

200 ft of
TRENCH 2.5
132

2.5
22)100
88
120
23
88
220
65.5
4.5
3250
26200
29450
65
67
65
197

300
250
50
250
50
195

SEPTIC TANK. LEVEL 1500 gal. ✓ OK CLEANOUTS C.O. at S.T. and House ✓ OK
 DISTRIBUTION BOX. LEVEL ✓ Level + Baffle in place.
 DRAIN FIELD/TILE FIELD. DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 65', 70', 65' = 200'
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ± 300 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 900 SQ. FT.

22.5
6.5
4.5
3250
2600
5850

REMARKS 6/7/90 TRENCHES OK TO ADD GRAVEL. CIVIL 6/7/90 S.T. + D.B. and C.O. OK. Cover system. Ball

DATE SYSTEM APPROVED 6-7-90 INSPECTOR Barry D. Adams

10/30/86

GAITHER FARM

A 35698

SUBDIVISION: GAITHER FARM RD

LOT NUMBER: 27 (OLD LOT 8)

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 2 wide.
 Inlet 4 feet below original grade.
 Bottom maximum depth 8 1/2 feet below original grade.
 Effective area begins at 4 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: BEGINNING FROM FRONT RIGHT LOT CORNER, PLACE DISTRIBUTION BOX 175' DOWN THE RIGHT (476.38') LOT LINE AND 185' OFF THE RIGHT LOT LINE AS SEEN WHEN VIEWING PROPERTY FROM GAITHER FARM RD. RUN TRENCHES ALONG CONTOUR TOWARDS THE LEFT (441.58') LOT LINE.

APPLICATION

SEWAGE DISPOSAL TESTING

A 35698

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3

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

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 Dorosh
PROPERTY OWNER Purchaser Patrick Mc Cuan BHARGAVA
1000 Equitable Bank Bldg.
ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:
SUBDIVISION Gaither Farm LOT NO. (FINAL LOT 27)
9 NEW 8

ROAD AND DESCRIPTION Homewood Road and Route 108 11037 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. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

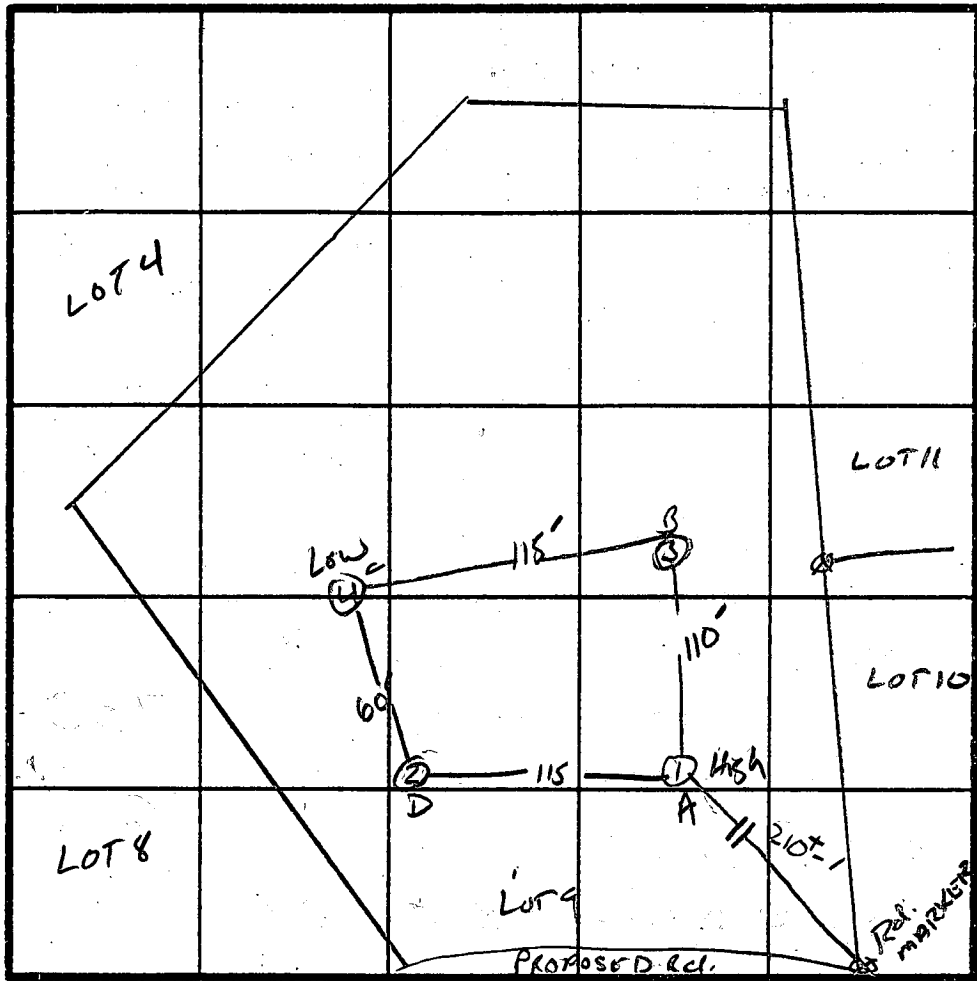
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-8-85. Perc. SATISFACTORY; hold for certified Subdivision

PLAS. 3 AM
BUDG. PERMIT SIGNED AND RETURNED 4/25/85
Serial # 32566
PHH
BUDG. PERMIT SIGNED AND RETURNED 7/24/89
Serial # 27796
SFD - 5 Bedroom

THIS IS NOT A PERMIT

New 8



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

① ②
SOIL PROFILE

0'	AD
9'	Brown loam clay, <10% spherulite
4'	Yellow Brown sand silt loam <10% spherulite
7'	White/Brown sand silt <10% spherulite

④

9'	AP
4.5'	Yellow Red clay loam <10% spherulite large stone
13'	Yellow Brown sand loam 10-20% spherulite

③

9'	AP
4.5'	Yellow Red clay loam <10% spherulite
9'	Yellow Brown sand loam <10% spherulite
15'	Brown silt sand 10-20% spherulite

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/8/85	1V (12.5)	4.5'	3:37	3:38	3:39	3:40	2min
		7.5'	3:37	3:40	3:40	3:46	6min
	2V (13)	4.5'	3:41	3:42	3:42	3:45	3min
		8'	3:41	3:43	3:43	3:47	4min
	3V	5'	3:48	3:50	3:50	3:53	3min
		15'	see profile				
	4V	18'	Heavy stone to ~3'		OK Below see profile		

arteme
4min
max
Depth
4.5

REMARKS _____

TYPE OF SOIL _____

TESTED BY SPH ALSO PRESENT DAVE, JANE MADUE

6/8/90 NYTIM-6

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 X
Replacement _____

Receipt # 45427
Date 01/18/90

Name of Installer ST MECHANICAL CON

Telephone 695-6677

License Number 7170

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner UMESH BHARGAVA

Telephone 461-6320

Subdivision GAITHER FARM EST Lot # 27

Well Tag # 40-81-1743

Site Address 11037 GAITHER FARM ROAD

- Pump
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make Goulds
 - Model # 10E105412
 - Capacity 10 GPM
 - Pump exceeds well capacity Yes _____ No
 - If Yes, is low pressure cutoff switch installed? Yes No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

- Motor
- Horsepower 1/2
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter
- Make Campbell
 - Model # B-10X
 - Depth 5-6 FT

- Tank
- Capacity 20 GAL
 - Pressure relief valve? yes 75lb

- Piping
- Type 160PSI
 - Size 1"
 - NSF and/or BOCA Code approved yes
 - Depth of supply line 5-6 FT

- Well data
- Depth 165 ft.
 - Yield 12 GPM
 - Static water level _____ ft. 39
 - Will water supply be disinfected by installer? NO

(6-8-90) Broken well cap must be replaced, P.A. casing and tire OK. B.H.

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).

