1ax ID -03-308065

12/9/87 3 pm

PERMIT

SEWAGE DISPOSAL SYSTEM

A <u>39768</u>

MARYLAND STATE DEPARTMENT OF HEALTH'

DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DATE SYSTEM APPROVED

NSPECTOR //

	ave Hopkins	IS PERMITTED TO	O INSTALLX ALTER
ADDRESS17.	550 Old Frederick Road,	Mt. Airy, Maryland 21771 PHONE	831-7257
SUBDIVISION	SandyHill Estates	S ROAD <u>2425 Woodstream Circl</u>	Le_LOT_8
PROPERTY OWNER		Judith O. & E. Dwayne Sir	ngley
ADDRESS			
IF GARBAGE GRINE	DER IS USED INCREASE SEPTIC TANK	K CAPACITY BY 50% AND ABSORPTION AREA B	Y 22%.
GARBAGE GRINDE	R? YES NOX		
SEPTIC TANK CAPA	CITY GALLONS	NUMBER OF BEDROOMS3	
		. Trench to be 3 feet wide. I	
		maximum depth 5.5 feet below obelow original grade. 1.5 fee	-
	distribution pipe. Place the distribution l	box 340 feet down the left (838	3') lot line and 70 feet
	off the same lot line as trenches on contour towa	s seen when facing the lot from ard front of lot.	Noodstream Circle. Run
NOTE - 1	No trench to exceed 100 cap to grade or above or	feet in length. Provide 6" -	8" diameter cleanout and
	<u> </u>	04512	
PLANS APPROVED BY		S. Abel	DATE

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.

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 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

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250	storal		120				e fin
200		70	9_			200	
150						150	
100			H #2			50	
	ELL R FRUM	760					188
SEPTIC TANK LEVEL ${\cal J}$	000 d	INDICATE NORTH	CLEANOUTS	51			
DISTRIBUTION BOX, LEVE			112		112	•	
DRAIN FIELD/TILE FIELD.	DEPTH 5 5. FT	∮ ¥	тн 3 3 г		3 3 FT	.	
EFFECTIVE GRAVEL DEPT	TH 2 115 ER OF TRENCHES		TAL LENGTH _9	775TAL TOM AREA 571			
DRYWELL INSIDE DIAMET	ER	FT. EF	FECTIVE DEPTH E	BELOW INLET	FT	•	•
12/0/	RBENT AREA		*	19LAWS			
REMARKS 1 11	U L LUCK	<u> </u>		"			
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Andrews Andrew							
		•				·	·
- TE OVETEN APPROVE	12/	9/8) INSPECT	Ray	mond	7700	lean

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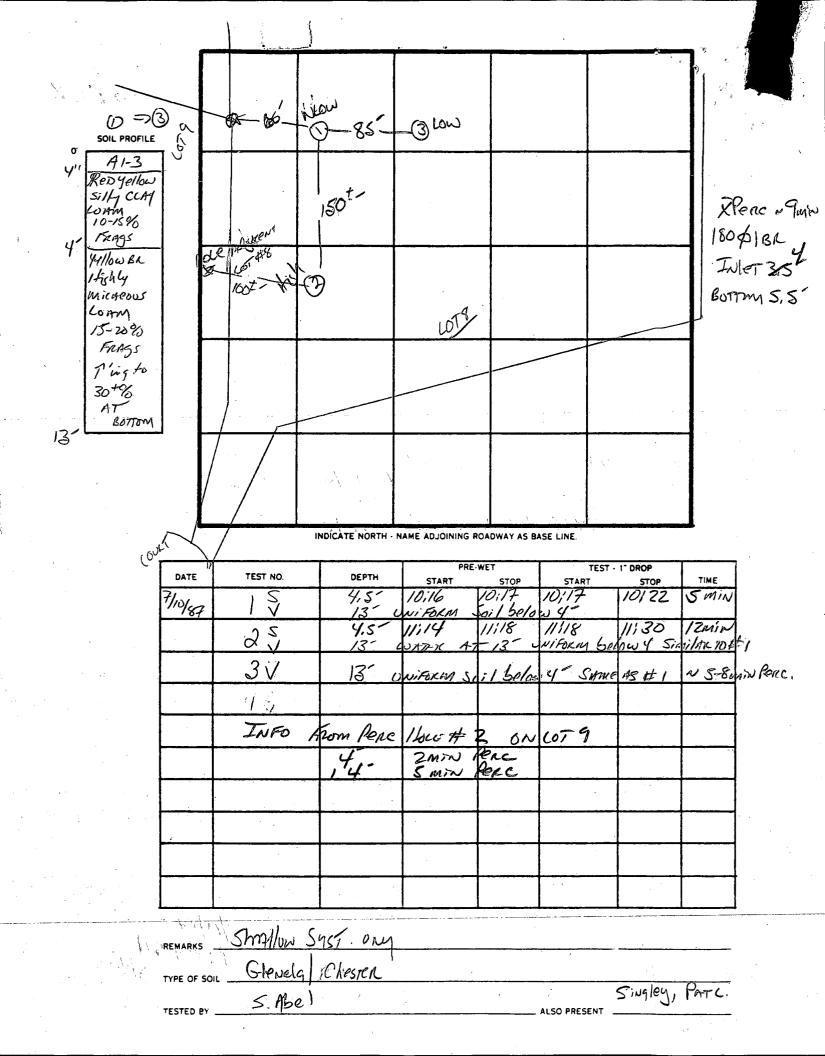
APPLICATION

