

5/17/93  
5/19/93 ASAP

05 - 41173

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49041

A 37062

DISTRICT 5th

DATE 3/11/93

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

INDEXED

DATE SYSTEM APPROVED 5/19/93

INSPECTOR RH

Walter W. King Plumbing & Heating Contractors, Inc. IS PERMITTED TO INSTALL X ALTER       

ADDRESS 5305 King's Court, Frederick, Maryland 21702-6981 PHONE 1-301-662-6990

SUBDIVISION Highland Meadows LOT 3 ROAD 13316 Long Leaf Drive

PROPERTY OWNER Bradley A. Maunz - 1800 746-4590 (work)

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 120

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet from the front lot line and 140 feet from the right side of the lot as seen when facing the lot from Long Leaf Court. Run the trenches toward both the rear lot line and the front 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 3/11/93 RH

PLANS APPROVED BY Raymond Hodges REVISED \_\_\_\_\_ DATE 1/28/93

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

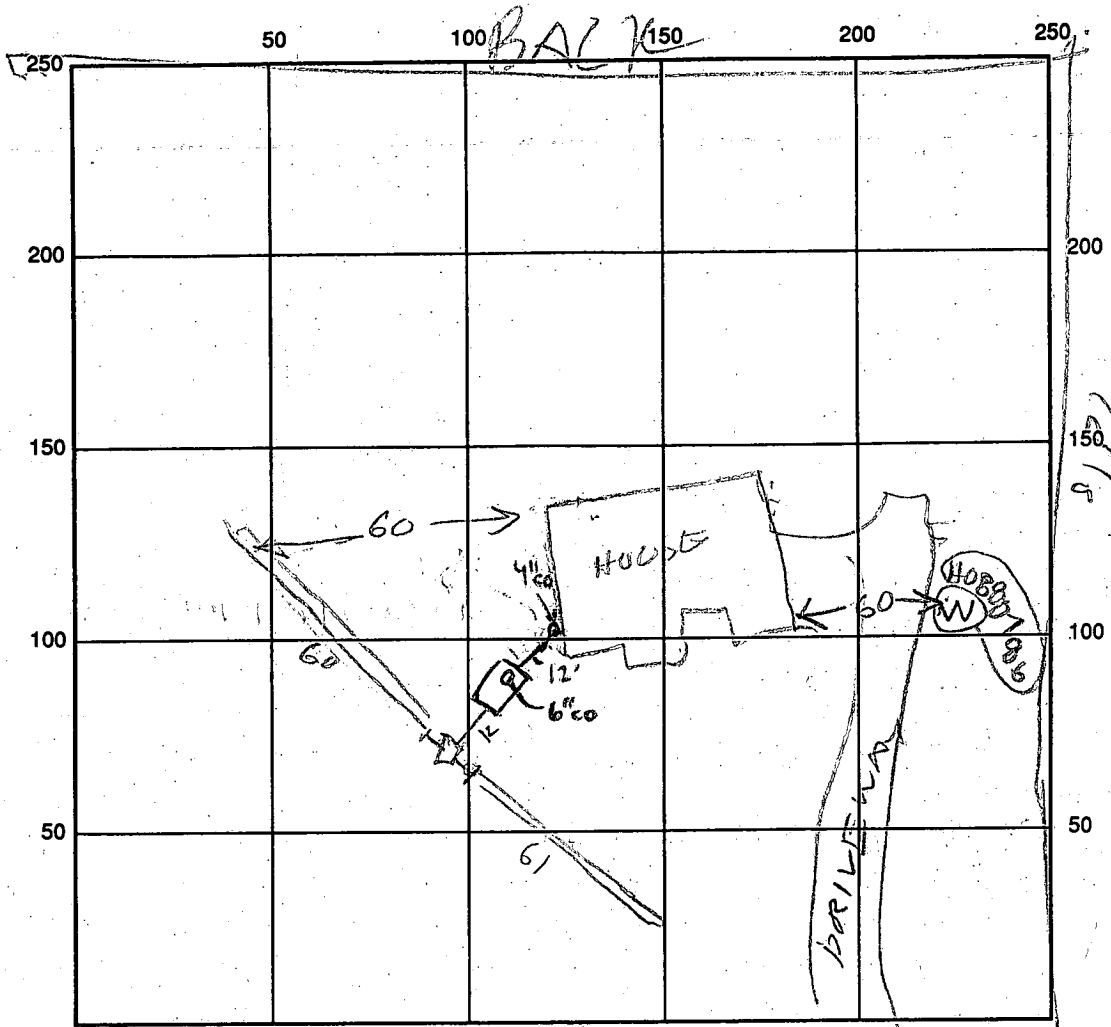
PERMIT VOID AFTER TWO YEARS

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 37062



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 150' CLEANOUTS ST1 HOUSE SEWER OK OK

