HOWARD COUNTY

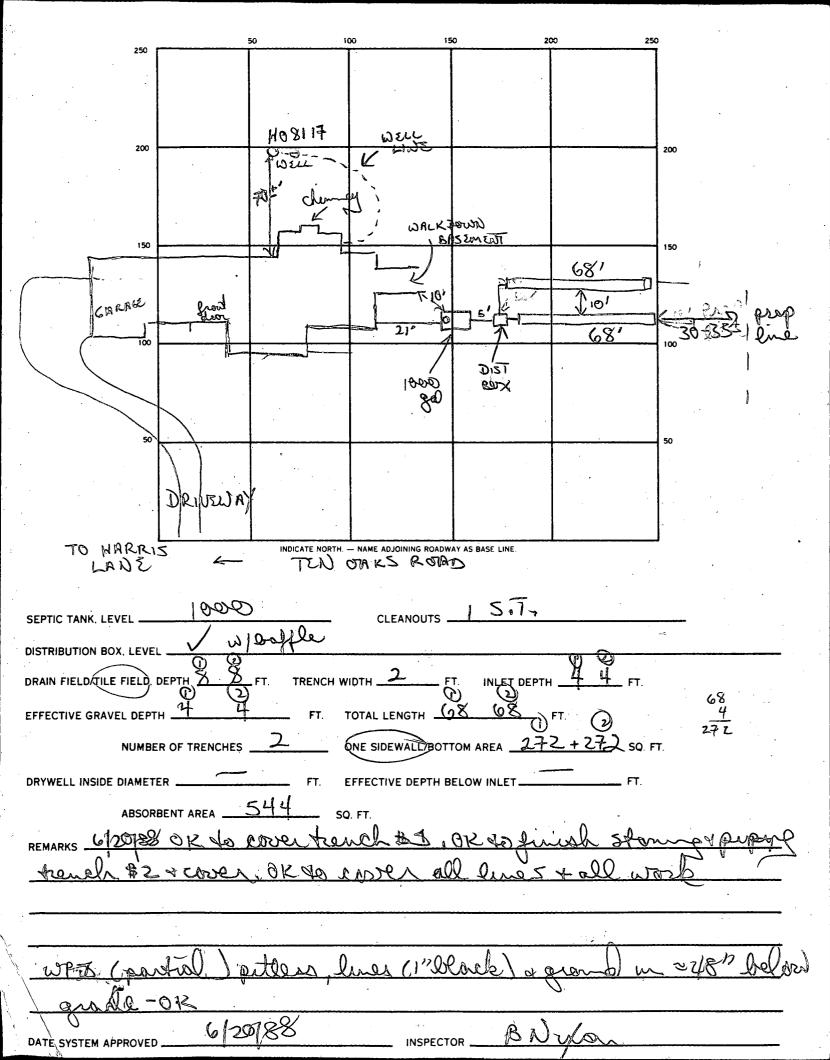
BUREAU OF ENVIRONMENTAL HEALTH 461-9933

MARYLAND STATE DEPARTMENT OF HEALTH'

INDEXED

Jack Fyock	IS PERMITTED TO INSTALLX ALTER
	DUONE 099 0274
ADDRESS	PHONE
SUBDIVISION Weintraub Property	ROAD <u>5296 Ten Oaks Rd</u> LOT <u>20B</u>
PROPERTY OWNER	Michael Ethridge
ADDRESS	in the state of th
ADDRESS	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK	CAPACITY BY 50% AND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES NO _X	
SEPTIC TANK CAPACITY GALLONS	NUMBER OF BEDROOMS _3
TRENCHES - 180 sg. ft. per bedrooi	m. Trench to be 2 feet wide. Inlet 4 feet below origin
	depth 8 feet below original grade. Effective area begi
17	al grade. 4 feet of stone below distribution pipe.
Run trench(s) along con * Adjust location to re	line as seen when facing the property from Ten Oaks Road ntour toward right of property.  eamin 100 feet from well.  O feet in length. Provide 6" - 8" diameter cleanout and
cap to grade or above of	
	otts otts
PLANS APPROVED BY C. I	Williams DATE 4/01/87
COVER NO WORK UNTIL INSPECTED AND APPROVED.	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPAR	RTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AN	ID/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.
and the second s	OX. TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BE	FORE AND AFTER PLACING GRAVEL IN TRENCH(ES).
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IR	
PERMIT VOID AFTER TWO YEARS.	<i>7</i>
	AND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.	

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



## APPLICATION

A 22	311
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	SEWAG	E DISPOSAL TESTI	NG	P
STATE O	F MARYLAND - DEPA	RTMENT OF HEALT	TH AND MENTAL HY	SIENE /
HOWARD COUNT	Y HEALTH DEPARTME	NT	DISTR	ист <u>5/th</u>
120	L HEALTH SERVICES	en de la compresión de la La compresión de la compresión	DAT	E/10/20/75
P. O BOX 476, ELLIC TELERHONE: 465-50	COTT CITY; MARYLAND 21 00, EXT. 356	1043		
		•		
TO: THE COUNTY HEAL	TH OFFICER			
ELLICOTT CITY, MA	1			
I. HEREBY, APPLY	FOR THE NECESSARY T	EST IN ORDER TO C	ONSTRUCT (OR RECON	STRUCT) A SEWAGE
DISPOSAL SYSTEM.				
PROPERTY OWNER	Allan Weintraubichard Hallowell			
	ighland, Md. 202	77 /	PHONE	-2988
PROPERTY LOCATION:		X	•	
SUBDIVISION			LOT NOPar	cel 20B
ROAD AND DESCRIPTION	N W side of thier	rsection of Hi	ghland Rd. & Te	n Oaks Rd:
				<u> </u>
SIZE OF LOT	2 00 - /212/154	2/15/75	4 bedrm eig	gle fam. dwg.
			NUMI	SER OF SEDROOMS
IF NOT SINGLE RESIDENCE	CE DESCRIBE			•
THE SYSTEM IN	ISTALLED UNDER TH	IIS APPLICATION	IS ACCEPTABLE ON	LY UNTIL PUBLIC
SIGNATURE OF APPLIC	April Wichele	1 Harran	177	<u></u>
APPROVED BY	,	FOR	OF SYSTEM)	
REJECTED BY		FOR	OF SYSTEM! DATE	
HOLD PENDING FORTHE	R TESTS		DATE	<del>}</del>
REASONS FOR REJECTIO	N OR HOLDING	·		
	<sup>5</sup>			

## THIS IS NOT A PERMIT

EXISTING HOUSE 2231 1.60 2 200 AT Job 20B Po la

PRE-WET TEST - 1" DROP					<del>ri</del>		
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
11-5-75	15	4'	1220	1223	1123	11.35	12
	10	12	1220	1223	1223	1/35	12
	2	1/	VISUAL	6000	SOLVA RATE	RTOP	31
	35	5	1225	1231	1231	1037	6
	30	1/2	1225	12)8	1218	1238	10
	45	5-	1240	1242	1242	1245	3
	46	12:	1240	1244	1244	1249	ی
			I				

	· ·	• •		4 1
TYPE OF SOI	1 /	1/2		
TESTED BY	+12~	RI	ALSO PRESENT:	Front

C 1 2285 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 23 (THIS NUMBER IS TO BE PUNCHED IN COLS 36 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 22311
DATE Received DATE WELL COMPLETS	~~	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 08/285	22 2 8 0 26 (TO NEAREST FOOT)	HO-81-1017
OWNER HALLELE ELL	2 ICHARD	28 29 30 31 32 33 34 35 36 37
STREET OR RFD last name TEN OAL	S RD first name TOWN	DAYTON
SUBDIVISION WEINTERUS PROPE	· · · · · · · · · · · · · · · · · · ·	LOT 20B
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)  (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR; DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING  DESCRIPTION (Use FEET Check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO the transfer of the same of t	NO. OF BAGSNO. OF POUNDS	PUMPING RATE (gal. per min. 11 / 15
	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Auction
Gioren Shale 0 30	from ft. to 40 ft.	WATER LEVEL (distance from land surface)
	48 TOP 52 54 BOTTOM 588 (enter 0 if from surface)	BEFORE PUMPING 4 3 20
Sand 30 58	casing types types ST CO	WHEN PUMPING 22 25
	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
Sand 30 58 Gray Mica 58 280 .	code below PLASTIC OTHER	A airP pistonT turbine2727
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe below)
	TYPE (nearest inch) (nearest foot)	J jet S submersible
	60 61 63 64 66 70  E OTHER CASING (if used)	
	diameter depth (feet)	PUMP INSTALLED
	C Trom to	DRILLER WILL INSTALL PUMP YES NO
	N N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	appropriate STEEL BRASS OPEN BRONZE HOLE	IN BOX-SEE ABOVE:
	below PL OT	GALLONS PER MINUTE (to nearest gallon)
	PLASTIC OTHER	PUMP HORSE POWER 37 41
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH
	E 1 HO GO JASO	CASING HEIGHT (circle appropriate box
	A 8 9 11 15 17 21	and enter casing height)
	H 2 26 30 32 36	LAND SURFACE (nearest foot)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	R <sub>3</sub> 38 39 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED	N 30 39 41 40 47 51	A SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED  D TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 1 2 3 DIAMETER (NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	OF SCREEN 56 1NCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
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.	IF WELL DRILLED WAS FLOWING WELL INSERT	
DRILLERS IDENT. NO. 238	F IN BOX 68 68	6-1
Joseph T. Mayne	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	75 week / 1
	70 72 73 73	(-) o
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	12.5
- 1555 STIGISTO TO SIGNOTE IT GITTER TO THE PERMITTEE	HEALTH	250.00