

9-2-88
legally per
9/10/88

File

9/2 ②
P.T.O. C.B.D.
Need house cons

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41470

A 33086

DISTRICT 5th

DATE 4/8/88

DATE SYSTEM APPROVED 9/8/88

INSPECTOR C.B.D.

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
OS-396344

R. A. Kelly Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS Gregg Ciska 9/2/88 @ site PHONE _____

SUBDIVISION Lime Kiln Valley ROAD 12708 Lime Kiln Rd LOT 12

PROPERTY OWNER Kerwin Miller Comm., 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 2250 GALLONS NUMBER OF BEDROOMS 5 ²³²₅ 3 11,620 386.7 ft trench

TRENCHES - 232 sq. ft. per bedroom with garbage disposal. 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 - Place the first trench 365 feet up the right (701.34') lot line and 55 feet off the same lot line as seen when facing the lot from Lime Kiln Road. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY S. Abel DATE 2/23/88

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(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.

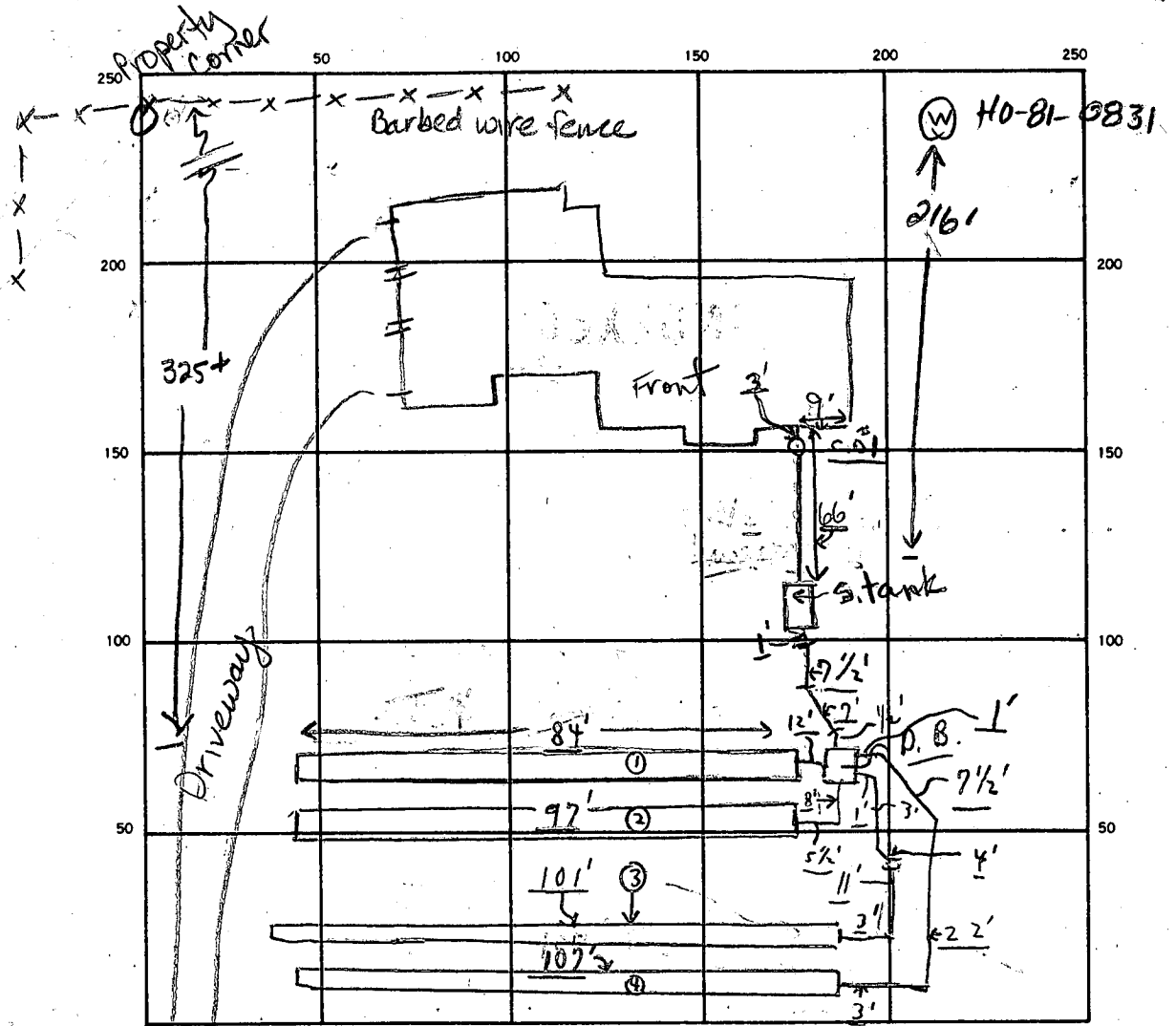
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33086



