12/20/9/

03-281876

PERMIT

SEWAGE DISPOSAL SYSTEM

p<u>47523</u>

A <u>32325</u>

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 1224-91

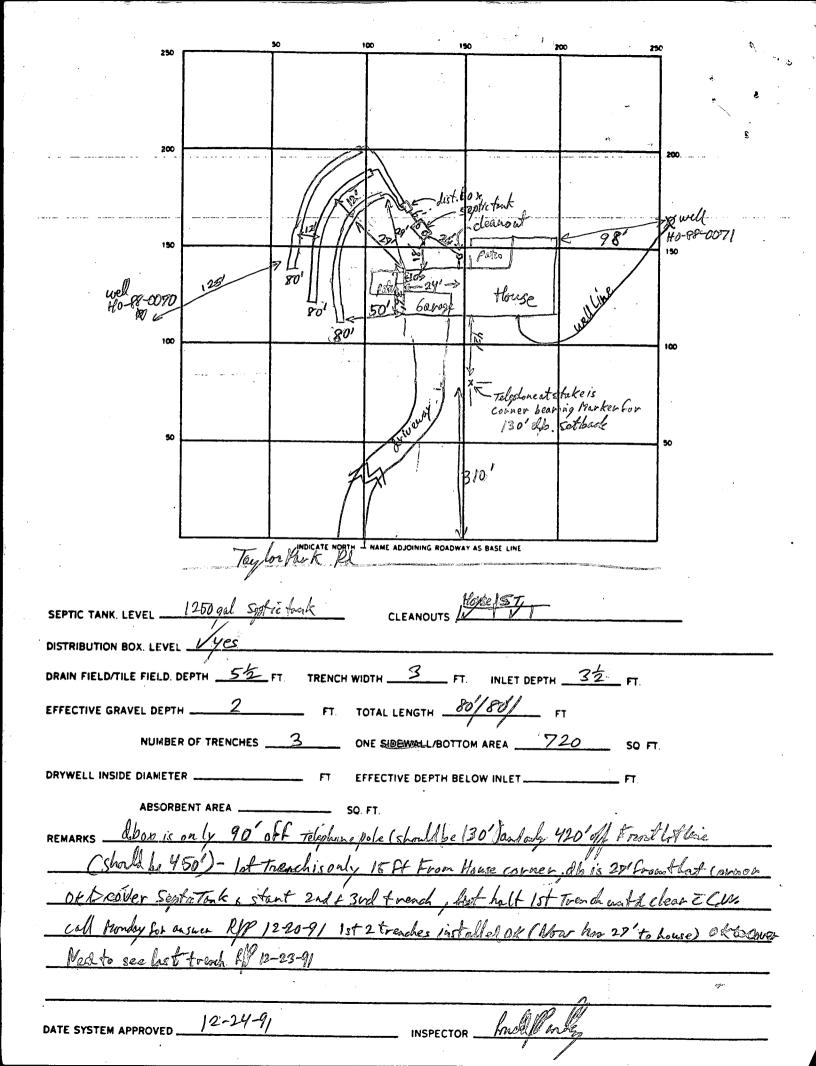
INSPECTOR _

IS PERMITTED TO INSTALL X ALTER	
ADDRESS 901 DriverRoad, Marriottsville, MD PHONE 442-2139	
SUBDIVISION Catchings Property ROAD 1101 Taylor Park Rd. LOT 1	
PROPERTY OWNER Land Projects Limited Partnership II	
ADDRESS	
HK BYNBYGEKRUNDRECHZTSEOZHKBGOSEZSENHYXYYK KYYYGHAYRYRYRYRYRYYYYYY X BRGUSHRYYXYUFYZPA-YAY	
ACCUSAGE XCONOCCUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4	
TRENCHES - 180 sq. ft. per bedroom. Trench to be 3.0 ft. wide. Inlet 3.5 ft. be original grade. Bottom maximum depth 5.5 ft. below original grade. Effective area begins at 3.5 ft. below original grade. 2.0 ft. of store	
below distribution pipe. LOCATION - When facing the lot from Taylor Park Road, place the distribution box feet off the front (117.0') lot line and 130 feet of the intersection or right (310.0') and adjacent (283.97') lot lines. This point should be about 150 feet off the left (375.83') lot line. Run trenches on contoutoward the front (117.0') lot line. Maintain a minimum of 100 feet from the state of the left (375.83') for line is a minimum of 100 feet from the state of the left (375.83') lot line.	450 f the
all wells. NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter clear	
and cap to grade or above on septic tank. JEN 6-7-90 Jane Nadeau cm DATE 12/15/89	
COVER NO WORK UNTIL INSPECTED AND APPROVED Raymond Hodges REVISED 10/04/91	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM	
NOTE. CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS	
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX: TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)	
NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHIES)	
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSURPTION TRENCH TO EXCEED 100 FEET IN LENGTH	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS	
PERMIT VOID AFTER TWO YEARS	
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 ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED	ABS

