3/28/97 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| P_ | 58026 | C |
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A 48824

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

X X45X-29333X

313-2640

DATE 3/19/ DATE SYSTEM APPROVED 3-25

INSPECTOR \$

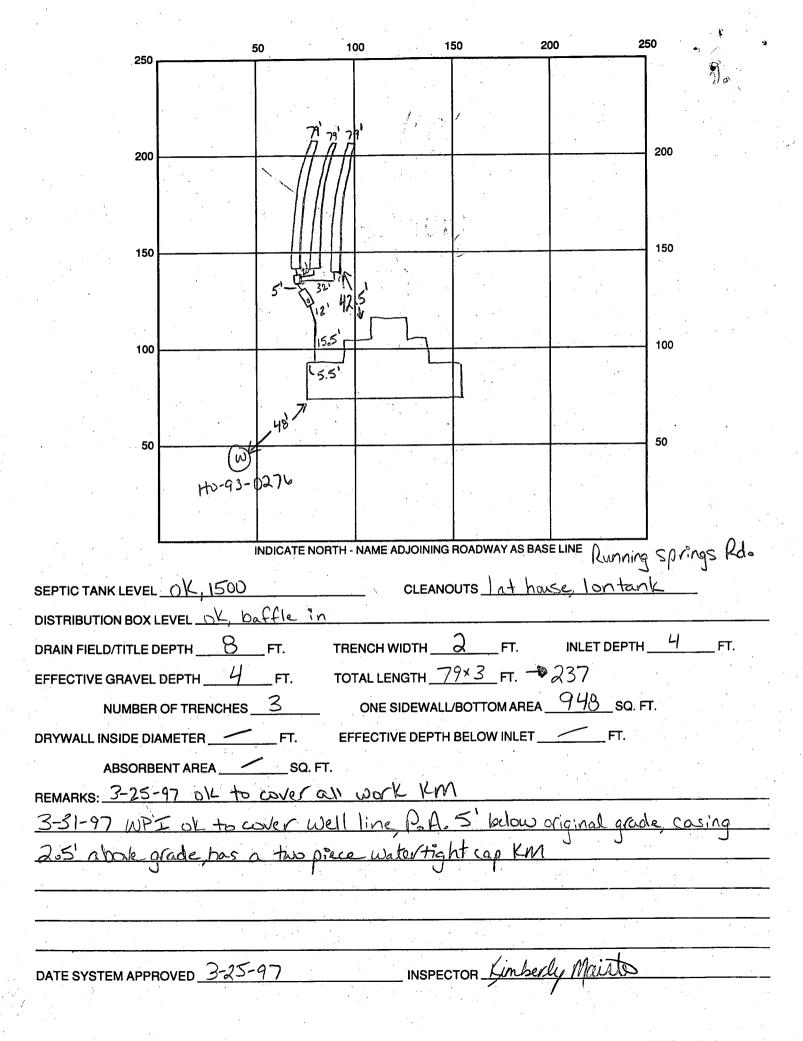
INDEXED

| Fogle's Septic Clean, Inc. | IS PERMITTED TO INSTALL XALTER | | | | |
|--|---|--|--|--|--|
| ADDRESS 558 Obrecht Road Sykesville, Maryland 21784 | PHONE 795-5674 | | | | |
| SUBDIVISION Quarterfield LOT 8 | ROAD 3705 Running Springs Road | | | | |
| PROPERTY OWNER John Wider | | | | | |
| ADDRESS | | | | | |
| SEPTIC TANK CAPACITY 1500 GALLONS | | | | | |
| NUMBER OF BEDROOMS 5 | | | | | |
| 180 SQUARE FEET PER BEDROOM | | | | | |
| LINEAR FEET OF TRENCH REQUIRED 225 | | | | | |
| RENCHES - Trench to be 2 feet wide. Inlet 4 feet bel depth 8 feet below original grade. Effect original grade. 4 feet of stone below dis | ive area begins at 4 feet below | | | | |
| LOCATION - Start the first trench 180 feet down the le | eft lot line and 50 feet off this | | | | |
| NOTES - No trench to exceed 100 feet in length. Proceed to grade or above on septic tank. | rovide 6" - 8" diameter cleanout and | | | | |
| cap to grade of above on geptic tanks, page | a special second | | | | |
| | | | | | |
| PLANS APROVED BY Mark Rifkin | REVISED DATE 12/26/96 | | | | |
| 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 ACCEPTABLE. | IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT | | | | |
| 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 PV | /C OR ABS | | | | |

