

9/1/00  
10:00-10:30

# PERMIT

P 514155

## SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

A REPAIR

410-313-2640

ISSUE DATE 7/28/2000

### INDEXED

APPROVAL DATE 9-1-00

05-380812

Jack Fyock Septic Service

IS PERMITTED TO INSTALL  ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737

PHONE 410-988-9270

SUBDIVISION The Heritage

LOT NUMBER 49

ADDRESS 4011 Penn Cross Court

PROPERTY OWNER Strianese Riley

PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

**BUILDING PERMIT SIGNED  
AND RETURNED**

2-19-04 800146286-DECK

TRENCHES: Trenches to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. 4.0 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. 8/11/00

2  
125  
x 5  
625

155 -  
41625  
4  
22  
20  
25

155 total linear ft needed

PLANS APPROVED

AM

DATE 8/31/00

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

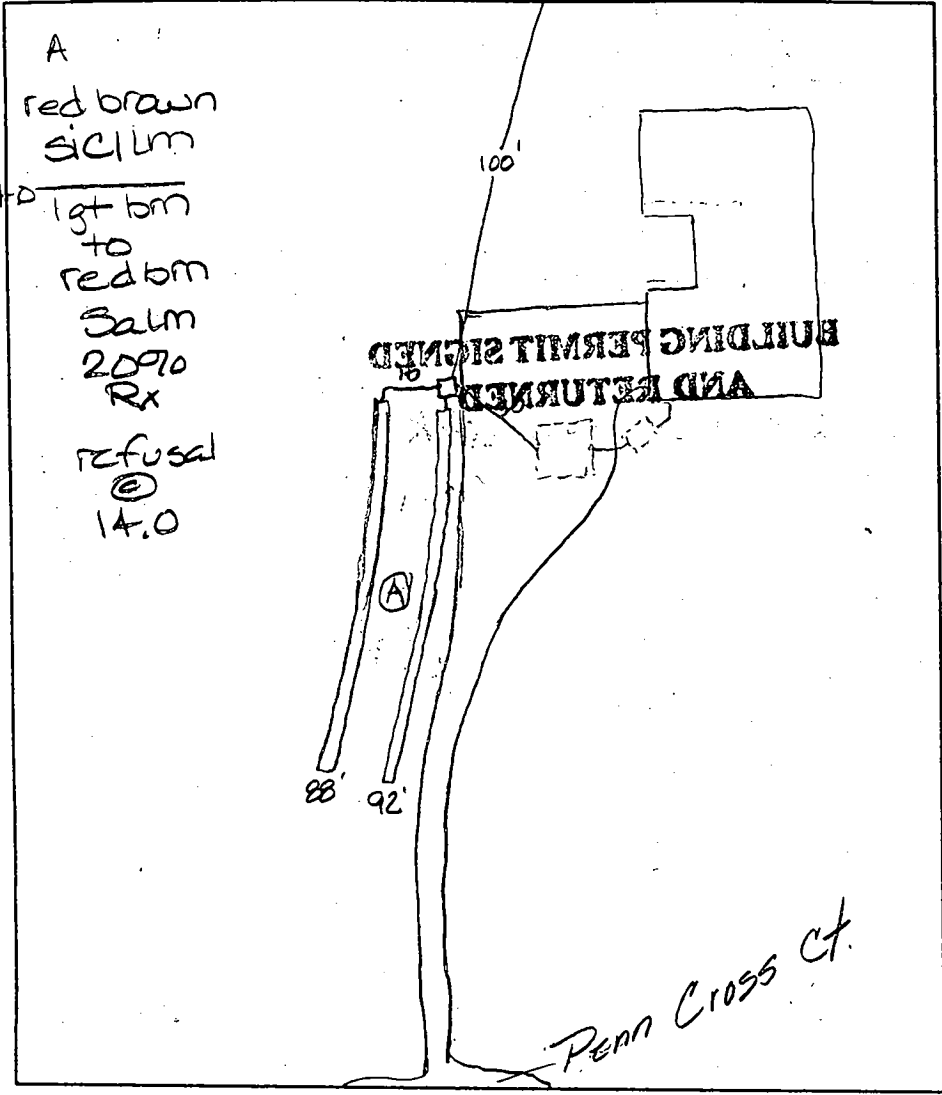
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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 514155

