

9-13-88 Need M/H on septic tank JEN

MH DL 9-15-88 JEN

9/12/88 AM ✓ 9/15/88

03-310987

9-10-88 pm final

PERMIT

P 42525

A 35684

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 9/16/88

INDEXED

DATE SYSTEM APPROVED 9-15-88

INSPECTOR JEN

Frall Septic Service, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Gaither Farms ROAD 11018 Gaither Farm Rd LOT 23

PROPERTY OWNER John Startt

ADDRESS _____

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

| | |
|-------|------|
| 1500 | 1500 |
| 50 | 750 |
| 750.0 | 2250 |

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

244
3 976.0
325.3 ft trench

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 280 feet down the left (339.38') lot line and 100 feet off the left lot line as seen when facing the lot from Gaither Farm Road. Run trenches on contour toward the right 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 TO INSTALL 3- 108' CONG TRENCHES 9-6-88 SAL

PLANS APPROVED BY Sid Abel DATE 1/08/87

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(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.

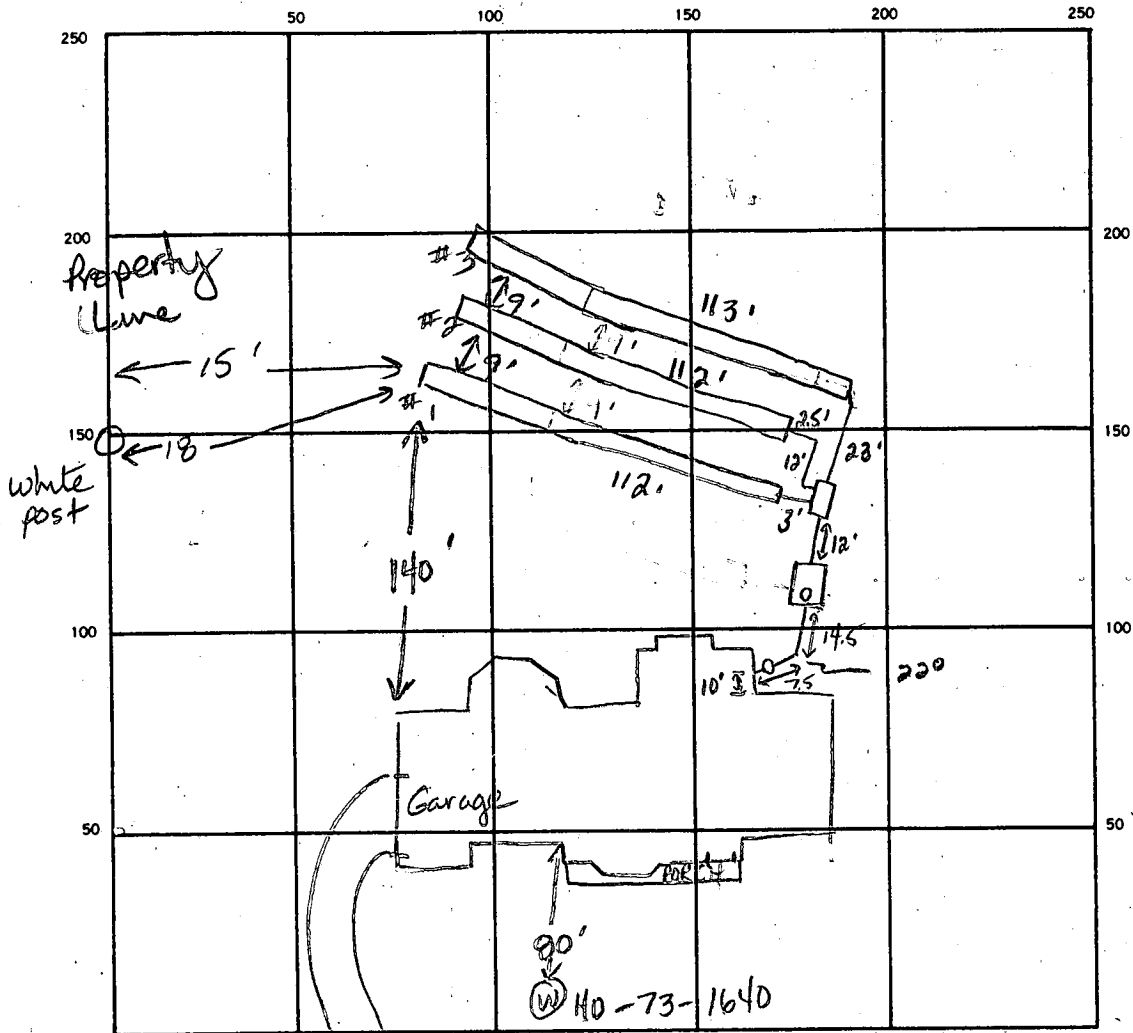
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35684



