

04-349529

# PERMIT

P 40535

A 31147

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH' DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE \_\_\_\_\_

DATE SYSTEM APPROVED 8-4-87

INSPECTOR S. Allen

{ I.C.O.P., only, issued }  
Time expired }

Olen Ketterman IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Patapsco Overlook I ROAD 16119 Patapsco Overlook LOT 4, Section 1

PROPERTY OWNER Sargent & Associates, Inc.

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

LOCATION - Start the first trench 155 feet from the front (607.4') lot line and 80 feet from the right (661.4') lot line as seen when facing property from Right-of-Way line. Run trench(s) along contour toward right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

180cf of Trench required. SA

8/4/87 Piness AT 40" well line 40-52" NO INSIDE WORK DONE. SA

PLANS APPROVED BY C. Williams DATE 8/25/86

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 APROVAL ON THIS PERMIT**

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

EH - 2-1186

A31147



SUBDIVISION: PATAPSCO OVERLOOK I  
PATAPSCO OVERLOOK CT.

LOT NUMBER: 4

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<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

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 4 feet below original grade.

3 feet of stone below distribution pipe.

- 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 15'S' FROM THE  
FRONT (607.4') LOT LINE AND 80" FROM THE RIGHT (661.4')  
LOT LINE AS SEEN WHEN FACING PROPERTY FROM RIGHT-OF-WAY LINE.  
RUN TRENCH(S) ALONG CONTOUR TOWARD RIGHT LOT LINE.

8/25/86 CWL/ham

# APPLICATION

A 31147

*Pres.*

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 21033  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 2/9/81

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 Georgia Ave. Properties Inc. SARGENT & ASSOC. INC.

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Georgia Ave Properties LOT NO. 4 SECT 1

ROAD AND DESCRIPTION Md. Rte. 94 and Old Frederick Rd.  
16119 PATAPSCO OVERLOOK CE.

SIZE OF LOT 3 ac. + TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE NA

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]  
Agent

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

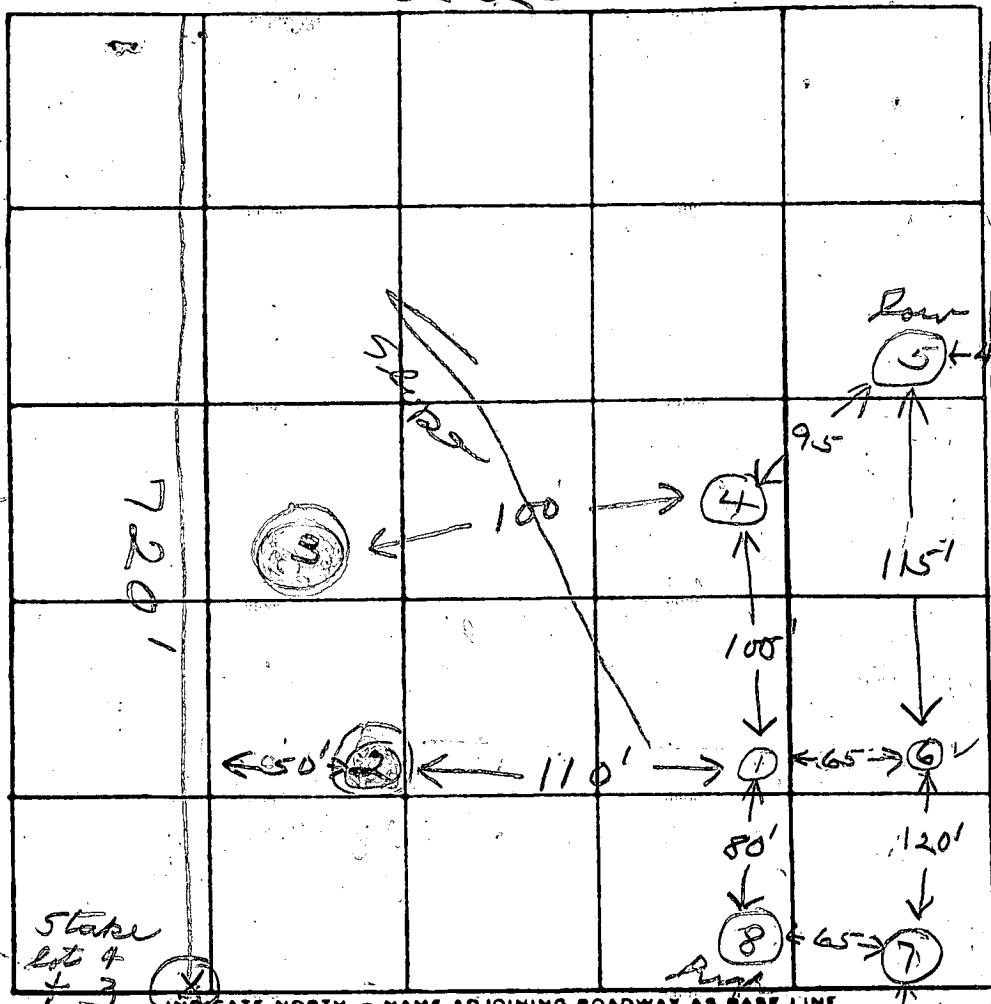
BLDG. PERMIT SIGNED  
AND RETURNED 3-10-81  
[Signature]  
BP# 10312

# THIS IS NOT A PERMIT

220'

①  
Clay  
3'  
Sandy loam  
little W. shale  
12'

5 4 6 7 8  
Clay  
3'  
Sandy loam  
little W. shale  
12'



Lot 4

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/20/81	1 S	3 1/2	10:31	10:35	10:35	10:41	6
	1 M	8	10:33	10:34	10:34	10:35	1
	2 S	4	10:45	no movement			Fail
	2 M	8	10:45				
	③ same as # 2 did not perc						
	4 S	4	11:09	11:11	11:11	11:15	4
	4 M	8	11:12	11:19	11:19	11:26	6
	5 S	4	2:47	2:50	2:50	2:57	7
	5 M	8	2:47	2:52	2:52	3:04	12
	6 V	1.2					
	7 S	4	2:25	2:28	2:28	2:32	4
	7 M	8	2:26	2:34	2:34	2:46	12
	8 S	4	2:36	2:38	2:38	2:41	3
	8 M	8	2:34	2:37	2:37	2:44	7

② ③  
Clay to  
10'

Lot 4  
Stake  
Corner R/W 4

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY JR & SK ALSO PRESENT: Dave Noyes

C1 5265 SEQUENCE NO. (OEP USE ONLY)  
 1 2 3 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-31147

DATE RECEIVED  
 8 13

DATE WELL COMPLETED  
 15 20  
08 22 88

Depth of Well  
 22 25 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
AB-R1-1631  
 28 29 30 31 32 33 34 35 36 37

OWNER ASSOCIATES SARGENT  
 STREET OR RFD 45 PROSRIK RD last name first name TOWN LISBON  
 SUBDIVISION PATAPSCO MISALOOK SECTION 1 LOT 4

**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	20	
Green Shale	20	25	
Blue Shale	25	90	(C)
Green Shale	90	95	
Blue Shale	95	225	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 19 NO. OF POUNDS 1800  
 GALLONS OF WATER 114  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 90 ft.  
 (enter 0 if from surface)

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

MAIN CASING TYPE  PL  
 Nominal diameter top (main) casing (nearest inch) 6  
 Total depth of main casing (nearest foot) 90

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

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

**C2**  
 DEPTH (nearest ft.)  
 1 HO 22 25  
 2  
 3  
 4  
 5  
 6  
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 51

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. 273  
Neph. Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Neph. E. Wayne

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

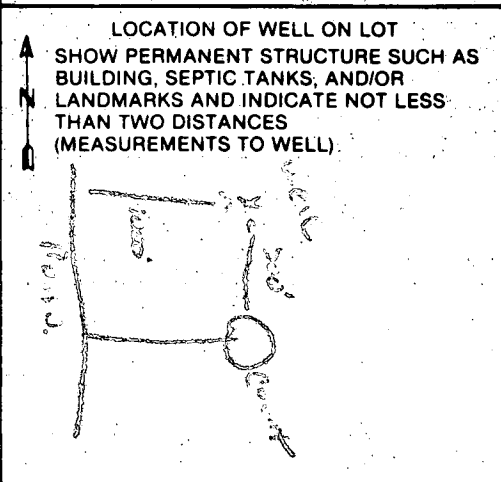
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 60

