PERM

		2.41	
· A	-	407	726

SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEAL AND MENTAL HYGIENE

5th

05-410029

02/06/91

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

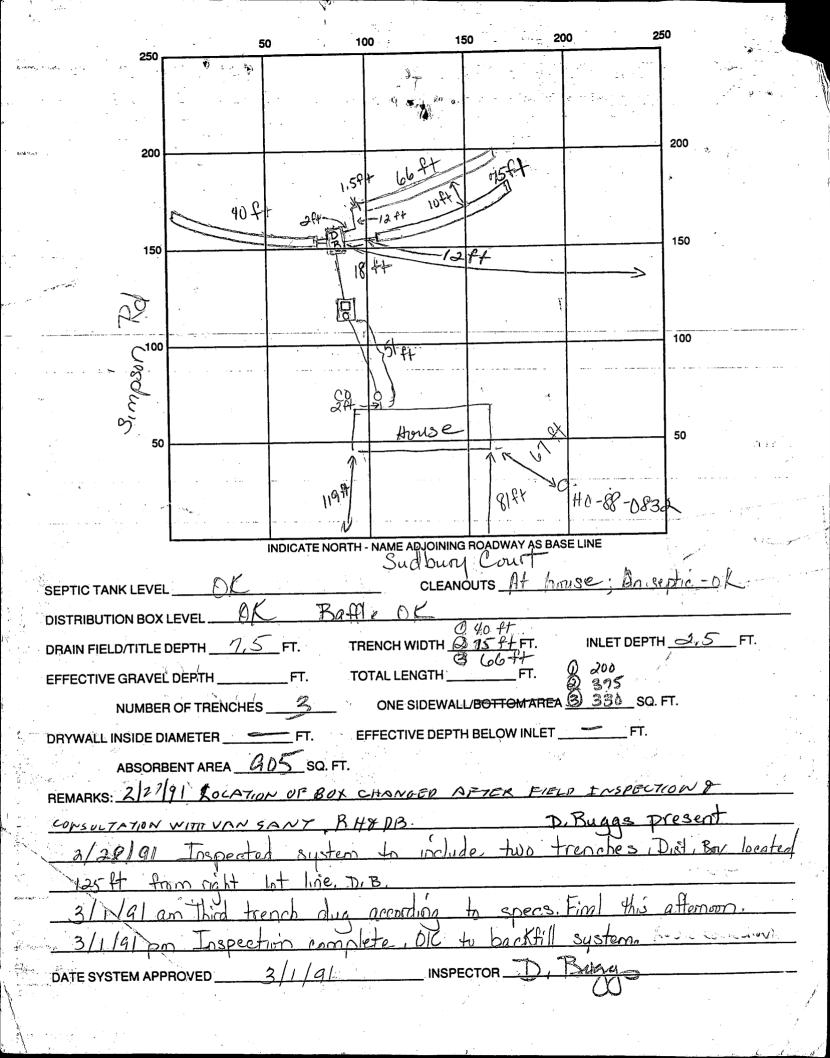
INDEXED

DATE SYSTEM APPROVED

DATE

VanSant Plumbin	g & Heating, Inc.	·	IS PERM	IITTED TO INSTALL X	ALTER
ADDRESS	Mt. Airy, Ma	ryland 21771		_ PHONE	1. Dange
SUBDIVISIONAsh]	eigh Greene	_LOT19	ROAD	2107 Sudbury Cou	rt
PROPERTY OWNER		Winchester He	mes Phil	1 p L. + MADE	1 M. Chiu
ADDRESS					
SEPTIC TANK CAPACITY_	1250 GALLONS		1		
NUMBER OF BEDROOMS_	4		n amaga		· -
SQUARE FEE	ET PER BEDROOM			<u> </u>	
LINEAR FEET OF TRENCH	REQUIRED				ر المراجع المعرف المعرف المحافظة
Area b distri LOCATION - Plade Same I Contou from a NOTE - No tre and ca PLANS APROVED BY COVER NO WORK UNTIL INSPI	al grade. Bottom egins at 2.5 feet bution pipe. the distribution ot line, as seen r toward both rig ll wells nch to exceed 10 p to grade or abo p to grade or abo LACE THE Jan ECTED AND APPROVED	box 160 feet d when facing th ht and left lo O feet in leng ove on septic to the E. Nadeau HOFPARTMENT IS RESP	own the right elot form Surt lines. Mai th. Provide ank. C/2 2 Cm	feet of stone b lot line and 10 dbury Court. Ru ntain a minimum 6" - 8" diameter 7/7// DATE CESSFUL OPERATION OF A	elow 0 feet off the n trenches on of 100 feet cleanout 6/723/89 FROM NY SYSTEM
NOTE: CLEANOUT REQUIRED ACCEPTABLE. NOTE: ALL PARTS OF SEPTI AUTHORIZED)	C SYSTEMS (I.E. TANK, DIST	FRIBUTION BOX TRENCI	HES) TO BE 100 FEET	FROM WELL (UNLESS OTI 2 /2	HERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES)	ARE USED CALL FOR INSPECT	TION BEFORE AND AFTER	R PLACING GRAVEL IN T	RENCH(ES)))
NOTE: NO DRY WELL SHALL I NOTE: ALL PIPE FROM HOUS PERMIT VOID AFTER TWO YEA	EXCEED 15 FOOT IN DIAMETE E TO SEPTIC TANK MUST BE C	R NO ABSORPTION TREM	ICH TO EXCEED 100 FE		SIGNED
NOTE: INSTALL STAND PIPE PVA OR ABS ACCEPTE	ON SEPTIC TANK AND DRY W D. IF TOP OF SEPTIC TANK IS	/ELL STAND PIPES MUST DEEPER THAN 3 FEET. M	T BE 6 INCHES IN DIAM MANHOLE TO GRADE RE	ETER CAST IRON. CONCRE	TE OR TERRA COTTA OR

