

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 46905

A 32087

DISTRICT 4th

DATE 04/29/91

DATE SYSTEM APPROVED 7/2/91

INSPECTOR C. H. [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-350545

INDEXED

Dave Hopkins & Son IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Lisbon Estates LOT 5 ROAD 1635 Brittle Branch Way

PROPERTY OWNER Barnard Brothers Const. Co., Inc.

ADDRESS _____

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

4/29/91 - 800 147220 - Screened Porch

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

SHALLOW TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5

LOCATION - Place the distribution box approximately 150 feet from front lot line and 130 feet from left lot line as seen when facing lot from Brittle Branch Way. Run trench(s) along level ground toward Brittle Branch Way as seen when facing lot from Brittle Branch Way.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/6/91 [Signature]

PLANS APPROVED BY Raymond Hodges cm DATE 02/28/91

- 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 33087

*7/2/91
A.S. [Signature]
Before [Signature]
file if possible*

[Signature]

Appl.

APPLICATION

A 32087
P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT _____
DATE 7-16-82

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 Lawrence Blumberg/Charles Snouffer *Barnard Brothers Const. Co. Inc*
ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE 574-9300 489-7621

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. (7) NEW LOT 5
ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
(1635 Brittle Branch Way) with S.R. 94

SIZE OF LOT 3.31 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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.

Riemer-Tracy & Assoc. by Arthur E. Muegg
(SIGNATURE OF APPLICANT)

APPROVED BY Dick Abel FOR Shallow Pile Field DATE 2-14-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/27/82
Serial # 36658-SFD

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32087

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____

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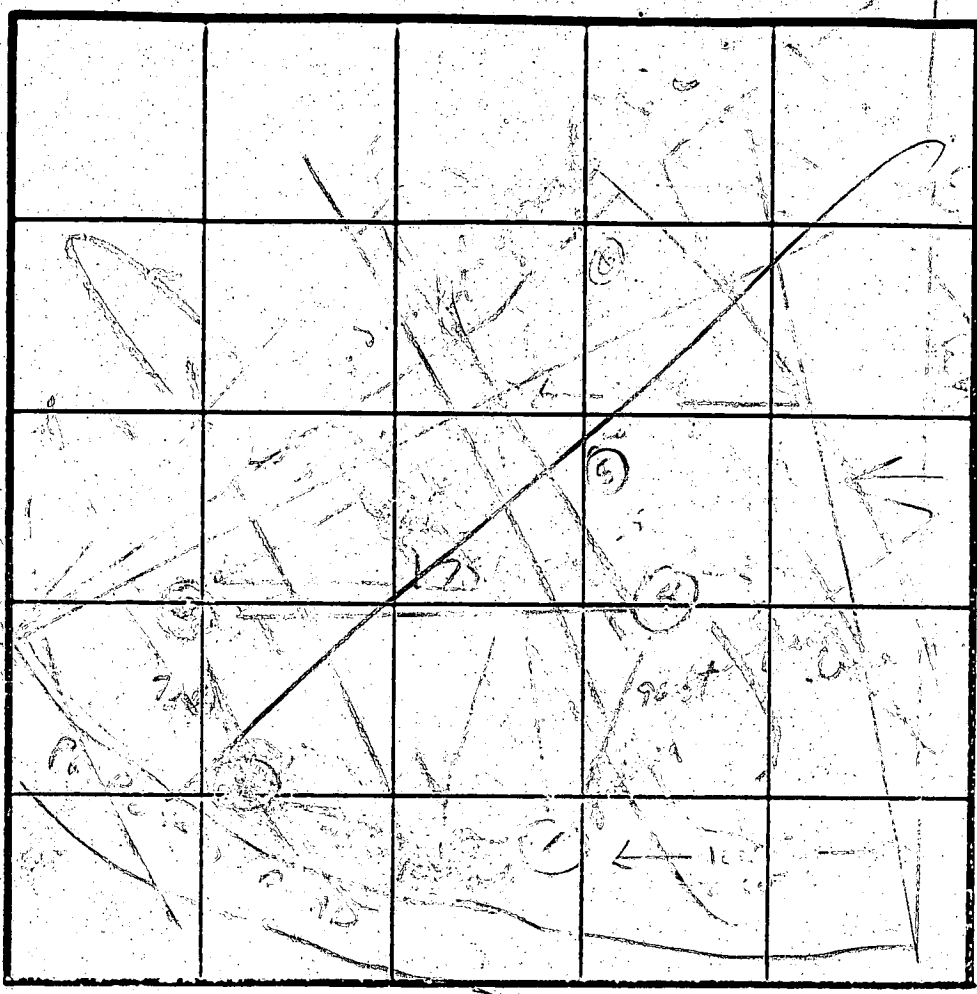
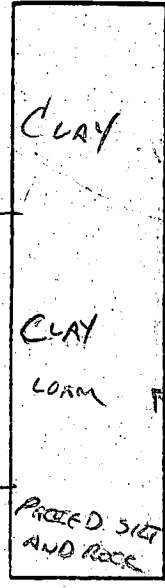
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

lot 7

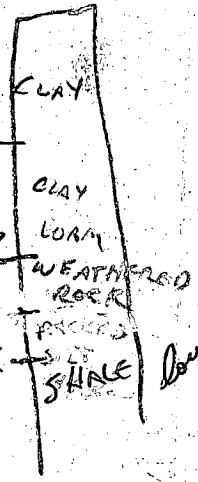
Holes 1-4

SOIL PROFILE

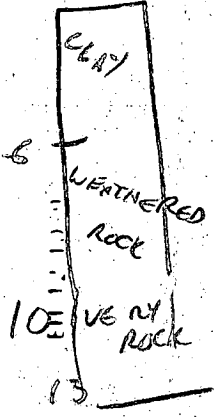


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HOLE 2



HOLE 3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
8-25-82	1 ^S	4	2:50	FAILED			X	
		9	2:50	3:01	3:01	3:18	217 MIN	
8-26-82	1 ^B	6	10:47	FAILED				
	A 11	11	10:48:30	10:58	10:58	11:05	7 MIN	
8-25-82	2 ^S	4	2:56	failed			X	
	2 ^M	8 1/2	2:38:20	2:39:20	2:39:20	2:41:50	2 1/2 MIN	
8-26-82	2 ^A	5 1/2	10:56	11:04	11:04	11:25	21 MIN	
		11 (14'U)	11:01:20	11:04	11:04	11:08	4 MIN	
8-25-82	3 ^S	4	3:42	CLAY - NO PREC			X	
	3 ^M	8	3:42	3:44	3:44	3:47	3 MIN	
8-26-82	3 ^A	6	11:19:00	11:21	11:26	11:23:30	2 1/2	
		11 1/2 (13'U)	11:29:40	11:44	11:44	12:02	18 MIN	
8-25-82	4 ^S	5 1/2	3:28	3:47	3:47	failed	X	
	4 ^M	8 1/2	3:28	3:30	3:30	3:33	3 MIN	
8-26-82		6 1/2	NOT TESTED	10:38:15	10:38:15	10:39:05	50 Sec	
		10 1/2	10:37:30	10:38:15	10:38:15	10:39:05	50 Sec	
		X	CLAY TO 6' THEN CLAY LOAM, THEN ROCK AT 9'					

failed
failed
OK DEEP
failed SHALLOW
OK DEEP
failed
failed

LOT 7
DEMARKS HOLE 2 IS 145 FT FROM HOLE 4 LOT 10

TESTED BY C. William 8-25-82 '82
R. HODGES 8-26 '82
LARRY DERTHOFF
ALSO PRESENT W. B. B. VANDERWALCK

C1 **1046** 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-32087**

ST/CO USE ONLY
 DATE RECEIVED **05 13 89**
 DATE WELL COMPLETED **11 01 89**

Depth of Well **245**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-44-0898

OWNER **FRANK DEVELOPERS**
 STREET OR RFD **GRITTLE BRANCH WAY** TOWN **Lisbon**
 SUBDIVISION **LISBON ESTATES** SECTION **5** LOT **5**

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	
Yellow Shale	2	70	✓
Brown Shale	70	75	
Blue Shale	75	105	
Brown Shale	105	110	✓
Blue Shale	110	245	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **16** NO. OF POUNDS **1160**
 GALLONS OF WATER **96**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.

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

MAIN CASING TYPE PL
 Nominal diameter top (main) casing (nearest inch) **4**
 Total depth of main casing (nearest foot) **80**

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

screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

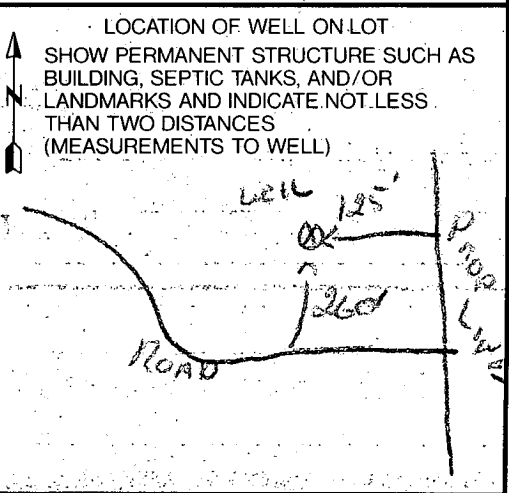
C2
 DEPTH (nearest ft.)
 1 **HO** **245**
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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.) W Q
 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.) **8**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **42**
 WHEN PUMPING **90**
 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)



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 26.04.04 "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. **273**
Ruth Mayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **2250** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

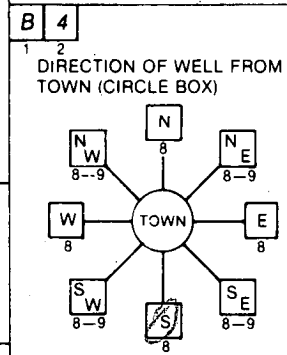
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0898
 fill in this form completely

Date Received (APA) **052389**
OWNER INFORMATION
 FRALL DEWLOPES
 15 Last Name Owner First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION **LISHON ESTATES** 42
 SECTION **44** 46 LOT **5** 48 50
 52 NEAREST TOWN **LISHON** 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78 **MI**

Trans to R. Mayne
DRILLER INFORMATION
 Driller's Name **Joseph R. Mayne** 77 License No. 80 **238**
 Firm Name **Joseph R. Mayne Well Drilling**
 Address **5512 Ridge Rd. Int. Aring, Md. 21771**
 Signature **Joseph R. Mayne** Date **5/22/89**



Brittle Branch way
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH WEST EAST SOUTH
 34 **260** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 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 COUNTY NAME **A 32089** COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **071789** CO SIGNATURE **Craig Williams** EXP. DATE **11/79**
 NORTH GRID **593000** EAST GRID **0778000**
 50 55 57 63

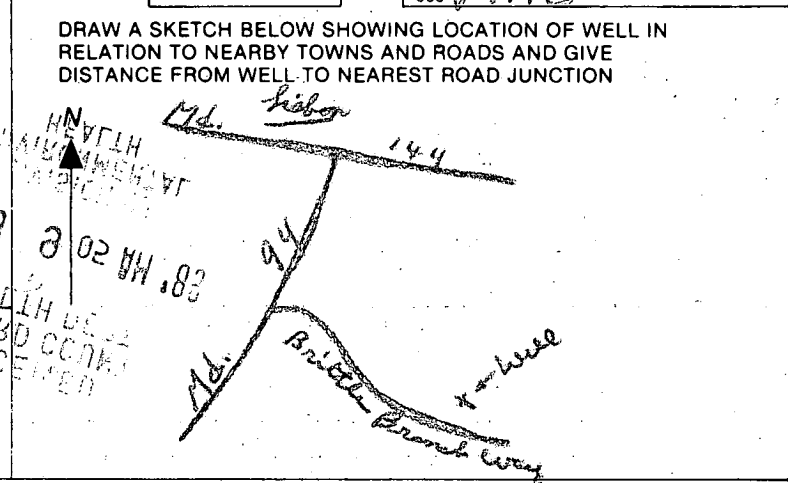
APPROXIMATE DEPTH OF WELL **240** 24 28 FEET

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
 E **770** 8
 N **540** 3
 000 000
11/89 9:30 GROUP NOT 80' CASING OBS'D 50' OPEN MR 16 BAGS 11/89 2' CASING A.G. X
ITAGOK

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-88-0898**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933 (at casing)

OK c.B. 7/2/91

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 47170
Date 6/11/91

Name of Installer J. JOSEPH GARTLAND, INC.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner BARNARD CONST., INC.

Telephone 875-2400

Subdivision LISBON ESTATES Lot # 5

Well Tag # No - 88 - 0998

Site Address 1635 BRITTE BRANCH WAY

Tag
Sealed
Cover
7/2/91
c.B.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goulds
- Model # 10EJ05422
- 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 HAVARD
- Model # PT800
- Depth 42"

Tank

- Capacity 42gal
- Pressure relief valve? 25psi

Piping

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

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- 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: [Signature]

Date: 5/31/91

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

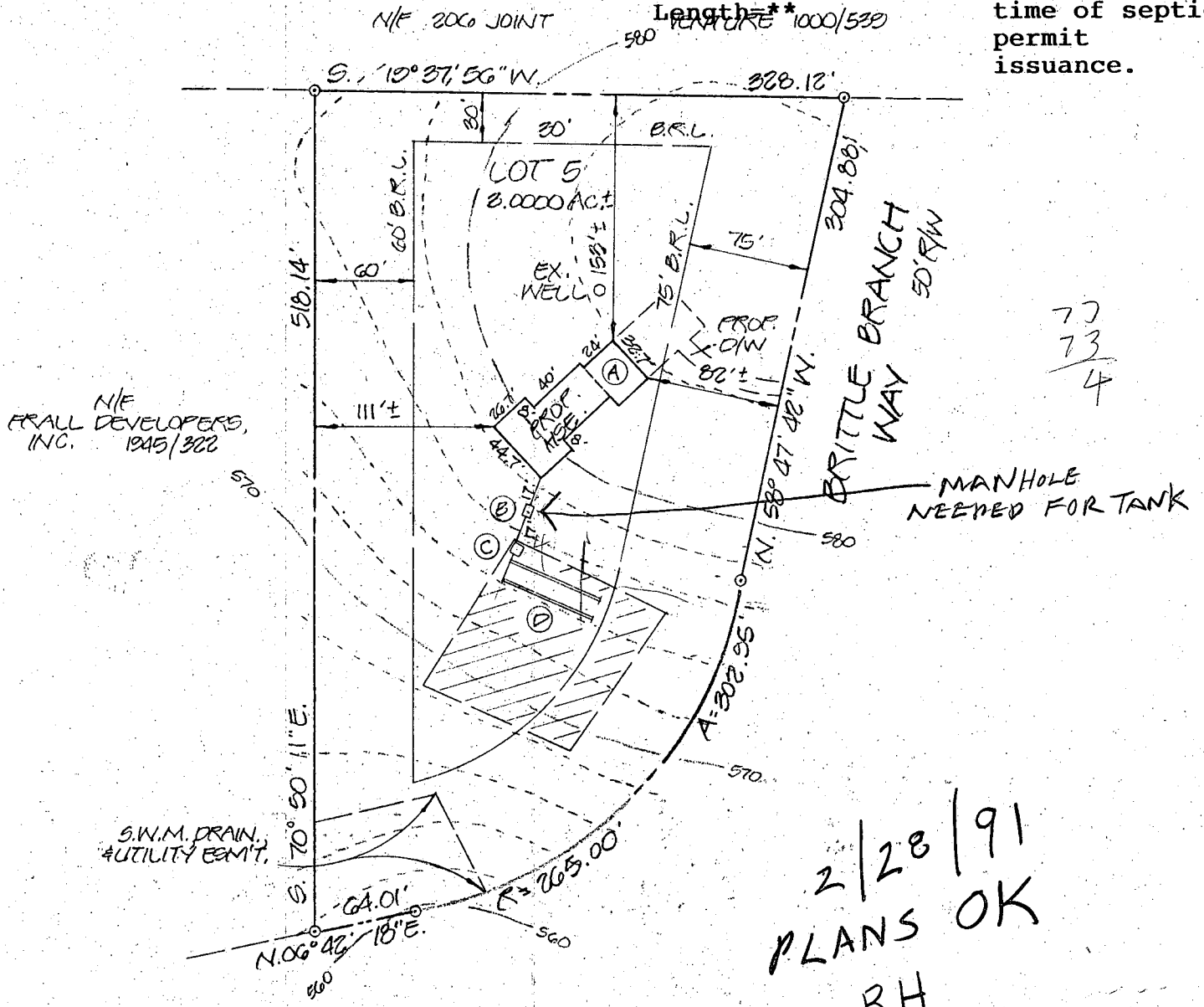
RECEIVED
MAY 31 3:33
HOWARD COUNTY
HEALTH DEPARTMENT

A. Proposed House
 F.F. Elev.= 583.0'
 Bsm't. Elev.= 574.5'
 Inv. Out = 573.4'

C. Proposed Distribution Box
 Ex. Elev.= 575.4'
 Inv. Elev.= 572.7'

B. Proposed Septic Tank
 Ex. Elev.= 577.0'
 Inv. In = 573.2'
 Inv. Out = 572.9'

D. Proposed Trenches
 Inv. Elev. (@ 3' below grade)=572.4
 Bottom Max.=** ***=to be
 Feet of Stone=** determined at
 Length=** 1000/530 time of septic
 permit
 issuance.



PLOT PLAN
 LOT 5, SECTION 1
 LISBON ESTATES
 SITUATED ON BRITTLE BRANCH WAY
 ELECTION DISTRICT NO. 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' FEBRUARY, 1991



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC.
 Engineers • Surveyors • Planners
 310 South Main Street, Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015

REFERENCE

JOB NO.

PLAT NO. 9449

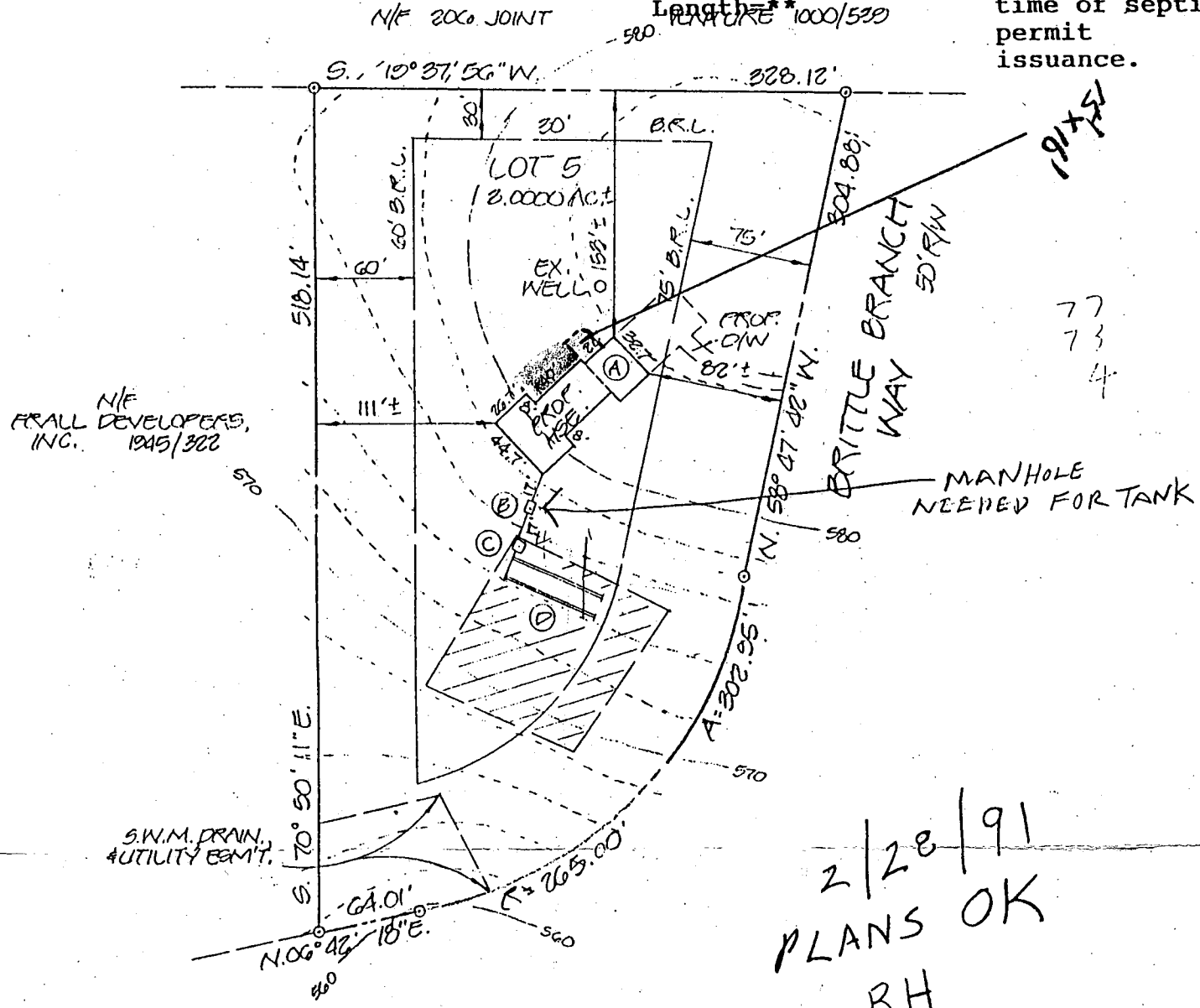
88-1902

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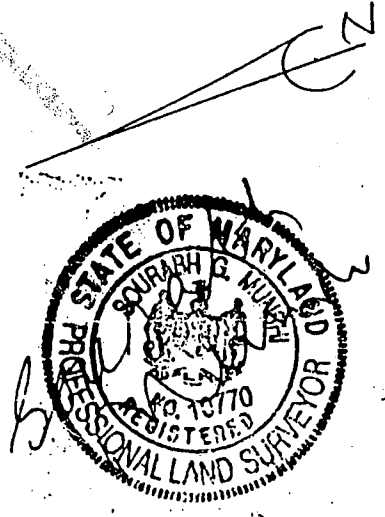
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 permit
 issuance.



2/28/91
 PLANS OK
 RH

PLOT PLAN
 LOT 5, SECTION 1
 LISBON ESTATES
 SITUATED ON BRITTLE BRANCH WAY
 ELECTION DISTRICT NO. 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' FEBRUARY, 1991



4/29/04
 Suncom location OK
 (AS)

B00147220
 REVISED
 Date: 4-29-04
 Comments: Revised design
 Per Health

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 (301) 829-2890 (301) 831-5015

REFERENCE	JOB NO.
PLAT NO. 9449	88-19102

N42700