

7/9/96  
7/16/96  
10-200

# PERMIT

## SEWAGE DISPOSAL SYSTEM

P 57012B

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A REPAIR

*No Records found*

DISTRICT \_\_\_\_\_

#### HOWARD COUNTY HEALTH DEPARTMENT

DATE 7-3-96

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

DATE SYSTEM APPROVED 7/16/96

INSPECTOR M. Rifkin

Arnold Backhoe & Septic Service IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS P.O. Box 15, 7110 Woodbine Road, Woodbine, MD 21797 PHONE 795-7873

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 3316 Shady Lane

PROPERTY OWNER Addison Webster

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY EX GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 70

*Per Diana Mason (Engineering) Public Sewer and Water is not available*

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

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

INV 5 BOT 12 70' TRENCH

vr/ 7/2/96

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

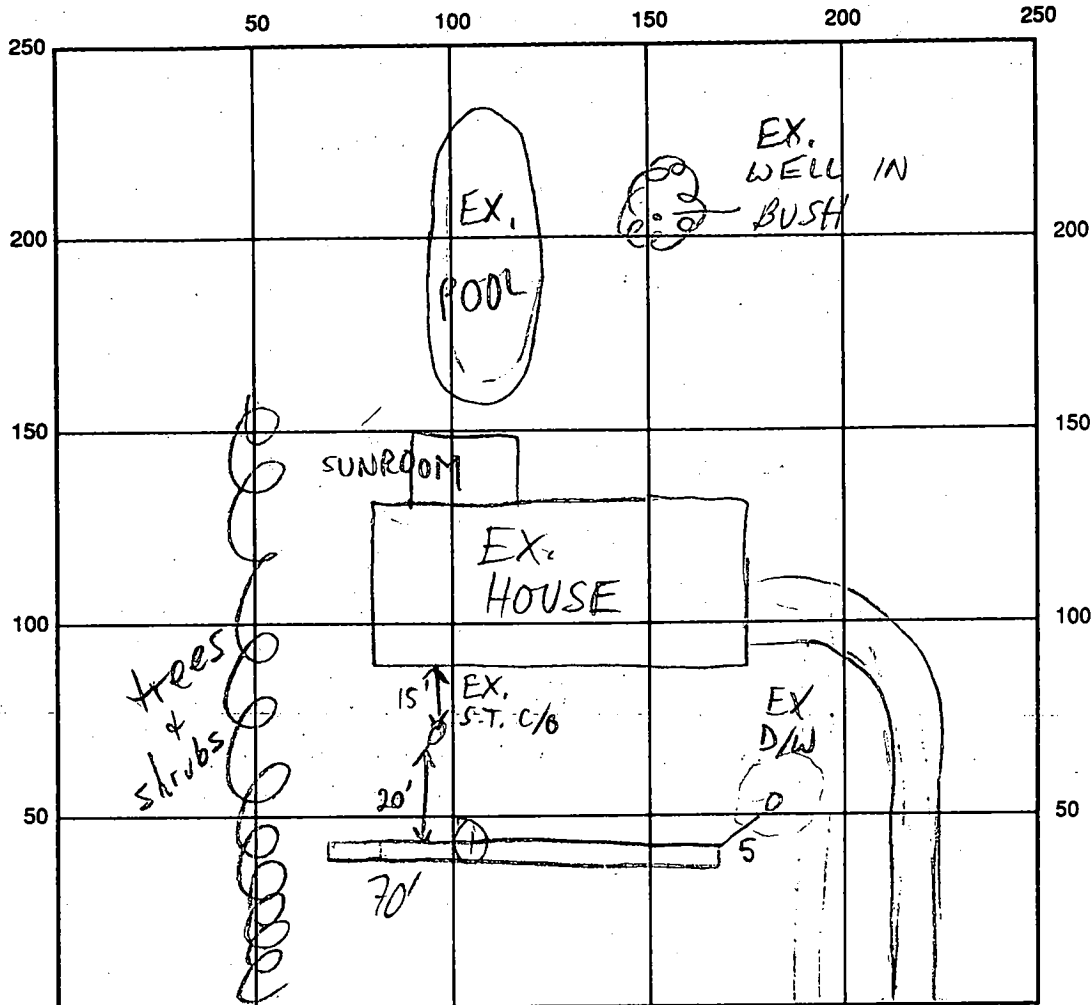
PERMIT VOID AFTER TWO YEARS

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**

A 57012B



SHADY LA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX - OK

CLEANOUTS EX - OK

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TITLE DEPTH 12 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 7 FT.

TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 490 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 490 SQ. FT.

REMARKS: 7/16/96 #1 OK TO START MR

7/16/96 #2 OK TO COVER MR

7/16/96 ALSO ADVISED HOMEOWNER'S DAUGHTER NOT TO DISCHARGE POOL BACKWASH IN VICINITY OF WELL MR

DATE SYSTEM APPROVED 7/16/96

INSPECTOR M. Ripkin

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY

INDEXED

DISTRICT

DATE 10/79

Thomas Plumbing and Heating

IS PERMITTED TO INSTALL  OR ALTER

ADDRESS ELLICOTT CITY, MD.

PHONE 462-0882

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Verfield Estates ROAD Stony Lane LOT 8, Sect. 2

PROPERTY OWNER Halle Enterprises

ADDRESS 9332 Annapolis Road, Lanham, MD.

SPECIFICATIONS As follows

