

9/15/89

05-402506

PERMIT

P 43742

A 35407

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/6/89

DATE SYSTEM APPROVED 9/15/88

INSPECTOR M. S. Fisk

Frall Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Foxhall Villas ROAD 13339 Elliott Drive LOT 11, Section 2

PROPERTY OWNER Lancaster Craftsman Builders, Inc.

ADDRESS James Higgins

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 - SHALLOW SYSTEM ONLY. 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet from the back lot line and 60 feet from the right side of the lot as seen when facing the lot from Elliott Drive. Run trenches along contour toward the front and side of the lot. NOTE: Maintain at least 100 feet from the well.

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 Raymond Hodges ok/cw DATE 9/02/86

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 4/14/89

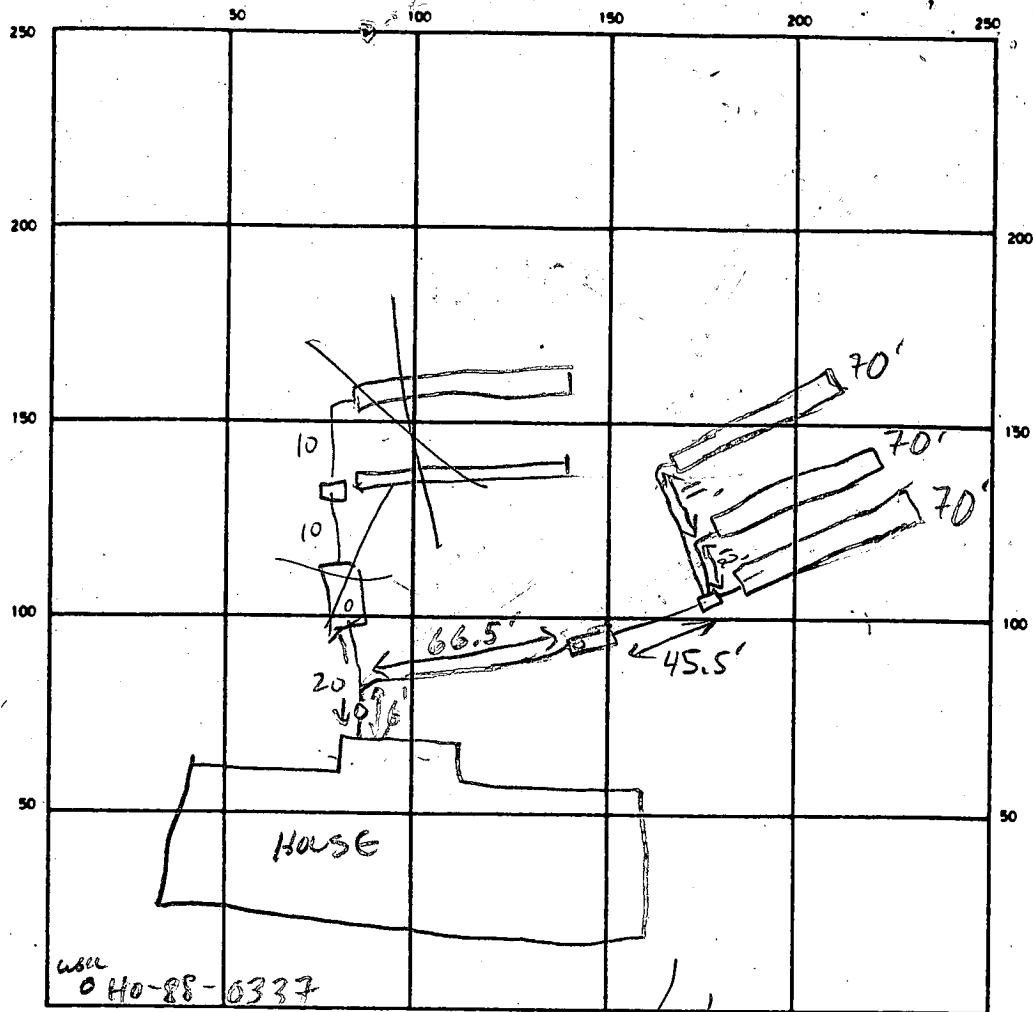
Seal # 53396

ducks

A 35407

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TO RELOCATE
DRAIN

SEPTIC TANK LEVEL 1000 GAL CLEANOUTS S.T. & INLINE - OK

DISTRIBUTION BOX LEVEL OK Baffle in

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

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 270 370 } 210 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ / BOTTOM AREA 210 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 8/30/89 SYSTEM ^{PARTIALLY} INSTALLED TO LEFT OF SPECIFIED LOCATION BECAUSE HOUSE NOT

LOCATED ACCORDING TO APPROVED PLAN. SOILS LOOK OK PER HEALTH DEPT. C.W.

