31276

MARYLAND STATE DEPARTMENT OF HEALTH

4th

DATE SYSTEM APPROVED

INSPECTOR.

HOWARD COUNTY

**BUREAU OF ENVIRONMENTAL HEALTH** 461-9933

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

Paul Schissler, South Carroll Backhoe, Inc. IS PERMITTED TO	INSTALL	X ALTER
ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE		
SUBDIVISION Patapsco Overlook ROAD 710 Weller Drive	LOT	46, Section III
PROPERTY OWNER Rosenfelder		· · · · · · · · · · · · · · · · · · ·
ADDRESS		
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY		
GARBAGE GRINDER? YES NOX	4	187 ft trench
SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3		
area begins at 3 feet below original grade. 2 feet of pipe.  LOCATION - SHALLOW SYSTEM ONLY: Beginning from the front left lo 475' down the left (520') lot line and 95 feet off the seen when facing property from Weller Drive. Run trem towards the left lot line.  NOTE - No trench to exceed 100 feet in length. Provide 6" - cap to grade or above on septic tank.ok(co)	et corner left (5 ches alc	r, place 1st trench 520') lot line as ong contour back
PLANS APPROVED BY	DATE _	12/02/86
COVER NO WORK UNTIL INSPECTED AND APPROVED.		
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION	ON OF ANY SYS	STEM.
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIR	ELDS.	
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHE	RWISE SPECIFIC	CALLY 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 40 PVC OR ABS.		/ /
PERMIT VOID AFTER TWO YEARS.	. /_/	16/99 - 99R99e
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON. CON	NCRETE OR TER	RA COTTA OR PVC OR ABS

APROVAL ON THIS PERMIT \*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

DATE SYSTEM APPROVED ..

# SUBDIVISION: SECTION LOT NUMBER OF DRY WELL OR DRY WELL AND TRENCH

LOT NUMBER: 46

		sq. ft./bedroom	
	Septic Tank	Minimum Total square Feet	
3 bedroom	1000 gallon		
4 bedroom	1250 gallon	· ·	
5 bedroom	1500 gallon		
Inlet feet	t below original gra	ade.	
Bottom maximum depth	-		
		t below original grade.	
NOTE: If trench is ground and le No trench is	used to make up abs eave a 5 foot earth bu to exceed 100 feet	sorbent area, run the trench on level uffer between dry well and trench. in length. Trench inlet to be same t of stone below distribution pipe.	
	<u>. <u>T</u></u>	TRENCHES °	
		sq. ft./bedroom	
Trench to be3		3-NU	
Inlet 3,5 feet			
Bottom maximum depth			
A		t below original grade.	
feet of st	tone below distribut	tion pipe.	
(2) If more (3) Trenches (4) Call for (5) Provide tank and (6) If a Gar	s to be installed on r inspection of tren 6"-8" diameter clea d drywell.	ed, a distribution box is required.  In level ground.  Inch before gravel is installed.  Inch anout and cap to grade or above on septic  Sed, increase septic tank capacity by 50%	
LOCATION: SHALL	motore wa	ONLY	
BEGINDING	FROM THE	FRONT LEFT LOT CORNER, PL	ACS
HJOSSIT TEL	475 DOWN	THE LEFT (520') LET LINE PM	M
AND 95' OF	FTHELSET	(5201) LET LINE AS SEEN G	BHE
FACING PR	operty fro	M WELLER DR. RUN TREA	JCH 3
ALONG CON	TOOR BACK	- FOWARDS THE LEFT LOT	
LINZ.	Mary 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 - 1771 -		

