

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR F.C.O.P.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

COMPLIANCE

5/7/93 C. Williams / C.B.

INDEXED

10/6/92

* M. Dong Thompson
(LIBERTY MECHANICAL - INSTALLER)

Joseph Dunn

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 6738 Groveleigh Drive, Columbia, Maryland 21046 PHONE 596-6123

SUBDIVISION Cat Tail Creek LOT 43 ROAD 3651 Sycamore Valley Run

PROPERTY OWNER Katherine E. Conti/Joseph M. Dunn

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS - TOP-SEALED-SEPTIC TANK REQUIRED

NUMBER OF BEDROOMS 4 *****CONTRACTOR TO REQUEST HEALTH DEPARTMENT SITE INSPECTION

180 SQUARE FEET PER BEDROOM BEFORE BEGINNING ANY EXCAVATION.*****

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2½ feet below original grade. 1½ feet of stone below distribution pipe.

LOCATION - Place distribution box 180 feet from front lot line and 50 feet from left lot line. Run trenches along contour toward Sycamore Valley Run.

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

OK/CW

* [10/6/92 discussed septic system location at site only] C.B.

PLANS APPROVED BY C. Williams DATE 3/6/92

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.

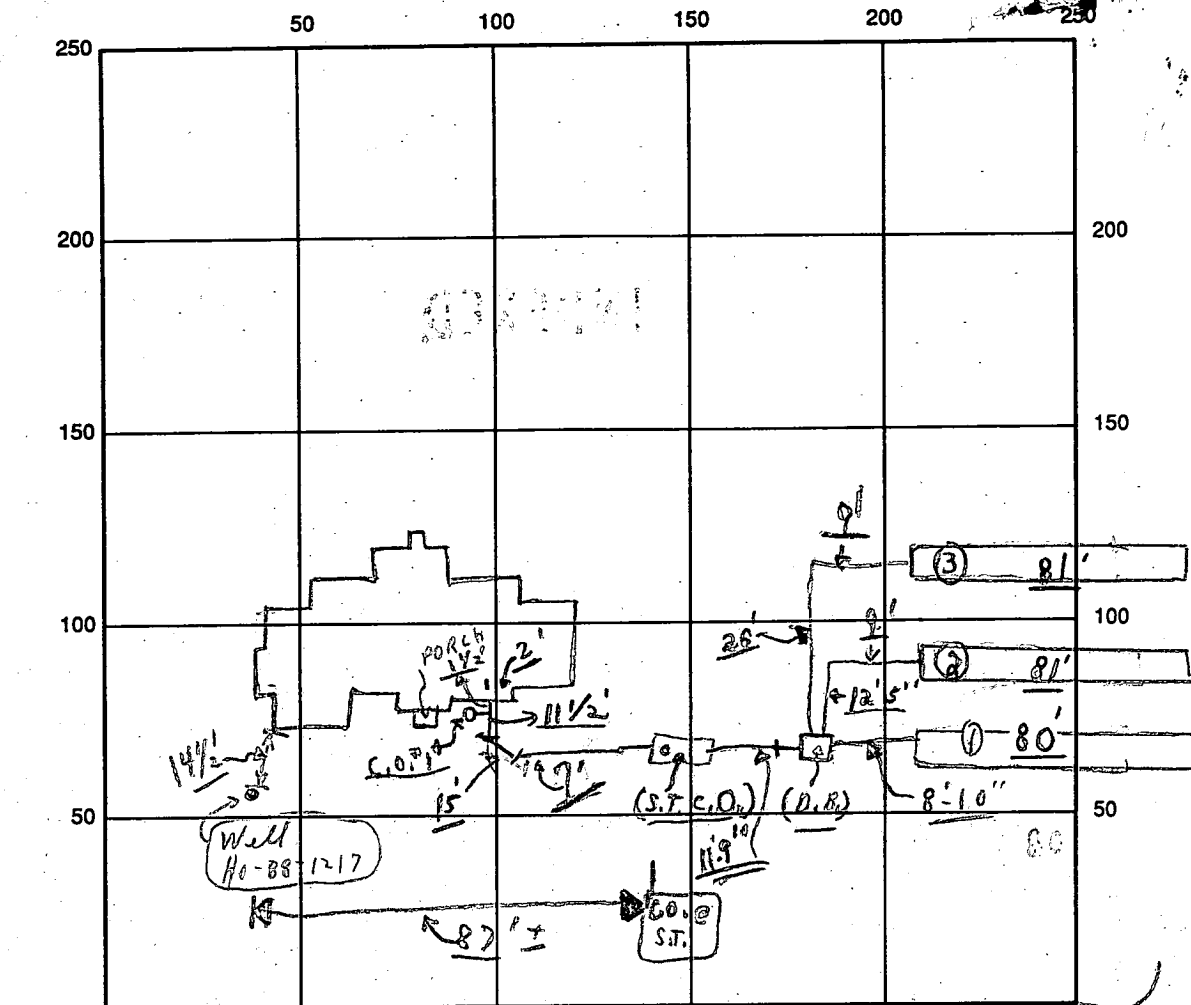
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 43269



