

6/24/86
AM
6/25/86

6/26/86
Septic OK'd
BW

PERMIT

P 3685
A 29226

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

05-368384

ELLICOTT CITY

DISTRICT 5th

~~461-9933~~
461-9933

INDEXED

DATE 5/2/86

John & Carey Hobbs

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Ley Property ROAD 12646 Lime Kiln LOT 2

PROPERTY OWNER John & Carey Hobbs ENTER OFF BROWN BRIDGE RD AT HOBBS SIGN

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 60 feet from the back lot line and 125 feet from the left lot line as seen when facing the property from Lime Kiln Road. Run trench(s) along level ground toward left lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK TO MOVE DOWNHILL 15' - BUILDING RESTRICTION LINE WAS DIFFERENT THAN SHOWN AT TIME OF B.P. 6/11/86 C.W.

PLANS APPROVED BY C. Williams DATE 2/22/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

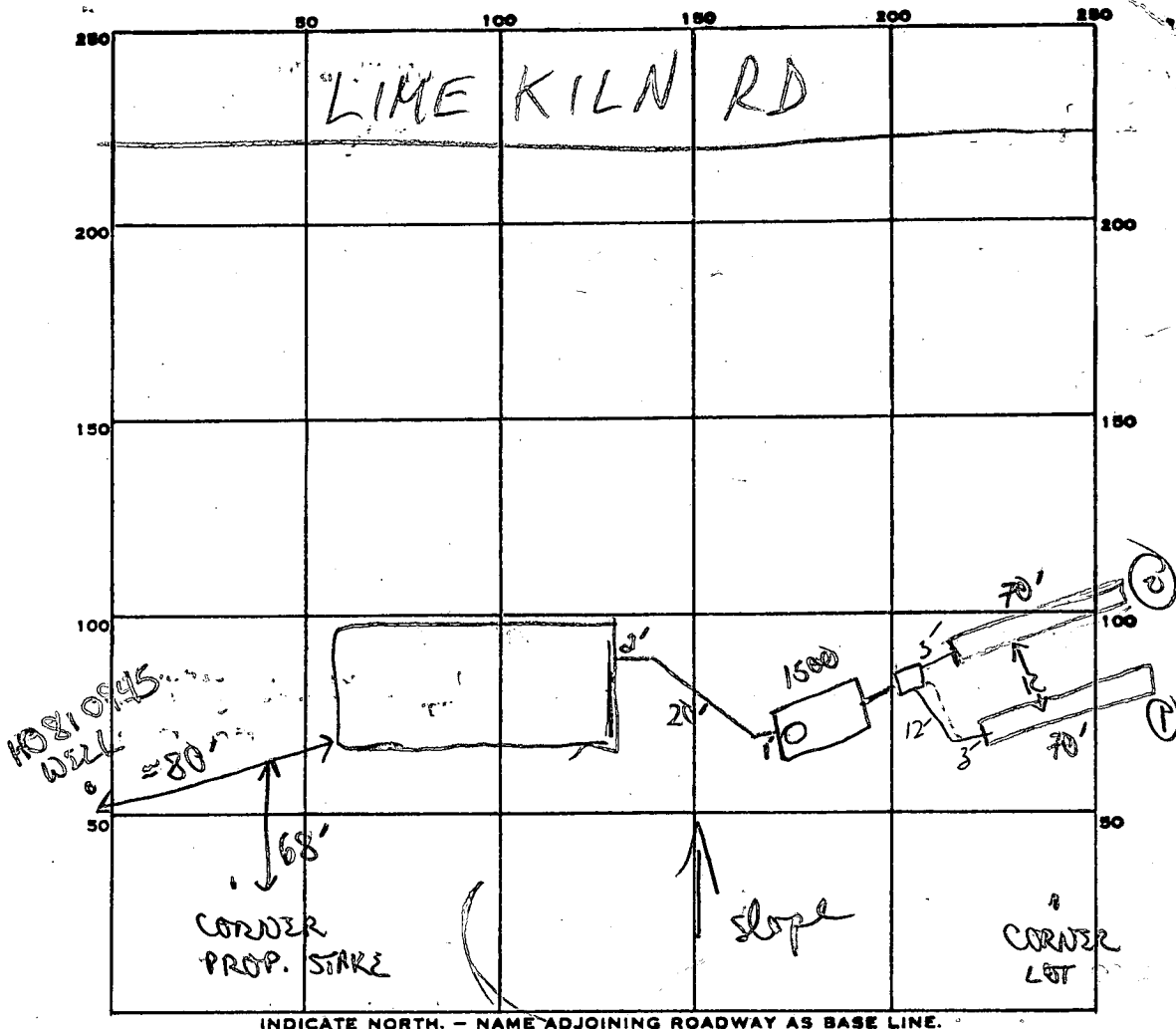
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29226



PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 gal

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 + 9 FT.

TRENCH WIDTH 2 FT.

INLET 4"

GRAVEL DEPTH 5 FE IN.

TOTAL LENGTH 70 + 70 FT.

TOTAL 140

NUMBER OF TRENCHES 2

TOTAL BOTTOM AREA 700 sq ft

SEEPAGE PITS, INSIDE DIAMETER _____ FT.

DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 700 SQ. FT.

REMARKS

6/24/86 OK to add stone pipe paper to both trenches.

OK to partial cover trench #1 to get to #2.

OK to add S.T. c/o + place dirt. day

6/25/86 Need to cement ALL PIPES AT DB + ST AS WELL AS C/O S. Abel

6/26/86 cement work done + OK'd OK to cover all work

DATE SYSTEM APPROVED

6/26/86

INSPECTOR

B. Wilson

12/8/78
9:30 a.m.

APPLICATION

A 29226

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

DISTRICT 5th

DATE 11/15/78

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 ~~Robin Ley~~ Agent: ~~James Moxley~~ 465-4242 John & Carey Holts
776-7865

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ley Property LOT NO. 2
12646
ROAD AND DESCRIPTION Lime Kiln Road

SIZE OF LOT _____ 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/ James Moxley, Security Enterprises

APPROVED BY [Signature] FOR Daywell & Trench DATE 1/15/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE B/L # 69594 app 4/15

REASONS FOR REJECTION OR HOLDING _____

**BLDG. PERMIT SIGNED
AND RETURNED 4-15-80**

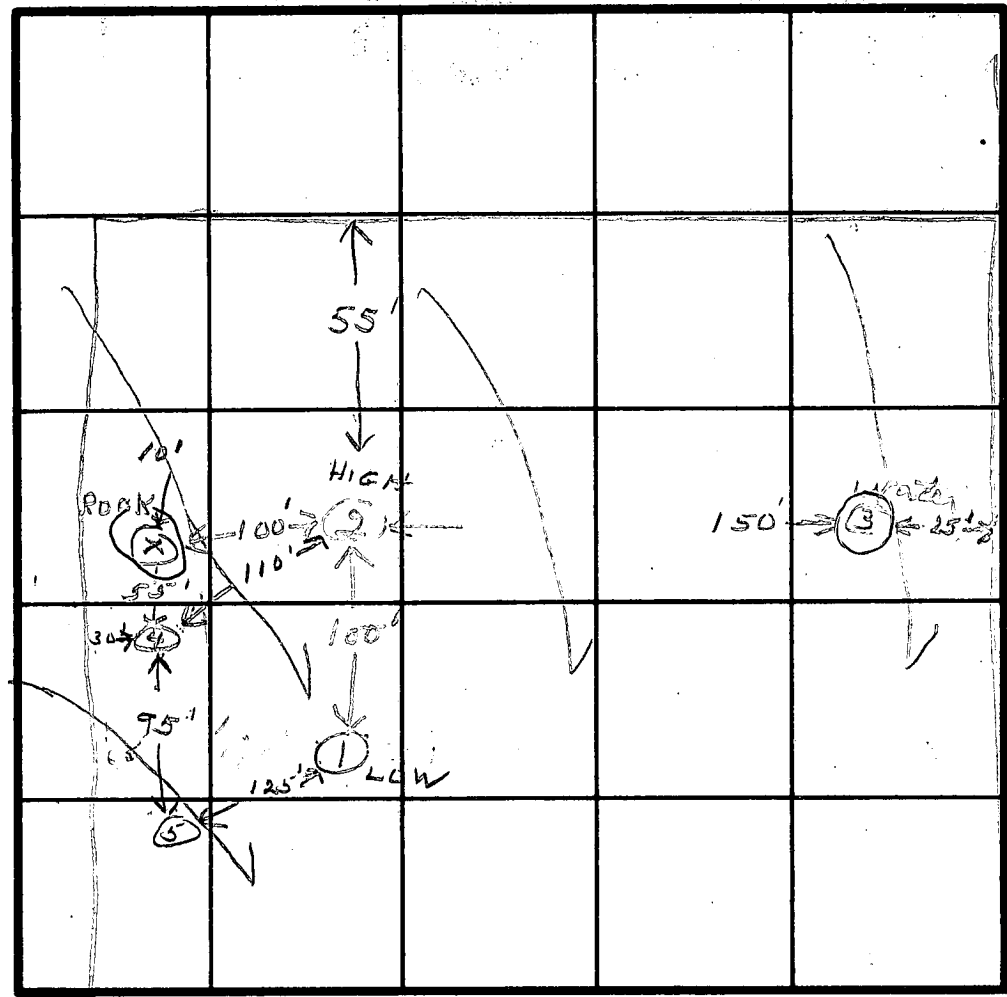
THIS IS NOT A PERMIT

2

(1) (4)

SOIL PROFILE

0-4 FT
Clay
4-13 FT
Clay
sand
(2)
0-4 FT
clay
4-10 FT
Clay sand
12 ft
sand



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
LIME KILN RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/5/79	1 S	5	10:03	10:13	10:13	10:25	12
	1 D	13	10:02	10:09	10:09	10:17	8
	(2) S	4	10:23	10:34	10:34	FAILED	2ND. 16TH
	2 D	13	10:22	10:31	10:31	10:50	19
	(3)	12	WATER				
	(4) S	4	11:29	FAILED	1ST. 16TH		
	4 D	13	11:29	11:34	11:34	11:40	6
	5 S	4	11:44	11:48	11:48	11:53	5
	5 D	14	11:44	11:55	11:55	12:12	17
	2 M	5	1:15	1:17	1:17	1:21	4
	4 M	5	1:25	1:30	1:30	1:55	23

49 13
187#

REMARKS Heavy clay to 4 ft. Dug holes #2 & #4 shall be one foot deeper for perc.

TYPE OF SOIL _____

TESTED BY JS

ALSO PRESENT J. MOXLEY

B 1 **3333** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

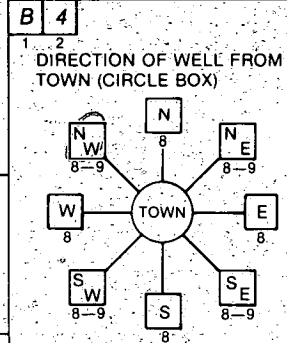
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
H0-81-0945
 fill in this form completely

Date Received: **09/15/85**
 OWNER INFORMATION
 Last Name: **Hobbs** Owner: **JOHN**
 Street or RFD: **9090K MOONSHINE**
 Town: **LAUREL** State: **MD** Zip: **20709**

B 3 LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: **ROBIN WOODHOMLEY**
 SECTION: **44** LOT: **2**
 NEAREST TOWN: **FULTON**
 MILES FROM TOWN: **2** MI

DRILLER INFORMATION
 Driller's Name: **Joseph T. Mayne** License No.: **238**
 Firm Name: **Joseph T. Mayne**
 Address: **5512 Ridge Rd. Mt. Airy, Md.**
 Signature: **Joseph T. Mayne** Date: **3/18/85**



Time Kiln Road
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD: **755** FT
 ENTER FT or MI: **FT**