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

PERMIT VOID AFTER TWO YEARS

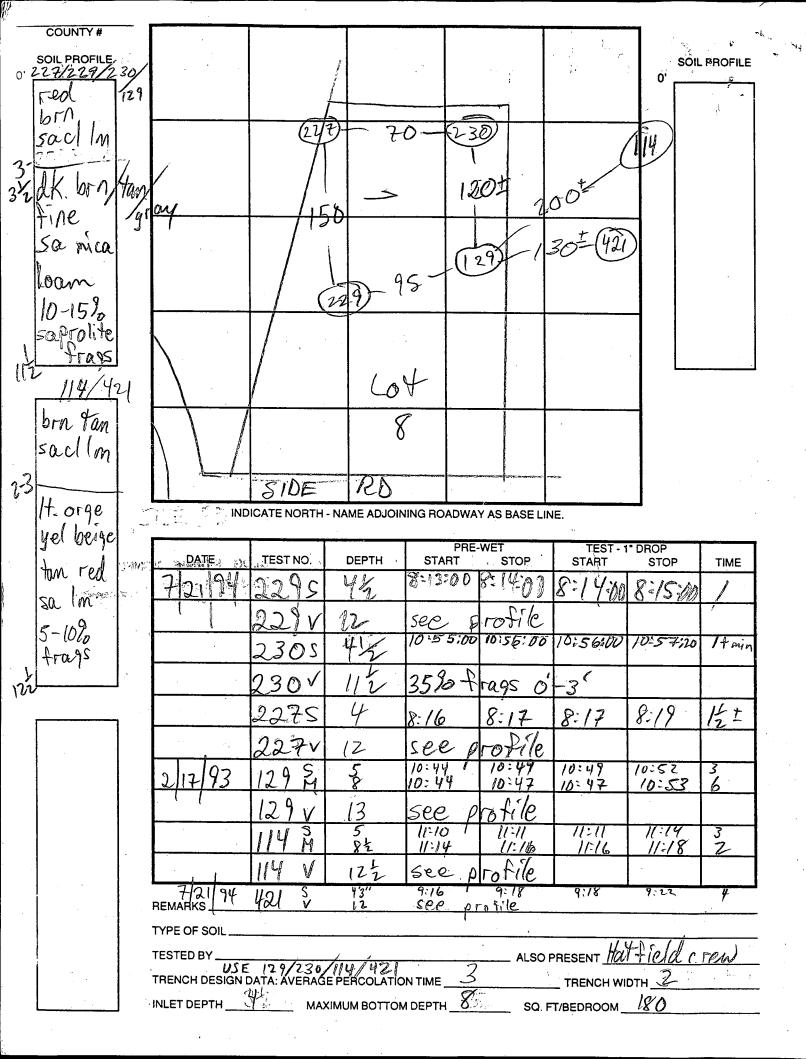


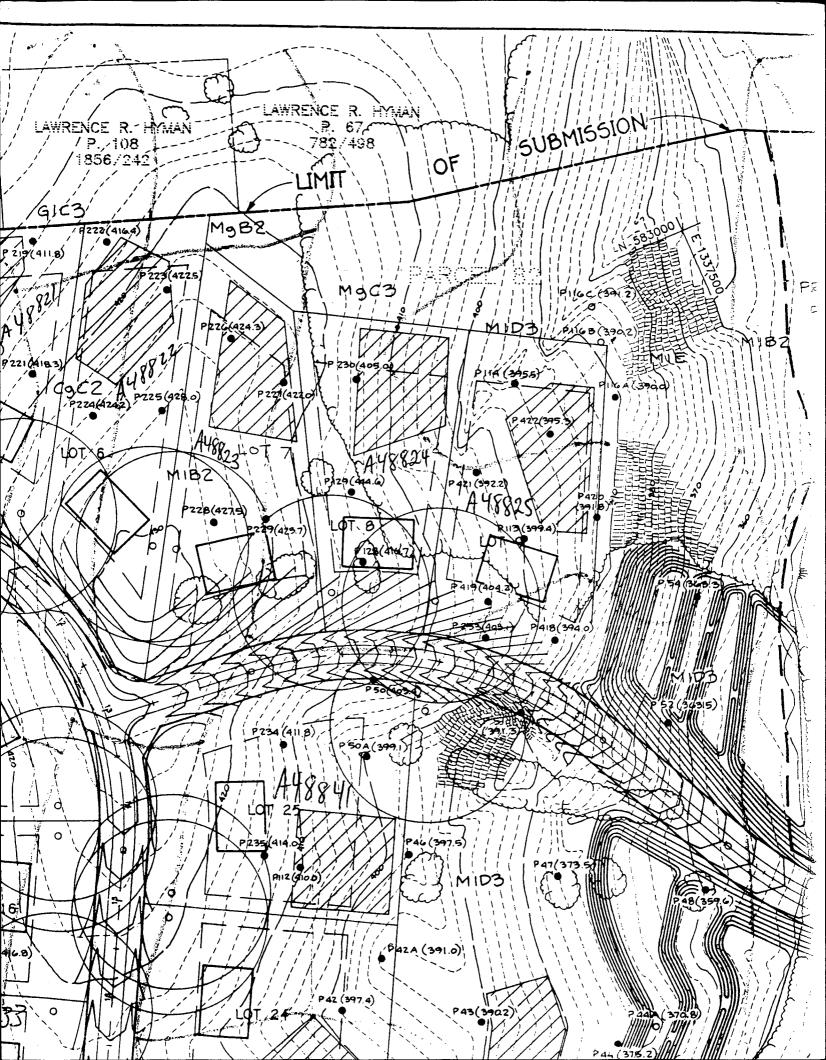
APPLICATION

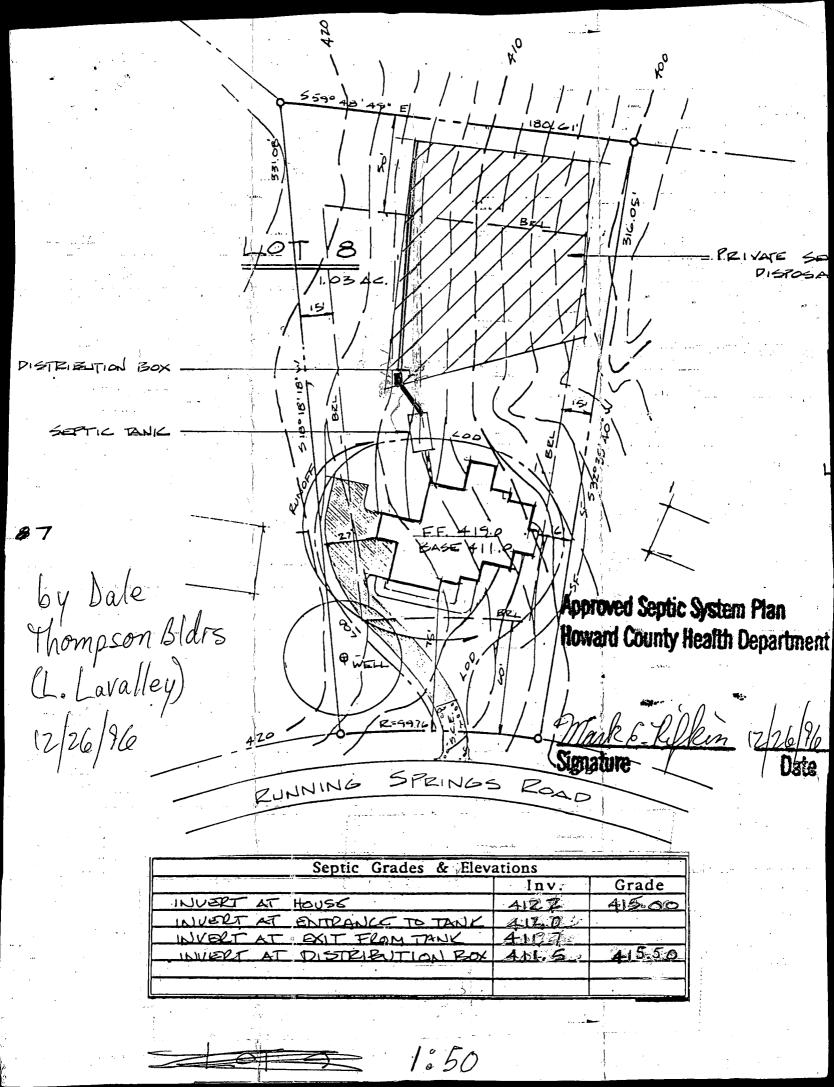
A 48824 PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT DISTRICT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE **TELEPHONE: 313-2640** TO: THE COUNTY HEALTH OFFICER **ELLICOTT CITY, MARYLAND** I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER Joseph M. Zoller, III 11696 Carroll Mill Road ADDRESS Ellicott City, Maryland 21043 PHONE. AGENT OR PROSPECTIVE BUYER ___ SDC Group, Inc. ADDRESS P.O. Box 417, Ellicott City, MD 21041PHONE (410) 465-4244 PROPERTY LOCATION: _____LOT NO. _____8 SUBDIVISION Zoller Property ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road TAX MAP 23 PARCEL# 8,82 & 101 Single Family - 5 Bedwoon SIZE OF LOT 1 Ac +/-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. . (SIGNATURE OF APPLICANT) ____ FOR _ APPROVED BY ____ HOLD PENDING FURTHER TESTS REASONS FOR REJECTION OR HOLDING ____ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #___ SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #

THIS IS NOT A PERMIT

HD-216 (3/92)







| EMERGENCY/TEMP NO. IF ANY | | STATE USE MOUSTRIES JESSUP, MD 20794 |
|--|--|---|
| (MDE USE ONLY) PERMIT | OF MARYLAND TO DRILL WELL print or type | STATE PERMIT NUMBER HO - 93 - 6276 70 fill in this form completely 79 |
| Date Received (APA) OWNER INFORMATION First Name 34 Date Place No. 8 Driller's Name Doseph L. Mayne Well Orice Date B 2 WELL INFORMATION Discorph L. Mayne Date Date Date | MILES FROM TOWN (entrol of B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N | LOCATION OF WELL 21 27 27 28 19 29 20 20 20 20 20 20 20 20 2 |
| APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 12 12 14 20 | TOWN) E | DISTANCE FROM ROAD ENTER FT. OR MI F 7 38 39 TAX MAP: 23 BLK: / Y PARCEL 8 |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) DHOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 1 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) | COUNTY NAME STATE SIGNATURE DATE ISSUED 022296 43 NORTH GRID 50 | NOT TO BE FILLED IN BY DRILLER 4824 HEALTH DEPARTMENT APPROVAL 4824 COUNTY NO. INSERT. S O SIGNATURE EAST 0825000 EAST 0825000 EAST 08250000 EAST 08250000 |
| APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEARES INCH | SHOW MAJOR FEATUR BOX & LOCATE WELL WITH AN X SOURCES OF DRILLIN | RES OF 8/12/96 9:30 |
| METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY AIR-ROTARY AIR-PERcussion ROTARY (Hydraulic Rotary Other REVerse-ROTary OTHIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELD WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED | FROM THE MAP HERE E S N 5 DRAW A SKETCH BELC RELATION TO NEARBY | A 1 / |
| 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 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP PERMIT NUMBER 54 63 | West pship Ferenship | DUMPSER TITLE |
| FORCE | | |

COUNTY

| C 1 0248 SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. | | | | |
|--|---|---|--|--|--|--|
| (THIS NUMBER IS TO BE PUNCHED IN COLS: 3 ² 6 ON ALL CARDS) | FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE | COUNTY A 18 48824 | | | | |
| | Depth of Well 22 3 0 0 26 (TO NEAREST FOOT) 26 | PERMIT NO. FROM "PERMIT TO DRILL WELL" | | | | |
| OWNER Thompson Dale | | | | | | |
| SUBDIVISION QUARTERFIELD SECTION LOT & | | | | | | |
| WELL LOG . Not required for driven wells | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) | C 3 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 additional sheets if needed) FROM TO bearing | NO. OF BAGS 20 NO. OF POUNDS 1880 | PUMPING RATE (gal. per min.) | | | | |
| Sand 0 88 | DEPTH OF GROUT SEAL (to nearest foot) from 7 ft. to 7 1 ft. | METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) | | | | |
| Sand 0 88 Gray Mica Pork 88 300 - | (enter 0 if from surface) casing CASING RECORD | BEFORE PUMPING 45 tt. | | | | |
| anay puca very o 0 se | types insert appropriate code STEEL CONCRETE | WHEN PUMPING 199 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 TYPE (nearest inch)! (nearest foot) | C centrifugal R rotary (describe below) | | | | |
| | 5 / 6 6 9 / 7 , | jet Submersible | | | | |
| | OTHER CASING (if used) C diameter depth (feet) | PUMP INSTALLED | | | | |
| | inch from to | DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) | | | | |
| | N C | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. | | | | |
| | screen type SCREEN RECORD or open hole STBR HO | TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29 | | | | |
| | appropriate STEEL BRASS OPEN BRONZE HOLE | CAPACITY: GALLONS PER MINUTE | | | | |
| NUMBER OF UNSUCCESSFUL WELLS: | below PLASTIC OTHER | PUMP HORSE POWER | | | | |
| WELL HYDROFRACTURED YES | C 2 DEPTH (nearest ft.) | PUMP COLUMN LENGTH (nearest ft.) | | | | |
| CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED | E 1 HO 91 1300 21 | CASING HEIGHT (circle appropriate box and enter casing height) | | | | |
| E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION | H S 2 | LAND SURFACE (nearest) foot) | | | | |
| I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND | R E 3 | LOCATION OF WELL ON LOT | | | | |
| 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. | SLOT SIZE 1 2 3 | SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES | | | | |
| TYPE: MWD/MSD/MGD DRILLERS LIC. No. 24 | 56 60 from to | (MEASUREMENTS TO WELL) | | | | |
| Joseph L mayre | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT | | | | | |
| DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) | F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) | \ , all | | | | |
| LIC NO. LAND O. 100 O | T (E.R.O.S.) W Q | 15 W | | | | |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | TELESCOPE LOG OTHER DATA | Runnin of Springe Rd. | | | | |
| responsible for strework it different from permittee) | CASING INDICATOR COUNTY | wunnen q | | | | |

