

4/4/89
2 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

OS-407370

INDEXED

P 43689
A 34811
DISTRICT 5th
DATE 3/1/89
DATE SYSTEM APPROVED 4/4/89
INSPECTOR RH

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER
ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197
SUBDIVISION Chapel Woods ROAD 11857 Linden Chapel Rd LOT 19
PROPERTY OWNER Allan Homes, Inc.
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 - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the front right corner, place the first trench 165 feet down the right (203.22') lot line and 135 feet off the same lot line as seen when facing the lot from Linden Chapel Road. Run trenches on contour toward the right side of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/cw*

PLANS APPROVED BY Sid Abel DATE 12/20/88

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)

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

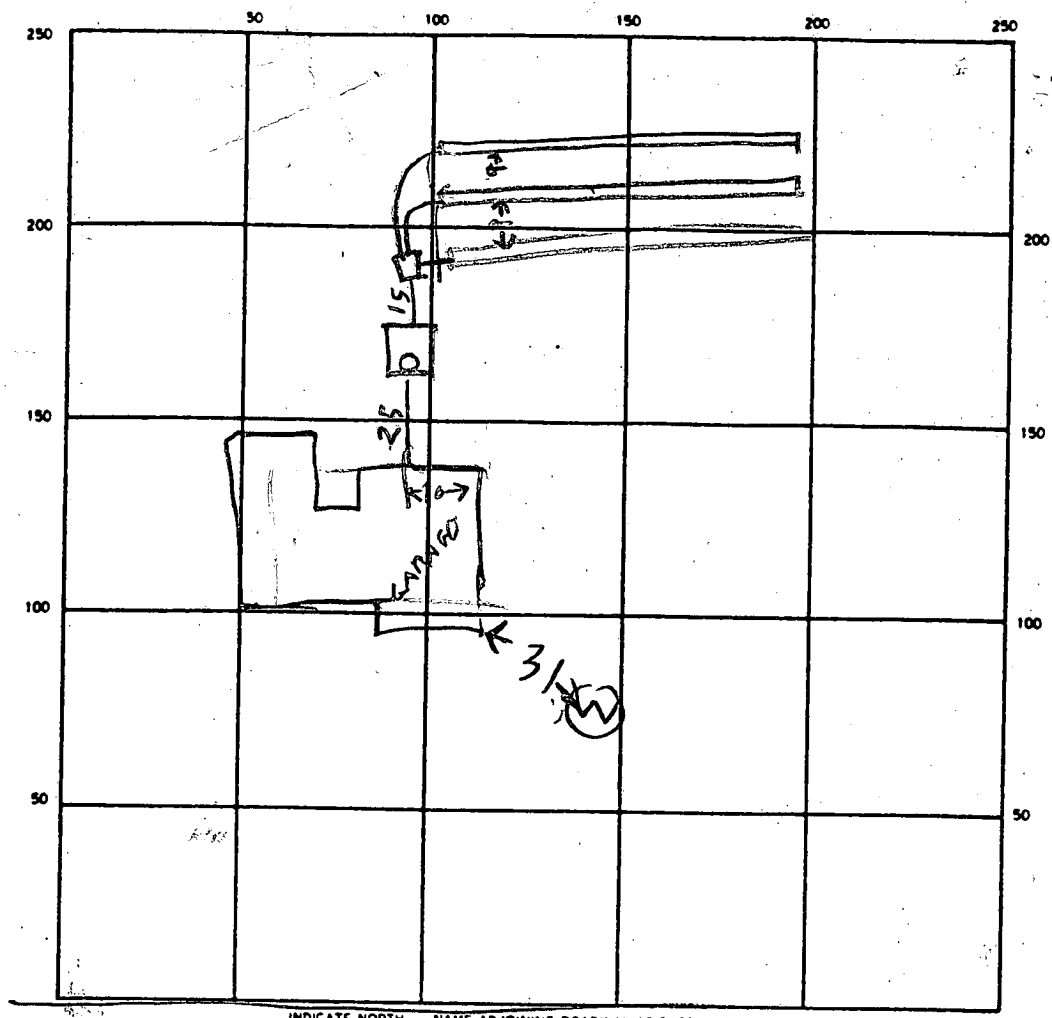
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

34811



210
30
40
21
9
21

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
LINDEN CHAPEL RD

SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 7/6/6 1/2 FT. TRENCH WIDTH 1 1/2 / 3 / 3 / 3 FT. INLET DEPTH 4 - 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 / 2 / 2 FT. TOTAL LENGTH 93 / 92 4 / 93 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 90 7 / 6 / 93 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/4/89 - COVER OUTSIDE WORK

DATE SYSTEM APPROVED 4/4/89 INSPECTOR Raymond Hodge

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34811

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 Allan Homes, Inc. 730-8850
ADDRESS Suite 201, 5570 Sterrett Place
Columbia, Maryland 21044 PHONE 997-3815

PROPERTY LOCATION _____
SUBDIVISION Chapel Woods, Section 2 LOT NO. Fwd 19
LOT 3 Sec. 2 AREA 2

ROAD AND DESCRIPTION 11887 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 Sid Abel FOR Standard punch DATE 12-20-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-21-85 perc. Satisfactory, hold for certified. HOLD

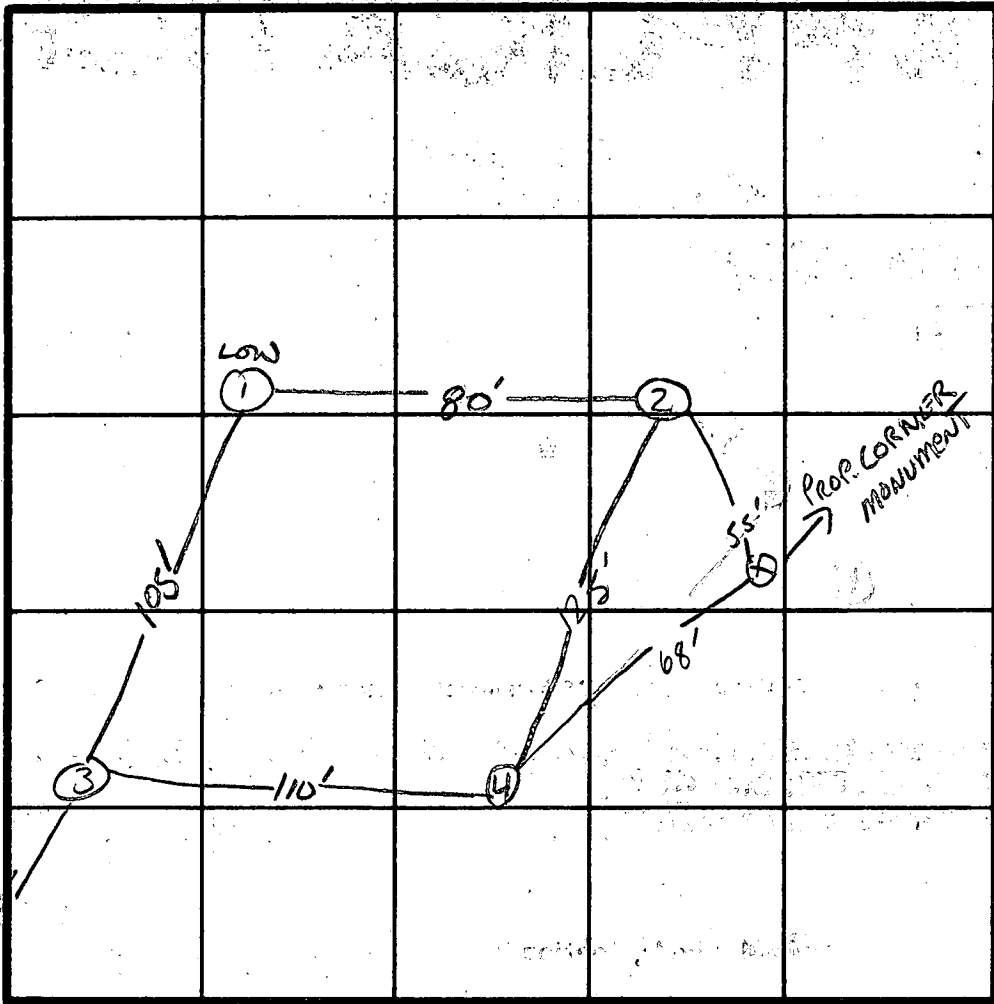
LOCATION HOUSE AND WELL SITE. SAME

BLDG. PERMIT SIGNED
AND RETURNED 12-20-88

BP 23052
SA

THIS IS NOT A PERMIT

LOT 10



① SOIL PROFILE

0' A0-3
RED BROWN CLAY LOAM
L10% SAPROLITE
4' BROWN SAND LOAM
L10% SAPROLITE
13.5

②
A0-3
RED BROWN CLAY L10% SAPROLITE
4' RED BROWN SILT LOAM
20-30% SAPROLITE
13
③ ④
A0-3
RED BROWN CLAY LOAM
L10% SAPROLITE
4' Yellow Brown SAND
SANDSTONE COMPOSITION
20-30% SAPROLITE
13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO Rt 108 ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/21	15	4'	2:21	2:27	2:27	2:41	14min
	1V	13'	UNIFORM SOIL BELOW 4'				
	25	5'	2:34	2:38	2:38	2:46	8min
	2V	13'	UNIFORM SOIL STRUCTURE BELOW 4.5'				
	35	4.5'	2:48	2:54	2:54	3:04	12min
	3V	13'	UNIFORM SOIL STRUCTURE BELOW 5'				
	45	4'	2:54	3:04	3:04	3:25	21min
	4V	13'	UNIFORM SOIL BELOW 4'				

REMARKS

TYPE OF SOIL

Glendale Chester Association

TESTED BY

S. Noel

ALSO PRESENT

JR. WARREN, FRANK

DEVRA

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 # 48913
Date 3/30/89
Name of Installer CLARKE P + H Inc Telephone 489-4029
License Number 3808
Certified Well Pump Installer Well Driller Registered Plumber 3808
Name of Property Owner Allan Homes Inc Telephone 730-5050
Subdivision Chapelwoods Lot # 19 Well Tag # ---
Site Address 11857 Linden Chapel Rd

Pump Motor Pitless Adapter
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Boulds
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

Tank Piping Well data
1. Capacity 66 gal
2. Pressure relief valve? 7516
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42'
1. Depth --- ft.
2. Yield --- GPM
3. Static water level --- ft.
4. Will water supply be disinfected by installer? NO

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: Kenneth C. Clarke

Date: 3-27-89

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

WPI ok
4/4/89 RH/cw

B 1 **9329** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

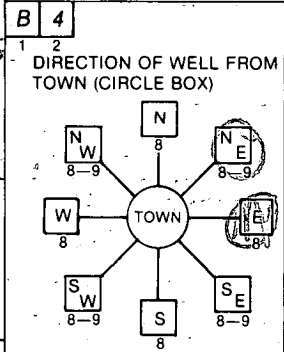
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2412
 fill in this form completely

Date Received **09 23 87**
 OWNER INFORMATION
NewBURN Development
 Last Name Owner First Name
5520 STORRETT PLACE
 Street or RFD
COLUMBIA MD 21044
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
CHAPEL WOODS SUBDIVISION
 SECTION **2** LOT **3** (AREA 2)
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
Joseph L. Mayne Driller's Name License No. **2387**
Joseph L. Mayne Mech Drilling Firm Name
5512 KILGORE RD. MT. AIRY 21771 Address
Joseph L. Mayne Signature Date **9/21/87**



Linden Chapel Rd. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST
 EAST
 SOUTH
 DISTANCE FROM ROAD: **90** FT or MI **FF**

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 34811 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **11 12 87** CO SIGNATURE **R. Wilson** EXP. DATE **05/12/88**
 NORTH GRID **508000** EAST GRID **08250000**