## APPLICATION

31276

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
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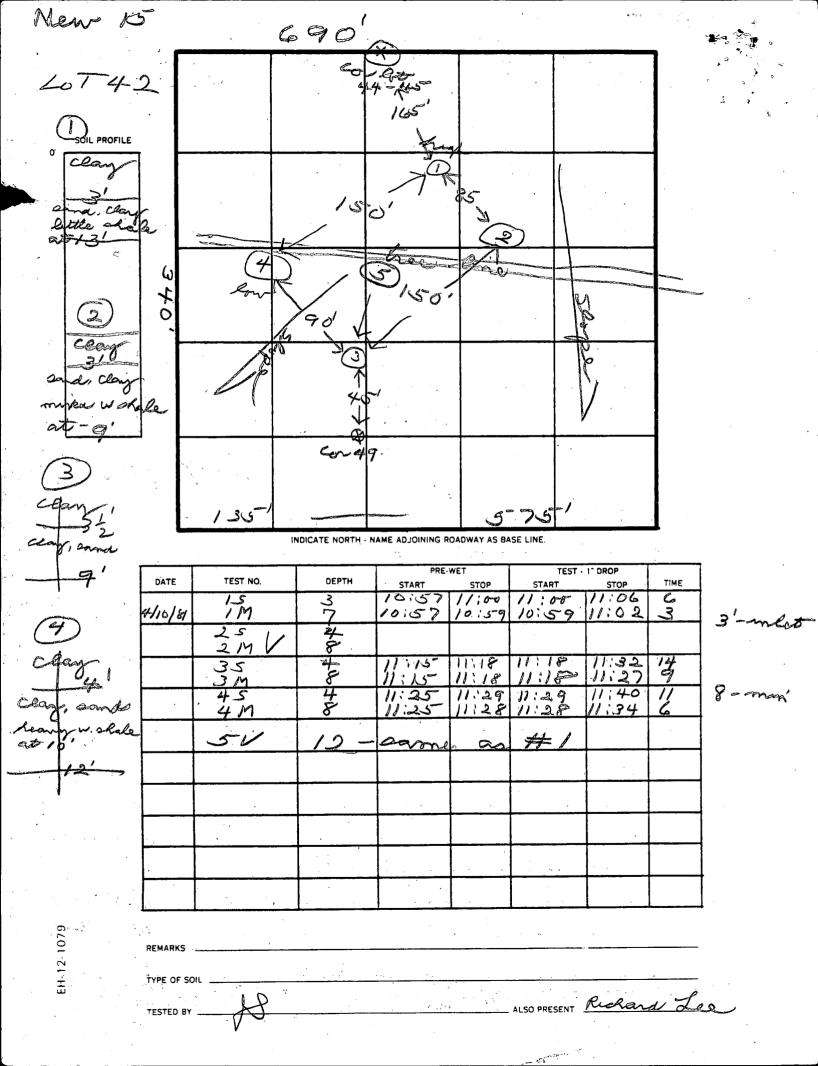
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

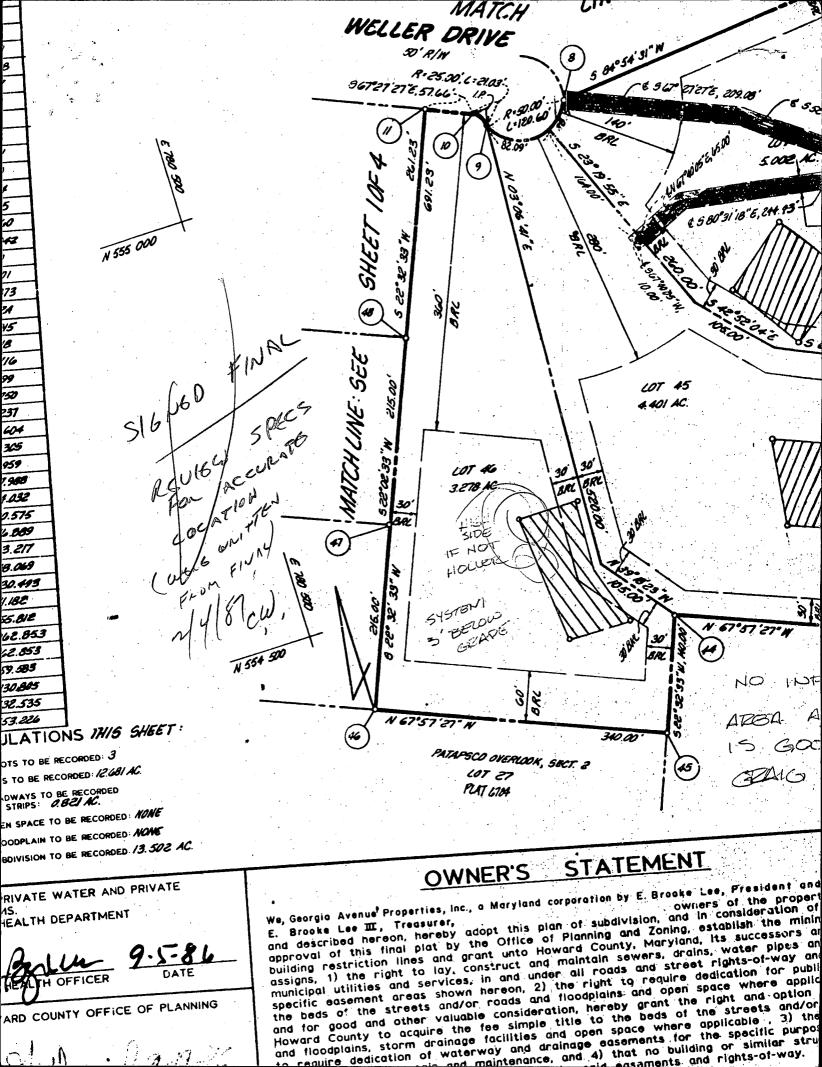
P. O. BOX 473 ELLICOTT CITY, MARY LAND 21043

