

320

05-398564

Approved
3/13/87
RH

3/13/87
11:00 AM.

PERMIT

P 38070

A 33519

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XX992-2330
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th

DATE 11/17/86

{ I.C.O.P. issued only }
Time expired }

RCM Corporation IS PERMITTED TO INSTALL X ALTER

ADDRESS 5520 Cedar Lane, Columbia, Maryland 21044 PHONE

SUBDIVISION Brighton Pines II ROAD 13809 Lakeside Drive LOT 20

PROPERTY OWNER Terry Guckes

ADDRESS

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 195 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 8 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench/or place the distribution box 120 feet from the rear (358.89') lot line and 155 feet from the right (400') lot line as seen when facing the property from Lakeside Drive. Run trench(s) on contour toward left and right lot line. Okay to run trenches out of per area. NOTE Okay to use 1-107ft trench.

NOTE - If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

Handwritten initials

PLANS APPROVED BY S. Abel DATE 9/23/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

BLDG. PERMIT SIGNED
AND RETURNED 5/19/87

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.

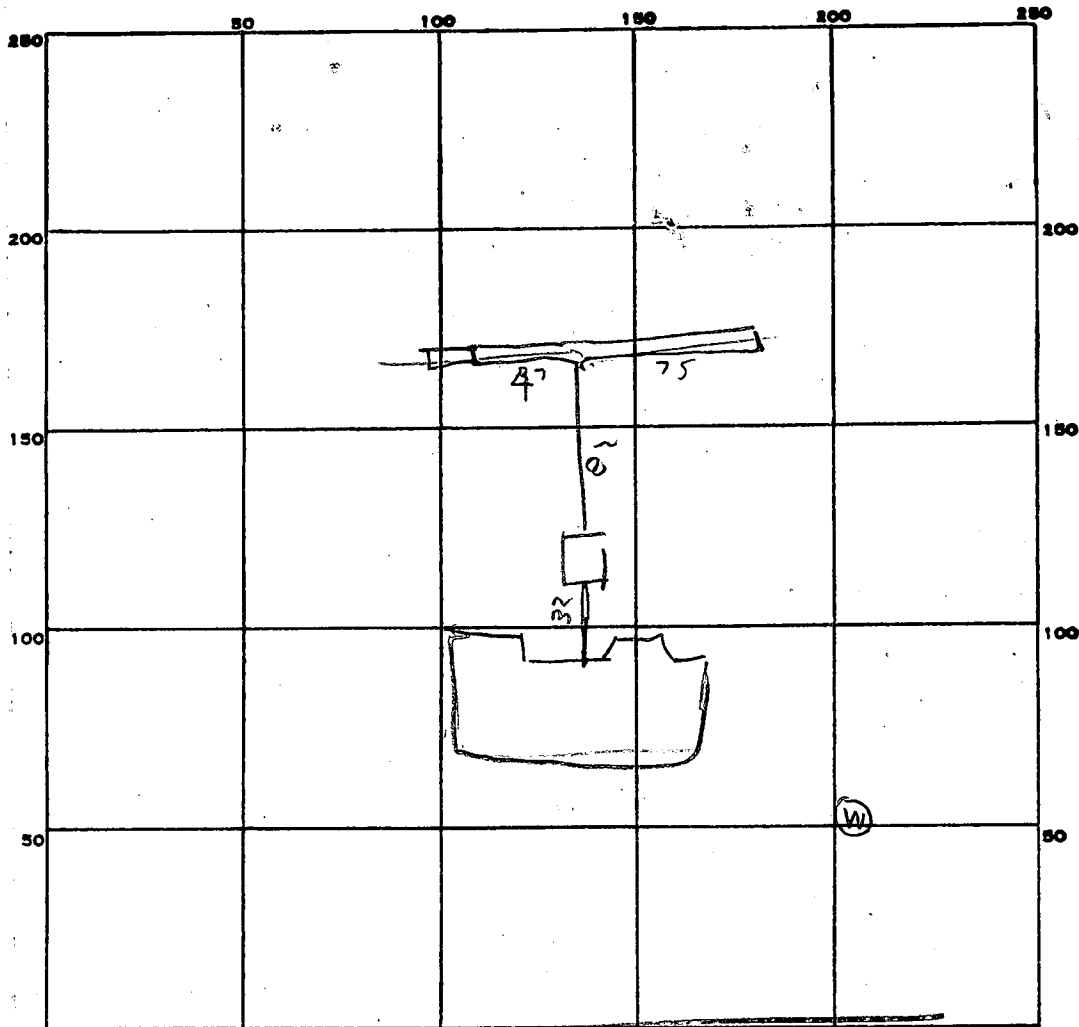
Handwritten note: Sewal # 1931

