

9-21-88 2pm
9/26/88 HAM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42507

A 34812

DISTRICT 5th

DATE 9/1/88

DATE SYSTEM APPROVED 9/26/88

INSPECTOR RH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-407342

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Chapel Woods ROAD 11851 Linden Chapel Rd LOT 18

PROPERTY OWNER Newburn Development Corporation Woodman Homes

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 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 135 feet down the right (360') lot line and 135 feet off the same lot line. Run trenches on contour toward the right lot line as seen when facing the lot from Linden Chapel Road.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *o.k. (C)*

PLANS APPROVED BY Sid Abel DATE 4/19/88

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 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.

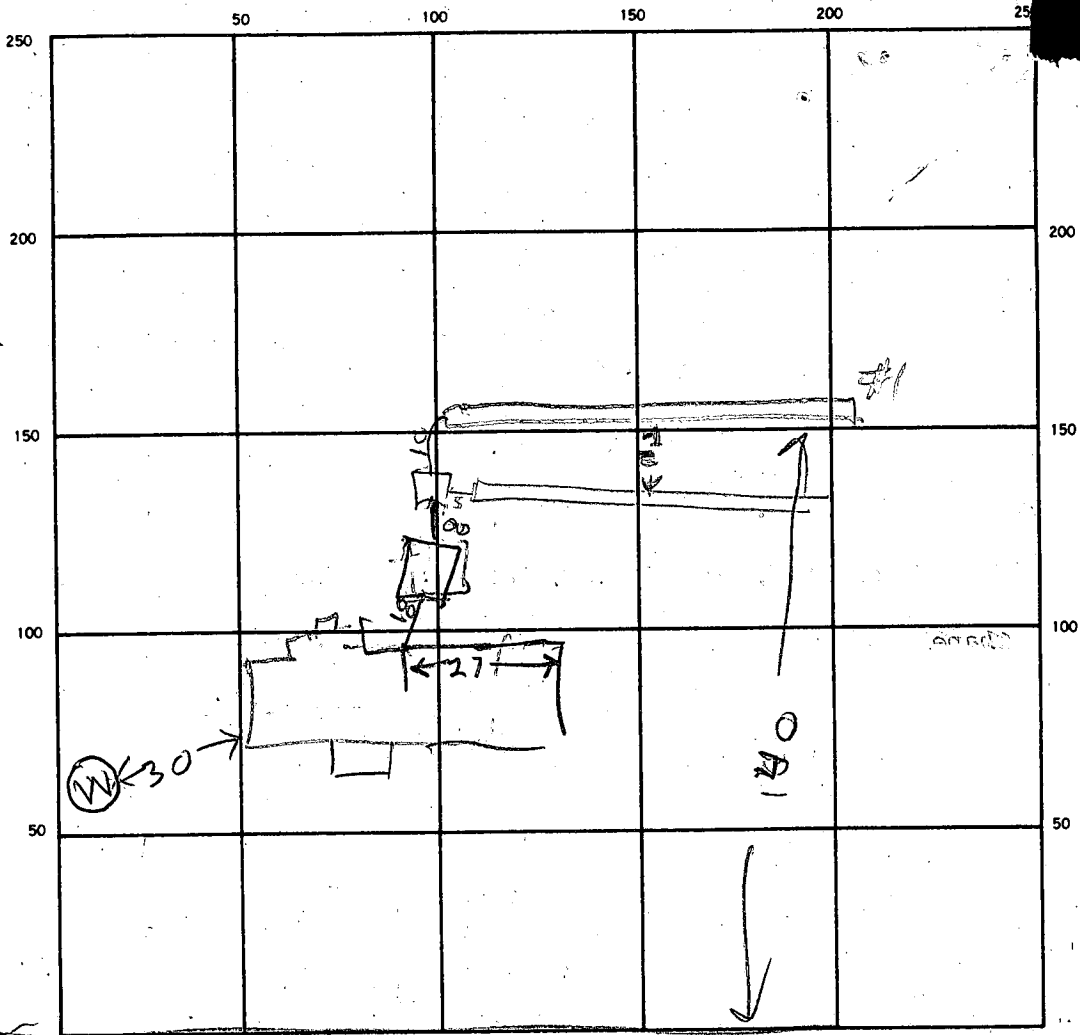
LOG. PERMIT SIGNED
AND RETURNED 12/2/88
Sewal #22533 - deck

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 34812



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

170 R1108

LINDEN CHAPEL RD

MANHOLE NEEDED

SEPTIC TANK LEVEL 1500 CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 3/8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4/4 FT. TOTAL LENGTH 19 P 1010 FT. 2 TOTAL REQUIRE

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 400/400 SQ. FT. 800/800

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/21/88^{200P} - TRENCH #1 DUG & SOME STONE ADDED R/H

LOCATION OK 9/21/88^{300PM} - TRENCH #1 OK COVER

TRENCH #1 & TANK DUG TRENCH #2 R/H

9/26/88^{1120P} - TRENCH #2 DUG & FINISH FINISH TRENCH #2

9/26/88^{152PM} - TRENCH #2 DUG & ALMOST ALL STONE

ADDED FINISH TRENCH #2 PUT MANHOLE ON TANK COVER.

