RPS#

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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▲ 50070B

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

чекерэзх 313-2640

INDEXED

DATE 8-11-9

DATE SYSTEM APPROVED 8 22/95

INSPECTOR (2)

			kas (f	•		
Olen Kette	rman		IS I	PERMITTED TO INSTAL	L X ALTER	
ADDRESS 14960 Rout	e 144, Woodbin	e, Maryland 2	1797	PHONE 442	-1336	
SUBDIVISION Eugene B	. Moore Proper	<u>ty</u>	ROAD	3349 Roxbury N	Mill Road (Rt	.97)
PROPERTY OWNER		Richard an	d Jane Brown			
ADDRESS		BUILDING P	ERMIT SIG	NED	- v ²	
SEPTIC TANK CAPACITY NUMBER OF BEDROOMS 210 SQUARE FEE	3	AND R 4-15'04 BOD	ETURNED 147463-DE	CK .		
OCOANETEL	PER BEDROOM			1 1		
7 fee grade LOCATION:- Begin distr	h to be 2 feet t below origin. 4 feet of s ning from the ibution box 85	al grade. Eff tone below dis intersection o feet up the 6	ective area tribution pi f the 434.61 29.99 lot li	and 629.99 lot ne and 65 feet	et below orig t line, Plac off that sam	inal e e
PLANS APROVED BY Amy	McMillen				_DATE 3/16/95	
COVER NO WORK UNTIL INSPEC						
NEITHER THE HOWARD COUNT	Y COUNCIL NOR THE HEA	ALTH DEPARTMENT IS RE	SPONSIBLE FOR THE	SUCCESSFUL OPERATION	ON OF ANY SYSTEM	
NOTE: CLEANOUT REQUIRED ACCEPTABLE.	EVERY 70 FEET OF SE	WER LINE AND/OR AT 9	90° SWEEPS IN LINE	S FROM HOUSE TO DR	AIN FIELDS, 90° ELB	OWS NOT
NOTE: ALL PARTS OF SEPTIC AUTHORIZED)	SYSTEMS (I.E. TANK, D	DISTRIBUTION BOX TRE	NCHES) TO BE 100 I	FEET FROM WELL (UNLE	ESS OTHERWISE SPE	CIFICALLY
NOTE: IF DEEP TRENCH(ES) AF	E USED CALL FOR INSPE	ECTION BEFORE AND AFT	TER PLACING GRAVE	L IN TRENCH(ES)		

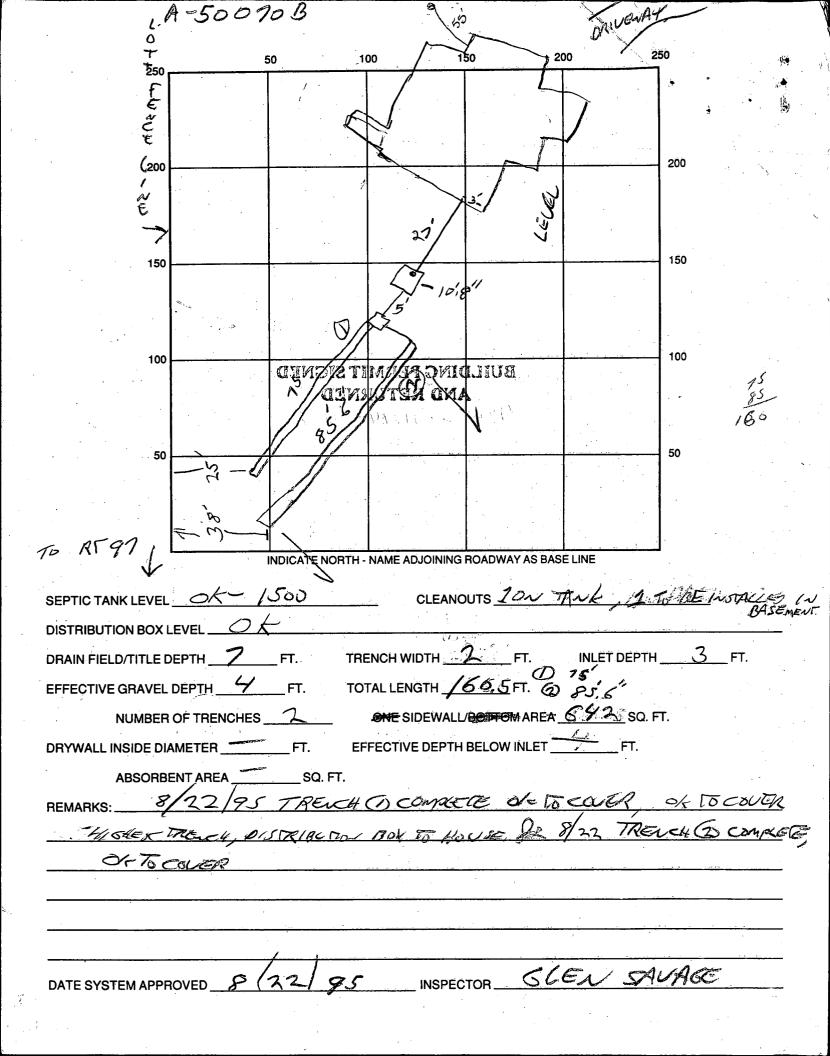
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERCOLATION TESTING

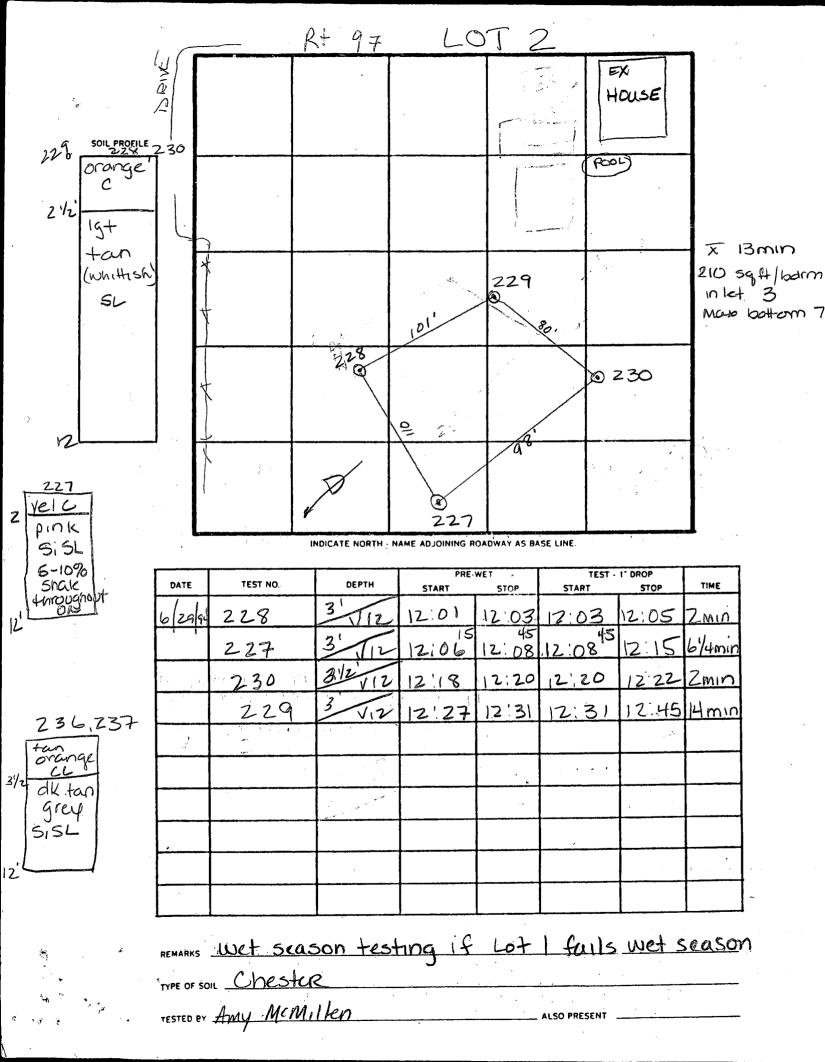
DATE MAY 12,1994

A 50070-B

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH PO BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE 461-9933

		•			
TO:	THE COUNTY HEALTH OFFICER				
	ELLICOTT CITY, MARYLAND				•
	1, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRU	ICT (OR RECONSTRUCT	A SEWAGE DISPOSAL	SYSTEM	
	RTY OWNER BAGENE B. MODE, JR.	Richard +	SANE BI	rowN	
PROPE	RTY OWNER CONTROL OF THE PROPERTY OF THE PROPE			410-489	-4127
	3351 ROXBUPY MILL ROAD - N	1.D. RTE 97	PHONE	40-442	-2 <i>60</i> 6
,	ADDRESS 3351 ROXBUPY MILL ROAD - N GLENWOOD, MD. 21738			•	
PROSE	ECTIVE BUYER			*	
	• //				
	ADDRESS	<u>., , , , , , , , , , , , , , , , , , , </u>	PHONE _		
PROPE	RTY LOCATION:				
	•		LOT NO	2	
SUBDI	VISION		LOI NO		
	AND DESCRIPTION ROX BURY MILL RD. 1500 1 ±	South OF	BURN'T WOO	DOS RO.	
ROAD	AND DESCRIPTION THE PERSON OF				
				. PERMIT SIG	
TAX N	1AP 21 PARCEL # 140		and	RETURNED 9	1/7/95
100	9 +		Leu	ul # 5 995 G	- 2 Bem
SIZE O	FLOT 3 act		TYPE BLDG	JINGUE HHI	יוטץ
			•	SINGLE FAMILY DWE	LING OR COMMERCIAL)
				•	
THE S	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	E ONLY UNTIL PUBLI	C FACILITIES BECOM	IE AVAILABLE. I FU	LLY UNDERSTAND THE
			DI FILLIDED ANY CIE	CUMETÀNICES I AL	CO ACREE TO COMPLY
	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION				
14/1-71	ALL MOCHA RECHIREMENTS IN TESTING THIS LOT	Pice o	a Re	2216 A	- e O
WIIN	ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	0	(SIGNATURE OF	APPLICANT)	7
•					
APPRO	VED BY	FOR	~·····	DATE	
				,	
REJEC	TED BY	FOR		DATE	
HOLD	PENDING FURTHER TESTS			DATE	
			•		
REASO	NS FOR REJECTION OR HOLDING				

THIS IS NOT A PERMIT



C1 3563	SEQUENCE NO(DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 (THIS NUMBER IS TO BE PUNCHED		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER W 50507		
IN COLS. 3-6 ON ALL CARD ST/CO USE ONLY	DATE WELL COMPLETE	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"		
DATE Received	037695	22 1 4 5 26	49-99-0348		
8 13 M O	15 20 OKE	(TO NEAREST FOOT)	728 29 30 31 32 33 34 35 36 37		
UVVINED	last name Pour		GLENHOOD		
SUBDIVISION	TOWNS THE	SECTION_	Lor 7-8-0		
WELL L Not required for	driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)			
STATE THE KIND OF I	COLOR DEPTH,	TYPE OF GROUTING MATERIAL 44	PUMPING TEST		
THICKNESS AND IF V	FEET Check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.		
additional sheets if needed)	FROM TO bearing	NO. OF BAGS NO. OF POUNDS 2030 GALLONS OF WATER	to nearest gal.) METHOD USED TO		
		DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE (CONTROL OF CONTROL OF		
TopSoiL	0 3	from O tt. to 48 TOP 52 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 12		
54ndy	2 50 -	casing <u>CASING RECORD</u>	17 20		
		types insert appropriate STEEL CONCRETE	WHEN PUMPING		
SANC STONE	50 55	appropriate code below PL OT	TYPE OF PUMP USED (for test) A air P piston T turbine		
MICKA	55 25	PLASTIC OTHER	27 27 27 other		
SAND STONE	25 80 0	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O (describe below)		
	80 145	TYPE (nearest inch) (nearest foot)	J jet Ssubmersible		
MICKA		60 61 63 64 66 70	27		
		C diameter depth (feet)	PUMP INSTALLED		
		c at the second	DRILLER WILL INSTALL PUMP YES (NO)		
		A S S	(CIRCLE) (YES or NO) IF 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)		
		(appropriate) STEEL BRASS OPEN BRONZE HOLE	CAPACITY:		
		below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon)		
IN HARD ROCK AREAS, IDEI	NITIEV COERIEICALI V	C[2]	PUMP HORSE POWER 1 1 41 41 PUMP COLUMN LENGTH		
WHERE SATURATED FRACT		DEPTH (nearest ft.)	(nearest ft.)		
	yes 🙉	$\begin{bmatrix} E & 1 & \text{H} & O & G & O & J & 15 & 17 & 17 & 21 \\ C & 8 & 9 & 11 & 15 & 17 & 21 & 17 & 17 & 17 & 17 & 17 & 17$	CASING HEIGHT (circle appropriate box and enter casing height)		
WELL HYDROFRACTU	IRED Y N		LAND SURFACE (nearest		
CIRCLE APPROPR	RIATE LETTER	S 23 24 26 30 32 36	49 50 51 foot)		
A A WELL WAS ABAND WHEN THIS WELL W		R 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS		
E ELECTRIC LOG OBTA		SLOT SIZE 123	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)		
THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL	04.04 "WELL CONSTRUCTION"	from to	Propline		
ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE AND	THAT THE INFORMATION PRE-	GRAVEL PACK	^		
MY KNOWLEDGE.		FLOWING WELL INSERT FIN BOX 68	10		
DRILLERS IDENT NO. Mayrel		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	75		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE	E ON APPLICATION)	T (E.R.O.S.) W.O. 74 75 76	1000		
		72	\otimes		
SITE SUPERVISOR (sign. or responsible for sitework if or	of driller or journeyman different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR			
		COUNTY			

