04-346793 PERMIT

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MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

INDEXED

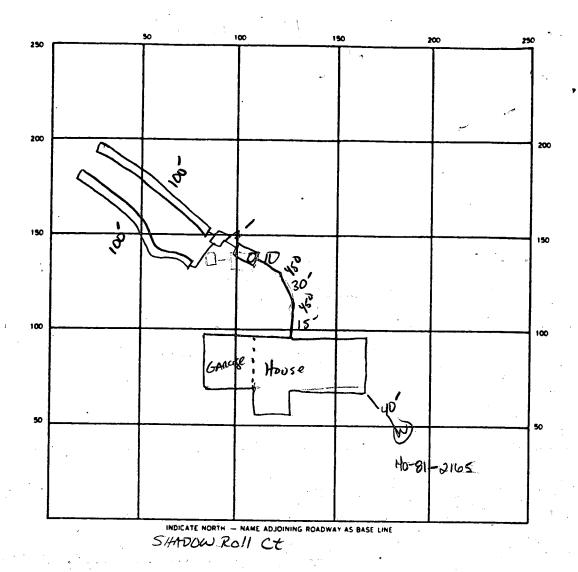
DATE SYSTEM APPROVED

INSPECTOR_S. Abel

C. C. Cissel		C DECIMITIES TO I		·	
ADDRESS 14079 Brighton Dam 1	Road, Clarksville, Maryland	S PERMITTED TO II			
	Slace			206	
SUBDIVISION Glenwood Spri	ings ROAD 2828 Works	SOW KOIIC	.†. _ LOT	34	
ROPERTY OWNER	Glenwood Springs Partner	ship			
DDRESS		·	<u> </u>		
GARBAGE GRINDER IS USED INCREASE SE	EPTIC TANK CAPACITY BY 50% AND ABSO	RPTION AREA BY 2	2%		
14 554.55	NOX				
EPTIC TANK CAPACITY GAL	LONS NUMBER OF BEDROOMS	3			
OCATION - SHALLOW SYSTEM ON 150 feet down the when facing prope towards the left	rty from Shadow Roll Court (480') line.	stone below ear lot corn 110 feet off Run trend	distri er, pl the l hes al	bution pi ace 1st t eft line ong conto	pe. rench as see our bac
cap to grade or a.	ed 100 feet in length. Pro bove on septic tank.				<u></u>
					•
					
ANS APPROVED BY	Bert Nixon	1	DATE	6/23/87	
	Bert Nixon	1	_ DATE	6/23/87	
VER NO WORK UNTIL INSPECTED AND APPROVED			·		
VER NO WORK UNTIL INSPECTED AND APPROVED ITHER THE HOWARD COUNTY COUNCIL NOR THE HEA	ALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCC	CESSFUL OPERATION O	·		
VER NO WORK UNTIL INSPECTED AND APPROVED ITHER THE HOWARD COUNTY COUNCIL NOR THE HEATE. TE. CLEANOUT REQUIRED EVERY 70 FEET OF SEWE	ALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCC ER LINE AND/OR AT 90° SWEEPS IN LINES FROM HO	CESSFUL OPERATION O	F ANY SYSTE	EM	
VER NO WORK UNTIL INSPECTED AND APPROVED ITHER THE HOWARD COUNTY COUNCIL NOR THE HEA TE. CLEANOUT REQUIRED EVERY 70 FEET OF SEWI TE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTR	ALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCC ER LINE AND/OR AT 90° SWEEPS IN LINES FROM HO RIBUTION BOX TRENCHES) TO BE 100 FEET FROM WE	CESSFUL OPERATION O DUSE TO DRAIN FIELDS LL IUNLESS OTHERWIS	F ANY SYSTE	EM	
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ANS APPROVED BY OVER NO WORK UNTIL INSPECTED AND APPROVED EITHER THE HOWARD COUNTY COUNCIL NOR THE HEAD OTE. CLEANOUT REQUIRED EVERY 70 FEET OF SEWE OTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPIRATE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAM OTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST IN RMIT VOID AFTER TWO YEARS OTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER.	ALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCER LINE AND/OR AT 90° SWEEPS IN LINES FROM HORIBUTION BOX TRENCHES) TO BE 100 FEET FROM WE ECTION BEFORE AND AFTER PLACING GRAVEL IN THE TERM NO ABSORPTION TRENCH TO EXCEED 100 FEBE CAST IRON OR SCHEDULE 40 PVC OR ABSORPTION TRENCHES IN DIAMETER	CESSFUL OPERATION O DUSE TO DRAIN FIELDS LL (UNLESS OTHERWIS RENCH(ES) EET IN LENGTH	F ANY SYSTI	EM LLY AUTHORIZEDS	1