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



APPLICATION

PERCOLATION TESTING

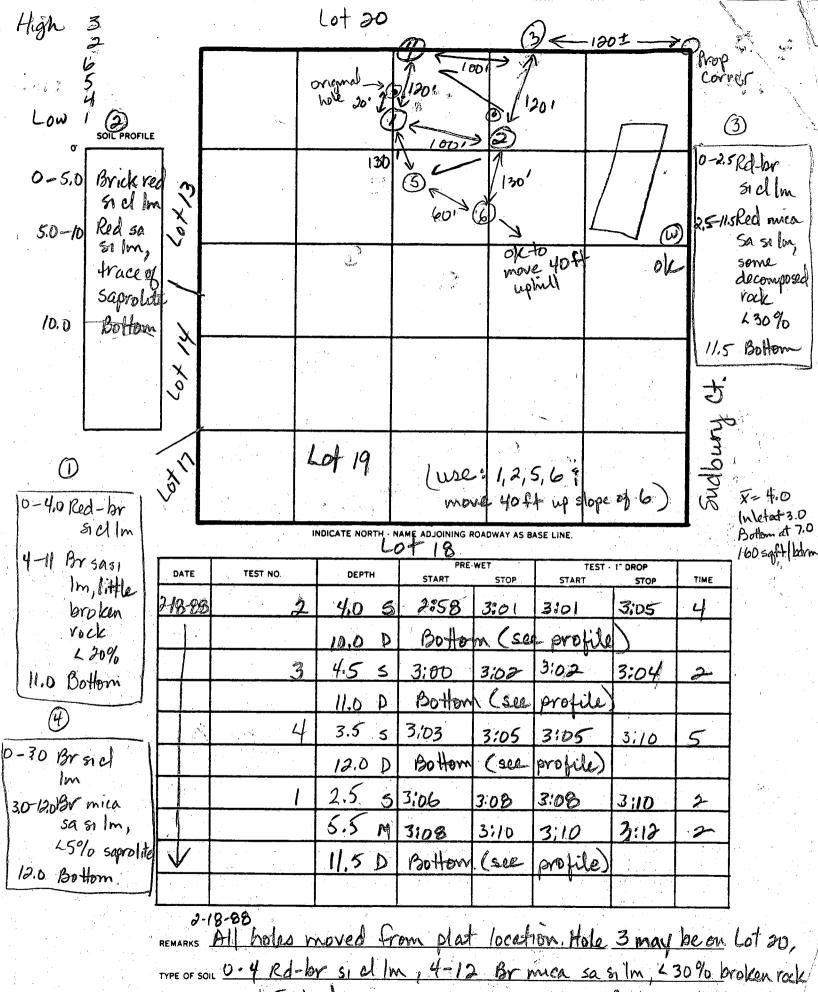
A 4	726
Ρ	
5th	
	

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933 DISTRICT $\frac{5 \text{th}}{12/1/87}$

TO: THE COUNTY HE		t .		
I, HEREBY. APPLY	FOR THE NECESSARY TEST IN	ORDER TO CONSTRUCT (OR RECO	DNSTRUCT) A SEWAGE DISPOSA	L SYSTEM
PROPERTY OWNER	Winchester F	Homes, Inc. Rea	l Estate Deve	lopment Group
ADDRESS	6301 Ivy Lar	ne Greenbelt,	MD 20770 PHONE	474-4411 301-220-1117
PROSPECTIVE BUYER	N/A			
ADDRESS	N/A	·	PHONE	
PROPERTY LOCATION:				·
SUBDIVISION AS	hleigh Greene	Section I	(12107 Sudbu	ny Court)
ROAD AND DESCRIPTION	Intersection	Hall Shop Road	& Simpson Ro	ad
TAX MAP 41	——PARCEL #	AND	OG. PERMIT SIGNED RETURNED 8/10 USI # 28376-	4/f g
SIZE OF LOT	3.0 AC		TYPE BLDG _	Single Family
THE SYSTEM INSTALL	ED LINDER THIS APPLICATION	ON IS ACCEPTABLE ONLY HIST	TI BUDI IC FACILITIES DECO	(SINGLE FAMILY DWELLING OR COMMERCIAL) OME AVAILABLE: I FULLY UNDERSTAND THE
FEE CONNECTED WITI	-	C TEST APPLICATION IS NON R		IRCUMSTANCES I ALSO AGREE TO COMPLY
		6	SIGNATURE OF	APPLICANTI
PPROVED BY	,	FOR	·	DATE
EJECTED BY		FOR		DATE
OLD PENDING FURTHER	TESTS			DATE
EASONS FOR REJECTION	ORHOLDING 2-18	-88 Pending	subdivision	plat approval and
perc hole	ocations.	JEN . 2-23-8	38 ok to	move held to
include h	oles 1,2,5 i	6 dus 40 ft	uphill of ho	le b. JEN

HD-216

THIS IS NOT A PERMIT



TESTED BY JE Nadeau ALSO PRESENT Rocky, Skippy

APPLICATION

PERCOLATION TESTING

A	40726

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

DISTRICT	5th	
	12/1/87	

TO: THE COUNTY H	HEALTH OFFICER	,	•		
I, HEREBY. APP	PLY FOR THE NECESSARY TEST IN OF	RDER TO CONSTRUCT (OR RECONST	RUCTI A SEWAGE DISPOSAL S	YSTEM.	
PROPERTY OWNER	Winchester Ho	omes, Inc. Real	Estate Develo	opment Grou	р
ADDRESS	6301 Ivy Lane	e Greenbelt, MD	20770 PHONE _	301-220-11	17
PROSPECTIVE BUYER	N/A		·	· /	
ADDRESS	N/A		PHONE		
PROPERTY LOCATION:	- -				
SUBDIVISIONA	shleigh Greene	Section I	LOT NO	L9	
1	Intersection F				
			,		
TAX MAR 41	PARCEL #139				
	3.0 AC		TYPE BLDG	Single	Family
		•	(S	INGLE FAMILY DWELLING	OR COMMERCIAL)
FEE CONNECTED W	LLED UNDER THIS APPLICATION ITH THE FILING OF THIS PERC T A. REQUIREMENTS IN TESTING	EST APPLICATION IS NON-REFL			
		6	(SIGNATURE OF A	PPLICANT)	
PPROVED BY		FOR		DATE	·
EJECTED BY		FOR		DATE	
OLD PENDING FURTHE	ER TESTS			DATE	· · · · · · · · · · · · · · · · · · ·
EASONS FOR REJECTION	ON OR HOLDING	· \			

THIS IS NOT A PERMIT

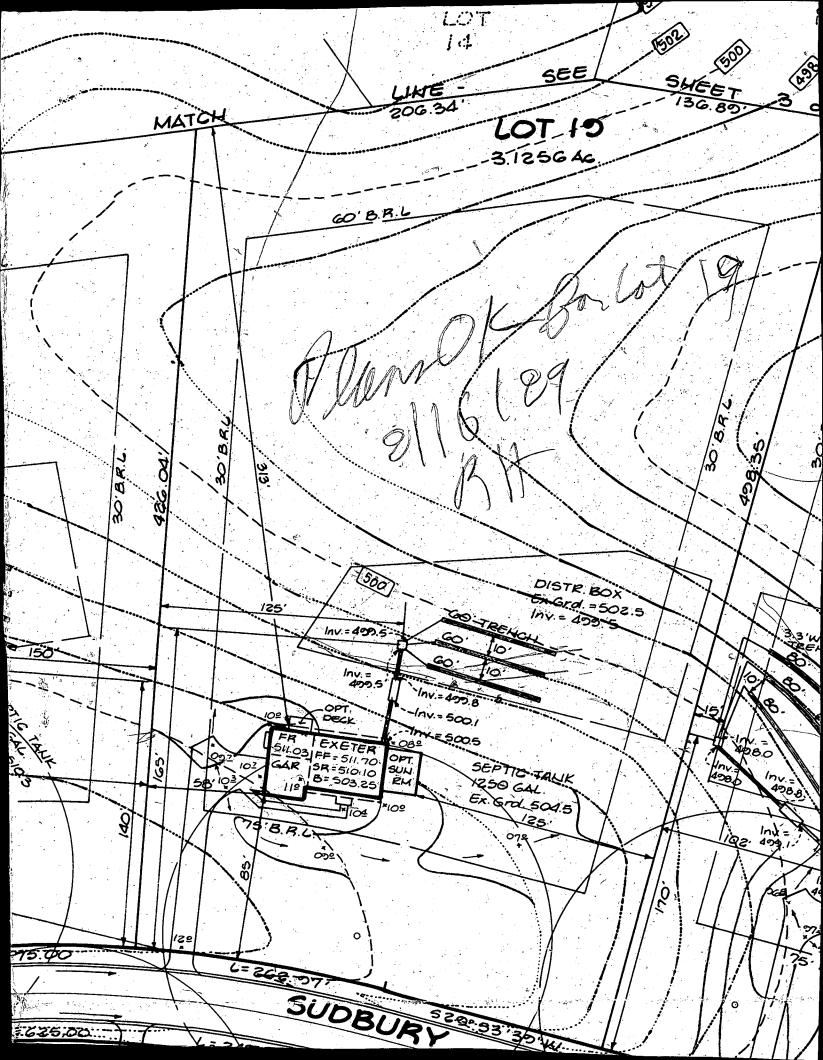
SOIL PROFILE 0-4,5 Brsi Clim 4,5-12,5 Brown Sa si Im < 10% saprolite 12.5 Bottom 10-35 Br 51 d INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

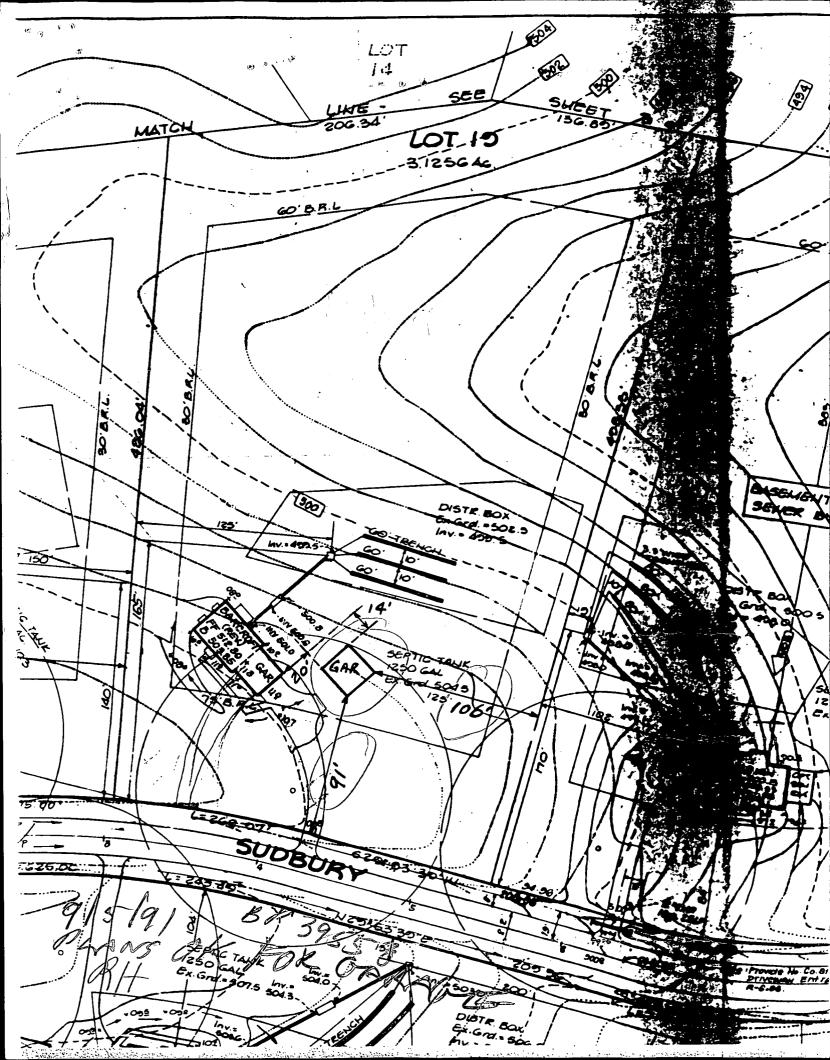
DATE	TEST NO.	DEPTH	PRE START	STOP	TEST - START	1" DROP STOP	TIME
2-23-88	5	3,5 5	11:26	11:28	11778	11:30	2
		12.5 D	1		profite		
	6	3.5 5	11:27	11:31	11:31	11137	6
		11.0 0	Bo Hor	n (see	profile		
