

11/9/87  
PM IF ASSISTED  
(CALLED IN LATE)  
11/9/87  
AFTER LUNCH

APPROVED  
1117187  
RH 38304  
P

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

04-318439

A 33481

DISTRICT 4th

DATE 12/18/84

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

INDEXED

Cornwell Pump Company

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 12186 Triadelphia Road, Ellicott City, Maryland 21043 PHONE 988-9221

SUBDIVISION M. Hoseh ROAD 16190 Ed Warfield Road LOT 19

PROPERTY OWNER Lee Goldman

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 187 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench 200 feet from the front lot line and 93 feet from the left side of the lot as seen when facing the lot from Florence Road. Run the trench toward the left side of the lot as seen when facing the lot from Florence Road.

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(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY R. Hodges DATE 2/17/84

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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.

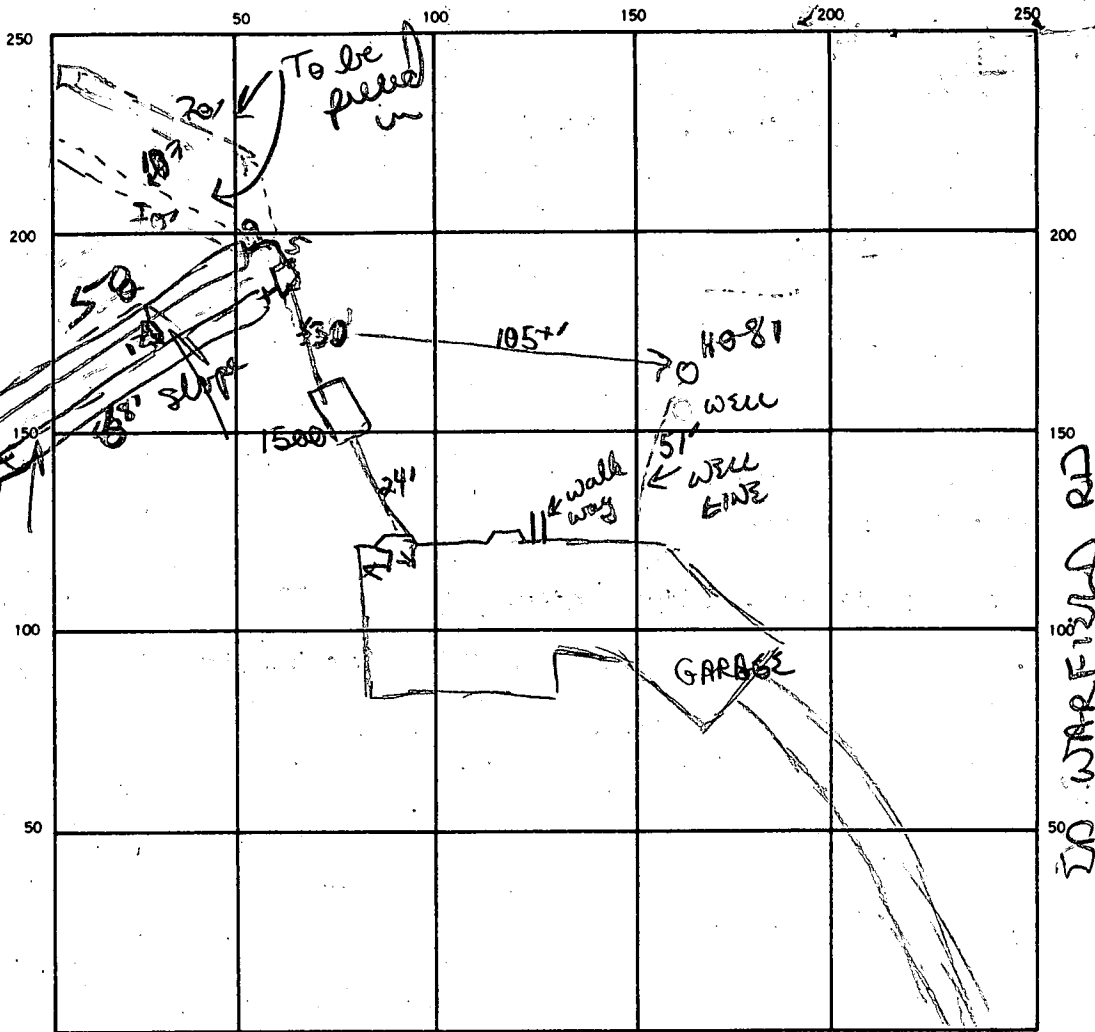
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33481