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



SEPTIC TANK LEVEL 1000 GAS CLEANOUTS DISTRIBUTION BOX. LEVEL DRAIN FIELD/TILE FIELD DEPTH ______ FT TRENCH WIDTH ______ FT INLET DEPTH ______ FT.

EFFECTIVE GRAVEL DEPTH ______ & FT. TOTAL LENGTH ______ FT. NUMBER OF TRENCHES _____ ONE SIDEWALL BOTTOM AREA 600 SO FT. DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET_____ FT. ABSORBENT AREA 600 SO. FT. REMARKS 1/3/89 OK TO POWER. SA 1/3/89 INSPECTOR _______S. Alad

DATE SYSTEM APPROVED ___

APPLICATION

PERCOLATION TESTING

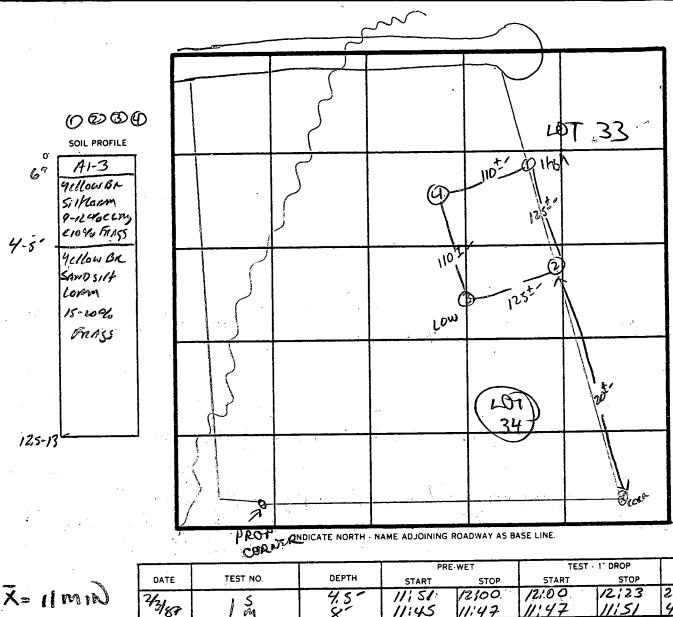
Α	38382

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

O: THE COUNTY HEA	LTH OFFICER	. •			
ELLICOTT CITY, M	ARYLAND	· %			
I HEREBY APPLY	FOR THE NECESSARY TEST IN ORDER TO	•	,	SAL SYSTEM.	
PROPERTY OWNER	Glenmoon Springs	PARTNERSH	ρ		
ADDRESS			PHO	NE	
•	Portor			•	
PROSPECTIVE BUYER	<u>Benald</u> Carter	·	· · · · · · · · · · · · · · · · · · ·		<u> </u>
ADDRESS	8388 Court Ave.	, Ellicott	City, Md. PHO	<u> 2043 461-285</u>	55
	4			•	
PROPERTY LOCATION:	•	^ :		· · · · · · · · · · · · · · · · · · ·	· <u>.</u>
SUBDIVISION	Hakes Property Hobbs Road	Glenwoor	SPRINGS LOTHO	Thirty	FOUR
2.4	20		LOT NO	Pul-1	Sholoz
ROAD AND DESCRIPTION	Hobbs Road	· ·		oules on	1/21/87
			e e e e e e e e e e e e e e e e e e e		
14	87,83,202 ——PARCEL#				
				•	
SIZE OF LOT	3+ ACRES		TYPE BLOG	SFD	
				SINGLE FAMILY DWELLI	NG OR COMMERCIAL)
THE SYSTEM INSTALL	ED UNDER THIS APPLICATION IS ACC	CEDTARI E ONI VIINI	TII BUBU (FACILITIES BI	COME AVAILABLE LEULL	V LINDEDCT AND THE
111E 3131EM 11131AEE	LED UNDER THIS AFFEIGATION IS ACC	EFIABLE ONL! UNI	TIL PUBLIC PACIETTIES BI	ECOME AVAILABLE. I FULL	ONDERSTAND THE
FEE CONNECTED WIT	H THE FILING OF THIS PERC TEST AF	PLICATION IS NON-F	REFUNDABLE UNDER AN	Y CIRCUMSTANCES: I ALSO	AGREE TO COMPLY
	, , , , , , , , , , , , , , , , , , ,		Eman 1	9 (= 1	-
WITH ALL M.O.S.H.A.	REQUIREMENTS IN TESTING THIS L	.OT	FORALA	D. arler)
			ISIGNATURE	OF APPLICANT)	
APPROVED BY		FOR		DATE	
REJECTED BY		FOR		DATE	
HOLD PENDING FURTHER	TESTS			DATE	
REASONS FOR REJECTION	N OR HOLDING 2-3-87 PEAC SA	HTB FACTORY, 1.	bed fon Subol	insion PLAT.	s. Alof
				BLOG. PERMIT SIC	NED.
				AND RETURNED	7/29/87

