

5/8/90 10M

05-400375 *File*
PERMIT

P 45840
A 34900

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 04/26/90

INDEX - TIME EXPIRED

DATE SYSTEM APPROVED _____

FOR F.C.O.P. COMPLIANCE

INSPECTOR *(see back)*

INDEXED 7/15/93

Charles H. Shaw & Son

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 7040 Route 32, Clarksville, Maryland 21029 PHONE _____

SUBDIVISION Green Fields ROAD 6529 6531 Prestwick Drive LOT 22

PROPERTY OWNER Charles Shaw & Son Earl Becraft, Jr.

ADDRESS 7040 Route 32
Clarksville, Maryland 21029

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER YES XXXXXXXXXXXXXXXX NO XXXXXXXX~~

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 195 feet from the front (220') lot line and 80 feet from the left lot line as seen when facing the lot from Prestwick Drive. Run trenches on contour toward the left and right lot line.

NOTE - Maintain septic tank 100 feet from well
No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 4-26-90 JEN

PLANS APPROVED BY Sid Abel cm DATE 02/13/86

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

BIOG. PERMIT SIGNED

AND RETURNED 7/5/90

Serial # 35817 - propose tank

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

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

A 34900

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34900

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5

DATE 3-29-85

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 DEVELOPER Prestwick Drive Joint Venture EARC BECRAFT

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / GROWING FIELDS Sec. 2 LOT NO. LOT 3 ON FINAL

ROAD AND DESCRIPTION End of Prestwick Drive 6531 PROSTWICK DR.

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 Sidney Abel FOR Shallow Tide Fields DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-8-85 PERC. SATISFACTORY, hold for REVIEW WATER ONE hole, hold for

CERTIFIED plat, hole location, house AND well SITE, SMALL

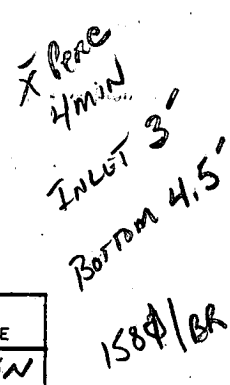
PERC REVIEWED OK 4/24/85 CWL

BUDG. PERMIT SIGNED

AND RETURNED 5-17-87

BP 85793 84

THIS IS NOT A PERMIT



REMARKS Bottom max 4.5 Shallow Sys. (ROT, $\rightarrow H_2O$ 7.5')

