HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXX

313-2640

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50861

A 31275

4th DISTRICT

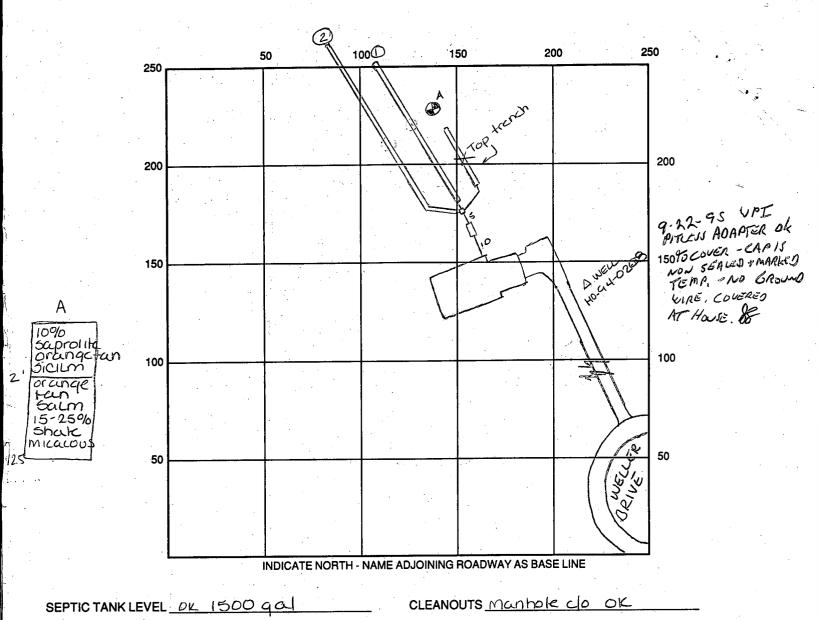
DATE SYSTEM APPROVED

INSPECTOR <u>Aun</u>
Madison Mechanical, Inc. IS PERMITTED TO INSTALL X ALTER
ADDRESS 12301 Old Columbia Pike, Silver Spring, MD 20904 PHONE 301-680-4200
SUBDIVISION Patapsco Overlook Court LOT 44 ROAD 740 Weller Drive
PROPERTY OWNER Glen & Marlene Haslam
ADDRESS
SEPTIC TANK CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4
180 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 240
TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe. LOCATION - Beginning from the intersection of the 105.00 & 260.00 lot line, place distribution box 20 feet up the 105.00 lot line and 35 feet off that same lot line. Run trenches along contour toward right-rear portion of lot. NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 670 DES
PLANS APROVED BY DATEDATEDATEDATE
COVER NO WORK UNTIL INSPECTED AND APPROVED
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, 90° ELBOWS NOT ACCEPTABLE.
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 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 EXCEED 100 FEET IN LENGTH
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
PERMIT VOID AFTER TWO YEARS
NOTE, INCTALL CTAND DIDE ON SECTIO TANK AND DRY WELL CTAND DIDEC MUST BE SINGUES IN DIAMETER CAST IDON CONCRETE OR TERRA COTTA OR

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



APPLICATION

31275

SEWAGE DISPOSAL TESTING

) MENTAL HYGIENE

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IOWARD COUNTY HEALTH DEPARTMENT	art Tolk	12	•	•
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O ROX 473 FILICOTT CITY MARYLAND 21043				

