

1/27/99
11:00
2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-361464

P 511365

A 59872

DISTRICT _____

DATE 1/22/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XIGIGORX~~ 410-313-2640

DATE SYSTEM APPROVED 1.27.99

INDEXED

INSPECTOR KM

D & W Excavating Contractors, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 3033 Salem Bottom Road Westminster, MD 21157 PHONE 410-875-2195

SUBDIVISION Chestnut Hills LOT 1 ROAD 1411 Long Corner Road

PROPERTY OWNER Steven P. Murray

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet off the 182.60' lot line and 125 feet off the 397.14' lot line as seen when facing the lot from Long Corner Road. Run trenches along contour in both directions, as shown on building permit site plan.

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

ok *[Signature]* 11/10/98

PLANS APPROVED BY Donna K. Soe DATE 10-30-98

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

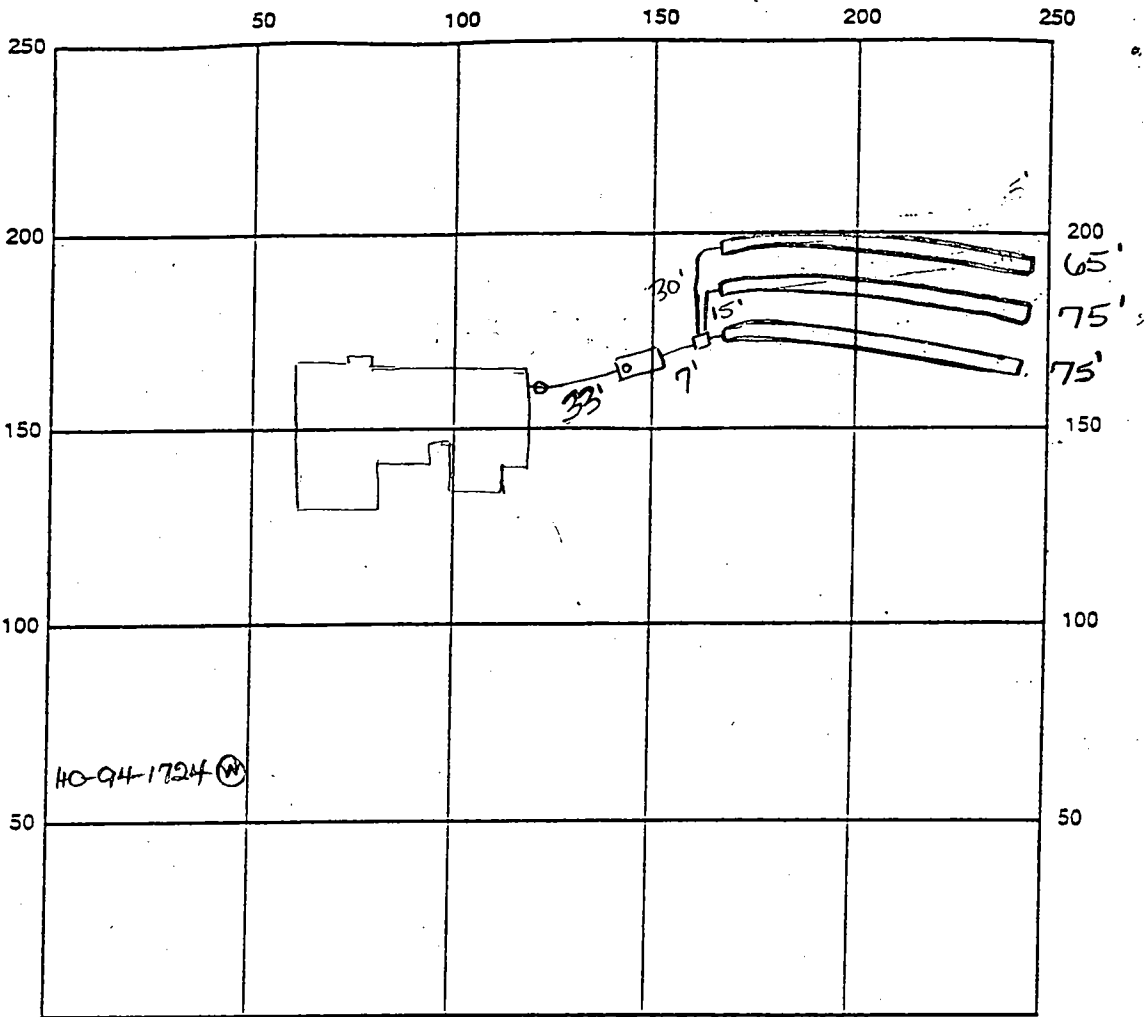
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

