

5-11-88 JM [unclear]

05-404924

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 41679

A 37257

DISTRICT 5th

DATE 5/6/88

DATE SYSTEM APPROVED 5-11-88

INSPECTOR JEN

Dave Hopkins

IS PERMITTED TO INSTALL X ALTER       

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 631-7257

SUBDIVISION Thistledown ROAD 7210<sup>th</sup> Tall Pine Way LOT 16

PROPERTY OWNER BEHK Construction Kenneth Langer

ADDRESS       

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

GARBAGE GRINDER? YES        NO X

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

160  
5  
41800  
200 ft trench  
5.0

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe. JEN 5-9-88

LOCATION - Place the distribution box 125 feet down the left (231') lot line and 155 feet off the left lot line as seen when facing the lot from Tall Pine Way. Run trenches on contour toward the left and right lot lines.

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 1/12/87

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. BLDG. PERMIT SIGNED AND RETURNED 6/13/2008  
800124027 - garage

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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.

BLDG. PERMIT SIGNED

AND RETURNED 6/11/93

Serial # 99137

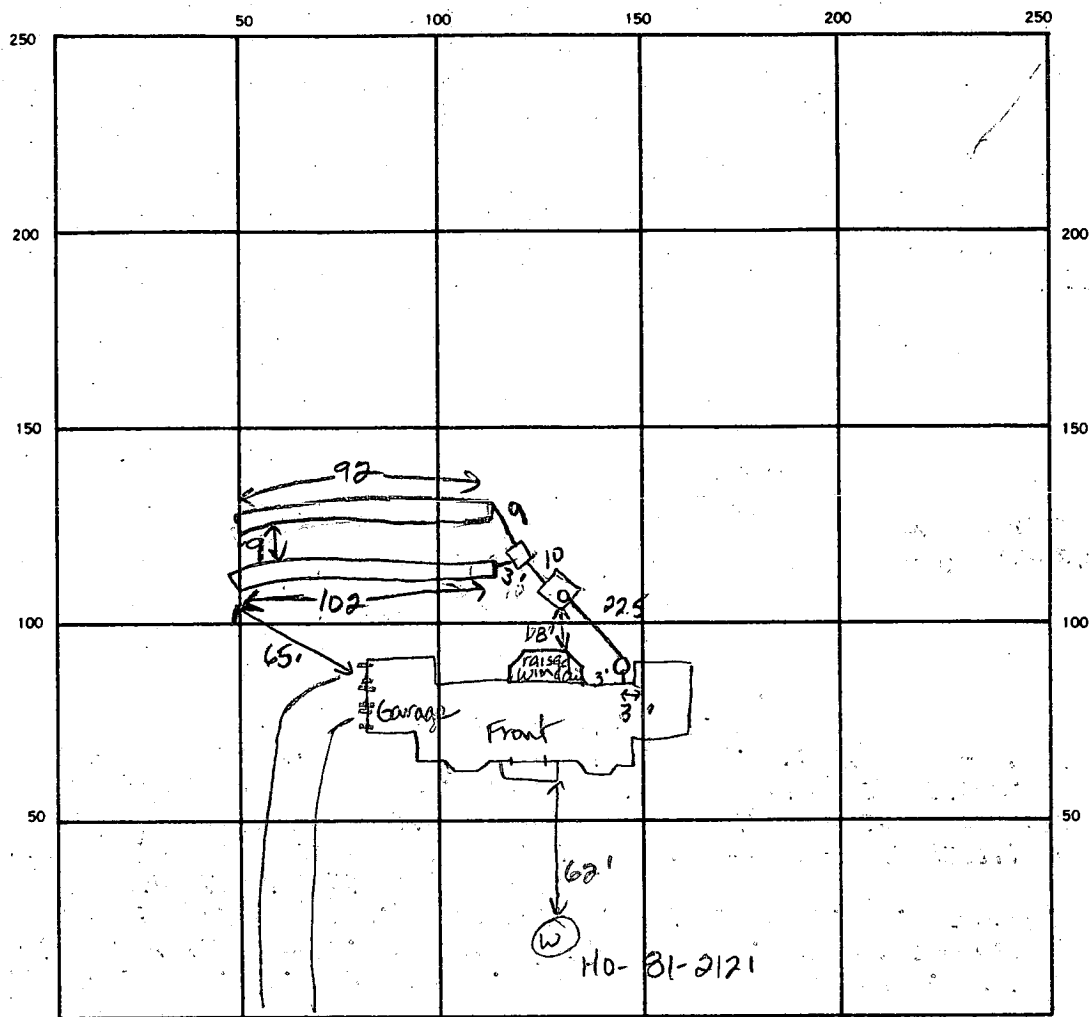
Addition

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37257



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Tall Pine Way

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS one on septic tank, one at house

DISTRIBUTION BOX, LEVEL OK w/ baffle

DRAIN FIELD/TILE FIELD, DEPTH ① 9.0 ② 9.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH ① 4.5 ② 4.5 FT. 4.0' phone call from D. Hopkins 5-10-88 JEN

EFFECTIVE GRAVEL DEPTH ① 4.5 ② 5.0 FT. TOTAL LENGTH ① 102 ② 92 FT.  
NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA ① 459 ② 460 SQ. FT.

DRYWELL INSIDE DIAMETER          FT. EFFECTIVE DEPTH BELOW INLET          FT.

ABSORBENT AREA 919 SQ. FT.

REMARKS 5-9-88 Elevations in error on signed drawing. Changed elevations in field. Inlet at 5.0 ft. Bottom at 9.0 ft maximum. Continue w/ trenches. Call for inspection JEN.  
5-10-88 OK to add stone, pipe & paper to trench #1. JEN 5-10-88  
OK to add stone, pipe and paper to trench #2. OK to cover trench #1 and parts of #2 leaving ends open. Can cover from house to septic tank. JEN. 5-11-88 OK to cover dist. box and remaining trench JEN  
DATE SYSTEM APPROVED 5-11-88 INSPECTOR Jane E. Nadeau

# APPLICATION

37257

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 6/25/86

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 Estate of Grace E. Iager BEHK  
c/o Tom Lloyd  
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE \_\_\_\_\_  
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 16 on Prelim  
ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.

7210 TALL PINE WAY

SIZE OF LOT 3.2 acres TYPE BLDG. residential  
(NUMBER OF BEDROOMS)

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 Sidney Abel FOR Deep trenches DATE 1-12-87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

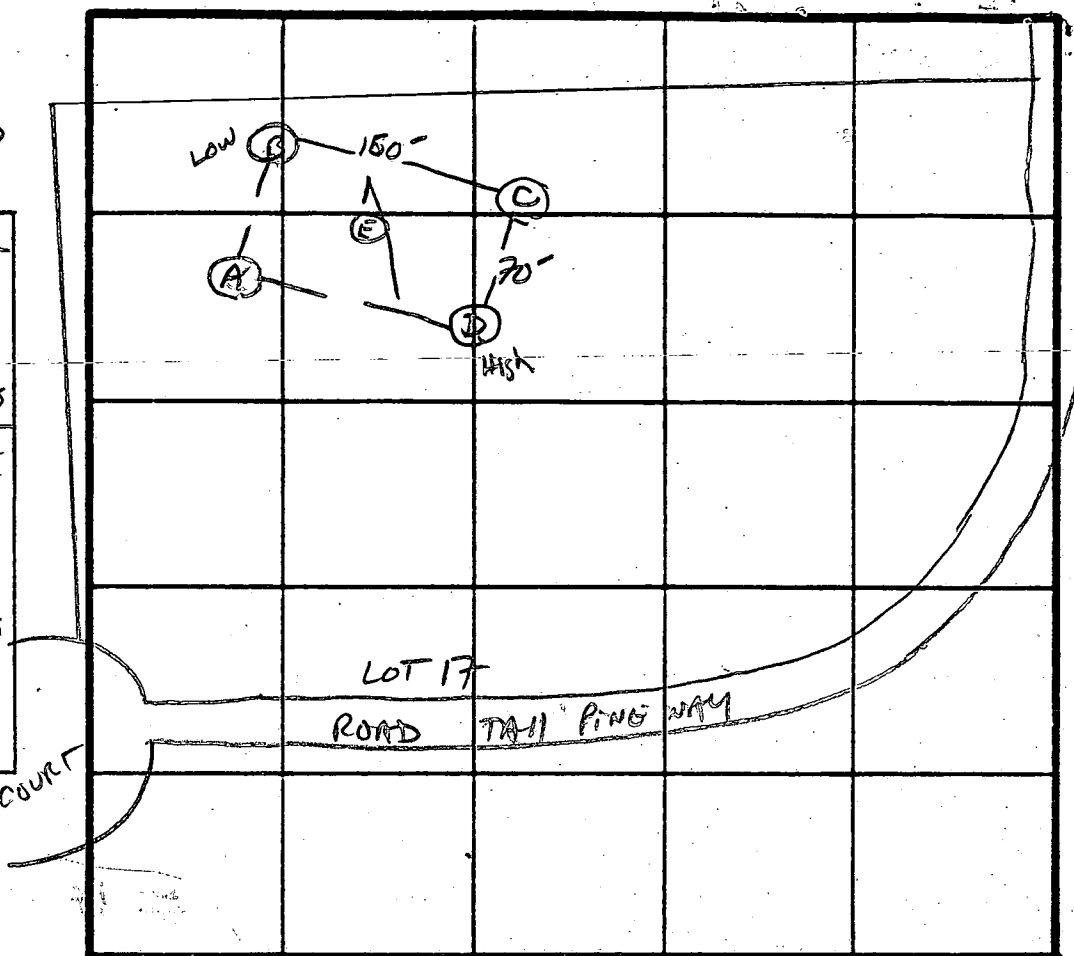
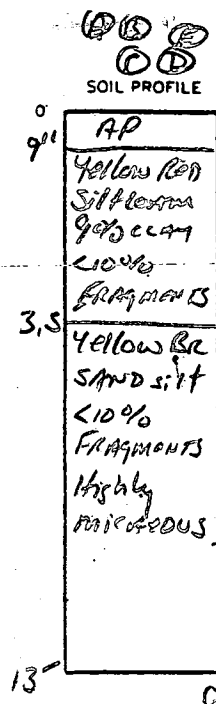
REASONS FOR REJECTION OR HOLDING 7-17-86 PERC SATISFACTORY; OK FOR DEED SUBST, HOLD FOR  
Subdivision PERC. S. Abel

BLDG. PERMIT SIGNED

AND RETURNED 11/20/87

BP 16540 886

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1 Rt 32

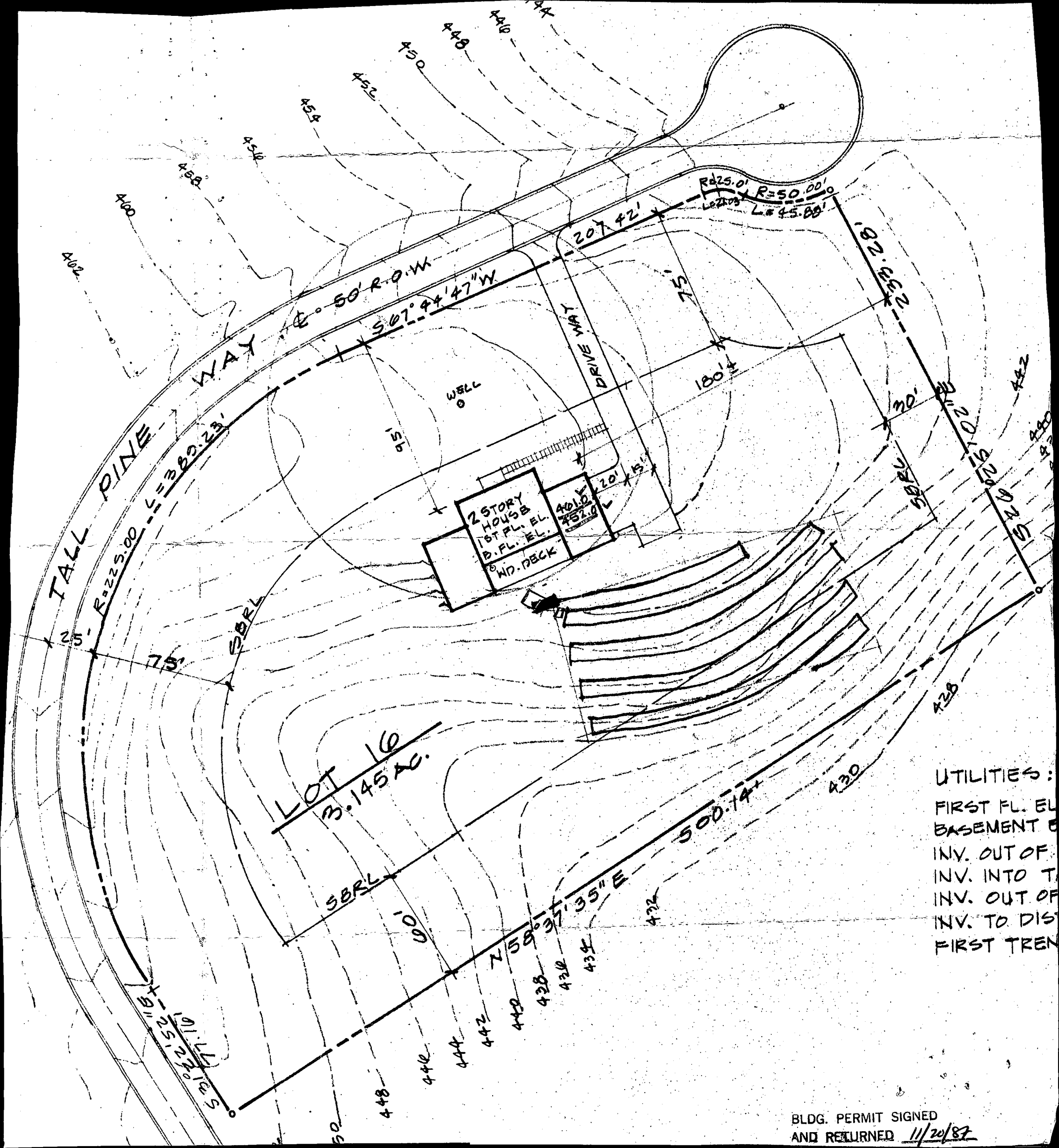
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/17/86	A S	4"	1:21	1:22	1:22	1:23	1 MIN
	A V	12"	UNIFORM	soil below 3.5"			
	B S	3.5"	1:23	1:29	1:29	1:41	12 MIN
	B V	12"	UNIFORM	soil below 3.5"			
	C S	3.5"	1:12	1:14	1:14	1:17	3 MIN
	C V	13"	UNIFORM	soil below 3.5"			
	D S	4"	1:18	1:19	1:19	1:20	1 MIN
	D V	9"	1:18	1:19	1:19	1:20	1 MIN
	D V	13"	UNIFORM	soil below 3.5"			
	E V	12.5	UNIFORM	soil below 3.5"			

REMARKS HOLE PER PLAT/OK DEEP SYST.

TYPE OF SOIL GLENDA

TESTED BY S. Abel

ALSO PRESENT MARK; ALAN BARRHOE



Property known as:

Lot 16

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

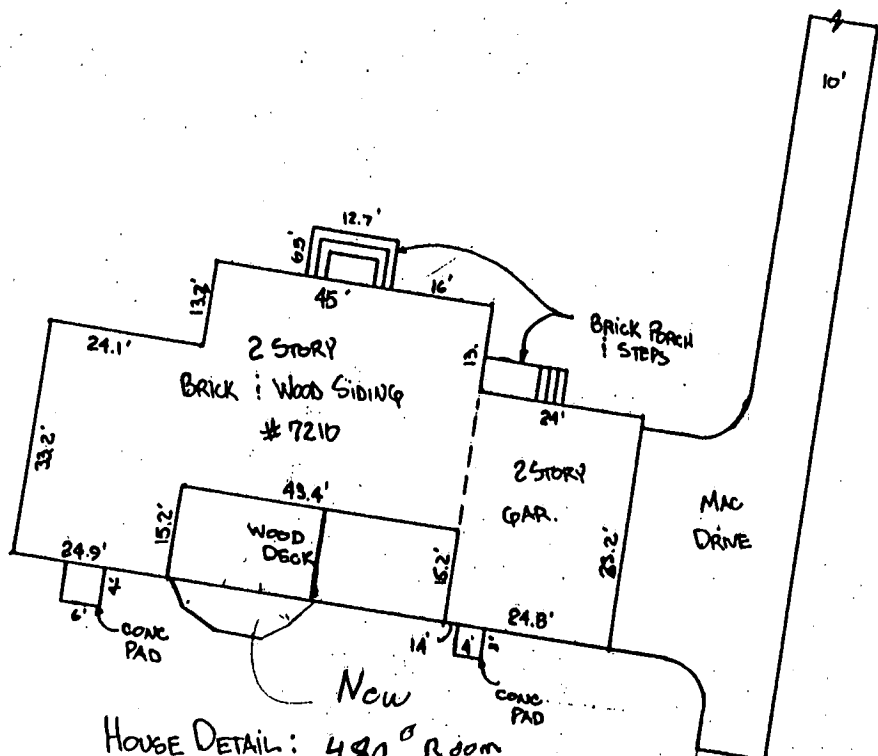
TWISTLEDOWN

SECTION 1 LOTS 1-16

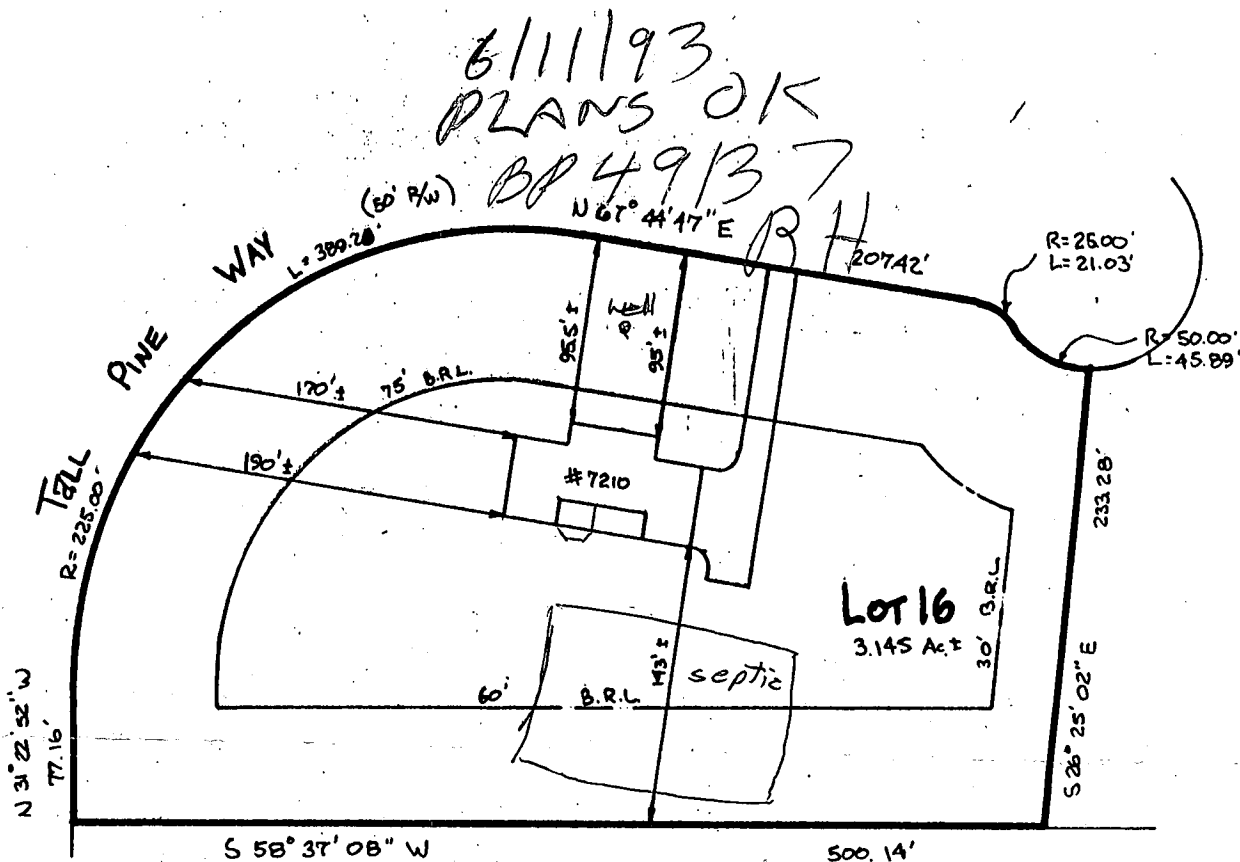
PLAT BOOK C.M.P. 7256

ELECTION DISTRICT 5

HOWARD COUNTY, MARYLAND



HOUSE DETAIL: 480° R.don  
SCALE 1"=30'



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION

This is to certify that I have surveyed the property known as:

7210 TALL PINE WAY

for the purpose of locating the improvements thereon, and the improvements are located as shown.

SEAL



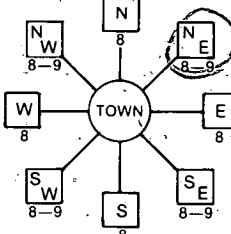

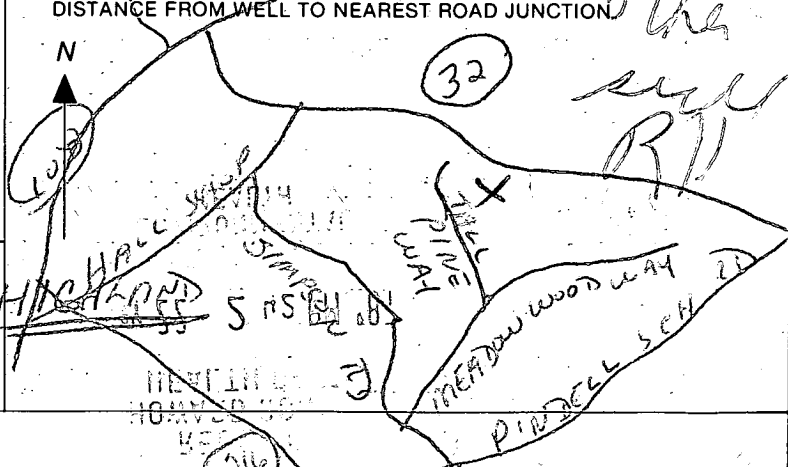
Walter Park

SCALE 1"=100'

DATE 11/26/91

LAND DESIGN ENGINEERING, INC.  
SUITE 210 10620 GUILFORD ROAD  
JESSUP, MARYLAND 20794

880-0034 (BALT) 604-6264 (WASH)  
604-6735 (FAX)

B 1 <span style="font-size: 24pt; font-weight: bold;">2213</span> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">40-81-2121</span> <small>fill in this form completely.</small>
Date Received <span style="border: 1px solid black; padding: 2px;">5/22/87</span> <b>OWNER INFORMATION</b> 15 Last Name <span style="border: 1px solid black; padding: 2px;">RUCKLEA</span> 34 Owner First Name <span style="border: 1px solid black; padding: 2px;">TOM</span> 36 Street or RFD <span style="border: 1px solid black; padding: 2px;">14836 FIRESIDE DR</span> 55 57 Town <span style="border: 1px solid black; padding: 2px;">SILVER SPRING</span> 70 State <span style="border: 1px solid black; padding: 2px;">MD</span> 72 Zip <span style="border: 1px solid black; padding: 2px;">20904</span> 76		B 3 <b>LOCATION OF WELL</b> <span style="font-size: 24pt; font-weight: bold;">R-39385</span> 8 COUNTY <span style="border: 1px solid black; padding: 2px;">HOWARD</span> 21 23 SUBDIVISION <span style="border: 1px solid black; padding: 2px;">THISSLE DOWN</span> 42 SECTION <span style="border: 1px solid black; padding: 2px;">16</span> LOT <span style="border: 1px solid black; padding: 2px;">16</span> 52 NEAREST TOWN <span style="border: 1px solid black; padding: 2px;">HIGHLAND</span> 71 MILES FROM TOWN (enter 0 if in town) <span style="border: 1px solid black; padding: 2px;">3</span> M <span style="border: 1px solid black; padding: 2px;">1</span>	
<b>DRILLER INFORMATION</b> Driller's Name <span style="border: 1px solid black; padding: 2px;">GEORGE F. EASTERDAY</span> 77 License No. <span style="border: 1px solid black; padding: 2px;">40</span> 80 Firm Name <span style="border: 1px solid black; padding: 2px;">L. FRANKLIN EASTERDAY, INC.</span> Address <span style="border: 1px solid black; padding: 2px;">945 RR. CH. RD. MT. PLEASANT MD 21771</span> Signature <span style="border: 1px solid black; padding: 2px;">George F. Easterday</span> 5/21/87 Date		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>NEAR WHAT ROAD</b> <span style="border: 1px solid black; padding: 2px;">TALL PINE WOOD</span> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <span style="border: 1px solid black; padding: 2px;">50</span> FT ENTER FT or MI <span style="border: 1px solid black; padding: 2px;">57</span>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <span style="border: 1px solid black; padding: 2px;">5</span> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="border: 1px solid black; padding: 2px;">500</span>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <span style="border: 1px solid black; padding: 2px;">HOWARD</span> COUNTY NO. <span style="border: 1px solid black; padding: 2px;">A39385</span> OEP SIGNATURE <span style="border: 1px solid black; padding: 2px;">A. N. Wilson</span> STATE HEALTH INSERT S <span style="border: 1px solid black; padding: 2px;">41</span> DATE ISSUED <span style="border: 1px solid black; padding: 2px;">12/09/87</span> NORTH GRID <span style="border: 1px solid black; padding: 2px;">490000</span> EAST GRID <span style="border: 1px solid black; padding: 2px;">0822000</span>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">           E 8282            N 4460         </div>	
APPROXIMATE DEPTH OF WELL <span style="border: 1px solid black; padding: 2px;">200</span> FEET APPROXIMATE DIAMETER OF WELL <span style="border: 1px solid black; padding: 2px;">6</span> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37 CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT <input type="radio"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. 	
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <span style="border: 1px solid black; padding: 2px;">40-81-2121</span>		SPECIAL CONDITIONS <span style="font-size: 24pt; font-weight: bold;">MC 14J12</span>	

71

6/25

- ① FOUND SITE E
- ② WELL GROUNDED
- ③ LOCK TION OK
- ④ TAG H0 81-2121
- ⑤ 11 BAGS SEEN

MAY 22 2 42 PM '87

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

DIVISION OF  
ENVIRONMENTAL  
HEALTH

for 120 days



<b>C1</b> 5922		WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(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		COUNTY NUMBER <b>A-39385</b>	
DATE Received		DATE WELL COMPLETED		PERMIT NO.	
[ ] [ ] [ ] [ ] [ ] [ ]		070287		FROM "PERMIT TO DRILL WELL" HC-81-2121	
OWNER <b>BUCKLER</b>		Depth of Well		TOWN <b>HIGHLAND</b>	
STREET OR RFD <b>THILL PINE WAY</b>		22 260 26 (TO NEAREST FOOT)		first name <b>TOM</b>	
SUBDIVISION <b>THISSLE DOWN</b>		SECTION		LOT <b>16</b>	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		<b>C3</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL		HOURS PUMPED (nearest hour) <b>3</b>	
FEET		CEMENT <b>SM</b> BENTONITE CLAY <b>BC</b>		PUMPING RATE (gal. per min. to nearest gal.) <b>7</b>	
FROM TO		NO. OF BAGS <b>15</b> NO. OF POUNDS <b>1500</b>		METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b>	
Top Soil 0 2		GALLONS OF WATER		WATER LEVEL (distance from land surface)	
RED MICA 2 45		DEPTH OF GROUT SEAL (to nearest foot)		BEFORE PUMPING <b>49</b>	
BR. MICA 45 64		from 0 50 ft. to 50 58 ft.		WHEN PUMPING <b>93</b>	
GRAY MICA 64 260		(enter 0 if from surface)		TYPE OF PUMP USED (for test)	
		<b>CASING RECORD</b>		<b>A</b> air <b>P</b> piston <b>T</b> turbine	
		casing types insert appropriate code below		<b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)	
		<b>ST</b> <b>CO</b> STEEL CONCRETE		<b>J</b> jet <b>S</b> submersible	
		<b>PL</b> <b>OT</b> PLASTIC OTHER			
		MAIN Casing TYPE <b>3T</b> Nominal diameter (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>59</b>			
		OTHER CASING (if used) diameter inch from to		PUMP INSTALLED	
		EACH CASING [ ] [ ]		DRILLER WILL INSTALL PUMP YES <b>NO</b>	
		[ ] [ ]		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
		screen type or open hole insert appropriate code below		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
		<b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE		CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ]	
		<b>PL</b> <b>OT</b> PLASTIC OTHER		PUMP HORSE POWER [ ] [ ] [ ] [ ]	
		<b>C2</b>		PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]	
		DEPTH (nearest ft.)		CASING HEIGHT (circle appropriate box and enter casing height)	
		1 <b>HO</b> 39 260 21		<b>+</b> above <b>2</b> (nearest foot)	
		EACH SCREEN 23 24 26 30 32 36		LAND SURFACE	
		38 39 41 45 47 51		<b>-</b> below	
CIRCLE APPROPRIATE LETTER		SLOT SIZE 1 2 3		LOCATION OF WELL ON LOT	
<b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		DIAMETER OF SCREEN [ ] [ ] [ ] [ ] (NEAREST INCH)		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
<b>E</b> ELECTRIC LOG OBTAINED		GRAVEL PACK from to		Back lot mark	
<b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		LOT 16	
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.		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
DRILLERS IDENT. NO. <b>40</b>		T (E.R.O.S.) WQ			
DRILLERS SIGNATURE <b>George J. Costa, Jr.</b>		70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]			
(MUST MATCH SIGNATURE ON APPLICATION)		TELESCOPE CASING LOG INDICATOR OTHER DATA			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

Review OK SA 11/20/82

Well Permit No. HO - 81-2121  
Location of property (road) TALL PINE WAY  
Subdivision THUSSELE DOWNS Lot 16 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller GEORGE EMBERTDAY Owner BUCKLER, TOM  
Depth of well 260 76 Pm  
Distance of measuring point (M.P.) above ground \_\_\_\_\_  
Static water level (S.W.L.) below M.P. 47

I. High rate pumping -- reservoir drawdown

Time pump started	<u>12:30</u>	Pumping rate	<u>7</u> <u>6.P.M.</u>
Total time	<u>15 min</u>	to reach pumping water level	<u>78</u> ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

ATH 37257

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # 411914  
Date 6/8/88

Name of Installer CORNWELL Plumbing & Heating

Telephone \_\_\_\_\_

License Number 3853

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ☒

Name of Property Owner B. H. K. Construction

Telephone \_\_\_\_\_

Subdivision P. H. 10 Lot # 16 Well Tag # \_\_\_\_\_

Site Address 2210 TALL PINE WAY  
CHARKVILLE, MD. 3

Pump

1. Type JACUZZIE
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible ☒

Motor

1. Horsepower 1/2
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 ☒

Pitless Adapter

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth 216 ft.

2. Make JACUZZIE
3. Model # \_\_\_\_\_

4. Capacity 10 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 ☒

Tank

1. Capacity 30 gal.
2. Pressure relief valve? 75

Piping

1. Type P1/4 blue
2. Size 1"
3. NSF and/or BOCA Code approved \_\_\_\_\_
4. Depth of supply line 3 1/2 Foot

Well data

1. Depth 260 ft.
2. Yield 7 GPM
3. Static water level \_\_\_\_\_ ft.
4. Will water supply be disinfected by installer? ATP 4/88

6-10-88 Pitless 30" NO SEEN COVERED AREA - WELL LINE NOT SEEN, TANK IS IN, Relief Valve OK  
PUMP INSTALLATION NOT SEEN

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: James Cornwell

Date: 6-7-88

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



10RTM

How-  
Co.  
Health

OK 11/13/00

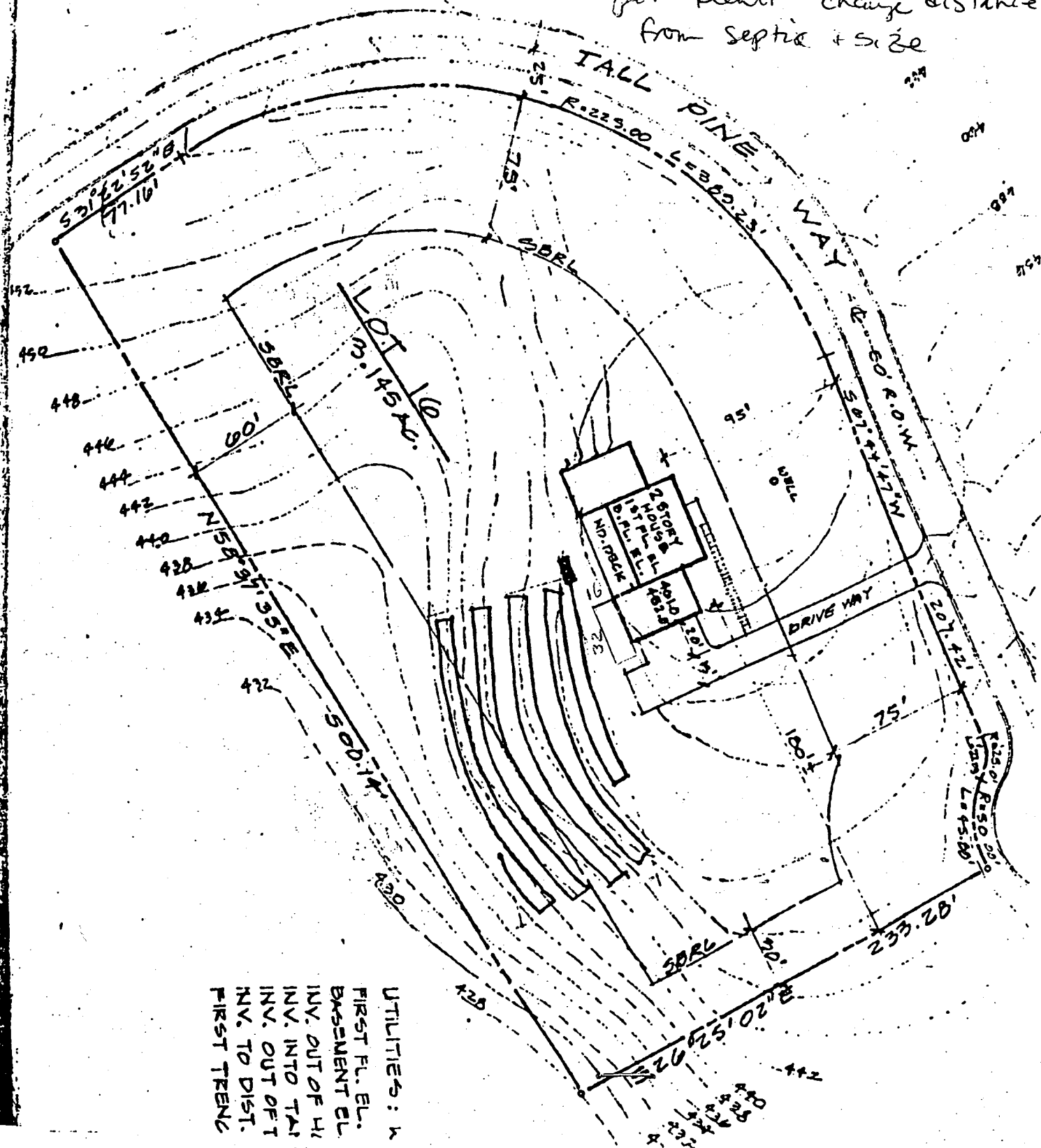
REVISÉ

Date: 6-5-2000

B00124027

Comments: 7210 Tall Pine

per health change distance  
from septa + size



7210  
7210  
7210

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3900	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00024027
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Building Address <u>7210 Tall Pine Way</u> <u>Clarksville Md 21029</u>	Property Owner's Name <u>Ken Langer</u>
Suite/Apt. # <u>110</u> SDP/WP/Petition # <u>110</u>	Address <u>7210 Tall Pine Way</u>
Census Tract <u>1M5107</u> Subdivision <u>THISTLEDOWN</u>	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Section <u>1021</u> Area <u>110</u> Lot <u>16</u>	Home Phone <u>410 792 4715</u> Work Phone _____
Tax Map <u>A1</u> Parcel <u>276</u> Grid <u>2</u>	Applicant's Name & Mailing Address, (if other than stated herein): _____
Zoning <u>R1</u> Map Coordinates <u>14H12</u> Lot size _____	Phone _____ Fax _____

Existing Use _____	Contractor Company <u>Ed Hereth</u>
Proposed Use _____	Contact Person _____
Estimated Construction Cost \$ _____	Address _____
Description of Work <u>garage attached</u>	City _____ State _____ Zip Code _____
	License No. _____
	Phone <u>410-988-7197</u> Fax _____

Occupant or Tenant <u>Owner</u>	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling: <input checked="" type="checkbox"/> SF Townhouse: <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>574</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
State Certified Modular _____		Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
		Other Structure: <u>Outbuilding</u> Dimensions: <u>27 x 25</u> Footings: <u>2 x 2</u> Roof: <u>Asphalt</u>	
		State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Edward H. Langer</u>	Print Name <u>Edward H. Langer</u>
Title/Company _____	Date <u>5-8-00</u>

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

FOR OFFICE USE ONLY	
<b>AGENCY</b> _____ <b>DATE</b> <u>6/15/00</u> <b>SIGNATURE APPROVAL</b> <u>Mark Ripka</u>	<b>DEPT. SETBACK INFORMATION</b>
<b>Land Development DPZ</b> _____	Front: _____
<b>State Highways</b> _____	Rear: _____
<b>Building Official</b> _____	Side: _____
<b>Dev. Engineering DPZ</b> _____	Side St. _____
<b>Health</b> _____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Fire Protection</b> _____	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	Lot Coverage for New Town Zone _____
ONE STOP SHOP: <input type="checkbox"/>	SDP/Red-line approval date _____
	Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

June 13, 2000

Ken Langer  
7210 Tall Pine Way  
Clarksville, MD 21029

RE: Building Permit Application B00124027  
7210 Tall Pine Way  
Thistledown, Lot 16  
Proposed garage

Dear Mr. Langer,

This office has recommended approval of the referenced building permit application. However, it should be understood that the existing deck does not meet Health Dept. minimum separation distance requirements to the existing septic system. Ten feet should be maintained at all times between decks and septic tanks/drainfields.

Although no action on your part is required at this time, remediation of this condition may be required at the time of the next repair to the septic system.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin, R.S.

Water and Sewerage Program

MR

cc: File

SITE INSPECTION SHEET

OWNER: Ken Langer  
ADDRESS: 7210 Tall Pine Way  
Clarksville, MD 21029

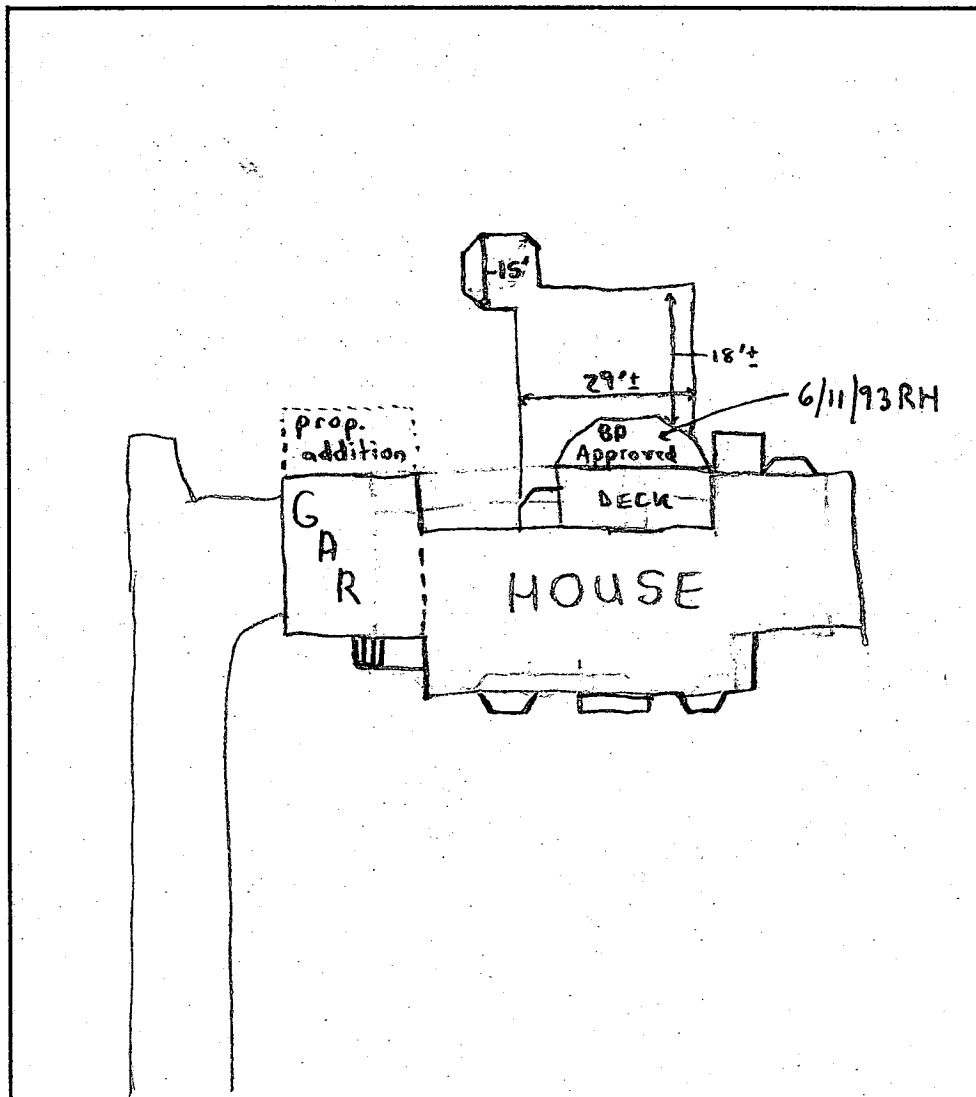
DATE REQUESTED: 5/22/00  
DRILLER/CONTRACTOR: Ed Hereth  
WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: \_\_\_\_\_

COUNTY: Howard

PROPOSAL: Owner wants to build garage in proposed location

LOCATION DIAGRAM



COMMENTS: Met with contractor at site to discuss proposed garage addition.  
Proposed garage addition must be 10' from 1st trenches. Made contractor  
adjust corners of garage stakes and told him to resubmit a new site plan.  
Illegal large deck & gazebo built w/o BP and covers S.O.T. & DBOX SRH

DATE: 5/22/00

INSPECTOR: Steven R. Krieg