

8/5/93 noon
8/10/93 ASAP
8/11/93 noon

8/10/93 P.C.O.
C.B.D.

PERMIT

F.D.A.

P 49497

SEWAGE DISPOSAL SYSTEM

A 33193

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd

03-315770

DATE 8/3/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

DATE SYSTEM APPROVED 8/11/93

INSPECTOR C.B.D.

Joseph Gartland

IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 W. Old Liberty Road, Westminster, MD 21157 PHONE 876-2399

SUBDIVISION Coventry Meadows, Sec. 1 LOT 2 ROAD 1425 Coventry Meadows Drive

PROPERTY OWNER Mark & Jean Bruce

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 200

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench on the B.R.L, 100 feet from the center of Coventry Meadow Drive and 300 feet from the right lot line. Run first trench on contour toward Coventry Meadows Drive. Additional trenches to follow contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/2/92 RH

PLANS APPROVED BY C. Williams DATE 3/09/90

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

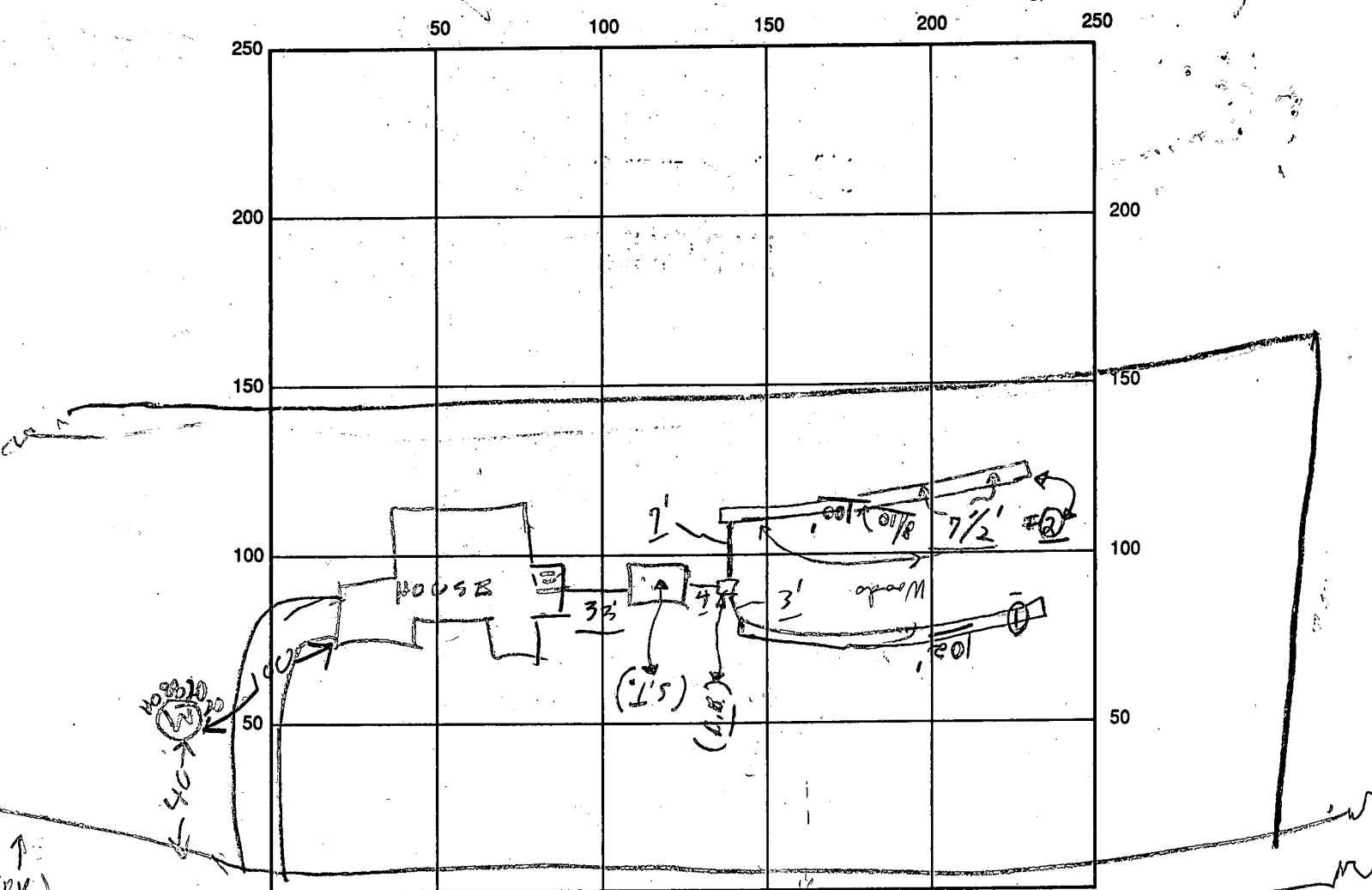
PERMIT VOID AFTER TWO YEARS

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**

A 33193



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 COUNTRY MEADOWS

SEPTIC TANK LEVEL OK 2000 CLEANOUTS MANHOLE
