

9/16/87
ST AM + BM

3/31/87

9/18/87
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
05-396026

DATE 3/23/87

DATE SYSTEM APPROVED 6-22-88

INSPECTOR Salm

Frank L. Jacobs, Jr.

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 705, Burtonsville, Maryland 20866 PHONE 369-3600

SUBDIVISION Brighton Pines I ROAD 13726 Lakeside Dr. LOT 5

PROPERTY OWNER Frank L. Jacobs, Jr.

ADDRESS _____

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

GARBAGE GRINDER? YES NO

BLDG. PERMIT SIGNED

AND RETURNED 11/6/90

Serial # 14938-1029 13 deck

SEPTIC TANK CAPACITY 2250 GALLONS NUMBER OF BEDROOMS 5

- 2000 GAL OK CW

VOID

TRENCHES - 220 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 - Start first trench 160 feet from the back lot line and 90 feet from the right lot line. Run trench(s) along level ground toward left-side of property.

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

INLET 6 FT DEEP CHANGE TO SHALLOW TRENCH

3 FT WIDE GRAVEL 1/2 TO 2 FT STONE 110 FT DEEP

PLANS APPROVED BY C. Williams

DATE 2/12/85

COVER NO WORK UNTIL INSPECTED AND APPROVED.

ONLY 1 INSPECTION REQUIRED

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.

BLDG. PERMIT SIGNED

BLDG. PERMIT SIGNED

AND RETURNED 11/3/87

AND RETURNED 8/2/87

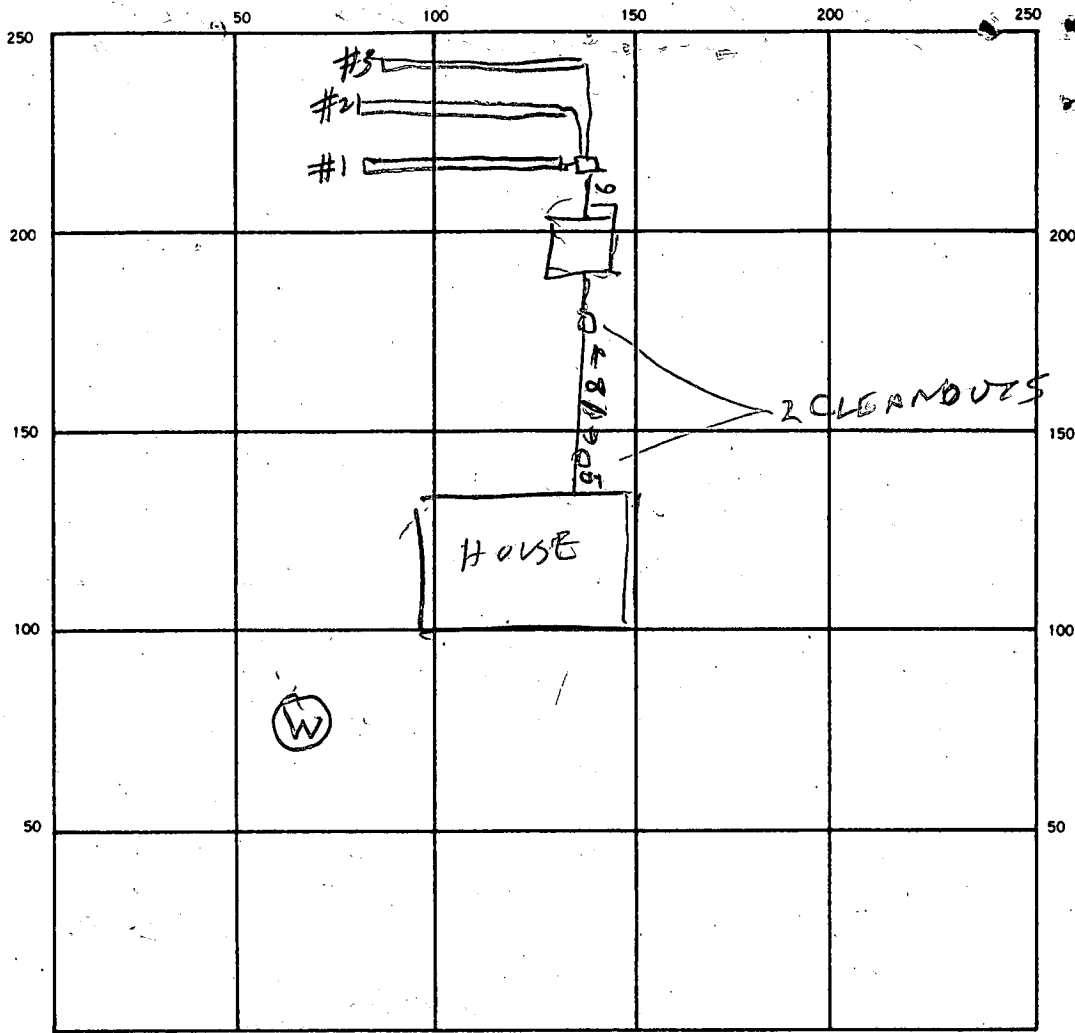
Serial # 14938 - prepared Serial # 13878 - prod