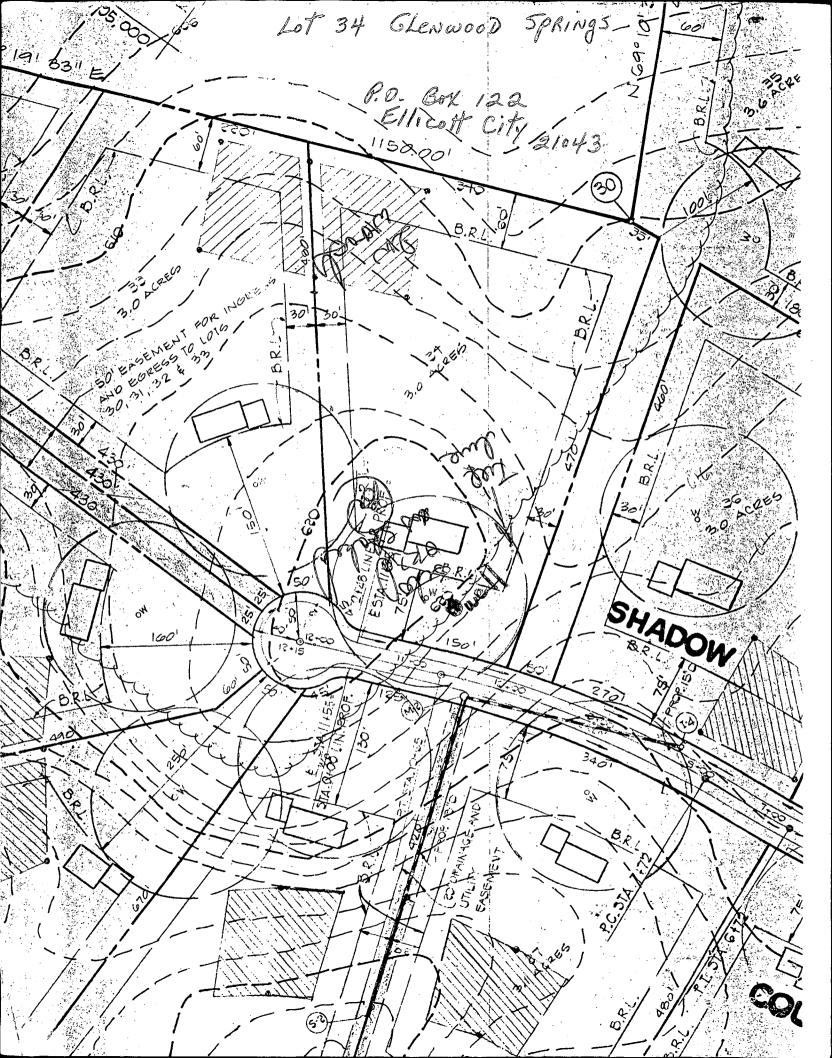
THIS IS NOT A PERMIT



X= 11 m 12 11257 4' max D 6' 200 \$/80es

	Carre		1 00	E-WET	TEC	r - 1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
2/3/87	15	4.5	11:51:	12100	12:00	12:23	23MIN 4MIN
	IV	13- 4	NiFOLM.	spil below	4.5-5-		
	2 v	12.5	UNIFORM	spil below	J 3,5 1		
	35	13-	12:03 NIFOXM	12:12 sp; 1 below	12:12	12:24	12Min
	45	6	12:13 UNI FORM	12:16	12:16	12:21	5 Min
	·						
	,						

DEMARKS /FOLG	3 DIFF THAN PLAT	
	19	
TESTED BY	S. Mbel	Phil M.; C.Cissil



SPECIAL CONDITIONS

c1 5972	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE P		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY 1 - 2020 7
IN COLS. 3-6 ON ALL CARI	DS)	PLEASE PRINT OR TYPE	NUMBER H-38382 PERMIT NO.
DATE Received	DATE WELL COMPLETE		FROM "PERMIT TO DRILL WELL"
8 13	4/3/2	22 3 3 1 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	ASSOCIAT	ES CARMEN	
STREET OR RFD			g Len wood D
SUBDIVISION		SPRING SECTION	LOT 34
Not required for	r driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	
STATE THE KIND OF PENETRATED, THEIR		(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF DESCRIPTION (Use	FFFT Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	It water	NO. OF BAGS NO. OF POUNDS 846	PUMPING RATE (gal. per min. 6 114 15
BREWN STARKE	0 20	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE
SAND GANY Michilla		from 7 (ft. to 37) (ft.)	WATER LEVEL (distance from land surface)
SAND	20 54	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 3 1 20
J8:10 W		casing CASING RECORD types	WHEN PUMPING
Can Min D	54 225 1	insert ST CO	TYPE OF PUMP USED (for test)
COMBY MICHINICA		code PL OT	A air P piston T turbine
		below PLASTIC OTHER	27 27 27
