

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-291529

P 56632D

A REPAIR

DISTRICT _____

DATE 5-17-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~NON-RES~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Rd., Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Green Henge LOT 17, Sec. 3 ROAD 2910 Ordway Drive

PROPERTY OWNER Walton Miller

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

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

5/15/96

12/10/99 No inspection ever called in ALM

PLANS APPROVED BY _____ DATE _____ vr/

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

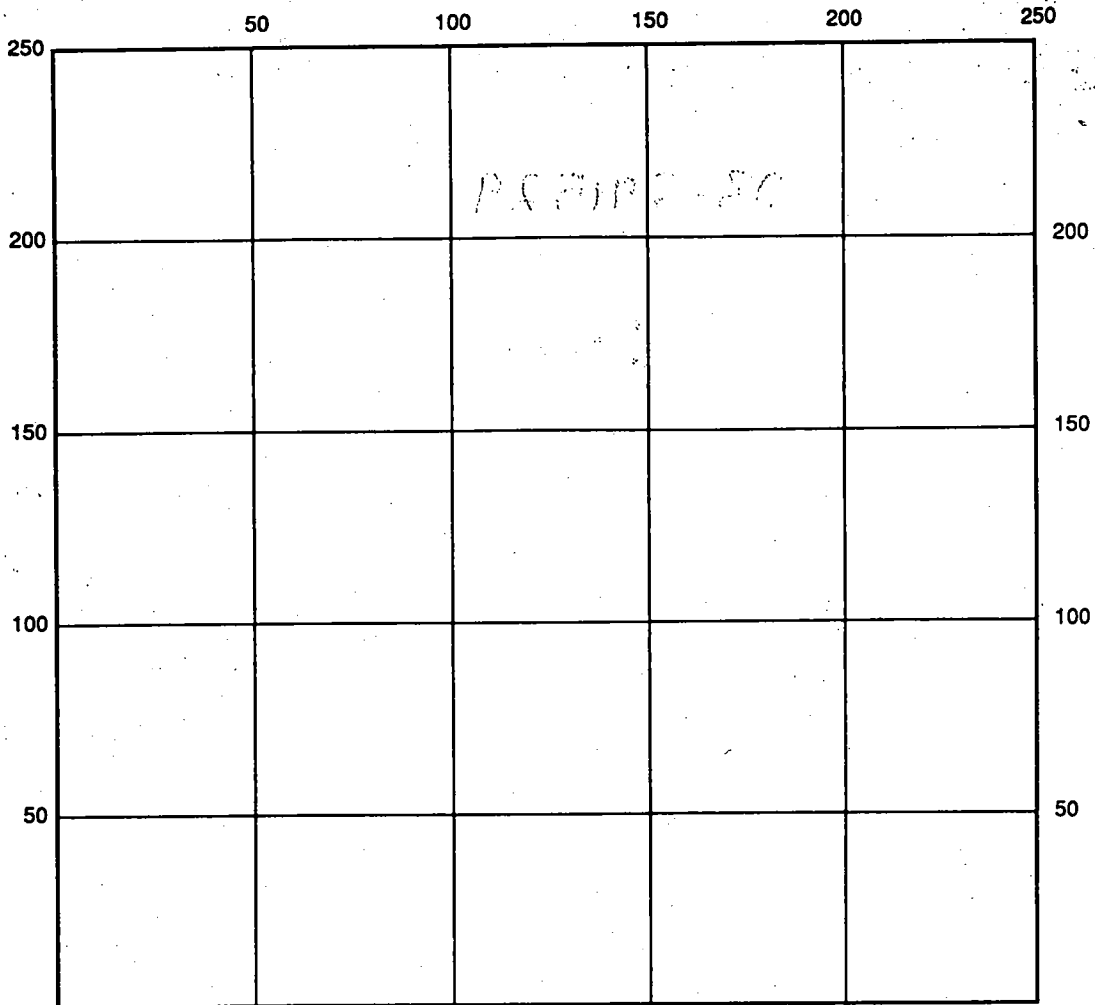
PERMIT VOID AFTER TWO YEARS

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**

R56632-D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

6/20/72

app 6.20.72
2572

PERMIT

P 1741

A 1149

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 6/19/72

Allen EYBOM IS PERMITTED TO INSTALL ALTER

ADDRESS Fishers, Maryland PHONE 787-2176

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Green Hills ROAD Orchard Drive LOT 17, Sec. 3

PROPERTY OWNER Walter Miller

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well - 200 sq. ft. sheet-pile sidewall area below the inlet pipe located

from rear lot line and 15 ft. from left side lot line as seen when facing lot from street

Max. depth permitted for dry well is 8 ft. below original grade.

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

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY J. H. Kilmer DATE 3/28/67

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

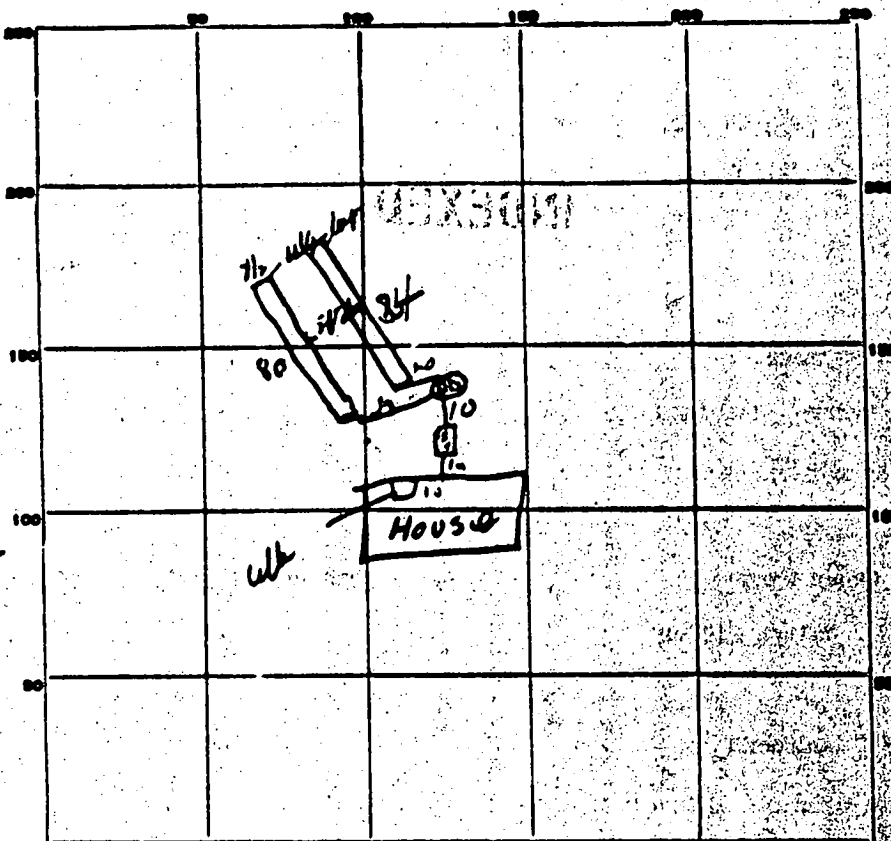
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*2 trenches - length 75 ft. ea. min 2 ft. gravel under pipes, max. depth 6 ft. -
* 1 trench parallel to with left side line*

11439

164
 2 1/2
 1 1/2
 2 2/8
 2 1/2
 31-0

20
 25
 155
 2 1/2
 77
 310
 387



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Ordway Lane

PERMIT CARD no fee

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 56 1/2 FT. TRENCH WIDTH 2 1/2 FT.

GRAVEL DEPTH 24 IN. TOTAL LENGTH 164 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 410

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

ABSORBENT AREA 620 SQ. FT. *side vert area in trench*

REMARKS G-15-73. OK for gravel in trench - trench may be expanded

APPLICATION

A 11439

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

3 bedrooms - Septic Tank ¹⁰⁰⁰ 250 gallons
Dry well - 300 sq. ft. absorbent sidewall area below
the inlet pipe located 15 ft from rear lot line and 15 ft. from
left side lot line as seen when facing lot from Ordinary Dr.

DATE 1/20/66

4 bedrooms - Septic Tank ¹²⁰⁰ 1000 gallons
Dry well - 400 sq. ft. absorbent sidewall area below the inlet pipe
located same as above.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*Max depth permitted for dry well
is 9 ft below orig. grade*

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

PROPERTY OWNER Carwell, Inc.

ADDRESS Chatham Rd., Ellicott City, Md. PHONE HO 5-2677

PROPERTY LOCATION:

SUBDIVISION Green Hange LOT NO. 17, Sec. 3

ROAD AND DESCRIPTION Road Unnamed

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____ PHONE _____

ADDRESS _____

SIZE OF LOT 112' x 268' x 200' x 252' TYPE BLDG. 3 on 4
number of bedrooms

IF NOT SINGLE RESIDENCE DESCRIBE _____

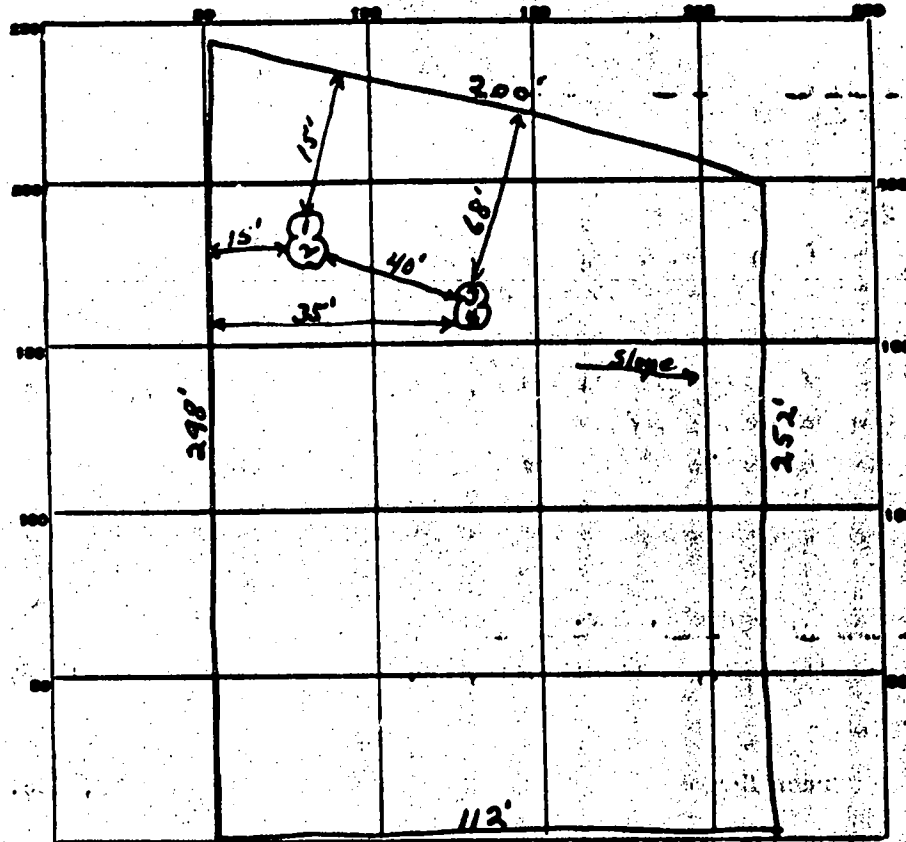
SIGNATURE OF APPLICANT /s/ Carl C. Hall, President

APPROVED BY J. H. Kilmore FOR Dry well DATE 3/27/67
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Wyndhurst Ct

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/29/66	1	8 1/2'	2:30	2:33	2:33	2:36	3 min
	2	4 1/2'	2:30	2:34	2:34	2:39	5 min
	3	9'	2:42	2:43	2:43	2:45	2 min
	4	5'	2:40	2:47	2:47	3:01	14 min

As of
8m
Depth
inlet

SOIL AUGER FINDING _____

TESTED BY JHK

REMARKS _____

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 1/20/66

A 11439
P _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Carwell, Inc.

ADDRESS Chatham Rd., Ellicott City, Md. PHONE HO 5-2677

PROPERTY LOCATION:

SUBDIVISION Green Henge LOT NO. 17, Sec. 3

ROAD AND DESCRIPTION Road Unnamed

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 112' x 268' x 200' x 252' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Carl C. Hall, President

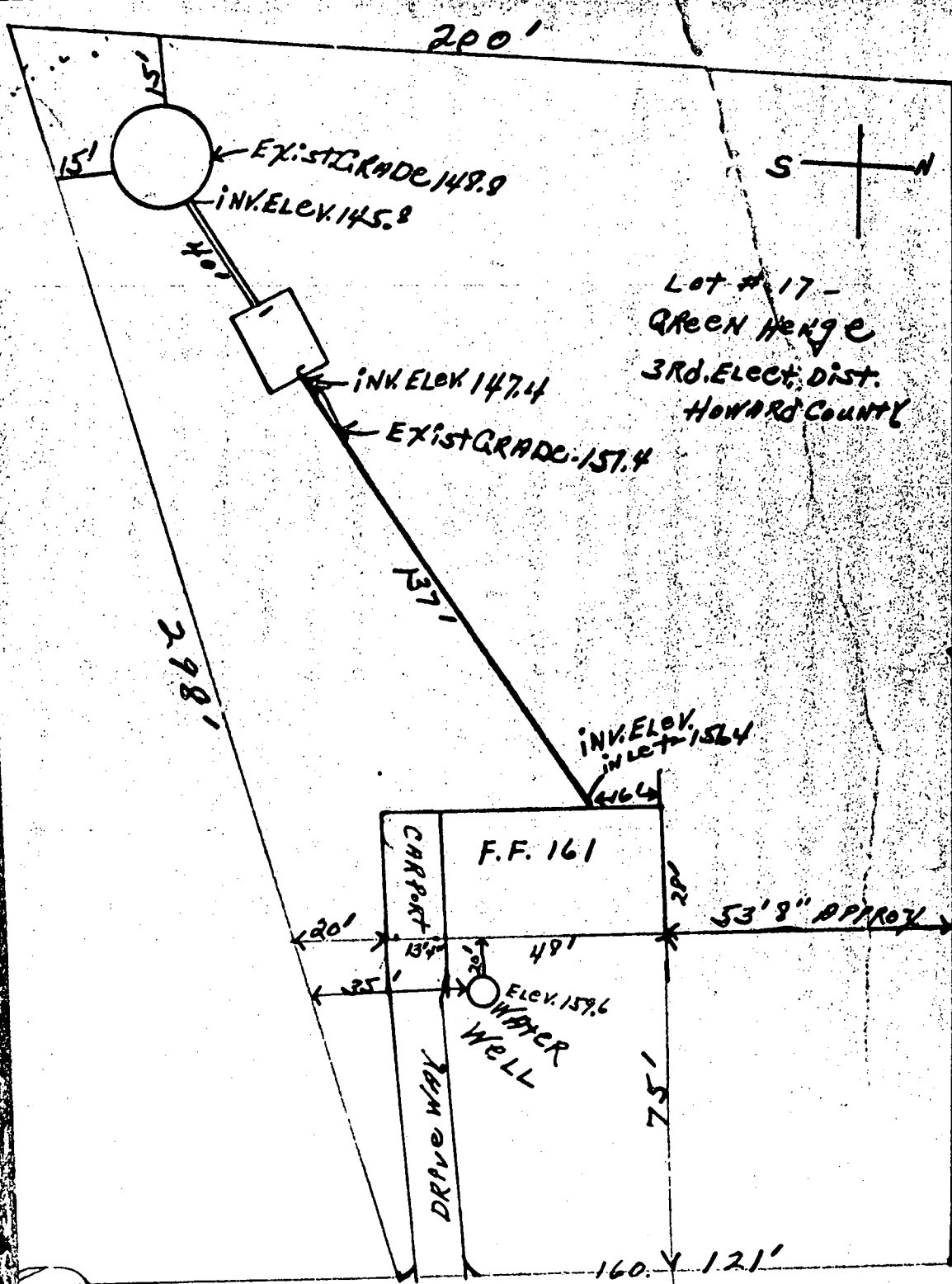
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

NOT A DEMAND



Lot # 17 -
 GREEN HEDGE
 3RD. ELECT. DIST.
 HOWARD COUNTY

ORDWAY DRIVE To-EVERGREEN-WAY

8-24-71
 OK
 RM

EMERGENCY NO. (IN 807) -

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER: 116-72-214

FILL IN THIS FORM COMPLETELY

B 1 02581 (AGENCE NO. (DWR USE ONLY))

1 2 3 (SEQ. NO.) 0
 (THIS NUMBER IS TO BE PUNCHED IN COLD. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY): 6/21/72

OWNER: Morrison, Leon
 COL. 10 LAST NAME COL. 11 FIRST NAME COL. 12

STREET OR RFD: 106 Hillside Road
 COL. 13 COL. 14 COL. 15

POST OFFICE: Stonington, Maryland
 COL. 16 COL. 17 COL. 18

B 1 CONTINUED (DWR USE ONLY)

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 0

DATE: January 9, 1972 LICENSE NUMBER: 120
 COL. 19 COL. 20 COL. 21 COL. 22

COMPANY: W. R. Harr Sons (Corp)
 COL. 23 COL. 24 COL. 25 COL. 26

FIRST NAME: _____ DRILLER COL. 27 COL. 28 COL. 29 COL. 30

LAST NAME: _____ COL. 31 COL. 32 COL. 33 COL. 34

SIGNATURE: _____

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 0

COUNTY: Howard
 (DO NOT ABBREVIATE COUNTY NAME) COL. 35 COL. 36 COL. 37

SUBDIVISION: Green Ridge Dr
 COL. 38 COL. 39 COL. 40 COL. 41

SECTION: _____ LOT: 12
 COL. 42 COL. 43 COL. 44 COL. 45

NEAREST TOWN: Beltsville
 COL. 46 COL. 47 COL. 48 COL. 49

MILES FROM TOWN ENTER 0 IF IN TOWN: 7.5
 COL. 50 COL. 51 COL. 52 COL. 53

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 0

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): _____
 COL. 54 COL. 55 COL. 56 COL. 57

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500
 COL. 58 COL. 59 COL. 60 COL. 61

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

M MUNICIPAL WATER SUPPLY

P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL

T TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 0

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST SW SOUTHWEST NW NORTHWEST

ROAD NAME: Greenway Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 40
 COL. 62 COL. 63 COL. 64 COL. 65

APPROXIMATE DEPTH OF WELL: 150 FEET
 COL. 66 COL. 67 COL. 68 COL. 69

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
 COL. 70 COL. 71 COL. 72 COL. 73

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

80-87 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE): _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

M THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER: _____ ENGINEER REVIEW DISTRICT NO.: _____

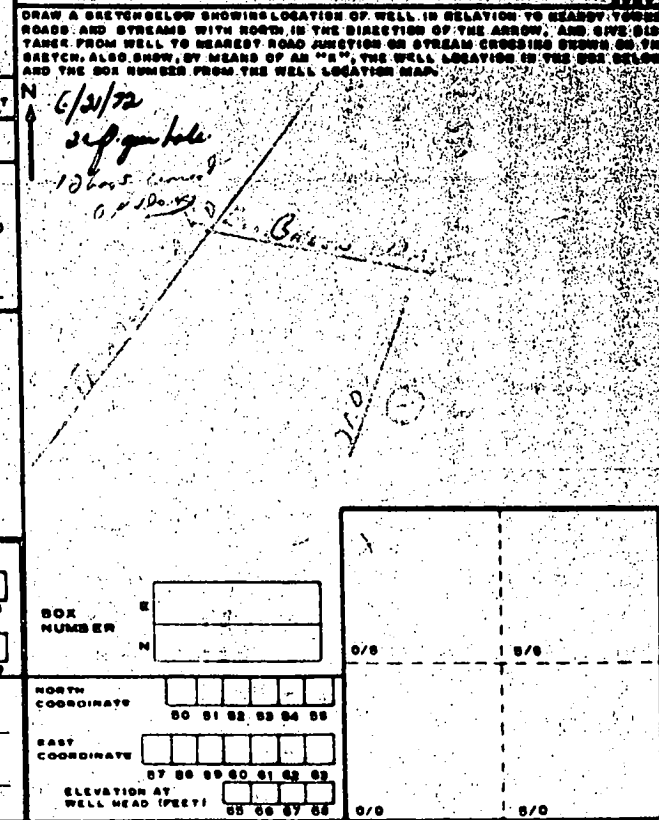
FORCE: _____ WRITE INITIALS: _____ CONDITIONS: _____

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 0

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: _____ COUNTY NO.: _____

DATE: _____ MO. DAY YR. APPROVED BY: _____



B 5 SPECIAL CONDITIONS (DWR USE ONLY)

1 2 3 (SEQ. NO.) 0