deligué.

2-10-88 CONNECTIONS

1/10-50 Zuro

HOUR COMPERTING NEW!

PERMIT

SEWAGE DISPOSAL SYSTEM

A 31270

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 4th

HOWARD COUNTY

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

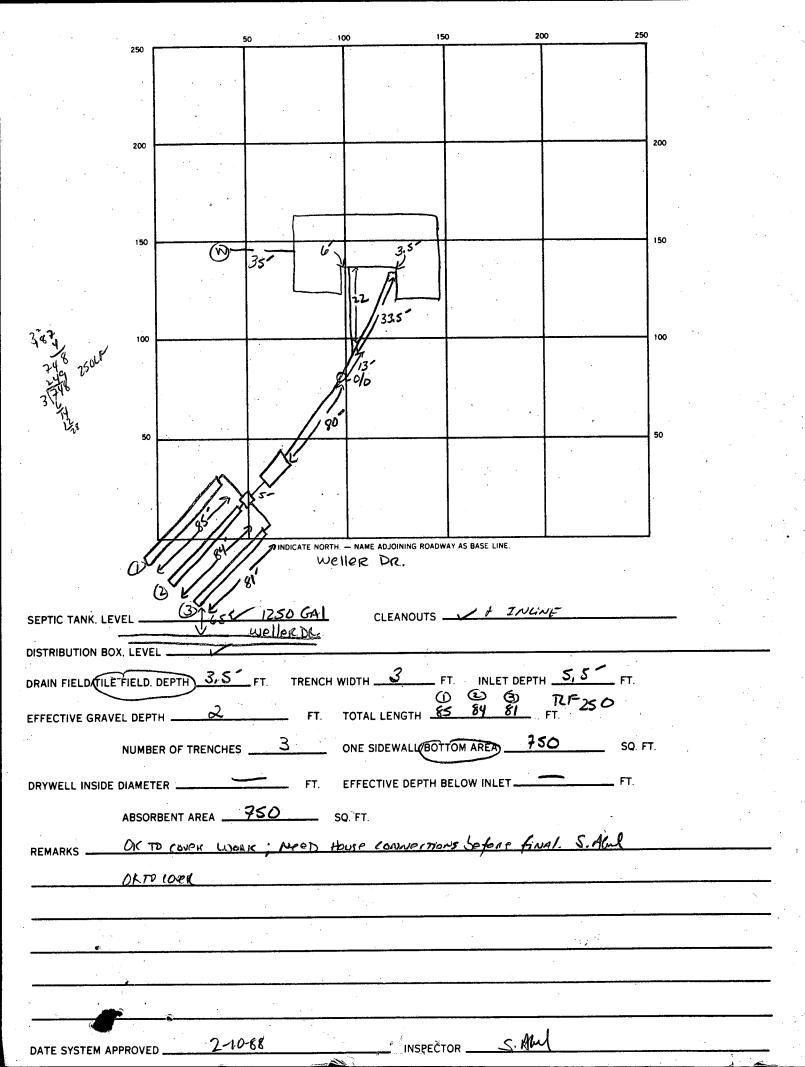
04-345094 INDEXED

DATE SYSTEM APPROVED 2-10

INSPECTOR S. ALU

Dave Hopkins	IS PERMITTED TO INSTALL X ALTER
ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryl	and 21771 PHONE 831-7257
SUBDIVISION Patapsco Overlook ROAD 733	Weller Drive LOT39
PROPERTY OWNER	·
ADDRESS	·
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% A	ND ABSORPTION AREA BY 22%.
GARBAGE GRINDER? YES NO _X	
SEPTIC TANK CAPACITY GALLONS NUMBER OF BEDR	00MS4
at 3½ feet below original grade. 2 ft LOCATION - Beginning from the left front lot Cor left (670') lot line and 70 feet off from Weller Drive. Run trenches alon MAINTAIN MINIMUM 100FEET DISTANCE FRO	below original grade. Effective area begins eet of stone below distribution pipe. ener, place 1st trench 160 feet down the the left line as seen when facing property of contour towards the front lot line. M WELL TO SEPTIC. th. Provide 6" - 8" diameter cleanout and
PLANS APPROVED BY	DATE4/11/87
COVER NO WORK UNTIL INSPECTED AND APPROVED.	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE F	OR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LI	NES FROM HOUSE TO DRAIN FIELDS.
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 F	EET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING	GRAVEL IN TRENCH(ES).
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO E	XCEED 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 INCHE ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE R	

