"CO1/16/2 P.M.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

## PERMIT

## SEWAGE DISPOSAL SYSTEM

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MIDEVED

P 47/3C

43886

DISTRICT 5th

1/10/2

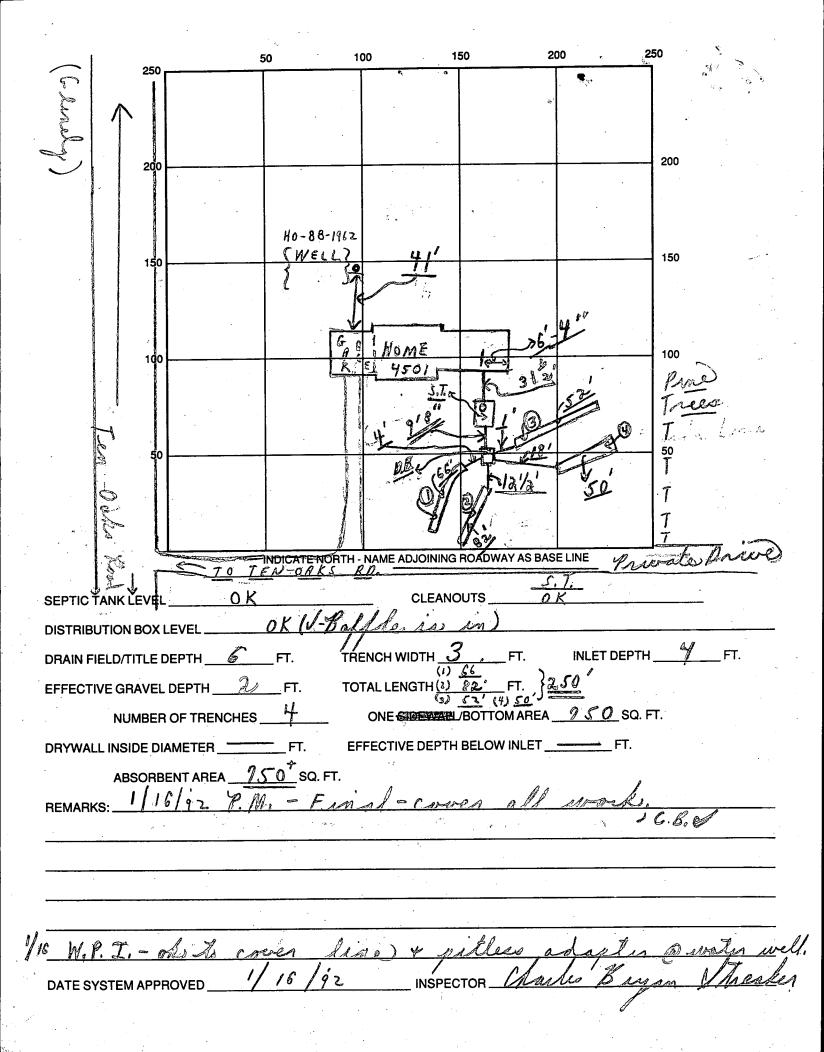
DATE SYSTEM APPROVED \_

INSPECTOR C. B. of

INDEVED	INSPECTOR C B d
T & R Plumbing and Heating, Inc.	IS PERMITTED TO INSTALL X ALTER
ADDRESS P. O. Box 345, Savage, Maryland 20763	PHONE 725-2392
SUBDIVISION Mengel Property LOT Parcel 1	ROAD _ 4501 Ten Oaks Road
PROPERTY OWNER Marc Jaffe	
ADDRESS	
SEPTIC TANK CAPACITY 1000 GALLONS //6 (Bigger)	(C. B.L.)
NUMBER OF BEDROOMS3	
SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 250	
TRENCHES - Trench to be 3 feet wide. Inlet 4 feet depth 6 feet below original grade. Eff original grade. 2 feet of stone below	ective area begins at 4 leet below distribution pipe.
LOCATION - Place the distribution box 90 feet from lot and 50 feet from the west side of t	front lot line on the south side of the he lot. Run the trenches both directions
weet and east	
NOTE - No trench to exceed 200 feet in length.  cap to grade or above on septic tank.	1/2 9 /17/9/ RIL
PLANS APROVED BY Raymond Hodge	s cm DATE 8/9/91
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPON	SIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SW ACCEPTABLE.	/EEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES AUTHORIZED)	) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PL	ACING GRAVEL IN TRENCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH	TO EXCEED 100 FEET IN LENGTH
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35	440 PVC OR ABS
PERMIT VOID AFTER TWO YEARS	·
MOTE: INSTALL STAND DIDE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE	6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR

PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



## APPLICATION

BIDD. - JACKIE YATES 301-369 4000

PERCOLATION TESTING

A 43886

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

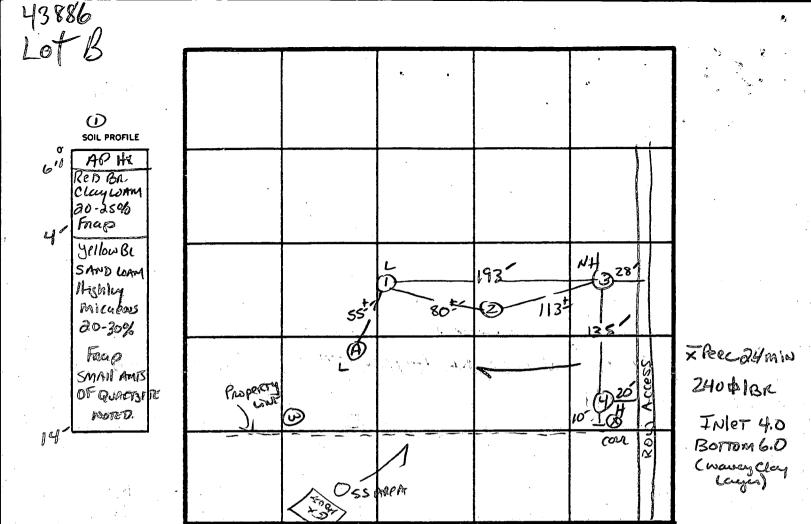
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

