

12/27/99 layout Insp 2pm
meet Mr. Daniels
4/10/00
11:00
Lopen trench
4/11/00 3pm
7/18/00 11pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

P 513260

A 31268

DISTRICT _____

DATE 2/11/00

DATE SYSTEM APPROVED 7/18/00

INSPECTOR BB

Hatfield's Equipment

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Patapsco Overlook, Sec. III LOT 37 ROAD 721 Weller Drive

PROPERTY OWNER James E. Daniels

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

* TRENCH INSP REQUIRED BEFORE
GRAVEL IS PLACED. (CW)

180 SQUARE FEET PER BEDROOM

Provide 1000 GALLON OR LARGER PUMP PIT
WITH SINGLE EFFLUENT PUMP.

LINEAR FEET OF TRENCH REQUIRED 180

WATER TIGHT SEPTIC TANK AND PUMP PIT REQUIRED.

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the front right lot corner, (250'/957.89' Intersection) place distribution box 315 feet up the 957.89' lot line and 115 feet off that same lot line.

NOTES - Run trenches on contour toward the front lot line (250').
- No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ON SRM 12/22/99

PLANS APPROVED BY Amy McMillen DATE 12-16-1999

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

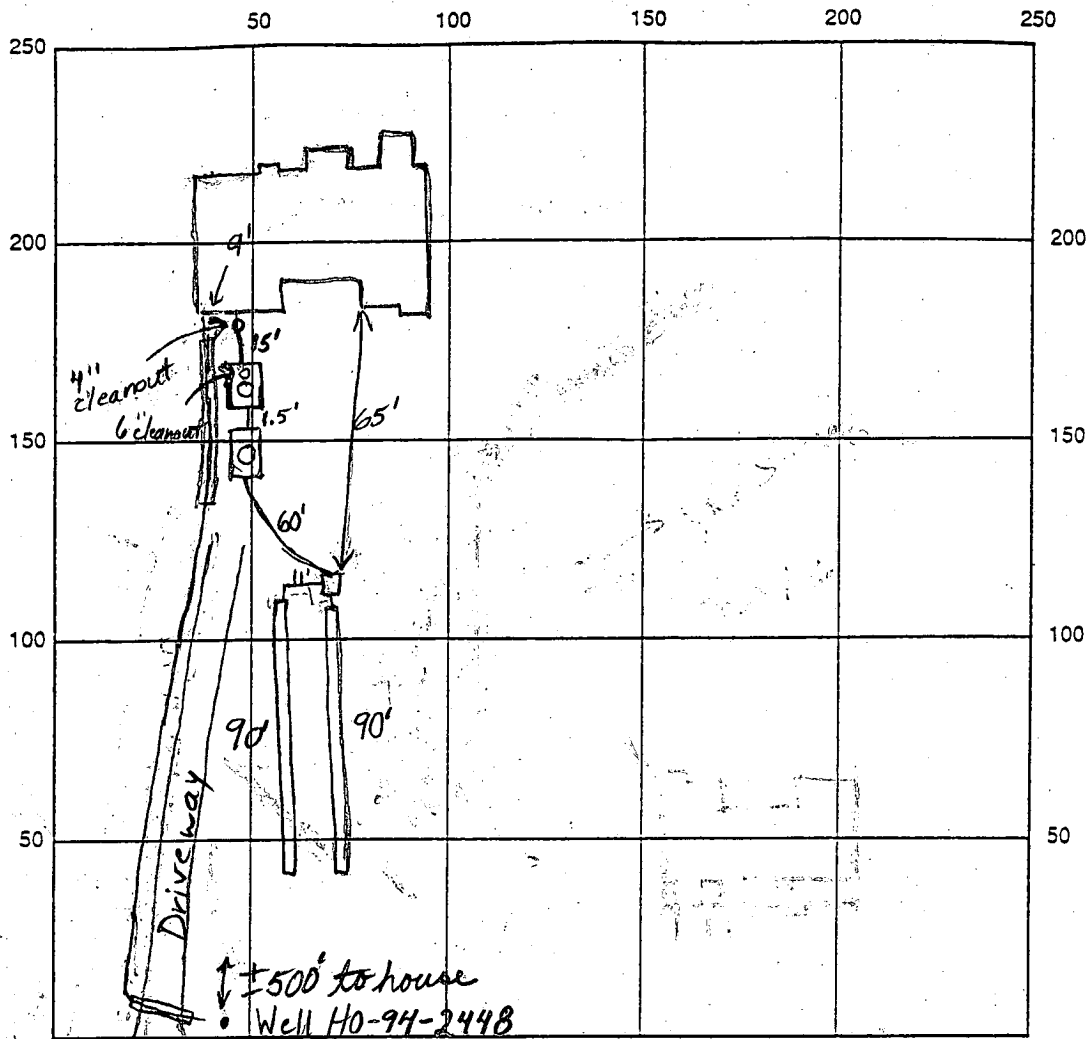
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Top of Tank? Weller Drive
 SEPTIC TANK LEVEL 2-1500 gal Top Seamed CLEANOUTS 1-4" House, 1-6" Tank,
 DISTRIBUTION BOX LEVEL OK 2- Tank Manhole Cleanouts
 DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.5 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 2x90' FT. (180' total)
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.
 DRYWALL INSIDE DIAMETER ✓ FT. EFFECTIVE DEPTH BELOW INLET ✓ FT.
 ABSORBENT AREA ✓ SQ. FT.

REMARKS: 12/27/99 - MET OWNER FOR GENERAL DISCUSSION. P.A.T.-GRADE DRAINWAY IN CURB

Can B6 consider 60' (CW) 3/21/00 OK to use 2000 gal compartmented tank w/ one pump
or can have smaller pump chamber & dual pumps & 4/10/00 Tanks set at
6.0+'. First trench started slightly outside of easement area turned
right lot line. Excessive rocks failed. Two 90' trenches to start 15' farther
downhill with 10' center to center spacing. (BB) 4/11/00 O.K. to cover all work. Well →

DATE SYSTEM APPROVED 7/18/00 INSPECTOR Brian Baker

lines running near tanks are to be sleeved from house to 10' after pump
tank. Needs pump and alarm test. (BB) 7/18/00 Pump and alarm working (BB)

PRELIMINARY

APPLICATION

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 4th

DATE 3/27/81

A 31268
P _____

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 Georgia Avenue Properties, Inc. JAMES E. DANIELS

ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE 465-7777
Jack Boender

PROPERTY LOCATION:

SUBDIVISION PATAPSCO OUBLOOK III LOT NO. 34 NEW LOT 37 FINAL PLAT

ROAD AND DESCRIPTION Route 94 and Old Frederick Road 721 WELLEN DRIVE

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms
(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. /s/ Jack Boender for E. Brooke Lee, III
(SIGNATURE OF APPLICANT)

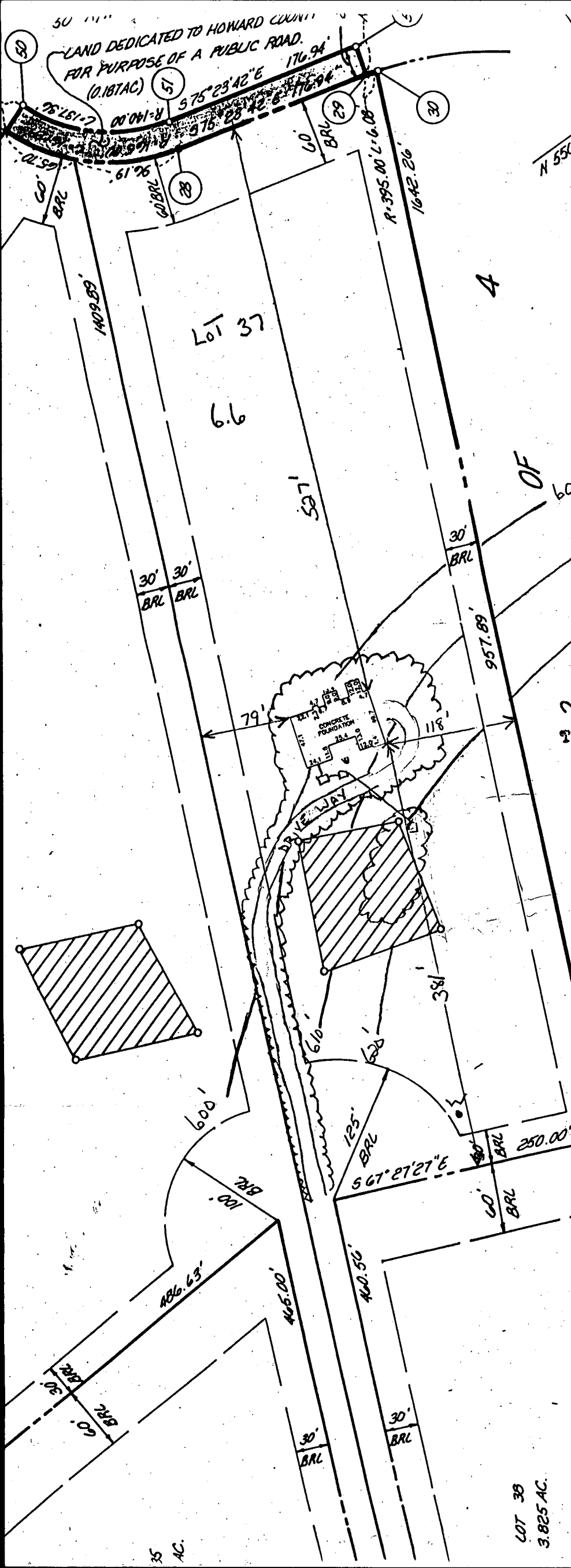
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



OWNER
 GEORGIA AVENUE PROPERTIES
 13838 GEORGIA AVENUE
 WHEATON, MARYLAND 20906

Approved Septic System Plan
 Howard County Health Department

1. B00121441 3BA 5FD
 PERMIT APPROVED 12/6/99
 THIS PLAN REVISION APPROVED 3/24/00

610 G. Williams 3/24/00
 Signature Date

3 FIRST FLOOR ELEVATION
 603'

Total linear feet of trench
 required 180 feet

Width of trench (ex) 3 feet

Depth of trench (ex) 4 1/2 feet

Depth of stone required below
 distribution pipe 2 1/2 feet

SHEET

SEE
 REVISED BP
 SEPTIC PLAN

James Daniels
 3/24/00

LOT 38
 3.825 AC.

35
 AC.

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 4-10-00

Name of Installer DAVID W. WISNIEWSKI SR.

Telephone 410-549-2118

License Number 8494

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner JIM DANIALS

Telephone 410-489-4008

Subdivision PATAPSCO OVERLOOK Lot # 37 Well Tag # HO-94-2448

Site Address 721 WELLEN DR. MT. AIRY MD. 21771

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X

Motor

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

Pitless Adapter

1. Make HARVARD
2. Model # PT 800
3. Depth 4'

2. Make Goulds

3. Model # 76S10412L

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes _____ No X

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 X Other _____

Tank

1. Capacity _____
2. Pressure relief valve? YES

Piping

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

Well data

1. Depth 200 ft.
2. Yield 15 GPM
3. Static water level 39 ft.
4. Will water supply be disinfected by installer? NO

4/11/00 Pitless 4.5' below grade.

2-piece cap 2' above grade. Ground good.

Line sleeved where it crosses driveway.

O.K. 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: [Signature]

Date: 4-10-00

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

[illegible]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Weil Permit No. HO - 94-2448

Location of property. (road)

Subdivision Antapasco Overlook

Well Driller

Lot 32

Block

Plat

Sec

Owner

Tim Daniels

Depth of well 200 15 GPM

Distance of measuring point (M.P.) above ground 3

Static water level (S.W.L.) below M.P. 39'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00

Pumping rate 12 G.P.M.

Total time _____ to reach pumping water level _____ ft. below M.P.

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

Ранг 70

[illegible]

B 1	14745	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2448 fill in this form completely
Date Received (APA) 8/30/99		OWNER INFORMATION RN 8010		
Last Name Daniels		Owner Jim And Jane		
First Name 16193 Old Frederick Road		Street or RFD Mt. Airy, Md 21771		
Town 70		State 72		
Zip 76				
DRILLER INFORMATION				
Driller's Name George F. Easterday		M W D 040		
Firm Name L. Franklin Easterday, Inc.		License No. 81		
Address 9265 Brown Church Rd.. MT. Airy, Md. 21771				
Signature <i>George F. Easterday</i>		Date 8/26/1999		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
☐ INDUSTRIAL, COMMERCIAL, DEWATERING				
☐ PUBLIC WATER SUPPLY WELL				
☐ TEST, OBSERVATION, MONITORING				
☐ GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard COUNTY NO. A31268				
STATE SIGNATURE _____ INSERT S _____				
DATE ISSUED 9/23/99 CO SIGNATURE <i>Carol R. Kelly</i> EXP. DATE 9/23/00				
NORTH GRID 555 000 EAST GRID 0780 000				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. wells				
2. _____				
3. _____				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 780				
N 550 5				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)				
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL				
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
☐ THIS WELL WILL DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ GAP _____				
PERMIT No. HO-94-2448				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				