

9-4-96
1:00pm
10-2-96
10:30
10-3-96 No 2:30
10-4-96 Noon
10-8-96
11 AM
CO. ready after 11:00
10/8/96

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-389151

P 57256

A 56547

DISTRICT 5th

DATE 9/4/96

DATE SYSTEM APPROVED 10-8-96

INSPECTOR AS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

F & D McCurry/Smoak IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Broadwater Estates LOT 12 ROAD 5654 Chamblis Drive

PROPERTY OWNER Bob and Gaylen Smoak

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 4'.6" below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place the distribution box 330' down the right lot line and 85' off that same lot line as seen from Chamblis Drive. Run trenches along contour.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7/18/96 OK AM

PLANS APPROVED BY Glen Savage DATE 7/2/96

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

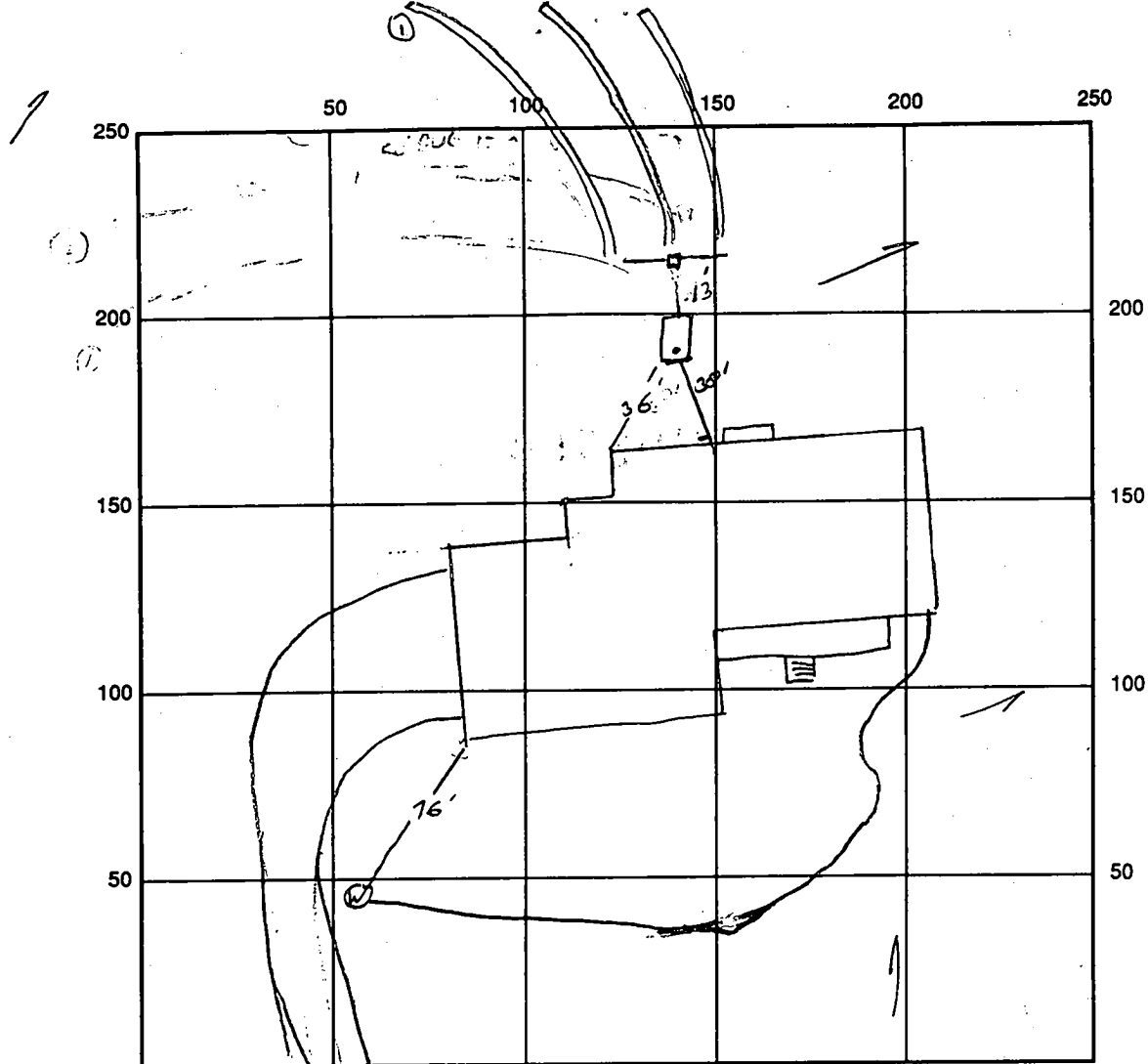
PERMIT VOID AFTER TWO YEARS

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**

A 56547



TRENCH 3 TO
BE 92'
MINIMUM
LENGTH.

← N

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
CHAMBLISS DR

SEPTIC TANK LEVEL OK CLEANOUTS 1 AT WALL, 1 ON TANK
 DISTRIBUTION BOX LEVEL OK NOT CONN.
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH $\frac{1}{12} / \frac{2}{90} / \frac{3}{92}$ FT. = 280'
 NUMBER OF TRENCHES 3 ~~ON SIDEWALL~~ / BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 9/4/96 WORK NOT STARTED ON SEPTIC, LAYOUT DISCUSSED WITH OWNER,
OK TO SHIFT TANK HIGHER ON LOT. 10-2-96 TANK SET OK TO COVER - NEED TO SEE HOUSE
 CONNECTION, OK TO STONE FIRST TRENCH - LEAVE ENDS OPEN TOPOGRAPHY VARIES OK TO
 RAISE INLET TO 4" BOTTOM MAXIMUM DEPTH TO 8.5'. TANK COVER = 4', FINAL COVER TO
 BE 18". 10-3-96 OK TO COVER FIRST TRENCH, OK TO STONE 2ND.
10-4 HOUSE CONNECTION OK, OK TO COVER TRENCH 2 AND STONE #3

DATE SYSTEM APPROVED 10/8/96 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 56547

P _____

DISTRICT _____

DATE 4-8-96

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

*PERCOLATION OK
PROPOSES ADJUSTMENT
TO RECORDS
SEWER EASEMENT*

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 ~~AMERICAN PROPERTIES~~ Bob & Gaylen Smoak

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Robert F. & Gaylen R. Smoak

ADDRESS 8816 Gamblecy Ln
Lanham, MD 20708 PHONE 301-776-1844

PROPERTY LOCATION:

SUBDIVISION BROADWATER ESTATES LOT NO. 12

ROAD AND DESCRIPTION 5654 Chamblis Dr.

**BLDG. PERMIT SIGNED
AND RETURNED 7-2-96**

TAX MAP _____ PARCEL # _____

1300100531

SIZE OF LOT 3.54 acre TYPE BLDG. Single Family - 4 Brms
(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. Robert F. Smoak
(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. # _____ **BLDG. PERMIT SIGNED
AND RETURNED 7-2-96**

