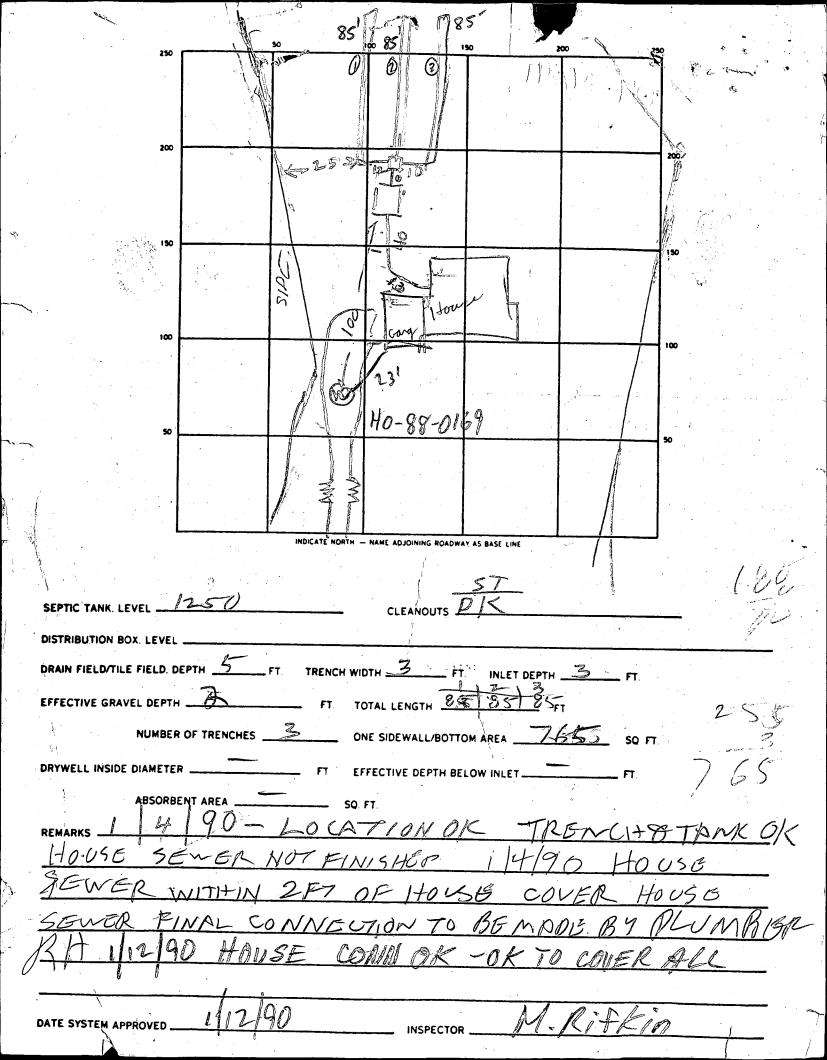
347641 PERA MARYLAND STATE DEPARTMENT OF HEALTH' HOWARD COUNTY INDEXED BUREAU OF ENVIRONMENTAL HEALTH FYOCK IS PERMITTED TO INSTALL X A.P Snow, Escavating PHONE (301) 854-6190 ADDRESS 14196 Frederick Road, Cooksville, Md. 21723 ROAD 896 The Old Station Ct.LOT___ SUBDIVISION Morgan Station Gene C. Bradford Mr. PROPERTY OWNER . ADDRESS -IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. NO ___X GARBAGE GRINDER? YES _____ SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS ... TRENCHES - 180 sq.ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet helow original grade. 2 feet of stone below distri bution pipe. LOCATION - Beginning from the rear left corner, place the first trench 705-feet off the rear left corner and 40 feet off the left lot line. As seen when facing the lot from The Old Station Court. Run trenches on contour toward the left and right lines. NOTE**** -- MOVE TANK FROM BP LOCATION TO OBTAIN 100 FROM WELL. No trench to exceed 99 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or ahove on septic tank, OKICO TRENCH LEEPTON CHANGED SYGHZY MOVE IT CLOSER TO 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 NO BASEINE EAST NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED) SEE PLANS NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHIES) NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSURPTION TRENCH TO EXCEED 100 FEET IN LENGTH. NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



APPLICATION

PERCOLATION TESTING

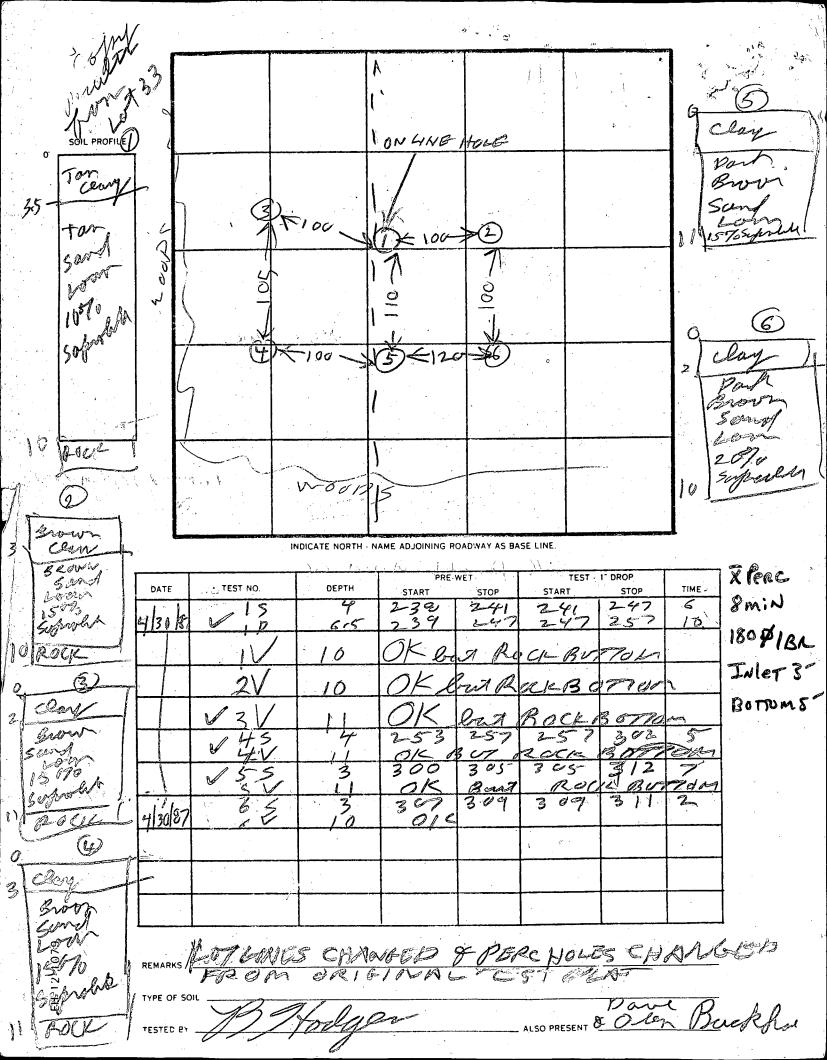
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

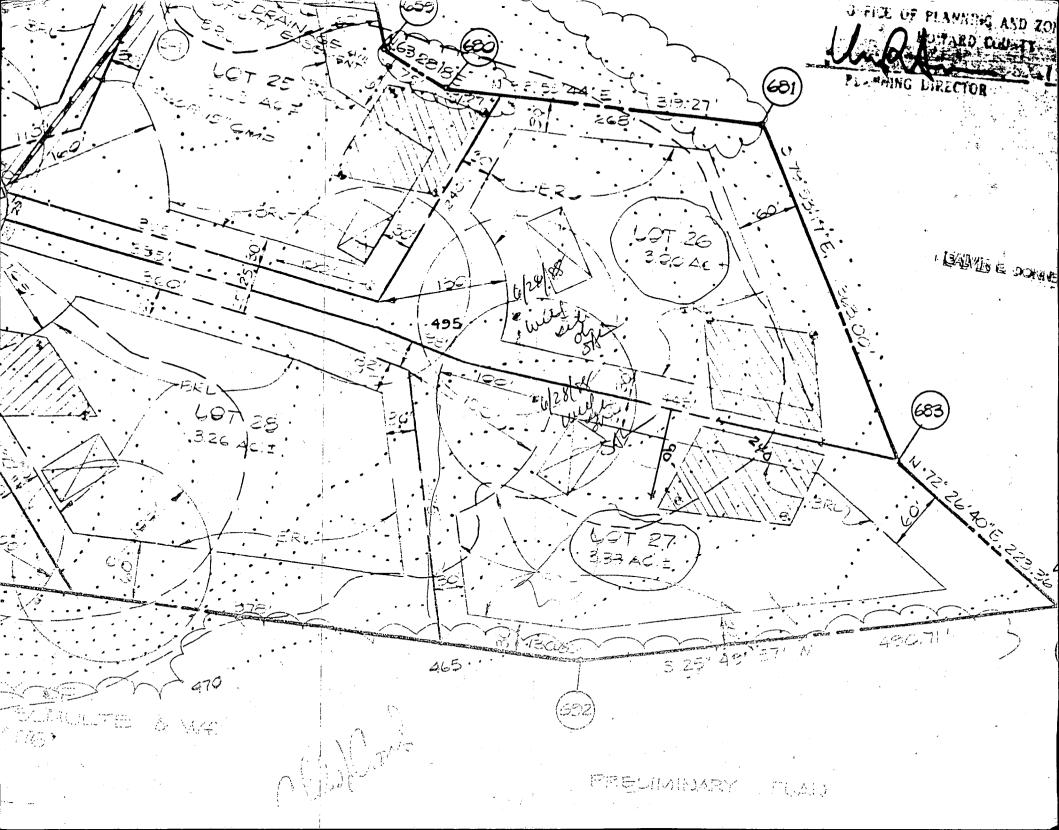
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043

