

9/25/90
10/5/90 ASDP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-338707

P 46254

A 25073

DISTRICT 4th

DATE 8/13/90

DATE SYSTEM APPROVED 10/5/90

INSPECTOR M. Ripkin

INDEXED

Jimmy Boone IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 549-3512

SUBDIVISION Justifiable ROAD 14767 Justifiable Court LOT 7

PROPERTY OWNER Joseph H & June Dorsey 442-1523

ADDRESS _____

Location, depth subject to change, contractor to request inspection at time of tank installation. No trench excavation to occur, until after tank is inspected.

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

240
47.20
180 ft trench

TRENCHES - 240 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 200' from the front lot line and 100' from the left lot line as seen when facing the property from Justifiable Ct. Run trench(s) along contour toward right side of lot. Be certain all parts of trenches are at least 100' from any well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5-29-90 JEN

PLANS APPROVED BY Craig Williams cm DATE 6/2/86

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

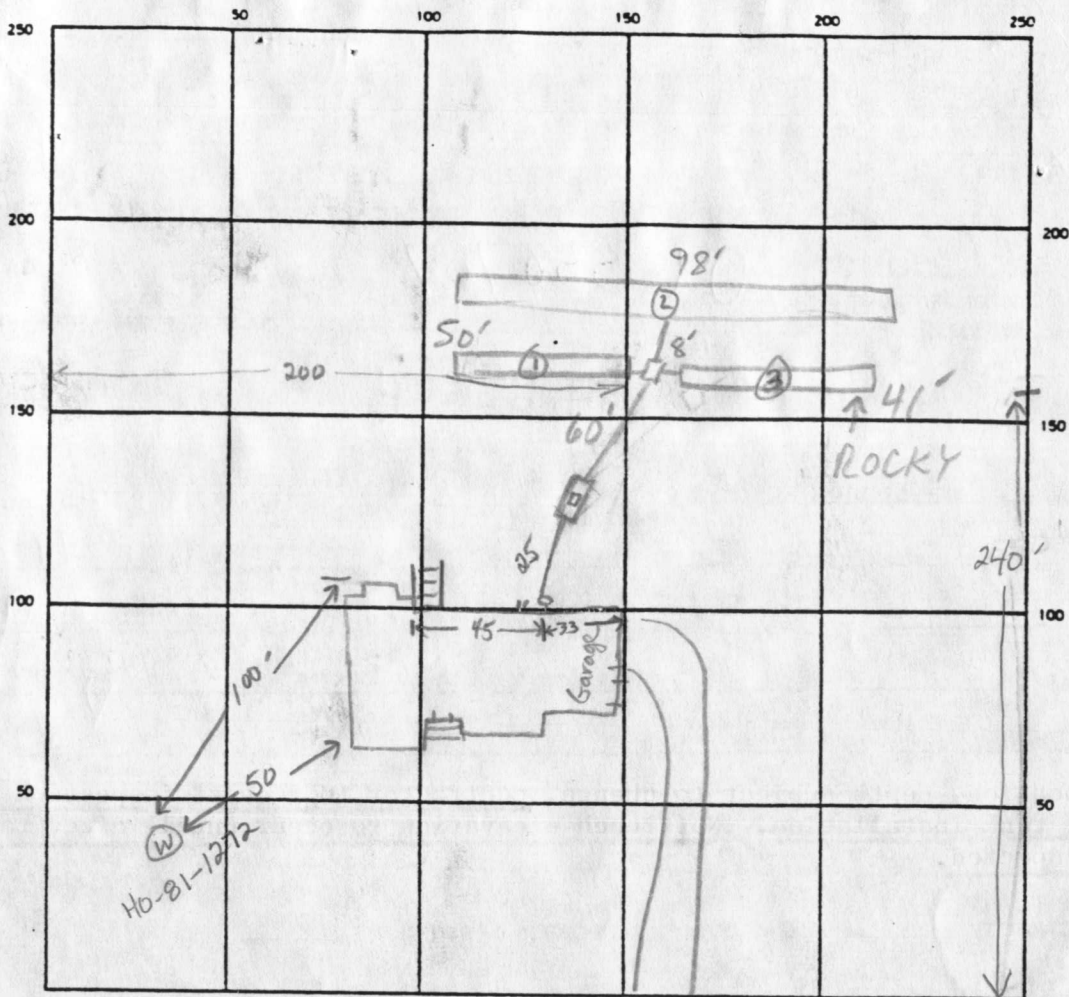
OLD PERMIT SIGNATURE
AND RETURNED 8/29/90
B00132182. Concrete
inground pool

5629103 B00142071 -
UG PROTECTIVE TANK

25073

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

Justifiable Court

SEPTIC TANK. LEVEL OK 1000 GAL CLEANOUTS at house, MANHOLE ON S.T. OK

DISTRIBUTION BOX. LEVEL OK BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 8 FT TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT TOTAL LENGTH 50 98 41 FT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 200 392 SQ FT

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

ABSORBENT AREA 756 SQ. FT.

REMARKS 9-25-90 stop work order, cannot locate SDA, JEN 10-3-90 Continue with trench excavation, JEN 10/4/90 #1 OK TO STONE ALL TRENCHES MR

10/4/90 #2 OK TO COVER 1 & 3 STONE 2 MR

10/5/90 OK TO COVER ALL MR

DATE SYSTEM APPROVED 10/5/90 INSPECTOR M. Rifkin

10-3-90
10:00am
tentative

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

9-26-90
2-3 Visual holes to
check SDA location
and rocky soil. JEN

DISTRICT _____

DATE _____

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 Joseph & June Dorsey
ADDRESS _____ PHONE 442-1523

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Justifiable LOT NO. 7 Reperc
ROAD AND DESCRIPTION 14767 Justifiable Court To confirm SDA

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

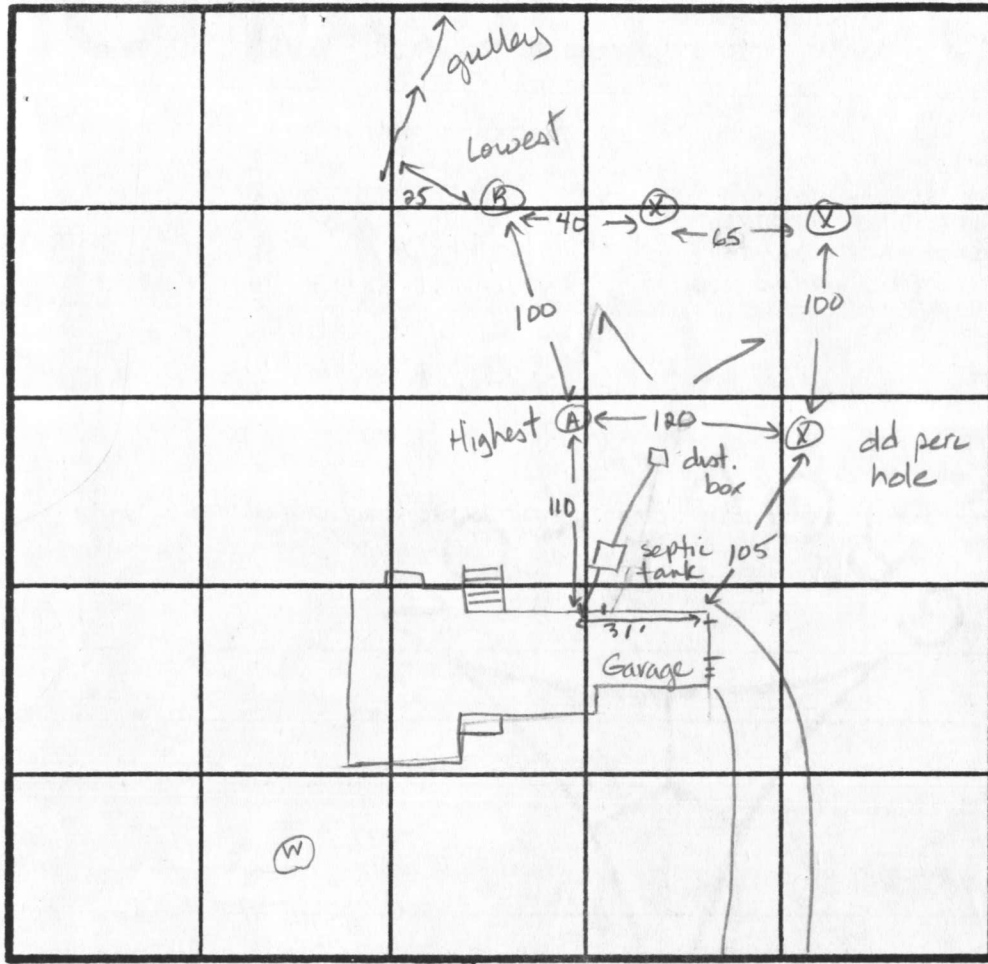
REASONS FOR REJECTION OR HOLDING 10390 OK to continue with septic system installation.
JENadeau

HD-216

THIS IS NOT A PERMIT

(A) (B)
SOIL PROFILE

0
0-3.5 Rd-yellow
sa s c l
3.5-14.0 Rd-yellow
layered
sa s l
< 5%
decomposed
rock
14.0 Bottom



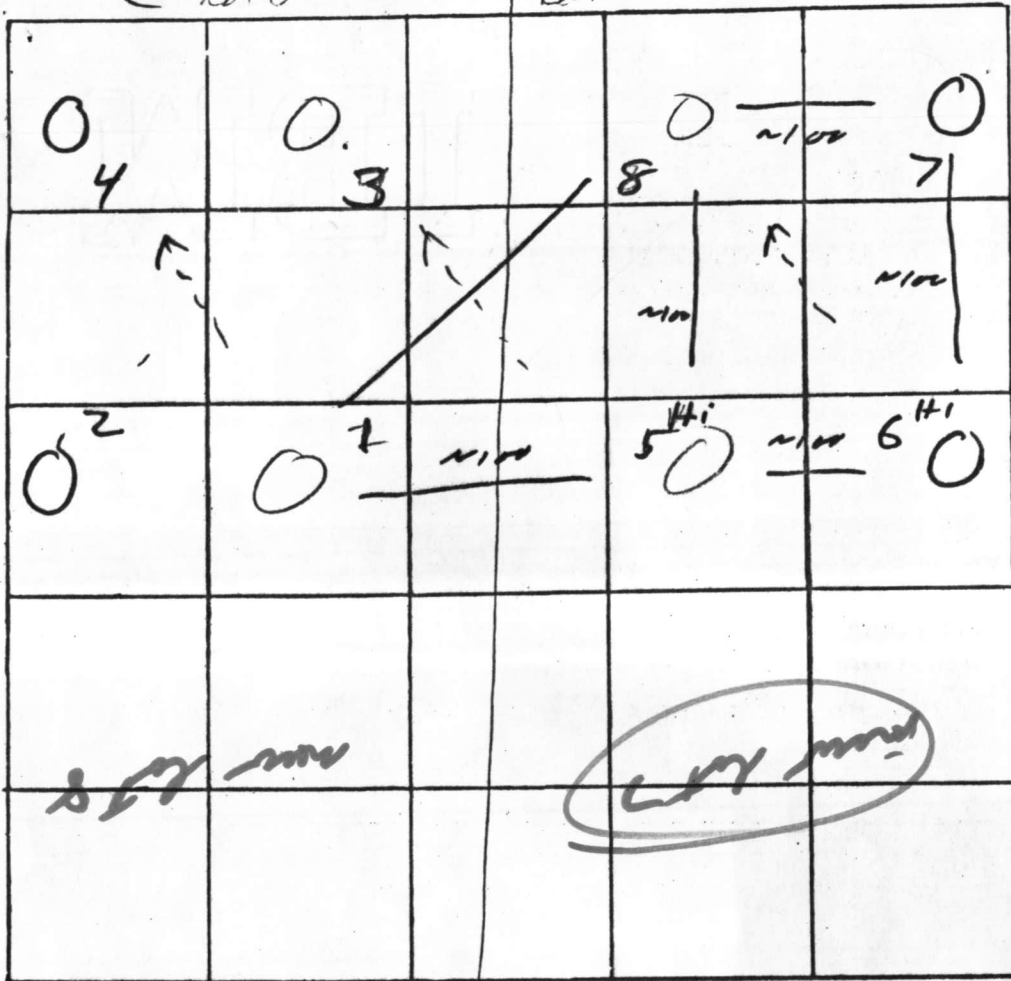
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-3-90	A	14.0 v	Bottom	dry			ok
↓	B	11.0 v	Bottom	dry			ok
↓		(clay to 3.5 ft, < 100% decomp. rx)					ok

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____

← Lot 8

Lot 9 →



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

1, 5, 6, 7, 8
 0 ———
 1 clay
 3-4 ———
 loamy
 13 ———

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11 May	1	3	3 16	3 30	3 30	3 42	12
	1A	13	3 16	3 20	3 20	3 30	10
	2	5	3 18	3 34	3 34	4 00	26
	2A	10	3 18				
	3B	5	stopped	5 in (rocks)	to 4	} not tested	
	4	10	soaky		of clay		
12 May	5A	3	10 20	10 25	10 25	10 33	8
	8	3	10 23	10 36	10 36	10 54	18
		13	10 22	10 28	10 28	10 36	8
	7	13	NIS		5 in 5		
	6	13	VIS		5 in 5		
	EA						

