

3/24/87
AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 38960

A 34761

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-397766

DATE 3/24/87

DATE SYSTEM APPROVED 3/24/87

INSPECTOR RH

INDEXED

Kastner Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13556 Argo Drive, Dayton, MD 21036 PHONE

SUBDIVISION Campbell Property ROAD 12950 Linden Church Rd LOT 1

PROPERTY OWNER Jeffrey Kimmel

ADDRESS

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 ~~1250~~ GALLONS NUMBER OF BEDROOMS 3 504 BQFT NEEDED

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Start the trench 450 feet from the 300 feet lot line and 85 feet from the 610 ft. lot line. Run trench(s) along level ground toward the 552.80 ft. lot line.

NOTE - No trench to exceed 100 feet in length. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 7/-8/85

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 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 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.

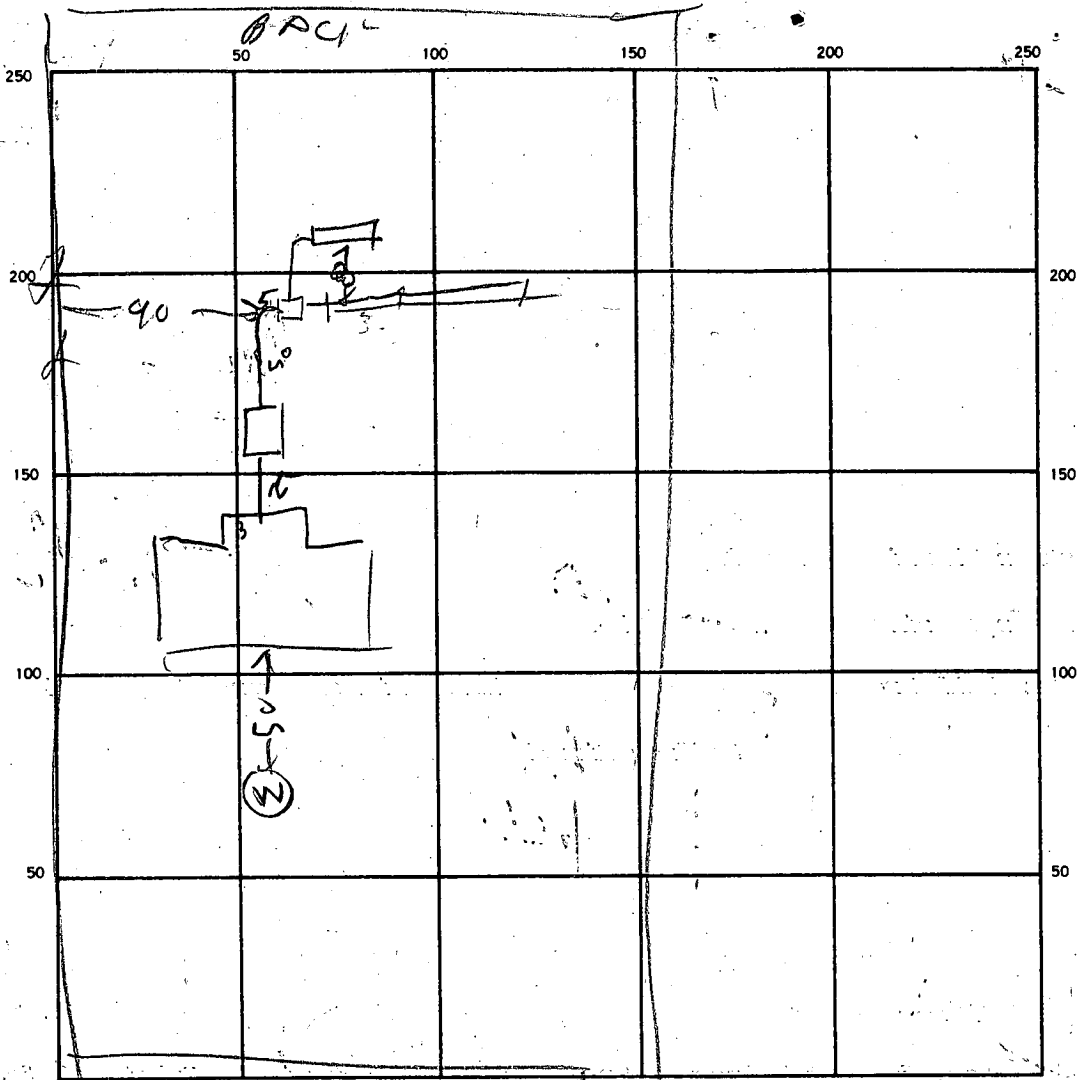
BLDG. PERMIT SIGNED AND RETURNED 12/28/94
Serial # 57630 PPL Building

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

397766



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL 1000 CLEANOUTS 55 OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH

#1	#2
8.5	

 FT. TRENCH WIDTH 2 FT. INLET DEPTH

#1	#2
3.5	3.5

 FT.

EFFECTIVE GRAVEL DEPTH

#1	#2
4.5	

 FT. TOTAL LENGTH

#1	#2
100	15

 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA

#1	#2
450	

 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/24/87 - LOCATION OK TRENCH STARTED PER CONTRACTOR CLAIMS ONLY 3 BR IN HOUSE CHECKED INSIDE HOUSE ONLY 3 BR @ 3/24/87 100PM - TRENCH #1 DUG ADD STONE DIG TRENCH #2 & ADD SOME STONE TO IT RH 3/24/87 400 TRENCH #1 OK FINISH ADD IN STONE TO TRENCH #2 & COVER

DATE SYSTEM APPROVED 3/24/87 INSPECTOR Raymond Hodge

SUBDIVISION: Campbell Property
LINDEN CHURCH Rd.

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
Bottom maximum depth _____ feet below original grade.
Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench.
No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

168 sq. ft./bedroom

Trench to be 2 wide.
Inlet 3.5 feet below original grade.
Bottom maximum depth 8 feet below original grade.
Effective area begins at 3.5 feet below original grade.
4.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE TRENCH 450 FE FROM THE 300 FE LOT LINE AND 85 FE FROM THE 610 FE LOT LINE. RUN TRENCH (S) ALONG LEVEL GROUND TOWARD THE 552.80 FE LOT LINE. SA

B.P. 68686

COPIES DESTROYED
DATE DESTROYED: 2-13-88

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34761

P _____

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

DISTRICT 5

DATE 1/8/85

*1/30/85
9:30
(Feb 24 Pth)*

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 Wendell Campbell JEFFREY KIMMEL

ADDRESS Adelphi Road, Adelphi, Md. PHONE 434-4416

PROPERTY LOCATION: Parcel 117 - tax map 2A

SUBDIVISION OTHER (Campbell Property) LOT NO. 1

12950
ROAD AND DESCRIPTION Linden Church Road, Clarksville, Maryland

County Road

SIZE OF LOT 3.5 Acres TYPE BLDG. Single Family - 4
(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. Donald J. Uliver - Agent
(SIGNATURE OF APPLICANT)

APPROVED BY Sid. Abel FOR FRANCHOS DATE 7-8-85

*18316 VILLAGE MART DR
OLNEY
OFC - 301-924-4100
HOME 301-854-0009*

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-30-85 Perc. OK, hold for certified hole plat S Abel

B.P. # 68686

2-13-85

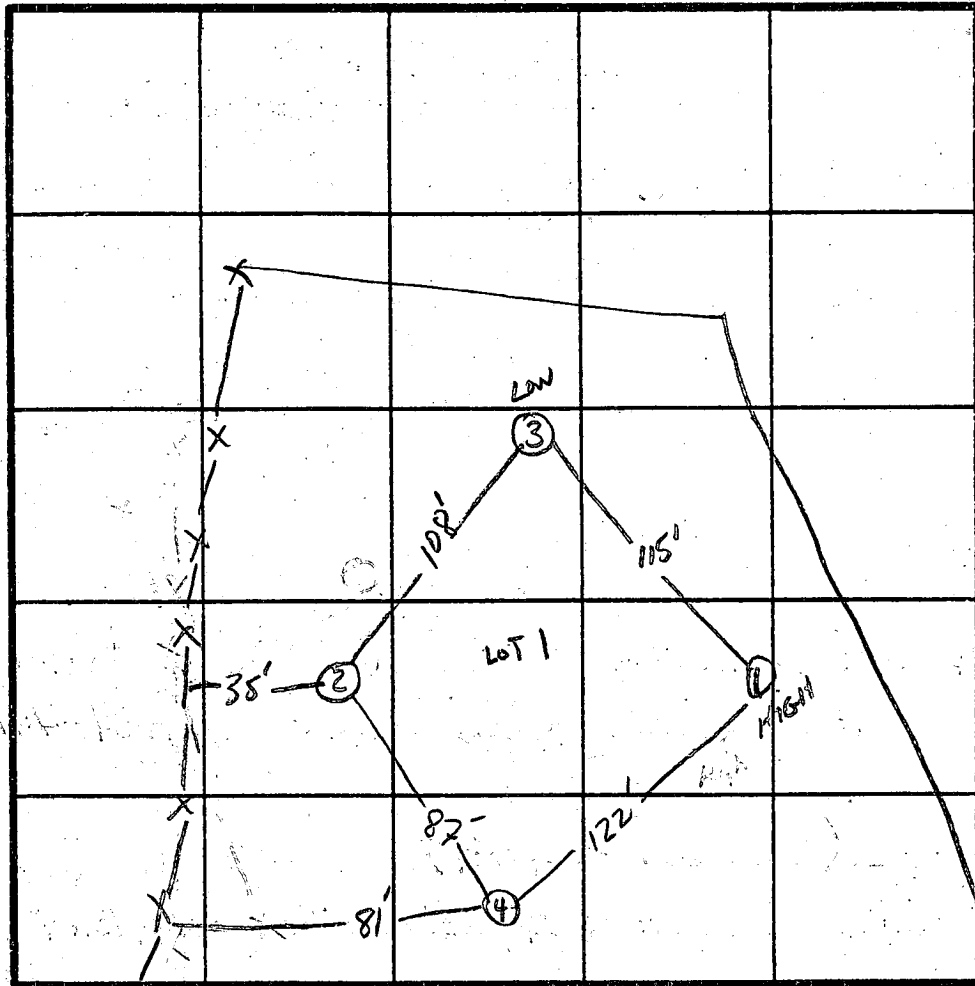
THIS IS NOT A PERMIT

① SOIL PROFILE

0'	A0-3
1'	RED BROWN CLAY LOAM 20-30% SAPROLITE
3'	BROWN LOAM micaceous >50% SAPROLITE
7'	STRUCTURED SAPROLITE
9'	BROWN SANDY LOAM >50% SAPROLITE
12'	

0'	A0-3
1'	BROWN CLAY LOAM 10-20% SAPROLITE
3.5'	BROWN SANDY LOAM 40-50% SAPROLITE
10'	STRUCTURED SAPROLITE
12'	

0'	A0-3
1'	BROWN CLAY LOAM 10% SAPROLITE
3.5'	BROWN SILT LOAM 30-50% SAPROLITE
10'	STRUCTURED SAPROLITE
12'	



Low = 3
High = 1
Nlow = 2
Nhigh = 4

Specs
X=10 Time
shut = 3.5
depth = 8

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LINDEN CHURCH

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/30/85	1S	4'	2:51	2:53	2:53	2:57	4min
	1M	8'	2:55	2:57	2:57	3:03	6min
	1V	12' - VEIN OF STRUCTURED SAPROLITE				7-9' OK	Below 9'
	2S	4'	3:07	3:21	3:21	3:48	27min
	2M	8.5'	3:14	3:15	3:15	3:17	2min
	2V	12' STRUCTURED SAPROLITE			10'-12'		
	3S	4'	3:24	3:25	3:25	3:27	2min
	3M	8'	3:28	3:30	3:30	3:34	4min
	3V	12' STRUCTURED SAPROLITE BELOW 10'					
	4S	4'	3:42	3:48	3:48	4:00	12min
	4M	8'	3:46	3:51	3:51	4:00	9min
	4V	13' SAPROLITE STRUCTURED 11-13'					

REMARKS Vein of Saprolite at 7'-9' in hole #1 - good filterable soil below may pose no problem.

TYPE OF SOIL

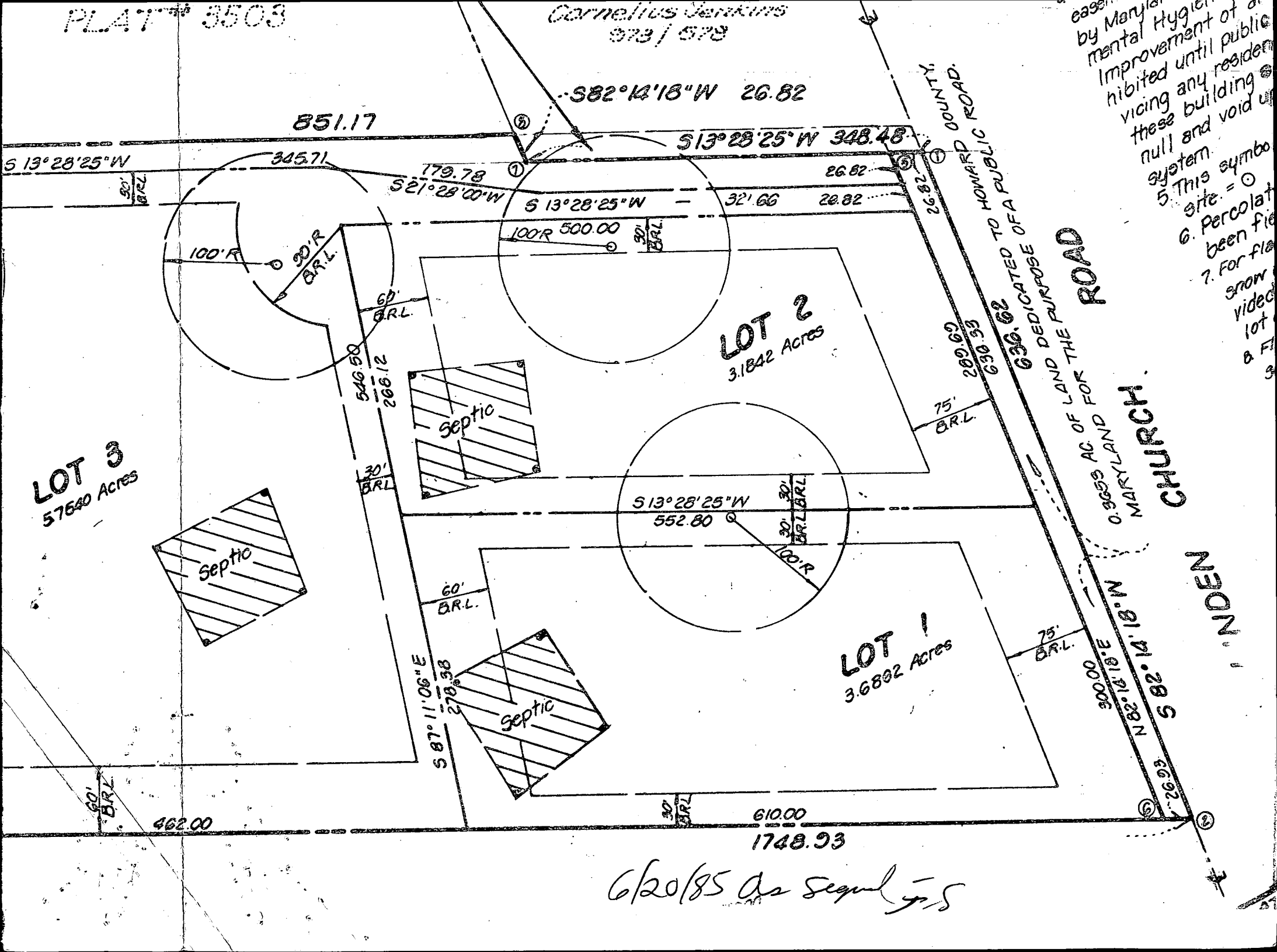
TESTED BY S. Abel / R. Hodges

Ubbo VAN DEN NACE

ALSO PRESENT KEVIN

PLAT 3503

Cornelius Jenkins
573 / 578



by Maryland
mental Hygiene
Improvement of a
hibited until public
vicing any resident
these building
null and void up
system
5. This symbol
site = ○
6. Percolat
been filed
7. For file
snow
vide
lot
& F
3

ROAD

CHURCH

INDEN

6/20/85 as signed by S

B 1 2533

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

Grant 9/30/85

OEP PERMIT NUMBER

HO-81-1159

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

please print or type

fill in this form completely

Date Received

09/10/85

OWNER INFORMATION

Kimmick, C. JEFFERY

12792 LINDEN CHURCH

CLARKSVILLE MD 21029

B 3

LOCATION OF WELL

HOWARD COUNTY

WINDHAM POEAL PROP.

SECTION LOT

DAYTON

MILES FROM TOWN 2 1/2 MI

DRILLER INFORMATION

Josiah Ch. Wayne 238 License No. 80

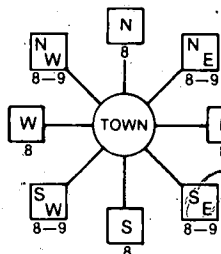
Josiah Ch. Wayne W.M. DRILLING

5512 Ridge Rd. Mt. Airy, Md 21771

Josiah Ch. Wayne 8/15/85

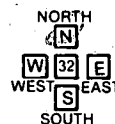
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linden Church Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



290 DISTANCE FROM ROAD

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

County Name Howard County No. A34761
OEP Signature [Signature] State Health Insert S
Date Issued 082785 Co Signature [Signature] Exp. Date 2/27/86
North Grid 508000 East Grid 0812000

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
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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

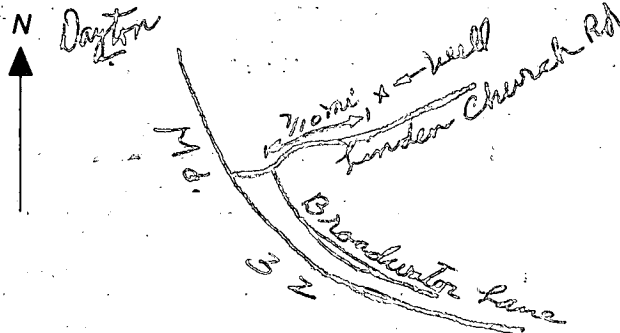
SOURCES OF DRILLING WATER 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

810 2
590 8

Location of 27' casing
23' open
6-bags cement
Not present at point
9/30/85 JS

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



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

APPROP. PERMIT NUMBER GAP

FORCE CW WRITE INITIALS IN BOX PERMIT NO. HO-81-1159

SPECIAL CONDITIONS

C1 2415 SEQUENCE NO. (OEP 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. 3-8 ON ALL CARDS)

COUNTY NUMBER A34 761

DATE RECEIVED

DATE WELL COMPLETED 092685

DEPTH OF WELL 260 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1159

OWNER KIMMEL JEFFREY last name first name STREET OR RFD LINDEN CHURCH RD TOWN DAYTON SUBDIVISION WM CAMPBELL PROPERTY SECTION LOT 1

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: Brown Shale 0-21, Gray Mica Rock 21-260.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 6 NO. OF POUNDS 564 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 23 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter 6 inch Total depth of main casing 27 (nearest foot)

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

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

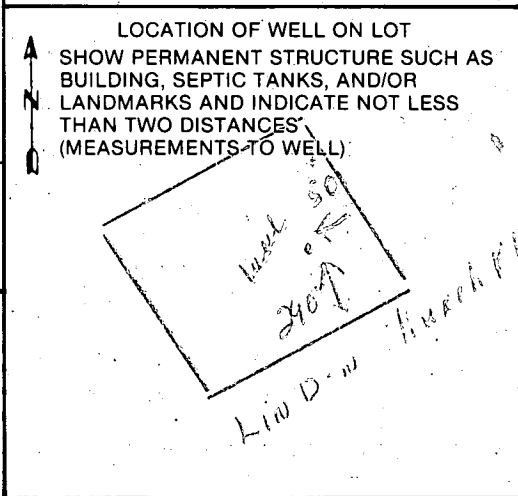
DEPTH (nearest ft.) 10 26 260 E A C H S C R E E N S L O T S I Z E 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 97 TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)



- 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 Joseph L. Marjane

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

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 # 37349
 Date 7/14/86

Name of Installer Krestner P.H. Inc

Telephone _____

License number 1862

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Jeffrey C. Kimmel Telephone _____

Subdivision Wm. Campbell Lot # 1 Well tag # _____

Site Address 12950 Linden Church Rd.
CLARKVILLE MD 21029

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ 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 _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

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

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
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? _____

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: [Signature]

