3/20/9/ 3/20/9/ 1070" + Poffi.

## PERMIT,

SEWAGE DISPOSAL SYSTEM

EPARTMENT	OF	HEA	LTH	AND	MENTAL	<b>HYGIENE</b>
				·		

03-310671

INDEXED

DISTRICT 3rd

DATE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

-

DATE SYSTEM APPROVED 3

3/20/91

Time Expired for F.C.O.P.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland

and 21157 PHONE\_

8/3-419/

SUBDIVISION Hill Top Farms

\_LOT\_\_\_\_\_

BOAD

3118 Sykesville Road/Route 32

INSPECTOR

PROPERTY OWNER \_

Dancast Somes

Directions Up

p from ROSEMOR.

ADDRESS\_

Michigal Thomas

LRNE -- GLE

CIENEL C+ opposite and

SEPTIC TANK CAPACITY

1250 GALLONS

Schissler/South Carroll Backhoe, Inc.

NUMBER OF BEDROOMS\_

EDROOMS \_\_\_\_

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Beginning from the intersect of the front (564.74') lot line and right of way 635.88' lot line and place the distribution box 325 ft. across the front 564.74' lot line and 70 ft. off the same lot line as seen when facing the lot from 3t. 32. Run trenches on contour toward the right lot line.

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

PLANS APROVED BY

NOTE

Sid Abel

CIB

DATE 05/19/88

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, 90° ELBOWS NOT ACCEPTABLE.

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

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

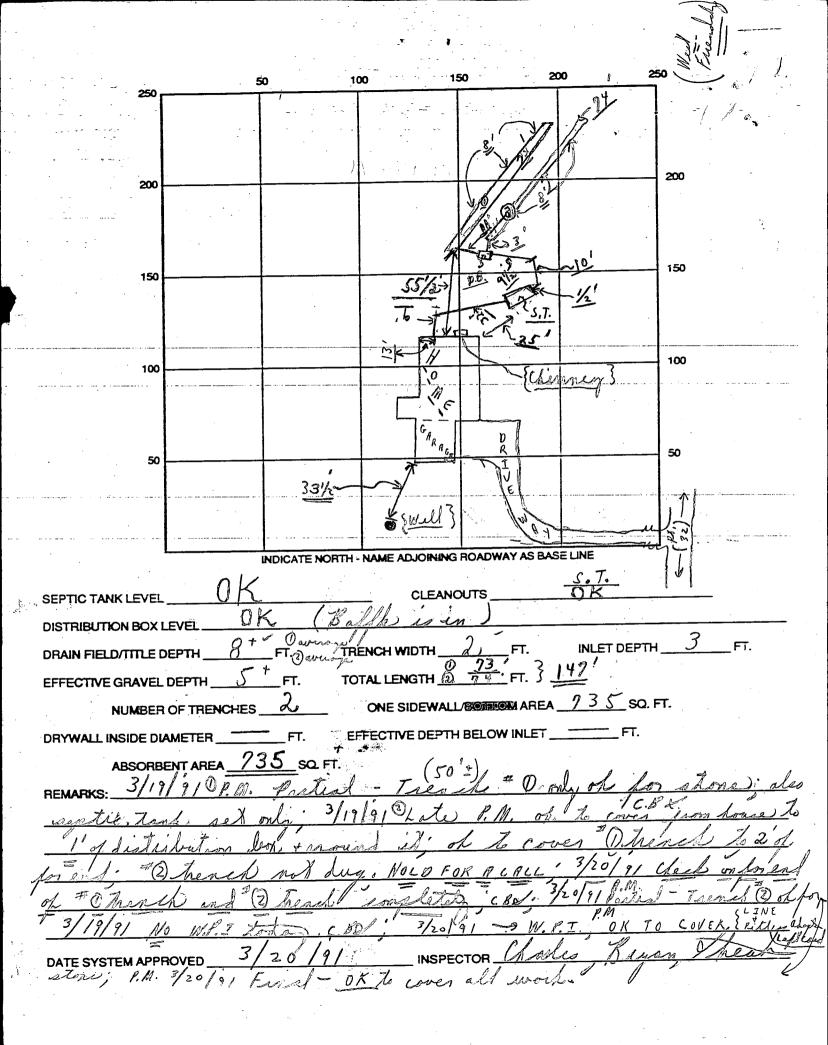
MD RETURNED C/14/01 YSOD130844 - deck

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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



# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE P

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

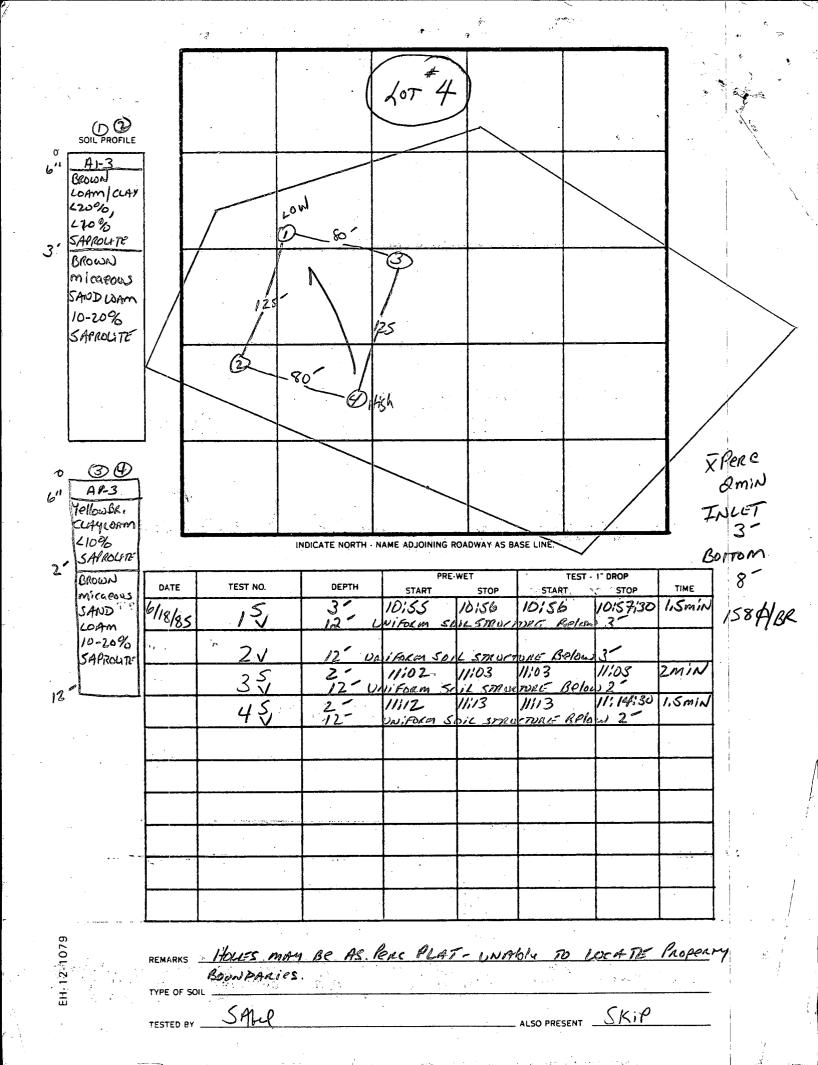
DISTRICT 3 RO.

JUNE 3, 1985

A 35629

PERTY OWNER LEAVY C. BURN	2000, Jr. : 9/0,		e disposal syste	м.	
ADDRESS GGOS AllVIEW OF	Vive .			197-8122	
ERTY LOCATION:	,				
	<u>,                                     </u>		LOT NO.	4	
AND DESCRIPTION Nory land R	ufe 32 , ad	jacent +	o Rosen	cary lane.	
AND DESCRIPTION					
OF LOT 5.00 ACRES		700	E 81.00	3	·
OF LOT			E BLDG	(NUMBER OF BEDROOM	IS)
SYSTEM INSTALLED UNDER THIS APPLICATION	IS ACCEPTABLE ONLY UN	TIL PUBLIC FACILI	TIES BECOME AV	/AILABLE. I FULLY UNDER	STAND
		REFIINDARI E LIN	DER ANY CIRCUM	ISTANCES. I ALSO AGREE	то со!
CONNECTED WITH THE FILING OF THIS PERC T	EST APPLICATION IS NON-	MEI ONDADEL ON	<b>A</b>		
and the second s			ull		
			ATURE OF APPL	ICANT)	<del></del>
HALL M.O.S.H.A. REQUIREMENTS IN TESTING		yin M.R. (sign			
HALL M.O.S.H.A. REQUIREMENTS IN TESTING	THIS LOTFOR	yin M.R. (SIGN	-:	DATE	
HALL M.O.S.H.A. REQUIREMENTS IN TESTING	тніѕ цот.	yin M.R. (SIGN	-:	DATE	

## THIS IS NOT A PERMIT



C 1 8581	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 I	PUNCHED	WELL COMPLETION REPORT  FILL IN THIS FORM COMPLETELY  PLEASE PRINT OR TYPE  COUNTY  NUMBER  A - 3562	
PERMIT NO.			
DATE Received	DATE WELL COMPLETE	22 3 6 5 26	FROM "PERMIT TO DRILL WELL"
8 , 13	15 20;	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	THOMAS Past name 5 32	first'name TOWN	WEST FRIENDSHIP
SUBDIVISION			LOT 4
WELL Not required fo		GROUTING RECORD WELL HAS BEEN GROUTED	C 3
STATE THE KIND O	F FORMATIONS	(Circle Appropriate Box)	1 2 PUMPING TEST
PENETRATED, THEI THICKNESS AND IF	WATER BEARING	CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET Check if water bearing	45 46	PUMPING RATE (gal. per min.
	0 58	GALLONS OF WATER	to nearest gal.)  METHOD USED TO
Show		DEPTH OF GROUT SEAL (to nearest foot)  from from ft. to 5 ft.	WATER LEVEL (distance from land surface)
	58 365 2	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 63
SAND GRAY Mica Rock	58 365 2	casing CASING RECORD	WHEN PUMPING
Rock		types insert ST CO	22 25
		appropriate STEEL CONCRETE CODE PL OT	TYPE OF PUMP USED (for test)  A air  P piston  T turbine
		below PLASTIC OTHER	27 27 27
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O other (describe
		TYPE (nearest inch) (nearest foot)	J jet S submersible
			27 Sabinerable
		60 61 63 64 66 70  E OTHER CASING (if used)	
		C OTHER CASING (if used)  A diameter depth (feet)  In inch from to	PUMP INSTALLED
		C A S	DRILLER WILL INSTALL PUMP YES (NO)
		I I	ÌF DRILLER INSTALLS PUMP, THIS SECTION
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
•		or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
,		appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY:
		below PL OT	GALLONS PER MINUTE (to nearest gallon): 31 35
		PLASTIC OTHER	PUMP HORSE POWER 37 41
, , , , , ,		DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
			CASING HEIGHT (circle appropriate box
		A 8 9 11 15 17 21	and enter casing height)  LAND SURFACE
		S 2 23 24 26 30 32 36	below (nearest foot)
•	PRIATE LETTER DONED AND SEALED		49 50 51
A WELL WAS ABAN		E 38 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBT		SLOT SIZES123(NEADEST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P WELL	RTED TO PRODUCTION	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 10 AND IN CONFORMANCE WITH AL	.17.13 "WELL CONSTRUCTION"	from to	
ABOVE CAPTIONED PERMIT, A PRESENTED HEREIN IS ACCURAT	ND THAT THE INFORMATION	IF WELL DRILLED WAS	
OF MY KNOWLEDGE.	#) 50 CV	FLOWING WELL INSERT F IN BOX 68 68	Front 25
DRILLERS IDENT. NO	* 6' "Da	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Owis was
DRILLERS SIGNATURE		T <sub>.</sub> . (E.R.O.S.) W Q	
(MUST MATCH SIGNATUR	RE ON APPLICATION)	70 72 74 75 76	
SITE SUPERVISOR SIGN	of driller or journeyman	TELESCOPE LOG OTHER DATA CASING INDICATOR	
responsible for sitework if	different (com permittee)	<u> </u>	
		HEALTH	



## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2626	•
Location of property (road) 19072 37	
Subdivision MILL TOP FARM	Lot 4 Block Plat Sec.
Well Driller JOSEPH MAYNE	Owner THANKS, MICHAEL
Depth of well 365 Distance of measuring point (M.P.) above Static water level (S.W.L.) below M.P.	
I. High rate pumping reservoir drawdown	
Time pump started 7:55  Total time Sombs to reach pumping to	Pumping rate 200al water level / // ft. below M.P.

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

(T.T.)				
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 🖇	(if used)	(gallons per
tervals		gallon bucket		minute)
8:10	/33	3 sec		20
8:25	171	3		20
8:40	171	13		45
8:55	171	13		45
9:10	171	/3		4/2
9: 25.	171	/3		4/2
9:40	17/	13		41/2
9.55	171	/3		43
10:10	171	ほ		4/2
10:25	170	/3		4/2
10:40	169	14		4 /4
10:55	169	14		4/4
11: 10	169	14		4/4
11:25	169	14	,	4/4
		,		
·				
			· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·
		L,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	<del></del>	



### HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 24, 1995

Mr. Michael Thomas 3118 Sykesville Road West Friendship, Maryland 21794

#### "FINAL NOTICE"

RE: Hilltop Farms. Lot #4

> 3118 Sykesville Road Well Permit #HO-81-2626

Water Sample Date: May 4, 1994

Dear Mr. Thomas:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap. and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing. Presently, there is no charge for this testing.

Very truly yours.

Donna K. Soe. Sanitarian

Water and Sewerage Program

DKS

Enclosure

E 810,400

SAANASGOGA/LANE ENG.

E 810,500

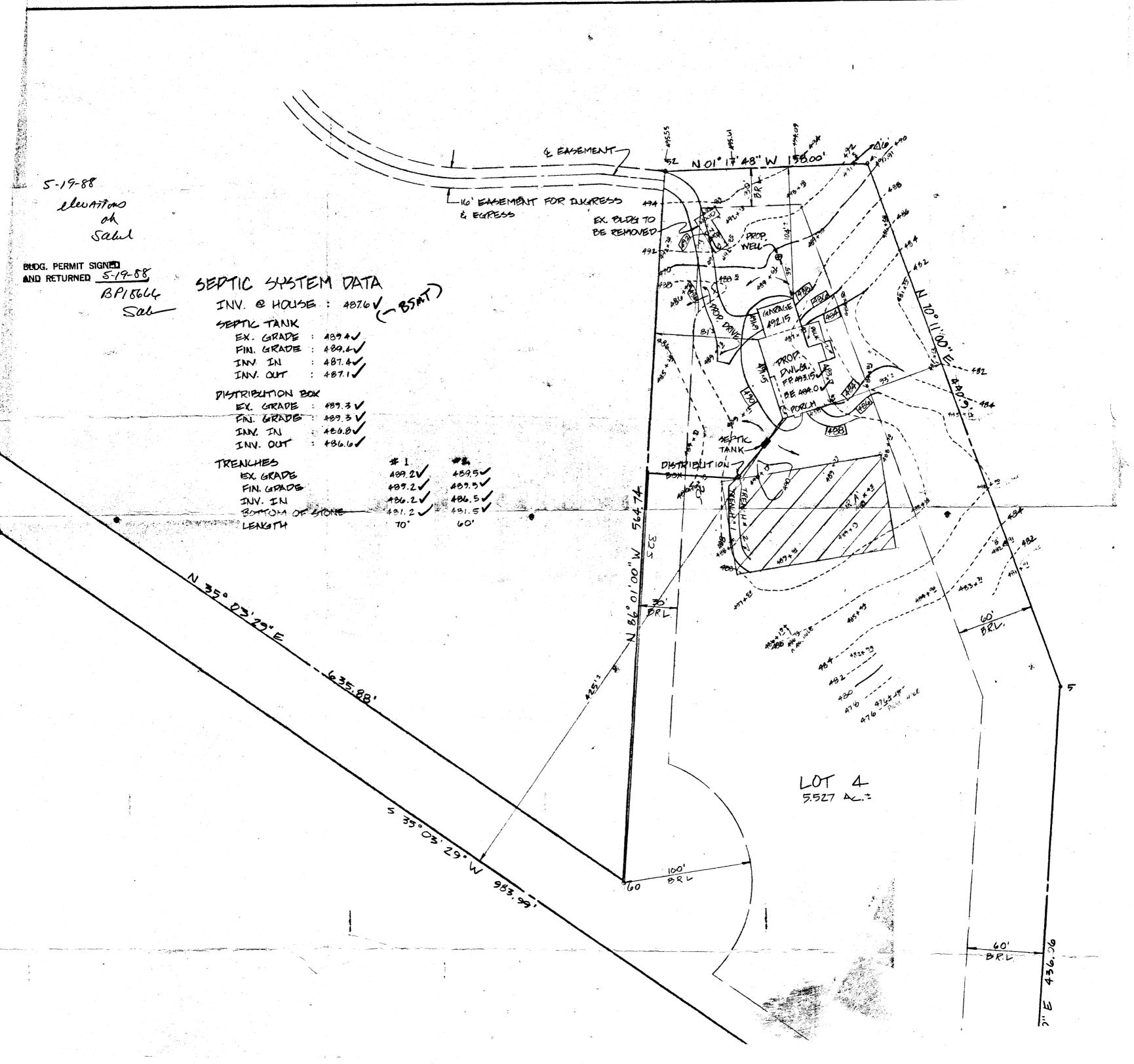
SITE DEVELOPMENT & GRADING PLAN
HILLTOP FARMS

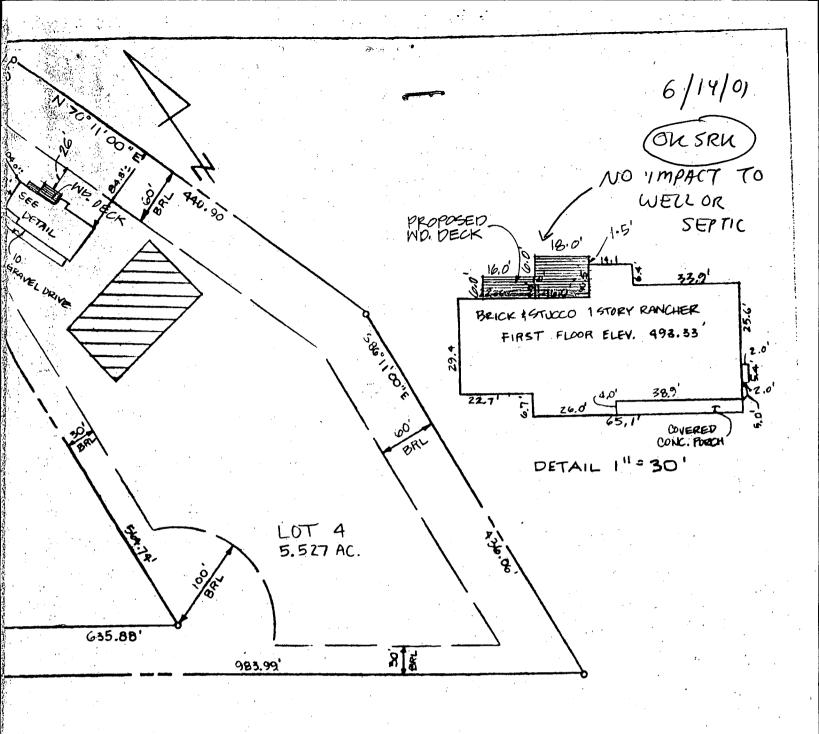
LOT #4 PLAT#6605

SCALE 1"=50"
DATE 10-27-87

REV. 1/4/28 (ADDED NEW

86-142





THE LOT SHOWN HEREON DOES NOT LIE IN A FLOOD HAZARD ZONE AS SHOWN ON HOWARD COUNTY FLOOD INSURANCE RATE MAP # 240044 0015 B, DATED DECEMBER 4, 1986.

I HAVE LOCATED

N. THIS PLAT

UNDARY SURVEY &
ISH PROPERTY

TORY (4/8)

AS-BUILT CERTIFICATION

LOT 4

HILLTOP FARMS

PLAT #6605

ELECTION DISTRICT: THIRD

COUNTY: HOWARD

SCALE: 1"= 100'

DATE: 11/10/89