HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXX

410-313-2640

## PERMI

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

04-354516

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▲ 43329

4th DISTRICT

DATE 8-19

DATE SYSTEM APPROVED

INSPECTOR

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873 SUBDIVISION Pleasant Hills ROAD 2041 Watkins Way LOT Arn & Lisa Halpin PROPERTY OWNER \_ **BUILDING PERMIT SIGNED** ADDRESS AND RETURNED SEPTIC TANK CAPACITY 1250 **GALLONS** 1-13-05 BOU/SIXXI- SUNROOM + DEPK NUMBER OF BEDROOMS 4 ្លឹន្ធិ00 SQUARE FEET PER BEDROOM LINEAR FEET OF TRENCH REQUIRED 400 TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below grade. 1.5 feet of stone below distribution pipe. Starting from the end of the flag-stem, place the distribution box 290 feet down the 1011.27' lot line and 80 feet off the same lot line as seen when facing the lot from Watkins Way. Run trenches along contour towards the rear of the lot. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and NOTES cap to grade or above on septic tank. DATE 06/17/98 PLANS APROVED BY Donna K. Soe REVISED 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, 90° ELBOWS NOT ACCEPTABLE. NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY SILLIGA PERMISI SASIYES AUTHORIZED) AND RETURNED ///8/200) NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) INGROUND POOL

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

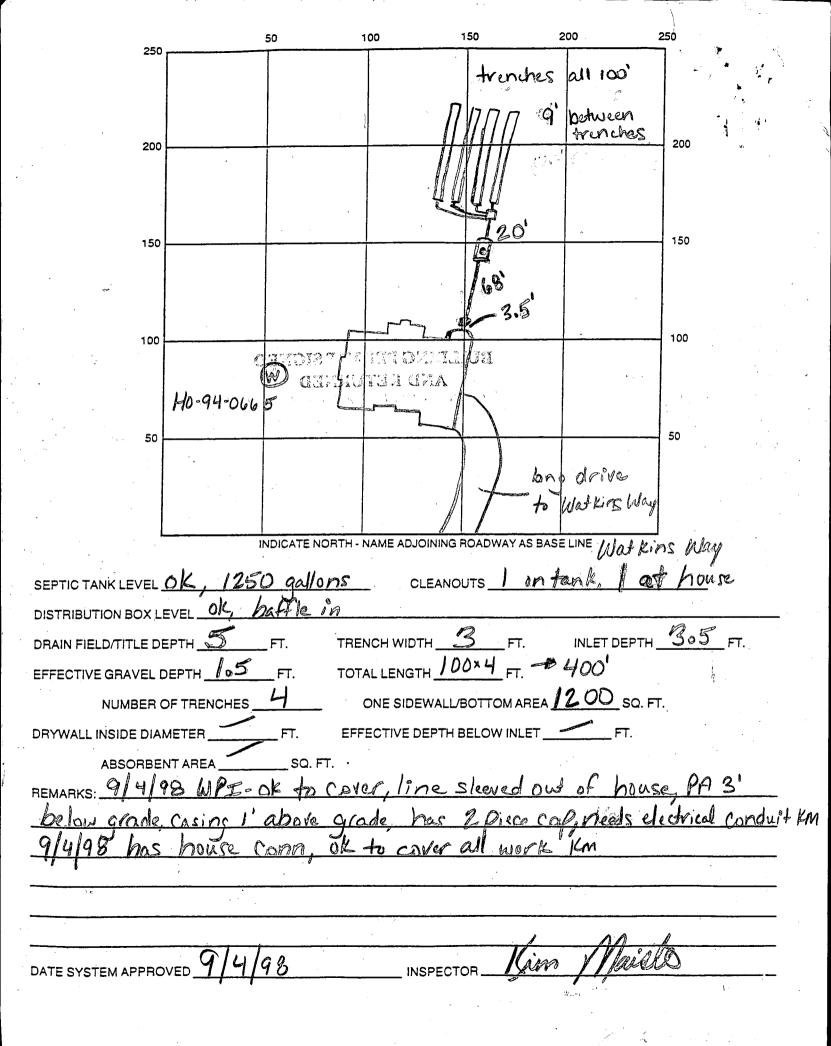
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH BOO 128103

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT \*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