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

33493



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

LAKE SIDE DR

HOUSE SEWER TANK MANHOLE

SEPTIC TANK. LEVEL 3500 GAL PER CONTRACTOR CLEANOUTS OK OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH

#1	#2	#3
7	6	6

 FT. TRENCH WIDTH

#1	#2	#3
3	3	3

 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH

#1	#2	#3	#4
2	2	2	

 FT. TOTAL LENGTH

#1	#2	#3
95	95	93

 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA

#1	#2	#3	#4
285	208	279	

 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/1/87 OK TO OPEN LINE FROM HOUSE TO ST. S. AVE

7/21/87 TANK COVERED MOST OF TANK TO BE UN COVER WHEN

DITCH DUG. OK TO USE 2 CLEANOUTS & HAVE 8' FT APART.

INSTEAD OF JUST ONE CLEANOUT IN HOUSE. SEWER IN

MANHOLE. DIG TRENCH & CALL R.H. 9/16/87 SPECS CHANGED - INLET LINE

9/18/87 AM - MANHOLE FOR TANK COVER TRENCHES #1 & #2

9/18/87 PM COVER TRENCH #3 6/22/88 See letter for certification of system

DATE SYSTEM APPROVED 6-22-88 INSPECTOR S. ab

ATTACHED

Per.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33493

P _____

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

DISTRICT 5

DATE 1-30-84

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 ANNA Mac Carthy Frank Jacobs

ADDRESS 4100 Cathedral ave DC 20016 PHONE 202-363-7725

PROPERTY LOCATION: BRIGHTON PINGS I

SUBDIVISION Propriet prop LOT NO. 5

ROAD AND DESCRIPTION Nicholas Drive 13726 LAKESIDE DR

SIZE OF LOT 3 A TYPE BLDG. SFD
(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.

Richard J. Bennett 465-0842
(SIGNATURE OF APPLICANT)

