

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02-316424

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

P 49557

A 44278

DISTRICT 3rd

DATE 8/25/93

DATE SYSTEM APPROVED 9/15/93

INSPECTOR M. Rifkin

William H. Smith, Jr.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Parkside LOT 8 ROAD 1823 Quarter Horse Drive

PROPERTY OWNER Richard Laughery, Sr.

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 265

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the front lot line and 50 feet from the Left (south) side of the lot as seen when facing the lot from Quarter Horse Drive. Run trenches toward both side lines. Make trenches only 70 feet long to keep within the sewage disposal easement.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/10/93 RJ

PLANS APPROVED BY Raymond Hodges

DATE 3/04/93

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

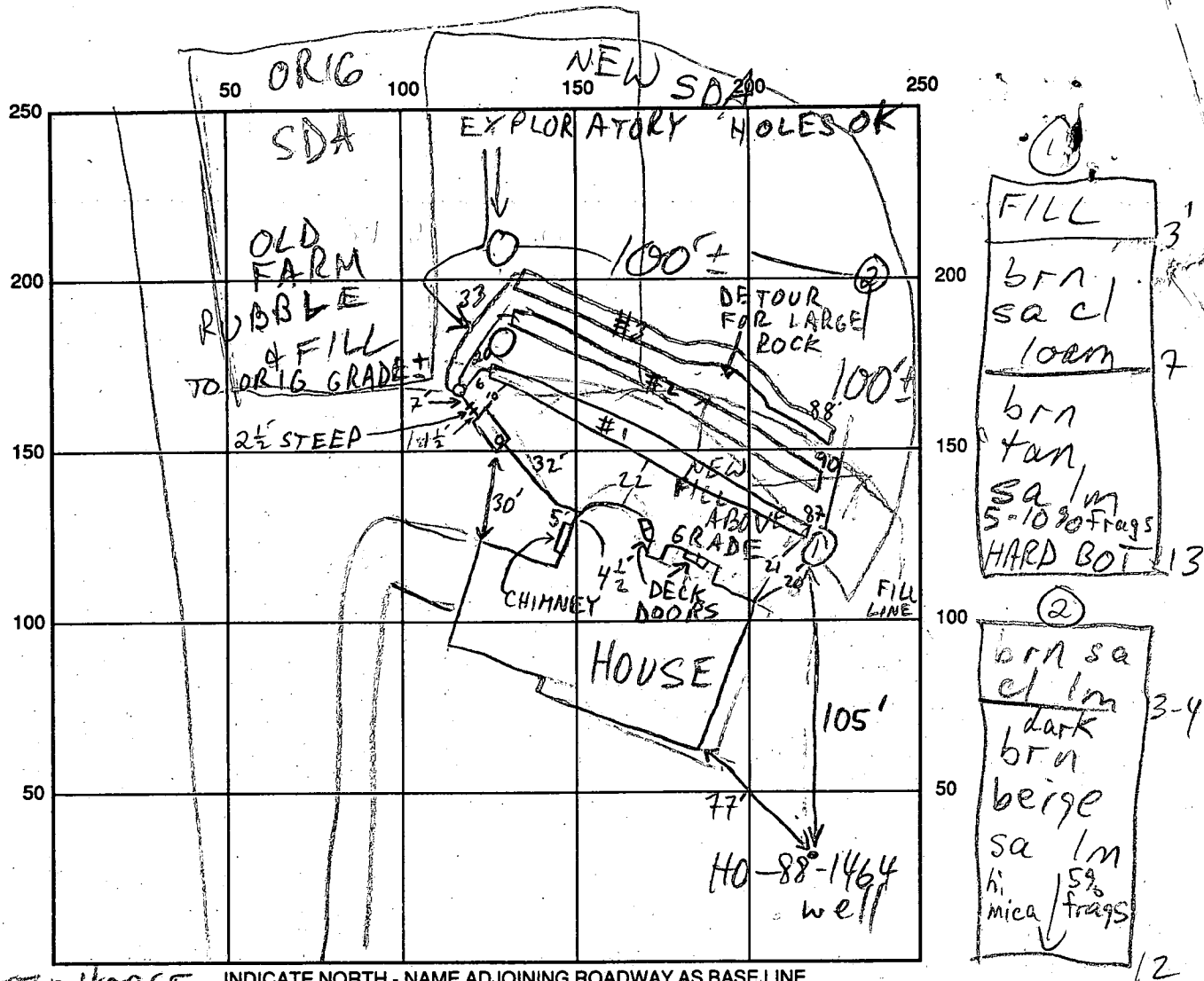
PERMIT VOID AFTER TWO YEARS

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

A 44278



QUARTER HORSE DR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS OK - S.T.

