PERMIT

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 992-2330

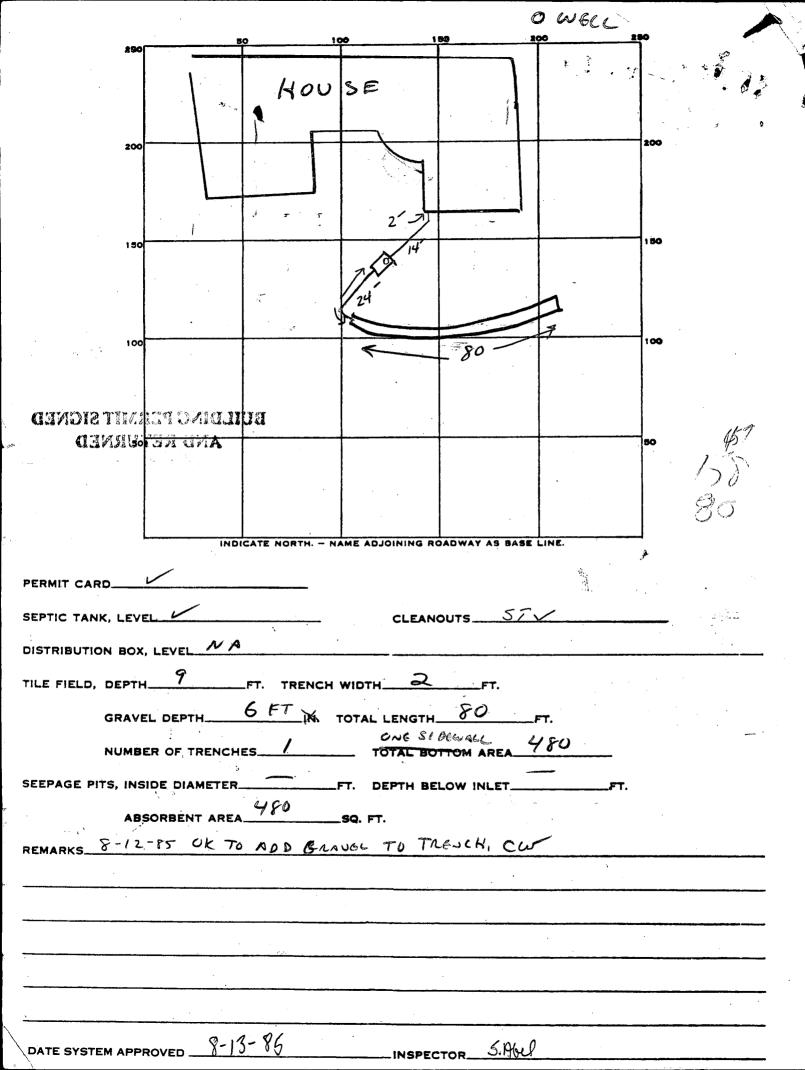
03292(42 INDEXED

ELLICOTT CITY

8-13-85

approved

	71 ~	mold Contin	Manie Carrigo						
	AL	nota septic	Tank Service		S PERMITT	ED TO INSTA	ALLX A	LTER	
ADDRE	SS <u>Jacobs R</u>	Road, Mt. Air	ry, Maryland 21	1771	P	HONE	795-7873		
SUBDIV				D <u>2710 Rout</u>				07, Libre	<u>.</u> #676
PROPER	RTY OWNER L	tecky	Charles & Mari	ie Filzgerale		- 489-	-4497		_
ÁDDRE					,		ING PER	MIT SIC	NED
		USED INCREASE S	EPTIC TANK CAPACITY	BY 50% AND ABSO	ORPTION AF			TIPA NITTON	
GARBA	GE GRINDER?	YES	NOX					•	
SEPTIC	TANK CAPACITY	GAI	LLONS NUMBER	R OF BEDROOMS 🗔	}			14	
Botto origi at pe the pr to	om maximum dinal grade. erc hole #4 right lot li recisesly lo oward front OTE: No tre	epth 9 feet of some of some of some of the control	d 100 feet in l	grade. Effe ribution pip rom the righ property fro closest to tength. If m	ctive a le. LOC lt lot l lm Route lhe well	rea begi ATION: Line and 32. (1 L) Run t	ns at 3 fe Start the approximat his hole in rench(s) a	eet below first tro tely 750 has never along con	ench feet f been
	distri	bution box i	s required. Ca	all for inspe	ction o	of trencl	n(s) before	e and	
			stalled. Provi septic tank.	<u>de 6" - 8" d</u>	iameter	<u>cleano</u> u	it and cap	_to	_
8-16 WP]	-85 I-Piness 8	' Below GRADE	- Vell Liwe 4- C. Williams	-8 'below Gr	CADE;	PNESSURE	TANK W/Re	lief VAlue	
PLANS.	APPROVED BY		C. Williams		<u>, </u>	DAT	8/9/85		S#₹&!
		PECTED AND APPROV							
NEITHE	R THE HOWARD COU	NTY COUNCIL NOR TH	HE HEALTH DEPARTMENT	IS RESPONSIBLE FOR	THE SUCCE	SSFUL OPERA	TION OF ANY SYS	STEM.	
NOTE:	IF TRENCH IS USED	CALL FOR INSPECTION	ON BEFORE AND AFTER PL	ACING GRAVEL IN TR	ENCH.				
NOTE:	NO DRY WELL SHA	LL EXCEED 15 FOOT	IN DIAMETER. NO ABSORP	TION TRENCH TO EXC	EED 100 FEI	ET IN LENGTH			,
NOTE:	ALL PIPE FROM HO	USE TO SEPTIC TANK	MUST BE CAST IRON OR	SCHEDULE 40 PVC O	RABS.	LDG, PER	MIT SIGNED		P h.s
PERMIT	VOID AFTER THREE	YEARS.			Ž,	AL AL A	ENED 2-22	99	EY.
NOTE:	INSTALL STAND PI	PE ON SEPTIC TANK A	ND DRY WELL. STAND PIPE	ES MUST BE 6 INCHES	IN DIAMETE	R. CAST IRON	CONCRETE OR TI	ERRA COTTA, O	$R = \frac{1}{2}$
	PVC OR ABS ACCE	PTED. IF TOP OF SEPT	TIC TANK IS DEEPER THAN	3 FEET MANHOLE TO	GRADE REC	QUIRED. 33	ICU Noise	elle.	1



Owner's Name:

Fitzgerald 2710 Route 32

Address:

LOCATION OF PROPERTY:

WELL TAG NUMBER:

HO 81 0536

PLUMBER OR CERTIFIED PUMP INSTALLER:

Baker

Phone Number:

License Number:

Receipt Number:

Date:

Comments:

tion: tank in (Will make model WM6)-OK 12/23/5 pressure guage booked up OK Outside lines all sovered including pettless ell Pump Inspection Was Approved: Pettless, line, power source 12/23/85 OK'd 8/16/83 by

Date Well Pump Inspection Was Approved:

Inspector:

B. Nufon

Howard County Health theur P. U. Box 476 Efficott City, Maryland 21042

owner's Name: Chuck Fitzgerald

Address:

Location of Property: Lot 158 BK 117

Well Tag Number;

2710 Rt 32 West Friendship

Plumber or Certified Pump Installer: Googs Booker

Phone Number: 788.3080

License Number: 2214

Receipt Number:

35783

Date: 7/14/85

Comments:

8-16-85

Inspection: PINESS AT & Below CRADE,

Mell LINE 4-8' Brow GRADE
PROSSURE THUR INSTALLED WITH Relief VALUE.

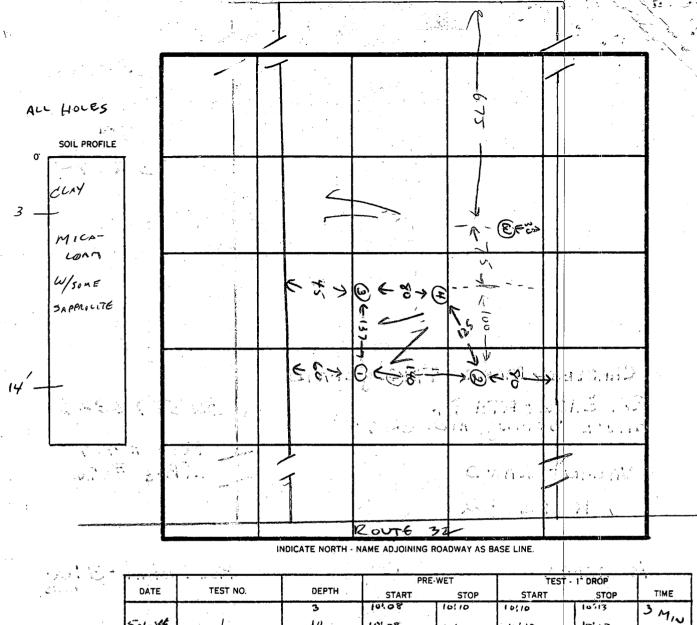
SILES

Date Well Pump Inspection was approved:

Inspector:

	₩
APPLICAT	ION
5/1/84 A.M. SEWAGE DISPOSAL TESTING	A 3372
$g: 3^{\circ}$ State of Maryland - Department of Health and Men	NTAL HYGIENE P
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES	DISTRICT 3+d
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043	
TELEPHONE: 992-2330	DATE
THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DI	ISPOSAL SYSTEM
ROPERTY OWNER - CHARLES + MARIE FI+ZGETAID	
ADDRESS / BOI EILSWORTH DE	PHONE - 301-587-632 G
SILVER SPring, MD. 20910	PHONE DOT SA 7 DO F
ROPERTY LOCATION:	Folio # 407
UBDIVISION VACANT LAND	10 LiBre #676
2710	NO.
DAD AND DESCRIPTION ROUTE 32	
ZE OF LOT / 10 ACKES TYPE BL	ng - Residential - 3 Be
	(NUMBER OF BEDROOMS) FOO
HE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES	C DECOME AVAILABLE LEUL V HADEBOTAND TO
C	S DECOME AVAILABLE. I FULLY UNDERSTAND (I
EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER	ANY CIRCUMSTANCES. I ALSO AGREE TO COMP
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Charler	titravald
	RE OF APP (CANT)
PPROVED BY FOR	DATE
	37110
EJECTED 8YFOR	DATE
OID DENDING FURTHER TESTS C William	5/1/84

THIS IS NOT A PERMIT



1			, ·		, ,	. 15 *	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DATE	TEST NO.	DEPTH .	PRE START	-WET STOP	TEST	- 1" DROP STOP	TIME
5-1-84	1	3 (U	10,08	10:10	10:10	10/13	3 M,
	N. A.	14	MICA LOA	~			
5-1-84	2 DON	10 10	10136	10/4/	10:141	10:41	10 M/N 3 M/N
	*******************	14	MICA LOP				
5-1-84	3	10	10:51	10:53	10153	10155	2 MIN
		14	MICA EUN				
5-1-84	4 18/64	4 10	10:5 F	11:00 11-50	0 4049	11;02	241
	٠.	14	MICA LOA	M			
,						,	

REMARKS	Jan	Choliff Track in T	3 1900	٠ ء .	•
	MICH LOAM				
TYPE OF S	J			BUD	Ranold
TESTED BY	Cwillian		ALSO PRESENT	CUAS	FATZGERALD.

EH-12-1079

SPECIAL CONDITIONS

c 1 3438 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 3372/		
DATE Received DATE WELL COMP		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
8 13 15 37	22 G 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNER Fitzgerald STREET OR RFD. last name Md. A	te. 32 Charles te. 32 first name TOWN W	lest Friendship		
SUBDIVISION Taxmap 15, parce		LOT		
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED AND AND AND AND AND AND AND AND AND AN	C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	1 2 PUMPING TEST		
THICKNESS AND IF WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
if y	ater NO. OF BAGS 12 NO. OF POUNDS 1506	PUMPING RATE (gal. per min. 11 11 11 11 11 11 11 11 11 11 11 11 11		
Top Soul 0 7	GALLONS OF WATER 2 DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket		
10p Soil 0 2	from \bigcirc	WATER LEVEL (distance from land surface) BEFORE PUMPING		
Top Soil 0 2 Sandy 2 32	(enter 0 if from surface) casing CASING RECORD	WHEN PUMPING //60		
Sand Stone 32 38	types insert STEEL CONCRETE	TYPE OF PUMP USED (for test)		
M:cKA 38 45	code PL OT	A air P piston T turbine		
	PLASTIC OTHER 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 27 below)		
Micky 50 160	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	\bigcup_{27} jet \bigcup_{27} submersible		
	E OTHER CASING (if used)			
	inch from to	PUMP INSTALLED		
		DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION		
	G CORPEN BECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
	screen type SCREEN RECORD or open hole STBR	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29		
	insert appropriate code STEEL BRASS OPEN BRONZE HOLE	CAPACITY:		
	below PLASTIC OTHER	(to nearest gallon)		
	C 2	PUMP HORSE POWER 37 41		
	DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box		
· c'	E 1/1 0 4 2 15 17 21	and enter casing height)		
•	H 2 26 30 32 36	49 LAND SURFACE (nearest foot)		
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALE	B 3	49 LOCATION OF WELL ON LOT		
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	N 30 39 41 43 47 31 SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR		
P TEST WELL CONVERTED TO PRODUCTI	1 OF SCREEN! INCH\	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCT ACCORDANCE WITH COMAR 10.17:13 "WELL CONSTRUCTIONS OF THE CONSTRUCTION OF T	56 60 FD IN from to	(MEASUREMENTS TO WELL)		
AND IN CONFORMANCE WITH ALL CONDITIONS STATED I ABOVE CAPTIONED PERMIT, AND THAT THE INFORM PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE	TION IF WELL DRILLED WAS	140° 2000 00 6		
DRILLERS IDENT. NO. 233	F IN BOX 68 68 OEP USE ONLY	well get		
Raph Mayer	(NOT TO BE FILLED IN BY DRILLER)			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION				
SITE SUPERVISOR (sign. of driller or journey)	TELESCOPE LOG OTHER DATA			
responsible for sitework if different from perm				

Page	of
Date	5/31/44

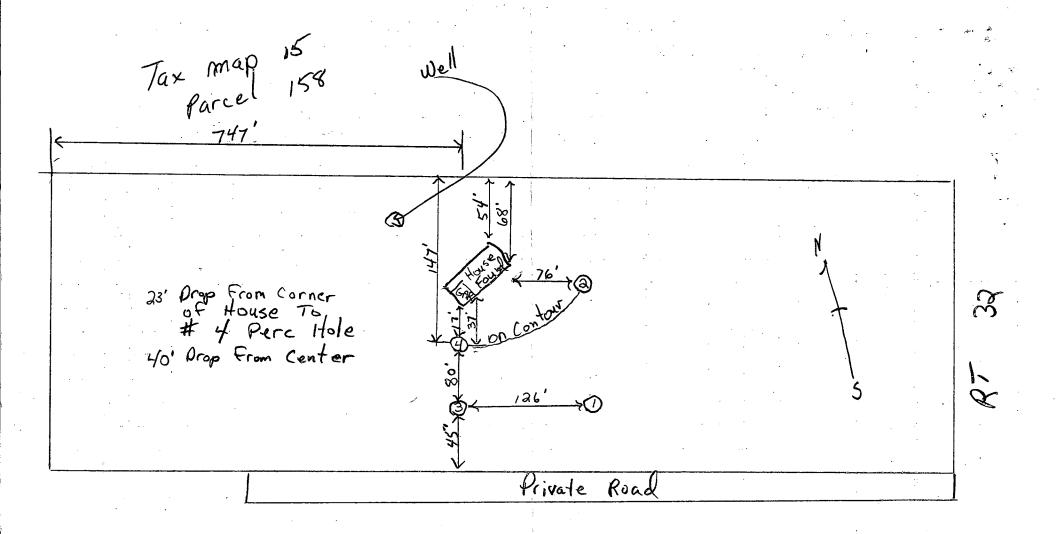
Review 6/27/840x 65.

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 8/-0535 Location of property (road)Md_Rk_3	32				· .
Subdivision frama 15. Parcel 158	Lot	Block	Plat	Sec.	
Subdivision taxmap 15. farcel 158 Well Driller Ralyh Mayna	Owner	Charles F	itzgevald		
Depth of well //2 / // Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.	ve grou 45	nd 21+			
I. High rate pumping reservoir drawdown Time pump started 9.60 Total time 1500,00 to reach pumping	water l	umping rate evel <u>#5</u> #	9 G.P.M Eft. below	, M.P.	

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

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	0010	gallon bucket	•	minute)
9:15	45ft	7 sic		9 G. P.M.
9:30	4514	7 svc		96.P.M.
9:45	45 ft	Ten		9G.P.m.
10:00	45 ft	7 sic		9 G. P. M.
10:15	45 Pt	7 suc		26, pm
10:30	16ft	Tou		9G.Pm
10:45	45-ft	Toc		96.Pm
11:00	45-F+	Tore		90.2m
11:15	45 f t	Jone		96.Pm
11:30	45-1+	1 pre		96 Pm
11:45	45ft	7 suc		96.Pm
	,			<u> </u>
			•	



Trench Elev. 100'
Trench inlet 96.5'
Septic tank outlet 97'
Septic tank inlet 97.5
House Outlet 98'
Base. elev. 100.5'
F. Floor Elev. 103.
Well Elev. 107

Fitzgerald 5-30-84 Charles R. Litzgerald

Lighting Limited North

6563 BALTIMORE NATIONAL PIKE BALTIMORE, MARYLAND 21228 744-4377

AMOUNT 8 SALES TAX MD. QUANTITY SHIPPED LESS DEPOSIT PAID TICKET NO. TOTAL DATE DEL CUST. P.O. NO. PRICE JOB ADDRESS LOCATION BIN NO. SPECIAL INSTRUCTIONS 8 ALL QUOTED DELIVERY TIMES ARE SUBJECT TO AVAILABILITY APPROXI-MATE DELIVERY TIME VEEKS DESCRIPTION, FINISH AND GLASS DATE QUANTITY ORDERED NOTIFIED 8.0 PHONE WK. ADDRESS TEM 16-9 Ξ 12 7 5 17 8 5 13 თ P.O. NO.

INVOICE

ALL SALES FINAL

NO REFUNDS

GRAND TOTAL

INVOICE/ALPHA CONTROL

