

5/31/89 10:00

04-346726

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 43525

A 38375

DISTRICT 4th

DATE 4/19/89

DATE SYSTEM APPROVED 5/31/89

INSPECTOR BH

C. C. Cissel

IS PERMITTED TO INSTALL ☒ ALTER ☐

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

SUBDIVISION Glenwood Springs ROAD 2821 Shadow Roll Ct LOT 27

PROPERTY OWNER Ronald Rastatter Earl & Mary Crehan

ADDRESS _____

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

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 210 sq ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Place the first trench 240 feet up the left (504.9') lot line and 95 feet off the same lot line as seen when facing the lot from Shadow Roll Court. Run trenches on contour toward the rear of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/w

PLANS APPROVED BY Sid Abel DATE 10/07/88

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

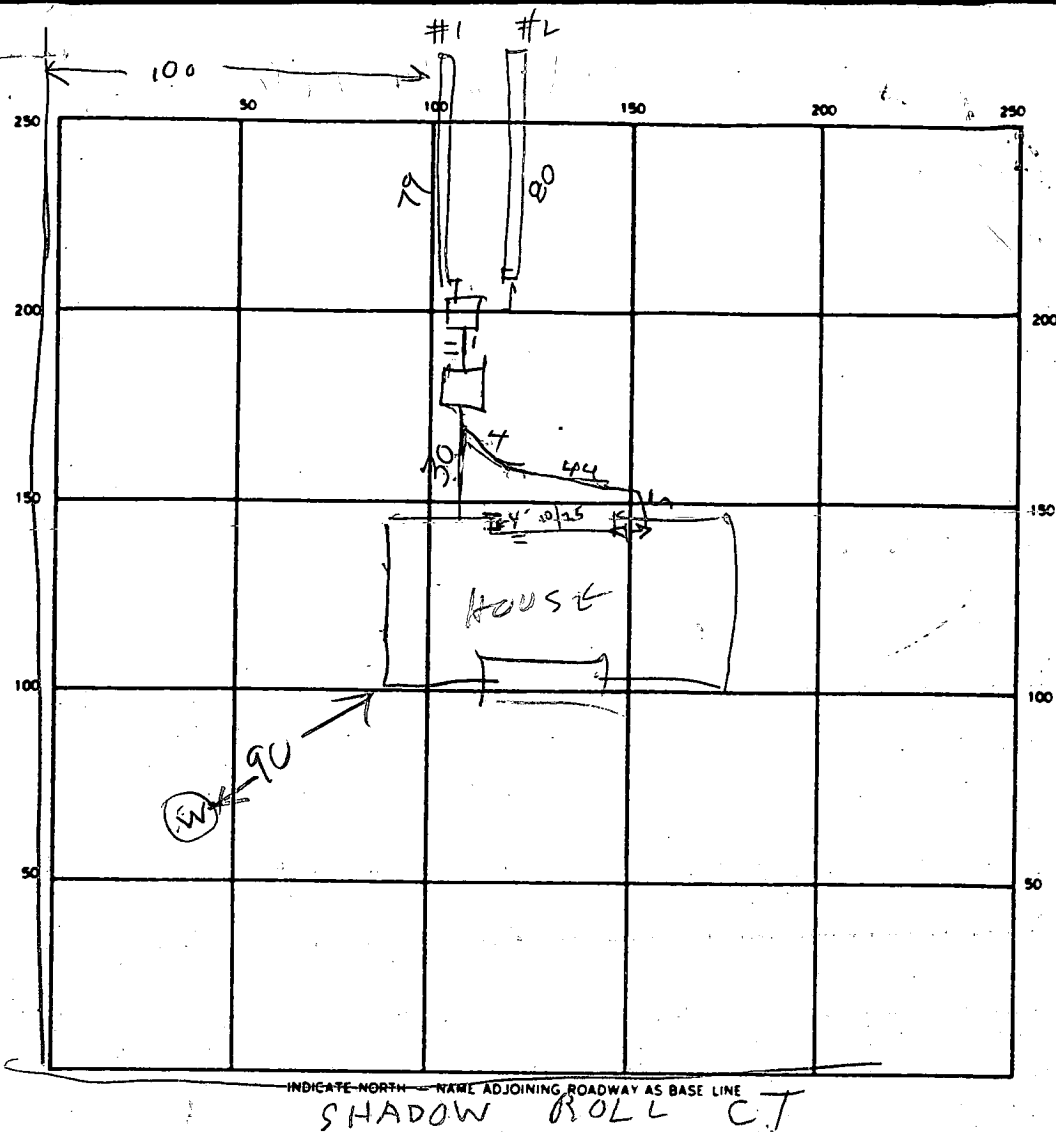
BLDG. PERMIT SIGNED
AND RETURNED 3/30/92
Serial # 41784-Prot

BLDG. PERMIT SIGNED
AND RETURNED 10/25/89
Serial # 430376-decks

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

38375



SEPTIC TANK LEVEL 1000

CLEANOUTS ST
OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH $\frac{1}{2}$ $\frac{2}{3.5}$ FT. TRENCH WIDTH $\frac{1}{2}$ $\frac{2}{2}$ FT. INLET DEPTH $\frac{1}{2}$ $\frac{2}{3.5}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{2}$ $\frac{2}{8}$ $\frac{2}{7.5}$ FT. TOTAL LENGTH 159 FT. $\frac{2}{333}$ $\frac{2}{320}$ $\frac{2}{65.3}$ TOTAL 74
NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 333 320 50 65.3

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/30/89 ¹¹²⁵ FINISH ADDING STONE TO TRENCHES 3,
OK TO COVER TANK
5/30/89 ²¹⁸ - STONE ADDED

DATE SYSTEM APPROVED

5/31/89

INSPECTOR

Raymond Hodges

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

A 38375

P. _____

DISTRICT _____

DATE 10-14-86

*1/28/87
perc 0121d pending
Approved
pld
@*

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 Ronald RASTATTER 977-7035

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, Md 21043 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. Twenty Seven

ROAD AND DESCRIPTION Hobbs Road 2821 SHADOW ROLL Ct. Prelim ok 4/29/87

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ACRES TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Ronald P. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located (including bad hole) holes & sub: pld

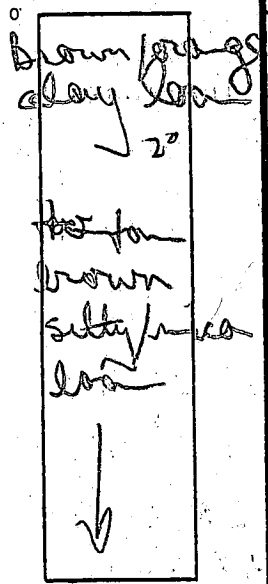
BLDG. PERMIT SIGNED
AND RETURNED 10-7-86

BP 21783 SAL

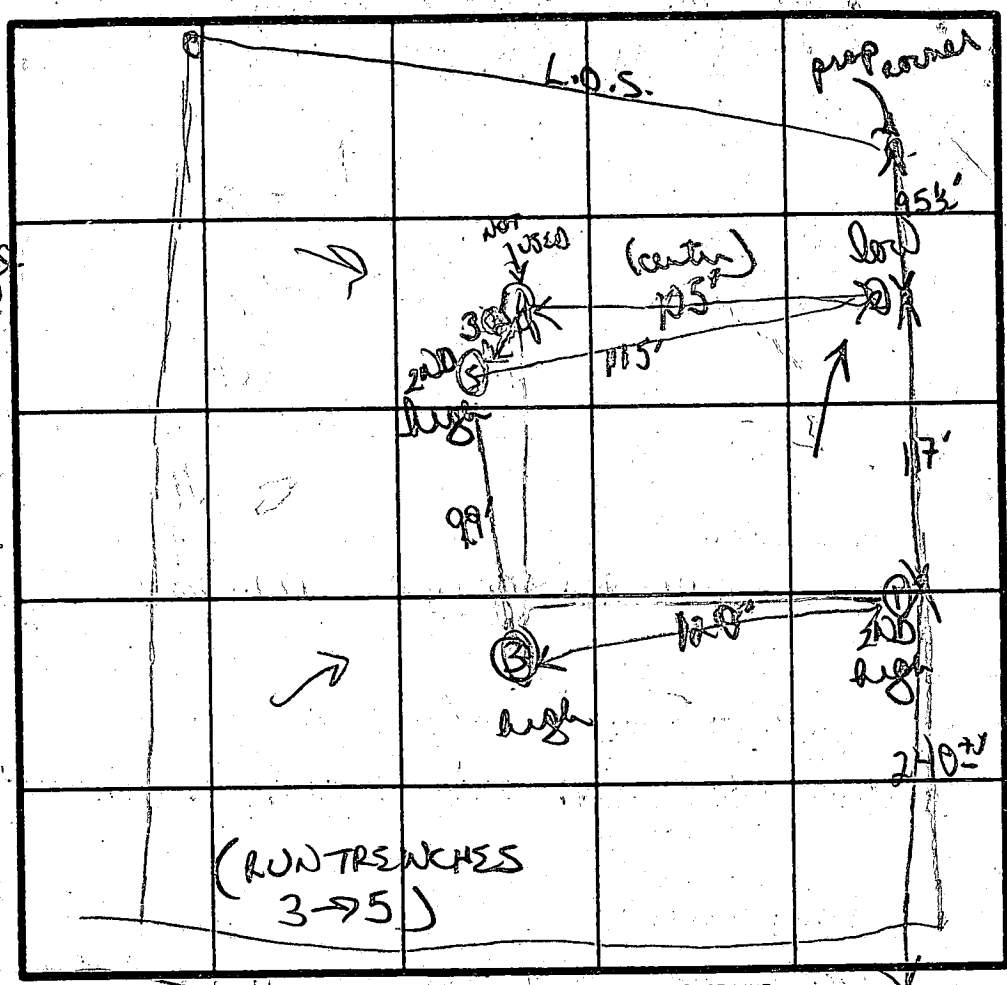
THIS IS NOT A PERMIT

$\bar{x} = 8 \text{ min}$
 INLET 3 1/2'
 MAX D 7 1/2'
 180° BORM

SOIL PROFILE



11 1/2' D



(RUN TRENCHES 3-5)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Red/brown chunky clay to clay loam 4'
 to tan/orange silty area loam w/ 2-5% scattered pebbles 12' D

brown/orange clay to clay loam 4'

chunky orange brown clay 3'

quickly to tan silty loam 5'
 mod/lge rock frags to 25% 9 1/2' D

brown clay to clay loam 3'
 to brown/orange silty silt loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/28/87	①	4' 5"	219	221	221	224	3 MIN
		11 1/2' D	bottom (see profile)				
	②	4' 5"	227	231	231	238	7 MIN
		8' 11"	227	231	231	236	5 MIN
		12' D	bottom (see profile)				
	④	OK 3' → 5'	(not tested)				
		25%	lge rock frags 5 1/2" ↓ 9 1/2"				
	⑤	4 1/2' 5"	340	348	348	401	13 MIN
		8 1/2' 11"	341	343	343	343	2 MIN
		11' D	bottom (see profile)				
	③	4 1/2' 5"	355	407	407	424	17 MIN
		12' D	bottom (see profile)				

REMARKS

TYPE OF SOIL

TESTED BY

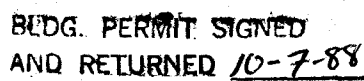
ALSO PRESENT

brown/orange clay/clay loams 4', tan/orange/brown silty loams
 B. Wilson Phil, Cliff, Kathy

EH-12-1079

11' D

ROLL
50' R/W



BP 21783
SAL

LOT 27

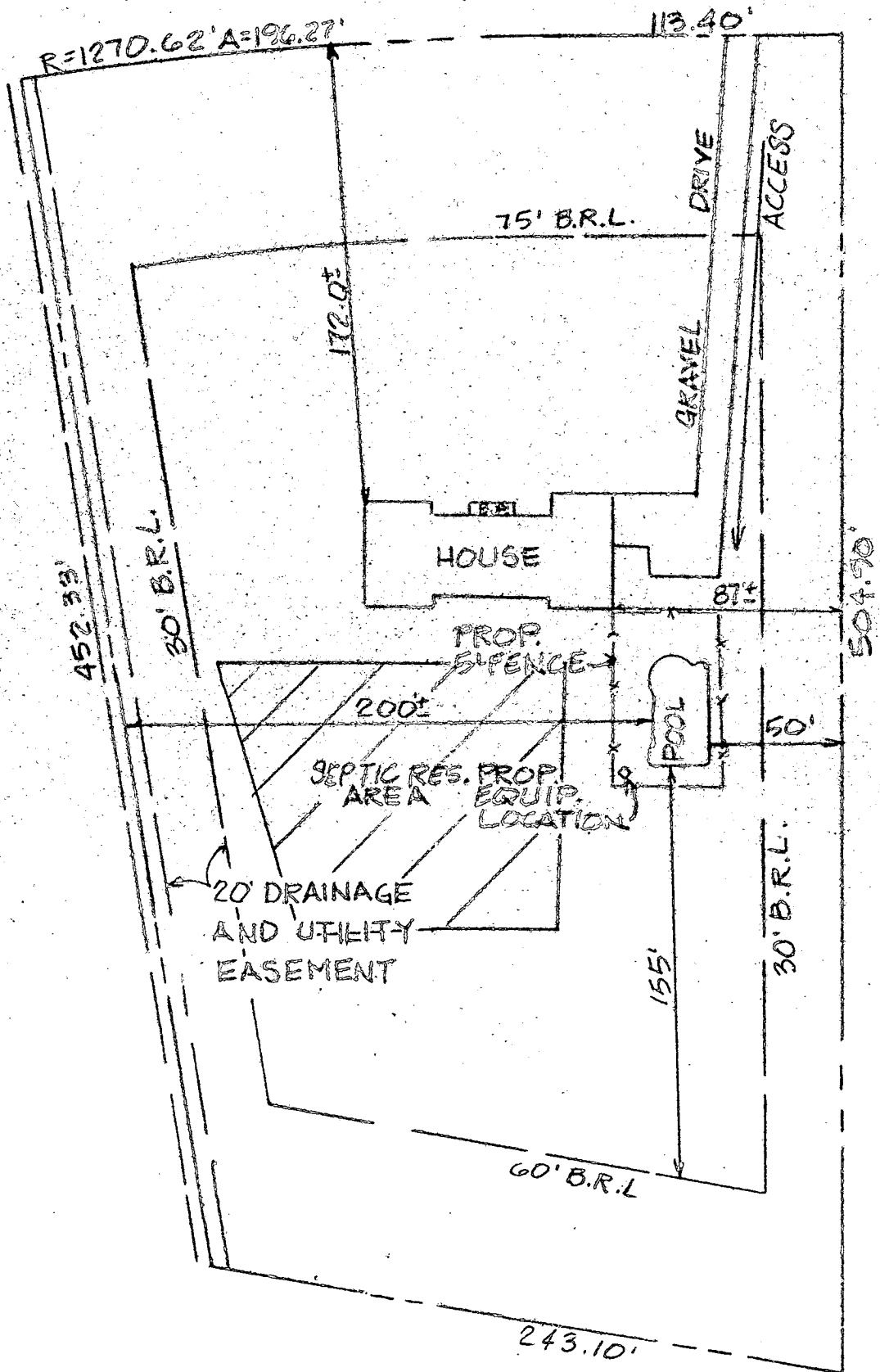
SECTION ONE AREA ONE PLAT 7679

4th ELECTION DISTRICT - HOWARD CO. MD

SCALE 1" = 40'

OCT. 4, 1988

SHADOW ROLL COURT
50' R/W

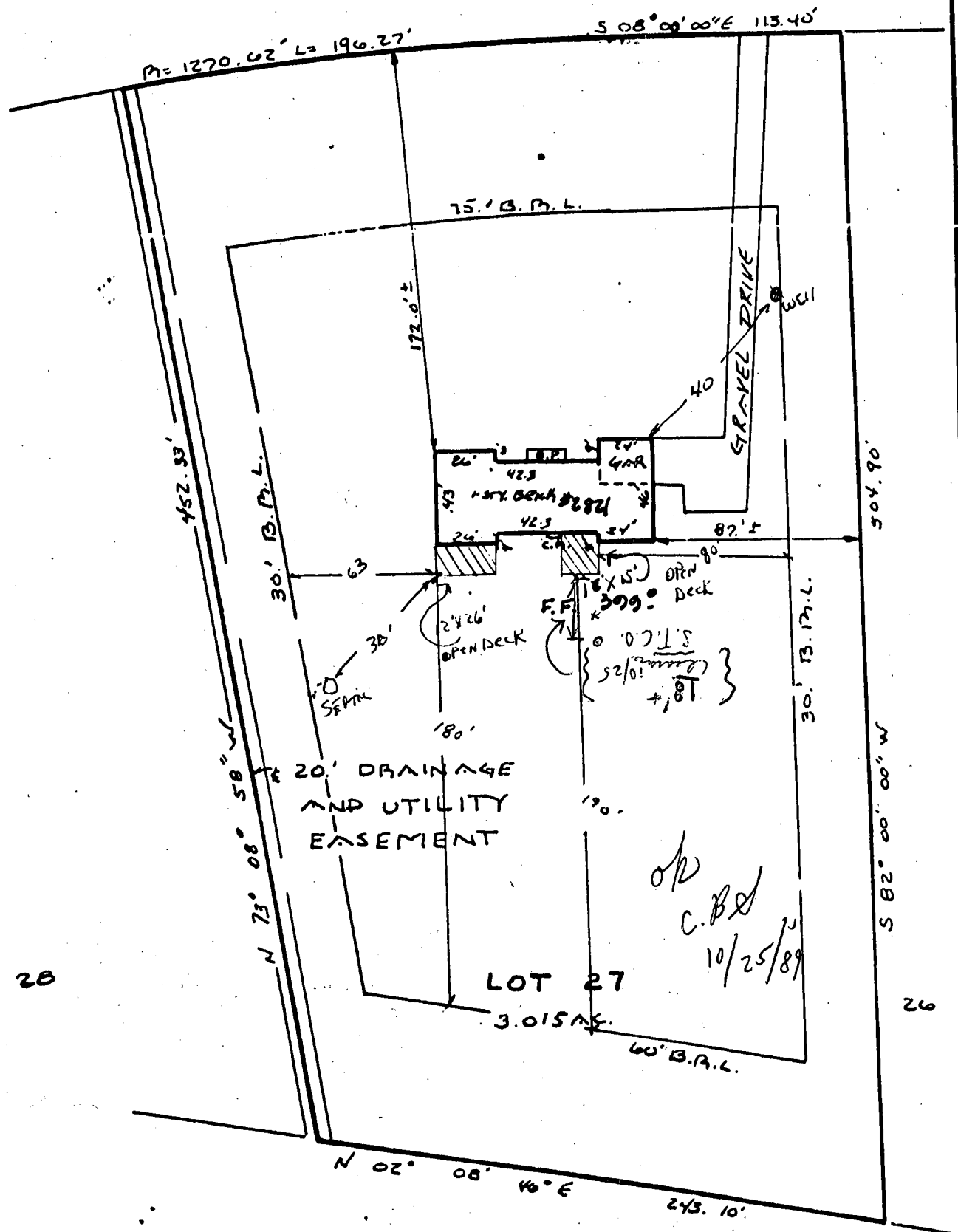


SCALE: 1"=60'


THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY
LINES OR CORNERS.

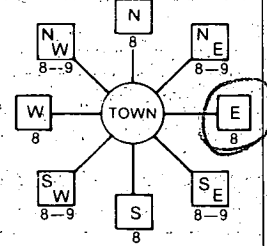
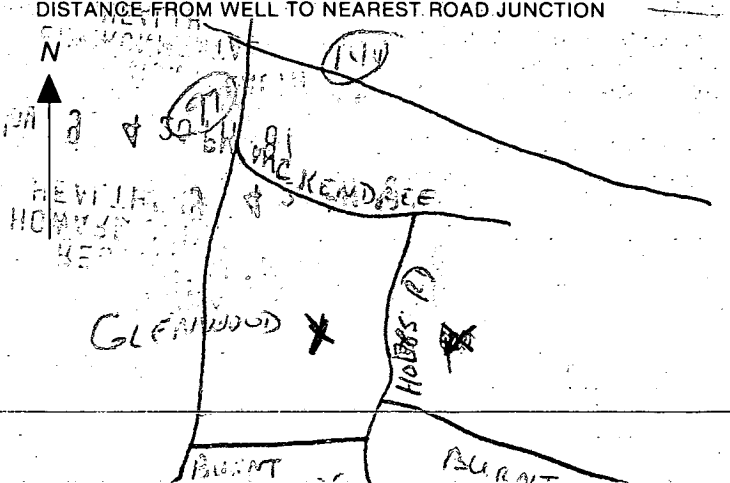
SHADOW ROLL COURT
SP. RW

BRAD



SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

<p align="center">CERTIFICATION</p>	<p align="center">SEAL</p>	<p align="center">SCALE 1" = 60' DATE 6-13-1989</p>
<p>This is to certify that I have surveyed the property known as: <u>LOT 27</u> <u>SHADOW ROLL COURT</u> <u>#2826</u></p> <p>for the purpose of locating the im- provements thereon, and the improvements are located as shown.</p>	 <p align="center"><i>Walter Park</i></p>	<p>Columbia: 730-9060 Towson: 828-9060</p> <p align="center">M & H DEVELOPMENT ENGINEERS, INC. Surveyors and Subdivision Designers</p> <p align="right">231 Harpers Choice Village Center 5485 Harpers Farm Road Columbia, Md. 21044</p> <p align="center">WALTER PARK</p> <p align="center">REG. L.S. 5539</p>

B 1	1512	SEQUENCE NO. (DP. USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER 40-81-2456
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		please print or type		
Date Received (APA) 11/16/87		LOCATION OF WELL R 404 PO 11/16/87 40.10		
OWNER INFORMATION Last Name: RASTATTER Owner: ROB First Name: _____ Street or RFD: 18607 GROSBEAK TE Town: GAITHERSBURG State: MD Zip: 20879		COUNTY: HOWARD SUBDIVISION: CLEENWOOD SPRINGS SECTION: _____ LOT: 27 NEAREST TOWN: CLEENWOOD MILES FROM TOWN (enter 0 if in town): 1 MI		
DRILLER INFORMATION Driller's Name: George F. Easterday L. Franklin Easterday, Inc. Firm Name: 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address: George F. Easterday Date: 11/4/87 Signature: _____		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD: SHADOW ROLL CT. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD: 100 FT or MI FT		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: A-38375 STATE SIGNATURE: _____ INSERT S <input type="checkbox"/> DATE ISSUED: 11/27/87 CO SIGNATURE: Sidney Abel EXP. DATE: 05-26-88 NORTH GRID: 533000 EAST GRID: 0795000		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7905 N 52033		
APPROXIMATE DEPTH OF WELL: 200 FEET APPROXIMATE DIAMETER OF WELL: 6 INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> AIR-ROTary <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTary <input type="radio"/> DRIVE POINT <input type="radio"/> other: _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: _____ GAP _____ FORCE 5A WRITE INITIALS IN BOX PERMIT NO. 40-81-2456 SPECIAL CONDITIONS		COUNTY: _____		

DATE Received DATE WELL COMPLETED 12/4/87
Depth of Well 22 400 26 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2456
OWNER KASATNER ROB
STREET OR RFD last name SHADOW ROLL CT first name TOWN Glenwood
SUBDIVISION Glenwood Springs SECTION LOT 07

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	
Topsoil	0 0	
Shale	2 46	
Br. Slate	46 62	
Tan Slate	62 70	
Gray Slate	70 118	
Tan Slate	118 122	
Gray Slate	122 321	
Flint	321 323	
Gray Slate	323 368	
Flint	368 370	
Gray Slate	370 393	
Opening	393 394	
Gray Slate	394 400	

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 29 NO. OF POUNDS 2900
GALLONS OF WATER 145
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 70 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 6 74
60 61 63 64 66 67 68 69 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

DEPTH (nearest ft.)
EACH SCREEN
1 40 72 400
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60 (NEAREST INCH)
from to

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
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 32
WHEN PUMPING 45
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 or NO) 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: 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 (nearest foot) 2

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)
Well 30' 85' Front lot line

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. 40
DRILLERS SIGNATURE George F. Eustachy
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Review 8110 J

Want 400-20

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 X
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller GS Registered Plumber _____

Name of Property Owner DOB RATSTATION Telephone _____
Subdivision GLENNWOOD SPRINGS Lot # 27 Well Tag # HO-81-2456
Site Address 2821 SHADOW HOLL CT

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1. Make
a. Deep well jet 2. RPM 2. Model #
b. Shallow well jet 3. Voltage 3. Depth
c. Submersible a. 110
2. Make b. 220
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 Piping Well data
1. Capacity 1. Type 1. Depth 400 ft.
2. Pressure relief valve? 2. Size 2. Yield 12 GPM
3. NSF and/or BOCA Code approved 3. Static water level 39 ft.
4. Depth of supply line 4. Will water supply be disinfected by installer?
Pitless Adapter 4 1/2 B.G.
TANK IN 5/23/89 MR

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.