B.P. - 39/23

DISTRICT STA

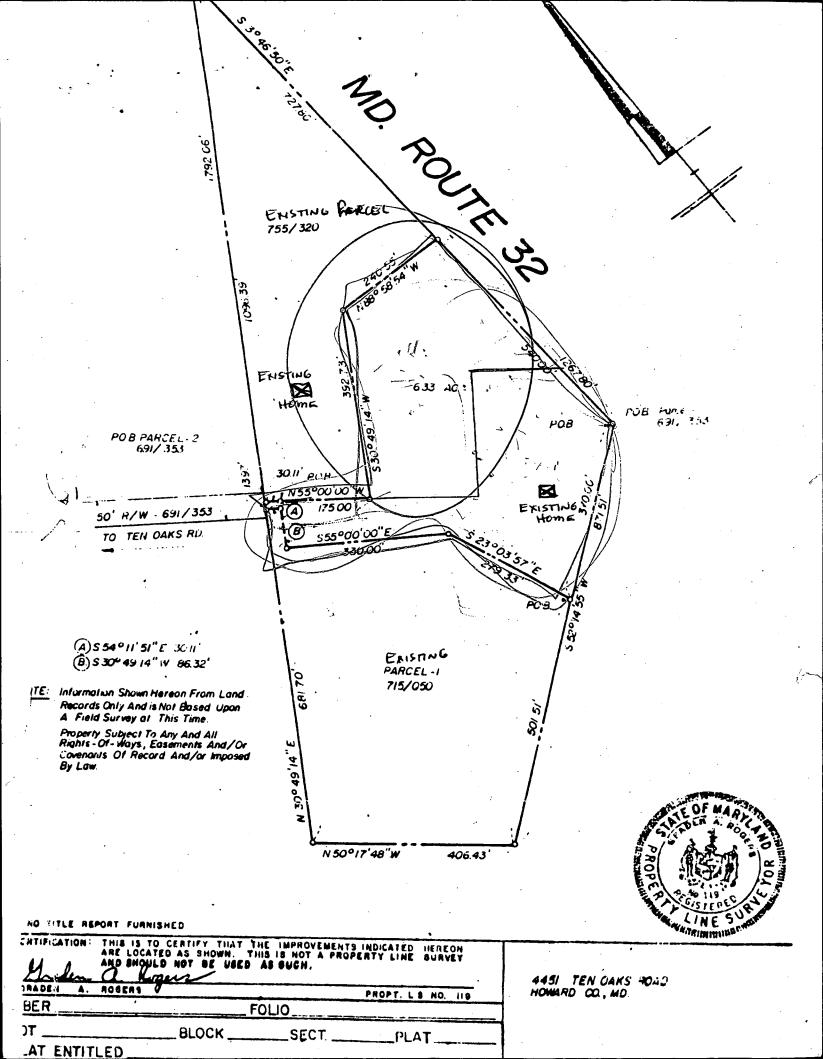
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT	_
PROPERTY OWNER	Marc Jaffe
ADDRESS 4451 TEN DAKS RD, L	AYTON, MO. PHONE 531-5535
PROSPECTIVE BUYER	·
ADDRESS	PHONE
PROPERTY LOCATION:	
SUBDIVISION NAME OF THE SUBDIVISION	1 WEW - B
ROAD AND DESCRIPTION ATTOMAING PROPERTY	to the TEN DAKS RO,
DIVIDING PARE LOT INTO 2	FOJOINING LOTS
TAX MAP 28 PARCEL # 243	
SIZE OF LOT BOOD ACRES CURREN	TYPE BLOG SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ON	LY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION 1	THON-REFUNDABLE UNDER ANY CIRCUMSTANCES, I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	James (System)
APPROVED BY	DR DATE
REJECTED BY FO	DR DATE
HOLD PENDING FURTHER TESTS	DATE
REASONS FOR REJECTION OR HOLDING	<del></del>
	BEDE PERMITI SIGNED,
	AND RETURNED 9//3/9/

