

2/16/88 ASAP

05-402514

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40343

A 35408

DISTRICT 5th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 10/23/87

DATE SYSTEM APPROVED 2/16/88

INSPECTOR RH

Andy Snow IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Fox Hall Villas ROAD 13348 Elliott Drive LOT 12

PROPERTY OWNER Perry Monger Seyeda Saadat

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

NOTE:  
Changes made in field based on inaccurate plan

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet  $4\frac{1}{2}$  feet below original grade. Bottom maximum depth  $6\frac{1}{2}$  feet below original grade.  $5\frac{1}{2}$  Effective area begins at  $4\frac{1}{2}$  feet below original grade.  $2\frac{1}{2}$  feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the left rear corner, place the distribution box at a point located  $110$  feet down the rear (682.35') lot line and  $100$  feet off the rear lot line as seen when facing property from Elliott Drive. Run trenches along contour (parallel trenches 8 feet apart) toward the rear lot line, (682.35'). NOTE: MAINTAIN MINIMUM 100 FEET DISTANCE FROM WELL TO SEPTIC.

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 R. Hodges/Bert Nixon DATE 12/02/86 - 10/23/87

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

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.

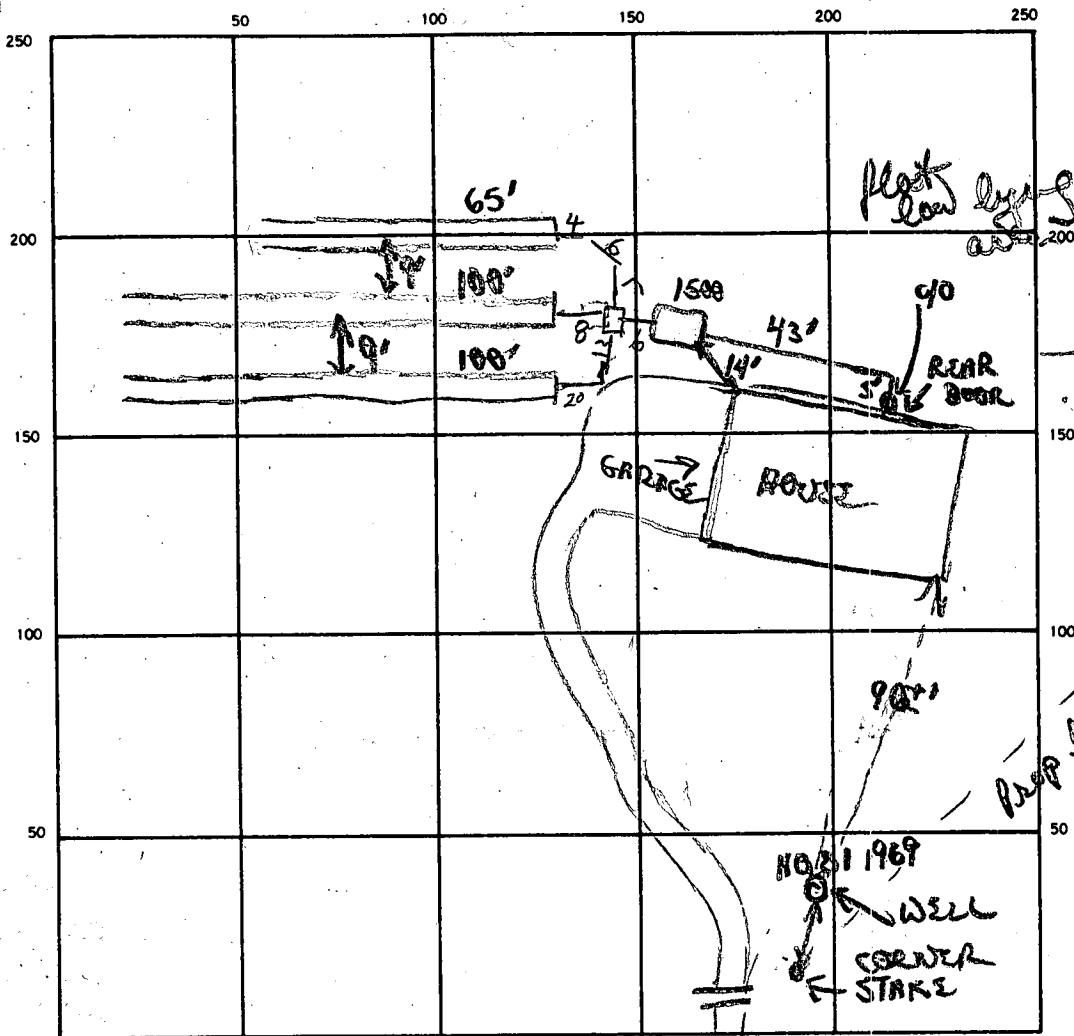
BLDG. PERMIT SIGNED AND RETURNED 11/26/87  
Serial # 40473 - 3 level check

