

5/7/90 11:30

04-348915

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45829

A 41241

DISTRICT 4th

DATE 4/25/90

DATE SYSTEM APPROVED 5/7/90

INSPECTOR RH

INDEXED

Freedom Sanitation

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2309 Liberty Road, Eldersburg, Maryland 21784 PHONE 795-2947

SUBDIVISION Stern Property ROAD 2239 McKendree Road LOT 3

PROPERTY OWNER James Chenowith

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

GARBAGE GRINDER ~~XXXXXX YES XXXXXXXX NO XXXXXXXX~~

DEPTH, WIDTH, CONNECTIONS
5/2/90 C. Williams
DISCUSS 60 WITH CONTRACTOR

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. 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 180 feet from the front lot line and 70 feet from the left lot line. Run trenches along contour in both directions.

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 C. Williams DATE 6/19/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

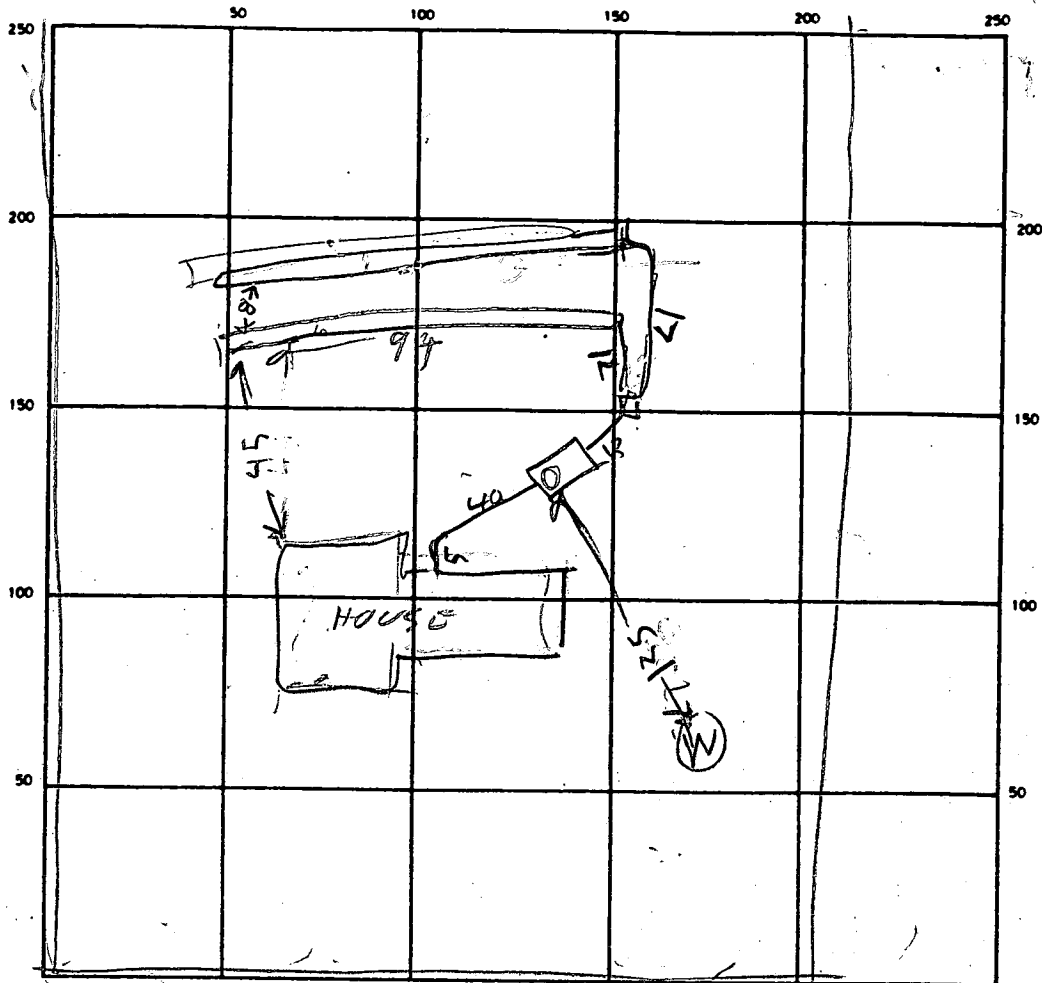
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS
- 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.

4/24/90



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MCKENDREE RD

SEPTIC TANK LEVEL ST 1250

CLEANOUTS ST / O/C

DISTRIBUTION BOX LEVEL O/C

DRAIN FIELD/TILE FIELD DEPTH 7/7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3/3 FT.

EFFECTIVE GRAVEL DEPTH 4/4 FT. TOTAL LENGTH 94/92 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 376/368 SQ FT. TOTAL 744

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/7/90 - 11AM - TRENCH STARTED LOCATION O/C

5/7/90 - 2PM COVER TANK & HOUSE SEWER TRENCH #1
DUG & MOST OF STONE ADDED FINISH ADDING STONE

DIG TRENCH #2 5/7/90 4PM - FINISH ADDING
STONE TO TRENCH #2 & COVER R/D

DATE SYSTEM APPROVED 5/7/90

INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A 41241
P _____

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

DISTRICT 4th

DATE 3-10-88

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 Catherine C. Spurrer

ADDRESS 2225 Mcbendree Rd. West Friendship PHONE Larry Stem 549-6052

PROSPECTIVE BUYER Hamstead Builders, Inc. Chenoweth Const. 795-6690

ADDRESS 5581 Bartholow Rd. Sykesville PHONE Larry Stem 549-6052

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3
2239
ROAD AND DESCRIPTION Mcbendree Rd. West Friendship

TAX MAP X 14 PARCEL # 51

B.P. 29573
app. 10/30/89. ff.

SIZE OF LOT 3.04 TYPE BLDG. S.F.
(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. Larry Stem Pres. Hamstead Builders, Inc.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

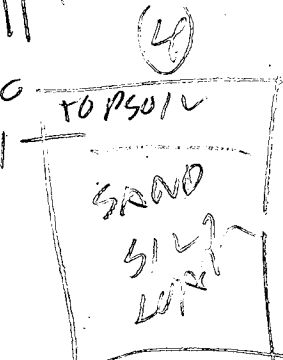
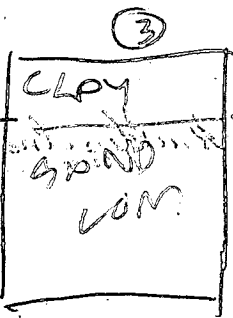
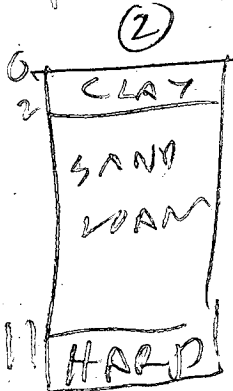
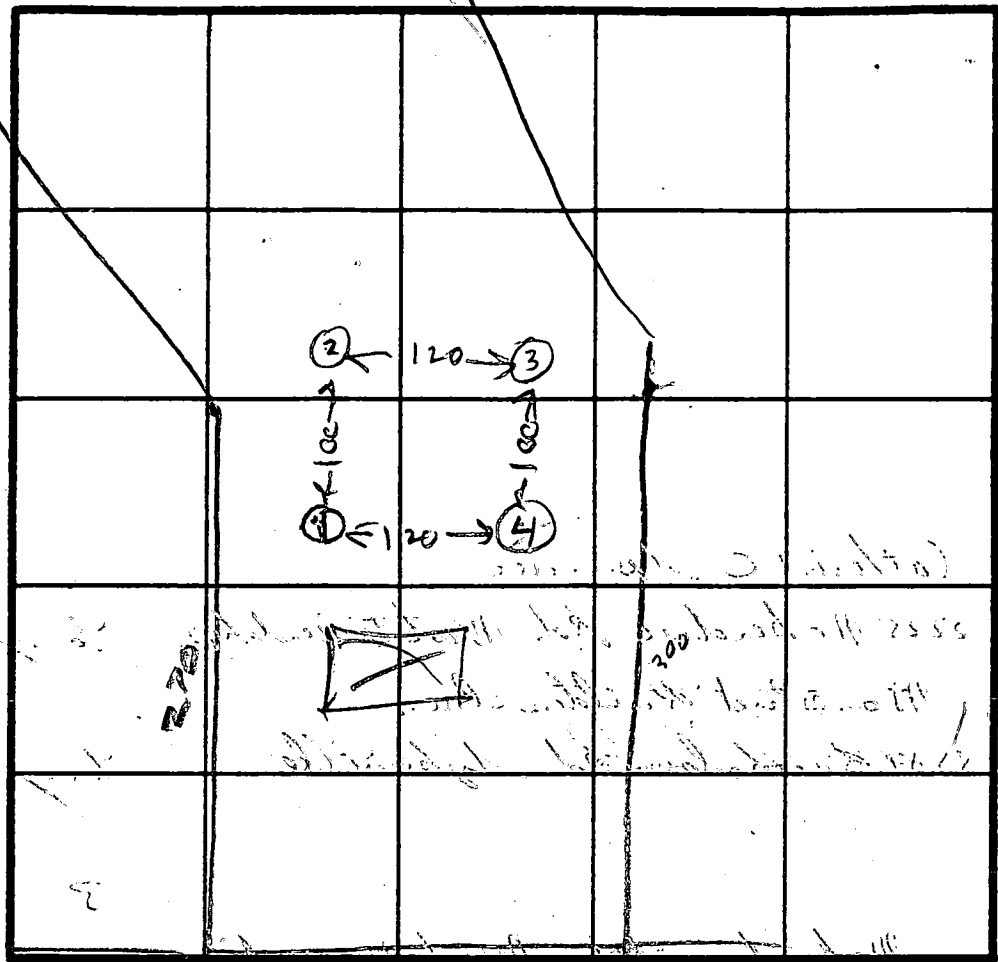
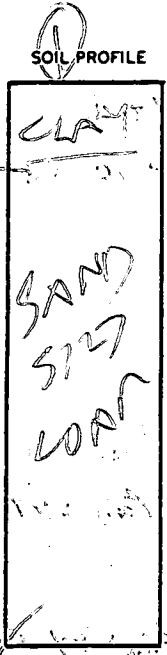
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/13/88 PERC OK HOLD FOR PLAT B11