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 102 FT. } = 200 +
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 808 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 808 SQ. FT.

REMARKS: 11:30 AM 8/4/93 10:20 AM COVER TANK FINISH DIGGING TRENCH #1
& ADD STONE. DIG TRENCH #2 8/10/93 Partial-early A.M. ok to stone #2
8/10/93 No pipe from pd box to #2; Need to see dist. box area and
pipe to #2 trench and its ends & middle of #2 trench only; C.Bd
8/11 Final ok to cover all work;
8/10 (A.M.) No W.P.I. C.Bd. 8/11/93 W.P.I. - Final C.Bd.

DATE SYSTEM APPROVED 8/11/93 INSPECTOR Charles Bryan & the others

Preli.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33193

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 3rd

DATE 10/4/83

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 WILLIAM M. HAWKE MARK + JEAN BRUCE
ADDRESS 7148 LASTING LIGHT WAY COLUMBIA, MD. 21045 PHONE 410-636-2724
465-7777 BAENDER ASSOC.

PROPERTY LOCATION:

SUBDIVISION HAWKES LANDING LOT NO. 2

ROAD AND DESCRIPTION MD. RTE. 32 (WEST SIDE) 1400' ± NORTH OF OLD FREDERICK RD. TO BEGINNING OF SITE (1425 COVENTRY MEADOWS DRIVE)

SIZE OF LOT 3 ACRES TYPE BLDG. 3/4
(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.

