

1/13/87
noon

approved 1/13/87
Stayed

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

04-332059

INDEXED

P 38241

A 32468

DISTRICT 4th

DATE 12/12/86

DATE SYSTEM APPROVED _____

INSPECTOR _____

Arnold Septic Services, Inc.

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Middle Trail ROAD 16509 Old Frederick Rd LOT 9C

PROPERTY OWNER Daniel Epperly

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - ¹⁵⁸~~180~~ sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Start first trench 165 feet from the 114' lot line ~~add~~ 16 feet from the 342' lot line. Run trench along level ground to a point no closer than 30 feet from the 335' lot line.

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

PLANS APPROVED BY C. Williams DATE 1/26/84

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 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 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 32468

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 # 38895
 Date 3/11/87

Name of Installer J. JOS. GARTLAND INC.

Telephone 875-2400

License number 1713
 Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner DAN EPPERLY
 Subdivision Middle Trails Lot # 9C
 Site Address 16509 Old Frederick Rd.

Telephone 679-0931
 Well tag # HD-81-1478

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

1. Horsepower 1/2
2. RPM
3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

1. Make Alumel
2. Model # PT900
3. Depth

2. Make Gould
3. Model # 10EJUS422
4. Capacity 10 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

Tank

1. Capacity 42
2. Pressure relief valve? 7 PSI

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line 42"

Well data

1. Depth ft.
2. Yield GPM
3. Static water level ft.
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).

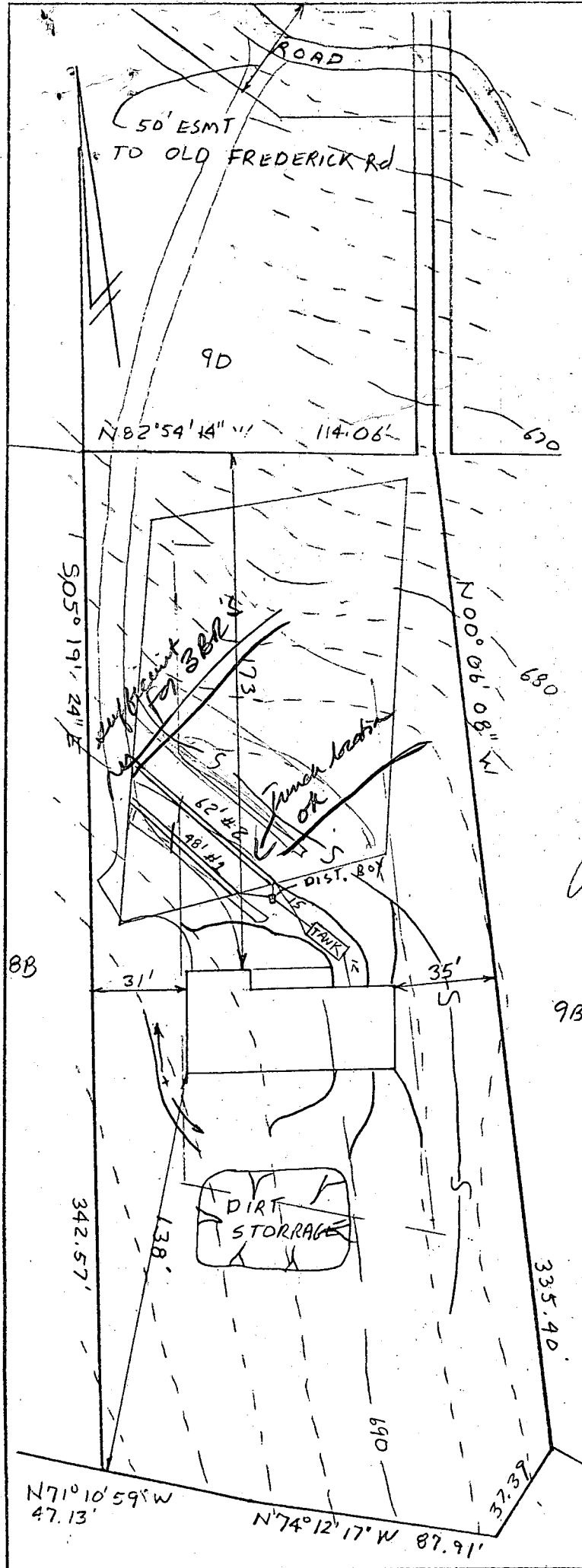
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 2/28/87

3/2/87
 OK to cover
 pressure tank
 RT.

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



HOUSE:

FIRST FLOOR	<u>696.0</u> ✓
BASEMENT	<u>687.0</u> ✓
INVERT	<u>688.86</u> ✓

NO BASEMENT SERVICE

SEPTIC TANK:

EXISTING GRADE	<u>689.8</u> ✓
PROPOSED GRADE	<u>691.0</u> ✓
INVERT IN	<u>688.61</u> ✓
INVERT OUT	<u>688.36</u> ✓

DISTRIBUTION BOX:

EXISTING GRADE	<u>690.2</u> ✓
INVERT IN	<u>688.2</u> ✓
INVERT OUT	<u>688.1</u> ✓

TRENCHES:

	#1	#3
EXISTING GRADE	<u>691.0</u> ✓	<u>690.0</u> ✓
INVERT	<u>688.0</u> ✓	<u>687.0</u> ✓
BOTTOM	<u>683.0</u> ✓	<u>682.0</u> ✓
STONE	<u>5.0</u> ✓	<u>5.0</u> ✓
WIDTH	<u>2.0</u> ✓	<u>2.0</u> ✓
LENGHT	<u>48.0</u> ✓	<u>62.0</u> ✓

I certify the above measurements to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

9-23-84
M. Watkins
S. Abel

3'-8"
158 #1BR

BLDG. PERMIT SIGNED
 AND RETURNED 9-23-84 *S. Abel*

68# 73010

PLOT PLAN

PARCEL NINE "C"

MIDDLE TRAIL LISBON

TAX MAP 7 PARCEL 456

4th ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE 1"=50' DATE 7/26/86

M. Watkins

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32468
P _____

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

DISTRICT 4th

DATE 2/7/83

*Prep.
Hobbs
9-30*

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 Daniel L. Perry

ADDRESS 10194 Baltimore National Pike, Ellicott City, Md PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION Middle Trail LOT NO. 9C

ROAD AND DESCRIPTION Old Frederick Rd. 16509

SIZE OF LOT (?) 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/ Don Reuwer for Howard Associates
(SIGNATURE OF APPLICANT)

APPROVED BY Craig Waller FOR TRENCHES DATE 1-10-84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS Craig Waller DATE 8-29-83

