

5/21/87
Wood

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

✓ INDEXED

P 39406

A 35697

DISTRICT 3rd

DATE 5/27/87

DATE SYSTEM APPROVED 5/21/87

INSPECTOR Stones

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Gaither Farm ROAD 11043 Gaither Farm Road LOT 9

PROPERTY OWNER David Abramson
11043 Gaither Farm Road

ADDRESS _____

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

GARBAGE GRINDER? YES NO

BLDG. PERMIT SIGNED
AND RETURNED 4/13/87
Serial # 52 798 garage

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Place 1st trench 260 feet off the front lot line and 135 feet off the lot line (near juncture of the 129.20 & 240' lot corner) as seen when facing property from Gaither Farm Road. Run trench along contour towards front of lot. BE SURE TO KEEP TRENCHES 100 FEET OR MORE FROM WELL.

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

PLANS APPROVED BY B. Nixon DATE 8/21/86

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(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.

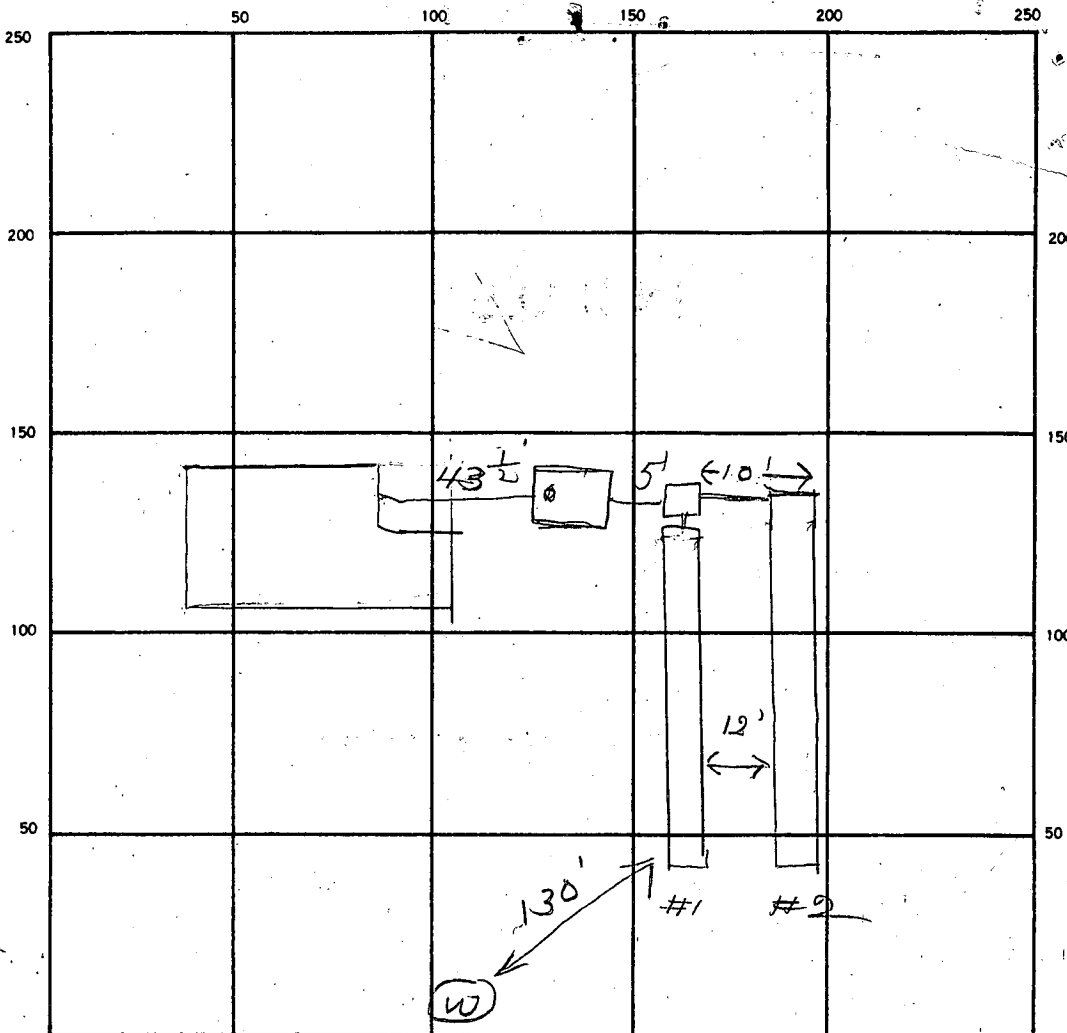
BLDG. PERMIT SIGNED
AND RETURNED 7/25/87
Serial # 20 188
propane tank

