

7/10/00 11:00
7/12/00 3:00
7/13/00 1-12
pump room 1170
8/25/00

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

P 513617

A 34769

ISSUE DATE 6/1/2000

APPROVAL DATE 8/25/00

INDEXED

04-39443

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197
SUBDIVISION Retler Property LOT NUMBER 1 ADDRESS 15520 Carrs Mill Road
PROPERTY OWNER Mike & Kelly Gary PROPERTY OWNER'S ADDRESS 2128 Old Frederick Road
SEPTIC TANK CAPACITY 1500 GALLONS Catonsville, MD 21228
PUMP CHAMBER CAPACITY 1500 GALLONS *** TOP SEAMED TANK AND PUMP PIT REQUIRED ***
NUMBER OF BEDROOMS 5
SQUARE FEET PER BEDROOM 240
LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Have corners of sewage disposal area staked. Then call health department for a preconstruction inspection to determine layout of trenches & distribution box.
8/3/00 O.K. (BB)

Starting at the intersection of the 250' and 710' lot lines, place the distribution box 145' down the 710' lot line and 100' off of the same lot line. Run trenches on contour towards the opposite lot line.

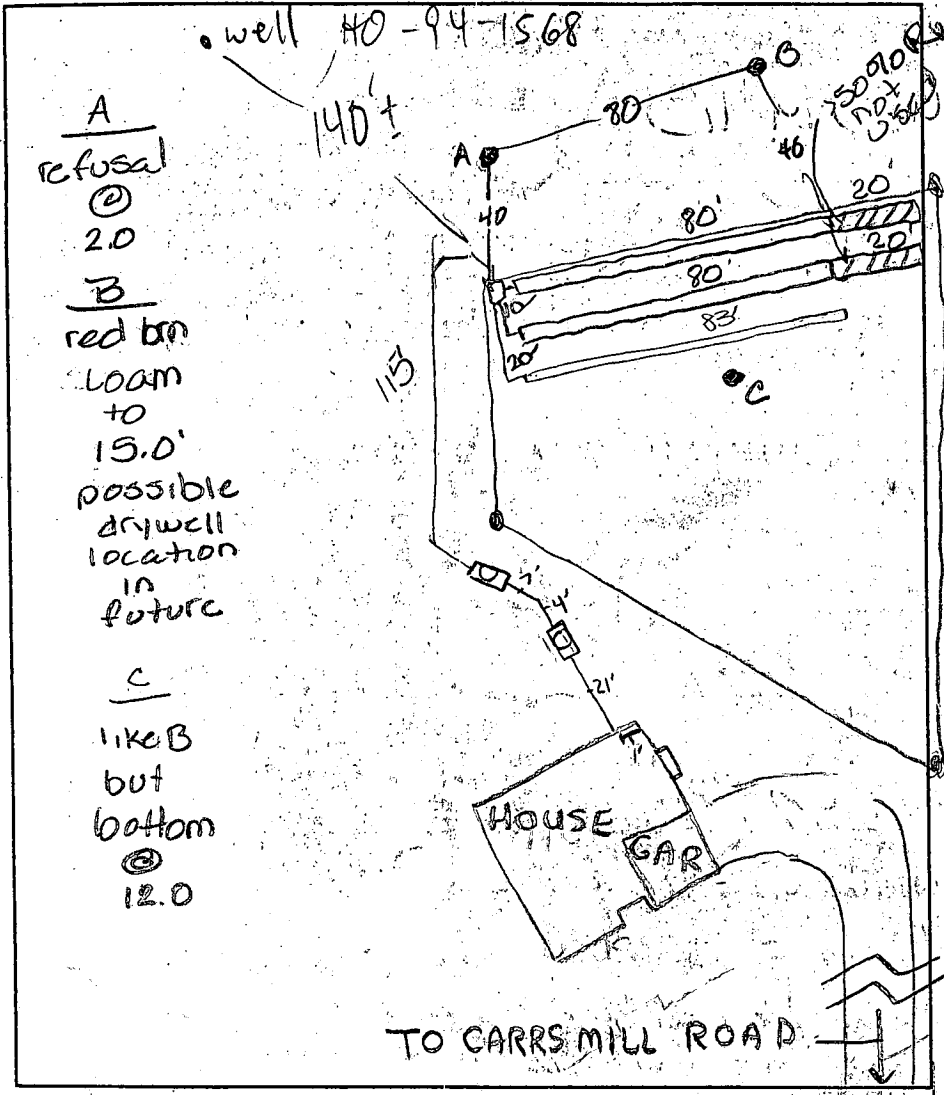
PLANS APPROVED Mark E. Rifkin DATE 4-7-2000

- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 34769

NOT TO SCALE



- A
refusal
⊙
2.0
- B
red brn
loam
to
15.0'
possible
drywell
location
in
future
- C
like B
but
bottom
⊙
12.0

TRENCH DATA	
TRENCH WIDTH	2
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	7
DEPTH OF STONE	4
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	243
ABSORBENT AREA	972
DISTRIBUTION BOX LEVEL	OK
BAFFLE IN DISTRIBUTION BOX	OK

SEPTIC TANK DATA	
SEPTIC TANK	1500 ^{Top Seam} GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500 ^{Top Seam}
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION INSPECTION: N/A

INSPECTION COMMENTS: 7/10/00 - HOUSE SEWER TOO SHALLOW (LESS THAN 18" OF COVER) MINING

FINAL GRADE SHOULD BE RAISED OR PLUMBER SHOULD STUB OUT PIPE LOWER

SO THAT MINIMUM COVER ON TOP OF PIPE IS 18", TOLD INSTALLER KEEP

TRENCHES 7' ETC, OK TO COVER TANKS AND CONTINUE WORK, SUPERINTENDENT

NOTIFIED (SRW) 7/13/00 A.M. OK to continue working on trench 3. DS

7/13/00 P.M. OK to cover all septic work - needs pump test. DS

8/25/00 PUMP + ALARM OK (MR)

INSPECTOR M. Ripkin DATE SYSTEM APPROVED 8/25/00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ROBERT L. FREEZER CO. INC. Telephone #: 410-781-4655
Address: 6321 BARNETT AVE.
8 WOODVILLE, MD. 21788

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): ROBERT L. FREEZER License # 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: DOUGLAS HOWES Telephone #: 410-750-0522
Subdivision: RETLEX PROPERTY Lot #: 1 Well Tag #: HO-98-156B
Site Address: 1520 CARROLL MILL RD
WOODVILLE, MD. 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>STA-RATE</u>	Make: <u>HOOPER</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SP4C0241-03</u>	Model #: <u>77800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>4</u> " (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>25</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors <u>Cable guards</u> required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt _____		

Piping to house
Type: POLYETHYLENE
PSI: 160 (160 psi min)
Depth of supply line: 1/2 (36" min)

House Connection
PVC sleeved to undisturbed soil at well penetration: YES
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 9/25/2000

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/13/00 Date Insp. Approved: 7/13/00

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

ALM SRK

C1 05022 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-34769

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 06 17 98

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK ME HO-94-1568

OWNER GARY MICHAEL KELLY last name first name STREET OR RFD CARRS MILL ROAD TOWN GREENWOOD SUBDIVISION RETLER SECTION LOT 1

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Blue Slate, Brown Slate, Blue Slate, Flint Rock, Blue Slate.

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 21

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) table with rows for casing sections and columns for depth intervals.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F. IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

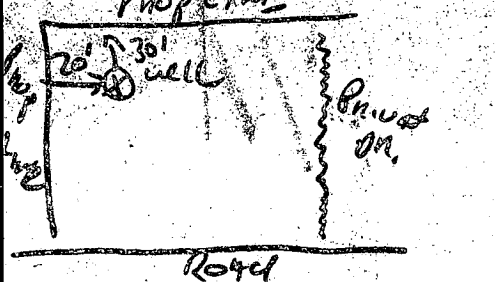
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 195 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 47 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (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)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO [Y] [N]

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 26.04.04 "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 LIC. NO. MS D113 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D117

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

VICIN SCALE

Total linear feet of trench required 300 feet

Width of trench(es) 2 feet

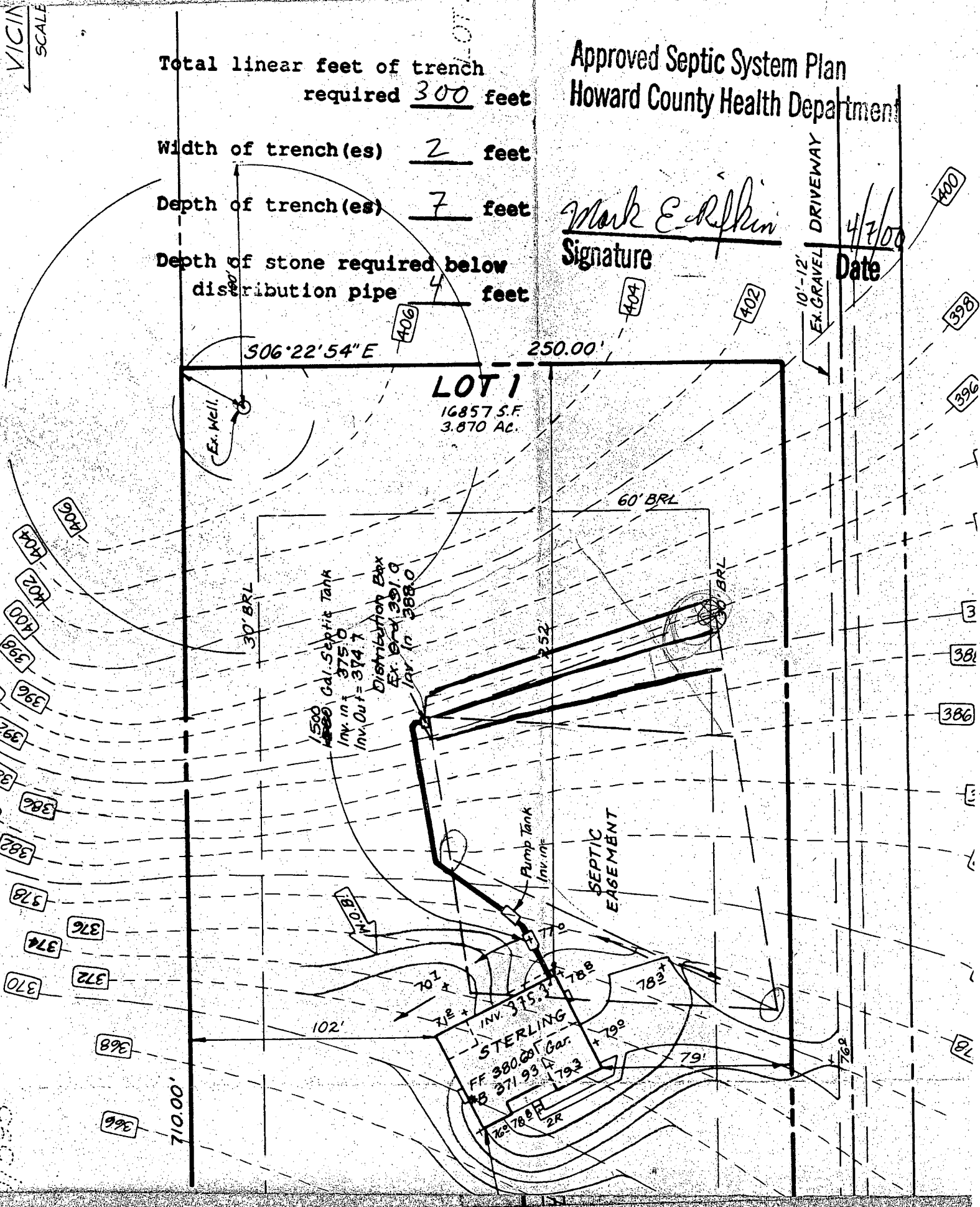
Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 4 feet

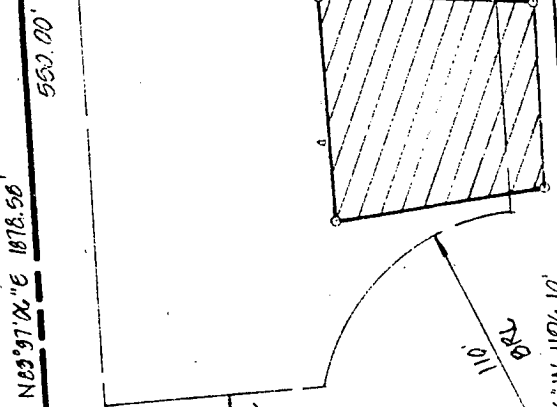
Approved Septic System Plan Howard County Health Department

Mark E. Riffin
Signature

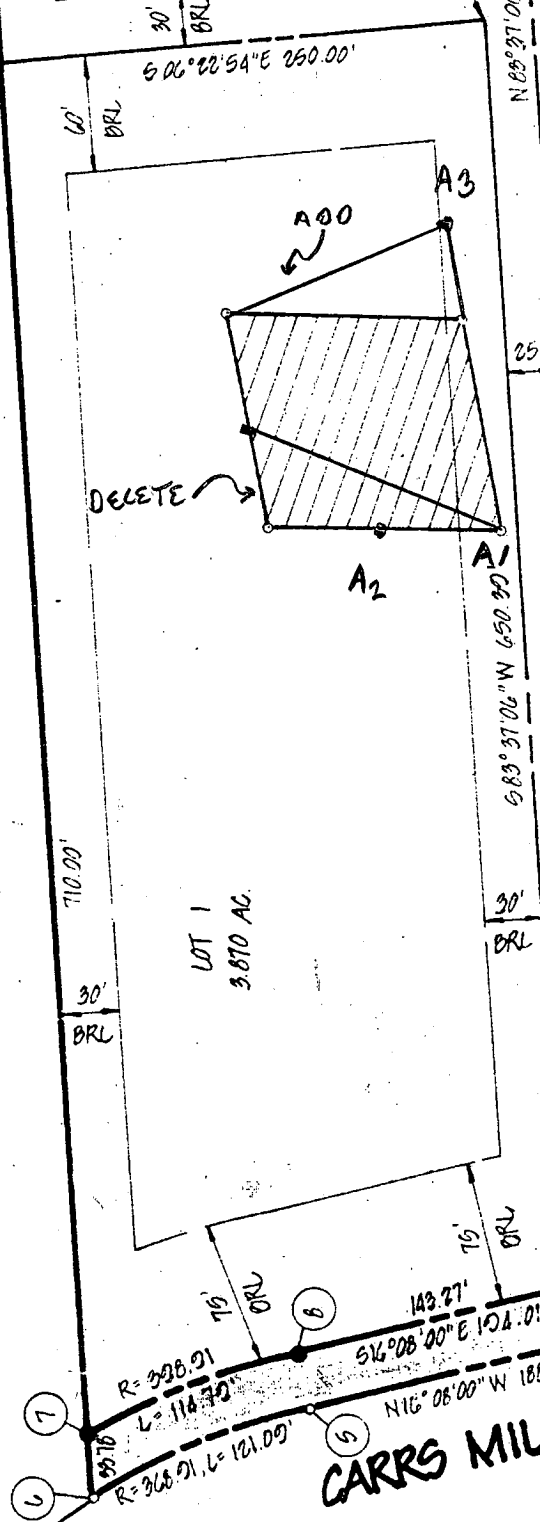
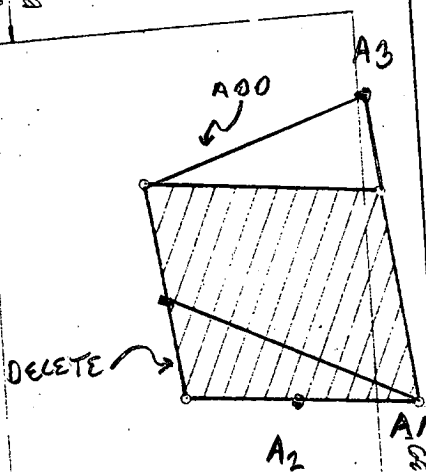
DRIVEWAY
10'-12"
EX. GRAVEL
Date 4/7/00



5	500,128.408	766,362.492
6	500,237.260	766,256.046
7	500,241.000	766,267.621
8	500,196.830	766,336.833



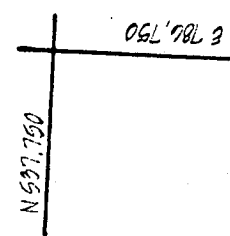
TEST HOLE LOCATIONS
FOR ILLUSTRATIVE PURPOSES ONLY
ACTUAL LOCATIONS WILL VARY
5/29/98 *SP*



RESIDUE
RALPH L. RETLER
580/630

LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR THE
PURPOSE OF A PUBLIC ROAD. (0.2613 AC.)

CARRS MILL RD.



E 786.750

N 57° 15'

1/25/85
1/28/85

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34769
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4th

DATE 4/9/85

*SEE NOTES, TEST RESULTS
NEXT PAGE of 5/20/98*

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 Ralph Retler MIKE + KELLY GARY

ADDRESS Carrs Mill Road PHONE 442-2348

PROPERTY LOCATION:

SUBDIVISION Retler Property LOT NO. 1

ROAD AND DESCRIPTION 15520 Carrs Mill Road

~~OLD RECORD NUMBER~~
~~AND RETURNED~~ 4/7/2000
Serial# B06122476
SFD - 5 BRMS
(NUMBER OF BEDROOMS)

SIZE OF LOT 3.0 acres TYPE BLDG. SFD - 5 BRMS

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 1/20/85 PERC OK BUT LOT LINES TO BE CHANGED
& CERTIFIED PLAT NEEDED R.H.S.A

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34769
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 111 BELLEFLOTT CITY, MARYLAND 21043
TELEPHONE (410) 331-1111

DISTRICT 4th
DATE 1/9/95

5/20/98 CONFIRMATION TEST
OF PREVIOUSLY ESTABLISHED ALBA
DUE TO WATER TABLE HISTORY
& INCONSISTENT ROCK AREAS ON PROPERTY

3 HOLES DUG FOR
RE-TEST, ADJUSTMENT
TO SDA RECOMMENDED,
DISCUSSED W/ MICHAEL GARY SR
PLATTING REQUIREMENT T, B, D, WELL SITE
APPROVED, MR
5/20/98

TO THE COUNTY HEALTH OFFICER
BELLEFLOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER Ralph Retler

ADDRESS Carrs Mill Road PHONE _____

PROPERTY LOCATION

SUBDIVISION Retler Property LOT NO 1

ROAD AND DESCRIPTION Carrs Mill Road

SIZE OF LOT 3.0 acres TYPE BLDG _____ (NUMBER OF BEDROOMS) _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE ASSOCIATED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.D.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