4.5.85  
5-A

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2.0
TRENCH INLET DEPTH	4.5
TRENCH BOTTOM DEPTH	8.5
DEPTH OF STONE	4.0
NUMBER OF TRENCHES	2
TOTAL TRENCH LENGTH	180
ABSORBENT AREA	720
DISTRIBUTION BOX LEVEL	OK
BAFFLE IN DISTRIBUTION BOX	OK

SEPTIC TANK DATA	
SEPTIC TANK	N/A GALLONS
MANHOLE RISER	N/A
6 INCH INSPECTION PORT	N/A
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	—
MANHOLE RISER	—
ALARM	—
PUMP PERFORMANCE TEST	—

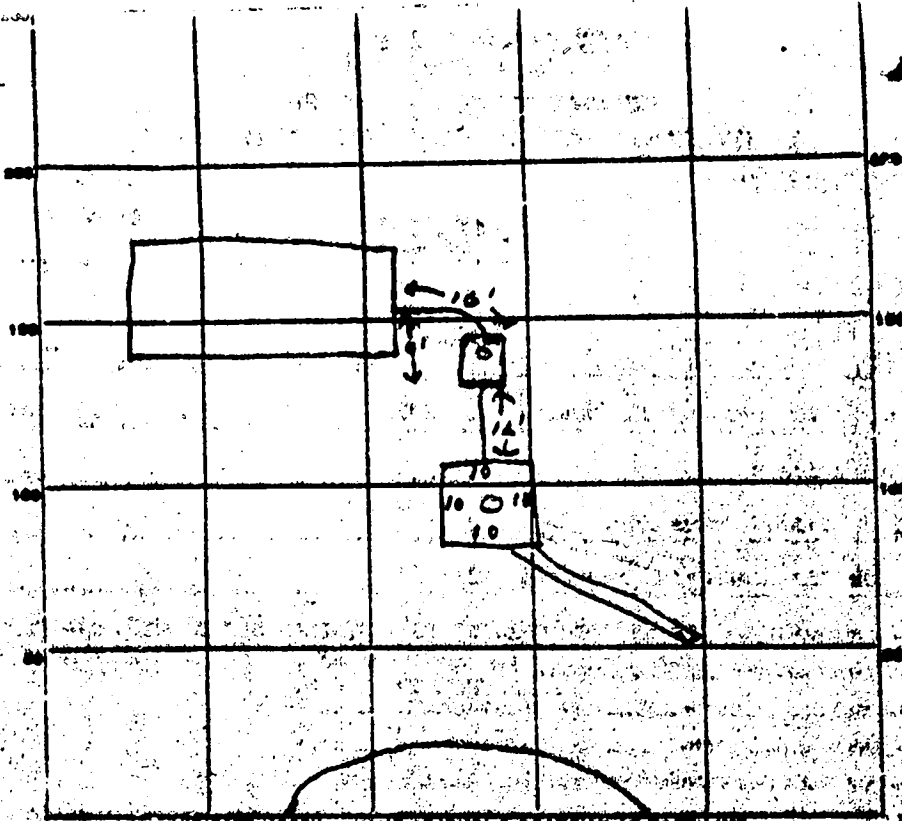
PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 9/1/00 OK to cover all work - per Fyock drywell lid is in good condition, drywell constructed properly - cars driving over it should not be a problem

INSPECTOR A. McNeil DATE SYSTEM APPROVED 9/1/00



125  
4  
500



ST  
49

INDICATE NORTH - NAME ADJOINING SEASIDE AS BOUNDARY LINE

*Penn Cross Co*

PERMIT CARD

SEPTIC TANK LEVEL

CLEANOUTS

*ST/DL*

DISTRIBUTION BOX LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 44 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 264

SEEPAGE PITS, INSIDE DIAMETER 40 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 504 SQ. FT.

REMARKS 9/14/82 OK to add stone in trench

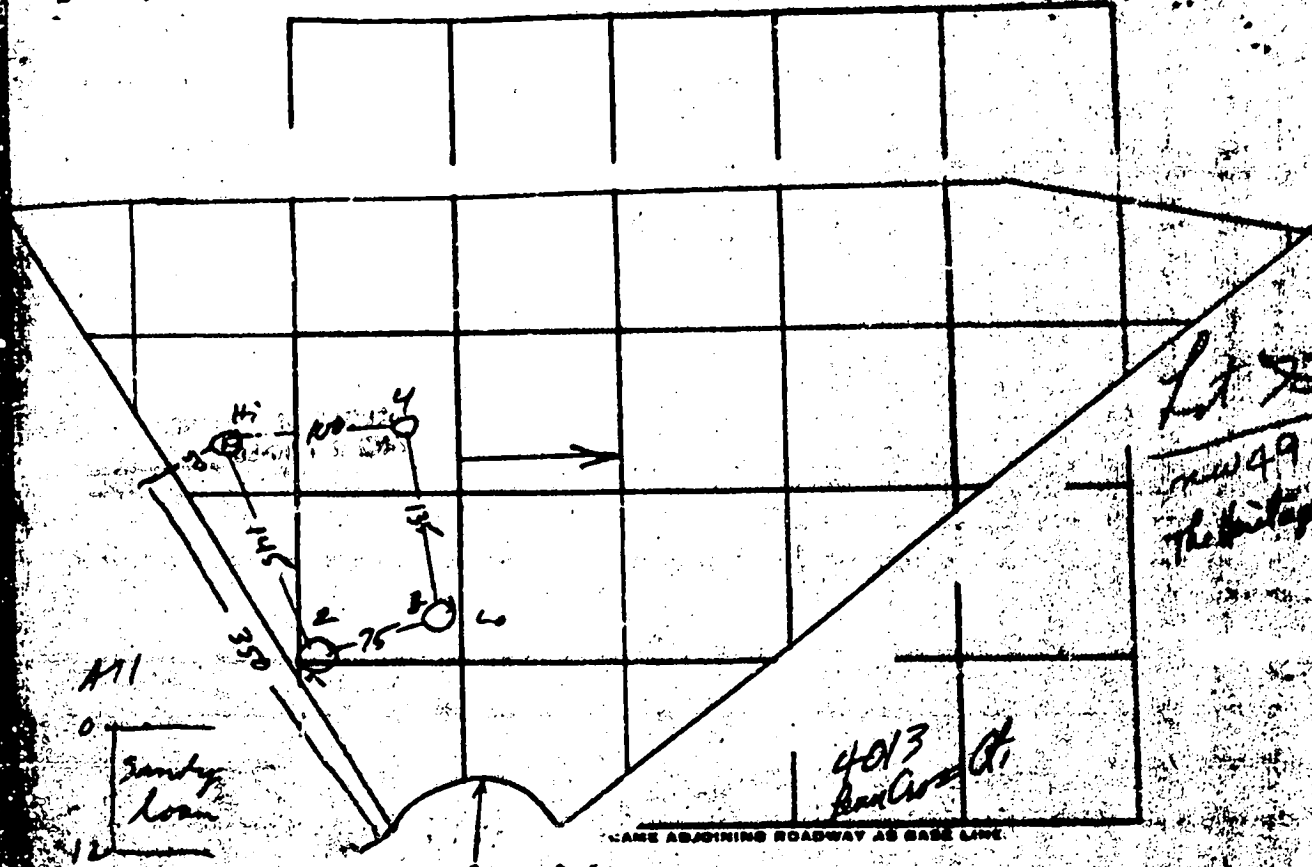
9/14/82 OK to cover work to septic tank

Must see home connections - call for

9/16/82 OK to cover all work for

DATE SYSTEM APPROVED 9/16/82

INSPECTOR Stayer



DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
5/28	1	4	10 <sup>33</sup>	10 <sup>32</sup>	10 <sup>32</sup>	10 <sup>44</sup>	7
	1A	12	10 <sup>33</sup>	10 <sup>41</sup>	10 <sup>34</sup>	10 <sup>47</sup>	7
	2	12	Vis		dry		
	3	4	10 <sup>35</sup>	10 <sup>42</sup>	10 <sup>42</sup>	10 <sup>55</sup>	8
	3A	12	10 <sup>35</sup>	10 <sup>46</sup>	10 <sup>46</sup>	10 <sup>58</sup>	8
	4	4	10 <sup>33</sup>	10 <sup>36</sup>	10 <sup>35</sup>	10 <sup>44</sup>	8
	4A	12	10 <sup>33</sup>	10 <sup>36</sup>	10 <sup>36</sup>	10 <sup>44</sup>	8

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY R.M. \_\_\_\_\_

ALSO PRESENT \_\_\_\_\_

(THIS NUMBER IS TO BE CHECKED ON COL. 54 OF ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER **A 2231**

Date Received (OEP use only)

DATE WELL COMPLETED **07-09-81**

Depth of Well **377**

PERMIT NO. FROM PERMIT TO DRILL WELL **1700-1-11-81**

OWNER **Woodland Home Inc.**

STREET OR RFD **Penn Cross Court**

TOWN **Greene**

SUBDIVISION **The Heritage**

SECTION **1**

LOT **402**

DESCRIPTION (Use soil/rock names if needed)	FEET		CASED (if water bearing)
	FROM	TO	
Dirt	0	1	
Soft Brn. Mica & Sand	1	36	X
Soft Brn. Sandstone	36	54	
Red Clay & Sand	54	63	X
Soft Brn. & Blue Sandstone	63	77	
Hard Blue Sandstone	77	92	
Mostly Blue Sandstone laced Brn. & white Sandstone	92	105	
Brn. & Blue Sandstone	105	120	X
Hard Blue Sandstone	120	174	
Brn. & Blue Sandstone	174	177	
Hard Blue Sandstone	177	281	
Hard Brn. & Blue Sandstone	281	284	X

WELL HAS BEEN GRouted  Y  N

TYPE OF GRouting MATERIAL  
 CEMENT  CM SETONITE CLAY  SC

NO. OF BAGS **29** NO. OF POUNDS **2726**

GALLONS OF WATER **174**

DEPTH OF GROUT SEAL (to nearest foot)

SCREEN RECORD

STEEL  ST  
 CONCRETE  CO  
 PLASTIC  PL  
 OTHER  OT

MAIN CASING TYPE  S  T

Normal diameter (actual inside)

Total depth (if including ground level)

**6** **85.7'**

OTHER CASING (if used)

Normal diameter (actual inside)

Total depth (if including ground level)

SCREEN RECORD

STEEL  ST  
 BRASS BRONZE  BB  
 COPPER  CO  
 PLASTIC  PL  
 OTHER  OT

DEPTH (nearest ft.)

**85.7'** **377'**

DIAMETER OF SCREEN (INCH)

From \_\_\_\_\_ to \_\_\_\_\_

GRAVEL BACK \_\_\_\_\_

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

HOURS PUMPED \_\_\_\_\_

PUMPING RATE (gallons per minute) **4.9**

METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_

WATER LEVEL (nearest foot and tenth) BEFORE PUMPING **44**

WHEN PUMPING \_\_\_\_\_

TYPE OF PUMP USED (see key)

A  B  C  D  E  F  G  H  I  J

DRILLER WILL INSTALL PLUMB (CIRCLE APPROXIMATE POSITION)

IF DRILLER INSTALLS PUMP, WELL HEAD MUST BE COMPLETED FOR ALL STEEL SCREEN WELLS

TYPE OF PUMP DRIVE APPROXIMATE LETTER IN BOX ABOVE

CAPACITY \_\_\_\_\_

GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (nearest foot) \_\_\_\_\_

CASING MUST BE SEALED TO PREVENT SURFACE WATER FROM ENTERING WELL

A  B  C  D  E  F  G  H  I  J

SEALER APPROXIMATE BOX

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

F TEST WELL CONVERTED TO PRODUCTION WELL

DRILLERS IDENT. NO. **226**

**Ronald L. Kyker**

DRILLERS SIGNATURE

MUST MATCH SIGNATURE ON APPLICATION

SITE SUPERVISOR (sign. of owner or contractor) responsible for sitework if different from above

TELESCOPE CASING  T

LOG INDICATOR  LI

OTHER DATA \_\_\_\_\_

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

**Penn Cross**

**X WELL**

HEALTH

S 73° 51' 10" E 505.29

325.00

10

garage

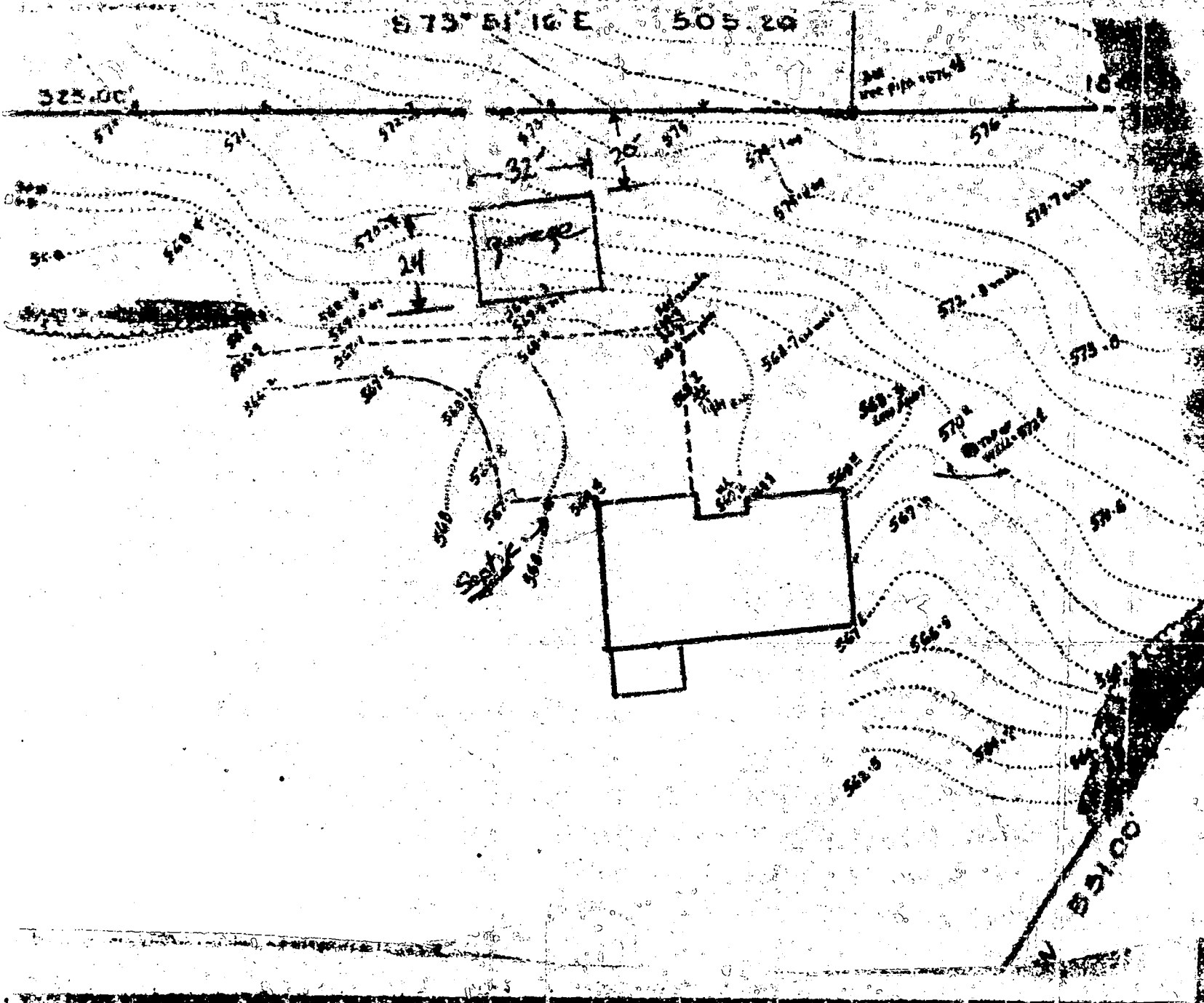
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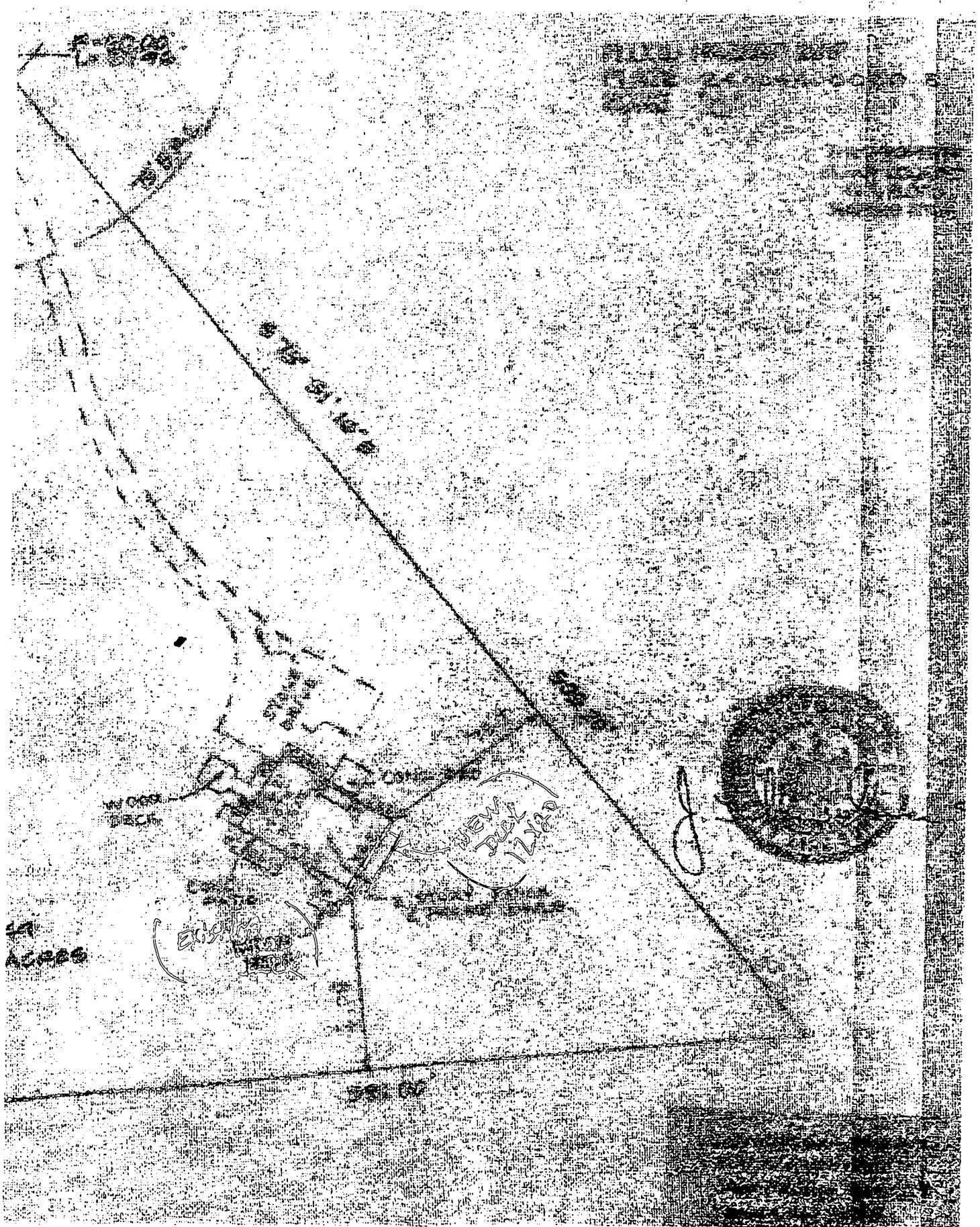
573.7

