05-400317

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROV

461-9933

INDEXED

Jack Fyock	IS PERMITTED TO INSTALL X ALTER
ADDRESS	PHONE 988-9270
SUBDIVISIONGreenefields	ROAD 6533 Prestwick Drive LOT 21
PROPERTY OWNER	vid Putman
ADDRESS	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK	CAPACITY BY 50% AND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES NOX	
SEPTIC TANK CAPACITY 2000 GALLONS	NUMBER OF BEDROOMS6
TRENCHES - 180 sq. ft. per bedroom.	Trench to be 3 foot wide This / O. c
STAGO DOCCOM MEXIMUM RE	epth 5.5 feet below original grade. Effective area original grade. 1.5 feet of stone below distribution
LOCATION - Place the distribution be from the left (105') lot	ox 225 feet from the front (189') lot line and 140 fee
MAINTAIN SEPTIC TANK 100	IN LIENCHES ON CONTOUR toward the wishe is 14
cap to grade or above on	septic tank. okico
LANS APPROVED BY S1d	1 Abel DATE 2/13/86
OVER NO WORK UNTIL INSPECTED AND APPROVED	
EITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTM	MENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
OTE. CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/O	
	TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

PERMIT VOID AFTER TWO YEARS

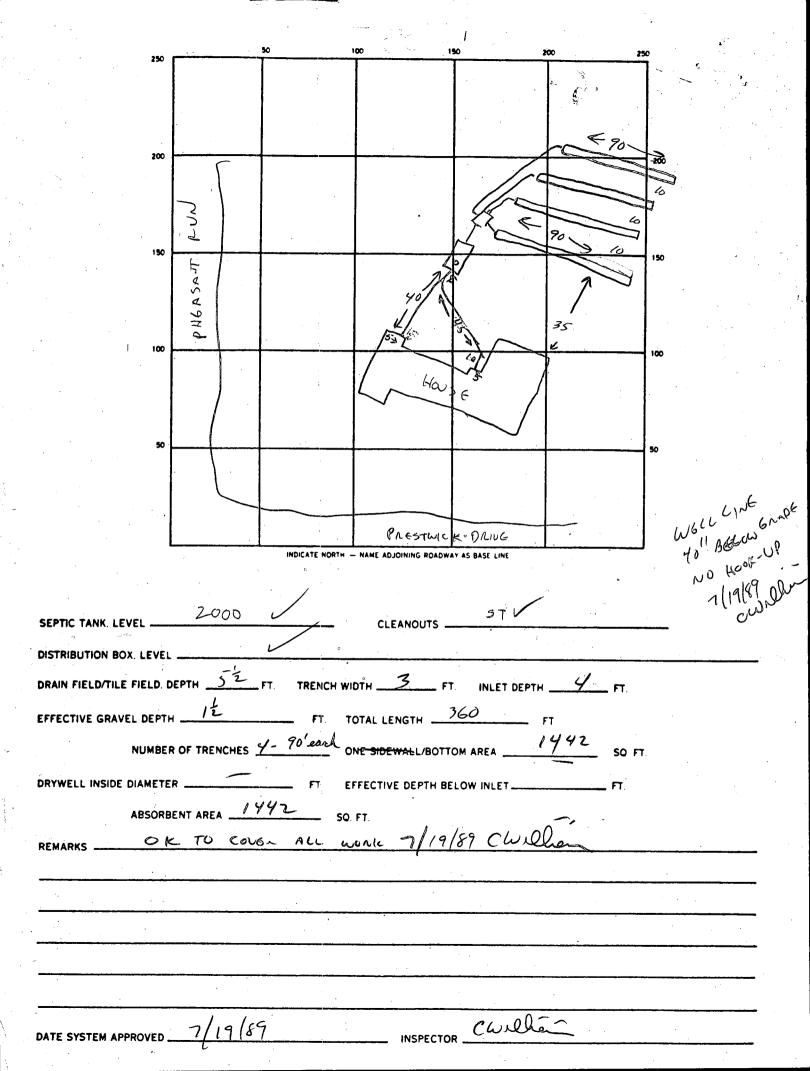
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON. CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHIES) 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

