

1-17-01
10:00 Repair

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P 514473

A REPAIR

ISSUE DATE 1/1/01

APPROVAL DATE 1/18/01

410-313-2640
INDEXED

South Carroll Backhoe _____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Annandale LOT NUMBER 14 ADDRESS 13395 Pipes Lane

PROPERTY OWNER Robert Sisler PROPERTY OWNER'S ADDRESS 13395 Pipes Lane

SEPTIC TANK CAPACITY _____ GALLONS

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: _____

REPAIR - PURPOSE - Existing septic system has failed.
Call for inspection when ground is opened so sanitarian can recommend repair. 1/10/00

PLANS APPROVED _____ DATE _____

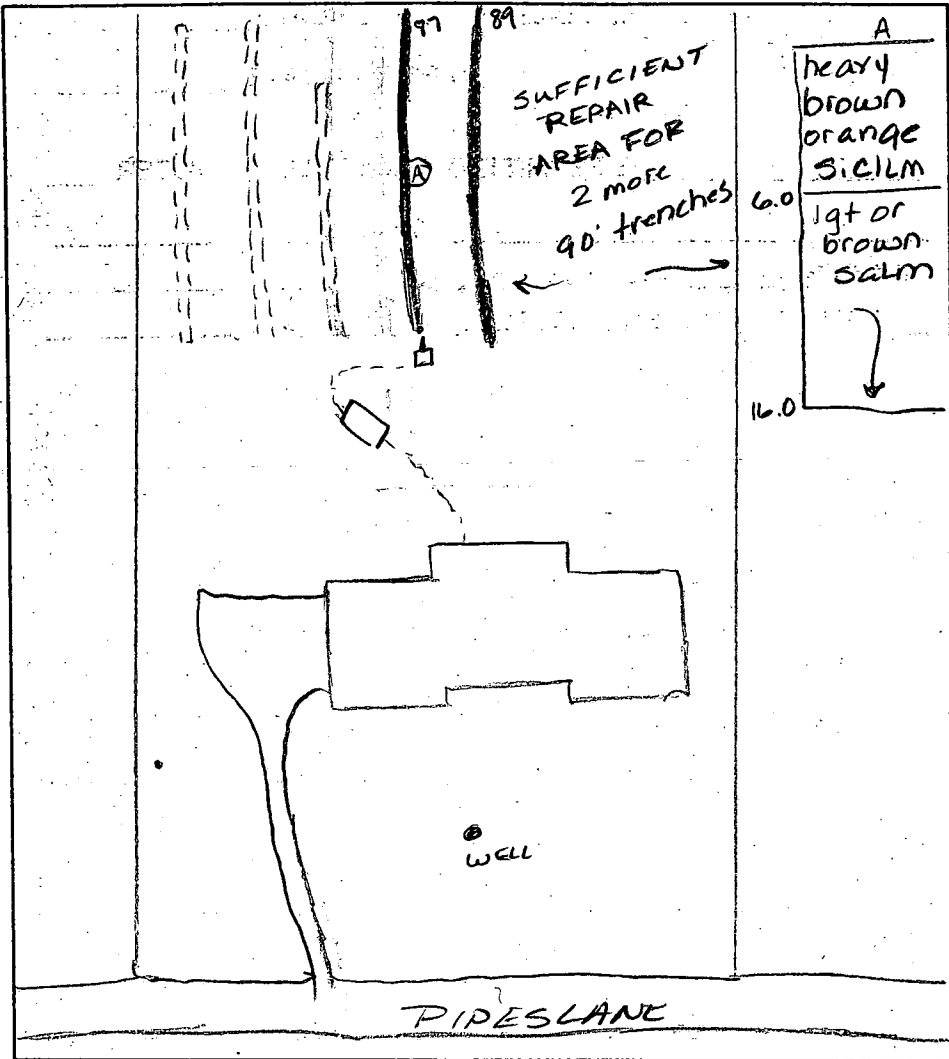
PERMIT VOID AFTER 2 YEARS

- 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

514473

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2.0
 TRENCH INLET DEPTH 6.0
 TRENCH BOTTOM DEPTH 10.0
 DEPTH OF STONE 4.0
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 176
 ABSORBENT AREA 764
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX -

SEPTIC TANK DATA

SEPTIC TANK N/A GALLONS
 MANHOLE RISER _____
 6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: OK to install 2 trenches 90' long, inlet @ 6.0, bottom @ 10.0 AW

INSPECTION COMMENTS: 1/18/01 OK to cover all work

INSPECTOR Amy McMill DATE SYSTEM APPROVED 1/18/01

Septic approved

PERMIT

P 36944

A 24610

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

~~93-3330~~
461-9933

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 5/16/86

Fogle SEptic Cleaners IS PERMITTED TO INSTALL ALTER

ADDRESS 1115 Streaker Road, Sykesville, MD 21784 PHONE 795-5670

SUBDIVISION Annandale ROAD 13395 Pipes Lane LOT 14, Section 1

PROPERTY OWNER Harry Gleason

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 ~~1000~~ GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 187 sq. ft. bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Botom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet from the rear (110') lot line and 15 feet from the left (295') lot line as seen when facing the lot from Pipes Lane. Run trenches on contour toward back of lot.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK

PLANS APPROVED BY S. Abel DATE 2/21/86

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

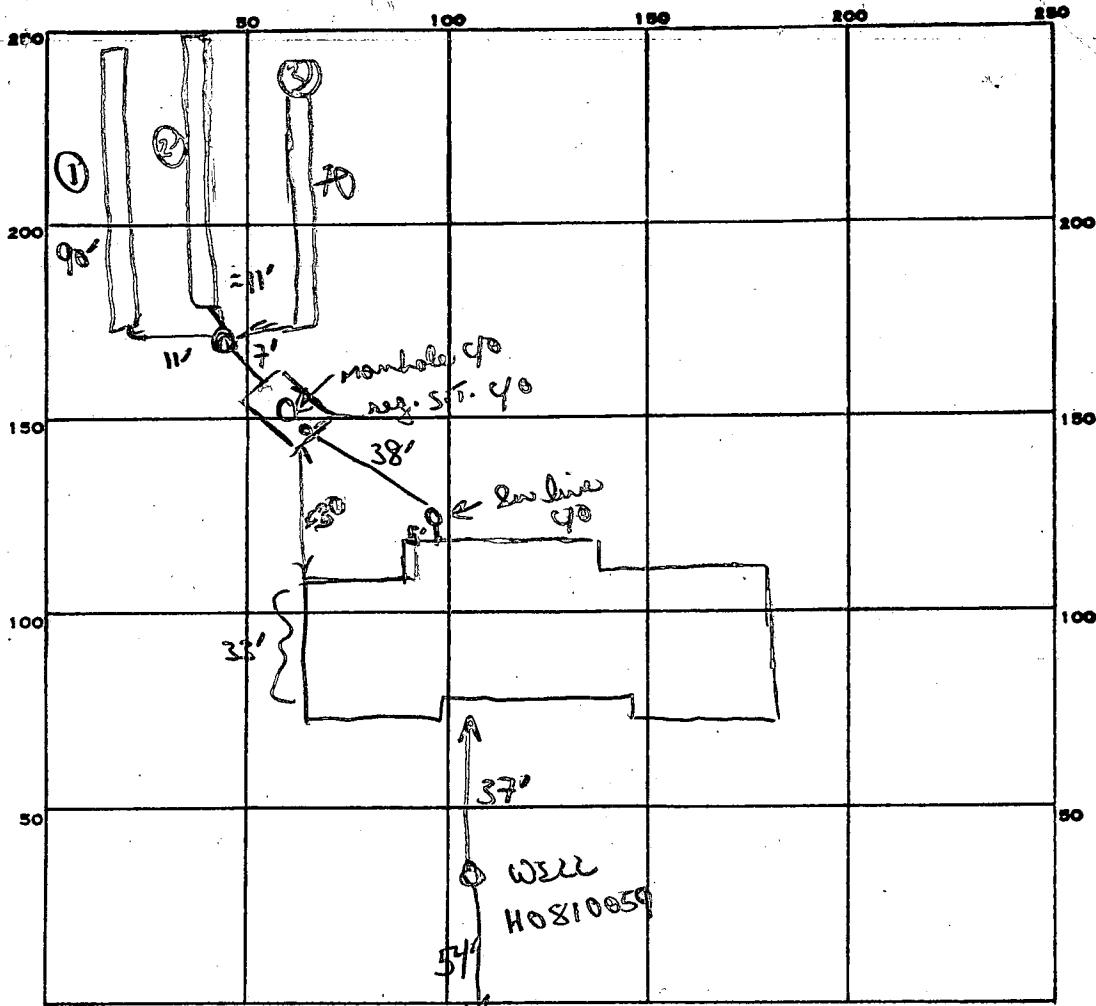
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 24610



