

8/21/87
12N

~~8/20/87~~
12N

PERMIT

P 39934

A 28688

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 1st

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/20/87

DATE SYSTEM APPROVED 8/21/87

INSPECTOR C. Williams

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Miller Property ROAD 5302 Landing Road LOT 1

PROPERTY OWNER David Miller

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 190 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the right (305.87') lot line and 15 feet from the back (215.9') lot line as seen when facing the lot from Landing Road. Run trenches on contour toward the right lot line.

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

of SA

PLANS APPROVED BY S. Abel DATE 3/11/87

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.

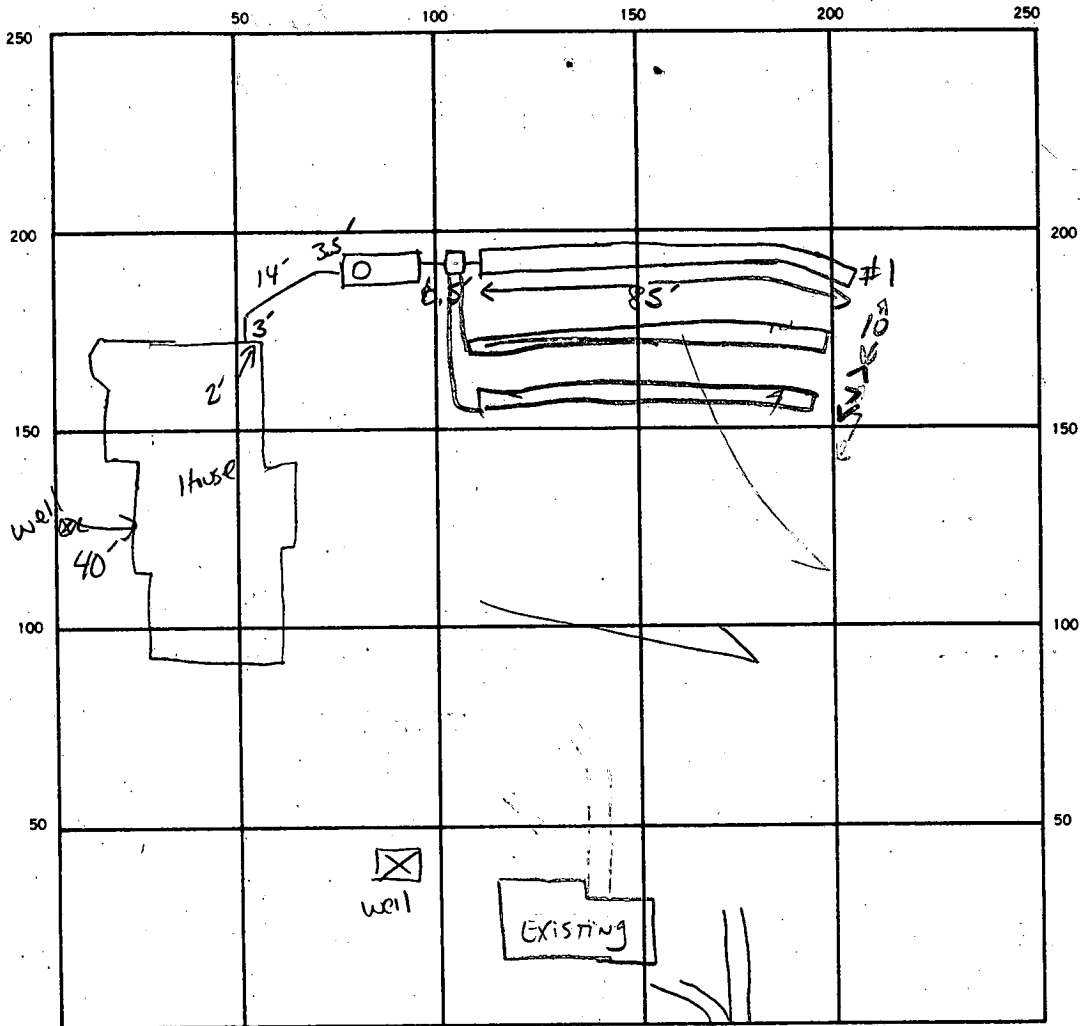
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 28688



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

LANDING Rd.

SEPTIC TANK. LEVEL ✓ 1250 ^{KOONTZ} CLEANOUTS ✓

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 6 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 85 85 85 = 275 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 825 SQ. FT.

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

ABSORBENT AREA 825 SQ. FT.

REMARKS 8/20/87 OK TO COVER #1 SA

DATE SYSTEM APPROVED 8/21/87 INSPECTOR awilliam

Needs plat

Received

8/30/78
1:30 P.M.

APPLICATION

A 28688

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

Septic Tank { 1-3 Bedrooms 1000 gallons
 { 4 Bedrooms 1250 gallons

Trenches to have
See attached

DISTRICT 1

DATE 8-15-78

(System First)
after
water
well

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 DAVID M. MILLER ✓

ADDRESS 5302 LANDING RD. ELKRIDGE PHONE 796-4175

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 5302 LANDING Rd. ✓ 103 all the way to road

SIZE OF LOT 1 3/4 acres TYPE BLDG. 3

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 David M. Miller Trenches only

APPROVED BY C. B. Steakes & F.F. FOR "X" checked DATE 9/7/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

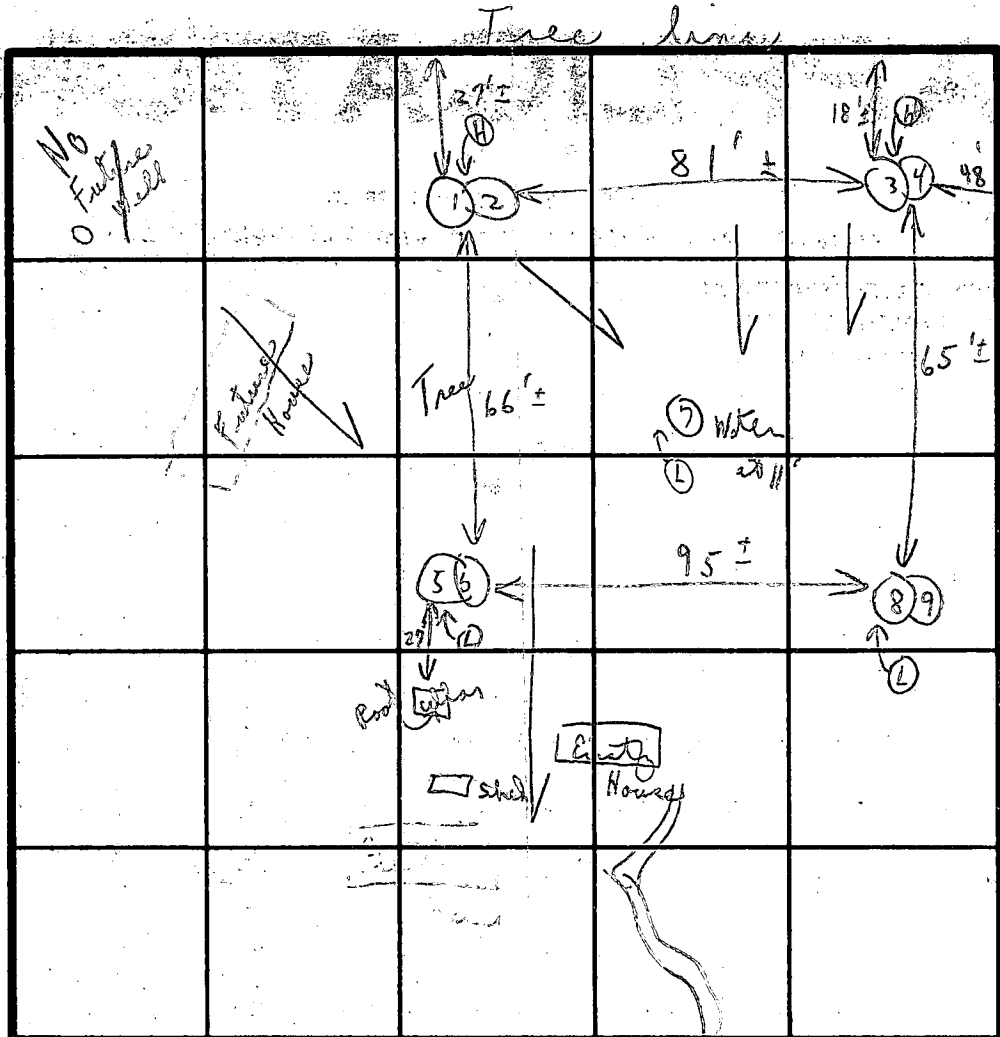
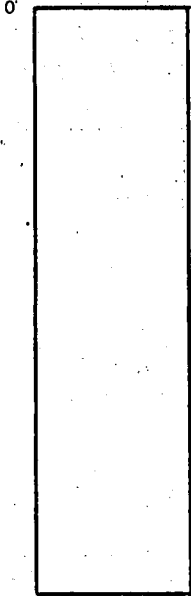
8/30/78

