

7/22/93
7/26/93 A.M.

05-411165
PERMIT

File
7/22 P.C.O. C.B.D.
Logged
P 49458

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37061

DISTRICT 5th

DATE 7/19/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
313-2640

DATE SYSTEM APPROVED 7/26/93

INSPECTOR C.B.D.

INDEXED

B. W. T. IS PERMITTED TO INSTALL ALTER

ADDRESS 11974 Route 216, Fulton, Maryland 20759 PHONE 498-6138

SUBDIVISION Highland Meadows LOT 2 ROAD 13308 Long Leaf Drive

PROPERTY OWNER William R. & Mary A. Banwarth

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 ✓

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 120 feet from the front lot line and 190 feet from the left side of the lot as seen when facing the lot from Long Leaf Drive.

NOTES - Run the trenches toward both the front lot line and the rear lot line. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2 7/21/93 RIL

PLANS APPROVED BY Raymond Hodges DATE 5/16/89

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

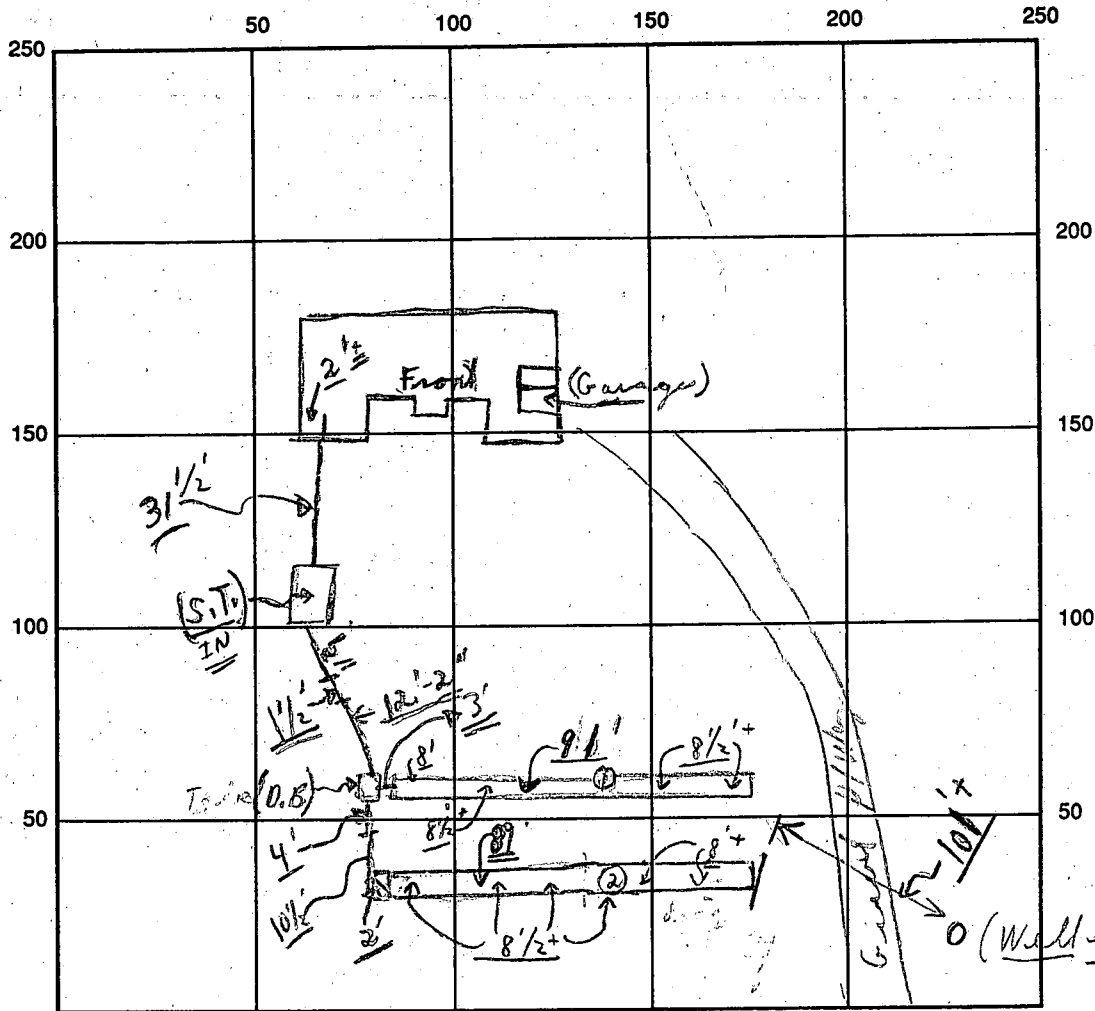
PERMIT VOID AFTER TWO YEARS

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**

A 37061



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LONG LEAF DRIVE — Road S.T.C.O.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Bottle is in)

DRAIN FIELD/TITLE DEPTH 8 1/2⁺ w/level TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4⁺ FT. TOTAL LENGTH 098⁺ FT. = {180⁺}

NUMBER OF TRENCHES 2 ONE SIDEWALL/AREA 720⁺ SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720⁺ SQ. FT.

REMARKS: 7/22/93 Partial - ok for stones in trenches only (P.M.)

(Note: No pipes - etc; septic tank only)

7/26/93 R.M. - Final - ok to cover all work - C.B.V.

DATE SYSTEM APPROVED 7/26/93 INSPECTOR Charles Bryan Stricker

APPLICATION

PERCOLATION TESTING

A 37061

P _____

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

DISTRICT _____

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 Brighton Dam Limited Partnership *William R & Mary Banwarth*
6228 Clearwood Road *Highland Meadows Estates Ltd Part.*
ADDRESS Bethesda, MD 20817 PHONE 301-229-8838 *428-0800*

PROSPECTIVE BUYER Celta Corporation
101 Chestnut ST. STE 125
ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

PROPERTY LOCATION: Highland Meadows *13308* LOT NO. 2 *LOT 2 ON PRELIM*
ROAD AND DESCRIPTION ~~Highland Road at Brighton Dam Road~~ Long Leaf Dr

TAX MAP 34 PARCEL # 169
SIZE OF LOT 3 AC + TYPE BLDG. SFD
(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 6/2/86 Perc OK B/P 5/16/89 Spec Write
B/P BLDG. PERMIT SIGNED AND RETURNED 12/21/89 BLDG. PERMIT SIGNED AND RETURNED 9/11/89
Serial # 44506-SFD-4Bca Serial # 28778
SFD - 4/5 Bedrooms

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

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PROSPECTIVE BUYER Celta Corporation
101 Chestnut ST. STE 125
ADDRESS Gaithersburg, MD 20877 PHONE 301-948-2918

PROPERTY LOCATION:

SUBDIVISION Highland Meadows LOT NO. 2

ROAD AND DESCRIPTION ~~Highland Road at Brighton Dam Road~~ LONG LEAF DR

TAX MAP 34 PARCEL # 169

SIZE OF LOT 3 AC + TYPE BLDG. SFD
(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.

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REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

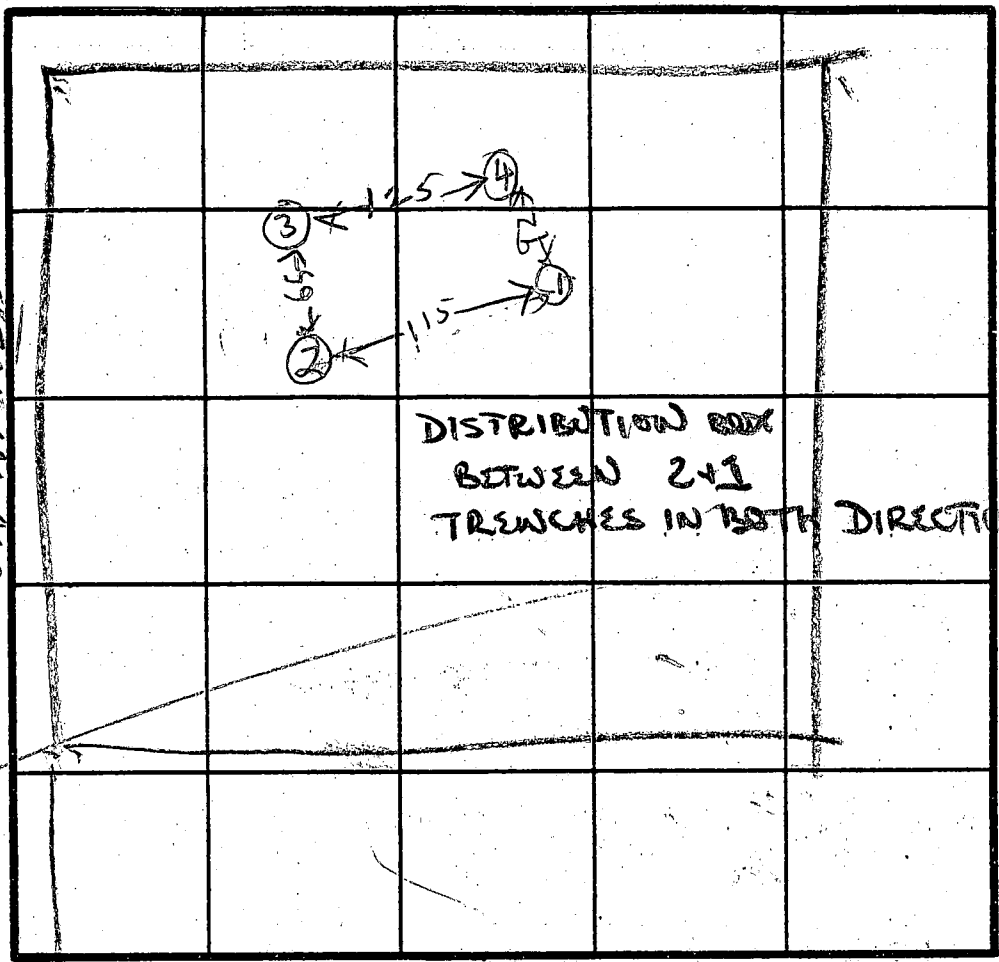
THIS IS NOT A PERMIT

Lot 2

HOLE
BLVD

①② = HIGH
③④ = LOW

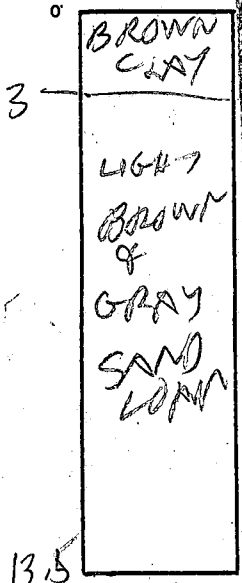
$\bar{x} = 3 \text{ min}$
Inlet $4 \frac{1}{2}$
Bottom $6 \frac{1}{2}$
280/BR



DISTRIBUTION BOX
BETWEEN 2+1
TRENCHES IN BOTH DIRECTIONS

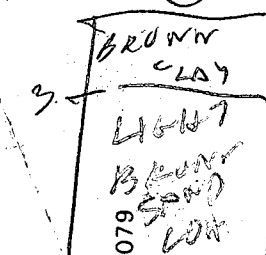
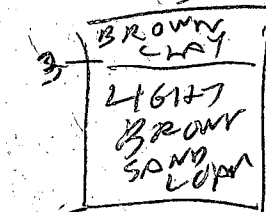
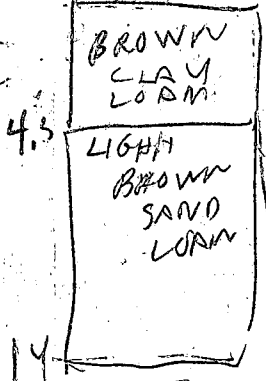
CUT NAMED

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/2/86	1S	4	210	212	212	215	3	
	1A	9.5	210	212	212	215	3	
	1V	13.5	LOOKS OK					
	2B	10	220	222	222	225	3	
	2S	4.5	223	239	239	312	little perc	
	2V	14	LOOKS OK BELOW SFT					
	3S	4	236	238	238	240	2	
	3V	12	LOOKS OK					
	4S	4	243	248	248	252	4	
	4V	13	LOOKS OK					



REMARKS _____

TYPE OF SOIL _____

TESTED BY B. HODGES ALSO PRESENT BUD ARNOLD

EH-12-1079

B 1 9153 SEQUENCE NO. (DP-USE ONLY)
1 2 3 4 5 6
(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
40-88-07-14
70 fill in this form completely 79

Date Received (APA) 050889
OWNER INFORMATION
KERWIN HOMES INC.
24024 FREDERICK RD.
CLARKSBURG MD 20871

B 3 LOCATION OF WELL R-44198
HOWARD
HIGH LAND MEADOWS
CLARKSVILLE
MILES FROM TOWN 2 MI

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
265 Brown Church Rd., Mt. Airy, Md. 21771
5/4/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Long Leaf Dr
DISTANCE FROM ROAD 60 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
HOWARD A37061
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED
060989 Mark E. Piffkin 12/9/89
NORTH GRID 498000 EAST GRID 0805000

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 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
80X5
49X8

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary DRive-POINT

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.
George Easterday confirmed old well in roadway was abandoned same day as second well was drilled. 3-30-94 same well tag used.
HIGHLAND
BROADBENT DAM
CLARKSVILLE

Not to be filled in by driller (DP USE ONLY)
APPROP. PERMIT NUMBER G A P
FORCE MR PERMIT NO. 40-88-07-14
SPECIAL CONDITIONS

7/11/89 11:00

12 BAGS

42' CASING

37' OPEN

2' CASING A.G.

V TAG OK

GROUT

OBS'D

MR

7/11/89

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.
MAY 7 9 05 PM '89

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAY 8 1 41 PM '89
DIVISION OF
ENVIRONMENTAL
HEALTH

C1-2446

SEQUENCE NO. (DENY 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 A37061

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

OK MR 1/2/91

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26

28 37

OWNER KERWIN HOMES INC

STREET OR RFD RICHMOND DAM RD

TOWN CLARKSVILLE

SUBDIVISION HIGHLAND MEADOWS SECTION 1

LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries like 'top soil', 'sh. clay', 'brown silt', etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE, Nominal diameter, Total depth, OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole, insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.)

Grid for recording depth in feet for each screen section and slot size.

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER) T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY, 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)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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.

DRILLERS SIGNATURE

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

7/22/93 ANYTIME

Logged

OK Final C.B.D.

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 # 70
Date 7/18/93

Name of Installer B.W.T. Inc.

Telephone 301 498 6138

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

Name of Property Owner William & Mary R. Barnworth Telephone 301 249-1144
Subdivision Highland Meadows Lot # 2 Well Tag # HO-88-0714
Site Address Gongleas Ct

Pump

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible

2. Make Golden Jet

3. Model # Sunbinder

4. Capacity 7 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 Harsant

2. Model # _____

3. Depth 42"

Tank

1. Capacity _____

2. Pressure relief valve?

Piping

1. Type Golden Jet

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line 42"

Well data

1. Depth 340' ft.

2. Yield 12 GPM

3. Static water level 80' ft.

4. Will water supply be disinfected by installer?

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: Daniel McPiper

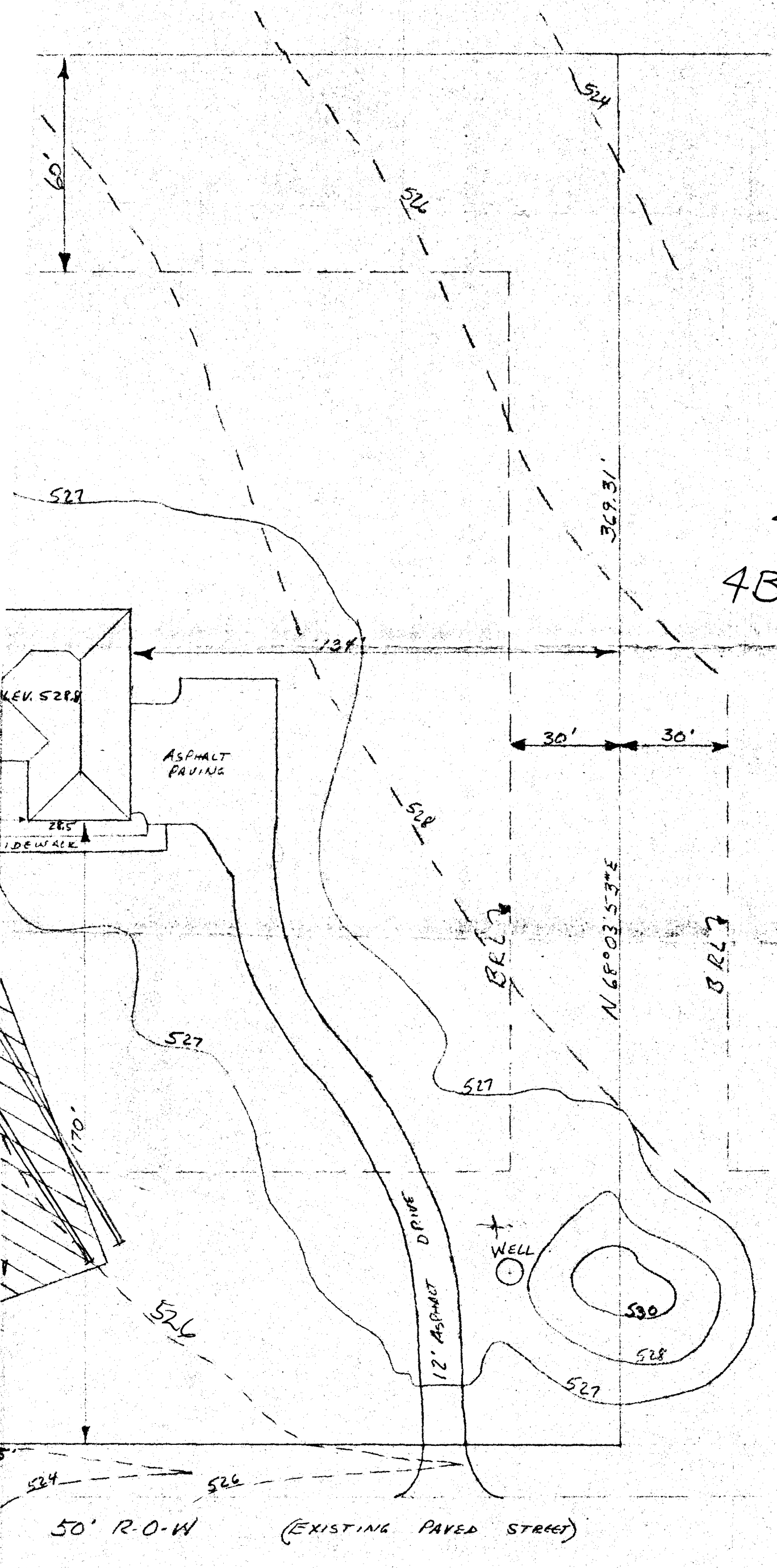
Date: 7/15/93

card 7/22/93 C.B.D.

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

HD-215

7/22/93 (Note: 11/15 some denting - no holes in casing) C.B.D.
Line covered - 10' from casing out. C.B.D.



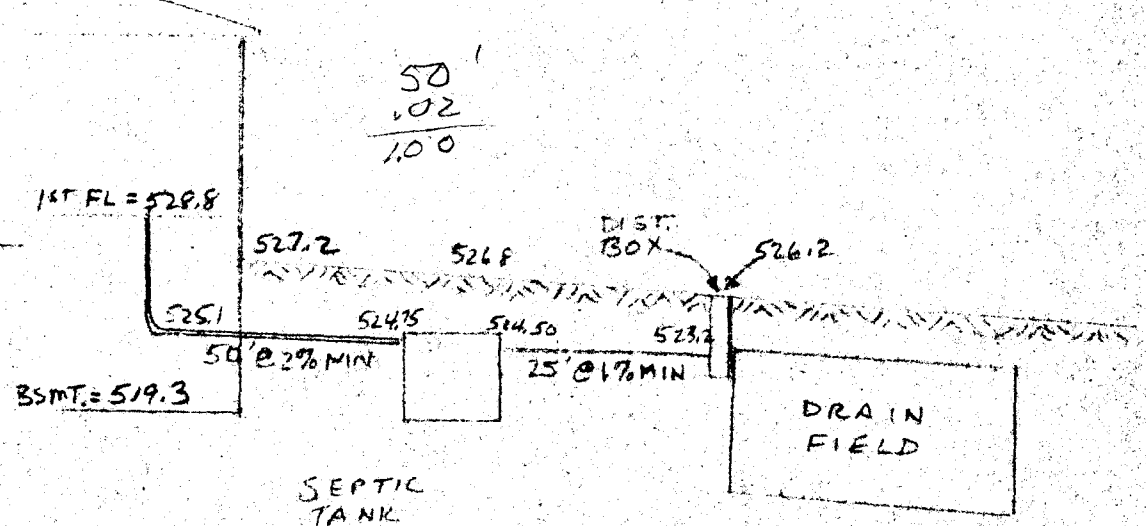
SEPTIC INFORMATION
FOR RESIDENCE ON LOT 2

RESIDENCE:	
FIRST FLOOR	528.8
BASMENT	519.3
INVERT OUT	525.1
SEPTIC TANK:	
EXISTING GRADE	526.1
PROPOSED GRADE	526.8
INVERT IN	524.75
INVERT OUT	524.50

DISTRIBUTION BOX:	
EXISTING GRADE	526.2
PROPOSED GRADE	526.2
INVERT IN	523.2
INVERT OUT	523.0

4' not.
3.2'

NOTE: LENGTH OF TRENCHES TO BE DETERMINED BY HEALTH DEPARTMENT.



SCALE 1"=30'

B.P. 46506

	<p>SITE PLAN</p> <p>LOT 2</p> <p>HIGHLAND MEADOWS</p> <p>SUBDIVISION</p>	DATE: 9-6-92
		SCALE: 1"=30'

