

11/27/87  
C. Williams

05-396158

11/30/87 7:30 AM to 2:00 PM  
L. H. A. H.  
L. H.

# PERMIT

P 38438  
A 33531

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

DISTRICT 9531

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 1-15-87  
~~1-15-87~~

DATE SYSTEM APPROVED 11/30/87

INSPECTOR R. H.

Olen Ketterman IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 442-1336

SUBDIVISION Brighton Pines ROAD Lakeside Drive LOT 17

PROPERTY OWNER A.D. Gantt Jr.

ADDRESS Oakstream Drive

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO xx

SEPTIC TANK CAPACITY 1250 GALLONS xx NUMBER OF BEDROOMS 4  
158 sq. ft. per bedroom.

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 145' from the front lot line and 130' from the left (277.32') lot line. Run Trench (s) along level ground toward left side of property.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.

PLANS APPROVED BY Craig Willaims CW DATE 1-15-87

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.

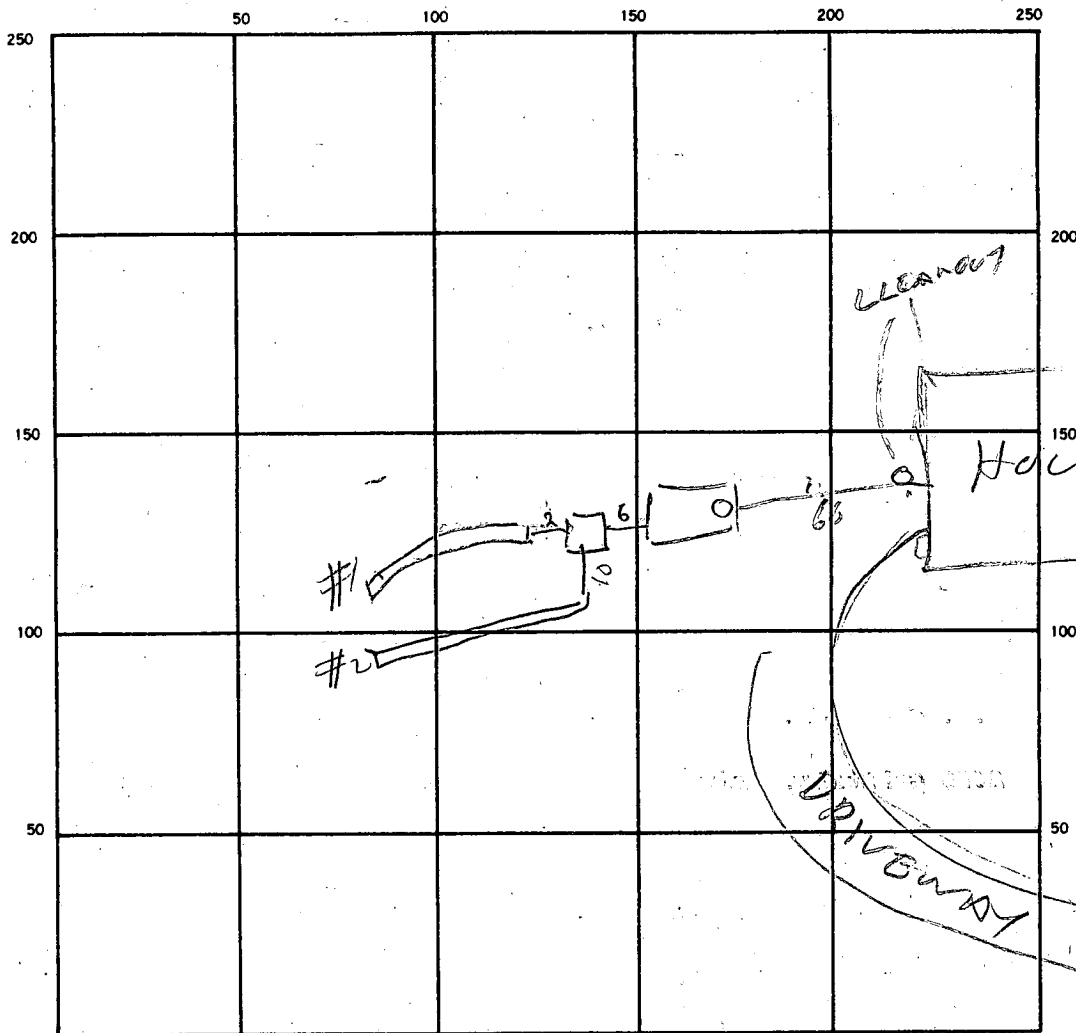
AND RETURNED 12/1/87  
Serial # 15768  
3 call garage

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-33531



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL OK 2000 CLEANOUTS ST / OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 9 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 1 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 55 70 FT.

