

3/13/87
early AM.

04-344561

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 31256
A 31151
DATE 12/16/86
DATE SYSTEM APPROVED 3/13/87
INSPECTOR C. W. [Signature]

William H. Smith, Jr.

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Patapsco Overlook ROAD 16118 Patapsco Overlook OFF 8

PROPERTY OWNER Norman Falin

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 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the front (536') Lot line and 75 feet from the right (864.36') lot line as seen when facing the lot from right-of-way. Run trenches on contour toward the left front lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY S. Abel DATE 9/23/86

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.

BLDG. PERMIT SIGNED
AND RETURNED 4/10/87
Serial # 12534 - Pool

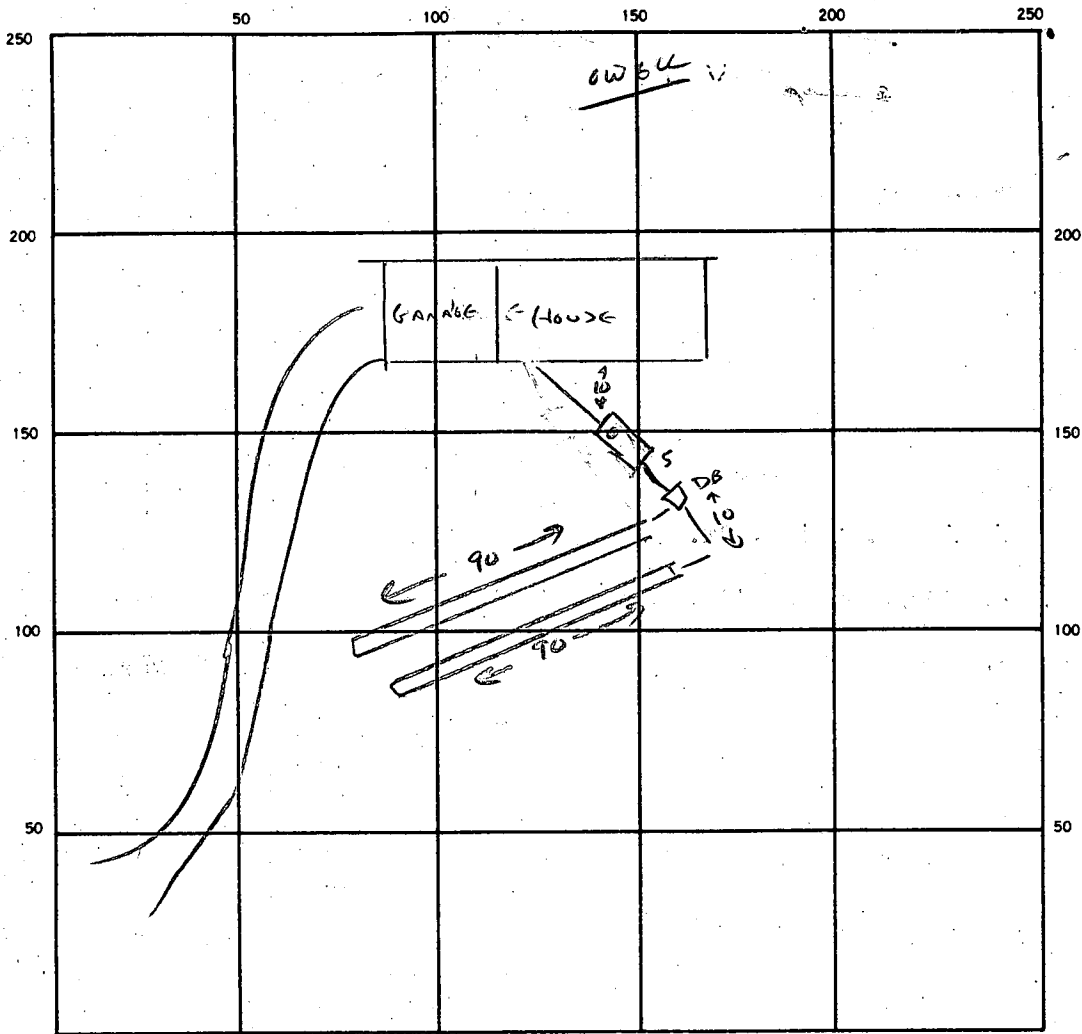
BLDG. PERMIT SIGNED
AND RETURNED 4/25/91
Serial # 32207 - deck for pool.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31151



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX. LEVEL ✓

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 (90+90) ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA 540 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 3/13/87 INSPECTOR C. Williams

APPLICATION

3/15/81

Pre

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 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. NORMAN FAJIN

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

PROPERTY LOCATION:

SUBDIVISION Georgia Ave Properties LOT NO. 8 SECT I

ROAD AND DESCRIPTION Md. Rte. 94 and Old Frederick Rd.

16118 PATAPSCO OVERLOOK CT.

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 Clark A. Board BLDG. PERMIT SIGNED AND RETURNED 9-23-80
Agent BP # 8004

APPROVED BY Sidney Abel FOR Shallow drain field DATE 9-23-80
(KIND OF SYSTEM)

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

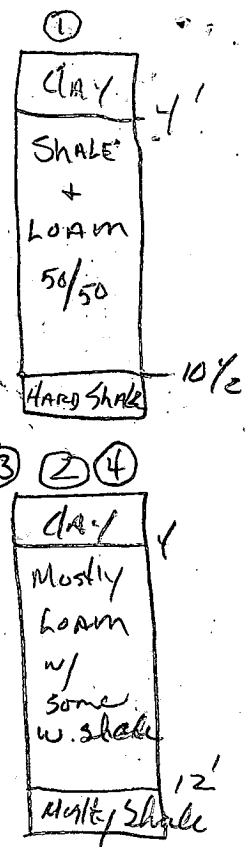
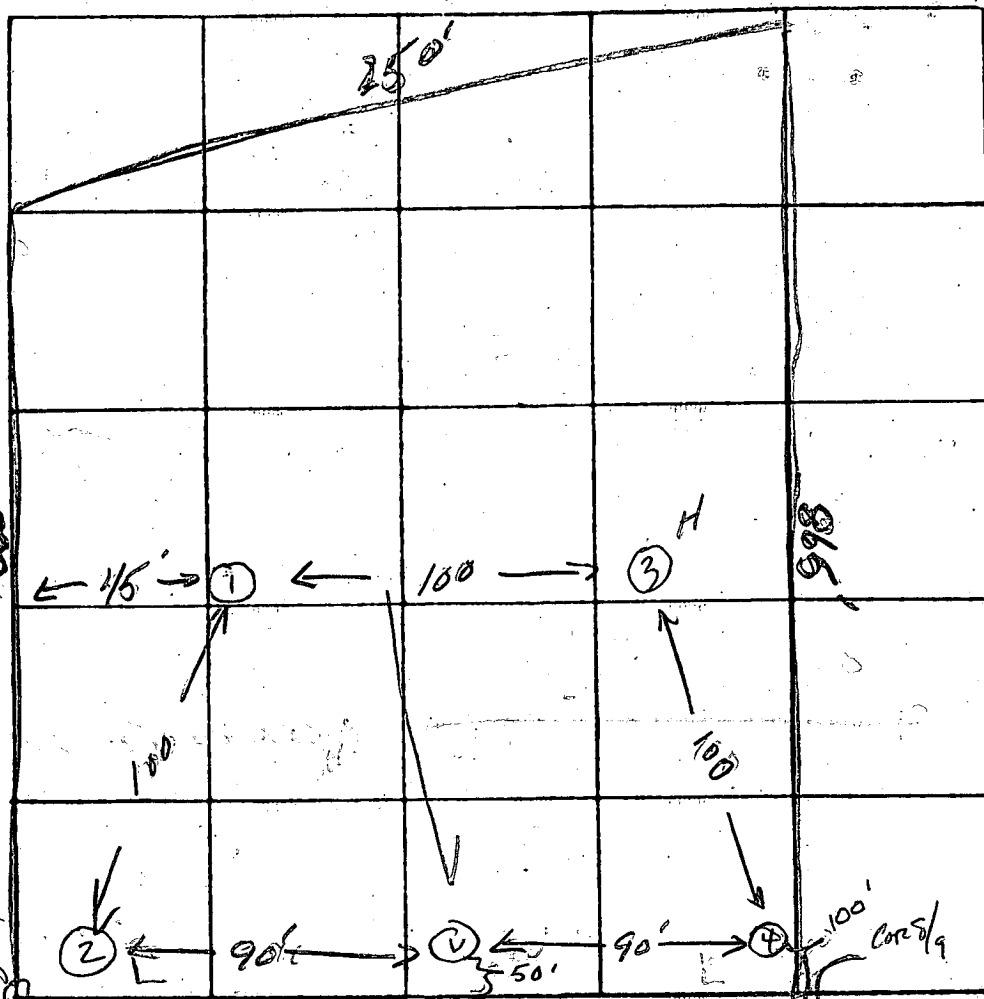
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold vertical holes 3x12/24/81

BLDG. PERMIT SIGNED AND RETURNED 3/6/81
BP # 8004
adjustment to B.P.
OK aoshaw

THIS IS NOT A PERMIT

Lot 8



R/w lot 8

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/27/81	1 S	4'	11:16	11:19	11:19	11:24	5
	1 M	8'	11:20			11:22	*
	1 D	10'	HARD	SHALE			
	2 S	4'	11:45	11:50	11:50	12:01	6
	2 M	8'	11:45	11:46	11:46	11:48	2 min
	D	12'					
	3 S	4 1/2'	12:06	12:09	12:09	12:20	11
	3 M	8 1/2'	12:05	12:08	12:08	12:19	11
	3 D	12'					
	4 S	4'	12:03	12:06	12:06	12:10	4
	4 M	8'	11:59	12:02	12:02	12:05	3
	4 D	12'					
	V	12'	1:21	clay	4 - 12'	loam	

* 2 min 2 in

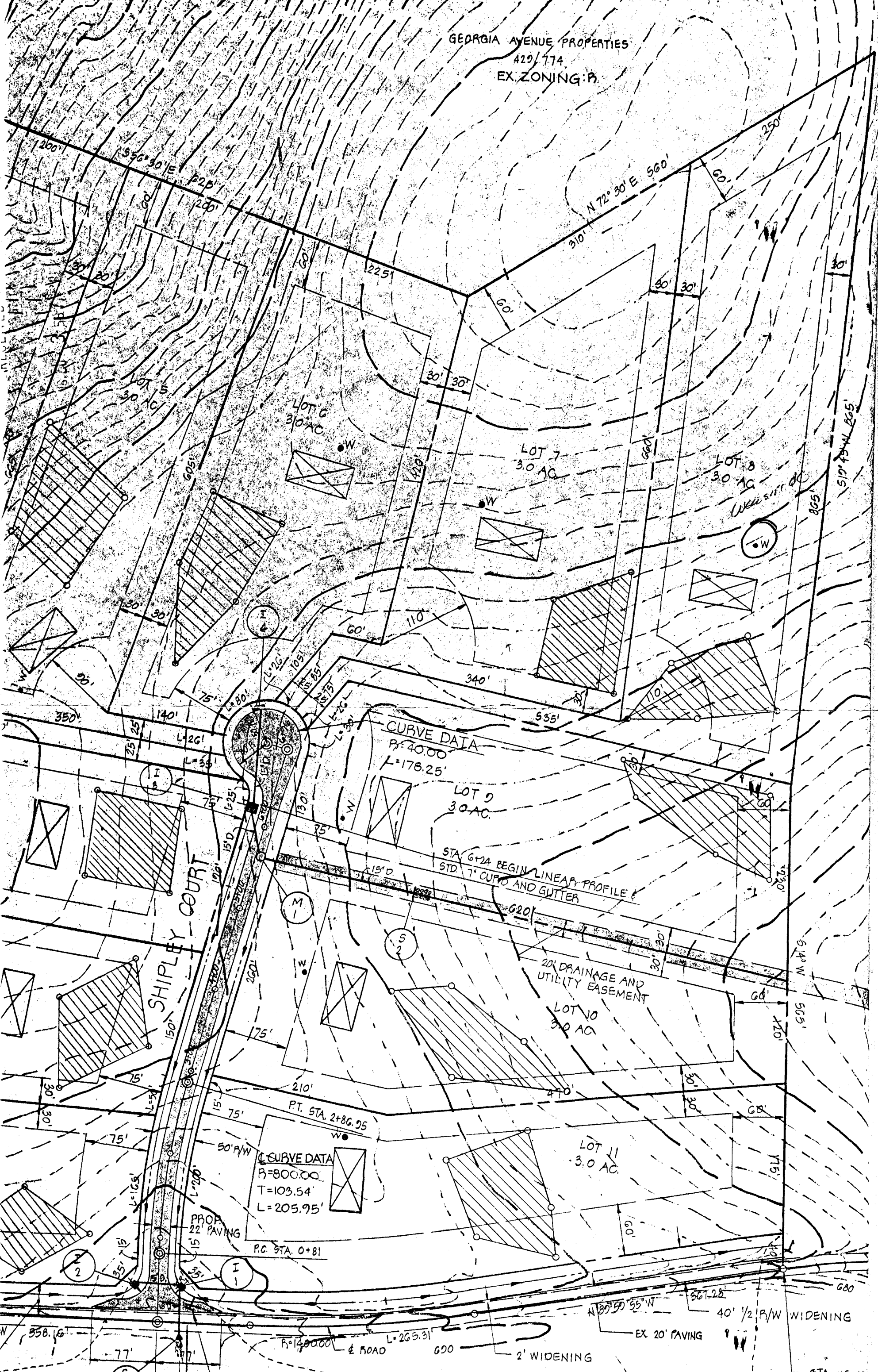
REMARKS Open field lot staked

TYPE OF SOIL _____

TESTED BY SK + JS ALSO PRESENT: DAVE WYES

John Quick
LARRY CRUSEMBERY

GEORGIA AVENUE PROPERTIES
429/774
EX. ZONING: P



CURVE DATA
R=40.00
L=178.25'

LOT 9
3.0 AC

STA. 6+24 BEGIN LINEAR PROFILE &
STD. 7" CURB AND GUTTER

20' DRAINAGE AND
UTILITY EASEMENT

LOT 10
3.0 AC

CURVE DATA
R=800.00
T=103.54
L=205.95'

LOT 11
3.0 AC

FREDERICK ROAD

EX. POLE TO BE RELOCATED
EX. SWALE (OFFSITE)

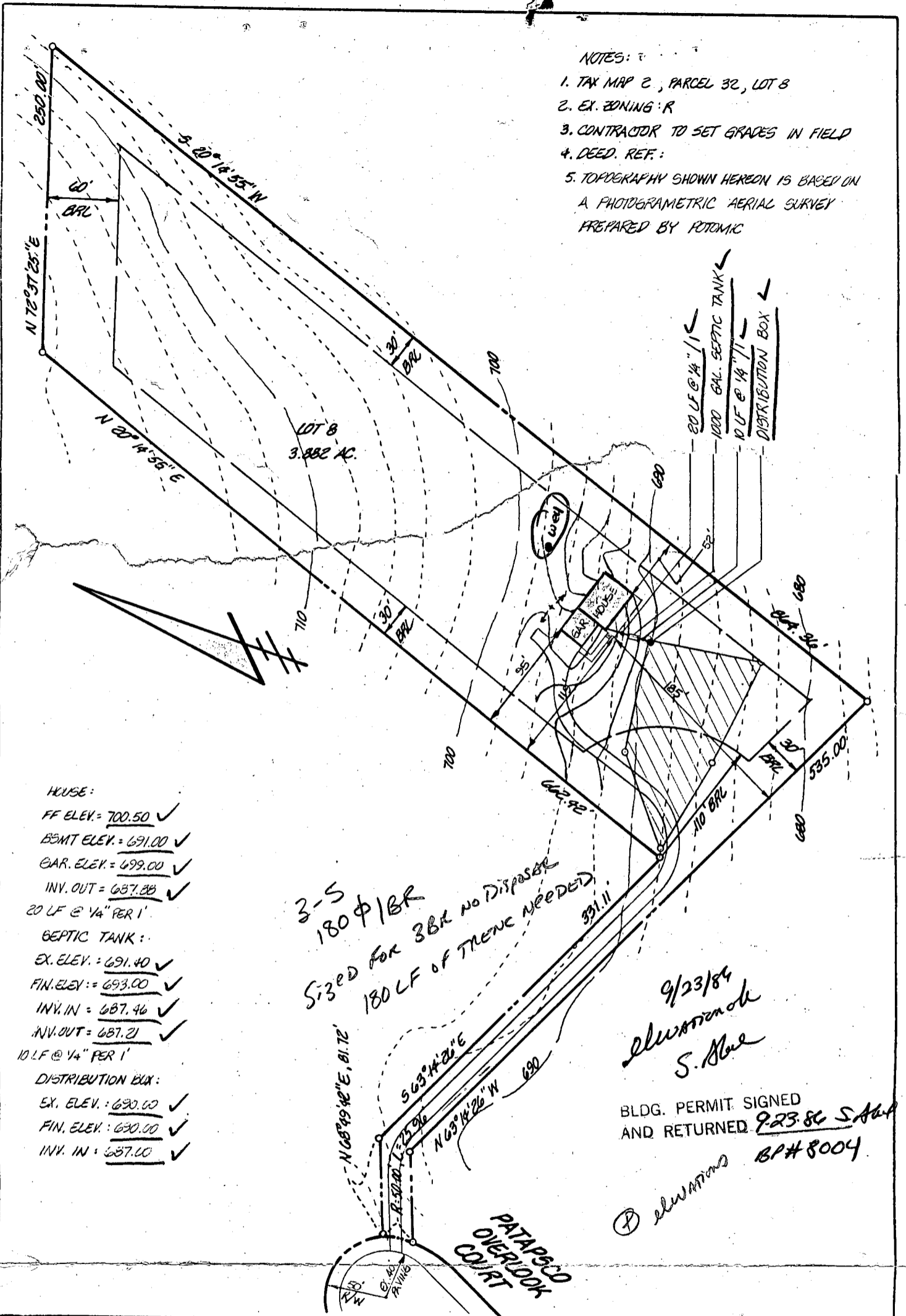
VEHICULAR INGRESS AND EGRESS IS RESTRICTED

EX 20' PAVING
40' 1/2 P/W WIDENING
2' WIDENING

STA. 15+11

NOTES:

1. TAX MAP 2, PARCEL 32, LOT 8
2. EX. ZONING: R
3. CONTRACTOR TO SET GRADES IN FIELD
4. DEED. REF.:
5. TOPOGRAPHY SHOWN HEREON IS BASED ON A PHOTOGRAMMETRIC AERIAL SURVEY PREPARED BY POTOMIC



HOUSE:
 FF ELEV. = 700.50 ✓
 BSMT ELEV. = 691.00 ✓
 GAR. ELEV. = 699.00 ✓
 INV. OUT = 687.85 ✓
 20 LF @ 1/4" PER 1'
 SEPTIC TANK:
 EX. ELEV. = 691.40 ✓
 FIN. ELEV. = 693.00 ✓
 INV. IN = 687.46 ✓
 INV. OUT = 687.21 ✓
 10 LF @ 1/4" PER 1'
 DISTRIBUTION BOX:
 EX. ELEV. = 690.00 ✓
 FIN. ELEV. = 690.00 ✓
 INV. IN = 687.10 ✓

3-5
 180 φ 18" BR
 SIZED FOR 3BR NO DISPOSER
 180 LF OF TRENCH NEEDED

9/23/84
 elevation
 S. Shaw

BLDG. PERMIT SIGNED
 AND RETURNED 9-23-84 S. Shaw

Ⓟ elevations BP# 8004

PATAPSCO
 OVERLOOK
 COURT

TITLE: GRADING STUDY				
PROJECT: PATAPSCO OVERLOOK SECT. 1 - LOT 8				
LOCATION: <u>4TH</u> ELECTION DISTRICT <u>HOWARD</u> CO., MD.				
SCALE: 1" = 100'	DESIGNED BY: JTN	DRAWN BY: JTN	CHECKED BY: JTN	DATE: SEPT. 1986
FIELD BOOK:	PAGE NO.:	JOB NO.: 86332	DRAWING NO.: 1 OF 1	

boender associates
 inc.
 consulting engineers
 land surveyors
 land planners

COURTHOUSE SQUARE
 3565 ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD. 21043
 (301) 465-7777

B 1 **2596** 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-81-1699

fill in this form completely

Date Received **082686**

OWNER INFORMATION

FALIN AUBREY A
Last Name Owner First Name

10347 FUSCANA RD
Street or RFD

ELLICOTT CITY MARYLAND 21033
Town State Zip

B 3 **LOCATION OF WELL**

HOWARD COUNTY

PATASCO OVERLOOK SUBDIVISION

SECTION **7** LOT **8**

LISCOM NEAREST TOWN

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

DRILLER INFORMATION

Ralph Wayne Driller's Name **223** License No.

Ralph Wayne Inc. Driller Firm Name

9120 Shilpa Court Rd. Md. Ave Address

Ralph Wayne Signature **8/26/86** Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

SHILPA COURT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1000 DISTANCE FROM ROAD

ENTER FT or MI **1**

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 COUNTY NAME **A-31151** COUNTY NO.

OEP SIGNATURE **A. Nelson** DATE ISSUED **02/26/87**

NORTH GRID **553000** EAST GRID **0779000**

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

776 9
559 3

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

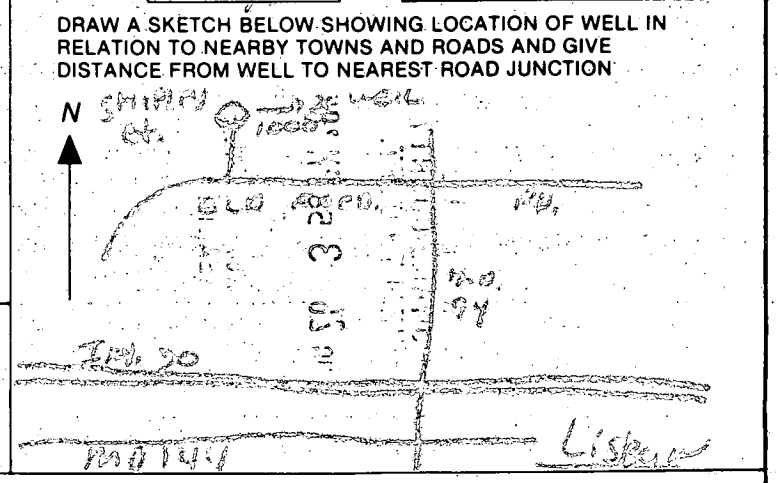
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **G A P**

FORCE **AW** WRITE INITIALS IN BOX PERMIT No. **HO-81-1699**

SPECIAL CONDITIONS

Page _____ of _____
 Date 9/3/86

Review OK MR 3/1/91

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 - 1649
 Location of property (road) SHIPLEY CT.
 Subdivision PATAPSCO OVERLOOK Lot 8 Block _____ Plat _____ Sec. 1
 Well Driller RALPH MAYNE Owner FALIN EUGENIA

Depth of well 265 ft
 Distance of measuring point (M.P.) above ground 1 ft
 Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 10 G.P.M
 Total time 45 min to reach pumping water level 240 ft 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)
8:15	240 ft	20 sec	X	3 G.P.M
8:30	240	20		3
8:45	240	20		3
9:00	240 ft	20 sec		3 G.P.M
9:15	240	20		3
9:30	240	20		3
9:45	240 ft	20 sec		3 G.P.M
10:00	240	20		3
10:15	240	20		3
10:30	240 ft	20 sec		3 G.P.M
10:45	240	20		3
11:00	240	20		3
11:15	240 ft	20 sec		3 G.P.M
11:30	240	20		3
11:45	240	20		3
12:00	240 ft	20 sec		3 G.P.M
12:15	240	20		3
12:30	240	20		3
12:45	240 ft	20 sec		3 G.P.M
1:00	240	20		3
1:15	240	20		3
1:30	240 ft	20 sec		3 G.P.M
1:45	240	20		3
2:00	240	20		3
2:15	240 ft	20 sec	3 G.P.M	

86 ft PL 50 x Open 20 cups

C1 5284 SEQUENCE NO. (OEP 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-31151

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
 09 05 86

DEPTH OF WELL
 22 205 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HB-21-1647

OWNER EALIN EUGENIA
 STREET OR RFD SWIFLEY COURT TOWN LISEON
 SUBDIVISION PATAPSCO OVERLOOK SECTION 1 LOT 8

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	75	✓
Brown Slate	75	80	
Blue Slate	80	100	
Brown Slate	100	105	✓
Blue Slate	105	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED. (Circle appropriate box)
 YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 20 NO. OF POUNDS 250
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 5 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 (nearest inch) 6
 Total depth of main casing (nearest foot) 55

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

DEPTH (nearest ft.)
 EACH SCREEN
 1 HO 54 26.5
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []

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 Mayne

DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
Ralph S. Mayne

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

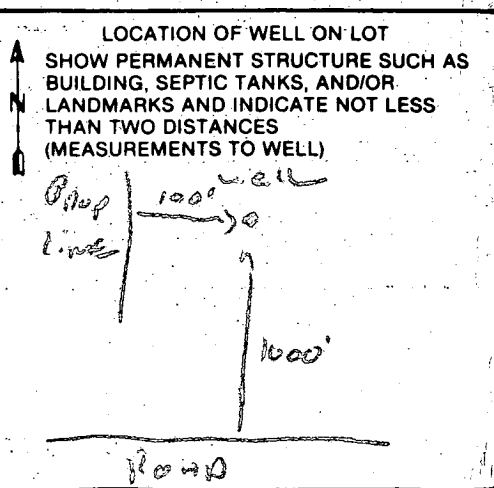
SLOT SIZE 1 2 2 3 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from [] to []

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.) 70 72
 WQ 74 [] [] [] 75 [] [] [] 76 [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 5
 WHEN PUMPING 2
 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)



3/13/87

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 X
Replacement _____

Receipt # 38255
Date 12/14/86

Name of Installer Wm. H. Smith Jr

Telephone 879-7641

License number PT58

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner NORMAN PALIN Telephone _____

Subdivision PATAPSCO OVERLOOK Lot # 8 Well tag # _____

Site Address 16118 PATAPSCO OVERLOOK CT

Pump

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

Motor

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

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

2. Make PLAD _____

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No X

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 _____
- 2. Pressure relief valve? _____

Piping

- 1. Type _____
- 2. Size _____
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

Well Line & PITLESS 4' B.b. Pressure Tank R6165 VALVE ok
3/13/87 CWL

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: William H. Smith Jr

Date: _____

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