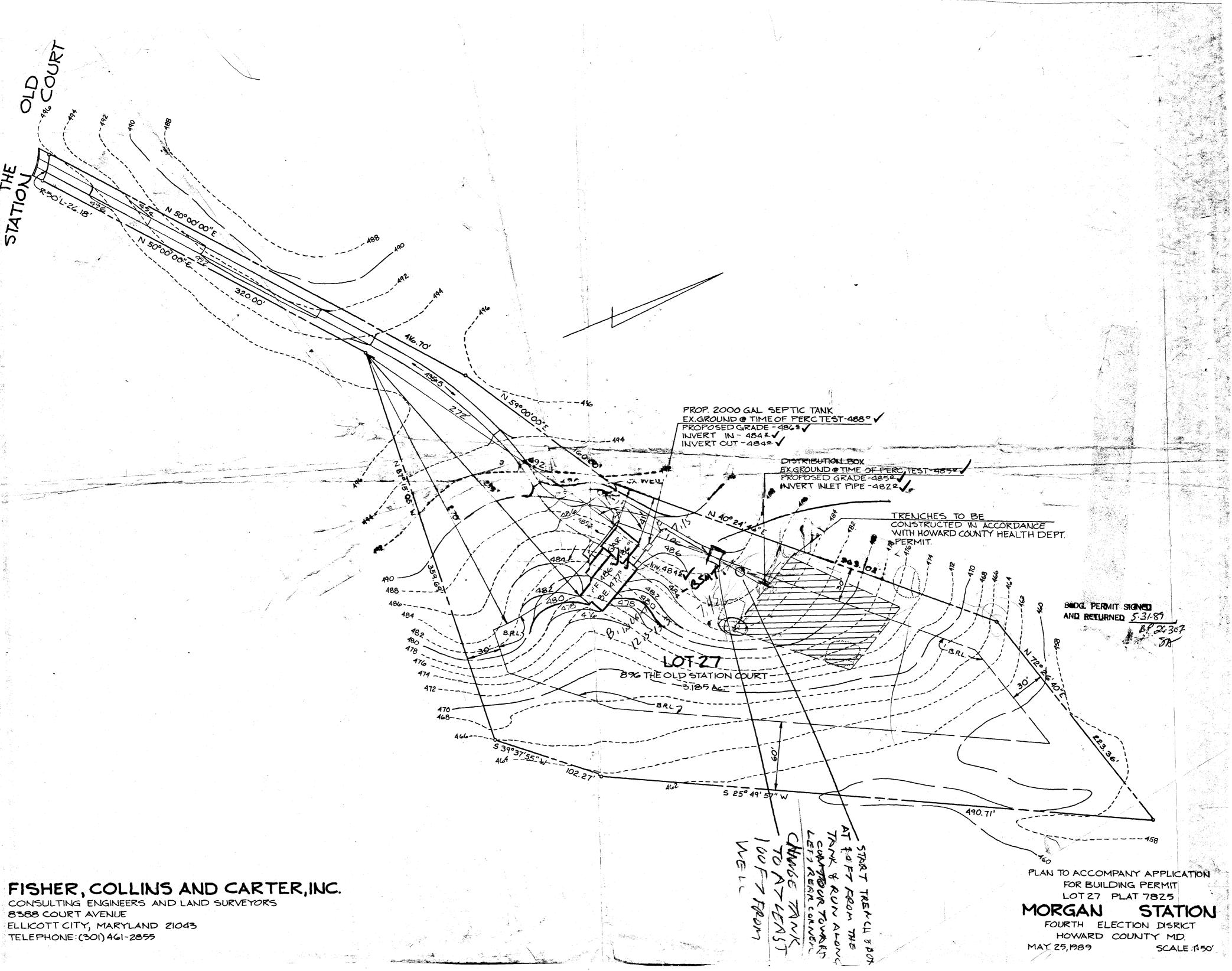
DISTRICT _	P	
DATE _	12/17/86	

		k Vi	*		,
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND					
I, HEREBY, APPLY FOR THE NECESSA	RY TEST IN ORDER TO CONSTRUCT	(OR RECONSTRUCT) A SEW	AGE DISPOSAL SYSTEM		
PROPERTY OWNER BOY W	Crum + W	ite Hor	PE, FUC.		
ADDRESS 791 M	organ Stati	on Rd	PHONE	49-499	<u> </u>
proceeding Blives Hemah	II Partners	$ni \theta$			
ADDRESS 10176 Ba	Itimare Nation	al Pike 21	D PHONE 46	5-5855	
PROPERTY LOCATION:	<u>, </u>		Lo	T 27 Pre	elim 10/2
SUBDIVISION nurgan	Station (Cra	m Property)	_ LOT NO?	BH	
ROAD AND DESCRIPTION	gan Station Ro	t north	of old F.	redevick	Rd
	896 The old	STATION C	•		
TAX MAP	9				
SIZE OF LOT 3 ac	res	Т	YPE BLDG SF)	
			(SINGLE FA	AMILY DWELLING OR	COMMERCIAL
THE SYSTEM INSTALLED UNDER THIS	APPLICATION IS ACCEPTABLE	ONLY UNTIL PUBLIC FACI	LITIES BECOME AVAILA	ABLE. I FULLY UND	ERSTAND THE
FEE CONNECTED WITH THE FILING OF	THIS PERC TEST APPLICATION	N IS NON-REFUNDABLE U	NDER ANY CIRCUMSTA	NCES. I ALSO AGRE	EE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS	IN TESTING THIS LOT.	Mal Dy	Cul		
0			NATURE OF APPLICAN		
APPROVED BY Sich COL		FOR Structer	1 Trustes	ATE <u>5-31-</u>	87
REJECTED BY		FOR	· D/	ATE	
HOLD PENDING FURTHER TESTS		KN mer e	0/	TE TO	•
REASONS FOR REJECTION OR HOLDING	4/30/1807	TOPLE	01-1	HOLD)	·
TINA CO	at Bh	<u>l</u>		SCOMIT SICA	150
		The state of the s	AND I	PERMIT SIGN	31-89

THIS IS NOT A PERMIT







	B 1 3507 SEQUENCE NO. STATE OF	MARYLAND STATE PERMIT NUMBER
ŀ	PERMIT TO	DRILL WELL #0-88-0169
1	(THIS' NUMBER IS TO BE PUNCHED IN COLS, 3-6 ON ALL CARDS)	int or type 70 fill in this form completely 79
ſ	Date Received (APA)	B 3 LOCATION OF WELL
٠	OWNER INFORMATION	AOWANN
	TRINTYBUILDERS	8 COUNTY 21
	GGOISHANY RISTNAME 34	23 SUBDIVISION 5 + A + 1 0 M 42
	36 Street or RFD 55	SECTION LOT
]	[C] U L U M B 1 H M D 2 1 D M 9 70 State 72 Zio 76	WOODBINE
1	A DRILLER INFORMATION	52 NEAREST TOWN 71
	Ralph MAYNE 203	MILES FROM TOWN (enter 0 if in town)
1	Driller's Name (77 License No. 80)	B 4. The Old Station (4)
	Firm Name	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
	Address / Munich Rd. Mt A.M.	NORTH N
1	Signature Date	ON WHICH SIDE OF ROAD W 32 E CIRCLE APPROPRIATE ROYS W 32 E
	B 2 WELL INFORMATION	WEST SEAST
Γ	APPROX. PUMPING RATE (GAL. PER MIN.)	TOWN E
	AVERAGE DAILY QUANTITY NEEDED.	34 / 2 © 37 DISTANCE FROM ROAD
	(GAL PER DAY)	S S S S S S S S S S S S S S S S S S S
	USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER
-[D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	HEALTH DEPARTMENT APPROVAL
1	F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)	COUNTY NAME COUNTY NO. 1
	INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. 22 OTHER (REQUIRES APPROPRIATION PERMIT)	STATE SIGNATURE INSERT S
-	PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	DATE ISSUED
1	P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)	43 48 CO SIGNATURE EXP. DATE
	TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NORTH SS 0 0 0 EAST F 8 9 0 0 0
ŀ	APPROPRIATION PERMIT)	50 55 57 63
	APPROXIMATE DEPTH OF WELL AS FEET	BOX & LOCATE WELL WITH AN X
ŀ	24 20	
	APPROXIMATE DIAMETER OF WELL 6	SOURCES OF DRILLING WATER
ľ	METHOD OF DRILLING (circle one)	3. 40 Open
	BORED (or Augered) JETTED Jetted & DRIVEN	WRITE THE BOX NUMBER & Bays of Ceman
1	AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	FROM THE MAP HERE 2' Can above
	CABLE REVerse ROTary DRive POINT	E >80 9 grow C 80 (1)
	other	N 550 3 000 T #/1 +
١	REPLACEMENT OR DEEPENED WELLS	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
	(CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL	RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
	THIS WELL WILL REPLACE A WELL THAT WILL BE	N Not
1	L' ABANDONED AND SEALED 39 T THIS WELL WILL REPLACE A WELL THAT WILL BE USED	A
	39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	Q 9 1200'
١	D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED	9 1200'
	(IF AVAILABLE) 41 52	
+	Not to be filled in by driller (OEP USE ONLY)	The old Station etc
	APPROP PERMIT NUMBER GAP	
	54 63	
	FORCE	W WU
	SPECIAL CONDITIONS	,~,,,

C 1 0697 SEQUENCE ONLY)	WEL	COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS OF COMPLETELY PLEASE PRINT OR TYPE	Thomson 4-38735
DATE Received DATE WELL COMPLE		PERMIT NO. FROM "PERMIT TO DRILL WELL"
TITE TO TO SE	22 5 26	40-88-0169
	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
	Net Striben C(first name TOWN _	~ ~
SUBDIVISION MARKAN	SECTION	LOT 23
Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box) (Circle Appropriate Box)	C 3
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Checking wat	45,46	PUMPING RATE (gal. per min. 1 C
additional sheets if needed) FROM TO bearing	GALLONS OF WATER	to nearest gal.) METHOD USED TO
العموة على المناف المنا	DEPTH OF GROUT SEAL (to nearest foot) from C ft to U O ft.	MEASURE PUMPING RATE L
Top Soil 0 2	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 3 5 20
	types ST CO	WHEN PUMPING 95
I a Historia Shift I was a market of the same of the s	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
Briown State 30 35 V	below PLASTIC OTHER	A air P piston T turbine
15 CHE SLAPE 35 90	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O other (describe below)
Blue Slate 50 55 V	60 61 63 64 66 70	jet Submersible
21.6 (1.40 55 205	E OTHER CASING (if used) A diameter depth (feet)	
13000	inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP
	\$	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	or open hole ST BR (HO)	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY:
	below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon)
, * 3	C2	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH
	DEPTH (nearest ft.)	(nearest ft.) CAŞING HEIGHT (circle appropriate box
	A 8 9 11 15 17 21	and enter casing height)
	S ² 23 24 26 30 32 36	LAND SURFACE (nearest foot)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	R 2 38 39 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	N 36 39 41 45 47 51 SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION	DIAMETER (NEAREST INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION	56 60 / from to	(MEASUREMENTS TO WELL)
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN TH ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATIO PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BES	GRAVEL PACK	lace /
OF MY KNOWLEDGE.	FLOWING WELL INSERT F IN BOX 68 68	line
DRILLERS IDENT. NO. Marie	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	120 XX 1120
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) WQ	1 fried
	70 72	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee	TELESCOPE LOG OTHER DATA CASING INDICATOR	ROAD
	COUNTY	

Page	of	
Date	Oct 10, 1988	•

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0169			
Subdivision MONGAN STATION	Histo Col Lot <u>27</u> Block		Sec
Depth of well 205	Owner NUNIM	Blogs.	,
Depth of well	ve ground 2		- .
I. High rate pumping reservoir drawdown			
Time pump started 8,00	Pumping rate	106PM	
Total time 15 min to reach pumping	water level _ 46	it. 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		gallon bucket		minute)
8:15	45 1	6 80		10 684
8:30	45 F	6 Sec		10 Gen
8:45	45 F	6 Sec		10 GM
9:00	45 A	6 Sec		16 OPm
5:15	45 14	6 Sec	1 /	10 GBM
9:30	45 Px	6 Sec		10 GBM
9:45	45 A	6 Sec	\ /	10 GPM
101:00	45 H	6 Sec	\/	10 (PM
10:15	45 1	6 Sec	X -	10 GPM
10:30	45 P	6 Sec		10 GPM
10:45	45 F	6 Sec		16 6PM
11:00	49 6	G Sec		10 68m
11:15	45 For	6 Sec		10 68m
			c c	
	,			
	e.			
	0.00			I

HD-224 45 CAS, MY

40 oren 8 BAYS

