

11/30/00  
layout  
11/30

# PERMIT

## SEWAGE DISPOSAL SYSTEM

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

P 514680

A 48031

ISSUE DATE 11/30/2000

APPROVAL DATE 12/1/00

RPB# 359708

**INDEXED**

D & W Excavating Contractors, Inc. IS PERMITTED TO INSTALL x ALTER     

ADDRESS 3033 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-2195

SUBDIVISION Poplar Heights LOT NUMBER 3 & 4 ADDRESS 170211 Frederick Road

PROPERTY OWNER C & M Partnership PROPERTY OWNER'S ADDRESS 7020 Gardner Lane

SEPTIC TANK CAPACITY 1250 GALLONS Highland, MD 20777

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 **\*\* TOP SEAMED SEPTIC TANK REQUIRED \*\***

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth  
4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 155 feet down the left lot line and 45 feet off that same lot  
line as seen when facing the lot from Route 144. Run trenches on contour as shown on  
approved building permit plan. 9/20/00 O.K. (RJR)

PLANS APPROVED Amy McMillen DATE 8/31/2000

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 WATERWELL UNLESS  
OTHERWISE SPECIFICALLY AUTHORIZED 11/31/02  
800134159 DECK w/STEPS

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

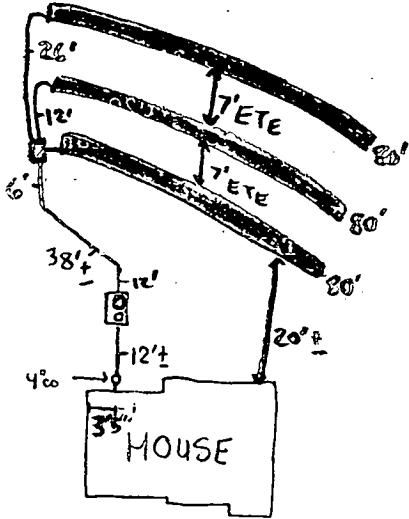
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

514680

NOT TO SCALE



(RT. 144) FREDERICK ROAD

**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 2'  
 TRENCH BOTTOM DEPTH 4'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 240  
 ABSORBENT AREA 720 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500TS GALLONS  
 BAFFLES IN MANHOLE RISER   
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

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

PRE-CONSTRUCTION INSPECTION: 11/30/00 - AGREED TO LET INSTALLER CHANGE D BOX LOCATION & RUN 3-80' TRENCHES TOWARD 300' LOT LINE, 7'-ETE OK SRW

INSPECTION COMMENTS: 12/1/00 - OK TO COVER ALL WORK (SRW)

INSPECTOR

Steven R. Krieg

DATE SYSTEM APPROVED

12/1/00

HARDY DRIVE

VICINITY MAP  
SCALE: 1"=2000'

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. No. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 723.50 732.50  
B. BASEMENT ELEVATION: 720.24 719.80  
C. INVERT IN AT SEPTIC TANK: 719.50 722.00  
D. INVERT OUT AT SEPTIC TANK: 719.00 722.00  
E. PROPOSED GRADE OVER SEPTIC TANK: 719.00 722.00  
F. INVERT AT DISTRIBUTION BOX: 719.00 722.00  
G. EXISTING GROUND OVER DISTRIBUTION BOX: 719.00 722.00  
H. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT
4. ISSUANCE / CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
5. ~~THIS IS NO SEPTIC SERVICE TO BE PERMITTED~~

MARYLAND ROUTE 144

EX. PAVING CENTER LINE

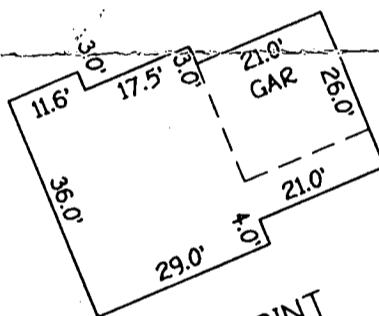
Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below distribution pipe 2.0 feet

EARTH DIKE TYPE A-1  
TO DIVERT WATER CLEAN



Approved Septic System Plan  
Howard County Health Department

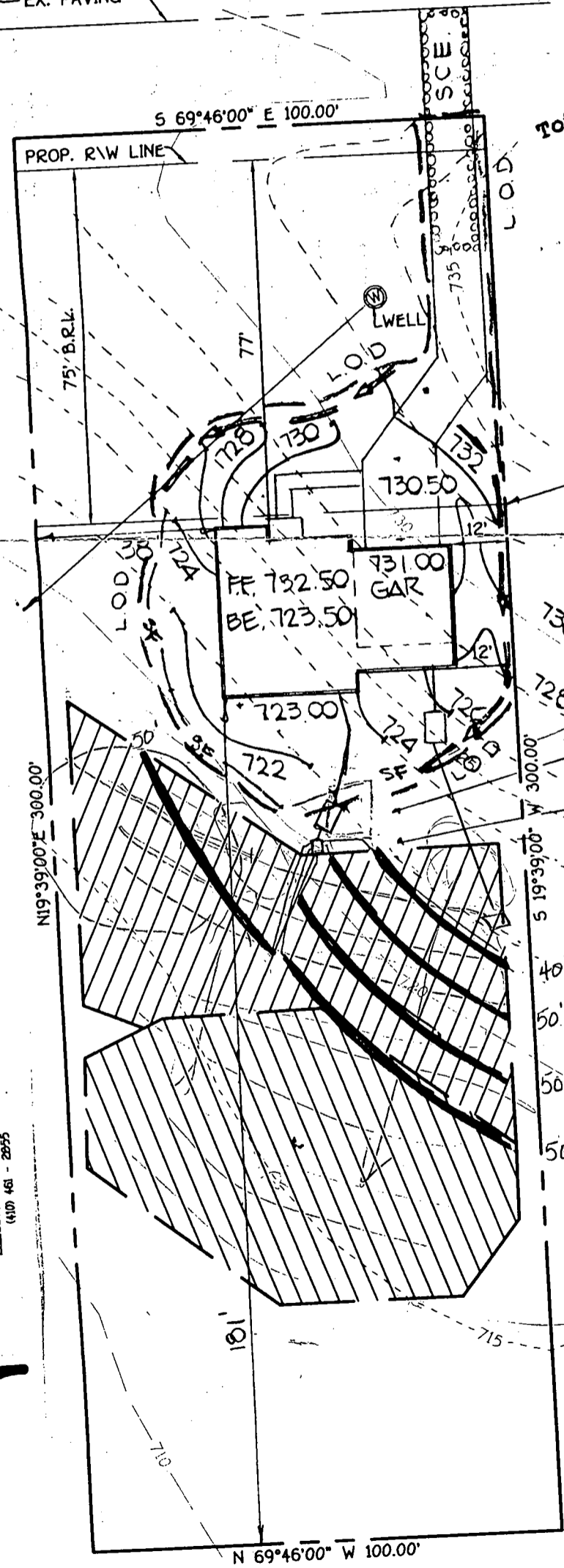
*Amey W. Mell*  
Signature Date 8/31/00

PLAN TO ACCOMPANY  
FOR BUILDING  
POPLAR HEIGHTS  
POPLAR HEIGHTS  
LOTS

GP-01-029

TAX MAP  
4TH EDITION  
HOWARD COUNTY  
JUNE 2000

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 11272 BALTIMORE NATIONAL PIKE  
ELLKOTT CITY, MARYLAND 21042  
(410) 461-2955



into the diameter posts will be linear foot.  
with wire ties  
ing requirements  
Test: MSMT 509  
Test: MSMT 509  
Test: MSMT 322  
Test: MSMT 322  
they shall be overlapped.  
event and maintained when  
and 50% of the fabric height.

510/100 Amey W. Mell



HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: CARROLL WATER SYSTEMS Telephone #: 410-876-5100  
Address: 150 AIRPORT DRIVE #1  
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller

**Licensed Well Pump Installer**

License # and name of individual responsible for the field installation:

Name (Print): Row Smith

License# PI 074

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: NEIBALINE HANCOCK Telephone #: 410-442-7633  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-1521  
Site Address: 17021 FREDERICK RD.  
MT AIRY, MD 21111

Submersible Pump Data

Make: Grundfos  
Model #: 55B05422  
Pump Capacity: 5 GPM  
Well Yield: ? GPM

Pitless Adapter

Make: Campbell  
Model#: B10X  
Depth: 42 (36" min)  
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: 24"  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: Plastic  
PSI: ✓ (160 psi min)  
Depth of supply line: ✓ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 2'  
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 2/8/01

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/8/01 Date Insp. Approved: 2/8/01 **MR**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ **BB**  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

C1 05065  
 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)  
 ST/CO USE ONLY  
 DATE RECEIVED 5-3-98  
 DATE WELL COMPLETED 04/20/98

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 NUMBER A48031  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1521

OWNER Vesta Builders  
 STREET OR RFD ROUTE 144 TOWN MT. AIRY  
 SUBDIVISION Poplar Heights SECTION \_\_\_\_\_ LOT 3/4

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
top soil	0	2	
Shale	2	35	
Brown slate	35	40	✓
Shale	40	52	
Brown slate	52	55	
Blue slate	55	85	
Brown slate	85	90	✓
Blue slate	90	160	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 18 NO. OF POUNDS 1800  
 GALLONS OF WATER 90  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 55 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole (insert appropriate code below)  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  YES  NO  
 CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

**DEPTH (nearest ft.)**

1	2	3	4	5	6	7	8	9	11	15	17	21
2	23	24	26	30	32	36						
3	38	39	41	45	47	51						

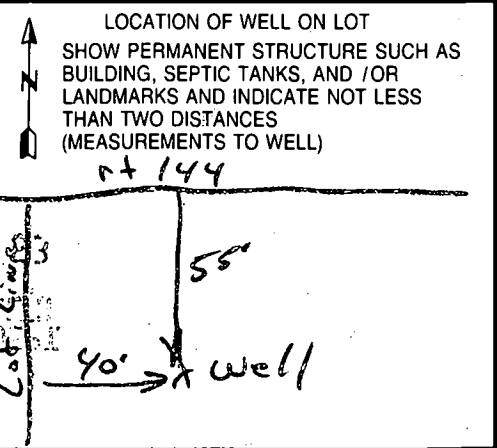
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 40 ft.  
 WHEN PUMPING 75 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP (CIRCLE YES or NO) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED \_\_\_\_\_  
 PLACE (A,C,J,P,R,S,T,O) IN BOX 29 \_\_\_\_\_  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  
 below } 2 (nearest foot)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
 DRILLERS LIC. NO. 1 MW D 040  
Gene F. Esterday  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 MW D 481  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT 'F' IN BOX 68 \_\_\_\_\_  
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) \_\_\_\_\_ W O \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA





<b>B 1</b>	<b>5421</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-1521</b> <small>fill in this form completely</small>
------------	-------------	-----------------------------	---	---

**OWNER INFORMATION RN 7412**

Date Received (APA) 3/30/98

**Vesta Builders, Inc.**  
Last Name Owner First Name

**P. O. Box 820**  
Street or RFD

**Eldersburg, Md. 21784**  
Town State Zip

**LOCATION OF WELL**

**Howard** COUNTY

**Poplar Heights** SUBDIVISION

SECTION \_\_\_\_\_ LOT **384**

~~Diston~~ **MT Airy** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 3 M I

**DRILLER INFORMATION**

**George F. Easterday** M WD **040**  
Driller's Name License No.

**E. Franklin Easterday, Inc.**  
Firm Name

**9265 Brown Church Rd., MT. Airy, Md. 21771**  
Address

*George F. Easterday* **3/20/98**  
Signature Date

**B 4**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Frederick Rd** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT. OR MI 50

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard COUNTY NAME A 48031 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED 4/10/98 SIGNATURE *[Signature]* EXP. DATE \_\_\_\_\_

NORTH GRID 551 000 EAST GRID 0709 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 8 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X quad 8:00 4/24/98

SOURCES OF DRILLING WATER

- wells
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 760

N 550

000  
000

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

MAP 2 J8

*Frederick Rd*

*Lisbon*

*144*

*ST*

*Michaels*

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER 54 G A P 63

FORCE DS WRITE INITIALS IN BOX HO-94-1521 PERMIT No. 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
PO BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 461-9933

DISTRICT \_\_\_\_\_  
DATE \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO 3/4

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG 0  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

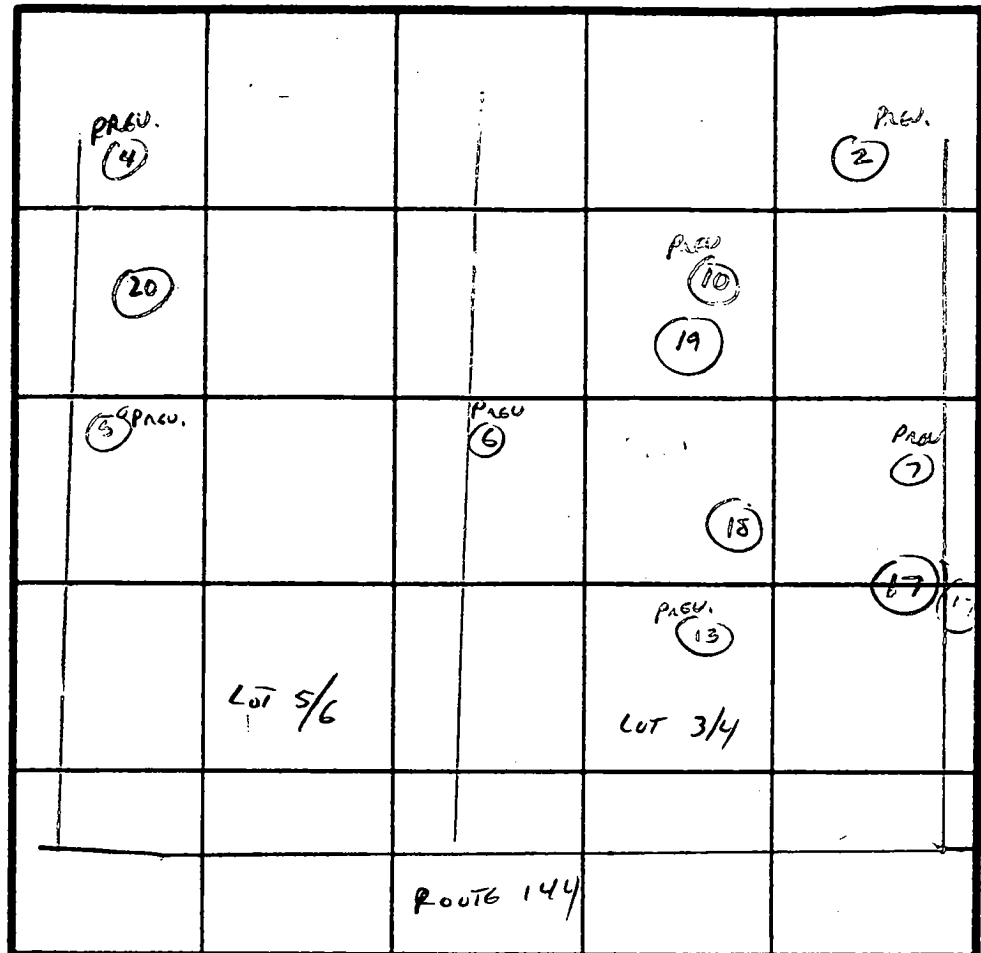
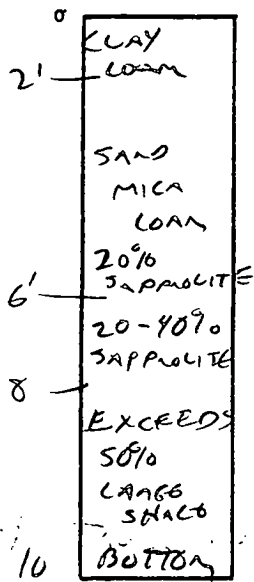
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HD-216

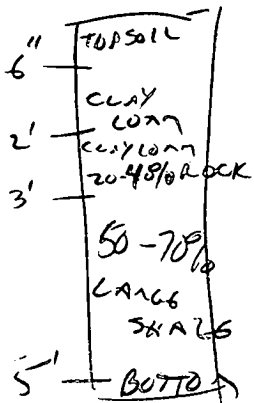
# THIS IS NOT A PERMIT

# 17 + 18 + 20  
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#19



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
6/3/92	17	2' 6'	2:29 2:30:45	2:31 2:33	2:31 2:33	2:33 2:38	2 MIN 5 MIN	OK
	18	2' 6'	2:38:40 2:38:30	2:39:30 2:40:30	2:39:40 2:40:30	2:41:40 2:44	2 MIN 3 1/2 MIN	OK
	19	FAILED CONJUNCTIONAL 20% ROCK - 2'-5'						FAILED.
	19B	1' 12'	3:00 2:58	3:05 3:09	3:05 3:09	3:25 3:33		OK FOR SAND MOUND ONLY
	20	VLS OK LOAM 2-7'		40% ROCK FRAGMENTS				

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. W. Miller ALSO PRESENT LANAIDOO, K. RUSSELL

# APPLICATION

LOTS 142

PERCOLATION TESTING

A 48031  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
PO BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 461-9933

PREVIOUS OK.  
TAX MAP SHOWS SINGLE PARCEL,  
BUT APPLICANT HOLDS DEED  
AND CURRENT TAX BILL  
FOR SIX SEPARATE LOTS.  
C.W.

DISTRICT 04

DATE \_\_\_\_\_

48031

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 George LANIADO

ADDRESS 17035 Frederick Rd. PHONE 301 829-0072  
MT. AIRY, Md. 21771

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS None PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Poplar Heights Subdivision LOT NO. 3 & 4

ROAD AND DESCRIPTION RT 144 SWS

TAX MAP 7 PARCEL # 14

SIZE OF LOT \_\_\_\_\_ TYPE BLDG SINGLE Family  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

George Laniado  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

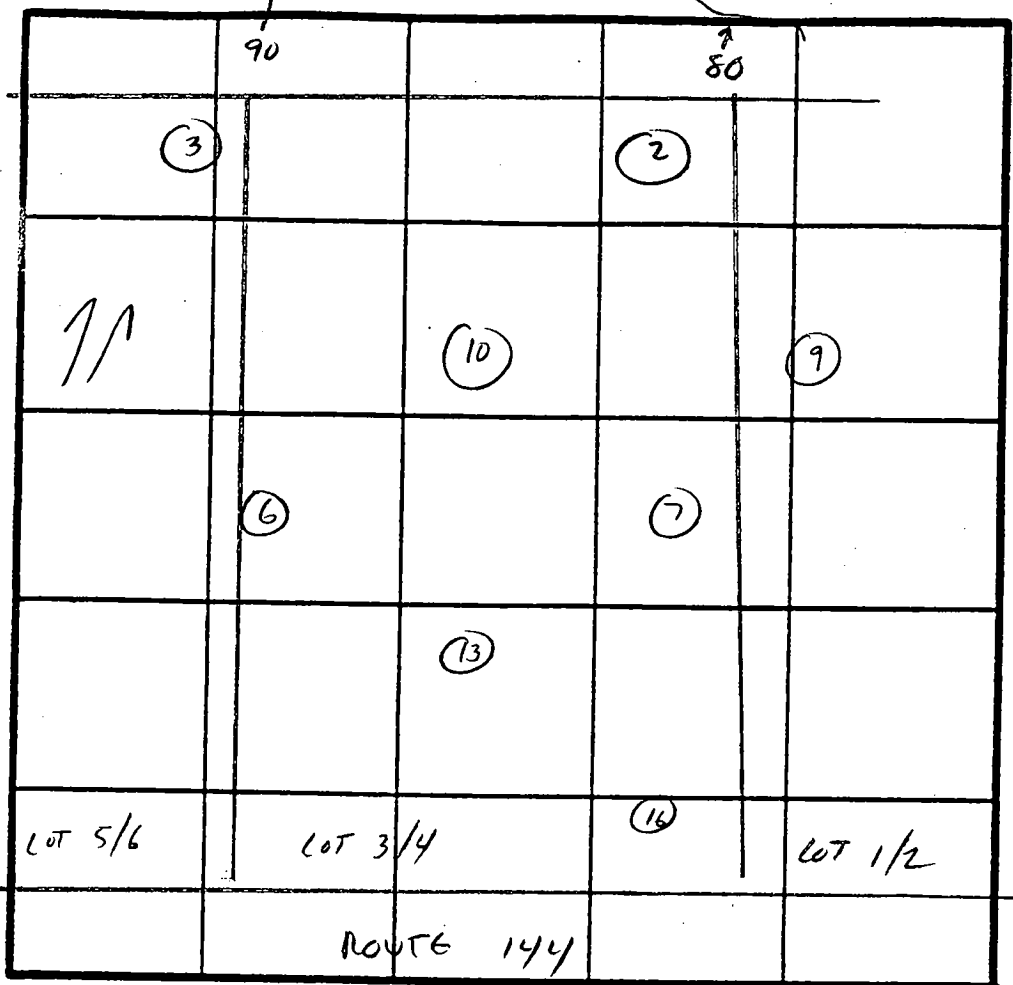
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

A 48031  
LOT 3/4

DAY STATION 860



SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

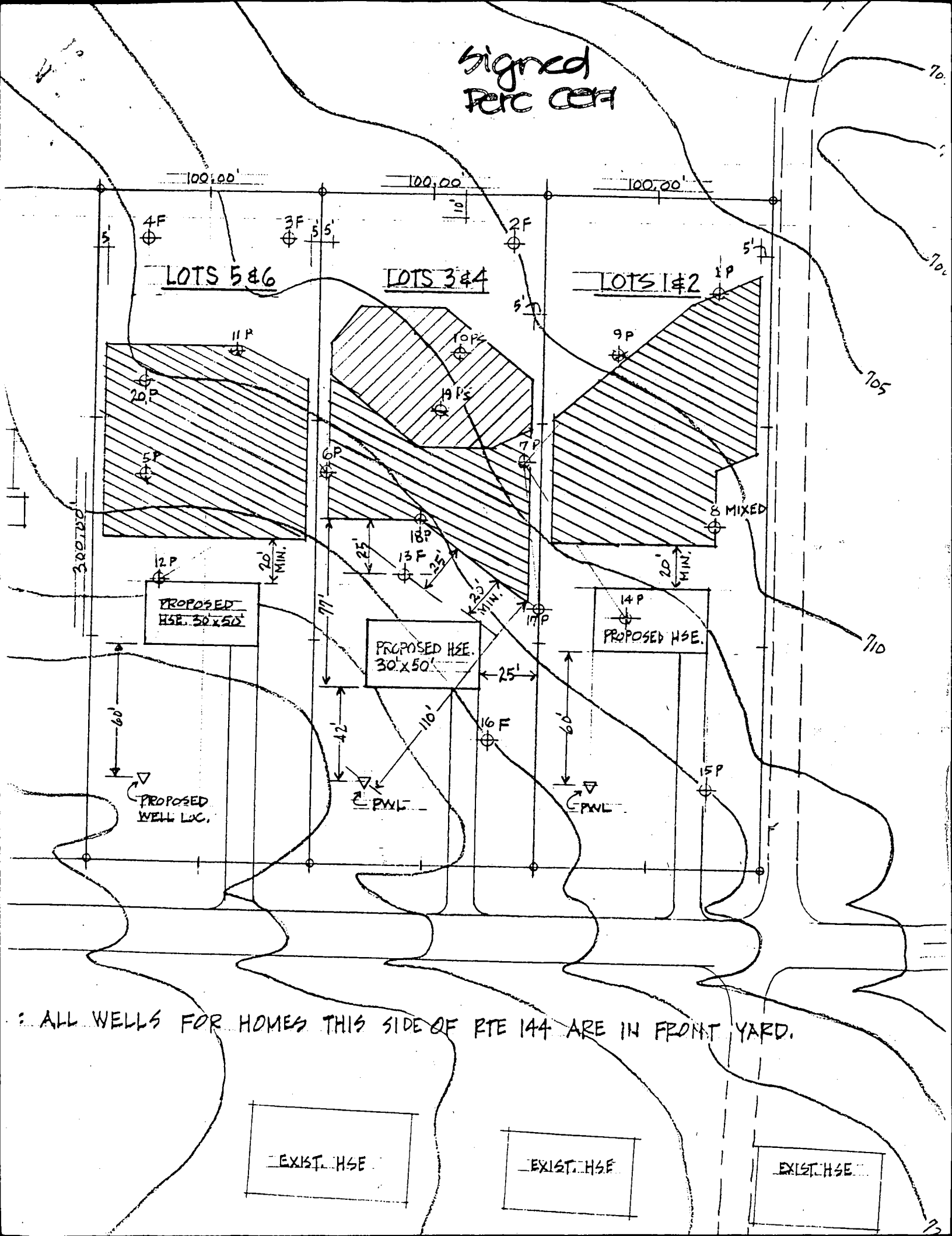
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

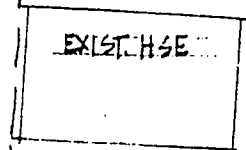
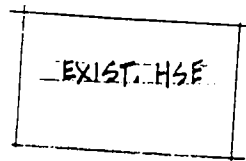
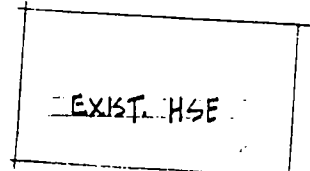
TYPE OF SOIL \_\_\_\_\_

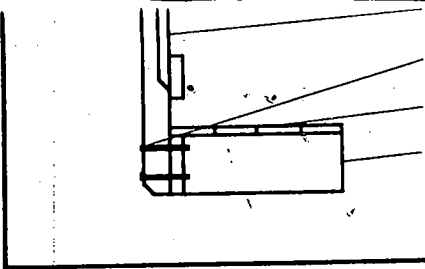
TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

Signed  
PERC CERT

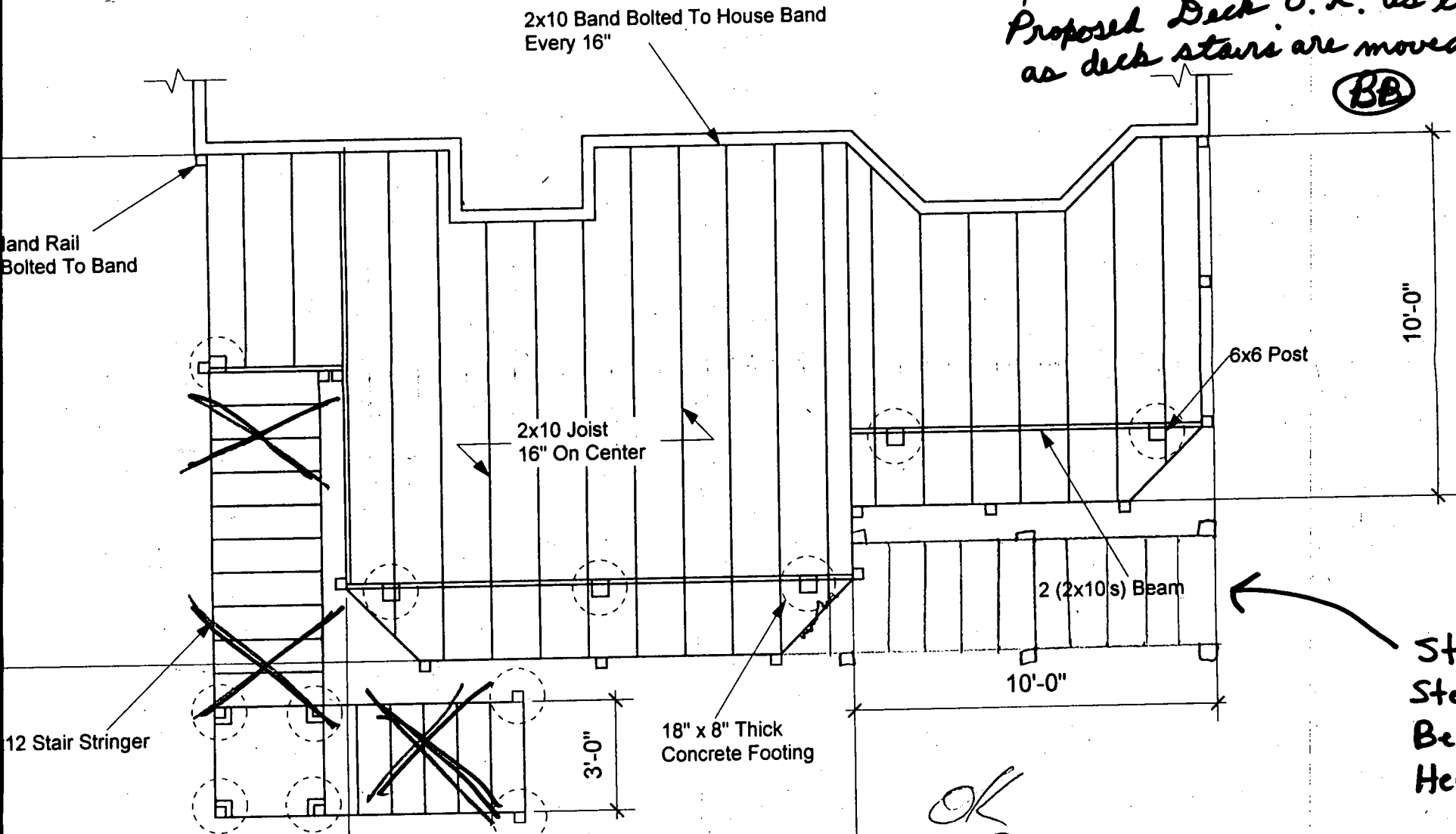


ALL WELLS FOR HOMES THIS SIDE OF RTE 144 ARE IN FRONT YARD.





1/31/02  
Proposed Deck O.K. as long  
as deck stairs are moved.  
(BB)



2x10 Band Bolted To House Band  
Every 16"

Hand Rail  
Bolted To Band

10'-0"

6x6 Post

2x10 Joist  
16" On Center

2 (2x10s) Beam



Stairs,  
Steps to  
Be Moved  
Here

12 Stair Stringer

10'-0"

18" x 8" Thick  
Concrete Footing

3'-0"

No Steps Too Close  
To Easement

OK  
[Signature]  
1/31/02