

4/30/91
#410738
File
4/30/91 P.C.O. C.B.D.
P 46941
A 39915

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DISTRICT 5th

DATE 3/28/91

DATE SYSTEM APPROVED 4/30/91

INSPECTOR C.B.D.

To → (FYOCK) ✓
W. J. K Construction Group, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4213 Bar Harbor Pl. Olney, Maryland 20832 PHONE

SUBDIVISION Twelve Hills LOT 34 ROAD 13094 Twelve Hills Road

PROPERTY OWNER W. J. K Construction Group, Inc Jim + DENISE Cioffi

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 460 feet down the right (570) lot line and 100 feet off the same line as seen when facing the lot from Twelve Hills Road. Run trenches on contour toward the right rear (162.05') lot line. Maintain a minimum of 100 feet from the well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 3/19/91 JH

PLANS APPROVED BY Jane E. Nadeau cm DATE 05/01/89

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

BLDG. PERMIT SIGNED
AND RETURNED 7/11/91
Seval# 38846 - deck

A 39915



DATE SYSTEM APPROVED 4/30/91 INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

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

9-3-87 Percs ok
pending plat approval JEN

A 39915

P _____

DISTRICT 5TH

DATE 8-19-87

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 Alfred Bassler / Kervin Homes, Inc

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE 34 Final

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. 23 18

ROAD AND DESCRIPTION Kinden Church Rd 13094 Twelve Hills Road

TAX MAP 28 PARCEL # 49

SIZE OF LOT 3 acres TYPE BLDG. SFD
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-3-87 for perc hole location & subdivision plat approval
JEN

BLDG. PERMIT SIGNED

AND RETURNED

7/25/89

Serial # 27570-4Bub SFD

THIS IS NOT A PERMIT

Highest
Low

E
B
A
D
C

A 39915

(A)
SOIL PROFILE

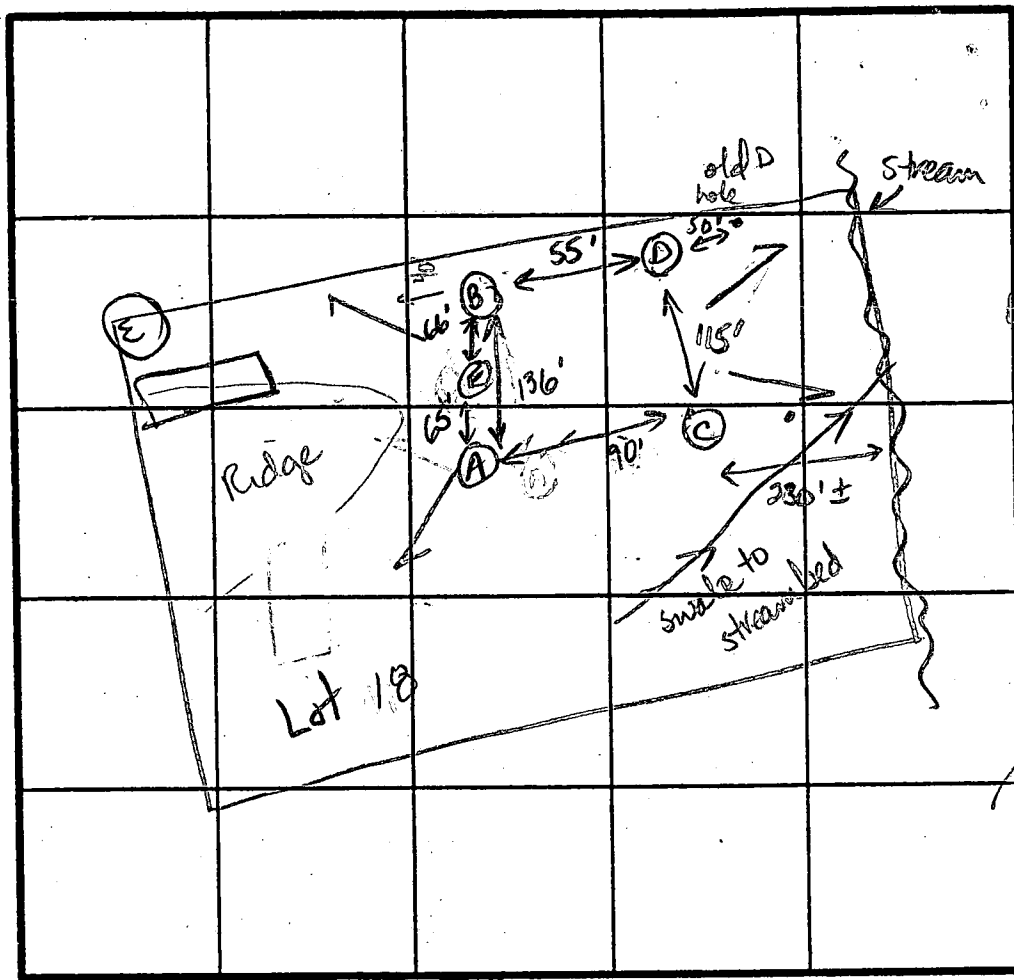
0-2.5 Brown
sa si lm
2.5-12.5 Brown
silty sand,
trace of
decomposed
granite
12.5 Bottom

