

4/14/88

04-345843

PERMIT

P 41226

A 35528

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/10/88

DATE SYSTEM APPROVED 4-14-88

INSPECTOR JEN

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Country View ROAD 17507 Country View Way LOT 11

PROPERTY OWNER Barnard Construction Company MARK SHAFFER
17507 Country View Way

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

194
288 ft trench
3(176
288

TRENCHES - 194 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 2 1/2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Place the distribution box 150 feet from the front lot line and 100 feet from the left side of the lot as seen when facing the lot from: Country View Way. Run the trenches on contour toward the back 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 R. Hodges DATE 9/08/87

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(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.

SOIL PERMIT SIGNED AND RETURNED 6-9-88

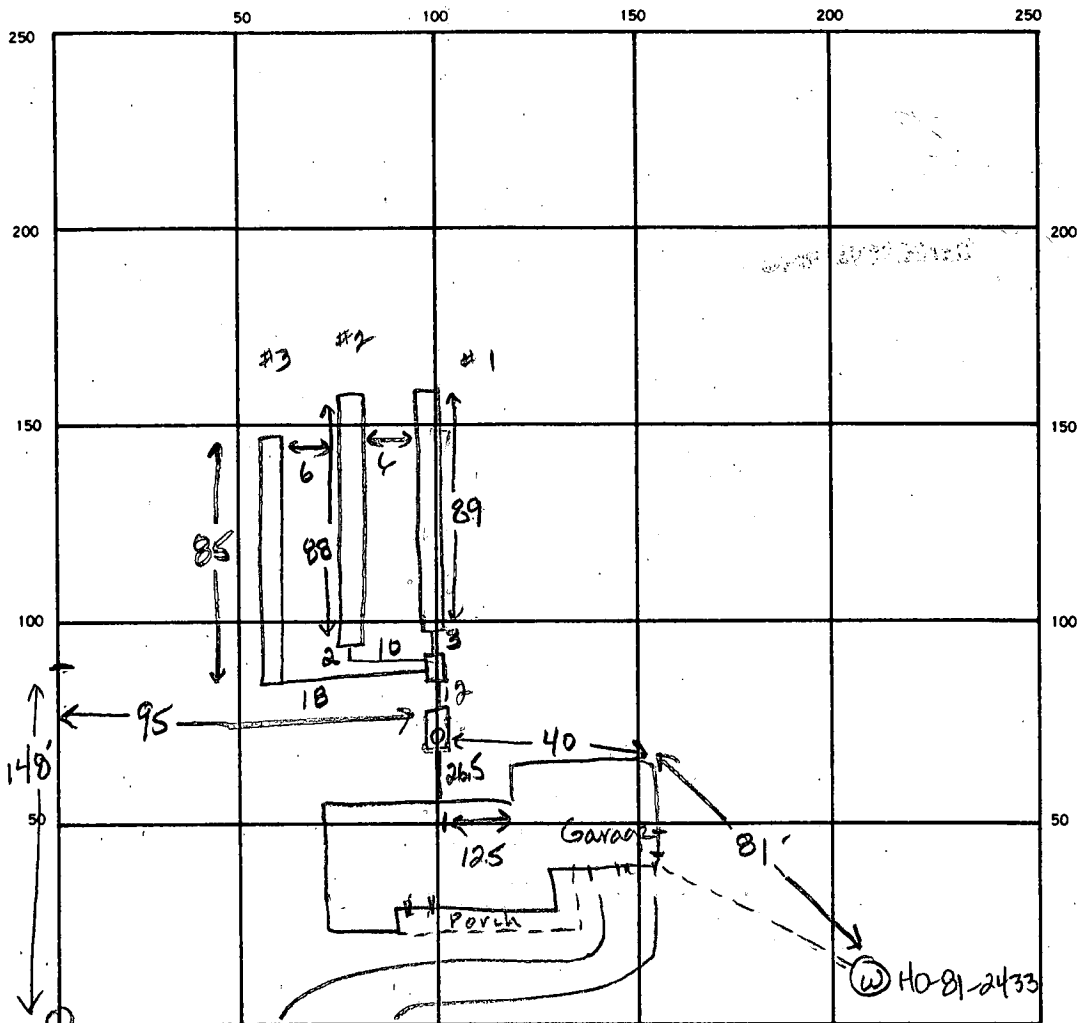
Send #B 11 8349
dick

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1106

A 35528



$$\begin{array}{r} 17 \\ 24 \\ \hline 68 \\ 34 \\ \hline 40 \end{array}$$

$$\begin{array}{r} 1 \\ 34 \\ \hline 24 \\ 136 \\ \hline 68 \\ \hline 81 \end{array}$$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Country View Way

SEPTIC TANK LEVEL 1250 gal CLEANOUTS 1 on septic tank

DISTRIBUTION BOX LEVEL OK w/ baffle

DRAIN FIELD TILE FIELD DEPTH 65/65/65 FT. TRENCH WIDTH 3 FT. INLET DEPTH 35/35/35 FT.