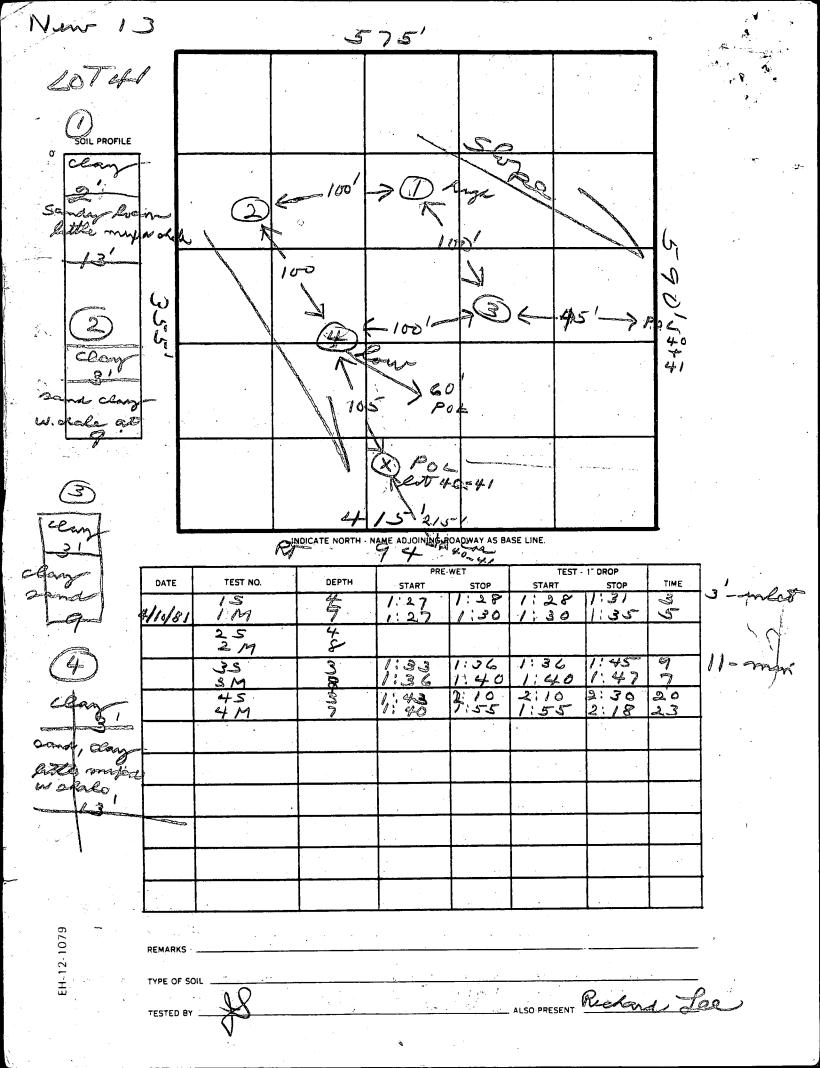
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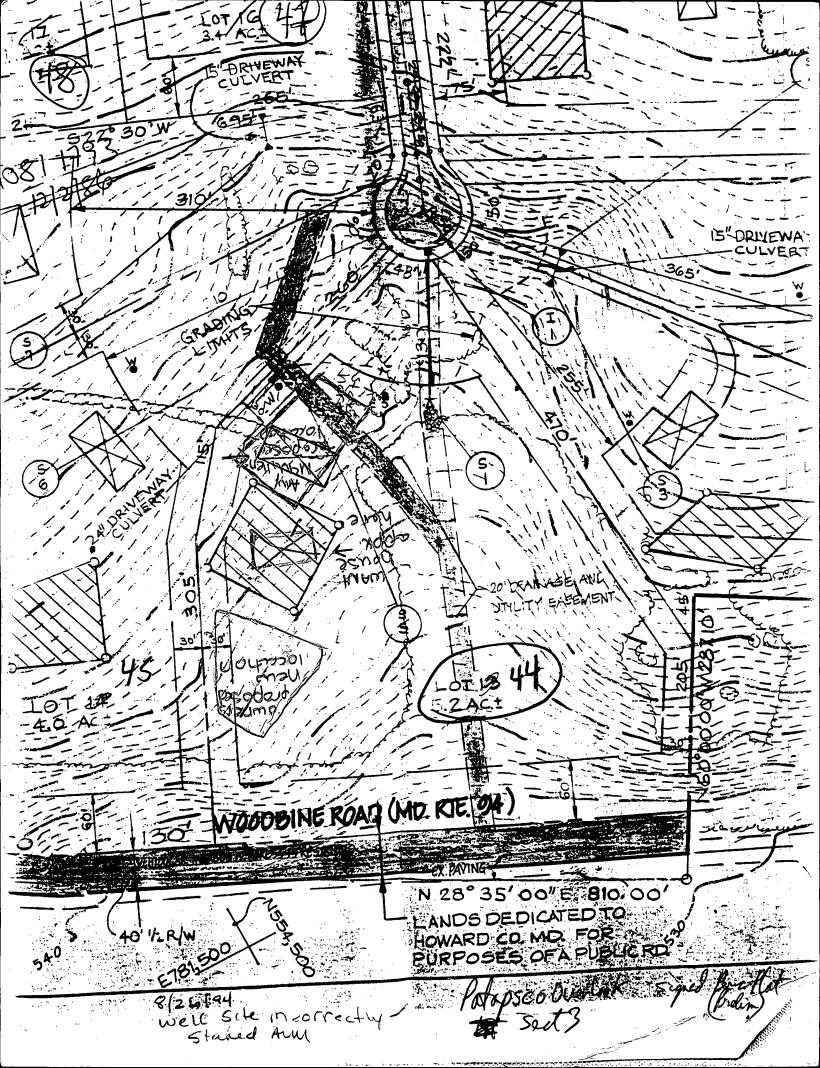
TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWN	ER	Georg	i a Ave	nue l	roper	tiës,	Inc	. 9	len x	MARI	LENE &	las Lam	e de la companya de l
		-,					".		20906		Jack E	oender 7777 96	1 6/12
ADDRES:	·	13030	Geor	grar	Avenue	, 14116	aton	, Mar.	20900	PHONE	405-	1111 76	1-8921
PROPERTY LOCA	ATION:		OATA	: P5C0	OVERL	00K 1	77		. N	•	Newto	- 13 N	EWLOT
SUBDIVISION	Geo		Avenu			•.	٠,		\ \	LOT NO		At Fi	NAC PCA
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ROAD AND DESC	RIPTION	Rou	ıte 94	And	01d F	reder	ick	Road	740	Well	ler Dr	10%	
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SIZE OF LOT	3.	acres	· \ s m/1 .	÷,	• • • •	, \ \		· / ·	n	PE BLDG.	3 3 2 4 1	edrooms	
						- 1	* 111		عر			ER OF BEDRO	OMS)
