HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH** XX60X9033

313-2640

10/21/97 needs house conn

SEWAGE DISPOSAL SYSTEM

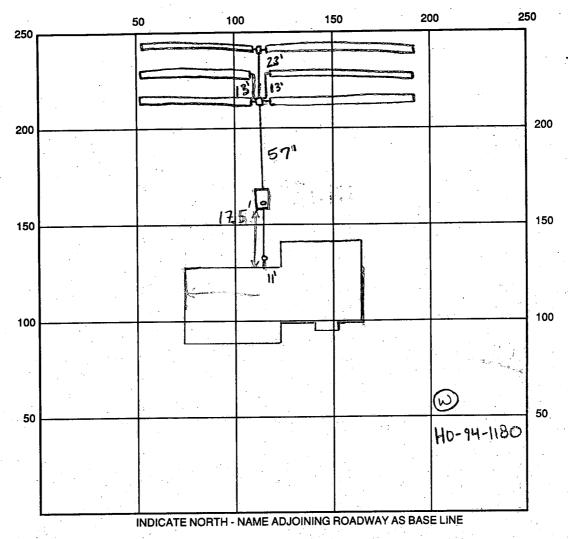
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	590	02B
	0	

A48832

IN	SPECTO	R_/	La K	MA	j

	INDEXEL)	INSPECTOR	1 -3/16 1 1 1 1 and
Fogle's Septic Clean, Inc.	·	IS PERMITTED T	O INSTALL X . AL	TER
ADDRESS 558 Obrecht Road Sykesy	ille, MD 21784	PHONI	E (410) 795-567	74
SUBDIVISION Quarterfield	LOT16	ROAD 11620 Qu	uarterfield (Driv	7e
PROPERTY OWNER	Kerry Spavon		· · · · · · · · · · · · · · · · · · ·	<u></u>
ADDRESS			· · · · · · · · · · · · · · · · · · ·	
SEPTIC TANK CAPACITY 250 GALLONS		·		
NUMBER OF BEDROOMS 5	•			j
180 SQUARE FEET PER BEDROOM				, .
LINEAR FEET OF TRENCH REQUIRED 300	. ·			
same lot line. Run tre NOTES - No trench to exceed 100 cap to grade or above o	O feet in length.	Provide 6" - 8"	diameter clean	out and
	<u></u>	· · · · · · · · · · · · · · · · · · ·		
PLANS APROVED BY Mark Rifkin	<u> </u>	<u> </u>	DATE06/	30/97
COVER NO WORK UNTIL INSPECTED AND APPROVED				
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALT	TH DEPARTMENT IS RESPONS	SIBLE FOR THE SUCCESSFUL	OPERATION OF ANY SYSTE	EM ·
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWE ACCEPTABLE.	ER LINE AND/OR AT 90° SW	EEPS IN LINES FROM HOUS	SE TO DRAIN FIELDS, 90°	ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DIS AUTHORIZED)	TRIBUTION BOX TRENCHES)	TO BE 100 FEET FROM W	ELL (UNLESS OTHERWISE	
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPEC	TION BEFORE AND AFTER PLA	ACING GRAVEL IN TRENCH(ES) MO REMIRNE	5/14/01
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETE	R NO ABSORPTION TRENCH	TO EXCEED 100 FEET IN LENG		DAZI · Sfd- fin, asm t for
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE	CAST IRON OR SCHEDULE 35/	40 PVC OR ABS AND R	ELURNED 4-16-	98 con h
PERMIT VOID AFTER TWO YEARS		Street	1# 13/0/11/129	(0)
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY W PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS			TRON. CONCRETE OR TER	
NOTE: DISTRIBUTION BOYES MUST HAVE RAFELES	•			J.



SEPTIC TANK LEVEL OK, 1500 gallons cleanouts I on tank, lat house
DISTRIBUTION BOX LEVEL OR
DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.
EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 5x60 FT. → 300
NUMBER OF TRENCHES 6 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.
DRYWALL INSIDE DIAMETERFT. EFFECTIVE DEPTH BELOW INLETFT.
ABSORBENT AREASQ. FT.
REMARKS: 10/20/97 no house conn, ok to continue KM/ALM
10/21/97 ok to cover all work needs house conn (KM) 11/3/97 OK TO COVER ALL (MR)
DATE SYSTEM APPROVED W3197 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

P_____

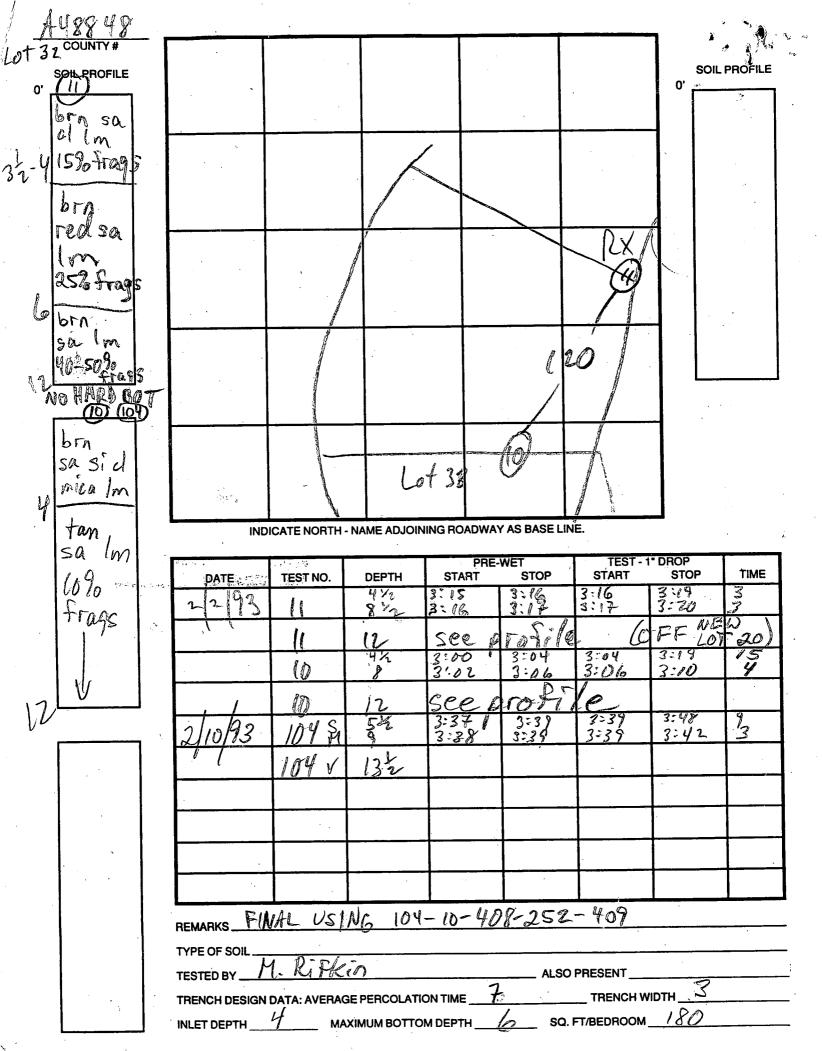
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT	
_	1/-/-
DATE	77/93

	TELEPHONE: 313-2640	DATE
	TELEPHONE: 313-2040	
TO:	THE COUNTY HEALTH OFFICER	
٠٠.	ELLICOTT CITY, MARYLAND	
	ELLIOOT ON 1, MARTIDANO	<i>d</i> •
	1 HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION F	FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
	PERTYOWNER Joseph M. Zoller. III	Repeu Snavon
FHOI	11696 Carroll Mill Road	
	ADDRESS Ellicott City, Maryland 2104	/.3
	ADDRESS Ellicott City, Haryland 210-	4 3 PHONE
AGEN	TOR PROSPECTIVE BUYER SDC Group, Inc.	<u> </u>
	ADDRESS P.O. Box 417, Ellicott City,	MD 21041PHONE (410) 465-4244
	•	····
DD O	PERTY LOCATION:	
		.0/16
	Tallan Duanantu	× 1200 / 6
SUBL	DIVISION Zoller Property	LOT NO.
	•	
ROAL	AND DESCRIPTION Northeast quadrant Folly	y Quarter Road and Carroll Mill Road
	(1420 (D) + 0:118	(T) -)
	intersection. 1/1/28 Quarter Field	
		AND DEFURNED 6-30-92
TAXI	MAP 23 PARCEL# 8,82 & 101	Serial # 2510/04487
017E	OFLOT Ac +/-	Typerine Single Family - & Bame
3125	OP LOT	(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE	SYSTEM INSTALLED LINDER THIS APPLICATION IS ACCEPTABLE O	ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
		ONE OTHE CODES MORNING SECOND MANDEL. FOLE GIBERGIAND THE
	COMMENTED WITH THE SHING OF THE DEPO TEST ADDITIONAL	TION IS NOW SEELING AND A MARKET AND SEELING AND A SEELING
ree	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICAT	TION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COM	PLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LOT.	(SIGNATURE OF APPLICANT)
		(SIGNATURE OF APPLICANT)
APP	ROVED BY F	FOR DATE
DISA	PPROVED BY	
HOLE	PENDING FURTHER TESTS	
	A=0.0 A10	40 26-108
REAS	SONS FOR REJECTION OR HOLDING PERC OK – HO	ND FOR PLAT TIL H2483
0501	COLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	,
r ent	CONTROL FEST FLATFRELIMINANT PLAT - TITLE UK I.U. #	DATE
SITE	DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #	DATE

THIS IS NOT A PERMIT

HD-216 (3/92)