HD-216

THIS IS NOT A PERMIT

4 x 3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/88	IS	2	1100	1101	1101	1103	2
	10	6	1100	1101	1101	1103	2
5/13/88	IV	12	OK				
	29	2	1107	1109	1109	1117	2
	25	11	OK				
	35	5	1119	1122	1122	1129	7
	30	11	OK				
	40	12	OK				

REMARKS: HOLES 2, 3, 4 PER SURVEYOR PLAT RIT

TYPE OF SOIL _____

TESTED BY: R. HANKE

ALSO PRESENT: SKIP LARRY STERN JACIL F. GULK

C1 2490

SEQUENCE NO. (DENV 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 412 41

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

06/16/89

160 (TO NEAREST FOOT)

40-88-0659

OWNER C HENOWITH last name

JAMES first name

STREET OR RFD

McKendree Rd

TOWN

Cooksville

SUBDIVISION STERN PROP

SECTION

LOT

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Red clay, Br. shale, Tau mica, Blue mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS (16), NO. OF POUNDS (1600), GALLONS OF WATER (80), DEPTH OF GROUT SEAL (60 ft).

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (68), OTHER CASING (if used).

SCREEN RECORD

screen type or open hole (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

DEPTH (nearest ft.)

Table for depth measurements in feet, including casing height and screen depth.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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. 40

DRILLERS SIGNATURE (Must match signature on application)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

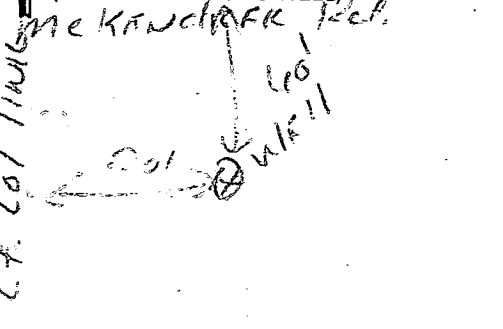
PUMPING TEST

HOURS PUMPED (2), PUMPING RATE (8 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (21), WHEN PUMPING (115), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED (A, C, J, P, R, S, T, O), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

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 # 44028
Date 11/11/94

Name of Installer _____

Telephone _____

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

Name of Property Owner Mr. James Chesnut Telephone _____
Subdivision Green Ridge Lot # 3 Well Tag # HC-88-0654
Site Address 2239 Yorkwood Road

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? _____
P.A. 4.5' B-G.
OK MR 11/30/90

