

6/12/86  
TAM

05-398193

6/13/86  
Septec OK'D  
BW

# PERMIT

P 37138  
A 31921

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT 5th

XXXXXXXXXXXXXXXXXX

461-9933

{ I.C.O.P. issued only }  
Time expired

DATE 6/6/86

A. P. Snow IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 854-6190

SUBDIVISION Haviland Mill Overlook ROAD 6473 Haviland Mill Rd LOT 1

PROPERTY OWNER Gary Reddick  
6473 Haviland Mill Road

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place distribution box 300 feet down the left (581.70') lot line and 150 feet off the left lot line as seen when facing property from Haviland Mill Road. Run trenches along contour towards the right rear 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 and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY B. Nixon DATE 5/19/86

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.

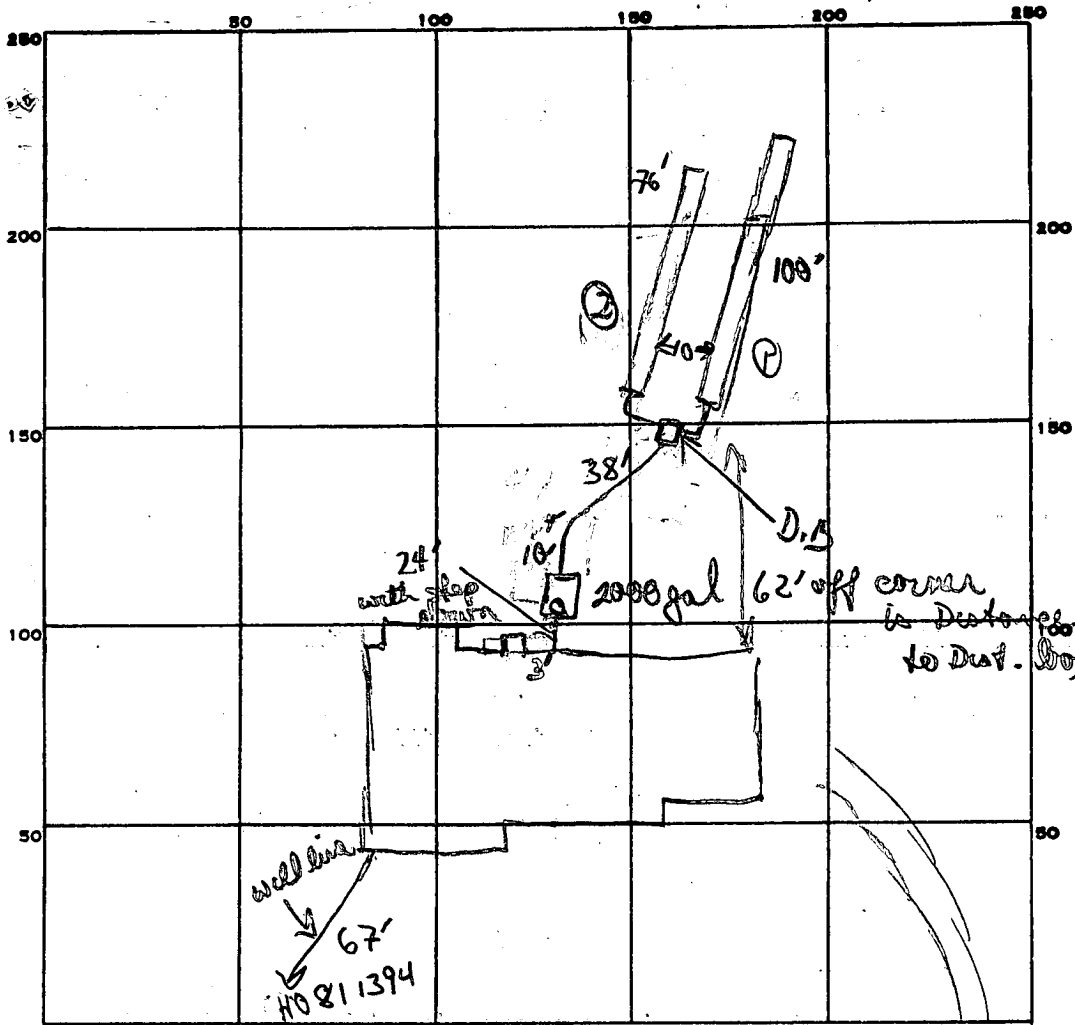
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31921



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD final

HAULLAND MILL RD

sharp bend in road

SEPTIC TANK, LEVEL 2000 gal

CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 1/2 - 9' both FT. TRENCH WIDTH 2 FT.

