

3/29/87

4/6/87
AMTIME

05-399254

PERMIT

38945

A 35647

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/17/87

DATE SYSTEM APPROVED 4/6/86

INSPECTOR RIH

Randolph Ayersman IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 854-0734

SUBDIVISION Dayton Meadows ROAD 4862 Greenbridge Rd LOT 2, Area 2

PROPERTY OWNER Randolph Ayersman

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 - 160 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 180 feet from the front lot line and 85 feet from the right lot line as seen when facing the property from Greenbridge Road. Run trenches on contour toward 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 S. Abel DATE 12/16/86

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

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.

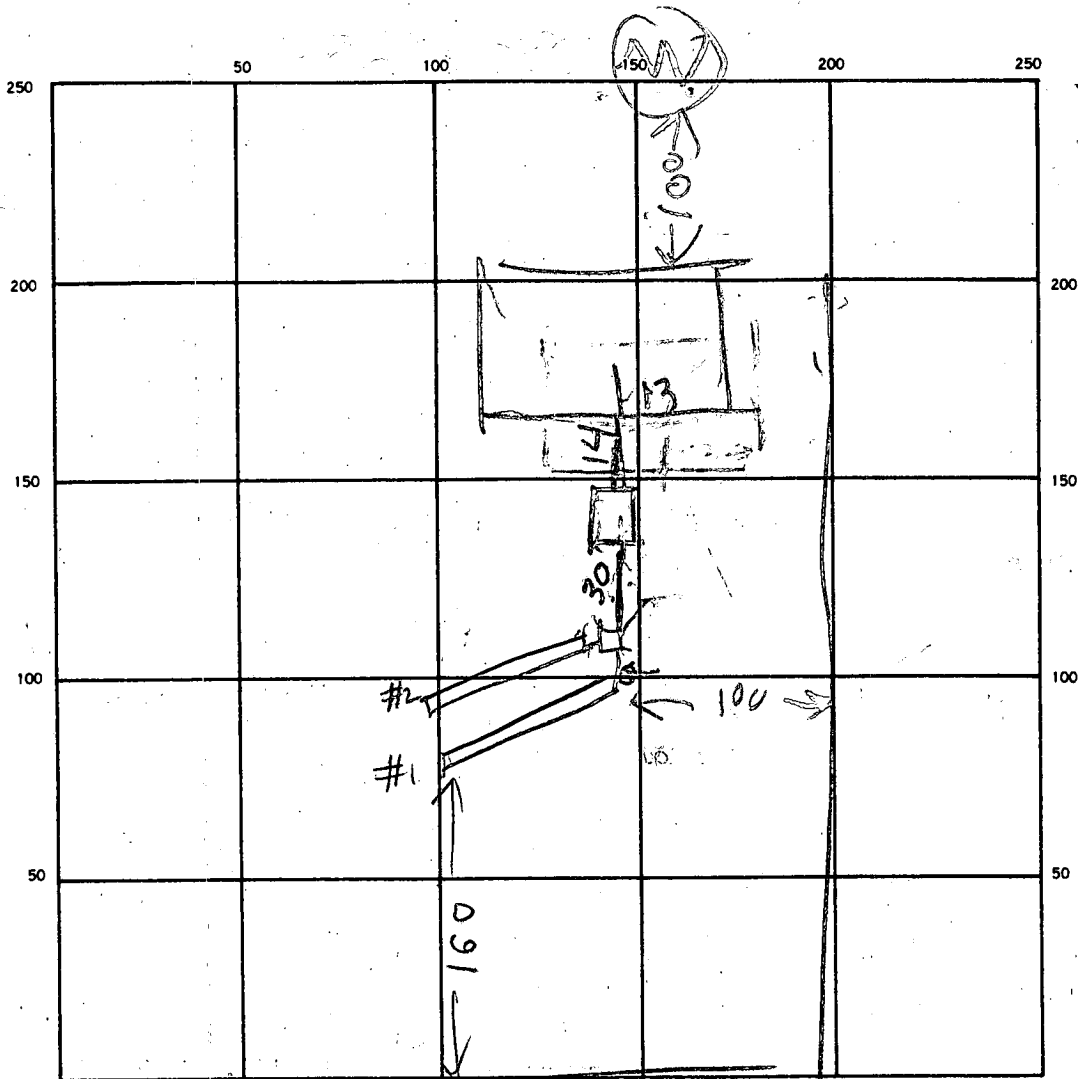
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35647



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL OK 1500 CLEANOUTS ST NO

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH #1 #2 FT. TRENCH WIDTH #1 #2 FT. INLET DEPTH #1 #2 FT.