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 1 1/2 2 1/2 3 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 1/2 2 1/2 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 2 1/2 3 1/2 FT. TOTAL LENGTH 187 290 388 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1348 2360 352 SQ. FT.

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

ABSORBENT AREA 1060 SQ. FT.

REMARKS: 9/13/93 LEFT SIDE OF SDA MOSTLY OR TOTALLY FILL
& OLD FARM RUBBLE; NEW AREA FOUND TO RIGHT OF EX.
PLATTED EASEMENT; NEW SPECS 3' TO 7' - CONTINUE MR
9/14/93 #1 OK - CONTINUE MR 9/14/93 #2 OK - CONTINUE MR
9/15/93 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 9/15/93 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

44278
A 42454
P _____

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

DISTRICT 3
DATE 8-25-88

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 Vincent Bracciale
ADDRESS 1830 Woodstock Rd PHONE 465-5855 He Co Land Serv.
PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: PARKSIDE
SUBDIVISION Bracciale Property LOT NO. 1X LOT 8 PRELIM

ROAD AND DESCRIPTION Woodstock Rd north of Md Rt 99

TAX MAP 10 PARCEL # 36
SIZE OF LOT 3.01 ± 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.

M. J. S. R.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

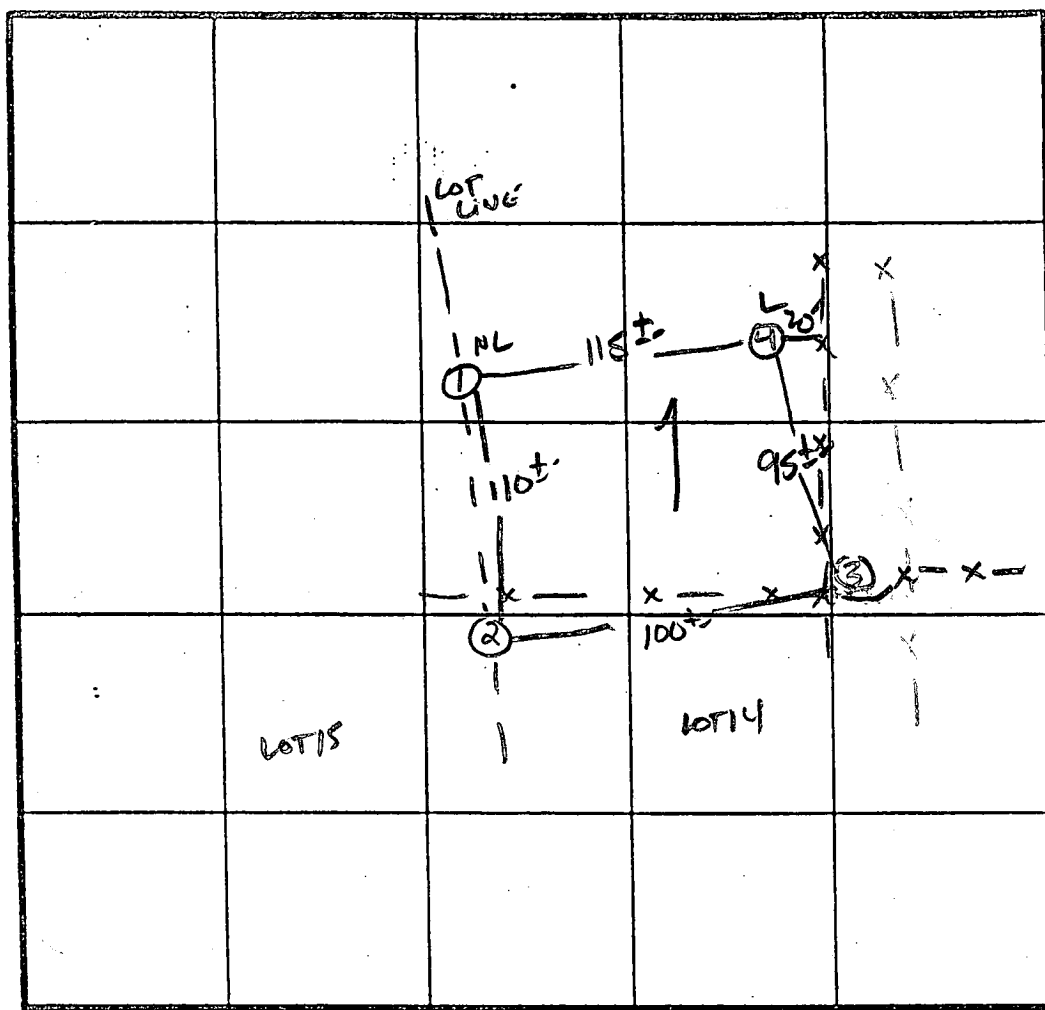
REASONS FOR REJECTION OR HOLDING 5-22-89 Perc Satisfactory - Hold for final. Sub

THIS IS NOT A PERMIT

LOT 8
SOIL PROFILE

SOIL PROFILE

	AP	Itx
5'	Yellow Br. Silty clay loam w/ Quartzite frag	
4'	Yellow Br. Silty sand loam 15-20% frag	
12'		



X Perce 9 min
210 P/BK
Inlet 4.0°
Bottom 8.0°

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

W WOODSTOCK Rd.

[illegible]

REMARKS Holes approx. Plat & AS STAKED

TYPE OF SOIL BRANDYWINE

TESTED BY S. Abel

ALSO PRESENT OK JR. Dad, John R.

C 1		0848		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 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		6 DATE RECEIVED		DATE WELL COMPLETED		Depth of Well		PERMIT NO.	
8 13		15 20		22 26		(TO NEAREST FOOT)		FROM "PERMIT TO DRILL WELL"	
OWNER		last name		first name		TOWN		LOT	
STREET OR RFD		SUBDIVISION		SECTION		LOT			
WELL LOG		Not required for driven wells		GROUTING RECORD		yes no		C 3	
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		PUMPING TEST	
		FROM TO						HOURS PUMPED (nearest hour)	
Top Soil		8 2						3	
Shale		2 15						PUMPING RATE (gal. per min. to nearest gal.)	
M.K.A		15 30						10	
Sandstone		30 35						METHOD USED TO MEASURE PUMPING RATE	
M.K.A		35 140						Bucket	
Sandstone		140 145						WATER LEVEL (distance from land surface)	
M.K.A		145 205						BEFORE PUMPING	
								35	
								WHEN PUMPING	
								36	
								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 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	
								(nearest foot)	
								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)	
								C 2	
								DEPTH (nearest ft.)	
								H 0 25 130	
								SLOT SIZE 1 2 3	
								DIAMETER OF SCREEN (NEAREST INCH)	
								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	
								C 3	
								PUMPING TEST	
								HOURS PUMPED (nearest hour)	
								PUMPING RATE (gal. per min. to nearest gal.)	
								METHOD USED TO MEASURE PUMPING RATE	
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9/13/93
2 PM

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 # 70-
Date 8/25/93

Name of Installer Wm. H. Smith Jr.

Telephone 410 879-7641

License Number PI 58

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner RICHARD LAUGHEY Telephone _____
Subdivision Parkside Lot # 8 Well Tag # HO - 88 - 1464
Site Address 1823 Quaker House Dr.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth 205 ft.
- Yield 10 GPM
- Static water level 25 ft.
- Will water supply be disinfected by installer? _____

P.A. OK 4' B.G.
MR 9/14/93

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: William H. Smith Jr.
Date: 8-25-93

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