

2/2/94
1:00 P.M.
late

2/3/94
C/O am

03-314367

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49834

A 39563

DISTRICT 5th

DATE 01/13/94

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

DATE SYSTEM APPROVED 2/3/94

INSPECTOR JKS

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 876-4197

SUBDIVISION Crystal Clear LOT 5 ROAD 13840 Kennard Drive

PROPERTY OWNER Jamestown Builders Amy Kuzo

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

3180
420
5120
420
420

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES - Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the rear lot line and 100 feet from the right lot line. Run trenches along contour toward right 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 MR 1/3/94

PLANS APPROVED BY C. Williams DATE 7/06/89

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

BLDG. PERMIT SIGNED
AND RETURNED 8/1/95
Serial # 61044

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. Screen pond

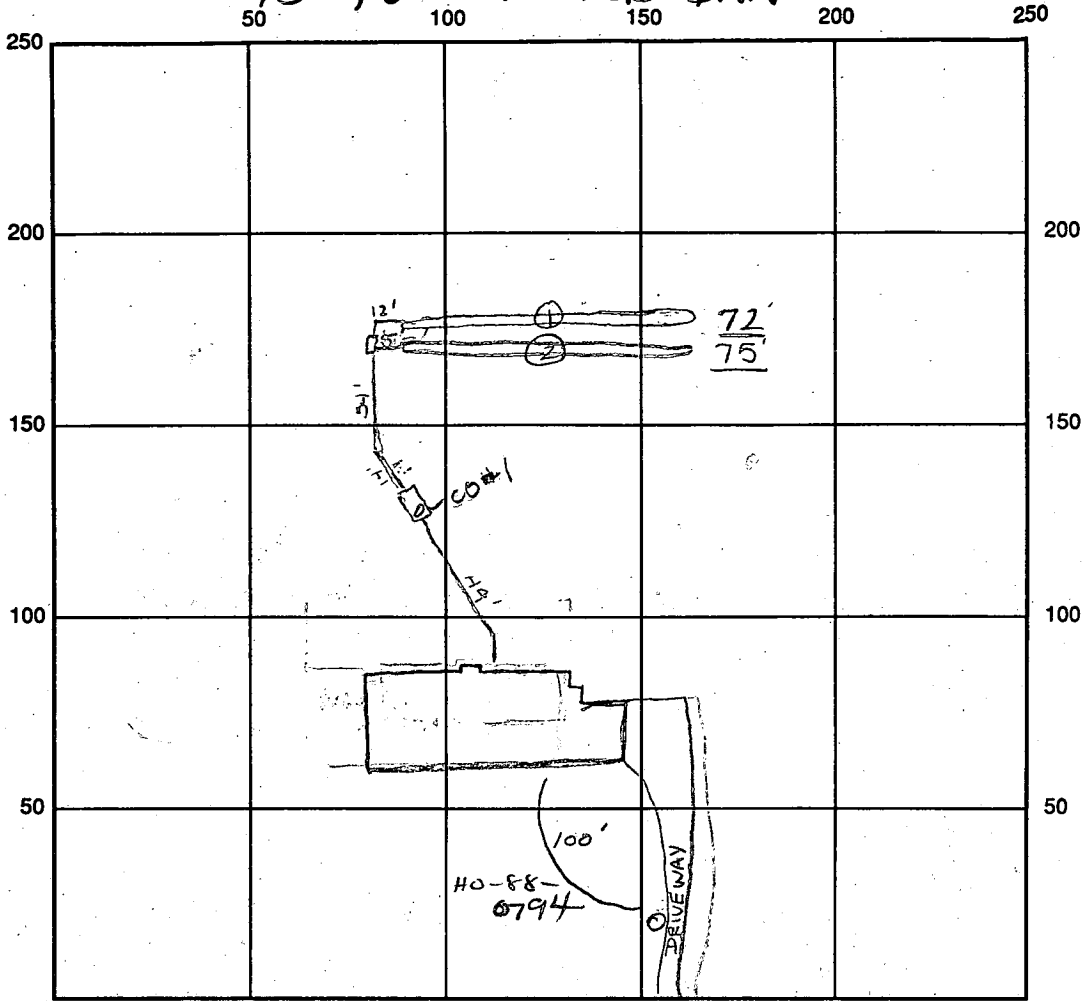
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 39563

I 3/2
B 8/2

13840 KENNARD DRIVE



check at top
manhole
at ST
was on DW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
KENNARD DRIVE

SEPTIC TANK LEVEL 1500 gal OK CLEANOUTS CO #1 OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 1/2' FT. TRENCH WIDTH 2' FT. INLET DEPTH 3-3/2' FT.