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe
		TYPE (nearest inch) (nearest foot)	27 27 below)
		Sta ac	J jiet S submersible
		60 61 63 64 66 70 E OTHER CASING (if used)	
٠		diameter depth (feet)	PUMP INSTALLED
		C A S	DRILLER WILL INSTALL PUMP YES NO
,		s	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
			MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	.	screen type SCREEN RECORD 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-SEE ABOVE:
		code below PL OT	CAPACITY: GALLONS PER MINUTE
		PLASTIC OTHER	(to nearest gallon)
	,)	[C 2] , , , , , , , , , , , , , , , , , ,	PUMP COLUMN LENGTH
, ,		DEPTH (nearest ft.)	(nearest ft.)
			CASING HEIGHT (circle appropriate box and enter casing height)
		H ₂	LAND SURFACE
CIRCLE APPROX	DDIATE STTED	S 23 24 26 30 32 36 R	below below foot)
CIRCLE APPROF	OONED AND SEALED	[E ³]	LOCATION OF WELL ON LOT
WHEN THIS WELL W		N 38 39 48 45 47 51 SLOT SIZE 1 2 3	A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
E ELECTRIC LOG OBTA	TED TO PRODUCTION	DIAMETER TTTT (NEAREST	N LANDMARKS AND INDICATE NOT LESS
P WELL		OF SCREEN 56 1NCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 10.1 AND IN CONFORMANCE WITH ALL	17.13 "WELL CONSTRUCTION"	from to	
ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE	ID THAT THE INFORMATION	IF WELL DRILLED WAS FLOWING WELL INSERT	SHA
OF MY KNOWLEDGE.	238	FIN BOX 68 68	801
9 7	4 3 -	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	000 Des
DRILLERS/SIGNATURE	2. May	T (E.R.O.S.) WQ	
(MUST MÄTCH SIGNATURE	E ON APPLICATION)	74 75 76	\$ \$ \$ s.
SITE SUPERVISOR (sign. o	f driller or journeyman	TELESCOPE LOG OTHER DATA	
responsible for sitework if		CASING INDICATOR	G.

Review 7/29/87 8MM oh 5/6/88 BH

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

9
Well Permit No. HO - 81-2165 Location of property (road) SHADOW ROLL CT. Subdivision GLENWOOD SPRINGS Lot 34 Block Plat Sec. Well Driller JOSEPH MAYNE Owner ASSOCIATES CARMEN
Depth of well 225 Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P. 31
I. High rate pumping reservoir drawdown Time pump started // oo Pumping rate /2 gal. Total time 30 M/N to reach pumping water level 7/ 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

II. Recovery p	oump test data -	observations to be	recorded every 15 minu	tes
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill $oldsymbol{\ell}$	(if used)	(gallons per
tervals		gallon bucket		minute)
11:15	63	5 sec.		12
11:30	71	5		12
11:45	71	7		9
12:00	71	7		9
12:15	71	7		9
12:30	71	. 7	. 7	9
12:45	171	7		9
7:00	71	7		9
1:15	71	7	,	9
1 30	71	7		9
1:45	71	7		9
2:00	71 :	7		9
2:15	7/	7		9
2:30	71	7		ģ

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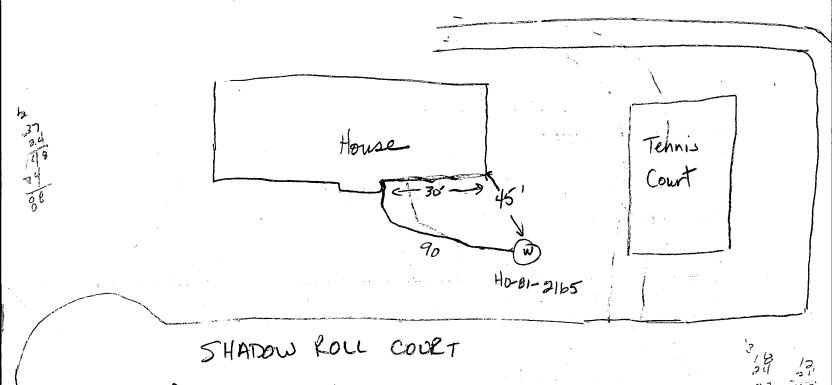
1 My 12 kg

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 X		Receipt # 4/3369 Date 1-6.89	
Name of Installer Micha	Telephone <u>796-8358</u>		
License Number 9444	er Well Driller		
Name of Property Owner Ph. Subdivision <u>Glanussd S</u> Site Address <u>2828 Sha</u>	1 MANALITZ DATINGS LOT # 34 We NOW ROLL CT GLENWOOD	Telephone <u>854-2016</u> 11 Tag # <u>HO-81-2165</u> MD	
	3. Voltagea. 110b. 220		
vibrations? Torque arr Tank 1. Capacity 2. Pressure relief valve?	Piping 1. Type 2. Size 3. NSF and/or BOCA Code approved 4. Depth of supply line 42	Well data 1. Depth 225 ft. 2. Yield 9 GPM 3. Static water level ft. 4. Will water supply	
Department when the install is null and void). All information given above	y responsibility to notify ation is ready for inspecting is true to the best of my mature of Applicant:	the Howard County Health on (otherwise this permit knowledge.	
Note: A sticker indicating	Date:	<i>f</i>	

on the well casing at the time of the inspection.



1-9-89 Pitless adaptor at 48 miches. Electrical Line not hooked up yet. No ground Line laid or attached. Well line at 39 miches befow grade. House connection ohe. Needs cement seal at house. No pump tank installed yet, stare E Nadlan