9/15/89 PREVIOUS SYSTEM ABANDONED, NEW SYS. INSTALLED
IN CORRECT LOCATION. ALL WORK OK TO COVER MR

DATE SYSTEM APPROVED 9/15/89

INSPECTOR M. R. Stein

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 35407

P _____

DISTRICT 573

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. 11

ROAD AND DESCRIPTION ELLIOTT ROAD DRIVE

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 _____

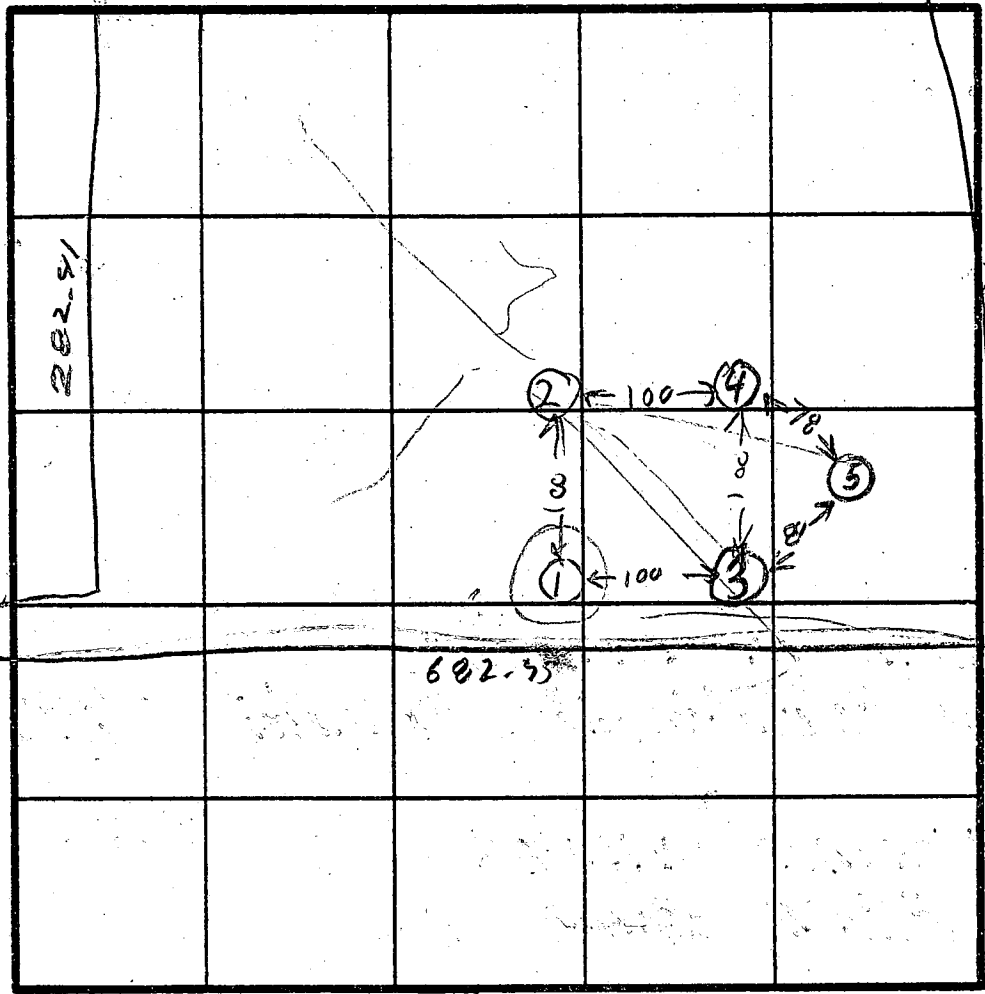
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

