athorized by

HOWARD COUNTY

**BUREAU OF ENVIRONMENTAL HEALTH** 

461-9933

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

05-373476

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

| P, | 40546 | • |
|----|-------|---|
| A  | 38883 |   |

DATE 1/25/87

DATE SYSTEM APPROVED 12-3-87

INSPECTOR\_SALA

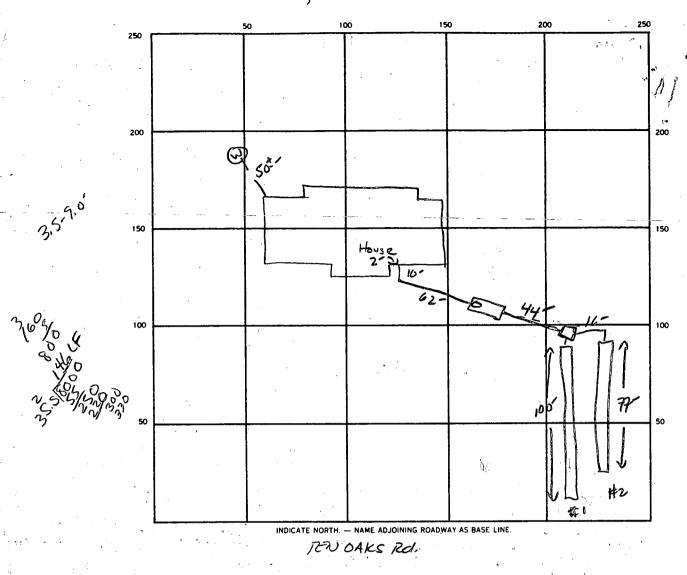
INDEXED

|                        | Custom Excavati  | on                             | IS PERMITTED TO              | INSTALL         | X ALTER                |
|------------------------|--|--------------------------------|------------------------------|-----------------|------------------------|
|                        |  |                                |                              |                 |                        |
| ADDRESS                |  |                                | PHONE _                      | 531-28          | 76                     |
| SUBDIVISION -Glas      | <del>keville Manor</del>   | ROAD _6005 *                   | Ten Oaks Road                | LOT             | 4                      |
| PROPERTY OWNER         | <u> </u>   | Dr. Fred Lewis                 |                              |                 |                        |
| ADDRESS                | ·  |                                |                              | ····            |                        |
| IF GARBAGE GRINDER     | R IS USED INCREASE SEPTIC TA   | ANK CAPACITY BY 50% AN         | D ABSORPTION AREA BY         | 22%.            |                        |
| GARBAGE GRINDER?       | TANK SIFUCIO   | HAVE BEEN 2250                 |                              |                 |                        |
| SEPTIC TANK CAPACI     | TY 2000 GALLONS  | NUMBER OF BEDRO                | OMS5                         |                 |                        |
| TRENCHES -             | - 160 sq. ft. per be   | edroom. Trench to              | be 2 feet wide.              | Inlet           | 3.5 feet below         |
| <u> </u>               | original grade. B  | Sottom maximum dep             | th 9 feet below o            | original        | grade. Effecti         |
|                        | area begins at 3.5   |                                | nal grade. 5.5               | feet of         | stone below            |
|                        | distribution pipe.   |                                |                              |                 | 1 055 6 . 6            |
| LOCATION -             | - Place the distribu   | tion box 235 feet              | from the front               | <u>lot line</u> | and 255 feet fr        |
| •                      | the left lot line  |                                |                              | ren Oaks        | Road. Run              |
|                        | trenches on contou   | ir toward the from             | t lot line.                  | 00 25           | amatan alaanast        |
| NOTE -                 | - No trench to excee   | ed 100 feet in leng            | gth. Provide 6"              | - 8" a1         | ameter cleanout        |
|                        | and cap to grade o   | <u>or above on septic</u>      | tank.                        |                 | <u></u>                |
|                        |  | •                              | <u>-</u>                     | •               |                        |
|                        | ·  |                                | <u> </u>                     |                 |                        |
| PLANS APPROVED BY      |  | S. Abel                        |                              | DATE _          | 4/27/87                |
| COVER NO WORK UNTIL II | NSPECTED AND APPROVED.   |                                |                              |                 | •                      |
| NEITHER THE HOWARD CO  | OUNTY COUNCIL NOR THE HEALTH D   | EPARTMENT IS RESPONSIBLE FO    | R THE SUCCESSFUL OPERATIO    | N OF ANY SYS    | TEM.                   |
| NOTE: CLEANOUT REQU    | IRED EVERY 70 FEET OF SEWER LINE                                       | E AND/OR AT 90° SWEEPS IN LINI | ES FROM HOUSE TO DRAIN FIEI  | LDS.            |                        |
| NOTE: ALL PARTS OF SEL | PTIC SYSTEMS (I.E., TANK, DISTRIBUTIO                                  | ON BOX. TRENCHES) TO BE 100 FE | ET FROM WELL. (UNLESS OTHER  | WISE SPECIFIC   | ALLY AUTHORIZED)       |
| NOTE: IF DEEP TRENCH   | ES) ARE USED CALL FOR INSPECTION                                       | N BEFORE AND AFTER PLACING G   | RAVEL IN TRENCH(ES).         |                 |                        |
| NOTE: NO DRY WELL SH   | ALL EXCEED 15 FOOT IN DIAMETER   | NO ABSORPTION TRENCH TO EXC    | CEED 100 FEET IN LENGTH.     | ¥               |                        |
| NOTE: ALL PIPE FROM H  | IOUSE TO SEPTIC TANK MUST BE CAS                                       | ST IRON OR SCHEDULE 40 PVC OF  | R ABS.                       |                 |                        |
| PERMIT VOID AFTER TWO  | YEARS.   |                                |                              |                 |                        |
|                        | PIPE ON SEPTIC TANK AND DRY WELL.<br>P OF SEPTIC TANK IS DEEPER THAN : |                                | IN DIAMETER. CAST IRON, CONC | CRETE OR TERI   | RA COTTA OR PVC OR ABS |

