## PERMIT

29654

MARYLAND STATE DEPARTMENT OF HEALTH'

3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

1NDEXED 03-308219

DATE SYSTEM APPROVED

	South Carroll Backhoe, Inc		IS PERMITTED TO	) INSTALLX ALTER	
ADDRESS _	4410 Salem Bottom Road, W	estminster, Maryla	and PHONE	875-4197	
SUBDIVISIO	N Slack Estates	ROAD2010	St. James Road	LOT4	<u> </u>
PROPERTY C	OWNER	Edward Stephen	s		
ADDRESS		· · · · · · · · · · · · · · · · · · ·			
IF GARBAGE	GRINDER IS USED INCREASE SEPTIC T	ANK CAPACITY BY 50% AN	D ABSORPTION AREA B	Y 22%.	•
GARBAGE G	RINDER? YES NO _X	<u> </u>			
SEPTIC TANI	K CAPACITY GALLONS	NUMBER OF BEDRO	oms <u>3</u>	•	
TRENCHE	S - 180 sq. ft. per bedroo	m. Trench to be	2 feet wide. In	nlet 3.5 feet below or	rigi
	grade. Bottom maximum	depth 7.5 feet b	elow original gr	rade. Effective area	n n1
LOCATIO	begins at 3.5 feet bel N - Start the first trench	ow original grade	e back lot line	and 150 feet from the	- le
	lot line as seen when	facing the proper	ty from St. Jame	es Road. Run trench(s	s)
	along contour toward 1	eft lot line.			
NOTE	- No trench to exceed 10		Provide 6" - 8	3" diameter cleanout a	and
	cap to grade or above	on septic tank.	For		
PLANS APPROV	VED BY C.	Williams		DATE	<u>.                                    </u>
	ORK UNTIL INSPECTED AND APPROVED.				
	HOWARD COUNTY COUNCIL NOR THE HEALTH D	EPARTMENT IS RESPONSIBLE FO	R THE SUCCESSFUL OPERATI	ON OF ANY SYSTEM.	
	NOUT REQUIRED EVERY 70 FEET OF SEWER LINE				
	ARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTIO	•	•		
•	EP TRENCH(ES) ARE USED CALL FOR INSPECTION	•			
NOTE: NO DE	RY WELL SHALL EXCEED 15 FOOT IN DIAMETER.	NO ABSORPTION TRENCH TO EXC	CEED 100 FEET IN LENGTH.	i .	
NOTE: ALL P	IPE FROM HOUSE TO SEPTIC TANK MUST BE CAS	ST IRON OR SCHEDULE 40 PVC OF	R ABS	• • • • • • • • • • • • • • • • • • •	
PERMIT VOID	AFTER TWO YEARS.				
	LL STAND PIPE ON SEPTIC TANK AND DRY WELL. PTED. IF TOP OF SEPTIC TANK IS DEEPER THAN :		OHIDED		S
	IDUTION BOVES MUST HAVE DAFFI ES		BLDG. PERIVI	IT. SIGNED	•

'n		¥.				
3 8	. 5	0 10	oó. 1!	50 2	00 25	
250 E		· .			,	over
2 200			eren pro-			200
tree	67.	Jes es	> 418 ->	House	dl d	
150		7	` <u>}</u>			150
100						100
		•				
50	,					50
			St James	A.D		
SEPTIC TANK, LEVEL		INDICATE NORTH	— NAME ADJOINING ROADW	VAY AS BASE LINE		
DISTRIBUTION BOX, LEVEL					<b>Y</b> **	
DRAIN FIELD/TILE FIELD. (	DEPTH <u>7.5</u>				5.4	
EFFECTIVE GRAVEL DEPT	R OF TRENCHES		TOTAL LENGTH —		FT. SQ F	т.
DRYWELL INSIDE DIAMETE	ER BENT AREA		EFFECTIVE DEPTH E	BELOW INLET	FT.	
REMARKS 157 TA	ENCY OK	19187 CU	<u>J</u>			
2 ( C8	Jew Oll	9/10/87 CC	<u>/</u>			
	· · · · · · · · · · · · · · · · · · ·					
		×.×.				
DATE SYSTEM APPROVED	9/6/87		INSPECT	OR CWILL	à	

. .

APPLICATION

	1	G	/	5	11
4	d	L	60	<u> </u>	

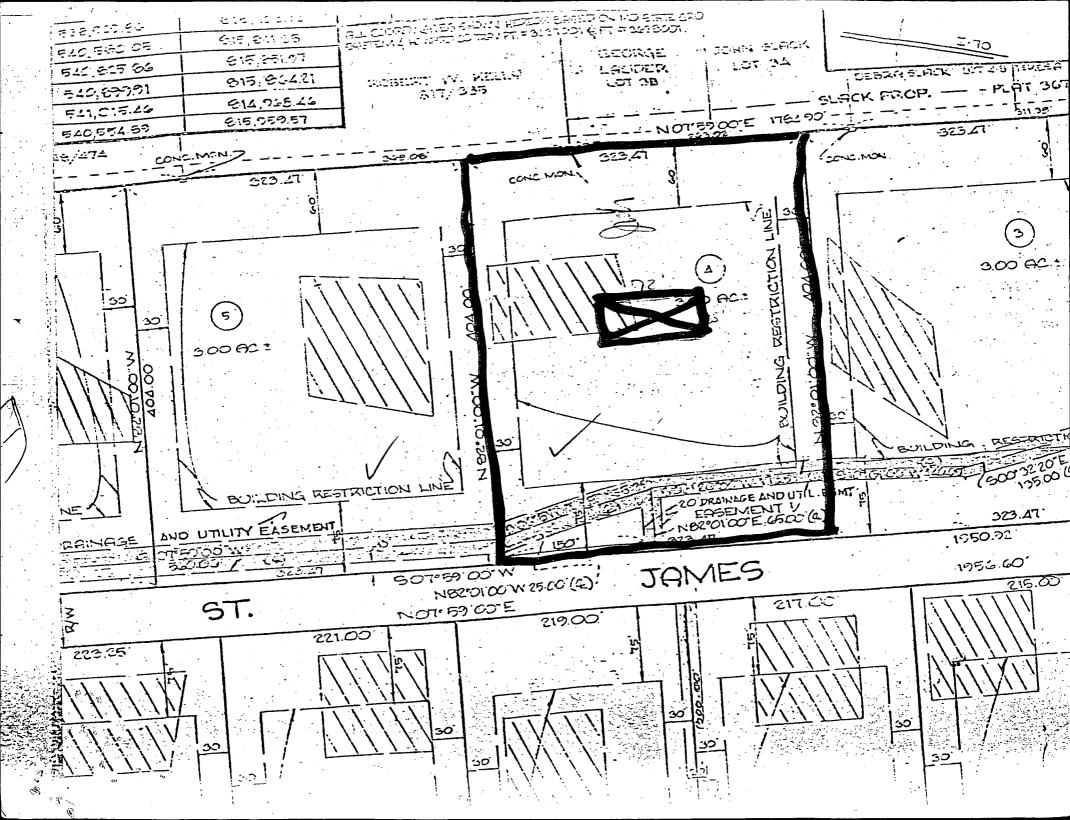
SEWAGE DIS	SPOSAL TESTING
STATE OF MARYLAND - DEPARTME	NT OF HEALTH AND MENTAL HYGIENE P
HOWARD COUNTY HEALTH DEPARTMENT	11 7 151-3 Bedrooms 1000
ENVIRONMENTAL HEALTH SERVICES	1 Bedrooms 1250
P.O. BOX 476 ELLICOTT. MARYLAND 21043 TELEPHONE: 992-2330	1 to Have 2 4 1 PISTRICT 3rd
effective absorband side	fall frea per befrom 4/3/79 below
inlet. Inlet 3 below a	ugind grade and pariners death 10
well tocation: 105 from rear p	exopported flane and in 135 from
	Jane and in 135 from
left peoperty line when	from II. James Koa
TO: THE COUNTY HEALTH OFFICER	
ELLICOTT CITY, MARYLAND	At/or Dry well + trench. Up hence
I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (C	R RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Slack Property	(1) 5 earth buffer be
Edward S	Mr. Young, Security Develop-
ADDRESS	PHONE ILETT - 405-4244
PROPERTY LOCATION:	(2) Lingellions of l
	# before and after as
SUBDIVISION	LOT NO.
ROAD AND DESCRIPTION ROUTE 99 20	510 SE JAMES Rd (3) Lun trenches on a
SIZE OF LOT 3 acres m/1	TYPE BLDG 3 or 4 bedrooms
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS	ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.
I FULLY UNDERSTAND THE FEE CONNECTED WITH THE F	ILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER
ANY CIRCUMSTANCES.	
and the second of the second o	
SIGNATURE OF APPLICANT /S/ Stewart Young fo	P Day well 4/or 17/0/
APPROVED BY C. B. Wheaker F	DR " + tunck DATE /2/29/80
REJECTED BYF	DR DATE
HOLD PENDING FURTHER TESTS	DATE
and the second	M (93)
REASONS FOR REJECTION OR HOLDING	
	BLDG. PERMIT. SIGNED
and the control of th	AND REJURNED 4-16-87
	BP# 11206 8AW
	DIFF 1160 G

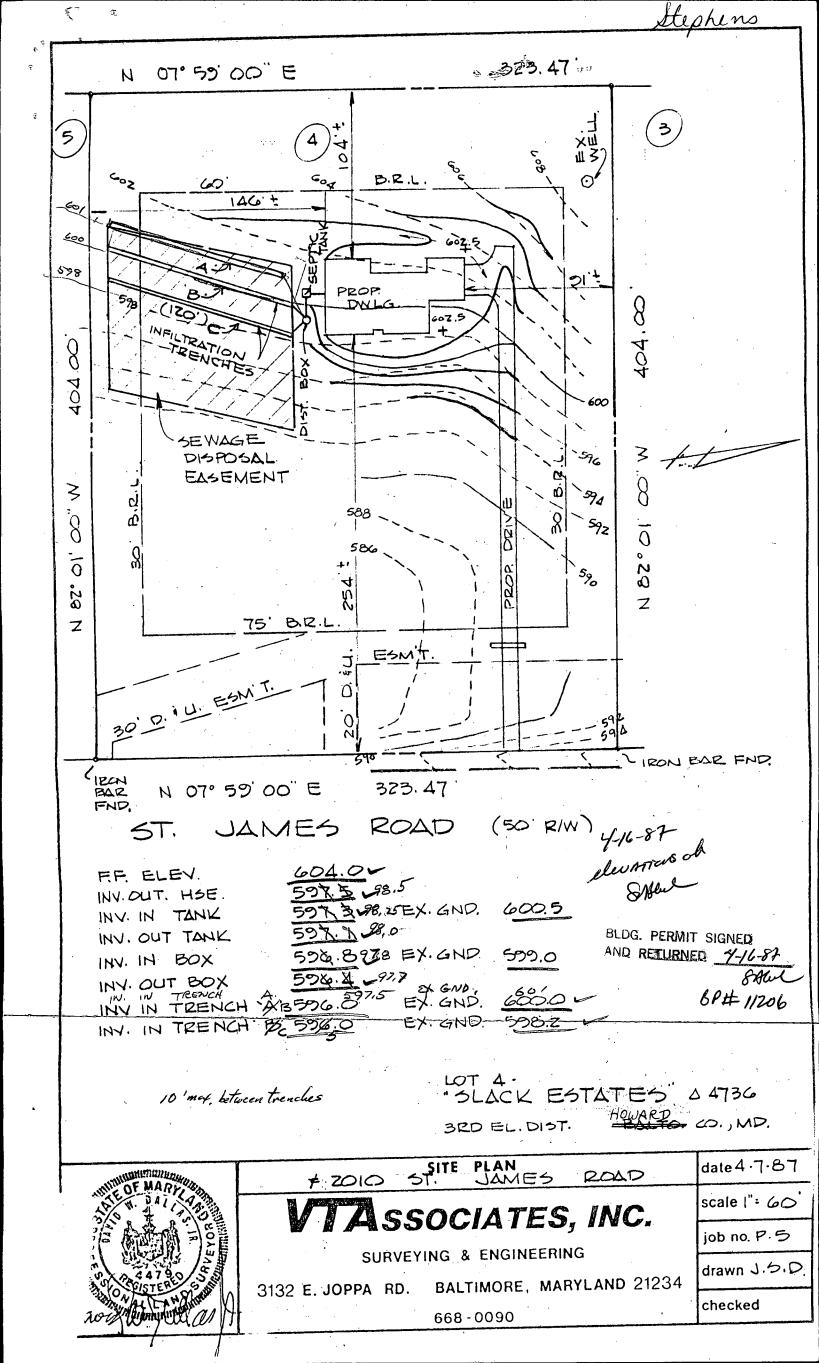
THIS IS NOT A PERMIT

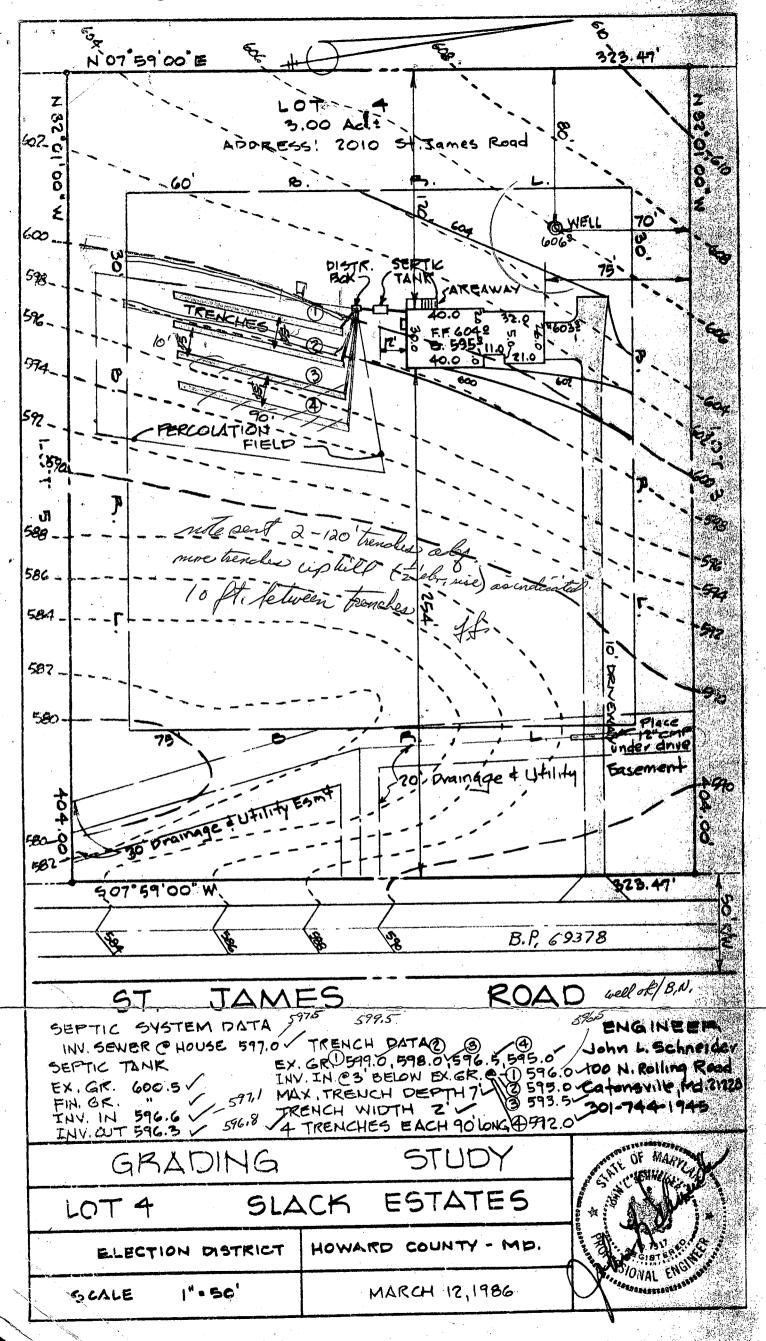
1051 SOIL PROFILE 0-3ft HIGH 3-13 ft 135 751 70 LOW B Ruce 8 F INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. LOT 4