4021 19

11



②
SOIL PROFILE
0'
BROWN CLAY
2'
LIGHT BROWN SAND LOAM

⑤
BROWN CLAY
3 1/2'
LIGHT BROWN SAND LOAM
FEW ROCKS

①
CLAY
SANDY
ROCK BOT

③
BROWN CLAY TOPSOIL
BROWN SAND
ROCK BOTTOM

④
BROWN CLAY
BROWN SAND
FEW ROCKS
EH-12-1079

HOLE ELEVATION
④⑤ = LOWEST
②③ = MEDIUM
① = HIGHEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

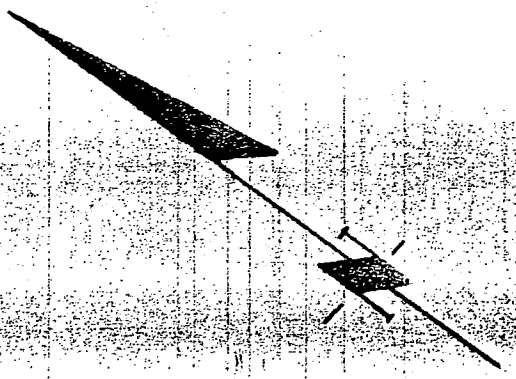
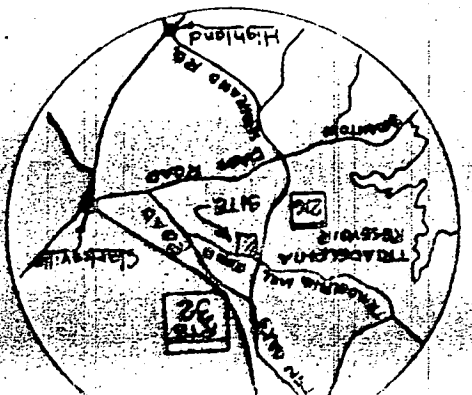
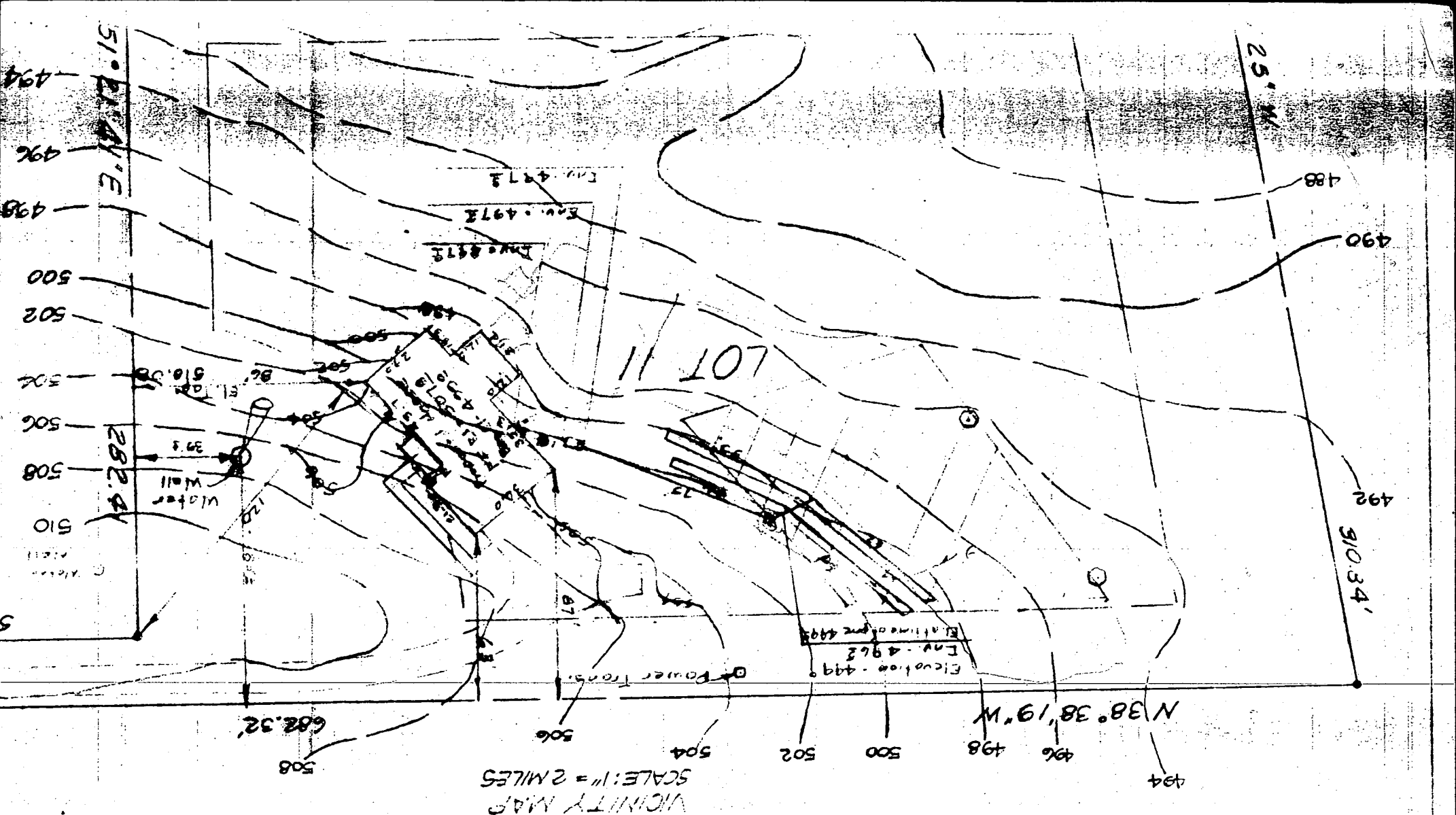
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/10/85	V	6	ROCK BOTTOM					
	2 S	3	306	312	312	323	11	
	2 V	11	LOOKS OK		OK			
	3 S	2 1/2	317	328	328	347	19	
	3 V	10	LOOKS OK		OK			
	4 S	4 1/2	322	334	334	352	LINEE PERC 3 FT	
	4 V	11	LOOKS OK		OK			
	5 S	3 1/2	326	333	333	345	12	
	5 V	11	LOOKS OK		OK			
5/13/85	4 M	5	338	348	348	400	12	
	5	11	OK					

av
une
13
max
depth
PERC 3 FT
22
38
50
38
18

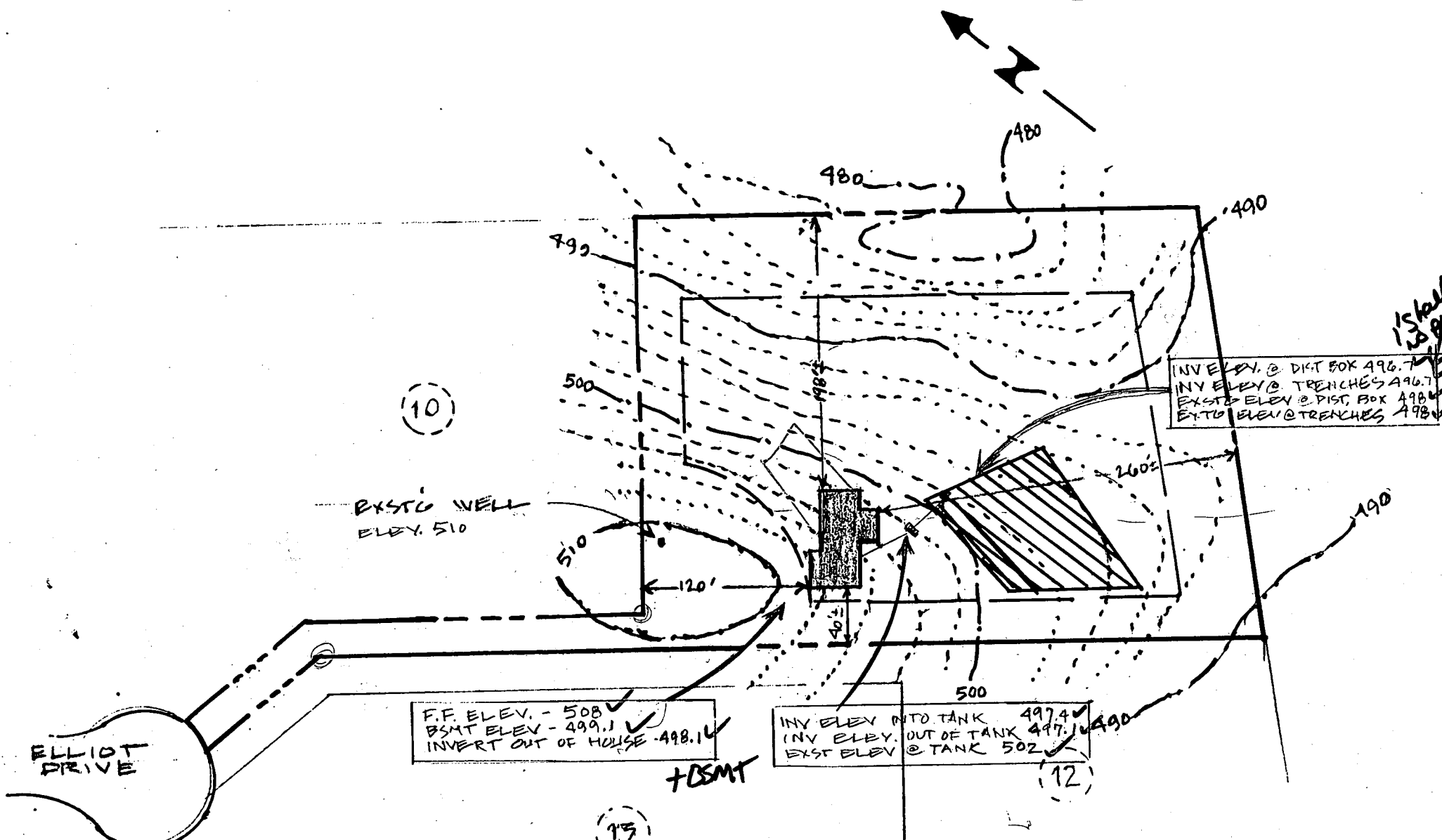
REMARKS HOLES ①②③④ PER SURVEYOR PLAT
HOLE ⑤ EXTRA

TYPE OF SOIL
TESTED BY R HODGES

ALSO PRESENT (FYOKCO TERRY & JEFF)



East
 the
 Septic



(10)

EXIST' WELL
ELEV. 510

F.F. ELEV. - 508 ✓
BSMT ELEV. - 499.1 ✓
INVERT OUT OF HOUSE - 498.1 ✓

+BSMT

INV ELEV INTO TANK 497.4 ✓
INV ELEV. OUT OF TANK 497.1 ✓
EXIST ELEV @ TANK 502 ✓

INV ELEV @ DIST BOX 496.7 ✓
INV ELEV @ TRENCHES 496.7 ✓
EXIST ELEV @ DIST. BOX 498 ✓
EXT. ELEV @ TRENCHES 498 ✓

1/5 Shallow
to Prob.

(15)

(12)

BUDG. PERMIT SIGNED
AND RETURNED 3-1-89

23831
SA

SITE PLAN 1"=100'

LOT II, "FOXHALL VILLAS" SUBDWN.
HOWARD COUNTY, MD.

B 1 7933 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

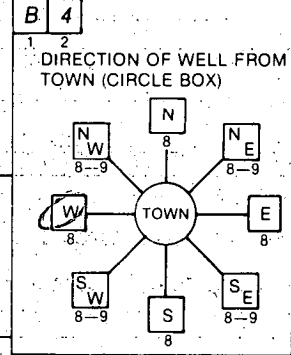
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-88-0337
fill in this form completely

Date Received (APA) 11 29 88
OWNER INFORMATION
HIGGINS T. JAMES
Last Name Owner First Name
Rochester Street or RFD
COLUMBIA MD 21045
Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
FARMVILLE VILLAGE
SECTION 2 LOT 11
CLARKSVILLE
MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION
Joseph L. Mayne 238
Driller's Name License No. 80
Joseph L. Mayne Well Drilling
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Joseph L. Mayne 11/21/88
Signature Date



B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Elliott Drive
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 319 37
DISTANCE FROM ROAD
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)
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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A-35407
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED
120188
CO SIGNATURE EXP. DATE
5-31-89
NORTH GRID 500000 EAST GRID 0808000

