

11/21/96
1105

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

04-341988

INDEXED

P 57395A

A 31220

DISTRICT 4th

DATE 11/13/96

DATE SYSTEM APPROVED 11/22/96

INSPECTOR ALM

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION McAlister Property LOT 2 ROAD 2610 Mullinix Mill Road

PROPERTY OWNER Jeffrey & Linda McAlister

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3.5 feet below original grade. 3.5 feet of stone below distribution pipe.

LOCATION - Begin trenches 190 feet up the left lot line and 90 feet off that same lot line as seen when facing the lot from Mullinix Mill Road. Run trenches on contour toward the right front property corner.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8/9/96 OK ALM

PLANS APPROVED BY Amy McMillen DATE 08/09/96

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

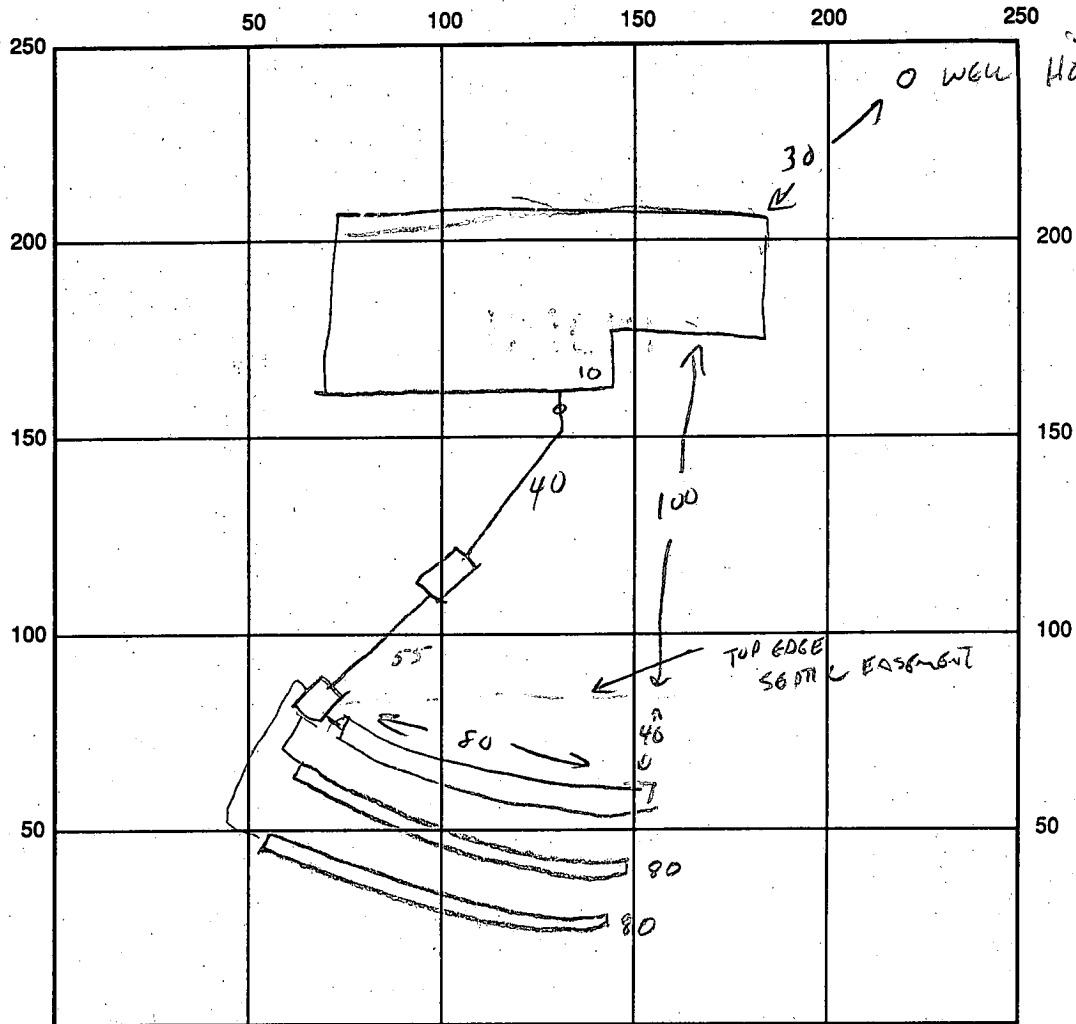
PERMIT VOID AFTER TWO YEARS

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 31220



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

IN LINE AT HOUSE

SEPTIC TANK LEVEL

CLEANOUTS MANHOLE NEEDED AT TANK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 7 1/2 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3.5 FT.

TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS:

DISTRIBUTION BOX/TRENCHES FURTHER INTO

SEPTIC AREA THAN SPECIFIED - NO OBJECTION. TANK PLACEMENT PROVIDES

ADEQUATE FALL/DISTANCE TO ALLOW FUTURE REPAIR AT HIGHER ELEV.

HOUSE SEWER → TANK → DIST. BOX → 1ST TRENCH COMPLETE.

11/22/96 OK TO COVER ALL WORK FINAL ALL

WPI 11/22/96 OK TO COVER ALL

DATE SYSTEM APPROVED 11/22/96

INSPECTOR Amy McNeil

APPLICATION

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

A 31220

P 4

DISTRICT _____

DATE 11 Mar 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 Dorothy McAlister 26601 Mullinix Mill Rd 301 253-3175

ADDRESS MZ. ARLY MD 21771 PHONE _____

PROPERTY LOCATION McAlister 2

SUBDIVISION Mullinix Mill Rd LOT NO. _____

ROAD AND DESCRIPTION _____

3.037 Ac

SIZE OF LOT _____ TYPE BLDG. _____

(NUMBER OF BEDROOMS)
3 to 4

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.

(SIGNATURE OF APPLICANT)

APPROVED BY C. B. Stankus FOR Shallow DATE 4/28/81

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/28/81 FOR CERTIFIED HOLES; HOUSE SITE &

WATER WELL SITE REVIEW.

C.R.S.

THIS IS NOT A PERMIT

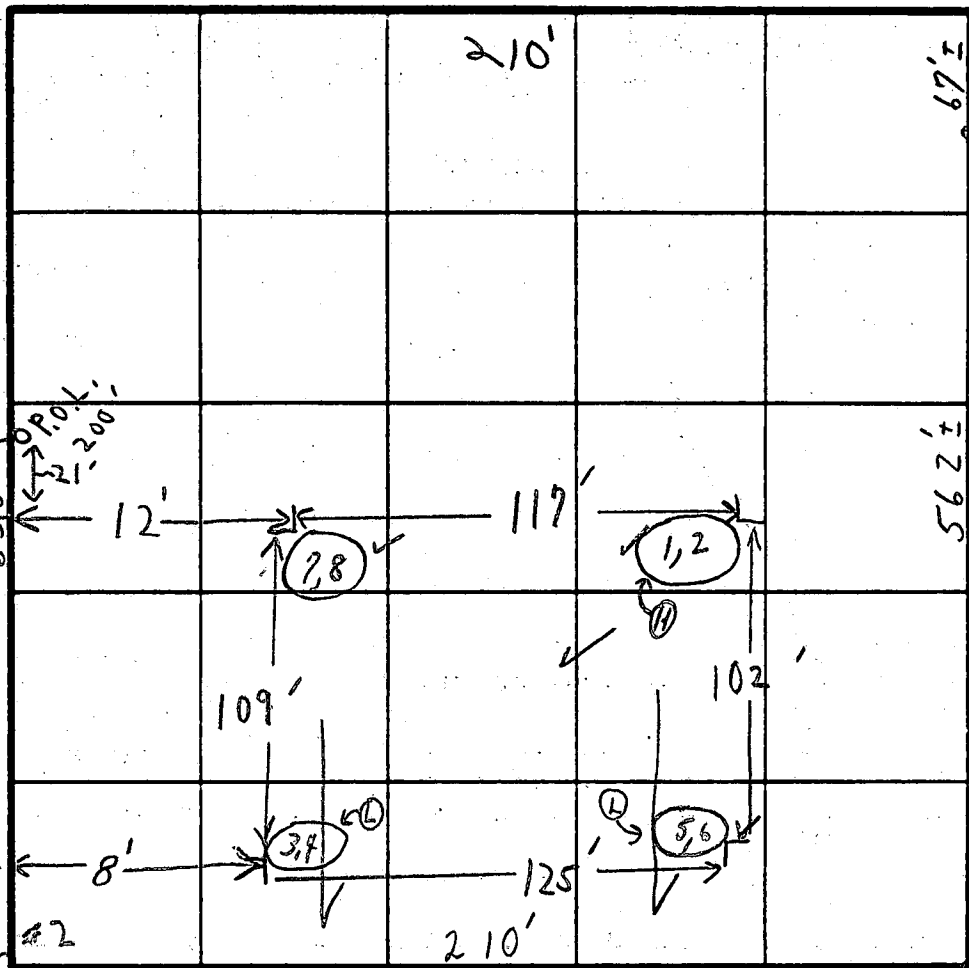
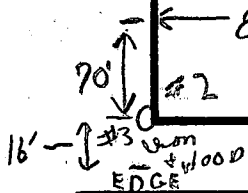
#2