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



A 31270 LOT NUMBER: 39

SUBDIVISION: SEC 3

WELLER WELL OR DRY WELL AND TRENCH

		sq. ft./bedroom
	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	
Inlet	feet below original grade.	•
Bottom maximu	um depth feet below or:	iginal grade.
Effective are	ea begins at feet below	v original grade.
and to e	leave a 5-foot earth buffer betw	nt area, run the trench on level ground ween dry well and trench. No trench is ench inlet to be same as dry well, with bution pipe.
	TRENCHES	
		sq. ft./bedroom
Trench to be	wide.	
	feet below original grade.	
Bottom maximu	um depth 5% feet below or:	iginal grade.
Effective are	ea begins at 32 feet below	v original grade.
_	eet of stone below distribution p	
(2) (3) (4) (5)	tank and drywell.	distribution box is required. L ground. Fore gravel is installed. Bout and cap to grade or above on septic I, increase septic tank capacity by 50%
LOCATION: B	EGINNING FROM THE I	SET FRONT LOT CORNIER
		THE LEFT (6701) LOT
	•	T HUR AS SEEN WHEN
FROINC	s PROPERTY FROM	DELLER DRIVE
RUNT	renches arong co	NTOUR TOWARDS THE FREE
H 1804	DZ.	
Thiam	AIN MINIMUM 100"	DISTANCE FROM UBLLTO
HD-191 55 DT 10		

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043/ TELEPHONE: 992-2330 DISTRICT 4th

DATE __3/27/81

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I. HERBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT OF RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER

ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE Jack Boender

ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE 465-7777

PROPERTY LOCATION:

PATABOCO GUALLOK TO LOT NO 36 FINAL RAI

ROAD AND DESCRIPTION ROUTE 94 and Old Frederick Road

SIZE OF LOT 3 acres m/1 TYPE BLDG 13 or 4 bedrooms (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

(SIGNATURE OF APPLICANT)

APPROVED BY ______ DATE ______

REJECTED 8Y ______ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS ______ DATE _____

REASONS FOR REJECTION OR HOLDING

AND RETURNED 6/23/83

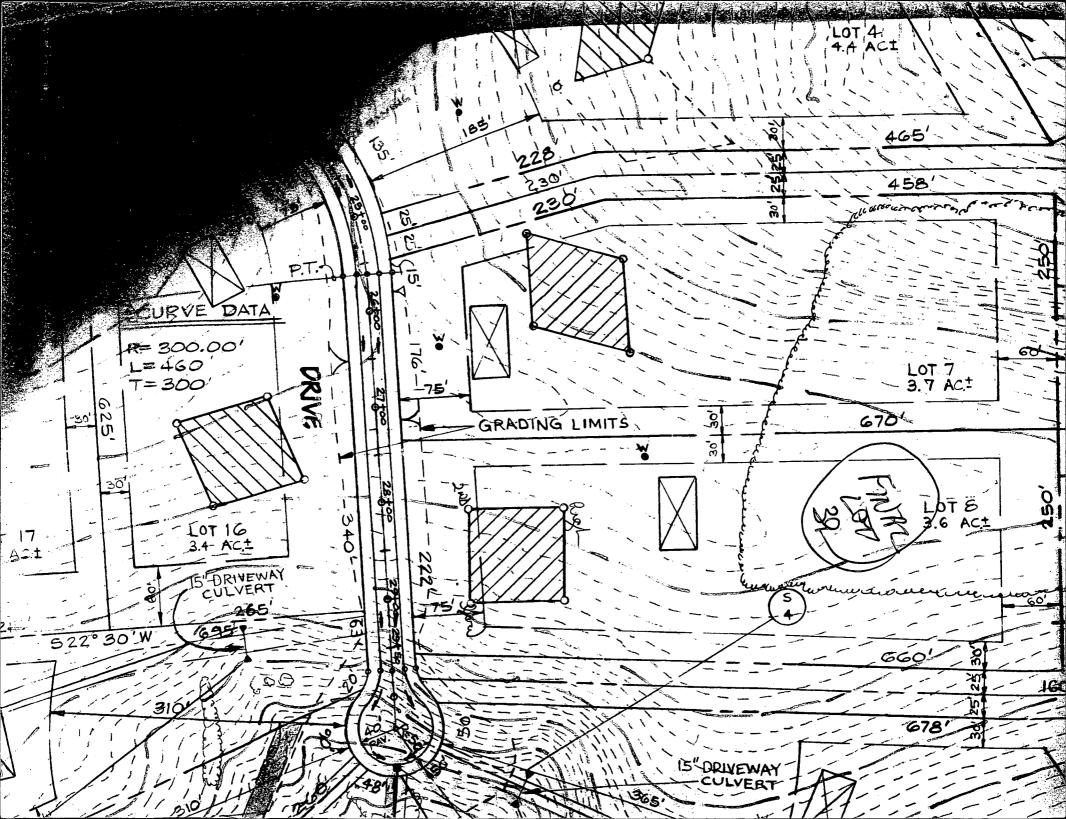
THIS IS NOT A PERMIT

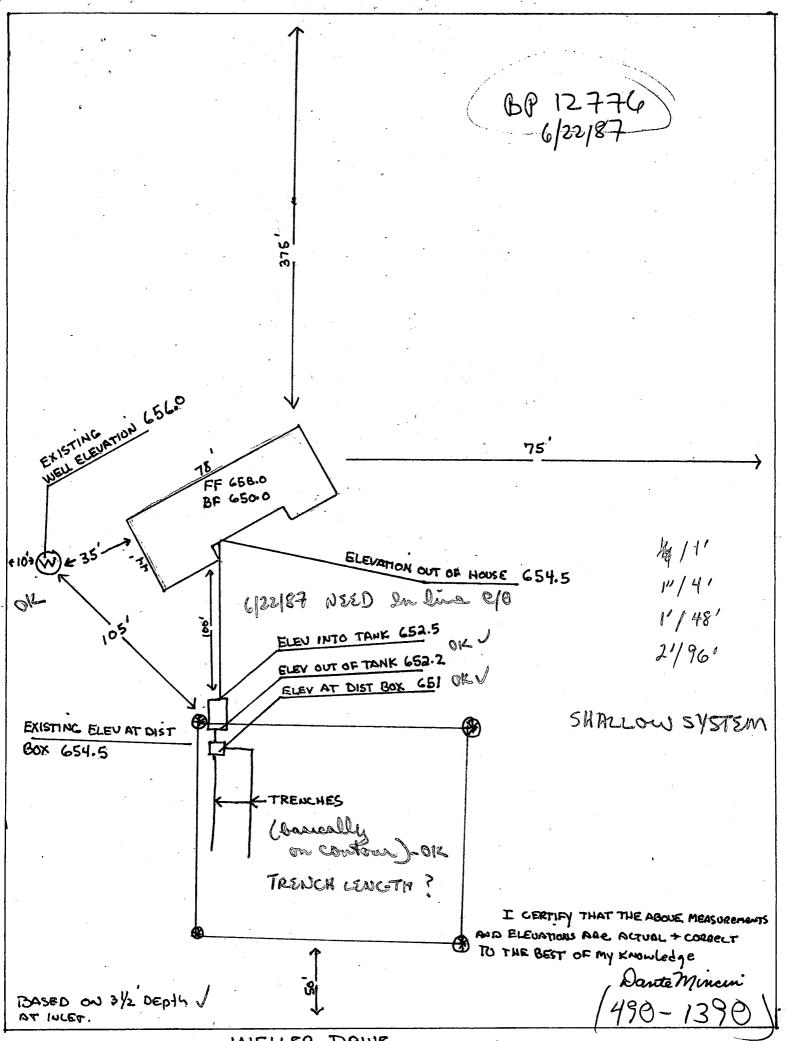
Con 36 70L 35,36 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

