

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-325938

P 54584

A 56429-C

DISTRICT \_\_\_\_\_

DATE 4/12/99

DATE SYSTEM APPROVED 6/8/99

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Lehsac Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS 202 Azar Court, Baltimore, MD 21227 PHONE 410-242-6888

SUBDIVISION Gaither <sup>Hunt</sup> Overlook LOT 3 ROAD 11008 Dorsch Farm Road

PROPERTY OWNER Ryan Homes BRIAN & MARGARET BOLAN

ADDRESS  
TOP SEAMED TANK  
SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

### PUMPED SEPTIC SYSTEM REQUIRED

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER

- NOTES:
- Septic pump detail to be provided by installer prior to issuance of septic permit
  - Pump performance test is necessary prior to Health Department approval of pumped septic system.

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

LOCATION - Place the distribution box 275 feet down the right lot line and 10 feet off this same lot line as seen from Dorsch Farm Road. Run trenches along contour towards the left lot line.

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

OK KM 1-25-99

PLANS APPROVED BY Donna K. Soe DATE 1-22-1999

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 PVC OR ABS AND DG. PERMIT SIGNATURE

PERMIT VOID AFTER TWO YEARS

AND RETURNED 11-24-99  
Seal # 200121991

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

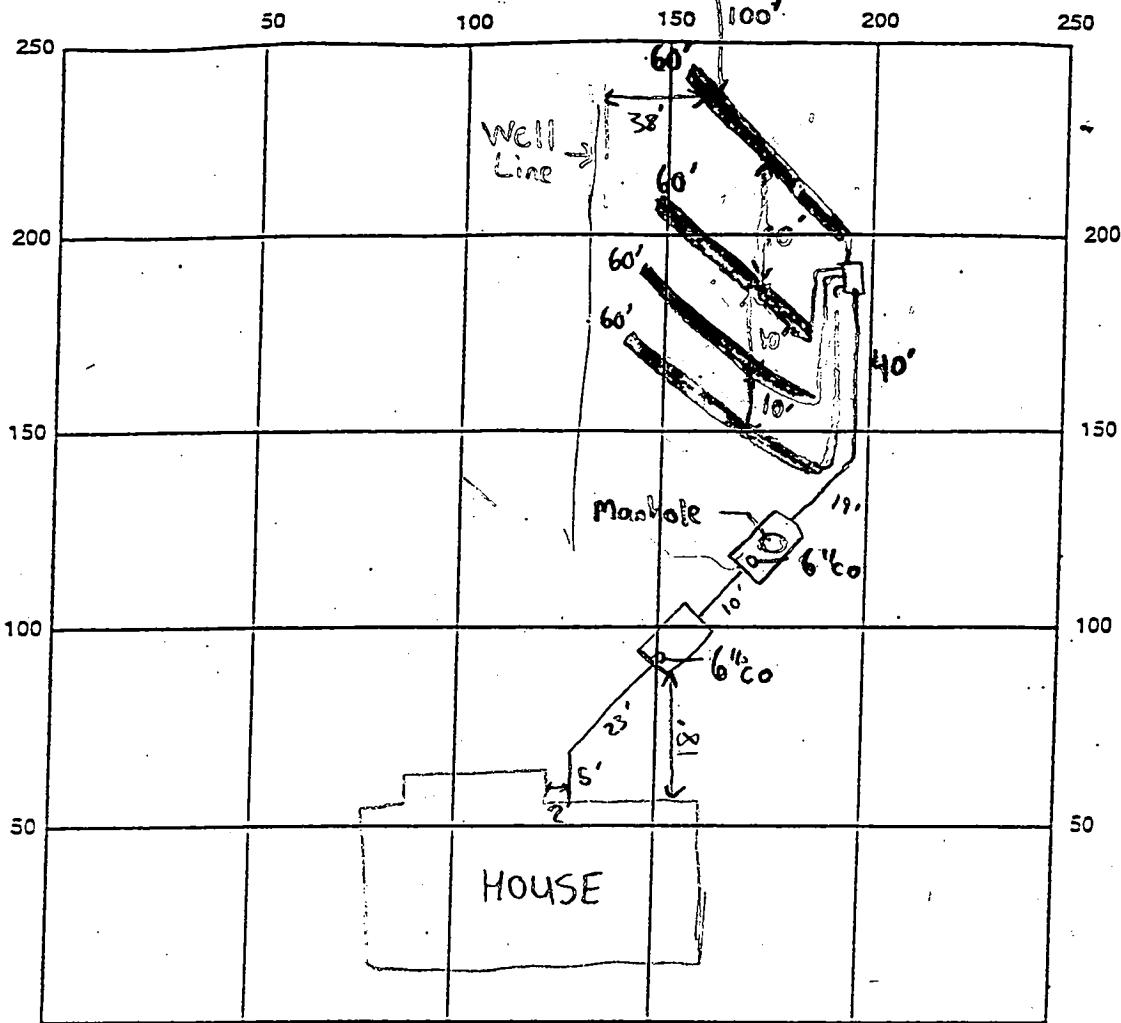
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