John J. Barbud (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

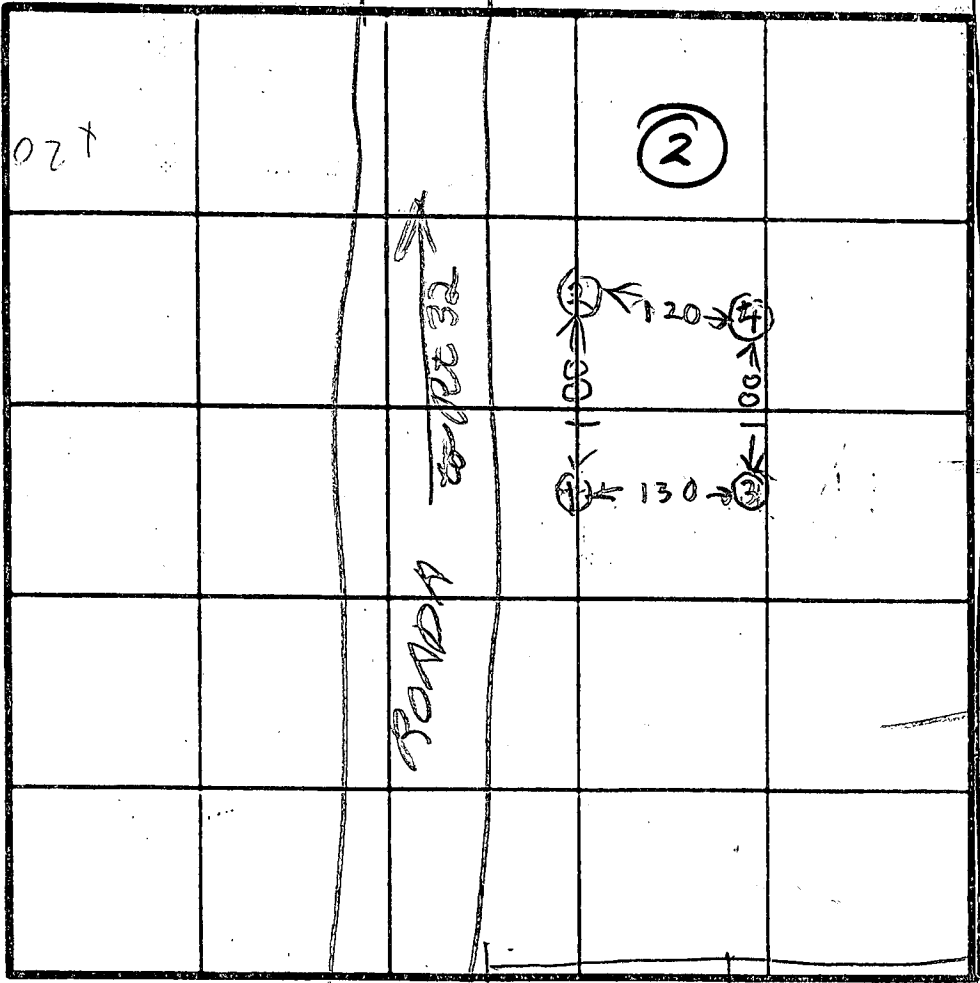
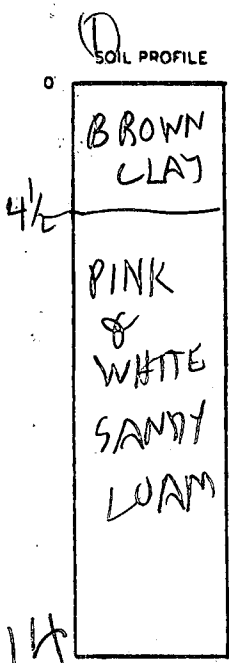
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 9/17/82
Serial # 95445 - SPD
4 Bedrooms

THIS IS NOT A PERMIT

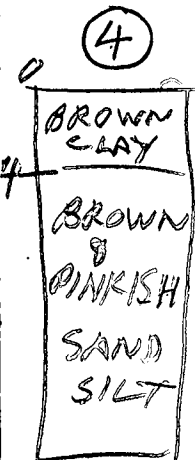
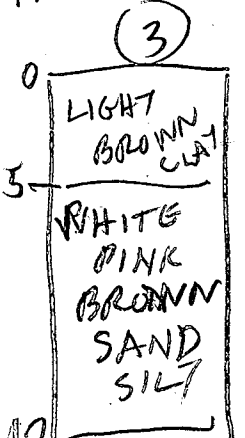
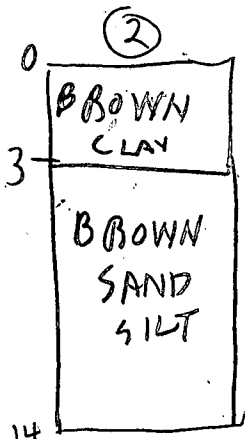
22

Lot



X = Inlet
Bottom =

HOLE ELEVATION
③ = LOWEST
① NEXT LOWEST
② HIGHEST
④ NEXT HIGHEST
DW'at ②



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/18/83	1S	4 1/2	958	1003	1003	1013	10
" "	1V	14	LOOKS		OK		
" "	2S	5	1018	1019	1019	1022	3
" "	2V	9	1019	1021	1021	1024	3
" "	2V	14	LOOKS		OK		
" "	3S	5 1/2	1027	1032	1032	1039	7
" "	3V	13	LOOKS		OK		
" "	4V	13	LOOKS		OK		

REMARKS
① ② PERC HOLES NOT DUG PER PLAT LOCATION
③ ④ PERC HOLES ARE DUG " " "

TESTED BY B. HODGES
Scale 1" = 100'

