

4-15-88

4/18/88 11 AM + LATER

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-398541

INDEXED

P 41468

A 33516

DISTRICT 5th

DATE 4/8/88

DATE SYSTEM APPROVED 4-20-88

INSPECTOR S. Abel

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Brighton Pines II ROAD 13827 Lakeside Drive LOT 17 Area D

PROPERTY OWNER Kerry Staton

**BUILDING PERMIT SIGNED
AND RETURNED**

ADDRESS _____

3/20/04 B00147721-46 LP TANK

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet maximum 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 110 feet from the front lot line (164.10') and 70 feet from the right (140.49') lot line as seen when facing the property from Lake side Drive. Run trenches on contour toward 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/CW

(DISTANCE FROM FRONT PROPERTY LINE IN QUESTION TO BE CONFIRMED BY SEPTIC CONTRACTOR.) CW

PLANS APPROVED BY S. Abel DATE 10/06/86

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.

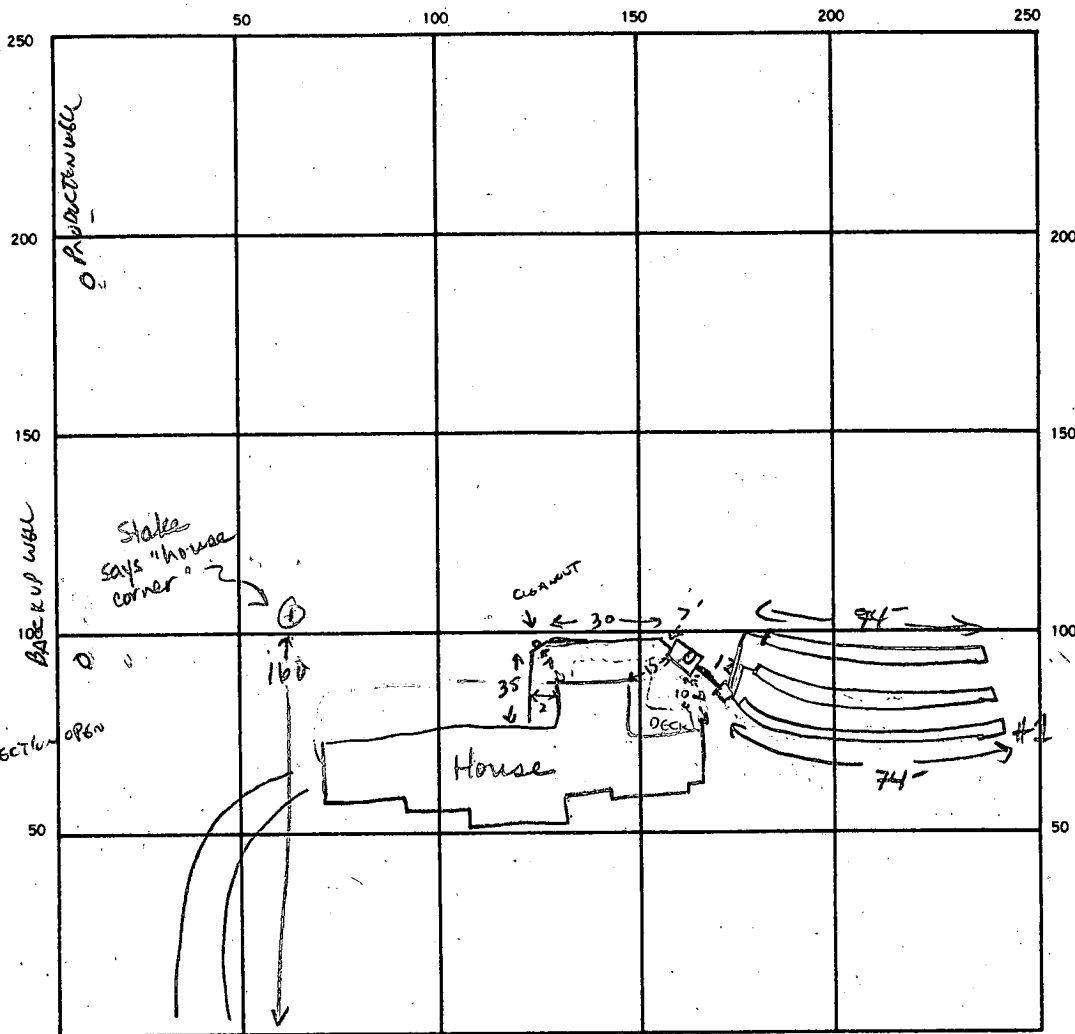
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A33516



