

05-410703

Will grow + N

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 45132

A 44656

DISTRICT 5th

DATE 10/31/89

DATE SYSTEM APPROVED 11/27/89

INSPECTOR CW

Fogle's Refuse & Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Twelve Hills ROAD 13082 Twelve Hills Dr. LOT 32

PROPERTY OWNER Robert Smoot

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 - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 100 feet from the front lot line and 125 feet from the left lot line as seen when facing the lot from Twelve Hills Road. Run trenches on contour toward the front.

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

PLANS APPROVED BY Sid Abel

DATE 7/15/89

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

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

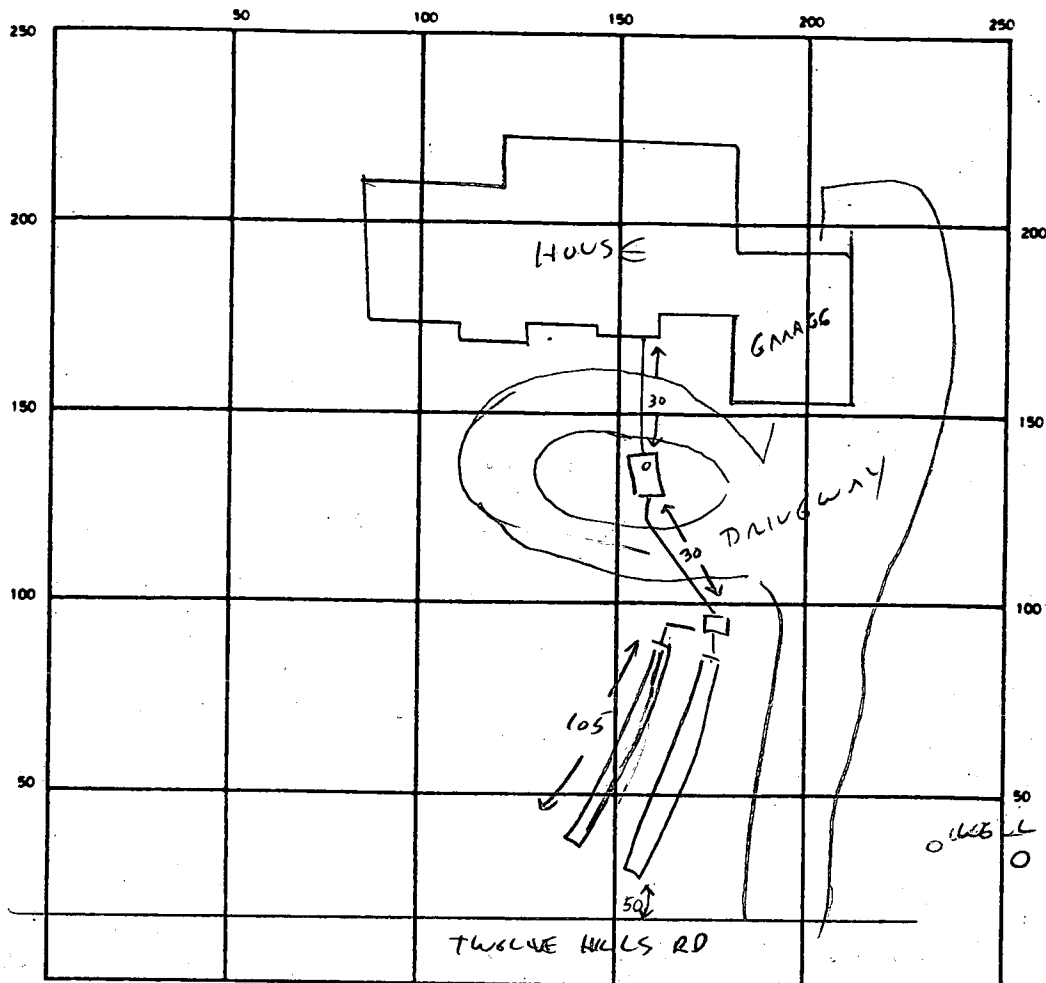
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 44656



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL ✓ CLEANOUTS 5TV

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 210 FT.

NUMBER OF TRENCHES 2 (105 ea.) ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS 11/27/89 INSTALLED W/O INSPECTION - OWNER SCHEDULED. CONTRACTOR SUPPLIED MEASUREMENTS.
CLY

DATE SYSTEM APPROVED 11/27/89

INSPECTOR Craig Williams

APPLICATION

7/13/89
1530

PERCOLATION TESTING

A 44656
P _____

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

RETEST TO
ACCOMMODATE
PROPOSED HOUSE SITE,

DISTRICT _____
DATE 6/30/89

ok/cw

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 ROBERT A SMOOT

ADDRESS 18008 METTEE RD MARIOTTVILLE MD PHONE 301-442-2228
301-744-8100

PROSPECTIVE BUYER SAME

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION TWELVE HILLS SEC III LOT NO. 32

ROAD AND DESCRIPTION 13082 TWELVE HILLS RD

TAX MAP 28 PARCEL # 66
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. Robert A Smoot
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

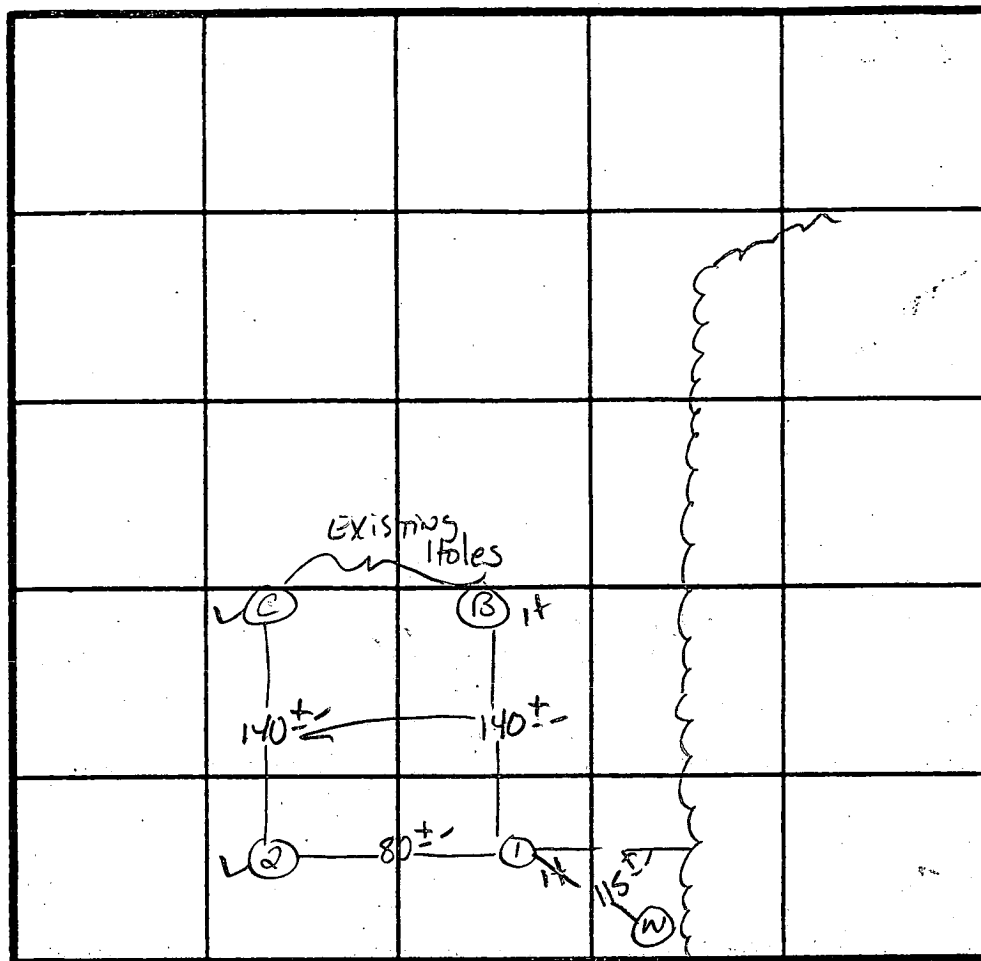
REASONS FOR REJECTION OR HOLDING 7-13-89 Reperc Satisfactory - No plat required
Amended BP shows acceptable layout. Spec changed to reflect
better soil quality. S.A.B.
BMDG., PERMIT SIGNED
AND RETURNED 7/27/89
BP 20223 SA

THIS IS NOT A PERMIT

HD-216

①
SOIL PROFILE

0'	A-1-3
3"	RED BR. Silty clay 6mm 15-20% Frapp
4'	Yellow Br. Silty loam 20-35% Frapp
13'	



X Perc -
210 ϕ /BR
INLET 4.5
Bottom 8.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
12 Hills Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/13/84	1 S	4.5'	12:29	12:40	12:40	1:01	21 MIN
		13.0'	SEE Profile	P			
	2 S	4.5'	12:35	12:43	12:43	12:55	2 MIN
		13.0'	Similar	TO #1			

REMARKS USE TWO ORIGINAL HOLES

TYPE OF SOIL GHESTER

TESTED BY S. Abel

ALSO PRESENT

Boyle's owner
M. G. Woot

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 39917

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 Robert Smoot

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. 32 25 31

ROAD AND DESCRIPTION Linden Church Rd 1302 Twelve Hills Rd.

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 Edell FOR Stancland Pugh DATE 5-26-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

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

BLDG. PERMIT SIGNED
AND RETURNED 5-26-89

20223 Sab

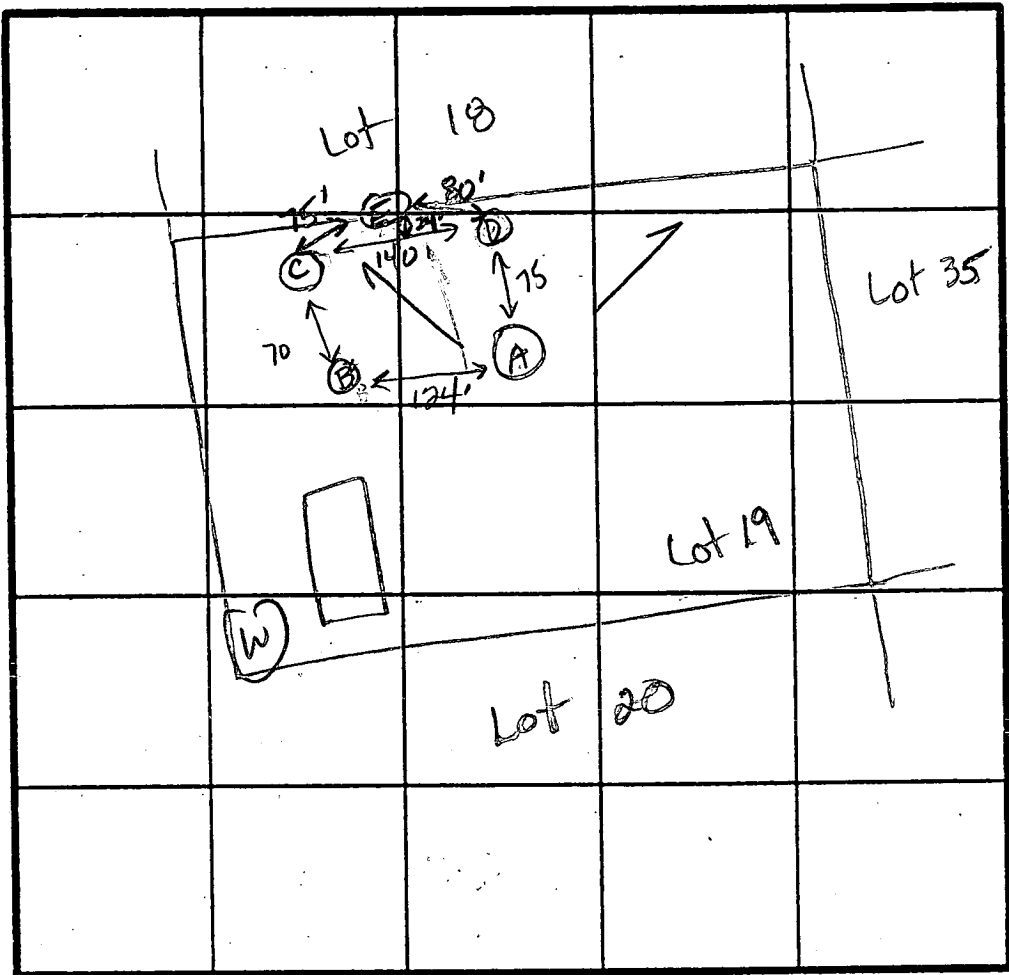
THIS IS NOT A PERMIT

Highest A
B
C
D
Lowest E

A 39912

(A)
SOIL PROFILE

0-3.5 Brown sa si lm
3.5-8.5 Brown sa silt, trace of mica
8.5-11.5 Tan to white sa silt
11.5 Bottom



(D)
0-2.5 Tan sa si cl loam
2.5-4.5 Brown sa si loam, trace mica
4.5-12.5 Br sa sand
12.5 Bottom

start dist box at A, run trenches to left
Inlet at 4.5' bottom at 10.1'

(C)

0-5.0 Red-brown si cl lm, trc gvl
5.0-10.5 Brown micaceous sa si, some broken rock frags (schist) < 50%
10.5 Bottom

(E)
0-3 Red-br sa si lm, trc gvl
3.0-10.5 Br sa si lm, little broken rock pieces < 20%
10.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-3-87	A	3.5 S	12:38	12:40	12:40	12:42	2
		6.5 M	12:38	12:41	12:41	12:43	2
		11.5 D	Bottom (see profile)				
	C	4 S	12:48	12:53	12:53	1:20	27
		10.5 D	Bottom (see profile)				
	B	11.5 V	(see profile)				
	D	4.5 S	1:59	2:01	2:01	2:04	3
		12.5 D	Bottom (see profile)				
✓	E	10.5 V	(see profile)				ok

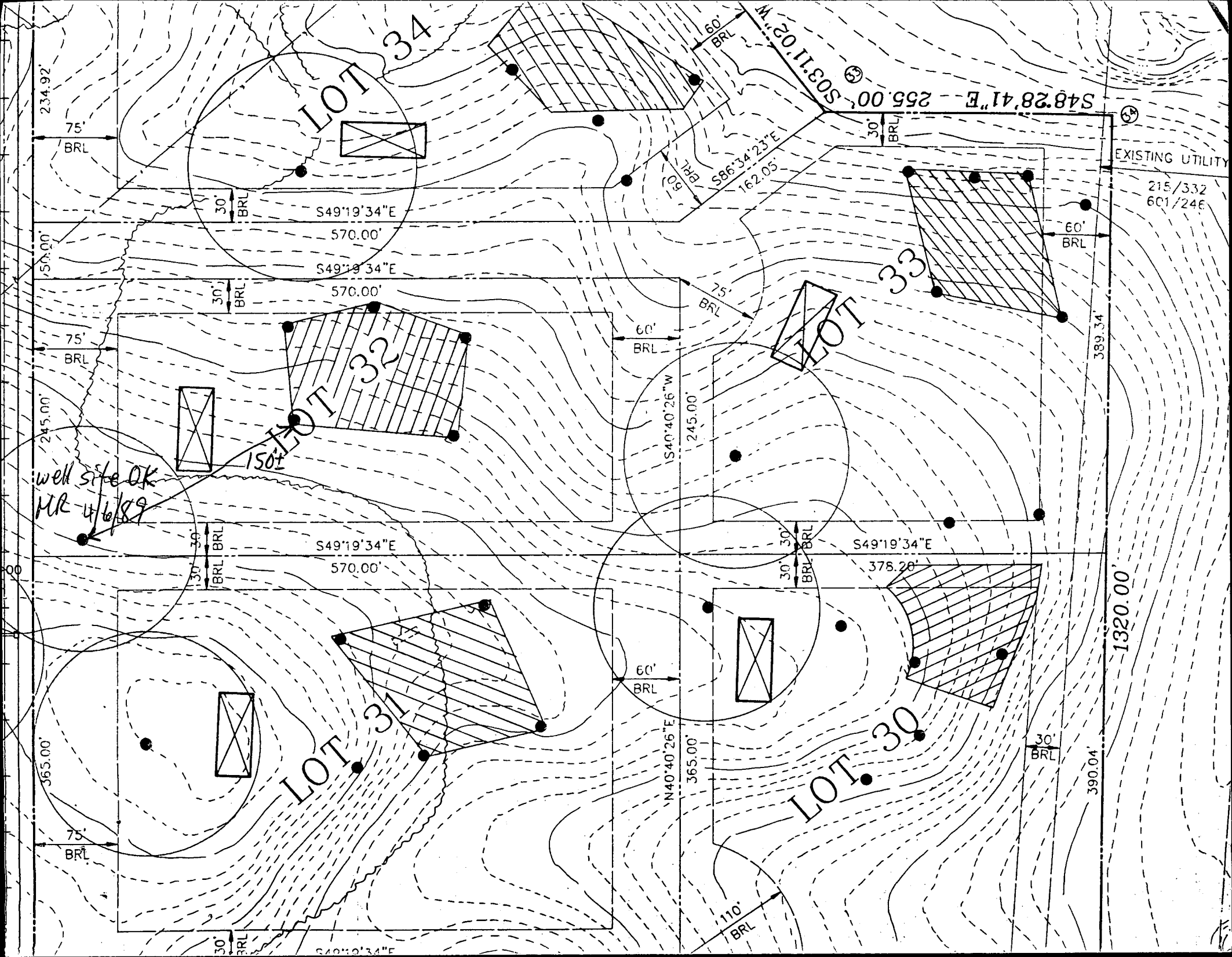
~~X Perc 9 min~~
~~210' / 1 BR~~
~~Inlet 3.5'~~
~~Bottom 5.5'~~

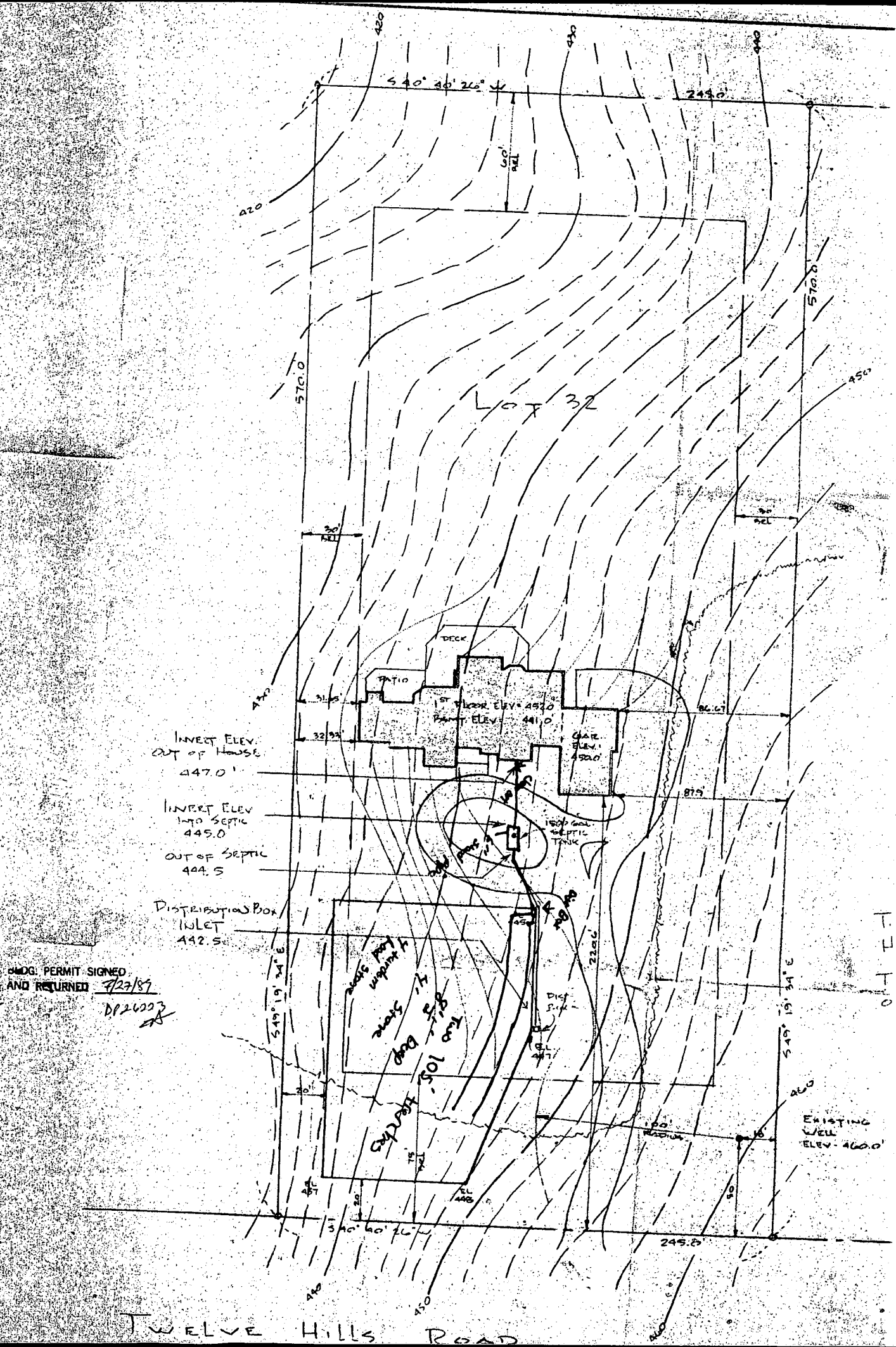
(B)

0-4.5 Red br si cl lm, trc gvl
4.5-11.5 Brown sa si lm
11.5 Bottom

REMARKS: Holes as shown on plat. Move field up hill 10 feet to obtain 10,000 sqft area.
TYPE OF SOIL: 0-5 Brown sa cl lm, 5'-12' Brown sa si loam
TESTED BY: J E Nardone
ALSO PRESENT: Glen K, Mark W.

EH-12-1079





C1	6711	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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER A# 39917

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	042689	22 2054 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" A0-88-0541
OWNER: ALTOGETHER LTD. PAKT.			
STREET OR RFD last name TWELVE HILLS first name RD. TOWN DAYTON			
SUBDIVISION TWELVE HILLS SECTION 3 LOT 32			

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 10	
Mika	10 45	
Sand Stone	45 55	
Mika	55 215	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 5	NO. OF POUNDS 500
GALLONS OF WATER 30	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 19 ft.	
(enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
STEEL CONCRETE PL OT	
PLASTIC OTHER	
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
PL 60 61 63 64 66 70	

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 75	
TYPE OF PUMP USED (for test)	
A air P piston T turbine	
C centrifugal R rotary O other (describe below)	
J jet S submersible	

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

SCREEN RECORD	
screen type or open hole insert appropriate code below	
STEEL BR BR BR BR PL PL PL PL	
PLASTIC OTHER	

C2	
DEPTH (nearest ft.) 205	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN 56 60	
(NEAREST INCH)	

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)	
+ above } LAND SURFACE 1 (nearest foot)	
- below }	

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. 453
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	
70 72 74 75 76	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

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)	
Twelve Hills Rd	
Twelve Hills Rd	
Twelve Hills Rd	

11/89 NO INX

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 # 45722
Date 11-13-89

Name of Installer ART B. PROUSE

Telephone 876-8316

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner ROBERT SMOOT Telephone 744-8100

Subdivision Twelve Hills Lot # 32 Well Tag # 40-88-0541

Site Address 13082 Twelve Hills Rd. Clarksville

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make TAT
3. Model # _____
4. Capacity 7 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 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make Cambell
2. Model # 204
3. Depth 190'

Tank

1. Capacity 42
2. Pressure relief valve? YES

Piping

1. Type 160 PSI Poly
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data

1. Depth 200 ft.
2. Yield 12 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? YES

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: Art B. Prouse

Date: 11/13/89

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