HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH MKK 9000X

313-2640

PERMIT # 34625

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

50798

▲ 40070

DISTRICT 4th

| INDEXE | INSPECTOR 3KS |
|---|---|
| | IS PERMITTED TO INSTALL X ALTER |
| ADDRESS_P.O. Box 659. Mt. Airy, Maryland 2177 | 1PHONE |
| SUBDIVISION White Woods Estate LOT 14 | ROAD 17312 White Plains Court |
| PROPERTY OWNER Paul D. & | Beth A. Thompson |
| ADDRESS | |
| SEPTIC TANK CAPACITY 1250 GALLONS | |
| NUMBER OF BEDROOMS 4 | |
| 240 SQUARE FEET PER BEDROOM | |
| depth 5.0 feet below original gra original grade. 1.5 feet of ston LOCATION - Place the first trench 60 feet fr the right lot line as seen when f trenches on contour toward rear 1 | om the rear (423!) lot line and 150 feet off acing the lot from White Plains Court. Run ot line. ength. Provide 6" - 8" diameter cleanout and |
| PLANS APROVED BY Sid Abel | |
| TEMORITORED DT | |
| COVER NO WORK UNTIL INSPECTED AND APPROVED | ERDANCIDI E EOD THE SUCCESSEUL OPEDATION OF ANY SYSTEM |
| NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RENOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT ACCEPTABLE. NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TREAUTHORIZED) | 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT NCHES) TO BE 100 FEET FROM WELL (ONLESS OTHERWISE SPECIAL PARTY AND RETURNED |
| NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AF | |
| NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TO | RENCH TO EXCEED 100 FEET IN LENGTH |

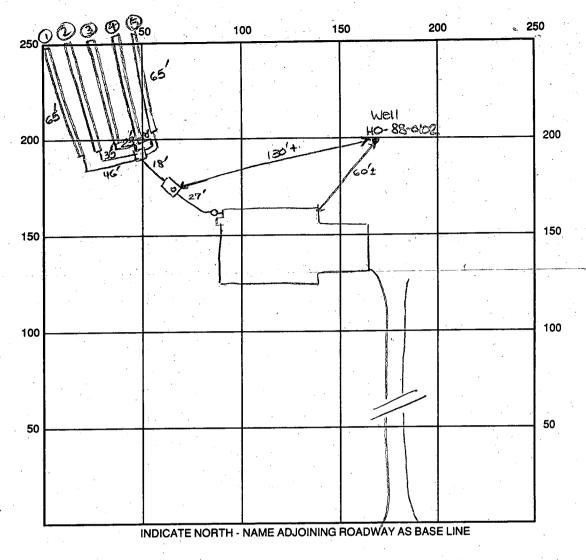
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

PERMIT VOID AFTER TWO YEARS

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

PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

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



| SEPTIC TANK LEVEL CK- 1250 gal CLEANOUTS ore at house, one on | Sit |
|--|-------------|
| DISTRIBUTION BOX LEVEL OK - baffle in | |
| DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT. | ٨ |
| EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 65 FT./ HENCH > 395 tot | al |
| NUMBER OF TRENCHES 5 BOTTOM AREA 9.75 SQ. FT. | |
| DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT. | |
| ABSORBENT AREA 975 sq. ft. CHINGTON ON THE COVER AN WORK. DKS REMARKS AND SOLFT. | |
| CALLY AND COLOR COLOR | |
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| | |
| DATE SYSTEM APPROVED 9895 INSPECTOR DOMAGE STORE | |

APPLICATION

PERCOLATION TESTING
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| ISTRICT | 4TH |
| DATE | 9-8-87 |