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EN - 2-1186



DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 35 FT.

EFFECTIVE GRAVEL DEPTH 5.5 5.5 FT. TOTAL LENGTH 100 97 FT.

NUMBER OF TRENCHES 2 ONE SIDEWAL/BOTTOM AREA 974 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 974 SQ. FT.

REMARKS 1/3 | 87 OK TO MOD STONE TO GOTH TARNETHES; THE SMIT ALL PIPE, PAPER + CALL FOR.

GING 1. SALL

DATE SYSTEM APPROVED 12/3/87 INSPECTOR 5. ALL.

| c 1 0382 SEQUENCE NO. (OEP USE ONLY)   | STATÉ OF MARYLAND WELL COMPLETION REPORT                                   | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED:  |
|--|--|--|
| (THIS NUMBER IS TO BE PUNCHED  | FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE                          | COUNTY A-39893   |
| IN COLS. 56 ON ALL CARDS)  DATE Received DATE WELL COMPLE  |  | PERMIT NO. FROM "PERMIT TO DRILL WELL"                                 |
| 1  | 22 <b>400</b>  | 110-81-20814   |
| 8 13 15 20 OWNER LEWIS   | (TO NEAREST FOOT)  | 28 29 30 31 32 33 34 35 36 37  |
| STREET OR RFD Test Name CAKS   | RCAID first name TOWN  | CLARKSVILLE  |
| SUBDIVISION CLIRKSVILLE  |  | P.160LOT   |
| WELL LOG<br>Not required for driven wells  | WELL HAS BEEN GROUTED  (Circle Appropriate Box)                            | C 3  |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,   | (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL                        | PUMPING TEST   |
| THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Chec  | CEMENT CM BENTONITE CLAY BC  | HOURS PUMPED (nearest hour)  |
| additional sheets if needed) FROM TO bearing   | NO. OF BAGS 10 NO. OF POUNDS 240   | PUMPING RATE (gal. per min. / 6 1 15 to nearest gal.)                  |
| SAND 0 39  | GALLONS OF WATER   | METHOD USED TO MEASURE PUMPING RATE LOUGHET                            |
|  | from 48 TOP 52 ft. to 54 BOTTOM 58   | WATER LEVEL (distance from land surface)                               |
| CRON MICH ROCK 39 400 V  | (enter 0 if from surface)  casing CASING RECORD                            | BEFORE PUMPING 3 2 2   |
| GRAY MICH ROCK 39 400 V  | types insert ST CO   | WHEN PUMPING 2 4 0 25  |
|  | (appropriate) STEEL CONCRETE   | TYPE OF PUMP USED (for test)   |
|  | code below PLASTIC OTHER   | A air P piston T turbine   |
|  | MAIN Nominal diameter Total depth  | C centrifugal R rotary O other (describe                               |
|  | CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) | 27 (27 below)  |
|  | SF 6 47  | jet Ssubmersible   |
|  | 60 61 63 64 66 70  E OTHER CASING (if used)                                |  |
|  | diameter depth (feet) inch from to   | PUMP INSTALLED   |
|  | C S S  | DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)                  |
|  | N G G  | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS |
|  | screen type SCREEN RECORD  | EXCEPT HOME USE TYPE OF PUMP INSTALLED                                 |
|  | or open hole ST BR HO  | PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:                            |
|  | code BRONZE HOLE   | CAPACITY: GALLONS PER MINUTE   |
|  | below PLASTIC OTHER  | (to nearest gallon)  PUMP HORSE POWER                                  |
|  | C2   | F PUMP COLUMN LENGTH   |
| ·  | DEPTH (nearest ft.)  | (nearest ft.)  CASING HEIGHT (circle appropriate box                   |
|  | E #7 0 #3 15 17 21   | and enter casing height)   |
|  | H <sub>2</sub>   | LAND SURFACE (nearest  |
| CIRCLE APPROPRIATE LETTER  |  | 49 foot)   |
| A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED   | E 3 38 39 41 45 47 51  | LOCATION OF WELL ON LOT  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 TEST WELL CONVERTED TO PRODUCTION WELL   | DIAMETER (NEAREST INCH)  | THAN TWO DISTANCES (MEASUREMENTS TO WELL)                              |
| I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION AND AND AND AND AND AND AND AND AND AN  | from to  |  |
| AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN TH<br>ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATIC<br>PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BES   | N LE WELL DRILLED WAS  | ge w   |
| DRILLERS IDENT. NO. 238  | F IN BOX 68 68   | <b>₹</b>   |
| hazzel l. Marin  | OEP USE ONLY<br>(NOT TO BE FILLED IN BY DRILLER)                           | 000  |
| DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)   | T (E.R.O.S.) W Q   |  |
| The state of the s | 70 72  | A3 1 23 A  |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permitte  | TELESCOPE LOG OTHER DATA CASING INDICATOR                                  | ten Caks KD.   |

20001 98 Ac. Fred & mary tewis 6005 ten OBKS Ra Clarks ville uc. 96016 well- see Attacked 30 vestabule-Existing house 298'> Sertic

Review ON 6-15-87 JEN

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

| Well Permit No. HO - 81-2034  |   |
|---|---|
| Location of property (road) TINORKS ROAD  Subdivision CLARKSVILLE MANOR (NO Plat Sec.  Well Driller SosaPH MAYNE Owner LEWIS FRED |   |
| Well Driller 5032PH MAYNE Owner LEWIS FRED  | · |
| Depth of well 400' Distance of measuring point (M.P.) above ground 2 2 Static water level (S.W.L.) below M.P. 30:                 |   |
| I. High rate pumping reservoir drawdown   | - |
| Time pump started $7:30$ Pumping rate $1290$ Total time $45min$ to reach pumping water level $240$ ff. below M.P.                 |   |

