

11/13/89 11:00
11/14/89 7 PM

03-310736

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 44913

A 35703

DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 8/31/89

DATE SYSTEM APPROVED 11/14/89

INDEXED

INSPECTOR M. RIFE

Whitworth Excavating

IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland PHONE 531-5033

SUBDIVISION Gaither Farm ROAD 11001 Gaither Farm Road LOT 2

PROPERTY OWNER John & Roberta Borz

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 293 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the right (540') lot line and 140 feet from the rear (255') lot line as seen when facing the property from Gaither Farm Road. Run trench(s) along contour toward rear of property.

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

PLANS APPROVED BY C. Williams DATE 8/05/86

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

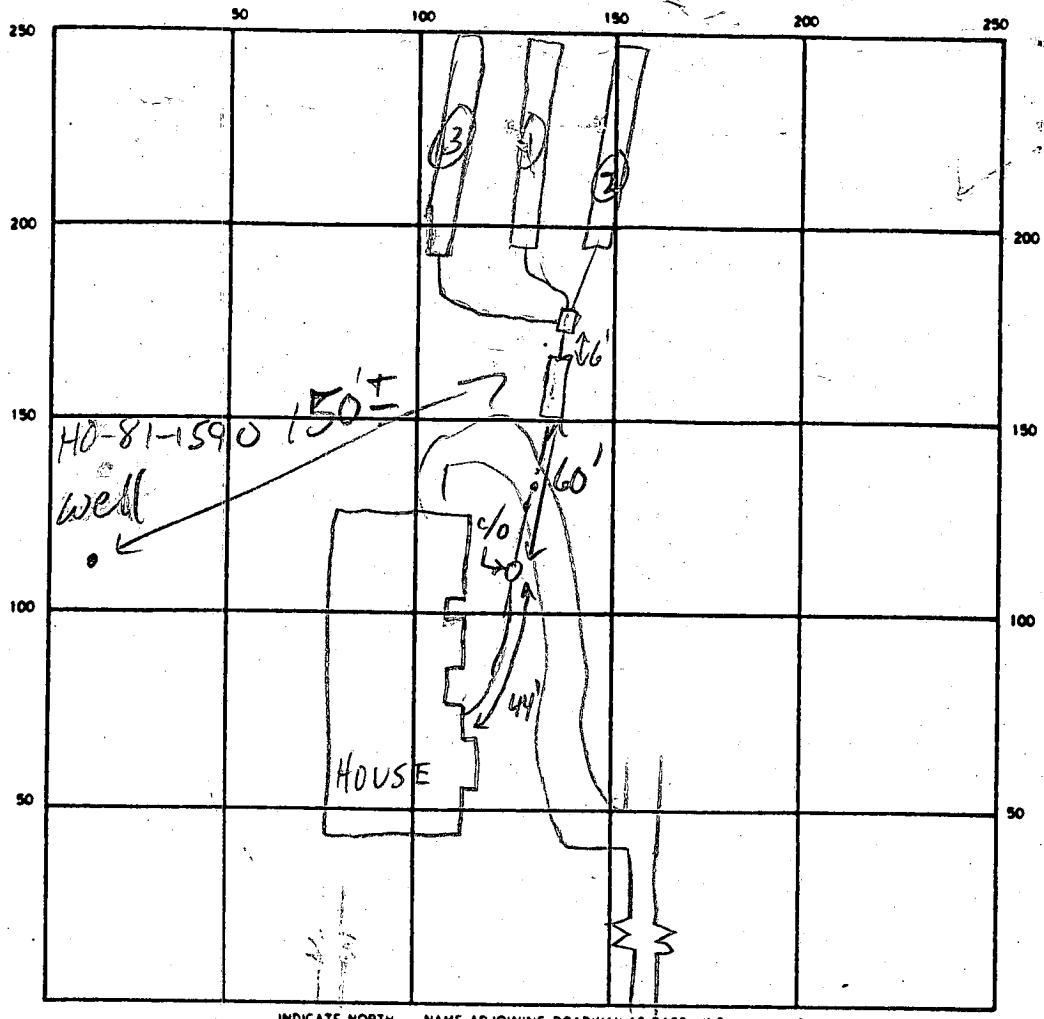
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

BUDG. PERMIT SIGNED AND RETURNED _____

A 35703



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 GAITHER FARM RD

SEPTIC TANK LEVEL 2000 GAL OK CLEANOUTS OK (S.T. & INLINE)

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 8-9 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 299 FT. 3102 SQ FT. 300

NUMBER OF TRENCHES 3 ONE SIDEWALL AREA 1200 SQ FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 11/3/89 FIRST TRENCH INLET TOO DEEP TO MAKE
4'; TOLD CONTRACTOR TO MAKE LAST 70' (30' ALREADY
DUG) 9' DEEP, INLET AT 5' OK TO CONTINUE MR
11/14/89 #1 STONE (2), BACKFILL (1), DIG (3) MR
11/14/89 #2 OK TO COVER WHEN READY

DATE SYSTEM APPROVED 11/14/89 INSPECTOR M. R. P. K. in

APPLICATION

A35703
~~35703~~
A ~~35703~~

SEWAGE DISPOSAL TESTING

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

appears to be 2

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 Sprack*
purchase: *Patrick M. Culp* John Borz 465-8094
PROPERTY OWNER
ADDRESS *1000 Equitable Bank Center* PHONE 730-9091
Columbia, MD 21044

PROPERTY LOCATION:

no charge N & W 2

SUBDIVISION Gaither Farm LOT NO. *2

ROAD AND DESCRIPTION Homewood Road and Route 109 11001 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 *Sidney Abel* FOR *Deep funds* DATE 3-15-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

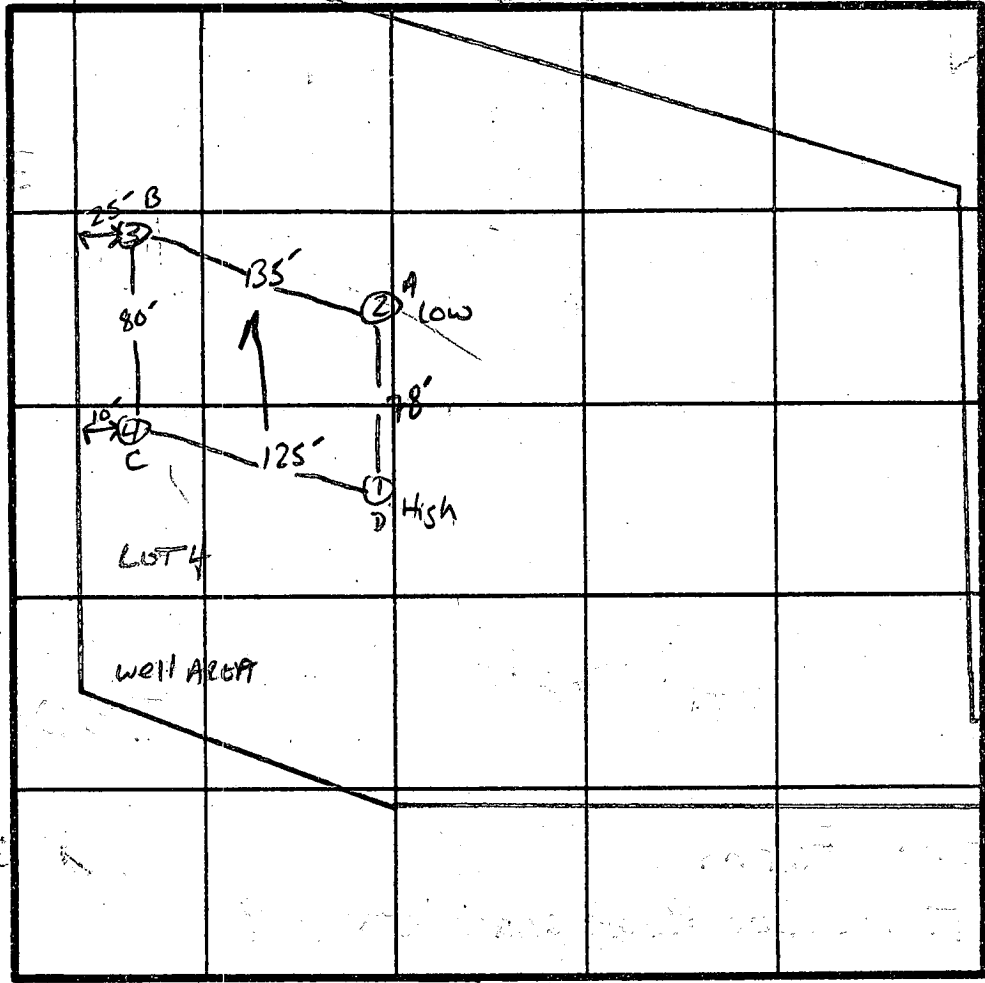
REASONS FOR REJECTION OR HOLDING 7-16-85 Perc Satisfactory; Hold For Certified Subdivision and SHLd