PERMIT SIGNED
AND RETURNED 2-10-99
Serial # BR116092
[Signature]

59572



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Long Corner Road

SEPTIC TANK LEVEL ok, 1000 gallons CLEANOUTS 1 at house, 1 on tank

DISTRIBUTION BOX LEVEL ok, baffle in

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH $\frac{2 \times 75}{1 \times 65}$ FT. → 215

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 645 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1-27-99(am) has house conn, installation differs from specs, ok to continue (km)

1-27-99(pm) ok to stone last trench and cover all work (km)

DATE SYSTEM APPROVED 1-27-99

INSPECTOR

Kim Maiste

APPLICATION

PERCOLATION TESTING

A 59872

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/17/98

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 Carl & Myrtle Sandifer STEVEN P. MURRAY

ADDRESS 13200 Carriage Ct., Rockville, MD PHONE 20850

AGENT OR PROSPECTIVE BUYER Steven P. Murray

ADDRESS 12311 Jesse Smith Rd., Mt. Airy, MD PHONE (301) 829-8825
21771

PROPERTY LOCATION:
IBDIVISION Chestnut Hills - Parcel W LOT NO. Lot 1

ROAD AND DESCRIPTION East side of Long Corner Road; 1100' south of Penn Shop Road
(7411)

TAX MAP G PARCEL # 193

~~AND RETURNED~~ 10/31/98
Sub # 270114570

SIZE OF LOT 3.7 Ac. TYPE BLDG. SFD - 3Bm
(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 HOLD FOR PLAT. PERC OK MR 4/1/98

