

9/15/88 pm  
9-16-88  
12 noon

05-406080

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42533

A 38268

DISTRICT 5th

DATE 9/15/88

DATE SYSTEM APPROVED 9/16/88

INSPECTOR RI

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

Donald Parlette IS PERMITTED TO INSTALL  ALTER

ADDRESS 6575 Route 32, Clarksville, MD 21029 PHONE 531-2140

SUBDIVISION Twelve Hills ROAD 12978 Linden Church Rd LOT 4, Sec. 1

PROPERTY OWNER Bruce and Janet Montgomery

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. 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 ONLY. Beginning from the left front lot corner, place the 1st trench 300 feet down the left (424.88') lot line and 85 feet off the line as seen when facing property from Linden Church Road. Run trenches along contour towards the rear (355.27') 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

PLANS APPROVED BY Bert Nixon DATE 10/02/88

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.

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.

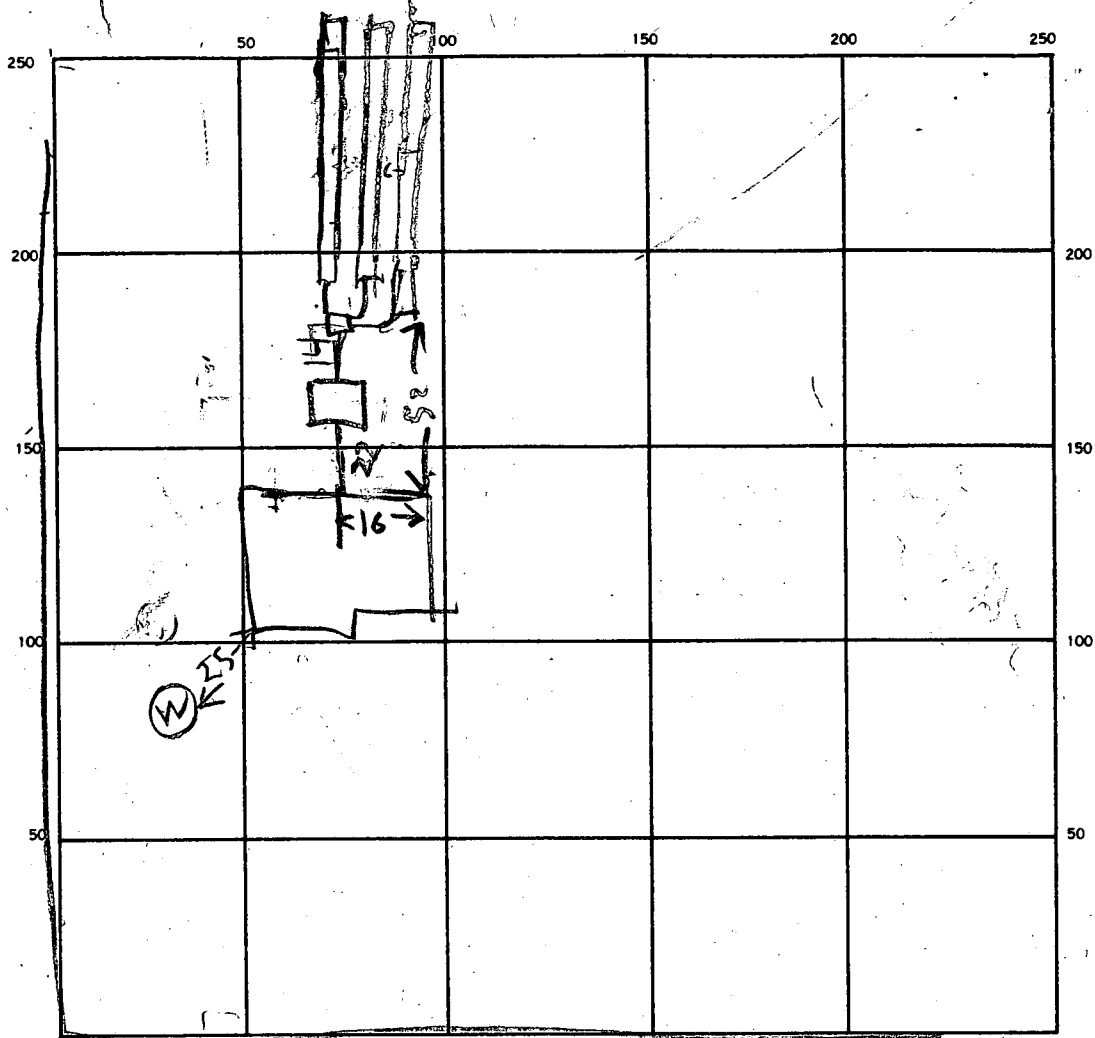
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A  
38268



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
 LINNET CIRCLE RD

300  
 30  
 900

SEPTIC TANK. LEVEL 2000 CLEANOUTS ST

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

DRAIN FIELD/TILE FIELD. DEPTH  $\frac{1}{3} | \frac{2}{3} | \frac{3}{3}$  FT. TRENCH WIDTH  $\frac{1}{3} | \frac{2}{3} | \frac{3}{3}$  FT. INLET DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH  $\frac{1}{2.5} | \frac{2}{2} | \frac{3}{2}$  FT. TOTAL LENGTH  $\frac{98}{98} | \frac{102}{102}$  FT. 298 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 894 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 9/15/88 LOCATION OK PER PLAN - ADD STONE TO TRENCHES

FINISH JOB & CALL RHT

9/16/88 - TRENCH #2 OK FINISH WORKING

UP TANK PUT ON CLEANOUT & COVER

DATE SYSTEM APPROVED 9/16/88

INSPECTOR Raymond Fodge

# APPLICATION

PERCOLATION TESTING

A 38268

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

ADDRESS 12994 Linden Church Rd PHONE 531-2610

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Altogether Twelve Hills Sec. 1 LOT NO. 4

ROAD AND DESCRIPTION Linden Church Rd + Rt 32

TAX MAP 28 PARCEL # 66

SIZE OF LOT 3.1 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.

*[Signature]*  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidley Abner FOR Shallen French DATE 5-17-88

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

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

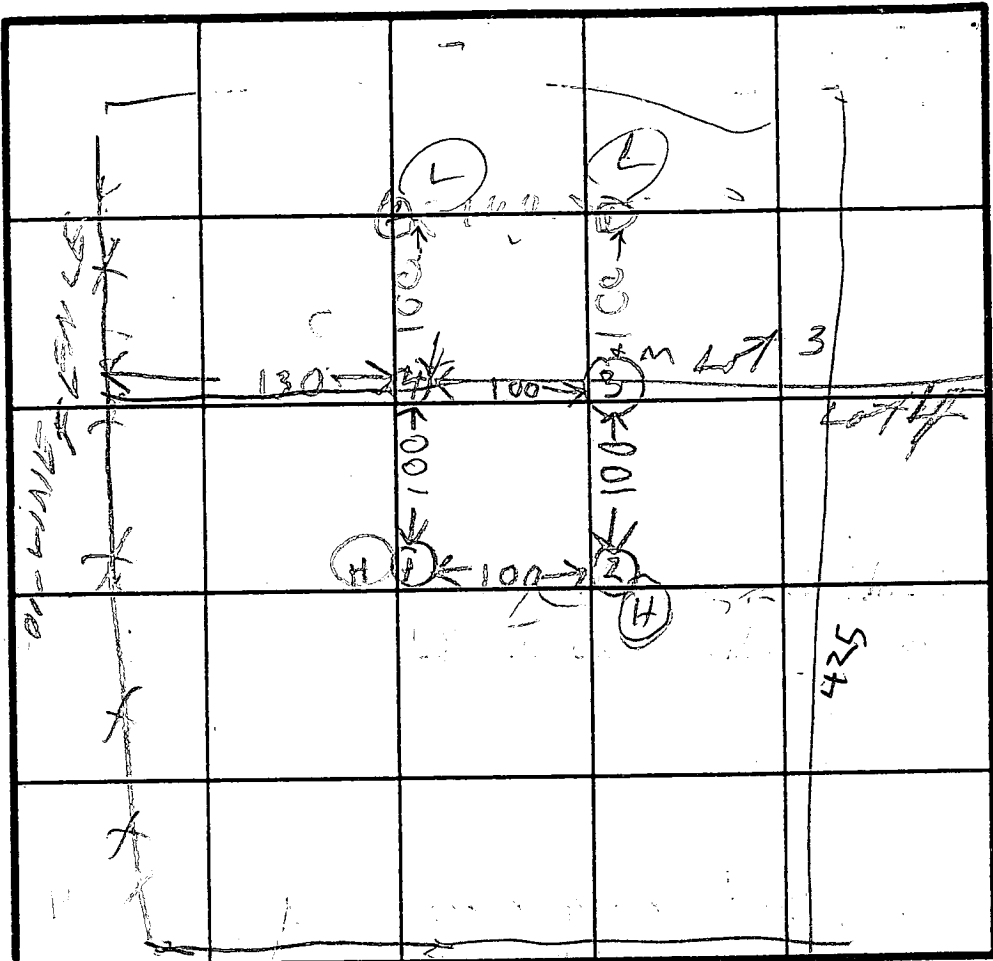
REASONS FOR REJECTION OR HOLDING 11/12/87 PERC OK

REG. PERMIT SIGNED  
AND RETURNED 5-17-88

BP 18601 *[Signature]*

# THIS IS NOT A PERMIT

Lot 4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LINDEN CHURCH RD

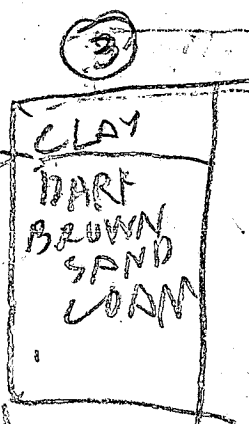
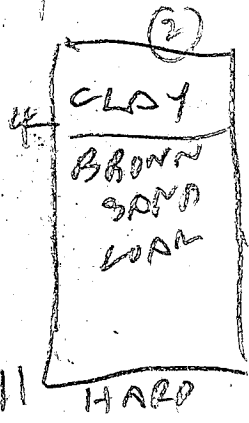
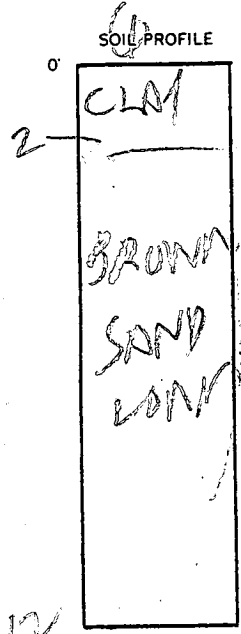
X Perme 160 phi/BA  
Inlet 3'  
Bottom 7'

Max  
Depth  
3 ft

av  
Time  
4 min

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/87	15	4.5	1115	1120	1120	1122	4
	10	2.5	1116	1118	1119	1124	6
11/2/87	IV	12	OK				
	25	5	1117	1121	1121		
	2V	11	OK				
	35	4.5	1120	1128	1120	1132	4
	3V	12	OK				
	45	5.5	1132	1140	1140	1142	2
	3V	12	OK				

