

7-30-91  
8/7/91  
5/12/91  
10:30 AM  
ASAP  
Valk

05-406072

file

① P.C.O. 8/3  
C.B.D.  
② P.C.O. 8/12  
C.B.D.  
P 47357

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 38267

DISTRICT 5th

# INDEXED

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 7-29-91

DATE SYSTEM APPROVED 8/12/91

INSPECTOR C.B.D.

Obbo Vander Valk

Maryland Engineering Concrete Co., Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 13455 Highland Road, Highland, Maryland 20777 PHONE 854-2022

SUBDIVISION Twelve Hills LOT 3 ROAD 12972 Linden Church Road

PROPERTY OWNER William Musick

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

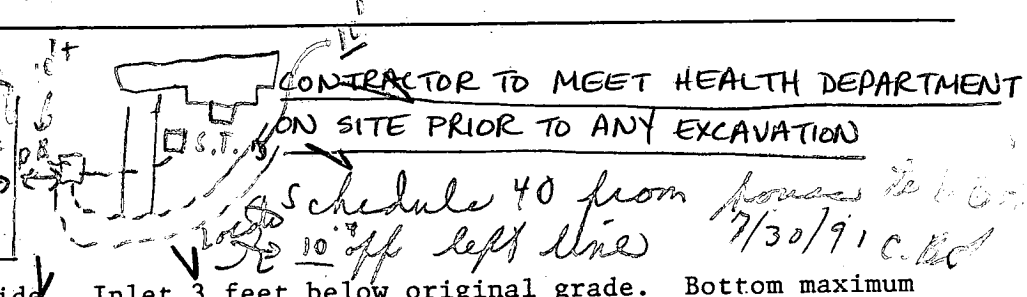
180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 105 feet across the front (355.27') lot line beginning from the front left corner and 40 feet off the same lot line as seen when facing the lot from Linden Church Road. Run the trenches toward the right side of the lot as seen when facing the lot from Linden Church Road.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. O/C 7/24/91 R.H.



PLANS APPROVED BY Sid Abel cm DATE 09/16/88

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

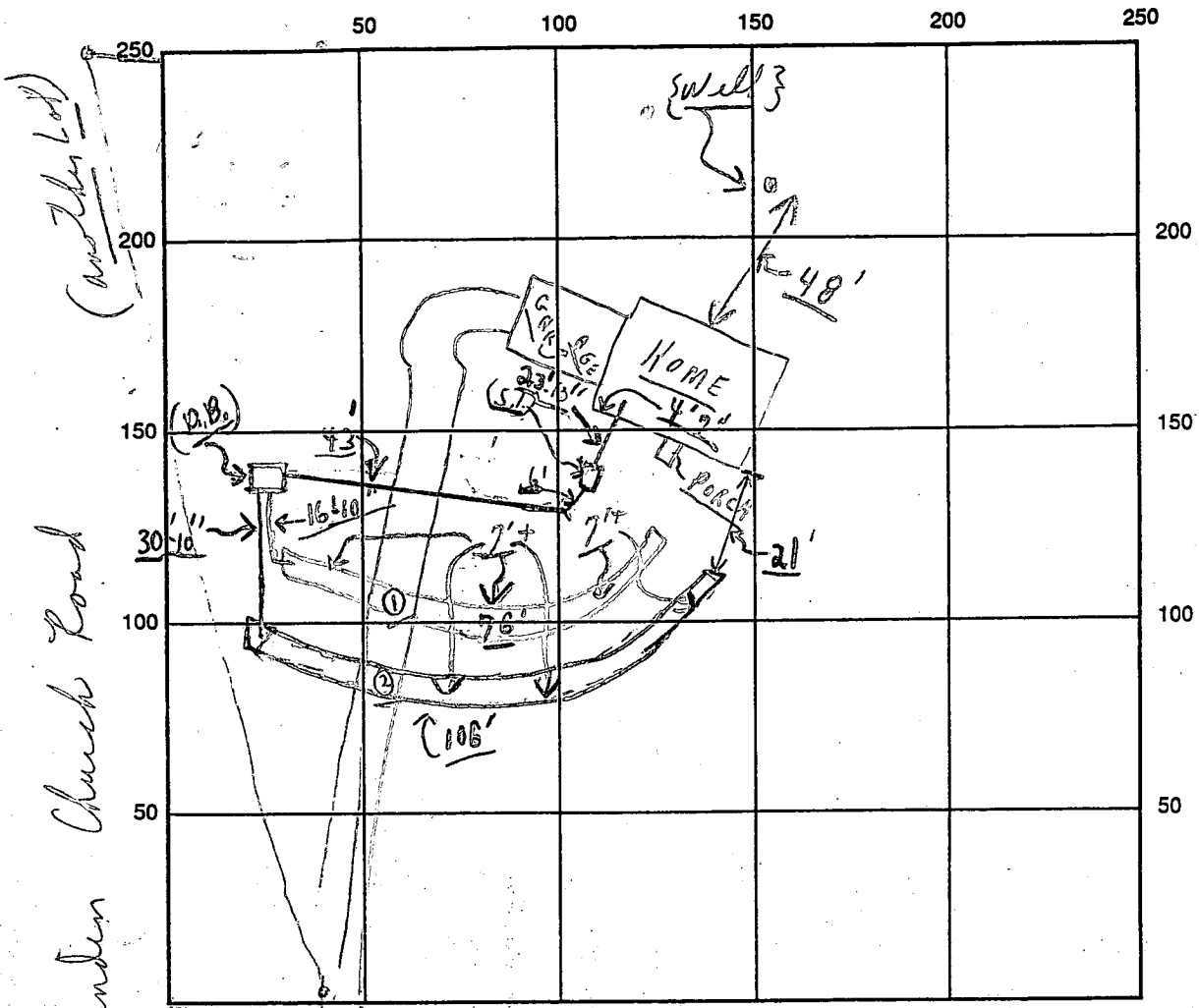
PERMIT VOID AFTER TWO YEARS

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 38267



Tunden Church Road

(Mother Lot)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS set / OK

DISTRIBUTION BOX LEVEL OK (Baffles in in)

DRAIN FIELD/TITLE DEPTH 7' average FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 average FT. TOTAL LENGTH 26' + 106' FT. } 182'

NUMBER OF TRENCHES 2 ONE SIDEWALL AREA 728 SQ. FT.

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

ABSORBENT AREA 728 SQ. FT.

REMARKS: 8/7/91 OK do stones in #1 trench only. Partial.

8/10/91 OK do cover to 1' of D.B. OK to cover #1 trench as shown; #2

trench ok for stones; partial; later 8/12/91 - Final - late

P.M.

8/7/91 No W.P.I. c.B.O.

DATE SYSTEM APPROVED 8/12/91 INSPECTOR Charles Bryan

# APPLICATION

PERCOLATION TESTING

A 38267  
P \_\_\_\_\_

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 Stu Goldberg, 995-1151  
ADDRESS 12994 Linden Church Rd PHONE 531-2610  
PROSPECTIVE BUYER Wm. Musick as of 1/2/91  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION Altogether Twelve Hills Sec. 1 LOT NO. 3  
ROAD AND DESCRIPTION Linden Church Rd + Rt 32 12972 Linden Church Rd

TAX MAP 28 PARCEL # 66  
SIZE OF LOT 3.4 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.

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. M. S. Keit  
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Trencher DATE 2/4/88

