PERMIT

A 36377

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

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HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

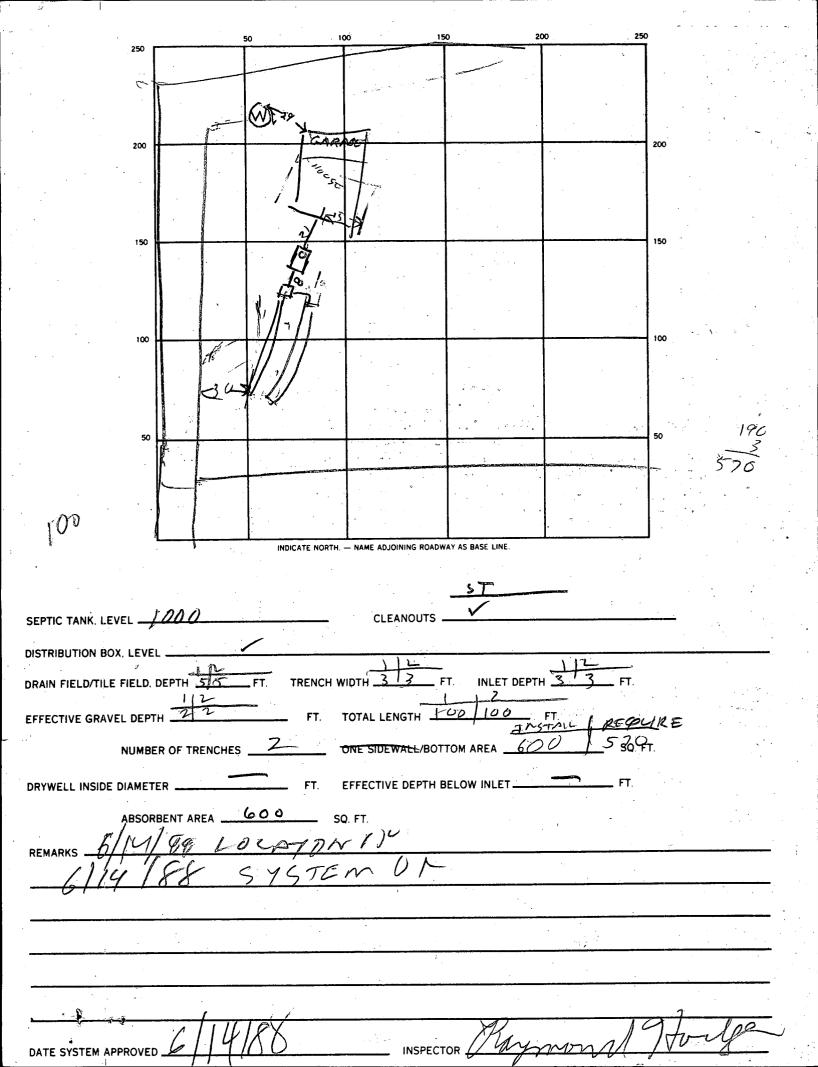
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

