

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-392322

INDEXED

P 42555

A 31361

DISTRICT _____

DATE 9/15/88

DATE SYSTEM APPROVED 11/4/88

INSPECTOR C. Williams

C. C. Cissel

IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD PHONE 854-2006

SUBDIVISION Jocelyn Acres ROAD 6661 Luster Drive LOT 4, Section 2

PROPERTY OWNER William Watson

ADDRESS _____

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

GARBAGE GRINDER? YES NO _____

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

210
x 4 1/2
700
700
700

TRENCHES - 316 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 9.0 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Start the trench 210 feet from the back lot line and 70 feet from the left side of the lot as seen when facing the lot from Luster Drive. Run the trench toward the back 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/SA

PLANS APPROVED BY Ray Hodges DATE 10/27/83

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 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.

BOG. PERMIT SIGNED

AND RETURNED 7/4/89

Sevick 27802 - deck

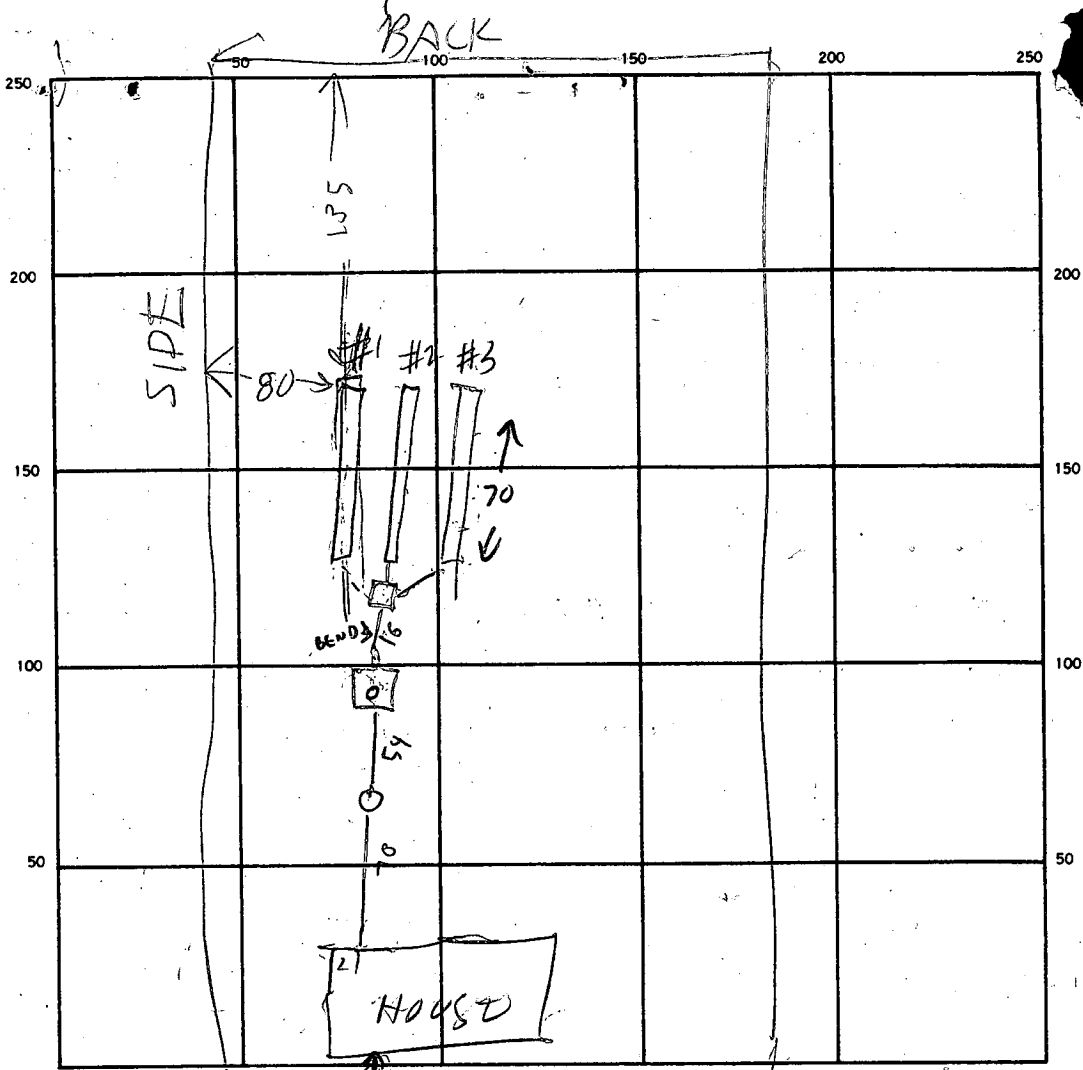
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A31361

