

03-283879

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 46698

A 43547

DISTRICT 3rd

DATE 12/17/90

DATE SYSTEM APPROVED 2-13-91

INSPECTOR JEN

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

(BUD HAUCK @ sites → 12/18/90 Noonish)  
Residential Urban Systems → 1/13/91 A.M.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 6216 Light Point Place, Columbia, Maryland 21045 PHONE 381-3345

SUBDIVISION King's Gift ROAD 2840 KING'S GIFT DRIVE LOT 50

PROPERTY OWNER Jean R. Dickey

ADDRESS \_\_\_\_\_

~~SEWERAGE SYSTEMS ARE USED INCREASED SEPTIC TANK CAPACITY BY SOLID ABSORPTION TRENCHES BY XXX~~

~~GARBAGE CAN USE XXX YES XXXXXXXXXXXXXXX NO XXXXXXXX~~

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

300 linear feet  
[ 3 (100' trenches) ]

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start first trench 130' from the east (184') lot line and 65' from the north (540') lot line. Run trenches along contour toward south side of lot.

NOTE C.B.D. - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or septic system. 5-3-90 JEN

### \*TOP SEAM SEPTIC TANK REQUIRED.\*

PLANS APPROVED BY Trenches to start 20' from rear wall at rear of home + run in a circular fashion  
Craig Williams cm DATE 03/16/90

COVER NO WORK UNTIL INSPECTED AND APPROVED → 10' apart on left bank of rear of home

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

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

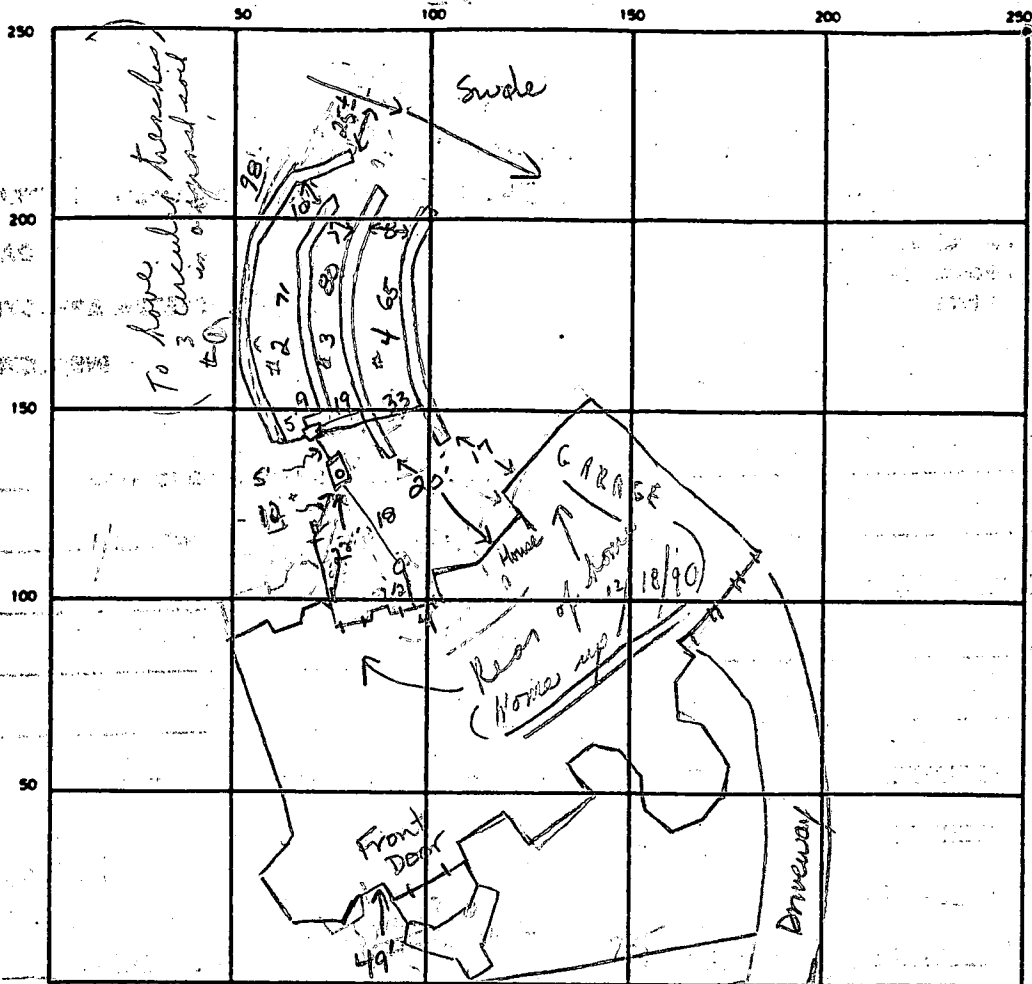
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

