

9/9/1999 2:30  
9/11/99 2:30  
9/13/99 2:30

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-327523

P 512678

A 56429-00

DISTRICT \_\_\_\_\_

DATE 8/23/99

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

DATE SYSTEM APPROVED 9/14/99

# INDEXED

INSPECTOR (CW)

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Gaither Hunt LOT 40 ROAD 11017 Bittersweet Court

PROPERTY OWNER DONNA + RON BOUNDS NV-Homes

ADDRESS 410-992-1417 (w) 301-272-2341

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BLDG. PERMITS SIGNED  
AND RETURNED 7/7/2000  
B00125274  
2 decks w/ steps

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 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet off the right lot line and 80 feet off the rear lot line as seen from Bittersweet Court. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6/30/99 OK ALL

PLANS APPROVED BY Donna K. Soe DATE 6-17-99

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

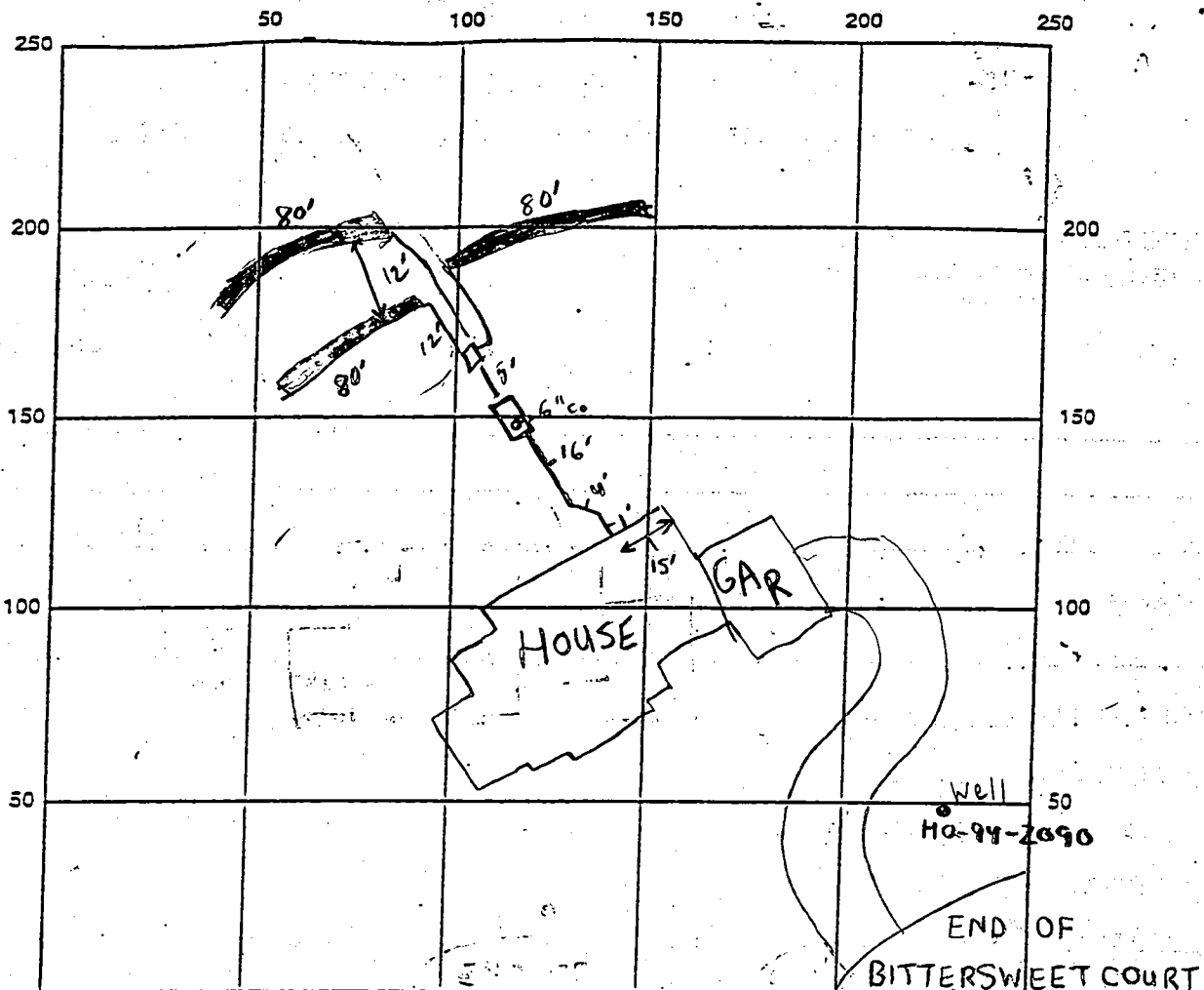
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