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

FLORENCE RD

SEPTIC TANK LEVEL ✓ 1500 gal CLEANOUTS 5/2R

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD DEPTH 9 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 32 1/2 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 3.40 / 2.90 SQ. FT. TOTAL 630

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 1/9/87 Installation of tank + proposed dist. box as shown on site plan - OK. Direction of trenches NOT along contour, but were in downhill direction. In addition, trench depths as deep as 10' D + shallow as 8' D. Trenches to be filled in + new ones dug in direction shown.  
1/12/87 New trenches OK. OK to add stone pipe paper to both trenches.  
1/13/87 OK TO COVER TRENCH #2 FINISH STONE INLET!

DATE SYSTEM APPROVED 1/13/87 INSPECTOR Raymond Hrd

# APPLICATION

*Recorded*

SEWAGE DISPOSAL TESTING

A 33481

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 1/30/84

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 M. Hoseh property

ADDRESS Louise Adams PHONE 531-5458

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 19

ROAD AND DESCRIPTION Florence & Ed Warfield Rds

SIZE OF LOT 5 acres TYPE BLDG. S.F.D.  
(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.

Louise H. Adams  
(SIGNATURE OF APPLICANT)

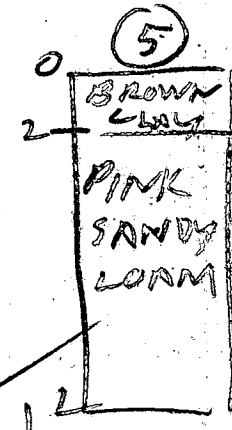
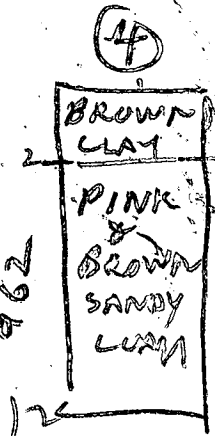
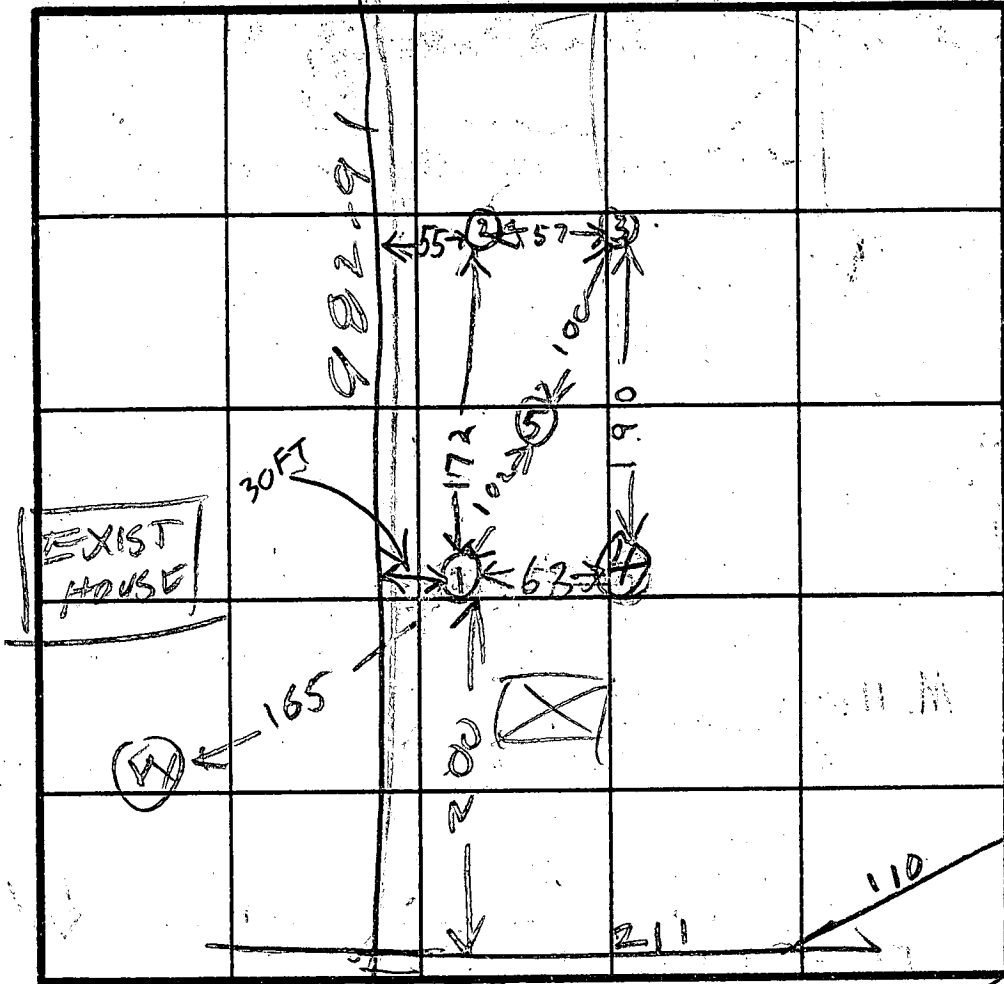
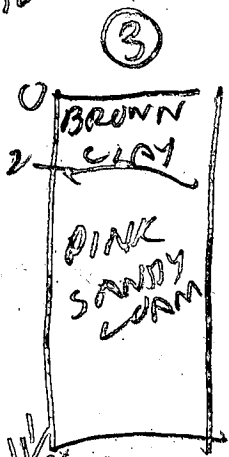
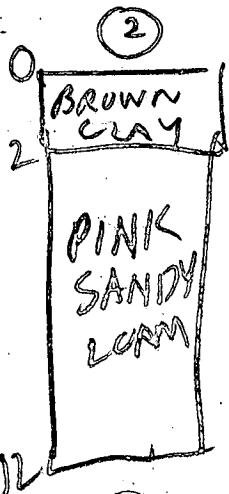
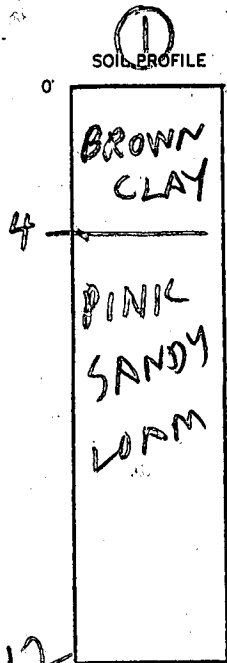
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FLORENCE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/17/84	1S	4 1/2	1013	1019	1019	1030	11