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



APPLICATION

PERCOLATION TESTING

A 32325

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

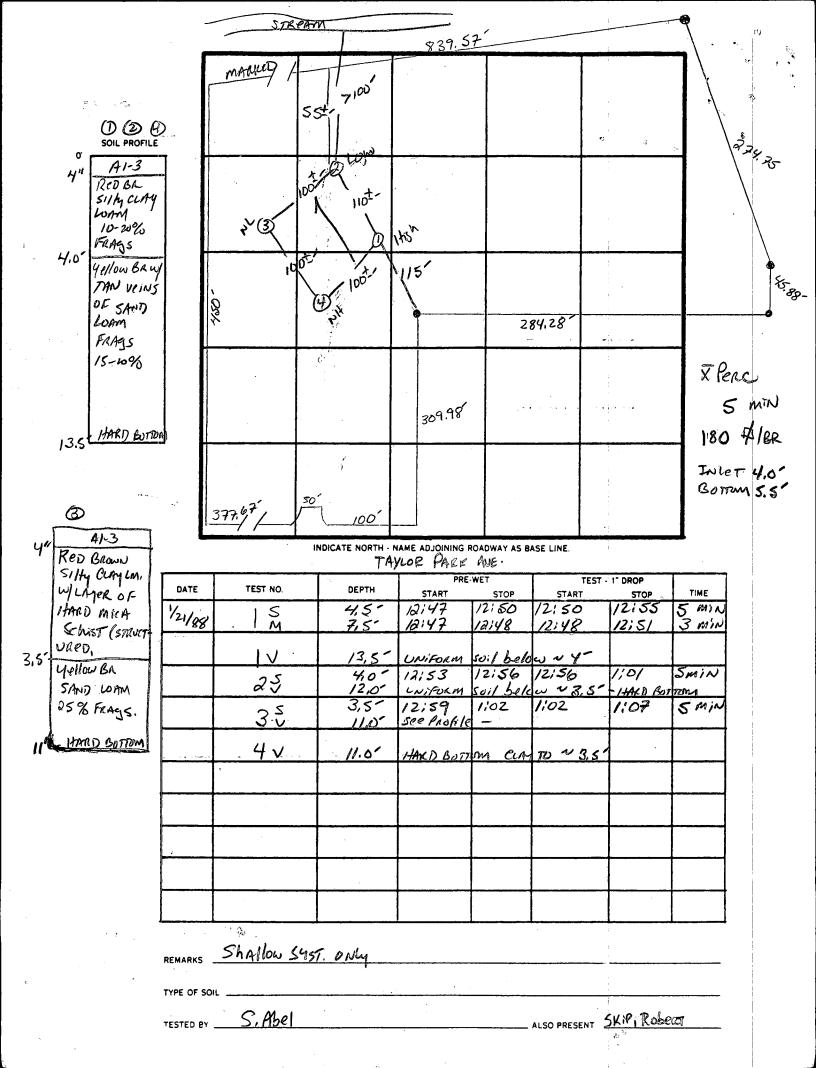
Retest

DISTRICT 3 FD

	,		
O: THE COUNTY HEALTH OFFICER			
ELLICOTT CITY, MARYLAND	*		,
I, HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO	CONSTRUCT (OR RECONSTRUCT)	A SEWAGE DISPOSAL SYSTEM.	
ROPERTY OWNER	d Prinsels	Limitar Da	atmorphien II
HOPERTY OWNER	· magacis	JOHNAN VXX 1-100	Williamy II
ADDRESS		PHONE	
ROSPECTIVE BUYER _ John Cougle			
e :			
ADDRESS		PHONE	
ROPERTY LOCATION:		•	
C labora Danas	-1	A	,
ubdivision <u>Caterings Proper</u>	714	LOT NO.	201
OAD AND DESCRIPTION THY COR PARK R	4 /1101 TA	ulas Porte	led
OAD AND DESCRIPTION	<u>g. /1/0/ /200</u>	The Time	ICCA:
		<u>, </u>	
0 40			
AX MAP PARCEL #	· · · · · · · · · · · · · · · · · · ·	•	
ZE OF LOT 8.59 ARRES		TYPE BLOG	with SFD
			FAMILY DWELLING OR COMMERCIAL)
	e e e e e e e e e e e e e e e e e e e		
HE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCE	PTABLE ONLY UNTIL PUBLIC	C FACILITIES BECOME AVAIL	ABLÉ. I FULLY UNDERSTAND THE
FE CONNECTED WITH THE EILING OF THIS DEDG TEST ADD	N ICATION 10 NOV 555	,	
EE CONNECTED WITH THE FILING OF THIS PERC TEST APP	LICATION IS NON-REFUNDAR	BLE UNDER ANY CIRCUMST	ANCES. I ALSO AGREE TO COMPLY
TITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LO	T. CO OWNER	[(bd. 7)	ach 2
	/	ISIGNATURE OF APPLICA	NT)
	FOR		DATE
JECTED BY	FOR		DATE
PLD PENDING FURTHER TESTS		0	ATE
ASONS FOR REJECTION OR HOLDING 1-21-88 PORC SA	FISFACTORY, LLUD.	FOR PLAT CHANGE	NS CONTRAL balon

