

05-341388

2/11/98
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59309-A

A REPAIR

DISTRICT

DATE 1/12/98

DATE SYSTEM APPROVED 2/11/98

INSPECTOR R J Pinkey

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED
INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Aintree Estates LOT 20 ROAD 6271 Firethorn Lane

PROPERTY OWNER Larry S. Norcutt

ADDRESS 6271 Firethorn Lane, Clarksville, MD 21029

SEPTIC TANK CAPACITY existing 1000 gal GALLONS

NUMBER OF BEDROOMS 4 $25 \times 10 = 100$
3/125

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 100

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 1/6/98

Install 100ft total trench system, bottom @ 2 1/2 ft, install 2 1/2 ft, 6 ft straight, 2 ft wide (2 trenches up to 60 ft long each is preferable). OK to tie distribution box direct from existing dry well. R J Pinkey 2/11/98

PLANS APPROVED BY R J Pinkey 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

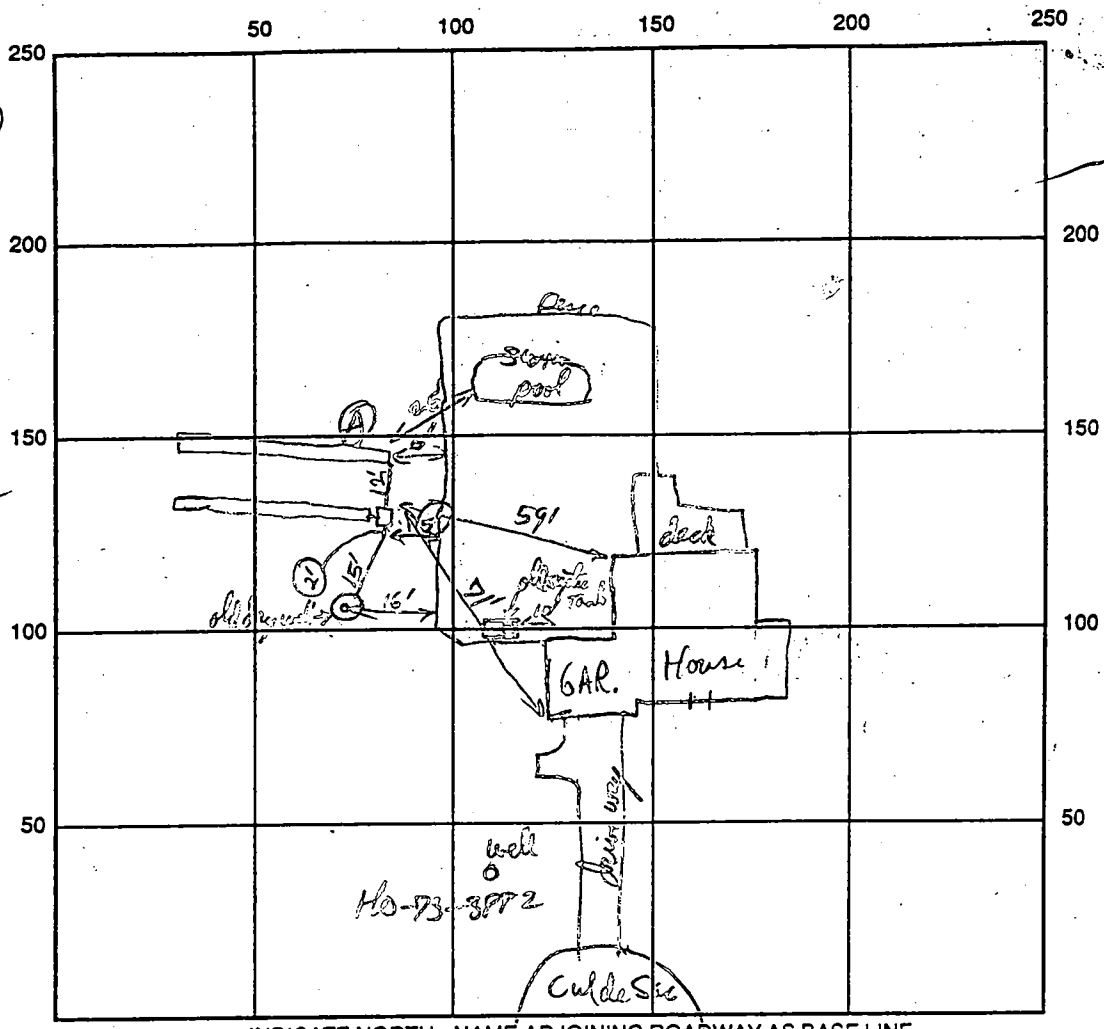
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

