oftw lund

# PERMIT

SEWAGE DISPOSAL SYSTEM

<b>MARYLAND</b>	STATE	DEPARTME	NT OF HEALTH

A 36736

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933 E I.C.O.P. DATE

Time expired

ATE SYSTEM APPROVED 4/16/87

INSPECTOR

Lendrim (Con	tracting, Inc.	IS PERMITTED TO INS	TALLXALTER
ADDRESS	10 Forsythe Road, Sykesville, MD	21784 PHONE	442-2416
SUBDIVISION	Charles Hobb Property ROAD 140	51 Tall Ships Dr	LOT
PROPERTY OWNER	Charles Hob	bs IV	
ADDRESS			
IF GARBAGE GRIND	PER IS USED INCREASE SEPTIC TANK CAPACITY BY 50	% AND ABSORPTION AREA BY 22	%.
GARBAGE GRINDER	R? YES NOX		
SEPTIC TANK CAPA	CITY GALLONS NUMBER OF BE	EDROOMS3	
LOCATION -	174 sq. ft. per bedroom. Trench to original grade. Bottom maximum de area begins at $2\frac{1}{2}$ feet below original distribution pipe.  Place 1st trench 110 feet down the and 495 lot corner) and 140 feet of property from Tall Ships Road, Enthe 1eft (1112.00') lot line. NOT make sure that well remains 100 feel No trench to exceed 100 feet in letter or sure that well remains 100 feel no trench to exceed 100 feet in letter or sure that well remains 100 feel no trench to exceed 100 feet in letter or sure that well remains 100 feel no trench to exceed 100 feet in letter or sure that well remains 100 feel no trench to exceed 100 feet in letter or sure that well remains 100 feel no trench to exceed 100 feet in letter or sure that well remains 100 feel no trench to exceed 100 feel no trench to exc	pth 7 feet below original grade. 4½ feet of 495'(right) lot line ff the right lot line trances. Run trenches E: 1st trench not to et from 1st trench.  ngth. Provide 6" - 8'	inal grade. Effective f stone below  (from the rear 213.96 as seen when facing the along contour toward exceed 75 feet in length;
	cap to grade or above on septic ta	nk. A	
PLANS APPROVED BY	B. Nixon		DATE
COVER NO WORK UNTIL	L INSPECTED AND APPROVED.		•
NEITHER THE HOWARD	COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIB	LE FOR THE SUCCESSFUL OPERATION O	F ANY SYSTEM.
NOTE: CLEANOUT REC	QUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS	N LINES FROM HOUSE TO DRAIN FIELDS	
NOTE: ALL PARTS OF S	SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 1	00 FEET FROM WELL. (UNLESS OTHERWIS	E SPECIFICALLY AUTHORIZED)
NOTE: IF DEEP TRENC	CH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACE	CING GRAVEL IN TRENCH(ES).	•
NOTE: NO DRY WELL	SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH	TO EXCEED 100 FEET IN LENGTH.	

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

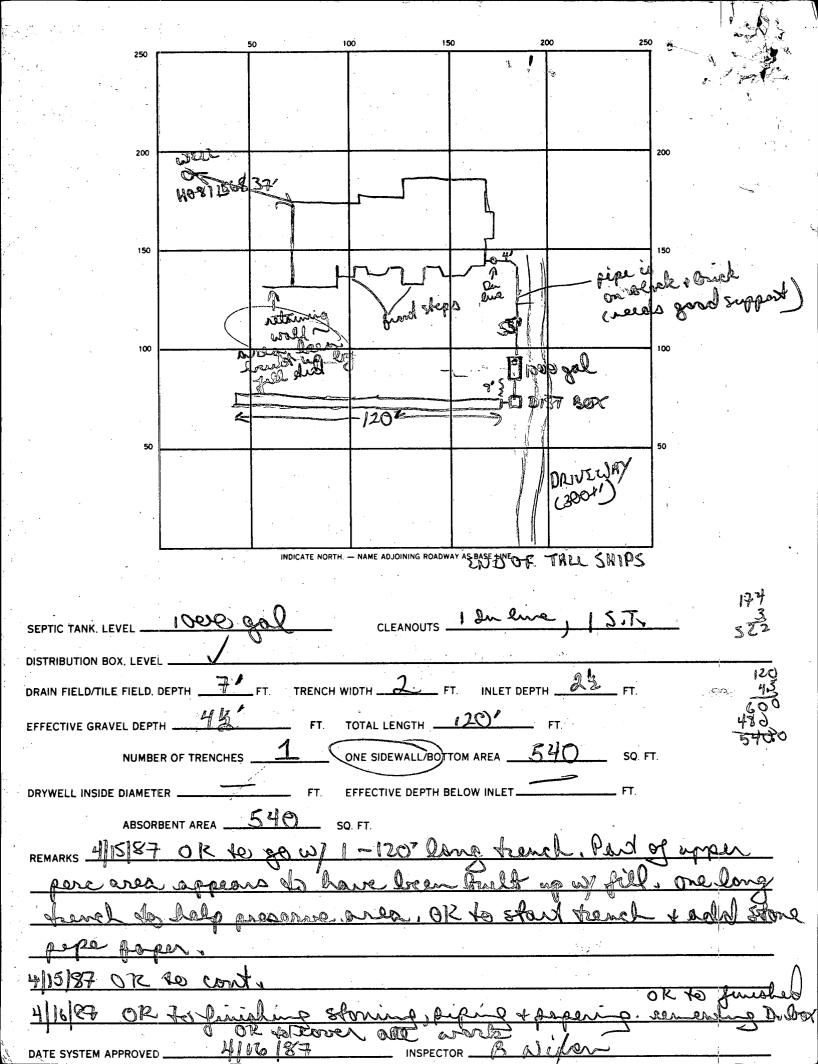
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

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

PERMIT VOID AFTER TWO YEARS.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.



1/30

APPLICATION

PERCOLATION TESTING

A 36738

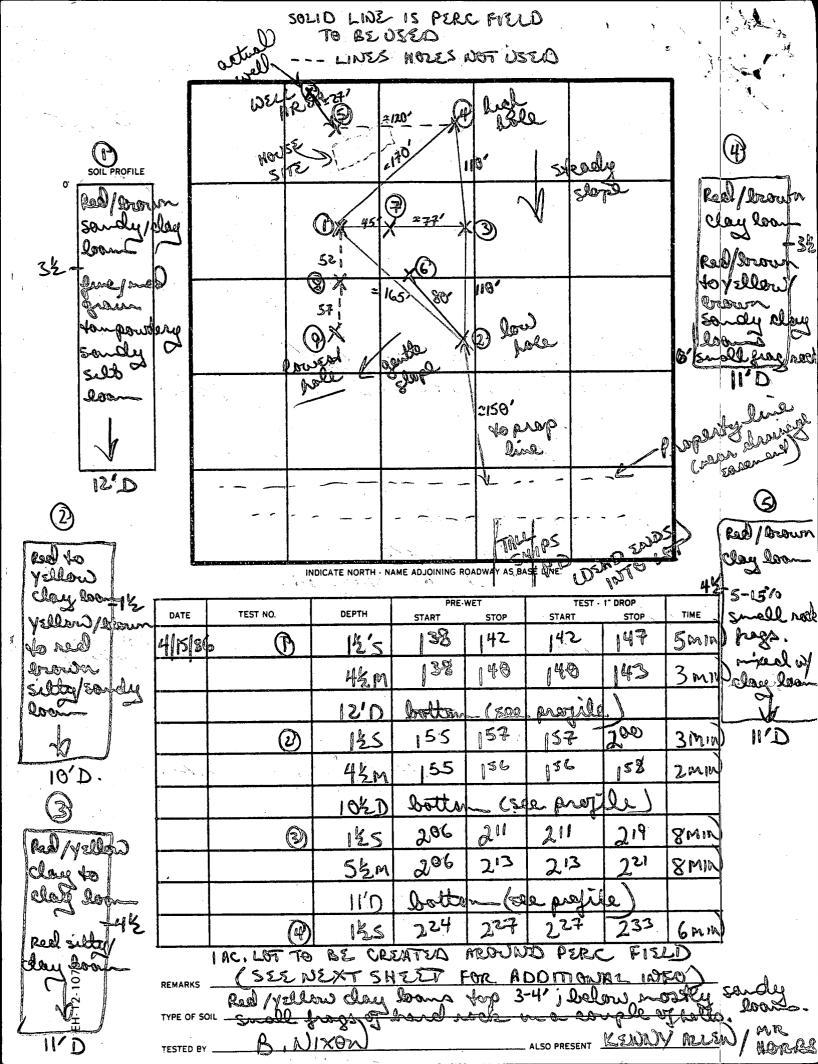
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT # 2/0