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 Lakeside Drive

SEPTIC TANK LEVEL ✓ 2000 CLEANOUTS ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 9' 8" FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 FT. ~~18" BELIEVED~~

EFFECTIVE GRAVEL DEPTH 4' 4' 4' FT. TOTAL LENGTH 74 74 74 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 296 296 296 SQ. FT.

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

ABSORBENT AREA 888 SQ. FT.

REMARKS 4-13-88 No one but superintendent on site. Told Carroll Backhoe to call HCHD. JEN

9/15/88 TANK & COVER LINE OK,

4-19-88 OK TO STONE #1 + #2

DATE SYSTEM APPROVED 4-20-88 INSPECTOR S. Abel

SITE INSPECTION SHEET

OWNER: Staton

PHONE #: _____

ADDRESS: 13827 Lakeside Dr.

CONTRACTOR: _____

Clarksville MD

WELL TAG #: HO-81-1732

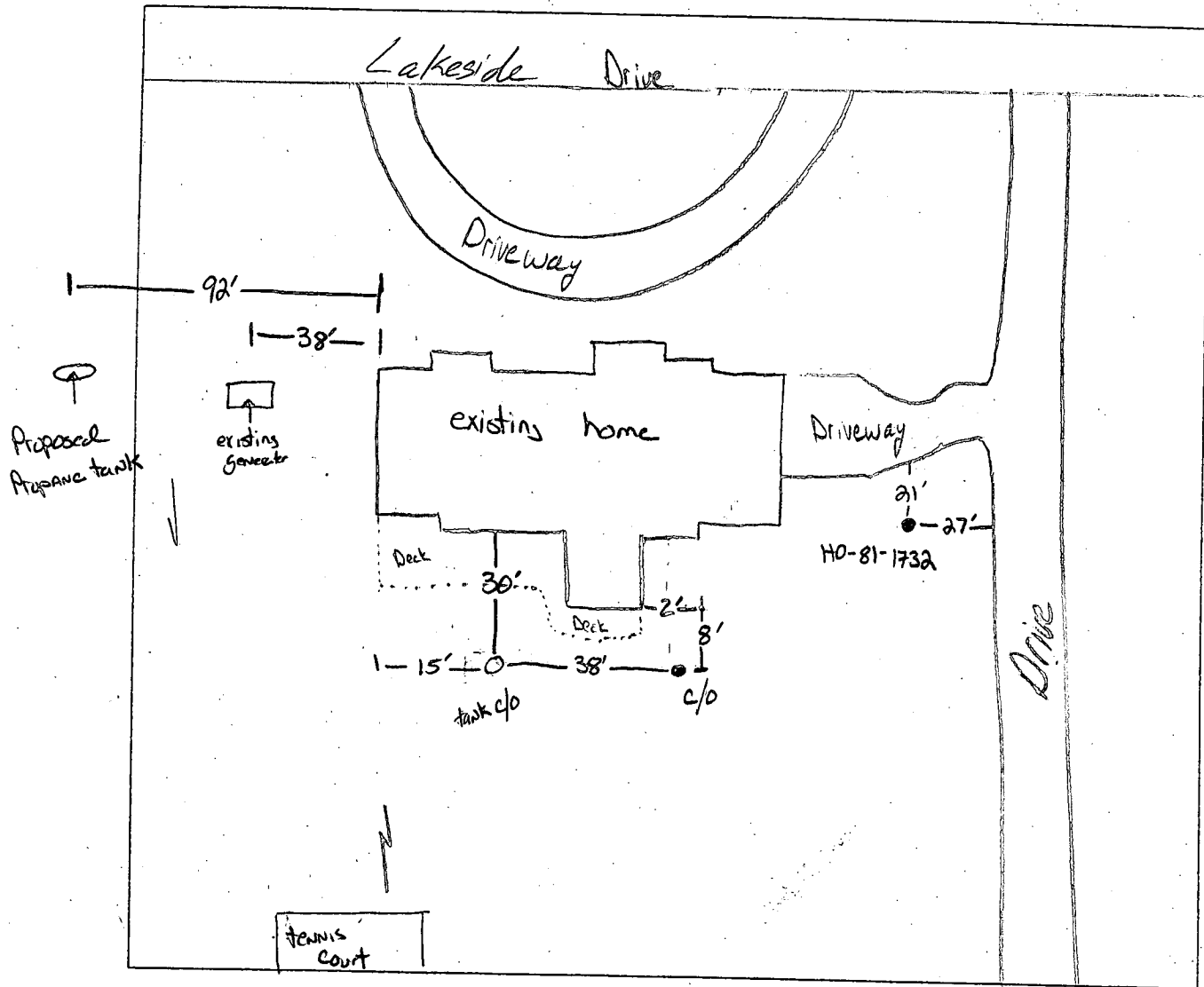
SUBDIVISION: _____

LOT: 17

COUNTY #: _____

PROPOSAL: Propane tank

LOCATION DIAGRAM



COMMENTS: Drawing by S. Able. was incorrect. location for proposed propane tank is OK

DATE: 5/20/04

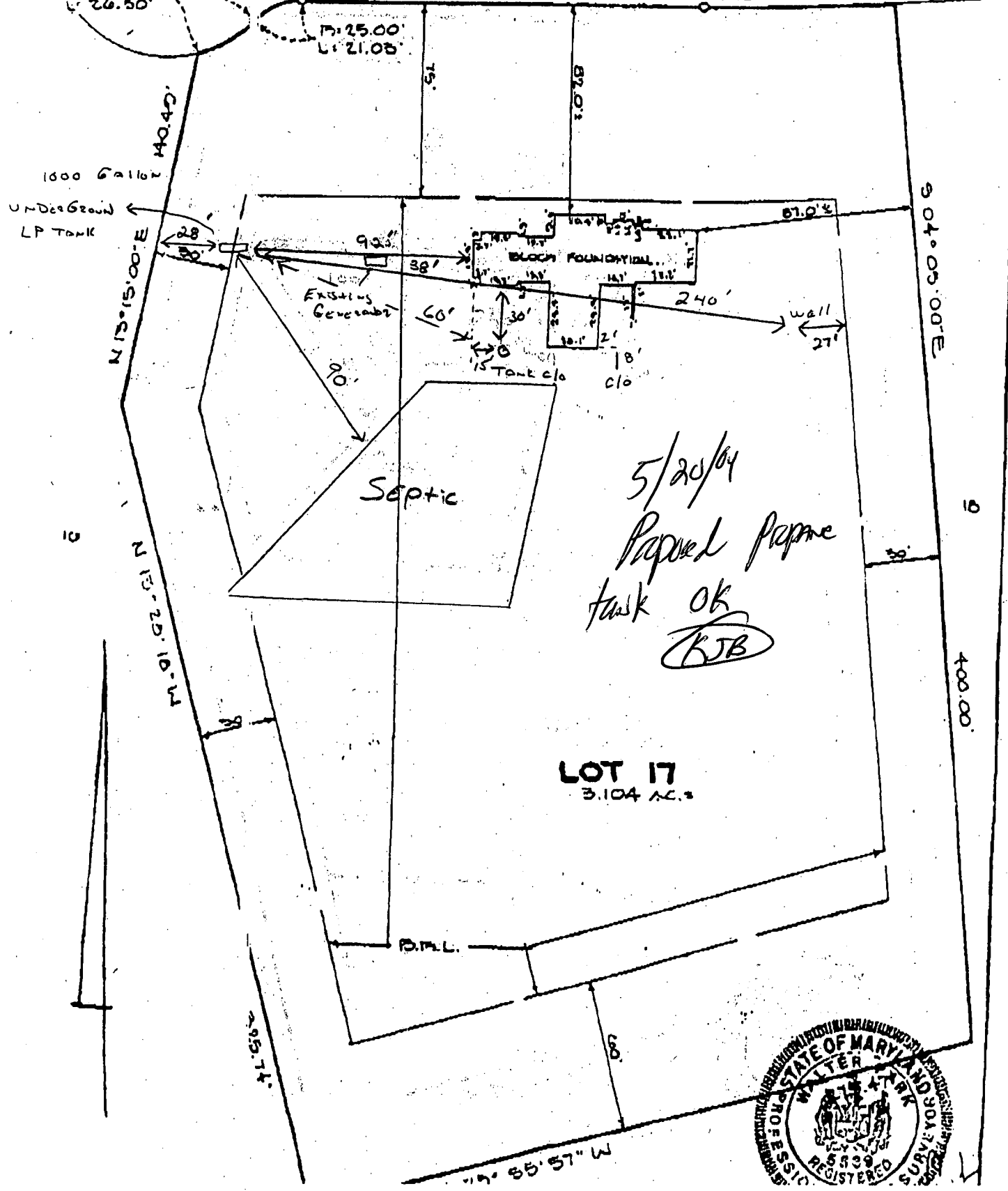
INSPECTOR: Kevin J. Bell

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

LOT 7
LAKESIDE DRIVE
ANTON PINES
ET. 1. AREA 2
LAT REF 6870
ELECTION DISTRICT
OWARD CO MARYLAND
15.50.00
L 26.50'

LAKESIDE DRIVE

S 81° 50' 00" E 104.10 15.1212.01' L 76.14'



5/20/04
Papered Paper
task OK
KJB

LOT 17
3.104 AC.±



SCALE 1" = 60 FT

Per.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 33516

P _____

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 MAE COOKY KERRY STATION

ADDRESS 4100 Cathedral Ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION: BRIGHTON PINES II LOT 17

SUBDIVISION ~~Puffert Prop~~ LOT NO. 27

ROAD AND DESCRIPTION ~~Nichols St~~ 13827 Lakeside Dr.

SIZE OF LOT 3A 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. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

