

PERMIT

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

P _____

A514229-C

ISSUE DATE _____

APPROVAL DATE _____

RPS
380413

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION The Heritage LOT NUMBER 13 ADDRESS 14182 Day Farm Road

PROPERTY OWNER Fred Goebel PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS Glenelg, MD 21737

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

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

LOCATION: _____

~~SEPTIC PERMIT~~
AND RETURNED 8/31/2000

B00126241

Remodel hall & 2 master bathrooms

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

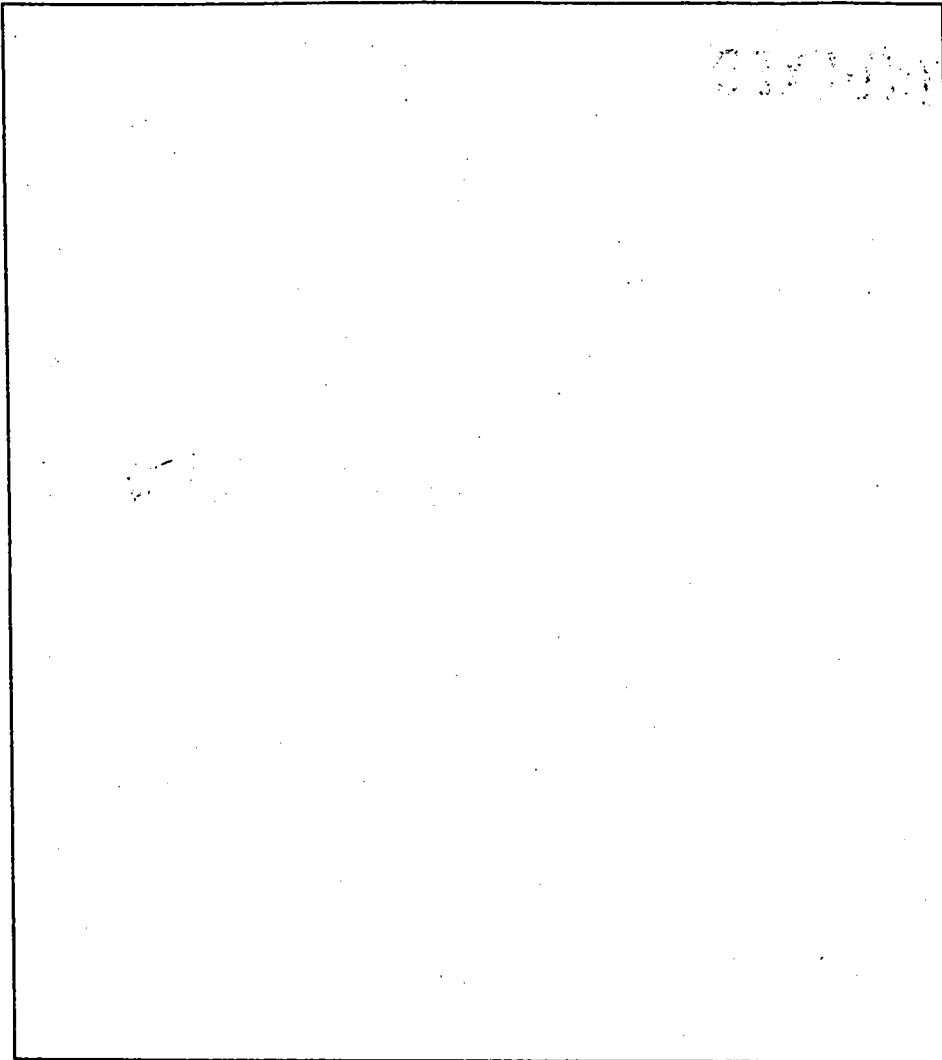
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 514229C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

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: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00126241

Building Address 14182 Day Farm Road
Glendg, MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.01 Subdivision The Heritage

Section _____ Area _____ Lot 13
Tax Map 21 Parcel 184 Grid 24

Zoning RR Map Coordinates 9F11 Lot size _____

Property Owner's Name Fred Goebel
Address 14182 Day Farm Road
City Glendg State MD Zip Code 21737

Home Phone 240-401-5829 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD - remodel (2) bathrooms
Estimated Construction Cost \$ 11,500⁰⁰
Description of Work Remodel hall & master
bathrooms

Contractor Company ARDO CONTRACTING, INC.
Contact Person DAVID WINYALL
Address 9693 Gerwig Lane
City Columbia State MD Zip Code 21046
License No. 19789
Phone 410-290-9899 Fax 410-290-5824

Occupant or Tenant Fred Goebel
Contact Name SAME
Address 14182 Day Farm Rd
City Glendg State MD Zip Code 21737
Phone 240-401-5829 Fax N/A

Engineer or Architect Company _____
Contact Person N/A
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

David Winyall
Applicant's Signature
ARDO CONTRACTING, INC.
Title/Company

DAVID WINYALL
Print Name
8/31/00
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: <u>23642</u>
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>80</u>
Building Official <u>[Signature]</u>	<u>8/31/00</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St. _____	Sub-total paid \$ _____
Health <u>[Signature]</u>	<u>8/31/00</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>80</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>14284</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check Validation # <u>24255</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

6/7/82
around room plus

PERMIT

01-100-4110-4 P-51965
A 21/23

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

INDEX

DISTRICT Sch

DATE 7/24/82 6/4/82

Allon's Backhoe Rental IS PERMITTED TO INSTALL X ALTER

ADDRESS 15050 Carsville Road, Woodbine, Md. PHONE 854-6561

SUBDIVISION The Heritage ROAD 14182 Day Farm Rd. LOT 15 Sec. 2

PROPERTY OWNER A.W. Scott

ADDRESS 5513 Twin Knolls Rd., Col., Md. 21045

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 30 FT. FROM right LOT LINE AND 110 FT. FROM front LOT LINE AS SEEN WHEN
FACING LOT FROM Sharp Rd.

The invert will enter the field at 4-4 1/2' below original grade and the max. trench depth will not exceed 9'. The trenches will have a total combined length of 120 (30x) 160 (4 x) with no trench exceeding 80' in length. Each trench will be 2' wide, contain 5' of stone and run parallel to each other, spaced 18' apart center-to-center and the trenches will be connected in series. The trenches are to follow the contour of the land.

PLANS APPROVED BY Frank Skinner 6/22/82 6/22/82

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 16 FOOT IN DIAMETER.

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

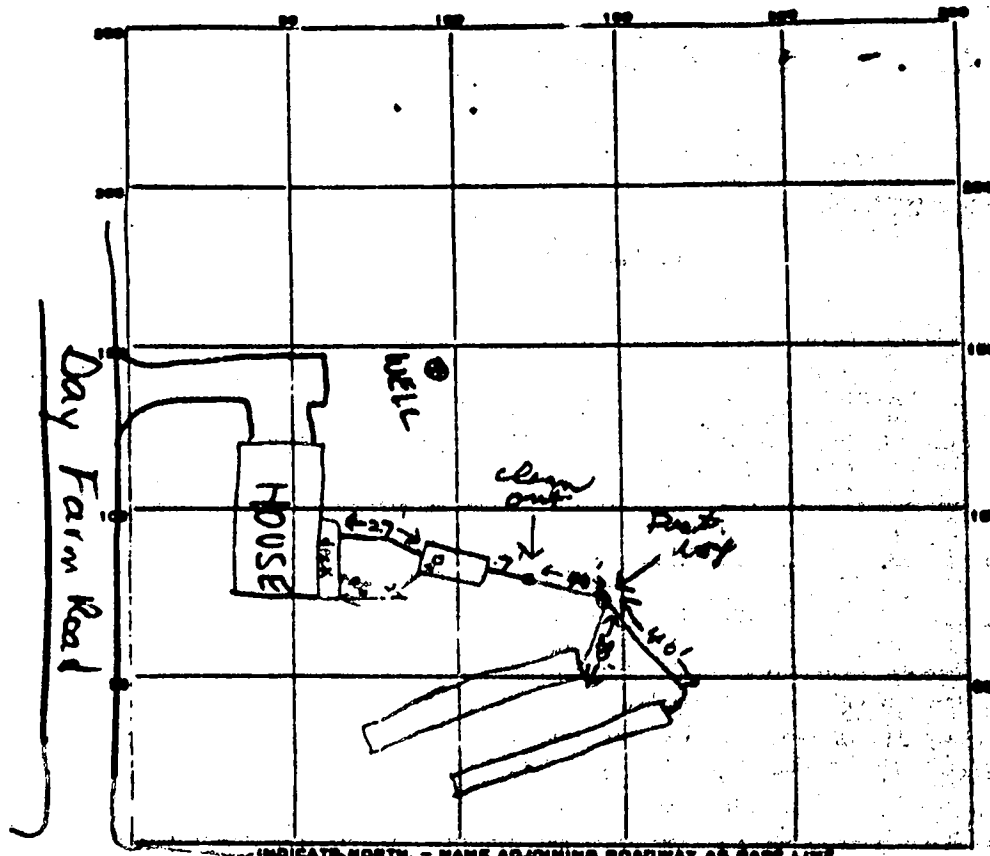
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA
COTTA ACCEPTED.

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

BLDG. PERMIT SIGNED
AND RETURNED 4/24/82
5/11/82
Dech

BLDG. PERMIT SIGNED
AND RETURNED 3/4/84
Serial # 69201
PHH



PERMIT CARD _____

SEPTIC TANK, LEVEL CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2' FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 16.0 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 800

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 800 SQ. FT.

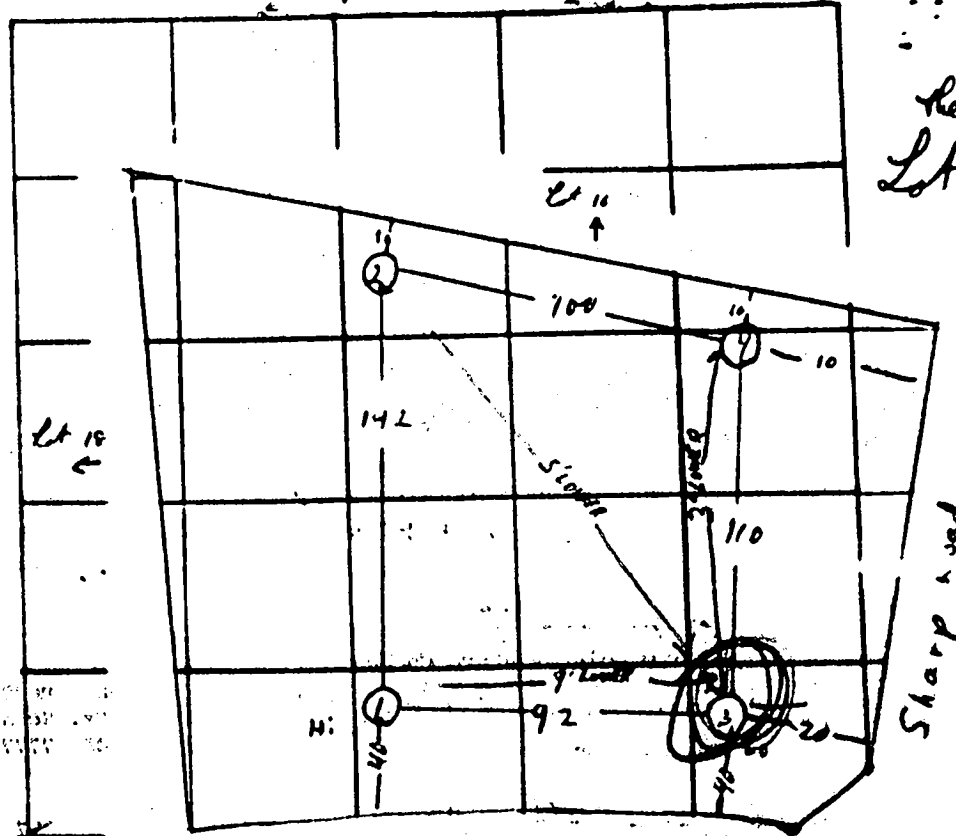
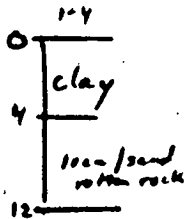
REMARKS 6/7/82 OK to add return on trenches. Jd

6/7/82 OK to cover all work. Must see house connection

to septic. Call when ready. Jd

8/5/82 Water tested septic system as connection uncovered F.S.

DATE SYSTEM APPROVED 8/5/82 INSPECTOR F. Shinn



INDICATE NORTH - MAKE ADJOINING ROADWAY AS BASE LINE
Normanshire Circle

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-10-75	1	12"	1120	1130	1130	1150	20
	1A	4"	1121	1134	1124	1120	6
	2	12"	SAME	AS	1	11	
	3 lowest	4"	1155	1215	1215	000	
	3A	12"	WATER AT	11"			*
	4	12"	12 ⁰⁵	12 ¹⁰	12 ¹⁰	12 ¹⁰	8
	4A	4"	12 ⁰⁵	12 ¹⁰	12 ¹⁰	12 ¹⁷	7
	3B	10"	1240	1255	1255	110	15

REMARKS _____

TYPE OF SOIL _____

TESTED BY H. Z - R.M. ALSO PRESENT: J.B.

Date Received (OEP use only) _____

DATE WELL COMPLETED 043082

Depth of Well 265

FROM "PERMIT TO DRILL WELL" 740-73-04757

OWNER Woodland Homes Inc. (A.W. Scott)

STREET OR RFD Day Farm @ Sharp Rd. TOWN Glencly

SUBDIVISION The Heritage SECTION 13 LOT 13

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	TO	TEST
Dirt	0	8	
Soft Brn. Mica & Clay	8	30	
Soft Brn. Mica	30	40	
Soft Brn. Mica	40	41	X
Soft Brn. Mica	41	84	
Soft Brn. Mica	84	85	X
Soft Brn. Mica	85	98	
Blue Schist	98	115	
Brown Mica	115	116	X
Blue Schist	116	234	
Opening	234	235	X
Blue Schist	235	265	

WELL HAS BEEN GROUDED Y N

TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 30 NO. OF POUNDS 195

GALLONS OF WATER 204

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 500 ft. (enter 0 if from surface)

SCREEN RECORD

casing type ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE S T diameter (nearest inch) 6 Total depth of main casing (nearest foot) 101'6"

OTHER CASING (if used) diameter (nearest inch) _____ depth (feet) _____

SCREEN RECORD

Screen type or opening ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) 101'6" 265

SLOT SIZE _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 3 9/10

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 31'3" WHEN PUMPING 122'5"

TYPE OF PUMP USED (see test) S submersible

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, & T, O)) _____

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height) + above - below 1'6" (nearest foot)

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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT NO. 256

Dana Kyker, Jr. II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from purchaser)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T TELESCOPE CASING (I.E.R.O.S.)

L LOG INDICATOR

W O OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

SHARP RD.

DAY FARM RD.

X WELL