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33519



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LARG SIDE DRIVE

PERMIT CARD _____

SEPTIC TANK LEVEL 2000 CLEANOUTS OK
 GRADE LEVEL BUT TO BE FILLED OVER TANK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH TTA 22 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 780
ONE SIDE

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/13/87 SOIL GOOD FROM 2 1/2 FT TO BOTTOM
TRENCH PARTLY DUG - EXTEND TRENCH & AND
& ADD STONE 3/13/87 PM TRENCH
FINISHED & STONE ENDS & TANK
CONNECTED

DATE SYSTEM APPROVED 3/13/87

INSPECTOR Raymond Hodge

Pre:

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 33519

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 ~~McCarthy~~ FERRY BUCKES

ADDRESS 4100 Cathedral ave BC 20016 PHONE 202-363-2725

PROPERTY LOCATION: BRIGHTON PINES II LOT 20

SUBDIVISION Buquet stop LOT NO. 30

ROAD AND DESCRIPTION ~~Nichols Dr.~~ 13809 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. Pennington 425-0842
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR day lunches DATE 9-23-84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
BDDG. PERMIT SIGNED AND RETURNED 9-23-84 S. Abel
BPA 72901

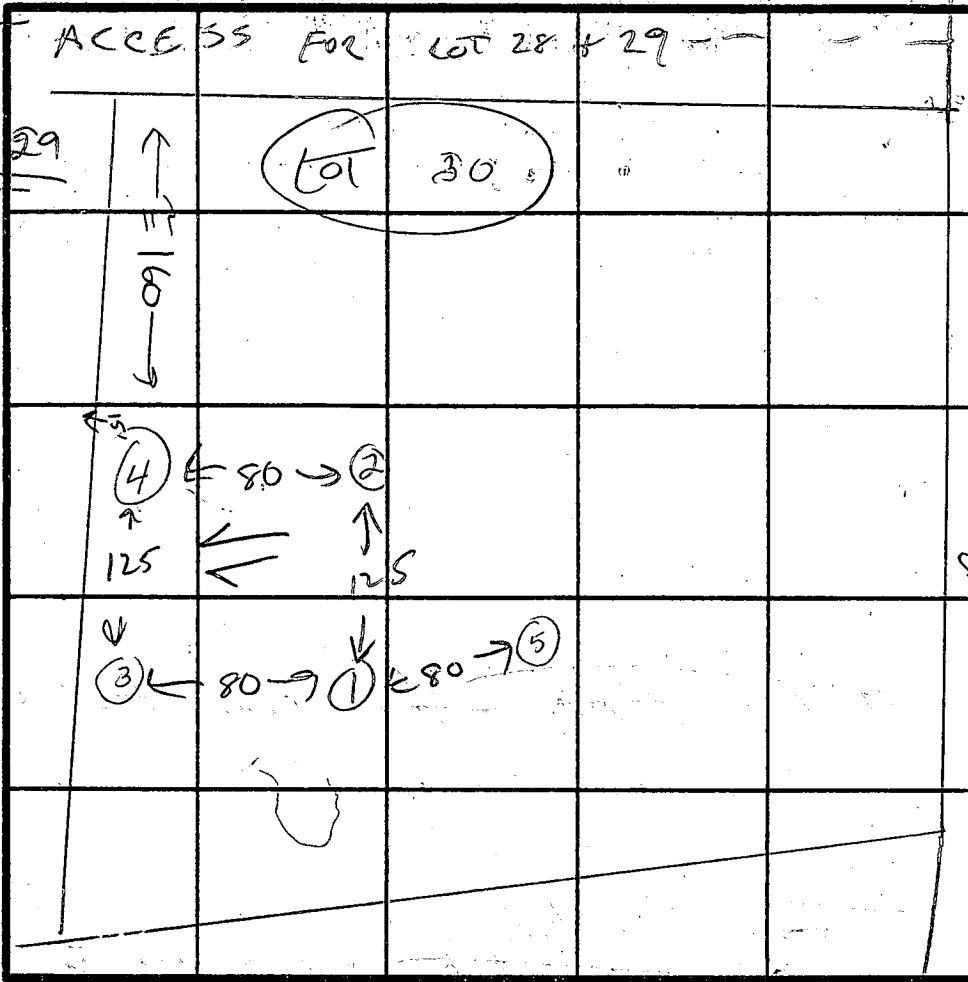
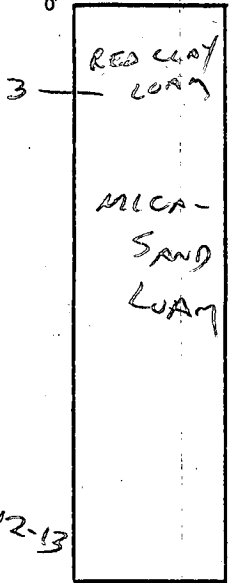
THIS IS NOT A PERMIT

