PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-316432

A 44277

DISTRICT 3rd

DATE SYSTEM APPRO

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH XXXXXXX 313-2640

INDEXED

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Poul Cabinalan/Cauch Causall Pauli
Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER
ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197
SUBDIVISION Parkside LOT 9 ROAD 1829 Quarter Horse Drive
PROPERTY OWNER Mr. and Mrs. Gerald Livingston
ADDRESS
SEPTIC TANK CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4
180 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 180
TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum
depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.
LOCATION - From the left front lot corner, place the distribution box 120 feet down the left lot line and 200 feet off that lot line. Run trenches along contour
toward right lot line. NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3 3 193 R)
PLANS APROVED BY DATEDATEDATE
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 NO ACCEPTABLE

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)

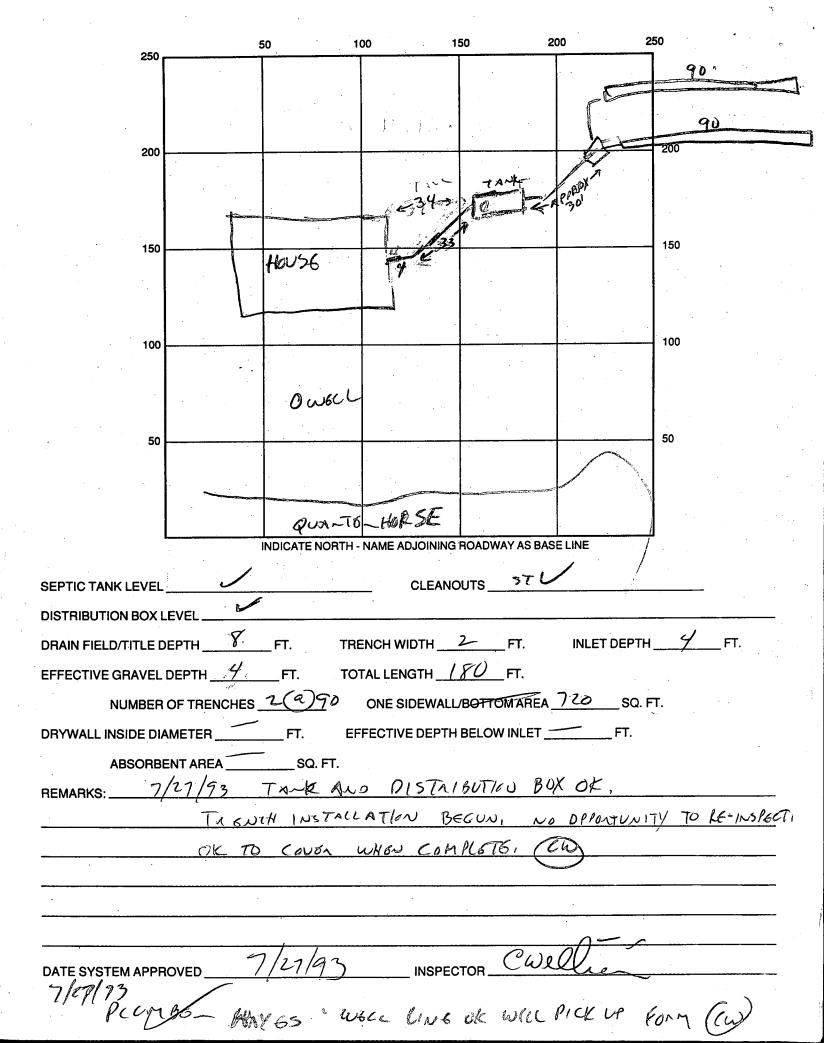
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 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: DISTRIBUTION BOXES MUST HAVE BAFFLES



Received Bry PH 8 1/93

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation		Receipt #
Name of Installer (MAY)	ES P+H	Telephone 410 923 05
License Number 3276 Certified Well Pump Installer	Well DrillerI	Registered Plumber
Name of Property Owner GERAL Subdivision FARKS 10 F Site Address 1829 OVARTER	LO LIVINGS TON. 1 Lot # 9 Well WORSE PR.	Telephone 4/0 964 13 Tag # <u>40-88-16/</u>
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make
a. Deep well jet	2. RPM	1. Make 2. Model * 3/0 X 3. Depth 60 "
b. Shallow well jet	3. Voltage	3. Depth 60 "
c. Submersible	a. 110	
2. Make MYERS	b. 220	
3. Model # 25F72-8 4. Capacity 8' GPM		
4. Capacity	V	
5. Pump exceeds well capacity6. If Yes, is low pressure cute	Yes No V	No. 1/
7. What methods are used to pro-		
vibrations? Torque arresto	ors Cable guards	Other
Tank	Piping	Well data
1. Capacity <u>WX202</u> 40	1. Type <u>YAROLY</u> 160	1. Depth 268 ft.
2. Pressure relief	2. Size ///	2. Yield / GPM
valve? RUDN 75P5I	3. NSF and/or BOCA	3. Static_water
		level <u>260</u> ft.
55 ADAPTES & WELL LING OL	4. Depth of supply	4. Will water supply
3/11/93 CWelle	line <u>240 FT-</u>	be disinfected by installer? _NO.
I understand that it is my re Department when the installations is null and void).	on is ready for inspection	(otherwise this permit
All information given above is	true to the best of my ki	MATEURE.
Signat	ure of Applicant:	all Mayes
	Date: 8	1293

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

INVERT ELEV. (OUT OF HOUSE). A13.8 KXISTING ELEV. AT SEPTIC 415. INVERT ELEV. (INTO SEPTIC) 413.3 INVERT ELEV. OUT OF SEPTIC 413 INVERT ELEU: INTO DIST LOX A12.5 INVERT ELEV. INTO TRENCH ρ=50.W CONSTRUCTION N 13005'52"W (326 150 .00 35) 75 75 425 100 YEAR FLOOD (340) PIRIN, METLAND, DRAINAGE AND ACT SILT FENCE 415 -Θ 405 375.07 317.5 NO1°28'08"W 398.341 4 BEDROOMS SCALE 1:60 LOT# 9 PARKSIDE PREPARED BY: S.E. DAVIES QUARTER HORSE DR. DAVIES DEVELOPMENT INC. TAX MAP 10, PARCEL 36 9051. BALT. NAT. PIVE 3RS ELECTION DISTRICT

410-750-0007.

EXISTING ELEVATION AT TREACH & DISTRIBUTION BOX 415.5.

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 DATE 8-25-88

TELEPHONE: 461-9933 THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROSPECTIVE BUYER **ADDRESS** PROPERTY LOCATION: PANKSIDE DR. acres 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 WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT REASONS FOR REJECTION OR HOLDING 5-22-89 Rue Satt factory- Hold for plant 5-al

AND RETURNED 3/2/93
Leval # 97/95

THIS IS NOT A PERMIT

A-44277
LOTIZ 9
SOIL PROFILE

HX AP
REDYCULU
S; Hy Clay
LOTIA
15-20%
FRACE
3.5 Yellow BA.
Jilty SAND
LOTIM
15-20%
FRACE
FRACE

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	0±3 90±-		80 1 1 NOW	1 -L6T12
Second	(a)_	110	H	
				e e e e e e e e e e e e e e e e e e e

X PERCISMIN 210 4/BR INLET 4, BOTTOM 8

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

•	V, WOODSTEK Rd,							
DAT		TEST NO.	DEPTH -	PRE- START	WET STOP	TEST -	1° DROP STOP	TIME
5/22/	89	1 ^S	4.0 7.5	1:09	1:10	Tize 1:11	1113	ZOMIN Z MIN
		IV	12.5	As Profi	eD			
		2'5	4.5-	1:11 Similar:	o profile	Clay R	1,50	17MIN 12MIN
·		25 35	4.5-	1:15 same	1,21 AS prof	1:21	1,33	12MIN
		41	12.0	Similar to	profile	N3,5-4,0	· cla_	
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1								
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REMARKS Itoles Pen STAKES	
TYPE OF SOIL GENELG - BRANTYWIAE	AU
TESTED BY S. Mbr	ALSO PRESENT John Dale

. EH- 12-1079



	C 1	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	NUMBER A 44077		
	ST/CO USE ONLY DATE Received DATE WELL COMPLETE	Depth of Well 22 7 6 7 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37		
	OWNER	TOWN /	Joods York		
	SUBDIVISION DARKTINE	SECTION	LOT_9		
	WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	C 3		
	THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check if water	CEMENT C M BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
-	additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (fo nearest foot)	PUMPING RATE (gal. per min. 21 15 15 15 METHOD USED TO MEASURE PUMRING RATE 17 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
A. A.	51 10 3 15	from to ft. to ft. to ft. ft. to ft. Section 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING		
	Mika 15 30	casing CASING RECORD types insert appropriate STEEL CONCRETE	WHEN PUMPING 22 TYPE OF PUMP USED (for test)		
	3,1151Ne 30 35 V	code below PLASTIC OTHER	A air P piston T turbine other		
	Mila 35 166	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe below) J jet S submersible		
	Sintstone 140 165 L	E OTHER CASING (if used) A diameter depth (feet)	27 27		
	Mito 165 365	H inch from to	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)		
		screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED		
		or open note insert appropriate code STEEL BRASS OPEN BRONZE HOLE	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: 29 CAPACITY:		
		below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER 37 41		
A		DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)		
		A 78 9 11 15 17 21 H 2 S 23 24 26 30 32 36	LAND SURFACE (nearest foot)		
The Party of the	CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	C 23 24 26 30 32 36 R 3 E 3 S 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS		
	E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION P WELL	SLOT SIZE 123(NEAREST OF SCREEN (NICH)	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
	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 J L J L IF WELL DRILLED WAS FLOWING WELL INSERT			
	DRILLERS IDENT NO	F IN BOX 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	TO STATE OF THE ST		
	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.RO.S.) W Q 74 75 76	La Si		
	SITE/SUPERVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR			