

2.0
11:00 a.m.
10-25-96

05-410649

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57341

A 38579

DISTRICT 5th

DATE 10/21/96

DATE SYSTEM APPROVED 10/25/96

INSPECTOR DKS

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Twelve Hills - Sec. 3 LOT 27 ROAD 13052 Twelve Hills Road

PROPERTY OWNER Patrick T. McHale

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - When facing the lot from Twelve Hills Road, place the distribution box 220 feet down the right lot line (944.76') and 45 feet off the same lot line. Run trenches on contour toward the right (944.76') lot line. MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/20/96 DKS

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 08/19/96

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

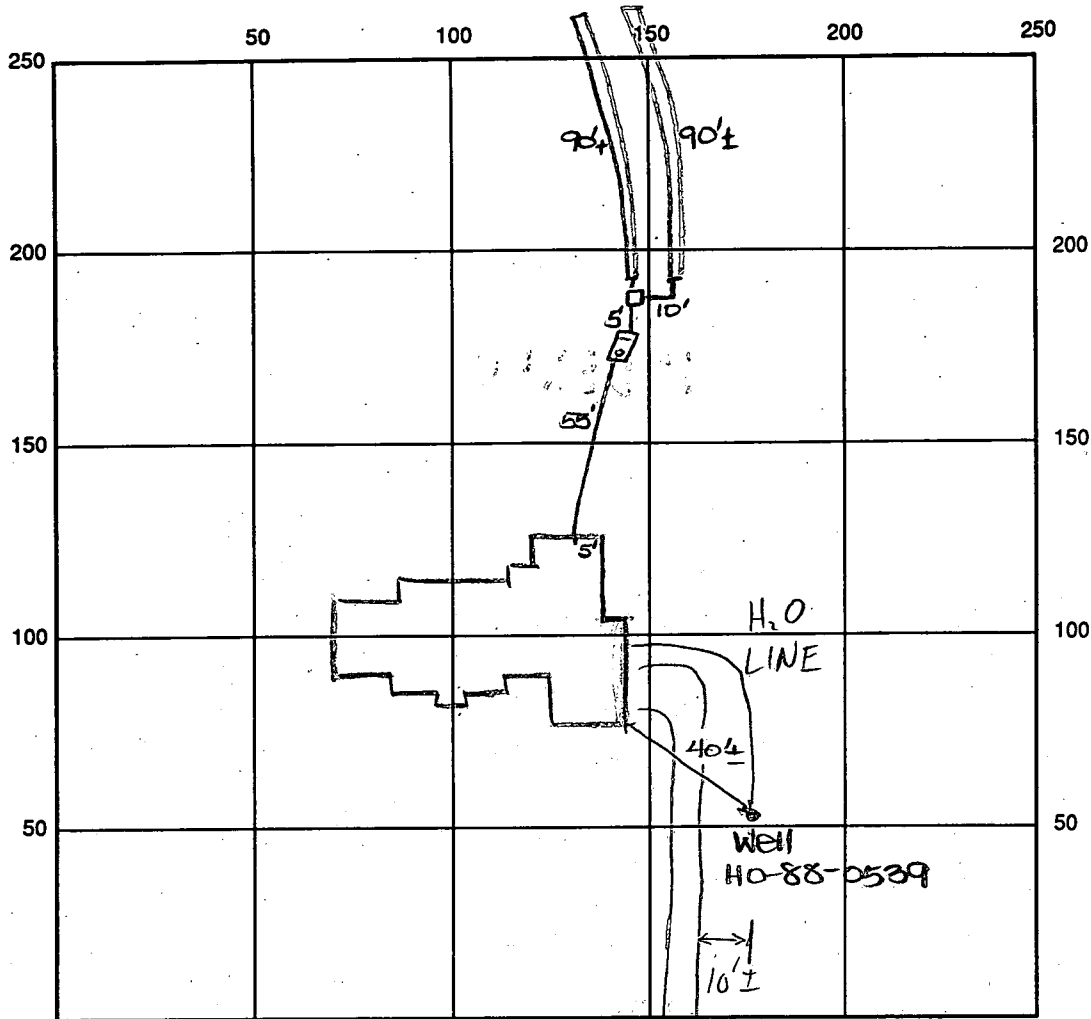
PERMIT VOID AFTER TWO YEARS

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 PVA 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**

