

5/14/99
A.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511547

A 44256

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 4-28-99

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 5/14/99

04-356330

INSPECTOR S.R.K.

David Cabbage IS PERMITTED TO INSTALL ALTER

ADDRESS 12000 Frederick Road, Ellicott City, MD 21042 PHONE 410-531-9605

SUBDIVISION Gwyndyl Oak Estates LOT 36 ROAD 2560 McKendree Road

PROPERTY OWNER David R. Cabbage

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS **TOP SEAMED TANK**

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - 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 - Place distribution box 110 feet up the left lot line (232.85') and 70 feet off that same lot line as seen when facing the lot from McKendree Road. Run trenches on contour towards the left lot line.

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

OK JH 12-17-98

PLANS APPROVED BY Amy McMillen REVISED _____ DATE 12-15-98

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.

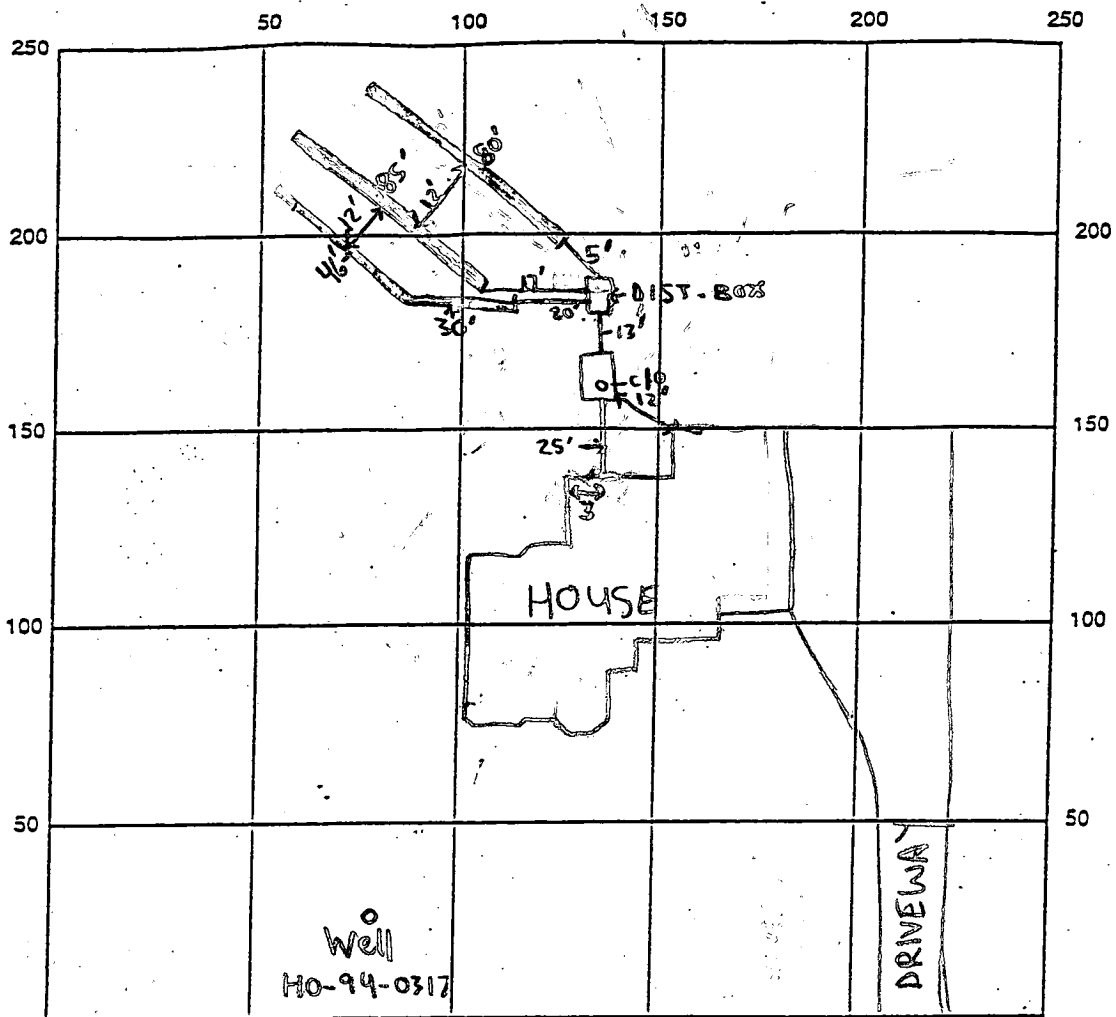
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

*B00115399
12/5/98 SFD*

1/14/256



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Mckendree Road

SEPTIC TANK LEVEL ✓ 1500 gallon top seam CLEANOUTS 1-6" @ Septic Tank

DISTRIBUTION BOX LEVEL ✓

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 241 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 723 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/14/99 - contractor will place cleanout on tank and Baffle in box

OK TO COVER WORK - S.R.K.