DATE SYSTEM APPROVED 9/26/88

INSPECTOR Raymond Hodge

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34812

P _____

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

DISTRICT 5

DATE Jan. 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 PHONE 997-3815

PROPERTY LOCATION _____
SUBDIVISION Chapel Woods, Section 2 LOT NO. FINAL LOT 18
LOT 4 SEC. 2 AREA 2

ROAD AND DESCRIPTION Linden Chapel Road
11851

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 S. Abel FOR Deep trenches DATE 4-19-88

REJECTED BY _____ FOR _____ DATE _____

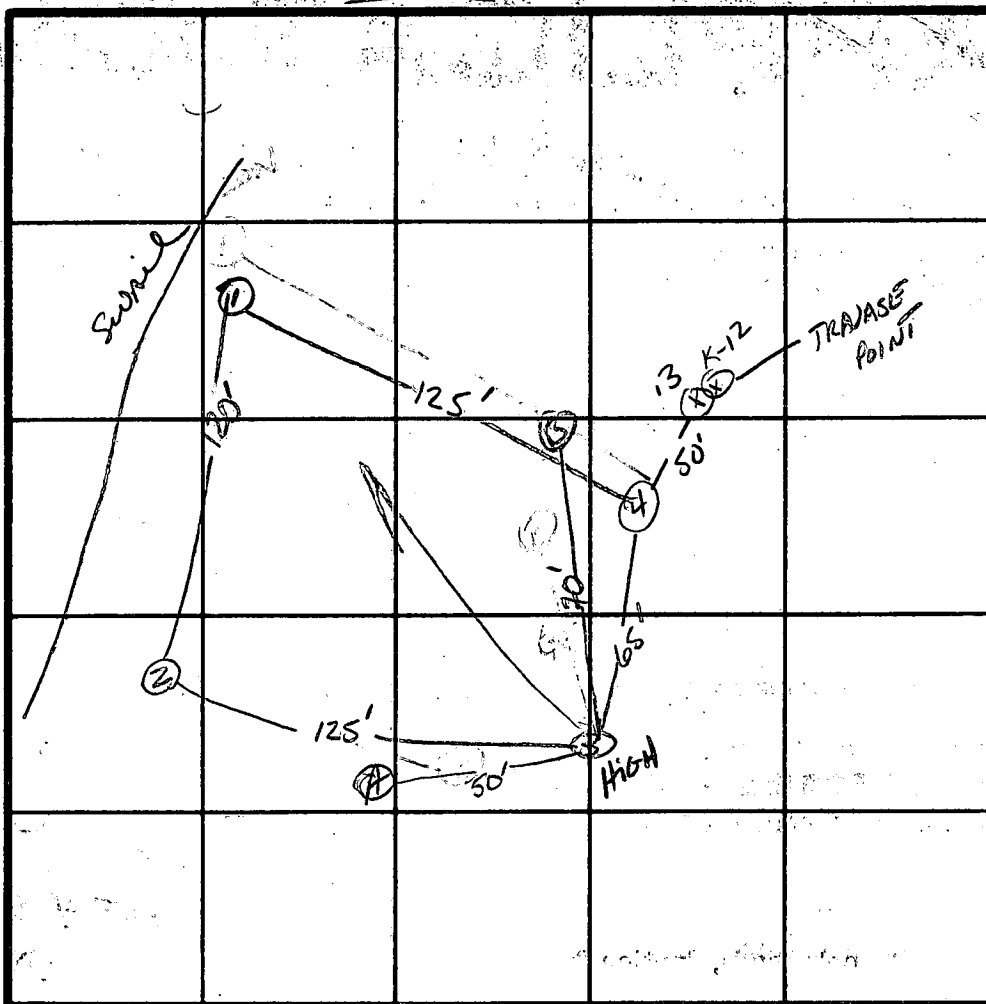
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Peru Satisfactory; Hold for Certified Hole Location,
House and Well SITE 2-21-85 S Abel

BLDG. PERMIT SIGNED
AND RETURNED 4-19-88

BP17758
SAB

THIS IS NOT A PERMIT



① SOIL PROFILE

0"	A0-3
6"	RED BROWN CLAY LOAM 410% SAPROLITE
3.5'	RED BROWN SAND LOAM 10-20% SAPROLITE
10'	BROWN SILTY SAND SANDSTONE SAPROLITE 30% (circled)

④

0"	A0-3
4"	RED BROWN CLAY LOAM 410% SAPROLITE
4.5'	Yellowish BROWN SILTY SAND 410% SAPROLITE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE-LINE.

