ALZIEN MOND

04-344774

PERMIT

P ______

31252

SEWAGE DISPOSAL STSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

ISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933 INDEXED

DATE SYSTEM APPROVED -7/3//87

INSPECTOR_S. Mare

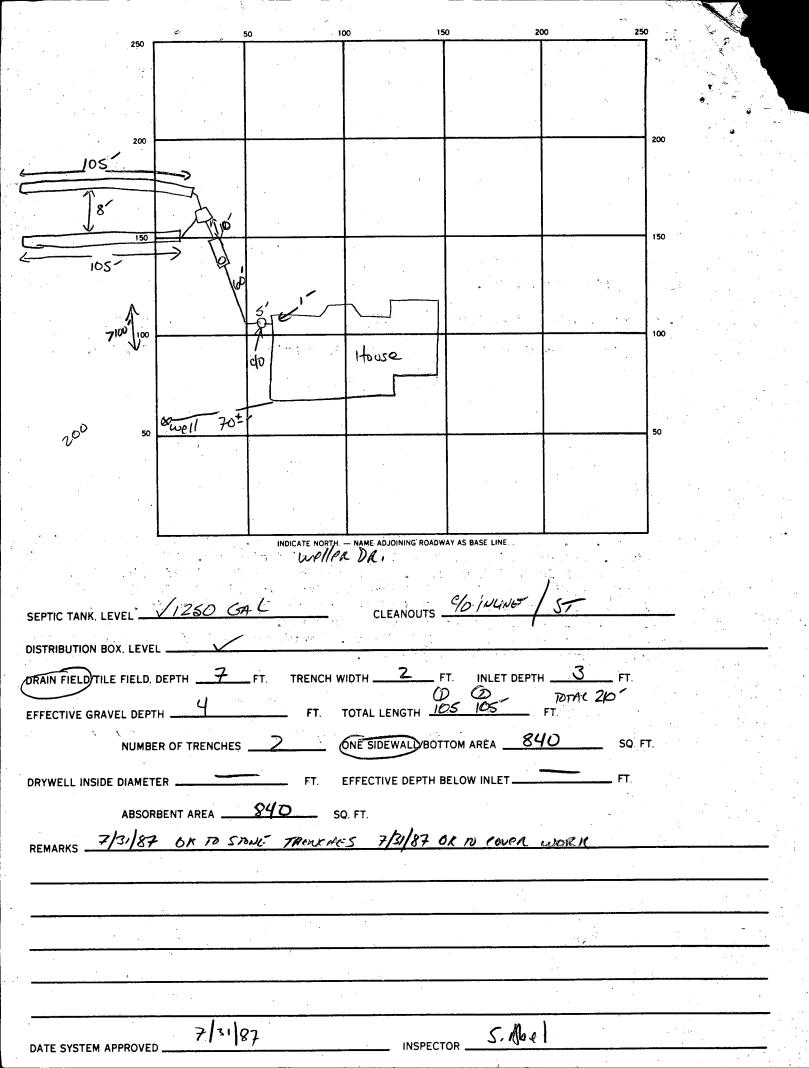
Fogle's Septic	Service, Inc.		_ IS PERMITTED TO	INSTALL	ALTER
	Mt Alily				
DDRESS P. O. Box 65	9, Woodbine, Marylar	nd 21771	PHONE	795	5-5674
UBDIVISION Pataps	co Overlook II	ROAD <u>637 Well</u>	er Drive	LOT	18, Sec.2
ROPERTY OWNER	<u> </u>	lames Feehan	·		
		•			
DDRESS					
GARBAGE GRINDER IS USED	INCREASE SEPTIC TANK CAPA	CITY BY 50% AND AB	SORPTION AREA BY	22%.	
	•				
ARBAGE GRINDER? YES	NO <u>X</u>		t = t		
EPTIC TANK CAPACITY	O GALLONS NUM	MBER OF BEDROOMS	4		•
TRENCHES - 200 sa.	ft. per bedroom. Ti	rench to be 2	feet wide. I	nlet 3 fe	et below ori
grade.	Bottom maximum depth	h 7 feet below	original gra	de. Eff	ective area b
	t below original gra				
	e first trench 200 i				
	line as seen when in along contour towar			ller Dri	ve. kun
	th to exceed 100 feet			8" diame	ter cleanout
	rade or above on se				· · · · · · · · · · · · · · · · · · ·
			- 	· · · · · · · · · · · · · · · · · · ·	
			:		
LANS APPROVED BY	C. Willia	ams		DATE	12/29/86
OVER NO WORK UNTIL INSPECTED A	ND APPROVED.	•			
EITHER THE HOWARD COUNTY COUNTY	ICIL NOR THE HEALTH DEPARTMENT	IS RESPONSIBLE FOR THE	SUCCESSFUL OPERATION	ON OF ANY SYST	EM
OTE: CLEANOUT REQUIRED EVERY	70 FEET OF SEWER LINE AND/OR AT	90° SWEEPS IN LINES FR	OM HOUSE TO DRAIN FIE	LDS.	
OTE: ALL PARTS OF SEPTIC SYSTEM	S (I.E., TANK, DISTRIBUTION BOX, TREN	CHES) TO BE 100 FEET FR	OM WELL. (UNLESS OTHER	RWISE SPECIFICA	LLY AUTHORIZED)
OTE: IF DEEP TRENCH(ES) ARE USE					1
	D CALL FOR INSPECTION BEFORE AN		L IN TRENCH(ES).	•	•
OTE: NO DRY WELL SHALL EXCEED	D CALL FOR INSPECTION BEFORE AN	D AFTER PLACING GRAVE		• •	
	:	D AFTER PLACING GRAVE	100 FEET IN LENGTH.	•	•
	15 FOOT IN DIAMETER, NO ABSORPT	D AFTER PLACING GRAVE	100 FEET IN LENGTH.	•	