59309-A

1 1/2' Strong Brown Micaceous heavy loam (Mica loam)
 7 1/2' Strong Brown Micaceous Massive Saprophytic No rocks
 excellent soil consistent with 2-5 min perc rate on original permit
 R/P 2/11/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL existing wood - OK CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH _____ FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

Info from original permit DRYWALL INSIDE DIAMETER 60 existing FT. EFFECTIVE DEPTH BELOW INLET 8 FT.

in line between septic tank & distribution box - outlet pipe near top of box block as per code
 ABSORBENT AREA 480 SQ. FT.

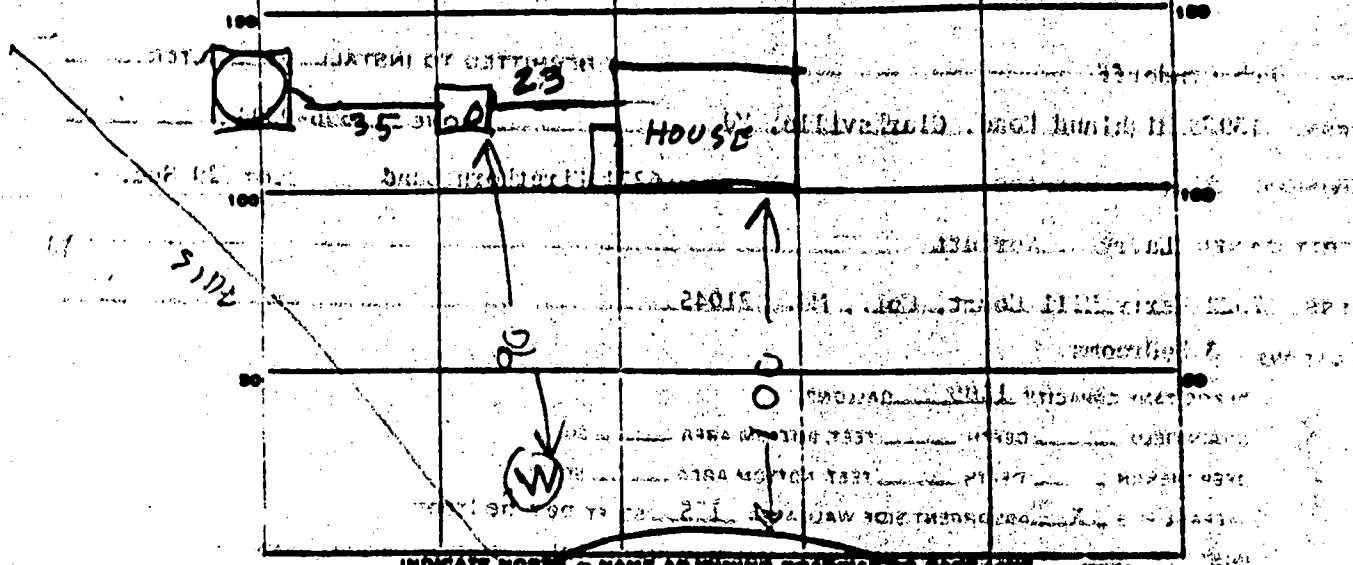
REMARKS: Soils are excellent, good mixing mica loam at any depth. Photomicrographs
area is ok to cover. Seeding line, list box and most trenches when gravel is placed.
leave soils open for final inspection R/P 2/11/98 find trenches OK to cover R/P 2/11/98

DATE SYSTEM APPROVED 2/11/98 INSPECTOR [Signature]

PERMIT
SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
ELECTRICITY CITY
DISTRICT
DATE

INDEX



INDICATE NORTH - NAME ADJOINING ROADWAY OR RAIL LINE

PERMIT CARD YES

SEPTIC TANK, LEVEL 12.0 OK TOP LEFT BOG CLEANOUTS ST/DW OK/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, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS 7/31/81 LOCATION OK 3 x 125 = 375.50
REQUIRED CONNECT HOUSE SEWER
TO BUILDING & CALL OIC TO COVER
TANK & DRY WELL B.H.

DATE SYSTEM APPROVED 8/2/81 St. John & R. J.