B 2 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)
 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
 COUNTY NAME: **HOWARD** COUNTY NO.: **A29226**
 OEP SIGNATURE: **Chris Will** STATE HEALTH INSERT S: **41**
 DATE ISSUED: **9/28/85**
 NORTH GRID: **480000** EAST GRID: **0814000**

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
 other: _____

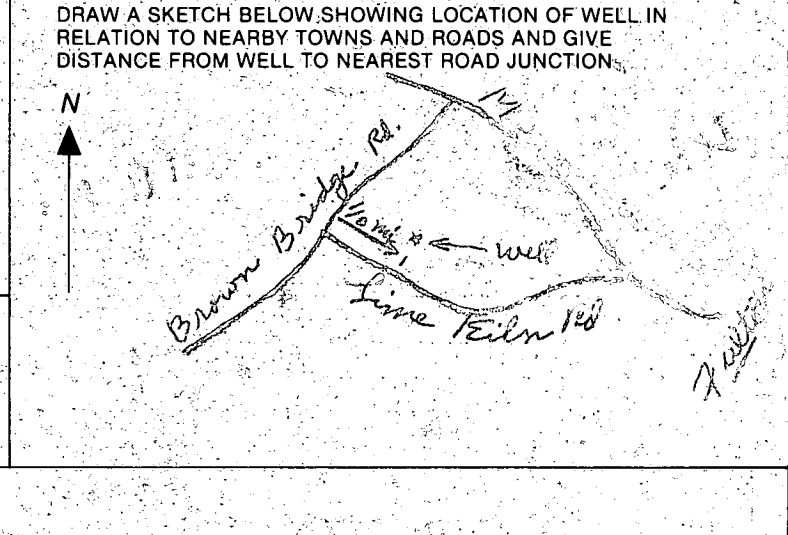
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

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

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 **CW** WRITE INITIALS IN BOX PERMIT No. **H0-81-0945**

SPECIAL CONDITIONS



4/29/85 11:5 AM

- ① Arrived late (Seat belt class ~~also~~ also scheduled for 9:30 AM)
- ② ~~40 ft~~ 40 ft concrete
- ③ 35 ft open hole
- ④ 9 Bags concrete
- ⑤ LOCATION OK

J. J. Dodge

C1 3042 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A2922C

DATE Received

DATE WELL COMPLETED 05/10/85

Depth of Well 270 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0945

OWNER HOBBS JOHN STREET OR RFD LIME KILN RD TOWN FULTON SUBDIVISION LEY PROPERTY SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for BROWN SHALE and GRAY MICH. ROCK.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 9, NO. OF POUNDS 816.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6, Total depth 40.

OTHER CASING (if used) section with empty boxes for diameter and depth.

SCREEN RECORD: screen type or open hole HO, SLOT SIZE 1, 2, 3.

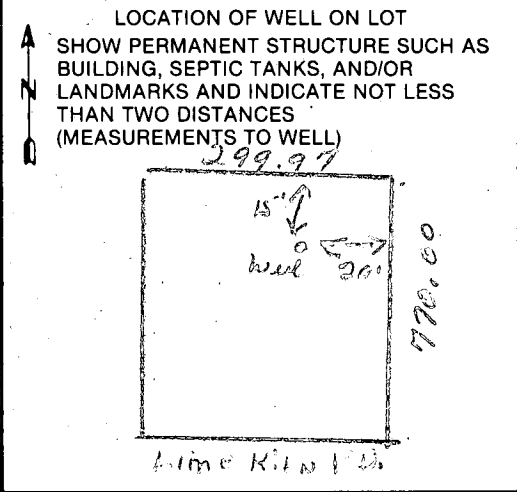
DEPTH (nearest ft.) table with rows for EACH SCREEN and columns for depth measurements.

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) with checkboxes for TELESCOPE CASING, LOG INDICATOR, etc.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 4, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 28, WHEN PUMPING 173.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED S (submersible), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH.



A CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. DRILLERS IDENT. NO. 238. DRILLERS SIGNATURE Joseph P. Macg... SITE SUPERVISOR responsible for sitework if different from permittee.