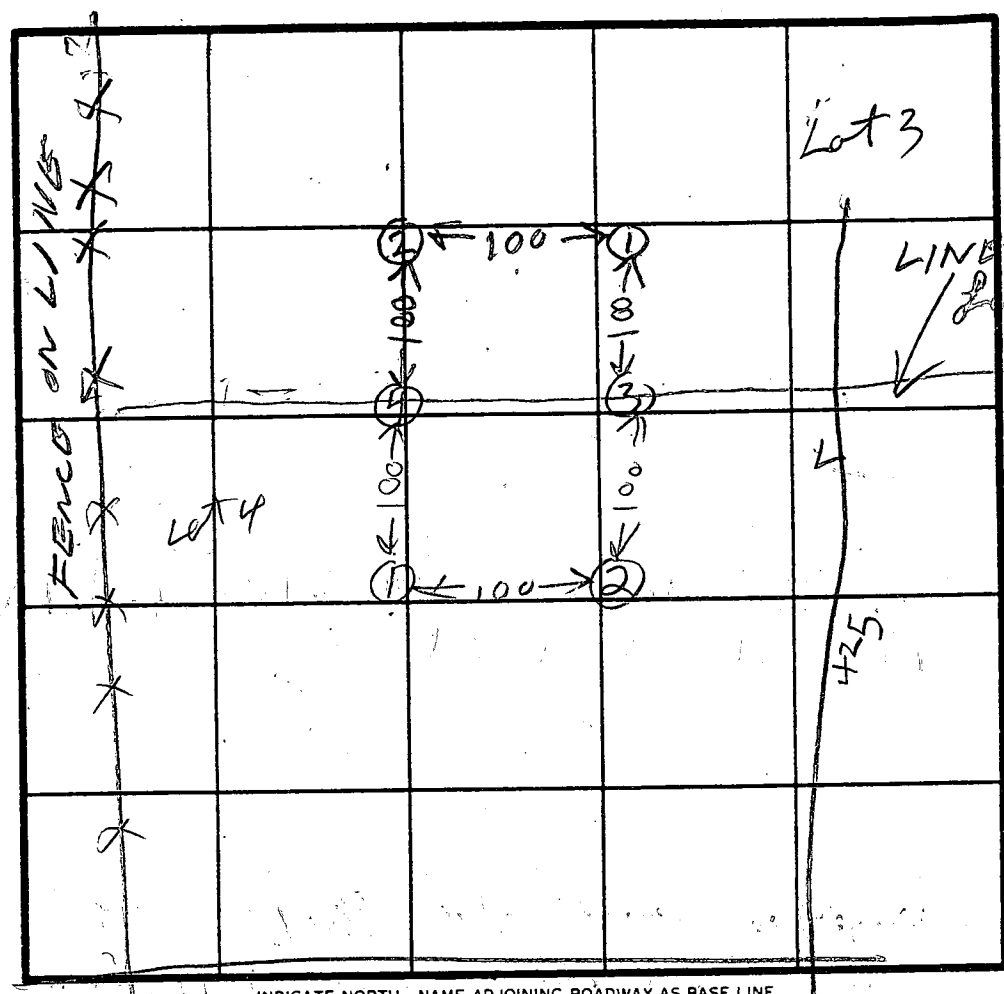
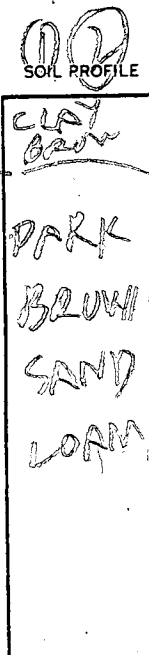
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_  
REASONS FOR REJECTION OR HOLDING 1/12/87 - PERC OK  
2/4/88 FINAL

BLDG. PERMIT SIGNED AND RETURNED 1/14/88  
4 Beckson BP 2225784

# THIS IS NOT A PERMIT

Lot 3



PERE 2min

INLET 3'

BOTTOM 7'

