7/26/9\$ 12:08

# PERMIT

### SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50858 B

A 43080

DISTRICT 5th

DATE 9-5-95

DATE SYSTEM APPROVED 7/28/95

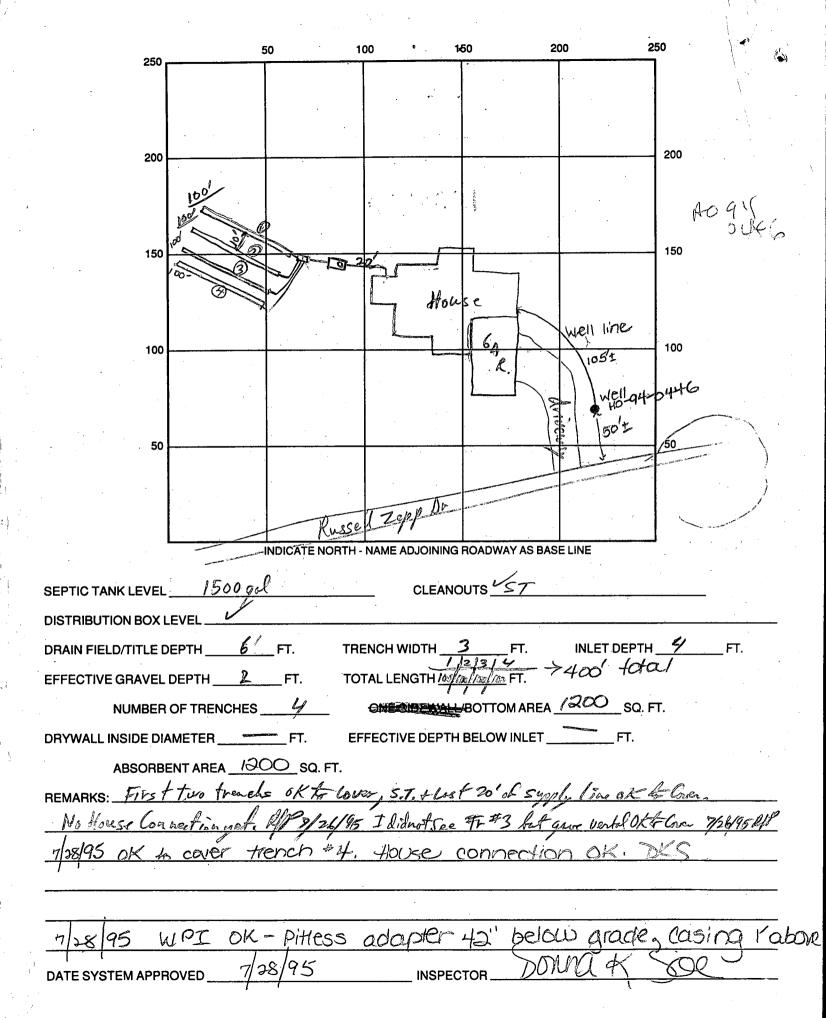
NSPECTOR DKS

Jack Fyock Septic Service IS PERMI	TTED TO INSTALL X ALTER
ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737	PHONE 988-9270
	849 Russell Zepp Drive
PROPERTY OWNER Dave & Hollis Weisman	
ADDRESS	
SEPTIC TANK CAPACITY 1500 GALLONS	
NUMBER OF BEDROOMS 5	
240 SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 400	
TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below or depth 6 feet below original grade. Effective ar original grade. 2 feet stone below distribution  LOCATION - Starting from the right rear lot corner place di	ea begins at 4 feet below pipe.
LOCATION - Starting from the right rear lot corner place di rear lot line and 75° off the same lot line when NOTES - No trench to exceed 100 feet in length. Provide cap to grade or above on septic tank. OK GIGOTE	ear of lot. 6" - 8" diameter cleanout and
DIANS APPOVED BY Donna K. Soe/Mark Rifkin REVISE	D DATE 5/5/95
PLANS APROVED BY	DATE
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCC	ESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FRO ACCEPTABLE.	M HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET F AUTHORIZED)	ROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TR	ENCH(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 DIAMET PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REC	