APPROVED 00



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gallon Top Seam

CLEANOUTS 6" @ Tank

DISTRIBUTION BOX LEVEL ✓

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA no SQ. FT.

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

ABSORBENT AREA N/A SQ. FT. (3 @ 80' TO BE INSPELLED) CW

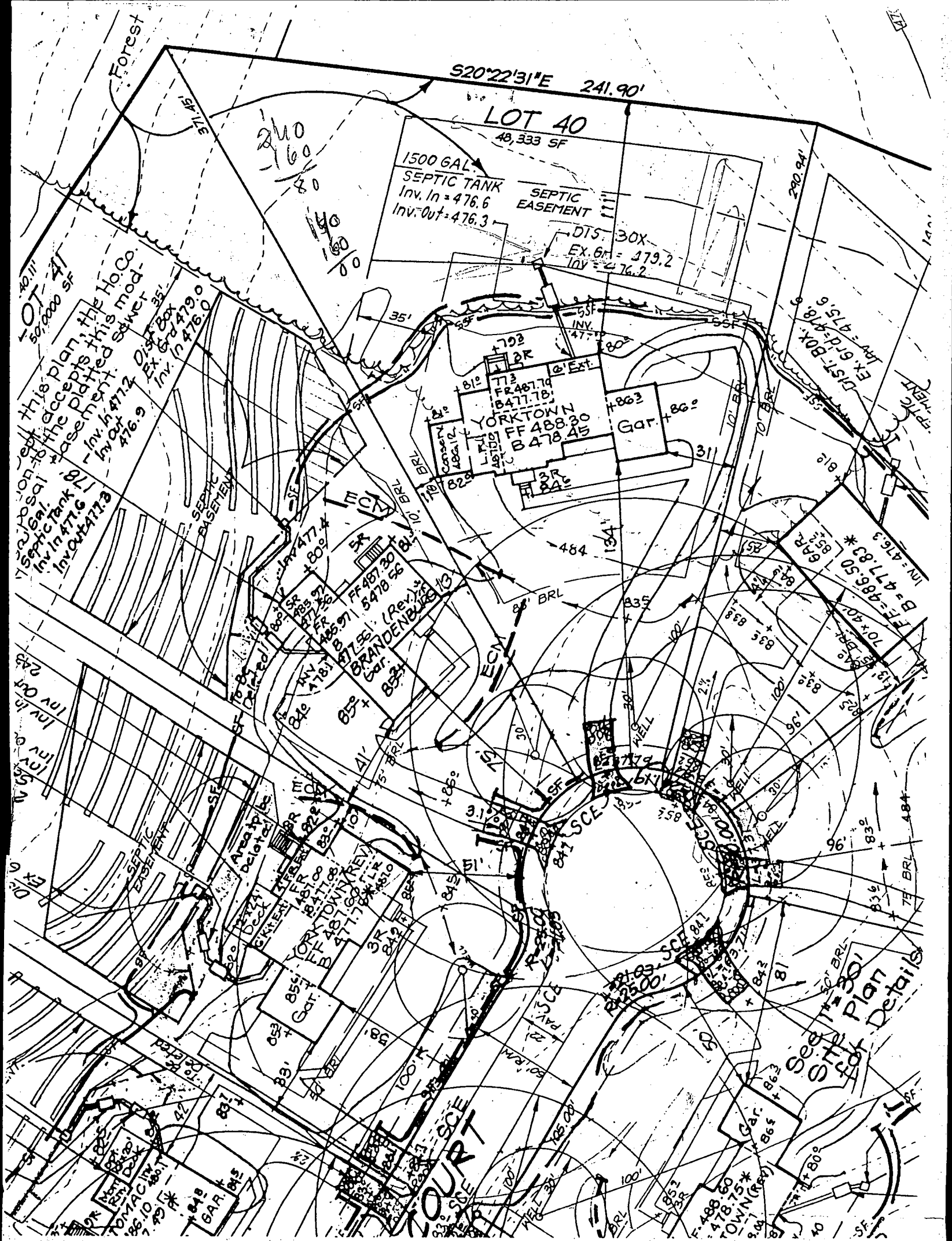
REMARKS: 9/9/99 - CONTRACTOR REQUESTED MOVING DROX A FEW FEET TO BETTER ACCOMADATE FIELD CONDITIONS (BIG TREE) OK, OK TO CONTINUE WORK - (SRK)