573.0

573.6

N 85° 10' 00" E 551.00





**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B00146286

Building Address 4011 PENN CROSS CT,  
Glenn Md 21732  
 Suite/Apt. #: 2 SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 15101 Subdivision The Heritage  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 49  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name MICHAEL RILEY  
 Address 4011 PENN CROSS COURT  
 City Glenn State MD Zip Code 21732  
 Home Phone <sup>410</sup> 409 5428 Work Phone <sup>301</sup> 352 4937  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
JAMES T EDWARDS  
606 MAIN ST  
REISTERSTOWN MD 21136  
 Phone 410 833-5525 Fax 410-833-4602

Existing Use ST  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 8000.00  
 Description of Work 12 X 2.0 DECK  
W STEPS

Contractor Company Columbia Home Contractors Inc  
 Contact Person Tim EDWARDS  
 Address 606 MAIN ST  
 City Reisterstown State MD Zip Code 21136  
 License No. 19959  
 Phone 410 833 5525 Fax 410-833 4602

Occupant or Tenant \_\_\_\_\_  
 Contact Name SAME AS OWNER  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" 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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 THERETO; (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.

James T. Edwards  
 Applicant's Signature  
Contractor  
 Title/Company  
MD 2/19/04

JAMES T. EDWARDS  
 Print Name  
2/19/04  
 Date

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