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



### APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT. BUREAU OF ENVIRONMENTAL HEALTH 43080

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 THE COUNTY HEALTH OFFICER ELLICOTT-CITY, MARYLAND HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. 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 (SIGNATURE OF APPLICANT) APPROVED BY HOLD PENDING FURTHER TESTS

THIS IS NOT A PERM

SOIL PROFILE

Soil Profile

#### INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

· ·									
DATE	TEST NO.	DEPTH	START	WET STOP	TEST - START	1" DROP STOP	TIME		
3/0/89	7	6	2:48	<u> </u>	2:55	3:26	31		
	8	6	3.02	3:17	3:17	3:28-	10		
	9	6	3:26	3:32	3:32	3.51	19		
`			·						
				·					

REMARKS	,	<u> </u>
TYPE OF SOIL		<u></u>
TESTED BY	ALSO PRESENT	

## APPLICATION

PERCOLATION TESTING

DISTRICT 9-20-88

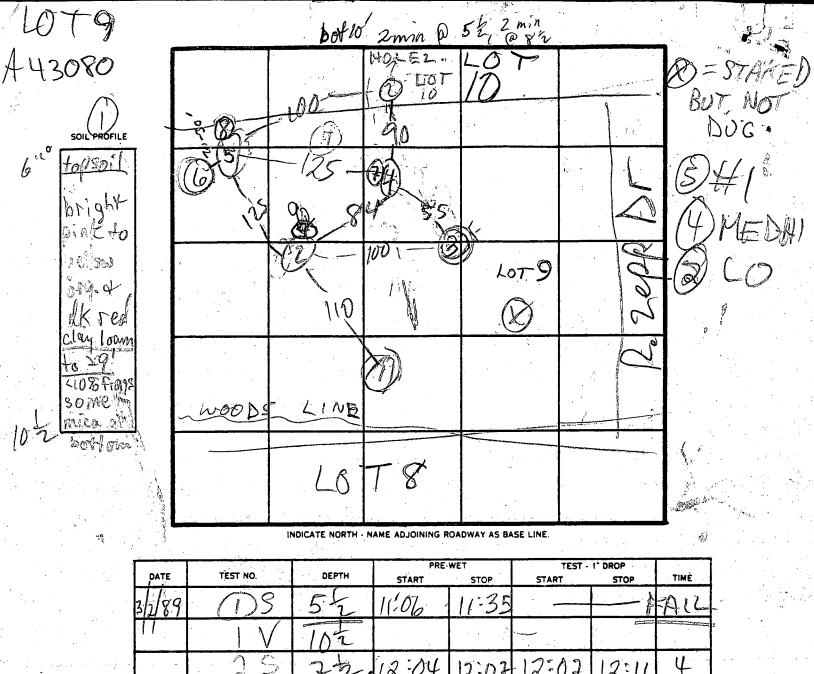
43080

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

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

TO:	THE COUNTY HEALTH OFFICER
	ELLICOTT CITY, MARYLAND
	I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPE	RTY OWNER 14USSELL ZEPP
	ADDRESS 13790 HIGHLAND RD PHONE 854-2797
PROSE	ECTIVE BUYERHENRY L. BLEVIWS
	ADDRESS PGGO WATERSVILLE RD PHONE 795-2337 MT. AIRY, MD, 21771
PROPE	RTY LOCATION:
SUBDI	VISION ZEPP SUBDIVISION LOTNO 9
ROAD	AND DESCRIPTION HIGHLAND ROAD HOWARD CO
2	1P: 21029
TAX N	1AP PARCEL #
SIZE O	FLOT 3.00 AC + TYPE BLDG SINGLE FAMIL)
	(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE S	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
, will n	(SIGNATURE OF APPLICANT)
APPRO	VED BY DATE
REJEC	TED BY DATE
HOLD	PENDING FURTHER TESTS DATE
REASC	INS FOR REJECTION OR HOLDING PERC UNSAT, ADDIL TESTING REDID
	· · · · · · · · · · · · · · · · · · ·

