

15 05-398290

approved 1/17/86

C. Williams

P 58007

A 35258

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
3822230
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 1/17/86

*I. C. O. P. issued only
Time expired*

Cormwell Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9221

SUBDIVISION Pheasant Landing ROAD 4455 Linthicum Road LOT 15

PROPERTY OWNER Paradise Builders

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

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 280 feet from the rear lot line and 50 feet from the left lot line as seen when facing the property from Linthicum Road. Run trenches 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.

PLANS APPROVED BY C. Williams DATE 1/23/86

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.

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

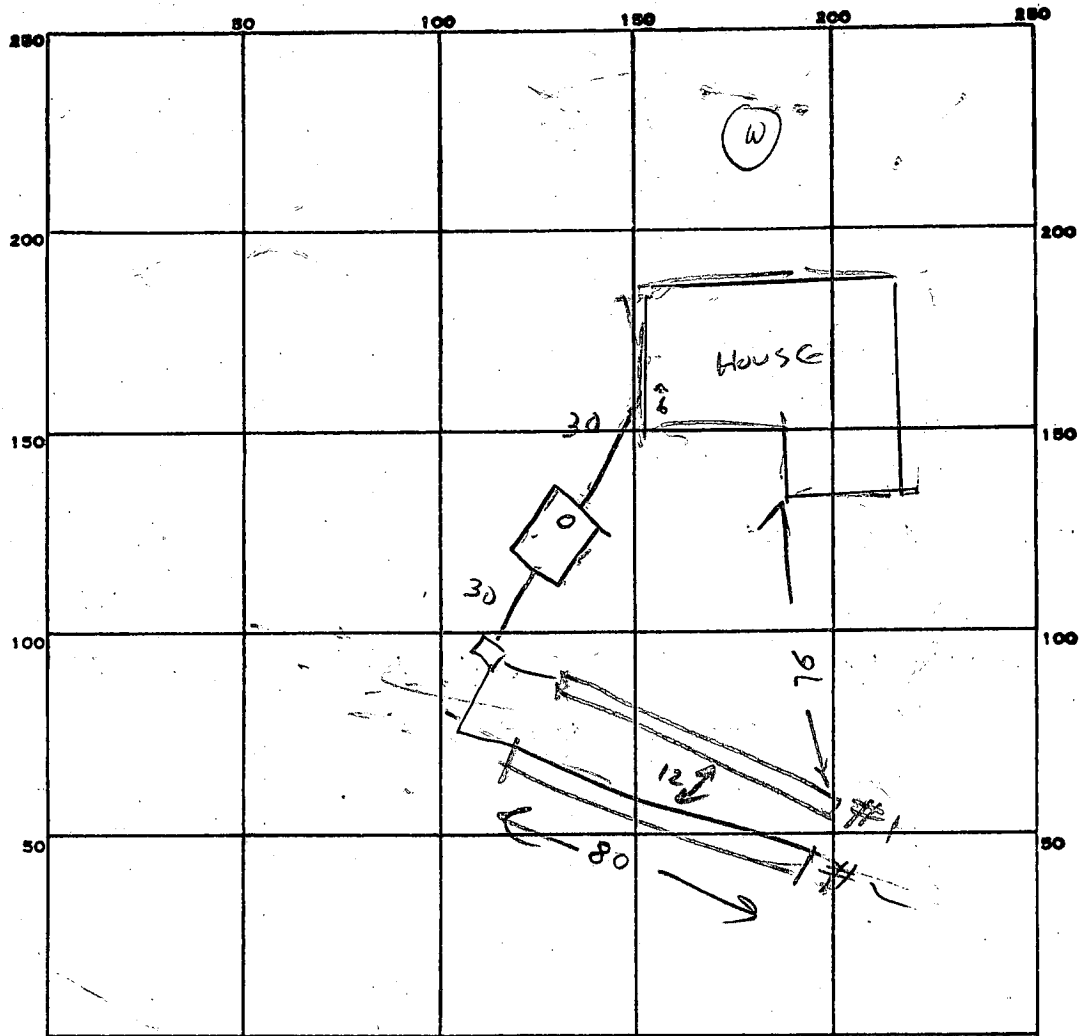
*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

158
5
790

AS 258

*10/11/84
ASBP
11/15/86
p.m.*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LITHCUM Rd.

PERMIT CARD

SEPTIC TANK, LEVEL 1500

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH #1 7.5 #2 7.5 FT. TRENCH WIDTH #1 2 FT.

GRAVEL DEPTH 4.5 FT. TOTAL LENGTH #1 80 #2 80 = 160 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL TOTAL BOTTOM AREA 720

160
4
680
80
760
180
1
7.30

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 11/13/86 ^{2300N} LOCATION OK TRENCH JUST STARTED, DIG TRENCH & PUT IN SOME STONE TO PREVENT CAVE IN.

11/14/86 AM - ADD STONE TO TRENCH & HOOK UP TANK & BOX MANHOLE NEEDED IF TANK OVER 3 FT DEEP AM

11/14/86 OK TO COVER BOTH TRENCHES. CW.

11/17/86 CONTRACTOR INDICATES FINISH GRADE ~~78~~ 86 < 3' TO TOP OF TANK. MANHOLE NOT REQ'D, CW.

DATE SYSTEM APPROVED 11/17/86

INSPECTOR C. Williams

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 # 38010
 Date 11/7/86

Name of Installer Cornwell Plumbing & Heating

Telephone (301) 988-9821

License number 3853

Certified Well Pump Installer Well Driller Registered Plumber 3853

Name of Property Owner PARADISE Builders Telephone _____

Subdivision PRENSANT LANDING Lot # 15 Well tag # _____

Site Address Leith.com Rd.

Pump

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

Motor

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

Pitless Adapter

1. Make _____
 2. Model # _____
 3. Depth _____

2. Make Mc Donald

3. Model # _____

4. Capacity 10 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 _____
 2. Pressure relief valve? _____

Piping

1. Type P₀
 2. Size 1"
 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? _____

PITLESS ADAPTER & SUPPLY LINE OK 11/18/86 CW

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: Mark Cornwell

Date: 11-7-86

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

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35258

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. 15 - Resubdivision of Lot 3

ROAD AND DESCRIPTION Linthicum Road

SIZE OF LOT 5.361 Acres TYPE BLDG. 3 or 4 Bedrooms
(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 _____

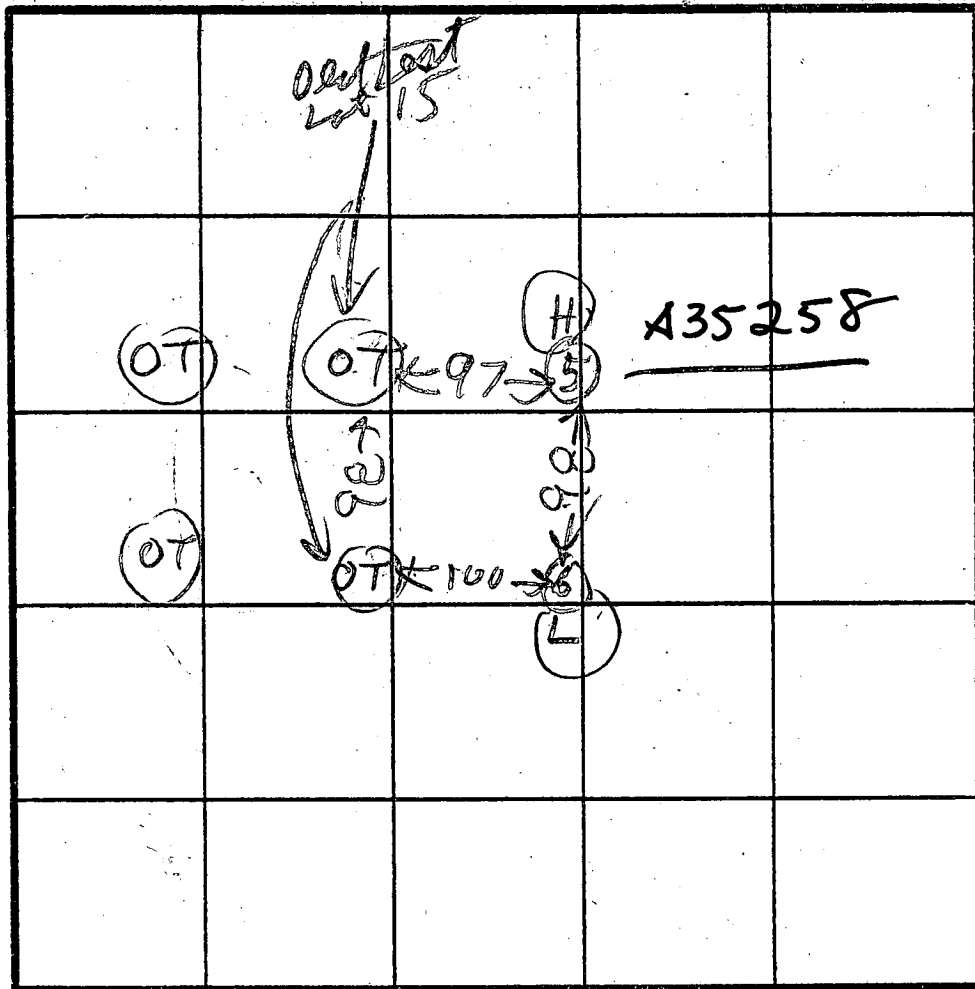
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

lot 15



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Leitchman Rd

SOIL PROFILE
 5
 CLAY
 BROWN SAND LOAM & SOME SAPROLITE

CLAY
 BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/9/85	55	4	401	4:03	403	406	3
4/10/85	5V	14	LOOKS OK				
	65	4	404	402	408	414	6
4/10/85	6V	13 1/2	LOOKS OK				
+ Holes 3+2 From A34837.							
1/28/85	3	3 1/2 8	12:58	11:01	11:01	11:04	3 min
		12	MICA	LOAM			
1/28/85	4	3 8	12:44	12:46	12:46	12:48	2 min
		12	MICA	LOAM			

REMARKS

TYPE OF SOIL

TESTED BY

B Hope

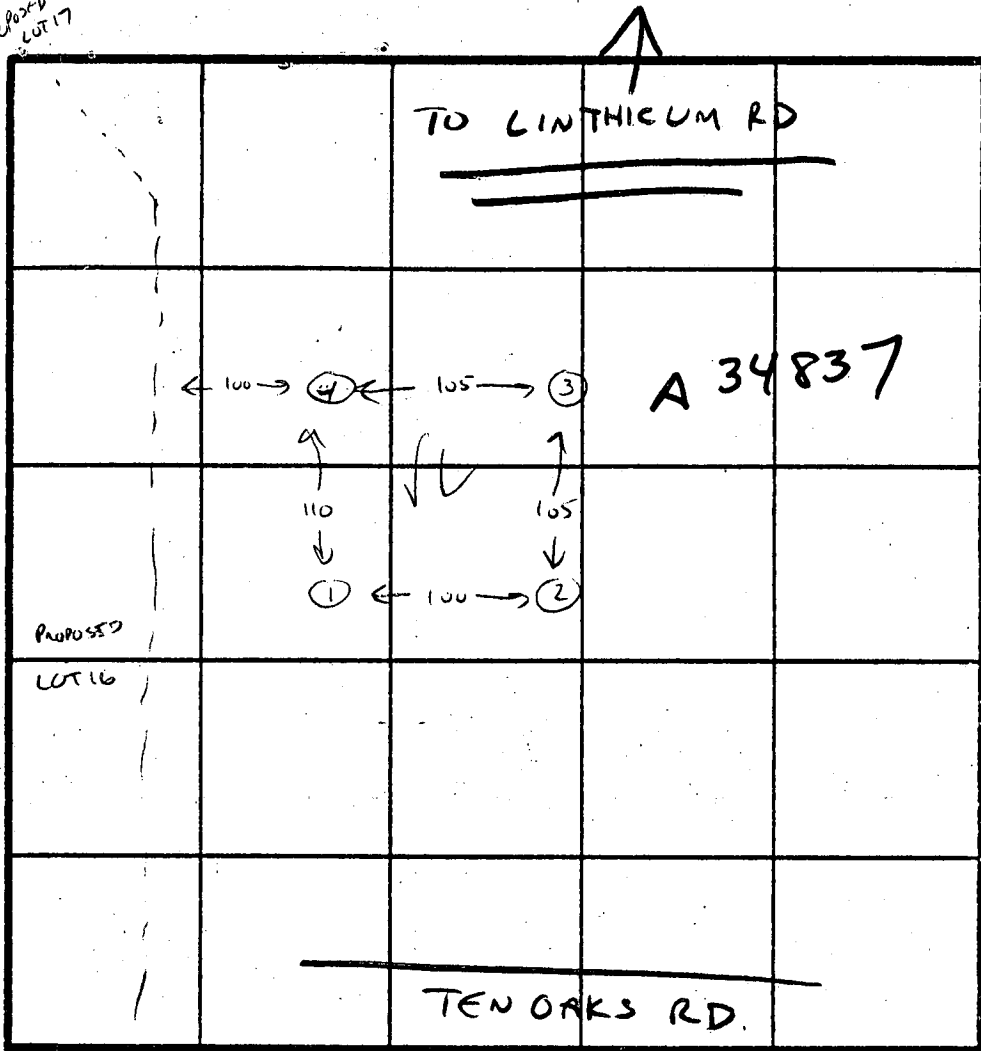
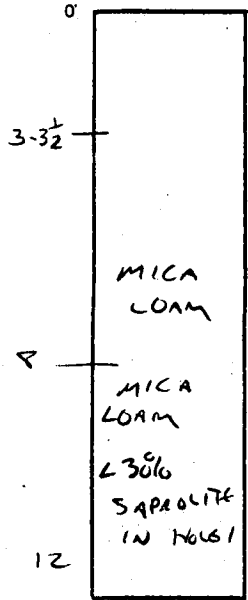
ALSO PRESENT

Ballard
OK

PROPOSED LOT 17

ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-28-85	1	3 8	12:50 VISUAL	12:51 OK	12:51	12:53	2 MIN
		12	LOAM -		SOME (23%) SAPROLITE		
1-28-85	2	3 8	12:40	12:42	12:42	12:44	2 MIN
		12	MICA LOAM				
1-28-85	HIGH 3	3 1/2 8	12:58 VISUAL	1:01 OK	1:01	1:04	3 MIN
		12	MICA LOAM				
1-28-85	LOW HIGH 4	3 8	12:44 VISUAL	12:46 OK	12:46	12:48	2 MIN
		12	MICA LOAM				

REMARKS SUBDIVISION PLAT REQ'D.

TYPE OF SOIL MICA LOAM

TESTED BY CW [Signature]

ALSO PRESENT KG7TELM XU

EH-12-1079

C1 2558 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-35258

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

DATE RECEIVED

DATE WELL COMPLETED 060686

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-81-1361

OWNER ATKINSON last name LINTHICUM Rd. first name EUGENE TOWN DAYTON SUBDIVISION PHEASANT LANDING SECTION LOT 15

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, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200

CASING RECORD (ST) (CO) (PL) (OT) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (YL) (G) (SS) Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) HO 53 305

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"

DRILLERS IDENT. NO. 293

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

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

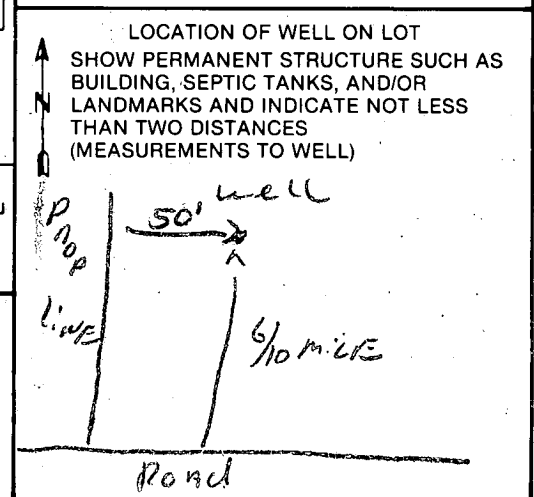
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket

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: 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 (nearest foot)



DATE 6/6/86

WELL YIELD TEST DATA SHEET - ~~FREDERICK~~ HOWARD COUNTY

REVIEWED BY S. Abel

Maryland Well Permit No. HO-81-1361

Owner or Applicant _____

OK 8-1386

Location of Property (road) _____

Subdivision PLEASANT LANDING

Lot 15

Block _____

Plat _____

Sec. _____

Depth of Well 305 FT

Height of Measuring Point Above Ground 2 FT

Static Water Level Below Measuring Point 23 FT

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
7:00	23 FT	6 sec		16 G.P.M.
8:00	240 FT	25 sec		3 1/2 G.P.M.
8:15	240 FT	25 sec		2 1/2 G.P.M.
8:30	240 FT	25 sec		2 1/2 G.P.M.
8:45	240 FT	25 sec		2 1/2 G.P.M.
9:00	240 FT	25 sec		2 1/2 G.P.M.
9:15	240 FT	25 sec		2 1/2 G.P.M.
9:30	240 FT	25 sec		2 1/2 G.P.M.
9:45	240 FT	25 sec		2 1/2 G.P.M.
10:00	240 FT	25 sec		2 1/2 G.P.M.
10:15	240 FT	25 sec		2 1/2 G.P.M.
10:30	240 FT	25 sec		2 1/2 G.P.M.
10:45	240 FT	25 sec		2 1/2 G.P.M.
11:00	240 FT	25 sec		2 1/2 G.P.M.
11:15	240 FT	25 sec		2 1/2 G.P.M.
11:30	240 FT	25 sec		2 1/2 G.P.M.
11:45	240 FT	25 sec		2 1/2 G.P.M.
12:00	240 FT	25 sec		2 1/2 G.P.M.
12:15	240 FT	25 sec		2 1/2 G.P.M.
12:30	240 FT	25 sec		2 1/2 G.P.M.
12:45	240 FT	25 sec		2 1/2 G.P.M.
1:00	240 FT	25 sec		2 1/2 G.P.M.
1:15	240 FT	25 sec		2 1/2 G.P.M.
1:30	240 FT	25 sec		2 1/2 G.P.M.
1:45	240 FT	25 sec		2 1/2 G.P.M.
2:00	240 FT	25 sec		2 1/2

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 10.17.13.07Q.

Signature of Well Driller _____

55 FT PL 5 6 OPEN 12 GAGE

B 1 **3353** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

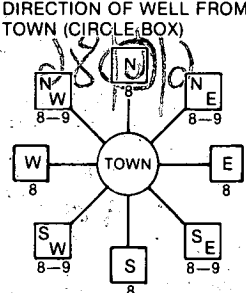
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1361
 fill in this form completely

Date Received
 OWNER INFORMATION
EUGENE ATKENSON
 15 Last Name Owner First Name 34
300 SYMINGTON AVE
 36 Street or RFD 55
CATONSVILLE MD 21228
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
PLEASANT LANDINGS
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **15** 50
DAYTON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE
 77 License No. **0273**
Ralph MAYNE (well drilling)
 Firm Name
9120 Brown Church Rd Mt. Airy
 Address
Ralph Mayne
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Linthicum Rd.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **1150** 37 DISTANCE FROM ROAD
 ENTER FT or MI **K+** 38 39

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 35258 COUNTY NO.
 OEP SIGNATURE **2** STATE HEALTH INSERT S
 DATE ISSUED **12/06/86**
 CO SIGNATURE **12/06/86** EXP. DATE
 NORTH GRID **515000** EAST GRID **0803000**

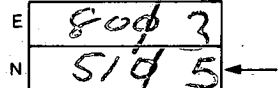
APPROXIMATE DEPTH OF WELL **150** FEET

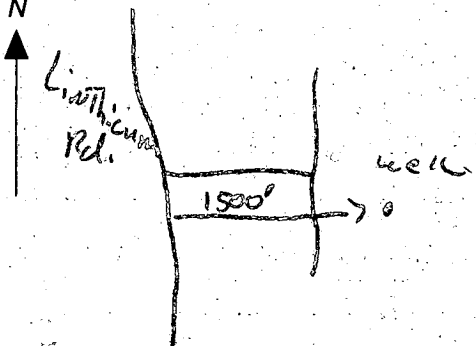
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 **PA** WRITE INITIALS IN BOX PERMIT No. **HO-81-1361**

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


SPECIAL CONDITIONS

6/6/86 grout already done upon
arrival

55' casing

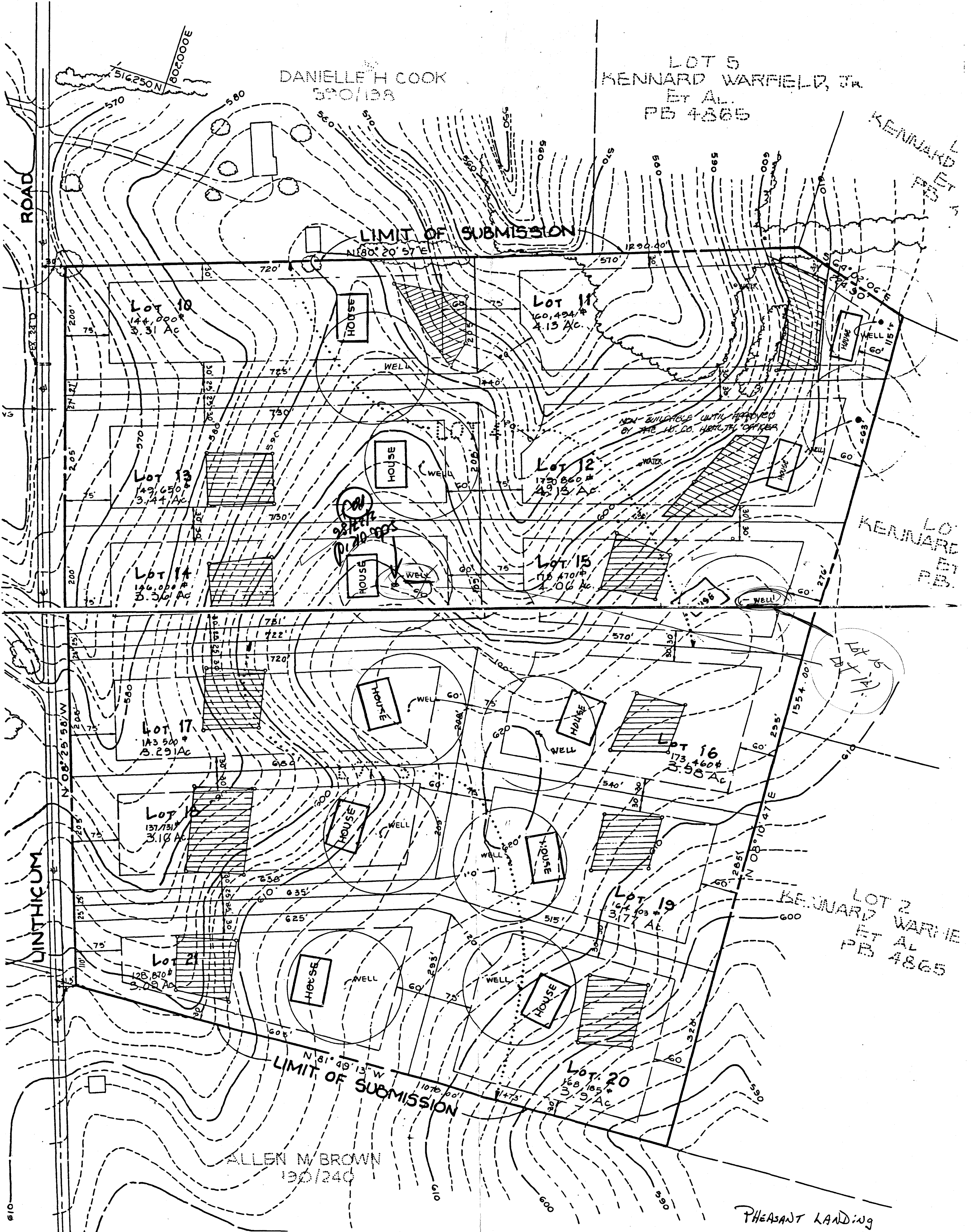
50' open

12 bags cement

H₂O sample taken 100
(H97)

Location 012

Lot 14 + 15 Pheasant Landing
Eugene Atkinson



PHEASANT LANDING