

4/11/84
4/12/84
4/13/84
approved
2/5/85
S. Taylor (CW)

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 33590

A 32636

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 2/23/84

L. & F. Company, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 6910 Haviland Mill LOT _____

PROPERTY OWNER Dennis & Anne Hofmann PHONE: 490-0270

9630 Tower Drive

ADDRESS Laurel, Maryland 20707

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. absorbent area per bedroom. Trench to be 2 ft. wide, Inlet 2 1/2 feet below original grade. Bottom maximum depth at 2 1/2 feet below original grade, with 3 1/2 feet of stone below distribution pipe. LOCATION: Start the trench at the high perc hole located 255 ft. from the front lot line and 65 feet from the right lot line as seen when facing the lot from Haviland Mill Road. Run the trench towards the left side of the lot as seen when facing the lot from Haviland Mill Road. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell. If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

PLANS APPROVED BY Frank Skinner/Raymond Hodges DATE 7/12/83/8/10/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 32636

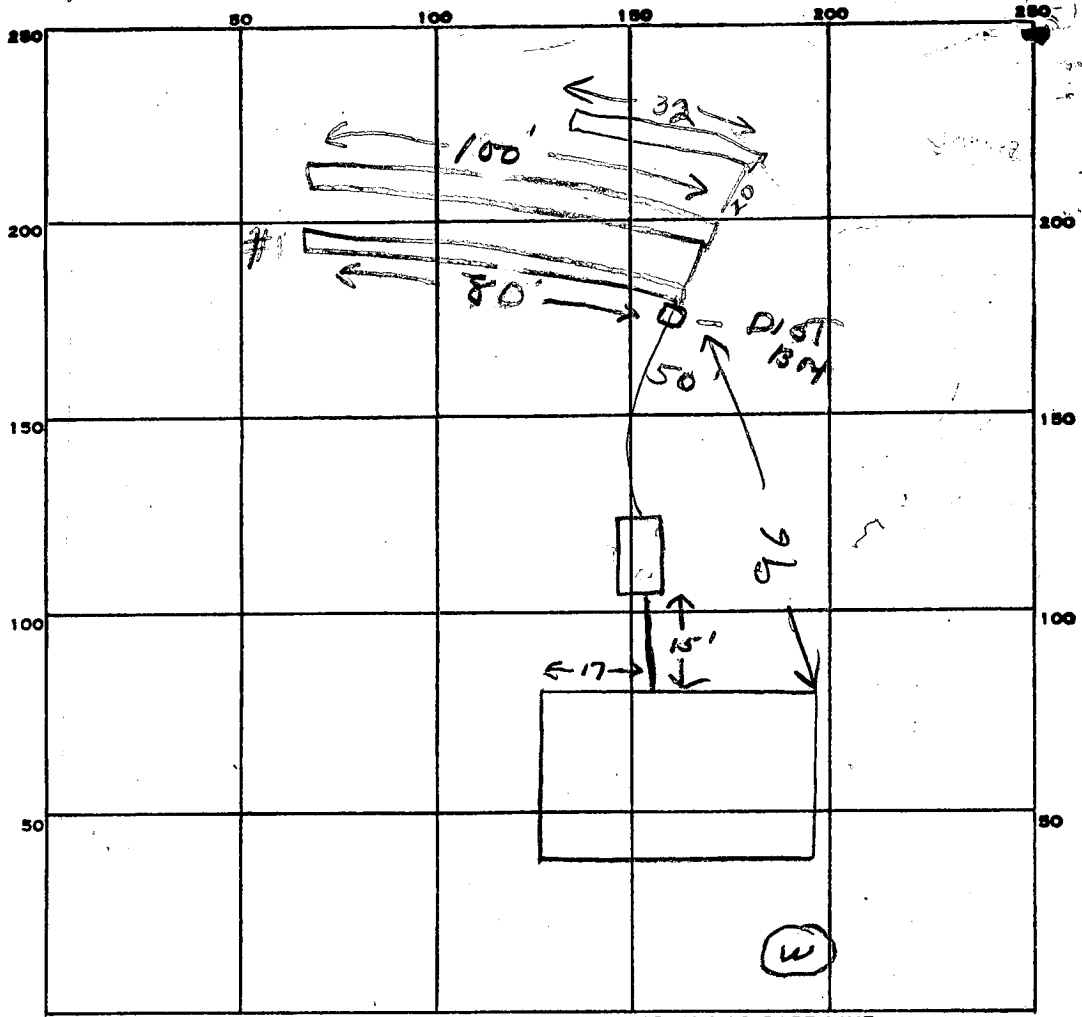
158
4

632

180
35

400
540

630



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1500 CLEANOUTS 57

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 3 FT IN. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 540

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/19/84 - OK to add stone in trenches

4/17/84 632 SQ FT REQUIRED 3 X 180 = 540

3 FT IN SYSTEM ADD A THRD DITCH

6 FT DEEP 31 FT LONG 2 FT WIDE FILLED

WITH 3 FT OF STONE TO MAKE UP 92 SQ

FT SHORTAGE & CALL RH

4/13/84 NOTHING DONE RH 2/15/85 / ADDITIONAL TRENCH OR TO ADD GRAVEL 4/12/84 CW

DATE SYSTEM APPROVED 2/5/85 INSPECTOR Stayen

APPLICATION

A 32636

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th
DATE Mar. 31, 1983

*Prep
Records*

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.

Jennis Hofmann

PROPERTY OWNER James L. Nearing

ADDRESS ~~6894 Haviland Mill Road~~
 9390 Davis Avenue, Laurel, MD 20707 (OFFICE) PHONE ~~854-2174~~
 498-5700

PROPERTY LOCATION: 8630 Tower Drive, Laurel, Md.
 6894 HAVILAND MILL RD. 21029 (HOME) : 854-2174

SUBDIVISION Nearing Subdivision (Proposed Name) LOT NO. 2

ROAD AND DESCRIPTION ⁶⁹¹⁰ North side of Haviland Mill Road, 1500⁺ feet east of the
Montgomery County Line - 6894 Haviland Mill Road

SIZE OF LOT 3.00 Ac. TYPE BLDG. ~~X~~ 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *James L. Nearing*

APPROVED BY *Frank Skon* FOR *terry* DATE *7/12/83*
(KIND OF SYSTEM)

