominal diameter Total depth

OTHER CASING (if used) diameter depth

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) SLOT SIZE DIAMETER OF SCREEN

GRAVEL PACK IF 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

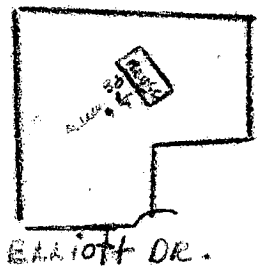
PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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)



11/30/89 noon

11/30/89 Partial C.B.C

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 # 45256
Date 11/21/89

Name of Installer Mechanical Service

Telephone 854-0520

License Number _____
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Alvendon Const. Co.
Subdivision Fox Hall Villages Lot # 10
Site Address 1333 Ellicott Drive

Telephone _____
Well Tag # HO-81-2228 ← 11/30/89
C.B.C

- | | | |
|---|---------------------|------------------------|
| 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? _____ |

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: _____

Date: _____

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

HD-215

11/30/89 Note: Partial - pitless adapter and water tank + pump not well line is ok to cover; seen C.B.C

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 # 45256
 Date 11-21-89
 Name of Installer MECHANICAL SERVICE Telephone 854-0620
 License number 3075
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner GLYNDON CONST. CO. Telephone 526-7560
 Subdivision FOX HALL VILLAS Lot # 10 Well tag # _____
 Site Address 1333 ELLIOT DR
CLARKSVILLE MD 21028

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Grundfos
 3. Model # _____
 4. Capacity 5 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 _____

Motor
 1. Horsepower 3/4
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220

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

Tank
 1. Capacity 42 GAL
 2. Pressure relief valve?

Piping
 1. Type _____
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 300'

Well data
 1. Depth 340ft.
 2. Yield 5 GPM
 3. Static water level 35 ft.
 4. Will water supply be disinfected by installer? NO

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: Raymond F. Cook
 Date: 11-21-89

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