

10-17-96
A.M.
10-23-96
AFTER CONCLD (1-2)
C.O. AM - 10/24/96

PERMIT

05-407222

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 57324

A 38589

DISTRICT 5th

DATE 10-15-96

DATE SYSTEM APPROVED 10/24/96

INSPECTOR JS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XX 461-9933 313-2640

WTC III Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, MD 21797 PHONE 410-489-4457

SUBDIVISION Twelve Hills LOT 19 ROAD 13031 Twelve Hills Road

PROPERTY OWNER Greenfield Home, Inc.

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 - Place the first trench 25 feet from the front lot line and 60 feet off the left lot line as seen when facing the lot from Twelve Hills Road. Run trenches on contour toward the front lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/1/96 DKS

PLANS APPROVED BY S. Abel/Donna K. Soe

REVISED DATE 5/21/96

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

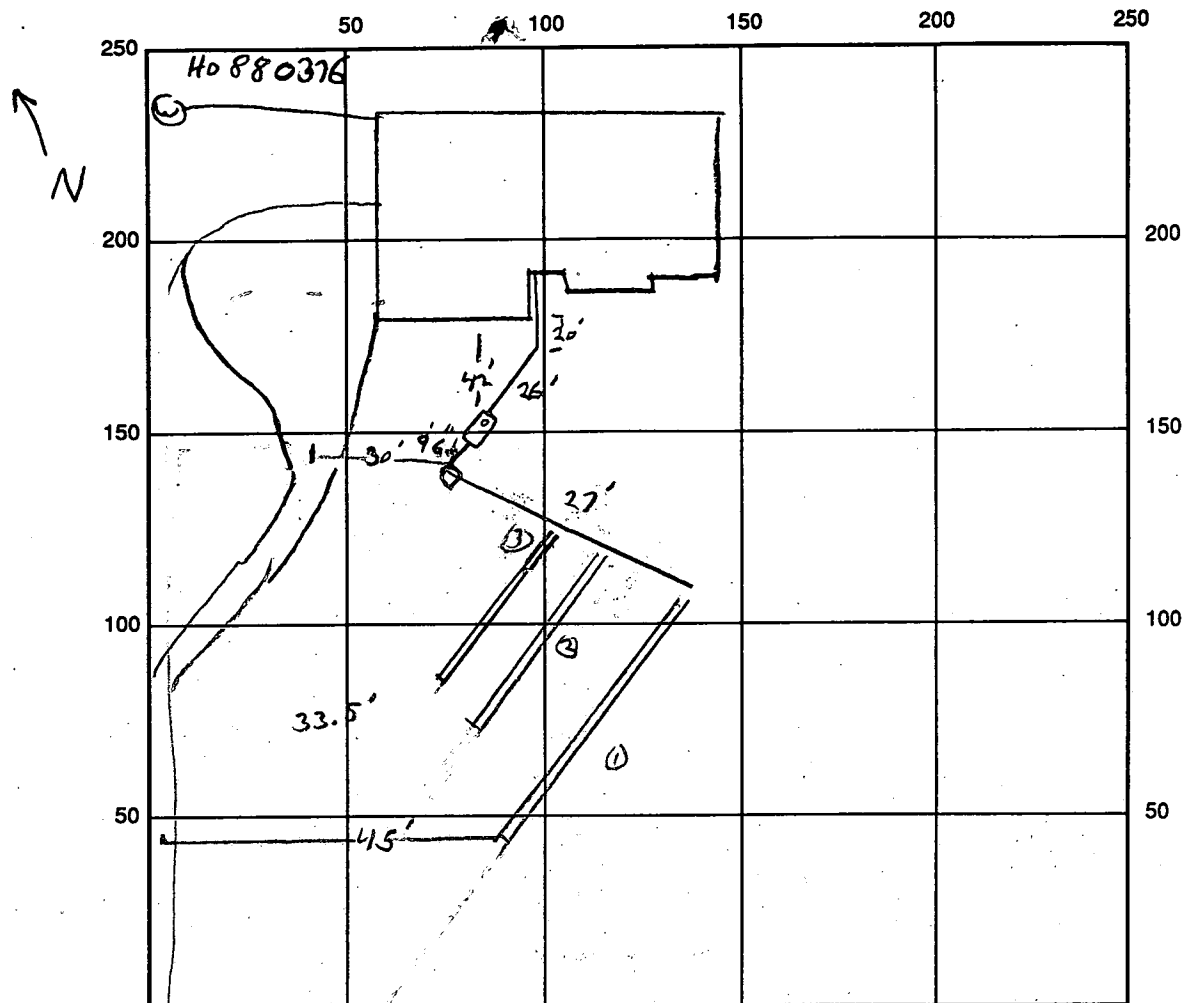
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



