

8/19/87 pm

05-399041

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 38854

A 34904

DISTRICT 5th

DATE 3/5/87

DATE SYSTEM APPROVED 8/19/87

INSPECTOR (BW)

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Greenfields ROAD 6561 Prestwick Drive LOT 4

PROPERTY OWNER Rzepakowski

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 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 4 feet below original grade. 1.5 feet of stone below distribution pipe

LOCATION - Place the distribution box 155 feet from the front 200' lot line and 140 feet from the left (354') lot line as seen when facing the lot from Prestwick Drive. Run trenches on contour toward the right lot line. Maintain septic tank 100 feet from well.

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

OK/BA

PLANS APPROVED BY S. Abel DATE 2/13/86

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(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 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.

EH - 2-1186

A 34904

SUBDIVISION: Green Fields
Sec 1

LOT NUMBER: 4
Sec. 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
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

158 sq. ft./bedroom

Trench to be 3 wide.
Inlet 3 feet below original grade.
Bottom maximum depth 4.5 feet below original grade.
Effective area begins at 4 feet below original grade.
1.5 feet of stone below distribution pipe.

B.P.# 8596

- 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 absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 155 FEET FROM THE FRONT (195') LOT LINE AND 140 FEET FROM THE LEFT (368') LOT LINE AS SEEN WHEN FACING THE LOT FROM ALESWICK DR. RUN TRENCHES ON CONTOUR TOWARD THE RIGHT LOT LINE. MAINTAIN SEPTIC TANK 100 FEET FROM WELL. 2-13-86. S.A.R.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34904

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 The Ryedkowski Co. Inc.
Box 196, Clarksville, Maryland 21029 PHONE 854-0498
647-2256

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / ^{GREENE} SEC. FIELDS Sec. 1 LOT NO. NEW LOT 4
ON FINAL

ROAD AND DESCRIPTION End of Prestwick Drive 6561

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.

Philip Maritz
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Tide fields DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

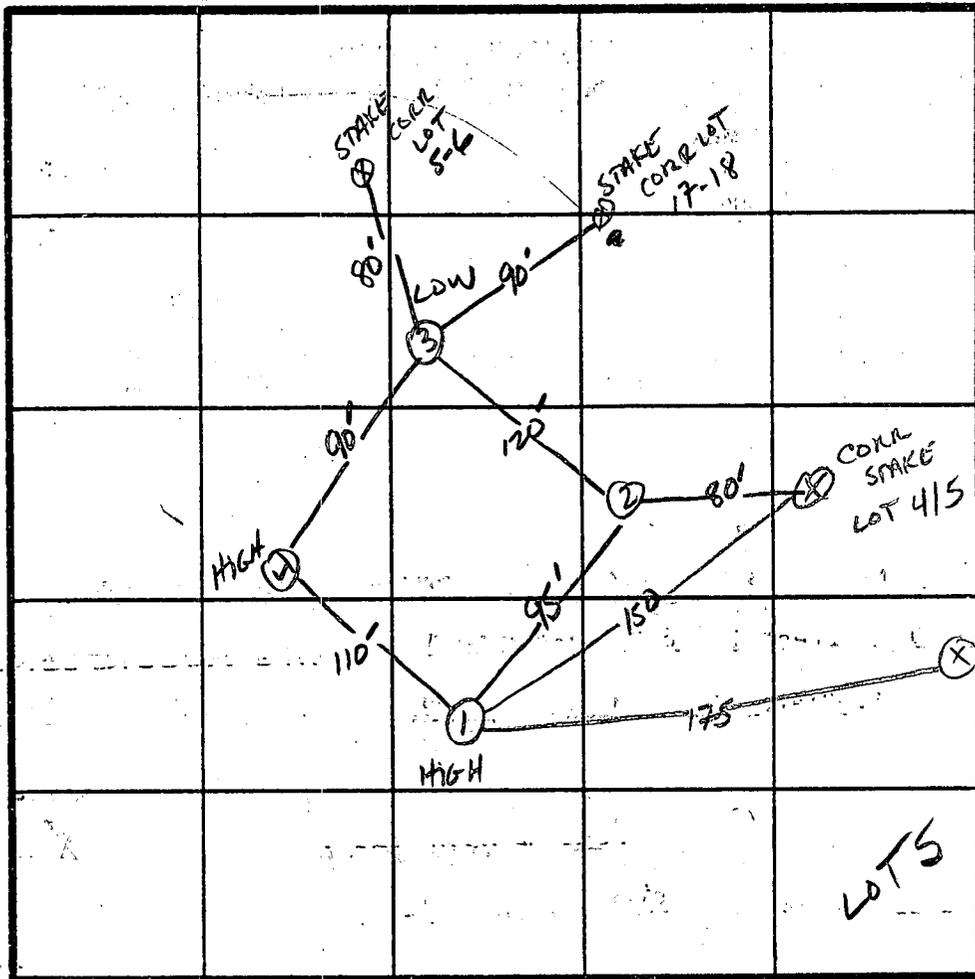
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-4-85 SATISFACTORY PERC. WATER IN 2 HOLES, HOLD FOR REVIEW, HOLD FOR SUBDIVISION PERM. CERTIFIED HOLE, HOUSE AND WELL LOCATION, STABLE
PERC REVIEWED OK 4/23/85 Cullhan BP 8596

THIS IS NOT A PERMIT

① ② ③ ④
SOIL PROFILE

9"	AP
3.5'-4'	BROWN CLAY LOAM 10% SAPROLITE
12.5'	BROWN SILTY SAND 10-20% SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

River Clyde DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/14/65	15	5'	2:03	2:07	2:07	2:16	9 min	
	14	12.5'	UNIFORM SOIL STRUCTURE Below 4'					
	25	4.5'	2:13	2:14	2:14	2:16	2 min	
	2V	12'	WATER AT 11.5' UNIFORM SOIL Below 4'					
	35	5'	2:18	2:20	2:20	2:24	4 min	
	3V	12'	WATER AT 11' UNIFORM SOIL STRUCTURE Below 3.5'					
	45	4'	2:24	2:25	2:25	2:28	3 min	
	4V	12'	UNIFORM SOIL STRUCTURE Below					

X Perc
5 min
INLET
3'
BOTTOM
4.5'
1580/BR

(DOT → H₂O 7')

REMARKS

BOTTOM MAX 4.0' SHALLOW SYSTEM

TYPE OF SOIL

TESTED BY

Stahl

Richard Demitt, Ralph Green
ALSO PRESENT C. S. F. L.

B 1 4473 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1558
 fill in this form completely

Date Received 12/1/86
 OWNER INFORMATION
DEPKUSKI CONST
 Last Name Owner First Name
212 JERAM AVE
 Street or RFD
PASADENA MD 21122
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
GREENFIELDS SUBDIVISION
 SECTION 44 LOT 4
HIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
George P. Easterday License No. 40
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Ch. Rd., Mt. Airy, Md. 21771
 Address
George P. Easterday Date 12/1/86
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD DR. STINK DR
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 200 FT or MI 57

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY).
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A-34904 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED 06/16/86 CO SIGNATURE A. Wilson EXP. DATE 12/16/86
 NORTH GRID 494000 EAST GRID 0811000

APPROXIMATE DEPTH OF WELL 200 FEET

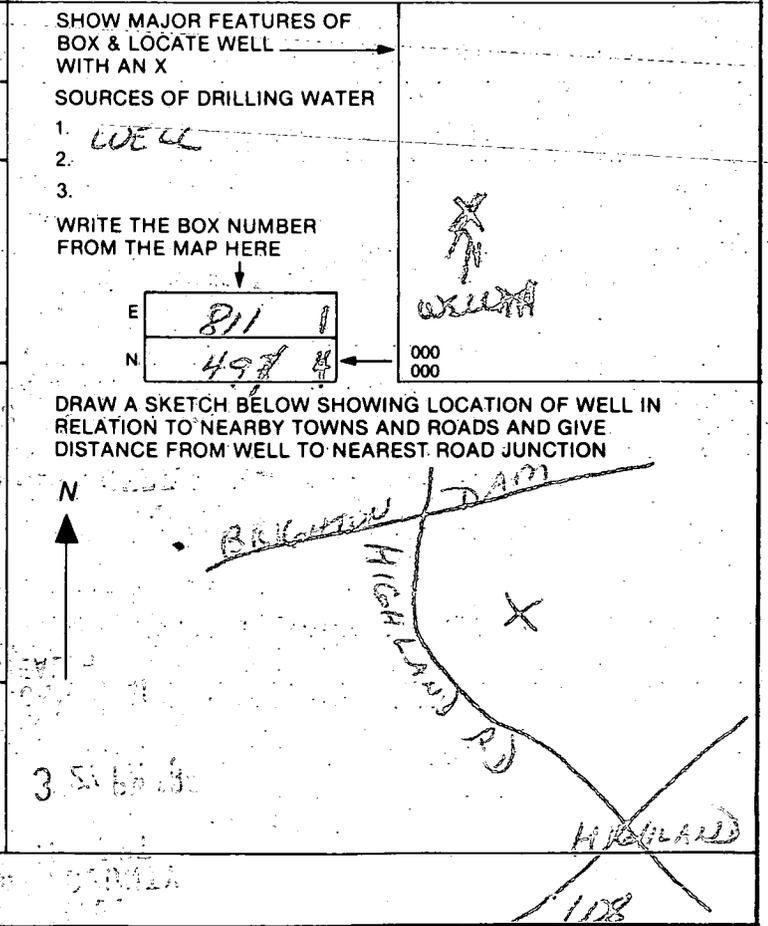
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE 2a INITIALS PA PERMIT NO. HO-81-1558
 WRITE IN BOX

SPECIAL CONDITIONS



C1 00585 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A-34904**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **081986** Depth of Well **400** (TO NEAREST FOOT) PERMIT NO. **HO-81-1558**

OWNER **PZEPKOWSKI CO. BUILDERS** STREET OR RFD **RESTWICK DR.** TOWN **HIGHLAND** SUBDIVISION **GREENE FIELDS** SECTION [] LOT **4**

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
	FROM	TO	
Top Soil	0	2	
Clay	2	5	
Shaley	5	12	
Sand Stone	12	35	
Mica	35	45	
sand Stone	45	48	✓
Mica + Flint	48	90	
Mixed			

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **6** NO. OF BOUNDS **600**

GALLONS OF WATER **30**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.

CASING RECORD

STEEL **ST** CONCRETE **CO**
 PLASTIC **PL** OTHER **OT**

MAIN CASING TYPE **ST** Nominal diameter **6** Total depth of main casing (nearest foot) **40**

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min. to nearest gal.) **1**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface) BEFORE PUMPING **21** WHEN PUMPING **150**

TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

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

SCREEN RECORD

screen type or open hole **ST** **BR** **HO**
 STEEL BRASS OPEN HOLE
 BRONZE HOLE
PL **OT**
 PLASTIC OTHER

C2

DEPTH (nearest ft.)

1	HO	38	900
2	[]	[]	[]
3	[]	[]	[]

SLOT SIZE 1 [] 2 [] 3 []

DIAMETER OF SCREEN [] (NEAREST INCH)

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: **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 } LAND SURFACE [] (nearest foot)
- below }

A 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. **40**
 DRILLERS SIGNATURE *George J. Kestonley*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) *Charles L. Fuller*

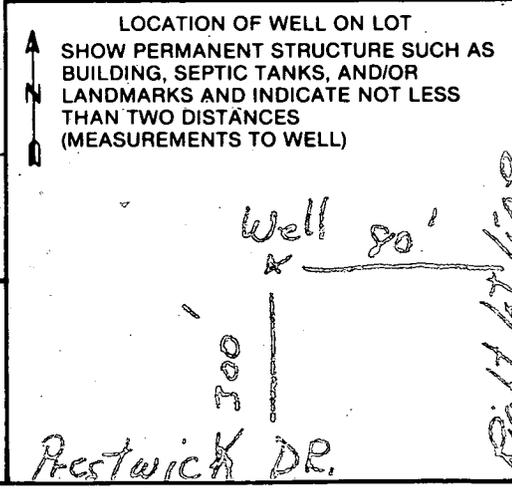
GRAVEL PACK from [] to []

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 [] [] [] []

TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []



8-19-86

8:00

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-81-1558
Location of property (road) PRESTWICK DR
Subdivision GREENE FIELDS Lot 4 Block _____ Plat _____ Sec. _____
Well Driller GEORGE EASTRDAY Owner BUILDERS, PZEPKOWSKI

Depth of well 400 10 PM
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. 21' 2'

High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 10 gpm
Total time 30 to reach pumping water level 150 ft. below M.P.

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 8 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:05	150'	45 sec		1.25 gpm
11:30	150'	45 sec		1.25 gpm
11:45	150'	45 sec		1.25 gpm
12:00	150'	45 sec		1.25 gpm
12:15	150'	45 sec		1.25 gpm
12:30	150'	45 sec		1.25 gpm
12:45	150'	45 sec		1.25 gpm
1:00	150'	45 sec		1.25 gpm
1:15	150'	45 sec		1.25 gpm
1:30	150'	45 sec		1.25 gpm
1:45	150'	45 sec		1.25 gpm
2:00	150'	45 sec		1.25 gpm
2:15	150'	45 sec		1.25 gpm
2:30	150'	45 sec		1.25 gpm
2:45	150'	45 sec		1.25 gpm
3:00	150'	45 sec		1.25 gpm
3:15	150'	45 sec		1.25 gpm
3:30	150'	45 sec		1.25 gpm
3:45	150'	45 sec		1.25 gpm
4:00	150'	45 sec		1.25 gpm
4:15	150'	45 sec		1.25 gpm
4:30	150'	45 sec		1.25 gpm
4:45	150'	45 sec		1.25 gpm
5:00	150'	45 sec		1.25 gpm
5:15	150'	45 sec		1.25 gpm

Handwritten notes:
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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 _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer _____ Telephone _____

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

Name of Property Owner _____ Telephone _____
 Subdivision Greenfields Lot # 4 Well Tag # HO-81-1558
 Site Address 6561 PASWICK DR.

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 _____ ft. 2. Yield _____ GPM 3. Static water level _____ ft. 4. Will water supply be disinfected by installer? _____
---------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

9-16-87 PITLESS AT 40" WELL LINE COVERED; INSIDE WORK NOW COMPLETE - - -

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: _____

Date: _____

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