

1/10/89 LATE

05-392756

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 43149

A 31577

DISTRICT 5th

DATE 11/2/88

DATE SYSTEM APPROVED 1/11/89

INSPECTOR M. Rifkin

INDEXED

Bilbar Construction

IS PERMITTED TO INSTALL ALTER

ADDRESS 802 Suburbian Road, Reisterstown, Maryland PHONE 526-7077

SUBDIVISION LaIsle ROAD 6605 Corina Court LOT 13

PROPERTY OWNER ACE Consultants, Inc.

ADDRESS MASTER MECHANICAL

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 5

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Beginning from the front right corner (intersect of 32.02' & 77.87' lot lines) place the first trench 295 feet across the front line and 85 feet off the same lot line as seen when facing the lot from Corina Court. Run trenches on contour toward Corina Court.

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

PLANS APPROVED BY Sid Abel DATE 8/31/88

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

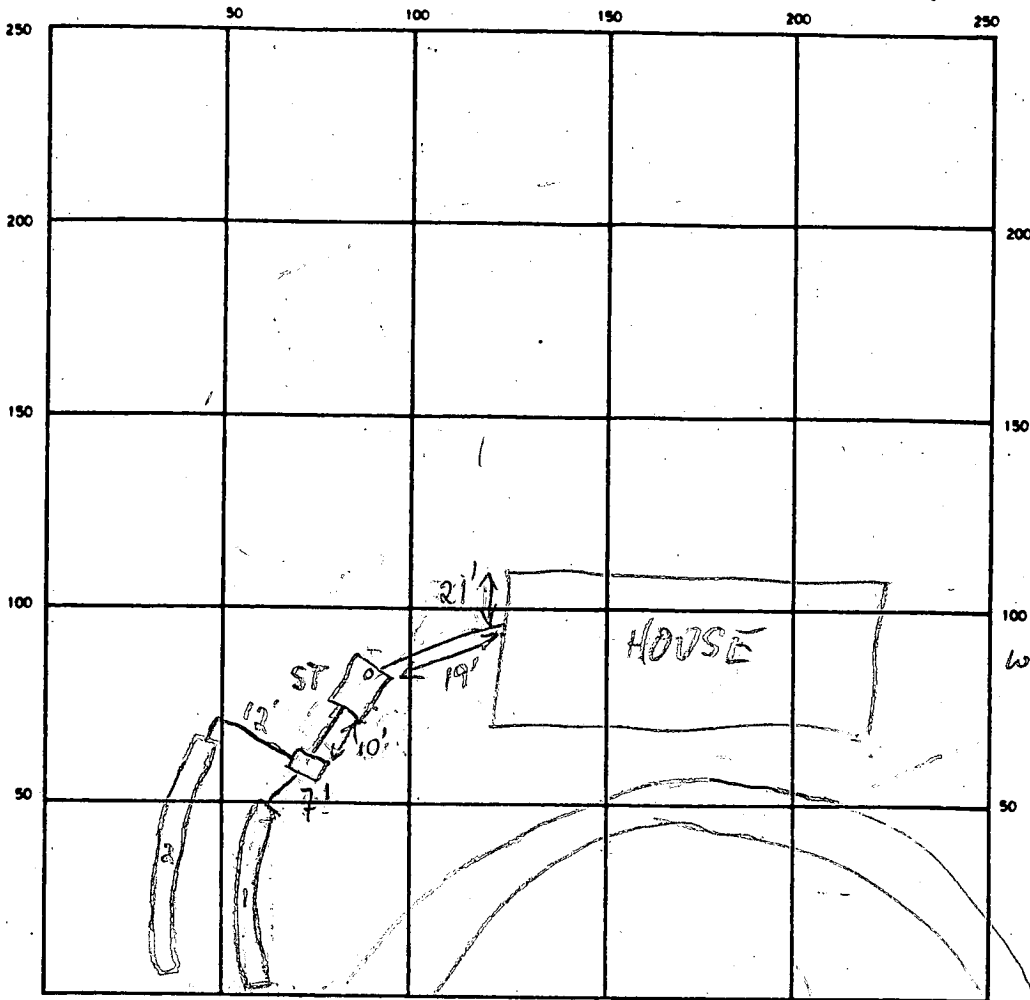
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

