

7/30/87
only PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 39487

A 31719

DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 6/17/87

INDEXED
05-392853

DATE SYSTEM APPROVED 7/30/87

INSPECTOR R. Hoobes

William H. Smith, Jr. IS PERMITTED TO INSTALL ALTER _____

ADDRESS P. O. Box 230, Forest Hill, MD 21050 PHONE 879-7641

SUBDIVISION Dunfretten Estates, ROAD 13734 Pasture Green Ct LOT 6

PROPERTY OWNER Khemraj Sharon Sharma

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 9½ feet below original grade. Effective area begins at 4½ feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 300 feet up the left (476') lot line and 115 feet from the left side of the lot as seen when facing the lot from Pasture Green. Run the trench toward the right side of the lot as seen when facing the lot from Pasture Green.

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

PLANS APPROVED BY R. Hodges/S. Abel DATE 5/16/83

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

EH - 2-1186

A 31719

SUBDIVISION: DUNFRETTON ESTATES

LOT NUMBER: 6

DRY WELL OR DRY WELL AND TRENCH

125 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 4 1/2 feet below original grade.
 Bottom maximum depth 10 feet below original grade.
 Effective area begins at 4 1/2 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 5 1/2 feet of stone below distribution pipe.

OR
TRENCHES

158 sq. ft./bedroom

95
 5 474
 5 132
 126 4-110

Trench to be 2 wide.
 Inlet 4 1/2 feet below original grade.
 Bottom maximum depth 10 9/2 feet below original grade.
 Effective area begins at 4 1/2 feet below original grade.
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 absorbant sidewall area by 22%.

LOCATION: START THE ~~DRY WELL~~ THE TRENCH
AT ~~THE NORTH~~ 300 FT UP THE LEFT
(476') LOT LINE AND 1/5 FT FROM THE LEFT SIDE OF THE
LOT AS SEEN WHEN FACING THE LOT FROM PASTURE GREEN
RUN THE DITCH TOWARD THE RIGHT SIDE OF THE LOT
AS SEEN WHEN FACING THE LOT FROM PASTURE GREEN
5/16/83 RH/SA.

Pre

APPLICATION

A 131719

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/24/87

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 ~~S. Turner Nichols and James S. Nichols~~ KHEMRAJ SHARON

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates - Triadelphia Mill Road LOT NO. #6

ROAD AND DESCRIPTION 13734 Pasture Green Ct. (Macadam)

SIZE OF LOT 3 Acres TYPE BLDG. _____ (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. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Trench Co. [Signature] DATE 5/16/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/16/83 Specs Written BH

BLDG. PERMIT SIGNED AND RETURNED 4-23-87

S. Abul
BPH 11369

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31719

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/24/81

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER S. Turner Nichols and James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates - Triadelphia Mill Road LOT NO. #6

ROAD AND DESCRIPTION Pasture Green (Macadam)

SIZE OF LOT 3 Acres TYPE BLDG. _____

(NUMBER OF BEDROOMS)

