

8-5-88
8/10/88 AM
8-11-88 am
8-17-88

05-380227

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42261

A 24345

DISTRICT 5th

DATE 8/3/88

DATE SYSTEM APPROVED 8-17-88

INSPECTOR JEN

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Gregs Excavation IS PERMITTED TO INSTALL ALTER

ADDRESS 4229 Cherry Valley Drive, Olney, Maryland 20832 PHONE 924-5944

SUBDIVISION Green Hill Manor ROAD 13487 Villa d'est Dr. LOT 10, Section 4

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

4	216.9	244	3	21.68
451	400	4	4.5	9760
	405	976		90
				76
				45
				310
				270

217 ft trench

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 135 feet down the right 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 rear right 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/SA

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(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.

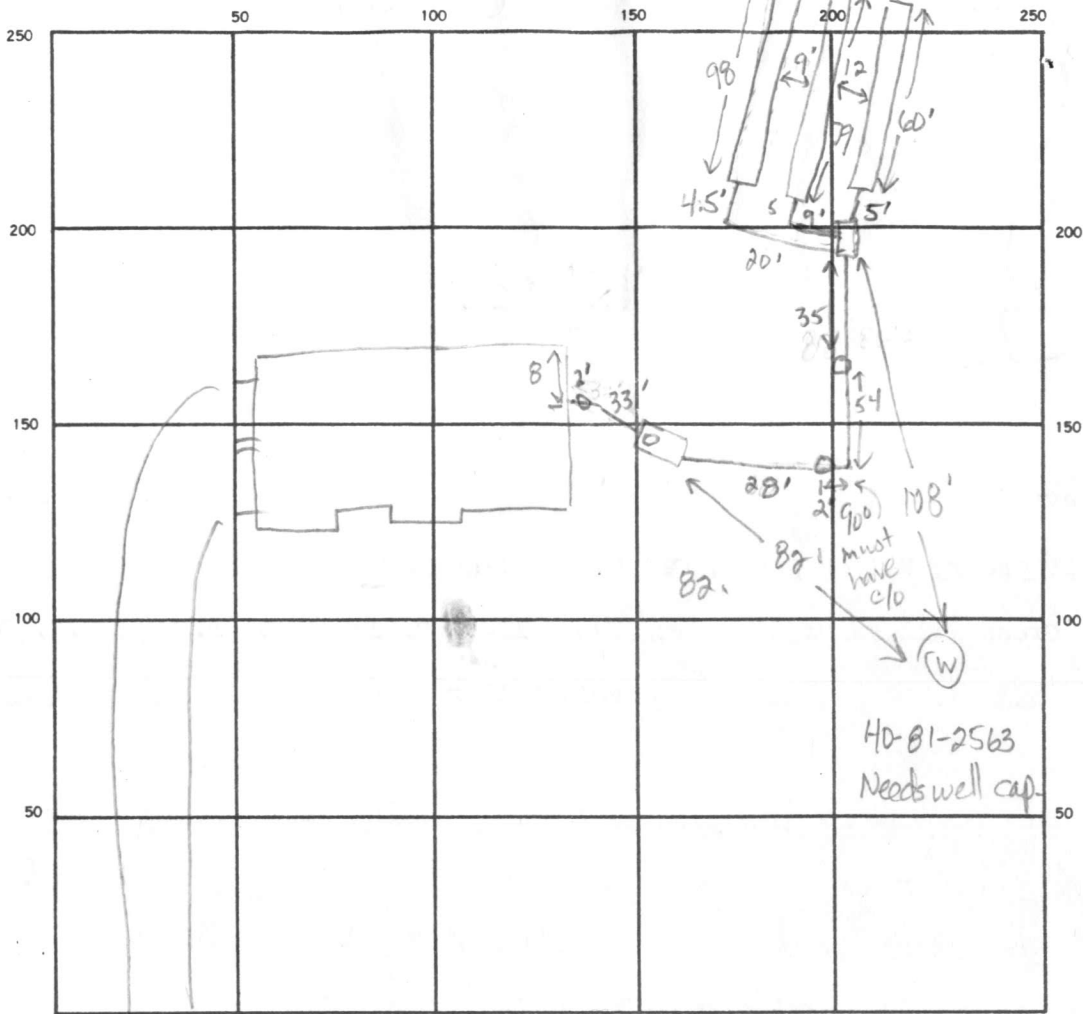
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 24345



217
139
98
337

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Willa D'Est Drive

SEPTIC TANK LEVEL 2000 gal CLEANOUTS 1 on S. Tank, 2 in-line

DISTRIBUTION BOX LEVEL OK w/ baffle

DRAIN FIELD/TILE FIELD DEPTH 8.5 8.5 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 3.5 3.5 FT.

EFFECTIVE GRAVEL DEPTH 5 5 5 FT. TOTAL LENGTH 60 79 98 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 300 395 490 SQ. FT.

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

ABSORBENT AREA 1185 SQ. FT.

4
28
5
490
395
300
1185

REMARKS 8-10-88 OK to add stone, pipe & paper to trenches 1 & 2. Cover leaving both ends open. Recommend a cleanout at 90° bend and 50 ft to 60 ft further in line toward dist. box. JEN.
8-11-88 Must add cleanouts in line, one at 90° bend and one on septic tank. OK to cover trenches #1 & 2. OK to stone trench #3 and cover leaving ends of trench open. 8-12-88 OK to cover all work. JEN

DATE SYSTEM APPROVED 8-12-88 INSPECTOR Gene E. Madocan

APPLICATION

A 24346

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. 12 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 _____

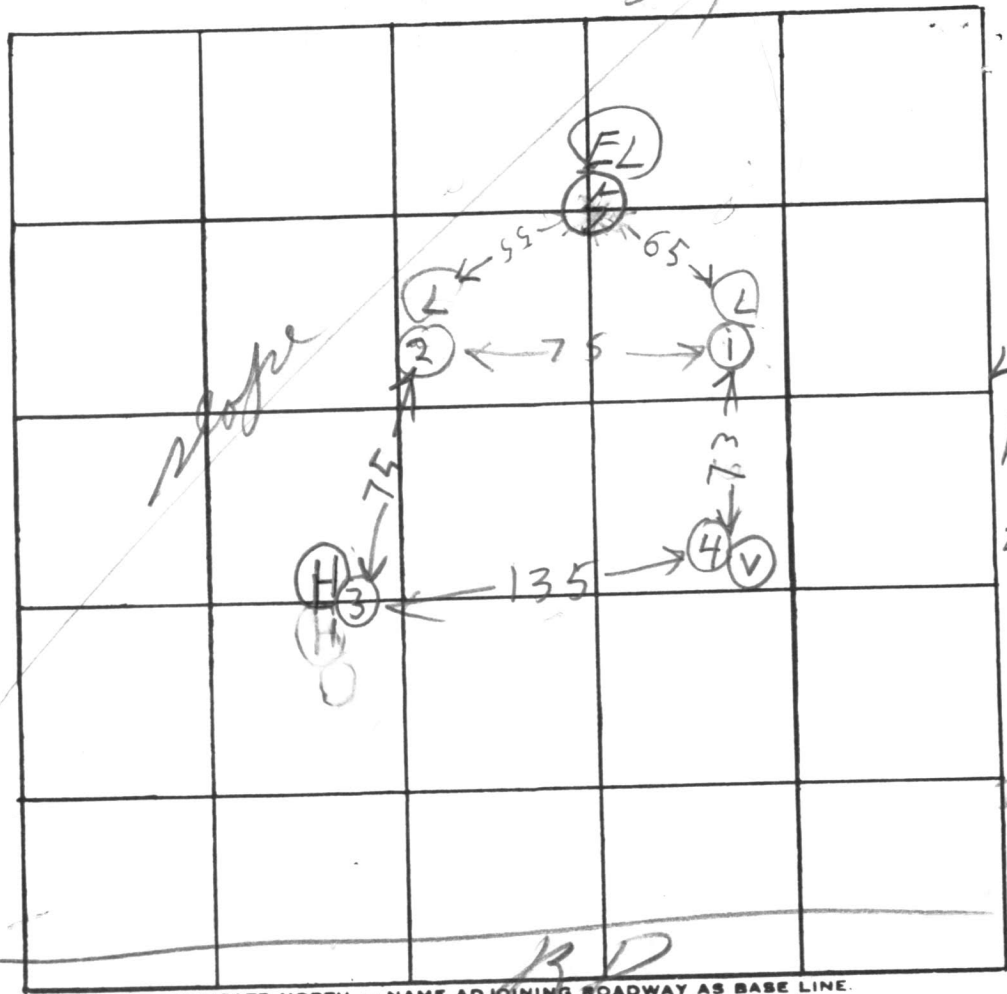
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



V = Visual
 L = Low
 H = High
 EL = EXTRA LOW

55
 65
 73
 135
 70
 398

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/23/76	1S	5	1114	1117	1117	1127	10
6/23/76	1D	13	1114	1117	1117	1125	8
	2D	12 1/2	1116	1119	1119	1125	6
	2S	4 1/2	1126	1127	1127	1128	1
	3D	4	1130	1137	1137	1150	13
	3S	12	1130	1137	1137	1147	10
	4V	12 1/2	TOP 1300	3 FT 9 1/2	CLAY SANDY	DRY	
8/1/76	5S	14	1154	1200	200	215	15
	5D	12	SANDY &		DRY		

REMARKS: certify all hole locations. Hole site
 TYPE OF SOIL: Imported from site on test plat. This lot
to be combined with lot 11D
 TESTED BY: [Signature] ALSO PRESENT: [Signature]
 V = [Signature]
 Baker names

C1 2169 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 24345**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **030488** Depth of Well **400** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-2563**

OWNER **MILLER ASSOCIATES** last name **KSRWIN** first name
 STREET OR RFD. **VIADEST DRIVE** TOWN **HIGHLAND**
 SUBDIVISION **GREEN HILL MAJOR** SECTION **4** 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	
RED mica	1	3	
BR. mica	3	67	
TAN mica	67	80	
GRAY mica	80	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **18** NO. OF POUNDS **1800**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **64** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **69**

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

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

C2
 DEPTH (nearest ft.)
 1 **HO** **69** **400**
 2
 3
 4
 5
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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 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) *Blaine Lee Shomo*

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.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **26** WHEN PUMPING **115**
 TYPE OF PUMP USED (for test) **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) **2**

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)
 VIALADEST DR. RT. LOT 10

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

APR 13 8 11 AM '88

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
APR 13 4 01 PM '88
DIVISION OF
ENVIRONMENTAL
HEALTH