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THE SYSTEM	INSTALI	LED UND	ER THIS A	PPLICA	TION IS AC	CEPŢA	BLE ONL	Y UNTIL	PUBLIC FACIL	ITIES BECO	ME AVAILABL	E. I FULLY UND	ERSTAND THE
					,								محيور أأراء
FEE CONNEC	TED WIT	TH THE F	ILING OF	THIS PE	RC TEST A	PPLICA	TION IS	NON-RE	FUNDABLE UI	NDER ANY C	IRCUMSTANCE	S. I ALSO AGR	EE TO COMPLY
	. , ,				1 5.		2.00	,	•		1. 1 P.		
WITH ALL M.	O.S.H.A.	REQUIR	EMENTS !	IN TEST	ING THIS	LOT	<u>/s/</u>	<u>Jack</u>	Boender	for E	. Brooke	Lee, III	
	٠	١.							(SIGI	NATURE OF	APPLICANT)	All the second	. a.,
APPROVED BY						,	FÅ	자 R <u> 조</u>					
APPROVED BY				-	•	····	FU	к			DATE		
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REJECTED BY .			 		: .		FO	<u> </u>			DATE	. 200 0 000	The same of the same
HOLD PENDING	ELIDŤUEI	D TECTS										, p. + * * * * * * * * * * * * * * * * * *	\$
HOLD FENDING	FURINE	K 12313 _									DATE		i
REASONS FOR F	EJECTIC	N OR HOL	DING			•							
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											Day Leur	-10	a last -

