5 uptre map. AM 6/20/86

## PERMIT

A 24591

SEWAGE DISPOSAL SYSTEM

### MARYLAND STATE DEPARTMENT OF HEALTH'

#### HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

03-304764

INDEXED

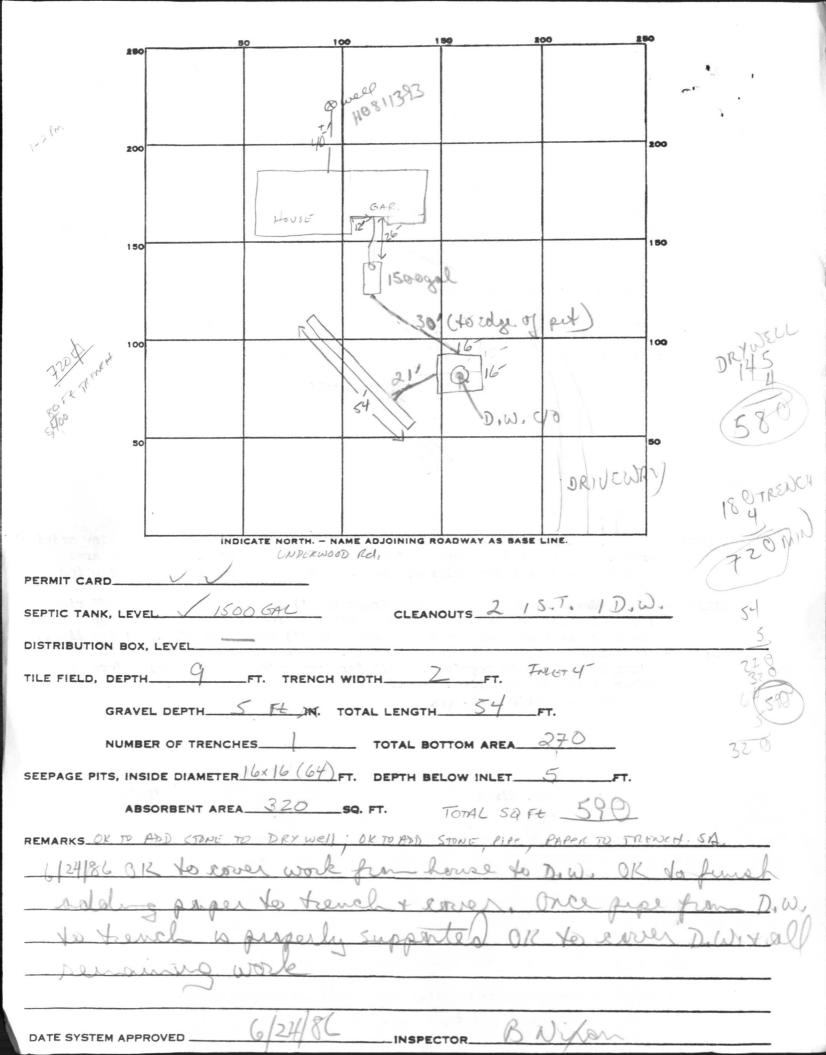
ELLICOTT CITY

DISTRICT\_\_\_\_\_3rd

DATE 4/16/86

	John Oertel/Engles Partnership	IS PERMITTED TO INSTALLX ALTER
ADDRESS <u>3146</u> R		43 PHONE461-9444
	1707	adamsaad Baad
SUBDIVISION	Annandale ROAD 1705 Ur	nderwood Road LOT3
PROPERTY OWNER	Oertel/Engles Par	rtnership
ADDRESS		
IF GARBAGE GRINDER	R IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND	D ABSORPTION AREA BY 22%.
GARBAGE GRINDER?	YES NOX	
SEPTIC TANK CAPACIT	TY 1250 GALLONS NUMBER OF BEDRO	OMS4
TRENCHES -		be 2 feet wide. Inlet 4 feet below original
	-	below original grade. Effective area
	pipe.	de. 5 feet of stone below distribution
TOCATION -		ont (135') lot line and 35 feet off right
DOCATION	(310') lot line as seen when facing	
		ight (310') and front (119.18') lot lines.
NOTE: -	No trench to exceed 100 feet in leng	
	distribution box is required. Call	for inspection of trench(s) before and
	after gravel is installed. Provide	6" - 8" diameter cleanout and cap to grade
	or above on septic tank.	
	0.45	
PLANS APPROVED BY	B. Nixon	DATE 2/19/86
COVER NO WORK UNTIL	INSPECTED AND APPROVED.	
NEITHER THE HOWARD (	COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIE	BLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: IF TRENCH IS U	ISED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVE	EL IN TRENCH.
	SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH	
NOTE: ALL PIPE FROM	1 HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40	D PVC OR ABS.
PERMIT VOID AFTER THE	REE YEARS.	P
NOTE: INSTALL STAND	D PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6	INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR
	CCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANH	