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

A59872

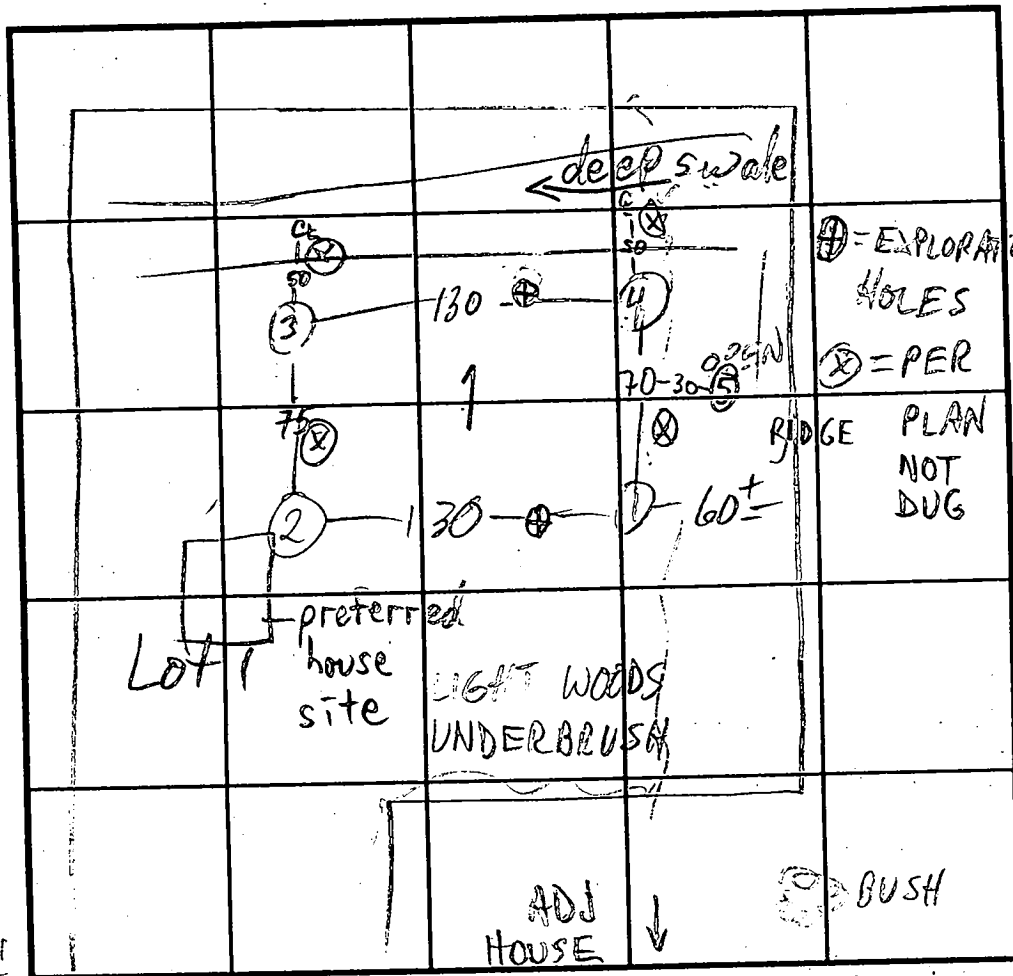
COUNTY #

SOIL PROFILE

①
 orge
 era
 cl lm
 4
 white
 ceige tan
 quartz
 sa lm
 25-30%
 frags
 1 1/2
 BOT

②
 orge
 brn red
 cl &
 cl lm
 5 1/2
 beige
 tan
 white
 sa lm
 15-20%
 frags
 12

③
 orge brn
 sa cl
 lm
 20% scatter
 frags
 5 1/2
 beige
 tan sa
 lm
 15-20%
 frags
 1 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

