

8/29/86

9-2-86
approved
S. Abel

05-398320

PERMIT

P 37362
A 35255

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
892X2383
461-9933

ELLICOTT CITY
DISTRICT 5th
DATE 7/18/86

(INDEXED)

Steve Zeiler

IS PERMITTED TO INSTALL ALTER

ADDRESS 222 Stacy Lee Drive PHONE 848-9453

SUBDIVISION Pheasant Landing ROAD 4485 Linthicum Road LOT 18

PROPERTY OWNER Ronald Ford
ADDRESS 4485 Linthicum Road

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

GARBAGE GRINDER? YES NO

BLOG. PERMIT SIGNED
AND RETURNED 10/19/90
Serial # 35730 - Storage Shed

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 340 feet from the rear lot line and 75 feet from the right lot line as seen when facing the property from Linthicum Road. Run trench(s) along contour toward right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

MS

8-25-86 OK TO MAKE UPHILL WITH SEPTIC SYSTEM (TOWARD HOUSE), MAINTAIN 100 FT FROM WELL WITH SEPTIC TANK. S. Abel

PLANS APPROVED BY C. Williams DATE 1/26/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

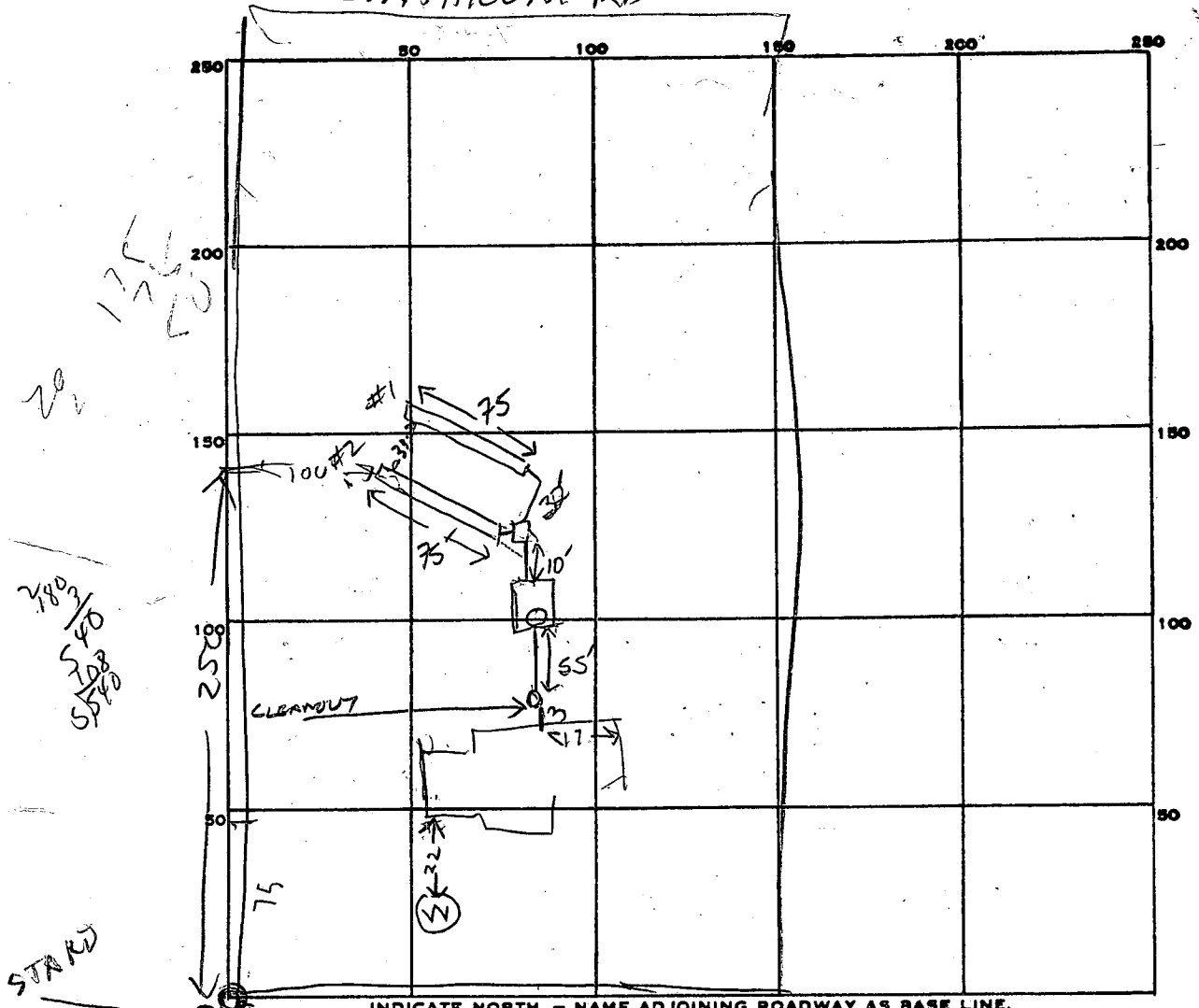
BLOG. PERMIT SIGNED
AND RETURNED 3/24/87
Serial # 10387 SFD.
deek

