

3/10/6/89 pm

04-3437/9

PERMIT

P 45024

A 43647

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 10/5/89

INDEXED

DATE SYSTEM APPROVED 10/11/89

INSPECTOR M. Griffin

R. B. Stine IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 845-6265

SUBDIVISION Chanceland Farms ROAD 1800 McKendree Road LOT 1

PROPERTY OWNER Robert T. Manfuso, Katherine M. Voss

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 - 210 sq. ft per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet from the left lot line and 115 feet off the rear lot line as seen when facing the lot from McKendree Road. Run trenches on contour toward the rear. Maintain a minimum of 100 feet from the well.

NOTE - No trench to exceed 100 feet in length. provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. allow

PLANS APPROVED BY Jane Nadeau DATE 5/04/89

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

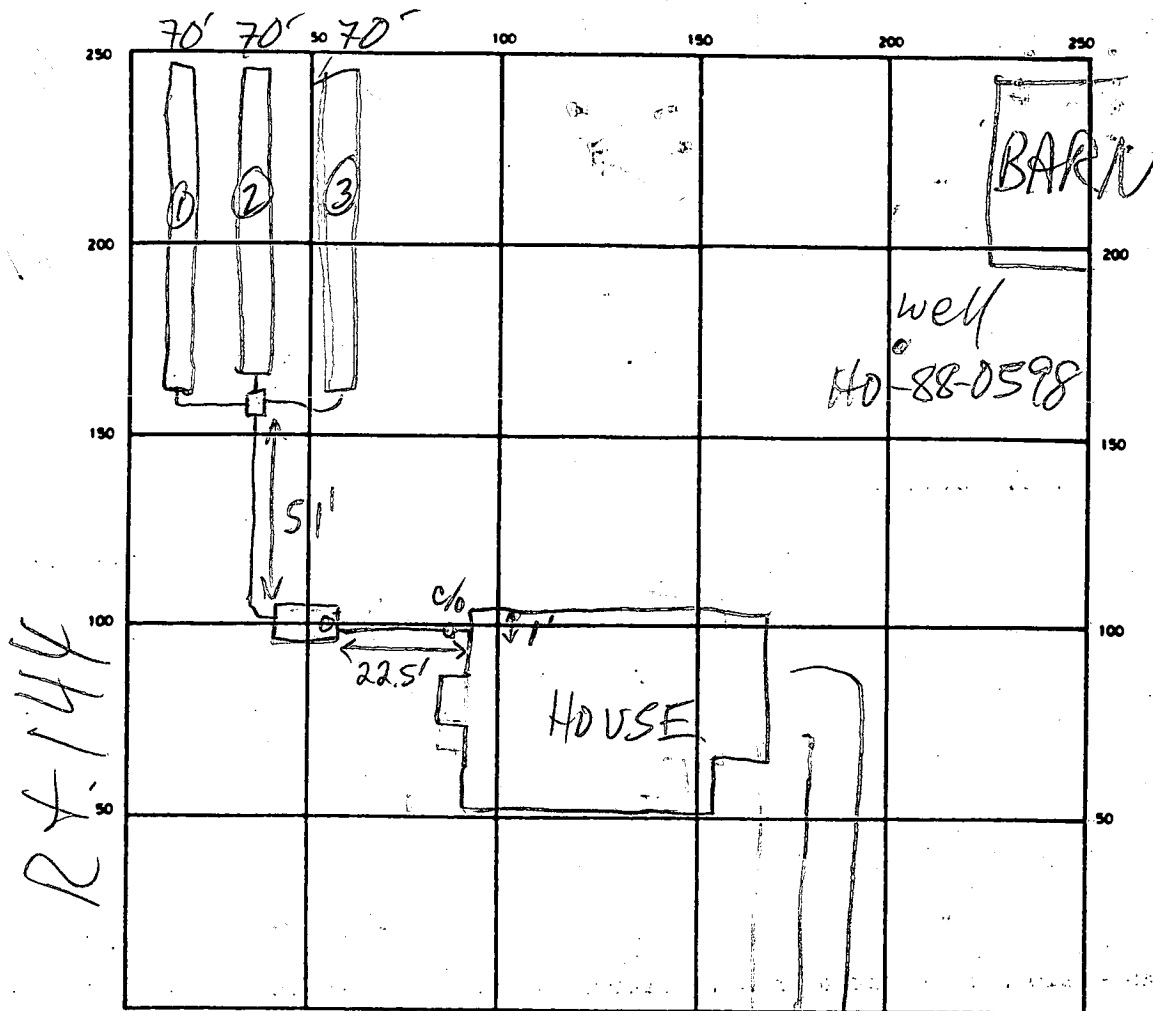
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
43647



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 McKendree Rd

SEPTIC TANK LEVEL OK 1250 GAL CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK Baffle in
 DRAIN FIELD/TILE FIELD DEPTH 9 FT TRENCH WIDTH 2 FT INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT TOTAL LENGTH ① 70 ② 70 ③ 70 = 210 FT
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ FT.
 DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ FT.

REMARKS 10/16/89 S.T. OK, OK TO DIG TRENCHES MR
10/11/89 OK TO COVER ①, FINISH ② & ③ & COVER MR

DATE SYSTEM APPROVED 10/11/89 INSPECTOR M. Ripkin

APPLICATION

2-22-89
10AM RAN OUT
2/23/89

PERCOLATION TESTING

A 43647
P _____

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

DISTRICT 4TH
DATE 2-17-89

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 Robert T. Mantuso, Katherine M. Goss

ADDRESS 1975 McKendree Rd. West Friendship, Md. PHONE 301 442-9918

PROSPECTIVE BUYER William S. Reightel jr.

ADDRESS 4969 Jolly Doves Rd. Whitehall, Md. PHONE (301) 442-9918 Farm
(301) 692-2649 Home

PROPERTY LOCATION:
SUBDIVISION CHANCE LAND FARM 1800 LOT NO. 1

ROAD AND DESCRIPTION N.W. CORNER of Rte # 744 & McKendree Rd.

TAX MAP 15 & 9 PARCEL # 10

SIZE OF LOT 55.65 AC. TYPE BLDG. (TENANT HOUSE) Single Fam. Res.
(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.

William S. Reightel jr.
(SIGNATURE OF APPLICANT)

APPROVED BY Fiedler FOR Deep Trenches DATE 6-8-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-2-89 For perc hole locations & plat approval

BOG. PERMIT SIGNED
AND RETURNED 6-9-89
BP26901

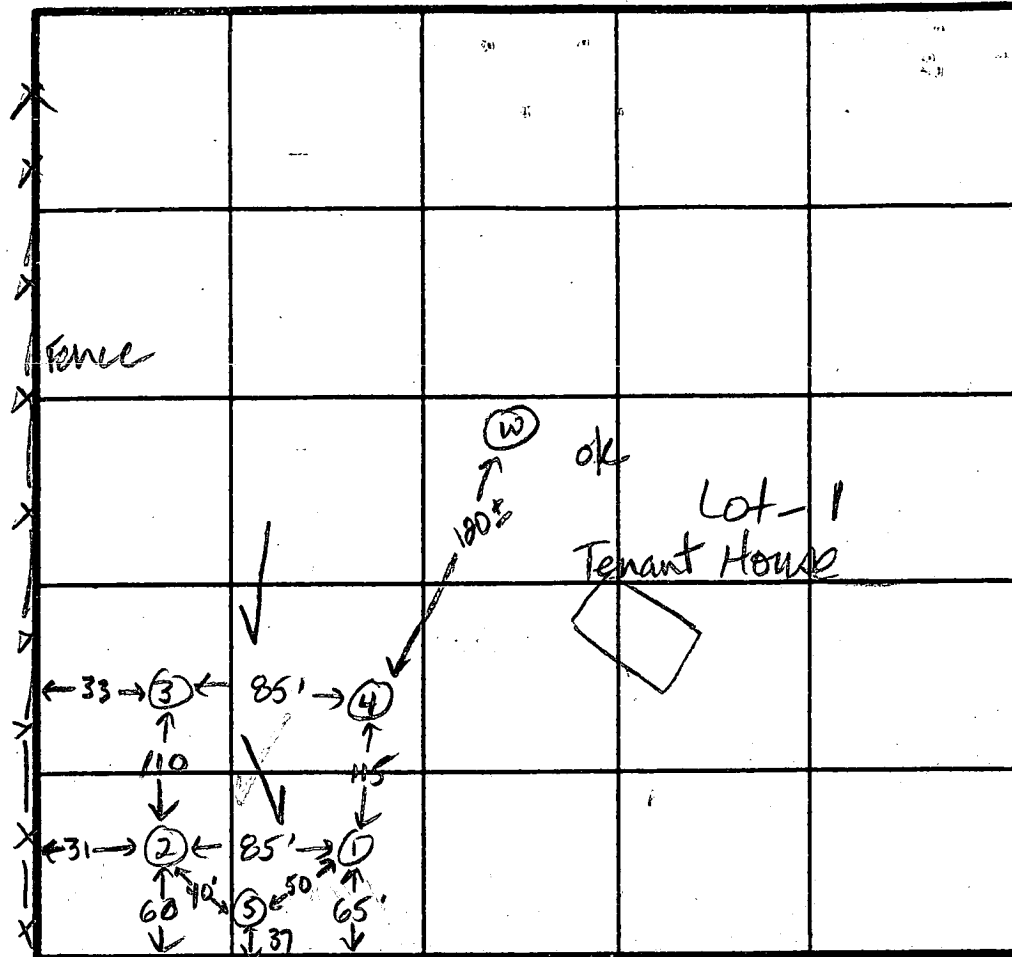
THIS IS NOT A PERMIT

HD-216

A 43647

SOIL PROFILE
⑤ ① ② ④

0-5.0 Br sil
1m
5-13.5 Tan br
sa si
1m
13.5 Bottom



High 3
4
2
Low 5

X = 11 min
Inlet = 5.0 ft
Bottom = 9.0 ft
210 sqft / bedrm

③
0-3.5 Rd-br si
cl m
3.5-12.0 Rd-purple
sa si m
12.0 Bottom

Red Edge → INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Mr. Kendrick Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-2-89	1	5.5 S	9:31:02	9:37	9:37	9:50	13 min
		8.5 M	9:30:26	9:34	9:34	9:45	11 min
		13.5 D	Bottom (see profile)				ok
	2	4.5 S	9:38	9:52	9:52	10:21	29 min
		8.5 M	9:35	9:38	9:38	9:46	8 min
		13.0 D	Bottom (clay to 4.0 ft)				ok
	3	5.0 S	9:59	10:03	10:03	10:12	9 min
		8.0 M	10:01	10:03	10:03	10:06	3 min
		12.0 D	Bottom (see profile)				
	4	4.0 S	9:48	10:03	1/2 inch		Failed
		8.5 M	9:43	3:49	3:49	3:57	8 min
		12.5 D	Bottom (clay to 5.5 ft)				ok
		6.5 S	10:12	10:14	10:14	10:19	5 min
✓	5	13.0 ✓	(See profile - clay to 5.0 ft)				ok

REMARKS All holes as shown on plat except #5

TYPE OF SOIL 0-5 Br sil cl m 5-13 Tan sa si m

TESTED BY Jane Nadeau ALSO PRESENT W. Reightler

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 # 45772
Date 11-1-89

Name of Installer Geo. E. BITNER Jr

Telephone 592 9740

License Number 2249
Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Chanceland Farm

Telephone 442 2699

Subdivision Chanceland Farm Lot # 1

Well Tag HD-28-05-98

Site Address 1975 MacKENNICK Rd

House & Training Barn

WEST FRIENDSHIP Md

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Gould
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower _____
- RPM _____
- Voltage
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth 4'

Tank

- Capacity _____
- Pressure relief valve?

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- 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.

