

9/2/87 12 Noon

Approved
9/2/87
38085
31551

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

04-343638

ELLICOTT CITY
DISTRICT 4th
DATE 11/24/86

Herbert E. Snapp, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 25641 Ridge Road, Damascus, Maryland 20872 PHONE

SUBDIVISION Florence Estates ROAD 2120 Cabin Branch LOT 22

PROPERTY OWNER Herbert E. Snapp 301-831-5644

ADDRESS

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

251
2
373

TRENCHES 190 sq. ft. per bedroom. With garbage disposal 231 sq. ft. per bedroom. Trench to be 1 1/2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place distribution box 165 feet down the right (777') front lot line and 105 feet off the right lot line as seen when facing property from Cabin Branch Road. Run trenches along contour towards the left (275') 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.

NOTE - BE SURE TO MAINTAIN MINIMUM 100 FEET DISTANCE FROM WELL TO SEPTIC SYSTEM.

★ REVISED SPECS - INSPECTION BEFORE GRAVEL INSTALLED NOW REQUIRED. CW MAY INSTALL COMPLETE SYSTEM AND CALL FOR FINAL BEFORE COVERING. S. Blunt REVISIONS OK 1/28/87 CW

PLANS APPROVED BY B. Nixon 8/28/86 DATE 10/28/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

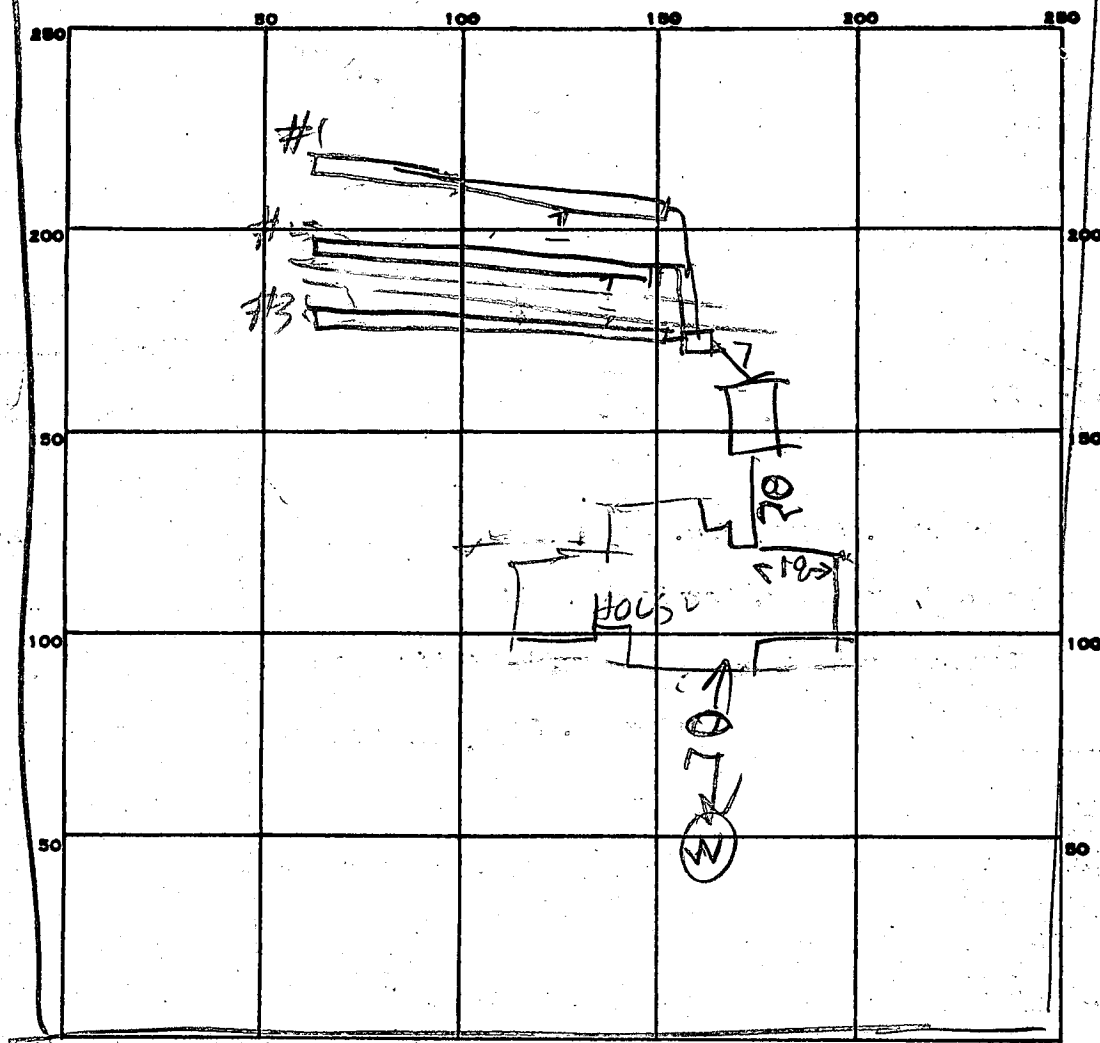
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31551



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE-LINE.