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PASS LANE

TO UNDERWOOD

PERMIT CARD _____

1 S.T.

1 inline

SEPTIC TANK, LEVEL 1250 gal

CLEANOUTS manhole on septic

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH 3' IN. TOTAL LENGTH 90 + 90 + 70 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 270 + 270 + 210

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

ABSORBENT AREA 750 SQ. FT.

REMARKS 6/6/86 Due to fall in ground, could not get to original inlet at 3ft. (had to come in at 6'). As a result will adjust trench lengths (2 90' + 1 70') to + 3' of stone (6'-9'). OR to start trenches 6/6/86 OR to add stone pipe paper to trenches 1 + 2 + cover. OR to start trench #3 OR to cover all work to trenches. OR to cover #3 when complete call to verify completion

DATE SYSTEM APPROVED 6/6/86

INSPECTOR B. Ordan

190
4
760 MIN

70
3
210
540
750

APPLICATION

A _____

P _____

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: 465-5000, EXT. 356

DISTRICT 3rd

DATE 9/24/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Rd., Sykesville, Md. 21784 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 34

ROAD AND DESCRIPTION Underwood Road

SIZE OF LOT 42,500 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
single family dwelling

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

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

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

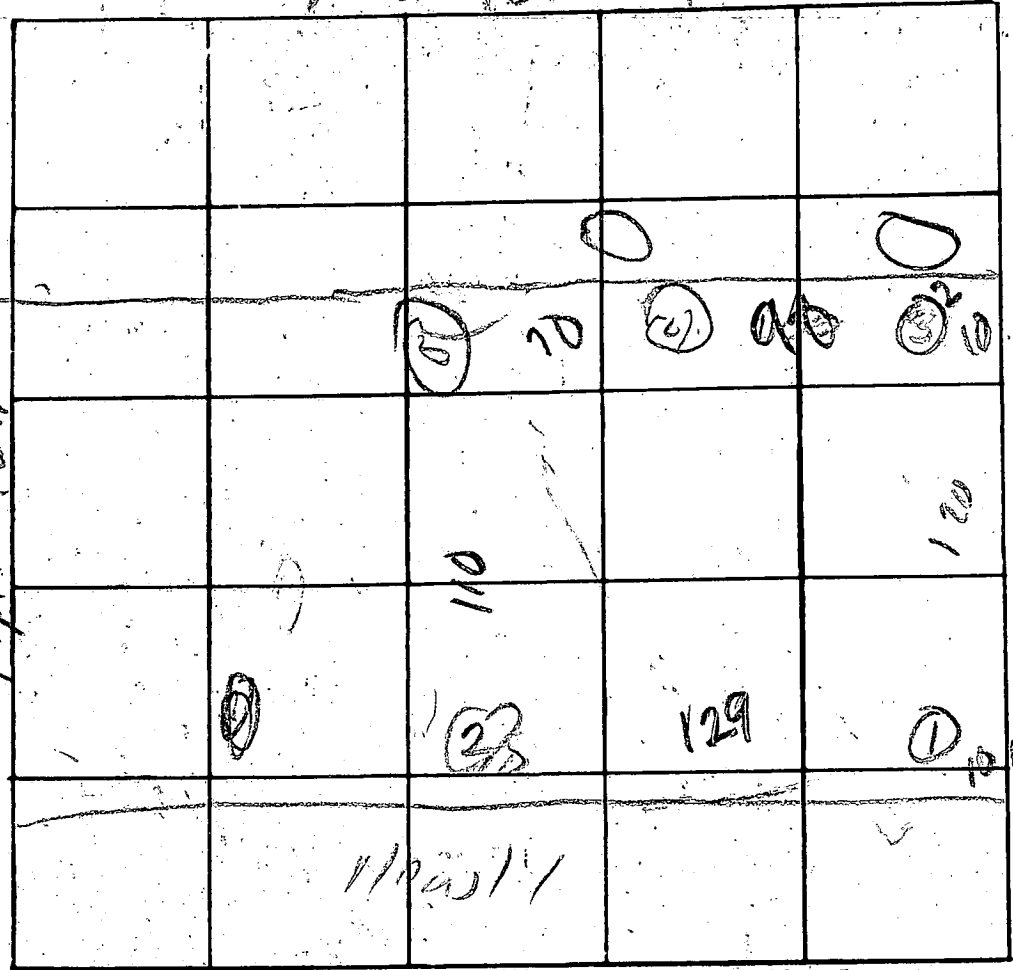
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

How lot 2 15

Pipes (on



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1s	3	333	339	339	336	9
	d	13	339	334	334	345	9
	2s	3'	334	344	344	415	31
	d	13'	342	347	349	358	9
	3s	3 1/2'					
	d	13					
	4s	3 1/2'	350	355	355	405	10
	d	13	350	355	355	403	8
	5	-Rock		10'			

X-13min
INLET B-

REMARKS 0' till splashed mud into hole 2s

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

Septic lines & location of
@ dgs. ff.

BLDG. PERMITS SIGNED
AND RETURNED 2-21-86

B.P. # 68837

PLOT PLAN
LOT 14, PIPES LANE
SECTION 1, ANNANDALE
PLAT NO. 3704
ELECTION DISTRICT 3
HOWARD COUNTY MD.

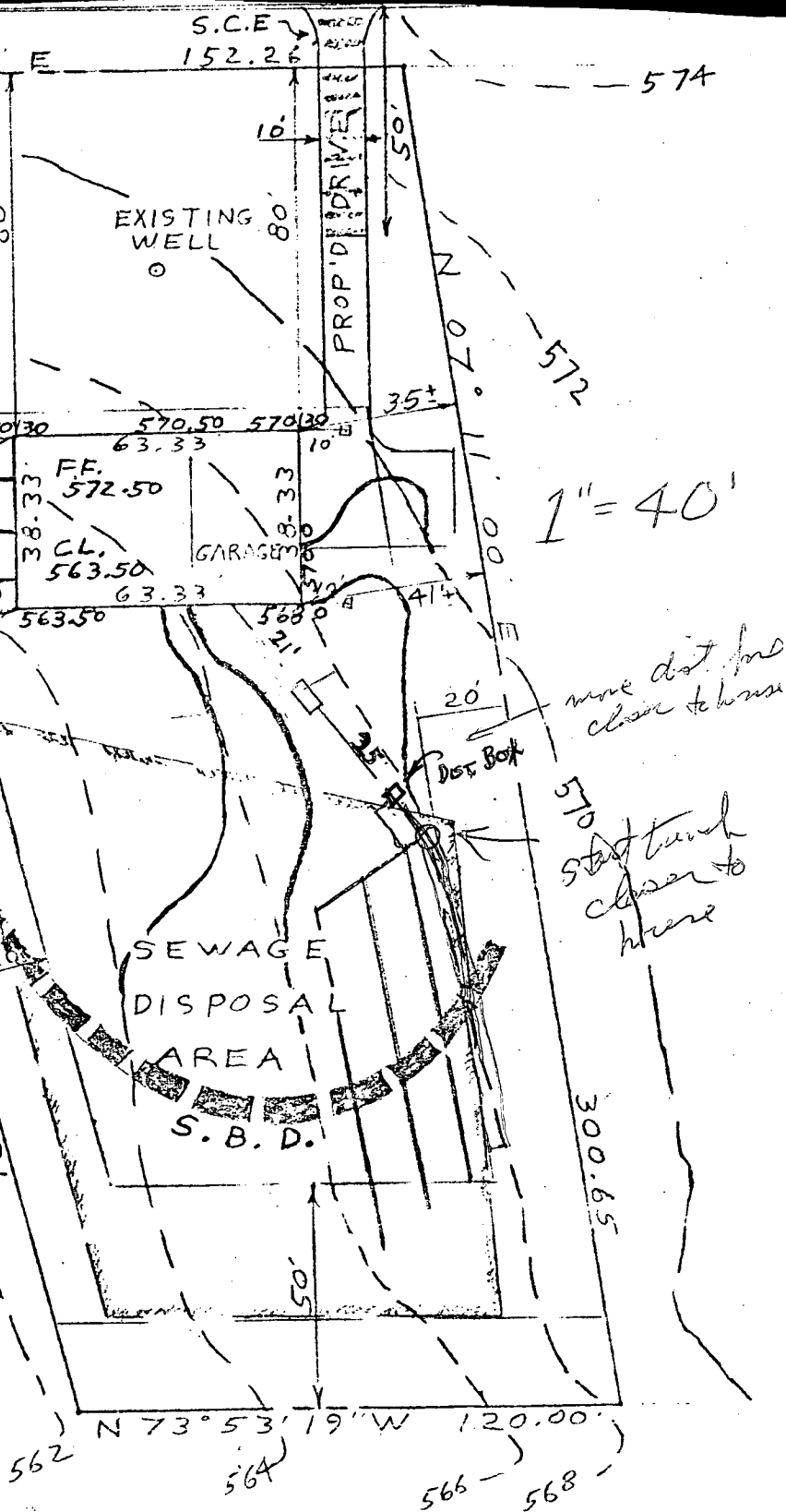


I CERTIFY THE ABOVE MEASUREMENTS
AND ELEVATIONS ARE ACTUAL AND
CORRECT FOR THIS PROPERTY

signed William E. Doyle

S.C.E. - DENOTES STABILIZED
CONSTRUCTION ENTRANCE
50'x10' of #2 STONE 6" DEEP

S.B.D. - DENOTES STRAW
BALE DIKE



1" = 40'

mine dist. from
closest to house

Start trench
closer to
house

cler's dgs.

528.0	EXIST. GRN. AT DISTR. BOX	568.00
525.3	INV. IN DISTR. BOX	564.50
525.9	INV. CUT OF SEPTIC TANK	565.20
526.2	INV. INTO SEPTIC TANK	565.60
526.6	INV. OUT OF DWELLING	566.02
	FIRST FLOOR ELEV.	572.50
	CELLAR ELEV.	563.50
	WELL ELEV.	569.50
	NO. OF BEDROOMS	3
	ACREAGE	40432 SQ FT.

C1 7697

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON AEL CARDS)

COUNTY NUMBER A24610

Date Received (OEP use only)

DATE WELL COMPLETED

042183

Depth of Well

85

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0-81-0059

OWNER Pipes last name

Fred first name

STREET OR RD Pipes Lane

