

8-17-89
3:30 pm
8-18-89
am

05 - 402271

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 43458

A 35458 ✓

DISTRICT 5th

DATE 1/11/89

DATE SYSTEM APPROVED 8-18-89

INSPECTOR JEN

INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Waterford ROAD 13225 Brighton Dam rd LOT 3, Sec 2

PROPERTY OWNER John Horner

ADDRESS

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

228
35880
293 295 ft trench

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning from the front right corner, place the distribution box 240 feet across the front (678.45') lot line and 25 feet off the same lot line as seen when facing the lot from Brighton Dam Road. Run trenches on contour, toward the left 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 9/16/88

Updated

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

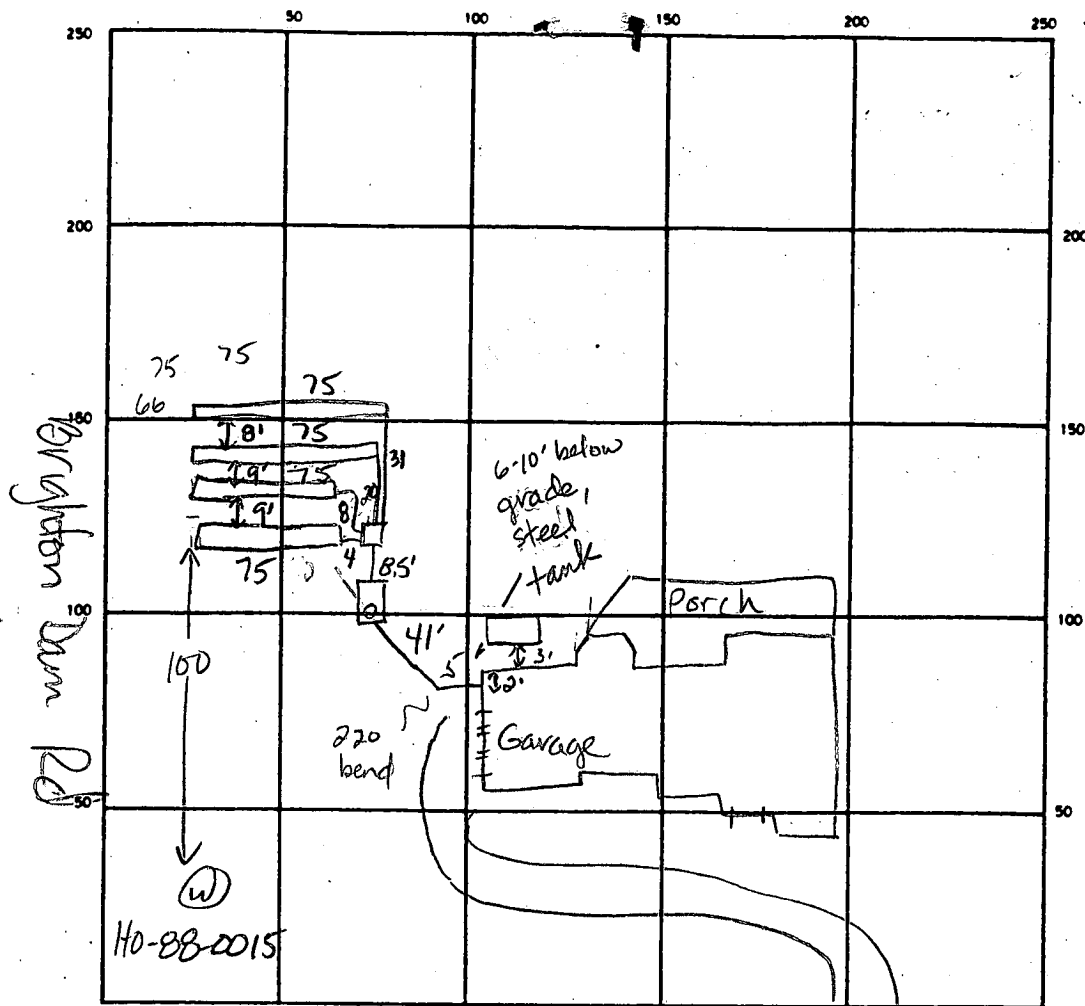
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A35458



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Wicklow Place

SEPTIC TANK. LEVEL 2000 gal. CLEANOUTS 1 on tank

DISTRIBUTION BOX. LEVEL OK w/ baffle

DRAIN FIELD TILE FIELD. DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 75 75 75 75 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 225 225 225 225 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 890 SQ. FT.

REMARKS 8-17-89 OK to cover all work leaving upper and
#2 trench open at end & dist. box. Make all trenches 75ft. JEN
8-18-89 OK to cover all work. JEN

DATE SYSTEM APPROVED 8-18-89 INSPECTOR Jame E. Nadeau

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

35458
A 34910
P _____

DISTRICT 5

DATE 1-25-85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

JOHN HORNER 225-7307

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Developer - Aighland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: WATERFORD

SUBDIVISION Huntington Manor Estates SECTION 02 LOT NO. NEW LOT 3

ROAD AND DESCRIPTION 13225 Brighton Dam Rd.