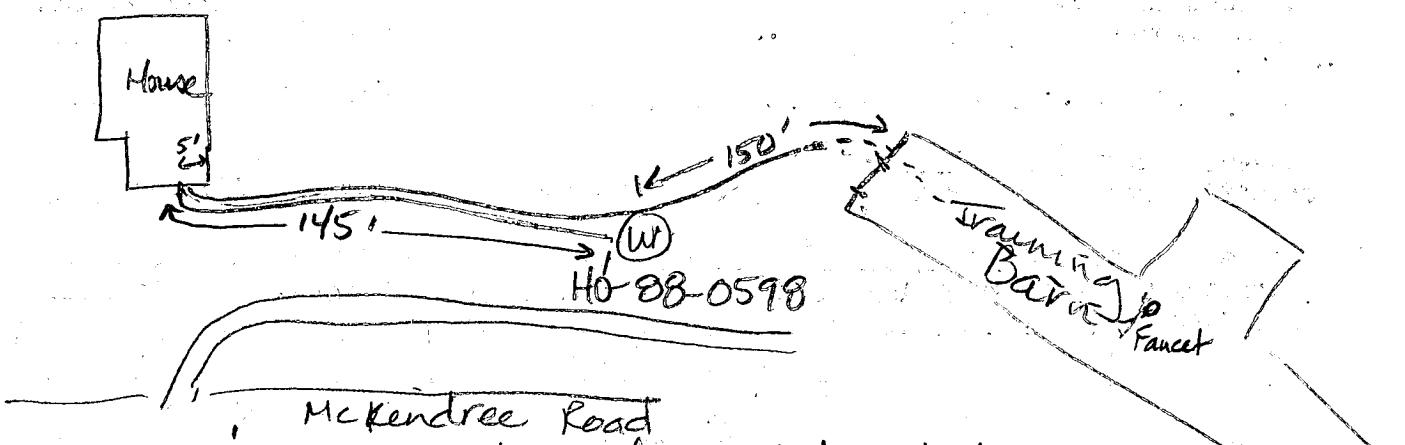
Signature of Applicant: _____

Date: 11-1-89

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

1.0
2.4

3.4
130



11-2-89 Pitless adaptor at 55 inches below grade. Well line connected. House connection not grouted yet. Pump tank in place. Well line at 53 inches below grade.

Barn connection covered. Plumber states 2 spring loaded gate valves will be installed to prevent backflow from barn to well. Two valves are to be installed in house at pump tank. Water line comes from well through one-way valve into house pump tank. Well line leaves pump tank through one-way valve to barn. Individual vacuum breakers are installed in barn to prevent cross connections and back siphonage into house. JENadeau

C1 - 2426

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 43647

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

060889

22 320 26

28 29 30 31 32 33 34 35 36 37

OWNER: last name first name TOWN SUBDIVISION SECTION LOT

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 FROM TO Check if water bearing

Table with 4 columns: Description, From, To, Check if water bearing. Rows include Brown sandstone, Blue rock, Brown rock, etc.

WATER @ 65-90-125-150-295

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING Nominal diameter Total depth TYPE (nearest inch) (nearest foot)

OTHER CASING (if used)

diagram showing casing types and dimensions

SCREEN RECORD

screen type or open hole insert appropriate code below

DEPTH (nearest ft.)

Diagram showing screen depth and slot size

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

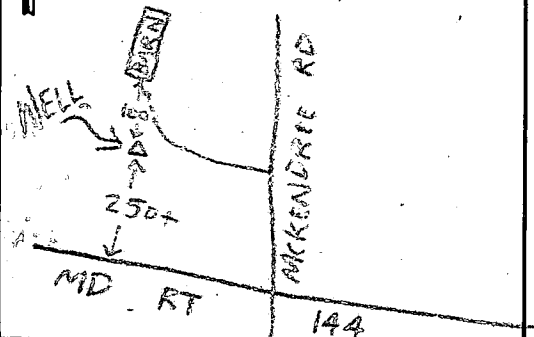
PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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)

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)



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 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. 303

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **4669** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

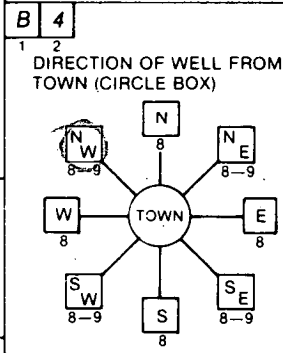
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0598
 fill in this form completely

Date Received (APA) **041189**
 OWNER INFORMATION
WRIGHTNER **BILL**
 15 Last Name Owner First Name 34
1975 MCKENDREE RD
 36 Street or RFD 55
W FRIENDSHIP MD 21794
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
CHANCELAND FARM SUBDIVISION
 SECTION **1** LOT **1**
WEST FRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
Quynn, William B.
 Driller's Name 77 License No. **303**
Quynn-Cromwell Well Drilling
 Firm Name
6030 Keyser Ln., Frederick, MD 21701
 Address
 Signature *W B Quynn* Date **3/30/89**



MCKENDREE RD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **4** **200** FT
 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 43647 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **051089** SIGNATURE *Wm B Quynn* EXP. DATE **11-10-89**
 NORTH GRID **539000** EAST GRID **0800000**

APPROXIMATE DEPTH OF WELL **300** FEET

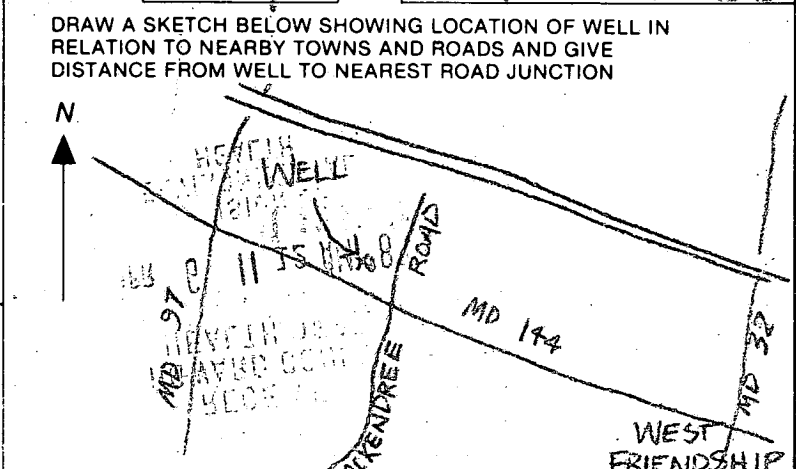
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PEussion 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 DEEPEN 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 **JN** WRITE INITIALS IN BOX PERMIT No. **HO-88-0598**

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
 E **800**
 N **5309**
 000 000
WELL
MD 144
6-6-89 No opportunity to observe. JEN
6-8-89 2:00 pm
80ft casing
7ft open hole
2ft above grade
12 bags cement
location ok JEN



SPECIAL CONDITIONS
H 692-2647 W

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Tawes Office Building
Annapolis, Maryland 21401

- Surface Water
 Groundwater
 New Application
 Change in Existing Permit

LOT A (MAINTENANCE SHOP - RACE TRACK) (HOUSE + DRINKING AND WELL) (NO. 88-0598)
 HO-88-0599 1 WELL

Number _____

APPLICATION

Robt. T. Phetusa, Katherine Voss (301) 442-9918
 (Owner's Name) (Telephone Number)
1915 McKendree Rd. West Friendship, Md 21154
 (Owner's Address) (Street) (Town) (State) (Zip Code)

WITHDRAWAL

GROUNDWATER

Appropriate and use a yearly average of
1000 gallons per day,
 [total annual use ÷ 365 days]
 and 3000 gallons
 [highest total monthly use ÷ days in month]
 for the average day of the maximum month, from
2 well(s) having a diameter of
 [number]
6 inches, and a depth of
 [estimate]
200-300 ft.
 [estimate]

SURFACE WATER

Appropriate and use a yearly average of
 _____ gallons per
 [total annual use ÷ 365 days]
 day, and a maximum use of _____
 gallons in any one day, from:

 [name of stream]

 [exact location of withdrawal]

PROJECT LOCATION

McKENDREE RD - WEST FRIENDSHIP
 [Location - be specific]
 County HOWARD Subdivision or town CHANCELAND FARM Phone number _____
 Name and type of business RESIDENTIAL LOT / HORSE FARM

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE

- The water will be used for:
- Community Water Supply
 - Non-Potable supply (sanitary uses, not for drinking water)
 - Potable Supply (drinking water, etc.)
 - Cooling Water
 - Irrigation
 - Process Water
 - Other _____ [explain]

WASTEWATER TREATMENT AND DISPOSAL

- Public Sewer _____ [name of system]
 - Groundwater
 - Subsurface (tilefield, seepage pit, etc.)
 - Spray Irrigation
 - Other, explain _____
 - Surface Water _____ [name of stream]
- Discharge Permit # _____
or applied for _____

SIGNATURE

Please sign here: [Signature]
 _____ [signature]
W.S. Rightler, Jr.
 [please print name, title, and date here]

**THIS APPLICATION WILL NOT
BE PROCESSED
WITHOUT A SIGNATURE
AND A LOCATION MAP**

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

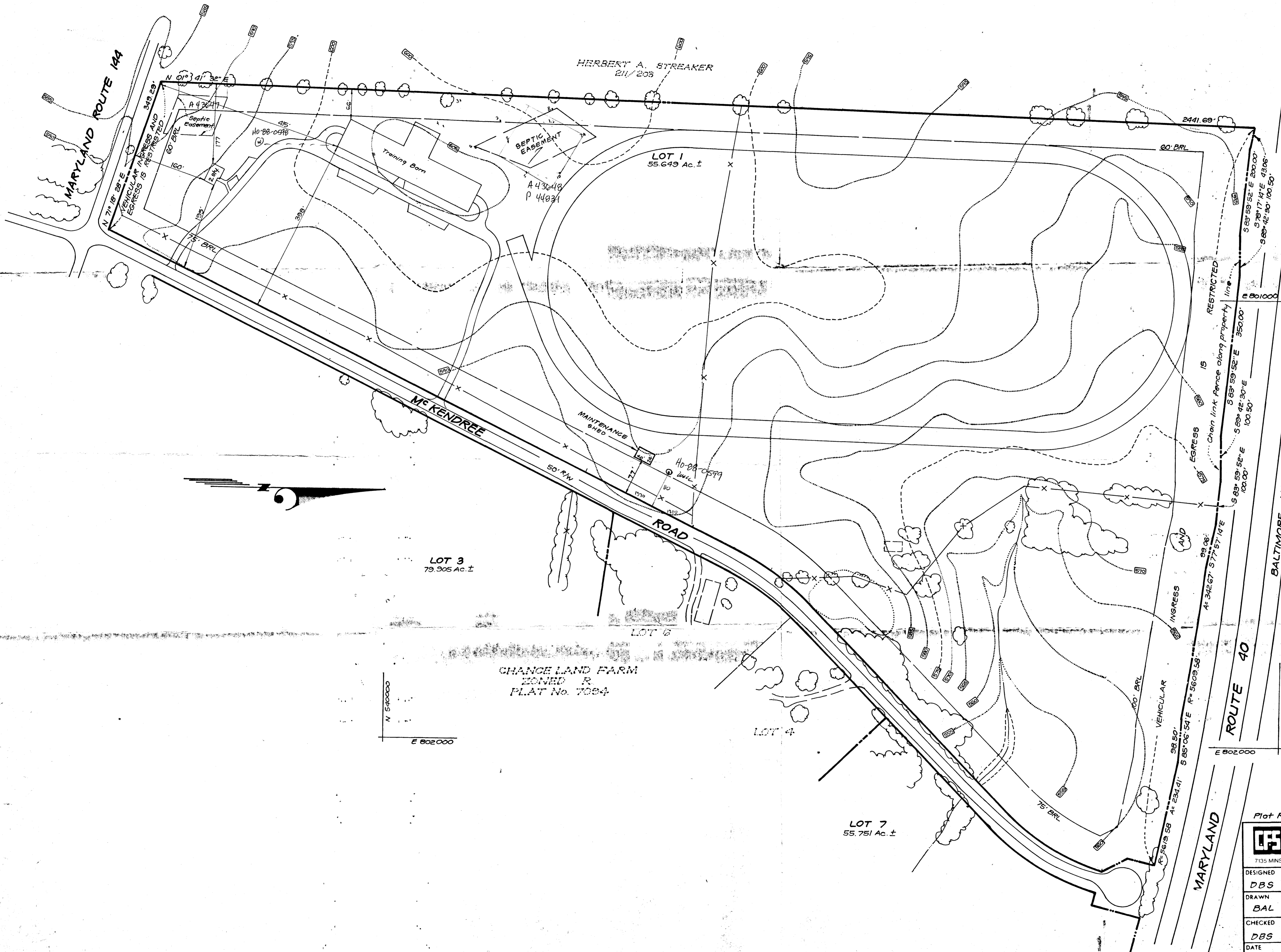
THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?

- YES NO, explain _____

Signature of county representative Cory Wilton SANITARIAN 4/13/89
 [signature] [title] [date]

MAILED TO WEA 4/13/89



NOTE: Topo was taken from Howard County Aerial Topography.

Plot Reference No. 6067

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS <small>7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7200 - BALTO • (301) 621-8100 - WASH.</small>		SCALE
		1" = 100'
DESIGNED	DBS	SITE DEVELOPMENT PLAN LOTS 1, 3 and 7 CHANCE LAND FARM 3RD & 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN	BAL	
CHECKED	DBS	DRAWING
DATE	Oct 1988	JOB NO.
		FILE NO.
		88-137X