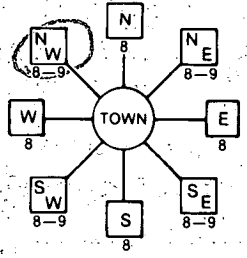

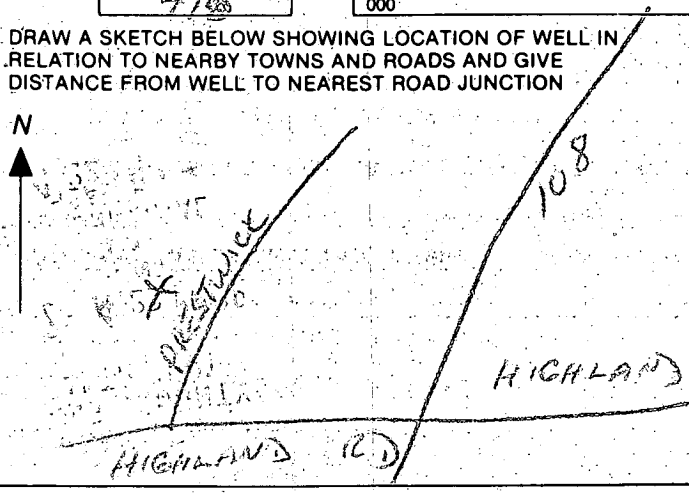
TESTED BY

Sabel

C. Cassil, Richard Dimit, Phil Mangione
ALSO PRESENT

ALSO PRESENT

EH-12-1079

B 1 2896 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-81-1549 <small>fill in this form completely</small>
Date Received 4/20/86 OWNER INFORMATION 15 Last Name: CHARLES Owner: A First Name: SAM 34 36 Street or RFD: RT 32 55 57 Town: CLARKSVILLE 70 State: MD 72 Zip: 21029 76		B 3 LOCATION OF WELL 8 COUNTY: HOWARD 21 23 SUBDIVISION: GREENBELT 42 SECTION: 2 44 46 LOT: 22 48 50 52 NEAREST TOWN: HIGHLAND 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name: George F. Easterday 77 License No. 80: 40 Firm Name: L. Franklin Easterday, Inc. Firm Address: 9265 Brown Ch. Rd., Mt. Airy Md. 21771 Signature: George F. Easterday Date: 5/29/86		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD: PRESTWICK DR 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 37 DISTANCE FROM ROAD: 30 ENTER FT or MI: FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: HOWARD COUNTY NO.: A34900 OEP SIGNATURE: [Signature] DATE ISSUED: 06/12/86 CO SIGNATURE: [Signature] EXP. DATE: 12/1/86 NORTH GRID: 495000 EAST GRID: 0812000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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)		APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY 30 37 CABLE AIR-PERCussion ROTARY (Hydraulic Rotary) 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 N 812 498 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 39 <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) 41 52		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 54 GAP 63 FORCE 67-68 WRITE INITIALS IN BOX PERMIT No. HO-81-1549 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

C1-00574

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

A-34900

DATE Received

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

062386

Depth of Well

300

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-81-1548

OWNER: SHAW last name
STREET OR RFD: PRESTWICK DR. first name
SUBDIVISION: GREENFIELD SECTION 2 TOWN: HIGHLAND LOT 22

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearing

TOP Soil	0	2	
Sand Silt	2	6	
Clay	6	19	
Sand Stone	19	45	
Mica	45	50	✓
Sand Stone	50	300	
Mica			

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ no ☐

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 55

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 25 ft. ft.

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)

ST 6 26

OTHER CASING (if used) diameter inch depth (feet) from to

screen type or open hole insert appropriate code below

STEEL ☒ BRASS ☐ OPEN HOLE ☐
BRONZE ☐ PL ☐ OT ☐

C2 DEPTH (nearest ft.)

EACH SCREEN 1 40 24 300

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.) WQ

70 72 74 75 76

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

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)

LAND SURFACE

above below

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)

75' well

50'

left of line

Prestwick DR.

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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. 40

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

Page _____ of _____
Date _____

6-23-86
8:00

Review

OK'd (signature) 11/2/86

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1548
Location of property (road) PRESTWICK DR
Subdivision GREENS FIELDS Lot 22 Block _____ Plat _____ Sec. 2
Well Driller GEORGE EASTERDAY Owner SHAW, CHARLES & SON

Depth of well 300 2 GPM
Distance of measuring point (M.P.) above ground 16 in
Static water level (S.W.L.) below M.P. 31 feet

High rate pumping -- reservoir drawdown

Time pump started 8:50 Pumping rate 10 GPM
Total time 25 min to reach pumping water level 125 ft ft. below M.P.

100 ft at 290 ft
Quilt

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	125 ft	20 sec	3 GPM	20 Sec 3 GPM
9:30	125.6 ft	20	3 GPM	20 Sec 3 GPM
9:45	124 ft	20	3 GPM	20 Sec 3 GPM
10:00	122.6 ft	20	3 GPM	20 Sec 3 GPM
10:15	123.6 ft	20	3 GPM	20 Sec 3 GPM
10:30	123.8 ft	20	3 GPM	3 GPM
10:45	124 ft	20	3 GPM	3 GPM
11:00	125 ft	20	3 GPM	3 GPM
11:15	125 ft	20	3 GPM	3
11:30	124.6 ft	20	3 GPM	3
11:45	123 ft	20	3 GPM	3
12:00	123.6 ft	20	3 GPM	3
12:15	122 ft	20	3 GPM	3
12:30	122.6 ft	20	3 GPM	3
12:45	123 ft	20	3 GPM	3
1:00	124 ft	20	3 GPM	3
1:15	125 ft	20	3 GPM	3
1:30	125.6 ft	20	3 GPM	3
1:45	126 ft	20	3 GPM	3
2:00	127 ft	20	3 GPM	3
2:15	126 ft	20	3 GPM	3
2:30	126.6 ft	20	3 GPM	3
2:45	127 ft	20	3 GPM	3
3:00	127 ft	20	3 GPM	3
3:15	126 ft	20	3 GPM	3

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 # 45924
Date MAY 10 1990

Name of Installer Allen M. Van Sout Inc Telephone _____

License Number 1862
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Earl Becraft Telephone 442-2221
Subdivision Green Field Lot # 22 Well Tag # _____
Site Address 6529 Prestwich Dr.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒
2. Make Gould
3. Model # 57507412
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 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 ☒

Pitless Adapter
1. Make HANVONAL
2. Model # _____
3. Depth 3 FT

Tank
1. Capacity 42
2. Pressure relief valve? yes

Piping
1. Type #160
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3 FT

Well data
1. Depth 302 ft.
2. Yield _____ GPM
3. Static water level _____ 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: Michael J. Bostick
Date: MAY 10 1990

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

445

450

455

EXIST. 449.5

EXIST. 450.23

10'

10,000 G.R. GEWAGE
DISPOSAL EASEMENT

EXIST. GRADE
AT TRENCH 453.2

EXIST. 454.5

DIST. BOX
EXIST. EL. 453.5

INV. EL. INTO DIST.
BOX 450.5

INV. INTO TRENCHES
450.8

INV. EL. INTO SEPTIC
TANK 453.5

INV. EL. OUT
OF SEPTIC
TANK 453.2

EXIST. 454.0

30'

EXIST. ELEV. AT
SEPTIC TANK 456.3

DECK

30'

INV. ELEV.
OUT OF HOUSE
454.0

26'

TANK 30'

P.F. EL. 461.2
BASE. EL. 452.9

51'0"

0.2' 11"

B. R. L.

WELL
EL. 458.8

7/5/90
Plans OK
R/H

75'0"

Charles D. Evans 5/8/22

DATE 5-5-55

6/8

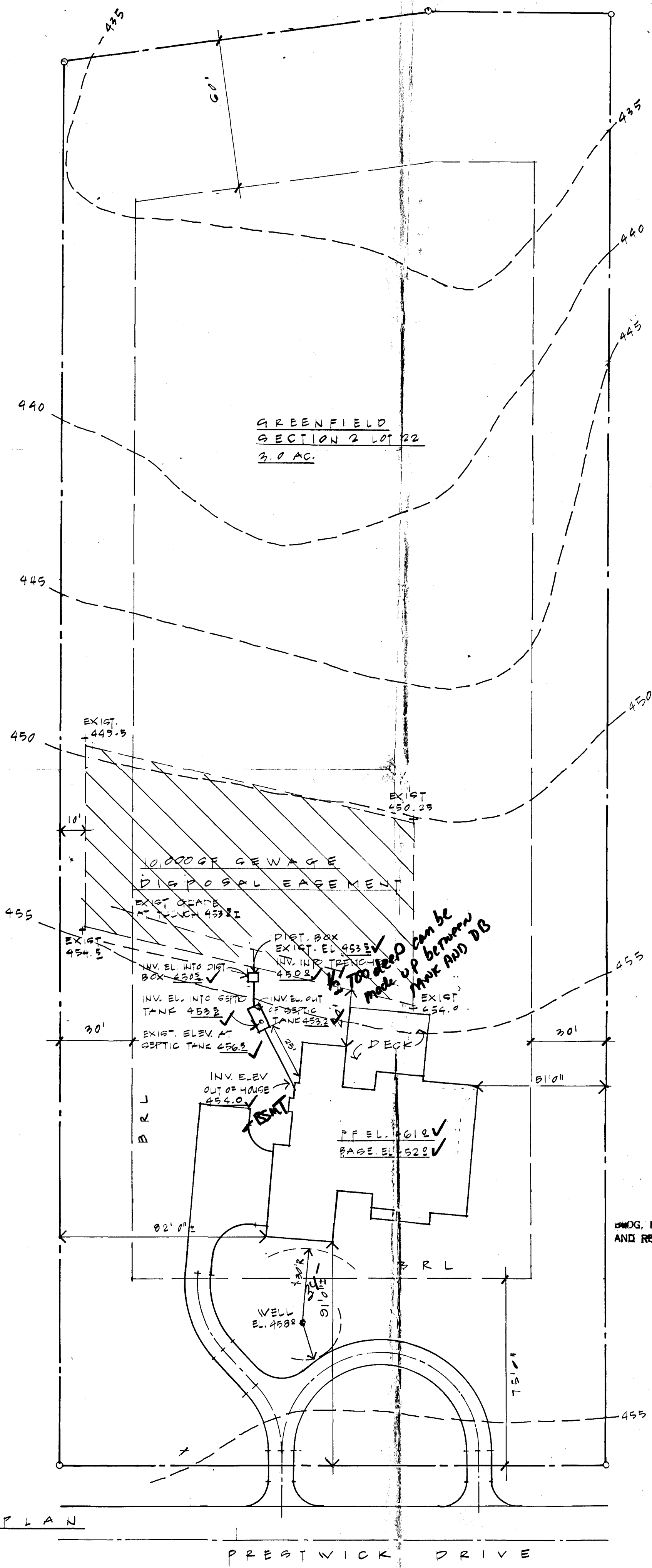
CO 22 Y H T H OFFICIAL DATE

S I T E P L A N

115' 30" 0"

11 = 30' 0"

P R E S T W I C K D R I V E



ENDOG. PERMIT SIGNED
AND RETURNED 5-17-89
BP25793
SAC