PERMIT

SEWAGE DISPOSAL SYSTEM

P	S Coffee
	45446

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE

A 45446

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 461-9933 INDEXED Support Septic Clean, Inc. Fogle's Septic Clean, Inc. IS FORDERSS 558 Obrecht Road, Sykesville, Maryland 21784 SUBDIVISION Swann Property LOT 1 ROAD	
PROPERTY OWNER Bonnie Luepkes-nee Sraver-	•
ADDRESS	
SEPTIC TANK CAPACITY 1000 GALLONS	AND RETURNED 6-10-98
NUMBER OF BEDROOMS 3 180 SQUARE FEET PER BEDROOM	Secial # B10 112300 Interior allerations - baseman
LINEAR FEET OF TRENCH REQUIRED 180	
TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet w grade. Bottom maximum depth 6 feet below origi at 4 feet below original grade. 2 feet of ston	nal grade. Effective area begins e below distribution pipe.
location - Place the distribution box 80 feet from the lef front lot line (Center line of Route 216). Run	t lot line and 255 feet from the trenches on contour toward left
NOTE - No trench to exceed 100 feet in length. Provid cap to grade or above on septic tank. OKML	e 6" - 8" diameter cleanout and
PLANS APROVED BY Mark Rifkin	

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 AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

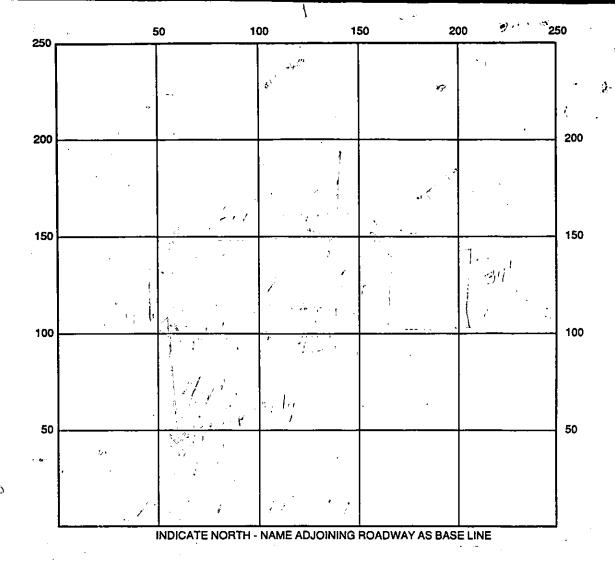
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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



SEPTIC TANK LEVEL CLEANOUTS						
DISTRIBUTION BOX LEVEL	,					
DRAIN FIELD/TITLE DEPTHFT.	TRENCH WIDTHFT. INLET D	EPTHFT.				
EFFECTIVE GRAVEL DEPTHFT.	TOTAL LENGTHFT.					
NUMBER OF TRENCHES	ONE SIDEWALL/BOTTOM AREA	SQ. FT.				
DRYWALL INSIDE DIAMETERFT	. EFFECTIVE DEPTH BELOW INLET	FT.				
ABSORBENT AREAS REMARKS: DID NOT OBSERU	SO.FT. JE P.A. COUERED WITH DIN J. BROKE AWAY EASILY	? <u> </u>				
GROUT VERY thin 1	+ BROKE AWAY EASILY	,				
		(
<u> </u>						
DATE SYSTEM ADDROVED	INSPECTOR					



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer October 26, 1990

Reply to:

Fogle's Septic Clean, Inc. 558 Obrecht Road Sykesville, Maryland 21784

Attn: Dale Fogle

Re: Septic System

Installation Permit

P46466 - Lot 1 Swann Property

12648 Scaggsville Pike

Dear Mr. Fogle:

This is to confirm that permission was granted to cover the above referenced septic system installation without Health Department inspection.

Approval of the installation is contingent upon submission to this office of an "as-built" installation diagram providing location, size, depth, etc, of the system installed. The diagram should also contain a statement, signed and dated, attesting that the system was installed as per permit specifications, using approved materials and techniques.