INDEXED

ATE SYSTEM APPROVED

	Mark Mooney		IS PERMITTED TO INS	TALL	ALTER
			PHONE		
ADDRESS	Andrew Property		PHUNE		
SUBDIVISION	Driver Property	ROAD	Sugar Maple Drive	OT <u>4</u>	
PROPERTY OWNE	R	Mark Moon	ney		
ADDRESS	· · · · · · · · · · · · · · · · · · ·		·		
IF GARBAGE GRIN	IDER IS USED INCREASE SEPTIC TANK	K CAPACITY BY 50% AN	D ABSORPTION AREA BY 229	%.	
GARBAGE GRINDE	ER? YES NOX	- 			
SEPTIC TANK CAP	ACITY 10.00 GALLONS	NUMBER OF BEDRO	OOMS3		
TRENCHES -	- 190 sq. ft. per bedroom grade. Bottom maximum at 3 feet below origina	depth 5 feet b	elow original grade	. Effe	ective area begins
LOCATION -	 Place the distribution off the right lot line 	box 195 feet de as seen when f	own the right (790. acing the lot from	95') 10	ot line and 55 fee
NOTE -	trenches on contour to No trench to exceed 100	ward back of pro O feet in lengt	operty. h. Provide 6" - 8"	diame	ter cleanout and
	cap to grade or above of	on septic tank.			
) - 7 %		
•					
, , , , , , , , , , , , , , , , , , ,			,		
PLANS APPROVED BY	Sid A	Abel		DATE	10/06/87
COVER NO WORK UN	TIL INSPECTED AND APPROVED.				
NEITHER THE HOWAR	RD COUNTY COUNCIL NOR THE HEALTH DEPA	RTMENT IS RESPONSIBLE FO	OR THE SUCCESSFUL OPERATION OF	ANY SYSTE	M
NOTE: CLEANOUT R	EQUIRED EVERY 70 FEET OF SEWER LINE AN	ID/OR AT 90° SWEEPS IN LIN	ES FROM HOUSE TO DRAIN FIELDS.		
NOTE: ALL PARTS OF	F SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BO	OX. TRENCHES) TO BE 100 FE	ET FROM WELL. (UNLESS OTHERWIS)	E SPECIFICAI	LLY AUTHORIZED)
NOTE: IF DEEP TREE	NCH(ES) ARE USED CALL FOR INSPECTION BE	FORE AND AFTER PLACING	GRAVEL IN TRENCH(ES).	•	
NOTE: NO DRY WEL	L SHALL EXCEED 15 FOOT IN DIAMETER NO	ABSORPTION TRENCH TO EX	CEED 100 FEET IN LENGTH.	k.	
NOTE: ALL PIPE FRO	OM HOUSE TO SEPTIC TANK MUST BE CAST IR	ON OR SCHEDULE 40 PVC C	R ABS.		
PERMIT VOID AFTER	TWO YEARS.				` P
	ND PIPE ON SEPTIC TANK AND DRY WELL. STA F TOP OF SEPTIC TANK IS DEEPER THAN 3 FE			E OR TERRA	COTTA OR PVC OR ABS

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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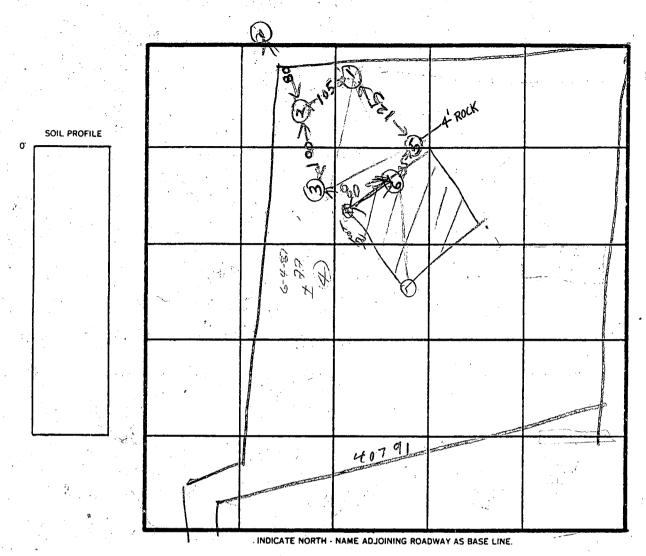
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

December 3

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. Michael Andrew 5319 Five Fingers Way PROPERTY LOCATION: SUBDIVISION Driver Property ROAD AND DESCRIPTION Left side of Sugar Maple Drive off of Driver SIZE OF LOT _ 3+ acres (NUMBER OF BEDROOMS) 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 CIRCUMS REJECTED BY HOLD PENDING FURTHER TESTS REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



2475	TF0T 110		PRE-WET		TEST - 1" DROP			
DATE	TEST NO.	DEPTH .	START	STOP	START	STOP	TIME	
Hode	15	3	115	126	120	132	12	
11-112-11	25	3 1/2	117	120	120	12-8	6	
72., j	21/	12	LOOK.	5 0 K		120	,	
	3 5	3	118	121	ox	12-7	6	
	44	10	WA	TE,	R 9	ET		
	(5 V)	4	RO	CK.	3 ortan			
	6	12/2	400	<u>L</u> 5	OK	,		
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	NOT EA	ID IKGH	TIME	70	land a	Jan W.	CAR	

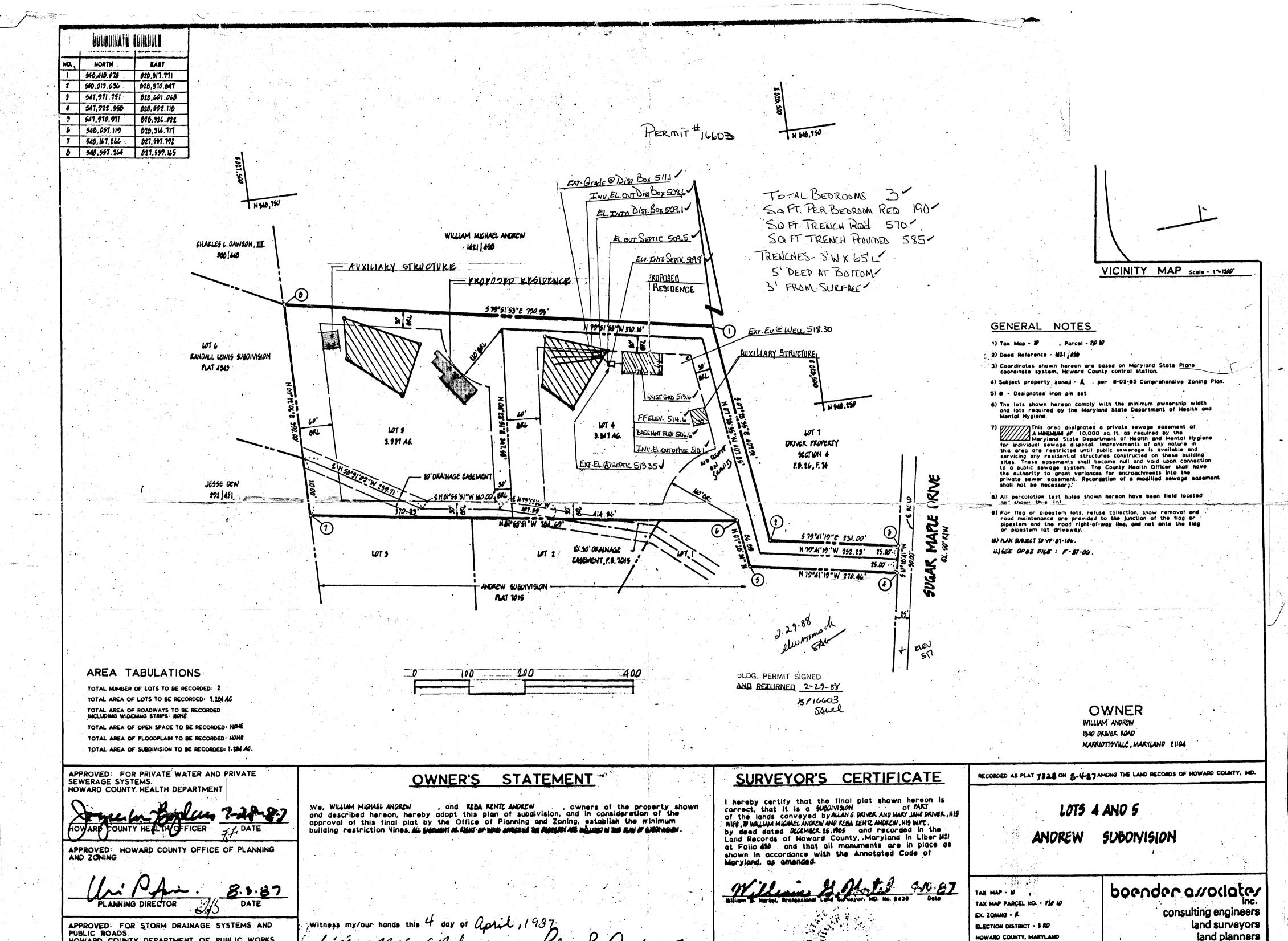
12-1079

REMARKS : -

FOR HIGHTS

ANDY LOAMS

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HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

COURTHOUSE SQUARE 3565 ELLICOTT MILLS DRIVE ELLICOTT CITY, MD. 21043

HOWARD COUNTY, MARYLAND

O. P. & E. FILE NO. - 47-27-196

SCALE - I" + IM"

