

03-325121  
**PERMIT**

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 59337-E

A 50560-I

ISSUE DATE previously

APPROVAL DATE 5/24/01

**INDEXED**

5/24/01-1:00  
Jacobsen Homes (Freemeyer to Install Grinder Pump)  
410-768-8500

IS PERMITTED TO INSTALL x ALTER       

ADDRESS 9409 Elizabeth Court Fulton, MD 20759 PHONE (410) 768-8500

SUBDIVISION Lyndonbrook LOT NUMBER 9 ADDRESS 2086 St. James Road

PROPERTY OWNER Jacobsen Homes PROPERTY OWNER'S ADDRESS 9409 Elizabeth Court

SEPTIC TANK CAPACITY NA GALLONS Fulton, MD 20759

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM NA

LINEAR FEET OF TRENCH REQUIRED NA

TRENCHES: Trenches to be NA feet wide. Inlet NA feet below original grade. Bottom maximum depth  
feet below original grade. NA feet of stone below distribution box.

LOCATION:

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include grinder pump installation, connection from grinder pump to common effluent line and house and shared disposal fields. Contractor is responsible for scheduling inspections by H.D. of same.
- This permit is limited to ~~installation of the individual house sewer line and grinder pump~~ installation only as per the signed building permit site plan. Copy Attached.

12/12/00 OK (BB)

PLANS APPROVED Amy McMillen (SRW) DATE 11/16/06

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

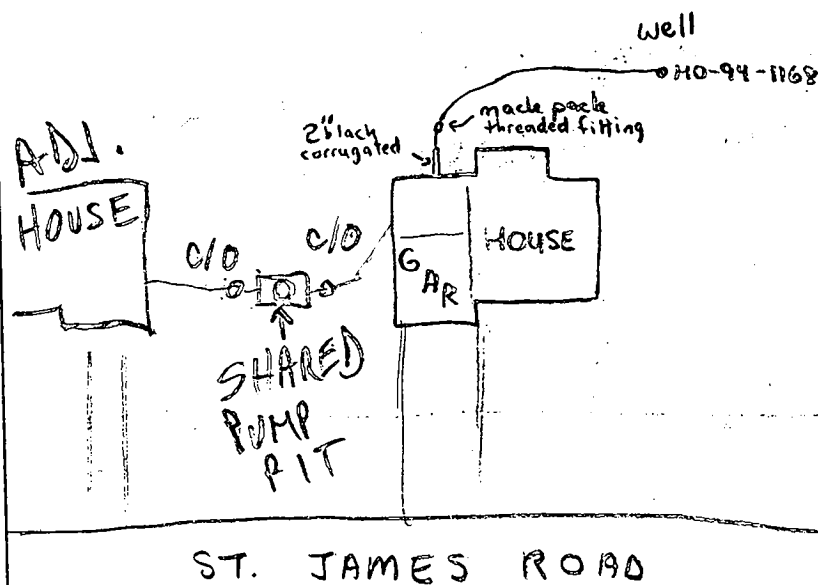
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 59337-E

NOT TO SCALE



### TRENCH DATA

TRENCH WIDTH NA  
TRENCH INLET DEPTH NA  
TRENCH BOTTOM DEPTH NA  
DEPTH OF STONE NA  
NUMBER OF TRENCHES NA  
TOTAL TRENCH LENGTH NA  
ABSORBENT AREA NA  
DISTRIBUTION BOX LEVEL NA  
BAFFLE IN DISTRIBUTION BOX NA