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

BEDG. PERMIT SIGNE

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.



PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2100a

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043

TRICE

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY: MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) & SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Georgia Avenue Prop	erties, inc.	James Fr	EHAN	7
ADDRESS 13638 Georgia Avenue,	Wheaton, Md. 20	906 PHONE	Jack Boo 465-77	
PROPERTY LOCATION:			~	The same of the sa
SUBDIVISION <u>Georgia Avenue</u>		LOT NO		
ROAD AND DESCRIPTION Route 94 and 01	d Frederick Road	637 wel	ler DR.	
And the second s				
SIZE OF LOT 3 acres m/1		TYPE BLDG.	2 or 4 hads	naama
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS			(NUMBER)	OF BEDROOMS)
FEE CONNECTED WITH THE FILING OF THIS PERC TEST	T APPLICATION IS NON-REF	UNDABLE UNDER ANY C	IRCUMSTANCES. I	ALSO AGREE TO COMPL
		(SIGNATURE OF		
APPROVED BY	FOR		DATE	
REJECTED BY	FOR		DATE	
HOLD PENDING FURTHER TESTS	•		DATE	
				•
REASONS FOR REJECTION OR HOLDING			SLDG. PERMIT	
и			NO RETURNE	U 6/18/87

THIS IS NOT A PERMIT

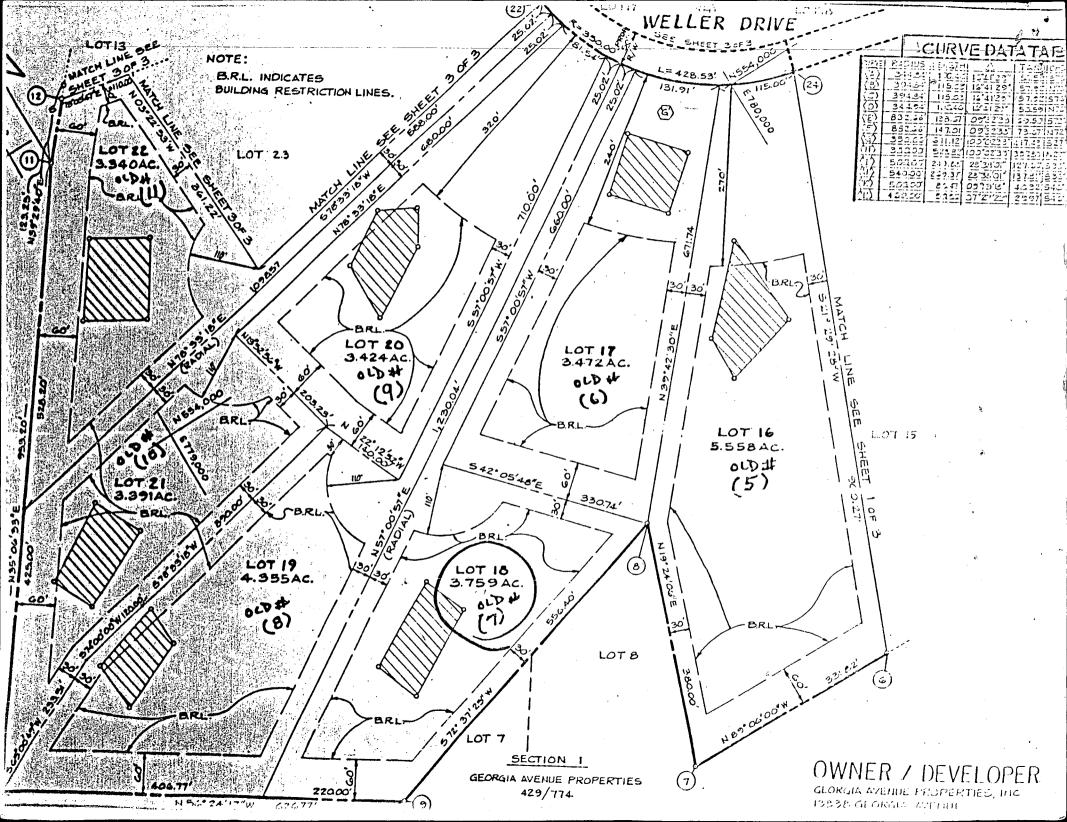
330 90 115 85-1 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEST NO.	DEPTH						
	027111	START	STOP	START	STOP	TIME .	
15 1M	9 8 m	9:54	9:57	9:57	10:03	66	1
2.5 2 M	3		,				3'anlot
3.5	4	10:15	10:18	10:18.	10:22	ef	
45 11	- 44					, ì	8 mm.
		•					·
							·
						/	
	1M 25 2M 35 3M	25 2M 7 35 3M 8	25 2M 7 10:04 35 3M 8 10:17	1M 8 9:54 9:57 23 3 10:04 10:06 2M 7 10:04 10:06 35 4 10:15 10:18 3M 8 10:17 10:25	1M 8 9:54 9:57 9:57 25 3 10:04 10:06 10:06 2M 7 10:04 10:06 10:06 35 4 10:15 10:18 10:18 3M 8 10:17 10:25 10:25 45 1 4	1M 8 9:54 9:57 9:57 10:03 25 3 10:04 10:06 10:06 10:12 2M 7 10:04 10:06 10:06 10:11 35 4 10:15 10:18 10:18 10:22 3M 8 10:17 10:25 10:25 10:45	1M 8 9:54 9:57 9:57 10:03 6 23 3 10:04 10:06 10:06 10:12 6 2M 7 10:04 10:06 10:06 10:11 5 35 4 10:15 10:18 10:18 10:22 4 3M 8 10:17 10:25 10:25 10:45 20 4M V 8 Dame as ## 2

TYPE OF SOIL

TESTED BY

_ ALSO PRESENT Richard Lee



ğ̄ळ (-BSM) 13,87 GO .ZV G PL-088 22.05 WELLER DRIVE

6/18/87 elevations oh w/change in inlet clipth 8Able

BLDG. PERMITI SIGNED AND RETURNED 6/18/87 BP 12708 Selv-

8/13/87 myrime

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

		0000
New InstallationReplacement		Receipt # <u>394/9</u> Date <u>7//0/8-</u> 2
Name of Installer ChEMEN	ut Scheper	Telephone <u>441-5770</u>
License Number <u>545</u> Certified Well Pump Installer	Well Driller	Registered Plumber
Name of Property Owner JAM Subdivision Paralls Noo Over Site Address 637 WEILE	ES FUEHAN R/co/Klot # 18 Wel P DR	Telephone <u>788 9090</u> 1 Tag # <u> </u>
Pump	· Motor	Pitless Adapter
1. Type	1. Horsepower $3/4$	1. Make <u>'</u>
a. Deep well jet	2. RPM	2. Model # 3. Depth
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible 2. MakeRED	a. 110	
	b. 220	
3. Model #		
4. Capacity GPM	Van / Na	N
5. Pump exceeds well capacity		No.
6. If Yes, is low pressure cuto		
7. What methods are used to provibrations? Torque arresto		
vibracions: Torque arresco	ors cable guarus	O CHO!
Tank	Piping	Well data
1. Capacity	1. Type Plastic	1. Depth <u>350</u> ft.
2. Pressure relief	1. Type Plastic 2. Size	2. Yield 4/ GPM
valve? <u>465</u>	3. NSF and/or BOCA	3. Static water
- 0	Code approved	level 222ft.
•	4. Depth of supply	
	line	be disinfected by
		installer? <u>⊣∈S</u>
I understand that it is my re Department when the installation	esponsibility to notify to notify to is ready for inspection	the Howard County Health
All information given above is	true to the best of my k	nowledge/
.	ure of Applicant: How	A John
Signati	ure of Applicant:	M xil Mashellar
187 OK TO COVER		10-87 12 3 MILLET NAME
Note: A sticker indicating app		tallation will be pľaceď 🦠
on the well casing at the time	of the inspection.	

•	·	()	•	H 1065
Page of		•	Review /	H 1065
Date				10
· · · · · · · · · · · · · · · · · · ·				
•		FIELD DATA S HOWARD COUNTY WELL	OREET	0
Well Permit No.	. но - 81-21	118	•	
Location of pro	operty (road)	WELLER DRI	15 <u>-</u>	
Subdivision Well Driller	STAN BOLL	VIRIOUR LOT	18 Block Plater IHOWPSON, JO	HD Sec. Z
Depth of	f well 350	/	,	
Distance Static v	e of measuring po vater level (S.W.	oint (M.P.) above gr	cound / 54	
	pumping reser			
Time pum Total tin	started 10:	reach pumping water	Pumping rate $\frac{\sqrt{5}}{5}$ level $\frac{\sqrt{5}}{5}$ ft.	below M.P.
			recorded every 15 minu	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	
1	below M.P.	time to fill 5	(if used)	(gallons per
tervals		gallon bucket		minute)
11:15	222	15 oec		4
		·		
		<u> </u>		
		•		

557:00'57'W (KAULAL) 756° 34 7 2 30'BEL ex seltic erserve area 46 341 100 ex. Dut box-EX DRAIN FIELDS EX SEPTIC **e**k.**28**5 EX. WELL 572-37-25°W FIZOHT 3.759 LOT 7 LOT