

6/20/91
1:00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-407591

P 47263

A 34981

DISTRICT 5th

DATE 6/25/91

DATE SYSTEM APPROVED 6/20/91

INSPECTOR M. Ritkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Waterford LOT 19 ROAD 12919 Wexford Park

PROPERTY OWNER Randall Jacobson

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

SPECIAL INSPECTION OF THE SITE NEEDED BEFORE WORK IS STARTED ON THE SEPTIC SYSTEM.

NUMBER OF BEDROOMS 5

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 333
345

TOP SEAMED TANK REQUIRED. OK TO PLACE TANK 85' FROM WELL.

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.8 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 120 feet off the left (538') lot line and 45 feet off the front lot line as seen when facing the lot from Waterford Park. Run 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. OK 16 JAN 91 RT

PART OF SDA GRADED, ~1' CUT, SPECS CHANGED MR 6/1/91

PLANS APPROVED BY Craig Williams cm DATE 09/12/89

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

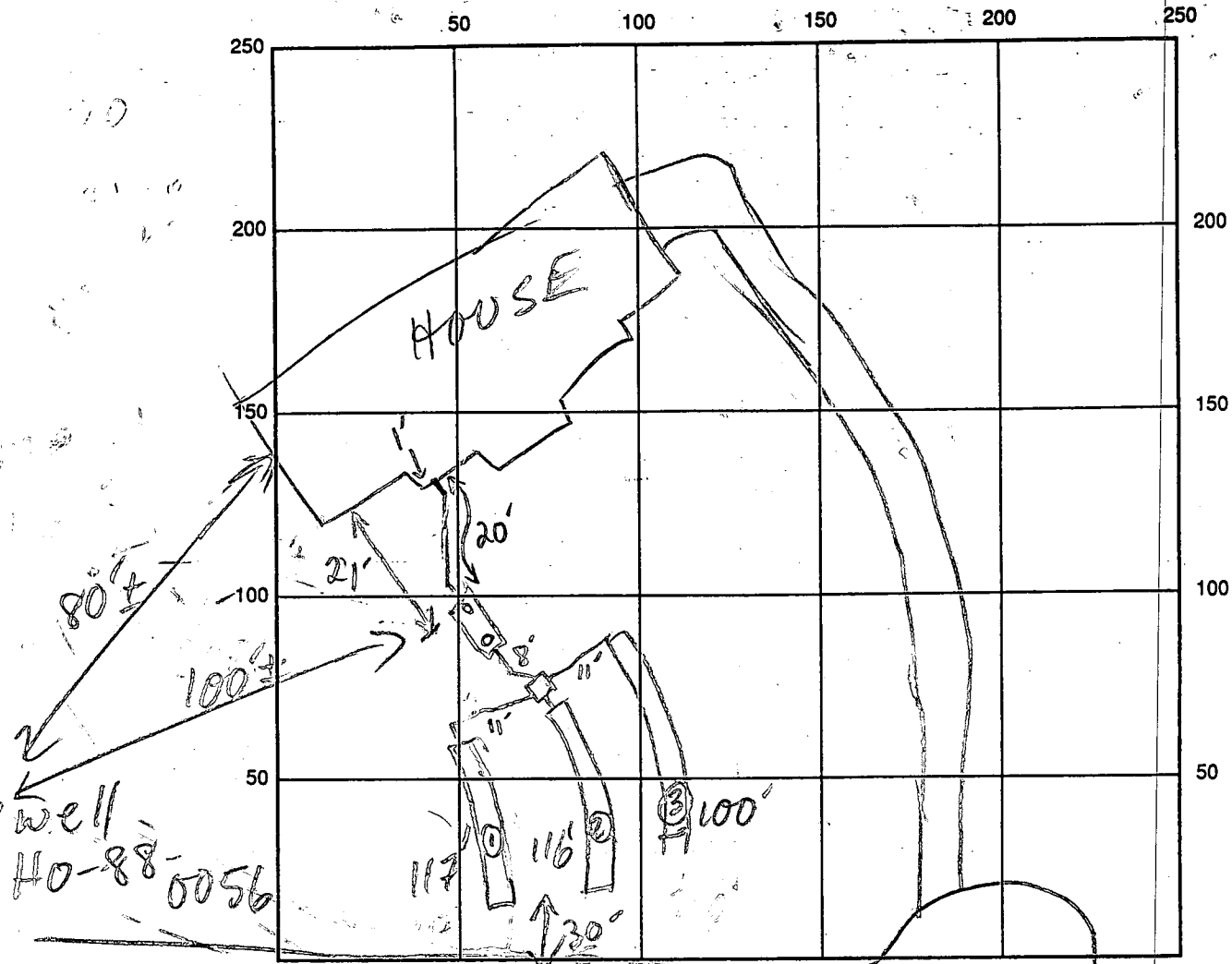
PERMIT VOID AFTER TWO YEARS

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**

A 34981



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE

WEXFORD PARK

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS 2 ON S.T. OK

DISTRIBUTION BOX LEVEL OK - Baffle in

DRAIN FIELD/TITLE DEPTH 5' 5.5" SFT. TRENCH WIDTH 3 FT. INLET DEPTH 3' 5" / 3' 5" / 3' 5" FT.

EFFECTIVE GRAVEL DEPTH 1' 5" / 2' 2" SFT. TOTAL LENGTH 117 116 100 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 0351 2348 200 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1000 SQ. FT.

REMARKS: 6/20/91 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 6/20/91

INSPECTOR M. Riskin

APPLICATION

SEWAGE DISPOSAL TESTING

A 34981

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th ELECTION

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

DATE 2.14.85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

BLDG. PERMIT SIGNED
AND RETURNED 9-22-89 SFD
BP # 29631 — bdrms

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

PROPERTY OWNER Randall Jacobson
HUNTINGTON INTERNATIONAL CORPORATION
ADDRESS 11906 Blue February PHONE 730-1845 / 688-8274
4951 ROCKWOOD PARKWAY NW, WASH., D.C. 20016 PHONE (202) 659-2474

PROPERTY LOCATION: WATERFORD Section 2 Lot -19
SUBDIVISION HUNTINGTON ESTATES LOT NO. BL ~~18~~ LOT 18 Prelim

ROAD AND DESCRIPTION ON BRIGHTON ROAD 1800' WEST OF TEN OAKS ROAD
INTERSECTION 12919 Wexford Park
Clarksville, MD

SIZE OF LOT 3.04 AC± TYPE BLDG. SINGLE FAMILY DWELLING
(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.

Chelan J. Corbett
(SIGNATURE OF APPLICANT)

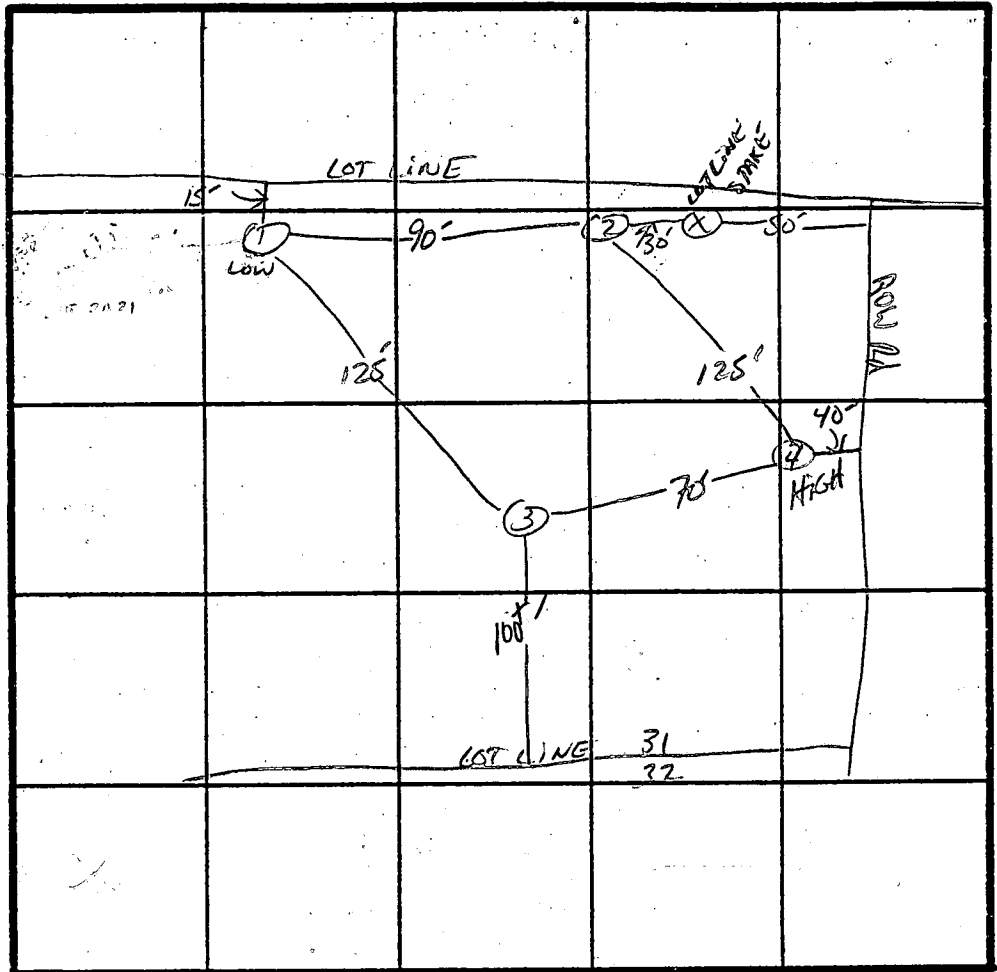
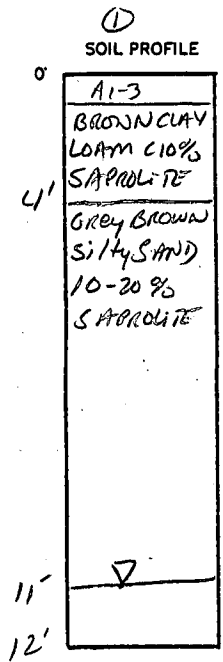
APPROVED BY Sicheny Abel FOR Shallowale fields DATE 4-1-87

REJECTED BY _____ FOR _____ DATE _____

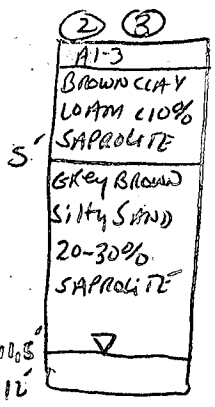
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-3-85 - Perc. Satisfactory, Hold for certified Hole Location,
Subdivision plat, house and well site, system first stage
Shallow system only. Sited 12/13/85. 4-27-88 Visual Reinspection - water at
10.0 ft, unable to move Perc Area to right due to well site lot 18 would be
compromised. S.A.L.

THIS IS NOT A PERMIT

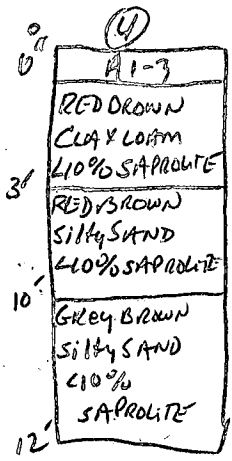


X Perc Time
12 min
INLET 4'
BOTTOM 6.5'
180 #/BR
240 LFT
FOR 4BR



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BRIGHTON DAM Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/85	15	4'	10:57	11:03	11:03	11:09	6min
	1V	12' WATER AT 11'	UNIFORM SOIL STRUCTURE BELOW 4'				
	25	6'	11:11	11:28	11:28	11:56	28min
	2V	12' WATER AT 11.5'	UNIFORM SOIL STRUCTURE BELOW 5'				
	35	6'	11:11	11:16	11:16	11:26	10min
	3V	12' WATER AT 11.5'					
	45	3.5'	11:23	11:24	11:24	11:25	1min
	4V	12' VARYING SOIL STRUCTURE	SEE PROFILE				
4/22/88	1V	WATER AT 10.0'	HOLE NOW ON 48" FROM CL OF PIPE				
		CL Pipe only 54'	Perc hole 102" FROM LOT 18 well 11				



REMARKS System First - SHALLOW SYSTEM ONLY

TYPE OF SOIL _____

TESTED BY S. Hill ALSO PRESENT Terry, Les, Doody

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 # 46634
Date 11-14-90

Name of Installer Lester C. Simmons Sr.

Telephone 831-5170

License Number _____

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Randy Jacobson

Telephone ~~831-5170~~ 730-1845

Subdivision Wexford Park

Lot # 14

Well Tag # HO-88-0056

Site Address Waterford

Pump

1. Type

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

2. Make Goulds

3. Model # 5ES05422

4. Capacity 5 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

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make Martinson

2. Model # B-10X

3. Depth 4

Tank

1. Capacity 32 gal

2. Pressure relief valve? yes

Piping

1. Type _____

2. Size 1" 16016

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 42'

Well data

1. Depth 310 ft.

2. Yield 4 GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? We did not drill

11/15/90 no insp. c.w.

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: Lester C. Simmons Sr.

Date: 11-14-90

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

NOV 20 1990 5:32
HEALTH DEPT
HOWARD COUNTY
RECEIVED

UP MA 80-1-01 VM

EMERGENCY TEMP NO. IF ANY

B 1 7117 SEQUENCE NO. (DP USE ONLY)

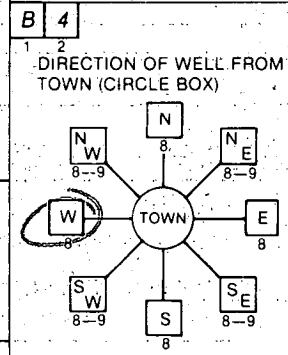
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 110-88-0056

Date Received (APA) 061688 OWNER INFORMATION JACOBSON RANDALC 11906 BLUE F.E.B. WAY COLUMBIA MD 21044

B 3 LOCATION OF WELL HOWARD WATERFORD CLEARVILLE MILES FROM TOWN 1 MI

DRILLER INFORMATION Ralph Mayne 253 9120 Brown Church Rd. Wk Army 6/13/88



B 4 WEXFORD WAY NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 50 FT

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A34981 STATE SIGNATURE DATE ISSUED 071888

USE FOR WATER (CIRCLE APPROPRIATE BOX) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

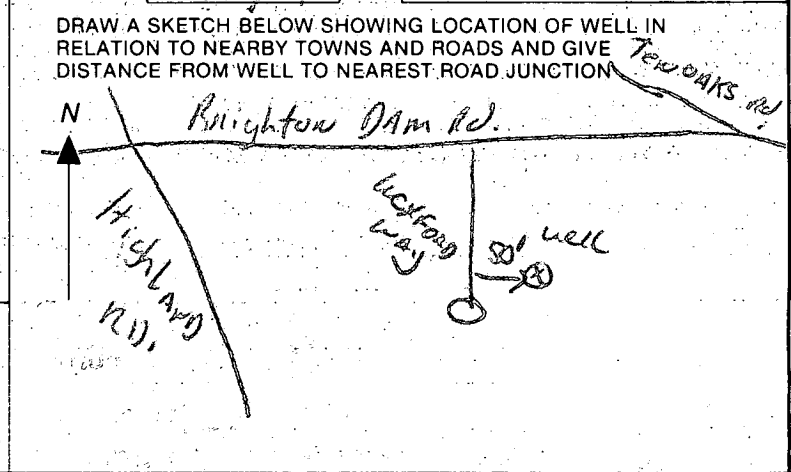
APPROXIMATE DEPTH OF WELL 150 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER FORCE 52 PERMIT No. 110-88-0056

SPECIAL CONDITIONS 230-1845

C1 **9587** SEQUENCE NO. (DENV 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 34 181**

DATE Received
 DATE WELL COMPLETED **08/11/88** Depth of Well **265** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-4056**

OWNER **JAMES W. HAY** last name **HAY** first name
 STREET OR RFD **DEER CREEK WAY** TOWN **FAIRFAXVILLE**
 SUBDIVISION **DEER CREEK** SECTION **2** LOT **19**

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	
Top Soil	0	2	
Sandy	2	20	
Sand Stone	20	25	<input checked="" type="checkbox"/>
MICKA	25	50	
Sand Stone	50	55	<input checked="" type="checkbox"/>
MICKA	55	265	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **102**
 DEPTH OF GROUT SEAL: (to nearest foot)
 from **0** ft. to **25** ft.
 (enter 0 if from surface)

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

MAIN CASING Nominal diameter top (main casing) **6** inch (nearest inch)
 Total depth of main casing **30** (nearest foot)
PL **6** **30**

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	HC	29	165
2			
3			

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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. **277**
 DRILLERS SIGNATURE **Wald Moore**
 (MUST MATCH SIGNATURE ON APPLICATION)

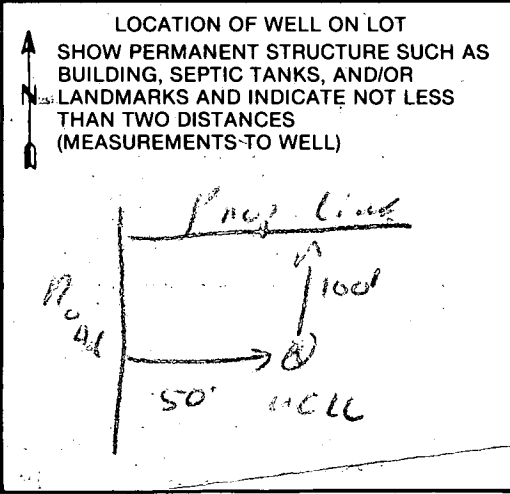
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

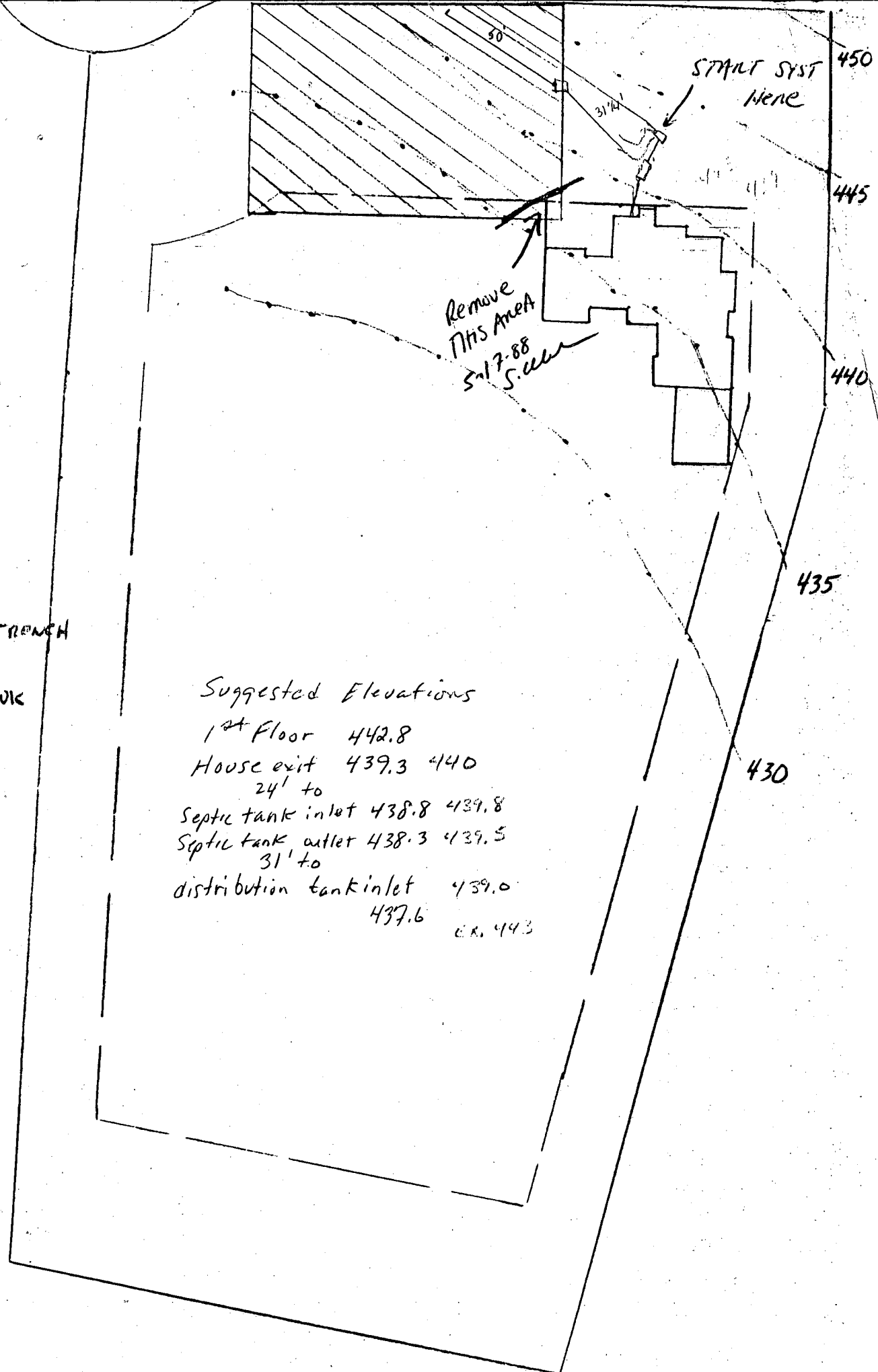
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **22**
 WHEN PUMPING **25**
 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 (nearest foot)
- below } **9** (nearest foot)





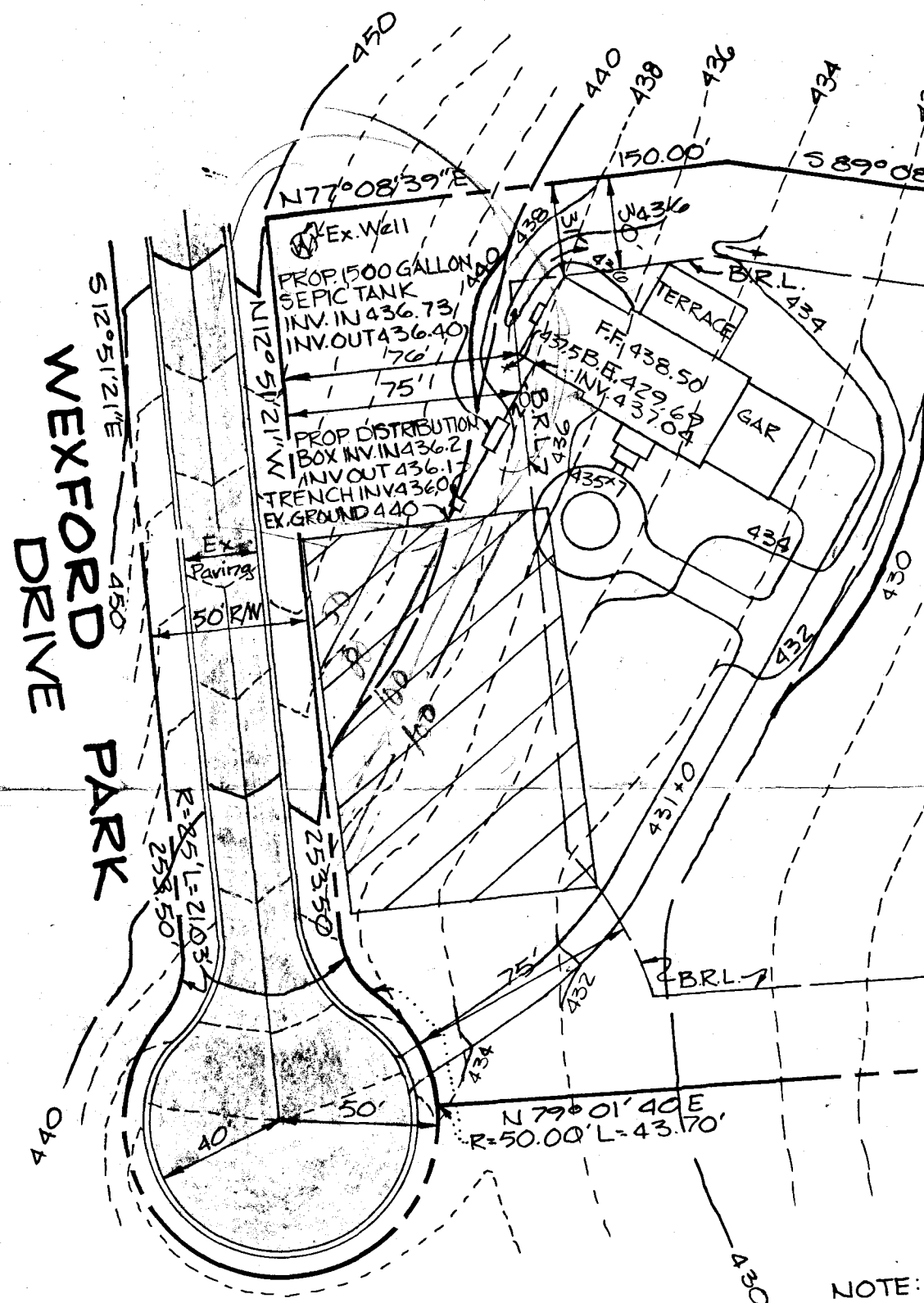
Inlet 4
 BOTTOM C.S
 180 Ø 132
 240 LF OF TRENCH
 1250 GPM TANK

Suggested Elevations
 1st Floor 442.8
 House exit 439.3 440
 24' to
 Septic tank inlet 438.8 439.8
 Septic tank outlet 438.3 439.5
 31' to
 distribution tank inlet 439.0
 437.6 ex. 443

Scale 1" = 50'

3193

ELEVATIONS OK
9/12/89 CWL



NOTE:

FISHER, COLLINS AND CARTER, INC.
 CONSULTING ENGINEERS AND LAND SURVEYORS
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: (301) 461-2855

W.O. 60443