

4/8/97  
12:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58080A

A REPAIR

DISTRICT 3rd

DATE 4/11/97

DATE SYSTEM APPROVED 4/6/97

INSPECTOR AB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXX-XXX-XXXX~~

313-2640

# 282074

**INDEXED**

Jack Fyock Septic Service

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

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

SUBDIVISION Evergreen Valley Estates LOT 19 ROAD 3214 Evergreen Way

PROPERTY OWNER Ciaravella  
ADDRESS 3214 Evergreen Way  
Ellicott City, Maryland 21042

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

83 21  
6 6125  
498

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 84

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.  
03/08/97

PLANS APPROVED BY GS DATE 4/8/97

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

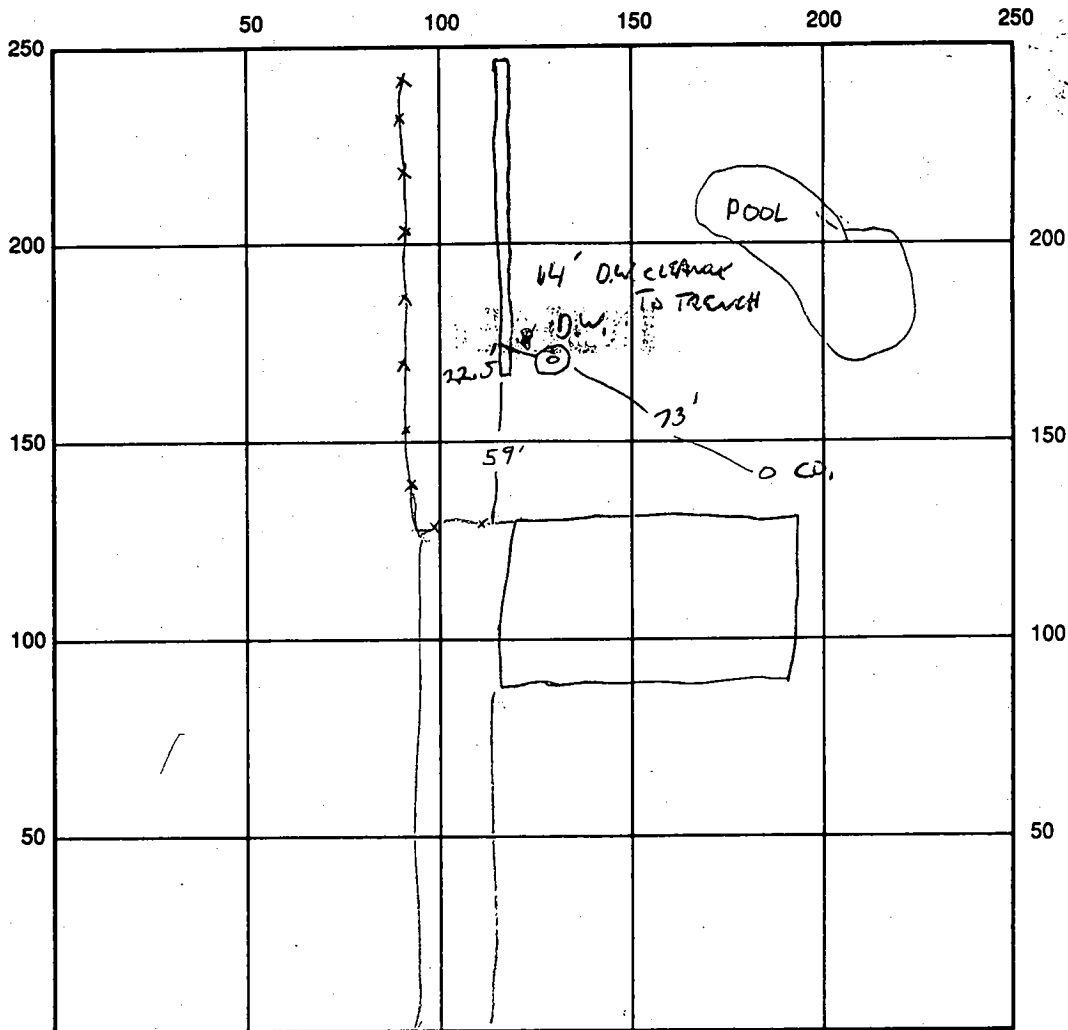
PERMIT VOID AFTER TWO YEARS

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 58080A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 EVERGREEN WAY