6-13-90 Informed to replace well cap (Bhargava) F.F.

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

Signature of Applicant: [Signature]
Date: 1/10/90

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

B 1 - 5285

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

MD-91-1744

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name: BHAACHVA, Owner: K, First Name: Himesh, 34, 36 Street or RFD: 11679 FARSIDE RD., 55, 57 Town: ELLICOTT, 70 State 72: 11V, 76 Zip: MD 21043

DRILLER INFORMATION

Driller's Name: Joseph J. MANNING, 77 License No. 80: 238, Firm Name: Joseph J. Manning Well Drilling, Address: 5512 RIDGE RD. MD. 21114, Signature: Joseph J. Manning, Date: 12/7/80

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, 8, 12, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500, 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: 160, 24, 28 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, other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):

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

APPROP. PERMIT NUMBER: GAP

FORCE: RA, WRITE INITIALS IN BOX, PERMIT No. MD-91-1744

SPECIAL CONDITIONS

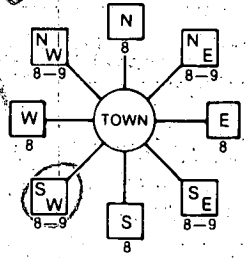
B 3

LOCATION OF WELL

8 COUNTY: HOWARD, 21, 23 SUBDIVISION: GAITHER FARM, 42, SECTION: 27, 44, 46, LOT: 27, 48, 50, (OLD 8), 52 NEAREST TOWN: ELLICOTT CITY, 71, MILES FROM TOWN (enter 0 if in town): 3/4, 73, 76, 77, 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: GAITHER FARM RD., 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 AS, 37 DISTANCE FROM ROAD: FF, ENTER FT or MI: 38, 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO.: A 35698, OEP SIGNATURE: [Signature], STATE HEALTH INSERT S, DATE ISSUED: 10/30/80, CO SIGNATURE: B Nelson, EXP. DATE: 04/30/87, NORTH GRID: 511000, EAST GRID: 0829000

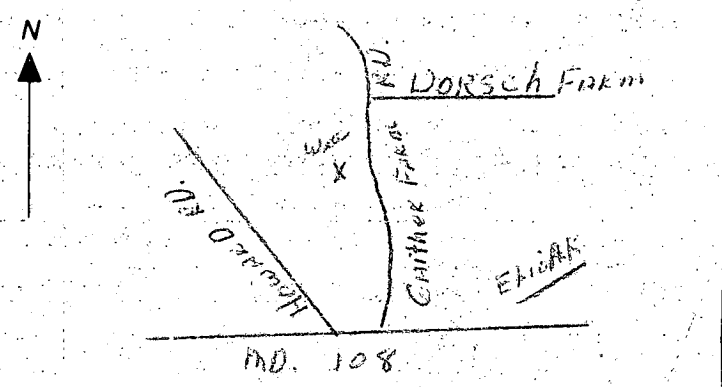
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. WELL, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

Box number: 8209

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



W
↓
5
↓

GATHER FARM

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
DEC 7 11 41 AM '86
DIVISION OF
ENVIRONMENT
HEALTH

12/3/86

- ① 63 FT CASING
- ② OVER 50 FT OPEN HOLE
- ③ 14 BAGS
- ④ Arrived late 1100 PM for Well
out Got information from
Well Grouter
- ⑤ LOCATION OF WELL OK

C1 5375 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-35698**

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
12 03 86

DEPTH OF WELL
163
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
NO-81-1743

OWNER **BHARGAVA HEMESH**
 STREET OR RFD **LATHS R FARM RD** TOWN **ELLICOTT CITY**
 SUBDIVISION **GATNER FARM** SECTION _____ LOT **27 (OLD 8)**

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	0	5	
GRAVITE	5	165	<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 **14** NO. OF POUNDS **1316**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **5**
 Total depth of main casing (nearest foot) **63**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	160	6	165
2			
3			

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. **238**

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)

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **meter**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **39**
 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

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) **2**
 (-) below }

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)

