

3/26/96
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56527

A REPAIR

DISTRICT _____

DATE 3-26-96

TAX ID - 03-318001

NO RECORD

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~PHONE~~ 313-2640

DATE SYSTEM APPROVED 3/27/96

INSPECTOR McRipkin

INDEXED

Dun-Rite Septic Tank Service IS PERMITTED TO INSTALL _____ ALTER A

ADDRESS 10439 Frederick Road, Ellicott City, MD 21042 PHONE 410-461-3255

SUBDIVISION _____ LOT _____ ROAD 13162 Folly Quarters Road

PROPERTY OWNER Claudia Walters

ADDRESS _____

SEPTIC TANK CAPACITY — GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 108±

MAP 22
GND 15
PANEL 75

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

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

INV 3', BOT 8', 5' STONE 108± TRENCH
MR 3/27/96

PLANS APPROVED BY _____ DATE _____

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

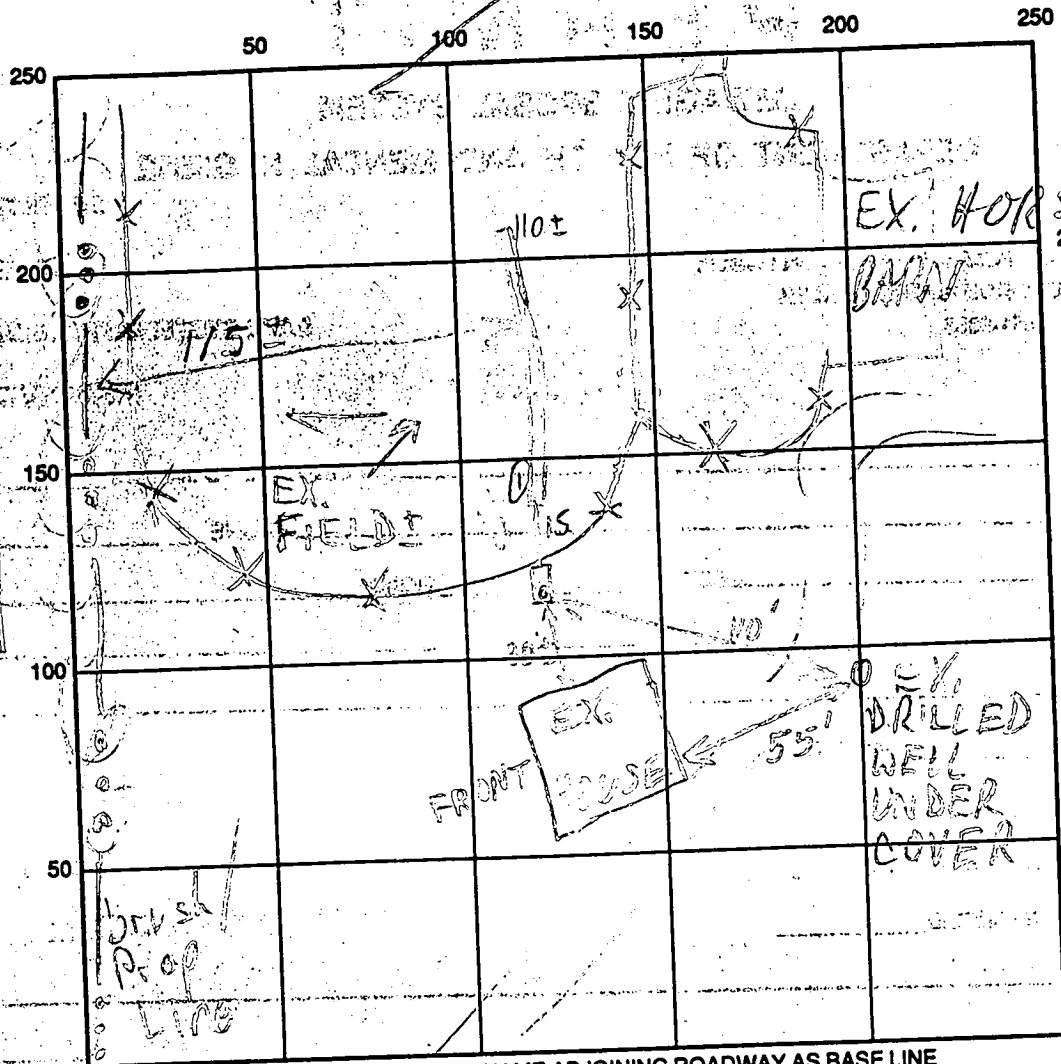
PERMIT VOID AFTER TWO YEARS

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**

P56527



red oige
 5% FA c/m
 7 sa c/m
 3-4
 5A
 25-35%
 mica
 saprolite

prev
 Contor

SEPTIC TANK LEVEL EX. 1250 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL ---

DRAIN FIELD/TITLE DEPTH 7-8 FT. TRENCH WIDTH 7 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4-5 FT. TOTAL LENGTH 110 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 500± SQ. FT.

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

ABSORBENT AREA 500± SQ. FT.

REMARKS: 3/27/96 #1 MET INSTALLER @ SITE; SUGGESTED 2' 10"
SHALLOW TRENCHES, BUT INSTALLER OBJECTED DUE TO
TIME CONSTRAINTS, JOB ALREADY BID, NO D.B. ON SITE; I
SUGGESTED NEW SPECS (PER FRONT), HE AGREED OK TO START MR
3/27/96 #2 SOILS @ TRENCH INSTALLATION IPTO 45% SHALEY
MICA SAPROLITE, BUT I ACCEPTED + APPROVED - OK TO COVER MR

DATE SYSTEM APPROVED 3/27/96 INSPECTOR M. RIRKIN

Mr. Monaghan

PERMIT

P 15648

A 15576

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 12/4/70

INDEXED

*#1170
Ready*

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Clarksville, Maryland PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Folly Quarter Rd. (see LOT

application for better directions)

PROPERTY OWNER George C. Higgins, Sr.

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,200 GALLONS

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

OTHER Trench - 50 ft. long - 8 1/2 ft. deep - minimum 5 ft. gravel under pipe.

OK to put gravel in trench. Locate trench in area tested.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. W. Monaghan DATE 12/4/70

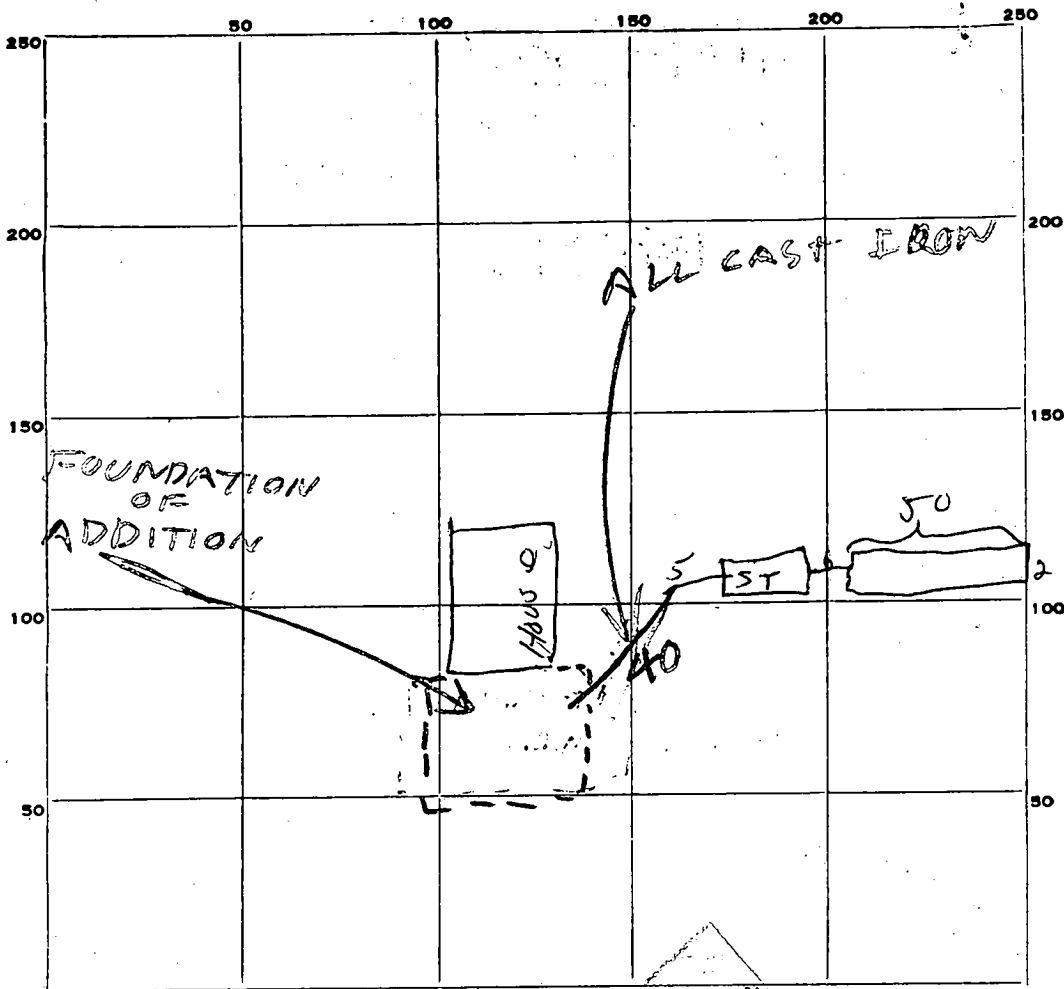
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 15576

Hicks prop
Huggins prop

50.112
25
250
370



PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 66 IN. TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA 00

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

ABSORBENT AREA 540 SQ. FT.

REMARKS 12-4-70 - OK to lower ~~footings~~ work done - must call for final inspection when rest of base sewer is installed Divi

DATE SYSTEM APPROVED 4/1/71 INSPECTOR Raymond Rodger

APPLICATION

A 15576

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 1200 gal.

DISTRICT 5

DATE 10/13/70

Trench - 50 ft long - 8 1/2 ft deep - minimum 5 ft gravel under pipe
OK to put gravel in trench

Locate trench in area tested.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER George C. Higgins, Sr.

ADDRESS 11209 Valley View Avenue, Kensington, Md. PHONE 949-5098

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Folly Quarter Road - 3rd house East of Shepherd's Lane -
house on knoll - very dilapidated - unoccupied

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 4 ± acres TYPE BLDG. Existing house
2 bedrooms - 2 more to be added (total 4)

IF NOT SINGLE RESIDENCE DESCRIBE _____
e

SIGNATURE OF APPLICANT Mr. George C. Higgins Sr.

APPROVED BY W. Monaghan FOR Dep. Health DATE 12-4-70
(KIND OF SYSTEM)

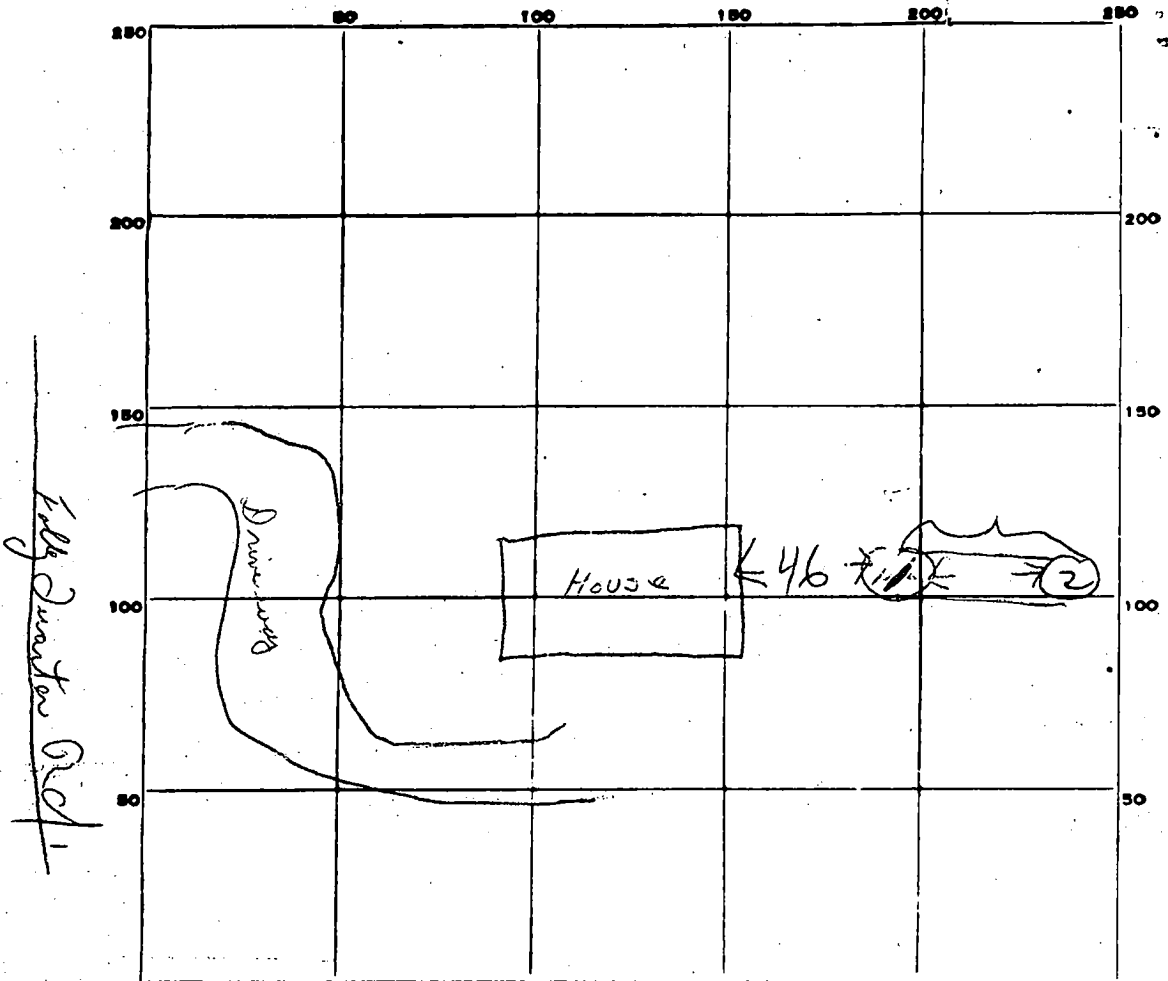
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Recorded
12/4/70
9:30



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/72	1	8 ft	10 ¹⁰	10 ¹³	10 ¹³	10 ²⁰	7 min
	2	8 1/2 ft	10 ¹¹	10 ¹⁵	10 ¹⁵	10 ²²	13 min
			2				

SOIL AUGER FINDING _____

TESTED BY DM

REMARKS _____

C 1 **1492** SEQUENCE NO. (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
A15976

DATE RECEIVED (DWR USE ONLY) April 20 1971 DEPTH OF WELL 145
 DATE WELL COMPLETED 4-20-71 (TO NEAREST FOOT) 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-71-0106
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 001

OWNER H. GIBNS, George LAST NAME FIRST NAME
 STREET OR RFD 11209 Valeview POST OFFICE MD

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	
<u>Brown Shale</u>	<u>0</u>	<u>14</u>	
<u>Brown Rock</u>	<u>14</u>	<u>115</u>	
<u>Grey Shist</u>	<u>115</u>	<u>145</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY
 NO. OF BAGS 87 NO. OF POUNDS 35
 GALLONS OF WATER 35
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 19 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 20

OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD
 SCREEN TYPE OR OPEN HOLE
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM 99 TO 145
 EACH SCREEN
 1 HO 8 9 11 15 17 21
 2 _____ 23 24 26 30 32 36
 3 _____ 38 39 41 45 47 51
 SLOTSIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____
 GRAVEL PACK _____

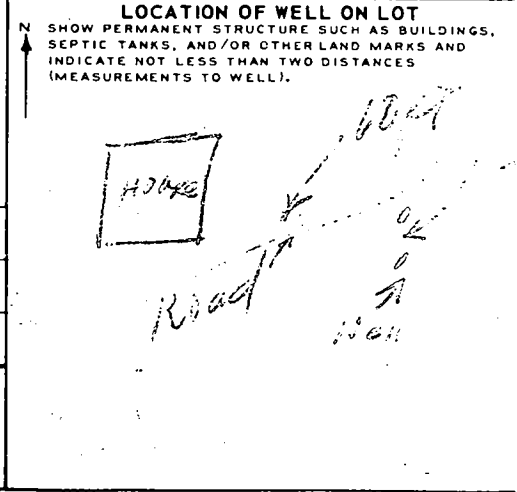
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

C 3 (SEQ. NO.) 6
PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 3
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3
 METHOD USED TO MEASURE PUMPING RATE Bailer
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 130 (NEAREST FOOT)
 WHEN PUMPING 138 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 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) YES NO
 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
 - BELOW } 2 (NEAREST FOOT)
 49 50 51



CIRCLE APPROPRIATE BOXES
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 C COPY OF ELECTRIC LOG ATTACHED

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) Harry Green
 SIGNATURE Harry Green