### SEPTIC TANK DATA

SEPTIC TANK \_\_\_\_\_ GALLONS  
MANHOLE RISER \_\_\_\_\_  
6 INCH INSPECTION PORT \_\_\_\_\_

### PUMP CHAMBER DATA

PUMP CHAMBER GALLONS \_\_\_\_\_  
MANHOLE RISER \_\_\_\_\_  
ALARM \_\_\_\_\_  
PUMP PERFORMANCE TEST ☒

PRE-CONSTRUCTION INSPECTION: NA

INSPECTION COMMENTS: NO INSPECTION WAS REQUESTED BY BUILDER/BEN LEWIS FOR THE CONNECTION FROM THE HOUSE TO THE PUMP CHAMBER. THIS WORK WAS DONE BY BEN LEWIS, INC. AND INSPECTED/APPROVED BY THE HOWARD COUNTY PLUMBING INSPECTORS, FREEMEYER TO SET GRINDER PUMP & CALL HD FOR INSPECTION WITH MO. CO. BUREAU OF UTILITIES PERSONNEL (MATT TUDER) PRESENT - (SRM) 5/21/01 - SEPTIC PUMP OK - (MR) SRM  
5/22/01 - TELEPHONE CONV. W/ MATT TUDER, SEPTIC SHOULD NOT BE FINALED UNTIL  
INSPECTOR Steven R. Knig DATE SYSTEM APPROVED 5/24/01

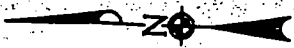
FAX FROM MATT TUDER SAYS IT SHOULD - (SRM) OTHER ISSUES EXIST

5/24/01 - RECEIVED FAX FROM MATT TUDER, PUMP ~~WAS~~ OPERATIONAL - (SRM)

# Howard County Health Department

**Signature**

Date \_\_\_\_\_



all event and maintained when  
50% of the fabric height.

2/6/01 a.m.  
2/7/01 a.m.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Ben Lewis Inc Telephone #: 301 425 3900  
Address: 23467 FMDenver Rd  
Clarksville, MD 21031

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): FRANK HINKLE License# 17867  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Jacobson Home Telephone #: 301 953 2083  
Subdivision: Cyndrickville Lot #: 9 Well Tag #: HO-94-1168  
Site Address: 2086 St James Rd  
Clarksville, MD

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Gould</u>	Make: <u>Cosphel</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input type="checkbox"/>
Pump Capacity <u>43</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input type="checkbox"/>
Depth of well encountered at time of pump installation: <u>318</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt ☒

**Piping to house**  
Type: Gal 1"  
PSI: 200 (160 psi min)  
Depth of supply line: 20 (36" min)

**House Connection**  
PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 26"  
Sleeve caulked and sealed properly: ☒

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ben Lewis date: 2/6/2001

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 2/6/01 Date Insp. Approved: 2/7/01 SRK  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒  
Two piece cap installed and attached to casing securely ☒  
Elec. conduit extends at least 18" below grade/attached to cap properly ☒  
Safety rope installed inside of well casing ☒  
Correct well tag attached properly and casing 8" above finished grade ☒ SRK  
Water supply line sleeved adequately at house connection ☒ SRK  
Adequate grout observed below pitless adapter ☒

C16066

SEQUENCE NO.  
(MDE 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  
NUMBERB50560-I

1236  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED  
MM-YY  
7-15-97

DATE WELL COMPLETED  
MM-YY  
7-8-97

Depth of Well  
2226526  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-1168

OWNER: SDC

STREET OR RFD: St. James Road

TOWN: West Friendship

SUBDIVISION: Stiegler Property

SECTION: 9

LOT: 9

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	
Sand	0	45	
Gray Mica Rock	45	265	✓

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yesYnoN

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS16NO. OF POUNDS1504

GALLONS OF WATER96

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to42ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEELSTCONCRETECO

PLASTICPLOTHEROH

MAIN CASING TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

ST648

OTHER CASING (if used)

diameter depth (feet)

inch from to

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEELSTBRASSBR

HOOPENHOLEHO

PLASTICPLOTHEROH

DEPTH (nearest ft.)

HO47265

8911151721

232426303236

383941454751

SLOT SIZE 123

DIAMETER OF SCREEN (NEAREST INCH)

5660

from to

GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68

68

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T(E.R.O.S.)WQ

7072747576

TELESCOPE CAGINGLOG INDICATOROTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)10

METHOD USED TO  
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING41ft.

WHEN PUMPING105ft.

TYPE OF PUMP USED (for test)

Aair-PPistonTTturbine

CCentrifugalRRotaryOOother (describe below)

JjetSSubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO)YESNO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)3135

PUMP HORSE POWER3741

PUMP COLUMN LENGTH  
(nearest ft.)4347

CASING HEIGHT (circle appropriate box  
and enter casing height)

+above- below

LAND SURFACE (nearest foot)5051

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)

St. James Rd.