REASONS FOR REJECTION OR HOLDING for plat of property (certified) tests holes of house site
(Recommend shallow trenches 4'-6') 3' wide C.B. Steakes & F.F. 9/7/79 water well site

FILED IN _____
AND RETURNED 3-17-87 BP# 10361

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Soil Profile
Below clay
↓
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/30/78	1	4 1/2'	1:40	1:43	1:43	1:47	4m
	1 2	10 1/2'	1:40	1:44	1:44	1:57	13m
	3	4 1/2'					
	4	10 1/2'			Visual similar to 142		
	5	4'	1:49	1:52	1:52	1:57	5m
	6	10 1/2'	1:50	1:54	1:54	2:04	10m
	7	Water at 11'					
	8A	4 1/2'	2:00	2:35	2:34	2:	
	9	10 1/2'	2:00	2:13	2:13	2:39	26
	8B	5'	2:42	2:49	2:49	3:11	22
							80

Note:
2' difference
between
(142) & ⑦

160 open ball

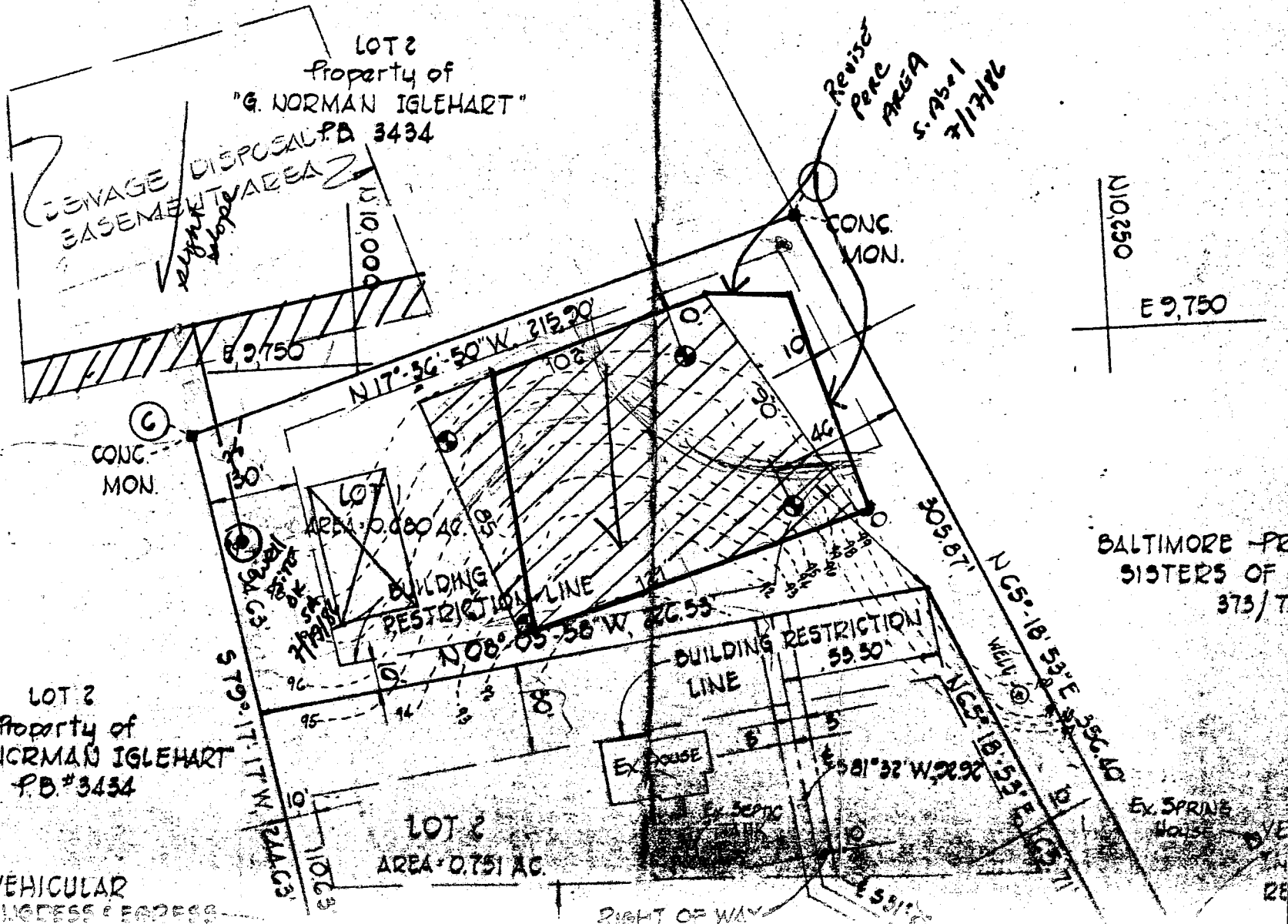
REMARKS: Test in open behind left mess with the house. Recommend shallow system.

