

12-10-85
12-18-85
1 pm

65-392926

12/18/85
S. Abul
approved

PERMIT

P 36313
A 38724

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330
~~XXXXXXXX~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 12/18/85

C. C. Cissel IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Dunfretten Estates ROAD 13725 Pasture Green LOT 11

PROPERTY OWNER Mark Humphrey

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 9 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 7 feet of stone below distribution pipe. LOCATION: Start the trench at perc hole #2 which is located 420 feet from the front lot line and 40 feet from the right side of the lot as seen when facing the lot from Pasture Green. Run the trench(s) ^{ON CATCH} toward the back of the lot. 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 and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
ok/cw

PLANS APPROVED BY R. Hodges 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: 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.

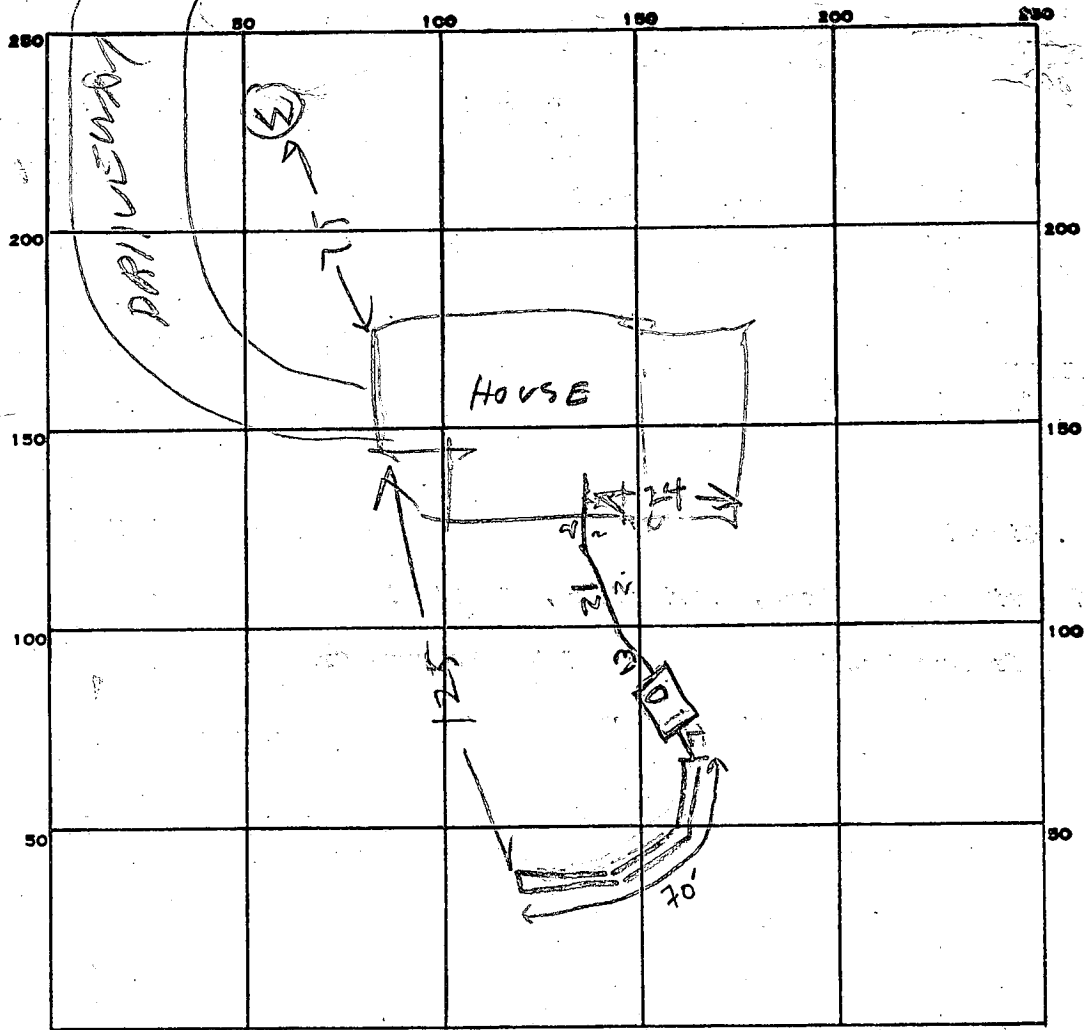
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31734