ALSO PRESENT JACK FYOLK Backhoe
BILL HAWKE Gurn
JOHN & SKIP Backhoe

130

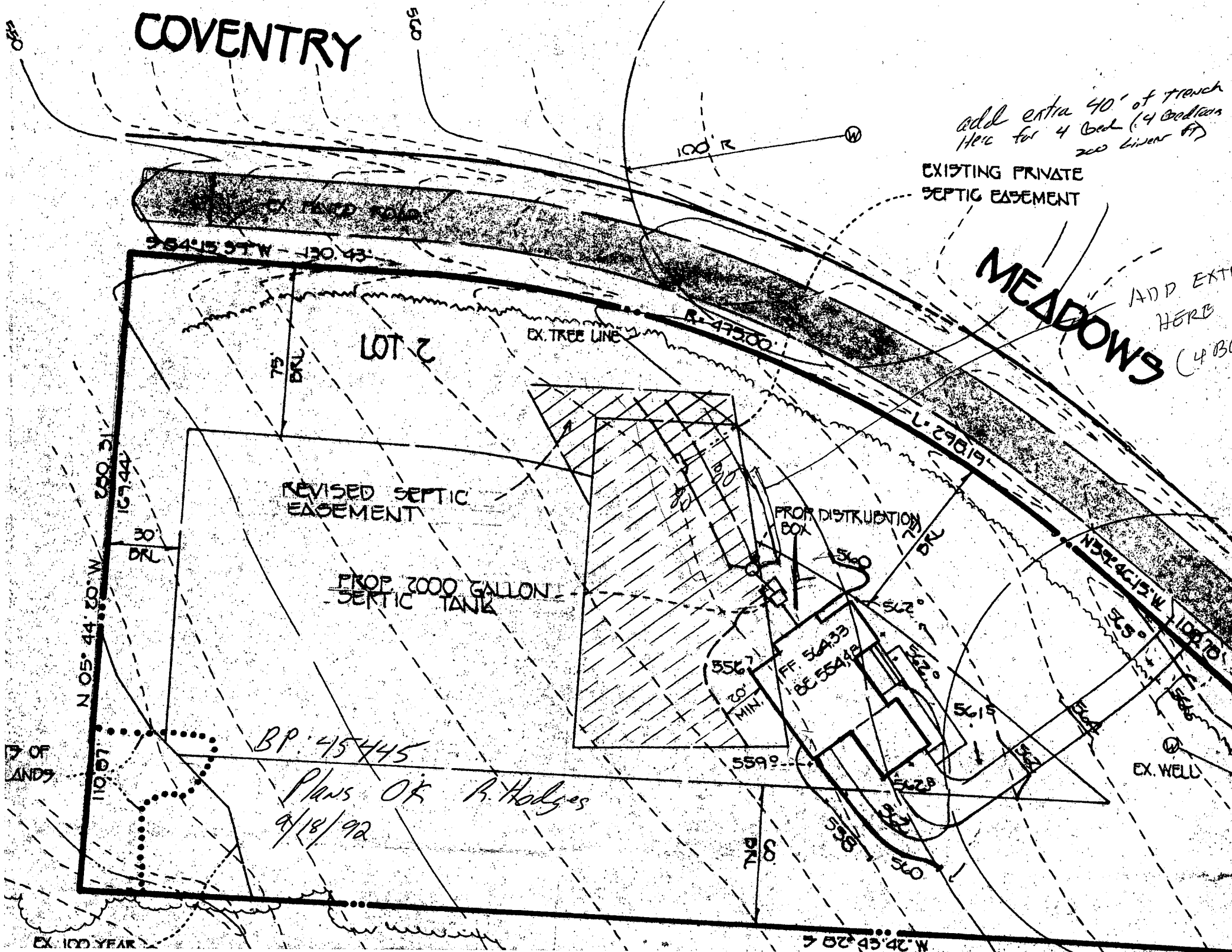
COVENTRY

add extra 40' of trench
here for 4 beds (4 beds
200 liner ft)

EXISTING PRIVATE
SEPTIC EASEMENT

MEADOWS

ADD EXTRA
HERE
(4 BE)

