

3/22/89 1 PM  
3/23/89 10:30

6-2-89

05-404959

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

P 43743

A 37890

DATE 3/6/89

DATE SYSTEM APPROVED 3/23/89

INSPECTOR M. R. Fkin

Frall Septic Service

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Rea Property ROAD 5105 Sheppard Lane LOT 1

PROPERTY OWNER Kerwin Miller

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☒ NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 230 feet from the front (310') lot line and 155 feet from the left lot line as seen when facing the lot from Sheppard Lane. Run trenches on contour toward front and back lot line.

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

PLANS APPROVED BY Sid Abel DATE 11/15/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

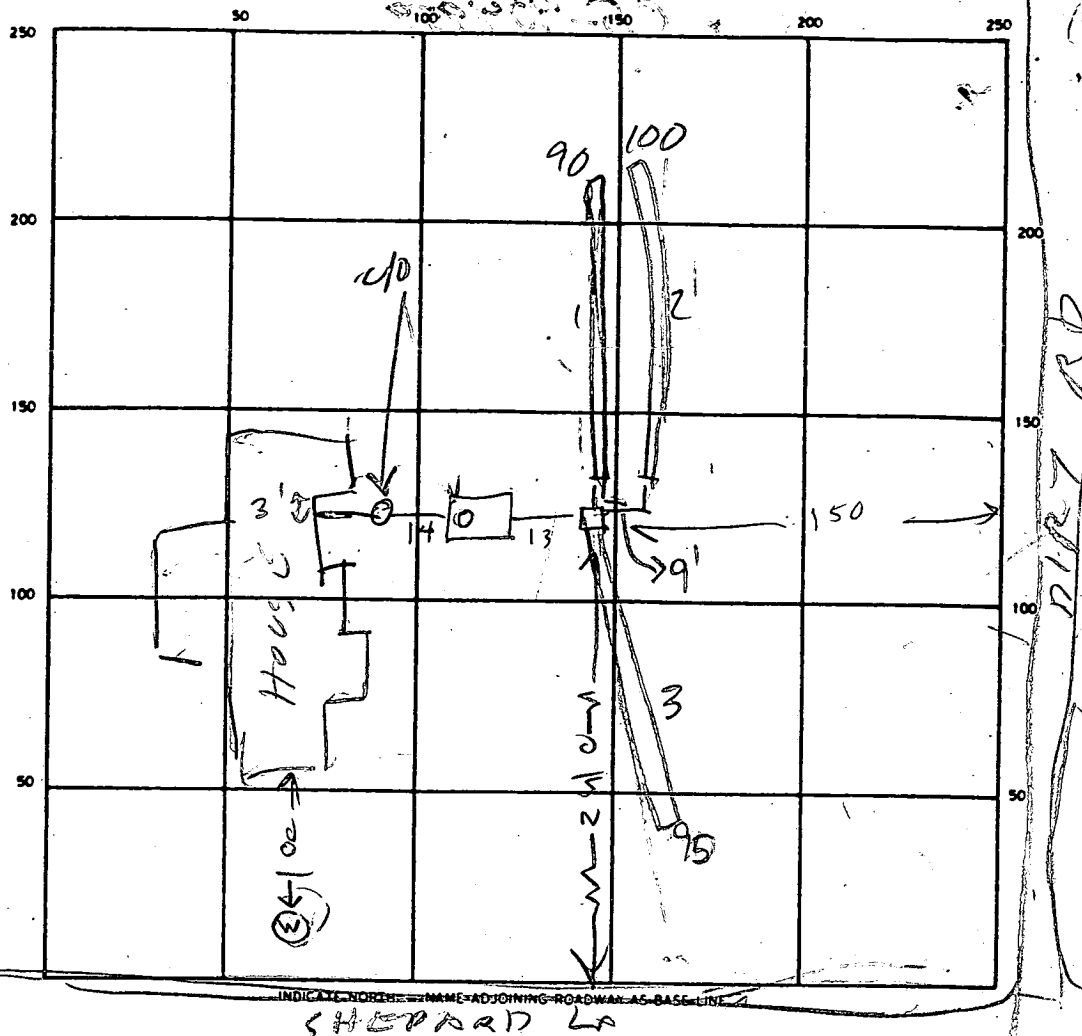
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