56429C

NOT TO SCALE

well HO-94-1428



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DORSH FARM RD

1 manhole cleanout @ pump tank

SEPTIC TANK LEVEL  1500 Top Seam CLEANOUTS 3 (6" cleanout @ tank, 1-6" pump)

DISTRIBUTION BOX LEVEL  BAFFLE IS IN

TILE DRAIN FIELD/TILE-DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE-SIDED WALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: OK TO COVER 4/15/99 (S.R.K)

4/15/99 PUMP TEST NEEDED FOR FINAL APPROVAL (SRK)

6/8/99 - PUMP OPERATIONAL, SEEN WATER FLOWING THRU DIST. BOX INTO TRENCHES

HIGH WATER ALARM OPERATIONAL PUMP SYSTEM OPERATIONAL (SRK)

DATE SYSTEM APPROVED 6/8/99 INSPECTOR Steven R. Krizek

# APPLICATION

PERCOLATION TESTING

A 56429C

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

TEST FEES  
FOR 38 LOTS  
PAID 2-1-96  
AWM

DISTRICT \_\_\_\_\_

DATE 3-26-96

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Renner Jr

ADDRESS 10805 Hickory Ridge Rd PHONE \_\_\_\_\_  
21044

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 3

ROAD AND DESCRIPTION (11008 Dorsch Farm Road)

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~PERMIT SIGNATURE~~  
RETURNED 1-22-99  
Serial # B10 115722  
SFD - 4Bum

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]  
(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

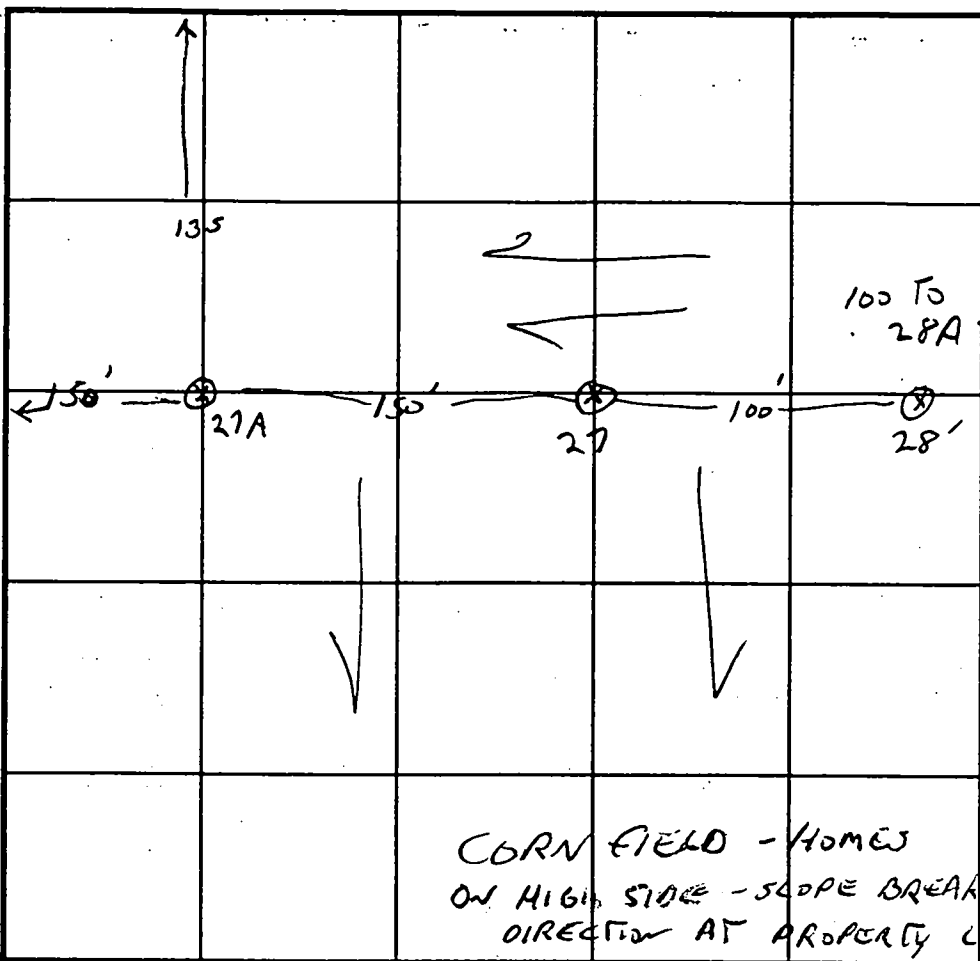
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

58429C  
COUNTY #

SOIL PROFILE 27

SIMILAR TO 27A  
10% COBBLE



SOIL PROFILE 27A

TOPSOIL  
ORANGE-BROWN CLAY LOAM  
TAN SSL

28  
TOPSOIL  
BROWN CLAY LOAM  
ORANGE BROWN SANDY CLAY LOAM  
COARSE, CRASS  
5% QUARTZITE + mica

11'6"  
28A  
TOPSOIL  
ORANGE CLAY LOAM  
GREY BROWN SANDY LOAM  
30% MIXED ROCK

CORN FIELD - HOMES  
ON HIGH SIDE - SLOPE BREAKS OTHER  
DIRECTION AT PROPERTY LINE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/26/96	27A	1'	10:20	10:36	10:36	11:06	30 MIN
		3.5"	10:20	10:22	10:22	10:25	3 MW
	27	5'	10:29	10:30	10:30	10:33	3 MIN
	28	4.5"	10:40	10:44	10:44	10:52	8 MIN
	28A	4'	10:49	10:50	10:50	10:53	3 MW
	28	1'	11:53	11:54	11:54	11:55	1.5 MIN

REMARKS FOR LOT 3 USE 27, 28, 25, 28G  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY G. SAUSAGE ALSO PRESENT \_\_\_\_\_  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1.5 MIN TRENCH WIDTH 3  
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

43  
3  
5

# APPLICATION

PERCOLATION TESTING

A 56429c

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 3-26-96

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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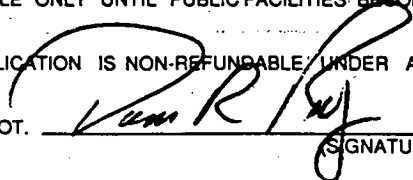
SUBDIVISION \_\_\_\_\_ LOT NO. AT 3

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

56429C

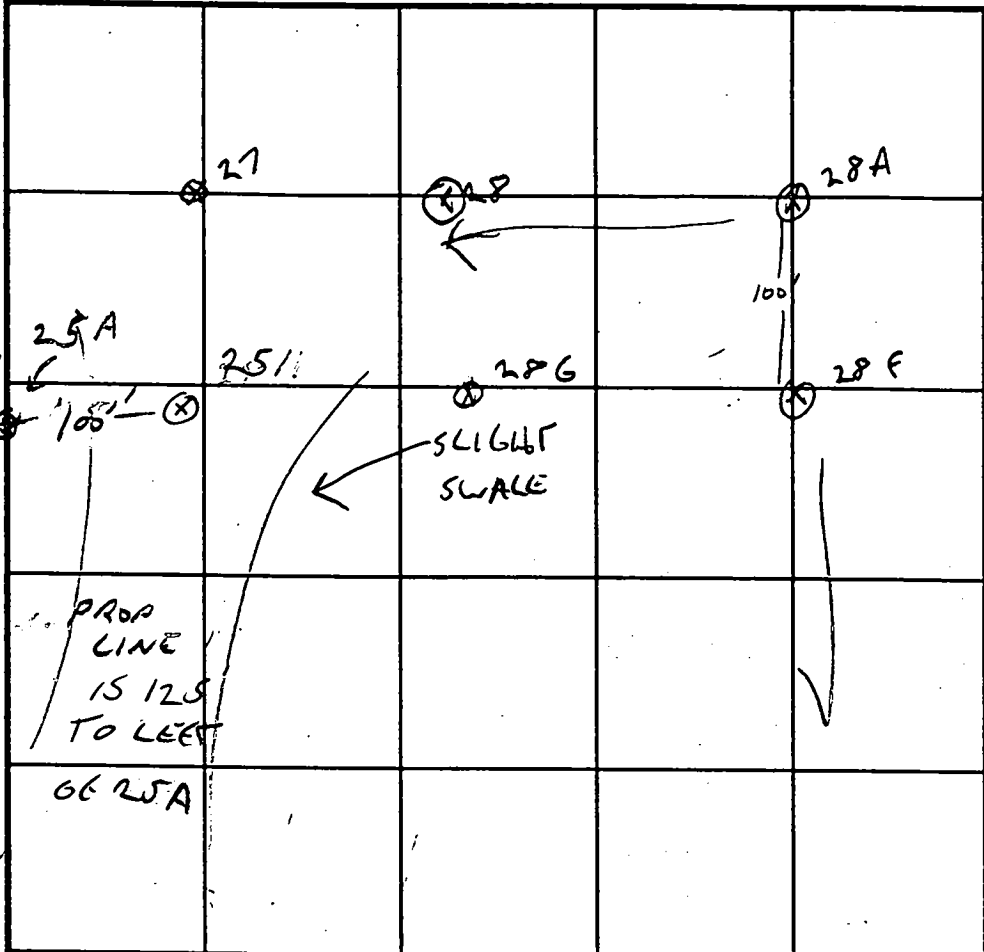
COUNTY #

SOIL PROFILE 25

0' TOPSOIL  
 2' BROWN CLAY LOAM  
 3-4' LIGHT BROWN SSC  
 11'

28 H  
 6" TOPSOIL  
 3'5" DARK BROWN C.L.  
 BROWN SANDY LOAM  
 8'

GREY SANDY LOAM  
 11'



SOIL PROFILE 28 F + G

0' TOPSOIL  
 1' ORANGE CLAY LOAM  
 4' TAN SILT  
 20% QUARTZITE ROCK  
 11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/26/96	28 F	5'	12:01	12:02	12:02	12:04	2 MIN
	28 G	4'	12:11	12:13	12:13	12:15	2 MIN
	25	5 1/2'	12:18	12:20	12:20	12:24	4 MIN
	28 H	5'	12:30	12:32	12:32	12:34	2 MIN

