

3/23/88 DM

05-406056

WPI
+ N

PERMIT

P 41246
38265
A 36625

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/22/88

DATE SYSTEM APPROVED 3/23/88

INSPECTOR RH

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Twelve Hills ROAD 12960 Linden Church Rd LOT 1

PROPERTY OWNER Mark Collett

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 - 187 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM. Beginning from right front lot corner, place the 1st trench 200 feet down the right (384.50') lot line and 35 feet off the line as seen when facing property from Linden Church Road. Run trenches along contour towards the left (410.91') 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. OK/CW

A SYSTEM TO BE AS NIBN INTO PEAC AREA AS POSSIBLE, CW.

PLANS APPROVED BY Bert Nixon DATE 10/02/87

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

BLDG. PERMIT SIGNED
AND RETURNED 4/26/88
Serial # 37352

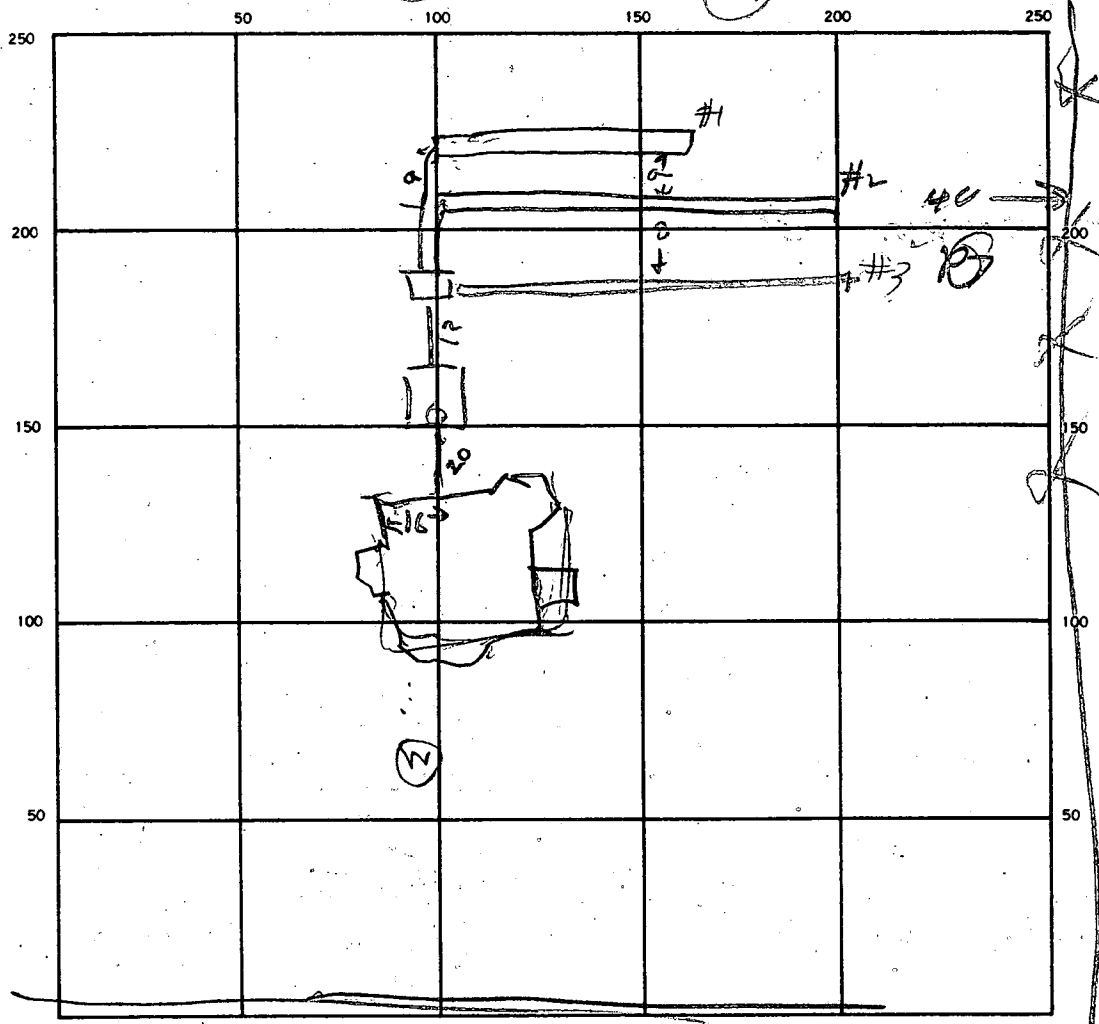
BLDG. PERMIT SIGNED
AND RETURNED 5/2/89
Serial # 25488

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A
38265



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.
 LINDERCHURCH RD

102
 91
 60
 748

SEPTIC TANK LEVEL 150 CLEANOUTS SI
OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH $\frac{1}{5} \frac{2}{5} \frac{3}{5}$ FT. TRENCH WIDTH $\frac{1}{3} \frac{2}{3} \frac{3}{3}$ FT. INLET DEPTH 3.3 FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{2} \frac{2}{2} \frac{3}{2}$ FT. TOTAL LENGTH $\frac{1}{9} \frac{2}{10} \frac{3}{60}$ FT. TOTAL 1253

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 759 SQ. FT. 748

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 3 23/88 LOCATION OK

DATE SYSTEM APPROVED 3/23/88

INSPECTOR Raymond Dodge

102
 91
 60
 253

REQUIRE
 INSTALLATION

APPLICATION

PERCOLATION TESTING

A 38265
P _____

*Preliminary
11/9/86
9:30*

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

DISTRICT _____
DATE 12/16/86

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 Hugh B. Hill Jr Mark Collett
ADDRESS 12994 Linden Church Rd PHONE 531-2610

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION: Final
SUBDIVISION Attogether Twelve Hills Sec. 1 LOT NO. 1
12960
ROAD AND DESCRIPTION Linden Church Rd + Rt 32

TAX MAP 28 PARCEL # 66
SIZE OF LOT 3 acres 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. Mark Collett
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

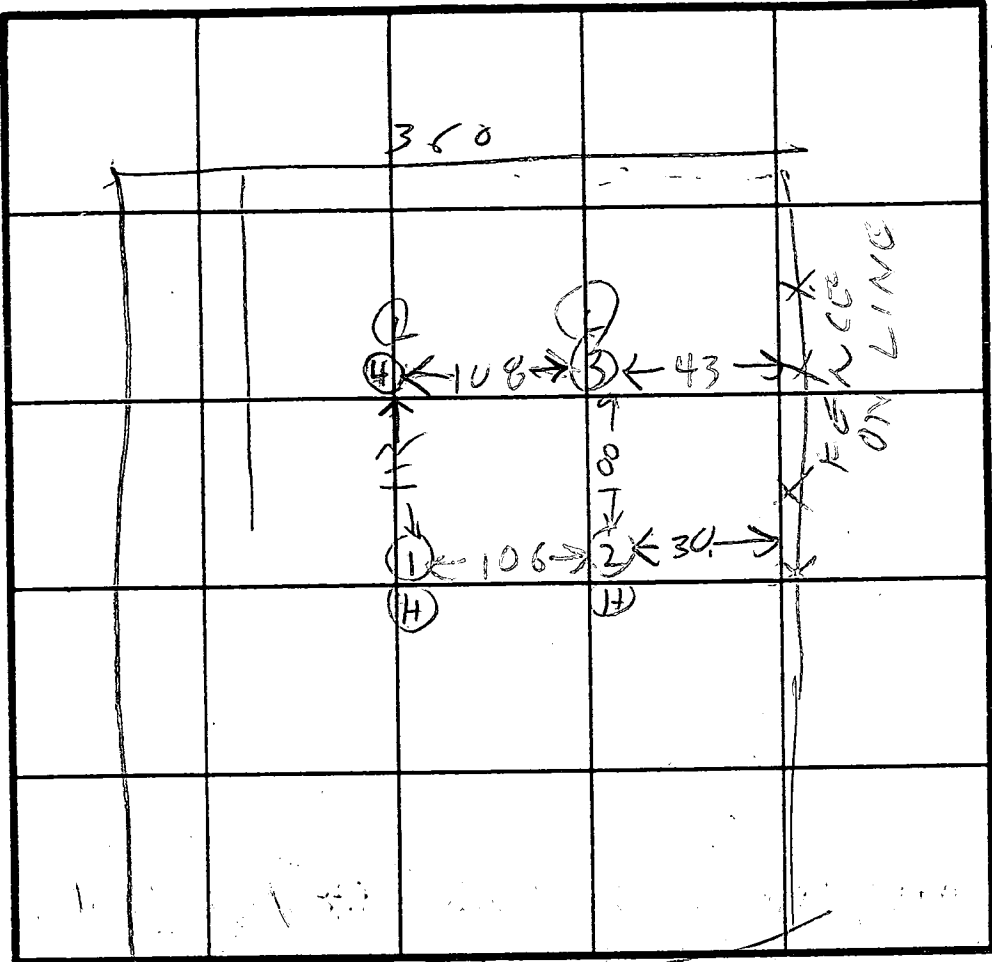
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/2/87 PERC OK
B.R. 15334

REC'D. PERC. DIV. 10-3087
AND RETURNED

THIS IS NOT A PERMIT

Lot 1



X Perc 6 min
 180# BR
 INJCT 3'
 BOTTOM 8'
 make shallower
 SEE TEST PLAT

SOIL PROFILE
 0
 BROWN CLAY
 3
 BROWN SAND LOAM
 100% SHALE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 C. LINDEEN CHURCH RD

2
 BROWN CLAY
 3
 BROWN SAND LOAM
 100% SHALE
 11
 HARD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/87	1 S	5	1036	1041	1041	1048	7
	1 V	9	1036	1041	1041	1048	7
	1 V	13	OK				
	2 S	5	1040	1045	1045	1049	4
	2 V	11	OK				21
	3 S	5.5	1052	1054	1054	1058	4
	3 V	12	OK				
11/2/87	4 S	4.5	1054	1057	1057	1064	7
	4 V	12	OK				

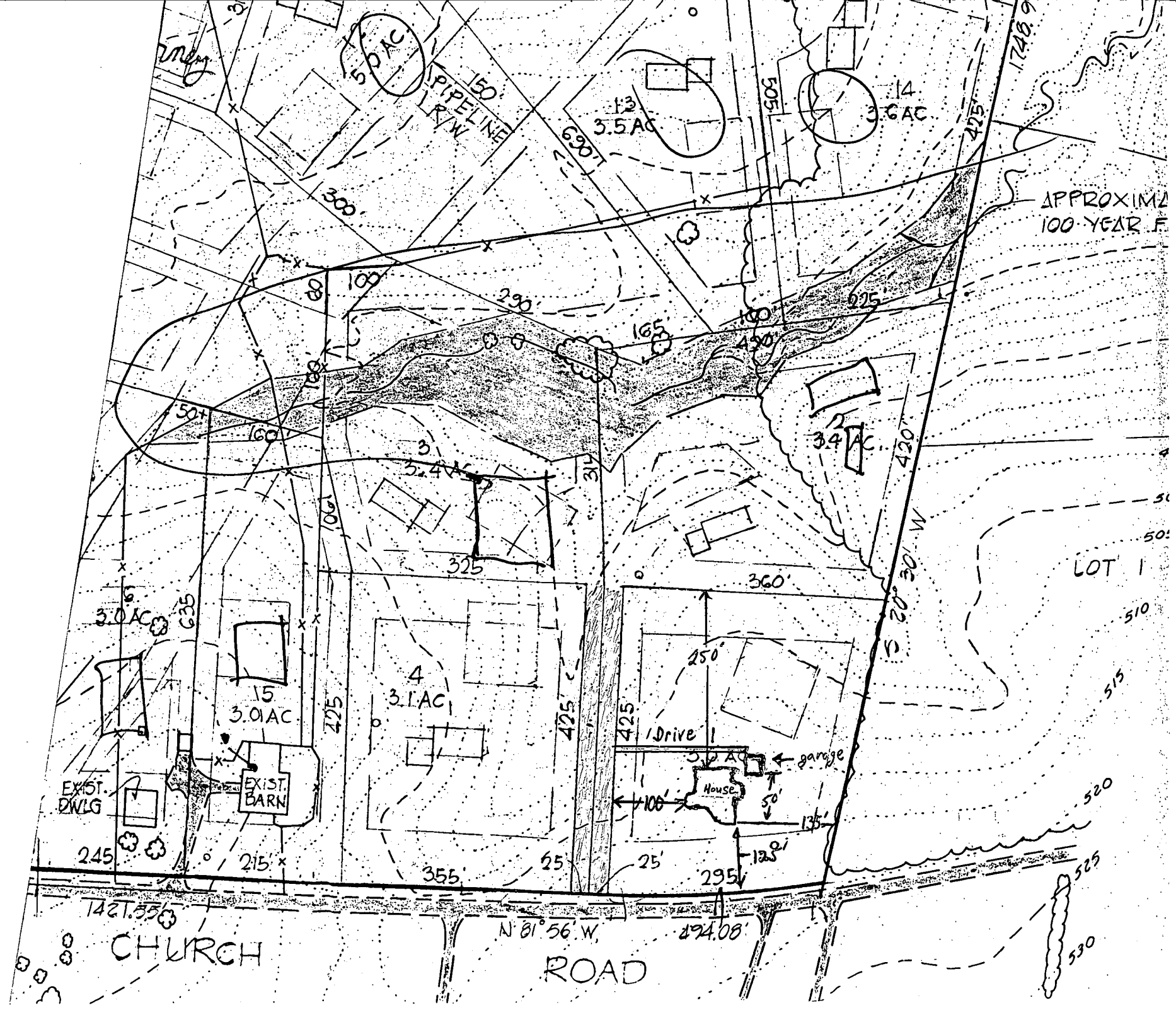
av Time
 6 min
 max
 depth
 3 ft

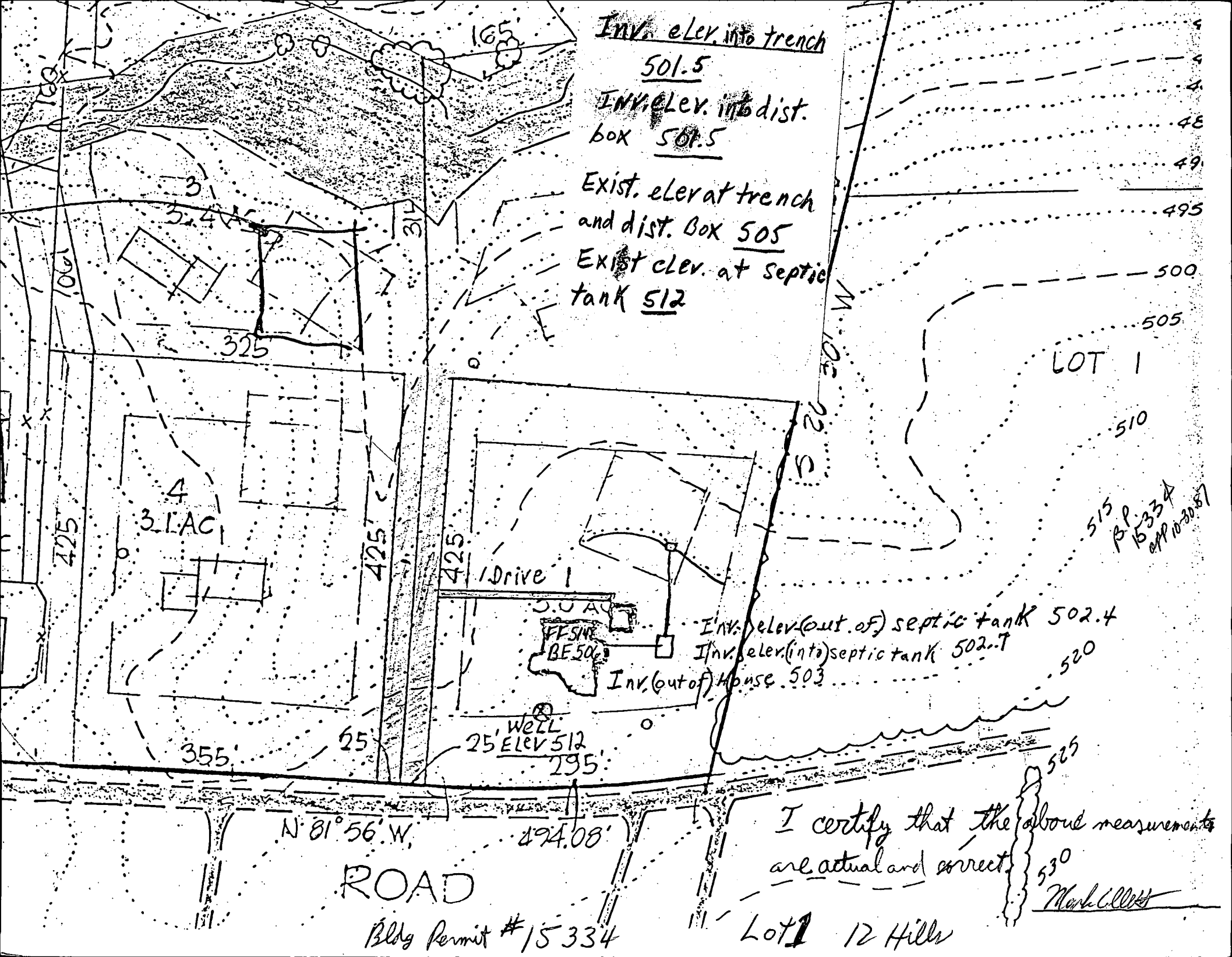
4
 BROWN CLAY
 BROWN SAND LOAM
 100% SHALE

REMARKS: Holes Dug. Dug. Similar to Test Plat

TYPE OF SOIL: _____

TESTED BY: RHODGES ALSO PRESENT: CLINT KEITZMAN





Inv. elev. into trench
501.5
 Inv. elev. into dist.
 box 501.5

Exist. elev. at trench
 and dist. Box 505
 Exist. elev. at septic
 tank 512

Inv. elev. (out of) septic tank 502.4
 Inv. elev. (into) septic tank 502.7
 Inv. (out of) House 503

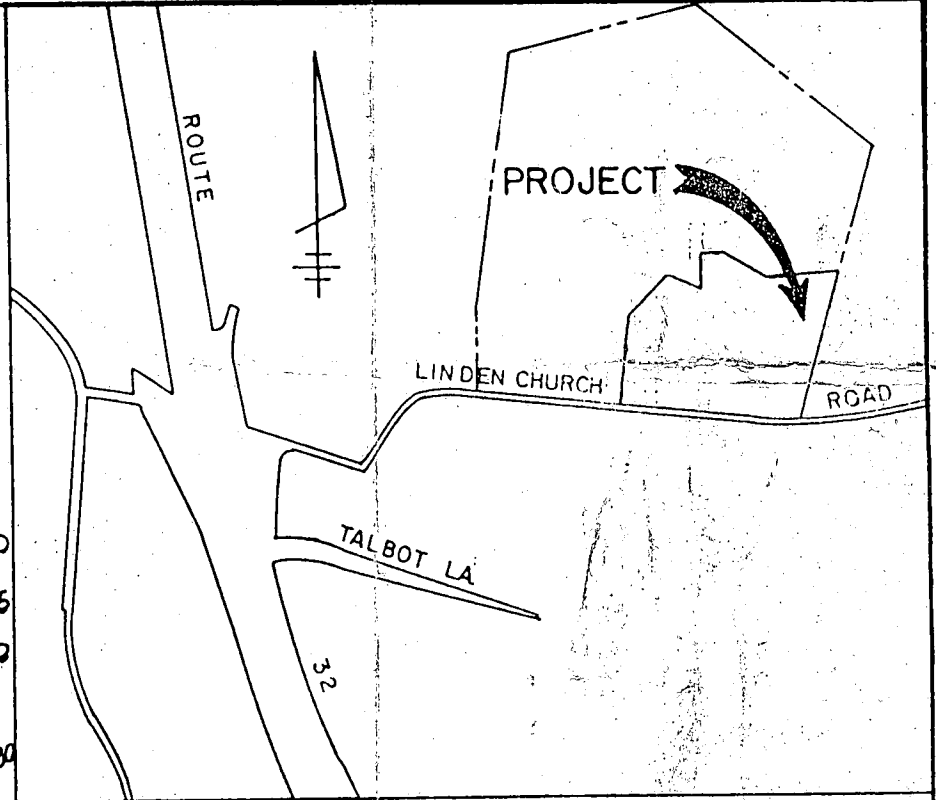
25' WELL
 25' ELEV 512
295

515
 P 15334
 exp 10-30-87

N 81° 56' W
 494.08'
 ROAD
 Bldg Permit #15334

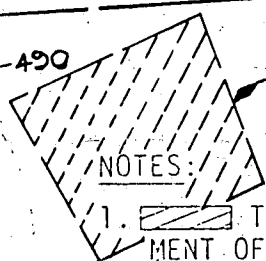
I certify that the above measurements
 are actual and correct.
 530
 Mark [Signature]
 Lot 1 12 Hills

FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, REMOVAL AND ROAD MAINTENANCE TO BE PROVIDED AT THE JUNCTION OF FLAG OR PIPE STEM ROAD R/W AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.

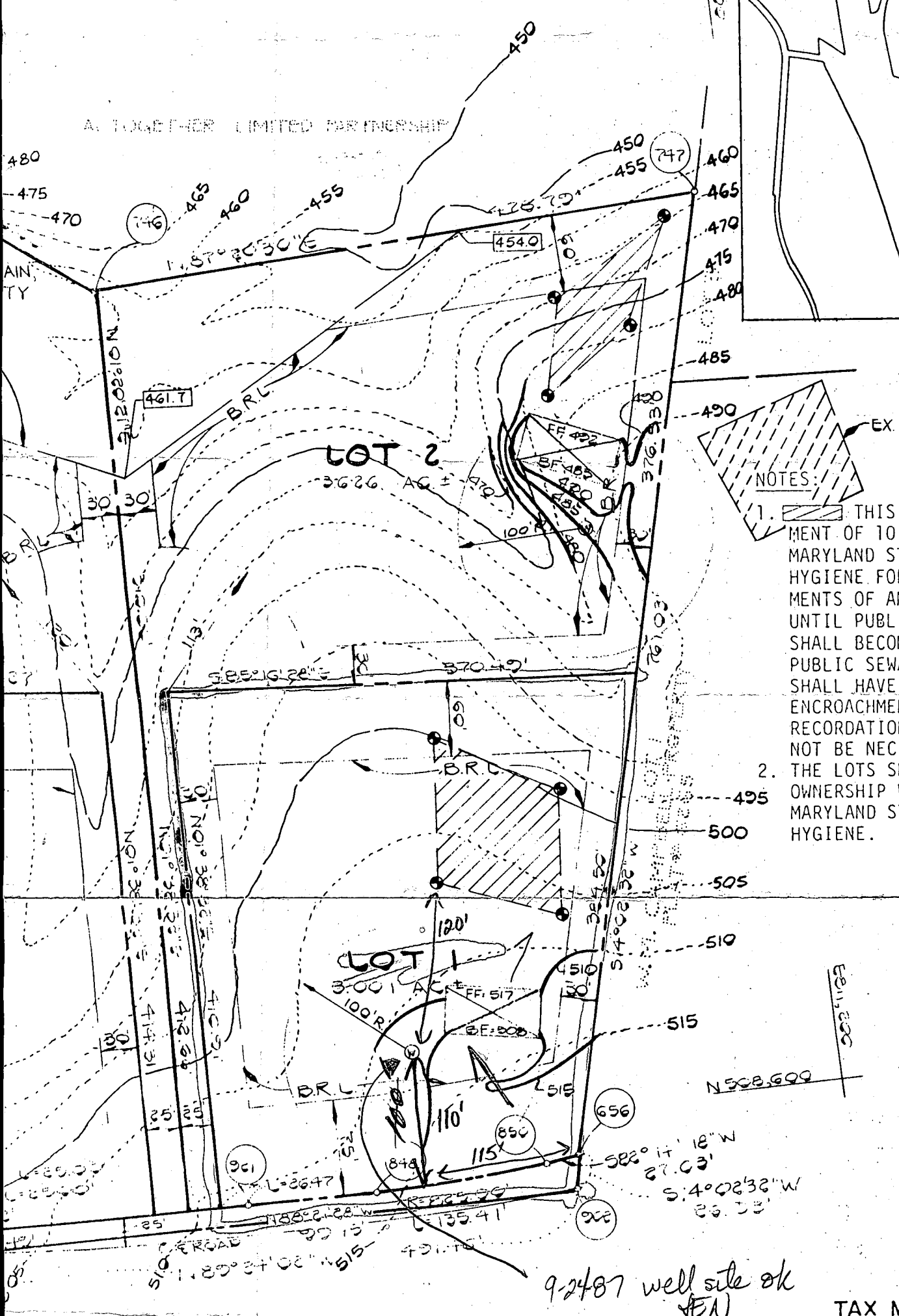


VICINITY MAP

SCALE: 1" = 1200'



- NOTES:
1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.



Charles A. ...

PERC CERTIFICATION DRAWING

ALTOGETHER

SECTION ONE

LOTS 1-6

TAX MAP 28

P/O TAX MAP PARCEL 66

ZONING R

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

APRIL 16, 1987

OWNER AND DEVELOPER
ALTOGETHER LIMITED PARTNERSHIP
C/O HOWARD COUNTY LAND SERVICES INC.
8307 MAIN STREET
EUGENIUM CITY, MARYLAND 21043

9.2487 well site ok
JEN

ROAD

B 1 **1727** SEQUENCE NO. (OEP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

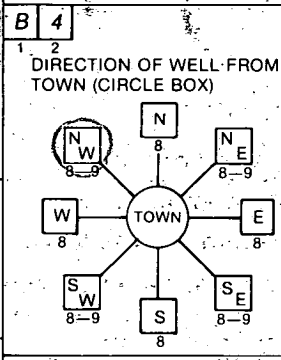
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2324
 fill in this form completely

Date Received: **082987**
 OWNER INFORMATION
490-3182
Construction COLLECTOR
8512 CLARKSON DR
FULTON TOWN **MD20759** ZIP

B 3 LOCATION OF WELL
Howard COUNTY
~~ALLIANCE~~ **TWELVE HILLS** SUBDIVISION
 SECTION **1** LOT **1**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Harry Edmondson License No. **252**
Harry Edmondson Drilling Firm Name
741 Kleg Mill rd. Westminster Address
Harry Edmondson Signature **08-28-87** Date



Linden Church rd NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
100 DISTANCE FROM ROAD
 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
A38265 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **100287** CO SIGNATURE **B. B. B.** EXP. DATE **0410288**
 NORTH GRID **508000** EAST GRID **0810000**

APPROXIMATE DEPTH OF WELL **250** 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 _____

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 **Am** INITIALS IN BOX PERMIT No. **40-81-2324**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Location OK**
 2. **53 casing (1' above)**
 3. **30+ ' open hole**
15 bags cement
120 sample taken
 WRITE THE BOX NUMBER FROM THE MAP HERE
8100
5100
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Clarksville

C1 1925 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 38265

DATE Received

DATE WELL COMPLETED 10/19/87

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2324

OWNER CONSTRUCTION COLLETT STREET OR RFD LINDEN CHURCH ROAD TOWN CLARKSVILLE SUBDIVISION TWELVE HILLS SECTION 1 LOT 1

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Includes entries for Top soil, red clay, Brown soil, Shell x Brown soil, mica, mica x white rock, mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 16, NO. OF POUNDS 1504.

CASING RECORD: casing types insert appropriate code below. ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING: Nominal diameter top (main) casing (nearest inch) 06, Total depth of main casing (nearest foot) 53.

OTHER CASING (if used): diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole insert appropriate code below. ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) 250. Includes grid for screen depth and diameter.

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

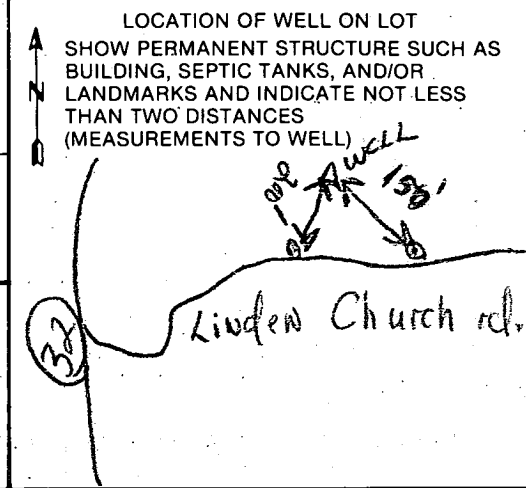
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 252, DRILLERS SIGNATURE (Allen Comata), 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): T (TELESCOPE CASING), WQ (WELL LOG INDICATOR), OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 03, PUMPING RATE (gal. per min. to nearest gal.) 8, METHOD USED TO MEASURE PUMPING RATE 1 gal., WATER LEVEL (distance from land surface) BEFORE PUMPING 39, WHEN PUMPING 140, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S (submersible), 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: 01 (nearest foot).



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 # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner COLLETT CONSTRUCTION Telephone _____
Subdivision TWELVE HILLS I Lot # 1 Well Tag # HO-81-2324
Site Address LINDEN CHURCH RD

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
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 _____

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

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth 250 ft.
2. Yield 8 1/2 GPM
3. Static water level 34 ft.
4. Will water supply be disinfected by installer? _____

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.

