

9/3/97
12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58956

A 49993-M

DISTRICT 5th

DATE 9/4/97

DATE SYSTEM APPROVED 9-17-97

INSPECTOR JJ

INDEXED
05-425794

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

Adamson Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 323 East Watersville Road, Mt. Airy, Maryland 21771 PHONE 301-831-7497

SUBDIVISION Easternview LOT 16 ROAD 11722 Janney Court

PROPERTY OWNER Mr. and Mrs. Murphy

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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 - Begin trenches 125 feet up the right (285.63') lot line and 130 feet off that same lot line as seen when facing the lot from Janney Court. Run trenches on contour toward the left front property line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 9/26/97

PLANS APPROVED BY Ronald J. Pinkley/Amy McMillen DATE 06/23/97

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

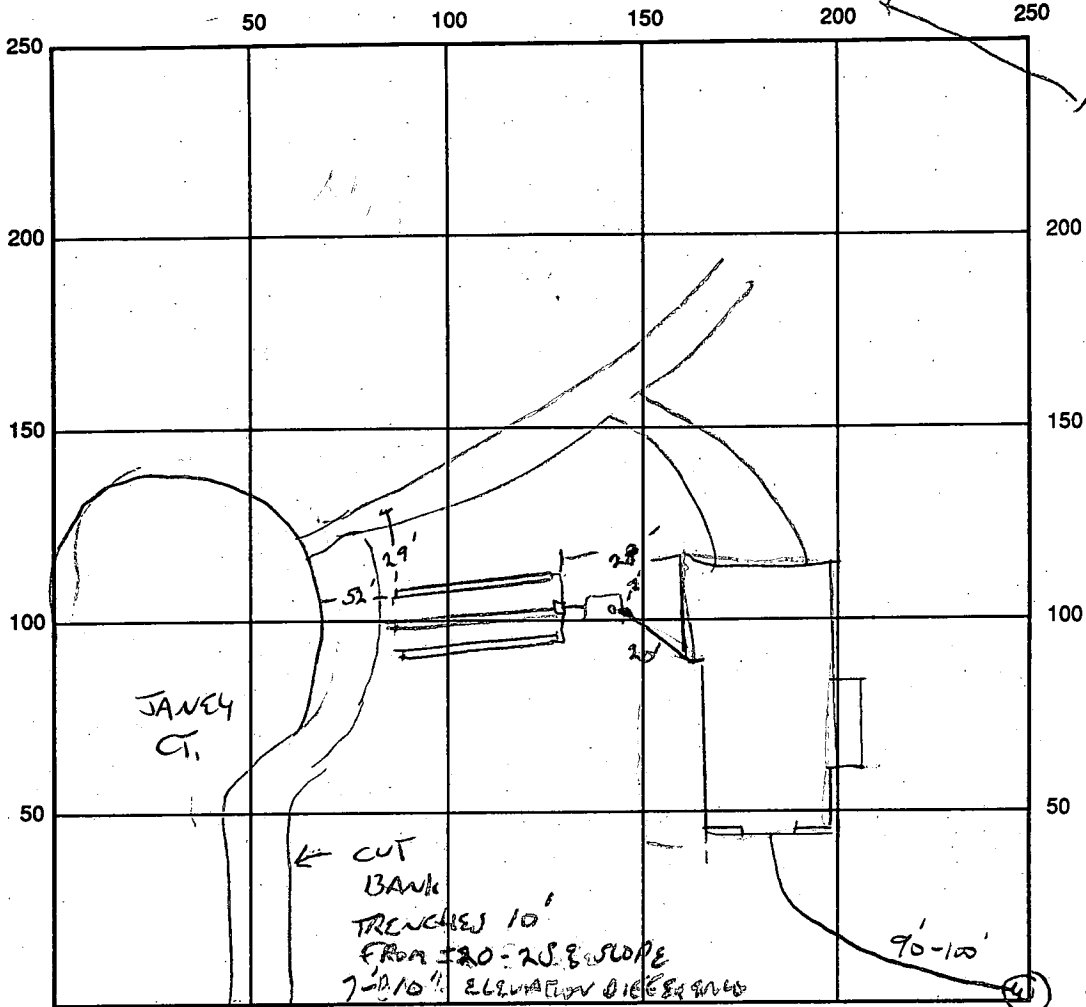
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUILDING PERMIT SIGNED AND RETURNED
116-02
000139232-2 CAR GARAGE

A 49993M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HO-94-6712

SEPTIC TANK LEVEL OK - 1000 GAL CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 112/3 FT.

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

DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA - SQ. FT.

REMARKS: 9/15/97 OK TO COVER ALL WORK, NEEDS HOUSE CONNECTION

REMOVED PERMIT SIGNED 9/17/97 WPT - LACKS GROUND WIRE, OK

AND RETURNED TO COVER WELL LINE, 9/17/97 HOUSE CONNECTION

MADE, OK TO COVER

DATE SYSTEM APPROVED 9/17/97 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 49993M

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 1

DATE 4/26/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER John M. Janney *Murphy* MD 21029

ADDRESS 7346 Pindell School Rd. Clarksville PHONE (301)725-5885

AGENT OR PROSPECTIVE BUYER Carman Associates

ADDRESS P.O. Box 122, Ellicott City, MD 21041 PHONE (410)442-1045

PROPERTY LOCATION:

SUBDIVISION BRENDA'S CHOICE LOT NO. _____

ROAD AND DESCRIPTION West side Pindell School Rd. @ Johns Hopkins Rd.

(11722 JANNEY COURT)

TAX MAP 41 PARCEL # 143

SIZE OF LOT 1 Acre 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 PERO 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.

Ronald S. Carter
(SIGNATURE OF APPLICANT) GENERAL PARTNER
CARMAN ASSOC.

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Lot 11

COUNTY #

SOIL PROFILE

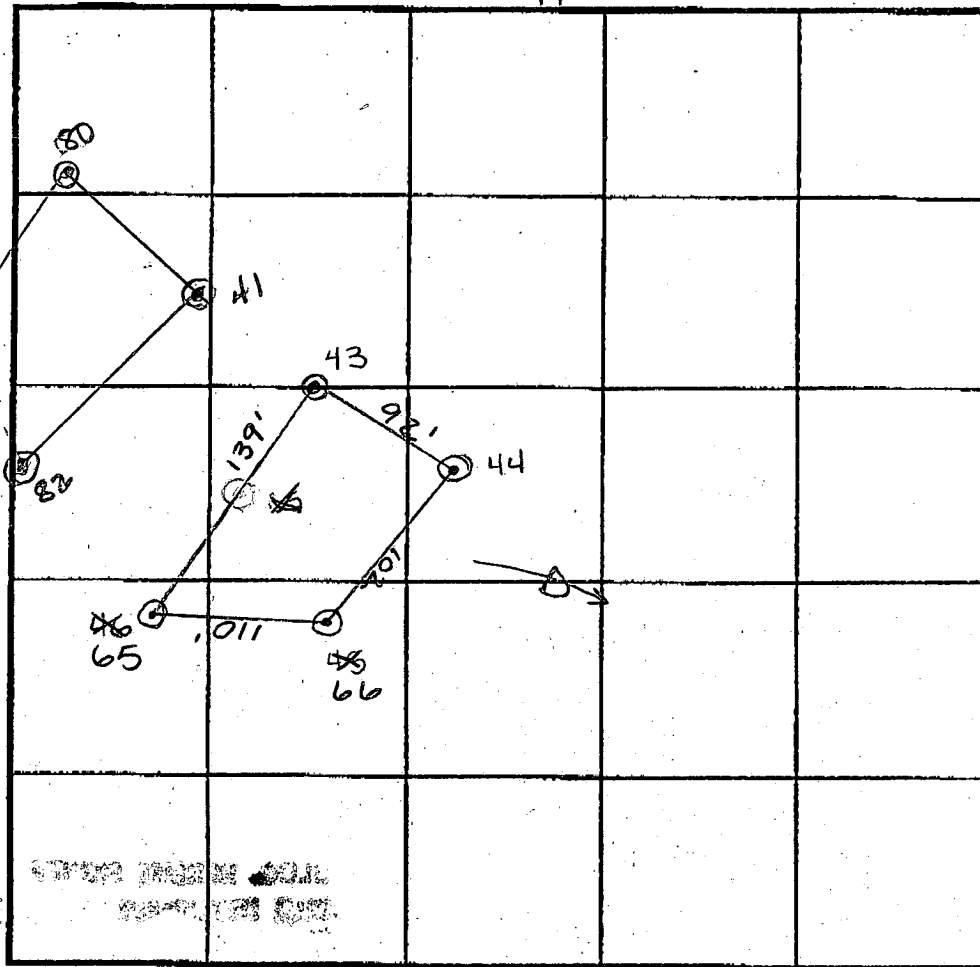
43, 44

0' red CL
 3 1/2' reddish brown SSil mica throughout OK
 ↓

SOIL PROFILE

81, 80

0' orange tan C
 4' red/pink dk SL mica some saprolite 10% few 2" dia rock frogs
 12' OK



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

66, 65

1 1/2' lgt. orange/brn C

4 1/2' lgt orange tan sil small amt of mica saprolite yellow streaks

82

orange/red CL

3 1/2' orange bright red mix SL 5-10% Saprolite
 ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/16/94	65	4 1/2' / 11 1/2'	6:43	6:59 ¹⁵	6:59 ⁴⁵	7:10	10 3/4 min
	66	4' / 12'	7:09 ³⁰	7:10 ³⁰	7:10 ³⁰	7:11 ³⁰	1 min
	66	7 1/2' / 12'	7:09 ¹⁵	7:09 ⁴⁵	7:09 ⁴⁵	7:11 ¹⁵	1 1/2 min
