## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

<sup>5</sup>50296

DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT

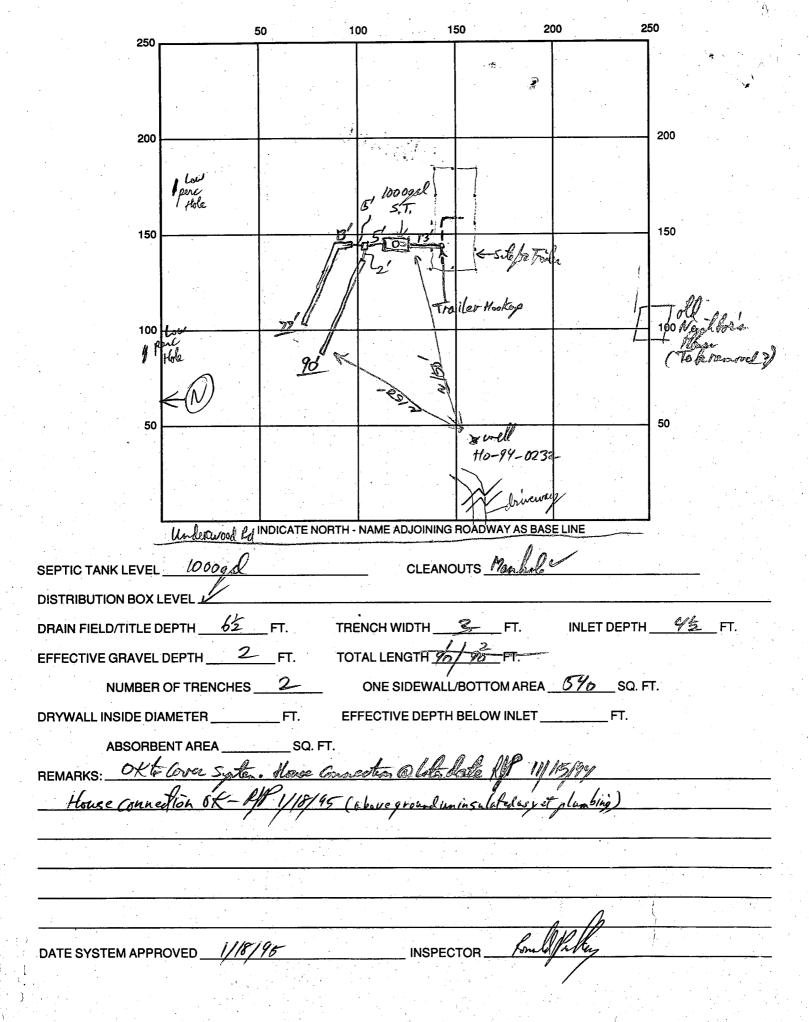
**BUREAU OF ENVIRONMENTAL HEALTH** X4513933XX 313-2640 INDEXED

DATE /

**DATE SYSTEM APPROVED INSPECTOR** 

	Jenkins Brothers		IS PERMITTED TO INSTA	ALL x ALTER
ADDRESS	7670 Smith s Privat	te Road	PHONE 4	61-9282
SUBDIVISION B	owling Green Farm	LOT_Tenant Traile	r ROAD 1081 Underwo	od Road
PROPERTY OW	, NER	Mr. J. Philip Jones	3	
ADDRESS				
SEPTIC TANK CA	APACITY 1000 GALLONS			
	DROOMS 3  QUARE FEET PER BEDROOM			
LINEAR FEET OF	TRENCH REQUIRED 180			
TRENCHES-T	rench to be 3 feet wide.	Inlet 4.5 feet be	<u>low original grade</u>	. Bottom maximum
LOCATION-P ( t NOTES -N	riginal grade. 2 feet lace the distribution be approximately 195' long) oward Underwood Road.  o trench to exceed 100 for grade or above on sept	ox 80 feet off the and 220 feet off the seet in length. Pro	lot line directly be the well. Run tren	ches along contour
PLANS APROVED	BYMark Rifl	kin		DATE11/4/94
COVER NO WORK	UNTIL INSPECTED AND APPROVED			
NEITHER THE HOV	WARD COUNTY COUNCIL NOR THE HEALT	H DEPARTMENT IS RESPONSIBLE	FOR THE SUCCESSFUL OPERAT	TON OF ANY SYSTEM
NOTE: CLEANOU' ACCEPTAGE	T REQUIRED EVERY 70 FEET OF SEWE BLE.	R LINE AND/OR AT 90° SWEEPS	S IN LINES FROM HOUSE TO D	PRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PART AUTHORIZ	S OF SEPTIC SYSTEMS (I.E. TANK, DIST (ED)	TRIBUTION BOX TRENCHES) TO	BE 100 FEET FROM WELL (UN	LESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP T	RENCH(ES) ARE USED CALL FOR INSPECT	TION BEFORE AND AFTER PLACIN	G GRAVEL IN TRENCH(ES)	
NOTE: NO DRY W	ELL SHALL EXCEED 15 FOOT IN DIAMETER	R NO ABSORPTION TRENCH TO E	XCEED 100 FEET IN LENGTH	•
NOTE: ALL PIPE F	FROM HOUSE TO SEPTIC TANK MUST BE C	CAST IRON OR SCHEDULE 35/40 P	VC OR ABS	
PERMIT VOID AFT				
NOTE: INSTALL S	TAND PIPE ON SEPTIC TANK AND DRY W BS ACCEPTED. IF TOP OF SEPTIC TANK IS	VELL STAND PIPES MUST BE 6 INC DEEPER THAN 3 FEET. MANHOLE	CHES IN DIAMETER CAST IRON. ( TO GRADE REQUIRED.	CONCRETE OR TERRA COTTA OR

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES





# WEST FRIENDSHIP VOLUNTEER FIRE DEPARTMENT, INC.

12460 Frederick Road

West Friendship, Maryland 21794-9511

Business (410) 489-5199 / (410) 313-5403

Fax (410) 442-1664

Emergency 911

TO:

BURT NIXON

FROM:

MARK MULLER, DEPUTY FIRE CHIEF

DATE:

MAY 15, 1997

SUBJECT:

**BURNING PERMIT** 

A VACANT HOUSE LOCATED ON THE JONE'S FARM, 1089 UNDERWOOD ROAD, WAS DONATED TO THE WESTFRIENDSHIP FIRE DEPARTMENT FOR TRAINING PURPOSES.

I HAVE BEEN OUT TO THE RESIDENCE ON SEVERAL OCCASIONS AND OUR FIRE COMPANY HAS USED THE VACANT STRUCTURE FOR TRAINING PURPOSES. AT THIS TIME THE OWNERS HAVE GIVEN PERMISSION FOR THE FIRE DEPARTMENT TO BURN THE STRUCTURE.

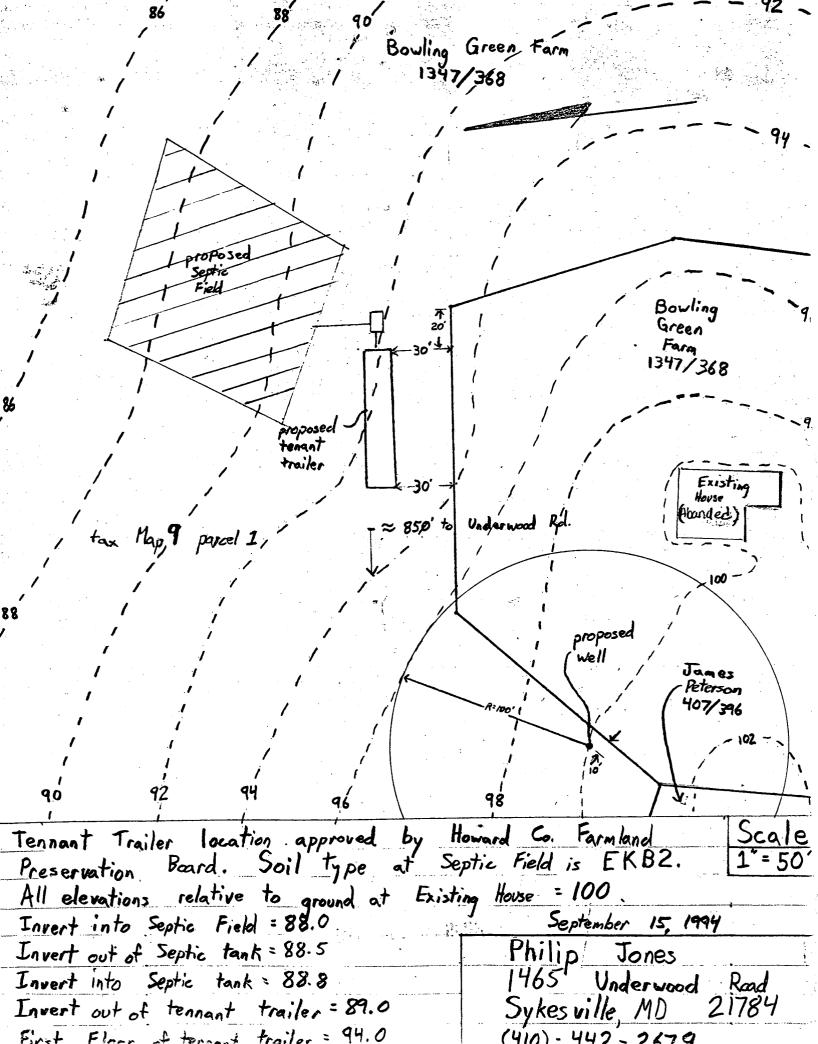
I HAVE ATTACHED THE SITE PLAN FOR THE PROPERTY AND WOULD BE GLAD TO MEET WITH YOU AT THE STRUCTURE FOR FURTHER FOLLOW-UP. IF A PERMIT IS ISSUED, I WOULD PERSONALLY BE PRESENT AND IN CHARGE OF THE OPERATION.

THE CLOSEST STRUCTURE IS A METAL HOUSE TRAILER. THE OCCUPANTS OF THE TRAILER ARE THE CONTACT PERSONS I HAVE SPOKEN WITH. THEY ARE THE ONES WHO HAVE GIVEN PERMISSION FOR THE USE OF THE STRUCTURE, THE CONTACT SOURCE IS EMILY BISHOP.

PLEASE CONTACT ME AT YOUR BARLIEST CONVENIENCE TO DISCUSS THE APPLICATION.

SINCERELY,

MARK MILLER



#### HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043



461-9933 WELL PUMP AND PRESSURE TANK INSTALLATION APPLICATION FOR PITLESS ADAPTER (see below) Receipt # New Installation Replacement Date Telephone 4/0-442-222/ Name of Installer Wen Van Sant Plumbing License Number Certified Well Pump Installer \_\_\_\_ Well Driller \_\_\_\_ Registered Plumber \_\_\_\_ T. Phillip Jones Telephone Name of Property Owner Tenant Trailer / Lot # --Well Tag # <u>#0 - 94 - 0232</u> Underwood Rot Site Address Pitless Adapter Pump Motor 1. Horsepower \_\_\_ 1. Make 1. Type 2. Model # a. Deep well jet 2. RPM b. Shallow well jet \_\_\_\_ 3. Voltage 3. Depth a. 110 c. Submersible \_\_\_\_ b. 220 2. Make 3. Model # GPM 4. Capacity \_\_\_ 5. Pump exceeds well capacity Yes 6. If Yes, is low pressure cutoff switch installed? Yes 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_ Cable guards \_\_\_\_ Other \_\_ Piping Well data Tank 1. Type 1. Depth 1. Capacity \_ 2. Yield 2. Pressure relief 2. Size 3. Static water valve? 3. NSF and/or BOCA Code approved level \_\_\_\_ ft. 4. Will water supply 4. Depth of supply be disinfected by line installer? I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void). All information given above is true to the best of my knowledge. Signature of Applicant: Date:

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

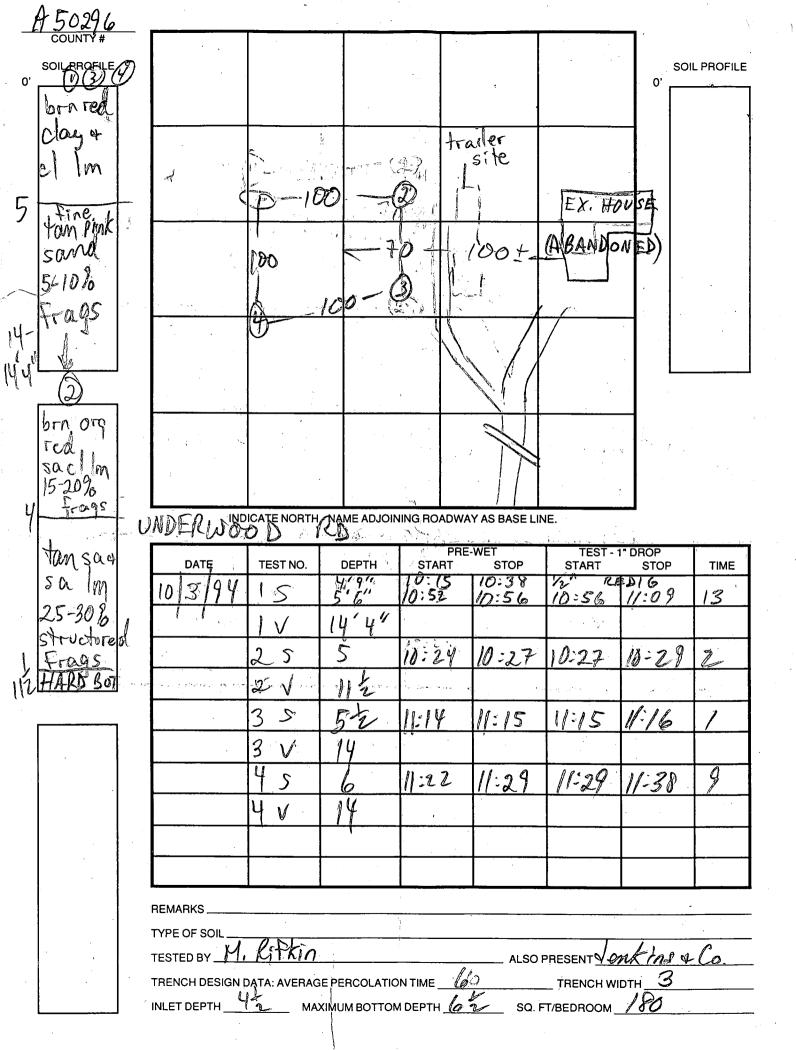
to 1/1/9 the track to tracker, mo connection

10/3/94

# APPLICATION

PERCOLATION TESTING A 30296
PROPOSAL FOR TOWANTS HOUTE P
HOWARD COUNTY HEALTH DEPARTMENT  NUMBER WAS SAME OF THE PROPERTY OF THE PROPER
HOWARD COUNTY HEALTH DEPARTMENT  BUREAU OF ENVIRONMENTAL HEALTH  3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  TELEPHONE: 313-2640  TROPOSAL CON FRONT DISTRICT  WISTENDED TO THIS PLOS POSAL  ONT RECENTED TO THIS PLOS P
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER J. Philip Jones
ADDRESS 1465 Underwood Rd PHONE 410-442-2679
AGENT OR PROSPECTIVE BUYER NIA FARM TENANT HOUSE Philip Jones /Emily Dishop
ADDRESS 1465 Underwood Rd PHONE 410-549-2276
PROPERTY LOCATION:
SUBDIVISION NA
ROAD AND DESCRIPTION 1081 Underwood Road
Sykesville, MD 21784
TAX MAP 9 PARCEL# BLDG. PERMIT SIGNED // AND RETURNED ///01/94
SIZE OF LOT SI ACRES TYPE BLDG. SFD-MODILE HOME-TENANT HOUSE (SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
TEE 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. (SIGNATURE OF APPLICANT)
APPROVED BY DATE
DISAPPROVED BY
HOLD PENDING FURTHER TESTS
REASONS FOR REJECTION OR HOLDING PERCS OK, HOLD FOR PLAT MR 10/17/94
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #
THIS IS NOT A PERMIT
IIIIO IO NUI A FERIVIII

HD-216 (3/92)



Le Morestre Cesso



ARTMENT CO. HOWARD

HOWARD COUNTY HEALTH DEPARTMENT

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

September 19, 1994

MEMORANDUM

TO:

J. Philip Jones

1465 Underwood Road Sykesville, MD 21784

FROM:

Craig Williams, Program Director

Water and Sewerage Program -

RE:

Building Permit Applications

Serial Number: 56490 Proposed Mobile Home 1081 Underwood Road Sykesville, MD 21784 The Beskop

The Beskop

Telephone (Coeenpose

requestral that

LIP return Health

Dept buckden; lope

to Health Dept - a

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This is to advise that the above references Building Permit Application has been returned to the Permits Office unprocessed.

Percolation testing has not been accomplished, nor has a well been drilled. The process is for building permit applications to be submitted after these steps.

Please after to the enclosed checklist for a more complete list of the sequence as relates to Health Department Requirements.

For fastest service, it is suggested that you make an appointment in this office to submit your percolation test application and to review the rest of the process.

CW/at

cc: Licenses & Permits



#### HOWARD COUNTY HEALTH DEPARTMENT

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

November 1, 1994

#### MEMORANDUM

TO: J. Philip Jones

1465 Underwood Rd. Sykesyille MD 21784

Sykesville, MD 21784

FROM: Mark Rifkin, R. S., M/C

Water and Sewerage Program
Bureau of Environmental Health

RE: Building Permit Application Number: #56490

Proposed Use: Tenant Mobile Home Address: 1081 Underwood Road

This is to confirm that the above referenced building permit application was recommended for approval subject to the following conditions and/or cautions:

The well construction is not considered approved until the driller's completion report is submitted for review.

Septic system plans were not submitted with the building permit application. Septic plans are required before the septic system installation permit can be issued.

This office's recommendation for approval of the building permit application is based upon your acceptance of these conditions.

MR /at

B 1 09884 SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND		STATE PERMIT NUMBER	
1 2 3 8	,	DRILL WELL	40-94-0232	
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please pri		int or type	<sup>70</sup> fill in this form completely <sup>79</sup>	
Date Received (APA)		B 3	LOCATION OF WELL	
10006999 OWNER INFORM	IATION	1 2 Horas 13 10 10		
T-0-5 1 167	07/1/3	8 COUNTY	21	
15 Last Name Owner	First Name 34	BCBDWSION	CREEN EARO.	
		SECTION SECTION	LOT Parcel	
SVAPSUVECETT	mp121/21814	44 46	48 50	
57 Town 7	0 State 72 Zip 76	52 NEAREST TOWN		
DRILLER INFORMATION	ON STATE OF THE ST	1	Out in town of MI	
Driller's Name	77 License No. 80	gr ray reservable a	73 76 77 78	
Joseph L. Malso 111/1	A DRIVERS	B 4 1 2	Underwood Boad	
Firm Name 5512 Bids Rd nut	- Di 12/22	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30	
Address	Just March 1		NORTH N	
Signature U. Mayre	16/4/97 Date	NE NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W 2 (E)	
B 2 WELL INFORMATION			WEST SEAST SOUTH	
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5		TOWN E		
8 AVERAGE DAILY QUANTITY NEEDED	12	ا ا	34 5 2 37 DISTANCE FROM ROAD	
(GAL PER DAY)		S <sub>W</sub>   S <sub>E</sub>   S   8-9	ENTER FT or MI F 7	
USE FOR WATER (CIRCLE APPRI	· · · · · · · · · · · · · · · · · · ·	В	38 39	
HOME (SINGLE OR DOUBLE HOUSEHO			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
F FARMING (LIVESTOCK WATERING & AC		Howard A50286		
I IRRIGATION)		COUNTY NAME	COUNTY NO.	
INDUSTRIAL, COMMERCIAL, STATE AND OTHER (REQUIRES APPROPRIATION P		STATE SIGNATURE	INSERT S	
PUBLIC OR PRIVATE WATER COMPANY P APPROPRIATION PERMIT AND STATE H		DATE ISSUED	nah Edille woods	
APPROVAL)	ICACITI DEFANTMENT		O SIGNATURE EXP. DATE	
TEST, OBSERVATION, MONITORING (MA	AY REQUIRE	NORTH 5 4 4 0 0	0 EAST 0 8 0 4 0 0 0	
to the second se		SHOW MAJOR FEATURE	55 57 63	
APPROXIMATE DEPTH OF WELL	FEET	BOX & LOCATE WELL WITH AN X	10/2:30 grax	
24	28	SOURCES OF DRILLING	WATER	
APPROXIMATE DIAMETER OF WELL	. NEAREST	1.WELL	·	
METHOD OF DRILLING (c	ircle one)	2.		
BORED (or Augered). JETTED		3. WRITE THE BOX NUMB	ED	
30 AIR ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	FROM THE MAP HERE		
<u>CABLE</u> <u>REV</u> erse <u>-ROT</u> ary	<u>DR</u> ive- <u>POINT</u>	- 5. 1/4		
other		ESORY	<u> </u>	
REPLACEMENT OR DEEPENE	D WELLS	N 548	9 000 000	
(CIRCLE APPROPRIATE BO			SHOWING LOCATION OF WELL IN	
THIS WELL WILL NOT REPLACE AN E	XISTING WELL		TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION Abaylandle	
THIS WELL WILL REPLACE A WELL T	HAT WILL BE	N		
39 S THIS WELL WILL REPLACE A WELL T	HAT WILL BE USED	A Forsy	the Fel	
AS A STANDBY  D THIS WELL WILL DEEPEN AN EXISTIN			NE.	
PERMIT NUMBER OF WELL TO BE REPLACE			The state of the s	
(IF AVAILABLE) 41	52 52		The world	
Not to be filled in by driller (OEP	USE ONLY)			
	<del>, , , , , , , , , , , , , , , , , , , </del>		20	
APPROP. PERMIT NUMBER G	1A 1P   63	₫?	001-6 8412:21	
FORCE WITH WAITE PERMIT NO. HA -	941_175	, ,		
IN BOX	73 74 75 76 77 78 79			
SPECIAL CONDITIONS	· · ·			

94 ground at Pene 90 ground at Perc Field Septie 10,000: 5g. Fy. Bottom Trenes 6.5' below original grade trench invertigis' below original grade 93.0 = Invert in to dist. Box 95.4 - Inventout of Septie tounk 98 grayed 95.6 Invert into Septic tank 198.0 ground at tank શ્ચિષ 95.8 Invest out of trailer Approved Septic System Plan Proposed Trailer First Fleer = 102.5 **Howard County Health Department** all elevations are relative to & trailer at ground = 100

11-3-94 Scale 1"=30"
Philip Jones
1081 Underwood Rd
Fyskesville, Margan 21784
442-2679

C 1 4590 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 A 50296						
IN COLS. 3-6 ON ALL CARDS)  PLEASE PRINT ON THE NO.								
DATE Received DATE WELL COMPLETE	Depth of Well 22 3 4 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 Jones last name / dary	Philip first name Town 5	(tenant trailer)						
STREET OR RFD IOWN SYN ES VIII E								
SUBDIVISION	GROUTING RECORD PES NO C 3							
Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	7 2						
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)						
DESCRIPTION (Use FEET Check if water	CEMENT C M BENTONITE CLAY B C 45 46	PUMPING RATE (gal. per min.						
additional sheets if needed) FROM TO bearing.	NO. OF BAGS NO. OF POUNDS 10.34	to nearest gal.) 11 15						
SAND STONE 0,55	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE BUCKET						
	from 0 1 1 1 1 to 3 3 1 1 1 ft.	WATER LEVEL (distance from land surface) BEFORE PUMPING						
CON CODNITE 55 345 V	(enter 0 if from surface)  casing CASING RECORD	BEFORE PUMPING 5 6						
GRAY GRANNITE 55 345 V	types ST CO	WHEN PUMPING 2225						
	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)						
	code   P L O T   PLASTIC OTHER	air P piston T turbine						
	MAIN Nominal diameter Total depth	C centrifugal R rotary O (describe						
	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 below)						
		J jet S shomersible						
	60 61 63 64 66 70							
	OTHER CASING (if used) diameter depth (feet)	PUMP INSTALLED						
	H inch from to	DRILLER WILL INSTALL PUMP YES (NO)						
		(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION						
	R G	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE						
	screen type or open hole  STBR  HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)						
	/ appropriate \ STEEL BRASS OPEN	IN BOX - SEE ABOVE: 29 CAPACITY:						
	code below BRONZE HOLE    P L O T	GALLONS PER MINUTE						
	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER						
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY	C2	PUMP COLUMN LENGTH 37 41						
WHERE SATURATED FRACTURES WERE OBSERVED.	DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box						
yes (10)		and enter casing height)						
WELL HYDROFRACTURED Y	H 2	LAND SURFACE (nearest						
CIRCLE APPROPRIATE LETTER	C 23 24 26 30 32 36	49 foot)						
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 38 39 41 45 47 51	LOCATION OF WELL ON LOT  A 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 WELL CONVERTED TO PRODUCTION	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)						
THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26,04,04 "WELL CONSTRUCTION"	56 60 from to	N.						
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HEREIN IS ACCUPATE AND COMPLETE TO THE BEST OF	GRAVEL PACK LIF WELL DRILLED WAS	So Mitaches						
MY KNOWLEDGE.	FLOWING WELL INSERT F IN BOX 68	See attached location						
DRILLERS IDENT. NO. 129	MDE USE ONLY	line to						
DRILLER'S SIGNATURE	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	coraces						
(MUST MATCH SIGNATURE ON APPLICATION)	74 75 76							
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA							
responsible for sitework if different from permittee)	CASING INDICATOR							
COUNTY								