1/3/91  
ASAP  
2/13/91  
AM

43547



INDICATE-NORTH - NAME ADJOINING-ROADWAY AS BASE LINE

(W) H-00-1075

SEPTIC TANK LEVEL 1500gal OK top seam CLEANOUTS 1.8in above tank S.T. 1 C.O. # 1 R-O-W

DISTRIBUTION BOX LEVEL OK (Bottle in)

DRAIN FIELD/TILE FIELD. DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 90' (1) 90' (2) 71' (3) 80' (4) 65'

NUMBER OF TRENCHES 4 ONE SIDE/BOTTOM AREA 294 213 240 195 SQ. FT. 942 900

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

ABSORBENT AREA 942 SQ. FT.

REMARKS 12/18/90 No construction on septic at time of stop.  
Discussed septic system with Mr. Bud BRUCK; C.B.O.  
He is to call if any problem; please see above; C.B.O.  
1/2/91 T/C - INSTALLER HAS PROBLEMS - INSP 1/2/91 MR. 1/3/91 Partial A.M.  
2 trenches started <sup>made shallower</sup> than 2' to surface ok to continue.  
2-13-91 OK to cover all work. JEN

DATE SYSTEM APPROVED 2-13-91 INSPECTOR JAMES E. Nadeau

R-144

# APPLICATION

PERCOLATION TESTING

A 43547

P 312

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

DISTRICT 312

DATE 1/23/89

*Full Test*

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 Jean R. Dickey 570-0753

ADDRESS 13850 Forsythe Rd. Sykesville, Md. 21784 PHONE 447-

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

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

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. 50

ROAD AND DESCRIPTION North of 144 East of Thompson Drive  
(11700 Frederick Rd)

TAX MAP 16 PARCEL # 367

SIZE OF LOT 5 ac TYPE BLDG. Single Family  
(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.

*Jennifer D. Johnson (agent)*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

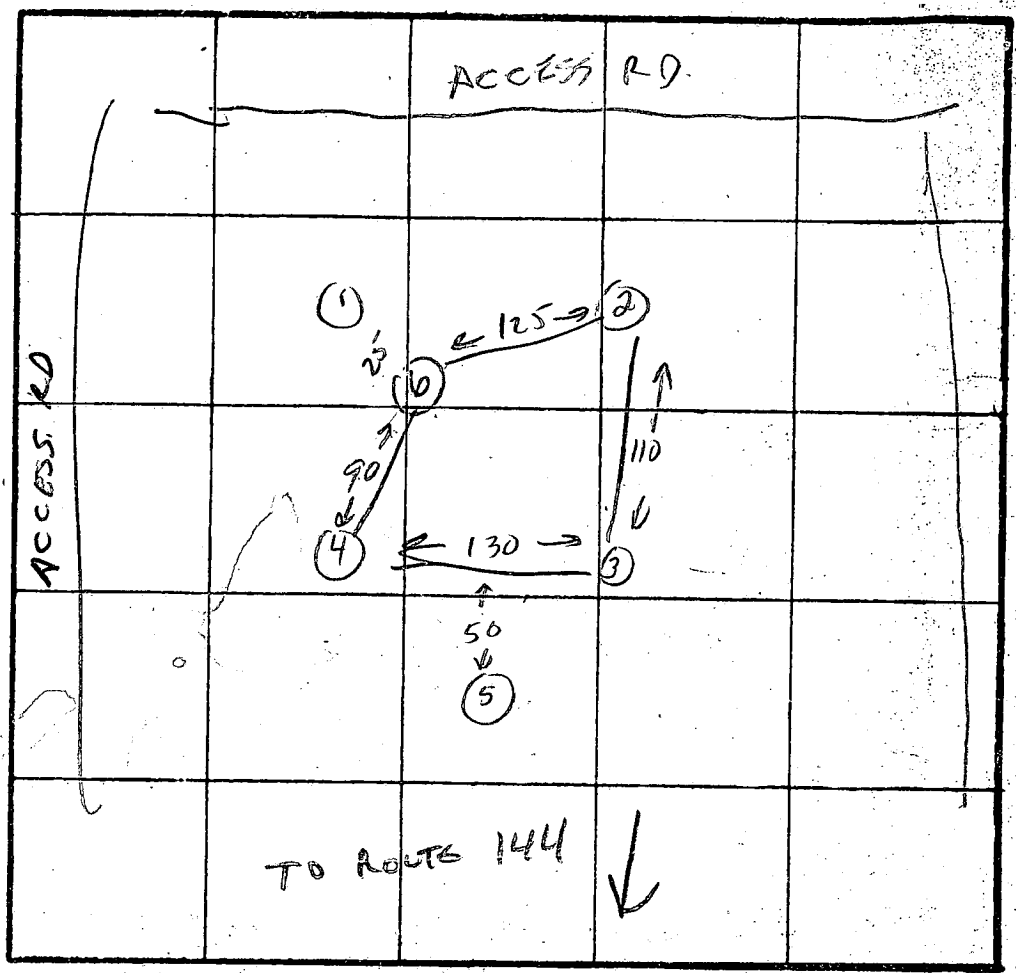
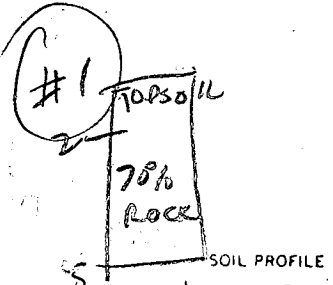
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

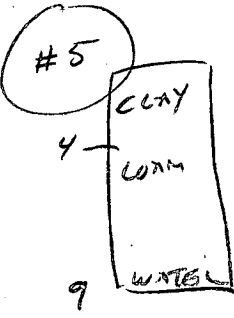
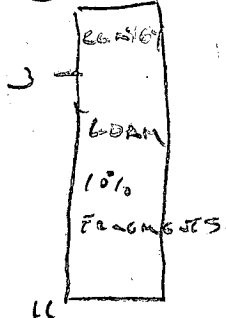
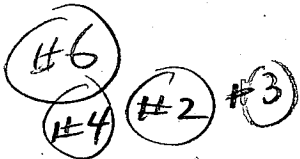
**BUDG. PERMIT SIGNED**  
**AND RETURNED** 2/19/89  
Serial #30561  
SFD-5 Burkhardt

# THIS IS NOT A PERMIT



X 5 MIN  
180  
IN LGT 2 1/2  
BOTTM 4 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/17/89	1(D)	LARGE	ROCK TO	70%	2-4'		X	
				FAILS				
	2	3 7	3:42	3:45	3:45	3:49	4 MIN	OK
		11	UIS	OK	LOAM			
	3	3 7	3:43	3:45	3:45	3:48	3 MIN	OK
		11	UIS	OK	LOAM			
	4(B)	3 7	3:56	4:00	4:00	4:05	5 MIN	OK
		11		OK				
	5	4' CLAY LOAM						
				FAILS				X
			WATER	AT 9'	IN SWALE			
	6	LOAM 3-11'	UIS	OK				OK

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Williams

ALSO PRESENT OKETT B. JOHNSON  
T. JOHNSON

EH-12-1079

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 X Replacement \_\_\_\_\_  
Receipt # 46490  
Date 10/15/90  
Name of Installer CARROLL WATER SYSTEMS INC Telephone 876-6880  
License Number PT 074  
Certified Well Pump Installer X Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
Name of Property Owner RESIDENTIAL WATER SYSTEMS INC Telephone 997-7257  
Subdivision KINGS CREST Lot # 50 Well Tag # A2-88-1075  
Site Address 11700

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible X  
2. Make DEMING  
3. Model # 3ALN  
4. Capacity 8 GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No X  
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No X  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards \_\_\_\_\_ Other \_\_\_\_\_