THIS IS NOT A PERMIT





C 1 8829		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY A 3/2 7/5
ST/CO USE ONLY DATE Received 2 2 9 9 4 8 13	DATE WELL COMPLETE	Depth of Well 22 3 2 2 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER	last name	3 //	
STREET OR RFD SUBDIVISION	les (<u>words we</u>
WELL I	<u>.0G</u>	GROUTING RECORD 1983 100	C 3
Not required for STATE THE KIND OF PENETRATED, THEIF THICKNESS AND IF	FORMATIONS COLOR, DEPTH,	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
DESCRIPTION (Use	FEET Check	CEMENT C M BENTONITE CLAY B C	8 9
BROWN Shake BLUE Brock	FROM TO bearing	NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 (enter 0 if from surface) Casing CASING RECORD STEEL CONCRETE code below PLASTIC OTHER	PUMPING RATE (gal. per min. 15 to nearest gal.) METHOD USED TO MEASURE PUMPING RATE BULL (distance from land surface) BEFORE PUMPING 17 20 WHEN PUMPING 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine
		MAIN Nominal diameter Total depth of main casing (nearest inch) (nearest foot) S	C centrifugal R rotary Odescribe below) J jet S submersible
·		C OTHER CASING (if used) C diameter depth (feet) H inch from to	PUMP INSTALLED
		screen type or open hole insert appropriate code below STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES OR NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon)
		DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) 43 47
CIRCLE APPROPI	DIATE I STIED	E 1	CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below height (nearest foot)
A A WELL WAS ABAND WHEN THIS WELL W	OONED AND SEALED AS COMPLETED	R 3 3 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA TEST WELL CONVER WELL	RTED TO PRODUCTION	SLOT SIZE 123 (NEAREST OF SCREEN 56 60 INCH)	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
IHEREBY CERTIFY THAT THIS WEL ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE ANI MY KNOWLEDGE.	04.04 "WELL CONSTRUCTION" L CONDITIONS STATED IN THE THAT THE INFORMATION PRE-	from to GRAVEL PACK L J L J L IF WELL DRILLED WAS FLOWING WELL INSERT	See attached well locateon
DRILLERS IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE	a. mayne	F IN BOX 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 70 72	Well locateon
SITE SUPERVISOR (sign. or responsible for sitework if or	of driller or journeyman different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR COUNTY	

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Page	9£	
Date	12/28/94	_

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

division fath fscore 006x Lock	Lot 44 Block Plat Sec.
1 Driller Jos. MAYNE	Owner JOHN CUNTIN
2-11 6 11 27 6	
Denth of Well 3.4\	
Depth of well 325' Distance of measuring point (M.	P.) above ground
Distance of measuring point (M.	P.) above ground 2'
Depth of Well	P.) above ground 2' ow M.P. 34'
Distance of measuring point (M.	ow M.P. 34'
Distance of measuring point (M. Static water level (S.W.L.) bel High rate pumping reservoir dr	ow M.P. 34'

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		gallon bucket		minute)
7:15	116	3 sec.	N/A	20gon.
7:30	156	3		200
7:45	153	7		20 8.5 8.5
8:00	153	. 7		8.5
7:45 8:00 8:15	153	7		8.5
8:30	153	7		25
8:30 8:45	153	7	·	8.5 8.5 8.5
9:00	153	7		8.5
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9:30 9:45	153	7		8.5° 8.5°
9:45	153	7	·	8.5
10:00		7		8.5
10:15	153	7		8.5 8.5
10:30	153	7		8.5
	7)			
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up 224				<u> </u>

9/22/0X

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 X Replacement Name of Installer Glenn F	Haslam	Receipt # $\frac{9-6-95}{9-6-95}$ Telephone $\frac{4/0-461-8}{9}$
License Number #6420 Certified Well Pump Installer	The second secon	
Name of Property Owner Glenn Subdivision Alaspsco Ovenloo Site Address 740 Wellen dr	Manlene Haslam. K. Lot # 44 We TIVE Lisbon Md	Telephone 410-461-82
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make IRCOZCO 3. Model # IS 41014BSQ WB 4. Capacity GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cuto 7. What methods are used to provibrations? Torque arresto	off switch installed? Otect the pump and elect	Yes No
Tank 1. Capacity //9 Gallon. 2. Pressure relief valve? //ES.	Piping 1. Type 2. Size 1/4" 3. NSF and/or BOCA Code approved YES 4. Depth of supply line 42	2. Yield <u>20</u> GPM 3. Static water level <u>35</u> ft. 4. Will water supply
I understand that it is my re Department when the installation is null and void). All information given above is	on is ready for inspecti	on (otherwise this permit
Signatu	ure of Applicant:	MA
	Date:	9-6-95

Note: A sticker indicating approval/status of the installation will be placed

on the well casing at the time of the inspection.