REMARKS FOR LOT 3 USE 27, 28, 25, 28G

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

TESTED BY GLEN SAVAGE ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

SCOTT JAMES  
10-26-98

GL 0003

A.F. HUNG SEWER  
BILCO DOOR  
A.F. STAKE DRIVE

SCOTT 10/27

BSMT ELEV  
466.86

*[Handwritten signature]*  
11/2/98

10-26-98  
10-26-98

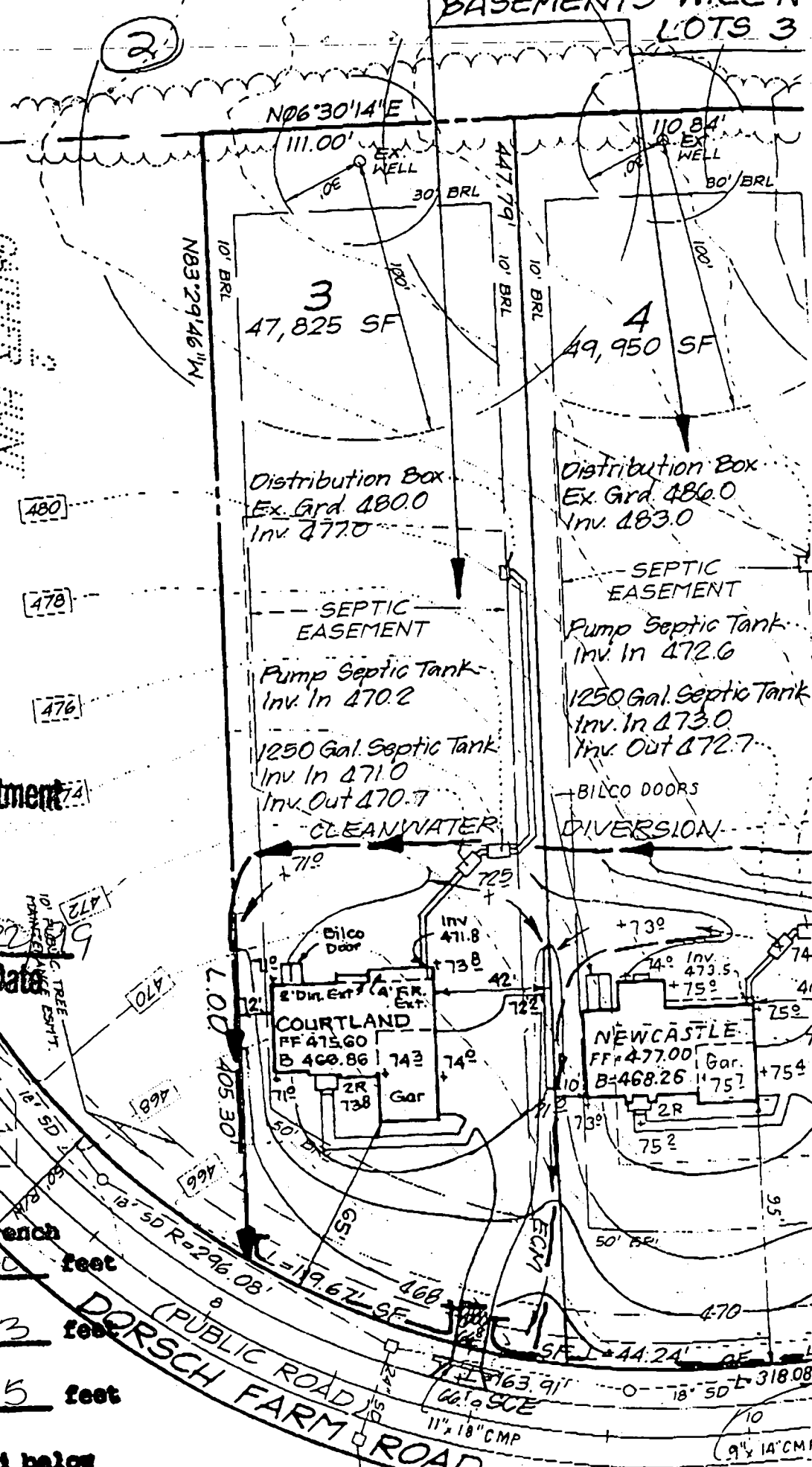
Approved Septic System Plan  
Howard County Health Department

*[Handwritten signature]*  
Signature

Date

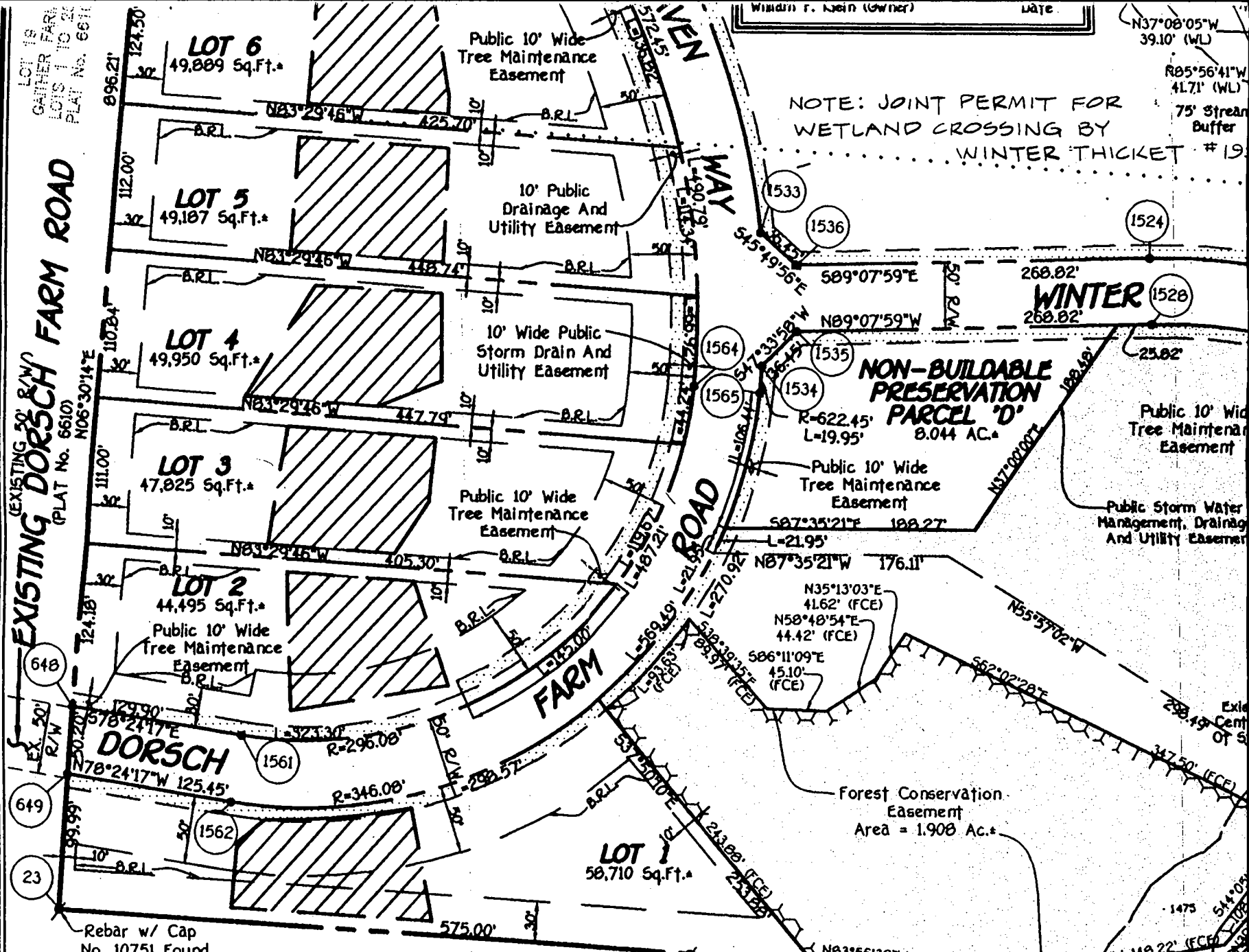
Total linear feet of trench required 240 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 5 feet  
Depth of stone required below distribution pipe 2 feet

BASEMENTS WILL-N  
LOTS 3





Copy of signed final F-98-24



**Area Tabulation For This Sheet**

Total Number Of Buildable Lots To Be Recorded	.7
Total Number Of Open Space Lots To Be Recorded	.0
Total Number Of Buildable Parcels To Be Recorded	.1
Total Number Of Non-Buildable Parcels To Be Recorded	.2
Total Number Of Lots And Parcels To Be Recorded	.10
Total Area Of Buildable Lots To Be Recorded	.8,036 Ac.
Total Area Of Open Space Lots To Be Recorded	.0,000 Ac.
Total Area Of Non-Buildable Parcels To Be Recorded	30,993 Ac.

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

C 1 05141 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER H 56429 C

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 02 23 98

DEPTH OF WELL 22 185 26 (TO NEAREST FOOT) PERMIT NO. FROM PERMIT TO DRILL WELL 110-74-1928

OWNER Woodlot Enterprises STREET OR RFD Dorsh Farms Rd. TOWN Wild Lake SUBDIVISION Gaithers Ave/100 SECTION LOT 3

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y 44 NO N 44

PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 3

DESCRIPTION (Use additional sheets if needed)

NO. OF BAGS 45 46 42 NO. OF POUNDS 72 46 700

PUMPING RATE (gal. per min.) 7.5

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sand, Sandstone, MICKA, etc.

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft.

METHOD USED TO MEASURE PUMPING RATE Beck

WATER LEVEL (distance from land surface)

CASING RECORD casing types insert appropriate code below

BEFORE PUMPING 28 ft.

WHEN PUMPING 85 ft.

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 20

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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)

LAND SURFACE 49 below 50 51 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 18 185

WELL HYDROFRACTURED YES Y NO N

SCREEN RECORD screen type or open hole insert appropriate code below

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

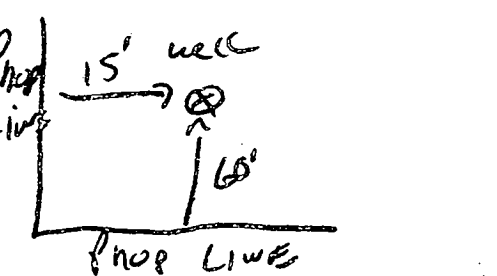
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS LIC. NO. MS D 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D 112

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

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)



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 **8732** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

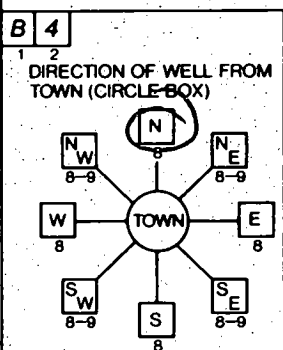
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-94-1428**  
 fill in this form completely

Date Received (APA) **020998**  
 OWNER INFORMATION  
**WOODLOT ENTERPRISES**  
 5026 DORSEY HALL DR.  
 ELLICOTT CITY MD 21042

B 3 LOCATION OF WELL  
**HOWARD**  
 8 COUNTY  
**SAITHER OVERLOOK**  
 23 SUBDIVISION  
 SECTION   LOT **3**  
**WILD LAKE**  
 52 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION CIRCLE: **MSD** MGD/MWD  
**Ralph MAYNE**  
 Driller's Name **Ralph MAYNE Well Drilling**  
 Firm Name **9120 Brown Church Rd Mt Airy**  
 Address **Ball Mayne Feb 4 1998**  
 Signature Date



**Dorsh Farm Rd.**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**225**  
 DISTANCE FROM ROAD  
 ENTER FT OR MI **FT**  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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  
**Howard** COUNTY NO.  
 STATE SIGNATURE **Kim Mauts** INSERT S   
 DATE ISSUED **2/18/99**  
 NORTH GRID **830000** EAST GRID **0520000**

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)

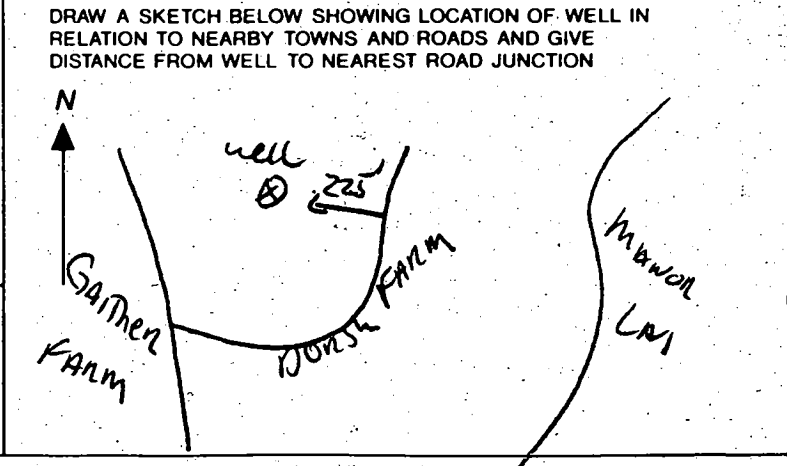
APPROXIMATE DEPTH OF WELL **1150** FEET  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF SHOW & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **520**  
 N **830**

quit around 1200  
 2-23-98  
 no insp  
 KM  
 ⊕

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE  WRITE INITIALS IN BOX PERMIT No. **HD-94-1428**

SPECIAL CONDITIONS  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

4/14/99  
2:30

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 P  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer CEHSAC CORP.

Telephone 410-242-6888

License Number 3344

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber P

Name of Property Owner Ryan Homer

Telephone 410-654-0501

Subdivision Coarther Hunt Lot # 73

Well Tag # HO-99-1928

Site Address 11009

Pump

- 1. Type
  - a. Deep well jet X
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_

Motor

- 1. Horsepower 3/4
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 ✓

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth 42"

2. Make JACUZZI

3. Model # \_\_\_\_\_

4. Capacity 7 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

- 1. Capacity 82
- 2. Pressure relief valve? 7

Piping

- 1. Type POLY
- 2. Size 1"
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line \_\_\_\_\_

Well data

- 1. Depth \_\_\_\_\_ ft.
- 2. Yield \_\_\_\_\_ GPM
- 3. Static water level \_\_\_\_\_ ft.
- 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: [Signature]

Date: 4/12/99

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

HD-215

WPI 2 piece cap ok ✓ 4/14/99  
conduit pipe ✓  
pitless adapter & related plumbing (SRK)

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300121191

Building Address 11008 Darsch Farm Rd  
Ellicott City, MD, 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6030 Subdivision Carthage Hunt  
 Section 1 Area 1 Lot 733  
 Tax Map 29 Parcel 322 Grid 10  
 Zoning RC-DEU Map Coordinates 15 151 Lot size 1.08 AC

Property Owner's Name Brian & Margaret Bolan  
 Address 11008 Darsch Farm Rd  
 City Ellicott City State MD Zip Code 21042  
 Home Phone 410 715 9510 Work Phone 410 312 0823  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax 410 312 4384

Existing Use Primary Residence  
 Proposed Use SAME  
 Estimated Construction Cost \$ 3,100  
 Description of Work Build a deck off the rear of house 26 x 14 w/ steps to ground - 2 sets

Contractor Company Owner  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant - OWNER -  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
 Title/Company OWNER

Print Name Brian Bolan  
 Date 11/24/99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>11/24/99</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>11/24/99</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ <u>30</u>
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Accepted by \_\_\_\_\_

N06°30'14"E

111.00

LOT 2  
PLAT No. 13209

LOT 73  
47,196 sq ft  
1.0833 AC

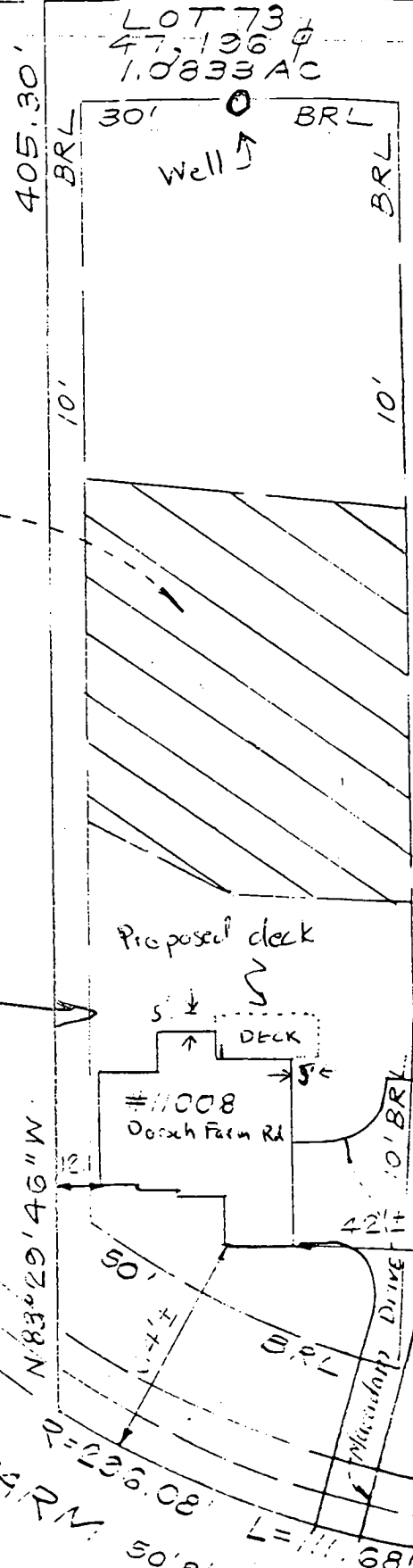
LC

Private Sewerage Easement, see  
General Note No. 8 Plat No. 13562

11/28/99  
Shown deck will be  
4' from septic tank -  
but it is only 3' off the ground  
and will not interfere w/ access by  
either a back hoe or pump truck.  
Deck ≈ 26' x 14'  
AM

Public Drainage And  
Utility Easement  
No. 13209

Subdivision: Garther Hunt



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