

2/14/95  
120  
CO open trench  
2/16/95  
12 NOON  
6-16-95  
WPI

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50579A

A 26345

DISTRICT 5th

DATE 2/13/95

DATE SYSTEM APPROVED 2/16/95

INSPECTOR G. SAVAGE

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

INDEXED  
05-386586

Olen Ketterman IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Kalmia Farms I LOT 10 ROAD 5237 Kalmia Drive

PROPERTY OWNER Richard C. Kohler

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

200 SQUARE FEET PER BEDROOM

200  
4  
800  
120  
51200  
430

800 SQ FT ABSORPTIVE  
AREA REQ

LINEAR FEET OF TRENCH REQUIRED 160

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 320 feet from the front lot line and 50 feet from the right lot line as seen when facing the property from Kalmia Drive. Run trenches along contour toward left 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. OK 5/20/94 DKS

PLANS APPROVED BY C. Williams/Raymond Hodges/Mark Rifkin REVISED DATE 12/29/93

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

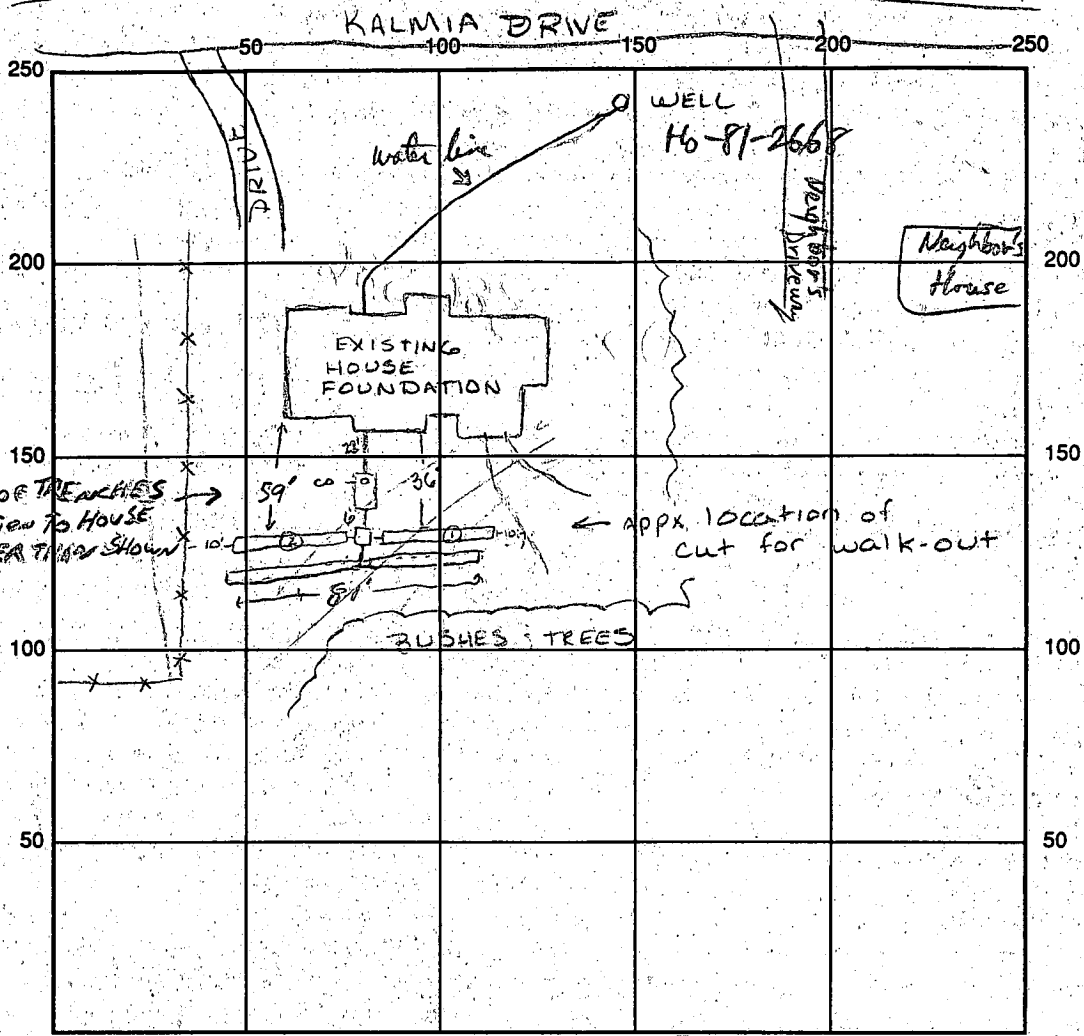
PERMIT VOID AFTER TWO YEARS

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  
26345



SEPTIC TANK LEVEL 1500 gal CLEANOUTS 40 + 1 OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8' FT. TRENCH WIDTH 2' FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 5' FT. TOTAL LENGTH 39 FT. 46 FT. 81

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 830 SQ. FT.

DRYWALL INSIDE DIAMETER ~~\_\_\_\_\_~~ FT. EFFECTIVE DEPTH BELOW INLET 5 FT.

ABSORBENT AREA ~~\_\_\_\_\_~~ SQ. FT.

39  
46  
81  
**166** FT  
TRENCH  
TOTAL

REMARKS: 2/14/95 OK to cover trenches 1-2 PLANS changed due to walk-out grading-  
Trenches to be run in both directions. AUM CALL TRENCHES COMPLETE W/STONE  
& PAPER. OK TO COVER ALL WORK 2/16/95 - FINAL

WPE - Pitless adapter + water line OK to cover R/P 6/16/95 -

DATE SYSTEM APPROVED 2/16/95 INSPECTOR El. J. Searge

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION KALMIA FARMS SEC. I LOT NO. 10

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_

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 \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

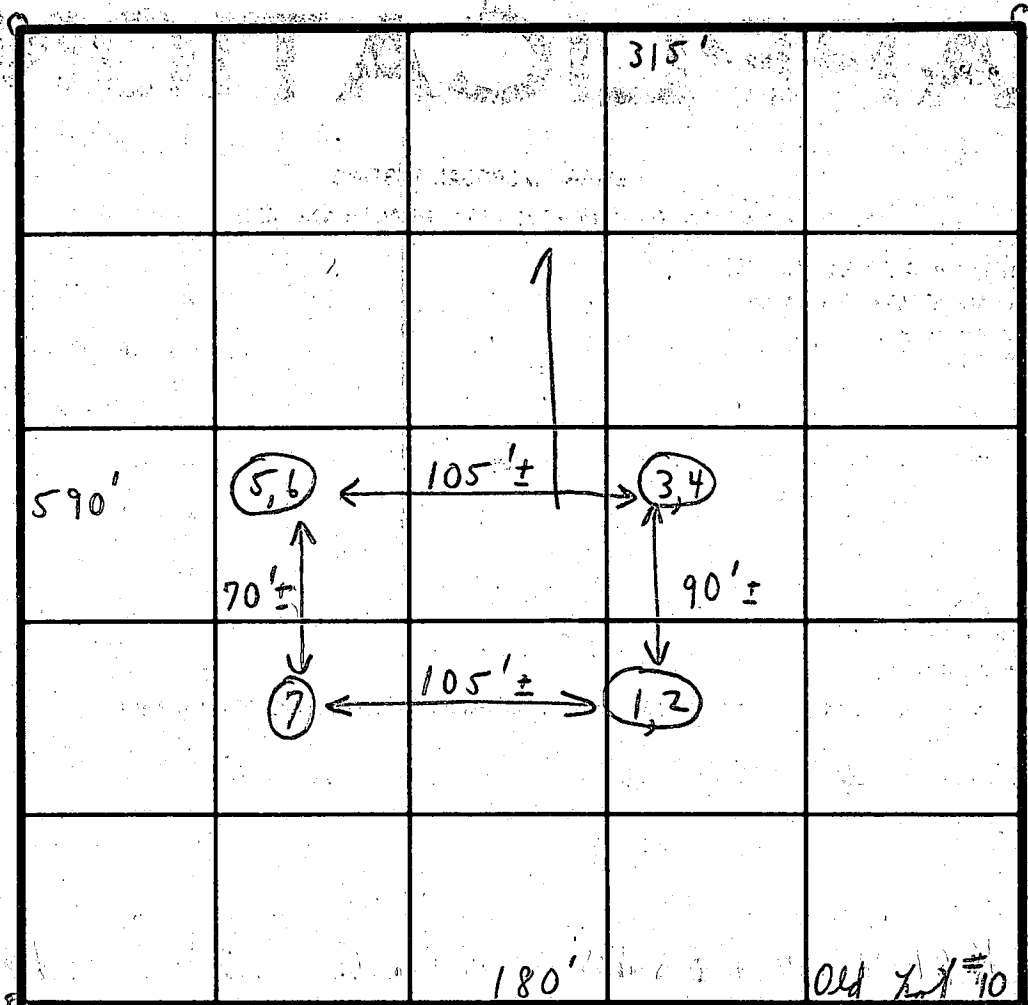
REASONS FOR REJECTION OR HOLDING 10/23/78 Reaccomplished at office  
C. B. S.

# THIS IS NOT A PERMIT

Woods

SOIL PROFILE

Below  
clay  
sandy  
loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Road "B"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/77	Use 1	3 1/2'	2:01	2:02	2:02	2:05	3 min
	(H) 2	12'	2:02	2:06	2:06	2:17 <sup>out</sup>	11 min
	3	3 1/2'	1:59	2:01	2:01	2:04	3 min
	4	13'	1:59	2:05	2:05	2:16	11 min
	5	3'	1:55	1:57	1:57	2:03 <sup>out</sup>	6 min
	6	12 1/2'	1:55	2:03	2:03	2:14 <sup>out</sup>	11 min
	7	11 1/2'	Visual		similar to other		6/45
							8 min.

REMARKS

Reaccomplished at office.

TYPE OF SOIL

TESTED BY

C. B. A.

ALSO PRESENT

C. B. A.

B 1 1580

SEQUENCE NO. (DP-USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110-81-2008

fill in this form completely

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

please print or type

Date Received (APA)

030388

OWNER INFORMATION

Pittman Doris A Sendor

2520 Forest Glen Rd

Silver Spring MD 20910

B 3

LOCATION OF WELL

Howard

Kalvinia Farms

SECTION 1 LOT 10

Dayton

MILES FROM TOWN (enter 0 if in town) 5 MI

DRILLER INFORMATION

George F. Easterday

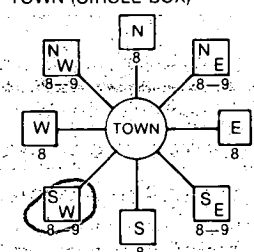
L.F. Easterday, INC

9265 Brown Church Rd., Mt. Airy, MD. 21771

Signature: George F. Easterday Date: 2-23-88

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kalvinia

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) EAST

DISTANCE FROM ROAD 125 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) - circled
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 A26345

STATE SIGNATURE DATE ISSUED

041388 R Dupon 10/13/88

NORTH GRID 500000 EAST GRID 0796000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven
Air-Rotary
Air-PerCussion
Rotary (Hydraulic Rotary)
Cable
Reverse-Rotary
Drive-Point

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

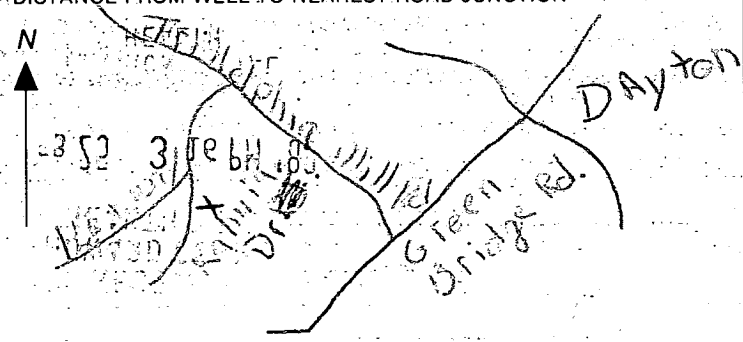
WRITE THE BOX NUMBER FROM THE MAP HERE

790 6 / 500 6

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well - circled
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 deepen an existing well

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



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE INITIALS PERMIT NO. 110-81-2116

SPECIAL CONDITIONS



4-28-88

4:00

Page \_\_\_\_\_ of \_\_\_\_\_  
Date \_\_\_\_\_

Review *OK* 8/25/88 CW

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

13-D-4

Well Permit No. HO - 81-2668  
Location of property (road) KALMIA DRIVE  
Subdivision KALMIA FARMS Lot 10 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. 1  
Well Driller GEORGE EASTERDAY Owner PITTMAN, DORIS

Depth of well 85 ft 10 gpm Don't set pump below 75'  
Distance of measuring point (M.P.) above ground 1 1/2 ft.  
Static water level (S.W.L.) below M.P. 29 ft

I. High rate pumping -- reservoir drawdown

Time pump started 3:30 Pumping rate 12 gpm  
Total time 15 min to reach pumping water level 57' 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 <i>X1</i> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
3:45	57'	6 sec	N/A	10 gpm
4:00	58'	7	pump at 75' R. Lanier	8
4:15	58'	7		8
4:30	58'	7		8
4:45	58'	7		8
5:00	59'	7		8
5:15	58'	7		8
5:30	58'	7		8
5:45	58'	7		8
6:00	58'	7		8
6:15	58'	7		8
6:30	58'	7		8
6:45	58'	7		8

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 Thomas Eckert (Fireside Plumbing) Telephone \_\_\_\_\_

License Number 20088  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber 20

Name of Property Owner Richard Kohler Telephone 650-6479  
 Subdivision Kalmia Farms Lot # 10 Well Tag # Ho-81-2668  
 Site Address 5237 Kalmia Drive

