

11/7/87 pm
Rouman HAS WPI PERMIT
AT 6558 LINE OK
11/7/87 CW

HOUSE CONNECTION REQ'D

PERMIT

P 38396

A 35421

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-398932

DATE 1/07/87

DATE SYSTEM APPROVED 12/17/87

INSPECTOR CW

Tom Lawson

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Lime Kiln Valley Estates ROAD 7653 Green Dell Lane LOT 27

PROPERTY OWNER Mr. & Mrs. T. Lawson

ADDRESS _____

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 - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet from the back lot line which is 607.85 ft. long and 120 feet from the right side of the lot as seen when facing the lot from Greendell Lane. Run the trench along level ground toward both the back and the front and the front of the lot.

NOTE - NO trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY R. Hodges DATE 7/25/86

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

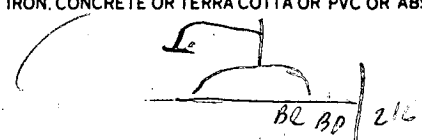
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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.

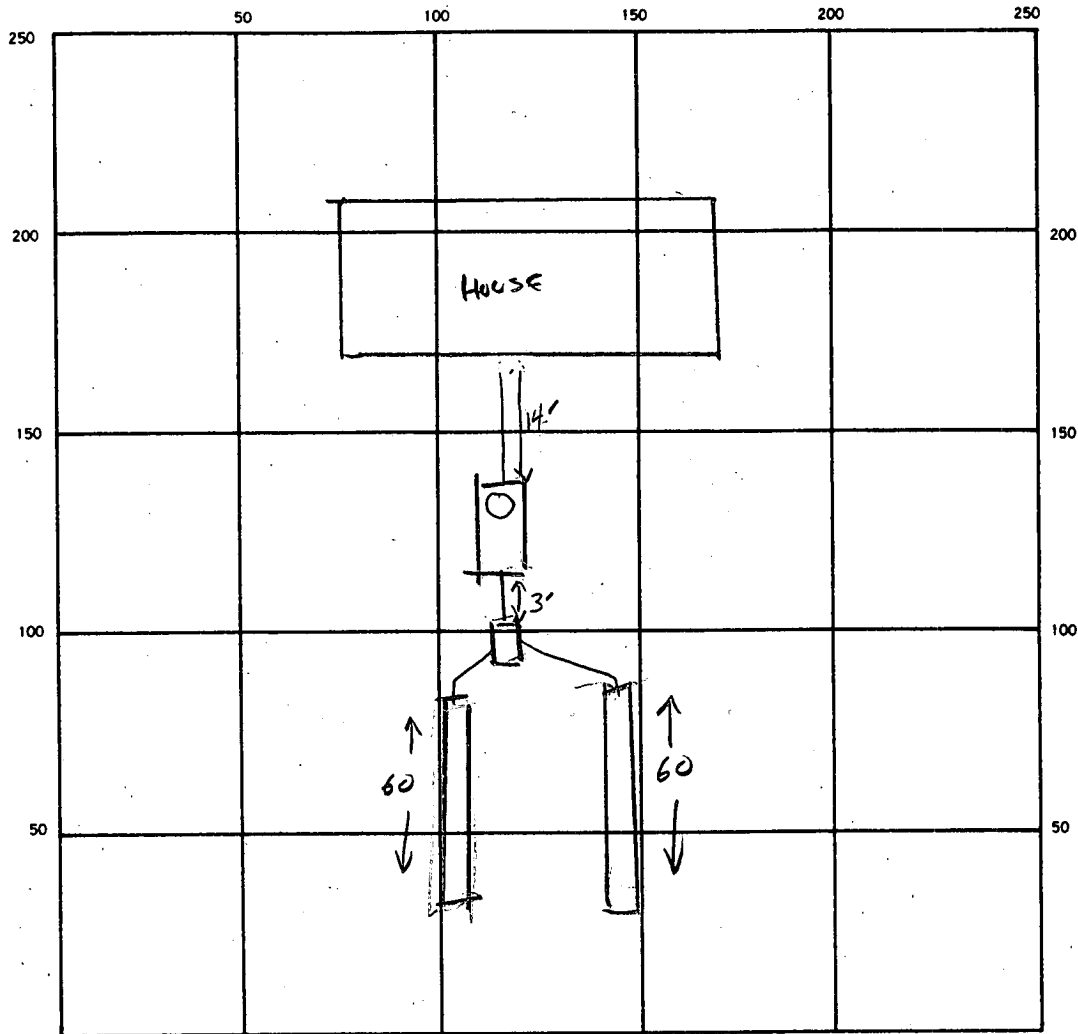


***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35421



3
258
4
632

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DRIVEWAY TO GREENDELL LANE

SEPTIC TANK. LEVEL

CLEANOUTS MANHOLE

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 120 FT.

NUMBER OF TRENCHES 2(60+60) ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

1/7/87

REMARKS TRENCHES DO FOLLOW ORIGINAL CONTOUR, ALTHOUGH FILL DIRT NEAR HOUSE

CAUSES TRENCHES NOT TO FOLLOW EXISTING CONTOUR.

MANHOLE CLEANOUT REQUIRED ON TANK. CW,

OK TO COVER ALL WORK - NEED HOUSE CONNECTION BEFORE FINAL SD.

HOUSE CONNECTED IMPLIES OK FOR KAPPE ASP. CW

DATE SYSTEM APPROVED

12/17/87

INSPECTOR

CW

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 478 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 35421

P _____

DISTRICT 5th

DATE April 3, 1985

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 Steven Bleeden Lawson
Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO. 27

ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road
7653 Green Dell Lane

SIZE OF LOT 3.439 Ac TYPE BLDG. N/A
(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.

(SIGNATURE OF APPLICANT)
APPROVED BY Sidney Abdul FOR 10/30/85 Deep Trench DATE 10/31/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

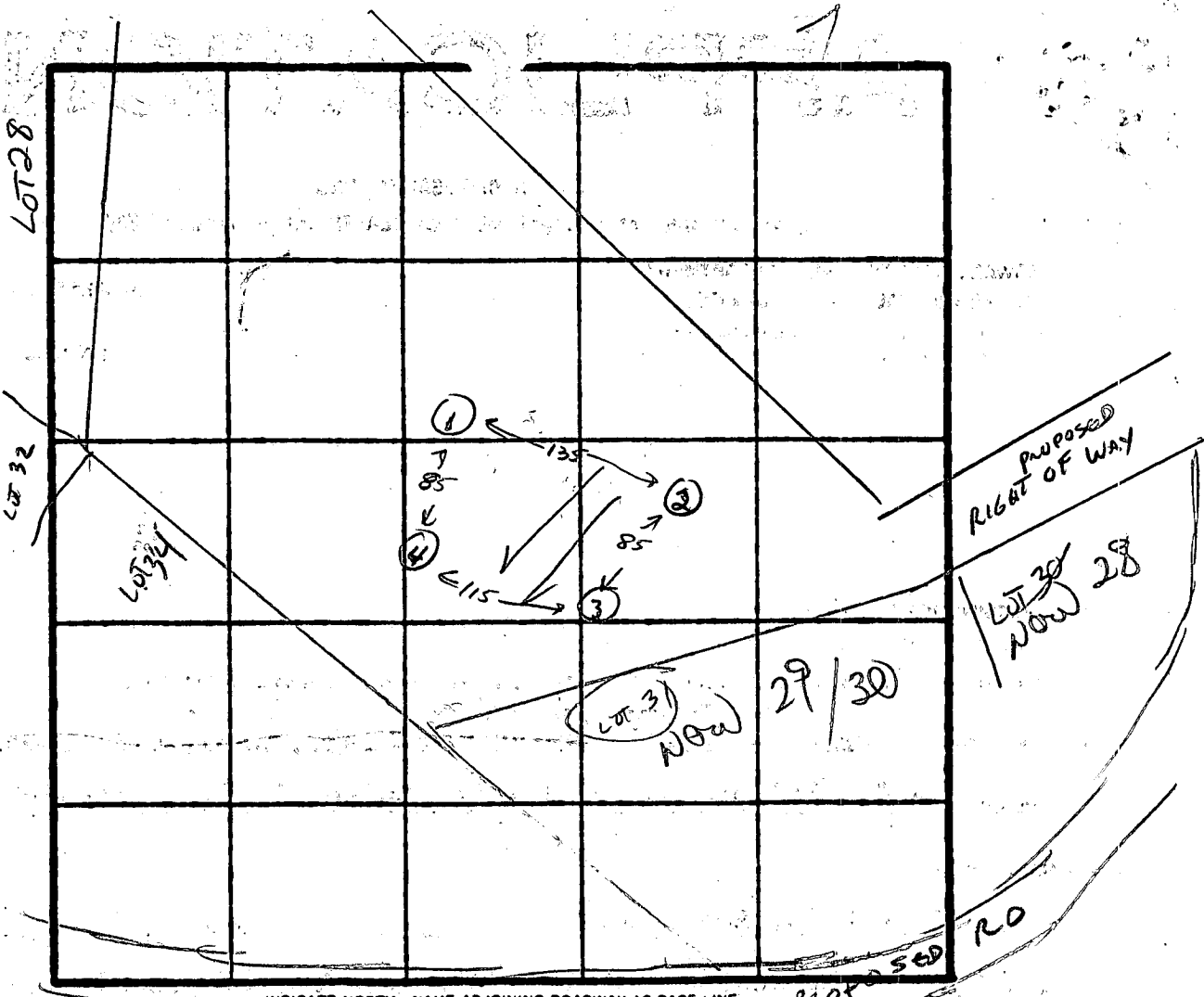
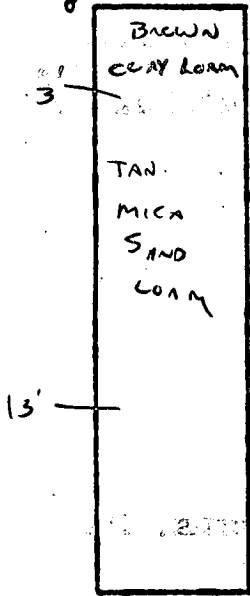
REASONS FOR REJECTION OR HOLDING 7/12/86 Specs Written P/W

BLDG PERMIT SIGNED
AND RETURNED 10/30/85
SAW
BP # 8491

THIS IS NOT A PERMIT

ALL HOLES

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6-6-85	1 2ND HIGH	3 9 13	2:34	2:36 V.D. O.K.	2:36	2:38	2 MIN
6-6-85	2 HIGH	3 9 13		VIS SAME AS OTHER HOLES			✓ X 2 MIN
6-6-85	3	3 9 13	2:39	2:41 VIS SAND LOAM	2:41	2:43	2 MIN 150' BDRM 3'-9'
6-6-85	4 LOW	3 9 13		VIS - SAME AS OTHER HOLES			✓

REMARKS LOCATIONS AS PER PLAT

TYPE OF SOIL MICA SAND LOAM

TESTED BY C. Wilton ALSO PRESENT HATFIELD, SPERRY

EH-12-1079

B 1 **5270** 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

HC-21-1309

fill in this form completely

Date Received **9/20/86**

OWNER INFORMATION

LAWSON Owner **ACMIDY** First Name

10606 JUDY LANE Street or RFD

COLUMBIA Town **MD 21144** State Zip

B 3 LOCATION OF WELL

Hagerwood COUNTY

17th Hill Valley SUBDIVISION

SECTION **2** LOT **27**

Hagerwood NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2.5** MI

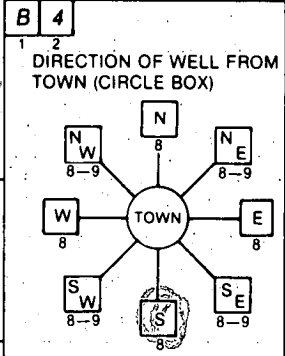
DRILLER INFORMATION

Joseph E. Wagner Driller's Name **238** License No.

Joseph E. Wagner Well Drilling Firm Name

5512 Ridge Rd. Mt. Airy Md. 21111 Address

Joseph E. Wagner Signature **9/20/86** Date



Brown Oak Lane NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W WEST **E** EAST **S** SOUTH

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)

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 **A-35421** COUNTY NO.

OEP SIGNATURE **DATE ISSUED** **10/10/86** **04/18/87**

482000 NORTH GRID **0813000** EAST GRID

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

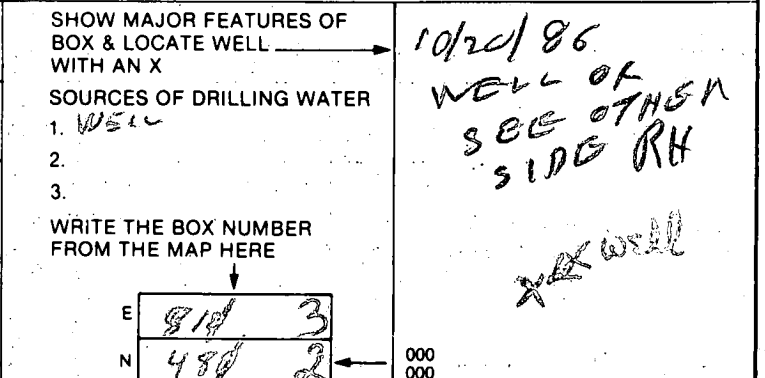
METHOD OF DRILLING (circle one)

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)

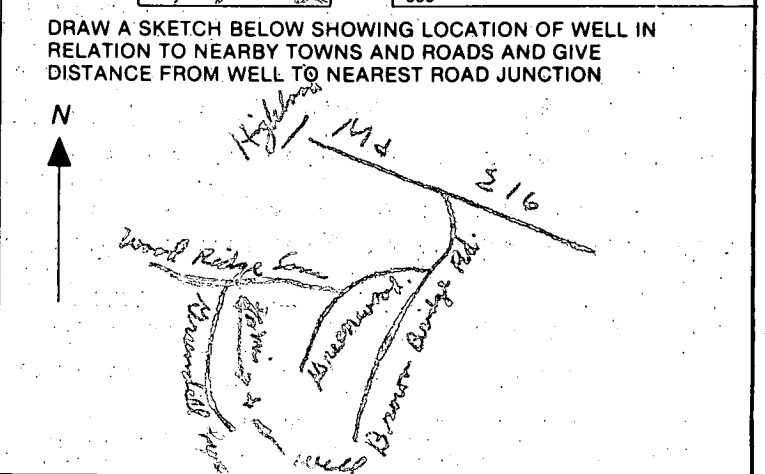
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____



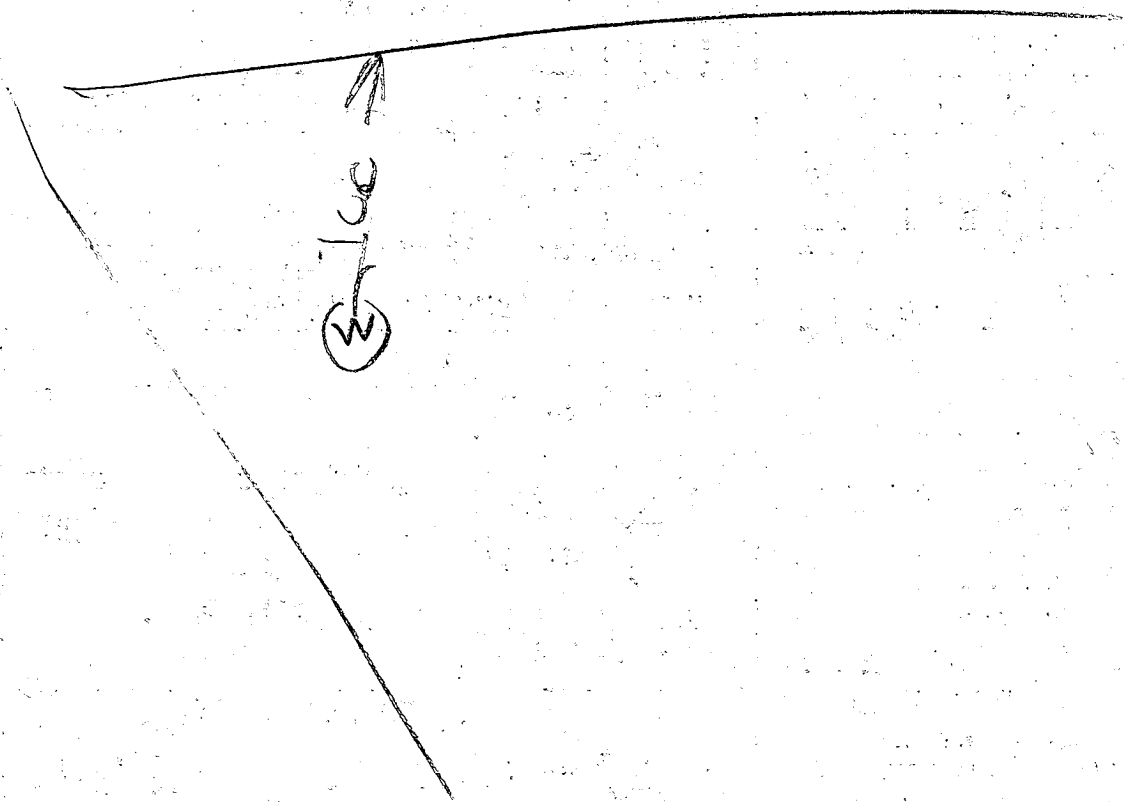
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER **GAP**

FORCE **EA** WRITE INITIALS IN BOX PERMIT No. **HC-21-1309**

SPECIAL CONDITIONS

NOT 1st
SUBDIVISION



① 53 FT CASING

② 40" OPEN HOLE

③ 10 BAGS

④ LOCATION LOOKS OK

⑤ WELL OK

10/20/86

R. Roddy

C1 5343

SEQUENCE NO. (OEP USE ONLY)

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 35421

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 10 20 86

DEPTH OF WELL grid: 325

PERMIT NO. grid: 40-81-170K

OWNER

LAWSON

TOMMY L.

STREET OR RFD

GREEN DELL LAKE

TOWN

HIGHLAND

SUBDIVISION

LIME KILL VALLEY

SECTION 2

LOT 27

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 FROM TO Check if water bearing

Table with columns for description, feet from, and feet to. Includes handwritten entries: Sand, Gravel, 45, 325.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

Grouting record boxes: YES (Y), NO (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 10 NO. OF POUNDS 440

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)

Grid for depth of grout seal: from 0 to 45 ft.

CASING RECORD

casing types insert appropriate code below

Casing record boxes: ST (Steel), CO (Concrete), PL (Plastic), OT (Other)

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing (nearest foot)

Grid for main casing: ST, 2, 03

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

Grid for other casing

SCREEN RECORD

screen type or open hole insert appropriate code below

Screen record boxes: ST (Steel), BR (Brass), HO (Open Hole), PL (Plastic), OT (Other)

C2

DEPTH (nearest ft.)

Grid for depth: 1 40, 2 52, 3 305

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 222

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT. F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

Grid for OEP use only: T, WQ

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 17

WHEN PUMPING 17

TYPE OF PUMP USED (for test)

Pump type boxes: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), 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

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)

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)



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 # 38351
 Date 1-5-86

Name of Installer TIMOTHY J. ROLLMAN

Telephone 725-2392

License number 7079
 Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner TOM LAWSON

Telephone _____

Subdivision _____ Lot # 27 Well tag # _____

Site Address 7653 GREENDELL LANE
HIGHLAND, MD.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make HARVARD
2. Model # _____
3. Depth 4'

2. Make JANUZZI

3. Model # _____

4. Capacity 10 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

1. Capacity 42 equiv.
2. Pressure relief valve? yes

Piping

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

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? yes

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: Timothy J. Rollman

Date: 1-5-86

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