

5/20/92 1 PM
5/21/92 2 PM

03-314561

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48124

A 39582

DISTRICT 5th

DATE 5/19/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 5/21/92

INSPECTOR [Signature]

INDEXED

C. S. Zabel, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 15039 Oak Orchard Road, New Windsor, MD PHONE 875-2964

SUBDIVISION Crystal Clear LOT 24 ROAD ~~13855~~ 13855 Kennard Drive

PROPERTY OWNER Bruce & Ellen Blackwell 13855 {check @ Bldg permit office}

ADDRESS _____

SEPTIC TANK CAPACITY 1500 gal installed
1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 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 - Start the first trench 260 feet from the front lot line and 200 feet from the right lot line. Run trenches along contour toward right side of lot.

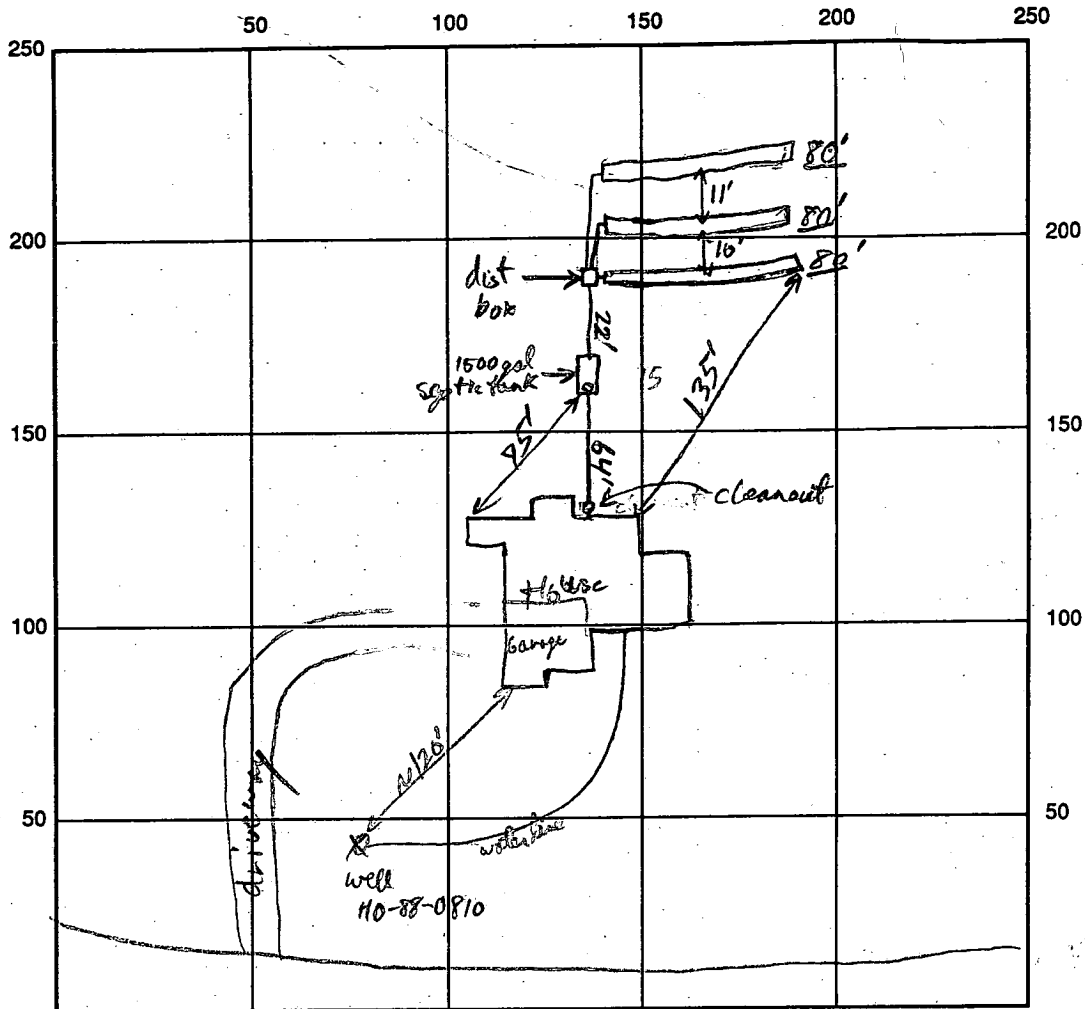
NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/2/92 Rlt

PLANS APPROVED BY C. Williams DATE 7/06/92

- 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 39582



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS _____
 DISTRIBUTION BOX LEVEL _____
 DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3' FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80' FT.
 NUMBER OF TRENCHES 3 ONE-SIDE ~~WALL~~/BOTTOM AREA 240 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 Total ABSORBENT AREA 720 SQ. FT.

REMARKS: Tank, db, 1st trench installed, beginning 2nd trench - OK to cover 1st trench.
Call when for next inspection later. RPP 5/20/92 Trenches installed OK, Need to connect pipes in
dist box, then OK to cover RPP 5/21/92

DATE SYSTEM APPROVED 5/21/92 INSPECTOR RPP

APPLICATION

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

PERCOLATION TESTING

7-22-87
Percolation pending
plat approval
JEN

A 39582

P _____

DISTRICT 5TH

DATE 6-12-87

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.

Bruce + Ellen Blackwell

PROPERTY OWNER Kenward Warfield Jr. Crystal Clear General Partnership

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337
670-9114 381-1962

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Crystal Clear LOT NO. 39

LOT 24 Preliminary

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd
13855 Kenward Drive

TAX MAP 22 PARCEL # 533

BLDG. PERMIT SIGNED
AND RETURNED 7/25/92
SFD - 4 Bedroom

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 A. Reiv
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for perc hole location and subdivision plat approval. JEN

BLDG. PERMIT SIGNED
AND RETURNED 9/11/89
Serial # 23940 - SFD
5 Bedrooms with garb heap

THIS IS NOT A PERMIT

4 Highest
3 ↓
1
2 lowest

①

SOIL PROFILE

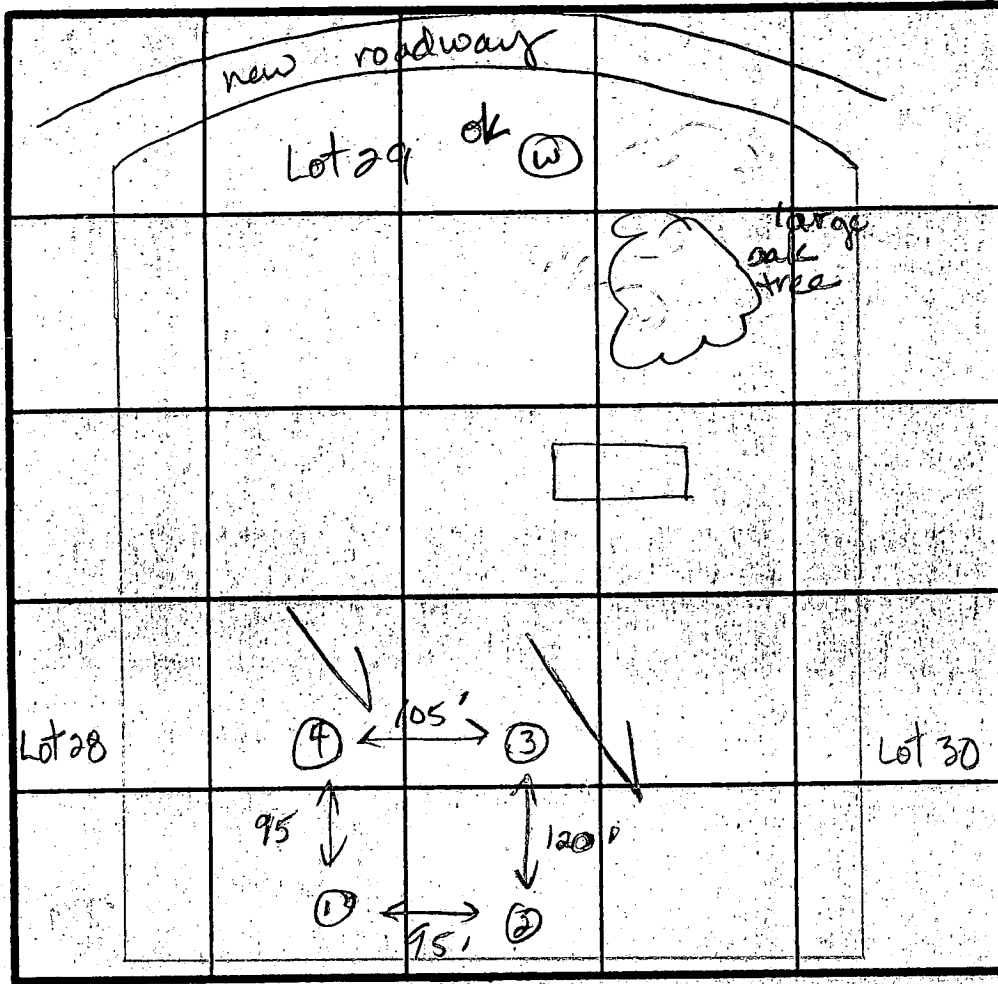
0-3.5 Rd-br cl
sa si lm
3.5-6 Br sa
si lm
6.0-12.5 Br mica
sa si
lm trc
of bedding
at 45°
12.5 Bottom

