

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/3/05

P 35943

APPROVAL DATE: _____

A 19704

PERMIT

TAX ID # _____

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Highland Acres LOT NUMBER: 1, Sect 1

ADDRESS: 6651 Isle of Skye Drive PROPERTY OWNER: Paul Barcomb

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

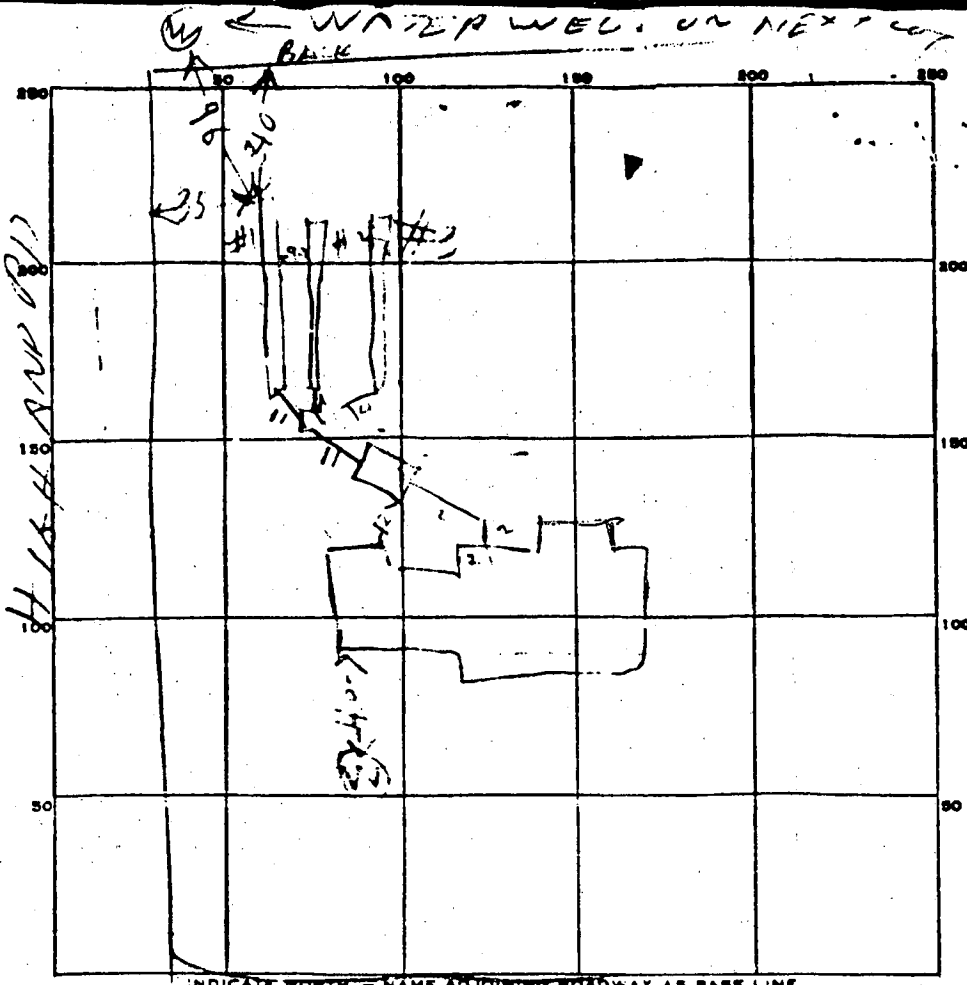
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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

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

935943



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ISLE OF SEYD DR

PERMIT CARD _____

SEPTIC TANK, LEVEL 0-15

CLEANOUTS NO OK

DISTRIBUTION BOX, LEVEL 0

TILE FIELD, DEPTH

1	2	3
9	9	9

 FT. TRENCH WIDTH

2	2	1
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 FT.

GRAVEL DEPTH

1	2	3
12	12	12

 IN. TOTAL LENGTH

56	50	15
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 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA

270	353	302
-----	-----	-----

 #3 TOTAL 912

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/4/85 ADD STONE TO TRENCH #1 DIG TRENCH #1
LANBER & ADD STONE. DIG TRENCH #3 & CALL KH
415 - COVER TRENCHES 1 & 2 PUT CLEANOUT ON TRENCH
#1 TRENCH #3 & CALL 9/5/85 14 PM TRENCH #3 DONE
LEAK AT END OF TRENCH 9/5/85 25 PM TRENCH #2
LINE RIPPED AT

DATE SYSTEM APPROVED 9/1/85

INSPECTOR _____

APPLICATION

1974

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 465 9000 EXT 356

DISTRICT 5th
DATE 2-25-74

*You need pass
Bill*

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 William F & Sharon Pope
Appl Development Company, Inc.

ADDRESS 301-150-1137 El, Jessville, Md. PHONE 301/874-2635

PROPERTY LOCATION Jessville, Va 22084

SUBDIVISION Henry R. Orings Property LOT NO Lot 1 - Phase 1

ROAD AND DESCRIPTION Gen. Lincoln Pk & Road #1
West Side of Hwy 28

SIZE OF LOT 4.111 ac TYPE BLDG. 3-4 B.R.
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE Nil

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

SIGNATURE OF APPLICANT Robert H. Kohn

APPROVED BY R. W. H. [Signature] FOR _____ DATE _____
(KIND OF SYSTEM)

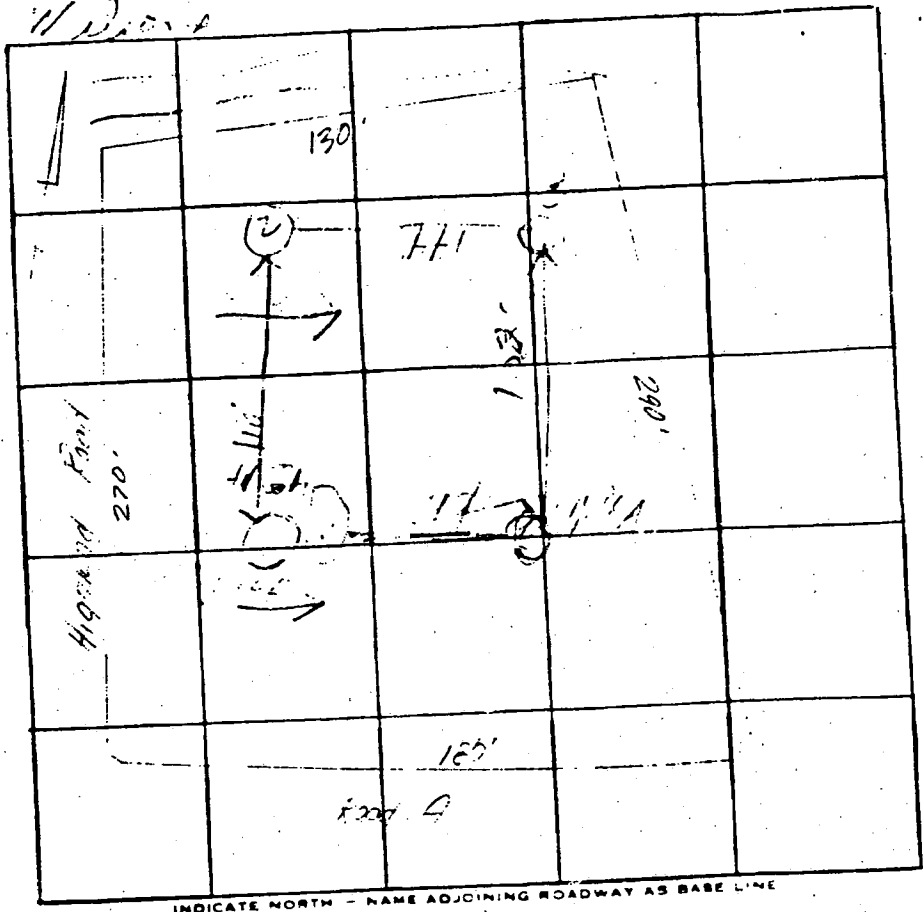
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

[Handwritten signature and notes]
Serial # 65507
AFB

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST START	DROP STOP	TIME
			START	STOP			
3/1	1	1	100	100	100	100	10
3/1	2	1	100	100	100	100	10
3/1	3	1	100	100	100	100	10
3/1	4	1	100	100	100	100	10
3/1	5	1	100	100	100	100	10
3/1	6	1	100	100	100	100	10
3/1	7	1	100	100	100	100	10
3/1	8	1	100	100	100	100	10
3/1	9	1	100	100	100	100	10
3/1	10	1	100	100	100	100	10

11. min
 35. 18 in
 24 1/2 in
 11 ground
 4
 3
 12
 9 1/2
 9 1/2
 9
 2

REMARKS TESTING ALL HOLES

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

DNR 214 (7-77)

SEQUENCE NO. (WRA USE ONLY)

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

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

DATE WELL COMPLETED

DEPTH OF WELL

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO.

OWNER LAST NAME

STREET OR RFD

POST OFFICE

FIRST NAME

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)

FEET FROM TO CHECK IF WATER BEARING

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 16 NO. OF POUNDS 155

GALLONS OF WATER 112

DEPTH OF GROUT SEAL TO NEAREST FOOT

FROM 48 FT. TO 52 FT. ENTERED IF FROM SURFACE

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 6.5 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 17

OTHER CASING

DIAMETER INCH DEPTH FEET

SCREEN RECORD

SCREEN TYPE (CIRCLE APPROPRIATE CODE BELOW) STEEL BRASS OR BRONZE PLASTIC OTHER

DEPTH TO NEAREST WATER TABLE

23 24 25 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN INCH

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING ART. CIRCLE BOX

WRA USE ONLY NOT TO BE FILLED IN BY DRILLER TELESCOPE CASING LOG INDICATOR

PUMPING TEST

1 2 3 SEQ. NO. 6

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: DISTANCE FROM LAND SURFACE BEFORE PUMPING 17

WHEN PUMPING 22

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

A AIR 27 P PERISTALTIC 27 T TURBINE 27 C CENTRIFUGAL 27 R ROTARY 27 O OTHER DESCRIBE BELOW 27 J JET 27 S SUBMERSIBLE 27

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE TO NEAREST GALLON 35

PUMP HORSE POWER 37

BLIND COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE BELOW

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC TANKS, AND SO OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO SPACING MEASUREMENTS TO WELL

CIRCLE APPROPRIATE BOXES

- 1. A WELL WAS ABANDONED AND SEALED WHEN THE WELL WAS COMPLETED
- 2. ELECTRIC LOG OBTAINED
- 3. TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL REQUIREMENTS 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.

DRILLER NAME

PLEASE SIGNATURE

HEALTH

February 26, 1986

Mr. & Mrs. William Ford
6051 Isle of Caye
Highland, Oakland 94777

Dear Mr. & Mrs. Ford:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF NOTABILITY

This certifies that all sampling requirements of COMR 10.17.33 "Well Construction" have been met for the water supply system installed under permit(s) HC-73-8125.

February 27, 1986
Date of Final Sampling

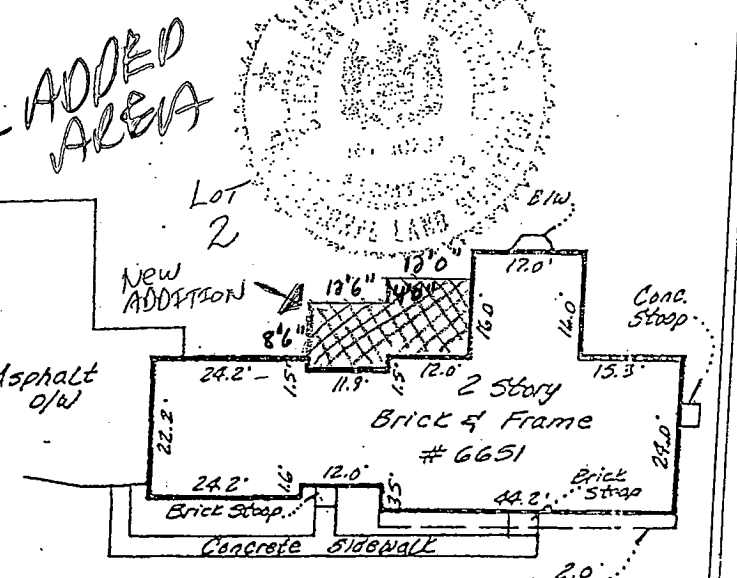
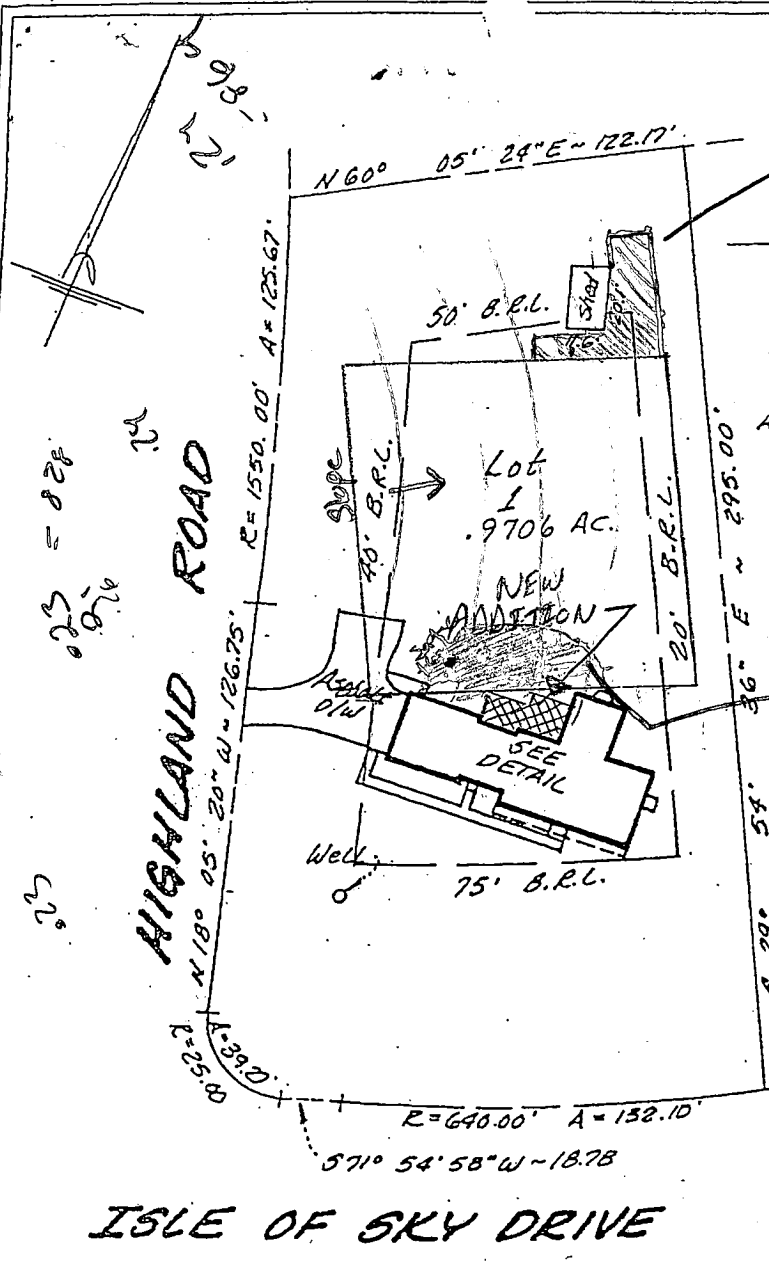
February 16, 1986
Date of Acceptance

Craig Williams
Craig Williams, Director
Water and Sewerage Program

CH/JS:JR

Date Well Approved: 2/17/86
Date Septic Approved: 9/05/85
Water Sample Dates: 12/27/85
2/03/86

Scale x scale x 1/4"



Detail
 Deleted AREA - Proposed add
 OK. Site inspection
 Done and well cap
 Replacement
 LOCATION DRAWING
 BOO150618
 LOT 1
 KJB

SECTION ONE
 HIGHLAND LAKE

Surveyor's Certification

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines, if shown, are approximate in location. This property does not lie within a 100 year flood plain according to FEMA insurance maps unless otherwise shown hereon. Building restriction lines shown as per available information.

Stephen J. Werthold
 Stephen J. Werthold, Maryland RLS Reg. No. 10767

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

Date: 1/20/86
 Scale: 1"=60', 1"=30'
 Plat Book:
 Plat No.: 3807
 Work Order: 96-0084

Meridian Surveys, Inc.
 2401 Research Boulevard
 Rockville, MD 20850
 (301) 840-0025

Address: 6651 Isle of Sky Drive
 District: 5
 Jurisdiction: Howard County, Maryland

NO TITLE REPORT FURNISHED