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 124 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 726 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/17/93 3100M TRENCHES OK TO ADD STONE RH

5/19/93 1030AM TRENCHES STONED RH

DATE SYSTEM APPROVED 5/19/93 INSPECTOR Raymond Hodge

# APPLICATION

PERCOLATION TESTING

*6/2/86  
perc OK  
pending plat*

A 37062

P \_\_\_\_\_

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

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 Brighton Dam Limited Partnership *Bradley A. MAUNZ*  
6228 Clearwood Road  
ADDRESS Bethesda, MD 20817 PHONE 301-229-8838

PROSPECTIVE BUYER Celta Corporation  
101 Chestnut ST. STE 125  
ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

PROPERTY LOCATION:  
SUBDIVISION Highland Meadows LOT NO. 3

ROAD AND DESCRIPTION Highland Road at Brighton Dam Road *133/6* LONG LEAF DR

*LOT 3 on Plat*

TAX MAP 34 PARCEL # 169

SIZE OF LOT 3 AC + 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 6/2/86 Perc OK Hold for Plat

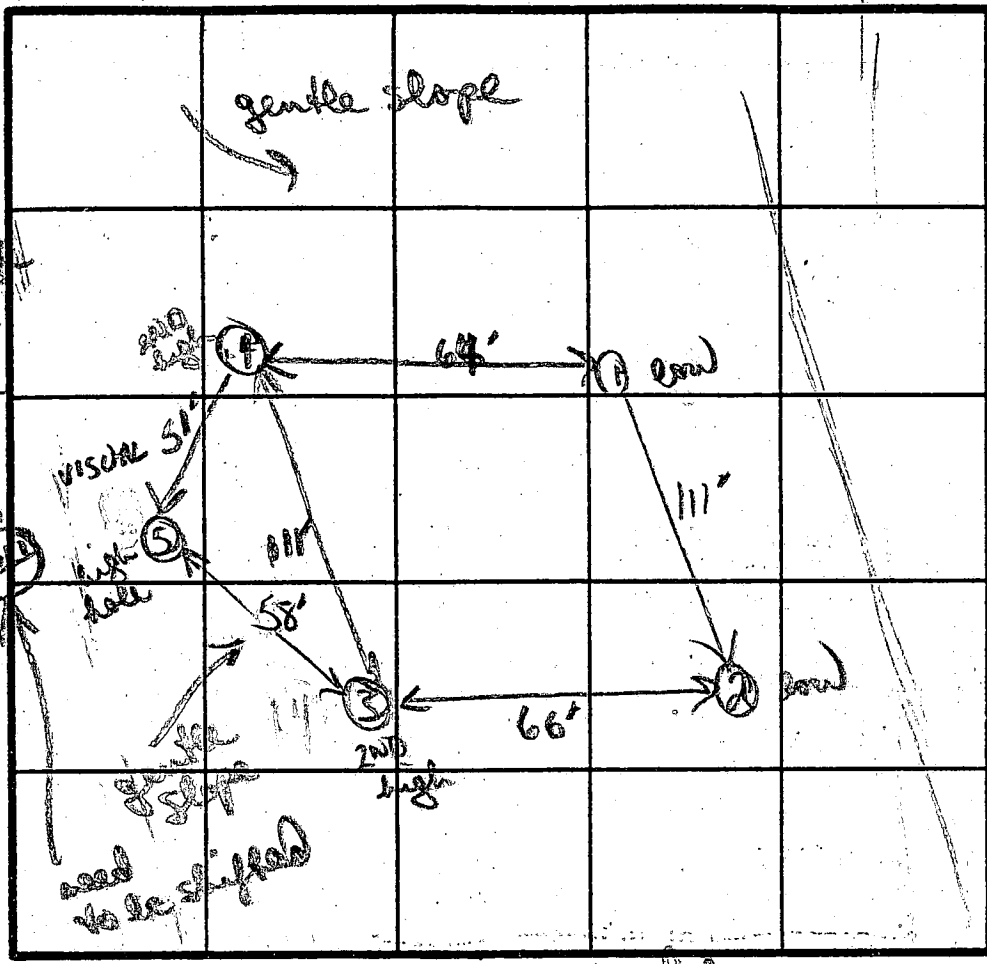
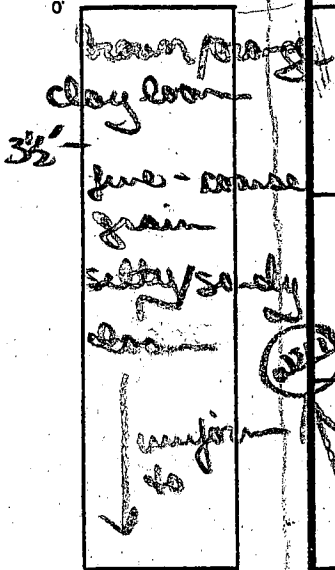
5/16/89 - spec written P.H.  
BLDG. PERMIT SIGNED AND RETURNED 1/28/93  
Serial # 47061  
SFD-4 Bedroom