**Motor**  
1. Horsepower 1/2  
2. RPM 2400  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 X

**Pitless Adapter**  
1. Make MARTINSON  
2. Model # B10-X  
3. Depth 4'

**Tank**  
1. Capacity 120 Gall  
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 4'

**Well data**  
1. Depth 150 ft.  
2. Yield 70 GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? NO

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: 9/15/90

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

C1 **1184** 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 **A43547**

ST/CO USE ONLY  
 DATE RECEIVED

DATE WELL COMPLETED

Depth of Well  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"

OWNER **Johnson** last name **John, Sr** first name  
 STREET OR RFD **Rt 144** TOWN **Ellicott City**  
 SUBDIVISION **KING'S GIFT** SECTION **1** LOT **50**

**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	
DIRT	0	10	
RED CLAY	10	20	
SAND	20	40	-
BROWN SAND STONE	40	90	-
BROWN ROCK	90	100	
BROWN SAND STONE	100	150	-

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL: CEMENT  BENTONITE CLAY   
 NO. OF BAGS **25** NO. OF POUNDS **2350**  
 GALLONS OF WATER **125**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **507** 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) **6** Total depth of main casing (nearest foot) **64**

**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

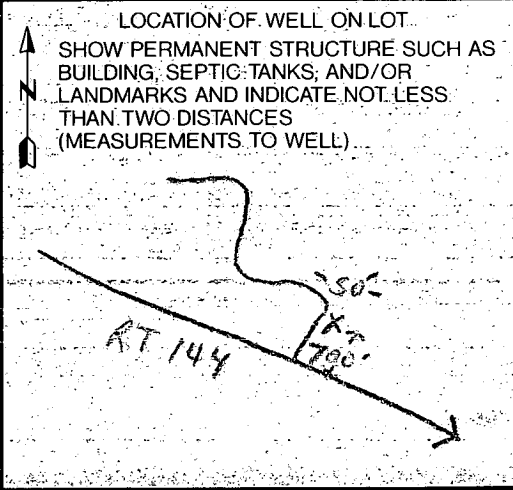
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN: **HO** **62** **150**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **See Log Sheet**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **4022**  
 WHEN PUMPING **63**  
 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)  
 (+) above } LAND SURFACE (nearest foot)  
 (-) below }



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

THEREBY 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. **429**  
 DRILLERS SIGNATURE **D. A. D. [Signature]**  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

B 1 **2143** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6, ON ALL CARDS)

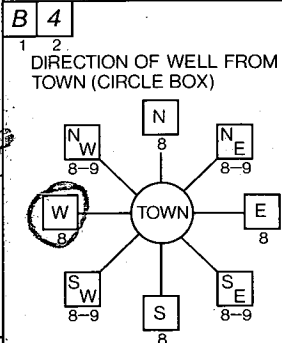
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-88-1075**  
 fill in this form completely

Date Received (APA) **091289**  
 OWNER INFORMATION  
**JOHNSON, JENIFER**  
 Last Name Owner First Name  
 Street or RFD  
**ELLICOTT CITY MD 21043**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**KING'S GIFT** SUBDIVISION  
 SECTION **50** LOT **50**  
**ELLICOTT CITY** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION  
**D.A. DiCicco** License No. **429**  
 Firm Name **TRI STATE EXPLOSIVES, INC.**  
 Address **P.O. Box 34300 Bethesda, MD. 20817**  
 Signature Date **D.A. DiCicco 9-5-89**



**11700 RT 144** NEAR WHAT ROAD  
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**A43547** COUNTY NO.  
 STATE SIGNATURE **Mark E. Rekin** DATE ISSUED **4/16/90**  
 NORTH GRID **533000** EAST GRID **0823000**

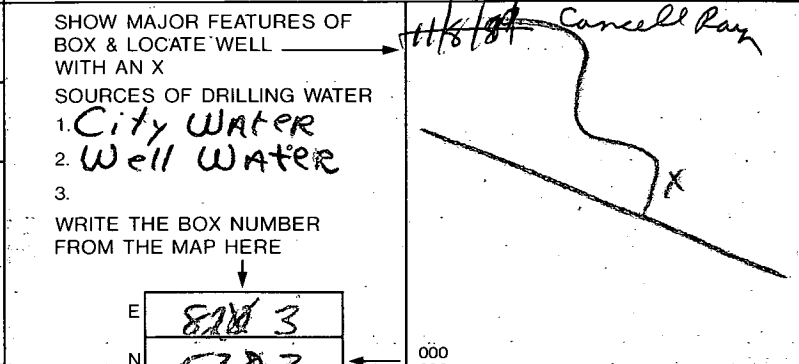
B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **600**

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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **City Water**  
 2. **Well Water**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **8203**  
 N **5303**

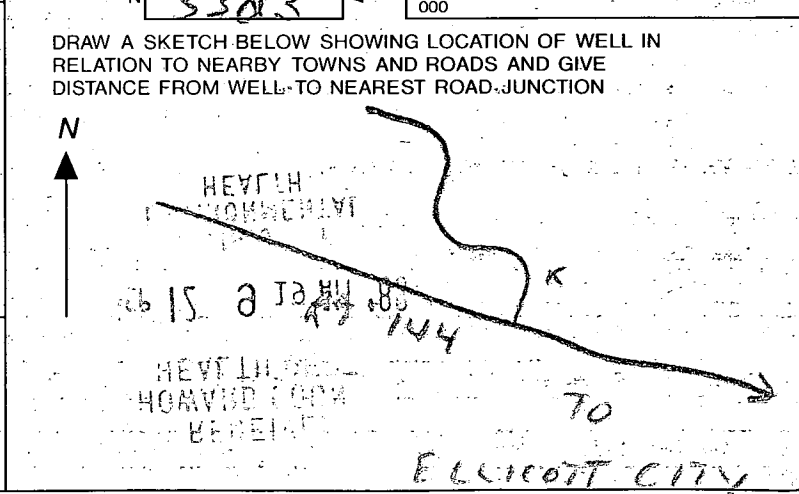
APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH

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)  
 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 **GAP**  
 FORCE **MI** PERMIT No. **HD-88-1075**



SPECIAL CONDITIONS

LOT 50  
SEPTIC SYSTEM DATA  
HOUSE INV. ELEV. 536.14

SEPTIC TANK:  
EX. GR. 538.0  
PROP. GR. 538.0  
INV. IN 535.0  
INV. OUT 534.7

DISTRIBUTION BOX:  
EX. GR. 536.4  
PROP. GR. 536.4  
INV. IN 533.9  
INV. OUT 533.9

TRENCHES: LENGTH AND NUMBER TO BE DETERMINED BY HOWARD COUNTY HEALTH DEPARTMENT

	#1	#2	#3	#4	#5
EXGR.	536.3	535.5	534.5	533.3	532.0
FIN GR.	536.3	535.5	534.5	533.3	532.0
INV. IN	533.8	533.0	532.0	530.8	529.5
LENGTH	40'	50'	60'	70'	80'

NOTES: 1) SEWER SERVICE TO BASEMENT IS PROVIDED BY SEWER EJECTOR PUMP.

2) TRENCHES MUST STAY ENTIRELY WITHIN REVISED PRIVATE SEWAGE ESMT

3) 1500-GALLON "TOP-BEAM" SEPTIC TANK IS REQUIRED.