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



4-13' hales APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356

DISTRICT \_\_\_3rd DATE \_\_\_\_9/24/76

TO: THE COUNTY HEALTH OFFICER						
ELLICOTT CITY, MARYLAND						
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGI						
DISPOSAL SYSTEM.						
PROPERTY OWNER Fred James Pipes OFRTEL ENGLES Partnership						
ADDRESS13555 Old Frederick Rd. Sykesville, Md. 21784 <sub>PHONE</sub>						
PROPERTY LOCATION:  New lot 3						
SUBDIVISION Annandale LOT NO 26 26						
# 1705 Underwood Road						
SIZE OF LOT 40,900 sq. ft TYPE BLDG 3 or 4						
IF NOT SINGLE RESIDENCE DESCRIBE Single family dwelling						
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.						
SIGNATURE OF APPLICANT /s/ Fred James Pipes						
APPROVED BY Afty FOR DW T TUTAL DATE 8/16/44						
REJECTED BY DATE						
HOLD PENDING FURTHER TESTS DATE						
REASONS FOR REJECTION OR HOLDING						
BLDG. PERMIT SIGNED AND RETURNED +-23-76.						

# THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

TYPE OF SOIL Clay over Sendy loads.

TESTED BY O Neill + F.S. ALSO PRESENT:

5,5,

12 X

C1 00451	SEQUENC (OEP USE		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 COL'S. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A - 2459/			
DATE Received	0 4 0	20	22 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"			
OWNER ORTEL ENGLES INC.							
STREET OR RED TOWN TOWN TOWN							
WELL LOG  Not required for driven wells  STATE THE KIND OF FORMATIONS			WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	C 3			
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)			
DESCRIPTION (Use additional sheets if needed)	FEET FROM T	Check if water	45 46	PUMPING RATE (gal. per min.			
Top Soil	0 5	O bearing	NO. OF BAGS NO. OF BOUNDS  GALLONS OF WATER  DEPTH OF GROUT SEAL (to nearest foot)  from 48 TOP 52  ft. to 54 BOTTOM 58	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)			
Sanely	2 3	5	(enter 0 if from surface)  casing CASING RECORD	WHEN PUMPING  17 20  WHEN PUMPING			
SANd Stone	35 4	10	insert appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air P piston T turbine			
MICKA	40 6	0	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O other (describe below)			
SAND Stave	60 6	5	P C 63 64 95 70	J jet S submersible			
Mick		0	E OTHER CASING (if used) A diameter depth (feet) Inch from to	PUMP INSTALLED			
SAND STONE	80 8	5	CAS	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION			
Micka	85 11	60	screen type or open hole insert appropriate code below  STEEL BRASS OPEN BRONZE HOLE  PL OT  PLASTIC OTHER	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER			
t a tagental a			DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)  CASING HEIGHT (circle appropriate box			
			A 8 9 11 15 17 21 C H 2	and enter casing height)  LAND SURFACE			
CIRCLE APPRO			R <sub>3</sub> 26 30 32 36 R <sub>3</sub> 27 51	below LAND SURFACE (nearest foot)			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		ETED	SLOT SIZE 1 2 3  DIAMETER (NEAREST OF SCREEN 56 60 10 NCH)	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR  LANDMARKS AND INDICATE NOT LESS 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 ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  DRILLERS IDENT. NO.			from to GRAVEL PACK	Ro 1150'			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q  70 72 74 75 76  TELESCOPE LOG OTHER DATA CASING INDICATOR	B) 250 well			

