LAYOUT	INSP 4	
INSP 2	INSP 5	
INSP 3	INSP 6	
ISSUE DATE:	<b>D</b> [r]	P
APPROVAL DATE:		A 509016
·	HOWARD COUNTY I	#04-521255 C DISPOSAL SYSTEM HEALTH DEPARTMENT RONMENTAL HEALTH
		_ IS PERMITTED TO INSTALL ☐ ALTER ☐
ADDRESS:		PHONE NUMBER:
SUBDIVISION: Bu	rntwoods	LOT NUMBER: 8-A
ADDRESS: 3330 S	harp Road	PROPERTY OWNER: Pat Stewart
SEPTIC TANK CAPA	CITY (GALLONS):	OUTLET BAFFLE FILTER REQUIRED
PUMP CHAMBER CA	PACITY (GALLONS):	COMPARTMENTED TANK REQUIRED
NUMBER OF BEDRO	OMS:	
SQUARE FEET PER E	BEDROOM:	<del></del>
LINEAR FEET OF TR	ENCH REQUIRED:	<del></del>
TRENCHES:	Trench to be feet wide. Inlefeet below original grade. Ef stone below distribution pipe	et feet below original grade. Bottom maximum depth fective area begins at feet below original grade. feet of
LOCATION:		
NOTES:		
PLANS APPROVED:		DATE:
NOTE: WATERTIGHT SEPTIC NOTE: ALL PARTS OF SEPTIC	ONSIBLE FOR SCHEDULING A PRE-CO C TANKS REQUIRED C SYSTEM SHALL BE 100 FEET FROM	ONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  ANY WATER WELL D PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH 461-9933

MARYLAND STATE DEPARTMENT OF HEALTH\*

UNTY 04-32/235

TAL HEALTH INDEXED DATE SYSTEM

DATE SYSTEM APPROVED

Fogle's Septic Service, Inc.	IS PERMITTED TO INSTALLXALTER
ADDRÊSS P. O. Box 659, Mt. Airy, Haryland 21771	PHONE
SUBDIVISION Burntwoods ROAD 3330 Share	Road LOT 8, Block A
PROPERTY OWNER	Pat Stewart
ADDRESS	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSO	ORPTION AREA BY 22%.
GARBAGE GRINDER? YES NOX	1
SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS	_4
TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 f. original grade. Bottom maximum depth 5.0 : area begins at 3.0 feet below original grad distribution pipe.	de. 2.0 feet of stone below
LOCATION - Place the distribution box 100 feet up the off the same lot line. Run trenches on confirst trench not to exceed 80 feet.  NOTE - No trench to exceed 100 feet in length. P.	ntour toward the right lot line.
NOTE - No trench to exceed 100 feet in length. P. cap to grade or above on seppic tank.	rovide 6" - 8" diameter Cleanout and
	apart relge to edge
PLANS APPROVED BY S. Abel	DATE
COVER NO WORK UNTIL INSPECTED AND APPROVED.	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE S	SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM	
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 TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL	
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 10	DO 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 DIAM ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED	ETER. CAST IRON.CONCRETE OR TERRA COTTA OR PVC OR ABS
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.	· •

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT \*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

BUILDINGPERMITSIGNED

9/8/00 BOD 155902-Kitchen Laundry Room

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		L	18054	E NORTH -	NAME ADJOINING R	DADWAY AS BASE	UNE.		