- | 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? _____ |

*Pitless adapter & water line  
 OK @ 4 PM RP 6/16/95*

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: \_\_\_\_\_

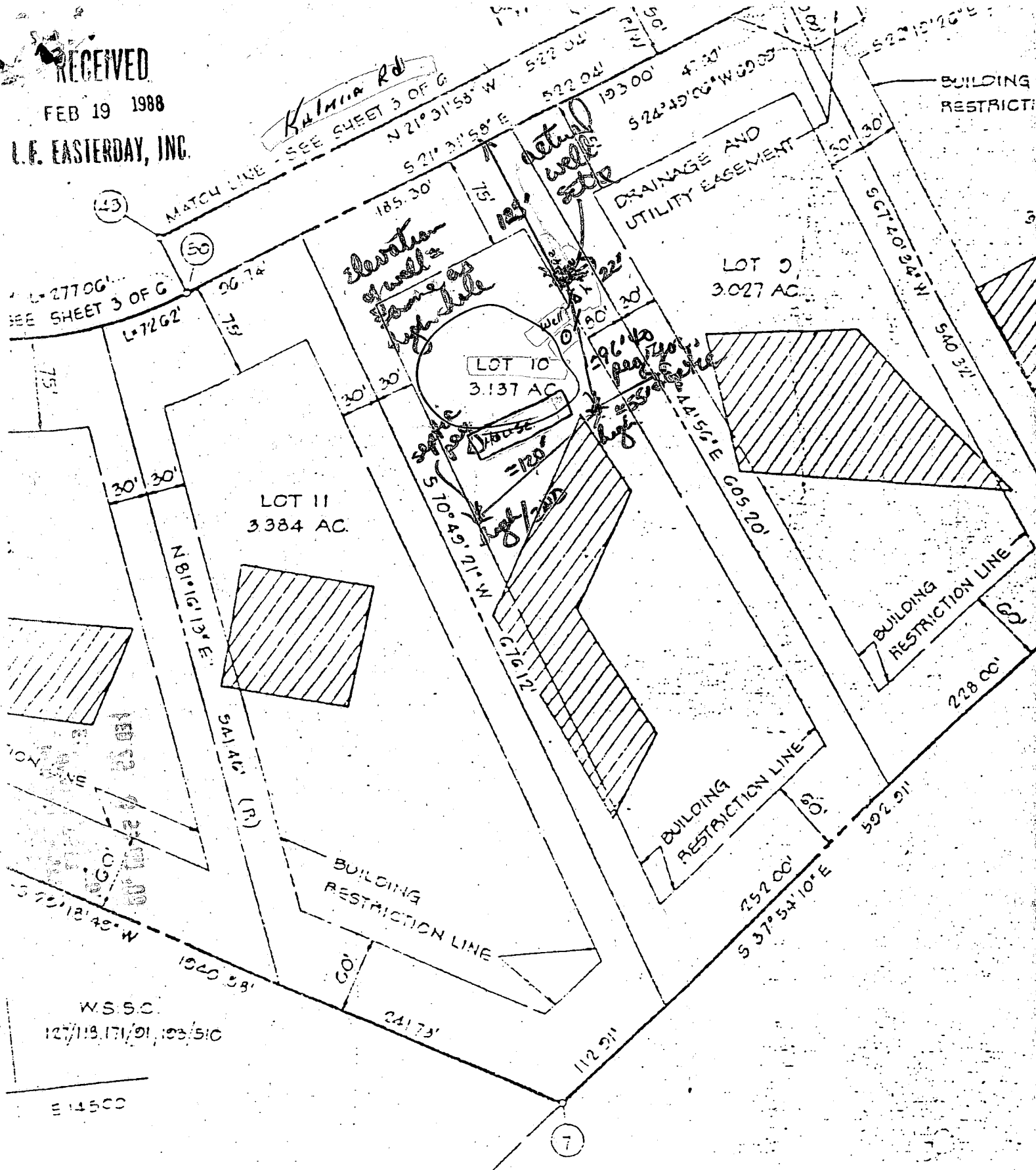
Date: \_\_\_\_\_

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

RECEIVED

FEB 19 1988

L.F. EASTERDAY, INC.



# OWNERS STATEMENT

SUR

WE HEREBY CERTIFYING A MARYLAND CORPORATION BY CARL L. BRINDORFF  
 SECRETARY, SECRETARY, OWNERS OF THE  
 PLAT SHOWN AND DESCRIBED HEREIN, HEREBY STATE THAT THE PLAT OF  
 THE ABOVE DESCRIBED PROPERTY IS THE PROPERTY OF THE STATE OF MARYLAND

I HEREBY  
 CORRECT