

3/30/87
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 38705
A 35685

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
03-310930

DATE 2-13-87

DATE SYSTEM APPROVED 3/30/87

INSPECTOR Craig Williams

Merit Construction Company

IS PERMITTED TO INSTALL ALTER

ADDRESS 12374 Howard Lodge Road, Sykesville, Maryland 21784 PHONE 442-1490

SUBDIVISION Gaither Farm ROAD 11030 Gaither Farm Rd LOT 21

PROPERTY OWNER Mr. David Richards

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

60 FT TRENCH / BDRM
X4
LINEAR TRENCH
240 FT REQ'D, CW

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 325 ft. from the front (265') lot line and 47 feet from the left (750') lot line as seen when facing the property from Gaither Farm Road. Run trenches on contour toward the left and 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/cw

PLANS APPROVED BY S. Abel DATE 9/18/86

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.

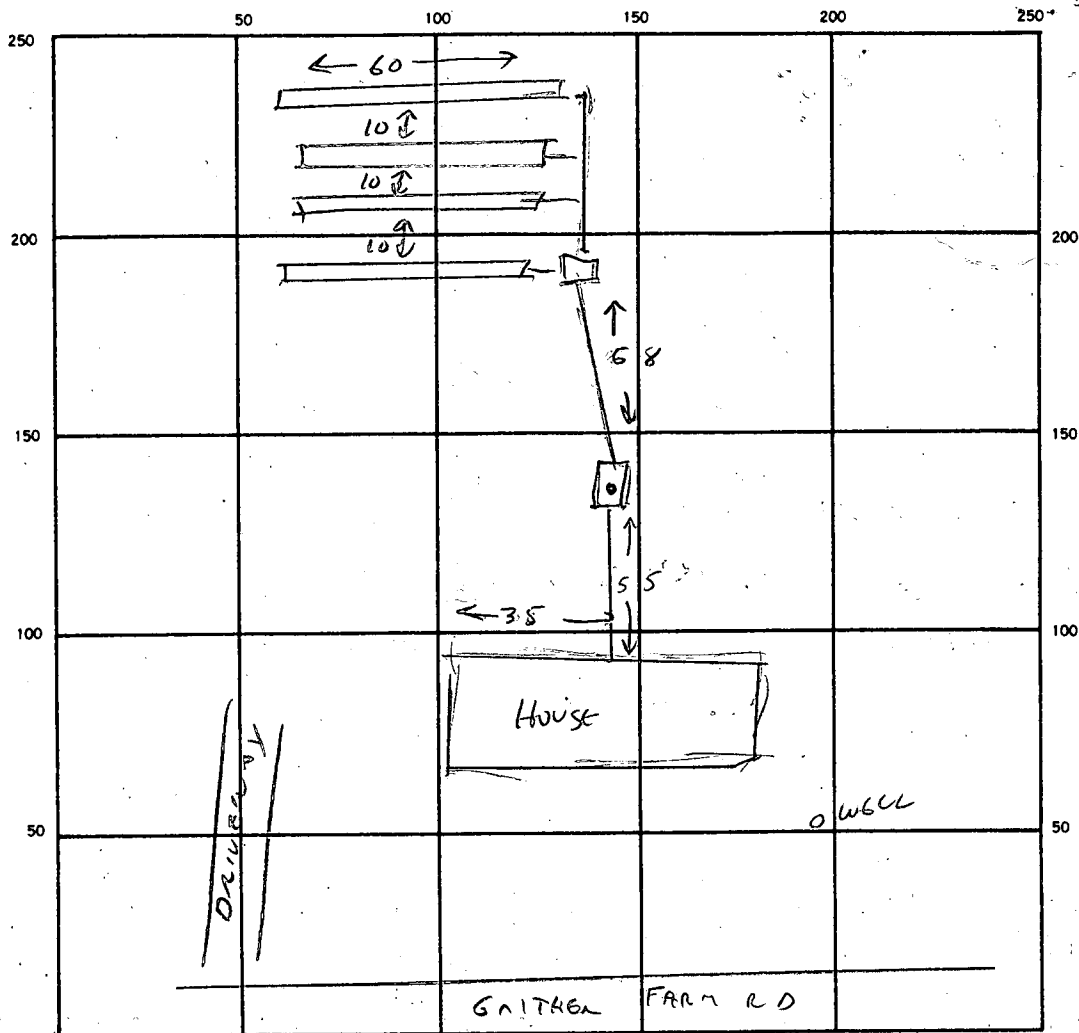
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35685



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 (60 ea.) ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.

