

3-6-87
BM

PERMIT

P 3 P 799

A 27478

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH' DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 2/27/87

INDEXED

DATE SYSTEM APPROVED 3/6/87

05-391962

INSPECTOR (BN)

Monroe Builders

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 3515 Moylan Drive, Bowie, Maryland 20715 PHONE 262-8225

SUBDIVISION Kalmia Farms ROAD 14660 Viburnum Drive LOT 18, Sec. III

PROPERTY OWNER Earl & Mary Wiesman

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Minimum Total Sq. ft. - 632. Trench to be 3 feet wide Inlet 3 feet below original grade. Maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start first trench at a point 85 feet from the front (237') lot line and 265 feet from the left (265') lot line as seen when facing the property from the end of Viburnum Drive. Run trench along level ground, Run second trench parallel to first trench, separated by a 10 ft. earth buffer. (See attached drawing.)

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 1/06/83

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.

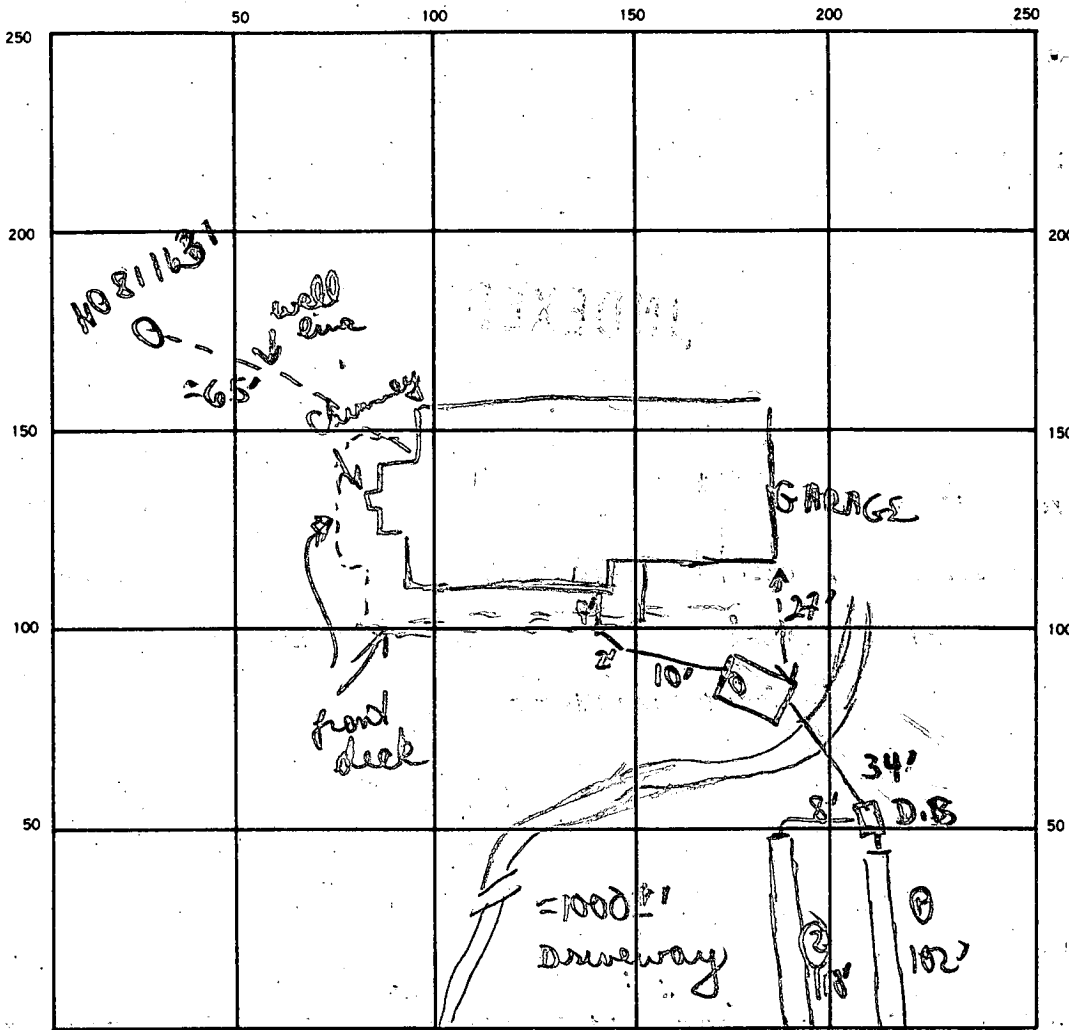
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 27478



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE
 V. BURNUM

SEPTIC TANK LEVEL 1500 gal CLEANOUTS ✓ S.T.