EFFECTIVE GRAVEL DEPTH #1 #2 FT. TOTAL LENGTH #1 #2 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA #1 #2 SQ. FT. 390 336 TOTAL 696 REQUIRED 640

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/27/87 1105 - LOCATION OK ADD STONE & CALL R17
3/27/87 2550PM - STONE ADDED TO TRENCHES FINISH
HOOK UP & CALL R17

4/3/87 UNABLE TO MAKE SCHEDULED INSPECTION. INSTALLER WILL SEND
CONFIRMATION OF HOUSE CONNECTION. CW

4/6/87. HOUSE HOOK UP & SEWERS OK

DATE SYSTEM APPROVED 4/6/87 INSPECTOR Raymond J. Dodge

SUBDIVISION: DAYTON MEADOWS

LOT NUMBER: 2

Sec. I

DRY WELL OR DRY WELL AND TRENCH

AREA II

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

160 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3.5 feet below original grade.

6 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 180 FT FROM THE FRONT LOT LINE AND 85 FT FROM THE RIGHT LOT LINE AS SEEN WHEN FACING THE PROPERTY FROM GREENBRIDGE Rd. RUN TRENCHES ON CONTOUR TOWARD LEFT LOT LINE. 72/16/86
S. Abel

APPLICATION

SEWAGE DISPOSAL TESTING

A 35647

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 2/18/85

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 CARMAN Associates Randolph Ayelesman

ADDRESS Box 122, ELLICOTT City PHONE 301-854-0498

SEC I AREA II

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. Two (2)

ROAD AND DESCRIPTION Greenbridge Rd Dayton, Md.
4862 Greenbridge Rd.

SIZE OF LOT 3 AC. + TYPE BLDG. Three
(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.

Philp Mangley
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Doug Truchio DATE 2/16/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

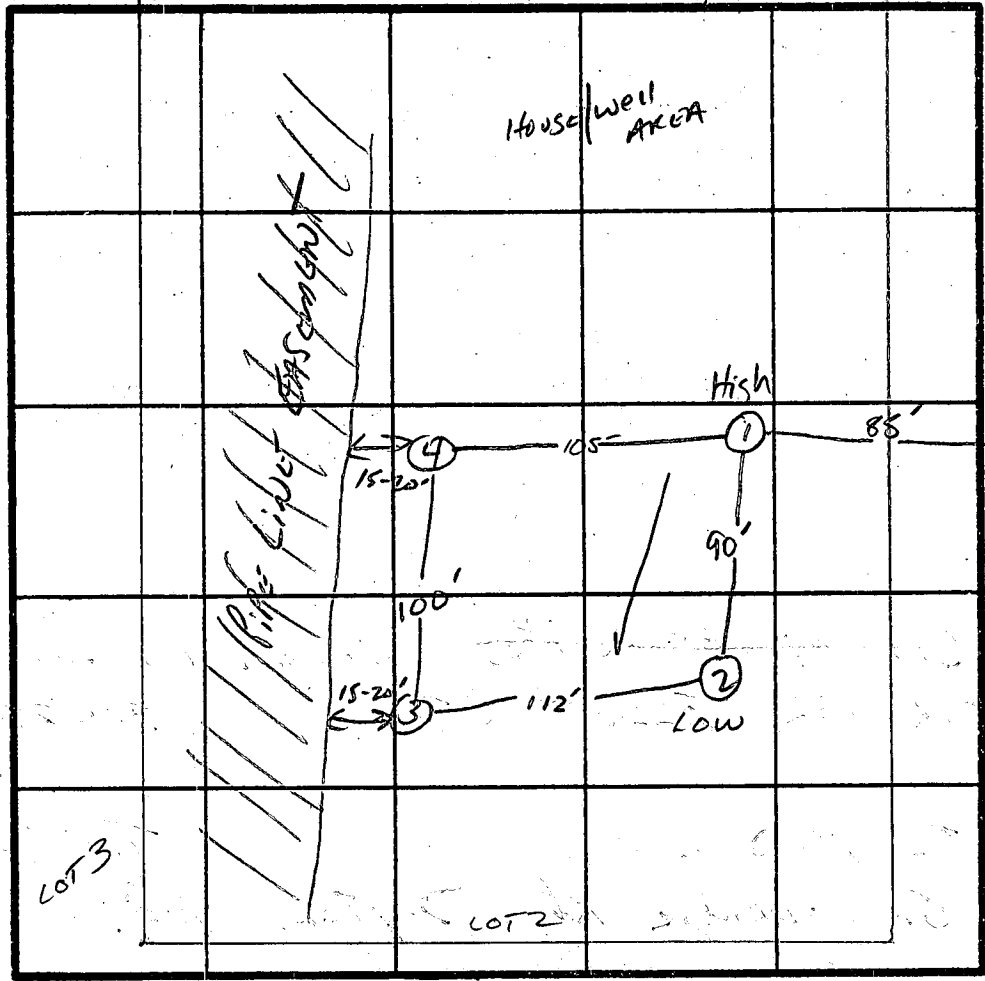
REASONS FOR REJECTION OR HOLDING 7-16-85 Perc. Results SATISFACTORY. HOLD for Certified Subdivision REAT SABH

BLDG. PERMIT SIGNED
AND RETURNED 12/16/85
Bldg. Perm # 9414 SABH

THIS IS NOT A PERMIT

① ② ③ ④
SOIL PROFILE

6"	AP Yellow Rd. SAND CLAY LOAM L100% SAPROLITE
3'	Yellow BR micaceous Silt SAND LOAM 10-20% SAPROLITE
12'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/16/85	1 ✓	4" 12"	10:17	10:18	10:18	10:19	1min
	2 ✓	3.5" 13"	10:20	10:21	10:21	10:23	2min
	3 ✓	4" 12"	10:24	10:26	10:26	10:29	3min
	4 ✓	4.5" 12"	10:31	10:32:30	10:32:30	10:35	2.5min

REMARKS _____

TYPE OF SOIL Glenalg. mavor

TESTED BY S. Abel Phil Manslitz ALSO PRESENT _____

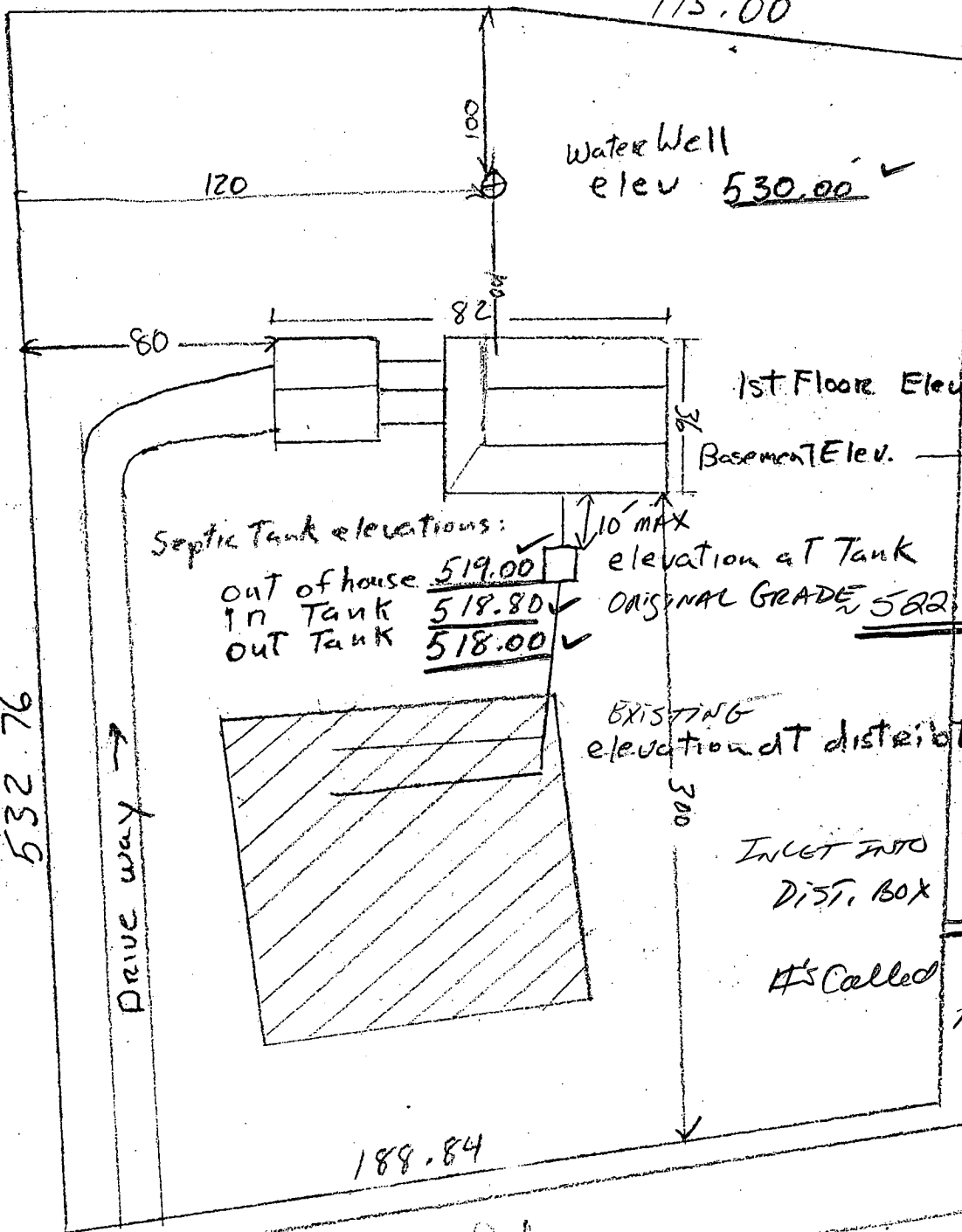
EH-12-1079

Lot # 2 Dayton Meadows
3.184 AC. ±

Randolph R. Ayers
5233 Kalmia Dr
Dayton MD. 21036

182.83

115.00



Water Well
elev 530.00 ✓

1st Floor Elev 523.00 ✓

Basement Elev. 515.00 ✓

Septic Tank elevations:

out of house 519.00 ✓
 in Tank 518.80 ✓
 out Tank 518.00 ✓

10' MAX
 elevation at Tank
 ORIGINAL GRADE 522.00

EXISTING
 elevation at distribution box
515.00

INLET INTO
 DIST. BOX 512.00

It's Called in by Mr.
 Ayersman

Green bridge Rd

BLDG. PERMIT SIGNED
 AND RETURNED 12/16/85 # 9414
 SAA

12/16/85
 MUMFORD
 S. Axel

I certify That all above measurement & elevations are
 correct for this property Randolph R. Ayers

B 1 5241

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-1662

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

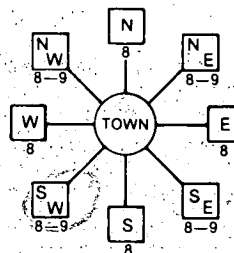
SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD

ENTER FT or MI 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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-35647

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S 41

DATE ISSUED 09/10/86 CO SIGNATURE EXP. DATE 03/10/86

NORTH GRID 50 55 EAST GRID 57 63

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

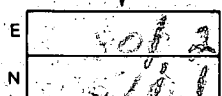
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

SOURCES OF DRILLING WATER

- 1.
2.
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



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) 41 52

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE INITIALS IN BOX PERMIT No. HO-81-1662 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

10/21/86

70' casing
> 50' open

13 bags cement
location as per field
staked

H₂O sample taken
1030 am

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
OCT 21 11 23 AM '86
E. HEATH

