

2/1/88

03-309088

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 41535

A 36541

DISTRICT 3rd

DATE 4/19/88

DATE SYSTEM APPROVED 2/1/88

INSPECTOR R. HODGES

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Sunset Valley II ROAD 1010 Sunset Valley Dr. LOT 12

PROPERTY OWNER Thomas Lennon

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS X3

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 85 feet from the front lot line and 85 feet from the left lot line as seen when facing the property from Sunset Valley Drive. Run trench(s) along contour toward front-left corner of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 8/15/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

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.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BUDG. PERMIT SIGNED
AND RETURNED 10/5/88
21645

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 36541

SUBDIVISION:

SUNSET VALLEY II

LOT NUMBER:

12

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench.
No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ sq. ft./bedroom

Trench to be 2 wide.Inlet 4 feet below original grade.Bottom maximum depth 8 feet below original grade.Effective area begins at 4 feet below original grade.4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION:

PLACE THE DISTRIBUTION BOX
START THE FIRST TRENCH 85' FROM THE

FRONT LOT LINE AND 85' FROM THE LEFT LOT AS

SEEN WHEN FACING THE PROPERTY FROM SUNSET VALLEY DR.

RUN TRENCH(S) ALONG CONTOUR TOWARD FRONT-LEFT CORNER

OF PROPERTY, 8/15/86 C.W. Quinn

APPLICATION

PERCOLATION TESTING

2/21/86
Reperc
Recommend
disapprove
(B)

A 36541

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 2/18/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Frank & Tina Beccio Thomas Lennon

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Mary & Gary Kavanagh

ADDRESS 5803 Leslie Ln. / Mt. Airy, Md. 21771 PHONE Hm - 829-1628
WK - 594-9515

PROPERTY LOCATION:

SUBDIVISION Sunset Valley Section 2 LOT NO. 12

ROAD AND DESCRIPTION 1010 Sunset Valley Drive

TAX MAP _____ PARCEL # _____ BLDG. PERMIT SIGNED AND RETURNED 6/23/87

SIZE OF LOT 3.4 + acres TYPE BLDG. _____ BP 12752
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Mary Kavanagh
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/13/86 - Retest OK on High
part of Lot Submit Plat B77

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

31541

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 2/8/16

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

Frank & Tina Deccio

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Mary & Gary Kavanagh 5803 Leslie Ln. / Mt. Airy, Md. 31771 410 - 827-1628
WK - 514-9515

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Sunset Valley Section 2 12

SUBDIVISION Sunset Valley Drive LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # 3.4 7 10105

SIZE OF LOT _____ TYPE BLDG. _____

(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Mary Kavanagh
(SIGNATURE OF APPLICANT)

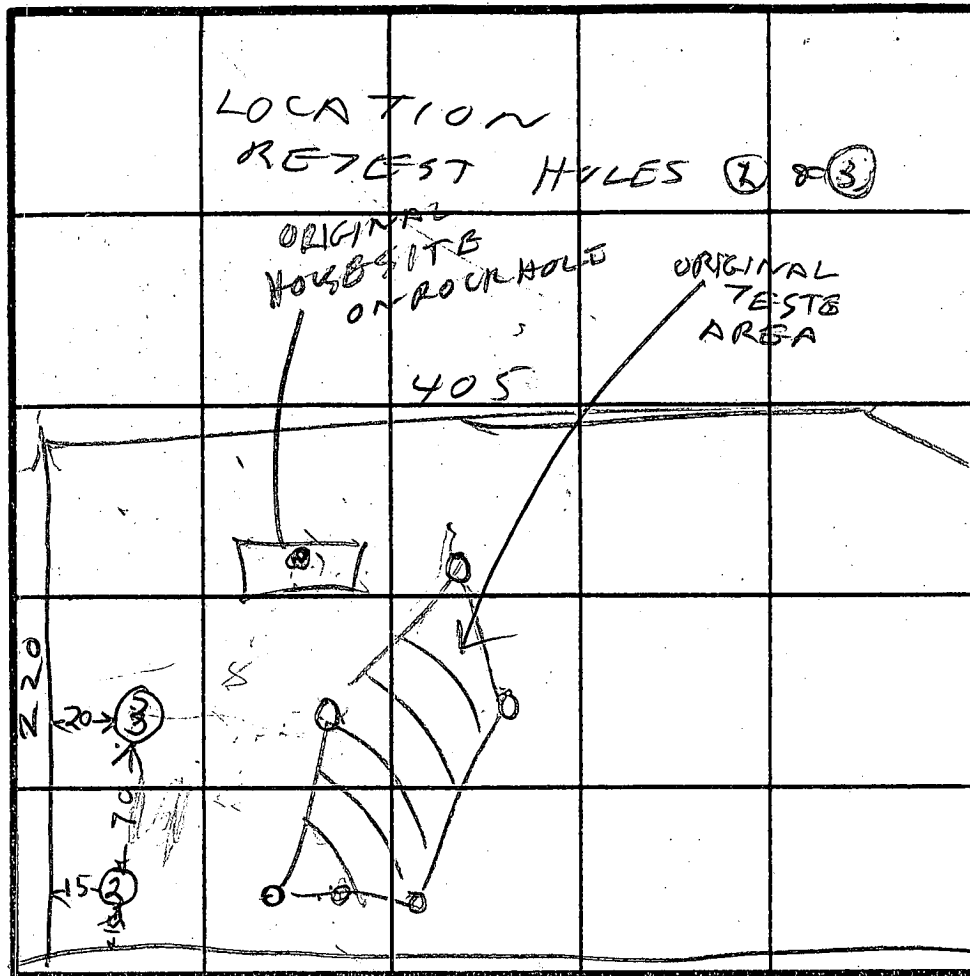
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
SUNSET VALLEY RD

[illegible]