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35697



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Gardner Farm Rd

SEPTIC TANK. LEVEL 2000 gal CLEANOUTS 57

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 98 98 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 882 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/21/87 OK to cover #1 trench

5/21/87 OK to cover all work

196
45
980
784
8820

DATE SYSTEM APPROVED 5/21/87 INSPECTOR Stayer

8/21/85
8

A 35697

SUBDIVISION: GAITHER FARM
GAITHER FARM RD

LOT NUMBER: 9

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
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
H-well 9.0

Trench to be 2 wide.
 Inlet 4 1/2 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 4 1/2 feet below original grade.
4 1/2 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 1ST TRENCH 260' OFF THE FRONT LOT LINE AND 135' OFF THE LOT LINE (NEAR JUNCTURE OF THE 129.20 240' LOT CORNER) AS SEEN WHEN FACING PROPERTY FROM GAITHER FARM RD. RUN TRENCH ALONG CONTOUR TOWARDS FRONT OF LOT.
BE SURE TO KEEP TRENCHES 100' OR MORE FROM WELL

APPLICATION

SEWAGE DISPOSAL TESTING

A 35687

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 3

DATE 6/20/85

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 Abbott~~
~~Purchaser Patrick McLean~~ DAVID ABRAMSON
PROPERTY OWNER 1000 Equitable Bank Bldg.
ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 10 NEW 9

ROAD AND DESCRIPTION Home wood Road and Route 108
11043 GAITHER FARM 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. Christina Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/1/85 PERC OK HOLD FOR PLAT R/H

BLDG. PERMIT SIGNED
AND RETURNED 9-2-86 SAH

BP # 72473

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

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 35697

P _____

DISTRICT 3

DATE 6/20/85

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: Philip Dorch
purchaser: Patricia Mc Cuan
PROPERTY OWNER 1000 Equitable Bank Ct.
ADDRESS Columbia, MD 21044

PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 10

ROAD AND DESCRIPTION Home wood Road and Route 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 Richards
(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

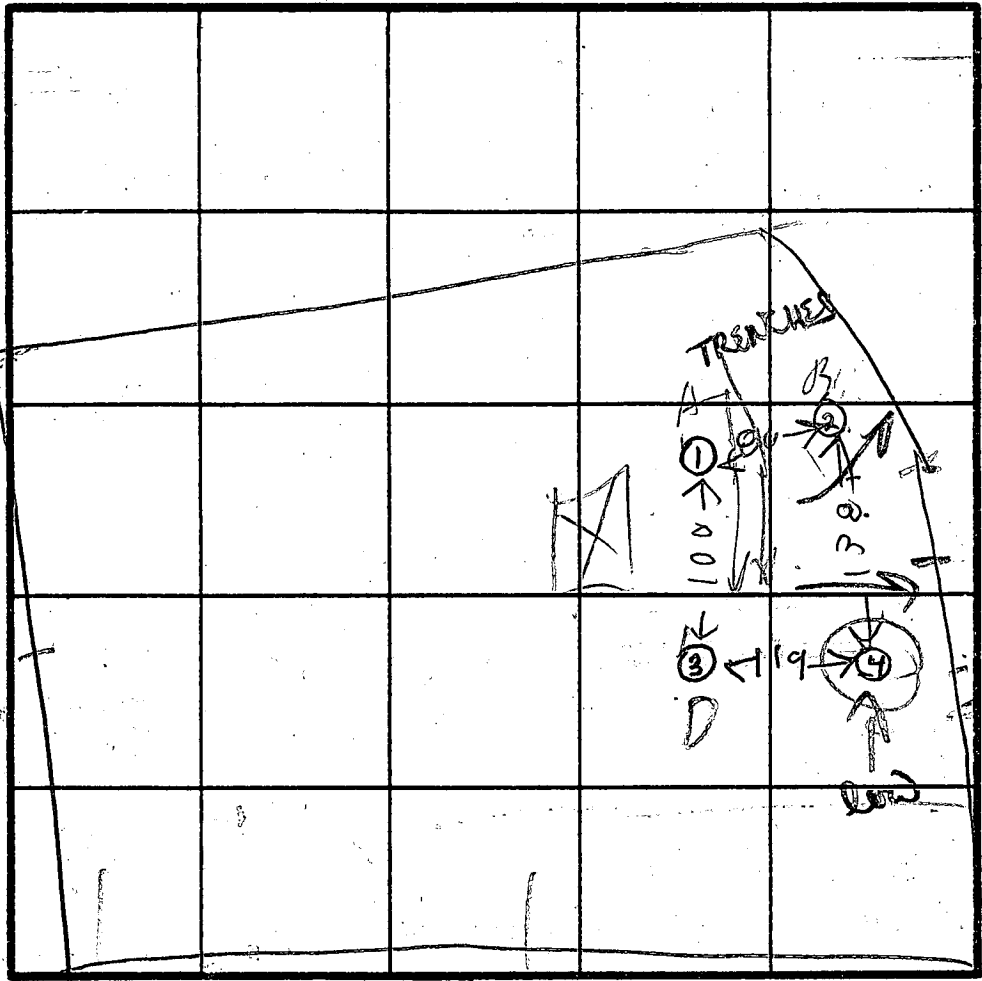
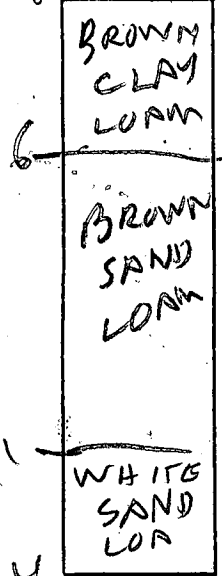
93
49
29