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35408



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD, DEPTH 2' 2' 2' TRENCH WIDTH 3' FT. INLET DEPTH 5-6' FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT. TOTAL LENGTH 100 100 65 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 

300	300	150	750
-----	-----	-----	-----

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 2/11/88 OK to add stone pipe paper to all 3 trenches. c/o needed on line 90° bend to be installed. OK to partial backfill all 3 trenches. OK to install dist box & hook up all piping.  
2/1/88

DATE SYSTEM APPROVED 2/16/88 INSPECTOR Raymond Hodges

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 3540P

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 574

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 M. ELLIOTT Perry Menger

ADDRESS 6581 COLUMBIA PIKE, COLUMBIA PHONE 997-5833

PROPERTY LOCATION:

SUBDIVISION FOXHALL VILLAS LOT NO. 12

ROAD AND DESCRIPTION 13348 ELLIOTT ROAD DRIVE

BLDG. PERMIT SIGNED  
AND RETURNED 5-1-87

SIZE OF LOT 3 acre TYPE BLDG. res. 3-4 SBR  
(NUMBER OF BEDROOMS) BR#

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 M. Elliott  
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Deep Trend DATE 12/2/86

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5/14/85 PERC OK HOLD FOR PLAT RH

3-1786 - pie. located in swail' ok to move pie as shown on Plat of November 1985 based on holes not tested but described in profile 800w

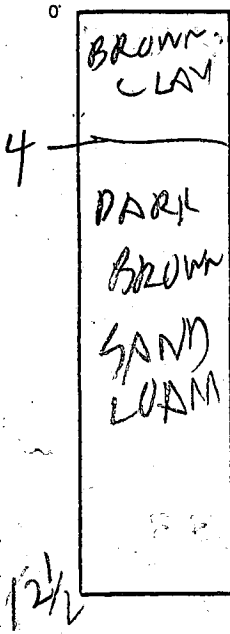
# THIS IS NOT A PERMIT



SOIL PROFILE

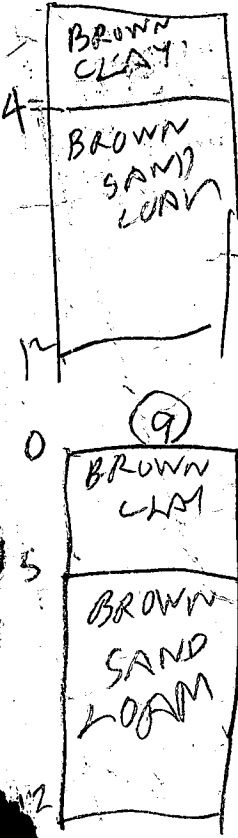

HOLE ELEVATION OF USED HOLES

- ⑨ = HIGHEST
- ⑧ NEXT HIGH
- ⑦ LOWEST
- ⑥ NEXT LOWEST



⑧

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/85	7 S	4 1/2	216	217	217	235	18
	7 V	12 1/2	LOOKS OK		OK		
	8 S	4 1/2	221	232	238	305	LITTLE PERC
5/14/85	8 V	12	LOOK OK BELOW		5 FT		
	9 S	6	229	238	238	306	28
	9 V	12	LOOKS OK		BELOW 5 FT		
	9 M	5 1/2	313	314	314	317	3

REMARKS

TYPE OF SOIL

TESTED BY

B. BONES

ALSO PRESENT

FYOCK CO. TERRY & JEFF

EH-12-1079

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A 35408

P \_\_\_\_\_

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ENVIRONMENTAL HEALTH SERVICES

