

File

① P.C. 05
② P.C. 02-8/30
C.B.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-402409

P 46204

A 34805

DATE 08/06/90

DATE SYSTEM APPROVED 4/30/90

INSPECTOR C. B. [Signature]

INDEXED

C. C. Cissell

IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Chapel Woods, ^{Sec. 2} Area ROAD 11822 Linden Chapel Rd. LOT 12

PROPERTY OWNER Mr. & Mrs. Peter Dachel

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER XXXYESXXXXXXXXXXNOXXXXXXXX~~

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 160 feet from the back line which is 233.50 feet long on the east side of the lot, and 80 feet from the south side of the lot which is 545.78 feet long. Run the trenches toward the south side of the lot.

NOTE - No trench to exceed 100 feet in length. Provide 6"- 8" diameter cleanout and cap to grade or above on septic tank. 8-7-90 JEN

PLANS APPROVED BY Raymond Hodges cm DATE 10/02/89

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

A# 84805
[Signature]

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

34803

Howard County Health Department
 Bureau of Environmental Health
 3525-H^o Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 46213
 Date 08/21/90

Name of Installer David F. Rickle

Telephone 301-795-1270

License number Ho. Co. # 5335

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Peter + Hedy Dachel Telephone 301-997-7234

Subdivision Chapel Woods Lot # 12 Well tag # HO-81-279

Site Address 11822 Linden Chapel
Clarksville, Maryland 21029 *missing*

Pump

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

Motor

1. Horsepower 1.5
2. RPM 3450
3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

1. Make Martinson
2. Model # B-10X
3. Depth 48"

2. Make Goulds

3. Model # 7EH15412

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 45 gallons
2. Pressure relief valve? yes

Piping

1. Type Polybutylene
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 42"-48"

Well data

1. Depth 205 ft.
2. Yield 10 GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? yes

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: David F. Rickle

Date: August 10, 1990

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

B 1 1269

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-81-2790

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)

051088

OWNER INFORMATION

NEWBURN DEVEL... 15 Last Name 34 Owner First Name

20 51... 36 Street or RFD 55

2... 57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. MARYAK 77 License No. 80

Joseph L. MARYAK MARYAK DRILLING

5512 RIDGE RD. MD. 21111

Signature Date 5/6/88

B 3

LOCATION OF WELL

HOWARD 8 COUNTY

CHAPEL WOODS 23 SUBDIVISION 42

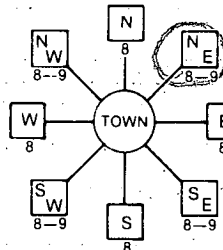
SECTION 2 LOT 12

CLARKSVILLE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1.5 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LINDEN CHAPEL RD. 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



600 34 DISTANCE FROM ROAD 37

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

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)

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A-34804 COUNTY NO.

STATE SIGNATURE DATE ISSUED

060988 CO SIGNATURE EXP. DATE

NORTH GRID 507000 EAST GRID 0821000

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 DEEPMEN 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

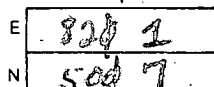
FORCE 54 WRITE INITIALS IN BOX PERMIT NO. 40-81-2790

SPECIAL CONDITIONS

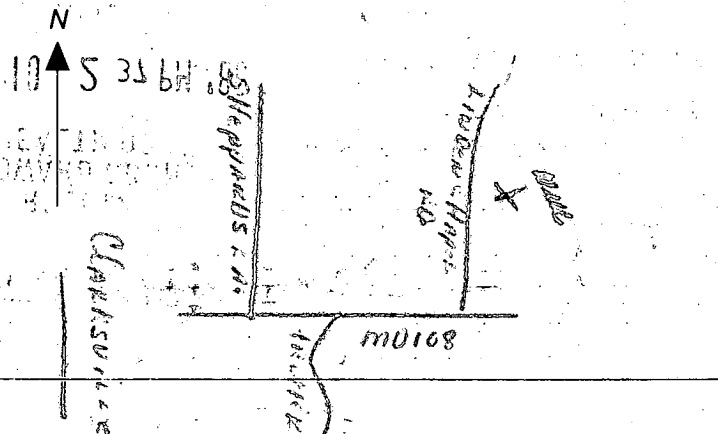
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

- 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



C1 **9573** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 34804**

DATE Received DATE WELL COMPLETED **010389** Depth of Well **205** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2790**

OWNER **DeWBurn Development** last name **Linden** first name **Chapel Rd** TOWN **Clarksville**
 STREET OR RFD **Chapel Woods** SUBDIVISION SECTION **2** LOT **12**

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 Stone	0	36	
GRAY Mica Rock	36	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **846**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **36** 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 Nominal diameter (nearest inch) Total depth of main casing (nearest foot)
ST **6** **42**

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H I N G

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

C2

E A C H S C R E E N	DEPTH (nearest ft.)		
	1	2	3
1	HO	40	205
2			
3			

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 *David T. Morgan*
 (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)
 from to

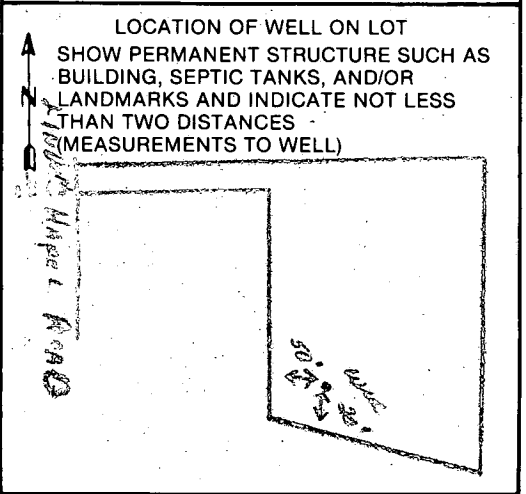
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **510** WHEN PUMPING **112**
 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)
4 above } LAND SURFACE (nearest foot)
 below } **2**



HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 6-19-90

Name of Installer Allen M. Pendergast Inc

Telephone 442-2221

License Number 1862

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner HEDY & PETER DACHEL Telephone 997-7234
 Subdivision CHAPEL WOODS Lot # 12 Well Tag # _____
 Site Address 11822 LINDEN (CHAPEL ROAD) CLARKSVILLE MD 21029

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Goulds
 3. Model # SES 070-412
 4. Capacity 8 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 3/4
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make HARVAR 2
 2. Model # _____
 3. Depth 3 ft

Tank
 1. Capacity 42
 2. Pressure relief valve? yes

Piping
 1. Type 160 lb
 2. Size 1"
 3. NSF and/or BOCA Code approved yes
 4. Depth of supply line 3 ft

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: _____

Date: _____

6-19-90

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 34805

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE Jan. 8 1985

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 Newburn Development Corporation

Suite 201, 5570 Sterrett Place

ADDRESS Columbia, Maryland 21044

997-3815

596-3877

PHONE

COMBINED WITH LOT
7 ON FINAL AREA I

PROPERTY LOCATION

SUBDIVISION Chapel Woods, Sec. 2

LOT NO. 4 Sec 2

ROAD AND DESCRIPTION Linden Chapel Road

SIZE OF LOT 3-acre

TYPE BLDG. single family residence

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.