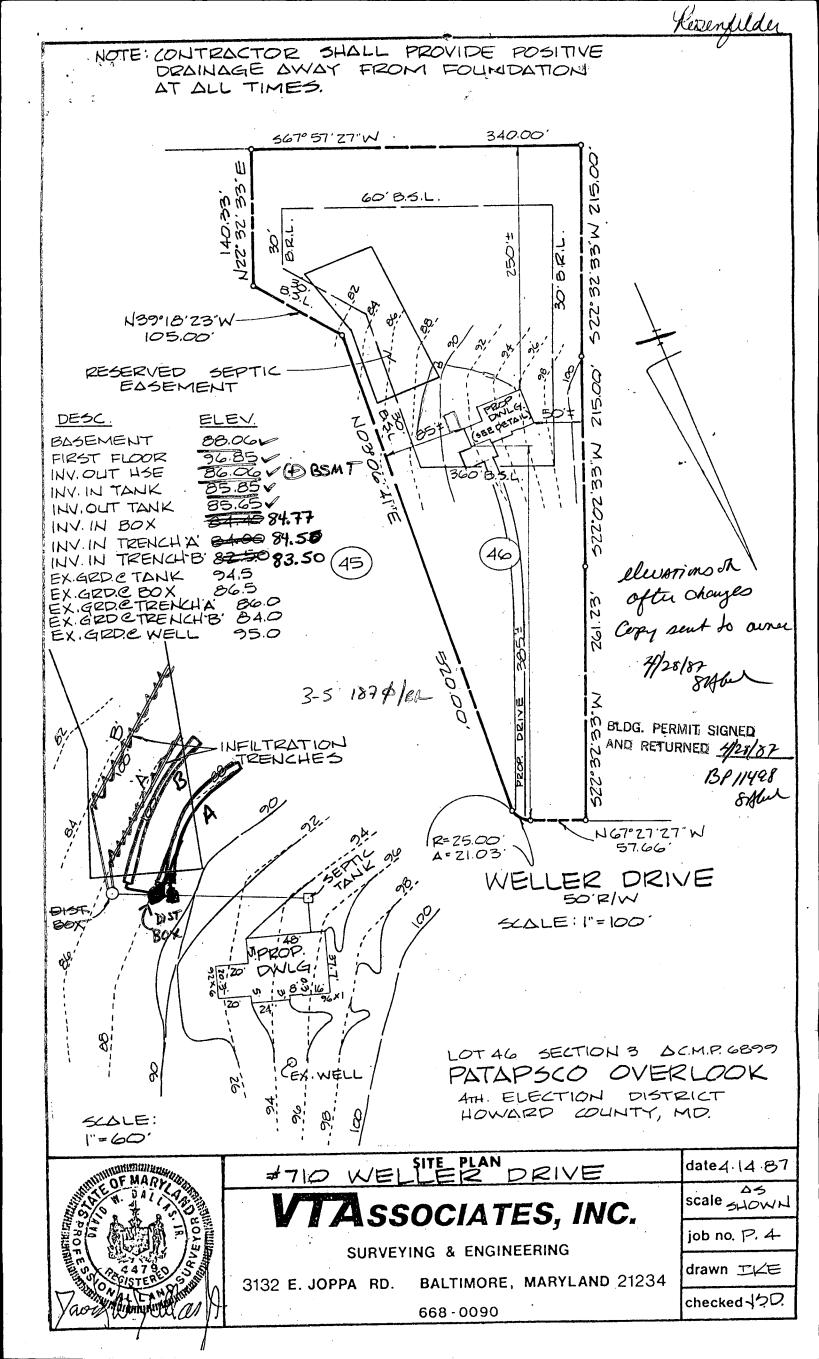
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	<b>A</b>	Sept of the septiment o	August 1
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR	RECONSTRUCT) A SEWAGE DISPOSA	L SYSTEM.	
		in the same	r with the second
ROPERTY OWNER Georgia Avenue Properties, Inc.	·		5 d' 1 2 3 3
	*	Jack Boender	* *
ADDRESS 13638 Georgia Avenue, Wheaton,	Md : 20906 PHONE	465-7777	
		LOTH	-6
ROPERTY LOCATION: Q T	:		<i>. O.</i>
PATAPSCO OVERLOCK III	· .	WEW LOT 15	1
SUBDIVISION Georgia Avenuer	LOT NO.	12 M	
	ega e e e e e e e e e e e e	Mark All Car	S. 44 F
OAD AND DESCRIPTION Route 94 and 01d Frederic	c Road	·	d
		† · · · · · · · · · · · · · · · · · · ·	
5 11 1 1 1 1 1 1 C	- X X	3 1	1
IZE OF LOT 3 acres m/1	TYPE BLOG	3 or 4 bedrooms	
		(NUMBER OF BED	ROOMS)
		A. 1.	37
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONL	YUNTU PUBLIC FACILITIES REC	() () Ome avallari e l'elli ( v i	INDERSTAND TH
	* 1	OME AVAILABLE. IT OLL I	ì
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPRICATION IS	NON RECINDADI E LINDED ANV	CIDCUMETANCES I ALSO A	CREE TO COMP
The connecting with the reflection of this series is the resulting		CIRCUMS I ANCES. I ALSO A	GREE TO COMPE
MITH ALL MOCKES DECUMPENSING IN TECTING THE LOT	Tools Boomdon Com T	Dunales Pas TTI	<b>r</b> . 'e s
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT/s/_	(SIGNATURE O	F APPLICANT)	
the state of the s	TOTAL OF	r AFFEIGANT)	<b>y</b>
APPROVED BYFO	<b>R</b>	DATE	200 CX
PPROVED BYFO			
REJECTED BY FO	9	DATE	F
10		,'	
IOLD PENDING FURTHER TESTS	***	DATE	
TOTAL TENDING FUNITIEN (ESTS			
REASONS FOR REJECTION OR HOLDING	4		
ILASONS FOR REJECTION OR HOLDING			
		DG PERMIT SIGNET	187
		TELIBNED 7/0	O CONTRACTOR OF THE PARTY OF TH

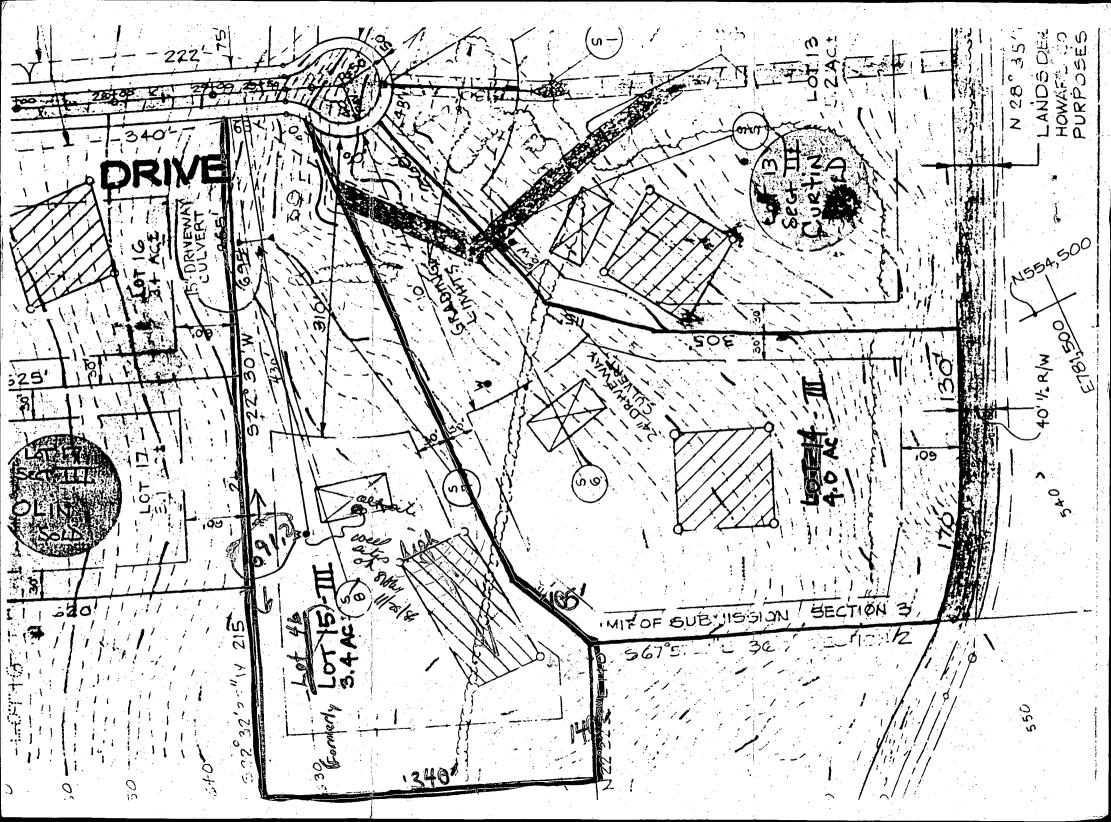
### THIS IS NOT A PERMIT







B 1 5519 SEQUENCE NO. STATE OF	MARYLAND OEP PERMIT NUMBER
1 2 3 6 (OEP USE UNLY) 2/15/87 PERMIT TO	DRILL WELL MO-ST-1775
in COLS. 3-6 ON ALL CARDS)	int or type 70 fill in this form completely 79
Date Received	B 3 LOCATION OF WELL
OWNER INFORMATION	2. Line to State the Country 21
15 Last Name , Owner First Name 34	Hatabaco Outslook
S388 WICHEGO TOTAL	23 SUBDIVISION # 42
36 Street or RFD 55	SECTION
57 Town 70,State72 Zip 76	52 NEAREST TOWN 71
Bernard Ferring STA	MILES FROM TOWN (enter 0 if in town) M I 73 76 77 78
Driller's Name 77 License No. 80	B 4
Firm Name	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Address Address	NORTH
Signature Date	CN WHICH SIDE OF ROAD W 32 E (CIRCLE APPROPRIATE BOX) WES/SIEAST
B 2 WELL INFORMATION	W TOWN E
APPROX. PUMPING RATE (GAL. PER MIN.)	34 4 30 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	S DISTANCE FROM ROAD  8-9 S 8-9 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)	HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)	COUNTY NAME COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. 22 OTHER (REQUIRES APPROPRIATION PERMIT)	OEP STATE HEALTH SIGNATURE INSERT S
— PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	DATE ISSUED
P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)	43 48 CO SIGNATURE EXP. DATE
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NORTH GRID 50 0 0 0 EAST GRID 57 0 0 0 0 63
APPROXIMATE DEPTH OF WELL 28 FEET	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
APPROXIMATE DIAMETER OF WELL ON NEAREST INCH	SOURCES OF DRILLING WATER 1.
METHOD OF DRILLING (circle one)	2.
BORED (or Augered) JETTED Jetted & DRIVEN	WRITE THE BOX NUMBER FROM THE MAP HERE
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	FROM THE MAP HERE
<u>CABLE</u> <u>REV</u> erse-ROTary <u>DR</u> ive-POINT	E 7501
other	000 000
REPLACEMENT OF DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
N THIS WELL WILL NOT REPLACE AN EXISTING WELL	RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	N 211 60 000 15 1500 1600
THIS WELL WILL REPLACE A WELL THAT WILL BE USED	A -Out ederich 35 modbin
AS A STANDBY  D THIS WELL WILL DEEPEN AN EXISTING WELL	A condon
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED	
(IF AVAILABLE) 41 52	I have a contract of the contr
Not to be filled in by driller (OEP USE ONLY)	
APPROP. PERMIT NUMBER GAP	
FORCE WRITE INITIALS PERMIT No. 4 0 - 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$1000 A1000
SPECIAL CONDITIONS	