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

LOT 1

4"x4" CONCRETE MONUMENT

LOT 2

LOTS 1 & 2
SUNSET VALLEY
SECTION 3
PLAT NO. 5273

*2/18/86
roughly
40 scale
New prepared
pure field
for set out
Lot 12*

4"x4" CONCRETE

LOT 1

LOT 1
(3001 Ac ±)

LOT 12
(2442 Ac ±)

LOT 11
(3352 Ac ±)

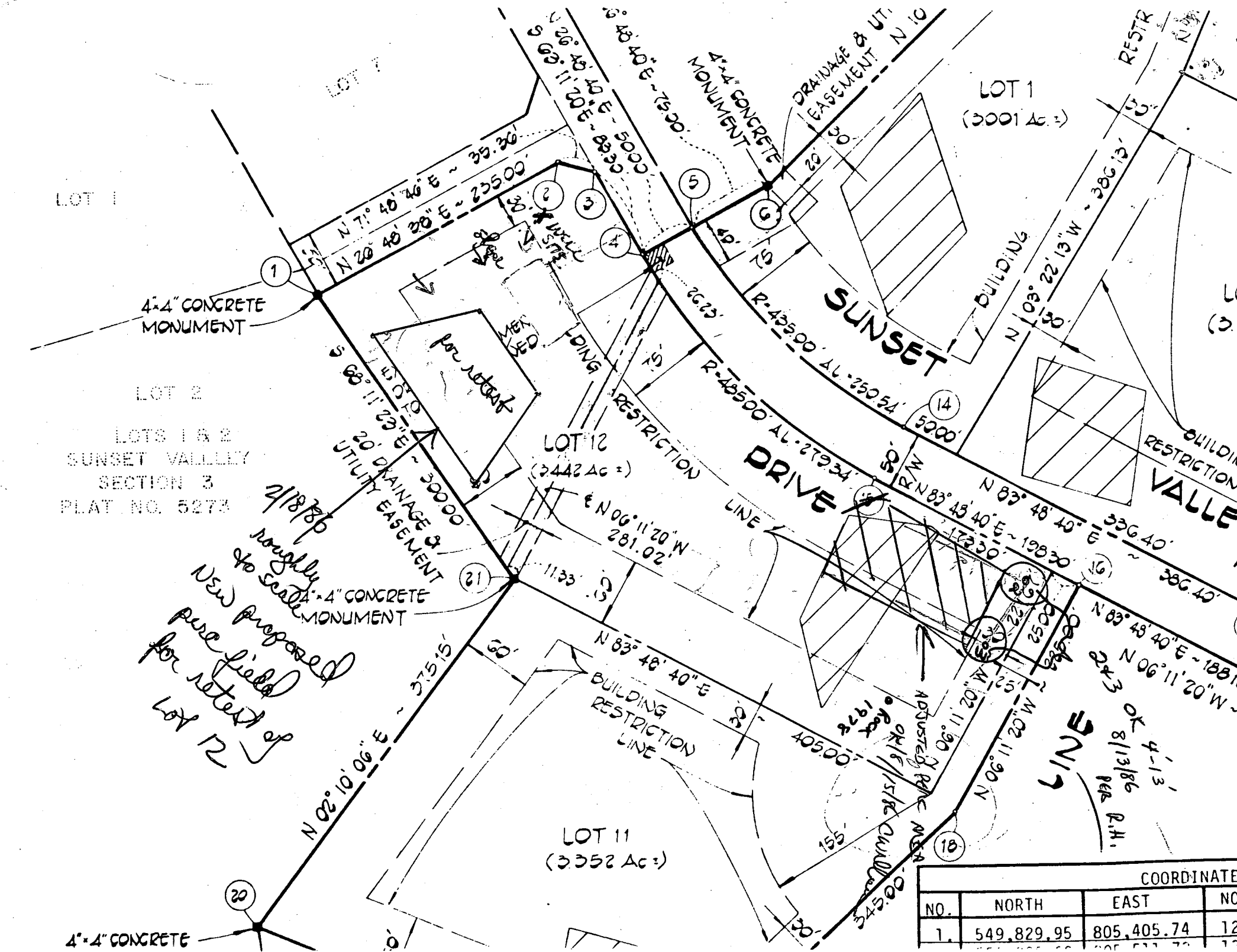
4"x4" CONCRETE MONUMENT

SUNSET

DRIVE

VALLEY

COORDINATE			
NO.	NORTH	EAST	NO.
1.	549,829.95	805,405.74	12.



APPLICATION

PERCOLATION TESTING

A 36541

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SUNSET VALLEY LOT NO. 12

ROAD AND DESCRIPTION SUNSET VALLEY DRIVE

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

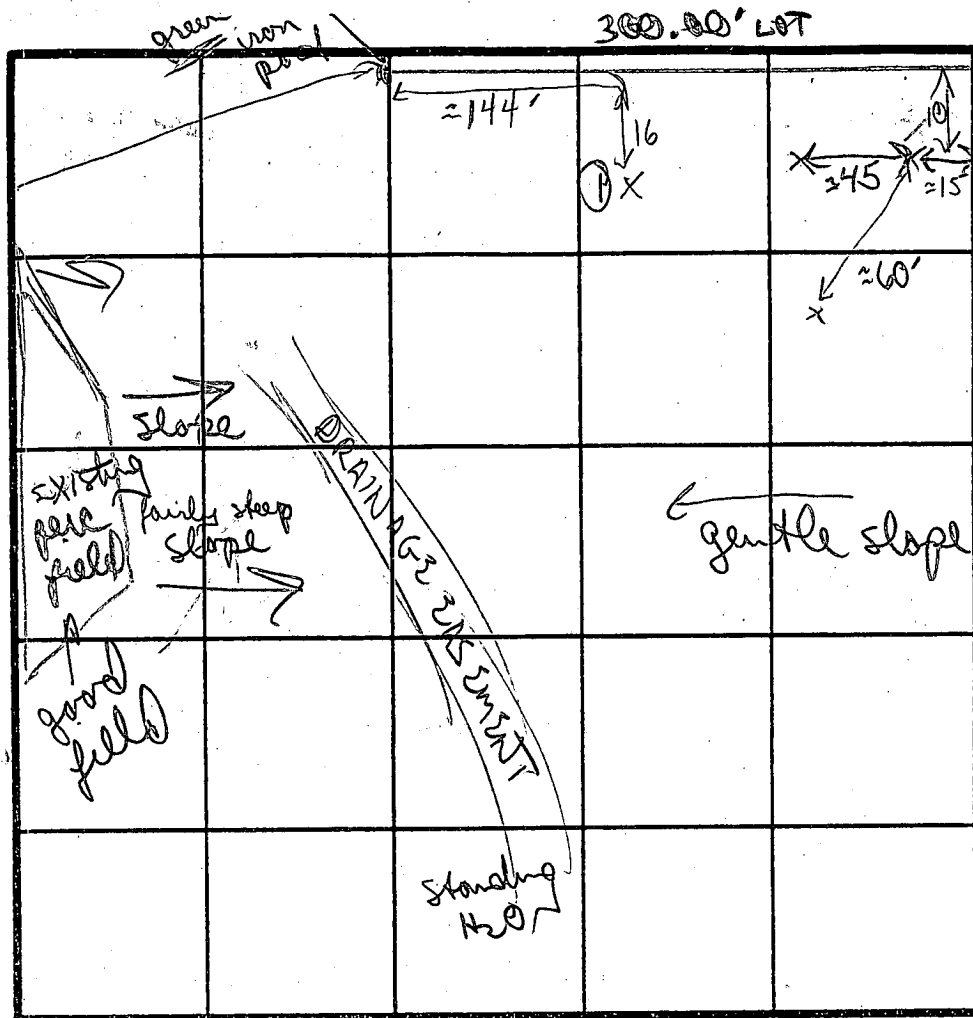
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

clay loam
with
several
patches
of grey
mottled
Soil
at varying
depths
H₂O at
9-10'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Sunset Valley Dr

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/21/86	(1)	9-10 ft	hit H ₂ O				
			this would represent low hole				
8/13/86	25	4	205	206	206	207	
	28	13	OK				
	31	13	OK				
SEE OTHER SHEET & ATTACHED PLD							
LOCATION OF HOLE (2) & (3)							

Retest of
LOT to
move
perc field

recommend
"fail"

EH-12-1079

REMARKS

TYPE OF SOIL

TESTED BY

Several "old" perc holes on this half of lot
(no record - but with these results likely to be bad)
mostly clay - several patches of grey
mottled soil

B. Nixen

ALSO PRESENT

Herman S. & Son

(2)
RED
BROWN
CLAY
BROWN
SAND
LOAM
13'
(3)
BROWN
CLAY
4 1/2'
BROWN
SAND
LOAM
5'

Free!

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29170

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3RD

DATE 10/12/78

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER VIRGINIA M. GARRATT

ADDRESS FORSYTHE ROAD SYKESVILLE, MD. PHONE 301-442-2262
21784

PROPERTY LOCATION:

SUBDIVISION SUNSET VALLEY LOT NO. New # 12
22 11/14/80 Plat
Section 2

ROAD AND DESCRIPTION SUNSET VALLEY DRIVE

SIZE OF LOT 3.0 AC. ± TYPE BLDG. SINGLE FAMILY RESIDENCE

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.

SIGNATURE OF APPLICANT Bruce D. Banta

APPROVED BY Raymond Hodges FOR Trench DATE 2/22/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

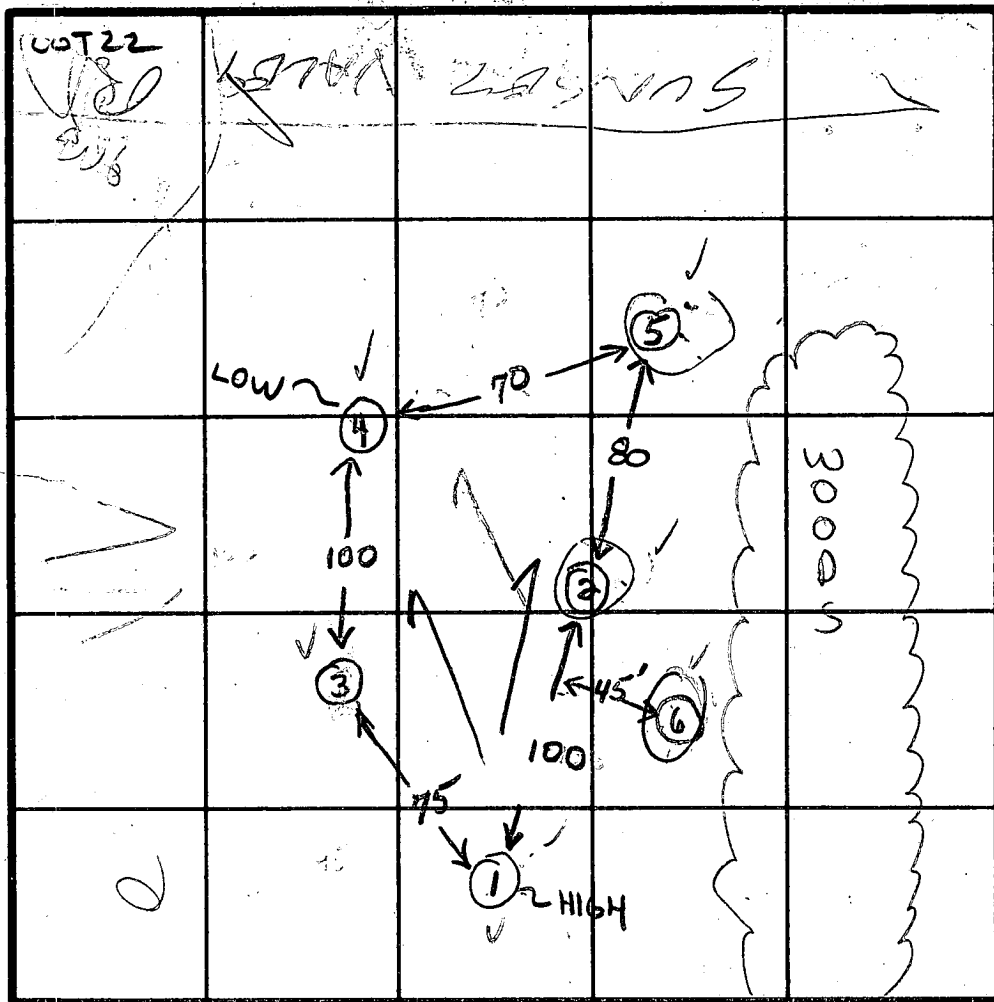
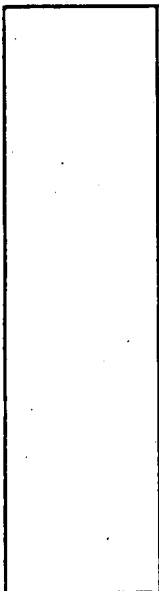
THIS IS NOT A PERMIT

4/60
61

22
New #12

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

~~DAY ROAD~~

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/15/78	15	5'	220	226	226	231	5
	10	13'	220	226	226	238	12
	25						
	20	11'	VISUAL - SIMILAR to ①		drier		
	35	6	1143	1147	1147	1154	7
	30	13 1/2'	1143	1146	1146	1154	8
	45	6	1140	1148	1148	1205	17
	40 - LOW	13 1/2'	1140	1145	1145	1200	15
	55	5	225	231	231	237	6
	50	12	VISUAL - SANDY				
	⑥	10'	Boulder - like rock throughout				7/70
8/6/80	#2 ✓	14'	NEED 14' similar VISA L. Z. Keller				C.B.S. & CROV
	✓ Located hole						

shaded 4'
good ground
5'

good soil
at 4'

10 min

FIELD SHEET

REMARKS open field - test as stated

TYPE OF SOIL sandy loam below clay

TESTED BY GLK & RDP

ALSO PRESENT

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 14, 1986

Ms. Mary Kavanaugh
5803 Leslie Lane
Mt. Airy, Maryland 21771

RE: Percolation ReTest
lot 12, Section 2
Sunset Valley

Dear Ms. Ks. Kavanagh:

Percolation testing conducted February 21, 1986 on the above referenced property was unsuccessful due to the presence of a shallow water table in the location tested.

The originally approved septic reserve area remains acceptable; however, no relocation of the area further downhill is possible.

If you have any questions relative to this matter, please call me at 461-9933.

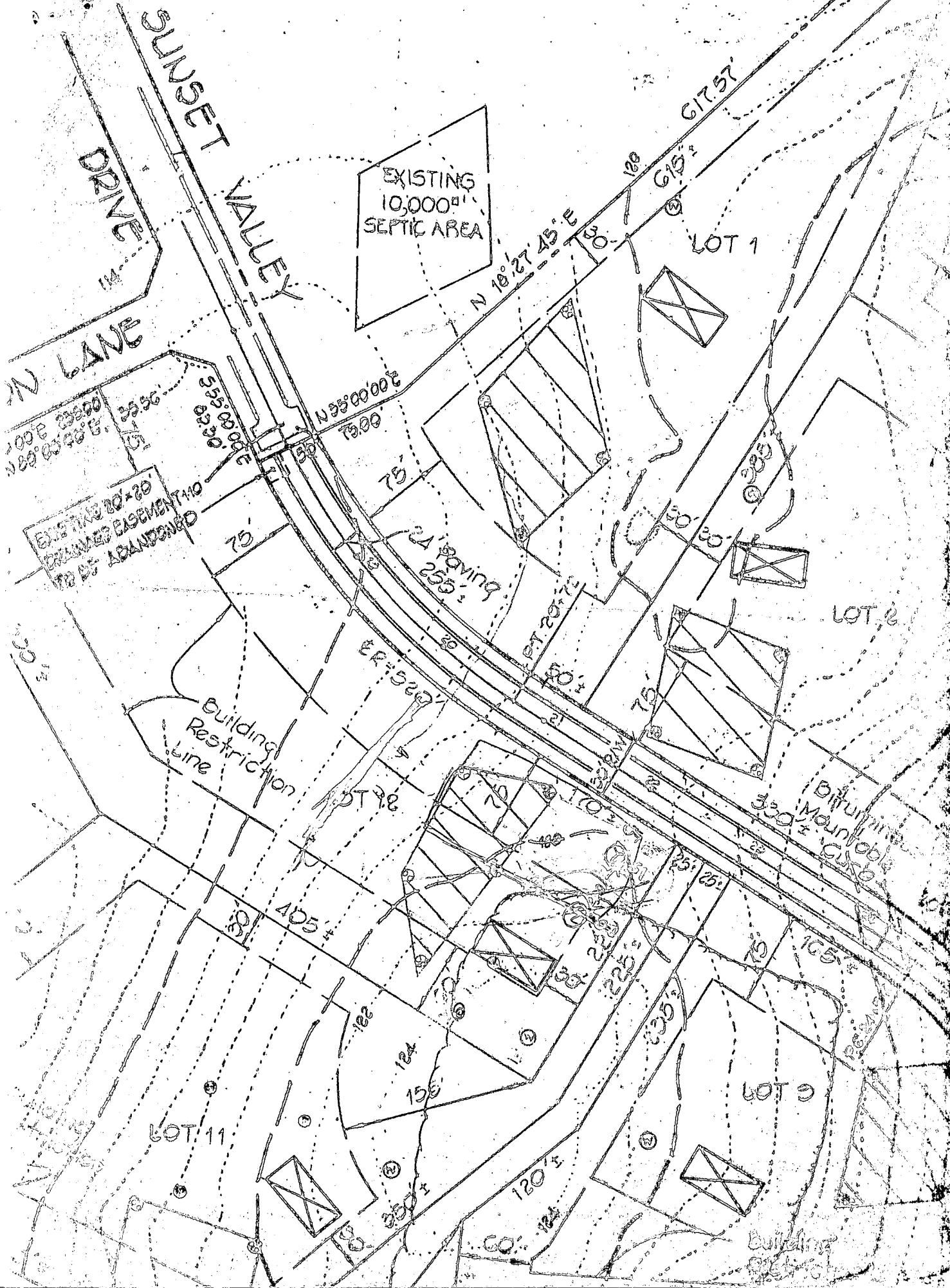
Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

8/15/86 RETEST IN VICINITY
OF ORIGINALLY APPROVED AREA OK,
SOME ADJUSTMENT TO SEPTIC AREA FEASIBLE,
NEW SPECS WRITTEN.

SUNSET VALLEY
PLAT 4G16
Lot 6



*Miss it
8/28/86*

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

August 20, 1986

Ms. Mary Kavanaugh
5803 Leslie Lane
Mt. Airy, Maryland 21771

RE: Percolation Testing
Lot 12 Section 2
Sunset Valley

Dear Ms. Kavanaugh:

Following the unsuccessful percolation attempt of February 12, 1986, a satisfactory attempt was made in the front-left corner of the property on August 13, 1986

This successful test allowed an adjustment as indicated in the enclosed diagram and septic system specifications for this property.

I hope you find that this adjustment allows the flexibility in house location you desire.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

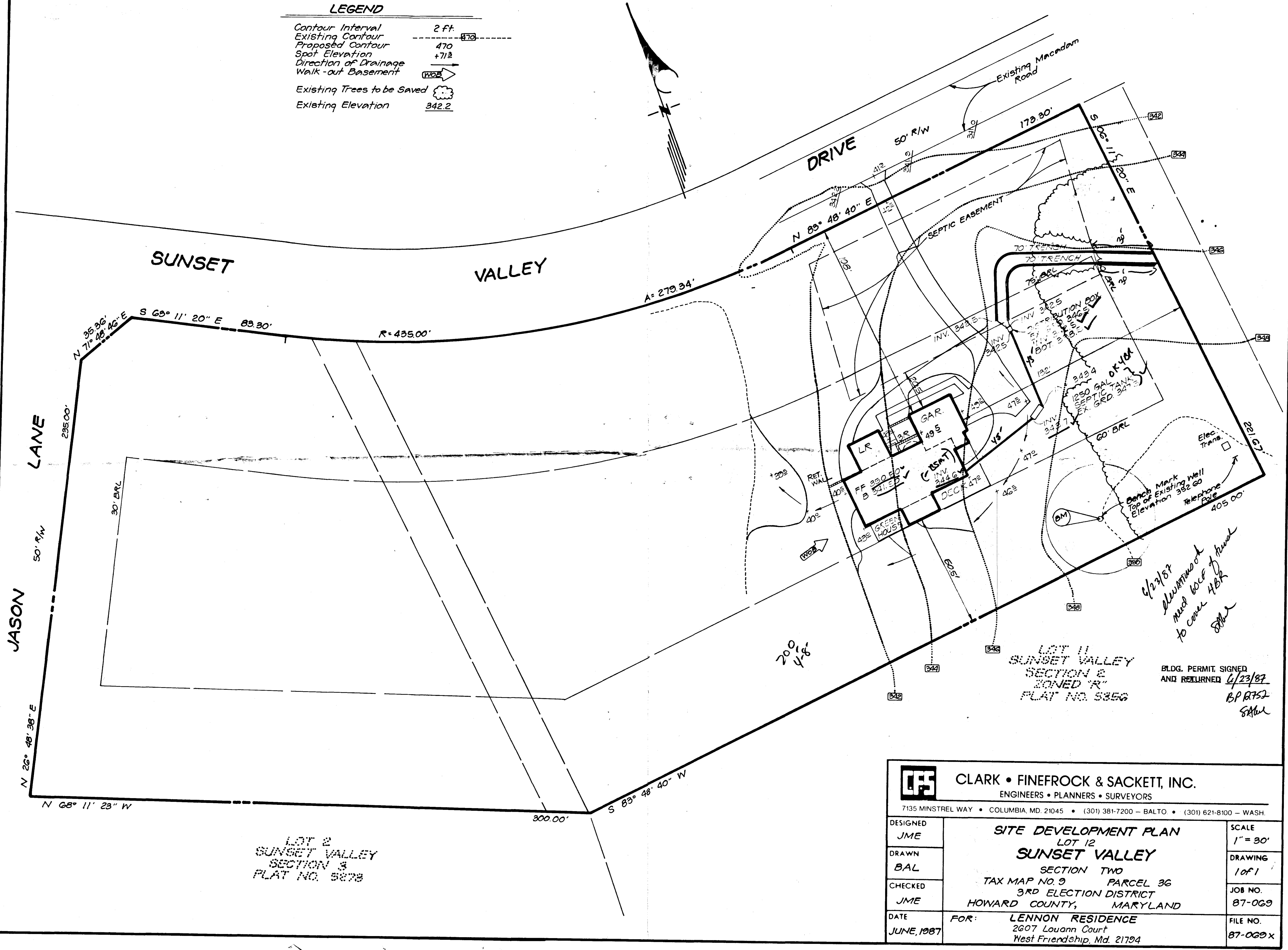
A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

LEGEND

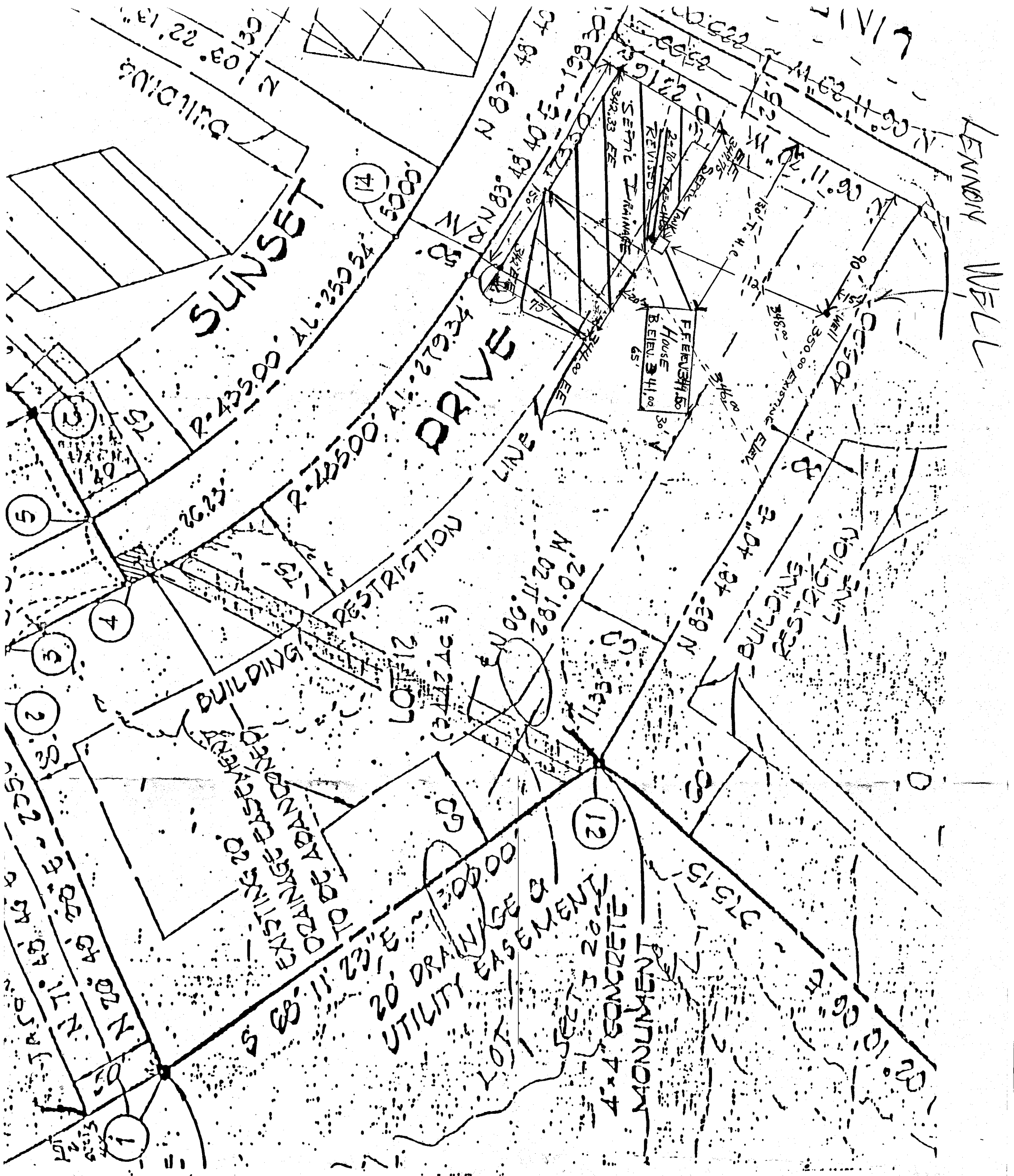
Contour Interval 2 ft.
 Existing Contour 470
 Proposed Contour 470
 Spot Elevation +71.2
 Direction of Drainage
 Walk-out Basement
 Existing Trees to be Saved
 Existing Elevation 342.2



9/23/87
 illustrated
 need 60cf of hand
 to cover 45K
 other

BLDG. PERMIT SIGNED
 AND RETURNED 4/23/87
 BP 8752
 SAK

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7200 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED JME DRAWN BAL CHECKED JME DATE JUNE, 1987	SITE DEVELOPMENT PLAN LOT 12 SUNSET VALLEY SECTION TWO TAX MAP NO. 9 PARCEL 36 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR: LENNON RESIDENCE 2607 Louann Court West Friendship, Md. 21794	SCALE 1" = 30' DRAWING 1 of 1 JOB NO. 87-069 FILE NO. 87-069X

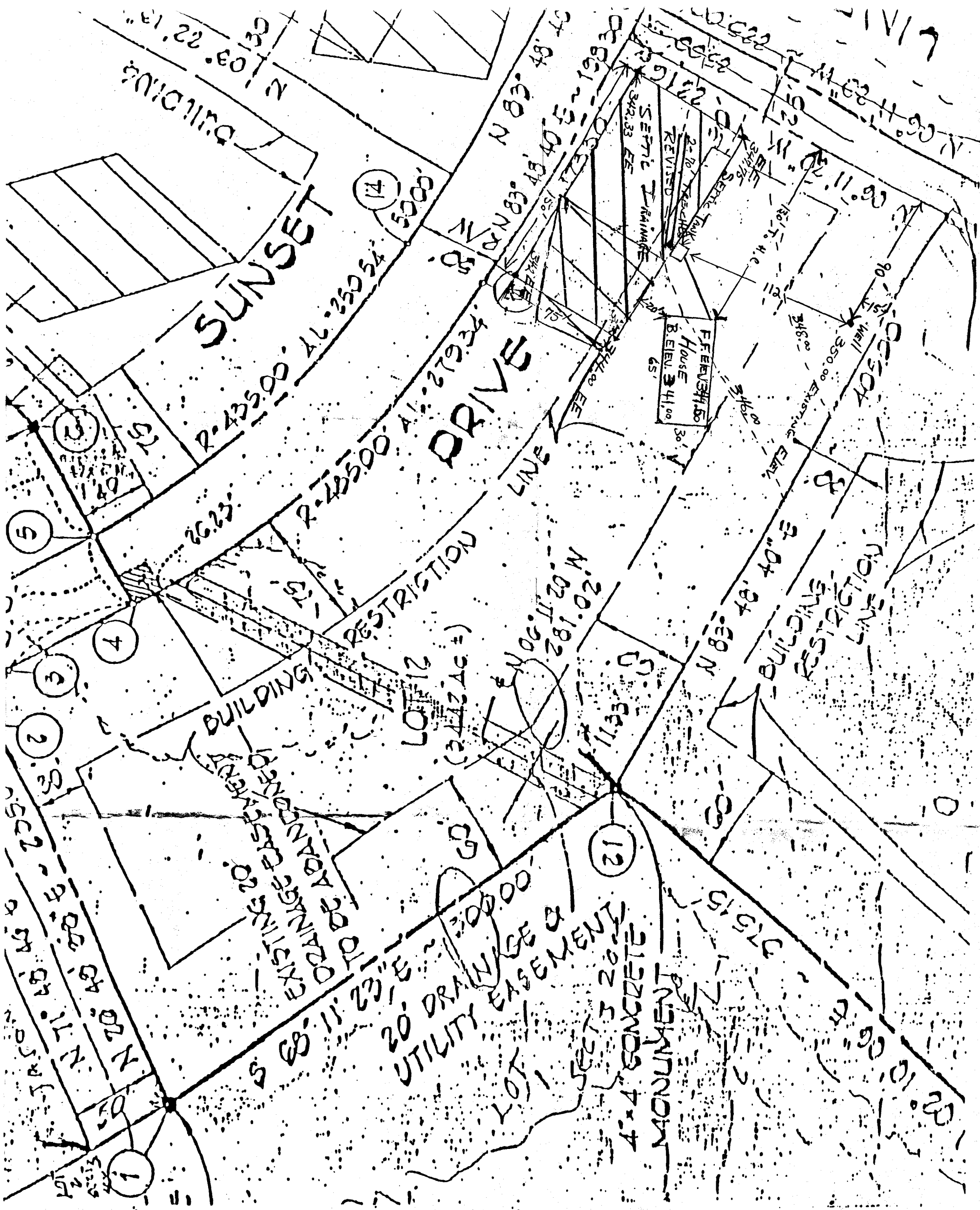


PEAK HOLE ① 15' FROM LEFT PROPERTY LINE 90' FROM FRONT PROPERTY LINE WHEN
FACING LOT FROM SUNSET DRIVE

PEAK HOLE ② 15' FROM LEFT PROPERTY LINE 15' FROM FRONT PROPERTY LINE WHEN
FACING LOT FROM SUNSET DRIVE

PROPOSED TRENCH TO BE INSTALLED ON LEVEL CONTOUR
PROPOSED TRENCH LENGTH FOR A 3BR HOUSE (2-70' LONG)
PROPOSED ELEVATION OF SEWER LEAVING HOUSE 345.00
PROPOSED ELEVATION OF SEWER ENTERING SEPTIC TANK 344.00
" " " " EXITING " " 343.50
* E.E. - EXISTING ELEVATION

SCALE 60' TO 1"



PERK HOLE ① 15' FROM LEFT PROPERTY LINE 90' FROM FRONT PROPERTY LINE WHEN
FACING LOT FROM SUNSET DRIVE

PERK HOLE ② 15' FROM LEFT PROPERTY LINE 15' FROM FRONT PROPERTY LINE WHEN
FACING LOT FROM SUNSET DRIVE

PROPOSED TRENCH TO BE INSTALLED ON LEVEL CONTOUR
PROPOSED TRENCH LENGTH FOR A 3BR HOUSE (2-70' LONG)

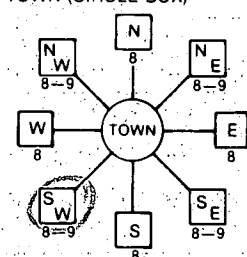
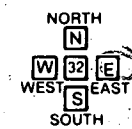
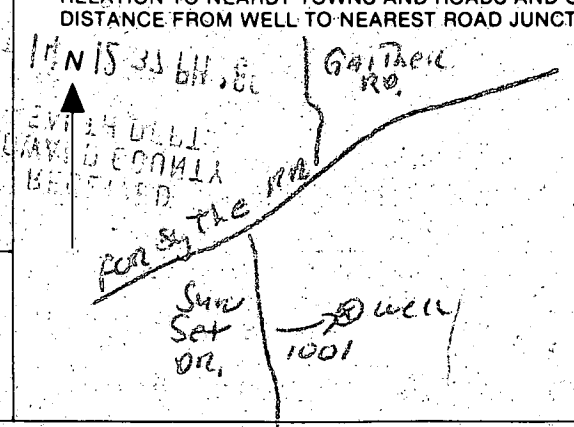
PROPOSED ELEVATION OF SEWER LEAVING HOUSE 345.00

PROPOSED ELEVATION OF SEWER ENTERING SEPTIC TANK 344.00

" " " EXITING " " 343.50

* E.E. - EXISTING ELEVATION

SCALE 60' TO 1"

B 1 7535 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 10-81-1741 <small>fill in this form completely</small>
Date Received [][][][][][] OWNER INFORMATION 15 Last Name: [T][O][M][A][S] Owner First Name: [R][A][L][P][H] 36 Street or RFD: [1][2][0][3][0] 55 57 Town: [P][A][R][R][I][S] 70 State: [7][2] Zip: [3][1][0][9] 76		B 3 LOCATION OF WELL 8 COUNTY: [H][O][U][M][A][N] 21 23 SUBDIVISION: [S][U][N][S][E][T][V][A][L][L][E][Y] 42 SECTION: [2] 44 46 LOT: [1][2] 48 50 52 NEAREST TOWN: [S][Y][K][E][S][U][I][C][K][E] 71 MILES FROM TOWN (enter 0 if in town) [3] 73 [] 76 [] 77 [] 78	
DRILLER INFORMATION Driller's Name: [R][A][L][P][H] [M][A][Y][N][E] 77 License No. 80: [2][2][3] Firm Name: [R][A][L][P][H] [M][A][Y][N][E] (Well Drilling) Address: [9][1][7][0] [B][R][O][O][K] [L][A][N][E] [N][E][A][R] [H][O][U][M][A][N] [M][D] [A][N][D] Signature: [R][A][L][P][H] [M][A][Y][N][E] Date: [1][0]/[3]/[8][6]		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD [S][U][N] [S][E][T] [D][R.] ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 [7][0][0] 37 DISTANCE FROM ROAD ENTER FT or MI [4] 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) [5] 8 [] 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) [5][0][0] 14 [] 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL [1][5][0] 24 [] 28 FEET APPROXIMATE DIAMETER OF WELL [6"] NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: [H][O][U][M][A][N] COUNTY NO.: [A][3][6][5][4][1] OEP SIGNATURE: _____ STATE HEALTH INSERT S: [] DATE ISSUED: [1][0][3][0][3][6] 43 48 CO SIGNATURE: [S][T][O][M][E][N] 4/20/87 EXP. DATE: [] NORTH GRID: [5][4][7][0][0][0] 50 55 EAST GRID: [0][8][0][5][0][0][0] 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other: _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X' SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E [6][0][9][5] N [5][5][0][4][9] 000 000	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) [] 41 [] 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER [] 54 [] G A P 63 FORCE [7][5] 67 68 WRITE INITIALS IN BOX PERMIT No. [1][0]-[8][1]-[1][7][4][1] 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

Review

[illegible]

C15373

SEQUENCE NO.
(OEP USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBERA 36541

DATE Received

DATE WELL COMPLETED
112586

Depth of Well
2265
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
110-81-1741

OWNERLENN MOYTHOMAS

STREET OR RFDlast namefirst nameTOWN

SUBDIVISIONSYMM SET VALLEYSECTION2LOT12

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	Check if water bearing
	FROM	TO
Top Soil	0	2
Shale	2	20
Sand Stone	20	120
Mic K4	120	140
Sand Stone	140	145
Mic K4	145	265

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS15NO. OF POUNDS1500

GALLONS OF WATER90

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to45ft.

CASING RECORD

casing types insert appropriate code below

STEELCONCRETE

PLASTICOTHER

MAIN Nominal diameter Total depth

CASING top (main) casing of main casing

TYPE (nearest inch) (nearest foot)

PL683

OTHER CASING (if used)

diameter depth (feet)

inch from to

SCREEN RECORD

screen type or open hole insert appropriate code below

STEELBRHO

BRASSBRONZE

PLASTICOTHER

C2

DEPTH (nearest ft.)

EACH SCREEN

SLOT SIZE123

DIAMETER OF SCREEN

(NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T(E.R.O.S.)WQ

TELESCOPE CASINGLOG INDICATOROTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)6HR

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother (describe below)

JjetSsubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

abovebelowLAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND 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.

DRILLERS IDENT. NO. 222

DRILLERS SIGNATURE

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Page 1 of 1
Date 11/20/86

Review

5-4-87 ch S. M. H.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1741
Location of property (road) Sun set Dr
Subdivision Sunset Valley Lot 12 Block Plat Sec. 2
Well Driller Ralph Maynard Owner Thomas Lennon

Depth of well 26.5 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 37 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 10 G.P.M.
Total time 45 min to reach pumping water level 190 ft ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	190 ft	20 sec		3 G.P.M.
8:30	190	20		3
8:45	190	20		3
9:00	190 ft	20 sec		3 G.P.M.
9:15	190	20		3
9:30	190	20		3
9:45	190	20		3 G.P.M.
10:00	190 ft	20 sec		3
10:15	190	20		3
10:30	190	20		3 G.P.M.
10:45	190 ft	20 sec		3
11:00	190	20		3
11:15	190 ft	20 sec		3 G.P.M.
11:30	190	20		3
11:45	190	20		3
12:00	190 ft	20 sec		3 G.P.M.
12:15	190	20		3
12:30	190	20		3
12:45	190 ft	20 sec		3 G.P.M.
1:00	190	20		3
1:15	190	20		3
1:30	190 ft	20 sec		3 G.P.M.
1:45	190	20		3
2:00	190	20		3
2:15	190 ft	20 sec		3 G.P.M.

83 ft PL 45 ft open 15 days

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

3/9/88
WPT
In & out side
OK'd
for

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Lennon Telephone _____
Subdivision SUNSET VALLEY Lot # 12 Well Tag # HO-81-1747
Site Address 1010 SUNSET VALLEY DR.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth = 4 1/2"

plastic casing (no
ground wire needed)

Tank

- Capacity well x tank
- Pressure relief valve? yes

(leg
size)

Piping

- Type _____
- Size 1" blue
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

OR to cover line

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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

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

3/9/88
WPI
In & out side
OK'd
(Paw)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation OK to cover line Receipt # _____
Replacement _____ Date _____
Name of Installer _____ Telephone _____
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
Name of Property Owner Lennon Telephone _____
Subdivision SUNSET VALLEY Lot # 42 Well Tag # HO-81-1741
Site Address 1010 SUNSET VALLEY DR.

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth = 46"
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

plastic casing (no ground wire needed)

Tank Piping Well data
1. Capacity well x tank 1. Type _____ 1. Depth _____ ft.
2. Pressure relief (leg size) valve? ✓ 2. Size 1" blue 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____
OK to cover line

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: 3/9/88

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

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Thomas Lennon

(Name)

12030 Old Ford Rd.
MARIOTTSVILLE MD 21104

(Address)

HO 811741

(OEP Well Permit Number)

10/13/86

(Date)

Lot 12 Samsen Valley