6/12/00 3pm

PERM

SEWAGE DISPOSAL SYSTEM

P	51	3	5	9	6	
-	_	_	_	_	_	-

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

49861-G

DISTRIC

HOWARD COUNTY HEALTH DEPARTMENT INDEXED

DATE 5/18/2000

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED

410-313-2640

65-422248

Fogle's Septic Clean, Inc.	IS PERMITTED TO INSTALL X ALTER
ADDRESS 580 Obrecht Road, Sykesville, MD 21784	PHONE 410-795-5670
SUBDIVISION Springdale LOT 16	
PROPERTY OWNER Don J. Park/Elizabeth S	. Campell
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS	
NUMBER OF BEDROOMS 4	
180 SQUARE FEET PER SEDROOM	
LINEAR FEET OF TRENCH REQUIRED 240	
TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet be 4½ feet below original grade. Effective ar 2 feet of stone below distribution pipe. LOCATION - Starting from the right rear lot corner, pl	ea begins at 2½ feet below original grade. ace the distribution box loss feet down the
right (406.19') lot line and 55 feet off the to right side of lot. NOTES - No trench to exceed 100 feet in length. Preside or above on septic tank. 10/6/99 0.2	conside CII OII diamate and a second
PLANS APROVED BY Mark E. Rifkin/Ronald J. Pinkley	DATE 9-16-1999
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIB	ILE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT OR EWER	•

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

40TE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 25/40 PVC OR ARS

"ERMIT VOID AFTER TWO YEARS

ACCEPTABLE.

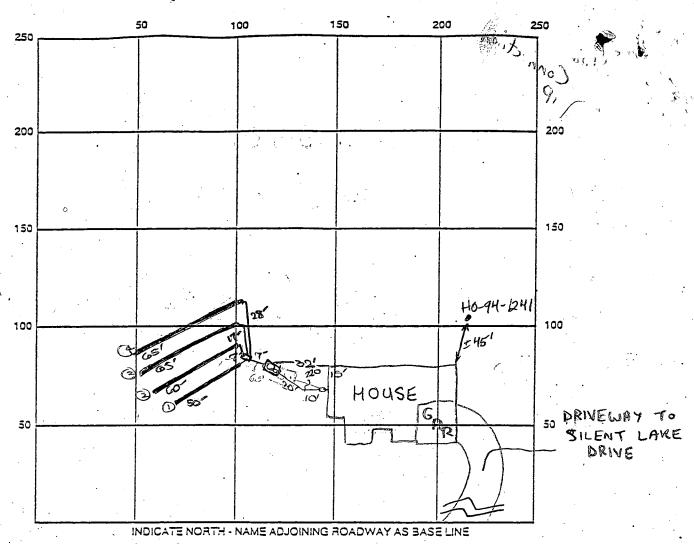
AUTHORIZED)

TOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 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: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY

OTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOT TO SCALE



SEPTIC TANK LEVEL 1250 MS cleanouts one at house. manhore on sit DISTRIBUTION BOX LEVEL DRAIN FIELDATTLE DEPTH 5 4. 5 FT. 3 INLET DEPTH 3 2.5 FT TRENCH WIDTH TOTAL LENGTH 240 FT. 2 FT. EFFECTIVE GRAVEL DEPTH ONE SIDEWALL BOTTOM AREA 7213 SQ. FT. NUMBER OF TRENCHES __ 4 DRYWALL INSIDE DIAMETER NA FT. EFFECTIVE DEPTH BELOW INLET N/A FT. ABSORBENTAREA N/A SQ. FT.

