

12/31/86
1/2/87
1 pm
Pa

05-398835

A APPROVED
1/2/87 R. HODGES

PERMIT

P 37548

SEWAGE DISPOSAL SYSTEM

A 35432
35432

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~X88X2388X~~
461-9933

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 8/19/86

Carol Haley

IS PERMITTED TO INSTALL ALTER

ADDRESS 907 Washington Boulevard, Laurel, Maryland 20707 PHONE 854-3259

SUBDIVISION Lime Kilm Valley ROAD 7640 Green Dell Lane LOT 18 Area 2

PROPERTY OWNER Carol Haley TOMAS KALIL

ADDRESS _____

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

132
5 / 660

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the front (214') lot line and 75 feet from the right (404') lot line as seen when facing the lot from Green Del Drive. Run trenches on contour toward the left lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED

AND RETURNED 11/8/86

Serial # B77102963

detached garage
PLANS APPROVED BY

S. Abel

BLDG. PERMIT SIGNED

AND RETURNED 5/16/94

Serial # 54077
Interior Alteration Document

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

BLDG. PERMIT SIGNED

AND RETURNED 9/22/87

Serial # 14708 Club

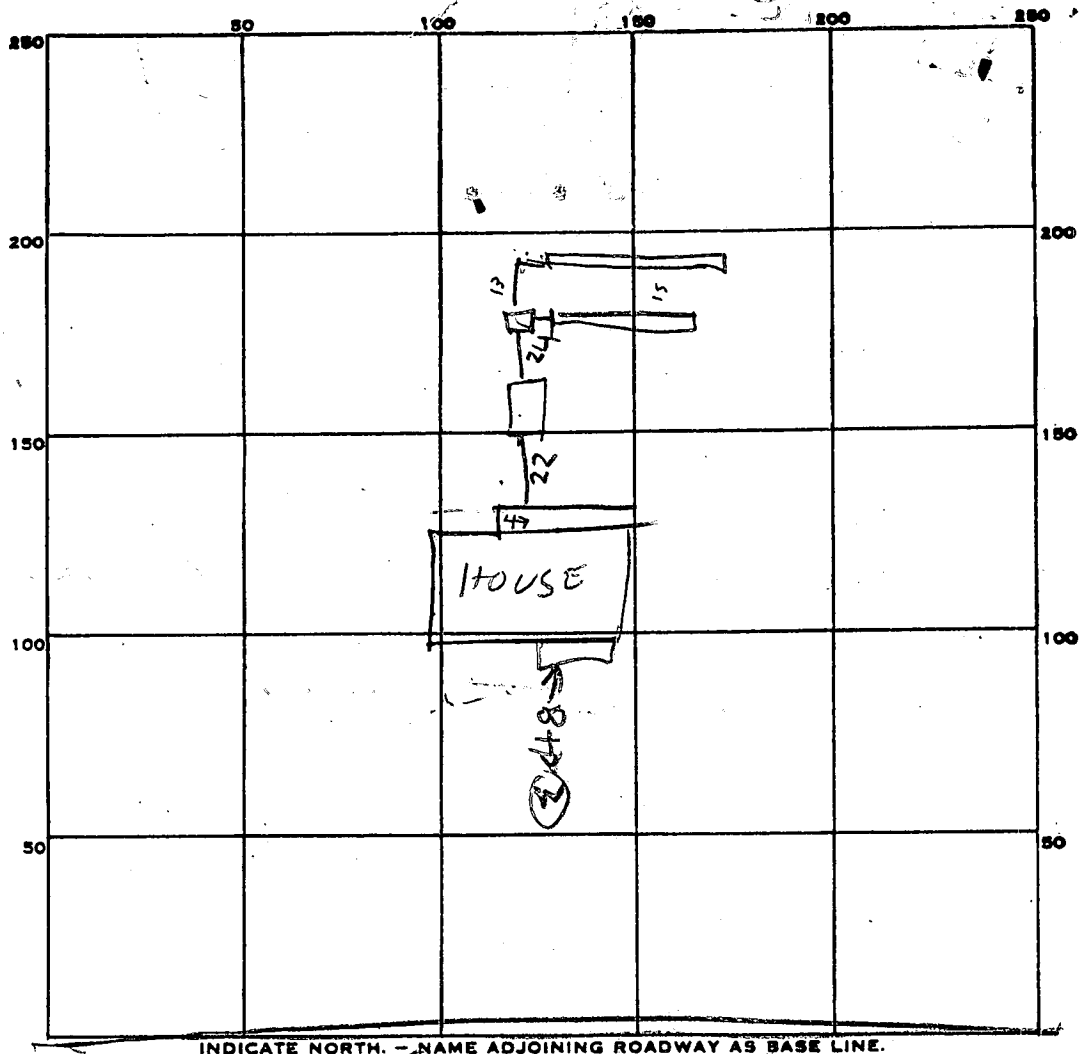
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

461 9933

EH - 2-1082

A 35432



PERMIT CARD NO BUT TALKED TO HALLEY

SEPTIC TANK, LEVEL 1500 CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH

①	②
8	7 1/2

 FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH

①	②
5	5

 IN. TOTAL LENGTH

①	②
66	61

 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA

①	②	TOTAL
330	336	660

 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/31/86 - TANK INSTALLED BUT NO TRENCH DUG

TALKED WITH CRAIG & HALLEY OK TO ADD STONE TO TRENCH WITHOUT INSPECTION BUT 1" STAMP PIPES TO BE PLACED ON ENDS OF TRENCHES TO MEASURE DEPTH OF STONE BIT

1/2/87 - STAMP PIPES ON TRENCHES & STONE ADDED PUT STONE OVER PIPES & PUT ON PAPER & COVER

DATE SYSTEM APPROVED 1/2/87 INSPECTOR Raymond Hodge RON PINNILEY

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 35432

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 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 18

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

SIZE OF LOT 3.105 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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

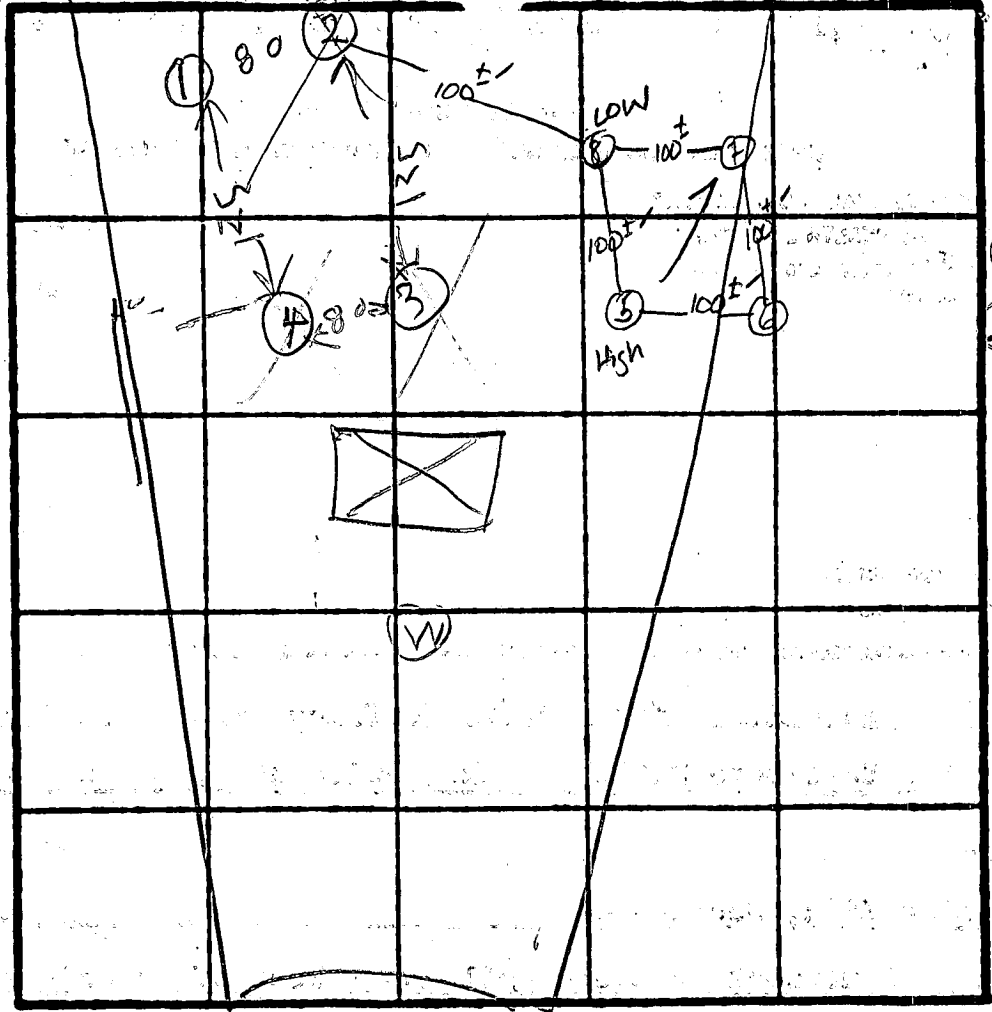
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HOLE ELEVATION