Yours truly,

Craig Williams, Director

Craig Williams, Director Water and Sewerage Program

CW:cm

Enclosure

10) 10/90 anyline

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 X		Receipt # 4/6457
Replacement		Date 02-5,1990
		130, 920-9
Name of Installer SOST	GECHANICAL CONTIACTI	$\frac{738.2}{787}$ Telephone $\frac{7-500-332-787}{787}$
License Number 17960		
Certified Well Pump Installer		
R		Telephone 30/-854-2150 ell Tag #
Name of Property Owner Son Subdivision John T. S.	nie Zuepres	ell Tag *
Site Address	agos Ile PU	ell lag +
	Md. 20727	
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower 🏄	1. Make
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth 44.
c. Submersible	a. 110	
2. Make Gould	b. 220 <u>×</u>	.
3. Model #		
4. Capacity /2 GPM	Vee No	
5. Pump exceeds well capacity6. If Yes, is low pressure cu	toff switch installed?	Ves No
7. What methods are used to p		
vibrations? Torque arres		
Tank //	Piping	Well data
1. Capacity 3098/100	1. Type Poly	1. Depth <u>/50</u> ft.
2. Pressure reMef	2. Size	2. Yield <u>/ <</u> GPM
valve? YES	3. NSF and/or BOCA	A Section 1
de l'aste de la	Code approved <u>Ye</u>	level /5 ft.
OBSENCED, COVE	4. Depth of supply	4. Will water supply
LINE NOT OBSENCED, COVE	Cob, line <u>a min</u>	_ be disinfected by installer? <u>NO</u>
FLAKED ALLY EASILY, JIGGET	CHES (CICKELLE)	
I understand that it is my		the Howard County Health
Department when the installat		
is null and void).		
All information given above i	s true to the best of my	knowledge.
Signa	ture of Applicant:	whe I tan loke
JI g.i.u		- L. 50,000
	Date: <i>(</i>	Croper of the
Note: A sticker indicating a	onroval/status of the in	stallation will be placed

on the well casing at the time of the inspection.

10.00 am

APPLICATION

PERCOLATION TESTING

A 45446

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 (

Preview olc. Wet Season Testing Only. 1-10-90 JEN

DISTRICT _____

TQ:	THE COUNTY HE	ALTH OFFICER						<i>!</i>	
	ELLICOTT CITY.	MARYLAND		4					
	I, HEREBY, APPL	Y FOR THE NECESSAI	Y TEST IN ORDER	TO CONSTRUCT	OR RECONSTRUCTI	A SEWAGE DISPO	SAL SYSTEM.		
PROP	ERTY OWNER	BONNIE	E5	CAVER	· · · · · · · · · · · · · · · · · · ·	Gnarr	al + dworce	Iname	Heidel)
•	ADDRESS 12	658 Rt	216 H	ighland	Md '20	777_ PHO	NE85	4-21	5-8
PROS	PECTIVE BUYER _	Same a	<u>s 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, </u>	ν 6			· · · · · · · · · · · · · · · · · · ·		
	ADDRESS	Same	95 9b	٥٧٤	à	PHO	NE		
PROPI	ERTY LOCATION:								
SUBDI	NOISIVI	Swann Fr. 12658 12448	م			LOT NO.		·	
ROAD	AND DESCRIPTION	12448	Rt 216	High	land 1	18 207	77		<u></u>
							120	248	Rt-210
TAX I	MAP 40	PARCEL #	305					, ; ^	
SIZE (OF LOT	2+ acres	·	.		TYPE BLDG.	Single YAMII	Fan LY DWELLI	MILY DWELLING
THE	SYSTEM INSTAL	LED UNDER THIS A	PPLICATION IS	ACCEPTABLE ON	NLY UNTIL PUBLIC	C FACILITIES BE	COME AVAILABL	E I FULL	Y UNDERSTAND THE
FEE	CONNECTED WIT	TH THE FILING OF	THIS PERC TEST	APPLICATION I	S NON-REFUNDA	BLE UNDER AN	CIRCUMSTANCI	ES. I ALSO	AGREE TO COMPLY
WITH	ALL MOSHA	REQUIREMENTS I	N TESTING THI	S LOT	Bon.	nie E.	Heidel		<u> </u>
						(SIGNATURE	OF APPLICANT)		
APPRO	OVED BY		·	F	OR		DATE		
REJEC	: TED BY	· · ·		F	OR		DATE		· · · · · · · · · · · · · · · · · · ·
HOLD	PENDING FURTHE	R TESTS	10 -		(a)	· 	DATE		201
REASO	ONS FOR REJECTION	N OR HOLDING	Kel	and C		-100	dfo	<u>~ [/.</u>	Least
-							BIOG. PERN	AITI SIG	NED:
_			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			AND RETUR	NED a	115190