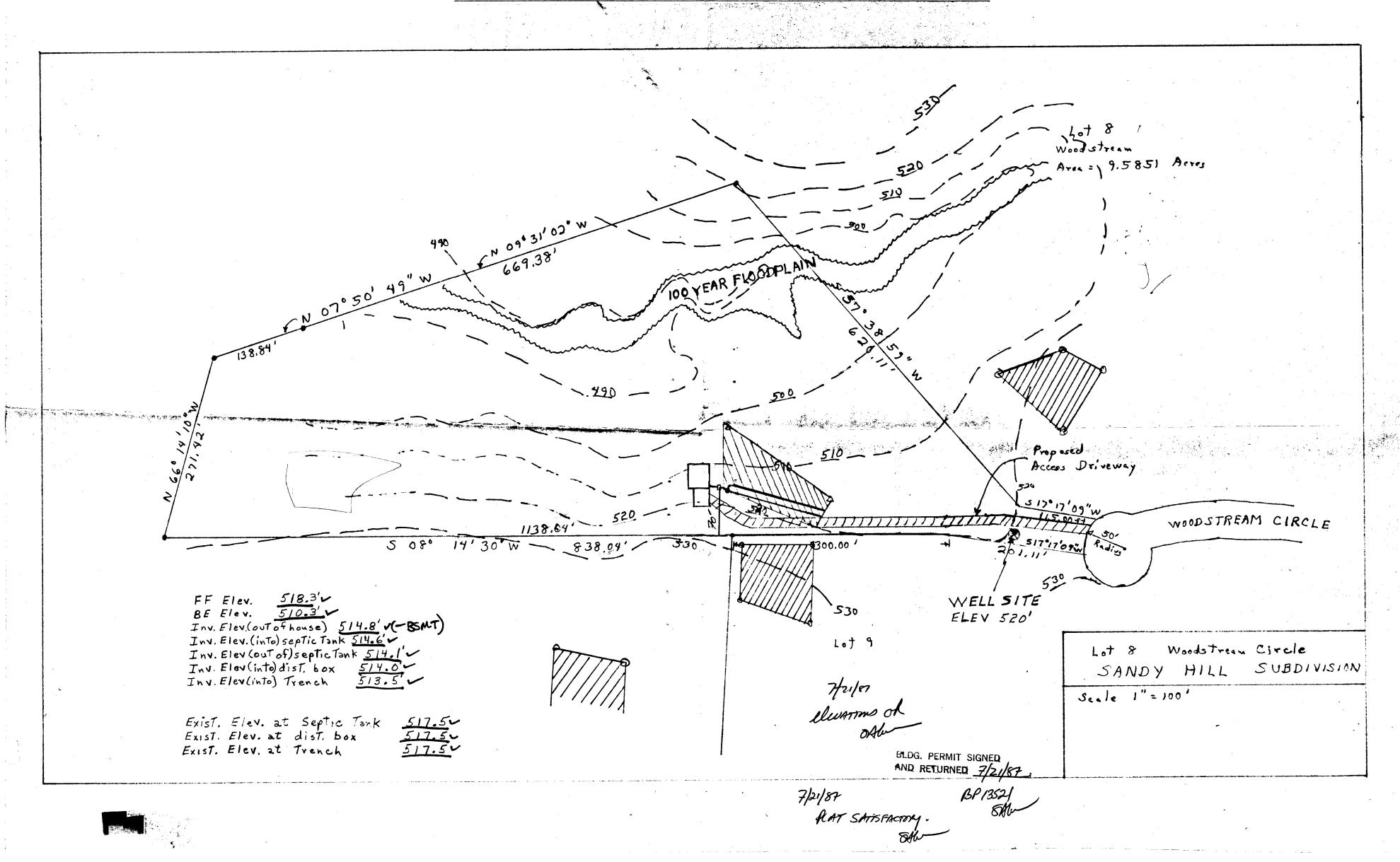
PERCOLATION TESTING

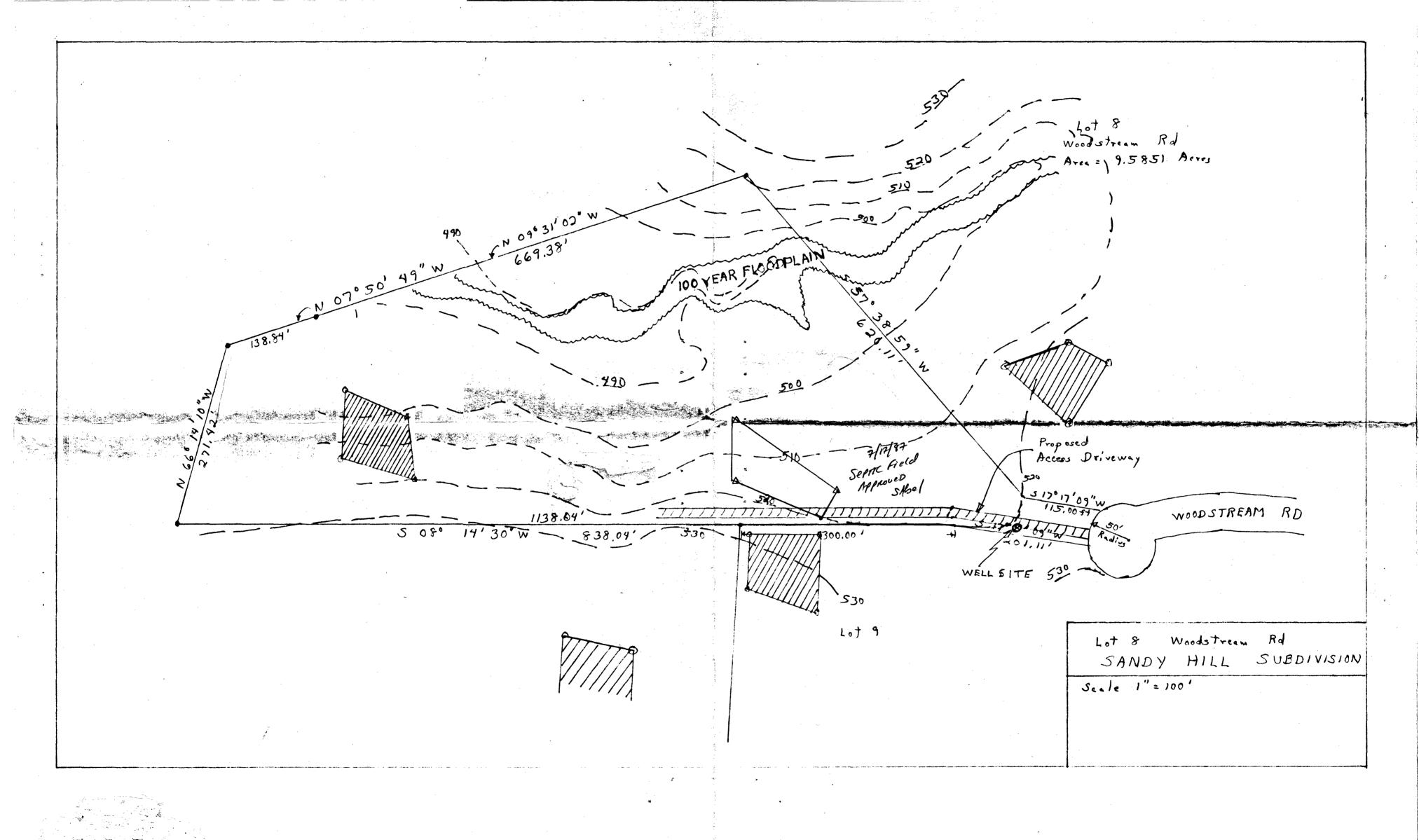
A 39768

	HOWARD COUNTY HEALTH DEPA	RIMENI			21072107	
	BUREAU OF ENVIRONMENTAL HE	EALTH			DISTRICT _	/ 4
	P.O. BOX 476 ELLICOTT CITY, MARYLA TELEPHONE: 461-9933	ND 21043		12	DATE _	6/24/87
.1\						,
·	·			•	•	i.
TO:	THE COUNTY HEALTH OFFICER			4		
	ELLICOTT CITY, MARYLAND		•			
	I, HEREBY. APPLY FOR THE NECESSAR	Y TEST IN ORDER TO CONST	TRUCT IOR RECONSTRUCT	A SEWAGE DISPOS	AL SYSTÉM.	
PROP	ERTY OWNER SAND	IAILL	PROPE	RTIES		
	ADDRESS			PHON	Ε	
PROS	PECTIVE BUYER JUD 17	740, +	E. DWA	AYNE (SINGL	.EY
	ADDRESS 6 8 10 13	furting L	ano	PHONI	596	9425
PROPE	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Swells DacHAR	D Rd.		AUNE WOKE	5963355
SUBDI	VISION SANDHI	LL	Col. 2104	/S LOT NO	රි	
	2012	5 WOODSTA	onna Oxa	1_		
ROAD	AND DESCRIPTION A 70	J 4000 D3//C	eam Cixc	<u> </u>		
						· · · · · · · · · · · · · · · · · · ·
+4 × 4						•
TAX						
SIZE O	FLOT 9,5851			TYPE BLDG		
			V V		(SINGLE FAMILY DV	VELLING OR COMMERCIAL)
			**			
THE S	SYSTEM INSTALLED UNDER THIS AP	PLICATION IS ACCEPTAB	ILE ONLY UNTIL PUBLIC	C FACILITIES BÉC	OME AVAILABLE. I F	ULLY UNDERSTAND THE
EEE (COMMECTED WITH THE EN INC. OF T					
PEEC	CONNECTED WITH THE FILING OF TI	HIS PERC TEST APPLICAT	TION IS NON-REFUNDA	BLE UNDER ANY C	CIRCUMSTANCES. I.	ALSO AGREE TO COMPLY
WITH	ALL M.O.S.H.A. REQUIREMENTS IN	TESTING THIS LOT	he ditto	18/10/0	low	
******	THE MICHELLY STATES IN	TESTING THIS COT.	7	ISIGNATURE OF	APPLICANT)	
	•			0		
APPRO	VED BY		FOR		DATE	
REJECT	ED BY	<u> </u>	FOR		DATE	
HOLDE	ENDING FURTHER TESTS	•				
REASO	S FOR REJECTION OR HOLDING	10-87 Here	SAMSF. 160	D For Cent	T. Idoles. 8x	1
					0108 (CTS	