TYPE OF SOIL: _____

TESTED BY: C. B. J.

ALSO PRESENT: { Mr. Miller, Mr. Dave Miller, Belmont Trenching }

EMENT OF
 BY THE MARYLAND
 ENE FOR INDIVIDUAL SEWAGE DISPOSAL.
 ARE RESTRICTED
 VICING ANY
 SE BUILDING
 ND VOID UPON



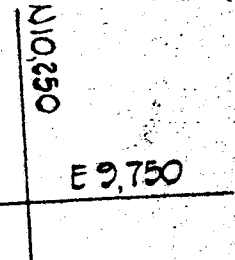
ITE
 ENE.

OLLECTION, SNOW
 VIDED TO THE
 ND THE ROAD RIGHT OF
 PE STEM DRIVEWAY.

LOT 2 SHALL NOT
 DING SETBACK
 ACCORDANCE
 ULATIONS.
 OCTOBER 3, 1977

LOT 2
 Property of
 "G. NORMAN IGLEHART"
 P.B.#3434

VEHICULAR
 ACCESS & EGRESS

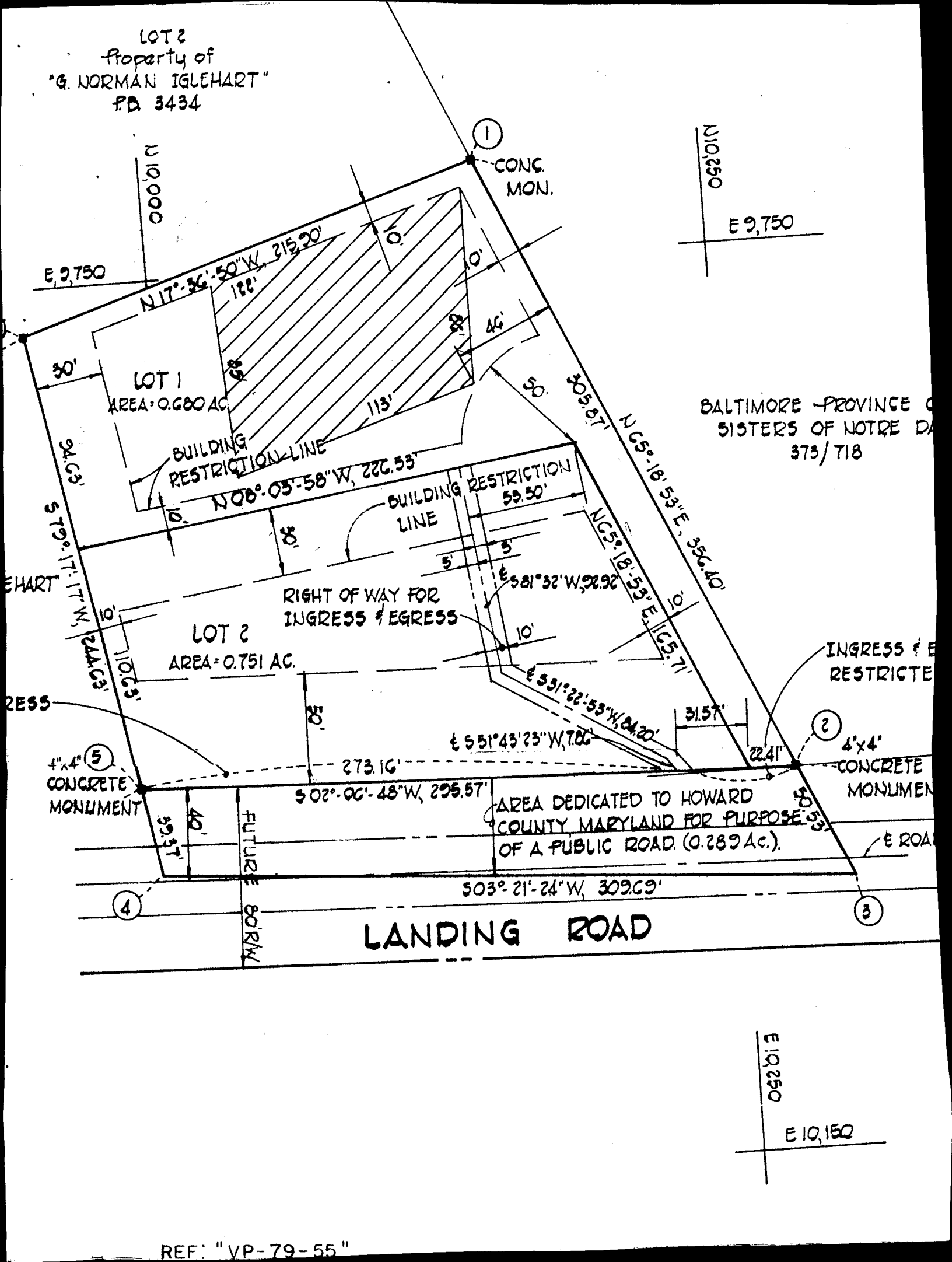


BALTIMORE - PR
 SISTERS OF
 373/7

EX. SPRING
 HOUSE

RIGHT OF WAY

LOT 2
Property of
"G. NORMAN IGLEHART"
P.D. 3434

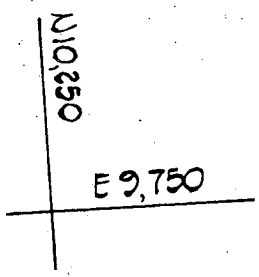


BALTIMORE PROVINCE OF
SISTERS OF NOTRE DAME
373/718

LOT 2
Property of
"G. NORMAN IGLEHART"
P.B. 3434

SEWAGE DISPOSAL
EASEMENT AREA

Revised
PERC
AREA
S. 195-1
7/17/86



CONC. MON.

LOT 2
Property of
"G. NORMAN IGLEHART"
P.B. #3434

BALTIMORE PROVINCE OF THE
SISTERS OF NOTRE DAME, INC.
373/718

VEHICULAR
INGRESS & EGRESS
RESTRICTED

LOT 2
AREA = 0.751 AC.