DATE - APRIL , MOT

INITIALS PERMIT NO. 4 0

SPECIAL CONDITIONS

HOUSE PROPERTY 11/5/87 1 40 F7 carry 2 ft out of grown 2) Weighten strong dropped down well 23 ft 3) Piff gettest down open space 3 off Q LOCATION OR 5 10 BAGE 6 NEC- 0/K A Hodger

C1 7706	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.					
(THIS NUMBER IS TO BE	PUNCHED	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY 3/ 3/2					
IN COLS. 3-6 ON ALL CAR	DS)	PLEASE PRINT OR TYPE	NUMBER A-36377 PERMIT NO.					
DATE Received	DATE WELL COMPLETE	D Depth of Well 22 4 2 26	FROM "PERMIT TO DRILL WELL"					
8 13	15 05 87	(TO NEAREST FOOT)	HD - R 1 - 7 3 U 7 28 29 30 31 32 33 34 35 38 37					
OWNER								
STREET OR RED		Y SECTIONTOWN	LOT 4					
WELL Not required fo	LOG	GROUTING RECORD yes no	C 3					
STATE THE KIND O	FORMATIONS	(Circle Appropriate Box)	1 2 PUMPING TEST					
PENETRATED, THEI THICKNESS AND IF	WATER BEARING	TYPE OF GROUTING MATERIAL CEMENT C M BC	HOURS PUMPED (nearest hour)					
DESCRIPTION (Use additional sheets if needed)	FEET Check if water bearing	452046 45 46	PUMPING RATE (gal. per min.					
		GALLONS OF WATER	to nearest gal.) METHOD USED TO					
Topsoil	0 2	DEPTH OF GROUT SEAL (to nearest foot) from ft. to 7 4 ft.	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)					
		48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING					
Sunda (ky	2 10	casing CASING RECORD types	WHEN PUMPING					
		insert STEL CONCRETE	TYPE OF PUMP USED (for test)					
Sundstone	10 60	code PL OT	A air P piston T turbine					
		PLASTIC OTHER	27 27 27 Other					
Granite	60 115	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe below)					
		TYPE (nearest inch) (nearest foot)	J jet S submersible					
Mire schist	115/140	60 61 63 64 66 70	27					
		E OTHER CASING (if used) A diameter depth (feet)	PUMP INSTACLED TO					
Granite	140 400	inch from to						
			ORILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP THIS SECTION					
			MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE					
		screen type SCREEN RECORD or open hole ST RP HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)					
		insert STEEL BRASS OPEN BRONZE HOLE	IN BOX-SEE ABOVE: 29 CAPACITY:					
		code below BRONZE HOLE PL OT	GALLONS PER MINUTE (to nearest gallon)					
		PLASTIC OTHER	PUMP HORSE POWER					
		DEPTH (nearest ft.)	PUMP COLUMN LENGTH					
			CASING HEIGHT (circle appropriate box					
			and enter casing height) LAND SURFACE					
		S ² 23 24 26 30 32 36	below (nearest foot)					
	PRIATE LETTER DONED AND SEALED	Ē ³ 19 11 11 11 11 11 11 11 11 11 11 11 11	49 50 51 LOCATION OF WELL ON LOT					
WHEN THIS WELL W		N 30 33 41 43 47	SHOW PERMANENT STRUCTURE SUCH AS					
E ELECTRIC LOG OBT	AINED RTED TO PRODUCTION	SLOT SIZE 123 DIAMETER [] (NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES					
WELL THEREBY CERTIFY THAT THIS WE	LL HAS BEEN CONSTRUCTED IN	OF SCREEN 60 INCH)	(MEASUREMENTS TO WELL)					
ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL ABOVE CAPTIONED PERMIT, A	L CONDITIONS STATED IN THE	GRAVEL PACK	Approx					
PRESENTED HEREIN IS ACCURAT OF MY KNOWLEDGE.		IF WELL DRILLED WAS FLOWING WELL INSERT	200 30 KM					
DRILLERS IDENT. NO.	40	F IN BOX 68 68 OEP USE ONLY	In a					
DRICLERS SIGNATURE	Este day	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q.	* Approx.					
(MUST MATCH SIGNATURE	E ON APPLICATION	74 75 76						
SITE SUPERVISOR (sign.	of driller or fourneyman	72						
responsible for sitework if different from permittee) CASING (INDICATOR								
	Ø	HEALTH	Sugar Maple Dr.					