

LOWER SEPTIC COMPLETE,
UPPER SEPTIC NEEDS HOUSE CONNECTION,
6-13-90 Connection OK JEN C.W.

9-13-89 AM ASAP Meet Contractor
9-15-89 12:30 Meet Builder-RCM
6-13-90 am House connection in upper field ASAP
10/13/89 10:30
10/23/89 noon
10/24/89 PM

PERMIT # 05 405335 P 44912

SEWAGE DISPOSAL SYSTEM

A 37028

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

DATE 8/30/89

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 6-13-90

INDEXED

INSPECTOR JEN

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland PHONE 531-5033

SUBDIVISION The Chase ROAD 11676 Log Jump Trail LOT 32

PROPERTY OWNER Dr. and Mrs. A.K. Chopra

ADDRESS

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

GARBAGE GRINDER? YES NO

220
5
31500
366

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide.

Inlet 2 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION- Place the distribution box 110 feet down the left (635') lot line and 125 feet off the left lot line as seen when facing the lot from Log Jump Trail. Run trenches on contour toward the back left lot corner.

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

9-13-89 Must contact Health Dept to perc visual hole 80' to 90' along contour from tank. JEN

PLANS APPROVED BY Sid Abel DATE 1/08/87

COVER NO WORK UNTIL INSPECTED AND APPROVED 9-15-89 Need plat w/ reperc application to locate new proposed septic area. JEN

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.

2' WLOG BOTTOM AT 7'
SHALLOW AS POSSIBLE

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

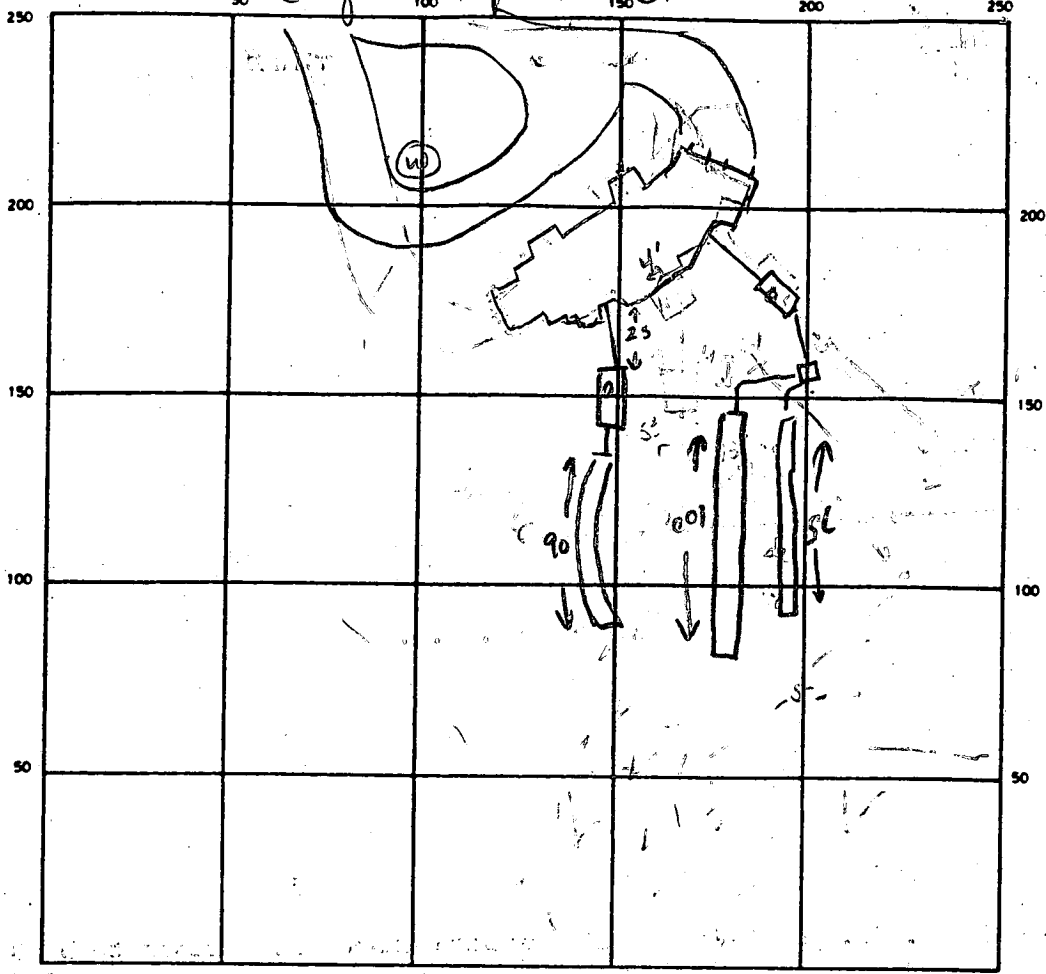
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

37028

Log Jump Trail



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

UPPER SYSTEM

SEPTIC TANK LEVEL 2000 ✓ CLEANOUTS ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 175 FT.

NUMBER OF TRENCHES 2 (100+75) ONE SIDEWALL/BOTTOM AREA 875 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

UPPER + LOWER SYSTEM

TOTAL ABSORBENT AREA 1190 SQ. FT.

LOWER SYSTEM

2000 G. S.T. LEVEL ✓

DIST. BOX LEVEL ✓

CLEANOUT ✓

90' TRENCH

INLET 2 1/2'

BOTTOM 6'

3 1/2' FT. STONE

315 SQ. FT. ABSORPTIVE AREA

REMARKS 9-13-89 Tank surface is already 6'± below original grade. Contractor must move tank uphill to be serviced by 1st floor only. Once tank is set, must contact Health Dept to perform visual hole 80' to 90' from tank at same E.I. JEN

10/23/89 UPPER TRENCHES OK TO COVER. HOUSE CONNECTION REQUIRED; CW

10/24/89 LOWER TRENCH OK TO COVER, CW

6-13-90 Upper House connection OK. OK to final system. JEN

DATE SYSTEM APPROVED 6-13-90 INSPECTOR Jane E. Nadeau

37028

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 # 44924
Date 08/31/89

Name of Installer Crouse P+H

Telephone 531-3311

License Number 4450

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Chopra

Telephone 747-4683

Subdivision The Chase Lot # 32 Well Tag #

Site Address 11676 Log Jump Trail

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u> </u>	1. Make <u> </u>
a. Deep well jet <u> </u>	2. RPM <u> </u>	2. Model # <u> </u>
b. Shallow well jet <u> </u>	3. Voltage <u> </u>	3. Depth <u> </u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <u> </u>	
2. Make <u>Goulds</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u> </u>		
4. Capacity <u> </u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input type="checkbox"/> Other <input checked="" type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>100 gal.</u>	1. Type <u>Plastic</u>	1. Depth <u> </u> ft.
2. Pressure relief valve? <u> </u>	2. Size <u>1"</u>	2. Yield <u> </u> GPM
	3. NSF and/or BOCA Code approved <input type="checkbox"/>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <input type="checkbox"/>

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: Robert J. Hoplett

Date: Aug. 30, 1989

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

8:00

Page Date 10/9/87

Review 12-9-87 OK SA

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2340
Location of property (road) LOG JUMP TRAIL
Subdivision THE CHASE Lot 32 Block Plat Sec.
Well Driller G. EMBERTDAY Owner HO. EST. Devel.

Depth of well 400 16 PM
Distance of measuring point (M.P.) above ground 2 ft.
Static water level (S.W.L.) below M.P. 23 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 gpm
Total time 6 min to reach pumping water level 261' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	261'	52 sec	7/8	1/8
9:30	259'	52 sec	pump @ 380'	1/8
9:45	257'	45 sec	R. Hanson	1/4
10:00	258'	45 sec		1/4
10:15	257'	45 sec		1/4
10:30	258'	45 sec		1/4
10:45	258'	45 sec		1/4
11:00	258'	45 sec		1/4
11:15	258'	45 sec		1/4
11:30	257'	45 sec		1/4
11:45	256'	45 sec		1/4
12:00	258'	45 sec		1/4
12:15	258'	45 sec		1/4
12:30	258'	45 sec		1/4
12:45	259'	45 sec		1/4
1:00	258'	45 sec		1/4
1:15	258'	45 sec		1/4
1:30	258'	45 sec		1/4
1:45	257'	45 sec		1/4
2:00	258'	45 sec		1/4
2:15	258'	45 sec		1/4
2:30	259'	45 sec		1/4
2:45	259'	45 sec		1/4
3:00	258'	45 sec		1/4
HD-224 3:15	258'	45 sec		1/4