EFFECTIVE GRAVEL DEPTH 2 2 2 FT. TOTAL LENGTH 87 88 89 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 246/264/269 SQ. FT.

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

ABSORBENT AREA 777 SQ. FT.

REMARKS 4-14-88 OK to cover all work. JEN

DATE SYSTEM APPROVED 4-14-88 INSPECTOR Jane E. Madean

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35321

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 BARNARD Construction Co.

ADDRESS 17591 Route 144 PHONE 489-4014

PROPERTY LOCATION:

SUBDIVISION Hough Property COUNTRY VIEW LOT NO. 11

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

17507 Country View Way

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. Rusli
(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel FOR Shallow Trenches DATE 2-19-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/19/85 PERC OK HOLD FOR PLAT ORH
9/8/87 Specs written BPH

BLDG. PERMIT SIGNED
AND RETURNED 2-19-88 BP16805
S. AB

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 3532P

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

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(NUMBER OF BEDROOMS)

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Dennis M. Rusch
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

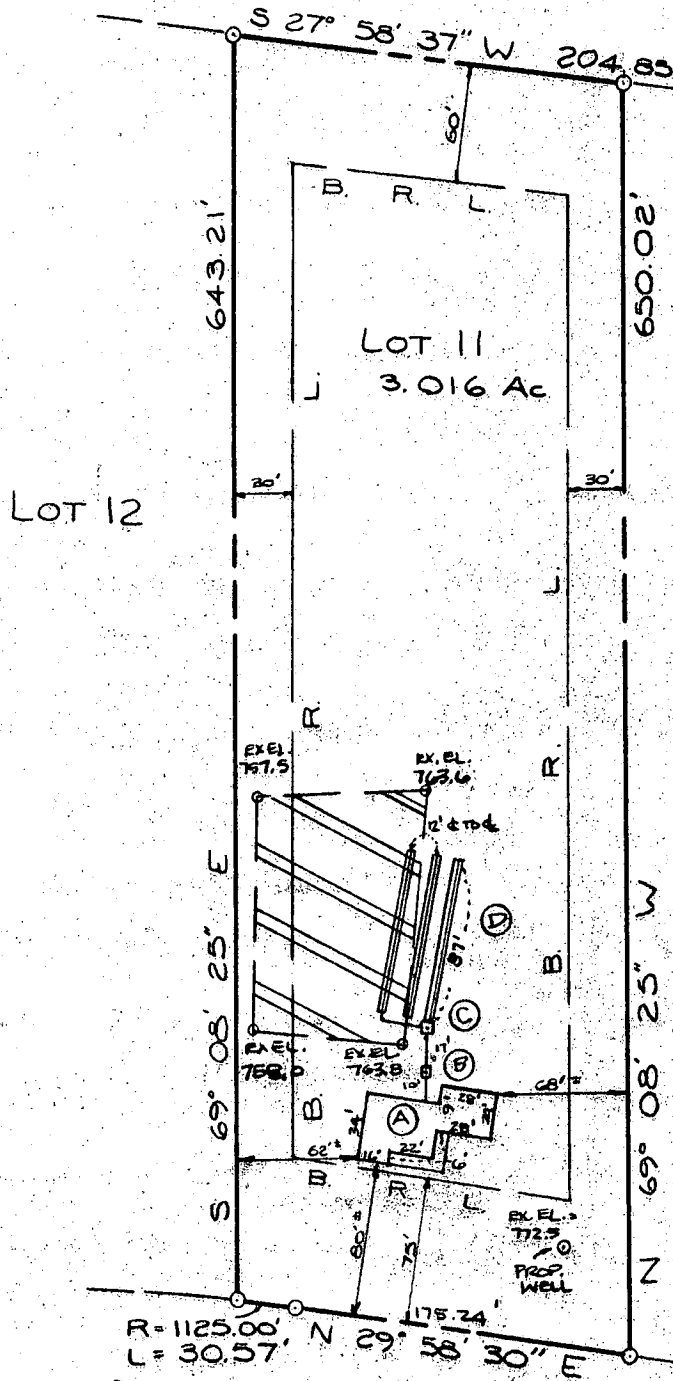
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

J. E. MILLER
1010/720



A. PROPOSED HOUSE
F.F. El. = 772.0
Bsmt. El. = 763.5
Inv. Out = 762.1 + BSMT

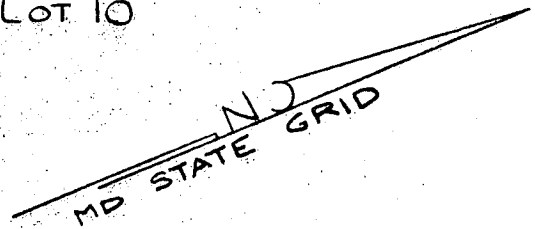
B. PROPOSED SEPTIC TANK
Ex. El. = 765.0
Inv. In = 762.3
Inv. Out = 762.0

C. PROP. DISTRIBUTION BOX
Ex. El. = 765.5
Inv. In = 761.8

D. PROPOSED TRENCHES
3 @ 87' (length) - OK FOR
Inv. El. = 761.5 4BK house
2.8' of stone
6 1/2' bottom max.

*2/19/88
elevations
S.M.*

LOT 10



BLDG. PERMIT SIGNED
AND RETURNED 2-19-88

*BP16805
S.M.*

COUNTRY VIEW WAY
50' R/W

PLOT PLAN
LOT 11 (PLAT 1 OF 2)

COUNTRY VIEW
#17507 COUNTRY VIEW WAY
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE 1" = 100' FEBRUARY 1988



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC.
Engineers · Surveyors · Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015

REFERENCE

PLAT # 7320

JOB NO.

80-1786

B 7 5736

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL 11/25/87 9:00

OEP PERMIT NUMBER

40-81-2433

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

fill in this form completely

Date Received

11 22 87

OWNER INFORMATION

BARBARA SARY

1035 ST MICHAELS RD

Mt Airy MD 21201

B 3

LOCATION OF WELL

11 COUNTRY 8 COUNTY

COUNTRY VIEW

SECTION 11 LOT 11

POPULAR SPRINGS

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

DRILLER INFORMATION

Ralph MAYNE 223

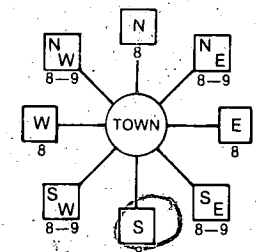
Ralph Mayne (Well Driller)

920 Brown Church Rd Mt Airy

Ralph Mayne 10/28/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



COUNTRY VIEW WAY

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

400

DISTANCE FROM ROAD

ENTER FT or MI 47

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 35528

COUNTY NAME: Howard COUNTY NO. A 35528

OEP SIGNATURE: Sidney Clark DATE ISSUED: 05-18-88

NORTH GRID: 552000 EAST GRID: C764000

APPROXIMATE DEPTH OF WELL 100 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

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

APPROP. PERMIT NUMBER GAP

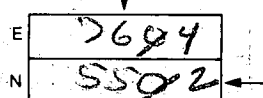
FORCE INITIALS PERMIT NO. 40-81-2433

SPECIAL CONDITIONS

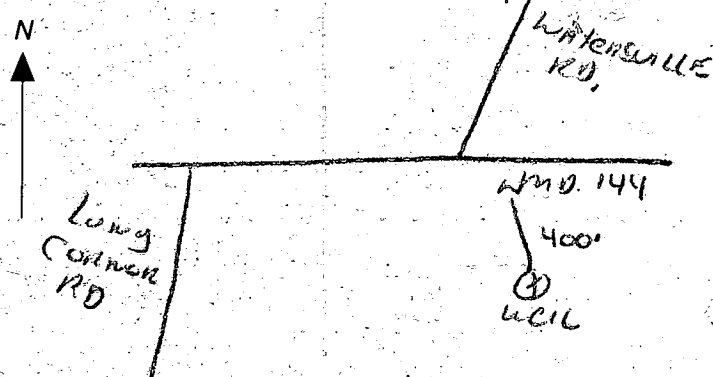
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

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



① Well already grouted Arma 1120 ft
bent at 930

② 22 ft casing

③ 20 ft open hole

④ 5 bag cement

⑤ LOCATION OK

11/25/87
B. Hodges

C1 2033 SEQUENCE NO. (OEP 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 **A-35528**

DATE Received [] DATE WELL COMPLETED **11/30/87** Depth of Well **185** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **MO-81-2433**

OWNER **BARBARA GARY**
 STREET OR RFD last name **COUNTRY VIEW WAY** first name **GARY** TOWN **POPLAR SPRINGS**
 SUBDIVISION **COUNTRY VIEW EST** SECTION **-** LOT **11**

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	10	
Brown Slate	10	15	
Blue Slate	15	50	
Brown Slate	50	55	<input checked="" type="checkbox"/>
Blue Slate	55	185	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **1200**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing (nearest inch) **PL** **6** Total depth of main casing (nearest foot) **22** **2** **2** **0** **0**

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 OPEN HOLE PLASTIC OTHER

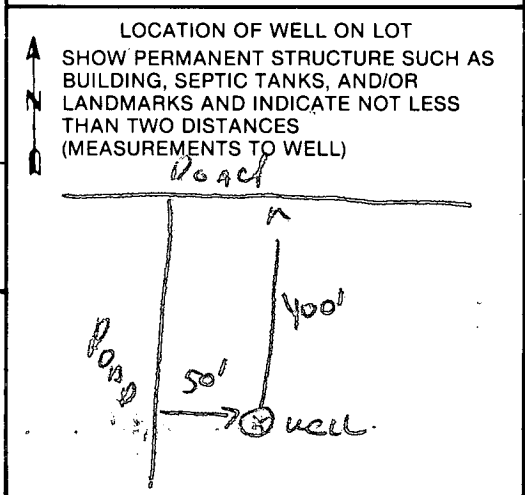
C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 **HO** **20** **185**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **52** WHEN PUMPING **55**
 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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE (nearest foot) **-** below } **50** **51**



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**
Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Wayne

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

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 # 41366
Date 3/22/88
Name of Installer J. Jos. Gartland Inc. Telephone 875-2400
License number 1713
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner BARNARD BROS. COAST. INC. Telephone 489-7621
Subdivision COUNTRY VIEW ESTATES Lot # 11 Well tag # - - -
Site Address 17507 COUNTRY VIEW CT.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model # 1DEJOC422
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
Motor
1. Horsepower 1/2
2. RPM
3. Voltage
a. 110
b. 220
Pitless Adapter
1. Make Harvard
2. Model # PT-800
3. Depth 42"
Tank
1. Capacity 42 gal
2. Pressure relief valve? 75 PSI
Piping
1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"
Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
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: [Signature]

Date: 3/22/88

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

4/14/88

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 # _____ Date _____

Name of Installer _____ Telephone _____

License Number _____ Certified Well Pump Installer _____ Well Driller RM Registered Plumber _____

Name of Property Owner _____ Telephone _____

Subdivision COUNTRY VIEW EST Lot # 11 Well Tag # HO-81-2433

Site Address 17509 COUNTRY VIEW LANE A 35528

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>185</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>9</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>52</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

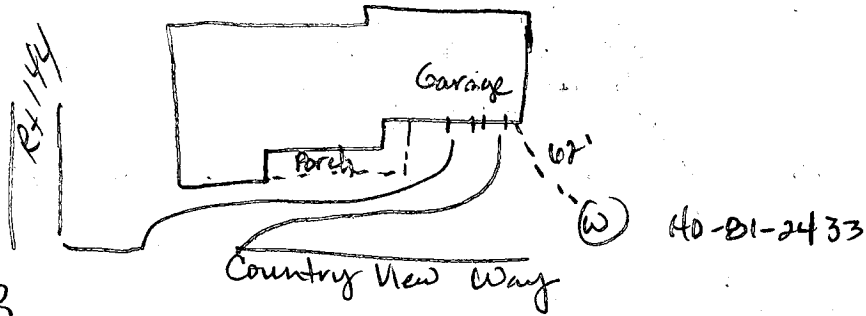
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Date: _____

