

10/30/89  
11/7/89  
ASAP

03-283747

10/30 P.C.O. - M.R.  
11/2 P.C.O. - C.B.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

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

P 44910  
A 41424  
DISTRICT 3rd  
DATE 8/29/89  
DATE SYSTEM APPROVED 3/20/90  
INSPECTOR CWille

## INDEXED

Residential Urban Systems, Inc. IS PERMITTED TO INSTALL  ALTER   
ADDRESS 10840 Little Patuxent Parkway, Columbia, MD PHONE 997-7257  
SUBDIVISION Kings Gift ROAD 2801 KINGS GIFT DRIVE LOT 20  
11756 Frederick Road  
PROPERTY OWNER Arthur Shaw  
ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 260 feet from the right lot line and 330 feet from the front lot line as seen when facing the lot from Lot 35. Run trenches on contour toward the rear of lot (Lot 21).

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok(w)*

PLANS APPROVED BY Sid Abel DATE 8/24/89

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

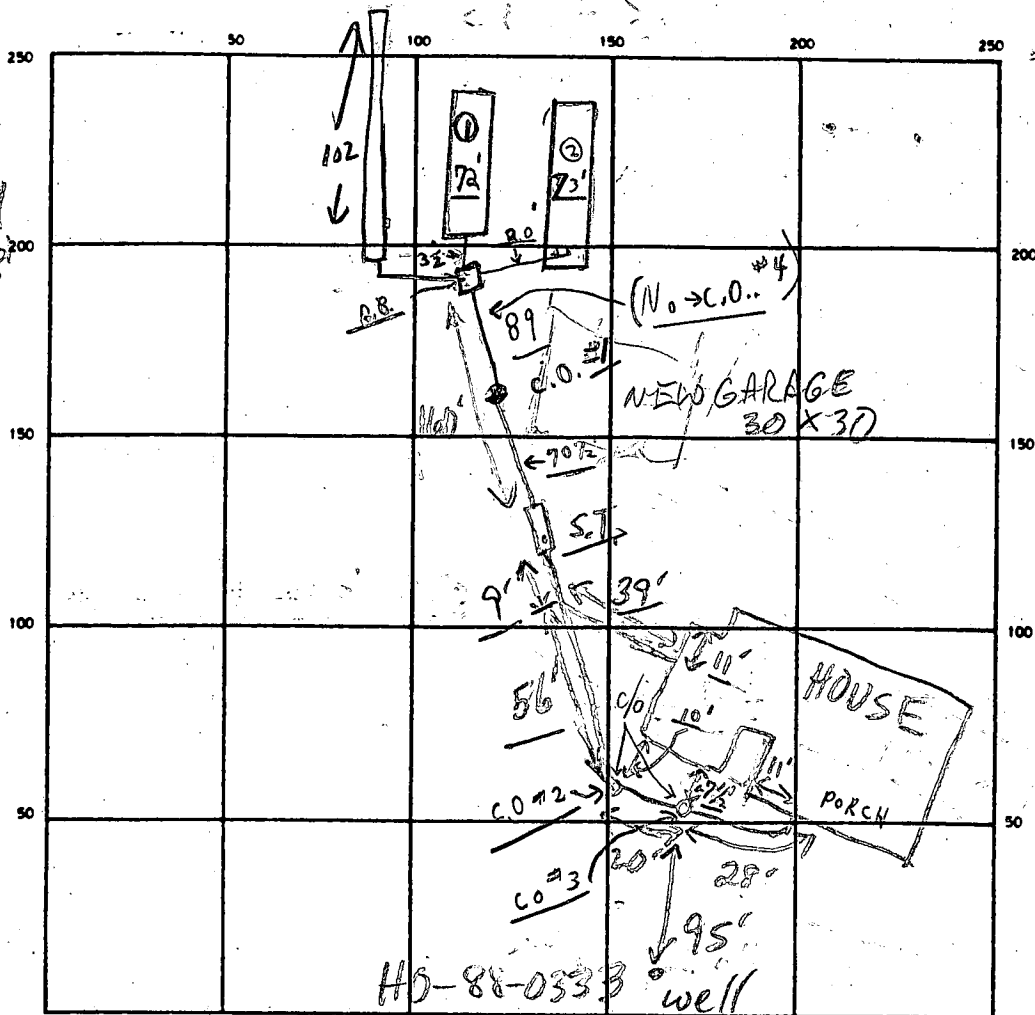
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

7/21/89

H-YPT. 39  
 H-YPT. 104  
 C/O 28'48"  
 Y-T 9  
 T-B 160



W.F.  
 ← R. 144 →  
 EC

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 ← R. 144 COMMON DRIVEWAY

SEPTIC TANK LEVEL O.K. CLEANOUTS S.T. OK / C.O. #1 / C.O. 2+3 OK

DISTRIBUTION BOX LEVEL OK - (Baffles in) (1 1/2 C.O. #1 NOT IN.)