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDEWALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1200 GALLONS

FOR GARAGE GRINDER, INCREASE DISPOSAL AREA, RES & TANK CAPACITY BY THAT AMOUNT

OTHER DRY WELL - 113 sq. ft. absorbent sidewall area per bottom 12 ft. below inlet pipe. Inlet pipe 1 ft. below original grade. Maximum depth permitted for dry well is 12 ft. below original grade. Place dry well 25 ft. from Stony Lane (as 110 and 19 ft. from right sidewalk as shown on zoning map) If other tank type is used sidewall area shall be 100 sq. ft.

ALL PIPES FROM HOUSE TO SEPTIC TANK MUST BE CAPPED. PIPES VOID AFTER THREE YEARS. INSTALL VENT PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Donald V. Hargrave DATE 10/10/79

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER HOLES UNTIL INSPECTED AND APPROVED.

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

*Handwritten signature*

11/2/79

REVISED

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH  
HOWARD COUNTY

ELLCOTT CITY

DISTRICT

DATE

PERMIT NO.

ADDRESS

PROPERTY OWNER

ADDRESS

SUBDIVISION

DEPT. BOTTOM AREA

DEPTH

PERMIT CARD

SEPTIC TANK CAPACITY

SEPTIC TANK LEVEL

DISTRIBUTION BOX LEVEL

TILE FIELD DEPTH

GRAVEL DEPTH

NUMBER OF TRENCHES

TOTAL BOTTOM AREA

SEEPAGE FITS, USED

DEPTH BELOW GRADE

ABSORBENT AREA

REMARKS

UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COMMISSIONER NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE

PERMIT NO. 48

DATE SYSTEM APPROVED 11/5/78

INSPECTOR H. Snyder

REMARKS: 20 ft trench  
stone 1/2 to 1  
inlet depth

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SEWAGE DISPOSAL TESTING  
**MARYLAND STATE DEPARTMENT OF HEALTH**

**HOWARD COUNTY**

**ELLICOTT CITY**

Septic tank 7 bedrooms 1000 gal  
 1200 gal

DISTRICT 4

DATE 9/21/70

By Draywell 143 sq ft adjacent sidewalk and gas bedroom to begin below inlet pipe. Inlet pipe of below original. This depth permitted for Draywell as of below original.

Place Draywell 95 ft from study lane lot line & 39 ft from right Sideline as saw when fringed lot from study lane.

TO: THE COUNTY HEALTH OFFICER  
 ELLICOTT CITY, MARYLAND

if all test area is used individual one must be 193 sq ft wide and one gas bedroom

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

PROPERTY OWNER Maple Hill Tract Association

ADDRESS 6300 Tuckers Lane, Ellicott City, Md. 21043

Any questions call  
 Mr. Williams  
 242-2584

PROPERTY LOCATION:

SUBDIVISION Maple Hill Estates

LOT NO. 8

ROAD AND DESCRIPTION Study Lane

OCCUPANT	PERSON TO CONSTRUCT SYSTEM	ADDRESS	PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

SIZE OF LOT 300' x 270' x 200' x 270' TYPE SLDG

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Ed. MacLisack & Son

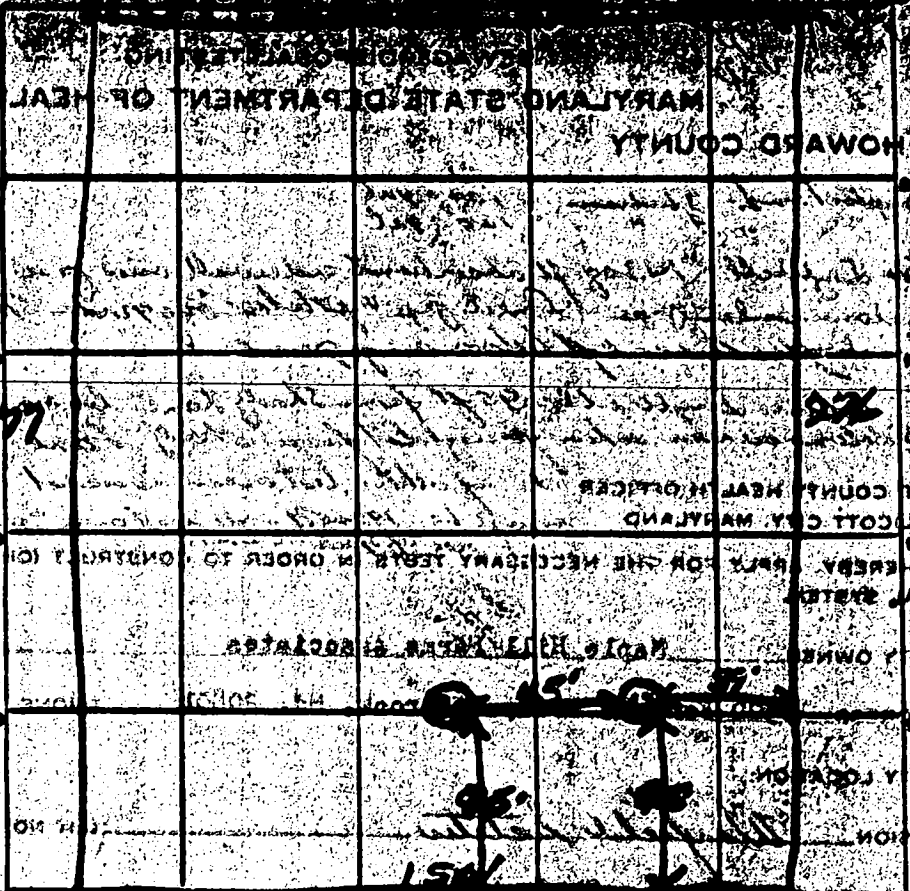
APPROVED BY [Signature] FOR Draywell DATE 9-21-70

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

**THIS IS NOT A PERMIT**



**Shaley Lane**

DATE	TEST NO.	DEPTH	PRESURE		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/25/04	1	11'	10 <sup>32</sup>	10 <sup>34</sup>	10 <sup>32</sup>	10 <sup>38</sup>	4m
	2	5'	10 <sup>32</sup>	10 <sup>32</sup>	10 <sup>35</sup>	10 <sup>44</sup>	9m
	3	10'	10 <sup>32</sup>	10 <sup>38</sup>	10 <sup>32</sup>	10 <sup>55</sup>	17m
	4	5'	10 <sup>32</sup>	10 <sup>41</sup>	10 <sup>35</sup>	stop	30m