(C)

0-5.6 Brown
sa si lm
5-12.0 Brown
mica
sandy
loam
12.0 Bottom

(D)

0-11.5 Brown-
tan sa
si lm,
trc decomp
quartzite
2 15%
11.5 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(B)
0-4 Br sic
lm
4-10 Br mica
sa si lm
10.0 Bottom

(E)

0-4.0 Brown sa
si lm,
trc qtz
4.0-13.0 Tan
sa si lm
Bottom

X Perc 3mm
180.0/BA
INlet 3"
Bottom 5"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-3-87	A	3.5 S	3:05	3:07	3:07	3:09	2
		12.5 D	Bottom (see profile)				
	C	2.5 S	3:16	3:21	3:21	3:25	4
		12.0 D	Bottom (see profile)				
	D	11.5 V	(see profile)				ok
	B	4.0 S	3:31	3:33	3:33	3:35	2
		8.0 M	3:31	3:33	3:33	3:35	2
		10.0 D	Bottom (see profile)				
	E	13.0 V	(see profile)				ok

REMARKS

Holes moved uphill to keep 200ft from stream. Can move
B upslope 40' to obtain 10,000 sq ft.

TYPE OF SOIL

0-4 Br sa si lm, 4-12 Tan mica sa si lm

TESTED BY

SE Nadeau

ALSO PRESENT

Olen K, Marku

EH-12-1079

C 1		6712		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.							
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		6								COUNTY NUMBER A 39915							
DATE RECEIVED		DATE WELL COMPLETED		Depth of Well		PERMIT NO.				FROM "PERMIT TO DRILL WELL"							
8 13		15 20		22 26 (TO NEAREST FOOT)		10-88-0585				28 29 30 31 32 33 34 35 36 37							
OWNER		ALTOGETHER LTD.		last name		first name		TOWN		DAYTON		SUBDIVISION		SECTION		LOT	
STREET OR RFD		TWELVE HILLS RD.															
SUBDIVISION		TWELVE HILLS		SECTION		3		LOT		34							
WELL LOG Not required for driven wells				GROUTING RECORD				C 3				PUMPING TEST					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box)				1 2				HOURS PUMPED (nearest hour)					
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL				PUMPING RATE (gal. per min. to nearest gal.)				METHOD USED TO MEASURE PUMPING RATE					
FEET				CEMENT				BENTONITE CLAY				WATER LEVEL (distance from land surface)					
FROM TO				CM				BC				BEFORE PUMPING					
Topsoil 0 2				NO. OF BAGS 16 NO. OF POUNDS 1600				PUMPING RATE 10				METHOD USED TO MEASURE PUMPING RATE Bucket					
Shale 2 45				GALLONS OF WATER 96				PUMPING RATE 10				WATER LEVEL (distance from land surface)					
Mika 45 65				DEPTH OF GROUT SEAL (to nearest foot)				PUMPING RATE 10				BEFORE PUMPING					
Sandstone 65 70				from 0 ft. to 50 ft.				PUMPING RATE 10				WHEN PUMPING					
Mika 70 90				(enter 0 if from surface)				PUMPING RATE 10				TYPE OF PUMP USED (for test)					
Sandstone 90 95				Casing types insert appropriate code below				PUMPING RATE 10				A air P piston T turbine					
Mika 95 125				MAIN CASING TYPE				PUMPING RATE 10				C centrifugal R rotary O other (describe below)					
				Nominal diameter top (main) casing (nearest inch)				PUMPING RATE 10				J jet S submersible					
				Total depth of main casing (nearest foot)				PUMPING RATE 10									
				OTHER CASING (if used)				PUMPING RATE 10									
				diameter inch				PUMPING RATE 10									
				depth (feet) from to				PUMPING RATE 10									
				screen type or open hole				PUMPING RATE 10									
				insert appropriate code below				PUMPING RATE 10									
				SCREEN RECORD				PUMPING RATE 10									
				ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER				PUMPING RATE 10									
				C 2				PUMPING RATE 10									
				DEPTH (nearest ft.)				PUMPING RATE 10									
				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100				PUMPING RATE 10									
				CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED				PUMPING RATE 10									
				E ELECTRIC LOG OBTAINED				PUMPING RATE 10									
				P TEST WELL CONVERTED TO PRODUCTION WELL				PUMPING RATE 10									
				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.				PUMPING RATE 10									
				DRILLERS IDENT. NO. 453				PUMPING RATE 10									
				DRILLERS SIGNATURE				PUMPING RATE 10									
				(MUST MATCH SIGNATURE ON APPLICATION)				PUMPING RATE 10									
				SITE SUPERVISOR (Sign of driller or journeyman responsible for sitework if different from permittee)				PUMPING RATE 10									
				TELESCOPE CASING				PUMPING RATE 10									
				LOG INDICATOR				PUMPING RATE 10									
				OTHER DATA				PUMPING RATE 10									
				LOCATION OF WELL ON LOT				PUMPING RATE 10									
				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)				PUMPING RATE 10									
				Twelve Hills Rd.				PUMPING RATE 10									
				75 ft				PUMPING RATE 10									
				Twelve Trees Ct				PUMPING RATE 10									