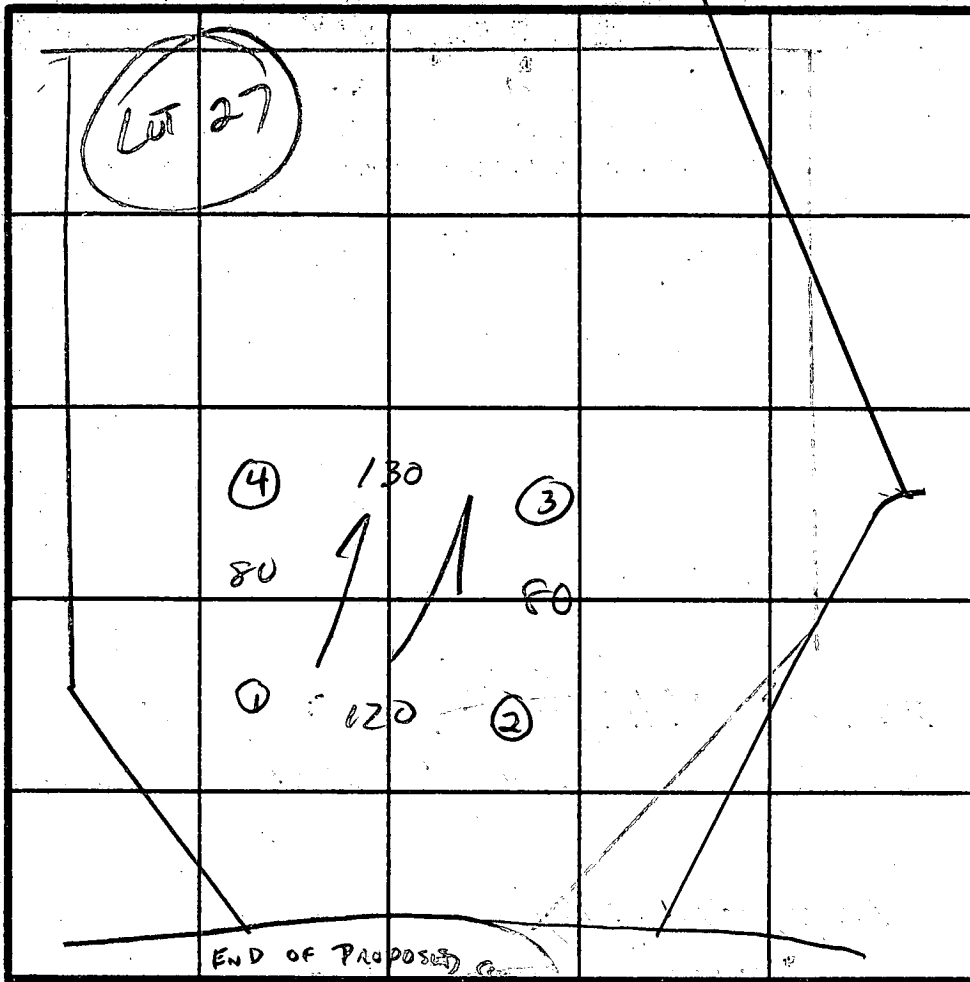
REASONS FOR REJECTION OR HOLDING _____

B.P. # 14750

BLDG. PERMIT SIGNED
AND RETURNED 10-1-87

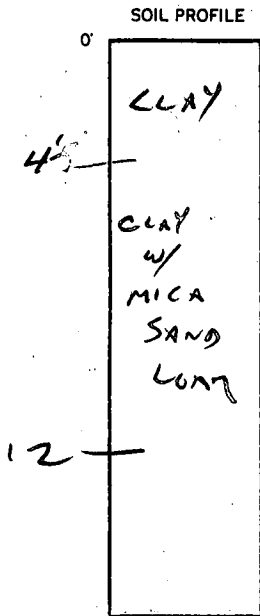
THIS IS NOT A PERMIT

1-2 1/4

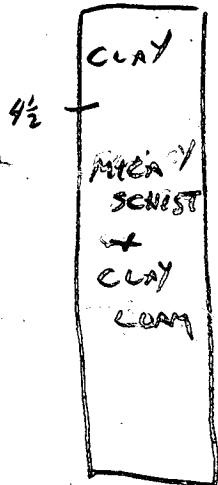


180 ft/BL
4-8

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



3+4



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-21-84	1)	4	11:50	11:52	11:52	11:54	RAIN
		8	11:50	11:58	11:58	12:08	20 MIN
	2)	12	CLAY MICA SAND				
2-20-84		4	11:56	12:42	7 SLOW		5 MIN
	3)	9	12:05				
		5	12:10	2:14	2:14	2:21	7 MIN
	4)	12	CLAY MICA SAND				
2-20-84		4	1:10	1:15	1:15	1:24	9 MIN
	5)	8	1:10	1:13	1:13	1:16	3 MIN
		12	MICA SCHIST + CLAY LOAM				
2-21-84	6)	4	12:27	12:47	12:47	1:01	1 HR
		8	1:20	1:28	12:25	1:31	6 MIN
		12	SANDY - GOLD		SOIL STARTS AT 5 FT		

REMARKS "MIDDLE OF LOT"

TYPE OF SOIL 7-5' CLAY THEN MICA SAND LOAM

TESTED BY C. W. [Signature] ALSO PRESENT DEMAIT, CUSSEL

EH-12-1079

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 Wm. H. Sweeney Receipt # 408357-7641
 Replacement _____ Date 1/20/88
 Name of Installer Ed. Kirchner Telephone 879-1903
 License Number 3872 Md. 3072
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
 Name of Property Owner Kenny Steton Telephone 358-0252
 Subdivision BRIGHTON PINES Lot # 17 Well Tag # _____
 Site Address 13827 LAKE SIDE DRIVE

Build No 14780 DIS 5

- | | | |
|---|---------------------|------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 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 _____ | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line _____ | 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: Ed. Kirchner

Date: 1/20/88

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

C1 5366

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 A33516

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 11 12 13 14 15 16 17 18 19 20

22 26 32 36 5 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 MD-81-1732

OWNER: HIGHLAND DEVELOPERS last name first name TOWN DAYTO! STREET OR RFD LAKESIDE DRIVE SUBDIVISION BRIGHTON PINES SECTION 1 LOT 17

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND 0 40, GRAY Mica Rock 40 365.

GROUTING RECORD WELL HAS BEEN GROUTED (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 to 32 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE S-T Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 45

OTHER CASING (if used) diameter inch depth (feet) from to

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

DEPTH (nearest ft.) 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

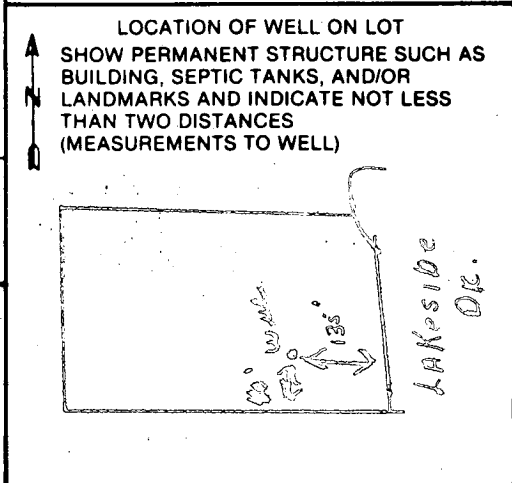
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 13 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 31 20 TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)

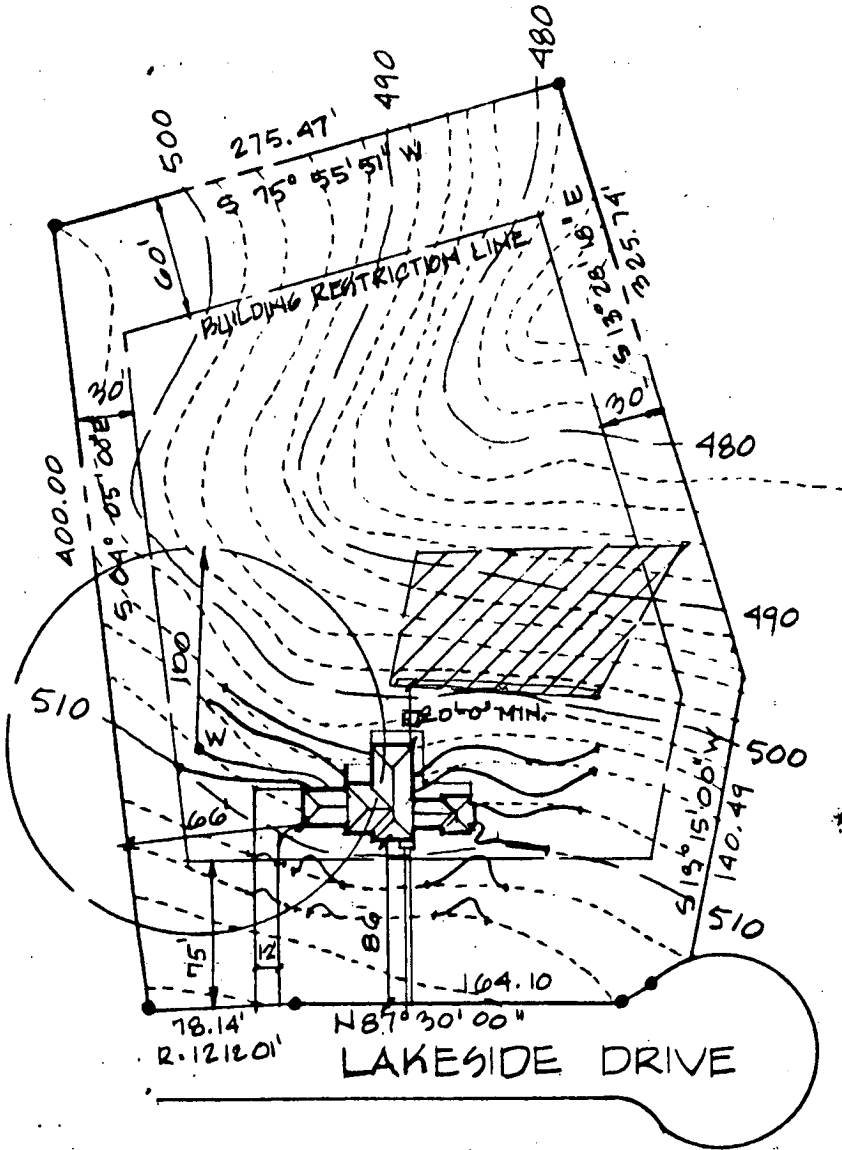


SURVEY HEATH

BP # 14750
 app. 10-1-87

13827 Lakeside Dr
 KERRY STATION

RESIDENCE FOR



SEPTIC NOTES

511.0 House elevation 1st Floor
 495.5 LINE ELEVATION @ 1st FLOOR
 495.3 LINE ELEVATION @ TANK - 10' out from house
 Grade 499.0
 495.0 INLET ELEVATION AT SEPTIC FIELD

Revisions:

Title:

SITE FOUND

Project No

Release D

Scale: AS

Drawn By:

Sheet No:

SITE PLAN SCALE: 1" = 100'-0"

Permit # 14780 DIST 5
 LOT 17 BRIGHTON PINES
 13827 LAKESIDE DR.

10/1/87
 [Signature]



C1 3787 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 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 33516

DATE RECEIVED
 [] [] [] [] [] []

DATE WELL COMPLETED
 02 02 89

DEPTH OF WELL
 37.5 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-81-1872

OWNER DEVELOPMENT HIGHLAND
 STREET OR RFD last name DR first name TOWN DAYTON
 SUBDIVISION BRIGHTON PINES SECTION 1 LOT 17

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	
Clay	0	20	
Sand	20	55	
Grny Mn. n hear.	55	38.5	✓

Dry well 36"
 Filled in with cement + water
 10' thick

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 13 NO. OF POUNDS 1220
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft to 45 ft

CASING RECORD
 MAIN CASING TYPE ST 6 61
 Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)

OTHER CASING (if used)
 diameter inch depth (feet)

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

DEPTH (nearest ft.)
 HO 57 37.5
 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

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 40