THIS IS NOT A PERMIT

HOLE CLAY (7 # HIGH BROWN SAND LOPE O NGKIT Hos 45 E N 150 n \dot{N} =5~cc INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE

		ROUT		16			
DATE	TEST NO.	· · DEPTH	PRE- START	WET STOP	TEST - START	t" DROP STOP	TIME
36 90	15	7/2	1030	1032	1.037	1027	4,
	1V	121/2	OK		- ! () - 	10) -	
	25 2V	4/2	1037	1034	1034	1040	6
	35 37	3/2	1033 0K	1034	1024	1040	6
	41/	12	0/<				
							·
	·						
,					<u> </u>		

	·					
REMARKS		 •			~	

TESTED BY B Holge

ALSO PRESENT UD CIC POLITER

APPLICATION

SEWAGE DISPOSAL TESTING

A 15/85

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT____

DATE 3/19/71

•			
•			

TO: TH	IE COUNTY HEA	ALTH OFFICER			•			<u>-</u>
	LICOTT CITY, M				•	:		•
I.	HEREBY, APPL	Y FOR THE NECE	SSARY TESTS I	N ORDER TO	CONSTRUCT (OR	RECO	NSTRUCT	A SEWAGI
DIS POS	AL SYSTEM.						. •	, ;
PROPER	RTY OWNER	John T. Swa	nn					
AD	DRESS	Highland, Ma	ryland		PHONE_	At.	6-3545 6-2608	- busines
PROPER	RTY LOCATION:							•
SUBDIV	ISION				LOT NO.		1	· :
ROAD A	ND DESCRIPTION	ONMd_R	t. 2 <u>16 - app</u> i	rox. 300 yd	s. from Hall	Shop	Rd.	
					·			<u> </u>
OCCUPA	ANT			· ·	PHONE_			<u>-</u>
PERSON	TO CONSTRUC	CT SYSTEM	·					:
AD	DRESS				PHONE			:
SIZE OF	LOT	2.000 acres			TYPE BLDG		. 3	<u>.</u>
,		NCE DESCRIBE			•	NU.	MBER OF BEO	ROOMS
					-		,	
SIGNATI	URE OF APPLIC	ANT /s/ John	T. Swann					
PPROV	ED BY	· · ·	FOR_	KIND OF ST	DATE			
REJECTE	ED BY		FOR_	IKIND OF ST	DATE			<u> </u>
OLD PE	ENDING FURTH	ER TESTS			DATE			
REASON	S FOR REJECT	IÓN OR HOLDING		,			·	
								: -

