

3/23/00
m. 00
m. 01
m. 02

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-327604

P 513280

A 56429-LL

DISTRICT _____

DATE 2/23/00

DATE SYSTEM APPROVED 3/6/00

INSPECTOR DIS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

Hatfield's

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 301-854-6172

SUBDIVISION Gaither Hunt II LOT 47 ROAD 11100 Dorsch Farm Road

PROPERTY OWNER ~~Ryan Homes~~ Arif + Sheila Mannan

ADDRESS _____

TOP SEAMED SEPTIC TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLON

BUILDING PERMIT SIGNED

AND RETURNED 5-16-02

BOO 136237-DECK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 1250-240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 125 feet down the left (307.21') lot line and 80 feet off that same lot line as seen when facing the lot from Open Run Road. Run trenches on contour toward the rear 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. 11/5/99 OK AU

PLANS APPROVED BY Amy McMillen DATE 9/27/1999

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

PERMIT VOID AFTER TWO YEARS

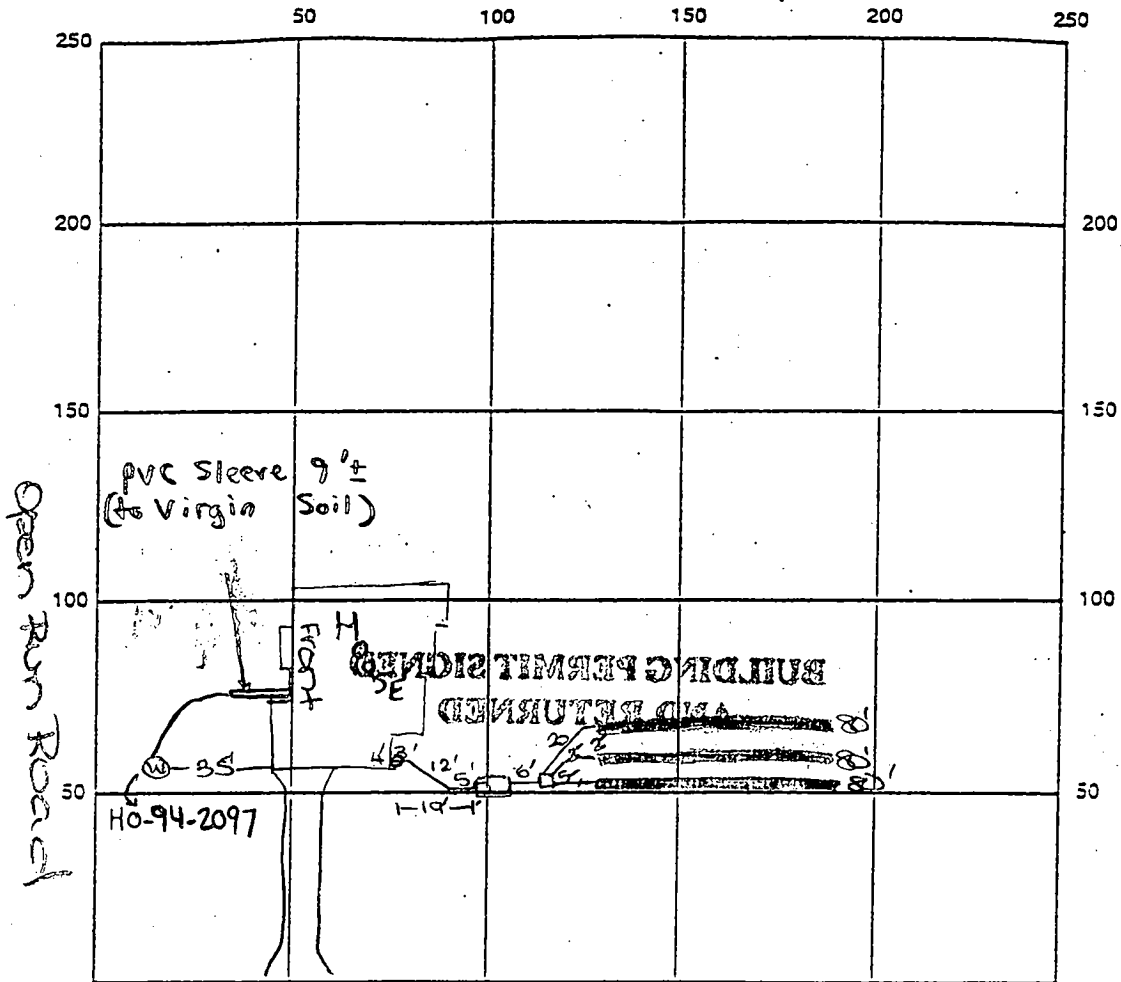
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

56429-LL

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Dorsch Farm Road

SEPTIC TANK LEVEL OK-1500 gal top soam, CLEANOUTS one on st., 4" at house

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x80 FT. → 240

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.

DRYWELL
DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 3/3/00 OK to cover all work, except 3rd trench

3/6/00 FINAL INSP - OK to cover all work. DRS

DATE SYSTEM APPROVED 3/6/00 INSPECTOR [Signature]

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
Replacement

Receipt # _____
Date 4/16/00

Name of Installer LEHSAS CORP.

Telephone 410-242-6888

License Number 3344
Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner _____

Telephone _____

Subdivision Gaither Hunt Lot # 47

Well Tag # 40-41-2087

Site Address 1100 Dorsch Farm Rd

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make WILKINS
- 2. Model # _____
- 3. Depth 4 1/2"

2. Make JACOBI

3. Model # P7545134-S2

4. Capacity 5 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 56 GAL
- 2. Pressure relief valve? YES

Piping

- 1. Type 1601A
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42"

Well data

- 1. Depth 25.0 ft.
- 2. Yield 6 GPM
- 3. Static water level 25 ft.
- 4. 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.

3/9/00-WILSON SRK

Signature of Applicant: _____

Date: 4/16/00

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

APPLICATION

PERCOLATION TESTING

A 56429

P _____

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

DISTRICT _____

DATE _____

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 Scribner Ryan Homes

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

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 47

ROAD AND DESCRIPTION 11100 Dorsch Farm Road

ORIG. PERMIT SERIAL

AND RETURNED 9-27-99

Serial # B10120530

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD-4 Bed
(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

56429

COUNTY #

SOIL PROFILE

0' 181
beign
SiClm

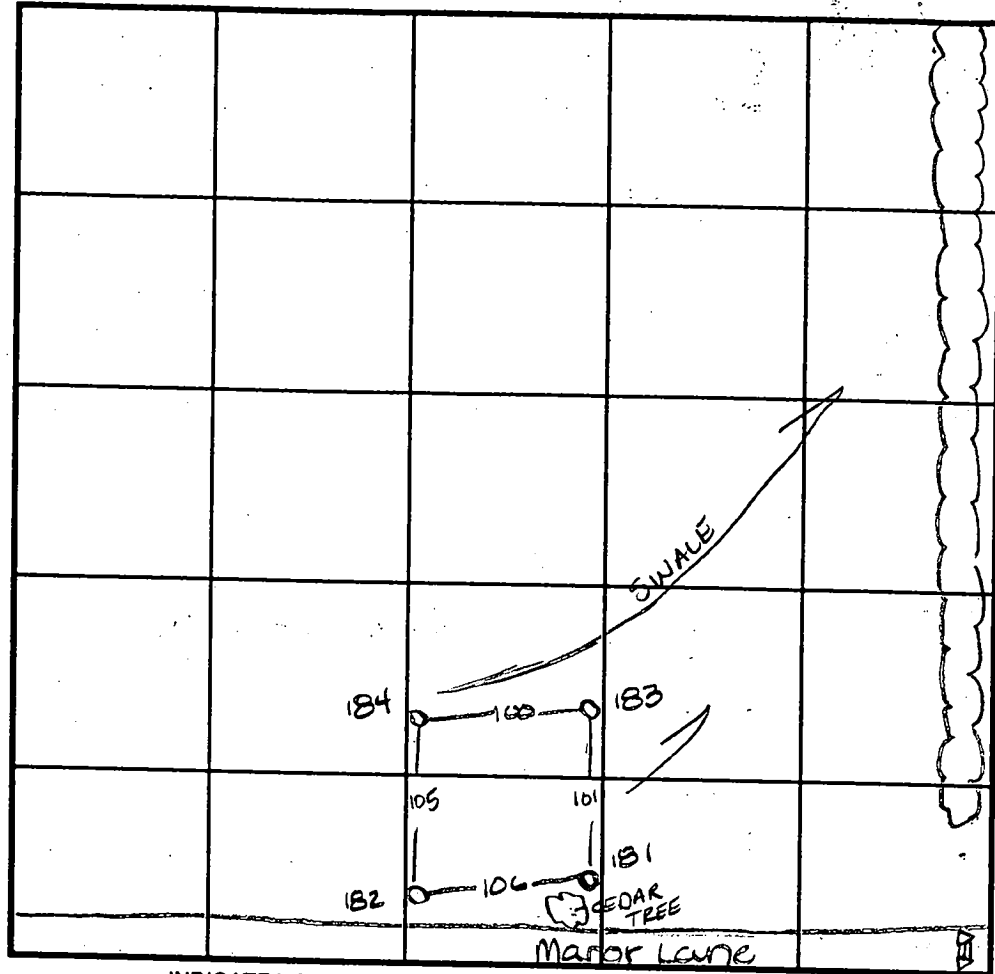
3.5
red
orange
SiLm

8.0
dark
brown
SaLm
pieces
of
decayed
feldspar
50%

10.0

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

182
orange
brn
SiClm

3.0
dark
beign
SiSaLm
micaceous
<5%
Saprolite

9.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-96	181	4.0 V10.0	2:11	2:12	2:12	2:15	3min
	182	3.0 V9.0	2:08	2:16	2:16	2:27 ³⁰	11 1/2 min
	183	4.5 V10.0	2:20	2:27	2:27	2:40	13min F
	184	4.0 V11.0	2:17	2:19	2:19	2:23	4min

REMARKS 183 in a of swale

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Don Renner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

183/184

2.0
red
SiClm

3.5
orange
red
SiClm

10.0
lgt tan
SiSaLm

11.0
lgt tan
SiSaLm
with
pockets
of
decayed
feldspar

CONTRACTOR SHALL INSTALL
TEMP. TURN AROUND &
TYPE 'C' DEAD END BARRICADE
(DWG. R-5.06 & R-5.05)

p. 97-08

LIMIT OF
PROPOSED
PAVING
47+73.16'

5' REVERTIBLE
SLOPE EASEMENT
(TYPICAL)

10' PUBLIC
TREE MAINTENANCE
EASEMENT

SPACE
53

A-303'

ROAD

ROAD

LOT 45⁵⁰
49,909 SF

LOT 46
45,222 SF

LOT 44
40,954 SF

LOT 43
40,750 SF

LOT 48
44,193 SF

LOT 47
43,322 SF

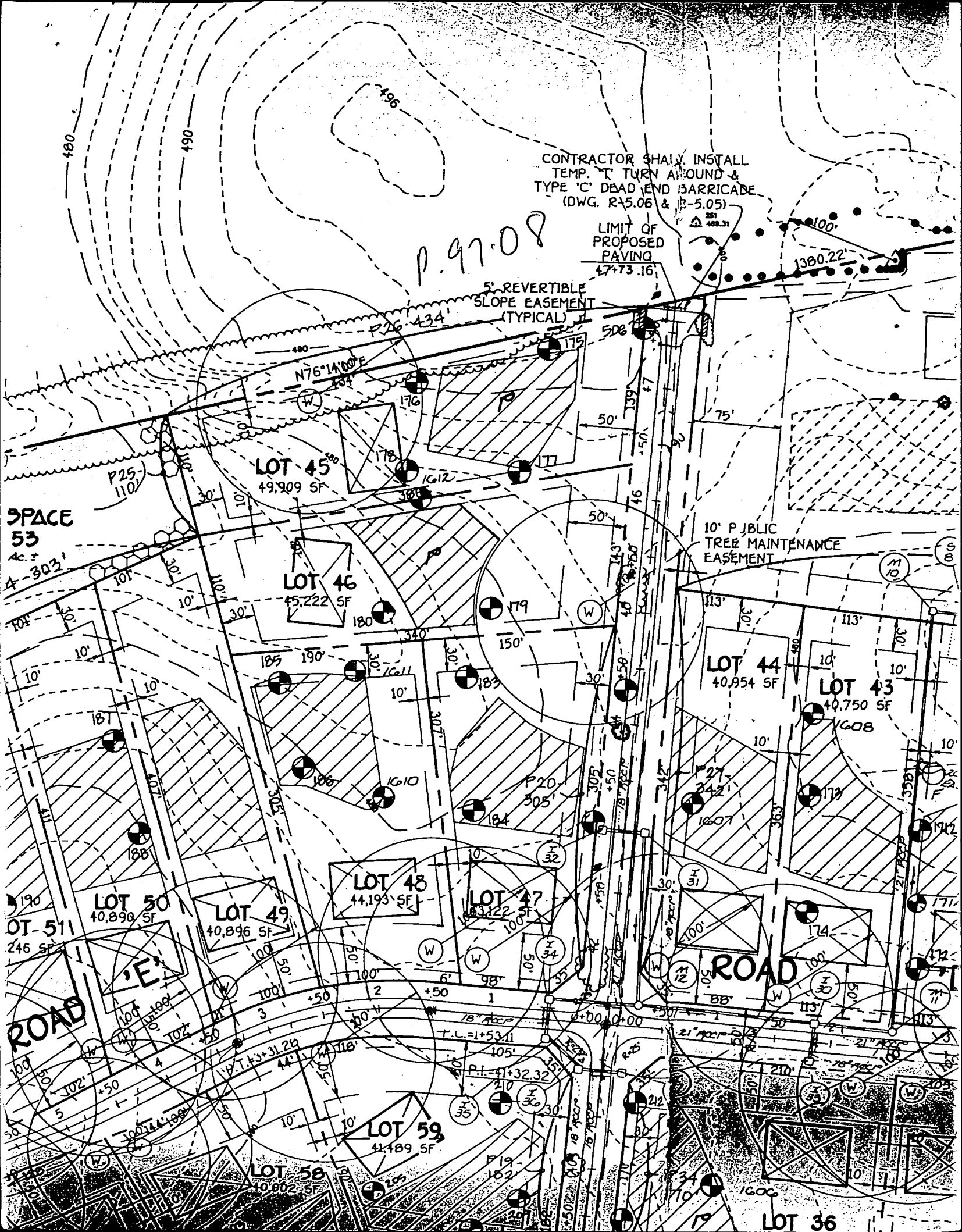
LOT 50
40,898 SF

LOT 49
40,896 SF

LOT 59
41,489 SF

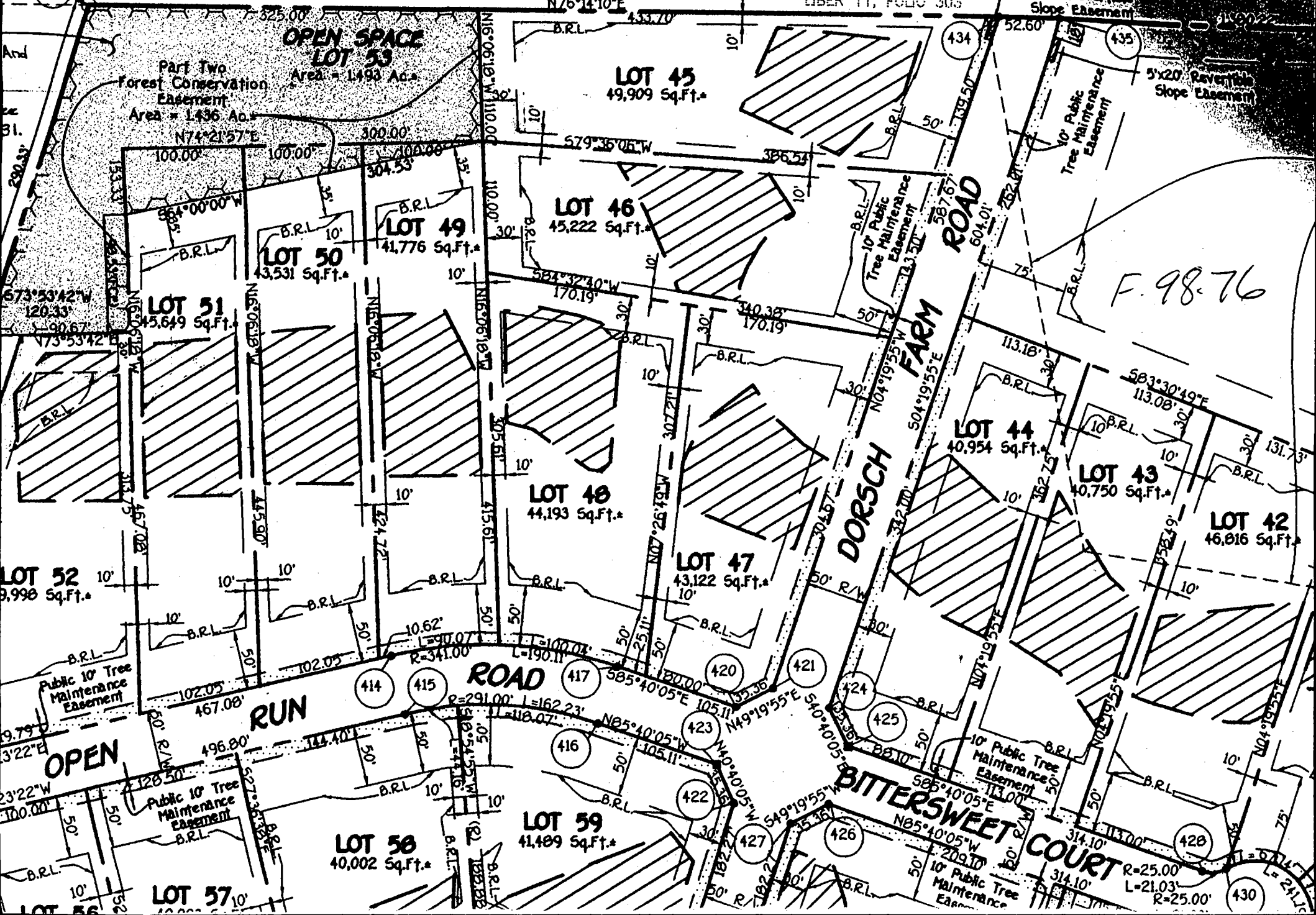
LOT 58
40,802 SF

LOT 36



22

PROPERTY OF PHILIP CARROLL
LIBER 11, FOLIO 303



F. 98.76

C 1 9881

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A56429L

ST/CC USE ONLY DATE Received

DATE WELL COMPLETED 7-8-99

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2097

OWNER Russell Development, STREET OR RFD Open Run Road, TOWN ELICOTT CITY, SUBDIVISION Gather Farm, SECTION II, LOT 47

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown soil, Hard Gray Granite, and Hard White Sandstone.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (8), NO. OF POUNDS (752), GALLONS OF WATER (48), DEPTH OF GROUT SEAL (31).

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (31).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and screen diameter (31).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (60), WATER LEVEL (25'), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), E (Electric log obtained), P (Test well converted to production well).

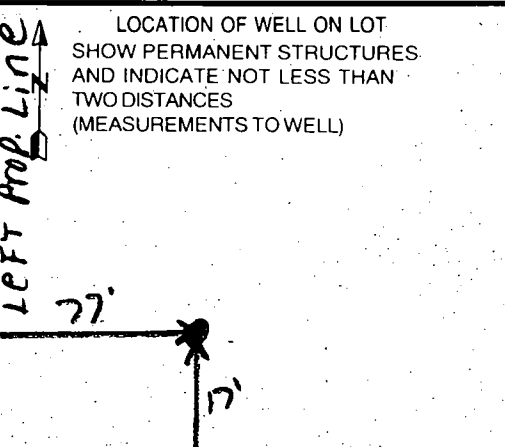
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M 355, DRILLERS SIGNATURE (Max B. Jones), LIC. NO. Sub 341

DEPTH (nearest ft.) table with rows for casing sections and slot size (1, 2, 3).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q



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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

Front Prop. Line

B 1 5142

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2097
70 fill in this form completely 79

Date Received (APA) 01 29 99
8 MM DD YY 13

OWNER INFORMATION

Russell Development LLC
15 Last Name Owner First Name 34
8808 Center Park Dr. Suite 209
36 Street or RFD 55
Columbia MD 21045
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

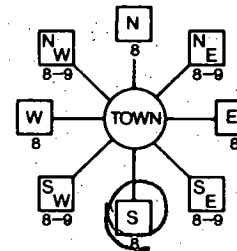
Howard
8 COUNTY 21
Coarther Hunt
23 SUBDIVISION 42
SECTION 1 LOT 47
44 46 48 50
Ellicott City
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

DRILLER INFORMATION

Michael Barlow MW D355
Driller's Name 76 License No. 81
MICHAEL BARLOW Well Drilling Svc Inc
Firm Name
912 Fawn Ct Joppa MD 21085
Address
[Signature] 1-22-99
Signature Date

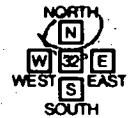
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Run RD
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A56429L
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 02 11 99 A McMullo 02 11 00
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 515 000 EAST GRID 830 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6' NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- 37 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
- 39 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 _____ 63

PERMIT No. HO-94-2097
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

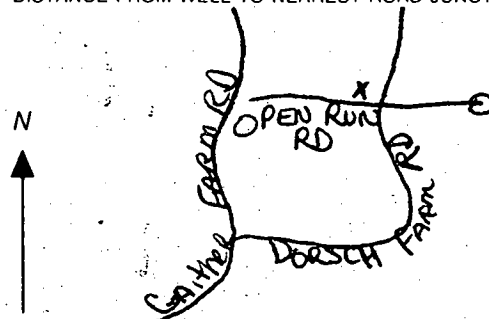
- SOURCES OF DRILLING WATER
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830
N 515
000
000

location OK (SRV)
Grout done days prior to
Yield Test inspection (SRV)
7/8/99
(Grout scheduled 6/25)

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