SOIL AUGER FINDING

TESTED *[Signature]*

**THIS IS NOT A PERMIT**

DATE WELL COMPLETED: Dec 29 72  
DEPTH OF WELL: 300  
OWNER: Malb Enterprises

STREET OR RFD: \_\_\_\_\_  
CITY OR TOWN: London

WELL LOG

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

DESCRIPTION	FEET	THICKNESS	WATER BEARING
USE PLUTONUM	FROM	TO	
<u>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Hard</u>	<u>3</u>	<u>70</u>	
<u>Med</u>	<u>70</u>	<u>300</u>	<input checked="" type="checkbox"/>

1-5-B,  
27' open  
10 bags cement  
19pm PPH

GRouting RECORD

WELL LOG LIST NUMBER (CIRCLE APPROPRIATE ONE):  V  N

TYPE OF SETTING MATERIAL (CIRCLE ONE):  
CEMENT  C  S  
SCORIA CLAY  SC  CC

NO. OF BAGS: 10 NO. OF POUNDS: 1000

DEPTH OF GROUT SEAL (TO NEAREST FOOT):  
FROM 0 TO 50

CASING RECORD

(CIRCLE APPROPRIATE CODE BELOW)

STEEL:  ST  CO  
CONCRETE:  PL  OT  
PLASTIC:  PL  OT

MAIN CASING TYPE:  S  T

DIAMETER (INCH): 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 77

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET)

SCREEN RECORD

(CIRCLE APPROPRIATE CODE BELOW)

STEEL:  ST  BR  NO  
PLASTIC:  PL  OT

SCREEN TYPE:  C  2

DEPTH NEAREST WHOLE FOOT!

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

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE ONE:  F  P

FOR USE ONLY (DO NOT BE FILLED IN BY DRILLER)

TELESCOPE CASING:  T

LOG INDICATOR:  L

OTHER DATA AVAILABLE:  O

PUMPING TEST

HOUS PUMPED (TO NEAREST GPM): 1

WATER LEVEL (DISTANCE FROM LAND SURFACE) (NEAREST FEET): 40

WELL NO.: 300

TYPE OF PUMP USED (CIRCLE APPROPRIATE ONE) (FOR PUMPING TESTS):  
 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

PUMP INSTALLED

TYPE OF PUMP (CIRCLE APPROPRIATE LETTER OR ONE - 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

DRILLED WELL INSTALL PUMP (CIRCLE APPROPRIATE ONE):  Y  N

CAPACITY: \_\_\_\_\_

GALLONS PER MINUTE (TO NEAREST GALLON): \_\_\_\_\_

PUMP HORSE POWER: \_\_\_\_\_

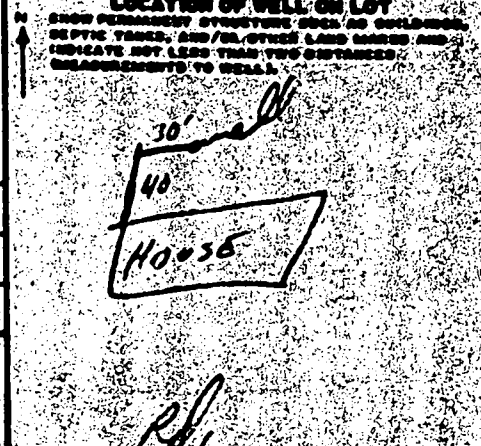
PUMP COLUMN LENGTH (NEAREST FOOT): \_\_\_\_\_

CASING HEIGHT (CIRCLE APPROPRIATE ONE AND ENTER CASING HEIGHT)

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

BELOW:  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

LAND SURFACE: \_\_\_\_\_ (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

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.

DRILLER'S NAME: W. Cortney

SIGNATURE: W. Cortney