

6-22-89 6/23/89 AM
PH.

TAX# 05405386

PERMIT

P 43297

SEWAGE DISPOSAL SYSTEM

A 37033

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 12/27/88

INDEXED

DATE SYSTEM APPROVED 6-23-89

INSPECTOR JEN

Alan Whitworth Excavating

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION The Chase ROAD 11652 Log Jump Trail LOT 36

PROPERTY OWNER Tarig & Atiya Khan

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

270
3/8" x
273 ft

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 155 feet down the right (200') lot line and 190 feet off the right 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

* BE CERTAIN TRENCHES ARE AT LEAST 100' FROM WELL.

PLANS APPROVED BY Sid Abel DATE 11/09/87

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

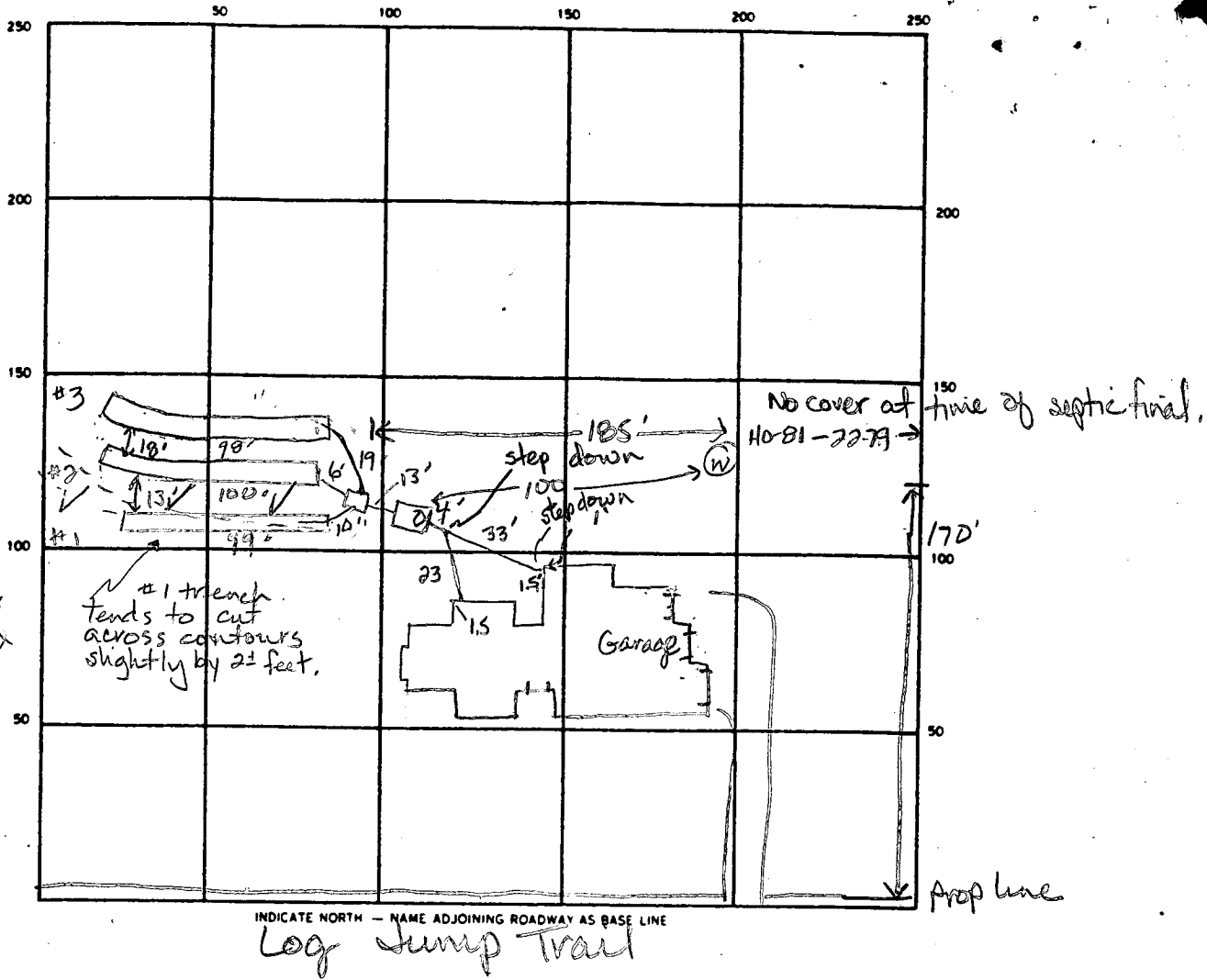
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
37033



SEPTIC TANK LEVEL 2000 gal CLEANOUTS 1 on septic tank

DISTRIBUTION BOX LEVEL at (with baffle)

DRAIN FIELD/TILE FIELD DEPTH 50 50 50 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 30 30 40 FT.

EFFECTIVE GRAVEL DEPTH 2.0 2.0 1.0 FT. TOTAL LENGTH 99 100 98 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 291 300 297 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 891 SQ. FT.

REMARKS 6-22-89 Reduce slope for both sewer lines from house to tank. Ok to stone pipe & paper to all trenches. Ok to cover if necessary leaving both ends open at EN) 6-22-89 Ok to cover trenches 1 & 2, fix slope on sewer pipe. JEN 6-23-89. Ok to cover all work. Slope ok on sewer lines. JEN

DATE SYSTEM APPROVED 6-23-89 INSPECTOR Jme E. Nadeau

APPLICATION

PERCOLATION TESTING

A 37033

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 Tang Khan

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. 33 Prelim. + Final SA 34

ROAD AND DESCRIPTION Homewood Road 11652 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 Abul FOR Shallow test field DATE 1-8-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/2/86 Perc. Satisfactory, Hold For Subdivision Plat

Shallow Syst. Only, S. Abul

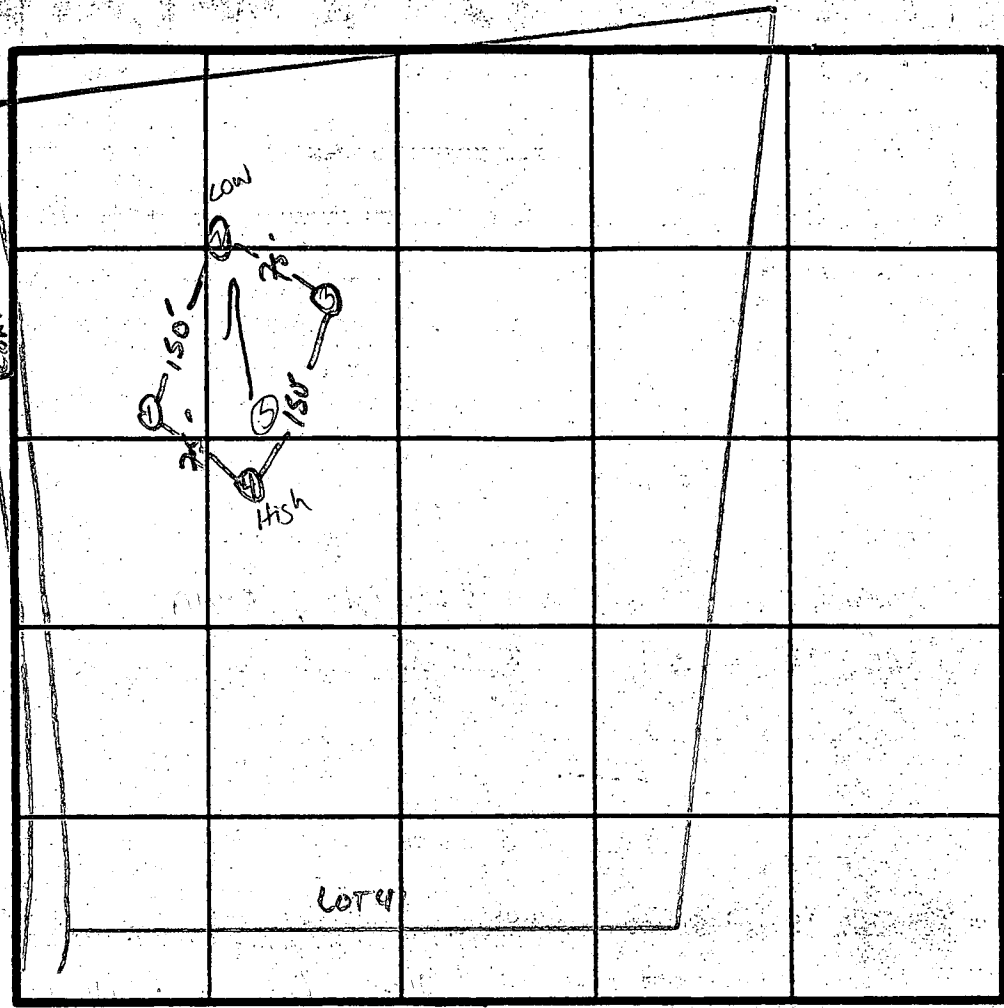
BLDG. PERMIT SIGNED
AND RETURNED 11/4/88

BP22310
SA

THIS IS NOT A PERMIT

SOIL PROFILE

4'-3"
 #1-3
 Yellow BK
 SAND LOAM
 19% CLAY
 20% FRAG.
 SMALL GRAVEL
 3'-
 Brown to
 yellow BK
 SAND LOAM
 110%
 FRAGMENTS
 FEW LARGE
 STONES
 12.5'



X PERC
 3min
 INLET
 3.5
 BOTTOM
 5.0

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

180 #/BR

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|-------|---------------------------------|-------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 7/2/86 | 1 S | 3' | 10:33 | 10:34 | 10:34 | 10:37 | 3 min |
| | 1 V | 12' | SAME AS HOLE #4 | | | | |
| | 2 S | 3' | 10:43 | 10:44 | 10:44 | 10:46 | 2 min |
| | 2 V | 12' | SAME AS ALL HOLES | | | | |
| | 3 S | 3.5' | 10:40 | 10:41 | 10:41 | 10:43 | 2 min |
| | 3 V | 13' | SAME AS ALL HOLES | | | | |
| | 4 S | 3.5' | 10:25 | 10:26 | 10:26 | 10:28 | 2 min |
| | 4 M | 12' | 10:29 | 10:30 | 10:30 | 10:3 | |
| | 4 V | 12.5' | uniform soil below 3' | | | | |
| | 5 V | 12' | SAME AS #12.4. uniform below 4' | | | | |
| | | | | | | | |
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REMARKS Holes Per Plat / Shallow Syst. Only

TYPE OF SOIL manon loam to gravelly loam

S. Abel

SNAT, LARRY, BOB, TOM

APPLICATION

PERCOLATION TESTING

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BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
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ADDRESS _____ PHONE _____

PROPERTY LOCATION:

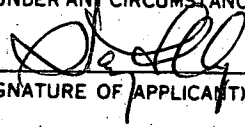
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(SIGNATURE OF APPLICANT)

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

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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

TYPE OF SOIL _____

7/10/89 noon

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 44691
Date 7/10/89

Name of Installer C. DONALD DEWENT Telephone 384-6493

License number 276
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Parij K. Khan Telephone 982-1333
Subdivision THE CHASE D Lot # 36 Well tag # HO-81-2279
Site Address 11652 LOG JUMP TR. ELLICOTT CITY

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

Motor
1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make MARTI
2. Model # BPIU
3. Depth 54"

Tank
1. Capacity 140
2. Pressure relief valve? YES

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 4' 6"

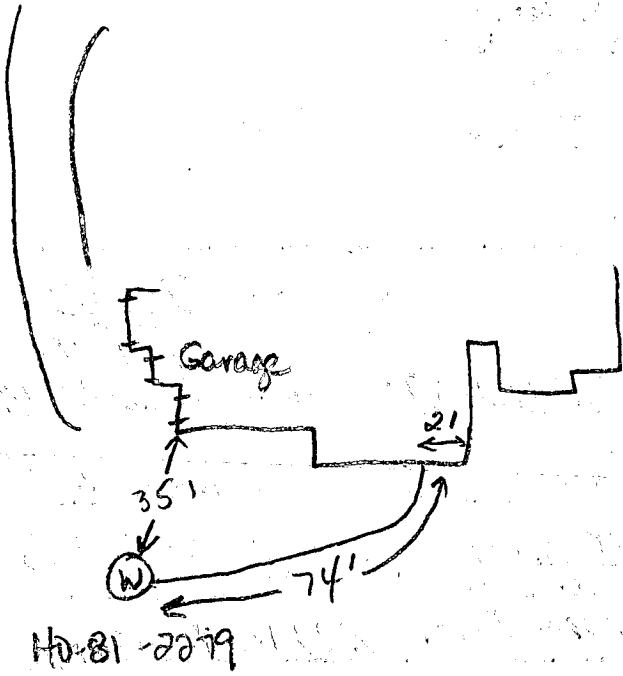
Well data
1. Depth 31 1/2 ft.
2. Yield 4.5 GPM 7.0
3. Static water level 33 ft.
4. Will water supply be disinfected by installer? YES

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: Donald Dewent
Date: July 7th 89

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



7-10-89

31
24

68

7-10-89

Pitless adaptor at 68 inches. Ground line attached, well line at 65 inches below grade. House connection ok. No pump tank installed yet, JEN.

C1 08801 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COES. 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 **A37033**

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
110687

DEPTH OF WELL
400
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-81-2279

OWNER **HOWARD ESTATES** last name first name TOWN
 STREET OR RFD
 SUBDIVISION **The Chase** SECTION LOT **36**

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 | |
| TOP SOIL | 0 | 1 | |
| RED MICA | 1 | 27 | soft |
| GRAY MICA | 27 | 58 | hard |
| BR. MICA | 50 | 55 | soft |
| GRAY MICA | 55 | 70 | hard |
| BLUE MICA | 70 | 100 | soft |
| GRAY MICA | 100 | 200 | hard |
| GRAY MICA | 200 | 400 | |
| WHITE MICA | | | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1300**
 GALLONS OF WATER **70**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **29** 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 **4** Total depth of main casing (nearest foot) **31**

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

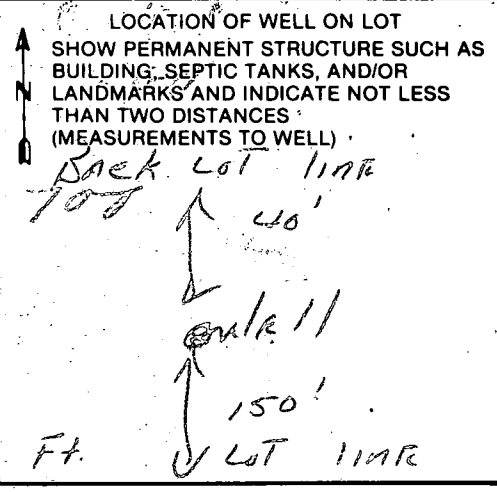
C2
 DEPTH (nearest ft.)
 1 **10** 31 900
 2
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 51

SLOT SIZE **no. 2**
 DIAMETER OF SCREEN (NEAREST INCH)
 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.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **33** WHEN PUMPING **136**
 TYPE OF PUMP USED (for test) **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) **YES**
 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 **100** LAND SURFACE (nearest foot) **2**
- below



A CIRCLE APPROPRIATE LETTER 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. **40**
 DRILLERS SIGNATURE **Beerus / Howard Estates**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

note 385 300 day

B 7 5364 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
AC-81-2279
fill in this form completely

Date Received 9/22/87
OWNER INFORMATION
15 Last Name: HOWARD
Owner First Name: ESTEVEZ
36 Street or RFD: AORAICIR
55
57 Town: COLUMBIA 70 State 72: MD 74 Zip 76: 21044

B 3 LOCATION OF WELL
1 2 HOWARD COUNTY 21
7TH CHASE 23 SUBDIVISION 42
SECTION 44 46 LOT 36 48 50
52 NEAREST TOWN: CCAKESVILLE 71
MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78 MI

DRILLER INFORMATION
George F. Easterday, INC.
Driller's Name: L. Franklin Easterday, Inc.
77 License No. 80: 40
Firm Name: 9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Address: Mary F. Easterday
Signature: Date: 9/15/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD: LOG TUMP TRAIL
ON WHICH SIDE OF ROAD: WEST SIDE
DISTANCE FROM ROAD: 0060
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)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Howard COUNTY NO.: A-37033
OEP SIGNATURE: State Health INSERT S
DATE ISSUED: 090887
CO SIGNATURE: Schreyer/Abel EXP. DATE: 03-07-88
NORTH GRID: S12000 EAST GRID: 0822000

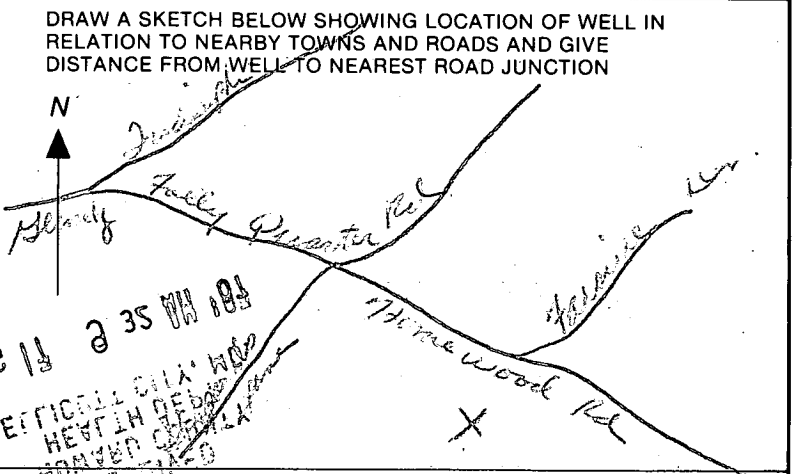
APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

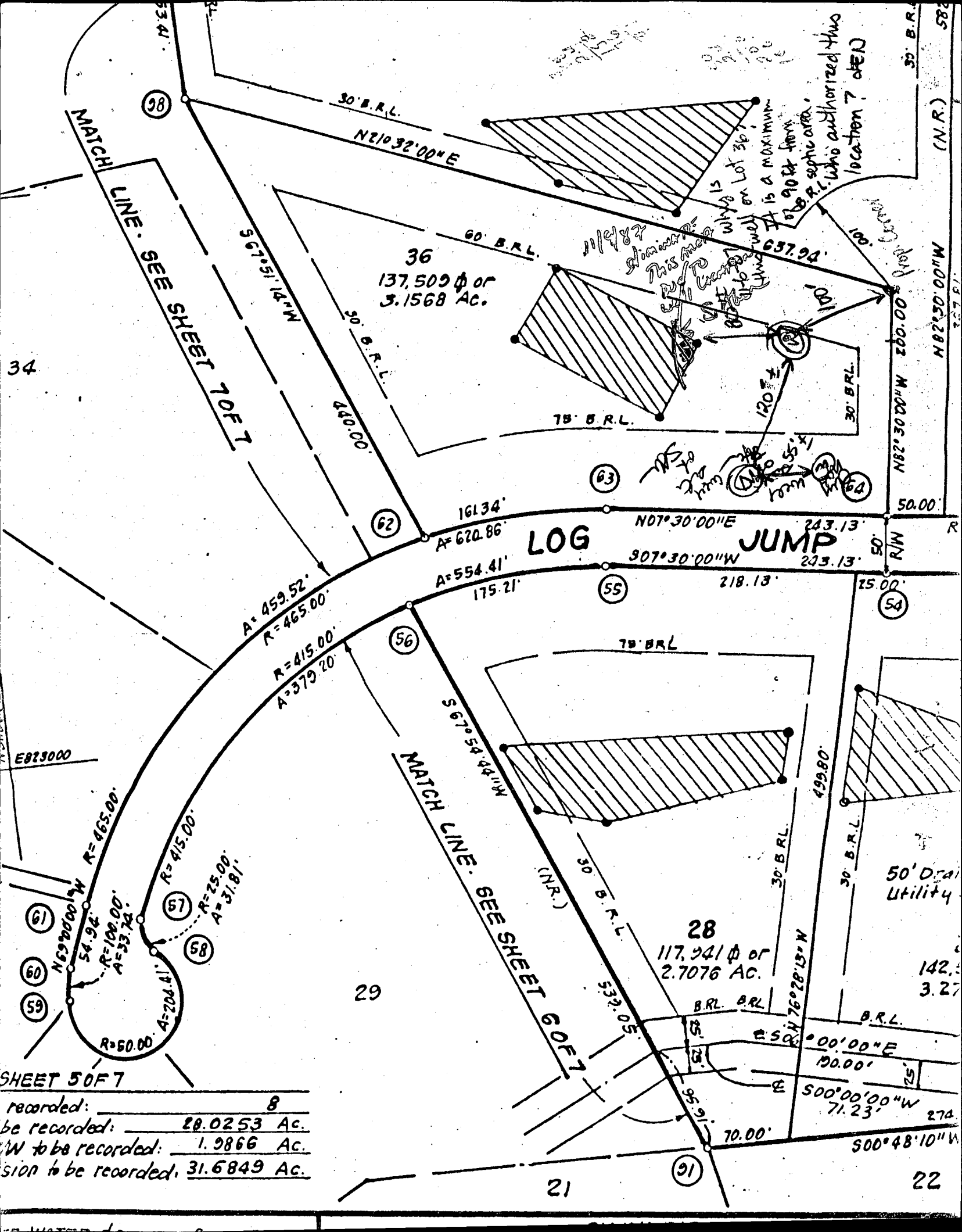
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 82322
N 5412
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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): AC-81-2279



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE INITIALS IN BOX: SA PERMIT No.: AC-81-2279

SPECIAL CONDITIONS



SHEET 5 OF 7

recorded: 8

to be recorded: 28.0253 Ac.

to be recorded: 1.9866 Ac.

to be recorded: 31.6849 Ac.

LOG JUMP

582 (N.R.)

581

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DATE SITE WORK

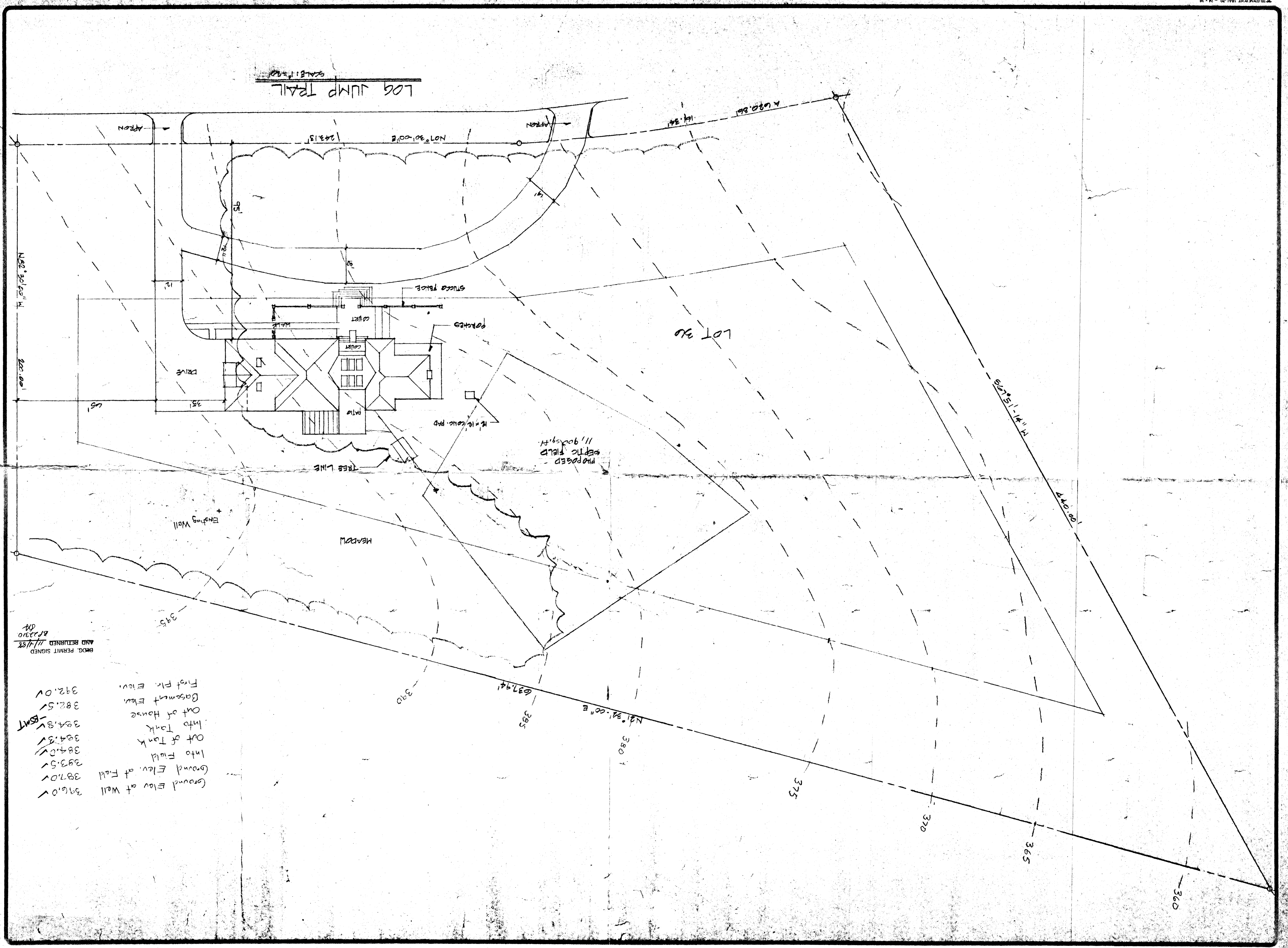
| | | | | | |
|-------|---------|------|-------|---------|-------|
| DRAWN | CHECKED | DATE | SCALE | JOB NO. | SHEET |
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SITE PLAN

**KHAN RESIDENCE
COLUMBIA MARYLAND**

REVISIONS

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Ground Elev. at Well 396.0 ✓
 Ground Elev. at Field 387.0 ✓
 Into Field 393.5 ✓
 Into Field 384.0 ✓
 Out of Tank 384.3 ✓
 Into Tank 384.8 ✓
 Out of House 382.5 ✓
 Basement Elev. 382.0 ✓
 First Flr Elev. 392.0 ✓
 BMT

BMOG PERMIT SIGNED
 11/18/88
 AND RETURNED
 11/23/88
 DM