

8/31/89 11 AM  
5/31/89 ASAP

04-345789

# PERMIT

P 44905  
A 35522

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 8/28/89

DATE SYSTEM APPROVED 8/31/89

INSPECTOR M. Lifkin

Dave Hopkins & Son IS PERMITTED TO INSTALL X ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Country View ROAD 17526 Country View Way LOT 5

PROPERTY OWNER Kay Partridge

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 185 feet from the front lot line and 80 feet from the left side of the lot as seen when facing the lot from Country View Way. Run the trenches along level ground toward the ~~LEFT~~ lot line.

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

PLANS APPROVED BY Raymond Hodges DATE 9/09/87

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 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

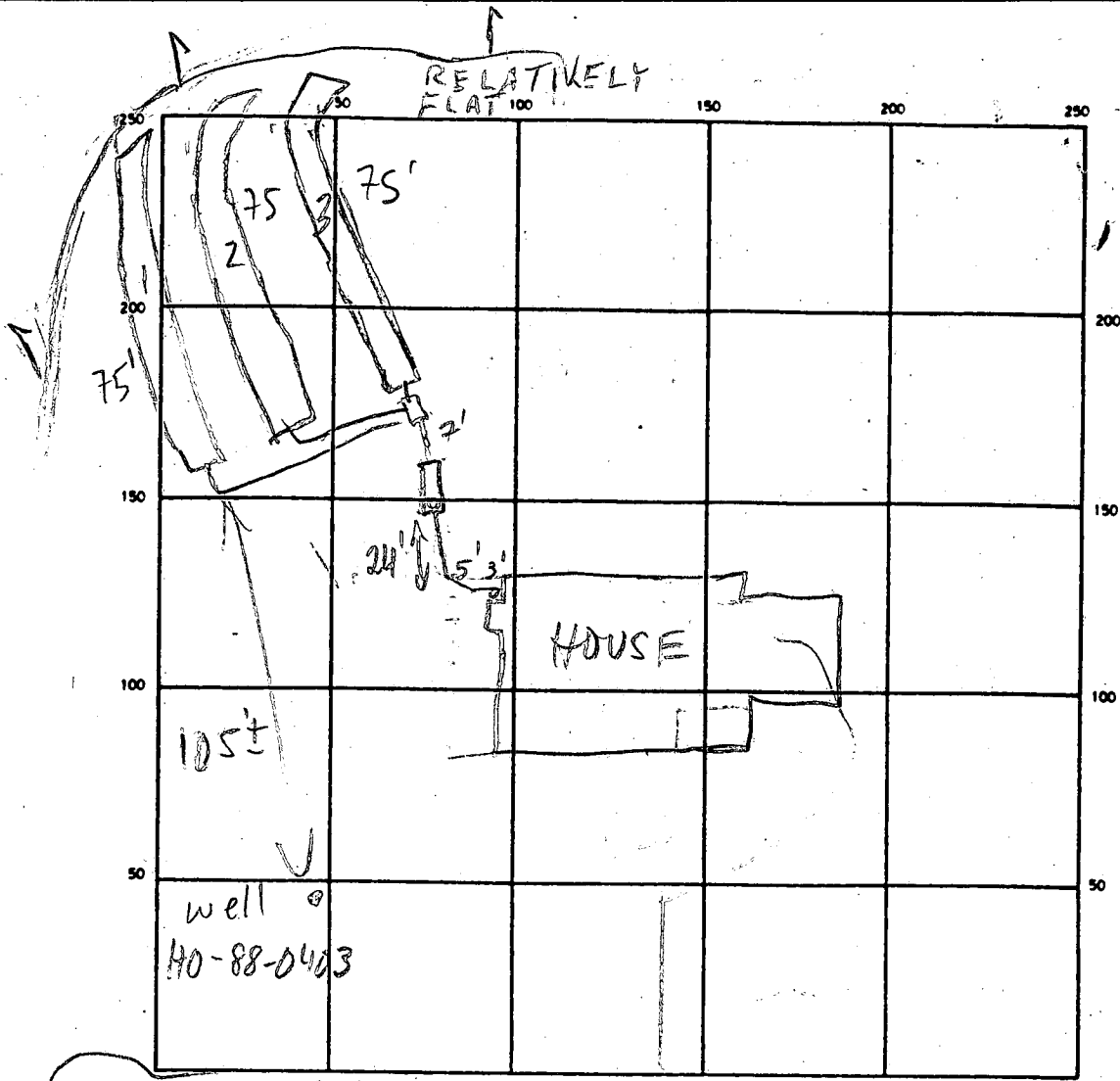
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED  
AND RETURNED 3-17-98  
*Serial # B10110491*

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

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

A  
35522



COUNTRY VIEW WAY INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS ALL OK  
 DISTRIBUTION BOX LEVEL OK Baffle IN  
 DRAIN FIELD/TILE FIELD DEPTH  $\frac{112}{7} \frac{3}{7}$  FT. TRENCH WIDTH 2 FT. INLET DEPTH  $\frac{112}{3} \frac{3}{3}$  FT.  
 EFFECTIVE GRAVEL DEPTH  $\frac{4}{4} \frac{3}{4}$  FT. TOTAL LENGTH  $\frac{75}{2} \frac{75}{3}$  FT. 225'  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.  
 DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

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

REMARKS 8/30/89 #1 TRENCHES NOT EXACTLY AS PER SPECS, BUT  
OK W/ MINOR ELEV. CHANGE; OK TO STONE (1) & DIG (2) & (3) MR  
8/30/89 #2 OK TO COVER (1), CONTINUE W/ (2) & (3); OK TO COVER DBM  
8/31/89 OK TO COVER ALL MR

DATE SYSTEM APPROVED 8/31/89 INSPECTOR M. Ripkin

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35322

P. \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE May 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 Richard M. Hough

ADDRESS 17591 Route 144 PHONE 409-4014

PROPERTY LOCATION:

SUBDIVISION Hough Property LOT NO. 5

ROAD AND DESCRIPTION On Maryland Route 144, 600'± east of Long Corner Rd.

SIZE OF LOT 3 Acres + TYPE BLDG. 4 Bedroom  
(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.

Dennis M. Rusch

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

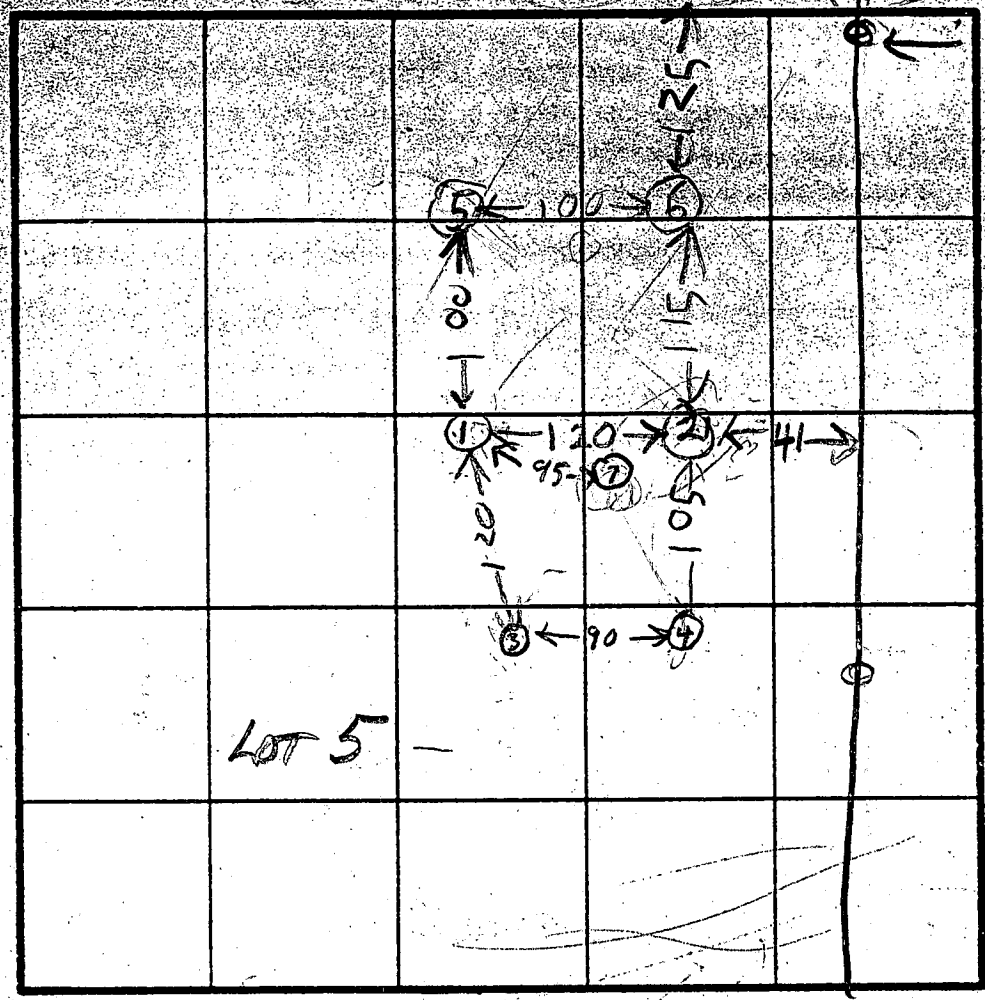
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