SIZE OF LOT 3 acres TYPE BLDG. Single Family

(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 Sichy Akl FOR Shallow tile field DATE 4-1-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

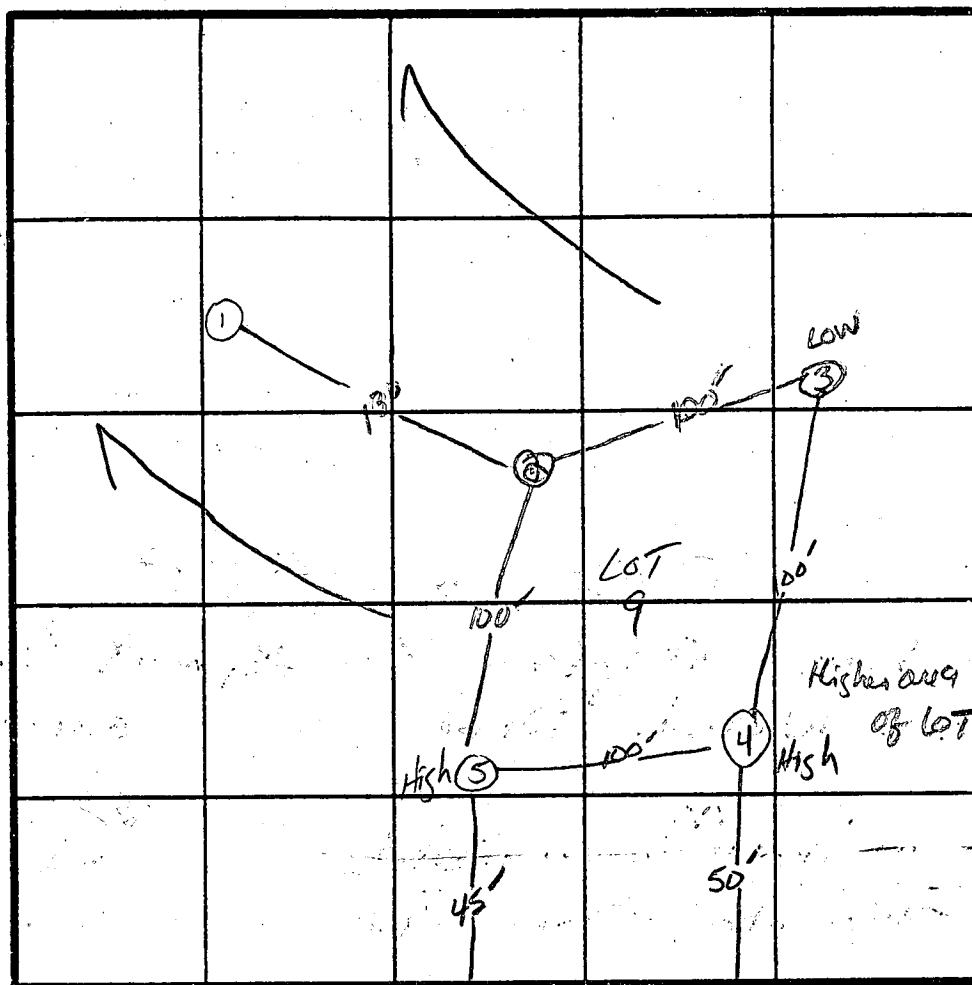
REASONS FOR REJECTION OR HOLDING 5-6-85 Perc SATISFACTORY; Limited House + Well Size MAY Require Re-engineering, Hold For Certified Subdivision PLAS. SHED - SHALLOW SYSTEM

BLDG. PERMIT SIGNED
AND RETURNED 9-16-88

BP 21401 Sahr

THIS IS NOT A PERMIT

0"	A1-3
6"	BROWN CLAY LOAM C10% SAPROLITE
4'	GREY BROWN Silty SAND C10% SAPROLITE



⑤

AI-3
RED BROWN CLAY LOAM 410% SAPROLITE
BROWN GREY SILTY SAND 10-20% SAPROLITE

X Perc
TIME 3 min
INLET 3.5'
BOTTOM 5'

(3)
A1-3
Yellow BROWN
CLAYLOAM
LID %
SAPROLITE
Gray Micaceous
Silty
SAND 10-20%
SAPROLITE

41-3
RED BROWN
CLAY LOAM
100% S.A.P. 12-
Gray BROWN
SILTY SAND
10-20 %
S.A.P. 12-

[illegible]

REMARKS Limited house AND well site - Require Re-engineering - SHALLOW
UPPER HOLE SOIL DRY SYSTEM ONLY
 TYPE OF SOIL _____
 TESTED BY SABU LES TERRY, DONNY
 ALSO PRESENT _____

20/12/89

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 ☒
Replacement ☐

Receipt # 45072
Date 10/12/89

Name of Installer ROBERT L. FREEZER CO., INC. Telephone 781-4655

License Number _____
Certified Well Pump Installer ☒ Well Driller _____ Registered Plumber ☒

Name of Property Owner SIEGEL ORGANIZATION Telephone 531-5409
Subdivision _____ Lot # 3 Well Tag # HD-88-0015
Site Address 13225 BRIGHTON DAM RD,

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒
2. Make CRISWOLD Chemin
3. Model # 3XLN
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 _____

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 ☒

Pitless Adapter
1. Make MERILL
2. Model # MTD-10
3. Depth 42" +

Tank CAPTIVE AIR
1. Capacity WX-203
2. Pressure relief valve? YES

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 225 ft.
2. Yield 7.5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

10/19/89 Site Not Found
MR

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 R.L.F. Co.

Date: 10/15/89

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

C1-9673

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.

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

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

Check if water bearing

GRAOUTING 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.

DESCRIPTION (Use additional sheets if needed)

FEET

Check if water bearing

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