THE COUNTY HEALTH OFFICER **ELLICOTT CITY. MARYLAND** 1. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. ✓ PROSPECTIVE BUYER PROPERTY LOCATION: U Ships DR. BLDG. PERMIT SIGNED SIZE OF LOT TYPE BLDG. THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. APPROVED BY REJECTED BY REASONS FOR REJECTION OR HOLDING

### THIS IS NOT A PERMIT



# APPLICATION

PERCOLATION TESTING

A 36738

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

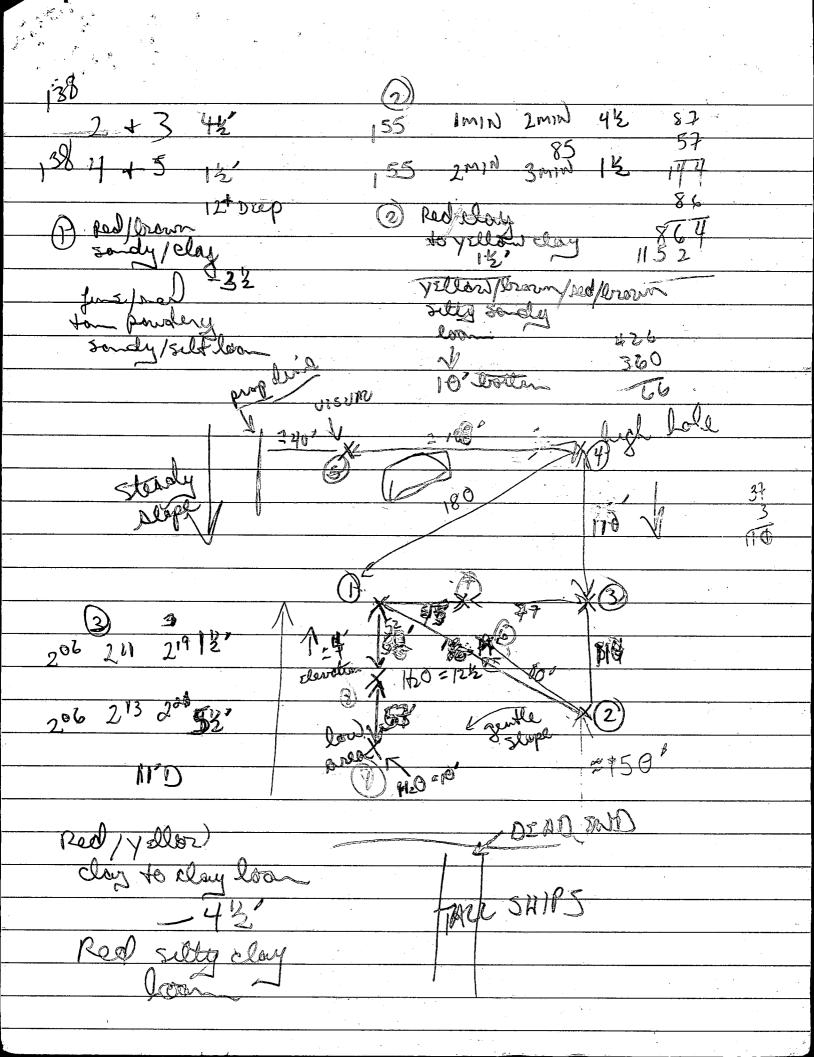
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

DATE 1/2/82

TO. THE COUNTY HEALTH OFFICER		•	
JO: THE COUNTY HEALTH OFFICER  ELLICOTT CITY, MARYLAND			a di
I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECO	NETDUCTI A CENTACE DICOCCA		
PROPERTY OWNER CHARLES A. HOBBS		L SYSIEM.	
PROPERTY OWNER			<del></del>
ADDRESS 3555 MEKENDREE B	PHONE	442-3	5500
PROSPECTIVE BUYER			
ADDRESS SEE ABOUE	PHONE		
PROPERTY LOCATION:			·_ '
SUBDIVISION OFF TALL SHIPS	LOT NO.		, , , , , , , , , , , , , , , , , , ,
ROAD AND DESCRIPTION ON HOBBS FACH			ئىدىن ئىلىنى دى دى ئىلىنى
क जर्दे । 			
TAX MAP PARCEL #			entre de la companya
SIZE OF LOT	TYPE BLDG	SINGLE	FAHICI
		(SINGLE FAMILY DWEL	LING OR COMMERCIAL)
THE SYSTEM INSTALLED LINDED THIS ADDITION IS ACCEPTABLE ON A CONTRACT	igen of grand and a second and a		A Section of the Contract of t
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNT	IL PUBLIC FACILITIES BECO	ME AVAILABLE. I FUL	LY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-R	EFUNDABLE UNDER ANY C	IRCUMSTANCES LALS	O AGREE TO COMPLY
		101	3
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	12/ 1/100	1/1/1/2	• •
	SIGNATURE OF	APPLICANT)	•• • • • • • • • • • • • • • • • • • •
APPROVED BY	) · · · · · · · · · · · · · · · · · · ·	DATE	
		DATE	
REJECTED BY FOR	· • • • • • • • • • • • • • • • • • • •	DATE	· · · · · · · · · · · · · · · · · · ·
HOLD PENDING FURTHER TESTS		DATE	
DEASONS FOR RELECTION OF HOLDING	** 4		F
REASONS FOR REJECTION OR HOLDING	3 · ✓ <sup>11</sup>		

## THIS IS NOT A PERMIT

MISOAL SOIL PROFILE (little place) 15,D Ced yellass Clays How sed Suby Sand Loom INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. 12/2 +10" TEST - 1" DROP TEST NO. DEPTH TIME START STOP 4 4 2m 3mia (3) MISON (D) (7) VISUR 1120 VISUAZ 4004 158, 410. Chros 6+8 & 2004 3FEON
REMARKS CARULALE RANAMENTE EH-12-1079 TYPE OF SOIL BNUM



Chy 200-101/2 1-001 244 hand foods frags = 82° 224 226 226 229 Red brown clay loo Mad Boom to Yellow Dun sudy day Soll for had nock

B 1 4410 SEQUENCE NO	STATE OF I	MARYLAND	OEP PERMIT NUMBER
1 2 3 6 (OEP-USE ONLY)		DRILL WELL	HO-81-1568
(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)	please pri	nt or type	fill in this form completely 79
Date Received		B 3	LOCATION OF WELL
OWNER INFORMATION		Howard	
WOLLS CHOLIGE		8 COUNTY	
15 Last Name Owner First Name	TUTTO:	23 SUBDIVISION	42
36 Street or RFD	1728	SECTION 44 46	LOT 48 50
57 Town 70State 72	Zip 76	52 NEAREST TOWN	
DRILLER INFORMATION	्रिक्ट स्टब्स्ट्रिक्ट स्टब्स्ट्रिक्ट स्टब्स्ट्रिक्ट स्टब्स्ट्रिक्ट स्टब्स्ट्रिक्ट स्टब्स्ट्रिक्ट स्टब्स्ट्रिक्ट	MILES FROM TOWN (ent	er 0 if in town)
Driller's Name	77 License No. 80	B 4	73 76 77 78
Firm Name	1	DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
Address , Closed Address ,	Hinf Mid	TOWN (CIRCLE BOX)	NORTH
Signature State of Control of	Date 5-86	N 8 N E 8 S = 9	CN WHICH SIDE OF ROAD W 32 E (CIRCLE APPROPRIATE BOX) WEST TEAST
B 2 WELL INFORMATION		(TOWN)—E	WEST SEAST SOUTH
ÁPPROX. PUMPING RATE (GAL. PER MIN.)			34 7 5 7 37
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)		S <sub>E</sub> 8-9 S 8-9	DISTANCE FROM ROAD
USE FOR WATER (CIRCLE APPROPRIATE	<b>≱</b> 20	% ( G ) % - 9	ENTER FT or MI S 38 39
D HOME (SINGLE OF DOUBLE HOUSEHOLD UNI		P	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & AGRICUL	TURAL	HOWIDED	A 36738
INDUSTRIAL COMMERCIAL STATE AND FEDE		OEP	COUNTY NO.
OTHER (REQUIRES APPROPRIATION PERMIT)  PUBLIC OR PRIVATE WATER COMPANY (REQU	ÎIRES	SIGNATURE	INSERT S
P APPROPRIATION PERMIT AND STATE HEALTH	DEPARTMENT	06/984	O SIGNATURE OF EXP. DATE
TEST, OBSERVATION, MONITORING (MAY REC	QUIRE	NORTH 5 3 0 0	EAST GRID O O O
		50 SHOW MAJOR FEATUR	55 57 63
APPROXIMATE DEPTH OF WELL 24 28 FEE		BOX & LOCATE WELL _ WITH AN X	
Approvided Division of Medical	NEAREST	SOURCES OF DRILLING	G WATER
APPROXIMATE DIAMETER OF WELL	INCH	2.	
METHOD OF DRILLING (circle one BORED (or Augered)	) letted & DRIVEN	3.	2)12186
30- AIR-ROTary AIR-PERcussion ROTARY (H	· · · · · · · · · · · · · · · · · · ·	WRITE THE BOX NUMB FROM THE MAP HERE	
CABLE REVerse ROTary	DRive-POINT		- over
other		7918	000
REPLACEMENT OR DEEPENED WELL	Ĺ <b>S</b>	DRAW A SKETCH BELO	W SHOWING LOCATION OF WELL IN
(CIRCLE APPROPRIATE BOX)  N THIS WELL WILL NOT REPLACE AN EXISTING	WEDLE CONTRACTOR	RELATION TO NEARBY	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WIL			ve /p
39 S THIS WELL WILL REPLACE A WELL THAT WILL AS A STANDBY	L BE USED	· • /	7 144
D THIS WELL WILL DEEPEN AN EXISTING WELL		100	
PERMIT NUMBER OF WELL TO BE REPLACED OR		\P.	3
(IF AVAILABLE) 41		Mc Kanal P	
Not to be filled in by driller (OEP USE ONL	<b>Y)</b>		Le Contraction
APPROP. PERMIT NUMBER 54	63	1 W	Fig. Se
FORCE	5 76 77 78 79	1 The	COLD TO THE ROOM OF THE PARTY O
SPECIAL CONDITIONS		The state of the s	

abreals Certer 33 easing (2'above) 28' open hale

Location - as decided from time of perc tept - OK

140 sample taken 7/17/86 (49809

C 1 3596 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 3 6 7 3 8
DATE Received DATE WELL COMPLETE	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 09 15 8 6 15 20	22 4 0 (10 NEAREST FOOT)	HO - 8 / - 1 5 6 8       28 29 30 31 32 33 34 35 36 37
OWNER Hollast name	CHARRES firstname	
STREET OR RED		LOOKS VILLE
SUBDIVISION	SECTION	LOT
Not required for driven wells	WELL HAS BEEN GROUTED  (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	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO if water bearing	NO. OF BAGS NO. OF POUNDS 55 46	PUMPING RATE (gal. per min. 3 11 15 .
Top Soil 02	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Buchate
1 /01 30/1	from ft. to 22 ft.	WATER LEVEL (distance from land surface)
Lay 1	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Shalex 1028	casing types insert ST-CO	WHEN PUMPING 153
Sand Stone 10 28	(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
Mica 28/185	code below PLASTIC OTHER	A air P piston T turbine
Mica + Flin \$45 150 J	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe 27 below)
paixa In	TYPE (nearest inch) (nearest foot)	J jet Submersible
mixed 150 400	$\frac{1}{60}$ $\frac{1}{61}$ $\frac{1}{63}$ $\frac{1}{64}$ $\frac{1}{66}$ $\frac{1}{70}$	27
Mica	E OTHER CASING (if used)	
at the same	diameter depth (feet) inch from to	PUMP INSTALLED
	C	DRILLER WILL INSTALL PUMP (CIRCLE) (YES OF NO)
	ZG	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert STEI BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
	(appropriate)  BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
to me	below PLASTIC OTHER	(to nearest gallon)' 31 35
mote GPM	C 2	PUMP HORSE POWER 37 41
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CASING HEIGHT (circle appropriate box and enter casing height)
		LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36 R 3	below <b>below foot</b> )
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, ANDOOR
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEGGE.	IF WELL DRILLED WAS FLOWING WELL INSERT	\$ 50' Well
DRILLERS IDENT. NO. 40	F IN BOX 68 68 OEP USE ONLY	X
Meany 7. Eastonly	(NOT TO BE FILLED IN BY DRILLER)	10.
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (É.R.O.S.) W Q	A A
Thata Rinders	70	
SITE SUPERVISOR (sign: of/driller or/journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	Tallships
<del>-</del>		



Review 9-28-8 of S. Nove

### HOWARD COUNTY WELL YIELD TEST

ation of proposition	HO - 81-156 perty (road)	Tall S	Raps Block r Charles		Sec.
Depth of Distance	well 400 ft. of measuring point ater level (S.W.L.)	1.5 GPM = (M.P.) above gr	ound 2 F.	eet	
<b>m</b>	started The server started to reco	<b>10</b> ,00	Pumping rate 172	12 G P	M.P.

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

	ump cest data			
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	-0-0-1	minute)
10:30	172	45 54	fump Set	1/2
10:45	157	45 sec		142
11:00	154	DO Sec	AT 300 FT	3
11:15	153	1950		31/2
//:30	153	18 500	Denny	3 1/2
11:45	153	18 gec	/	31/2
12:00	15.3	18 500		31/2
12:15	153	18 500		3/2
12:30	15 3	18 sec		31/2
17:45	153	18 sec		3 1/2
1:00	153	18 500		31/2
1115	153	18 sec		3/2
1:30	153	18 Sec		3 1/2
1:45	153	18 sec	•	3 1/2
2:00	153	14 sec		31/2
2:15	153	18 sec		31/2
2:36	153	18 Sec		3/2
2:45	153	19 Sec		3 1/2
3:00	153	18 sec		.31/2
3:15	153	18 51		3/2
3;30	153	11/8 Sec		3/2
3:45	153	19 sec		3-1/-
41,00	153	19 Sec		31/2
41:15	153	18 500		3 1/2
41'30	1-3	18 sec		31/7

4/27/87

#### APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department Bureau of Environmental Health 3525-H Ellicott Mills Drive Court House Square Ellicott City, Md. 21043 461-9933

New Installation Replacement		Receipt # 39350 Date 4/124/6
Name of Installer $R.A.$ Woo	DD PLUMBING	Telephone <u>381 482</u> 3
License number MD 7040 Certified Well Pump Installer	Well Driller	Registered Plumber $\sqrt{}$
Name of Property Owner HOI Subdivision Site Address 19051 TALLSH GLENWOOD NO 21728	Lot # Wel	Telephone 997-5328 1 tag # <u>HO - 81 - 7568</u>
Pump  1. Type  a. Deep well jet  b. Shallow well jet  c. Submersible  2. Make Gould  3. Model # foet  4. Capacity 7 GPM  5. Pump exceeds well capacity  6. If Yes, is low pressure controlly to the controlly of	utoff switch installed? Yorotect the pump and elec	trical wiring from
Tank  1. Capacity 4,568m  2. Pressure relief valve? 75052	Piping  1. Type POLYBUTION  2. Size 1"  3. NSF and/or BOCA Code approved 100  4. Depth of supply line 295"  5" below Grape, Inside work	1. Depth 400 ft. 2. Yield 6 GPM 3. Static water level ft. 4. Will water supply be disenfected by installer?
I understand that it is my re Department when the installa- permit is null and void).		
All information given above	is true to the best of my	Knowledge.
	Signature of Applican	t: RoyA Wood
	Date: 04-24-87	1

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