REG. PERMIT SIGNED AND RETURNED 4/15/90
Serial # 31942 - deck

A 31577



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CORINA CT

well HO-81-0437

SEPTIC TANK LEVEL OK (30" x 96") CLEANOUTS 1/10 NO 1/11 OK
 DISTRIBUTION BOX LEVEL 1/10 NO 1/11 BAFFLE IN
 DRAIN FIELD/TILE FIELD DEPTH 1' 8" FT. TRENCH WIDTH 2' FT. INLET DEPTH 3' FT.
 EFFECTIVE GRAVEL DEPTH 5' FT. TOTAL LENGTH 694 } 178 FT. NEED 160'
 NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 890 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 3' FT.
 ABSORBENT AREA 890 SQ. FT.

REMARKS 1/10/89 TANK INSTALLED, TRENCHES DUG & READY FOR SYM
NO OTHER WORK MR; 1/11/89 #1 TRENCH STONED & PAPERED; #2
TRENCH IN PROCESS NO OTHER WORK MR; 1/11/89 #2 ALL TRENCHES
STONED & PAPERED, ALL WORK OK TO COVER

DATE SYSTEM APPROVED 1/11/89 INSPECTOR M. Ritkin

Per

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 31577

P _____

DISTRICT 5th

DATE 8/14/81

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 Francisco Guzman Applicant: Greenhorne & O'Mara, Inc.
6715 Kenilworth Ave., Riverdale, MD
ADDRESS 10959 Swansfield Road, Columbia, MD 21044 John Sakai 277-2121 x 177 20840
PHONE _____

PROPERTY LOCATION _____

SUBDIVISION La Isla LOT NO. 13

ROAD AND DESCRIPTION Cedar Lane 1,000 Ft. North of Intersection w/Rte. 32

SIZE OF LOT 3+ acre TYPE BLDG. Single Family Dwelling
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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BP 18873
5-31-88
S. ABEL

