3/17/97 p.m. c.o

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

A 48839

DISTRICT 3rd

DATE SYSTEM APPROVED

NSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

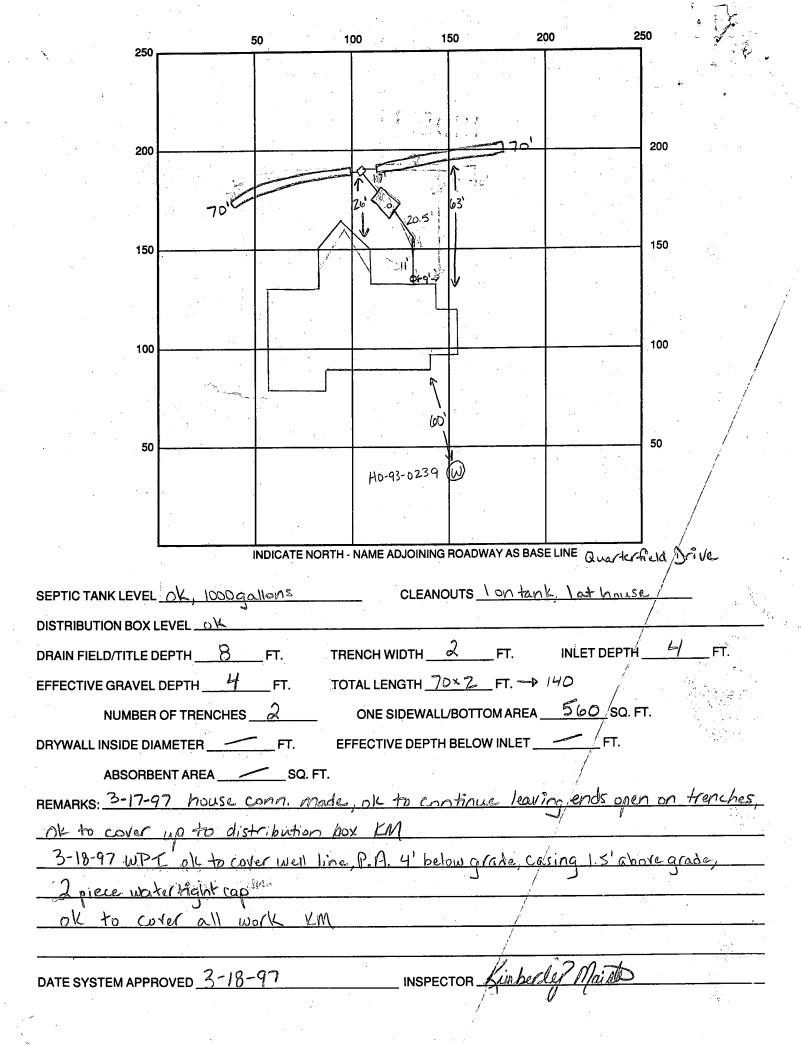
313-2640

	INSPECTOR KINC
Fogle's Septic Clean, Inc. IS PER	RMITTED TO INSTALL X ALTER
ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784	PHONE 795-5674
SUBDIVISION Quarterfield LOT 23 ROAD 1	1635 Quarterfield Drive
PROPERTY OWNER Dr. Diane Feng	
ADDRESS	
	nout will be required if top nk is greater than 3.0 feet ***
180SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 135	
TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original depth 8 feet below original grade. Effective are original grade. 4 feet of stone below distribution LOCATION - Begin trenches 175.00 feet up the left lot line at line as seen when facing the lot from Quarterfiel	a begins at 4 feet below on pipe. nd 75 feet off that same lot
contour in both directions. NOTES - No trench to exceed 100 feet in length. Provide cap to grade or above on septic tank. OK/MC	6" - 8" diameter cleanout and
PLANS APROVED BY Amy McMillen	DATE09/30/96
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SU	UCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES F ACCEPTABLE.	FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEE AUTHORIZED)	T FROM WELL (UNLESS OTHERWISE SPECIFICALLY
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 F	EET IN LENGTH GLOG. PERMIT SIGNED
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS	AND RETURNED 7-9-98
PERMIT VOID AFTER TWO YEARS	Sevill Broll 2885
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAM PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE F	METER CAST IRON. CONCRETE OR TERRA COTTA OR REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



