

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

OS-408296

P 47333

A 34818

DISTRICT 5th

DATE 7/24/91

DATE SYSTEM APPROVED 8/1/91

INSPECTOR M. Rifkin

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Chapel Woods Sec 2 LOT 21 ROAD 11815 Chapel Woods Court

PROPERTY OWNER Dr. & Mrs. Ivan Sumitra

ADDRESS _____

SEPTIC TANK CAPACITY 1750 GALLONS

NUMBER OF BEDROOMS 6

190 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 204 228

TRENCHES - Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet from the front lot line and 60 feet from the right side of the lot as seen when facing the lot from Chapel Woods Court. Run the trenches on contour toward the front 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. 3-14-91 JEN

PLANS APPROVED BY Raymond Hodges jr DATE 06/01/90

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

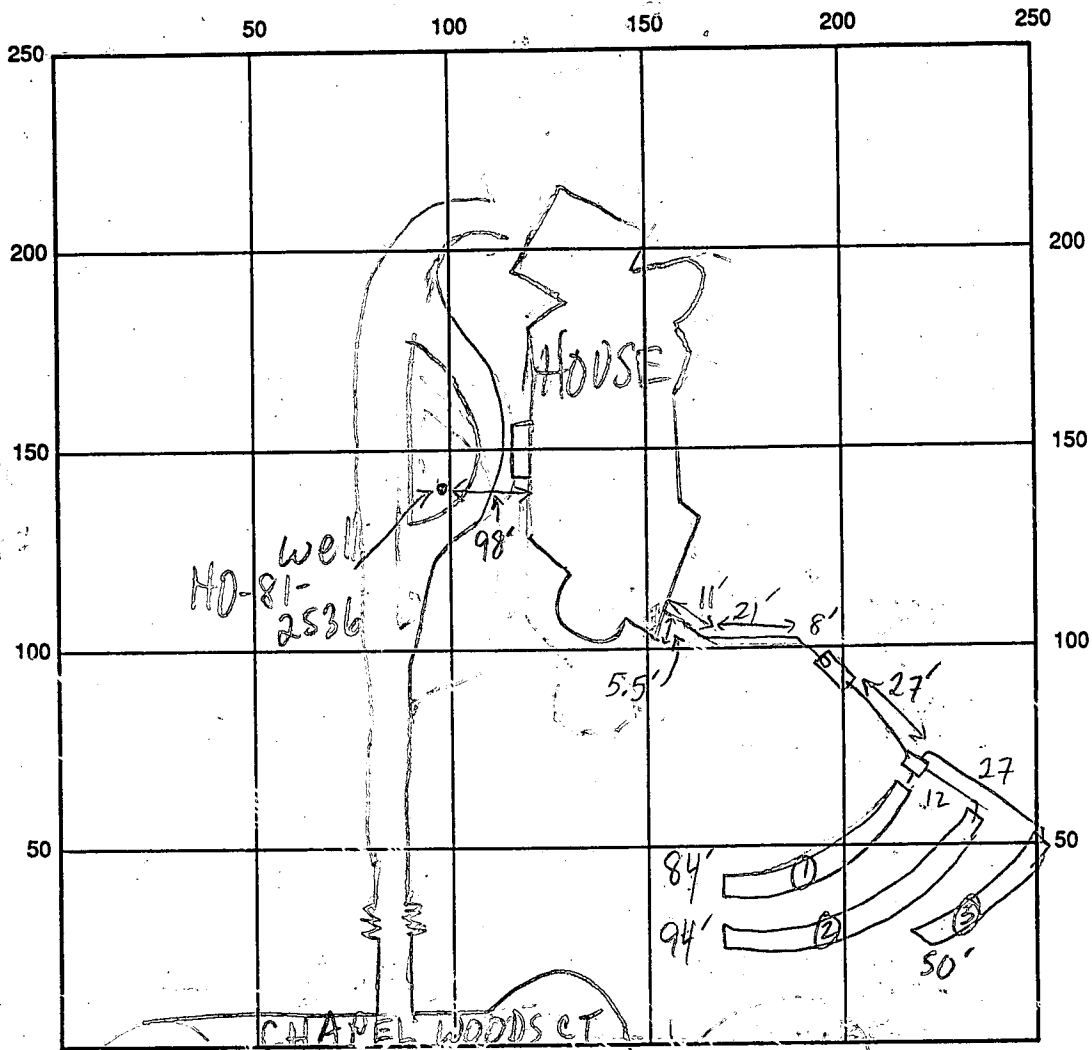
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED AND RETURNED 8/30/91
Serial # 39351 Dittank
BLDG. PERMIT SIGNED AND RETURNED 8/9/91
Serial # 39181 JEN
BLDG. PERMIT SIGNED AND RETURNED 8/30/91
Serial # 39303
500 gal. purpose tank
underground

A 34818



SEPTIC TANK LEVEL 2000 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL BAFFLE-IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{2} \frac{2}{3} \frac{3}{5}$ 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1}{2} \frac{2}{3} \frac{3}{5}$ 3.5 FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{2} \frac{2}{3} \frac{3}{5}$ 5 FT. TOTAL LENGTH 84 94 50 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 420 470 250 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1140 SQ. FT.

REMARKS: 8/1/91 UNEQUAL TRENCH LENGTH DUE TO TREES;
OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 8/1/91 INSPECTOR M. Ripkin

APPLICATION

A 34818

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 5

DATE Jan 8 1985

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 Newburn Development Corporation
Suite 201, 5570 Sterrett Place
ADDRESS Columbia, Maryland 21044

Dr. Ivan Samitra

PHONE 997-3815

PROPERTY LOCATION _____

FINAL LOT 21 AREA 3
NEW LOT 8 sec 2
AREA 3
(FINAL)

SUBDIVISION Chapel Woods, Section 2

LOT NO. 3

ROAD AND DESCRIPTION 11815 Chapel Wood Dr
Linden Chapel Road

SIZE OF LOT 3-acre

TYPE BLDG. single family residence

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT James L Newburn

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-9-85 Rec. Ok, Hold for Certified hole
LOCATION WELL AND HOUSE SITE.

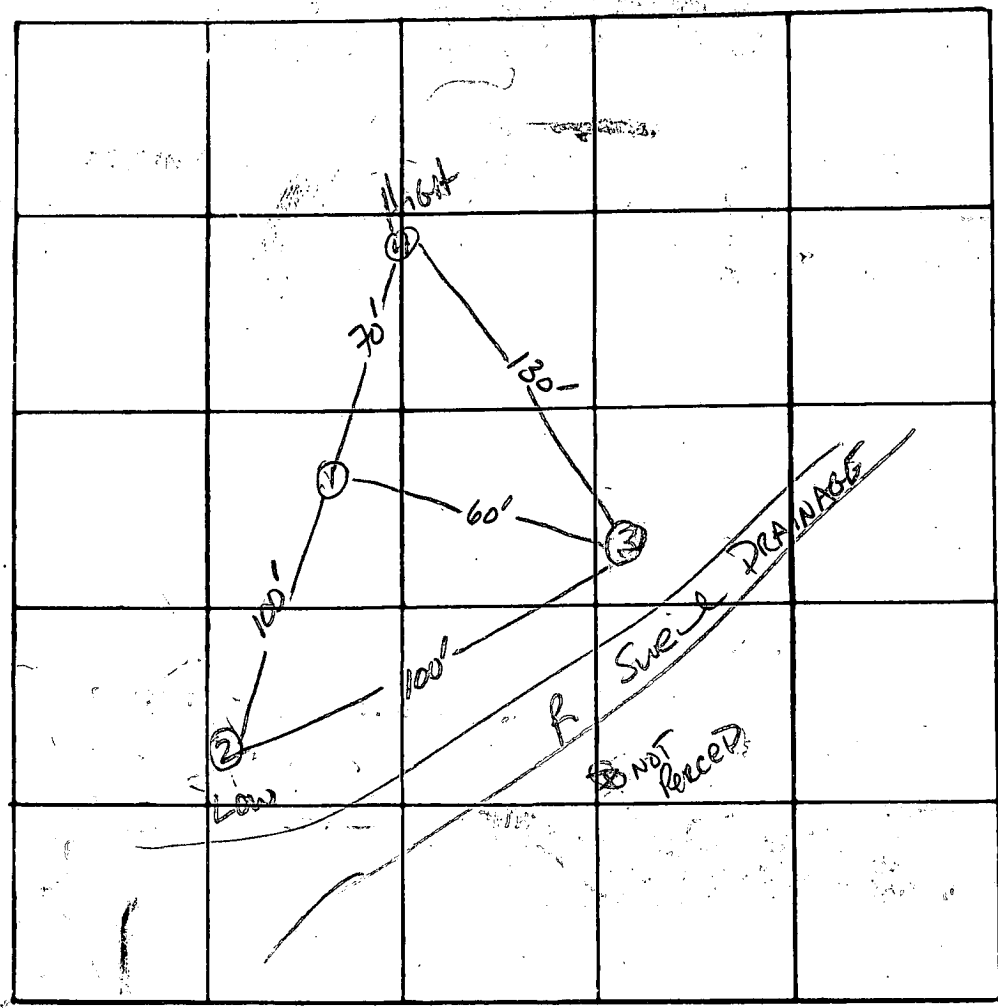
8473. PERMIT SIGNED
DATE RETURNED 2/1/90
Qual # 33028 - SFD
8 Bedrooms
SP 33028

THIS IS NOT A PERMIT

RS01300 TO 6 BR

① ②
 6" A0-3
 BROWN-CLAY
 LOAM 210%
 SAPROLITE
 2.5' Silty SAND
 10-20%
 SAPROLITE
 12' 20-30%
 SAPROLITE
 13'

③ ④
 6" A0-3
 RED BROWN
 CLAY LOAM
 410%
 SAPROLITE
 3' Silty SAND
 Red/Brown
 10-20%
 SAPROLITE
 13'



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/19/85	15	4'	3:06	3:07	3:09	3:09	2min
	1V	13'	UNIFORM SOIL	Below 3'			
	25	4'	3:12	3:15	3:15	3:22	7min
	2V	13'	UNIFORM SOIL	STRUCTURE Below 3'			
	35	4'	3:19	3:21	3:21	3:23	2min
	3V	13'	UNIFORM SOIL	STRUCTURE Below 3'			
	45	4'	3:55	4:02	4:02	4:19	17min
	4V	12'	UNIFORM SOIL	Below			

REMARKS _____
 TYPE OF SOIL Chestnut / Glenelg Association
 TESTED BY S. Abel ALSO PRESENT: DEURA, JR., FRANK
WARREN, WARD

JASPER K. BARROW

DESIGN CONSULTANT

8006 BRETT PLACE • GREENBELT, MARYLAND 20770 • (301) 982-5131

July 22, 1991

Craig Williams
Health Department, Howard County
Ellicott City, Maryland


RE: Dr. & Mrs. Ivan Sumitra's Residence; Permit #33028

Dear Mr. Williams,

This letter serves as a request for septic tank approval. However, please be advised that a building permit was obtained for the above referenced project in August of 1990. A revised building permit was issued in March 1991. The revised involved reducing the house from eight bedrooms and eight and one half bathrooms to six bedrooms and seven and one half bathrooms. The indoor swimming pool was also eliminated.

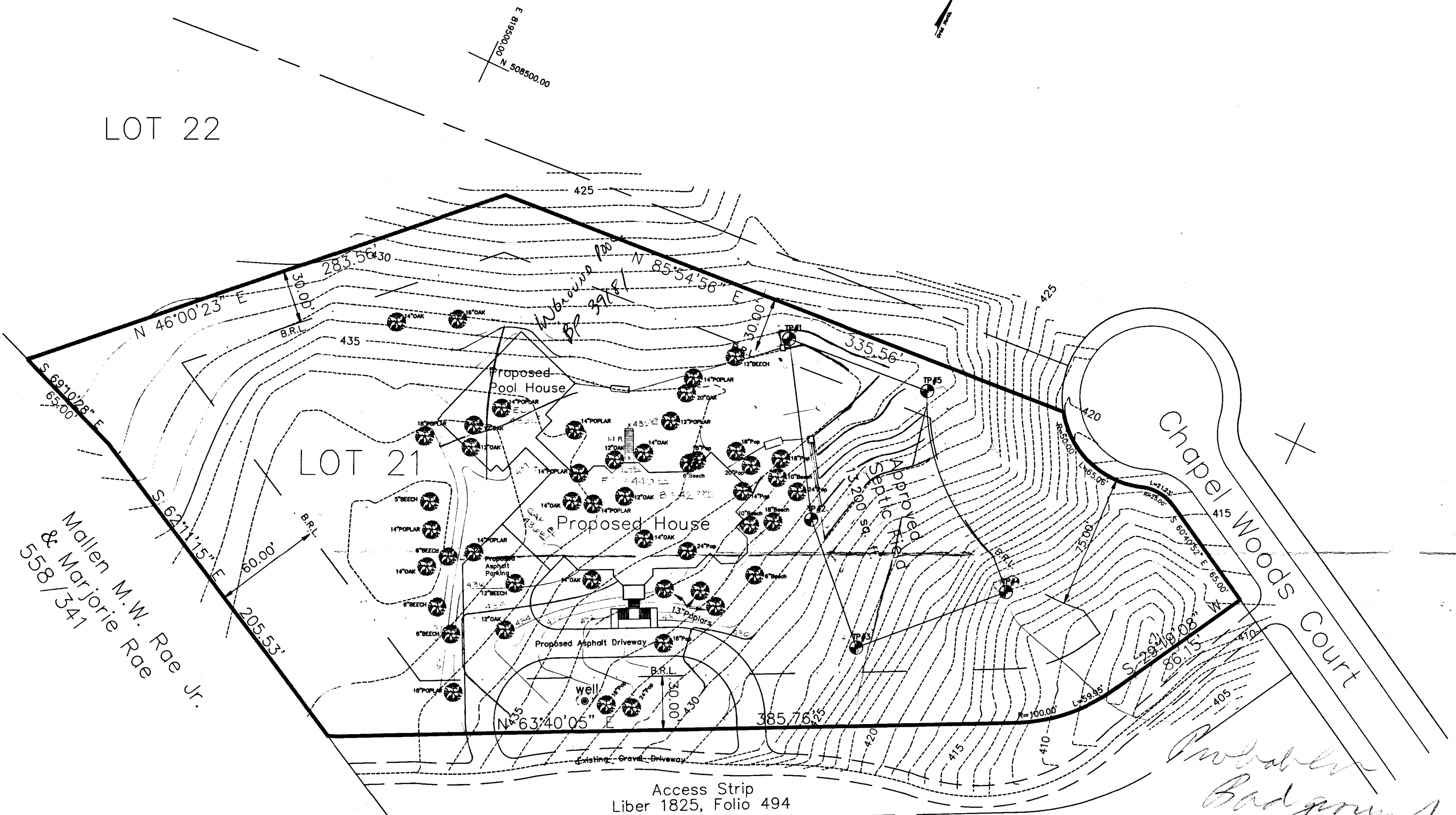
Attached is a copy of the letter to Howard County requesting a revision to the permit. I anticipate your approval.

Sincerely,


J. Ken Barrow
Architect

c.c. Avis Corbin

LOT 22



Mallen M.W. Rae Jr.
& Marjorie Rae
558/341

LOT 21

Access Strip
Liber 1825, Folio 494

LOT 20

Chapel Woods Court

*Probably
Bad ground
Not tested according
to Sud's Note*

SEPTIC SYSTEM FOR
POOL HOUSE

INVERT AT	ELEV.
House (out of)	433.8
Septic Tank (in)	433.4
Septic Tank (out)	432.9
Dist. Box (in)	432.0
Dist. Box (out)	432.0
First Trench (in)	432.0

SEPTIC SYSTEM DATA

INVERT AT	ELEV.
House (out of)	433.8
Septic Tank (in)	433.4
Septic Tank (out)	432.9
Dist. Box (in)	432.0
Dist. Box (out)	432.0
First Trench (in)	432.0
ELEVATION AT TESTS	
Test#1	ELEVATION = 434.48
Test#2	ELEVATION = 431.51
Test#3	ELEVATION = 426.25
Test#4	ELEVATION = 414.96
Test#5	ELEVATION = 433.32
GROUND ELEVATION AT WELL = 433.3	

Bench Mark Set On Top Of
Well Head: Elevation=437.00

B 1 3603

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HO-81-2536

fill in this form completely

Date Received (APA)

12/11/88

OWNER INFORMATION

NEUBURW DEVELOPMENT

5570 STERRET PLACE

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD COUNTY

CHICKWOODS

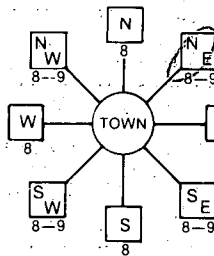
SECTION 2 LOT 21 (area 3)

CLARKSVILLE

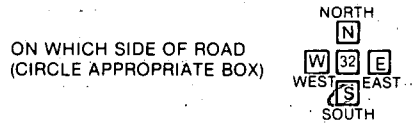
1 1/2 MILES FROM TOWN

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHICKWOODS CT NEAR WHAT ROAD



25 DISTANCE FROM ROAD ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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-34818 COUNTY NO.
STATE SIGNATURE DATE ISSUED 08/08/88 EXP. DATE
NORTH GRID 508000 EAST GRID 0819000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

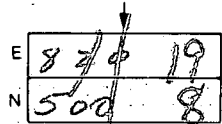
METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

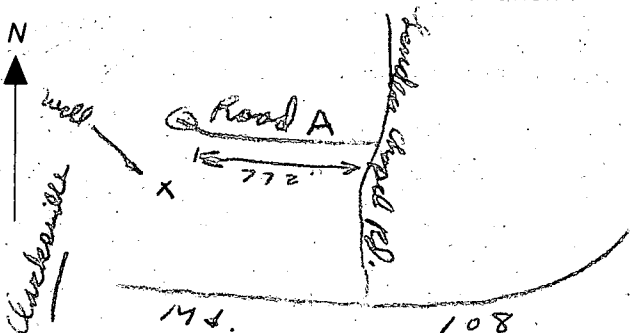
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- 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



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 INITIALS PERMIT NO. HO-81-2536

SPECIAL CONDITIONS

C1 2159
 (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 34818**

DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **032588**
 Depth of Well **500** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-B1-2536**

OWNER **DEVELOPMENT NEWBURN**
 STREET OR RFD **CHAPSL WOODS CT** first name
 TOWN **CLARKSVILLE**
 SUBDIVISION **CHAPSL WOODS** SECTION **2** AREA **3** 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	
GRAY MICHA Rock	41	500	

DRY WELL 5" 100', 300', 500'
 260' Filled in with cement + DRILLING MATERIALS

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 TYPE OF GROUTING MATERIAL
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **11** NO. OF POUNDS **1034**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **42** 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 **(ST)** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **47**

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
1	HO 45	500
2		
3		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)

GRAVEL PACK [] [] [] [] [] []
 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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **1**
 METHOD USED TO MEASURE PUMPING RATE **Market**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **28** WHEN PUMPING **283**
 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:
 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 **(-)** below } **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)
 See Attached well sites

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 **Joseph P. Marquis**
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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 # 47695
 Date 12/20/91

Name of Installer MIL-ATLANTIC PLUMBING

Telephone 301-540-7571

License Number 7400

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner IVEN SUMITRA

Telephone

Subdivision Chaplewood Lot # 21

Well Tag # 81-25-36

Site Address 11815 Chaplewood CT

HO-81-2536

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

1. Horsepower
2. RPM
3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

1. Make
2. Model #
3. Depth

2. Make
3. Model #

4. Capacity 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

1. Capacity 80 Gal
2. Pressure relief valve? Yes

Piping

1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved? ?
4. Depth of supply line 500'

Well data

1. Depth 500 ft.
2. Yield 1 GPM
3. Static water level 28 ft.
4. Will water supply be disinfected by installer?

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: Wray Bann

Date: 12-20-91

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

HD-215

118192 OK TO COVER OUTSIDE WORK
PRESSURE TANK NOT YET INSTALLED BJJ

