

APPROVED
7/11/86
BHP 37327

12:30
7/11/86
AM

PERMIT

A 30404

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XXX92X2338
461-9933

(INDEXED)

ELLCOTT CITY

DISTRICT 4th

04-332784

DATE 7/7/86

Dennis Feaga

IS PERMITTED TO INSTALL ALTER

ADDRESS 1625 Henryton Road, Marriottsville, MD 21104 PHONE 442-5623

SUBDIVISION Burns Property ROAD 3370 Florence Road LOT 1

PROPERTY OWNER Pardue

ADDRESS

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

GARBAGE GRINDER? YES NO

190
3
570

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 190 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 125 feet from the front lot line and 95 feet from the left lot line as seen when facing the property from Florence Road. Run trench(s) along contour toward right side of property. Being certain to remain at least 100 feet from water well.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 7/07/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

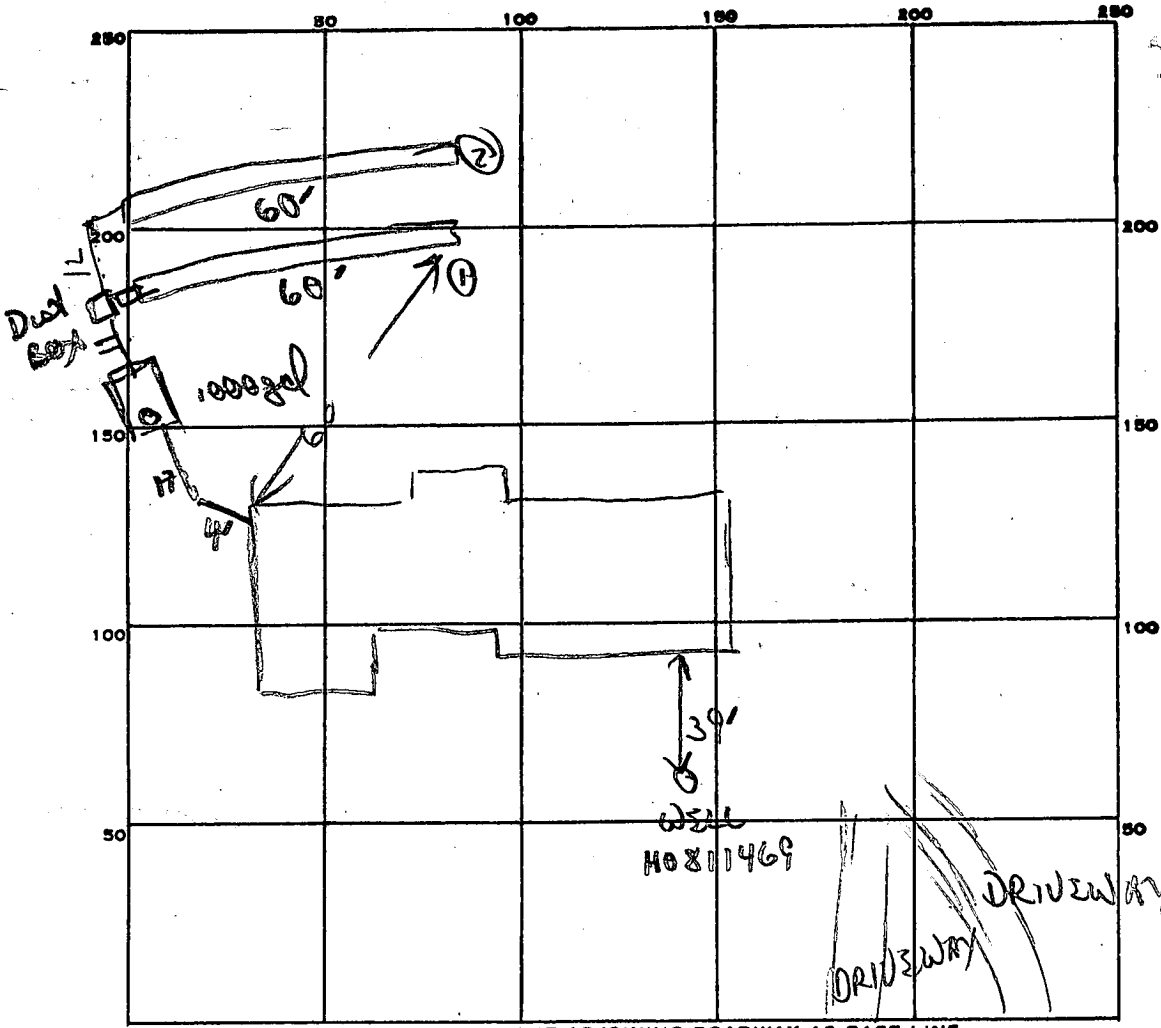
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30404



PERMIT CARD

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS 1 S+T.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 1 2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 1/2 + 5 1/2 IN. TOTAL LENGTH 60 + 60 FT.

NUMBER OF TRENCHES 2

1 SIDE WALL

TOTAL BOTTOM AREA

330 + 360

TOTAL 69060
330
300

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 7/10/86 - OK to add stone pipe paper to trenches 1 & 2

OK to come in at 3 1/2.

7/10/86 OK to finish adding pipe & paper to trench #2 & cover

OK to finish adding stone pipe paper to trench #1

7/11/86 - TRENCHES OK

DATE SYSTEM APPROVED

7/11/86

INSPECTOR

Raymond Jodge

RTE 14

190
3
 570 MIN
 120
5.5
 600
600
 TOTAL 6000
330
300

Pre

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30404

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

Void

DISTRICT 4th

DATE 12/10/79

*Combined Half with Lot 1
& Half with Lot 2*

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 Alice M. Burns

ADDRESS _____ PHONE Boender - 465-7777

PROPERTY LOCATION:

SUBDIVISION (Albert G. Warfield property) LOT NO. 3

ROAD AND DESCRIPTION Florence & Ed Warfield Roads

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Jack Boender for Alice M. Burns

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

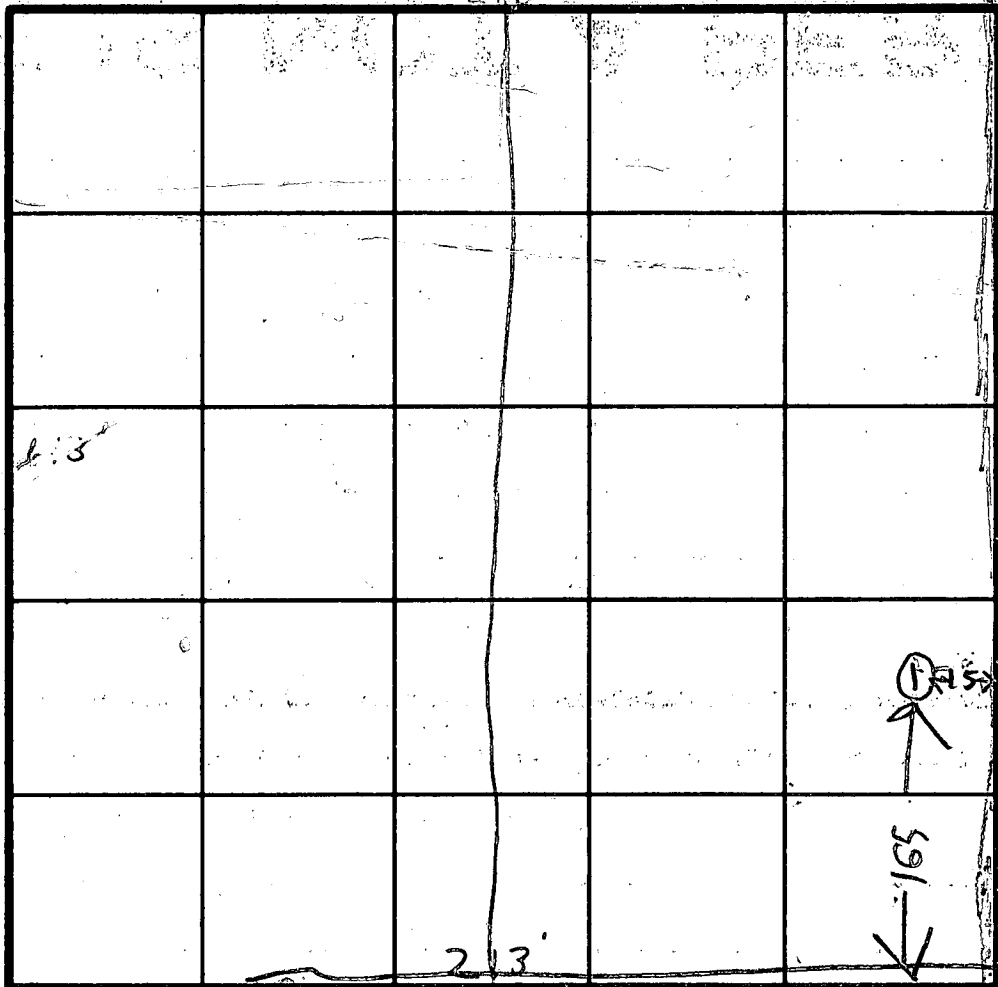
REASONS FOR REJECTION OR HOLDING 1/4/80 - more tests - water BH

THIS IS NOT A PERMIT

#3

SOIL PROFILE

SEE
EACH
HOLE
BELOW



Field sheet
Tests
stake

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ED WARFIELD ROAD

SOIL PROFILE

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-	11/4/80	N	12 1/2	TOP	5 FT	CLAY	BOT 7 1/2	POREUS
-			/				12	FEET
1'-			/					
-			/					
1'-			/					
-			/					
-			/					
-			/					
-			/					
-			/					
-			/					
-			/					

REMARKS { 12/19/89 }
NOTESTS IN AREA; NO COPY GIVEN
OF LOT PER PLATT. C.B.S.

TYPE OF SOIL _____
TESTED BY _____ ALSO PRESENT _____

B 1 5716 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-81-1469
 fill in this form completely

Date Received 07/29/86
OWNER INFORMATION
BURNHAM CONSTRUCTION
 15 Last Name 13 Owner 34 First Name
116 GLENMORE AVE
 36 Street or RFD 55
BALTIMORE MD 21228
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD 8 COUNTY 21
BURNS PROP 23 SUBDIVISION 42
 SECTION --- 44 46 LOT 1 48 50
DAISY 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI

DRILLER INFORMATION
Ralph Mayne 77 License No. 273 80
Ralph Mayne (well drilling) Firm Name
9120 Brown Church Rd. Mt. Airy Address
Ralph Mayne 4/9/86 Date
 Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 N, NE, E, SE, S, SW, W, NW
 (W) is circled
 NEAR WHAT ROAD Florence Rd. 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH, WEST, SOUTH, EAST
 (W) is circled
 DISTANCE FROM ROAD 90 34 37
 ENTER FT or MI FT MI 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 500 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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-30404 COUNTY NO.
 OEP SIGNATURE B. Nelson STATE HEALTH INSERT S
 DATE ISSUED 05/13/86 EXP. DATE 11/13/86
 NORTH GRID 531000 EAST GRID 0776000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 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) _____ 41 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 63
 FORCE RA WRITE INITIALS IN BOX PERMIT No. HO-81-1469
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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
 E 7706
 N 5301
 LOCATION ON
36 FT CASING
20 FT ABOVE GROUND
Florence Rd.
33 FT OPEN HOLE
70 BAGS OF CEMENT
 000 DATE 5-1-86 NAME RUBIN
 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 Florence Rd.
 well 500'
 Daisy
 Howardfield Rd.

C1 00527 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-30404

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 05 21 86
 Depth of Well 210 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1429

OWNER CONSTRUCTION BURNHAM
 STREET OR RFD last name first name TOWN DAISY
 SUBDIVISION BURNS PROP. SECTION LOT 1

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	
Brown Slate	2	20	
Brown Slate	20	25	
Blue Slate	25	40	
Brown Slate	40	45	✓
Blue Slate	45	70	
Brown Slate	70	75	✓
Blue Slate	75	210	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 2 NO. OF POUNDS 200
 GALLONS OF WATER 42
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft.

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE PL 6
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 210

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

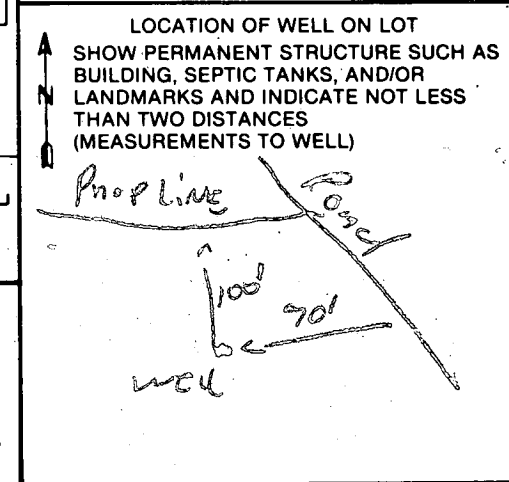
DEPTH (nearest ft.)
 HO 34 210
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 85
 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 (nearest foot)



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. 273
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Page _____ of _____
 Date MAY 21 1986

Review 6/27/86 OK'd (BW)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1469
 Location of property (road) FLORENCE RD
 Subdivision BURNS PROPERTY Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner CONSTRUCTION, BURNHAM

Depth of well 210 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown
 Time pump started 7:45 Pumping rate 9.6 G.P.M.
 Total time 30 min to reach pumping water level 85 ft 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	85 ft	15 sec	—	4 G.P.M.
8:30	85	15		4
8:45	85	15		4
9:00	85 ft	15 sec		4 G.P.M.
9:15	86	15		4
9:30	85	15		4
9:45	85 ft	15 sec		4 G.P.M.
10:00	85	15		4
10:15	85	15		4
10:30	85 ft	15 sec		4 G.P.M.
10:45	85	15		4
11:00	85 ft	15		4
11:15	85 ft	15 sec	4 G.P.M.	

36 ft PL 33 open 7 bags

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Burham Construction
116 Glenmore Ave
Baltimore Md 21225

(Name)

(Address)

HO 81 1469

(OEP Well Permit Number)

4/9/86

(Date)

WSP
7/31/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 37728
Date 9/30/86

Name of Installer WILLIAM PITTINGER

Telephone 848-7621

License number 2126
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner _____ Telephone _____

Subdivision _____ Lot # _____ Well tag # H0-01-1469

Site Address 3370 FLORENCE RD (BP # 70771)

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

2. Make Vault
3. Model # SES05422
4. Capacity 9 GPM

- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth 4'

Tank

- Capacity 42
- Pressure relief valve?

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

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

7/31/86 Pitless Installed AT 42"; well line 42"-50"; well inside work complete; seal

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: William E. Pittiger

Date: 7/31/86

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