79
 63
 139
 41

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Twelve Miles Road

SEPTIC TANK LEVEL OK TO COVER CLEANOUTS on tank OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{1}{2} \times \frac{2}{3} = \frac{1}{3}$ 79/80/43 FT. = 182

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 546 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10-17-96 OK TO STONE TRENCHES 1 AND 2, LEAVE ENDS OPEN.
10/23/96 OK TO COVER 1ST 2 TRENCHES. NEEDS HOUSE CONNECTION.
10/24 HOUSE CONNECTION OK, THIRD TRENCH OK

DATE SYSTEM APPROVED 10/24/96 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

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

A 38589

P _____

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 ~~Attogether Limited Partnership~~ ^{Greenfield Homes} ~~Piedmont~~

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Twelve Hills Lot 19 Final Lot 19 Sec 2

SUBDIVISION ~~Attogether Twelve Hills Sec 2~~ LOT NO. NEW 6 (April 87)
27

ROAD AND DESCRIPTION Linden Church Rd + Rt 32 13037 Twelve Hills Rd
13031

TAX MAP 28 PARCEL # 66

SIZE OF LOT 3 acres TYPE BLDG. _____

BLDG. PERMIT SIGNED
AND RETURNED 6-5-96
Serial # 65170
SFD 4 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCERTABLE 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.

Mal S Reil
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Alup FOR Deuphuch DATE 6-18-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/4/87 hold for per. SBA

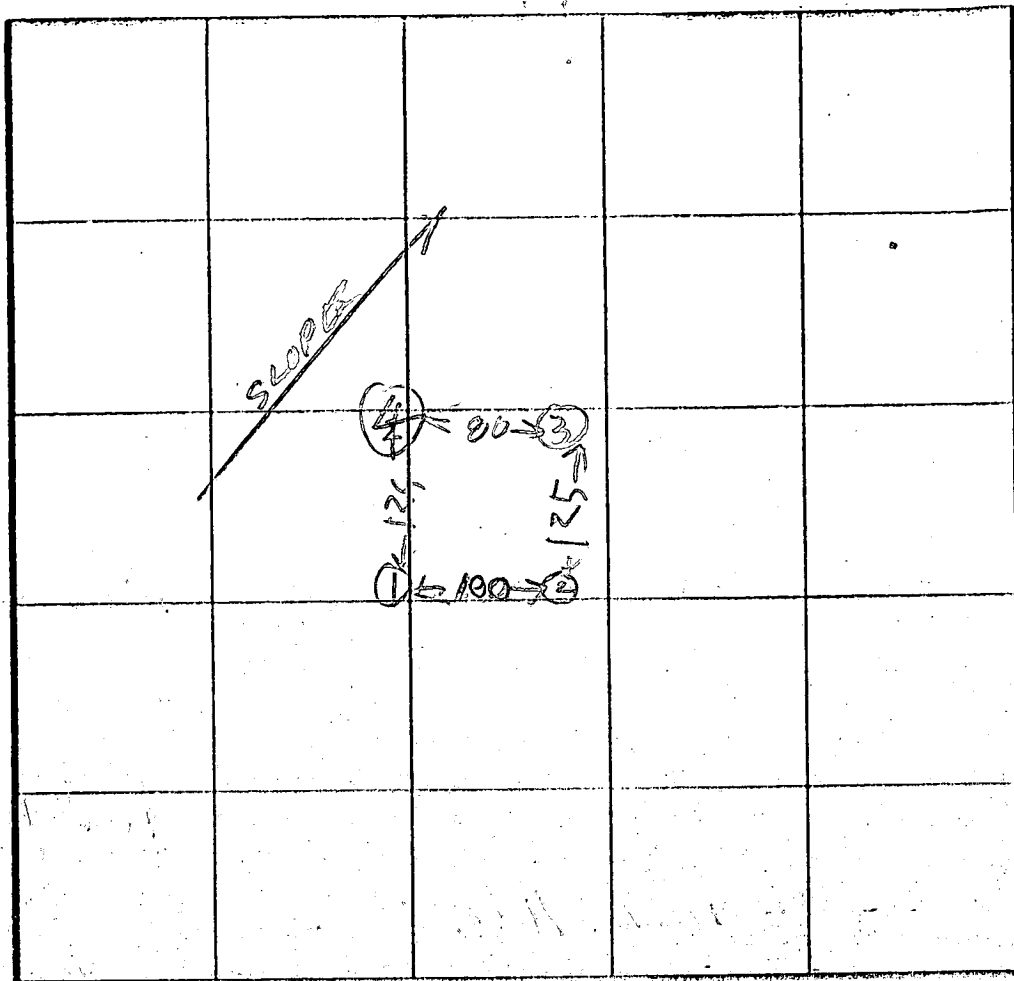
BLDG. PERMIT SIGNED
AND RETURNED 6-19-89
BP 27016 8A

THIS IS NOT A PERMIT

10927

SOIL PROFILE

BROW
CLAY &
TOPSOIL
PINK
TAN
SAND
LOAM



HOLE
ELEVATION

SLIGHT
SLOPES

① 21+16H

② ④ MODER

③ 2 LOW

X PRC 5min

180° 132

INLET 4 3.5

BOTTOM 5 8.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LINDEN CHAPEL

MD

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/30/87	1 S	4.5	343	348	348	352	4
	1 D	8	345	350	350	355	7
1/30/87	1 V	12 1/2	OK				
11	2 S	4.5	353	358	358	405	7
	2 V	12	OK				
11	3 S	5	400	402	402	402	4
	3 V	11	OK				
11	4 S	5	408	409	409	411	3
	4 V	12	OK				

av
und
5min
max
depth
4ft

REMARKS

Holes not dug per Surveyor's Sketch Plan (see 86)

TYPE OF SOIL

TESTED BY

R. HODGES

ALSO PRESENT

MARK

DAVID

2K ETTERMAN

C 1	6672	SEQUENCE NO. (DENV 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	38589

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	15 20	22 26	FROM "PERMIT TO DRILL WELL"
	C33089	205	H0-88-0376
		(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37

OWNER	ALTOGETHER LIMITED		
STREET OR RFD	last name	first name	TOWN
	TWELVE HILLS RD		DRYTON
SUBDIVISION	SECTION	LOT	
TWELVE HILLS	2	19	

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	
Sandy	2 68	✓
Gravel/Stone	68 95	
MICKA	95 100	
Sand Spas	100 105	✓
MICKA	105 205	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes	no
☒ Y	☐ N
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
☒ CM	☐ BC
NO. OF BAGS	NO. OF POUNDS
17	1000
GALLONS OF WATER	
10	
DEPTH OF GROUT SEAL (to nearest foot)	
from	ft. to
0	39
48 TOP	52 BOTTOM
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	STEEL	CONCRETE
	☒ ST	☐ CO
	PLASTIC	OTHER
	☐ PL	☐ OT
MAIN Casing		
Nominal diameter	Total depth	
top (main) casing	of main casing	
(nearest inch)	(nearest foot)	
TYPE		
☒ PL	☐ L	☐ 80
60 61	63 64	66 70

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

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

C 2	
DEPTH (nearest ft.)	
1	2
1	2
8	9
11	15
17	21
23	24
26	30
32	36
38	39
41	45
47	51
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56	60
from	to

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)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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		
40		
WHEN PUMPING		
69		
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	
- below	
LAND SURFACE (nearest foot)	
50 51	

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)

well 300'

120'

100'

10/15/96 2PM

OK 88
NEEDS SEALED
CAP

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 X
Replacement _____

Receipt # _____
Date _____

Name of Installer William T Cumberland

Telephone _____

License Number 7979

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner _____

Telephone _____

Subdivision Twelve Hills Lot # 19

Well Tag # 40-94-0376

Site Address 13031 Twelve Hills Rd

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
2. Make _____
3. Model # _____