WOOD

SOIL PROFILE  
 ①  
 CLAY  
 8  
 4  
 BEIGE SAND  
 SILT  
 CLAY  
 SAND  
 LITE  
 10 5 HARD



POL 3 TRICK  
 LOT 4 85  
 LOT 5  
 ④  
 CLAY  
 2  
 BROWN  
 SANDY  
 & SOME  
 SAPROLITE  
 11

②  
 CLAY  
 3  
 BROWN  
 SANDY  
 SILT  
 SAPROLITE  
 9 5 HARD

③  
 BROWN  
 CLAY  
 3  
 BEIGE  
 SANDY  
 SILT  
 LAYER

⑦  
 CLAY  
 2  
 TAN  
 SAND  
 LAYER  
 &  
 SAPROLITE  
 11

HOLD  
 LEVEL  
 ⑤ ⑥ LOW  
 ⑬ ⑭ MEDIAN  
 ② ④ HIGH

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

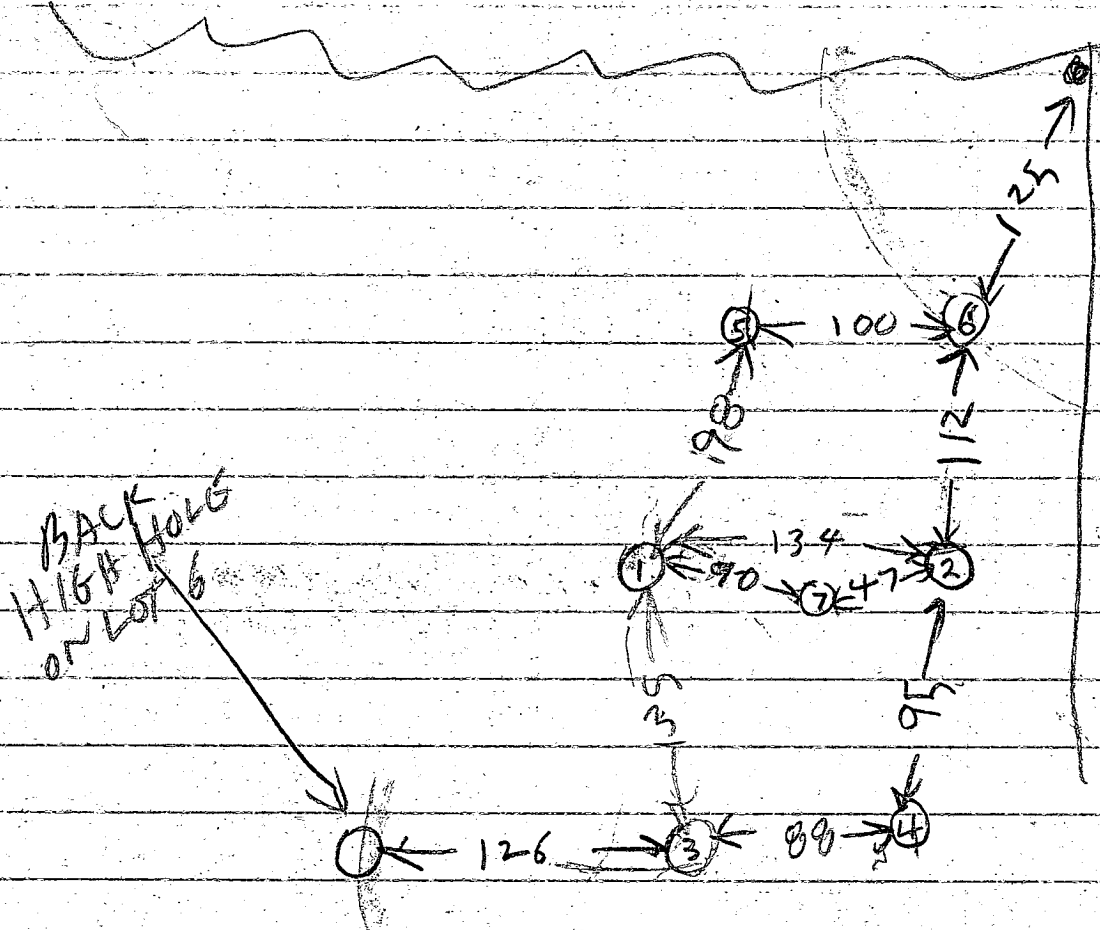
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/19/68	15	4	105	118	118	149	24
	14	10.5	LOOKS	OK			
	25	3.5	110	119	119	149	little more
	24	9.5	LOOKS	UNSATISFACTORY			
	35	3.5	113	118	118	145	7
	34	11	LOOKS	OK			
	45	3	114	117	117	121	4
	44	11	LOOKS	OK			
	55	9	UNSAT	ROCK BOTTOM			
	65	9	UNSAT	TOP OF CLAY			
	75	3	UNSAT	ROCK BOTTOM			
	74	11	238	240	240	245	6
			LOOKS	OK			