SEPTIC TANK LEVEL NA CLEANOUTS NA

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 9' 3" FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 6' 3" FT. TOTAL LENGTH 83 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 560' SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 4/8/97 REPAIR OK, FINISH STOPPING TRENCH + COVER. [Signature]

APPROVED FOR FINAL [Signature]

DATE SYSTEM APPROVED 4/16/97 INSPECTOR [Signature]

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

DATE 7/28/70

## INDEXED

*8/27/70  
partly  
1 on line  
9/3/70  
after 12 noon*

*97 7-3-70*  
P. 15436  
A 14219

Hudson Construction Co. IS PERMITTED TO INSTALL X ALTER

ADDRESS 363 Chapel Avenue, Ellicott City, Maryland PHONE NO 5-2205

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Evergreen Valley Estates ROAD Evergreen Way LOT 19, Sec. 6

PROPERTY OWNER same as above

ADDRESS \_\_\_\_\_

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA 1,250 SQ. FT.

SEPTIC TANK CAPACITY 2,000 GALLONS

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

OTHER Dry well - 400 sq. ft. sidewall area below the inlet with a maxi on depth of 11 ft. below grade as grade was at the time of the percolation test. Place the dry well center 160 ft. from the front lot line and 45 ft. from the left side of the lot as seen when facing the lot from Evergreen Way.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.  
PERMIT VOID AFTER THREE YEARS.

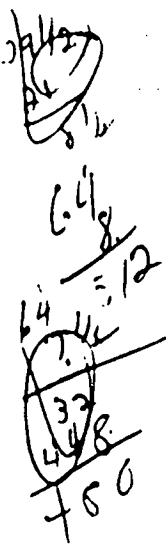
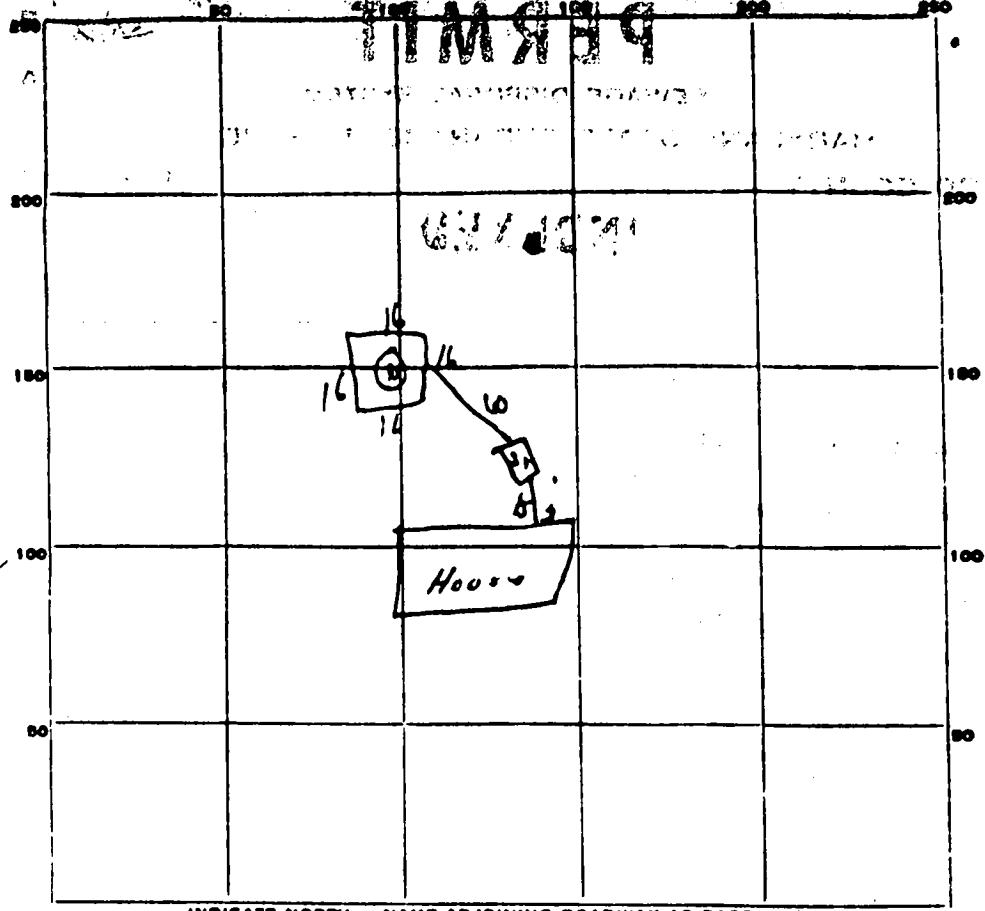
PLANS APPROVED BY Raymond Hodges DATE 5/21/70

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.

BLDG. PERMIT SIGNED  
AND RETURNED 4/25/73  
*Serial # 53452*  
*Prd.*

# PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

*Emergency Way*

PERMIT CARD 6/1

SEPTIC TANK, LEVEL 0/1 CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, <sup>Perimeter</sup> INSIDE DIAMETER 64 FT. DEPTH BELOW INLET 8 1/2 FT.

ABSORBENT AREA 5 1/2 ~~4 1/2~~ SQ. FT.

REMARKS 8/27/70 - OK to connect tank down

DATE SYSTEM APPROVED 9/5/70 INSPECTOR Dum...

# APPLICATION

A 14219

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 3 Bedrooms

4 Bedrooms

ELLICOTT CITY

DISTRICT 3

1000 Gallon tank

1000 Gallon tank

DATE 1/16/69

Dry Well - 300 sq ft

Dry Well 400 sq ft

sidewall area below the inlet with a minimum depth of 11 FT below grade. This was at the time of the percolation test. Place the dry well center 160 FT from the front lot line and 4 FT from the side of the lot as seen from the street.

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 Hudson Construction Co., Inc.

ADDRESS 363 Chapel Avenue, Ellicott City, Md. PHONE HO 5-2805

PROPERTY LOCATION:

SUBDIVISION Evergreen Valley Estates LOT NO. 19, Sec. 6

ROAD AND DESCRIPTION Evergreen Way

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 100' x 340' x 185' x 305' TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Madeline Leonardi

APPROVED BY [Signature] FOR Dynell DATE 5/21/70  
(KIND OF SYSTEM)

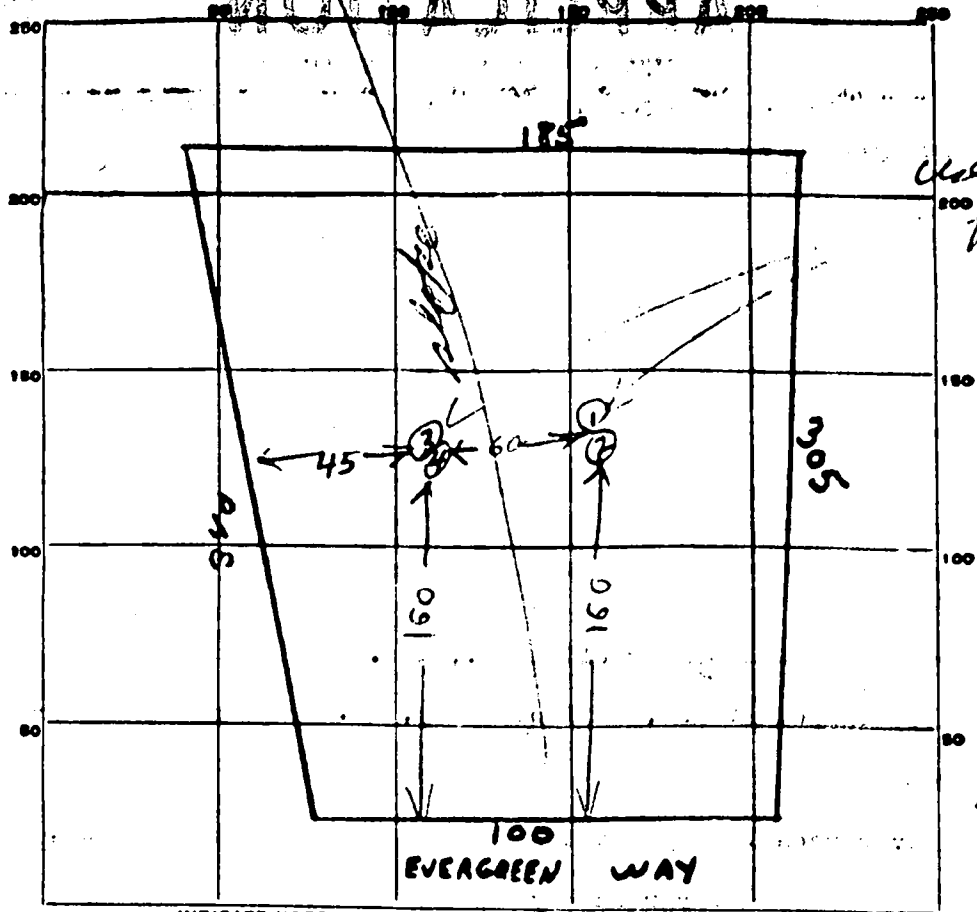
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

