

Tax ID - 05 - 412846

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED

HOWARD COUNTY HEALTH DEPARTMENT FOR F.C.O.P. COMPLIANCE

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 48104

A 42051

DISTRICT 5th

DATE 5/12/92

DATE SYSTEM APPROVED 6/26/92

INSPECTOR R. H. H.

INDEXED

L & F Company

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 10688 Scaggsville Road, Laurel, Maryland 20707 PHONE 725-3392

SUBDIVISION Rutherford LOT 6 ROAD 4531 Rutherford Way

PROPERTY OWNER Hill Farm Partnership SHERWOOD KIERMAN

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 168/190 280

TRENCHES - Trench to be 2 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 175 feet from the front lot line (Cul-de-Sac) and 300 feet the right (130.25') lot line. Run trenches along contour toward right (130.25') lot line and back lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5-13-92 JEN OK

CHANGED TO SHALLOW SYSTEM BECAUSE BACK HOLE

PLANS APPROVED BY Ronald Pinkley/Raymond Hodges

REVISED DATE 4/30/92

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, 90° ELBOWS NOT ACCEPTABLE.

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 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

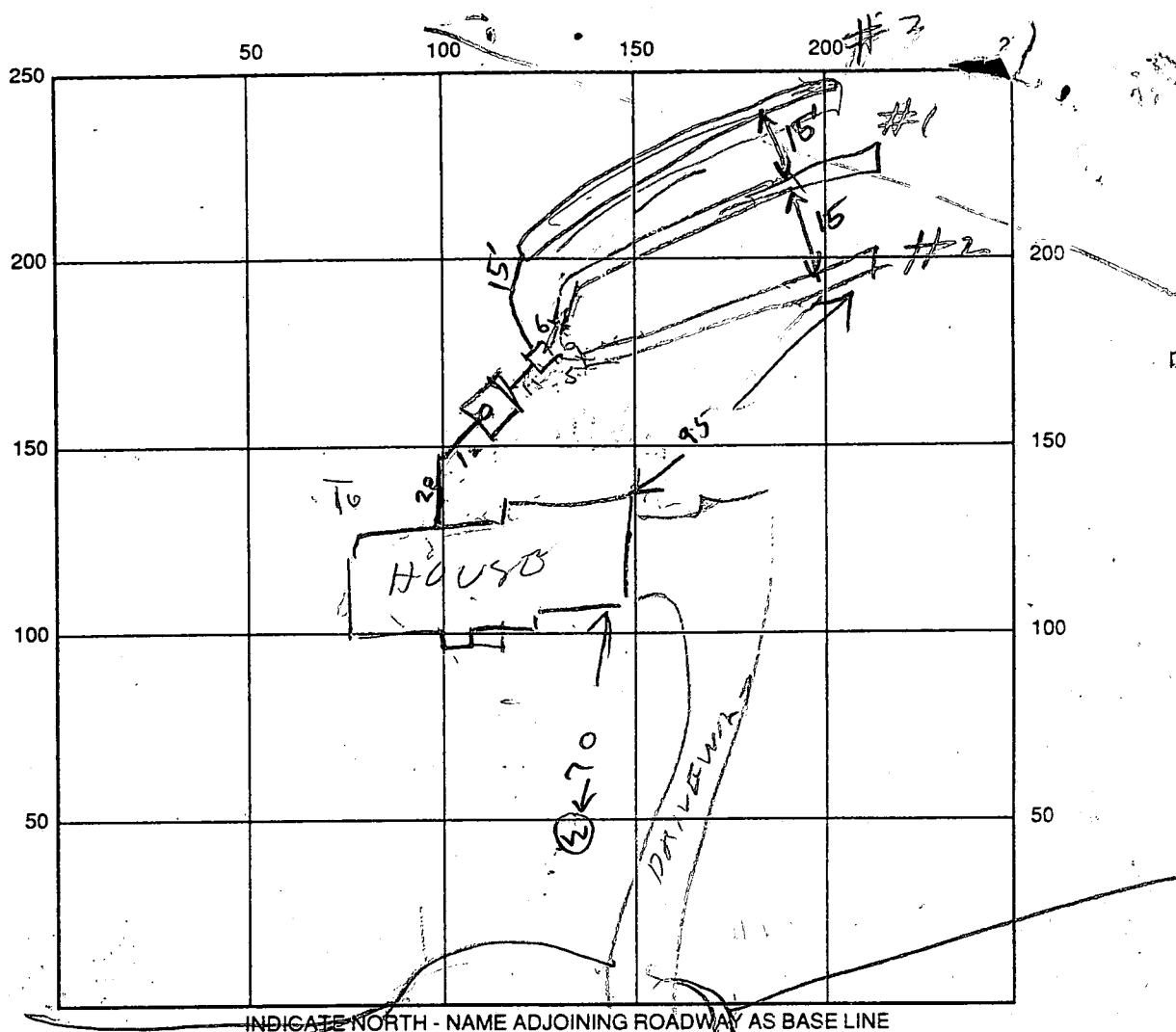
PERMIT VOID AFTER TWO YEARS

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. Screen prohibited

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 42051



SEPTIC TANK LEVEL _____ CLEANOUTS OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 7/6.5 FT. 5.5 TRENCH WIDTH 3/3/3 FT. INLET DEPTH 4.5 - FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 92/93 FT. 96

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/23/92 - TRENCHES SHORTER THAN CALLED FOR BUT HAVE
PEPPER DEPT. MUST CALL S. LYONS GAVE MESSAGE TO HIS TOWER RH
6/24/92 TALK TO S. LYONS OK TO DIG 7 FT TRENCH. MAKE TRENCH 2
11 FT LONGER. ADD STONE TO TRENCH #1 & #2 & CALL
6/25/92 TRENCHES #1 & #2 FINISHED TRENCH #3 DUG
FINISHED #3 COVER #1 & #2 RH. 3rd Trench gravel fill (2' under pipe) opposite OK to leave
PP 6/26/92

DATE SYSTEM APPROVED 6/26/92 INSPECTOR PP

APPLICATION

PERCOLATION TESTING

A 42051

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 3/8/88

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 MARY C. HILL ET AL Hill Farm Partnership

ADDRESS 6642 SEVECA DRIVE COLUMBIA PHONE 776-0440
MARYLAND 21044 301-381-4444

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION RUTHERFORD LOT NO. 6

ROAD AND DESCRIPTION WEST SIDE OF MD RTE 32, EAST SIDE OF TEN
GAUS ROAD 4531 Rutherford Way

TAX MAP 28 PARCEL = 75

SIZE OF LOT 3.3 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. Mary C. Hill
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/20/88 PERC OK HOLD FOR PERM

BLDG. PERMIT SIGNED

AND RETURNED 3/15/88

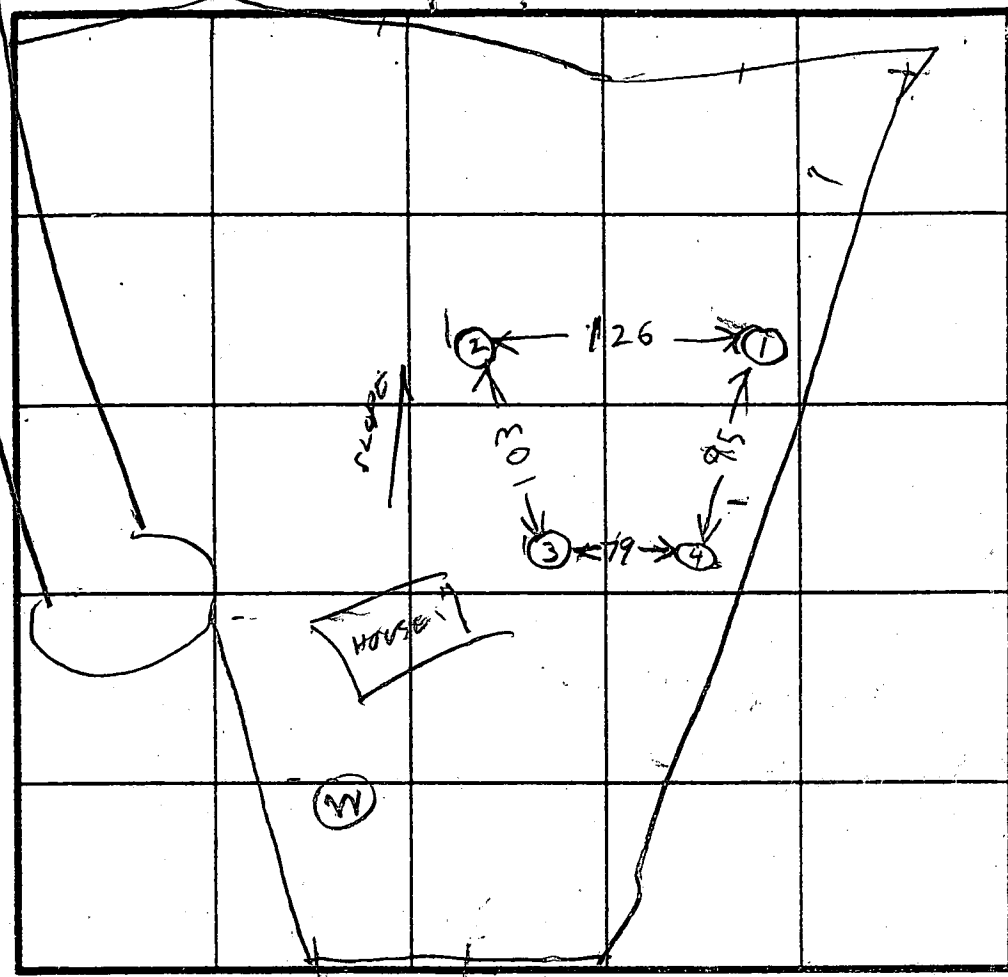
Serial # 42249-SFD-461

THIS IS NOT A PERMIT

LOT 9
A42051

Se

SOIL PROFILE
TOPSOIL
BROWN
GRAY
GRITTY
SAND
MICA
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

2
BROWN
GRAY
CLAY
4
BROWN
GRAY
LUMPY
SAND
LOAM

3
TOPSOIL
BROWN
GRAY
SAND
SILT
LOAM

4
TOPSOIL
BROWN
GRAY
LUMPY
SAND
SILT
LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/20/88	1S	4	1130	1133	1133	1135	4
	1V	14	OK				
	2S	3	1138	1200	edge pen		
	2V	13.5	OK	BEV	5 FT		
	3X	14	OK				
	4S	4.5	1151	1152	1152	1156	4
	4D	7.5	1150	1152	1152	1156	4
	4V	13.5	OK				
	2ES	5	1210	1211	1211	1213	2

avline
3min
max
Depth
X F

10/20/88
REMARKS: Hole dug per Test Plat
TYPE OF SOIL: _____
TESTED BY: B. HODGES
ALSO PRESENT: _____

Backhoe Phil Phil Kenny

F-90-25
Sheet 4

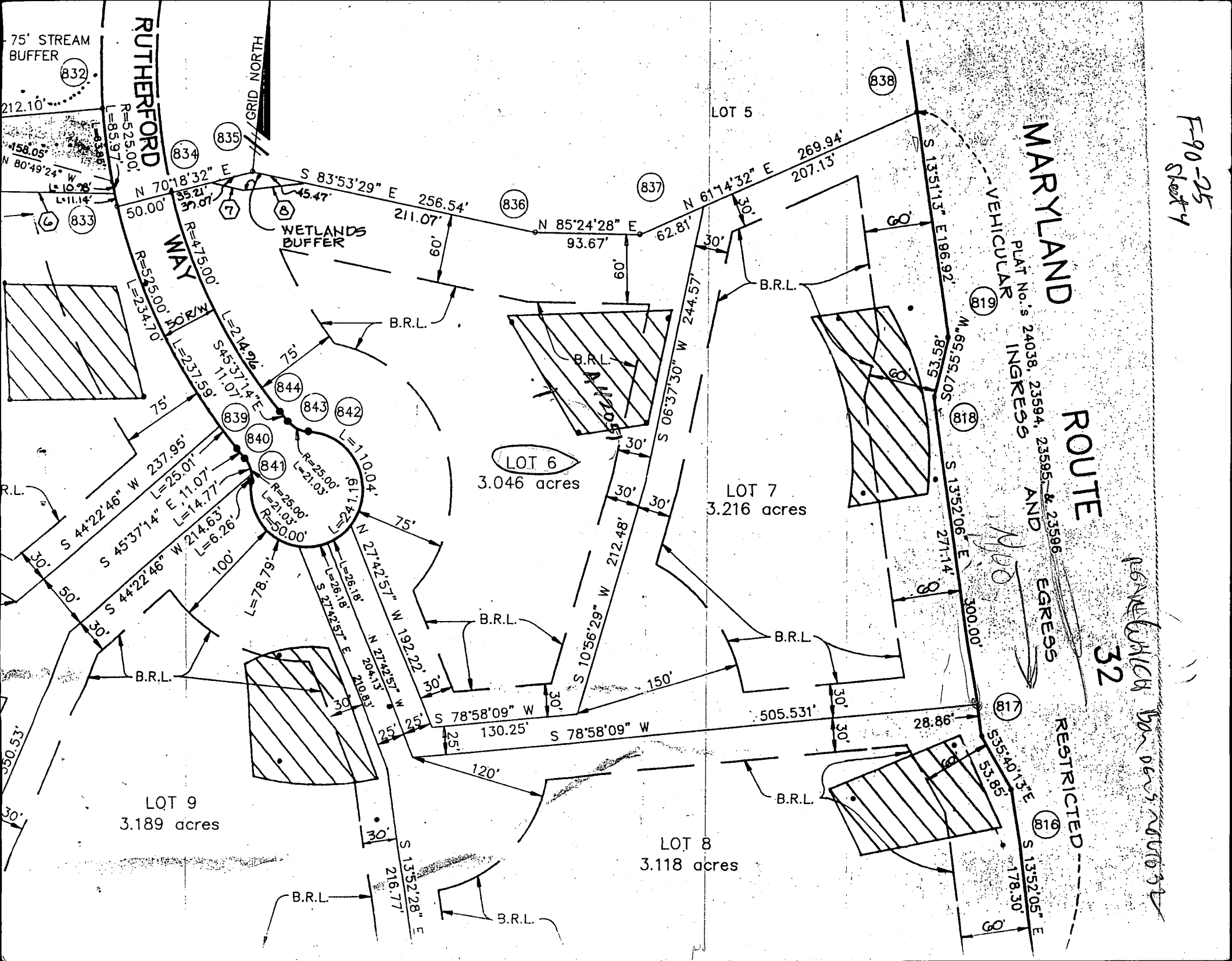
MARYLAND

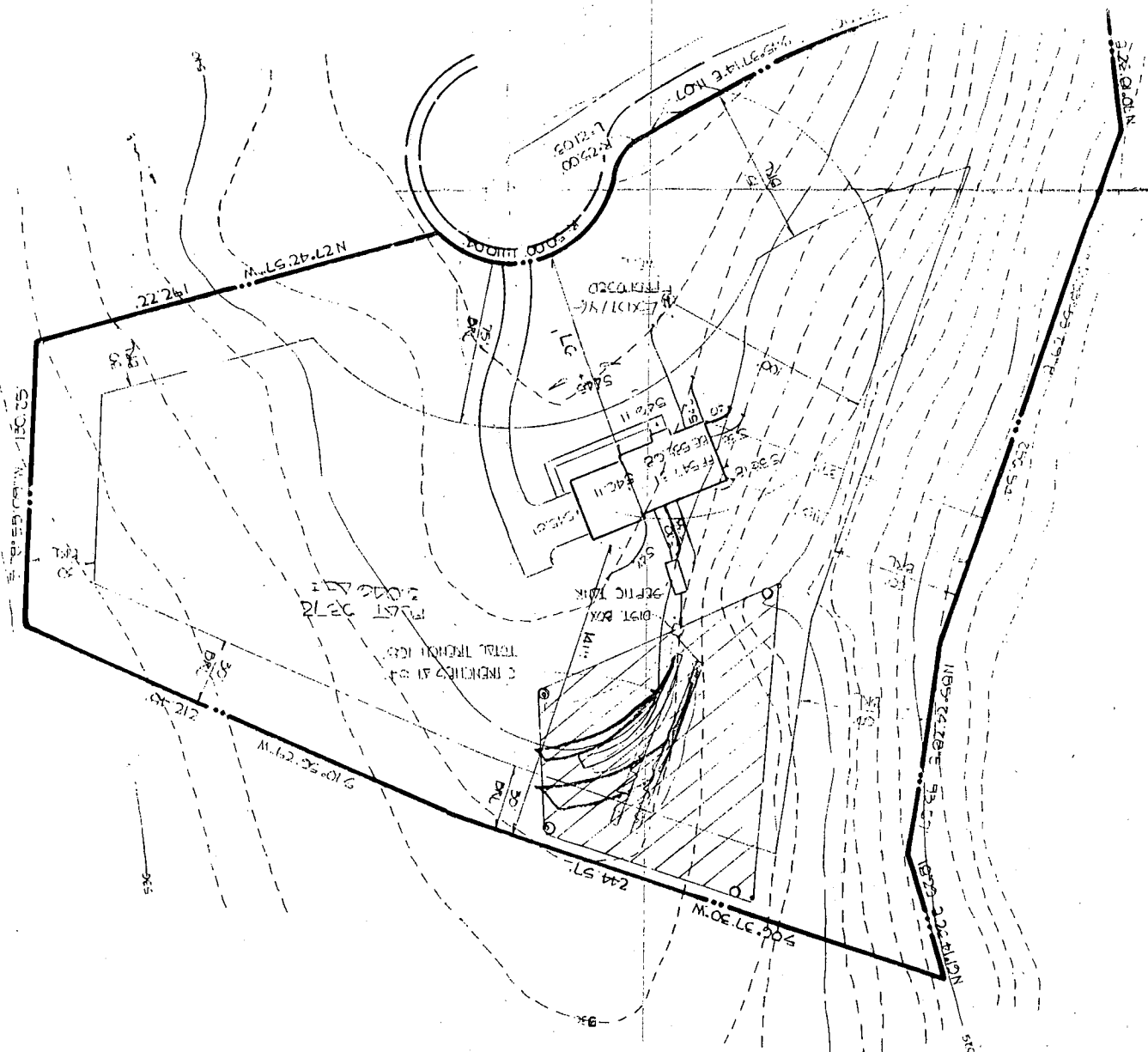
ROUTE 32

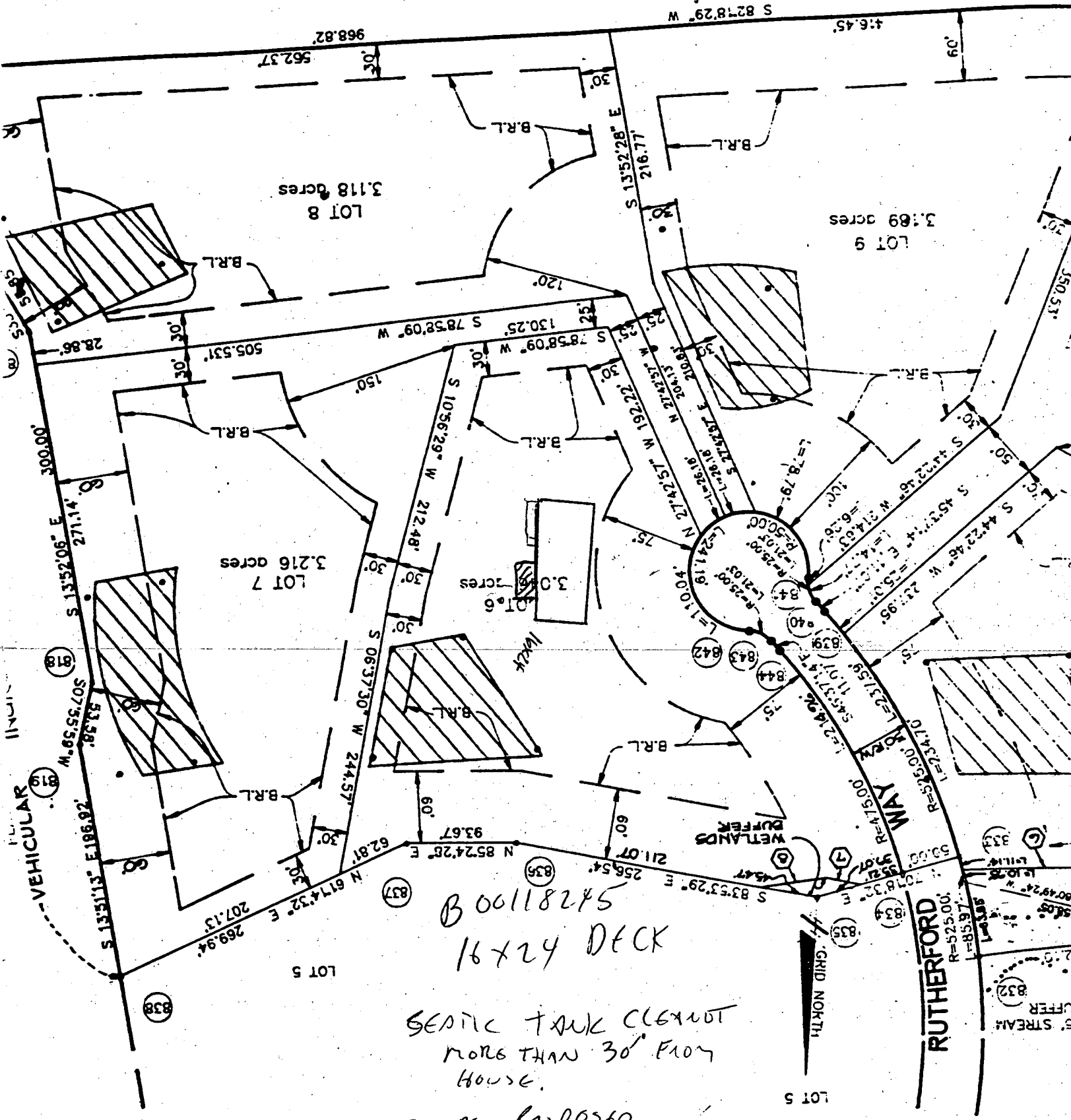
PLAT No.'s 24038, 23594, 23585, & 23586
INGRESS AND EGRESS

RESTRICTED

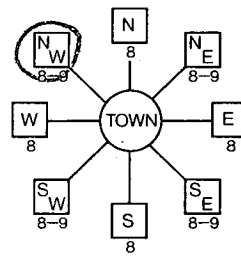
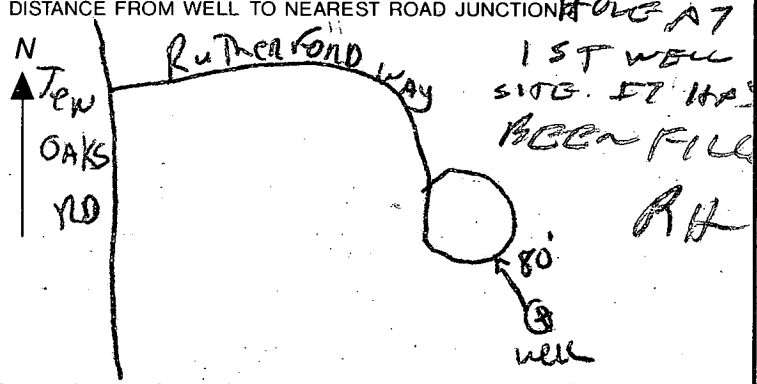
16 W. L. H. C. B. O. S. 201032







5/26/99 C. J. Will

B 1 1406 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-92-0044 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 040392 TAKER GENE 15 Last Name Owner First Name 34 11788 RT 216 36 Street or RFD 55 FULTON Town 70 State 72 Zip 76 2020759		LOCATION OF WELL HOWARD 8 COUNTY 21 RUTHERFORD 23 SUBDIVISION 42 SECTION 44 46 LOT 6 48 50 NAVTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name Ralph MAYNE 77 License No. 80 273 Firm Name Ralph MAYNE well drilling Address 9120 Brown Church Rd, Mt Airy MD Signature Ralph Mayne Date 4/2/92		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Rutherford way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N WEST <input type="checkbox"/> W EAST <input type="checkbox"/> E SOUTH <input type="checkbox"/> S DISTANCE FROM ROAD 40 34 37 ENTER FT or MI FT	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A 42051 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 040392 EXP. DATE 10-3-92 NORTH GRID 512000 EAST GRID 0806000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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)		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 8006 N 5102	
APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN A DRILL RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____	
Not to be filled in by Driller (DP USE ONLY)			
APPROP. PERMIT NUMBER _____ FORCE KP WRITE INITIALS IN BOX PERMIT No. H0-92-0044		SPECIAL CONDITIONS	

C1 5165 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 NUMBER ALD051

ST/CO USE ONLY DATE Received DATE WELL COMPLETED 041392 Depth of Well 42051 PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-92-0099

OWNER Tager last name Rutherford way first name Gene TOWN Dayton SUBDIVISION Rutherford SECTION LOT 6

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	
Top Soil	0	2	
SANDY	2	40	✓
SANDSTONE	40	45	
MICKA	45	65	
SANDSTONE	65	70	✓
MICKA	70	210	
SANDSTONE	210	215	✓
MICKA	215	325	

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 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL 6 50

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 50

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

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.) 49 325

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 60

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.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 33 WHEN PUMPING 150

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

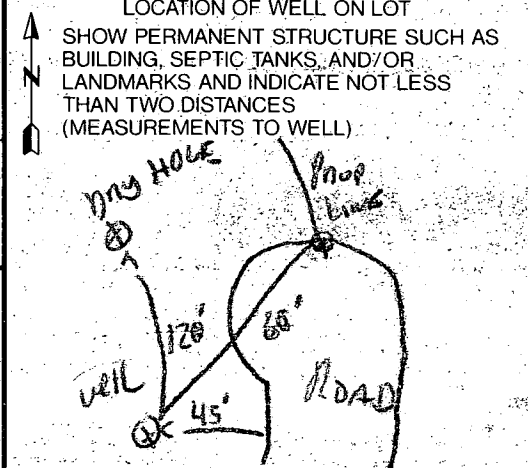
PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE



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 IDENT. NO. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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