X 10 MIN  
 1 MET 35'

REMARKS Hold not dug per survey or plot

Remeasurement Lot 5

4/14/86  
RH 852A



B 1 7923

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-88-0403

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

please print or type

fill in this form completely

Date Received (APA)

020689

OWNER INFORMATION

MARTINDALE P E

3843 GROSVEGOR DR.

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

COUNTRY VIEW

SECTION 44-46 LOT 48-50 5

POPULAR SPRINGS

MILES FROM TOWN (enter 0 if in town) 4 1/2 MI

DRILLER INFORMATION

Ralph MAYNE 273

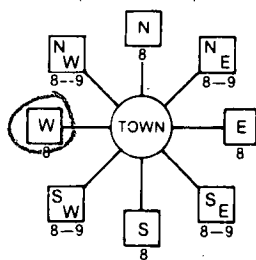
Ralph MAYNE (well drilling)

9120 Snow Church Rd. N. P. Hwy

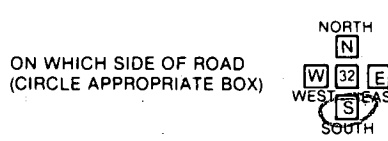
Ralph Mayne 2/1/89

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



COUNTRY VIEW way



DISTANCE FROM ROAD 75

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 A 35522

COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S

DATE ISSUED 020889 June 9 Nadeau 08-08-89

NORTH GRID 552000 EAST GRID 0764000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

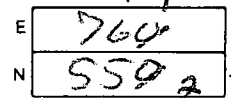
SOURCES OF DRILLING WATER

1. well

2.

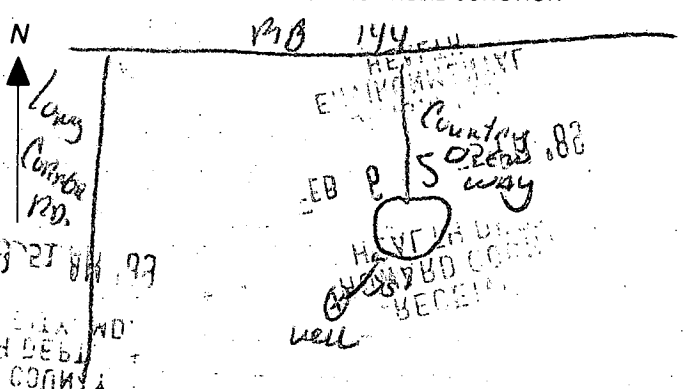
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



3289 1:30
Grouted, 10 bags cement.
No one on site.
2 Dry holes also grouted.
4 bags
2 bags
JENadeau

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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)

APPROP. PERMIT NUMBER GAP

FORCE JN PERMIT No. 10-88-0403

SPECIAL CONDITIONS 465-3216



**C1** **6771** SEQUENCE NO. (DENY 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 35522**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **03 03 89**  
 Depth of Well **325** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-98-0403**