5105 SHEPPARD LANE



SEPTIC TANK LEVEL 210 1/2"

CLEANOUTS ST HOUSE SEWER  
OK OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 90 FT. NEED 285'

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 360 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 3/22/89 - LOCATION OK. TRENCH #1 DUG 75' LONG  
TANK SET R.H. 3/22/89 TRENCH #1 FINISHED DIGGING STARTED ON  
TRENCH #2 R.H. 3/23/89 TRENCH #2 IN PROCESS OF  
STONE TRENCH #3 DUG, NEED 5' ADD'L LINEAR ON #3, OK TO  
FINISH & COVER 6/7/89 HOUSE CONN OK MR

DATE SYSTEM APPROVED 6/7/89

INSPECTOR M. Rifkin

5105 SHEPPARD LANE

SHEPPARD

LOT 1  
3.003 AC

LOT 2  
3.327 AC

11/15/88

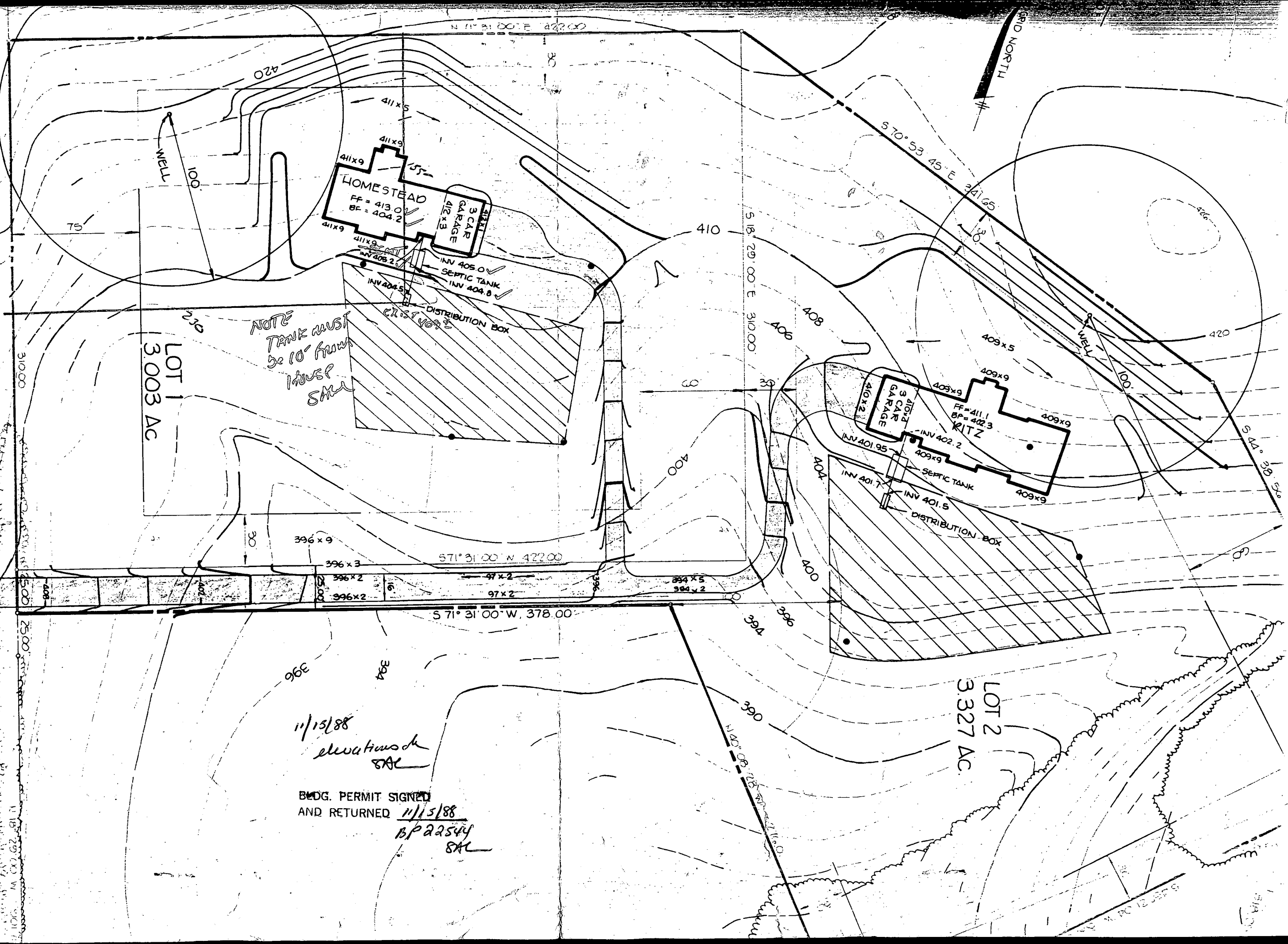
elevations in  
SAC

BUDG. PERMIT SIGNED  
AND RETURNED 11/15/88

BP 22544

SAC

NOTE  
TANK MUST  
BE 10' FROM  
HOUSE  
SAC



Rea Property

A 37890

SUBDIVISION: ~~SHEPPARD HILL~~

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

210 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4.5 feet below original grade.

5 BR/BA

Bottom maximum depth 8.5 feet below original grade.

Effective area begins at 4.5 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE FIRST TRENCH 230 FE FROM THE FRONT (310) LOT LINE  
AND 155 FE FROM THE LEFT LOT LINE AS SEEN WHEN FACING THE LOT  
FROM SHEPPARD LINE. RUN TRENCHES ON CONTOUR TOWARD FRONT  
AND BACK LOT LINE. S. AND 11/15/88

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 10/17/86

A 37890  
P \_\_\_\_\_

10/10/86

Reviewed OK TO PROCESS

EXISTING house REMOTE. NO NEED TO  
ESTABLISH REPAIR AREA AT THIS TIME.

S. Huey

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 Mallan Rea, Jr. Kerwin-Miller Property 924-5944  
ADDRESS 7518 Brown Bridge Road, Highland PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Rea Property LOT NO. 1

ROAD AND DESCRIPTION 5105  
east side of Sheppard Lane NBRD TARD PROP

SIZE OF LOT 3.5 acres ± TAX MAP 29 Parcel 15 TYPE BLDG. \_\_\_\_\_  
(NUMBER OF BEDROOMS)

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)

APPROVED BY Raymond Hodge FOR TRENCHES DATE 9/8/87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 11/17/86 Per OK Hold for Plat B/H

9/8/87 Spec Written VBH

BEDG. PERMIT SIGNED  
AND RETURNED 11/15/86

BP 22544

## THIS IS NOT A PERMIT

16 1/2 ft  
 REAR SHEPPARD LANE  
 LOT 1

Decided  
 This was a mistake  
 go by  
 Boundary  
 Figures

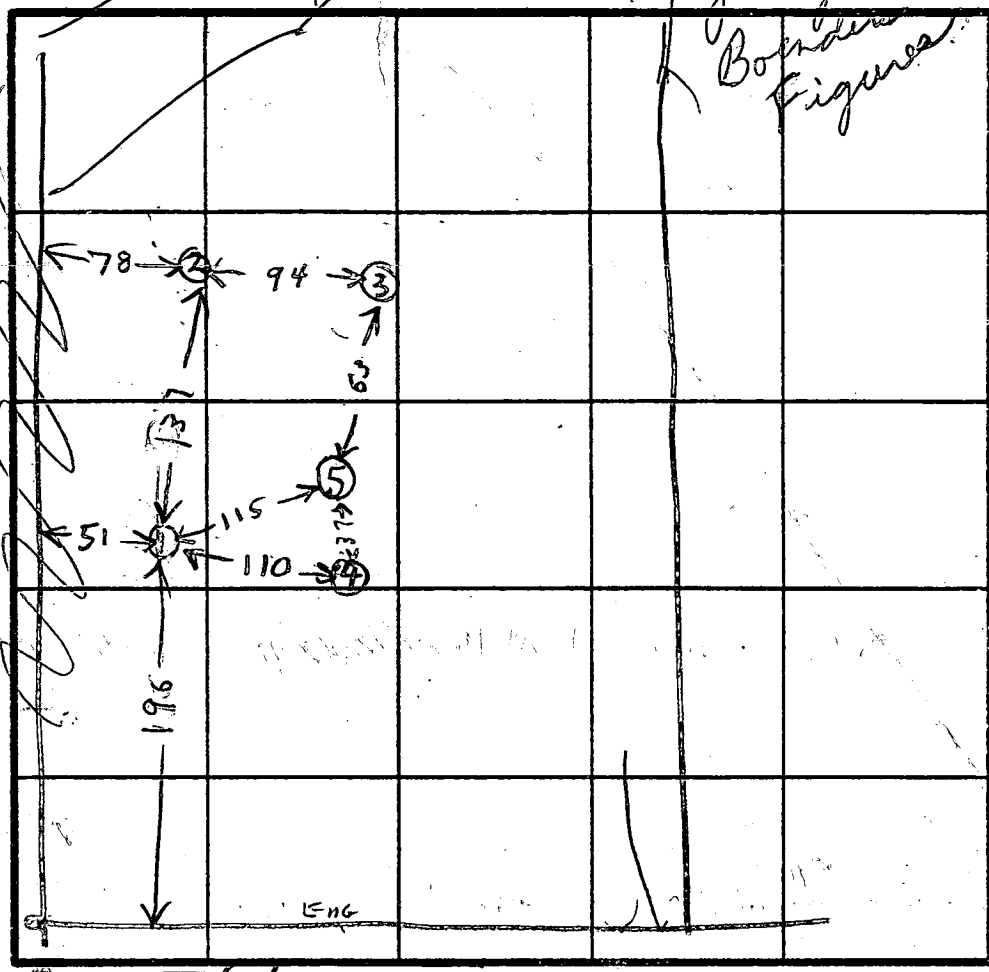
①  
 SOIL PROFILE

BROWN  
 CLAY  
 5  
 LIGHT  
 BROWN  
 SAND  
 LOAM

②  
 BROWN  
 CLAY  
 8  
 LIGHT  
 BROWN  
 SAND  
 LOAM

③ ④  
 BROWN  
 CLAY  
 2 1/2  
 LIGHT  
 BROWN  
 SAND  
 LOAM

⑤  
 BROWN  
 CLAY  
 4 1/2  
 TAN  
 SAND  
 LOAM

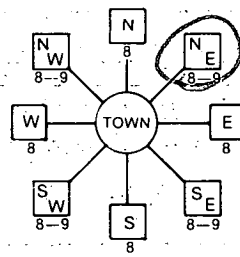
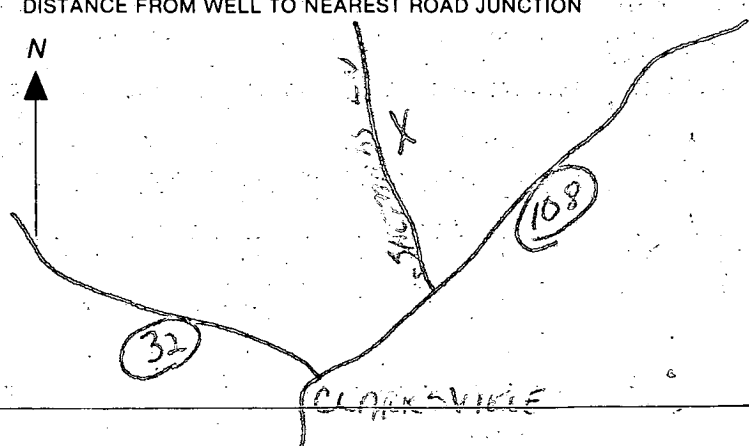


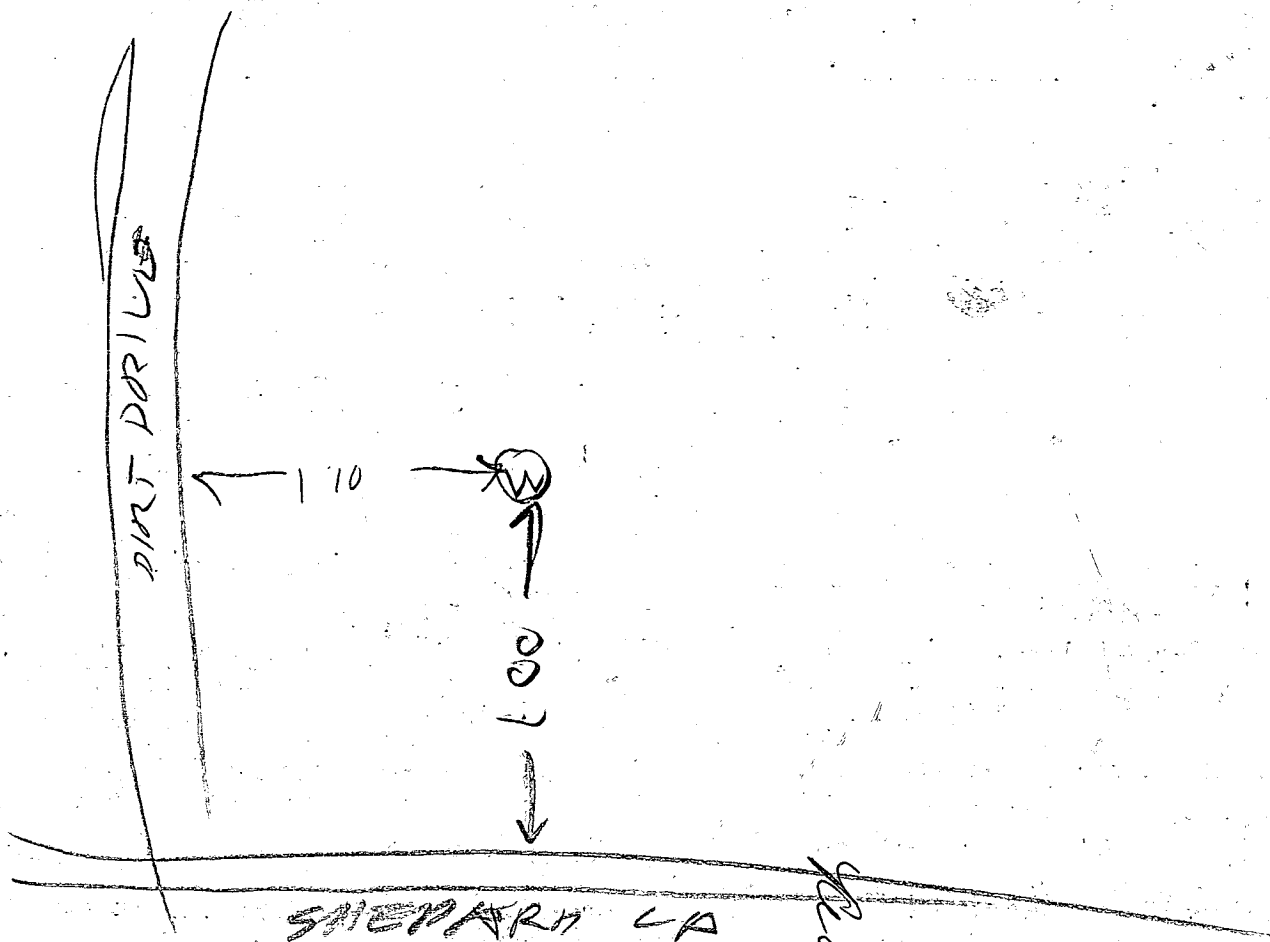
NO LB  
 ELEVATION  
 ① ② = HIGH  
 ③ ④ ⑤ = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
 SHEPPARD LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/17/86	1S	4.5	1031	1111	2111	2111	slow
	1V	12	OK BELOW 5 FT				
	2S	5	1035	1112	LITTLE PER C SLOW		
	2V	12 1/2	OK				
	3S	3.5	1032	1038	1038	1039	11
	3V	12	OK				
	4D	7 1/2	1041	1042	1042	1043	1
	4S	4	1044	1044	1044	1046	
11/17/86	4V	12	OK				
	5S	5	222	228	228	231	4
	5V	13	0				
11/17/86	1ES	4	226	228	226	250	3

REMARKS: HOLES NOT DUG PER PLAN  
 (HOLE ① IS SPOTTY AT 4 FT LEVEL  
 TYPE OF SOIL: SAND POCKETS & CLAY POCKETS  
 TESTED BY: R. HOIGES  
 BELOW 5 FT ALL SAND  
 ALSO PRESENT: JACK ROCKY SKIPP

B 1 6451 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>H0-88-0200</b> <small>fill in this form completely</small>
Date Received (APA) <b>04/11/88</b>		B 3 <b>LOCATION OF WELL</b>	
<b>OWNER INFORMATION</b> KERWIN MILLER COMM <small>Last Name Owner First Name</small> 4229 CHERRY VALLEY D <small>Street or RFD</small> OLNEY <small>Town</small> MD 20872 <small>State Zip</small>		HOWARD <small>8 COUNTY</small> REA <small>23 SUBDIVISION</small> SECTION 44 46 LOT 1 48 50 CLARKSVILLE <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 M I	
<b>DRILLER INFORMATION</b> George F. Easterday <small>Driller's Name</small> L. Franklin Easterday, Inc. <small>Firm Name</small> 9265 Brown Church Rd., Mt. Airy, Md. 21771 <small>Address</small> George F. Easterday 3-28-88 <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)		SHEPARD'S LANE <small>11 30 NEAR WHAT ROAD</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD <small>COUNTY NAME</small> A 37890 <small>COUNTY NO.</small> STATE SIGNATURE DATE ISSUED 10/03/88 <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 509000 EAST GRID 0818000 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 1/2 INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		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 818 8 N 509 09 000 000	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER GAP FORCE CM WRITE INITIALS IN BOX PERMIT NO. H0-88-0200 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS			



10/14/81  
~~10/14/81~~  
 Dec'd-3/21/81

- ① 41 ft pipe
- ② 36 ft open hole
- ③ Not sure of Location
- ④ 17 Bags
- ⑤ WELL OK

R. Hodge



## Review

C10524

SEQUENCE NO.  
(DENV 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

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

DATE Received

DATE WELL COMPLETED

Depth of Well

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

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

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN CASING TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

OTHER CASING (if used)

diameter  
inch

depth (feet)  
from

to

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEEL

BRASS

BRONZE

PLASTIC

OPEN  
HOLE

OTHER

DEPTH (nearest ft.)

EACH SCREEN

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

+ above

- below

LAND SURFACE

(nearest  
foot)

CIRCLE APPROPRIATE LETTER  
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 10.17.13 "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.

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN

(NEAREST  
INCH)

GRAVEL PACK

IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX

TELESCOPE  
CASING

LOG  
INDICATOR

OTHER DATA

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)

5/31/89

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 # 44386  
Date 5-25-89

Name of Installer RA Kelley

Telephone 975-4820??

License Number \_\_\_\_\_

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner Kerwin Miller

Telephone 964-2023

Subdivision Sheppard Hills REM # 1

Well Tag # HO-88-0200

Site Address 5105 Sheppard Lane

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 200 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: [Signature]

Date: 5-25-89

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

HD-215

5/31/89 - OK TO COVER OCT

SIDE WORK, TANK NOT INSTALLED RH