

6/13/89 11

05-408911

PERMIT

P 44505

SEWAGE DISPOSAL SYSTEM

A 37592

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 4/14/89

DATE SYSTEM APPROVED 6/12/89

INDEXED

INSPECTOR RH

C. C. Cissel IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Koandah Gardens ROAD 13129 Isle of Mann LOT 3

PROPERTY OWNER HCHP-I Ltd Partnership / Ed Rodden

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

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 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - As seen from Isle of Mann Way, Start first trench 160 feet from right lot line (317.04') and 110 feet from front lot line. Run trenches in both direction along contours. Trenches running away from front lot line. Trench limited to 55 feet.

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok*

PLANS APPROVED BY Mark Rifkin DATE 1/19/89

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

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) **BLDG. PERMIT SIGNED AND RETURNED 10-6-97**

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

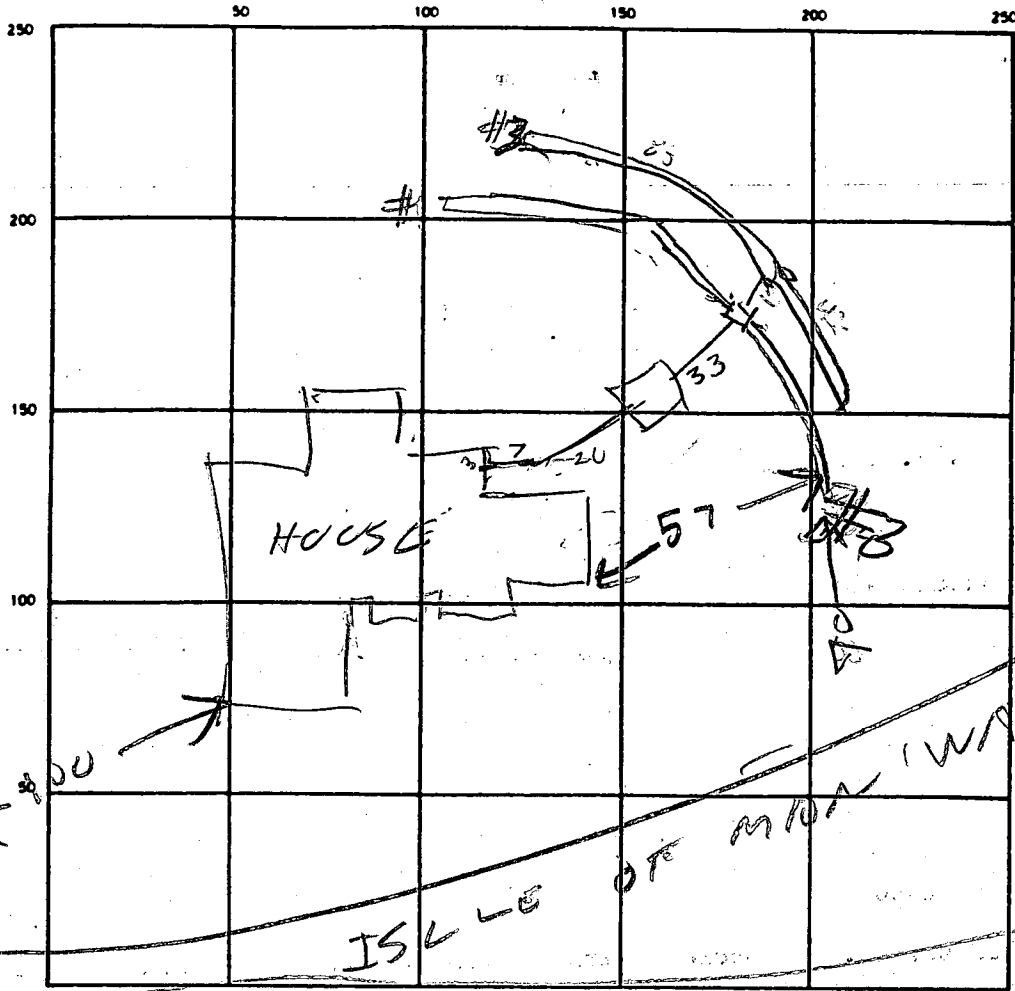
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

Buy 1000 gal purpantent
37592

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

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



220
4
32

85
42
147

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC-TANK LEVEL 2000 CLEANOUTS ST

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 2 FT TRENCH WIDTH

1	2	3	4
3	3	3	3

 FT INLET DEPTH 3 FT

EFFECTIVE GRAVEL DEPTH 4/255 FT TOTAL LENGTH 98 | 132 | 80

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 289 SQ FT

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

ABSORBENT AREA _____ SQ FT

REMARKS 6/13/89 LOCATION OK

TRENCH #3 A LITTLE 2 LONG

6/30/89 WPI OK C.B.S.

DATE SYSTEM APPROVED 6/13/89 INSPECTOR Raymond Hodges

APPLICATION

PERCOLATION TESTING

8/29/86
perc ORTD
pending approval
plat

A 37592

P _____

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

DISTRICT 5

DATE 7/27/86

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.

384-8847

PROPERTY OWNER James M. Sanborn HCHP-I LTD P&AP

ADDRESS 4967 Ten Oaks Rd Dayton Md 2036 PHONE 531-5444

PROSPECTIVE BUYER _____ (LOT 16 ON PRELIM)

ADDRESS _____ PHONE 2

PROPERTY LOCATION:

SUBDIVISION Koondah Gardens Estates LOT NO. _____

ROAD AND DESCRIPTION 13129 Isle of Mann Extended Way

4/27/87 final plat 3 on prelim

TAX MAP 34 PARCEL # 378

SIZE OF LOT 3 Ac TYPE BLDG. Single Family
(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.

James M. Sanborn
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Standard Leaches DATE 2-16-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified plat

BLDG. PERMIT SIGNED
AND RETURNED 2-16-89
BP 23600 8/8

THIS IS NOT A PERMIT

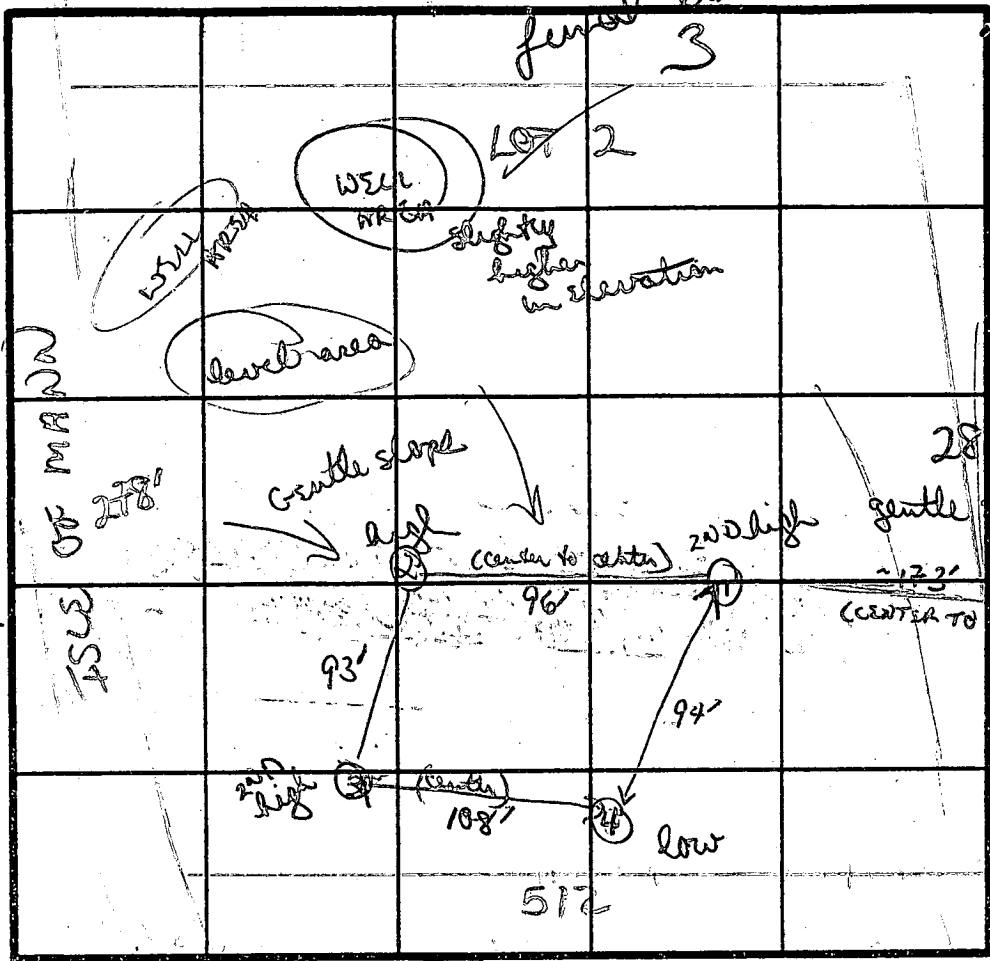
LOT 3
A37592

final lot 3

(P)

SOIL PROFILE

0'
top soil 3"
soft orange brown silty loam (little clay)
3'
changing to powdery tan brown silty mica loam
11'D



TO LOT 3
→

(2)

top soil 3"
orange/brown silty clay loam
3 1/2'
changing to brown/tan brown silty mica loam
11'D

(3)

orange/red clay to clay loam
4'
changing to orange brown silty mica clay loam
13% sand check
12'D

(4)
top soil 24"
brown/orange clay
2 1/2'
tan brown to grey brown silty mica loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/29/86	(1)	2 1/2 - 3' S 11' D bottom (see profile)	1126	1130	1130	1137	7min
	(2)	3 1/2' S 11' D bottom (see profile)	1148	1153	1153	1200	7min
	(3)	4' S 8' M 12' D bottom (see profile)	1137	1144	1144	1155	11min
	(4)	2 1/2' S 12 1/2' D bottom (see profile)	1140	1144	1144	1155	11min
			1157	1158	1158	1200	2min

X PERC
8min
170φ/BR
INLET 3'
BOTTOM 5'

good soils; perc area dug = per plat

REMARKS clay & clay loams up to 4'; below predominantly silty

TYPE OF SOIL mica loam

TESTED BY B. W. Ryan

ALSO PRESENT owner/son

C1 **0503** 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=37592**

DATE Received
 [] [] [] [] [] []

DATE WELL COMPLETED
01/16/87

Depth of Well
275
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
NO-88-0177

OWNER **JANORNA JAMES**
 STREET OR RFD **ISLE OF MANN WAY** TOWN **HIGHLAND**
 SUBDIVISION **KOANDAH GARDENS EST. SECTION 1** 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	
SAND & GRAVEL	0	44	
GRAY MICA	44	275	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **30**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 43	245
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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 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 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

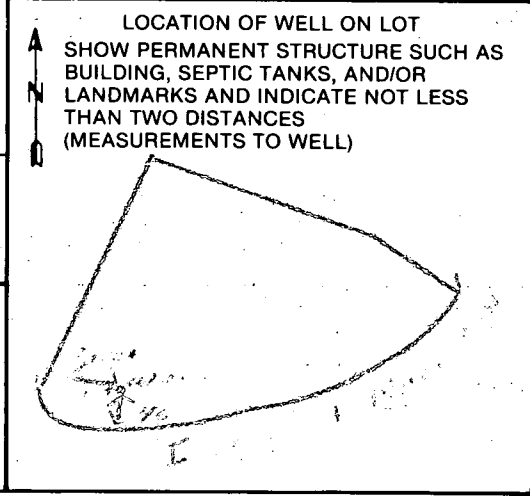
GRAVEL PACK from _____ to _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **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.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Current**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **27** WHEN PUMPING **42**
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

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: **29**
 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 **-** below LAND SURFACE **2** (nearest foot)



B 1 **1280** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER

40-88-0177
 fill in this form completely

Date Received (APA) **072088**
 OWNER INFORMATION
 15 Last Name **SWANBERN** Owner **JAMES** First Name
 36 Street or RFD **HARKS RD.**
 57 Town **HYATON** 70 State **MD** 72 Zip **21036** 76

B 3 LOCATION OF WELL
 1 **HOWARD** 8 COUNTY
 23 SUBDIVISION **KODANNAH GARDENS EST.**
 SECTION **E** LOT **3**
 52 NEAREST TOWN **FRESHKILN**
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
 Driller's Name **James L. Wayne** 77 License No. **80 238**
 Firm Name **James L. Wayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy, Md 21771**
 Signature **James L. Wayne** Date **7/15/88**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 **Isle of Warron way** NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **35** FT
 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)
 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 COUNTY NAME
A# 37592 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **090988** Charles Bryan Chaudhry
 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID **492000** EAST GRID **0811000**

APPROXIMATE DEPTH OF WELL **200** FEET

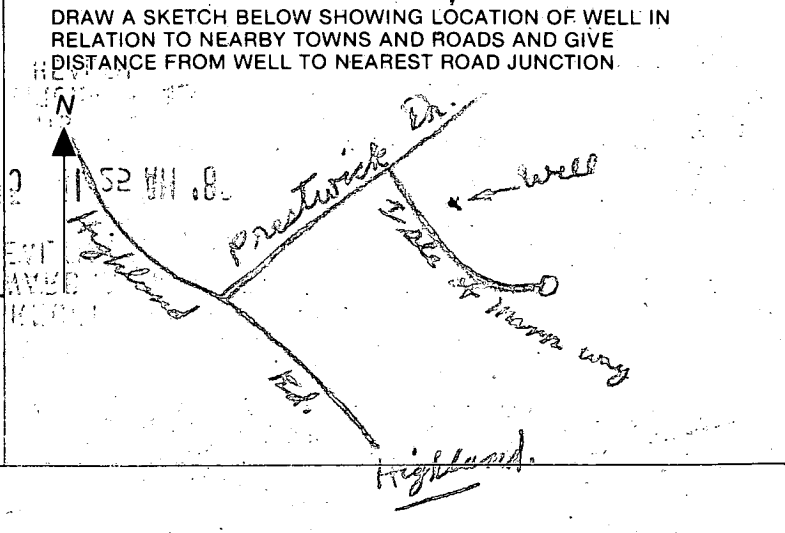
APPROXIMATE DIAMETER OF WELL **6** INCH

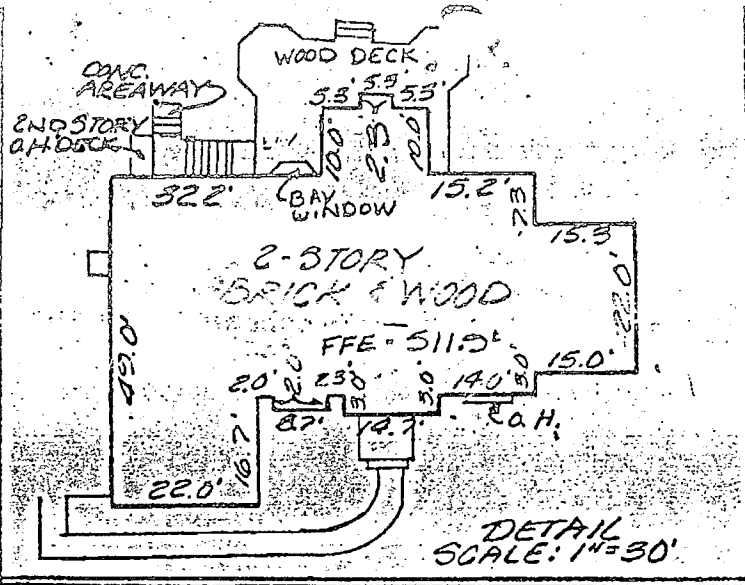
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 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 INITIALS IN BOX PERMIT No. **40-88-0177**

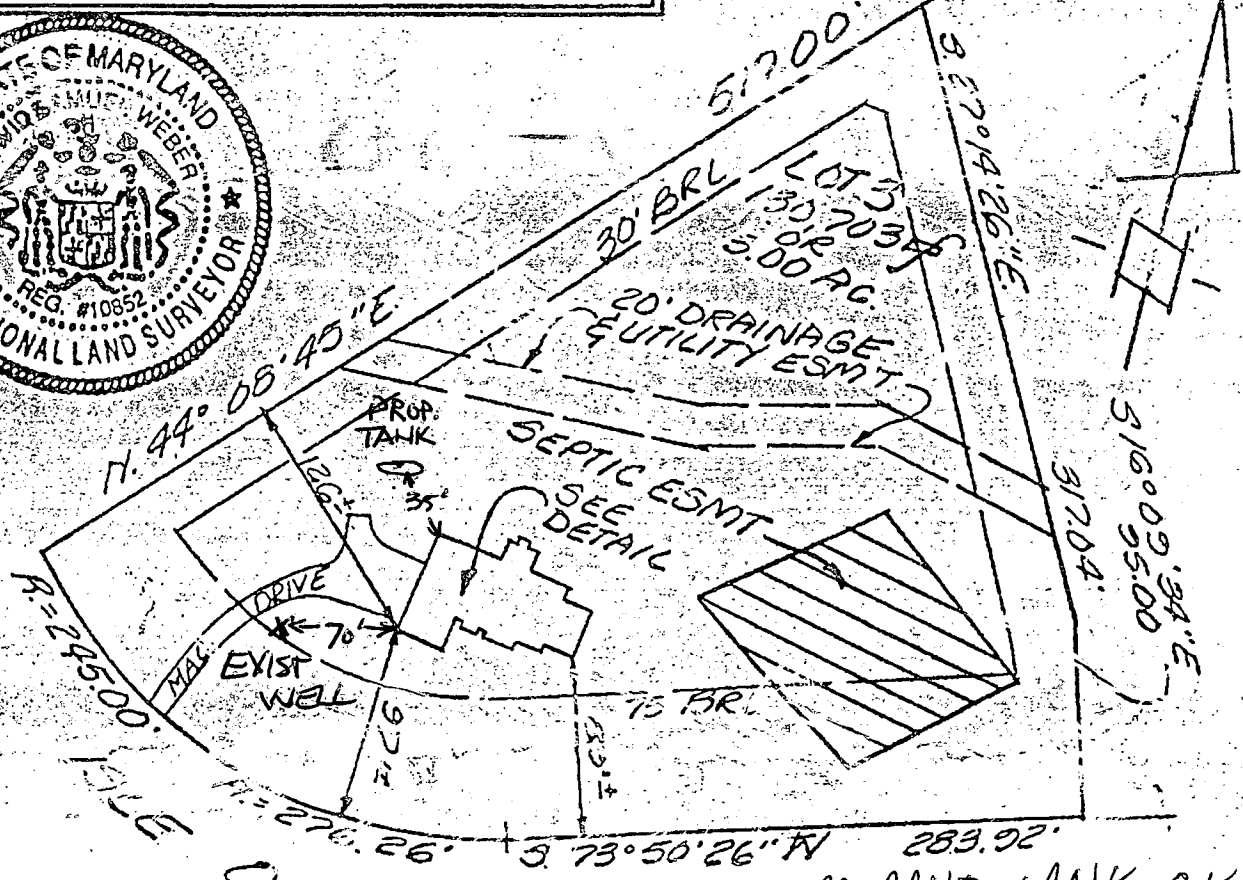
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
1-10-89 10:00 ground (2nd)
LS BAGS
50 FT CASING
35 FT OPEN
1/2 5 FT CASING A.G.
000 VTAG OK MR 1/10/89





LOCATION OF HOUSE
 KOTINDAH GARDENS ESTATES
 LOT 3 SECTION 1
 ISLE OF MANN WAY
 HOWARD COUNTY, MARYLAND
 13120 ISLE OF MANN WAY
FLOOD PLAIN CERTIFICATION

I hereby certify that, to the best of my knowledge, information and belief the property shown hereon lies within Zone C (areas of minimal flooding) as shown on the F.E.M.A. Flood Insurance Rate Map, Community-Panel No. ~~240049009A~~ revised DEC. 9, 1986



OF MANN WAY PROPANE TANK OK
 WALL CHECK: 4.12.89
 FINAL: 9.15.89
 NO IMPACT MR
 10/6/97

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by accepted field practices and that unless otherwise shown, there are no encroachments.

David Miller Weber 5/3/89
 9/18/89

GLW GUTSCHICK LITTLE & WEBER P.A.
 ENGINEERS, PLANNERS, SURVEYORS
 3909 NATIONAL DRIVE • SUITE 250 • BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MD. 20866
 TEL. (301) 421-4024

REFERENCE: PLAT BOOK _____ PLAT NO. <u>8009</u>	
DRAWN BY: <u>lh</u>	DATE: <u>4.23.89</u>
CHECKED BY: <u>des/des</u>	SCALE: <u>1" = 100'</u>
G.L.W. FILE NO. <u>88-096</u>	