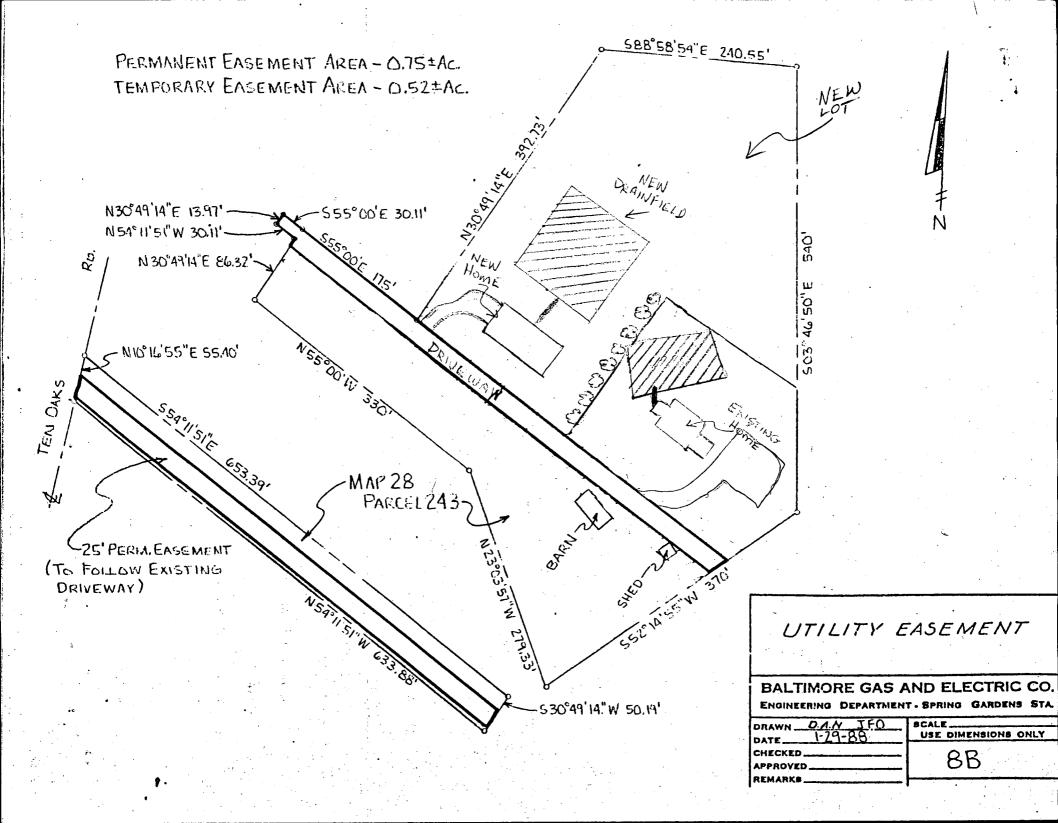
THIS IS NOT A PERMIT

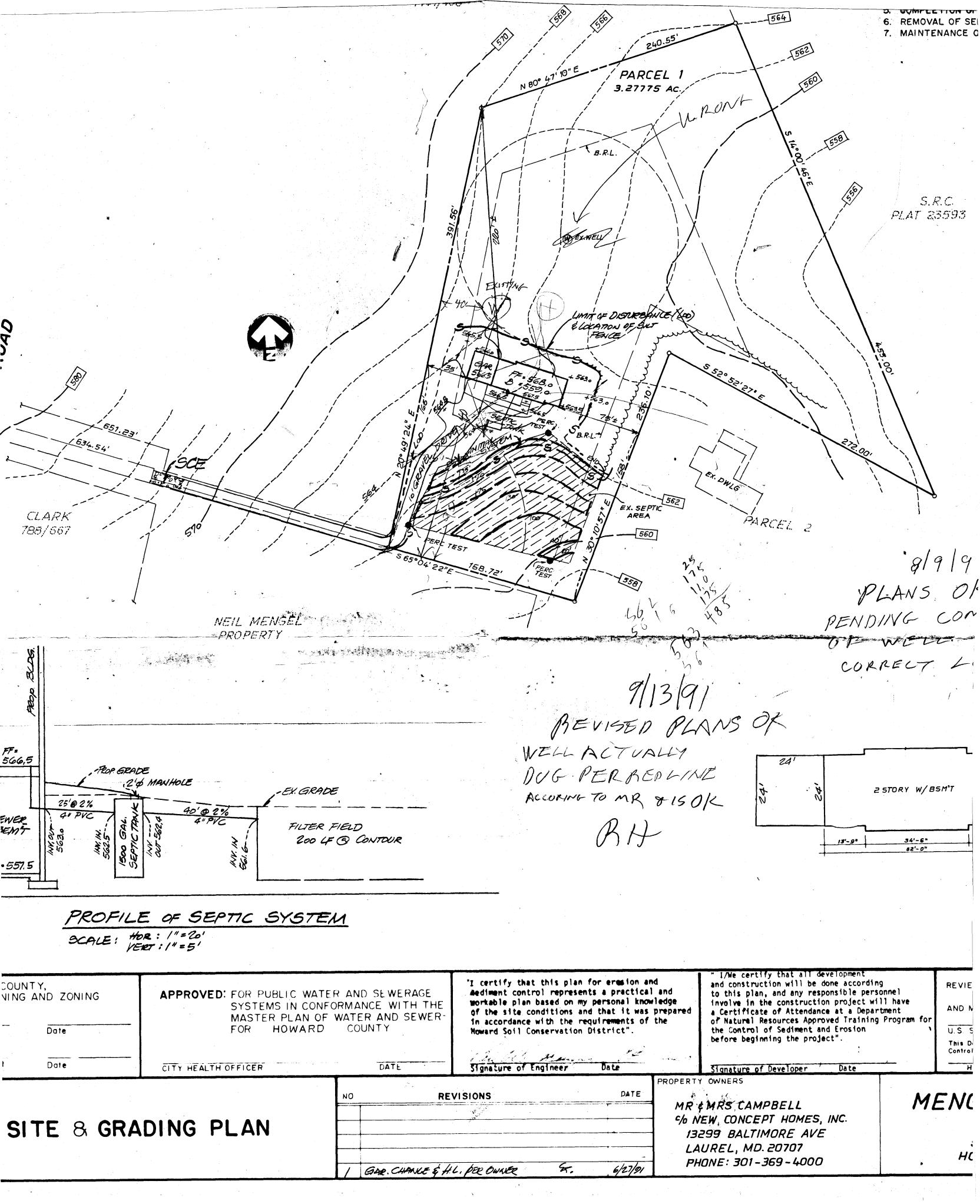


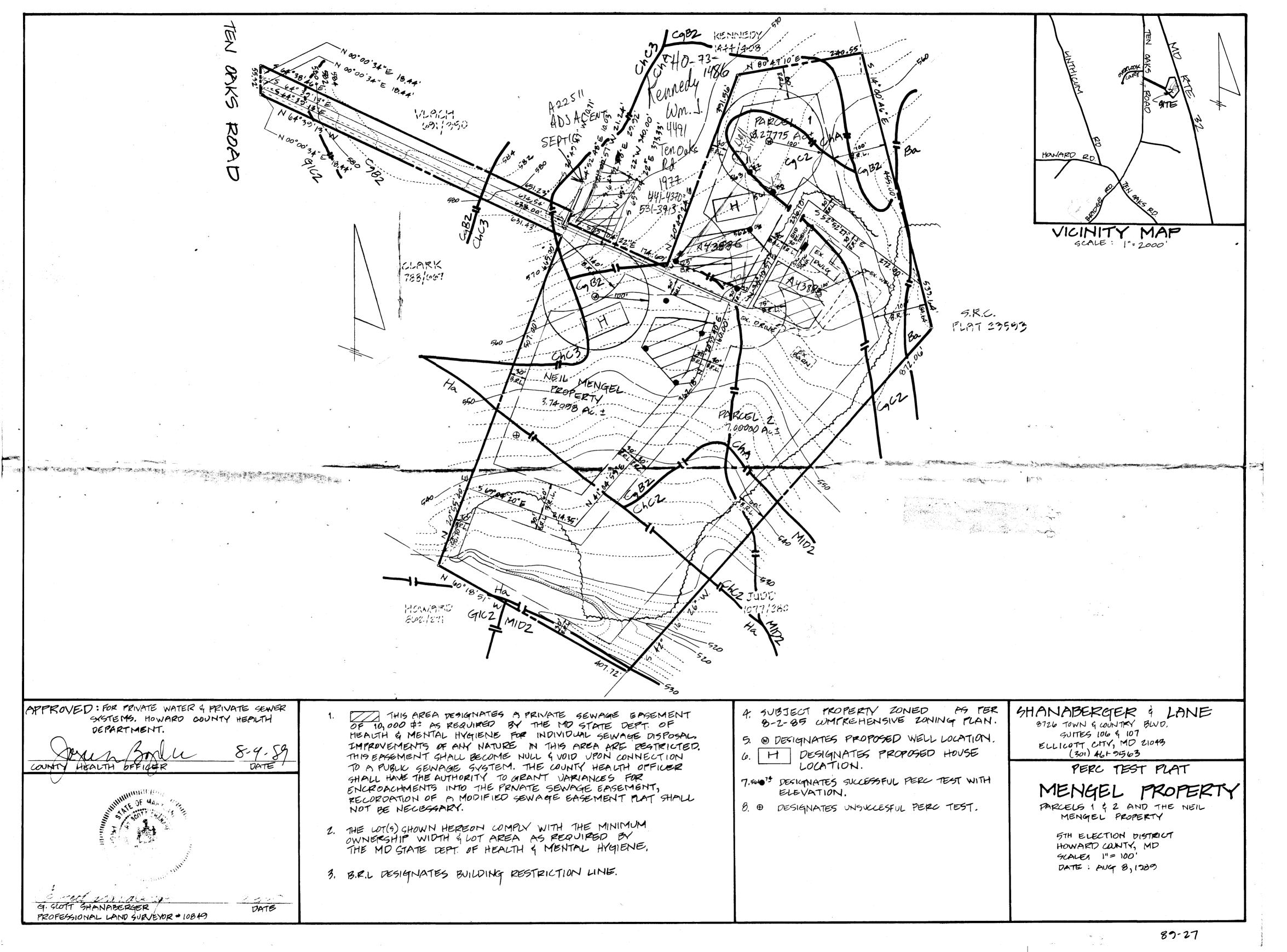
TEN OA MOSATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

			PRE	WET	TEST.	1" DROP	<del></del>
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
India	15	13*	12:41	1:00	1:00	1:32	32min
[MAX]	I V	18.	H, O AT	<u> </u>			
	av/	14-	HZO AT	13.5	SAME AS	41	
		6	12:48	12:55	12:55	1:15	20 min
	33	14	SAME AS	#1W	Clay TO	5 HC	
	ط <b>ک</b> ر	45-	1:00	1:14	1114	1:30	26001
	43/	8.0	1:15	1127	1,27	1:46	19 min
·	Hv	147	Similar	#1 w	POLLETOF	whom s	offer Soin
	AV	HO AT	11 Clay	10 5.			
,	, / , .						
				. ,			
				- /			









B 1 SEQUENCE NO.	STATE OF MARYLAND	STATE PERMIT, NUMBER
(DP USE ONLY)	APPLICATION FOR PERMIT TO DRILL WELL	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please print or type	70 fill in this form completely 79
Date Received (APA)	.   B 3	LOCATION OF WELL
D82D91 OWNER INFORM	<u> </u>	LOCATION OF WELL
8 13	HOWARD	
MEW CONCEPT H	OMES 34 BCOUNTY PIRST Name 34	
15 Last Name Owner  1 3 2 9 9 8 8 4 7 0 8 0	22 91 100 100 100 100 100 100 100 100 100	42
36 Street or RFD	REAUE SECTION SECTION	LOT PARCEL I
LAUREL	M 0 20 0 0 7 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	48 50
57 Town 7	O State 72 Zip 76 U 752 NEAREST TOWN	71
DRILLER INFORMATION		er O if in town
Driller's Name		73 76 77 78
KALIN MATINE (WELL		TEN OAKS NO.
Firm Name	DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
Address VI Franch I	NO. 1917 194 100	NORTH
May Muyere	8/16/91 N 8 (NE)	ON WHICH SIDE OF ROAD
B 2 WELL INFORMATION	Date 8-9 8-9	(CIRCLE APPROPRIATE BOX) WEST S PAST
1 2	V (TOWN)— E	SOUTH
ĀPPROX. PUMPING RATE (GAL. PER MIN.)	8 8 8	<b>MAO</b> 37
AVERAGE DAILY QUANTITY NEEDED 5		DISTANCE FROM ROAD
(GAL FER DAT)	20 8-9 5 8-9	ENTER FT or MI
USE FOR WATER (CIRCLE APPR	OPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER
P HOME (SINGLE OR DOUBLE HOUSEH	OLD UNIT ONLY)	HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AC	L3/ (i	A 43886
L IRRIGATION)	COUNTY NAME	COUNTY NO.
22 INDUSTRIAL, COMMERCIAL, STATE ANI OTHER (REQUIRES APPROPRIATION P	ERMIT) SIGNATURE	INSERT S
PUBLIC OR PRIVATÉ WATER COMPANY		Mach F D. Thin in Inglan
P APPROPRIATION PERMIT AND STATE F APPROVAL)		CO SIGNATURE EXPLOATE
T TEST, OBSERVATION, MONITORING (M.	AY REQUIRE NORTH 5 / 6 0 C	FACT ALCOLOGICAL
L' APPROPRIATION PERMIT)	50	55 57 63
APPROXIMATE DEPTH OF WELL 156	SHOW MAJOR FEATUR BOX & LOCATE WELL	9/10/9/ 9/30
AFFROXIVIATE DEFTH OF WELL 24	28 WITH AN X	Location-OK
/ <sub>-</sub>	NEAREST SOURCES OF DRILLING	G WATER Casing - Lost - 11
APPROXIMATE DIAMETER OF WELL	NEAREST 1. WELL	open-40ft QWell
METHOD OF DRILLING (c		# hear -15 nas
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u> WRITE THE BOX NUMB	BER 19/10/91
37 AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary) FROM THE MAP HERE	7940
<u>CABLE</u> <u>REVerse-ROT</u> ary	DRive-POINT	<del>7                                      </del>
other	8000	<u>@</u>
REPLACEMENT OR DEEPENE	N 5190	6 000
(CIRCLE APPROPRIATE BO	DRAW A SKETCH BELO	OW SHOWING LOCATION OF WELL IN
N HIS WELL WILL NOT REPLACE AN E	RELATION TO NEARBY	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL T		
ABANDONED AND SEALED	1	and the second
39 S THIS WELL WILL REPLACE A WELL T AS A STANDBY	T	
D THIS WELL WILL DEEPEN AN EXISTIN		
PERMIT NUMBER OF WELL TO BE REPLAC	CED OR DEEPENDED CAK	
(IF AVAILABLE) 41	52	
Not to be filled in by driller (OEP	USE ONLY)	
APPROP. PERMIT NUMBER G	PI AUS 20 AT (0: n.	
54	ONIVAT	r pr.,
FORCE MID INITIALS PERMIT NO. HO -	8 8 - 1962 LOONING COSTA	
67 68 70 71 72	73 74 75 76 77 78 79	
SPECIAL CONDITIONS LACE LOCA+	ed At 4501 Tendaks No.	369-4000 Jackie Justes

क्की भ

1

C 1 4624 SEQUENCE NO. (DENV USE ONLY)  (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  COUNTY A 43 886
ST/CQ USE ONLY DATE-Received  B DATE WELL COMPLETE  F D D D D D D D D D D D D D D D D D D	22 2 0 5 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
STREET-OR RFD last name 4501	Ten Oaks Right name TOWN_	Dayton
SUBDIVISION FENGEL PROP	SECTION	C3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL  44	PUMPING TEST
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT (CM) BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS 15 45 46	HOURS PUMPED (nearest hour)
Te, J.L" 10 2	GALLONS OF WATER  DEPTH OF GROUT SEAL (to nearest foot)  from 48 TOP 52  ### TOP 52  ### BOTTOM 58	to nearest gal.)  METHOD USED TO  MEASURE PUMPING RATE  WATER LEVEL (distance from land surface)
Sandy 2 50	casing CASING RECORD types insert ST CO	BEFORE PUMPING  17  20  WHEN PUMPING  22  25
Shoolyone SUSS	appropriate STEEL CONCRETE CODE Delow PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air P piston T turbine
MICKA 55 20 5	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe below)  J jet S submersible
MICKA >5 205	SO 61 63 64 66 70	27 Journal and
MICKA	OTHER CASING (if used) C diameter depth (feet) H inch from to	PUMP INSTALLED
	Screen type SCREEN RECORD	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.
	or open hole insert appropriate Code BRONZE HOLE	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE
	below PL OT PLASTIC OTHER	(to nearest gallon)  PUMP HORSE POWER  31  35  PUMP HORSE POWER
	DEPTH (neárest ff.)	PUMP COLUMN LENGTH (nearest ft.)
		CASING HEIGHT (circle appropriate box and enter casing height)  LAND SURFACE
CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36 R 3 R 3	below lost (nearest foot)
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 3 4 4 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION  WELL	SLOT SIZE 1 23 (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	56 60 from to	(MEASUREMENTS TO WELL)
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	GRAVEL PACK  IF WELL DRILLED WAS FLOWING WELL INSERT	Î P
DRILLERS IDENT, NO. 133	F IN BOX 68  OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	240 100
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T. (E.R.O.S.) W Q	(5,
SITE SUPERVISOR (sign, of driller or journeyman	70 72 OTHER DATA	&c 4s'
responsible for sitework if different from permittee)	COUNTY	veil