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

Sept 2nd - 3' ^{10.0 gal}
" " " ^{100 gal}

11/17/75
12/5/75
9:30

Design - ¹²⁵ sq ft. above and around area per lot room
to begin before. The first 3/4 of yard grade was doped
dry well as ¹⁰⁰ ft below any grade

DATE 12/2/75

Also dry well ¹⁰⁰ ft from front lot line and 35 ft from left lot line
as can be seen from Smithson Dr.

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 Alstree Estates, Inc. Larry S. Norcull

ADDRESS 101 Cedar St., N.W., Washington, D.C. PHONE NO 2-2645

PROPERTY LOCATION: 7322 Kerry Dell Court, Col., Md. 21045

SUBDIVISION Alstree Estates, Inc. LOT NO. 20, 200, 2

ROAD AND DESCRIPTION 6271 Fincroan Lane

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.2 acres (76' x 325' x 325' x 325') TYPE BLDG. 3 of 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT L. Lloyd Booth

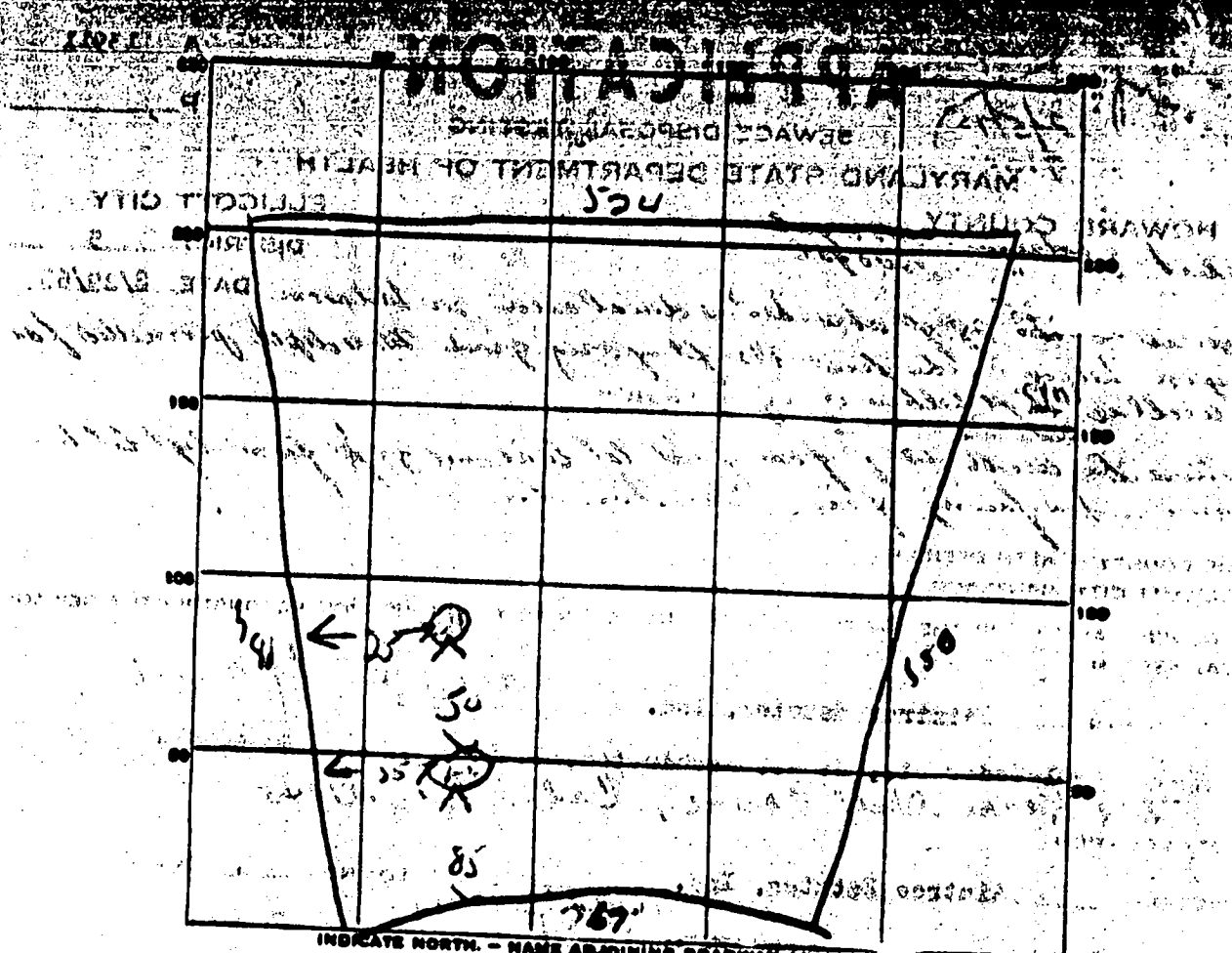
✓ APPROVED BY [Signature] FOR [Signature] DATE 1-17-76
R. J. Nichols, Jr. / R. dry well 12/5/75
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
BLDG. PERMIT SIGNED
AND RETURNED 5/17/81
B.P.# 46339