# THIS IS NOT A PERMIT

INLET 3  
MAX D 5 1/2

③

①  
SOIL PROFILE



tan brown fine grained silty micaceous loam  
uniform  
14' D TO LOT 4

TO LOT 4

④

brown/orange grained sandy clay loam  
grey brown to tan brown

TO LOT 3

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
on main front of main lot

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/2/86	3a ①	3' S	324	338	338	400	22 MIN	
		9' M	332	336	336	340	4 MIN	
		14' D	bottom (see profile)					
	3b	3' S	322	325	325	329	4 MIN	
		9 1/2' M	322	326	326	331	5 MIN	
		14' D	bottom (see profile)					
	3c	3' S	315	316	316	317	1 MIN	
		9' M	315	316	316	318	2 MIN	
	3d	14' D	bottom (see profile)					
		3 1/2' S	307	311	311	319	8 MIN	

②  
brown sandy clay loam  
3' brown to grey brown fine-med grain silty/sandy loam  
14' D

fine grained silty sandy loam  
14' D

# 5 VISUAL OK  
1079 OK  
1056  
12 OTHER  
EH: S SHEET

REMARKS: DUG ON SURVEYED 14' D bottom but short 10,000 ft. Had 3th hole dug to get area little - no clay & mostly silty med loam

TYPE OF SOIL: B Uniform  
TESTED BY: B Nuyon  
ALSO PRESENT: Skip Wayne

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



B 1 **9152** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS.\*3-6 ON ALL CARDS)

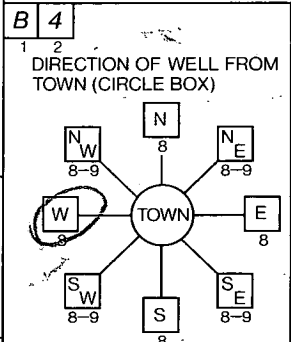
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**H0-88-0786**  
 fill in this form completely

Date Received (APA) \_\_\_\_\_  
 OWNER INFORMATION  
**KERWIN HOMES INC**  
 24024 FREDERICK RD  
 CLARKSBURG MD 20871

B 3 LOCATION OF WELL: **R-44199**  
**HOWARD** COUNTY  
**HIGHLAND MEADOWS** SUBDIVISION  
 SECTION **1** LOT **3**  
**CLARKSVILLE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
 George F. Easterday  
 Driller's Name **L. Franklin Easterday, Inc.**  
 Firm **265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Address **George F. Easterday**  
 Signature **5/4/89** Date



~~DRIGHTON DAM RD~~  
 NEAR WHAT ROAD  
**LONG LEAF DR**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH [ ] WEST [ ] EAST [ ] SOUTH [ ]  
 DISTANCE FROM ROAD **250** 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)