(1)(4) HIGH
(2)(3) LOW

0 (5)(6)(7)
6" AP
BROWN CLAY
LOAM <10%
SAPROLITE
3' BROWN
SAND
LOAM
<10%
SAPROLITE
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

R1D

SOIL PROFILE

BROWN CLAY
BROWN SAND LOAM

(3)
BROWN CLAY
BROWN SAND LOAM
WATER

(4)
BROWN CLAY
BROWN SAND LOAM
WATER

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/20/88	1S 1V	3 1/2 14	250 400	310 125	310 OK	330	16	
	2V	10	WATER		10 FT	PER	11/2 CER	
	3V	10	WATER		10 FT			
	4S 4V	3 1/2 12	326 WATER	346	22mm 1 1/2 FT	1st mesh		
7/17	5S 5V	4' 12'	10:25 as noted	10:26	10:26	10:28	2min	
	6S 6V	4' 12'	10:30 as noted	10:34	10:34	10:42	8min	
	7V	12'	GOOD SAND LOAM below 3'					
	8S 8V	3.5 12	10:36	10:37	10:37	10:40	3min	

TIME
5min
INLET 3'
BOTTOM MAY
8"

REMARKS HOLES DUG PER SURVEY OR PLAT

TYPE OF SOIL

TESTED BY R. HODGES

ALSO PRESENT KHATFIELD

EH-12-1079

C1 5225

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-35431

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER

WALEY

CARDZ

STREET OR RFD

GRASSDALE LANE

TOWN

HIGHLAND

SUBDIVISION

1/2 M. RIVINGTON

SECTION 2

LOT

18

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: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Rows include Top Soil, Sand, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Yes/No boxes for grouting

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER DEPTH OF GROUT SEAL

Grid for grouting seal depth

CASING RECORD

Casing types insert appropriate code below

ST CO PL OT boxes for casing types

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

Grid for main casing dimensions

OTHER CASING (if used)

Grid for other casing diameter and depth

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT boxes for screen types

C2

Grid for screen depth and slot size

C3

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)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A P T C R O J S boxes for pump types

PUMP INSTALLED

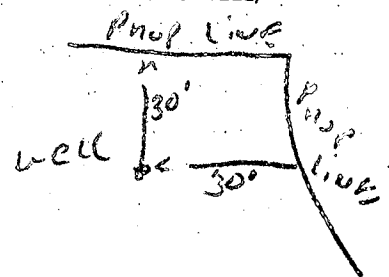
DRILLER WILL INSTALL PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

Grid for pump capacity, horsepower, and column length

Grid for casing height and land surface

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)



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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT NO. 273

DRILLERS SIGNATURE Ralph Mays

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

GRAVEL PACK 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 data

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1596
 Location of property (road) GREEN DELL LANE
 Subdivision LIME KILN VALLEY Lot 18 Block Plat Sec.
 Well Driller RALPH MAYNE Owner HALSEY, CAROL

Depth of well 265 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 15 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10.6 P.M.
 Total time 60 min to reach pumping water level 200 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 # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	200 ft	20 sec	60	3 G.P.M.
9:15	200	20	100	3
9:30	200	20	180	3
9:45	200 ft	20 sec	360	3 G.P.M.
10:00	200	20	277.5	3
10:15	200	20	200	3
10:30	200 ft	20 sec	15	3 G.P.M.
10:45	200	20	185	3
11:00	200	20 sec	15	3
11:15	200 ft	20	277.5	3 G.P.M.
11:30	200	20		3
11:45	200	20		3
12:00	200 ft	20 sec		3 G.P.M.
12:15	200	20		3
12:30	200	20		3
12:45	200 ft	20 sec		3 G.P.M.
1:00	200	20		3
1:15	200	200		3
1:30	200 ft	20 sec		3 G.P.M.
1:45	200	200		3
2:00	200	200		3
2:15	200 ft	20 sec		3 G.P.M.
2:30	200	20		3
2:45	200	20		3
3:00	200 ft	20		3 G.P.M.

42 FT PL 30 OPER 11 GAGA

X

637.5 gal

3/17/87

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

354 B1

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement _____

Receipt # 38992
Date 3/27/87

Name of Installer Joe Sobus Company

Telephone _____

License number 1117

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Carol Halev Telephone _____

Subdivision Lime Kiln Valley Lot # 18 Well tag # _____

Site Address 7640 Green Dell Lane (Section 2)

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 _____
- 2. Model # _____
- 3. Depth _____

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 _____

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? _____

3/17/87 Pitless AT 38" below grade; well line bucked; Inside - PUMP TANK + Pressure relief installed *SHul*

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).

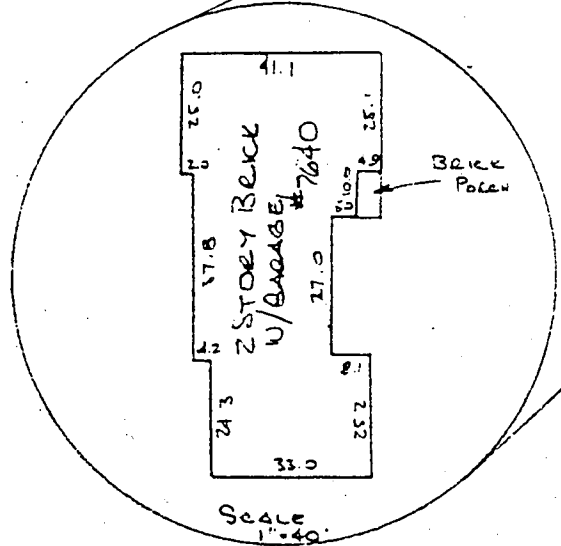
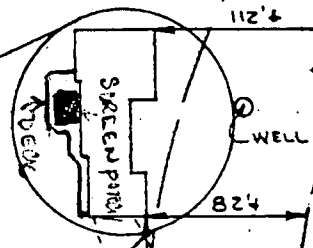
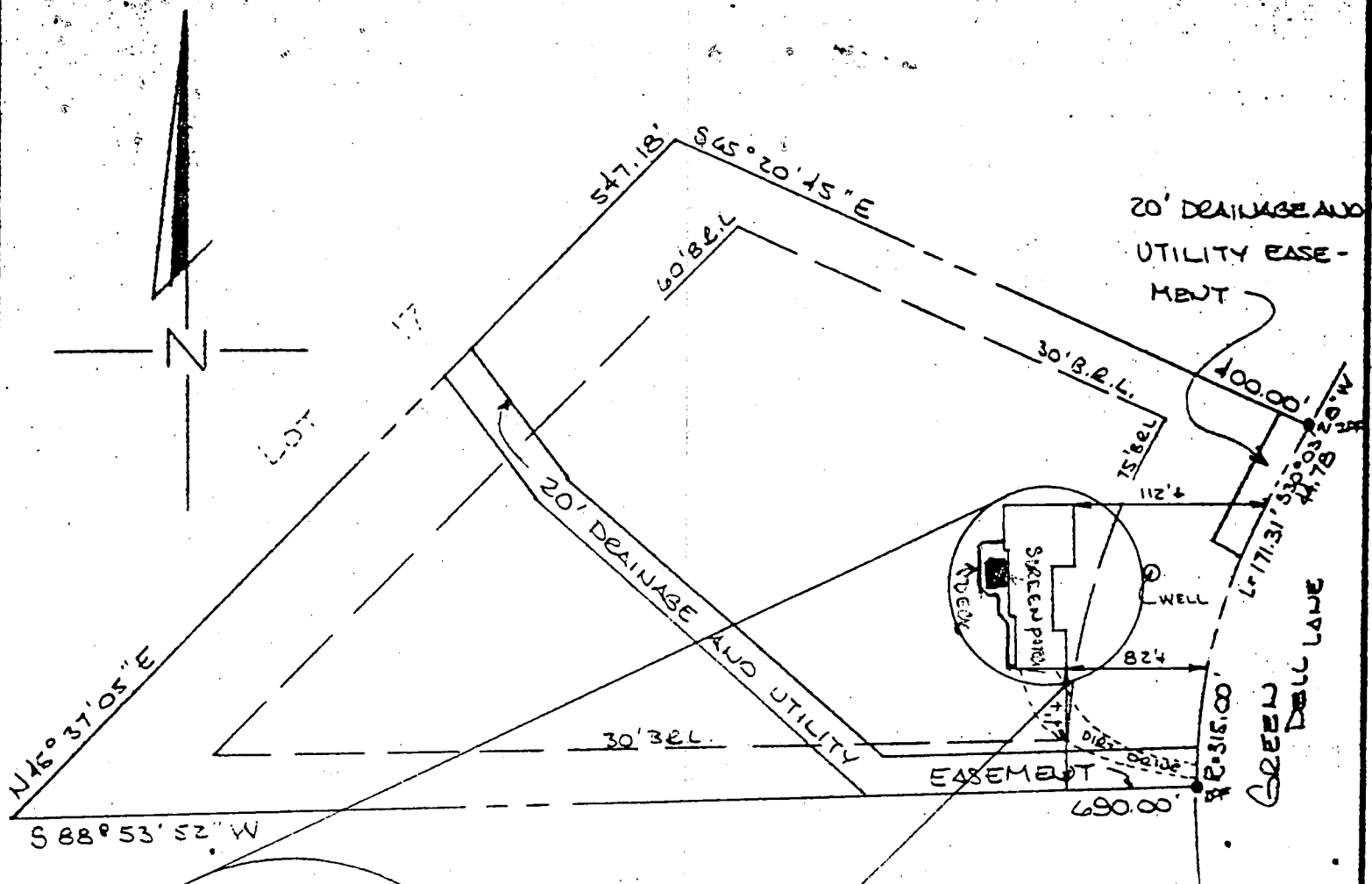
All information given above is true to the best of my knowledge.

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.

#14708



LOT 18
 LIME KILN VALLEY
 SECTION 2
 AREA 1
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1" = 100' MAY 1987
 PLAT No. 6652
 3.887 AC.

SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments, except as shown.

[Signature]
 Registered Land Surveyor
 THE STATE OF MARYLAND
 PROFESSIONAL LAND SURVEYOR
 No. 4379
 REG. 5/14/87



THE J. E. CLARK COMPANY

LAND SURVEYING ENGINEERING
 P.O. BOX 147 • LAUREL, MARYLAND 20707

7/30/86

80

25% SLOPES

30' PEDESTRIAN AND
EQUESTRIAN INGRESS
EGRESS EASEMENT

19

N 60° 46' 15" E
365.43'

LOT #17
4.675 AC.

LOT #16
3.623 AC.

HOUSE

LOT #18
3.887 AC.

LIME KILN VALLEY
SECTION 2
PLAT NO 6652
TAX MAP 40
PARCEL 116

GREEN

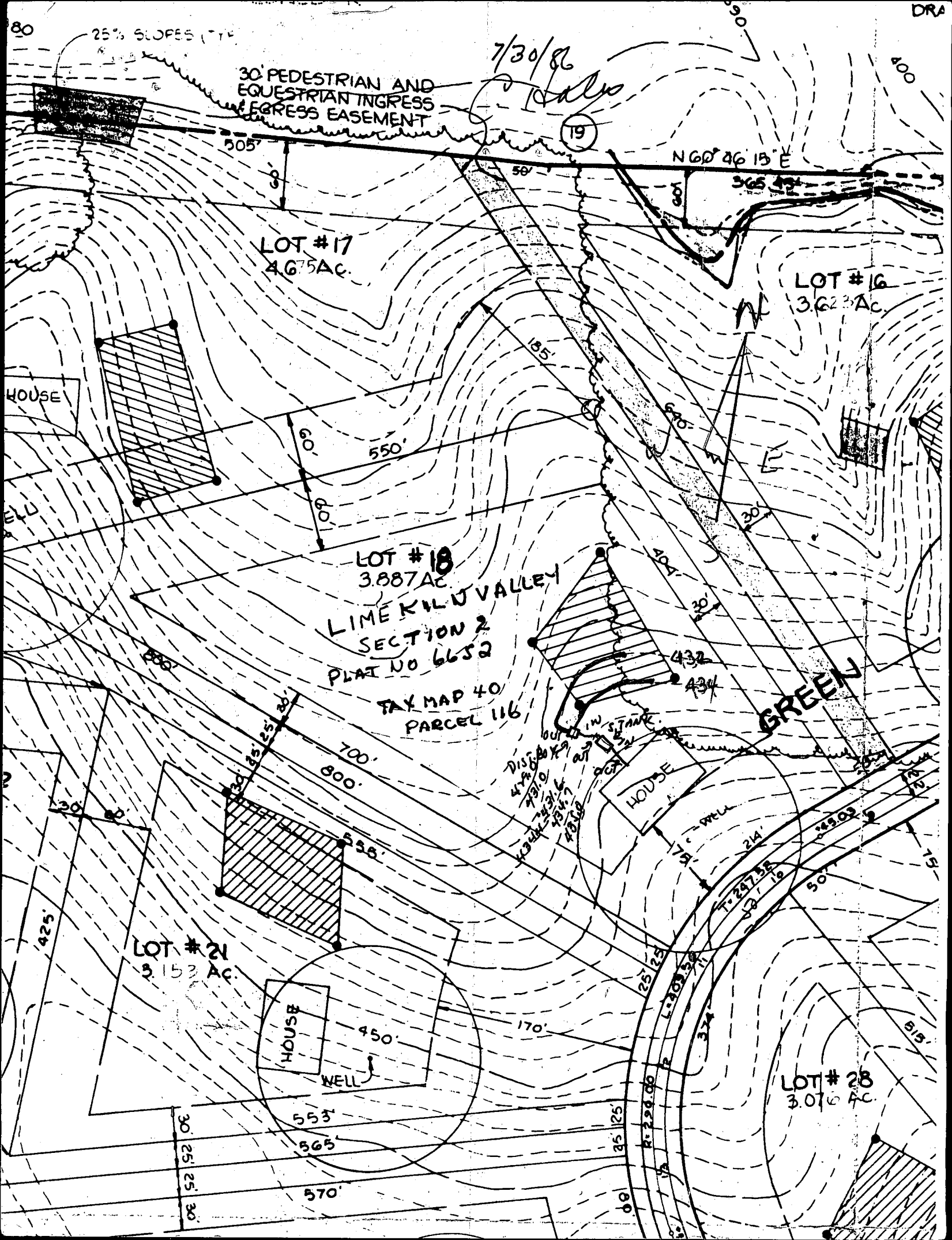
HOUSE

LOT #21
3.153 AC.

HOUSE

WELL

LOT #28
3.076 AC.



Building permit approved w/ addition
 5/16/94 of ~~an~~ a bedroom due to
 the over sized tank (1500 gal)
 initially installed. Number of bedrooms
 after addition will be 4.

A. McMillen

5.10
 A1103 HOWARD COUNTY
PERMIT APPLICATION
 DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER
54077

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
**7640 Greenidel Lane
 Huntaway, Md. 20777**

LOT NO. 18	PARCEL NO. 116	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION Linnchula Valley		ZONE	ZONE MAP 410	ELEC. DIST. 5	CENSUS TR. 5	

OWNER NAME AND ADDRESS
TONAS Kalil
7640 Greenidel Lane - Highland Md. 20777

PHONE NO.
301 854 0402

OCCUPANT'S NAME AND ADDRESS
Same

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Same

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
**1. Support For Future Bedroom (Beam) above garage (exists) +
 2. Support For beam & Column Support IN Basement.
 3. Repair of Garage Floor - Demol & Replace 1/2" Floor concrete.**

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF

B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS
CONC	CONC	FRAME

CONTRACTOR'S NAME AND ADDRESS
T.E. Winner II, Inc - 301-531-2217
5600 Foxview Court

PHONE NO.
301-531-2217

EXISTING USE	PROPOSED USE
SFD	SFD w/PA

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$5,000	1512	

UTILITIES
 WATER WELL SEWER SEPTIC GAS ELECTRICITY TYPE OF HEAT **4 PIPE** AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Contractor SIGNATURE
5/16/94 DATE

W/S CODE _____ **FOR OFFICE USE ONLY**

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
 (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE _____
 DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK _____ (CORNER LOT ONLY) _____ SDP # _____

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
 Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING <input checked="" type="checkbox"/>		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL <input checked="" type="checkbox"/>		
WATER & SEWER		
HEALTH DEPT. <input checked="" type="checkbox"/>	5/16/94	A. McMillen
FIRE PROTECTION		
STORM WATER MGMT. <input checked="" type="checkbox"/>		