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Review	
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Date					***************************************		
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<i>*</i>		FIELD DAS		IPCM			
·		HOWARD COUNTY W	ARTH TIEDD I	EST			
Well Permit No.	HO - 81-1793	<b>&gt;</b>	,				
Location of pro	perty (road) ATAPSCO OVERUCE EEZON/COMPEN	WELLEN DR					
Subdivision <u>f</u>	ATAPSCO OVERLYC	K 717	Lot <u>46</u> B1	ock	Plat	Sec.	
Well Driller <u>f</u>	EEZON/COMPEN	(	Owner <u>EDIE</u>	LEE		and the same of	
Depth of	well of measuring po	int (M. D. ) show					
Static w	ater level (S.W.	I) helow M.P.	ground	**************************************	سرمرف سائد، زمور س. درسوجر زمواری		
204040 //	20102 (5	, DOTON				n pro-transporter and an arrange of the state of	
I. High rate	pumping reser	voir drawdown		•			•
Time numr	started		Pumpina	rate			
Total tin	startedto	reach pumping wa	ater level		ft. b	elow M.P.	
	**************************************		~~	ب بوهنده د به د که جادی رسید اندی هم به در			
II. Recovery p	oump test data -	observations to	be recorded	l every l	5 minut	es	
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW M	ETER REA	DING	CALCULATE	D FLOW
	below M.P.	time to fill :	5 (i	f used)		(gallons	per
tervals		gallon bucket				minute)	
	,						
	-		125187	NJO O	0000	d. L	Jak
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Review	ok 5. Not	
	2-4-87	

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Locati	Permit No. HO - $\frac{81}{1793}$				
Subdiv	vision PATAOSCO OVERLOOK Lot	46 Block	Plat	Sec.	3
Well I	vision PATAPSCO OVERLOOK Lot Oriller BERNARD FEELER Owne	er LEE.	EDIC		
	Depth of well 200' Distance of measuring point (M.P.) above grant static water level (S.W.L.) below M.P.	round , 2'			
I. F	High rate pumping reservoir drawdown				
	Time pump started 1:30  Total time 45 min to reach pumping water	Pumping rate r level	ft. below i	M.P.	

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

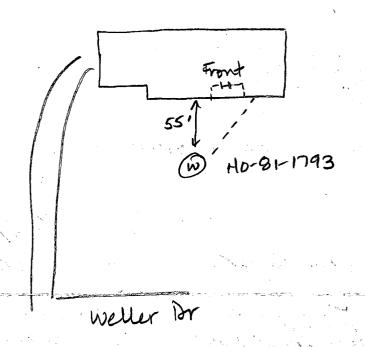
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill #	(if used)	(gallons per
tervals		gallon bucket		minute)
1:30	45	5		12
1:45	48	5		12
2:00	50	5		12
2:15	51	6		10
2:30	51	6		10
2:45	51	6		/ 0
3:00	51	6		10
3:15	5	6		10
3:30	51	6		10
3:45	51	6		10
4:00	51	6		10
4:15	51:	6		10
4:30	51	6		10
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		c		
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C1 3733	SEQUENCE NO. (OEP 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	COUNTY NUMBER A 312 M6
DATE Received	DATE WELL COMPLETE		PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13	022587	22 (10 NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	last name	first name	
	last name	* ***	15BON
SUBDIVISION PATA		V	LOT 4-6
WELL Not required for		WELL HAS BEEN GROUTED  WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF PENETRATED, THEIL THICKNESS AND IF	IR COLOP, DEPTH,	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use	FEET Check	CEMENT CM BENTONITE CLAY BC	PUMPING RATE (gal. per min. # 2
additional sheets if needed)	FROM TO bearing	THO OF BAGSNO OF TOURS FEET AND	to nearest gal.)
Tup soil	9 2	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE 1991:
	h h	from 6 ft. to 6 ft. to 6 ft.	WATER LEVEL (distance from land surface)  BEFORE PUMPING
Pour Col.	2 35	(enter 0 if from surface)  casing CASING RECORD	BEFORE FOMPING [// ]\$ 17 20
Goown Soil		types ST CO	WHEN PUMPING 22 25
1 K K K		(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
Shell	35 48	code below PLASTIC OTHER	A air P piston T turbine
		MAIN Nominal diameter Total depth	C centrifugal R rotary (describe
gray rock	11.1	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 below)
	4/8, 51	S	J jet S submersible
		E OTHER CASING (if used)	
White & bown	51 ft 8	diameter depth (feet) H inch from to	PUMP INSTALLED
			DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)
rock		6	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
Tank rock	60 200	screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
Action and an		insert STEEL BRASS OPEN	PLACE (A.C.J.P.R.S.T.O) IN BOX SEE ABOVE:
		code BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE  31  35
		PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
		C 2	PUMP COLUMN LENGTH (nearest ft.)
		DEPTH (nearest ft.)	CASING HEIGHT (circle appropriate box
		A 8 9 211 15 17 21	and enter casing height)  LAND SURFACE
		S <sup>2</sup> 23 24 26 30 32 36	below (nearest foot)
	OPRIATE LETTER IDONED AND SEALED WAS COMPLETED	E 3 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTA		SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVER	RTED TO PRODUCTION	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WEI ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL	17.13 "WELL CONSTRUCTION" LL CONDITIONS STATED IN THE	from to	
ABOVE CAPTIONED PERMIT, AND PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.	IND THAT THE INFORMATION		
DRILLERS IDENT. NO.		F IN BOX 68 68	103
The state of the s	The second	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Me az,
DRILLERS SIGNATURE (MUST MATCH SIGNATUR	S ON APPLICATION)	T (E.R.O.S.) W Q	De L
Olla 1	WINTERN STREET	70 72	Con Constant
SITE SUPERVISOR (sign of responsible for sitework if	of dřiller or journeyman	TELESCOPE LOG OTHER DATA CASING INDICATOR	

### 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>40635</u> Date <u>12/11/47</u>
Name of Installer 2057. L.	IFEREN Co. TNC. Telephone 781-14.53
License Number 2/22  Certified Well Pump Install	r Well Driller Registered Plumber
Name of Property Owner Pall	MARK HOWES 1 SENFELDER Telephone 987-1100
Subdivision NATATISCO: OVA	16/00/ Lot # 46 Well Tag # 46-11-1793
Site Address 410 WELLES	WEIVE
Pump	Motor Pitless Adapter
1. Type $\int \mu^{\mu}$	1. Horsepower 12 1. Make MEERIC
a. Deep well jet b. Shallow well jet	2. RPM <u>3450'</u> 2. Model # <u>MB-10</u> 3. Voltage <u>3</u> . Depth <u>42"+</u>
c. Submersible	a. 110
2. Make (Chiswol) (DEMINE)	b. 220
3. Model # <u>3/1/N</u> 4. Capacity <u>&amp; GP</u>	
5. Pump exceeds well capaci	
	cutoff switch installed? Yes No
	protect the pump and electrical wiring from
vibrations? Torque arr	estors Cable guards Other
Tank CAPTIVE AIR	Piping Well data
1. Capacity WX-250 - To 13	Piping Well data  OGM 1. Type TV 1. Depth 200 ft.  COMOUND 2. Size 160 160 FET2. Yield 10 GPM
2. Pressure relief CONU	2 Size /60 7572 Yield /O GPM
valve?	3. NSF and/or BOCA 3. Static water Code approved //t/ level #5 ft.
	4. Depth of supply 4. Will water supply
	line $\frac{\sqrt{2''}f}{}$ be disinfected by
	installer?
I understand that it is my Department when the install is null and void).	responsibility to notify the Howard County Health ation is ready for inspection (otherwise this permit
All information given above	is true to the best of my knowledge.
Sig	nature of Applicant: Ausbeff Jook R.L.F. Co.The
	Date: 12/4/87
	MERLY
Note: A sticker indicating on the well casing at the t	approval/status of the Othistall atton will be placed ime of the inspection.



2-3-88 Pitless adaptor motalled at 43 inches inside casing, below grade, well line covered, Ground line attached. No tank motalled, JE Nadeau.

ENVIRONMENTAL HTAAAH

EC 7 12 26 PM '87

HEALTH DEPT.

NOTE CONTRACTOR SHALL PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.