Page 1 of 1
 Date: 5/10/85

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0945
 Location of property (road) LIME KILN RD
 Subdivision LEY PROPERTY Lot 2 Block Plat Sec.
 Well Driller JOE MAYNE Owner JOHN HOBBS

Depth of well 270
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 28

High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12
 Total time ~~30 min~~ to reach pumping water level 174 ft. below M.P.

1. 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	92	5 sec.		12
9:30	174	5		12
9:45	174	15		4
10:00	174	15		4
10:15	174	15		4
10:30	174	15		4
10:45	175	15		4
11:00	175	15		4
11:15	175	15		4
11:30	175	15		4
11:45	175	15		4
12:00	175	15		4
12:15	175	15		4
12:30	175	15		4

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 X Replacement _____ Receipt # 3735
 Date 7-11-86
 Name of Installer Vantage Mechanical Telephone 761-4411
 License number 5563
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
 Name of Property Owner John Hobbs Telephone 776-7865
 Subdivision _____ Lot # 2 Well tag # HO-81-0945
 Site Address 12646 Lime Kiln Rt.

Pump Motor Pitless Adapter
 1. Type 1. Horsepower 1/2 1. Make 1" HARVARD
 a. Deep well jet _____ 2. RPM 3450 2. Model # PT800
 b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
 c. Submersible X a. 110 _____
 2. Make Myers b. 220 ✓
 3. Model # 151521154
 4. Capacity 4.77 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" Yardley 160 1. Depth 790 ft.
 2. Pressure relief valve? yes 2. Size 1" 2. Yield 4 GPM
 3. NSF and/or BOCA Code approved yes 3. Static water level 90 ft.
 4. Depth of supply line 42" 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.

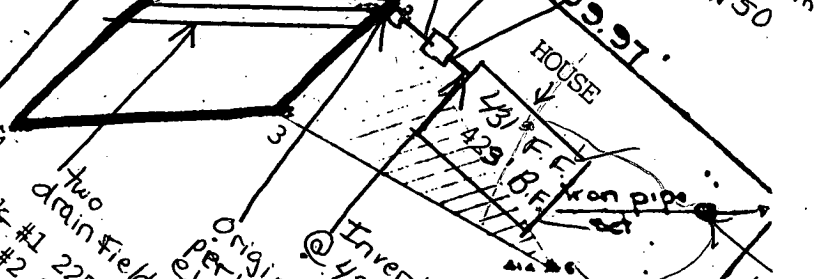
Signature of Applicant: [Signature]

Date: 7-11-86

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

BROWN BRIDGE ROAD

Existing elev. @ tank 425'
Invert in 421.50
Invert @ 420.75
548' 29" E 299.97'
60' TOP
125'
425.72
est 423
abr. 420.1
LEFT



two drain fields
perk #1 225' from right 135' from top.
perk #2 25' from right 145' from top.
perk #3 230' from left 238' from top.
perk #4 20' from right, 26' from top.
Well located 26' from right, 26' from top.
House 54' x 28' to be located 65' from top.
top, 80' from right, first floor at 429'.
bottom, 814' from left @ 677'.
Basement floor @ 423'.
Invert house elev. @ 422.1
Dist box @ 419.75
Original elev. @ 423.1
Water well 26' from top
26' from right
744' from bottom
322' from left
RIGHT elev. @ 423
INLET TO TRENCH @ 432'
4' BELOW GROUND AT ELEV. 423

441° 31' E 767.20'

W 71° 16' E 770.00'

Septic elev's location OK 4-15-86

5.29 ACRES

Bottom

106.02' N 45° 53' W 193.98'
LIME KILN ROAD

PLAT OF SURVEY OF LOT No. 2 FOR

ROBIN UPJOHN LEY
SIXTH ELECTION DIST. HOWARD CO.
FULTON, MARYLAND.

SCALE: 1/4" = 100 FT. OCT 16, 1978
AND RETURNED 4-15-86

B.P. # 69594
Hobbs



Robert E. Esley

4 HOLE AREA ON UPPER LEFT IS APPROVED SETBACK AREA. 4/21/85 [Signature]

Approved: Private Water & Private Sewer
Howard County Health Officer _____ Date _____