

8/27/98  
ASAP C.O.  
\$ 1-2 pm

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE INDEXED

P 570657A

A REPAIR

DISTRICT \_\_\_\_\_

DATE 9-1-98

DATE SYSTEM APPROVED 8/27/98

INSPECTOR DLS

05-369460

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 410-313-2640

Jack Fyock Septic Services \_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Hopkins Mead LOT 27 ROAD 7429 Oakcrest Lane

PROPERTY OWNER Norman C. Thompson

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 63'±

REPAIR - PURPOSE - Septic system has failed.  
Call for inspection when ground is opened so sanitarian can recommend repair. 08/26/98

Install trench(es) off existing drywell, along contour,  
across back yard, towards left lot line.  
trench(es) to be 2' wide, inlet 3' below original grade,  
bottom 9' below grade, stone 6'.

PLANS APPROVED BY [Signature] DATE 8/27/98

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

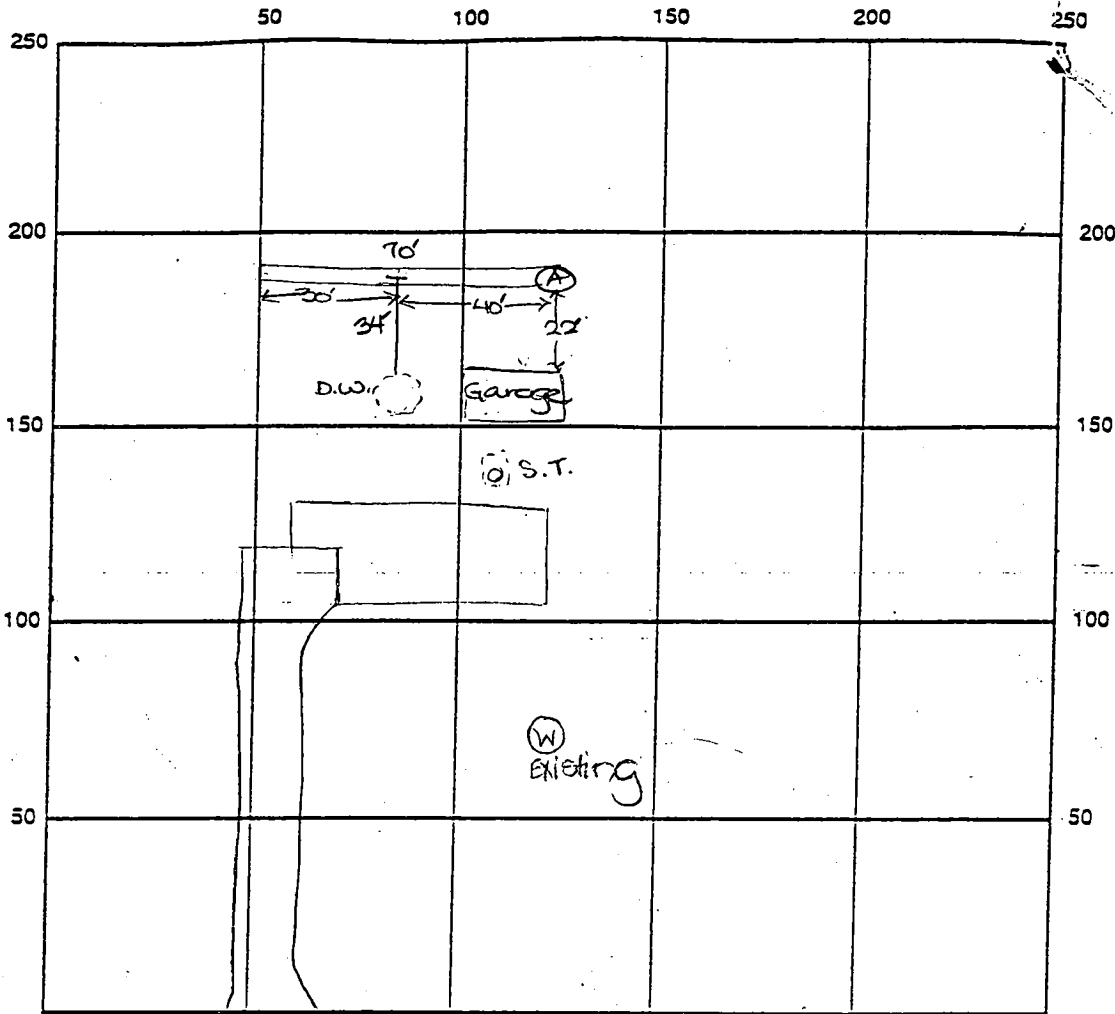
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

570657A

0' (A)  
 topsoil  
 5'  
 org brn  
 c/lm  
 3'  
 pale org  
 tan  
 sa/lm  
 w/mica  
 fecs  
 13'  
 1 1/2 rock  
 frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 Oakcrest Lane

SEPTIC TANK LEVEL EXISTING CLEANOUTS ex. on s.t.  
 DISTRIBUTION BOX LEVEL EX  
 DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.  
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 70 FT.  
 NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 350 SQ. FT.  
 DRYWALL INSIDE DIAMETER EX FT. EFFECTIVE DEPTH BELOW INLET EX FT.  
 ASSORBENT AREA 350 SQ. FT. + EX

REMARKS: 8/27/98 OK to install system as specified. DKS  
8/27/98 P.M. FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 8/27/98 INSPECTOR [Signature]

10/10/68

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

## INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 6/15/68

Edward Seage IS PERMITTED TO INSTALL X ALTER

ADDRESS Maple St., Laurel, Md. PHONE RA 8-0004

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

SUBDIVISION Hopkins Road ROAD Cokecroft Lane LOT 22

PROPERTY OWNER Norman D. Thompson

ADDRESS 3304 Seagraville Rd., Laurel, Md.