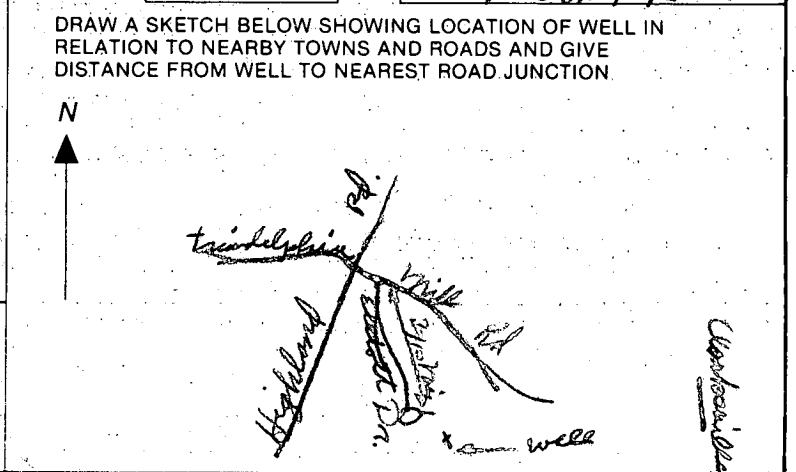
APPROXIMATE DEPTH OF WELL 260 FEET

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 800 8
N 500 0
9:30 1-9-89
16 BAGS
75 FT CASING
50 FT OPEN
3 FT CASING A.G.
LEFT BEFORE GROUT DONE
✓ TAGOK MR

REPLACEMENT OR DEEPEMED 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 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 GAP
FORCE SA WRITE INITIALS IN BOX PERMIT NO. 40-88-0337

SPECIAL CONDITIONS
COUNTY

C1 **6661** SEQUENCE NO. (DENY USE ONLY)
 1 2 3 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 35407**

DATE Received
 DATE WELL COMPLETED **010989**
 Depth of Well **105** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-0337**

OWNER **HIGGINS**
 STREET OR RFD last name **ELL TOTT DR.** first name TOWN **CLARKSVILLE**
 SUBDIVISION **FOXHALL VILLAGES** SECTION **2** LOT **11**

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 stone	0	68	
Clay with pebbles	68	105	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **17** NO. OF POUNDS **1578**
 GALLONS OF WATER **100**
 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** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter (nearest inch) Total depth of main casing (nearest foot)
ST **6** **75**

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 OPEN HOLE PLASTIC OTHER

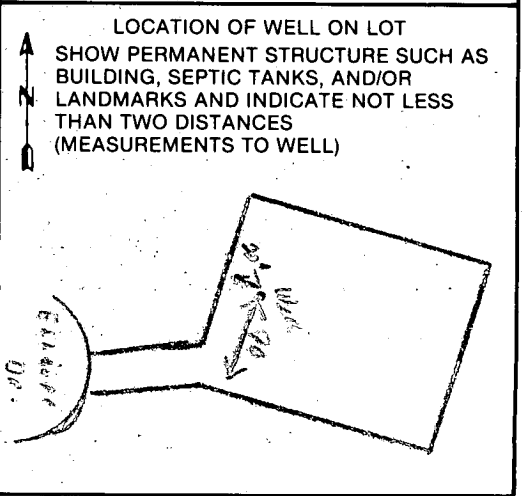
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **HO** **22** **105**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **43**
 WHEN PUMPING **43**
 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) **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) **3**
- below }



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. **938**
 DRILLERS SIGNATURE *Joseph L. Morgan*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

7/27/89
anytime
{ No other paperwork with today

LEFT SIDE
{ HOUSE AT END OF CUL DE SAC }
ELLIOTT DR
7/28/89 Partial
C. B. (see below)
↓

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 # 44786
Date 7/27/89
Name of Installer DENNISON PLUMBING & LEADING Telephone 413-4015
License Number 10040
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner LANCASTER CRAFTSMEN BUILDERS Telephone 606-38500
Subdivision FOX HALL VILLAS Lot # 11 Well Tag # HO-88-0332
Site Address 13339 ELLIOT DRIVE

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make _____
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
Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____
Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____
Tank
1. Capacity _____
2. Pressure relief valve?
Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved
4. Depth of supply line _____
Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer?

