HOWARD COUNTY **BUREAU OF ENVIRONMENTAL HEALTH** 461-9933

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

04-345142

PERM

MARYLAND STATE DEPARTMENT OF HEALTH'

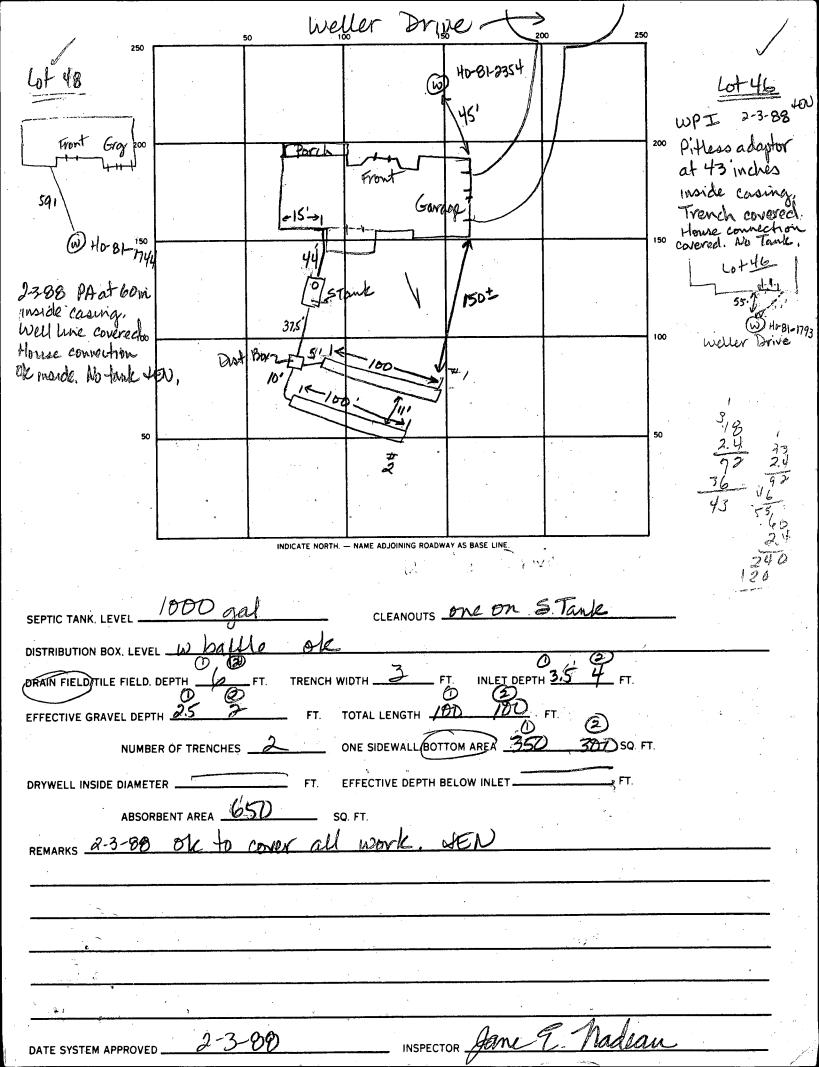
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A	31274	