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 25%

OTHER Dry well - 300 sq. ft. sidewall area below the inlet.

Place the dry well 140 ft. to 160 ft. from the <sup>FRONT</sup> lot line and 75 to 95 ft. from the right side of the lot as seen when facing the lot from Cokecroft Lane.

PLANS APPROVED BY Raymond Hodges DATE 6/15/68

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.

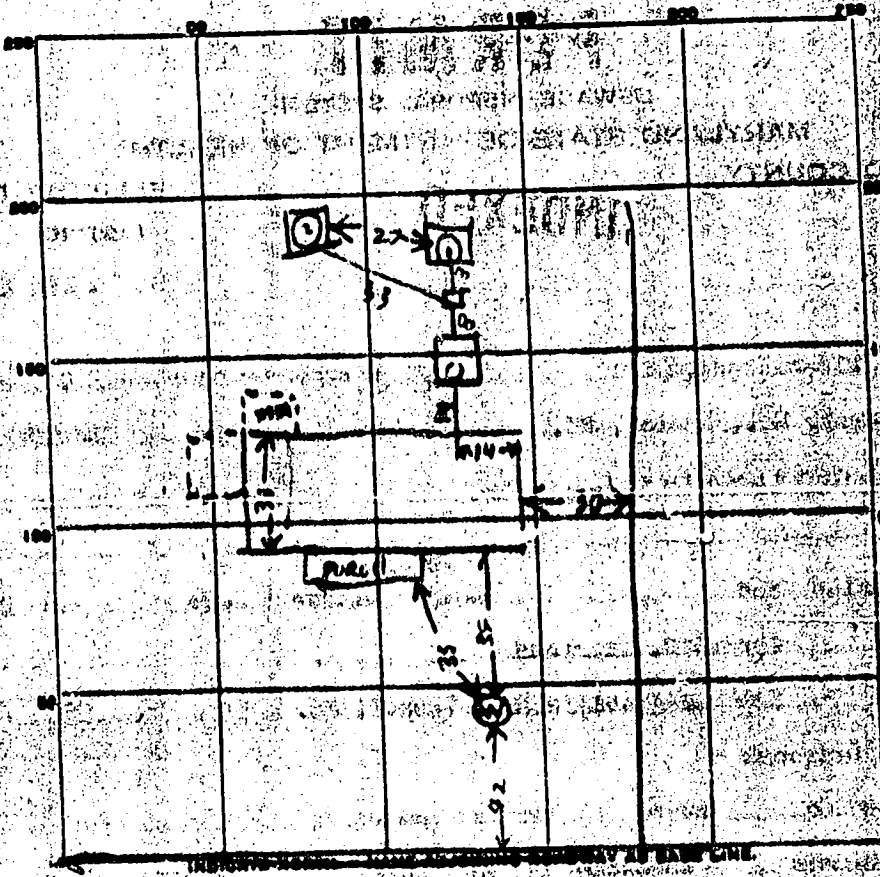
BLDG. PERMIT SIGNED AND RETURNED

9/10/68  
Serial # 4486 -  
2-car garage

BLDG. PERMIT SIGNED AND RETURNED

11/29/68  
Serial # 4457P -  
enclosed starting permit

10097



PERMIT CARD yes

SEPTIC TANK, LEVEL OK 1000 concrete  
Top is 2' below grade  
 DISTRIBUTION BOX, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

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

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

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

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 465 counting stone  
375 not counting stone

REMARKS Dry Well #1 Inlet is 4 FT below grade Depth below  
is 6' or 9 FT Diameter of top is 5 ft 2' x 2' 200 yd  
sidewall area of counting stone About 1 ft diameter Well 8 x 3 (312) = 249  
side wall area counting stone  
Well #2 Inlet is 5 ft below grade Depth below is 6' or 7 ft

# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

DISTRICT 5

DATE 9-8-64

Dry Well - 300 soft mde wall  
Area below the inlet

Place the dry well 140 ft to 160 ft from  
the front lot line and 75 ft to 95 ft from  
the right side of the lot as seen when  
looking the lot from Oak Crest Lane

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 Norman A. Thompson

ADDRESS East Scaggville Rd Ellicott City PHONE 705-1222

PROPERTY LOCATION:

SUBDIVISION Hopkins Head LOT NO. 27

ROAD AND DESCRIPTION East side Oak Crest Lane

Approx. 3/4 mi south of Hopkins Head

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

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

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

SIZE OF LOT 1.9037 TYPE BLDG. 09

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

SIGNATURE OF APPLICANT Norman A. Thompson

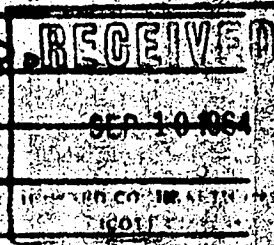
APPROVED BY Raymond Hodge FOR Dry Well DATE 15 Sept 64

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

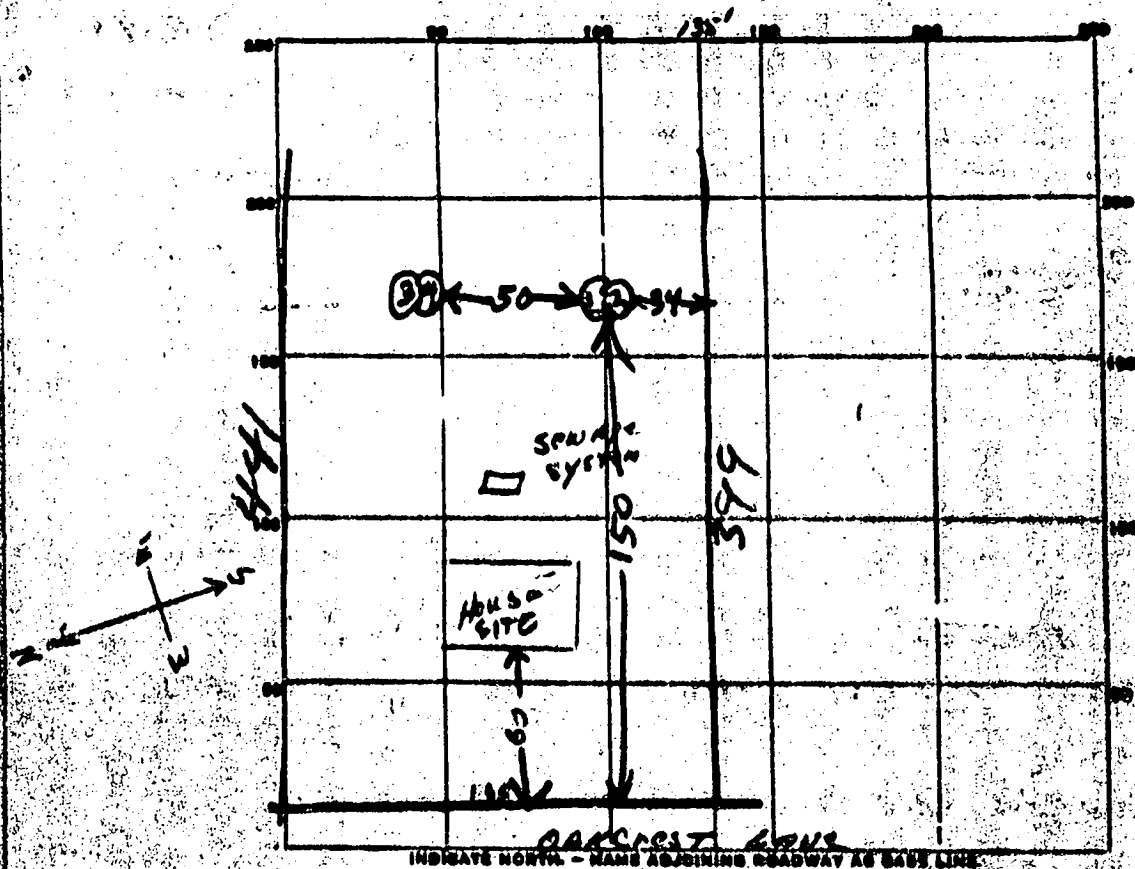
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

## THIS IS NOT A PERMIT



147



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/11/54	1	9	1014	1017	1017	1023	6
	2	5	1018	1047	10 minutes		
	3	10	1021	—	—	1026	3
	4	5	1024	1026	1026	1032	6

SOIL AUGER FINDING \_\_\_\_\_  
 TESTED BY Raymond Hodges  
 REMARKS \_\_\_\_\_  
 ALSO PRESENT Harold Clayton LOT NO. 27

A\* 09037

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
8 Church Road  
ELLICOTT CITY, MARYLAND

HO-66-W-27

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 in. O.D. 70 ft.
2. Total depth of well 110 ft.
3. Type, diameter and length of strainer \_\_\_\_\_ Size of screen openings \_\_\_\_\_
4. Method of sealing top and bottom of screen \_\_\_\_\_
5. Method of grouting Cement. Quantity, cement used 2 bags lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 60
7. Yield of well in gallons per minute 3; elevation of water surface when pumped at the designated rate Pumped out
8. Number of hours pump operated at stipulated rate during pumping test 4
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Water 20 ft from 65 ft
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a true plumb line) throughout its depth None
13. Disinfected by 10 ounces of \_\_\_\_\_ % Chlorine (Brand name Clorox)

Property Owner Gordon Walker Address Highland

Location of property Hopkins Road

Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. HO-66-W-27

Date: Aug 16, 1965. Danny Brown  
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.