NUMBER OF TRENCHES	<u>2</u>	ONE SIDEWALL/BOTTOM AREA	<u>275</u>	<u>430</u> SQ. FT.	2	INSTALLED	REQUIRE
						<u>169.5</u>	<u>632</u>

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET 4 1/2 FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS RAIN 11/27/97 LOCATION OK. TRENCH #1 DUG & PARTLY STONE  
ADD STONE TO #1 DIG #2 RH 11/27/97<sup>103</sup> - TRENCH #1 FINISH  
DIG TRENCH #2 RH 11/30/97 - TRENCH #2 IS DUG RH  
11/30/97<sup>om</sup> - STONE ADDED TO TRENCH #2. RH

DATE SYSTEM APPROVED 11/30/87 INSPECTOR Raymond Hodges

*Permit*

# APPLICATION

SEWAGE DISPOSAL TESTING

A 33531

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

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

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 M. McCortney DOYLE GANT

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

PROPERTY LOCATION: BRIGHTON PINES I

SUBDIVISION Propert Prop LOT NO. 17 42

ROAD AND DESCRIPTION Nichols Dr. 13737

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. Bennett 445-0842  
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Akers FOR Deep Trenches DATE 12/8/83

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

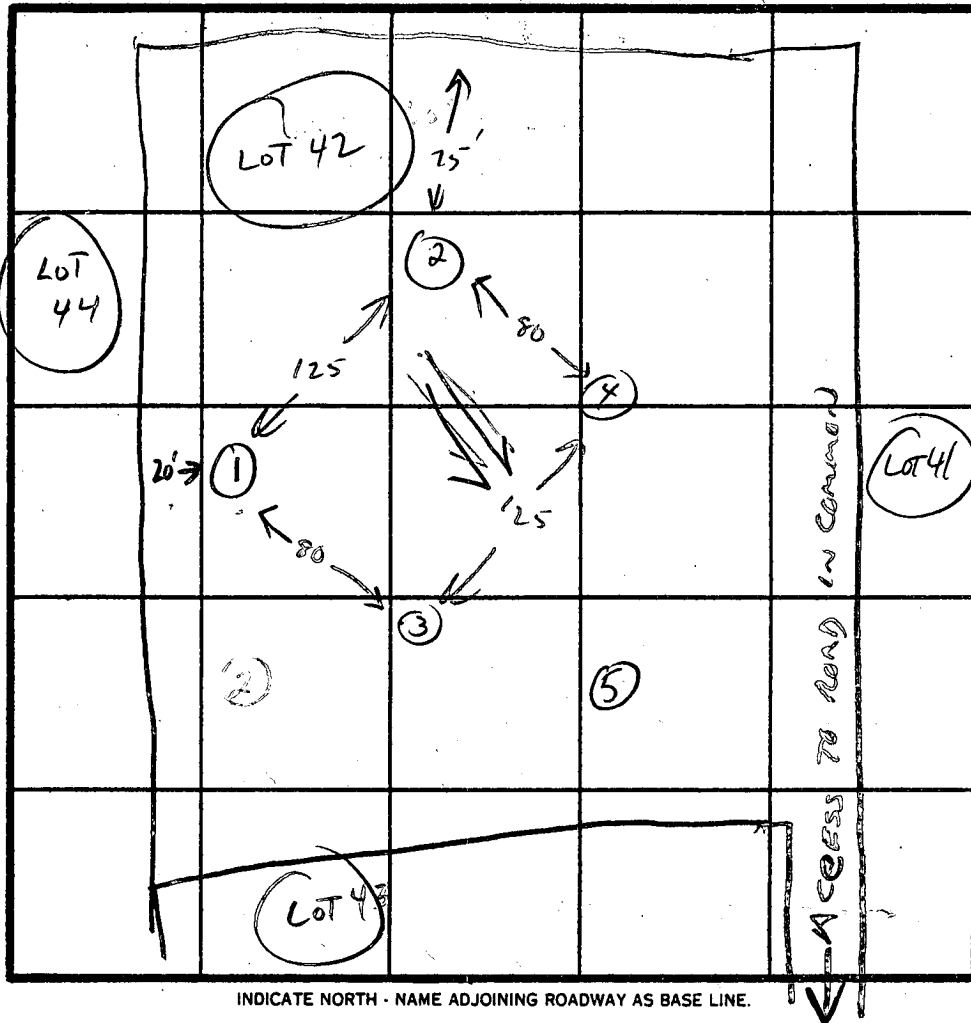
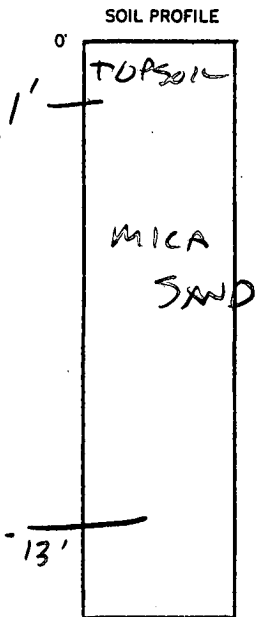
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 12/8/83  
S. Akers