↳ TO Rt 108

② ③

0"	A0-3
6"	RED BROWN CLAY LOAM 410% SAPROLITE
4'	BROWN SAND/SILTY SANDSTONE SAPROLITE 20-30% AT BOTTOM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/85	15	4.5	11:48	11:58	11:58	12:17	19 min
	1V	13.5	SATISFACTORY SOIL STRUCTURE Below 3.5'				
	25	4.5	11:55	11:57	11:57	12:04	7 min
	2V	13.5	UNIFORM STRUCTURE Below 4'				
	35	4.5	1:30	1:35	1:35	1:46	11 min
	3V	13.5	UNIFORM SOIL STRUCTURE Below 4'				
	45	5'	1:52	2:10	2:10	2:37	27 min
	4V	13.5'	UNIFORM SOIL STRUCTURE Below 5'				
A - CLAY TO 6 FEET - ABANDONED							
B - ROCK AT 6 FEET SANDSTONE ABANDONED							

REMARKS

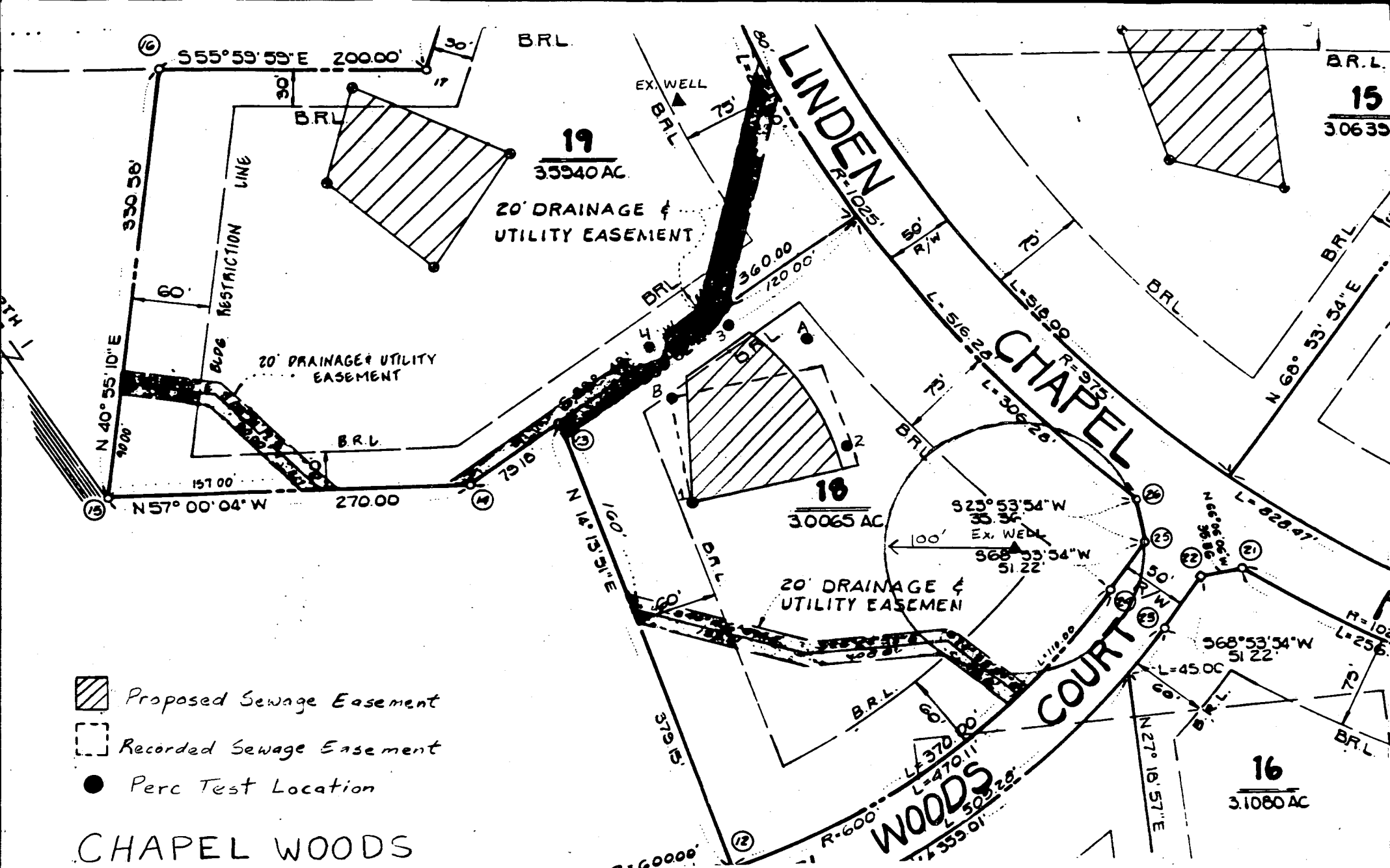
TYPE OF SOIL




TESTED BY

S. Abel

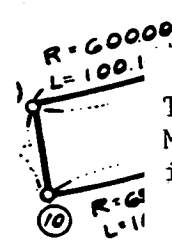
ALSO PRESENT

JR. WARREN, DENRA, FRANK - BRICK HOR



-  Proposed Sewage Easement
-  Recorded Sewage Easement
-  Perc Test Location

CHAPEL WOODS
 Section II Area II
 Plat # 7569
 Lot 18 Sewage Easement
 Variance



The revised Sewage Easement shown hereon is acceptable to the Maryland Department of Health and Mental Hygiene and may be used in place of the area reserved on recorded plat # 7569.

Joyce M. Boyd
 Dr. Joyce M. Boyd, Howard County
 Health Officer

B 7 9330 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

HC-81-2413
fill in this form completely

6 Date Received 092987
OWNER INFORMATION
15 Last Name NEWBURN
Owner Development
34 First Name
36 Street or RFD 5570 STERRETT PLACE
57 Town COLUMBIA 70 State 72 MD 74 Zip 76 21044

B 3 LOCATION OF WELL
1 2 HOWARD
8 COUNTY 21
23 SUBDIVISION CHAPEL WOODS 42
SECTION 2 44 46 LOT 4 48 50 (AREA 2)
52 NEAREST TOWN CLARKSVILLE 71
MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI

DRILLER INFORMATION
Driller's Name Joseph L. Mayne 77 License No. 80 238
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Kilmer RD. Mt. Airy 31771
Signature Joseph L. Mayne Date 9/21/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
LINDEN CHAPEL RD.
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 34 90 37