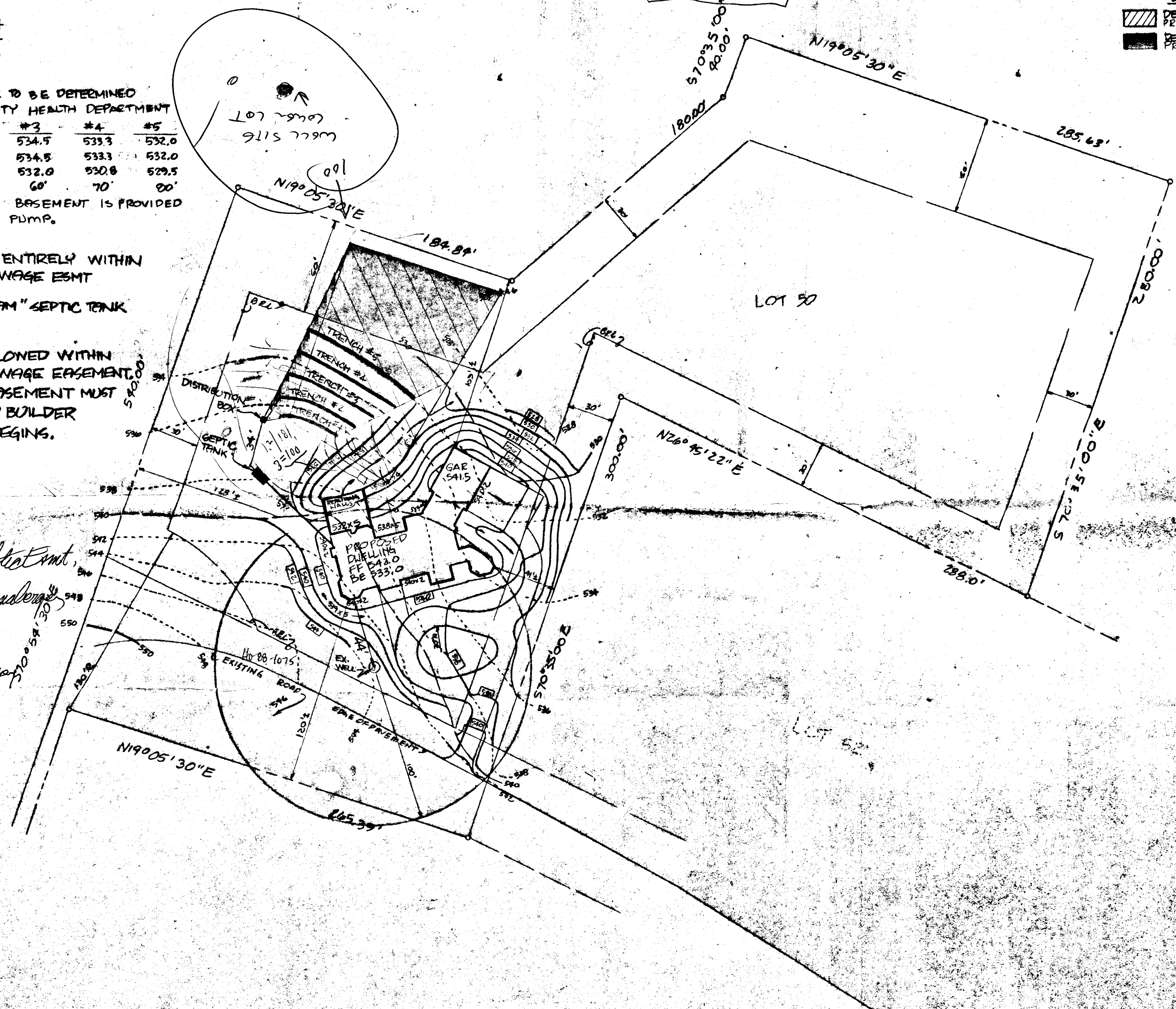
4) NO GRADING IS ALLOWED WITHIN REVISED PRIVATE SEWAGE EASEMENT. PRIVATE SEWAGE EASEMENT MUST BE RIBBONED OFF BY BUILDER BEFORE GRADING BEGINS.

SCALE: 1"=50'

BUD HAUCK  
of the  
revised  
system  
per note c-88  
12/18/90  
date

LEGEND  

 DESIGNATES PREVIOUSLY APPROVED PRIVATE SEWAGE EASEMENT  
 DESIGNATES PROPOSED REVISED PRIVATE SEWAGE EASEMENT



3/10/90  
Informed owner that revised septic smt will be staked as shown by plan and plan.  
G. J. Handberg

OK AS REVISED  
3/17/90  
C. Witt

SHANGBERGER & LONE  
8726 DUNE COUNTRY BLVD  
SUITE 106 & 107  
ELICOTT CITY, MD, 21043  
(301) 461-9563

SITE PLAN  
KING'S GIFT  
LOT 50  
3<sup>RD</sup> ELECTION DISTRICT  
HOWARD COUNTY, MD  
DATE: DEC. 21, 1989  
REV. 3/17/1990  
SCALE: 1"=50'