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



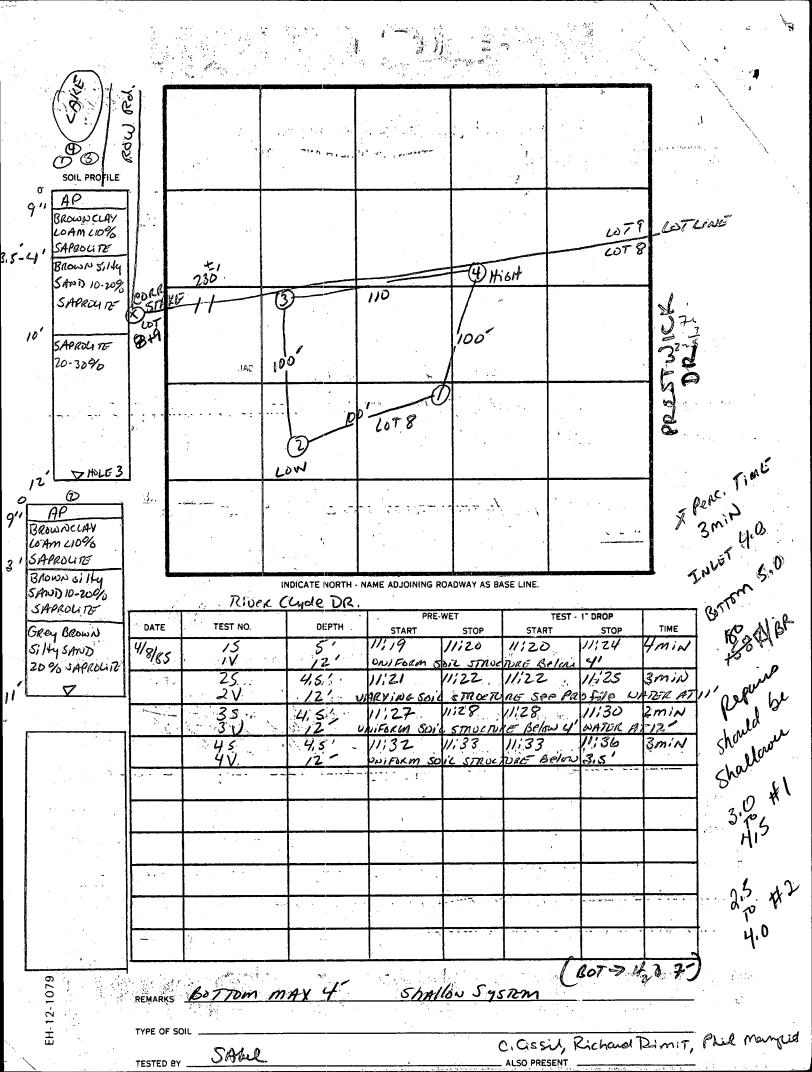
APPLICATION

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	STAT	TE OF MARYLAND	- DEPARTMEN	T OF HEALTH AN	ID MENTAL HY	GIENE	· P		<u> !</u>
	WARD COUNTY HEALTH D					DISTRICT .		5 (
	BOX 476 ELLICOTT CITY, MARY EPHONE: 992-2330	YLAND 21043		· 9	p T	DATE	3-29	-85	3.
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O: THE	COUNTY HEALTH OFFICER		i i	• •	•		, F. 1		
	COTT CITY, MARYLAND REBY, APPLY FOR THE NECESSA	RY TEST IN ORDER TO	CONSTRUCT (OR I	T RECONSTRUCT) A ŜE	WAGE DISPOSAL S	YSTEM.		•	· 21
ROPERTY 6	DEVELOPER	Prestwick D	rive Join	t Vénture	DAVIE	Putr	nan	-27	16-52
ADDF	RESS Box 19	96, Clarksvi	lle, Mary	land 21029	PHONE	854-	-0498		
OPERTY L		1-		·	10	ro oN	FIN	AL	مسب وهره
JBDIVISION	D - 1 - 1 - 0	/		uss See-Z		TZ ON	FIN	AL	
JBDIVISION	Ralph Greene	/		LDS See-Z		T2 ON	FIN	AL	
JBDIVISION	Ralph Greene 4533 DESCRIPTION End-of Pro	/		LDS See. Z	LOT NO.				
JBDIVISION	Ralph Greene 4533 DESCRIPTION End-of Pro	/		LDS See. Z	TYPE BLDG.	single		у	-
JBDIVISION DAD AND D	Ralph Greene 4533 DESCRIPTION End-of Pro	estwick Driv	e	-	TYPE BLDG.	single (NUMBE	famil	y ROOMS	
JBDIVISION DAD AND D ZE OF LOT HE SYSTE	Ralph Greene 6533 DESCRIPTION End-of Pro 3 acres EM INSTALLED UNDER THIS DECTED WITH THE FILING OF	APPLICATION IS ACC	EPTABLE ONLY	UNTIL PUBLIC FAC	TYPE BLOG	single (NUMBEI	famil R OF BED	Y ROOMS	TAND THE
DAD AND D ZE OF LOT HE SYSTE	Ralph Greene 4533 DESCRIPTION End-of Pro 3 acres	APPLICATION IS ACC	EPTABLE ONLY	UNTIL PUBLIC FAC	TYPE BLOG	single (NUMBEI E AVAILABLE CUMSTANCES	famil R OF BED	Y ROOMS	TAND THE
DAD AND D ZE OF LOT	Ralph Greene 6533 DESCRIPTION End-of Pro 3 acres EM INSTALLED UNDER THIS DECTED WITH THE FILING OF	APPLICATION IS ACC	EPTABLE ONLY	UNTIL PUBLIC FAC	TYPE BLDG	single (NUMBEI E AVAILABLE CUMSTANCES	famil R OF BED	Y ROOMS	TAND THE
ZE OF LOT	Ralph Greene (633 DESCRIPTION End of Pro 3 acres EM INSTALLED UNDER THIS DECTED WITH THE FILING OF MOSHA REQUIREMENTS Sidney Abis	APPLICATION IS ACC	EPTABLE ONLY	UNTIL PUBLIC FAC	TYPE BLDG	single (NUMBEI E AVAILABLE CUMSTANCES	famil R OF BED	Y ROOMS	TAND THE

AND RETURNED 5-10-87

PERMIT SIGNED

THIS IS NOT A PERMIT



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A -2-1-1-

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

REJECTED BY

HOLD PENDING FURTHER TESTS

REASONS FOR REJECTION OR HOLDING

DISTRICT 5

THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. DEVELOPER Prestwick Drive Joint Venture Box 196, Clarksville, Maryland 21029 PHONE PROPERTY LOCATION: Ralph Greene Propert of Prestwick Drive ROAD AND DESCRIPTION End 3 acres SIZE OF LOT _ TYPE BLDG. (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 CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

ISIGNATURE OF APPLICANT

THIS IS NOTA DERWIT

SOIL PROFILE

Carlo Maria	engeli i nostav je ostav ipo		the control of the co
Service of the servic			
CALL STREET, S			·
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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

T	TECT NO		PRE-WET		TEST -	1" DROP	T
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
}					` .		}
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REMARKS	,		
		•	
TYPE OF SOIL			-
TECTED BY		ALCO POSCENT	

EIF-12-1079

		1000 SEQUENCE NO.			OEP PERMIT NUMBER
В	2	(OEP USE ONLY)		MARYLAND DRILL WELL	UN-RI-11549
		IIS NUMBER IS TO BE PUNCHED COLS. 3-6 ON ALL CARDS)	please pri	nt or type	fill in this form completely 79
	Da	ite Received 7/25/64		B 3	LOCATION OF WELL
	<u> </u>	OWNER INFORMA	ATION	HOWARD	
		20113	2 6 63 88 AV W	8 COUNTY	21
	15	Last Name Owner	First Name 34	GRAPE 23 SUBDIVISION	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	36	Street or RFD	55	SECTION I	LOT 2 / HACH 9-
	5	7 / 6 M S / 7 / 1 / M Town 70	15	HIGALON	
Γ		DRILLER INFORMATION	ON .	52 NEAREST TOWN	71 M L
		Joseph Led Jugar		MILES FROM TOWN (ent	er 0 if in town) 73 76 77 78
	Dil	Park Same	77 License No. 80	B 4	Roberton & Other
	Fir	m Name		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
	Ād	dress	and the second s		NORTH (N)
	Sig	inature / Manager	Date /	W 8-9 NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX)
В	2	WELL INFORMATION	1	W TOWN E	WEST SEAST
[]	ÅF	PPROX. PUMPING RATE (GAL. PER MIN.)			34 / / / 37
		ERAGE DAILY QUANTITY NEEDED	aan'i	S _W S _E	DISTANCE FROM ROAD
L	(G	AL. PER DAY)	20	8-9 S 8-9	ENTER FT or MI
	1	USE FOR WATER (CIRCLE APPR	OPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
		D HOME (SINGLE OR DOUBLE HOUSEH	· · · · · · · · · · · · · · · · · · ·	100 and 300	n_31/00 i
		F FARMING (LIVESTOCK WATERING & A	AGHICULTURAL	COUNTY NAME	COUNTY NO.
ŀ	22	INDUSTRIAL, COMMERCIAL, STATE A OTHER (REQUIRES APPROPRIATION F		OEP SIGNATURE	STATE HEALTH INSERT S
		PUBLIC OR PRIVATE WATER COMPAN	NY (REQUIRES	DATE ISSUED	A A f soluted
١.		P APPROPRIATION PERMIT AND STATE I	HEALTH DEPARTMENT		SIGNATURE EXP. DATE
		TEST, OBSERVATION, MONITORING (I	MAY REQUIRE	ORID GRID GO 0	0 EAST 0 0 0 0
				SHOW MAJOR FEATUR	ES OF FOCATION PON Place
L	AI	PPROXIMATE DEPTH OF WELL 24	FEET 28	BOX & LOCATE WELL _ WITH AN X	26'- Caroni
			NEAREST	SOURCES OF DRILLING	WATER 22' MO PO
L	AI	PPROXIMATE DIAMETER OF WELL	INCH	1. (d) 84.	12 - 0000
		METHOD OF DRILLING (3.	
	30	BORED (or Augered) AIR-ROTary AIR-PERcussion RC	Jetted & <u>DRIVEN</u> DTARY (Hydraulic Rotary)	WRITE THE BOX NUMB FROM THE MAP HERE	ER 67.00gs
ŀ	37	CABLE REVerse_ROTary	<u>DR</u> ive POINT		_ Not present
,		other	•	E	as time or grown
\vdash		REPLACEMENT OR DEEPENE	D WELLS	N 495	5 - 000 3/25/ R.6
		(CIRCLE APPROPRIATE B	· · · · · · · · · · · · · · · · · · ·		W SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE
	: €	N THIS WELL WILL NOT REPLACE AN E			TO NEAREST ROAD JUNCTION
		THIS WELL WILL REPLACE A WELL T ABANDONED AND SEALED	HAT WILL BE	N	
	: 39	S THIS WELL WILL REPLACE A WELL T	HAT WILL BE USED	A	
-		D THIS WELL WILL DEEPEN AN EXISTIN	NG WELL		2 / St.
		PERMIT NUMBER OF WELL TO BE REPLAC			
L			52		any to
		Not to be filled in by driller (OEP L			A Comment of the Comm
	AI	PPROP. PERMIT NUMBER G	A P 63	an microson of	N. S.
	FC	DRCE WRITE PERMIT NO. NO. 70 71 72	73 74 75 76 77 78 79	Hickory	
	SI	PECIAL CONDITIONS			

C 1 Q0576 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 34901
DATE: Received DATE WELL COMPLETE	D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL <u>"</u>
8 13 09999	V ₂₂ / O, S 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	ZAMES	4n n d V 8 c c c c c c c c c c c c c c c c c c
STREET OR RED Plast name WICK	SECTION TOWN	HIGHLAND
SUBDIVISION WELL LOG	CROUTING DECORD	
Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	
PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check if water	CEMENT CM BENTONITE CLAY BC	8 9
additional sheets if needed) FROM TO bearing	NO. OF BAGSNO. OF POUNDS	PUMPING RATE (gal. pel min. 12 15
SAND STONE 6 21	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE MELLINGS
	from 1 ft. w22 ft.	WATER LEVEL (distance from land surface)
GRAY MICH 21 1050 Rock	(enter 0 if from surface)	BEFORE PUMPING
Corny III KI	casing types types insert ST CO	WHEN PUMPING \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Roch	insert appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
	code below PLASTIC OTHER	A air P piston T turbine
	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
	CASING top (main) casing of main casing . TYPE (nearest inch) (nearest foot)	27 (describe
		jet Ssubmersible
	60 61 63 64 66 70	
	E OTHER CASING (if used) A diameter depth (feet)	PUMP INSTALLED
	c inch from to	DRILLED WILL INSTALL DIMAR
	S S	(CIRCLE) (YES OF NO) IF DRILLER INSTALLS PUMP, THIS SECTION
		MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	screen type SCREEN RECORD or open hole	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	insert appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE: 29
	code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE 31 35
Day 1 360'	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
1 thy were 300		PUMP COLUMN LENGTH
DRYWELL 360' FILLED IN with connect	DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
+ DRILLING materials	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and enter casing height)
	S ²	LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER	C 23 24 26 30 32 36 R 3	49 foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS .
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO 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	from to	20: 22
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT	D. LES DKA MENT
DRILLERS IDENT. NO. 238	F IN BOX 68 68	
local t. Mann	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	# 13 mark 139d.
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) WQ	J.
	70 72 74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	PADER PLACE
. Land the control of		CADER PLACE

Review OK & 8/19/86 BD

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

		HOWARD COUNTY WEL	L YIELD TEST	
Subdivision of pr	(AK ZZNZFIS	PRESTWICK DR	Block Plat	:Sec. _1 ##\$\$
well briller _	JOSEPH M	MYNZ Own	er POIS, JAMES	
Distance	f well 105 e of measuring p water level (S.W	oint (M.P.) above g.	round / 2	
!. High rate	pumping rese	rvoir drawdown		Programme and the second secon
			Pumping rate 13. r level 24 ft.	below M.P.
II. Recovery	pump test data -	observations to be	recorded every 15 minu	ites
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:13	24'	5 Rec.		Initiate)
8:30	1	5		11
8:45~	24	3		13
900	24	5		12
9:15	24	5		12
9:30	24	5		/2
9:45	24	5		12
1000	24	5	N	/2
10:15	24	5		12
10:30	24	5		/ ユ
16:45	24	5		12
11:00	54	5		12
			•	
				,

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

PUNP INSTALLATION

THE POLLOWING 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.) Greene Tield's Section One () Area Two Lot al

(Name)
1209 Brand Ford Rd.
(Address)
(Address)

1081 1549 (OEP Well Permit Number) 6/1/86

(Date)