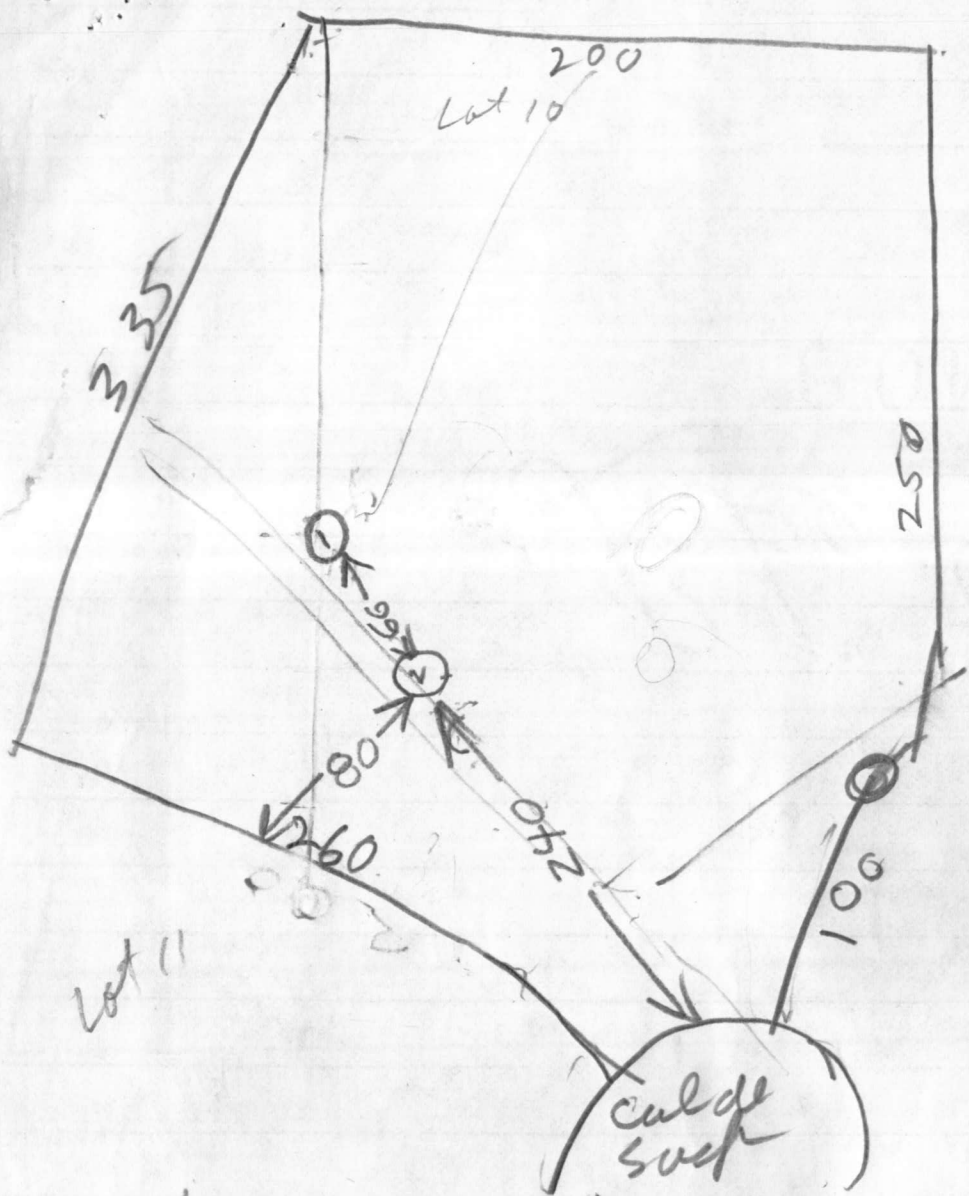
Lot 9
 12 min
 perc

REMARKS DW @ #5 or #6 w/ trench in direction of #6 (or #1) Pref #6

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: _____

JUSTIFIABLE SUBDIVISION
 LOT NEW 10



Now
 included in
 Lot 7 on
 Final
 signed 10/18/77
 R H
 12/14/77

66

Date	Hole #	DEPTH	
7/29/77	1	12	TOP 8 FT CLAY WATER 11 FT
7/29/77	2	11	TOP 5 FT CLAY BOTTOM SAND & BROCK

Tested by R. Halger
 also Present Wright

FILE _____ DATE REPORTED _____

PROPERTY OWNER _____

P.O. ADDRESS _____ TELEPHONE _____

DIRECTIONS TO PROPERTY _____

INFORMANT _____

CONDITION FOUND _____

ACTION TAKEN _____

FINAL DISPOSITION _____

A 25073

20' WIDE DRAINAGE EASEMENT

BASEMENT ELEV. - 626

FIRST FLOOR ELEV. - 634

INVERT OUT OF HOUSE - 6252

INU. INTO SEPTIC TANK - 624.7

INU. OUT OF SEPTIC TANK - 624.4

INU. INTO DIST. BOX - 621

INU. INTO TRENCHES - 620.8

EXISTING GRADE AT SEPTIC TANK - 629

" " AT DIST. BOX - 625

" " AT TRENCHES - 625

ELEVATION OF WELL \oplus - 635

25073

250

442.53

505° 37' 21" E

20' BRL

70'

EXISTING WELL SITE

1 STORY RANCHER

PORCH

PROPOSED DRIVEWAY

75' BRL

APX. 150'

272.18 R=1075.40

14767 JUSTIFIABLE COURT

LOT 7 - MRS MRS JOSEPH DORSEY - 442-1523

SEPTIC FIELD

Perc?

615 elev.

40' 120'

60'

65'

62.5 elev.

100'

160'

62.8 elev.

503° 31' 41" E 180.00

405.60

40.04

4/26/90
PLANS OK
R/Hodge

1" = 60'

25073

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 # 46087
Date 6/21/90
Name of Installer WOOD+WILLOUGHBY PLUMBING Telephone 549-2323
License Number MD 7040 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Joseph Doney Telephone 442-1523
Subdivision JUSTIFIABLE Lot # 7 Well Tag # HO-81-1272
Site Address 14767 JUSTIFIABLE CT. WEST FRIENDSHIP

Pump
1. Type
a. Deep well jet 300ft.
b. Shallow well jet
c. Submersible
2. Make JACUZZI
3. Model # S-ES
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 TIES

Motor