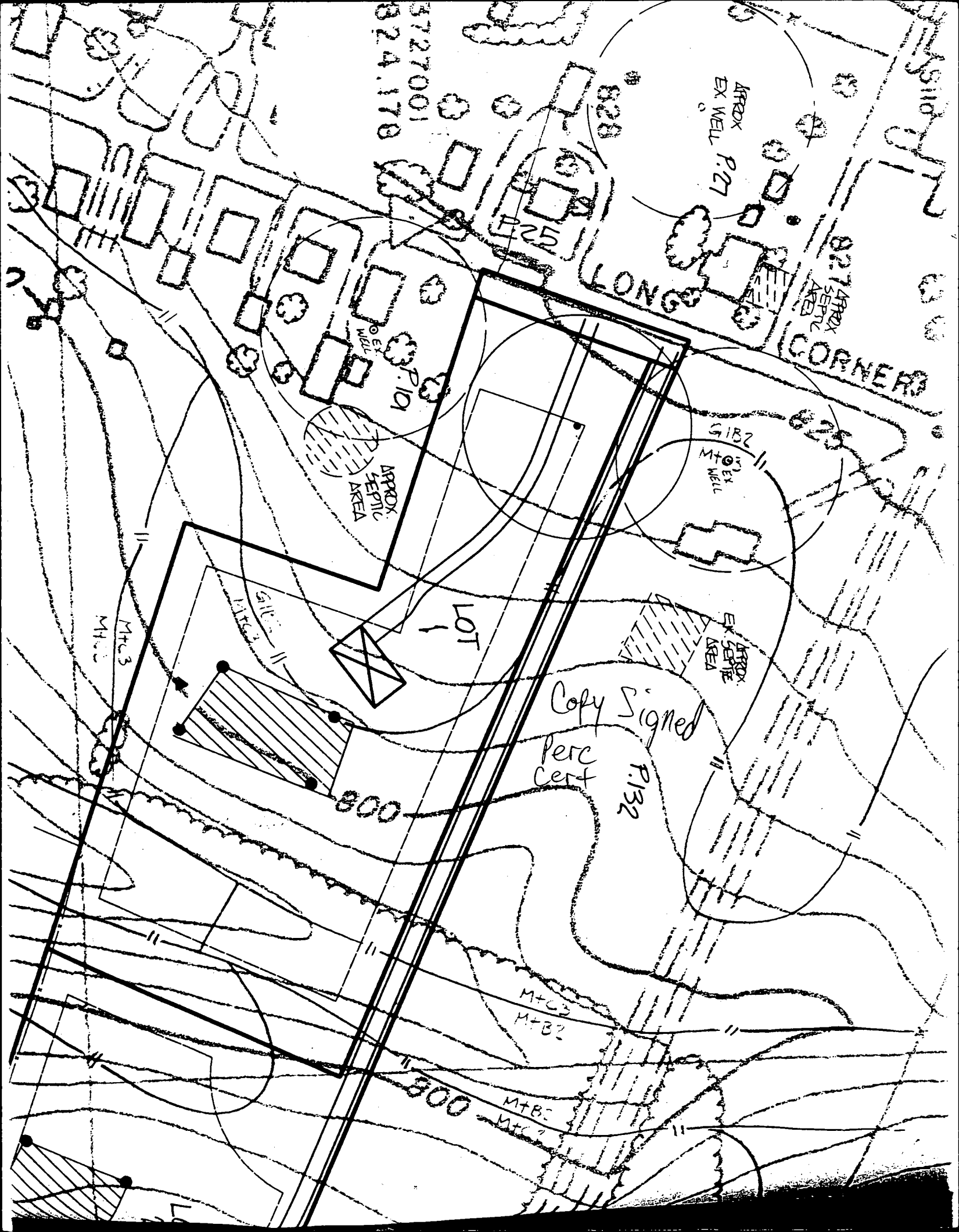
④
 orge
 yel
 sil
 lm
 5-6

⑤
 brn
 cl
 30-40%
 shale
 ROCK
 7 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/31/98	1 V	1 1/2	OK	see profile			
	2 S	5 1/2	10:39	10:54	10:54	11:24	30
	2 M	8 1/2	10:39	10:44	10:44	10:48	4
	2 V	12					
	4 S	4 3/4	11:05	11:15	SLOW	1/4"	
	4 S	5	11:32	11:37	11:37	11:46	9
	4 V	12 1/2					
	3 S	5	10:52	11:01	SLOW	1/4"	
	3 S	5'9"	11:21	11:28	11:28	11:49	12
	3 V	11 1/2					
	5 V	7 1/2	REFUSAL				

REMARKS ALL HOLES DIFFERENT FROM PLAN

TYPE OF SOIL _____
 TESTED BY M. RIFKIN ALSO PRESENT OK, OK Jr. buyer
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 14 TRENCH WIDTH 3
 INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 210