88



SEPTIC TANK, LEVEL 1500 CLUSTER OF CLEANOUTS

DISTRIBUTION BOX, LEVEL OK

DRAIN FIELD/TILE FIELD, DEPTH

1	2	3
9	9.5	9.5

 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH

1	2	3
4 1/2	4 1/2	4 1/2

 FT. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 945 SQ. FT.

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

ABSORBENT AREA 945 SQ. FT.

REMARKS 11/2/88 LOCATION OK WELL IS 272 FT FROM HOUSE

OK TO COVER TRENCH #1 ADD STONE TO TRENCHES #2 & #3 & CALL

11/4/88 SYSTEM COMPLETE, OK TO COVER. GRADE WILL BE CUT AT TANK. CW

DATE SYSTEM APPROVED 11/4/88 INSPECTOR C. Williams

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 31361
P _____
DISTRICT 5th
DATE APRIL 29, 1981

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 MANGLITZ AND ASSOCIATES William WATSON

ADDRESS P.O. BOX 701 ADELPHI, MARYLAND 20783 PHONE: 653-0804

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES LOT NO. 73 New 4 Sec II

ROAD AND DESCRIPTION NORTHWEST CORNER OF HIGHLAND ROAD AND MINK HOLLOW ROAD
6661 LUSTEX DR.

SIZE OF LOT 3.6 AC. + TYPE BLDG. SINGLE FAMILY
(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. Charles J. Conrad
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodge FOR DN or trench DATE 10/27/83

REJECTED BY _____ FOR _____ DATE _____

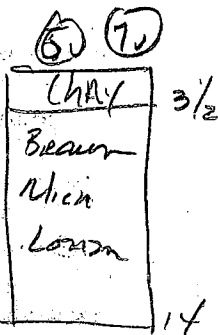
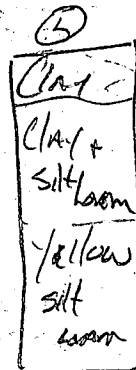
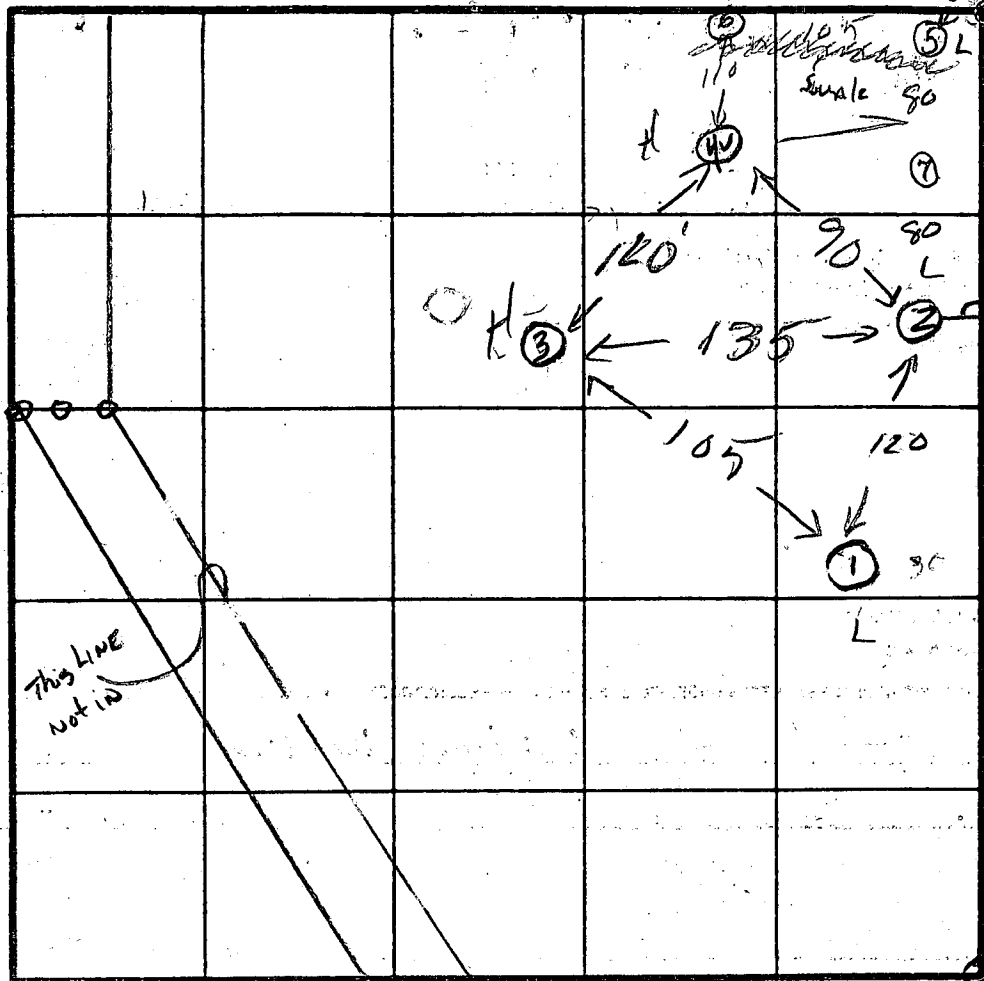
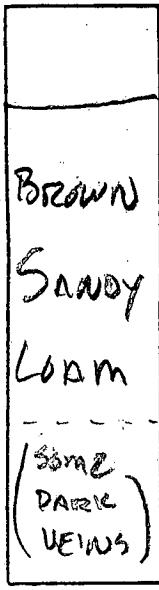
HOLD PENDING FURTHER TESTS 1. Stephen G. Reil - SR DATE 5/27/81

REASONS FOR REJECTION OR HOLDING Unsuitable soil, hold further tests SR
10/27/83 Specs Written R.H. BP 13461'S
app 10-27-87

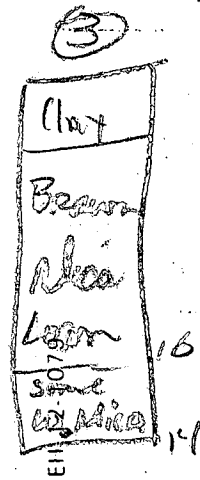
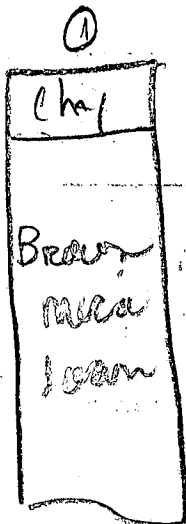
THIS IS NOT A PERMIT

13-0028

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/21/51	1	S 5'	2:38	X X X	X X X	X X X	13
		M 9'	2:39	2:44	2:44	2:59	
		D 12'					
	2	S 6'	2:54	3:01	3:01	3:30	29
		M 10'	2:54	2:59	2:59	3:15	
		D 14'					
	3	S 5'	3:06	X X X	X X X	X X X	Fail little per
		M 9'	3:06	3:16	3:16	3:29	
		D 14'					
	4	S 13'	Surrender to ①				f = 21
		M 5 1/2'	9:46	9:56	9:56	10:16	
		D 9'	10:17	10:28	10:28	10:50	
	5	S 7'	10:00	10:16	10:16	10:21	10 wet, 4 1/2' effective
		M 8'	10:00	10:02	10:02	10:06	
		D 14'					
	6	S 16'					5 1/2'
		M 14'					
		D 14'					

REMARKS open field some lot lines are D.O.

TYPE OF SOIL

TESTED BY Sx 5/21/51

ALSO PRESENT Frank J. B. 5/21/51

B 1 **3021** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND *2nd.*
 PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0611
 fill in this form completely