THIS IS NOT A PERMIT

#13

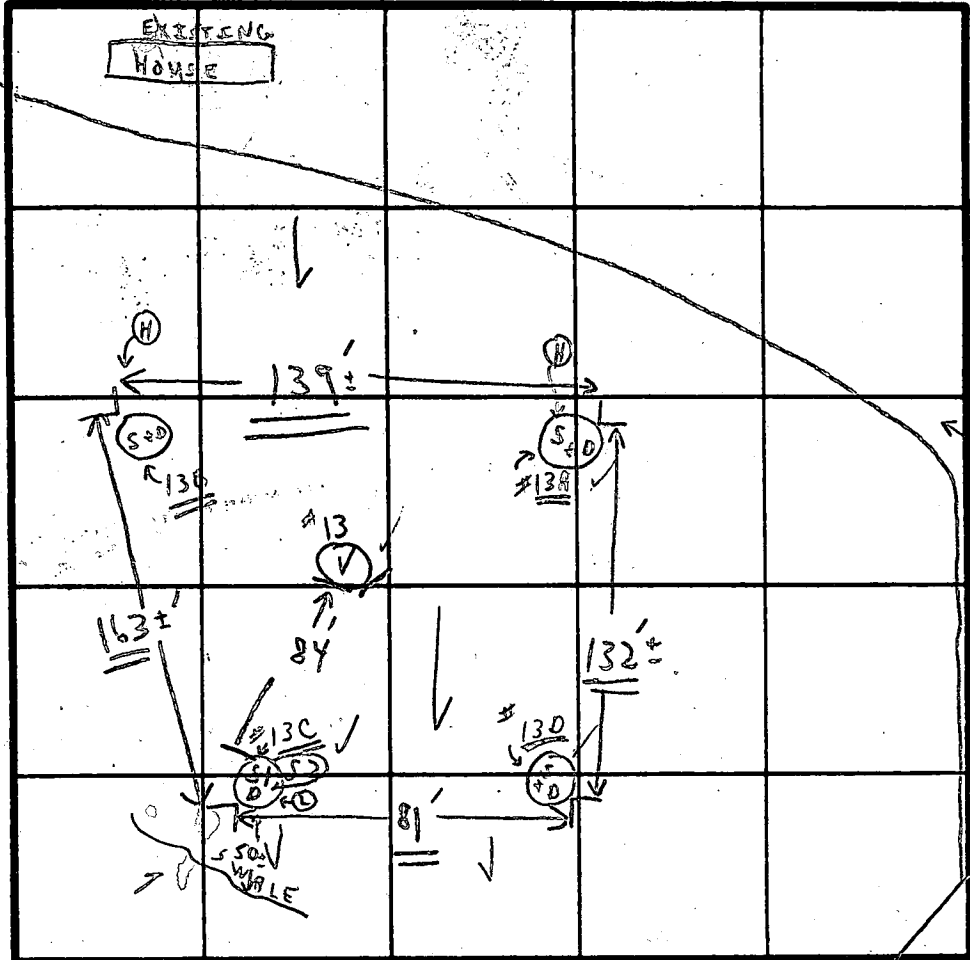
SOIL PROFILE

SEE EACH HOLE BELOW



FIELD SHEET
PERC HOLES STAKED & # ONLY

EXISTING D/W



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
CEDAR LAKE

PROPOSED ROAD

SOIL PROFILE

1'-4 1/2" CLAY
4 1/2" MICA LOAM TO 13'
1'-3" CLAY
3" MICA LOAM TO 8 1/2"
1'-3" CLAY
3" MICA LOAM 8'
1'-3" CLAY
3" MICA LOAM 13'
(4 1/2" - MICA LOAM)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/81	#13 C (S) (2)	3 1/2'	10:07	@ 10:37	3 1/4" @ moist		XXX
	(L) D	9'	11:20	11:21	11:21	11:22	1 1/2 min
	#13 D S	3'	10:21	10:23	10:23	10:29	4 min
	(L) D	8 1/2'	10:26	10:27	10:27	10:29	2 min
	#13 A C	3'	10:44	10:46	10:46	10:49	3 min
	D	8'	10:39	10:40	10:40	10:42	2 min
	#13 B S	3'	11:29	11:30	11:30	11:32	1 1/2 min
	(H) D	7'-3"	11:37	11:38	11:38	11:40	2 min
	13 C S (2)	4 1/2'	11:00	11:02	11:02	11:05	3 min
	13 V	14 1/2'	VISUAL		1'-3 1/2" CLAY	20	
					3 1/2" - 14 1/2" SANDY MICA LOAM		

Recommend
Trench
depth 3'
3'-8' effect
R.O.C.

3 min
avg.

EH-12-1079

REMARKS TESTS IN HIGH GRASS - HOLD! AT SITE
JOHN
TYPE OF SOIL _____
TESTED BY C. B. J.
(1) CERTIFIED HOLES MR. SAKAI
REP. OF GREENHORNE
(2) HOUSE SITE + OMARA, INC.
ALSO PRESENT { 2 DIGGERS
MR. PHILIP C. BRADFORD
+ ASST.
OF BRADFORD CONCRETE

B 1 7914

SEQUENCE NO (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0437

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

3/20/84 9:30 A.M. please print or type

fill in this form completely

Date Received

02/6/84

OWNER INFORMATION

ALKASSIM A B

11161 NEW HAMPSHIRE

SILVER SPRING MD 20904

B 3

LOCATION OF WELL

HOWARD

LA LSLA

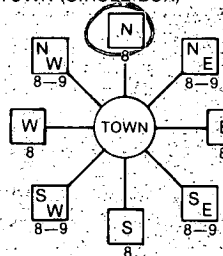
SECTION 13 LOT 13

SIMPSONVILLE

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

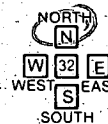
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CORINA CT.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



250 DISTANCE FROM ROAD

ENTER FT or MI

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 31577

COUNTY NAME

COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED

Frank Shuman 9/2/84

NORTH GRID

499 0 0 0

EAST GRID

0830 0 0 0

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

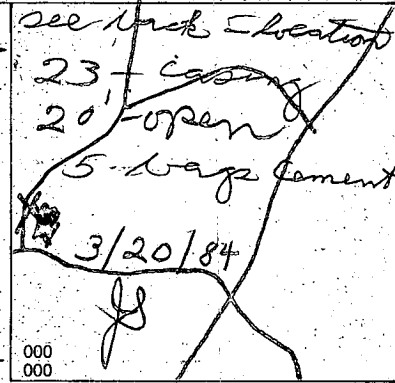
- Bored (or Augered)
JETTED
Jetted & DRIVEN
AIR-ROTARY
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVERSE-ROTary
DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

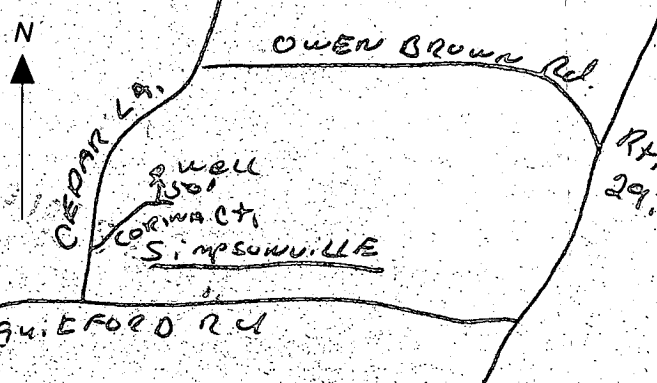
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

830 0
490 4



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

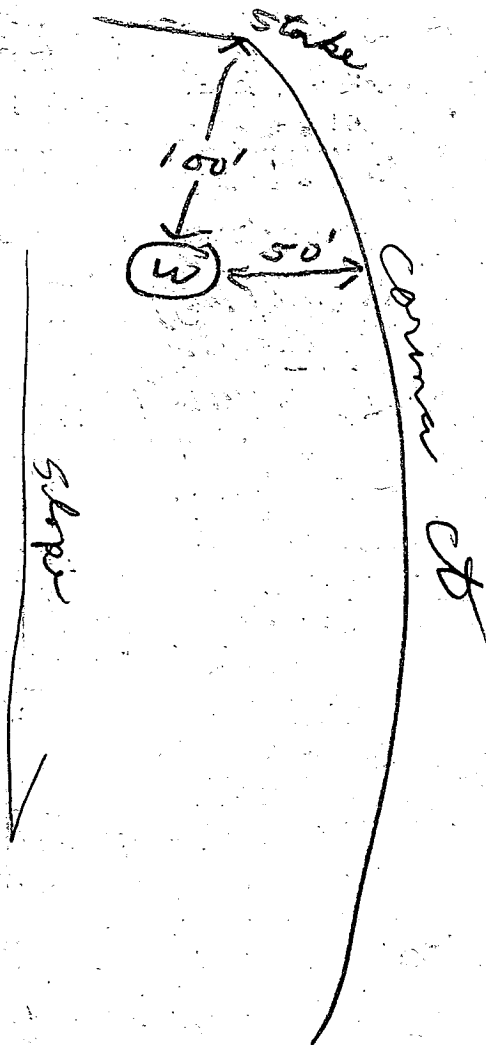


Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE FS PERMIT No. HO-81-0437

SPECIAL CONDITIONS



Cedar Lane

C1 **4513**
PERMIT NO. (OEP USE ONLY)

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 31577**

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

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

DATE WELL COMPLETED
032084

DEPTH OF WELL
22 **300** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-81-0437

OWNER **Alkassim A.B.**
last name first name
STREET OR RFD **Corina Court**
TOWN **Simpsonville**
SUBDIVISION **La Isla** SECTION **13** LOT **13**

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	5	
Sandy	5	10	
Sand Stone	10	18	
Micka	18	24	
Sand Stone	24	30	✓
Micka	30	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **5** NO. OF POUNDS **500**
GALLONS OF WATER **30**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **18** 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 **S+** **G** **23**
Nominal diameter top (main) casing (nearest inch) **4**
Total depth of main casing (nearest foot) **23**

OTHER CASING (if used)
EACH CASING diameter depth (feet) inch 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.)
EACH SCREEN **HO** **18** **300**
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51

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

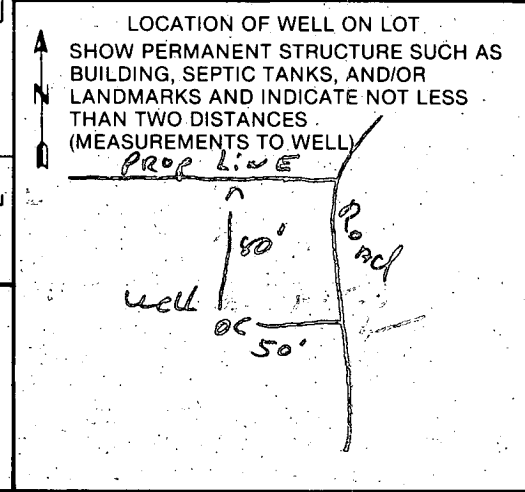
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) [] [] []
from to

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

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **6**
PUMPING RATE (gal. per min. to nearest gal.) **3**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **25**
WHEN PUMPING **300**
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: **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) **2**
- below }



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0437
 Location of property (road) Covina Ct. off Cedar Lane
 Subdivision La Isla Lot 13 Block Plat Sec.
 Well Driller Ralph Mayne Owner A.B. Alkassim

Depth of well 300 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 9 G.P.M.
 Total time 15 min to reach pumping-water level 43 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	43 ft	20 sec	✓	3 G.P.M.
8:15	43 ft	20 sec	✓	3 G.P.M.
8:30	43 ft	20 sec	✓	3 G.P.M.
8:45	43 ft	20 sec	✓	3 G.P.M.
9:00	43 ft	20 sec	✓	3 G.P.M.
9:15	43 ft	20 sec	✓	3 G.P.M.
9:30	43 ft	20 sec	✓	3 G.P.M.
9:45	43 ft	20 sec	✓	3 G.P.M.
10:00	43 ft	20 sec	✓	3 G.P.M.
10:15	43 ft	20 sec	✓	3 G.P.M.
10:30	43 ft	20 sec	✓	3 G.P.M.
10:45	43 ft	20 sec	✓	3 G.P.M.
11:00	43 ft	20 sec	✓	3 G.P.M.
11:15	43 ft	20 sec	✓	3 G.P.M.
11:30	43 ft	20 sec	✓	3 G.P.M.
11:45	43 ft	20 sec	✓	3 G.P.M.
12:00	43 ft	20 sec	✓	3 G.P.M.
12:15	43 ft	20 sec	✓	3 G.P.M.
12:30	43 ft	20 sec	✓	3 G.P.M.
12:45	43 ft	20 sec	✓	3 G.P.M.
1:00	43 ft	20 sec	✓	3 G.P.M.
1:15	43 ft	20 sec	✓	3 G.P.M.
1:30	43 ft	20 sec	✓	3 G.P.M.
1:45	43 ft	20 sec	✓	3 G.P.M.
2:00	43 ft	20 sec	✓	3 G.P.M.

13 ft total - 5 sec

2/10/89

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 # 43522
Date 1-11-89

Name of Installer Gary Eikenberg

Telephone 746-8583

License Number 3260

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Ace Consultants

Telephone 983-2105

Subdivision LA Isla Lot # 13

Well Tag # 170-81-0437

Site Address 6605 CORINA Ct.

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 Harvard
- Model #
- Depth 48"

Tank

- Capacity
 - Pressure relief valve?
- 2/9/89 TANK NOT IN
P.A. 3 1/2' B.G. MR

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 48"

Well data

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

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: Gary Eikenberg

Date: 1-11-89

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