			PRE	-WET	TEST -	1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME .
, ,	1-5	32	9.54	9:56	7:56	10:02	6
4/13/81	IM	7元	9:54	9:56	9:56	10:04	8
	25	3	10:08	10:15	10:15	10:28	13
	2 M	7	10:08	10:12	10:12	10:20	-8-
	35	4				10:31	4
1	314	8	1025	10:35	10:27	10:43	8
	40	12		<u> </u>			
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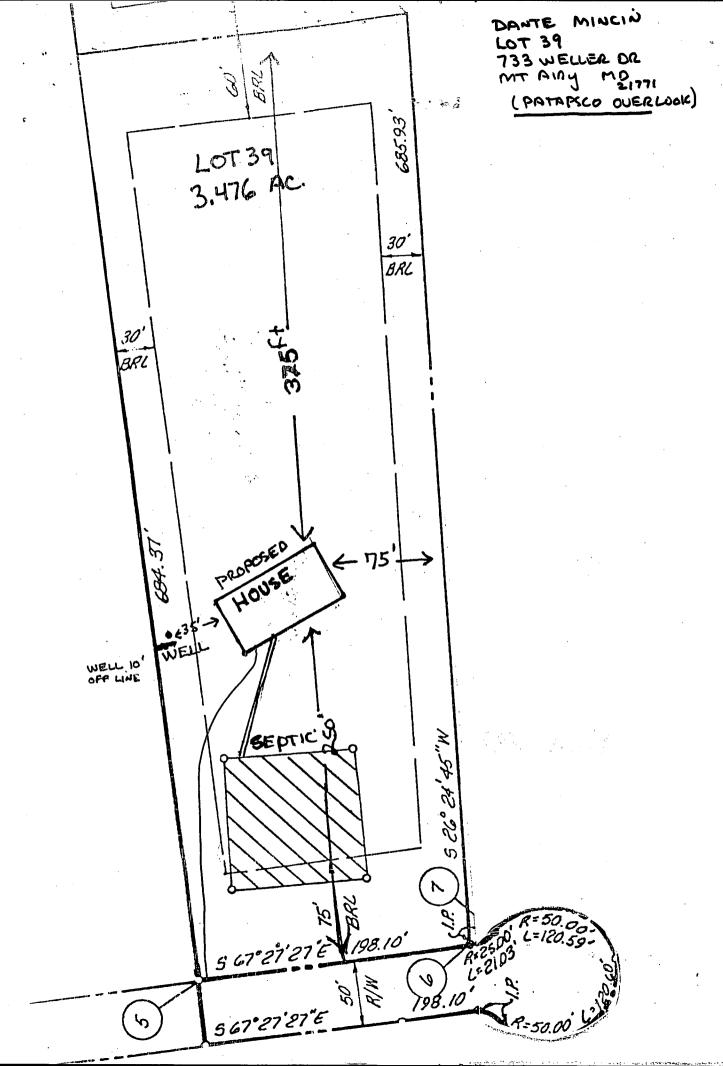
REMARKS.	· · · · · · · · · · · · · · · · · · ·	
i fra f		
TESTED BY		ALSO PRESENT Richard Lee
TESTED BY		

EH-12-1079



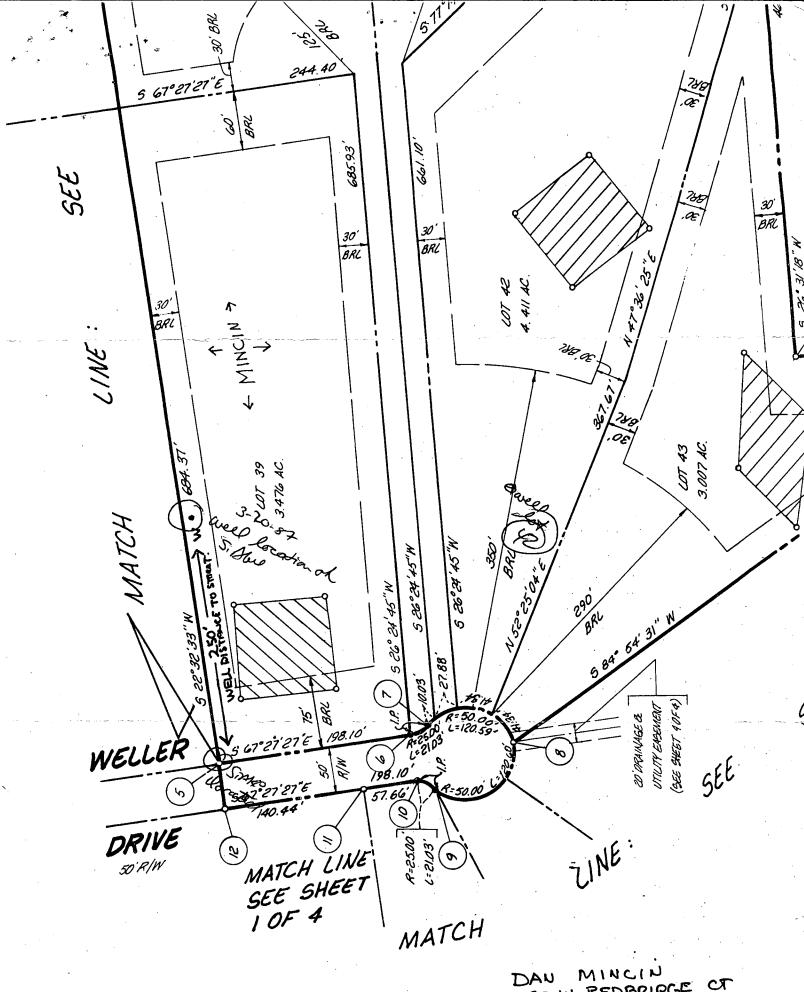


WELLER DRIVE



1-1-6

DRILLER



DAU MINCIN
9244 REDBRIDGE CT
LAUREL MO20707

490-1390

Page	 of	•
Date		

Review	H	10	6	6	

FIELD DATA SHEET

4	2
Y	9

		HOWARD COUNTY WELL		
Location of pro	HO - 81-29	1.1517 50 76	RIVE 39 Block Plat T MINICIN, DAN	Sec. 3
Depth of Distance	well	~&~	ound	
_	pumping reser			
Time pump Total tin	o startedto	reach pumping water	Pumping rateft.	below M.P.
II. Recovery p	oump test data -	observations to be	recorded every 15 minu	tes
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.		FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6-12	-87 B	redect in	p smysle 1	420
rout	pront	for pu	mp on Jan	*
				0
				,
		•		

C 1 5905 SEQUENCE NO (OEP USE ONL		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED		WELL COMPLETION REPORT FILL IN THIS F®RM COMPLETELY	COUNTY A 3/270
IN COLS. 3-6 ON ALL CARDS)		PLEASE PRINT OR TYPE	NUMBER PERMIT NO.
DATE Received DATE WELL COM			FROM "PERMIT TO DRILL WELL"
8 13 15	20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER MINGS INSTRUME		/)/7///// first name	
STREET OR RFD last name WES		ERLOUIT SECTION 3	LOT 39
WELL LOG	C 51	GROUTING RECORD yes no	C 3
Not required for driven wells STATE THE KIND OF FORMATIONS		WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
PENETRATED, THEIR COLOR, DEPTH THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL 44 44	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET additional sheets if needed) FROM TO	Check if water	CEMENT C M BENTONITE CLAY BC	PUMPING RATE (gal. per min.
agamental sheets in needed, 1110 lvi	bearing	NO. OF BAGS	to nearest gal.) METHOD USED TO
502 Soil 0 3	واسراد وسير	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
10, Soil 0 2		from 6 52 ft. to 54 BOTTOM 58	BEFORE PUMPING 38
Brown SIATE 2 30		(enter 0 if from surface) casing CASING RECORD	WHEN PUMPING
		types insert ST CO	22 25
BROWN SLATE 30 35	٠	appropriate STEEL CONCRETE CODE	TYPE OF PUMP USED (for test) A air P piston T turbine
DI. C. State 35 40		below PLASTIC OTHER	27 27 27
19310E SCARE -		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O other (describe
100 (1010 45)	Suppose S	TYPE (nearest inch) (nearest foot)	J jet (S submersible
13/10WID STARE TO			27
Blue Slate 40 45 Blue Slate 45 80		E OTHER CASING (if used) A diameter depth (feet)	
Bilam Slate 80 85	4	H inch from to	PUMP INSTALLED
January S.		š L L L L L L L L L L L L L L L L L L L	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)
Blue Slade 85 205		N G	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 STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
		appropriate code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 1 _c	C[2]	PUMP COLUMN LENGTH
	``.	DÉPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
		A S S S S S S S S S S S S S S S S S S S	and enter casing height)
	۔ به فی		LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER		B3 Time Ti	49 foot)
A WELL WAS ABANDONED AND SEA WHEN THIS WELL WAS COMPLETED		N 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	_	SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUC	TION	OF SCREEN 56 60 (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRU ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTR AND IN CONFORMANCE WITH ALL CONDITIONS STATE	UCTION"	from, to	Pagling
ABOVE CAPTIONED PERMIT, AND THAT THE INFOI PRESENTED HEREIN IS ACCURATE AND COMPLETE TO I	NOITAME	IF WELL DRILLED WAS FLOWING WELL INSERT	
DRILLERS IDENT. NO. 223		F IN BOX 68 68	(W) 100
Wash Mano.		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	was ?
DRILLERS-SIGNATURE (MUST MATCH SIGNATURE)ON APPLICATION	0,00	T (E.R.O.S.) WQ	1300
That Ellam	Employed	70 72	
SITE-SUPERVISOR (sign. of driller of journe responsible for sitework if different from per		TELESCOPE LOG OTHER DATA CASING INDICATOR	Sto Wed

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2003	
Location of property (road) W32250 DRIVE	
Subdivision PATAPS CO TOP LEOK Lot 37 Block Plat	Sec. 3
Well Driller Owner MIN(IN DAW)	T5.
Depth of well ? 205 February	
Distance of measuring point (M.P.) above ground 2 FX	
Static water level (S.W.L.) below M.P. 387(gundynausgenraffer-faridische Briefe
I. High rate pumping reservoir drawdown	,
Time pump started 8:00 Pumping rate (06.6)	in-
Total time IS MIN to reach pumping water level so feel ft. I	oelow M.P.

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

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	DCIOW M.I.	gallon bucket		minute)
8.15	50 41	6 sec	7	10 G.P.M
8, 30	50	6		10
9:45	50	6		10
9:00	50 FT	6 200		10 GRM
9. 15	50	6		10
9:30	50	6		10
9.45	50 for	6 ese	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10 G.O.n
10:00	50	6		10
10,15	50	6		10
10:30	50 Fr	6 rec		10 G.P.M
10:45	30	6		1.0
11: 00	50 =	6		1.0
11:15	50 ft	6 sec		10 Com
11-30				\
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		ma 8A	3,	

40 FT PL 37. open 10 mes

2-10-58

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 Replacement		Receipt # <u>40840</u> Date <u>1/2//8/</u>
Name of Installer Dickson	P 18 + 476	Telephone <u>265-7003</u>
License Number # /24 Certified Well Pump Installer	Well Driller	Registered Plumber
Name of Property Owner DANT Subdivision PATRIMED QUER & Site Address 733 wello a re	FMINGN COR Lot # 34 We PRIVE WOOD Ring M	Telephone <u>490 4390</u> ell Tag # <u>Но</u> - <u>81 - 2003</u>
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make Goolds 3. Model # Sesos J22 4. Capacity GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cut 7. What methods are used to provibrations? Torque arress	toff switch installed? rotect the pump and elect	rical wiring from
Tank 1. Capacity 2. Pressure relief valve?	Piping 1. Type HD 160 2. Size 1" 3. NSF and/or BOCA	Well data 1. Depth ft. 2. YieldO GPM 3. Static water level ft. 4. Will water supply
2/10/88 Pittess + Cinc Coursed Par I understand that it is my r Department when the installation null and void). All information given above is	responsibility to notify ion is ready for inspecti	installer? <u>yes</u> "5:600 5:400+ 5:40-1 the Howard County Health ion (otherwise this permit
Signa	ture of Applicant:	
Note: A sticker indicating ap	-	

on the well casing at the time of the inspection.