BLDG. PERMIT SIGNED
AND RETURNED 3-15-89

*DP 24059
SAL*

THIS IS NOT A PERMIT

LOT #2



① ②
SOIL PROFILE

0'
9"
4.5'
8'
12-15'

AP
Yellow BR.
CLAY LOAM
CL 10%
SAPROLITE

Yellow BR.
SAND LOAM
10-20%
SAPROLITE

White Yell
SAND SILT
LOAM
10-20%
SAPROLITE

③ ④

9"
4.5'
13'

AP
Yellow BR
CLAY LOAM
CL 10%
SAPROLITE

BROWN
micaceous
SILT LOAM
10-20%
SAPROLITE

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11/85	5 (12)	4	1:37	1:39	1:39	1:44	5 min
	1 m (12)	8	1:37	1:41	1:41	1:49	8 min
	5 (15)	5	1:51	2:04	2:04	2:27	23 min
	2 m (15)	9	1:51	1:55	1:55	2:00	5 min
	5 (13)	5	1:59	2:02	2:02	2:11	9 min
	3 m (13)	10	1:59	2:01	2:01	2:03	2 min
	5 (14)	5	2:07	2:11	2:11	2:18	7 min
	4 m (14)	9	2:07	2:09	2:09	2:12	3 min

REMARKS Holes diff than RAT

TYPE OF SOIL Glenora

TESTED BY SID Abel

LENNY, Dave, S. Nadel

ALSO PRESENT

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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

C1 5219

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 35703

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 07/14/86

26 2005 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 HQ-81-15910

OWNER

BERMAN

ROBERT

STREET OR RFD

GATHER FARM RD.

TOWN

ELLICOTT CITY

SUBDIVISION

GATHER FARM

SECTION

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

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include top soil, sandstone, and gray granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 440

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft. (enter 0 if from surface)

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 6 2

OTHER CASING (if used)

Table for other casing diameter and depth

screen type or open hole insert appropriate code below

SCREEN RECORD ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

DEPTH (nearest ft.)

Table for casing depth measurements

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)

Form for OEP use only with fields for T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

Form for pump type selection: A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

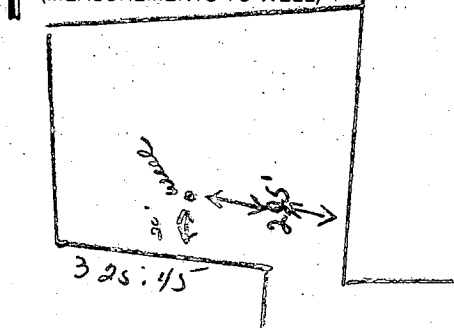
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

11/14/89

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 # 45821
Date 11-13-89
Name of Installer G. DONALD JEMENT Telephone 301-384-6493
License Number 276
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner JOHN BORZ Telephone 645-8094
Subdivision GATHER FARM Lot # 2 Well Tag # HO-81-1590
Site Address 11001 GATHER FARM RD ELLICOTT CITY MD
21043

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make MBAT
a. Deep well jet _____ 2. RPM _____ 2. Model # BPI D
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 56"
c. Submersible a. 110 _____
2. Make MYERS b. 220
3. Model # _____
4. Capacity 7 GAL 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 100 1. Type TOLLY 1. Depth 200 ft.
2. Pressure relief valve? YES 2. Size 1" 2. Yield 8 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line 50 4. Will water supply be disinfected by installer? YES
P.A. OK @ 4' B.G.
MR 11/14/89

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: G. Donald Jement

Date: 10-13-89

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

B 1 **3347** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

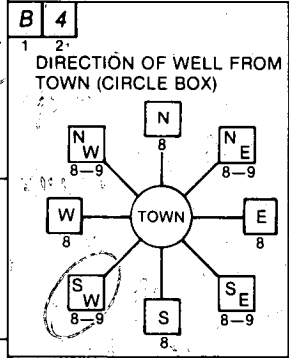
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1597
 fill in this form completely

Date Received **060686**
 OWNER INFORMATION
BERMAN **A.** **ROBERT**
 Last Name Owner First Name
11673 FARSIDE RD.
 Street or RFD
FALLCOTT CITY MARYLAND
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
GAITHER FARM SUBDIVISION
 SECTION **2** LOT **2**
FALLCOTT CITY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **7** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **238**
Joseph L. Mayne Well Drilling Firm Name
5512 RIDGE RD. DIT. Hwy 2177 Address
Joseph L. Mayne Signature **6/4/86** Date



GAITHER FARM RD. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
570 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A-35703 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **070386** CO SIGNATURE **B Nubon** EXP. DATE **0110387**
 NORTH GRID **510000** EAST GRID **0828000**

APPROXIMATE DEPTH OF WELL **200** FEET

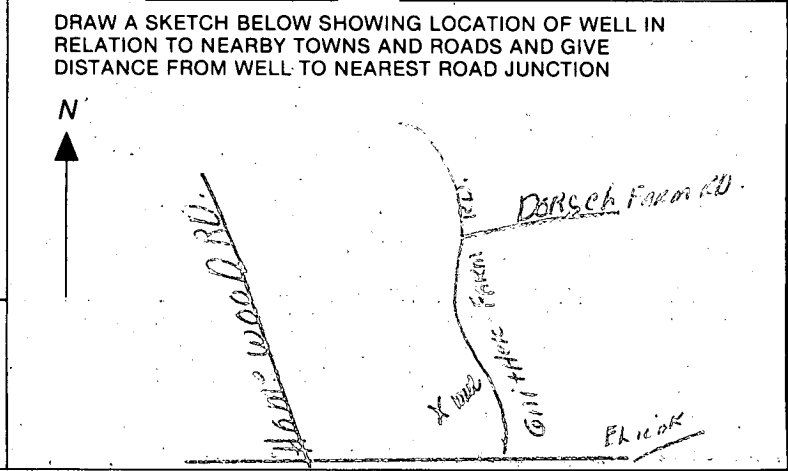
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

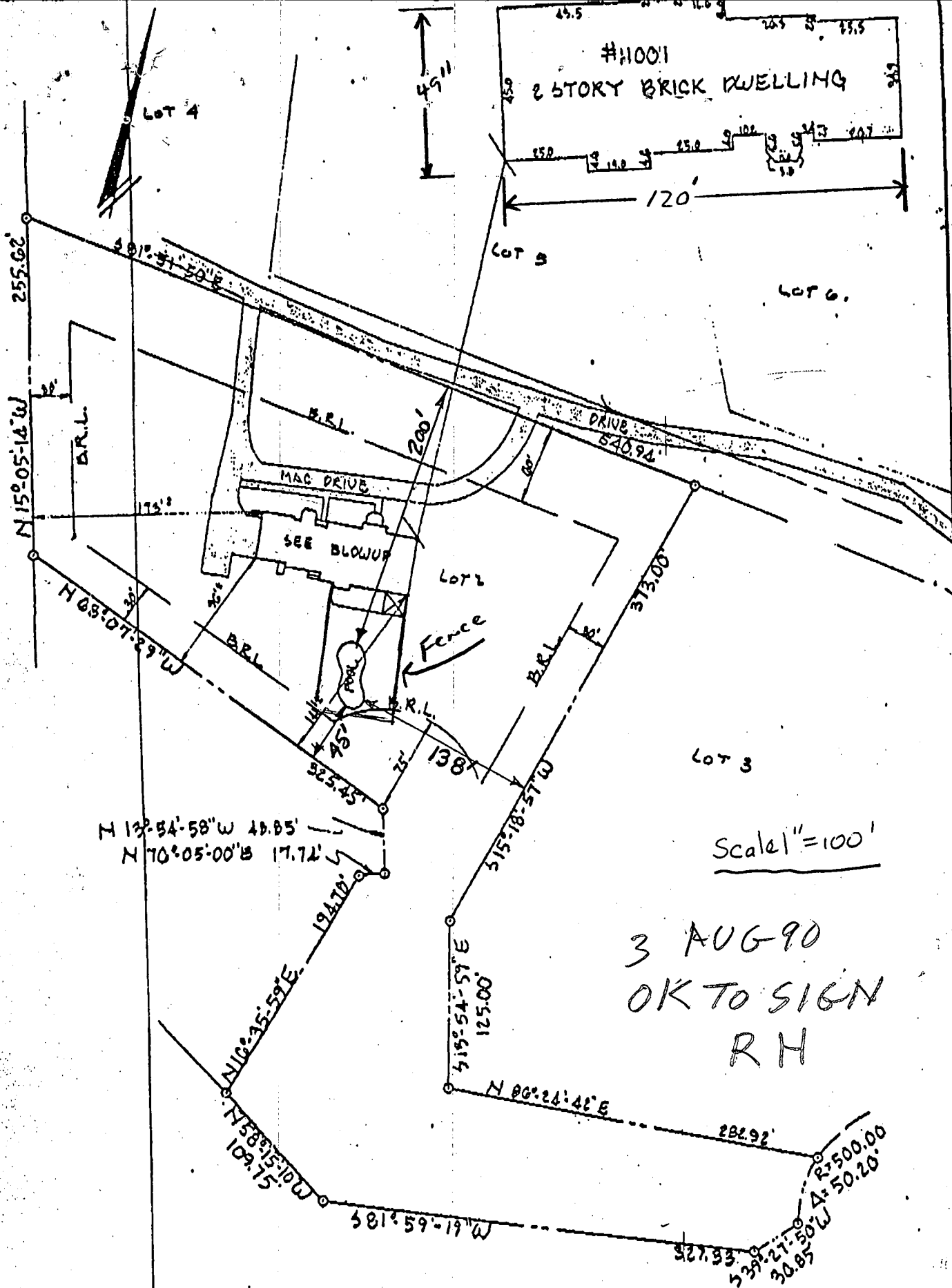
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **BU** WRITE INITIALS IN BOX PERMIT No. **HO-81-1597**

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



SPECIAL CONDITIONS



Scale 1" = 100'

3 AUG 90
OK TO SIGN
RH

NOTE: ALSO KNOWN AS LOT 2 AS SHOWN ON PLAT OF "GATHER FARM LOTS 1 TO 25" AS RECORDED IN HOWARD CO., MD. ON PLAT C.M.P 6608

HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN.