HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXX

410-313-2640

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	511394	
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	•
DISTRICT	

DATE SYSTEM APPROV

AAGASBOO 41V-J	INDEXED	INSPECTOR_SRM
Walter W. King Plumbing & Heat	ing ıs	S PERMITTED TO INSTALL X ALTER
ADDRESS 5305 King's Court, Freder	ick, Maryland 21703-6990	PHONE301-662-6990
SUBDIVISION Riggs Property	LOT 27 ROAL	1921 Sycamore Spring Court
PROPERTY OWNER	Ryan Homes	
ADDRESS		· .
SEPTIC TANK CAPACITY 1250 GALLON	ıs	
NUMBER OF BEDROOMS 4 180 SQUARE FEET PER BEDROOM	•	
LINEAR FEET OF TRENCH REQUIRED 240		
	ide. Inlet 3.5 feet below or original grade. Effective ar feet of stone below distribut	rea begins at 3.5 feet below
LOCATION - Start the first trench line as seen when fac	h 160 feet down the left lot ing the lot from Seenie Drive	line and 50 feet off that same lot . Run trenches on contour in
both directions. NOTES - No trench to exceed 10 to grade or above on s	Sycamore Spring 00 feet in length. Provide 6 septic tank. OK VM 10/21/9	Court 5" - 8" diameter cleanout and cap
PLANS APROVED BY Amy McMillen		REVISED DATE 10-07-98
COVER NO WORK UNTIL INSPECTED AND APPROVED	en e	
EITHER THE HOWARD COUNTY COUNCIL NOR THE HE	EALTH DEPARTMENT IS RESPONSIBLE FOR THE	E SUCCESSFUL OPERATION OF ANY SYSTEM
OTE: CLEANOUT REQUIRED EVERY 70 FEET OF S	EWER LINE AND/OR AT 90° SWEEPS IN LINE	ES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION SEFORE 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 25/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

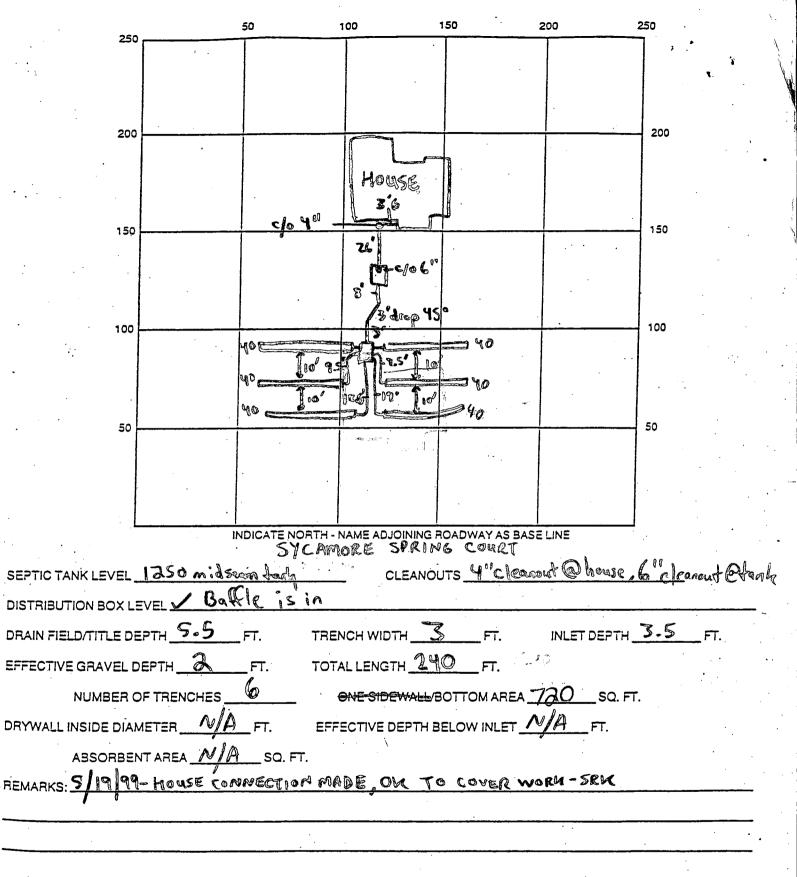
ACCEPTABLE.

AUTHORIZED)

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



INSPECTOR.

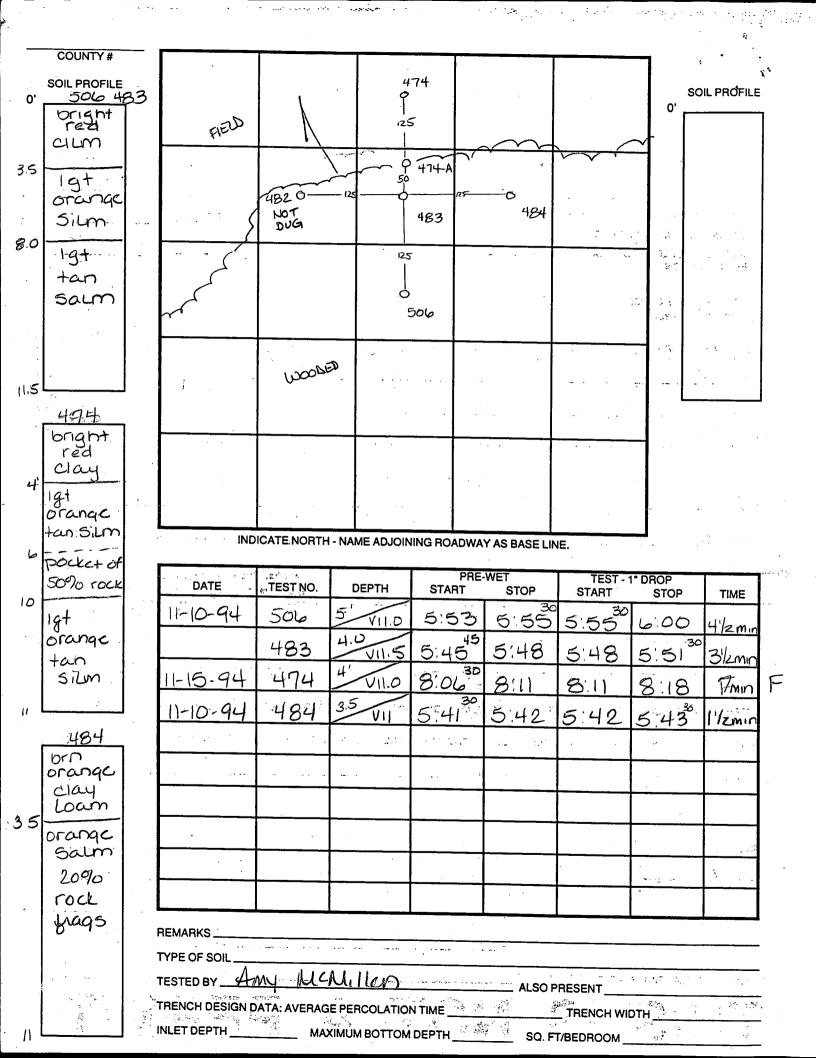
DATE SYSTEM APPROVED

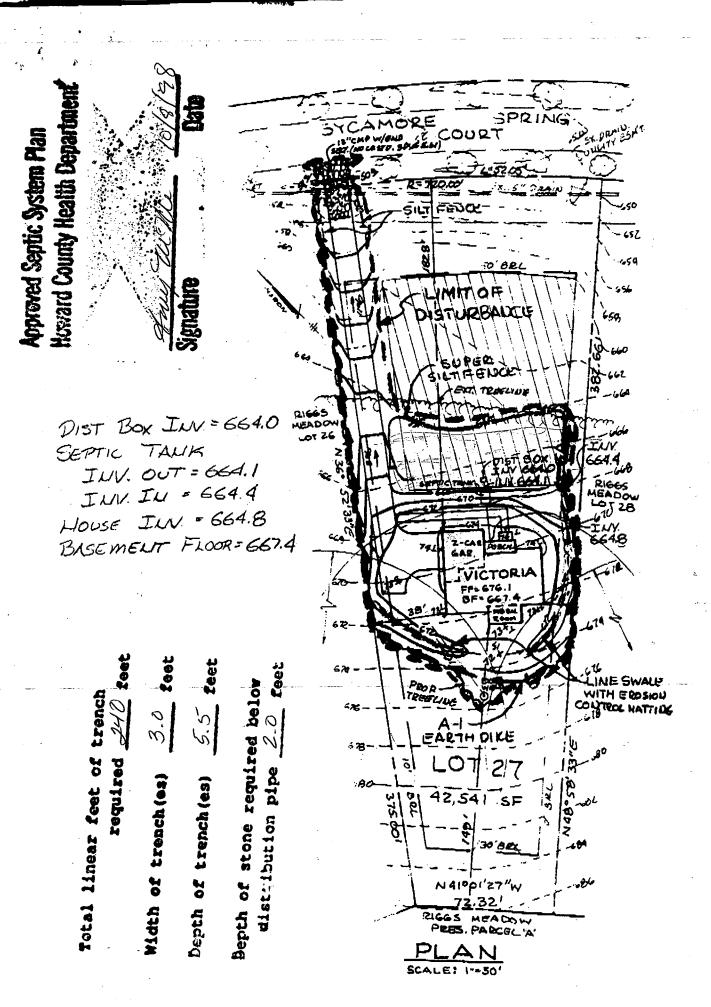
APPLICATION

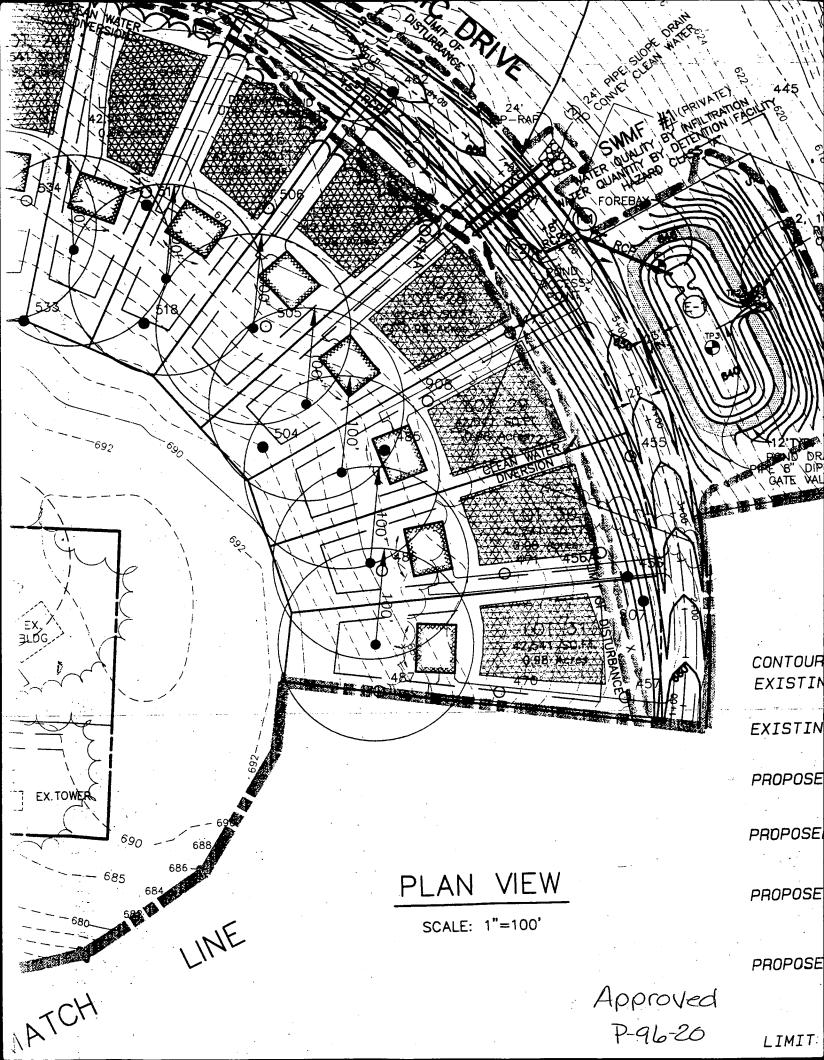
PERCOLATION TESTING DISTRICT BUREAU OF ENVIRONMENTAL HEALTH PO BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE 461-9933 THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND PROSPECTIVE BUYER ADDRESS THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE I FULLY UNDERSTAND THE WITH ALL MOSHA REQUIREMENTS IN TESTING THIS LOT. APPROVED BY REJECTED BY

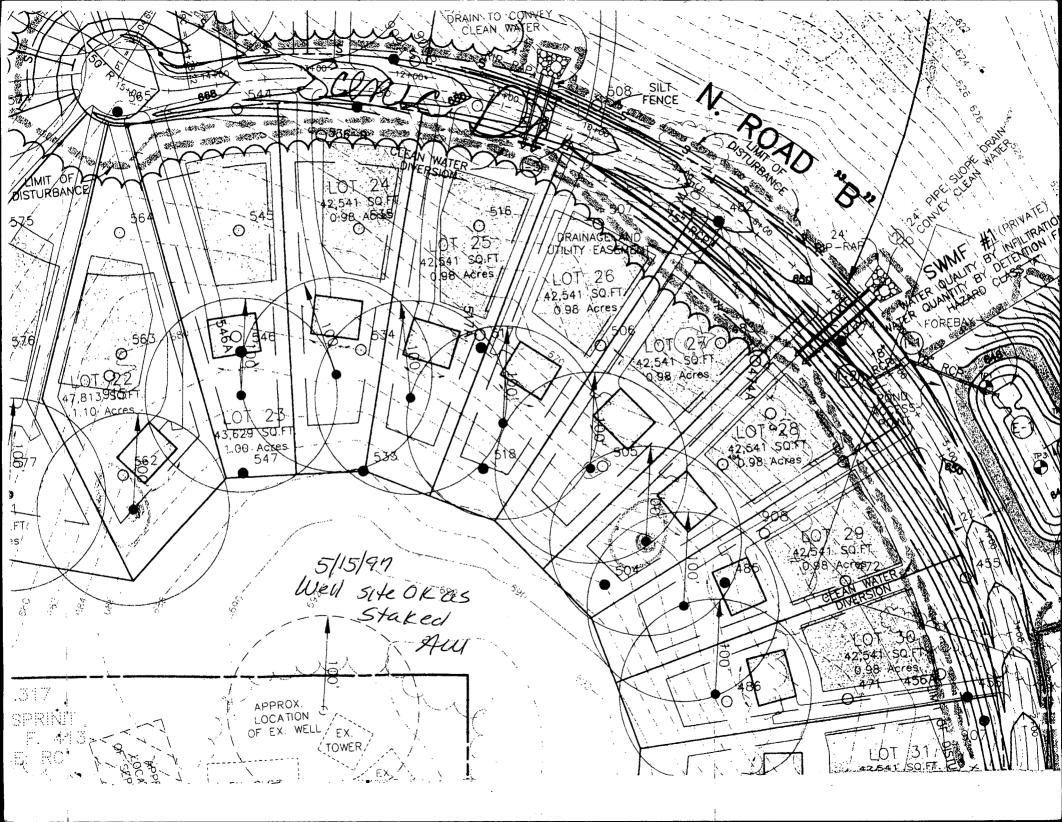
THIS IS NOT A PERMIT

REASONS FOR REJECTION OR HOLDING









C1 9728		EQUENC DE USE	E NO. 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 IN COLS. 3-6 ON ALL CARDS)		•	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A 50 36 8	
ST/CO USE ONLY DATE WELL COMPLE				•	PERMIT NO. FROM "PERMIT TO DRILL WELL"
DATE RESOLVE 197	1		77	22 3 2 5 26 (TO NEAREST FOOT)	HO - 94 - 1/5 2 28 29 30 31 32 33 34 35 36 37
OWNER	SI) c		<u> </u>	
STREET OR RFD	last name	ے ح	enic	OR. first name TOWN	OOKSVILLE
0000	2 9 9	PR	oper		LOT <u>27</u>
<u>WELL</u> Not required for		rells		WELL HAS BEEN GROUTED (Y)	<u>C 3 </u>
STATE THE KIND OF FORMATI COLOR, DEPTH, THICKNESS	IONS PEN	ETRATED	THEIR ARING	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FE	ET	check if water	CEMENT CM BENTONITE CLAY BC	ROOKS FUMFED (Hearest Hour)
additional sheets if needed)	FROM	то	bearing	NO. OF BAGS 45 46 1 NO. OF POUNDS 490634	PUMPING RATE (gal. per min.)
Round Shahe	0	37		DEPTH OF GROUT SEAL (to nearest foot).	METHOD USED TO MEASURE PUMPING RATE Bucket
Can Mina	- ,	· '	,,	from C. ft. to 54 BOTTOM 58 tt. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
BROWN Shake GRAY Mica ROCK	37	325		casing CASING RECORD	BEFORE PUMPING $\frac{56}{17}$ ft.
1002				types insert appropriate STEEL CONCRETE	WHEN PUMPING $\frac{270}{22}$ ft.
				code below / PL OT	TYPE OF PUMP USED (for test)
				PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine
				CASING top (main) casing of main casing TYPE (nearest inch)! (nearest, foot)	C centrifugal R rotary O (describe
				$\frac{SF}{60 \text{ 61}} \frac{6}{63 \text{ 64}} \frac{41}{66}$	J jet S submersible
				E OTHER CASING (if used)	J jet Submersible
				A diameter depth (feet) C H inch from to	PUMP INSTALLED
				C [DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)
	*			N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
				screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
				insert STEEL BRASS OPEN BRONZE HOLE code	CAPACITY: GALLONS PER MINUTE
	,			below PLASTIC OTHER	(to nearest gallon) 31 35
		<u> </u>		C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFO	UL WELL	.s:	<u> </u>	1 2 HA 39 325	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED (Yes) N				E 1 7 7 0 57 57 57 57 57 57 57 57 57 57 57 57 57	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPI				H 2 H 23 24 26 30 32 36	LAND SURFACE
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED				C 3 R 38 39 41 45 47 51	below below (nearest) (nearest)
P ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL			1	E E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04,04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED			TION" AND HE ABOVE RESENTED	N DIAMETER	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			OF MY	from to	(MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 MS DO 24 1				GRAVEL PACK IF WELL DRILLED	7
DRILLERS SIGNATURE			ml	WAS FLOWING WELL INSERT F IN BOX 68 68	ile of
(MUST MATCH SIGNATURE ON APPLICATION)				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	35
LIC. NO.1 M _ D 1			_ '	T (E.R.O.S.) W Q	118.
SITE SUPERVISOR (sign. of driller or journeyman				70 72 74 75 76	one commence of the control of th
responsible for sitework if different from permittee)				TELESCOPE LOG CASING INDICATOR OTHER DATA	

35,			44.00% 44.00	STATE PERMIT NUMBER
В	SEQUENCE NO. (MDE USE ONLY)	STATE OF I PERMIT TO I		H0-94-1152
1	(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)	please pri		70 fill in this form completely 79
	Date Received (APA)		B 3	LOCATION OF WELL
	033197 OWNER INFORM	IATION	HOWARD	
	15 Läst Name Owner	First Name 34	RIGGS P	ROPERTY
	36 Street or RFD	556	23 SUBDIVISION SECTION	LOT 27
	ELLICOHH CITY	m n 0 1 0 4 7 76	COOKSU,	48 50
	DRILLER INFORMATION	CIRCLE: MSD7MGD/MWD	52 NEAREST TOWN MILES FROM TOWN (ente	er 0 if in town) / M I
	Driller's Name 1 1 2 11 11	77. License No. 80	B 4	73 76 77 78
	Firm Name Reday Rd. Mt.	aug mb 2 hol	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
	Address Signature Signature	ine 5/3 1/97	N NE	ON WHICH SIDE OF ROAD. (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX)
В	2 WELL INFORMATION	V).	W TOWN E	34 A O 37 COUNTY
	APPROX. PUMPING RATE (GAL. PER MIN.)	12		ENTER FT OR MI 38 39
	(GAL PER DAY)		S _W S _E 8-9	TAX MAP: BLK: PARCEL
Γ	USE FOR WATER (CIRCLE APPR	OPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER
	D HOME (SINGLE OR DOUBLE HOUSEH		Howard Co	HEALTH DEPARTMENT APPROVAL 0. A 50368
	L IRRIGATION)		COUNTY NAME	COUNTY NO.
	INDUSTRIAL, COMMERCIAL, STATE AN OTHER (REQUIRES APPROPRIATION F	PERMIT)	STATE SIGNATURE DATE ISSUED	INSERT S 41
	PUBLIC OR PRIVATE WATER COMPAN' P APPROPRIATION PERMIT AND STATE I APPROVAL)		05/59/	A Mc Miller 5/15/98 O SIGNATURE EXP. DATE
	TEST, OBSERVATION, MONITORING (MAPPROPRIATION PERMIT)	AY REQUIRE	NORTH 5 4 0 0 0	FAST GIGILATION
	APPROXIMATE DEPTH OF WELL	FEET 28	SHOW MAJOR FEATUR BOX & LOCATE WELL - WITH AN X	41147 4:30 O
	APPROXIMATE DIAMETER OF WELL 6	7 NEAREST	sources of Drilling	WATER CO
	METHOD OF DRILLING (circle one)	2. 3.	
	BORED (or Augered) JETTED AIR-ROTary AIR-PERcussion	Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMB FROM THE MAP HERE	ER .
	CABLE REVerse-ROTary	DRive-POINT	↓	- CAV+-
	other	50 WELLO	Alt 6 798	2
	REPLACEMENT OR DEEPEN (CIRCLE APPROPRIATE B	όχ <u>ι</u>	N 3 € C	2 000
	THIS WELL WILL NOT REPLACE AN EXI	STING WELL	DELATION TO NEADRY	TO NEAREST ROAD JUNCTION (OOKS VILLE
	39 S THIS WELL WILL REPLACE A WELL THA	NT WILL BE USED AS	1) N	Scen
	POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING	WELL		T Do
	PERMIT NUMBER OF WELL TO BE REPLACE (IF AVAILABLE) 41	•		Wer \
-	Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)		X Sugar /2
	APPROP. PERMIT NUMBER 54	63 A P		Spain 6
	FORCE WRITE NITIALS PERMIT No. H 0 - 70 71 72	73 74 75 76 77 78 79	M.	-allowith
	SPECIAL CONDITIONS		Q ^{III}	