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.) WQ  
 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.) 11  
 METHOD USED TO MEASURE PUMPING RATE direct  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 17  
 WHEN PUMPING 17  
 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 IN BOX - SEE ABOVE:  29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31  
 PUMP HORSE POWER 37  
 PUMP COLUMN LENGTH (nearest ft.) 43  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot)  
 - below }



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1634  
 Location of property (road) OLD FREDERICK RD  
 Subdivision PATAPOSCO OVERLOOK Lot 4 Block      Plat      Sec. 1  
 Well Driller RALPH MAYNE Owner ASSOCIATES, SARGENT

Depth of well 225 FT  
 Distance of measuring point (M.P.) above ground 1 1/2 FT  
 Static water level (S.W.L.) below M.P. 45 FT

I. High rate pumping -- reservoir drawdown  
 Time pump started 8:20 Pumping rate 10 G.P.M  
 Total time 25 MIN to reach pumping water level 145 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	145 FT	10 sec	<del>X</del>	6 G.P.M
9:00	145	10		6
9:15	145	10		6
9:30	145 FT	10 sec		6 G.P.M
9:45	145	10		6
10:00	145	10		6
10:15	145 FT	10 sec		6 G.P.M
10:30	145	10		6
10:45	145	10		6
11:00	145 FT	10 sec		6 G.P.M
11:15	145	10		6
11:30	145	10		6
11:45	145 FT	10 sec		6 G.P.M

80 FT + PL 50 FT open 19 bags

556°24'17" E

199.00'

LOT 4  
3.084 Ac.

30'

Steady  
SLOPE ↗

30'

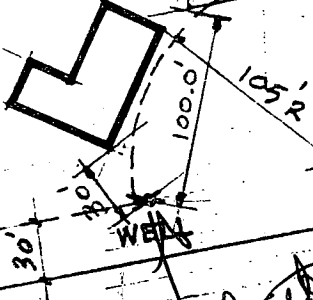
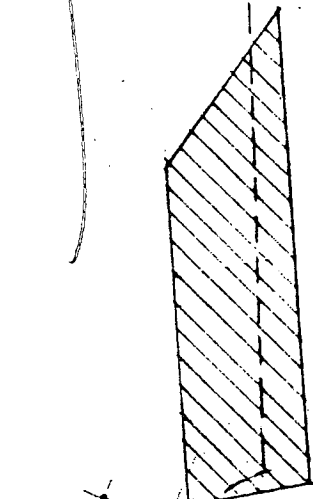
661.44

8/18/86  
conversation  
w/ owner  
assured that  
well is higher in  
elevation & no  
impact w/ neighboring  
septic systems

N 35°06'33" E

721.93

S 33°35'43" W



365.87

LOT 4

septic  
area

well site  
OK'ed  
8/18/86 LOT 3  
B2

SECTION-1 - LOT 4 - PATAPSCO OVERLOOK  
SCALE 1" = 100 FT. HOWARD COUNTY MD.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

Warren B. Barger  
(Name)

4376 Rt 97  
(Address)  
Brookeville Md 20833

HO 81 1634  
(OEP Well Permit Number)

\_\_\_\_\_  
(Date)



B 1 **5705** 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-81-1634**

fill in this form completely

**OWNER INFORMATION**

Date Received

**SARGENT ASSOCIATES**

**4326 RTE 97 PO BOX 66**

**BROOKVILLE MD 20833**

**LOCATION OF WELL**

**HOWARD** COUNTY

**PATAPSCO OVERLOOK** SUBDIVISION

SECTION **1** LOT **4**

**LISBOW** NEAREST TOWN

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

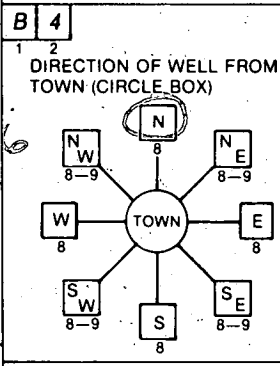
**DRILLER INFORMATION**

**Ralph Mayne** Driller's Name License No. **273**

**Ralph Mayne Well Drilling** Firm Name

**9100 Brownschurch Rd. Mt Airy** Address

**Ralph Mayne 7/20/86** Signature Date



**OLD Frederick Rd.** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**1000** DISTANCE FROM ROAD

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**

**HOWARD** COUNTY NAME COUNTY NO. **A 31147**

OEP SIGNATURE **B. Nilon** STATE HEALTH INSERT S

DATE ISSUED **08/18/86** CO SIGNATURE **B. Nilon** EXP. DATE **02/18/87**

NORTH GRID **553000** EAST GRID **0778000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** 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 **770/8**