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No X

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Tank

1. Capacity 40
2. Pressure relief valve? yes

Piping

1. Type Plastic
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 4 ft

Well data

1. Depth 205 ft.
2. Yield 10 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? no

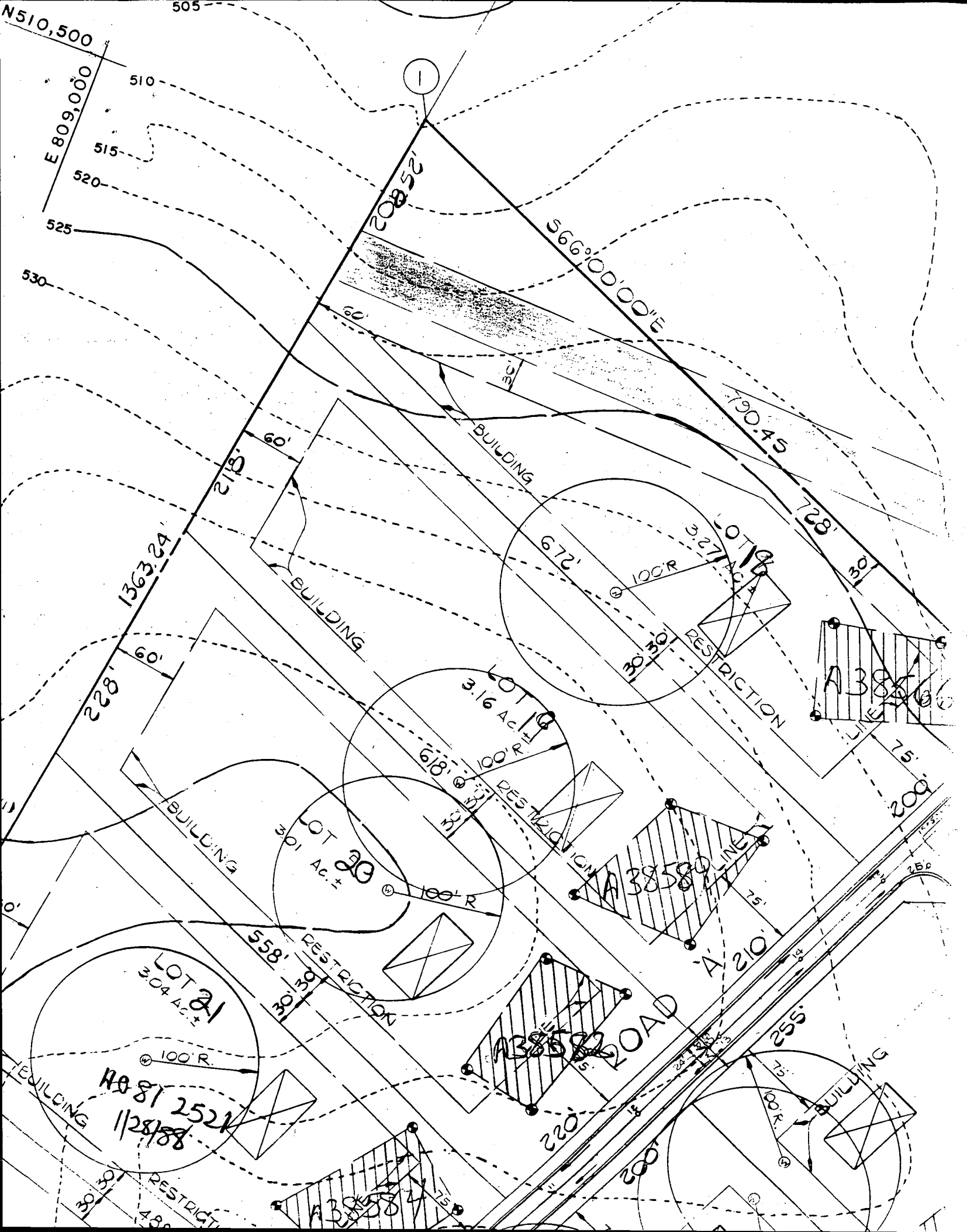
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

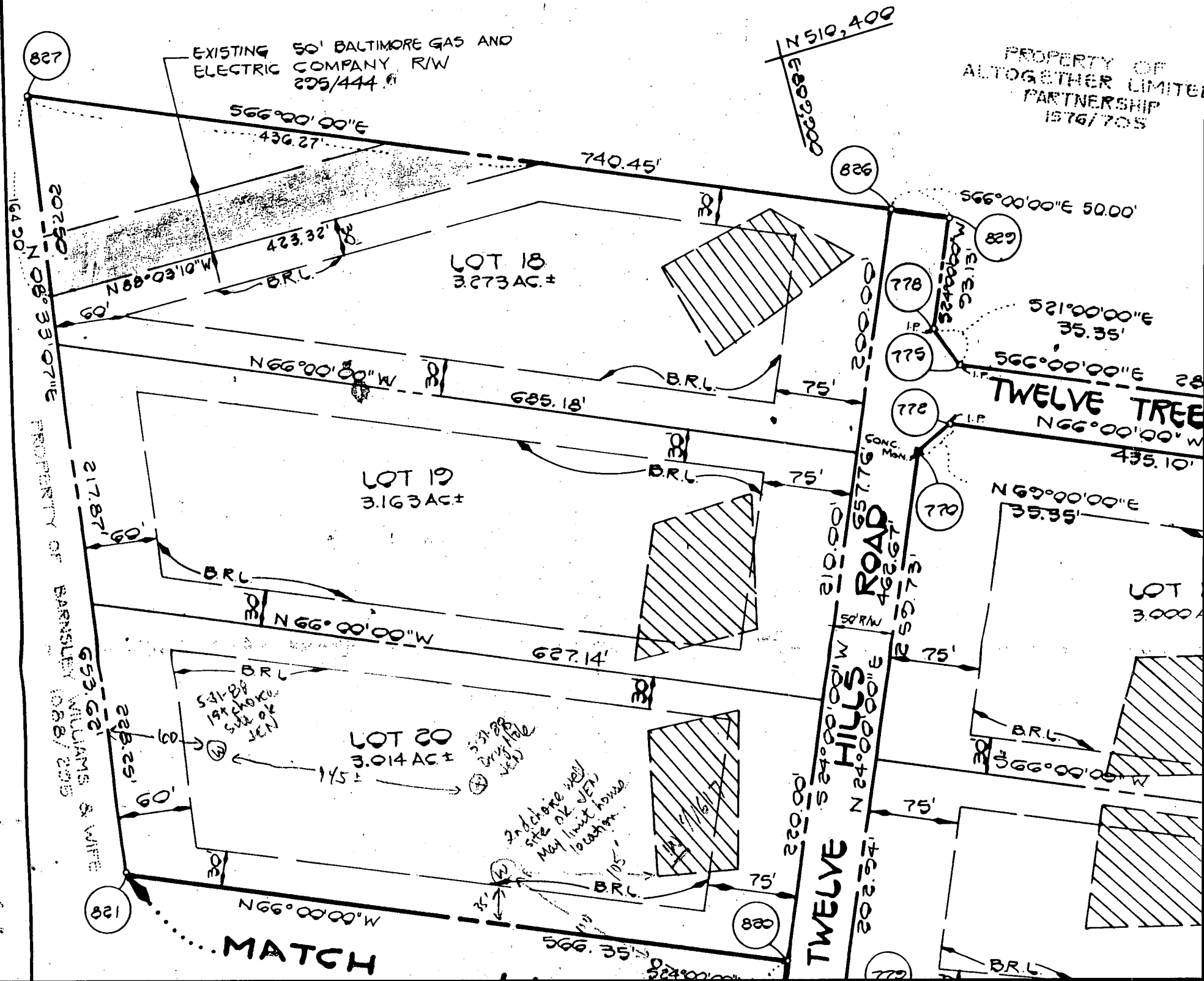
All information given above is true to the best of my knowledge.

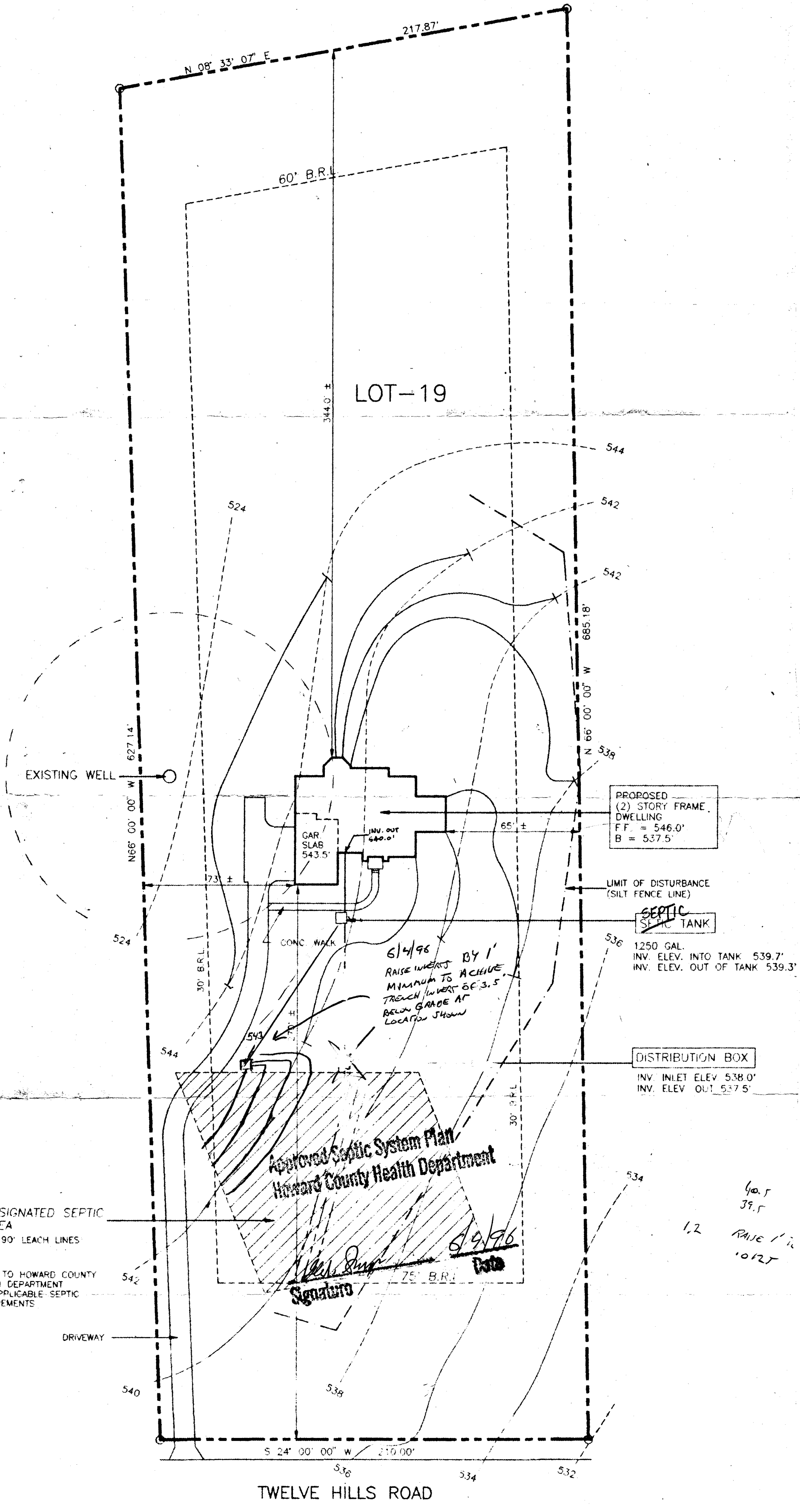
Signature of Applicant: William T Cumberland

Date: Oct 15 1996

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

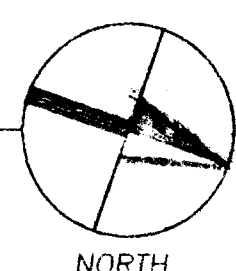






SITE PLAN

SCALE: 1" = 40'-0"



NORTH