9/10/99 1ST 2 TRENCHES COMPLETE (CW)

9/13/99 SYSTEM COMPLETE, OK TO COVER (CW)

DATE SYSTEM APPROVED 9/13/99

INSPECTOR Greg Wilkin



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

Approved Septic System Plan  
Howard County Health Department

DOUGLAS 6/17/99  
Septic Dept

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 4-12-96

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 NV Homes

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

AGENT OR PROSPECTIVE BUYER Donald R. Reuser Jr

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 40

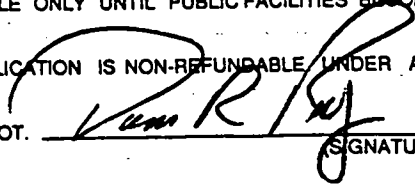
ROAD AND DESCRIPTION 11017 BITTERSWEET COURT

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 Bed  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SEWER PERMIT SKIPPED  
~~AND RETURNED 6-11-99~~  
Serial # 1370118341

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 \_\_\_\_\_

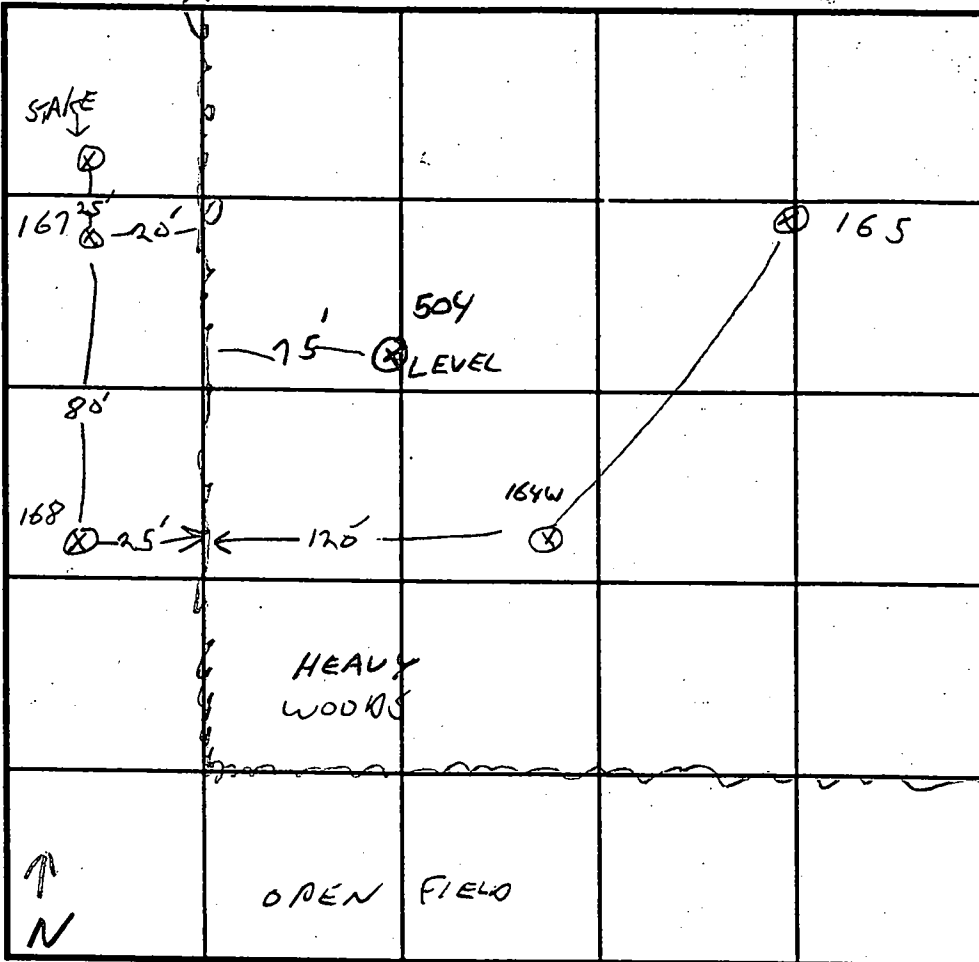
# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

168  
SEE  
LOT 61  
ABOVE  
ROCK



SOIL PROFILE

0'

167  
SEE  
LOT  
61  
2508  
ROCK

504

TOPSOIL  
DARK ORANGE  
SANDY CLAY  
LOAM  
4  
DARK  
CLAY  
S.S.L.

96"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-12-96	ok to 6 167	4'6" / 9"					2 MW
	ok to 5'6" 168	4'6" / 9'6"					2 MW
	165	4'6" / 10'6"					2 MW
	164W	5' / 11'					5 MW
8/7/96	504	4'6" / 10"	4:05	4:10	4:10	4:16	6 MW

REMARKS LOT 60 164W, 165 DUG AS STAKED PER PLAN

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

TESTED BY G. SAVAGE DON REWEN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4-12-96

TO: THE COUNTY HEALTH OFFICER  
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PROPERTY OWNER J Thomas Scrivener

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

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

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

PROPERTY LOCATION:

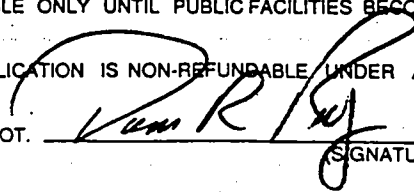
SUBDIVISION \_\_\_\_\_ LOT NO. 59

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

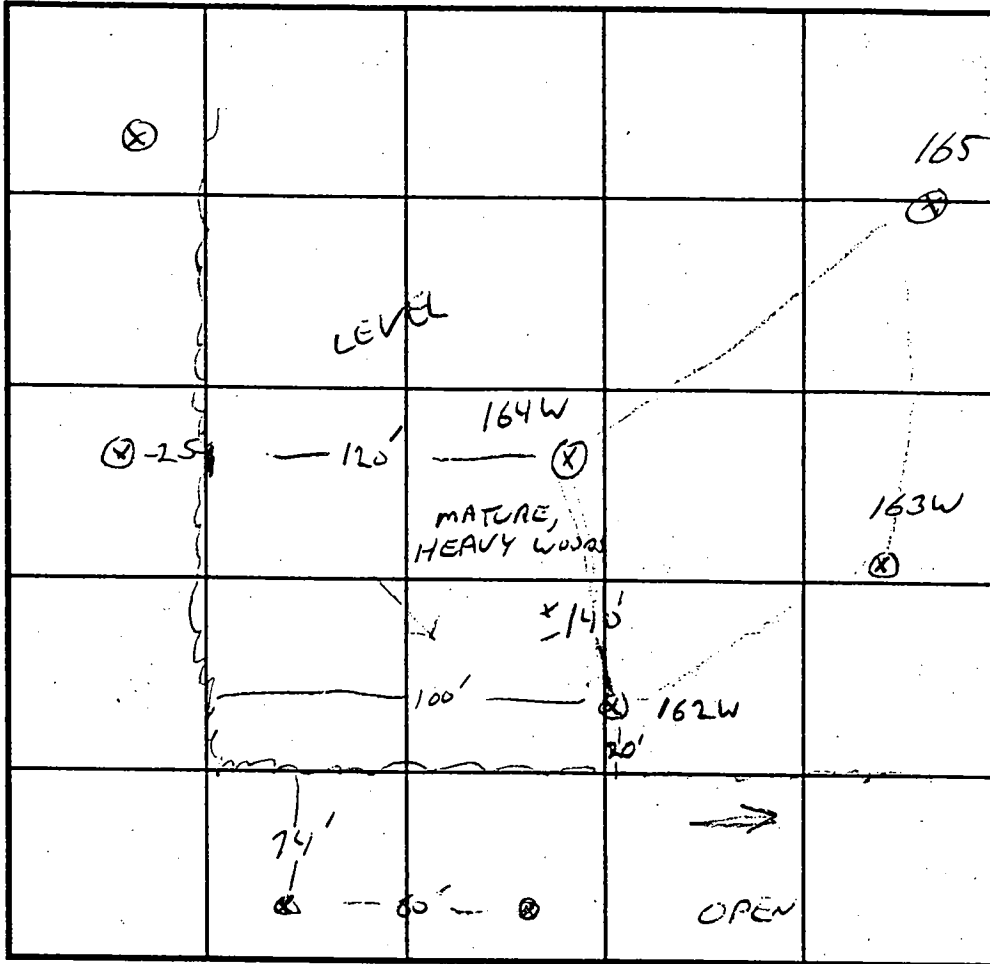
COUNTY #

SOIL PROFILE

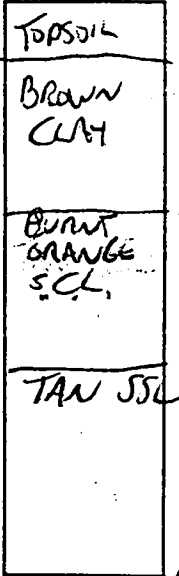
164W

SIMILAR  
TO 162W

ROCKETS  
OF  
WHITE  
QUARTZITE  
SAND  
77'



SOIL PROFILE  
162W



165  
163  
3'6"  
10'6"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/12/96	162W	5' / 10'6"	11:57	11:58	11:59	12:01	2 MIN
	164W	5' / 11'	12:06	12:08	12:08	12:13	5 MIN
	163W	5' / 12'	12:20	12:21	TEST STOPPED TOO FAST		
	"	4'6" / 12'	12:28	12:29	12:29	12:31	2 MIN
	165	4'6" / 10'6"	12:34	12:35	12:35	12:37	2 MIN

REMARKS LOT 59

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT DON REUWER, 2 AIKES

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

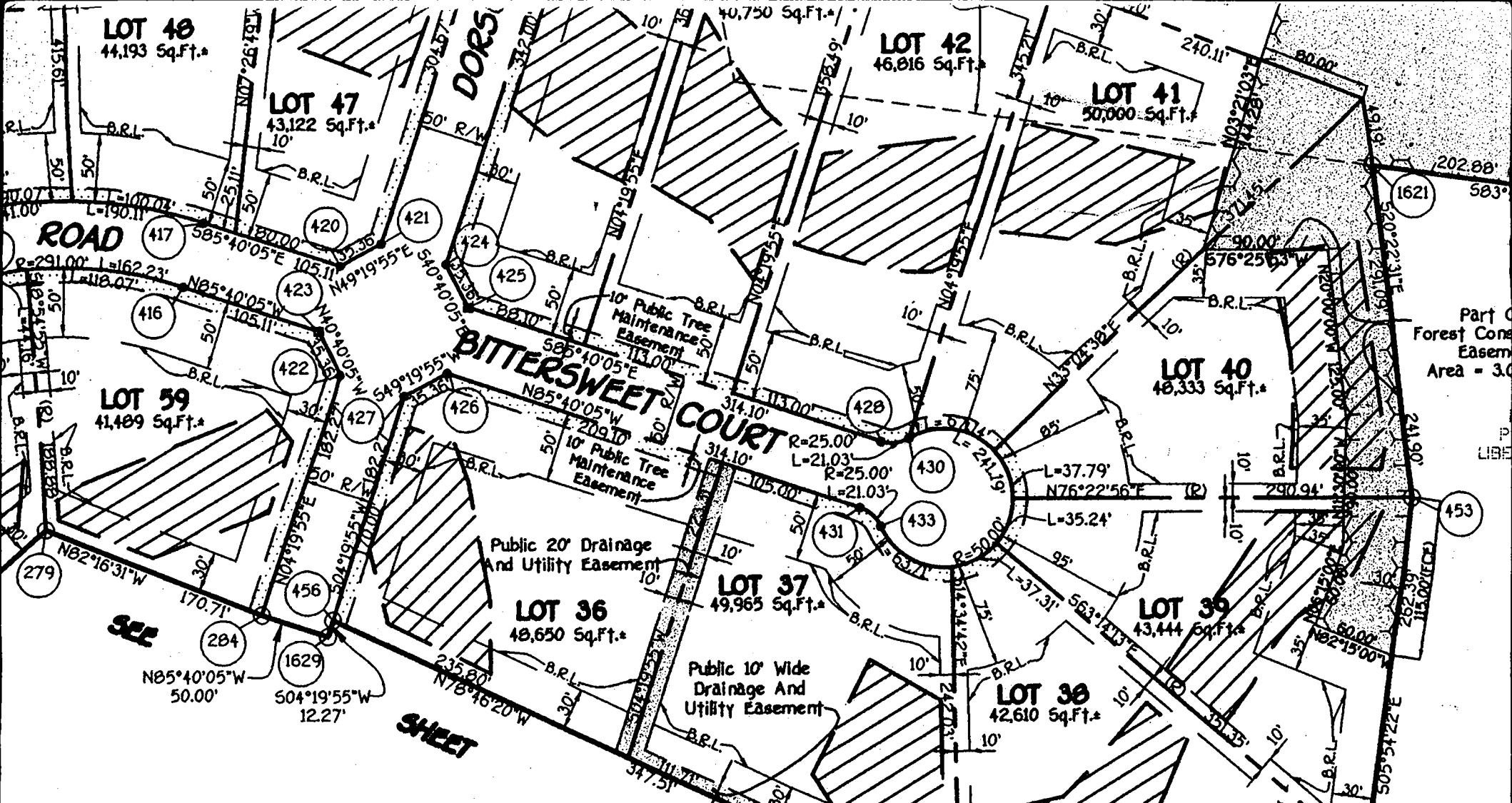
TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM





3-108, The Real Property Article, Annotated Code Of  
 Placement Volume, (As Supplemented) As Far As They Relate to  
 Plat And The Setting Of Markers Have Been Complied With.

*[Signature]* 8/31/98  
 5.10692 (Surveyor) Date

*[Signature]* 8/31/98  
 Corporation (Owner) Date  
 Vice President Camilla Carroll (Owner) Date

**Owners**

**Developer**

F. 98.76

N 576.000  
 E 409.347.2228334  
 (Meters)



C1 9874

SEQUENCE NO. (MODE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A56429E

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2090

OWNER Russell Development Bittersweet Ct ELLICOTT CITY Gaither Hunt SECTION II LOT 40

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown sandstone, Medium Hard, Gray Granite, Hard Gray Granite, Green Granite, Hard Gray Granite.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields: diameter, depth (feet).

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M. 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 Sub 341 Max D. Jones

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

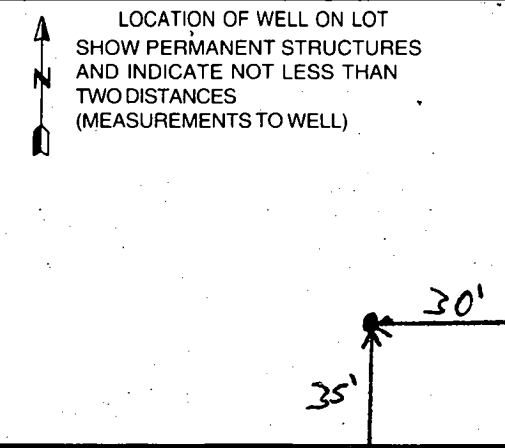
DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 5158

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2090 fill in this form completely

Date Received (APA) 012999

OWNER INFORMATION

Russell Development LLC 8008 Centre Park Dr. Suite 209 Columbia Md 21045

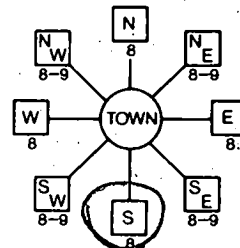
B 3 LOCATION OF WELL

Howard Gaither Hunt Ellicott City 4 miles from town

DRILLER INFORMATION

MICHAEL BARLOW MW D355 MICHAEL Barlow Well Drilling Inc 912 FAWN CT. Joppa Md 21085

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bitter Sweet Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 25 FT

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING... INDUSTRIAL... PUBLIC WATER SUPPLY WELL TEST... GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A56429E COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 02/1/99 EXP. DATE 2/1/00

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY AIR-PERCussion (circled) ROTARY (Hydraulic Rotary) CABLE DRIVE-POINT

REPLACEMENT OR DEEPEINED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP

PERMIT No. HO-94-2090

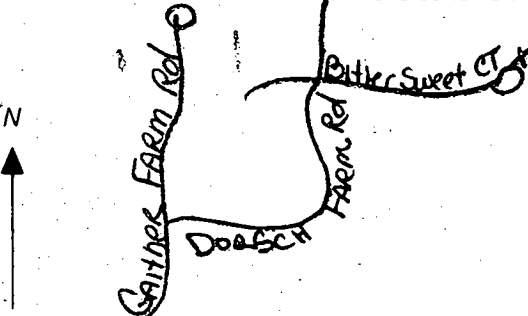
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830 N 515

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

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-N Ellicott Mills Drive  
Ellicott City, MD 21043  
Fax: 313-2648 • 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 10/27/99

Name of Installer Robert L. Freezer Co. Inc. Telephone 781-4455

License Number 2122  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NU Homes Telephone \_\_\_\_\_  
Subdivision Garden West Lot # 90 Well Tag # HO-97-1090  
Site Address 11417 S. Highway 41

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Hydramatic</u>
a. Deep well jet	2. RPM _____	2. Model # <u>1000</u>
b. Shallow well jet	3. Voltage _____	3. Depth <u>100'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Hydramatic</u>	b. 220 <u>X</u>	
3. Model # <u>1000</u>		
4. Capacity <u>5</u> GPM		
5. Pump at same well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. Is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. Are devices used to protect the pump and electrical wiring from damage? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Case</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>3000</u>	1. Type <u>PVC</u>	1. Depth <u>100</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. <u>NSE</u> and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>42'</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

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: Robert L. Freezer  
Date: 10/27/99

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