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DISTRICT 5<sup>th</sup>

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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



B 1 **5035** 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

**110-21-1969**

fill in this form completely

Date Received **2/23/87**

OWNER INFORMATION

**MUMFORD** Last Name Owner **W. P. RAY** First Name

**194 EASTON** Street or RFD **SADLE CREEK**

**LDHREL** Town **MD28000** State Zip

B 3 LOCATION OF WELL

**HOWARD** COUNTY

**FOXHALL VILLAGE** SUBDIVISION

SECTION **2** LOT **12**

**CLARKSVILLE** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3** MI

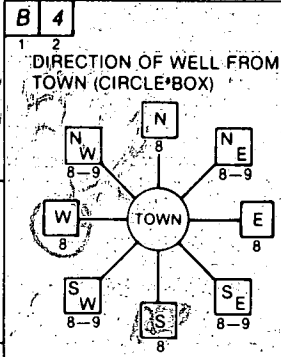
DRILLER INFORMATION

**W. P. RAY** Driller's Name License No. **238**

**W. P. RAY** Firm Name

**5512 Ridge Rd Mt Airy Md 21771** Address

**W. P. RAY** Signature Date **2/20/87**



**Elliott Drive** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**W** WEST **E** EAST **S** SOUTH **N** NORTH

**520** DISTANCE FROM ROAD ENTER FT or MI **57**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **3**

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 COUNTY NO. **A 35409**

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S: \_\_\_\_\_

DATE ISSUED **030587** CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NORTH GRID **500000** EAST GRID **0809000**

APPROXIMATE DEPTH OF WELL **500** 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 \_\_\_\_\_

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)

APPROP. PERMIT NUMBER \_\_\_\_\_

FORCE **4** WRITE INITIALS IN BOX PERMIT No. **110-21-1969**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
- ...
- ...