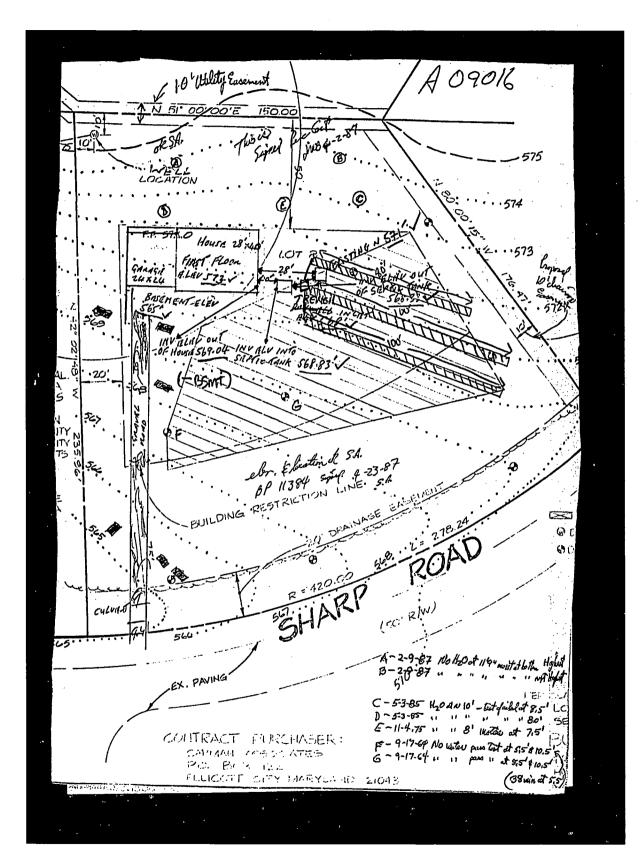
SEPTIC TANK LEVEL 1250 GAL	CLEANOUTS VST.+ INTINCE	And the section of th
DISTRIBUTION BOX. LEVEL		10.0
DRAIN FIELD TILE FIELD, DEPTH FT. TRENCH	WIDTH 3 FT. INLET DEPTH 3 FT.	
EFFECTIVE GRAVEL DEPTH FT.		
NUMBER OF TRENCHES3	ONE SIDEWALL/SOTTOM AREA 840 SQ. FT.	
DRYWELL INSIDE DIAMETER FT.	EFFECTIVE DEPTH BELOW INLET FT.	
ADCORDENT ADEA 840	SO ET	
BEMARKS 7/2./87 NEED LOUSE CONNEC	TION Sofone final APPINAL- TO be DONE by	Plumbers.
		- JAU
		· · · · ·
		· · ·
		·
0.3 c1	INSPECTOR SIACL	
DATE SYSTEM APPROVED	INSPECTOR	1.0

324,38 P. 18 11.98 P. 1841:53 Phil 19 1849:53

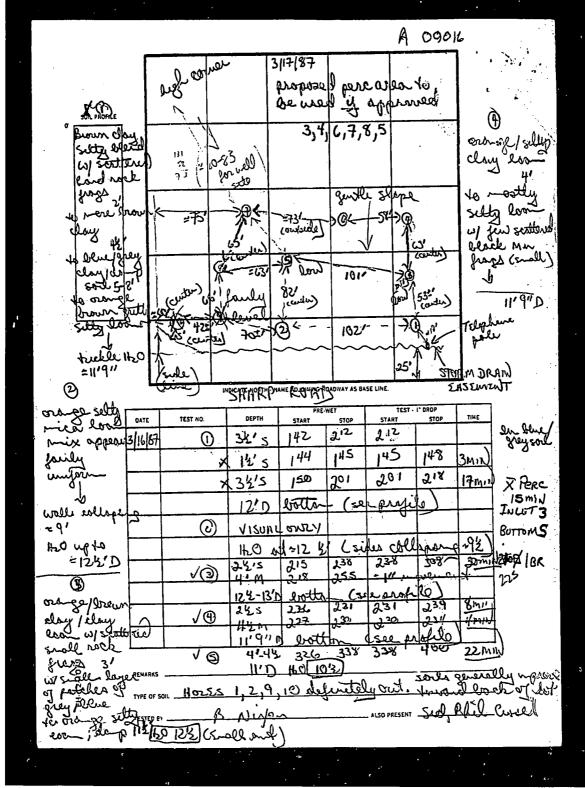
## APPLICATION

A 09016 PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933 THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT IOR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. CONTRACT PROSPECTIVE BUYER ADDRESS PROPERTY LOCATION BLDG. PERMIT, SIGNED AND RESTURNED 17-27-87 ISINGLE FAMILY DWELLING OR COMMERCIAL) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

THIS IS NOT A PERMIT



			THE SCOOP WHEN BE SHOW THE	
10	2350 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
T	1 23 6	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY	
	(THIS NUMBER IS TO BE PUNCHED IN COLS, 3-8 ON ALL CARDS)	PLEASE PRINT OR TYPE	NUMBER A-09016	
Ì			PERMIT NO.	
١	DATE Received DATE WELL COMPLETED		FROM "PERMIT TO DRILL WELL"	
١.		22 / J / J   120 (TO NEAREST FOOT)	149-8/1-120/15	
ŀ	8 13 15 16 CHARLET ASSO	CIANS	. 28 29 30 31 32 33 34 35 36 37	
١		o e d liest name	Eteneta GLENWOOD	
1	2			
-	WELL LOG	SECTION	iŏī	
١	Not required for driven wells	WELL HAS BEEN GROUTED	<u>C[3]</u>	
t	STATE THE KIND OF FORMATIONS	(Circle Appropriate Box)	PUMPING TEST	
	PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	HOURS PUMPED (nearest hour)	
ł	DESCRIPTION (Lee FFFT, . ]. Check .	CEMENT CM BENTONITE CLAY BC	89	
ı	additional sheets If needed) FROM TO: bearing	NO, OF BAGS _28_NO. OF POUNDS 2632	PUMPING RATE (gal. per min. 11 15 15	
ı	0.0	GALLONS OF WATER _/6 9	METHOD USED TO	
1	Clay 0 4 1	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE	
١	- /   <sub>11</sub>   <sub>00</sub>	from / It. to 5 C III.	WATER LEVEL (distance from land surface)	
١	$\left(\begin{array}{c c} & 14 & 37 & 1 \end{array}\right)$	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING	
.	SAND 7 37 V Gray Mira Rock 87 120 -	casing CASING RECORD	<del></del>	
j		(types) SIT CO	WHEN PUMPING [2] 25	
	87/120 -	( eppropriate ) STEEL CONCRETE	TYPE OF PUMP USED (for test)	
	Coray Mira	Code / PI OT	Aair Ppiston Tturbine	
	Rock	below PLASTIC OTHER	77 77 77 T	
	1001-	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe	
i	•	CASING top (main) casing of main casing	27 27 below)	
	·	TYPE (nearest Inch) (nearest foot)	Jet (Saupmeralble	
			27 27 (27 30 110 10 10 10 10 10 10 10 10 10 10 10 1	
		(a) (a) (b) (b)		
	•	E OTHER CASING (if used) diameter depth (feet)		
	Pump test 129pm / J. m. 9hi) - 1115 AM - 200 Pol 4-13-87, 2hi) - 1115 AM - 200 Pol 5: A1 2pol 5: A1 4-13-88 11048 N. NO.4-1 4-13-88 1408273 Nug. Simple DEN FCOP 1-5-88 Nug. Simple DEN	c diameter depth (reet)	PUMP INSTALLED	
	129/M 129/M 1-1871		DRILLER WILL INSTALL PUMP YES NO	
	Fund 12   201  4-13		(CIRCLE) (YES or NO)	
	115AM-2091 10 10 -1	k	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS	
(	ah -1115 dapa 3 13-80	- screen type SCREEN RECORD	EXCEPT HOME USE	
٠,	1112.11 4-5-80	or open hole ST DD WO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)	
	LAAB NITTO LE	Insert STEEL BRASS OPEN	IN BOX-SEE ABOVE:	
·	410 13 " " Le le:	(appropriate) BRONZE HOLE	CAPACITY: GALLONS PER MINUTE	
	1 084 Day Part	below PL OT	(to nearest gallon)	
١.	1 8 8 - 2 . Ed	PLASTIC OTHER	PUMP HORSE POWER	
ŀ	1008 15	C 2	PUMP COLUMN LENGTH	
	1 pu'	0EPTH (nearest It.)	(nearest ft.)	
	]		CASING HEIGHT (circle appropriate box	
			+ above and enter casing height)	
ı	]		LAND SURFACE (PROPERTY	
l	] . ] ] ]	S 23 24 28 - 30 32 - 30	below (nearest foot)	
	CIRCLE APPROPRIATE LETTER		49 50 51	
	A WELL WAS ABANDONED AND SEALED	E   38 39 41 45 47 47	LOCATION OF WELL ON LOT	
	WHEN THIS WELL WAS COMPLETED		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR	
ŀ	E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 AND	N LANDMARKS AND INDICATE NOT LESS	
	P TEST WELL CONVERTED TO PRODUCTION	OF SCREEN (NEAREST INCH)	THAN TWO DISTANCES	
	HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	<del></del>	(MEASUREMENTS TO WELL)	
Ü	ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"	GRAVEL PACK 10	110 Yallo	
١.	ACCORDANCE WITH COMAN 10.17.13 "MELL CONSTITUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOYE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS	110. 13H.R.	
	OF MY KNOWLEDGE.		1 1 2 3 3 7 6	
	DRILLERS IDENT. NO. 938	F IN BOX 68 66 .	Capacity 391	
:	O	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	10" 2206/18	
	DRILLERS SIGNATURE	T (E.R.O.S.) WQ		
	(MUST MATCH SIGNATURE ON APPLICATION)	74 75 76	·	
ĺ		70 72	SHAPP RD.	
l	SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA	1	
•	responsible for attempt if different from normittee)	CASING INDICATOR	1 .	



	THE JOHNS H	PKII - comment on processor	Same and the same
		L RECORDS	1 At soul
	NOTE	E PAPER	A#09016
			2116187
ĺ	(PLEASE DATE EACH ENT	(RY)	3/16/87 LOT 8
Í	Physician notes begin here	L Mannhautatun masar hada hasa	
İ		Nonphysician notes begin hero	BOOWTHANK
į.		<b> </b>	
-	(7)	4' 245	252 252 354 12MIN
	c le do	×2' 247	325 =1"
	larle #4	125'D ent	tam (see profile)
<b>@</b>	of sorter of	V @	
•	yey soil	32' 302	312 312 322 12MIN
. !	35-42		DA 1187
	Gab Keens	V 60	24 110
0	1	VISURE ON	ILY 11'D (see profile)
	12- 125/10	-	-,
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0	brown/ ording		<del>४(१) र्सिक</del> ा
	wy 3'	- G-	2 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10
}		5	Trange for clay to
1	to gully clay	Strla to #54	4 25 12 Klay 312
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	aren - out	1 secondary	ney notiled com
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ŀ	mastly with	Lan carrola &	to orange from
ł	4	1 0-84	
}	Do-0 12	1800	Silly elay
659	<b>.</b>		W/ 1150 tusking
	TO HED	11/1)	(m Ozy 8'
		1	TP.D
L	15-291160 8/80		

## APPLICATION

SEWAGE DISPOSAL TESTING

109016

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE HOWARD COUNTY HEALTH DEPARTMENT DISTRIBUTED SOURCES

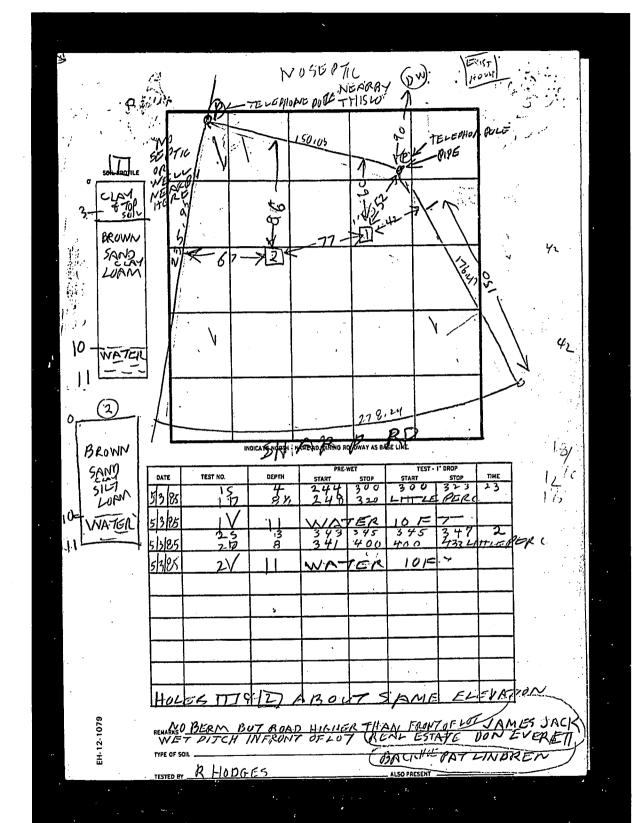
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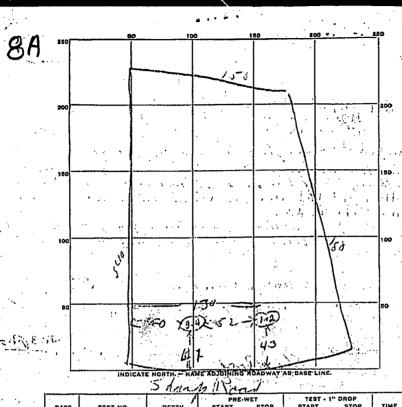
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, HARYLAND 21043
TELEPHONE: 992-2330

DATE \_\_

O: THE COUNTY HEALTH OFFICER						
ELLICOTT CITY, MARYLAND			ACE DISDOCAL SYSTEM	ı		
I, HEREBY, APPLY FOR THE NECESSARY TEST					:	
OPERTY OWNERMICHGA	EL & BEVE	RLY LL	EAHY			
		CALF	PHONE		<u> </u>	<u>·</u> .
ADORESS				•		
ROPERTY LOCATION:				•	•	٠.
BURNTWOODS	Sec III		LOT NO. 8			
JEDIVISION				-		•
DAD AND DESCRIPTION				<del></del>		
				-		
IZE OF LOT			TYPE BLOG.	INUMBER OF	PERPOOUS	
IZE OF COT				(NUMBER OF	DEDUCOUS.	
			OU ITIES DECOME AL	AU ARLE LEUI	LY UNDERSTA	ND THE
THE SYSTEM INSTALLED UNDER THIS APPLI	CATION IS ACCEPTABLE ON	LY UNTIL PUBLIC FA	CITILIE2 BECOME VI	NILLOGE. T. T.	1	
FEE CONNECTED WITH THE FILING OF THIS	DEDC TEST ADDITION IS	NON-REFUNDABLE	UNDER ANY CIRCUM	STANCES. I AL	SO AGREE TO	COMPLY
FEE CONNECTED WITH THE FILING OF THIS	PERC 1231 AFFEIGATION 13				·	
WITH ALL M.O.S.H.A. REQUIREMENTS IN TI	ESTING THIS LOT					
	* · · · · · · · · · · · · · · · · · · ·	. (5	IGNATURE OF APPL	ILAN II		
	F		·	DATE		
APPROVED BY	· · · · · · · · · · · · · · · · · · ·	, .			1. 1-	_
REJECTED BY F. Shimm	F	OR convert	honal siple	Sy CATE 5	120/8	
RESECTED OF		3 7	<u> </u>			
HOLD PENDING FURTHER TESTS	<del> </del>	The fallential of the control of the	:•	DATE		
	1010- 110	11-11-11		1-1		
REASONS FOR REJECTION OR HOLDING 5	しんしのち ニュロル	リリンフ・カス・ケハ	EVIEW.	BECO	MINGN	(1))

THIS IS NOT A PERMIT





DATE	TEST NO.	5 delas	PRE-		TEST . START	1" DROP STOP	TIME
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	3	5/1	9:50	9:57	9:27	1035	38 mu
	<i>د</i> ا	10/1, 17	9:50	10:05	1003	10 30	15mm
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4		7 100			22 6.7	14.54	1 20 14
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SOIL AUGER FINDING	<u> </u>
TESTED BY 400 9/17/64	
REMARKS I wohn led lat system	no dega the 18 Wingrade
ALSO PRESENT TO Onthe Dum	LOT NO 8 A US 3 post
ALSO PRESENT	LUI NO.