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

MD-81-2340

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

please print or type

fill in this form completely

Date Received

090287

OWNER INFORMATION

Howard G. A. Nevel

P.O. Box 10108

Columbia Md 21044

LOCATION OF WELL

Howard 8 COUNTY 21

The Chase 23 SUBDIVISION 42

SECTION 44 46 LOT 32 48 50

Clement 52 NEAREST TOWN 71

3 MILES FROM TOWN

DRILLER INFORMATION

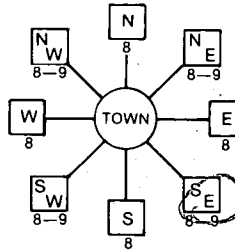
George F. Easterday 40 77 License No. 80

9265 Br. Ch. Rd., Mt. Airy, Md. 21771

L. Franklin Easterday, Inc.

George F. Easterday 8/15/87

DIRECTION OF WELL FROM TOWN



LOG CAMP TRAIL NEAR WHAT ROAD

ON WHICH SIDE OF ROAD



38 39 DISTANCE FROM ROAD ENTER FT or MI 1/2

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 (A 37028) COUNTY NAME COUNTY NO.
OEP SIGNATURE DATE ISSUED
10 0597 B. N. N. 04/05/88
NORTH GRID 511000 EAST GRID 0822000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

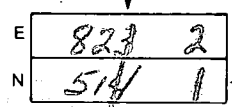
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT
other

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



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

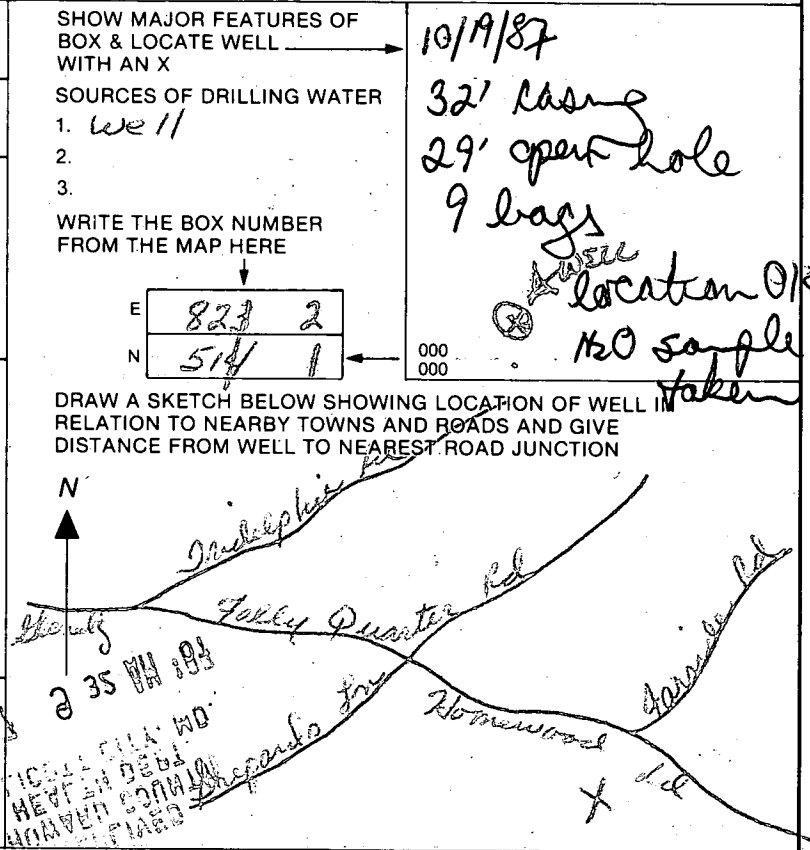
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

APPROX. PERMIT NUMBER 8100 GAP

FORCE INITIALS PERMIT NO. MD-81-2340

SPECIAL CONDITIONS



APPLICATION

PERCOLATION TESTING

A 37028

P _____

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation DK Chopra

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 29 Prelim. + Final
36 32

ROAD AND DESCRIPTION Homewood Road 11676 Log Jump Trail

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 1-8-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/1/86 Perc Satisfactory; Hold for subdivision plat; Shallow syst
only S. Abel.

BOG. PERMIT SIGNED
AND RETURNED 5-22-89
BP25975 SA

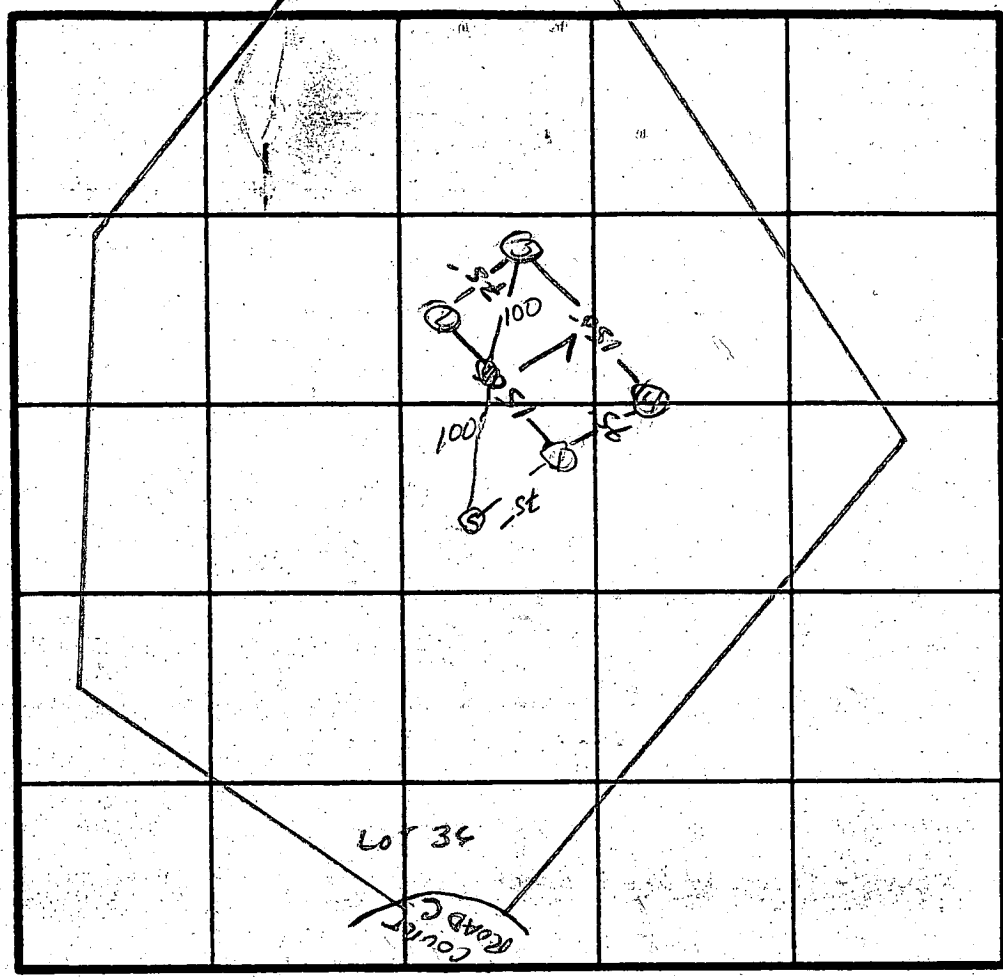
THIS IS NOT A PERMIT

③
⑤ ①
SOIL PROFILE

4" A1-3
Yellow Red
SAND LOAM
GRAVELY
30%
<10% CLAY

4" Yellow BR
SAND LOAM
<6%
COARSE
FRAGMENTS

12"



X PARC
9min
INLET
3.5
BOTTOM
5.0

④ ③
A1-3
Yellow BR
SAND LOAM
<9% CLAY
Few GRAVEL

3.5" Brown
SAND SILT
LOAM
<10%
FRAGMENTS

12"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
↓ Homewood Rd.

190 #/BR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/1/86	1 V	12"	uniform below 4" - less gravel					
	2 V	ROCK AT 9"	CLAY TO 5"					X
	3.5 V	4"	12:24	12:25	12:25	12:27	2min	
	3.5 V	12"	uniform soil below 4"					
	4.5 V	3.5"	12:09	12:12	12:12	12:24	12min	
	4.5 V	12"	uniform soil below 3.5"					
	5 V	3.5"	12:02	12:05	12:05	12:17	18min	
	5 V	12"	uniform soil below 4"					
	6 V	12"	HARD BOTTOM		SAME AS #4 w/ MORE FRAGMENTS			20-30%

REMARKS HALFS DIFF THAN PLAT. | Shallow Syst. only

TYPE OF SOIL MAJOR GRAVELY LOAM

S. Abel

MATT, WARMY, BOB, TOM

APPLICATION

PERCOLATION TESTING

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

A 37028
P _____
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DATE 5/15/86

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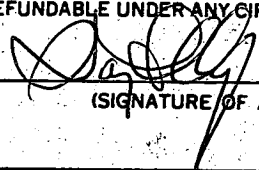
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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

EH-12-1079