	67	3' / 11 1/2'	7:21⁴⁵	7:22¹⁵	7:22¹⁵	7:23³⁰	1 1/4 min
	81	8' / 11 1/2'	7:21¹⁵	7:22	7:22	7:23	1 min
	43	4 1/2' / 12'	8:11 ³⁰	8:12	8:12	8:12 ³⁰	30 sec
	44	5' / 12'	8:18 ³⁰	8:19 ³⁰	8:19 ³⁰	8:21 ³⁰	2 min
	44	8' / 12'	8:18 ¹⁵	8:18 ¹⁵	8:18 ¹⁵	8:19 ¹⁵	1 min
	80	4' / 12'	8:19 ³⁰	8:23 ³⁰	8:23 ³⁰	8:37 ³⁰	3 1/2 min
	80	7' / 12'	8:19 ⁴⁵	8:19 ⁴⁵	8:19 ⁴⁵	8:22 ⁴⁵	2 1/4 min

REMARKS locate well on adjacent property

TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Dan / Phil

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 2

INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 180 ft²

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Grd. 8

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Lot 11

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

106 80-81
88 81-82
83 80-com
130 82-com

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	82	4' ¹ / ₂	8:25	8:25 ³⁰	8:25 ³⁰	8:26 ³⁰	1 min
	81	4' ¹ / ₂	8:31 ³⁰	8:33 ¹⁵	8:33 ¹⁵	8:37	3 ³ / ₄ min
	81	6' ¹ / ₂	8:31	8:31 ⁴⁵	8:31 ⁴⁵	8:33	1 ¹ / ₄ min

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

B 1 **1979** SEQUENCE NO. (MDE 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
H0-94-0712
 fill in this form completely

Date Received (APA) **022-29-96**
OWNER INFORMATION
CARMAN ASSOCIATES
 Last Name Owner First Name
PO BOX 122
 Street or RFD
ELlicott CITY MD 21041
 Town State Zip

B 3 **LOCATION OF WELL**
HOWARD COUNTY
EASTERN VIEW SUBDIVISION
 SECTION **16** LOT **16**
FULDA NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Joseph L. MAYNE License No. **24**
 Driller's Name
Joseph L. Mayne Well Drilling
 Firm Name
5512 RIDGE RD. MT. AIRY MD. 21271
 Address
Joseph L. Mayne 2/29/96
 Signature Date

B 4 **Journey Court** NEAR WHAT ROAD
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **200** ENTER FT OR MI **FT**
 TAX MAP: **41** BLK: _____ PARCEL: **143**

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)

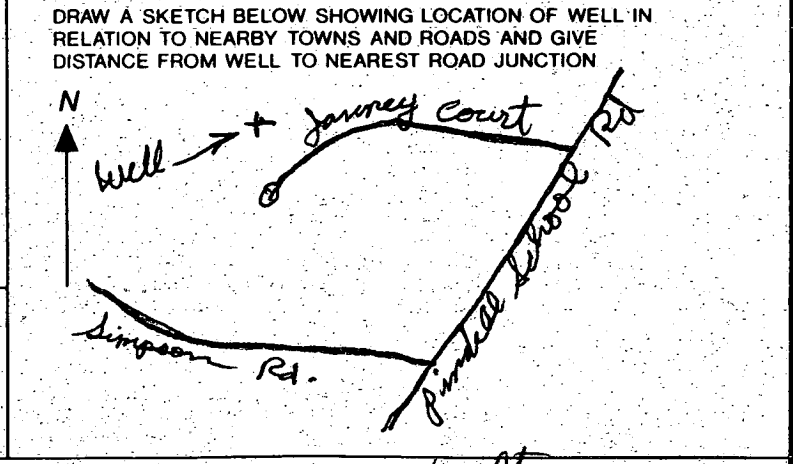
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard County COUNTY NAME **A49993-P** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **031396** **A. McMullen** **3/13/97**
 CO SIGNATURE EXP. DATE
 NORTH GRID **486000** EAST GRID **0822000**

APPROXIMATE DEPTH OF WELL **240** FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 **8202**
 N **4806**

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **Am** WRITE INITIALS IN BOX PERMIT No. **H0-94-0712**

C1 4189

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 49993-~~BM~~

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER CARMAN ASSOCIATES

STREET OR RFD JANNEY COURT

TOWN

SUBDIVISION EASTERN VIEW

SECTION

LOT 16

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

Sand
Cray Mica Rock

0 102
102 345

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 29 NO. OF POUNDS 2726

GALLONS OF WATER 174

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft to 83 ft

CASING RECORD

casing types insert appropriate code below

ST CO PL OT
STEEL CONCRETE PLASTIC OTHER

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

ST 6 106

OTHER CASING (if used)

Each casing diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT
STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

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

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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

BEFORE PUMPING 37 ft.

WHEN PUMPING 179 ft.

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.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

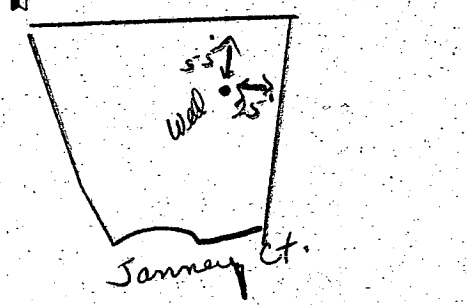
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