APPLICATION

PERCOLATION TESTING

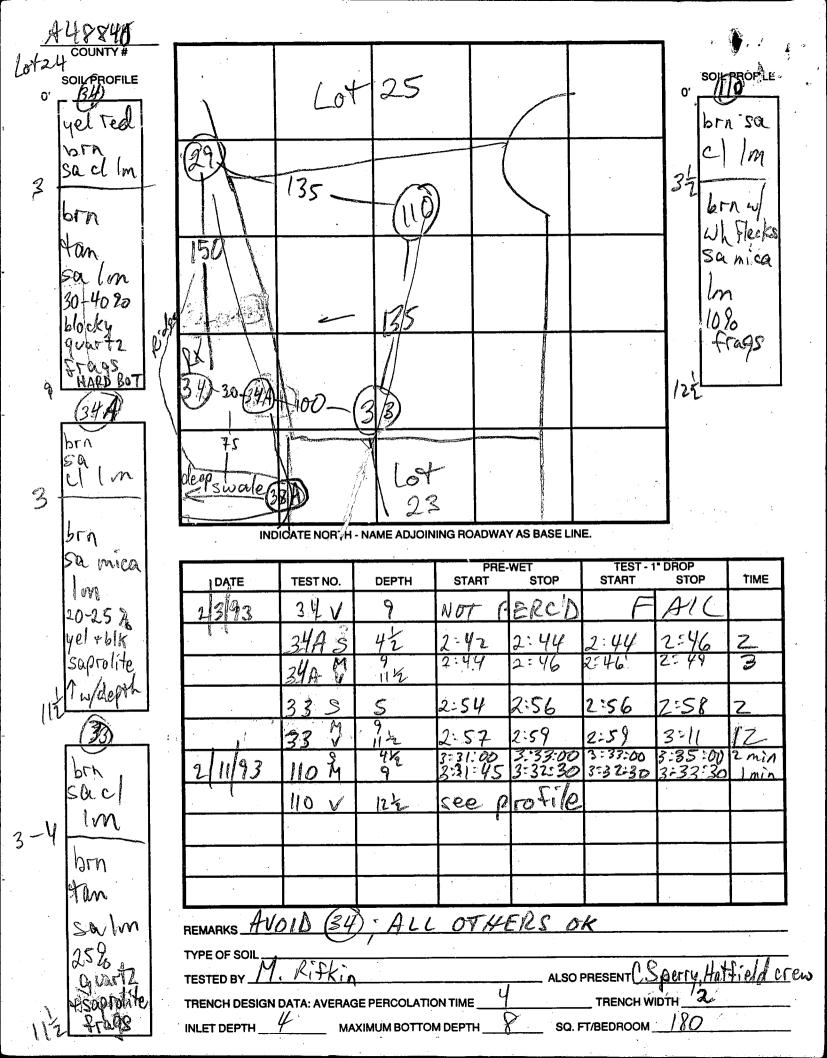
HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH** 3525-H EŁLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 **TELEPHONE: 313-2640**

DISTRICT DATE 1/7/

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICAT	TION FOR PERMIT	TO CONSTRU	JCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Joseph M. Zoller, III	Dr.	DIANE	FENG
11696 Carroll Mill Road			
ADDRESS Ellicott City, Maryland 2	1043	PHONE	
AGENT OR PROSPECTIVE BUYER SDC Group, Inc.	`		· · · · · · · · · · · · · · · · · · ·
ADDRESS P.O. Box 417, Ellicott Cit	y, MD 21	<u>041</u> PHONE	(410) 465-4244
PROPERTY LOCATION:			
SUBDIVISION Zoller Property		LOT NO	2 PO 15 23
ROAD AND DESCRIPTION Northeast quadrant Fo	lly Quar	ter Ro	ad and Carroll Mill Road
intersection. (11433 Quant	tex field	Drivis	BLDG. PERMIT SIGNED
			AND RETURNED 9/31/04 Serial # Bod 102364
TAX MAP 23 PARCEL# 8,82 & 101		4	Lecal # for 102364
SIZE OF LOT 1 A c +/-	TYPE	BLDG S	ingle Family - 3 Banu
0.22 0.1			(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTAB	BLE ONLY UNTI	L PUBLIC FAC	CILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPI	LICATION IS NO	N-REFUNDAB	LE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS L			Grovi Tize
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS L	.or	120-	(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)

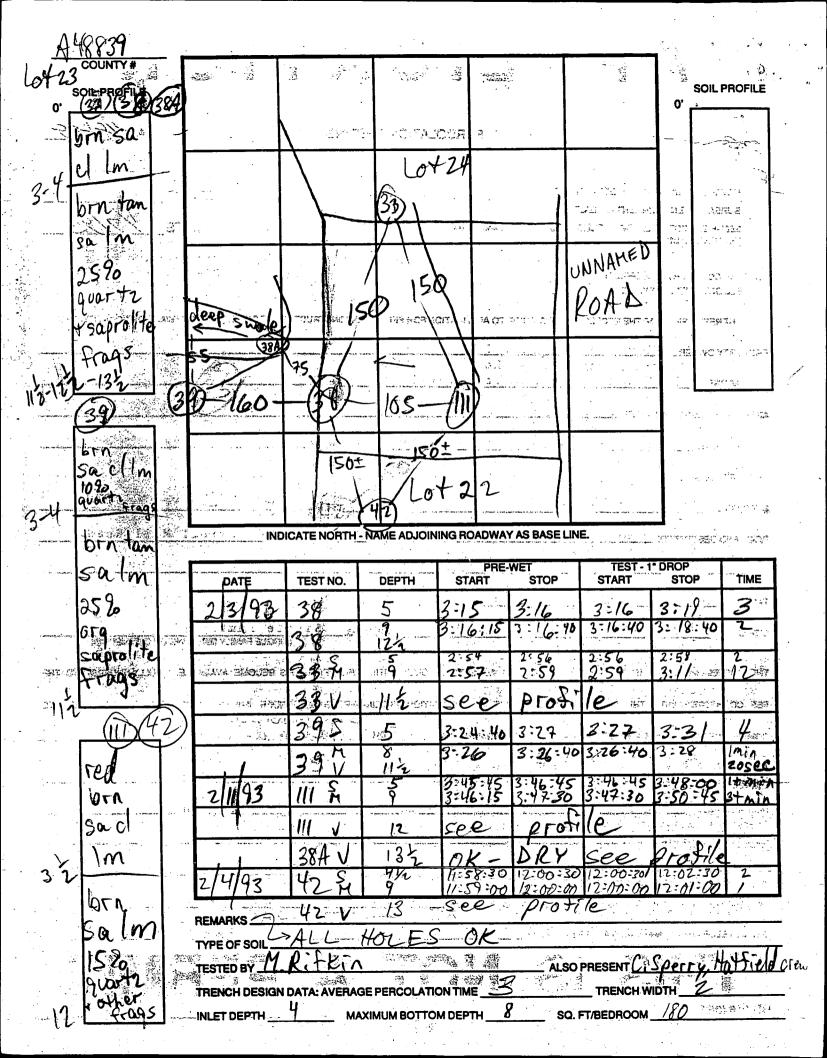


APPLICATION

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·					P
HOWARD COUNTY HEALTH DEF			•	DISTRICT_	
BUREAU OF ENVIRONMENTAL!			2-1 ·	DATE	1/7/93
3525-H ELLICOTT MILLS DRIVE/		1043	ام مارون مارون درون درون درون درون درون درون درون د	DATE_	
O: THE COUNTY HEALTH OFFICER	· • • • • • • • • • • • • • • • • • • •				·
ELLICOTT CITY, MARYLAND					
					OF DISPOSAL SYSTEM
I HEREBY APPLY FOR THE NEC		LICATION FOR PERMIT T	O CONSTRUCT (OH REC	JNSTRUCT) A SEWAL	BE DISPOSAL STSTEM.
PROPERTY OWNER Joseph	M Zoller III	<u>.</u>		* *****	
11696 Ca	rroll Mill Road	i	-		
ADDRESS Ellicott			PHONE		
-					
AGENT OR PROSPECTIVE BUYER	SDC Group, Inc	c	12.1		·
ADDRESS P.O. Box PROPERTY LOCATION:	417, Ellicott (City, MD 210	4 1 PHONE (4 10)		
PROPERTY LOCATION: SUBDIVISION Zoller Pr	operty		LOT NO23	12 4	
PROPERTY LOCATION: SUBDIVISION Zoller Pr	operty		LOT NO23	12 4	
ADDRESS P.O. Box PROPERTY LOCATION: SUBDIVISION Zoller Pr ROAD AND DESCRIPTION Nort intersection.	operty		LOT NO23	12 4	
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PROPERTY LOCATION: SUBDIVISION Zoller Pr ROAD AND DESCRIPTION Nort intersection. TAX MAP 23 PARK	operty heast quadrant	Folly Quart	LOT NO. 23 Ler Road and	Carroll M Carroll M	ill Road
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PROPERTY LOCATION: SUBDIVISIONZoller Pr ROAD AND DESCRIPTIONNort intersection. TAX MAP23PARG SIZE OF LOTl Ac +/- THE SYSTEM INSTALLED UNDER FEE CONNECTED WITH THE FIL COMPLY WITH ALL M.O.S.H.A. RE APPROVED BY	heast quadrant CEL# 8,82 & 101 THIS APPLICATION IS ACCE LING OF THIS PERC TEST EQUIREMENTS IN TESTING TO	FOILY QUART TYPE B EPTABLE ONLY UNTIL APPLICATION IS NON HIS LOT	LOT NO	Carroll M Family FAMILY DWELLING COME AVAILABLE. I ANY CIRCUMSTANCE URE OF APPLICANT) DATE	ill Road R COMMERCIAL) FULLY UNDERSTAND THEES. I ALSO AGREE 1

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HD-216 (3/92)



APPLICATION

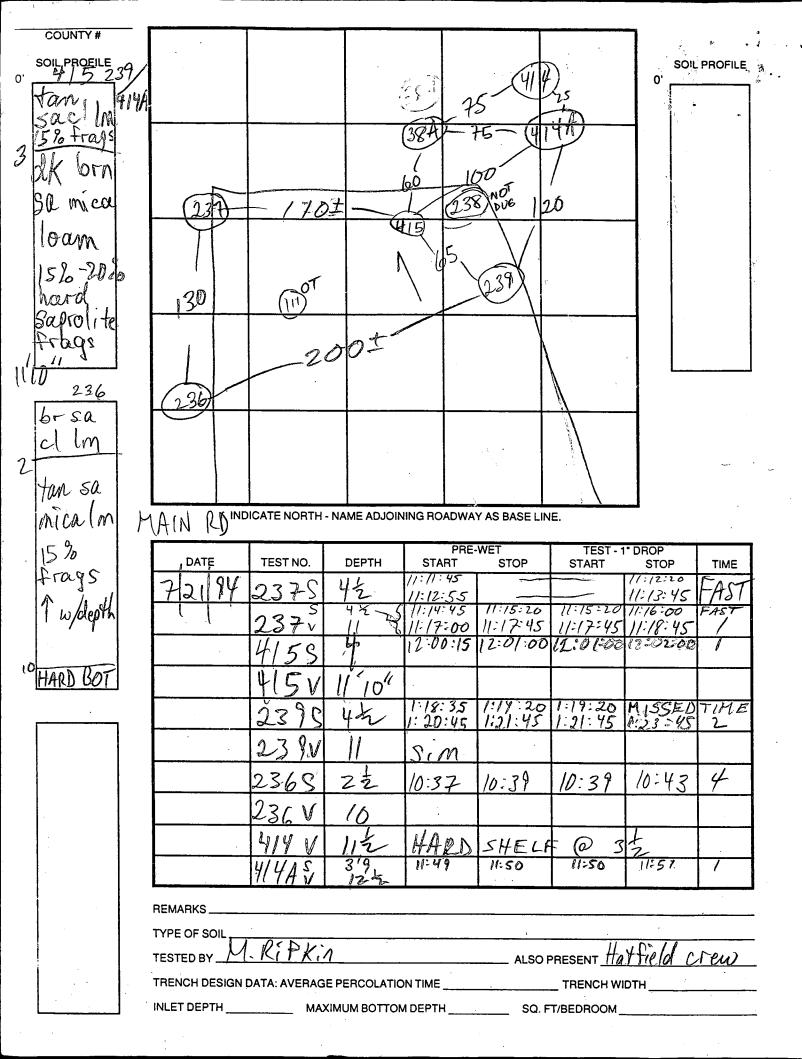
PERCOLATION TESTING

A 48839

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	HOWARD COUNTY HEALTH DEPARTMENT		DISTRICT	
	BUREAU OF ENVIRONMENTAL HEALTH		510111101_	
	3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2840		DATE_	
то:	THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
	I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FO		•	
PROF	ERTYOWNER Joseph M. Zoller, III			
	11696 Carroll Mill Road			
	ADDRESS Ellicott City, Maryland 21043	PHONE _		·
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	ADDRESS P.O. Box 417, Ellicott City, N	1D 2 1 0 4 1 PHONE_	(410) 465-4244	<u> </u>
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TAX I	MAP 23 PARCEL# 8,82 & 101			
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		•	(SINGLE FAMILY DWELLING OF	n COMMERCIAL)
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ON	LY UNTIL PUBLIC FACIL	ITIES BECOME AVAILABLE. I	FULLY UNDERSTAND THE
FEE	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION	N IS NON-REFUNDABLE	E UNDER ANY CIRCUMSTANCI	ES. I ALSO AGREE TO
СОМ	PLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	- 13y;	(SIGNATURE OF APPLICANT)	
APPF	OVED BY FO	R	DATE	
DISA	PPROVED BYF	OR	DATE	····
HOLE	PENDING FURTHER TESTS			
REAS	ONS FOR REJECTION OR HOLDING			
PERC	COLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #		DATE	
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HD-216 (3/92)



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. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 48839	
ST/CO USE ONLY DATE Received Barbara 13 DATE WELL COMPL	Depth of Well 22 3 4 0 26 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
OWNER Thomason	Dale		
STREET OR RFD SUBDIVISION QUARTER FIE	arterfield Drifts name TOWN 6).	Friendship LOT 23/	
WELL LOG Not required for driven wells	GROUTING RECORD (Y) N	C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use FEET check if water	NO. OF BAGS 18 NO. OF POUNDS 45,4692	PUMPING RATE (gal. per min.)	
San a 0 49	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)	
	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface) Casing CASING RECORD	BEFORE PUMPING 43 1. tt.	
Sana 0 49 Gray Mica 49 340 v	types insert appropriate STEEL CONCRETE	WHEN PUMPING 2/15 ft.	
	code 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)	A air P piston T turbine 27 other C centrifugal R rotary O (describe	
	SH 60 5411	J jet S submersible	
	.E OTHER CASING (if used)	27 27	
	diameter depth (feet) inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO	
	S N G	(CIRCLE) (YES or NO) 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) IN BOX 29.	
	insert appropriate code below PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
NUMBER OF UNSUCCESSFUL WELLS:	PLASTIC OTHER	PUMP HORSE POWER	
WELL HYDROFRACTURED Y	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 1 // 0 S / 3 / 0 S 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)	
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL	H s 2	LAND SURFACE January (nearest)	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26,04.04 "WELL CONSTRUCTION" AND	E 3	A 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 DIAMETER (NEAREST OF SCREEN INCH)	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.	56 60 from to	(MEASUREMENTS TO WELL)	
General & . Mayne	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT	Qu _a	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	F IN BOX 68 68 MDE USE ONLY	artu e	
LIC. NO.	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	1 0 E	
SITE SUPERVISOR (sign, of driller or journeyman	70 72 OTHER DATA	8	
responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	•	

COUNTY

(4)