Piping
1. Type _____
2. Size _____
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? _____

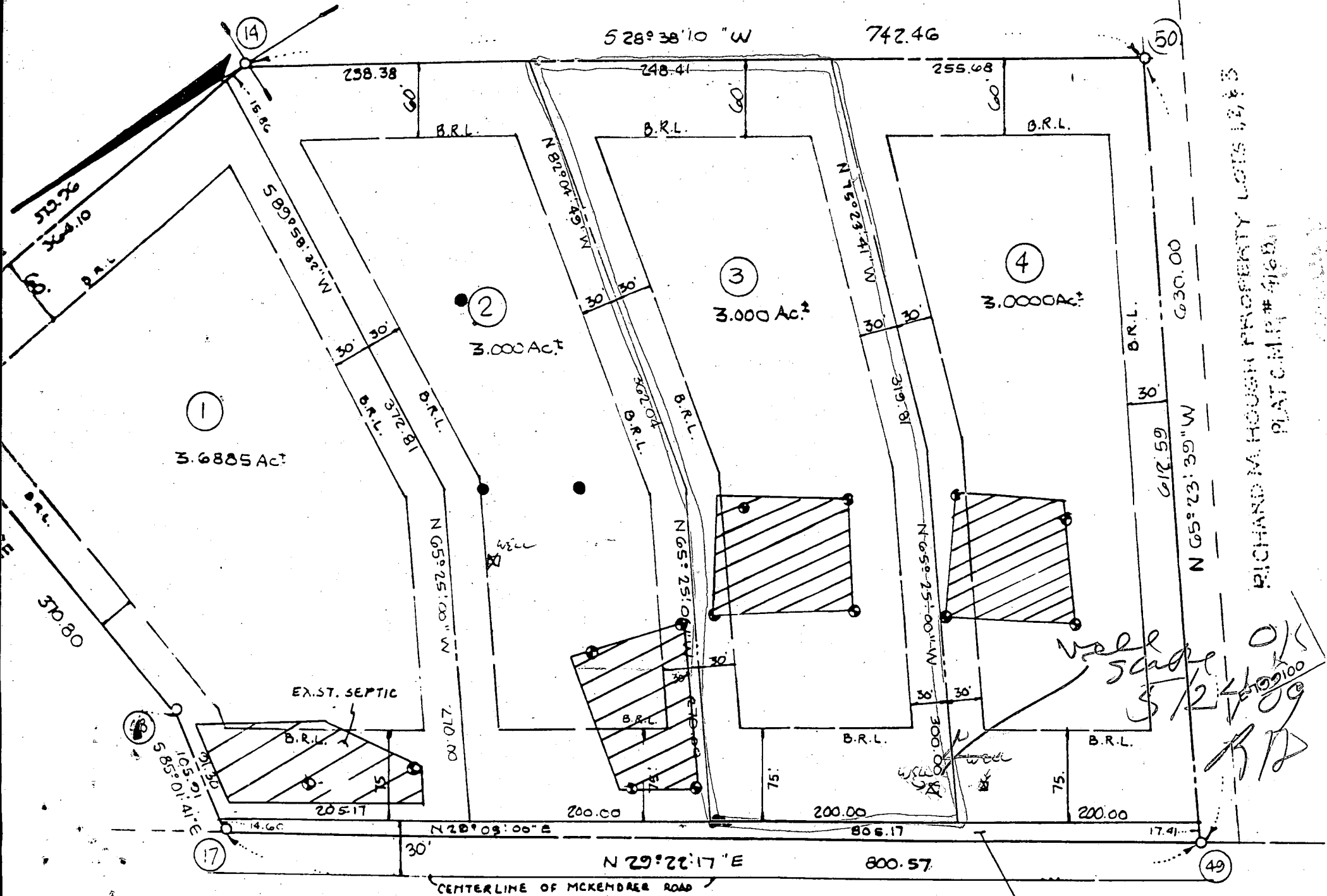
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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.



RICHARD M. HOUGH PROPERTY LOTS 1, 2, 3 & 4
 PLAT C.M.P. # 41631

well
 5/24/09
 100000
 100000
 100000

MCKENDREE ROAD

LAND DEDICATED TO HOWARD COUNTY, MARYLAND BY RESOLUTION OF A BOARD OF SUPERVISORS