Lot 29

All Holes

LOT 29

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2-16-84	1	4 8 12	1:44 USUAL SAND	1:46 SAND	1:46	1:48	2	
2-16-84	2	4 8 12	1:55 2:03	1:57 2:05	1:57 2:05	1:59 2:07	2	
2-16-84	3	4 8 12	1:28	1:30	1:30	1:32	2	
2-16-84	4	4 8 13	1:57 2:03	1:59 2:05	1:59 2:05	2:01 2:07	2	
2-16-84	5	4 8 13	USUAL SAND TO ALLOW SYSTEM TO BE PULLED UPHILL					2

REMARKS

TYPE OF SOIL RED CLAY LOAM TO RED MICA SAND

TESTED BY C. Williams ALSO PRESENT CISSEL, PHILL

EH-12-1079

Elev. Basement: 507.0' ✓
 FT Floor: 516.0' ✓
 Invert Hoose: 511.0' ✓
 Invert Septic (in): 510.51' ✓
 Invert Septic (out): 510.25' ✓
 Elevat Tank: 512.25' ✓
 Trench Slooting Pt: 505.0' ✓
 Original grade S.A.: 508.0' ✓

NO BASEMENT SERVICE

elevation
 S. Hill
 9/23/84

7/28/86

Site Plan

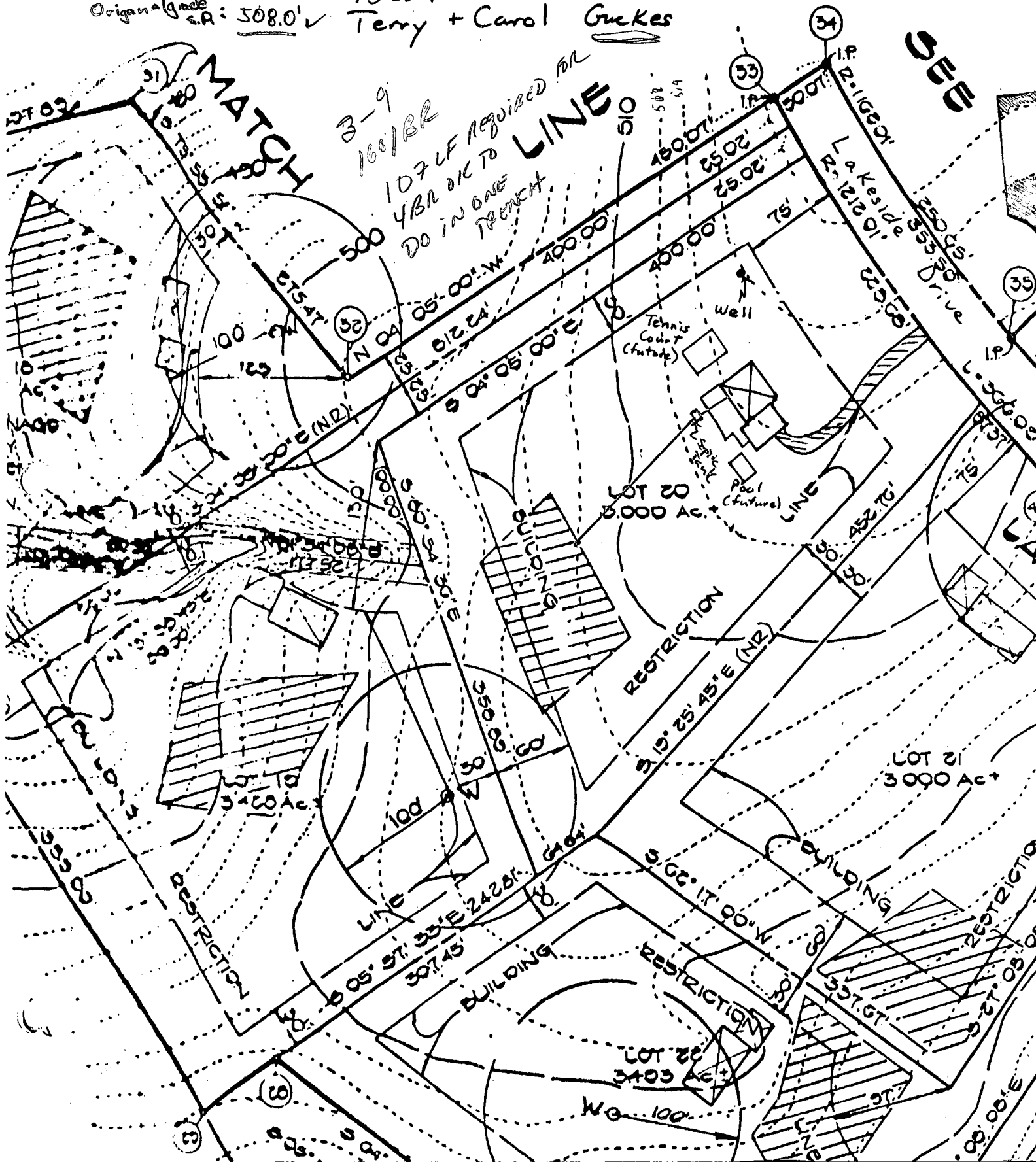
Brighton Pines

BLDG. PERMIT SIGNED
 AND RETURNED 9-23-84 SA

Lot 20; Section I; Area 2
 13829 Lakeside Drive

BPA 72901

Terry + Carol Guekes



C1 5254

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-33519

DATE Received

8 13

DATE WELL COMPLETED

15 20 010080

Depth of Well

23 26 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 37 10-21-1604

OWNER

GUESKES

TSARY

STREET OR RFD

LABESIDE DR.

TOWN

DAYTON

SUBDIVISION

BRIGHTON PINES

SECTION

1 AREA 2

LOT 20

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 3 columns: DESCRIPTION, FEET (FROM, TO), and Check if water bearing. Rows include SAND (0-60) and GRAY MICH ROCK (60-365).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

yes no Y N

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 16 NO. OF POUNDS 1504

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

3 6 68

OTHER CASING (if used)

Table for other casing diameter and depth

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

DEPTH (nearest ft.) table with 3 rows and 5 columns

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

C3

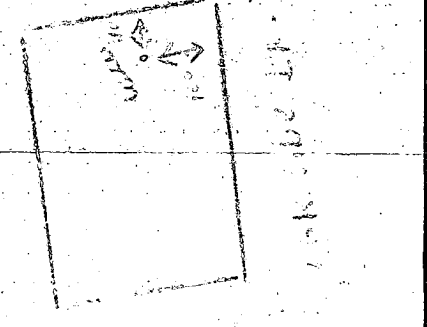
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 137 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

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

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. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

33519

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement
 Receipt # 39078
 Date 4/8/87
 Name of Installer DEWEET PLUMBING Telephone 301-384-6493
 License number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 276
 Name of Property Owner CURTIS LAMARIN Telephone 982 1333
 Subdivision BRIGHTON PINES Lot # _____ Well tag # _____
 Site Address 13809 LAKE SIDE DR.

Pump	Motor	Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible <input checked="" type="checkbox"/>	1. Horsepower <u>3/4</u> 2. RPM _____ 3. Voltage _____ a. 110 _____ b. 220 <input checked="" type="checkbox"/>	1. Make <u>BPII</u> 2. Model # _____ 3. Depth <u>320'</u>
2. Make <u>GOULD</u>		
3. Model # <u>3/4 HP</u>		
4. Capacity <u>6.5-PM</u> 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 <u>42</u>	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>320</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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: Dewet Dewet
Date: 3-20-87

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

B 1 5219

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

MD-81-1624

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received

8 13

OWNER INFORMATION

Owner: Charles TERRY, Street: 5993 BRADL BROS RD, Town: COLUMBIA, State: MD, Zip: 21044

DRILLER INFORMATION

Driller's Name: Joseph P. Meyer, License No. 238, Firm Name: J.P. Meyer & Sons, Address: 1111 W. Montgomery St., Signature: Joseph P. Meyer, Date: 1/18/87

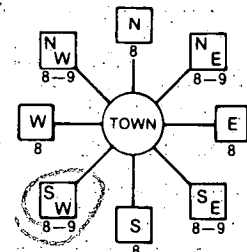
B 3

LOCATION OF WELL

8 COUNTY: Howard, 23 SUBDIVISION: BRICKWOOD PLAZA, SECTION: E, LOT: 20, 52 NEAREST TOWN: DAYTON, MILES FROM TOWN: 0.5 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Lakeside Dr.

CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST

DISTANCE FROM ROAD: 110 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

Signature: Howard, County Name: Howard, County No. A 33519, Date Issued: 02/11/87, North Grid: 501000, East Grid: 0801000

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

Method: BORED (or Augered), AIR-ROTARY, CABLE

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 deepen an existing well

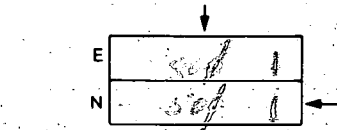
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: PA, PERMIT NO.: MD-81-1624

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 68' casing, 1' annular space, 50' open, 15' cap cement well



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

SCALE

1" = 100' 0"

LAKESIDE DR

207201 220.55

200 00 00 0

400 00 00 0

133'

SEPTIC
TANK

PROPOSED 143' 2"
FENCE & CODE

1000'S
SEPTIC
RESERVE
AREA

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

141' 00" 00

OK AS DRAWN

5/19/87

Cwill

5 80' 54" 30" E 300.50'

5 05° 37' 50" E
64.64'

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1624
 Location of property (road) LAKE SIDE DR.
 Subdivision BRIGHTON PINES Lot 20 Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner GUERRES, TERRY

Depth of well 365
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 40

I. High rate pumping -- reservoir drawdown
 Time pump started 9:00 Pumping rate 12
 Total time 18 min to reach pumping water level 290 ft. below M.P.

II. 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	135	5		12
8:30	212	5		12
8:45	290	5		12
9:00	290	34		1 3/4
9:15	290	34		1 3/4
9:30	290	34		1 3/4
9:45	290	34		1 3/4
10:00	290	34		1 3/4
10:15	290	34		1 3/4
10:30	290	34		1 3/4
10:45	290	34		1 3/4
11:00	290	34		1 3/4
11:15	290	34		1 3/4
11:30	290	34		1 3/4
11:45	290	34		1 3/4
12:00	290	34		1 3/4
12:15	290	34		1 3/4
12:30	290	34		1 3/4
12:45	290	34		1 3/4
1:00	290	34		1 3/4
1:15	290	34		1 3/4
1:30	290	34		1 3/4
1:45	290	34		1 3/4
2:00	290	24		1 3/4
2:15	290	34		1 3/4
2:30	290	34	(over)	1 3/4