A
38579



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Twelve Hills Road

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH _____ FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2 x 90+ FT. → 180+

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 10/25/96 FINAL INSP - OK TO COVER WORK AS
completed. house connection made. sufficient
materials at site. DKS

DATE SYSTEM APPROVED 10/25/96 INSPECTOR DOUCE & SOE

APPLICATION

38579
~~38578~~
~~38578~~

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5
DATE 12/17/86

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 Altogether Limited Partnership Patricia T. M. Hale
ADDRESS 10170 Baltimore National Pike Suite 212 PHONE 410-792-2743
465-5855

PROSPECTIVE BUYER _____
ADDRESS 10/10/88 Use results of PHONE LOT 27 Revised Final Preliminary

PROPERTY LOCATION: This perc for lot 26 original
SUBDIVISION Altogether Twelve Hills Sec. 3 LOT NO. LOT 1 Preliminary
paper work cannot be located

ROAD AND DESCRIPTION Linden Church Rd + Rt 32 should be original
(13052 Twelve Hills Road) LOT 20 Sec 2 Altogether

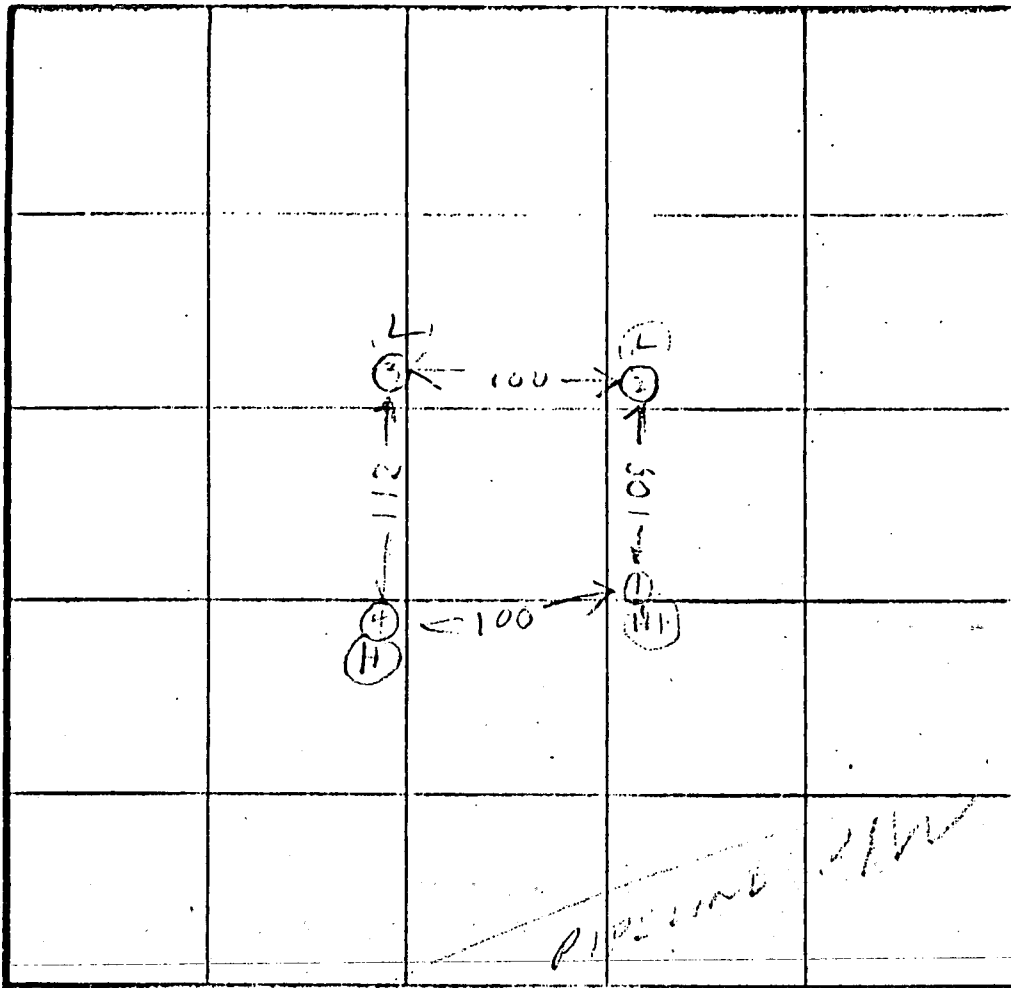
TAX MAP 28 PARCEL # 66
SIZE OF LOT 3 acres TYPE BLDG SFD - 4 Boms.
BLDG. PERMIT SIGNED AND RETURNED 2/2/96
Serial # 63310
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Mark S. Reed
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____
REASONS FOR REJECTION OR HOLDING 2/17/97 Perc OK Hold for Part