Date Received *7/10/84*

OWNER INFORMATION

WATSON **mike**
 Last Name Owner First Name

13305 BANBURY PLANE
 Street or RFD

57 LVER **SPRINGWOOD** **20904**
 Town State Zip

B 3 **LOCATION OF WELL**

HOWARD COUNTY

JOCELYN ACRES SUBDIVISION

SECTION **2** LOT **4**

HIGHLAND NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

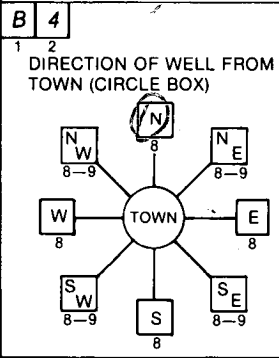
DRILLER INFORMATION

Joseph L. Wayne Driller's Name License No. **238**

Joseph L. Wayne Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771 Address

Joseph L. Wayne Signature *5/9/84* Date



Juster Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

60 DISTANCE FROM ROAD 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 COUNTY NO. **A31361**

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED **062784** CO SIGNATURE *Frank Sherrin* EXP. DATE **10/27/84**

NORTH GRID **494000** EAST GRID **0804000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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 _____

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

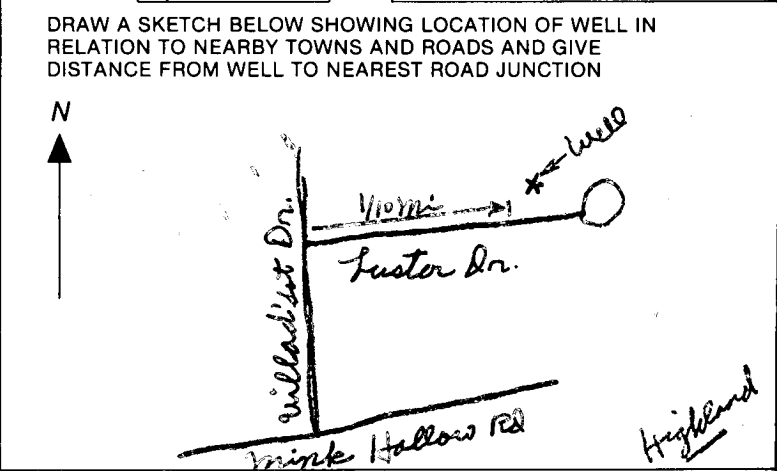
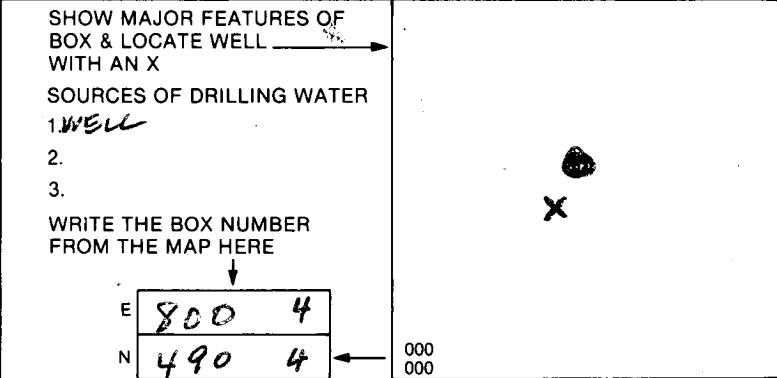
THIS WELL WILL DEEPEIN AN EXISTING WELL

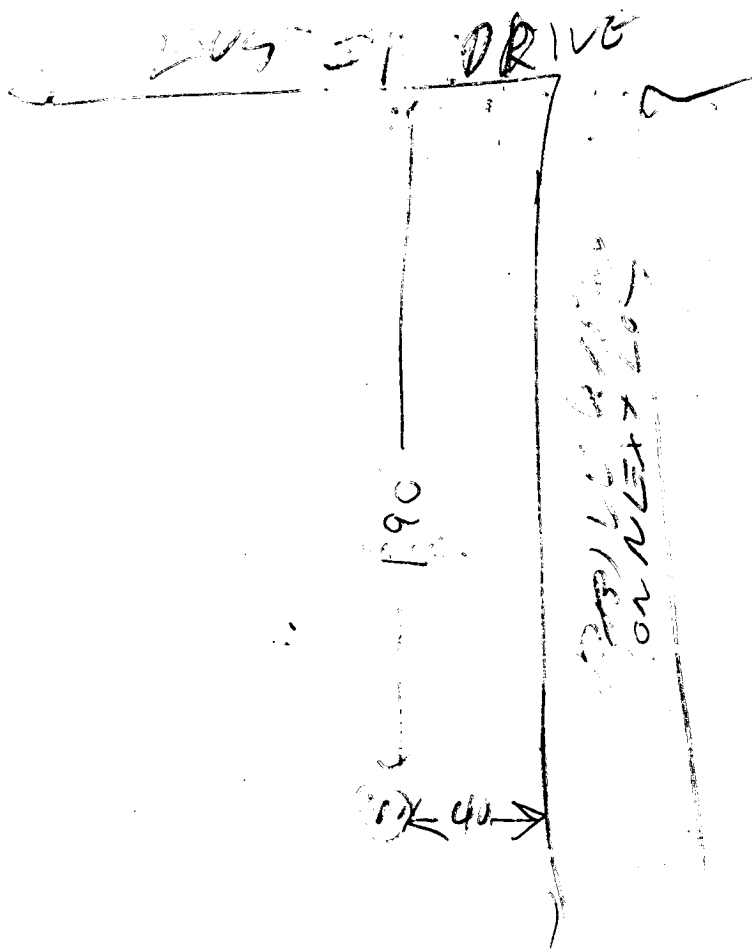
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