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

ABSORBENT AREA 960 SQ. FT.

REMARKS TANK SEALED OK - INSTALLED IN VERY ROCKY GROUND

TRENCHES COMPLETE, OK TO COVER 3/30/87 CW

DATE SYSTEM APPROVED 3/30/87 INSPECTOR Craig Williams

SUBDIVISION: GAITHER FARMS

LOT NUMBER: 21

DRY WELL OR DRY WELL AND TRENCH

		_____ 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

_____ 180 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 4.5 feet below original grade.
 Bottom maximum depth 6.5 feet below original grade.
 Effective area begins at 4.5 feet below original grade.
2 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 385 FE FROM THE FRONT (265') LOT
LINE AND 47 FE FROM THE LEFT (750') LOT LINE AS SEEN WHEN FACING
THE PROPERTY FROM GAITHER FARM Rd. RUN TRENCHES ON CONTOUR TOWARD
THE LEFT AND RIGHT LOT LINE. S. AND 9-18-86

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35685

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3

DATE 4/20/85

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.

owner: Phillip Orzech
Purchaser: Patrick) MacCuan MR. DAVID RICHARDS
PROPERTY OWNER 1000 Equitable Bank Bldg.
ADDRESS Columbia, MD 21044 PHONE 730-9091
NEW 21

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 22

ROAD AND DESCRIPTION Homewood Rd. and Rte. 108
11030 Gaither Fms. Rd.

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 _____

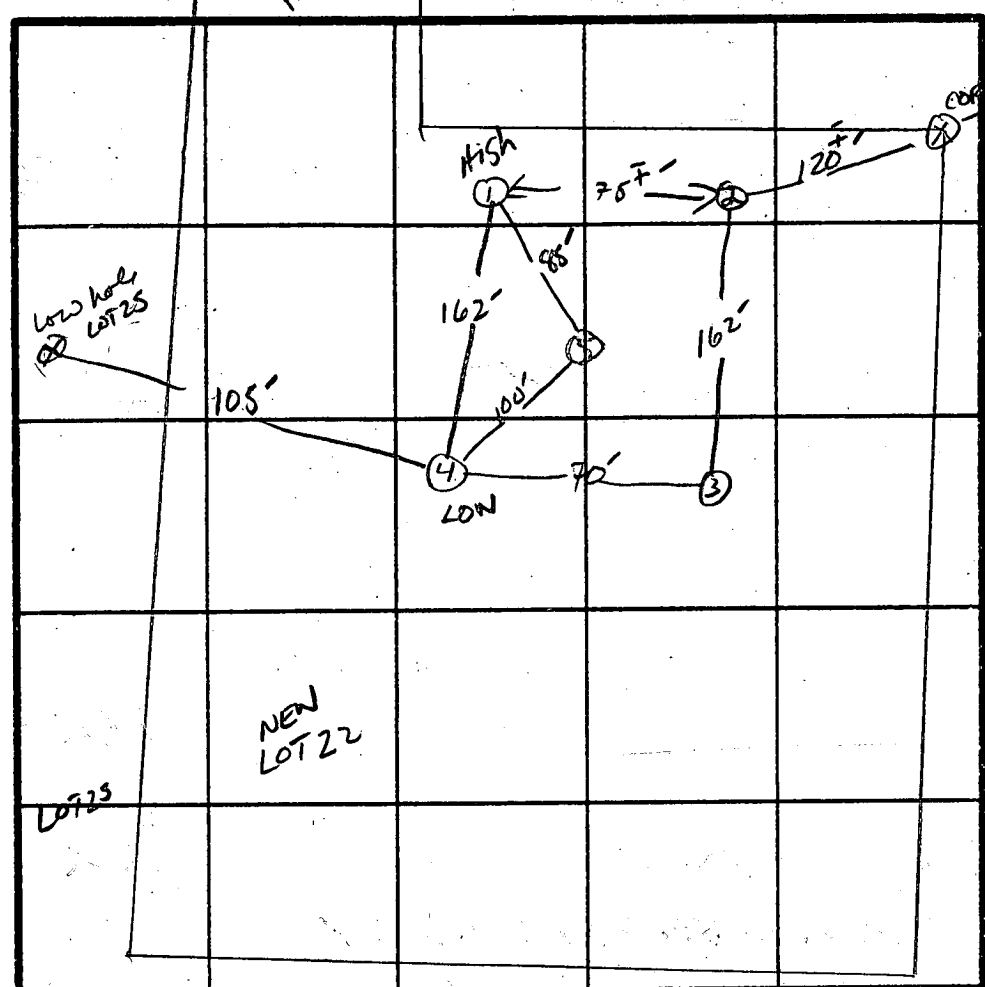
REASONS FOR REJECTION OR HOLDING 7-8-85 Perc. Satisfactory, hold for certified subdivision PERC
+Review -> WATER ONE HOLE 14' -OK FOR SHALLOW SYSTEM. S&M