②

0-1.5 D br si
cl lm
1.5-4.5 Rd-br
sa lm
4.5-13.0 Br sa
sa lm
13.0 Bottom

④

0-4.0 Br si
cl lm
4.0-12.5 Br sa
sa lm,
trc decomposed
broken rock
frags < 15%
slight relief
bedding near
vehicle in
one end
12.5 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

to NORTH ROAD ↓

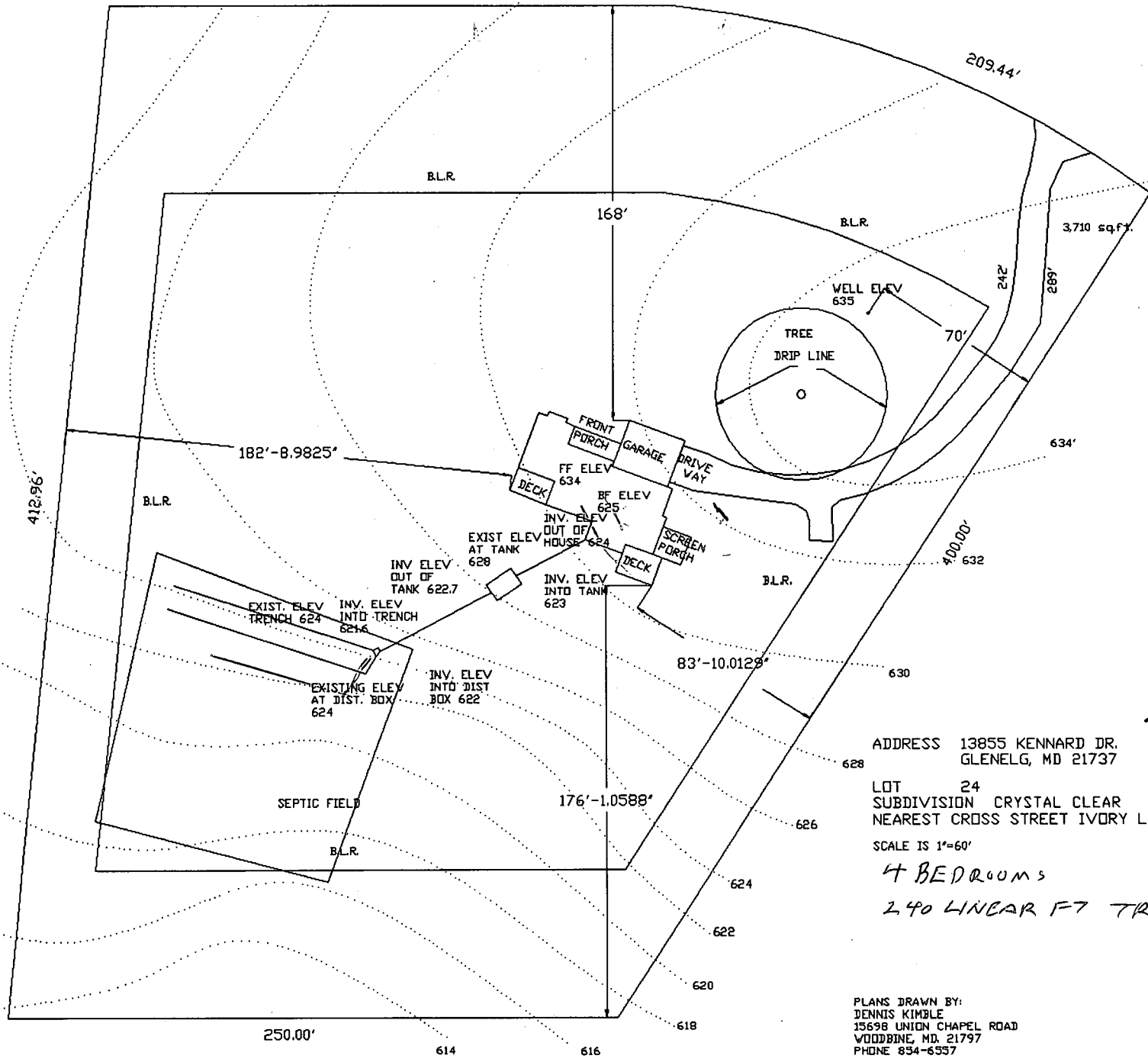
③
0-2.5 Rd-br si
cl lm
2.5-6.5 Br sa
sa lm
6.5-10.5 Br mica-
ceous sa
sandy
lm, trc
of broken
decomposed
rock frags
< 20%
10.5 Bottom

X Perc 3 min
Specs
Invert @ 4'
4'-6' stone
(Rr frags
in #4)