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SYCAMORE VALLEY RUN

SEPTIC TANK LEVEL OK CLEANOUTS C.O. OK S.T. OK
 DISTRIBUTION BOX LEVEL OK (Baffle is in) (needs plug ON SITE)
 DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 0 80
2 81 } FT. = 242⁺
3 81 }
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 726 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 726⁺ SQ. FT.

REMARKS: 10/6/92 P.M. Just installed - setting tanks; appears ok; No other
work - HOLD FOR A CALL - 10/7/92 P.M. - ok to cover all work
final; (Material on site for C.O. Plug)
C.B.S.

10/7 No W.P.I. C.B.S. (Done previously)

DATE SYSTEM APPROVED 10/7/92 INSPECTOR Charles Bryan theat

APPLICATION

PERCOLATION TESTING

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

A 43269
P _____
DISTRICT 4
DATE 12/9/88

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 Eggenwood Farm Inc C/O Land Design + Development
ADDRESS 8307 Main St + Katherine E. Conti / Joseph M. Dunn PHONE 596-6123
PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION Clark Sycamore Valley LOT NO. 32

ROAD AND DESCRIPTION Roxbury + Dorsey Mill 3651 Sycamore Valley Rd

TAX MAP 21 PARCEL # 6

SIZE OF LOT - 4.05 TYPE BLDG. SFD (SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT. SIGNED 3/6/92
AND RETURNED Serial # 41283
4 Bedroom

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.

Mal D. Rea
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Water 1 hole

4-10-89 USP - V on hole #1 CTS TO Adjust SDA UPHILL from hole
3 to approve This CTS. S. Allen

THIS IS NOT A PERMIT

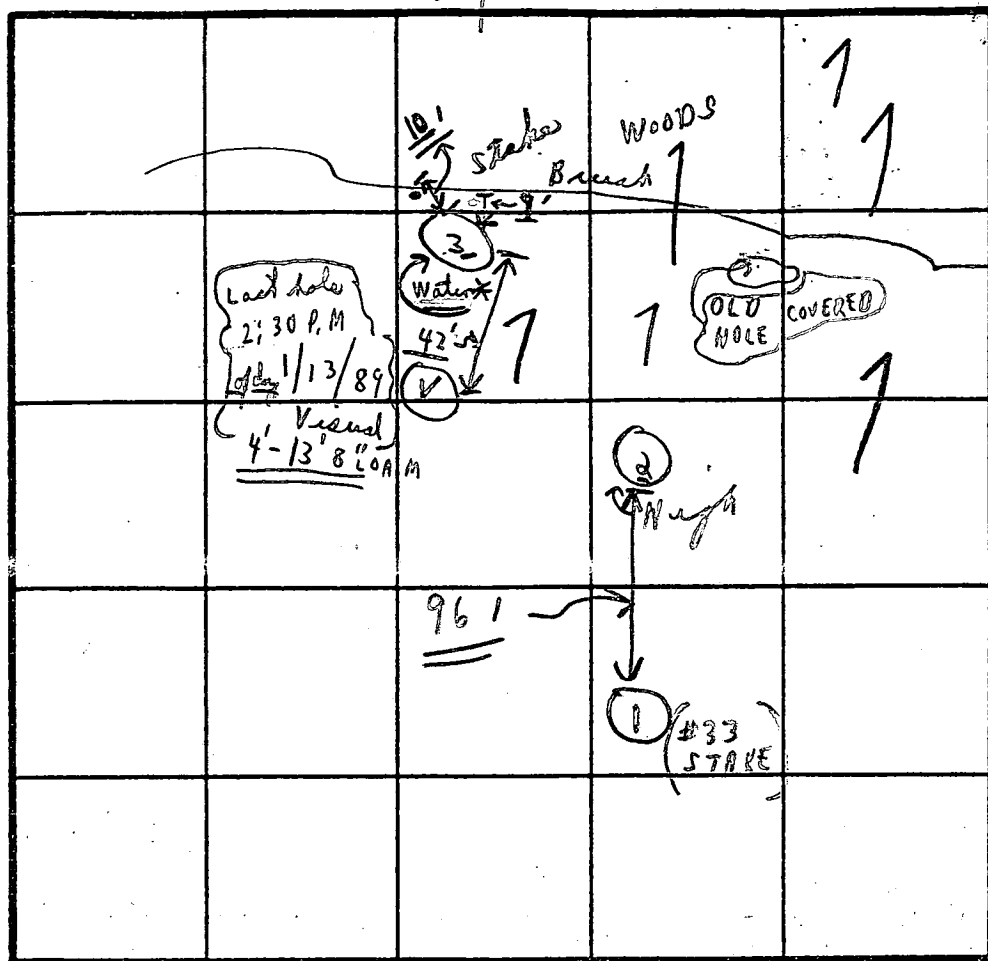
Part of new # 26

#32

SOIL PROFILE

SNOW
CLAY
SANDY
LOAM

3 HOLES
TO BOTTOM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

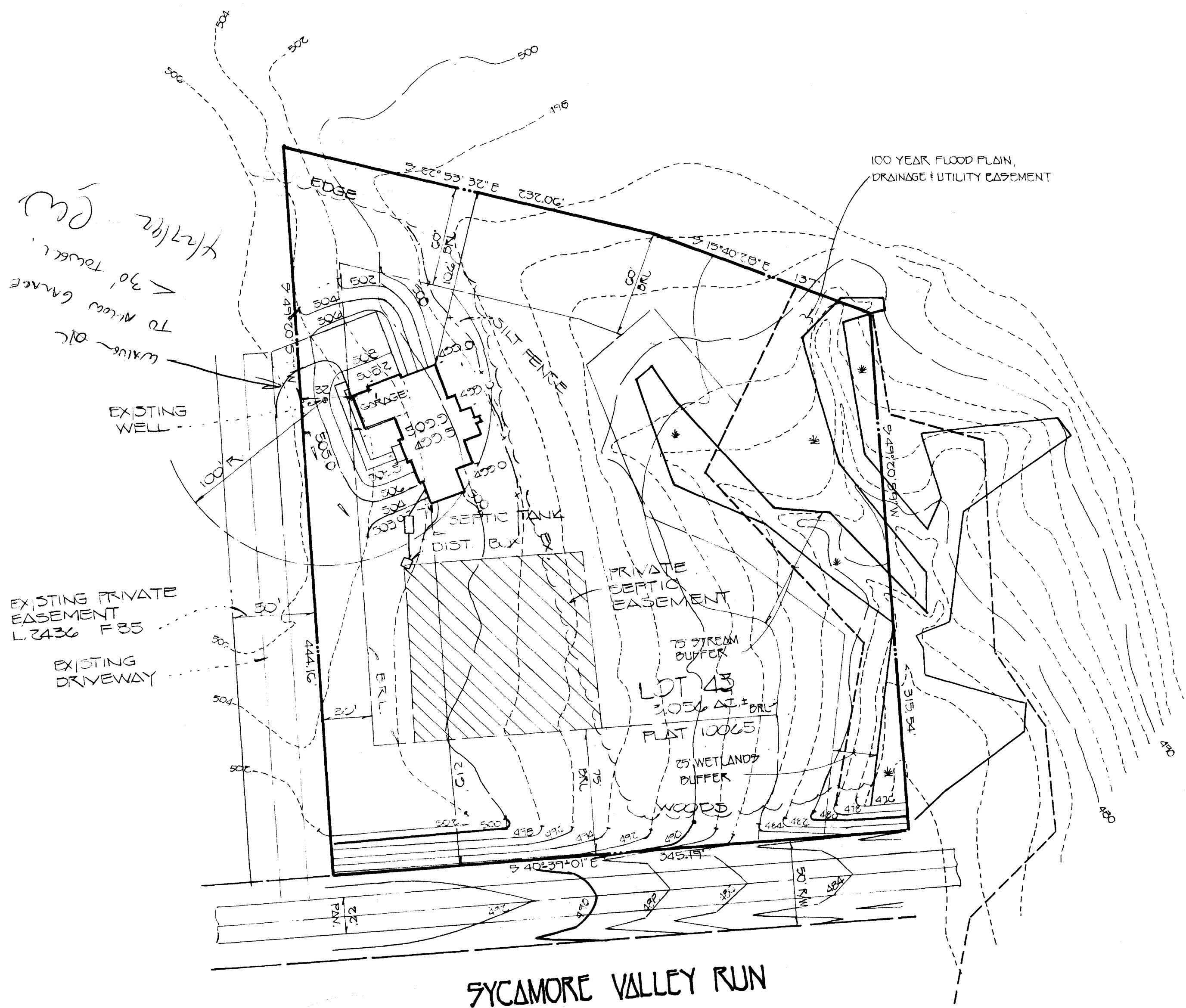
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/11	① ✓	'	:	:	:	:	
Wed		'			Visual	3 1/2 to 1	2' LO
	② ✓	3'	1:33	1:38	1:38	1:44	6 in
	② ✓	8'	1:34	1:37	1:37	1:40	3 in
	③	4'	1:36	1:40	1:40	1:42	7 in
	③ HOLD	'			Water	11' 3"	XX
	④ ✓	4'	1:52	1:54	1:54	1:57	3 in
	④ Only	10 1/2'				(Recommend dig)	
1/13	⑤	13' - 8"	1:54 (4:56, 13:8)	Clay LO AM			