REMARKS: 6/1 OF MET BUILDER AND CONTRACTOR IN FIELD AT SITE, DRAININGE SWALE CUT TOO

DEEP TO ALLOW FOR APPROPRIATE AMOUNT OF FILL ON TOP OF PIPE FROM HOUSE TO TANK,

BUILDER TO STAKE ALL CORNERS OF SEPTIC EASEMENT, PLUMBER TO SET HOUSE SEWER AT BP:

PLAN'S SPECIFIED DEPTH, CONTRACTOR TO SHOOT GRADES, BUILDER TO BRING IN PROPER

AMOUNT OF FILL TO COVER PIPE FROM HOUSE TO TANK AND CONTRACTOR TO CALL FOR

REINSPECTION (SRK) Tankand distribution box set. No house connection. Trench I will

DATE SYSTEM APPROVED RIPE OF THAN Planned in order to maximize use of easement area.

BATE SYSTEM APPROVED RIPE OF THAN Planned in order to maximize use of easement area.

CHECK PRIOR OF THAN OPPROVAL DEED NOTE:

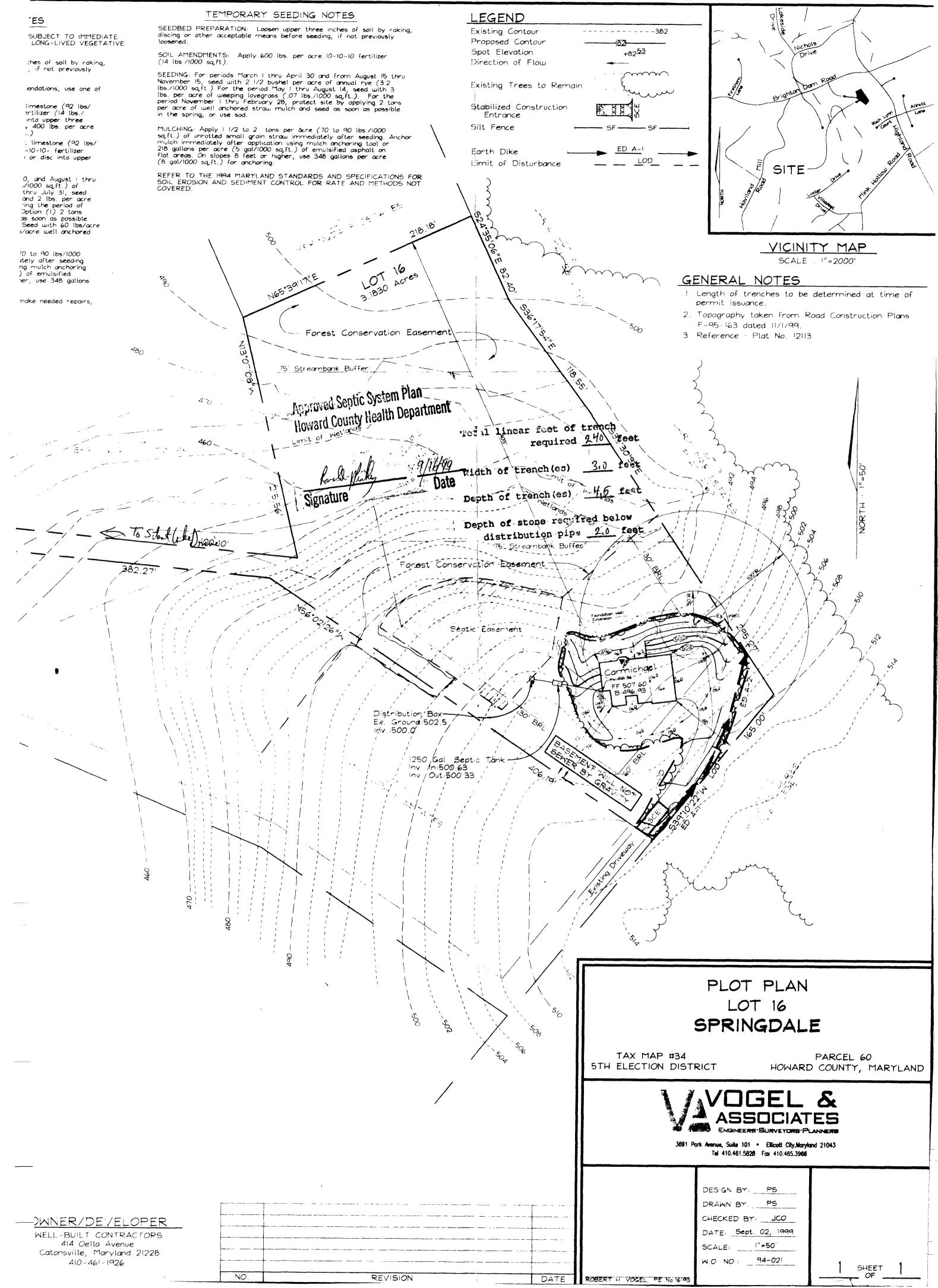
CHECK PRIOR TO FIRM OPPROVAL DEED SIN JOO- House conn. Verified to have check prior to firm opproval DEED 8/11/00- House conn. Verified to have check prior to firm opproval DEED 8/11/00- House conn. Verified to have check prior to firm opproval DEED 8/11/00- House conn. Verified to have check prior to firm opproval DEED 8/11/00- House conn. Verified to have

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

		•
New Installation		Receipt #
Replacement		Date _ 8/4/00
	MESON PLUMBING	Telephone <u>443-535-66</u> 0
	ler X Well Driller	
Name of Property Owner Description Speide Sau Site Address 13517 S	S J. PARK Lot # 16 Wel LENT LAKE DR	Telephone 410-767-6665 1 Tag # 40-94-1211
Pump	Motor /	Pitless Ada <u>nt</u> er
1. Type	1. Horsepower 1/2	1. Make BARNET 2. Model # 3. Depth 900285/155
a. Deep well jet		2. Model #
b. Shallow well jet		3. Depth 900 RBS /csī
c. Submersible X		/
2. Make Myens	b. 220 <u>X</u>	
3. Model #		
4. Capacity 5 GF	PM .	
5. Pump exceeds well capaci		
	cutoff switch installed? Y	
7. What methods are used to	protect the pump and electr	ical wiring from
vibrations? Torque arm	restors <u>V</u> Cable guards	Other
Tank	Piping	Well data
1. Capacity 40 60	1. Type <u>/60 lB</u>	1. Depth 220 ft.
2. Pressure relief	2. Size /"	2. Yield 15 GPM
valve? _ 465_	3. NSF and/or BOCA	3. Static water
	Code approved 4e's	
	4. Depth of supply	4. Will water supply
	line _\\Z"	be disinfected by
		installer? 4ts
	y responsibility to notify t lation is ready for inspection	
	e is true to the best of my ki	nowledge.
6/9/00-WPT		
Sig	nature of Applicant:	U Cyzz
6/9/00-WPI ON BB SRN Sig		
	Date:	VICOO)

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



APPLICATION

PERCOLATION TESTING

а<u>4986/</u> <u>Б</u> Р_____

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

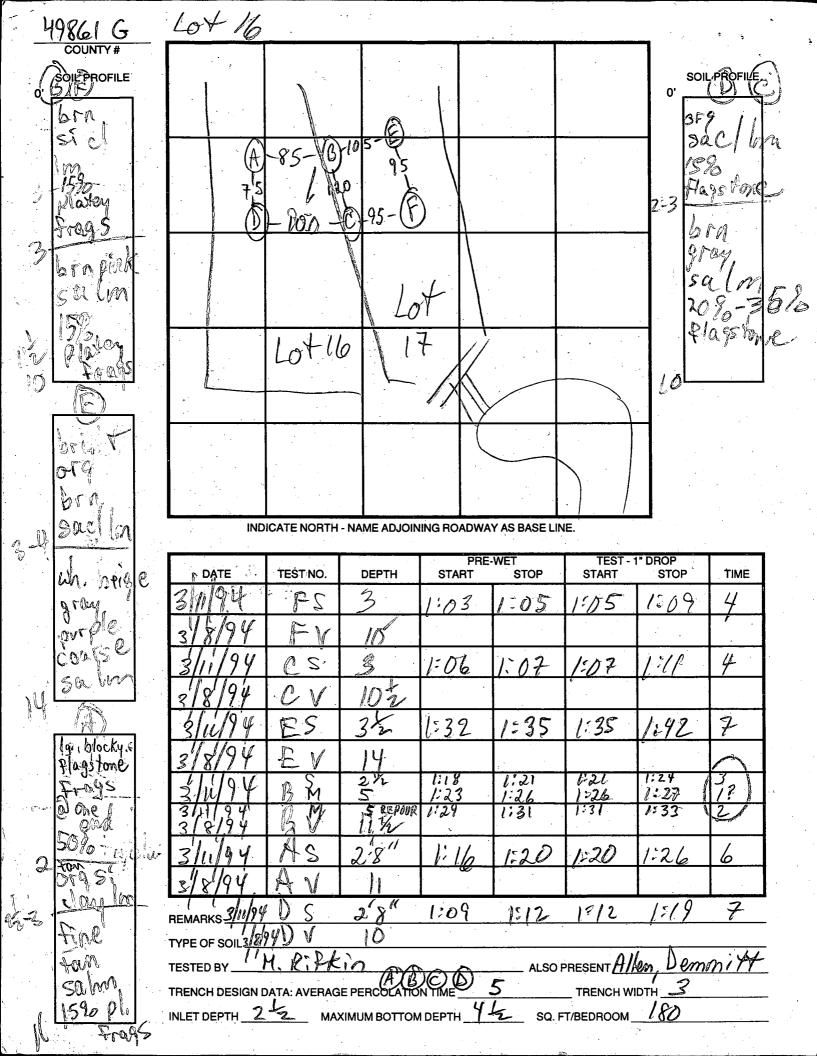
DATE_____

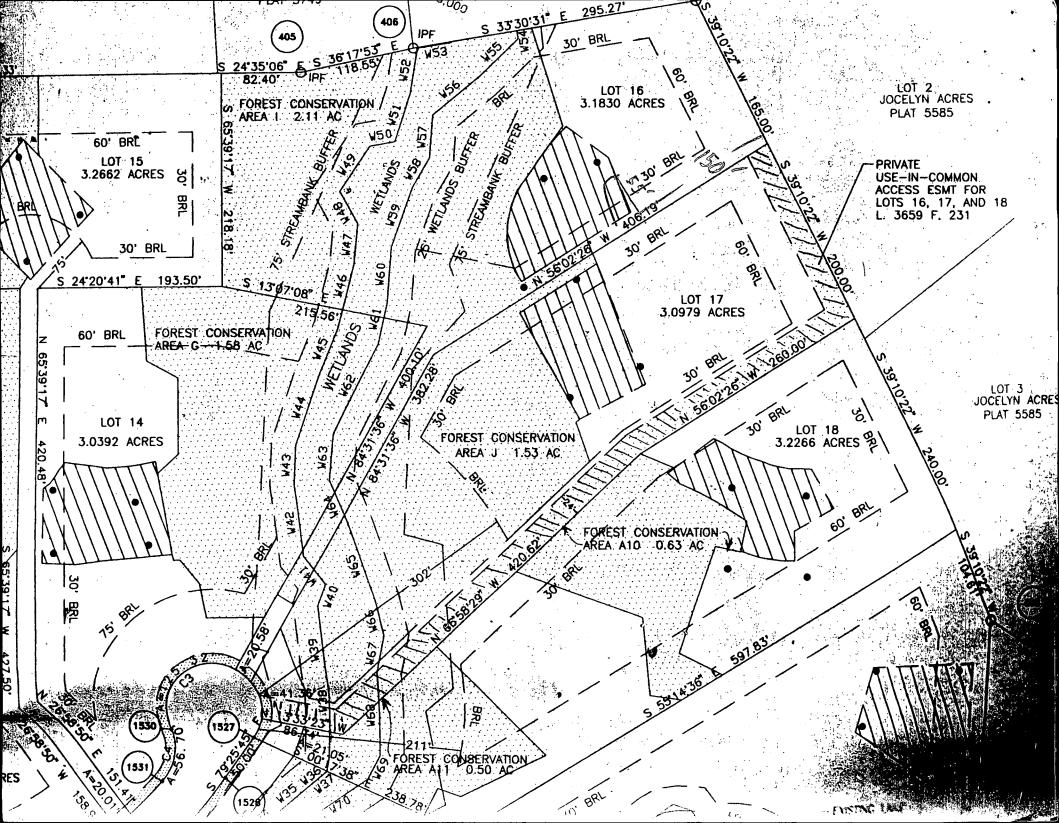
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

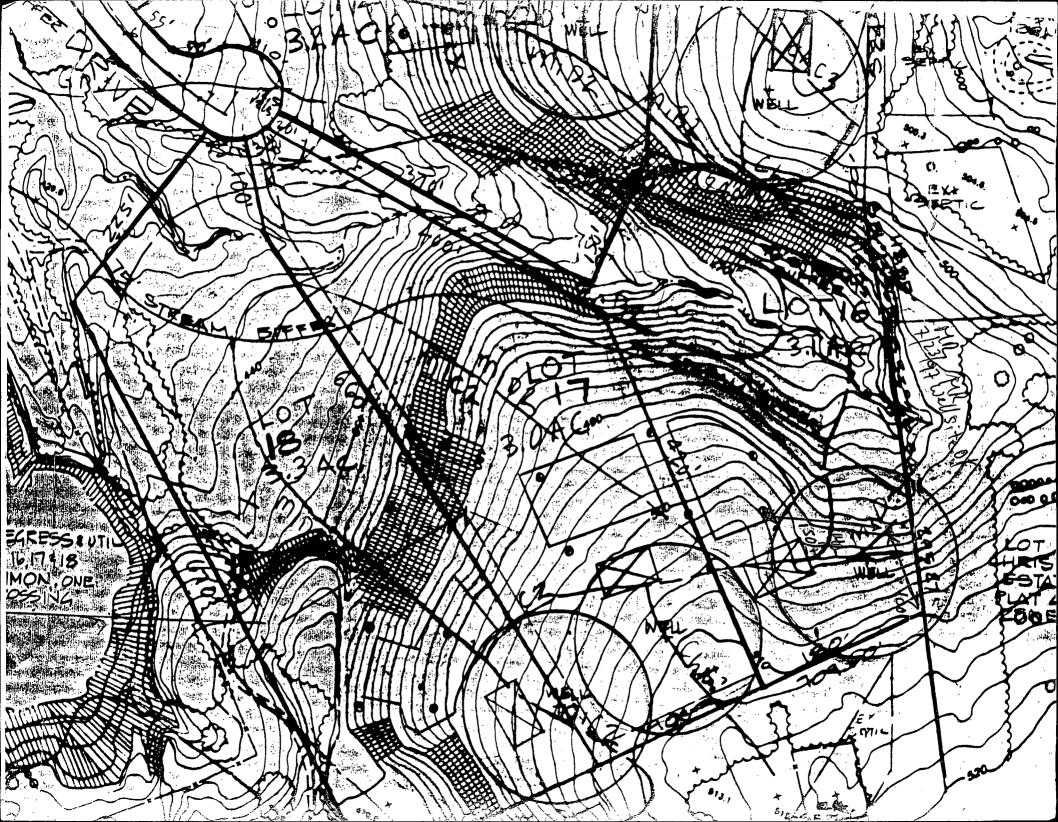
ELLICOTT CITY, MARYLAND		
HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATE ROPERTY OWNER DO PARKS	_	
ADDRESS	PHO	NE
GENT OR PROSPECTIVE BUYER		
ADDRESS	PHO	NE
ROPERTY LOCATION:	•	12.
UBDIVISION Springdale	LOT N	NO
DAD AND DESCRIPTION 13517 SIJENT LAS	KE DRIVE	
		COL ETRING SKOWE
211 (7)		AND DETURNED 9-16-99
AX MAP 34 PARCEL# 60		Seval #310 120364
IZE OF LOT	TYPE BLDG	SFD- 4BM
		(SINGLE FAMILY DWELLING OR COMMERCIAL)
HE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTAL	BLE ONLY UNTIL PUBLIC FA	ACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND T
EE CONNECTED WITH THE FILING OF THIS PERC TEST APP	LICATION IS NON-REFLINDA	ARIE LINDER ANY CIRCUMSTANCES I ALSO AGREE
OMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS I	_OT	(SIGNATURE OF APPLICANT)
PPROVED BY		
PPROVED BY	РОН	DATE
SAPPROVED BY	FOR	DATE
OLD PENDING FURTHER TESTS		
EASONS FOR REJECTION OR HOLDING		
ERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #		DATE
ITT DEVELOPMENT DI ANICINAL DI ATT. TITLE OD LD. 4	,	DATE

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)		k , -	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A 498616	
ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLE		MPLET	TED Depth of Well 22 160 26	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13	15	20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
OWNER	HOM AS	LON	JAKE OF LAKE OWN C	LARKSVILLE	
STREET OR RFDSUBDIVISIONSUBDIVISIONSUBDIVISION_	RING DA		EST SECTION	LOT 16	
WELL LO	 .		GROUTING RECORD VELL HAS BEEN GROUTED Ocicle Appropriate Span	C 3	
STATE THE KIND OF FORMATIO COLOR, DEPTH, THICKNESS A		— (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST	
DESCRIPTION (Use	FFFT C		CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)	
	FROM TO be	aring N	NO. OF BAGS NO. OF POUNDS 45 46 8	PUMPING RATE (gal. per min.)	
Sand	0 18		GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE BUCKET	
Gray Grante	18 160	/ 1	from 48 TOP 52 ft. to 30 TOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)	
			casing CASING RECORD	BEFORE PUMPING 17 17 20 It.	
			types insert appropriate STEL CONCRETE	WHEN PUMPING $\frac{49}{22}$ ft.	
·			code pelow PL OT	TYPE OF PUMP USED (for test)	
			PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine	
			CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe	
			$\frac{57}{60}$ $\frac{6}{61}$ $\frac{21}{63}$ $\frac{6}{66}$ $\frac{70}{70}$	27 below)	
		E	OTHER CASING (if used)	J jet Submersible	
		i i	diameter depth (feet) inch from to	PUMP INSTALLED	
		A		DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	
		Ğ) 3	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 appropriate BRASS BRONZE HOLE	IN BOX 29. CAPACITY:	
	•		code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) 31 35	
				PUMP HORSE POWER 37 41	
NUMBER OF UNSUCCESSFUL	. WELLS:	C	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED	yes Y	אַן וּלְוּוֹ	8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPRIATE LETTER			$1^{\frac{2}{23}}$ 24 26 30 32 36	LAND SURFACE	
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED			3 38 39 41 45 47 51	below below (nearest) foot)	
P TEST WELL CONVERTED TO PRODUCTION WELL			SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT	
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		AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR	
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		ITED .	OF SCREEN !NCH) 56 60 from to	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
DRILLERS LIC. NO. 1 MSD211			GRAVEL PACK	Silent LAKE DR.	
DRILLERS SIGNATURE		, W	F WELL DRILLED VAS FLOWING WELL VSERT F IN BOX 68 68		
(MUST MATCH SIGNATURE ON APPLICATION)			MDE USE ONLY NOT TO BE FILLED IN BY DRILLER)		
LIC. NO.1 M D 1			T (E.R.O.S.) W Q		
SITE SUPERVISOR (sign. of driller or journeyman			70 72 74 75 76	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
responsible for sitework if differ			ELESCOPE LOG CASING INDICATOR OTHER DATA		
•			COUNTY	₩ .	

1117	MEHGENCY/TEMP NO. IF ANY		STATE PERMIT NUMBER
B 1 3023 SEQUENCE NO. (MDE USE ONLY)		MARYLAND DRILL WELL	[HIDI-19141-1/1214V]
* THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	please pr	nt or type	⁷⁶ fill in this form completely ⁷⁹
Date Received (APA) 042296 OWNER INFORM	ATION	B 3	LOCATION OF WELL
8 13 + 44 0 m 0 5 0 m 1 0 A	Lelli	HOWARD SCOUNTY	21
15 Last Name Owner	First Name 34	SPRING D 23 SUBDIVISION	1AKE ESTATES 1
36 Street or RFD		SECTION 44 46	LOT 48 50
	N 1 2 1 0 7 0 76 State 72 Zip 76	CLARKS V 52 NEAREST TOWN	1148
DRILLER INFORMATION	CIRCLE: MSD/MGD/MWD	MILES FROM TOWN (ente	r 0 if in town) 4 M 1
Origins Name L. Marine Well D	77 License No. 80	B 4	Silant Pake D1:
5512 Ridge Rd. Mt.	ains Md. 21771	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30 NORTH
Address Chesiph P Mis	une 4/20/96	NW 8 NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W ZE
Signature B 2 WELL INFORMATION	Date		34 750 37 WEST SELFANT
APPROX. PUMPING RATE (GAL. PER MIN.)	12	TOWN E	DISTANCE FROM ROAD ENTER FT OR MI FF
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		SW S 8-9	38 39 TAX MAP: 34 BLK: 14 PARCEL 60
USE FOR WATER (CIRCLE APPRO			NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AG		Howard	# 4986/ G
INDUSTRIAL, COMMERCIAL, STATE AND OTHER (REQUIRES APPROPRIATION P		STATE SIGNATURE	A ASERT S
PUBLIC OR PRIVATE WATER COMPANY APPROPRIATION PERMIT AND STATE H APPROVAL)	(REQUIRES	DATE ISSUED 0 7 2 9 9 7 43 48 CC	Mule E-Pilkin 7/29/98 D SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING (MA	Y REQUIRE	NORTH 497700	0 EAST 0805000 55 63
APPROXIMATE DEPTH OF WELL 24	T FEET	SHOW MAJOR FEATURE BOX & LOCATE WELL _ WITH AN X	9:30 Grout
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING 1. WELL 2	NO INSP 8/25/97
METHOD OF DRILLING (ci	rcle one) Jetted & DRIVEN	3.	MR .
30	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBI FROM THE MAP HERE	
<u>GABLE</u> <u>REV</u> erse_ <u>ROT</u> ary	<u>DR</u> ive- <u>POINT</u>	E 8005	
other REPLACEMENT OR DEEPENE	D WELLS	N 4907	2 000
(CIRCLE APPROPRIATE BO			W SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE
THIS WELL WILL NOT HEPLACE AN EXIS THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED			TO NEAREST ROAD JUNCTION
39 S THIS WELL WILL REPLACE A WELL THAT A STANDBY-CONTACT LOCAL APPROVIN POLICY ON STANDBY WELLS	WILL BE USED AS IG AUTHORITY FOR	A	
D THIS WELL WILL DEEPEN AN EXISTING V			CANAL CANAL
PERMIT NUMBER OF WELL TO BE REPLACED (IF AVAILABLE) 41 41	OR DEEPENED 52		alaska
Not to be filled in by driller (MDE OR CO	DUNTY USE ONLY)		2 Median Like
APPROP PERMIT NUMBER G	A P 63		THE THE
FORCE WRITE PERMIT No. 1 70 71 72	9 4 - 12 4 7		Per Ox
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			\$ MTR
	COUNTY		