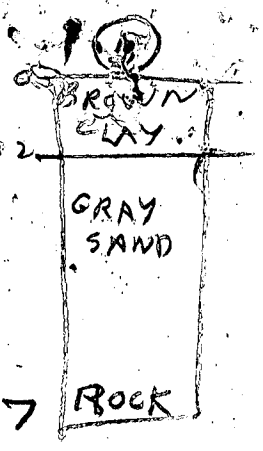
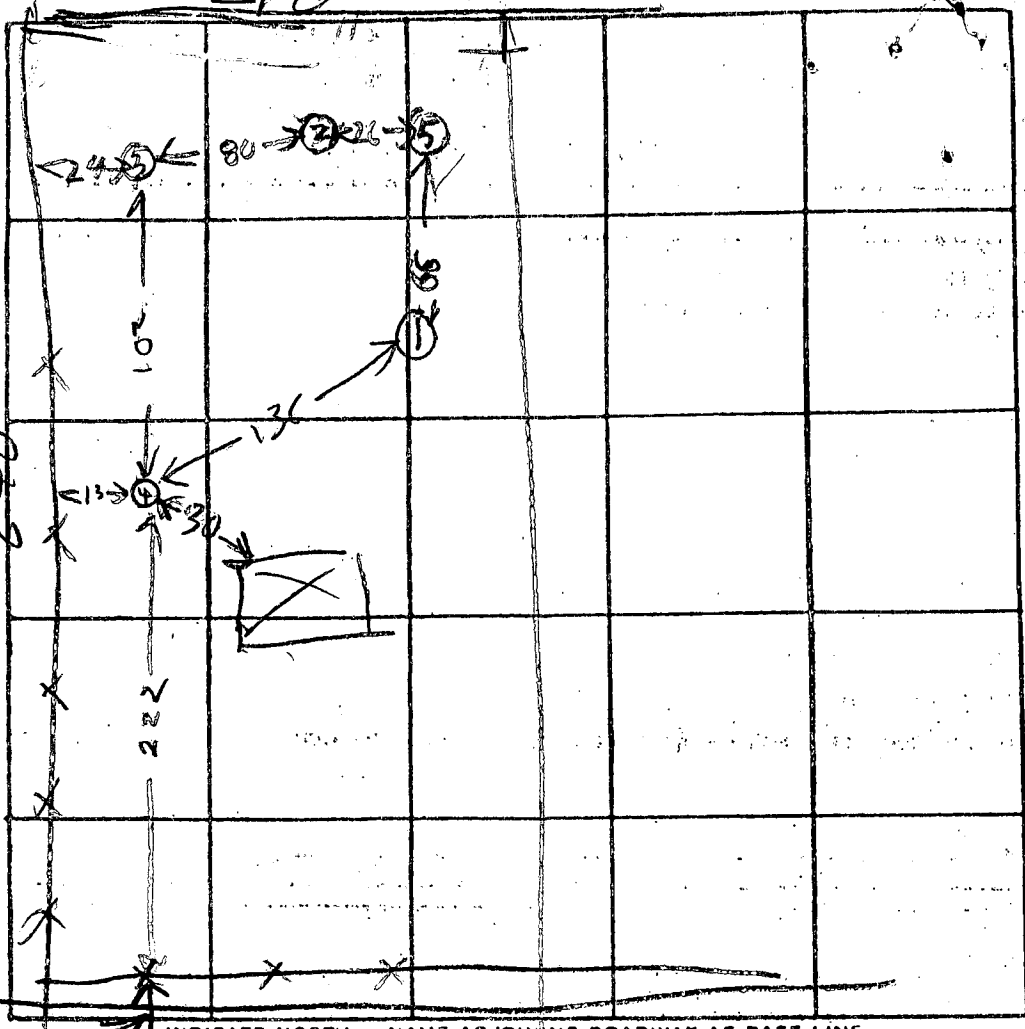
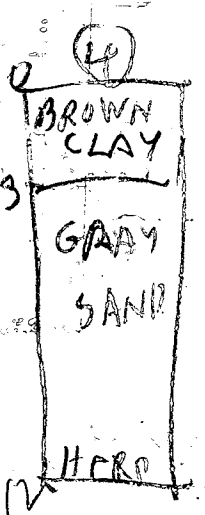
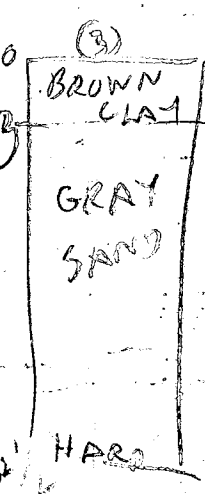
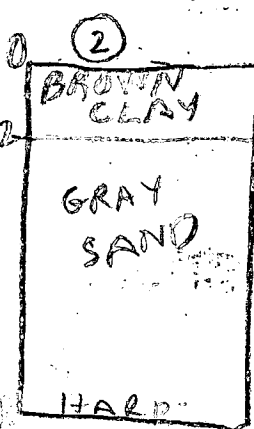
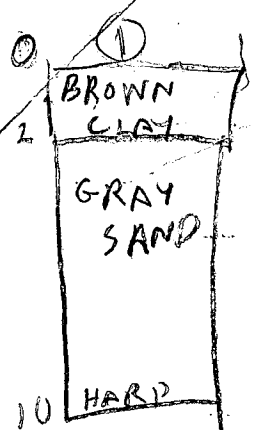
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED *7/12/83*
Serial # 56769 SFU

THIS IS NOT A PERMIT



- HOLE LEVEL
- ① HIGHEST
 - ④ NEXT HIGH
 - ③ NEXT LOW
 - ②⑤ LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

200 ft

HAVILAND MILLS RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/28/83	3	5	143	146	146	150	4
	1V	10	LOOKS OK				
4/26/83	2S	5	150	153	153	158	5
	2V	7 1/2	LOOKS OK				
	3S	6	155	157	157	200	3
	3V	12 1/2	LOOKS OK				
	4S	5	202	205	205	210	5
	4V	12	LOOKS OK				
+	5V	7	LOOKS SANDY BUT TOO SHALLOW				

inlet + 2 1/2'
bottom 6'

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT: DENNIS HOFFMAN

APPLICATION

A 32636

P _____

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

DATE Mar. 31, 1983

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

*4/26/83
Prep
Recorded
Nearing
will call for
appt.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER James L. Nearing

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SIGNATURE OF APPLICANT James L. Nearing

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/23/83 HOLD FOR REVIEW

4/26/83 Perc OK, must move house site SEE P 30598 for lot # 515

THIS IS NOT A PERMIT

B 1 5196

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0174

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

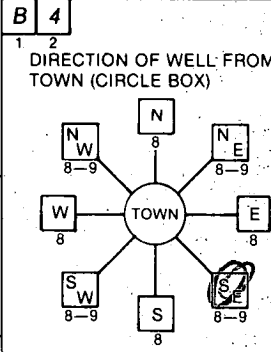
fill in this form completely

Date Received 9:30 AM - 7/14/83 - GROUT

OWNER INFORMATION: OPFMANNN, DeNNIS, 8630 Tower Drive, LAUREL, MD

LOCATION OF WELL: HOWARD, NEAR INGS, BRIGHTON, 2 1/2 MI FROM TOWN

DRILLER INFORMATION: Joseph L. Mayre, 5512 Ridge Rd. Mt Airy Md., 6/21/83



NEAR WHAT ROAD: Haviland Mill Rd., DISTANCE FROM ROAD: 105 FT

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

- USE FOR WATER (CIRCLE APPROPRIATE BOX): HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD, A32636, DATE ISSUED 062983, CO SIGNATURE Frank Skinner, EXP. DATE 12/29/83

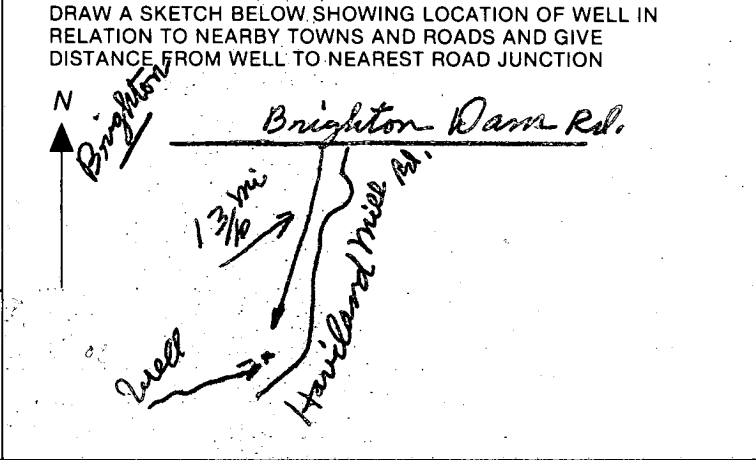
APPROXIMATE DEPTH OF WELL 180 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one): BORED (or Augered), AIR-ROTary, CABLE

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: Location OK, 31' casing, 1' above gr, 29' open, 9' bag cement, 7/14/83 JS

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (OEP USE ONLY): FORCE FS PERMIT NO. HO-81-0174

SPECIAL CONDITIONS

C1 0781
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(OEP 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 A 32636

DATE Received
8 13

DATE WELL COMPLETED
15 20
07/14/83

Depth of Well
22 26
203
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
28 29 30 31 32 33 34 35 36 37
40-81-0174

OWNER Hofmann last name Dennis first name
STREET OR RFD Havilland Mill Road TOWN Brighton
SUBDIVISION Nearings SECTION --- LOT 2

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	
<u>Brown shale</u>	<u>0</u>	<u>25</u>	
<u>Maquinn rock</u>	<u>25</u>	<u>203</u>	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 9 NO. OF POUNDS 816
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 29 ft.
(enter 0 if from surface)

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

MAIN CASING TYPE
Nominal diameter (nearest inch) 6
Total depth of main casing (nearest foot) 31

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

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

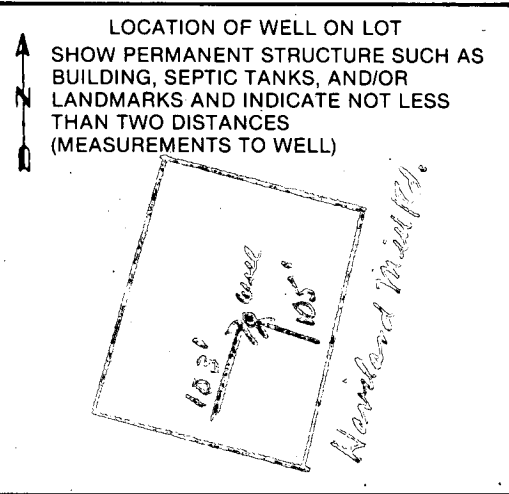
DEPTH (nearest ft.)
EACH SCREEN
1 40 30 203
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

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

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 28
TYPE OF PUMP USED (for test) S submersible
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet

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 } LAND SURFACE (nearest foot) - below } 50 51

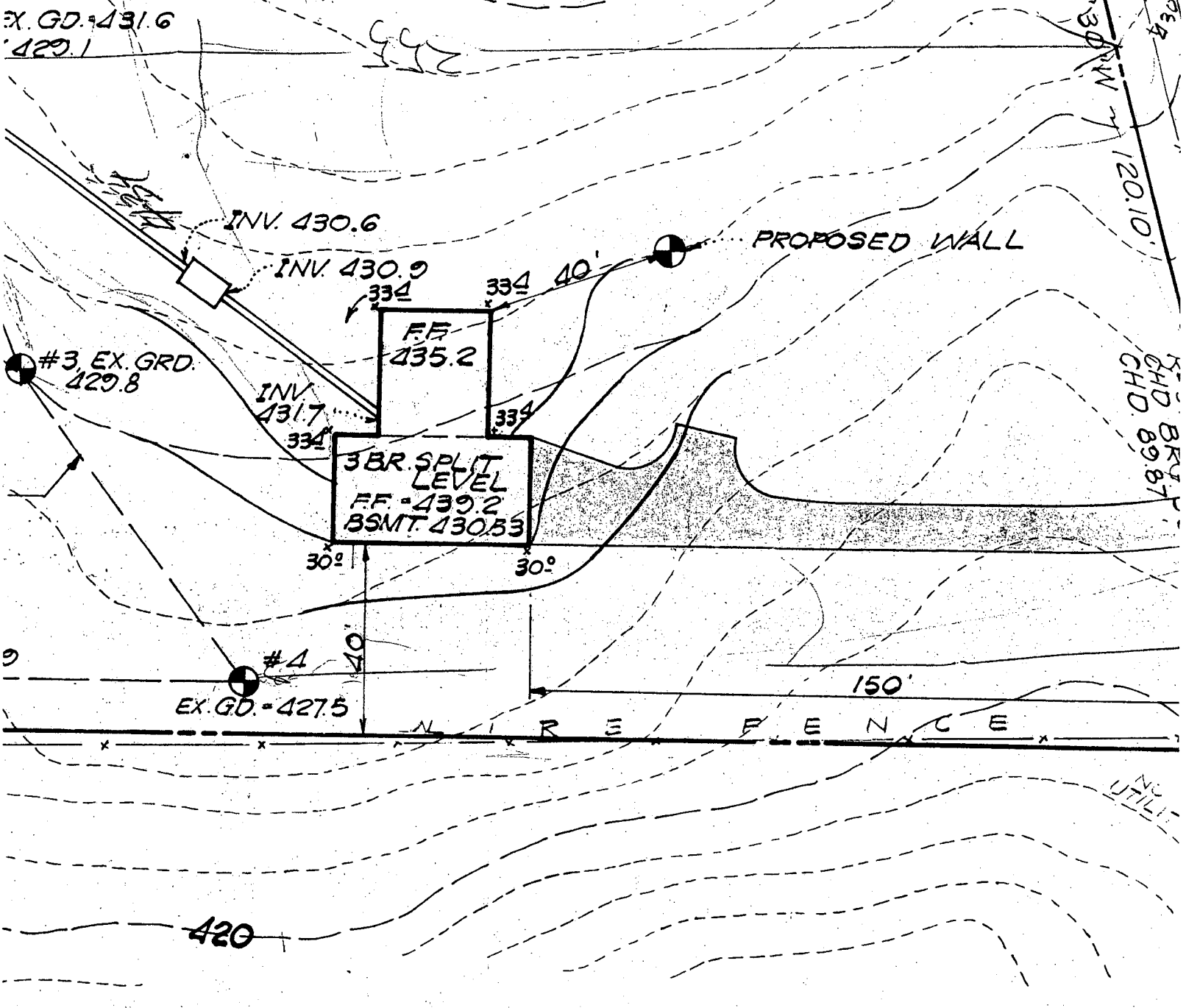


CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. 238
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

EX. GD. = 431.6
429.1



7/12/83
 Sketch OK
 F.S.