4th

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[''	8. U	1	200	4 /7	حطا	

Paul Schis	ssler/South Carroll Backhoe, Inc.	IS PERMITTED TO II	NSTALL	KALTER	
ADDRESS 4410	O Salem Bottom Road, Westminster, Maryland	PHONE _	875-4	197	
SUBDIVISION	Patapsco Overlook ROAD 757 Wel	ler Drive	_LOT <u>_43</u>	Section II	tr
PROPERTY OWNE	Stephen Forney	-Bldn			
ADDRESS			····	· · · · · · · · · · · · · · · · · · ·	 .
IF GARBAGE GRI	NDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND A	BSORPTION AREA BY	22%.		
GARBAGE GRIND	DER? YES NOX	1	200 ft	trench	
SEPTIC TANK CAP	PACITY GALLONS NUMBER OF BEDROOM	ıs <u>3</u>		40,	
LOCATION -	grade. Bottom maximum depth 6 feet below at 4 feet below original grade. 2 feet of shallow SYSTEM ONLY. Beginning from the trench 410 feet down the Teff (367.67/50 line as seen when facing property from Westowards left and rear of lot. No trench to exceed 100 feet in length. Cap to grade or above on septic tank.	w original grad of stone below left front lot 1.07') lot line eller Drive. R Provide 6" - 8	distribution of the corner of	ective area lation pipe. place the late off the ches along co	begins lst _{r'9} % <u>e l</u> eft ontour
DI ANG ADDROVED D	y Bert Nixon		DATE	9/30/87	
COVER NO WORK UN	NTIL INSPECTED AND APPROVED.		DATE		
	IRD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR TH	HE SUCCESSFUL OPERATION	OF ANY SYSTI	EM.	
NOTE: CLEANOUT F	REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES F	ROM HOUSE TO DRAIN FIEL	DS.		
NOTE: ALL PARTS O	OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET F	ROM WELL. (UNLESS OTHERV	VISE SPECIFICA	LLY AUTHORIZED)	
NOTE: IF DEEP TRE	ENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAV	/EÊ IN TRENCH(ES).			
NOTE: NO DRY WEL	LL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED	D 100 FEET IN LENGTH.	4		
NOTE: ALL PIPE FR	ROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR AE	3 S.	٠.		
PERMIT VOID AFTER	TWO YEARS.				7
	AND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN D IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIF		RETE OR TERRA	COTTA OR PVC OR AB	5 W

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



SUBDIVISION:

HD-191

PATAPSCO OVELLOCAL

	patapsco	an en regul	A S	31274
SUBDIVISION:	ssc 3	~	LOT NUMBER:	43
•	weress	DRIVE		
en e	. <u>DRY</u>	WELL OR DRY WELL	AND TRENCH	
			· s	q. ft./bedroom
3 bedroom	Septic 1000 ga		Minimum Total Square	<u>Feet</u>
4 bedroom	1250 ga	11on		
5 bedroom	1500 ga	llon		
Inlet	feet below o	riginal grade.		
Bottom maxim	um depth	feet below or	iginal grade.	
Effective ar	ea begins at	feet belo	w original grade.	•
and	leave a 5-foot exceed 100 feet	earth buffer bet in length. Tr one below distri	nt area, run the trench ween dry well and trence ench inlet to be same a bution pipe.	h. No trench is
		TRENCHES		
Inlet H Bottom maxim	g wide. feet below oum depth	riginal gradefeet below or	iginal grade.	sq. ft./bedroom
1	ea begins ateet of stone belo		v original grade. ipe.	
(2) (3) (4)	Trenches to be i Call for inspect Provide 6" - 8 tank and drywell	trench used, a nstalled on <u>leve</u> ion of trench be "diameter clean disposal is use	distribution box is req l ground. fore gravel is installe out and cap to grade or d, increase septic tank	d. above on septic
LOCATION: S			BSGINDING FR	THE LEFT ME
		•		1 410' Down TH'
		,	WE AND 60'D	
	· · · · · · · · · · · · · · · · · · ·			
				from weller
DRIVE	RUN TREM	iches alo	We contour	TOWARDS LUFT
AND RE	ar of lon	7		
· ,		•		ē.

