

8/8/89 in
12:00 noon
8/9/89 em
11:20 am
8/14/89

05-380235

8-9-89 Needs house connection
JEN

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 44815
A 24343
DISTRICT 5th
DATE 8/3/89
DATE SYSTEM APPROVED 8/14/89
INSPECTOR M. Ripkin

Greg's Excavations IS PERMITTED TO INSTALL ALTER
ADDRESS _____ PHONE 854-3836
SUBDIVISION Greenhill Manor ROAD 13499 Villa D'est Drive LOT 10, Section 5
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 4
Handwritten calculations:
244
4
976
220 ft trench
216.8
4.5 / 9760
90
76
310
376
400

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide.
Inlet 3.5 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the first trench 170 feet down the left lot line and 50 feet off the same lot line as seen when facing the lot from Villa D'est Drive. Run trenches on contour toward the left rear corner.

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 5/10/88

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 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

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

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

BUDG. PERMIT SIGNED
AND RETURNED 3/25/90
Serial # 31731

A
24343

APPLICATION

A 24344

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 5

DATE 10/26/76

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 _____

ADDRESS _____ PHONE (8) 762-3007

PROPERTY LOCATION:

SUBDIVISION Green Hill Manor LOT NO. 22D

ROAD AND DESCRIPTION _____
sect 4

SIZE OF LOT _____ TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

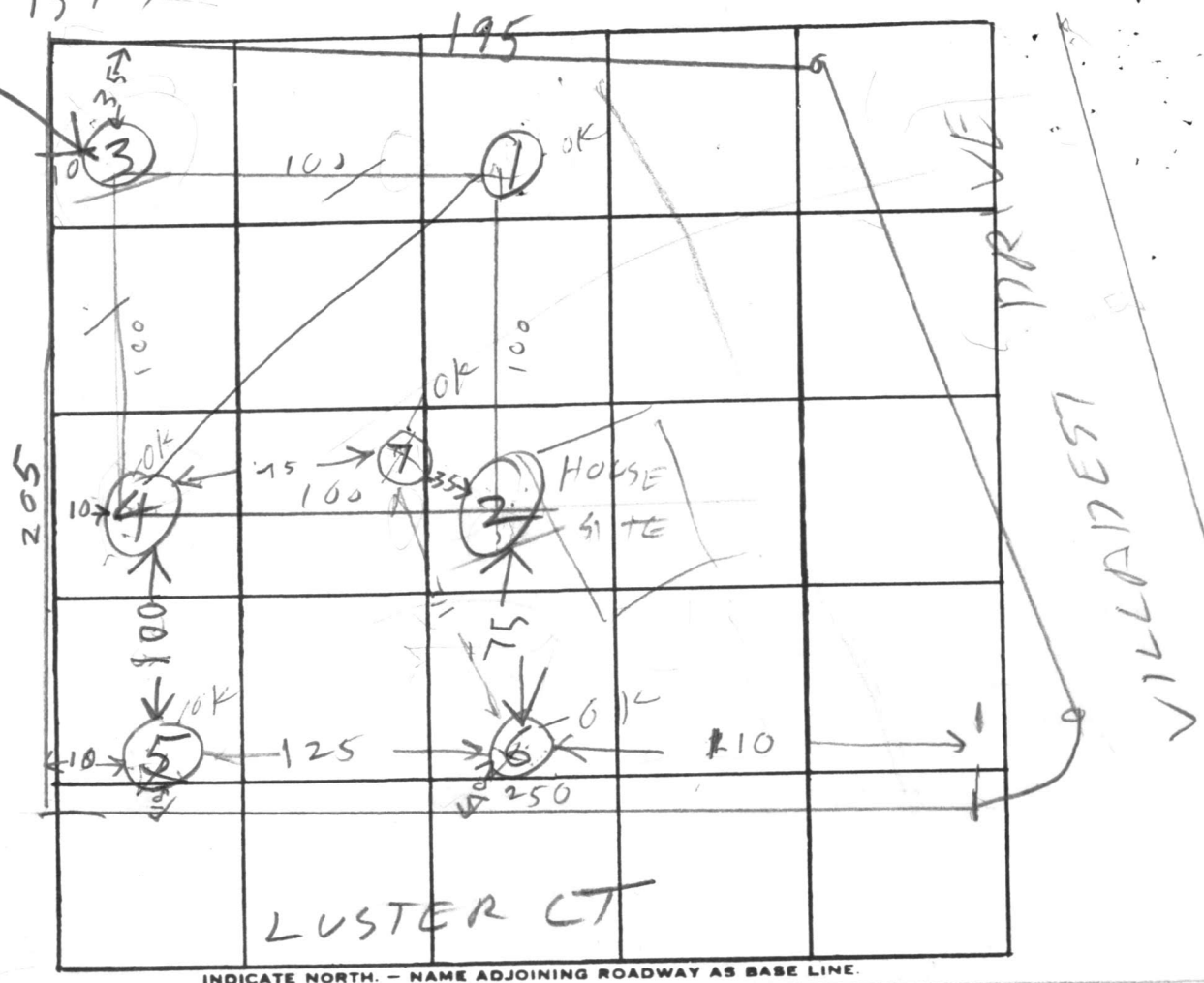
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

WATER 13 FT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/22/76	1S	4 1/2	253	256	256	301	5
	1D	12 1/2	253	256	256	301	5
	2S	6	304	315	stick fell down		FAIL
	2D	13	259	301	301	304	3
	3S	5	309	310	310	311	1
	3D	13	TOP 3" CLAY WATER		BOT 10" SANDY		1
	4S	5	312	320	STICK FELL DOWN		
	4D	12 1/2	312	315	315	320	5
	2M	7	322	326	326	326	10
6/24/76	4S	6	324	332	332	342	10

Top

REMARKS: This lot to be combined with part of 21D
 6/29/76 - Talked to Vanella He wants to change
 TYPE OF SOIL: Per area per X marking
 TESTED BY: Will call for (appt.) Enock P Barner
 ALSO PRESENT: V. Vanella
 see per page 2

APPLICATION

A 24344

P _____

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: 465-5000, EXT. 356

DISTRICT 5

DATE 10/26/76

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Green Hill Manor LOT NO. 22 Dsect 4

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

see page 1

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/8/76	5D	3 1/2	1119	1121	1121	1123	2
	5D	12 1/2	1119	1121	1121	1125	4
	6S	4 1/2	1129	1132	1132	1137	5
	6D	11 1/2	1129	1132	1132	1143	11
7/8/76	7	13	TOP 4 FT CLAY BOT 9 FT SANDY		DRY		

REMARKS See page 1

TYPE OF SOIL _____

TESTED BY B. Hodges ALSO PRESENT: VINELLA
R F TOLK
D BARNES

see pg

APPLICATION

Lot New 11

SECTION

A 424343

P _____

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: 465-5000, EXT. 356

DISTRICT _____

DATE _____

Note Lot consists of Lot 20D, 21D, 22D
on testing plat

Do not write up specs Although final
plat is approved there is no
space for the house R1+

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 Vanella Kerwin Miller
*Called Boender 12/1/77 Left message
Called Boender again Left message*

ADDRESS 12/6/77 Call D. Rush about the sewer
Visit office & observe plat

PROPERTY LOCATION: _____

SUBDIVISION GREEN HILL MANOR LOT NO. 1010 SECS 4
(Several lots from Sect 4 combined)

ROAD AND DESCRIPTION Cluster Court Lot New 11

Green Hill Manor off Monk Hollow Rd

SIZE OF LOT 13499 Villa d'est DR. TYPE BLDG. _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY RH FOR ALL DATE 1/17/78

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/9/77 - Underground Water

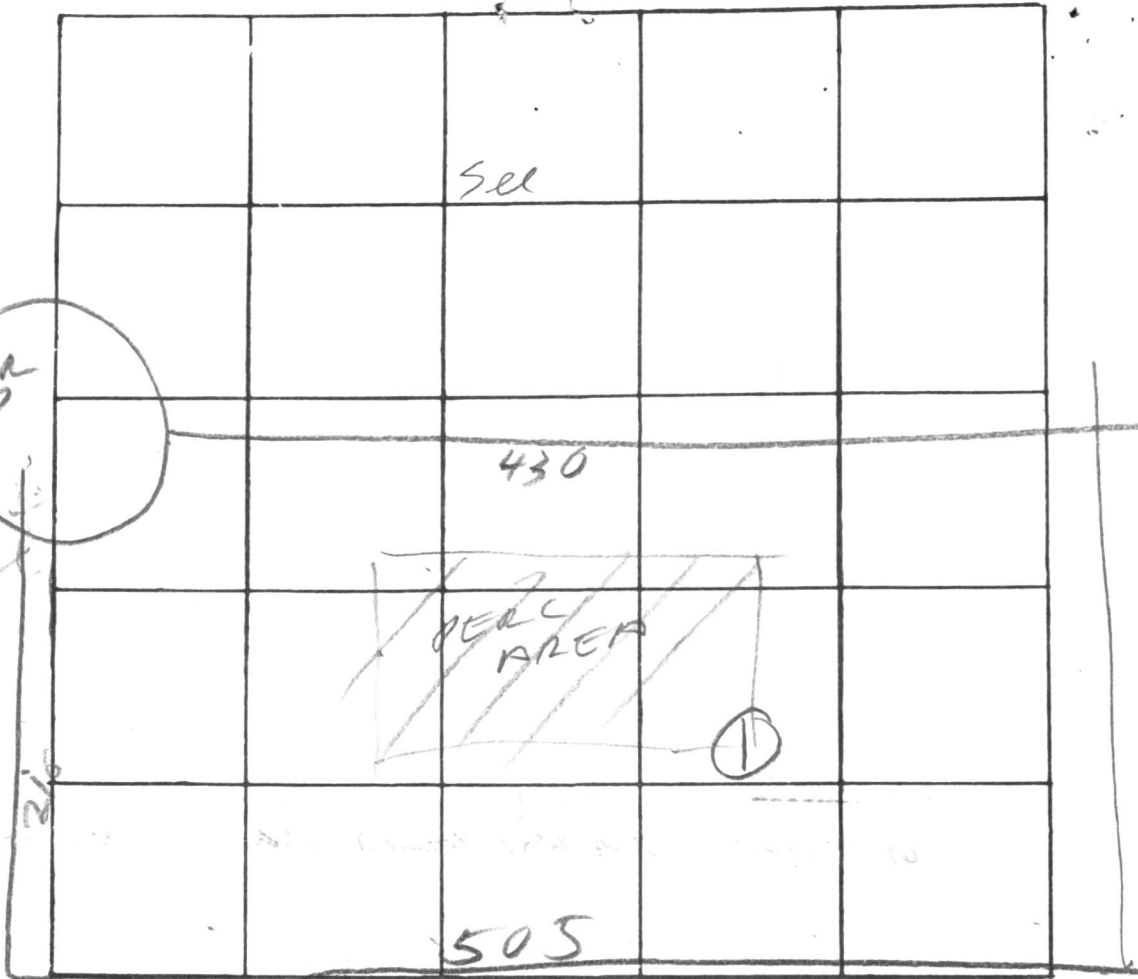
1/17/78 SEE ATTACHED NOTE

FOR EXPLANATION

BLDG. PERMIT SIGNED
AND RETURNED 5-10-88

THIS IS NOT A PERMIT

BP 18367



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/9/77	1	8	WATER		6 FT		

REMARKS _____

TYPE OF SOIL _____

TESTED BY R HODGES

LOT 4

ALSO PRESENT: FYOCK

VIVELIN

BKDG. PERM. DENIED
AND RETURNED 5-10-86
BP 18367
SAU

10.
SECT. 5

464

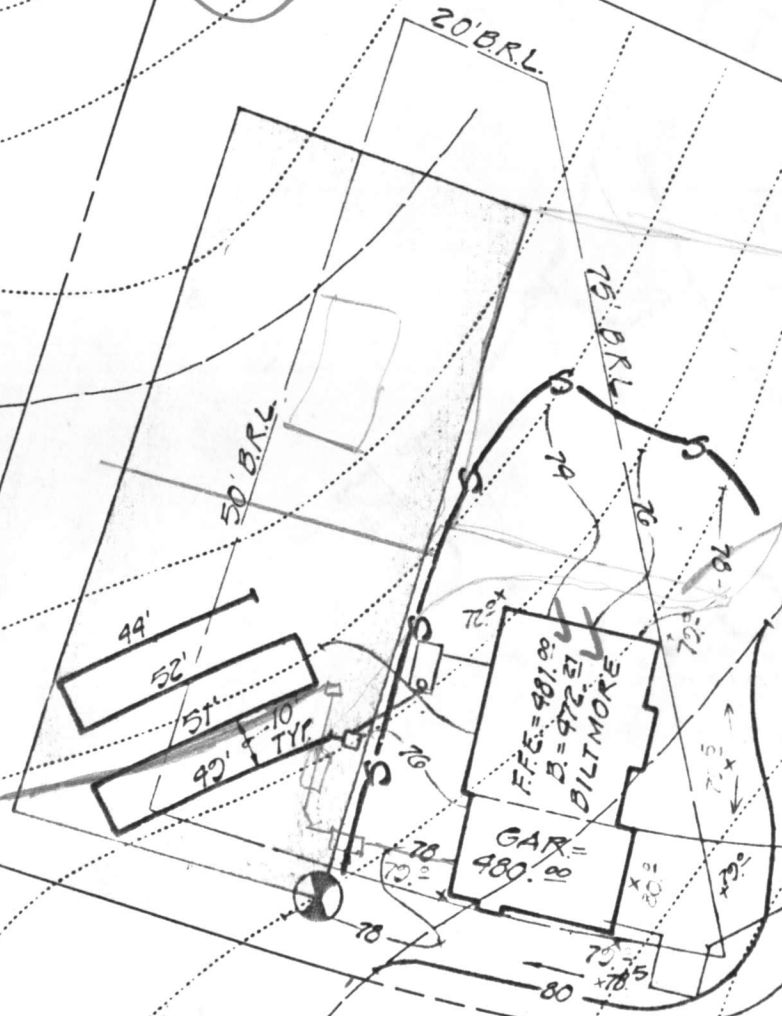
466

468

470

472

474



LOCATION OF HOUSE
 GREEN HILL MANOR
 LOT 10 SECTION 5
 HOWARD COUNTY,
 MARYLAND
 13499 VILLAD'EST DRIVE
 WALL CHK: 6.19.89
 FINAL: 10.23.89

