2/7/46.12/00

#### PERMIT

#### SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-318699

P	56	420 B

A 47211

DISTRICT 3rd

DATE / 24/96

DATE SYSTEM APPROVED

---- BR

**HOWARD COUNTY HEALTH DEPARTMENT** 

**BUREAU OF ENVIRONMENTAL HEALTH** 

**664-9933**x 313-2640

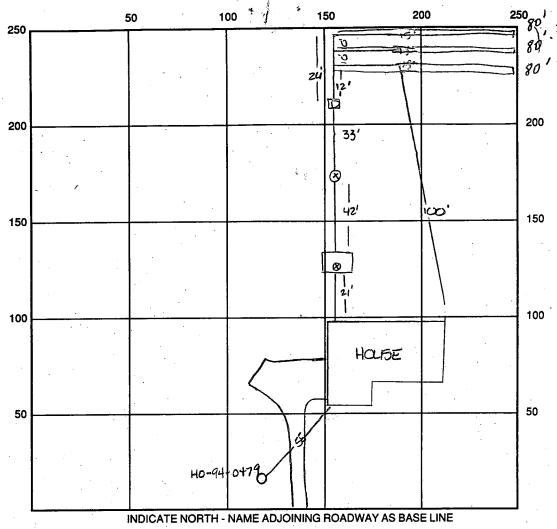
INDEXED

	INDL	V F R	•	INSPECTOR _	·
Olen Ketterman	<u> </u>		IS PERMITTED TO I	NSTALL X ALTER _	
ADDRESS 14960 Route 144 Woo	dbine, Maryland	21797	PHONE	442-1336	
SUBDIVISION West Friendship Est	ates_LOT12	RC	OAD <u>3181 Rive</u>	r Valley Chase	-
PROPERTY OWNERS	elfridge Builde	rs, Inc.			
1	•				
SEPTIC TANK CAPACITY 1250 GALLO  NUMBER OF BEDROOMS 4	NS *Cont set,	ractor is t but prior	to trench exc	spection after ta avation to verify is feasable as s	that
180 SQUARE FEET PER BEDROOM				TO DETUS	
LINEAR FEET OF TRENCH REQUIRED 240	<i></i>	VER 1 F165	LOCATION 1	ONTA DETO	(W)
TRENCHES - Trench to be 3	feet wide. Inle	et 4.5 feet	below origina	al grade. Bottom	
maximum depth 6	.5 feet below or	ciginal gra	de. Effectiv	e area begins at	
LOCATION - Place distribut:	ion box 120 feet	t from the'	left rear lot	<u>distribution pipe</u> corner and 15 fe	et
off the left lo	t line <u>as seen :</u>	<u>from River</u>	Valley Chase.	Run trenches on	
contour toward NOTES - No trench to ex	right lot line.	n length	Provide 6" -	8" diameter clean	out
and cap to grad	e or above on s	eptic tank.	OK 13/12/95	DKS	-
BUILDING PERMIT SI	CNED		·		
AND RETURNES	5-15-02				
AND RETURNED	21-169			•	-
PLANS APROVED BY Glen Savage 400	101 4 1			DATE 11/15/95	
COVER NO WORK UNTIL INSPECTED AND APPROVE		÷		1	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE	HEALTH DEPARTMENT IS	RESPONSIBLE FOF	R THE SUCCESSFUL OP	ERATION OF ANY SYSTEM	
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF ACCEPTABLE.	SEWER LINE AND/OR AT	F 90° SWEEPS IN	LINES FROM HOUSE	TO DRAIN FIELDS, 90° ELBO	WS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TAN AUTHORIZED)	K, DISTRIBUTION BOX TR	IENCHES) TO BE	100 FEET FROM WELL	(UNLESS OTHERWISE SPEC	IFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR IN	ISPECTION BEFORE AND A	AFTER PLACING GF	RAVEL IN TRENCH(ES)		
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DI	AMETER NO ABSORPTION	TRENCH TO EXCE	ED 100 FEET IN LENGTH		
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MU	ST BE CAST IRON OR SCH	EDULE 35/40 PVC O	PR 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 YES	CLEANOUTS (2) HOTED
DISTRIBUTION BOX LEVEL YES / LID	CA BAFFLE NCI SEEN
DRAIN FIELD/TITLE DEPTH 6/12 FT.	TRENCH WIDTH 3 OFT. QUINNET DEPTHAN 1/2 FT.
EFFECTIVE GRAVEL DEPTH 2 FT.	TOTAL LENGTH 240 FT. (3×80)
NUMBER OF TRENCHES	ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
DRYWALL INSIDE DIAMETERFT.	EFFECTIVE DEPTH BELOW INLETFT.
ABSORBENT AREASQ. FT	Γ. · · · · · · · · · · · · · · · · · · ·
REMARKS: OK TO COVER OU	TLET FROM HOLDE TO DISTRIBUTION BOX.
EXTEND TRENCHED; WAIT I	FOR MADECTICA TO COMPLETE WORK 2/1/96 K
Couthactor	WILL REQUEST INSPIRANCE TRENCHES AND COUPLETS. 2/4/8
2-7-96 OK TO COVER ALL	work town made to BALLEN GROUND
FROZEN.	
DATE SYSTEM APPROVED HE	2-7-96 INSPECTOR LYKUS SENSON

#### APPLICATION

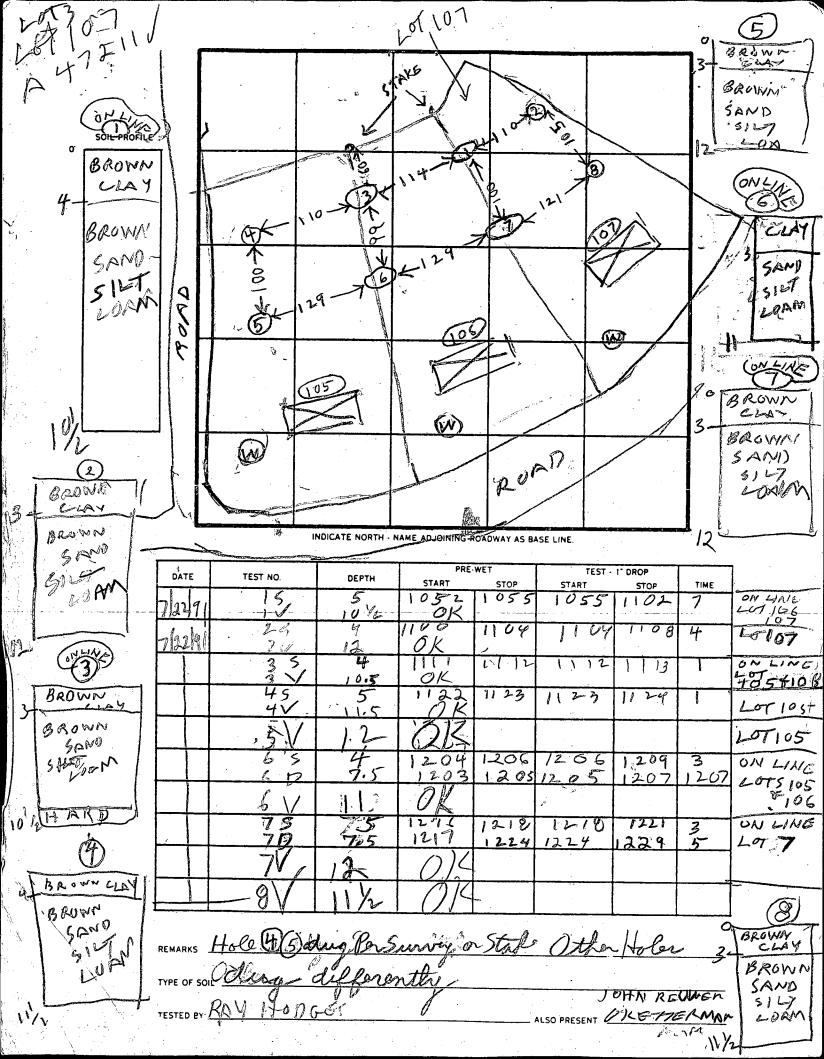
PERCOLATION TESTING

A <u>9/2//</u>

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE 461.9933

		÷ - 1
TO: THE COUNTY HEALTH OFFICER		
ELLICOTT CITY, MARYLAND		
I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRU	CT (OR RECONSTRUCT) A SEWAGE DISPOSA	L SYSTEM.
PROPERTY OWNER PERCONTEE, INC		
ADDRESS 11900 FECH RD,	SILVER SPRING PHONE	JOHN REUWER 740-2100 X Z91
PROSPECTIVE BUYER	MD. 20404	· · · · · · · · · · · · · · · · · · ·
ADDRESS	PHONE	37 107
PROPERTY LOCATION:	Antin	
SUBDIVISION WEST FRIENSHIP ES		i e
ROAD AND DESCRIPTION WEST IVORY RD. &	RT32, SOUTH OF	RT. 70
TAX MAP		
TAX MAP 15 PARCEL # 42  SIZE OF LOT 3. 00 AC. +/-		SFD
		(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	ONLY UNTIL PUBLIC FACILITIES BECC	
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATIO	N & NON REFUNDABLE LINDER ANY C	IRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	All Copper	
APPROVED BY	PERCONTEE,	APPLICANT) ZNC.
REJECTED BY	FOR	DATE
	. FOR	DATE
HOLD PENDING FURTHER TESTS		DATE
REASONS FOR REJECTION OR HOLDING		

## THIS IS NOT A PERMIT





# APPLICATION

PERCOLATION TESTING

4. 47187

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

DATE 6/12/91

ELLICOTT CITY, MARYLAND	·		•	
L HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER	R TO CONSTRUCT (OR RECONST	RUCT) A SEWAGE DISPOSAL	SYSTEM.	
PROPERTY OWNER PERCONTEF	TNC			
ADDRESS	RD. CTIVE	R SPRINGER	JOHN REU 240-210	WER O x 291
ADDRESS NIVER	101 1200	20904	770 070	
PROSPECTIVE BUYER	<u> </u>			<u> </u>
ADDRESS		PHONE		· · · · · · · · · · · · · · · · · · ·
PROPERTY LOCATION:		,		(
SUBDIVISION TUORY NIL	L PROPER	RTY LOT NO (	?) LOT 13	(MAYBE)
SUBDIVISION	OAD & RT.	32 (WES	TOFR	<u>7.32)</u>
TAX MAR 15 PARCEL # 42				.*
TAX MAP 15 PARCEL # 42  SIZE OF LOT (3) 3 0 0 RC +	-/ -	TYPE BLOG	S.F.D.	:
	•		ISINGLE FAMILY DWELLIN	G OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS	ACCEPTABLE ONLY UNTIL F	PUBLIC FACILITIES BECOM	ME AVAILABLE. I FULLY	UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TES	T APPLICATION IS NON-REF	UNDABLE UNDER ANY CIF	RCUMSTANCES. I ALSO	AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING TH	IS LOT.	(SIGNATURE OF	APPLICANT)	
ARREQUED BY	con			
APPROVED BY	FOR	<i>a</i> 5	DATE	
REJECTED BY	FOR		DATE	
HOLD PENDING FURTHER TESTS		<u> </u>	DATE	·
REASONS FOR REJECTION OR HOLDING HOLDING	D \			
	J		-	

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

TINDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

				WET	TEST - 1" DROP			
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME	
							ب وت مسائد الله الله الله الله الله الله الله الل	
				,		087		
				ر م	N po			
		7	رو و		U	Ø.		
		7 -			and	1		
			C		PI			

REMARKS								
11214711113					,			
•	1			•	į.	,	*	
TYPE OF SOIL	 		<u> </u>		·			
	1.5							*
		11.11						
TESTED BY					ALS	O PRESENT		1.50

1/0/2 (ken corner) Robins of M. 2 0 Kettern 4/23/91 Cal/3/ Depth O 4/2' (See Mr Tast Spect) 1 :06 1:10 4m 5 m 1:16 1; // 1:08 (all loon) ( Hold for Review

# APPLICATION

PERCOLATION TESTING

A	47187
F	•

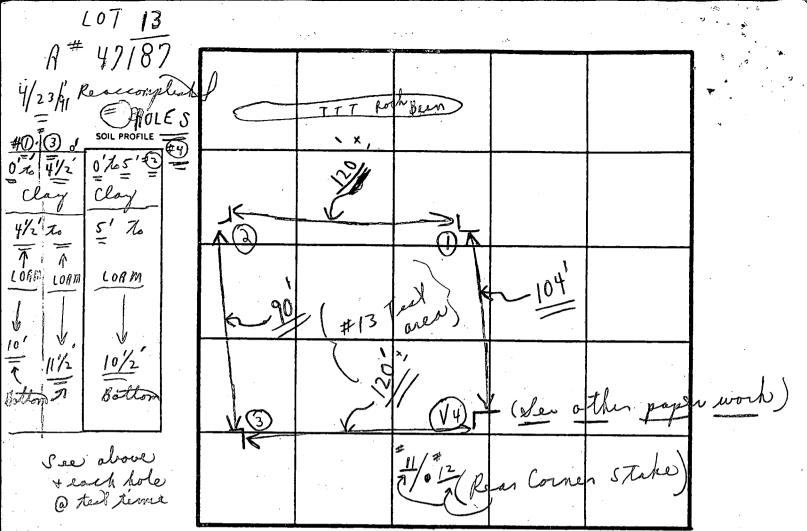
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE 461 9922

TRICT		
DATE	6/12/91	_

				<i>:</i>
TO:	THE COUNTY HEALTH OFFICER			•
	ELLICOTT CITY, MARYLAND			
	I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONS	STRUCT IOR RECONSTRU	CT) A SEWAGE DISPOSA	L SYSTEM.
PROPE	RTY OWNER PERCONTEE, IN	C,		
	ADDRESS 1/900 TECH RD,	SILVER	SPRING PHONE	JOHN REUWER 740-2100 XZ91
ROSP	ECTIVE BUYER	MD.	20904	
	ADDRESS		PHONE	
ROPE	RTY LOCATION: ISION <u>WEST FRIENSHIP</u>	ESTATES	Alection	13-12
OAD A	NO DESCRIPTION WEST IVORY RD,		SOUTH OF	RT. 70
		<u> </u>	•	RUDO DESIGNA
	AP_15 PARCEL # 42			BLDQ. PERMIT SIGNED  AND RETURNED 11-15-95
AX M	LOT 3.00 AC. +/-			- Est al # 624 5
ZE OF	LOT		TYPE BLDG	SFD- HBRMS
				(SINGLE FAMILY DWELLING OR COMMERCIAL)
HE S	YSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTA	BLE ONLY UNTIL PUBI	LIC FACILITIES BECO	ME AVAILABLE: I FULLY UNDERSTAND THE
EE C	DNNECTED WITH THE FILING OF THIS PERC TEST APPLICA	ATION IS NON-REFUND	ABLE UNDER ANY CI	PCHMSTANCES LALSO ACREE TO COURT V
	ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	John C	K	ACOMSTANCES. TALSO AGREE TO COMPLY
	TESTING THIS EUT.		ISIGNATURE OF	APPLICANT)
	Late A Romer	FOR PERC	CONTEE, 7	TWC.
PROV	ED BY	FOR		DATE

₩-216

### THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	ŢEST NO.	DEPTH	PRE- START	WET STOP		1" DROP	TIME
4/23/		41/21	1:02	1:06	START 1:05	5TOP	6 MIAM
19/		- 10-1	Lo	am 1			Den
		51	1:08	1:11		1:16	5 min
		10/2	Call	loan	+ du)	)	Pan
	0	4/2	1:04	1:06	1:06	1:10	4 min
	(3)	111/2			·		
		( ( )	11/12	Test	Shed		(OK)
,		(330				7	1
				١	د د		
				·	~ n.		

REMARKS	Lox #3	"Hold for	noview + Lee"
TYPE OF SOIL		- 1-	TRohier at 10:00 A.M.
TESTED BY	C. B. d		16 1
			ALSO PRESENT [(2)0) Kellinnans- L(1) Digger-Helper

	C 1 2974 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
	(MDE USE ONLY)  1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY RUMBER R# 47211	
	ST/CO USE ONLY DATE Received DATE WELL COMPLI		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
	060595	22 <b>2 8 5</b> 26 (TO NEAREST FOOT)		
	OWNER SELFRIDGE	JAMES BUDR.		
		ALLEY CHASE TIST NAME TOWN WEST. SECTION	LOT 12	
	WELL LOG	GROUTING RECORD (Jes) no	C 3	
*	Not required for driven wells	WELL HAS BEEN GROUTED (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 FEDT check if water additional sheets if needed) FROM TO bearing	NO. OF BAGS 13 NO. OF BOUNDS 45/202	PUMPING RATE (gal. per min.)	
		DEPTH OF GROUT SEAL (to nearest foot) from O ft. to 29 ft.	METHOD USED TO MEASURE PUMPING RATE BUCKET	
	SAND 0 27 GRAY MICA 27 285 V ROCK	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)  BEFORE PUMPING  #9  ft.	
	CRAUMICA 27 285 V	casing types insert CASING RECORD CO	17 20 <b>[7] [7] [7]</b>	
	ROCK	appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.	
		below PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air  P piston  T turbine	
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 27 other	
		TYPE (nearest inch)! (nearest foot)	27 below)	
		60 61 63 64 66 70	jet Submersible	
4		C diameter depth:(feet)	PUMP INSTALLED	
		A S	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)	
		N C 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.	
		screen type or open hole STBR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)	
		appropriate STEEL BRASS OPEN	IN BOX 29. 29 CAPACITY:	
	NUMBER OF UNSUCCESSFUL WELLS: O_	below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35	
	yes no:	C 2	PUMP HORSE POWER * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		DEPTH (nearest ft.)	(nearest ft.) 43 47	
	CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	$\begin{bmatrix} A & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 &$	CASING HEIGHT (circle appropriate box and enter casing height)	
	E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	H S 2 C 23 24 26 30 32 36	LAND SURFACE	
	P WELL	C 23 24 26 30 32 36 R E 3	below ) (Near each of sout)	
	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	E 38 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS	
A China	CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	SLOT SIZE 1 2 3 (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS	
Landon and	TYPE: MWD/MSD/MGD	56 60	THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
	DRILLERS LIC. NO. 49	GRAVEL PACK		
	DRILLERS SIGNATURE	FLOWING WELL INSERT F IN BOX 68 68	our o	
	(MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	35.	
: . : -	LIC. NO.	T (E.R.O.S.) W Q	F C.	
	SITE SUPERVISOR (sign. of driller or journeyman	70 . 72 TELESCOPE LOG OTHER DATA	4,	
	responsible for sitework if different from permittee)	CASING INDICATOR		
100	🐼 Transia di Maria di 🚅 di manggaran sa di manggaran garang ang 😵 🖸 😧 🚉 🚉 🚉 🚉 ang			