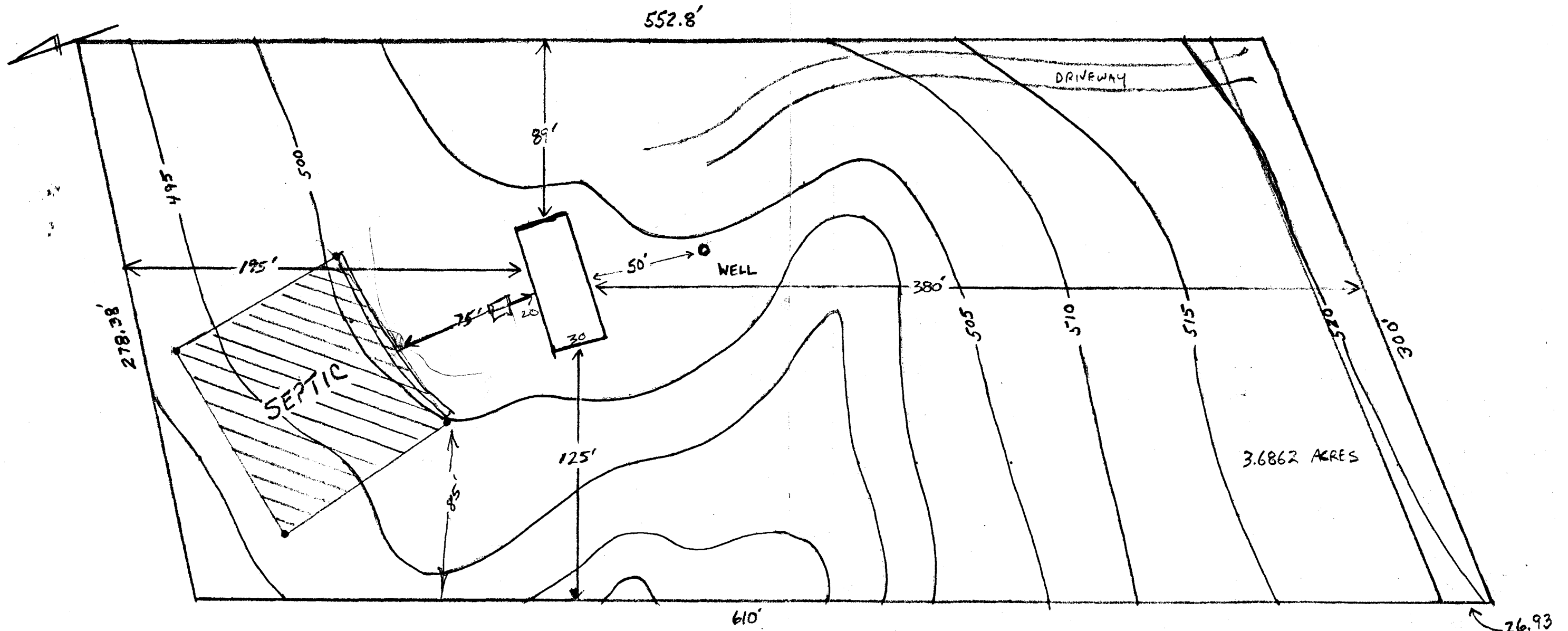
Date: 7-9-86

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

W.M. CAMPBELL PROPERTY
 LOT # L

12950 LINDEN CHURCH RD.
 CLARKSVILLE, MD, 21029

1" = 50'



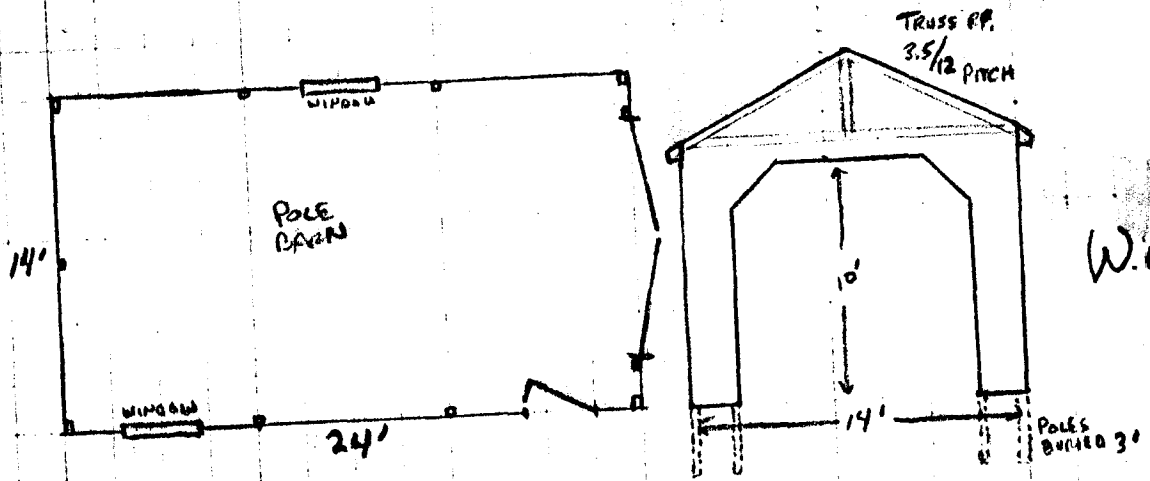
 B.P. 68686
 KIMMEL

BY _____ DATE _____
CHKD. BY _____ DATE _____

SUBJECT _____

SHEET NO. _____ OF _____

JOB NO. _____



W.M. CAMPBELL PROPERTY
LOT # L

12950 LINDEN CHURCH RD.
CLARKSVILLE, MD 21029

1" = 50'