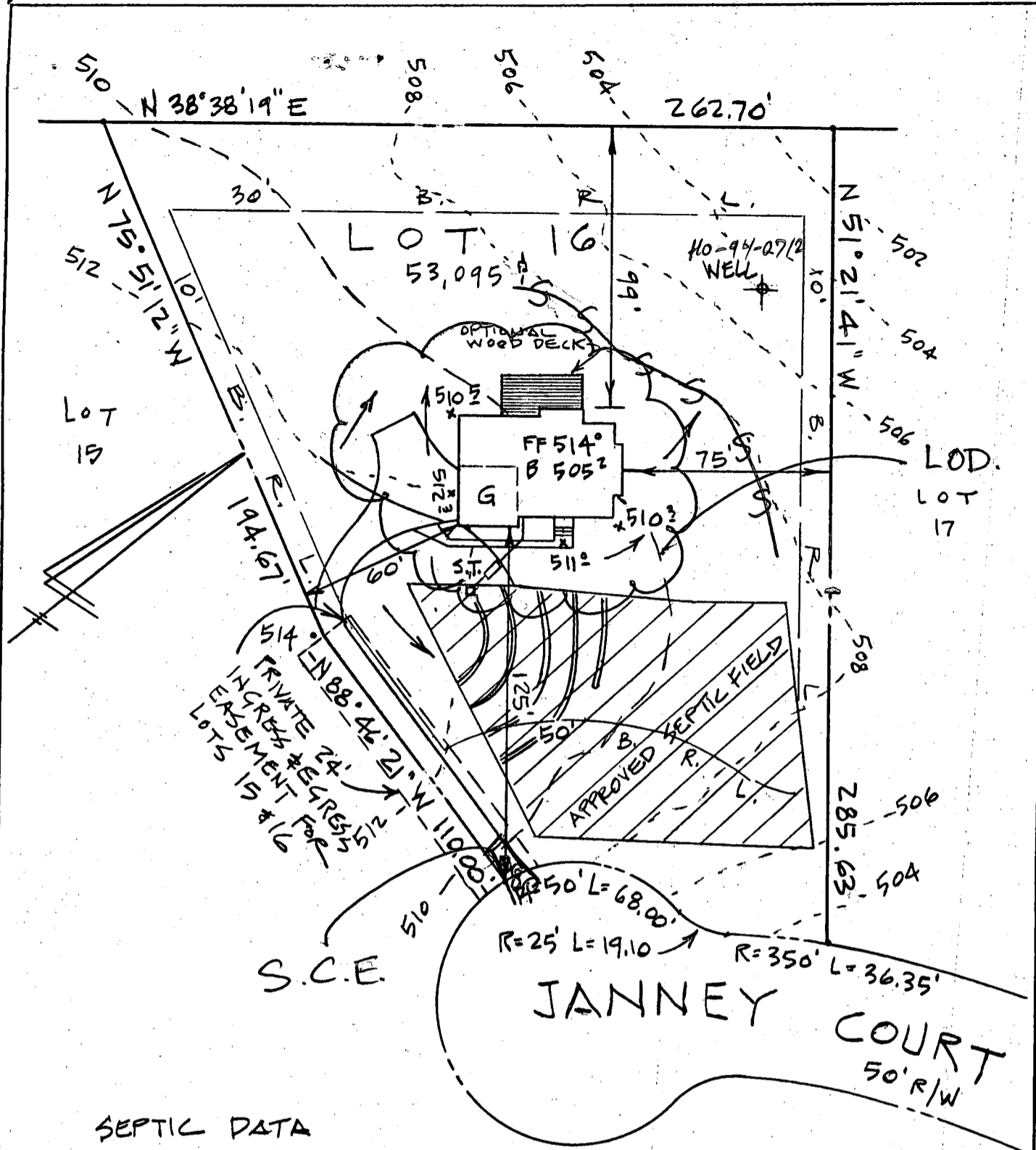
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
- below (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)





SEPTIC DATA

HOUSE FIN FL 514^o
 " BSMT 505^o
 SEPTIC INV. IN 509^o
 TANK " OUT 509^o
 " FIN. GR 512^o
 DISTRIB INV. IN 509^o
 BOX FIN GR 512^o
 WATER EX GR 505^o
 WELL FIN " 505^o

