

4/10/85
(initials)

01-318 897

APPROVED
4/16/85

4/16/85
anytime

PERMIT

P 35242

A 24636

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 4/4/85

Mechanical Systems Company IS PERMITTED TO INSTALL X ALTER

ADDRESS 940 Sunset Calley Drive, Sykesville, Maryland 21784 PHONE 442-1805

SUBDIVISION Lower Trail ROAD 16352 Frederick Road LOT 9

PROPERTY OWNER Dennis Truslow

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 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 194 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the first trench 364 feet from the front lot line and 120 feet from the right lot line as seen when facing the property from Route 144. Run trench(s) along level ground toward right lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Craig Williams DATE 8/14/84

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.

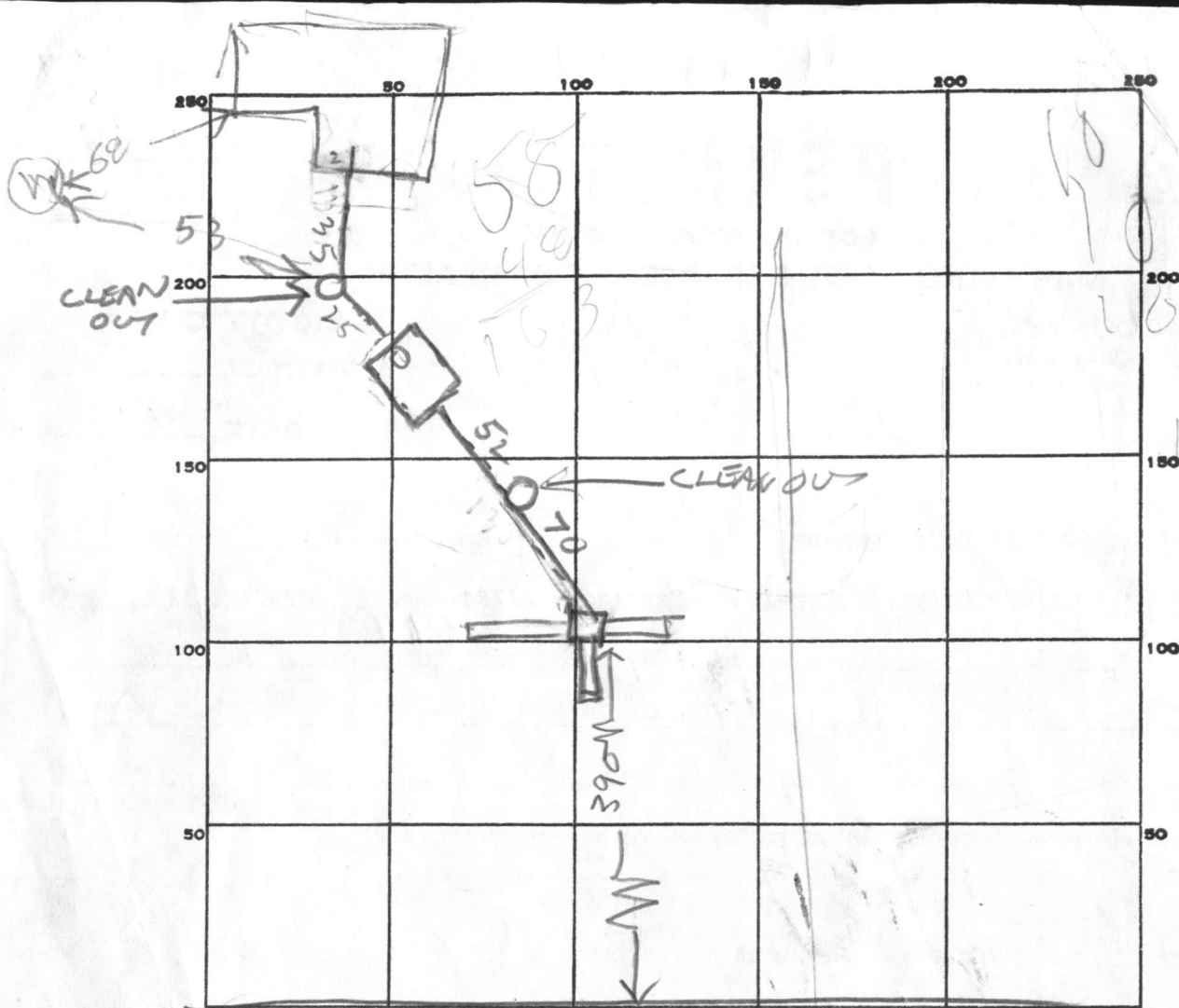
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A241036