ON LINE  
HOLE 3030  
ON LINE  
110-0  
LOT 384



REMARKS Holes (1)(2) dug Per Surveyor Stokes Holes (3)(4) dug

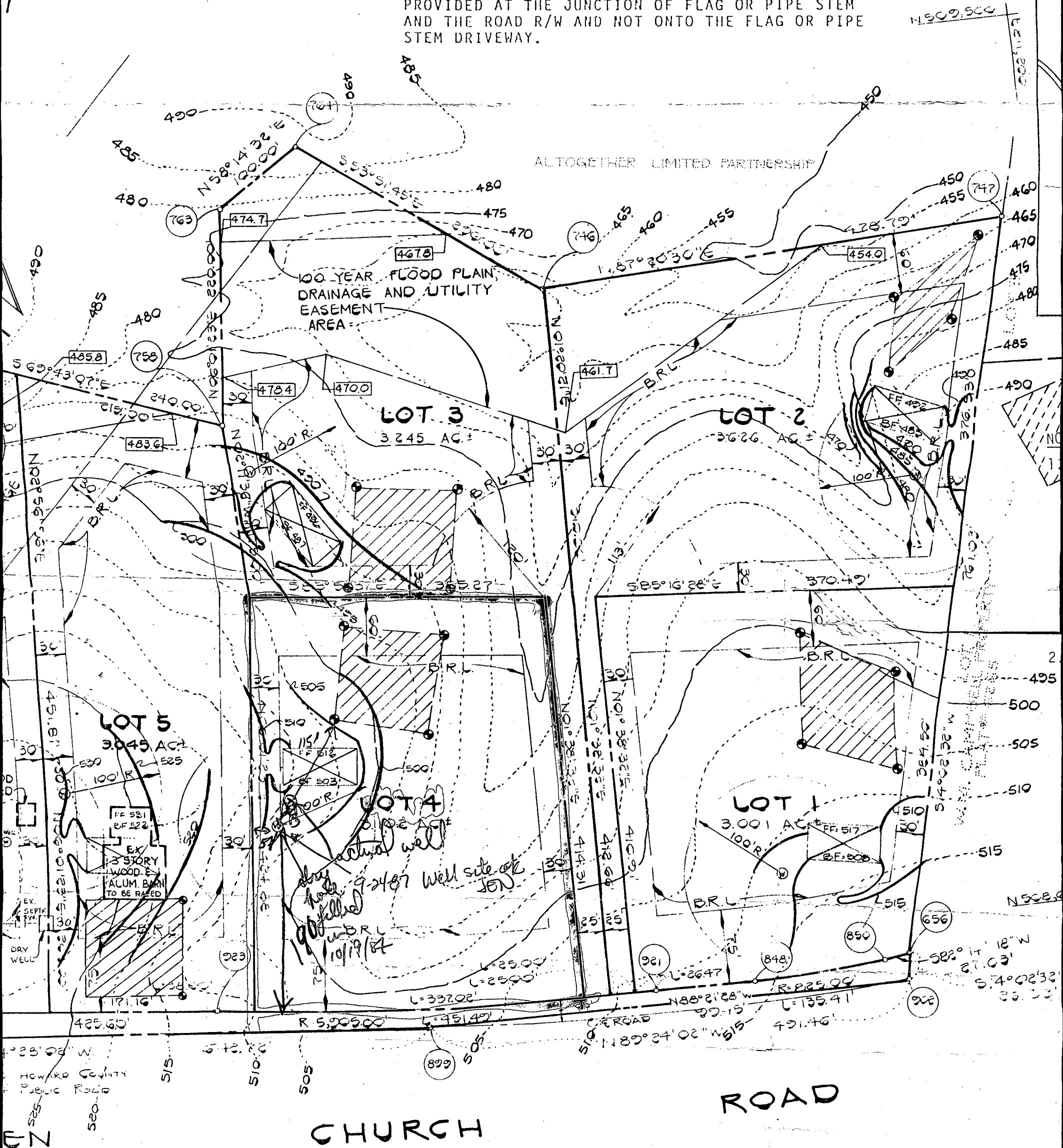
TYPE OF SOIL on line between lot 3 & lot 4

TESTED BY R HODGES

ALSO PRESENT OK ETHERMAN

**NOTE:**

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



**FISHER, COLLINS AND CARTER, INC.**  
CIVIL ENGINEERS AND LAND SURVEYORS  
2028 COURT AVENUE  
ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 410-285-5555

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

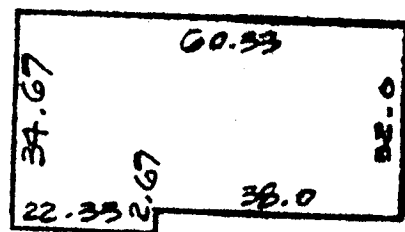
# PLOT PLAN

LOT-4

TWELVE HILLS SUBDIVISION

5th. ELECTION DISTRICT

HOWARD COUNTY MD.



### 20' DRAINAGE + UTILITY ESMT.

NO.	BEARING	DIST.
11)	N09°27'22"E	115.00'
12)	N31°42'39"E	109.77'
13)	N30°41'49"E	102.96'
14)	N40°18'07"E	64.03'
15)	N01°52'46"W	66.04'

BLDG. PERMIT SIGNED  
AND RETURN 5-17-88

BP 18601

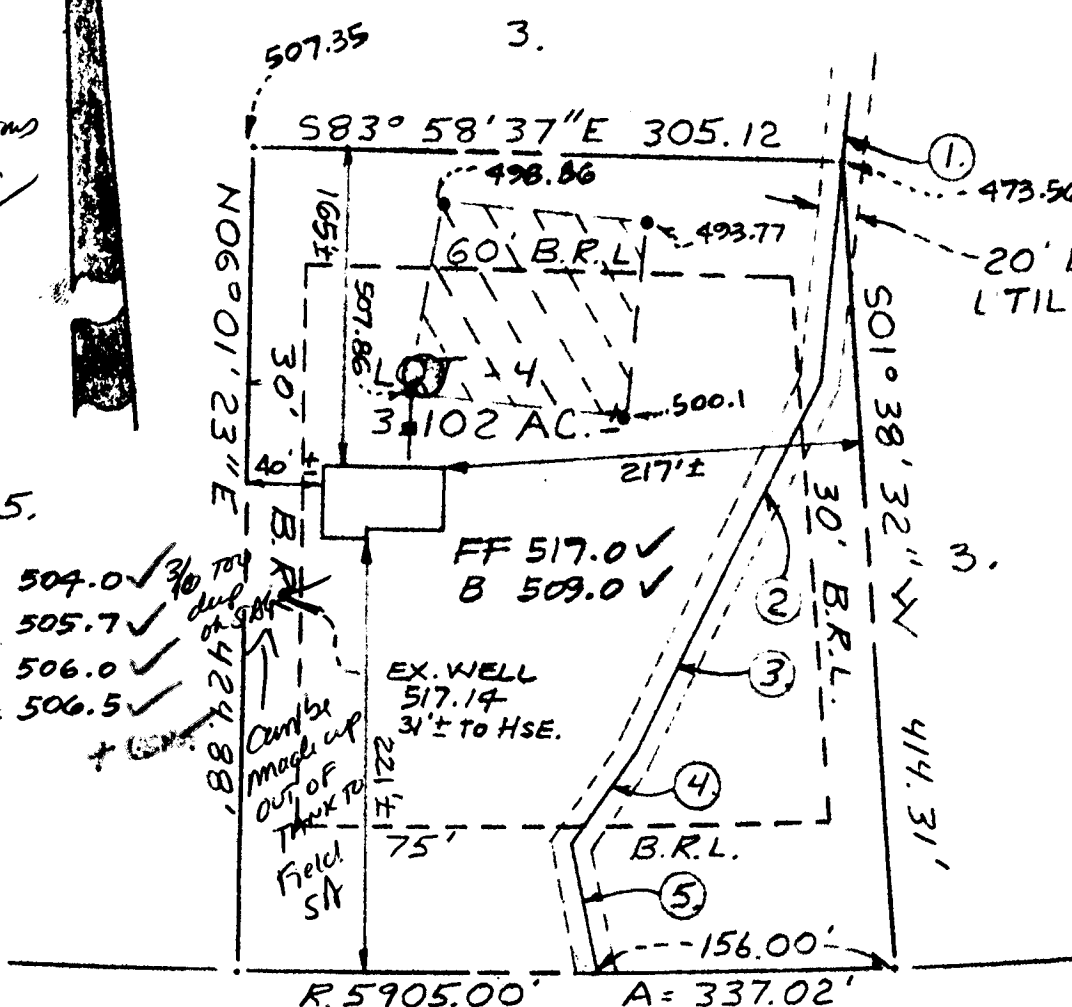
5/17/88

MURKINS  
OR  
SK

5.

- INVERT 504.0 ✓
- TANK OUT 505.7 ✓
- TANK IN 506.0 ✓
- INVC HSE 506.5 ✓

Can be made up  
out of tank to  
field SK



LINDEN CHURCH ROAD

### NOTE

ELEVATIONS ARE IN ASSUMED DATUM.

<b>Tri - County Surveys, Inc.</b> BOX 55 • DAMASCUS, MARYLAND 20872 • (301) 831-3655 LAND PLANNING CONSULTANTS • SUBDIVISIONS • LOTS & BOUNDARIES	REFERENCE	COUNTY OF	Drawn by: J.R.S.
	Plot Book Plot No	HOWARD	Checked by: WLW
<b>SURVEYOR'S CERTIFICATION</b> I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.			Job No.: 88-020
Note: House does not lie within a flood hazard area			Scale: 1" = 100'
WILLIAM L. WITTS - Registered Land Surveyor - Maryland No. 10721			DATES
			Wall Ck.:
			Final Loc.:
			Report.:

NOTE: This drawing is not intended or represented to be a lot stake out survey, no lot corners were set, and is not to be used, or relied upon, for the establishment of any fence, building or other improvements. No responsibility is extended herein to future purchasers.

B 7 728

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HC-81-2325

fill in this form completely

Date Received

082887

OWNER INFORMATION

Masterpiece

10176 Baltimore Pike

Ellicott Md 21043

B 3

LOCATION OF WELL

Howard

Twelve Hills

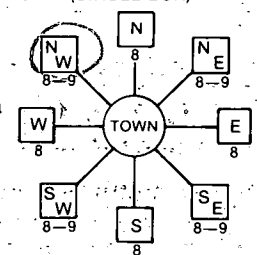
SECTION 1 LOT 4

Clarksville

MILES FROM TOWN (enter 0 if in town) 2 MI

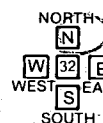
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linden Church rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

190 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

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 A38268
COUNTY NAME OEP SIGNATURE DATE ISSUED 10/28/87
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)

- 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 DEEPM 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

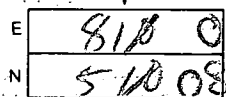
FORCE INITIALS PERMIT NO. HC-81-2325

SPECIAL CONDITIONS

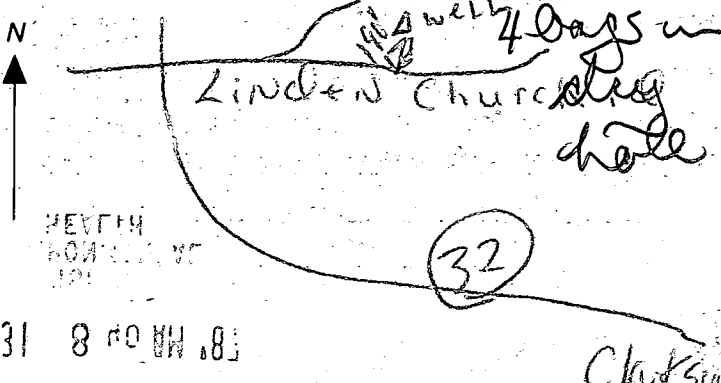
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



31 8 NOV 88

Clarksville

CT 1926 (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 38268

DATE Received: [ ] DATE WELL COMPLETED: 10/19/87 Depth of Well: 325 (TO NEAREST FOOT) PERMIT NO. 40-81-2325

OWNER: PARTNERSHIP ALTOGETHER LIMITED last name first name STREET OR RFD: LINDEN CHURCH ROAD TOWN: CLARKSVILLE SUBDIVISION: TWELVE HILLS SECTION: 1 LOT: 4

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: Top soil (0-1), Red Clay (1-5), Brown soil (5-8), Shale (8-55), Mica (55-325), Dry hole Cement (0-20), Cuttings (20-265).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 18, NO. OF POUNDS: 1672, GALLONS OF WATER: 108, DEPTH OF GROUT SEAL: from 0 to 300 ft.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6.3, Total depth of main casing: 63.

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

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

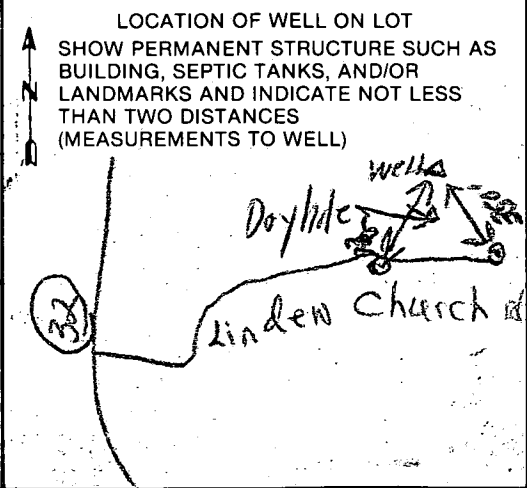
DEPTH (nearest ft.): 325. SLOT SIZE: 1, 2, 3. DIAMETER OF SCREEN: (NEAREST INCH).

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour): 03, PUMPING RATE (gal. per min. to nearest gal.): 7-8, METHOD USED TO MEASURE PUMPING RATE: 1 gal., WATER LEVEL (distance from land surface) BEFORE PUMPING: 30, WHEN PUMPING: 105, 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, 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): 103.



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. 252. DRILLERS SIGNATURE: [Signature]. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): [Signature].



9/26/88 AM

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 \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer CHARLES SMALL Telephone \_\_\_\_\_

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

Name of Property Owner ALTOGETHER LTD PARTNERSHIP Telephone \_\_\_\_\_  
Subdivision TWELVE HILLS I Lot # 9 Well Tag # HD -81 -2325  
Site Address \_\_\_\_\_

<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 <u>325</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>7 1/2</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>30</u> ft.
	4. Depth of supply line _____	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: \_\_\_\_\_

9/26/88 - OK TO COVER OUTSIDE WORK

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

PRESSURE TANK NOT INSTALLED

5-17 88  
18601