

9/5/85 ^{late} - 3:00

WBF 9/5/85

approved
9/5/85
C. Williams
P. 35868
A. 33371

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 4th
DATE 8/8/85

INDEXED
04-318935

D. F. Marshall Plumbing IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 59, Glyndon, Maryland 21071 PHONE 833-7681

SUBDIVISION Upper Trail ROAD 16341 Paulownia Hill Ct 19

PROPERTY OWNER Lawrence Smith

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 4½ feet below original grade. 18 inches of stone below distribution pipe. LOCATION: Start the first trench at a point 120 feet from the front lot line and 145 feet from the right lot line as seen when facing the property from Old Frederick Road. Run Trench(s) along level ground toward right side of lot. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/SA

PLANS APPROVED BY C. Williams DATE 12/12/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

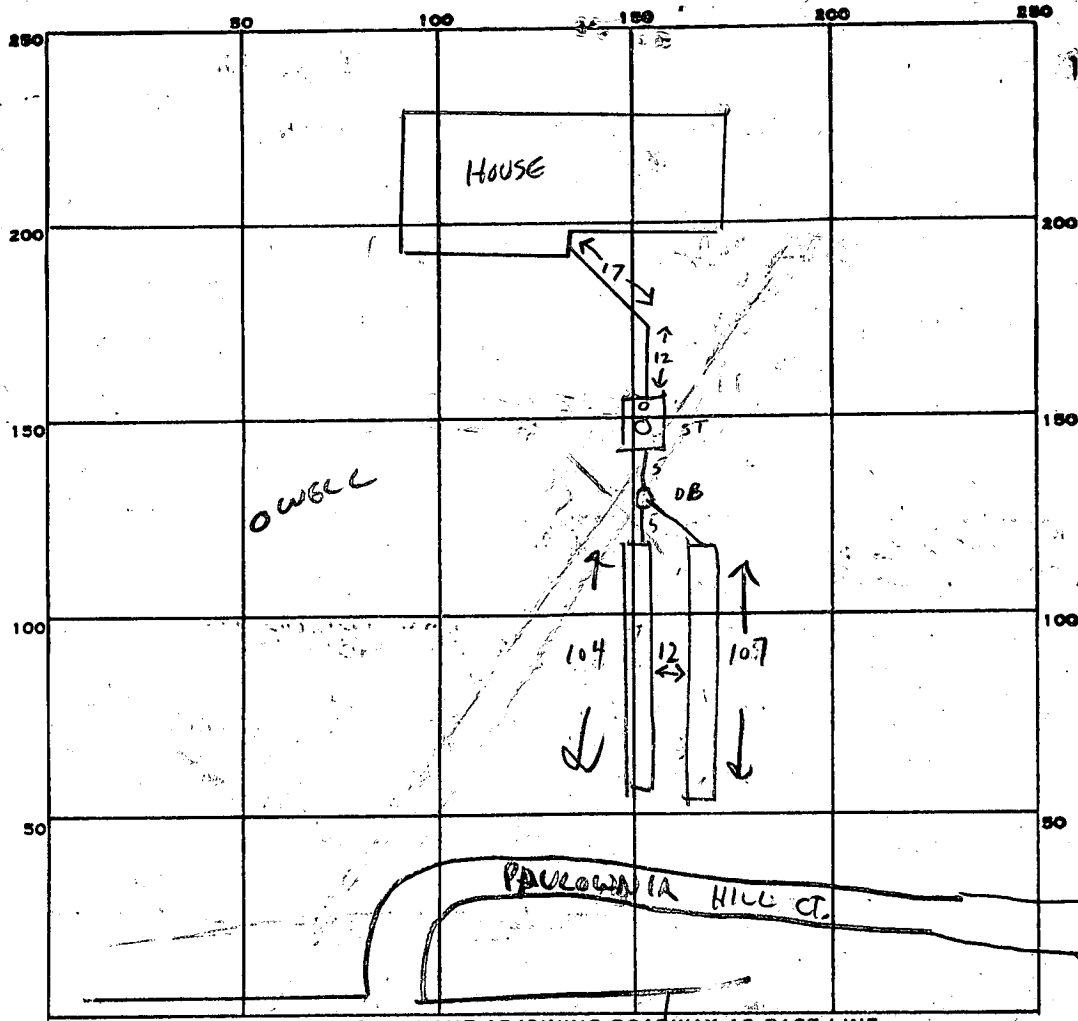
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

Handwritten signature and date: 9/5/85



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS ST 2 ✓ _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1 1/2 FT. IN. TOTAL LENGTH 211 FT.