SIGNATURE OF APPLICANT James L Newburn

APPROVED BY _____ FOR _____ DATE _____

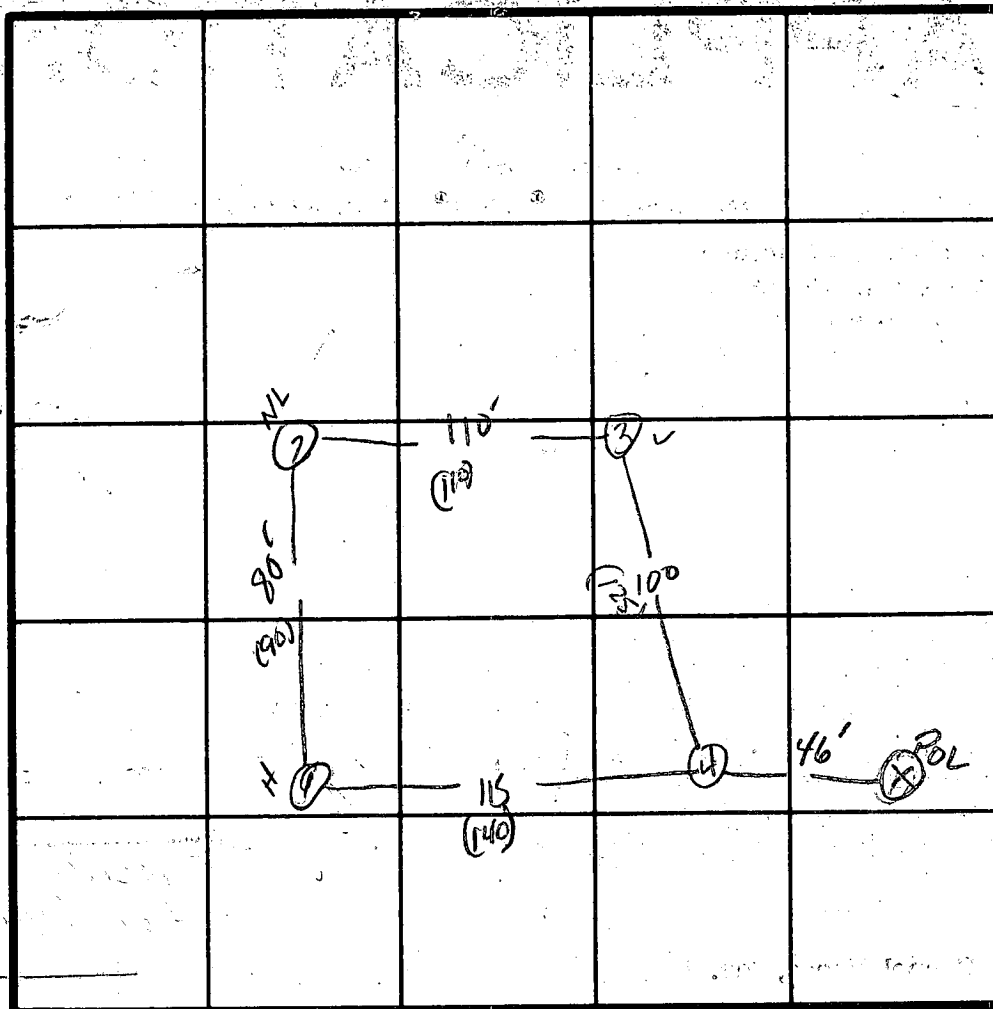
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR CERTIFIED HOLE PLAT, HOUSE AND
WELL SITE 2-13-85 SAUL

THIS IS NOT A PERMIT

lot 4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

24 108 11

① ② ④
SOIL PROFILE

0"
6" A0-3
BROWN CLAY
LOAM
L10%
SAPROLITE
0.5'
BROWN
Silty
SAND
20-30%
SAPROLITE
12"

③

6"
A0-3
BROWN CLAY
LOAM L10%
SAPROLITE
3'
BROWN
micaceous
SAND
20-30%
SAPROLITE
11"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
2/6/85	1S	5'	3:22	3:23	3:23	3:24:30	1.5 min
	1V	12'	LOOK GOOD Below		2' SANDY SOIL		
	2S	3.5'	11:14	11:15	11:15	11:22	7 min
	2V	12'	UNIFORM SOIL STRUCTURE		Below 2'		
	3S	3.5'	11:22	11:25	11:25	11:31	6 min
	3V	12'	UNIFORM SOIL STRUCTURE		Below 3' LARGE ROOTS TO 8'		
	4S	4'	11:32	11:34	11:34	11:37	3 min
	4V	12'	UNIFORM SOIL		Below 4' LARGE STONE SCATTERED Throughout		

REMARKS

TYPE OF SOIL

Chester / Glenelg Association

TESTED BY

S. Abel / R. Hodges

ALSO PRESENT