5727001
824.178

APPROX
EX WELL P.127

LONG

827 APPROX
SEPTIC
AREA
CORNER

P.10
APPROX.
SEPTIC
AREA

GIBZ
EX WELL

LOT 1

APPROX
EX SEPTIC
AREA

Copy Signed
Perc
Cert
P.132

800

MTC3
MTC2

808

MTC3
MTC2

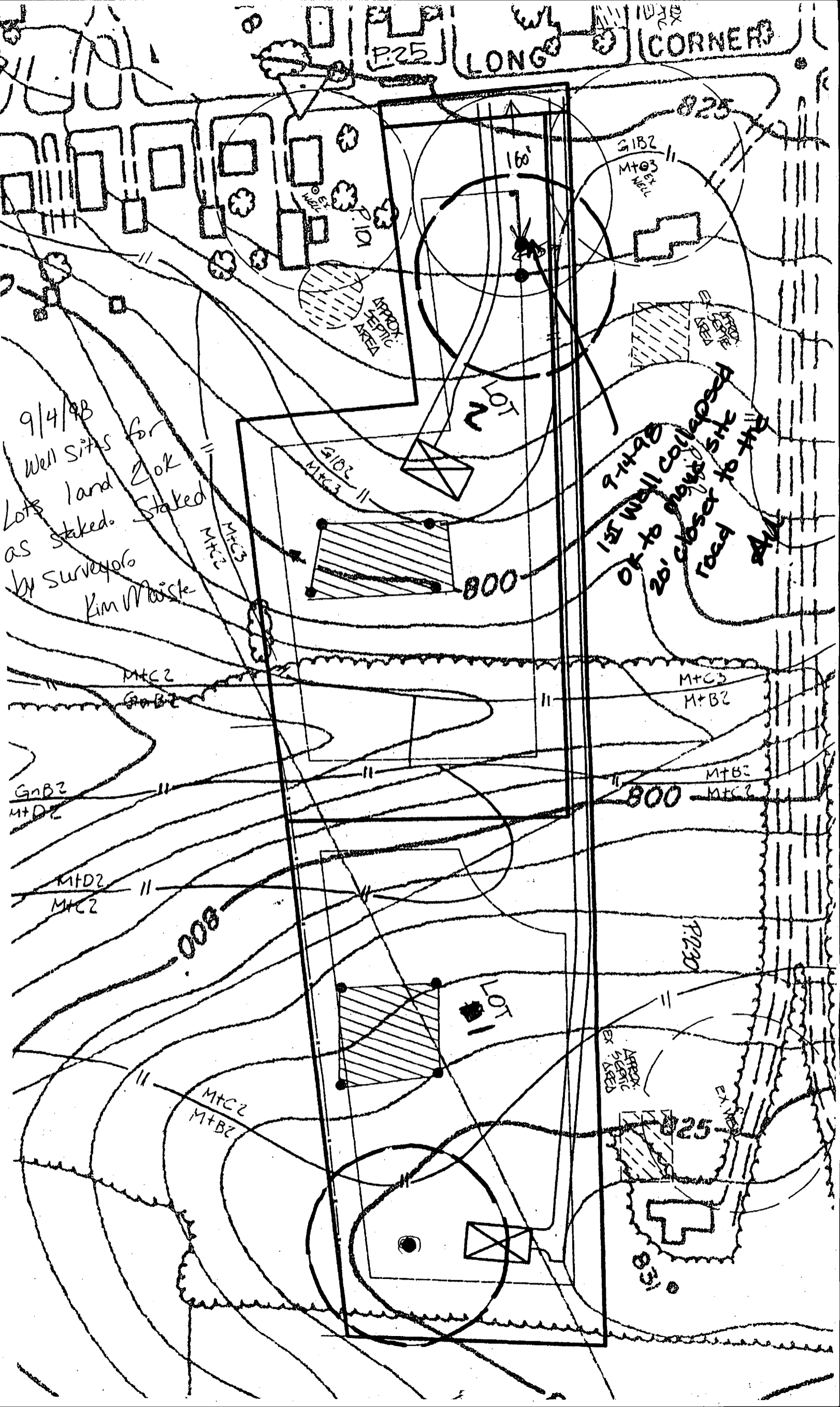
P.25

LONG

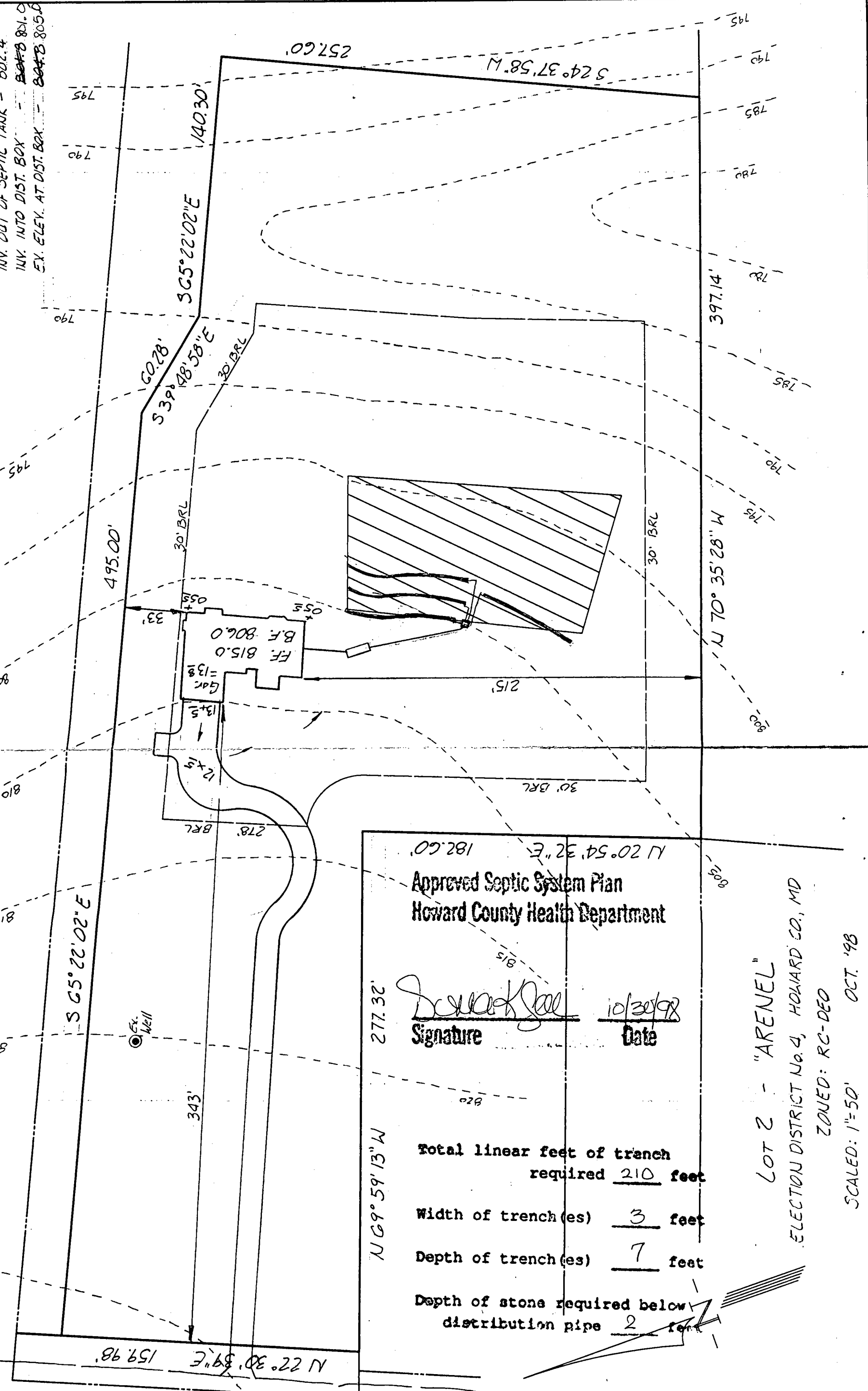
CORNER

9/4/98
Well sites for
Lots land as staked
by surveyors
Kim Mauck

9-14-98
1st well collapsed