# THIS IS NOT A PERMIT

6P# 9253

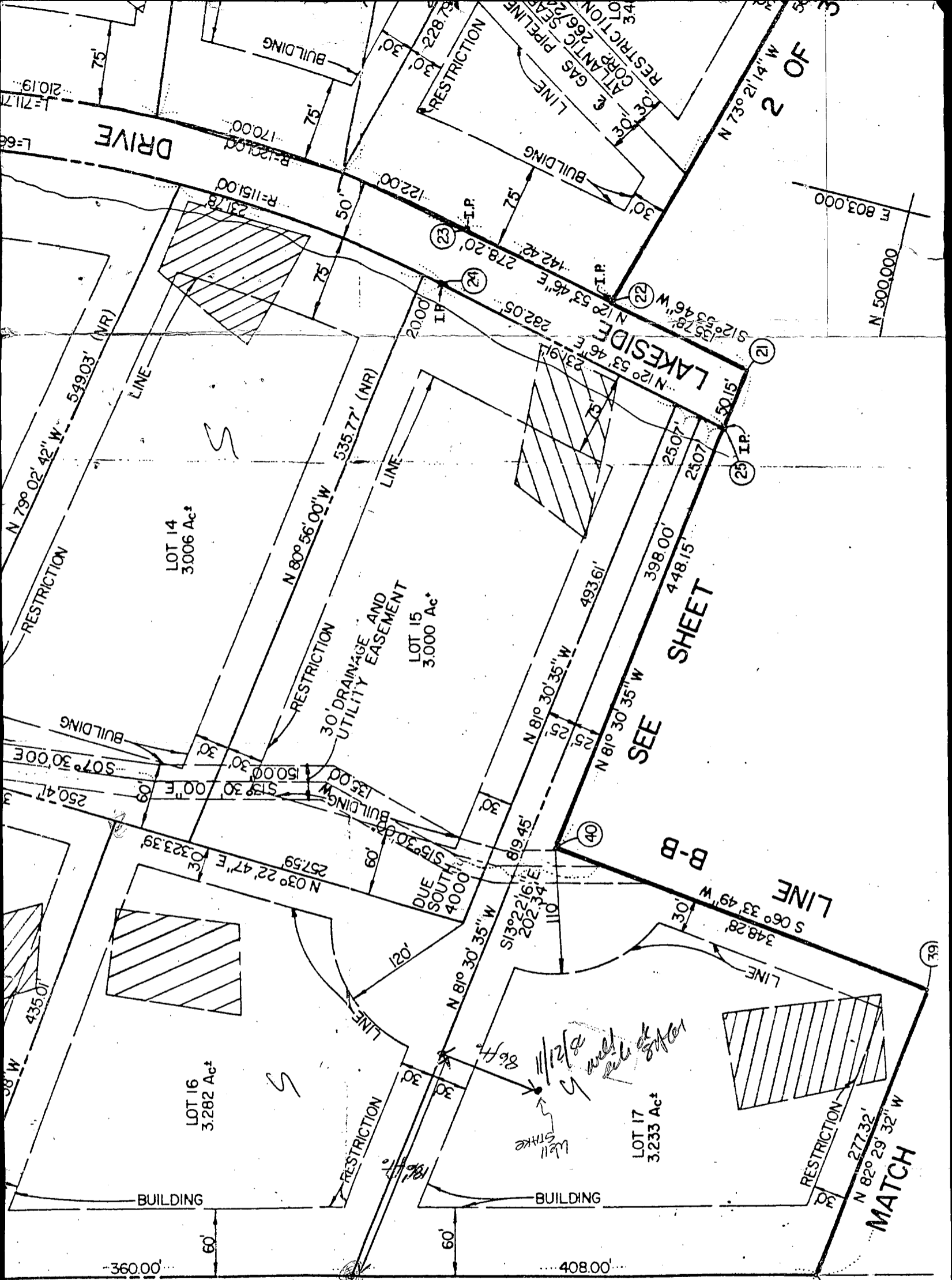


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-16-84	1 <u>2ND HIGH</u>	3	10:41	10:43	10:43	10:45	2 MIN
		9	10:41	10:43	10:43	10:45	
		12	SANDY				
2-10-84	2 <u>HIGH</u>	3	10:42	10:44	10:44	10:46	2 MIN
		9					
		13	SANDY				
2-10-84	3 <u>LOW</u>	3	10:49	10:51	10:51	10:53	
		9					
		13	SANDY				
2-10-84	4	3	10:42	10:44	10:44	10:46	2 MIN
		9					
		12	SANDY				
	5						