NUMBER OF TRENCHES 2 (104+107) TOTAL BOTTOM AREA 633

158
4
632

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 633 SQ. FT.

REMARKS 9/5/85 TANK & 1ST TRENCH OK. CW

9/5/85 SYSTEM COMPLETE. OK TO COVER. CW

DATE SYSTEM APPROVED 9/5/85

INSPECTOR CW

SUBDIVISION: UPPER TRAIL

LOT NUMBER: 19

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

158 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 4 1/2 feet below original grade.

Effective area begins at 4 1/2 feet below original grade.

18 in. ~~feet~~ of stone below distribution pipe.

BP # 63773
Signed 4-18

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE FIRST TRENCH AT A POINT
FRONT
120' FROM THE REAR LOT LINE AND 145' FROM THE
RIGHT LOT LINE AS SEEN WHEN FACING THE PROPERTY
FROM OLD FREDERICK RD. RUN TRENCH(S) ALONG
LEVEL GROUND TOWARD RIGHT SIDE OF LOT.
1212-83 C.W. [Signature]

12/9/83
1:30 P.M.

APPLICATION

SEWAGE DISPOSAL TESTING

A 33371

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th.

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

DATE 12/07/83

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 ~~Howard Associates~~ LAWRENCE SMITH

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Upper Trail Paulonia Hill Ct. ? LOT NO. 19

ROAD AND DESCRIPTION 16341 Old Frederick Road

SIZE OF LOT 5.349 Acres TYPE BLDG. 3 or 4 Bedrooms
(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. /s/ Dale Maisel
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR ANY DATE 12-9-83

REJECTED BY _____ FOR _____ DATE _____

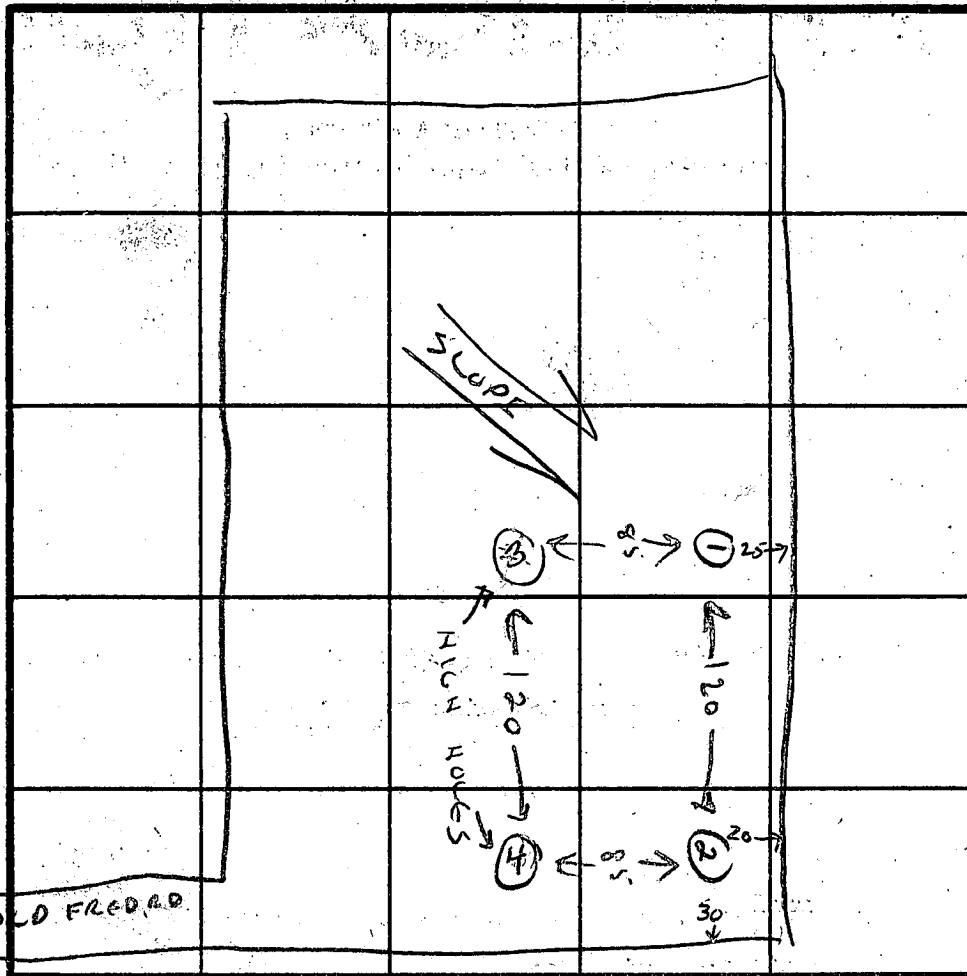
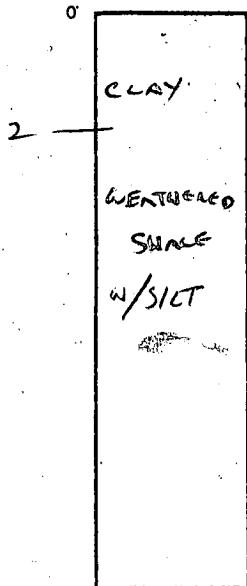
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
DR # 63773
Signd 4-18-85

THIS IS NOT A PERMIT

All Holes

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-9-83	1	4	2:15	2:18	2:18	2:22	4 MIN
		8	2:15	2:19	2:19	2:25	6 MIN
		12					
	2	4	VISUAL OK TO 14'				
		8					
	3	4	2:38	2:41	2:41	2:45	4 MIN
		8					
	4	4	2:51	2:53	2:53	2:58	5 MIN
		8	2:51	2:54	2:54	3:00	6 MIN

REMARKS OK TO RELOCATION SEPTIC RESERVE TO LOW CORNER OF LOT

TYPE OF SOIL CLAY TO 2 1/2' THEN SILTY WEATHERED SAPROLITE SHALE

TESTED BY C. Wilton ALSO PRESENT OTO K. D. T. R. M. W. N.

12/9/83
1:30

will permit even

APPLICATION

A 26241

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 B.R. DISTRICT 4th
ENVIRONMENTAL HEALTH SERVICES 1000 gal. septic tank / 1250 gal. septic tank
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 DATE 6/28/77
TELEPHONE: 465-5000, EXT. 356

165 SQ. FT. effective sidewall absorption area per bedroom to have
2 to 3 ft. of non-porous soil. Maximum depth permitted for drywell and trench is
4 ft. below original grade. Place the drywell 4.5 ft from the front (84.29 ft long)
property line and 225 ft. from the right (547.10 ft long) side line, as seen
when facing the property from Old Frederick Road. Start the trench after a
5 foot earth buffer with the drywell and proceed to dig it on level ground the
necessary distance, towards the right (547.10 ft. long) side line.

NOTE: Call for inspection of trench before installing gravel.

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 Howard Associates

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION (Upper Trail) LOT NO. 19

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 5.349 acres TYPE BLDG. 3 or 4
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 /s/ Lois Maisel

