

S/15/00
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513385-B
A REPAIR

ISSUE DATE 4-19-00

~~APPROVAL DATE~~ CLOSURE DATE 7/04

04-334477

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-531-2939

SUBDIVISION Gwenlee Estates LOT NUMBER 11 ADDRESS 3278 Our Mile Court

PROPERTY OWNER Buffington PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY EX. 1000 GALLONS

PUMP CHAMBER CAPACITY — GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 125

LINEAR FEET OF TRENCH REQUIRED 75

TRENCHES: Trenches to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 60 feet below original grade. 5 feet of stone below distribution box.

LOCATION:

REPAIR - PURPOSE - Existing septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 4-19-00

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

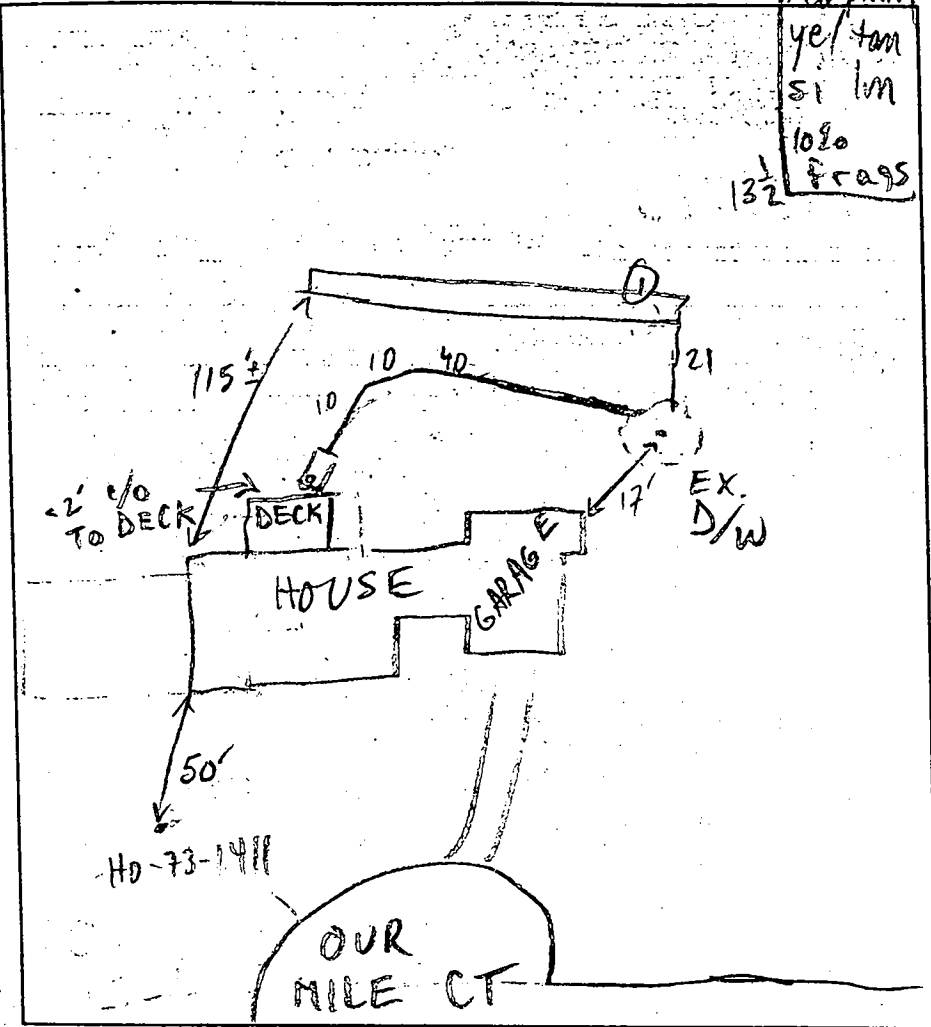
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 513385-B

NOT TO SCALE



- ① red s/c 1m
- 5 red piak
- ye/tan
- si 1m
- 10% frags

TRENCH DATA

TRENCH WIDTH 2

TRENCH INLET DEPTH 5

TRENCH BOTTOM DEPTH 10

DEPTH OF STONE 5

NUMBER OF TRENCHES 1

TOTAL TRENCH LENGTH 75

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 5/15/00 AM OK TO START (MR)

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

STATUS OF REPAIR WORK UNKNOWN MR 7/04

8/20/76

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Approved hb 8/29/76

INDEXED

ELLCOTT CITY

DISTRICT 3rd & 4th

DATE 8/18/76

13653
10157

Castello Builders

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 2201 Route 94, Woodbine, Md. 21797

PHONE 442-2288

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Greenlee Estates

ROAD 3rd 1/2^{mi} WEST WILCO COURT

LOT 11, Blk. A, Sec. 1

PROPERTY OWNER Mr. Malden L. Boxing Edward E. Hington

ADDRESS Burntwoods Road, Glenwood, Md.

PHONE 442-2483

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL - Locate the dry well 20 ft. from the 282 ft. property line and 125 ft. from the 125 ft. property line. The intake will be at 4 ft. below original grade with the vertical sidewall area beginning at 5 ft. Maximum depth will be no more than 11 ft. below original grade. There will be a maximum of 125 sq. ft. of sidewall area per bedroom.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

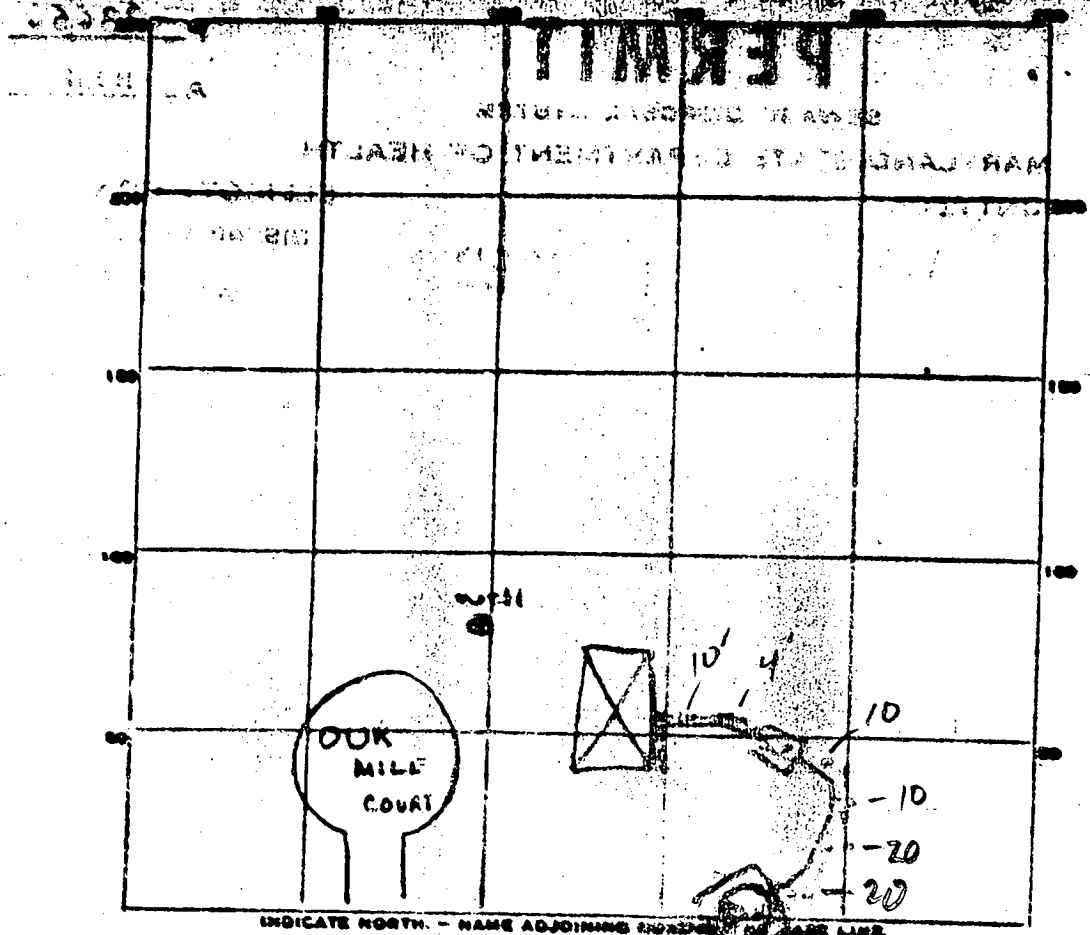
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO COTTA ACCEPTED.

PLANS APPROVED BY Robert T. Moorefield

DATE 2/19/76

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.



PERMIT CARD _____

SEPTIC TANK LEVEL 1000

S.T.	D.W.
<u>marked</u>	<u>✓</u>

DISTRIBUTION BOX LEVEL n.a.

TILE FIELD DEPTH _____ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6' TOTAL LENGTH 5 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 48

Total Area
48 sq ft

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 6'

ABSORBENT AREA 360 SQ. FT.

REMARKS S/P 420 O.K. tank with trench to be installed. 1' concrete diff. to be made up. 12' x 5' 6".

Don't know

APPLICATION

19137

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 450-2000, EX. 504

DISTRICT 1-1-1

DATE October 30

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 Mr. Holden L. Doring

ADDRESS Barnwood Road, Glenwood, Maryland PHONE 442-2483

PROPERTY LOCATION:

SUBDIVISION Charles Estates - Section II LOT NO. 11, Block A

ROAD AND DESCRIPTION West side of Sharp Road

SIZE OF LOT 150' x 270' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT William R. Doring

APPROVED BY _____ FOR _____ DATE _____
(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

5349

STATE OF TEXAS
TARRANT STATE OFFICE BLDG. AUSTIN, TEXAS
WELL COMPLETION REPORT

WELL HAS BEEN DRILLED COMPLETELY

COUNTY NUMBER

THIS REPORT IS TO BE COMPLETED BY THE DRILLER OR HIS ASSISTANT

DATE COMPLETED (MONTH AND DAY)

3/10/76

DEPTH OF WELL

140

PERMIT NO. FROM "PERMIT TO DRILL WELL"

63-23-11711

20 20 00 21 22 23 24 25 26 27

WELLER IDENTIFICATION NO.

OWNER

Co. of the ...

POST OFFICE

STREET OR RFD

WELL USE

STATE THE KIND OF FURNISHING OBTAINED, THE SIZE, PARTS, THICKNESS AND IF WATER BEARING

DESCRIPTION OF WELL

DEPTH	PERF	TYPE
0	2	
2	15	
2	15	
85	40	
40	90	
90	110	
110	110	

GRITTING RECORD

WELL HAS BEEN GROTTED (CIRCLE APPROPRIATE BOX)

TYPE OF GRITTING MATERIAL (CIRCLE ONE)

NO. OF BAGS NO. OF POUNDS

BALLONS OF WATER

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM TO

ENTERED IN FROM SURFACE

CASING RECORD

INSERT APPROPRIATE CODE BELOW

WELLER'S NAME

OTHER CASING (CIRCLE ONE)

DIAMETER (INCHES)

LENGTH (FEET)

OTHER CASING (CIRCLE ONE)

DIAMETER (INCHES)

LENGTH (FEET)

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

WELLER'S NAME

DEPTH (TO NEAREST FEET)

SCREEN TYPE

DIAMETER OF SCREEN (INCHES)

LENGTH OF SCREEN (FEET)

SCREEN TYPE

DIAMETER OF SCREEN (INCHES)

LENGTH OF SCREEN (FEET)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (DISTANCE FROM LAND SURFACE)

DEPTH (FEET)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

TYPE OF PUMP (CIRCLE ONE)

TYPE OF PUMP (CIRCLE ONE)

TYPE OF PUMP (CIRCLE ONE)

PUMP INSTALLED

TYPE OF PUMP (CIRCLE APPROPRIATE LETTER)

WELLER'S NAME

WELLER'S NAME

WELLER'S NAME

WELLER'S NAME

CASING WEIGHT

WELLER'S NAME

WELLER'S NAME

WELLER'S NAME

WELLER'S NAME

LOCATION OF WELL ON LOT

WELLER'S NAME

WELLER'S NAME

WELLER'S NAME

CIRCLE APPROPRIATE BOXES

A WELL HAS BEEN GROTTED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C TEST WELL CONVERTED TO PRODUCTION WELL

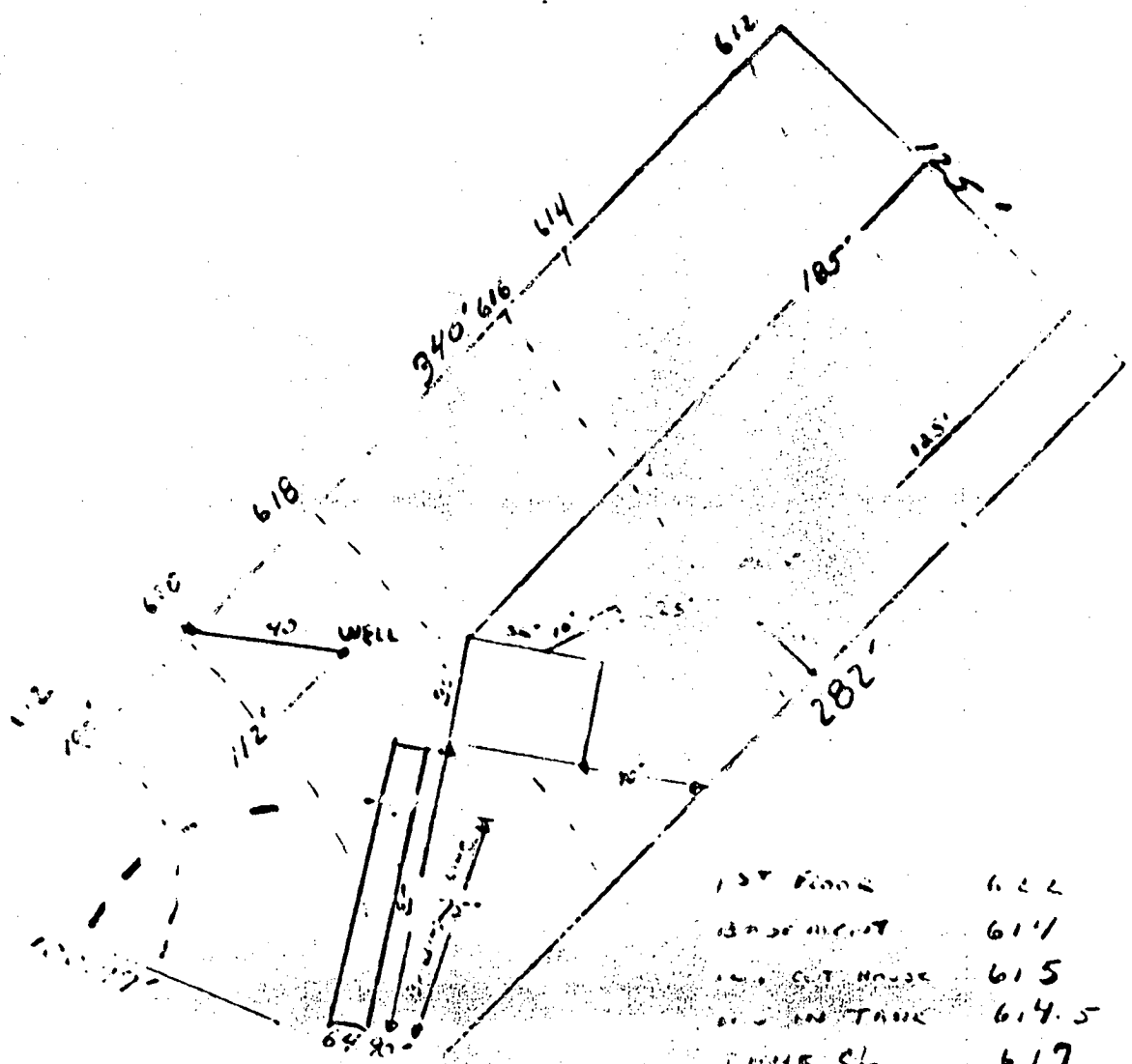
I HEREBY CERTIFY THAT I HAVE COMPLETED WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

WELLER'S NAME

WELLER'S NAME

WELLER'S NAME

WELLER'S NAME



OUR MILE CT

- 1st Floor 622
 - Basement 614
 - 1st cut house 615
 - 2nd cut house 614.5
 - THUR CL 617
 - WELL IN D WELL 611
 - EXISTING CL 615
 - FIN CL 615
 - WELL CL 622
- GP # 76-22

A R M, 1/17/76

1" = 50'

3273 OUR MILE CT
 DISTRICT 304

LOT 11 11 DISTRICT 304