DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## PERMIT

04-344556

SEWAGE DISPOSAL SYSTEM

38359

DISTRICT

4th

#### **HOWARD COUNTY HEALTH DEPARTMENT**

BUREAU OF ENVIRONMENTAL HEALTH

**x461-9933**X

313-2640

DATE SYSTEM APPROVED

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER
ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197
SUBDIVISION Glenwood Springs LOT 12 ROAD 2834 Saddlebred Court
PROPERTY OWNER Vince Smelksin
ADDRESS
SEPTIC TANK CAPACITY 1500 GALLONS *** SEPTIC CONTRACTOR TO REQUEST TRENCH LAYOUT INSPECTION PRIOR TO BEGINNING EXCAVATION.
NUMBER OF BEDROOMS 5 SYSTEM TO BE INSTALLED HIGHER ON PROPERTY
210 SQUARE FEET PER BEDROOM  IF POSSIBLE ***  83
LINEAR FEET OF TRENCH REQUIRED 263
TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.
LOCATION - Place 1st trench 220 feet from the right front corner and 85 feet off the right line as seen when facing property from Saddlebred Court. Run trenches along
contour towards the right rear lot line. MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC SYSTEM.
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/29/92 RH
PLANS APROVED BY Bert Nixon/Craig Williams DATE 8/27/87

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)

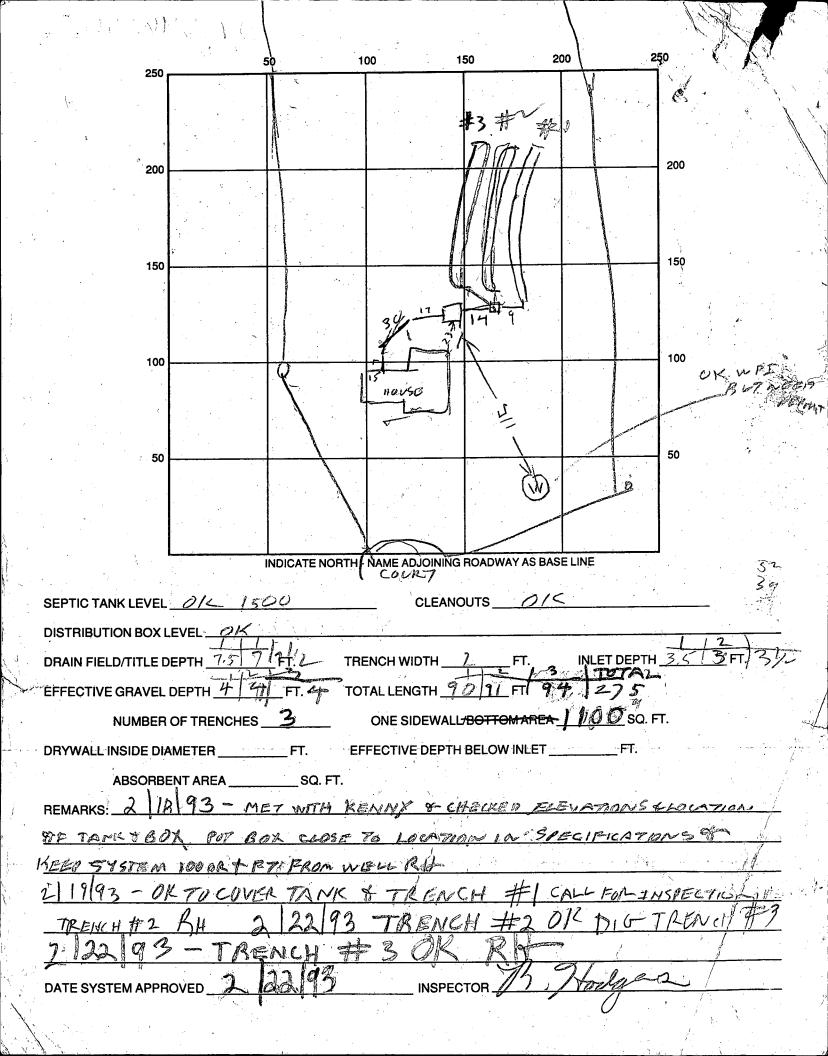
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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



