### SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### HOWARD COUNTY HEALTH DEPARTMENT

**BUREAU OF ENVIRONMENTAL HEALTH** XX46X9933X 313-2640

**DATE SYSTEM APPROVED** 

Paul Schissler/South Carrol	1 Backhoe	IS PERMITTED T	O INSTALL X	ALTER
ADDRESS 4410 Salem Bottom Roa	and the second s			
SUBDIVISION Meadowood, Sec. 2	ь LOТ49	ROAD 1210 Wi	ld Rose Court	
PROPERTY OWNER	Steven & Stacy	Fishman		
ADDRESS		· · · · · · · · · · · · · · · · · · ·		
SEPTIC TANK CAPACITY 1250 GALLO	DNS			
NUMBER OF BEDROOMS 4			• • • • • • • • • • • • • • • • • • • •	
210 SQUARE FEET PER BEDROOM				
LINEAR FEET OF TRENCH REQUIRED 210				
	t wide. Inlet 4 fee original grade. Ef feet of stone below	fective area begi	ns at 4 feet 1	m maximum below
LOCATION - Start the first tr	ench 140 feet from t seen when facing the	he front lot line	and 195 feet	from the n trenches
NOTES - No trench to excee		. Provide 6" - 8 OK MR 4/18/94	<mark>" diameter cl</mark>	eanout and
PLANS APROVED BY	Sid Abel		DATE	7/17/89

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)

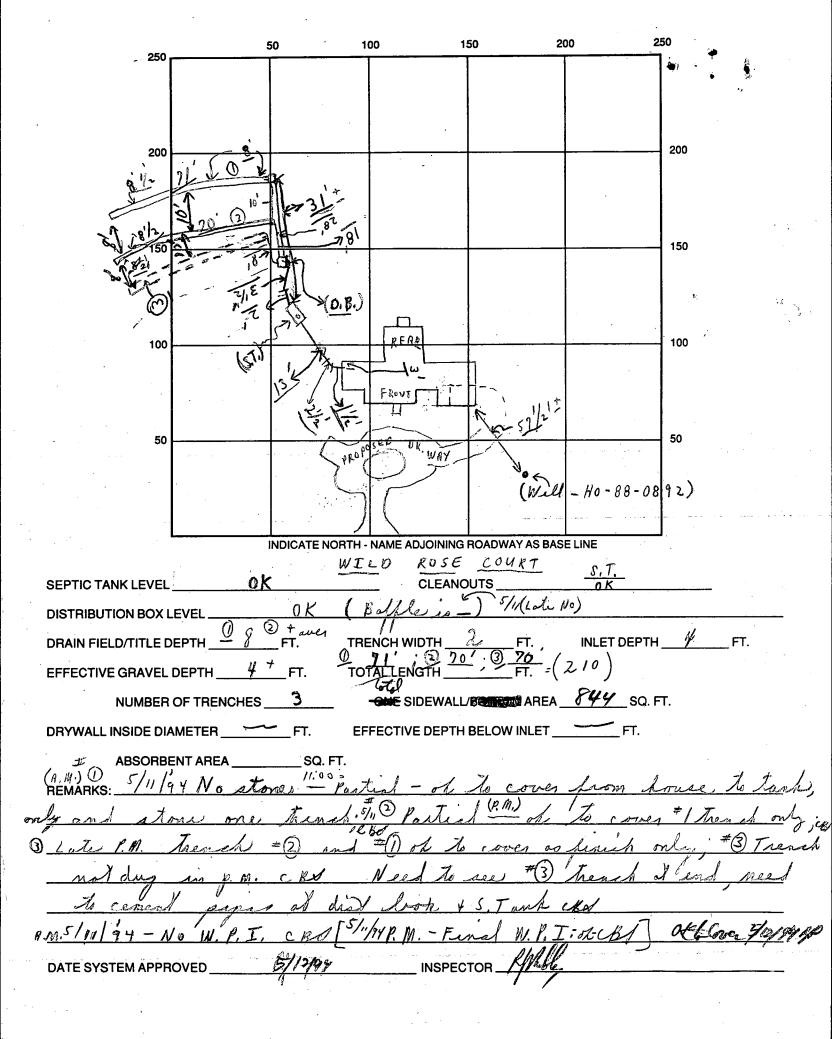
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

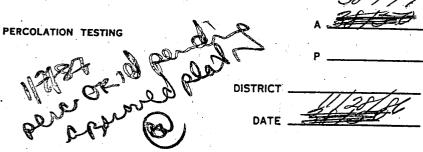
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



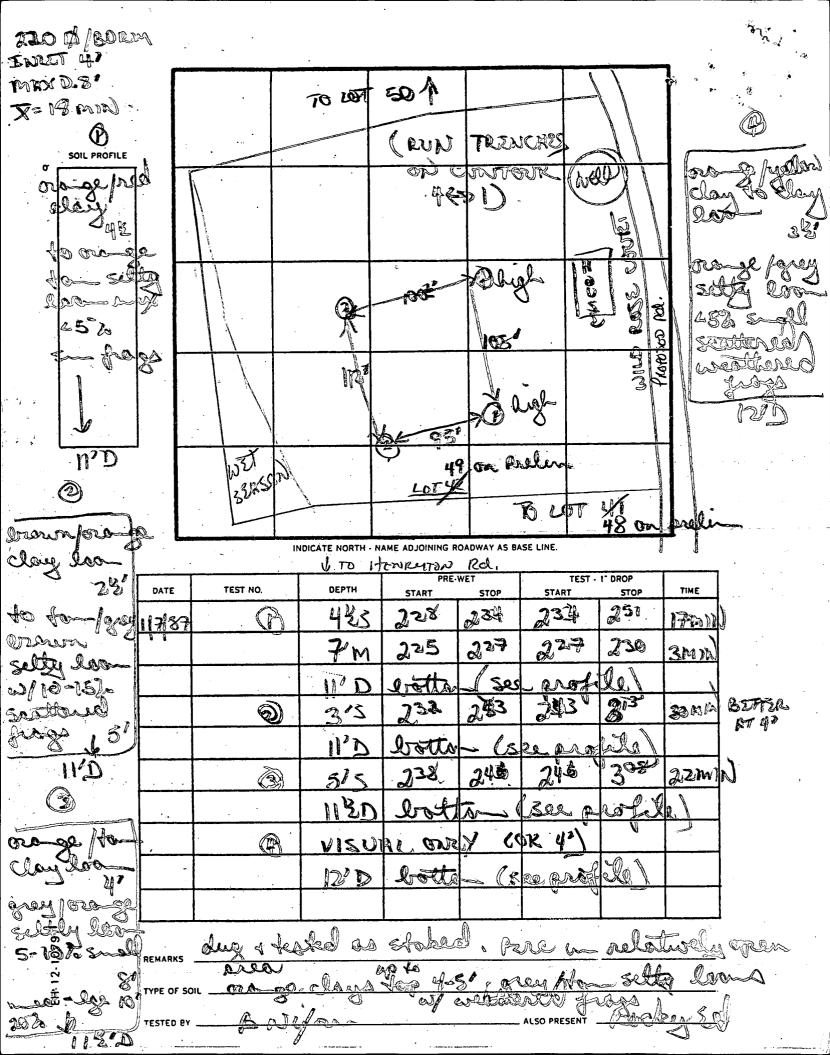
## APPLICATION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933



TO: THE COUNTY H	EALTH OFFICER					
ELLICOTT CITY.	MARYLAND		•			
	LY FOR THE NECESSAR' Steven	YSTACY FISH	(2000)	T) A SEWAGE DISPOSAL		
PROPERTY OWNER	Springhill	Associates_	- c/o D.S.	Thaler &	Associates	, Inc.
		Road, Baltimo				
PROSPECTIVE BUYER	· ·					
ADDRESS	,	1		PHONE		
PROPERTY LOCATION:					LOT 49 S	see 2 Phon
SUBDIVISION	Meadowood			LOT NO	400	Preling
ROAD AND DESCRIPTION	Henryto	n Road - appı	oximately	4000' nor	th of Tunn	el Road
		County, Maryl	/		ROSE COL	7
TAX MAP	PARCEL #	139				
SIZE OF LOT	3 <sup>+</sup> Acres				Single	Family
		Mg. et				LING OR COMMERCIAL)
THE SYSTEM INSTAL	LED UNDER THIS API	PLICATION IS ACCEPTABL	E ONLY UNTIL PUBL	IC FACILITIES BECOM	ME AVAILABLE. I FUI	Y LINDERSTAND THE
		IIS PERC TEST APPLICATION	•			1
		TESTING THIS LOT.		dik	Le X	AGREE TO COMPLY
				(SIGNATURE OF	APPLICANT)	
APPROVED BY	· · · · · · · · · · · · · · · · · · ·		FOR		DATE	
REJECTED BY	,		FOR		DATE	
HOLD PENDING FURTHER	TESTS		· · · · · ·		DATE	
REASONS FOR REJECTIO	OR HOLDING	Carles	larl al	I was to	A bal	in
			V		JG. PERMIT SIC	alla od aid
				Je.	wal # 52	977-
			<del></del>		*	-

# THIS IS NOT A PERMIT



REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE
ABANDONED AND SEALED

S AS TANDBY

THIS WELL WILL REPLACE A WELL THAT WILL BE USED
AS THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WECL TO BE REPLACED OR DEEPENDED
(IF AVAILABLE)

NOT TO BE REPLACED OR DEEPENDED
(IF AVAILABLE)