APPLICATION

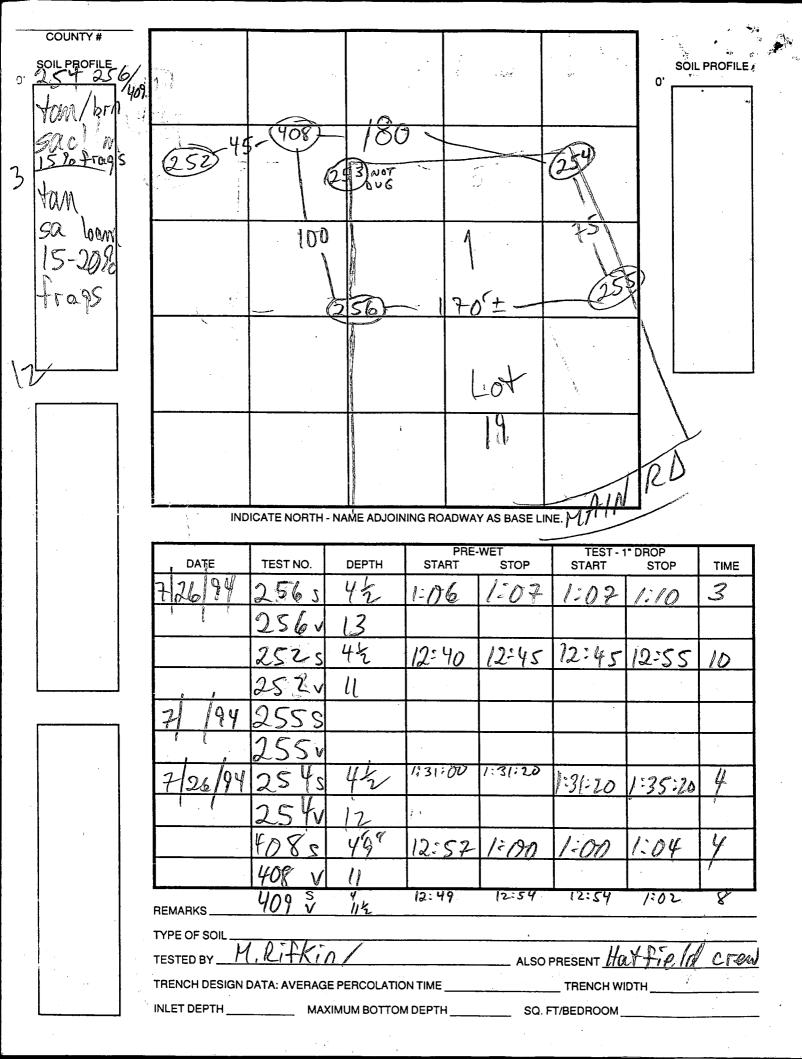
PERCOLATION TESTING

A 48832

		, P
HOWARD COUNTY HEALTH DEPARTMENT		DISTRICT
BUREAU OF ENVIRONMENTAL HEALTH		
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 2104 TELEPHONE: 313-2640	13	DATE
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND		
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLIC	ATION FOR PERMIT TO	CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTYOWNER Joseph M. Zoller, III 11696 Carroll Mill Road ADDRESS Ellicott City, Maryland		·
AGENT OR PROSPECTIVE BUYER SDC Group, Inc.		
ADDRESS P.O. Box 417, Ellicott Ci	•	
PROPERTY LOCATION:		
SUBDIVISION Zoller Property		_LOT NO
ROAD AND DESCRIPTION Northeast quadrant F		
intersection.		
TAX MAP 23 PARCEL# 8,82 & 101		
SIZE OF LOT 1 A c + / -	TYPE BLDG	3. Single Family (SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTA	ABLE ONLY UNTIL PUI	BLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST AF	•	Six Gard Ruc
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS	.	SIGNATURE OF APPLICANT)
APPROVED BY	FOR	DATE
DISAPPROVED BY	FOR	DATE
HOLD PENDING FURTHER TESTS		· · · · · · · · · · · · · · · · · · ·
REASONS FOR REJECTION OR HOLDING		
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #		DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		DATE

THIS IS NOT A PERMIT

HD-216 (3/92)



APPLICATION

PERCOLATION TESTING

A 488 872

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HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

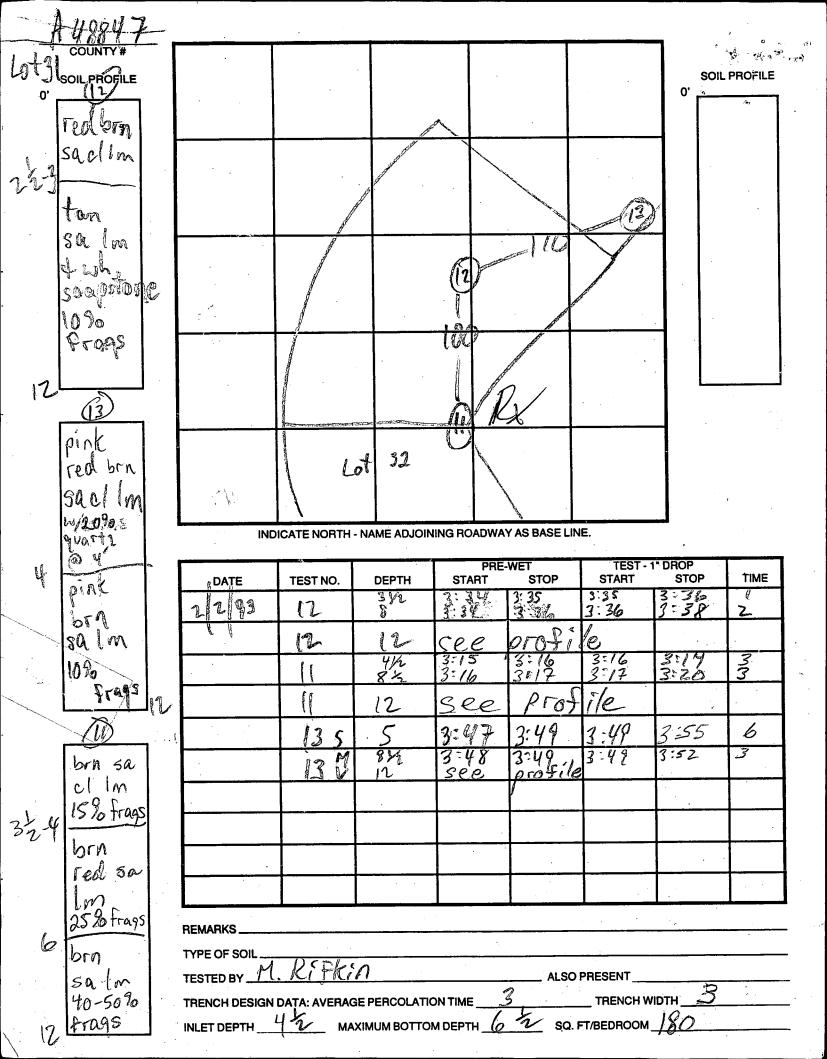
DISTRICT		
DATE_	1/7/93	

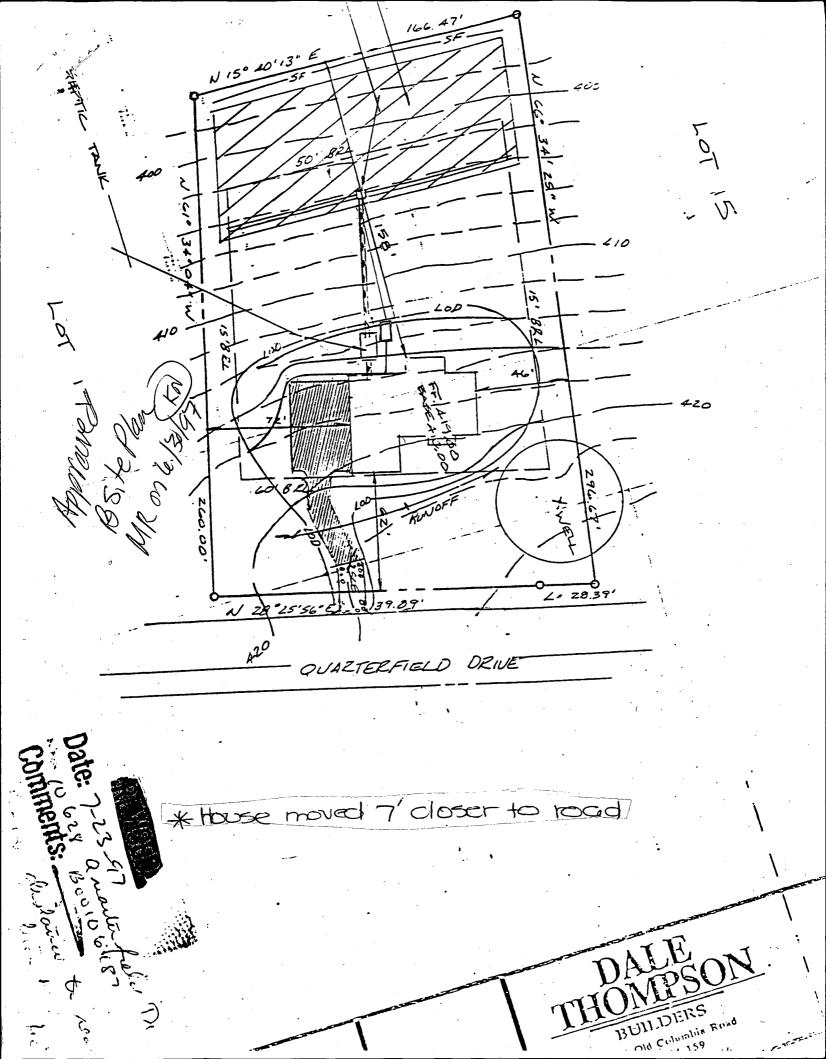
TO: THE COUNTY HEALTH OFFICER

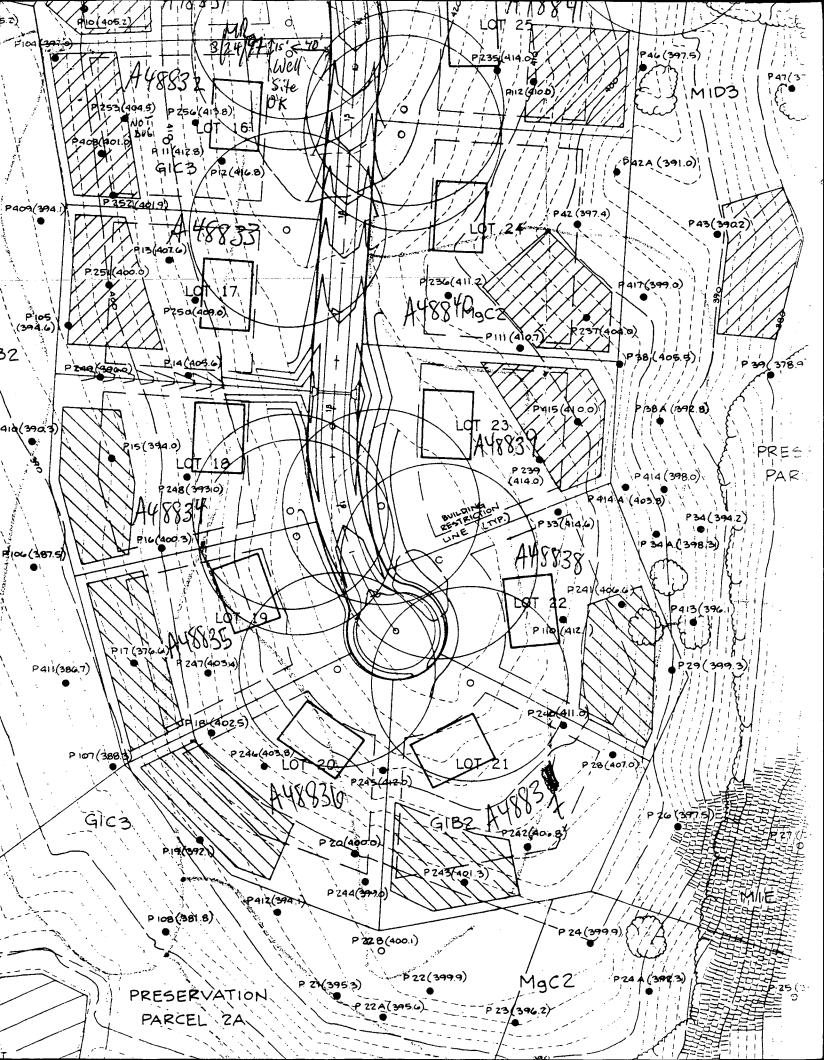
ELLICOTT CITY, MARYLAND
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Joseph M. Zoller, III 11696 Carroll Mill Road
ADDRESS Ellicott City, Maryland 21043 PHONE
AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
ADDRESS P.O. Box 417, Ellicott City, MD 21041PHONE (410) 465-4244
PROPERTY LOCATION:
SUBDIVISION Zoller Property LOTNO. 3 PO 16
ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection.
TAX MAP 23 PARCEL # 8,82 & 101
SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family (SINGLE FAMILY DWELLING OR COMMERCIAL)
(SINGLE / AIRLET DWELLING ON COMMENCIAL)
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. BY SIGNATURE OF APPLICANT)
APPROVED BY
DISAPPROVED BY
HOLD PENDING FURTHER TESTS
REASONS FOR REJECTION OR HOLDING PERC OK - HOLD FUR PLAT 3/26/93 M/
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # DATE DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #

THIS IS NOT A PERMIT

HD-216 (3/92)







C 1 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
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 A 48832
ST/CO USE ONLY DATE WELL COMPL DATE Received	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL" FROM " 94 - 1/80
MM DD 4Y 6 20 9	22 405 26 UN 20 (TO NEAREST FOOT)	$63000 \frac{40 - 94 - 1180}{28 \cdot 29 \cdot 30 \cdot 31 \cdot 32 \cdot 33 \cdot 34 \cdot 35 \cdot 36 \cdot 37}$
OWNER Thompson	DALE	
STREET OR RFDlast name DUARTER	FIELD OR. first name TOWN W	lestfriewdship
SUBDIVISION SUARTER	4(00T) PO	LOT
WELL LOG Not required for driven wells	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)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT CIM BENTONITE CLAY BC	8 9
	NO. OF BAGS 46 / NO. OF POUNDS 45 46 8 SALLONS OF WATER 102	PUMPING RATE (gal. per min.)
Sand 0 76	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket
	from 6 tt. to 5 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Gray Mica Rock 76 405 1	casing CASING RECORD	BEFORE PUMPING 17 20 ft.
	types insert appropriate STEEL CONCRETE	WHEN PUMPING 230 ft.
	appropriate code below PL OT	TYPE OF PUMP USED (for test)
	PLASTIC OTHER	A air P piston T turbine
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	27 27 27 other
grand to the feet	SF (nearest inch)! (nearest toot)	centrifugal R rotary (describe below)
	60 61 63 64 66 70	J jet Submersible
	E OTHER CASING (if used) A diameter depth (feet) C inch from to	27 27
		DRILLER WILL INSTALL PUMP DRILLER WILL INSTALL PUMP YES , NO
	\$ N	(CIRCLE) (YES or NO)
	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
	insert STEEL BRASS OPEN	IN BOX 29. CAPACITY:
	code below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35
	PLASTIC OTHER	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
yes (no')	$\begin{bmatrix} 1 & H & O \\ 8 & 9 \end{bmatrix} = \begin{bmatrix} 18 & H & OS \\ 11 & 15 \end{bmatrix} = \begin{bmatrix} 17 & 21 \\ 17 & 21 \end{bmatrix}$	ASSING HEIGHT (circle appropriate box
WELL HYDROFRACTURED Y	A C 2	above and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	H ² 23 24 26 30 32 36 S	LAND SURFACE (nearest)
WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below) (matesty foot)
P TEST WELL CONVERTED TO PRODUCTION WELL	E E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	N DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
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.	OF SCREEN INCH) from to	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M S DO 2 4	GRAVEL PACK	W (merositements to week)
beech to Maine	IF WELL DRILLED WAS FLOWING WELL	\$
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68 MDE USE ONLY	ante 4 c
LIC. NO. 1 M S D 2 2 2 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	The side of the
Land Maine	. 70 72 ÷	£ 15.
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76	D
	CASING INDICATOR OTHER DATA COUNTY	₩

	EMERGENCY/TEMP NO. IF ANY		STATE USE BOUNTRIES JESSUP, MD 20794
B 1 1921 SEQUENCE NO (MDE USE ONL) 1 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	Y) PERMIT TO	MARYLAND DRILL WELL int or type	STATE PERMIT NUMBER
Date Received (APA)	NFORMATION First Name 34 U M B I A RD FFD 55	B 3 HOWARD B COUNTY GUARFER 23 SUBDIVISION SECTION 44: 46	LOCATION OF WELL 21 F/ P/ P/ P P P P P P P P P P P P P P P P
DRILLER INFORMATION JOSEPH L. MAYNO Driller's Name JOSEPH L. MAYNO Firm Name SS12 RiDGERD. 1	e Well Drilling	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	FO If in town) H MI TO IT IN TOWN TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN
Address Signature B 2 WELL INFORT APPROX. PUMPING RATE (GAL. PER N AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	(N B B B B B B B B B B B B B B B B B B B	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34
USE FOR WATER (CIRC DHOME (SINGLE OR DOUBLE IN FARMING (LIVESTOCK WATER IRRIGATION) INDUSTRIAL, COMMERCIAL, SOTHER (REQUIRES APPROPRIATION PERMIT AND APPROVAL) TEST, OBSERVATION, MONITO APPROPRIATION PERMIT)	LE APPROPRIATE BOX) HOUSEHOLD UNIT ONLY) ING & AGRICULTURAL TATE AND FEDERAL GOV. IATION PERMIT) COMPANY (REQUIRES STATE HEALTH DEPARTMENT	COUNTY NAME STATE SIGNATURE DATE ISSUED OS 2 7 17	TAX MAP: BLK: PARCEL NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL A 48832 COUNTY NO. INSERT S O SIGNATURE
APPROXIMATE DEPTH OF WELL APPROXIMATE DIAMETER OF WELL METHOD OF DRIL	NEAREST INCH	SHOW MAJOR FEATURE BOX & LOCATE WELL _ WITH AN X SOURCES OF DRILLING 1. WCA_ 2.	G'20 Grout
BORED (or Augered) 30 AIR-ROTary AIR-PERcussion CABLE REVerse-ROT ottler REPLACEMENT OR C (CIRCLE APPROF	Eary <u>DR</u> ive- <u>POINT</u> DEEPENED WELLS	WRITE THE BOX NUMB FROM THE MAP HERE E 8284	+ ALM
THIS WELL WILL NOT REPLACE A W	E AN EXISTING WELL /ELL THAT WILL BE /ELL THAT WILL BE USED AS APPROVING AUTHORITY FOR EXISTING WELL	RELATION TO NEARBY	TO NEAREST ROAD JUNCTION REPLACE REPL
Not to be filled in by driller (MC APPROP. PERMIT NUMBER 54 FORCE MITALS: PERMIT No.	DE OR COUNTY USE ONLY) GAP 63	40	West Fire DO
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHE	ET IF NEEDED		⊕ J