THIS IS NOT A DEMAND



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/6	1	16 1/2 ft	11 16	11 17	11 17	11 17	5 min
	2	4 ft	11 10	11 16	11 16	11 17	3 min
	3	10 1/2 ft	11 14	11 17	11 17	11 17	2 min
	4	4 ft	11 11	11 13	11 13	11 14	2 min
							2 min

SOIL AUGER FINDING _____

TESTED BY W. W. W.

REMARKS _____

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 8/29/68

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 Aintree Estates, Inc.

ADDRESS 301 Cedar St., N. W., Washington, D. C. PHONE HQ 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 20, Sec. 2

ROAD AND DESCRIPTION Unnamed road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.1 acres (261' x 384' x 524' x 380') TYPE BLDG. 3 of 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Lloyd Booth

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

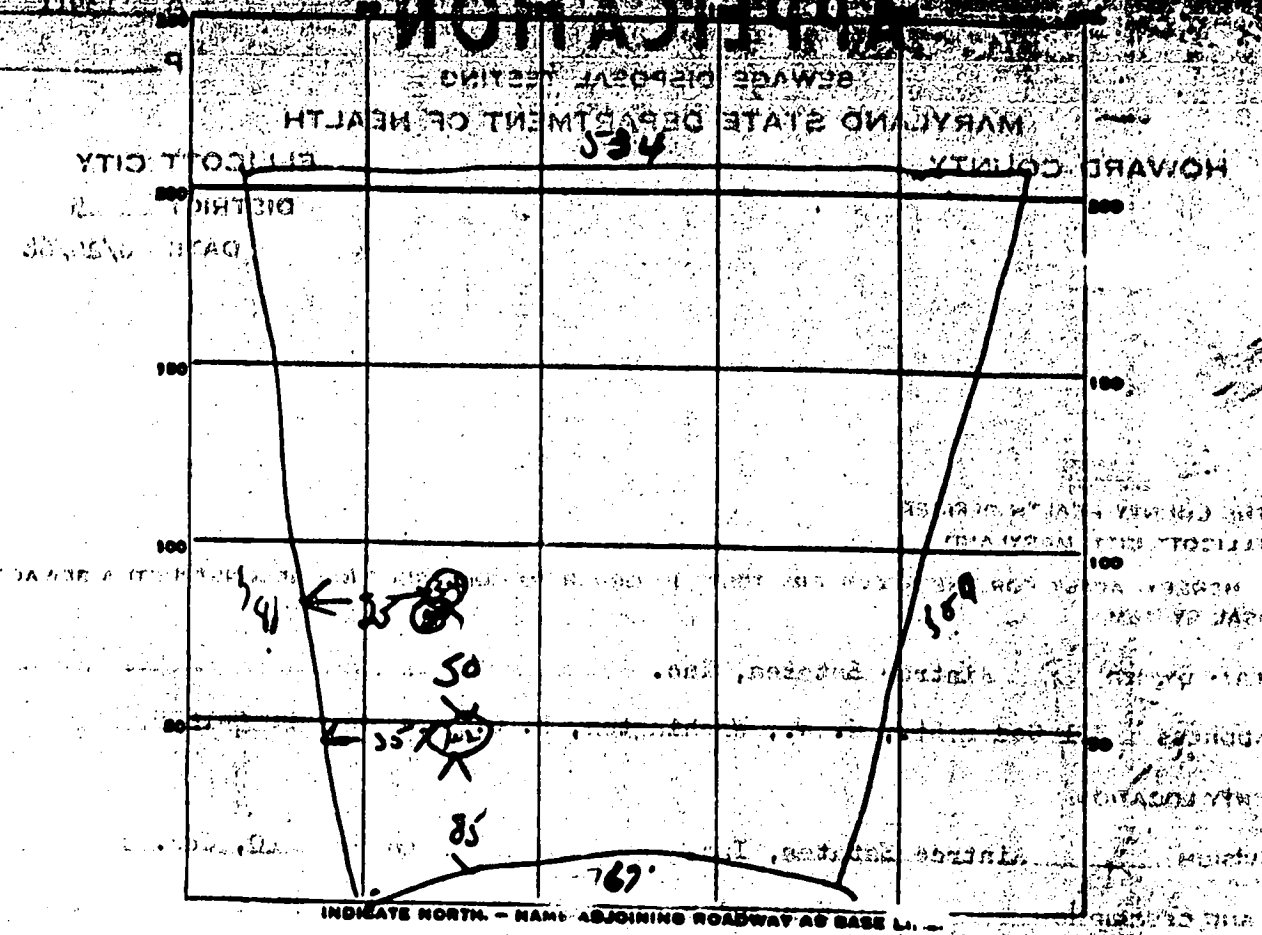
REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A DEPOSIT

APPLICATION



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/8	1	15 1/2 ft	11 19	11 15	11 12	11 17	5 min
	2	4 ft	11 10	11 14	11 14	11 13	2 min
	3	10 1/2 ft	11 14	11 12	11 12	11 14	2 min
	4	4 ft	11 11	11 12	11 12	11 15	2 min
Rm 2/5/75	5	13 ft	vis		dry		2 min

Rm
 (5)
 0
 sandy
 loam
 13

SOIL AUGER FINDING _____
 TESTED BY [Signature]
 REMARKS _____

WELL PERMIT NO. **110-715-388A**
 DATE RECEIVED (WRA USE ONLY) **MAY 6 1981**
 DATE WELL COMPLETED **050681**

WELL HAS BEEN DRILLED
 (Circle appropriate box) **(Y) (N)**
 TYPE OF GROUTING MATERIAL
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **15** NO. OF POUNDS **450**
 GALLONS OF WATER **00**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **0** ft. (enter 0 if from surface)

OWNER **Norcott**
 STREET OR RFD **Firethorn Lane** TOWN **...**
 SUBDIVISION **Aintree Ests** SECTION **2** LOT **20**

Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Crack if water bearing
	FROM	TO	
Dirt	0	2	
Soft Brown Mica	2	33	
Hard Blue Mica mixed w/ Brn. Mica	33	70	X
Hard Blue & Black Mica	70	168	
White Mica	168	171	X
Blue & Black Mica	171	314	
White Sandstone	314	315	X
Blue & Black Mica	315	403	
Blue sandstone	403	418	X
Black sandstone	418	448	
Black & White sandstone	448	450	

WELL HAS BEEN DRILLED (Circle appropriate box) **(Y) (N)**
 TYPE OF GROUTING MATERIAL
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **15** NO. OF POUNDS **450**
 GALLONS OF WATER **00**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **0** ft. (enter 0 if from surface)

Casing type (insert appropriate code below)

(S) STEEL **(CC)** CONCRETE
(PL) PLASTIC **(OT)** OTHER

MAIN CASING TYPE **(S)** **(T)** **(C)** **(P)** **(O)**
 Nominal diameter (top/main casing) (nearest inch) **6** Total depth of main casing (nearest foot) **43**

HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Planimeter**
 WATER LEVEL (depth from land surface) BEFORE PUMPING **75**
 WHEN PUMPING **418**
 TYPE OF PUMP USED (see text)
(A) Air **(P)** piston **(T)** turbine
(C) centrifugal **(R)** rotary **(O)** other
(J) jet **(S)** submersible

OTHER CASING (if used) diameter (inch) _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or opening
 (insert appropriate code below)

(ST) STEEL **(BR)** BRASS **(HC)** OPEN HOLE
(PL) PLASTIC **(OT)** OTHER

DEPTH (nearest ft.) **43** to **450**

SLOT SIZE _____

DIAMETER OF SCREEN (NEAREST INCH) _____

GRAVEL PACK _____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX **(F)**

PUMP INSTALLED YES **(Y)** NO **(N)**
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL USES EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, P, R, S, T, O))
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 SCREEN HEIGHT (Circle appropriate box and enter casing height)
(+) above **(-)** below
 LAND SURFACE _____ (nearest foot) **2**

CIRCLE APPROPRIATE BOX
(A) 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.