## THIS IS NOT A PERMIT

ADDITIONAL INFORMATION



Use cells  
for Dry Well

Lot  
19-6

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/23/69	1	9	234	236	236	238	2
	2	4	233	237	237	239	2
	3	10 1/2	249	250	250	251	1
	4	4	250	253	253	257	4

2 av  
Max  
Depth  
4 FT

SOIL AUGER FINDING \_\_\_\_\_  
 TESTED BY B. J. [Signature]  
 REMARKS \_\_\_\_\_

1 (SEQ. NO.)  
 THIS NUMBER IS TO BE PUNCHED IN COLS. 5-8 ON ALL CARDS

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

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

DATE RECEIVED (OWNER USE ONLY)  
 DATE WELL COMPLETED  
 0-10

DEPTH OF WELL  
 200  
 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL  
 40-70-0182  
 DRILLER'S IDENTIFICATION NO. 12

OWNER Hudson Const. LAST NAME FIRST NAME  
 STREET OR RFD POST OFFICE

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECKS OF WATER BEARING
	FROM	TO	
Top Soil	0	3	
Plum slate	3	70	✓
Gravel	70	200	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 YES NO  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 20 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 CASING TYPE (INSERT APPROPRIATE CODE BELOW)  
 ST STEEL CO CONCRETE  
 PL PLASTIC OT OTHER  
 MAIN CASING TYPE S T  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 23

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

**SCREEN RECORD**  
 SCREEN TYPE OF OPEN HOLE (INSERT APPROPRIATE CODE BELOW)  
 ST STEEL BR BRASS OR BRONZE HO OPEN HOLE  
 PL PLASTIC OT OTHER

**DEPTH (NEAREST WHOLE FOOT)**  
 FROM TO  
 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

**PUMPING TEST**  
 HOURS PUMPED (TO NEAREST HOUR) 1 1/2  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2  
 METHOD USED TO MEASURE PUMPING RATE  
 WATER LEVEL (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 70 (NEAREST FOOT)  
 WHEN PUMPING 200 (NEAREST FOOT)

**TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)**  
 A PISTON 27 T TURBINE 27  
 C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27  
 J JET 27 S SUBMERSIBLE 27

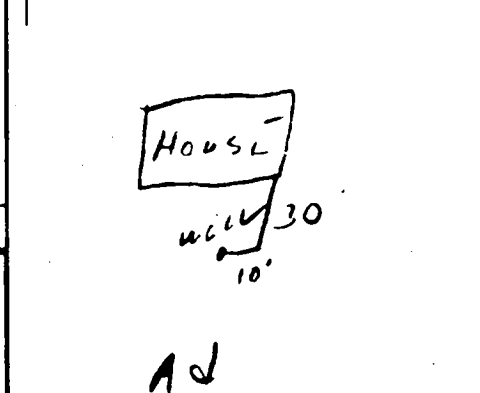
**PUMP INSTALLED**  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)  
 CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 38  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 42 47

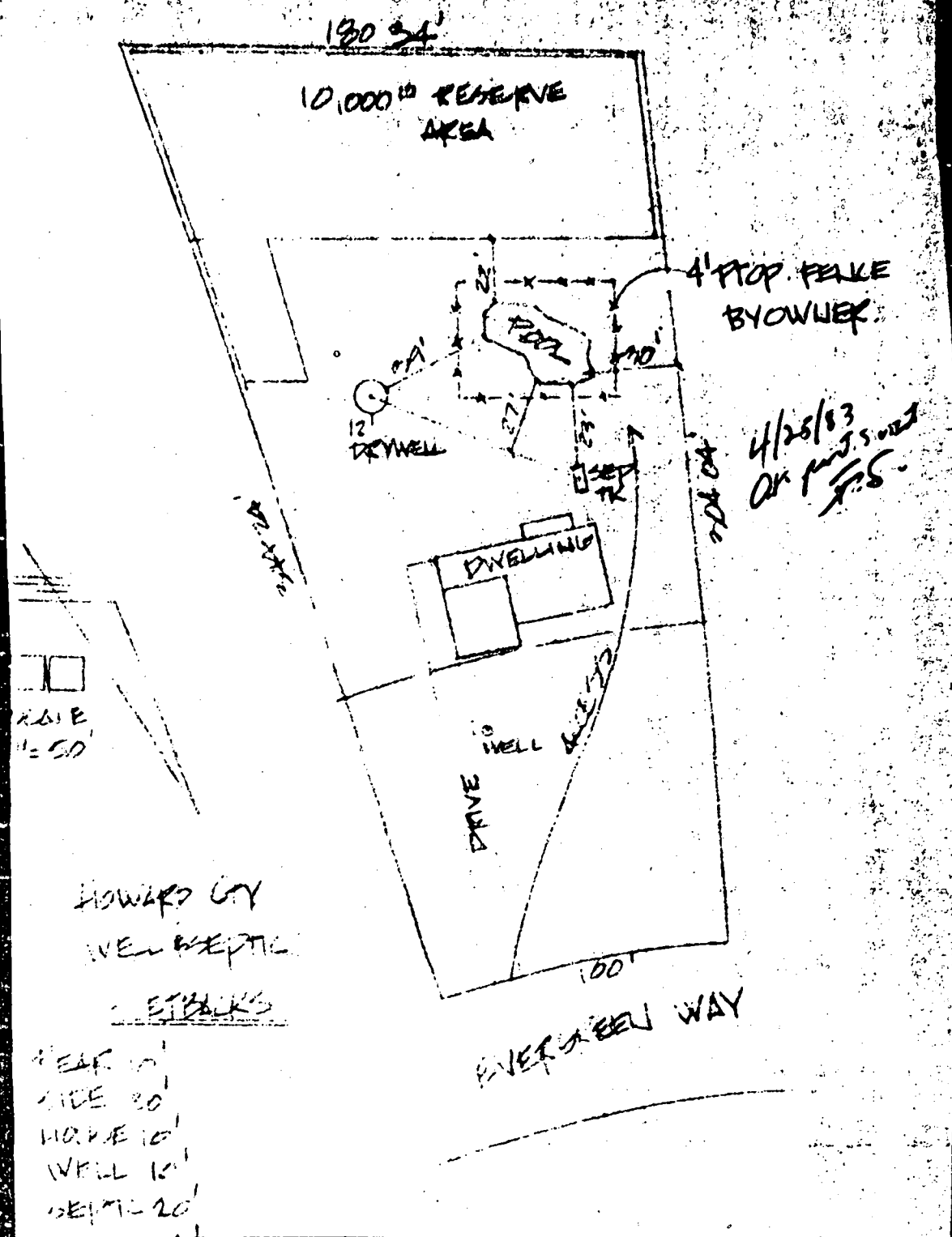
**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**  
 + ABOVE LAND SURFACE  
 - BELOW 22 (NEAREST FOOT)

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

**CIRCLE APPROPRIATE BOXES**  
 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 REQUIREMENTS ON THE ABOVE-CAPTIONED PERMIT TO DRILL A 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  
 PLEASE PRINT  
 SIGNATURE

**IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX** 68  F  
 OWNER USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING LOG INDICATOR  
 OTHER DATA AVAILABLE  
 74 75 76





130 3/4'

10,000 GPD RESERVE AREA

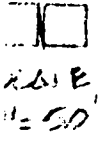
4' TOP FENCE BYOWNER

12" DRYWELL

DWELLING

DRIVE WELL

4/25/83  
OK [unclear] [unclear]



RABE 1-50

HOWARD CITY  
WELL SEPTIC

STICKS

FEAR 10'  
SIDE 30'  
HOUSE 10'  
WELL 10'  
SEPTIC 20'

EVERGREEN WAY

100'