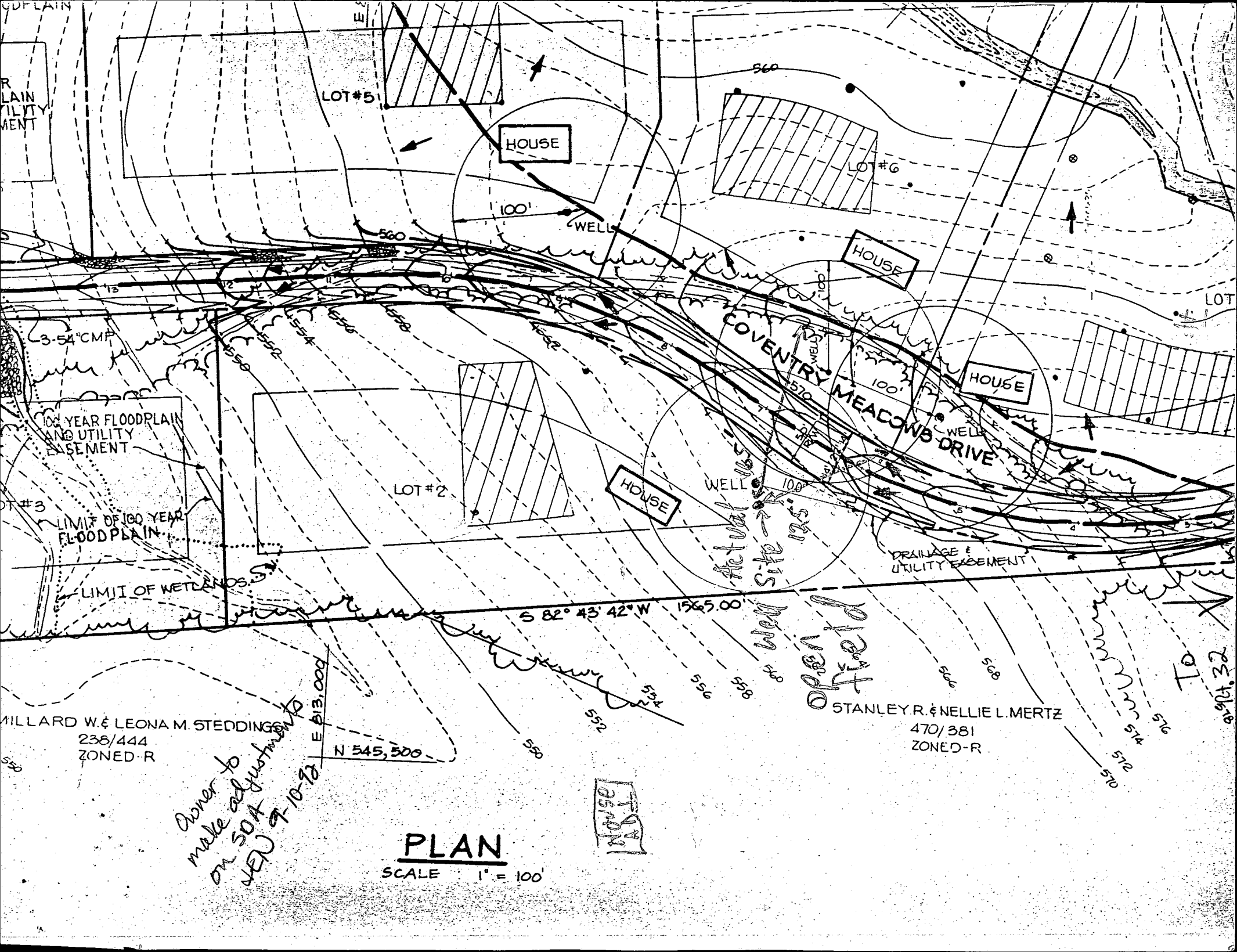


BP 45445
Plans OK R. Hodges
9/18/92

17 OF
LANDS

EX. 100 YEAR

N 27 58 20 E



R
LAIN
ILITY
MENT

LOT #5

HOUSE

100'

WELL

LOT #6

HOUSE

LOT #7

3-54' CMP

100 YEAR FLOODPLAIN
AND UTILITY
EASEMENT

LIMIT OF 100 YEAR
FLOODPLAIN

LIMIT OF WETLANDS

LOT #2

HOUSE

WELL

COVENTRY
MEADOWS DRIVE

HOUSE

WELL

DRAINAGE &
UTILITY EASEMENT

S 82° 43' 42" W 1565.00'