BLDG. PERMIT SIGNED
AND RETURNED 10/29/85
S&M BP# 8495

THIS IS NOT A PERMIT

PROPOSED RD. ->

Access



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

①
SOIL PROFILE

0"
9" AP
Brown
CLAY LOAM
<10%
SAPROLITE

4.5'
TAN Yellow
SAND LOAM
micaceous
10-20%
FINE
SAPROLITE
SOAPSTONE
composition
in veins

14'

② ③

0"
9" AP
RED BROWN
CLAY LOAM
<10%
SAPROLITE

4'
Yellow Brown
SAND LOAM
micaceous
10-20%
SAPROLITE

9'
Brown/white
SAND SILT
LOAM
10-20%
fine SAPROLITE

④

0"
9" AP
Yellow Brown
CLAY LOAM
<10% SAPROLITE

3.5'
Yellow Brown
SAND SILT
LOAM 10-20%
SAPROLITE
NO MOTTLE
well DRAINED
Soil

14'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/18/85	1 S (11)	4.5'	2:50	2:54	2:59	3:24	25min
		8'	2:51	2:52	2:52	2:54	2min
	2 S (12)	4.5'	2:53	2:58	2:58	3:08	10min
		7.5'	2:53	2:55	2:55	2:59	4min
	3 S (13)	5'	3:08	3:10	3:10	3:14	4min
		8'	3:08	3:09	3:09	3:13	4min
	4 S (14)	5'	3:15	3:20	3:20	3:26	6min
		8'	3:16	3:19	3:19	3:26	7min
	5 S	14' CLAY TO 4.5' Grey Brown SAND silt LOAM					

air time
8 min
MAX
Depth
4.5 ft
180 #/BR
INLET
4.5
BOTTOM
6.5
3ft
WIDE

REMARKS: HOLE 4 OPEN > 4 HRS. NO MOTTLES WATER AT 14'

TYPE OF SOIL _____
TESTED BY S. AMR
ALSO PRESENT JANE NADUS, DAVE

EH-12

5584

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1745

fill in this form completely

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

please print or type

Date Received

7 11 86

OWNER INFORMATION

GVC ... MAILED ...

11679 ...

... 1043

DRILLER INFORMATION

Driller's Name Joseph J. ... License No. 838

Firm Name Joseph J. ...

Address 5512 ...