160  $\phi$ /BR

av time 2 min

max depth 3 ft

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

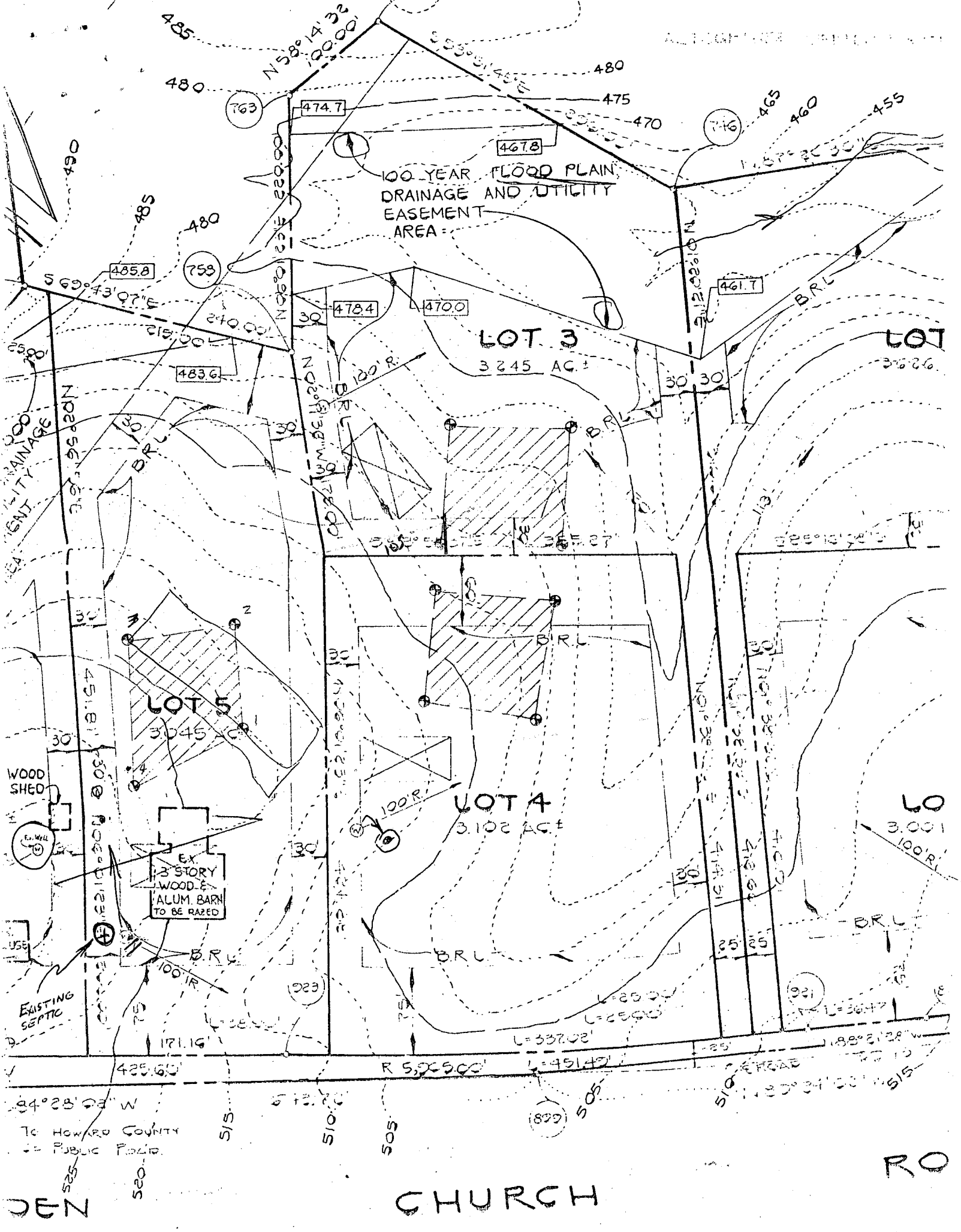
LINDEN CHURCH R17

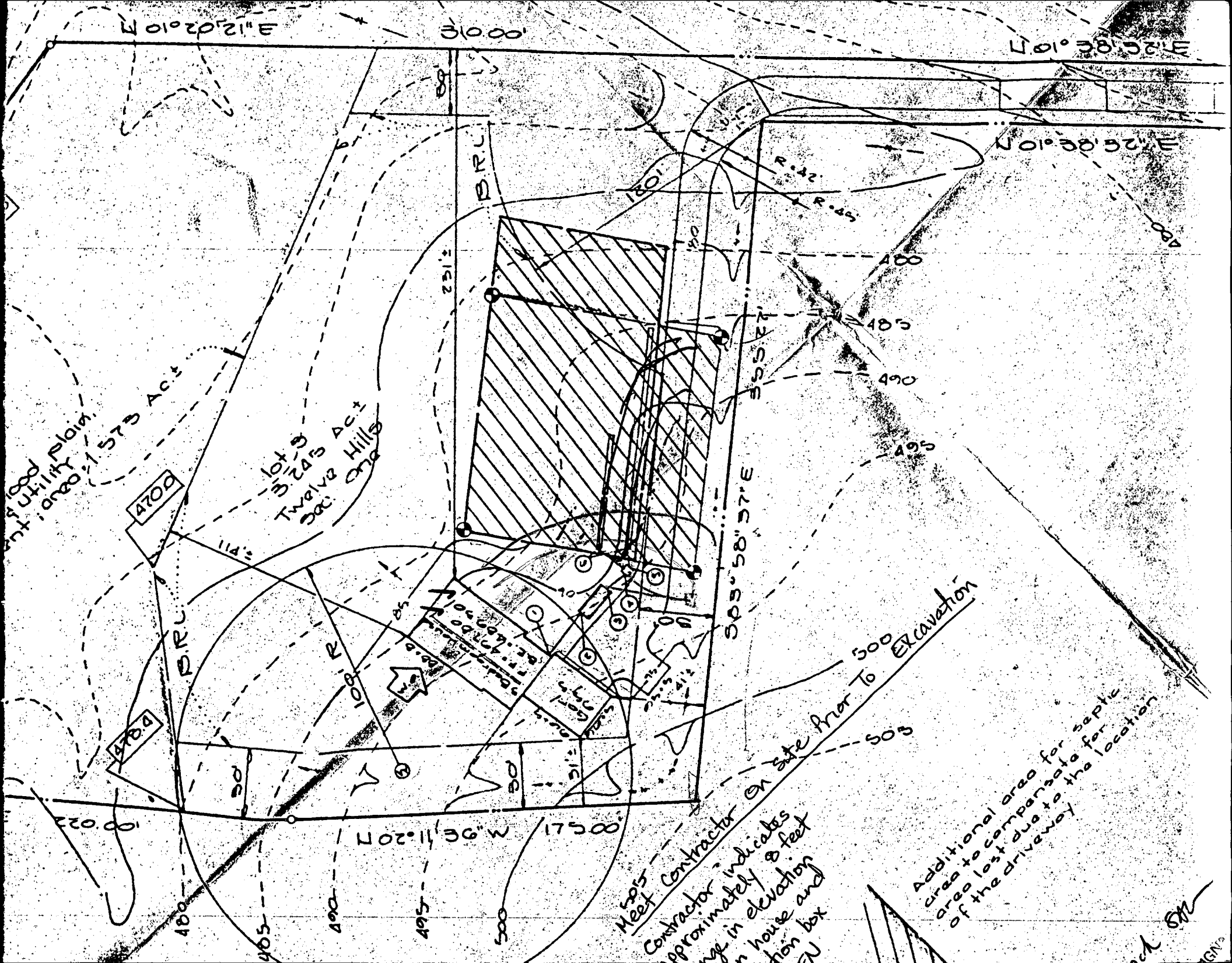
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/28/63	15	4	1145	1146	1146	1147	1
	15	12	OK				
11/9/63	25	11	1148	1149	1149	1151	1
	25	11	OK				

REMARKS: Hole dug different from Survey report (Hit Rock)

TYPE OF SOIL: See sheet for lot 1 for line stakes

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_





Good Utility  
1573 Act

lot 3  
3-24-5  
Twelve Hills  
300' 00"

505  
Meet Contractor on site prior to Excavation  
Contractor indicates  
approximately 8 feet  
rise in elevation  
in house and  
foundation box  
RU

Additional area for septic  
area to compensate for  
area lost due to the location  
of the driveway

6/21/23  
GN

7-25-91  
anytime  
7/26/91

HAM

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 # 47351  
Date 7/26/91

Name of Installer Breeding Plumbing Telephone \_\_\_\_\_  
Emmitsburg, MD

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

Name of Property Owner Bill Musick Telephone 301-353-4595  
Subdivision Twelve Hills Sec 1 Lot # 3 Well Tag # HO-88-0190  
Site Address 12970 Linden ~~St~~ Church Rd

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
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? _____

7/25/91 P.A. NOT APPROVED  
WELL LINE DEPTH IN QUESTION

7/26/91 P.A. OK 3.5' B.G. WELL LINE OK ALSO

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: 7/26/91

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

**C1** 0514 SEQUENCE NO. (DENV USE ONLY)  
 1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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# 38267**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **100588** Depth of Well **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-0190**

OWNER ~~FRATERNITY PARTNERSHIP~~ **William Musick**  
 STREET OR RFD last name **LINDEN CHURCH ROAD** first name TOWN **DRAYTON, MD.**  
 SUBDIVISION **TWELVE HILLS** SECTION LOT **3**

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
sandy	2	10	✓
Sand Stone	10	15	
MICKA	15	50	
Sand Stone	50	55	✓
MICKA	55	325	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL:  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **5** NO. OF POUNDS **300**  
 GALLONS OF WATER **30**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **12** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE **PL** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **21**

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO**  
 STEEL BRASS OPEN HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN **H0** **20** **325**

**A** CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **273**  
**Ralph Mayne**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

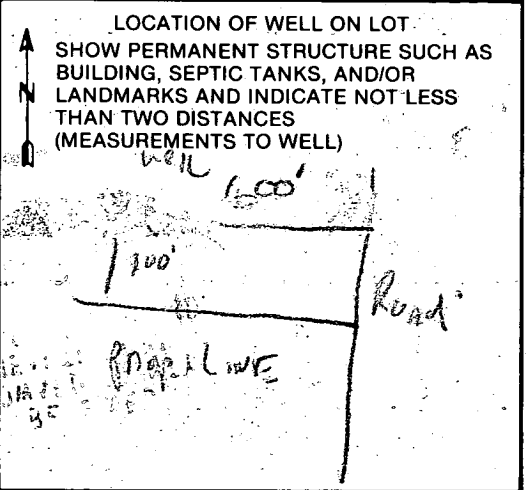
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) [ ] [ ] [ ] [ ]  
 from to

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

**TELESCOPE CASING** LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **1**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING [ ] [ ] [ ] WHEN PUMPING [ ] [ ] [ ]  
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 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 (nearest foot) **1** } **-** below }





B 1 3541

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER H0-88-0190

Date Received (APA) 081688 OWNER INFORMATION TRINITY PARTNERSHIP 14211 BETULA WAY DAYTON MD 21036

B 3 LOCATION OF WELL HOWARD COUNTY TWELVE HILLS SECTION 44 LOT 3 DAYTON MILES FROM TOWN 4 MI

DRILLER INFORMATION Ralph Mayne 273 Driller's Name License No. 80 Firm Name Ralph Mayne Well Drilling 9120 Brown Church Rd. Mt Airy Address Signature Date 8/14/88

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Linden Church Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 600 FT

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

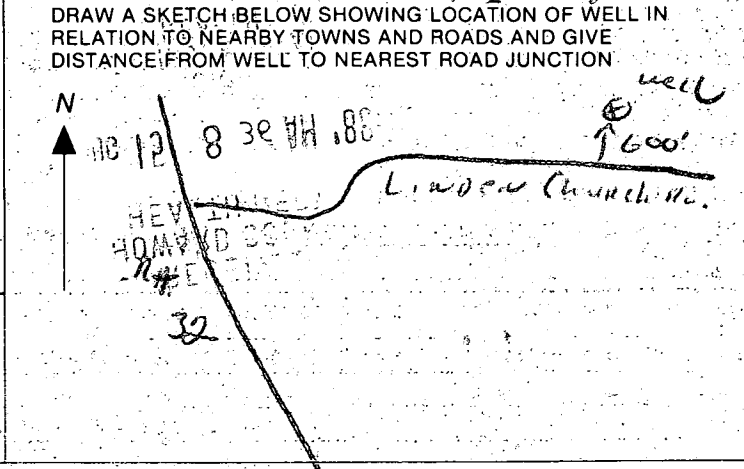
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A# 38267 COUNTY NO. STATE SIGNATURE DATE ISSUED 091488 CO SIGNATURE Charles B. ... EXP. DATE 3/14/89 NORTH GRID 509000 EAST GRID 0811000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 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 8101 5069

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) 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 DEEPEAN 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 C INITIALS IN BOX PERMIT NO. H0-88-0190

SPECIAL CONDITIONS William Carroll 854-2108 well

AND THE ROAD R/W AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.

EX. TRANSCONTINENTAL  
GAS PIPE LINE CORP. R/W  
530/229

Ralph Mayne  
9120 Browns  
Church Rd.  
MT. AIRY, MD.  
21771

ALTOGETHER LIMITED PARTNERSHIP  
576/705

100 YEAR FLOOD PLAIN,  
DRAINAGE AND UTILITY  
EASEMENT  
AREA = 1.573 AC±

LOT 3  
2.45 AC±

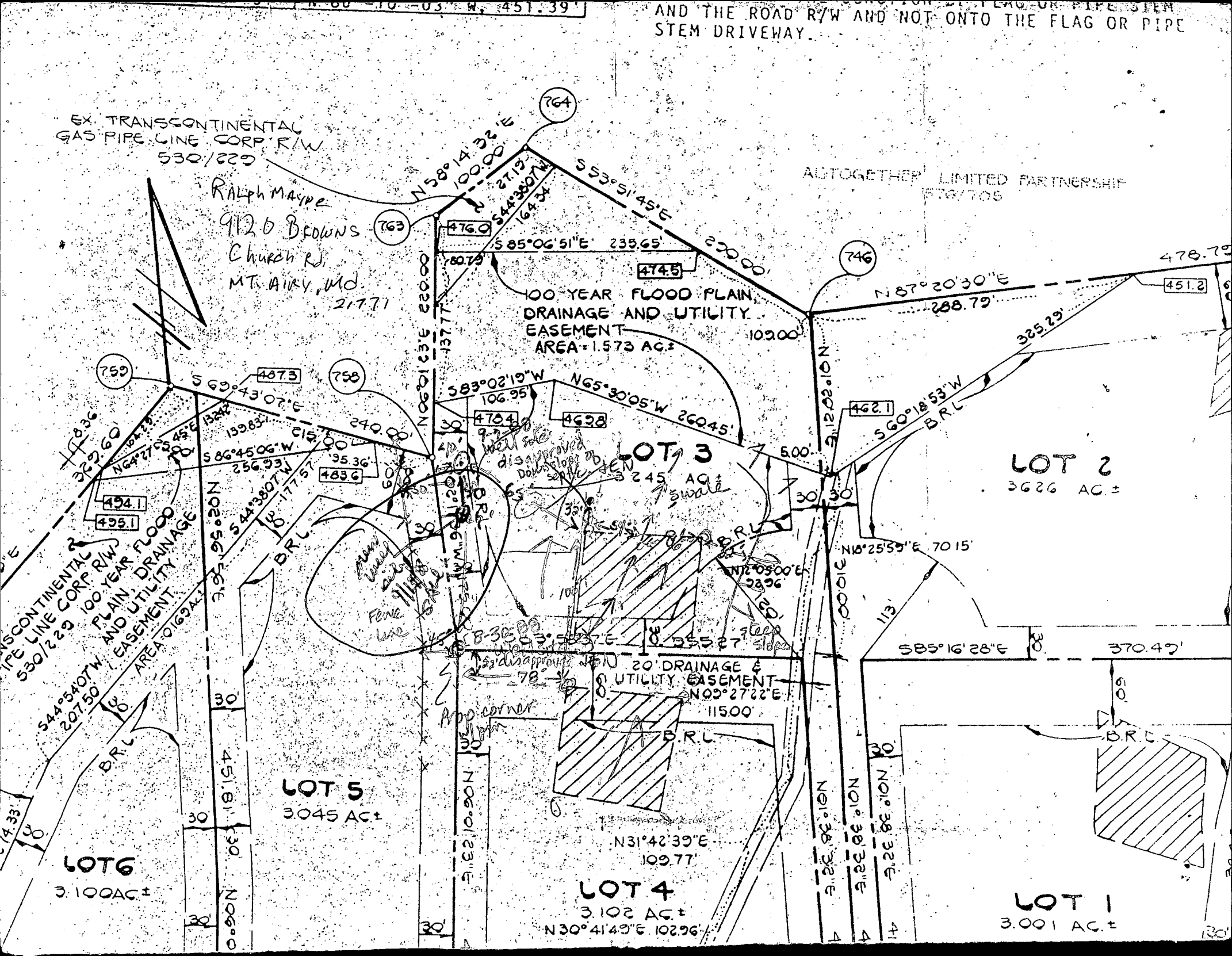
LOT 2  
3626 AC±

LOT 5  
3045 AC±

LOT 4  
3.102 AC±

LOT 6  
3.100 AC±

LOT 1  
3.001 AC±



Dear Ralph, - Twelve Hills, Clarksville, Lot 3, sect 1.

There is a well staked on lot  
3. Enclosed is \$30 check for  
Dept. of Health. Please drill  
as soon as possible.

Sincerely,  
Bill Carroll

Any questions. → ~~854-2108~~ 381-7382

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