HOUSE SEWER INV. 509^o ✓
 OK

Approved Septic System Plan
 Howard County Health Department
 6/23/97

TRENCH LENGTH TO BE
 60 LF / BR x 4 BRs = 240 LF
 HEALTH DEPT. N: 49993M

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21228
 410-744-1945

PROPERTY ADDRESS: 11722 JANNEY CT.
 RECORD PLAT NO 12458 Nov. 7, 1996

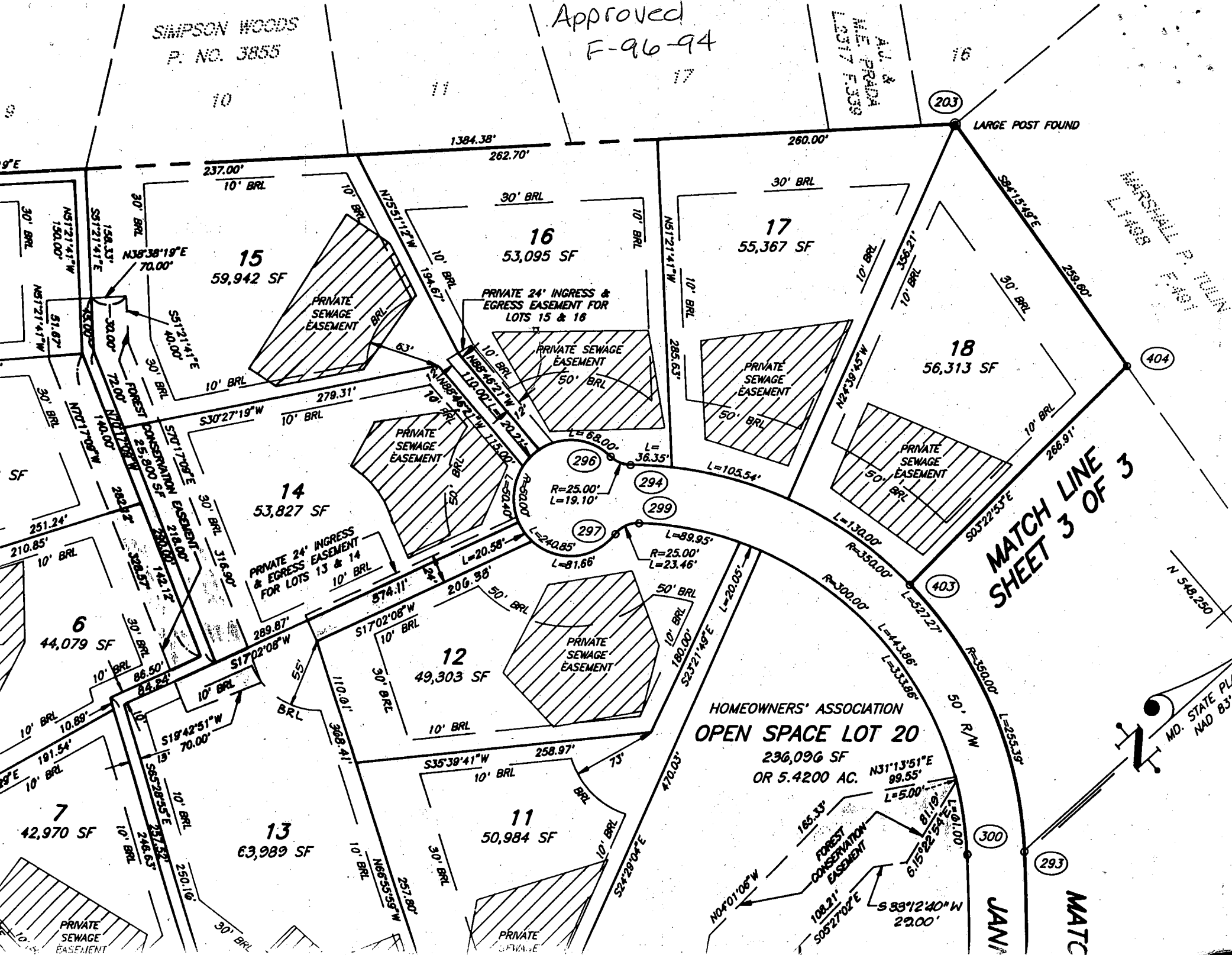
GRADING STUDY
 LOT 16 "EASTERN VIEW"
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50'
 DATE: JUNE 18, 1997



SIMPSON WOODS
P. NO. 3855

Approved
F-96-94

ALU &
M.E. PRADA
L3317 F.339



15
59,942 SF

16
53,095 SF

17
55,367 SF

18
56,313 SF

14
53,827 SF

12
49,303 SF

6
44,079 SF

7
42,970 SF

13
63,989 SF

11
50,984 SF

HOMEOWNERS' ASSOCIATION
OPEN SPACE LOT 20
296,096 SF
OR 5.4200 AC.

MATCH LINE
SHEET 3 OF 3

NAD 83
MD. STATE PL

JAN 1
MATCH

MARSHALL P. TULLIN
L 11488
F-4817

(203)

(404)

(403)

(300)

(293)

LARGE POST FOUND