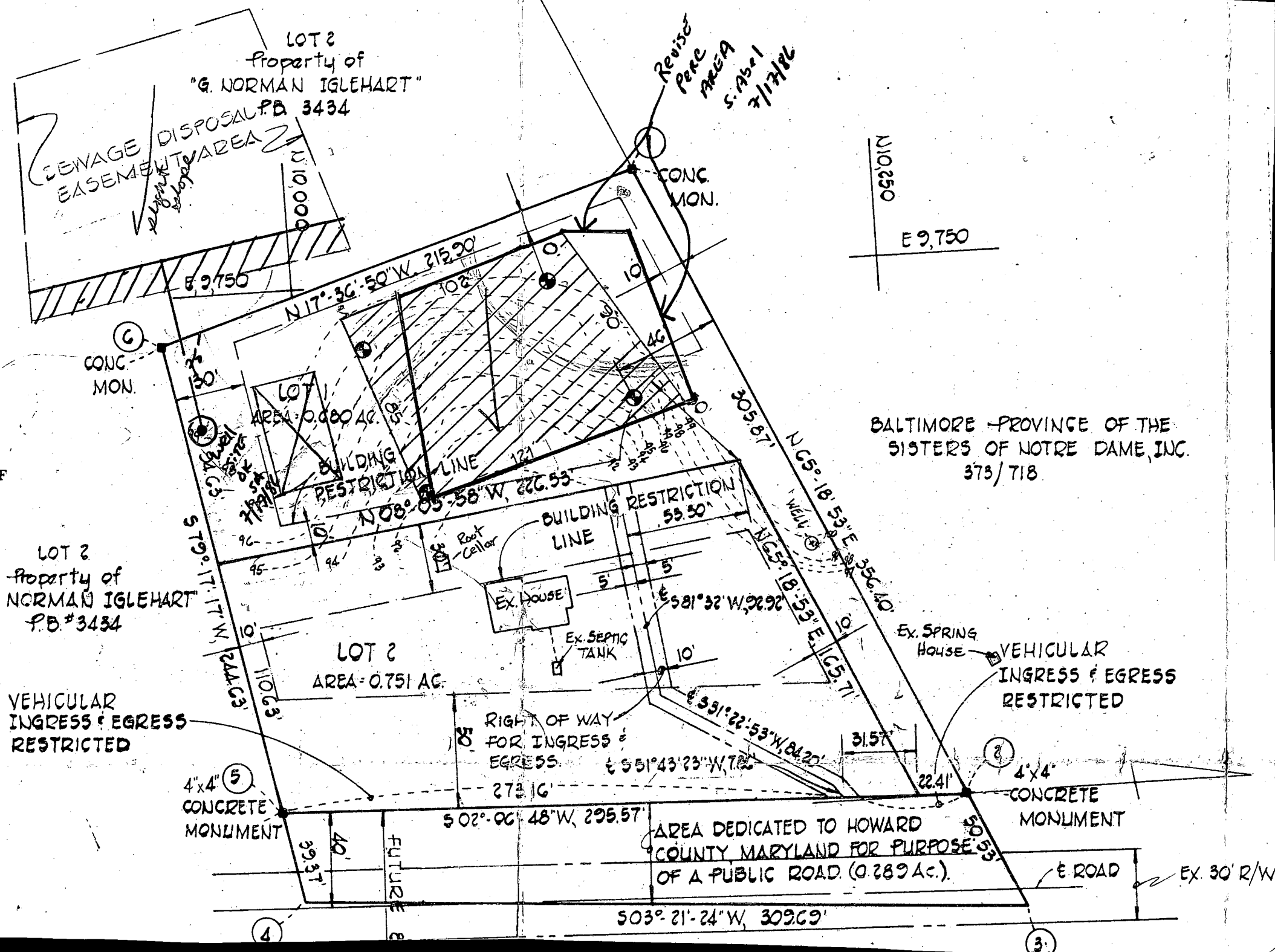
VEHICULAR
INGRESS & EGRESS
RESTRICTED

4"x4" (5)
CONCRETE
MONUMENT

RIGHT OF WAY
FOR INGRESS &
EGRESS

4"x4"
CONCRETE
MONUMENT

AREA DEDICATED TO HOWARD
COUNTY, MARYLAND FOR PURPOSES
OF A PUBLIC ROAD (0.289 Ac.)



10/20/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 37907
Date 10/17/86

Name of Installer ROBERT L. FREEZER Co., INC.

Telephone 781-4655

License number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MR. & MRS. DAVID MILLER

Telephone 796-4175

Subdivision _____ Lot # _____ Well tag # HO-81-1673

Site Address 5302 LANDING ROAD, ELK RIDGE, MD. 21227

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make HOWARD
- 2. Model # PT 800
- 3. Depth 42" +

2. Make GOULDS

3. Model # 7E405412

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 _____

Tank

- 1. Capacity 20 GAL. (CAPTIV-AIR TYPE)
- 2. Pressure relief valve?

Piping

- 1. Type POLYETHYLENE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42" +

Well data

- 1. Depth 178 ft.
- 2. Yield 5700 GPM
- 3. Static water level 51 ft.
- 4. Will water supply be disinfected by installer? YES

10/20/86 Well line + PITLESS COVERED ON ARRIVAL. UNABLE TO REMOVE CAP TO CHECK DEPTH - SAND

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: 10/14/86

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

C1 5375

SEQUENCE NO. (OEP USE ONLY)

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-28688

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 10 15 86

DEPTH OF WELL grid: 178 (TO NEAREST FOOT)

PERMIT NO. grid: HD-81-1673

OWNER

MILLER

DAVID

STREET OR RFD

LANDING ROAD

TOWN

ELICOTT CITY

SUBDIVISION

DAVID MILLER PROP

SECTION MAP 31 P. 759

LOT 1

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Soft Brn. & Red Clay, Soft Brn. Mica, Hard Soft Blue & Brown Mica, Hard Blue Sandstone, Hard Blue Sandstone, Hard Brown Sandstone, Hard Blue Sandstone, Hard Brown Sandstone & Opening, Hard Brown & Blue Sandstone, Hard Blue Sandstone, Hard Brown & Blue Sandstone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

Casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used)

Table for other casing with columns: diameter, depth (feet).

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE, DIAMETER OF SCREEN.

C2

DEPTH (nearest ft.) grid, E.A.C.H. SCREEN grid.

C3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.

CIRCLE APPROPRIATE LETTER A, E, P

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...

DRILLERS IDENT. NO. 296 Ronald L. Kyker

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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)

B 1 7183 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

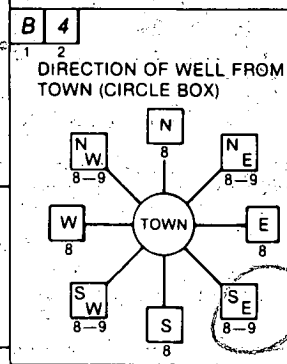
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
40-81-16073
fill in this form completely

Date Received 10/15/86
OWNER INFORMATION
8 13
15 Last Name 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55
57 Town 58 State 59 Zip 60

B 3 LOCATION OF WELL
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
8 COUNTY
23 SUBDIVISION
SECTION 44 46 LOT 48 50 P. 759
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 5 73 76 77 78

DRILLER INFORMATION
Ronald L. Kyker
Driller's Name
Westminster Rotary Well Drilling, Inc.
Firm Name
P.O. box #861, Westminster, Md. 21157
Address
Signature
Date



Landing Road
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N W 32 E WEST S EAST SOUTH
34 35 36 37
DISTANCE FROM ROAD
ENTER FT or MI 77 38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 15 16 17 18 19 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME
OEP SIGNATURE
DATE ISSUED
CO SIGNATURE
EXP. DATE
NORTH GRID
EAST GRID

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

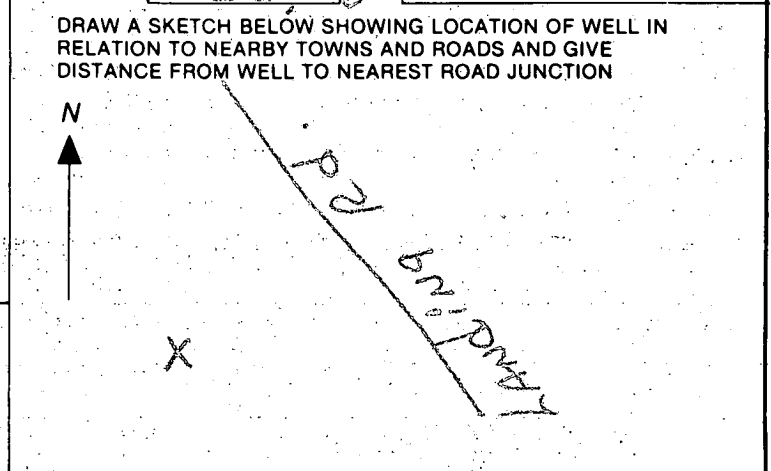
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. CITY
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8608
N 5006

10/15/86
well location
62 FT PIPE
50' OPEN
16' BAGS CEMENT
WATER SAMPLE
S. New

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
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 (OEP USE ONLY)
APPROP. PERMIT NUMBER
FORCE PERMIT NO.
WRITE INITIALS IN BOX