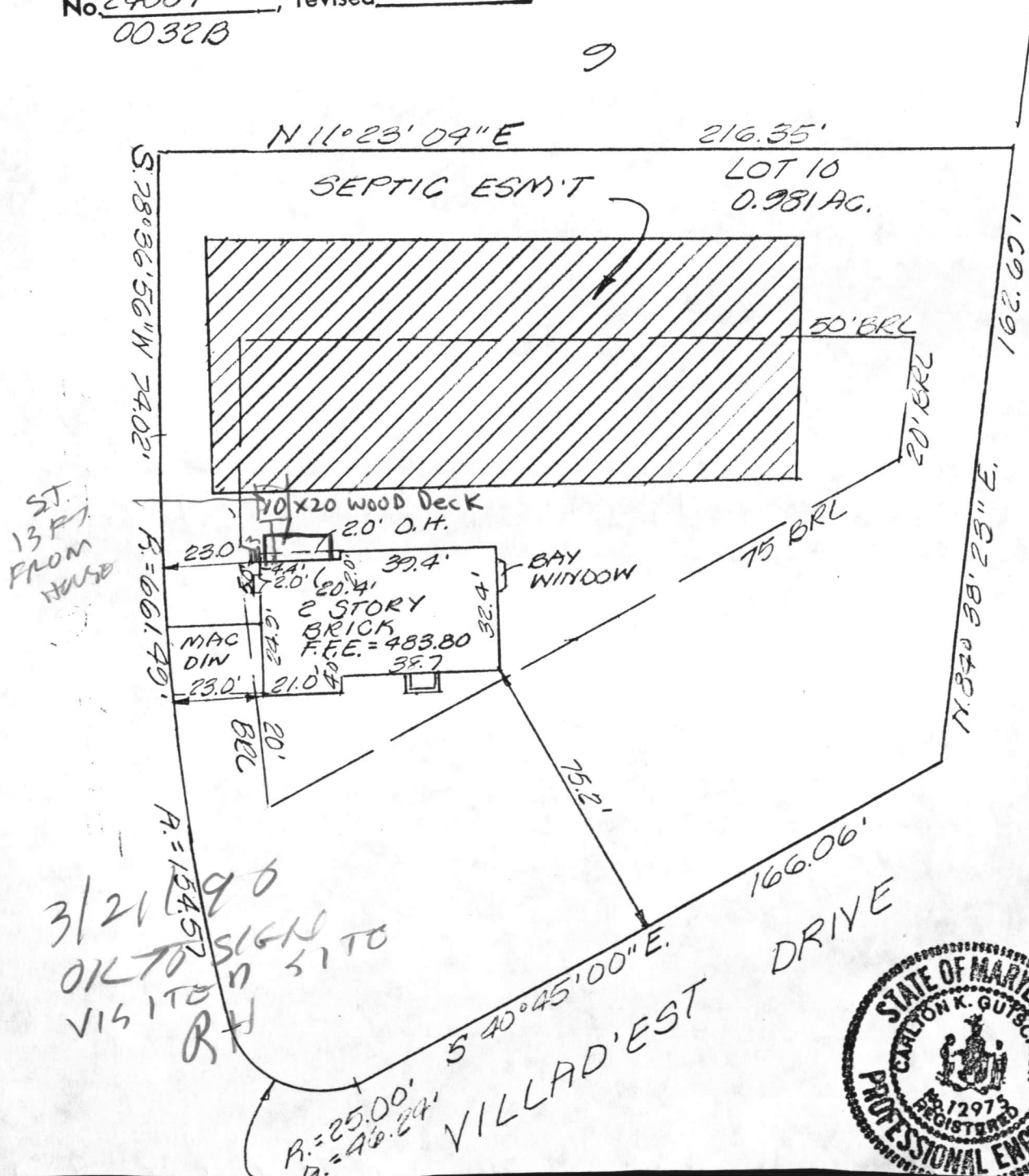


FLOOD PLAIN CERTIFICATION

I hereby certify that, to the best of my knowledge, information and belief, the property shown hereon lies within Zone C (areas of minimal flooding) as shown on the F.E.M.A. Flood Insurance Rate Map, Community-Panel

No. 24009, revised 12.4.86
 0032B

9



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APPLICATION

Lot New 11

A 24343

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 5

DATE 10/26/76

*System installed just down
Note Lot 21D & Lot 22D were to be combined on final but 22D were not. Now No Room for house*

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 _____

ADDRESS _____ PHONE 181762-3007

Now Lot 10 SECTION 5

PROPERTY LOCATION:

SUBDIVISION Green Hill Manor LOT NO. 21D sect 4

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

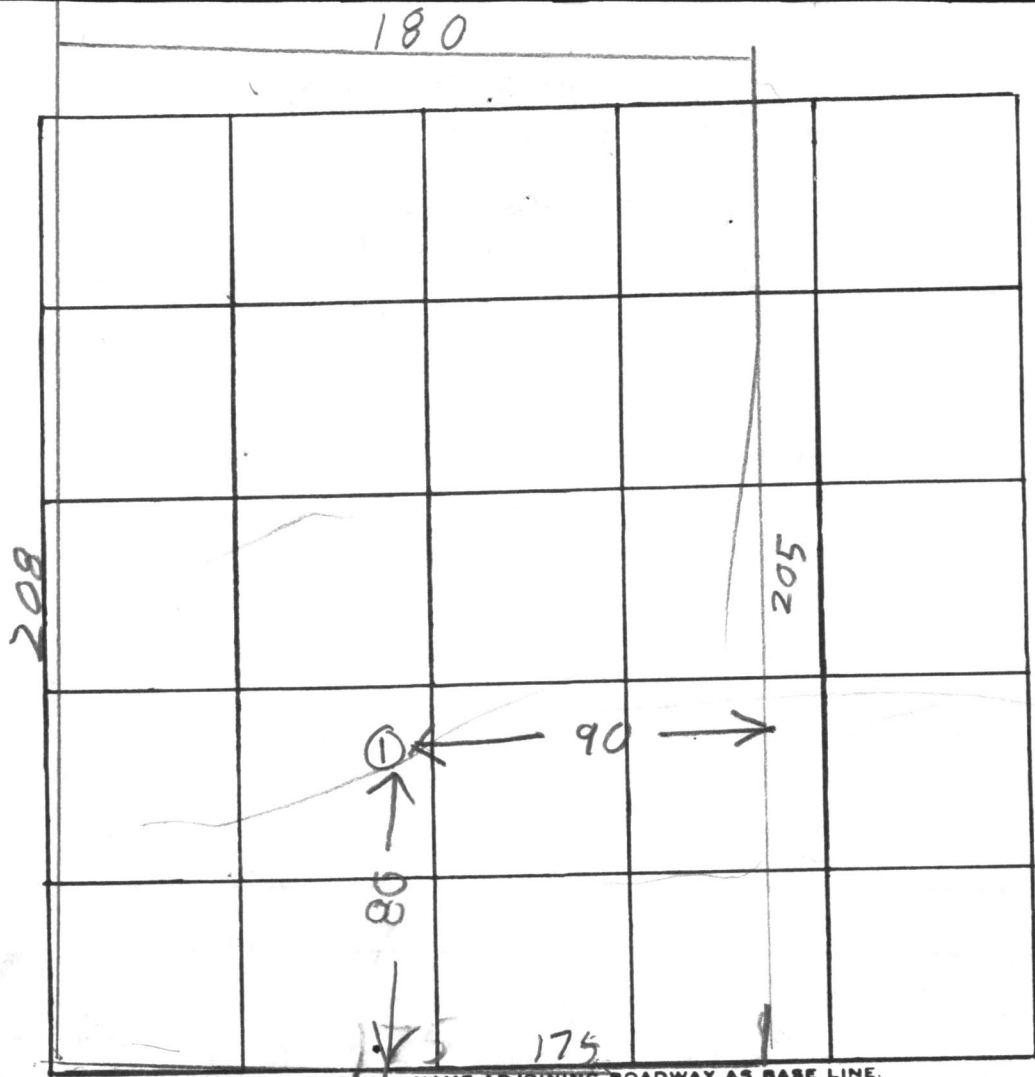
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LUSTER CT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/22/76	1 S	4 1/2	1242	1246	1246	1251	5
6/22/76	1 P	12 1/2	1242	1246	1246	1254	8

REMARKS Part of This Lot to be combined with Lot 22 D

TYPE OF SOIL _____

TESTED BY RH

ALSO PRESENT: _____

RH
Nancy Barnes, N. Amos

1 2 3 8
21-96

SEQUENCE NO. (OEP 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 A 24343

DATE Received
8 13

DATE WELL COMPLETED
15 20 030388

Depth of Well
22 26 160
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-81-2581
28 29 30 31 32 33 34 35 36 37

OWNER MILLER ASSOC. KERWIN
last name first name
STREET OR RFD VILDEST DRIVE TOWN Highland
SUBDIVISION Green Mill Manor SECTION 5 LOT 10

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	1	
Br. mica	1	70	
Gray mica	70	160	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED Y N
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 45 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST CO
STEEL CONCRETE
 PL OT
PLASTIC OTHER
MAIN CASING TYPE ST Nominal diameter (nearest inch) 6 Total depth of main casing (nearest foot) 49

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

SCREEN RECORD
screen type or open hole insert appropriate code below
 ST BR HO
STEEL BRASS OPEN HOLE
 PL OT
PLASTIC OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>H0</u>	<u>49</u>
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)

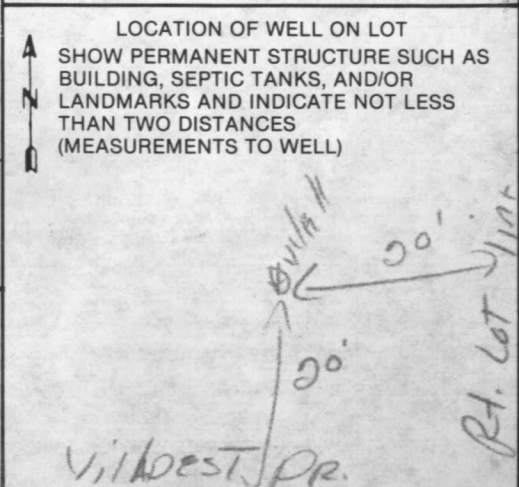
GRAVEL PACK _____ from _____ to _____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 39
WHEN PUMPING 40
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: 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
 - below } 3 (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. 40
DRILLERS SIGNATURE George F. Easterday
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Blane Lee Thomas

RECEIVED
HOWARD COUNTY
HEALTH DEPT

APR 13 4 00 PM '88

DIVISION OF
ENVIRONMENTAL
HEALTH

APR 13 1988

C 5

APR 13 1988

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APR 13 1988

APR 13 1988

APR 13 1988

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APR 13 1988