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

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **40-81-0611**





7/10/84

- ① LOCATION OF
- ② 55 FT CASING 1/2 ft OUT OF GROUND
- ③ 40 FT CASING MEASURED WITH WEIGHTED STRING

C1 1400

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 31361

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

07/08/4

59

49-81-0611

(TO NEAREST FOOT)

OWNER Watson last name

Mike first name

STREET OR RFD Luster Drive

TOWN Highland

SUBDIVISION Jocelyn Acres

SECTION 2

LOT 4

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, Feet To. Rows include Brown Slates, Sand, and gray mica rock.

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 20 NO. OF POUNDS 1880. GALLONS OF WATER 120. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 40 ft.

CASING RECORD

Case types insert appropriate code below. Steel (ST), Concrete (CO), Plastic (PL), Other (OT).

MAIN CASING TYPE (S+), Nominal diameter top(main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 55.

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

SCREEN RECORD

screen type or openhole insert appropriate code below. Steel (ST), Brass (BR), Open Hole (HO), Plastic (PL), Other (OT).

DEPTH (nearest ft.) 54, 59.

Slot size, Diameter of screen (nearest inch) from to.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (Circle box F).

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ.

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

C 3 (seq no)

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING 37

WHEN PUMPING 48

TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

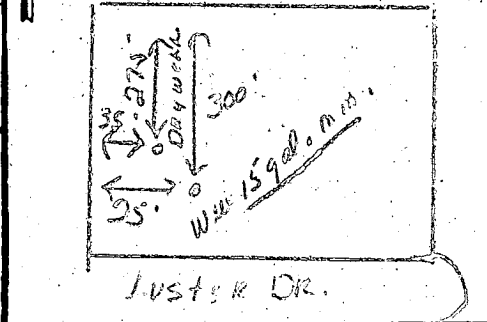
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE, (nearest foot)

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 BOX. 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)

31361

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
Replacement

Receipt # 43167
Date 11-25-88

Name of Installer Allen M. Van Santice

Telephone 442-2221

License Number 1862

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Mr. & Mrs. Wm. F. Soren

Telephone 854-3927

Subdivision _____ Lot # _____ Well Tag # _____

Site Address 6661 Luster Ave. Highland Md.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Gould
3. Model # SR505412
4. Capacity 5 GPM

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Hobas
2. Model # _____
3. Depth 3 FT.

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
1. Capacity 42
2. Pressure relief valve? yes

Piping
1. Type 1/2
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3 FT

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? yes

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: Nov. 25, 1988

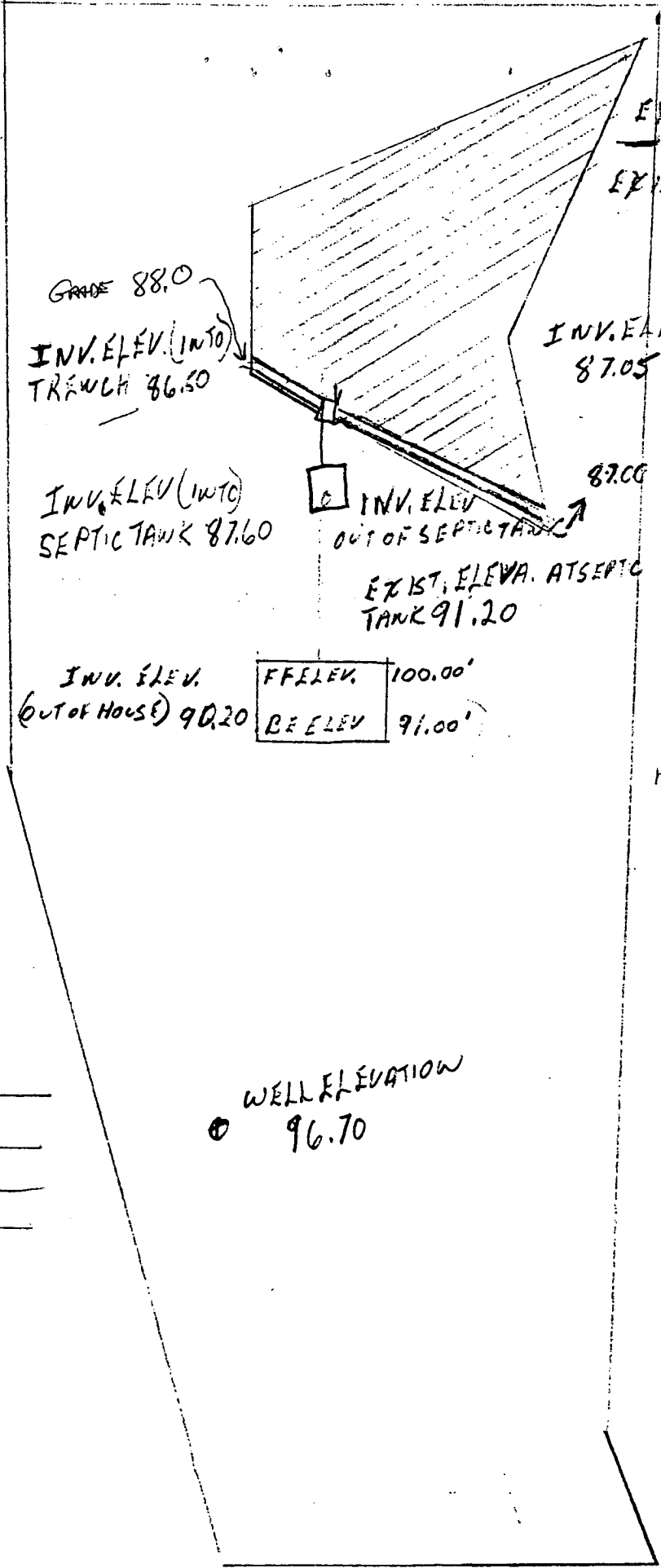
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HOUSE LINE TO SEPTIC INLET
170

HOUSE LINE TO DIST. BOY

HOUSE LINE TO DR. BOX 210

170
150
70



EXIST. ELEV. AT TRENCH
88.0
EXIST. ELEV. AT DIST.
90.28

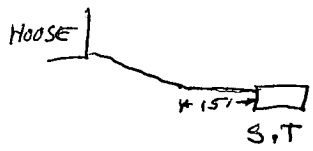
INV. ELEV. INTO DIST. BOX
87.05

INV. ELEV. (INTO) SEPTIC TANK 87.60

INV. ELEV. OUT OF SEPTIC TANK 87.00
EXIST. ELEV. AT SEPTIC TANK 91.20

INV. ELEV. (OUT OF HOUSE) 90.20	FF ELEV. 100.00'
	DE ELEV. 91.00'