DATE SYSTEM APPROVED 5/14/99

INSPECTOR Steven R. Krieg

APPLICATION

PERCOLATION TESTING

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

A 44256
P _____
DISTRICT 4th
DATE _____

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 Pettit and Griffin, Inc. David R. Cabbage

ADDRESS 18205-D Flower Hill Way PHONE 301-975-1020
Gaithersburg, Maryland 20879

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION McKendree Estates LOT NO. _____

ROAD AND DESCRIPTION 2560
McKendree Road and Route 97

TAX MAP 14 PARCEL # 123

SIZE OF LOT 3 AC. + _____

BLDG. PERMIT SIGNED
AND RETURNED 12-16-98
Serial # BPD115399
TYPE BLDG. Single Family - 4/Brn
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 11/13/92 Visual Hole @ 14/34 Hold for Plat

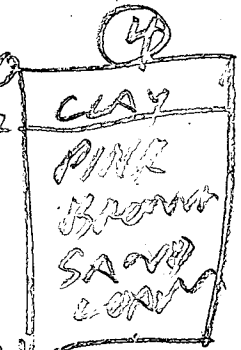
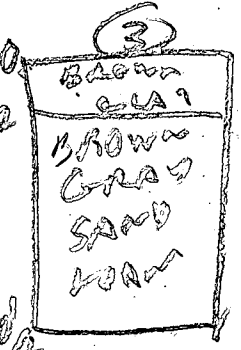
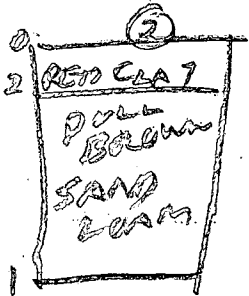
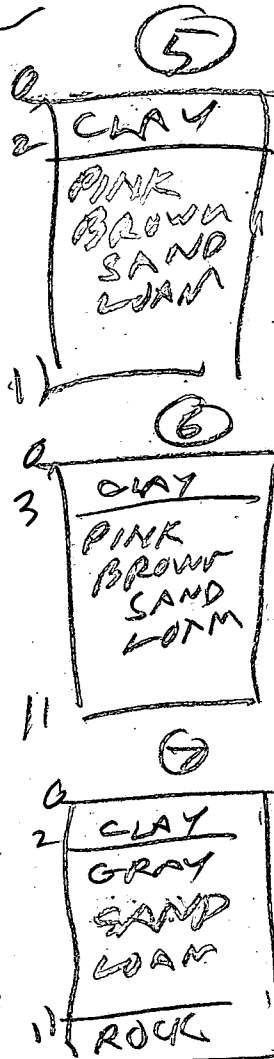
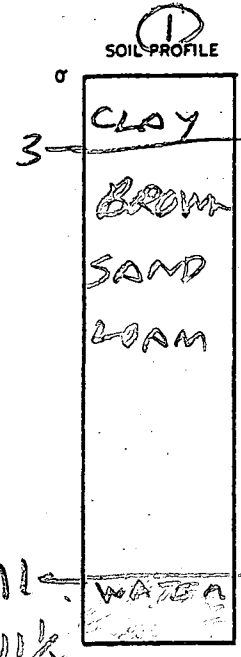
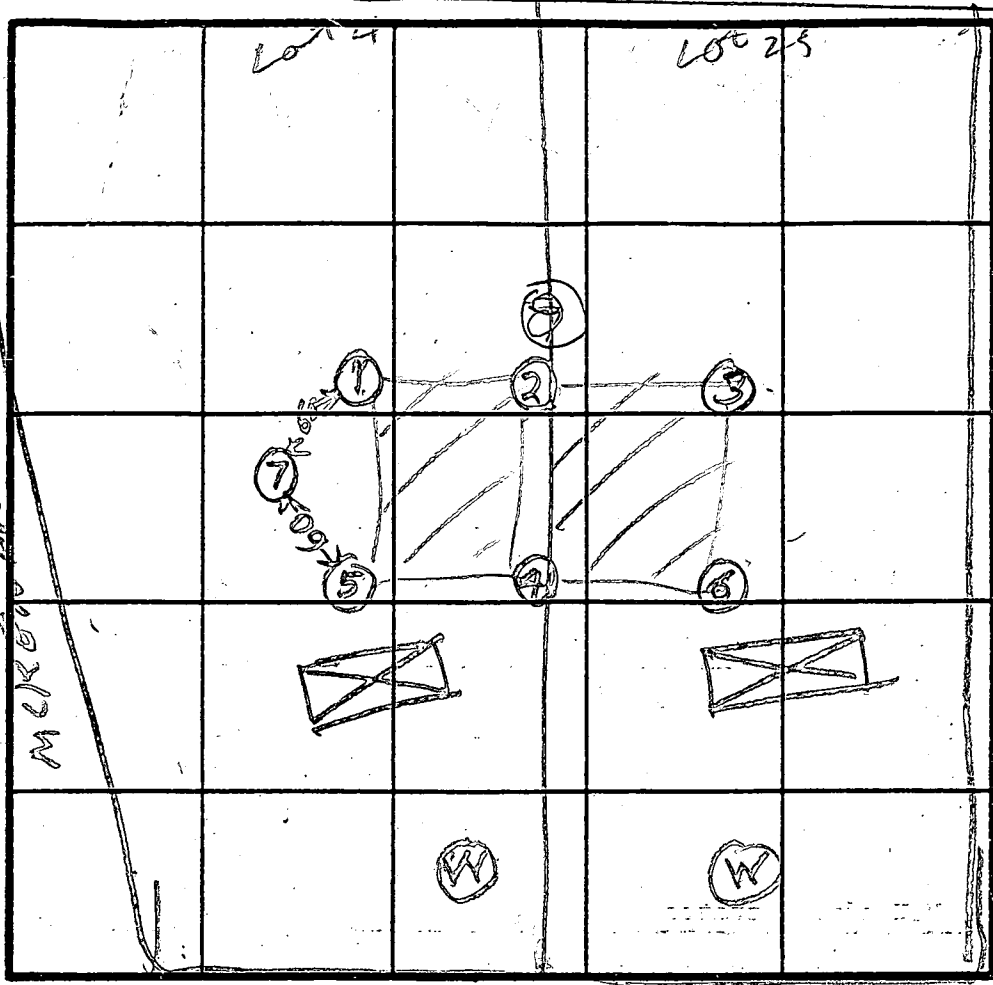
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

Lot 25
A 44256

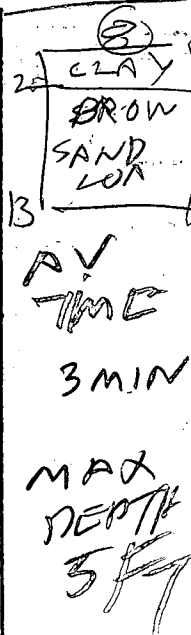
[LOT 36]



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MCKENROSB RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
7/28/69	1S	4	1032	1039	1039	1042	3
	1D	11.5	WATER		11 FT		
	2S	4	1047	1050	1050	1059	9
	2V	11	OK				
	3S	3.5	1057	1100	1100	1103	3
	3V	10.5	OK				
	4S	4	1102	1102	1108	1110	2
	4D	3	1106	1102	1108	1110	2
	4Y	11	OK				
	5V	11	OK				
	6V	11	OK				
	7S	3.5	1124	1126	1126	1129	3
6/28/69	7V	11	OK				
	8V	13	OK				



REMARKS: Holes (1) (2) (3) (4) (5) (6) deeper Test (Plat) (Hold) different

TYPE OF SOIL _____
TESTED BY R HADGGS
ALSO PRESENT OK ETTERMAN & DALE

APPLICATION

PERCOLATION TESTING

A 44256
P _____

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

DISTRICT 4th
DATE _____

16Q
1 VIS TEST HOLD
FOR WATER TABLE,

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 Pettit and Griffin, Inc.

