

10/26(87) AM

05-393587

10/26 AM 11:00 AM

10/27 ASAP

10/28/ ASAP

PERMIT

P 39871

SEWAGE DISPOSAL SYSTEM

A 32183

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/17/87

DATE SYSTEM APPROVED 10/28/87

INSPECTOR RH

T+R { I.C.O.P. issued only }
Time expired

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 854-2513

SUBDIVISION Jocelyn Acres ROAD 13355 Highland Road LOT 9

PROPERTY OWNER Charles Geis

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the back lot line and 25 feet from the left lot line as seen when facing the lot from Highland Road. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 4/30/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

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.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

B'D.G. PERMIT SIGNED
AND RETURNED 10-1-87

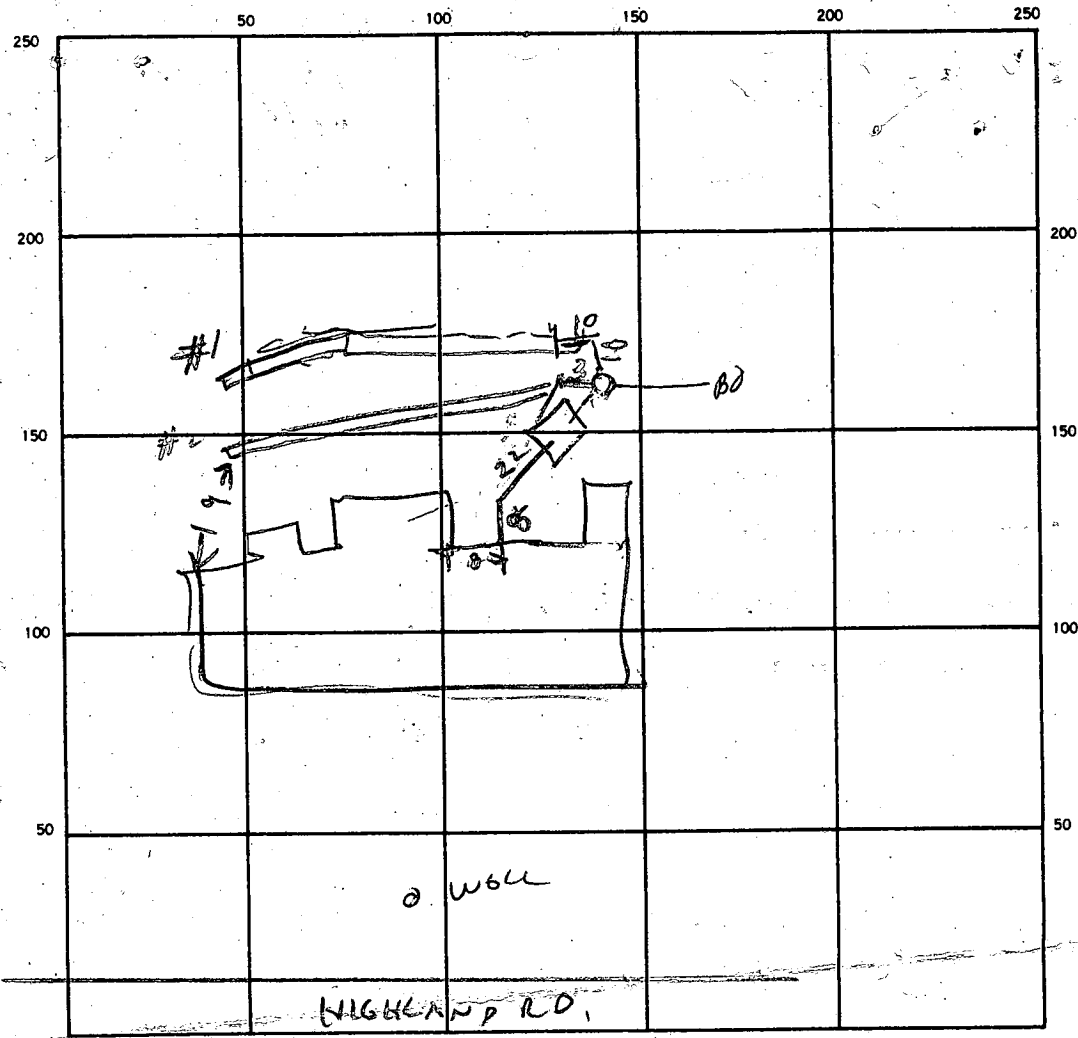
BP 14879 SA

propene tank
EH - 2-1186

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

32183



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL 2000 CLEANOUTS S/F
O/K

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH $\frac{1}{9}$ | $\frac{2}{9}$ FT. TRENCH WIDTH $\frac{1}{2}$ | $\frac{2}{2}$ FT. INLET DEPTH $\frac{1}{3}$ | $\frac{2}{4}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{6}{6}$ | $\frac{5}{5}$ FT. TOTAL LENGTH $\frac{66}{66}$ | $\frac{67}{67}$ FT. NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA $\frac{34.6}{34.6}$ | $\frac{33.5}{33.5}$ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/26/07^{on} - LOCATION OK TRENCH JUST STARTED R.H.
10/26/07^{PM} - TRENCH #1 MOSTLY DUG. EXTEND TRENCH #1 & ADD STONE R.H.
10/27/08 TRENCH #1 O.K. DIG TRENCH #2
10/28/07^{AM} - TRENCH #2 DUG ADD STONE TO TRENCH #2
10/29/07^{PM} STONE ADDED R.H.

DATE SYSTEM APPROVED 10/29/07 INSPECTOR Raymond Hodge

B 2183

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 # 40446
Date 11/9/87
301
Telephone 384-6493

Name of Installer G DONALD DEMENT

License Number # 276
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner CHARLES GEIS Telephone 995-0133
Subdivision DOCELYN ACRES Lot # 9 Well Tag # -
Site Address 13355 HIGHLAND RD HIGHLAND MD
20777

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible <input checked="" type="checkbox"/>	a. 110	
2. Make <u>Gould</u>	b. 220	
3. Model # <u>TEH05422</u>		
4. Capacity <u>8</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>60</u>	1. Type <u>Poly</u>	1. Depth <u> </u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u> </u> GPM
	3. NSF and/or BOCA Code approved <input type="checkbox"/>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u> </u>	4. Will water supply be disinfected by installer? <input type="checkbox"/>

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: G. Donald Dement

Date: 10-30-87

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

5 2114 01
HOWARD COUNTY
HEALTH DEPARTMENT

10/30/87
Noun

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer G DONALD NEMENT Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision JOCEVA ACRES III Lot # 9 Well Tag # HO - 81 - 0289
Site Address 13555 HIGHLAND RD.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>160</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>12</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>20</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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

See Follow Sheet

C1 0803 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3 ON ALL CARDS)

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 **A32183**

DATE Received
 DATE WELL COMPLETED **1/10/283**

Depth of Well **160**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-81-0284

OWNER **Geis Charles**
 last name first name
 STREET OR RFD **Highland Road**
 TOWN **Highland**
 SUBDIVISION **Jocelyn Acres** SECTION **3** LOT **9**

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	
Brown Shale	0	20	
Sand	20	43	
Gray mica rock	43	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **940**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)
57 **6** **40**

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
H0 **46** **160**

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. **238**
Joseph L. Maxine
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

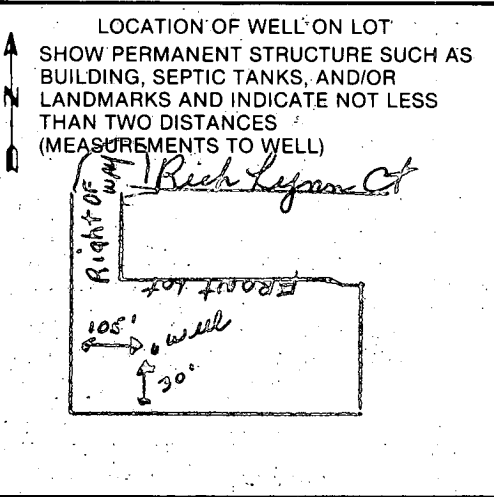
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **9**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **20** WHEN PUMPING **46**
 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 YES 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) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot) **1**
- below }



B 1 **1288** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HC-87-0284
 fill in this form completely

Date Received **9:30 AM - 11/2/83**
09 20 83
 OWNER INFORMATION
GEIS **CHARLES**
 15 Last Name Owner First Name
4790 ARLINGTON DRIVE
 36 Street or RFD 55
ELDEERSBURG MD 21784
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
DOCELYN ACRES
 23 SUBDIVISION 42
 SECTION **3** LOT **9**
 44 46 48 50
#194LAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI
 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne **238**
 Driller's Name 77 License No. 80
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy MD. 21771
 Address
Joseph L. Mayne **9/20/83**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Highland Road**
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **340**
 34 37
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 1 2 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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 HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **A 32183**
 COUNTY NAME COUNTY NO.
 OEP SIGNATURE **Frank Skinner** STATE HEALTH INSERT S
 DATE ISSUED **3/29/84**
042983 CO SIGNATURE EXP. DATE
 43 48 41
 NORTH GRID **495 0 0 0** EAST GRID **0806 0 0 0**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 000 000

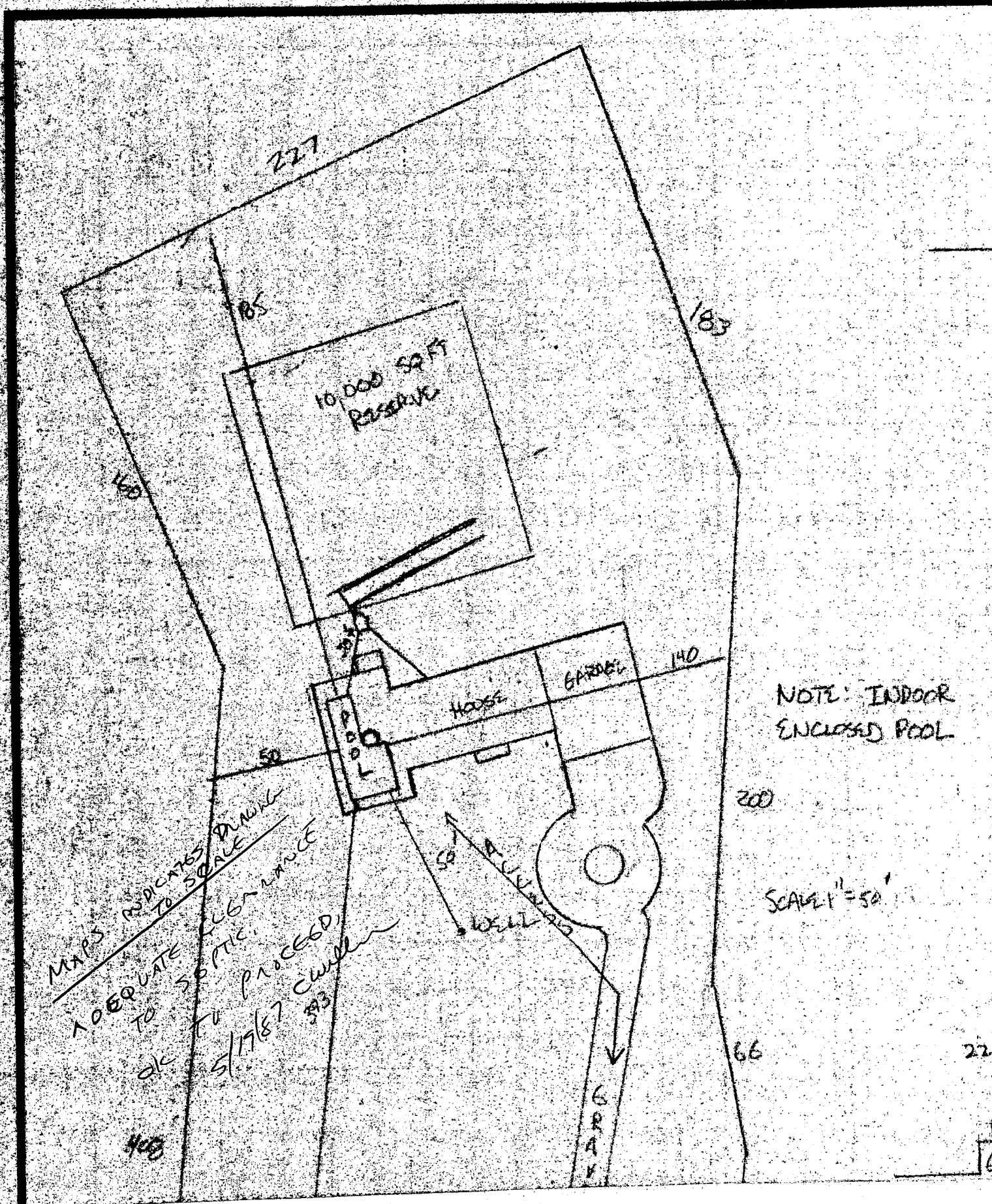
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____
 41 52

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

 Location OK
 47' casing
 40' - open
 10' - deep cement
 11/2/83

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HC-87-0284**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



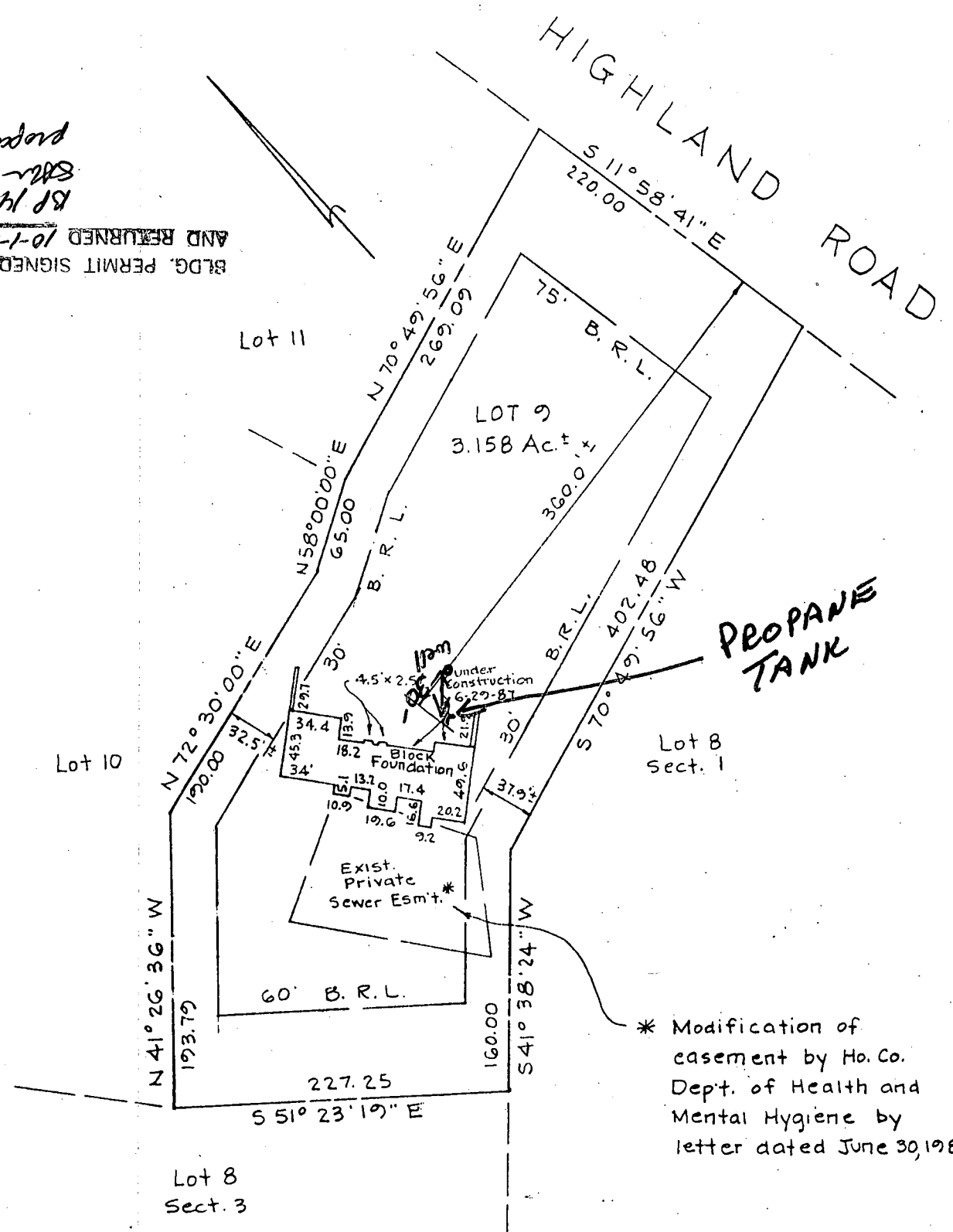
MAPS INDICATES DRIVING
 TO DEQUATE TO SCALE
 TO 50 FT. CUBIC
 OK TO PROCEED
 5/17/87 CWL
 53

NOTE: INDOOR ENCLOSED POOL

SCALE 1" = 50'

propane tank
SP 14879

BLDG. PERMIT SIGNED
 AND RETURNED 10-1-87

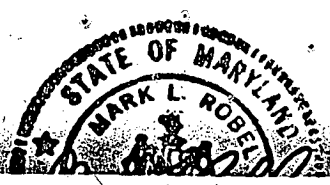


**PROPANE
 TANK**

* Modification of
 easement by Ho. Co.
 Dept. of Health and
 Mental Hygiene by
 letter dated June 30, 1987

Note: This plat is not intended to be used for
 establishing property lines.

I hereby certify that the position of all existing
 improvements on the above described property have
 been carefully established by a transit-tape survey
 and that unless otherwise shown there are no
 encroachments.



A 32183

SUBDIVISION: Jocelyn Acres

LOT NUMBER: 9

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

160 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 160 FT FROM THE BACK LOT LINE
AND 25 FT FROM THE LEFT LOT LINE AS SEEN WHEN FACING THE
LOT FROM HIGHLAND RD. RUN TRENCHES ON CONTOUR TOWARDS THE
RIGHT LOT LINE. 4-30-87 SAK

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32183
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th
DATE 9-16-82

BLDG. PERMIT SIGNED
AND RETURNED 5/19/87

Serial # 11929 - Prod.

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 RICHARD DEMMITT Charles Geis
ADDRESS 9966 MARYLAND ROUTE 99 PHONE 465-0842
465-4544

PROPERTY LOCATION:
SUBDIVISION JOCELYN ACRES, SECTION 3 LOT NO. 9
ROAD AND DESCRIPTION 13355 HIGHLAND ROAD, DIRECTLY ACROSS FROM ALLNUT LANE

SIZE OF LOT 3 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
BLDG. PERMIT SIGNED AND RETURNED 4/24/87 SERIAL BPA# 11526
(NUMBER OF BEDROOMS)

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. Charles Geis
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Truitt DATE 9/30/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/29/82 Hold for review (Two Holes
OVER 125 FT APART) 9/29/82 FS SAID OK TO
HAVE HOLES OVER 125 FT APART BECAUSE SOIL IS
VERY GOOD 11/7/83 DISCUSSED PERC WITH BUYER IS SAID
PERC OK BUT LOT NOT YET ON RECORD

THIS IS NOT A PERMIT

Spec written 9/30/83 RJ

APPLICATION

A 32183

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 9-16-82

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 RICHARD DEMMITT

ADDRESS 9966 MARYLAND ROUTE 99 PHONE 465-4544

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES, SECTION 3 LOT NO. 9

ROAD AND DESCRIPTION HIGHLAND ROAD, DIRECTLY ACROSS FROM ALLNUT LANE

SIZE OF LOT 3 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(NUMBER OF BEDROOMS)

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.

Charles J. Crow Jr.

(SIGNATURE OF APPLICANT)

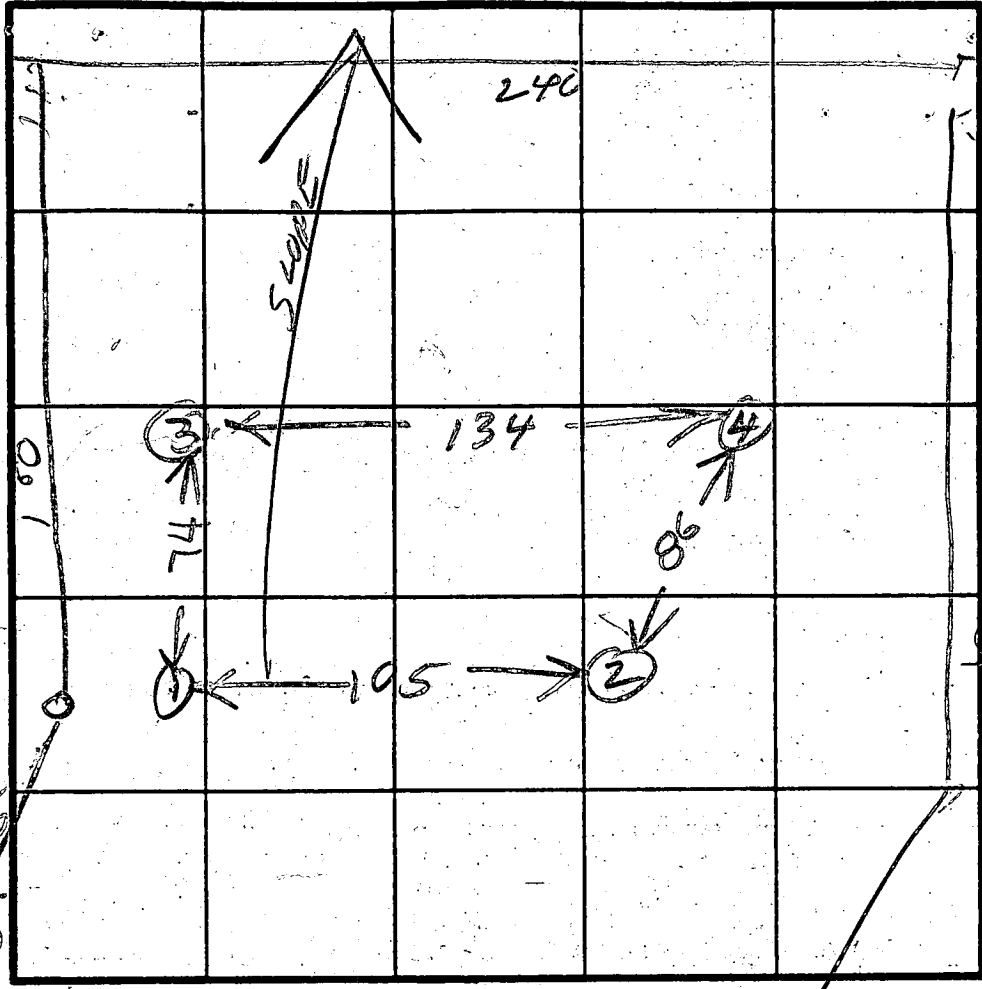
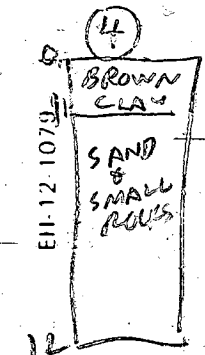
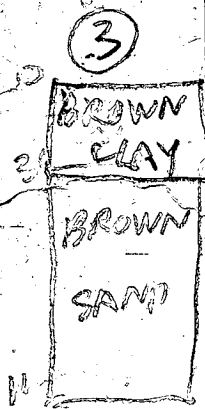
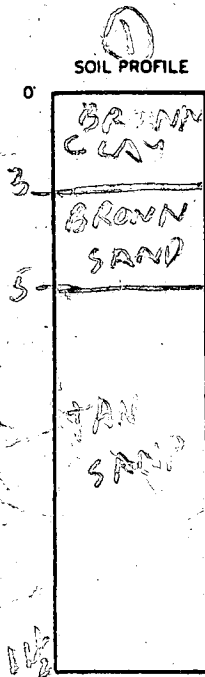
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



HOLE ELEVATIONS
 ① = HIGHEST
 ② = NEXT HIGHEST
 ③ = LOWEST
 ④ = NEXT LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/22/32	1 S	5	1124	1126	1126	1128	2
	1 D	7 1/2	1124	1128	1126	1130	4
	1 V	11 1/2	SEE	SOIL	PROFILE		
	2 S	4 1/2	1144	1146	1146	1148	2
	2 D	7	1144	1148	1147	1150	3
	2 V	12	SEE	SOIL	PROFILE		
	3 S	4 1/2	113	117	117	121	4
	3 D	8	113	115	115	121	6
9/22/32	3 V	11	SEE	SOIL	PROFILE		
	4 S	4 1/2	153	154	154	201	6
	4 D	7 1/2	143	144	144	149	5
	4 V	12 1/2	SEE	SOIL	PROFILE		

av
 come
 4
 max
 depth
 3

REMARKS: 9/22/32 HOLD FOR REVIEW (OVER 12 FT BETWEEN HOLES ③ & ④)

TYPE OF SOIL: _____

TESTED BY: R. HODGES

ALSO PRESENT: R. DIMMITT

