04-346807 **PERM**I'

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4th DISTRICT

3-18-97 needs house conn KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH XXXII K-H938 313-2640

INDEVEN

**************************************	LU
Farm and Home Excavating	IS PERMITTED TO INSTALL X ALTER
ADDRESS 901 Driver Road Marriotsville, MD 21104	PHONE <u>442–2139</u>
SUBDIVISION Glenwood Springs LOT 35	ROAD 2820 Shadow Roll Court
PROPERTY OWNER Mr. and Mrs. Ja	ack Milliani
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4	
210 SQUARE FEET PER BEDROOM	
TRENCHES - Trench to be 2 feet wide. Inlet 4½ feet depth 8½ feet below original grade. Expression original grade. 4 feet of stone below	ffective area begins at 4½ feet below
LOCATION - Start the first trench 275 feet down the off this same lot line. Run trenches	he right (462.00') lot line and 110 feet on contour to right side of lot.
NOTES - No trench to exceed 100 feet in length cap to grade or above on septic tank. C	
PLANS APROVED BY Mark Rifkin/Donna K. Soe	DATE09/20/96
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPON	NSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° S ACCEPTABLE.	WEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHE AUTHORIZED)	S) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

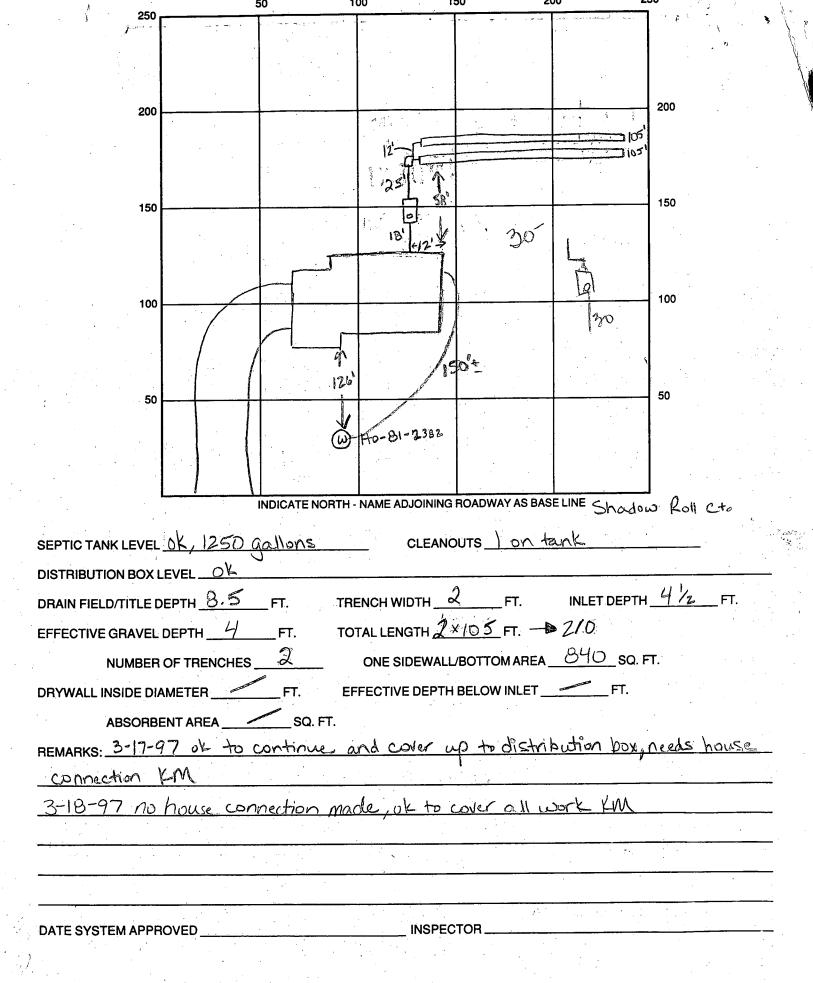
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

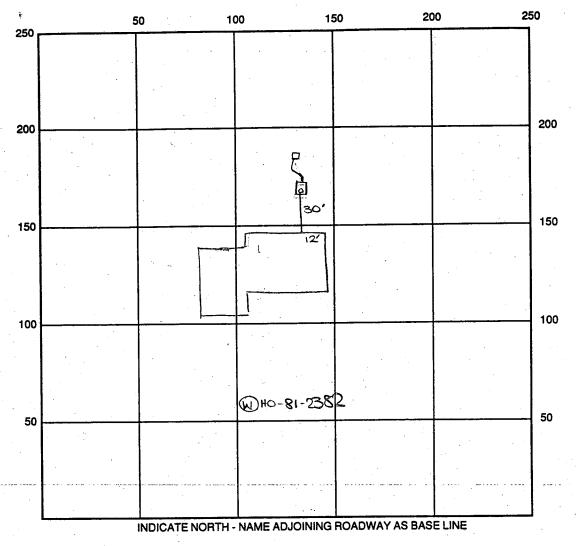
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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





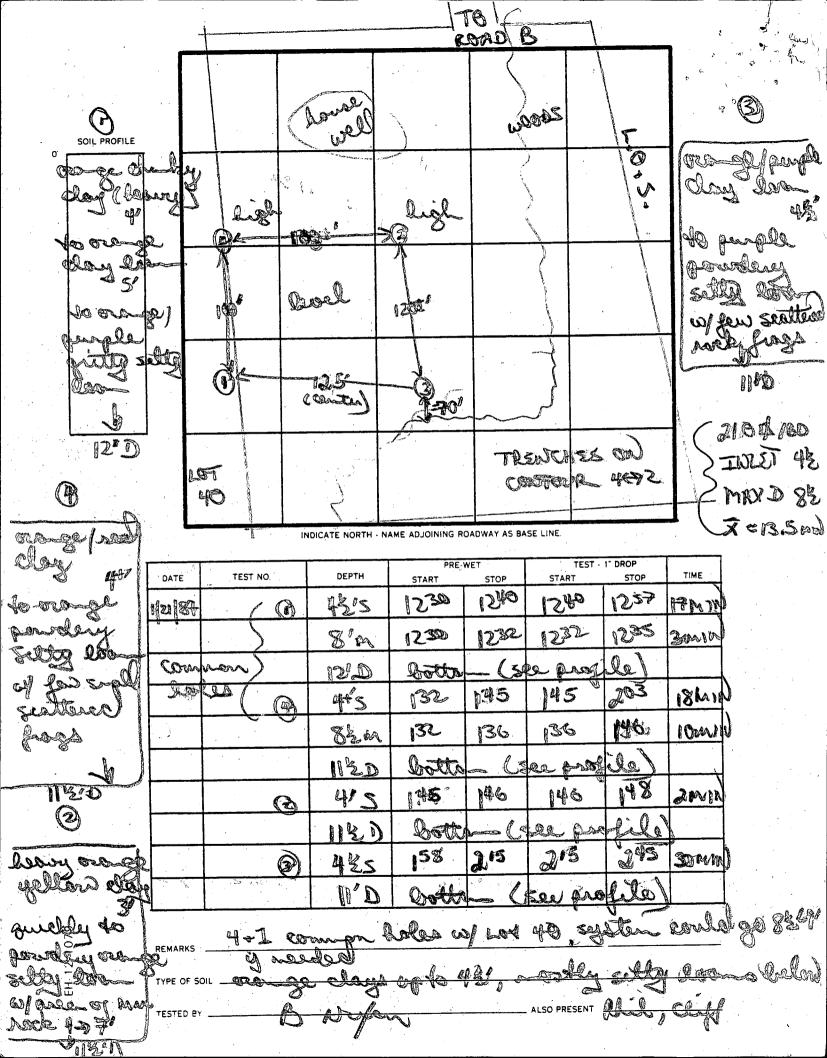
SEPTIC TANK LEVEL OK- 1250 gal	CLEANOUTS SICE OF S	it.
DISTRIBUTION BOX LEVEL EX		
DRAIN FIELD/TITLE DEPTH FT.	TRENCH WIDTH FT. INLET	DEPTHFT.
EFFECTIVE GRAVEL DEPTHFT.	TOTAL LENGTHFT.	
NUMBER OF TRENCHES	ONE SIDEWALL/BOTTOM AREA	SQ. FT.
DRYWALL INSIDE DIAMETERFT.	EFFECTIVE DEPTH BELOW INLET	_FT.
ABSORBENT AREA SQ. REMARKS: 42907 OK to	r. cover septic tark as	relocated. Di
The second secon		
		100
DATE SYSTEM APPROVED 4299	1 INSPECTOR TYPIC	TO CUL

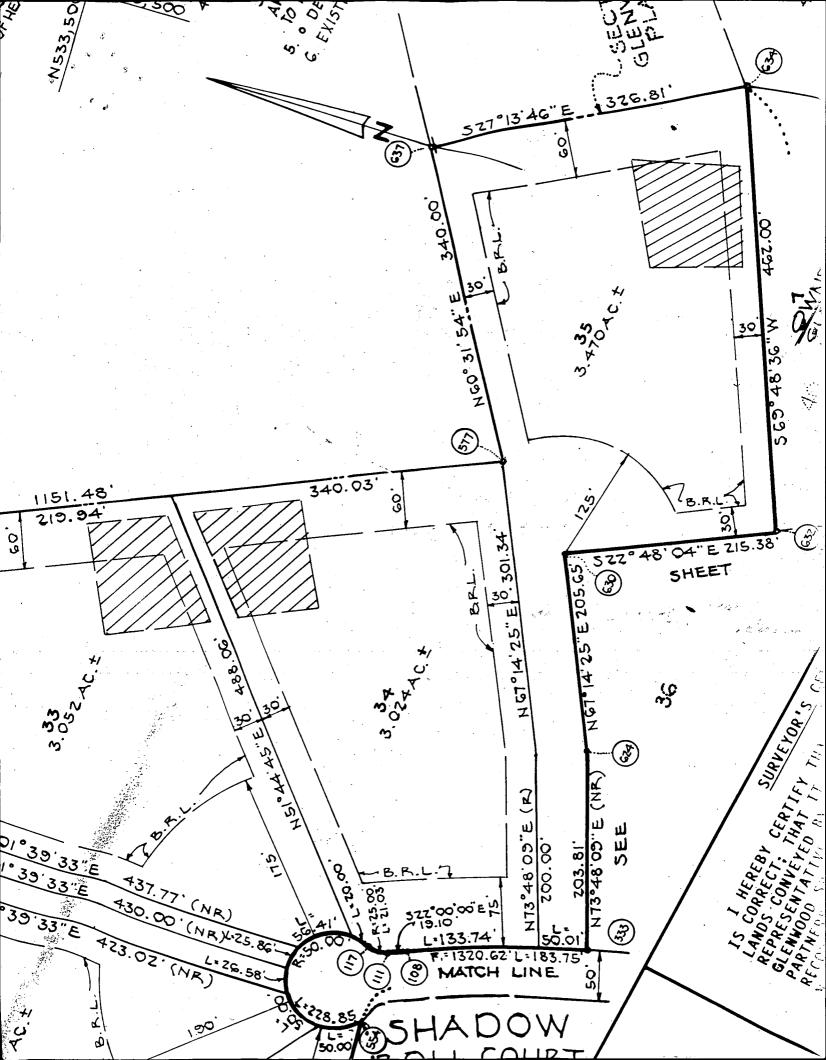
APPLICATION

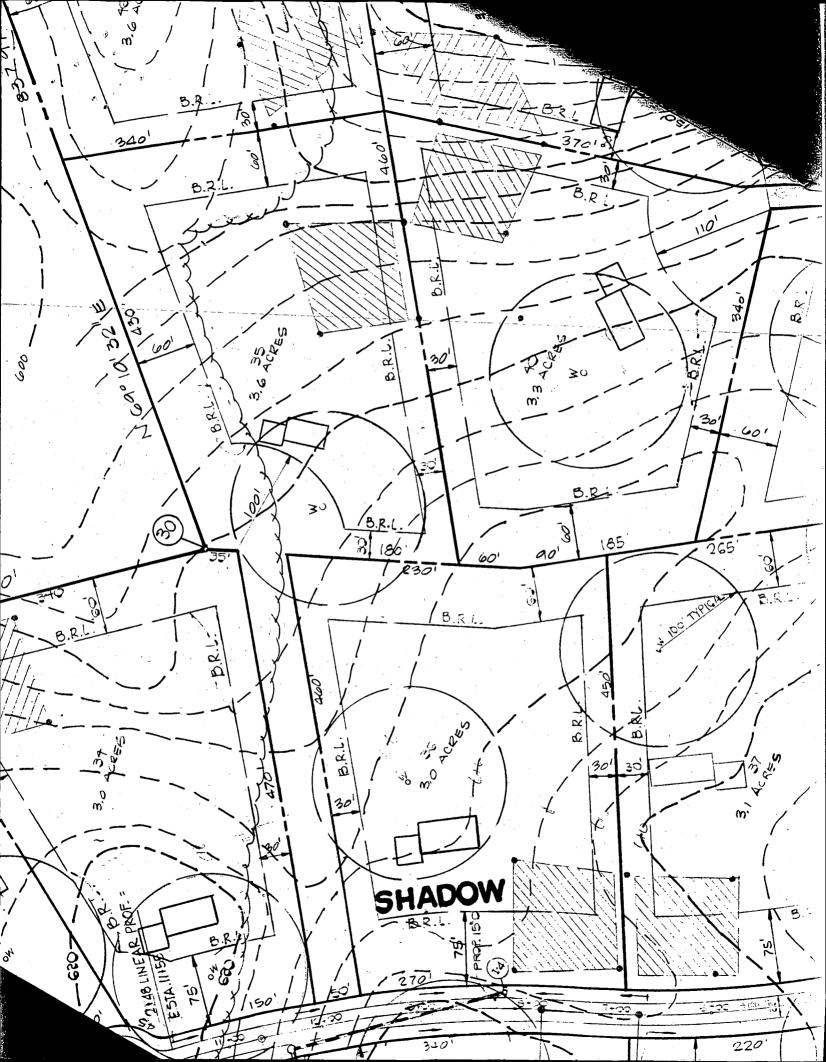
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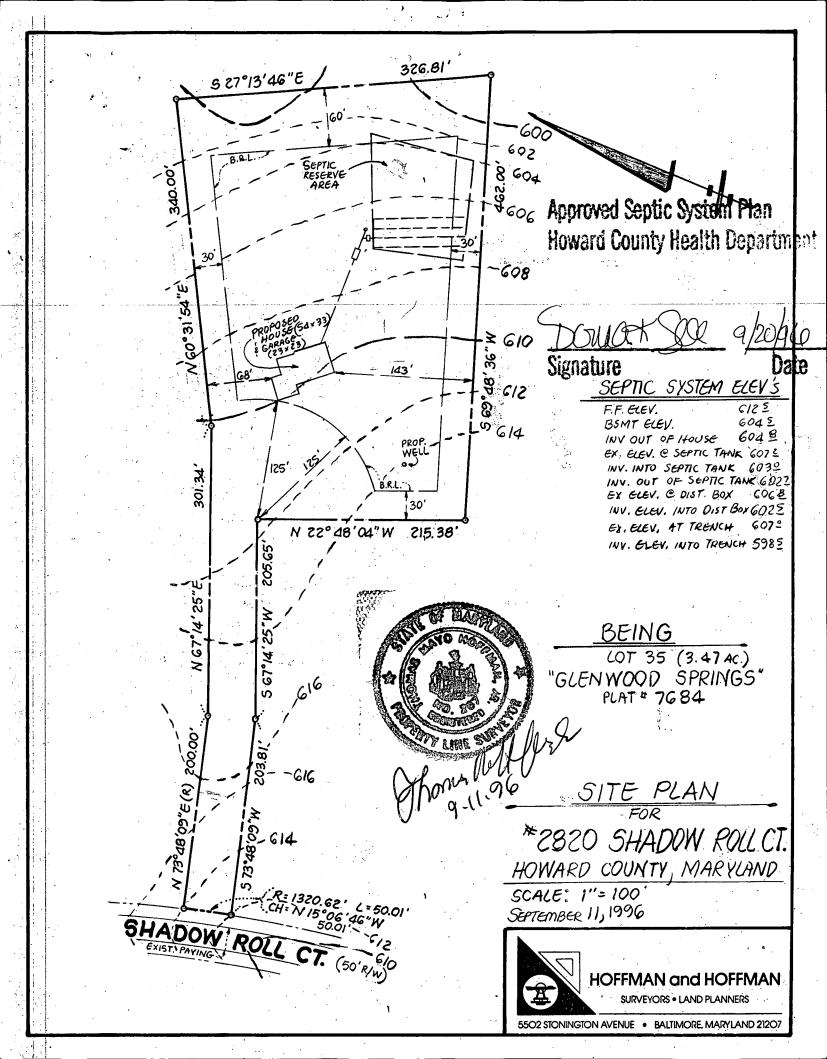
PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH** P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933 THE COUNTY HEALTH OFFICER **ELLICOTT CITY, MARYLAND** I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM Mr. 4 Mas. JACK MilliANI WEBSTER ABBOTT , PERSONAL PROSPECTIVE BUYER KONALD B. CARTUR PROPERTY LOCATION: BLDG. PERMIT SIGNET (SINGLE FAMILY DWELLING OR COMMERCIAL) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE 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

THIS IS NOT A PERMIT









C 1 1988 SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED: COUNTY A 383
DATE Received: DATE WELL COMPLETE	PLEASE PRINT OR TYRE Depth of Well 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERMIT NO. FROM "PERMIT TO DRILL WELL"
0WNER (A) ILS EY	(TO NEAREST FOOT) WILLIAM	28 29 30 31 32 33 34 35 36 37
STREET OR RFD dast name ow R		6160 wood
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO Check if water bearing	45 46	PUMPING RATE (gal. per min. 15 to nearest gal.) METHOD USED TO 17 6 4
JAND Stone 0 68	DEPTH OF GROUT SEAL (to nearest foot) from 648 TOP 52 ft. to 448 BOTTOM 58	MEASURE PUMPING RATE LEVEL (distance from land surface) BEFORE PUMPING
Cong Mich 68 225 -	(enter 0 if from surface) casing CASING RECORD types insert ST CO	WHEN PUMPING 22 25
	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe 27 below) J jet S sybmersible
	5 4 63 64 66 70	J jet Sybmersible
	C OTHER CASING (if used) A diameter depth (feet) H inch from to	PUMP INSTALLED
	S N G S	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole ST BR HO	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: 29
The state of the s	appropriate code below PLASTIC OTHER	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)
	E 1	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER	S 2 3 24 26 30 32 36	LAND SURFACE
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 3 47 51 N 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL	SLOT SIZE 1 2 3 (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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.	IF WELL DRILLED WAS FLOWING WELL INSERT	2 P. Carlotte Control of the Control
DRILLERS IDENT. NO. 238	F IN BOX 68 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q 70 72 74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	

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Review	5	6/88	RH	
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FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2382 Location of property (road)SHARON ROW OSKI	
Subdivision (27.51) 2 POTA SPRINGS Lot 35 Block Plat Sec.	
Well Driller JOSSDA MAYNB Owner WILSEY WILL JAW	
Depth of well 225' Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P.	
I. High rate pumping reservoir drawdown	

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		gallon bucket		minute)
12:15	55	6 Dec		10
12:30	66	s bee		10
12,45	66	8 sec		75
1:00	66	8 sec		75
1:15	66	8 Dec		75
1:30	66	9 Dec		75
1:45	66	9 sec		72
2,00	66	8 sec		75
2:15	66	8 su		75
2:30	66	8 see		75/
2,45	66	8 sue		75
3:00	66	3 sec		7/2
3115	66	8 sec		72
3;38	66	8 Dec		75
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4/3/17 ongline

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, ND 21043

Fax: 313-2648 : 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

AFFEIVATION FOR PITEBOO ADA			٠.
Name of Installer Abberts	L. FEEZEL G. TAC.	Receipt # Date 4/2/97 Telephone 7/1-4653	
License Number 2/22 Certified Well Pump Installer	Well Driller	Registered Plumber	
Name of Property Owner 57571 Subdivision (GLONGOD) 596 Site Address 2820 SHAD	DW ROLL CT	1 Tag * 46-81-2382	
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make Fiat Lucuiat 3. Model & 457607-301	Hotor 1. Horsepower 2. RPM 3 450 3. Voltage 2. 110 b. 220	Pitless Adapter 1. Hake MANNAM 2. Model \$ 17700 3. Depth 42"	
4. Capacity GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cu 7. What methods are used to p vibrations? Torque arres	[Oil Switch thereares.	1 Other	
Tank were x-Trol wx-350 71. Capacity 119 GACS. 72. Pressure relief valve? YE3 P.A. 4' below grode Casna 1.5' above grock	Piping 1. Type Pacy 2. Size IN 3. NSF and/or BOCA Code approved VE 4. Depth of supply line 42"	Hell data 214 To William 1. Depth 250 ft. 2. Yield 77 GPM 3. Static water	·
I understand that it is my Department when the installation is null and void).		the Howard County Health	
All information given above i	is true to the best of my	knowledge.	
Signa	ature of Applicant:	Buf a. Rook	
	Date:	1/2/17	

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

2 7 9 1 7

THOMPSON BUILDERS, INC.

April 5, 1997

Health Dept.

Permit # B00102075 2820 Shadow Rell Ct.

We propose to construct a deck 18 feet from the house elevated 5 feet off the ground. There will be no interference with the 1500 gal tank and the cleanout will be easully accesable. We are 28 feet to the distrubition box to the deck. We are asking that our perliminary deck plan be approved.

Thank you

Stephen Thompson

716 St. Paul Avenue Reisterstown, MD 21136 (410)833-2284

1500 gal Tank Existing CleanouT. Suport Bean, Pier Flgs 16. ×16. ×12 770. Proposed Dech. 5 ABove Grade SewerLive Existing Etisting House

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