WRITE THE BOX NUMBER FROM THE MAP HERE

**5078** **5000**

Location OK

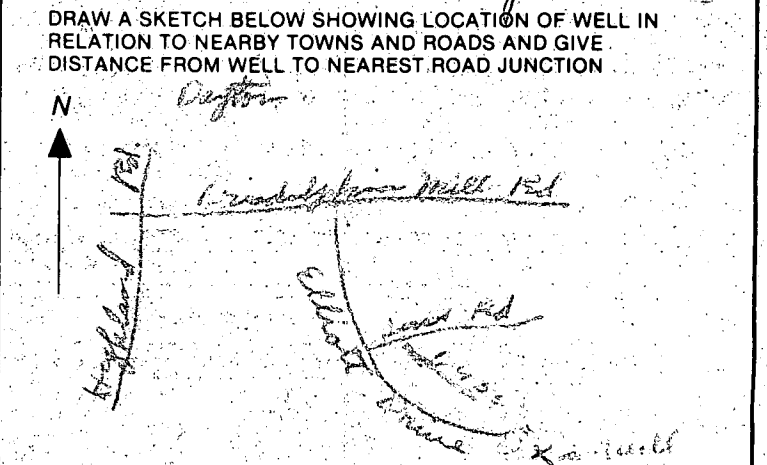
142' casing

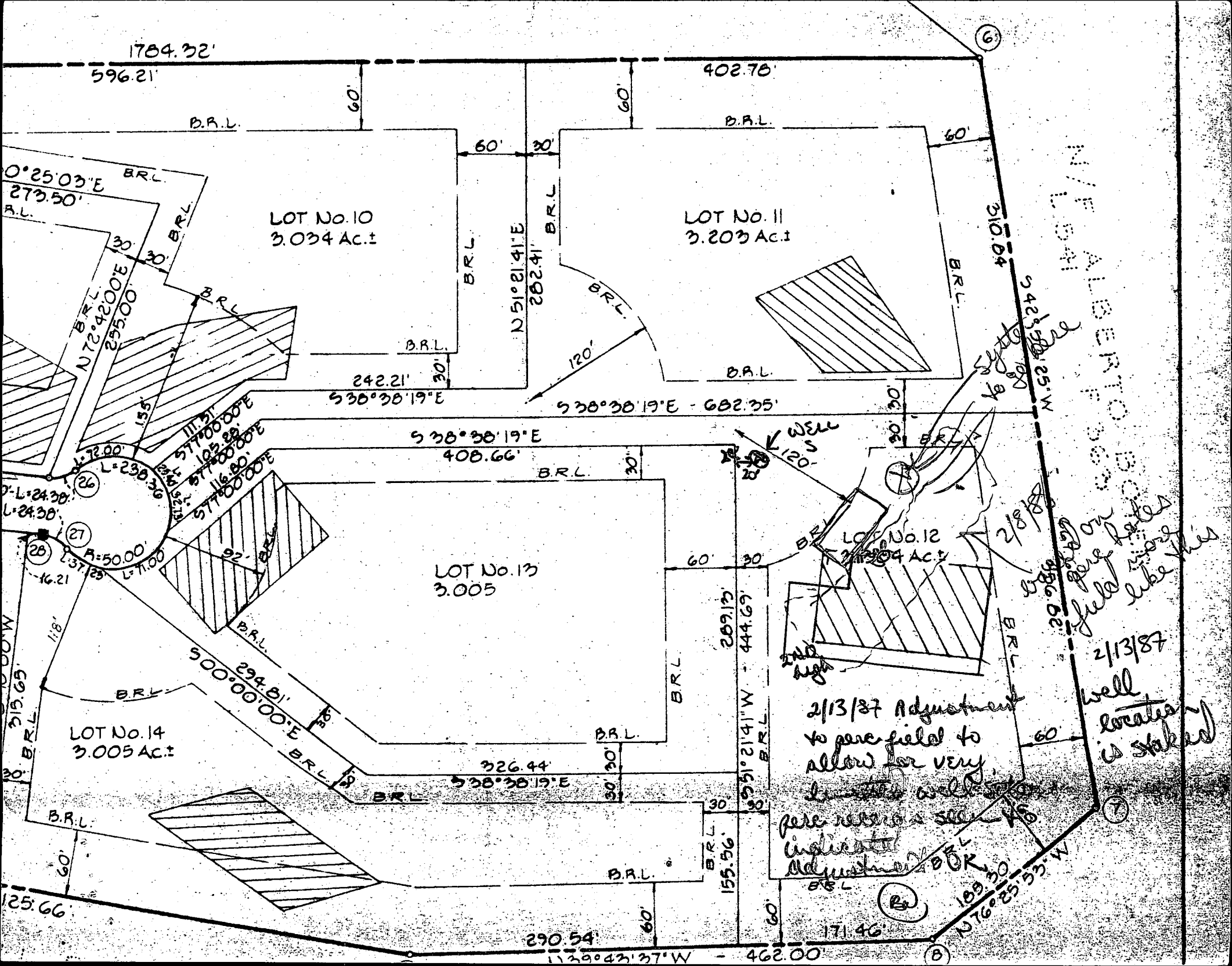
3' above pt

50' open

25' large cement

4/10/87





1784.32'

596.21'

402.78'

B.R.L.

B.R.L.

0°25'03"E B.R.L.  
273.50' B.R.L.

LOT No. 10  
3.034 Ac.±

LOT No. 11  
3.203 Ac.±

N 51° 21' 41" E  
282.41'

310.84'

N/E ALBERTO BO...  
542.50' ± 25.5' W

242.21' 30'  
S 38° 38' 19" E

S 38° 38' 19" E - 682.35'

S 38° 38' 19" E  
408.66'

WELL  
S 120'

LOT No. 13  
3.005

LOT No. 12  
3.134 Ac.±

on pure field more like this  
2/13/87

LOT No. 14  
3.005 Ac.±

2/13/87 Adjustment  
to pure field to  
allow for very  
limited well  
pure water - see  
indicate  
adjustment

well  
location  
is staked

125.66'

290.54'

171.46'

N 29° 42' 37" W - 462.00'

(B)

C1 2304 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

PERMIT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A35409

DATE Received [ ] DATE WELL COMPLETED 040989 Depth of Well 100 (TO NEAREST FOOT) PERMIT NO. H4-21-11969

OWNER MUNGER PERP STREET OR RFD ELLIOTT DRIVE TOWN DARTON CLARKSVILLE SUBDIVISION FOX HALL VILLAS SECTION LOT 12

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, 0-139, 139-160, Garry Micka Hook.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

CASING RECORD MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) ST CO PL OT

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen.

- 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)

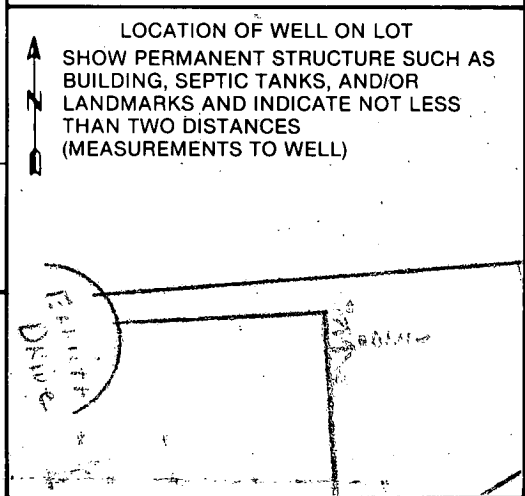
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from-permittée)

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.) W Q TELESCOPE LOG OTHER DATA CASING INDICATOR

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 34 WHEN PUMPING 47 TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)



*anytime*

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 X Replacement \_\_\_\_\_ Receipt # 40343  
 Date 10/23/87

Name of Installer FRANK COLEMAN Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner PERRY MONGER Telephone \_\_\_\_\_  
 Subdivision FOX HALL VILLAS Lot # 12 Well Tag # HO-81-1969  
 Site Address 13348 ELLIOTT DRIVE

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage <u>220</u>	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Cable guards _____ Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>52</u>	1. Type <u>1" Black</u>	1. Depth <u>160</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size _____	2. Yield <u>18</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>34</u> 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).

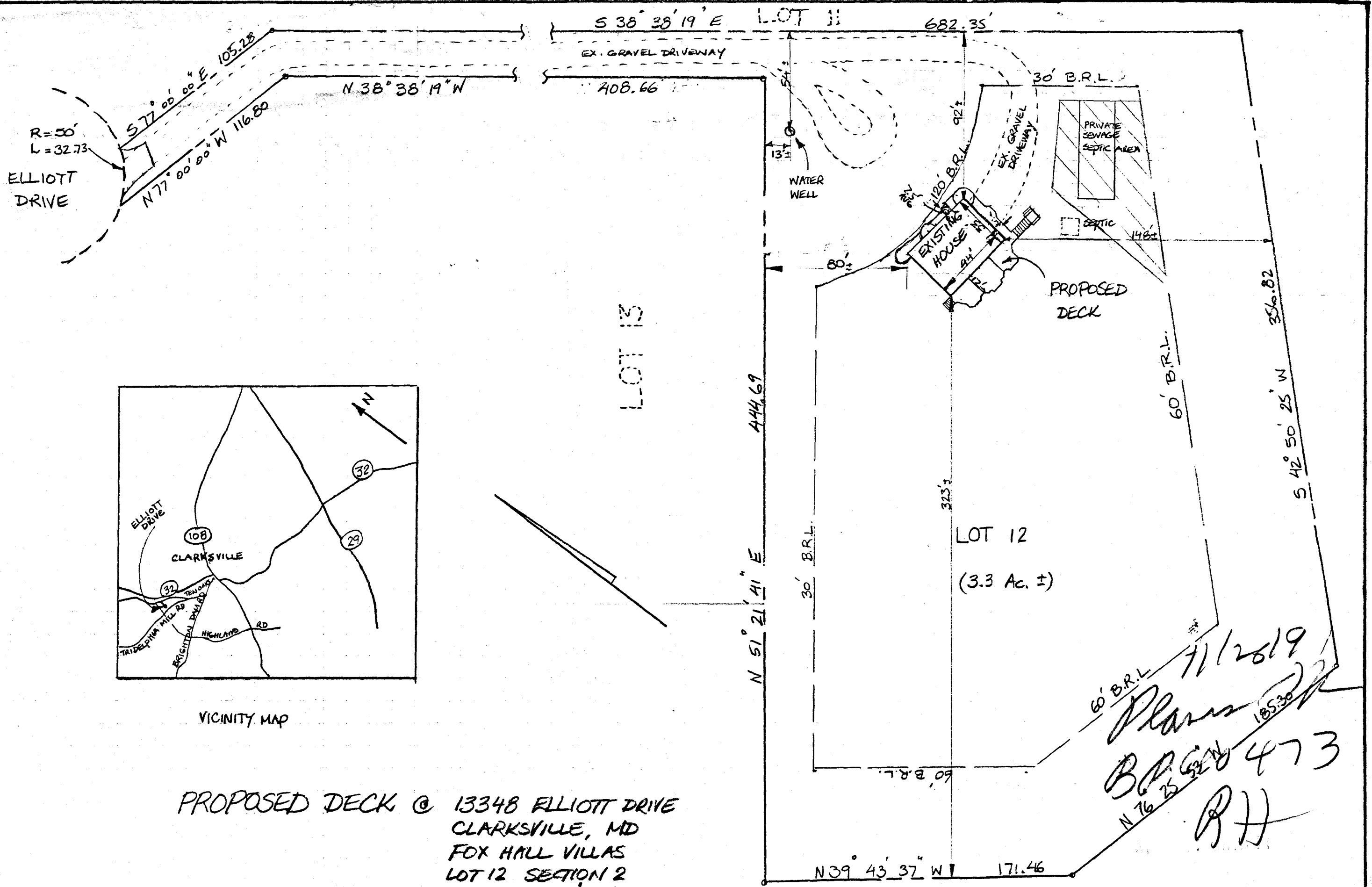
All information given above is true to the best of my knowledge.