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



## APPLICATION

PERCOLATION TESTING

DISTRICT 4774

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

			•		,	
	HEALTH OFFICER TY, MARYLAND					
I, HEREBY. AF	PPLY FOR THE NECESSARY TES	T IN ORDER TO CONSTRUCT (O	R RECONSTRUCTI A SE	WAGE DISPOSAL	SYSTEM.	
ROPERTY OWNER	Nelvon M. Wa	tkins Ari	v + LISA	HALOIN	,	· .
ADDRESS	26311 Howard Damascas, M	Chapel Road 20878		PHONE .	(301)	859-0563
PROSPECTIVE BUYER	Standard 1	<u>Management Cor</u>	poratión	*• .	1-201-	
ADDRESS	10324-B Balt Ellicott Cit	imore National , MD 21043	Pike	PHONE .	(301)	859-0563
ROPERTY LOCATION	<b>4:</b>					
SUBDIVISION P	leasant Hills			LOT NO		J
IOAD AND DESCRIPT	Off of los	ng Corner Road		WATE		Send #615 EMMA SIGNED
	2 PARCEL #	5 Livel 1 SF	1 Bros 122 0-4Bm	41	AND RE	WANED 11-3- 5. F.D. 4B
EZE OF LOT5	.50 Ac.			TYPE BLDG	Single	Family
THE SYSTEM INST	ALLED UNDER THIS APPLIC	CATION IS ACCEPTABLE ON	LY UNTIL PUBLIC FAI			DWELLING OR COMMERC
	WITH THE FILING OF THIS		rid Kan	md/		. I ALSO AGREE TO COM
			(SI	IGNATURE OF	APPLICANT)	
PPROVED BY		FC	OR		DATE .	<u> </u>
REJECTED BY		FC	OR		DATE .	
IOLD PENDING FURT	THER TESTS				DATE	
REASONS FOR REJEC	CTION OR HOLDING 1-27	-89 Pur SATIS	FARTBOY hal	co for PC	4i. SW	