ID-216

THIS IS NOT A PERMIT



RECORDED

APPLICATION

	٠	1 18 2 A		
1	di j	9:30 A.	M	د
		9:30		

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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32325

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

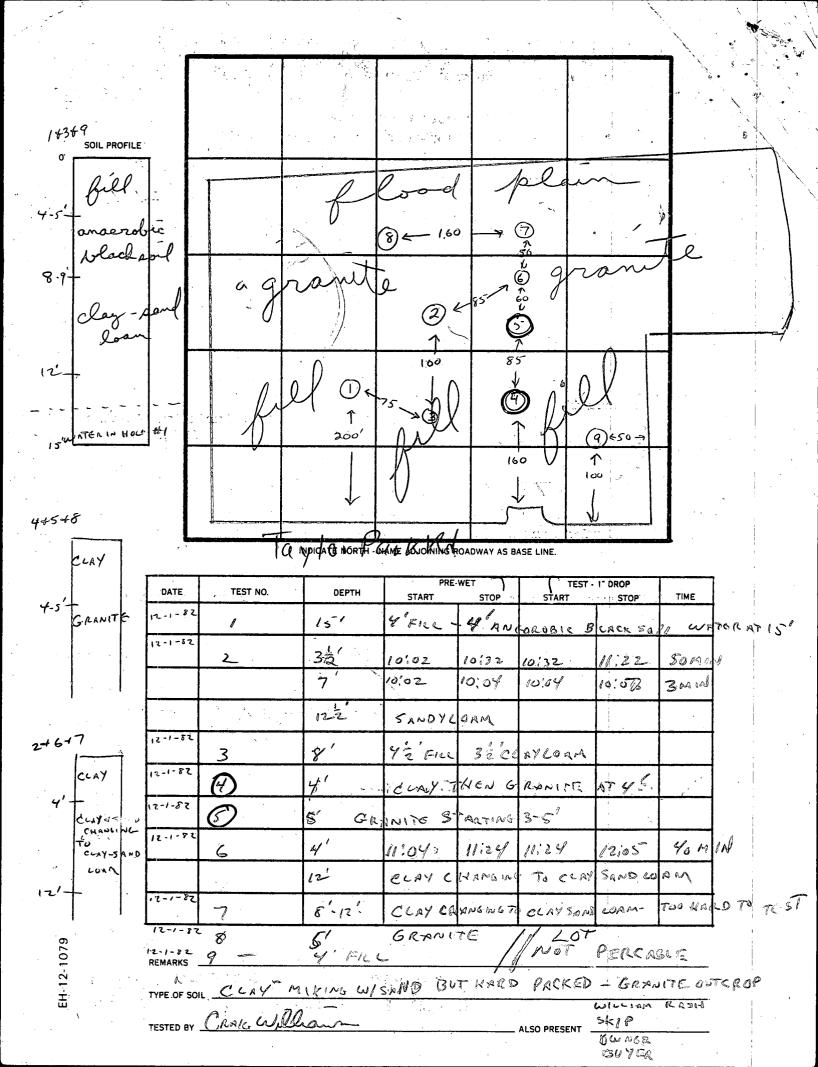
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

14.130/82

DISTRICT _____3rd

TO: THE COUNTY HEALTH OFFICER							
ELLICOTT CITY, MARYLAND			•				
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT Mr. 4 Mr.5. PROPERTY OWNER Ben Catchings	(OR REC	ONSTRUCT) A	SEWAGE DISPOSA			-	
						d Jeschk	e
ADDRESS Rte. 1 Box 305			PHON	E,	837-01	94	•
Biglersuille, Pa. 17307				•	* :	•	
		•	LOT NO.		*		
SUBDIVISION	-	+	LOT NO.				
ROAD AND DESCRIPTION			5				
	· ·						
8.59 acres			TYPE BLDG.	3 or	4 bedr	ooms	
SIZE OF LOT	· · · · · · · · · · · · · · · · · · ·		TIPE BLDG.	(1)	IUMBER C	F BEDROOMS	5)
						V.UNDEDC	TAND THE
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE (ONLY UN	NTIL PUBLIC	FACILITIES BEC	COME AVAII	ABLE. I F	ULLY UNDERS	I AND I HE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION		I-REFUNDAB			ANCES. I	ALSO AGREE T	O COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.			(SIGNATURE C	OF APPLICA	(NT)		:
APPROVED BY	FOR				DATE	· .	
		21C		- 1 N	DATE	2-1-82) ************************************
			3				· ·
REASONS FOR REJECTION OR HOLDING CLAY + ROCE	<u> </u>				•		~;
READORD FOR REJECTION ON HOLDING						<i>/</i>	

THIS IS NOT A PERMIT



B 1 3952 SEQUENCE NO. ST	TATE OF MARYLAND	STATE PERMIT NUMBER
7 DP 05E ONET). PE	RMIT TO DRILL WELL	MO-18181-00149
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please print or type	fill in this form completely 79
Date Received (APA)	B 3	LOCATION OF WELL
OBV TUBESTMENT	ROUNTY.	21
15 Last Name Owner First Name	34 CATCHIN 23 SUBDIVISION	GS PROPERTY 12
Street or RFD	55 SECTION 41	LOT [(MAP 09 P. 119)
T H D U M A C Zip		الالقائلات المالية
DRILLER INFORMATION	52 NEAREST TOWN MILES FROM TOWN (ent	ter () if in town) 2 M I
Driller's Name 77 Lice	nse No. 80 B 4	73 76 77 78
G. Edgar Harr Sons' Corp.	1 2 DIRECTION OF WELL FROM	TAULOR VARK ROAM
12047 Falls Rd., Cockeysville 210	TOWN (CIRCLE BOX)	NO <u>RT</u> H
There M. Salight 7/5/8/18	, N 8 N E 8-9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX)
B 2 WELL INFORMATION	W TOWN E	SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)		34 350 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	$\begin{bmatrix} S \\ W \\ 8-9 \end{bmatrix} \begin{bmatrix} S \\ E \\ 8-9 \end{bmatrix}$	DISTANCE FROM ROAD ENTER FT or MI
USE FOR WATER (CIRCLE APPROPRIATE BOX).		NOT TO BE FILLED IN BY DRILLER
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY F FARMING (LIVESTOCK WATERING & AGRICULTURAL		HEALTH DEPARTMENT APPROVAL A 32325
IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL G	COUNTYNAME	COUNTY NO.
22 CHOTHER (REQUIRES APPROPRIATION PERMIT)	OV. STATE SIGNATURE DATE ISSUED	INSERT S 41
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPAR APPROVAL)	5 1 1 1 2 3 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2	BANIMAN 01128189
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NORTH SHE O O	0 EAST 0 0 0 0 63
APPROXIMATE DEPTH OF WELL 200 FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL _	909188
24 28	WITH AN X SOURCES OF DRILLING	WATER NOT
APPROXIMATE DIAMETER OF WELL 6	NEAREST 1.	Priesary Fox Snow
METHOD OF DRILLING (circle one)	3.	0/2//98
BORED (or Augered) 30. 31. 32. AIR-ROTary AIR-PERcussion ROTARY (Hydrauli	DRIVEN WRITE THE BOX NUMB FROM THE MAP HERE	VISITED 5170
37	e-POINT	WELL HASBBER
other	E 8/P	PAGE 5 GROVEBY
REPLACEMENT OR DEEPENED WELLS	DRAW A SKETCH BELC	DW SHOWING LOCATION OF WELL IN
(CIRCLE APPROPRIATE BOX) (N)THIS WELL WILL NOT REPLACE AN EXISTING WELL	RELATION TO NEARBY	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE	N	
39 STHIS WELL WILL REPLACE A WELL THAT WILL BE U	SED	DATE OF THE PROPERTY OF THE PR
D THIS WELL WILL DEEPEN AN EXISTING WELL	DAFALIH	37 D
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPE	NDED 52	Ne N
Notage be filled in by driller (OEP USE ONLY)	- TITEL TELL	VISUARD LODGE
APPROP PERMIT NUMBER GAP	32/14 P	7 001
FORCE WRITE PERMIT NO. 1 72 73 74 75 76 71	HEALTH / TO	
SPECIAL CONDITIONS	10 (a 1	

C 1 9602 SEQUENCE NO. (DENV 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	NUMBER A 32325
DATE Received DATE WELL COMPLETE	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
0WNER 6 TNV 5 5 WY	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD last name VI CR	PARK ROTHIST NAME TOWN	SYKSSVILLE
SUBDIVISION CATCHINGS PROPERT		LOT 1
WELL LOG Not required for driven wells	GROUTING RECORD yes no WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL Y N 44	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	PUMPING RATE (gal. per min. 5 to nearest gal.)
Overburden 0 3e	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATESubmersible_
Mica 3 10	from 1 ft. to 54 BOTTOM 58	WATER, LEVEL (distance from land surface) BEFORE PUMPING
Gray Rock 10 200 X	(enter 0 if from surface) casing CASING RECORD	17 20
	types ST CO	WHEN PUMPING / 5 8 25
	appropriate STEEL CONCRETE CODE	TYPE OF PUMP USED (for test)
Well No. 1 - 200 ° - DRY	below PLASTIC OTHER	$\left[\begin{array}{c} \color{red} \color{blue} blue$
(BACKFILLED)	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe 27 below)
	TYPE (nearest inch) (nearest foot)	J jet Submersible
	60 61 63 64 66 70	27 -27
	E OTHER CASING (if used) A diameter depth (feet) H inch from to	PUMP INSTALLED
	H Inch from to	DRILLER WILL INSTALL PUMP YES NO
		(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
	appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
		PUMP COLUMN LENGTH 77 41
	DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
	A 6 9 11 15 17 21	and enter casing height) LAND SURFACE
	S ² 23 24 26 30 32 36	below (nearest foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R 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, AND/OR
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	GRAVEL PACK	N
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. 299	F IN BOX 68 68 OEP USE ONLY	
Tel m Suit	(NOT TO BE FILLED IN BY DRILLER)	1 1 4 4 .
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	
med What I	70 72 0THER DATA	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	

Page .	1	of	1
Date	8-2	6-88	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-007/ Location of property (road)		
Subdivision CATCHINGS PRAPERTY Lot 1 Block Plat	Sec.	
Well Driller SANTY CORHRAD Owner INVISTIMENT ONK		
Depth of well 200' Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P. 24'5"	3,63 	
I. High rate pumping reservoir drawdown		
Time pump started $8:15$ am Pumping rate 7.5 Total time 30min to reach pumping water level $155'$ ft. below	M.P.	• , .

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0815	24'5"	4		15.0
0830	128'5"	5		12.0
0845	1551	8		7.5
0900	155'8"	8		1.5
0915	156' 3"	8		7.5
0930	: 156'4"	8		7.5
0945	156'7"	8		7.5
1000	156'9"	8		7.5
1015	156'11"	8		7.5
1030	157'1"	8		7.5
1645	ייב'רפו יי	8	٠,	7.5
1100	187'3"	8		7.5
1112	157'5"	8		7.5
1130	157'8"	8		7.5
1145	157'11"	8		7.5
· · · · · · · · · · · · · · · · · · ·	;		·	
,	X			
	i.			

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation	Receipt # 47696 Date 12-23-91
Name of Installer Steve Duvall	Telephone <u>58/-0244</u>
	Registered Plumber
Name of Property Owner Bennie O. Robinson Subdivision (Atching Property Lot # / Well Site Address // Ol Taylor Park Rol Well	Telephone <u>242-0132</u> Tag # <u>HO -88 -8071</u>
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible d. Make c. Submersible d. Motor 1. Horsepower 2. RPM 3. Voltage a. 110 b. 220 3. Model # 4. Capacity 6. If Yes, is low pressure cutoff switch installed? 7. What methods are used to protect the pump and electrical vibrations? Torque arrestors Cable guards	ical wiring from
Tank 1. Capacity Studion 2. Pressure relief valve? 75/bs pitless claster twell line-OK Piping 1. Type /60b Tolk Plastic 2. Size /" 3. NSF and/or BOCA Code approved fest 4. Depth of supply line / Hell li	Well data 1. Depth 200 ft. 2. Yield GPM 3. Static water level 4 ft. 4. Will water supply be disinfected by installer?
I understand that it is my responsibility to notify t Department when the installation is ready for inspection is null and void).	he Howard County Health n (otherwise this permit
All information given above is true to the best of my ki	nowledge.
Signature of Applicant:	ve Muall
Date:	12-23-91

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