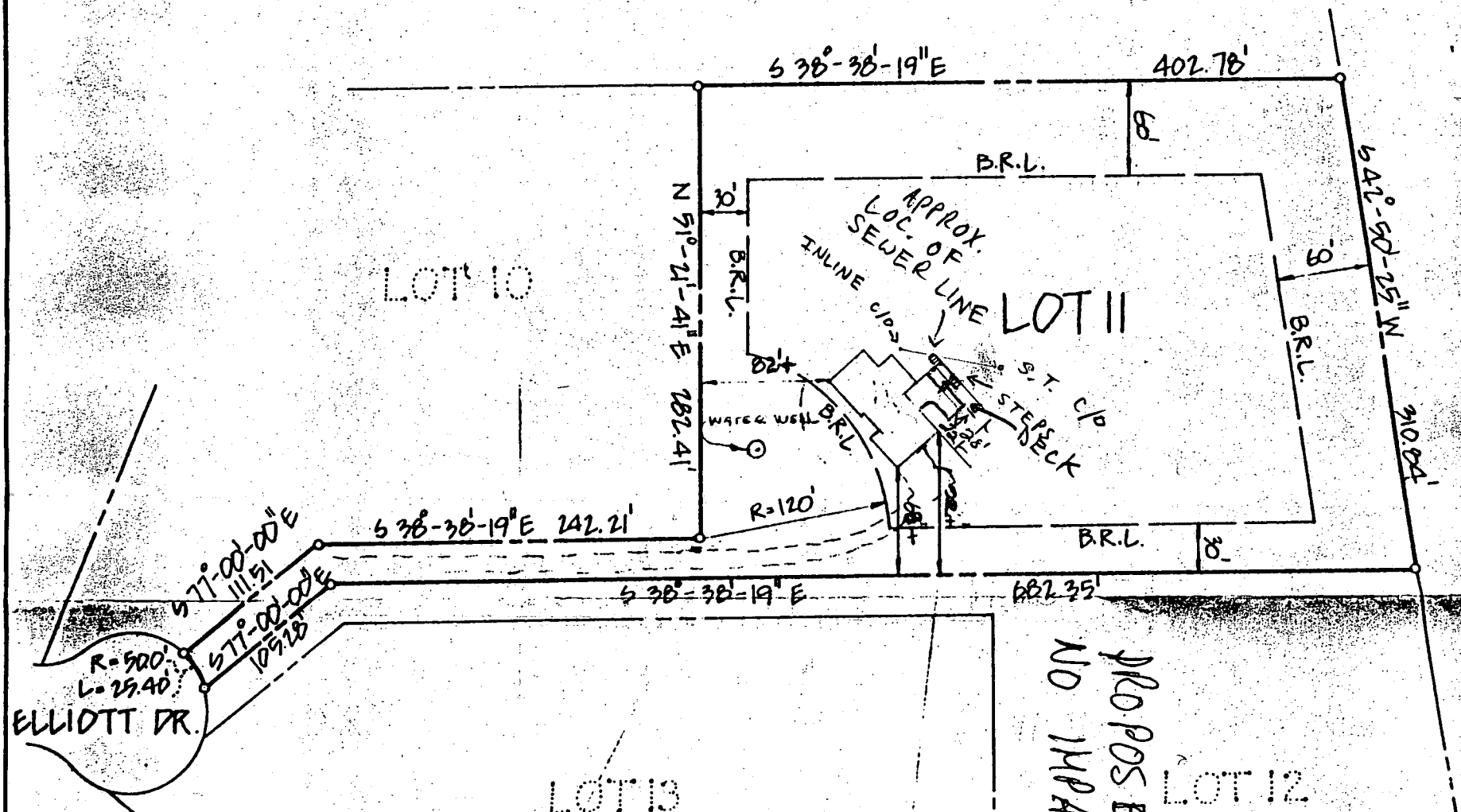
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: Robert M. Dennis Jr
Date: 7/15/89

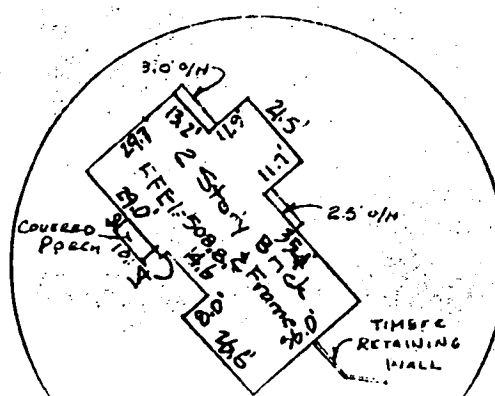
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215
Partial 7/28/89 Line + pitless adapter is =
Need to see pump + tank C.B.C.

N/P PARCEL C



PROPOSED DECK OK
 NO IMPACT
 MR
 4/14/94



N/P PARCEL C
 1994