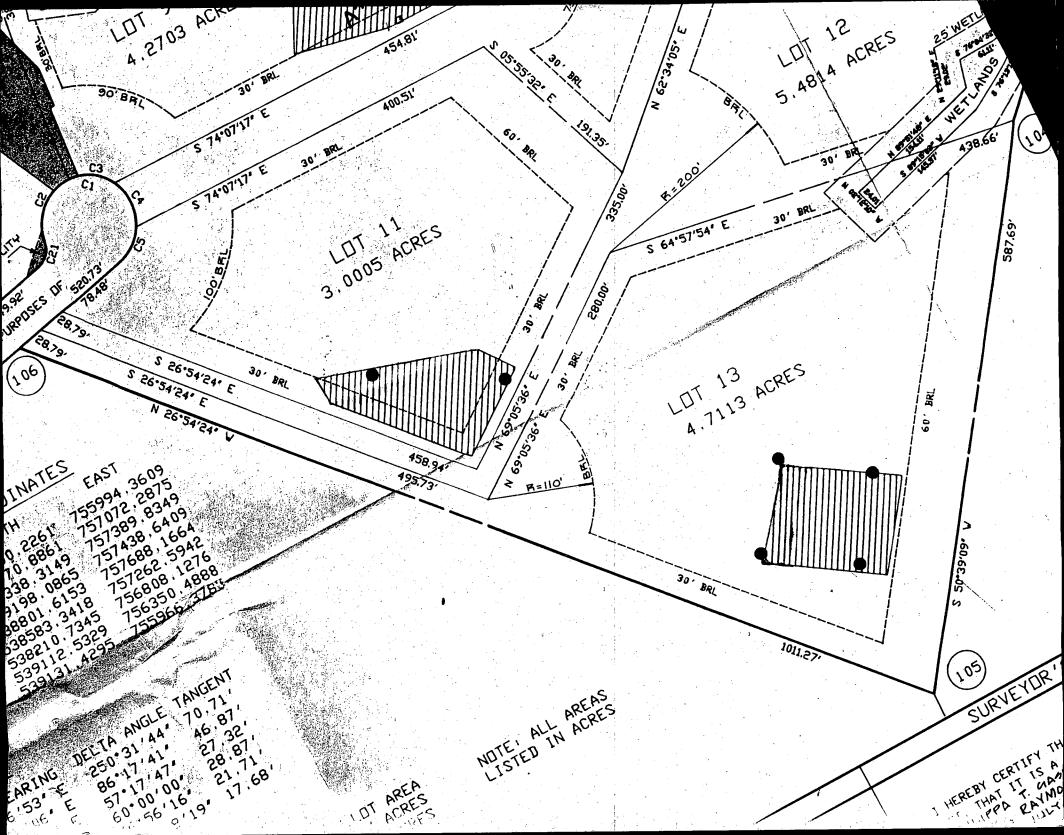
## THIS IS NOT A PERMIT

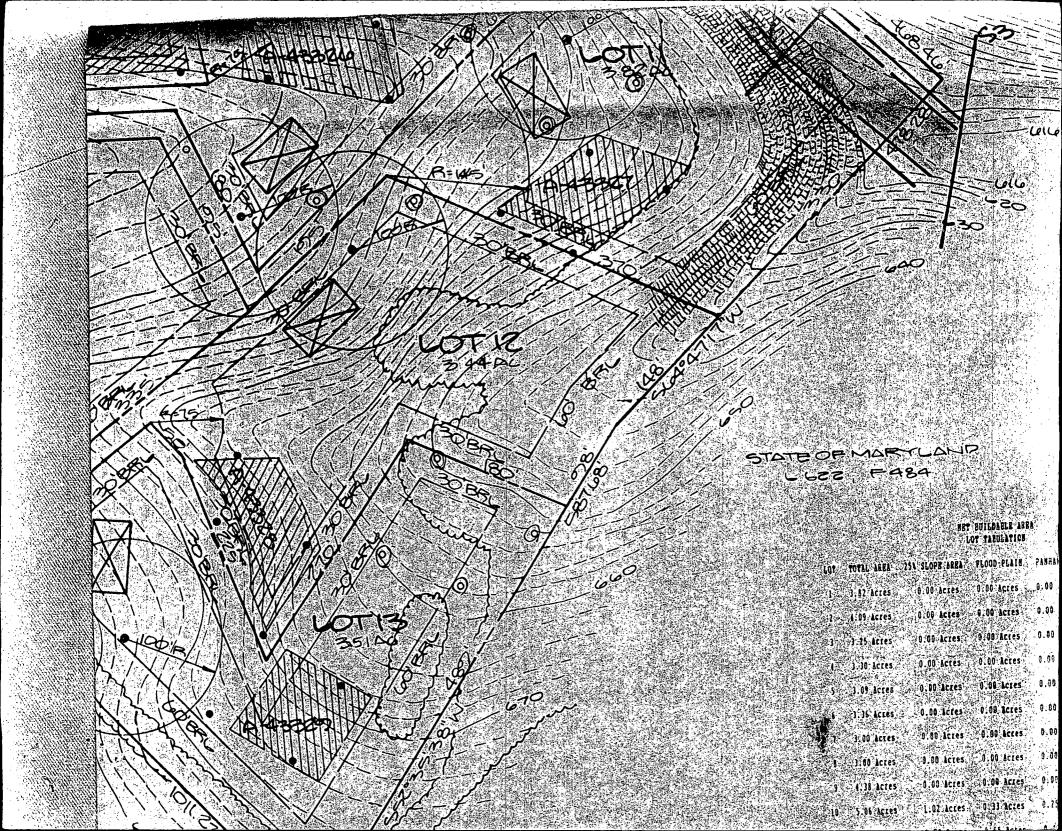
S. Abel

TESTED BY \_

JACK F. Jeff Allen

ALSO PRESENT



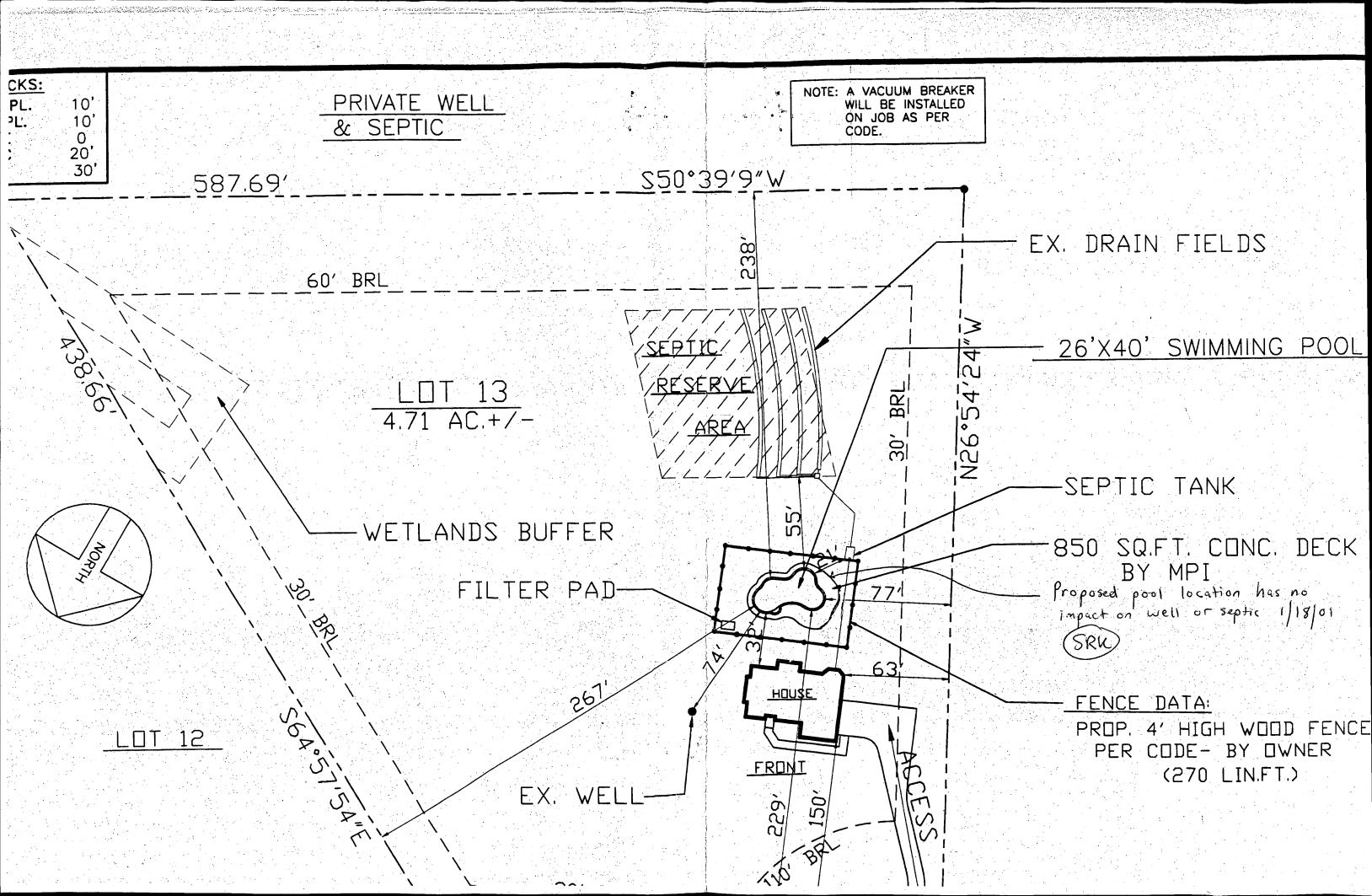


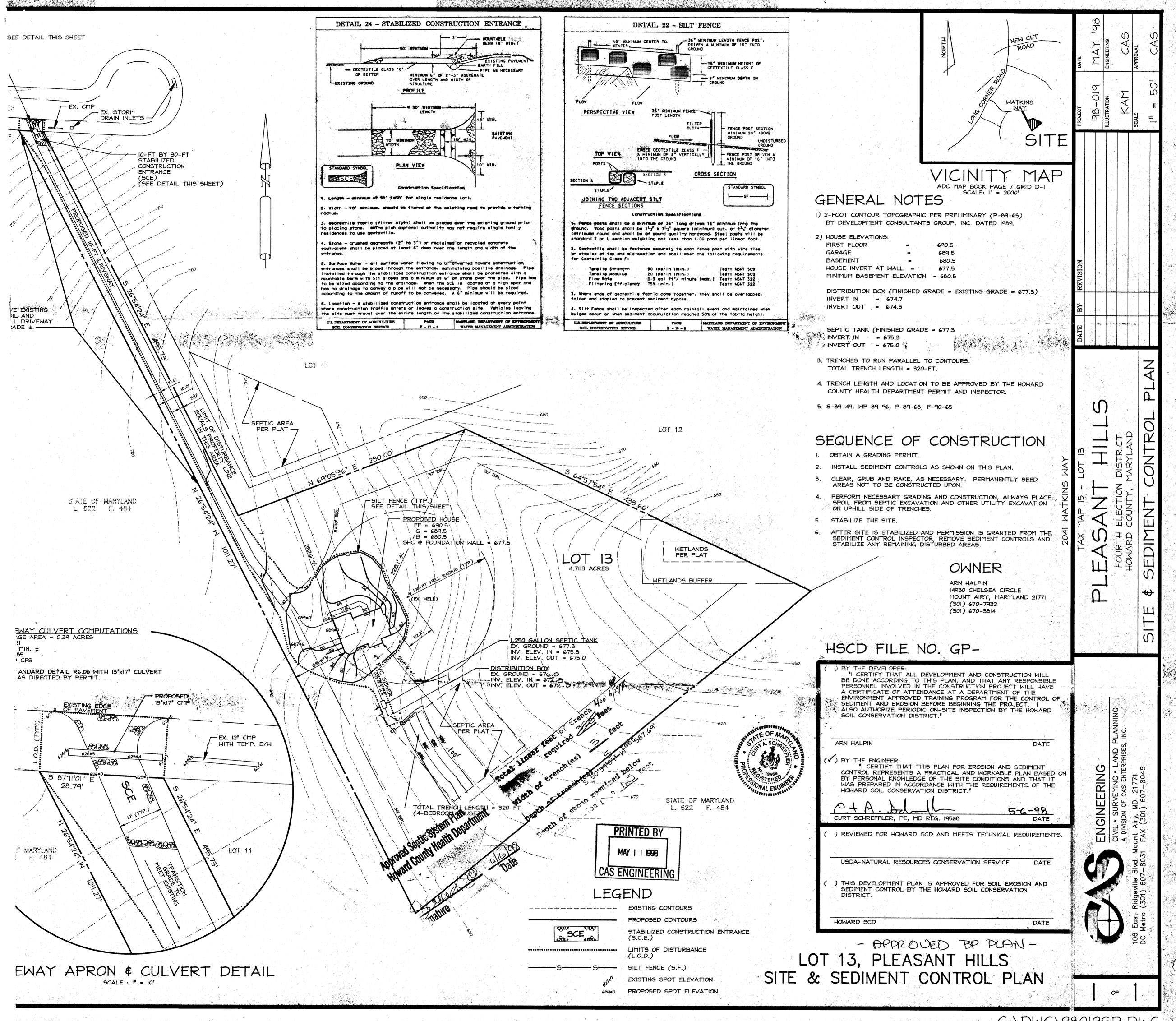
1	EMERGENCY/TEMP NO. IF ANY		STATE USE INDUSTRIES, JESSUP, MD 20794
	APPLICATION FOR P	MARYLAND ERMIT TO DRILL WELL rint or type	STATE PERMIT NUMBER
	Date Réceived (APA)  D D D D D D D D D D D D D D D D D D D	B3 POWARD: SCOUNTY PLEASAW	LOCATION OF WELL
	1 9 43 2 Y 0 U N G 5 C L 1 F F 20  Street or RFD	23 SUBDIVISION SECTION 44 46 52 NEAREST TOWN	LOT [13]  48 50  71
	DRILLER INFORMATION  HUSSIN GATIVES [0] 55  Driller Name  Ceyper Fave Well Dilling Dries  Fige Name  Fige Name  Fige Name  Fige Name  To Ligense No. 80  Except August Well Dilling Dries  Fige Name  Fige Name  To Ligense No. 80  To Ligense No	MILES FROM TOWN (enter	11 NEAR WHAT ROAD 30