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4-14-88

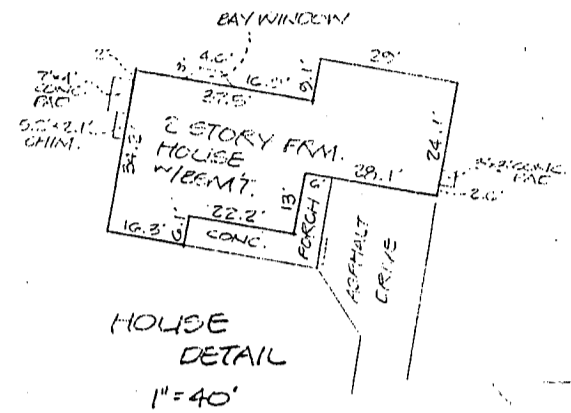
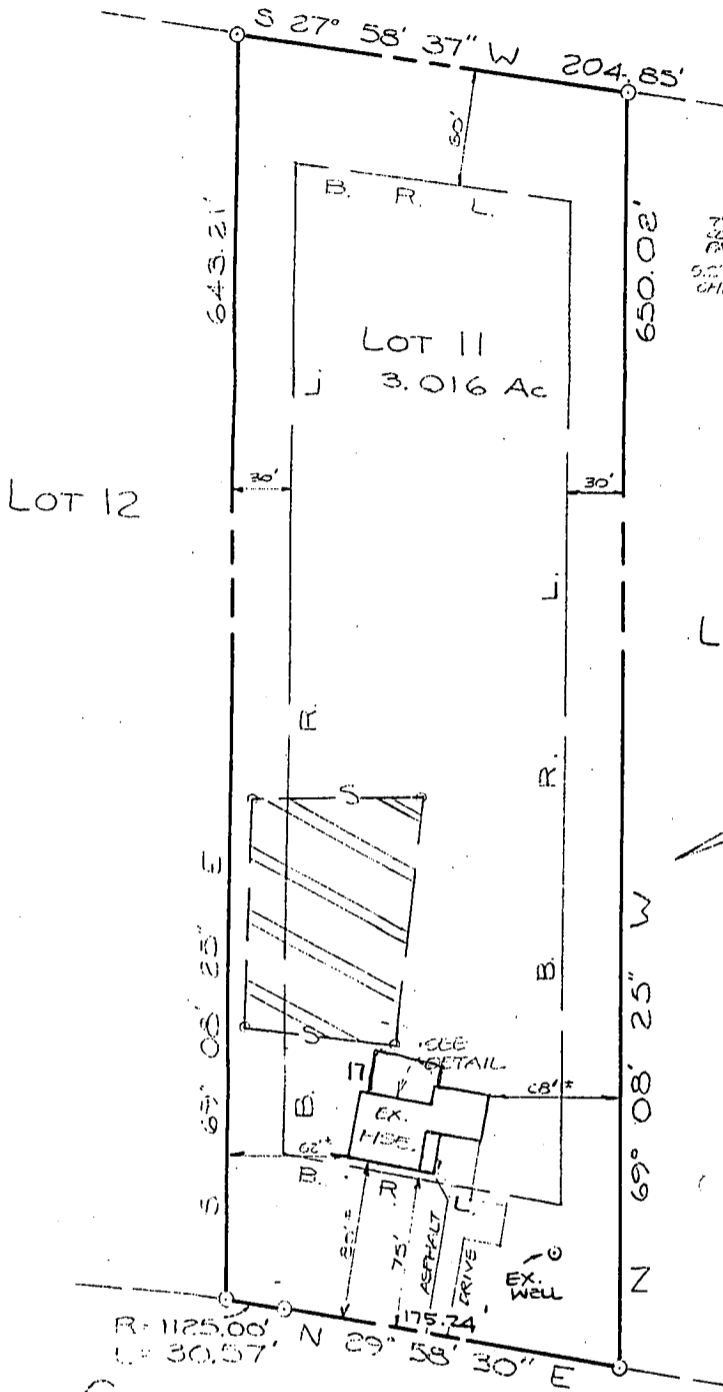
Pitless adaptor at 36 inches. No ground, plastic casing.
 Well line covered, House connection covered, but cemented
 on inside. No pump tank installed yet JE Nadeau

40-21-2433

NOTE: Property is not located within a flood hazard area, according to National Flood Insurance Program, Flood Insurance Rate Map, Community-Panel Number 240044 0002 B.

J. E. MILLER
1010/720

(C)



LOT 10
ON
HOWARD COUNTY PLAT No #7320

6/7/99
Deck is 17' wide
Septic tank is
26.5' off house
Deck will be 9.5'
from ST - OK to
continue

COUNTRY VIEW WAY
50' R/W

HOUSE LOCATION SURVEY
LOT II (PLAT 1 OF 2)
COUNTRY VIEW
#17507 COUNTRY VIEW WAY
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1" = 100' MAY 1989



5/25/89

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015

REFERENCE FLAT # 7320	JOB NO. 89-1786
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