Signature Joseph J. ... Date 10/28/86

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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)

APPROXIMATE DEPTH OF WELL 180 FEET

APPROXIMATE DIAMETER OF WELL 6 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

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 SA WRITE INITIALS IN BOX PERMIT No. 40-81-1745

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD ... COUNTY

CHATHAM ... SUBDIVISION

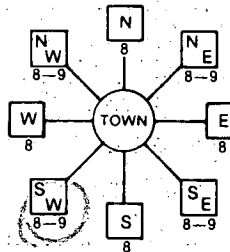
SECTION ... LOT

... NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD ... COUNTY NAME

OEP SIGNATURE ... STATE HEALTH INSERT S

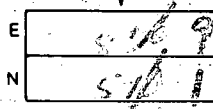
DATE ISSUED ... EXP. DATE

NORTH GRID ... EAST GRID

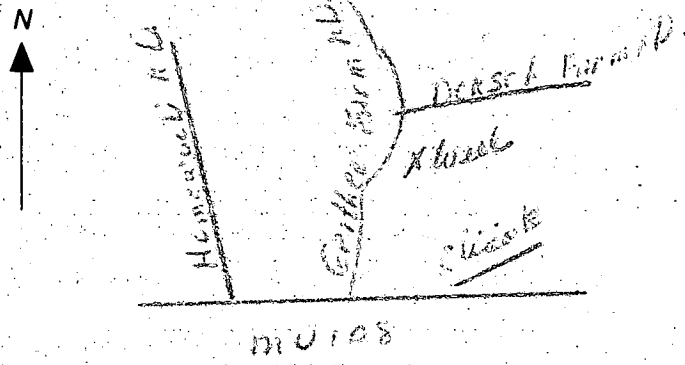
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

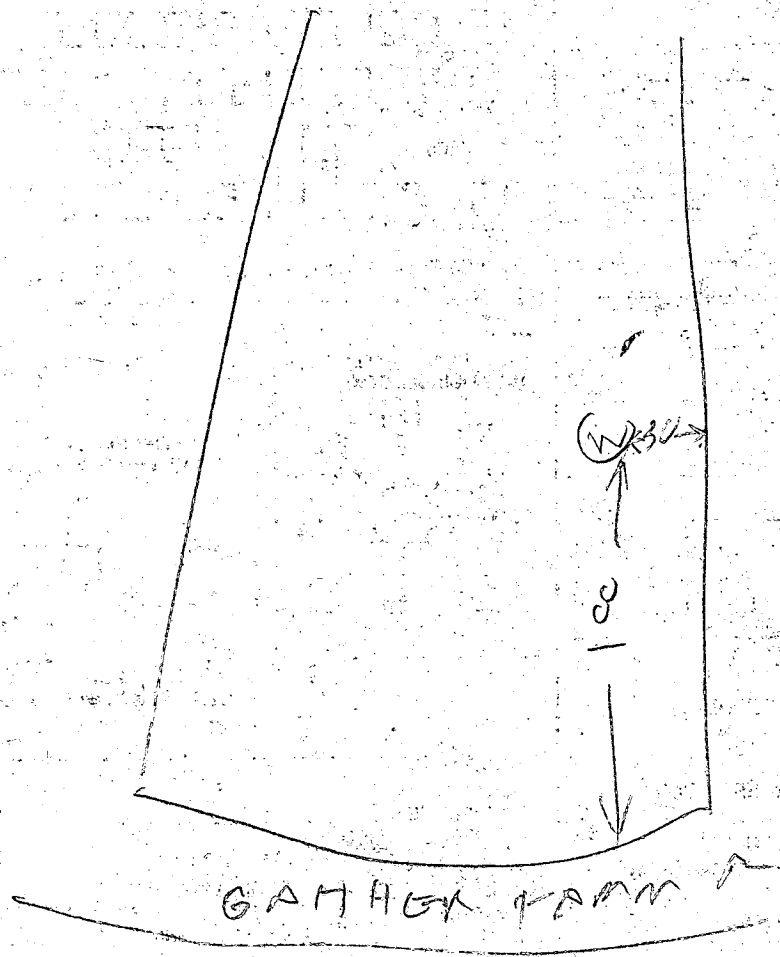
- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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 47 FT CASING
- ② 37 FT OPEN HOLE
- ③ LOCATION OK
- ④ WELLS