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 2' 5" TRENCH WIDTH 2 FT. INLET DEPTH 3' 3" FT.

EFFECTIVE GRAVEL DEPTH 2' 5" FT. TOTAL LENGTH 102' + 10' FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 306 + 330 SQ. FT.

102
 2
 306
 110
 3
 330

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

ABSORBENT AREA 636 OR SQ. FT.

REMARKS 3/6/87 Driveway will run over pipe between S.T. & dist box.
Part of that will not be impeded
OR to cover trenches 1+2. OR to cover all other work

DATE SYSTEM APPROVED 3/6/87 INSPECTOR B Wilson

3/80
plans
Now #18
Sec II

APPLICATION

Now #17
10/20/79
A

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 27478

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE 1/20/78

A 27478

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Now #18 Sec II
3/80

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER EARL + MARY WIESMAN

Now #17 10/21/79

ADDRESS _____ PHONE _____

PROPERTY LOCATION: 14660 VIBURNUM DR.

SUBDIVISION Kalmia Farms Sec 2 LOT NO. 20 Sec 2

(19 9/13/79)
#

ROAD AND DESCRIPTION _____ BLDG. PERMIT SIGNED AND RETURNED _____

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 _____ BLDG. PERMIT SIGNED AND RETURNED 9-22-86 S. Abel
BP# 72452

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

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

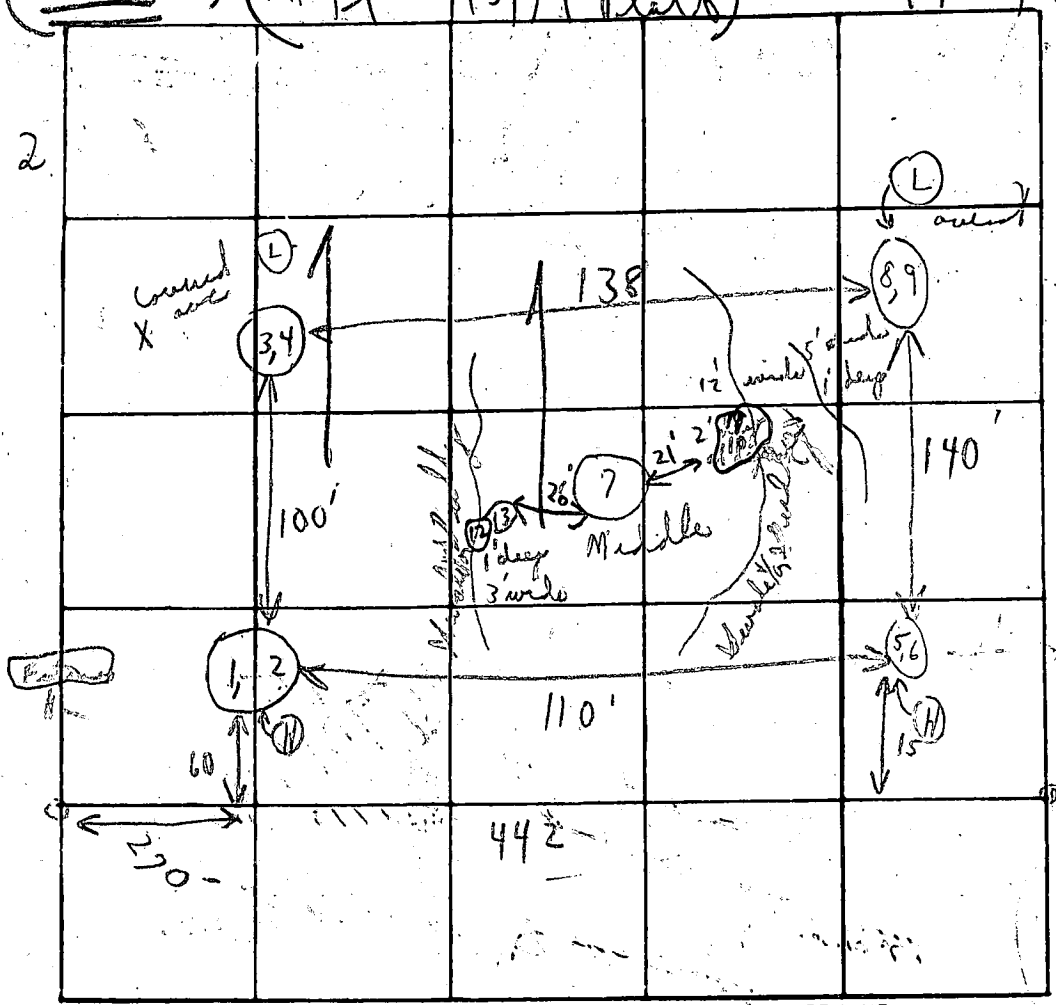
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/20/79 for improvement
A.M. 3/21/79. Need to test at deepest part of swale
+ still be considered by office per W.M.
C.B.S.

THIS IS NOT A PERMIT

~~20~~ (#183/80) (#19 7/13/79 plat) #19 10/29/79

#18 SEC. 2



Field sheet
Tests not per stake

see plat

inlet 3 to 6' bottom
3' gravel
2' wide hole

1584/B.R.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile
Below clay
sandy
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/20/79	1	3'	1:16	1:19	1:19	1:22	3m
	2	7 1/2'	1:17	1:19	1:19	1:23	4m
	3	2 1/2'	1:20	1:22	1:22	1:24	2m
	4	7'	1:20	1:22	1:22	1:24	2m
	5	3'	1:28	1:30	1:30	1:36	6m
	6	9'	1:28	1:30	1:30	1:31	1 1/2 m
	7	10'	Visual		similar to other		
	8	3'	1:29	1:31	1:31	1:37	6m
	9	7 1/2'	1:27	1:31	1:31	1:37	6m
3/21/79	10	2 1/2'	1:50	1:51	1:51	1:54	3m
	11	7'	1:50	1:52	1:52	1:59	5m

inlet 3'

4 min avg.

Tests at deepest part of swale

12 Tests 2 1/2' to 7' diam
13 Tests in open field Hold for supervisor to P.W.M. or F.F.

TYPE OF SOIL

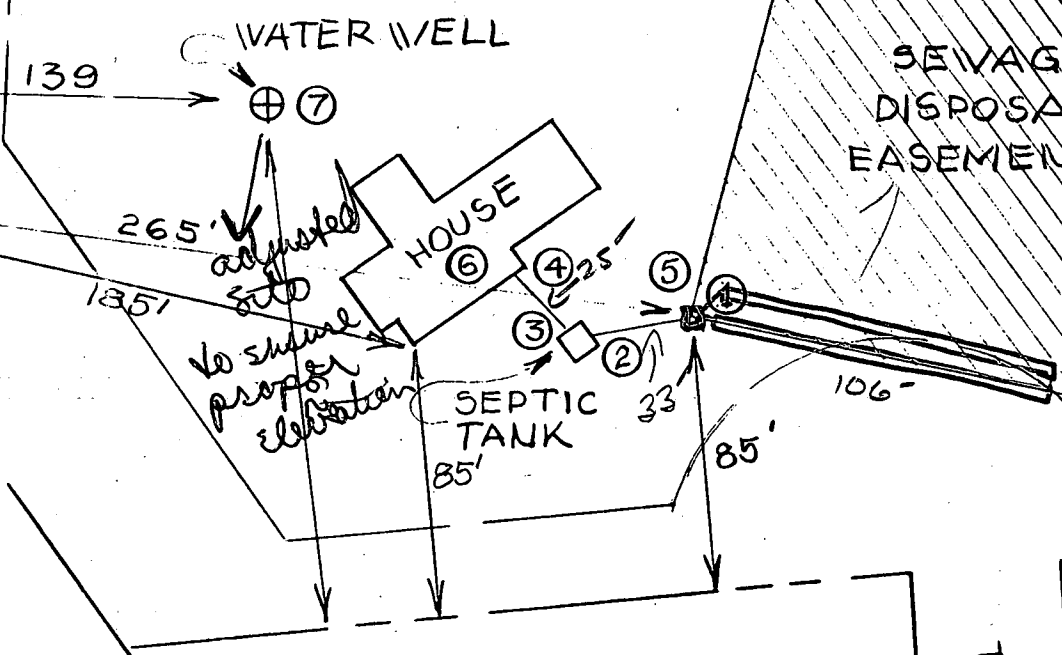
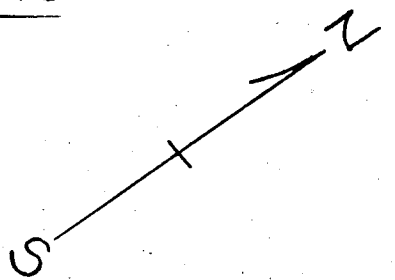
TESTED BY

C. B. ✓

ALSO PRESENT:

Dixon
+ Allen

LOT 18



- ① ELEVATION AT DISTRIBUTION BOX (100') (INVERT ELEV.)
- ② INVERT ELEV. (OUT OF) SEPTIC TANK (100.75')
- ③ INVERT ELEV. (INTO) SEPTIC TANK (101.0')
- ④ INVERT ELEV. (OUT OF) HOUSE (101.5')
- ⑤ ORIGINAL ELEV. AT TIME OF PERC. TEST (103.0)
- ⑥ 1ST FLOOR ELEV. (105.5') BASEMENT ELEV. (96.0')
- ⑦ WATER WELL EXIST. ELEV. (98.0')

SCALE: 1" = 60'

8-21-84
elevations
ok

158 ABR
3-5
3' WIDE
4BR

BLDG. PERMIT SIGNED
AND RETURNED 9-22-84

S. Abel

BP# 2452

BLDG. PERMIT SIGNED
AND RETURNED _____

BP# 72452

TO VIBURNUM
DRIVE

811 FE OF TRENCH
(2-106' TRENCHES)

C1 **5262** 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 27478**

DATE RECEIVED
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
07 22 86

Depth of Well
225 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-1631

OWNER **BUILDERS** **MONDOE**
 STREET OR RFD **VISORNO DR.** TOWN **DAYTON**
 SUBDIVISION **KALMIA FARMS** SECTION **2** LOT **18**

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	
SAND	0	55	
Gray Micaceous Rock	55	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1922**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** 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) **60**

OTHER CASING (if used)
 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
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **10** **59** **225**
 2
 3

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. **238**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **37**
 WHEN PUMPING **109**
 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) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - 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)

Health

B 1 **5211** 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

HC-81-1631

fill in this form completely

OWNER INFORMATION

Date Received: 7/20/86

MONADOE - PHILIPERS
 3515 N. W. L. A. P. DR.
 HOWIE - 1020715

LOCATION OF WELL

8 COUNTY: HOWARD
 23 SUBDIVISION: RIVINGTON
 SECTION: 2 LOT: 18
 52 NEAREST TOWN: DAYTON
 MILES FROM TOWN: 3 MI

DRILLER INFORMATION

Joseph H. Wayne
 238
 Joseph H. Wayne Well Drilling
 5512 Ridge Rd. Mt. Airy, Md. 21111
 7/22/86

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

WILKINSON ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST

DISTANCE FROM ROAD: 80 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 3
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
 A-27478 COUNTY NO.
 OEP SIGNATURE: [Signature]
 DATE ISSUED: 08/18/86
 STATE HEALTH INSERT S: 02/18/87
 NORTH GRID: 5006000 EAST GRID: 0140000

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)

APPROXIMATE DEPTH OF WELL: 280 FEET

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

7902
 5006

Location looks ok. No stakes. 60' casing drill. 1' - brown m. 50' - open. 13' - tap cement. 9/22/86

APPROXIMATE DIAMETER OF WELL: 6 INCH

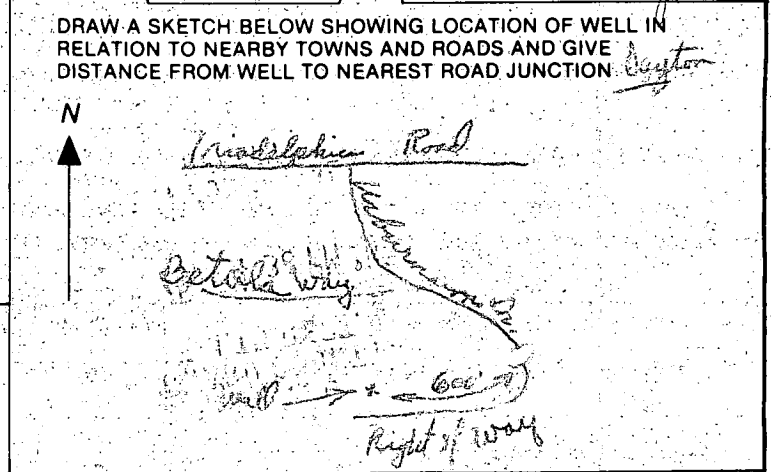
METHOD OF DRILLING (circle one)

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: [Signature] WRITE INITIALS IN BOX PERMIT NO.: HC-81-1631

SPECIAL CONDITIONS