REMARKS \_\_\_\_\_

TYPE OF SOIL MICA SAND

TESTED BY C. Williams ALSO PRESENT PAUL RISSEL

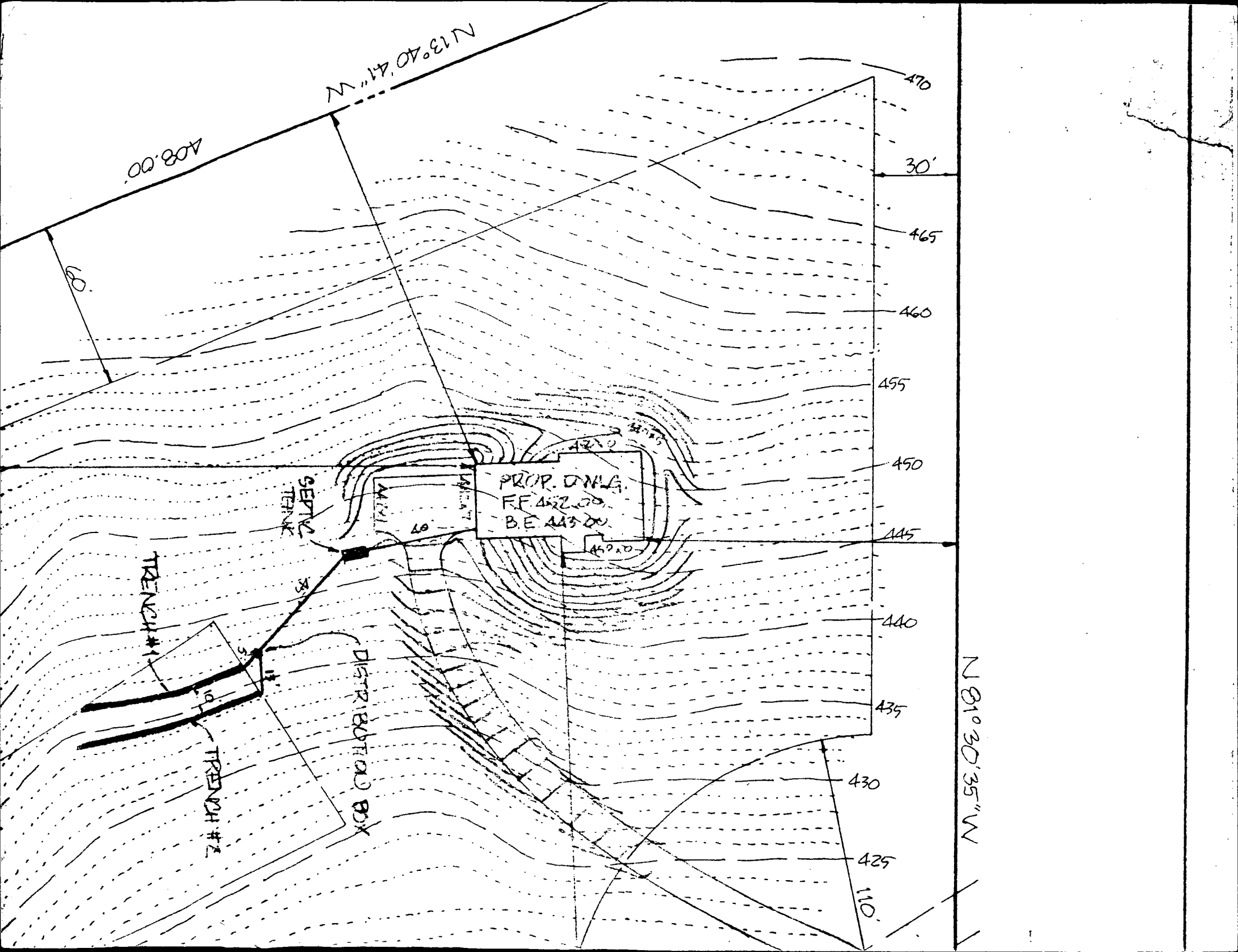


11/12/86  
 on left side of  
 Lakeside drive  
 pipe stem cut + house site  
 cleared  
 stake is in

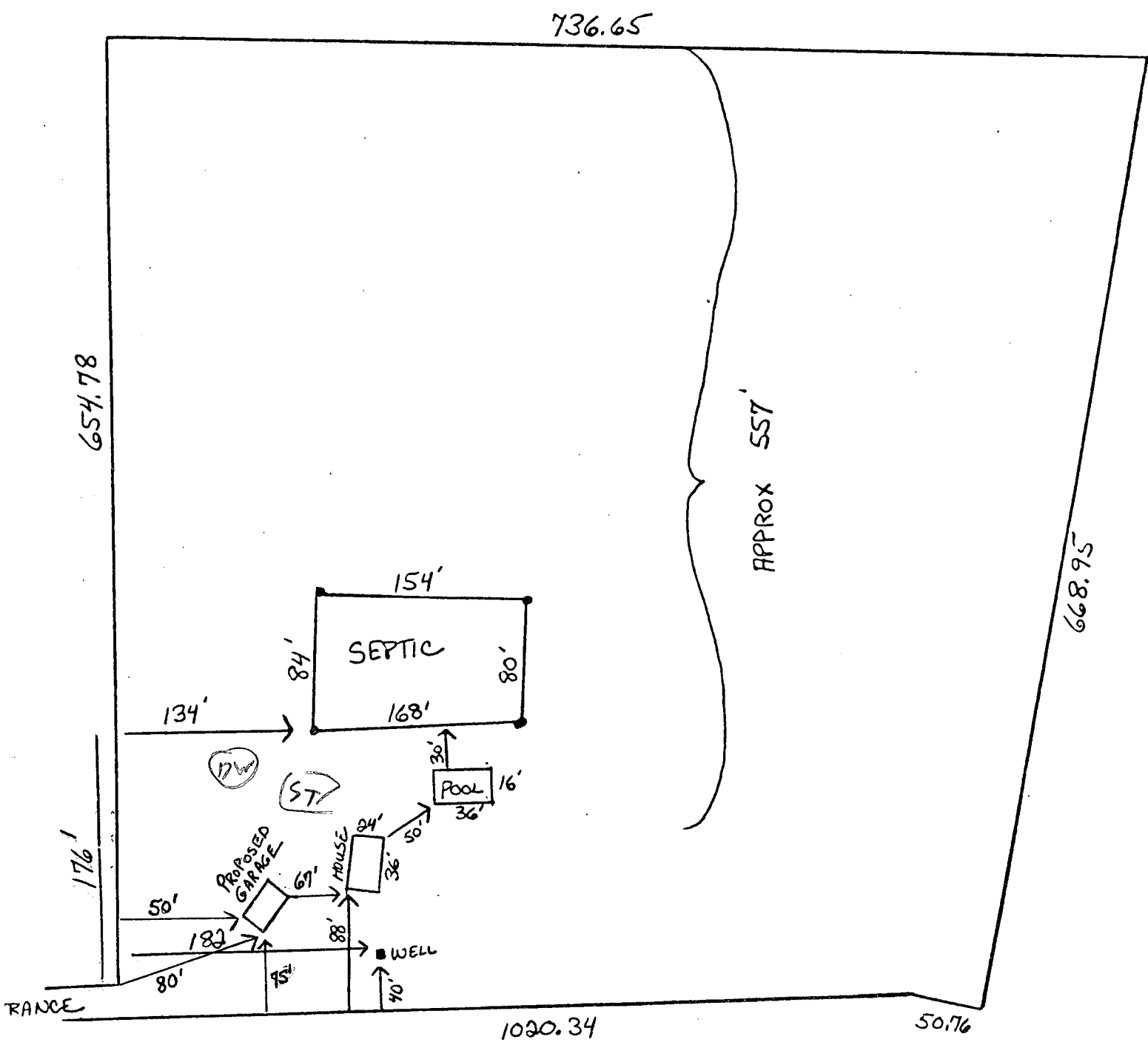
SEE SHEET

W.S.S.C.  
 207/415

COLLINS, AND CARTER, INC.  
 ENGINEERS AND LAND SURVEYORS  
 501 W. AVENUE  
 CITY, MARYLAND 21043  
 E: (301) 461-2855



13029 TRIADELPHIA MILL RD  
CLARKSVILLE MD 21029



11/30/87 - NO PROBLEM OK TO  
SIGN RH

B 1 5581 SEQUENCE NO. (OEP USE ONLY)

3rd STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER 20-81-1766 fill in this form completely

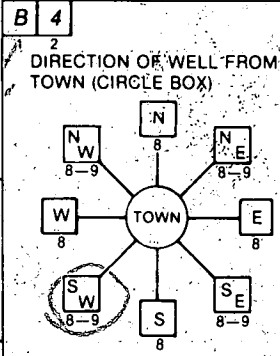
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

OWNER INFORMATION: Date Received, Last Name (GANT), Owner (DOYLE), Street or RFD (7479 GAK STAGUM DR), Town (PARK-L), State (MD), Zip (21208)

LOCATION OF WELL: COUNTY (HOWARD), SUBDIVISION (KRICHTON RIDES), SECTION (E), LOT (19), NEAREST TOWN (DRYFON), MILES FROM TOWN (2.2 MI)

DRILLER INFORMATION: Driller's Name (Joseph H. Miller), License No. (238), Firm Name (Joseph H. Miller), Address (5512 Hillside Rd. DM. Hwy 111), Signature, Date (10/24/87)