EFFECTIVE GRAVEL DEPTH 5' FT. TOTAL LENGTH 2147 FT. $\frac{72}{75}$

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 735 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 2/2/94 Septic tank OK - continue / Trench depth OK - OK to cover from
DB to house - f. 1.1 trench #1 with stone. No house connection - no manhole needed
on ST - sawed' clew coming out of house - Call for unexp. 2/13/94 ALM
2/3 trench #2 OK. OK to cover final. DKS

2/13/94 No WPT No house connection made DKS

DATE SYSTEM APPROVED 2/3/94 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 39563

P _____

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

*12285
Percolation test
for septic system*

DISTRICT 5 III

DATE 6-12-87

Check with...

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Jamestown Builders.

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Kenward Warfield Jr. Crystal Clear General Partnership

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

LOTS Preliminary

SUBDIVISION Crystal Clear LOT NO. 10

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd
(13840 Kenward Drive)

TAX MAP 22 PARCEL # 533

*Bldg. permit signed
and returned
SFD-5 Bedrooms with G.D.*

SIZE OF LOT 3 1/2 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.

Mal D. Klein

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for perc hole locations and subdivision plot approval. Make sure 10,000 sq ft. leaves enough room for well site, skid

*Bldg. permit signed
and returned 10/15/83 - SFD
438*

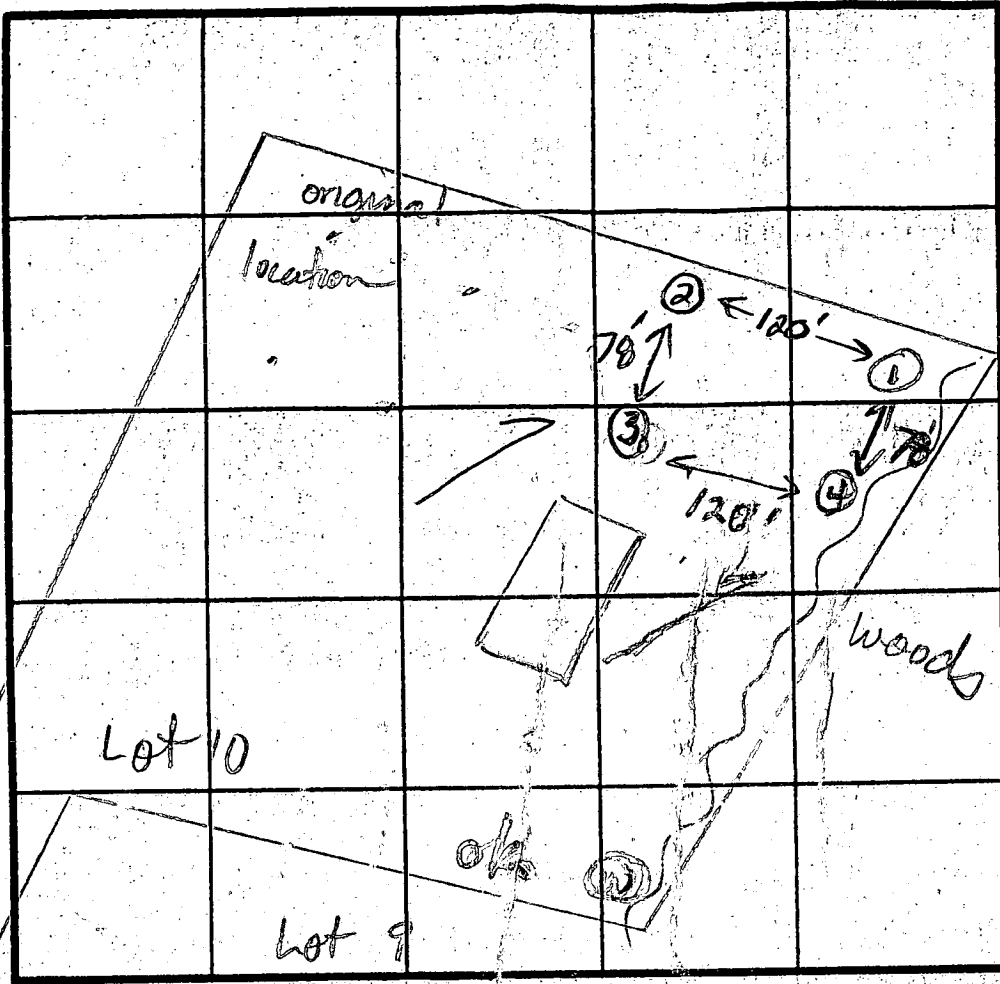
THIS IS NOT A PERMIT

4 Highest
3
1
2 Lowest

①

SOIL PROFILE

0-2.0 Br sn
cl lm
2.0-6.0 Br sa
si lm
6.0-13.0 Br silty
sand
13.0 Bottom



④

0-2 Br sn
cl lm
2.5 Br sn
salm
5-11.0 Tan
sa lm
tr wld
silt
lenses
11.0 Bottom

4 min.
specs
invert @
4'
4' - stone

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

NOKEY RD

②

0-2.5 Br sn
cl lm
2.5-12.5 Br si
salm
12.5 Bottom

③

0-4.0 Rd br sn
cl lm
4.0-12.5 Br sa
silty lm
12.5 Bottom

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|---------|----------|--------|----------------------|-------|----------------|-------|------|----|
| | | | START | STOP | START | STOP | | |
| 7-22-87 | 1 | 4.0 S | 12:20 | 12:23 | 12:23 | 12:26 | 3 | |
| | | 13.0 D | Bottom (see profile) | | | | | |
| | 2 | 3.0 S | 12:21 | 12:23 | 12:23 | 12:25 | 2 | |
| | | 12.5 D | Bottom (see profile) | | | | | |
| | 3 | 12.5 V | Bottom (see profile) | | | | | ok |
| | 4 | 4.0 S | 12:36 | 12:38 | 12:38 | 12:40 | | |
| | | 7.0 M | 12:37 | 12:41 | 12:41 | 12:48 | 7 | |
| | | 11.0 D | Bottom (see profile) | | | | | |

REMARKS All holes move to lowest corner of lot. May not have 10,000 sq. ft. Can move 3 & 4 uphill 10 ± feet.

TYPE OF SOIL 0-2 Br sn cl lm, 2-12 Br sa si loam

TESTED BY Jane E. Nadeau

ALSO PRESENT Mark, Glen Ketterman

B 1 **9134** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

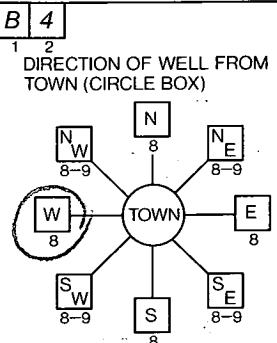
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-0794
 fill in this form completely

Date Received (APA) **052589**
 OWNER INFORMATION
GOSHEW LAND CO INC
 Last Name Owner First Name
21006 BRINK OT
 Street or RFD
GAITHERSAURC MD 20879
 Town State Zip

B 3 LOCATION OF WELL **R 44391**
HOWARD COUNTY
CRYSTAL CLEAR SUBDIVISION
 SECTION **5** LOT **5**
CLEMELC NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 Driller's Name **George F. Easterday**
 License No. **40**
 Firm Name **L. Franklin Easterday, Inc.**
 Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**
 Signature *George F. Easterday* Date **5-24-89**



13840 KENNARD DR
 NEAR WHAT ROAD
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A 39563**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **063089** CO SIGNATURE *Craig Williams* EXP. DATE **12/3/89**
 NORTH GRID **523000** EAST GRID **0901000**

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)

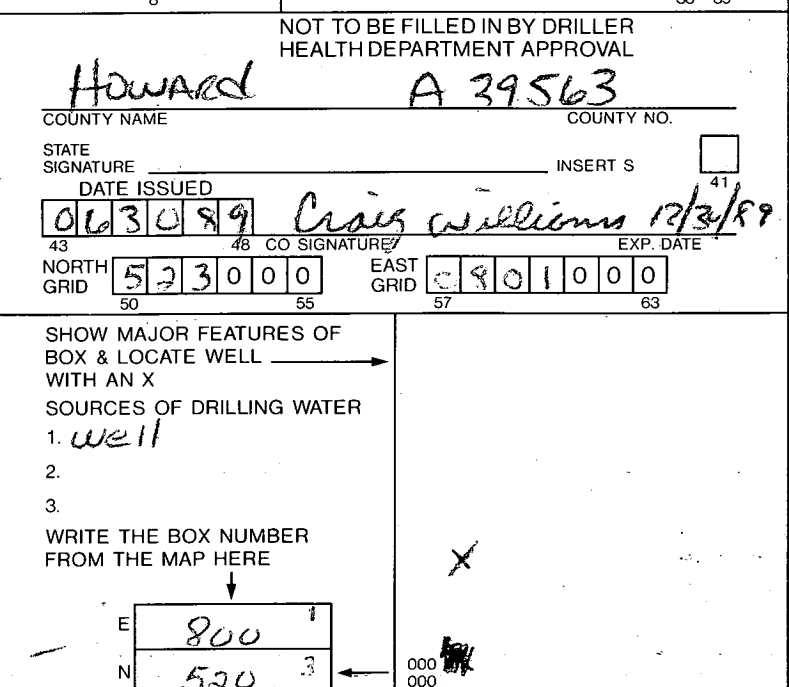
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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 _____ G. A. P. _____
 FORCE **CW** INITIALS IN-BOX PERMIT No. **H0-88-0794**



SPECIAL CONDITIONS

9964 SEQUENCE NO. (DENV USE ONLY)
 (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 39563**

ST/CO USE ONLY
 DATE Received
 DATE WELL COMPLETED

Depth of Well
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-0794

OWNER: **Robert L. ...**
 STREET OR RFD: **...** last name **...** first name **...** TOWN **...**
 SUBDIVISION: **...** SECTION **...** LOT **5**

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 | |
| Topsoil | 0 | 2 | |
| B. Slat | 2 | 70 | |
| B. mica | 70 | 105 | ✓ |
| Granite | 105 | 116 | |
| Thin mica | 116 | 117 | ✓ |
| Granite | 117 | 200 | |
| Thin mica | 200 | 203 | ✓ |
| Granite | 203 | 300 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **50** NO. OF POUNDS **2250**
 GALLONS OF WATER **100**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **116** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **1** Total depth of main casing (nearest foot) **114**

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

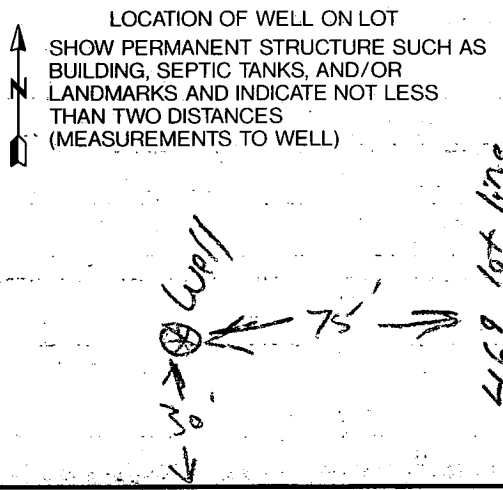
DEPTH (nearest ft.)
 EACH SCREEN
112 **300**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Point**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **27**
 WHEN PUMPING **112**
 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:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER
 A 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 26.04.04 "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. **41**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

2/8/94

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 1-14-94

Name of Installer T.M. McLAN INC. Telephone 788-8466

License Number 3078
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner JAMESDOWN BUILDER Telephone 442-1155
Subdivision CRYSOL CLEAR Lot # 5 Well Tag # 110-88-0794
Site Address 13840 KENNARD DR.

Pump

1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible

2. Make _____

3. Model # MEYERS

4. Capacity 10' 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 1/2

2. RPM _____

3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth 4'

Tank

1. Capacity 40

2. Pressure relief valve? _____

Piping

1. Type 1"

2. Size PLASTIC

3. NSF and/or BOCA Code approved _____

4. Depth of supply line _____

Well data

1. Depth _____ ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? _____

P.A. OK @ 4' B.G.
MR 2/8/94

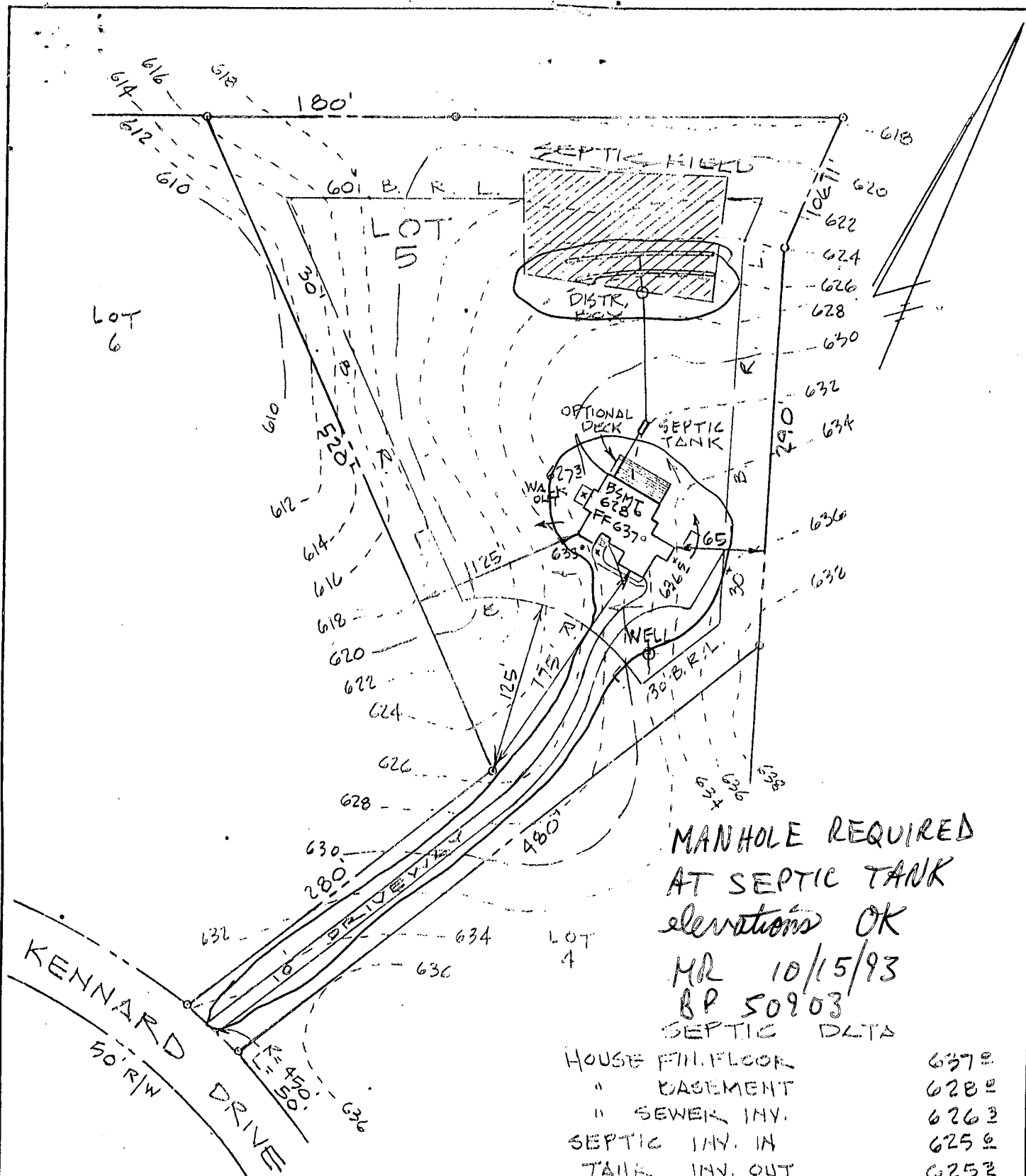
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 1-14-94

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



MANHOLE REQUIRED
 AT SEPTIC TANK
 elevations OK
 MR 10/15/93
 BP 50903
 SEPTIC DATA

| | |
|---------------------|-------|
| HOUSE FIN. FLOOR | 637.0 |
| " BASEMENT | 628.0 |
| " SEWER INV. | 626.3 |
| SEPTIC INV. IN TANK | 625.0 |
| INV. OUT | 625.2 |
| " FIN. GRADE | 632.0 |
| DISTR. INV. IN BOX | 623.5 |
| FIN. GRADE | 627.0 |
| WELL | 632.0 |
| EX. " | " |

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE

NOTE:
 1. LOT AREA: 3.53 AC. ±
 2. HSE TYPE: 2 STORY WITH FULL BSMT.

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21228
 301-744-1945

| | |
|---|--------------------|
| GRADING STUDY | |
| LOT 5 "CRYSTAL CLEAR" | |
| 3RD ELECTION DISTRICT HOWARD COUNTY, MD. | |
| SCALE: 1" = 100' | DATE: OCT. 1, 1993 |

