

03-281897 FileNeed Pipe 1/17/89 Partial  
House found M and every  
CONNECTION 4/18/89 C.B.

## PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE

DATE SYSTEM APPROVED

INSPECTOR

INDEXED

SOUTH CARROLL BACKHOSE

~~Jenkins Brothers~~IS PERMITTED TO INSTALL X ALTERADDRESS Route 144, Ellicott City, Maryland 21043PHONE 465-6646SUBDIVISION 2190 ROAD 2191 Sand Hill Road LOTPROPERTY OWNER James L & Florence E. Cavey

ADDRESS

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

GARBAGE GRINDER? YES NO XSEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the left front property corner (intersection of Mt. View Road and Sand Hill Road), place distribution box 200 feet down the lot line that borders Mr. View Road and 70 feet off the same lot line. Run trenches along contour in either direction.

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 C. Williams DATE 5/31/88

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.

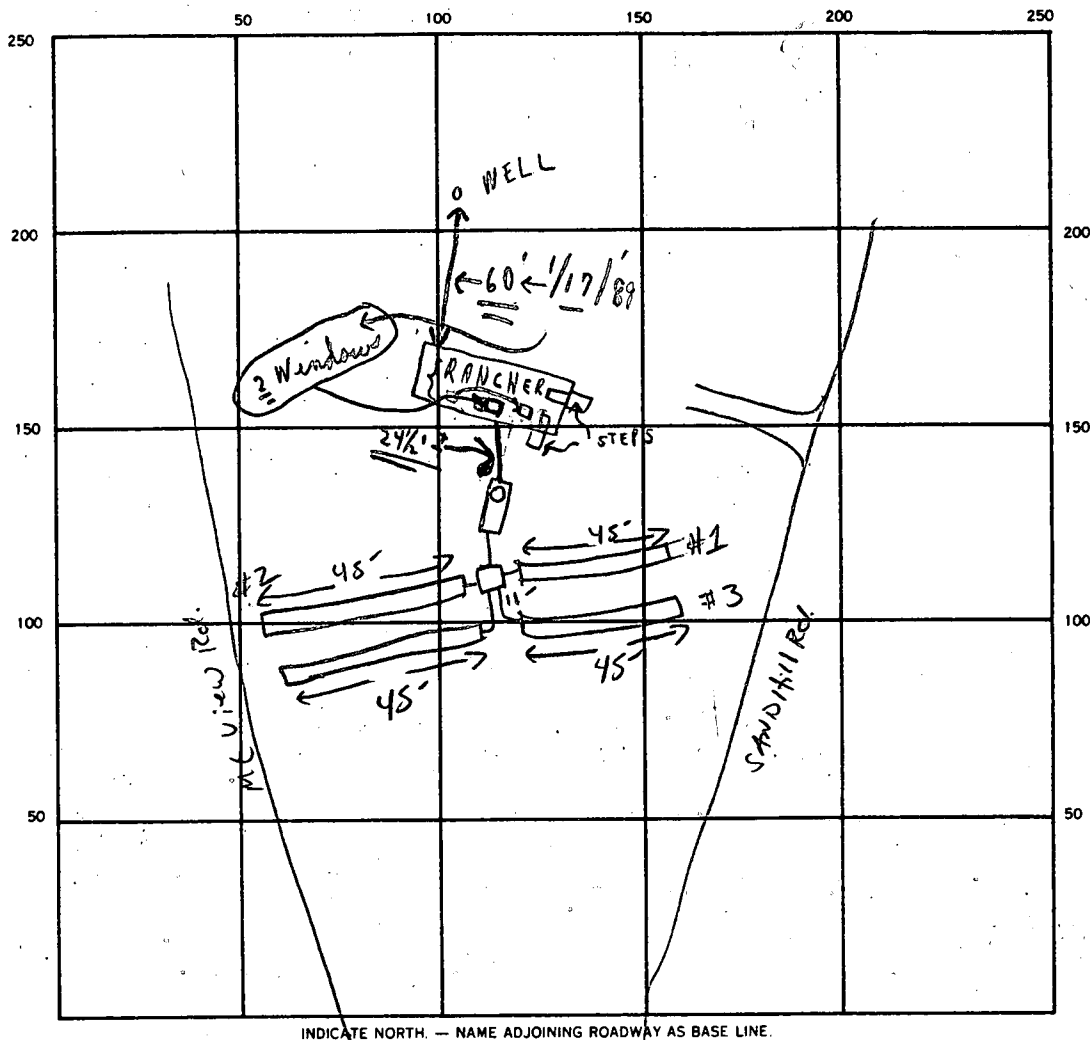
BLDG. PERMIT SIGNED  
AND RETURNED 10/26/93BLDG. PERMIT SIGNED  
AND RETURNED 4/15/92

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

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

EH - 2-1186

A 41236



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1500 GAL CLEANOUTS ✓ ST C.I.