## THIS IS NOT A PERMIT



				PRE	WET	TEST -	1" DROP				
	DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME	ľ		
٠.	3/2/89	0	52	11:06	11:35			ALL	, ·		
	11		102				<u>,</u>		z'		
	·		72,	12.04	12:07	12:07	12:11	4.			
		21/	1140	brighta	ink/or	a. clayto	7 his	Lmice	25	多子	iags
		(3)A	5	11:47	NEITH	ER MO	VED	FAI	L	· ·	
		31/	11	a lay to	9'deer	org to AK	pink 45	% Fra	95		2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		45,	7	2:51	3:02	3:02	3:16	14			137
		41/	9	CLAY.	TO 5	-6 15	9, fra	9S			
		53	72	3:21	332	3:32	3:44	12			
		5 V	13/	leep of	luel cla	152-6	<10%	rags		to	131
		(6)	87	CIA	1190	BOLL	200	FALL	·	1	_
	REMARKS	HOLES O	<u>(1) (3) (3)</u>	VG PE	R PLAT	61 SH	ELF R	50 A	W C	2) (	(i)
	TYPE OF SO	OIL							9	t/5,	)
	TESTED BY	M. Rif	Frin			ALSO PRESENT _	<del></del>	<u> </u>			Ą.

# APPLICATION

PERCOLATION TESTING

43081

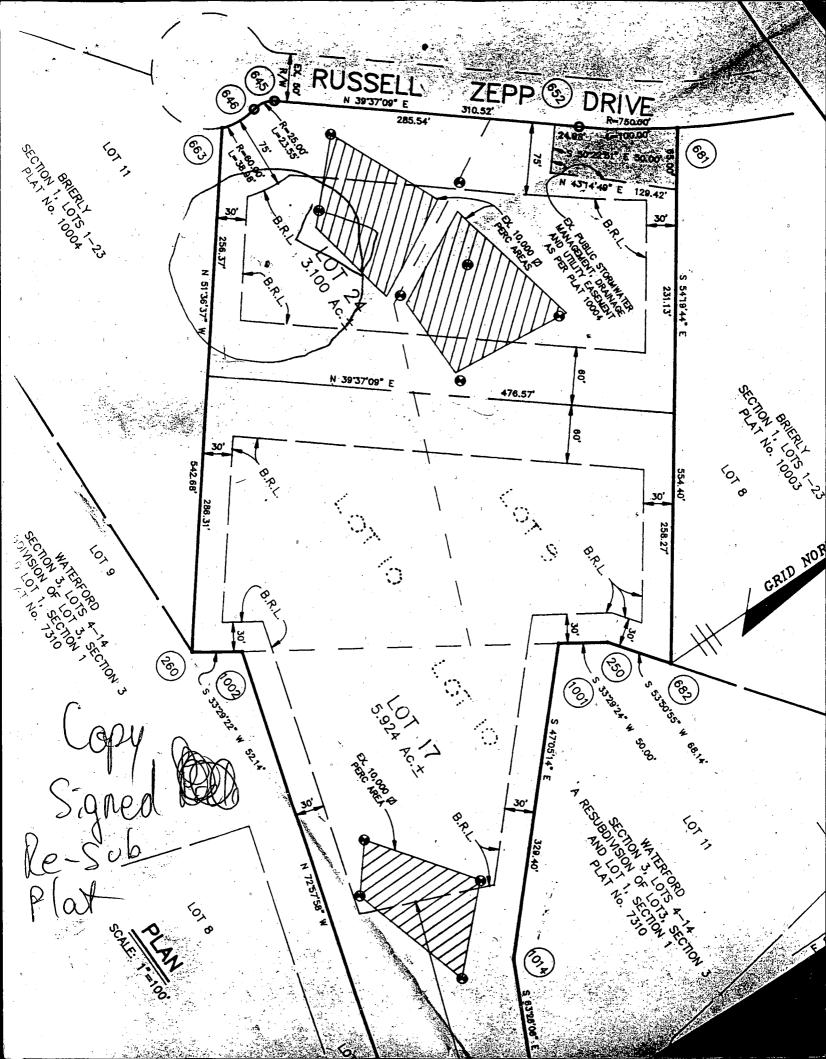
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 DISTRICT

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONST	TRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER RUSSFLL ZEPP	
ADDRESS 13790 H16H1AND R	D PHONE 854-2797
PROSPECTIVE BUYER	
ADDRESS 3600 WATERSVILLE	PHONE <u>795-2337</u>
PROPERTY LOCATION:	NOTED
SUBDIVISION ZEPP SUPDIVISION	LOT NO
ROAD AND DESCRIPTION HIGHLAND ROAD	HOWARD CO P
ZIP: 21029	Υ.
TAX MAP 3 4 PARCEL # 7	
SIZE OF LOT	TYPE BLDG SINGLE FACILLY
	(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-REF	UNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL MOSHA REQUIREMENTS IN TESTING THIS LOT	Chl
	(SIGNATURE OF APPLICANT)
APPROVED BY FOR	DATE
REJECTED BYFOR	DATE
HOLD PENDING FURTHER TESTS	DATE
REASONS FOR REJECTION OR HOLDING	

THIS IS NOT A PERMIT

Lot 10 A43081 LOT 11 LOT 10 topsoil pigk Loam 125 pinkto med brn Q=STAKED BUT NOT DUG INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE: Inlet 4', Bottom8 TEST - 1" DROP TEST NO. DEPTH honreg :55 trag iah mir 10 franssomemica HOLES ODH3) DUG PER PLAT THOLE ODIG TO 13'

TESTED BY \_\_\_\_\_\_\_ALSO PRESENT \_\_\_\_\_



EMERGENCY/TEMP NO. IF ANY	STATE USE MOUSTRIES JESSUP, MD 20794
1 2 13 APPLICATION FOR	F MARYLAND PERMIT TO DRILL WELL print or type  STATE PERMIT NUMBER  FHO - 9 4 - 0 44 6  70 fill in this form completely 79
Date Received (APA)  O141095 OWNER INFORMATION  B  OWNER INFORMATION  Street or RFD	B 3 LOCATION OF WELL  1 PLOCATION OF WELL  8 COUNTY 21  23 SUBDIVISION 42  SECTION LOT 24
DRILLER INFORMATION Paul M. Fabiszak  DRILLER INFORMATION Paul M. Fabiszak  Town Paul M. Fabiszak  Town Paul M. Fabiszak  Paul M. Fabiszak	44 46 48 50    C   A   K   S   V   1   V   E   T   T   T
Driller's Name G. Edgar Harr Sons' Corp.  Firm Name 12034 Falls Rd cockeysville 21030 Address 4/6/95	NORTH IN
Signature Date  B 2 WELL INFORMATION  APPROX. PUMPING RATE (GAL. PER MIN.)  B 12	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SOUTH  TOWN  B  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  WEST SOUTH  DISTANCE FROM ROAD  ENTER FT OR MI
AVERAGE DAILY QUANTITY NEEDED  (GAL PER DAY)  USE FOR WATER (CIRCLE APPROPRIATE BOX)	TAX MAP: 34 BLK: 3 PARCEL 7  NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
D MOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  INDUSTRIAL, COMMERCIAL, STATE AND FEBERAL GOVE OTHER (REQUIRES APPROPRIATION PERMIT)  PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)	COUNTY NAME  COUNTY NAME  COUNTY NO.  STATE SIGNATURE  DATE ISSUED  DIT 2795  MARCE - RIKM 4/27/96  43  48 CO SIGNATURE  EXP. DATE
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NORTH 5 0 0 0 0 0 EAST 0 7 0 0 0 63 SHOW MAJOR FEATURES OF
APPROXIMATE DEPTH OF WELL  APPROXIMATE DIAMETER OF WELL  METHOD OF DRILLING (circle one).  BORED (or Augered)  JETTED  Jetted & DRIVEN  AIR-PERcussion  ROTARY (Hydraulic Rotary)	BOX & LOGATE WELL WITH AN X SOURCES OF DRILLING WATER  1. Well  2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE
37. AIR-ROTARY AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTARY DRive-POINT other  REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	80%7 N 500 - 000 000
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  N RUSSELL
POLICY ON STANDBY WELLS  D THIS WELL WILL DEEPEN AN EXISTING WELL  PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED  (IF AVAILABLE) 41 52	Purity X X
Not to be filled in by driller (OEP USE ONLY)  APPROP PERMIT NUMBER  54  FORCE   WRITE  WRITE  FORCE   WRITE  FORC   WRITE  FORCE   WRITE  FORCE   WRITE  FORCE   WRITE  FORCE   WRITE  FORCE   WRITE  FORCE   WRITE  FORC   WRITE  FORCE   WRITE  FORCE   WRITE  FORC   WRITE  FORC   WRITE  FORC   WRITE  FORC	Brighton Dam Rd
SPECIAL CONDITIONS 5/9   D R Y HOLE 500 EN CHECK	1 (F/c to office)

