**HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH** 

# PERMIT

#### SEWAGE DISPOSAL SYSTEM

#### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50757B

A 38023.

3rd DISTRICT

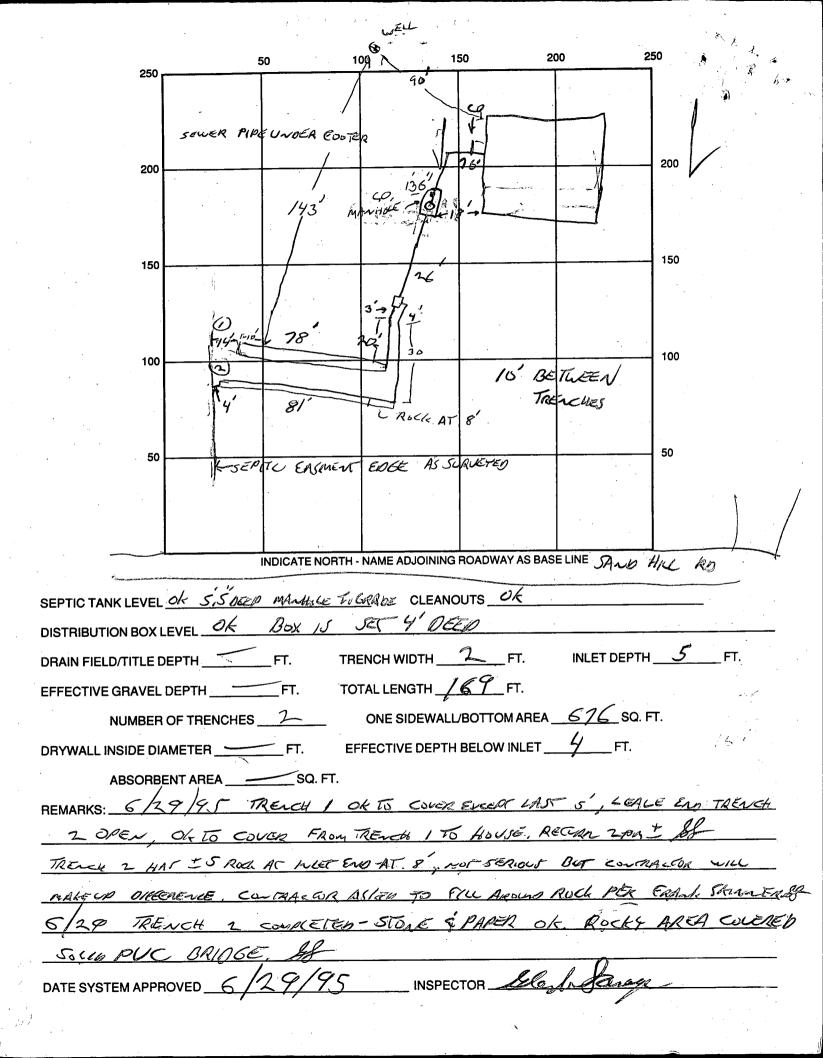
DATE 6-27-95

DATE SYSTEM APPROVED 6-29

	461-9933	INDEXED	INSPECTO	40
	Fogle's Septic Clean, I 558-R Obrecht Road, Syk		PERMITTED TO INSTALL X	_ALTER
ADDRESS		esville, MD 21704	PHONE 795-5674	2 Road
SUBDIVISION	Selby Property	LOTROAI	O Sand Hill Road S	and Hill Road
PROPERTY O	WNER	Rudolph and Helen Ga	11ina (	
ADDRESS				
SEPTIC TANK	CAPACITY 1000 GALLONS			
NUMBER OF E	BEDROOMS 3			
210	SQUARE FEET PER BEDROOM			
LINEAR FEET	OF TRENCH REQUIRED 156			
LOCATION	depth 9 feet below or grade. 4 feet of sto  - Place distribution bothat same lot line as on contour toward the	e left lot line. 100 feet in length. Pro	e area begins at 5 fee ipe. (434.98') lot line and ot from Sandhill Road.	t bêlow original 135 feet off Run trenches
	Y and the second			
PLANS APROVE	OBY Amy McMillen		DATE	5/19/95
COVER NO WOF	RK UNTIL INSPECTED AND APPROVED			
NEITHER THE H	IOWARD COUNTY COUNCIL NOR THE HEALT	TH DEPARTMENT IS RESPONSIBLE FOR TH	IE SUCCESSFUL OPERATION OF ANY	SYSTEM
NOTE: CLEANC ACCEPT	OUT REQUIRED EVERY 70 FEET OF SEWE TABLE.	ER LINE AND/OR AT 90° SWEEPS IN LIN	NES FROM HOUSE TO DRAIN FIELDS	3, 90° ELBOWS NOT
NOTE: ALL PAR AUTHOR	RTS OF SEPTIC SYSTEMS (I.E. TANK, DIS RIZED)	TRIBUTION BOX TRENCHES) TO BE 100	FEET FROM WELL (UNLESS OTHER	WISE SPECIFICALLY
NOTE: IF DEEP	TRENCH(ES) ARE USED CALL FOR INSPEC	TION BEFORE AND AFTER PLACING GRAV	EL IN TRENCH(ES)	
NOTE: NO DRY	WELL SHALL EXCEED 15 FOOT IN DIAMETE	R NO ABSORPTION TRENCH TO EXCEED	100 FEET IN LENGTH	
NOTE: ALL PIPE	E FROM HOUSE TO SEPTIC TANK MUST BE (	CAST IRON OR SCHEDULE 35/40 PVC OR A	ABS	
PERMIT VOID AF	FTER TWO YEARS	• • • • • • • • • • • • • • • • • • • •		
NOTE: INSTALL PVA OR	STAND PIPE ON SEPTIC TANK AND DRY WAS ACCEPTED. IF TOP OF SEPTIC TANK IS	VELL STAND PIPES MUST BE 6 INCHES IN DEEPER THAN 3 FEET. MANHOLE TO GR.	I DIAMETER CAST IRON. CONCRETE C ADE REQUIRED.	R TERRA COTTA OR

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



## APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 38023

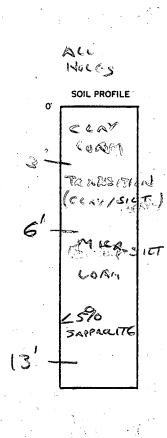
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
L HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR R	FCONSTRUCT) A SEWAGE DISPOSAL SYSTEM
PROPERTY OWNER A Wallace and Charlotte Selb	Y Rudolph + HELEN GAILINA
ADDRESS 2170 Sand Hill Road, Marriot	TSVIIIE PHONE
PROPERTY LOCATION:	
SUBDIVISION Selby Property	LOT NO. 1
2///	
ROAD AND DESCRIPTION West side, SandiHillvRoad	, North of Interstate 70
SIZE OF LOT 3 acres	TYPE BLDG. SFD
TAX MAP 16 PARC. 1	(NUMBER OF BEDROOMS)
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS N	ON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
	Thie Bul
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BYFOR	DATE
REJECTED BYFOR	DATE
HOLD PENDING FURTHER TESTS	DATE
PEACONG FOR REJECTION OR HOLDING	
REASONS FOR REJECTION OR HOLDING	OLDG. PERMIT SIGNED
	MAIL RETURNED 6/7/95
	Seual # 61017-5FD-
	3 Bediroms

# THIS IS NOT A PERMIT



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	Pro	BABLE	,	**
	1400368	WELL AREA	<i>f</i>	
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	100	6		
CENTER	or VSRN	O FILL	Ro	

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

2475	7507.110		PRE	-WET	TEST - 1" DROP		
DATE	TEST NO.	DEPTH	START	STOP	· START	STOP	TIME
1/2	;	9	2:18	12930	2:30	12:50	20 peral
1/24/81		T T	12:05	1 318	2:18	12:22	4 MIN
		13				V	
	2	9	VIS	010			
·		13.			44 A		
	3	9	1///	SOK	-		
		13					
	<u> </u>	4	FEOW AT	41 2	eshec F	AT 51	
	4	9	205	12:18	12:18	2:22	4 MIN
		13					
		5'	12515	8:28	2128	2149	2/-MIN
	3.						

REMARKS	MICA SOND	CORT (TOPO INDICCURATE -	y IN PLEDOSED LOCATIO
	MICA-SILT		
TESTED BY	Cwoln	ALSO PRESENT	Non m collins
,			secgy

EH-12-1079

C 1 3697	SEQUENCE NO.	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS, TO BE FIN COLS, 3-6 ON ALL CAR		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A# 380 23
ST/CO USE ONLY	DATE WELL COMPLETE  15  DATE WELL COMPLETE  20  15	Depth of Well 22 Depth of Well 22 Depth of Well 26 (TO NEAREST FOOT)	PERMIT NO.  FROM "PERMIT TO DRILL WELL"      0 -   9   4 -   0   4   9   9    28 29 30 31 32 33 34 35 36 37
	GALLINA last name (AIII)	RUDOLPH HTLL POAD first name TOWN	W.F.
STREET OR RFD	last name SAND	#ILL ROAD first name TOWN	LOT
SUBDIVISION WELL I Not required for STATE THE KIND OF PENETRATED, THEIF THICKNESS AND IF DESCRIPTION (Use additional sheets if needed)  SAND  GRAY MICA Rock	OG driven wells  FORMATIONS R COLOR, DEPTH, WATER BEARING  FEET Check if water bearing	GROUTING RECORD  WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL  CEMENT MB BENTONITE CLAY B C  NO. OF BAGS AS NO. OF POUNDS  GALLONS OF WATER  DEPTH OF GROUT SEAL (to nearest foot)  from From Surface)  casing CASING RECORD  types insert appropriate code below  MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	PUMPING TEST HOURS PUMPED (nearest hour)  PUMPING RATE (gal. per min.
IN HARD ROCK AREAS, IDE WHERE SATURATED FRACT WELL HYDROFRACTL	TURES WERE OBSERVED.	C OTHER GASING (if used) C diameter depth (feet) Sinch 3 from to C S Screen type or open hole insert appropriate code below  C C DEPTH (nearest ft.) C C DEPTH (nearest ft.) C C DEPTH (nearest ft.) C C C DEPTH (nearest ft.)	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)  CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest feat)
P WELL  THEREBY CERTIFY THAT THIS WELL  ACCORDANCE WITH COMAR 26  AND IN CONFORMANCE WITH AL  ABOVE CAPTIONED PERMIT, AND  SENTED HEREIN IS ACCURATE AN  MY KNOWLEDGE  DRILLERS IDENT. NO. L  DRILLERS SIGNATURE  (MUST MATCH SIGNATURE)	OONED AND SEALED WAS COMPLETED  AINED  RITED TO PRODUCTION  L. CONSTRUCTED IN  ALCONSTRUCTED IN  ALCONSTRUCTED IN  CONSTRUCTED	C 23 24 26 30 3 36 36 41 45 47 51 SLOT SIZE 1 2 3 (NEAREST OF SCREEN) 56 50 50 50 50 50 50 50 50 50 50 50 50 50	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)  LOCATION OF WELL ON LOT

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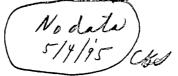
### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0449 Location of property (road) <u>JAND HILL</u> Subdivision <u>A.+ W., SUBDIVISION</u> Well Driller <u>T.L. MAYNÉ</u>	KOAD  Lot   Block Plat Sec.  Owner R. GALLINA
Depth of well $280$ Distance of measuring point (M.P.) about the static water level (S.W.L.) below M.P.	ove ground 1°
I. High rate pumping reservoir drawdown  Time pump started 7:45  Total time 30 m. H. to reach pumping	Pumping rate 20 Com water level 198 ft[   below M.P.

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
TIME (in 15 minute in-	below M.P.	time to fill \$/	(if used)	(gallons per
tervals	Delow 11.11	gallon bucket	·	minute)
8:00	152	3 ane .		209som.
	178	3		200
8:15 8:30	176	6		10
8:45	174	6		10
9:00	174	6		. /0
9:15	174	6		10
9:30	174	6		10
9:45	175	6		/ 6
10:00	175	Ь		10
10:16	175	(0		/0
10:30	174	6	<u> </u>	10
10:95	174	6		10
11:00	174	6		10
10:30 10:95 11:00	174	6		10
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Date	

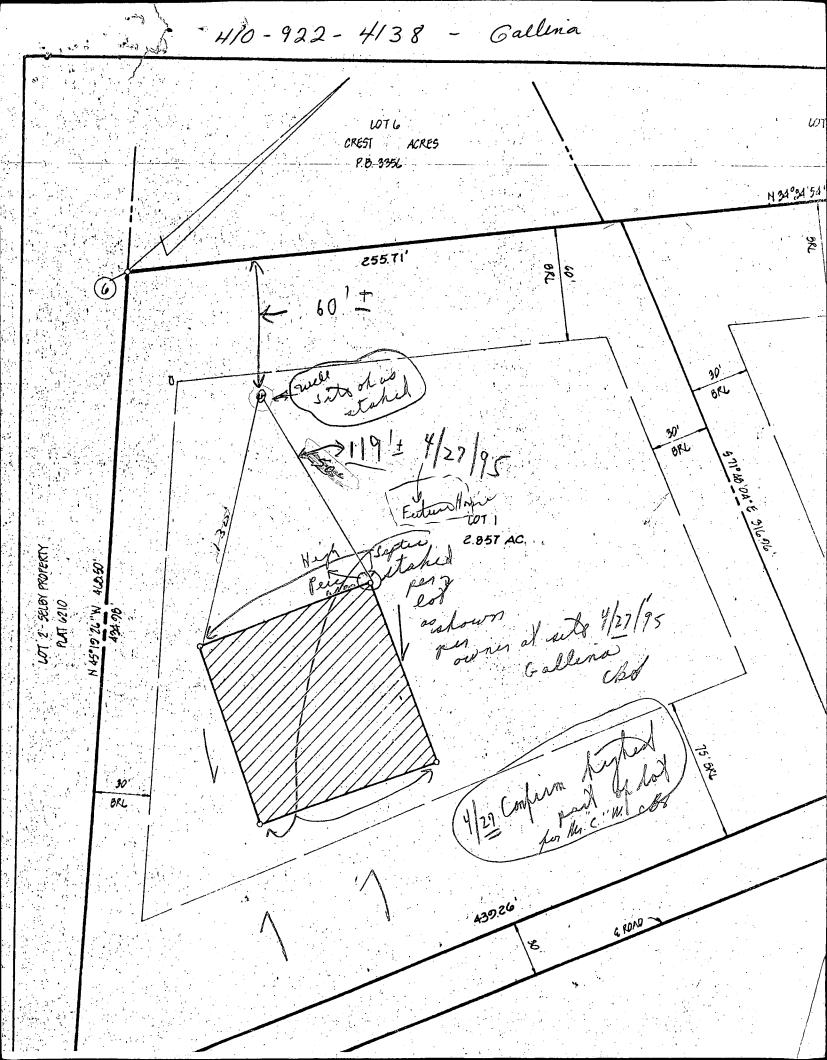


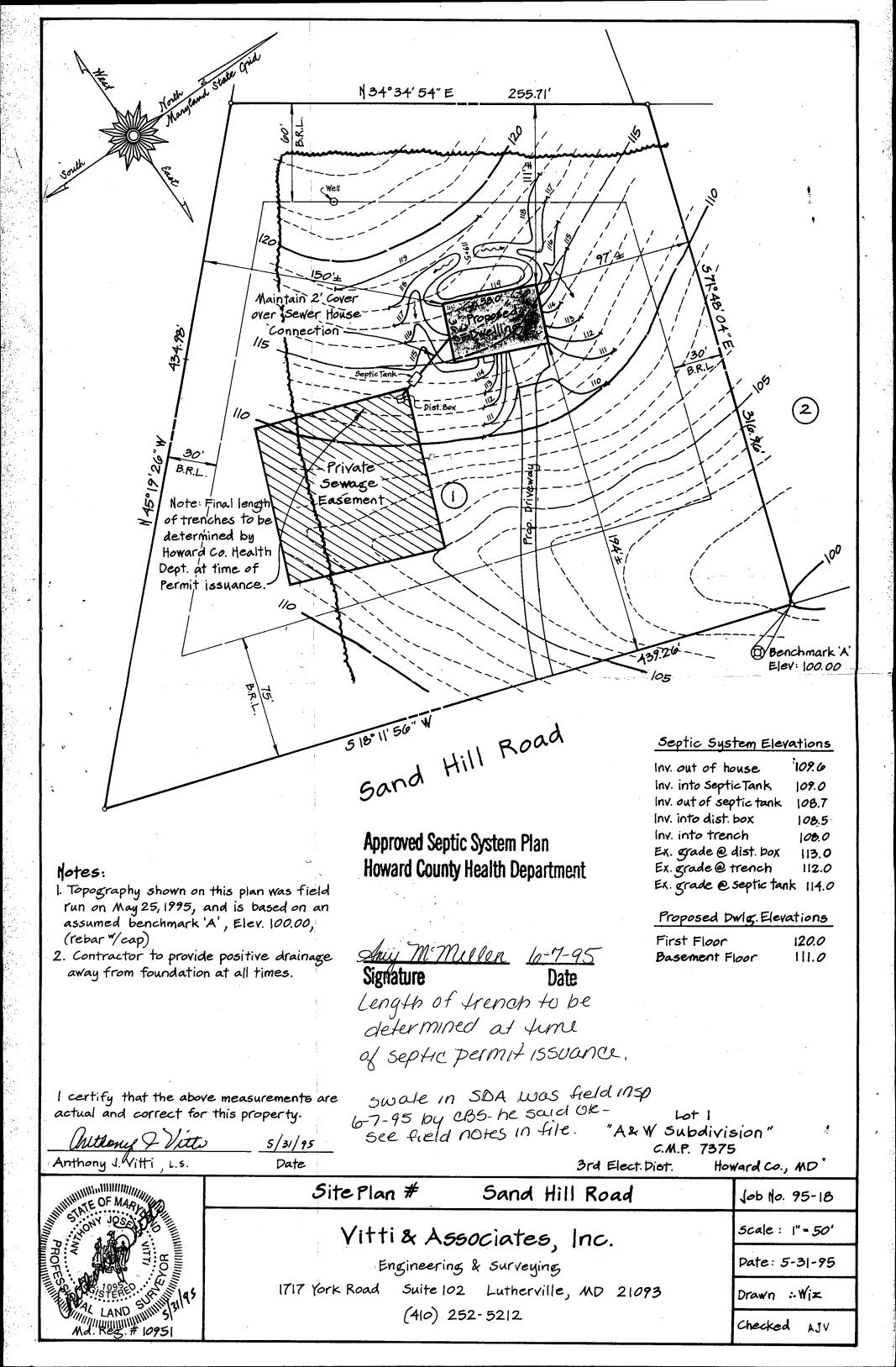
Review	

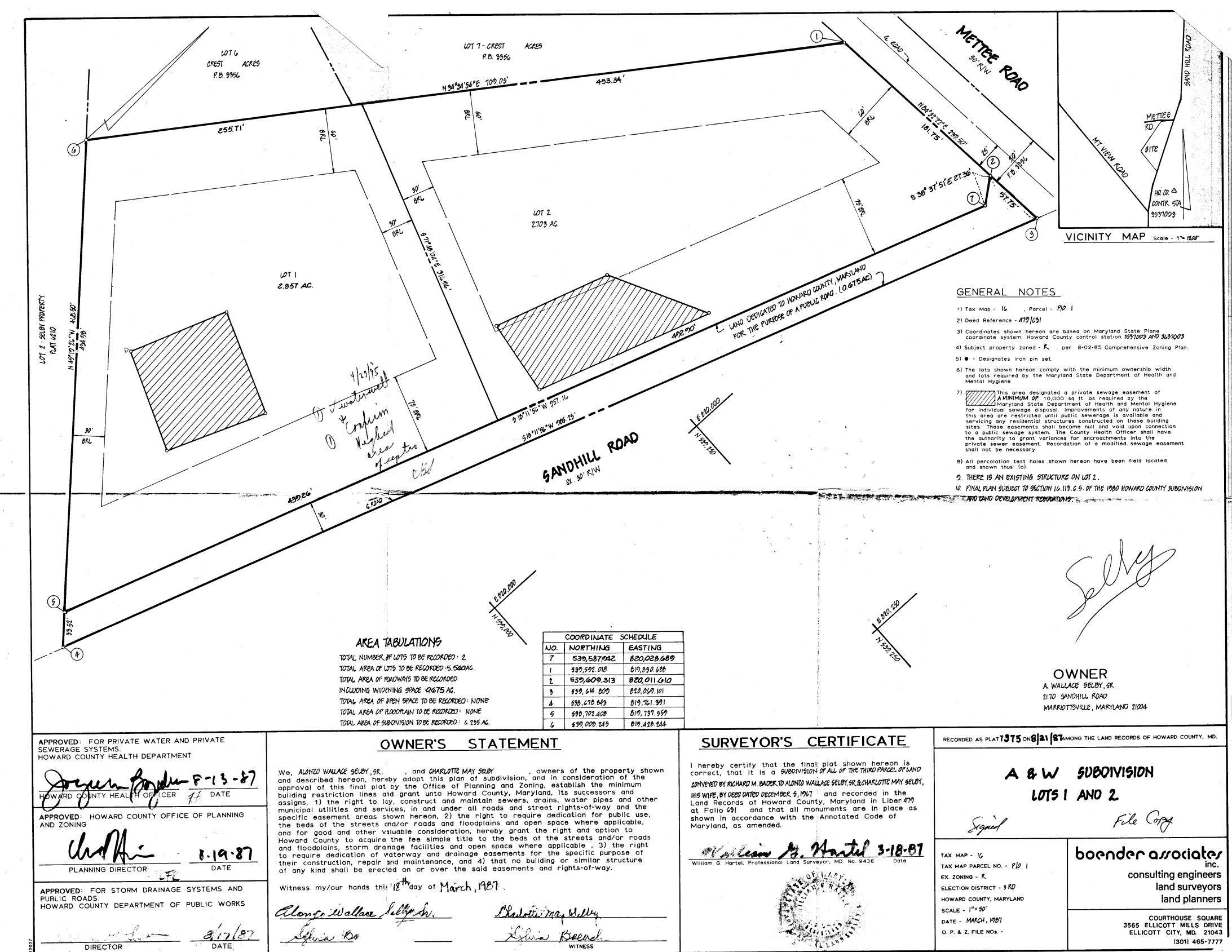
### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

		HOWARD COUNTY WELL	TIEBU TEST	
Well Permit No. Location of pro Subdivision M Well Driller	но - <u>94-044</u> perty (road) <u>(</u> f W Surp I v I T. L. МАУN	ANN WILL ROAD  SION Lot  Company Compa	Block Plat r _ K. GALL INA	Sec
Distance			ound	
Time pump Total tin		reach pumping water	Pumping rate ft. l	
II. Recovery p	oump test data -	observations to be	recorded every 15 minus	te <b>s</b>
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING (if used)	CALCULATED FLOW
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				•
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<u> </u>			Celallo d. 7	
		+	5/4No data	$\mathcal{V}$
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EMERGENCY/TEMP NO. IF ANY		
B 1 4452 SEQUENCE NO. (DP USE ONLY)  (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)  STATE OF I APPLICATION FOR PE		STATE PERMIT NUMBER        0 -   7   4   -   0   4   9     70 fill in this form completely 79
Date Received (APA)  0 4 1 9 9 5 OWNER INFORMATION  8 13 First Name Owner First Name 34  8 6 7 9 A L L P W W O O D R D  36 Street or RFD 55	B 3  1 2  HOWARD  8 COUNTY  A W SUB 23 SUBDIVISION SECTION  44  46	LOCATION OF WELL  21  DIVIDIO 1  42  LOT   48 50
DRILLER INFORMATION  DRILLER I	WESFRITOWN  MILES FROM TOWN (ente	73 76 77 78
Eriff Name  L. Maryone Wekt Dkit (in 6)  Friff Name  Lot 2 Rodge Rd. Mt. Airy, md. 2177,  Address	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	Sand Hill Pool 11 NEAR WHAT ROAD 30 NORTH
B 2 WELL INFORMATION  APPROX PUMPING RATE (GAL PER MIN.)	N   B   N   E   S   S   S   S   S   S   S   S   S	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 3 0 0 37 SOUTH DISTANCE FROM ROAD
AVERAGE DAILY QUANTITY NEEDED     S   12		TAX MAP: 16 BLK: PARCEL PC61  NOT TO BE FILLED IN BY DRILLER
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.		HEALTH DEPARTMENT APPROVAL  ## 38033 COUNTY NO.
22 OTHER (REQUIRES APPROPRIATION PERMIT)  PUBLIC OR PRIVATE WATER COMPANY (REQUIRES  P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  TEST, OBSERVATION, MONITORING (MAY REQUIRE	SIGNATURE DATE ISSUED	Marles Bryan Street 27/96  O SIGNATURE  O EAST O 8 2 0 0 0 0
APPROXIMATE DEPTH OF WELL 24 12 28;	SHOW MAJOR FEATURE BOX & LOCATE WELL _ WITH AN X	ES OF 5/4 Groat Salfdonit &
APPROXIMATE DIAMETER OF WELL NEAREST INCH  METHOD OF DRILLING (circle one)	SOURCES OF DRILLING  1. WELL  2.  3.	Bay of cement of can
BORED (or Augered)  30 AIR-ROTary  AIR-PERcussion  CABLE  REVerse-ROTary  Other	WRITE THE BOX NUMB FROM THE MAP HERE	20 It of can above
REPLACEMENT OR DEEPENED WELLS  (CIRCLE APPROPRIATE BOX)  THIS WELL WILL NOT REPLACE AN EXISTING WELL  THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	RELATION TO NEARBY	OW SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	A May wal	mutter Ry &
(IF AVAILABLE) 41  Not to be filled in by driller (OEP USE ONLY)  APPROP PERMIT NUMBER  G A P	1.63 FA 520 72	
FORCE WRITE PERMIT No. 4 0 - 9 4 - 0 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	West FA	iendskip
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =		







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