

4/2/90 AM

PERMIT

P 45757

SEWAGE DISPOSAL SYSTEM

A 33001

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-366666
INDEXED

DATE 4/2/90

DATE SYSTEM APPROVED 4/2/90

INSPECTOR M. Rifkin

Wesmar Corp. IS PERMITTED TO INSTALL ALTER

ADDRESS 13990 Triadelphia Mill Road, Clarksville, Md. 21029 PHONE 531-2166

SUBDIVISION Bowman Property ROAD 7140 Brooks Road LOT 1

PROPERTY OWNER Mr. John Bowman

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 60% AND ABSORPTION AREA BY 12%~~

~~GARBAGE GRINDER XXX YES XXXXXXXXXXXXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 3 feet below original grade. 18 inches of stone below distribution pipe.

LOCATION - Start first trench 300' from the edge of Brooks Road and 50' from the edge of the left (432') lot line. As seen when facing the property from Brooks Road. Run trenches along level ground toward the front left corner of the property.

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

PLANS APPROVED BY Craig Williams cm DATE 08/12/83

COVER NO WORK UNTIL INSPECTED AND APPROVED

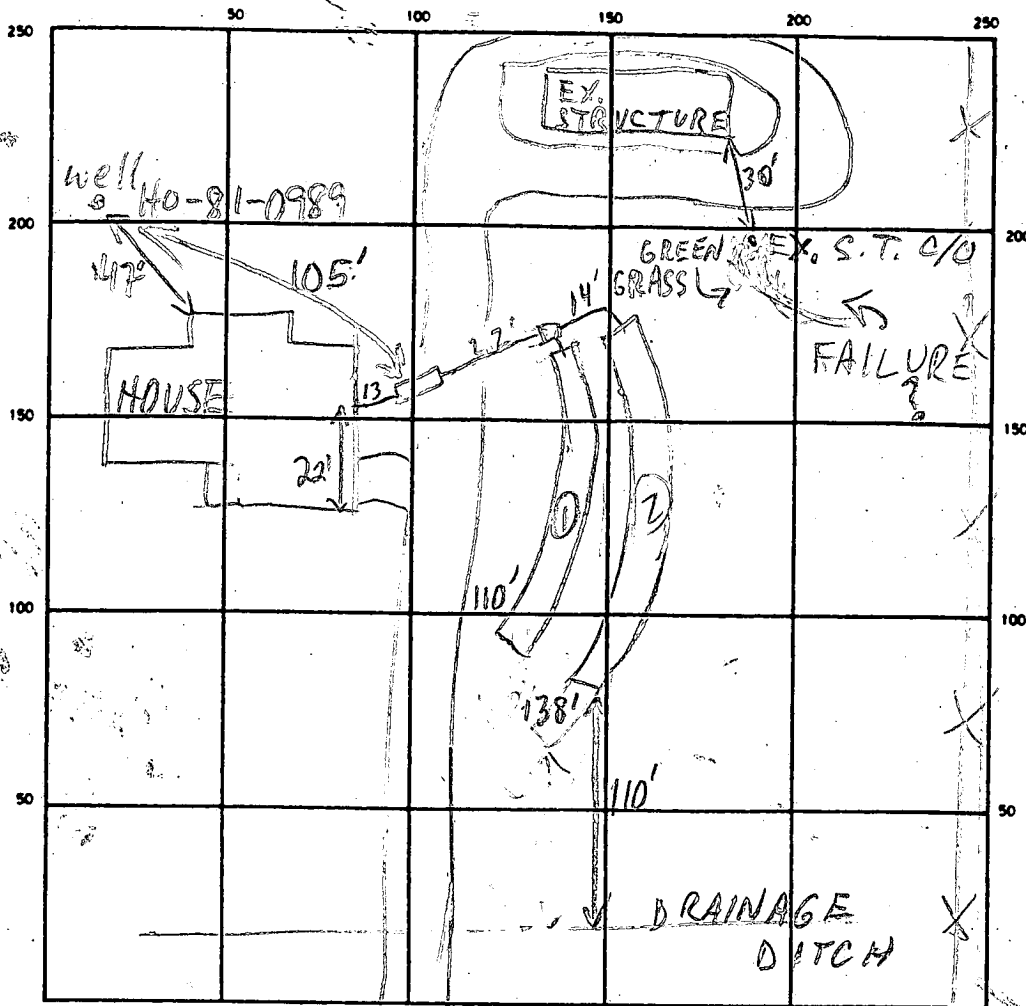
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

- 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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)
- 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.

