BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXXX

313-2640

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

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

PERMI'

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	50	7	19

A 48619

DISTRICT 5th

DATE SYSTEM APPROVED

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT

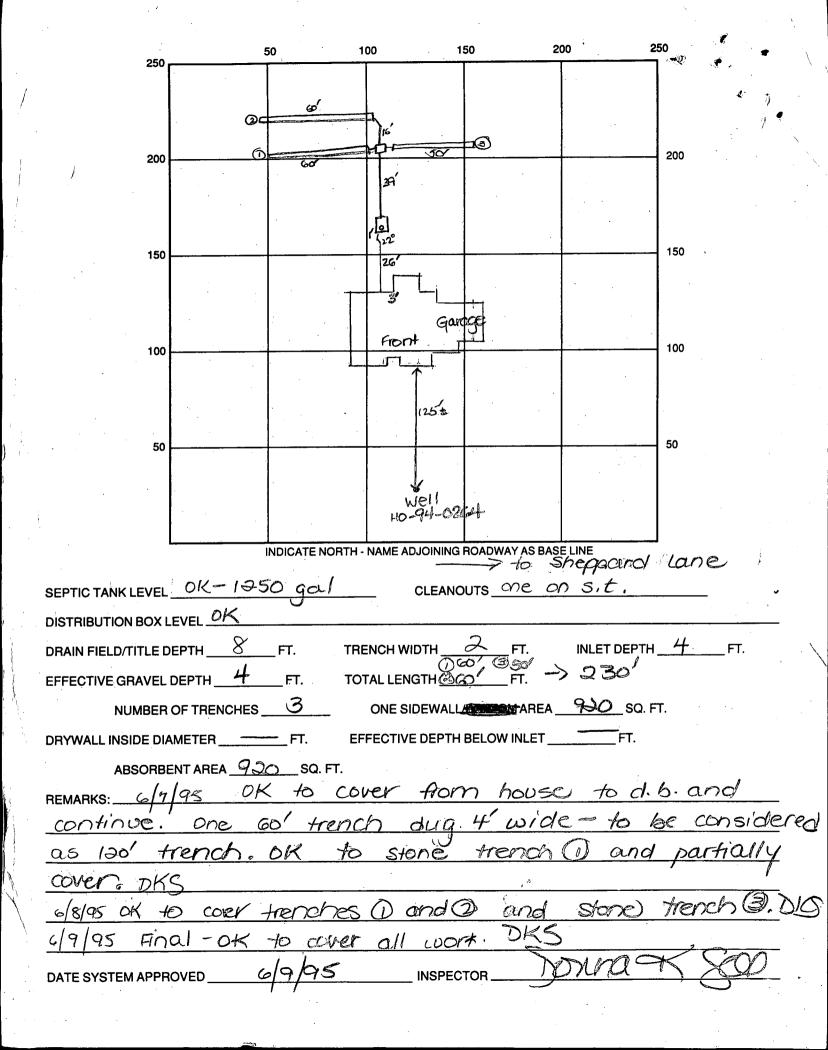
B.W.T. Incorporated IS PERMITTED TO INSTALL X ALTER ADDRESS 11974 Scaggsville Road, Fulton, Maryland 20759 301-498-6138 _ PHONE SUBDIVISION Lost Woods 3 ROAD 4451 Sheppard Lane LOT Brian Bost PROPERTY OWNER ADDRESS_ SEPTIC TANK CAPACITY 1250 **GALLONS** NUMBER OF BEDROOMS 220 **SQUARE FEET PER BEDROOM** LINEAR FEET OF TRENCH REQUIRED 220 Inlet 4 feet below original grade. Bottom maximum TRENCHES - Trench to be A feet wide. depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe. LOCATION - Place the distribution box 230 feet from the front lot line and 175 feet from the left lot line as seen when approaching the property from Sheppard Lane. Run trenches along contour in both directions. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. Ok 3/15/95 DKS NOTES DATE 10/11/94 C. Williams PLANS APROVED BY_ 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) progressing sign NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES *INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

PERMIT VOID AFTER TWO YEARS



11/23/92

APPLICATION

PERCOLATION TESTING

A	48619

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**************************************	PO BOX 476 ELLICOTT CITY, MARYLAND 2104	3			DATE Oc	tober	26, 19
	£ 2	•	•				. '
		A. A.			•		5. ' · · · · ·
TO:	THE COUNTY HEALTH OFFICER						
10:	ELLICOTT CITY, MARYLAND						
٠		LARGE TA CONCTRUCT	AND DECOMETRICED A	CEWACE DISPOSAL C	Verreu		
	I, HEREBY, APPLY FOR THE NECESSARY TEST II			SEWAGE DISPOSAL S	TSIEM.		
PROPE	RTY OWNER Vernwill, Inc.	c/o Wilfi	red Wright				
•	ADDRESS 4600 Alesia Road	, Millers,	MD 21107	PHONE	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
	n: 441 n		- / - T	- D. VII			
PROSP	ECTIVE BUYER Fiddlestocks P	arthership	c/o Jame	s Dudley			
	ADDRESS 3517 Font Hill D	r, Ellicot	t City,MD	2 1 0 4 2 PHONE ((410) 465	-7794	
PROPE	RTY LOCATION:	LOST WOODS	F 94	-79			
		,-					٠.
SUBDIV	NSION H.C. Wright Prope	rty		LOT NO			<u>-:</u>
	Fact side of	Shannard I	ano - 800'.	+/- South	of Home	mood I	Pond
ROAD	AND DESCRIPTION East side of	Sheppard La	ane - 800	+/- 30uti	i or nome	wood r	Coad
		·					
TAV M	AP - 29 PARCEL # 24						
						k 1.	• .
SIZE O	FLOT 3+/- Acres			TYPE BLOG	SFD		
•			1	(S	INGLE FAMILY DWE	LLING OR CO	DMMERCIAL)
				\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			
THE S	YSTEM INSTALLED UNDER THIS APPLICAT	ION IS ACCEPTABLE O	ONLY UNTIL PUBLIC F	FACILITIES BECOME	E AVAILABLE. I FL	JLLY UNDER	STAND THE
FEE C	ONNECTED WITH THE FILING OF THIS PER	C TEST APPLICATION	IS NON REFUNDABL	E UNDER ANY CIRC	CUMSTANCES. I A	LSO AGREE	TO COMPLY
14/17/					,)		
WITH	ALL M.O.S.H.A. REQUIREMENTS IN TESTI	NG THIS LOT. Pete	r J. Dare	SIGNATURE OF AS	PDI ICANTI		
•		. (1	Agent)	SIGNALOUE OF A	r Licanii		
APPRO	/ED BY		FOR		DATE		
			}	`		1	
REJECT	TED BY		FOR	•	DATE		· · · · · ·
			1.			* .	
HOLD P	ENDING FURTHER TESTS				DATE	<u> </u>	
REASO	NS FOR REJECTION OR HOLDING			•			
	TO THE RESERVOIS ON HOLDING				<u></u> ,		
			<u> </u>		<u> </u>	<u> </u>	
							· .

THIS IS NOT A PERMIT

Farm Field and of woods the worker (00/ Too flole \$15 SOIL PROFILE Bibra-Fel Bed Bru (Lighter) 5 South the gran 50% Horas Peals Brown Loren His Flakes Cof-3 Pru her Qualité Miabon Topord Shapperdlone Terf Hole 44 Brut Red Clark) CL INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE professoro PRE-WET TEST - 1" DROP TEST NO. DEPTH DATE TIME START STOP START 11/24/92 4min 10:66:41 9:59:58 10:02:45 10:02:45 V. Micaceaes place in totalwall, but comble to gravel sign, V 112 Generalis 44 @ 41 10:21:00 /0:23:00 10:23:00 10:28:00 vII' Testhole #3

Same or #2 10,43:00 @ 5! 43 18:36:00 10:36:00 10:31:40 low Tous V/05 42 pellela low @ 45/ 11:01 Too Sow 10:46:00 Horyel Bron Sich Fred Bron Cl 11:08:50 11:47:00 11:14:00 11:31:30 fre gryban Min Gan -Sordy Land **REMARKS** Mosor TYPE OF SOIL ALSO PRESENT TESTED BY

EMERGENCY/TEMP	NO. IF ANY	
I I U U U I I I I I I I I I I I I I I I	STATE OF MARYLAND ON FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED. IN COLS, 3-6 ON ALL CARDS).	please print or type	
Date Received (APA)	B 3	LOCATION OF WELL
	HOWARD	21
15 Last Name Owner First Name	10 34 Lbst Wo	
4513 RUSTY GATE	55 SECTION	toт 3 П
ELL/CO++ C1+4MD2/C 57 Town 70 State 72 Z		48 50
DRIELLA INFORMATION	GD/MWD 52 NEAREST TOWN MILES FROM TOWN (ente	er O if in town)
prifers Name L. Mayore Well ORIZE	ense No. 80 R A	73 76 77 78
Firm Name	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Address L. Manne 12/5/	194 NW 8 NE	ON WHICH SIDE OF ROAD
Signature Date B 2 WELL INFORMATION	B-9 \ 8-9	(CIRCLE APPROPRIATE BOX) WEST S FAST
ÂPPROX. PUMPING RATE (GAL. PER MIN.)	TOWN E	DISTANCE FROM ROAD
AVERAGE DAILY QUANTITY NEEDED 8 12		ENTER FT OR MI [2]
USE FOR WATER (CIRCLE APPROPRIATE BOX)	8-9 5 8	TAX MAP: BLK: PARCEL
M HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)	HOWARD COUNTY NAME	7 48619 COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GO	SIGNATURE	INSERT S
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES P APPROPRIATION PERMIT AND STATE HEALTH DEPART	MENT / 2 / 3 9 9 C	Landes Benan Street 12/13/95
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	43 48 C NORTH 5 14 0 0 GRID 50	O SIGNATURE EXP. DATE O GRID GRID 57 63
APPROXIMATE DEPTH OF WELL 24 28 FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL WITH AN X	ES OF 6 2000 12/2 3/94
APPROXIMATE DIAMETER OF WELL 6	NEAREST SOURCES OF DRILLING	WATER COREN 98
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted	8 DRIVEN	gran approprie
30 AIR RODERY AIR-PERcussion ROTARY (Hydrau	WHITE THE BOX NUME	
CABLE REVerse_ROTary DF	ive-POINT E 8/P	8
REPLACEMENT OR DEEPENED WELLS	N 510	<u>4</u> 000
(CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL		DW SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		TO NEAREST ROAD JUNCTION
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED A STANDBY-CONTACT LOCAL APPROVING AUTHORITY POLICY ON STANDBY WELLS	PAS FOR	4
D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	M. Carlotte	Homewood Rd
(IF AVAILABLE) 41	52 July Folk	by W/ Homewood Ra
Not to be filled in by driller (OEP USE ONLY)		8
APPROP. PERMIT NUMBER G A P 54	63	1 ~ well
FORCE OF INITIALS PERMIT No. 0 - 9 4 - 0 2 70 71 72 73 74 75 76 7	7 78 79	E C
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SH	OULD USE SEPARATE SHEET IF NEEDED =	

·	C 1 5949 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
	1.23 (THIS NUMBER IS TO BE SUNCHED IN COLS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A-486/9
	ST/CO USE ONLY DATE WELL COMPLE B 13 13 15 15		PERMIT NO. FROM "PERMIT TO DRILL WELL" 0 - 9 - 0 2 9 4 28 29 30 31 32 33 34 35 36 37
	OWNER BEST STREET OR RFD last name SHEP	<u> </u>	GLENELG
	SUBDIVISION LOST WOOD	SECTION	LOT 3
	WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	C 3
	THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET fwat bearing the state of the	NO. OF BAGS NO. OF BOUNDS 2444	HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. 11 15
	SAND 0 94	DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.	METHOD/USED TO BUCKET MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface)
	SAND 0 94 GRAY MICA 94 110 V	casing CASING RECORD types insert CO	WHEN PUMPING 17 20 20
		appropriate STEEL CONCRETE CODE PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine 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
		E OTHER CASING (if used)	27
		diameter depth (feet) H inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)
		screen type SCREEN RECORD	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
		or open hole insert appropriate STEEL BRASS OPEN BRONZE HOLE	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY:
		below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
	IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVE	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box
	yes no yes N° WEEL™HYDROFRACTURED Y	A 8 9 11 15 17 21 15 C 23 24 26 30 32 36	and enter casing height) LAND SURFACE below (nearest foot)
	CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
	E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION P WELL	OF SCREEN INCH INCH	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTIO AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN TI ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PF SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST MY KNOWLEDGE.	GRAVEL PACK L J L J F IF WELL DRILLED WAS FLOWING WELL INSERT	Loo Attached
	DRILLERS IDENT. NO. 24 Waysh Mayre	F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	See Attached location
	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (EROS) 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	

