

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513211-G

A _____

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE 1/5/2000

DATE SYSTEM APPROVED 12/11/98

INSPECTOR See

RPS# 355265
INDEXED

Fyock Septic Service IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS P.O. Box 89 Triadelphia Rd. Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Linden Chapel Hills LOT 14, Blk. D ROAD 5012 Morning Star Drive

PROPERTY OWNER Gary Janoske

ADDRESS same as above

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE --Existing septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 12/10/98

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 513211-G

6/13/75. - Final approval
before new
plans

PERMIT

P 20936
A 18012

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

ELLICOTT CITY
DISTRICT 5th

INDEXED

DATE 9/5/74

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Ton Oaks Road, Glenelg, Maryland

PHONE 286-2939

SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Linden Chapel Hills

ROAD Morningstar Drive and Argo Drive

LOT , Blk. D, Sec. 3

PROPERTY OWNER Ashton Realty Company

ADDRESS Ashton, Maryland

SPECIFICATIONS 4 Bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 80%.

OTHER DRY WELL - 100 sq. ft. sidewall area per bedroom. Dry well inlet to be 4 ft. deep and bottom of dry well to be 11 ft. deep. Place the dry well 30 ft. from the lot line which runs along Argo Drive and 96 ft. from the left side of the lot as seen when facing the lot from Argo Drive.

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

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

Raymond Hodges
T. W. ...

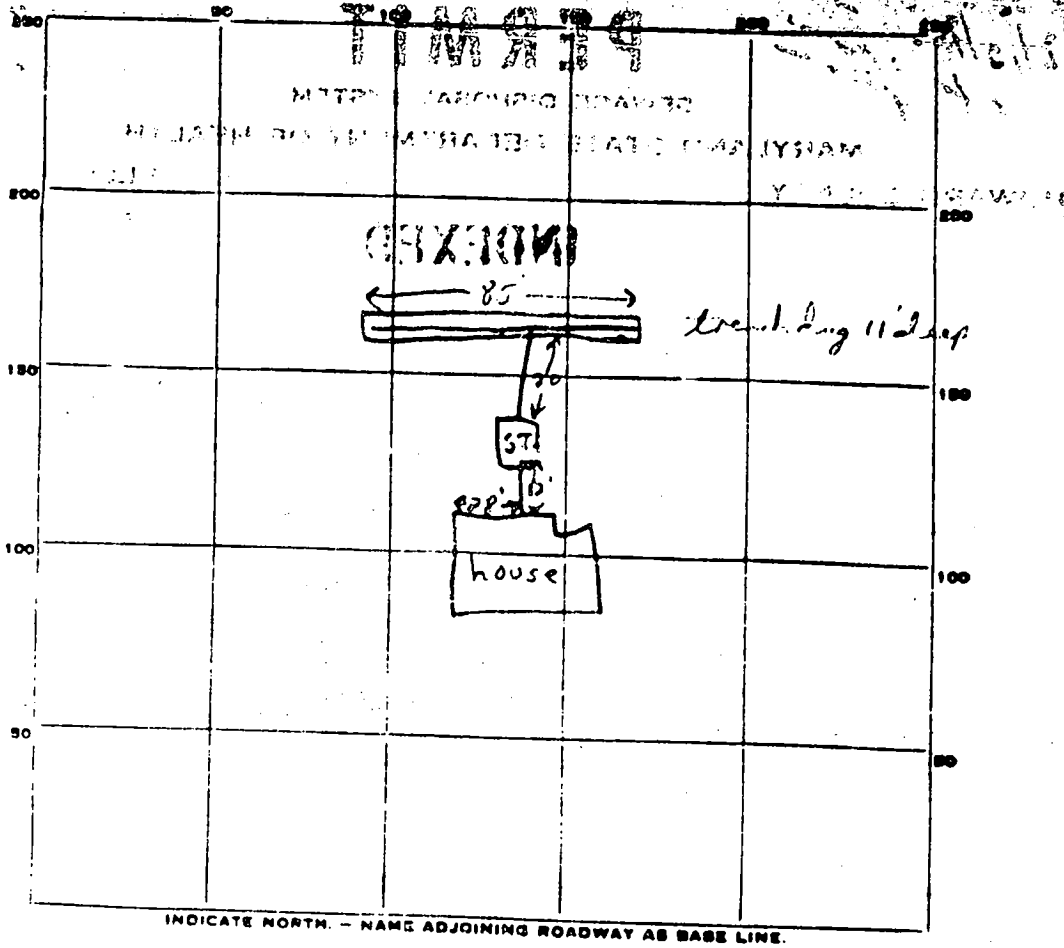
PLANS APPROVED BY Raymond Hodges

DATE 12/5/73

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 18012



PERMIT CARD signed Comerwell

SEPTIC TANK, LEVEL ✓ CLEANOUTS S.T. OK

DISTRIBUTION BOX, LEVEL _____

FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 85 FT.

NUMBER OF TRENCHES 1 1/2 Sidewall TOTAL BOTTOM AREA 595 ϕ

DEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA ±595 SQ. FT.

REMARKS _____

PERMIT SYSTEM APPROVED 11/2/75 INSPECTOR G. Schuman R.T.

PRELIMINARY

APPLICATION

A 18012

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-8000, EXT. 386

P _____

DISTRICT 5th

DATE 2/23/73

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Ashton Realty Company

ADDRESS Ashton, Maryland 20702

Call Mr. Johnson:
PHONE 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills

LOT NO. 14, Blk. D, Sect. 3

ROAD AND DESCRIPTION Morningstar Drive

SIZE OF LOT 43,500 sq. ft.

TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Robert Johnson

APPROVED BY _____

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

OLD PENDING FURTHER TESTS _____ FOR _____ (KIND OF SYSTEM) DATE _____

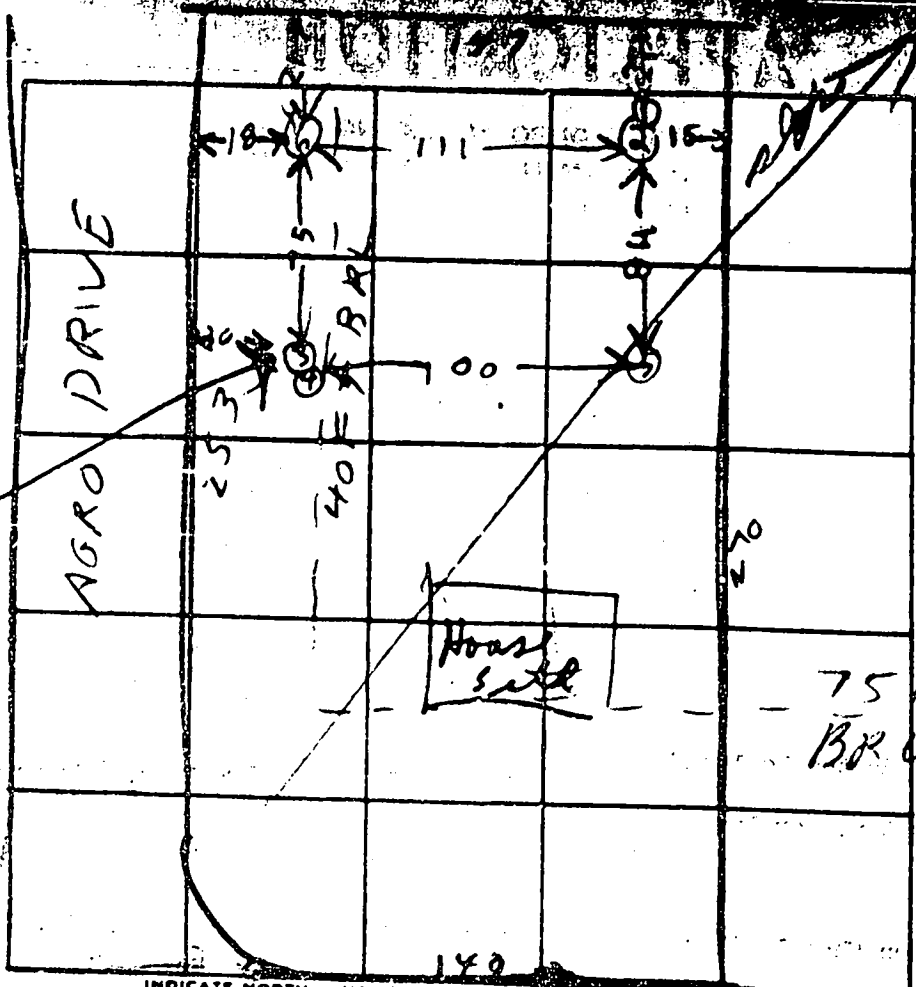
REASONS FOR REJECTION OR HOLDING _____ DATE _____

THIS IS NOT A PERMIT

SP. 100

1600H

W. 20



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

MORNING 11:11

10000000

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/27/53	1	5 1/2	242	242	242	243	1
	2	11	241	243	243	245	2
	3	10	246	247	247	252	5
	4	5	246	247	247	252	5
	5	10	TOP BOT	3 FT 7 FT	CLAY SAND	12m	
3/27/53	6	10	TOP BOT	4 1/2 FT 5 1/2 FT	CLAY SAND	17m	

5 volume
3 min
max
17 1/2 ft
4 FT

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT: L-14 P-2013

3948

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TOWNSHIP OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
COUNTY: ALBANY
NUMBER: 119012

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 7/22/75

DEPTH OF WELL 300
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
140-113-110314

DRILLERS IDENTIFICATION NO. 209

OWNER: JESSUP BUILDERS INC
STREET OR RFD: Box 406 SEATONVILLE MD POST OFFICE: 20705

WELL LOG	FEET		CHECK IF WATER BEARING
	FROM	TO	
Clay	0	10	
Mud			
Sand	26	35	
Gravel			
Shale			
Rock	35	300	

GRouting RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
TYPE OF GROUTING MATERIAL (CIRCLE NO.):
CEMENT BENTONITE CLAY
NO. OF BAGS 14 NO. OF POUNDS 1359
GALLONS OF WATER 140
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 35 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD
INSERT APPROPRIATE CODE BELOW
Casing Types: STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE: S T
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 35

OTHER CASING (IF USED)
DIA. (INCH) DEPTH (FEET) FROM TO
[] [] [] [] [] [] [] [] [] []

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE: STEEL BRASS OR BRONZE OPEN HOLE
PLASTIC OTHER
C 2
DEPTH (NEAREST WHOLE FOOT) FROM TO
1 35 70
2 [] [] [] [] [] [] [] [] [] []
3 [] [] [] [] [] [] [] [] [] []
SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN FROM 88 TO 90 (NEAREST INCH)
GRAVEL PACK []
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX P

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER!)
TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST
C 3
HOURS PUMPED (TO NEAREST HOUR) 6
PUMPING RATE: GALLONS PER MINUTE TO NEAREST GALLON 2
METHOD USED TO MEASURE PUMPING RATE: TIME
WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 36 WHEN PUMPING 38.6
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SET ABOVE: A, C, J, P, R, S, T, O)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) [] []
PUMP HORSE POWER [] []
PUMP COLUMN LENGTH (NEAREST FOOT) [] []
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT):
 ABOVE LAND SURFACE BELOW (NEAREST FOOT) 2

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE 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
[] ELECTRIC LOG OBTAINED
[] TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL PROVISIONS 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: JESSUP BUILDERS INC
ADDRESS: Box 406 SEATONVILLE MD