10/2/95 c/o am 19/0/95/200 19/0/95/200 19/0/95/200

PERMIT 03-315940

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	508	13
		-

A 41707

DISTRICT____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

DATE 9-13-95

DATE SYSTEM APPROVED Policy 95

	(x,y) = (x,y) + (x,y	0 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			INOP EOTO	V C. WOJ BU CKU F
W.T.	Cumberland & Company		IS PE	RMITTED TO IN:	STALL X	ALTER
ADDRESS 16391	A.E. Mullinix Road	, Woodbie, MD	21797	PHONE	354-6838	
SUBDIVISION Sp	ring Valley Chase	LOT11	ROAD 12	2124 Sereni	ity Lane	
PROPERTY OWNER.		Thomas & M	lary Knight			·
ADDRESS						
	CITY 1250 GALLONS			Sec	ial# 60)	759
180 SQUAR	RE FEET PER BEDROOM			Kelat	nore 7/2	5/95
LINEAR FEET OF TRE	NCH REQUIRED 180	*				
TRENCHES -	Trench to be 2 feet depth 8 feet below original grade. 4 feet below to the second seco	original grade.	Effective	area begin	ns at 4 fe	ttom maximum et below
LOCATION -	Place the distribute off the same lot lin all trenches along of	ion box 190 fee ne as seen when	t down the 1 facing the	eft (630.0)') lot lin Serenity L	ane. Run
	to be a maximum of 5	0 feet long, s	econd trench	to be a I	naximum:of	60 feet long,
	and third trench to wells.	be a maximum o	f 80' long.	Maintain	a minimum	of 100' to al.
NOTES -	No trench to exceed cap to grade or above	100 feet in le ve on septic ta	ngth. Provi nk.	de 6" - 8"	' diameter	cleanout and
PLANS APROVED BY	Jane Nadeau		ok	1 cw	DATE	.5/13/94
COVER NO WORK UNTI	L INSPECTED AND APPROVED					
NEITHER THE HOWARD	COUNTY COUNCIL NOR THE HEAL	TH DEPARTMENT IS RESP	ONSIBLE FOR THE S	UCCESSFUL OPE	RATION OF ANY S	YSTEM
NOTE: CLEANOUT REC ACCEPTABLE.	QUIRED EVERY 70 FEET OF SEWI	ER LINE AND/OR AT 90°	SWEEPS IN LINES	FROM HOUSE TO	O DRAIN FIELDS	, 90° ELBOWS NOT
NOTE: ALL PARTS OF AUTHORIZED)	SEPTIC SYSTEMS (I.E. TANK, DIS	TRIBUTION BOX TRENCH	HES) TO BE 100 FE	T FROM WELL ((UNLESS OTHER	WISE SPECIFICALLY

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

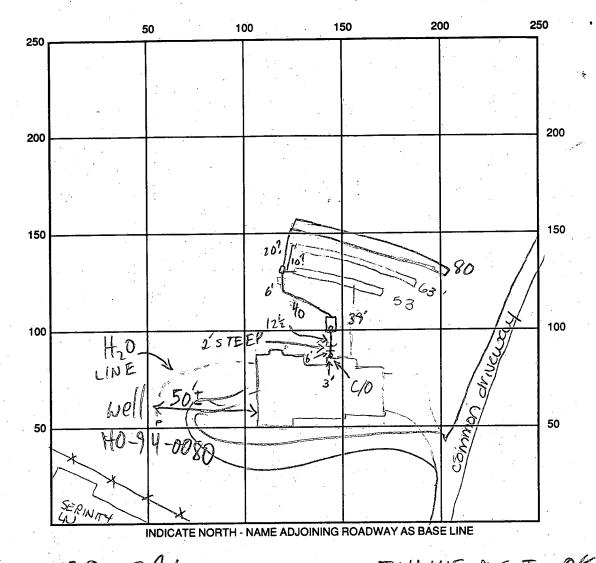
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



SEPTIC TANK LEVEL 1250 GAT CLEANOUTS 1116/NE 43.1OK
DISTRIBUTION BOX LEVEL OK - BAFFLE IN
DIAM 12 3 (3)80
EFFECTIVE GRAVEL DEPTH 4/4/4 FT. TOTAL LENGTH 23 FT. 1212 2320
NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOMAREA (2) 252 SQ. FT.
DRYWALL INSIDE DIAMETERFT. EFFECTIVE DEPTH BELOW INLETFT.
ABSORBENT AREA 784 SQ. FT.
REMARKS: 10/2/95 OK to stone trenches 1=2 TBOX, tank shouse connection
not in yet Au 10/10/95 OK TO COVER HOUSE TO D.B. AND
STONE LAST PRENCH MR
10/11/95 OK TO COVER MR
DATE SYSTEM APPROVED 10/0/95 INSPECTOR M. RIPKIA
DATE OF OTERINA THE STATE OF TH

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Α	_//	70	

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE. 992-2330

DISTRICT 3RO.

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 LOCATION: N/3 MD. ROUTE 99 WEST OF HEWRY TON ROAD ROAD AND DESCRIPTION ROAD 'A ' 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 PERGITEST APPLICATION IS NON REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY (SIGNATURE OF APPLICANT)

THIS IS NOT A PERMIT

D-CD
SOIL PROPILE

10" RED YM.
CCA-YLOAM
W/SMAIL
STONES AT
SURFACE
10-156/6
KAAS
3.0 REDBA.
12 SMOWN
BARNON
LOAM
MICGEOUS

13-14

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& Perc 6 Min

180 AlBR

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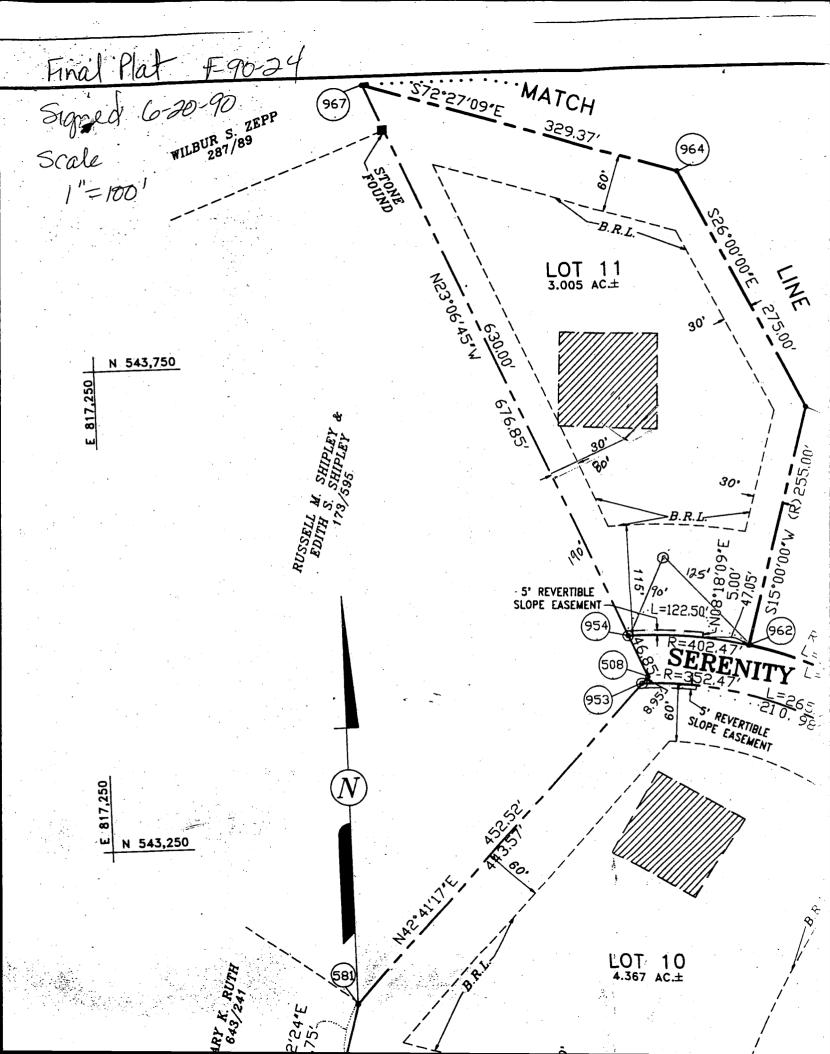
BOTTOM 8

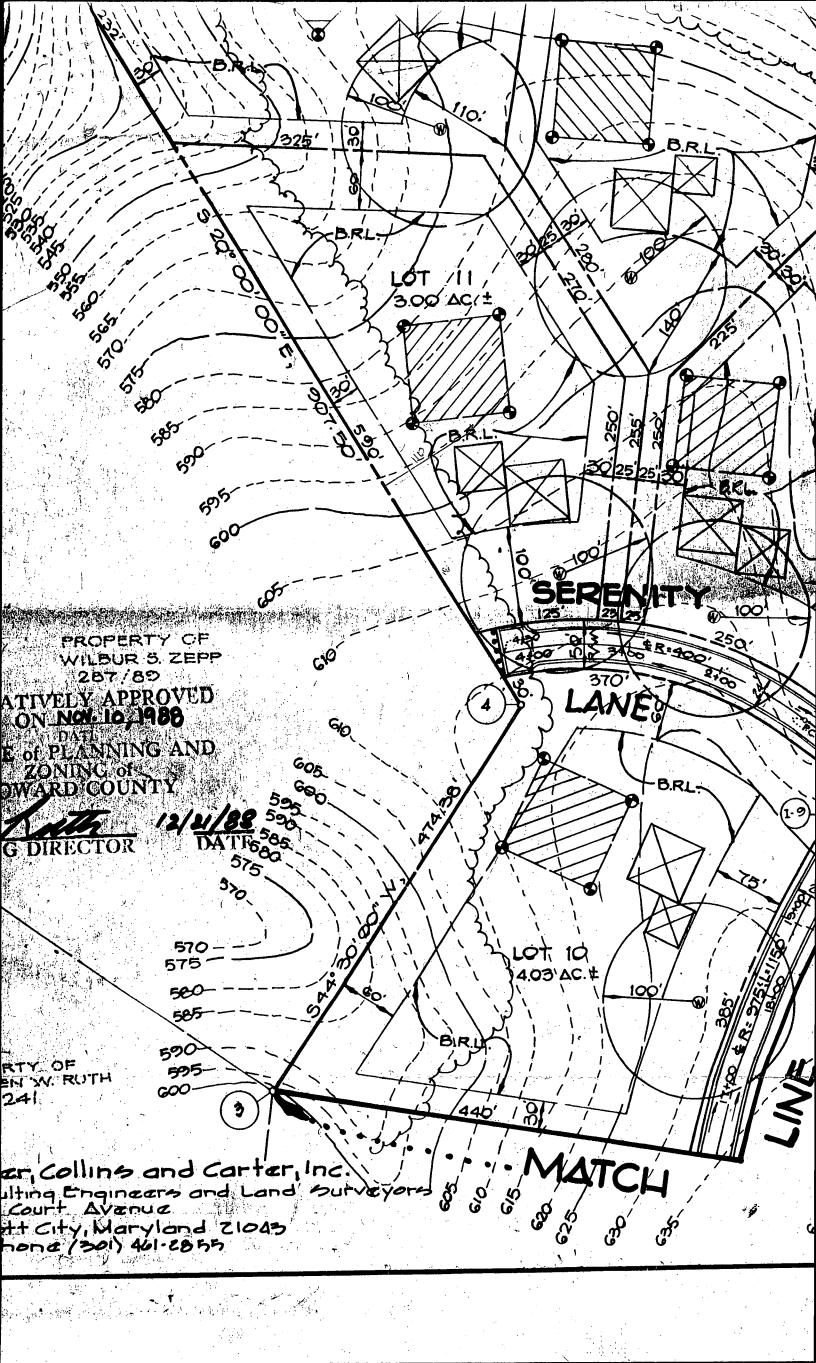
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt99 TEST . 1" DROP TEST NO. DEPTH DATE TIME START START 11:37 11:36 11:37 7/13/88 3 11139 ZMIN ZMIN 8 13 ZV iniform Soil below 3.0 11:55 11:55 Soil below 4:0-11:46 NI FORM 12/10 ISMIN 33 11:52 11155 ZMIN 45 soil below 3,50

REMARKS	Holes APPROX	CTOA	AT	an a Taban Tank i ay basan a ba Taban Taban i ay	er en gelek er en er en en En folk	i same managaran sa
	MANOR		de genera ●		•	ing Armania.
TESTED BY	S. Aug				_ ALSO PRESENT	Skip, John MAS Baker

H-12-1079





COUNTY

c ₁ 5175	SEQUENCE NO. (DENV 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 PI IN COLS 3-6 ON ALL CARD		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY AHITOTT
ST/CO USE ONLY DATE Received  8 13	DATE WELL COMPLETE	Depth of Well  22 3 2 26  (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER	GAPP last name & DOAL	Scott	10-11-10-1
STREET OR RFDSUBDIVISIONSORM	JE REIO!	TY ANE TIRST NAME TOWN	West FAIENDShip
WELL L		GROUTING RECORD	C 3
Not required for STATE THE KIND OF PENETRATED, THEIR	FORMATIONS COLOR, DEPTH,	WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	1 2 PUMPING TEST
THICKNESS AND IF VIDESCRIPTION (Use		CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)		NO. OF BAGS 15 NO. OF POUNDS 1416	PUMPING RATE (gal. per min.
SAND	0 48 000	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from from from from from from from from	to nearest gal.)  METHOD USED TO  MEASURE PUMPING RATE  WATER LEVEL' (distance from land surface)
Countline	48 325 V	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 4 1 20
GRAYMER ROCK	7 3 333 1	types insert ST CO	WHEN PUMPING 56 22 25
is all for		appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air P piston T turbine
<b>*</b>		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O ther (describe below)
		S 7 61 512 170	J jet S submersible
\$ 100 miles		OTHER CASING (if used)	
		diameter depth (feet)  diameter depth (feet)  inch from to	PUMP INSTALLED
		C C C C C C C C C C C C C C C C C C C	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED
		insert appropriate STEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  29
		code below BHONZE HOLE P L O T	CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31 35
	A	PLASTIC OTHER	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH
		DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box
		A 8 9 11 15 17 21 H	and enter casing height)  LAND SURFACE
CIRCLE APPROPE	RIATE LETTER	S 23 24 26 30 32 36	below left (nearest foot)
A A WELL WAS ABANDO WHEN THIS WELL W	ONED AND SEALED	E 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAI		SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P WELL	RTED TO PRODUCTION	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT, AND 11	24.04 "WELL CONSTRUCTION" CONDITIONS STATED IN THE	from to	
SENTED HEREIN IS ACCURATE AND MY KNOWLEDGE.		FLOWING-WELL INSERT ( ): [3] FIN BOX 68 114 A 5 6 68	See attached
DRILLERS IDENT, NO.	34 A	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	See attached Well location
DRILLERS SIGNATURE	ON APPLICATION	T (E.R.O.S.). W Q	
(MUST MATCH SIGNATURE	, ON AFFLICATION)	70 72 74 75 76	
SITE SUPERVISOR (sign. of responsible for sitework if d	f driller or journeyman different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	

•

10/10/95:00 After 12:00

#### 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		Receipt #
Name of Installer W. T. Cun	nberland & Co.	Telephone
License Number	Well Driller R	egistered Plumber
Name of Property Owner Knight Subdivision Spring Valley of Site Address 12124 Screhity	nsc Lot # // Well	elephone Tag # <u>HO -99-5080</u>
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 6. If Yes, is low pressure cuto 7. What methods are used to provibrations? Torque arresto	ff switch installed? Ye tect the pump and electri	cal wiring from
Tank  1. Capacity  2. Pressure relief valve?  W.P.T: Line OK for  Cover Ut B.G. MR  I understand that it is my re  Department when the installation is null and void).	3. NSF and/or BOCA Code approved 4. Depth of supply line O/O/S5 sponsibility to notify the	1. Depth ft. 2. Yield GPM 3. Static water level ft. 4. Will water supply be disinfected by installer?
All information given above is	true to the best of my kn	owledge.
Signatu	are 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.