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

158
424
719
212
54

PERMIT CARD

SEPTIC TANK, LEVEL OK 1000

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2-3 FT. INLET 3'

GRAVEL DEPTH 7 FL IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL TOTAL BOTTOM AREA 490

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

ABSORBENT AREA 490 SQ. FT.

REMARKS 12/16/85 LOCATION LOOKS OK PER PLAN.

CLEAN OUT TRENCH ADD STONE & CALL RH

DATE SYSTEM APPROVED 12/10/85

INSPECTOR S. Abel

SUBDIVISION: DUNFRETTON ESTATES LOT NUMBER: 11

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 2 1/2 feet below original grade.
 Bottom maximum depth 9 1/2 feet below original grade.
 Effective area begins at 2 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 2 1/2 feet of stone below distribution pipe.

OR
TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 2 1/2 feet below original grade.
 Bottom maximum depth 9 1/2 feet below original grade.
 Effective area begins at 2 1/2 feet below original grade.
7 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 TRENCH OR PLACE THE DRY WELL AT PERC
HOLE # 2 WHICH IS LOCATED 420 FT FROM THE FRONT LOTLINE
AND 40 FT FROM THE RIGHT SIDE OF THE LOT AS SEEN
WHEN FACING THE LOT FROM PASTURE GREEN
RUN THE TRENCH TOWARD THE BACK OF THE LOT
5/16/83 RH

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

DISTRICT

5th

DATE

11/24/81

A 31724
P _____

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

Mark Humphrey
~~S. Turner Nichols and James S. Nichols~~

ADDRESS

~~13270 Triadelphia Mill Road~~
Clarksville, Md. 21029

PHONE

286-2993

PROPERTY LOCATION:

SUBDIVISION

Dunfretten Estates

LOT NO.

#11

ROAD AND DESCRIPTION

13725
Pasture Green (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

Raymond Halger

FOR

Trench Fryvick

DATE

5/16/83

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

5/16/83 Specialitter P/12

BLDG. PERMIT SIGNED

AND RETURNED

8/20/85
Serial # 66573
DF-10

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 31724

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

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

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993
Clarksville, Md. 21029

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #11

ROAD AND DESCRIPTION Pasture Green (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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

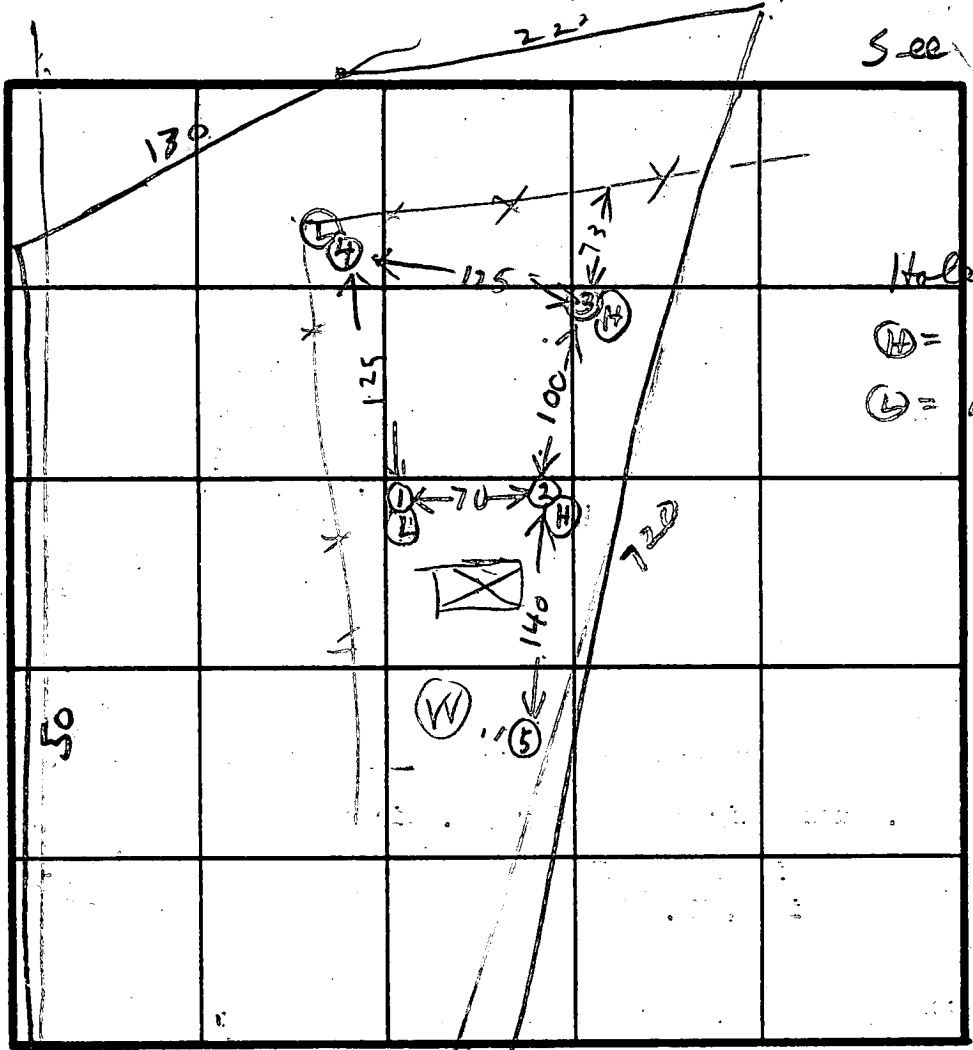
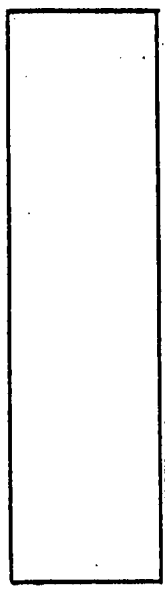
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

See Plat #11

SOIL PROFILE



Hole Elev

(H) = High

(L) = Low

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
12/3/81	1S	4 1/2	1107	1102	1102	1103	1	
	1D	11 1/2	ALL SAND					
	2S	4	1105	1106	1106	1107	1	
	2V	12	ALL SAND					
	3S	4	1116	1117	1117	1120	3	
	3V	12 1/2	ALL SAND					
	4S	4	137	139	138	141	3	
	4V	11 1/2	ALL SAND & SMALL ROCK PART					
	5V	12	ALL SAND & SMALL ROCKS					
		Hole 5 not to be used reptic area changed						

artime 2
max depth 2 1/2

REMARKS BACK HUE BROKE DOWN

TYPE OF SOIL

TESTED BY R HODGES

ALSO PRESENT ORNDORF
NICHOLS
SERIMEL
JERRY

EH-12-1079

B 1 **7207** SEQUENCE NO. (OEP USE ONLY)
9/29/83
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

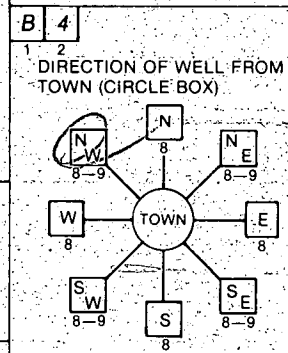
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
H0-81-0270
fill in this form completely

Date Received **9.30 A.M.**
082283 OWNER INFORMATION
HUMPHREY MARK
Last Name Owner First Name
3405 TILDEN STREET
Street or RFD
BRENTWOOD MD 20722
Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
DUNFRETTE ESTATES SUBDIVISION
SECTION **44** LOT **11**
HIGHLAND NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
GEORGE F. EASTERDAY License No. **40**
J. F. EASTERDAY, INC. Firm Name
9265 BROWN CHURCH RD. MT. AIRY, MD. 20771 Address
George F. Easterday Signature **8/19/85** Date



TRIDELPHIA MILL ROAD NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH, WEST, SOUTH, EAST
Distance from road: **1500** FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A31724 COUNTY NO.
OEP SIGNATURE **Frank Skinner** STATE HEALTH INSERT S
DATE ISSUED **3/13/84** EXP. DATE
NORTH GRID **502000** EAST GRID **0802000**

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)

APPROXIMATE DEPTH OF WELL **200** FEET

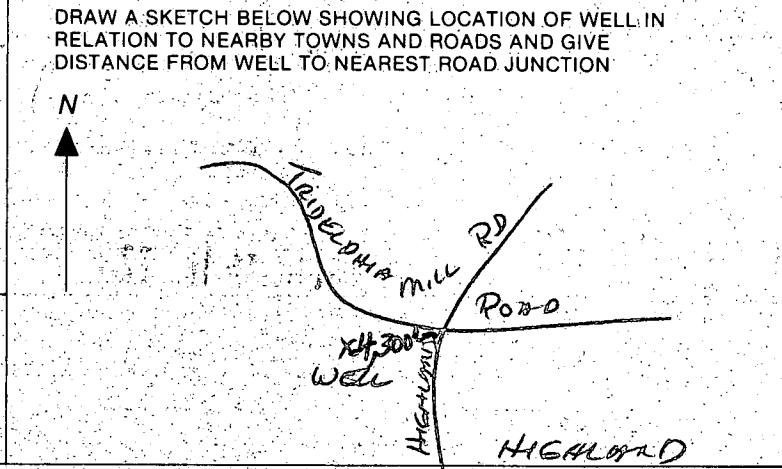
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
other _____

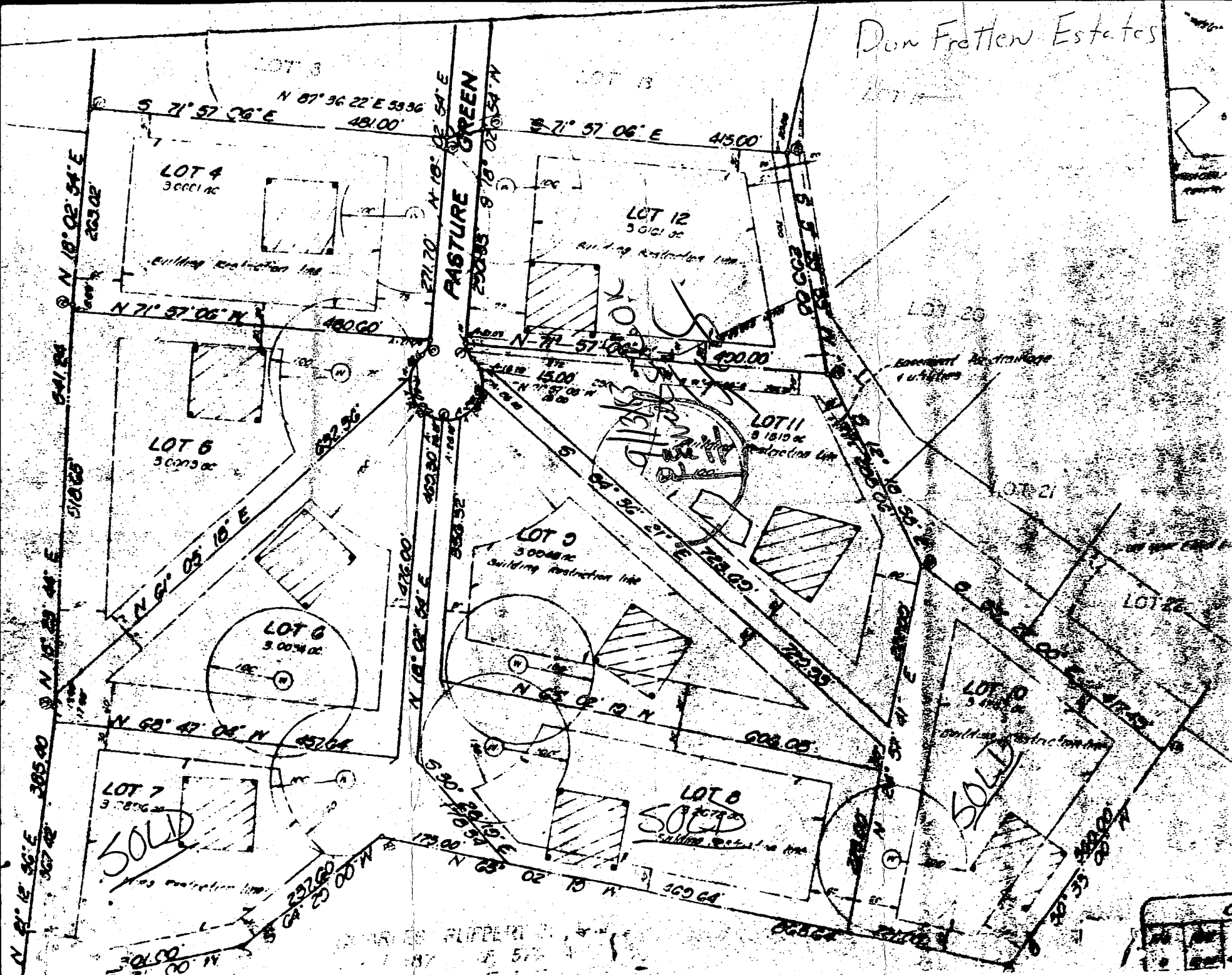
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **G A P**
FORCE **FS** INITIALS IN BOX WRITE PERMIT NO. **H0-81-0270**

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 **800 2**
N **500 2**



Don Fretten Estates



C1 4457 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 31724**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **09 30 83** Depth of Well **220** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-0270**

OWNER **Humphrey Mark** last name first name
 STREET OR RFD **Triadelphia Mill Rd** TOWN **Highland**
 SUBDIVISION **Dunfretton Estates** SECTION [] LOT **11**

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	
CLAY	2	4	
SHALEY	4	15	
SAND STONE	15	30	
MICA	30	80	
FLINT	80	85	✓
MICA	85	145	
FLINT + QUARTZ	145	155	✓
MICA	155	170	
FLINT	170	173	✓
MICA	173	220	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **10** NO. OF POUNDS **1000**
 GALLONS OF WATER **55**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **38** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)
 ST **6** **40**
 60 61 63 64 66 70

OTHER CASING (if used) diameter inch depth (feet) from to
 [] [] [] [] [] []

screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO 38 220**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 56 60

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**
George J. Emstebay
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. F. []
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **25**
 17 20
 WHEN PUMPING **145**
 22 25
 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) [] [] [] [] 31 35
 PUMP HORSE POWER [] [] [] [] 37 41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **2** (nearest foot)
 49 50 51

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 WELL 80'
 6500'
 TRIDELPHIA MILL RD.
 Right of Way Line

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

33495

New Installation X
Replacement _____

Receipt # 310395
Date 1/3/86

Name of Installer John Maske Telephone 788-3289

License number 3189
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner MARK HUABHREY Telephone 7
Subdivision DUNFRETEN Lot # 11 Well tag # _____
Site Address 13725 PASTER GREEN
CLARKSVILLE MD

Pump

- Type
 - Deep well ~~jet~~
 - Shallow well jet _____
 - Submersible ✓
- Make Myers
- Model # SU74-J78
- Capacity 3/4 GPM
- Pump exceeds well capacity Yes _____ No X
- 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 X Cable guards X Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220 X

Pitless Adapter

- Make HARVARD
- Model # TT 800
- Depth 4' ✓

Tank

- Capacity 80 gal
- Pressure relief valve? 75

Piping

- Type Big Blue
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 200'
4-4.5' DEPTH ✓

Well data

- Depth 220 ft.
- Yield 10 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? yes

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: John Maske
Date: 1-3-86

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