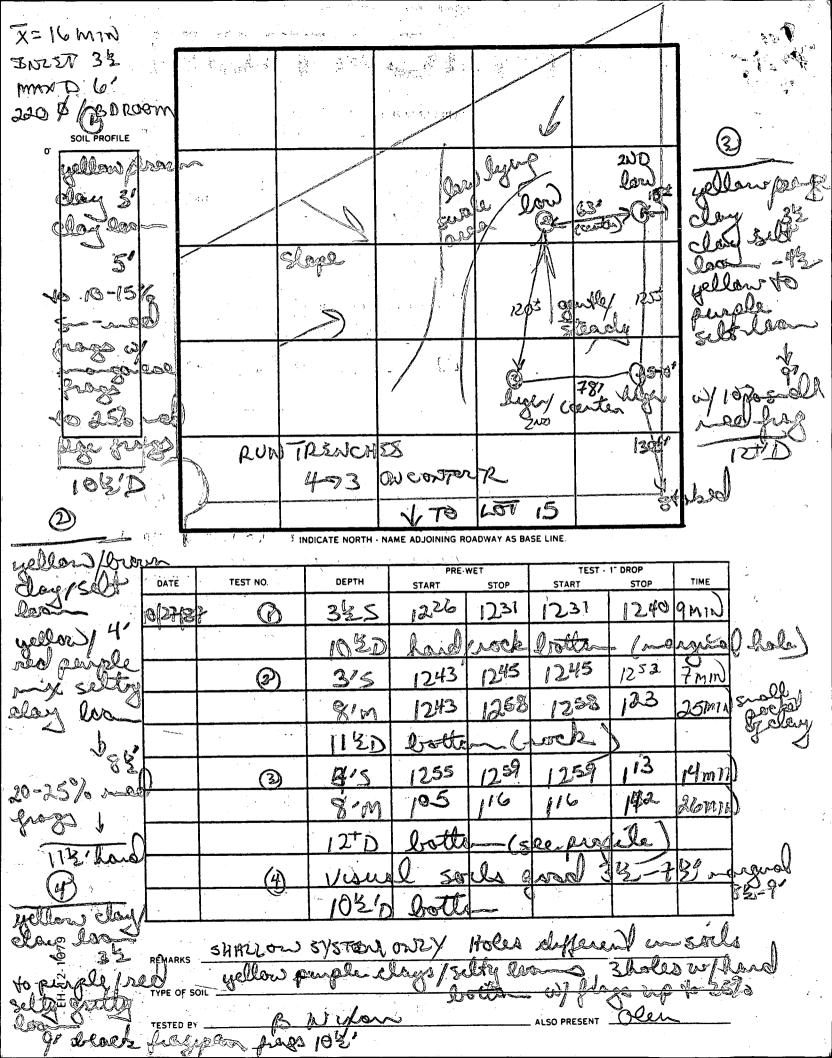
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TO: THE COUNTY HEALTH OFFICER

| PROPERTY OWNER | sennard Wax | Field Jr | HAURE | Service | Thompson | ·/ |
|--------------------|---------------------------------------|---------------------|-----------|---------------------------------------|---|----------------|
| ADDRESS 14 | 1663 Tridelp | hia Rd | Glenely 2 | 1737 PHONE | 442-233- |) |
| PROSPECTIVE BUYER | N/A | f | | · · · · · · · · · · · · · · · · · · · | | |
| ADDRESS | · · · · · · · · · · · · · · · · · · · | | - | PHONE | | |
| PROPERTY LOCATION: | | | | | | |
| SUBDIVISION | hite Property | Whyrewo | D EST. | LOT NO | 14 | |
| | South side of | | | | | <u></u> |
| side of | Hardy Rd | 173/2 | White | Plans CX | ERMIT SIGNED | |
| TAX MAP | 1 | | , | AND RE | TURNED <u>137</u> 1 # 60276 - F D - 4 Bas | 25 |
| | | | | (SIN | GLE FAMILY DWELLING | OR COMMERCIAL) |
| FEE CONNECTED WIT | TH THE FILING OF THIS PERC | TEST APPLICATION IS | i i | | | |
| APPROVED BY Sich | | FO | 7 | signature of app tel fields | | -88 |
| REJECTED BY | | FO | | · | DATE | |
| | on of Holding for | fold la | catol | halos + | sub-2 pl | Ray |

AND RETURNED 5.31-87

THIS IS NOT A PERMIT



| c 0592 | SEQUENCE NO. (DENV USE ONLY) | STATE OF MARYLAND | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. |
|--|---|--|---|
| 1 2 3 6 (CENV USE ONE) (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS) | | WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY | COUNTY A- 40070 |
| GD CAN | | PLEASE PRINT OR TYPE | PERMIT NO. |
| DATE Received | C & 2 3 & & | | FROM "PERMIT TO DRILL WELL" |
| 8 13 | 15 20 | (TO NEAREST FOOT) | 28 29 30 31 32 33 34 35 36 37 |
| OWNER STREET OR RFD | last name Cife 17 | | FOR AL SPRINKS |
| | | SECTION | LOT /4 |
| WELL Not required for | | GROUTING RECORD yes no WELL HAS BEEN GROUTED | C 3 |
| STATE THE KIND OF PENETRATED, THEIR | FORMATIONS | (Circle Appropriate Box) TYPE OF GROUTING MATERIAL | 1 2 PUMPING TEST |
| THICKNESS AND IF | WATER BEARING | CEMENT CM BENTONITE CLAY BC | HOURS PUMPED (nearest hour) |
| DESCRIPTION (Use additional sheets if needed) | | 45 46 | PUMPING RATE (gal. per min. 51 11 11 11 11 11 11 11 11 11 11 11 11 |
| | - | GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) | METHOD USED TO MEASURE PUMPING RATE |
| Top Soil | 0 2 | from C ft. to C ft. | WATER LEVEL (distance from land surface) |
| Your Shall | | 48 TOP 52 94 BOTTOM 58 (enter 0 if from surface) | BEFORE PUMPING |
| Jaiux - M | | casing CASING RECORD types | WHEN PUMPING |
| James Slave | 11 15 | insert appropriate STEEL CONCRETE | TYPE OF PUMP USED (for test) |
| | | code pelow PL OT | A air P piston T turbine |
| Blue State | 15 30 | MAIN Nominal diameter Total depth | C Cother |
| Grown Stake | 30 40 | MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) | C centrifugal R rotary (describe below) |
| The land the | 1112 60 | (lealest littl) (lealest 1001) | jet (Ssubmersible |
| alux Scate | -40 6 | 60 61 63 64 66 70 | 21 21 21 |
| Blue Slate Blue Slate | 10 70 | E OTHER CASING (if used) A diameter depth (feet) | PUMP INSTALLED |
| Jugora | | inch from to | |
| 15 (ut 2000 | 70 205 | Î S | (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 | IN BOX-SEE ABOVE: 29 CAPACITY: 29 |
| | | code below PL OT | GALLONS PER MINUTE (to nearest gallon) |
| | and all the witter of the second | C 2 | PUMP HÔRSE POWER 37 41 |
| | | 1 2 DEPTH (nearest ft.) | PUMP COLUMN LENGTH (nearest ft) |
| | | E'HOBATIBASTI | CASING HEIGHT (circle appropriate box |
| | | C 8 9 11 15 17 21 | and enter casing height) LAND SURFACE |
| | | S ² 23 24 26 30 32 36 | below (nearest foot) |
| CIRCLE APPROI | | | 49 50 51 |
| WHEN THIS WELL W | | N 30 39 41 45 47 51 | SHOW PERMANENT STRUCTURE SUCH AS |
| E ELECTRIC LOG OBTA | AINED TED TO PRODUCTION | SLOT SIZE 123 DIAMETER (NEAREST | BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS |
| WELL OF SCREEN 56 60 INCH) THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN | | | THAN TWO DISTANCES (MEASUREMENTS TO WELL) |
| ACCORDANCE WITH COMAR 10.1 AND IN CONFORMANCE WITH ALL | 17.13 "WELL CONSTRUCTION" L CONDITIONS STATED IN THE | | well well |
| ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE. | E AND COMPLETE TO THE BEST | FLOWING WELL INSERT | (D) 50' 10 s |
| DRILLERS IDENT. NO. | 223 | F IN BOX 68 68 0EP USE ONLY | |
| Mash! | Mayer | (NOT TO BE FILLED IN BY DRILLER) | 1 14. |
| DRILLERS SIGNATURE (MUST MATCH SIGNATUR! | E QN APPLICATION). | T (E.R.O.S.) W Q | 50 |
| | and the second section is a second section of the second section is a second section of the second section is a | 70 72 OTHER DATA | |
| SITE SUPERVISOR (sign. o responsible for sitework if o | f driller or journeyman different from permittee) | TELESCOPE LOG OTHER DATA CASING INDICATOR | Prop Link |
| | 10 21 14. 0 p x 19 | COUNTY | |

| | 0.004 | | | STATE PERMIT NUMBE | B |
|----------|--|--|---|---|------------------------|
| В | 1 5024 (DP USE ONLY) | 3624 SEQUENCE NO. (DP USE ONLY) STATE OF PERMIT TO | | 40-88-01 | [इत |
|].' | 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS) | please pri | | 70 fill in this form comple | tely ⁷⁹ |
| 1 | Date Received (APA) | | B 3 | LOCATION OF WELL | |
| | OROY88 OWNER INFORMA | ATION | HOWAYD | | |
| | 15 Last Name Owner | First Name 34 | WHITE W | PODSI KŠMI | |
| | 11663 TRIDELP | 1+ 1 A ND | 23 SUBDIVISION | | 42 |
| | 36 Street or RFD | MD1211 D 1312 | SECTION 44 46 | LOT [1] 50 | |
| L | 57 Town 70 | OState72 Zip 76 | POPUL AR | SPRINAS | 71 |
| | DRILLER INFORMATION | | MILES FROM TOWN (ent | er 0 if in town) 73 76 77 78 | |
| | Driller's Name | 77 License No. 80 | B 4 | WHITE PLAINS | 2 C4 |
| | Firm Name G170 Anoua Chront | 1 00 011 0 | DIRECTION OF WELL FROM TOWN (CIRCLE BOX) | 11 NEAR WHAT ROAD | 30 |
| | Addressy ff Miles | 5/2/EX | | ON WHICH SIDE OF ROAD | NORTH |
| L | Signature Mulighan | Date | 8-9 E 8-9 | (CIRCLE APPROPRIATE BOX) | W 32(E) WEST S EAST |
| E | | | TOWN E | | SOUTH |
| | APPROX. PUMPING RATE (GAL. PER MIN.) | 3 12 | | 34 7 37 DISTANCE FROM ROA | 0 |
| | AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) | 20 | S _W S _E S _E | ENTER FT or | |
| - | USE FOR WATER (CIRCLE APPR | OPRIATE BOX) | 8 | NOT TO BE FILLED IN BY DRILLEI | 38 39 R |
| | DHOME (SINGLE OR DOUBLE HOUSEH | OLD UNIT ONLY) | | HEALTH DEPARTMENT APPROVA | |
| - | FARMING (LIVESTOCK WATERING & | AGRICULTURAL | COUNTY NAME | A 40070 COUNT | |
| • | 22 INDUSTRIAL, COMMERCIAL, STATE A 22 OTHER (REQUIRES APPROPRIATION | | STATE SIGNATURE | INSERT | s |
| : | PUBLIC OR PRIVATE WATER COMPAI | NY (REQUIRES HEALTH DEPARTMENT | DATE ISSUED | free Celo 02-1 | |
| | APPROVAL) TEST, OBSERVATION, MONITORING (| | NORTH STACOO | EAST TO THE T | XP. DATE |
| _ | APPROPRIATION PERMIT) | | GRID 50 | 55 57 | 63 |
| | APPROXIMATE DEPTH OF WELL | FEET | SHOW MAJOR FEATUR BOX & LOCATE WELL _ WITH AN X | | D 🥴 |
| \vdash | | NEAREST. | SOURCES OF DRILLING | S WATER 8/23/88 | |
| · | APPROXIMATE DIAMETER OF WELL | 5m INCH | 1. LACIC: | 21 CARIW | 5 |
| | METHOD OF DRELING | 5.4 | 3. | 19 OPEN | |
| | BORED (or Augered) 30 AIR-PERcussion BIR PERcussion | Jetted & <u>DRIVEN</u> OTARY (Hydraulic Rotary) | WRITE THE BOX NUME FROM THE MAP HERE | | |
| | REVerse ROTary | <u>DR</u> ive-POINT | 1 | LOC, OK | |
| | other | | E 76% | 9 000 | |
| | REPLACEMENT OR DEEPEN | · · · · · · · · · · · · · · · · · · · | DRAW A SKETCH BELO | OW SHOWING LOCATION OF WEL | I IN |
| | (CIRCLE APPROPRIATE E | | RELATION TO NEARBY | TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION | ► 11, 1 |
| | THIS WELL WILL REPLACE A WELL | · · | N N | 74 144 | |
| | 39 THIS WELL WILL REPLACE A WELL | THAT WILL BE USED | A | | |
| | AS A STANDBY This well will deepen an existi | | | | |
| | PERMIT NUMBER OF WELL TO BE REPLA | CED OR DEEPENDED | | | DY Myr |
| | (IF AVAILABLE) 41 | 52 | | 0 4001 | St Michen |
| | Not to be filled in by driller (OEP | | | m den | |
| | APPROP. PERMIT NUMBER 54 | G A P 63 | | (Ac) | |
| | FORCE WRITE INITIALS PERMIT NO. 40 - 70 71 72 | 8 8 - 0 1 0 Z 73 74 75 76 77 78 79 | | HANNY MC. | |
| - | SPECIAL CONDITIONS | צו סו זו טו צו וייו טו | | THINK IT S. BIC. | |

COUMTY

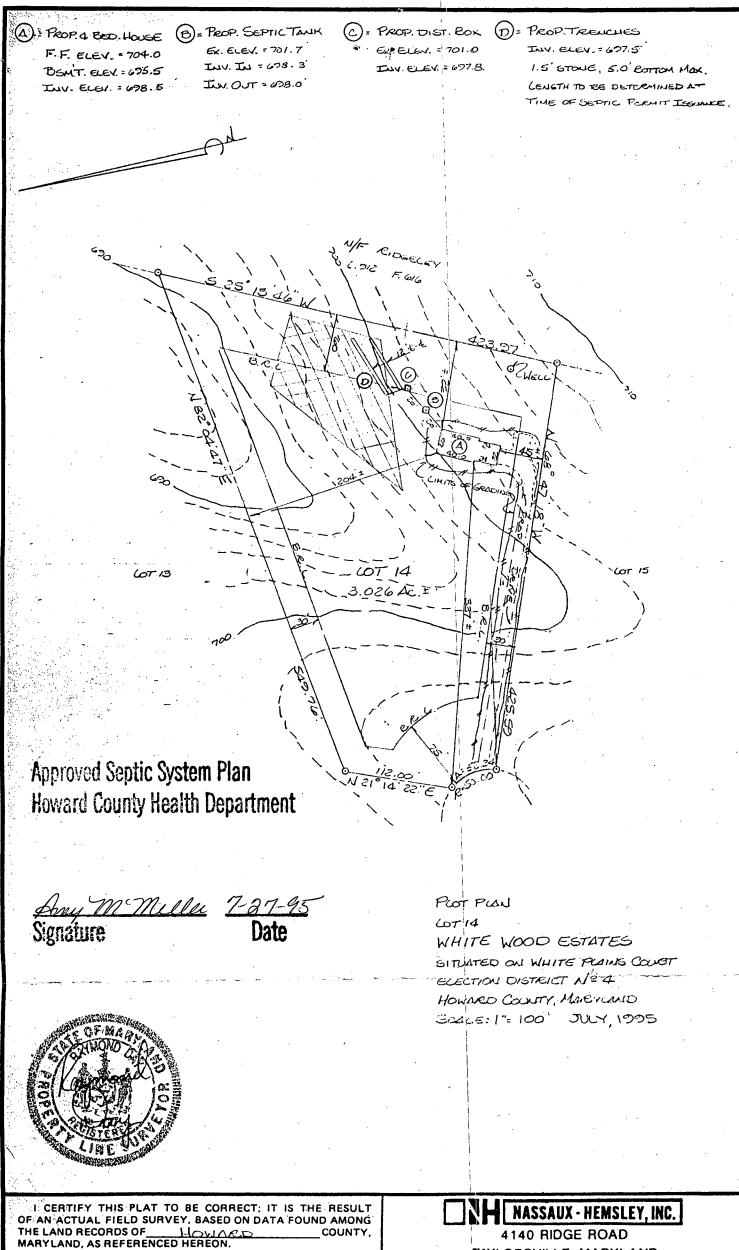


REFERENCE

PLAT C.M.P. 8245

JOB NO.

955Y



TAYLORSVILLE, MARYLAND

21157

410-875-0722