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ 1300100683 DATE _____

THIS IS NOT A PERMIT

56547

CHAMBLISS OR

COUNTY #

SOIL PROFILE T3 T2

T3

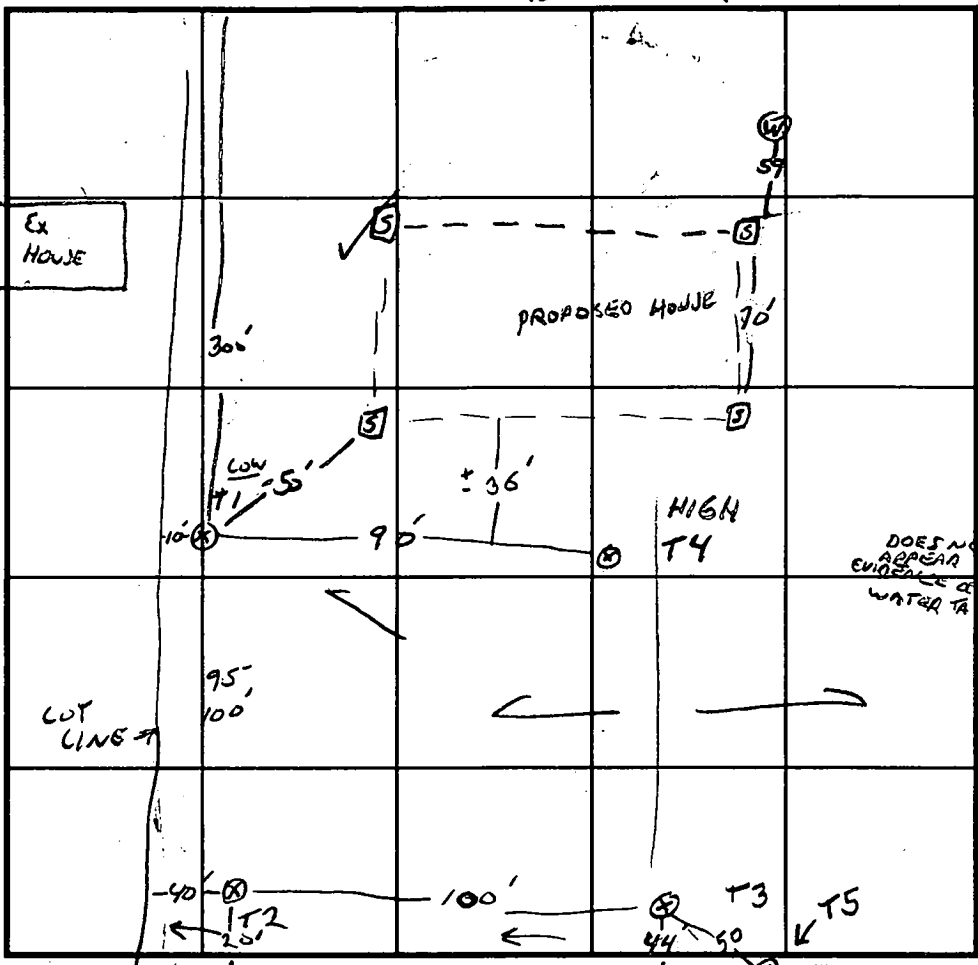
SIMILAR TO T1
 FEW MOTTLING AT 7'
 ENTIRE PROFILE HAS BROWN AND/OR RED BANDS
 LOTS OF MICA PROBABLE PARENT MATERIAL

T4

TOPSOIL 6'
 RED/BROWN CLAY LOAM
 SANDY MICA SILT LOAM
 MUST COVER STRIATIONS
 PROFILE DERIVED PRIMARILY FROM PARENT MATERIAL

T5

SIMILAR TO T3
 ROCK



T1 SOIL PROFILE

TOPSOIL
 BROWN/ ORANGE CLAY LOAM
 2-3 RED ORANGE SILT LOAM
 BROWN SILTY MICA LOAM
 BAND OF ORANGE MOTTLING 5-6'
 11-12' MIXED W/ BLACK BAND POSSIBLE PARENT MATERIAL
 DRY

DOES NOT APPEAR TO BE EVIDENCE OF WATER TABLE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE

SMALL DRAINAGE FEATURES

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/96	T1 ^{FAIL}	4 / 14'	12:47	1:17	TEST STOPPED	7/8 INCH ONLY	
	T2	4'6" / 13'	12:13	12:24	12:24	12:37	13 MW
	T3	3'6" / 12'6"	11:42	11:49	11:49	12:00	11 MW
	T4	4'6" / 12'	11:30	1:44	1:44	2:02	18 MW
	T1	5 / 14'	1:37	1:46	1:46	2:10	24 MW
	T5	/ 12'4"	VISUAL - OK				

REMARKS WOODS LOT, 2 TEST HOLES DUG IN EXISTING EASEMENT FOR COMPARISON,
 TYPE OF SOIL 1 HAD ROCK AT 2', THE OTHER, COMPARABLE STRUCTURE TO T1-4.
 TESTED BY G. SAVAGE ALSO PRESENT FRANK MCCREARY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 18 MIN TRENCH WIDTH 3
 INLET DEPTH 4'6" MAXIMUM BOTTOM DEPTH 6'6" SQ. FT/BEDROOM 210

240 IF CONTOUR COVER THAN T2 IS USED

Permit

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29001
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th
DATE 10/11/78

See attached sheet for specs

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 Arlie W. Broadwater

ADDRESS 5435 Broadwater Lane, Clarksville, Md. 21029 PHONE _____

PROPERTY LOCATION

SUBDIVISION Broadwater Estates LOT NO. 12

ROAD AND DESCRIPTION off Broadwater Lane

SIZE OF LOT 3.0 acres m/1 TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Jack T. Gibson

APPROVED BY C. B. Stecker FOR Dry Well 4' w/ trench DATE 12/31/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

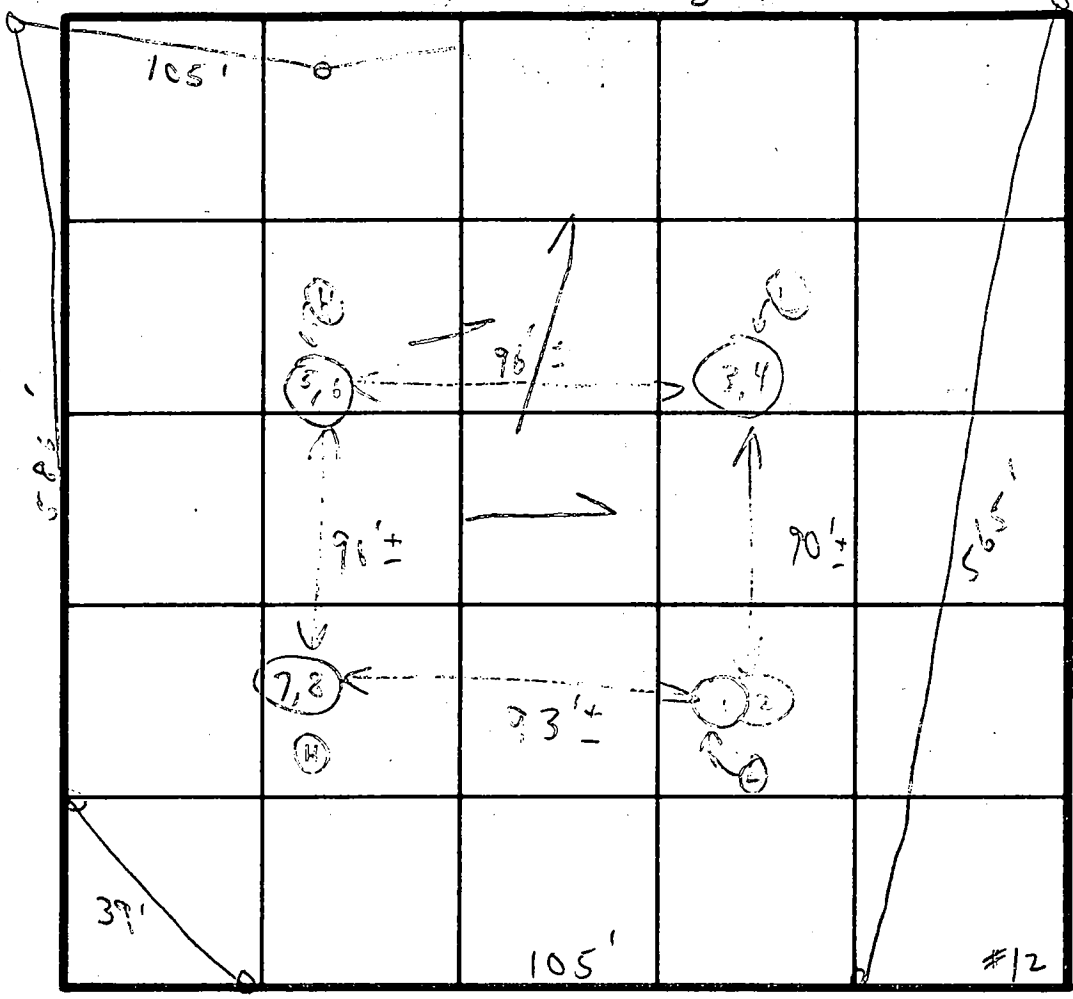
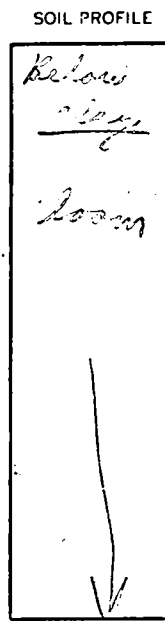
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#12

32' 6"

Field sheet
Tests per
spec



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/8/77	1	4'	1:52	2:10	2:10	2:34	24m
	① 2	9'	1:58	2:01	2:01	2:04	3m
	3	4'	2:13	2:15	2:15	2:17	2m
	① 4	10'	2:15	2:17	2:17	2:20	3m
	5	5'	2:37	2:51	2:51	3:16	25m
	6	8 1/2'	2:39	2:41	2:41	2:46	5m
	7	4 1/2'	2:54	3:00	3:00	3:11	11m
	8	9'	2:55	3:00	3:00	3:14	14m

Dist
11 1/2'
Hard
12 1/2'
12 1/2'
12 1/2'
inlet 4
max 9 1/2'

REMARKS Tests in Woods Hold for certified hole

TYPE OF SOIL _____

TESTED BY C. Bot ALSO PRESENT { James as #11 }

C1 5327

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 052496

Depth of Well 553 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-04-0779

OWNER ROBERT F SMOAK first name TOWN CLARKSVILLE STREET OR RFD CHAMBLISS DR SUBDIVISION BROAD WATER ESTATES SECTION LOT 12

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include DIRT, BRN. MICA, SOFT BRN MICA, RED CLAY, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 25, NO. OF POUNDS 2350.

CASING RECORD: casing types insert appropriate code below. ST CO STEEL CONCRETE, PL OT PLASTIC OTHER.

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y) (N)

DEPTH (nearest ft.) HO 76 553. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) from to.

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 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.

DRILLERS IDENT. NO. 296

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) DANA KYKER JR III

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

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 O. TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 6. PUMPING RATE (gal. per min. to nearest gal.) 4. METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE. WATER LEVEL (distance from land surface) BEFORE PUMPING 34. WHEN PUMPING 243. TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO. 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) + above - below LAND SURFACE 1 (nearest foot).

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). Includes handwritten notes: Pt 33, Chambliss Dr, @well.

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-94-0779 Election District _____

Location of Property (road) CHAMBLISS DR.

Subdivision BROAD WATER ESTATES Lot 12 Block _____ Plat _____ Sec. _____

Well Driller DANA KYKER Owner ROBERT SMOAK

Depth of Well _____
 Distance of Measuring Point (M.P.) above ground _____
 Static Water Level (S.W.L.) below M.P. _____

I. High Rate Pumping -- reservoir drawdown
 Time pump started _____ Pumping rate _____
 Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:00	34	5		12=
9:15	87	5		12
9:30	103	6		10
9:45	136	6		10
10:00	170	8		7.5
10:15	195	10		6
10:30	217	10		6
10:45	230	10		6
11:00	244	10		6
11:15	255	15		4
11:30	254	15		4
11:45	253	15		4
12:00	252	15		4
12:15	251	15		4
12:30	250	15		4
12:45	249	15		4
1:00	248	15		4
1:15	247	15		4
1:30	246	15		4
1:45	245	15		4
2:00	244	15		4
2:15	243	15		4

12/29/96 anytime
GROUND WIRE NOT ATTACHED
TO CASING; OK TO COVER
LINE. *BJ*

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer Richard Sheper Telephone 780-9541

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner BOB + GAYEN SMOAK Telephone _____
Subdivision BROADWATER ESTATES Lot # 12 Well Tag # HO-94-0779
Site Address 5659 CHAMBLISS DR

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	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).

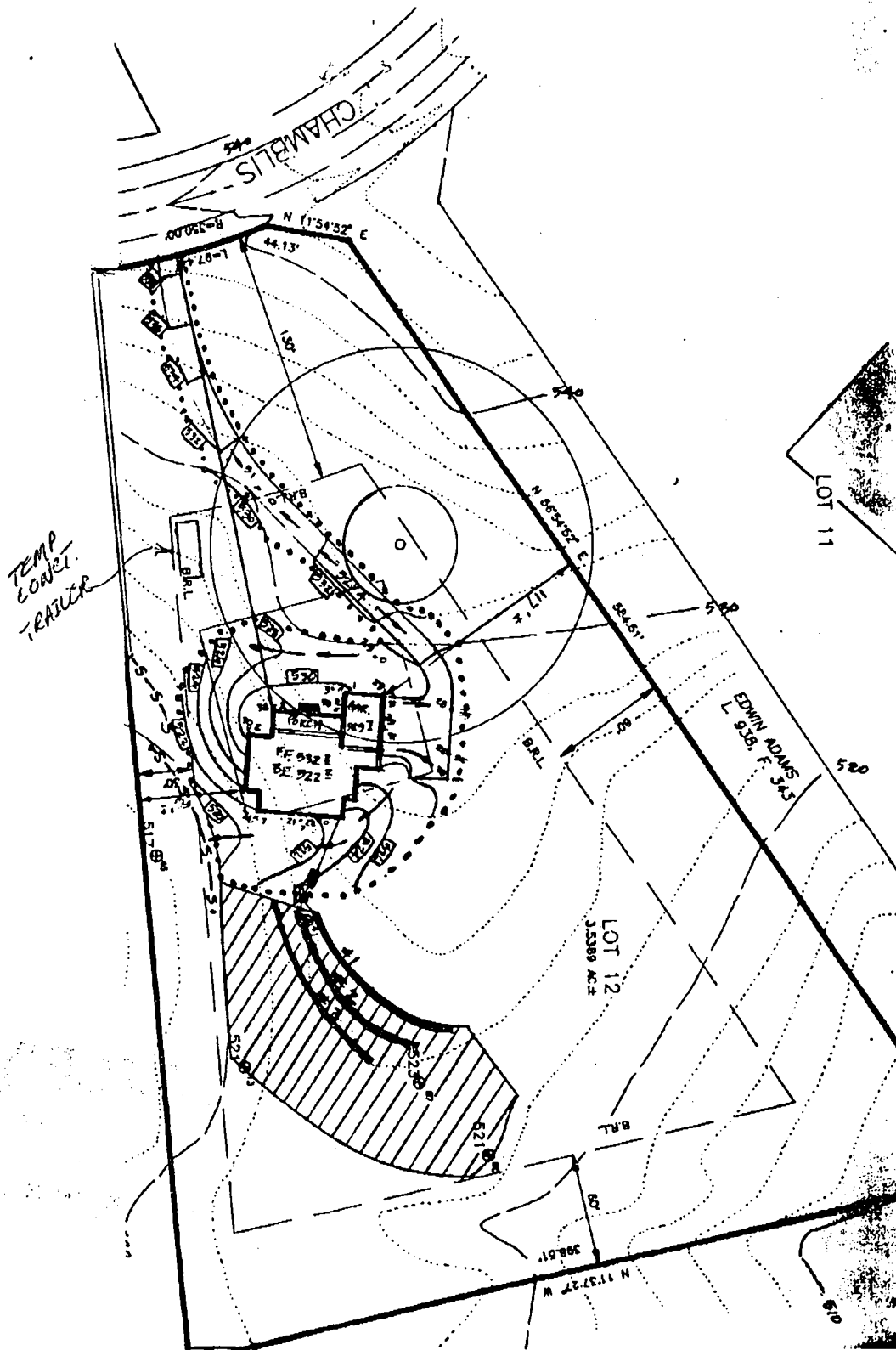
All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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

12/29/96
*Per Sherry of Inspections - installer listed above did not get plumbing permit for this property. (may be problem?)

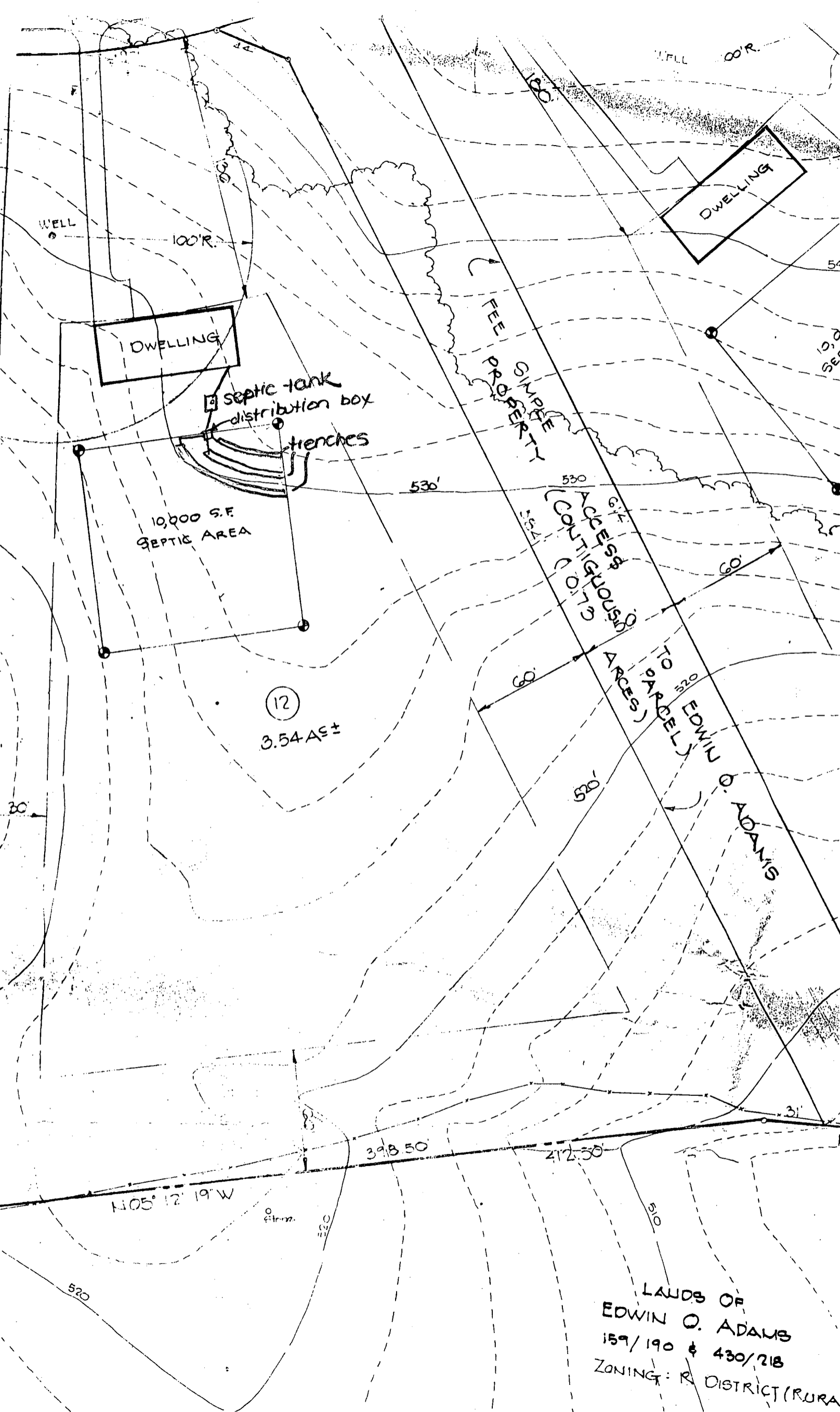


7-2-96
 CONST. TRAILER
 NO IMPACT
 TO WELL
 OR SEPTIC
 OK TO SIGN

HL

6/26/96
 MORE WEGS NEEDED ON CONST. TRAILER
 RE: PLUMBING. ATTEMPTED TO CONTACT OWNER

"No internal plumbing."
 "Scuzden" [Signature] 6/2/96



DWELLING

DWELLING

septic tank
distribution box
trenches

10,000 S.F.
SEPTIC AREA

(12)
3.54 A \pm

FREE
SIMPLY
PROPERTY

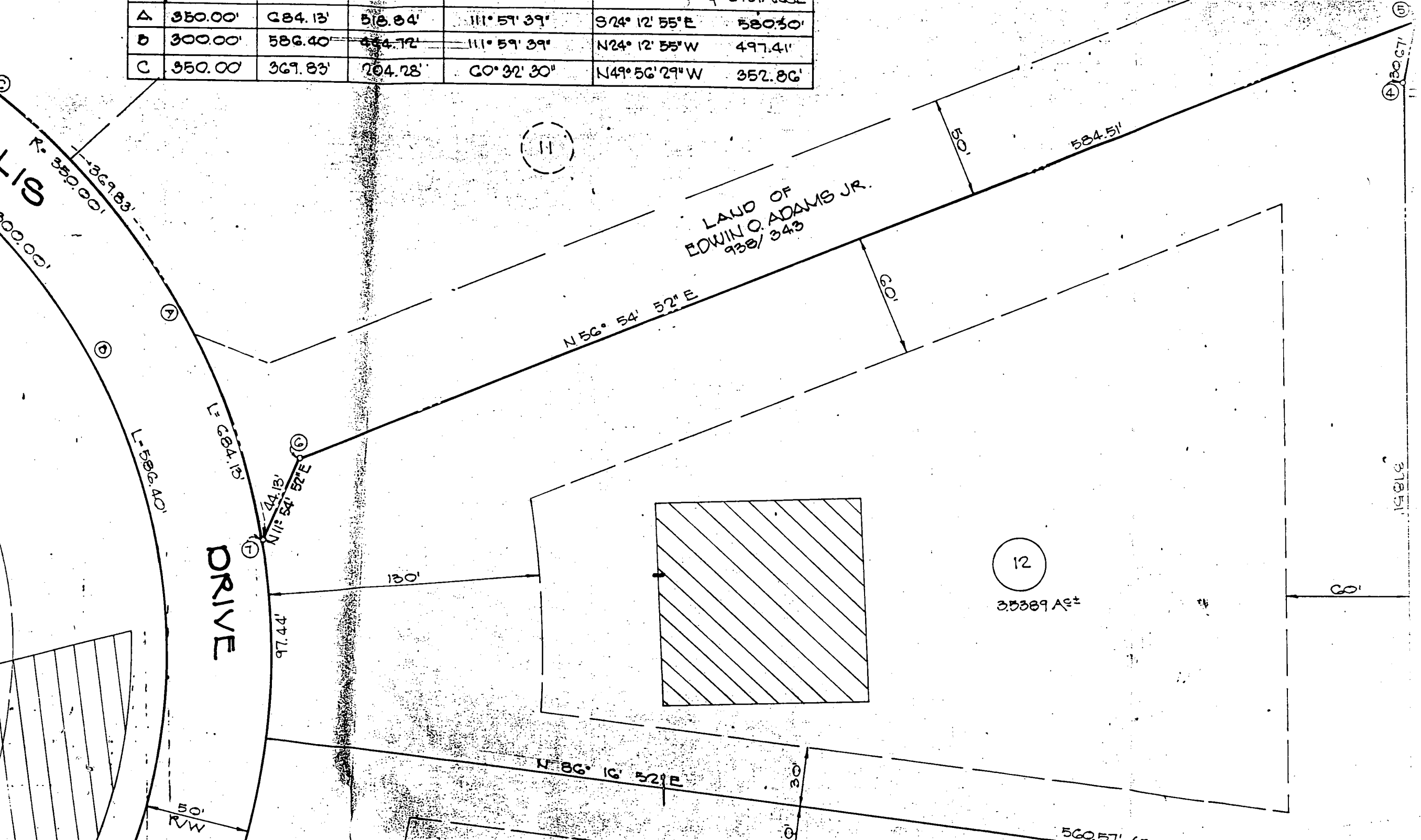
ACCESS & EGRESS
(CULTIVATING)
TO HOUSES

ARCES)
TO PARCEL)
EDWIN O. ADAMS

N 05° 12' 19" W

LANDS OF
EDWIN O. ADAMS
159/190 & 430/218
ZONING: R. DISTRICT (RURA

A	350.00'	684.13'	518.84'	111° 59' 39"	S 24° 12' 55" E	580.30'
B	300.00'	586.40'	454.72'	111° 59' 39"	N 24° 12' 55" W	497.41'
C	350.00'	369.83'	204.28'	60° 32' 30"	N 49° 56' 29" W	352.86'



LAND OF
EDWIN O. ADAMS JR.
938/343

DRIVE

12

35389 A±

N 86° 16' 52" E

N 56° 54' 52" E

N 11° 54' 52" E

R. 350.00'

50' R/W

1981.6'

560.57'

11

130.67'

60'

30'

601'

50'

584.51'

97.44'

130'

L = 369.83'

L = 586.40'

7

8

9

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