

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-402581
HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 48380

A 35415

DISTRICT 5th

DATE 10/7/92

DATE SYSTEM APPROVED 10/14/92

INSPECTOR R. Pinky

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 558R Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Foxhall Villas LOT 19 ROAD 13306 Elliott Drive

PROPERTY OWNER Yogesh T. Shah

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

Handwritten calculations:
180
4

720
6 | 360 4.5 | 360
 60 80
 80

LINEAR FEET OF TRENCH REQUIRED 120 change to one 72' (6 ft Stone) + one 80' long (4 1/2 ft Stone)

TRENCHES - Trench to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 2 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box 190 feet from the front lot line and 70 feet from the left side of the lot as seen when facing the lot from Elliott Drive. Run the trenches toward left side line.

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

PLANS APPROVED BY Raymond Hodges REVISED _____ DATE 11/01/91

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

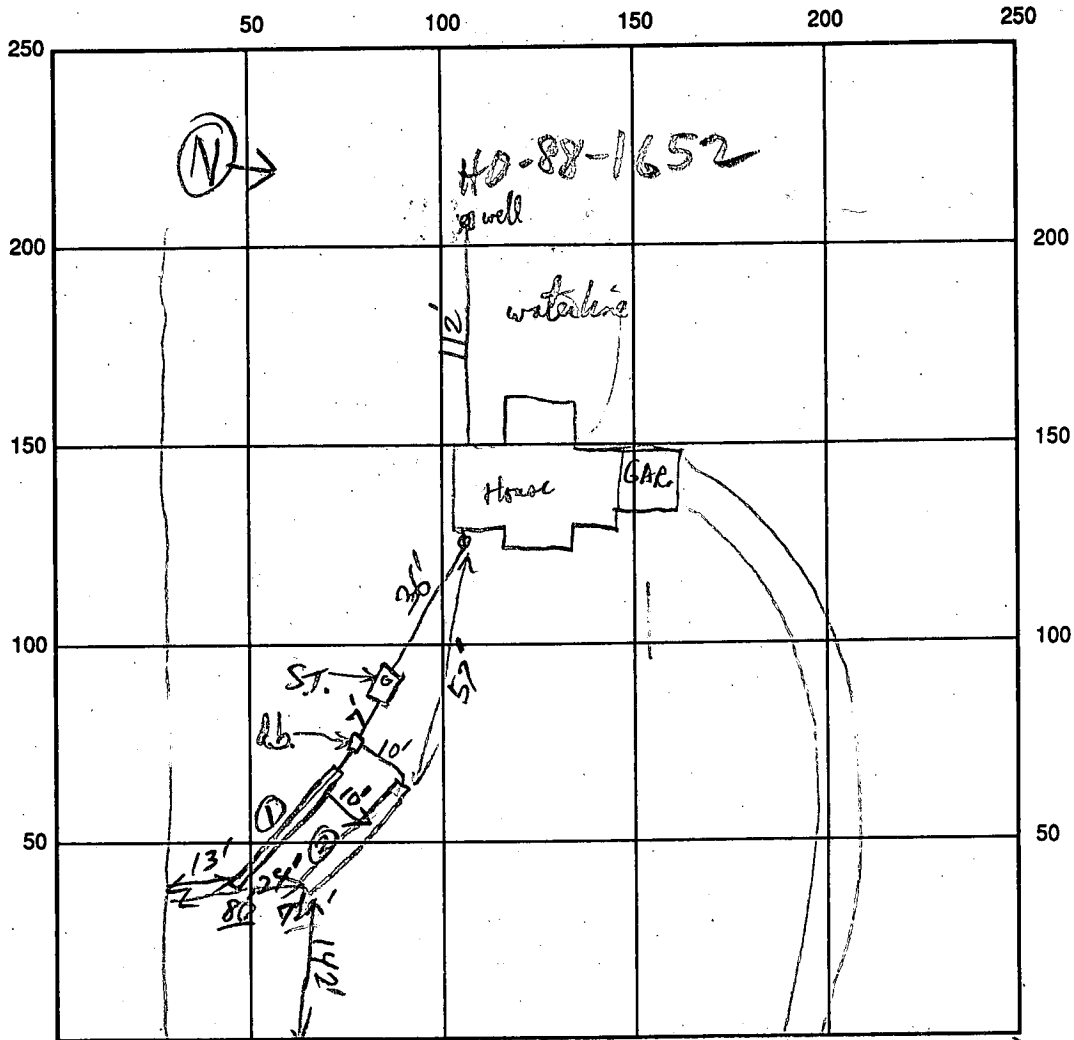
PERMIT VOID AFTER TWO YEARS