46 ft plus
 13
 39
 24
 15.6
 78
 93
 110
 137

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 Gauthier Farm Rd

SEPTIC TANK LEVEL 2000 OK CLEANOUTS 1 on tank / 1 at house connection
 DISTRIBUTION BOX LEVEL OK w/ baffle Manhole on septic tank.
 DRAIN FIELD TILE FIELD DEPTH 6 6 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 3.5 4 FT.
 EFFECTIVE GRAVEL DEPTH 2 25 2 FT. TOTAL LENGTH 112 112 113 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 336 336 339 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 1211 SQ. FT.

REMARKS 9-12-88 Need to cement at house and septic tank inlet & outlet. If grade is above 3 ft, must add manhole to tank. OK to cover up to tank leaving tank and house connection open. JEN. 9-13-88 Cement at house & tank ok. Will probably need manhole. JEN 9-15-88 Manhole at 2.3 ft above septic tank. JEN

DATE SYSTEM APPROVED 9-15-88 INSPECTOR Gene E. Maden

SUBDIVISION: GAITHER FARMS

LOT NUMBER: 23

DRY WELL OR DRY WELL AND TRENCH

| | Septic Tank | _____ sq. ft./bedroom |
|-----------|-------------|----------------------------------|
| | | <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

244 sq ft / bdrms w/ disposal

200 sq. ft./bedroom

Trench to be 3 wide.

Inlet 4.0 feet below original grade.

Bottom maximum depth 6.0 feet below original grade.

Effective area begins at 4.0 feet below original grade.

2.0 feet of stone below distribution pipe.

4 bdr rooms

Garbage disposal

- 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 280 FT DOWN THE LEFT (339.38')

LOT LINE AND 100 FT OFF THE LEFT LOT LINE AS SEEN WHEN FACING THE

LOT FROM GAITHER FARM Rd. RUN TRENCHES ON CONTOUR TOWARD THE

RIGHT LOT LINE. 1-8-87 Sid Abel

APPLICATION

PERCOLATION TESTING

A 35684

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3

DATE 6-3-86

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 Patrick McLean JOHN STARTT

ADDRESS 1000 Equitable Bank Center
Columbia, MD 21044 PHONE 730-9091

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 23

ROAD AND DESCRIPTION Homewood Rd & Route 108
11018 GAITHER FARM Rd.

TAX MAP 29 PARCEL # 1

SIZE OF LOT 3 acres TYPE BLDG. SF
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow Shallow DATE 6-10-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-24-86 Perc. SATISFACTORY; HOLD FOR PERFORATED HOLES

S. Abel. Shallow lysr. only. SA. BLDG. PERMIT SIGNED
AND RETURNED 6-15-88

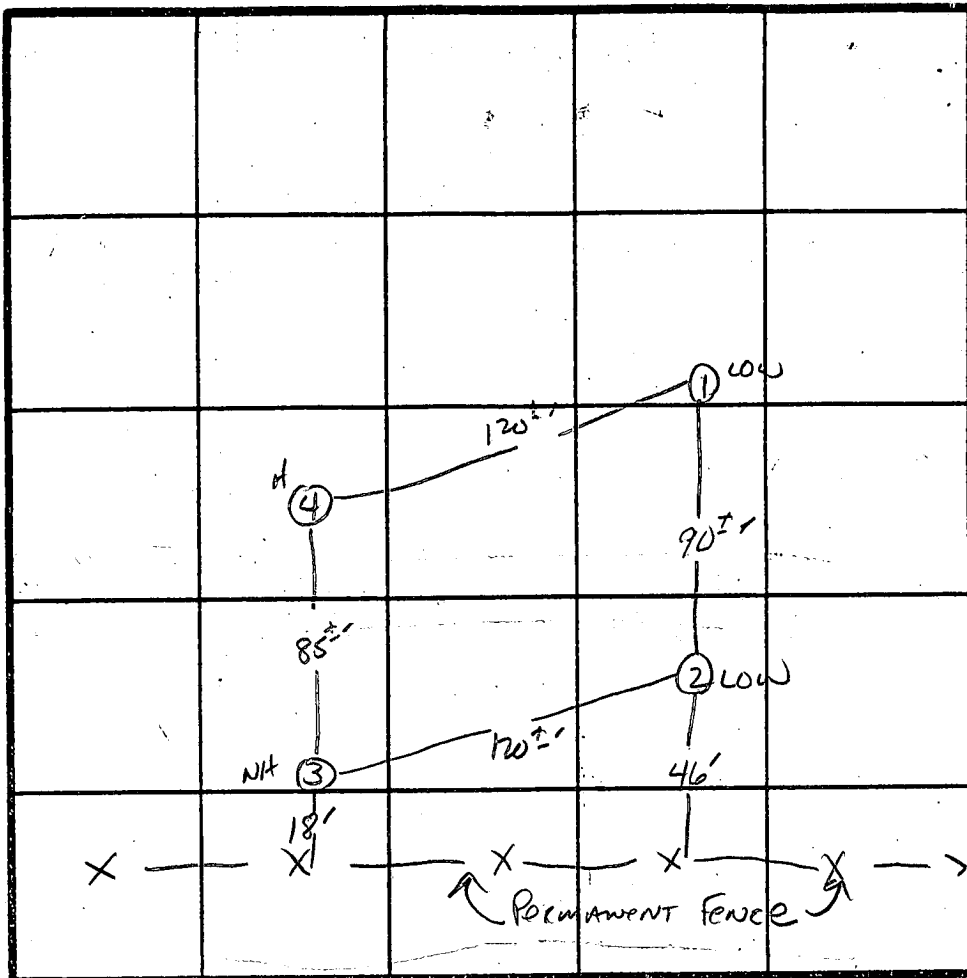
BP 19227 Sdk

THIS IS NOT A PERMIT

SOIL PROFILE

①

| | |
|------|---|
| 0 | AD |
| 10" | Yellow BR silt loam 12-15% CLAY <10% FRAG |
| 5.5' | Yellow BR w/white SAND, SAND LOAM 10-20% FRAGMENTS |
| 14' | |



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Rt 108

②

| | |
|------|---|
| 0 | AP |
| 10" | Yellow BR silt loam 9-12% CLAY <10% FRAGS. |
| 4.5' | Brown Yellow w/gray BR silt SAND LOAM c. 10% FRAGS Highly micaceous |
| 5.5' | |
| 14' | |

③ ④

| | |
|-----|---|
| 0 | AP |
| 10" | Yellow BR silt loam 9-12% CLAY <10% FRAGMENTS |
| 4' | Yellow BR SAND LOAM 10-20% FRAGMENTS |
| 10' | HARD BOTTOM |

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------------|---------|-------|----------------|-------|----------------------|
| | | | START | STOP | START | STOP | |
| 7/24/80 | 1 ✓ | 6" 14" | 10:54 | 10:57 | 10:57 | 11:04 | 7 MIN DRY TO 14" |
| | 2 ✓ | 4.5" 14" | 10:54 | 10:55 | 10:55 | 10:57 | 2 MIN DRY TO 14" |
| | 3 ✓ | 4.5" 10" | 11:11 | 11:30 | 11:30 | 11:44 | 16 MIN below 4" |
| | 4 ✓ | 6" 11" | 11:32 | 11:36 | 11:36 | 11:44 | 16 MIN below 5.5" |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS: HOLES Dug Per PLAT # 1 & 2 ; HOLE 3 & 4 SHIFTED 25' TOWARD 108
SMALLER SYST. ONLY.

TYPE OF SOIL _____

TESTED BY S. Abel ALSO PRESENT HD

EH-12-107

20' DRAINAGE AND UTILITY EASEMENT

∠ N 26° 23' 33" E
150.85'

LOT 24

N 29° 21' 51" W
62.75' 84.65'

261.35' 198.60'

∠ N 15° 36' 14" E
107.28'

LOT 23
3.0001 Ac.

LOT 24

LOT 22

S 64° 44' 00" W

B.R.L.

S 68° 32' 22" W

693.53'

400.24'

571° 30' 09" W
339.38'


200'

N 48° 30' 28" W
R/W 55'

B.R.L.

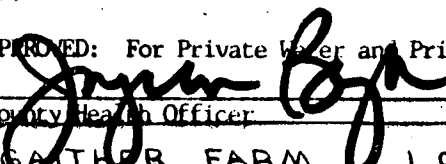
FARM ROAD

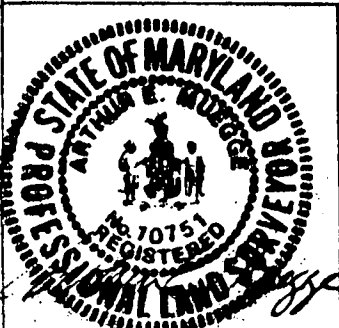
R: 775.00'
GAITHER

 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

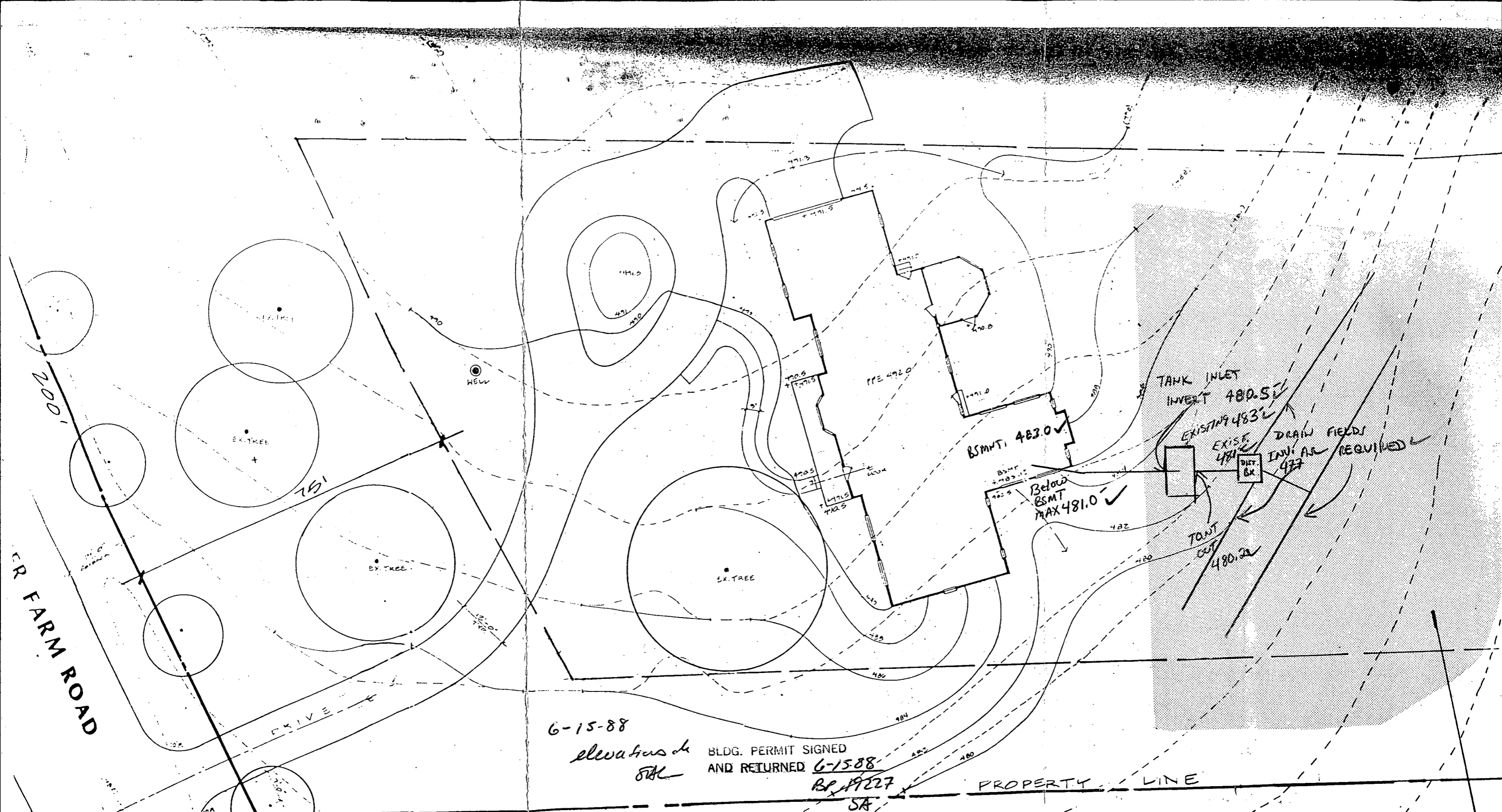
APPROVED: For Private Water and Private Sewage Systems

CW  1-7-87
County Health Officer Date



THE RIEMER GROUP
3105 NORTH RIDGE ROAD
ELLCOTT CITY, MARYLAND
21043
PH: (301) 461-2690

GAITHER FARM LOT 23
SEPTIC AREA LOCATION PLAN
PLAT No. 6609 TAX MAP No. 29
3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=100' JANUARY 05, 1987



6-15-88
 elevations by
 SA

BLDG. PERMIT SIGNED
 AND RETURNED 6-15-88
 #19227
 SA

BSMT 483
 INU AT HOUSE MAX 481
 INU TANK IN 480.5 EXISTING GRADE TANK 483'
 INU TANK OUT 480.2
 INU DIST BOX 477.0 EXISTING GRADE BOX 481'

#19227
 4 Bed 2 1/2 B.N.

JOHN & BEVERLY STARR
 LOT 23 GAITHER FARM
 11018 GAITHER FARM RD.
 ELLICOTT CITY, MD, 21043
 301-441-1070 ; 301-747-6574

B 1 4730 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON 2-L CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-1640
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
12/10/76
9:30 a.m.
start

OWNER Dunk Shibus
COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD. 1122 Rockville Pike
COL 36 COL. 55

POST OFFICE Rockville City Md 20853
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE 12-10-76 LICENSE NUMBER 42
77 80

FIRST NAME F. Easted DRILLER LAST NAME

SIGNATURE F. Easted

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6 Howard

COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 LOT 48 50

NEAREST TOWN Rockville 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 M-I 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 1000 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX):
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR ROAD WHAT R1108 8 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N ↑

34' CASING
1 1/2' CASING ABOVE GRADE
32' OPEN HOLE
14 BAGS TYPE II CEMENT

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

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 120 510

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

Hal Bamson
12-10-76

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME HOWARD COUNTY NO. 023720

DATE 12-10-76 APPROVED BY [Signature]

B 5 SPECIAL CONDITIONS (8-63) (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 7208 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED Dec. 6 76 DEPTH OF WELL 240 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-27-1040

8-13 15 20 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER Deborah Wilson LAST NAME FIRST NAME Wilson

STREET OR RFD 11072 Glenwood Rd POST OFFICE Hyattsville

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING |
|--|-----------|------------|-------------------------------------|
| | FROM | TO | |
| <u>top soil</u> | <u>0</u> | <u>2</u> | |
| <u>shaly</u> | <u>2</u> | <u>10</u> | |
| <u>SANDY</u> | <u>10</u> | <u>25</u> | |
| <u>SANDSTONE</u> | <u>25</u> | <u>40</u> | |
| <u>Mica</u> | <u>40</u> | <u>240</u> | <input checked="" type="checkbox"/> |

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT C M 45-46 BENTONITE CLAY B C 45-46

NO. OF BAGS 9 NO. OF POUNDS 400

GALLONS OF WATER 4

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 32 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

ST STEEL CO CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 34

OTHER CASING (IF USED)

| EACH CASING | DIAMETER (INCH) | DEPTH (FEET) | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| | | FROM | TO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

ST STEEL BR BRASS OR BRONZE HO OPEN HOLE

PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)

| EACH SCREEN | FROM | | TO | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 8 | 9 | 11 | 17 |
| 1 | <u>10</u> | <u>32</u> | <u>240</u> | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SLOTSIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM 56 TO 60

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 240 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 _____ 35

PUMP HORSE POWER _____ 37 _____ 41

PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 _____ 47

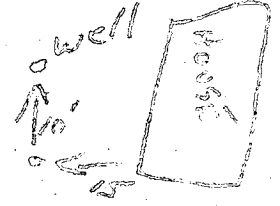
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } _____ (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME J. H. ...

(PLEASE PRINT) J. H. ...

SIGNATURE J. H. ...

PERMIT

P 35684

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 3rd

DATE 6/20/85

Phillip Dorsch - Purchaser - Patrick McCuan IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Homewood Road & Route 108 PHONE 730-9091

SUBDIVISION Gaither Farm ROAD Homewood Road LOT NEW 23
0424

PROPERTY OWNER Phillip Dorsch

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

PERCOLATION TEST TO ESTABLISH SUFFICIENT AREA TO ALLOW FOR FUTURE REPAIRS TO EXISTING SEPTIC SYSTEM.

7-18-85- NOTE - Failing Septic System

NEW CO. LOCATED (SEE DRAWINGS) APPROX 60 FE TO Failing SEPTIC AREA.

CONDemn OLD ABANDON Well + SEAL BEFORE SALE OF LOT

PLANS APPROVED BY C. Williams DATE 6/20/85

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.

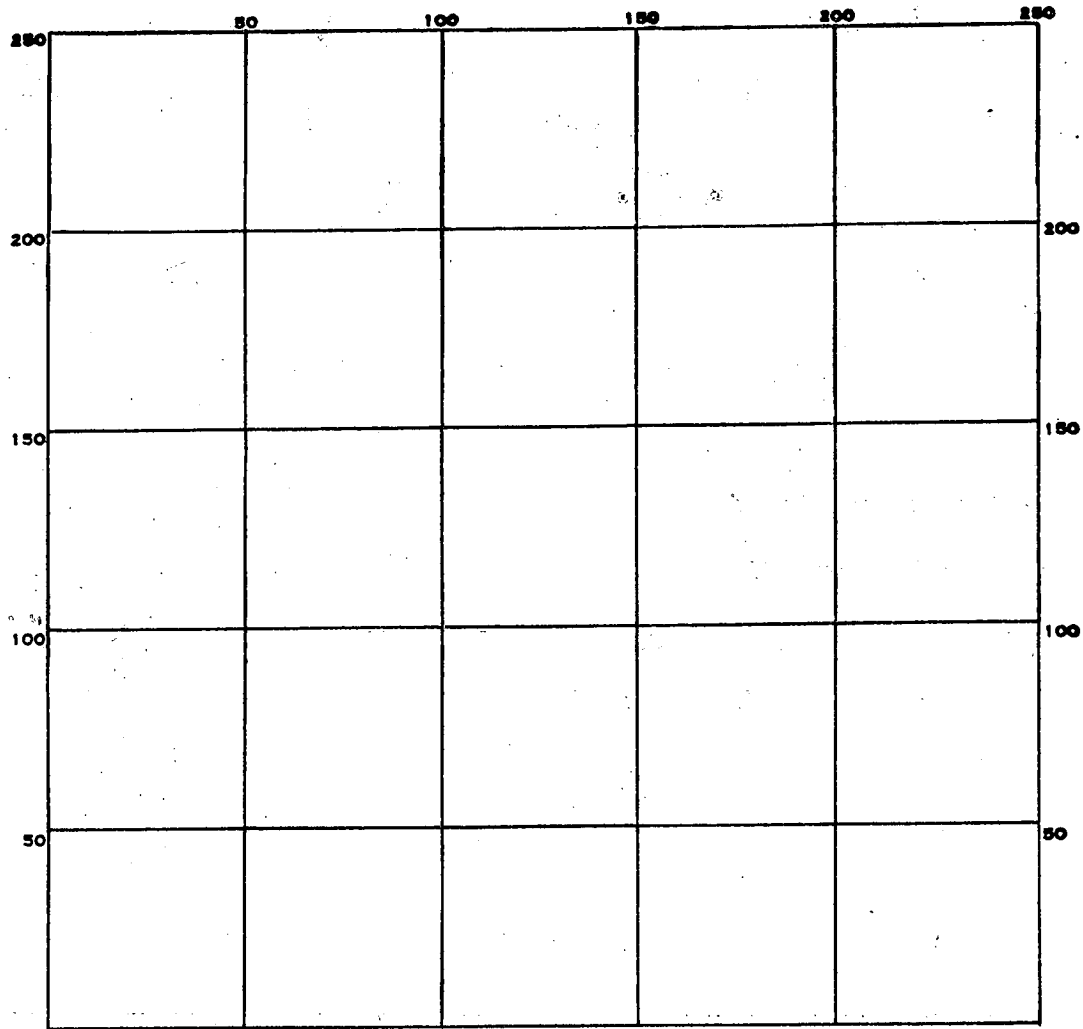
PERMIT VOID AFTER THREE YEARS.

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.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

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 _____

P _____

DISTRICT 3

DATE _____

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.

Owner Phillip Dorch
Purchaser Patrick Mc Cuan
PROPERTY OWNER _____
ADDRESS 1000 Equitable Bank Ct. Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 23 PER REVISION PLAT
ROAD AND DESCRIPTION Homenood Rd. and Rte. 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-18-85 Perc. Visual Satisfactory - Failing System on Lot - Requires Repair. 100% for certified subdivision plat. S.A.M.

THIS IS NOT A PERMIT

SOIL PROFILE

0'

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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
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REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

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 _____

P _____

DISTRICT 3

DATE _____

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 Phillip D. Smith
Patrick J. Smith
ADDRESS 1000 Equitable Bank Ct.
Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:
SUBDIVISION Gaither Farm LOT NO. 23
ROAD AND DESCRIPTION Homenood Rd, and Rte. 108
SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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. Christina Rivers
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

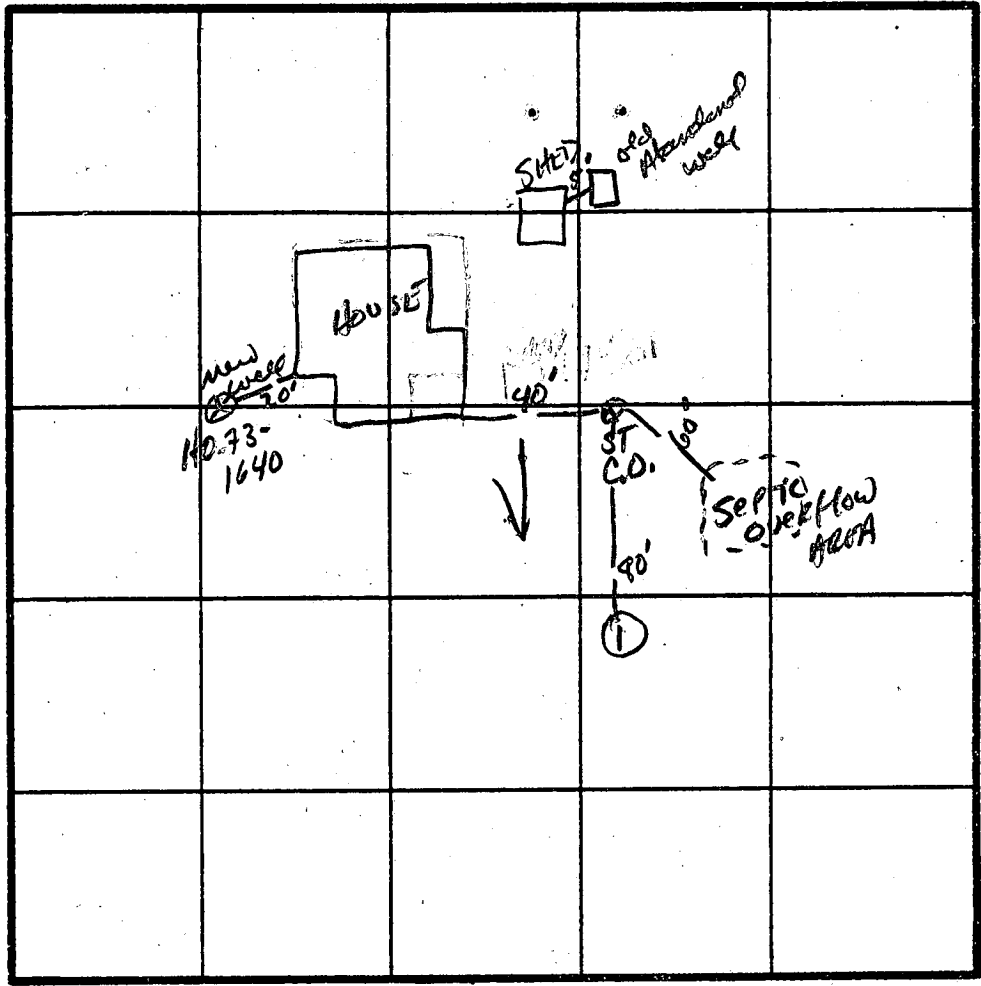
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

①
SOIL PROFILE

9"
AP
Yellow Br.
CLAY LOAM
<10%
SAPROXITE

5'
Yellow Br.
SAND LOAM
<10%
SAPROXITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|-------|----------------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 7/18 | 1V | | GOOD SAND LOAM | | Below 5 FT | | |
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REMARKS Failing SS NOTED Above Repair hole

TYPE OF SOIL Gluey loam

TESTED BY SAB

ALSO PRESENT JANE N. LOMMY
RLO Breech

35684

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 # 42597
Date 9/22/81
Name of Installer Allen M. Yandant, Inc. Telephone 442-2221
License Number 1862
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner _____ Telephone _____
Subdivision Harther Farms Lot # 23 Well Tag # _____
Site Address Harther Farms Rd.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make Harvard
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 3 FT
c. Submersible a. 110 _____
2. Make Gold's b. 220
3. Model # 5R507412
4. Capacity 5 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 42 1. Type 160 1. Depth _____ ft.
2. Pressure relief valve? yes 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
4. Depth of supply line 3 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: _____
Date: 9-19-81

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