R/H SURVEYOR

1	A
2	B
4	C
3	D

HOLE ELEVATION
 (1)(2) = HIGH
 (4) = LOW
 (3) = MEDIUM

SOIL PROFILE

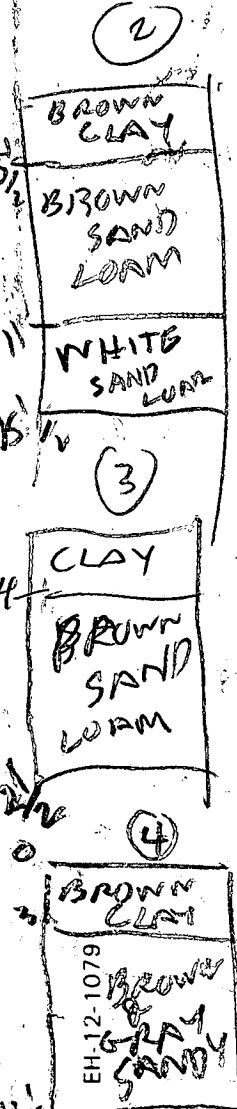


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/85	1S	5	1154	1222	1222	1088	
	1D	10	1154	1057	1157	1206	9
	1V	14	LOOKS OK				
	2S	5	1159	1238	little air		
	2D	9	1159	1216	1216	1238	22
	2V	15 1/2	LOOKS OK				
	3S	5	100	102	102	107	5
	3D	9	100	102	102	107	5
	3V	12 1/2	LOOKS OK				
	4S	4.5	104	109	109	112	3
	4D	9	104	110	110	120	10
	4V	13 1/2	LOOKS OK				
	2M	6	211	214	214	220	6
7/1/85	2M	5 1/2	212	225	225	238	14

artime
 9 min
 Max Depth
 4 1/2 ft
 50'
 Inlet 4 1/2"
 Max Depth
 9'
 4 1/2' stone



REMARKS _____

TYPE OF SOIL _____

TESTED BY R H 012 6 65

DAVID J. LONNIE PLO

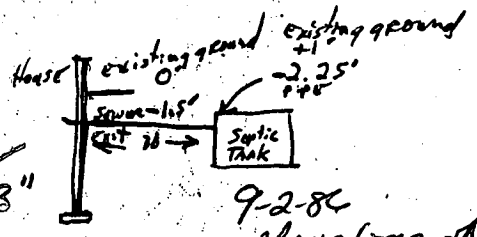
ALSO PRESENT J NADIEV

- 1ST FLOOR 3' 10" ✓
- BASEMENT -5' 6" ✓
- EXISTING GRADE AT HOUSE 0' ✓
- SEWER PIPE AT HOUSE -2' 8" ✓
- SEWER PIPE AT SEPTIC TANK -3' 3" ✓
- EXISTING GROUND AT SEPTIC +1' ✓
- INLET INTO DB -3' 7" ✓
- INLET INTO TRENCH -3' 9" ✓
- EXISTING GRADE AT TRENCH 9" ✓