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 42
 WHEN PUMPING 29.4
 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)
 + above } LAND SURFACE (nearest foot)
 - below }

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

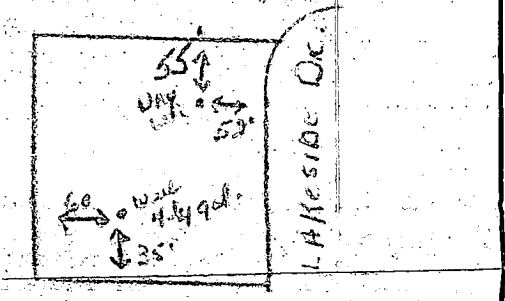
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 237

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)



SCHOCHOR, FEDERICO AND STATON, P.A.

ATTORNEYS AT LAW

THE PAULTON

1211 SAINT PAUL STREET

BALTIMORE, MARYLAND 21202

KERRY D. STATON

TELEPHONE
(301) 234-1000

CABLE ADDRESS
MEDSTAT

August 15, 1988

Craig Williams
Howard County Environmental Health
Box 476
Ellicott City, Maryland 21046

RE: Kerry D. Staton
13827 Lakeside Drive
Clarksville, Maryland

Dear Mr. Williams:

This will confirm our telephone conversation of August 12, 1988 in which we discussed the problem which has arisen as a result of a second well on my property which is currently capped and not in use. You advised, after reviewing the Howard County Code, that your interpretation of the Code requires me to either properly abandon the well by filling it or to completely bring it to service. You will not issue a Certificate of Potability, based upon your interpretation of the Code, unless one of these two options is elected and carried out. You further advised that chlorinating the well and capping it is not an option which would meet with your approval.

Accordingly, please be advised that I will take steps to either bring the well completely to service or to properly abandon the well within three months of the date of this letter. It is my understanding that my expression of intent will allow you to issue an interim Certificate of Potability, which you have agreed to do. It is my further understanding, based upon our recent telephone conversation, that another inspection and water test will be required for the final Certificate of Potability once I have carried out one of my two options. You advised that I have a maximum of six months prior to the expiration of the interim Certificate of Potability, although it is my intention to act upon the well within three months.