11/6/86

B. Hodge

C1 5378 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-35685

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 11/06/86 Depth of Well 228.5 (TO NEAREST FOOT) PERMIT NO. MD-81-1745

OWNER BUILDERS GYC
 STREET OR RFD GAITHER FARM RD. first name TOWN ELLICOTT CITY
 SUBDIVISION GAITHER FARM SECTION LOT 21

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	
SAND Stone	0	41	
Clay Concretion	41	285	

GROUTING RECORD
 WELL HAS BEEN GRROUTED (Circle Appropriate Box) YES Y NO N
 TYPE OF GRROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 9 NO. OF POUNDS 846
 GALLONS OF WATER 54
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.
 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) Total depth of main casing (nearest foot)
 ST 60 61 63 64 66 70

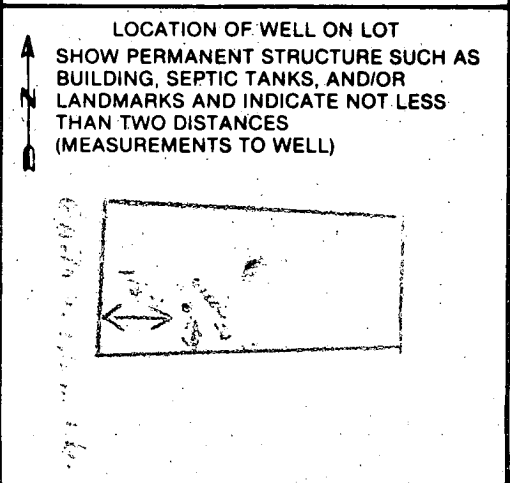
C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 12
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 58
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

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:
 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 - below LAND SURFACE (nearest foot) 1

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

C2
 DEPTH (nearest ft.)
 1 40 15 285
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60



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. 238
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to
 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

4/10/87 - Any Tim -

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

WPS OK'd
4/10/87
BWA
(sticker attached)

New Installation
Replacement

Receipt # 39097
Date 4-9-87

Name of Installer Joseph D. Marino *mano P.H. Inc*

Telephone 747-5615

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

Name of Property Owner MR. DAVID RICHARDS Telephone _____
Subdivision 4 Lot # 21 Well tag # HO-81-174B (taped over)
Site Address 11080 Gaither Farm Rd
Ellicott City md. 21043

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1</u>	1. Make <u>HARVARD</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # _____
b. Shallow well jet _____	3. Voltage <u>230</u>	3. Depth <u>52' FROM TOP</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	of casing
2. Make <u>GOULDS</u>	b. 220 <input checked="" type="checkbox"/>	<u>≈ 42" from grade</u>
3. Model # <u>10EJ10</u>		ground wire in
4. Capacity <u>12</u> GPM		<u>& mounted</u>
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

Tank
1. Capacity Well Extrol 251
2. Pressure relief valve? 1/2"

Piping
1. Type AWWA
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 48"

Well data
1. Depth 277 ft.
2. Yield 12 GPM
3. Static water level 39'-6" ft.
4. Will water supply be disinfected by installer?

4/10/87
Tank w/
relief valve
in - OK

lines in
OK = 4' below grade

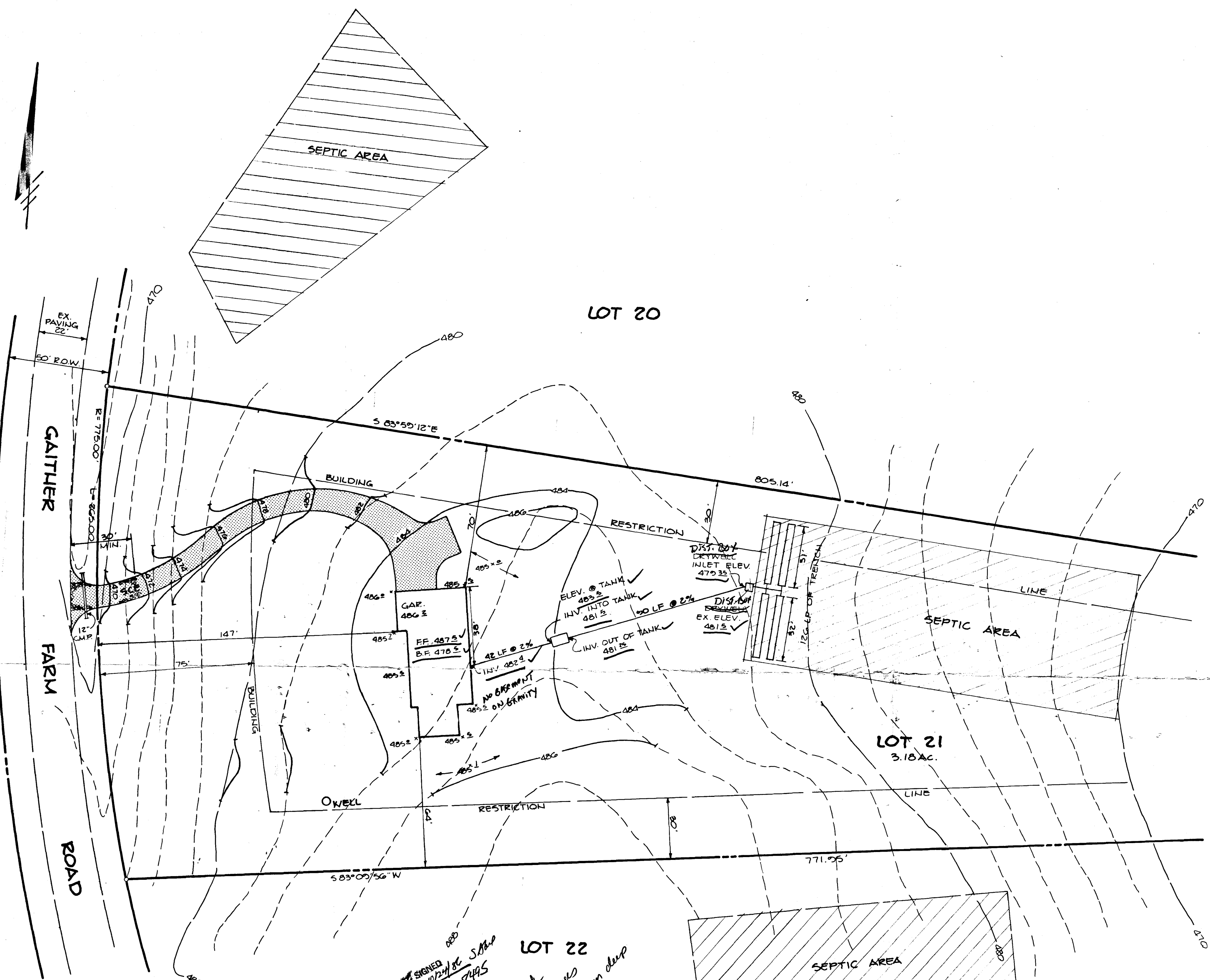
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