5/1/91 ✓

P.M. 5/1/91
C.B. OK

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 _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision Twelve Hills Lot # 34

Well Tag # HD-88-0585

Site Address 13094 Twelve Hills Road

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

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

Pitless Adapter

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

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

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

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: _____

Date: _____

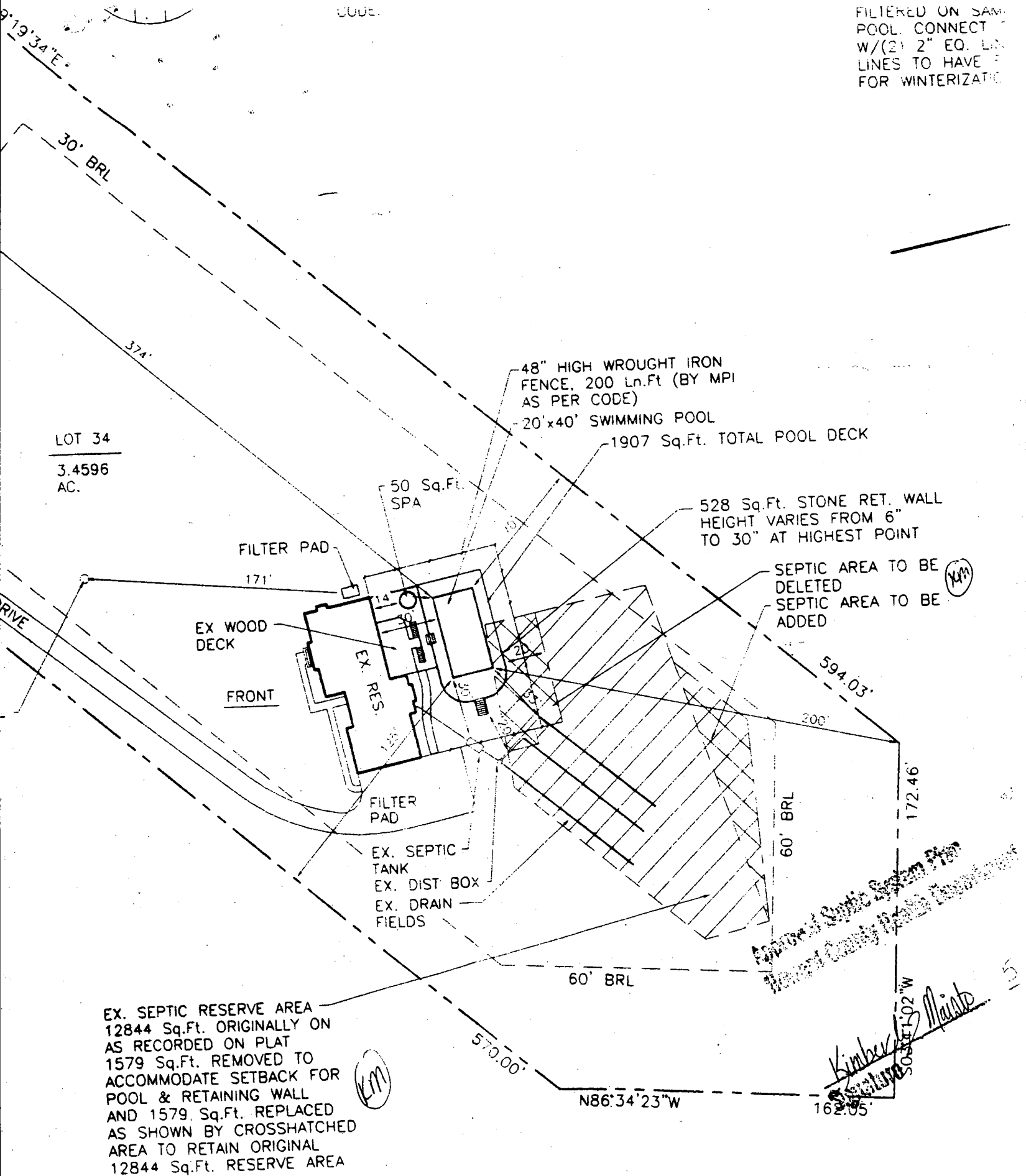
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

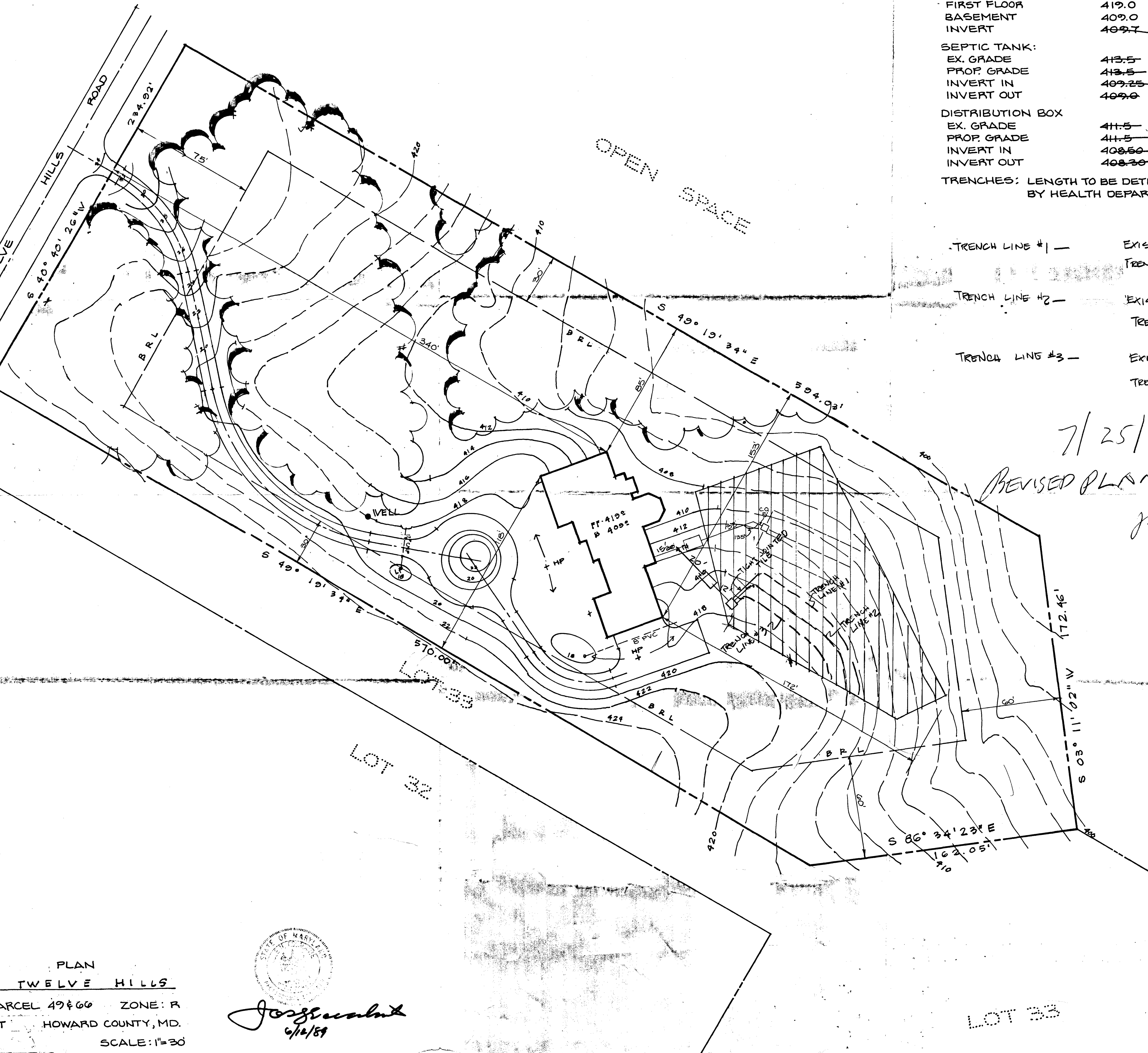
HD-215

{ 5/1/91 @ HOLD FOR CHECK TO COVER
NOTES - INSTALLATION INSPECTION }
② + original paperwork C.B.
left for casing

CODE.

FILTERED ON SAND
POOL. CONNECT
W/(2) 2" EQ. LN.
LINES TO HAVE
FOR WINTERIZATION





HOUSE:	ELEV.
FIRST FLOOR	419.0
BASEMENT	409.0
INVERT	409.7 414.8
SEPTIC TANK:	
EX. GRADE	413.5 416.2
PROP. GRADE	413.5 416.2
INVERT IN	409.25 414.49
INVERT OUT	409.8 414.12
DISTRIBUTION BOX	
EX. GRADE	411.5 417.2
PROP. GRADE	411.5 417.2
INVERT IN	408.50 414.2
INVERT OUT	408.30 413.8
TRENCHES:	LENGTH TO BE DETERMINED BY HEALTH DEPARTMENT

TRENCH LINE #1 —	EXIST. GRADE — 416.2
	TRENCH INVERT — 412.2
TRENCH LINE #2 —	EXIST. GRADE — 416.2
	TRENCH INVERT — 413.2
TRENCH LINE #3 —	EXIST. GRADE — 417.2
	TRENCH INVERT — 414.2

7/25/89

REVISED PLANS O/K

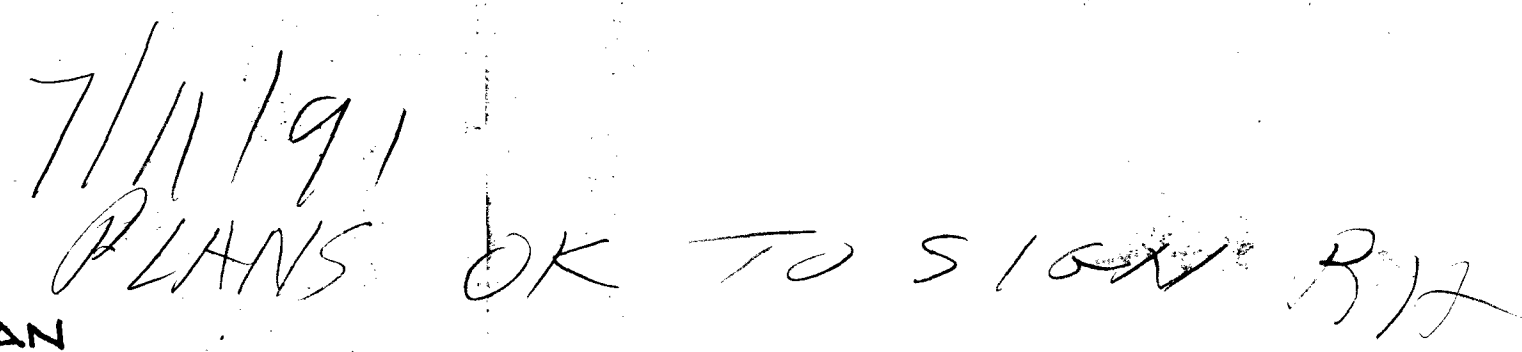
BZ




Joseph A. ...
6/12/89

LOT 33

TRENCHES: LENGTH TO BE DETERMINED
BY HEALTH DEPARTMENT



7/11/91
PLANS OK
RIT

The seal of the State of Maryland is visible in the bottom right corner. It features a circular design with the text "STATE OF MARYLAND" around the top and "JOSH. ESCOFF" around the bottom. In the center is a shield depicting a figure on horseback, likely George Washington, with a banner below it. The seal is partially obscured by the handwritten text.