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

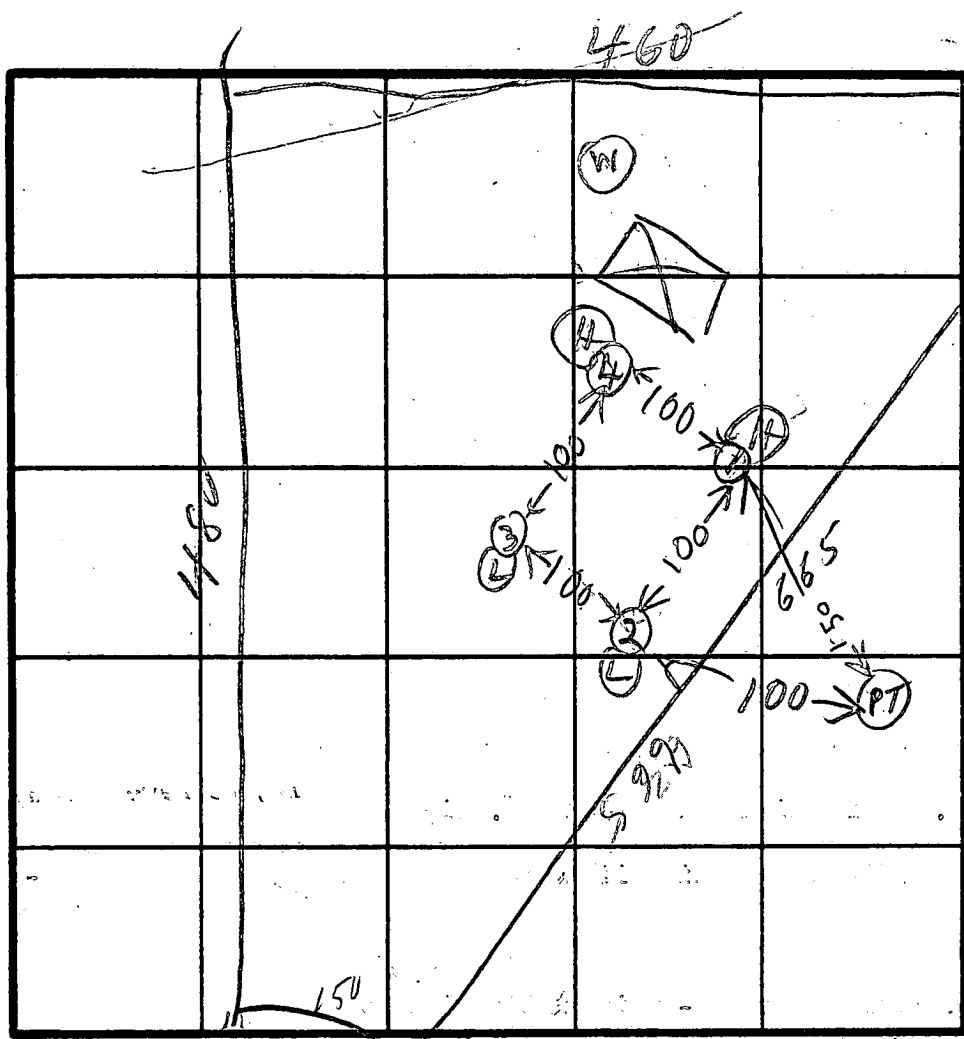
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
12/2/81	15	6	1134	1135	1135	1138	3
	17	9	1134	1135	1135	1039	3
	IV	12 1/2	TOP	5 ft	CLAYEY		
			BOT	7 1/2 ft	SANDY	DRY	
	75	5	1042	1043	1043	1044	1
	20	9 1/2	1042	1043	1043	1044	1
			TOP	3 ft	CLAYEY		
	21	13	BOT	4 ft	SANDY	DRY	
	35	5 1/2	1149	1150	1150	1152	2
	30	10	1149	1151	1151	1153	2
			TOP	2 ft	CLAYEY		
	31	13	BOT	11 ft	SANDY	DRY	
	45	5	1157	1158	1158	1202	4
	40	9	1157	1158	1158	1202	4
			TOP	3 ft	CLAYEY		
12/2/81	4V	12 1/2	BOT	11 ft	SANDY	DRY	

air time 3
max depth 3 1/2

REMARKS _____

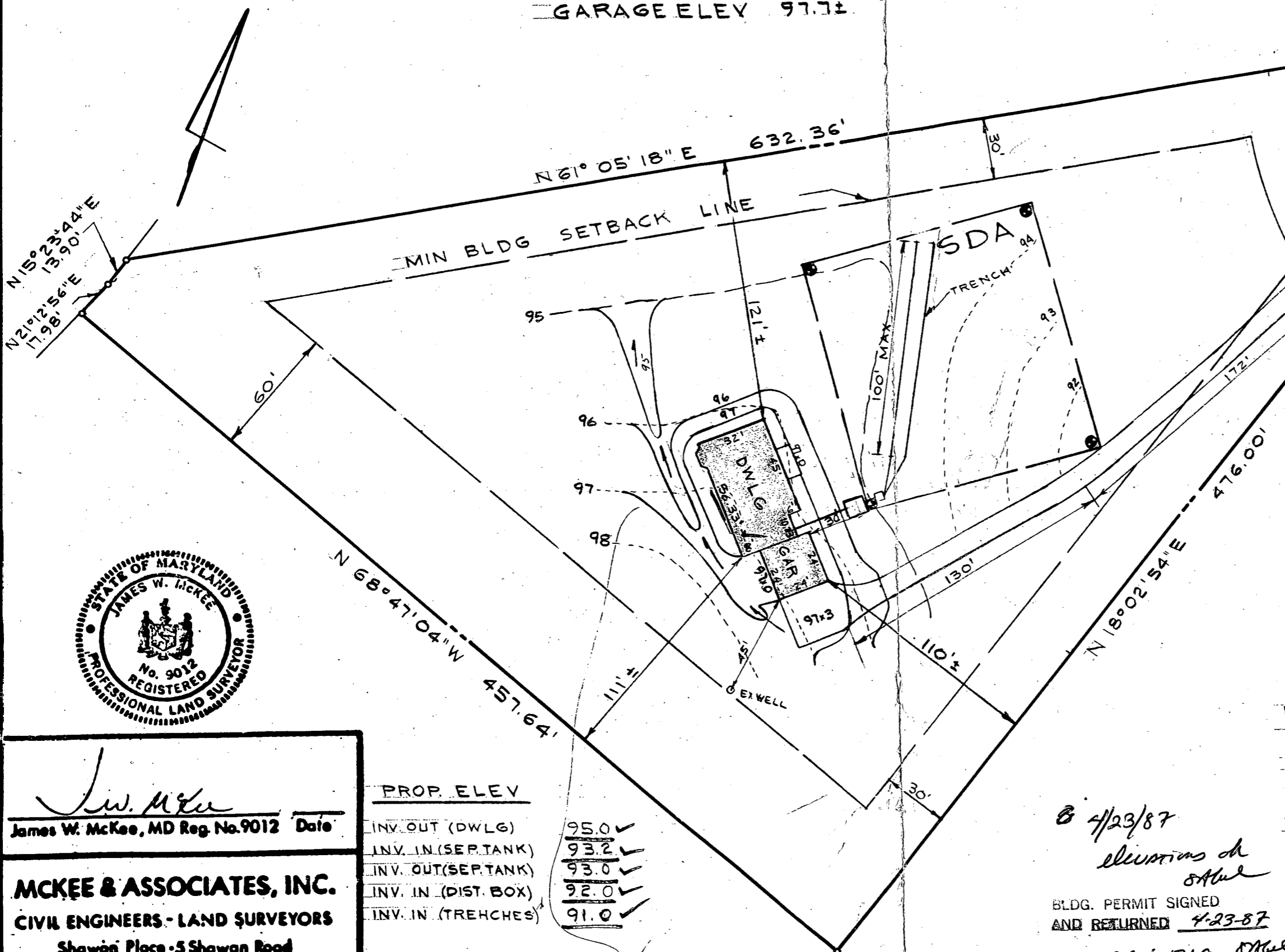
TYPE OF SOIL _____

TESTED BY BH

ALSO PRESENT

STRIMEL Retail Est. Est. Est.
GRINDORF Backhoe
T. NICHOLS Owner

PROPOSED ELEV	
FIRST FLOOR	99.0±
CELLAR ELEV	90.2±
GARAGE ELEV	97.7±



- NOTES:**
1. DISTURBED AREA: 13500 SQ. FT.
 2. NO BASEMENT SEPTIC SERVICE TO BE PROVIDED.
 3. Contractor shall provide positive drainage away from foundation at all times.
- ACCESSORY STRUCTURE NOTE**
1. Envelopes shown hereon are for the location of all principal buildings only. Accessory structures, fences and projections into yards may be constructed outside the envelope, but must comply with Sections 400 and 301 of the Baltimore County Zoning Regulations. (Subject to covenants and applicable building permits.)
 2. Accessory structures, fences and projections into yard cannot be located in flood plain areas or hydric soils.



J. W. McKee
 James W. McKee, MD Reg. No. 9012 Date _____

MCKEE & ASSOCIATES, INC.
 CIVIL ENGINEERS - LAND SURVEYORS
 Shawon Place - 5 Shawon Road
 Hunt Valley, MD 21093
 301-252-5820

PROP. ELEV	
INV. OUT (DWLG)	95.0 ✓
INV. IN (SEPT. TANK)	93.2 ✓
INV. OUT (SEPT. TANK)	93.0 ✓
INV. IN (DIST. BOX)	92.0 ✓
INV. IN (TRENCHES)	91.0 ✓

LOT 6
DUNFRETEN ESTATES
 1304 / 258
 ELECT DIST.
 HOWARD CO, MD
 SCALE: 1"=50' APRIL 20, 1987

B 4/23/87
elevations ok
OKed
 BLDG. PERMIT SIGNED
 AND RETURNED 4-23-87
 BP # 11369 *OKed*

B 1 **5184** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

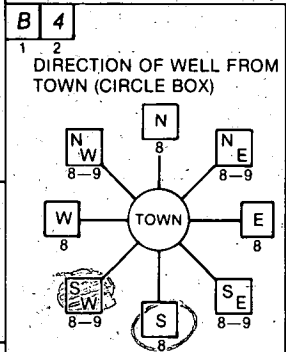
STATE OF MARYLAND
 PERMIT TO DRILL WELL **2nd**
 please print or type

OEP PERMIT NUMBER
HO-81-0773
 fill in this form completely

Date Received **11/15/84**
102089 OWNER INFORMATION
SHARMA KHEMRAJ
10050 QUANTRELL ROW
COLUMBIA MD 21046

B 3 LOCATION OF WELL
HOWARD COUNTY
DUNFRETTER EST SUBDIVISION
 SECTION **---** LOT **E**
DAYTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** M I

DRILLER INFORMATION
Ralph Mayne Driller's Name License No. **273**
Ralph Mayne Well Drilling Firm Name
9120 Brown Church Rd. Mt. Airy Md Address
Ralph Mayne Signature Date **10/22/84**



PASTURE GREEN CR. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
400 DISTANCE FROM ROAD
 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 COUNTY NAME COUNTY NO. **A31719**
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **103084** CO SIGNATURE **CWilliam** EXP. DATE **4/30/85**
 NORTH GRID **502000** EAST GRID **0801000**

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 _____

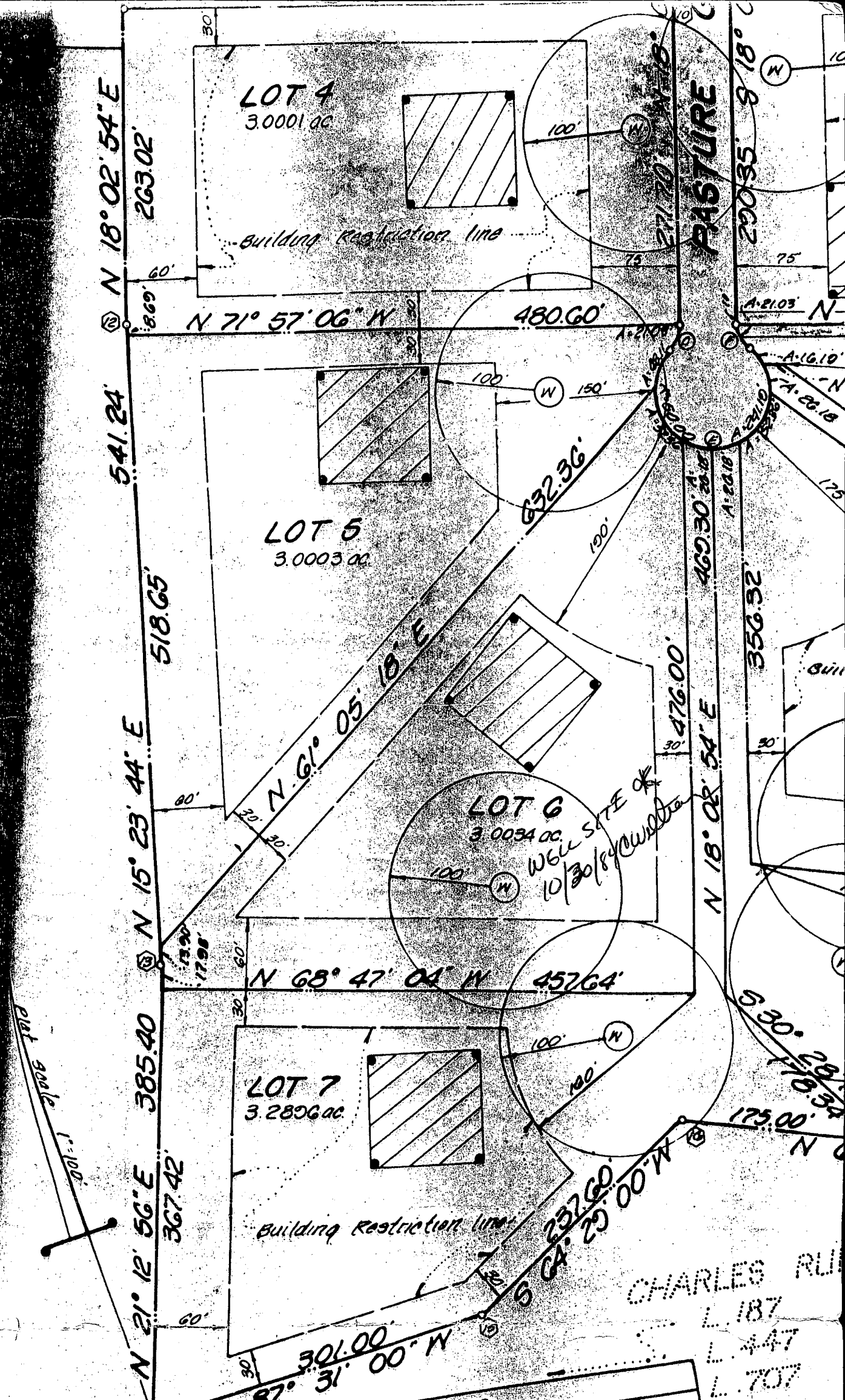
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

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

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **G A P**
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-81-0773**

SPECIAL CONDITIONS



Plot scale 1"=100'

AREA TABULATION LOTS 4-12			
Total Area	Area Streets	No Lots	Area Open Space
28.6830 ac.	0.5131 ac	0	28.1699

Approved: For Howard County Health Department for Private Water and Private Sewer Systems.

4-12-85

We SAMUEL T. NICHOLS and JAMES hereby adopt this plan of subdivision, Office of Planning and Zoning, unto Howard County, Maryland, and maintain sewer, drain, water and street right.

CHARLES RUI
L.187
L.447
L.707

OWNER

LOT 6

KHEMRAJ SHARMA
10050 QUANTRELL ROW
COLUMBIA, MARYLAND 21046

301-730-3916

DUNFRETTON ESTATES

LOT 6 - Pasture GREEN

2nd LANE FROM
DONALD'S HOUSE

OCT 26 9 20 AM '84

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
OCT 26 2 45 PM '84
DIVISION OF
ENVIRONMENTAL
HEALTH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Rhemsaj Shama
(Name)

10050 Quantrell Row, Columbia, MD 21046
(Address)

H0-81-0773
(OEP Well Permit Number)

OCT. 1984
(Date)

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 # 39486
 Date 6/11/87

Name of Installer Wm. H. Smith JR.

Telephone 879-7641

License number DJ58

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____

Subdivision DUNFRETEN EST Lot # 6 Well tag # HD-81-6773

Site Address 13734 PASTURE PREE CT

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. 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: William H. Smith

Date: 6/10/87

7/30/87 OK TO COVER OUTSIDE WORK

PRESSURE TANK NOT YET

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

INSTALLED BH