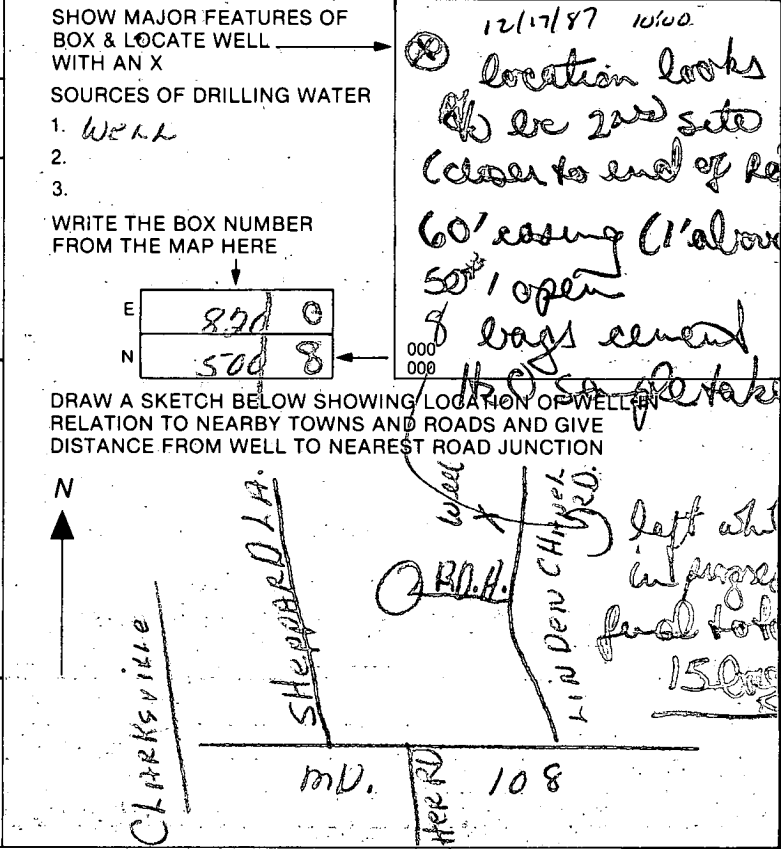
APPROXIMATE DEPTH OF WELL **300** FEET

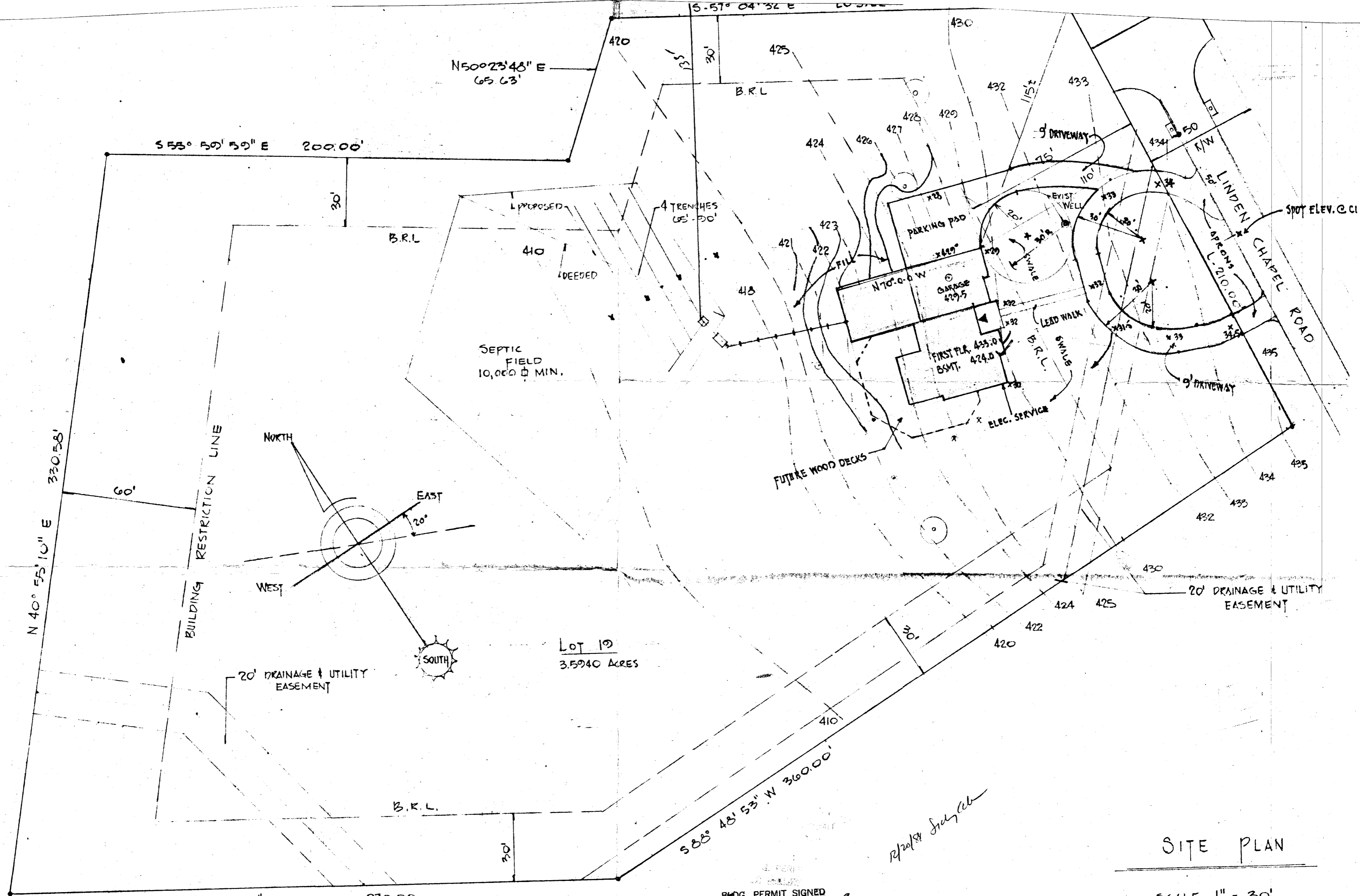
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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) _____

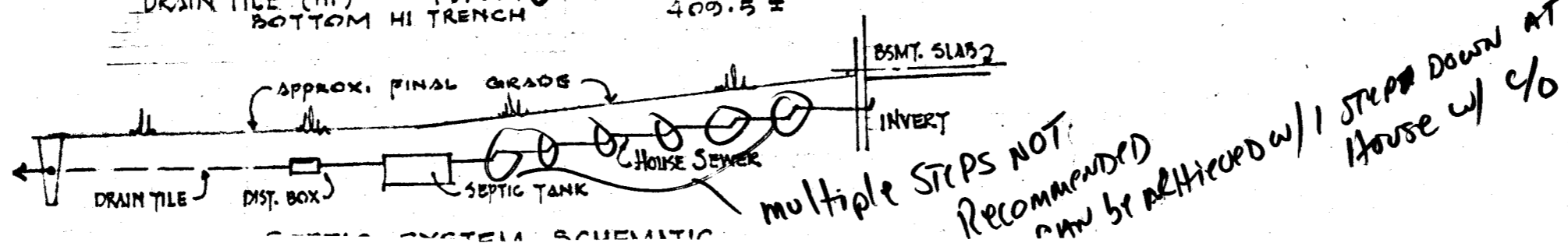
Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **A** WRITE INITIALS IN BOX PERMIT No. **40-81-2412**





PROPOSED SEPTIC SYSTEM DATA

- INVERT @ HOUSE 421.42 ✓ + BSMT 1/2' below existing ground
- SEPTIC TANK IN 411.50 ✓ OUT 411.25 ✓
- DIST. BOX IN 411.17 ✓
- DRAIN TILE (HI) 411.17 ✓ GRADE 416.0 ACT 415.0 / TOPO MAP.
- BOTTOM HI TRENCH 409.5 ±



BUDG. PERMIT SIGNED
AND RETURNED 12-20-88
BP 23052
SK

SITE PLAN
SCALE 1" = 30'
LOT 10
CHAPEL WOODS
HOWARD COUNTY, MARYLAND