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD TILE FIELD. DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 45 45 45 45 FT. 1807LF

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 4-17-88 OK TO ADD STONE TO BOTH TRENCHES; OK TO COVER BOTH TRENCHES. SAW  
6-20-88 OK TO STONE #3+4. OK TO COVER #3+4 - CALL WHEN HOUSE CONNECTION MADE  
FOR FINAL S. M. P. 1; 1/17/89 NO ONE SEEN AT SITE; HOUSE CONNECTION NOT  
SEEN - MUD COVERED PIPE; LEFT CARD AND STICKER. C.B.D.  
1/18/89 ALL OK - FINAL - OK TO COVER ↔ BOTH ENDS - SEEN; CARD LEFT  
AT DOOR.

DATE SYSTEM APPROVED 1/18/89 INSPECTOR Charles Bryan Visher

11/17/89 ANYTIME

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

11/17/89 Partial  
C.B.D.  
See Below  
11/18/89 Partial  
C.B.D.

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 CAVEY

Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Well Tag # H0-88-0043

Site Address 2196 SANDHILL RD

Pump

1. Type

- a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_

Motor

1. Horsepower \_\_\_\_\_

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth \_\_\_\_\_

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 350 ft.

2. Yield 1.2 GPM

3. Static water level 53 ft.

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

11/18/89 Pitless adapter + line at water well ok only. C.B.D.  
1. Left strokes of well  
2. Left card  
3. Hold for call C.B.D.  
11/18/89 ok at wall of home C.B.D.  
right side rear door

# APPLICATION

PERCOLATION TESTING

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

DISTRICT

DATE 3/14/88

*Recd 3/16/88*  
NEW HOUSE REMOVE TO  
EXISTING Schol. in TURN-  
S.M.

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 JAMES E. & FLORENCE E. CAVEY

ADDRESS 2190 SAND HILL RD., MARRIOTTSTOWN 21104 PHONE 442-1779

PROSPECTIVE BUYER NONE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION HOUSE EXISTING - REPAIR LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION SAND HILL ROAD AT THE JUNCTION OF MT. VIEW ROAD

TAX MAP CMP 563 PARCEL # FOLIO 410 DATED 7/23/1971

SIZE OF LOT 1.811 ACRES TYPE BLDG SINGLE FAMILY DWELLING  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR NEW SYSTEM - SEE BELOW DATE 5/31/88

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

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

SPECIAL CONDITION EXISTING HOUSE TO BE REPLACED, EXISTING

WELL AND SEPTIC TO BE ABANDONED. SEPTIC SYSTEM SPECIFICATIONS

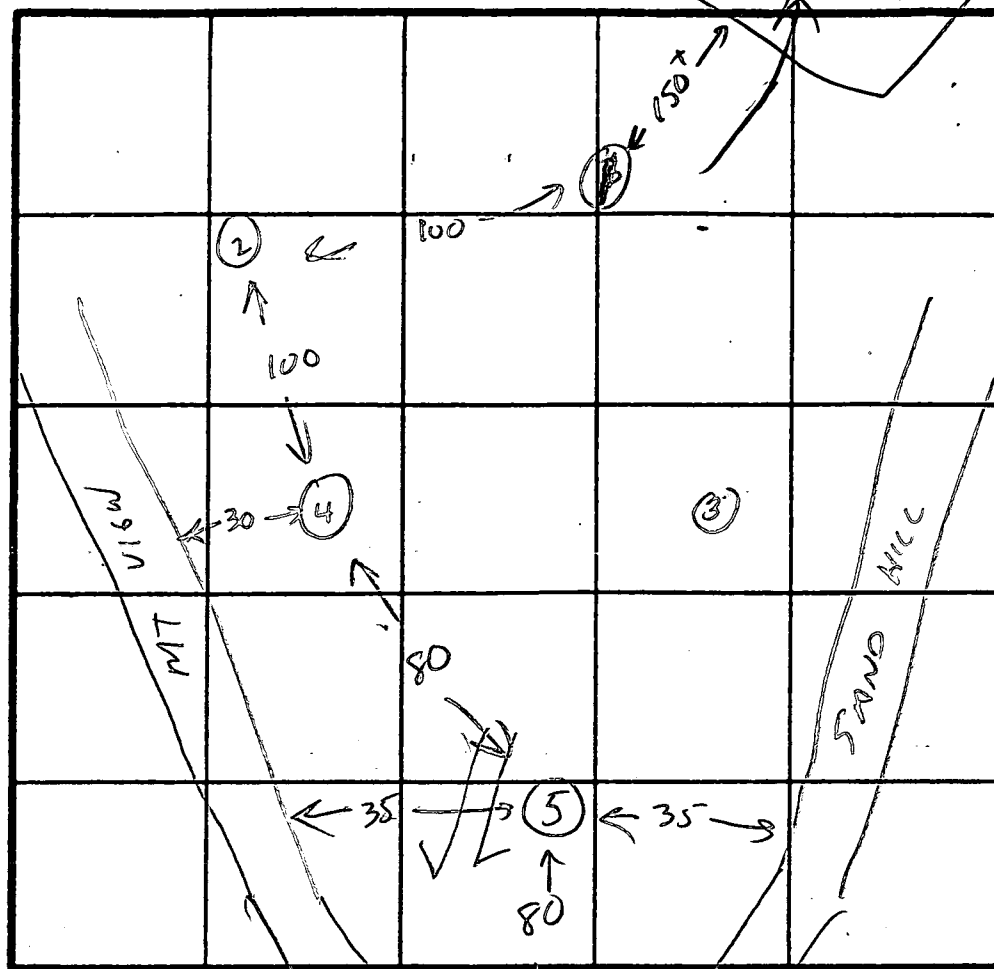
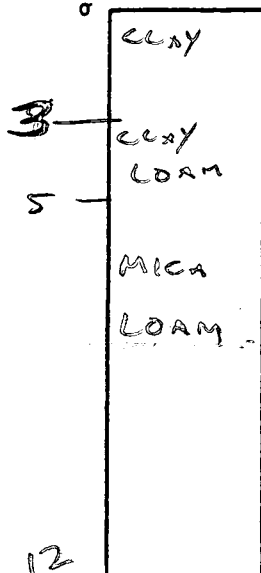
CONDITION OF WELL NOT CONFIRMED AT THIS TIME, C.W.

SEPTIC PERMIT SIGNED  
AND RETURNED 6/17/88  
1317897/500

## THIS IS NOT A PERMIT

ALL HOLDS

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/88	1	12	11:45	11:47	11:47	11:56	3 min
	2		11:50	DIRE FBL IN GT. 5-8 min			
			VLS	OK TO 12			
	3						
	4						
			VLS OK	4-12'			
	5	5'	12:24	12:26	12:26	12:28	
			VLS	OK TO 11'			

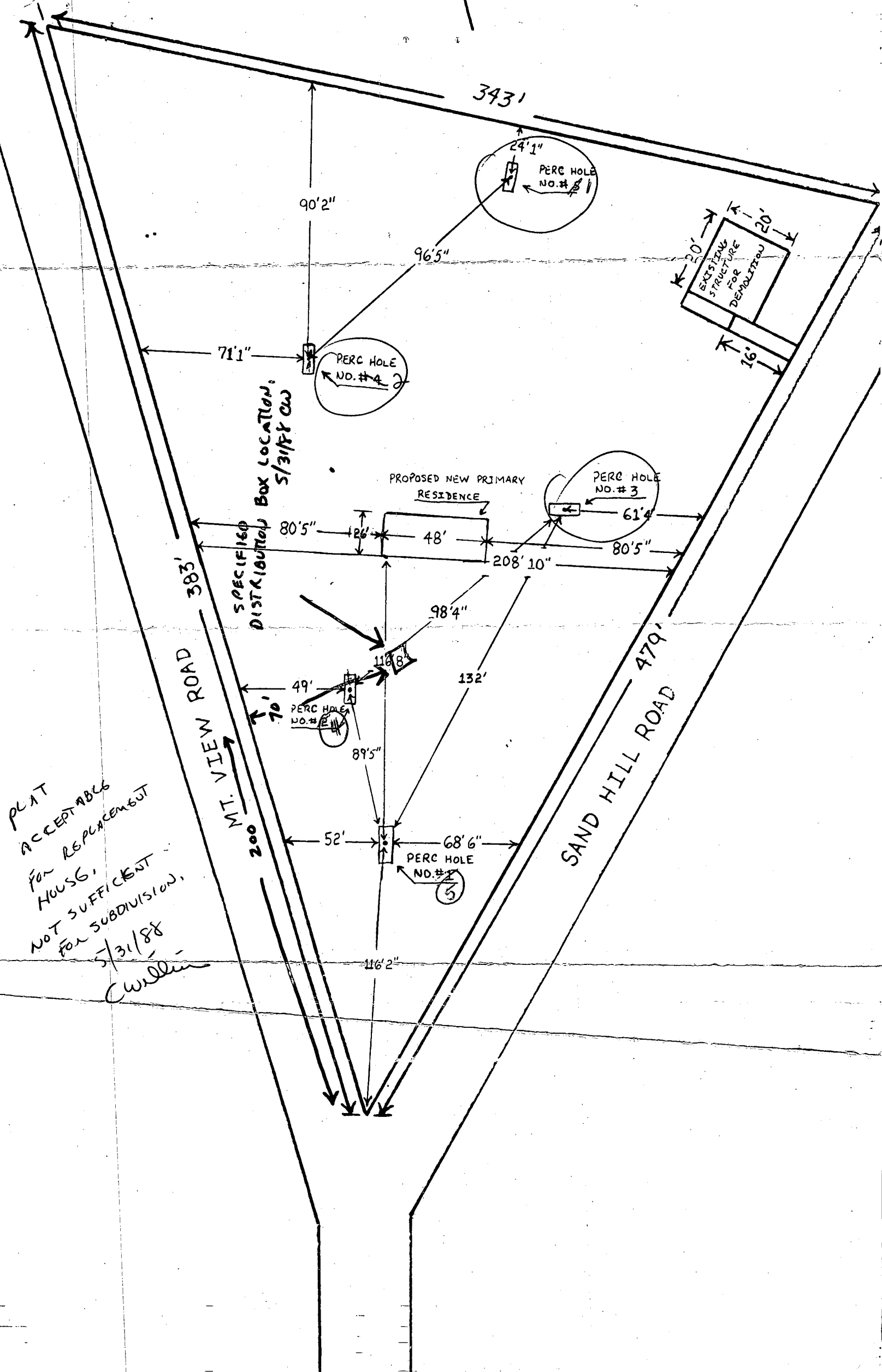
REMARKS

TYPE OF SOIL MICA LOAM

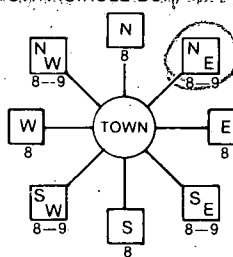
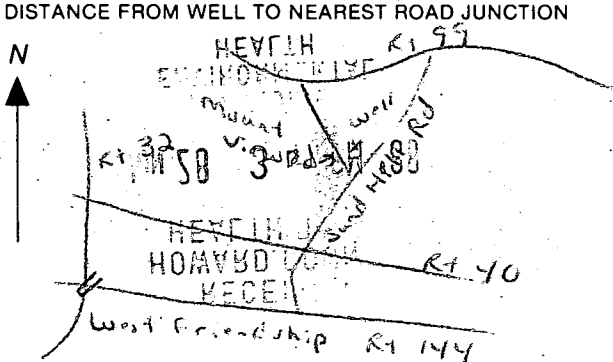
TESTED BY William (SEAN BAKER) ALSO PRESENT CAUGY, JENKINS

JAMES L. CAVEY, SR.  
2190 SAND HILL RD.  
MARRIOTTSVILLE  
MO. 21104

LIBER CMP 563 FOLIO 410  
DATED 7/23/1971



C1 9577		SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		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 COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER A 41236		
DATE Received		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
8 13		15 20		28 29 30 31 32 33 34 35 36 37		
OWNER		STREET OR RFD		TOWN		
SUBDIVISION		SECTION		LOT		
WELL LOG		GROUTING RECORD		C 3		
Not required for driven wells		WELL HAS BEEN GROUTED		PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		(Circle Appropriate Box)		HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL		PUMPING RATE (gal. per min. to nearest gal.)		
FEET		CEMENT		METHOD USED TO MEASURE PUMPING RATE		
FROM TO		BENTONITE CLAY		WATER LEVEL (distance from land surface)		
Check if water bearing		NO. OF BAGS		BEFORE PUMPING		
		NO. OF POUNDS		WHEN PUMPING		
		GALLONS OF WATER		TYPE OF PUMP USED (for test)		
		DEPTH OF GROUT SEAL (to nearest foot)		A air P piston T turbine		
		from ft. to ft.		C centrifugal R rotary O other (describe below)		
		(enter 0 if from surface)		J jet S submersible		
		CASING RECORD		PUMP INSTALLED		
		casing types insert appropriate code below		DRILLER WILL INSTALL PUMP		
		STEEL CONCRETE		YES NO		
		PLASTIC OTHER		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
		MAIN Nominal diameter Total depth		TYPE OF PUMP INSTALLED		
		CASING top (main) casing of main casing		PLACE (A,C,J,P,R,S,T,O)		
		TYPE (nearest inch) (nearest foot)		IN BOX-SEE ABOVE:		
		OTHER CASING (if used)		CAPACITY:		
		diameter depth (feet)		GALLONS PER MINUTE		
		inch from to		(to nearest gallon)		
		EACH CASING		PUMP HORSE POWER		
		SCREEN RECORD		PUMP COLUMN LENGTH		
		screen type or open hole		(nearest ft.)		
		insert appropriate code below		CASING HEIGHT (circle appropriate box and enter casing height)		
		STEEL BRASS OPEN HOLE		+ above		
		PLASTIC OTHER		- below		
		C 2		LAND SURFACE		
		DEPTH (nearest ft.)		(nearest foot)		
		EACH SCREEN		LOCATION OF WELL ON LOT		
		SLOT SIZE		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
		DIAMETER OF SCREEN				
		(NEAREST INCH)				
		GRAVEL PACK				
		IF WELL DRILLED WAS				
		FLOWING WELL INSERT				
		F.I.N. BOX 68				
		OEP USE ONLY				
		(NOT TO BE FILLED IN BY DRILLER)				
		T (E.R.O.S.) WQ				
		70 72 74 75 76				
		TELESCOPE CASING LOG INDICATOR OTHER DATA				
		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				

B 1 <b>9212</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>10-88-0043</b> <small>fill in this form completely</small>
Date Received (APA) <b>062788</b>		B 3 <b>LOCATION OF WELL</b>	
<b>OWNER INFORMATION</b> 15 Last Name <b>Cave</b> 34 36 Street or RFD <b>190 S. HILL RD</b> 55 57 Town <b>Marr:ottsville</b> 70 State <b>MD</b> 72 Zip <b>21104</b> 76		8 COUNTY <b>Howard</b> 21 23 SUBDIVISION <b>MHP 16 Q1 P.173</b> 42 SECTION <b>44</b> 46 LOT <b>48</b> 50 52 NEAREST TOWN <b>West Friendship</b> 71 MILES FROM TOWN (enter 0 if in town) <b>3</b> 73 <b>MI</b> 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <b>Robert W. Reichart</b> 353 Firm Name <b>Wm. W. Reichart Inc</b> 77 License No. 80 Address <b>175 Baltimore Pike, Hanover, PA 17331</b> Signature <b>Robert W. Reichart</b> Date <b>6/24/88</b>		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  NEAR WHAT ROAD <b>Sand Hill Rd</b> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W WEST EAST SOUTH 34 <b>285</b> 37 DISTANCE FROM ROAD ENTER FT or MI <b>FT</b> 38 39	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 12 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> COUNTY NAME <b>A 41236</b> COUNTY NO. STATE SIGNATURE _____ INSERT S <input type="checkbox"/> 41 DATE ISSUED <b>07/13/88</b> BY <b>Nylon</b> 48 CO SIGNATURE <b>01/13/89</b> EXP. DATE NORTH GRID <b>538000</b> 50 55 EAST GRID <b>0819000</b> 57 63	
<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. <input type="checkbox"/> 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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Approved well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>819</b> N <b>538</b>	
APPROXIMATE DEPTH OF WELL <b>250</b> 24 28 FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTary <input type="checkbox"/> AIR-PERcussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		7/27/88 2PM 7/27/88 WELL ALREADY GROUTED 2UBAGS - GROUTER NOT SEEN R HODGES	
<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 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE <b>60</b> WRITE INITIALS IN BOX <b>10-88-0043</b> 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			



(301) 848-4060  
(301) 876-6040



- SURVEYING
- LAND PLANNING
- CIVIL ENGINEERING

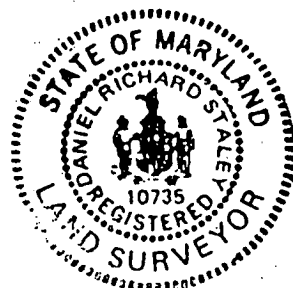
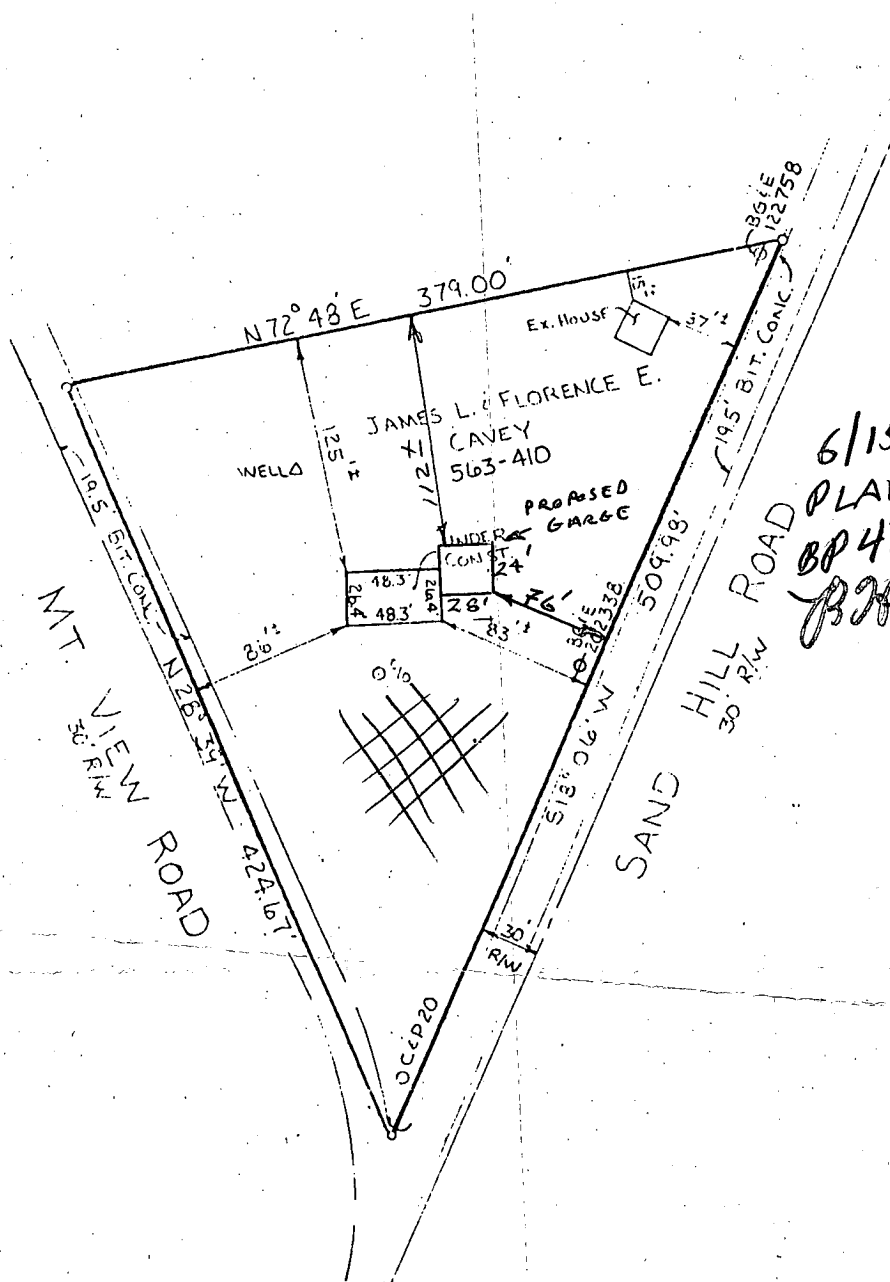
## D.R.S. & ASSOCIATES

52 WINTERS STREET., WESTMINSTER, MD 21157

This is to certify that I have surveyed the property shown hereon, known as the James L. and Florence E. Cavey property 563/410, located on Sand Hill Road, in the 3-rd Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon.

This is to certify that the improvements shown hereon, are not in a Flood Prone or Flood Hazardous area.

Westminster, this 12-th day of September, 1988.

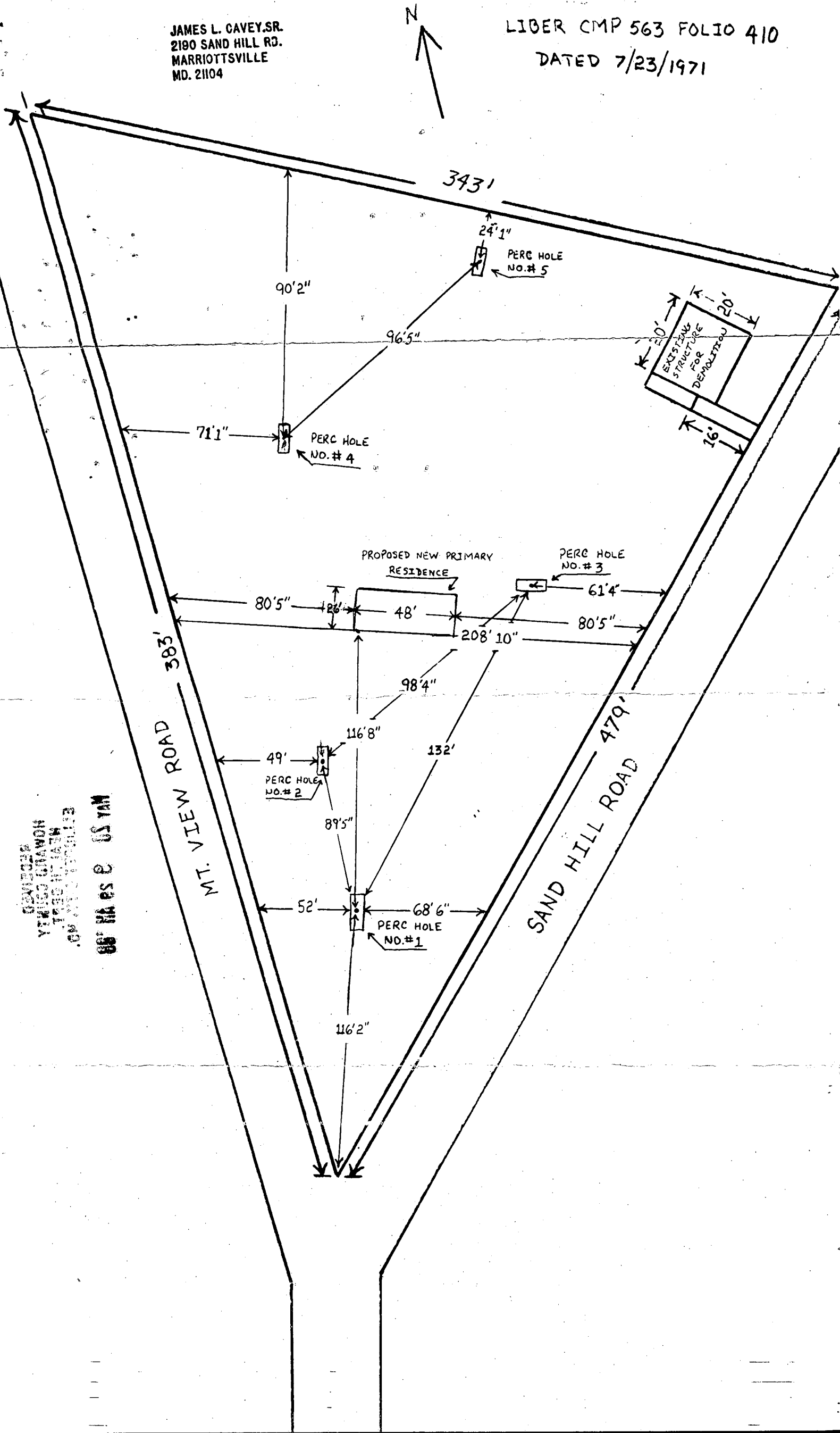


*Daniel R. Staley*

DANIEL R. STALEY L.S. # 10735

SCALE: 1" = 100'

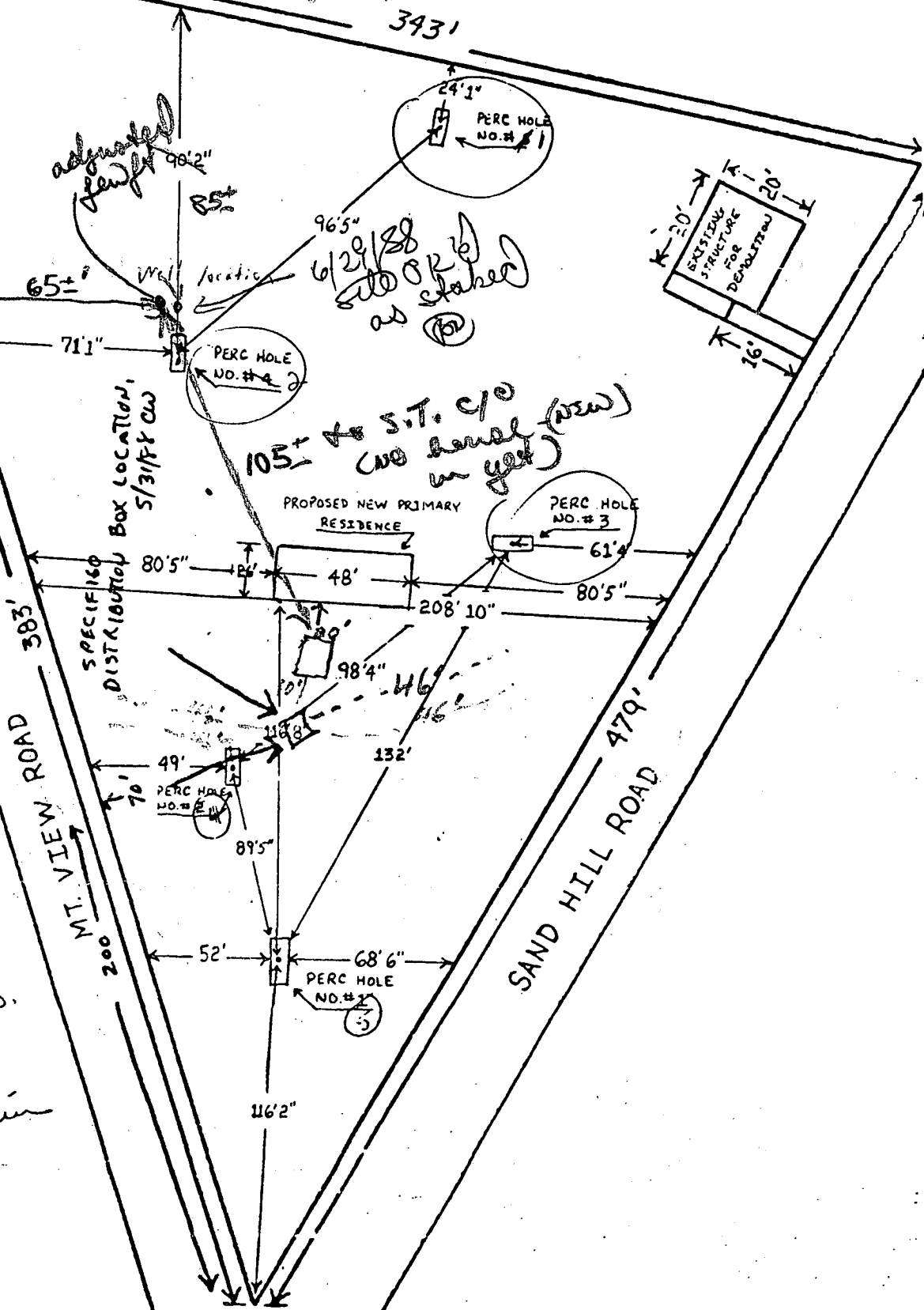
LIBER CMP 563 FOLIO 410  
DATED 7/23/1971

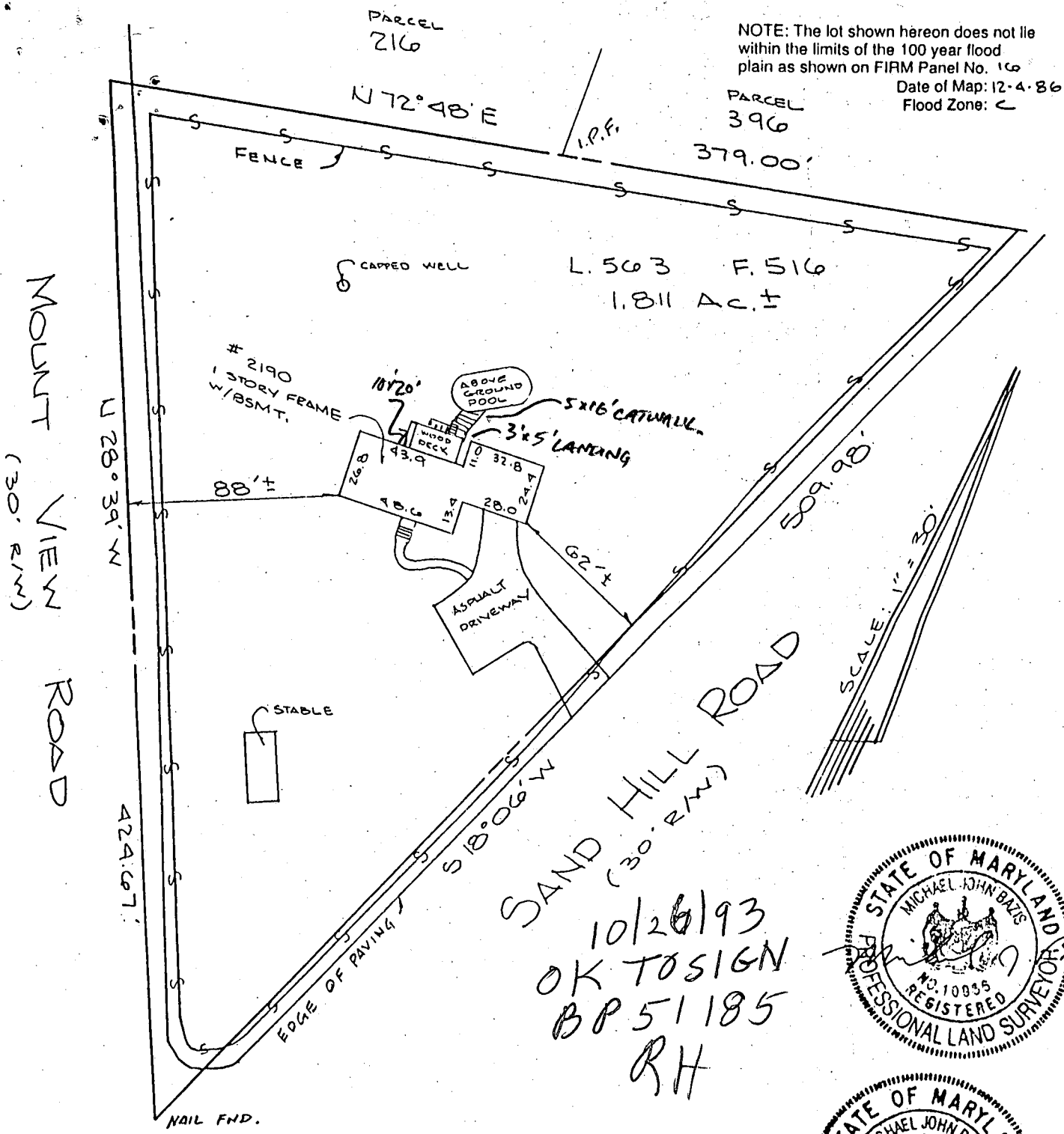


JAMES L. CAVEY, SR.  
2130 SAND HILL RD.  
MARRIOTTSVILLE  
MO. 21104

LIBER CMP 563 FOLIO 410  
DATED 7/23/1971

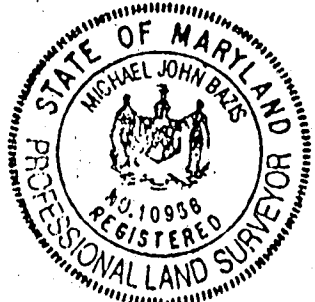
PLAT  
ACCEPTABLE  
FOR REPLACEMENT  
HOUSE.  
NOT SUFFICIENT  
FOR SUBDIVISION.  
5/31/88  
Cullin





NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 16  
 Date of Map: 12-4-86  
 Flood Zone: C

10/26/93  
 OK TO SIGN  
 BP 51185  
 RH



**SURVEYOR'S CERTIFICATE**

I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey; and that, unless otherwise shown, there are no encroachments. Unless otherwise shown, corners have not been set with this survey. This survey is not to be used to determine property lines.

Michael J. Bazis  
 Michael J. Bazis RPLS #10956

IMPROVEMENT LOCATION SURVEY  
 CAVEY PROPERTY  
 LIBER 563 FOLIO 516  
 HOWARD COUNTY, MD.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 93.1190 H	DATE 5-18-93
FIELD JS	DRAFT JD
	P.B. P #
	SCALE: 1" = 60'

**R. C. KELLY**  
**LAND SURVEYORS**  
 10111 COLESVILLE ROAD, SUITE 123  
 SILVER SPRING, MD 20901  
 301-593-8005  
**& ASSOC., INC.**