C1 5292

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-35647

DATE RECEIVED

8 0 13

DATE WELL COMPLETED

15 10 22 86 20

Depth of Well

22 305 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-81-1662 28 29 30 31 32 33 34 35 36 37

OWNER ASSOCIATES (last name) CARMEN (first name) STREET OR RFD GREEN BRIDGE RD TOWN DAYTON SUBDIVISION DAYTON MEADOWS SECTION B1 AREA 2 LOT 2

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

SAND Stone 0 63 GRAY mica Rock 63 305

GROUTING RECORD

WELL HAS BEEN GROUTED (Y N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD

OTHER CASING (if used) diameter inch depth (feet) from to SCREEN RECORD screen type or open hole (ST BR HO) (STEEL BRASS BRONZE OPEN HOLE) (PL OT) (PLASTIC OTHER) DEPTH (nearest ft.) 1 40 2 60 3 305

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 42 METHOD USED TO MEASURE PUMPING RATE Level WATER LEVEL (distance from land surface) BEFORE PUMPING 49 WHEN PUMPING 190 TYPE OF PUMP USED (for test) S submersible

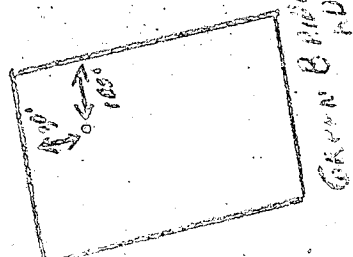
PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES OR 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 - below } (nearest foot)

C 2

DEPTH (nearest ft.) 1 40 2 60 3 305

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. 231 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLER

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 X
 Replacement _____

Receipt # 38994
 Date 3/27/87

Name of Installer MECHANICAL SERVICE

Telephone 854-0520

License number 2075
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Rawley AYERSMAN Telephone 854-0734
 Subdivision DAFFTON MEADOWS Lot # 2 Well tag # _____
 Site Address 4862 GRAFFED BRIDGE RD
DAFFTON MD 21036

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible X
 2. Make WEYERS
 3. Model # _____
 4. Capacity _____ 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 _____ Cable guards X Other _____

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

Pitless Adapter
 1. Make TEEL
 2. Model # _____
 3. Depth 42"

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 250ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? _____

7-9-87 - Pitless 48" below grade - well line and wires 40-48" below - NO INSIDE WORK DONE, SINK

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: _____

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