

PERMIT

INDEXED

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-325148

DISTRICT

P 513664-B
A 513664-B
513664-B

HOWARD COUNTY HEALTH DEPARTMENT

DATE

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED

461-9933

INSPECTOR

9/28/00
S.R.K.

Jacobsen Homes

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 5906 Elizabeth Ct. Fulton 20759 PHONE 301 953 2083

SUBDIVISION Lyndonbrook LOT 10 ROAD 2090 St. James Road

PROPERTY OWNER Timothy & Michelle Zinn

ADDRESS 5906 Edmondson Avenue, Catonsville, MD 21228

Number of bedrooms: 4

**BUILDING PERMIT SIGNED
AND RETURNED**

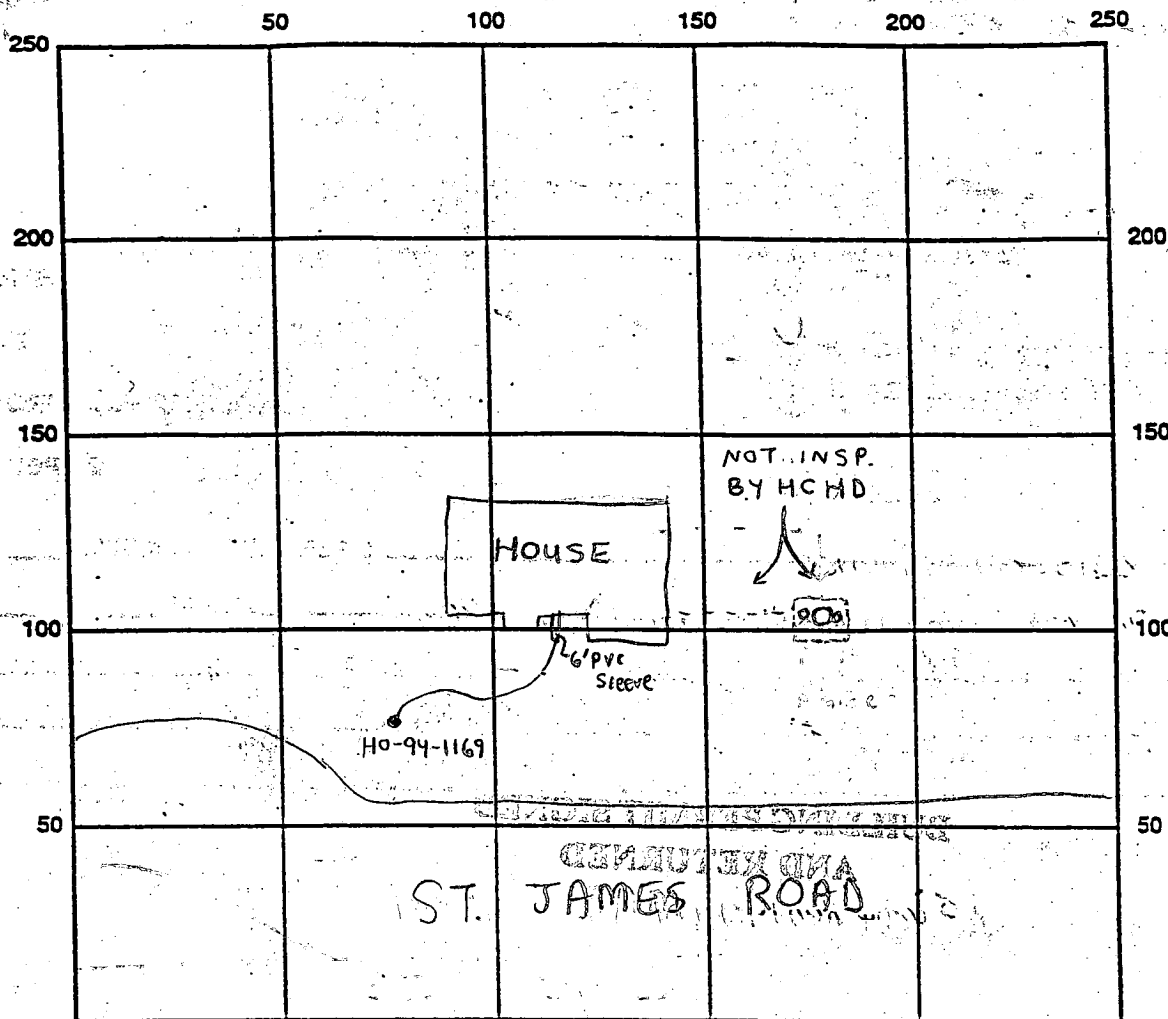
5604 800 147 987-DECK + PORCH

- 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 individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.
- This portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associated piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.
- ~~Contact Health Department for inspection before covering the installation.~~
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

Plans approved Amy McMillen

Date: 4/24/2000

45136644B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 7/21/00 - WPI INSPECTION = NEEDS HOUSE CONNECTION, PROPER 1" or 3/4" PVC CONDUIT ADAPTER FOR PROPER FIT INTO 2 PC CAP. 2 PC CAP ALSO NEEDS TO BE INSTALLED SECURELY TO CASING. PITLESS AND PIPING ON-TO COVER.

PUMP CHAMBER AND HOUSE SEWER ALREADY INSTALLED

INSPECTED BY HOWARD COUNTY PLUMBING INSPECTORS - SRV

GRINDER PUMP PERFORMANCE TEST NEEDED (SRV)

9/27/00 PUMP PERFORMANCE SCHEDULED FOR 11/00 - NO ONE AT SITE (2) 11/15 (14)

BUILDER RETURNED - REPORTED ELECTRICAL CORRECTION NEEDED - RESCHEDULED FOR 9/28

9/28/00 - RECEIVED FAX FROM MATT TUOR (BUREAU OF UTILITIES)

SYSTEM OPERATIONAL (SRV)

DATE SYSTEM APPROVED

9/28/00

INSPECTOR

Steven R. Kueg

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: 9/28/00 Number of pages including this one one

Fax Number: 2648

From: Matt Tucker

Comments: Lyndon bank Street Septic

Tanbison Homes lot 10 at
2090 St. James Road

Completed sewer pump testing today.
The pump operation was fine, the
dwellings now has sewer service. The
dwellings is released to U&O.

7/21/00 Anytime
7/25/00 Anytime

7/21/00
4103132648

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043

410-9933

410 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement

Receipt #

Date

Name of Installer

Telephone

License Number

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

Telephone

Subdivision

Lot #

Well Tag #

Site Address

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible

2. Make

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

1. Capacity

2. Pressure relief

valve?

Piping

1. Type

2. Size

3. NSF and/or BOCA

Code approved

4. Depth of supply

line

Well data

1. Depth

2. Yield

3. Static water

level

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:

Date:

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

HD-215

GROUND
CE POST DRIVEN A
MUM OF 16" INTO
GROUND.

ENGINEER FC&C

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO
2. PROPOSED 1500 GALLON SEP
3. A. FIRST FLOOR ELEVATION:
B. BASEMENT ELEVATION:
C. INVERT OF SEPTIC SYSTEM
D. INVERT IN AT SEPTIC TANK
E. INVERT OUT AT SEPTIC TANK
F. PROPOSED GRADE OVER SITE
G. INVERT AT DISTRIBUTION BOX
H. EXISTING GROUND OVER DISTANCE
4. LENGTH OF TRENCH TO BE DETERMINED BY CONTRACTOR
5. CONTRACTOR / BUILDER TO MAINTAIN ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE

STANDARD SYMBOL
SF

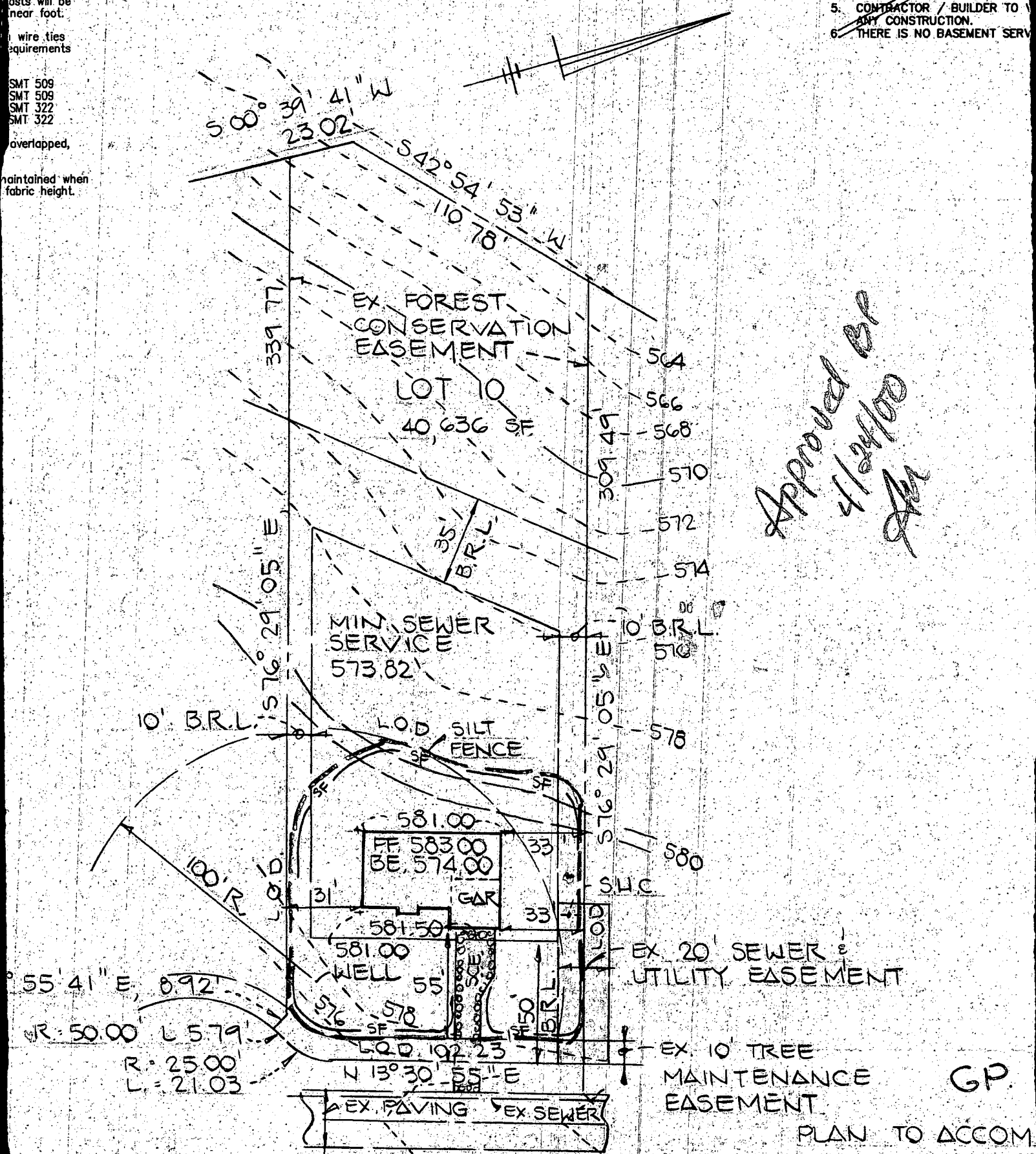
Into the
13/4" diameter
posts will be
near foot.

wire ties
requirements

SMT 509
SMT 509
SMT 322
SMT 322

overlapped,

maintained when
fabric height.



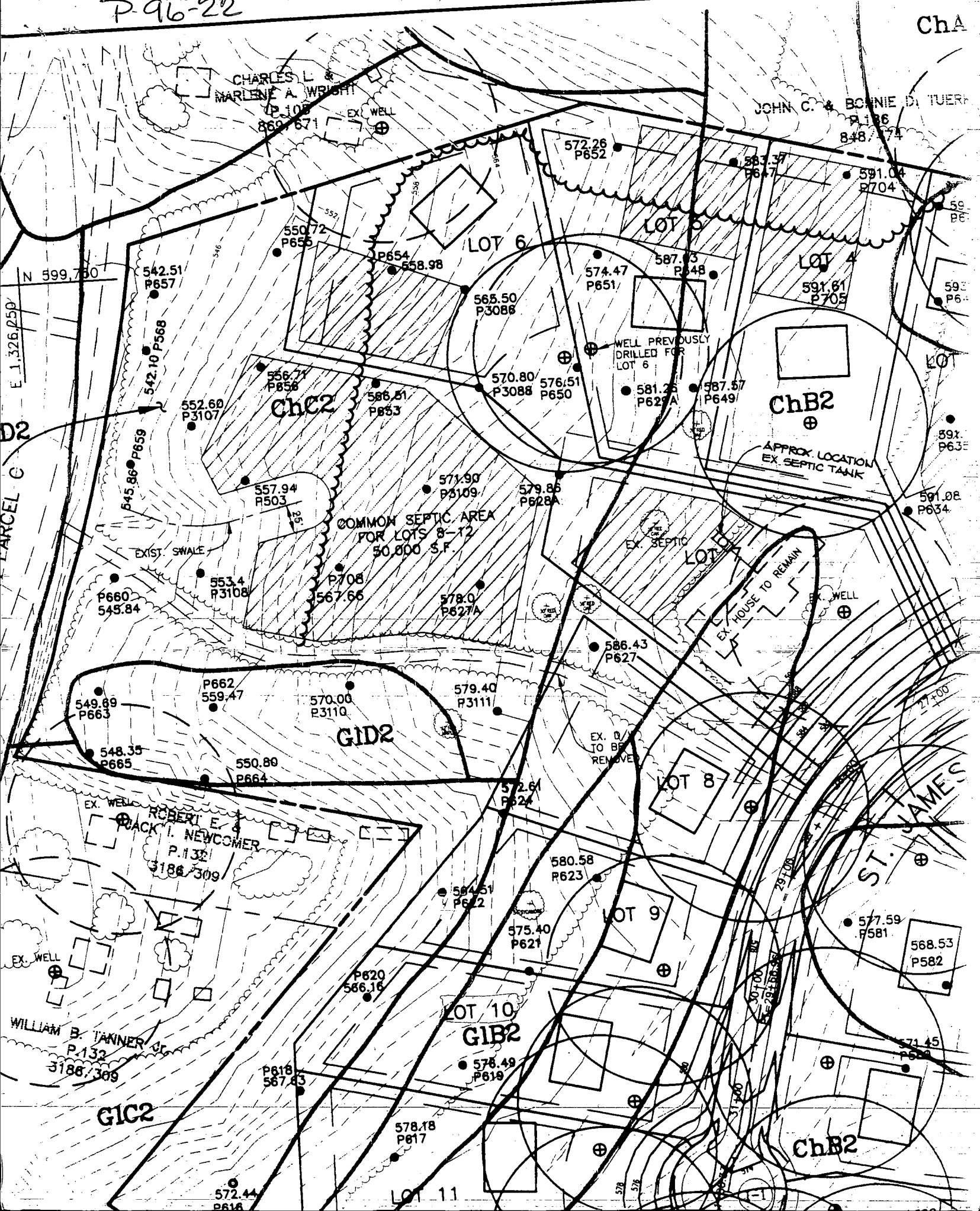
Approved by
4/24/00
[Signature]

GP

ST JAMES ROAD
50' R/W

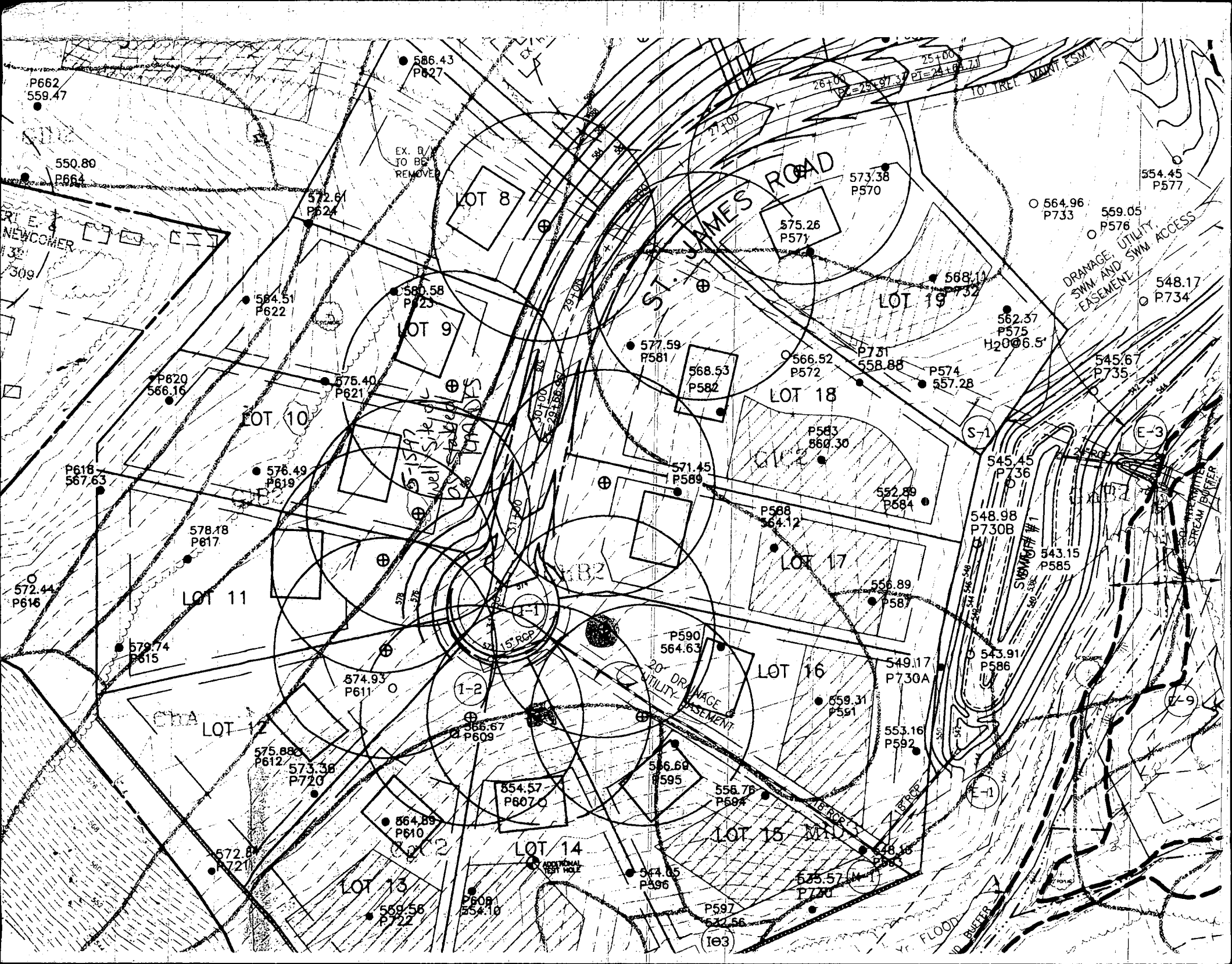
PLAN TO ACCOMMODATE
FOR BUILDING
LOT
LYNDON
3RD ELECTION DISTRICT
MARCH 29, 2000

ChA



C 1 6069		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN C.O.L.S. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 6 2 97		Depth of Well 22 185 26 (TO NEAREST FOOT)		COUNTY NUMBER 50560-3	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 6 2 97		Depth of Well 22 185 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-1169	
OWNER <u>SDC</u>		last name <u>St. James Road</u>		first name <u>West Friendship</u>		TOWN	
STREET OR RFD		SUBDIVISION <u>Stegler Property</u>		SECTION		LOT <u>10</u>	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>9</u> NO. OF POUNDS <u>846</u> GALLONS OF WATER <u>54</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30</u> ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>5</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>39</u> ft. WHEN PUMPING <u>130</u> ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>32</u> OTHER CASING (if used) diameter inch depth (feet) from to		C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 <u>HO</u> <u>30</u> <u>185</u>			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO <u>0</u> <u>28</u> <u>28</u> <u>185</u> ✓ <u>Sand</u> <u>Gray Mica Rock</u>		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES or NO) YES NO 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE <u>2</u> (nearest foot)	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED Y N		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		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) 	
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. <u>MSD024</u> DRILLERS SIGNATURE <u>Joseph L. Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>MSD027</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR			

B 1 9400	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1169
Date Received (APA) 4/22/97 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		B 3 LOCATION OF WELL Howard	
OWNER INFORMATION 8 MM DD YY 13 SOE		8 COUNTY 21 Steeple Property	
15 Last Name Owner First Name 34 P.O. Box 417		23 SUBDIVISION 42 West Friendship	
36 Street or RFD 55 ELLcott City MD. 21041		44 SECTION 46 LOT 48 50 10	
57 Town 70 State 72 Zip 76 		52 NEAREST TOWN 71 	
DRILLER INFORMATION Driller's Name 76 License No. 81 Joseph R. Mayne M SD 024		73 MILES FROM TOWN (enter 0 if in town) 76 77 78 1	
Firm Name Joseph R. Mayne Well Drilling		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
Address 5512 Ridge Rd. Mt. Airy 2177		11 NEAR WHAT ROAD 30 St James Rd.	
Signature Date Joseph R. Mayne 4/21/97		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5		34 60 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 60 Ft	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		TAX MAP: _____ BLK: _____ PARCEL: _____	
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 APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard	
APPROXIMATE DEPTH OF WELL 24 28 FEET 300		COUNTY NAME 41 Howard	
APPROXIMATE DIAMETER OF WELL NEAREST INCH 6		STATE SIGNATURE INSERT S → 41 Kim Maisto	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN ☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) ☐ CABLE ☐ REVerse-ROTary ☐ DRive-POINT other _____		DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE 5-21-97 Kim Maisto 5-21-98	
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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		NORTH GRID 50 55 EAST GRID 57 63 538 000 814 000	
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. grout ok 3. location ok		WRITE THE BOX NUMBER FROM THE MAP HERE E 814 N 538	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 FORCE KM WRITE INITIALS IN BOX PERMIT No. HO-94-1169 67 68 70 71 72 73 74 75 76 77 78 79			



Well Permit No. HO - 94-1169
Location of property (road) J. James Road
Subdivision Steger Property Lot 10 Block Plat Sec.
Well Driller Joseph Mayne Owner SPC

Depth of well 185'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 39'

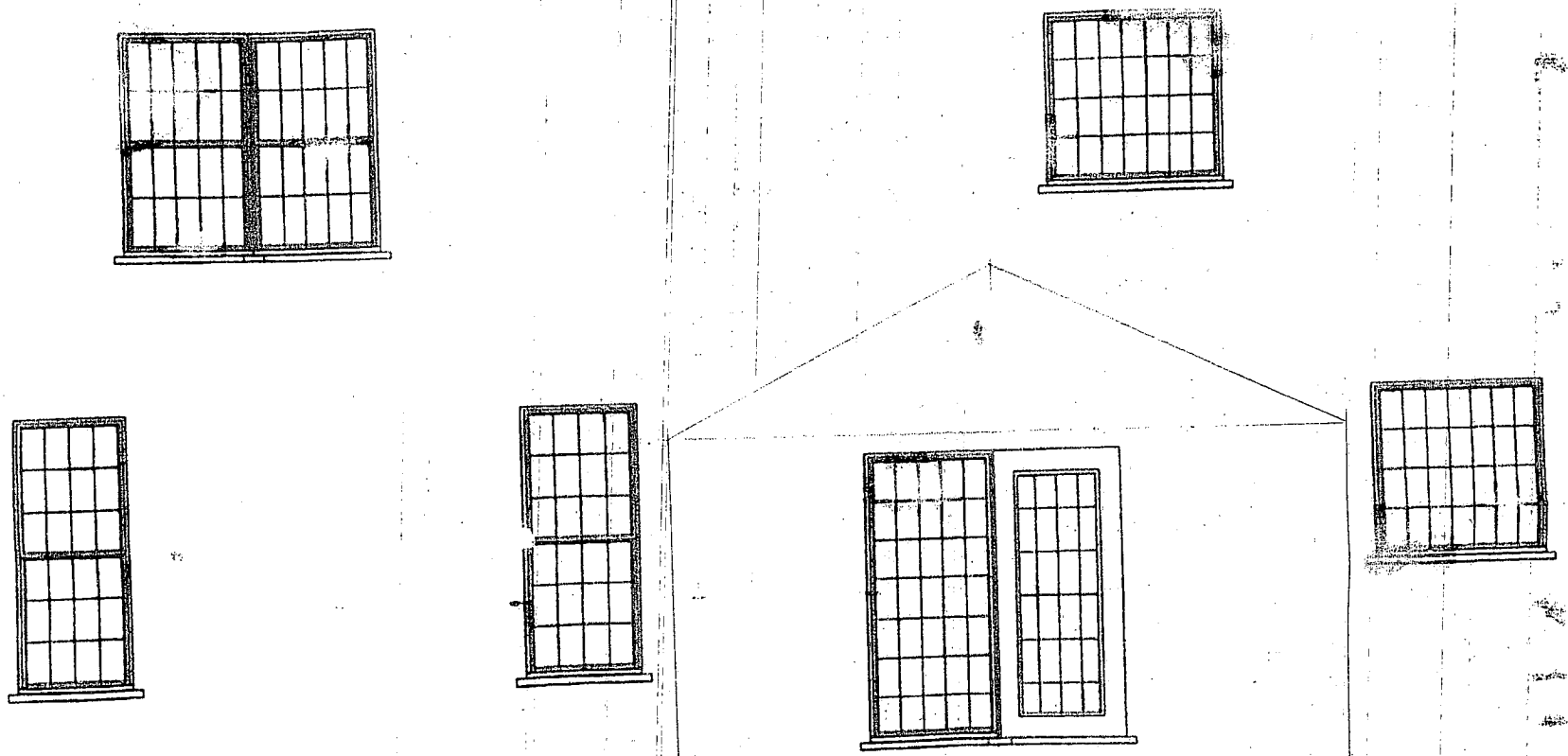
Time pump started 6:45 Pumping rate 20 cpm.
Total time 30 min. to reach pumping water level 130 ft. below M.P.

[illegible]

2090 ST James Rd 21104

ZINN

ASPHALT SHINGLES



16'

deck

Step down

16'

17'

Portion

11.5'