PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

<u>49861-</u>D

DISTRICT

DATE SYSTEM APPROVED 12/01/78

HOWARD COUNTY HEALTH DEPARTMENT

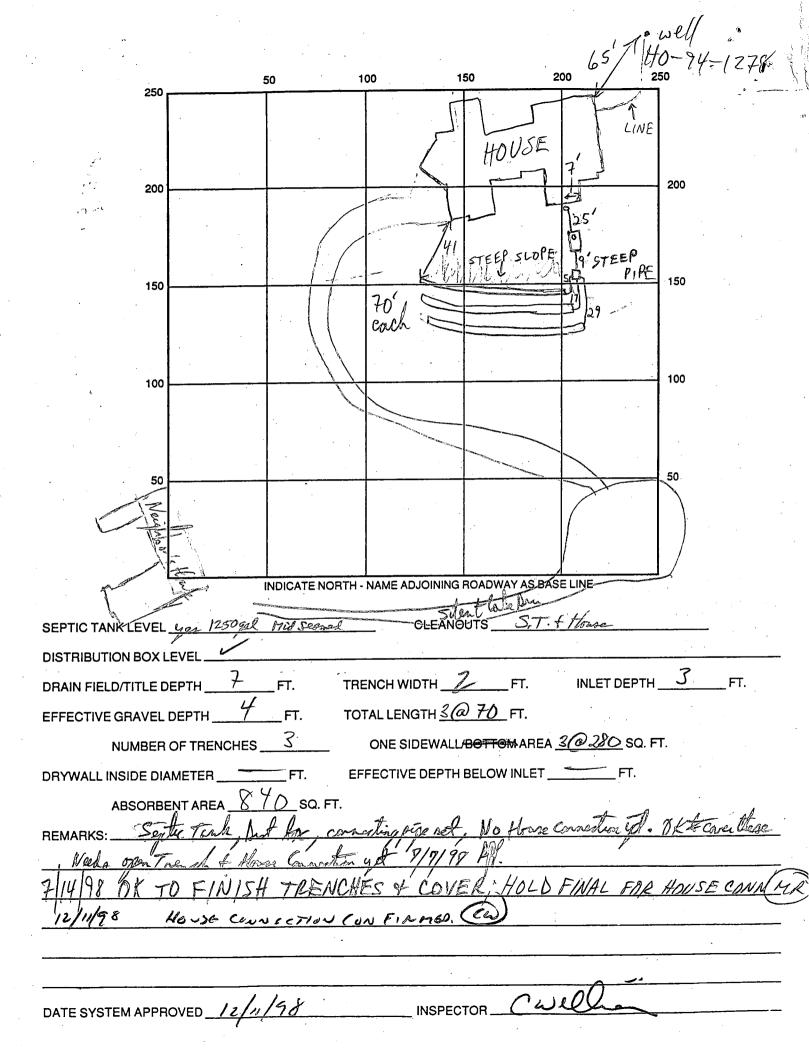
BUREAU OF ENVIRONMENTAL HEALTH

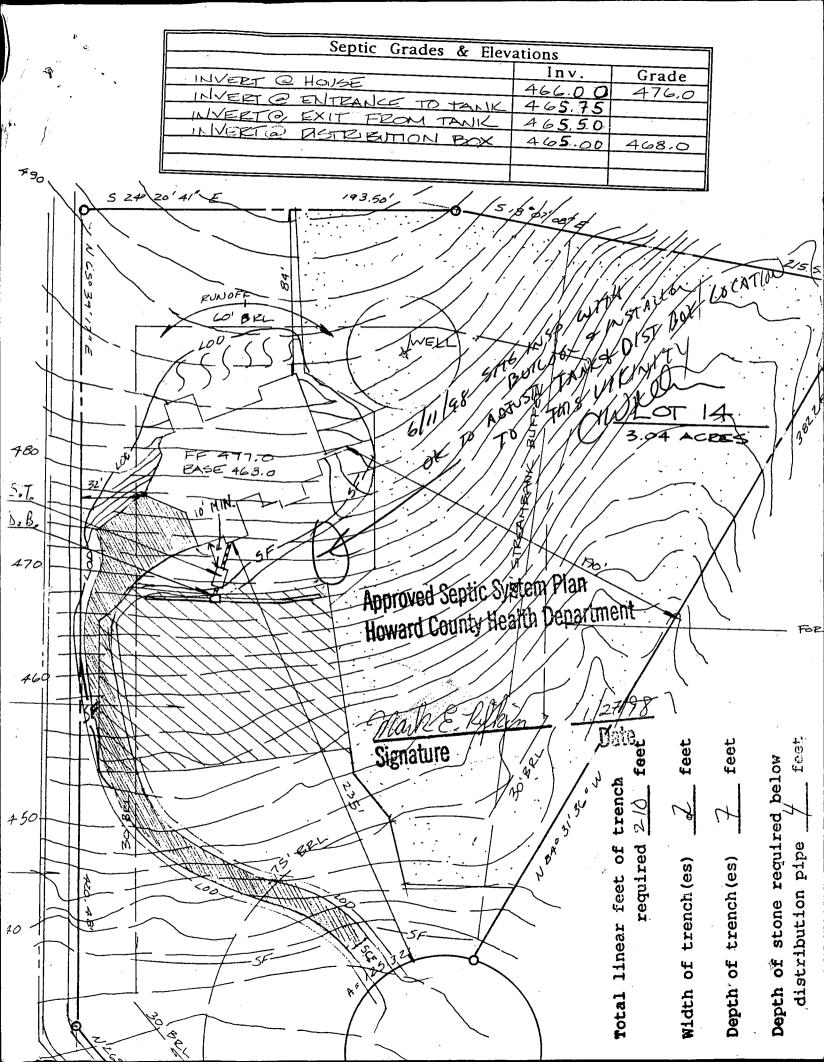
	1 N	DEXED	INSPECTO	OR CW
	Fogle's Septic Clean, Inc.	IS PE	RMITTED TO INSTALL X	_ALTER
ADDRESS	558 Obrecht Road, Sykesville, Maryla	·		
SUBDIVISION	N Springdale Estates LOT 14	4ROAD _	13513 Silent Lake Dr	ive
PROPERTY (OWNER Joe Bert	thold		
ADDRESS		· · · · · · · · · · · · · · · · · · ·		
SEPTIC TAN	K CAPACITY 1250 GALLONS	•		
NUMBER OF	BEDROOMS 4		•	•
210	_SQUARE FEET PER BEDROOM			
LINEAR FEET	FOF TRENCH REQUIRED 210			
	- Trench to be 2 feet wide. Inlet 3 depth 7 feet below original grade original grade. 4 feet of stone below the stone of t	 Effective area below distribution 	begins at 3 feet be n pipe.	elow
LOCATION	 Starting from the left rear lot of left lot line and 70 feet off this 	corner, start the same lot line.	first trench 195 fe Run trenches on con	et down the
NOTES	both directions. - No trench to exceed 100 feet in le cap to grade or above on septic ta	ength. Provide 6 ank. OK 1/20/98 10	" - 8" diameter clea 163	nout and
PLANS APROV	EDBY Mark Rifkin/Kim Maiste		REVISED DATE 12	2/12/97
COVER NO WO	ORK UNTIL INSPECTED AND APPROVED			
NEITHER THE	HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT	IS RESPONSIBLE FOR THE ST	UCCESSFUL OPERATION OF ANY S	SYSTEM
	OUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR TABLE.	AT 90° SWEEPS IN LINES	FROM HOUSE TO DRAIN FIELDS	, 90° ELBOWS NOT
	ARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX PRIZED)	TRENCHES) TO BE 100 FEE	ET FROM WELL (UNLESS OTHER	WISE SPECIFICALLY
NOTE: IF DEE	P TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AN	D AFTER PLACING GRAVEL IN	TRENCH(ES)	
NOTE: NO DR	Y WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION	ON TRENCH TO EXCEED 100 F	EET IN LENGTH	
NOTE: ALL PIP	PE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SO	CHEDULE 35/40 PVC OR ABS		

PERMIT VOID AFTER TWO YEARS

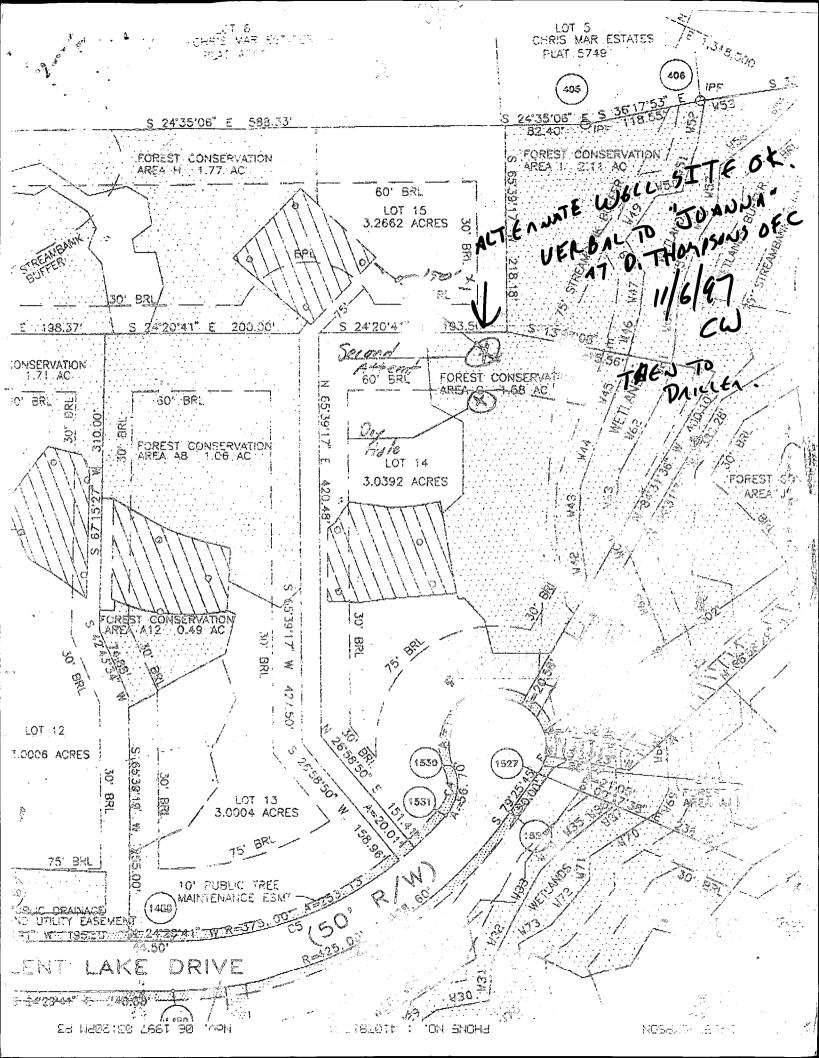
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

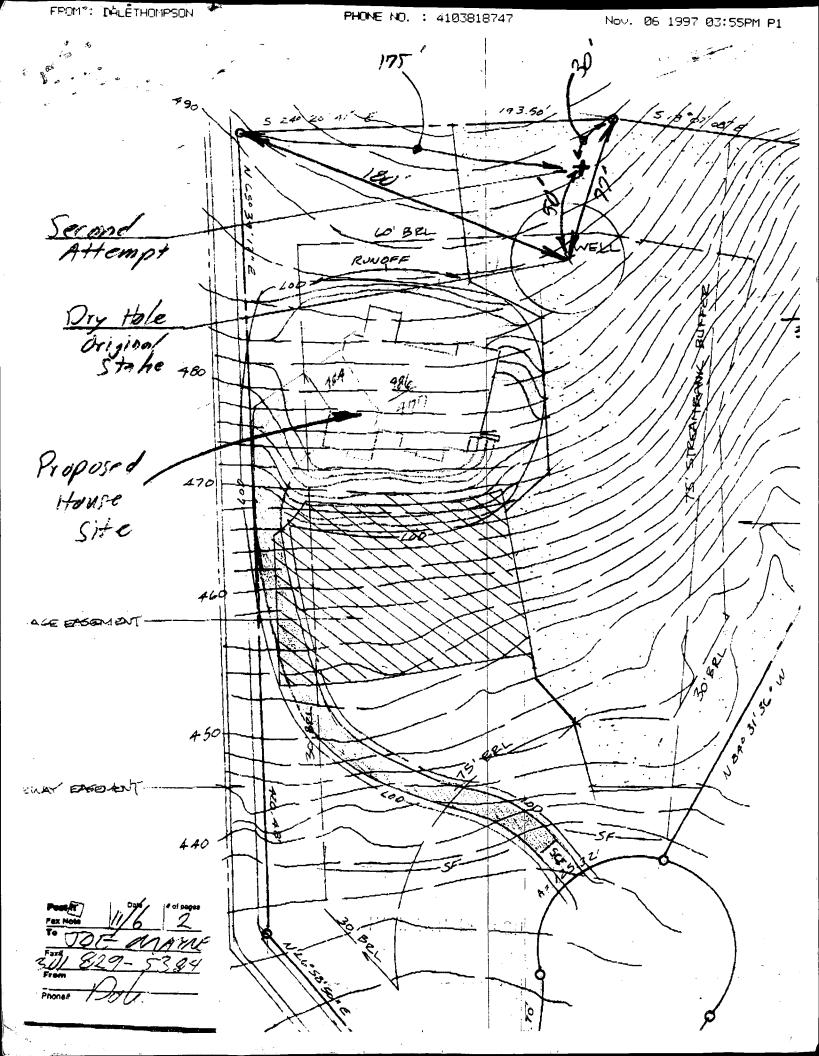
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES





	C 1 9585 SEQUENCE NO.	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.				
	(THIS NUMBER IS TO BE PUNCHED	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 4986/D				
	IN COLS. 3-6 ON ALL CARDS) ST/CO USE ONLY DATE Received DATE WELL COMPL		PERMIT NO. FROM "PERMIT TO DRILL WELL"				
		7 22 20 0 26	40-94-1278				
) 	OWNER Thompson	(TO NEAREST FOOT) Le First name	28 29 30 31 32 33 34 35 36 37				
Care	STREET OR RFD Ident Lake Dr First name TOWN Clarksville SUBDIVISION SPRINGDALE SECTION LOT 14						
	WELL LOG	GROUTING RECORD / yes no	C 3				
19	Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST				
3	PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)				
	DESCRIPTION (Use additional sheets if needed) FROM TO check if water bearing	NO. OF BAGS 20 NO. OF POUNDS 45 86 80 GALLONS OF WATER 20 POUNDS	PUMPING RATE (gal. per min.)				
		DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket				
5 3 7 7 1 A	Sand 0 56 Gray granite 56 200 v	from 6 4 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)				
	Oray grancle S6 200 v	casing CASING RECORD	BEFORE PUMPING 17 20 ft.				
		(insert (S I (C O) (appropriate) STEEL CONCRETE	WHEN PUMPING / / / / / / / / / / / / / / / / / / /				
		code below PLASTIC OTHER	TYPE OF PUMP USED (for test)				
		MAIN Nominal diameter Total depth	air P piston T turbine				
		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)				
		$\begin{bmatrix} S + \\ 60 & 61 \end{bmatrix}$ $\begin{bmatrix} 63 & 64 & 66 & 70 \end{bmatrix}$	J jet S submersible				
1879.Z		OTHER CASING (if used) C diameter depth (feet)	27				
		inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO				
	420 /t. duy hola lilled in with	S N N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION				
	1. 20 1 i with	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED				
	filled in with Cement + drilleng material	or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY				
	deniens + or	appropriate code below BRONZE HOLE D T	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35				
e Garanto	NUMBER OF UNSUCCESSFUL WELLS:	PLASTIC OTHER	PUMP HORSE POWER 37 41				
	WELL HYDROFRACTURED Y (N)	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)				
	CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED	[A H 0 59 1200 21	CASING HEIGHT (circle appropriate box and enter casing height)				
	E ELECTRIC LOG OBTAINED		LAND SURFACE				
	P TEST WELL CONVERTED TO PRODUCTION WELL	C 23 24 26 30 32 36 R	below below foot)				
	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				
	CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	SLOT SIZE 1 2 3 (NEAREST	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS				
	TYPE: MWD/MSD/MGD	OF SCREEN INCH)	(MEASUREMENTS TO WELL)				
	DRILLERS LIC. NO. 024	GRAVEL PACK	1 20 W 30				
San Principalis	DRILLERS SIGNATURE	FLOWING WELL INSERT F IN BOX 68 68	180 34-77				
ا الدرانيان الدرانيان	(MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 027	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	DEYWELL				
S. Carlo	Sarrer Marke	T (E.R.O.S.) W Q	1 Wood				
	SITE SUPERVISOR (sign. of driller or journeyman	70 72 OTHER DATA	silent				
e y wa	responsible for sitework if different from permittee) CASING INDICATOR						
į: ·	COUNTY						





APPLICATION

PERCOLATION TESTING

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

A 49861 D

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

DISTRICT

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

JOE & BERThold **ADDRESS** AGENT OR PROSPECTIVE BUYER. **ADDRESS** PROPERTY LOCATION: _parcel#_ 423 SIZE OF LOT 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) DISAPPROVED 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. #

IIS IS NOT A PERM

HD-216 (3/92)