A-33001



BROOKS RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK Baffle in

DRAIN FIELD/TILE FIELD. DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 110 (2) 138 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 330 (2) 414 SQ. FT.

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

ABSORBENT AREA 744 SQ. FT.

REMARKS 4/2/90 #1 OK TO CONTINUE MR
4/2/90 #2 OK TO BACKFILL WHEN READY MR

DATE SYSTEM APPROVED 4/2/90 INSPECTOR M. Pitkin

7-2-84
2:00 P.M.
Permit

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 1983 applied for

*inlet 3'
rise 4 1/2'
width 3'
43R 640 #
2 trenches 107' ea,
1 1/2' stone under dist. pipe*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*Start ± 135' from back land & 70' from left (287') line
run toward front along level ground*

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

PROPERTY OWNER John Bowman PO Box 208 Fulton 20759
ADDRESS BOWMAN PHONE 776-6351

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. lot #1

ROAD AND DESCRIPTION 7140 Brooks Rd. Barn in back of lot also paved

SIZE OF LOT 3 AC. TYPE BLDG. ? PROBABLY 4
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

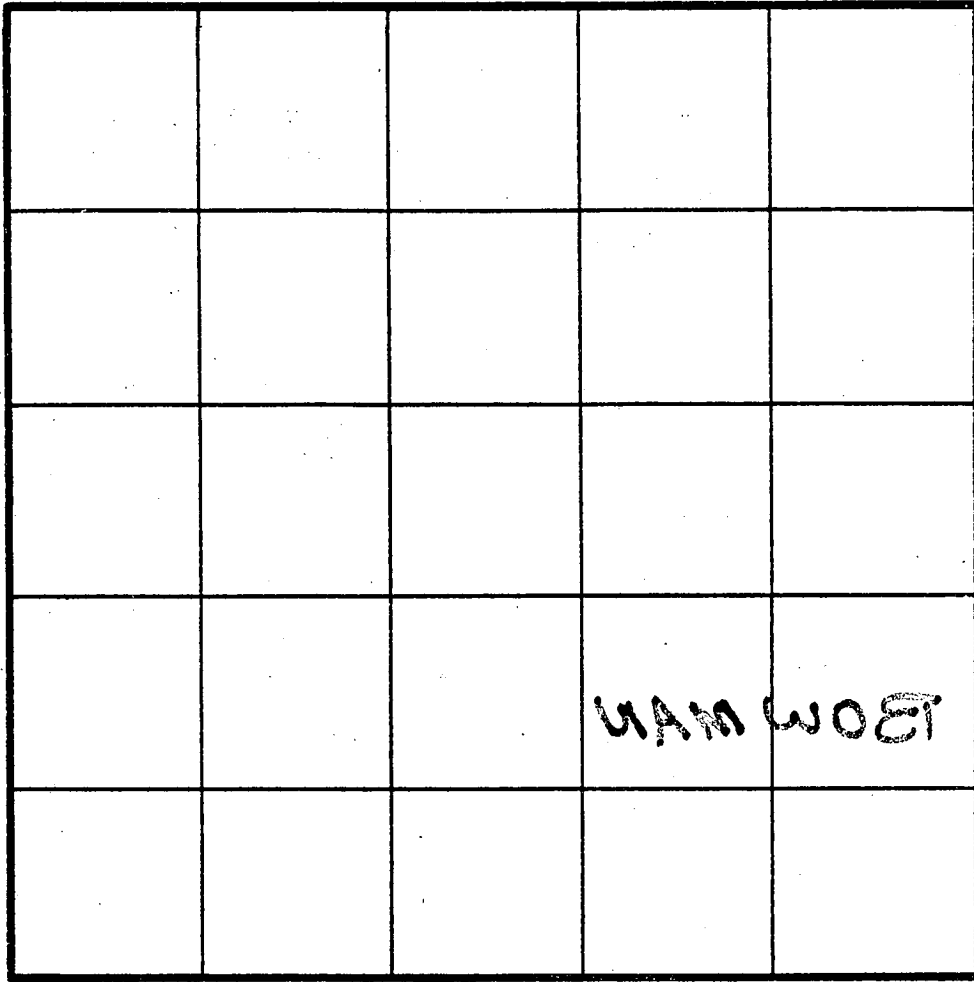
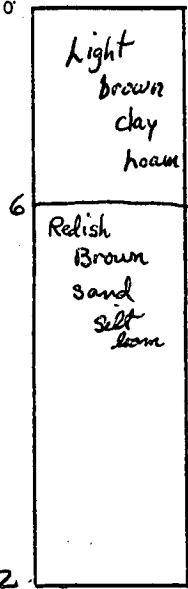
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/84. must check records for past perc. results

THIS IS NOT A PERMIT

①

SOIL PROFILE



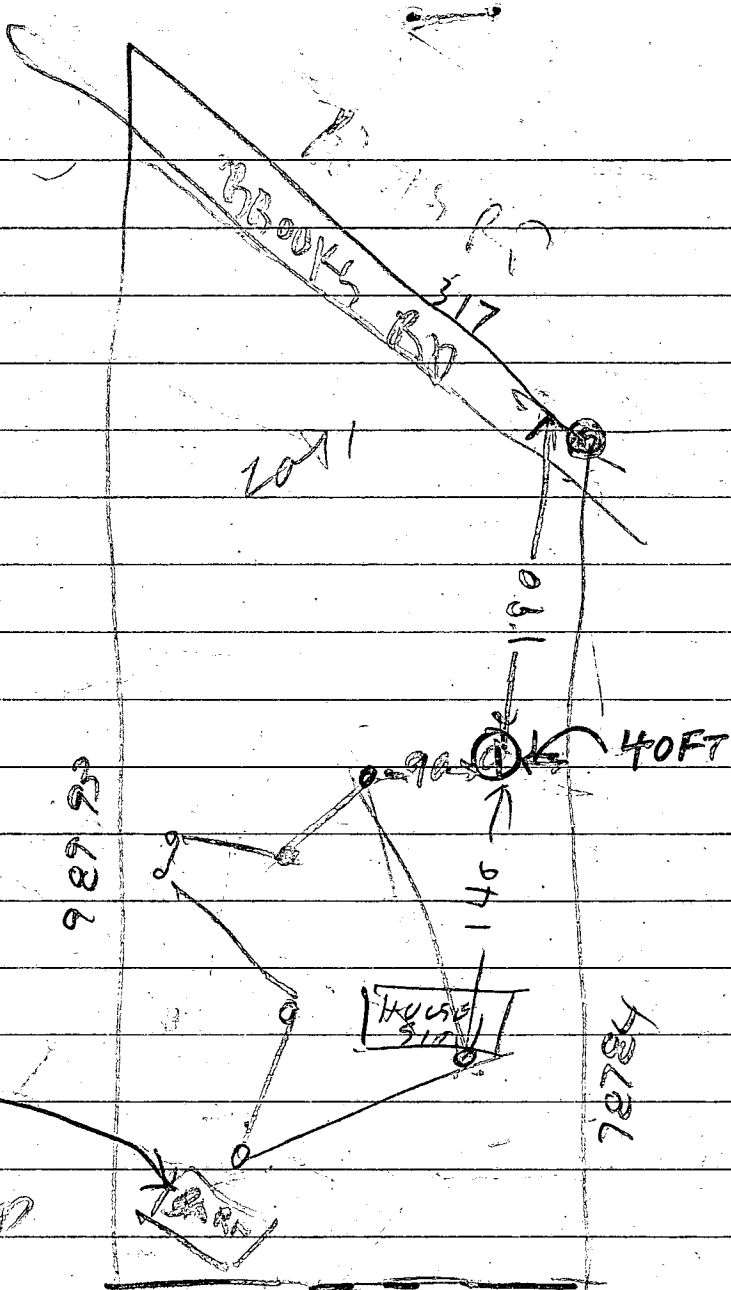
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-2-84	1 S	3 1/2	229	305	little perc.			
"	1 V	12	looks ok below 6'					

REMARKS NO BACKHOE TODAY

TYPE OF SOIL _____

TESTED BY Raymond Hodges ALSO PRESENT John Bowman



BARN
BUILT
ALMOST
FINISHED

NO WATER
WELL 901

Plot signed
1983

POND

JOHN BUNMAN
FORMERLY
JOHN GREEN BANK Prop

Applied for Retest
245 03
Aug 1983 serial 00

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 2929

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

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 John Green Bank / ^{new owner to be} JOHN H. ROBINSON
ADDRESS BROOKS RD Highland MD PHONE 776-6351

PROPERTY LOCATION:

SUBDIVISION Lot 1 Brooks Rd LOT NO. 1

ROAD AND DESCRIPTION Lot 1 Brooks Rd

SIZE OF LOT 3 acres TYPE BLDG. none
(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.

(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

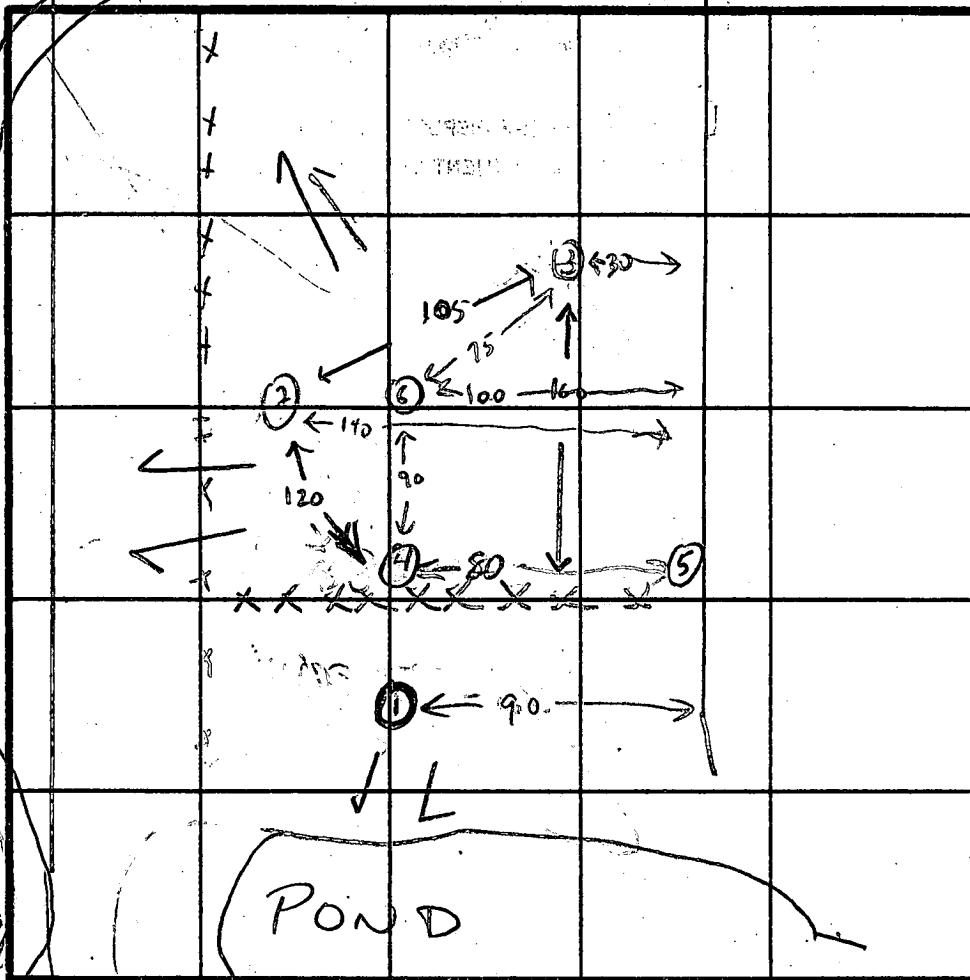
BROOKS RD

ALL HOLES SOIL PROFILE

CLAY
SANDY-LOAM

DRIVEWAY

HOUSE ON OTHER LOT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE #	WATER AT
1	11'4" FAIR
2	11'6"
3	12'
4	13'
5	14' - NO WATER
6	13'6"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/2/83	1 X	3'	NOT TESTED				X
		WATER AT 11'4"					
	2 LOW HOLE	3'	10:21	10:25	10:25	10:31	6 MIN
		WATER AT 11'6"					
	3 2ND HIGH	3	10:23	10:28	10:28	10:35	7 MIN
		WATER AT 12'					
	4	3'	10:52	10:55	10:55	10:59	4 MIN
		WATER AT 13'					
	5 HIGH HOLE	3'	11:10	11:14	11:14	11:20	6 MIN
		DRY AT 14'					

8/2/83
Tile Field only S.S.

6 2ND LOW - NOT TESTED - OK (WATER AT 13'6")

REMARKS ANY AREA OUTSIDE TEST AREA IS NOT USABLE BECAUSE OF LOW ELEVATION - HIGH WATER TABLE

TYPE OF SOIL

TESTED BY

C Williams

ALSO PRESENT

DON SOUTHERSON
JOHN BOLMAN

B 1 **3315** SEQUENCE NO. (OEP USE ONLY) **STATE OF MARYLAND**
 6/5/85 A. PERMIT TO DRILL WELL
 9:30 AM please print or type

OEP PERMIT NUMBER
40-81-0989
 fill in this form completely

Date Received **6/5/85**
 OWNER INFORMATION
BOUNAN JOHN E MARK
 15 Last Name Owner First Name 34
2140 BROOK RD
 36 Street or RFD 55
HIGHLAND **MD 20777**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
DOWS MAP 40 PARCEL 413
 23 SUBDIVISION 42
 SECTION **---** LOT **I**
 44 46 48 50
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **I M I**
 73 76 77 78

DRILLER INFORMATION
RALPH MAYNE **273**
 Driller's Name 77 License No. 80
RALPH MAYNE (WELL DRILLING)
 Firm Name
9120 Bowen Church Rd. Mt. Airy
 Address
Ralph Mayne **4/10/85**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Brook Rd.**
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **400**
 34 37
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 1 2 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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 **A32929**
 COUNTY NAME COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S 41
 DATE ISSUED **042385** **Craig Williams** **10/23/85**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **488000** EAST GRID **0809000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 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 _____

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
21 FT OF CASING
18 FT OPEN ANNULAR SPACE
2 FT CASING ABOVE GRADE
5 BAGS CEMENT
well location OK
6/5/85 SA.

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Sketch showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction.

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE WRITE INITIALS IN BOX PERMIT No. **40-81-0989**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

WPI FORM

DON'T

DISCARD

SRK

10/11/00

John A. Brown
(Name)

7140 Brooks RD Highlows mn
(Address) 854-0505

(OEP Well Permit Number)

APRIL 6 85
(Date)

7140

GRAVEL DRIVEWAY

FUTURE HOME

SEPTIC

BROOKS RD

TO CLARKSVILLE RD

W 6" size or
4/12/85
100'

1/2" O

125'

44'

⊕ TLC 10-010

⊙ GE 479976 35'4P
INST 14 U6 POLE
INST 1- 8' ARM 1-WB 552L 1-15KV C/O
" 1-3" UG RISER TRSF 1-15KV C/O

AGREEMENT			LOCATION OF GAS & ELECTRIC FACILITIES APPROVED				SCALE		LOCATION	
FROM _____			BY _____		DATE _____		60 120'			
R/W NO. _____			PHONE _____		DESIGNER <i>CONNERT CGL</i>		PHONE <i>854-9065</i>		NAME	
CALL MISS UTILITY (COLLECT) 48 HRS. BEFORE STARTING WORK (301) 559-0100		TYPE SYSTEM	TEST	PSIG	PERMITS	REQ'D	BY	DATE	OH ED 40952	LOCALITY
		HYDROSTATIC TEST	450 PSIG	HOURS	RADIOGRAPHIC REQUIRED	%			UG ED 10487	OBJECT OF WORK
SYMBOLS - SEE HANDBOOK FOR DETAILS					CITY	CONSTR. DESIGN			GM	
PROPOSED GAS AND/OR ELECTRIC TRENCH					CO.	CONSTR. DESIGN CK			ELEC. SER. ED 6301	BASED ON WORK WITH
EXISTING GAS AND/OR ELECTRIC FACILITIES					STATE	ENGINEERING CK				

NOTES:

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

⊙ DENOTES FIELD LOCATION OF PERC TEST HOLE. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

LEGEND

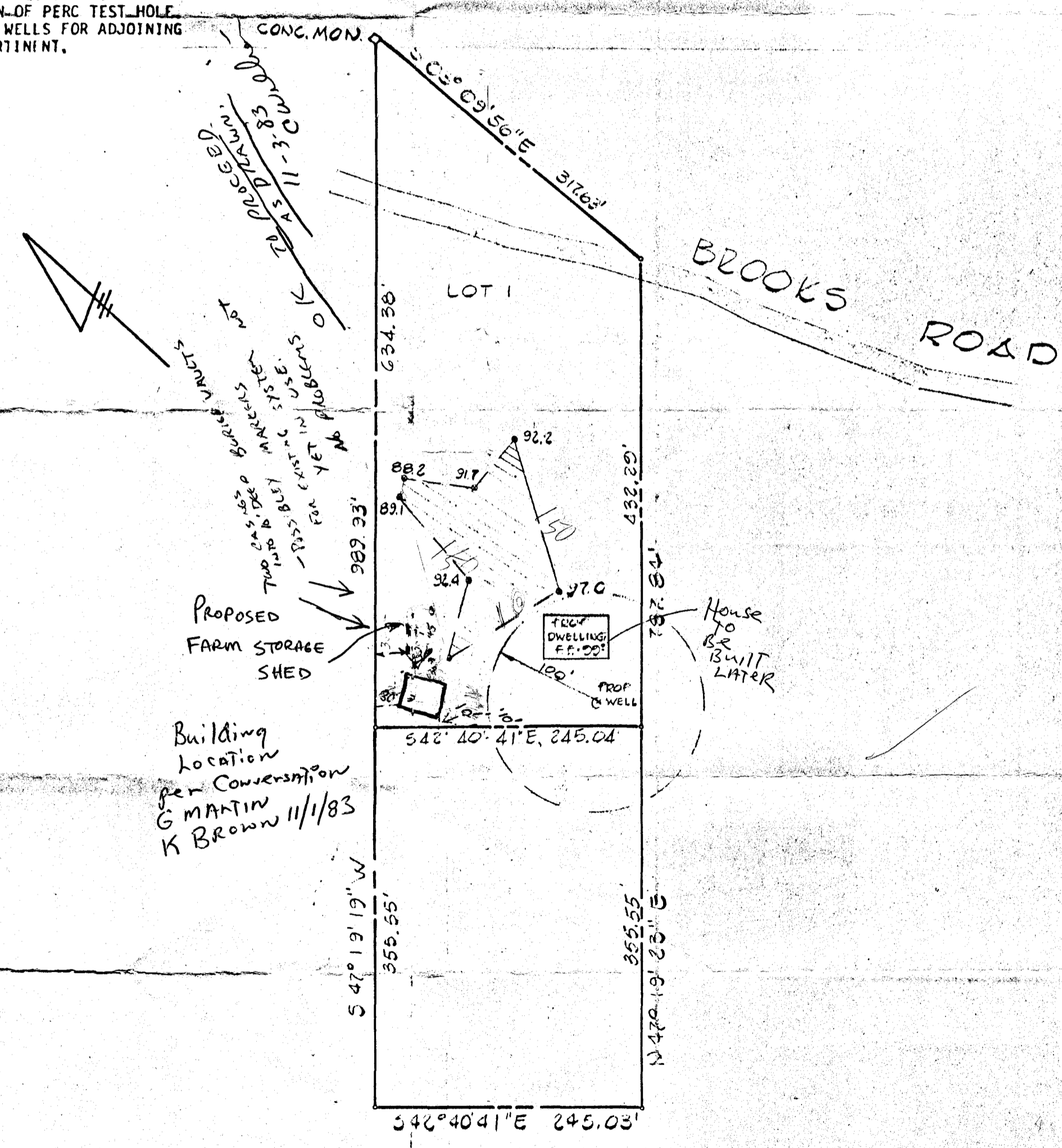
⊠ DENOTES LOCATION OF DWELLING

⊙ DENOTES PROPOSED WELL

⊙ DENOTES FIELD LOCATION OF PERC HOLES

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

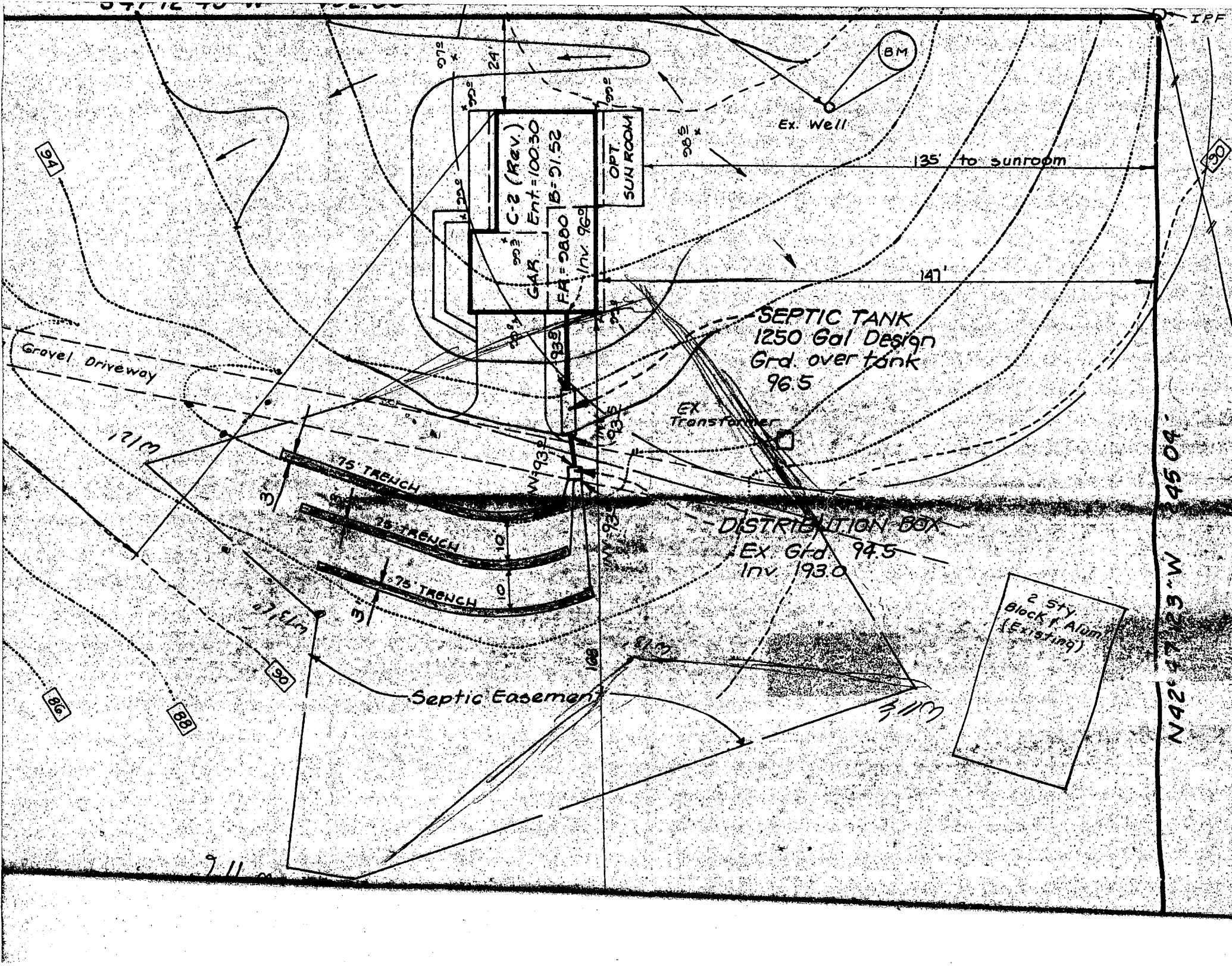
Joseph Byler 8-3-83
COUNTY HEALTH OFFICER F.S. DATE



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

James A. Fisher

PERCOLATION TEST
CERTIFICATION PLAT
PROPERTY OF
JOHN EOWMAN
ELECTION DISTRICT
HOWARD COUNTY MARYLAND
JULY 26, 1983 SCALE: 1"=100'



IPF

N42° 17' 23" W 245.04'

89

94

Gravel Driveway

Ex. Well

135' to sunroom

147'

SEPTIC TANK
1250 Gal Design
Grd. over tank
96.5

EX Transformer

DISTRIBUTION BOX
Ex. Grd. 94.5
Inv. 193.0

2 STY
Block Alum
(Existing)

Septic Easement

86

88

90

108

106

105

103

91