Actual Well Site

Open Field

MILLARD W. & LEONA M. STEDDING
238/444
ZONED-R

STANLEY R. & NELLIE L. MERTZ
470/381
ZONED-R

Owner to
make adjustment
on SOA
4/10/78

E 613.00'

N 545.500'

PLAN

SCALE 1" = 100'

HOUSE

TO
570
572
574
576
578
580

B 1 4736 SEQUENCE NO. (DP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-88-2020
70 fill in this form completely 79

Date Received (APA) 4/20/92 - 11:30 AM
1 2 3 6
122691
8 13
OWNER INFORMATION
Bruce Mark
15 Last Name Owner First Name 34
304 Dockside Court
36 Street or RFD 55
Baltimore MD 21225
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL 40.00
1 2
Howard
8 COUNTY 21 12/26/91 W-47698
Coventry Meadows
23 SUBDIVISION 42
SECTION 44 46 LOT 2 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

DRILLER INFORMATION
Leroy Brown 489
Driller's Name 77 License No. 80
G. Edgar Harr Sonn' Corp.
Firm Name
12047 Falls road Cockeysville 21030
Address
Signature Leroy Brown Date 12/23/91

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)
N NE E W S SW SE
8-9 8-9 8-9 8-9 8-9 8-9
NEAR WHAT ROAD
Route 32
11 COVENTRY MEADOWS DRIVE 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
34 300 37
DISTANCE FROM ROAD
ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A33193
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED INSERT S
010692 Mark E. Rubin 7/6/92
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 546000 EAST GRID 0813000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. 11/24/92 11:30
2. 11/20/92 APPLIED 12:24 PM
3. WELL BROUGHT DRILLER NOT SEEN
115 BR 65
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8103
N 5406
000 000

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPMEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE WELL OK DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
Route 32
Rt 70
WELL OK
RH

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER 54 GAP 63
FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-88-2020
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 636-2728

C1 4680

SEQUENCE NO. (DENV 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)

COUNTY NUMBER 423193

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 012992

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-2020

OWNER Bruce Mark last name first name STREET OR RFD Coventry Meadows TOWN W. Friendship SUBDIVISION COVENTRY MEADOWS SECTION LOT 2

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Overburden, Soil Shale, and Gray Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT, BENTONITE CLAY, NO. OF BAGS 16, NO. OF POUNDS 1600.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE ST, Nominal diameter 6, Total depth of main casing 112.

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

SCREEN RECORD: screen type or open hole insert appropriate code below, ST, BR, HO, PL, OT.

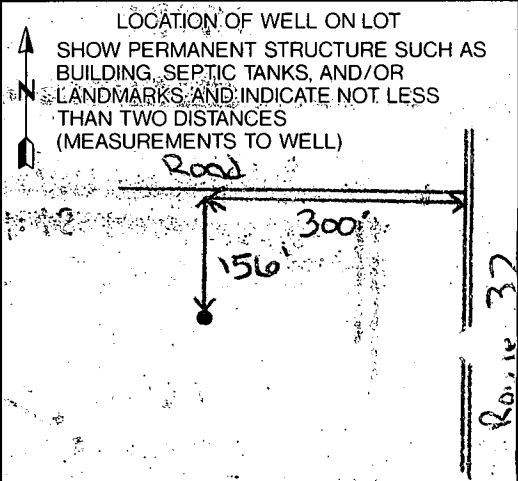
DEPTH (nearest ft.) HO 112, 300. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH).

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.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Submersible, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 489

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Robert Brown

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

8/11/93 noon

8/11/93
OK-Encl
C.B.D.

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 # _____
Date 8/31/93

Name of Installer J. JOSEPH GANTLAND, INC.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner MARK BRUCE

Telephone 636-2728

Subdivision Coventry Meadows Lot # 2

Well Tag # HO-88-2020

Site Address 1425 Coventry Meadow Dr.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # 10EJOS422
- Capacity 10 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make HANNA
- Model # PT800
- Depth 42"

Tank

- Capacity 42 gal
- Pressure relief valve? 75

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth 300 ft.
- Yield 10 GPM
- Static water level 14 ft.
- Will water supply be disinfected by installer? Yes

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: _____

Date: 8/31/93

(card 8/11/93) C.B.D.

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

HD-215

(8/10/93 No work yet in A.M. C.B.D.)