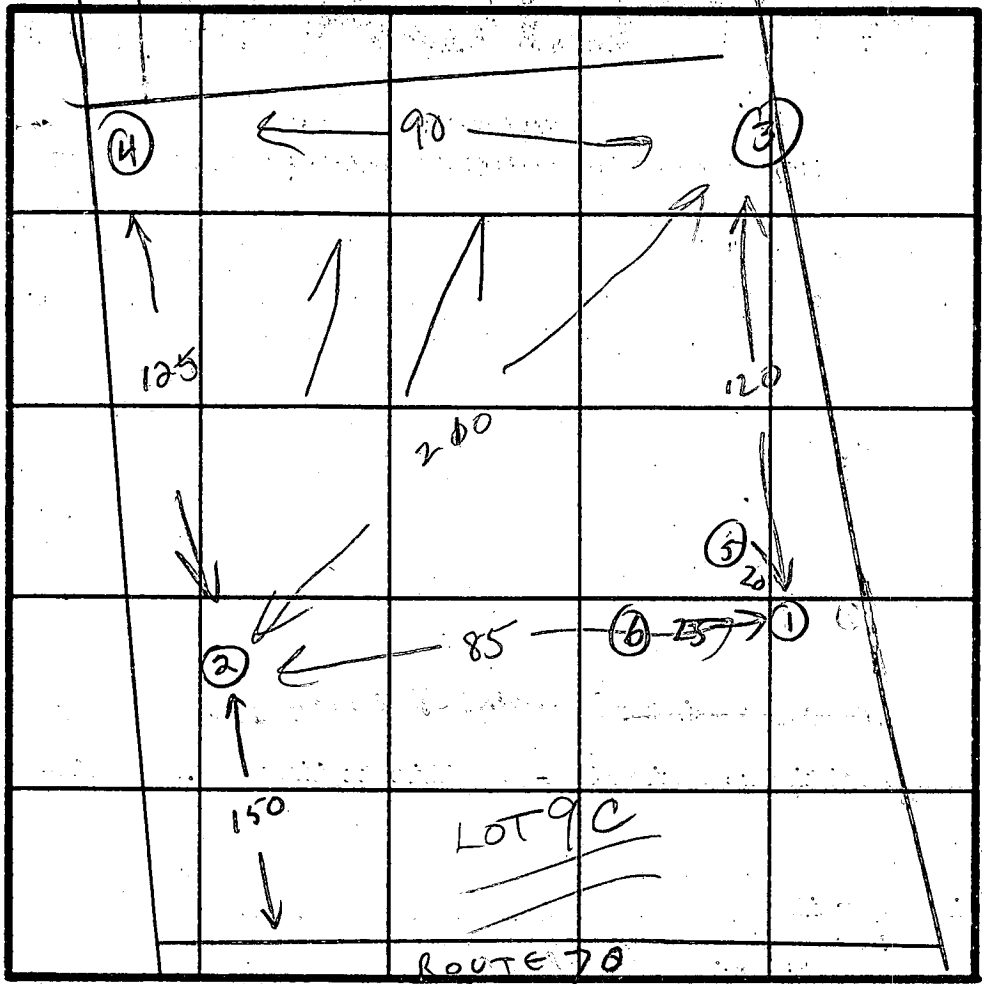
REASONS FOR REJECTION OR HOLDING NEED CERTIFIED LOCATIONS.

BLDG. PERMIT SIGNED
AND RETURNED 9-23-83 S. Hall
BP473010

THIS IS NOT A PERMIT

LOT 9D

HOLE 2



SOIL PROFILE

0
MICA SAND
OCCASIONAL SHALE CHUNKS
B

#6
MICA SAND
FEW SHALE CHUNKS
SHALE

HOLE 145

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHALEY CHUNKS
w/ MICA SAND

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-27-83	2	3	10:30	10:32	10:32	10:34	2 MIN
		8	10:30	10:32	10:32	10:34	2 MIN
		13	MICA SAND				
	3	3	10:55	10:57	10:57	10:59	2 MIN
		8	10:55	10:57	10:57	10:59	2 MIN
		13	SHALEY	BELOW 9'	(LITTLE SOIL WOULD BE FAST)	PERCEIVED BECAUSE	
	4	OK FROM	LOW HOLE	ON 8B			
	5	SHALE MIXED W/SAND TO 10'	NOT TESTED				X
	5	SHALE TOP TO	NOT TESTED				X
	6	3/8	12:47	12:49	12:49	12:51	2 MIN
		3/8	12:47	12:49	12:49	12:51	2 MIN
		12	MICA SAND	3 SMALL CHUNKS	SHALE		

#3
MICA SAND
SHALE

EH-12-1079

REMARKS _____
 TYPE OF SOIL MICA SAND / SHALE SAPPLITE
 TESTED BY C. Williams ALSO PRESENT O. KETTERMAN
KARL HUGGINS

APPLICATION

A 24650

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 11/10/76

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 Old Frederick Road PHONE Joel Abramson 730-7733

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 9C

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 1.262 Acres TYPE BLDG. 3 OF 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/ Joel Abramson

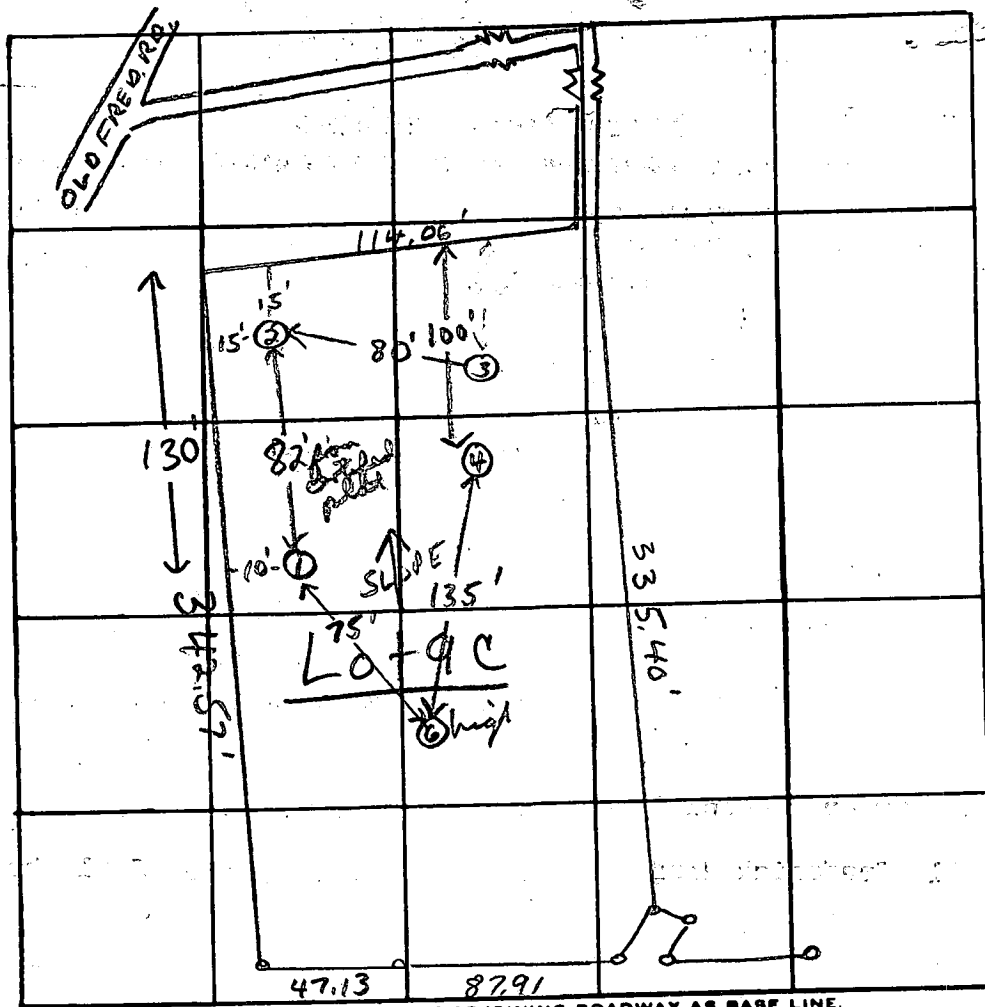
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



9C

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

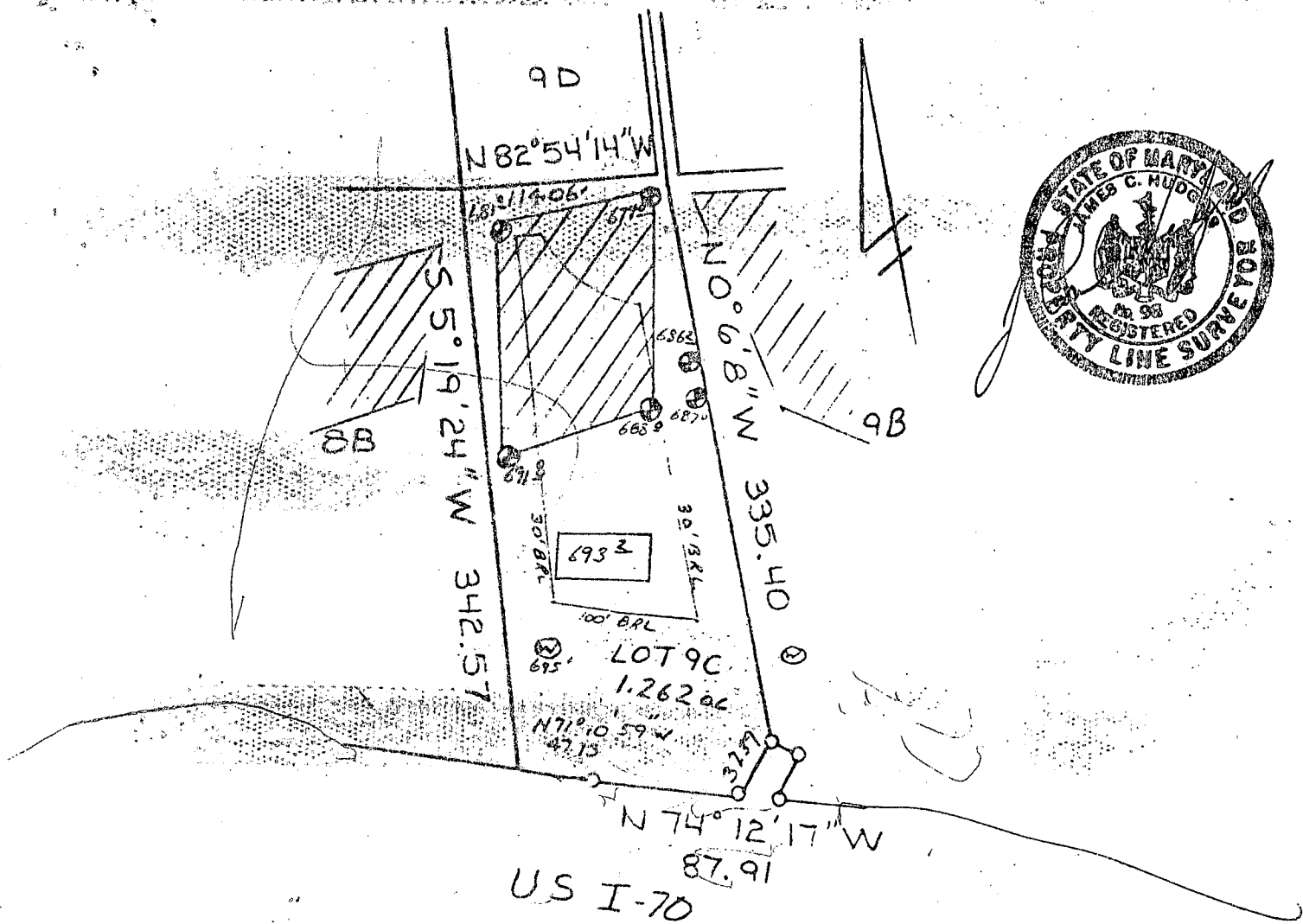
I-70

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/27/76	1	3'	1:24	1:26	1:26	1:30	4 min	
	1A	12'	1:24	1:34	1:34	1:53	19 min	
	2	2 1/2'	1:33	1:35	1:35	1:39	4 min	
	2A	11 1/2'	1:31	1:37	1:37	1:49	12 min	
	3	5'	Rocky 2' → 5'					
	4	3 1/2'	1:59	2:01	2:01	2:05	4 min	
	4A	12'	1:55	2:00	2:00	2:08	8 min	
	5	8 1/2'	Clay to 3' silty below hard rock at 8 1/2'					
	6 high	11	Clay to 2 1/2' silty loam to some sandy below					

REMARKS (5) (4) same elev.

TYPE OF SOIL clay to 2 1/2' silty loam to some weathered gravel below

TESTED BY F.S. ALSO PRESENT: Lending's crew



//// This area designates a private sewage easement of 2,000 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 will not be necessary.

Percolation test holes shown hereon have been field located and marked as "⊕".

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

Percolation areas and water wells for adjoining lots have been shown where pertinent.

Private Water and Private Sewage Systems

Jorge M. Byrnes
 County Health Officer

1-25-84
 Date

PERCOLATION TEST PLAT
 LOT 9C
 MIDDLE TRAIL LISBON
 Property of
 Howard Associates
 4th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 9-26-83

NTI Associates
 101 Sterrett Place
 Columbia, MD 21044
 321-0307

B 1 **7925** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
HO-81-0478
 fill-in this form completely

Date Received **030784**
 OWNER INFORMATION
 Last Name **EPPERLY** Owner First Name **DAM**
 Street or RFD **2602 THORNBERRY DR.**
 Town **EDGEWOOD** State **MD** Zip **21040**

LOCATION OF WELL
 COUNTY **TOWARD**
 SUBDIVISION **MIDDLE TRAIL**
 SECTION **---** LOT **7C**
 NEAREST TOWN **LISBON**
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
 Driller's Name **Ralph Mayne** License No. **223**
 Firm Name **Ralph Mayne (well Drilling)**
 Address **9120 Brown Church Rd. Mt. Airy**
 Signature **Ralph Mayne** Date **3/6/84**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Int. rd**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **100** FEET
 ENTER FT or MI **FT**

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
 COUNTY NAME **HOWARD** COUNTY NO. **A 32468**
 OEP SIGNATURE **Frank Shine** STATE HEALTH INSERT S
 DATE ISSUED **9/30/84** EXP. DATE
 NORTH GRID **551000** EAST GRID **0776000**

APPROXIMATE DEPTH OF WELL **150** FEET

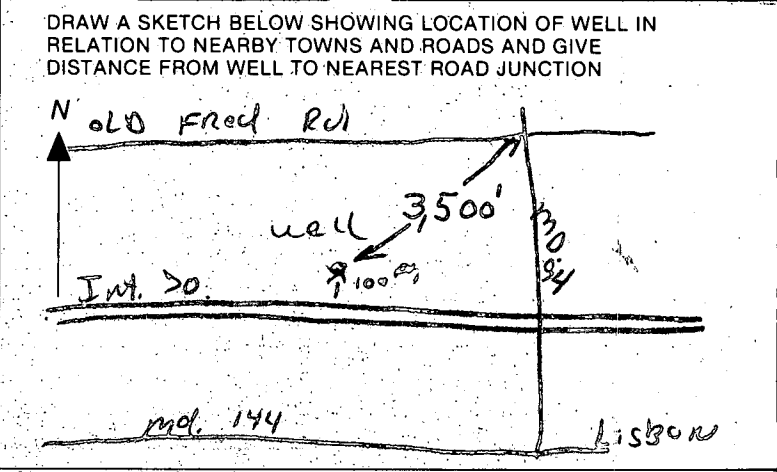
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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

 LOCATION OK
 22' CASING
 2' ABOVE GR.
 18' SETTED OPEN
 5 BAGS CEMENT
 4/13/84
 Int. rd well

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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0478**

SPECIAL CONDITIONS

C-1 **3374**
 (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 **A32468**

DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **071384**
 Depth of Well **165** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-0478**

OWNER **Epperly Dan**
 last name first name
 STREET OR RFD **Old Fredrick Road**
 TOWN **Lisboa**
 SUBDIVISION **Middle Trail** SECTION [] LOT **9-C**

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	
Brown Shale	2	10	
Brown Slate	10	30	
Blue Slate	30	35	
Brown Slate	35	45	<input checked="" type="checkbox"/>
Blue Slate	45	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **5** NO. OF POUNDS **500**
 GALLONS OF WATER **38**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

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) **6**
 Total depth of main casing (nearest foot) **20**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	H0 18	165
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. **273**
Ralph Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Wayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 [] [] []

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 WHEN PUMPING **165**
 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 [] (nearest foot)
 - below }