APPLICATION

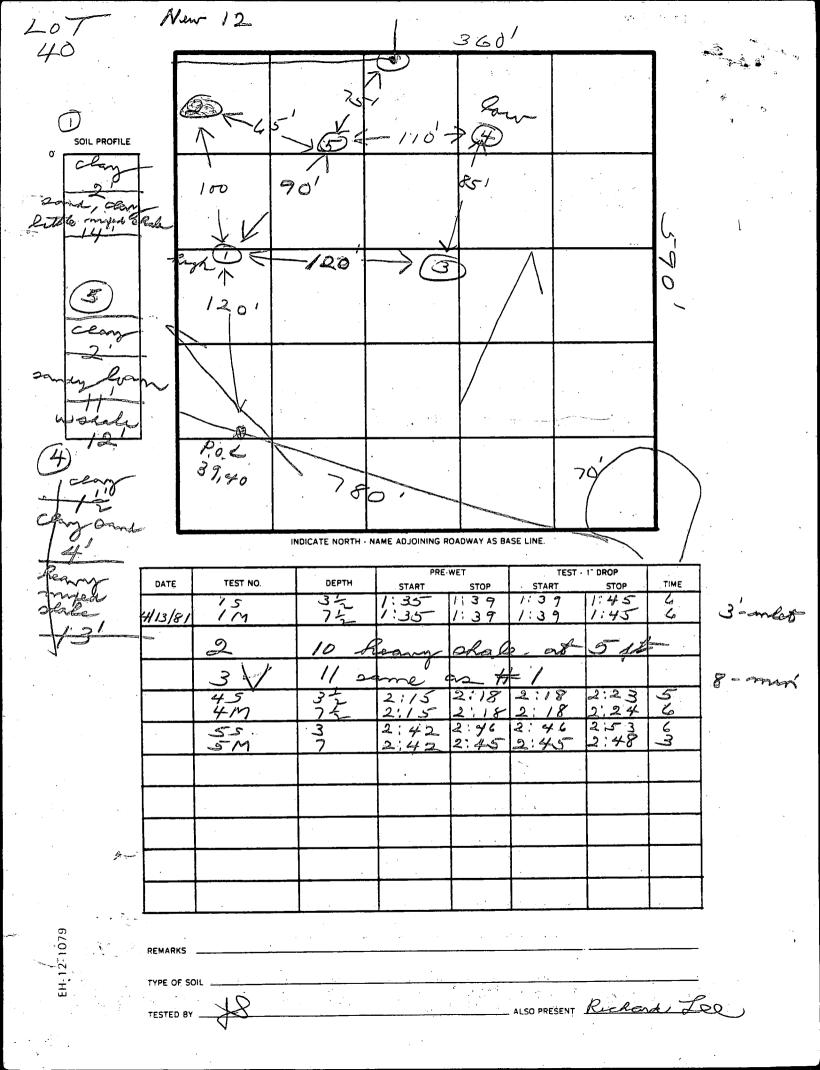
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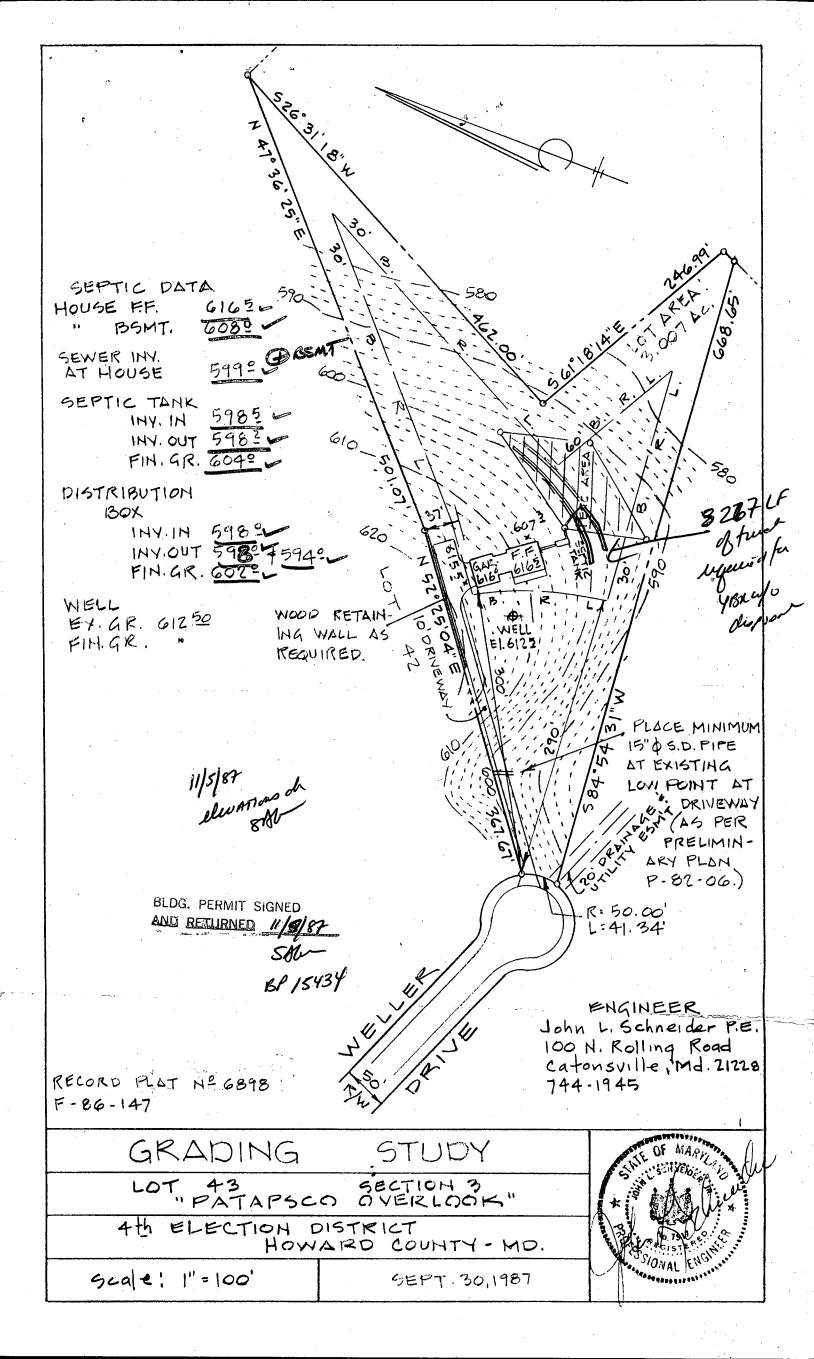
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ P	
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES DISTRICT 4th	j,
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330 DATE 3/27/8	1
	· \
The state of the s	1 1 1 1 1 1
	i.
	••]••
	d
O: THE COUNTY HEALTH OFFICER	s. \$5
ELLICOTT CITY, MARYLAND	
I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.	**
ROPERTY OWNER GEORGIA AVENUE Properties, INC. STEPHEN FORNEY	,
Jack Boender	
ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE > 465-7777	
A. C.	11 17
ROPERTY LOCATION: PATAPSCO OVELLOOK III LOT NO AT FINA	3.00/
UBDIVISION GEOTVIA AVENUE LOT NO. AT FINA	AL PER
The state of the s	1