**550 3**

**see below**

**80' casing**

**1 1/2"**

**50' + open**

**Did not stop**

**19000**

**8/22/86**

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

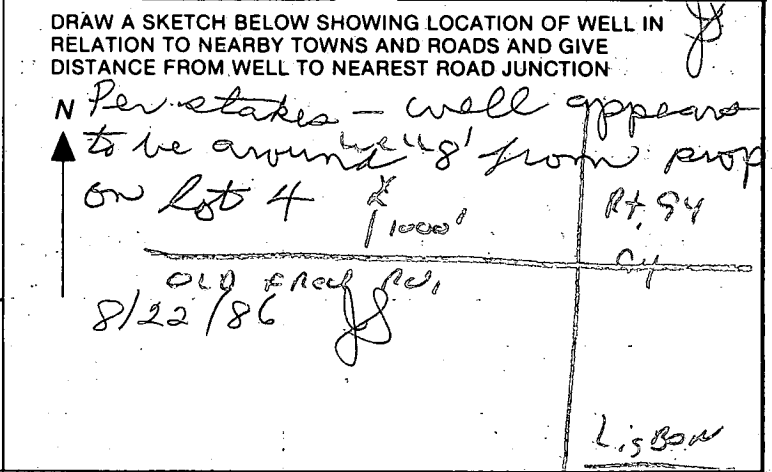
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) \_\_\_\_\_



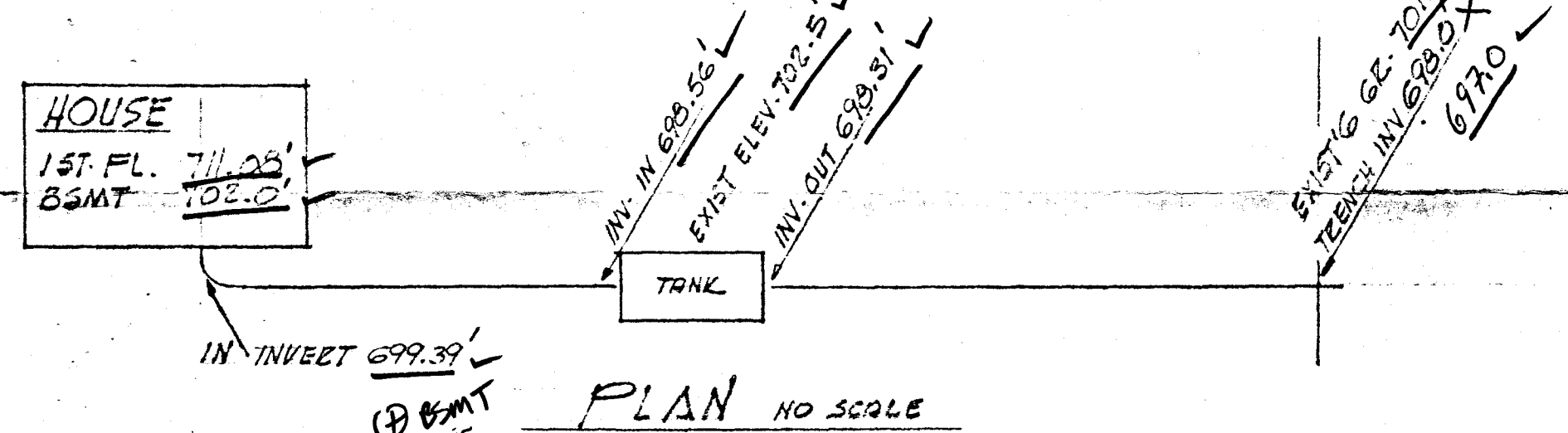
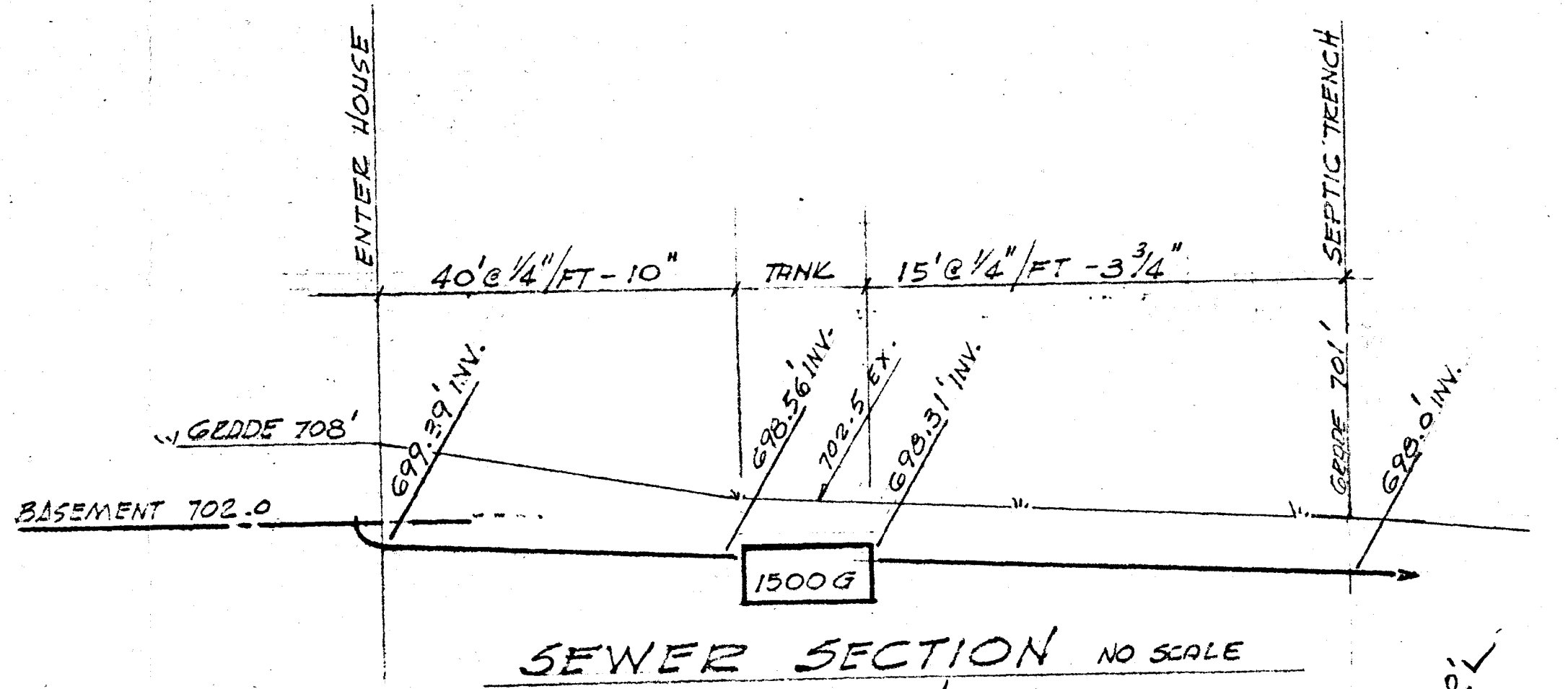
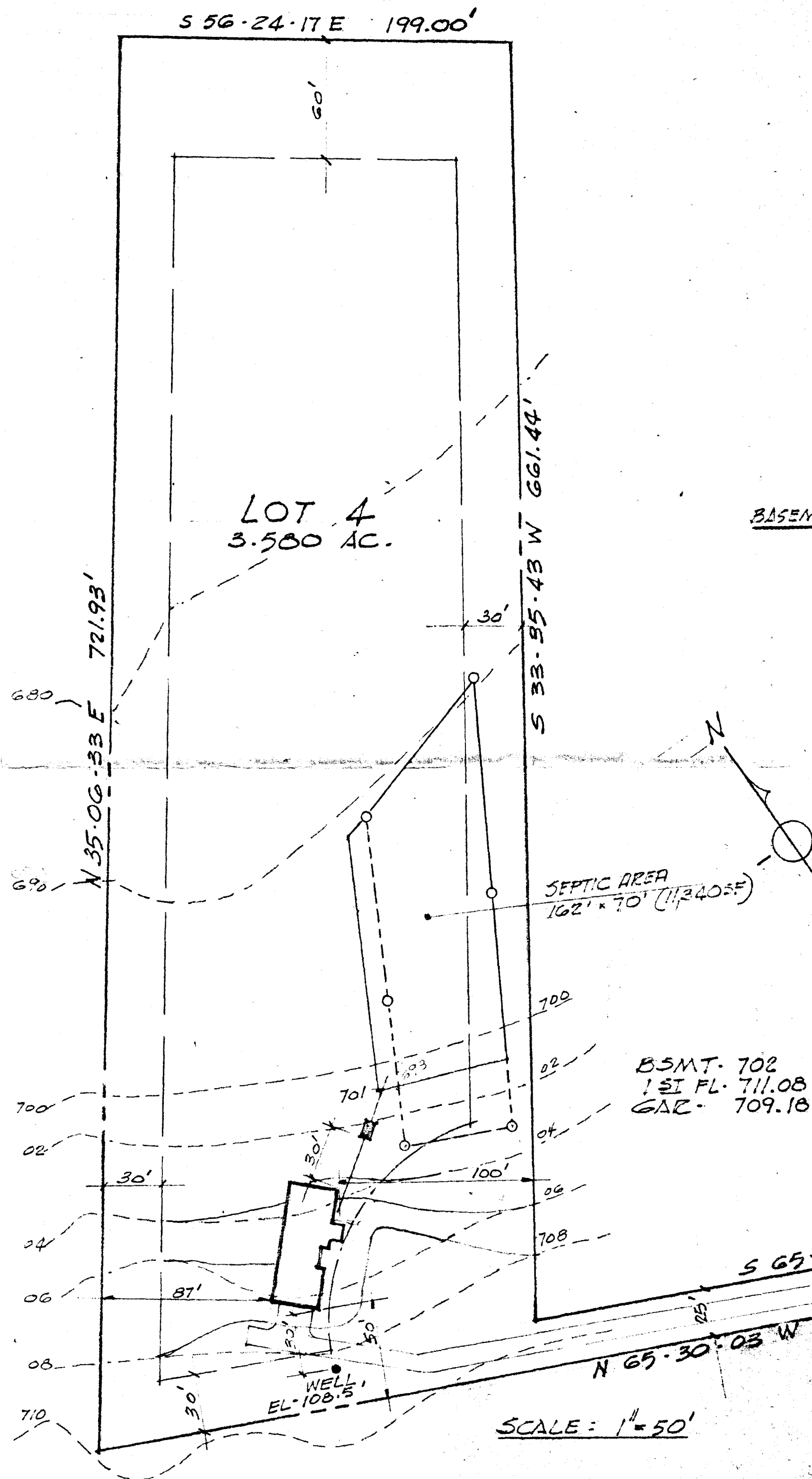
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_

FORCE **BN** WRITE INITIALS IN BOX PERMIT NO. **HO-81-1634**

SPECIAL CONDITIONS

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT  
MAR 5 9 20 AM '87  
ENVIRONMENTAL  
HEALTH



PLAN NO SCALE

HOUSE  
1ST FL. 711.08'  
BSMT. 702.0'

TANK

IN INVERT 699.39'

INV. IN 698.56'  
EXIST. ELEV. 702.5'  
INV. OUT 698.31'

EXISTING TRENCH INV. 698.0' x 697.0'

BLDG. PERMIT SIGNED  
AND RETURNED 3-10-87  
SAR  
BPH 10312

**PATAPSCO OVERLOOK - SECTION - 1**  
LOT # 4 PATAPSCO OVERLOOK COURT  
FOURTH DISTRICT - RE: PLATS 6117-B LIB. 429 / FOLIO 774

SCALE: 1" = 50'

SARGENT & ASSOCIATES, INC.  
4376 Rte #97 • Brentsville, MD 20633

3/3/87