will have steps down break in line to reduce slope (velocity) on pipe



6661 LUSTER DR.
HIGHLAND MD.
LOT 4 SEC. 2
BLOCK NO. 20

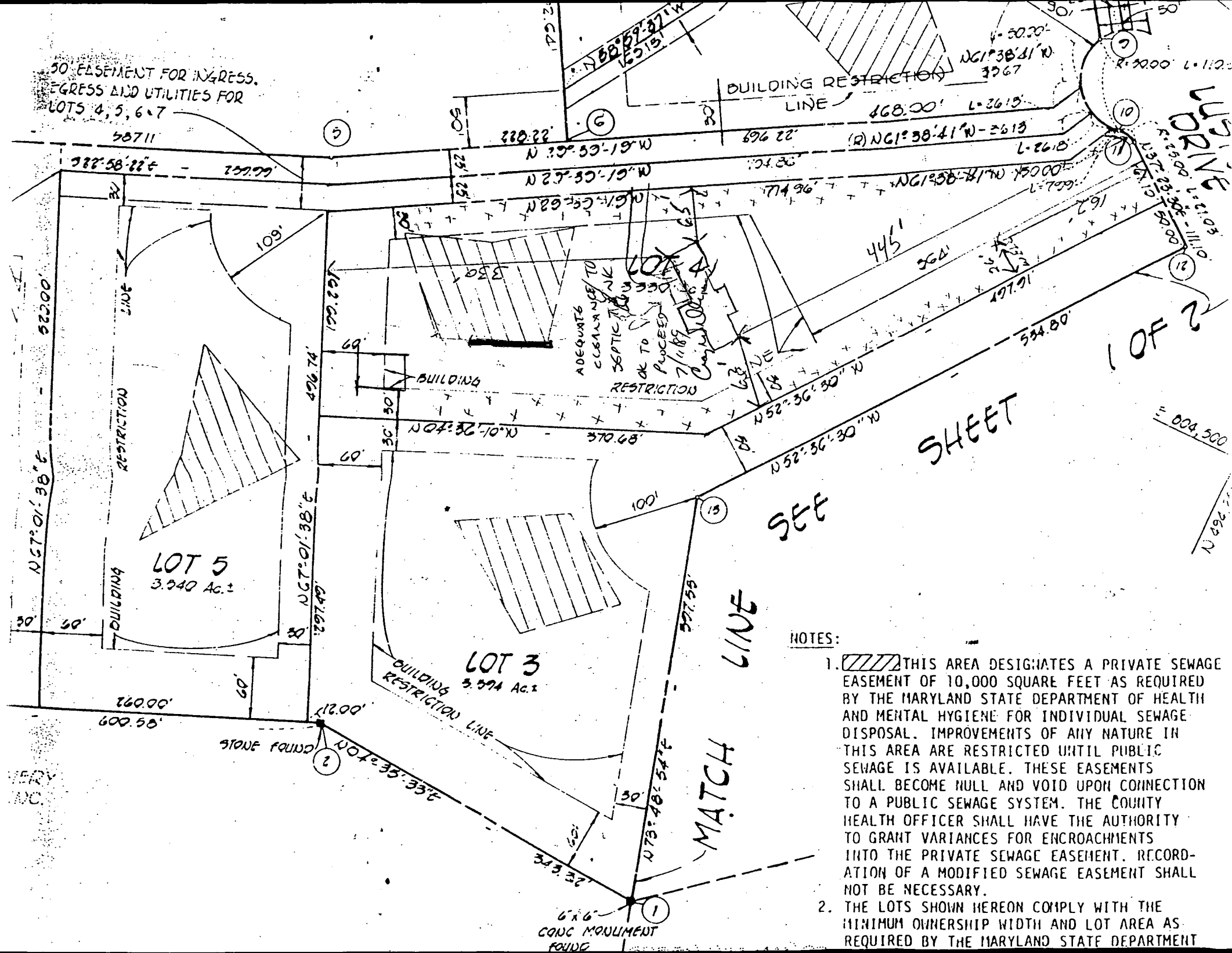
WELL ELEVATION
96.70

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR

THIS PROPERTY.
William M. Watson

LUSTER DRIVE

30' EASEMENT FOR INGRESS,
EGRESS AND UTILITIES FOR
LOTS 4, 5, 6 & 7




SHEET

SEE

MATCH LINE

NOTES:

1.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT

1 OF 2

004,500

362 N

362 N

362 N

362 N

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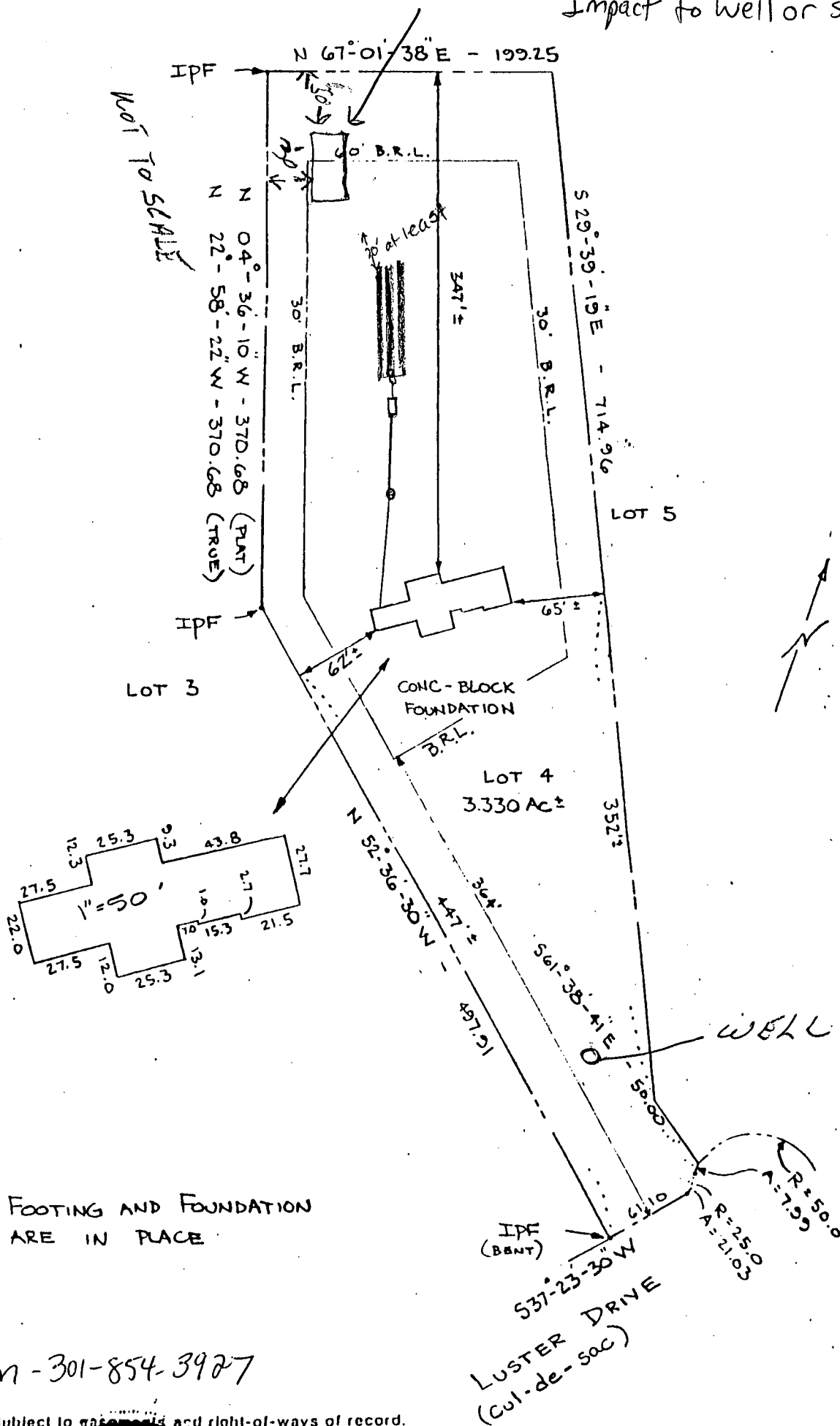
362 N

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Wendy 301-590-1166 Fax

1/19/00
Proposed
Location OK
SRK - No

HOUSE LOCATION LOT 4
JOCELYN ACRES
SECTION TWO
5th ELECTION DISTRICT
HOWARD CO. MD.
Impact to well or septic



CONSTRUCTION WALL CHECK 4-21-88

Watson - 301-854-3927

- NOTE: 1. Subject to easements and right-of-ways of record.
 2. This is a preliminary survey and does not constitute a boundary survey.
 3. Not intended to establish location of fences.

SURVEYOR'S SEAL
 I hereby certify that I am a duly licensed Surveyor and believe that the position of all existing improvements and boundaries shown on this plat have been correctly established by a field survey and that the same are otherwise shown, there being no objections or attachments across lines established by deeds and plats of record.



GREENHORNE & O'MARA, INC.

ENGINEERS · ARCHITECTS · PLANNERS · SURVEYORS
2666 RIVA ROAD · SUITE 107 · ANNAPOLIS, MD 21401

REFERENCE	Drawn by STC	Checked by
FILED 6-17-82	Date 4-21-88	Record No.
PLAT NO. 5211	Scale 1" = 100'	AH-1900

Louis Vance 4-21-88

Watson