C 1 5074 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A43080
ST/CO USE ONLY DATE Received  DATE WELL COMPLETE  0 6 1 5 9 5  15 20	Depth of Well  22 4 0 0 26  (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"  H 0 - 9 4 - 0 4 4 6  28 29 30 31 32 33 34 35 36 37
OWNER Clarksville Assoc	Zann Drive first name TOWN	61 11 111 111 01000
D1	Zepp DIIVe IOWN	Clarksville, Md 21029
SUBDIVISION Brierly	SECTION	
WELL LOG  Not required for driven wells  STATE THE KIND OF FORMATIONS	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3  1 2  PUMPING TEST
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check	CEMENT C BENTONITE CLAY B C	PUMPING RATE (gal. per min.
Overburden 0 30 Soft Shale 30 95	NO. OF BAGS NO. OF POUNDS 300 GALLONS OF WATER T B DEPTH OF GROUT SEAL (to nearest foot) from T ft. to 52 ft.	to nearest gal.)  METHOD USED TO  MEASURE PUMPING RATE  WATER LEVEL (distance from land surface)
Gray Rock 95 400 x	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)  Casing CASING RECORD	BEFORE PUMPING 50 20 20 WHEN PLIMPING 280
water was encountered at <b>a</b> 50'	types insert appropriate code PLOT	TYPE OF PUMP USED (for test)
	PLASTIC OTHER  MAIN Nominal diameter Total depth	A air P piston T turbine  C centrifugal R rotary O (describe
	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	jet Submersible
Well #1 500' Dry (backfilled)	60 61 63 64 66 70  Control of the co	2
Well #1 300 Dry (backfilled)	diameter depth (feet) inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP  YES NO
	4s − 2G	(CIRCLE) (YES OF NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type or open hole insert appropriate code below SCREEN RECORD  SCREEN RECORD  STEEL BRASS OPEN HOLE  PL OT	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE  31 35
	PLASTIC OTHER	PUMP HORSE POWER 37 41
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)  CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED (Yes) NO N	A 8 9 11 15 17 21 B 2 3 31 36 36	and enter casing height)  LAND SURFACE  below  (nearest foot)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	C 23 24 26 30 32 30	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION  WELL	SLOT SIZE 123 (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND/OR  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 26.04.04 "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.	from to  GRAVEL PACK L  IF WELL DRILLED WAS FLOWING WELL INSERT	well site to be
DRILLERS IDENT NO. 399	F IN BOX 68  MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	bronges ph omuer
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q 74-75-76 70 72	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	
	COUNTY	

AS DISCUSSED BY PHING 3/31/45 - NO - FNILGH PENCS TO
LEFT & LOW 3 IDES

ALLAN AGREED TO
MOVE HOUSE UP & TO RESTORE

WHEN YOU'RE LOOKING FOR THE BEST

THE PLATTED SEPTIL AREA
PLUS RAISE IT ONE

DR. CRAIG WILLIAMS,

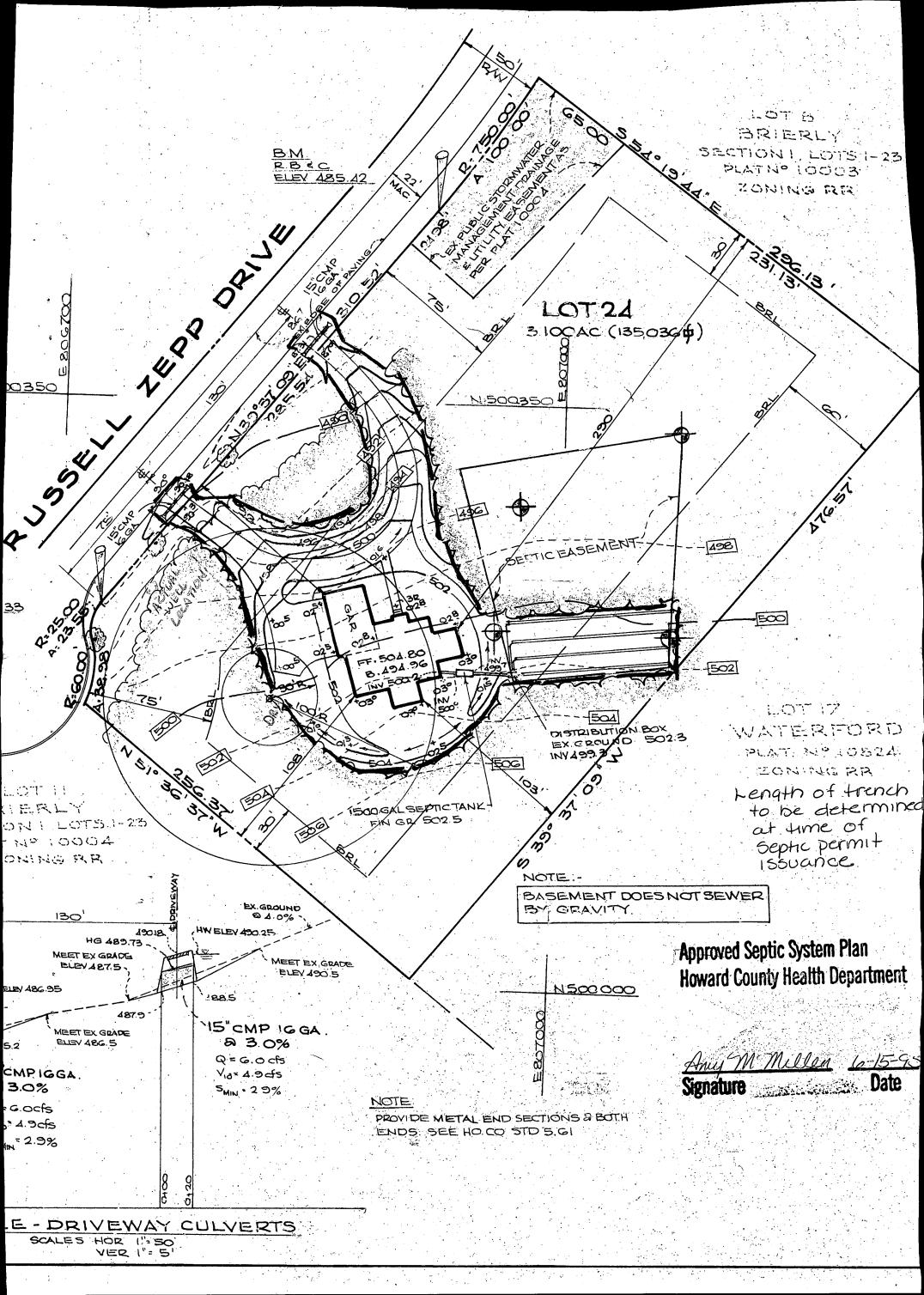
CERIG, AS PER OUR TELEPHONE WILL COOR Call today about the septic field Variance I Am REQUESTING FOR MY client who is the contract purchaser of Lot 24 RE Subdivided old Lots 9 \$ 10 OF BRIERLY SUBDIVISOD, THIS IS THE SAME COT that the REAltons representing the Seller MICHEAL BALL AND the Buyon CAROL PHARD. Met with you to " REVIEW. I HAVE AHACKED the new record plat showing the REQUEST AND A PRECIOINARY SITE SKETCH. I HAVE tackets to my sugiNEEN JOBY ECKENT At CFS. AND SHE SUSSESTED WE GET YOU to review my request prior to her HARD living & Site PlAN(I HAVE Also HAD CFS DO FIELD TOPO).. Sinconety

P.O. BOX 1058, COLUMBIA, MD 21044

PHONE (410) 381-1414 (301) 596-2626 Allan WASCHAK

30/95 CO UTOUR INTERUAL

3/31/95



Howard County Health Department UNABLE COCATE FILE PROBABLY ON SOMEONE'S (MINE?) DESK From: Date:

HD-170