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 144

PERMIT CARD _____

ST NO	SEWER NO
----------	-------------

SEPTIC TANK, LEVEL OK 1500

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 10.2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6F-7 IN. TOTAL LENGTH 133 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 798 (776 REQUIRED)

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/9/85 - OK TO COVER 1ST 13 FT OF HOUSE SEWER
ADD STONE TO TRENCH #1 - DIG TRENCH #2 OBTAIN DISTRIBUTION
BUT OK TO PUT PIPES IN STONE TO MEASURE DEPTH OF TRENCH #1
INSTALL TANK PUT CLEANOUT BETWEEN TRENCH & TANK
4/16/85 - TRENCH OK

DATE SYSTEM APPROVED

4/16/85

INSPECTOR

Raymond Hodge

APPLICATION

A 24636

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 11/10/76

*See Attached Sheet
for Specs*

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 Howard Associates

ADDRESS Old Frederick Road

PHONE Joel Abramson 730-7733

PROPERTY LOCATION:

SUBDIVISION LOWER TRAIL LOT NO. SA 9

16352 Frederick Rd.
ROAD AND DESCRIPTION Old Frederick Road RA 149 Short

Dirt Va. Lisslon Dennis Tuslow B.P. #60447

SIZE OF LOT 1.303 Acres 8.5 acres m/l TYPE BLDG. (3) or 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 /s/ Joel Abramson

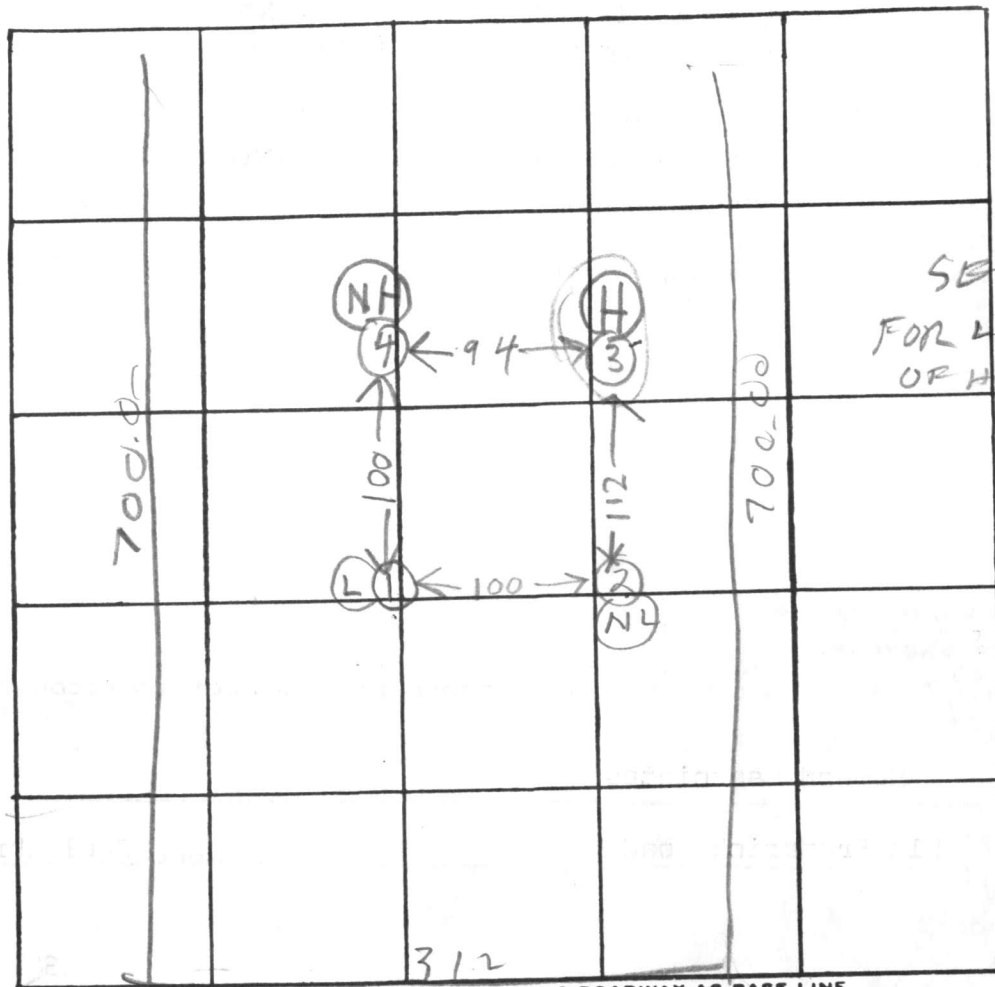
APPROVED BY Raymond Kedge FOR Dry Well DATE 4/2/80
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/14/78 PERC OK
BLDG. PERMIT SIGNED
AND RETURNED 8-14-84

THIS IS NOT A PERMIT



ROUTE 144 TO LISBON

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	HOLE ELEVATION
			START	STOP	START	STOP		
12/14/78	1S	5 1/2	151	202	202	217	5	LOWEST
12/14/78	1D	14	152	202	202	211	9	
	2S	7 1/2	200	206	206	214	8	NEXT LOWEST
	2D	14	201	206	206	212	6	
	3S	5 1/2	206	237	little open	FAIL		HIGHEST
	3D	13 1/2	206	214	214	220	6	
	4V	12	TOP 5 FT CLAY	BOT 7 FT	SHALEY SANDY	DRY		NEXT HIGHEST
	3M	6 1/2	304	305	305	308	3	
12/14/79	3V	14	TOP	5 1/2 FT CLAY	8 1/2	SANDY SHALE		
			BOT					

REMARKS

TYPE OF SOIL

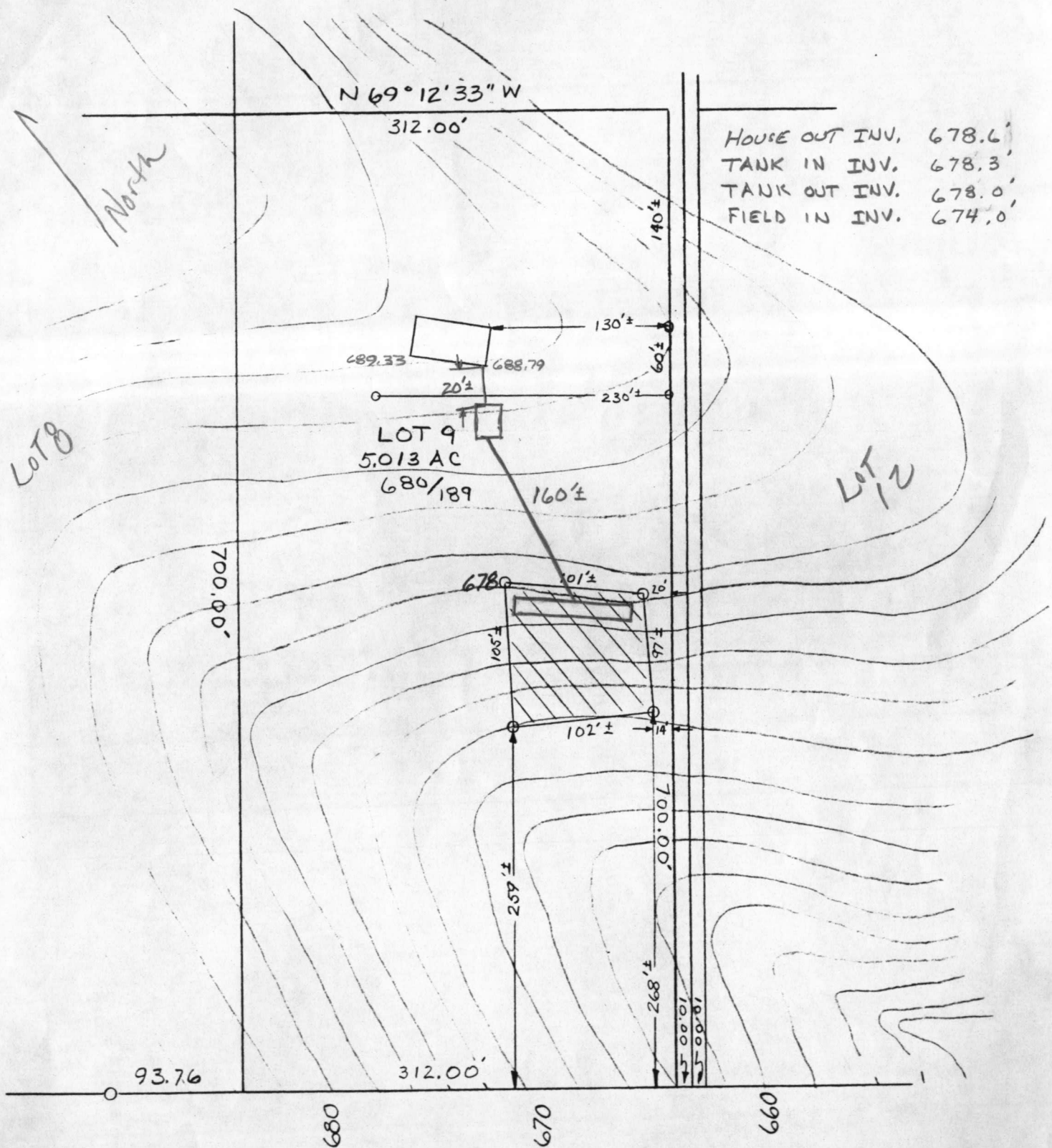
TESTED BY

R. HODGES

ALSO PRESENT:

DENNY } BACKHOE
FOWLER }

Lot 10



Dennis E. Truslow
LISBON SAGE LOT #9
8/14/84

C10731

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
NUMBERA 24636

DATE Received

DATE WELL COMPLETED072589

Depth of Well2232526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-81-0640

OWNER

last namefirst nameTOWN

STREET OR RFD

SUBDIVISIONSECTIONLOT

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

FROMTO

Check
if water
bearing

Top Soil02

Brown Shale220

Brown Slate2080

Blue Slate8085

Brown Slate8590

Blue Slate90325

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yesno

YNY

TYPE OF GROUTING MATERIAL

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS18NO. OF POUNDS1800

GALLONS OF WATER108

DEPTH OF GROUT SEAL (to nearest foot)

fromft. toft.

CASING RECORD

casing
types
insert
appropriate
code
below

STEELCONCRETE

PLASTICOTHER

MAIN CASING TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

OTHER CASING (if used)

diameter
inch

depth (feet)
fromto

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STEELBRASSOPEN
HOLE

PLASTICOTHER

DEPTH (nearest ft.)

EACH SCREEN

14089325

2

3

SLOT SIZE 123

DIAMETER
OF SCREEN

(NEAREST
INCH)

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

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.
to nearest gal.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother
(describe
below)

JjetSsubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

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.

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

GRAVEL PACK

IF WELL DRILLED WAS
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F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T(E.R.O.S.)

WQ

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

DEPT. 4 22 PM '80
DIVISION OF
ENVIRONMENTAL
HEALTH

Form with multiple sections and checkboxes, including fields for patient information, medical history, and examination results. The form is partially obscured by a large diagonal line.

Form sections include:

- Patient Information
- Medical History
- Examination Results
- Diagnosis
- Treatment
- Follow-up

Form fields include:

- NAME
- AGE
- SEX
- RACE
- DOB
- SSN
- MRN
- PHYSICIAN
- DATE
- TIME
- LOCATION
- REASON FOR VISIT
- CHIEF COMPLAINT
- HISTORY OF PRESENT ILLNESS
- PAST MEDICAL HISTORY
- ALLERGIC HISTORY
- SOCIAL HISTORY
- REVIEW OF SYSTEMS
- PHYSICAL EXAMINATION
- LABORATORY TESTS
- IMAGING STUDIES
- DIAGNOSIS
- TREATMENT
- PROGNOSIS
- DISPOSITION
- SIGNATURE
- DATE