DIRECTION OF WELL FROM TOWN (CIRCLE BOX) [SW], NEAR WHAT ROAD (Lakeside Dr.), ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) [E], DISTANCE FROM ROAD (600 FT)

WELL INFORMATION: APPROX. PUMPING RATE (5 GPM), AVERAGE DAILY QUANTITY NEEDED (500 GAL PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME (Howard), COUNTY NO. (A 33531), OEP SIGNATURE (Suzanne Clark), DATE ISSUED (11-20-86), CO SIGNATURE, EXP. DATE (04-20-87), NORTH GRID (499000), EAST GRID (5802000)

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), [F] FARMING, [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER, [P] PUBLIC OR PRIVATE WATER COMPANY, [T] TEST, OBSERVATION, MONITORING

APPROXIMATE DEPTH OF WELL (250 FEET)

APPROXIMATE DIAMETER OF WELL (6) NEAREST INCH

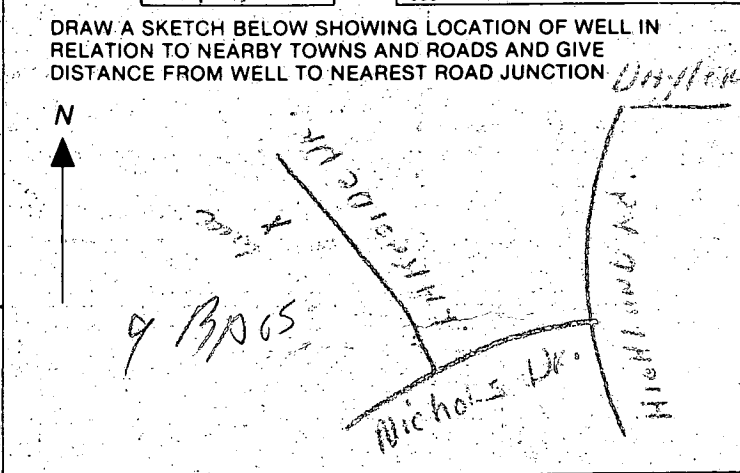
METHOD OF DRILLING (circle one): [A] AIR-ROTARY, [R] ROTARY (Hydraulic Rotary), [D] DRIVEN, [C] CABLE, [R] REVERSE-ROTARY, [P] DRIVE-POINT

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 DEEPEAN AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER (GAP), FORCE (CA) WRITE INITIALS IN BOX, PERMIT NO. (20-81-1766)

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER (Well), WRITE THE BOX NUMBER FROM THE MAP HERE (800 6, 490 7)



5 DEC 86

- ① 69 FT PWD
- ② 50 FT OPEN HOLD
- ③ 18 BAGS
- ④ WELL OK
- ⑤ GOT INFORMATION FROM WAYNE  
COULD NOT FIND SITE IN TIME  
BUT SEEN GRATER ON NEXT JOB

B. Hodge

**C1** 3795 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-33531**

DATE RECEIVED  
 8 1 13

DATE WELL COMPLETED  
 15 19 20 05 26

DEPTH OF WELL  
 225 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 40-81-1766

OWNER **GANTT** last name **DOYLE** first name  
 STREET OR RFD **LAKE SIDE DR.** TOWN **DAYTON**  
 SUBDIVISION **BRISTOL PINES AREA 1** 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	23	
GRAY SAND	60	225	
CLAY			

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **118** NO. OF POUNDS **1692**  
 GALLONS OF WATER **108**  
 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**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **69**

**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 HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 1 **40** 67 225  
 2  
 3

CIRCLE APPROPRIATE LETTER  
**A** 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)

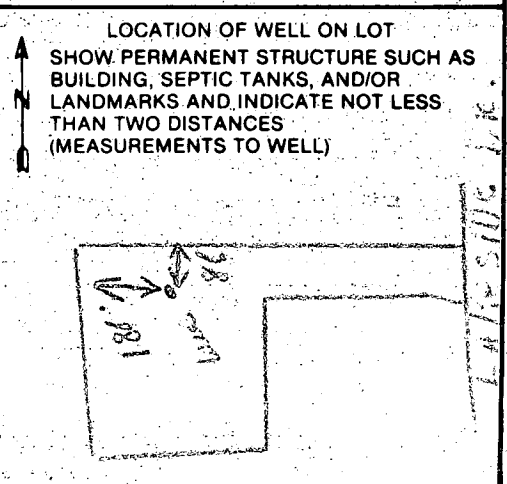
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **4**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **47** WHEN PUMPING **48**  
 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 (CIRCLE) (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) **31**  
 PUMP HORSE-POWER **37**  
 PUMP COLUMN LENGTH (nearest ft.) **43**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above **-** below  
 LAND SURFACE (nearest foot) **49**



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 # 39129  
 Date 4/13/87

Name of Installer C. Edward Abert

Telephone 848-0204

License number 2296  
 Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner A. Doyle Gantt Jr. Telephone 490 8958  
 Subdivision Brimsted Pines Lot # 17 Well tag # HO-81-1766  
 Site Address 13737 Lakeside Dr.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <input type="checkbox"/>	1. Make <u>HAWAII</u>
a. Deep well jet <input type="checkbox"/>	2. RPM <input type="checkbox"/>	2. Model # <u>PT800</u>
b. Shallow well jet <input type="checkbox"/>	3. Voltage <input type="checkbox"/>	3. Depth <u>4'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <input type="checkbox"/>	
2. Make <u>Myers</u>	b. 220 <input type="checkbox"/>	
3. Model # <u>S2552-5541</u>		
4. Capacity <u>4</u> GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>160</u>	1. Type <u>Blue Poly</u>	1. Depth <u>225</u> ft.
2. Pressure relief valve? <u>75 lb</u>	2. Size <u>1" 160 lb</u>	2. Yield <u>4</u> GPM
	3. NSF and/or BOCA Code approved <u>CPD 213113-2</u>	3. Static water level <u>46</u> ft.
	4. Depth of supply line <u>4'</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

10/13/87, Pitless AT 54" well line AT 38"-54" below ground INSIDE EXTERIOR COMPLETE *etc*

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: C. Edward Abert

Date: 4/8/87

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