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTUREDyesYN

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 26.04.04 "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 LIC. NO.1MSD024

DRILLERS SIGNATURE

LIC. NO.1MSD027

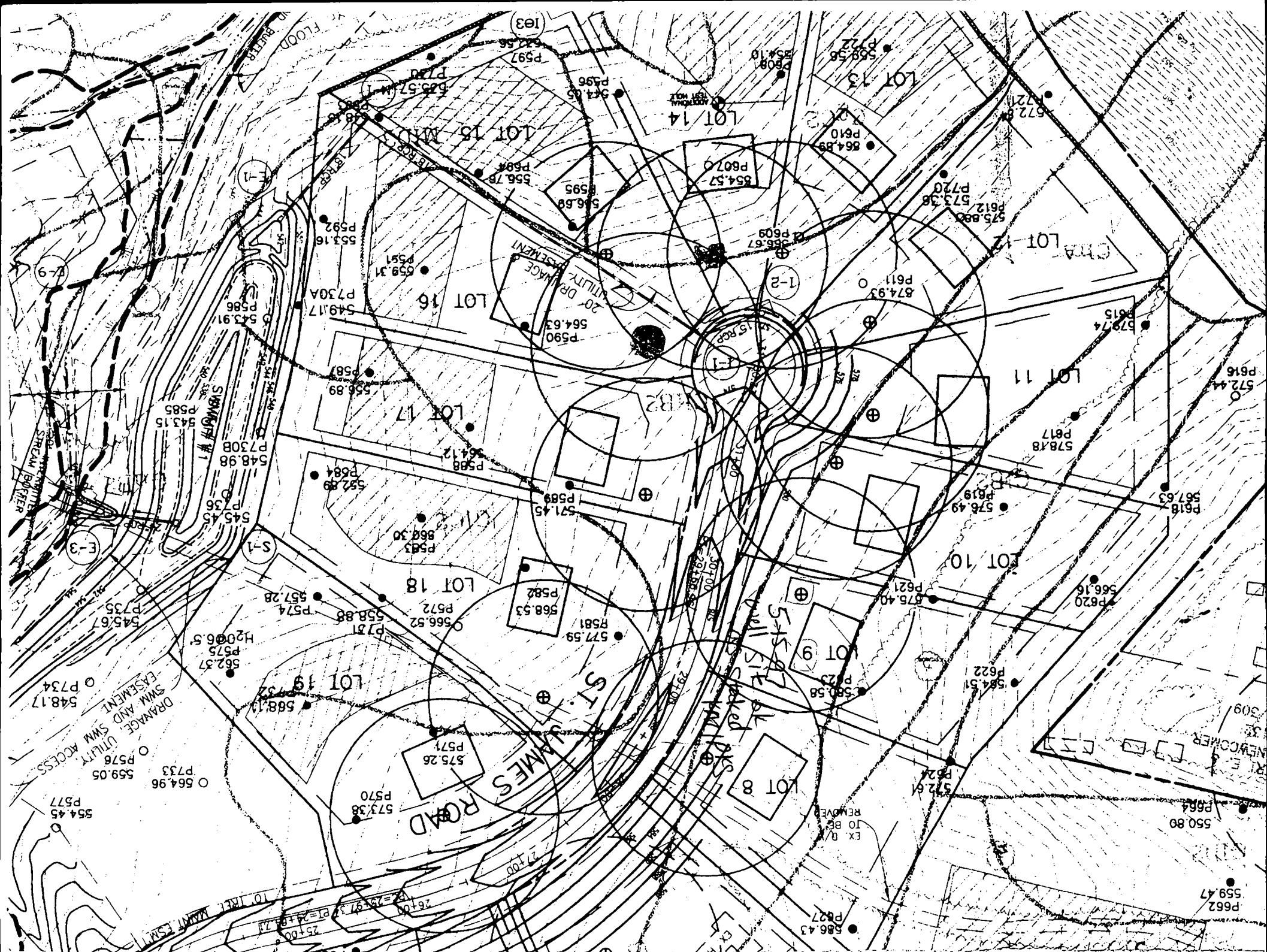
SITE SUPERVISOR (Sign. of driller or journeyman  
responsible for sitework if different from permittee)

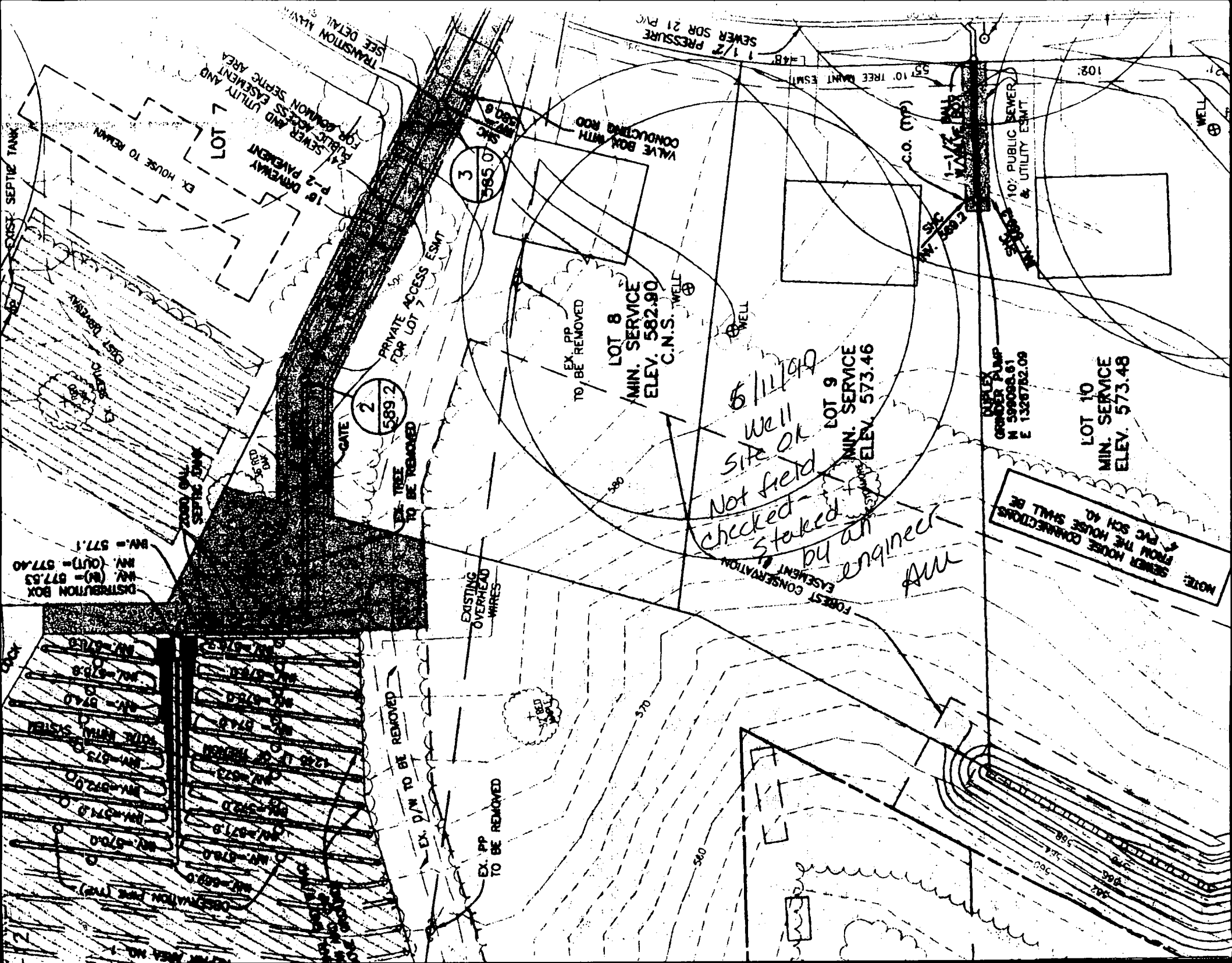




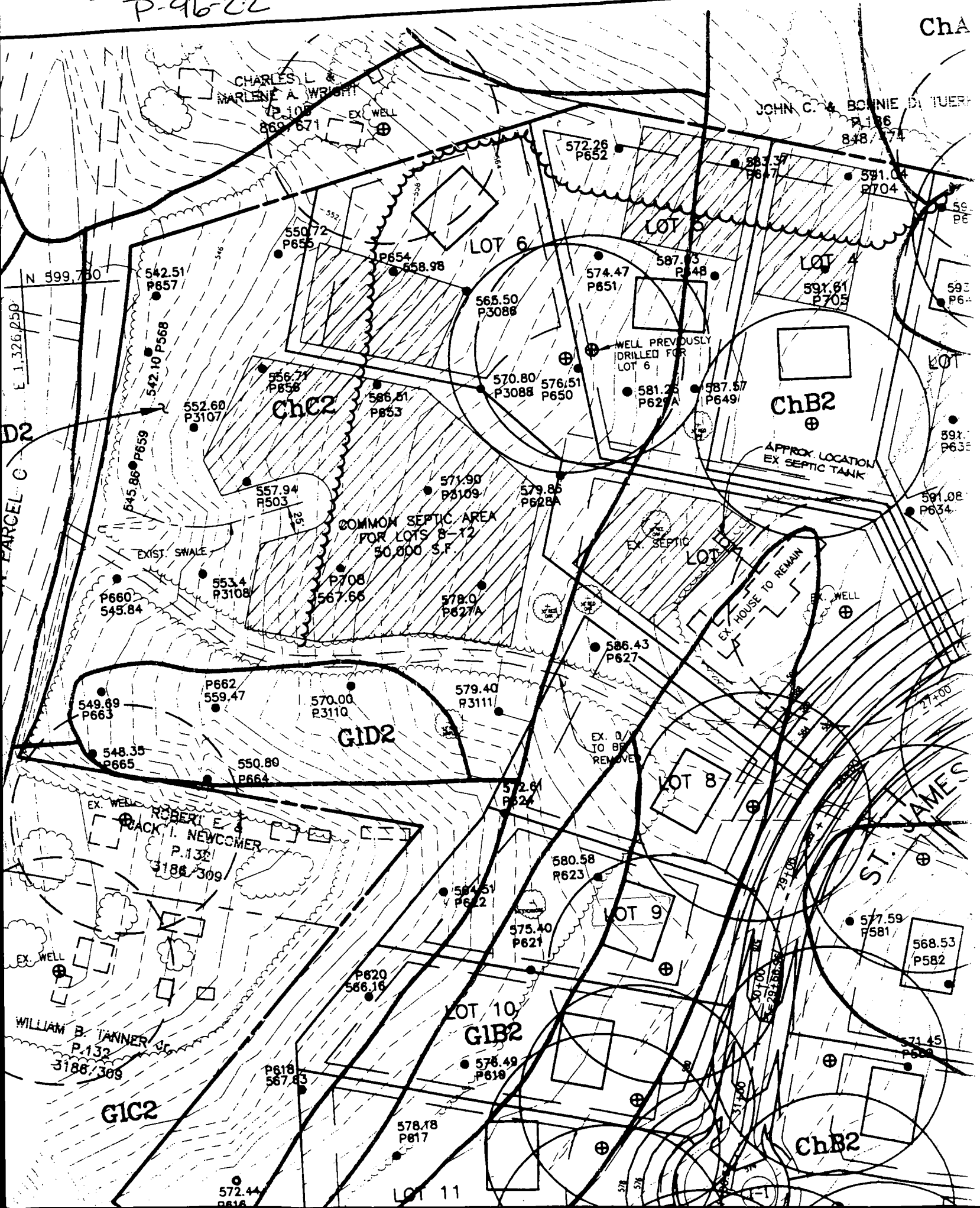
B 1	7445	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-94-1168</div> <small>70 fill in this form completely 78</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
<b>OWNER INFORMATION</b> Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">042297</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SDC</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">15 Last Name</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Owner</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">First Name</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">34</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">PO BOX 417</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">36</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Street or RFD</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">55</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLICOTT CITY MD 21041</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">57</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Town</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">70 State 72</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Zip</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">76</div> </div>				
<b>DRILLER INFORMATION</b> CIRCLE: MSD/MGD/MWD Driller's Name <u>Joseph L. Mayne</u> Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy Md. 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>4/21/97</u>				
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>				
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">344</div> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____				
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div>				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div> FORCE <u>KM</u> WRITE INITIALS IN BOX PERMIT No. <u>H0-94-1168</u> SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				
<b>LOCATION OF WELL</b> COUNTY <u>HOWARD</u> SUBDIVISION <u>STIEGLER PROPERTY</u> SECTION <u>44</u> LOT <u>9</u> NEAREST TOWN <u>WEST FRIENDSHIP</u> MILES FROM TOWN (enter 0 if in town) <u>1</u> MI		NEAR WHAT ROAD <u>St. James Rd.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD <u>60</u> FT OR MI <u>FT</u> TAX MAP: _____ BLK: _____ PARCEL: _____		
DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME _____ COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED <u>052197</u> Kim Maisto 5-21-98 NORTH GRID <u>538000</u> EAST GRID <u>0814000</u>		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;">             E <u>8104</u>              N <u>54038</u> </div>		7/8/97 9:30 GROUT missed insp ALM		
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 				
West Friendship				







ChA





**FAX**  
cover sheet



Bureau of Utilities  
8270 Old Montgomery Rd.  
Columbia, Md. 21045  
Tel. : 410 313 4900  
Fax : 410 313 4989

To: Water & Sewer Program

Date: 5/24/01 Number of pages including this one one

Fax Number: 2648

From: Matt Tudor

Comments: Lyndenbrook Shared Septic  
Jacobson Homes Lot #9  
2086 St. James Rd

Followup inspection of the pump chamber took  
place at 11:30 this afternoon. The pump  
was reinstalled and placed in service.

This property is released for U&O by  
our department.

DO NOT DISCARD

## Mail Message

[Close](#)[Next](#)[Reply to Sender](#)[Reply All](#)[Forward](#)[Move](#)[Delete](#)[Properties](#)**From:** Matt Tudor**To:** BOB Barnett, Thomas Butler, Susan Chalk, Amy McMillen, Steve Krieg, Bob BERINGER, Jeff Welty, Michael Giovanniello, Mike Ring**Date:** Friday - June 1, 2001 4:01 PM**Subject:** Lyndonbrook Shared Septic, Contract 50-3607

Mr. Clark Sperry of Security Developers contacted me today concerning the recent start up of lot # 9. This property is located at 2086 St. James Road in Marriottsville. The builder is Mr. Ken Jacobson of Jacobson Homes. Apparently the builder owes the developer a considerable sum of money. We have been requested by Clark not to perform any additional start-ups for the two remaining Shared Septic lots in the Lyndonbrook Development.

I informed Clark that I coordinate the scheduling of this service with both the Department of Environmental Health and Freemire Associates. They have been contacted by telephone and will be kept informed as the situation warrants. Clark is to let me know of any changes that take place regarding this matter.

Faxed CC: Eric Hess, Freemire & Associates  
Clark Sperry, Security Development Corporation

CC: Contract 50-3607 file

## Mail Message

[Close](#)[Next](#)[Reply to Sender](#)[Reply All](#)[Forward](#)[Move](#)[Delete](#)[Properties](#)

**From:** Matt Tudor  
**To:** BRUCE Forejt, Amy McMillen  
**CC:** SUE JOHNSON, Mark Rifkin, Steve Krieg, Jeff Welty  
**Date:** Friday - June 1, 2001 3:59 PM  
**Subject:** Lyndonbrook Shared Septic Lot # 9, 2086 St. James Rd

Yesterday afternoon, Mr. Ken Jacobson of Jacobson Homes scheduled a sewer pump test. Upon arriving the pump chamber was found to be contaminated. This delayed the setting and testing of the sewer grinder pump. He informed me that he had planned to settle on this property on Thursday May 24th. This morning I contacted Tom Doughney in Plumbing Inspections and Sue Johnson at DILP. Sue faxed me five pages from the record file for 2086 St James Rd. None of the final inspections had been scheduled or completed. Further, I spoke with Steven Krieg in Environmental Health. They are still waiting for the information on the well potability. I sent one of our crews to reinstall the plug inside of the sewer house connection to prevent any additional contamination of the duplex sewage grinder pump chamber. The pumps, pump chamber, piping, septic tanks, and drain field will be owned and operated by the Bureau of Utilities following dedication. Mr. Jacobson has been repeatedly made aware of our desire to protect our system and not place the grinder pump into service until settlement has been completed. Would you please keep me posted on the progress of this property and any developments on lots 12 and 23. I can be reached at extension 4934, thank you.