

6/28/96
1-2pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-291405

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

P 57100A

A REPAIR

DISTRICT _____

DATE 6/25/96

DATE SYSTEM APPROVED 6-28-96

INSPECTOR DKS

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Green Henge LOT 35 ROAD 2897 Evergreen Way

PROPERTY OWNER Charles Miller

ADDRESS 2897 Evergreen Way
Ellicott City, Maryland 21042

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

EX. _____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED EX.

REPAIR - PURPOSE - METAL SEPTIC TANK HAS COLLAPSED - REPLACE WITH A CONCRETE TANK.

Call for inspection when tank is in place so that a sanitarian can approve size and location.

06/25/96

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

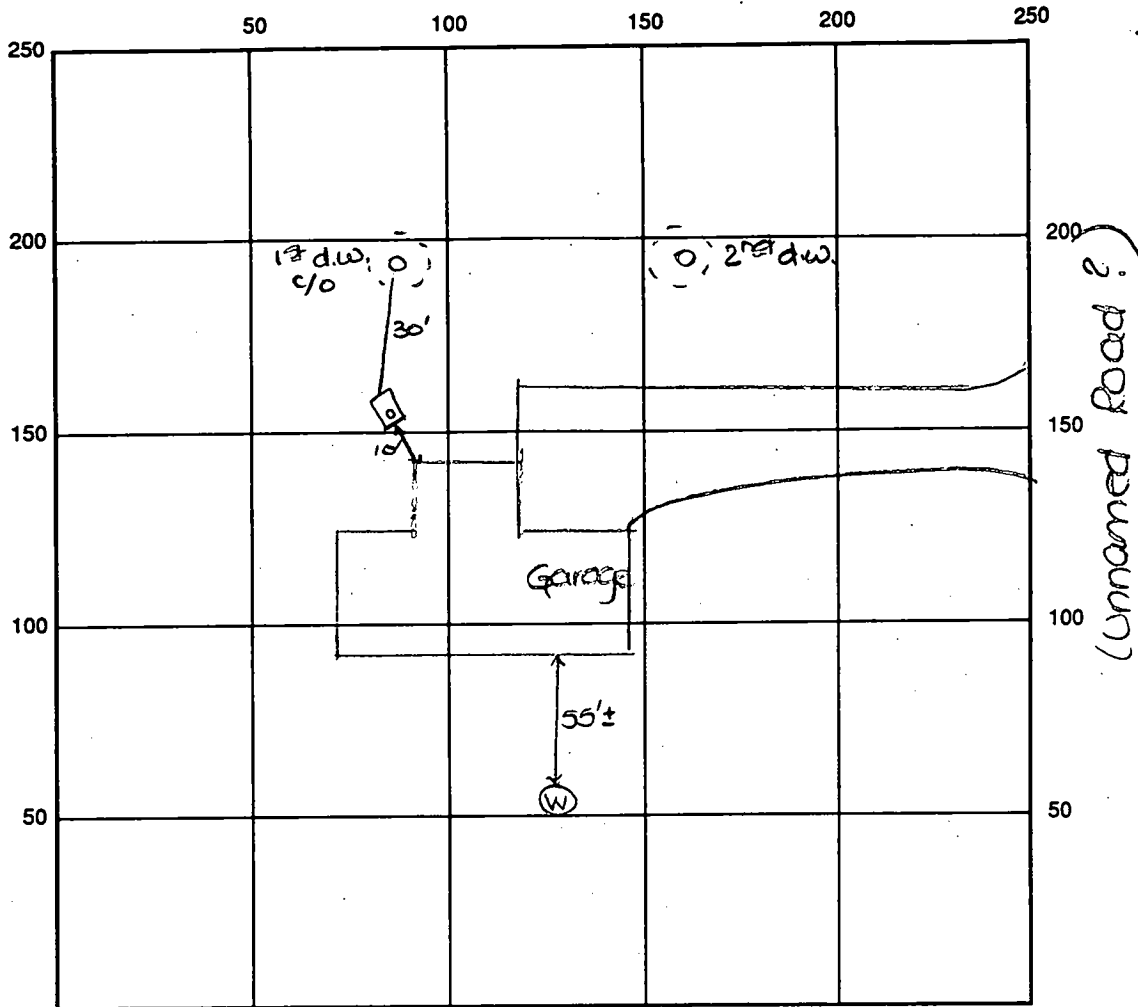
PERMIT VOID AFTER TWO YEARS

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**

P 57100A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Evergreen Way

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on sit., ex on each d.w.

DISTRIBUTION BOX LEVEL N/A

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 EX FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 6-28-96 NEW septic tank location ok. OK to cover work. DKS

DATE SYSTEM APPROVED 6-28-96 INSPECTOR Southern

9/22/71

Check 7/22/71
Partial
Holt
Faced C.80
P 16212
A 11443

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

INDEXED

DATE 8/10/71

V. E. BYRD

IS PERMITTED TO INSTALL ALTER

ADDRESS 402 Madara Road, Linthicum Heights, Md.

PHONE 782-1778

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Green Hedge

ROAD Evergreen Way &

LOT 25, Sec. 3

Unnamed road

PROPERTY OWNER Carroll, Inc.

ADDRESS

SPECIFICATIONS - 4 bedrooms

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

BEEPAGE PITS _____ ABSORBENT SIDE WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,200 GALLONS

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

OTHER Two dry wells - Each 11 ft. in dia. by 6 ft. deep below the inlet pipe.

Bottom of dry wells to be no deeper than 9 ft. below original grade. First dry well to be

located 150 ft. from front lot line and 45 ft. from left side lot line as seen when

facing lot from Evergreen Way. Dry wells to be 40 ft. apart measured edge to edge.

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

PERMIT VOID AFTER THREE YEARS.

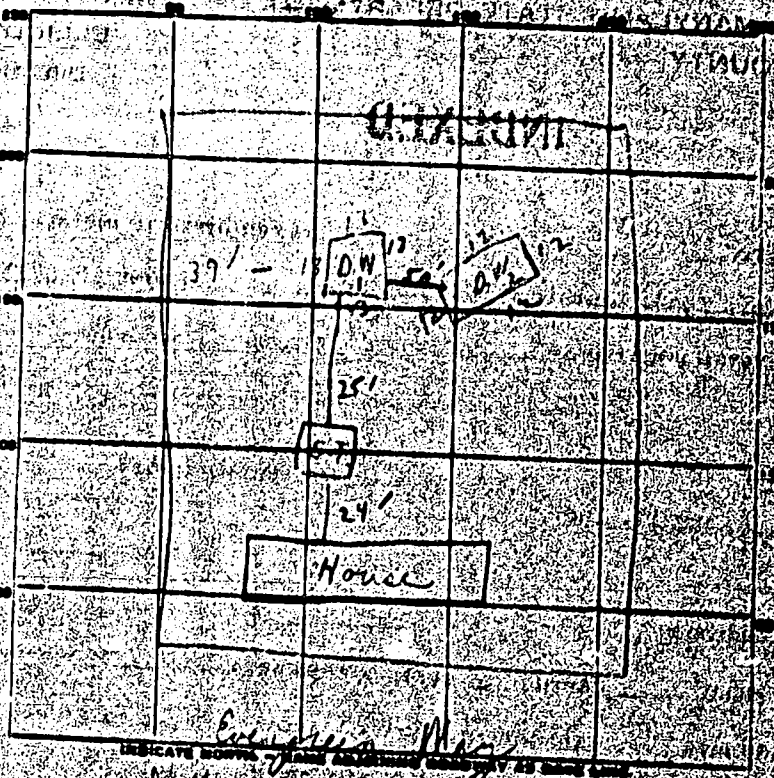
PLANS APPROVED BY J. H. Kilmore

DATE 3/26/67

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.

A 11443



PERMIT CARD Legal
 SEPTIC TANK LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK
 TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

48
 218
 312
 600

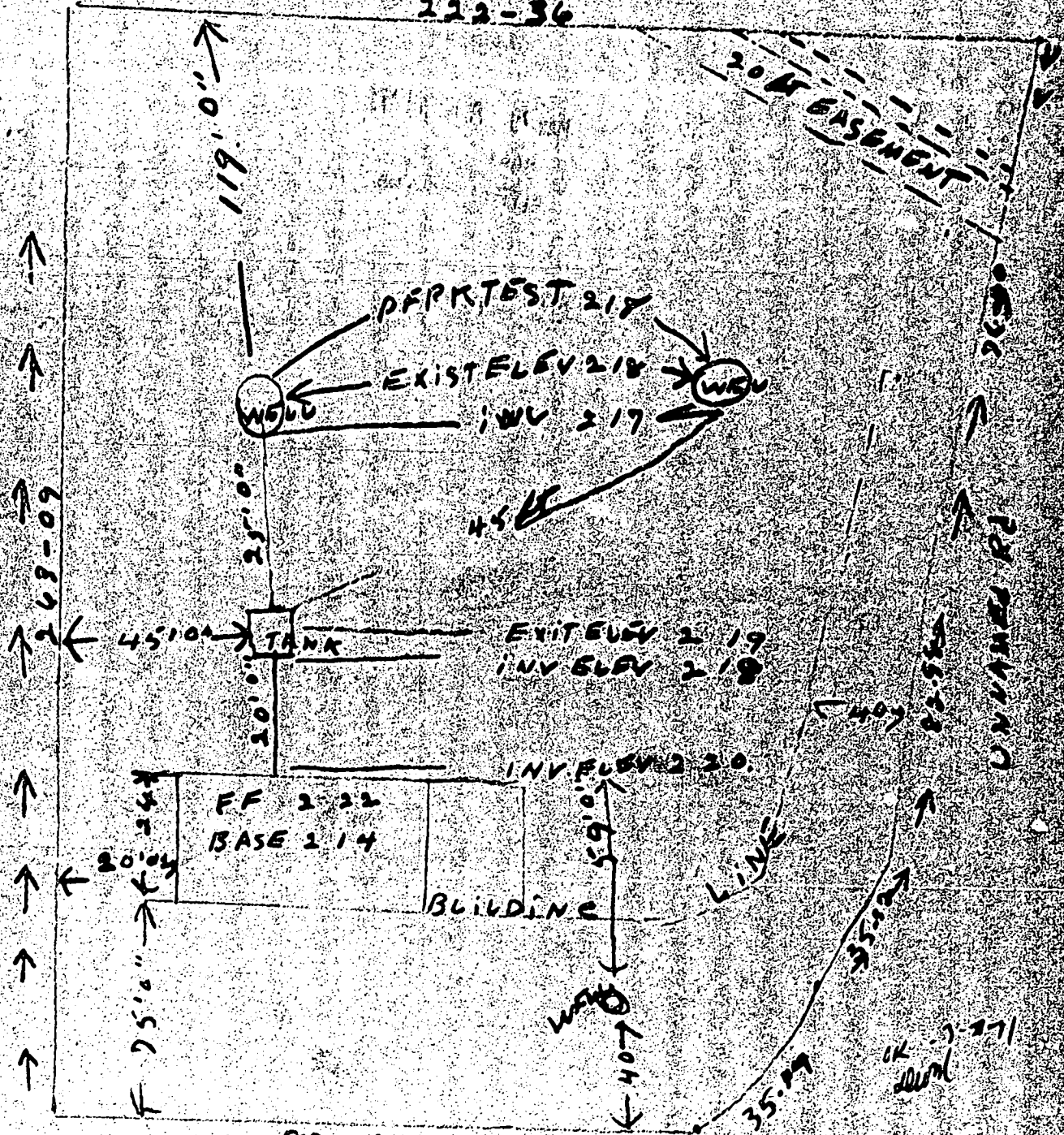
NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 (2) OUTSIDE PERIMETER 48
 SEEPAGE PITS INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 6 FT.
 (1) Total ABSORBENT AREA 600 SQ. FT.

REMARKS 9/22/71 Metal septic tank, electric pipe
metal distribution box. No old metal septic tank
cleanouts installed according to county code.
9/23/71. Cost now clear out ~~not~~ installed.

DATE SYSTEM APPROVED 9/23/71 INSPECTOR C. Shaker

LOT 35 SEC. 3 BLOCK C
EVERETT HENCE

222-36



EVERETT RD

W E Byrd
409 N. ...
South ...

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 11443

P _____

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

~~3 bedrooms~~ Septic Tank ~~2000~~ gallons

2 dry wells: Each 9 ft. in dia. by 6 ft. deep below the inlet pipe. Bottom of dry wells to be no deeper than 9 ft. below original grade. First dry well to be located 190 ft. from front lot line and 45 ft. from left side lot line as seen when facing lot from Evergreen Way. Dry wells to be 40 ft. apart, measured at the

DATE 2/20/66

4 bedrooms - Septic Tank - ~~1800~~ gallons

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

2 dry wells - Each 11 ft. in dia. by 6 feet deep below the inlet pipe located same as above with same restrictions

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. 35, Sec. 3

ROAD AND DESCRIPTION COBERT EVERGREEN Way & Unnamed Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 82' x 266' x 220' x 268' TYPE BLDG 3 1/2 NUMBER OF RESIDING _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

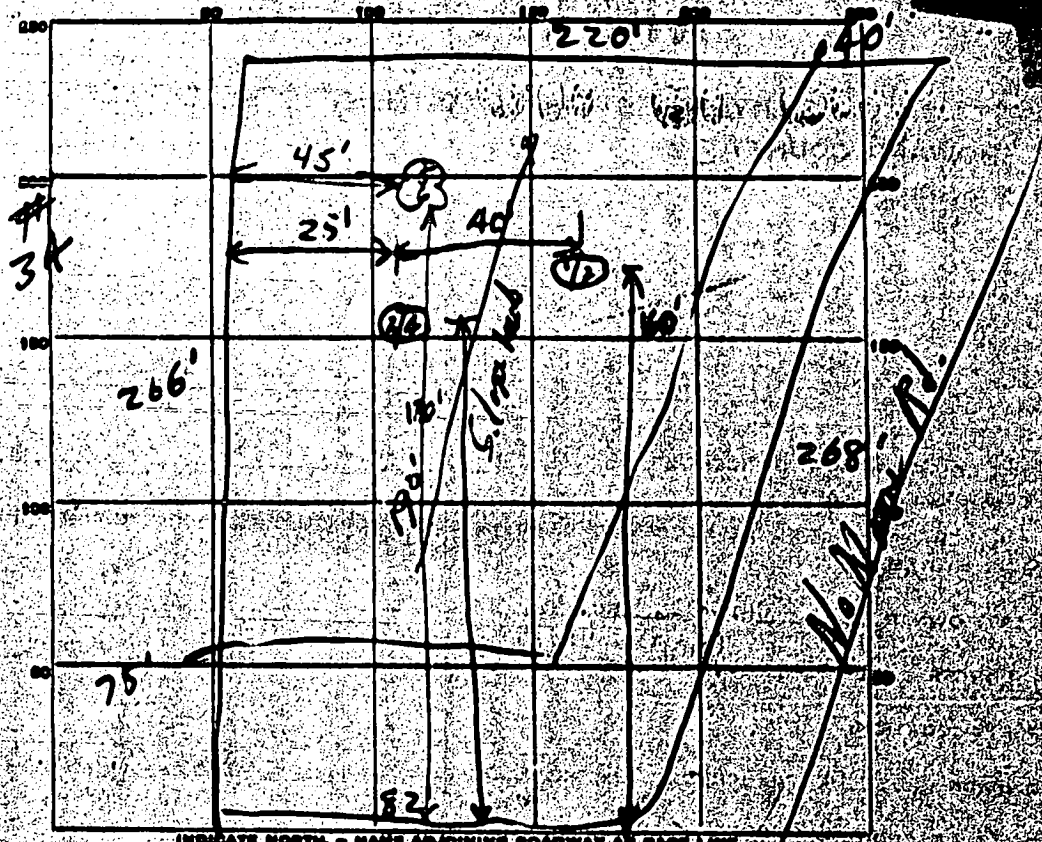
APPROVED BY J. H. Robinson FOR 2 dry wells DATE 2/20/66

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Evergreen Way

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/21/66	1	9 ft.	2:21	2:22	2:22	2:24	2 min.
	2	5 ft.	2:20	2:22	2:22	2:24	2 min.
	3	4 1/2 ft.	2:26	2:28	2:28	2:31	3 min.
	4	8 1/2 ft.	2:26	2:40	2:40	Overrun 2nd hole	
6/24/66	5	8 ft.	10:38	10:42	10:42	10:52	10 min.
	6	4 ft.	10:40	10:43	10:43	10:47	4 min.

Av. Time
9 min
Depth below
inlet 3'

SOIL AUGER FINDING: *Must dig down to 13 ft. or deeper - RR #35*
 TESTED BY: *6/29/66 JHK - no water at 10'*
 REMARKS: *(5, 6) hole must be dug to 13 or 14 ft. - JHK*
Limit of subsidence was 10'

C 3752

SEQUENCE NO. 43

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.

DATE WELL COMPLETED 7/10/71

DEPTH OF WELL 125 (TO NEAREST FOOT)

PERMIT NO. FROM STATE DEPT. OF WELL 209

OWNER MILLER

DRILLER NAME ROBERT BATO POST OFFICE BATO 21227

STREET OR RFD 998 Elm RD

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

Clay
Office Sand
Tanned Rock 20' to 60'
Office Rock 60' to 125'

DESCRIPTION	THICKNESS	FROM	TO	WATER BEARING
Clay				
Office Sand				
Tanned Rock	20' to 60'			
Office Rock	60' to 125'			

GRouting RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE CODE) TYPE OF GROUTING MATERIAL (CIRCLE CODE) CEMENT [X] BESTONITE SLAY [] NO. OF BAGS 2 NO. OF POUNDS 223 BALLONS OF WATER 18 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 TO 20

CASING RECORD

MAIN CASING TYPE S7 NOMINAL DIAMETER (NEAREST INCH) 6 TOTAL DEPTH (NEAREST FOOT) 22 OTHER CASING (IF USED) DIAMETER (INCH) FROM TO

SCREEN RECORD

15 FEET TYPE (CIRCLE CODE) STEEL [X] BRASS OR SPONGE [] OPEN HOLE [] PLASTIC [] OTHER [] DIAMETER OF SCREEN (NEAREST INCH) 2 FROM TO

PUMPING TEST

FOODS PUMPED (TO NEAREST GALLON) 8 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20 METHOD USED TO MEASURE PUMPING RATE [] WATER LEVEL (DISTANCE FROM GROUND SURFACE) BEFORE PUMPING 20 AFTER PUMPING 100 TYPE OF PUMP USED (CIRCLE APPROPRIATE CODE) [X] AIR [] MOTOR [] POWER [] CENTRIFUGAL [] ROTARY [] OTHER [] [X] HYDRA [] SUBMERSIBLE []

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ

CIRCLE APPROPRIATE BOXES A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. 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. DRILLER'S NAME: Robert Bato SIGNATURE: Robert Bato

DEPTH (NEAREST WHOLE FOOT) FROM TO

DIAMETER OF SCREEN (NEAREST INCH) 2 FROM TO

IF WELL DRILLED, WAS A FLOPING WELL (CIRCLE CODE) [X] YES [] NO

OWN USE ONLY (NOT TO BE FILLED IN BY DRILLER) (I, S, D, S) 70 71 72 73 74 75 76 OTHER DATA AVAILABLE

CASING HEIGHT (CIRCLE APPROPRIATE CODE) ABOVE GROUND SURFACE BELOW GROUND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING OR SEPTIC TANKS, AND/OR OTHER LAND MARKS. INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

HEALTH