

6/9/94 11-11-30
6/20/94 ASAP
6/20/94 12-12 30pm

RPS# 2

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50069

A REPAIR

DISTRICT 5th

DATE 6-7-94

DATE SYSTEM APPROVED 6/20/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

~~Alan Corp~~ *cisse*
sic Tank Service

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 6962 Mink Hollow Road, Highland, MD 20777 PHONE 301-854-2541

SUBDIVISION _____ LOT 3F ROAD 6962 Mink Hollow Road

PROPERTY OWNER Alan Corp

ADDRESS 6962 Mink Hollow Road
Highland, Maryland 20777

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM
$$\begin{array}{r} 125 \\ \times 3 \\ \hline 375 \end{array}$$
 54
$$\begin{array}{r} 375 \\ \times 1.5 \\ \hline 562.5 \end{array}$$

LINEAR FEET OF TRENCH REQUIRED 54

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED - DRYWELL FULL

Call for inspection when ground is opened so sanitarian can recommend repair. 06/06/94

Install one trench off existing drywell on contour towards rear of lot

Inlet 2', bottom 9', stone 2'

PLANS APPROVED BY Gouma & Joe (for C.W.) DATE 6/20/94

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

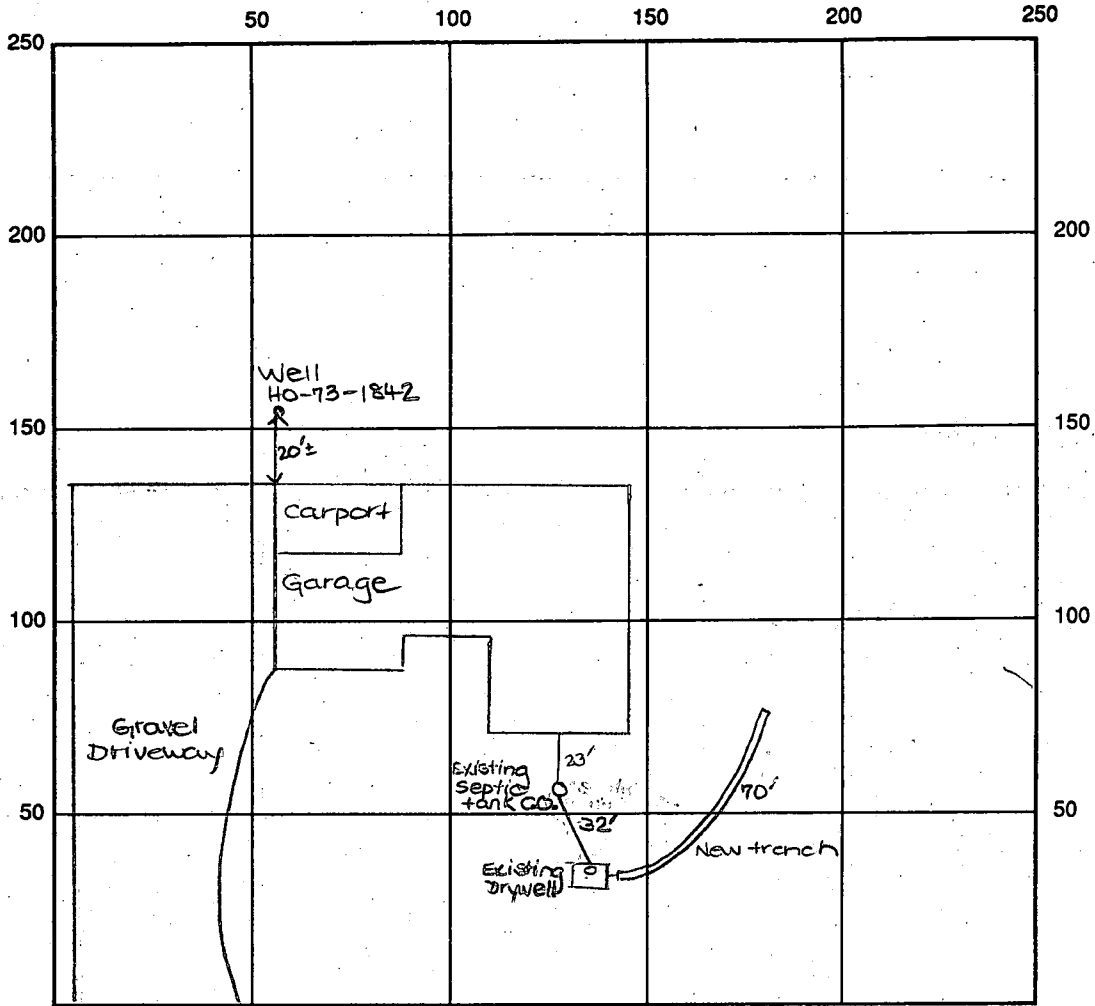
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A P 50069



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 ↓ to Mink Hollow Rd.