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 ± FT. TOTAL LENGTH 72, 73, 102 = 247 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 741 SQ. FT.

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

ABSORBENT AREA 741 SQ. FT.

REMARKS 10/30/89 OK TO DIG TRENCHES MR. 11/7/89 Partial -  
OK → to cover from house to 21' ± of dist. bot. only;  
need 115' + more of trench and 1 C.O. - 20' from D. BOX.  
12/5/89 2ND TRENCH OK (C.O.S.)  
1/16/90 3RD TRENCH OK, CLEANOUT ADDED (C.O.W.) WPT OK NO PERMIT. CW.

DATE SYSTEM APPROVED 1/16/90 INSPECTOR Cwellen

*Answers*

# APPLICATION

PERCOLATION TESTING

A 41424

P \_\_\_\_\_

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

DISTRICT 3

DATE 4/6/88  
10 March 1988

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 ARTHUR SHAW  
Jean R. Dickey, Individually; Jean R. Dickey, Trustee Jean R. Dickey Inter-Vivos  
TRUSTE

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

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

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

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. 20

ROAD AND DESCRIPTION North of Route 144, East of Thompson Drive  
11756 FREDERICK Rd.

TAX MAP 16 PARCEL # 337

SIZE OF LOT 5.255 Ac ± TYPE BLDG. Single Family Dwelling  
(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.

*Richard F. Lane (Agent)*  
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Carl FOR Standard Trust DATE 5-31-89

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

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

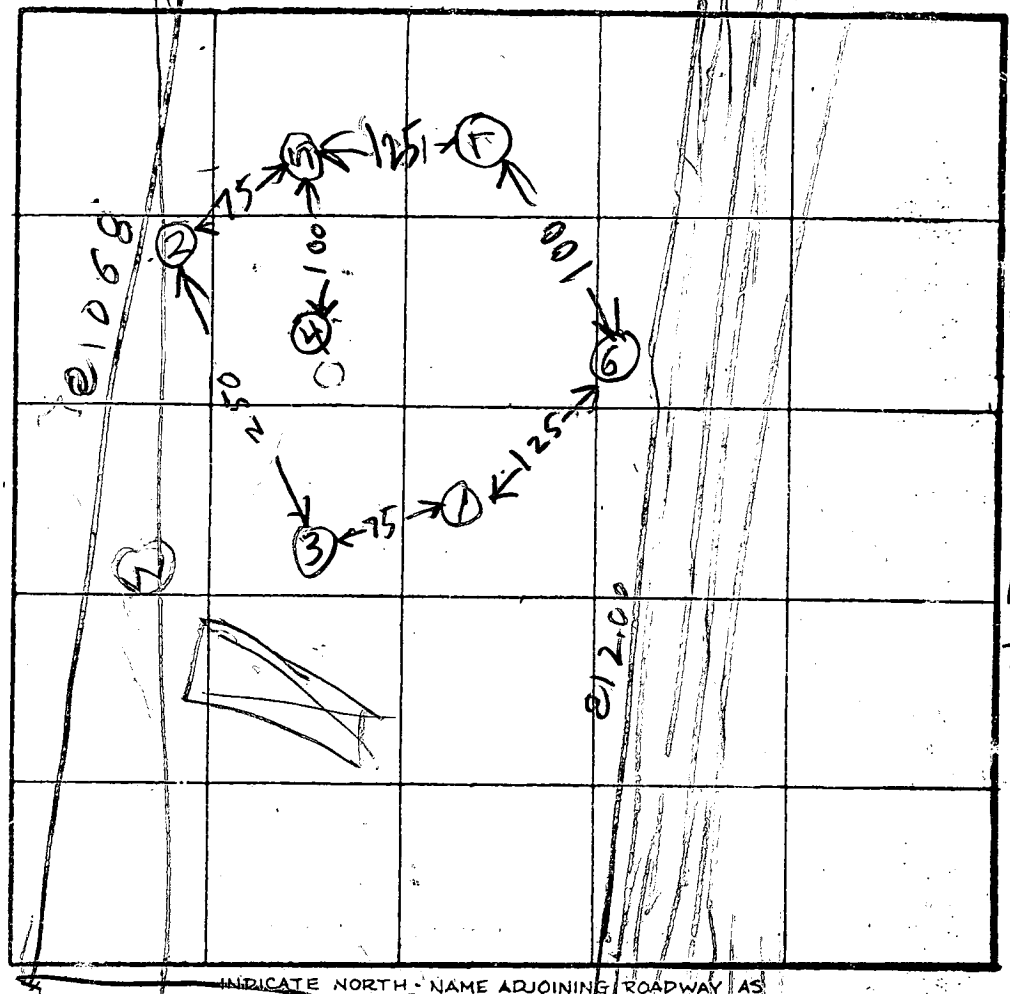
REASONS FOR REJECTION OR HOLDING 6125799 - PERC OK Gas Haller

Till Fuld BV BLDG. PERMIT SIGNED AND RETURNED 3/19/90 BLDG. PERMIT SIGNED AND RETURNED 5-31-89  
Levat # 30979 - SPD Garage BP25499 GAL

## THIS IS NOT A PERMIT

# KINGS GIFT LOT 20

SOIL PROFILE  
 0  
 ①  
 CLAY  
 2  
 GRAY SAND LOAM & FEW ROCKS  
 10



⑤  
 TAN CLAY  
 GRAY SAND LOAM  
 10 1/2  
 2 Perc  
 7 min  
 180 #/BA  
 Inlet 3  
 Bottom 5

②  
 4  
 BROWN CLAY  
 BROWN SAND LOAM

③  
 0  
 2  
 10  
 CLAY  
 BROWN SAND LOAM

④  
 0  
 2  
 11  
 CLAY TOP SOIL  
 GRAY & BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/23/85	1S	4	1209	1210	1210	1214	4
	1B	7	1209	1211	1211	1217	6
	1V	10	OK				
	2S	5	1220	1225	1225	1233	8
	2V	11.5	OK				
	3V	10	OK				
	4V	11	OK				
	5S	14	1235	1238	1238	1245	7
	5B	10.5	OK				
	6V	10	WATER		9 FT		
6/23/85	7V	10	WATER		9 FT		

REMARKS: Hole dug different from Surveyor Plot  
 TYPE OF SOIL: \_\_\_\_\_  
 TESTED BY: R Hodges ALSO PRESENT: OKETT & SON

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 # 45541  
Date 02/12/90

Name of Installer Carroll Water Systems Inc

Telephone 876-6880

License Number PI 074

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

Name of Property Owner RESIDENTIAL WATER SYSTEMS Telephone 997-7257

Subdivision KINGS GIFT Lot # 20 Well Tag # \_\_\_\_\_

Site Address 11756 FREDERICK RD E.C. MD 21043

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make GOULD  
3. Model # SES07422  
4. Capacity 5 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 3450  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

**Pitless Adapter**  
1. Make MAARTENSON  
2. Model # B10K  
3. Depth 4'

**Tank**  
1. Capacity 120  
2. Pressure relief valve? YES

**Piping**  
1. Type Plastic  
2. Size 1"  
3. NSF and/or BOCA Code approved YES  
4. Depth of supply line 400'

**Well data**  
1. Depth 400 ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? YES

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]