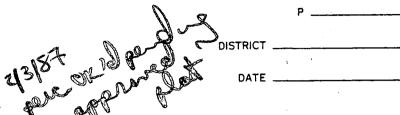
# APPLICATION

PERCOLATION TESTING

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

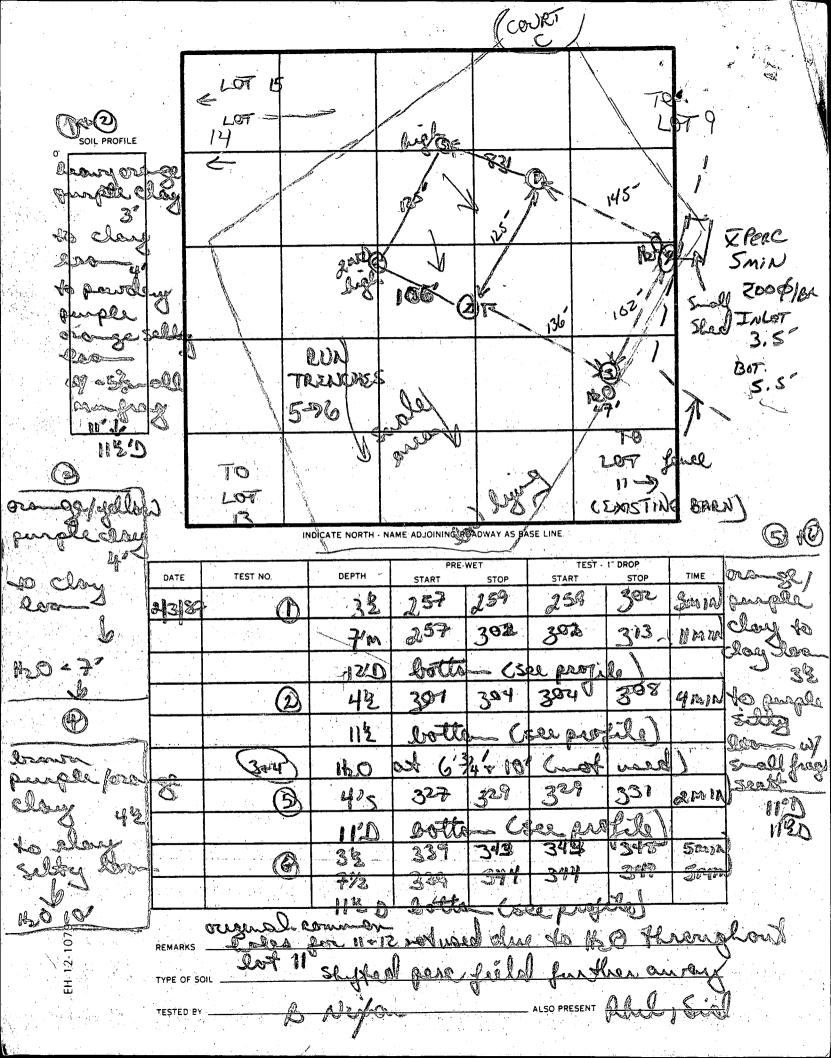
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043

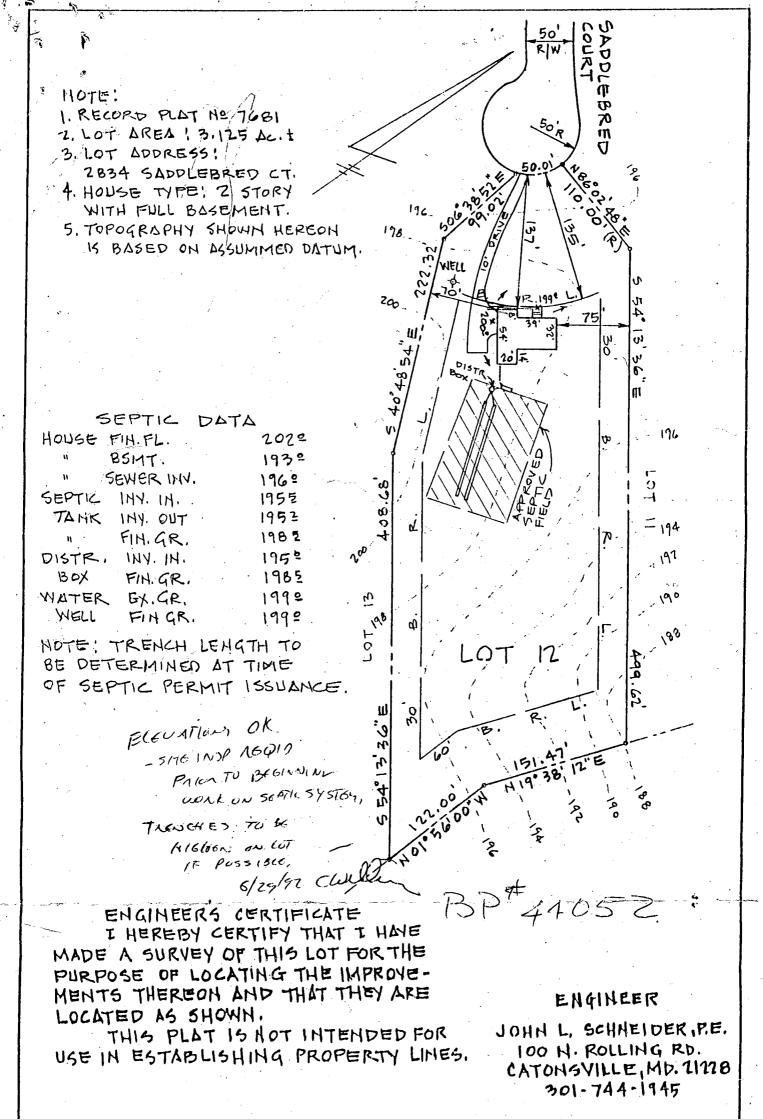
**TELEPHONE: 461-9933** 



TO: THE COUNTY HEALTH OFFICER	
ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT	OR RECONSTRUCTI A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER LUTTE DIVICE Corp	. Denica Heme Bulders.
ADDRESS VINCE SMEIKSIN	PHONE 384-3862
PROSPECTIVE BUYER	
ADDRESS	PHONE
PROPERTY LOCATION:	Real lost
	107 15
SUBDIVISION Remisord Springs	LOT NO.
BOAD AND DESCRIPTION 2834 Saddlebred	1 14 Relim at 4/29/87
ROAD AND DESCRIPTION 2834 Saddlebeed	<u></u>
TAX MAP —————PARCEL #———	
SIZE OF LOT	TYPE BLDG
	Control of the contro
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE O	NLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
1	· · · · · · · · · · · · · · · · · · ·
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION	IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BY Sollle	FOR Standend Truch DATE 5-189
1	
REJECTED BY	FOR DATE
	DATE
HOLD PENDING FURTHER TESTS	
REASONS FOR REJECTION OF HOLDING LA TOLON DO	rater base passed of the
MANY DETUNING	BADG, PERMIT SIGNED
AND RETURNED 4/29/92-	AND RETURNED 5-1-89
SFD-5 Bedwan	B126384

THIS IS NOT A PERMIT





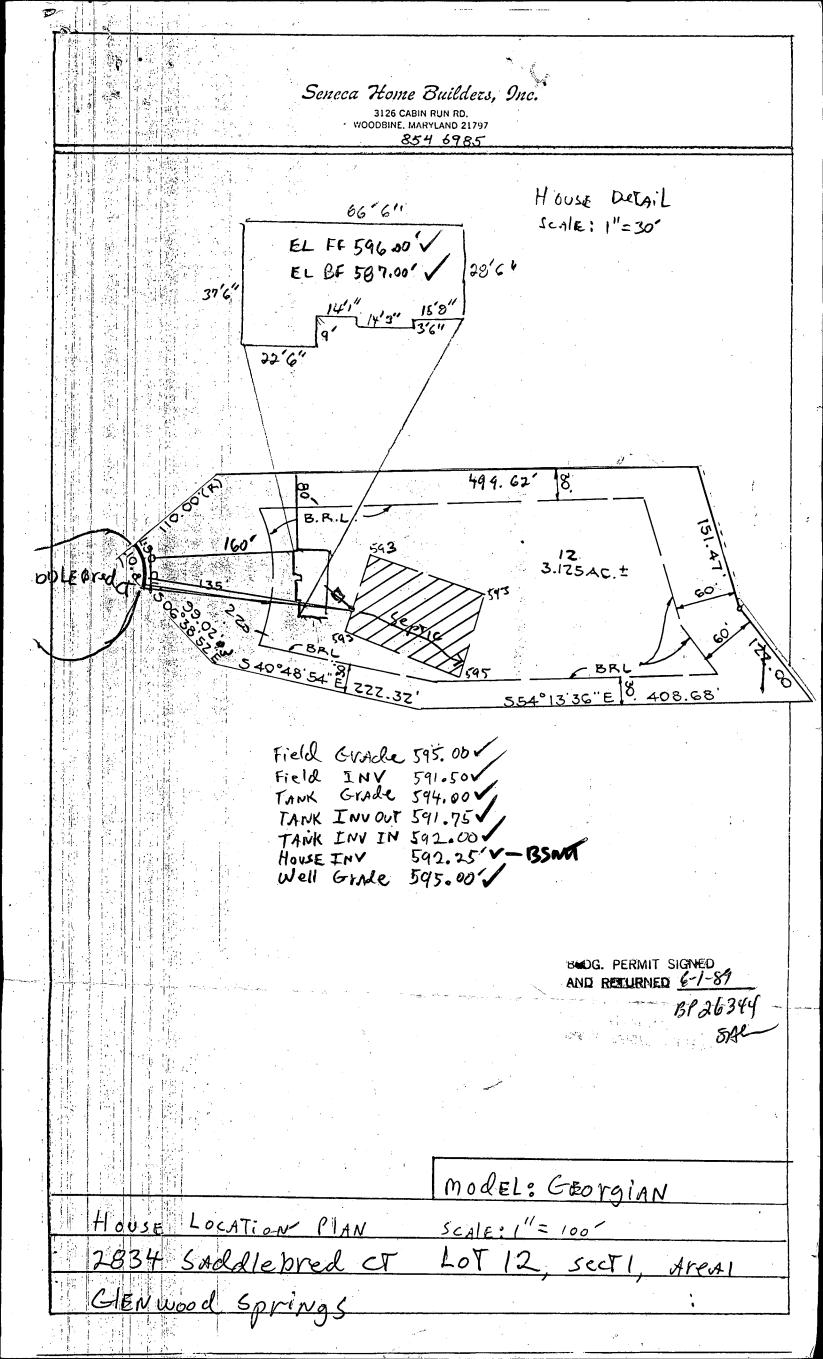
GRADING STUDY

LOT 12 "GLENWOOD SPRINGS"

4th ELECTION DISTRICT
HOWARD COUNTY, MD.

SCALE; I" = 100' DATE: 6/16/92





B 7 - 221 C SEQUENCE NO.	STATE OF	MARVIAND	OEP PER	RMIT NUMBER
$\begin{bmatrix} B \end{bmatrix}$ 3316 (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL		ा <u>चेश्यां प्रि</u>	सा दिशिशंकी
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED			<u> </u>	1-10041
™ IN COLS 3-6 ON ALL CARDS)	please pri	nt or type	' fill in this	form completely <sup>79</sup>
S-Date Received		B 3	LOCATION OF W	FII
OWNER INFORMA	TION	1 2		
8 13	· · · · · · · · · · · · · · · · · · ·	HOWARD		
CARMAN ASSO	CIHACS	8 COUNTY	തെത്തത്	21
15 Last Name Owner	First Name 34	ELENWOO	DISPRI	nes
BOXIDA			$\overline{M}$	
36 Street or RFD	55	SECTION 44 46	LOT 48 50	4 - 4
E L L / C O + + O / + V // 57 Town 70	M/12/19/9/3	61 e N W O O		
<del></del>	State 2 Zip 76	52 NEAREST TOWN		71
DRILLER INFORMATIO	)N	MILES FROM TOWN (ent	er 0 if in town)	M I
Joseph L. MAYNE			73	76 77 78
office state	77 License No. 80	B 4	C1001 5 "	0 # /
Firm Name	WELL DRILLING	DIRECTION OF WELL FROM	SADOLE BRE	HAT ROAD 30
	Dt. AILU 3/17/	TOWN (CIRCLE BOX)	NEAD W	THE HOAD
Address	1/2/00	N		NORTH
Signature foreign 4. Mayre		NW B NE	ON WHICH SIDE (CIRCLE APPROP	DIATE DOV. IWI 1321 I FI
B 2 WELL INFORMATION		8-9	tomore without	WEST SEAST
1 2		(TOWN) E	•	S <del>D⊎</del> ∓H
APPROX. PUMPING RATE (GAL. PER MIN.)	<del></del>		34 9	37
AVERAGE DAILY QUANTITY NEEDED	12	S <sub>W</sub> S <sub>E</sub>		E FROM ROAD
(GAL. PER DAY)	20	W   S   S   S   S   S   S   S   S   S		ENTER FT or MI
LISE FOR WATER (ODD) 5 TODG		8		38 39
USE FOR WATER (CIRCLE APPRO			NOT TO BE FILLED IN	
(D HOME (SINGLE OR DOUBLE HOUSEHO	OLD UNIT ONLY)		HEALTH DEPARTMEN	APPROVAL OF O
F FARMING (LIVESTOCK WATERING & A	GRICULTURAL	HOWKE		M-38 5 37
I IRRIGATION)  I INDUSTRIAL, COMMERCIAL, STATE AN	UD FEDERAL COV.	COUNTY NAME OEP		COUNTY NO.
OTHER (REQUIRES APPROPRIATION P		SIGNATURE		STATE HEALTH INSERT S
PUBLIC OR PRIVATE WATER COMPAN	Y (REQUIRES	DATE ISSUED		03/0/100
P APPROPRIATION PERMIT AND STATE H	IEALTH DEPARTMENT	082687	SIGNATURE	. 04/26/80
APPROVAL)  T TEST, OBSERVATION, MONITORING (M	MAY DECILIDE	NORTH SIZO O	O EAST	"EXP. DATE
APPROPRIATION PERMIT)	MAT REQUIRE	GRID 50	GRID 57	$\frac{4}{9} = 0 = 0 = 0$
		SHOW MAJOR FEATUR	ES OF	
APPROXIMATE DEPTH OF WELL 200	FEET	BOX & LOCATE WELL _	<b>&gt;</b>	
24	28	WITH AN X		
ADDDOVIMATE DIAMETED OF WELL	NEAREST,	SOURCES OF DRILLING 1. <i>W</i> せんん		21127
APPROXIMATE DIAMETER OF WELL	INCH	2.	0),	31   3 /
METHOD OF DRILLING (c	circle one)	3.		51/87 OV ER
BORED (or-Augered) JETTED	Jetted & DRIVEN	WRITE THE BOX NUMB	1	
30-AIR-ROTary AIR-PERcussion RO	TARY (Hydraulic Rotary)	FROM THE MAP HERE	ER	
CABLE REVerse-ROTary	DRive-POINT			e e e e e e e e e e e e e e e e e e e
<u> </u>	<u>011110 1 01111</u> .	E mak	27	•
other		1980 =	000	
REPLACEMENT OR DEEPENE	D WELLS	N 530 €	000	
(CIRCLE APPROPRIATE BO		DRAW A SKETCH BELO		
N THIS WELL WILL NOT REPLACE AN EX	'	RELATION TO NEARBY DISTANCE FROM WELL		
THIS WELL WILL REPLACE A WELL TH			TO NEAREST ROAD	JUNCTION
ABANDONED AND SEALED	TAT THEE DE	N'	å	p(l).
39 S THIS WELL WILL REPLACE A WELL TH	AT WILL BE USED	<b>.</b>	meke	NDROLED.
I HAS A STANDET	_			
D THIS WELL WILL DEEPEN AN EXISTIN				
PERMIT NUMBER OF WELL TO BE REPLAC	ED OR DEEPENDED		<b>2</b> 3110	
(II AVAILABLE) 41	52			
Not to be filled in by driller (OEP U	ISE ONLY)	'	To Ve	n Solution
	· · · · · · · · · · · · · · · · · · ·	<i>a</i> .	a El nuco	Dr. 8 3
APPROP. PERMIT NUMBER G	A P 63	Chenoco	CALLE	120
WRITE (A/A)	es Allania		1 25	5 / 2
FORCE INITIALS PERMIT No.	ANT-1994A			[a   ]
	73 74 75 76 77 78 79	•		Es 1
SPECIAL CONDITIONS		7	*	JE -
L *		£290	• .	1 ) 8.

HEALTH

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131/87
Location as per approved

(? Elevation relative
to pere)

221 caring

jet to 18t' 

13 ' open

5 bags

140 Sargle taken

c 1 6058	SEQUENCE N (OEP USE ON	1	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 23 (THIS NUMBER IS TO BE F IN COLS. 3-6 ON ALL CAR			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 38359
DATE Received	DATE WELL CO	MPLETE	D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13	<u> </u>	1 / 20	22 26 (TO'NEAREST FOOT)	28 29 30 31 32 33 94 35 36 37
OWNER	last name	CIA	first name	A 15 1 1 1 2 1 2 1 2 1
STREET OR RFDSUBDIVISIONS	2H DATE		DRIAGSSECTIONTOWN	GLENWOOD
WELL	LOG		GROUTING RECORD VBS 00	C 3
Not required fo	F FORMATIONS		(Circle Appropriate Box)	PUMPING TEST
PENETRATED, THEI THICKNESS AND IF			TYPE OF GROUTING MATERIAL  CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET TO	Check if water bearing	NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min.
		, ,	GALLONS OF WATER	METHOD USED TO
SHND GRAY MICA ROCK	0 10	,	from (tt. to (20), ft.	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
	10 165	-	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 2 4 20
CORAY MICH	1, 50		casing types insert ST CO	WHEN PUMPING 22 25
Rock			(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
1000			code PL OT PLASTIC OTHER	A air P piston T turbine
			MAIN Nominal diameter Total depth	C centrifugal R rotary Other Idescribe
	j		CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 27 helow)
			54 ( 22 )	J jet S submersible
	_		60 61 63 64 66 70  E OTHER CASING (if used)	
·			A diameter depth (feet) C inch from to	PUMP INSTALLED
			CA S	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
. ,	3		z G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
			screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
		ż	insert STEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE:  29
	- 4		appropriate code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE  31 35 35
·	*		PLASTIC OTHER	PUMP HORSE POWER
			C 2	PUMP COLUMN LENGTH 37 41
the state of the s	1	(	DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box
		· .	A (8 9 11 15 17 21 C H C H C H C H C H C H C H C H C H C	and enter casing height)  LAND SURFACE
,		.#	S 2 23 24 26 30 32 36	LAND SURFACE (nearest foot)
CIRCLE APPRO	PRIATE LETTER DONED AND SEA		E <sup>3</sup>	49 50 51
WHEN THIS WELL W	AS COMPLETED		N 36 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA		CTION	SLOT SIZE 1 23 DIAMETER (NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
WELL THEREBY CERTIFY THAT THIS WEL	LL HAS BEEN CONST	RUCTEDIN	OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL ABOVE CAPTIONED PERMIT, AN	17.13 "WELL CONST L CONDITIONS STAT	RUCTION" ED IN THE	GRAVEL PACK	I ANDU
PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.			F WELL DRILLED WAS FLOWING WELL INSERT	L'éc.
DRILLERS IDENT. NO.	23.5	j	F IN BOX 68 68  OEP USE ONLY	far well
DRILLERS SIGNATURE	as t.m	selde e	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	No. of the control of
(MUST MATCH SIGNATUR	E ON APPLICAT	ION)	70 72 74 75 76	Constant Con
SITE SUPERVISOR (sign. c	of driller or journ	eyman	TELESCOPE LOG OTHER DATA	
responsible for sitework if	different from pe	rmittee)	CASING INDICATOR	

Page _	of, .
Date	8/3/187
ي دد	7

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2249 Location of property (road) <u>SHODLe BR</u>	ren Ct.
Subdivision Chenwood Spring	Lot $/2$ Block Plat Sec.
Well Driller Joseph Mayne	Owner CARMAN ASS
Depth of well /65 Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.	ve ground, 2'
I. High rate pumping reservoir drawdown	
Time pump started // 26 Total time /S /n/N to reach pumping	Pumping rate 12 gal water level 41 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
minute in-	below M.P.	time to fill #	(if used)	(gallons per
tervals	0010# 11.11	gallon bucket	(11 useu)	minute)
	* ,/	garion bucket		/ / / / / / / / / / / / / / / / / / / /
11:35	7/	3		12
11:50	41	5	٥	12
12:05	41	5		12
12:20	41	5		12
12:35	41	5	,	12
12:50	41	ت	1	12
1.05	41	5	,	12/
1.20	41	<u></u> ა~		12
1:35	41	5		12
1:50	41	5		/2
2:05	41	5		12
2:20	4) :	3		12
				3
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		#	:	
		4 .		
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#### 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		Receipt #
Name of Installer CLARK	e PHH une	Telephone 489-4029
License Number Certified Well Pump Installer	Well Driller	Registered Plumber $3808$
Name of Property Owner 5, F. Subdivision Alexander 500 Site Address 2834 Sala	Contractor une ing Lot \$ /2 Elebrace ct	Telephone <u>442-1155</u> Well Tag # <u>HO-81-2249</u>
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make <u>P7-800</u>
a. Deep well jet	2. RPM	
b. Shallow well jet	3. Voltage	3. Depth <u>#2"</u>
c. Submersible	a. 110	
2. Make Coulds	b. 220	
3. Model #		
4. CapacityGPM		
5. Pump exceeds well capacity	Yes No	
6. If Yes, is low pressure cu	toff switch installed?	Yes No
7. What methods are used to p		
vibrations? Torque arres	tors Cable guar	ds Other
Tank	Piping	Well data
1. Capacity: 42	1. Type Plastic	1. Depth ft.
2. Pressure relief	2. Size /"	2. Yield GPM
valve? 75	3. NSF and/or BOCA	3. Static water
	Code approved	level ft.
	4. Depth of supply	· · · · · · · · · · · · · · · · · · ·
	line 42"	be disinfected, by
		installer? NO
		·
I understand that it is my r Department when the installat is null and void).	responsibility to noting ion is ready for inspec	fy the Howard County Health ction (otherwise this permit
All information given above i	s true to the best of m	ny knowledge.
Signa	ture of Applicant:	ennett C Clarke
	Date:	2.16.93
Note: A sticker indicating a	oproval/status of the	installation will be placed

on the well casing at the time of the inspection.