TOWN Sykesville

SUBDIVISION Amnandle

SECTION 1

LOT 14

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include TOP SOIL, BROWN SHALE, BROWN SANDSTONE, GUANITE, GUANITE, GUANITE.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES (Y) NO (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 6 NO. OF POUNDS 564

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

CASING RECORD

Diagram showing casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE ST, Nominal diameter 6, Total depth 25

OTHER CASING (if used) diameter and depth from

SCREEN RECORD

Diagram showing screen types: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) H0 33 85

Diagram showing screen depth and slot size

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ (OTHER DATA)

C 3 Seq. no.

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 42

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL (distance from land surface) BEFORE PUMPING 17

WHEN PUMPING 20

TYPE OF PUMP USED (for test) A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (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, S, T, O)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

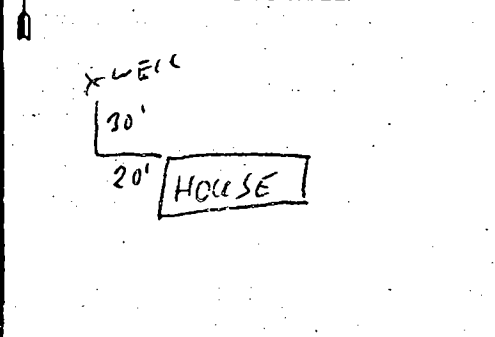
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

Diagram showing casing height above and below land surface

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)



- 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. 308 DRILLERS SIGNATURE (Must match signature on application)

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