45) 880 (11
 45
 430

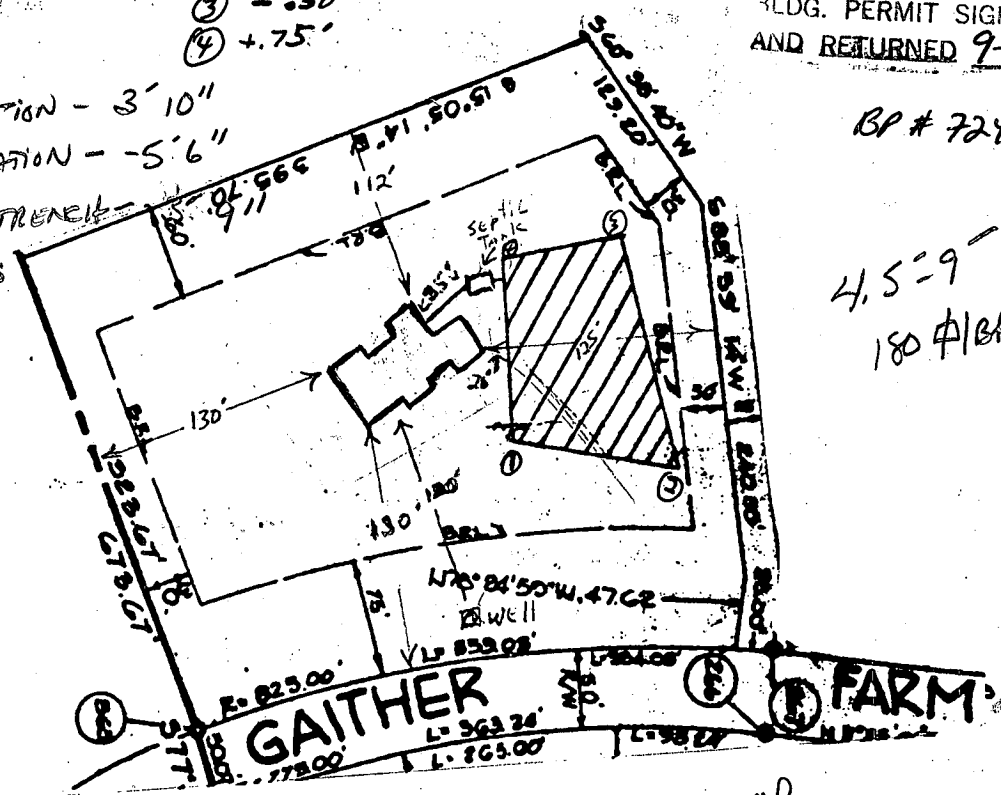
Lot 9 GAITHER FARM Rd.

- Existing Ground at house 0' ✓
- SEWER pipe at house -1.5' ✓ -2' 8"
- SEWER pipe at septic tank 30' from bsm't. -2.25' ✓
- Existing ground at septic tank +1' ✓ 3' 3"
- Peck hole elevations:
 - ① +.25' ✓
 - ② ~~-2.5'~~
 - ③ -.50'
 - ④ +.75'



9-2-86
 Elevations of
 S. Abur
 BLDG. PERMIT SIGNED
 AND RETURNED 9-2-86 S. Abur

- NO 1ST FLOOR ELEVATION - 3' 10"
- BASEMENT ELEVATION - -5' 6"
- NO INLET INTO TRENCH
- NO DB ELEVATIONS
- INLET - 3' 7"