DATE	TEST NO.	DEPTH	PRE WET		TEST 1' DROP		TIME	
			START	STOP	START	STOP		
7-22-87	1	4.5 S	3:19	3:22	3:22	3:26	4	
		12.5 D	Bottom (see profile)					
	2	S	3:22	3:24	3:24	3:26	2	
		13.0 D	Bottom (see profile)					
	4	12.5 V	see profile)					
	3	5.0 S	3:37	3:39	3:39	3:41	2	
		7.5 M	3:37	3:39	3:39	3:43	4	
		10.5 D	Bottom (see profile)					

REMARKS All holes located per plat.
0-4' Rd-br si cl lm 4'-13' Br micaceous sa si lm, < 20% fract. decomposed rock
TESTED BY JE Nadeau ALSO PRESENT Mark, Glen Sr

KENNARD DRIVE



ADDRESS 13855 KENNARD DR.
 GLENELG, MD 21737

LOT 24
 SUBDIVISION CRYSTAL CLEAR
 NEAREST CROSS STREET IVORY LANE

SCALE IS 1"=60'

2/25/92
 REVISED PLANS
 OK
 J.R. Hodge

4 BEDROOMS
 240 LINEAR FT TRENCH

PLANS DRAWN BY:
 DENNIS KIMBLE
 15698 UNION CHAPEL ROAD
 WOODBINE, MD. 21797
 PHONE 834-6537

BP 41255

B 1 **9180** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

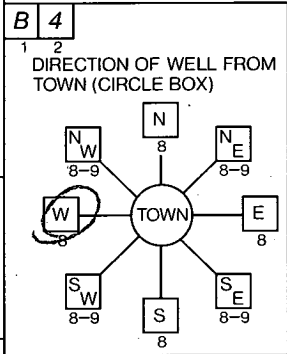
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-88-0810
 fill in this form completely

Date Received (APA) **052689**
 OWNER INFORMATION
GOSHEN LAND CO INC
 Last Name Owner First Name
21006 BRINK CT
 Street or RFD
GAITHERSBURG MD 20879
 Town State Zip

B 3 LOCATION OF WELL **R 44410**
HOWARD COUNTY
CRYSTAL CLEAR SUBDIVISION
 SECTION **24** LOT
GLENELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION
George f. Easterday
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9205 Brown church Rd., M. Airy, Md. 21771
 Address
George f. Easterday **5-24-89**
 Signature Date
40 License No. 80



7355 KENNARD DR
18355 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1110 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
A 3958.2 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
070389 **Craig Williams** **1/3/90**
 NORTH GRID **523000** EAST GRID **0801000**

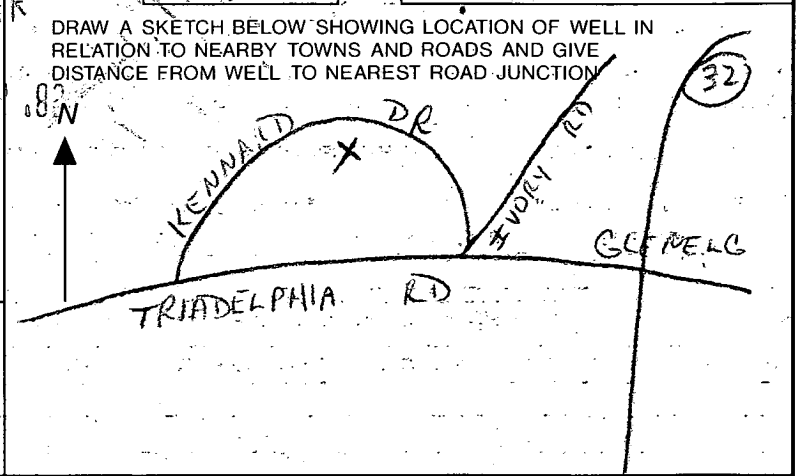
APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

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.

29 BAGS GROUT
100' OPEN NOT OBS'D
126' CASING
2 1/2' CASING A.G. HR
TAG OK 7/25/89

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 _____
 FORCE **CL** PERMIT No. **HC-88-0810**

SPECIAL CONDITIONS

5/20/92 1 PM

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
Name of Installer C Stephen Zebel Telephone 875-2964
License Number 6033
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Bruce & Ellen Blackwell Telephone _____
Subdivision Crystal Clear Lot # 24 Well Tag # 40-88-0810
Site Address 13855 Redwood Drive

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Jacuzzi
3. Model # _____
4. Capacity 7 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 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Harvard
2. Model # _____
3. Depth 4

Tank
1. Capacity 80s equiv.
2. Pressure relief valve?

Piping Orangeburg
1. Type 160lb
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 4'

Well data
1. Depth 300 ft.
2. Yield 10 GPM
3. Static water level 42 ft.
4. Will water supply be disinfected by installer? yes

*Pitless adapter & water line OK
water line @ 4ft below grade
RP 5/20/92*

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: C. Stephen Zebel
Date: 5/19/92

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