THIS IS NOT A PERMIT



HOLE ELEVATION
 (1,4) = HIGH
 (2,3) = LOW

X Perc 3min
 Inlet 3.5
 Bottom 7.5
 160 # 1BR

SOIL PROFILE

0
 3

RED CLAY
 PINK BROWN
 YELLOW SAND
 LUMP

12
 (3)

BROWN CLAY
 PINK BROWN SAND LUMP

(4)

CLAY
 PINK YELLOW BROWN SAND LUMP

DATE	TEST NO	DEPTH	PRE SET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/17/87	17	8	200	202	202	204	2
2/17/87	18	4.5	200	202	202	204	2
2/17/87	19	12	OK				
	25	5	210	212	212	215	3
	26	11	OK				
	33	11.5	219	216	216	218	2
	34	12	OK				
	43	4	219	221	221	223	2
	44	12.5	OK				

~~max
 Jam
 2min
 max
 Depth
 3FT~~

REMARKS: Holes Pkg Per Survey Plat

TYPE OF SOIL: _____

TESTED BY: B. HOUSE

ALSO PRESENT: OK DATE CLAY

C1 **6716** SEQUENCE NO. (DENV USE ONLY)
 (THE NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON AZL 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-38577**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **042589** Depth of Well **365** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **AO-88-0539**

OWNER **ALTOGETHER LTD. PART.** last name **TWELVE HILLS** first name **RTD.** TOWN **DAYTON**
 STREET OR RFD **TWELVE HILLS I** SECTION **3** LOT **27**
 SUBDIVISION **TWELVE HILLS I**

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	
Shale	2	30	✓
Mika	30	55	
Sandstone	55	65	✓
Mika	65	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **710**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing TYPE **PL** (nearest inch) Total depth of main casing (nearest foot) **38**

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.)
 EACH SCREEN **HO** **35** **367**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

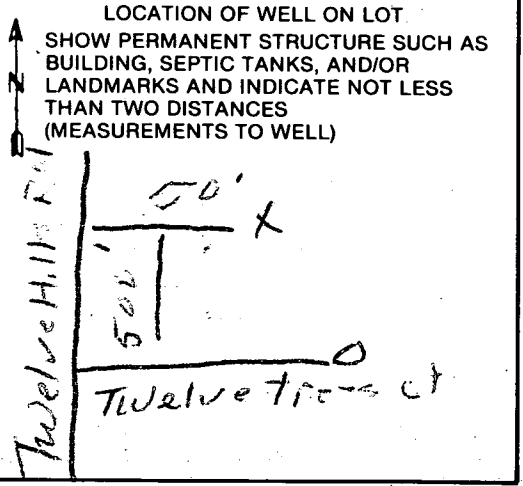
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS 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. **H53**
 DRILLERS SIGNATURE **Frank H. L...**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) 70 72
 WQ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **20** WHEN PUMPING **130**
 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**
 (CIRCLE) (YES or 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**



Page of
 Date 4/25/89

Review ^{OK} 5/23/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0539
 Location of property (road) TWELVE HILLS
 Subdivision TWELVE HILLS Lot 27 Block - Plat - Sec. 3
 Well Driller FRANK DELPH Owner ALTOGETHER LTD. PART.

