

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513298

A 49993-H

DISTRICT

DATE 3/2/00

DATE SYSTEM APPROVED 7/18/00

INSPECTOR BB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

05-425700

S K Backhoe & Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757

PHONE 410-775-0562

SUBDIVISION Easternview

LOT 7

ROAD 11846 Simpson Road

PROPERTY OWNER Trinity Builders

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: 1-1250 Gallon Pump Chamber

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 246.63' and 115.83' lot lines, begin trenches 50 feet up the 246.63' lot line and 30 feet off that same lot line. Run trenches on contour towards Simpson Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/22/99 OK ALL

PLANS APPROVED BY Amy McMillen

DATE 10/17/99

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 25/40 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

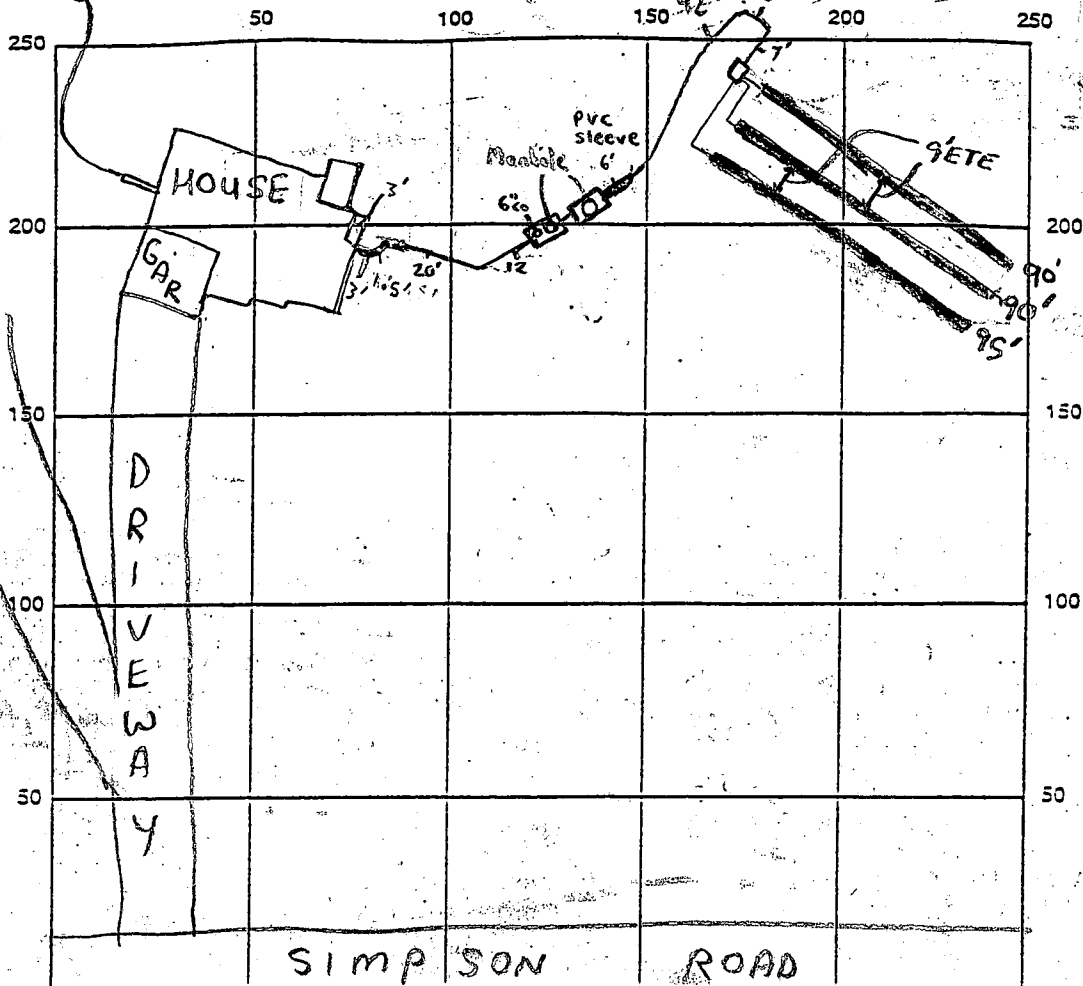
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.

44413 H

NOT TO SCALE

Well
HO-94-0706



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1250 gallon Top Seam 6" on Septic Tank, Manhole on Septic Tank
 DISTRIBUTION BOX LEVEL ✓ 1250 gallon Top Seam CLEANOUTS Manhole on Pump Tank
 DRAIN FIELD OR 4" Monitoring Pipe on D BOX
 TILE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3+ FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2x90 FT. 275
 NUMBER OF TRENCHES 3 ONE-SIDEWALL/SOTTOM AREA 825 SQ. FT.
 DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.
 ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/16/00 - OK TO CONTINUE WORK, KEEP TRENCHES 7'ETE TO CONSERVE AREA (SRP)

6/17/00 Needs house connection and pump test.

OR to cover all septic work TDS 6/15/00 12:30 NO ONE PRESENT; HOUSE CONN BACKFILLED; NO FIXTURES INSTALLED; CONN NOT APPR (MRL)

6/28/00 - HOUSE CONN. → MADE, PUMP TEST STILL NEEDED. (SRP)

7/18/00 Pump and alarm working (BB)

DATE SYSTEM APPROVED 7/18/00 INSPECTOR B. Baker

Attn: Steve
Brian

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer _____

S.K. Plumbing & Heating Inc

Telephone _____

410-775-0862

License Number _____

12285

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber ☒

Name of Property Owner _____

Trinity Homes

Telephone _____

410-531-8457

Subdivision _____

Eastman

Lot # _____

7

Well Tag # _____

109407-D16

Site Address _____

11846

Simpson Rd

Pump

1. Type

a. Deep well jet _____

b. Shallow well jet _____

c. Submersible ☒

2. Make _____

Jacuzzi

3. Model # _____

4. Capacity 5 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 Skew

Motor

1. Horsepower 1"

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make Howard

2. Model # _____

3. Depth 42"

Tank

1. Capacity two well-x-halls 302 tanks

2. Pressure relief valve? yes

Piping

1. Type PE

2. Size 1"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 42"

Well data

1. Depth 380 ft.

2. Yield 3 GPM

3. Static water level 60' ft.

4. Will water supply be disinfected by installer? no

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.

5/16/00 - WPI OK - (SRU)

Signature of Applicant: _____

Date: _____

7-3-00

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



7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.

SIMPSON ROAD

Approved Septic System Plan
Howard County Health Department

Signature

Date _____

* Basement w/
Sewer by

APPLICATION

PERCOLATION TESTING

A 49993H

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640DISTRICT 1DATE 4/26/94TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER John M. Janney Trinity Builders

MD 21029

ADDRESS 7346 Pindell School Rd. Clarksville PHONE (301)725-5885AGENT OR PROSPECTIVE BUYER Carman AssociatesADDRESS P.O. Box 122, Ellicott City, MD 21041 PHONE (410)442-1045

PROPERTY LOCATION:

SUBDIVISION BRENDA'S CHOICE LOT NO. 7ROAD AND DESCRIPTION West side Pindell School Rd. @ Johns Hopkins Rd.(11846 Simpson Road)

CUDG. PERMIT SIGNATURE

RECEIVED 10-13-99

Serial # 1310120530

TAX MAP 41 PARCEL # 143SIZE OF LOT 1 Acre TYPE BLDG. Single Family - 4 Bm

(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) Ronald J. Carter GENERAL PARTNER

CARMAN ASSOC.

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49993H

COUNTY #

SOIL PROFILE

0' 1-2' orange brn CL

5' tan/orange SIL mica

8' brn/grey SIL mica

12 1/2'

13/12

tan/orange c

4' reddish brn SL mica frags <10% OK

12'

C

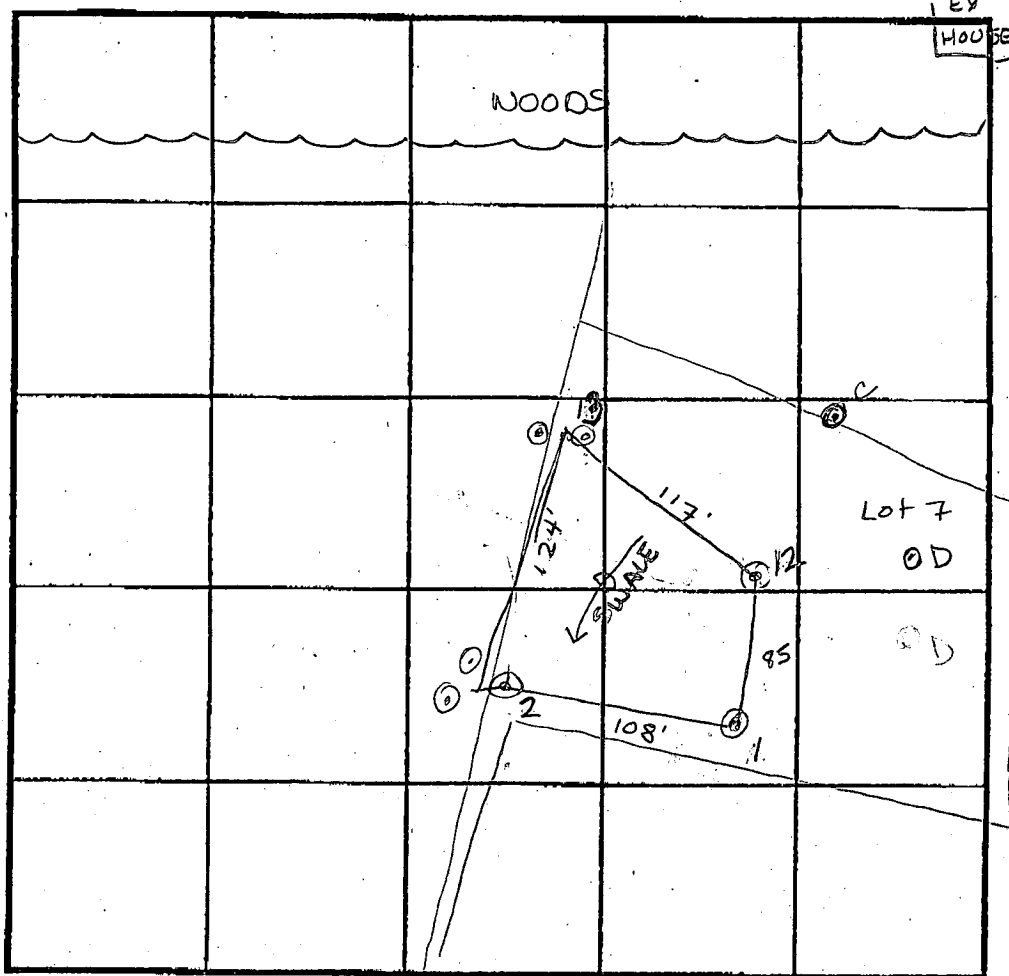
Dark orange red siltm micaceous strong structure

3' yellow/orange mix salm strong structure sub-4 blocky

10'

13' lg+ pink salm micaceous powdery

13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Simpson Rd

SOIL PROFILE

0' dark red cilm

4' 30% dark red of rock on out side micaceous 10% rock

8' pink salm 20% micaceous shale

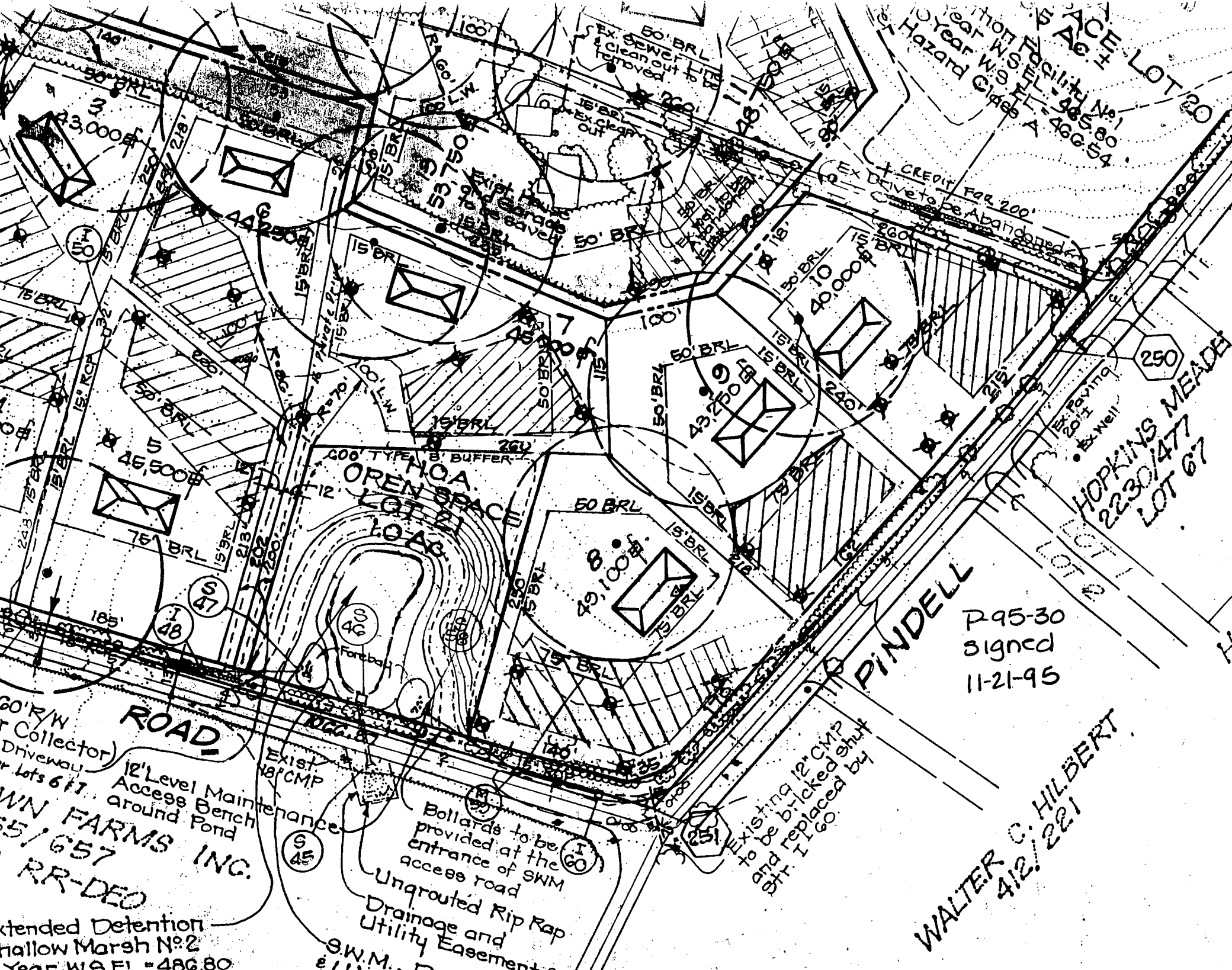
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-14-94	A	5' / V12 1/2	10:36 ⁴⁰	10:42	10:42	10:51	9 min
	B	7' / V11'	11:02	11:05	11:05	11:08	3 min
	2	4' / V11'	11:03	11:07	11:07	11:11	4 min
	12	4' / V	1:27	1:37	1:37	1:57	20 min
	13	4 1/2' / V12	1:35	1:36	1:36	1:38	2 min
10-30-95	D	Visual to 12'	- see profile -				OK
	C	5' / V13	11:03 ¹⁵	11:06	11:06	11:15	9 min

REMARKS wet season - swale

TYPE OF SOIL

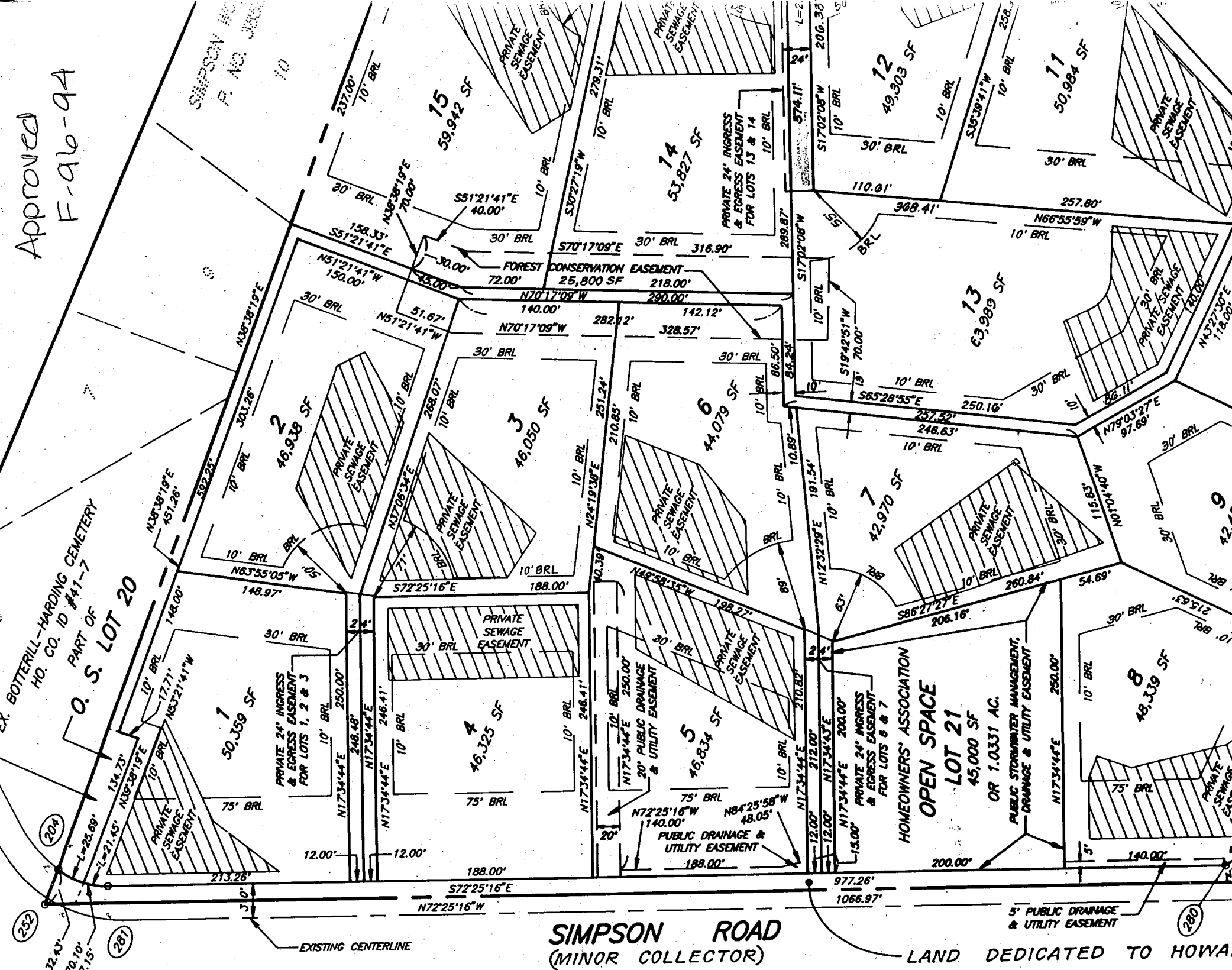
TESTED BY A. McMullenALSO PRESENT Dan / PhilTRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 15 min TRENCH WIDTH 3.0'INLET DEPTH 13' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 240'



Approved

F-96-94

SIMPSON ROAD
P. 102, 300



SIMPSON ROAD
(MINOR COLLECTOR)

LAND DEDICATED TO HOWA

C10294

SEQUENCE NO.
(MDE USE ONLY)

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 A49993-H

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED
04/16/96

Depth of Well
2234526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-0706

OWNER Carman Associates

STREET OR RFD Simpson Road

SUBDIVISION Easternview

SECTION

LOT 7

TOWN Fulton

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
FROM TO

check
if water
bearing

Sand 0 84

Gray Mica Rock 84 345 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 27 NO. OF POUNDS 2538

GALLONS OF WATER 162

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft to 70 ft

TOP BOTTOM

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL CO

PLASTIC OT

MAIN CASING TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

60 61 63 64 66 70

OTHER CASING (if used)

diameter
inch

depth (feet)
from to

SCREEN RECORD

screen type
or open hole
insert
appropriate
code
below

STEEL BR HO

PLASTIC OT

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN

(NEAREST
INCH)

56 60

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

74 75 76

70 72

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42 ft.

WHEN PUMPING 150 ft.

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.

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29.

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

above below

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)

32 ft well

Simpson RD.

B 1 1932 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0706 fill in this form completely
Date Received (APA) 		B 3 LOCATION OF WELL H O W A R D 8 COUNTY E A S T E R N V I E W 23 SUBDIVISION SECTION LOT 7 F U L T O N 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 M I	
OWNER INFORMATION C A R M A N 15 Last Name A S S O C I A T E S Owner P O B O X 1 2 2 Street or RFD E A L I C O T T C I T Y M D 2 1 0 4 1 57 Town 70 State 72 Zip 76		DRILLER INFORMATION CIRCLE: MSD/MGD/MWD J o s e p h L. M A Y N E Driller's Name J o s e p h L. M A Y N E W E L L D R I L L I N G Firm Name 5 5 1 2 R I D G E R D. M T. A I R Y M D. 2 1 7 7 1 Address J o s e p h L. M a y n e 2/29/96 Signature Date	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5 0 0		NEAR WHAT ROAD S i m p s o n R o a d ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 3 7 5 DISTANCE FROM ROAD ENTER FT OR MI F T TAX-MAP: 41 BLK: PARCEL 143	
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard County A49993-H COUNTY NAME COUNTY NO. STATE SIGNATURE: INSERT S DATE ISSUED 031396 Any M Melle 3/13/97 CO SIGNATURE EXP. DATE NORTH GRID 486000 EAST GRID 0822000	
APPROXIMATE DEPTH OF WELL 2 0 0 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3.	