ADDRESS 18205-D Flower Hill Way PHONE 301-975-1020
Gaithersburg, Maryland 20879

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION McKendree Estates LOT NO. 25 37 *NEW 36* 6/17/93

ROAD AND DESCRIPTION McKendree Road and Route 97

TAX MAP 14 PARCEL # 123

SIZE OF LOT 3 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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

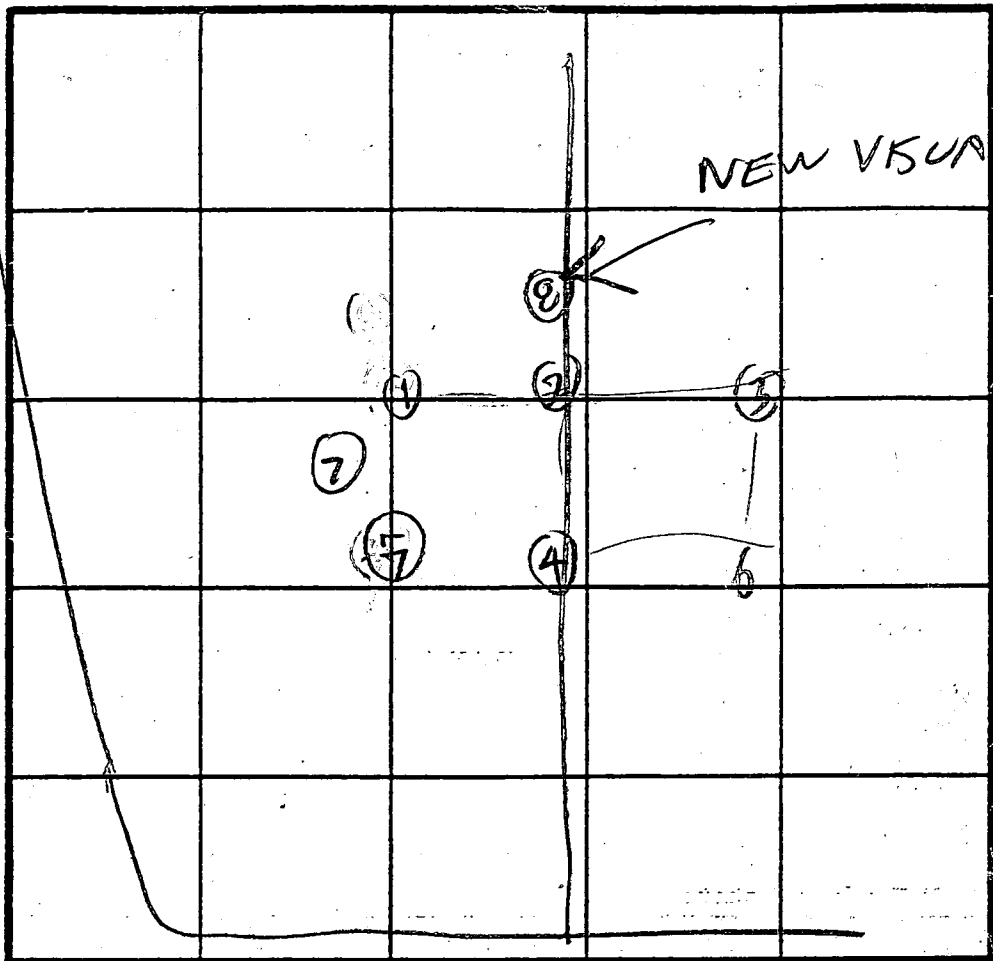
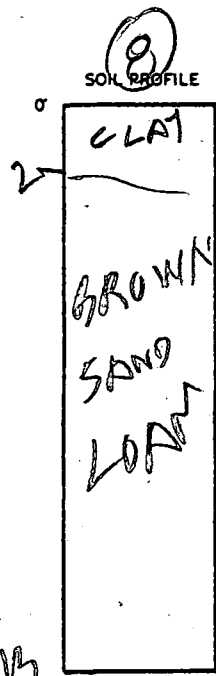
REASONS FOR REJECTION OR HOLDING 6/28/89 perc OK Hold for Plat B 37

HD-216

THIS IS NOT A PERMIT

44256

lot 37



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/12/92	8V	13	OK				

REMARKS Visual Hole OK

TYPE OF SOIL

TESTED BY B. Hodger

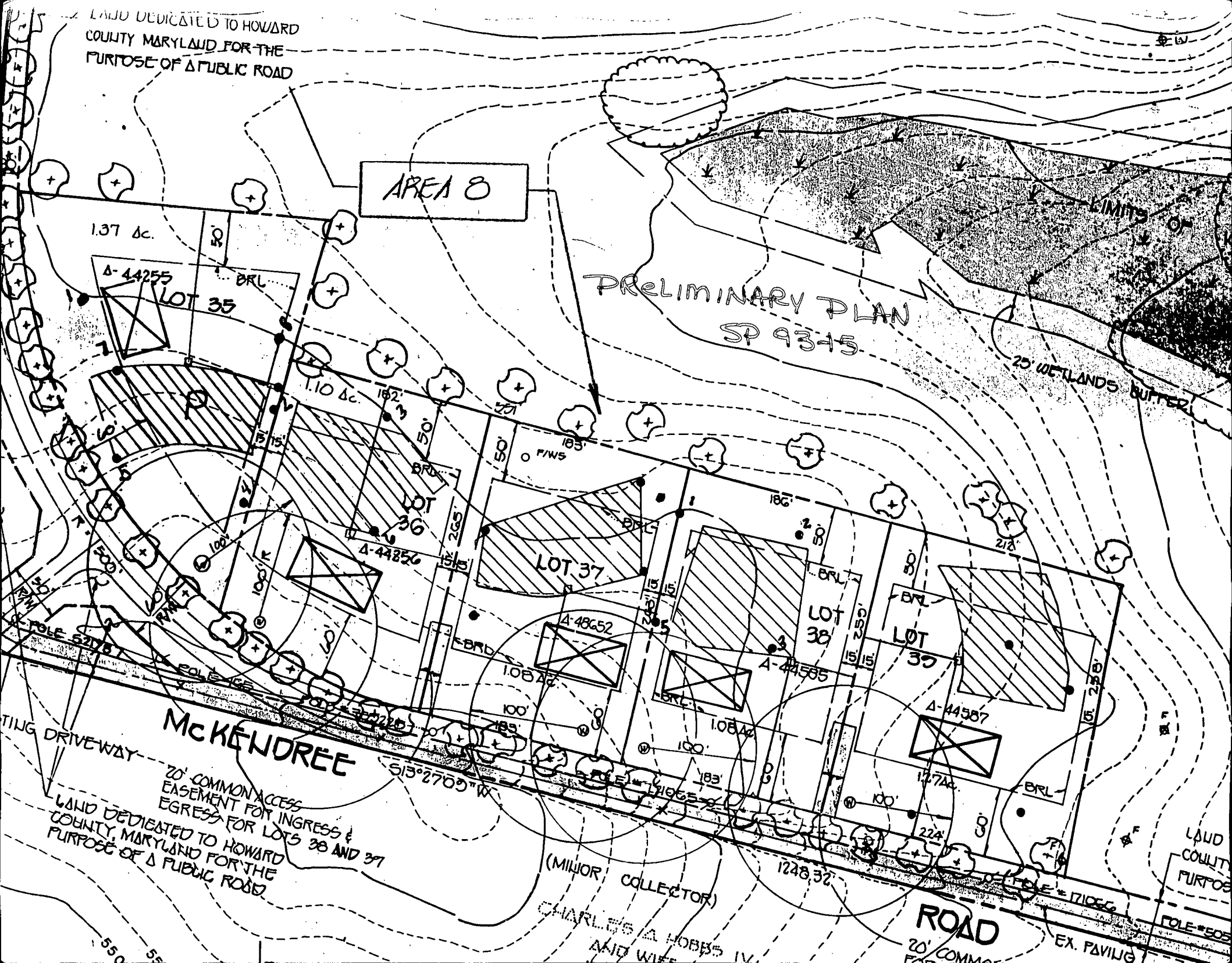
ALSO PRESENT Hugh O. Kellerman Jr

LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

AREA 8

PRELIMINARY PLAN SP 9345

25' WETLANDS BUFFER



1.37 ac.

1.10 ac.

LOT 35

LOT 36

LOT 37

LOT 38

LOT 39

MCKENDREE

ROAD

LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

(MAJOR COLLECTOR)

CHARLES & HOBBS IV AND WIFE

EX. PAVING

EX. PAVING

55.0'

55.0'

EX. PAVING

EX. PAVING

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-8839~~

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement _____

Receipt # _____
Date _____

Name of Installer David Cubbage

Telephone 410-442-8061

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

Name of Property Owner David R. Cubbage

Telephone 410 442 8061

Subdivision Mckendree Estates Lot # 36

Well Tag # HO-94-0317

Site Address 2560 Mckendree Rd

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make Myers
 - Model # 3ST62-8
 - Capacity 8 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 1/2
 - RPM 3450
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter**
- Make Martinson
 - Model # B-10X
 - Depth 36"

- Tank**
- Capacity 32
 - Pressure relief valve? 75 lbs.

- Piping**
- Type poly
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 140 ft.

- Well data**
- Depth 168 ft.
 - Yield 14 GPM
 - Static water level 35 ft.
 - 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: David R. Cubbage

Date: 12/16/99

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

C1 3515

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 44256

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 0 2 1 5 9 3

Depth of Well 1 8 5 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-0317

OWNER Poffitt & Griffith, Inc last name McKendree first name ROAD TOWN Glenwood SUBDIVISION Gwydol Oak Estates SECTION LOT 36

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include soft brown dirt, hard tan rock, med hard tan rock, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 17, NO. OF POUNDS 1700, GALLONS OF WATER 102, DEPTH OF GROUT SEAL 0 to 6 2 ft.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE PL 6 6 3, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 63.

OTHER CASING (if used) diameter inch, depth (feet) from to

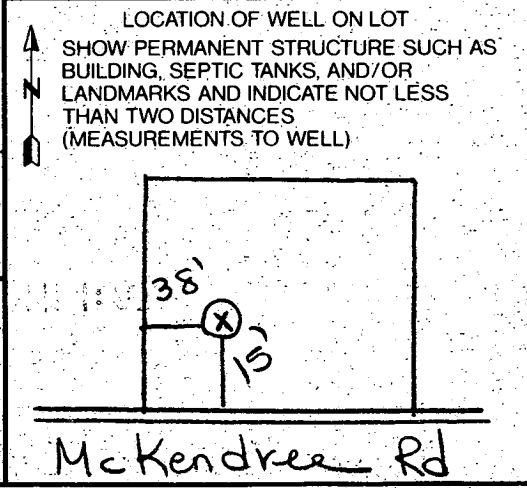
SCREEN RECORD: screen type or open hole insert appropriate code below, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 14, METHOD USED TO MEASURE PUMPING RATE timer, WATER LEVEL (distance from land surface) BEFORE PUMPING 3 4, WHEN PUMPING 5 9, TYPE OF PUMP USED (for test) 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 1 (nearest foot).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED Y (N), 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.

DEPTH (nearest ft.) 1 8 5, GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL-INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), T (E.R.O.S.), W Q (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



I HEREBY 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. 304, Drilled by David Kelly, Signature of Arnold Johnson, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

B-1 **8234**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
HO-94-0317
fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

Date Received (APA)

01/10/95

OWNER INFORMATION:

DETTIT & GRIFFITH INC

18205 D FLOWER HILL WAY

BANTHERSBURG MD 20879

B 3

LOCATION OF WELL

HOWARD

CUNYNDYL OAK ESTATES

SECTION **36** LOT **36**

GLEWOOD

MILES FROM TOWN (enter 0 if in town) **0.7** MI

DRILLER INFORMATION

DAVE KELLY 692-6981304

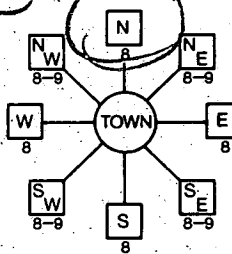
Jones Well Drilling Co

3700 Bush Rd Darrettsville

Dave Kelly 11-21-94

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



McKendree Rd

2550

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

APPROX **30** DISTANCE FROM ROAD

ENTER FT OR MI **FT**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **4**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**

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 **A44256** COUNTY NO.

STATE SIGNATURE **[Signature]** DATE ISSUED **01/25/95** EXP. DATE **1/25/96**

NORTH GRID **535000** EAST GRID **0798000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

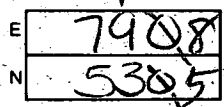
- BORED (or Augered) JETTED DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REverse-ROTARY DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

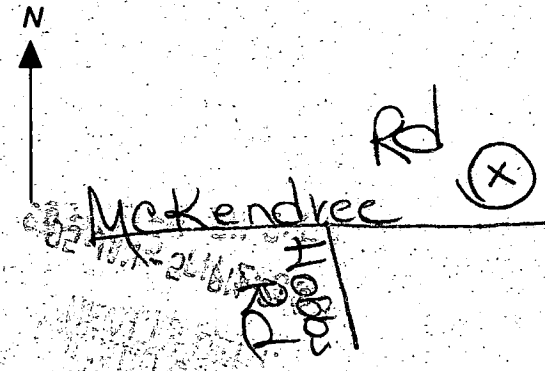
SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **RP** WRITE INITIALS IN BOX **RP** PERMIT No. **HO-94-0317**

SPECIAL CONDITIONS (NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED)

(MINOR COLLECTOR)
ROAD

MCKENDREE

LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

AREA 8

1.37 ac.

Δ-44255
LOT 35

1.10 ac.

LOT 36

LOT 37

Δ-48652

MCKENDREE

EXISTING DRIVEWAY

20' COMMON ACCESS EASEMENT FOR INGRESS & EGRESS FOR LOTS 36 AND 37
LAND DEDICATED TO HOWARD COUNTY MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

Well site at Kas Station
RIP 1/23/95

Note: No property markers available

Site based on location of nearby old park files + old roadway

Gwynn Oak Estates

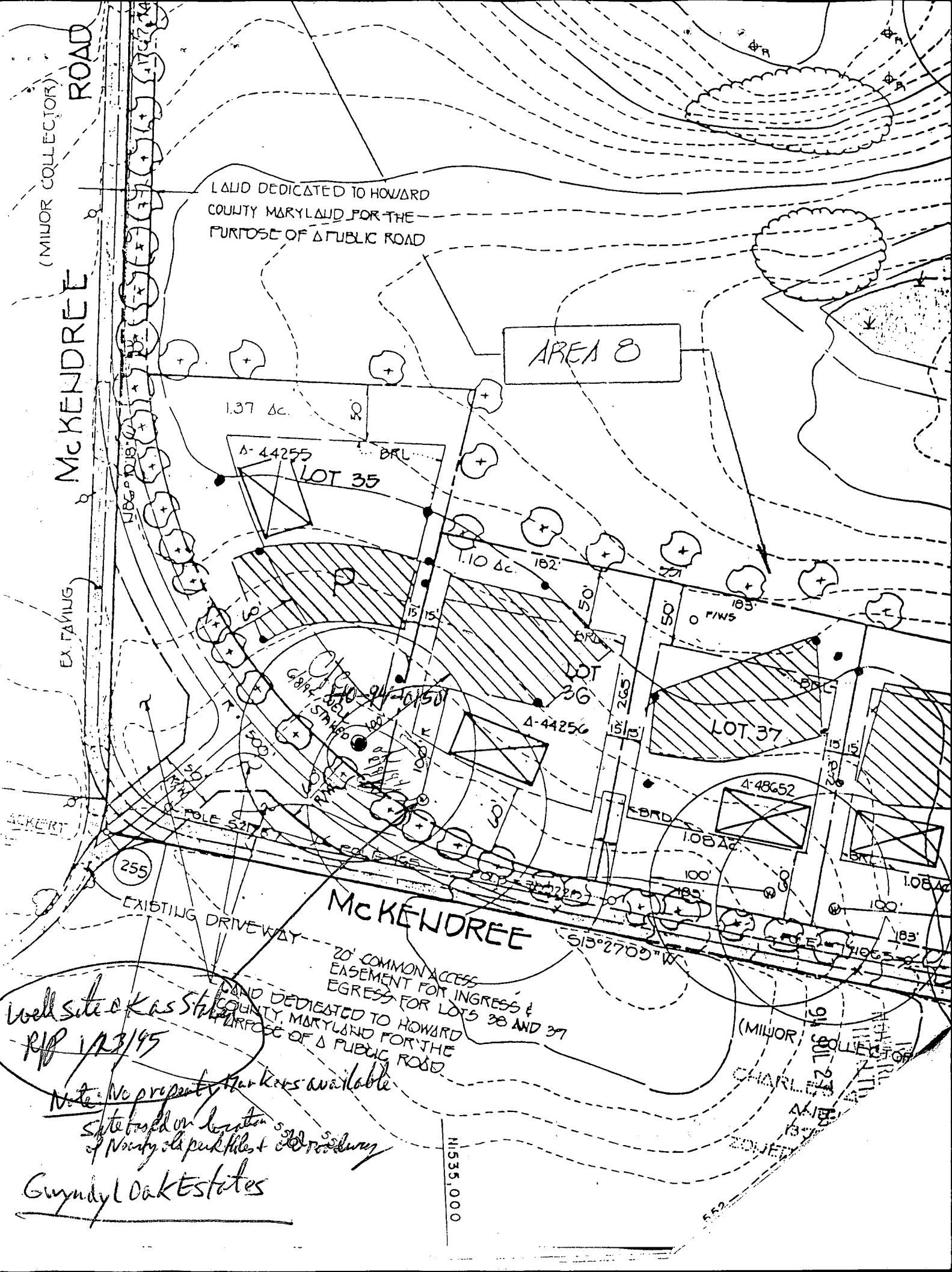
N535.000

(MINOR) CHARLES

AVENUE

ZONE

552



S. 14° 40' 39" W.

183.88'

36

AREA TO BE ABANDONED

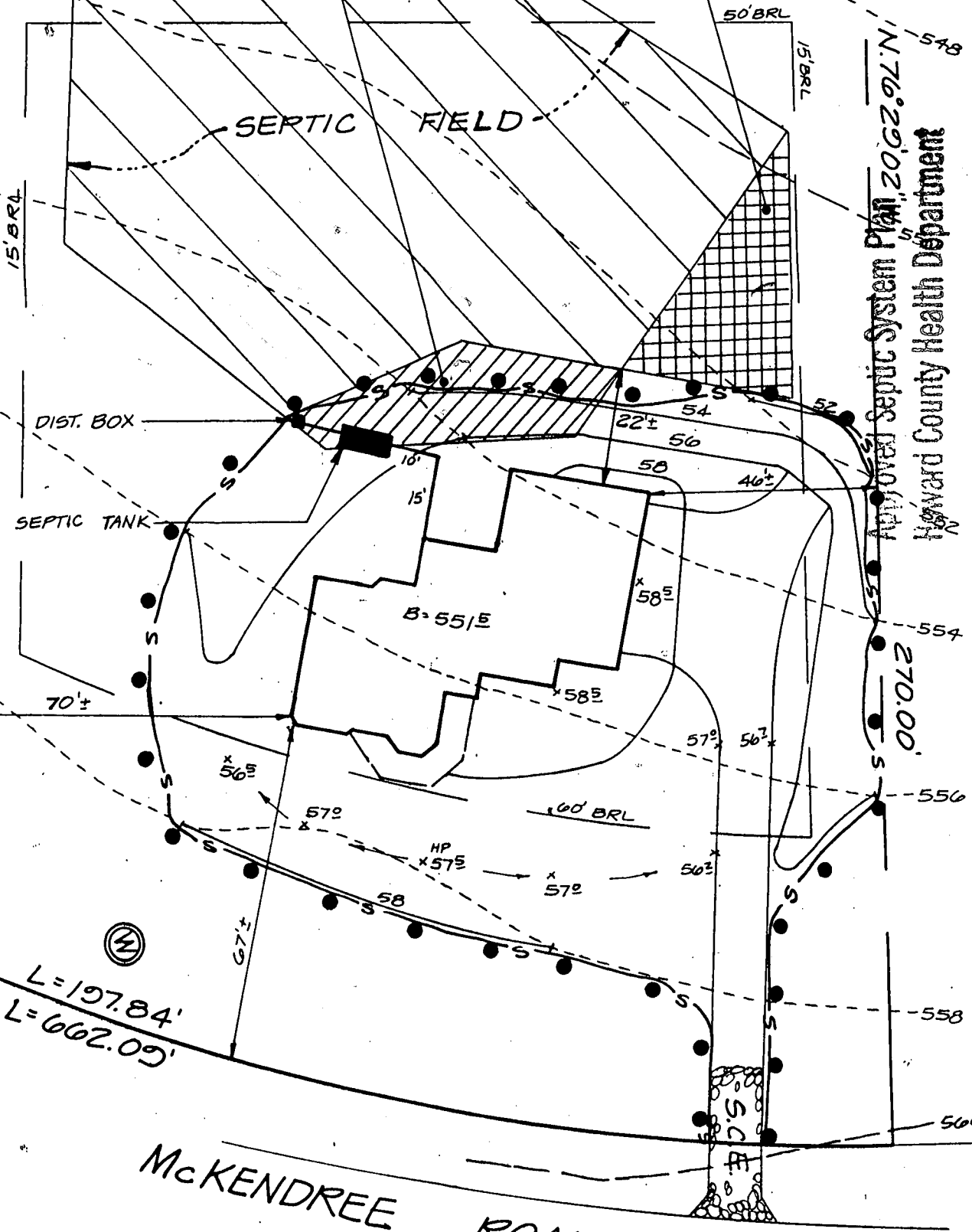
MAKE-UP AREA

SEPTIC FIELD

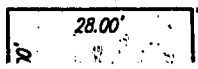
Approved Septic System Plan 20,62,97 L.N.
Howard County Health Department

James M. McCall 12/5/98
Signature Date

S. 74° 27' 53" E. 232.85'



L=197.84'
L=662.09'



SEPTIC SYSTEM DATA	
BASEMENT FLOOR ELEV.	= 551.50
INV. OUT OF HOUSE	= 552.95 (HUNG SEWER)
INV. IN AT SEPTIC TANK	= 552.45
INV. OUT AT SEPTIC TANK	= 552.20
EX. ELEV. AT SEPTIC TANK	= 555.0±
PROP. ELEV. AT SEPTIC TANK	= 555.0±
INV. IN AT DIST. BOX	= 552.0
EX. ELEVATION AT DIST. BOX	= 555.0±

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

1:30