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 PVA 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 APPROVAL ON THIS PERMIT**

A 35415



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ELLiot Dr

to Philadelphia Mill Rd

SEPTIC TANK LEVEL 1250 gal CLEANOUTS ST

DISTRIBUTION BOX LEVEL ✓ (with toilet exactly level) (3' cover)

DRAIN FIELD/TITLE DEPTH 8 1/8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 / 3 FT.

EFFECTIVE GRAVEL DEPTH 4 1/2 / 5 FT. TOTAL LENGTH 80 / 72 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 1 / 2 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: OK to cover House Connect w/ ST to DB - call when Trenches Ready for Final. 10/14/92
8' deep Maximum - extra length of trench to cover deeper inlet depth than planned.
OK to cover system - 10/14/92

DATE SYSTEM APPROVED

10/14/92

INSPECTOR

Kenneth [Signature]

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 35415

P _____

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. 19
ROAD AND DESCRIPTION ELLIOTT DRIVE

SIZE OF LOT 3 acres 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 _____

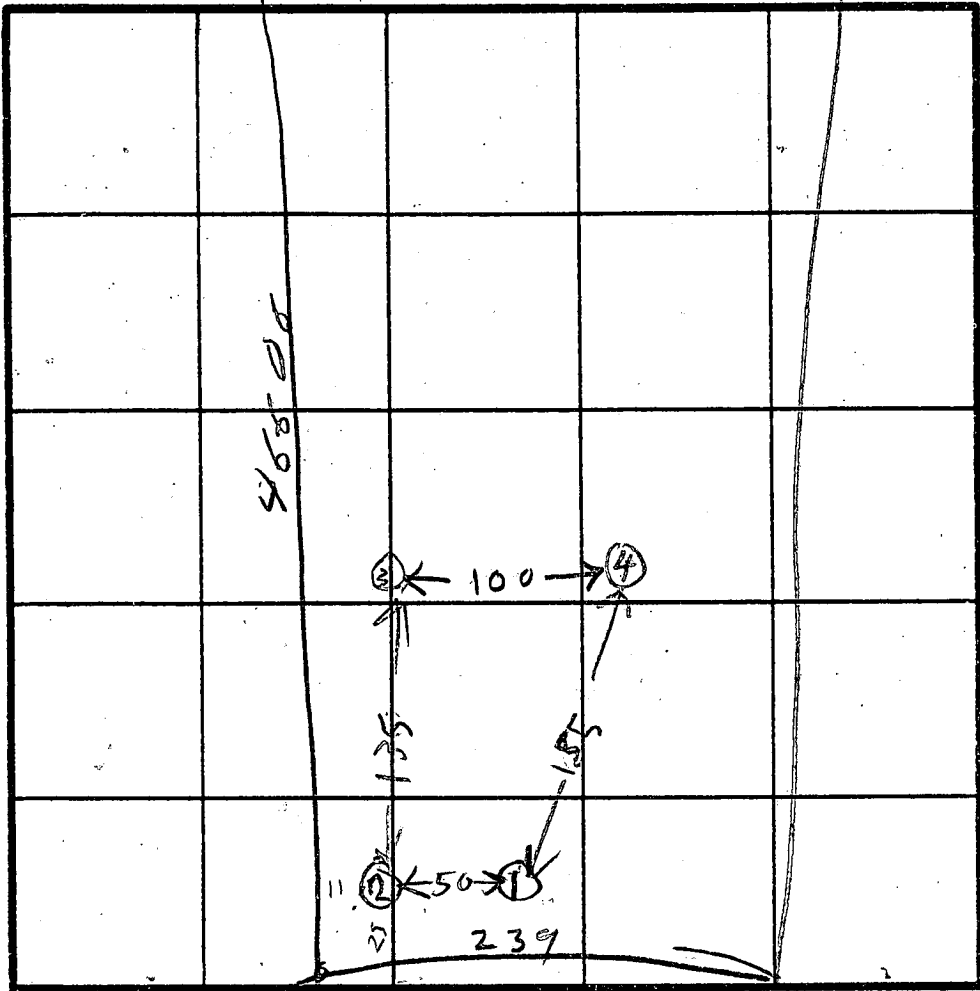
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

278.87

19



SOIL PROFILE

0
 2
 14

①
 BROWN CLAY
 SAND
 DARK BROWN SAND MICA LEAM

② ③ ④

2
 14

BROWN CLAY
 SAND
 DARK BROWN SAND MICA LEAM

HOLE ELEVATION
 ③ = HIGHEST
 ④ = NEXT HIGHEST
 ② = NEXT LOWEST
 ① = LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ELLIOTT

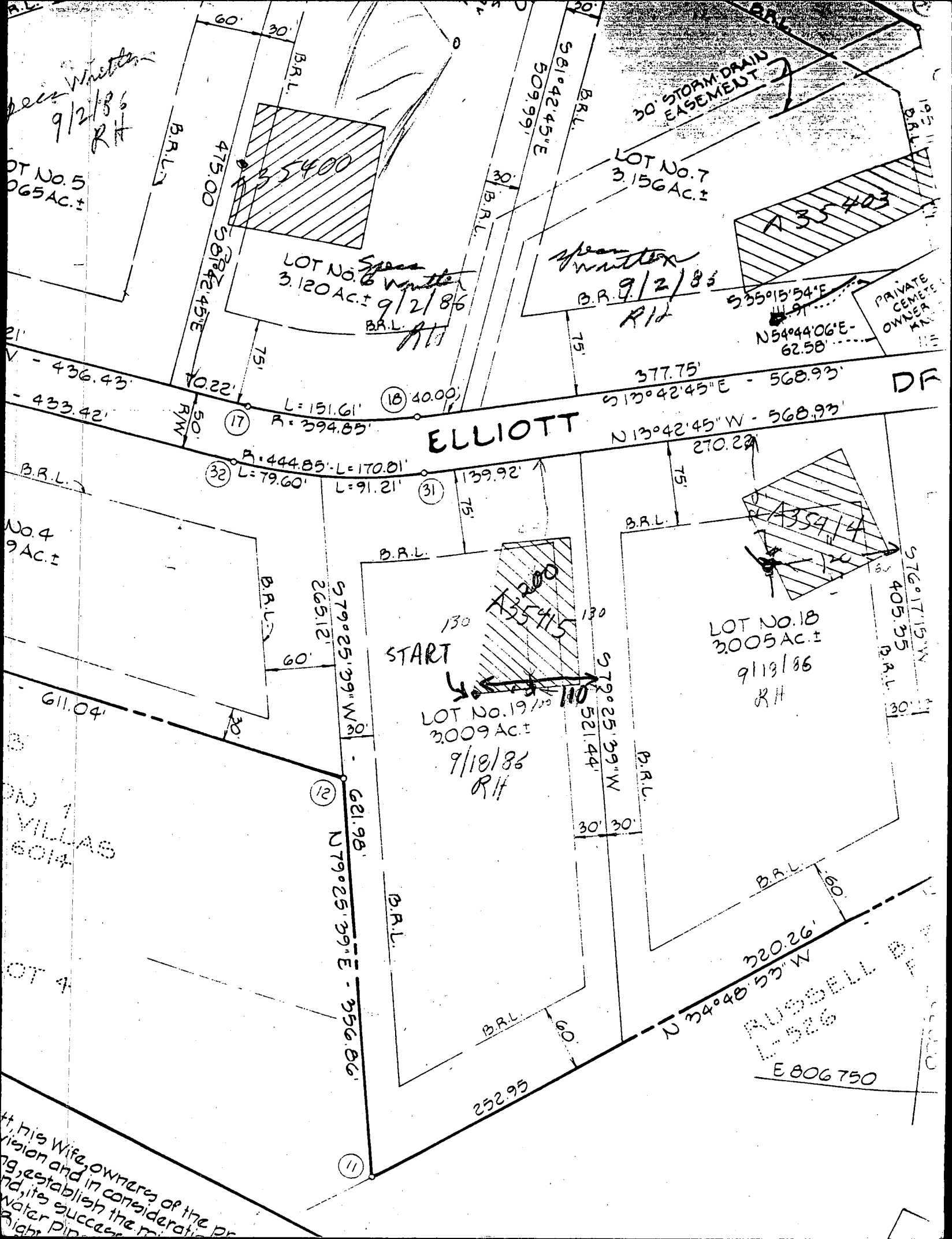
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/9/85	1S	3	1052	1053	1053	1057	4
	1V	14	LOOKS	OK			
	2S	3	1100	1102	1102	1105	3
	2V	12 1/2	LOOKS	OK			
	3S	2 1/2	1106	1107	1107	1110	3
	3V	13	LOOKS	OK			
	4S	3	1112	1113	1113	1115	3
	4V	12 1/2	LOOKS	OK			

REMARKS LATE START HAD CHECKOUT FIRST & HAD TO MEASURE STAKES

TYPE OF SOIL _____
 TESTED BY R HODGES

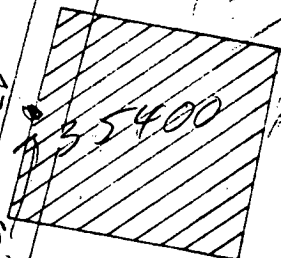
FYOCK COMPANY
 ALSO PRESENT JEFF WILSON

EH-12-1079



Spec. Whittier
9/2/86
RH

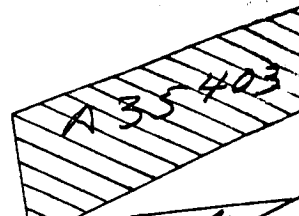
LOT No. 5
0.65 AC.±



Spec. Whittier
LOT No. 6
3.120 AC.±
9/2/86
RH

30' STORM DRAIN
EASEMENT

LOT No. 7
3.156 AC.±



Spec. Whittier
LOT No. 7
3.156 AC.±
9/2/86
RH

PRIVATE CEMETERY
OWNER

436.43'
433.42'

513°42'45"E - 568.93'
L=151.61' R=394.85'
L=79.60' L=91.21'

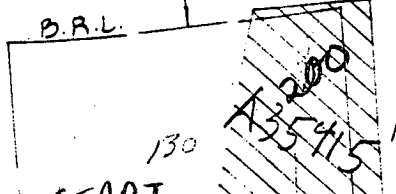
ELLIOTT

377.75'
N13°42'45"W - 568.93'

DR

No. 4
0.9 AC.±

139.92'
75'



LOT No. 19
3.009 AC.±
9/18/86
RH

LOT No. 18
3.005 AC.±
9/13/86
RH

611.04'

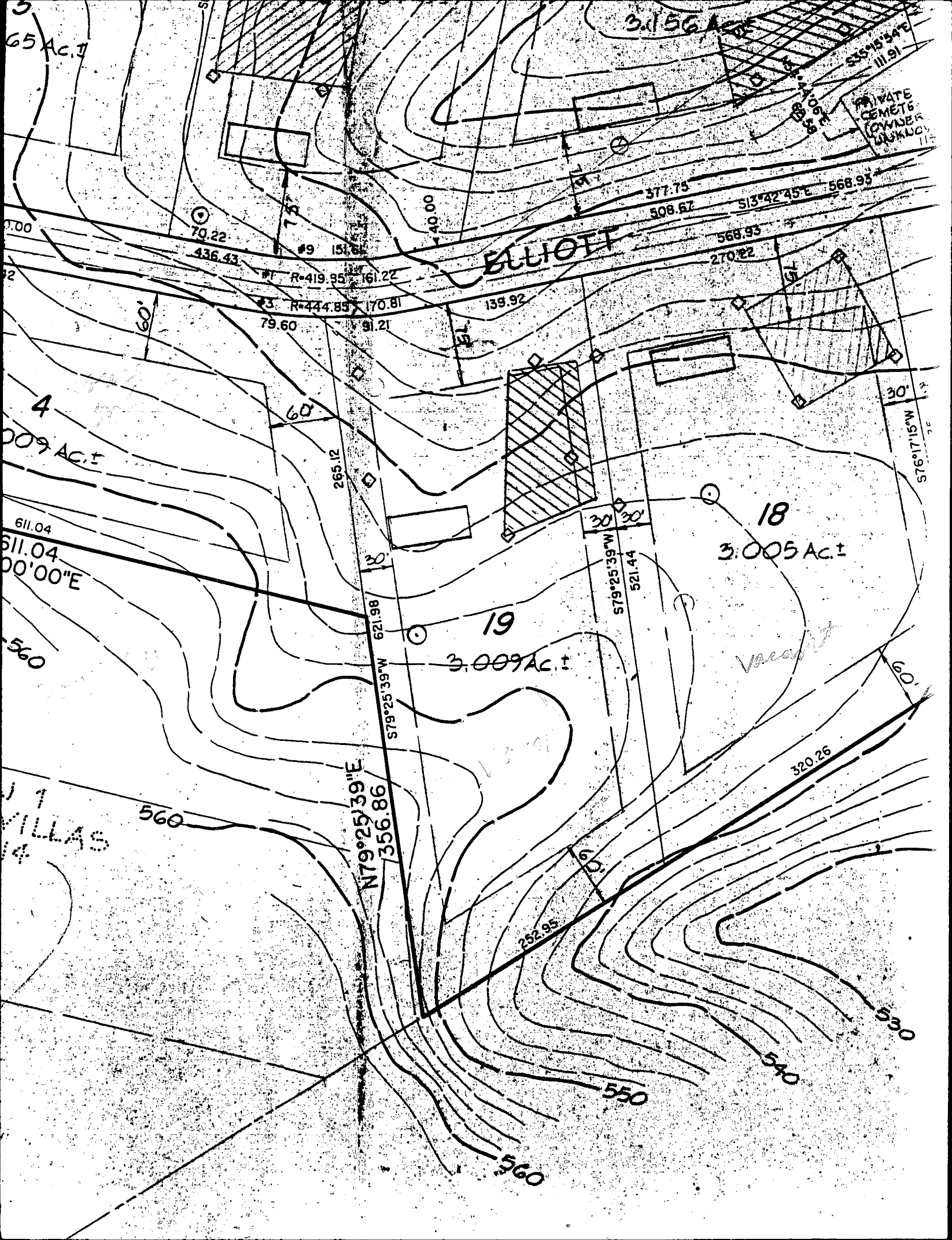
621.98'
N79°25'39"E - 356.86'

579°25'39"W
521.44'

320.26'
N34°48'53"W
L=526

E 806750

his wife, owners of the pr
vision and in consideration
ng, establish the m
nd, its success
water pipe
right pin



3.156 Ac.t

PRIVATE CEMETERY
OWNER UNKNOWN

ELLIOTT

18
3.005 Ac.t

19
3.009 Ac.t

3
65 Ac.t

4
009 Ac.t

611.04
611.04
00'00"E

W 1
VILLAS

70.22

436.43

#9 151.61

#1 R=419.95 161.22

#3 R=444.85 170.81

79.60

91.21

139.92

577.75

508.57

S13°42'45"E 568.95

568.93

270.22

265.12

621.98

S79°25'39"W

N79°25'39"E
356.86

S79°25'39"W
521.44

320.26

252.95

530

540

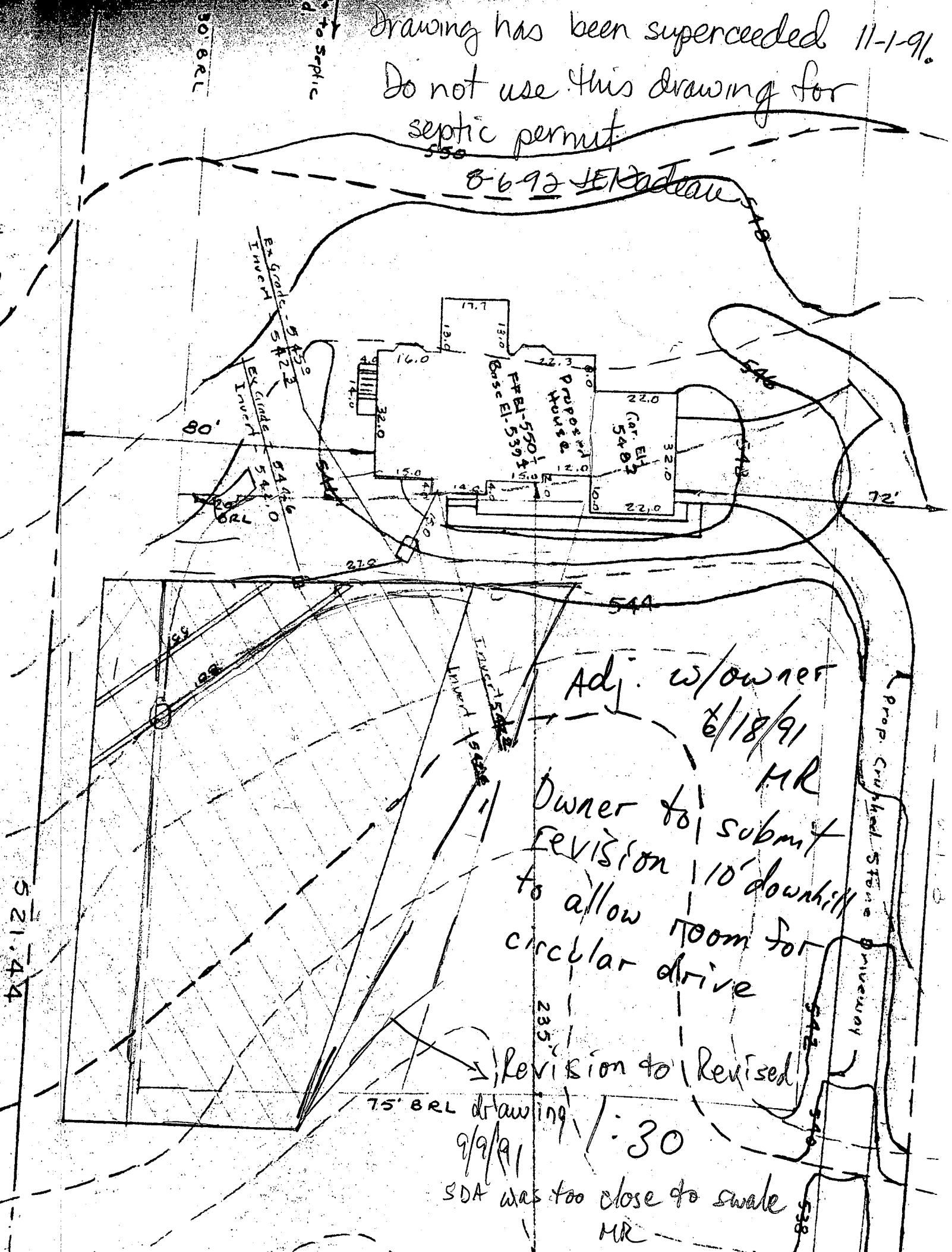
550

560

S76°17'15"W

Drawing has been superceeded 11-1-91.
Do not use this drawing for
septic permit

8-6-92 JER Kadeau



Adj. w/owner
6/18/91
MR

Owner to submit
revision 10' downhill
to allow room for
circular drive

Revision to Revised

75' BRL drawing
9/9/91

30

SDA was too close to swale
MR

Prop. Circular Stone Driveway

B 1 2646

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-88-1652 fill in this form completely

Date Received (APA)

121090

OWNER INFORMATION

SHAH Z YOGESH

6671 DOWDALL PLACE

COLUMBIA MD 21045

B 3

LOCATION OF WELL

HOWARD

FOX HALL VILLAS

SECTION

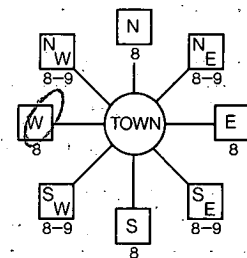
LOT 19

CLARKSVILLE

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

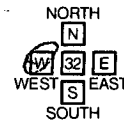
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Elliott Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

360 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)

APPROXIMATE DEPTH OF WELL 260 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 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 deepen 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 GAP

FORCE CW PERMIT No. HO-88-1652

SPECIAL CONDITIONS

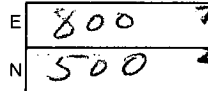
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A35415
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 12/17/90
CO SIGNATURE EXP. DATE 6/17/91
NORTH GRID 502000 EAST GRID 0807000

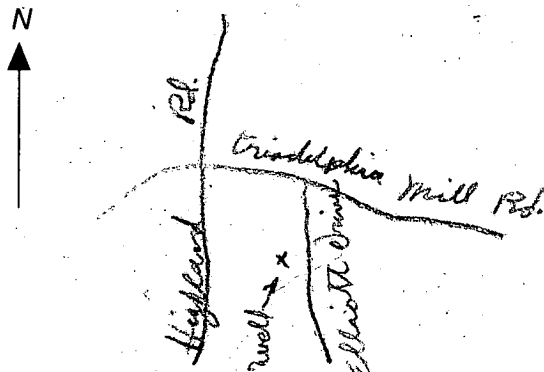
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. WELL
2. (Load. well) No imp
3. 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



ELLIOTT DR.

$5.5^{\circ}42'45"E$

568.93

270.22

368.93

158.79

Board
walk

Horizontal

Vertical

30 30

$S76^{\circ}17'15"W$

405.35

18

3.005 AC.I

521.98

$S79^{\circ}25'39"W$

$N79^{\circ}25'39"E$

356.86

$S79^{\circ}25'39"W$

521.44

1180.19
 $N34^{\circ}48'53"W$

320.28

Vacant lot

232.95

530

540

550

560

12/13/90

Could Not Find Well Stake

Location CONFIRMED
BY DRILLER OK
TO PROCEED
12/17/90 CWL

Per No. Memo
HOLE
1 DR. 1
6/1/90
OK
CROSS
20' 21' 22'
20' 21' 22'
Well
(11' 15" H)
2/21

C1 09994 SEQUENCE NO. (DENV 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 A35715