OAD AND DESCRIPTION ROUTE 94 and Old Frederick Road 757 Weller Dr.	
man and the	
IZE OF LOT 3 acres m/1 TYPE BLDG 3 or 4 hedroloms (NUMBER OF BEDROOMS)	
(NUMBER OF BEDROOMS)	ANDTHE
(NUMBER OF BEDROOMS)	AND THE
(NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST	AND THE
(NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST THE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO	AND THE
(NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE I FULLY UNDERST THE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL MOSHA REQUIREMENTS IN TESTING THIS LOT _/s/_ Jack Boender for E. Brooke Lee. III	AND THE
(NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST THE SYSTEM INSTALLED UNDER THIS APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL MOSHA. REQUIREMENTS IN TESTING THIS LOT. /s/ Jack Boender for F. Brooke Lee. III (SIGNATURE OF APPLICANT)	AND THE
(NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST THE SYSTEM INSTALLED UNDER THIS APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL MOSHA. REQUIREMENTS IN TESTING THIS LOT. /s/ Jack Boender for E. Brooke Lee, III (SIGNATURE OF APPLICANT)	AND THE
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(NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST EEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO WITH ALL MOSH.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Jack Boender for F. Brooke Lee. III (SIGNATURE OF APPLICANT) FOR Shallow Function Date 11-3-87	AND THE
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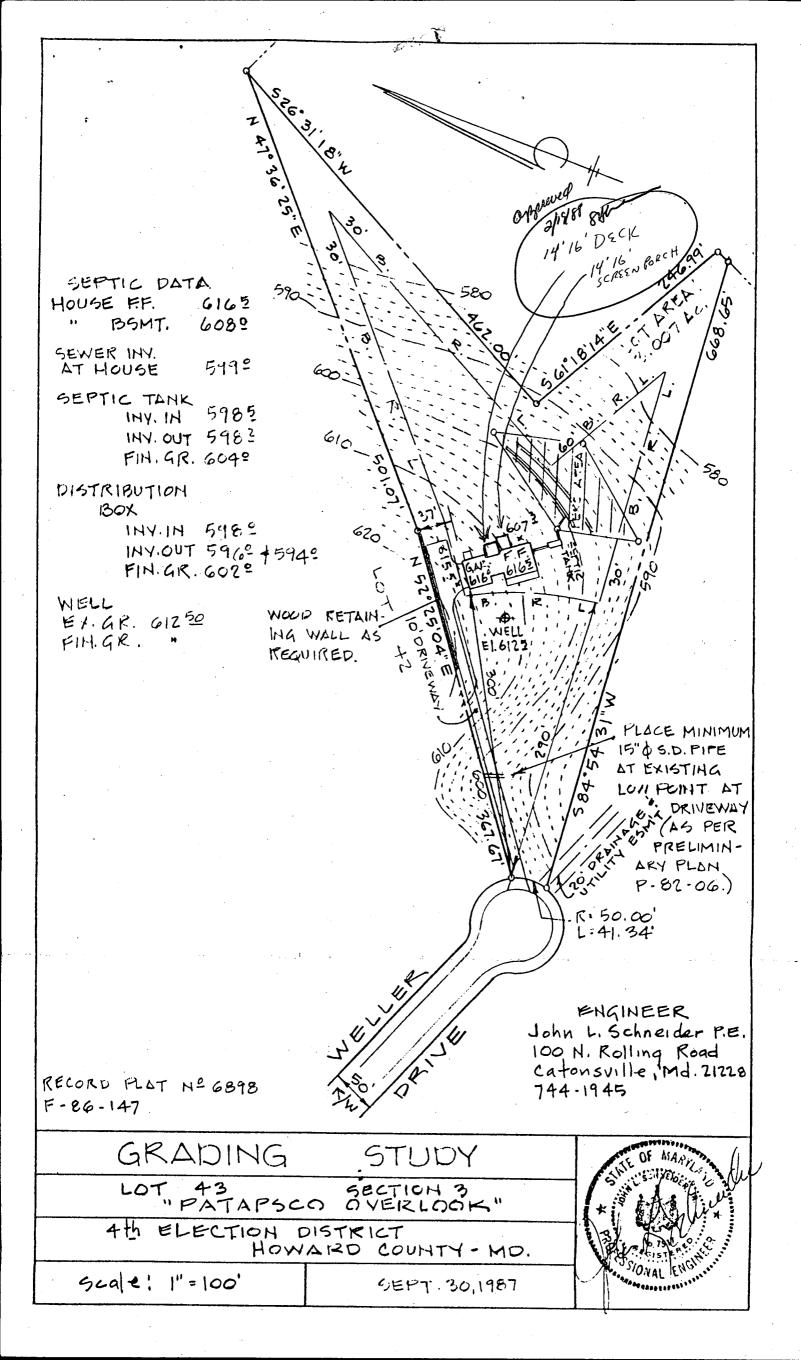
BLDG. PERMIT SIGNED

