MARYLA

PERMIT

SEWAGE DISPOSAL SYSTEM

P_27972

A 24130

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-356962

INDEXED

DISTRICT 5th

DATE 5/1/78

Donald Parlette	IS PERMITTED TO INSTALLXALTER
ADDRESS	PHONE
SUBDIVISION_(Spring Valley Farm	ns) 6356 Route 32 LOT_
PROPERTY OWNER Charles Coffey	,
ADDRESS 9913 Ferndale Ave.,	Columbia, Md.
SPECIFICATIONS 4 bedrooms	3 bedroom - 1000 gallon tank
SEPTIC TANK CAPACITY 125	GALLONS
DRAIN FIELD DEPTH	FEET, BOTTOM AREA SQ. FT.
DEEP TRENCH DEPTH	FEET, BOTTOM AREA SQ. FT.
SEEPAGE PITSABSOR	BENT SIDE-WALL AREA SQ. FT.
INLET PIRE FT. BELOW	ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT	FT. BELOW ORIGINAL GRADE.
LOCATE DISPOSAL AREA	FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN
line. The invert will endepth of the dry well wil 5 ft. from the edge of the will be 2 ft. wide, 10 ft	ated 28 ft. from the 547' lot line and 275' from the 150' prop. ater the dry well at 3½ feet below original grade and the maximum line exceed 10 ft. below original grade. The trench will begin the dry well and will follow the contour of the land. The trench is deep, and contain 6 ft. of stone. There will be no less than area per bedroom in this system.
PLANS APPROVED BY Robert Moor	pefield 10/26/76

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

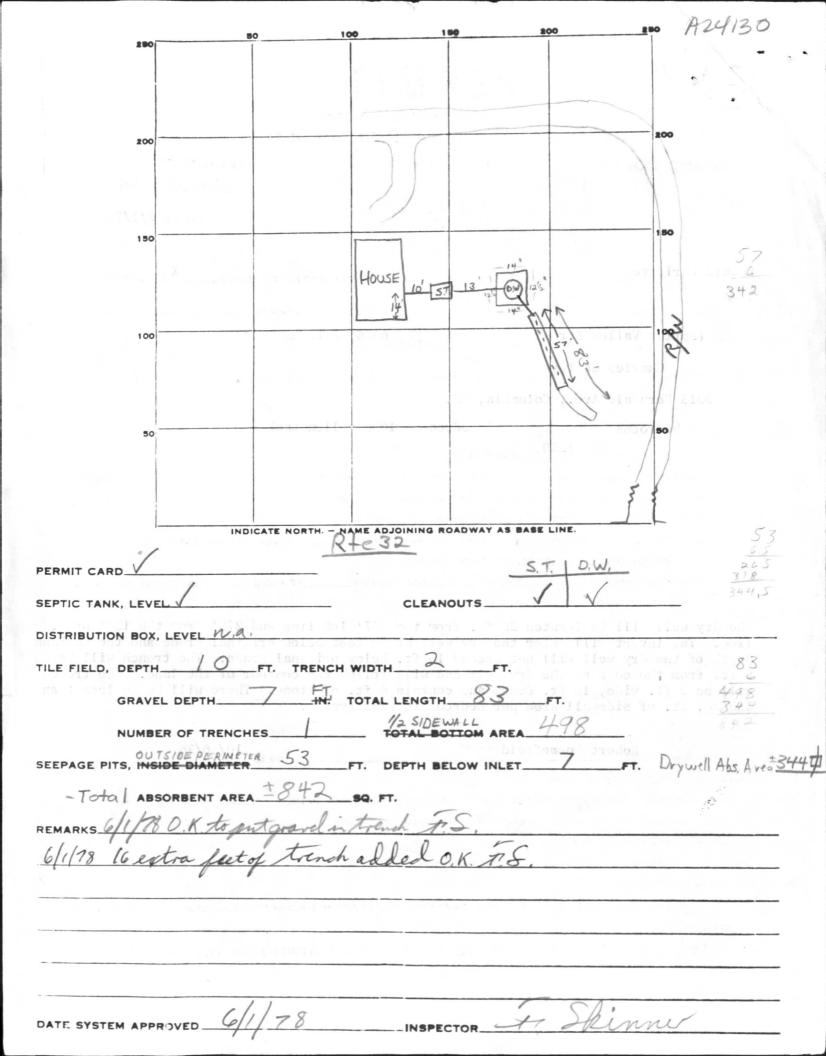
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

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

24/30



PRELIMINARY

APPLICATION

	24130	
	24130	
Д		

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT 5.T. 3 BR. 1800 gal ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476. ELLICOTT CITY. MARYLAND 21043 TELEPHONE: 465-5000. EXT. 356 The D. W. will be located 28 from the 547 peop line and 275 from the 150 peop line. The inv. will enter the D. W. O. C. and the max depth of the D. W. will not exceed 10 below 0. C. The trench will begin 5 from the edge of the D. W. and will follow the contour of the land. The trench will be 2' wide 10' deep, and contain 6' of stone. There will be no less than 1562 ft of sidewell and per bedroom in this system,
0: THE COUNTY HEALTH OFFICER 2 inspections ELLICOTT CITY, MARYLAND R. 72 /26/76
Charles Coffy Claude D. Kruhm Columbia and.
ADDRESSPHONE
ROPERTY LOCATION:
UBDIVISION (Spring Valley Farms) LOT NO. 6
POAD AND DESCRIPTION Route 32
IZE OF LOT
NOT SINGLE RESIDENCE DESCRIBE
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. (S) John D, Rettaliata
APPROVED BY R. Monfield FOR D.W. E. Trend DATE 10/26/76
(KIND OF SYSTEM)
FORDATE
OLD PENDING FURTHER TESTS DATE
REASONS FOR REJECTION OR HOLDING Install system before releasing Bo,
Rm.
AND RETURNED 1/18/78
serie no

THIS IS NOT A PERMIT

424130 141 (E) 211 (E)

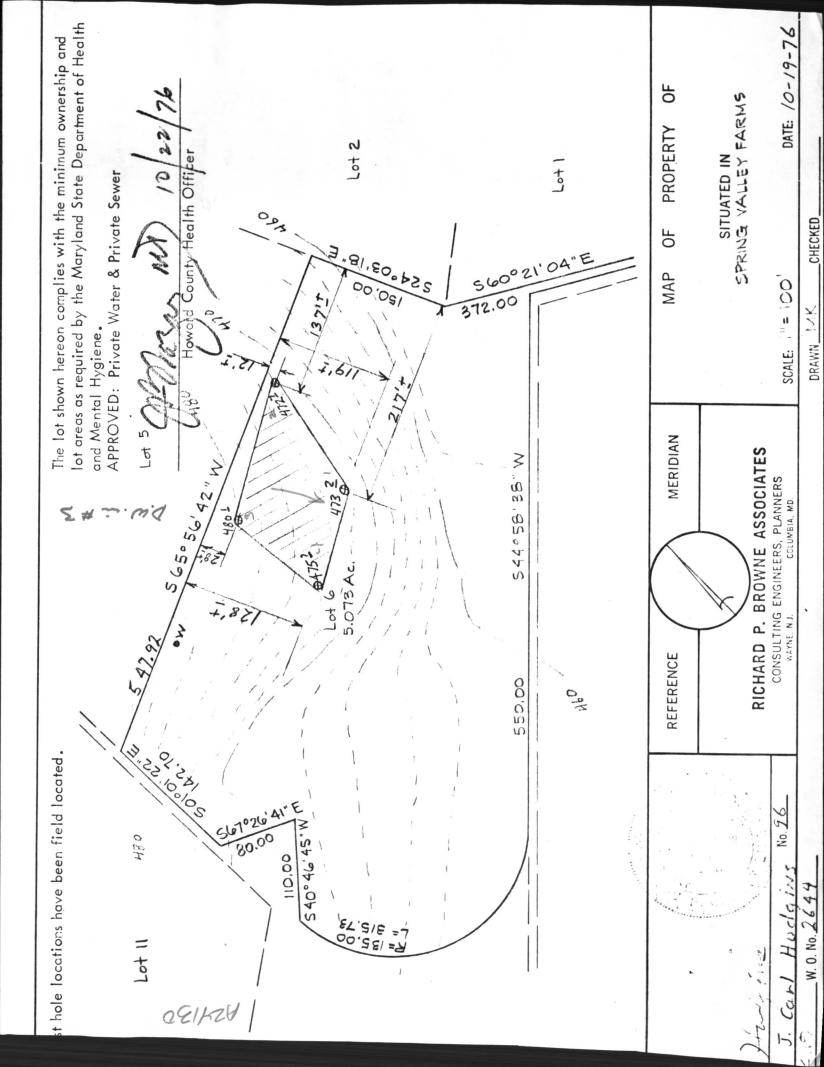
5 clay lon

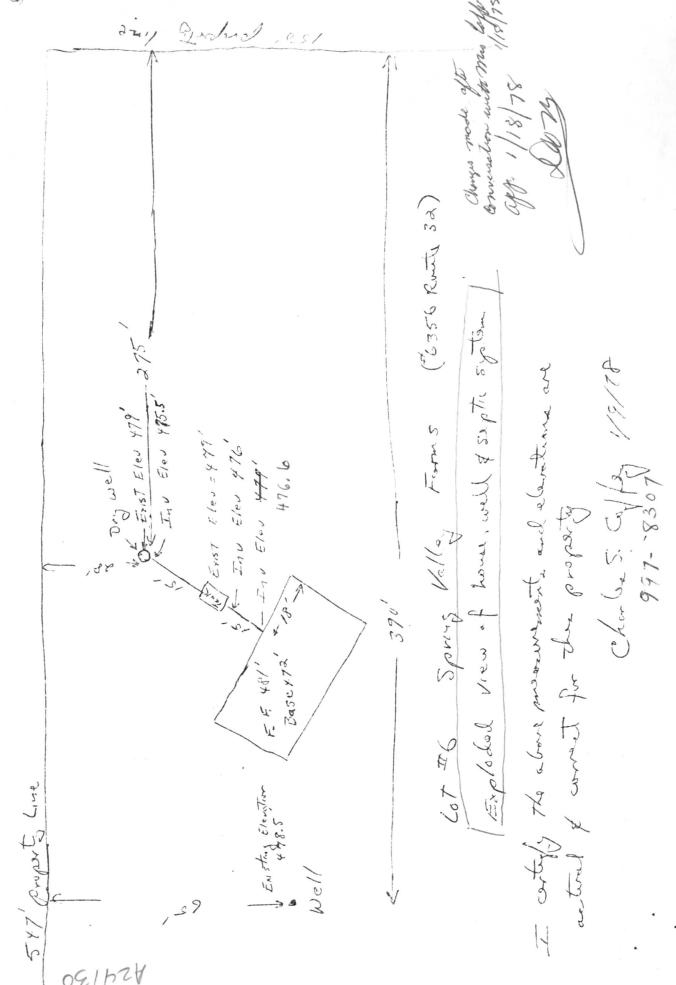
t = 12

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

e pt 32->							
DATE	TEST NO.	DEPTH	START	STOP	TEST - 1 START	STOP	TIME
10/14/76	1	13	958	30 111	1010	1024	14
	12	5	7 51	1001	100)	10.3	2
	2	4	10 12		no D		730
	24	13	1000	1007	1007	1020	13
	3	ч	10-	1016	1016	11 24	8
	34	13	1012	10 14	1014	10 19	5
	4	12 2	vis	sam	e		
	23	5	1015	1024	1020	1000	10
		2 0					

REMARKS		
TYPE OF SOIL _		A
TESTED BY	ALSO PRESI	ENT: Parlette





£

DNR-214 (7-77) SEQUENCE NO STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WI (WRA USE ONLY) 30 DAYS AFTER WELL COMPLET WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 (SEQ. NO.) FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) WELL COMPLETION REPORT COUNTY NUMBER DATE RECEIVED DEPTH OF WELL PERMIT NO. FROM "PERMIT TODRILL WELL"
28 29 30 31 32 33 34 35 36 37 * 0 22 (TO NEAREST FOOT) DRILLERS IDENTIFICATION NO. L 5. OWNER STREET OR RFD POST OFFICE WELL DESCRIPTION WELL LOG C 3 GROUTING RECORD NO STATE THE KIND OF FORMATIONS PENETRATED, THEIR WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) (SEQ. NO.) Y N COLOR, DEPTH, THICKNESS AND IF WATER BEARING PUMPING TEST DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET TYPE OF GROUTING MATERIAL (CIRCLE BOX) FROM TO C М BC BENTONITE CLAY HOURS PUMPED (TO NEAREST HOUR) NO. OF POUNDS (GALLONS PER MINUTE TO NEAREST GALLON) GALLONS OF WATER METHOD USED TO MEASURE PUMPING RATE DEPTH OF GROUT SEAL (TO NEAREST FOOT) WATER LEVEL: (DISTANCE FROM LAND SURFACE) FT. TO 54 (NEAREST 48 52 ENTER O IF FROM SURFACE) CASING (NEAREST FOOT) CASING RECORD INSERT ST CO APPROPRIATE TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) CODE BELOW A AIR P PISTON T PL OT 27 OTHER PLASTIC OTHER C CENTRIFUGAL R ROTARY 0 (DESCRIBE MAIN NOMINAL DIAMETER TOP (MAIN) CASING BELOW) TOTAL DEPTH 27 27 27 CASING OF MAIN CASING (NEAREST INCH) J JET S SUBMERSIBLE 60 70 PUMP INSTALLED OTHER CASING (IF USED) TYPE OF PUMP (WRITE APPROPRIATE LETT BOX — SEE ABOVE: A, C, J, P, R, S, T, O) DEPTH (FEET) (INCH) CASING DRILLER WILL INSTALL PUMP N (CIRCLE APPROPRIATE BOX) CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) SCREEN RECORD SCREEN TYPE OR OPEN HOLE 35 ST BR H O PUMP HORSE POWER APPROPRIATE BRASS OPEN HOLE CODE PUMP COLUMN LENGTH BELOW (NEAREST FOOT) 47 PL OT CASING HEIGHT (CIRCLE APPROPRIATE BOX PLASTIC AND ENTER CASING HEIGHT) + ABOVE C 2 (NEAREST FOOT) LAND SURFACE 2 13 BELOW DEPTH (NEAREST WHOLE FOOT) 50 49 FROM 10TO EACH LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL), 21 SCREEZ CIRCLE APPROPRIATE BOXES 30 36 A WELL WAS ABANDONED AND SEALED WHEN THIS 38 30 45 E ELECTRIC LOG OBTAINED SLOT SIZE 1,_ P TEST WELL CONVERTED TO PRODUCTION WELL DIAMETER OF SCREEN L (NEAREST INCH) I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND 56 FROM GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX DRILLERS NAME WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) Front lot lin (E.R.O.S.) W Q 74 75 76 OTHER DATA AVAILABLE 72 SIGNATURE -TELESCOPE CASING LOG INDICATOR