1. Horsepower 1/2 HP
2. RPM 1750
3. Voltage V
a. 110
b. 220

Pitless Adapter
1. Make JACUZZI HARVARD
2. Model #
3. Depth 4 feet

Tank
1. Capacity 30
2. Pressure relief valve? 75 PSI

Piping
1. Type POLYBUTYLENE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4 FEET

Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? NO

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: Ray A Wood
Date: 6/21/90

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

C1 00810 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 25073**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **123085**
 Depth of Well **145** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1272**

OWNER **DORSEY JOSEPH** last name first name TOWN **COOKSVILLE**
 STREET OR RFD **JUSTIFIABLE COURT** SUBDIVISION **JUSTIFIABLE** SECTION [] LOT **7**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown shale	0	36	
Gray granite	36	145	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **346**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **SA** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **140**

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

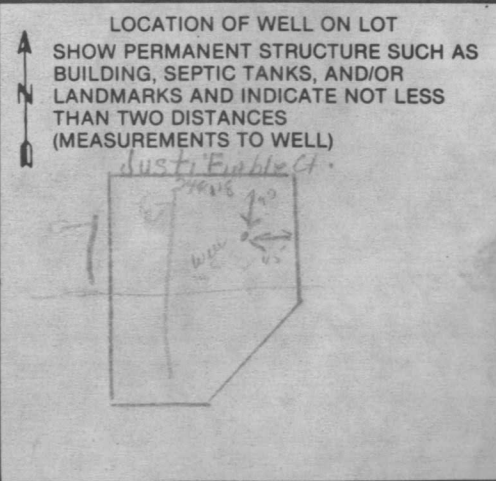
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** **38** **145**
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] [] [] W.Q. [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **44**
 WHEN PUMPING **44**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 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 } LAND SURFACE (nearest foot) **2**
- below }



A CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. **238**
 DRILLERS SIGNATURE *Joseph P. Morgan*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

Jan 6 4 56 PM '86

DIVISION OF
ENVIRONMENTAL
HEALTH

UNCLASIFIED
DATE 01-06-86 BY SP-10/STP/STP

DESCRIPTION OF
MATERIALS RECEIVED FOR ANALYSIS

DATE RECEIVED

ANALYST'S NAME

LABORATORY NO.

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ANALYST'S NAME

LABORATORY NO.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

JAN 6 4 56 PM '86

DIVISION OF
ENVIRONMENTAL
HEALTH

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELECTRIC SIXTY-HOJ
JAN 6 9 29 AM '86

302507 WUAD5
302507 WUAD5

19605 302507 WUAD5

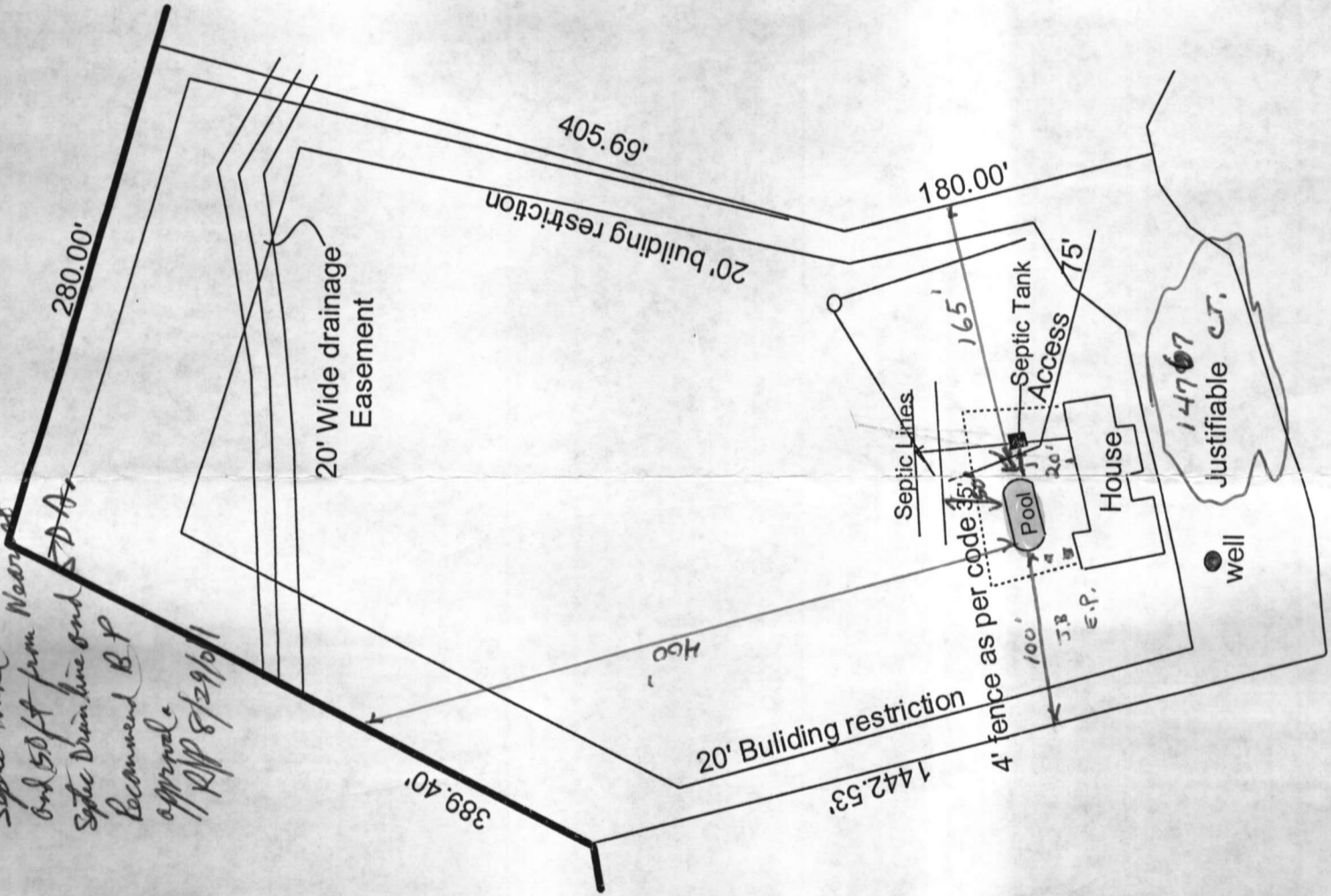
ST-118

ST-118

ST-118

SCALE 1" = 100'

Bio No BP # 14767
 14767 Justifiable Ct
 5' setback pool site is 12 ft from
 Septic Tank (Public line)
 and 50 ft from Nearest
 Septic Drain line and SDA
 Recommend B.P.
 approval
 RJP 8/29/11



A25093
P46254



2003 MAY 27 PM 2:23

RECEIVED
STOWARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH