

LAYOUT 5/15/03 10am INSP 4 7/25/03 1PM 12230  
 INSP 2 5/19/03 10AM INSP 5 \_\_\_\_\_  
 INSP 3 7/24/03 3pm INSP 6 \_\_\_\_\_

05-411963

ISSUE DATE: 5/15/2003

P 518970

APPROVAL DATE: 10/17/03

A 37500

# PERMIT INDEXED

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Whitworth Excavating IS PERMITTED TO INSTALL  ALTER   
 ADDRESS: 12680 Clarksville Pike PHONE NUMBER: 410-531-5033  
 SUBDIVISION: Chapel Woods II LOT NUMBER: 3  
 ADDRESS: 11880 Linden Chapel Road PROPERTY OWNER: Allan Homes, Inc  
 SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED   
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED   
 NUMBER OF BEDROOMS: 5  
 SQUARE FEET PER BEDROOM: 210  
 LINEAR FEET OF TRENCH REQUIRED: 270 HOUSE SERVED BY PUBLIC WATER

TRENCHES: <u>6</u>	Trench to be 3.0 feet wide. Inlet <sup>4.5</sup> 4.0 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour.
NOTES:	

PLANS APPROVED: Steven R. Krieg DATE: 1/8/2003

NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

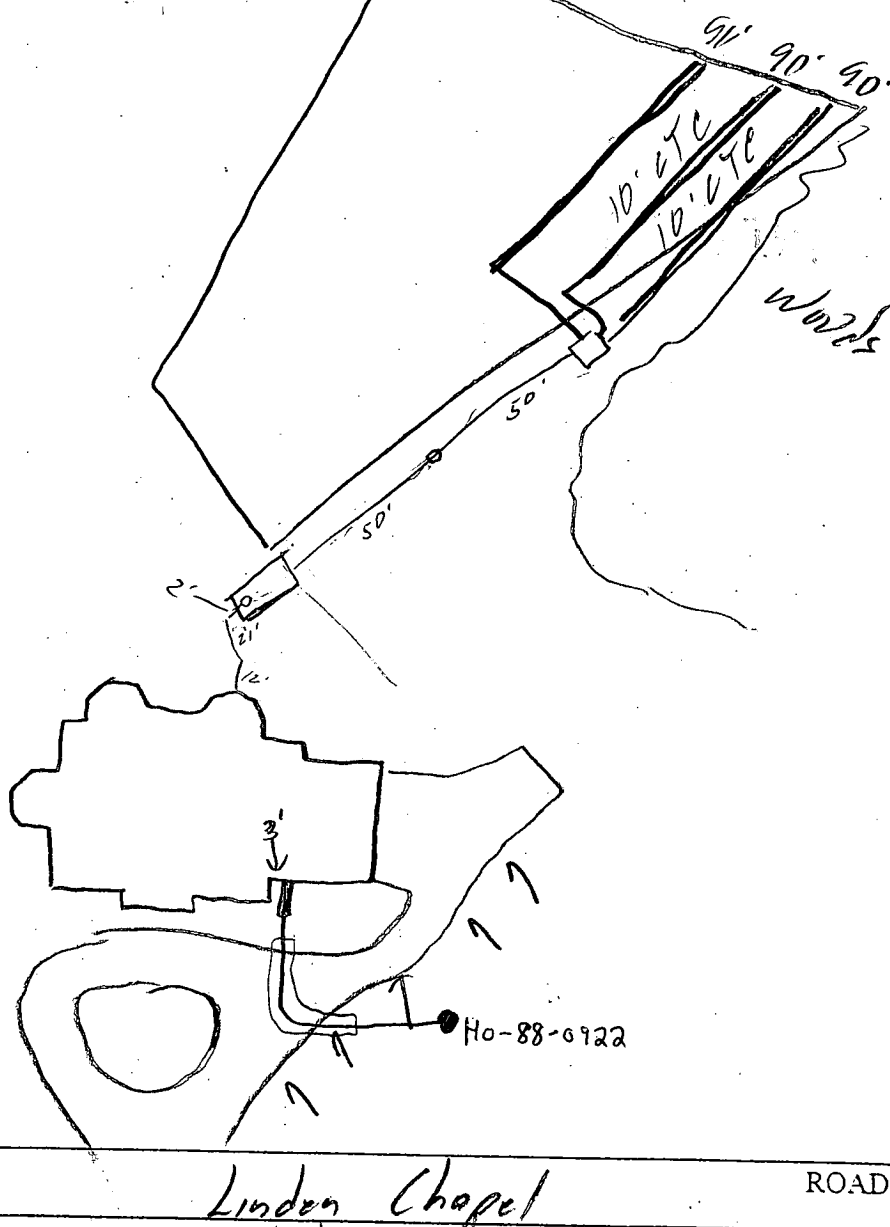
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

**BUILDING PERMIT SIGNED AND RETURNED**  
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

9-11-03 800144048-IG POOL

A 37500

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4.5	6
NUMBER OF TRENCHES		3
TOTAL LENGTH		270'
ABSORPTION AREA		816 $\pi$
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	<input type="checkbox"/>
6" PORT LOC	FRONT
WATERTIGHT TEST	NA
SEPTIC TANK 2 LEVEL N/A	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

Linden Chapel

ROAD

PRE-CONSTRUCTION 5/19/03 SRA Staked, shot elevations at house & D.B.  
 May have to raise house conn. Builder said that would be no problem. Have  
 INSTALLATION  $\therefore$  2' to play with. Check well radius. Install trenches 1st, (3) 90'  
 10' CTC (SO) 7/24/03 Tank set, trenches install. OK to cover  
 trenches (SO) 7/25/03 OK to cover all work. Needs house  
 conn. & fill over tank (SO) 7/28/03 House conn made.  
 Check cover on tanks (SO) 9/16/03 Septic tank still not  
 covered completely (BB) 10/17/03 S.T. covered/guarded (SO)

RECEIVED AND RETURNED

FINAL INSPECTOR

*[Signature]*

DATE OF APPROVAL

10/17/03

8/29/03

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: DELUXE PLUMBING & HEATING Telephone #: 410-549-2118  
Address: 719 SILVER BOW VILLEY RD  
WESTMINSTER MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): DAVID W. WISNIEWSKI SR. License# 8494

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: DAN GIER Telephone #: \_\_\_\_\_  
Subdivision: CHAPEL WOODS Lot #: 3 Well Tag #: HO-84-185A ✓  
Site Address: 11880 LINDEN CHAPEL RD.  
CLARKSVILLE, MD 21029 0922

Submersible Pump Data

Make: GOUDS  
Model #: 26907412L  
Pump Capacity: 7 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: HARVARD  
Model#: PT 900  
Depth: 4 1/2" (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 167 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house

Type: CELL FLEX  
PSI: 160 (160 psi min)  
Depth of supply line: 4 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 8'  
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: \_\_\_\_\_ date: 8-27-03

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/28/03 Date Insp. Approved: 10/17/03 (SO) SRK

- Inspection Data: Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

8/29/03 - One piece cap  
Conduit broken  
Tag OK (SO)

C1 **1056** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 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 **A-37500**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**09/14/89**

Depth of Well  
**22 185** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-88-0922**

OWNER **JIM TAK**  
 STREET OR RFD **last name CHAPEL WOODS Rd first name** TOWN **CLARKSVILLE**  
 SUBDIVISION **CHAPEL WOODS II** SECTION **3** LOT **3**

**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	
<b>SAND</b>	<b>0</b>	<b>36</b>	
<b>Gray mica rock</b>	<b>36</b>	<b>185</b>	<input checked="" type="checkbox"/>

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  **CM** BENTONITE CLAY  **BC**  
 NO. OF BAGS **8** NO. OF POUNDS **750**  
 GALLONS OF WATER **48**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **36** ft.  
 (enter 0 if from surface)

**C 3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **12**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **37**  
 WHEN PUMPING **40**  
 TYPE OF PUMP USED (for test)  
 **A** air  **P** piston  **T** turbine  
 **C** centrifugal  **R** rotary  **O** other (describe below)  
 **J** jet  **S** submersible

**CASING RECORD**  
 casing types insert appropriate code below  
 **ST** STEEL  **CO** CONCRETE  
 **PL** PLASTIC  **OT** OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **41**

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES  **NO**  
 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) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 **+** above **49** LAND SURFACE (nearest foot) **1**  
 **-** below **49**

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 **ST** STEEL  **BR** BRASS  **HO** OPEN HOLE  
 **PL** PLASTIC  **OT** OTHER

**C 2**

DEPTH (nearest ft.)  
 EACH SCREEN **1** **41** **185**  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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

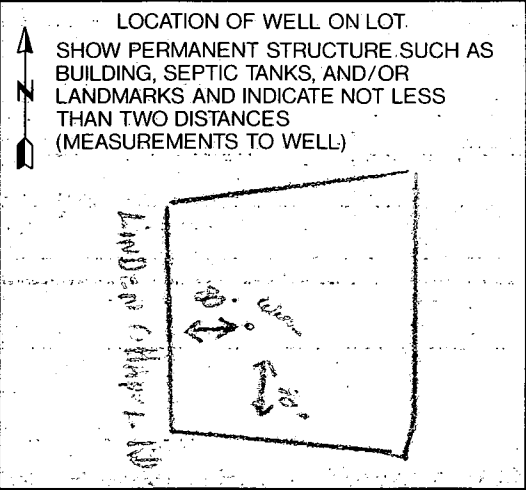
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **133**  
 DRILLERS SIGNATURE **James**  
 (MUST MATCH SIGNATURE ON APPLICATION)

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.) W Q  
 70  72  74 75 76







B 1 9705

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0922

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

please print or type

fill in this form completely

Date Received (APA)

061689

OWNER INFORMATION

J. J. O'M INC

5570 Sterrett Place

Columbia MD 21044

DRILLER INFORMATION

Joseph L. Mayne 238

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt Airy 21771

Signature Joseph L. Mayne Date 6/14/89

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)

APPROXIMATE DEPTH OF WELL 300 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

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)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-88-0922

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD

CHapel Woods II

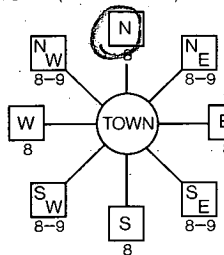
SECTION LOT 3

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linden Chapel Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 90

ENTER FT or MI F7

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 37500

STATE SIGNATURE DATE ISSUED

072189 Sidney Abel 01-20-90

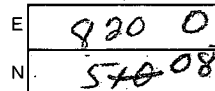
NORTH GRID 508000 EAST GRID 0820000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

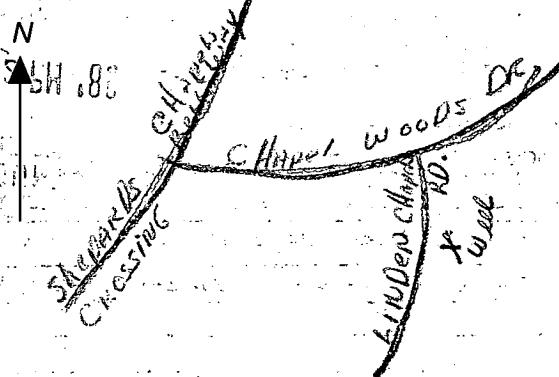
SOURCES OF DRILLING WATER

- 1. well
2.
3.

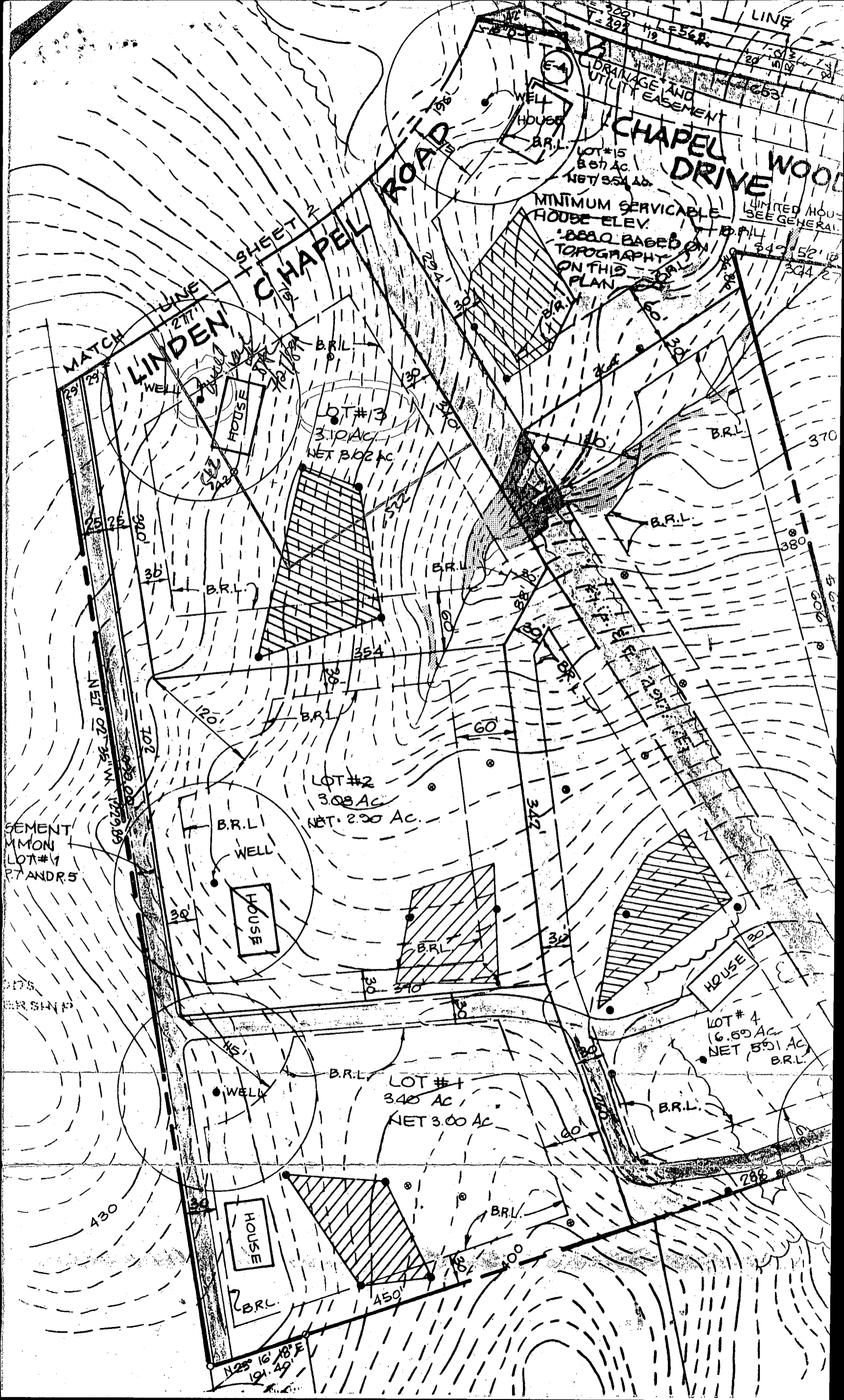
WRITE THE BOX NUMBER FROM THE MAP HERE



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



CLARKSVILLE



# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 8/13/86

A 37500  
P \_\_\_\_\_

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 J.J.M. Partnership

ADDRESS 5570-201 Sterrett Place PHONE 740-4466  
Columbia, Maryland 21045

Lot 3 on Prelim (also)

PROPERTY LOCATION:

SUBDIVISION Chapel Woods II LOT NO. 3

ROAD AND DESCRIPTION West side of Middle Patuxent; North of Route 108

SIZE OF LOT 3.23 ac. TYPE BLDG. residential  
(NUMBER OF BEDROOMS)

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.

John Mikolasko  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Standard trench DATE 7-21-89

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

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

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

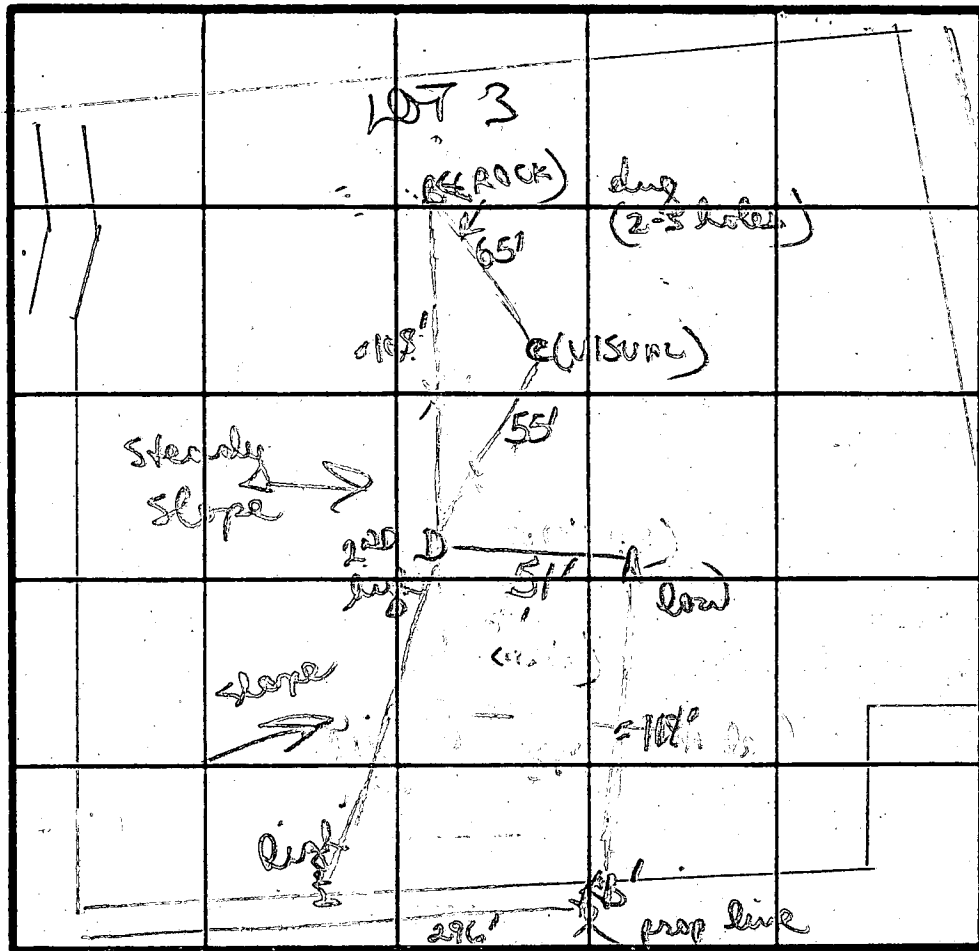
# THIS IS NOT A PERMIT

SOIL PROFILE

orange/brown clay loam (gitty)  
 4" changing to more powdery brown fine silty loam w/ 5-10% small rock & weathered frags

11' D

D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LOT 5

BGP+E EASEMENT

B

Chester gravel w/ heavy layer big rock frags 3-8' stopped 6'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/3/76	A	4 1/2'	2:15	2:24	2:24	2:45	21 MIN	
		11' D	bottom (see profile)					
	retested started D	4 1/2'	3:27	3:47	3:47	4:17	30 MIN	
		11' D	bottom (see profile)					
	C	VISUAL ONLY						
		11' D	bottom (see profile)					
	B	heavy rock 3-5' stopped digging (2-3 holes in area tried + all stopped)						
		(see page 2)						

REMARKS

perce field flipped (rock in B hole + area) soils marginal, moderate and of rock

TYPE OF SOIL

TESTED BY

B W yon

ALSO PRESENT

owner, several diggers

orange/yellow brown chunky gitty sandy clay loam changing to orange brown silty loam w/ small rock frags

11' D

C

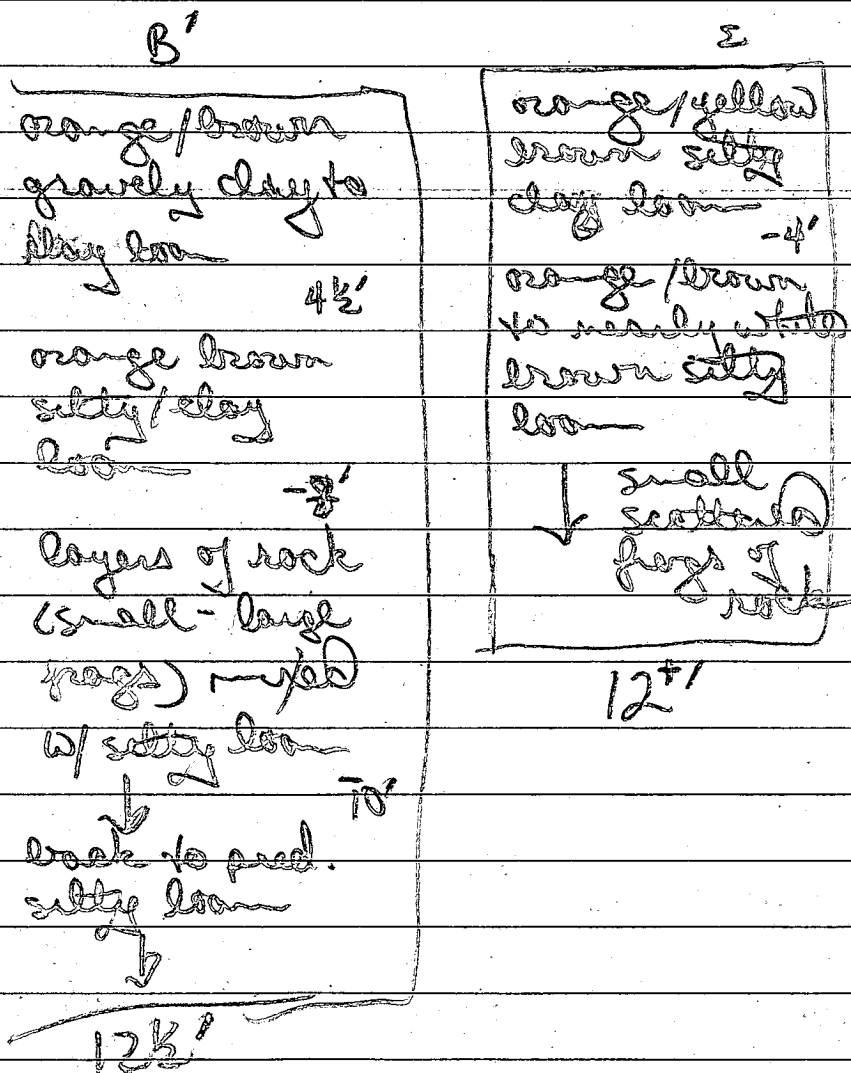
light orange silty loam (little clay) light white tan-brown silty loam

11' D

# LOT 3

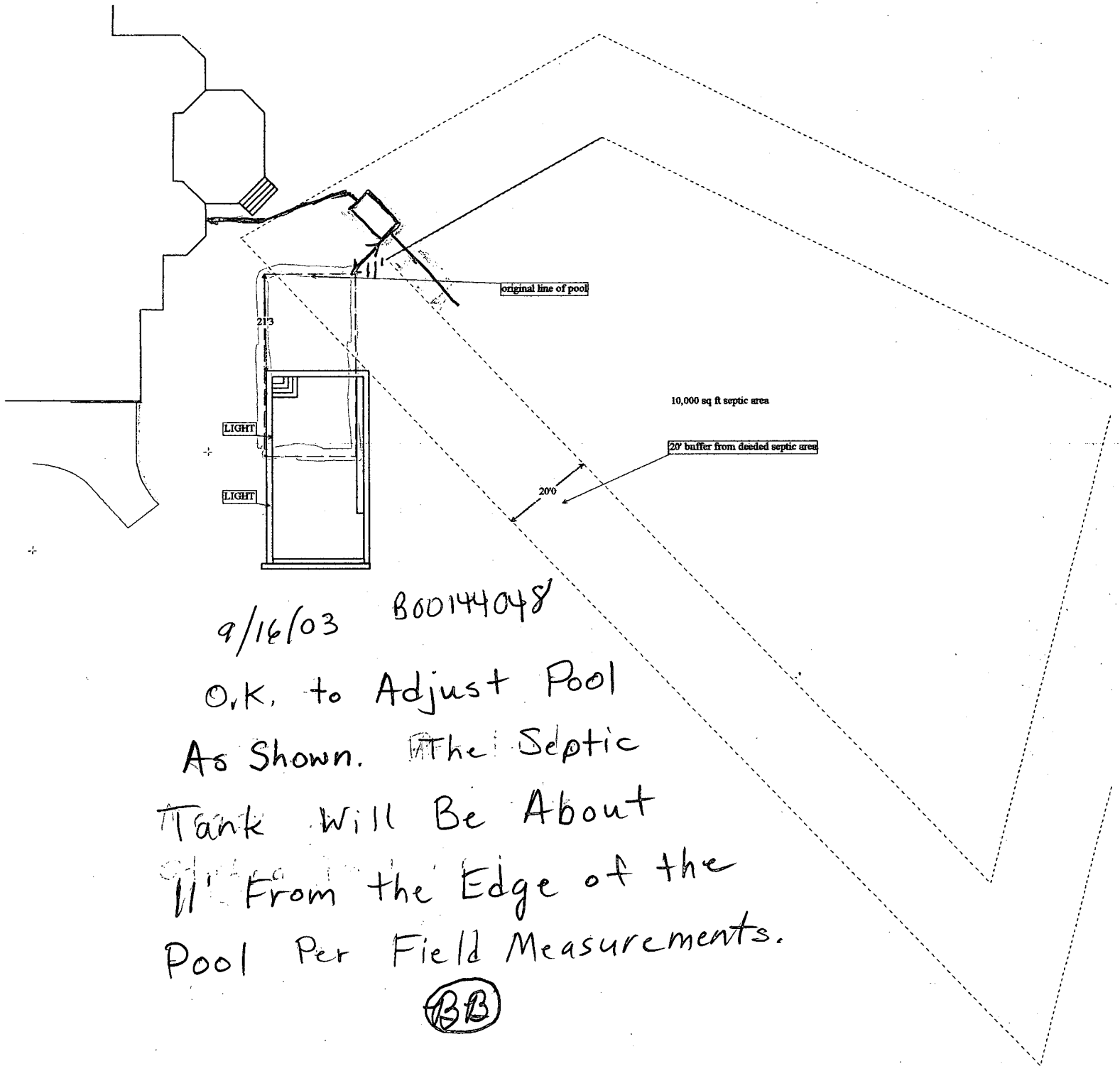
Date	hole	Depth	Pre west	end	West start	end	time
	B'	4 1/2'	400	410	410	433	23 MIN
		12 1/2'	bottom (see profile)				

	Σ	3 1/2'	425	431	431	440	9 MIN
		7 1/2'	418	421	420	424	3 MIN
		12' D	bottom (see profile)				



X 17 MIN  
 INLET #1 - 1/2'  
 MAX 1/2' 7  
 MAKE SHALLOW

Lee system  
 230 x 30 ROOM  
 outside hole Σ  
 soils marginal  
 at best



9/16/03 B00144048

O.K. to Adjust Pool  
 As Shown. The Septic  
 Tank Will Be About  
 11' From the Edge of the  
 Pool Per Field Measurements.

(BB)

EX. 50'  
B. G. & E.  
EASEMENT

20' DRAINAGE &  
UTILITY EASEMENT

LOT 3  
3.012 AC

LO  
CHAPEL  
LOTS  
3.23  
PLAT N

9/11/03

Revised Pool  
Location as per  
Environmental Health  
O.K.

Brian Baker  
BOB14048

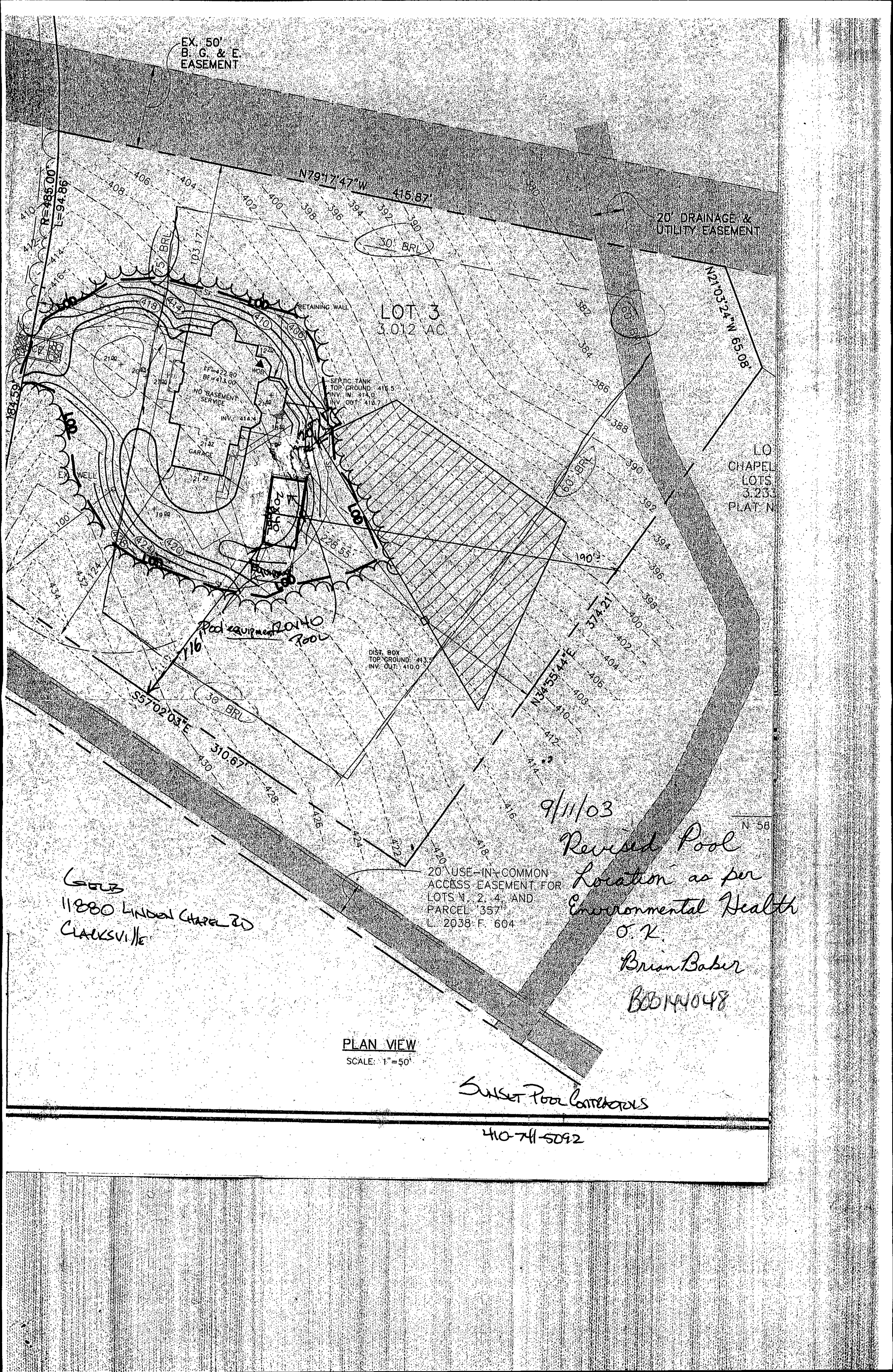
6013  
11880 Linden Chapel RD  
CLARKSVILLE

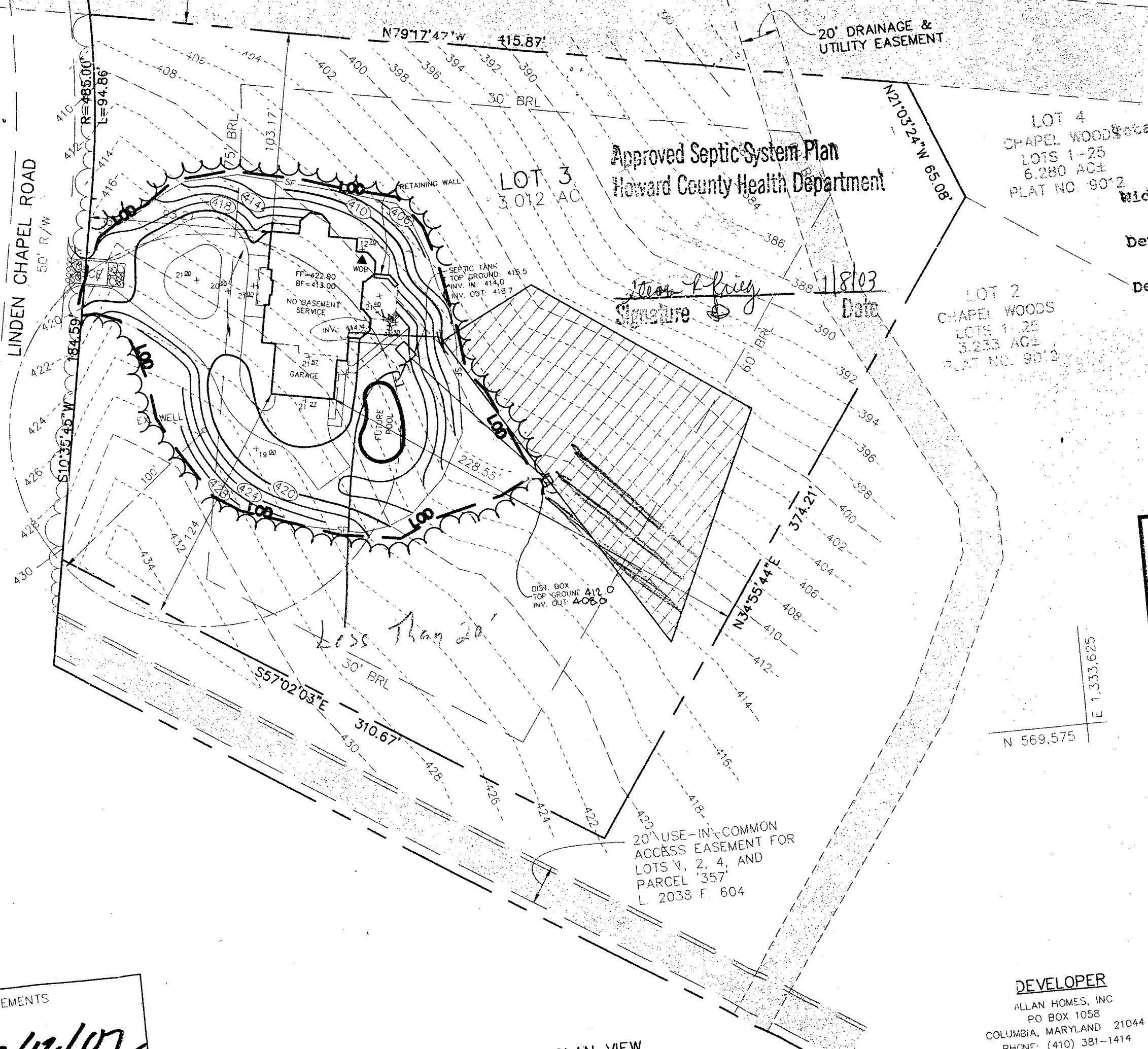
20' USE-IN-COMMON  
ACCESS EASEMENT FOR  
LOTS N. 2, 4, AND  
PARCEL 357  
L. 2038 F. 604

PLAN VIEW  
SCALE: 1"=50'

SUNSET POOL CONTRACTORS

410-741-5092





Approved Septic System Plan  
Howard County Health Department

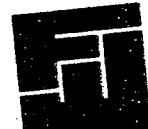
*Thomas K. Frey*  
Signature  
11/8/03  
Date

LOT 4  
CHAPEL WOODS  
LOTS 1-25  
6.280 AC±  
PLAT NO. 9012  
Total linear feet of trench required 270 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 5.5 feet  
Depth of stone required below distribution pipe 1.5 feet

THIS PLAN SUPERSEDES PRIOR GRADING PLAN FOR GP-0

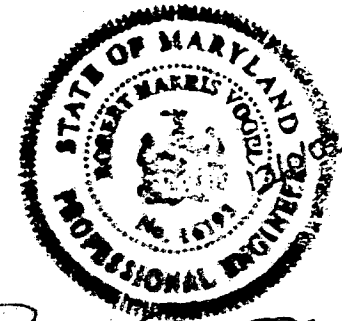
PLOT PLAN  
CHAPEL WOODS  
LOT 3

TAX MAP 29  
5TH ELECTION DISTRICT  
PARCEL '26',  
HOWARD COUNTY



**FREDERICK WARD ASSOCIATES**

ENGINEERS  
ARCHITECTS  
SURVEYORS  
7125 Riverwood Drive Columbia, Maryland 21104  
Phone: 410-290-9550 Fax: 410-720-6262  
Bel Air, Maryland Columbia, Maryland



DESIGN BY: CMH  
DRAWN BY: CMH  
CHECKED BY: JCO  
DATE: DECEMBER 10, 2002  
SCALE: AS SHOWN  
W.O. NO.: 2017074.00

DEVELOPER  
ALLAN HOMES, INC.  
PO BOX 1058  
COLUMBIA, MARYLAND 21044  
PHONE: (410) 381-1414

REQUIREMENTS  
12/12/02

PLAN VIEW