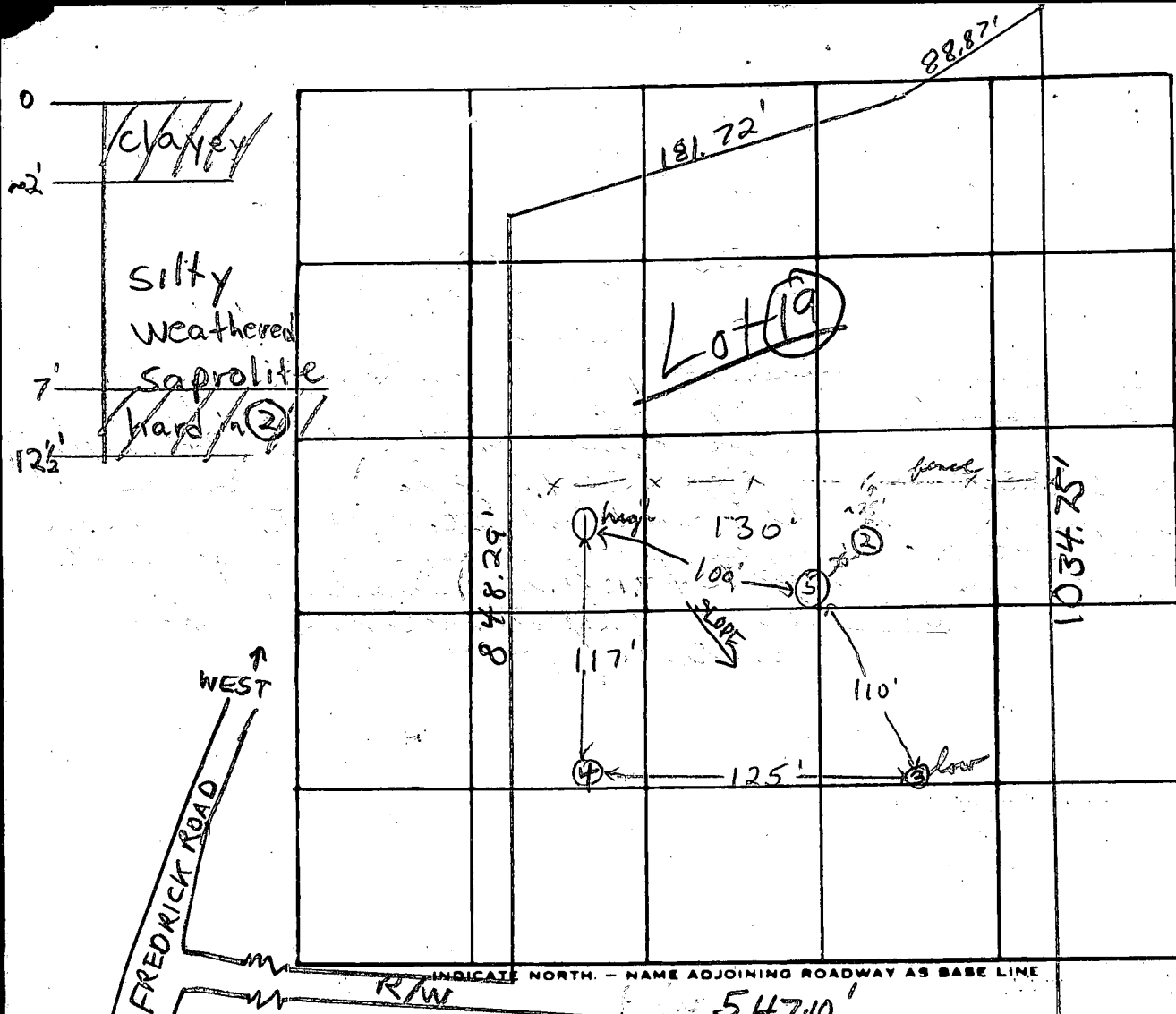
APPROVED BY Frank Skennor FOR Drywell and trench DATE 2/9/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST		DROP STOP	TIME
			START	STOP	START	STOP		
7/19/77	1 high	2 1/2'	1:42	1:47	1:47	1:57	10 min	
	1A	12 1/2'	1:42	1:50	1:50	1:59	9 min	
	2	10'	Hard saprolite at 10'		silty 1-7' border below			
	3 low	3'	2:00	2:02	2:02	2:06	4 min	
	3A	11 1/2'	2:00	2:09	2:09	2:28	19 min	
	4	3'	2:03	2:04	2:04	2:08	4 min	
	4A	11 1/2'	2:03	2:10	2:10	2:30	20 min	
	5	11 1/2'	2:22	2:27	2:27	2:36	9 min clayey to 3'	

REMARKS Correct hole locations

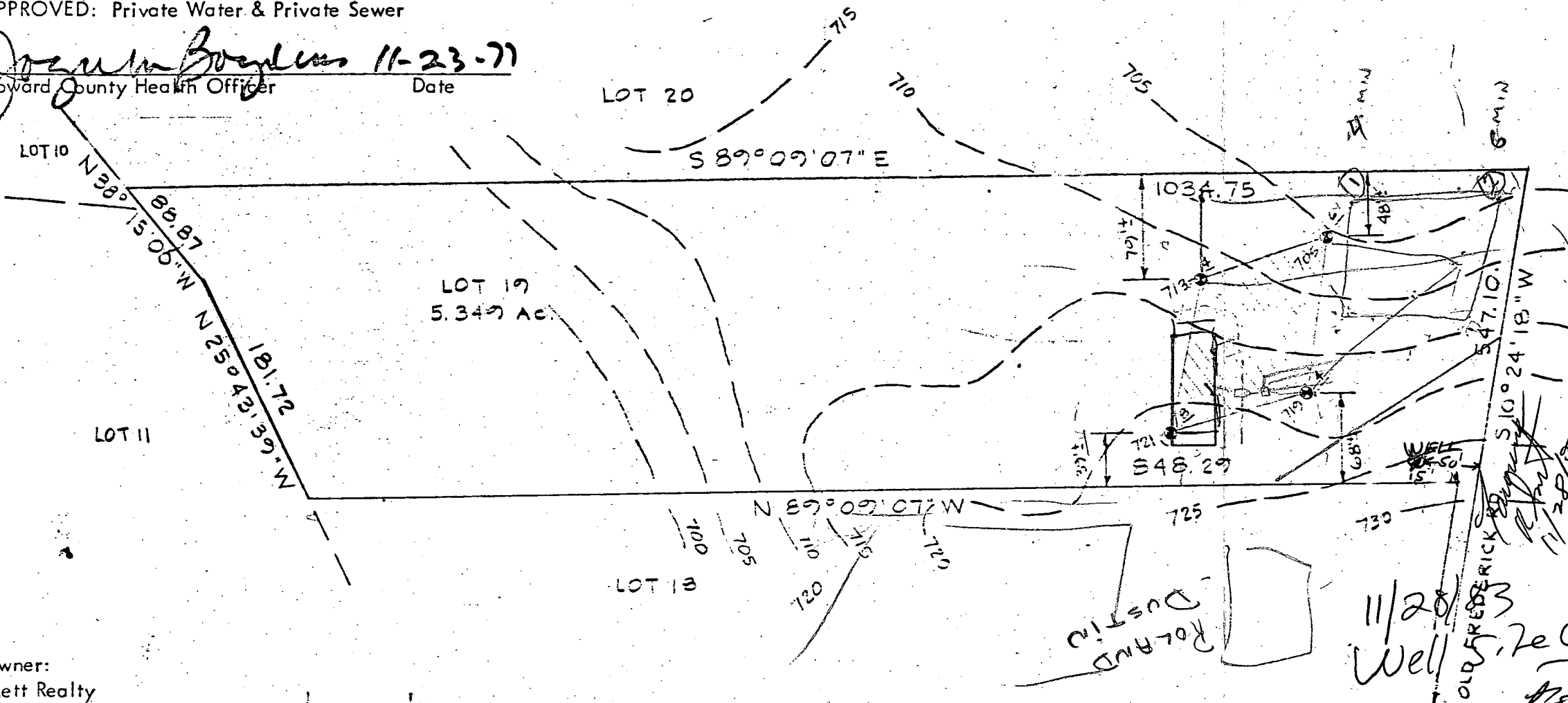
TYPE OF SOIL clayey to 2' silty weathered saprolite below

TESTED BY F.S. ALSO PRESENT: Fyock & Co.

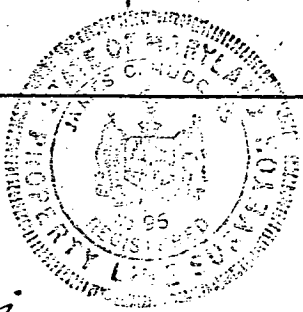
The lot shown hereon complies with the minimum ownership and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

APPROVED: Private Water & Private Sewer

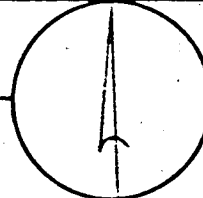
Joseph M. Boyles 11-23-77
Howard County Health Officer Date



Owner:
Rhett Realty
3696 Park Avenue
Ellicott City, Maryland 21043



REFERENCE



MERIDIAN

RICHARD P. BROWNE ASSOCIATES
CONSULTING ENGINEERS, PLANNERS
WAYNE, N.J. COLUMBIA, MD

MAP OF PROPERTY OF
HOWARD ASSOCIATES

SITUATED IN
4th Election District
Howard County, Md.

SCALE: 1" = 100'

DATE: 3-3-77

ENC 40-105 *1154

Carl Hodgson

No. 97

ROTARY DUST
11/28/83 Well OK
10 OLD FREDERICK RD
11/28/83

B 1 7642

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0374

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

1/4/84 3:30 p.m

please print or type

fill in this form completely

Date Received

1/09/84

OWNER INFORMATION

SMITH R LAWRENCE

3010 OSBORNE AVE.

CATONSVILLE MD 21228

B 3

LOCATION OF WELL

HOWARD

UPPER TRAIL

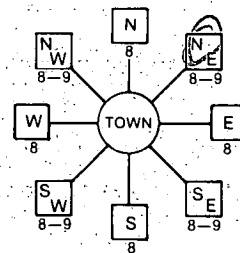
SECTION 19

POPLAR SPRINGS

MILES FROM TOWN (enter 0 if in town) 1 1/2 MI

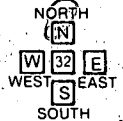
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Old Fredericks Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI 1

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

A33371

COUNTY NAME

COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED 12/2/83

Frank Shim 6/12/84

CO SIGNATURE

EXP. DATE

NORTH GRID 554000

EAST GRID 0776000

APPROXIMATE DEPTH OF WELL 180 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

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 deepen an existing well
Permit number of well to be replaced or deepened (if available)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE FS PERMIT NO. HO-81-0374

SPECIAL CONDITIONS

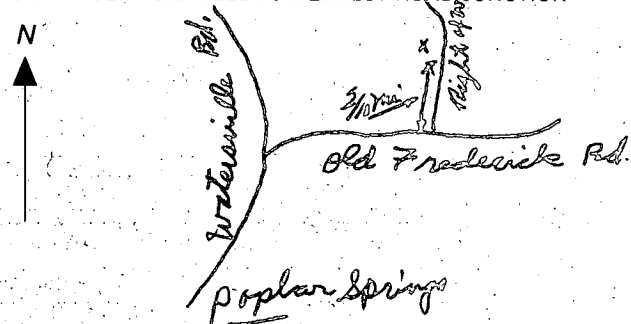
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE

Box numbers 770 6 and 550 4

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 **0895** SEQUENCE NO. (OEP USE ONLY)
 1 2 3 4 5 6
 (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 33371**

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED **10/08/84** Depth of Well **220** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-0374**

OWNER **Smith Lawrence R.** last name first name
 STREET OR RFD **Old Fredrick Road** TOWN **Poplar Springs**
 SUBDIVISION **Upper Trail** SECTION [] 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	
Brown Shale	0	38	
Blue Rock	38	220	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **440**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **42**

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**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 **40** **40** **220**
 2 [] [] [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)

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**
Wesley Murren
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

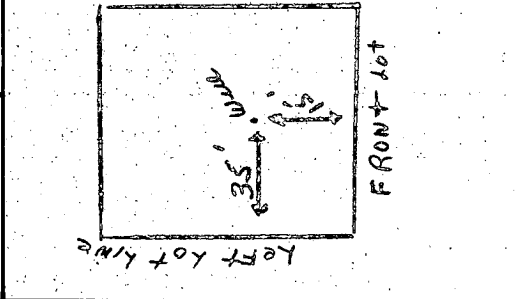
GRAVEL PACK [] from [] to []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 []

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **58** WHEN PUMPING **105**
 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)



WELL PUMP INSPECTION

Owner's Name: LAWRENCE E. SMITH

Address: 103 DEBENE AVE
BALTIMORE, MD 21228

Location of Property:
13800 TOTTEN LOT 119

Well Tag Number:

Plumber or Certified Pump Installer: D.F. MARSHALL
P.O. Box 57
CAMPWOOD, MD 21071

Phone Number: 833-7681

License Number: 8095

Receipt Number:

35768

Date: 8/8/85

Comments:

OK to proceed.

Inspection: PITLESS & WELL LINE INSTALLED 5' BELOW GRADE.

Date Well Pump Inspection was approved:

Inspector: