

6/22/00 10 A.M.

6/23/00 2 PM

6/26/00
Noon

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513649

A REPAIR

ISSUE DATE 6/22/00

APPROVAL DATE 6/26/00

03-30 303373

Charles A. Klein & Sons, Inc. IS PERMITTED TO INSTALL ALTER X
Eddie Harrison (Subcontractor)

ADDRESS 5220 Klees Mill Road, Sykesville, MD 21784 PHONE 410-549-6960

SUBDIVISION Breezewood Farms LOT NUMBER 20 ADDRESS 10642 Breezewood Drive

PROPERTY OWNER Bruce Zimmerman PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY Ex: 1000 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 125 (Credit for Ex. Drywell)

LINEAR FEET OF TRENCH REQUIRED 75' 125' suggested (one trench) reduced to 105 LF since this was all they could fit on this lot. Change OK App 6/23/00

TRENCHES: Trenches to be 2-3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 1/2 downhill side 5' up hill side.
feet below original grade. 5/2 feet of stone below distribution box.

LOCATION:

REPAIR - PURPOSE - Existing septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 6-19-00

Run 2 trench 75' long towards the left lot line as seen when facing

the property from Breezewood Drive. If > than 50% rock frags

encountered in hole (Call for re-evaluation), kindly talk to SLK + visit to site.
5' shallow trench along property line.

PLANS APPROVED Steven R. Krieg DATE 6/22/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

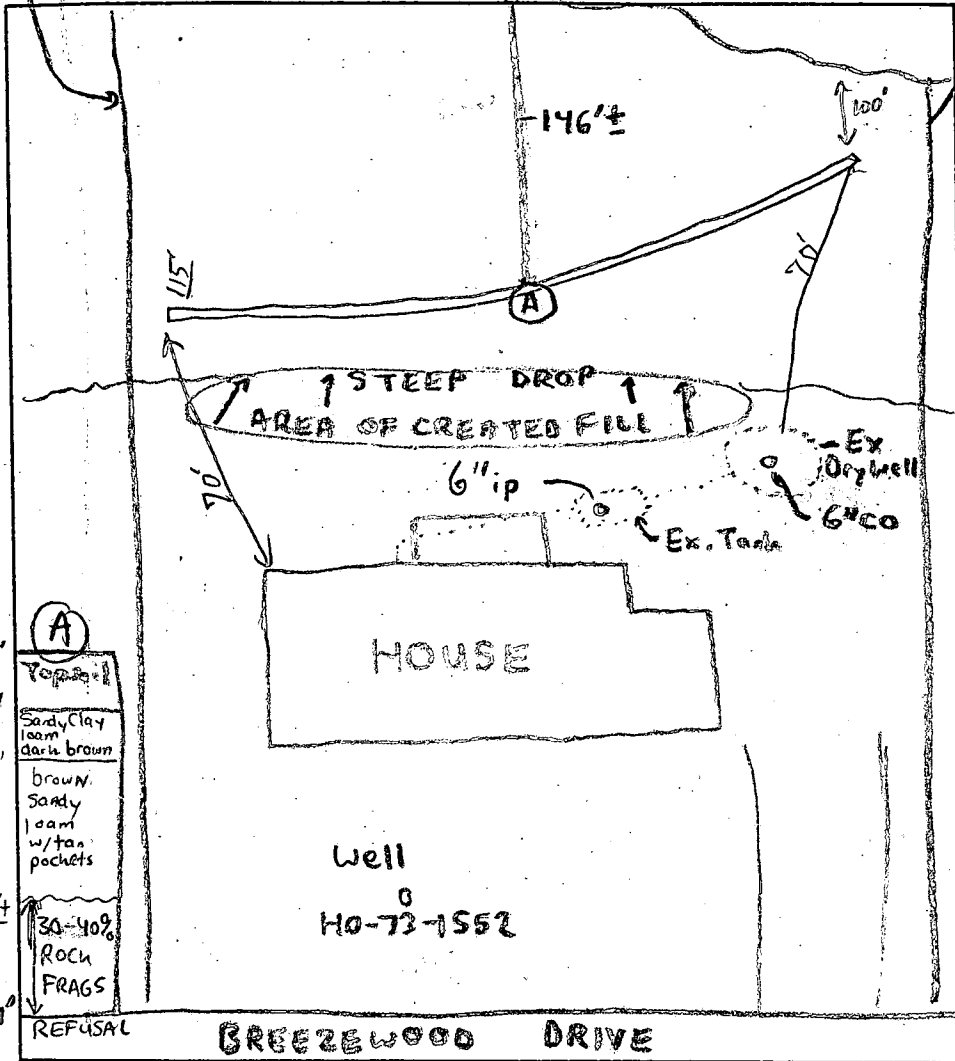
513649

PROPERTY LINE

STREAM

NOT TO SCALE

PROPERTY LINE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2½'
 TRENCH BOTTOM DEPTH 4½'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES one
 TOTAL TRENCH LENGTH 115'
 ABSORBENT AREA 345 sq/ft
 DISTRIBUTION BOX LEVEL NA
 BAFFLE IN DISTRIBUTION BOX NA

SEPTIC TANK DATA

SEPTIC TANK Ex: 1000 GALLONS
 MANHOLE RISER No

6 INCH INSPECTION PORT Existing on S.T. and on Dry well

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: 6/22/00 - PERC HOLE DUG IN LOCATION (A) SEE SOIL PROFILE, INSTALL TRENCH AS PER SPECIFIED ON FRONT, TRENCH TO BE INSTALLED WILL BE AT HIGHEST PORTION OF READILY USEABLE SEPTIC AREA (FILL DONE BY BUILDER PLACED OVER UPPER MOST SEPTIC AREA MAKES INSTALLATION OF TRENCHES IN THAT AREA VERY DIFFICULT - SRU)

INSPECTION COMMENTS: *change discussed in field as noted on front page, materials arriving late today, then I'll call for final inspection Monday, 6/23/00 Trench laid on Catara, system OK to cover. 6/26/00 (Dry well has 10ft cover at present)*

INSPECTOR R. H. Hubble DATE SYSTEM APPROVED 6/26/00

PRELIMINARY

APPLICATION

1985

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-3860, EXT. 388

DISTRICT 3rd

DATE 2/21/73

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER James P. Bowlin

ADDRESS 2602 Annapolis Road, Severn, Md. 21144

PHONE 569-0666

PROPERTY LOCATION:

SUBDIVISION BreezeWood Farms

LOT NO. 20, Sect. 4

ROAD AND DESCRIPTION BreezeWood Drive

SIZE OF LOT 41,500 sq. ft.

TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ William G. Rasche, II

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

WELL COMPLETION REPORT

WELL IDENTIFICATION NO. 105

DATE 11/19/55

DATE OF COMPLETION 11/19/55

DEPTH OF WELL 105

WELL IDENTIFICATION NO. 237

DRILLER'S NAME Matheson

OWNER'S NAME E. Woodstock

DRILLER'S ADDRESS

KEY OR VFO

1795 Woodstock Rd

POST OFFICE

Woodstock Pa

WELL LOG

NOTE THE KIND OF FORMATIONS PENETRATED, THEIR OR. DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION OF FORMATION	FEET		WATER BEARING
	FROM	TO	
Sand	0	40	
gray granite	40	105	

ABSTRACT RECORD

WELL HAS BEEN DRILLED (CIRCLE APPROPRIATE BOX)

TYPE OF DRILLING MATERIAL (CIRCLE ONE)

CEMENT CM BENTONITE CLAY BC

NO. OF CASES 11 NO. OF JOBS 1034

GALLONS OF WATER 666

DEPTH OF GROUT SEAL (NEAREST FEET)

FROM 0 TO 38

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST CO CONCRETE

PLASTIC PL OT OTHER

MAIN CASING TYPE SF G TOTAL DEPTH OF MAIN CASING (NEAREST FEET) 43

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET)

FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST BR HO BRASS OR BRONZE

PLASTIC PL OT OTHER

DEPTH (NEAREST WHOLE FEET)

FROM 40 TO 105

EACH SCREEN

1 2 3 (SEQ. NO.) 0

40 41 105

22 24 26 30 32 36

38 39 41 45 47 51

SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN 38 (NEAREST INCH)

FROM 38 TO 50

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

(E.A.O.S.)

TELESCOPE CASING W G

72 HEALTH INDICATED 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOUS PUMPED TO NEAREST GALLON 2

PUMPING ELVE GALLONS PER MINUTE TO NEAREST GALLON 16

METHOD USED TO MEASURE PUMPING RATE 16

WATER LEVEL DISTANCE (FEET)

DEPTH 20

TYPE OF PUMP USED (CIRCLE APPROPRIATE)

AIR AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER BELOW

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, A, P, R, S, T, O)

WELLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31

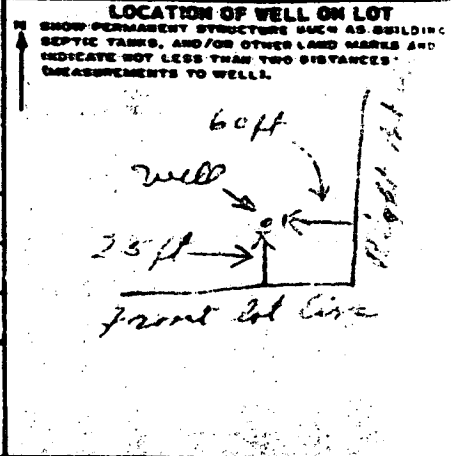
PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX)

ABOVE BELOW

LAND SURFACE 2 (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED A

ELECTRIC LOG OBTAINED E

TEST WELL CONVERTED TO PRODUCTION WELL P

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Joseph L. Matheson

SIGNATURE Joseph L. Matheson

HEALTH INDICATED

HEALTH INDICATED

HEALTH INDICATED

HEALTH INDICATED