SEPTIC TANK LEVEL Existing CLEANOUTS Existing

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL ~~AREA~~ AREA 490 SQ. FT. + Existing

DRYWALL INSIDE DIAMETER Existing FT. EFFECTIVE DEPTH BELOW INLET Existing FT.

ABSORBENT AREA 490 SQ. FT. + Existing

REMARKS: 6/9/94 DISCUSSED TRENCH LAYOUT, ETC. w/OWNER MR
6/20/94 OK to cover all work. DKS

DATE SYSTEM APPROVED 6/20/94

INSPECTOR Gordon J. See

10/6/77

PERMIT

P 26973

SEWAGE DISPOSAL SYSTEM

A 18380

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 9/30/77

Mubbo Van Der Valk IS PERMITTED TO INSTALL X ALTER _____

ADDRESS Bowie, Md. PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 6962 Mink Hollow Road LOT 3 F

PROPERTY OWNER Alan Corp

ADDRESS Mink Hollow Road

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL-120 sq. ft. absorbent sidewall area per bedroom to begin below the first 3 ft. of original grade. Maximum depth permitted for dry well is 11 ft. below original grade. Place the dry well 227 ft. from rear lot line and 208 ft. from left side line as seen when facing from the front of lot.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YEARS.

NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

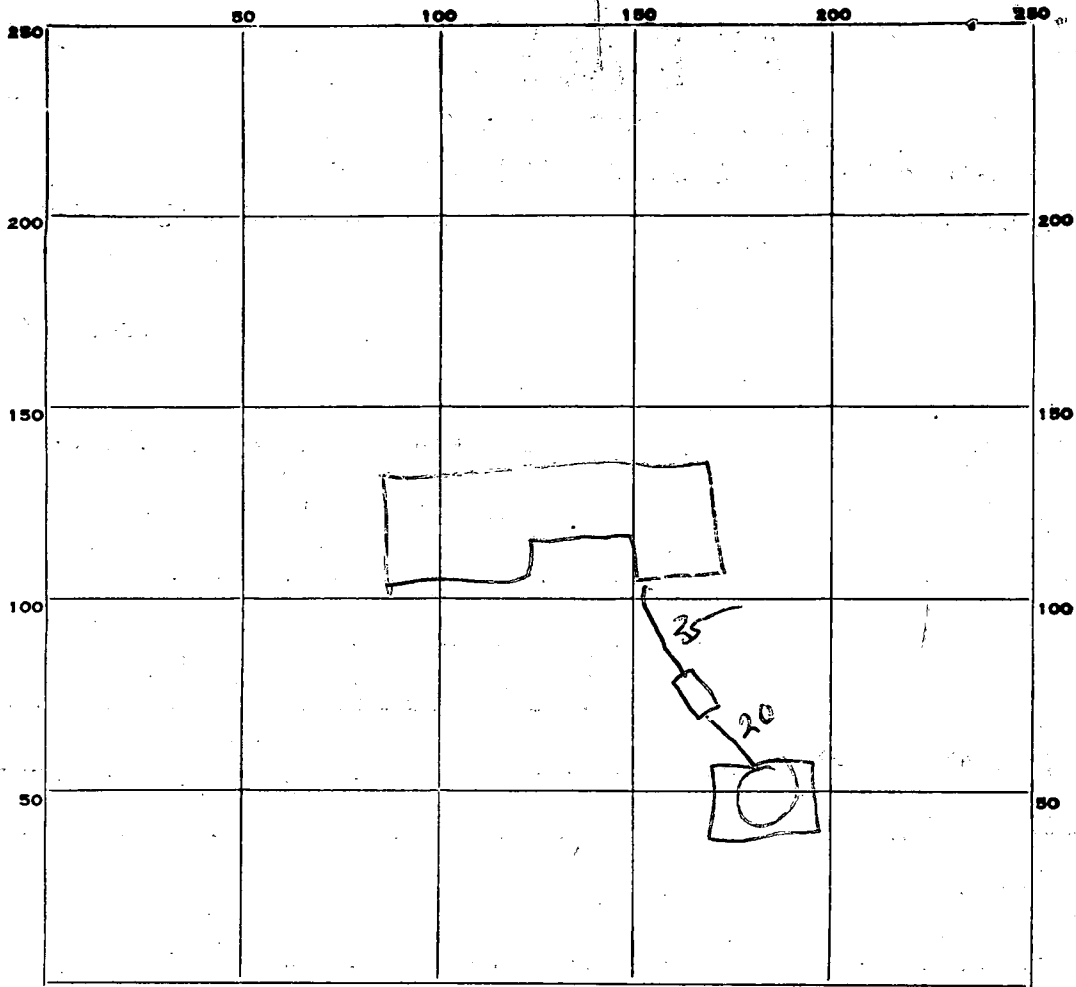
PLANS APPROVED BY Robert Torre DATE 9/6/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 4/2/74
Serial # 69483
Storage Shed.

A
18380



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL

CLEANOUTS T

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 67 FT. DEPTH BELOW INLET 7.5 FT.

ABSORBENT AREA 465 SQ. FT.

REMARKS OK to cover from house to tank must see
connections and manhole to tank OK
to cover the pipe DW - ST RPS 10-6-77
Pipe connections OK observed system

DATE SYSTEM APPROVED Jan 13 78 INSPECTOR R R Biggs

1
62
~~76~~
~~370~~
434

465

Aldo Lamuchi

APPLICATION

Corp

A 18380

PRELIMINARY

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 5th

DATE 4/27/73

Septic Tank 3 bedroom - 1000 gal
4 " - 1250 gal
Liber and Folio Dry Well - 120 sq ft absorbent sidewall lined per
654/242 bedroom to begin below the first 3 ft of original grade
Mark depth permitted for sewer 11' below orig. grade -
left place Dry Well 227' from rear lot line and 208' from
right side line as seen when facing from the front of lot

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 ~~Aldo Lamuchi~~ Alan Corp

Any questions call Ron Bailey
837-0194

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT NO. F (3)

ROAD AND DESCRIPTION Mink Hollow Road

SIZE OF LOT 3.0 acres 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/ Ron Bailey

BLDG. PERMIT SIGNED
AND RETURNED 3/31/77
Serial No. 31268

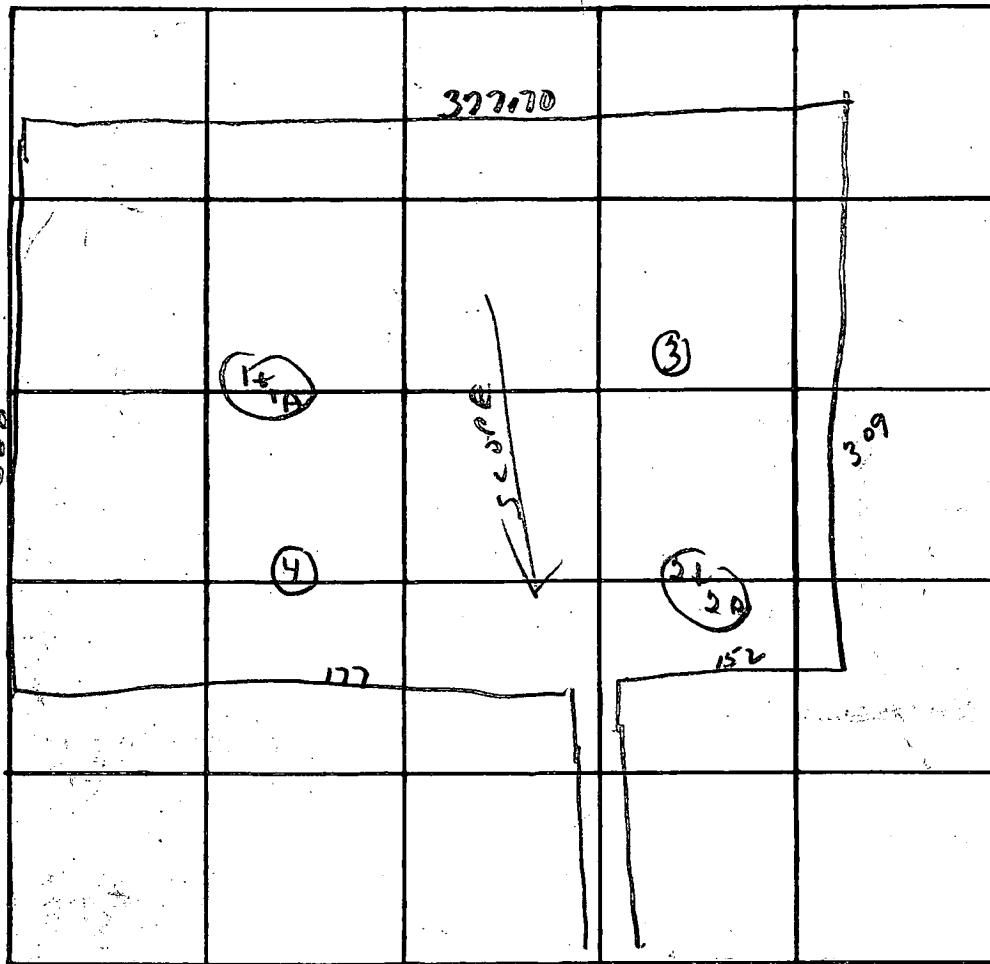
APPROVED BY Robert Tane FOR Dry Well DATE 9/6/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1	1	3 ft	10 ²⁵	10 ²⁷	10 ²⁷	10 ³⁰	3 min
	1A	12 ft	10 ²⁵	10 ²⁷	10 ²⁷	10 ³¹	4 min
	2	3 1/2 ft	10 ²⁵	10 ²⁸	10 ²⁸	10 ³²	4 min
	2A	11 1/2 ft	10 ²⁵	10 ²⁹	10 ²⁹	10 ³⁵	6 min
	3	10 1/2 ft	no	no			
	4	11 ft	"	"			

REMARKS _____

TYPE OF SOIL _____

TESTED BY R.T. ALSO PRESENT: _____

Aldo Lamuchi

APPLICATION

A 18380

PRELIMINARY

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 5th

DATE 4/27/73

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 Aldo Lamuchi

Any questions call Ron Bailey
837-0194

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. E F (3)

ROAD AND DESCRIPTION Mink Hollow Road

SIZE OF LOT 3.0 acres 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/ Ron Bailey

APPROVED BY Robert V. Tame FOR Dry Well DATE 9/6/73
(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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION

A1838

WRA PERMIT NUMBER

HO 73-1842

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
2/19/77
10:00 A.M.
1st

OWNER: Corp Alan
 COL 15 LAST NAME: _____ FIRST NAME: _____ COL. 34
 STREET OR RFD: St. J.
 COL 36: _____ COL. 55
 POST OFFICE: Frederick Md.
 COL 57: _____ COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE: 1/29/77 LICENSE NUMBER: 42
 COL 77: _____ COL. 80
 FIRST NAME: J. K. Sosterday DRILLER LAST NAME: _____
 SIGNATURE: J. K. Sosterday

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY: Howard
 8 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: Abingdon
 23: _____ 42
 SECTION: _____ LOT: 3
 44: _____ 46: _____ 48: _____ 50
 NEAREST TOWN: Nightland
 52: _____ 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 3 MI
 73: _____ 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
 8: _____ 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600
 14: _____ 20
 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST N E NORTHEAST S E SOUTHEAST
 SOUTH WEST N W NORTHWEST S W SOUTHWEST
 8: _____ 8 9
 NEAR WHAT ROAD: Wink Hollow
 11 NORTH SOUTH EAST WEST 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 300 FT
 34: _____ 37 38 39

APPROXIMATE DEPTH OF WELL: 120 FEET
 24: _____ 28 FEET
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE): _____

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

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER: _____ ENGINEER REVIEW DISTRICT NO.: _____
 FORCE: _____ WRITE INITIALS IN BOX: _____ CONDITIONS: _____
 67 68: _____ 70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N ↑

79 CASING
 2 CASING Above grade
 76 open hole
 17 BAGS Type II cement

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 41 STATE HEALTH (CIRCLE BOX)
 COUNTY NAME: Howard COUNTY NO.: 125202
 MO. DAY YR.: 02 01 77
 DATE: _____ APPROVED BY: Donald W. M...
 43: _____ 48

BOX NUMBER: 800
490
 NORTH COORDINATE: _____
 50 51 52 53 54 55
 EAST COORDINATE: _____
 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET): _____
 65 66 67 68
 0/5 5/5
 HB

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 **7030** SEQUENCE NO. (WRAISE ONLY)

1 2 3 4 5 6 (SEQ. NO.)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 2-19-77 DATE WELL COMPLETED

DEPTH OF WELL 200 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-1892

8-13 15 20 DRILLERS IDENTIFICATION NO. 72

OWNER LAST NAME FIRST NAME

STREET OR RFD POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>Topsoil</i>	<i>0</i>	<i>2</i>	
<i>silts</i>	<i>2</i>	<i>14</i>	
<i>mic</i>	<i>14</i>	<i>18</i>	
<i>mic</i>	<i>18</i>	<i>200</i>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 17 NO. OF POUNDS 1700

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 760 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 99

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

EACH SCREEN

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 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 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T W. Q

70 72 74 75 76 OTHER DATA AVAILABLE

TELESCOPE CASING LOG INDICATOR

PUMPING TEST

C 3

1 2 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 220 (NEAREST FOOT) 25

TYPE OF PUMPED-USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 50

BELOW }

CIRCLE APPROPRIATE BOXES

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 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 [Signature]

(PLEASE PRINT) [Signature]

SIGNATURE [Signature]