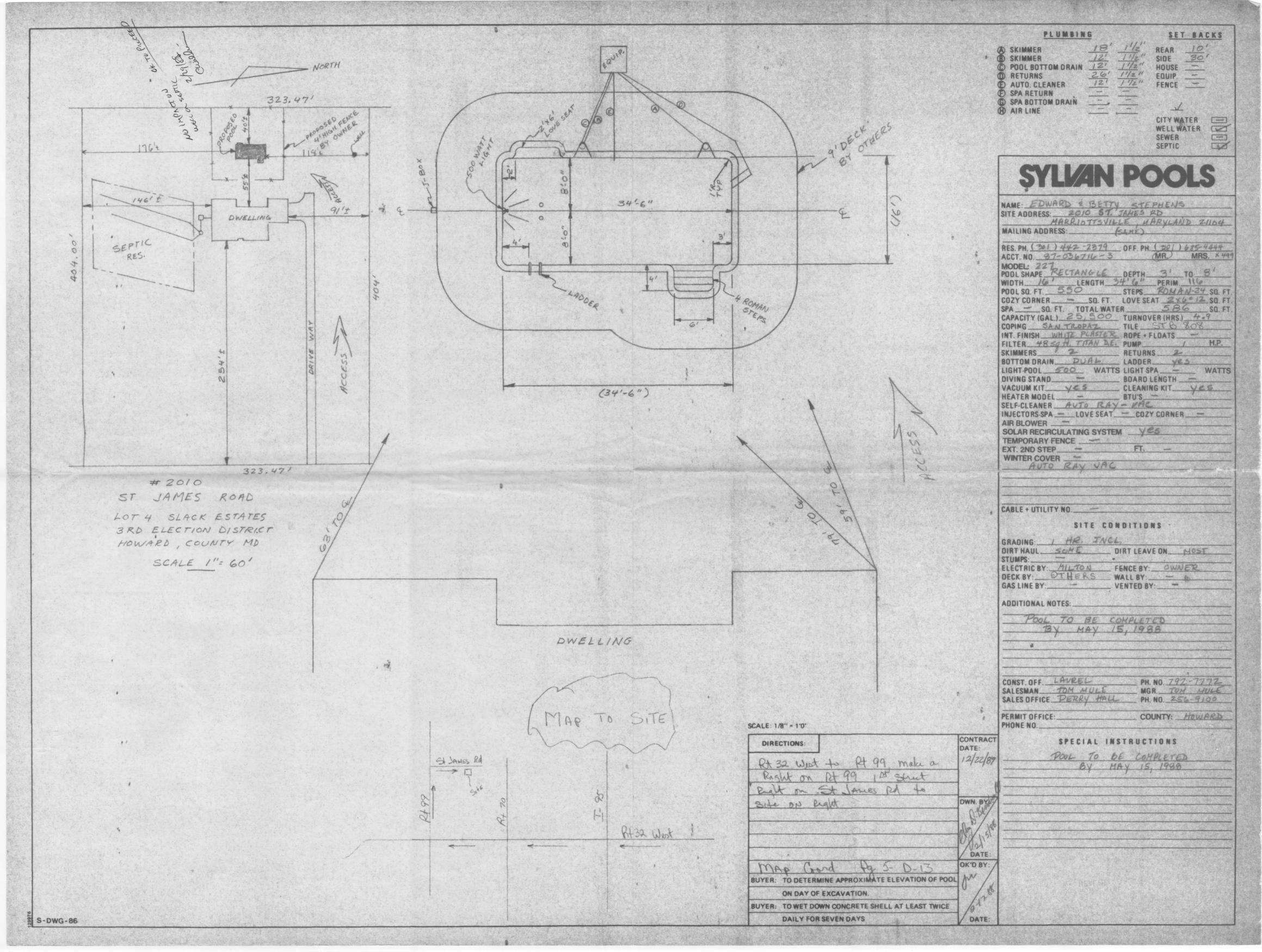
> 120 syff bedron Unlik 3' Maximum depth 9' TEST - 1" DROP PRE-WET DATE TEST NO. DEPTH TIME. START STOP START 6 3 9:45 9:50 9:50 7:56 4/17/72 9:45 7:47 9:47 9:52 9:51 9:54 9:54 25 9:51 9:54 9:54 10:00 3 10:00 10:03 7:58 10:00 10:06 10:02 9:58 10:02 10:11 10:08 10:06 10:08 10:09 10:06 10:09 10:13 #.

REMARKS - consistent in all Role ALSO PRESENT P. Schissle TESTED BY









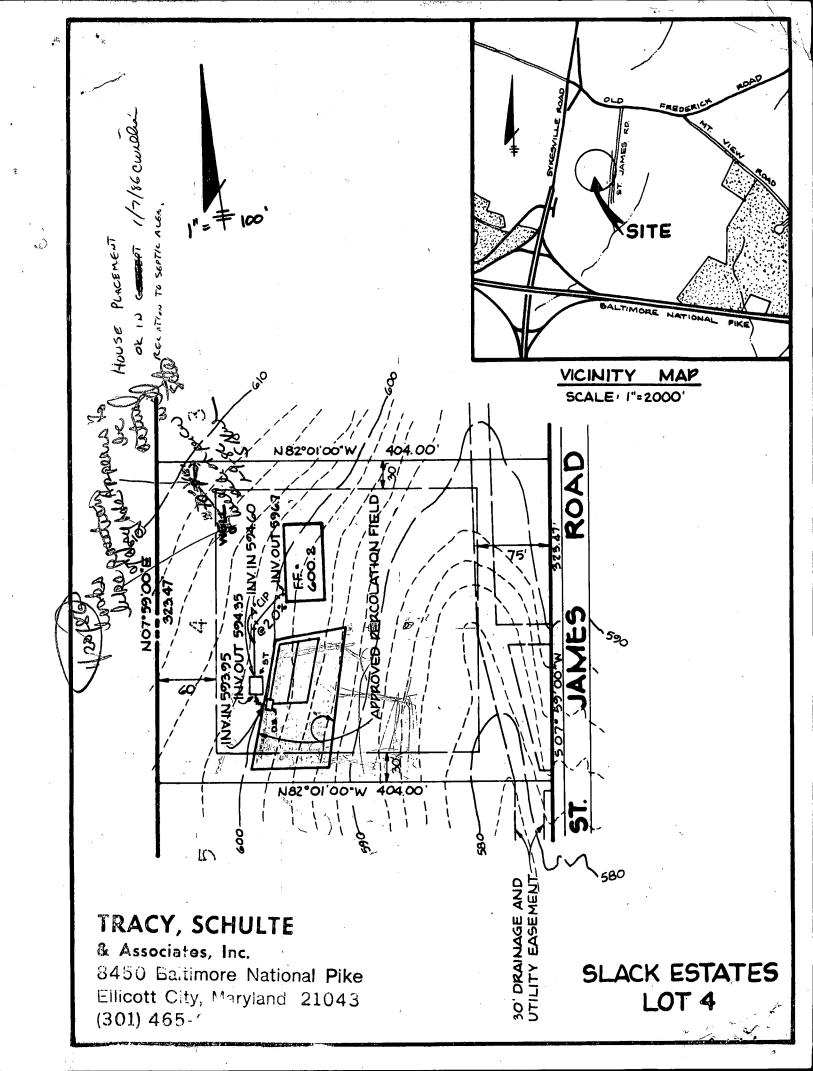
FRIFINISL

APPROP. PERMIT NUMBER

SPECIAL CONDITIONS

WRITE

160 Sangle H9605 growing started 1120 pm (15mm) 10 bags sement 1/20 søgle taken 1/30 An 170 1.5 herevon 856 255 521 total : Sufficient Storage vote: dry hole on property sealed off with with with 24' grown



	050115115-	110	CTATE OF MADVI AND	THIS REPORT MUST BE SUBMITTED WITHIN
c 1 .00831	SEQUENCE (OEP USE O		STATE OF MARYLAND	45 DAYS AFTER WELL IS COMPLETED.
1,23 6	•	· + · /	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY DO O O C F 2
(THIS NUMBER IS TO BE P IN COLS. 3-6 ON ALL CARI			PLEASE PRINT OR TYPE	NUMBER A- 29 654
140				PERMIT NO.
DATE Received	DATE WELL			FROM "PERMIT TO DRILL WELL"
3	012	286	22 3 0 26	MO-811-1730
8 13	15	20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	BRALLY I DATE OF A	~ ·	first name	WIST FRIENDSHIP
	last name		10411	
008811101011	ACKS	LSVA	<del></del>	LOT 4
WELL I Not required for			GROUTING RECORD yes no WELL HAS BEEN GROUTED	C   3
STATE THE KIND OF		S	(Circle Appropriate Box)	1 2 PUMPING TEST
PENETRATED, THEIR	R COLOR, DEF	PTH,	TYPE OF GROUTING MATERIAL	HOURS PUMPED (nearest hour)
THICKNESS AND IF	WATER BEAF	ING Check	CEMENT CM BENTONITE CLAY BC	<u>/ 8 9</u>
DESCRIPTION (Use additional sheets if needed)		if water bearing	NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min to nearest gal.)
and the state of the state of		Journig	NO. OF BAGSNO. OF POUNDS / COOL	METHOD USED TO
- P 1			DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE
Top Soil	2	.,	from C ft. to 4 4 ft.	WATER LEVEL (distance from land surface)
	". a. S	1	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 1/30
Shudy	2 40		casing CASING RECORD	17 20
	·   *	A	types ST CO	WHEN PUMPING \\ \[ \begin{array}{c} 2 & \circ \\ 22 & \circ \\ 25 \end{array}
C. las			CTEL CONCRETE	TYPE OF PUMP USED (for test)
anote love	40 50	>	appropriate code (PL) OT	
[ <u>, , ,                               </u>			below PLASTIC OTHER	A air P piston T turbine
Mickia	50 60	)	MAIN Nominal diameter. Total death	C centrifugal R rotary O (describe
			MAIN Nominal diameter Total depth CASING top (main) casing of main casing	(describe
Sand Stome	10 65	- 6-	TYPE (nearest inch) (nearest foot)	
	60 65		PL 6 54 1	J jet Submersible
Micks		اه	60 61 63 64 66 . 70	
I MICKE	65 30	0	E OTHER CASING (if used)	
1			A diameter depth (feet) C inch from to	PUMP INSTALLED
			ç T	DRILLER WILL INSTALL PUMP YES NO
•		•	\$	(CIRCLE) (YES or NO)
·			N G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
1 1 pm			screen type SCREEN RECORD	EXCEPT HOME USE
			or open hole	TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O)
		1	insert STEEL BRASS OPEN	IN BOX-SEE ABOVE:
ļ ·			appropriate BRONZE HOLE	CAPACITY:
			below / PL OT	GALLONS PER MINUTE (to nearest gallon)
			PLASTIC OTHER	PUMP HORSE POWER
			C 2	PUMP COLUMN LENGTH
			DEPTH (nearest ft.)	(nearest ft.)
*		•	E'MOSZINGOCI	CASING HEIGHT (circle appropriate box
	•		A 8 9 11 15 17 21	and enter casing height)
	.			LAND SURFACE
			S 23 24 26 30 32 36	below (nearest foot)
CIRCLE APPROPRIATE LETTER			18     <del>                                 </del>	49 50 51
Δ A WELL WAS ABANDONED AND SEALED			E 3 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED			· ·	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION			SLOT SIZE 1 2 3 (NEAREST	N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVER	TIED TO PROI	DUCTION	DIAMETER (NEAREST THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
I HEREBY CERTIFY THAT THIS WE			56 60 from to	
ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL	L CONDITIONS ST	ATED IN THE	GRAVEL PACK	
ABOVE CAPTIONED PERMIT, A PRESENTED HEREIN IS ACCURAT	NO THAT THE I	NEORMATION TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT	On I live D
OF MY KNOWLEDGE.			F IN BOX 68 68	Property of
DRILLERS IDENT. NO.	475	·	OEP USE ONLY	20 250 ned
John .	Maria	C.C.	(NOT TO BE FILLED IN BY DRILLER)	100 100 A 11 100 A
DRILLERS SIGNATURE			T (E.R.O.S.) WQ	live 100
(MUST MATCH SIGNATURE ON APPLICATION)			70 72 74 75 76	E 1000 200
1 colypta 7.	1 Hirry		TELESCOPE LOG OTHER DATA	Dist. Ex
SITE SUPERVISOR (sign. or responsible for sitework if			CACING	The same of the sa

# HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

્યું કહેલા છે.

### PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

STEPHEN F. FORNEY

(Name) Phane 442-1133

3368 BRANTLY COURT GLENWOOD MD 21738 (Address)

Dec 23,1985
(Date)

9/28/87-m

### HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation	Receipt # 40/40
Replacement	Date <u>9/0///-</u>
Name of Installer RoBT. L. FEETEK	60; TRC. Telephone 781-1653
License Number 2/22	
Certified Well Pump Installer We	1 Driller Registered Plumber
Name of Property Owner BETTY STE	74-NS. Telephone 887-1100
Subdivision Stacks EST.	THENS. Telephone 987-1100 ot # # Well Tag # HO-81-1296
Site Address 2010 ST. JAMAS RI	
Pump Motor	Pitless Adapter
	rsepower / 1. Make Metall
	1 3450 2. Model # MB-1
	ltage 3. Depth ルンツ
c. Submersible 2.	110
	220
3. Model # 7ENHOK12	
4. Capacity GPM	
5. Pump exceeds well capacity Yes	No U
6. If Yes, is low pressure cutoff swite	
7. What methods are used to protect the	pump and electrical wiring from
vibrations? Torque arrestors	Cable guards Other
Tank Wx-350 Pipin	well data
idik i i i i i i i i i i i i i i i i i i	De 1. Depth 300 ft.
2. Pressure relief 2. Si	
	and/or BOCA 3. Static water
	ie approved 187 level 30 ft.
	oth of supply 4. Will water supply
	ne <u>Uz"+</u> be disinfected by
	installer? VES
I understand that it is my responsible	lity to notify the Howard County Health
Department when the installation is re	ady for inspection (otherwise this permit
is null and void).	•
All information given above is true to	the best of my knowledge.
	andicant. Butter Z. Too R. L. F. Co. Il
Signature of A	oplicant: 2 May 2. 700 / 2.
	6/20/07
29/87-6075106 WORK P Note: A sticker indicating approval/s	Date:
	tatus of the installation will be placed
on the well casing at the time of the	acus or the instarration will be praced
on the well casing at the time of the	NA TES TREFALLEDA
HD-215	NOTTET INSTALLE BY
IID - 210	9 1 / 2