A 35255

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

LINTHICUM RD



PERMIT CARD _____

ST	HOUSE
NO	SEWER
	OK

SEPTIC TANK, LEVEL 1000 concrete

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH #1 8 #2 8 FT. TRENCH WIDTH #1 1 1/2 #2 1 1/2 FT. INLET 3"

GRAVEL DEPTH 5 5 FT. TOTAL LENGTH 75 75 FT. TOTAL 150

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 750 ϕ

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 750 SQ. FT.

REMARKS 8/29/86 - LOCATION OK ADD STONE & PIPE TO TRENCHES
HOOK UP TANK & BOX & CALL MH

DATE SYSTEM APPROVED 9-2-86

INSPECTOR S. Abel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 332535
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 4/08/85

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 Kennard Warfield, Jr.
14663 Triadelphia Road
ADDRESS Glenelg, Maryland 21737 PHONE 489-7132

PROPERTY LOCATION:

SUBDIVISION Warfield Property LOT NO. Lot 17 Resubdivision of Lot 3

ROAD AND DESCRIPTION Linthicum Road

SIZE OF LOT _____ TYPE BLDG. _____ (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. /s/ American Properties
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

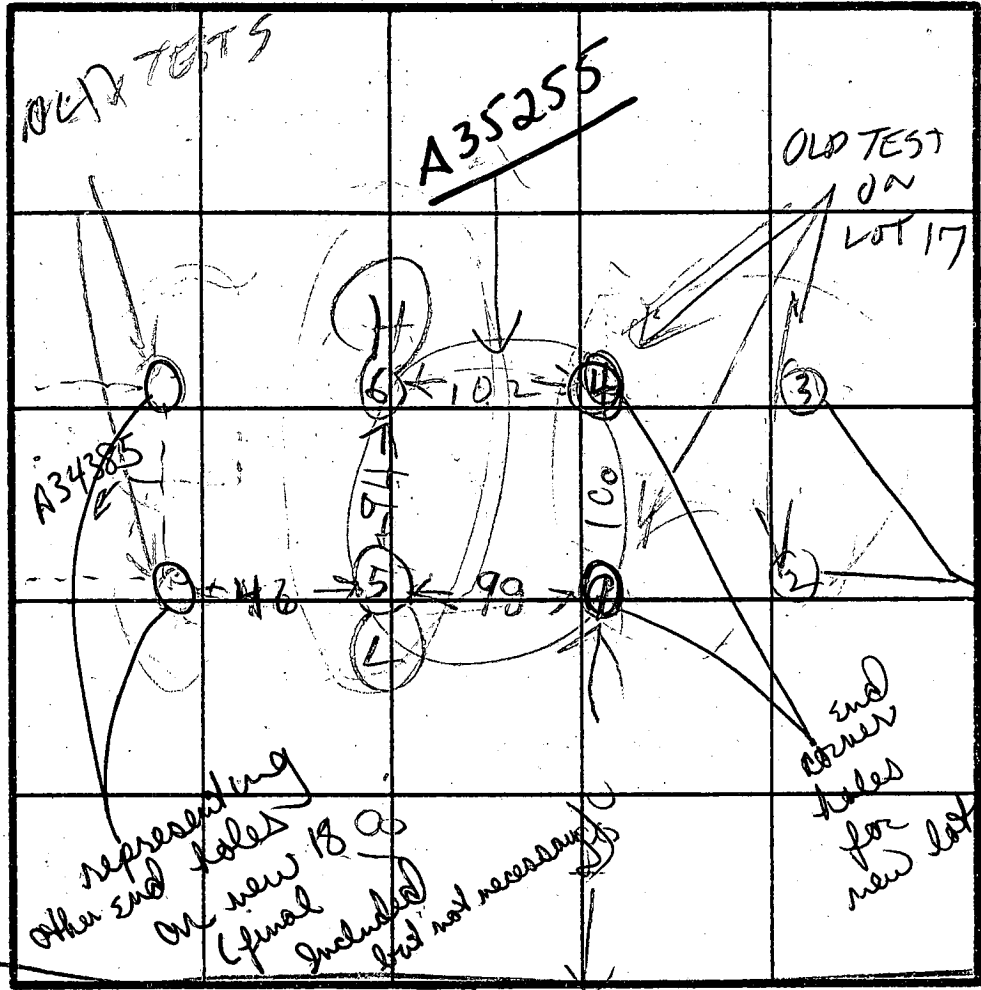
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE
 5
 CLAY
 2 1/2
 BROWN
 SAND
 LOAM
 &
 A LITTLE
 SAPROLITE
 13 1/2

6
 CLAY
 2 1/2
 BROWN
 SAND
 LOAM
 11 1/2



of Jan 85

Left end holes from A34836

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LINTHICUM RD

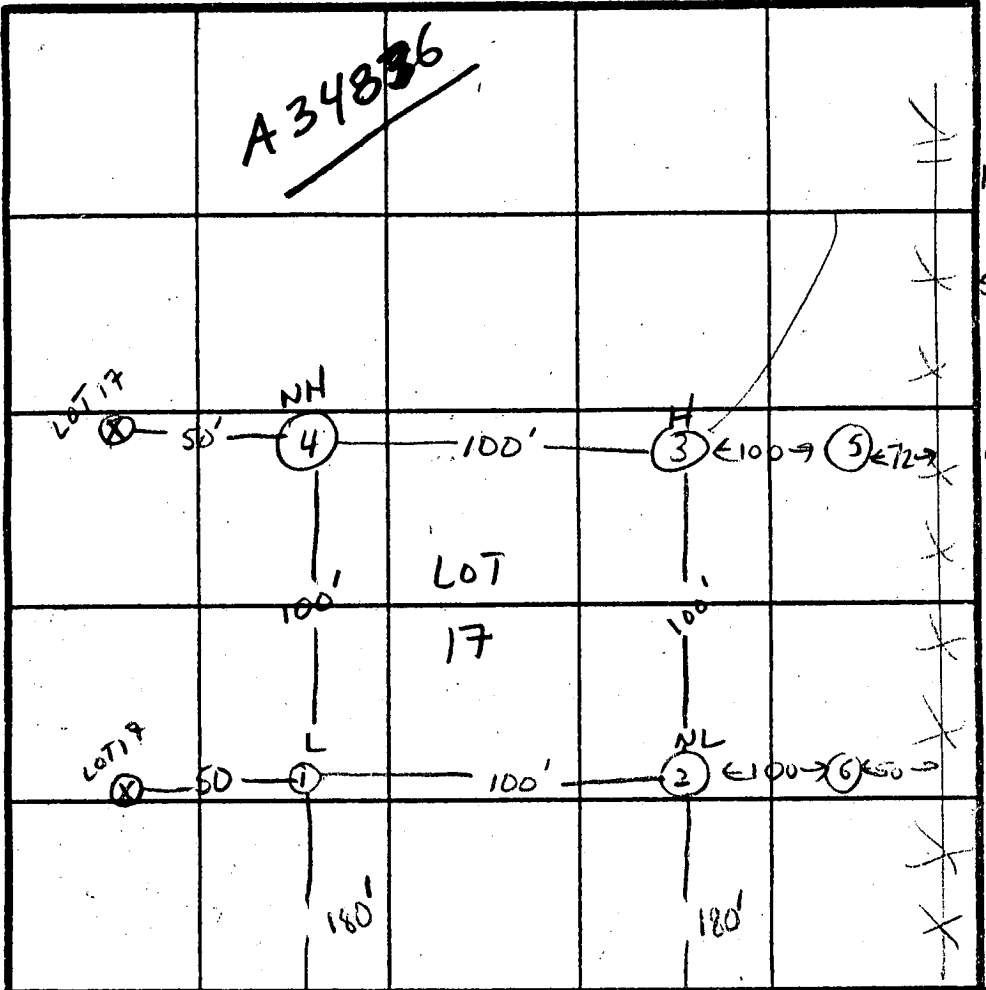
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/10/85	5S	4	212	213		214	1
	5V	13 1/2	LOOKS OK				
	6S	3 1/2	216	218	210	220	2
	6V	12 1/2	LOOKS OK				
<hr/>							
4/28/85	1	5' 12'	2140	2144	2144	2156	12 MIN
			12'	LOOKS GOOD TO 12'			
1/28/85	4	4' 11.5'	2154	215C	2156	3:02	6 MIN
				STRUCTURE SAPROLITE AT 9'			
<hr/>							

SEE A34836 FOR MORE DETAIL

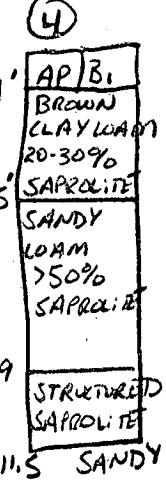
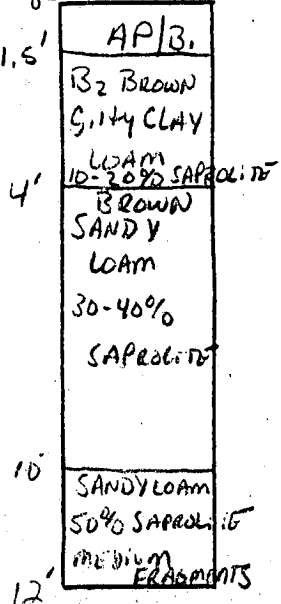
EH-12-1079

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____

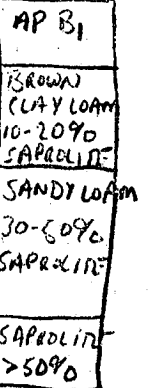
A 34836



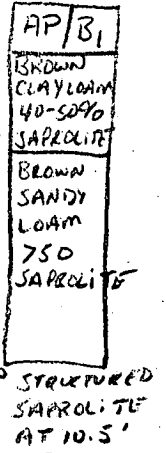
① SOIL PROFILE



②



③



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CL LITHICUM Rd. CL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/29/85	1S	5'	2:40	2:44	2:44	2:56	12min
	1V	12'	LOOK GOOD AT 12'				
	2S	4.5'	2:41	2:46	2:46	2:52	
	2V	13'	LOOKS GOOD TO 13'				
	3S	4.0'	2:53	2:55	2:55	2:59	4min
	3V	10.5'	STRUCTURED SAPROLITE AT 10.5'				
1/29/85	4S	4'	2:54	2:56	2:56	3:02	6min.
	4V	11.5'	STRUCTURED SAPROLITE AT 7'				
4/8/85	5S	4'	2:55	2:57	2:57	2:58	2min
	5V	13'	LOOKS OK MICA CLAY				
4/8/85	6S	3 1/2'	2:58	2:56	2:56	3:03	7min
	6V	13'	LOOKS OK MICA LOAM				
<p>NILES ST 6 ARE FROM FIELD NOTES OF R HODGES LINED PAGE 221 FROM 4/8/85</p>							

REMARKS Suggest Limiting Depth of TRENCHES TO 8' due to Saprolite structure.

TYPE OF SOIL Glenn
 TESTED BY S-Abel / R Hodges

Olen KETTERMAN & CO.
 ALSO PRESENT WILLIAMS BALLARD

EH-12-1079

B 1 **2289** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

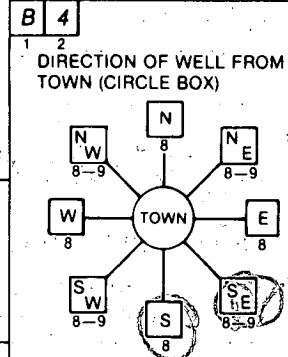
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
W0-91-1320
 fill in this form completely

Date Received **2/3/86 - 10:17 AM**
 OWNER INFORMATION
 15 Last Name **ACORN** Owner
 First Name **SCARLETT**
 Street or RFD **3315 ALHAMBRA WOOD AVE**
 Town **FACSIMINE** State **72** Zip **21234**

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD**
 23 SUBDIVISION **PLEASANT LAUREL**
 SECTION **44** LOT **18**
 52 NEAREST TOWN **GREENFIELD**
 MILES FROM TOWN (enter 0 if in town) **1** M **1**

DRILLER INFORMATION
 Driller's Name **Ralph Mayne** License No. **273**
 Firm Name **Ralph Mayne (well drillers)**
 Address **9120 Brownwood Rd Mt Airy**
 Signature **Ralph Mayne** Date **Jan 20 1986**



NEAR WHAT ROAD **Linthicum Rd.**
 DISTANCE FROM ROAD **150** FT or MI **1/4**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **25255**
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **01/23/86** CO-SIGNATURE **R. Mayne** EXP. DATE **07/23/86**
 NORTH GRID **415000** EAST GRID **0802000**

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)

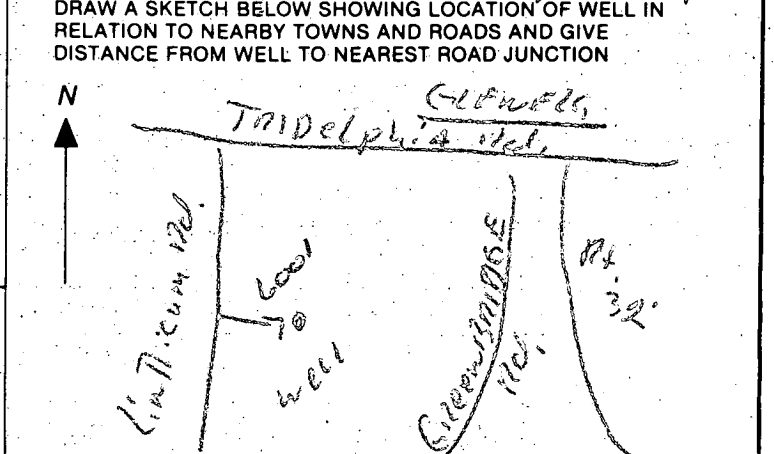
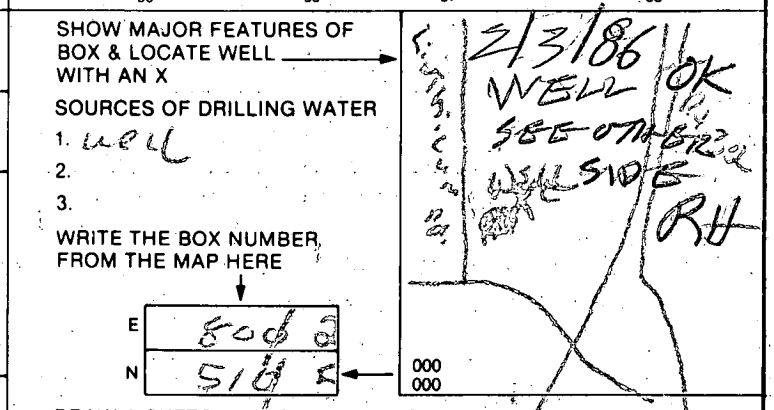
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

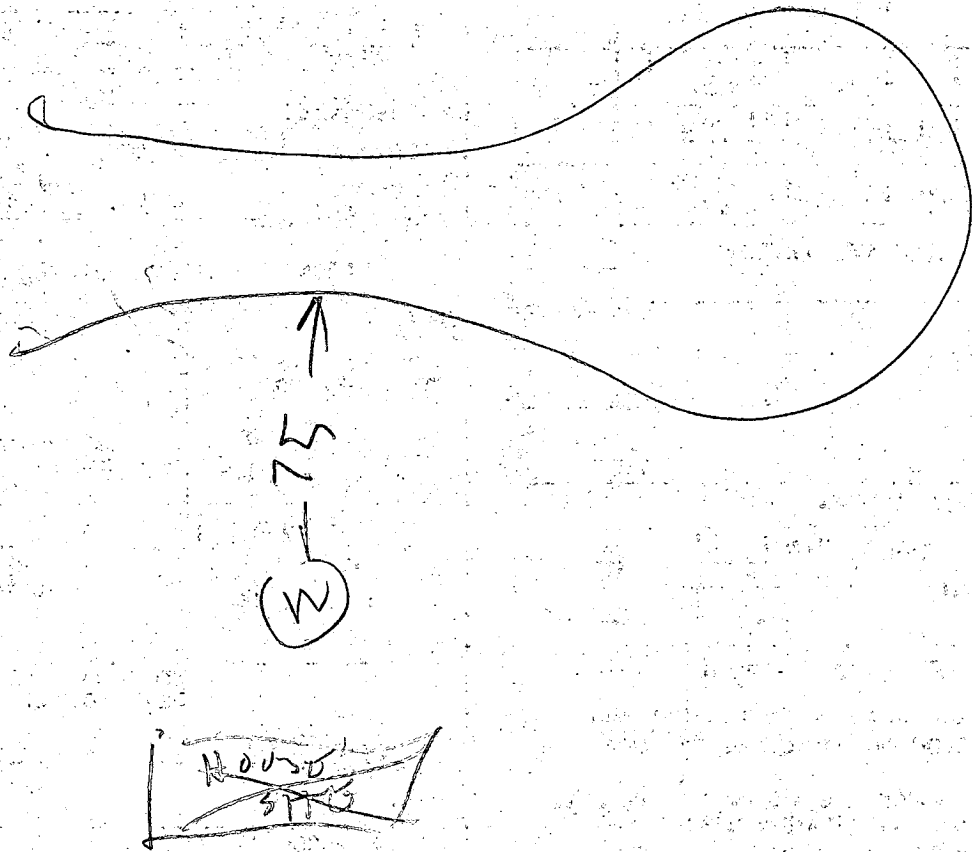
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **AA** WRITE INITIALS IN BOX PERMIT NO. **W0-91-1320**



SPECIAL CONDITIONS



- ① 50 FT CASING 3 FT OUT OF GROUND
- ② 45 FT OPEN HOLE
- ③ 13 BAGS
- ④ Well OK
- ⑤ LOCATION 2/3/86
LOOKS OK R. Hodges

Dave Kerr observed

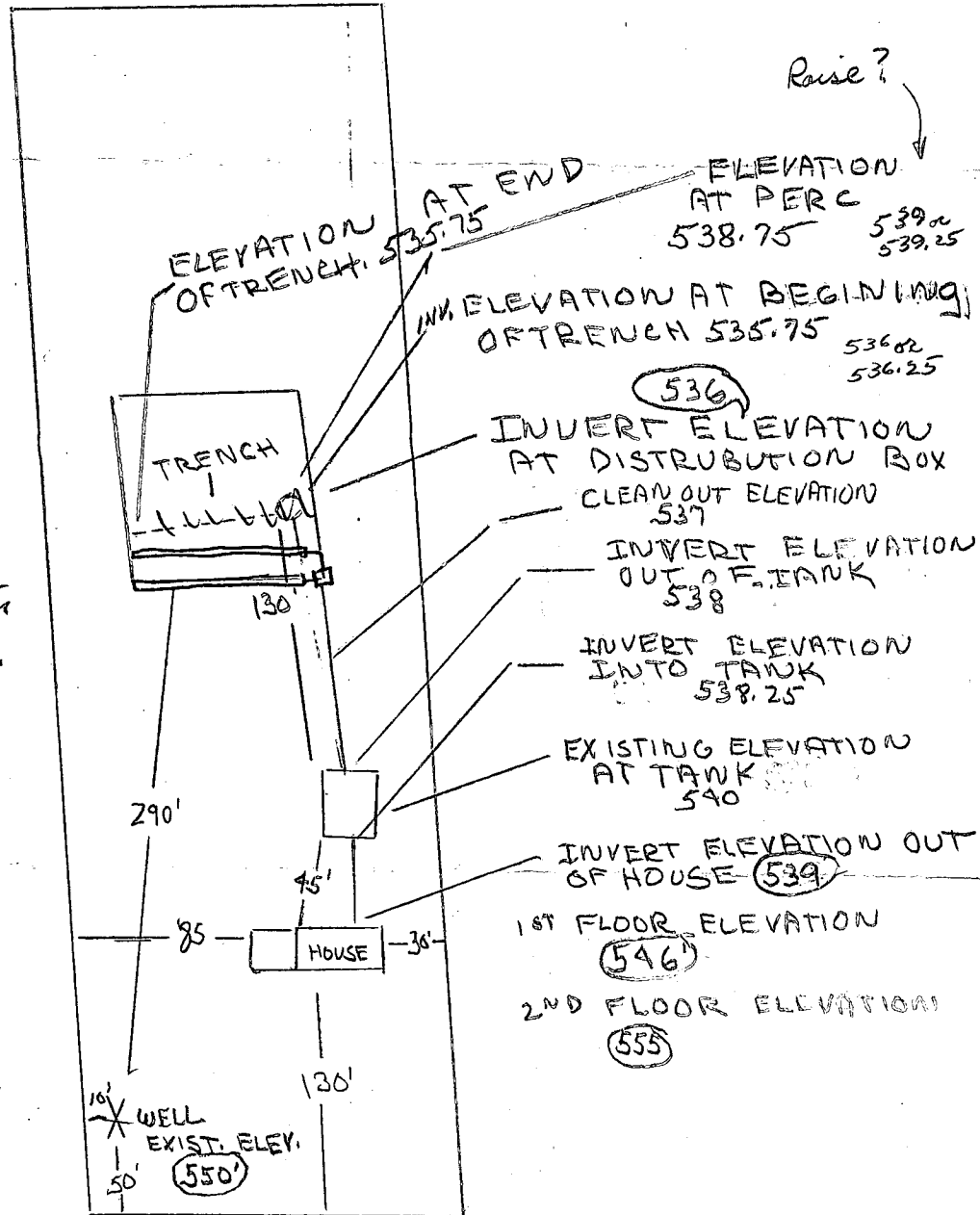
Bobby D. Frank Present

Thomas M. Gaver, Inc. Builder/General Contractor

RE: PERMIT # 70125 (FORD)
 LOT 18 PHEASANT LANDING

more trenches up in
 septic area to highest elev.
 (max. for bottom of distribution
 pipe to be 3 ft. below orig.
 grade)

min. 2-72' Trenches
 in 3' - bottom 8' - 5' stone
 doesn't include garbage disposal



C1 00855

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-35255

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

DATE RECEIVED

DATE WELL COMPLETED 020386

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO-81-1320

OWNER FORD RONALD STREET OR RFD LINTHICUM RD TOWN GLASBORO SUBDIVISION PHEASANT LANDING SECTION LOT 18

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. Rows include Top So. L, Sandy, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 1000

CASING RECORD MAIN CASING TYPE (PL) Nominal diameter (6) Total depth of main casing (50)

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

SCREEN RECORD screen type or open hole (HO) DEPTH (nearest ft.) 48 220

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Buckets WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 100 TYPE OF PUMP USED (for test) S 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 (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) 2

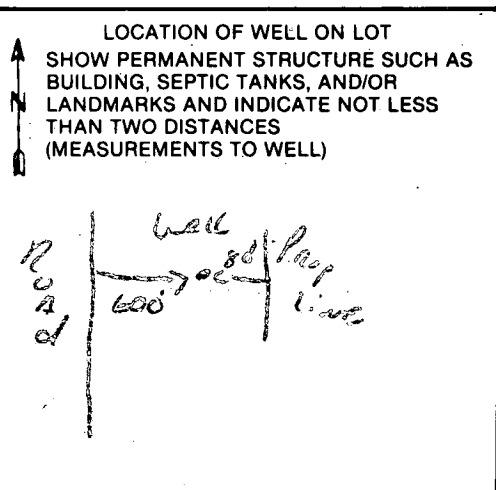
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. 273 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Paph E. Wagner

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



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 # 37363
 Date _____

Name of Installer STEVE ZEILER

Telephone 844-9453

License number 0043

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner RON FORD Telephone _____

Subdivision PHOENIX LAKE Lot # 18 Well tag # _____

Site Address 485 LANTHORN RD.
 DAYTON MD.

Pump

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

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage 230
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make HAVARD.
2. Model # _____
3. Depth 225 FT.

2. Make Gould

3. Model # _____

4. Capacity 17405 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 _____

Tank

1. Capacity 40
2. Pressure relief valve?

Piping

1. Type GOLDJET
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 210 FT

Well data

1. Depth 225 ft.
2. Yield 5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

WPI REQUESTED 8/11/86 NOT PASS INSPI NOT MADE. CALLER

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: Steve V. Zeller

Date: 7/17/86

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

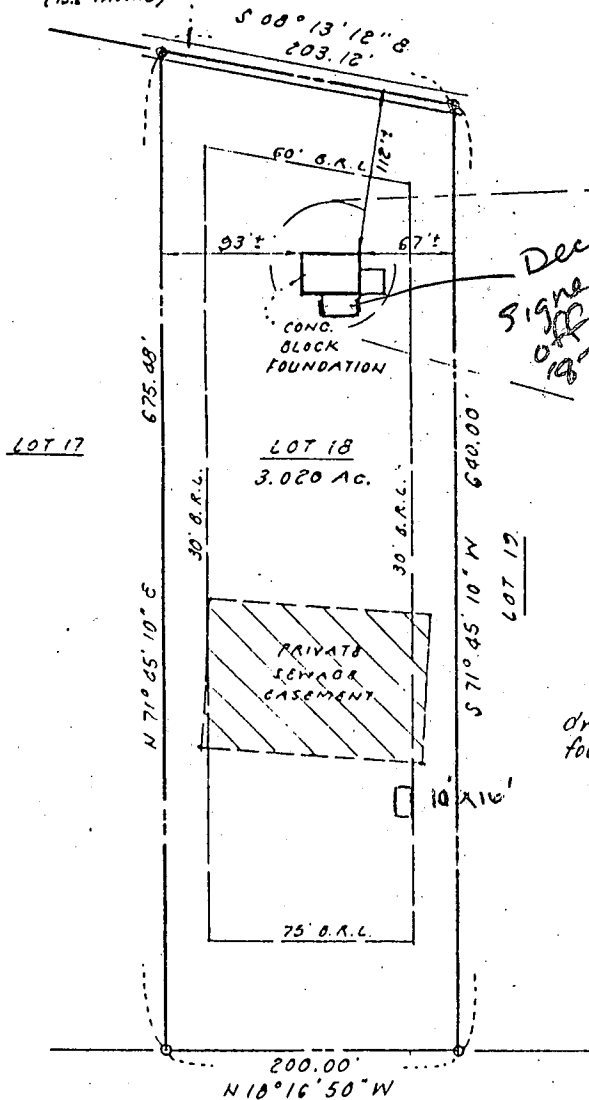
KIDDE CONSULTANTS, INC.

SURVEYORS, LAND PLANNERS & ENGINEERS

1100 WEST ST. / LAUREL, MD. 20707

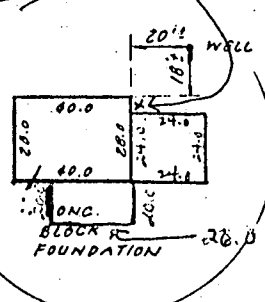
(301) 953-1821 / 792-8086

MAG. ENTR.
ROAD
(13.2' PAVING)



ELECTRIC METER
TO BE LOCATED ON
WALL OF HOUSE, APPROXIMATELY
2' FROM FRONT WALL.

Deck
signed
off
10/7
87
R/H



DETAIL
Scale: 1" = 50'

NOTES:
1) Foundation for the dwelling is complete, garage foundation under construction.

10/19/90
plans OK T
R/H DESIGN

LINTHICUM ROAD

LOCATION SURVEY
LOT 18

PHEASANT LANDING
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
Plat No. C.M.P. 6567

DRAWN	S.A.F.
CHECKED	D.W.W.
SCALE	1" = 100'
DATE	6-13-86



I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

Donald Wayne Heller 6/16/86