6/ 154

THIS IS NOT A PERMIT







SPECIAL CONDITIONS

22	87
10-22	3h
180	101
' of	out

	-22-8	37
10	, ,	3h
·	PM	*
	10m	

Page _____ of ____ Date ____

Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2354 Location of property (road) Subdivision Well Driller WELL SD MONSON Owner Owner Owner Owner
Depth of well Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P.
I. High rate pumping reservoir drawdown Time pump started Pumping rate 5 Total time 45min to reach pumping water level 44 ft. below 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 \$ 1 gallon bucket	(if used)	(gallons per
tervals	ļ			minute)
115	34	5 see		Dar
130	120	5		12.81
145	150	1)	cut back	3606
200	144		 	58 31
215	140	1 202		58
245	140			512
245	40	11		66 00
			 	
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·····			July Wit	all grant a
				AAG
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		•		
				
			HO S	000 75
HD-224		L	11500 9	10 h
110-224				51 P- 1125.

c 1 1958	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED:_
(THIS NUMBER IS TO BE P		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY A 31234
DATE Received	DATE WELL COMPLETE	PLEASE PRINT OR TYPE Depth of Well	PERMIT NO.
DATE Received	70aa 87	$\int_{22} 250$	FROM "PERMIT TO DRILL WELL"
8 13 OWNER	15 20°	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
	last name 5 1 5 12	DRIUS first name TOWN	LISBON
	thisco our	RIDER SECTION 3	LOT 43
WELL Not required for		GROUTING RECORD YES NO .	C 3
STATE THE KIND OF PENETRATED, THEIR		(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF		CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	l if wotor	NO. OF BAGS 25 NO PROUNDS 2350	PUMPING RATE (gal. per min. 5 11 15
clay	0 3	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE 4 90.
1		from O ft. to 50 offt.	WATER LEVEL (distance from land surface)
() ()		(enter 0 if from surface)	BEFORE PUMPING
Shell YBrown Soil	3 60	casing types types insert CO	WHEN PUMPING
> blome 2011		insert appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
		code PL OT PLASTIC OTHER	A air P piston T turbine
gray shell	60 100 (82	MAIN Nominal diameter Total depth	C centrifugal R rotary O other
July Merr		CASING top (main) casing of main casing	27 (describe 27 below)
		TYPE (nearest inch) (nearest foot)	jet Ssupmersible
gray	100 125 /	60 61 63 64 / 66 70	21
1,01	V	E OTHER CASING (if used) A diameter depth (feet)	PUMP INSTALLED
-		inch from to	
1.1.	125 150 1	ŝ	ORILLER WILL INSTALL PUMP YES (O) (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
whitexgray	100	Ğ	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
		screen type SCREEN RECORD or open hole insert STBRHO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	/	/ appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE: 29 CAPACITY: 1
grayrock	150 250 1	code below BRONZE HOLE PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35
J. J. Series		PLASTIC OTHER	PUMP HORSE POWER
**			PUMP COLUMN LENGTH (nearest ft.)
	Tr. Tr.	DEPTH (near stat.)	CASING HEIGHT (circle appropriate box
:		A 8 9 11 15 17 21	and enter casing height) LAND SURFACE
		S 2 23 24 26 30 32 36	below (nearest foot)
CIRCLE APPROI	PRIATE LETTER DONED AND SEALED	R ₂ 3	49 50 51 ′
WHEN THIS WELL W	AS COMPLETED	N 30 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA	AINED ITED TO PRODUCTION	SLOT SIZE 123(NEAREST	BUILDING, SEPTIC TANKS, AND/OR F N LANDMARKS AND INDICATE NOT LESS
WELL THEREBY CERTIFY THAT THIS WEL		OF SCREEN 56 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.1 AND IN CONFORMANCE WITH ALI	17.13 "WELL CONSTRUCTION" L CONDITIONS STATED IN THE		275 well
ABOVE CAPTIONED PERMIT, AN PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.		IF WELL DRILLED WAS FLOWING WELL INSERT	
DRILLERS IDENT. NO.	252.	F IN BOX 68 68	
Harry Chri	wondow	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE (MUST-MATCH SIGNATUR	SON APPLICATION)	T (E.R.O.S.) W Q	weller
Allen	ch Ita	70 72 715 50005	Dr. D
SITE SUPERVISOR (sign/d responsible for sitework if		TELESCOPE LOG OTHER DATA CASING INDICATOR	