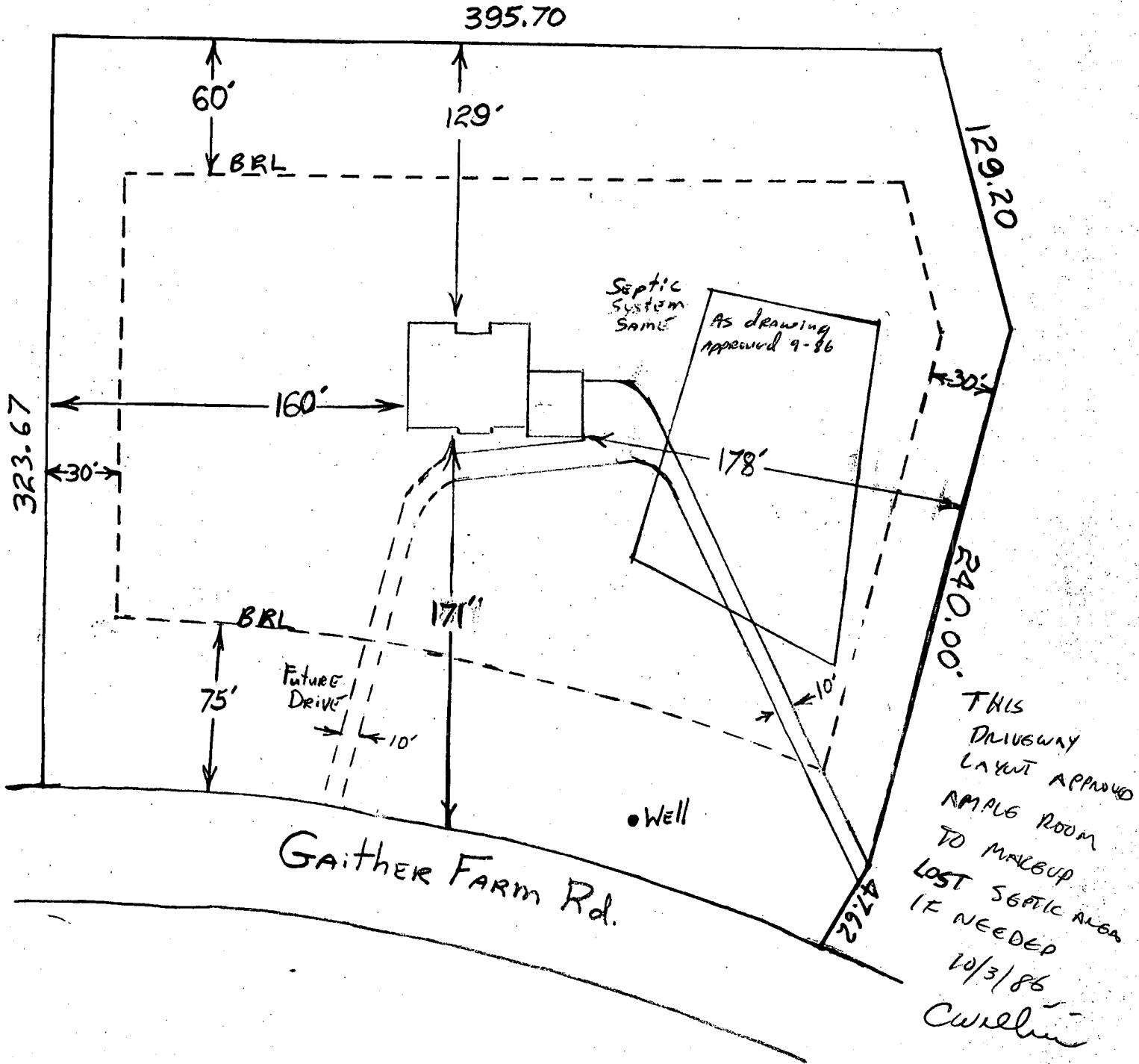


BP # 72473

4.5' - 9'
 180 #/BR

④ elevations

Lot 9



B 1 **1082** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

MD-81-1500
fill in this form completely

Date Received

8 9 10 11 12 13

OWNER INFORMATION

15 Last Name: **APLUND** Owner: **CB** First Name: **OSWALD**

36 Street or RFD: **116** 55

57 Town: **WINDY HILL** 70 State: **MD** Zip: **21242** 76

DRILLER INFORMATION

Driller's Name: **Joseph L. ...** 77 License No. **80**

Firm Name: **Joseph L. ...**

Address: **5519 ...**

Signature: **Joseph L. ...** Date: **11/27/86**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **1** 8

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 12 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)

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 DEEPEAN 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 _____ **G A P** _____

FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **MD-81-1500**

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

8 COUNTY: **HOWARD** 21

23 SUBDIVISION: **CANTONER FARM** 42

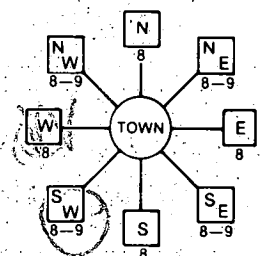
SECTION: **44** 46 LOT: **9** 50

52 NEAREST TOWN: **BALGATTON CITY** 71

MILES FROM TOWN (enter 0 if in town) **4** 73 76 77 78 **MI**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

Gettysburg Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST

34 DISTANCE FROM ROAD **100** 37 ENTER FT or MI **FF** 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: **HOWARD** COUNTY NO: **A25697**

OEP SIGNATURE: _____ STATE HEALTH INSERT S

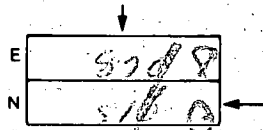
DATE ISSUED: **11/27/86** 41

43 NORTH GRID: **510000** 50 55 48 CO-SIGNATURE: **R. ...** 57 63 EAST GRID: **0825000**

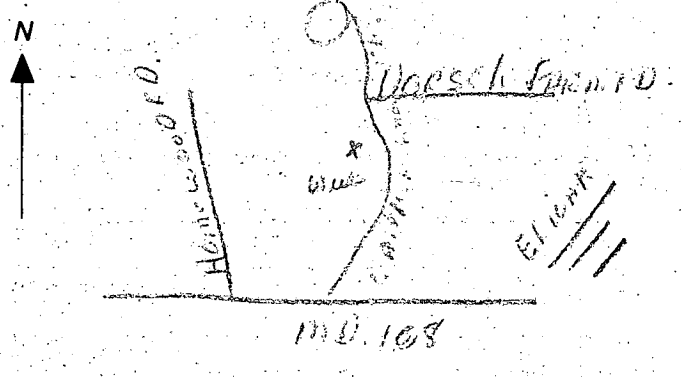
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 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



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Cye Builders

DAVID ABRAMSON
(Name)

*11673 Farside Rd.
Elliott City 21043*

(Address)

Lot 9 Gaither Farm

HO 81 1500

(OEP Well Permit Number)

(Date)

5/13/86

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED **062586** Depth of Well **165** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **AB-81-1502**

OWNER **ABRAMSON DAVID** STREET OR RFD **GATHER FARM RD** TOWN **ELLICOTT CITY** SUBDIVISION **GATHER FARM** SECTION **9** LOT **9**

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	
<i>Sand Stone</i>	0	65	
<i>Gray Mica Sand</i>	65	165	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **132** NO. OF POUNDS **1222**
GALLONS OF WATER **78**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **150** ft.

CASING RECORD
casing types insert appropriate code below
ST CO PL OT
STEEL CONCRETE PLASTIC OTHER
MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)
ST 6 160

OTHER CASING (if used)
diameter depth (feet)
inch from to

screen type or open hole insert appropriate code below
SCREEN RECORD
ST BR HO PL OT
STEEL BRASS OPEN HOLE PLASTIC OTHER

C 2

DEPTH (nearest ft.)

1	HO	65	165
2			
3			

A 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. **238**
DRILLERS SIGNATURE *David L. Morgan*
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

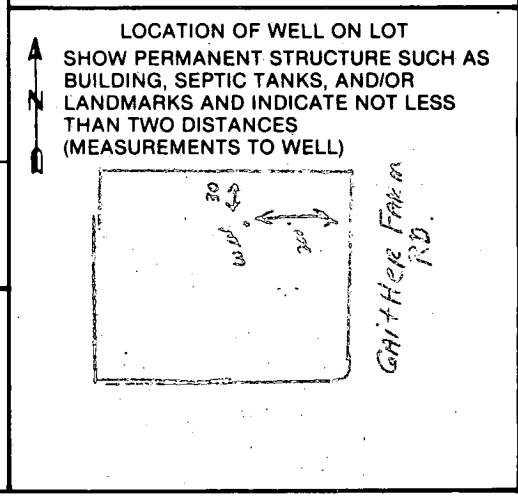
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
GRAVEL PACK _____ from _____ to _____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX **68**

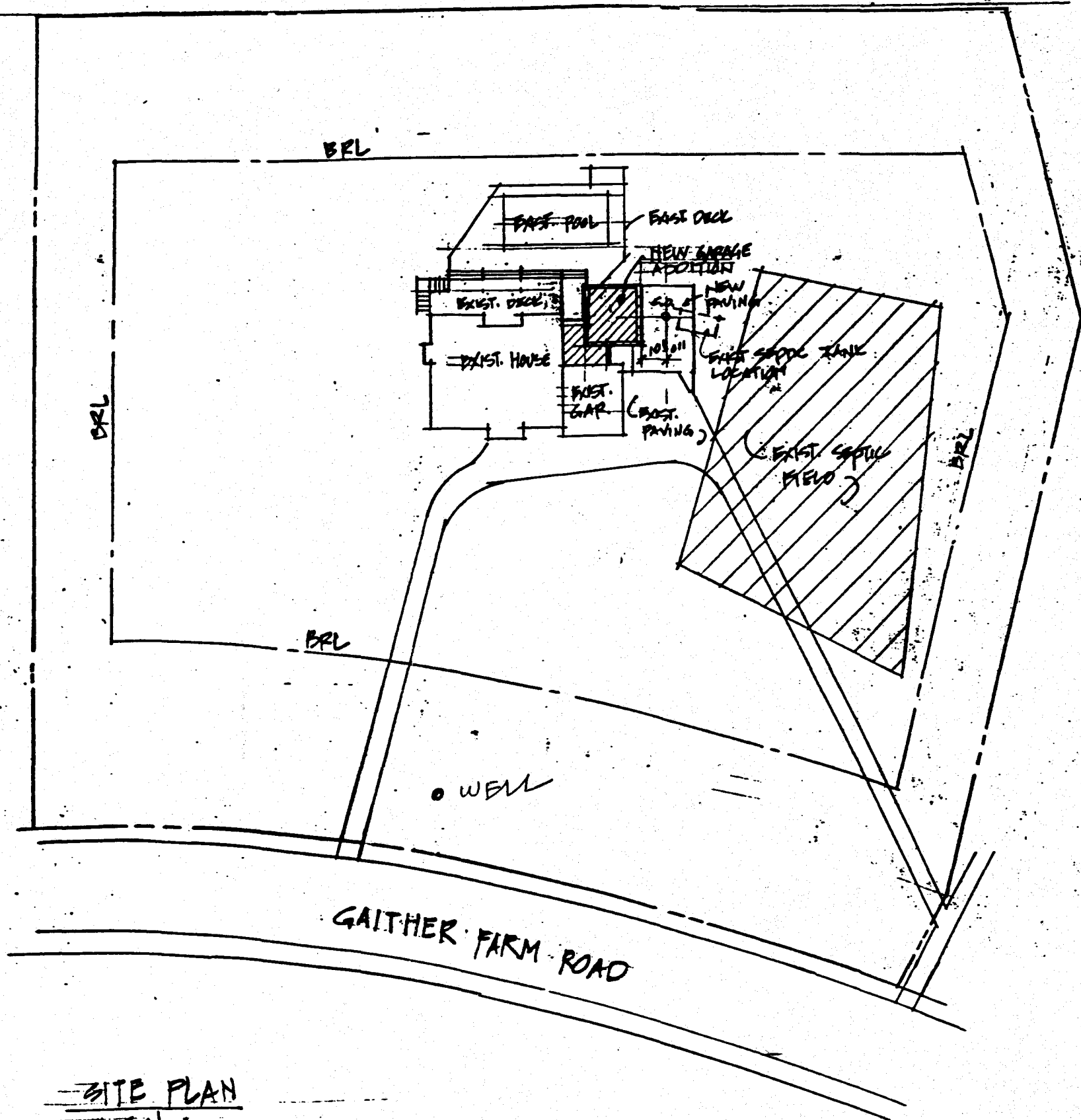
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W.Q
70 **72** **74 75 76**
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

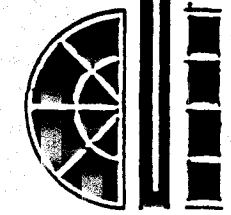
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **12**
METHOD USED TO MEASURE PUMPING RATE **bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **26**
WHEN PUMPING **29**
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **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) _____
PUMP HORSE POWER _____
PUMP COLUMN LENGTH (nearest ft.) _____
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below }





SITE PLAN
11.5.50' 0.1



CHAO ASSOCIATES DESIGNS

COLUMBIA MD. 410 730-2676

ADDITIONS TO
ABRAMSON'S
RESIDENCE
1043 GAITHER -
FARMS ROAD
ELLCOTT CITY,
MARYLAND