Depth of well 305'
 Distance of measuring point (M.P.) above ground 2 ft'
 Static water level (S.W.L.) below M.P. 20 ft'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 G.P.M.
 Total time 30 min to reach pumping water level 180 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)
7:30	180 ft	30 sec	N/A	2 G.P.M.
7:45	180 ft	30 sec		2 G.P.M.
8:00	180 ft	30 sec		2 G.P.M.
8:15	180 ft	30 sec		2 G.P.M.
8:30	180 ft	30 sec		2 G.P.M.
8:45	180 ft	30 sec		2 G.P.M.
9:00	180 ft	30 sec		2 G.P.M.
9:15	180 ft	30 sec		2 G.P.M.
9:30	180 ft	30 sec		2 G.P.M.
9:45	180 ft	30 sec		2 G.P.M.
10:00	180 ft	30 sec		2 G.P.M.
10:15	180 ft	30 sec		2 G.P.M.
10:30	180 ft	30 sec		2 G.P.M.
10:45	180 ft	30 sec		2 G.P.M.
11:00	180 ft	30 sec		2 G.P.M.
11:15	180 ft	30 sec		2 G.P.M.
11:30	180 ft	30 sec		2 G.P.M.
11:45	180 ft	30 sec		2 G.P.M.
12:00	180 ft	30 sec		2 G.P.M.
12:15	180 ft	30 sec		2 G.P.M.
12:30	180 ft	30 sec		2 G.P.M.
12:45	180 ft	30 sec		2 G.P.M.
1:00	180 ft	30 sec		2 G.P.M.
1:15	180 ft	30 sec		2 G.P.M.

HD-2241:30

180 ft 30 sec

2 G.P.M.

38 PL 35 gpm 9 Berge

10/29/96
after 9:30

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
Replacement

Receipt # _____
Date _____

Name of Installer ROBERT HOFSTETTER

Telephone 410-531-3311

License Number 4450
Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner PATRICK T McHALE
Subdivision TWELVE HILLS Lot # 27
Site Address 13052 TWELVE HILLS

Telephone 440-792-2743
Well Tag # HO-88-0539

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make GOULDS
- Model # 76507422
- Capacity 7 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 _____
- RPM _____
- Voltage 240
 - 110 _____
 - 220

Pitless Adapter

- Make Campbell
- Model # B-10X
- Depth 42"

Tank

- Capacity 45 GALLONS
- Pressure relief valve? YES

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? NO

P.A. OK 3-4' B.G.
10/30/96 MR 2-PIECE CAP NEEDED
SUPERINTENDENT ADVISED

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).

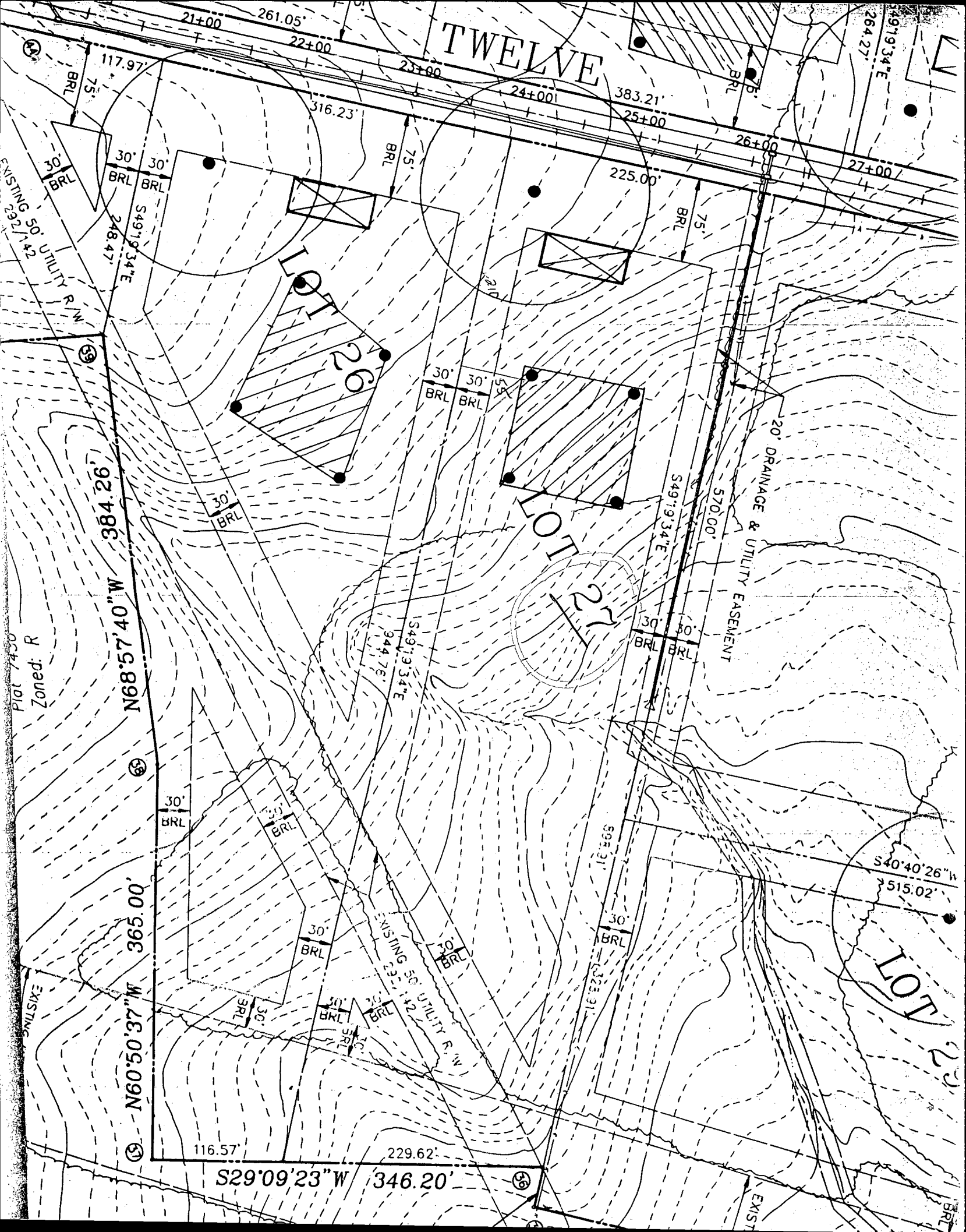
All information given above is true to the best of my knowledge.

Signature of Applicant: Robert J. Hofstetter

Date: 10/28/96

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

TWELVE



EXISTING 50' UTILITY R/W

Plot 7450
Zoned: R

EXISTING

20' DRAINAGE & UTILITY EASEMENT

$S40^{\circ}40'26''W$
515.02'

LOT 29

$N68^{\circ}57'40''W$ 384.26'

$N60^{\circ}50'37''W$ 365.00'

$S29^{\circ}09'23''W$ 346.20'

$S49^{\circ}19'34''E$ 570.00'

$S49^{\circ}19'34''E$ 944.75'

$S95^{\circ}31'13''E$ 1322.31'

$S49^{\circ}19'34''E$ 248.47'

316.23'

383.21'

117.97'

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

21+00

261.05'

22+00

23+00

24+00

25+00

26+00

27+00

28+00

29+00

30+00

75' BRL

75' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

292.142

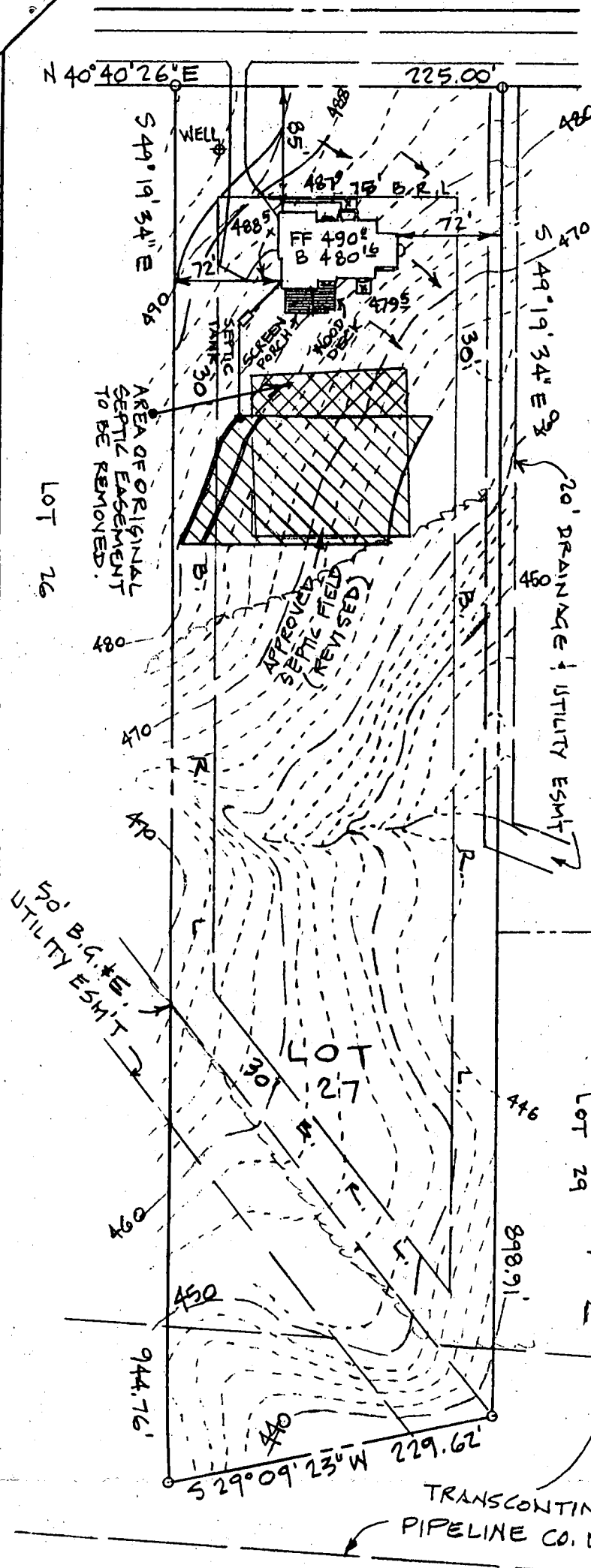
7450

EXISTING

EXIST

BRL

TWELVE HILLS ROAD



SEPTIC DATA

HOUSE FIN. FLOOR	490°
" BSM'T	480 ¹⁶
" SEWER INV.	478 ⁵
SEPTIC INV. IN	478°
TANK " OUT	477 ⁷
" FIN. GR.	484 ⁵
DISTR. INV. IN	476 ⁵
BOX FIN. GR.	480°
WATER EX. GR.	492°
WELL FIN GR.	492°

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

Approved Septic System Plan
Howard County Health Department
REVISION

Mark E. Rifkin 8/16/96
Signature Date

NOTE:

1. RECORD PLAT NO 8548
2. LOT SIZE: 4.7616 AC.
3. PLAN REVISED 8/16/96.

By copy of this plan,
the Health Dept. accepts
this modification to the
recorded sewage easement.

ENGINEER

JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21228
410-744-1945

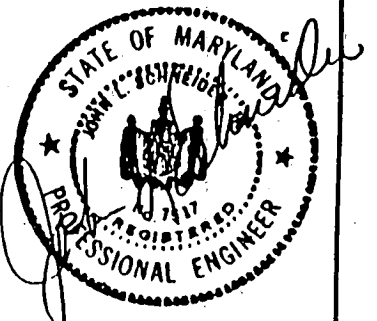
GRADING STUDY

LOT 27 SECTION 3 " TWELVE HILLS "

5TH ELECTION DISTRICT
HOWARD COUNTY - MD.

SCALE: 1" = 100'

DATE: 12/6/95 *



* REVISED 8/16/96 TO SHOW 9' REARWARD SHIFT OF HOUSE AND SEPTIC FIELD ADJUSTMENT.