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rage	<u> </u>	OI.	
Date			

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

	Depth of well 250 Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P. 39
2	igh rate pumping reservoir drawdown Time pump started / / 5 Pumping rate / 5 Total time 30 mm to reach pumping water level 140 ft. below M.P.

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

below M.P.	time to fill 🗗 🖠	(if used)	(gallons per
		(4554)	
	gallon bucket		minute)
39	4		15
120	4		15
150	11		5/2
144			542
140	11		512
140	11		512
140	11		572
140	11		872
140	11		51/2
140	V1		8/2
140	11		81/2
140	N		572
140	11		572
140	il		5/2
	120 150 144 140 140 140 140 140 140 140	120 150 144 11 140 140 140 140 140 140	120 4 150 11 140 11 140 11 140 11 140 11 140 11 140 11 140 11 140 11 140 11

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 ✓		1105-2
		Receipt # 3/195
Replacement		Date <u>2/10/8</u> //
Name of Installer CLARK	- P+H me	Telephone <u>489-402</u> 9
		,
License number <u>3808</u> Certified Well Pump Install	en Well Driller	Pagistaned Division
cer crired werr rump mistari	er well Dillier	Kegistered Flumber_ V
Name of Property Owner . S.1	F. Contractor las	Talanhana 4412 1122
Name of Property Owner <u>S.</u> Subdivision <i>Palasto Oucr</i> lo	of M lot # 4/2 lile	11 tan # 110 - Q1 - 2254
Site Address 757 Weller	Transaction was	11 (ag " HU DI 2931
orte madress /s / weath	- SV IVE	

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>//2</u>	
a. Deep we]1 jet		1. Make Harvard
	* ************************************	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible 2. Make Could	a. 110 b. 220/	
2. Make Gould	b. 220/	
3. Model # 75H 05422		
4. Capacity 5 GPM		
5. Pump exceeds well capaci		
6. If Yes, is low pressure	sutoff switch installed?	- Vos Na
7. What methods are used to	cotori switch installed:	-Animal NO
vibrations? Tensus are used to	protect the pump and ere	sctrical wiring from
vibrations? Torque arresto	cable guards	_ utner
Tank	niuiuu	
	Piping	Well data
1. Capacity 66	1. Type Plastic	1. Depth <u>230</u> ft.
2. Pressure relief	2. Size	2. Yield 5/6PM
value? 7.5/6	3. NSF and/or BOCA	3. Static water
	Code approved	level 39 ft.
	4. Depth of supply	4. Will water supply
	line 42"	be disenfected by
		installer? NO -Buil
366 SEPTIC FOR W.P.I T	PETALL - OK 2/3/88	mstarrer: No coul
	7.71	
T		
I understand that it is my	responsibility to notify	the Howard County Health
Department when the install	ation is ready for inspec	tion (otherwise this
permit is null and void).	ā e	
	ن	
All information given above	is true to the best of m	y Knowledge.
	Signature of Applica	nt: Kennett C Clare
	Date: 2-5-88	
•	-	

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