	1D	8	1012	1019	1019	1030	11
	1V	12	LOOKS OK				
	2S	4 1/2	1027	1034	1034	1042	8
	2D	8	1027	1035	1035	1045	10
	2V	12	LOOKS OK				
	3S	4 1/2	1047	1048	1048	1053	5
	3D	8	1047	1054	1054	1108	14
	3V	1 1/2	LOOKS OK				
	4S	4 1/2	1100	1103	1103	1112	9
	4D	8	1059	1119	1119	1139	20
	4V	12	LOOKS OK				
	5V	12	LOOKS OK				

HOLE ELEV

④ = HIGHEST

① = NEXT HIGHEST

② = LOWEST

③ = NEXT LOWEST

⑤ = MEDIUM

REMARKS

TYPE OF SOIL

TESTED BY B. HODGES & M. PERLMAN ALSO PRESENT H. SARR & SON  
L. ADAMS

EH-12-1079



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Court House Square  
 Ellicott City, Md. 21043  
 461-9933

New Installation \_\_\_\_\_  
 Replacement \_\_\_\_\_

Receipt # 38305  
 Date 12/18/82

Name of Installer Cornwell Plumbing & Heating  
12196 TRIDELPHIA RD. ELlicott City  
MD. 21043

Telephone 988-9221

License number 3853  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner M. HOSEH Property  
HORIZON WOOD TRAILS Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # 19 Well tag # \_\_\_\_\_

Site Address 16190 ED WARFIELD RD.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/> _____	a. 110 _____	
2. Make <u>Mc Donald</u> _____	b. 220 _____	
3. Model # _____		
4. Capacity <u>10</u> 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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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: M. Cornwell

Date: 12-18-82

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

B 1 4525

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1623

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

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34

36/100 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name 77 License No. 80

Firm Name

Address

Signature Date

B 3

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

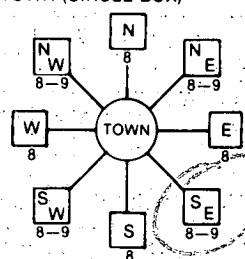
SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

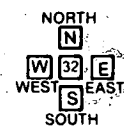
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD 37

ENTER FT or MI 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

County Name, County No., OEP Signature, State Health Insert S, Date Issued, Co-Signature, Exp. Date, North Grid, East Grid

APPROXIMATE DEPTH OF WELL 24 28 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

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER 54 GAP 63

FORCE IN BOX 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

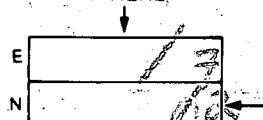
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

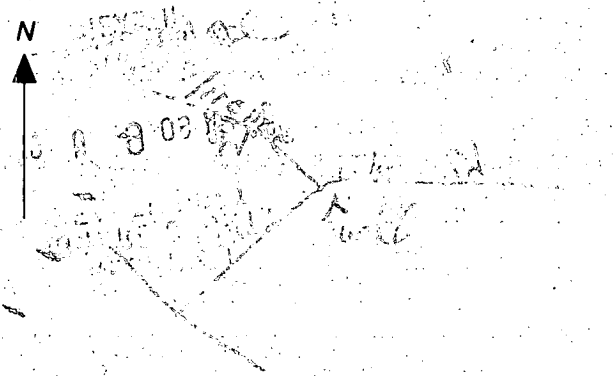
SOURCES OF DRILLING WATER

- 1.
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

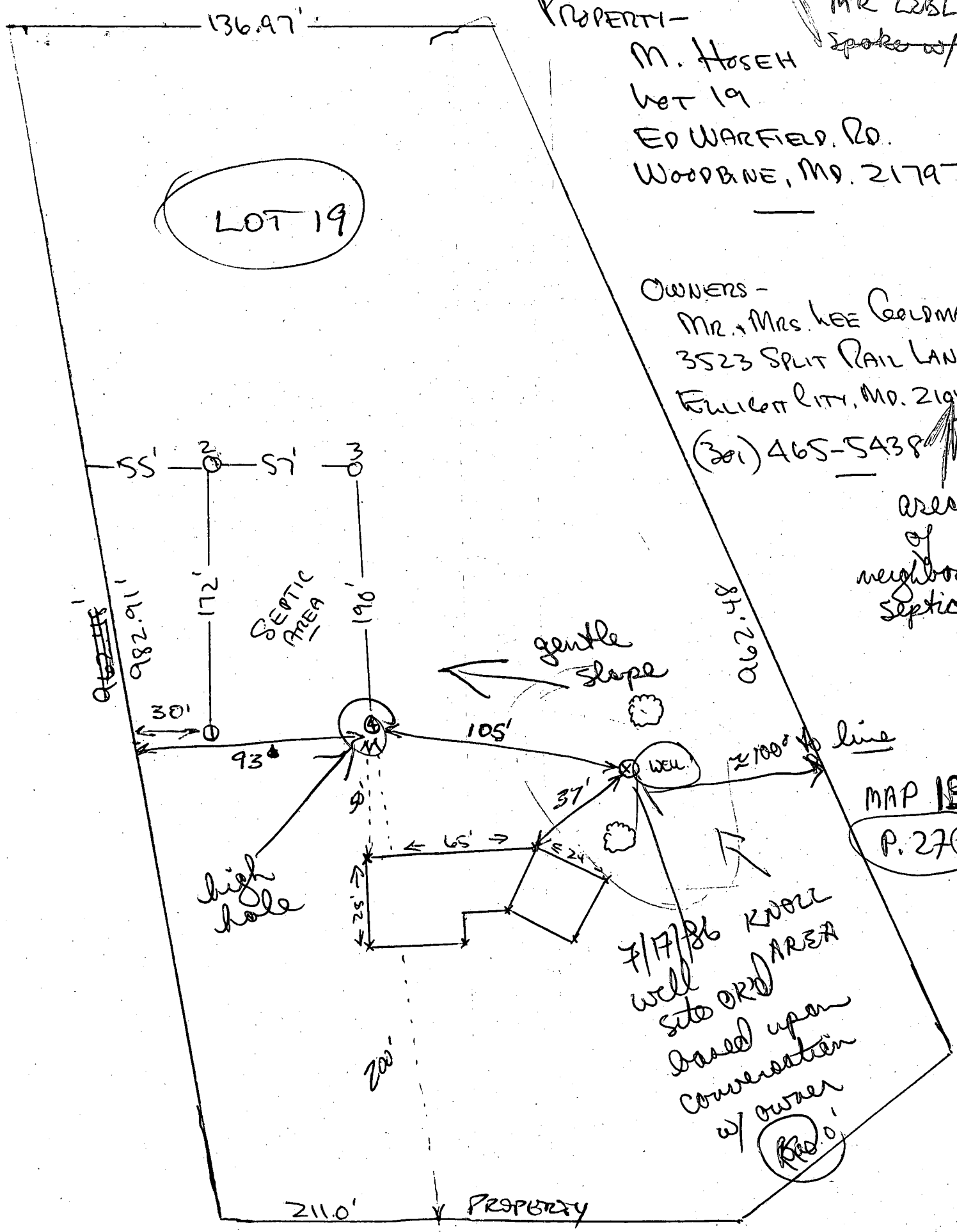


LOCATION OK
ROUTED BEFORE INSPECTION ARRIVED
9/29/86
C. Williams

PROPERTY - MR LESBLING spoke w/  
 M. HOSEH  
 Lot 19  
 ED WARFIELD, RD.  
 WOODBINE, MD. 21797

OWNERS -  
 MR. & MRS. LEE GOLDMAN  
 3523 SPLIT RAIL LANE  
 ELLICOTT CITY, MD. 21043  
 (301) 465-5438

area of neighboring septic



WELL LOCATION - M. HOSEH PROPERTY - Lot 19

5253

SEQUENCE NO. (OEP USE ONLY)

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-33481

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER

GOLDMAN

LAST NAME FIRST NAME

STREET OR RFD

WARFIELD RD

TOWN

FLORENCE

SUBDIVISION

M. NOSEH PROP.

SECTION

P. 270

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 FROM TO Check if water bearing

Table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Rows include Top Soil, Br Shale, Tan Slate, Br Slate, Tan Slate, Br Slate, Tan Slate, Br Slate, Tan Slate, Br Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 65

DEPTH OF GROUT SEAL (to nearest foot)

Grid for depth of grout seal from 48 to 58 ft.

CASING RECORD

Casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

Grid for main casing type and dimensions

OTHER CASING (if used)

Grid for other casing diameter and depth

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

Grid for screen depth from 1 to 51 ft.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 below LAND SURFACE (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)

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 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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

Roof

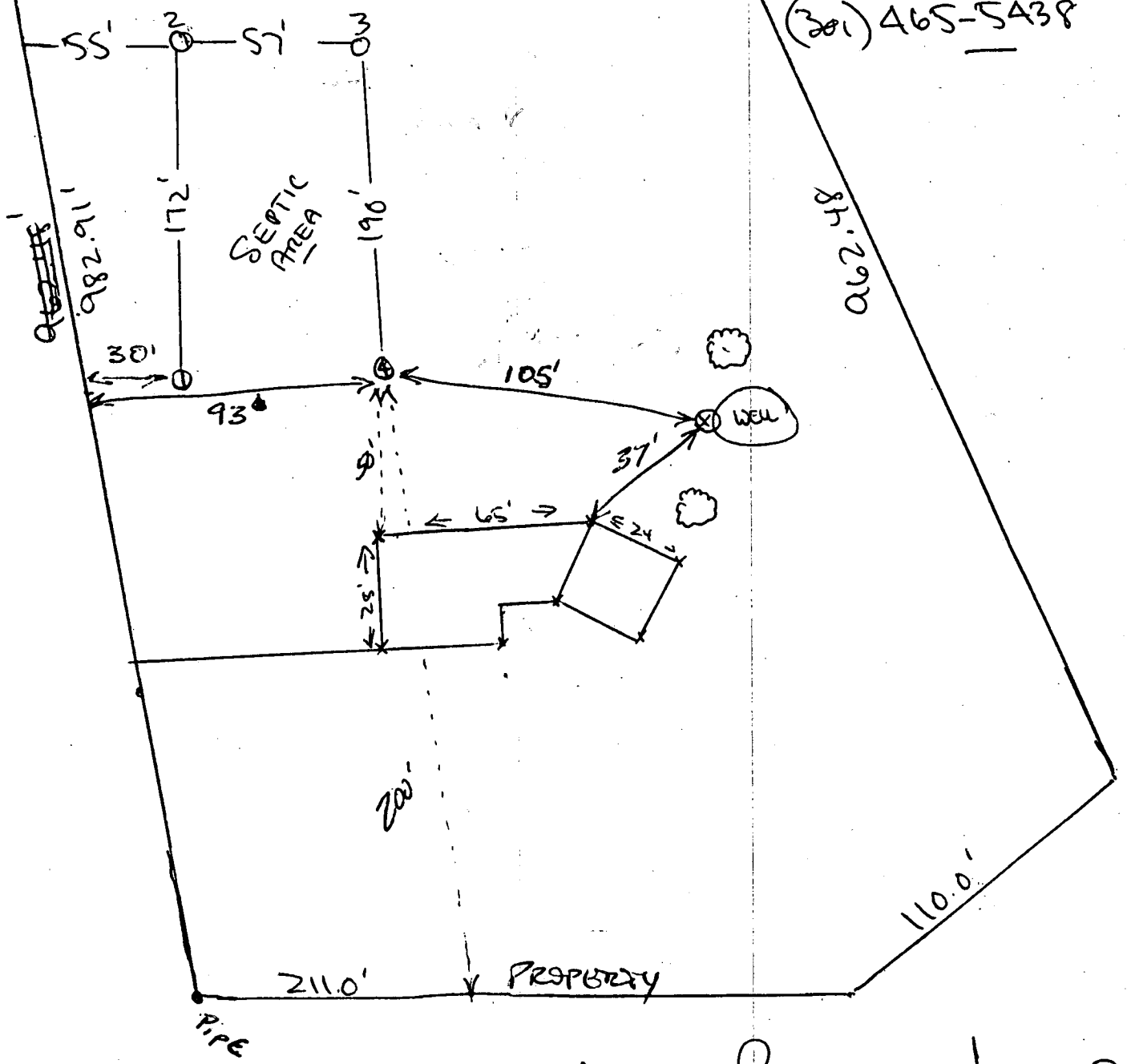


PROPERTY -

M. HOSEH  
LOT 19  
ED. WARFIELD, CO.  
WOODBANE, MD. 21797

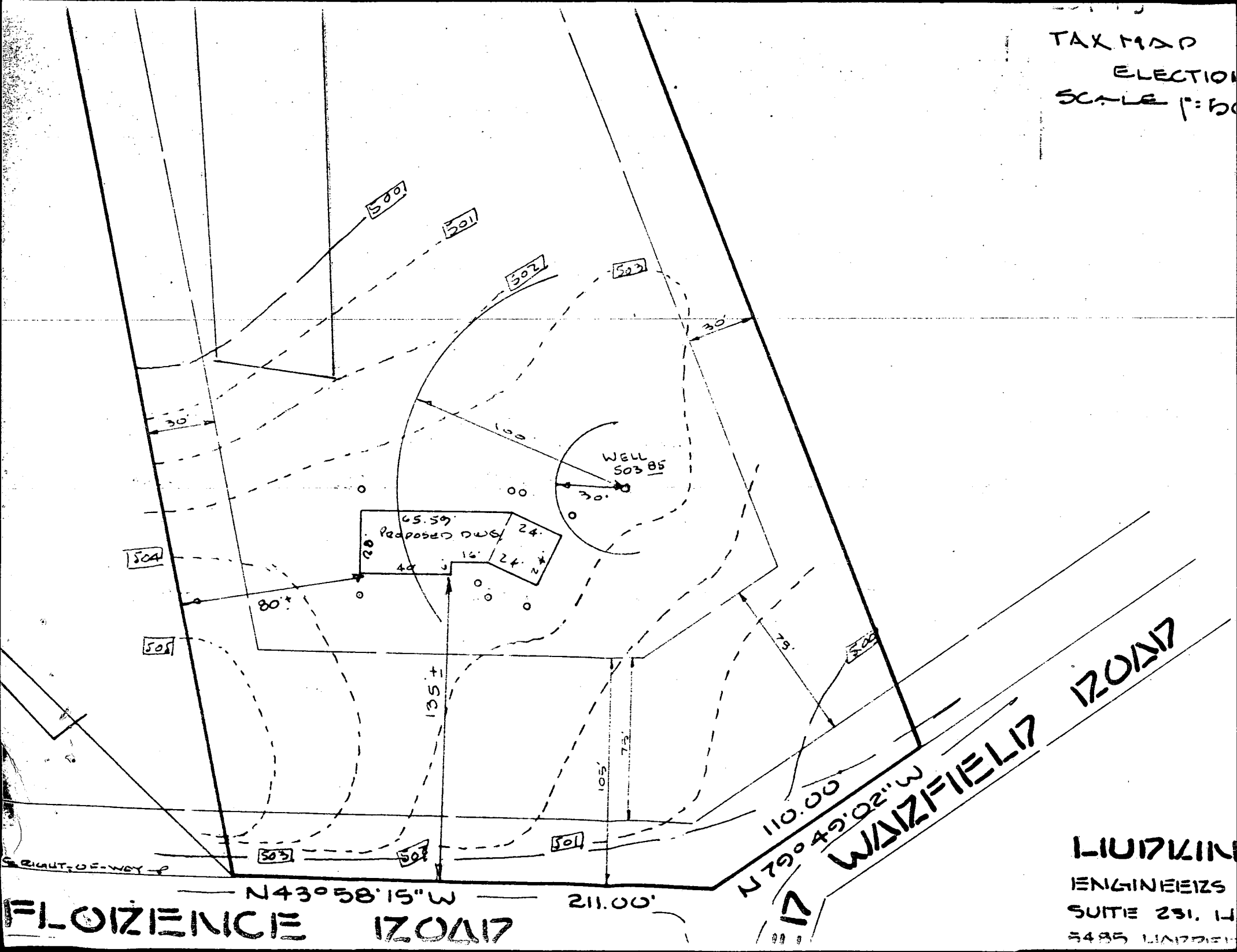
OWNERS -  
MR. & MRS. LEE GOLDMAN  
3523 SPLIT RAIL LANE  
FULTON CITY, MD. 21043  
(301) 465-5438

LOT 19



WELL LOCATION - M. HOSEH PROPERTY - LOT 19

TAX MAP  
ELECTION  
SCALE 1"=50'



RIGHT-OF-WAY-P  
FLOIZIENCIE 1Z0A17

110.00'  
N79°49'02" W  
WAZFIELD 1Z0A17

LUDKIN  
ENGINEERS  
SUITE 231, 14  
5485 LINDSEY

**LOT 19**  
5.000 AC.±

**SITE PLAN**

LOT 19  
TAX MAP 13 PARCEL  
4TH ELECTION DISTRICT  
SCALE 1"=50' OUT.

DISTRIBUTION BOX.  
EXIST. ELEV. 501.8 ✓  
INV. 498.8 ✓

TRENCH 2' X 6' X 152'

TANK: EXIST. ELEV. 503.0 ✓  
INV. OUT. 499.6 ✓  
INV. IN 499.9 ✓

INVERT @ HOUSE 500.70 ✓

GAR. FL. 504.0 ✓  
FIRST FL. 504.7 ✓  
BSMT. 495.7 ✓

NO BASEMENT  
ON GRADING

BLDG. PERMIT SIGNED  
AND RETURNED 10/30/84  
S. Paul BR #8110

3'-9"  
187 \$/BA

4BR w/ DISPOSAL  
228'

Elevations ok  
10/30/84  
S. Paul

**NOTE!**  
NO SEWER  
CONNECTION IN  
BASEMENT

EXISTING GRADE AROUND  
DWELLING TO REMAIN.

PROPOSED 60'  
RIGHT-OF-WAY

**FLORENCE 120A17**

**WAZFIELD 120A17**

**LUTKINS ASSOCIATES**  
ENGINEERS AND SURVEYORS  
SUITE 231, HARPER'S CHOICE  
5485 HARPER'S CHOICE FAIRM 120A17  
COLUMBIA, MARYLAND 21043

OWNERS  
MR & MRS LEE GOLDMAN  
3523 SPLIT RAIL LANE  
ELLCOTT CITY, MD 21043 465-5438