APPROVED BY C. Willman FOR TRENCHES DATE 2-12-85

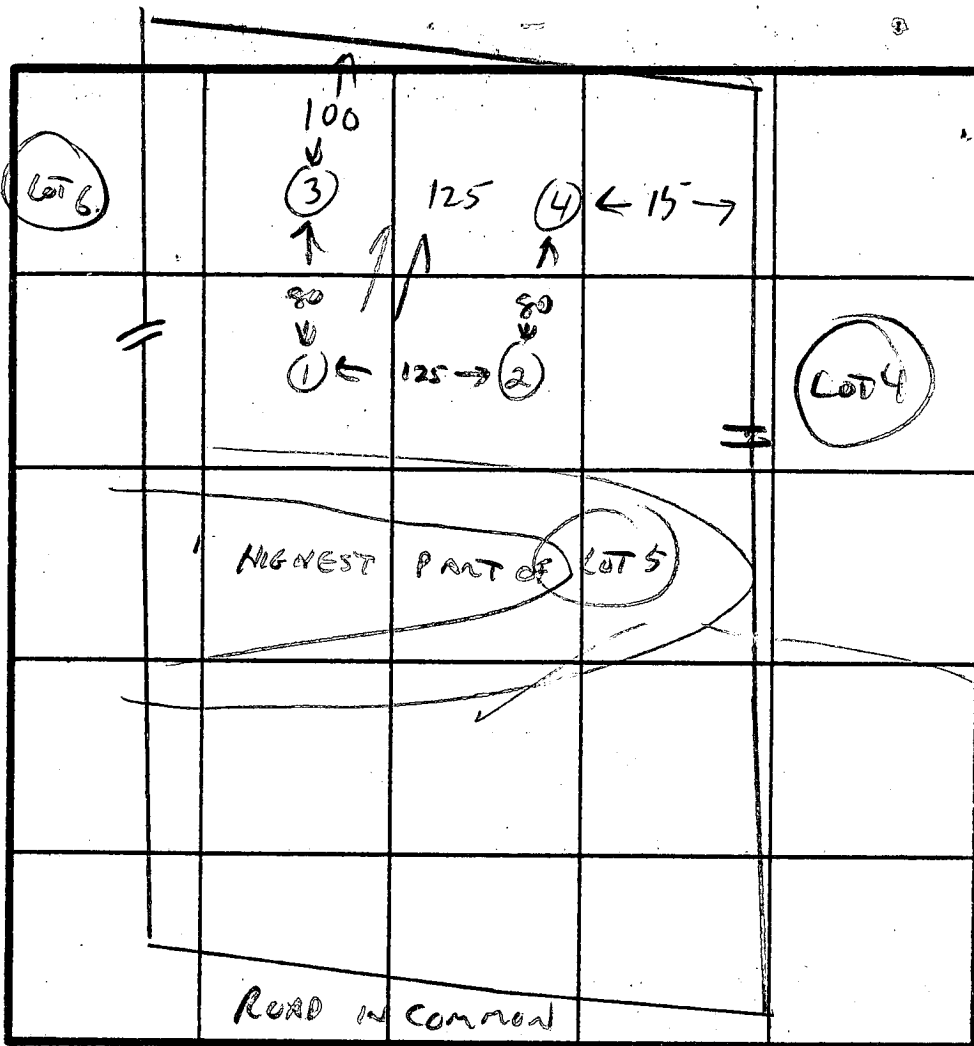
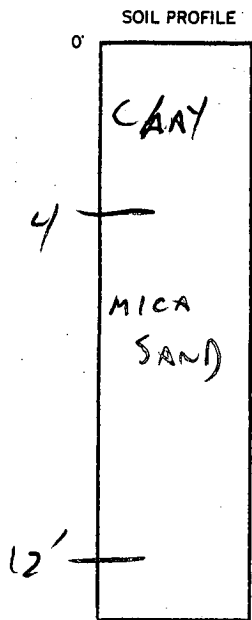
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS C. Willman DATE 2-8-84

REASONS FOR REJECTION OR HOLDING CERTIFIED LOCATIONS NEEDED CW

REC. PERMIT DIVISION
2-25-84
S. Abel
BP 10178

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-8-84	1	4	12:14	12:19	12:19	12:28	9 MIN
		8	12:14	12:16	12:16	12:19	3 MIN
		12	SANDY				
2-8-84	2	4	12:15	12:19	12:19	12:28	9 MIN
		8	12:15	12:17	12:17	12:19	2 MIN
		12	SANDY				
2-8-84	3	4	12:20	12:23	12:23	12:28	5 MIN
		8	12:21	12:23	12:23	12:25	2 MIN
		12	SANDY				
2-8-84	4	4	12:12	12:26	12:21	12:37	16 MIN
		8	12:12	12:15	12:15	12:18	3 MIN
		12	SANDY				

REMARKS CERTIFIED LOCATIONS NECESSARY

TYPE OF SOIL CLAY TO 4' THEN MICA SAND TO 12'

TESTED BY C. Wilson

ALSO PRESENT DEMMITT, PHIL

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33493

P _____

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

DISTRICT 5

DATE 1-30-84

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 ANNA Mac Carthy
ADDRESS 4100 Cathedral ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION:

SUBDIVISION Puppet map LOT NO. 5
ROAD AND DESCRIPTION Nicholas Drive

SIZE OF LOT 3 A TYPE BLDG. SFD
(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.

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(SIGNATURE OF APPLICANT)

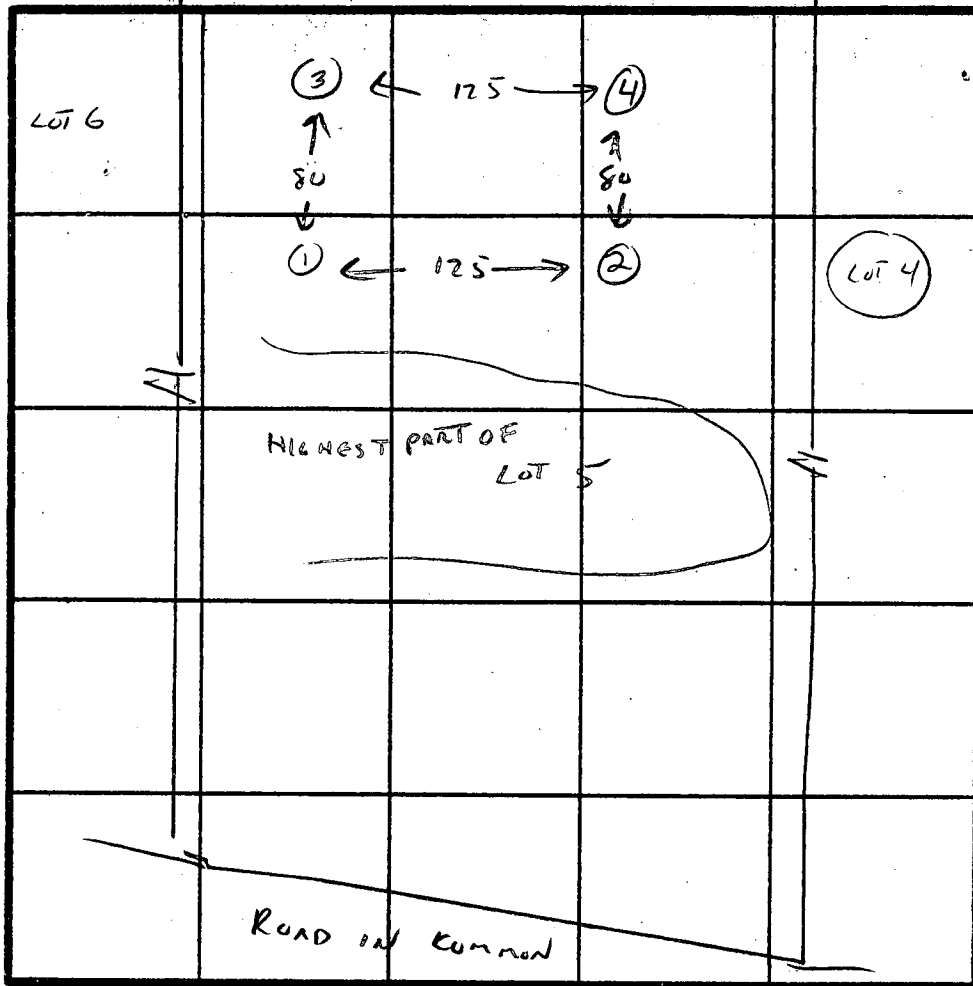
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1						
	2						
	3						
	4						

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079



8405 ZUG ROAD
BOWIE, MARYLAND 20715
(301) 262-1670

June 20, 1988

Mr. Sid Abel, Sanitarian
Howard County Health Department
Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

RE: Brighton Pines - Lot 5
13726 Lakeside Drive

Dear Mr. Abel,

I was asked by Mr. Frank Jacobs to write to you concerning the septic field which we put in at the above referenced property.

The drainfield in question was expanded per the county's request to four 100' sections and one 80' section, giving a total drainfield of 480'.

The septic tank installed has a capacity of 3500 gallons with manhole cover installed and capped.

I am sorry this information did not get to you sooner. If you have any questions, feel free to call. Thank you.

Sincerely,

Steven Cook
Vice President
J.R. Johnson, Inc.