CABIN BRANCH CT

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS DI

DISTRIBUTION BOX, LEVEL _____

#1	#2	#3	#4	#5
6	6	6	3	3

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

#1	#2	#3	#4	#5
3	3	3	24	27

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 813

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/2/07 LOCATION OK TRENCHES ONLY
ONE INSPECTION REQUIRED BECAUSE
THEY ARE 3 FT WIDE & 6 FT DEEP

DATE SYSTEM APPROVED 9/2/07 INSPECTOR Raymond Hodge

PRELIMINARY

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 31551

P _____

DISTRICT 4th

DATE 8/4/81

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 Hubert E. Snapp, Inc.

ADDRESS 25641 Ridge Road, Damascus, Maryland 20750 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Florence Estates LOT NO. 25 22

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 3 acres more or less 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/ Hubert E. Snapp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

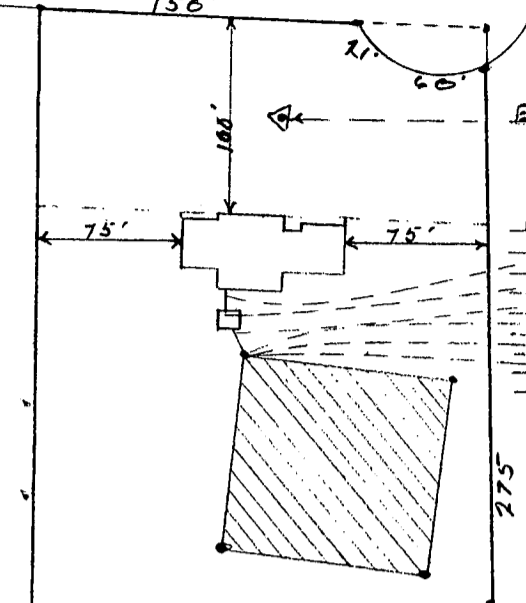
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

9114

CABIN BRANCH COURT



Elev. at wall 632'

Finish First Fl.	634.5'	✓
" Base. Fl.	625'	✓
INV. Elev.	623.5'	✓
INV. Elev.	625'	✓
Existing Elev.	625'	✓
INV. Elev.	621.5'	✓
Existing Elev.	623'	✓
Pers. Elev.	623'	✓
Trench Inlet	620' x	✓

BASEMENT ON GRADY

619.5 INLET INTO TRENCH

elevations ok w/ change in inlet depth into trench

11/26/88

S. Abel

Mr/Mrs Hubert Snapp
Lot # 22 10.25 AC.
Florene Estates

BLDG. PERMIT SIGNED AND RETURNED 11/26/88

S. Abel

BP 9114

777'

170'

275'

800'

754'

49'

B 1 4580 SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type
11/20/86
11:20 AM
GLOU

OEP PERMIT NUMBER
78 79
40-81-1733
fill in this form completely

Date Received
OWNER INFORMATION
8 13
S... N... H...
15 Last Name 1 Owner First Name 34
25641 BRIDGE RD
36 Street or RFD 55
DAMASCUS MD 20872
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL W-37841
1 2
H... 8 COUNTY 21
FLORENCE EST 42
23 SUBDIVISION
SECTION 44 46 LOT 48 50
FLORENCE 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION
GEORGE E. EASTERDAY
47 77 License No. 80
Firm Name
1 F. EASTERDAY, INC.
375 Spring Church Rd Mt D. Co. Md
Address
George E. Easterday 10-1-86
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N E W E S E S
8-9 8-9 8-9 8-9
TOWN
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N WEST W EAST E SOUTH S
34 50 37 DISTANCE FROM ROAD
ENTER FT or MI 38 39

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 470 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A 31551
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S 41
DATE ISSUED
102280 43 48 CO. SIGNATURE EXP. DATE
NORTH GRID 539000 EAST GRID 6761000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30- AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37- 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
E 7601
N 5399
000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
WELL
FLORENCE RD
FLORENCE
11/20/86
61' CASING
2' ABOVE GRADE
50' O.P.W.
LOCATION OK
15' BASEMENT
S.A.M.

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
FORCE PS WRITE INITIALS IN BOX PERMIT No. 40-81-1733
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
P. 440.00

11/21/86

Location similar to
Site 1 on plot-OKID

160 sample taken 1045
H9913

Well grouted day before

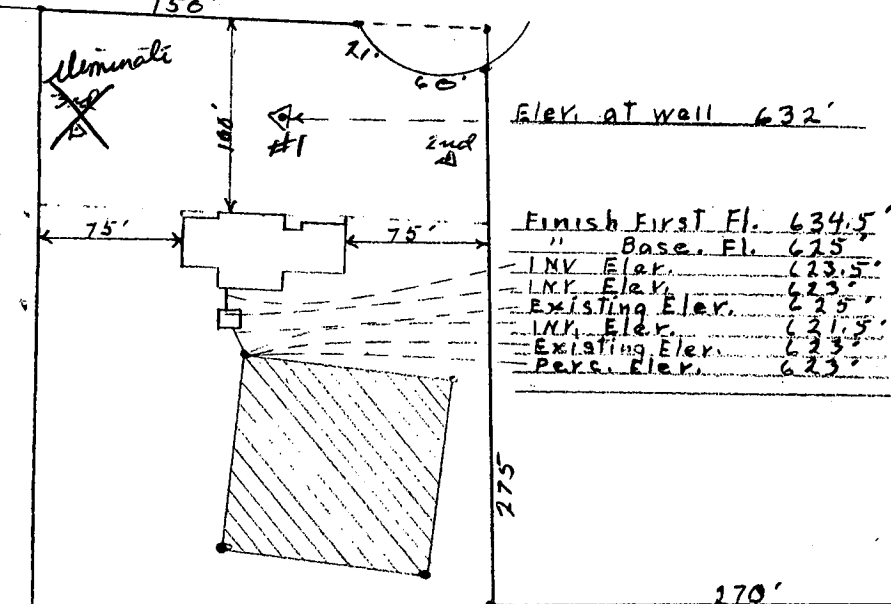
call for
them for
info

61' casing
15 ^{bags} cement
50 per hole

#

RECEIVED
COUNTY HEALTH DEPT.
NOV 21 1986
11 55 AM '86
COUNTY HEALTH DEPT.
COUNTY HEALTH DEPT.

CABIN BRANCH COURT



Elev. at wall 632'

Finish First Fl.	634.5'
" Base Fl.	625'
INV. Elev.	623.5'
EXISTING Elev.	623'
INV. Elev.	621.5'
EXISTING Elev.	623'
Perc. Elev.	623'

10/27/84
 NO STAKES PRESENT
 well site #1 + 2 ok
 eliminate #3 until needed
 Then require inspection
 S. Abel

Mr/Mrs Hubert Snapp
 Lot # 22 10.25 AC.
 Florene Estates

777'

170'

800'

754'

47'

C1 5367 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 31551

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 11 20 86 Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1733

OWNER SNAPP HUBERT last name first name
 STREET OR RFD CABIN BRANCH CT TOWN FLORENCE
 SUBDIVISION FLORENCE EST. SECTION LOT 22

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	
Fill dirt	0	11	
browns hark	11	50	
browns late	50	110	C
blue slate	110	170	
blue slate w/ Flint	170	190	C
blue slate	190	230	
blue slate w/ Flint	230	260	C
blue slate	260	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 15 NO. OF POUNDS 1500
 GALLONS OF WATER 80
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 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 ST
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 61

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	DEPTH (nearest ft.)
1 HD	57 300
2	
3	

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. 40
 DRILLERS SIGNATURE Robert K. Hubert

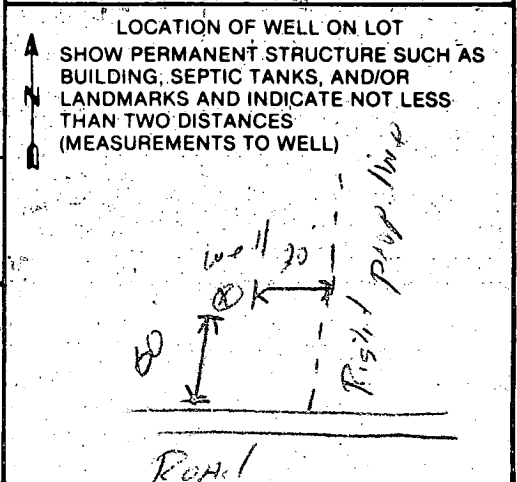
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 70
 METHOD USED TO MEASURE PUMPING RATE Burd
 WATER LEVEL (distance from land surface) BEFORE PUMPING 30
 WHEN PUMPING 57
 TYPE OF PUMP USED (for test) 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 below LAND SURFACE (nearest foot)



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 # 39621
 Date 7/10/87

Name of Installer ROBERSON

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner HUBERT SNAPP

Telephone _____

Subdivision FLORENCE ESTATES Lot # 22

Well Tag # HD-81-1733

Site Address 2120 CABIN BRANCH Rd.

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
 - Make _____
 - Model # _____
 - Capacity _____ GPM
 - Pump exceeds well capacity Yes _____ No _____
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

- Motor**
- Horsepower _____
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220 _____

- Pitless Adapter**
- Make _____
 - Model # _____
 - Depth _____

- Tank**
- Capacity _____
 - Pressure relief valve? _____

- Piping**
- Type _____
 - Size _____
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data**
- Depth _____ ft.
 - Yield _____ GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? _____

7/10/87 - PRESS AT ~48" below GRADE - LINE + WIRES 48" below GRADE; INSIDE NOT COMPLETE. - S.H.W.

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: _____

Date: _____

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