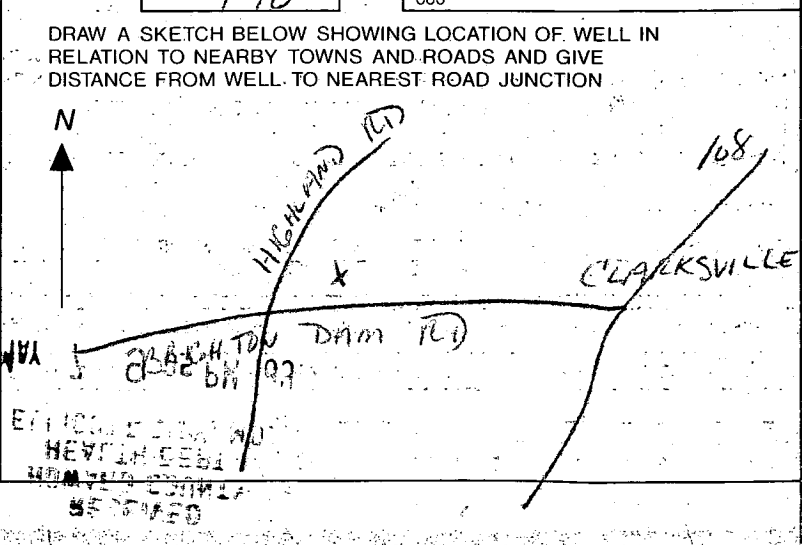
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A37062** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  
 DATE ISSUED **062789** **Chris Wilton** 12/27/89  
 NORTH GRID **498000** EAST GRID **0807000**

APPROXIMATE DEPTH OF WELL **300** FEET  
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 **8007**  
 N **4908**

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 DEEPEAN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **HEV111**



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **0-40-1-80**  
 FORCE **HEV111** PERMIT No. **0-40-1-80**  
 SPECIAL CONDITIONS





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 # — 0 —  
Date 3/11/93

Name of Installer Walter W. King Plbg. & Htg. Contr.

Telephone 1-301-662-6990

License Number Md. 2217

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Brad Maunz

Telephone 301-874-5151

Subdivision Highland meadows Lot # 3 Well Tag # HO -88 -0786

Site Address 13316 Long Leaf Dr.  
Clarksville, Md. -21044

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible

Motor

- Horsepower 3/4
- RPM 3500
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Martinson
- Model # BP-10K
- Depth 42" min.  
60" Max.

2. Make Goulds

3. Model # 5 FS 07422

4. Capacity 5 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

- Capacity 82
- Pressure relief valve? yes

Piping

- Type plastic 160#
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42" min.  
60" max.

Well data

- Depth 300 ft.
- Yield 10 GPM
- Static water level 41 ft.
- Will water supply be disinfected by installer? yes

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: Walter W. King

Date: March 9, 1993

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

5/17/93  
HD-215

OK WPI Pressure Tank not installed

*[Handwritten signature]*

Fax 301-473-7875 \* Fax to Co. \* Fed X results

INVOICE NO. T. 6401

**CERTIFICATE OF ANALYSIS**  
WATER TESTING LABORATORIES OF MARYLAND, INC.

**LABORATORY RECORD**

**FIELD RECORD**

Permit 47061 Lot 3  
Sample Source: Kitchen  
13316 Long Leaf Dr.  
Clarksville  
Judy Maunz  
997-7349/854-0848  
Well No. HD-44-0746

community   
non-community   
private   
Date 8/16/93  
Time 7:36  
Iced  yes  no  
pH 5.5

BACTERIOLOGICAL METHOD:  Membrane Filter  Presence - Absence  
 Multiple - Tube  MMO-MUG

Results	Nitrates (mg/l)	Sand	Turbidity (NTU)	(mg/l)	Coliforms/100ml.	
					Fecal	Total
	<u>3.48</u>	<u>NONE</u>	<u>&lt;1</u>			<u>—</u>
Method	<u>MEMBRANE FILTER</u>	<u>VISUAL</u>	<u>1801</u>			<u>SEE ABOVE</u>
Analyst	<u>JF</u>					<u>JV</u>
Date	<u>8/16</u>					<u>8/16</u>

This sample was taken from a tap on the property by Water Testing Laboratories of Maryland, Inc.

Well Construction:  Satisfactory  Unsatisfactory  Not Determined  
Bact.  Chem.   
Chem. Pres.

Total Cl 0  
County HOW

Collector Kathy Ashley 91-746

Comments: \_\_\_\_\_  
Date Time  
Received: 8-16-93 2:30  
Reported: 8-17-93 2:30 Reported by J. Venturo 108 Lab # \_\_\_\_\_

Bacteriological analysis of this sample indicates the water is safe for human consumption.  
safe unsafe

Thiosulfate Present   
Absent

PLEASE DETACH THIS PART AND MAIL WITH REMITTANCE TO:

INVOICE NO. T 6401

Water Testing Labs

- P. O. Box 712, Stevensville, MD 21666
- P. O. Box 463, Timonium, MD 21093
- P. O. Box 846, Severna Park, MD 21146
- 1655 Elkton Road, Elkton, MD 21921
- 15 Churchville Rd., Ste. 113-102, Belair, MD 21014
- JCK Center, Ste. 6-182, Westminster, MD 21157
- P. O. Box 1904, Easton, MD 21601
- P. O. Box 4547, Salisbury, MD 21803

Annapolis (410) 269-7755 Salisbury (410) 546-1318  
Belair (410) 838-8411 Severna Park (410) 647-7737  
Chestertown (410) 778-3613 Stevensville (410) 643-7711  
Easton (410) 820-8485 Timonium (410) 560-9052  
Elkton (410) 398-2413 Waldorf (301) 645-1559  
Prince Frederick (410) 535-2665 Westminster (410) 876-2035

DATE: 8/16/93

	AMOUNT
For analytical work reported above	
Chem + Bact	<u>\$55.00</u>
TOTAL DUE	<u>0</u>
Mastercard	

Judy Maunz  
10368 College Sq  
Columbia, Md 21044



**HOWARD COUNTY HEALTH DEPARTMENT**

Joyce M. Boyd, M.D., County Health Officer

Reply to: Charles B. Streaker  
313-2640 or 313-2641

August 17 1993

Mr. R. Mauney  
10368 College Square  
Columbia, Maryland  
21044

RE: LOT #3 - Highland Meadows  
13316 Long Leaf Drive  
Well Tag # HO-98-0786

Dear Mr. B. Mauney:

This is to advise you that the septic system was installed, inspected and approved on May 19, 1993.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

**INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-98-0786. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

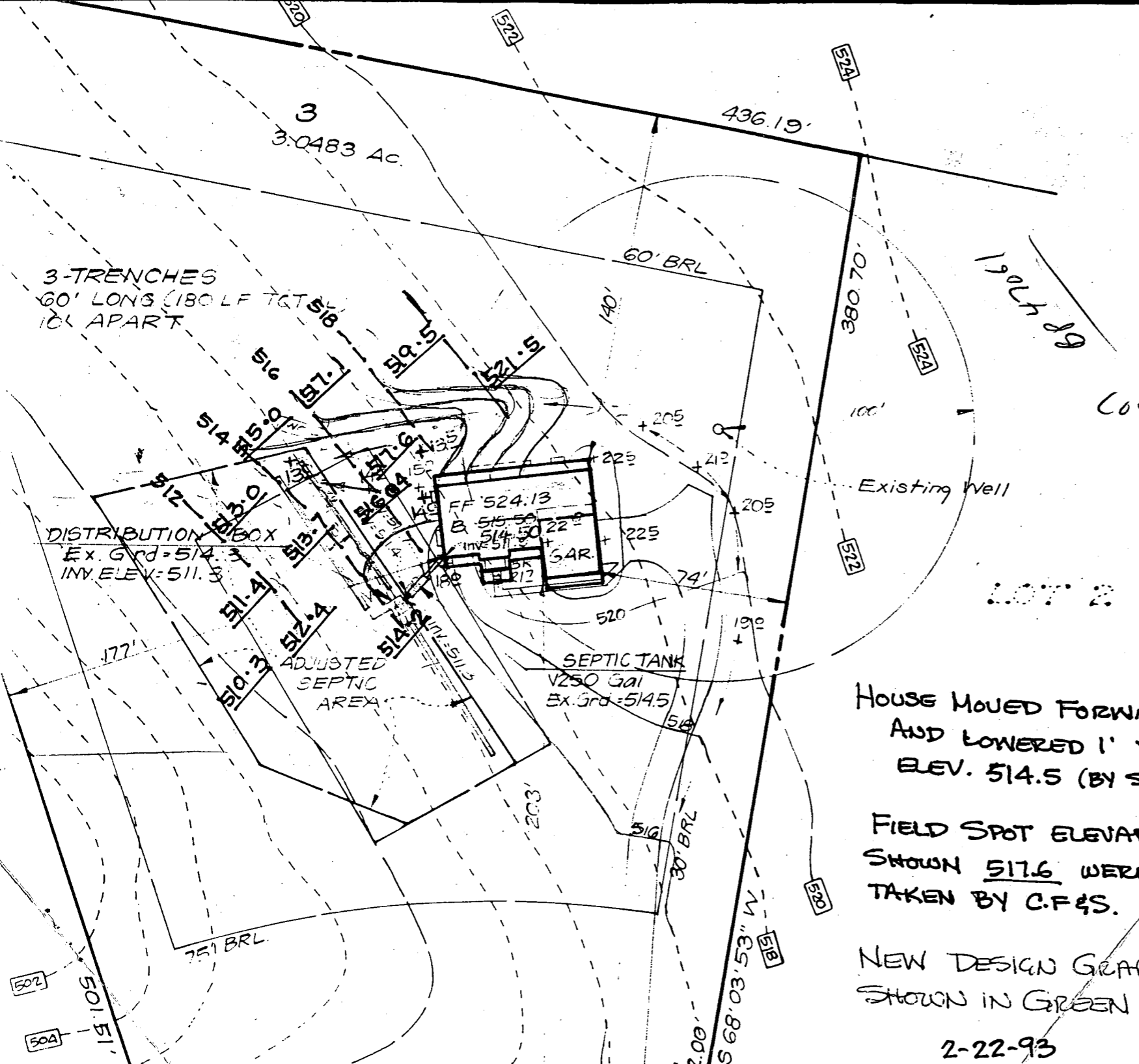
This certificate may become final upon completion of the final bacteriological test which is to be taken within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

August 16 1993  
Date of Water Sample

July 7, 1989  
Date Well Approved

Charles B. Streaker R.S.  
Approving Authority  
Charles B. Streaker, R.S.  
Water and Sewerage Program

CBS:hs



### GENERAL NOTES

1. Reference: Plat Number 8745
2. Topography taken from plans prepared by [unclear] and Davis, Inc.  
Septic Area to be determined at time of [unclear]

Locations/Elevations  
OK AS REVISED  
2/22/93 Owner

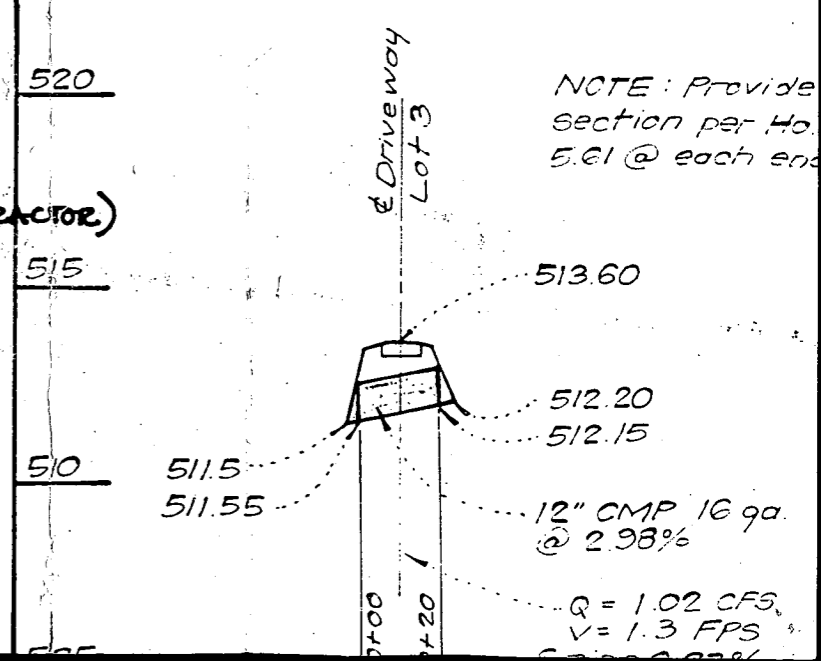
RECEIVED  
HARRIS COUNTY  
HEALTH DEPT.  
93 FEB 22 PM 12:27

HOUSE MOVED FORWARD 4'  
AND LOWERED 1' TO  
ELEV. 514.5 (BY SUB CONTRACTOR)

FIELD SPOT ELEVATION  
SHOWN 517.6 WERE  
TAKEN BY C.F&S.

NEW DESIGN GRADE  
SHOWN IN GREEN

2-22-93



NOTE: Provide  
section per Ho.  
5.61 @ each end