NOT TO BE REPLACED OR DEEPENDED

NOT TO B

C 1 1027 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL. CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 38149
ST/CO USE ONLY DATE WELL COMPLETE  8 13 2 20	22 <b>47</b> ) 26 (TO NEAREST FOOT)	PERMIT NO.  FROM "PERMIT TO DRILL WELL"
OWNER STREET OR RFD last name level of 12		
STREET OR RFD MOTOGRAPHIC 11	SECTION 2 Phone 2	LOT 49
WELL LOG  Not required for driven wells	GROUTING RECORD yes no	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	1 2 PUMPING TEST
THICKNESS AND IF WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS	PUMPING RATE (gal. per min. 2 11 15
Tapisoil, 6 2	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE
Spour Sticke 2 6 34	from 48 TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)
Bucan Mica 21 29	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)  Casing CASING RECORD	BEFORE PUMPING 17 20
Sudstant 24 29	types insert ST CO	WHEN PUMPING 24 6
Burn Mica 39 3	(appropriate ) STEEL CONCRETE CODE P L OT	TYPE OF PUMP USED (for test)
Brown Mica 39 61 Brown Mica 39 61 Brown Mica 39 61 Brown Mica 61 30 Brown Mica 82 84 Brown Mica 82 84	below PLASTIC OTHER	A air P piston T turbine
1964 Mica 82 84	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	centrifugal R rotary , O other (describe below)
Brown dea 89 266	TYPE (nearest inch) (nearest foot)	J jet Submersible
	60 61 63 64 66 70	27 27
(2001/ 11/10 366 320 -	E OTHER CASING (if used) A diameter depth (feet)	DIMP NICTALLED
	H inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP YES NO
Flint Graff Mica 20 430		(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
1 Mica 36 450	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
10101	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O)
	appropriate STEEL BRASS OPEN	IN BOX - SÉÉ ÁBÓVÉ: 29 CAPACITY: 27
	below PL OT	GALLONS PER MINUTE (to nearest gallon)
	PLASTIC OTHER  C 2	PUMP HORSE POWER 37 41
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E 1 4 0 1 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
	H 2	LAND SURFACE
CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36 R 3	below below foot)
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.	E 3 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to	N Silo
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS FLOWING WELL INSERT	<b>* O</b>
DRILLERS IDENT. NO.	F IN BOX 68 68	
Acare I Ga Fraday	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	6161
Janel Stules	70 72 0THER DATA	Main Pive
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	FIGURE 1-10 C

Review OK MR 6/1/20

Page	•	of	
Date	4:	•*	7

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0892 Location of property (road) Wild Me	ese cx. 40	·	
Subdivision Meanical	Lot La Block	Plat Sec 2	Phase ?
Well Driller 6 SASTERDAY	Owner Senns	hill ASSOCIATES	
Depth of well 420 Distance of measuring point (M. Static water level (S.W.L.) be	P.) above ground 212	المرابع المراب	
I. High rate pumping reservoir d	rawdown		
Time pump started 9.20 Total time 40 ways to reach p	Pumping rate pumping rate	te 10 GPM 6 ft. below M.P.	

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill # / gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	246	32-sec	390 FT,	1.87 CM
10:15	246'	32 sec	Down Housel	1.87 600
10:30	246'	32 sec	1	1.87 GAM
10:45	240'	32 Sec		1.87 (30)
00:11:	246	33 250		1.8751
11:15	246'	32 500		1.87 300
11:35	246°	32 Sec		1.87 567
11:05	2H6"	32,500		1.87 6011
17.50	2461	32 332		1.87 600
12:15	246	32 cc		1.87 600
17:30	246'	32 sax		1-87 690
12:45	246	32 320		1.87 300
1:00	246'	325		1.87 3学
31.18	246	32 Sec		1.87
1:30	246'	32~Sett		1.87
1:45	246'	33 000		1.87 GA
2.00	246	32 SC		1.87 CA
76.15	246'	32 Sec		1.87 370
3.230	946.	33 82		1.87
2:45	246'	32 Sec		1.87 6.8
3:00	246	32 50		1.87
2:15	246'	32 sec		1.87 6.0
7:30	246'	32 80		1.87 (0)
3:43	2461	32 50		1.87 GANT
HD-224 - 25	246'	32 800		1.57 00.00

5.12 and home

### 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 Replacement		Receipt #
Name of Installer 1031.	FEEZER CO, THE.	Telephone <u> </u>
License Number 2/22 Certified Well Pump Installer	WeII Driller	Registered Plumber
Name of Property Owner 1/4/4/ Subdivision 12/0 W	STORE FISHMAND LOT & 48 We	Telephone 785-1405 11 Tag # 140-88-0892
Pump  1. Type  a. Deep well jet  b. Shallow well jet  c. Submersible  2. Make	Motor 1. Horsepower 3/4 2. RPM 3/50 3. Voltage a. 110 b. 220	Pitless Adapter  1. Make Mr CA-PBECC  2. Model * 1310  3. Depth 42'
3. Model # 4. Capacity GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cut 7. What methods are used to pr vibrations? Torque arrest	off switch installed? otect the pump and elect	rical wiring from
Tank CAPTIVE APR WE 203  1. Capacity 39  2. Pressure relief valve? 4ES	Piping  1. Type  2. Size  3. NSF and/or BOCA Code approved  4. Depth of supply line	Well data  1. Depth 420 ft.  2. Yield 2 GPM  3. Static water level ft.  4. Will water supply be disinfected by installer?
I understand that it is my re Department when the installati is null and void).		
All information given above is	true to the best of my	knowledge.
Signat	ure of Applicant: Ma	They I Took
	Date:	5/10/94

Note: A sticker indicating approval/status of the installation will be placed

on the well casing at the time of the inspection.