					1 3	, (,	ا مار
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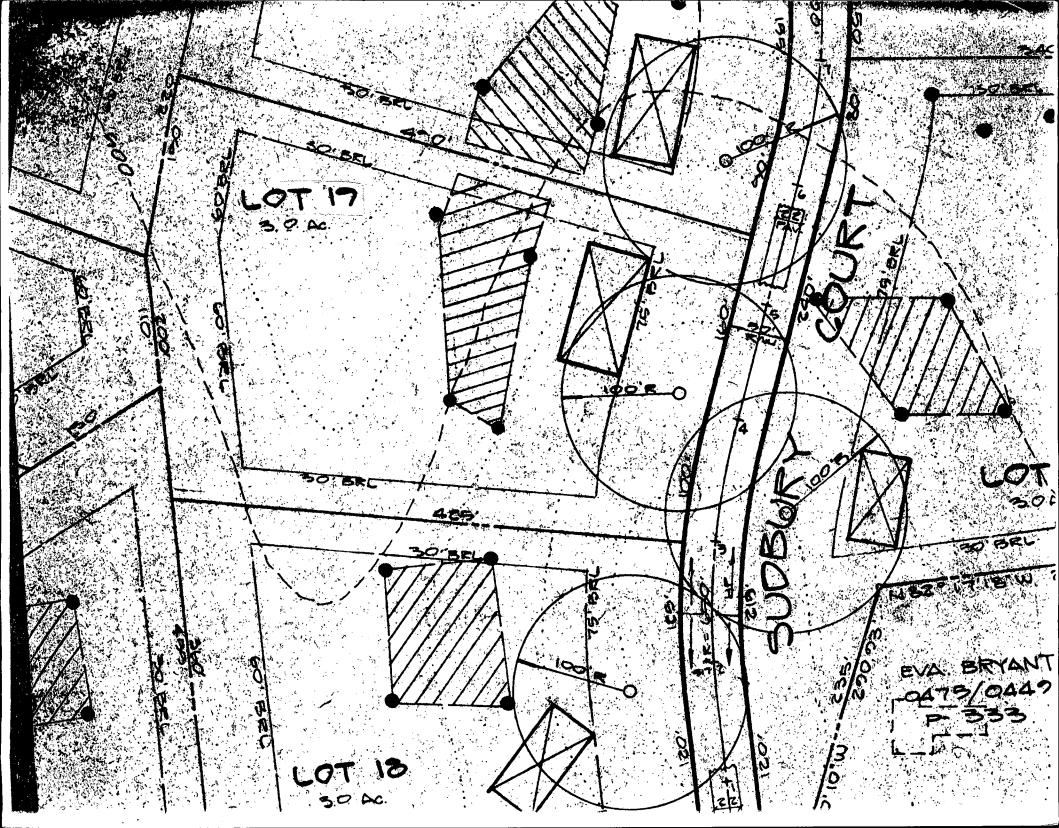
HEMARKS 2-23-88 OK to use holes 1,2,5;6 with 40ft above hole 6 to move Lot 20 closer to Lot 19. Limited house & well.

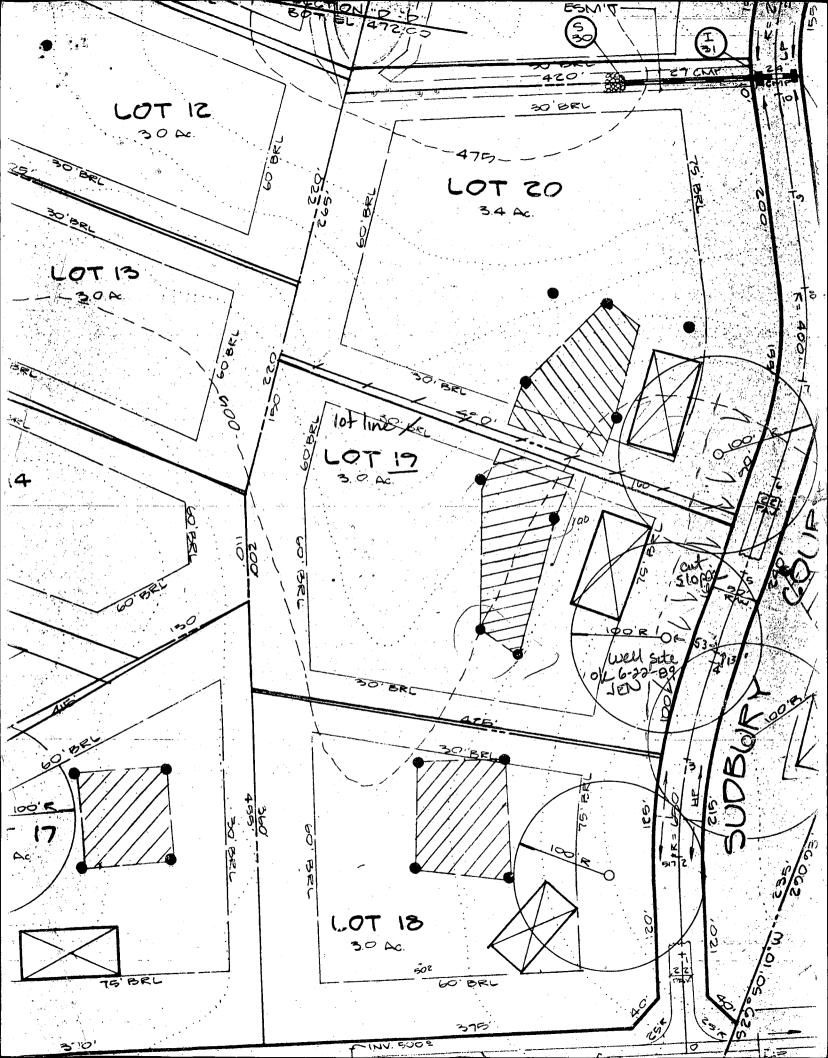
35-11.0 Br sa si lm, 420% saprolite

11.0 Bottom









SPECIAL CONDITIONS

C 1 0096 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.				
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY ,, PLEASE PRINT OR TYPE	COUNTY A 40726				
ST/CO-USE ONLY DATE WELL COMPLETE B 13 13 20 4 20	Depth of Well 22 0 0 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"				
lost name	first name	. I like i d				
STREET OR RFD last name SUBDIVISION STATE OF COLOR	IOWN IOWN	LINGH LAND				
WELL LOG. ¹ Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED Ves. no	C 3				
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST				
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check if water	CEMENT C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour)				
additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS 1730	PUMPING RATE (gal. per min. 11 15				
Top golf 0	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)				
By Mica 1 20 6	ft. ft. to 54 BOTTOM 58' (enter 0 if from surface)	BEFORE PUMPING 17 20				
70 95	casing CASING RECORD types insert STCO	WHEN PUMPING 22 25				
61ay 1916	appropriate code below STEEL CONCRETE	TYPE OF PUMP USED (for test) A air P piston T turbine				
Top golf 0 1 By Mica 1 20 4 Gray Mica 70 95 By Mica 99 96 Gray Akan 96 400	PLASTIC OTHER MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 27 other C centrifugal R rotary (describe below)				
Gray 120 96 400	TYPE (nearest inch) (nearest foot)	J jet S submersible				
	60 61 63 64 66 70 E OTHER CASING (if used)					
	diameter depth (feet) H inch from to	PUMP INSTALLED				
	C A S	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)				
	N G C C C C C C C C C C C C C C C C C C	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE				
	screen type or open hole STBR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)				
3	appropriate STEEL BRASS OPEN	IN BOX - SEE ABOVE: CAPACITY: 29 CAPACITY:				
	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon)				
	C 2	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH				
	DEPTH (nearest ft.)	(nearest ft.)				
	E 1 // O 1 1 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)				
	H 2 2 3 24 26 30 32 36	LAND SURFACE (nearest foot)				
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS				
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS				
P TEST WELL CONVERTED TO PRODUCTION WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)				
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-	GRAVEL PACK					
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	n o otalone n o otalonem en e				
DRILLERS IDENT. NO. 4	OEP USE ONLY					
DRILLERS SIGNATURE	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q					
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 72 75 76					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR					
responsible for sitework if different from permittee) CASING COUNTY						