APPLICATION

PERCOLATION TESTING

A Repair

p 40352

DISTRICT 5 TH

DATE 10/26/87

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043

INDEXED

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND				
I, HEREBY, APPLY FOR THE NECESSARY TEST IN	ORDER TO CONSTRUCT (OR RECONSTR	NCT) A SEWAGE DISPOSAL EVE	TEM	
	opment Co., Inc.	OCT A SEWAGE DISPOSAL STS	IEM.	
3775 Shady La	ane Glenwood, MD	21738 (3	01) 854-6655	5
CURRENT OWNER MOSZCZ	ienski/Thom			
ADDRESS			t89-5411	:
PROPERTY LOCATION:				
SUBDIVISION Saddlebrook	K	LOT NO	2	
ROAD AND DESCRIPTION 14008 Tride	elphia Rd. in Gler			
			·	1
TAX MAP 21 & 22 PARCEL # 49				· ·
SIZE OF LOT3 acres			sting house	·
		TYPE BLDG. (SING	GLE FAMILY DWELLING OR	COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION FEE CONNECTED WITH THE FILING OF THIS PERCENT ALL M.O.S.H.A. REQUIREMENTS IN TESTIN	C TEST APPLICATION IS NON-REFU			•
	10 1183 E01.	(SIGNATURE OF APP	LICANT)	
APPROVED BY	FOR	· · · · · · · · · · · · · · · · · · ·	DATE	
REJECTED BY	FOR		DATE	·
HOLD PENDING FURTHER TESTS			DATE	
REASONS FOR REJECTION OR HOLDING 11/24	167 DEREOK	HOLD FOR	PLATAH	
SEND FORM LETTET				

THIS IS NOT A PERMIT

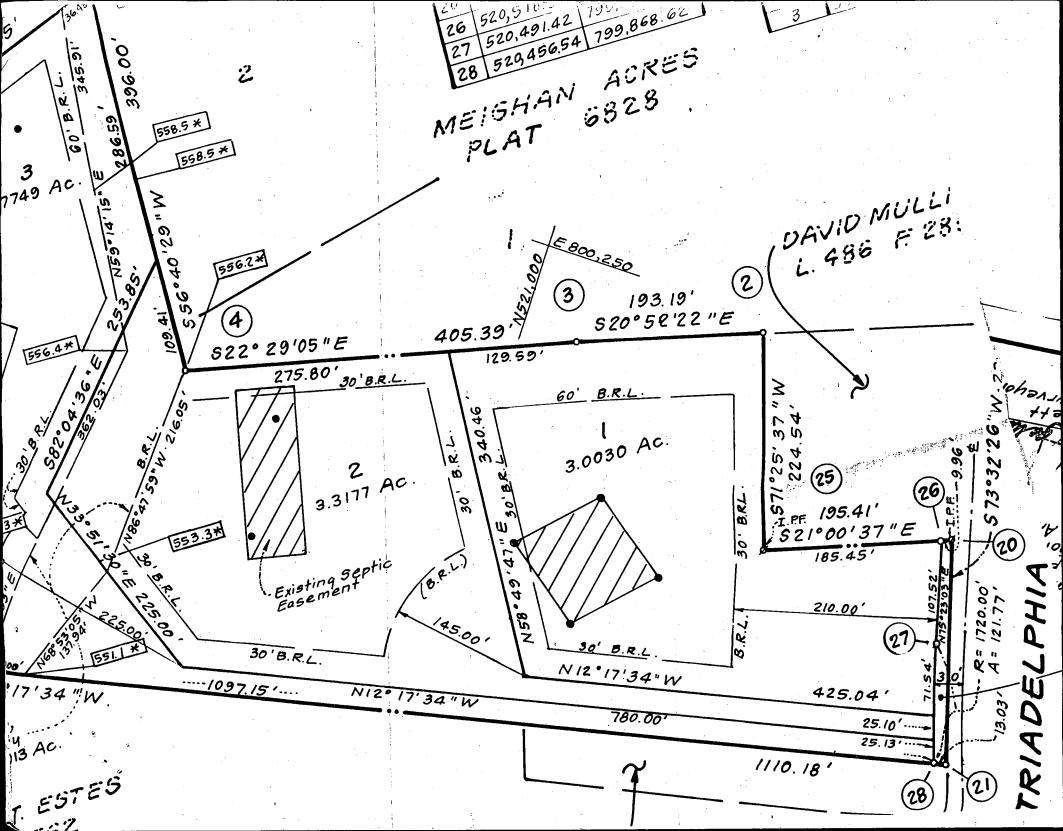
CVVZ <u>K7</u> EXIST HOUSE 2 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE TAND PRE-WET TEST - 1" DROP DEPTH DATE TEST NO. TIME STOP START START STOP LUAY 12/2 REMARKS

ALSO PRESENT

EH-12-1079

TYPE OF SOIL

TESTED BY



STATE PERMIT NUMBER SEQUENCE NO. STATE OF MARYLAND (DP USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL |HO|-|8|8|-|/|6| THIS NUMBER IS TO BE PUNCHED please print or type fill in this form completely ÎN COLS. 3-6 ON ALL CARDS) Date Received (APA) B 3 LOCATION OF WELL OWNER INFORMATION DRILLER INFORMATION МП MILES FROM TOWN (enter 0 if in town) В 4 TRIdePhiA DIRECTION OF WELL FROM NEÁR WHAT ROAD TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) B 2 WELL INFORMATION w. TOWN Ε APPROX. PUMPING RATE (GAL. PER MIN.) 34 37 DISTANCE FROM ROAD AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) S ENTER FT or MI USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. 1 OTHER (REQUIRES APPROPRIATION PERMIT) SIGNATURE INSERT S DATE ISSUED PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) NORTH TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) SHOW MAJOR FEATURES OF BOX & LOCATE WELL _ APPROXIMATE DEPTH OF WELL WITH AN X SOURCES OF DRILLING WATER NEAREST APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (circle one) /4 BORED (or Augered) **JETTED** WRITE THE BOX NUMBER AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary FROM THE MAP HERE CABLE REVerse-ROTary DRive-POINT other REPLACEMENT OR DEEPENED WELLS DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN (CIRCLE APPROPRIATE BOX) RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE 19 PH '96 ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED S AS A STANDBY WARD ΗO THIS WELL WILL DEEPEN AN EXISTING WELL RE PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE WRITE INITIALS PERMIT No. 534-5135 SPECIAL CONDITIONS

COUNTY

