

5/7/90 JATG

File

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

09-344537

P 45941

A 31148

DISTRICT 4th

DATE 5/7/90

DATE SYSTEM APPROVED 5/7/90

INSPECTOR C. BOJ

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Patapsco Overlook ROAD 16125 Patapsco Overlook Ct. 5, Sec. 1

PROPERTY OWNER John M. & Nora J. Bosse

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%.~~

GARBAGE GRINDER ~~XXXXXX~~ YES ~~XXXXXXXXXXXX~~ NO ~~XXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the first trench 100 feet from the front line that borders Lot 6 and 165 feet from the left lot line that borders Lot #3. Run trenches on contour toward the rear corner of Lot 5 and 6.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 4-30-90 JEA

PLANS APPROVED BY Sid Abel DATE 7/20/86

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 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

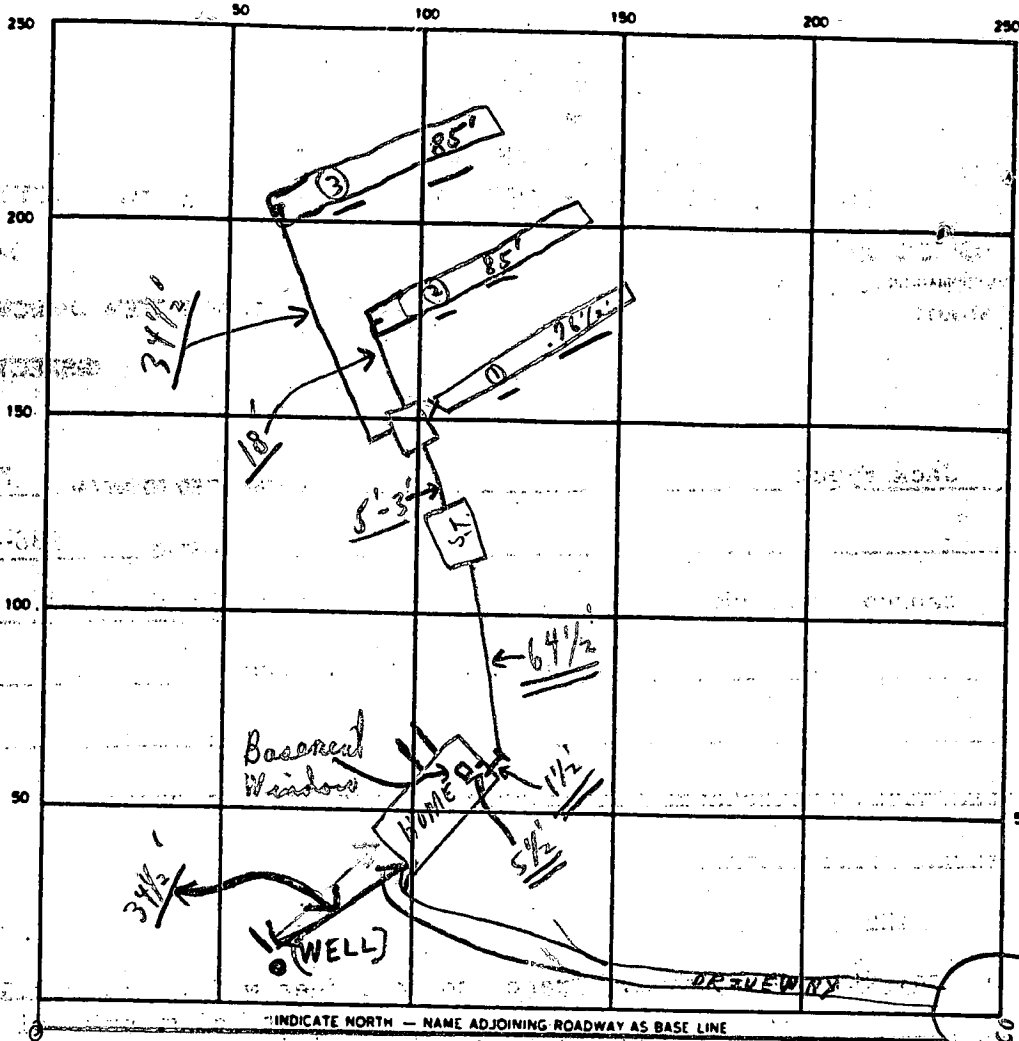
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

31148



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

PATAPSCO
OVERLOOK
COURT

S. T.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffles is in)

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 246 1/2 FT.
 (1) 76 1/2'
 (2) 85'
 (3) 85')

NUMBER OF TRENCHES 3 ONE 739 1/2 SO FT. BOTTOM AREA

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 739 SO. FT.

REMARKS 5/7/90 Final - ok to cover all work.

NEEDS PERMIT

5/7/90 { W.P.I. - OK ON PIT LESS ADAPTER AND WATER LINE ONLY.
STICKER LEFT

DATE SYSTEM APPROVED 5/7/90 INSPECTOR Charles Bryan Street

SUBDIVISION: PATAPSCO OVEN COOK

LOT NUMBER: 5

Sec. 1

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

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 5.0 feet below original grade.

Effective area begins at 3.5 feet below original grade.

1.5 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 absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 100 FEET FROM THE FRONT LINE
THAT BORDERS LOT #6 AND 165 FEET FROM THE LEFT LOT LINE
THAT BORDERS LOT #3, RUN TRENCHES ON ^{Contour} LOT LINE TOWARD
THE REAR CORNER OF LOT 5 AND 6. 7-20-89 S.W

APPLICATION

A 3/1/48

Prel.

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

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.

John M & Nora J. Bosse

Georgia Ave. Properties Inc.

PROPERTY OWNER

ADDRESS 7409 Village Road, Apt. 26, Sykesville, MD 21784
~~c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton Md.~~ PHONE 781-4758

PROPERTY LOCATION:

Patapsco Overlook

SUBDIVISION Georgia Ave Properties

sect 1
5 sect 1

ROAD AND DESCRIPTION 16125 Patapsco Overlook Ct, Woodbine, MD 21797
Md. Rte. 94 and Old Frederick Rd. LOT NO. _____

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 *John A. Bond*
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 *Hold for vertical holes SK 2/20/81*

BUDG. PERMIT SIGNED
AND RETURNED 9-21-89

BP# 29504 4 bdrms

THIS IS NOT A PERMIT

199

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

 New Installation Replacement
 Receipt # 45958
 Date 05/22/90
 Name of Installer Thompson's P & H Telephone 465-8818
 License Number 1801
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner JOHN BOSSE Telephone _____
 Subdivision _____ Lot # 5 Well Tag # _____
 Site Address 16125 PATAPSCO OAKWOOD RD

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make INVERTEK
 3. Model # ST52-V54P
 4. Capacity 4 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 torque arrestors

Motor
 1. Horsepower 1/2
 2. RPM 3200
 3. Voltage _____
 a. 110 115V 17
 b. 220 240

Pitless Adapter
 1. Make _____
 2. Model # _____
 3. Depth _____

Tank
 1. Capacity 40
 2. Pressure relief valve? 75 LB

Piping
 1. Type QUEST.
 2. Size 1"
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line 36"

Well data
 1. Depth 325 ft.
 2. Yield 2.75 GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? YES

 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: H. D. Thompson
 Date: 5-17-90

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

C1 1050 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A-31148

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 073189

22 325 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 40-88-0919

OWNER MAT JORDAN INC. last name PATRICK OVERLOOK first name TOWN WOODBINE SUBDIVISION PATRICK OVERLOOK SECTION 1 LOT 5

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

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

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

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

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen.

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.

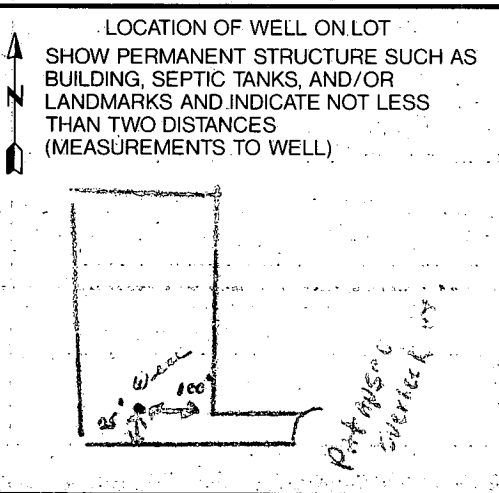
DRILLERS IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q 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 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 (CIRCLE) (YES or 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) LAND SURFACE



Page _____ of _____
 Date 7/31/89

Review OK 8/11/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0919
 Location of property (road) PATAPSCO OVERLOOK COURT
 Subdivision PATAPSCO OVERLOOK Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller J. MAYNE Owner MATJES DAN INC

Depth of well 325'
 Distance of measuring point (M.P.) above ground 1 1/2'
 Static water level (S.W.L.) below M.P. 57'

High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.
 Total time 45 min to reach pumping water level 231 ft. below M.P.

1. 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 \$1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	198	4 sec.		15
7:30	234	4		15
7:45	231	22		2 3/4
8:00	231	22		2 3/4
8:15	231	22		2 3/4
8:30	231	22		2 3/4
8:45	231	22		2 3/4
9:00	231	22		2 3/4
9:15	231	22		2 3/4
9:30	231	22		2 3/4
9:45	231	22		2 3/4
10:00	231	22		2 3/4
10:15	230	22		2 3/4
10:30	229	22		2 3/4
10:45	229	20		3
11:00	229	20		3
11:15	229	20		3
11:30	229	20		3
11:45	229	20		3
12:00	229	20		3
12:15	229	20		3
12:30	229	20		3
12:45	229	20		3
1:00	229	20		3
1:15	229	22		2 3/4
1:30	229	22		2 3/4

B 1 **5610** 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
110-88-0919
 fill in this form completely

Date Received (APA) **070389**
 OWNER INFORMATION
 MATIES DAN INC.
 1275 STRI ADELPHIA RD.
 ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL
 HOWARD COUNTY
 PATAPSCO OVERLOOK
 SECTION 1 LOT 5
 WOODBINE
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
 Joseph L. Mayne 238
 Driller's Name License No. 80
 Firm Name Joseph L. Mayne Well Drilling
 Address 5512 Ridge RD. Mt. Airy 21771
 Signature Joseph L. Mayne Date 7/3/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 PATAPSCO OVERLOOK CT.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 250 FT
 ENTER FT or MI FT

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 A-31148
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED 07/1989 July 18 01-18-90
 NORTH GRID 553000 EAST GRID 0778000

APPROXIMATE DEPTH OF WELL 200 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

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 54 WRITE INITIALS IN BOX PERMIT No. 110-88-0919

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 550 3
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 7-31-89 GROUT 9:50 NOT OBS'D
 19 BAGS OBS'D
 50% OPEN
 1' CASING A.G
 19' CASING MR
 NO TAG 7/31/89
 Sketch showing well location near Patapasco Overlook Ct. and Woodbine, with Old Frederick Rd.