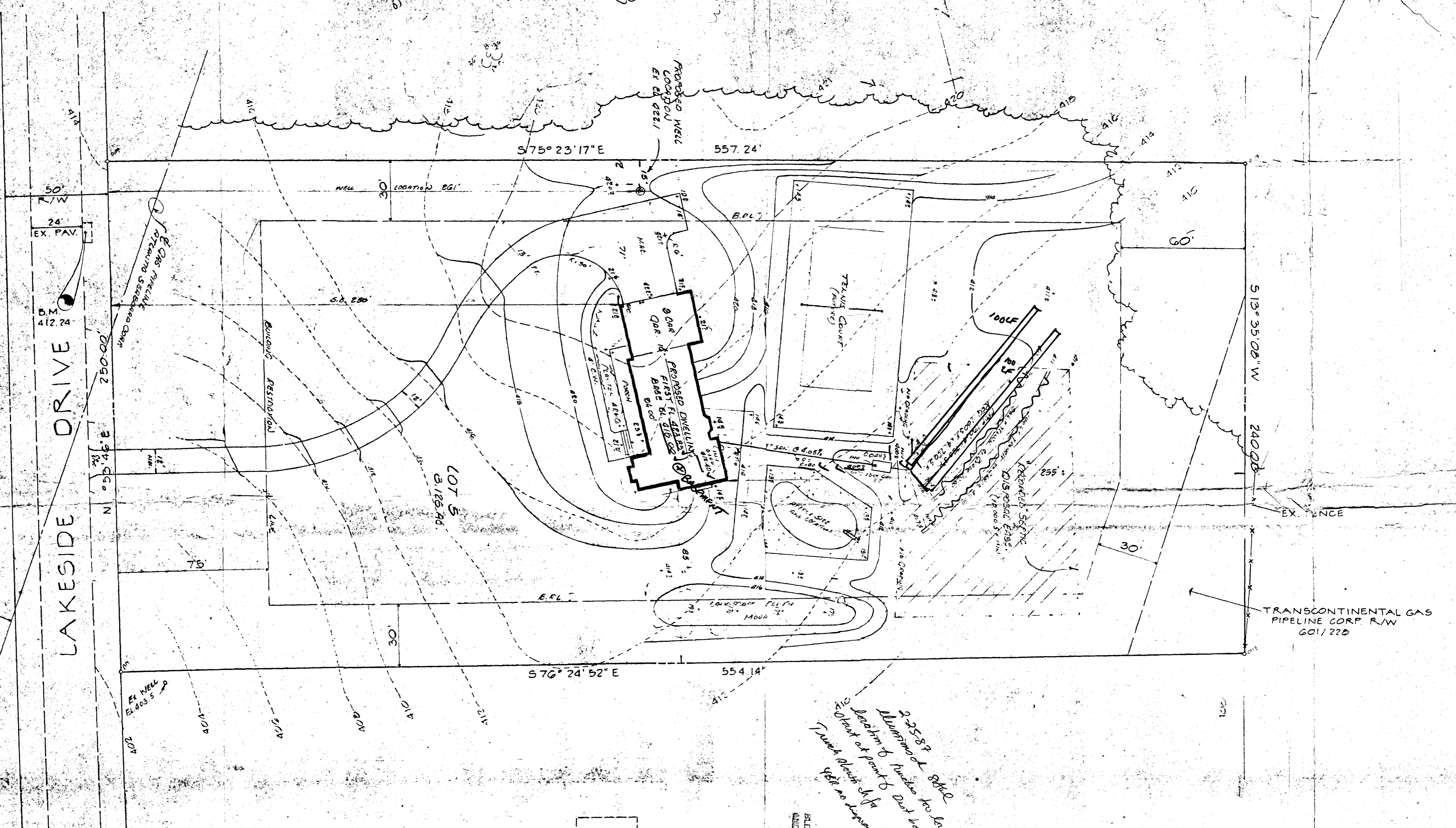
4B11/3-2 DATA
 YES-DISP

CONTRACTOR:
 FRANK L. JACOBS JR
 6100 CHEVY CHASE DR
 LAUREL, MD Phone - off 569-3600
 Home 890-1664

PROPERTY OWNER:
 SAME

220
 5
 1100
 71100
 30
 220

E GAS PIPELINE
 ATLANTIC SEABOARD CORP.
 266/245



2-25-87
 Illustration of house to be
 location of house to be
 shown at point of lot
 punch block etc
 yet no approval

RECORD PERMIT SIGNATURE
 AND EXEMPTION NO. 2-25-87
 S.M.R.
 10/1/88

DESIGNED	R.L.W.
DRAWN	R.L.W.
CHECKED	R.L.W.
DATE	12-20-86

B 1 **8912** 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
NO-NI-1773
 fill in this form completely

Date Received _____
 OWNER INFORMATION
 Last Name: **JACOBS** Owner: **FRANK** First Name: _____
 Street or RFD: **10415 4TH AVE**
 Town: **MELTSVILLE** State: **MD** Zip: **21075**

B 3 LOCATION OF WELL **R-38095**
 COUNTY: **ADAMANT**
 SUBDIVISION: **ACACATION LINES**
 SECTION: **9** LOT: **4** AREA: **ARSAI**
 NEAREST TOWN: **CLARKSVILLE**
 MILES FROM TOWN (enter 0 if in town): **4 MI**

DRILLER INFORMATION
 Driller's Name: **George F. Easterday** License No. **80**
 Firm Name: **L. Franklin Easterday, Inc.**
 Address: **9265 Bowen Ch. Rd., Mt. Airy, Md. 21771**
 Signature: *George F. Easterday* Date: **10/31/86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD: **LAKE SIDE DR**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**
 DISTANCE FROM ROAD: **190** FT or MI
 ENTER FT or MI: **190**

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.: **A-33493**
 OEP SIGNATURE: _____ STATE HEALTH INSERT S: _____
 DATE ISSUED: **11/21/86** CO SIGNATURE: **B. Nulman** EXP. DATE: **05/21/87**
 NORTH GRID: **499000** EAST GRID: **090000**

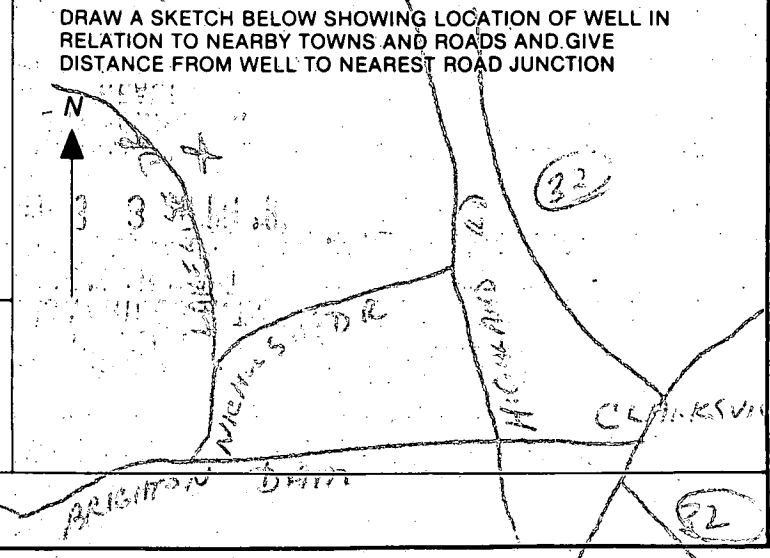
APPROXIMATE DEPTH OF WELL: **200** FEET

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 _____

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
 N: **500**
 E: **500**

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): _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: _____ GAP _____
 FORCE: **HO** WRITE INITIALS IN BOX PERMIT NO.: **NO-NI-1773**

SPECIAL CONDITIONS

C1 3797

SEQUENCE NO. (OEP USE ONLY)

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-33493

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER

JACOBS

FRANK

STREET OR RFD 1374 last name SIDE DR

FIRST NAME

TOWN

SUBDIVISION BRISTOL PINES

SECTION 1 AREA 1

LOT 5

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 FROM TO Check if water bearing

Table with columns for Description, Feet (From, To), and Check if water bearing. Rows include Top Soil, Br Mica, Gray Mica, Br Mica, Gray Mica, Gravel opening, Gravel, Gray Mica, Gravel opening, Gravel.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

Grouting record boxes Y, N

TYPE OF GROUTING MATERIAL

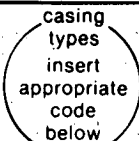
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 55

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 31 ft.

CASING RECORD



Casing record boxes ST, CO, PL, OT

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

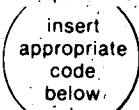
Main casing type grid

OTHER CASING (if used)

Other casing grid

screen type or open hole

SCREEN RECORD



Screen record boxes ST, BR, HO, PL, OT

C2

Table for screen depth and slot size with columns for depth (nearest ft.) and slot size.

SLOT SIZE 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)

OEP use only boxes T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

PUMPING TEST

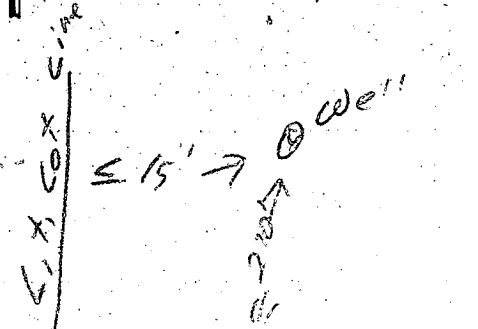
Pumping test grid including hours pumped, pumping rate, method used, water level, and pump type.

PUMP INSTALLED

Pump installed section with YES/NO options and capacity/pump power grid.

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE LETTER 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. 46

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

TENNIS COURT
(FUTURE)

proceed
at 10/15/68

3 CAR
GAR.

PROPOSED DWELLING
FIRST FL. 423.85
BASE SL. 416.00
04' 00"

4 HUBS
SET

LOT 5
3.125 AC.

BUILDING RESTRICTION

4 CAR GAR
PIPE WITH 15' CLEARANCE

250.00

N 55° 46' E

LAKESIDE DRIVE

576° 24' 52" E

8 1/2' 1/2"