HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

XXXXX998XX

313-2640

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

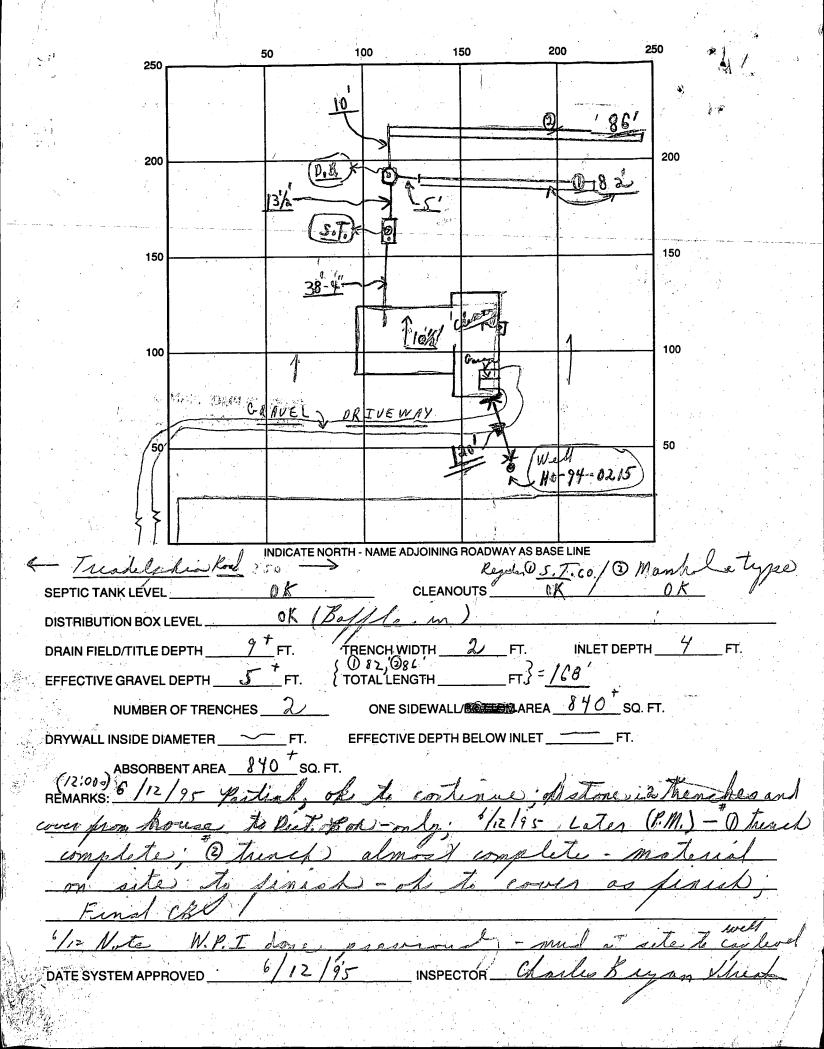
INDEXED

A 37832

DISTRICT 3rd

DATE 6-8-95

	INSPECTOR CAR (DARK)
R. Calvin Thomas Excavators, Inc.	_ IS PERMITTED TO INSTALL XALTER
ADDRESS 5186 Norrisville Road, White Hall, MD 21161	PHONE 410-329-6470
SUBDIVISION Meighan Acres LOT 2 RO	OAD 13990 Triadelphia Road
PROPERTY OWNER Robert G. Gaw	
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS	AND RETURNED 7-23-98
NUMBER OF BEDROOMS 4	10 1 1 1 1 1 1 1 1 1 3 2
210 SQUARE FEET PER BEDROOM	Secret # B101/3/32
LINEAR FEET OF TRENCH REQUIRED 168	
TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below	w original grade. Bottom maximum
depth 9 feet below original grade. Effectiv original grade. 5 feet of stone below distr	e area begins at 4 feet below
LOCATION - Place the distribution box 250 feet down the feet off the same lot line as seen when facilities.	right (501.95') lot line and 145
Run trenches on contour toward right lot lin	e.
NOTES - No trench to exceed 100 feet in length. Proceed to grade or above on septic tank. OK 3	vide 6" \vdash 8" diameter cleanout and $PA/Q5$ DKS
	76°
PLANS APROVED BY Sid Abel/Amy McMillen	DATE03/15/95
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR	R THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN ACCEPTABLE.	LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE AUTHORIZED)	100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GF	RAVEL IN TRENCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCE	· · · · · · · · · · · · · · · · · · ·
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC C	DRABS BLDG. PERMIT SIGNED AND RETURNED 6/14/95
PERMIT VOID AFTER TWO YEARS	Sella # 60197-
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO	S IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OF GRADE REQUIRED Undergreened 1-500
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES	grade REQUIRED Undergrowned 1-500 gul purpane land



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

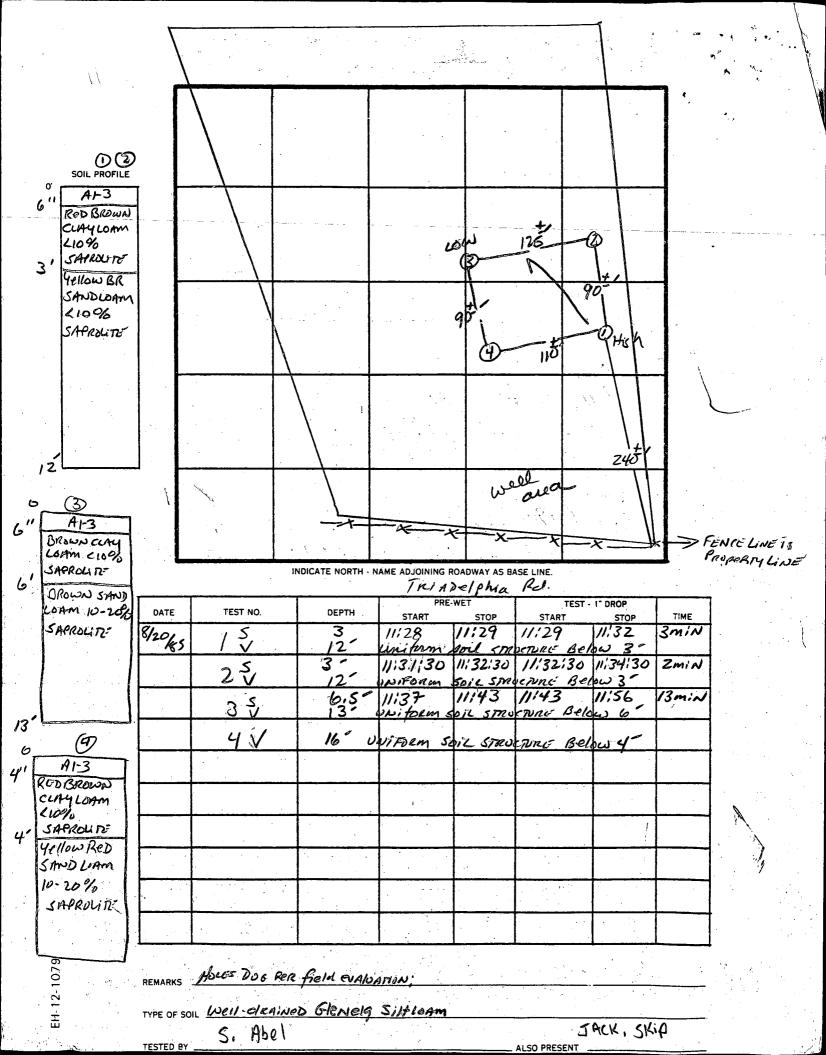
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM PROPERTY LOCATION: entrance to Linthround (NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY **REJECTED BY** 8-20-85 PERC RESULTS SATISFACTORY.

THIS IS NOT A PERM

RETEST



APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT DISTRICT **BUREAU OF ENVIRONMENTAL HEALTH** P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933 Reviewed OR. 5. Mul TO: ... THE COUNTY HEALTH OFFICER **ELLICOTT CITY, MARYLAND** I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER ADDRESS PROSPECTIVE BUYER **ADDRESS** PROPERTY LOCATION THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILIFIES BECOME AVAILABLE. I FULLY UNDERSTAND THE WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT (SIGNATURE OF APPLICANT) HOLD PENDING FURTHER TESTS

THIS IS NOT A PERMIT

SOIL PROFILE FAN CLAT SBO BROW (2)4 726 BBOOK OF GRIFIN 10076 SAPPOLITE 10026 SAND 07 0 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE BROWN CLAM TEST - 1" DROP TEST NO. BROWN DEPTH DÁTE START 570P TIME START STOP 323 323 13 01 REMARKS

ALSO PRESENT

EH-12-1079

TYPE OF SOIL

TESTED BY

	c 1 4565	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
3.	1 2 3 (THIS NUMBER 46 TO BE P	UNCHED	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER #37832
1	STACE USE ONLY		D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
	DATE Received	DATE WELL COMPLETE	22 / 65 26	110-94-0215
	8 13	15 20	(TO NEAREST FOOT) 80887	28 29 30 31 32 33 34 35 36 37
	OWNER	GAW last name 139	O TRIADELPHIA first name RD TOWN	
7-9a-		IGHAN ACRE		LOT 2
	WELL L Not required for		GROUTING RECORD (98) no WELL HAS BEEN GROUTED	C 3
र्ट्यापटे	STATE THE KIND OF	FORMATIONS	(Circle Appropriate Box)	1 2 PUMPING TEST
*	PENETRATED, THEIR THICKNESS AND IF V		TYPE OF GROUTING MATERIAL CEMENT C M BENTONITE CLAY B C	HOURS RUMPED (nearest hour)
	DESCRIPTION (Use additional sheets if needed)	FEET Check if water bearing	NO. OF BAGS 22 NO. OF POUNDS 2068	PUMPING RATE (gal. per min. 20
	SAND	0 63	GALLONS OF WATER	to nearest gal.) METHOD USED TO Run Kunt
			DEPTH OF GROUT SEAL (to nearest foot) from 6 ft. to 6 ff ft.	MEASURE PUMPING RATE ASULTING WATER LEVEL (distance from land surface)
i Grania	GRAUMICH	63 165 V	from 6 ft. to 6 FT BOTTOM 58 (enter 0 if from surface)	**BEFORE PUMPING 4/
	GANY MICH		casing <u>CASING RECORD</u>	17 20 17/12/1
			types insert ST CO	WHEN PUMPING 47 1
			(appropriate code PL OT	TYPE OF PUMP USED (for test) A air P piston T turbine
<u> </u>			below PLASTIC OTHER	27 27 27
			MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O (describe
			TYPE (nearest inch) (nearest foot)	J jet Submersible
Egyld.			SH 6 68 1	27 23 Juli Mersible
\$ t			60 61 63 64 66 70 E OTHER CASING (if used)	
			diameter depth (feet) H inch from to	PUMP INSTALLED
			C A	DRILLER WILL INSTALL PUMP YES NO
			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)
r.			PLASTIC OTHER	PUMP HORSE POWER 37 41
المشاء يُحدو	IN HARD ROCK AREAS, IDE		1 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	WHENE SATURATED TRACT	TOTALO WELLE ODOLLIVED.	1 HO 65 11/65	CASING HEIGHT (circle appropriate box
577	WELL HYDROFRACTL	JRED yes (no)	A 8 9 11 15 17 21	LAND.SURFACE
			S 2 23 24 26 30 32 36	below (nearest foot)
	CIRCLE APPROP	RIATE LETTER DONED AND SEALED	Ř 3	49 50 51 LOCATION OF WELL ON LOT
	WHEN THIS WELL W	AS COMPLETED	E 38 39 41 45 47 51	A SHOW PERMANENT STRUCTURE SUCH AS
	E ELECTRIC LOG OBTA		SLOT SIZE 123 DIAMETER TTTT (NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
	P WELL	RTED TO PRODUCTION	OF SCREEN 56 60 (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL	04.04 "WELL CONSTRUCTION"	from to	
	ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE AN	THAT THE INFORMATION PRE-	GRAVEL PACK L	, v , o
	MY KNOWLEDGE	24	FLOWING WELL INSERT FIN BOX 68 68	Kai. Latin
膜	DRILLERS IDENT. NO. L.		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	8
	DRILLERS SIGNATURE	I. Mayre	T (E.R.O.S.) W Q	
ri G	(MUST MATCH SIGNATURI	E ON APPLICATION)	74 75 76	199.98
4	SITE SUPERVISOR (sign. o	of driller or journeyman	TELESCOPE LOG OTHER DATA	P. Rd
	responsible for sitework if	different from permittee)	CASING INDICATOR	
		<u> </u>	COUNTY	Triodely

Page of Date 70/13/94

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

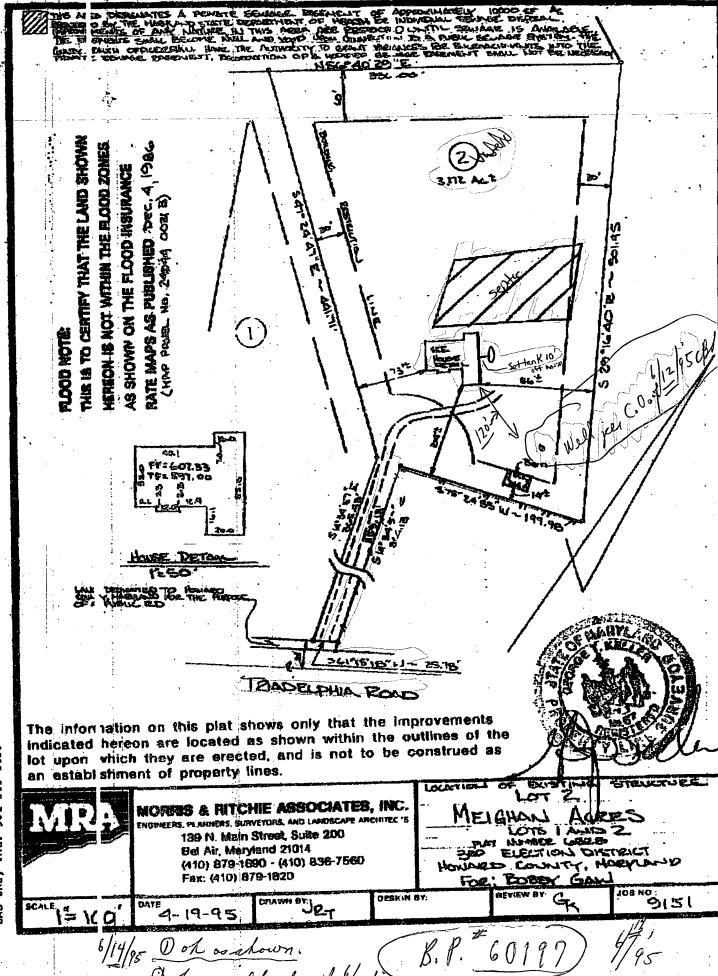
Loca: Subd.	Permit No. HO - 94-02 5 tion of property (road) 13990 TRIADELPHIA ROAD ivision MEICHAN ACRES Lot 2 Block Plat Sec. Driller J.L. MAYNE Owner GAW BOBBY	
	Depth of well	
I.	High rate pumping reservoir drawdown Time pump started // . 30 Pumping rate 20 Chom. Total time /S M/N to reach pumping water level ft. below M.P.	
II.	Recovery pump test data - observations to be recorded every 15 minutes	

II. Receiving F				CATCUITAMED FLOW
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)
11:45	44'	Bou.	N/A	20 gpm.
12:00	44	3		2000
12:15	44	3		20
12:30	44	3		ತ್ತೆಂ
12:45	44	3		20
1:00	49	3	/	20
1:15	44	3		20
1:30	44	3		20
1:45	44	3		20
2:00	44	3		20
2:15	44	3		20
2:30	44	3		20

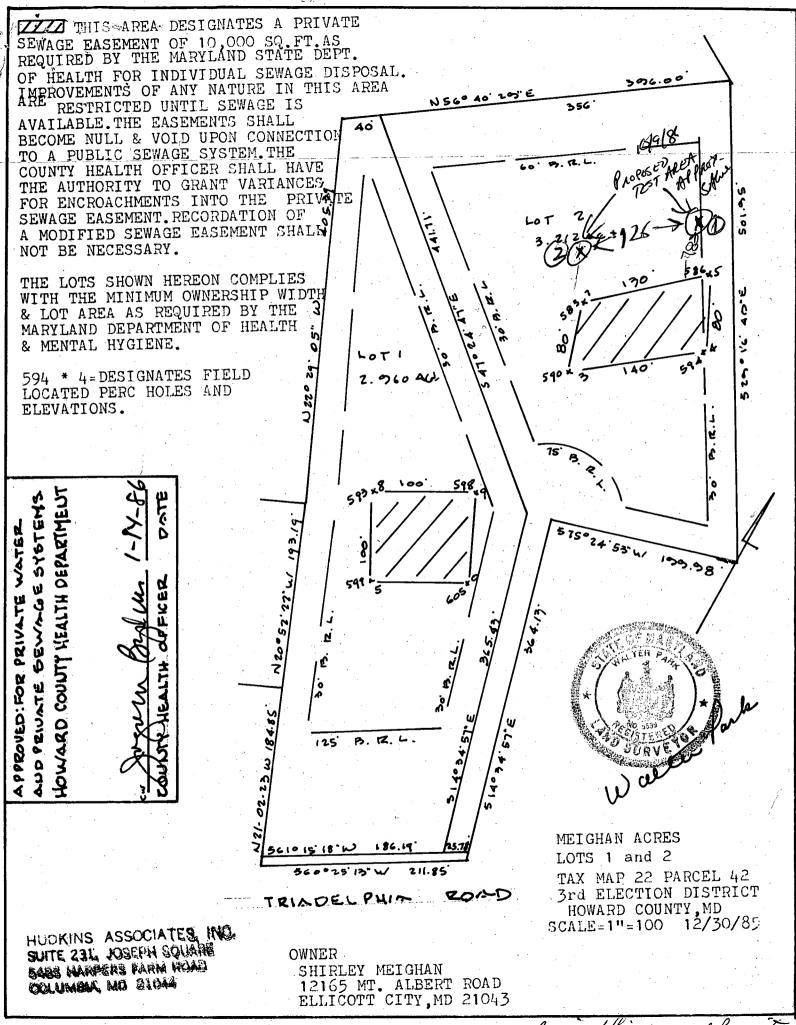
HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043

461-9933

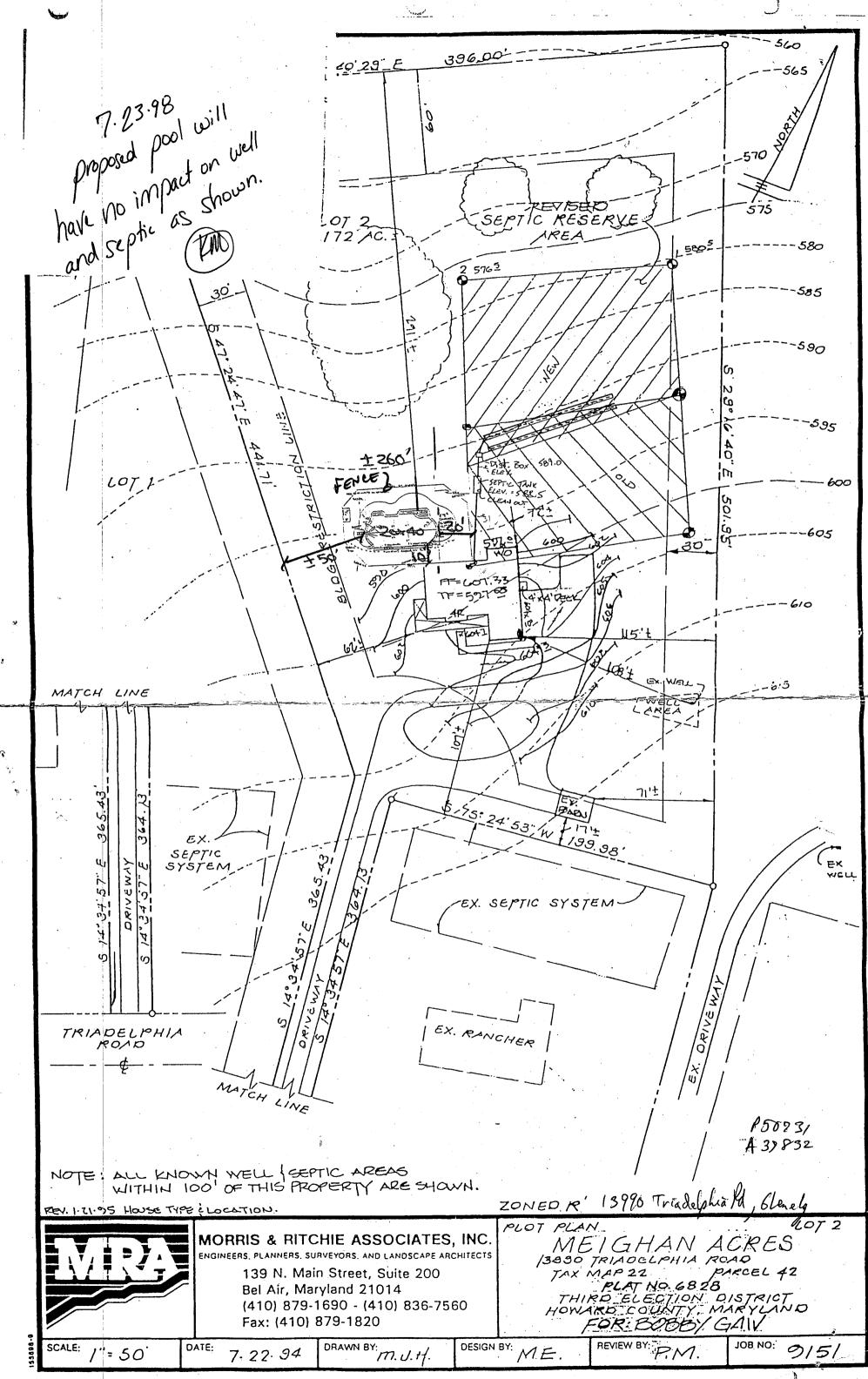
APPLICATION FOR PILESS ADA	PTER, WELL POMP AND PR	ESSURE TANK INSTALLATION
New Installation		Receipt #
Name of Installer Robert	Ferralo Tre	Telephone 781-1855
License Number 2/22 Contified Well Pumn Installer	Well Driller	Registered Plumber
Name of Property Owner W/M/ Subdivision WEIGHAN ACPOS Site Address 13990 TEANS	Bosoct CHW Lot : 2	Telephone 785-1405 Well Tag # 1/3-94-0215
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make Cours	Motor 1. Horsepower 2. RPM 3450 3. Voltage a. 110 b. 220	Pitless Adapter 1. Make Abevaco 2. Model * TEOO 3. Depth 42"
3. Model * 10 C505 4(2) 4. Capacity 10 GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cut 7. What methods are used to provibrations? Torque arrest	off switch installed? cotect the pump and ele	Yes No Sectrical wiring from
Tank wx.251 1. Capacity <u>le2 Cars</u> 2. Pressure relief valve? <u>Y ES</u>	Piping 1. Type POLY 2. Size 1" 3. NSF and/or BOCA Code approved 1 4. Depth of supply line 2"	level ft. 4. Will water supply
I understand that it is my r Department when the installat is null and void).	responsibility to noti	fy the Howard County Health ction (otherwise this permit
All information given above i	s true to the best of	my knowledge.
Signa	ture of Applicant:	rubby K. Look
	Date:	1 5/17/85
Note: A sticker indicating a on the well casing at the time Notes PA. HD-215 PITCES POSSIBLE	a of the increction	installation will be placed 1-6' Open AT EASING ONCY 0. NO STICKER, LY



CAD ONE, INC. 301-595-1120



7-7-86 implering of this copy set far signitive for



(FAW)