REMARKS

TYPE OF SOIL

TESTED BY

Tests $\frac{1}{11}$ $\frac{3}{1}$ in open (Tests per stake moved
Hold for wet season or (new hole) off
C. B. S. — — — — — { See #25 } water
ALSO PRESENT { No CROVO }



GENERAL NOTES:

1. SEPTIC EASEMENT SUBJECT TO HOWARD HEALTH DEPT NUMBER A-43862.
2. PROPOSED 4 BEDROOM DWELLING
3. PROPOSED 1250 GALLON SEPTIC TANK
4. A. FIRST FLOOR = 500.0
B. BASEMENT = 499.5
C. INVERT OF SEPTIC SYSTEM AT HOUSE = 502.6
D. INVERT IN AT SEPTIC TANK = 499.7
E. INVERT OUT AT SEPTIC TANK = 499.3
F. INVERT AT DISTRIBUTION BOX = 499.0
5. LENGTH OF TRENCH TO BE DETERMINE AT TIME OF SEPTIC PERMIT ISSUANCE.
6. B.R.L. : DENOTES BUILDING RESTRICTION LINE.
7. WELL CAP NUMBER HO-38-1217

PLOT PLAN

CATTAIL CREEK COUNTRY CLUB

LOT 43

FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS • LAND SURVEYORS

9171 BALTIMORE NATIONAL PIKE, SUITE 100

ELLICOTT CITY, MARYLAND 21042

Elevations OK
4/27/92 Carter

CHANGED HOUSE
(LOCATION PLAN)
SUBMITTED TO HEALTH DEPT
AFTER BP WAS ISSUED.
CONSTRUCTION IN PROGRESS.
GARAGE IS LESS THAN 30' TO WELL.
NO CHANGE FROM ORIGINALLY APPROVED SEPTIC TANK.

SHOULD HAVE BEEN CHALLENGED BUT WAS APPROVED BY MISTAKE.
HOUSE PLANS OK AS ADJUSTED 3/20/92 CWL

EXISTING PRIVATE
EASEMENT
L2436 F30
EXISTING
DRIVEWAY

EXISTING
WELL

100 YEAR FLOOD PLAIN,
DRAINAGE & UTILITY EASEMENT

SYCAMORE VALLEY RUN

GENERAL NOTES:

1. SEPTIC EASEMENT SUBJECT TO HOWARD HEALTH DEPT NUMBER A-43262.
2. PROPOSED 4 BEDROOM DWELLING
3. PROPOSED 1250 GALLON SEPTIC TANK
4. A. FIRST FLOOR = 500.3
B. BASEMENT = 499.5
C. INVERT OF SEPTIC SYSTEM AT HOUSE = 502.6
D. INVERT IN AT SEPTIC TANK = 499.7
E. INVERT OUT AT SEPTIC TANK = 499.3
F. INVERT AT DISTRIBUTION BOX = 499.0
5. LENGTH OF TRENCH TO BE DETERMINE AT TIME OF SEPTIC PERMIT ISSUANCE.
6. B.R.L. DENOTES BUILDING RESTRICTION LINE.
7. WELL CAP NUMBER 40-38-1217

PLOT PLAN

CATTAIL CREEK COUNTRY CLUB

LOT 43

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DATE: FEBRUARY 6, 1992

FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

3901 CALVERT NATIONAL PIKE, SUITE 100

ELLSWORTH CITY, MARYLAND 21042

TELEPHONE: (410) 461-2855

FAX: (410) 750-3784

21909

B 1 2199	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-1217 <small>fill in this form completely</small>
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		B 3 LOCATION OF WELL	
Date Received (APA) 110189		1 2 HOWARD	
OWNER INFORMATION 8 13 SYCAMORE VALLEY PART		8 COUNTY SYCAMORE VALLEY	
15 Last Name, Owner First Name 34 8307 MAIN STREET		23 SUBDIVISION SECTION 1 LOT 23	
36 Street or RFD 55 ELLICOTT CITY MD 21403		44 46 48 50 GLENELB	
57 Town 70 State 72 Zip 76 Driller Information Driller's Name FRANK DELPH 77 License No. 80 453		52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
Firm Name FRANK DELPH WELL DRILLERS INC. Address 18234 PENN SHOP RD. MT AIRY MD Signature Frank Delph Date 10/23/89		B 4 Sycamore Valley Run DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 	
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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A#43269 STATE SIGNATURE _____ DATE ISSUED 08/22/90 CO SIGNATURE Charles Brown EXP. DATE 8/22/90 NORTH GRID 523000 EAST GRID 079000	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		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 788 90 N 527 3	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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) 41 _____ 52 _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT No. H0-88-1217	
SPECIAL CONDITIONS			

COUNTY

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 ☒
Replacement ☐

Receipt # WP-48470
Date 9/1/92

Name of Installer ROBERT L. FREEZER CO. INC. Telephone 781-4615

License Number 2122

Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

RICHARD E. CAIN, INC.

Name of Property Owner JOE DIAMOND KATHARINE CONTI Telephone 795-1405

Subdivision CATTAIL CREEK Lot # 43 Well Tag # HO-88-1217

Site Address 3651 SYCAMORE VALLEY RUN

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make GRAND

3. Model # 3ALN

4. Capacity 8 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 ☐

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage 230

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make MEXELL WB-50

2. Model # WB-50

3. Depth 112" +

Tank

ENTIVE AC

1. Capacity WX203

2. Pressure relief valve? YES

Piping

1. Type POLY

2. Size 1"

3. NSF and/or BOCA Code approved ☒

4. Depth of supply line 42"

Well data

1. Depth 165 ft.

2. Yield 10 GPM

3. Static water level 19 ft.

4. Will water supply be disinfected by installer? YES

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: Robert L. Freezer

Date: 9/1/92

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

9/3/92
N.W.

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

Final
on C.B. 9/3/92

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION
LINE

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Feeler

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner John Dunn

Telephone _____

Subdivision CatHail Creek Lot # 43 Well Tag # NO - 88 - 1217

Site Address 3651 SYCAMORE VALLEY RUN

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 _____

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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 165 ft.
2. Yield 10 GPM
3. Static water level _____ 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

card call ✓
Note: Permit fee in mail / J. Reeves - C.B. 9/3/92
② Lines covered except a well C.B. 9/3/92
③ Saw line inside well. C.B. 9/3/92