220  
4  
880

GRAVEL DEPTH 5 + 5 ft. TOTAL LENGTH 100 + 76 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 500 + 380 = 880 SQ. FT.

176  
5  
880

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

ABSORBENT AREA 880 SQ. FT.

REMARKS 6/12/86 OK to add stone pipe paper to trenches 1 & 2. OK to install tank & pipes.

6/13/86 OK to cover trenches. OK to finish cementing all piping & make house connection. OK to cover all work.  
(house connection seen)

DATE SYSTEM APPROVED

6/13/86

INSPECTOR

Barhon

LOT #1 P. 55

A 31921

5/19/86

SUBDIVISION: HAVILAND MILL OVERLOOK LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ 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 \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ 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 \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 8 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

5 feet of stone below distribution pipe.

*H. Beal*  
+

- 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: PLACE DISTRIBUTION BOX 300' DOWN THE LEFT (581.70') LOT LINE AND 150' OFF THE LEFT LOT LINE AS SEEN WHEN FACING PROPERTY FROM HAVILAND MILL RD. RUN TRENCHES ALONG CONTOUR TOWARDS THE RIGHT REAR LOT LINE.

*(Handwritten mark)*

PRELIMINARY

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31921

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 5/7/82

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 Sabrina 99 Gary + Leide Reddick

ADDRESS \_\_\_\_\_ PHONE Carl Hudgins - 321-0307

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 1

ROAD AND DESCRIPTION # 6473 Haviland Mill RNB Road

SIZE OF LOT 3.1 acres 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/ Carl Hudgins for Sabrina 99  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

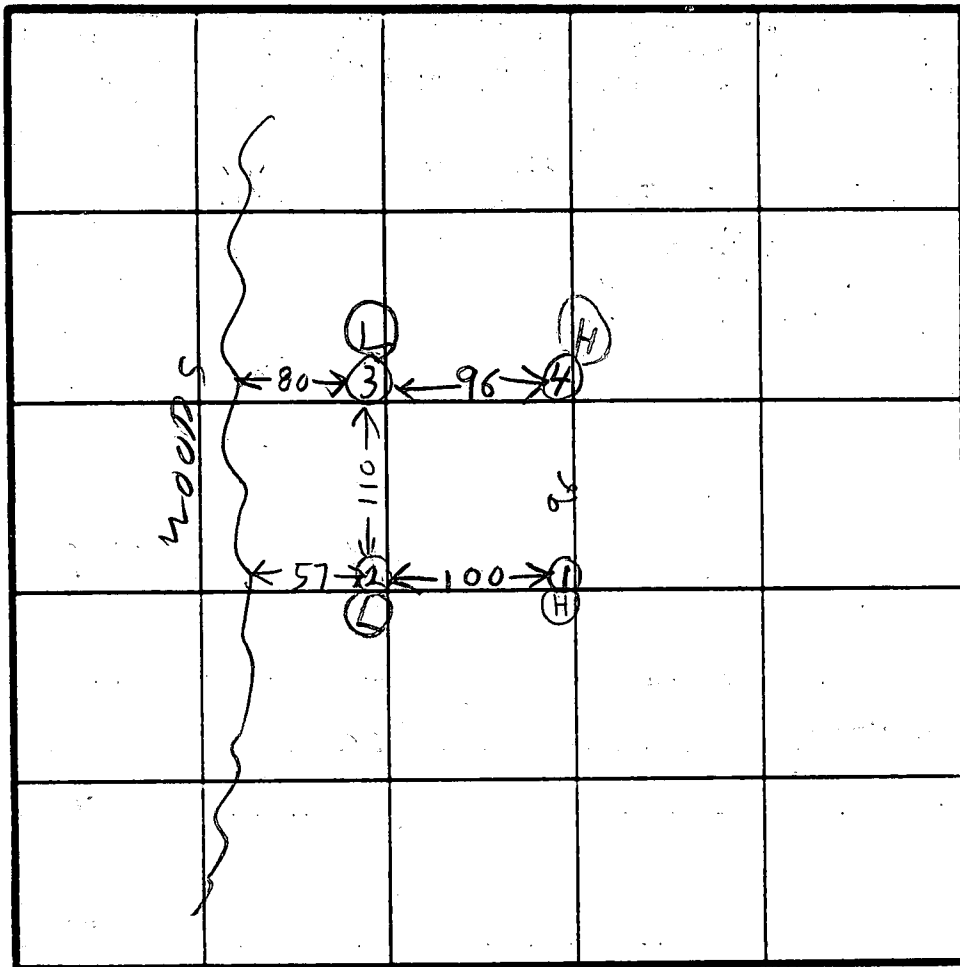
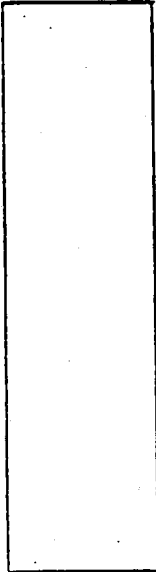
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
BP # 69137  
7-8-82

# THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HAVILAND MILL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5/13/82	1 S	4	1042	1043	1043	1045	2
	1 D	9	1042	1046	1046	1052	6
	IV	12	ALL PINK		SANDY & MICA		
	2 D	8	1046	1048	1048	1050	2
	2 S	3 1/2	1046	1048	1048	1050	2
	3 D	7 1/2	1057	1100	1100	1103	3
	3 S	4	1057	1103	1103	1112	9
	3V	13	ALL PINK		SANDY & MICA		
	4 S	5	1104	1105	1105	1107	2
	4 D	10	1104	1108	1108	1118	10

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY: B. HODGES

ALSO PRESENT: C. HODGINS  
REITERMAN FAMILY

EH-12 1079

C1 00801

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

A-31921

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 040786

Depth of Well 265 (TO NEAREST FOOT)

PERMIT NO. 40-81-1394

OWNER Polaris Development last name HARLAND first name first name TOWN Highland SUBDIVISION HARLAND Mill OVERLOOK SECTION LOT 1

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), Check if water bearing. Includes entries for SAND and GRAY Mica Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (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 STEEL BRASS OPEN HOLE PLASTIC OTHER

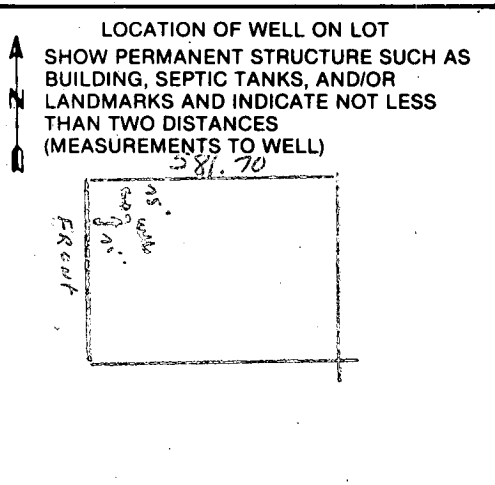
DEPTH (nearest ft.) HO 64 265. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 14 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 58 WHEN PUMPING 224 TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet 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) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



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

6/13/86 partial outside only  
 \* sticker attached

New Installation   X   Replacement            Receipt #   3743    
 Date   6/10/86    
 Name of Installer   John Gaske   Telephone   788-3289    
 License number   #3189    
 Certified Well Pump Installer            Well Driller            Registered Plumber   X    
 Name of Property Owner   Reddick   Telephone   899-3635    
 Subdivision   Clarksville   Lot #   1   Well tag #   Ho-81-1394    
 Site Address   6473 Haviland Mill Rd.  

**Pump**  
 1. Type  
     a. Deep well jet   X    
     b. Shallow well jet             
     c. Submersible             
 2. Make   Miers    
 3. Model #             
 4. Capacity            GPM  
 5. Pump exceeds well capacity Yes            No   X    
 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   X   Cable guards   X   Other           

**Motor**  
 1. Horsepower   3/4    
 2. RPM             
 3. Voltage             
     a. 110             
     b. 220   X  

**Pitless Adapter**  
 1. Make             
 2. Model #   1" pitless    
 3. Depth   50" below grade    
 OK to cover

**Tank**  
 1. Capacity   82    
 2. Pressure relief valve?   75  

**Piping**  
 1. Type   Big Blue    
 2. Size   1"    
 3. NSF and/or BOCA Code approved   yes    
 4. Depth of supply line   20' off bottom  

**Well data**  
 1. Depth   285 ft.    
 2. Yield   4.5 GPM    
 3. Static water level   255 ft.    
 4. Will water supply be disinfected by installer?   By a pump man  

6/13/86 }  
 pump line, power line, in + OK ground wire in; not rounded

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 Gaske    
 Date:   6-10-86  

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

Nichols Drive  
Road

6473 Haviland Mill Rd  
Haviland Mill Overlook

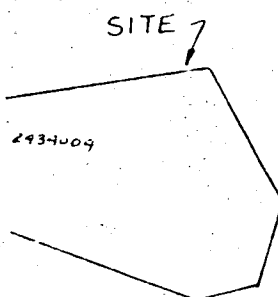
Lot 1  
P/O 55  
Block 13+14  
Plat 6518

Elevation of 3/5/86 C.W. Allen

Elev: Basement : 493.5' ✓  
1st Floor : 501.5' ✓  
Invert House : 494.5' ✓  
Invert Septic (in) : 494.0' ✓  
Invert Septic (out) : 493.75' ✓  
Elev at Septic Tank : 495.75' ✓  
TR Elev Starting point : 492.0' ✓  
Original grade S.P. : 495.0' ✓

P. 54  
W.R. HARR  
522/58!

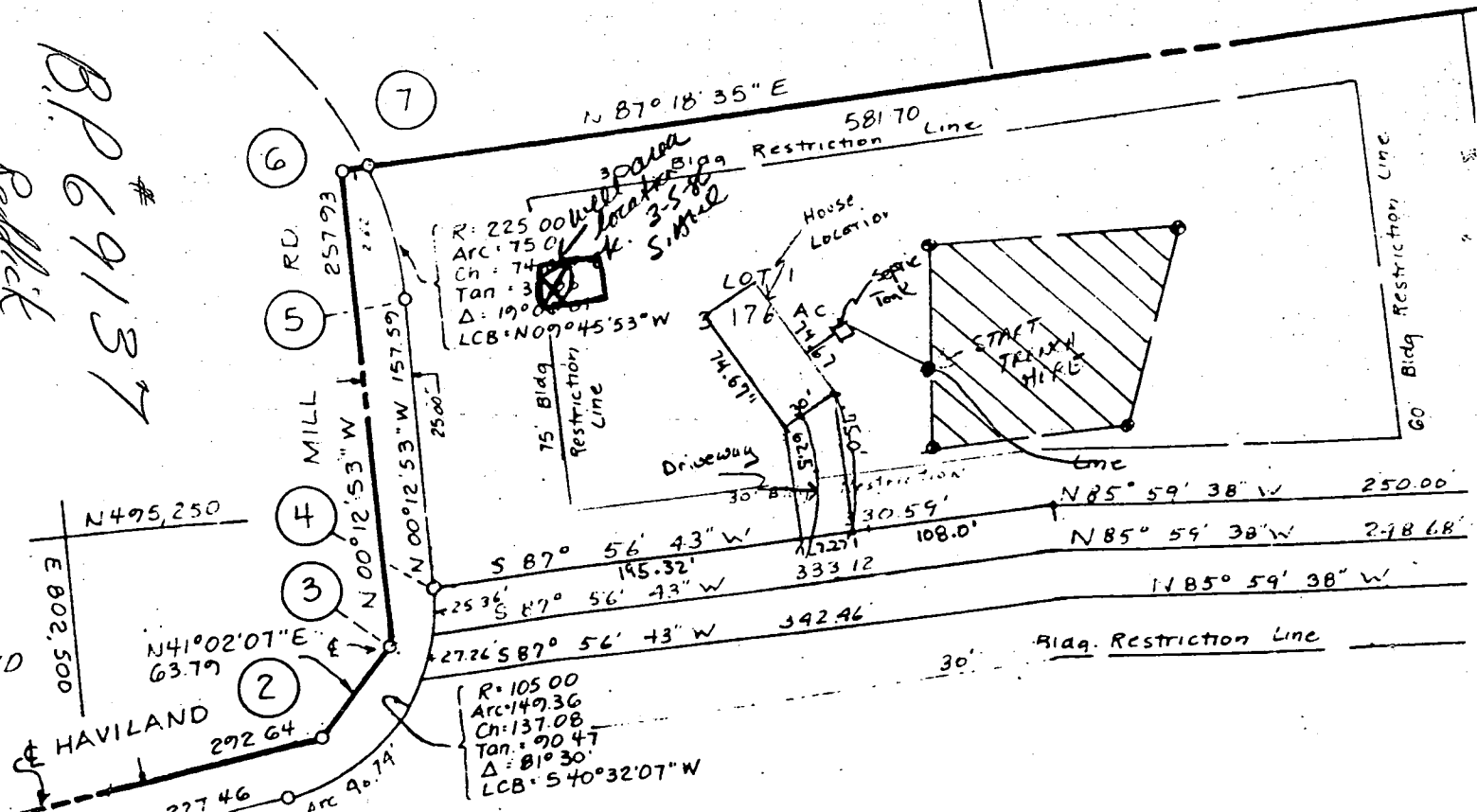
P 257



Scale 1" = 1200'

141 ACRES  
AND DEDICATED TO  
HARD COUNTY, MARYLAND  
THE PURPOSE OF A  
"PUBLIC ROAD"

B.P. # 69137  
Redlick



B 1 4594

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1394

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

please print or type

fill in this form completely

Date Received

03/08/86

OWNER INFORMATION

POLARIS Development

5500 MEDFORD AVE

CAMP SPRINGS MD 20746

4-4-86  
GREAT AFTER  
10:30 GROW

B 3

LOCATION OF WELL

HOWARD COUNTY

HAVILAND MILLOVER LK

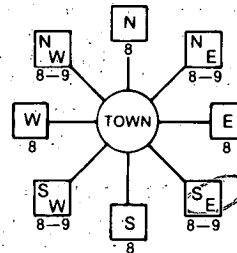
SECTION 44 46 LOT 48 50

HIGHLAND

MILES FROM TOWN (enter 0 if in town) 2 3/4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Haviland Mill Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



75 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 A-3192 COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 033186 CO SIGNATURE Sidney Abel EXP. DATE 09-31-86
NORTH GRID 495000 EAST GRID 0802000

APPROXIMATE DEPTH OF WELL 300 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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

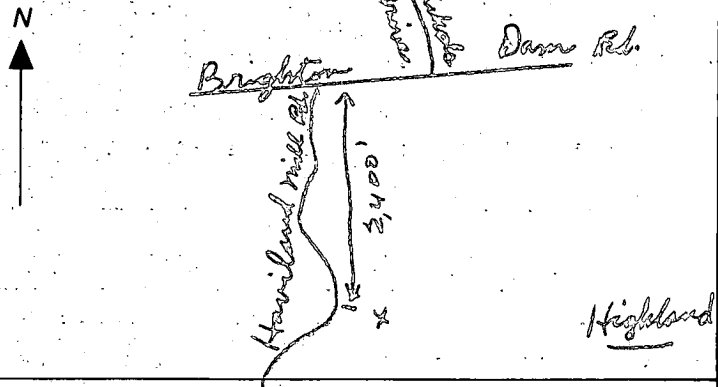
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

8002
4905

Location OK
65' casing
1' above ground
50' open
13' well cement
4/4/86

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 SA WRITE INITIALS IN BOX PERMIT No. 40-81-1394

SPECIAL CONDITIONS

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.)

Polaris Development Corp. Ronald C. Pheasant  
(Name)

5500 Medford ave. Camp Springs Md  
(Address) 301-899-3635 20746

NO 81 1394  
(OEP Well Permit Number)

3/6/86  
(Date)