off to right of
20' closer to the
road



INV. OUT OF HOUSE - 803.3
 INV. INTO SEPTIC TANK - 802.7
 INV. OUT OF SEPTIC TANK - 802.4
 INV. INTO DIST. BOX - ~~804.8~~ 811.0
 EX. ELEV. AT DIST. BOX - ~~804.8~~ 805.0



Approved Septic System Plan
 Howard County Health Department

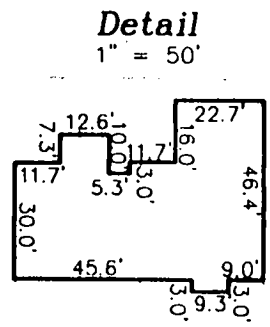
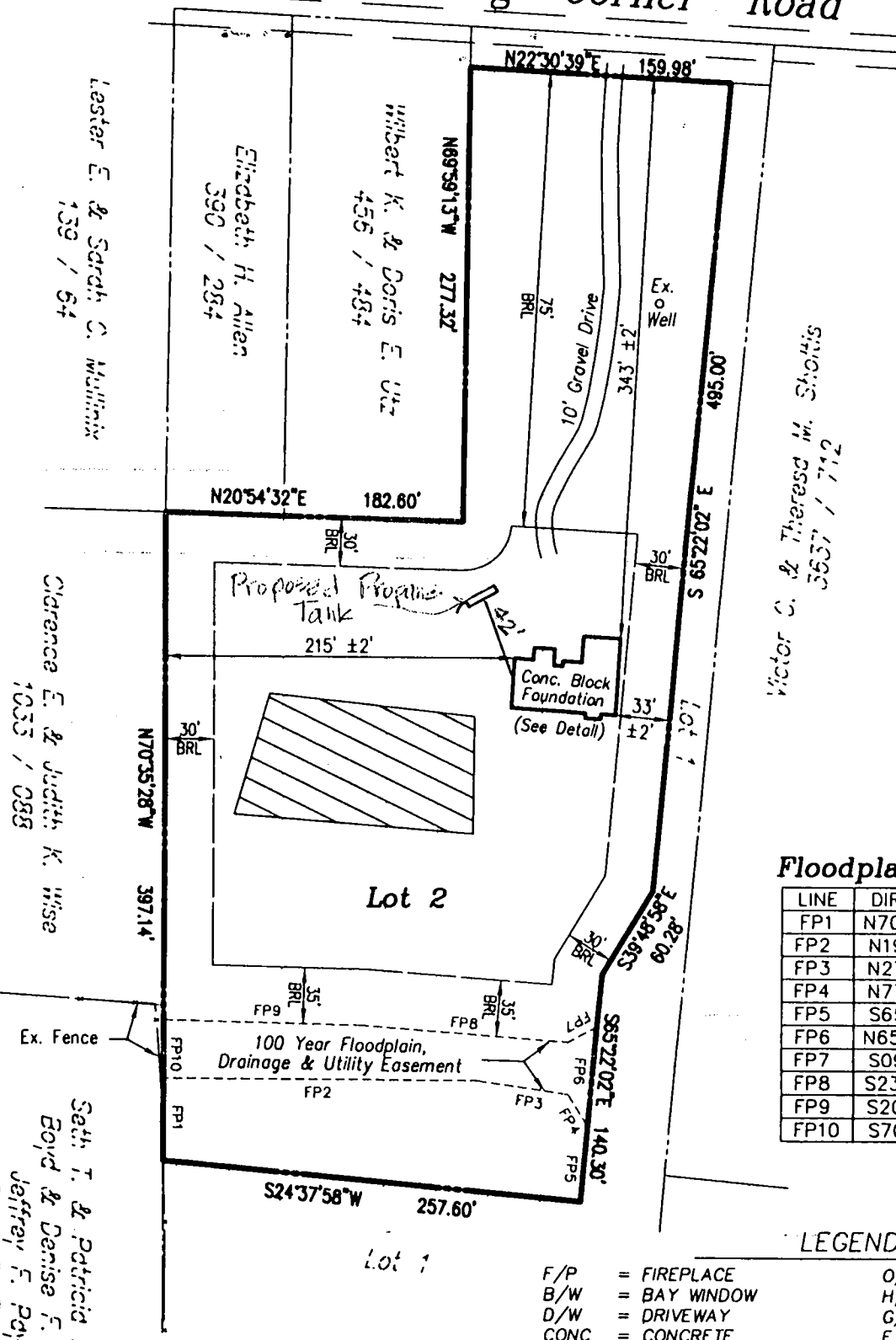
Signature: *[Signature]* Date: 10/30/98

Total linear feet of trench required 210 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 2 feet

LOT 2 - "ARENEL"
 ELECTION DISTRICT No. 4, HOWARD CO., MD
 ZONED: RC-DEO
 SCALED: 1"=50' OCT. '98

CORNER ROAD
 LONG

Long Corner Road



Floodplain Line Chart

LINE	DIRECTION	DISTANCE
FP1	N70°35'28"W	50.00'
FP2	N19°29'58"E	192.32'
FP3	N27°38'44"E	57.08'
FP4	N77°45'46"E	22.66'
FP5	S65°22'02"E	45.87'
FP6	N65°22'02"W	61.41'
FP7	S09°34'59"E	20.07'
FP8	S23°43'50"W	127.02'
FP9	S20°42'31"W	122.12'
FP10	S70°35'28"E	36.00'

LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 1411 Long Corner Road
 TOP OF WALL ELEV. = n/a FIRST FLOOR ELEV. = 815.45
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044-0006-B
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

2/10/99
 Proposed tank location OK as shown
 (Signature)

Lot 2
ARENEL

Plat No. 13341
 Election District No. 4
 Howard County, Maryland

LOCATION DRAWING	
FOUNDATION	DATE: 12/17/98
FINAL	DATE:
DRAWN BY: JLM	SCALE: 1"=100'
PROJECT No.:	98510.20

STEVEN R. PETERS
 Property Line Surveyor
 Maryland No. 582

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
 LAND SURVEYORS
 PLANNERS
 ENVIRONMENTAL

P.O. Box 10
 New Market, MD 21774-0010

10120 A Old National Pike
 ljamsville, MD 21754-9706

(301) 865-5858
 Fax: (301) 865-5111

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1724
 Location of property (road) Long Corner Road
 Subdivision Chestnut Hills Lot 2 Block _____ Flat _____ Sec. _____
 Well Driller Ralph Wayne Owner Longwood Construction
 Depth of well 385'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 12:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level _____ ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used) ft / sec / GPM	CALCULATED FLOW (gallons per minute)
1:00	193 ft	60 Sec	2:00 / 193 / 60 / I	I GPM
1:15	193 ft	60 Sec		I GPM
1:30	193 ft	60 Sec		I GPM
1:45	193 "	60 "		I "
2:00	193 "	60 "		I "
2:15	193 "	60 "		I "
2:30	193 ft	60 Sec		I GPM
2:45	193 ft	60 Sec		I GPM
3:00	193 ft	60 Sec		I GPM
3:15	193 "	60 "		I "
3:30	193 "	60 "		I "
3:45	193 "	60 "		I "
4:00	193 ft	60 Sec		I GPM
4:15	193 ft	60 Sec		I GPM
4:30	193 ft	60 Sec		I GPM
4:45	193 "	60 "		I "
5:00	193 "	60 "		I "
5:15	193 "	60 "		I "
5:30	193 ft	60 Sec		I GPM
5:45	193 ft	60 Sec		I GPM
6:00	193 ft	60 Sec		I GPM
6:15	193 "	60 "		I "
6:30	193 "	60 "		I "
6:45	193 ft	60 Sec		I GPM

B 1 **07310** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)

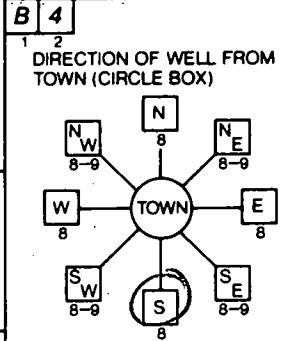
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
10-94-1724
 fill in this form completely

Date Received (APA) **05/17/98**
OWNER INFORMATION
LONGWOOD CONSTRUCTION
 15 Last Name 34 Owner First Name
12311 JESSY SMITH RD
 38 Street or RFD 56
MT Airy 70 State 72 **MD 21771** Zip 76

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
CHESTNUT HILLS
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
LONG CORNER
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 **MI** 76 77 78

DRILLER INFORMATION
Ralph MAYWE 77 License No. 80 **116**
 Driller's Name
Ralph MAYWE Well Drilling
 Firm Name
9120 Brown Church Rd Mt Airy
 Address
Ralph Maywe 5-26-98
 Signature Date



Long Corner Rd. 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 **1500** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FL** 38 39

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)
 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 59872 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **090898** Kim Maiale 9/8/99
 43 48 CO-SIGNATURE EXP. DATE
 NORTH GRID **547000** EAST GRID **0756000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

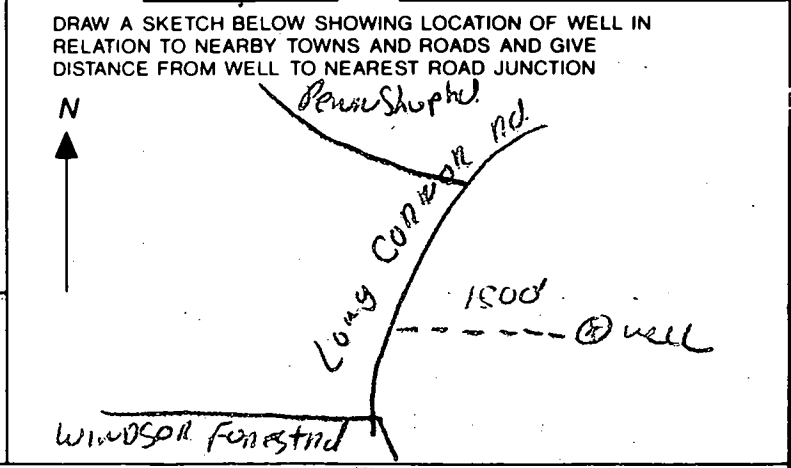
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CM** WRITE INITIALS IN BOX PERMIT No. **10-94-1724**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **301-829-8825**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **76056**
 N **5407**
 000 000



1/21/99 05 1/22/99

Fax # 410-313-2648

Anytime
WPT - OK to cover
P.A. 3.5' below grade, has 2pc cap
casing 1' above grade, has 2pc cap
14MM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3625-H Ellicott Mills Drive
Ellicott City, MD 21043

~~410-9999~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # _____
Date _____

Name of Installer Gaske Plumbing & Heating, Inc

Telephone 410-247-6963

License Number #3189
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Jim Murray
Subdivision Arenal Lot 2
Site Address 1411 Long Center Rd.

STEVE MURRAY
Telephone 301-829-8825
Well Tag # HO-94-1724

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make Grundfos
 - Model # 76507412
 - Capacity 5 GPM
 - Pump exceeds well capacity Yes No _____
 - If Yes, is low pressure cutoff switch installed? Yes No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other Tape wire ties

- Motor**
- Horsepower 3/4
 - RPM 3450
 - Voltage
 - 110 _____
 - 220

- Pitless Adapter**
- Make Burns Craft
 - Model # _____
 - Depth 44"

- Tank**
- Capacity 350 w x
 - Pressure relief valve? 25 lb

- Piping**
- Type 160 Gal
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 20' off Bottom

- Well data**
- Depth 385 ft.
 - Yield 1 GPM
 - Static water level 46 ft.
 - Will water supply be disinfected by installer? No

WPT 1/22/99
P.A., well line 3' b.g.
Well casing 1' + a.g.
2pc cap installed
PVC conduit pipe OK - OK TO COVER

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: 1-21-99

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