ENTER FT or MI 44 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)
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)

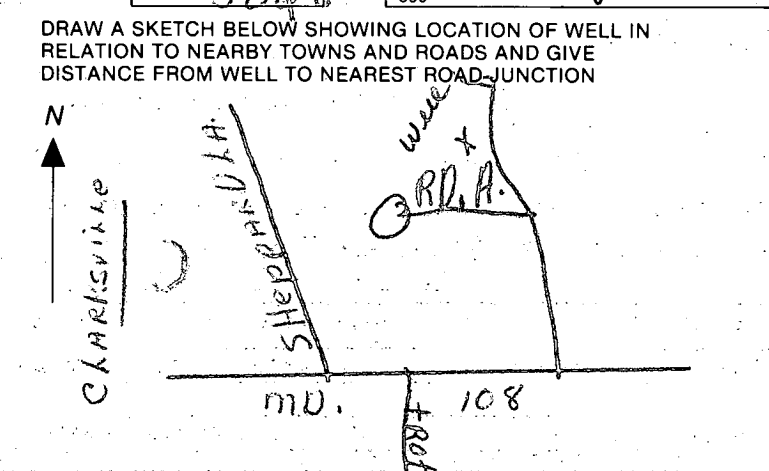
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 34812 COUNTY NO.
OEP SIGNATURE R. Nixton STATE HEALTH INSERT S
DATE ISSUED 11/12/87 R. Nixton 05/12/88
NORTH GRID 508 0 0 0 EAST GRID 0820 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
E 8280
N 5088
000 000
12/14/87 location per stake
40' casing (3' above)
30' open
9 bags
H2O sample taken

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)
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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
FORCE 80 INITIALS PERMIT NO. HC-81-2413
67 68 IN BOX 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

9/23/88 - pm

9/23 Patrick See ↓
C.B.S

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 # 42595
Date 9/22/88

Name of Installer Crouse P+H

Telephone 531-3311

License Number 4450

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Woodman Homes

Telephone 730-7065

Subdivision Chapel Woods Lot # 18

Well Tag # Ho - 81 - 2413 ✓ 9/23

Site Address 11851 Linden Chapel Rd.

- Pump**
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make Goulds
 - Model # _____
 - Capacity _____ GPM
 - Pump exceeds well capacity Yes No
 - If Yes, is low pressure cutoff switch installed? Yes No
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

- Motor**
- Horsepower _____
 - RPM _____
 - Voltage _____
 - 110
 - 220

- Pitless Adapter**
- Make _____
 - Model # _____
 - Depth _____

- Tank**
- Capacity 100 gal.
 - Pressure relief valve?

- Piping**
- Type Plastic
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 42"

- Well data**
- Depth _____ ft.
 - Yield _____ GPM
 - Static water level _____ ft.
 - 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: Robert Hoffstetter

Date: 9/22/88

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection. 9/23 P. B. Baptesin sh.

Line ok + thru well.
[Need to see pumps + tanks...]
C.B.S