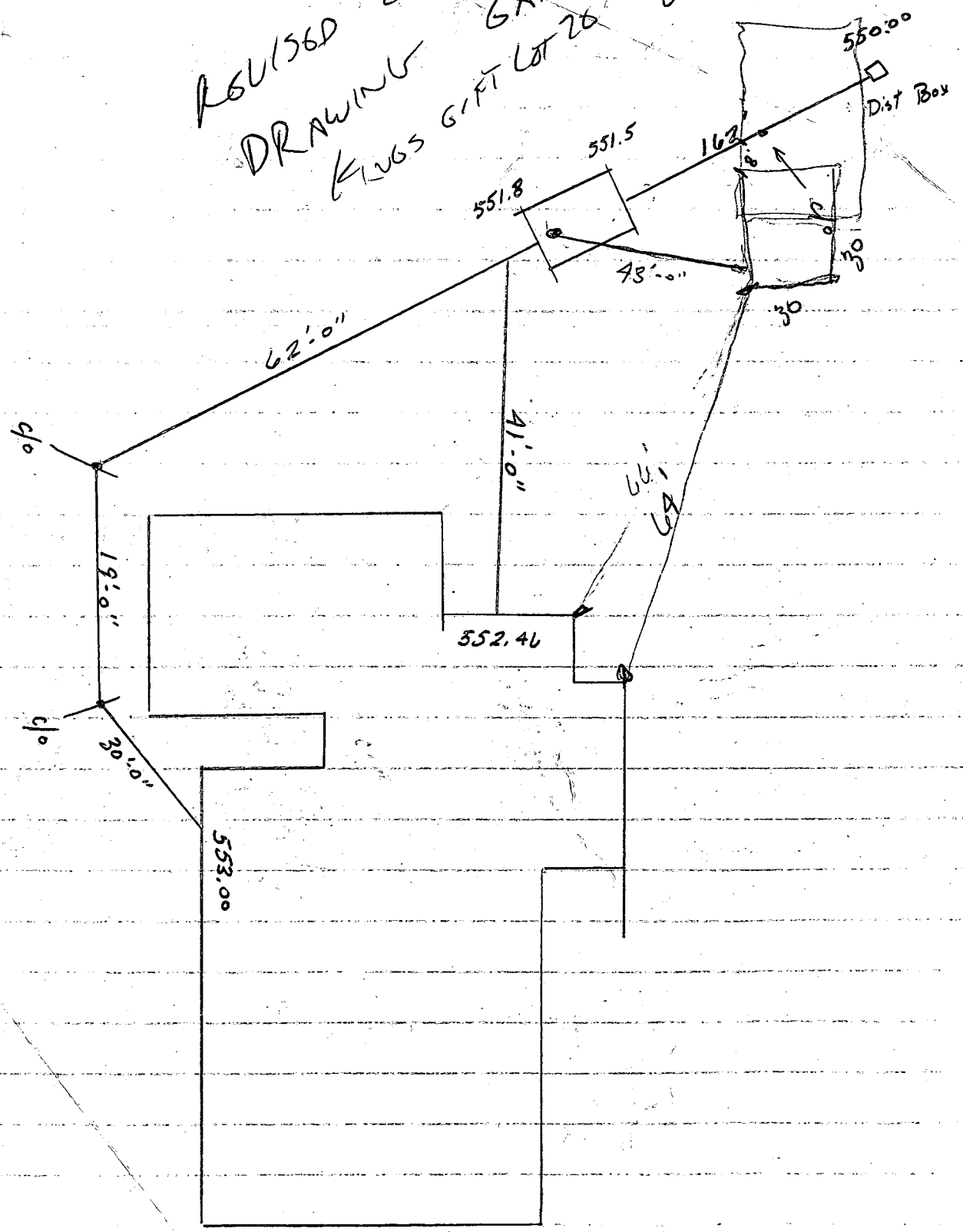
Date: 1/25/90

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

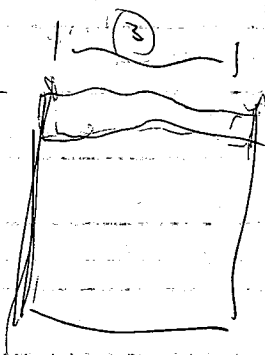


REVISED LOCATION  
DRAWING GARAGE  
KINGS GIFT LOT 20

OK 3/17/90  
C. Wells



120



253  
120  
130'

180  
254  
720  
3  
6  
16  
15  
10





B 1 5091 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  
H0-88-0333  
fill in this form completely

Date Received (APA) 112588  
OWNER INFORMATION  
SHAW ART  
Last Name Owner First Name  
331 JASONTOWN RD  
Street or RFD  
WESTMINSTER MD 21157  
Town State Zip

B 3 LOCATION OF WELL  
HOWARD  
COUNTY  
KINGS GIFT  
SUBDIVISION  
SECTION LOT 20  
WEST FRIENDSHIP  
NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION  
Paul M. Fabiszak  
Driller's Name License No. 80 399  
G. Edgar Harr Sons' Corp.  
Firm Name  
12047 Falls Rd., Cockeysville 21030  
Address  
Signature Date 11-11-88

B 4 TRIADENIA Ave 144  
NEAR WHAT ROAD  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 000 FT  
ENTER FT or MI FT

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 COUNTY NO. 41424  
STATE SIGNATURE DATE ISSUED 120588  
CO SIGNATURE EXP. DATE 16/05/89  
NORTH GRID 534000 EAST GRID 0824000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPENEWED 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 DEEPEEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEWED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER GAP HDA 12  
FORCE WRITE INITIALS IN BOX PERMIT No. H0-88-0339

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1.  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 8239  
N 5300  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
N  
PAGE 10  
J-4  
536H.88  
536H.88  
TRIADENIA  
144

C1 6671 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 41424

DATE RECEIVED DATE WELL COMPLETED 01/18/89 DEPTH OF WELL 400 PERMIT NO. H0-28-0333

OWNER SHRW CRT STREET OR RFD RT 144 TOWN W. FRIENDSHIP SUBDIVISION KING'S GIFT SECTION LOT 20

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Overburden, Shale, Baltimore Gneiss, and Well No. 1 & 2 (Backfilled).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 8, NO. OF POUNDS 733.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter 6, Total depth 400.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (ST), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56.

GRAVEL PACK section with depth and diameter fields.

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA section.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 13, TYPE OF PUMP USED (A) air.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS.

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13

DRILLERS IDENT. NO. 299, DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)