

10/15/86 AM and PM

APPROVED
10/15/86
RH
P 37854

PERMIT

SEWAGE DISPOSAL SYSTEM

A 31726

MARYLAND STATE DEPARTMENT OF HEALTH

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

INDEXED
05-392942

ELLICOTT CITY
DISTRICT 5th
DATE 10/14/82

Wayde Souder IS PERMITTED TO INSTALL ALTER

ADDRESS 13990 Triadelphia Mill Road, Clarksville, MD PHONE 531-2166

SUBDIVISION Dunfretten Estates ROAD 13709 Pasture Green LOT 13

PROPERTY OWNER Joseph & Wendy Wood

ADDRESS

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

GARBAGE GRINDER? YES NO

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 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 6 1/2 feet of stone below distribution pipe.

LOCATION - Start the trench 110 feet from the front lot line and 100 feet from the right 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. Space trenches 12 feet apart.

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.

Handwritten initials

PLANS APPROVED BY Raymond Hodges DATE 5/23/83

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 31726

SUBDIVISION: DUNFRETTON ESTATES

LOT NUMBER: 13

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 8 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 6 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 feet below original grade.
 Effective area begins at 2 1/2 feet below original grade.
6 1/2 feet of stone below distribution pipe.

B.P. 68579
3-100-

- 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 TRENCH OR PLACE THE DRY WELL AT PERC. HOLE # 2 WHICH IS LOCATED 110 FT. FROM THE FRONT LOT LINE AND 100 FT FROM THE RIGHT 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
 space trenches 12' apart

APPLICATION

Per

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31726

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/24/81

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 S. Turner Nichols and James S. Nichols JOSEPH & WENDY WOOD

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

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #13

13709
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 Raymond Hodges FOR Trench on my well DATE 5/23/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/22/83 Spec Writer BP. # 68579

FILED
AND RETURNED 2-3-86

THIS IS NOT A PERMIT

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

11/24/87

A 31726
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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

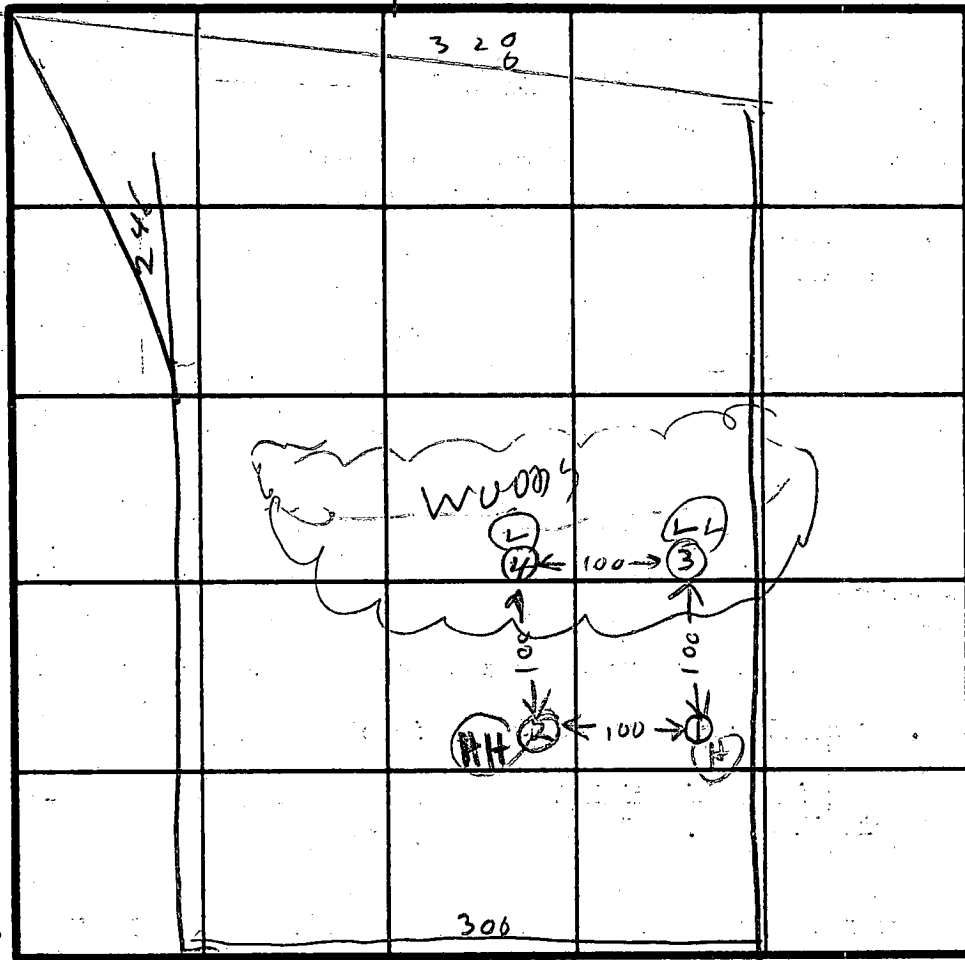
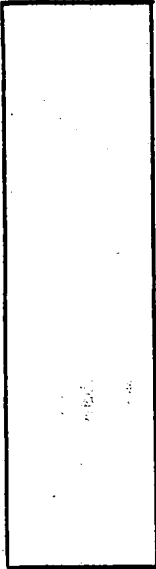
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#13

SOIL PROFILE



Hole Elev

- ⊕ = Highest
- ⊙ = High
- ⊖ = Lowest
- ⊚ = Low

← TO TRIDELPHIA MILL RD RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/81	1S	4	149	151	151	154	3
12/4/81	1V	11 1/2	ALL	SAND	DRY		
	2S	3 1/2	331	332	332	333	1
	2V	12	ALL	SAND			
	3S	5	341	342	342	343	1
12/19/81	3V	12	ALL	SAND			
12/17/81	4S	6	1020	1021	1021	1022	1
	4V	12	ALL	SAND			

air time 2
max depth 2 1/2

REMARKS BATCHOE BROKE DOWN & WAS FIXED TODAY

TYPE OF SOIL _____

TESTED BY B HODGES ALSO PRESENT ORN DORF
STRIMMEL
JERRY
NICHOLS

EH-12-1079

EXISTING WELL

80.0'

BUILDING RESTRICTION LINE

✓ SANITARY LINE INVERT ELEV 15.6

(9.6)

(19.6)

128.33'

PROPOSED HOUSE

ELEV 4.9'

SEPTIC TANK

✓ INLET INVERT EL. 16.10

✓ GARMENT SLAB ELEV 11.5'

✓ OUTLET "

16.35'

(13.6)

(11.9)

(10.0)

(18.7)

SEPTIC DISPOSAL FIELD

28'

76.62'

PARK AREA

DISTRIBUTION BOX ✓
INVERT ELEV. 16.4'

10'

(19.9)

102'

30'

INLET 2.5'
BOTTOM 9'

LOT # 13

30'

61.57'
N 79° 49' 59" W

PROPERTY

welloff

13

B.P. # 68579

1" =

BLOG. PERMIT SIGNED
AND RETURNED 2-3-88

S 71° 57' 06" E

ERTY LINE LOT # 13

B 1 2171

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0650 fill in this form completely

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

Date Received

7/1/84

OWNER INFORMATION

WOOD JOSEPH

8715 SUSINE DRIVE

LAUREL MD 20707

DRILLER INFORMATION

Driller's Name: Daniel Easterday License No. 41

Firm Name: FRANKLIN EASTERDAY INC.

Address: 9215 Brown Church Rd, Mt Airy, MD 2071

Signature: R. Daniel Easterday Date: 7/1/84

B 3

LOCATION OF WELL

HOWARD

DUNNERTTEN EST

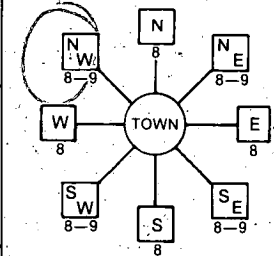
SECTION 13 LOT 13

HIGHLAND

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Posture GREEN RD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 50 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 A31726 COUNTY NO.

OEP SIGNATURE DATE ISSUED

072387 CO SIGNATURE EXP. DATE

NORTH GRID 503000 EAST GRID 0802000

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

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 deepen an existing well

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

APPROP. PERMIT NUMBER GAP

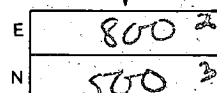
FORCE W PERMIT No. 40-81-0650

SPECIAL CONDITIONS

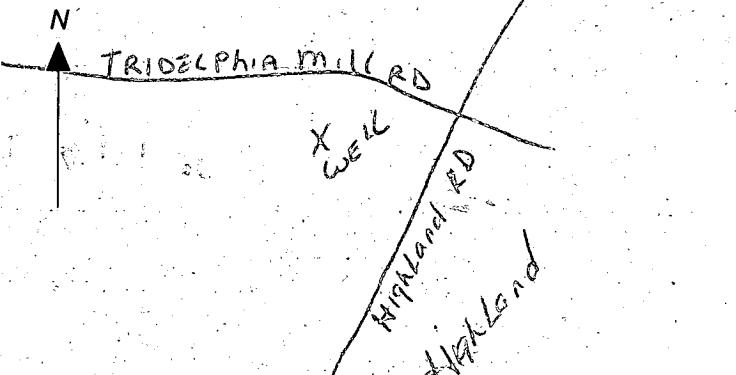
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



Location of box & locate well
63' casing
53' open
15' deep cement
8/8/84 - JS
X WELLS
WELL GRATED BEFORE I ARRIVED. NO TAG ON WELL. 8-9-84 C. Williams

C1 **2874**
 (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

DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED: **080884**
 Depth of Well: **240** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **10-81-0650**

OWNER: **WOOD JOSEPH**
 STREET OR RFD: **PASTURE GREEN RD**
 SUBDIVISION: **DUNFRETEN EST.** SECTION: [] 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	
topsoil	0	1	
red micr schist	1	15	
brown micr schist	15	49	
gray micr	49	53	
brown micr schist	53	59	
gray micr	59	70	
brown micr schist	70	75	
gray micr	75	95	
brown micr schist	95	100	✓
gray micr	100	135	
opening	135	136	✓
gray micr	136	240	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF BOUNDS **7500**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **53** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO **PL OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: **ST** Nominal diameter: **6** Total depth of main casing: **63**
 (nearest inch) (nearest foot)

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

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

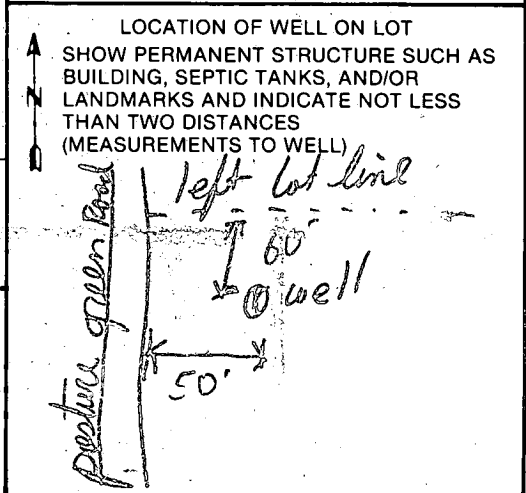
C2
 DEPTH (nearest ft.)
 1 **HO** **61** **210**
 2 [] [] [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)

GRAVEL PACK [] from [] to []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **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**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **35**
 WHEN PUMPING **120**
 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)
4 above } LAND SURFACE
49 below } **2** (nearest foot)



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. **41**
 DRILLERS SIGNATURE: **L. Daniel Easterday**
 (MUST MATCH SIGNATURE ON APPLICATION)
Robert K. Hueber
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

4/20/88 - AM

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 y
Replacement

Receipt # 41531
Date 4-18-88

Name of Installer John M. Gaske III/Gaske Plumbing Telephone 247-6963

License Number #3189
Certified Well Pump Installer Well Driller Registered Plumber x

Name of Property Owner Mr. Joseph E. Wood Telephone 490-7261
Subdivision Dunfretten Estates Lot # 13 Well Tag # H0-81-0650
Site Address 13709 Pasture Green

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u> </u>	1. Make <u> </u>
a. Deep well jet <u> </u>	2. RPM <u> </u>	2. Model # <u> SJ52-154 </u> P
b. Shallow well jet <u> </u>	3. Voltage <u> </u>	3. Depth <u> 270' </u>
c. Submersible <u> X </u>	a. 110 <u> </u>	
2. Make <u> Myers </u>	b. 220 <u> X </u>	
3. Model # <u> </u>		
4. Capacity <u> 4 </u> GPM		
5. Pump exceeds well capacity Yes <u> </u> No <u> </u>		
6. If Yes, is low pressure cutoff switch installed? Yes <u> </u> No <u> </u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u> x </u> Cable guards <u> x </u> Other <u> tape </u>		

Tank	Piping	Well data
1. Capacity <u> 82 </u>	1. Type <u> Quest Big Blue </u>	1. Depth <u> </u> ft.
2. Pressure relief valve? <u> 75 </u>	2. Size <u> 1" </u>	2. Yield <u> </u> GPM
	3. NSF and/or BOCA Code approved <u> yes </u>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u> 25' from bottom </u>	4. Will water supply be disinfected by installer? <u> </u>

4-20-88 PRESS AT 42" well line same; PUMP INST. NOT SEEN; INSIDE WORK COMPLETE S. 462

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: 4/18/88 John Gaske

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