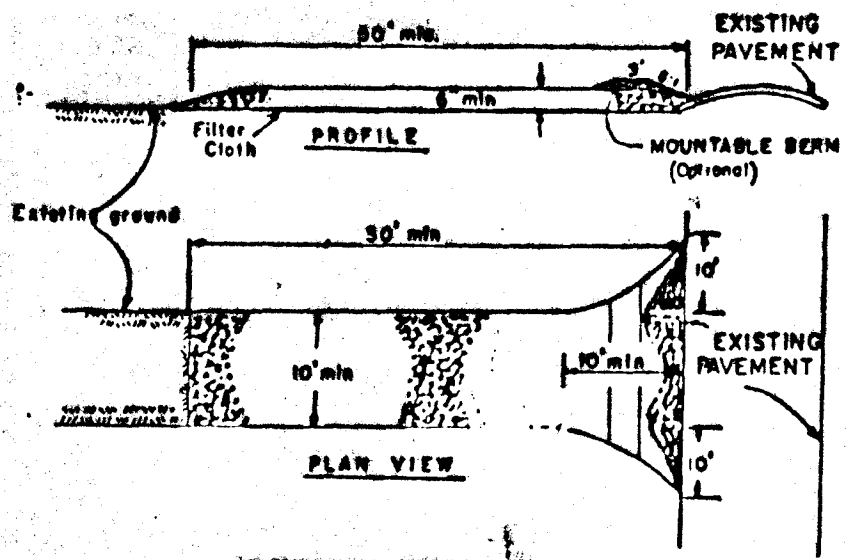
Signature of Applicant: Joseph D. Marino

Date: 4-9-87

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



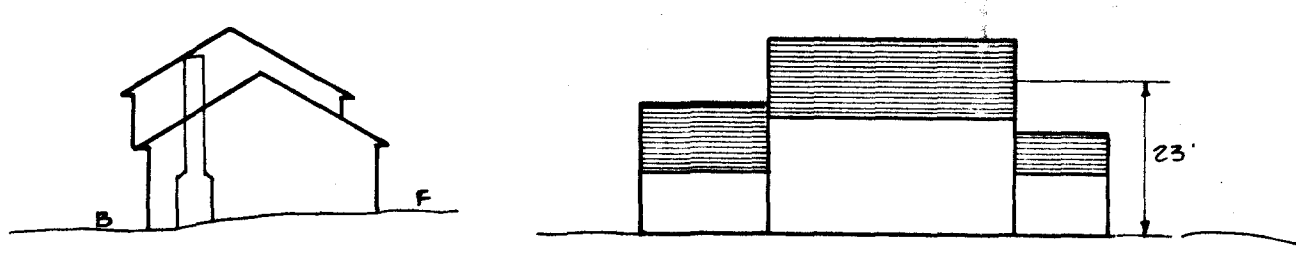
BLDG. PERMITS SIGNED 10/24/08
 AND REBURNED BP # 8445
 10/24/08
 ELEVATIONS of
 will require changes
 in design spec from deep
 Sept to shallow Sept.
 Specs and info sent to
 owner. S. Hart



SEPTIC DESIGN INFORMATION

1. 180 SQ. FT./BEDROOM X 4 BEDROOMS = 720 SQ. FT. + 22% = 878.4 SQ. FT. REQUIRED.
2. 878.4 SQ. FT. ÷ 7 = 125.5 L.F. OF TRENCH REQUIRED.
3. SEPTIC TANK CAPACITY SHALL BE 1,875 GALLONS MINIMUM.
4. NO TRENCH TO EXCEED 100' IN LENGTH.
5. TRENCHES TO BE INSTALLED ON LEVEL GROUND.
6. CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED.
7. PROVIDE 6 - 8" DIAMETER CLEANOUT AND CAP TO GRADE ON SEPTIC TANK AND DRYWELL.
8. THIS SYSTEM IS DESIGNED TO ACCOMMODATE A GARBAGE DISPOSAL.
9. THE BASEMENT FLOOR WILL NOT BE SERVABLE WITH THIS SEPTIC SEWER DESIGN.
10. TRENCH SPECIFICATIONS:
 - A) WIDTH 3'
 - B) MAXIMUM BOTTOM DEPTH 6.5 FEET
 - C) EFFECTIVE AREA BEGINS AT 4.5 FT. BELOW ORIGINAL GRADE
 - D) 2 FEET OF STONE BELOW DISTRIBUTION PIPE

X Systems to be
 Shallow Syst.
 will require 294' Trench



BUILDING ELEVATION
 SCALE 1"=30'

SUBDIVISION NAME GAITHER FARM	
LOT NUMBER 21	11030
PLAT # OR L/F 6610	BLOCK # R
WATER CODE N/A	ZONE TA