SOIL PROFILE

SEE EACH HOLE BELOW



FIELD SHEET



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MULLINIX MILL ROAD

SOIL PROFILE

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1' - 3 1/2" CLAY 3 1/2' LOAM	4/28/81	1	3 1/2'	10:01	10:04	10:04	10:07	3 min
to 11'-9"		2 (H)	7'	10:01	10:04	10:04	10:07	3 min
1' - 3 1/2" CLAY 3 1/2' - LOAM		3	3 1/2'	10:04	10:11	10:11	10:24	13 min
MORE WEATHERED ED SHALE 11'		4 (L)	7'	10:04	10:09	10:09	10:23	14 min
1' - 4 1/2" CLAY 4 1/2' LOAM		5 A	3 1/2'	10:00	10:03	10: 1/2"	10:	xxx
SOME WEATHERED ED SHALE 12'		6 (L)	7'	10:00	10:09	10:09	10:22	13 min
1' - 3 1/2" CLAY MOSTLY LOAM		7	3 1/2'	10:02	10:05	10:05	10:08	3 min
11'		8 (H)	7'	10:02	10:08	10:08	10:13	5 min
		5 B	4 1/2'	1:21	1:24	1:24	1:29	5 min

Trenches
excavated
3 1/2'
Maximum
depth
7'
2" wide
130 #'
per bedroom
8 man avg.

REMARKS

TESTS IN OPEN FIELD HOLD }
TESTS PER STAKE

FOR CERTIFIED HOLES

TYPE OF SOIL

TESTED BY

C. B. A

ALSO PRESENT

{ MR. SIKK + SON }

C1 7977

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-31220

ST/CO USE ONLY - DATE RECEIVED

DATE WELL COMPLETED 072696

Depth of Well 405

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40990869

OWNER: MCALISTER JEFFREY last name first name STREET OR RFD: MULLINX MILL ROAD TOWN: SUBDIVISION: SECTION: LOT: 2

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. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate, Flint Rock, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1900 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40 ft.

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter (top (main) casing) (nearest inch) 6 Total depth of main casing (nearest foot) 50

OTHER CASING (if used)

screen type or open hole (insert appropriate code below) (HO) OPEN HOLE

SCREEN RECORD

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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 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.

TYPE: MWD/MSD/MGD 116 DRILLERS LIC. NO. [Signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 117 [Signature]

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

DEPTH (nearest ft.) 405

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

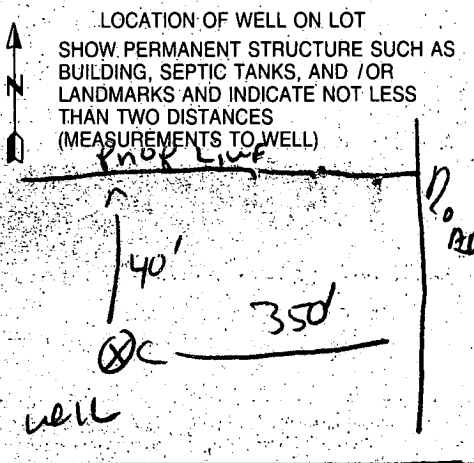
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 60 ft. WHEN PUMPING 21.5 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (A,C,J,P,R,S,T,O) IN BOX 29. 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 2



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

~~461-9933~~

373-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # N/A
Date _____

Name of Installer RANDY J. RENNEN

Telephone 301-695-5580

License Number 5321

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner JEFFREY MCALISSEN Telephone 831-5792

Subdivision MCALISSEN Lot # 2 Well Tag # _____

Site Address 2610 MILLERIX MILL RD.

Pump

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

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter

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

2. Make SKURZ

3. Model # _____

4. Capacity 5 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 40
2. Pressure relief valve? YES

Piping

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

Well data

1. Depth 400 ft.
2. Yield 6 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

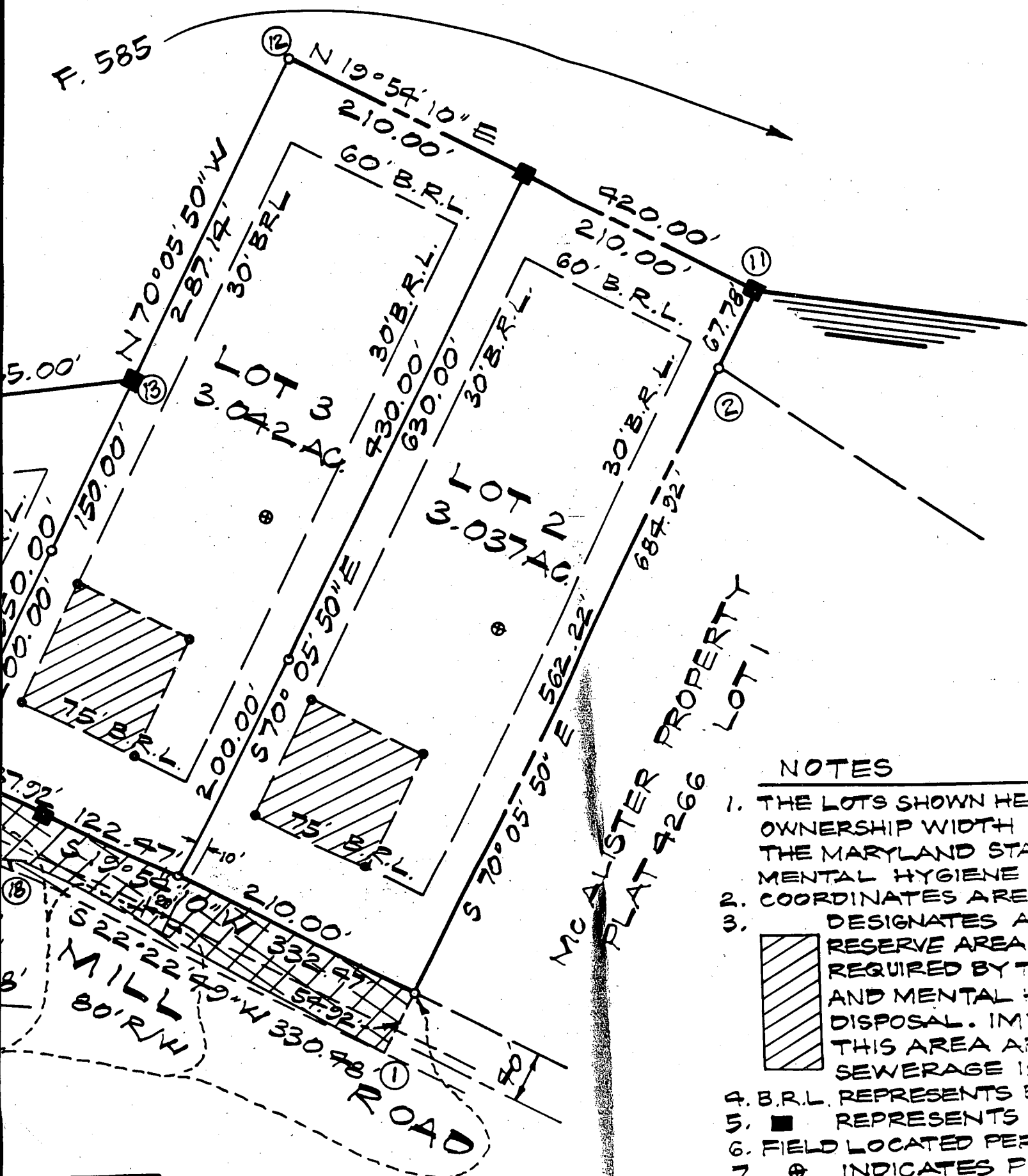
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Randy J. Renn

Date: 11-20-90

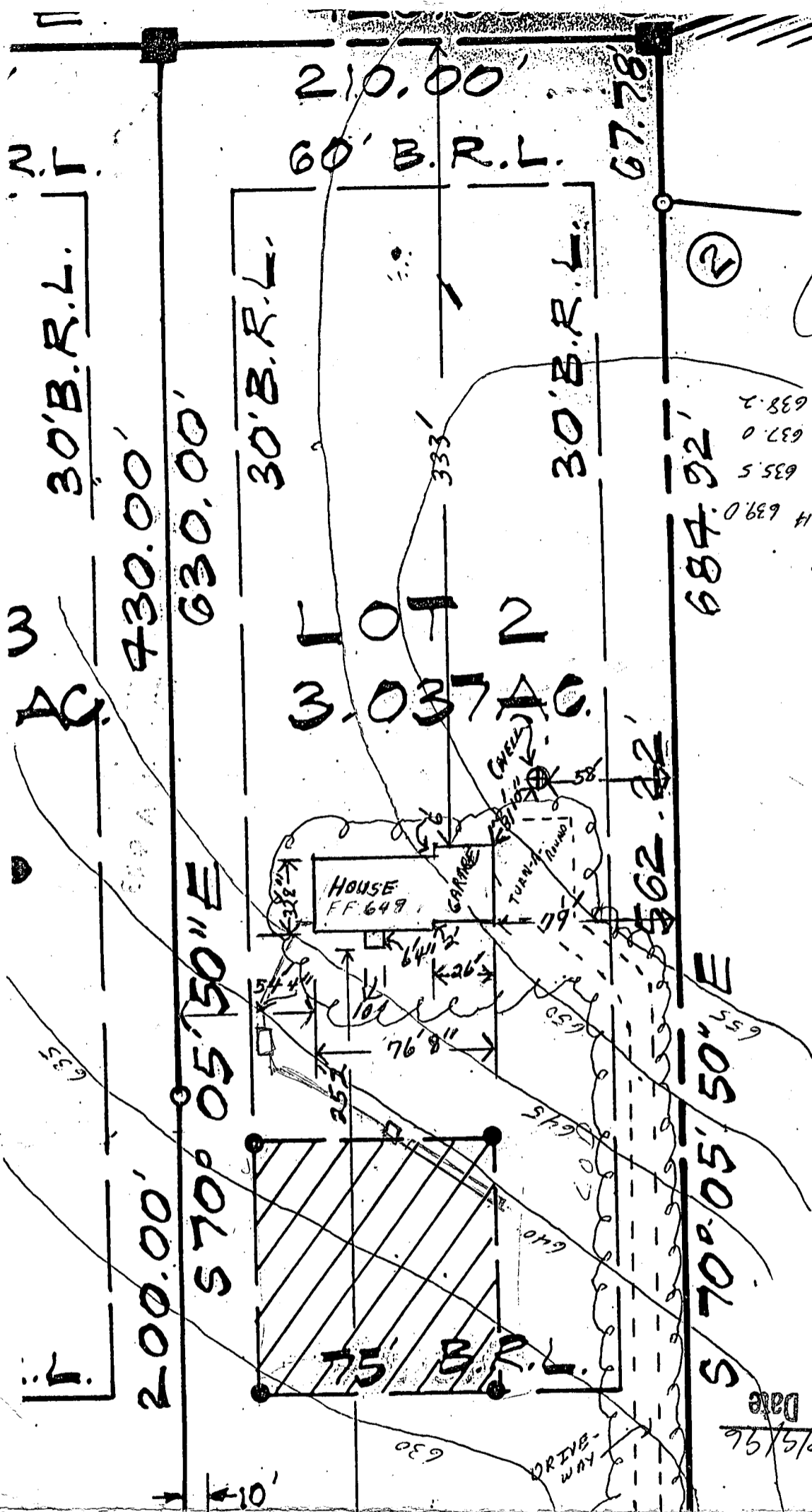
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



NOTES

1. THE LOTS SHOWN HEREIN ARE SUBJECT TO THE OWNERSHIP WIDTH OF THE MARYLAND STATEMENT OF MENTAL HYGIENE ACT.
2. COORDINATES ARE GIVEN FOR ALL CORNERS.
3. A Hatched Area DESIGNATES A RESERVE AREA REQUIRED BY THE MARYLAND STATEMENT OF MENTAL HYGIENE ACT. THIS AREA AND SEWERAGE IS TO BE SET ASIDE FOR THE USE OF THE STATE.
4. B.R.L. REPRESENTS BOUNDARY RESERVE LINE.
5. ■ REPRESENTS A CORNER.
6. FIELD LOCATED PER SURVEY.
7. ⊕ INDICATES PERMANENT SURVEY POINT.
8. PLAT SUBJECT TO RECORD.

McALISTER PROPERTY
 PLAT 4266
 LOT 1



EX GRADE AT TRENCH 639.0
 INV INTO TRENCH 635.5
 INV OUT SEPTIC TANK 637.0
 OUT HOUSE 638.2

BRUCE R. MILLER

SCALE
 1/2" = 30'

2.47'
 2.47'
 210.00'
 S 19° 54' 10" W 54.92'
 S 22° 22' 49" W 330.78'
 MILL ROAD
 30' R/W

Approved Septic System Plan
 Howard County Health Department

Signature
 Date 8/5/96

MC ALISTER PROPERTY
 PLAT #266 LOT 1

N
 30' B.R.L.
 W
 430.00'
 630.00'
 30' B.R.L.
 30' B.R.L.
 210.00'
 60' B.R.L.
 67.78'

3.037 AC

75' B.R.L.

684.92'

S 70° 05' 50" E 562.22'

①

②