OWNER **Partvina P.E.**  
 STREET OR RFD last name **Country View Way** first name  
 TOWN **Popular Springs**  
 SUBDIVISION **Country View** SECTION **5** LOT **5**

**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	
Top Soil	0	2	
Brown Shale	2	30	
Blue Shale	30	50	
Yellow Shale	50	55	
Blue Shale	55	325	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **8** NO. OF POUNDS **800**  
 GALLONS OF WATER **40**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **37** 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 top (main) casing (nearest inch) **S+** **6** **42**  
 Total depth of main casing (nearest foot) **42**

**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 BRONZE PLASTIC OPEN HOLE OTHER

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 **H0** **40** **325**  
 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

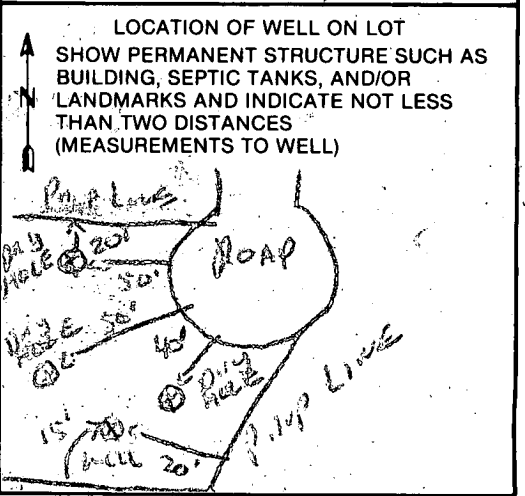
**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **2**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **50**  
 WHEN PUMPING **220**  
 TYPE OF PUMP USED (for test)  
**A** air **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,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 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) **2**  
**-** 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. **273**  
 DRILLERS SIGNATURE **Robah Morgan**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



DATE March 3

WELL YIELD TEST DATA SHEET - ~~BRUCE~~ HOWARD COUNTY

REVIEWED BY OK 5/16/89 CW

Maryland Well Permit No. HO-88-0403

Owner or Applicant P.E. PARTRIDGE

Location of Property (road) COUNTRY VIEW WAY

Subdivision COUNTRY VIEW Lot 5 Block — Plat — Sec. —

Depth of Well 325' Height of Measuring Point Above Ground 2'

Static Water Level Below Measuring Point 50'

Test Started At 7:00 30 min to reach 220'

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
7:30	220	30 Sec	/	2 GPM
7:45	200	30 Sec		2 GPM
8:00	220	30 Sec		2 GPM
8:15	"	"		"
8:30	"	"		"
8:45	"	"		"
9:00	220	30 Sec		2 GPM
9:15	220	30 Sec		2 GPM
9:30	220	30 Sec		2 GPM
9:45	"	"		"
10:00	"	"		"
10:15	"	"		"
10:30	220	30 Sec		2 GPM
10:45	220	30 Sec		2 GPM
11:00	220	30 Sec		2 GPM
11:15	"	"		"
11:30	"	"		"
11:45	"	"		"
12:00	220	30 Sec		2 GPM
12:15	220	30 Sec		2 GPM
12:30	220	30 Sec	2 GPM	
12:45	"	"	"	
1:00	"	"	"	
1:15	220	30 Sec	2 GPM	
1:30	220	30 Sec	2 GPM	

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 10.17.13.07Q.

42# casing  
39 open 8 BAYS

Signature of Well Driller

9-25-89  
early pm

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 # 44978  
Date 9-22-89

Name of Installer Tom Bernard P/19-1979

Telephone 461-6599

License Number 7248

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Kay & Pete Rutledge

Telephone                     

Subdivision Centennial Estates Lot # 15 Well Tag # 40-88-0403

Site Address 17506 Countrybrookway

Pump

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

Motor

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

Pitless Adapter

- 1. Make
- 2. Model #
- 3. Depth

2. Make                     

3. Model #                     

4. Capacity 4 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 300'

Well data

- 1. Depth 300 ft.
- 2. Yield 2 GPM
- 3. Static water level                      ft.
- 4. Will water supply be disinfected by installer? yes

P.A. NOT INSTALLED MR 9/25/89  
P.A. 3.5' B.G. MR 9/26/89

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: Tom Bernard

Date: 9/22/89

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