ST/CG USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
 7/27/90

Depth of Well
 325 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-88-1652

OWNER SLAH last name YOGESH first name
 STREET OR RFD ELLIOT DR TOWN CROFTSVILLE
 SUBDIVISION FOX HILL VILLAS SECTION LOT 19

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	55	
Coarse Mica Rock	55	325	

Dry Well - 360'
 Filled in with cement + Drilled into water kills

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 13 NO. OF POUNDS 1999
 GALLONS OF WATER 78
 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) 6 Total depth of main casing (nearest foot) 60

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

DEPTH (nearest ft.)

1	HO	58	325
2			
3			

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to
 GRAVEL PACK 2 1/2" - 5 1/2" S.S.

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 2
 METHOD USED TO MEASURE PUMPING RATE R/L
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 37
 WHEN PUMPING 134
 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 LAND SURFACE (nearest foot)
 - below

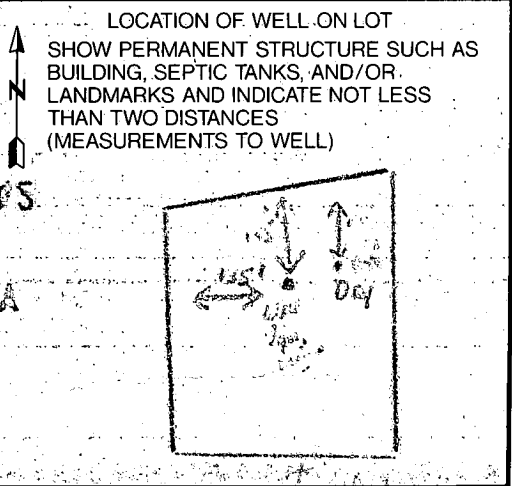
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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. 230
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



Page 1 of 1
 Date 12/27/90

Review OK MR 1/8/91

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1652
 Location of property (road) Elliott Drive
 Subdivision FOXHALL VILLAS Lot 19 Block Plat Sec.
 Well Driller JOE MAYNE Owner YOGESH SHAH & MANDA KIRI SHAH

Depth of well 325'
 Distance of measuring point (M.P.) above ground 1 1/2'
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12 gpm
 Total time 45 min to reach pumping water level 231 ft below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	141'	5 sec.		12 gpm.
8:00	234'	5 sec.		12
8:15	231'	30 sec.		2
8:30	231'	30		2
8:45	231'	30		2
9:00	231'	30		2
9:15	231'	30		2
9:30	231'	30		2
9:45	231'	30		2
10:00	231	30		2
10:15	230	30		2
10:30	230	30		2
10:45	230	30		2
11:00	230'	30		2
11:15	230	30		2
11:30	230	30		2
11:45	230	30		2
12:00	230	30		2
12:15	230	30		2
12:30	230	30		2
12:45	230	30		2
1:00	230	30		2
1:15	230	30		2
1:30	230	30		2

HD-224:45 230 30 2
 2:00 230 30 2

10/16/92
AM

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 # 48532
Date 9/23/92
Name of Installer Willoughby Plumbing Services Telephone 781-7051
License Number 6992
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner YOGESH SHAH Telephone _____
Subdivision FOX HALL VILLA Lot # 19 Well Tag # HO-88-1652
Site Address 13306 Elliott Dr Clarksville, MD 21029

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make TACCURI
3. Model # _____
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes X No _____
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 X Cable guards X Other tape

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

Pitless Adapter
1. Make HARVARD
2. Model # _____
3. Depth 4 FT

Tank
1. Capacity 40 gal
2. Pressure relief valve? YES
P.A. 4' B.G. - OK
MR 10/16/92

Piping
1. Type POLYBUTYLENE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4 FT

Well data
1. Depth 325 ft.
2. Yield 2 GPM
3. Static water level 37 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: Chris J. Willoughby
Date: 9/23/92

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