THIS IS NOT A PERMIT

HO HION LAND

7 V 7

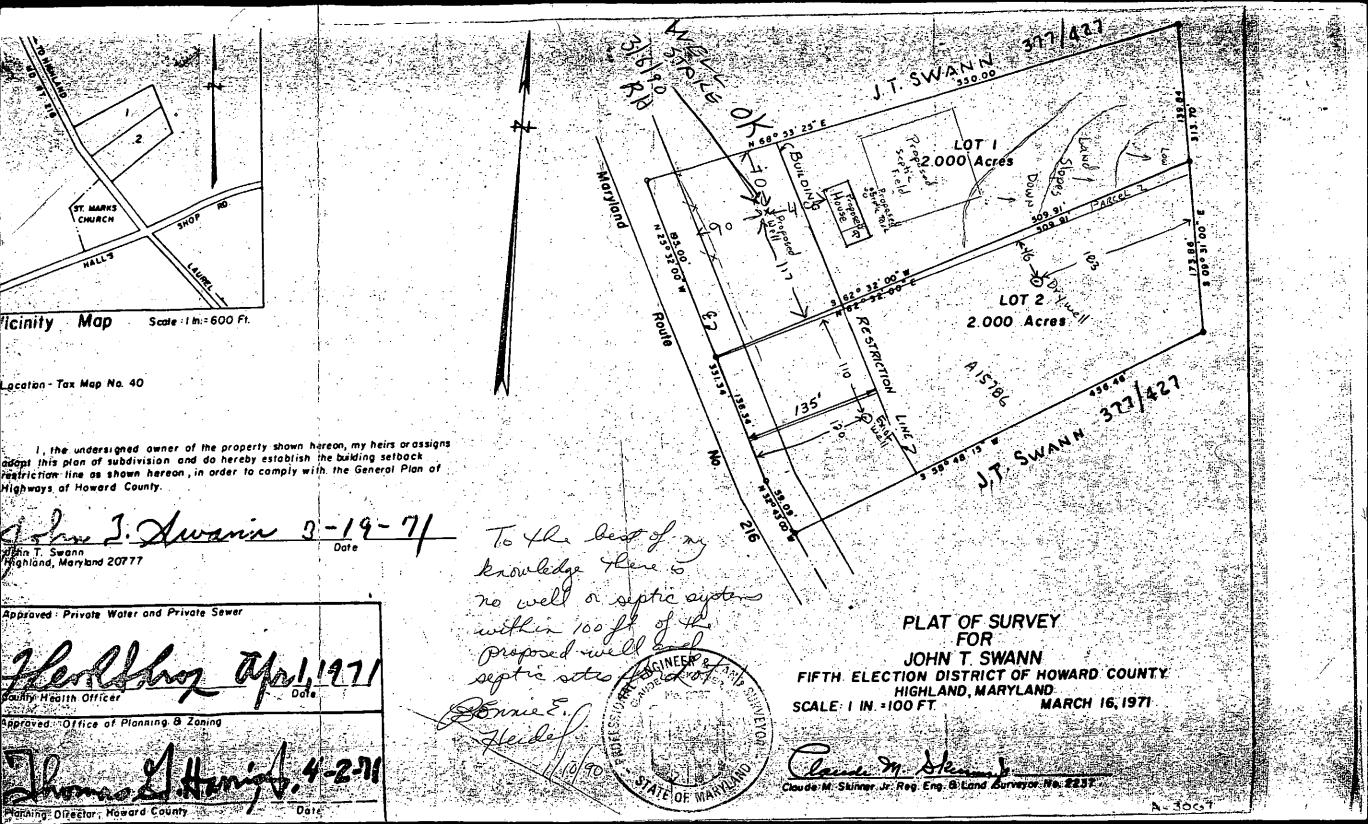
		176 T	PRE-	WET	TEST -	Í" DROP	<u> </u>	-1
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME	┨.
3/3/71		6	957	959	959	1702	3	72
1	2		1000	1001	1001	1002	1	
	3	61	1005	1006	1006	1007	7	72
1	4	Ż	1007	1024	1624	1800	36	
				,	1	7.4		
_			inger 11.	1 1 1 TO 1				-
					-		<u> </u>	
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					,		:	

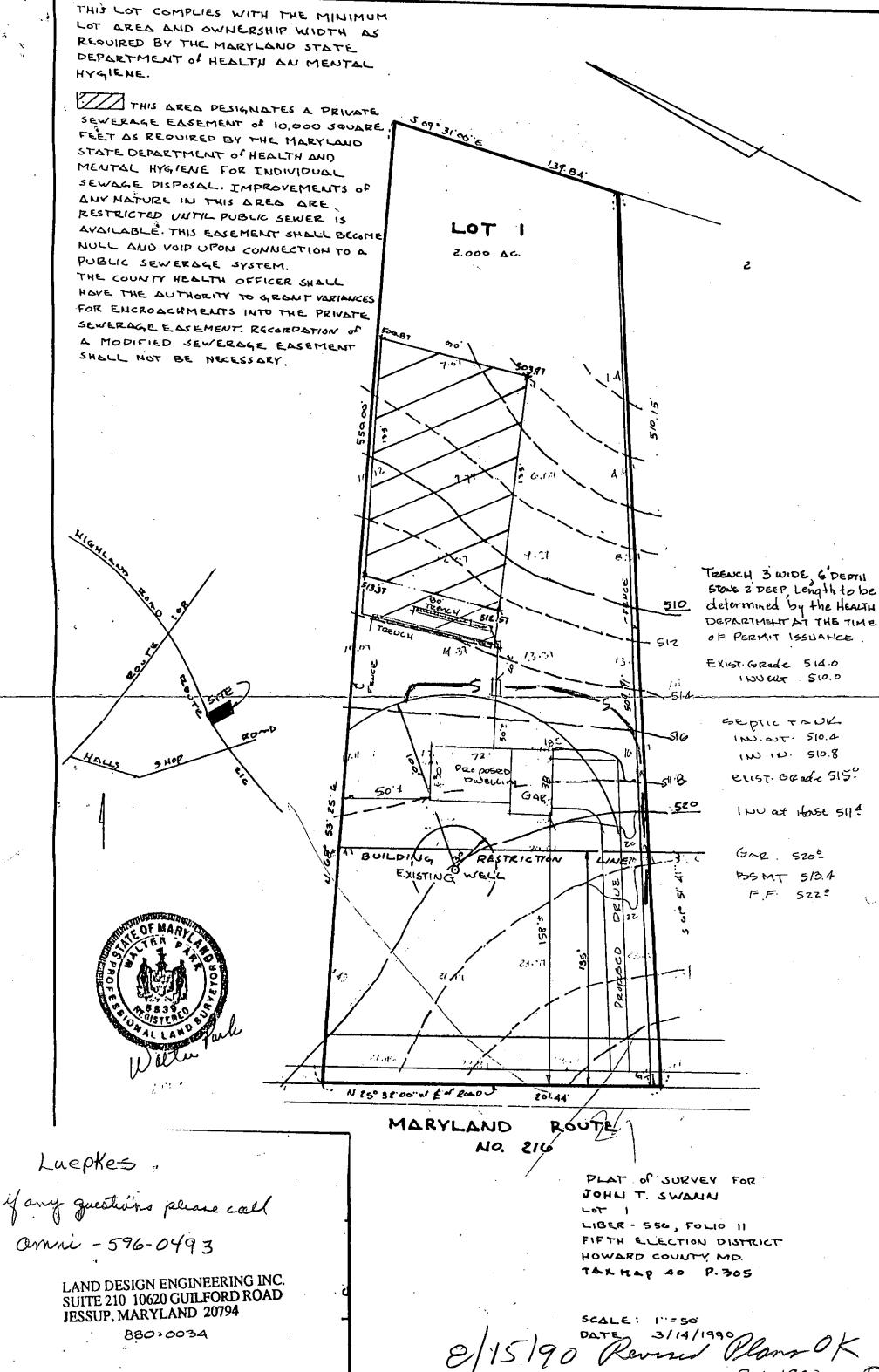
SOIL AUGER FINDING			
TESTED Nagmons	Modge		
REMARKS	0		
			

TOPIFT CLAS

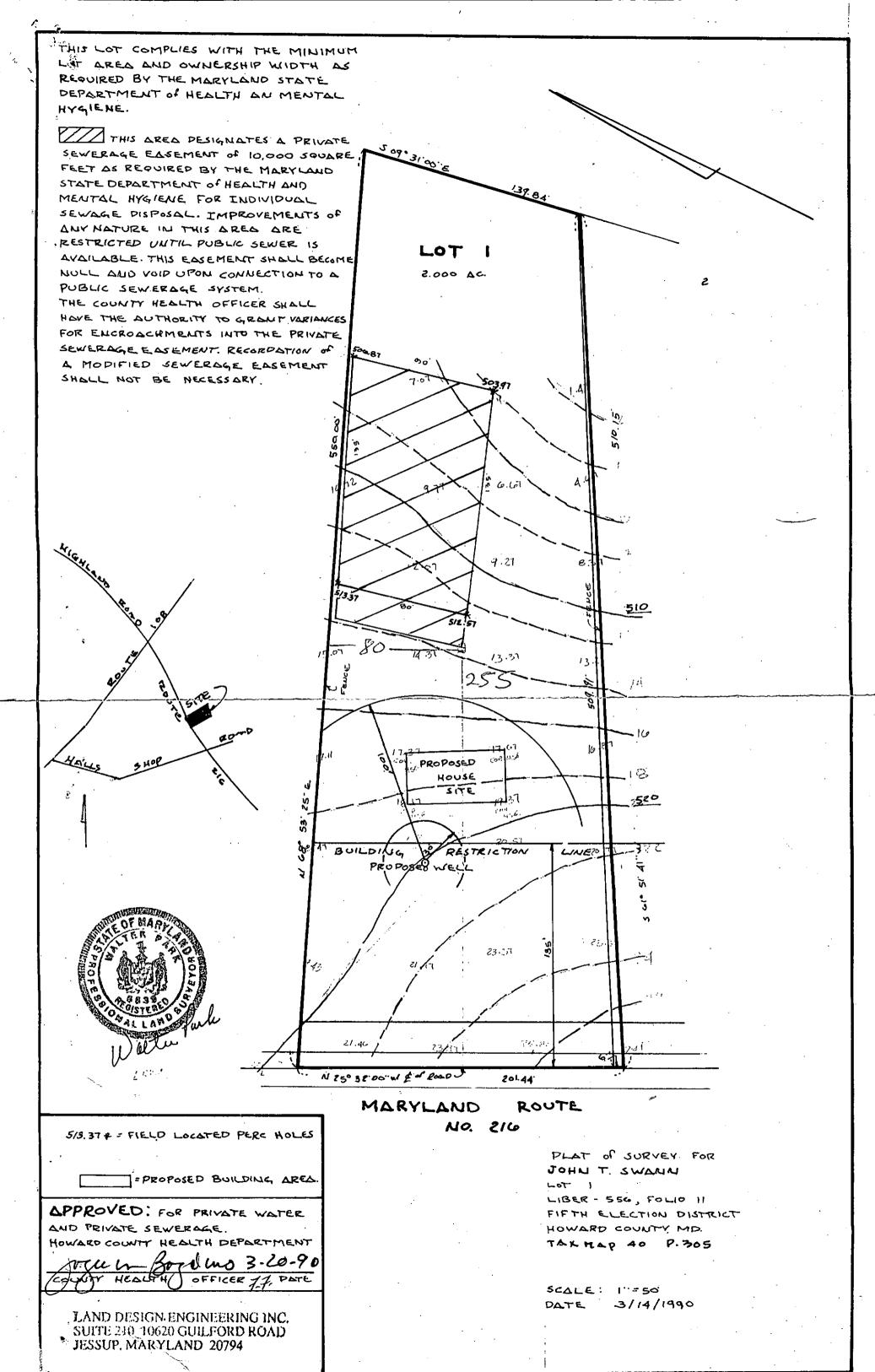
10/70

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? RH



C 1 1387 SEQUENCE NO. SEQUENCE	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED (2) IN COLS. 3-6 ON ALL CARDS) ST/GO USE ONLY	PLEASE PRINT OR TYPE	NUMBER A 45446 PERMIT NO.
DATE Received. * DATE WELL COMPLETE 3 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	22 005 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL"
OWNER Hondo F. Konnie STREET OR RED Last name (14 216 inst name TOWN High Street		
STREET OR RFD LOT / SUBDIVISION IN SUBDIVISION IN SUBDIVISION SECTION SECTION SECTION		
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	CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO for the distribution of the same of the s	NO. OF BAGS 23 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min. to nearest gal.)
SANO STINE 0 50	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 148 TOP 52 ft. to 154 BOTTOM 58	METHOD USED TO MEASURE PUMPING RATE Bull but WATER LEVEL (distance from land surface)
GEATMIN 50 50 10 10	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Kack-	types insert appropriate code below STEEL CONCRETE OT	WHEN PUMPING 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine
	PLASTIC OTHER	27 27 27 other
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary (describe below) J jet S submersible
	5 7 63 64 56 70	27 27
	OTHER CASING (if used) A diameter depth (feet) H inch from to	PUMP INSTALLED
	C A S - N C C A S	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert appropriate STEEL BRASS OPEN BRONZE HOLE	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: PLACE (A,C,J,P,R,S,T,O) 29 CAPACITY:
	below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
	C 2	RUMP COLUMN LENGTH 37 41
	DEP H (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
		and enter casing height) LAND SURFACE
CIRCLE APPROPRIATE LETTER	s 2 23 24 26 30 32 36	below foot) (nearest foot)
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.	R 3 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR L'ANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN 56 % 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 2604.04 "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.	GRAVEL PACK IF WELL DRILLED WAS: FLOWING WELL INSERT	
DRILLERS IDENT, NO. 13%	F IN BOX 68 68 0EP USE ONLY	= \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ornered M. Maria	(NOT TO BE FILLED IN BY DRILLER) ")// · ** /
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	
SITE SUPERVISOR (sign, of driller or journeyman	TELESCOPE LOG OTHER DATA	
responsible for sitework if different from permittee) CASING INDICATOR COUNTY		