THIS IS NOT A PERMIT







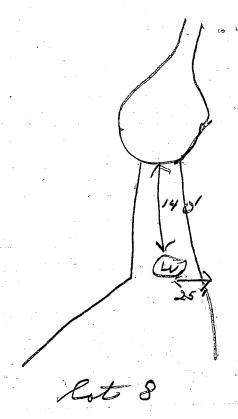
B 7 8300 SEQUENCE NO.	STATE OF	MARYLAND	OEP PERMIT NUMBER
(OEP USE ONLY)		DRILL WELL	THAT THE TENENTS CAN
(THIS NUMBER IS TO BE PUNCHED)		",	NG-181-11971
IN COLS. 3-6 ON ALL CARDS)	please pri	rint or type	fill in this form completely 79
Date Received		B 3	LOCATION OF WELL
[1 2	LOCATION OF WELL
OWNER INFORMA	ITION	HOWARD	
CIMALEN DI	NAYNE	8 COUNTY	21
15 Last Name Owner	First Name 34	SANDYLH	1/LL 1257 AT25
10810 HUNHING	LANE	23 SUBDIVISION	42
36 Street or RFD	55	SECTION 44	LOT 🙎 📗
COLumbiR	mn21044	44 40	48 50
57 Town 709	State72 Zip 76	UESH FK	
, DRILLER INFORMATIO	ON _		W V NA I
word to Immo.	238	MILES FROM TOWN (ente	er 0 if in town) 7 1/1 M 1
Driller's Name	77 License No. 80	B 4	
Levents To. margie We	LL DRILLING	1 2	2425 woodstream Rd
Firm Name of 1 - QA 2not 1	1 0 7 1 7 7	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Address 12 resoure 100. MM. V	ury ma c'		· N <u>ORT</u> H
La soul L. moures	6/1/87	N 8 N	ON WHICH SIDE OF BOAD.
Signature The Signature	Date/	W E 8-9	(CIRCLE APPROPRIATE BOX) WI [32] [E]
B 2 WELL INFORMATION			WEST FAST SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	कारा 💎 📜	(TOWN)	300111
8	12	8 1	34 6 6 37
AVERAGE DAILY QUANTITY NEEDED		S _W S _E	DISTANCE FROM ROAD
(GAL. PER DAY)	10 20	8-9 S 8-9	ENTER FT or MI F 7
USE FOR WATER (CIRCLE APPRO		8	38 39
	<u> </u>		NOT TO BE FILLED IN BY DRILLER
HOME (SINGLE OR DOUBLE HOUSEHO			HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & A	GRICULTURAL	HAWARD	Hasbetc
LIRRIGATION)		COUNTY NAME	COUNTY NO.
22 INDUSTRIAL, COMMERCIAL, STATE AN 22 OTHER (REQUIRES APPROPRIATION P	ND FEDERAL GOV.	OEP SIGNATURE	STATE HEALTH INSERT S
PUBLIC OR PRIVATE WATER COMPAN	*	DATE ISSUED	41
P APPROPRIATION PERMIT AND STATE H		0603871	8 Nula 12/03/8+
APPROVAL)		NODTH (SET ON THE)	SIGNATURE FAST (T) SHI ALCOHOLD
TEST, OBSERVATION, MONITORING (M APPROPRIATION PERMIT)	IAY REQUIRE,	GRID 53400	O GRID O O O
MAPPIOPRIATION FERIVITY	•	50	55 57 63
	- 1	SHOW MAJOR FEATURE BOX & LOCATE WELL	ES. OF FOCATION (Que back)
APPROXIMATE DEPTH OF WELL 24	FEET 28	WITH AN X	
		SOURCES OF DRILLING	WATER 4 9 - Caroni
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. WELL	1 = Ofmal
		2. Falled, day	. > 1
METHOD OF DRILLING (c		3.	145-0pm
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u>	WRITE THE BOX NUMBE	
30 AIR ROTary AIR PERcussion RO	TARY (Hydraulic Rotary)	FROM THE MAP HERE	-H / H - Norga
CABLE REVerse ROTary	DRive-POINT	<u> </u>	1 1 2 1 2 2 2
	<u> </u>	E × 190	6/24/8t
other	i i e		000
REPLACEMENT OR DEEPENED	DIMELLO	N 530	7 - 000
(CIRCLE APPROPRIATE BO		DRAWA SKETCH BELOV	W SHOWING LOCATION OF WELL IN
		RELATION TO NEARBY 1	TOWNS AND ROADS AND GIVE
THIS WELL WILL BERLACE A WELL THE		DISTANCE FROM WELL	TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL TH	IAI WILL BE	La N'a solu ni	
39 THIS WELL WILL REPLACE A WELL TH	AAT WILL BE USED	1 3 25 PM 187	E /
S AS A STANDBY		T a	110
D THIS WELL WILL DEEPEN AN EXISTING	G WELL	HEVILLI OF THE	& Samplinater of
PERMIT NUMBER OF WELL TO BE REPLACE	ED OR DEEPENDED	HO ARD IN	Journey W.
(IF AVAILABLE) 41	52	2 1 2 OP/	3
		1 8 March	
Not to be filled in by driller (OEP U	SE ONLY)	T 760	
APPROP. PERMIT NUMBER G	AP	A OK	H
54	63	3 ×= well	
FORCE WRITE PERMIT NO. L. O	का गामन्	13 wer	, ,
67 68 N BOX	3 74 75 76 77 78 79	7/9	b 144
SPECIAL CONDITIONS A C. CC.) C			
SPECIAL COMPUTIONS IN SISSUE	SUME THE !	SAME PORPSOT	7/ DIEFSRSATT DOUISE

HEALTH

RECEIVED
HOWARD COUNT

78. H9 25 6 1 NUL

DIVISION OF HEALTH



C 1 5902 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 23 (THIS NUMBER SO BE PUNCHED IN COLS. 3-6 QN ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 28672
DATE Received DATE WELL COMPLE	TED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 13	22 3 23 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER SINGLEY	DWAYNE	
STREET OR RFD 105 101 SUBDIVISION STREET OF RFD 105 105 105 105 105 105 105 105 105 105	STATES AW Contraine TOWN _	WEST FRIENDSHIP
WELL LOG Not required for driven wells	GROUTING RECORD yes no	C 3
STATE THE KIND OF FORMATIONS	(Circle Appropriate Box)	1 2 PUMPING TEST
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 bearing to the sheet of the s	er 45 46 45 46	PUMPING RATE (gal. per min. 11 15
SAND 0 44	GALLONS OF WATER ** DEPTH OF GROUT SEAL (to nearest foot) **	METHOD USED TO MEASURE PUMPING RATE
171710	from ft. to ft. to ft. to ft.	WATER LEVEL (distance from land surface) BEFORE PUMPING
Geny Mich Rock - 335-	(enter 0 if from surface) casing CASING RECORD	17 20
COLHY MICH	types ST CO	WHEN PUMPING 22 25
	(appropriate code PL OT	TYPE OF PUMP USED (for test) A air P piston T turbine
	below PLASTIC OTHER	27 27 27 ather
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe 27 below)
	TYPE (nearest inch) (nearest foot)	J jet S submersible
	60 61 63 64 66 70	21 22
	E OTHER CASING (if used) A diameter depth (feet) C inch from to	PUMP INSTALLED
	G A	DRILLER WILL INSTALL PUMP YES NO.
	S S S S S S S S S S S S S S S S S S S	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
1	or open hole ST BR HO sinsert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
Newy Week 300	code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
to the said of the	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
Fulled in work is a charles of the charge of		PUMP COLUMN LENGTH (nearest ft.)
Carner	DEPTH (nearest ft.)	CASING HEIGHT (circle appropriate box
materials	A /8 9 11 15 17 21 C H	and enter casing height) LAND SURFACE
	S 2 23 24 26 30 32 36	below (nearest foot)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	R ₃ i i i i i i i i i i i i i i i i i i i	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION	DIAMETER (NEAREST	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 OF THE PROPERTY	56 60 IN from to	(MEASUREMENTS TO WELL)
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN T ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATI PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BE	HE GRAVEL PACK	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
OF MY KNOWLEDGE.	F IN BOX 68 68	/ man 10
DRILLERS IDENT. NO	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	/ will / / / / / /
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) WQ	Trad - 20°
And the second s	70 72	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permitte		
The state of the s	HEALTH	