#### II. Recovery pump test data - observations to be recorded every 15 minutes

|             |             |                | recorded every 15 minu |                 |
|-------------|-------------|----------------|------------------------|-----------------|
| TIME (in 15 | WATER LEVEL | PUMPING RATE   | FLOW METER READING     | CALCULATED FLOW |
| minute in-  | below M.P.  | time to fill 🖡 | (if used)              | (gallons per    |
| tervals     |             | gallon bucket  |                        | minute) .       |
| 7:45        | 115         | 5              | 60                     | 12              |
| 8:00        | 180         | 6              | 1,6                    | 10              |
| 8:15        | 240         | 6              | 360<br>60<br>960       | 10              |
| 8:35        | 240         | 46             | 95,0                   | 13/10           |
| 8:45        | 240         | 46             | 192                    | 13/10           |
| 9:00        | 240         | 46             | /192                   | 1 3/18          |
| 9:15        | 240         | ej la          | 240 /3/3               | 1 1/10          |
| 9:30        | 240         | 46             | 32                     | 1 Fre           |
| 9:45        | 240         | 416            | . 208                  | 1 Hs            |
| 10:00       | 235         | 46             | 1.5                    | 1 3/10          |
| 10:15       | 235         | 43             | 1040                   | 1 %             |
| 10:30       | 230 :       | 43             | 208                    | 1 /10           |
| 10.45       | 230         | 40             | 3120                   | 13              |
| 11:00       | 230         | 40             |                        | / 1 煮           |
| 11: 25      | 225         | 40             | ,                      | 13              |
| //: 30      | 225         | 36             |                        | 1 %             |
| 11:95       | 225         | 36             |                        | 1/20            |
| 12:00       | 225         | 36             |                        | 1 6/10          |
| 12:15       | 205         | 36             |                        | 1 %             |
| 12:30       | 225         | 36             |                        | 16/10           |
| 12:45       | 225         | 36°            |                        | 19/10           |
| 1:00        | 225         | 36             |                        | 196             |
| 1: 15       | 225         | 36             |                        | 19/0            |
| 1:30        | 325         | 36             |                        | 1 1/10          |
| 1:45        | 225         | 36             |                        | 1/18            |
| 2.00        | 225         | 36<br>36<br>36 |                        | 19/16           |

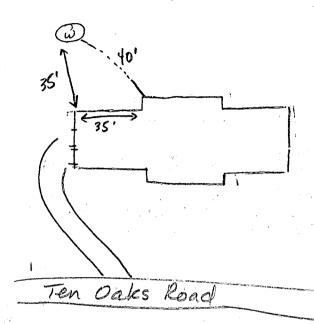
Propy - 10/9/87

#### 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 InstallationReplacement   |  | Receipt # 4/16/5<br>Date 12.8.87  |
| Name of Installer P.A. WOOD F   | >Lumbing   | Telephone <u>391-4823</u>   |
| License Number MD 7040 Certified Well Pump Installer _  | Well Driller F   | Registered Plumber  |
| Name of Property Owner <u>LEWIS</u> Subdivision <u>CLARKSUILIE</u> Site Address <u>10005 TEN DAKS</u>   | Lot # <u>PAe 1(a)</u> Well   | Telephone<br>  Tag # <u>HO -81 - 208</u> 4  |
| Pump  1. Type  a. Deep well jet  b. Shallow well jet  c. Submersible   2. Make   MEYERS  3. Model # 46Pm 2157966  4. Capacity 46Pm GPM  5. Pump exceeds well capacity  6. If Yes, is low pressure cuto  7. What methods are used to provibrations? Torque arresto | ff switch installed? Ye tect the pump and electric   | ical wiring from  |
| Tank  1. Capacity <u>20 6AL</u> 2. Pressure relief valve? <u>75 RS7</u>   | Piping  1. Type PVC  2. Size J'  3. NSF and/or BOCA Code approved (A) 4. Depth of supply line 41 | Well data  1. Depth 400 ft.  2. Yield 3 GPM  3. Static water level 325 ft.  4. Will water supply be disinfected by installer? |
| I understand that it is my res<br>Department when the installatio<br>is null and void).   |  |   |
| All information given above is  | true to the best of my kr  | nowledge.   |
| Signatu   | tre of Applicant: $20 \mu f$   | Wood<br>87  |
| Note: A sticker indicating app  | roval/status of the inst   | allation will be placed   |

on the well casing at the time of the inspection.



13/88/3 15/88/3 15/84/0

12-9-87 Pitless adaptor at 51 inches. Well line i electrical line ok. Ground not attached to well casing. Lines were covered in the trench. House connection ok, mostly covered. Lines are encased in 2 in to 3 in PVC pipe at house junction. Pressure tank in place JE Nadean

#### **APPLICATION**

#### HOWARD COUNTY

THE RESERVE OF THE PROPERTY OF

### PERMIT APPLICATION

**DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT** 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

| BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  | GHADING/SEDIMENT CONTROL 11 TES 11 NO SDP #   |
|---|---|
| 6005 ten , ANS Pc!  | * *   |
| Olnuksuille Mon -   | FAMI Inglance + bulching  |
| 21029   | FAMI I mplane - bul dis   |
| LOT NO. PARCEL NO. SEC. AREA BLOCK, NO. LIBER F   | DIIO BURSH BURGALING  |
| man line I  | house.  |
| SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSU  |   |
| ( Size   Got  | $\ell \circ \ell$   |
| OWNER NAME AND ADDRESS PHONE  |   |
| Fred & Mary Agnes Lewis 4   | 10 44 25 12   |
| CA4.0 531-3   | 818   |
| Strike  | 700   |
| OCCUPANT'S NAME AND ADDRESS PHONE   |   |
| 5 Ame   | B. ROOMS<br>ROOMS   |
|   | BATHS   |
| ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE  | NO. FIREPLACES  |
| Arium Archibeter 410-7302   | FOOTINGS FOUNDATION S. WALLS  |
| Cuité d'à C   | Conchese  |
| Thum Enolly Ad. Colonbia 2104   |   |
| CONTRACTOR'S NAME AND ADDRESS. PHONE  | NO. UTILITIES   |
| Pots cast Co. ILe. 571.60   | WATERWELL SEWER SEPTIC AGAS ELECTRICITY TYPE OF HEAT AC   |
| Granming Hellowte.  | have carefully examined and read this application and know the same is true and correct,  |
| Hich Hand mel Zo2)  | and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the |
| FXISTING USE PROPOSED USE   | Department of Inspections, and Permits twenty-four hours in advance when I am ready for   |
| ST N FAMM Stove   | the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.                                  |
| 2 / Juestabule  |   |
| EST. CONSTRUCTION COST. LICENSE NUMBER PERMIT FI  | SIGNATURE 2/0/69  |
| 3000 57//   | TITLE DATE  |
| W/S CODE FOR OFFICE   |   |
| W/S CODE TOTAL OF FINE  | FUNCTION   DATE   SIGNATURE APPROVAL  |
| DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE   | ZONING/PLANNING   |
| •   |   |
| SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)                                 | SHA   |
| · · · · · · · · · · · · · · · · · · ·   | SEDIMENT/GRADING  |
| TO SIDE BUILDING LINE   | BUILDING OFFICIAL   |
| BACK (CORNER LOT ONLY)  | BOILDING OF FIGURE 5  |
| SDP #   | WATER & SEWER   |
| Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  | HEALTH DEPT. 3/10/98 CIWELL   |
| CAUTION   | FIRE PROTECTION   |
| To begin construction before a permit placard has been is   | SUED STORM WATER MGM.   |
| and displayed on the job is a violation of the law.  Use and occupancy permit must be applied for two w |   |
| before it will be issued.   | <b>1</b>  |
| IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQ  | IRED APPROVED DATE  |
| IMPUNIANI: PLEASE SHOW LIP CODES AND AREA CODES WHEREVER REG  | Distribution of Copies: Yellow - Engineering A 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1  |
| LP-69-591   | White - Building Official Pink - Health Dept. Green - Planning & Zoning Gold - S.H.A.   |

12/4/97 To! Health Dept. on behalf of the owners! Dr. & mrs. Lewi, I an vegvestig your approval for a building Rema, termite sheilding tecniques have been used throughout, making for tore termite theatment of the S/Abs unveresspy. FAVM Suptiment PREZIMANT EUNIVATION EXISTING WELL RESUBMIT WINDOW TO MATCH 10'W X 9'H DOOR HOUSE WINDOWY 6'R D wITH Bf APPLICATION. 12/4/97 cwilliam HOW CO HEALTH NEW ENCLOSED ENTRY STING ENTRY BP 0010 355 FLOOR PLAN ARCHITECSCALE 1/8" = 1' - 0"CRITICAL DIMENSIONS SHOULD NOT BE SCALED EXISTING GARAGE RECEIVED DEC 0 4 1997

HEALTH

0 41 ft open Hole

0 47 ft carry & ft out of ground
3 LO CATION LOOKS OK

9 10 BAGS

WELL OF

der Neur A John, Judy Gilbert Text By R/Hodes

| . 1  |  |
|------|--|
|      |  |
| 12.0 |  |
|      |  |

Review \_\_\_\_

| Page | of      |
|------|---------|
| Date | .6/9/87 |
|      | 7       |

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

| Well Permit No. Location of pro Subdivision Cl Well Driller | Deperty (road)  ARKSVILLS  TOSAN | 184<br>15 D CAKS ROAT<br>MANOR (P/A PINGO<br>MANA) Owne      | Block Plat                              | Sec.                                       |
|---|----------------------------------|--|---|--|
| Depth of<br>Distance  | well 400<br>of measuring po      | oint (M.P.) above gr<br>L.) below M.P.                       | round 2 1/2                             |  |
| Time pum<br>Total tin                                       |                                  | 30<br>reach pumping water                                    | Pumping rate 12 level 240 ft.           |  |
| II. Recovery p  | oump test data -                 | observations to be   | recorded every 15 minu                  | tes  |
| TIME (in 15<br>minute in-<br>tervals                        | WATER LEVEL below M.P.           | PUMPING RATE<br>time to fill <b>&amp;</b> [<br>gallon bucket | FLOW METER READING<br>(if used)         | CALCULATED FLOW<br>(gallons per<br>minute) |
| 1100  | 230.                             | 40   |   | 1/2  |
| 1115  | 225                              | 40   |   | 1/2  |
| 1130  | 225                              | 3 6  |   | 1 %0                                       |
| 1145  | 225                              | 36   |   | 180  |
| 1200  | 225                              | 36   |   | 1 5/10                                     |
|   |                                  |  | ,                                       |  |
|   |                                  |  |   | *  |
|   |                                  |  | <u> </u>                                |  |
|   |                                  |  | ,                                       | 1.0  |
| ·   | Sample                           | Tupon  | 1100 A1                                 | 6/3/0/                                     |
|   | V                                |  | , | ,  |
|   |                                  |  |   |  |
|   | j <sup>i</sup> r                 |  |   |  |
|   |                                  |  |   |  |
|   |                                  |  |   |  |
|   | -                                |  |   |  |
|   |                                  |  |   |  |
|   |                                  |  |   |  |
|   |                                  |  |   |  |
|   |                                  |  |   |  |
|   |                                  |  |   |  |
|   |                                  |  |   |  |
|   |                                  |  |   |  |

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND . DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| G.E.VE   | ·   |
|----------|-----|
| DISTRICT | 542 |

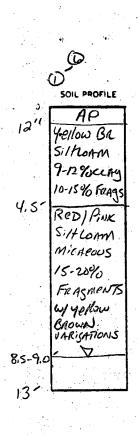
HOWARD COUNTY HEALTH DEPARTMENT MENTAL HEALTH SERVICES

NOT WET SEASON

| ELLICOTT CITY, M       | ARYLAND                                  |                  |             | •                                 |             |
|------------------------|--|------------------|-------------|-----------------------------------|-------------|
| I, HEREBY, APPLY       | FOR THE NECESSARY TEST IN ORDER TO CONST | ,                |             | •                                 |             |
| PROPERTY OWNER         | DR. FRED CEWI                            | 5 / ZEWI         | IS RESIL    | DENCE                             |             |
| ADDRESS                | 1665 ROUTE 108 Co                        | •                | PHONE       | 301-730                           | -6062       |
| PROPERTY LOCATION:     |  | 21045            |             |                                   |             |
| SUBDIVISION            | CLARKS VICK MANOR                        | ·                | LOT NO      | B 4                               |             |
| ROAD AND DESCRIPTION   | ALONG TEN OAKS                           | ROAD WES         | TOK         | MD ROUTE                          | 108         |
| 6005                   | TEN OAKS NOL                             |                  |             |                                   |             |
| CIZE OF LOT            | 160 ACRES                                |                  | TYPE BLOC   |                                   |             |
| SIZE OF COI.           |  | <del></del>      |             | INUMBER OF BED                    | ROOMS)      |
|                        | H THE FILING OF THIS PERC TEST APPLICAT  |                  |             | /                                 |             |
| WITH ALL M.O.S.H.A.    | REQUIREMENTS IN TESTING THIS LOT.        | Le Riemin Lycus  | IGNATURE OF | YOU M. THE                        | Alus        |
|                        | - ,                                      | Se.              | •           |                                   |             |
| APPROVED BY            |  | FOR              | ·           | DATE                              | <del></del> |
| REJECTED BY            |  | FOR              | <u> </u>    | DATE                              |             |
| HOLD PENDING FURTHER   | TESTS                                    | ·                |             | DATE                              |             |
| REASON'S FOR REJECTION | N OR HOLDING 4-2-87 Pene SATI            | SFACTURY, hold ? | ON PLAT.    | 5. Hel                            |             |
|                        |  |                  |             |                                   |             |
|                        |  |                  |             | <b></b>                           |             |
|                        |  |                  |             | DEDG. PERMIT SIGNAL NO RETURNED C |             |

THIS IS NOT A PER

34301 C



| 1 |              |                 |       |    |
|---|--------------|-----------------|-------|----|
|   | ⊗ House<br>⊗ | SMKES<br>& "70" | Diew  |    |
|   | Conf.        | 75 9 LOW 7 145  | 130±/ | J. |
|   | Hish         | 110 1000        | (3)   |    |
|   |              |                 |       |    |

THERE GMIN THLET BE BOTTOM 9.0 160 \$ 1BL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

| DATE   | TEST NO.       |                | OAKS RO            | WET.     | TEST -             | 1 DROP<br>STOP | TIME    |
|--------|----------------|----------------|--------------------|----------|--------------------|----------------|---------|
| 4/2/87 | ) <u>S</u>     | 5.0°<br>13° un | 12:17<br>iFORM JO: | 1 below  | 4.5 W/             | TER AT         | - 8:5-° |
|        | 2 <sub>V</sub> | WATER          | AT 8.0             | SAME A   | # 1 fRofile        | 2.             |         |
|        | 35             | 13' SA         | me as #1           | NOWAI    | 12:41<br>ER AND CL | 44 12 3,       | 4 Min   |
|        | 4 ×            | 13° 5A         | Up he -            | 2 474 44 | 12:49              | ľ              |         |
|        | S <sub>M</sub> |                | 1;13<br>1:12       | 11/5     | 1:14<br>1:15       | 1/23           | 8 MIN   |
|        | SV             | 13 - SA        | 10 45 # 3          | +4 W/C   | 1410 3             |                |         |
|        | 6              | 13- 5          | me As #            | 5        |                    |                |         |
|        |                |                |                    |          |                    |                |         |
|        |                |                |                    |          |                    |                |         |
|        |                |                |                    |          |                    |                |         |

| PEMARKS      | DEEP SYST. OK. |   |              | <br>           |
|--------------|----------------|---|--------------|----------------|
| TYPE OF SOIL | CHIOAK         |   |              | <br>           |
| TESTED BY    | J. Abel        |   | ALCO ODECENT | SKIP, OR LAWIS |
| : F2.ED 6    |                | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | •            |                |