	Address Auslin Plane 7/25/93 Signature Date  B 2 WELL INFORMATION	N N N N N N N N N N N N N N N N N N N	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  3  3  37  DISTANCE FROM ROAD
	APPROX. PUMPING RATE (GAL. PER MIN.)  8 12  AVERAGE DAILY QUANTITY NEEDED  (GAL. PER DAY)  14 20  USE FOR WATER (CIRCLE APPROPRIATE BOX)		TAX MAP 6+/2 BLK: PARCEL 9  NOT TO BE FILLED IN BY DRILLER
	DHOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  TINDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.	Howard COUNTY NAME STATE	HEALTH DEPARTMENT APPROVAL  13-443329  COUNTY NO.
	22 OTHER (REQUIRES APPROPRIATION PERMIT)  PUBLIC OR PRIVATE WATER COMPANY (REQUIRES  P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT  APPROVAL)  TEST, OBSERVATION, MONITORING (MAY REQUIRE  APPROPRIATION PERMIT)	SIGNATURE  DATE ISSUED  082395  43 48 0  NORTH 53900	NSERT S   41   41   6   6   6   6   6   6   6   6   6
	APPROXIMATE DEPTH OF WELL 24 28 FEET  APPROXIMATE DIAMETER OF WELL 66 NEAREST INCH	SHOW MAJOR FEATUR BOX & LOCATE WELL . WITH AN X SOURCES OF DRILLING	ES OF
	METHOD OF DRILLING (circle one)  BORED (or Augered)  JETTED  BORED (or Augered)  JETTED  AIR-PERcussion  ROTARY (Hydraulic Rotary)  CABLE  REVerse-ROTary  DRive-POINT	2. 3. WRITE THE BOX NUME FROM THE MAP HERE	
•	REPLACEMENT OR DEEPENED WELLS  (CIRCLE APPROPRIATE BOX)  THIS WELL WILL NOT REPLACE AN EXISTING WELL  Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	RELATION TO NEARBY	OW SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
	39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR 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	N LINE	Convict 60
	Not to be filled in by driller (OEP USE ONLY)  APPROP. PERMIT NUMBER  54  FORCE WRITE  PERMIT NO. H D - 9 4 - 0 6 6 5		AMERICA SE LA SE L
ing.	SPECIAL CONDITIONS  NOTE = APPROVING AUTHORITIES SHOULD USE S		way
		COUNTY	

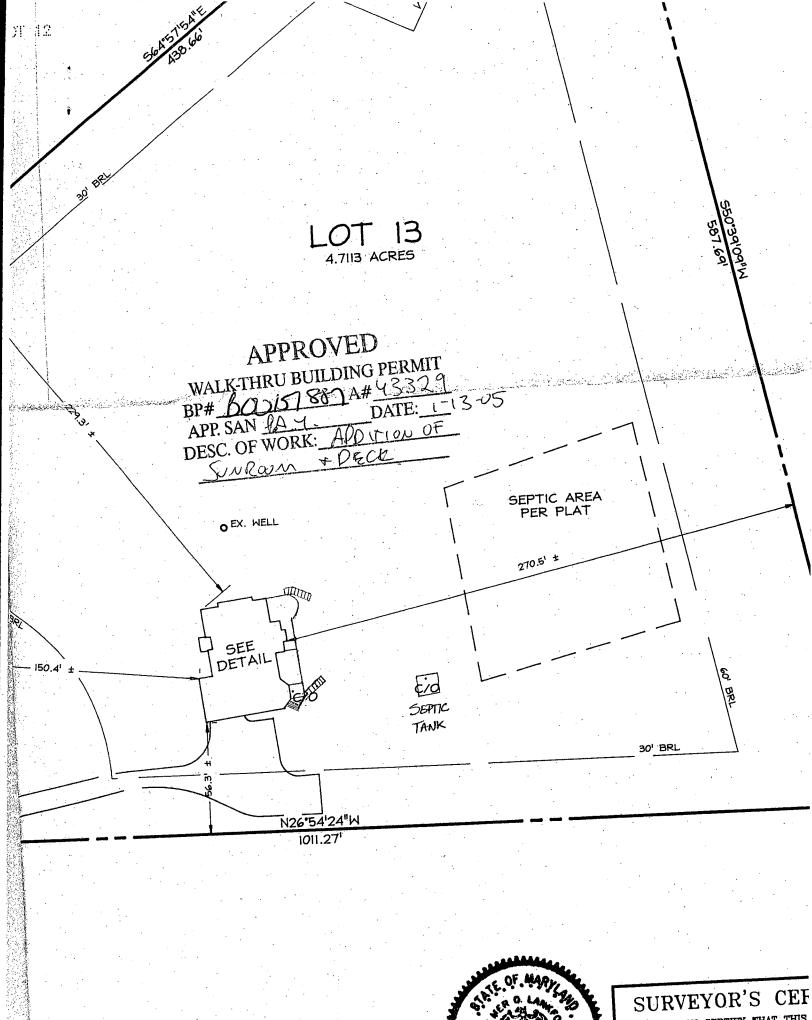
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

e distribution of the configuration with the configuration of the second section of the configuration of

UENCE NO.	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.						
(MDE USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS: 3:6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER 13- A 43329						
ST/00 ÛSE ONLY DATE Received DATE WELL COMPL		PERMIT NO. FROM "PERMIT TO DRILL WELL"						
11 02 95 090695	20 (TO NEAREST FOOT)	1						
Loct nome	first name							
STREET OR RED WATER SUBDIVISION Pleasant Hill	STREET OR RED WALKING WAY TOWN Longitude							
WELL LOG	GROUTING RECORD VES NO	C 3						
Not required for driven wells	(Circle Appropriate Box)	PUMPING TEST						
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)						
DESCRIPTION (Use FEET check if water bearing	NO. OF BAGS // NO. OF POUNDS 940	PUMPING RATE (gal. per min.)						
OVERBUROW 0' 25	DEPTH OF GROUT SEAL (to nearest foot) from tt. to 4/ ft.	METHOD USED TO MEASURE PUMPING RATE BUCKET/TIME WATER LEVEL (distance from land surface)						
	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 22 ft.						
SAND STOWER 25 70	types insert SD CO	WHEN PUMPING 20 .ft.						
26PM 26PM 70' 350' V	appropriate code below PL OT	TYPE OF PUMP USED (for test)						
	PLASTIC OTHER  MAIN Nominal diameter Total depth	A air P piston T turbine						
WATER AT 350 46Pm	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)						
SANOSTONET 350 380	5	jet Submersible						
SLATE	OTHER CASING (if used) C diameter depth (feet)	PUMP INSTALLED						
400 ORY HOLE FILLED WITH 16 BAGS TYPE II CONST	inch from to	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)						
WITH 16 BAGS 11		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.						
	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED: PLACE (A,C,J,P,R,S,T,O) IN BOX 29: 29						
	appropriate code below STEEL BRASS OPEN HOLE    BRONZE HOLE   P L   O T	CAPACITY: GALLONS PER MINUTE: (to nearest gallon).  31 35						
NUMBER OF UNSUCCESSFUL WELLS:	PLASTIC OTHER	PUMP HORSE POWER						
WELL HYDROFRACTURED Y	C 2 P DEPTH (nearest, ft.)	PUMP COLUMN LENGTH (nearest ft.)						
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	CASING HEIGHT (circle appropriate box and enter casing height)						
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	H S 2 2 26 30 32 36	49 LAND SURFACE (nearest)						
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E 3	LOCATION OF WELL ON LOT						
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	SLOT SIZE 1 2	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR						
KNOWLEDGE.  TYPE: MWD/MSD/MGD 095	DIAMETER OF SCREEN (NEAREST INCH) 56 60	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)						
DRILLERS LIC. NO. 095	from to	20169						
DRILLERS SIGNATURE	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	103						
(MUST MATCH SIGNATURE ON APPLICATION)  LIC. NO. 1 750 032	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Loc /						
	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							









"I HEREBY CERTIFY THAT THIS HAS BEEN PREPARED IN A COMAR 09:13.06.06 FFECTIVE

WILMER O. LANKFORD
REGISTERED SURVEYOR MARYLAND
FOR CORP. NO. 257

 REFERENCES
 DATE OF LOCATIONS
 FOR CORP. NO. 357

 LIBER
 N/A
 WALL CHECK: 7-13-98
 SCALE:

 NO. 10512
 FOLIO
 N/A
 HSE.LOC.: 2- 3-99
 DRAWN BY:

 DWG: 98019L.DWG
 JOB NO.: