

4/19/88 PM  
4/20/88 AM

TAX# 05 405 424

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41934  
A 37037

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DISTRICT 5th

DATE 4/19/88

DATE SYSTEM APPROVED 4/20/88

INSPECTOR BIT

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION The Chase ROAD 11628 Log Jump Trail LOT 40

PROPERTY OWNER Byron Builders - Richard Juran

ADDRESS Bruce Laffe

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

GARBAGE GRINDER? YES X NO \_\_\_\_\_

OK TO MAKE TRENCHES  
3 1/2' WIDE TO GET BEST  
USE OF AVAILABLE AREA. (C)

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom. 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 225 feet down the right (435') lot line and 150 feet off the right lot line as seen when facing the lot from Log Jump Trail. Run trenches on contour toward the left lot line.

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

BLDG. PERMIT SIGNED  
AND RETURNED 3/27/97

PLANS APPROVED BY Sid Abel Serial # B10 104649 DATE 1/08/87

Sun Ram

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.

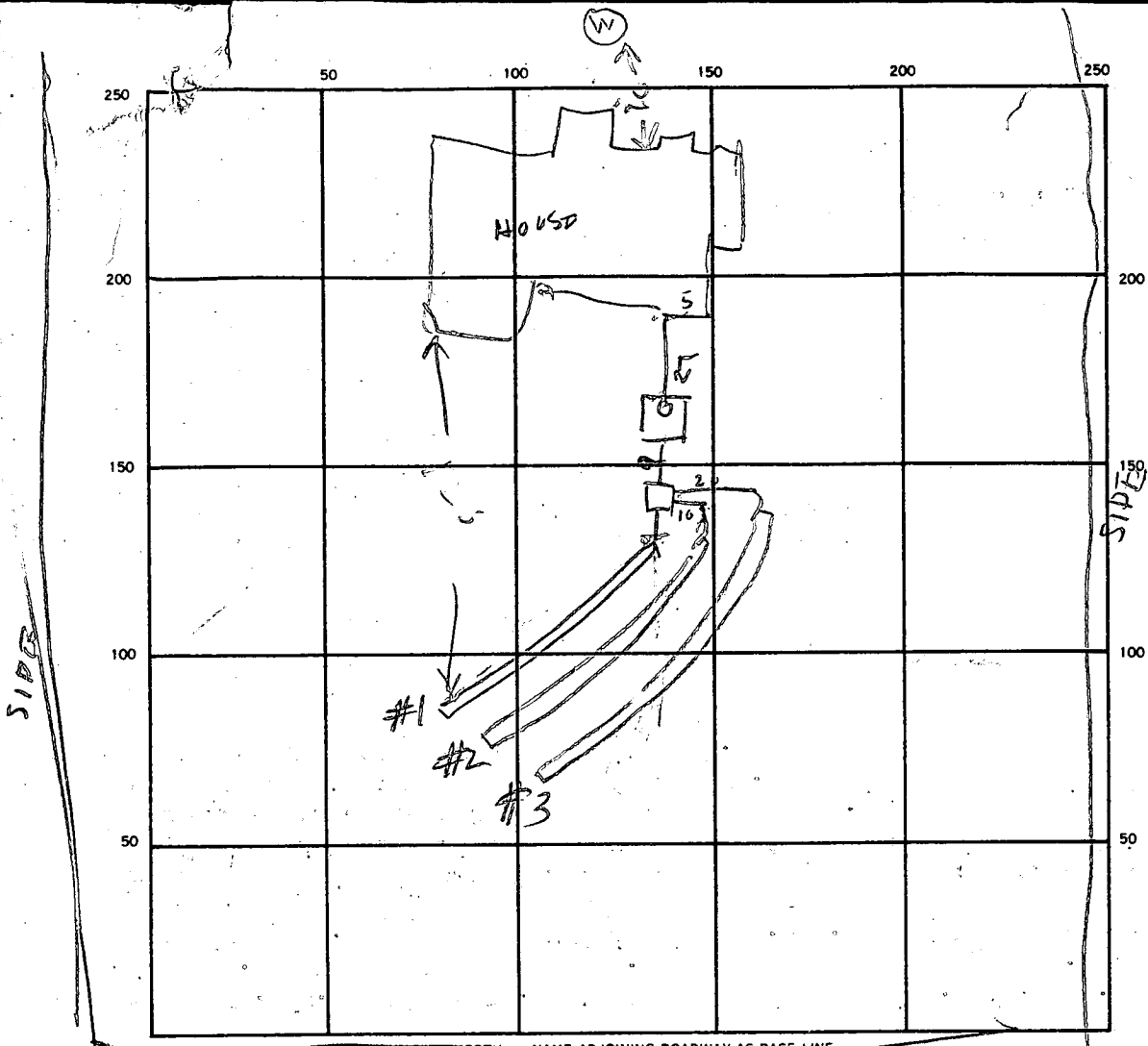
Addition - Pool  
BLDG. PERMIT SIGNED  
AND RETURNED 5-30-96  
Serial # B300100322

BLDG. PERMIT SIGNED  
AND RETURNED 3/19/97  
Serial # B10 104502  
addition two square bedroom

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

37037



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 LOG JUMP TRAIL

SEPTIC TANK LEVEL 2000 CLEANOUTS ST  
 DISTRIBUTION BOX LEVEL \_\_\_\_\_  
 DRAIN FIELD/TILE FIELD DEPTH  $\frac{1}{5} | \frac{2}{5} | \frac{3}{5}$  FT. TRENCH WIDTH  $\frac{1}{3.5} | \frac{2}{3.5} | \frac{3}{3.5}$  FT. INLET DEPTH  $\frac{1}{3} | \frac{2}{3} | \frac{3}{3}$  FT.  
 EFFECTIVE GRAVEL DEPTH  $\frac{1}{2} | \frac{2}{2} | \frac{3}{1.2}$  FT. TOTAL LENGTH  $\frac{1}{25} | \frac{2}{25} | \frac{3}{25}$  FT.  
 NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 0.92 | 880 SQ. FT. REQUIRE D  
 DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 4/20/90<sup>1015</sup> - LOCATION OF PER P  
TRENCHES STARTED & SOME STONE ADDED TRENCH #1 FINISHED  
4/20/90 - EVERYTHING FINISHED EXCEPT SOME STONE OF #3  
FINISH #3 & COVER SYSTEM R H

DATE SYSTEM APPROVED 4/20/88 INSPECTOR Raymond Hodges

# APPLICATION

PERCOLATION TESTING

A 37037

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

P \_\_\_\_\_  
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 Byron Builders

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. 37 Prelim-  
45 40

ROAD AND DESCRIPTION Homewood Road 11628 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 OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

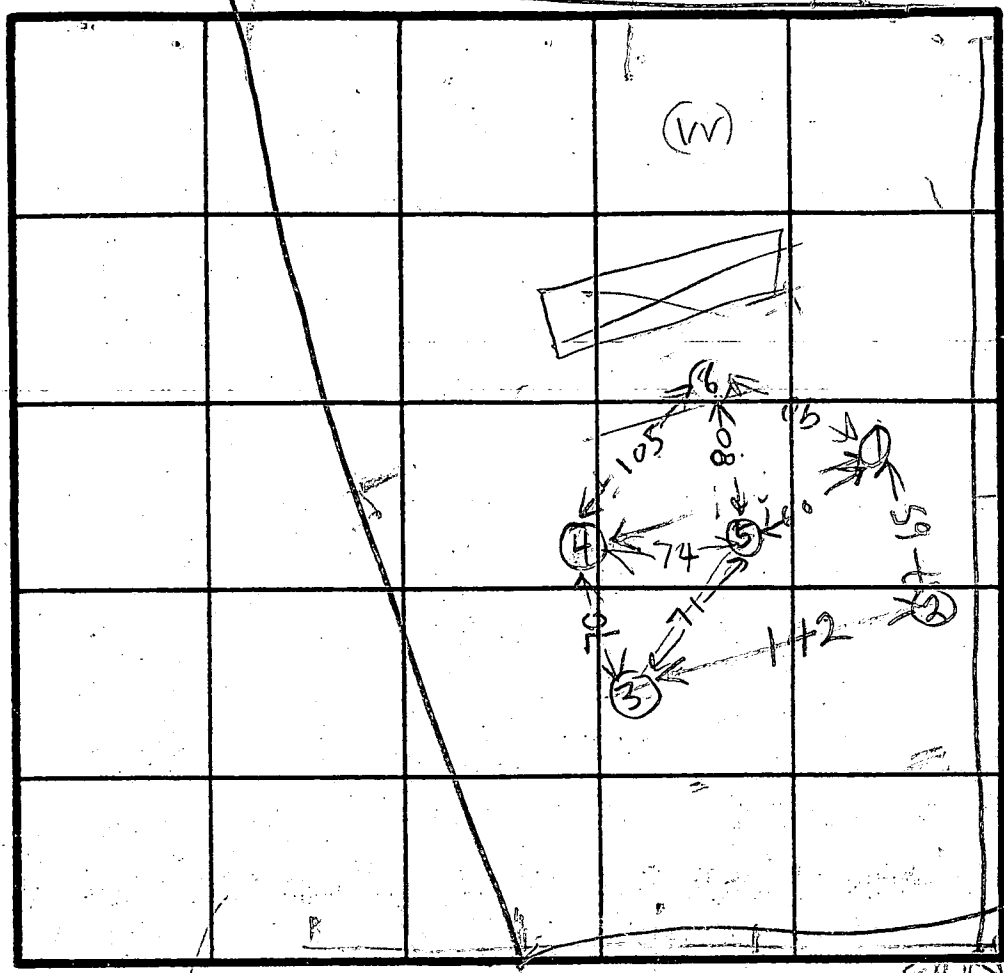
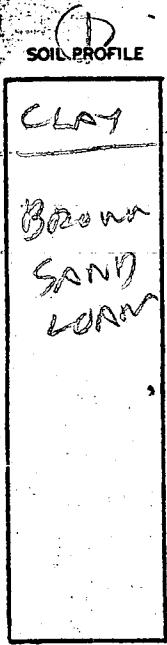
BLDG. PERMIT SIGNED

AND RETURNED

10/1/82  
Dist # 14954

# THIS IS NOT A PERMIT

Lot 45



HOLE ELEVATION  
 HIGH (6)  
 MED (145)  
 LOW (23)

(6)  
 CLAY  
 GRAY BROWN SAND & FEW ROCK  
 ROCK BOT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

(2)  
 BROWN CLAY  
 BROWN SAND LOAM  
 ROCK BOT

(3)  
 GRAY BROWN SAND LOAM

(4)  
 ALL 12-1076 GRAY BROWN SAND LOAM & FEW ROCK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/9/86	1S	6	320	321	321	323	2
	1V	14.5	LOOKS OK		OK		
	2V	9	ROCK BOTTOM		UNSAT		2
	3S	6	328	329	329	331	
	3V	13	LOOKS OK		OK		1
	4S	6	335	336	336	337	
	4V	13	LOOKS OK				1
	5V	13	LOOKS OK				
6/10/86	6S	3.5	105	107	107	108	1
	6D	7.5	126	127	127	128	
	6V	9 1/2	LOOK OK but				

X Perc  
 2 min  
 INLET  
 3.5"  
 BOTTOM  
 5.0"  
 180 φ/BR

REMARKS: Holes (1)(2)(3)(4) per Survey plat.  
 Holes (5)(6) Extra

(BOP) YOL BOP  
 LOWNY

Test By R. Hodger

6/10/86 Bob Yoe & Jeff Ciner

C1 6055 SEQUENCE NO. (OEP 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-37037

DATE Received, DATE WELL COMPLETED, Depth of Well, PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER BYRON BUILDERS, STREET OR RFD LOG JUMP TRAIL, TOWN SLIOAK, SUBDIVISION THE CHASE, SECTION, LOT 40

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): SAND Stone, CORAY Mich Rock

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 11, NO. OF POUNDS 1034

CASING RECORD: casing types insert appropriate code below. MAIN Nominal diameter, Total depth, CASING TYPE, ST, CO, PL, OT

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

SCREEN RECORD: screen type or open hole, insert appropriate code below. ST, BR, HO, PL, OT

DEPTH (nearest ft.) H0 40 245

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. 238, DRILLERS SIGNATURE Joseph L. Morgan

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

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3 PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 52, METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 47, WHEN PUMPING 98, TYPE OF PUMP USED submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

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)

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 # 411035  
Date 2/24/88

Name of Installer T/A Mechanical Systems CO  
Douglas S Palardy

Telephone 442-1718

License Number MD 6681  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Byron Builders Telephone 740-4488  
Subdivision The Chase Lot # 40 Well Tag # 81-22-55  
Site Address 11628 Log Jump Trail

**Pump**  
1. Type  
a. Deep well jet   
b. Shallow well jet   
c. Submersible   
2. Make \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ 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 \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make Harvard  
2. Model # PT 800  
3. Depth 42"

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve?

**Piping**  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved   
4. Depth of supply line \_\_\_\_\_

**Well data**  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer?

APPROVED  
4/20/88 R.H.

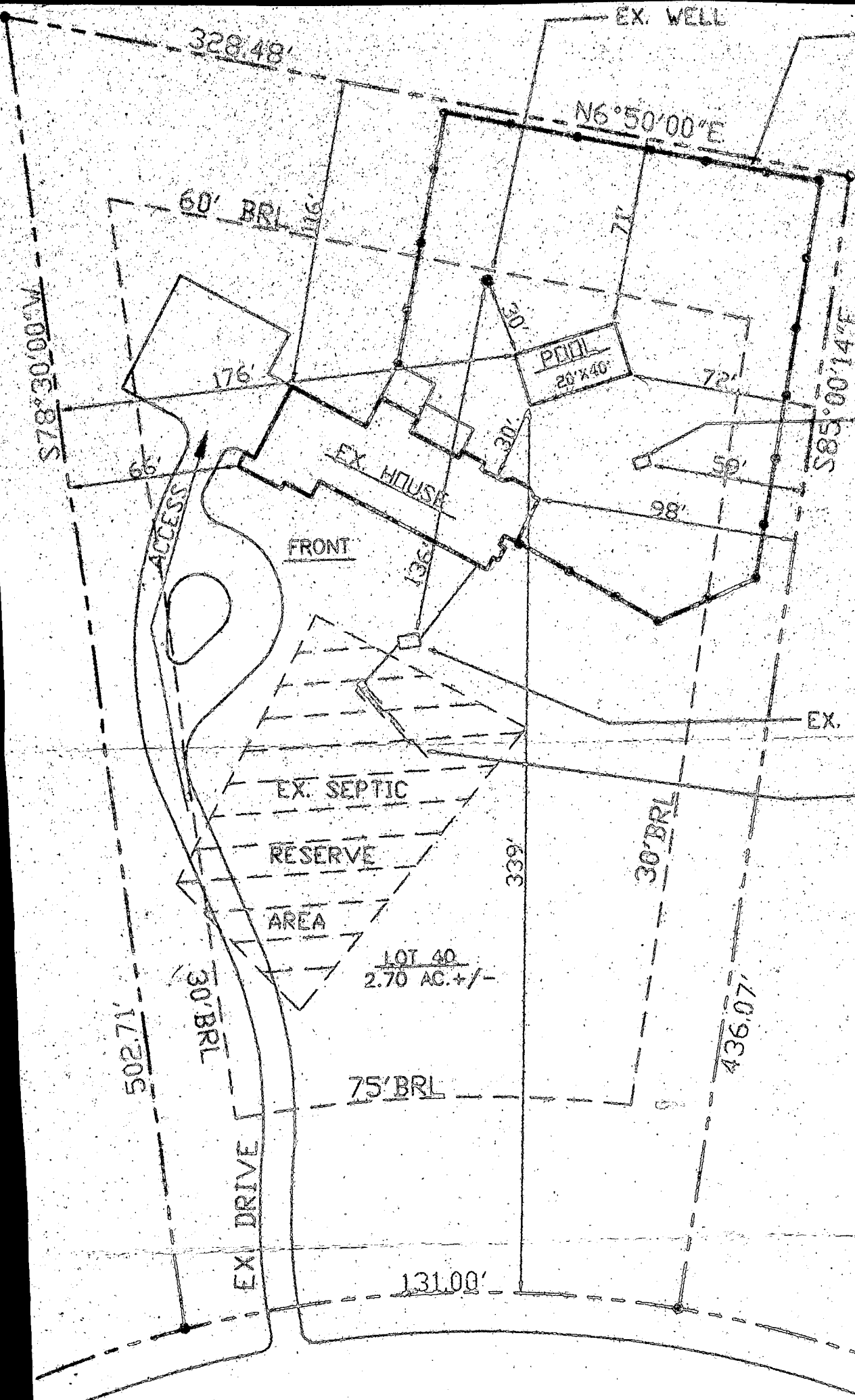
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Douglas S Palardy

Date: 2-2-88

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



FENCE DATA:  
 PROP. 5' HIGH CHAIN LINK FENCE  
 AS PER CODE - BY OWNER

WALKTHRU w/ LINDA LANDON  
 OF MD POOLS  
 30' TO WELL WILL BE  
 MAINTAINED  
 FILTER PAD NO IMPACT  
 OK TO SIGN  
 MR 5/30/96

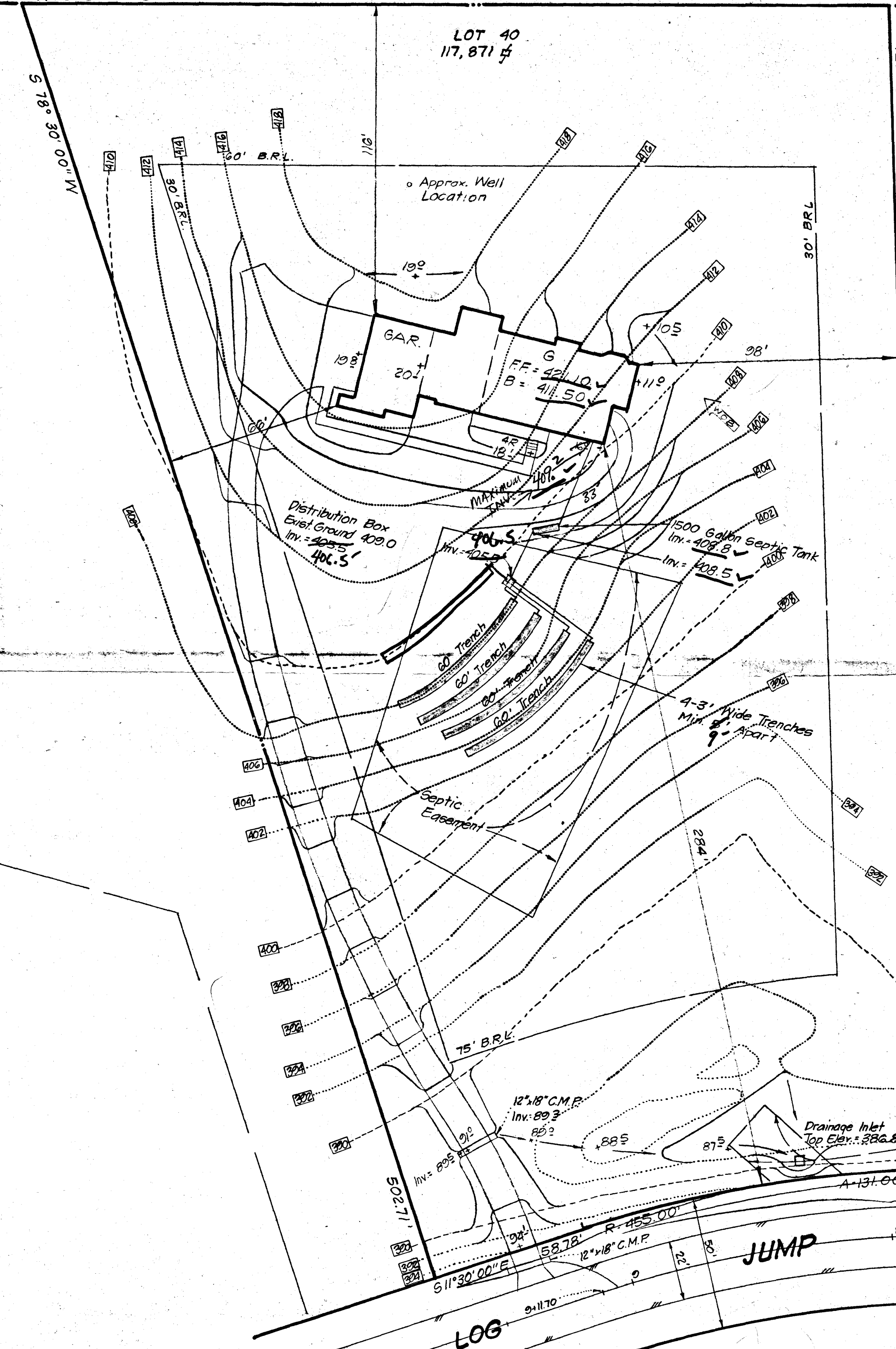
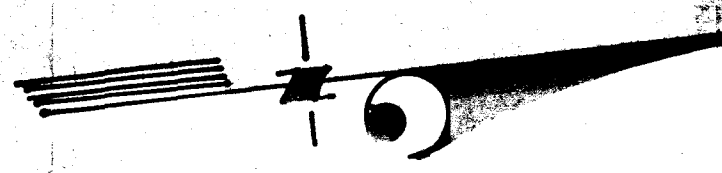
LOG JUMP TRAIL

N06° 50' 00"E

328.48'

LOT 40  
117,871 sq

436.07'



10/8/87  
elevation of  
w/ changes sent to  
owner  
S. Abel

BLDG. PERMIT SIGNED  
AND RETURNED 10/8/87  
OP# 14954  
S. Abel

Plat-7262



7135 MINSTREL WY

DESIGNED  
CMS

DRAWN  
V.H.L.

CHECKED  
CMS

DATE  
October 1987

JUMP TRAIL

LOG

APPLICATION

159

HOWARD COUNTY

159

\$ 25.00  
25.00  
109.00  
159.00

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ALLICOTT CITY, MARYLAND 21043

600104019

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
11628 LOG JUMP TRAIL  
6211077 City MD 21042 11907

GRADING/SEDIMENT CONTROL  YES  NO SDP #

DESCRIPTION OF WORK AUTHORIZED  
10x12 Screen door on window  
13x4 max HD on front porch  
2x4 framing - Drywall in front porch  
Shingles, window siding  
REMOVE EXIST. DECK

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
40	24			2		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
CHASE	MC	29	5	605111

OWNER NAME AND ADDRESS  
AN & J FAMILY TRUST TURNER  
11628 LOG JUMP TRAIL  
6211077 City MD 21042

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS  
SAME  
PHONE NO. 410 7154585

TYPE OF BLDG.	AREA	VOLUME	ROOF

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
CONCRETE	PIERCED	WOOD FRAM.

CONTRACTOR'S NAME AND ADDRESS  
CRAWFORD CONSTRUCTION CO INC 410 997 2225  
6101 JEFFERSON DR  
COLUMBIA MD 21044

WATER WELLS	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

EXISTING USE  
SINGLE FARM DWG

PROPOSED USE  
SCREENED PORCH  
SHINGLES & WINDOW SIDING

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
25000 -	11256	225

SIGNATURE  
TITLE  
DATE 3/27/97

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE E 109

SIDE YARD  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE  
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK \_\_\_\_\_ (CORNER LOT ONLY)

SDP # \_\_\_\_\_

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	3/27/97	DOLICEY
FIRE PROTECTION		
STORM WATER MGM		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591 (3) OK # 5750

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.