Signature of Applicant: Perry Monger  
 Date: Oct 23, 1987

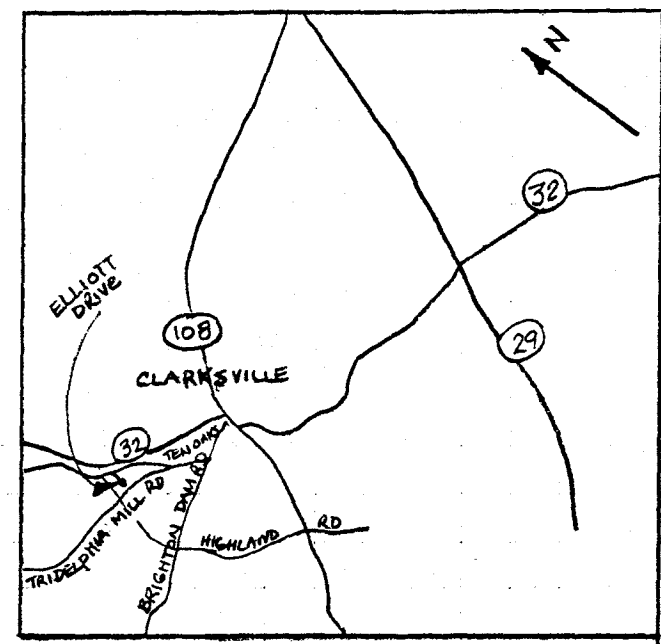
*10/26/87 OK TO COVER OUTSIDE WORK*  
*PRESSURE TANK CAN BE CHECKED LATER* RFH

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

HD-215



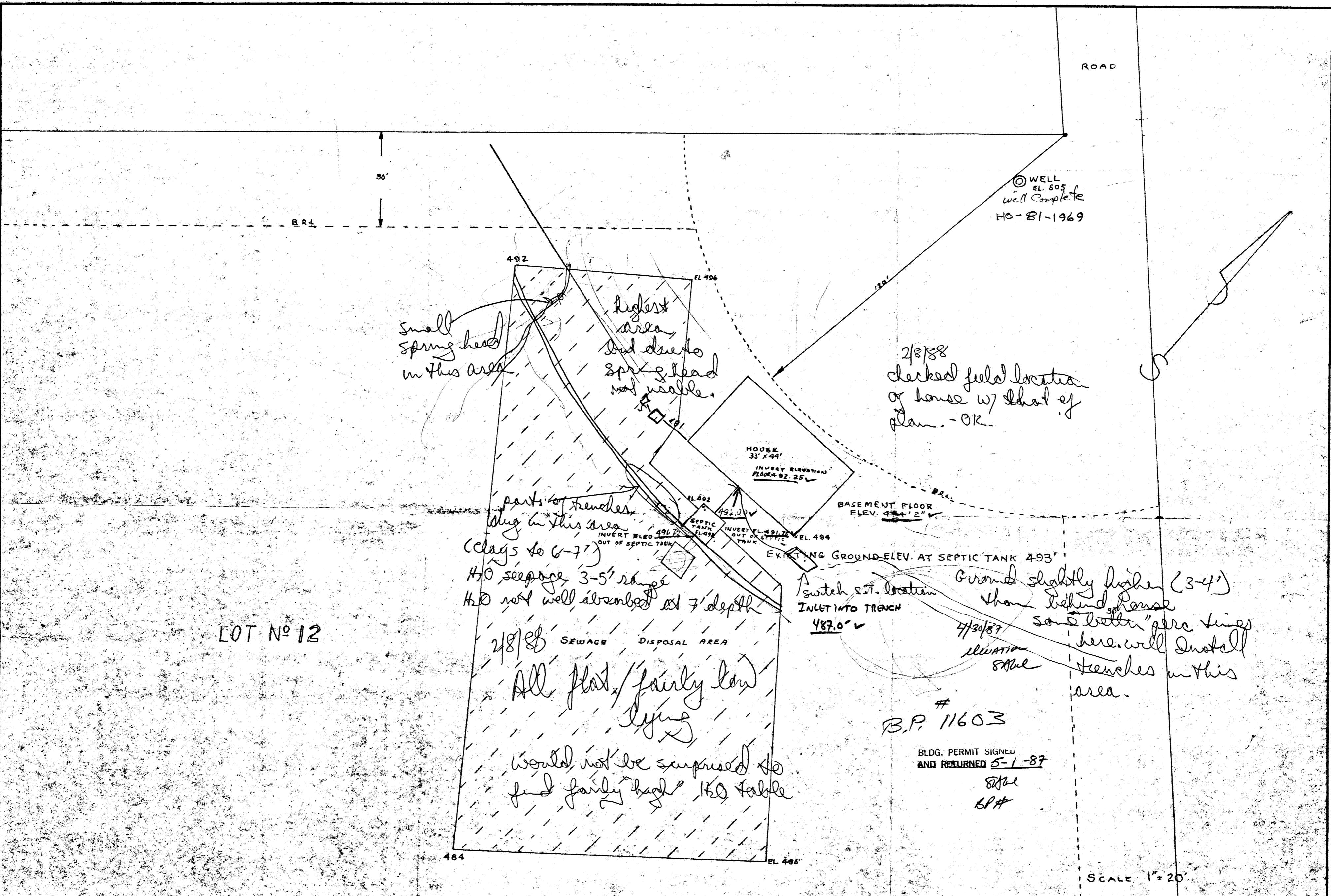
R=50'  
L=32.73  
ELLIOTT DRIVE



VICINITY MAP

PROPOSED DECK @ 13348 ELLIOTT DRIVE  
CLARKSVILLE, MD  
FOX HALL VILLAS  
LOT 12 SECTION 2  
SCALE 1:50'

7/12/19  
Plans  
B.P. GEN 473  
RH



WELL  
EL. 505  
well complete  
HO-81-1969

Small Spring head  
in this area

highest  
area  
but due to  
spring head  
not usable.

2/8/88  
checked field location  
of house w/ that of  
plan. - OK.

parts of trenches  
dig in this area  
(clays to 6-7')  
H<sub>2</sub>O seepage 3-5" range  
H<sub>2</sub>O not well absorbed at 7' depth

switch S.T. location  
INLET INTO TRENCH  
487.0' ✓

Ground slightly higher (3-4')  
than behind house  
some better "perc" lines  
here. will install  
trenches in this  
area.

LOT NO 12

2/8/88 SEWAGE DISPOSAL AREA

All flat/fairly low  
lying

would not be surprised to  
find fairly high H<sub>2</sub>O table

#  
B.P. 11603

BLDG. PERMIT SIGNED  
AND RETURNED 5-1-87

8/2/87  
BP#

SCALE 1"=20'

FOXHALL VILLAS		LOT 12	
SCALE 1"=20'	APPROVED BY	X	
DATE 4-30-87	DRAWN BY	P. MUNGER	
SEWAGE DISPOSAL		REVISED	
		DRAWING NUMBER	
		9	

Foxhall  
Villas

Lot 12

misfiled in wrong folder  
3.14.88

BH