INDICATE NORTH: — NAME ADJOINING ROADWAY AS BASE LINE.

Line Keln Rd

SEPTIC TANK LEVEL 2000 gal OK CLEANOUTS 1 at house OK 1/8 C.B.A.
 DISTRIBUTION BOX LEVEL OK (Baffle) 2 [S.T. - OK] CO. 9/2
 DRAIN FIELD TILE FIELD DEPTH 6.6; 6.6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 2; 2; 2; 2 FT. TOTAL LENGTH 84; 97; 101; 102 FT. } = 389'
 NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 1167 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 1167 SQ. FT.

REMARKS 8-31-88 OK to stone trenches add pipe & paper. Call for final, SCH 40
septic tank and dist. box hole ups, NEW 9/2/88 OK REPLACED WITH
PIPE FROM HOUSE TO S.TANK; 1/2" / L-MR WILLIAMS - NOT APPROVED; NEED
SCHEDULE 40; HOLD - PIPE FROM HOUSE TO TANK NOT APPROVED; ALL
OF SEPTIC SYSTEM FROM SEPTIC TANK TO END OF
4th TRENCH OK TO COVER TODAY 9/2/88 C.B.A. - PARTIAL.
 DATE SYSTEM APPROVED 9/8 8/88 INSPECTOR Charles Bryan

SUBDIVISION: LIME KILN VALLEY

LOT NUMBER: 12

EST. 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

190 sq. ft./bedroom
232 sq ft with G.D.

Trench to be 3 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.

- 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 absorbent sidewall area by 22%.

LOCATION: 2-23-88 PLACE THE FIRST TRENCH 365' UP THE RIGHT
(701.34') LOT LINE AND 55' OFF THE SAME LOT LINE AS SEEN
WHEN FACING THE LOT FROM LIME KILN RD. RUN TRENCHES ON
CONTOUR TOWARD THE LEFT LOT LINE. S. AL

3/8/84
930

APPLICATION

A 33086

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE August 24, 1983

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 Grace A. E. Eisenhardt ^{Kerwin Miller Comm, Inc.} c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION ^P ~~Child's~~ Lime Kiln Valley LOT NO: ~~12~~ 12

ROAD AND DESCRIPTION Brown Bridge Road @ Lime Kiln Rd.

SIZE OF LOT ^{3,354} 3.2 Acres TYPE BLDG. Vacant
(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/ James Tracy
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Alul FOR Shallow Trenches DATE 2-23-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 2-23-88

BP16852
SK

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ SENT _____

EH-12-1079

APPLICATION

A 33086

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

DISTRICT 5th

DATE August 24, 1983

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Child's Lime Kiln Valley LOT NO. 12

ROAD AND DESCRIPTION Brown Bridge Road @ Lime Kiln

SIZE OF LOT 3.354
3.2 Acres TYPE BLDG. Vacant
(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

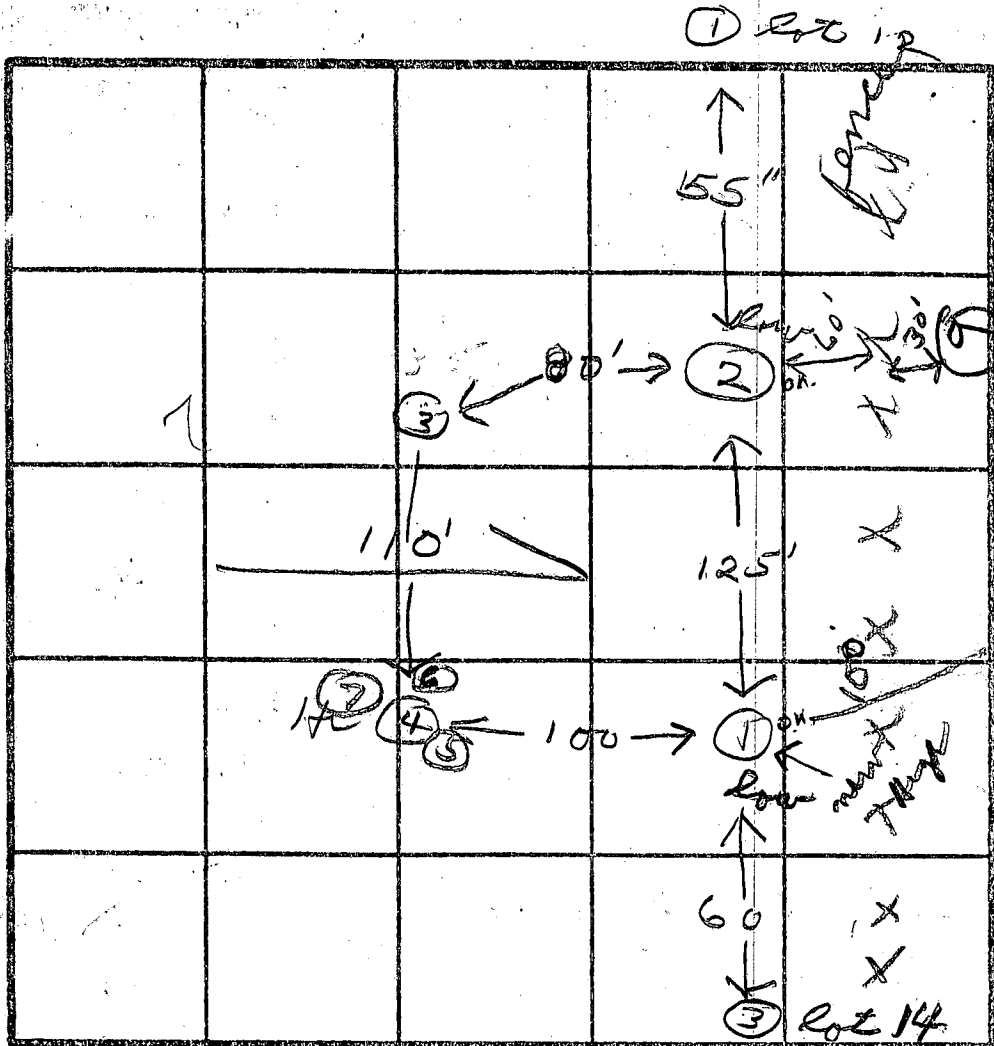
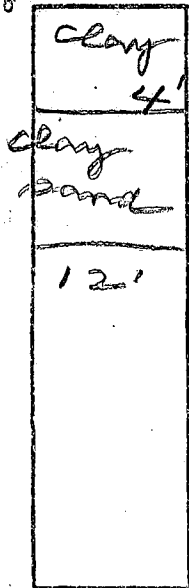
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

① ②

SGIL PROFILE



lot 13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
10/6/83	1 S	4	3:10	3:05	3:05	3:11	6	
	1 M (12)	8	3:04	3:08	3:08	3:15	7	
	2 S	4	3:12	3:14	3:14	3:17	3	
	3	9						
	4 S	6	3:39	3:43	3:43	3:50	7	
	5-6-7	7	Bottom too hard to dig perc hole					
3/8/84	8 S	4 1/2	10:35	10:40	10:40	10:49	9	
	9 S	7	water - would perc at 7ft					
	9 M	4 1/2	water came in perc hole					
	9 S	4 1/2	10:55	no movement - sealed				
	9 S	10	water at 9 ft					

water seep in from 6 ft on down

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESE

Schneider

④
clay
5 1/2'

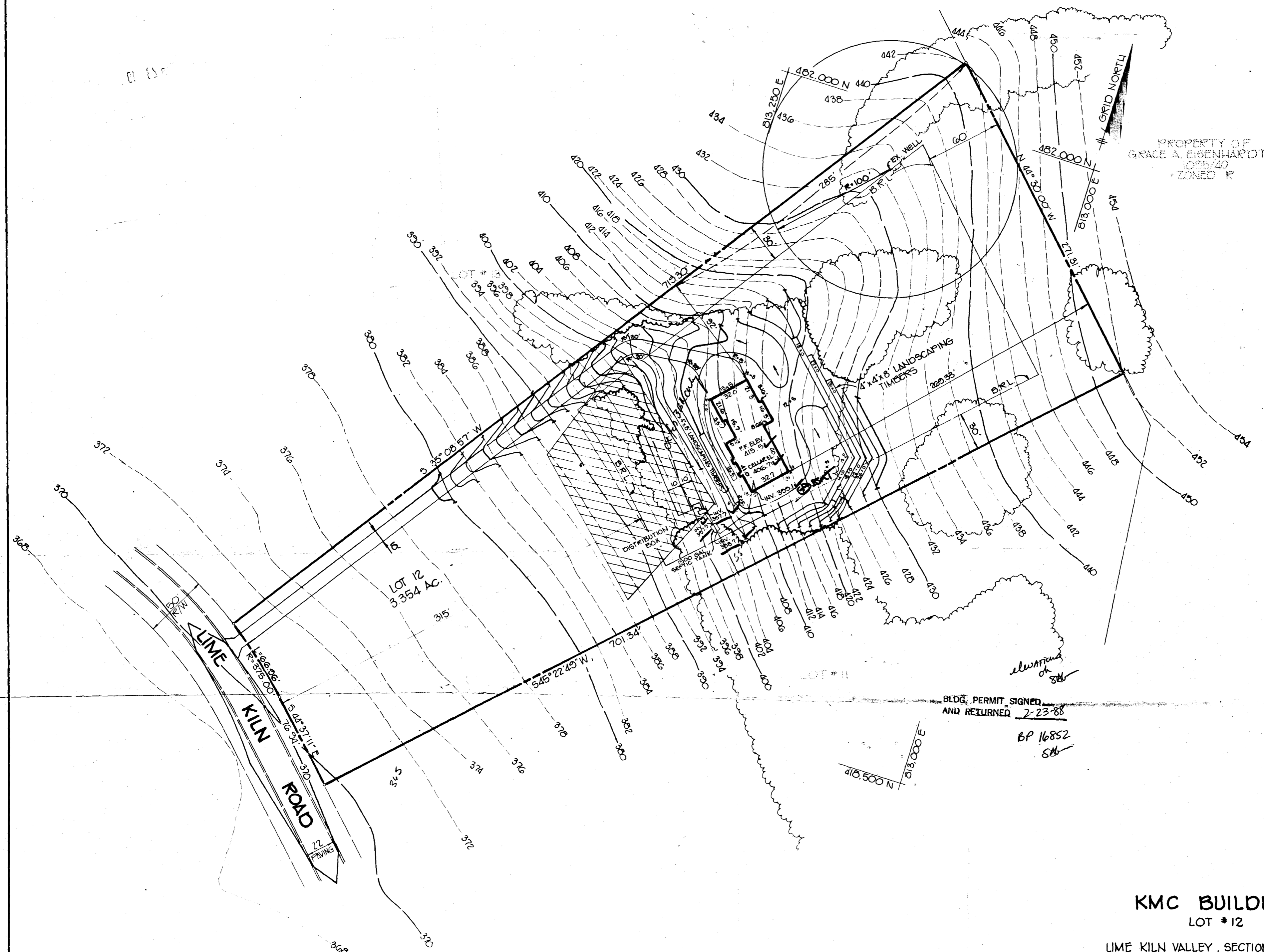
⑧ ⑨
clay
4'
clay sand + stone
10'

8 in
3 1/2'

EH-12-1079

01 13

PROPERTY OF
GRACE A. EISENHART
107040
ZONED R



BLDG. PERMIT SIGNED
AND RETURNED 2-23-88

BP 16852
SB

TRACY, SCHULTE AND ASSOCIATES, INC.
8480 BALTIMORE NATIONAL PIKE - SUITE 418
ELLCOTT CITY, MARYLAND 21043
(301) 465-6105

KMC BUILDERS
LOT #12
LIME KILN VALLEY, SECTION I, AREA I
TAX MAP NO. 40
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
ZONED R
SCALE: 1"=50'
DATE: FEBRUARY 10, 1988

B 1 **6437** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

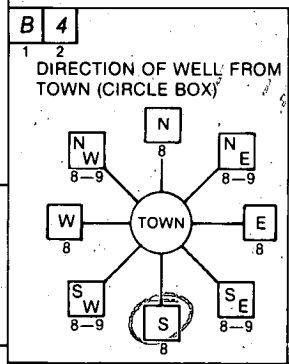
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0831
 fill in this form completely

Date Received **12/1/84**
 OWNER INFORMATION
MURPHY ELIZABETH
 Last Name Owner First Name
12723 TURQUOISE TERR
 Street or RFD
SILVER SPRING MD 20904
 Town State Zip

B 3 LOCATION OF WELL
HOWARD
 COUNTY
LIME KILN VALLEY
 SUBDIVISION
 SECTION **12** LOT **12**
HIGHLAND
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3 MI**

DRILLER INFORMATION
Ralph Mayne
 Driller's Name License No. **273**
Ralph Mayne (well drilling)
 Firm Name
9720 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 12/3/84
 Signature Date



Lime Kiln Rd.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **250**
 ENTER FT or MI **ft**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

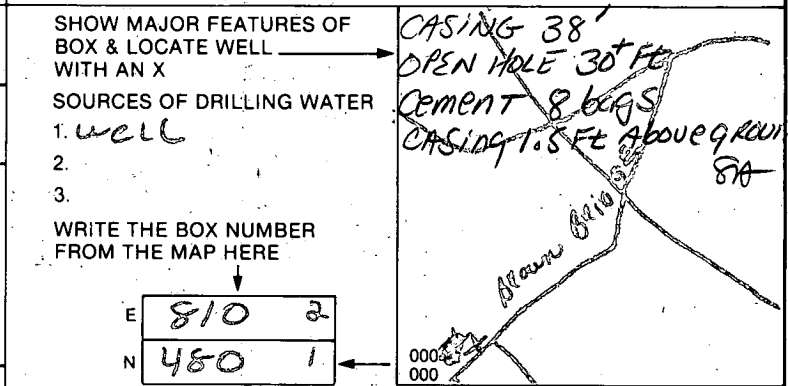
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
 COUNTY NAME
A 33086
 COUNTY NO.
 OEP SIGNATURE **Frank Skinner** STATE HEALTH INSERT S
 DATE ISSUED **12/17/84** EXP. DATE
 NORTH GRID **481000** EAST GRID **0812000**

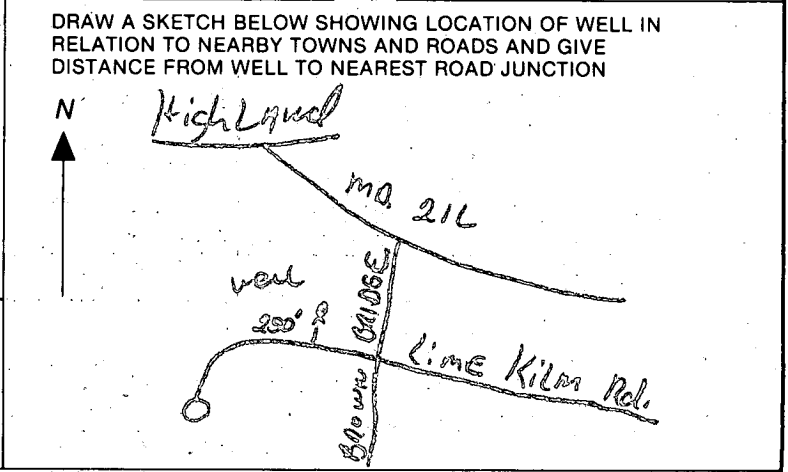
APPROXIMATE DEPTH OF WELL **150** FEET

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 **FS** WRITE INITIALS IN BOX PERMIT NO. **40-81-0831**

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0831
 Location of property (road) LIME KILM Rd.
 Subdivision Lime Kiln Valley Lot 1d Block Plat Sec.
 Well Driller Ralph Myrd Owner ELIZABETH MURPHY

Depth of well 300ft
 Distance of measuring point (M.P.) above ground 2ft
 Static water level (S.W.L.) below M.P. 30ft

High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 4 G.P.M
 Total time 45 min to reach pumping water level 195 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	195 ft	60 sec	✓	1 G.P.M
8:45	195	60	✓	1
9:00	195	60	✓	1
9:15	195 ft	60 sec	✓	1 G.P.M
9:30	195	60	✓	1
9:45	195	60	✓	1
10:00	195 ft	60 sec	✓	1 G.P.M.
10:15	195	60	✓	1
10:30	195	60	✓	1
10:45	195 ft	60 sec	✓	1 G.P.M.
11:00	195	60	✓	1
11:15	195	60	✓	1
11:30	195	60	✓	1
11:45	195 ft	60 sec	✓	1 G.P.M
12:00	195	60	✓	1
12:15	195	60	✓	1
12:30	195	60	✓	1
12:45	195 ft	60 sec	✓	1 G.P.M
1:00	195	60	✓	1
1:15	195	60	✓	1
1:30	195	60	✓	1
1:45	195	60 sec	✓	1 G.P.M.
2:00	195	60	✓	1
2:15	195	60	✓	1
2:30	195	60 sec	✓	1 G.P.M

38 ft M. Springs

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

LOT 11

73'	12:17		15 bags cement
79'	12:36	4.3 gal	35' open hole
70.5'	1:05	4.6 gal	50' casing
70'	1:10	4.0 gal	

1 1/2' above grade casing

Elizabeth J. Murphy
(Name) 384-3959

12923 Turquoise Terr
(Address) Silver Spring

LOT 12

38' casing
30' ft open hole
8 bags cement
1-1/2' casing above grade

H0-81-0831
(OEP Well Permit Number)

(Date)

ELIZABETH MURPHY

1/2/88
emc/pm

1/2 Partial
see below
C.B&I

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 X
Replacement _____

Receipt # WP 41469
Date 4/8/88

Name of Installer R. A. KELLY

Telephone 924-5944

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner (ELIZABETH MURPHY) KERWIN MILLER CONST
Subdivision LINCOLN VALLEY Lot # 12
Site Address 12708 LINCOLN RD

Telephone 924-5944
Well Tag # HD - 81 - 0831

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
 - Make _____
 - 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 _____
 - Pressure relief valve? _____

- Piping**
- Type _____
 - Size _____
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data**
- Depth 300 ft.
 - Yield 1 GPM
 - Static water level 30 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: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection. *P.A. & Line only - ok 1/2 C.B&I*

HD-215

NOTE: 1/2 left sticker; Line thru inside wall; cap tight @ water well. Need to see pump & tanks.

HO-81-0831