DRILLERS IDENT NO. **296**
 Dana Kuyler Jr. IT
 DRILLERS SIGNATURE
 MUST MATCH SIGNATURE ON APPLICATION

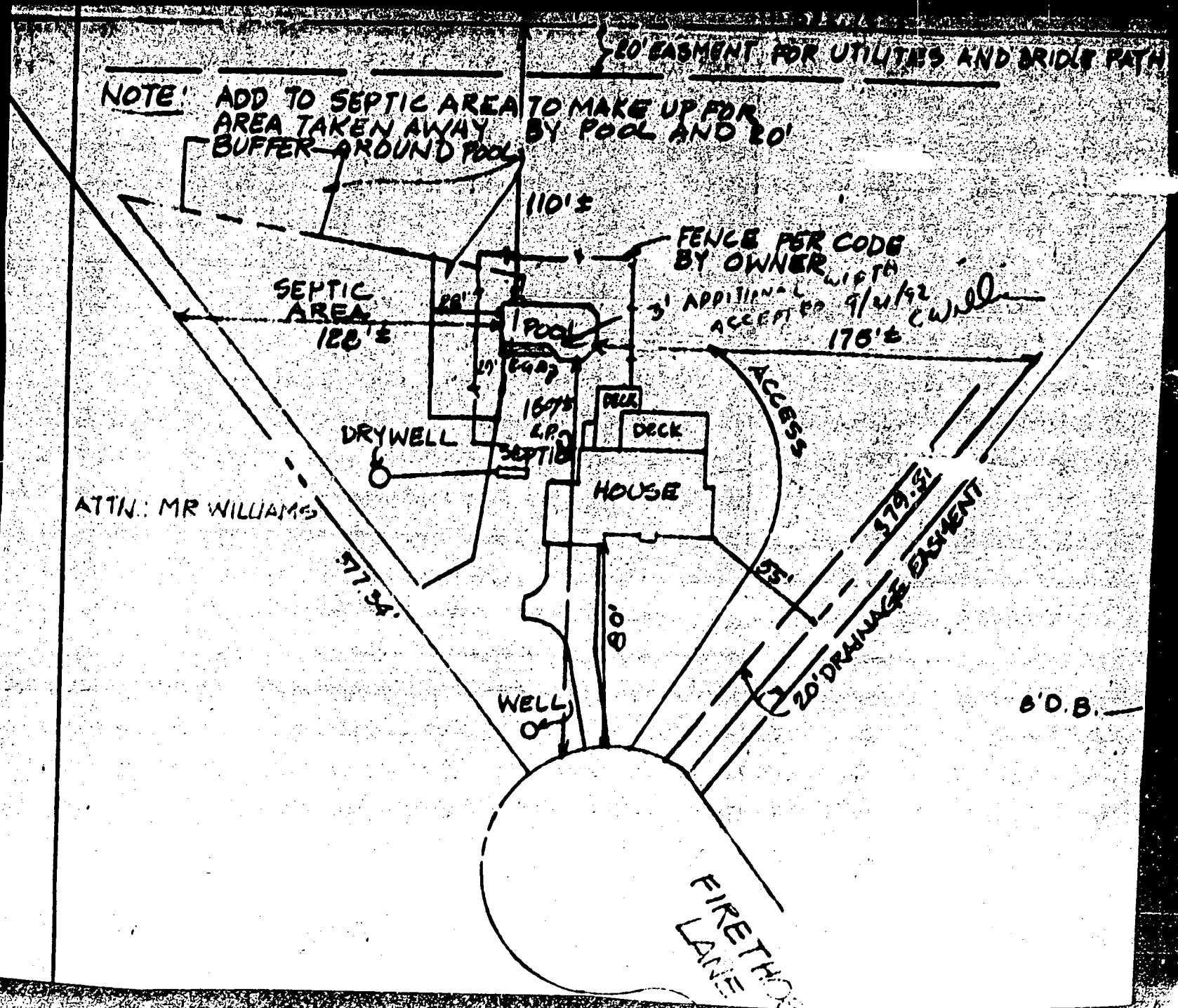
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **(F)**
 W O

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES SUCH AS BUILDING, SEPTIC TANKS, SANDMARKS AND INDICATE MORE THAN TWO DISTANCES (MEASUREMENTS TO WELL)

PEOPLE
X Well
Firethorn Lane

20' EASEMENT FOR UTILITIES AND BRIDGE PATH

NOTE: ADD TO SEPTIC AREA TO MAKE UP FOR AREA TAKEN AWAY BY POOL AND 20' BUFFER AROUND POOL



110'±

SEPTIC AREA
128'±

POOL

FENCE PER CODE BY OWNER

3' ADDITIONAL WIDTH ACCEPTED 9/11/92 CW

176'±

DRYWELL

16'±

16'±

16'±

SEPTIC

DECK

DECK

HOUSE

ACCESS

ATTN: MR WILLIAMS

577.34'

80'

WELL

25'

20' DRAINAGE EASEMENT

179.51'

B.O.B.

FIRETRUCK LANE