

10-25-85
40130
Review 2:30P

03-304361

10-25-85
approved
S. Abel

PERMIT

P 31063
A 24608

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 3rd
DATE 10/4/85

INDEXED

Fogle Septic Cleaners IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Annandale I ROAD 13391 Pipes Lane LOT 13, Section 1

PROPERTY OWNER John D. Collins

ADDRESS _____

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

GARBAGE GRINDER? YES NO

perc for repair

4' to 6'
3' wide
240' B

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Place the distribution box 145 feet from the front lot line and 65 feet from the left lot line as seen when facing the property from Pipes Lane. Run trench(s) along contour toward left side 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.

04/86

PLANS APPROVED BY C. Williams DATE 8/08/85

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.

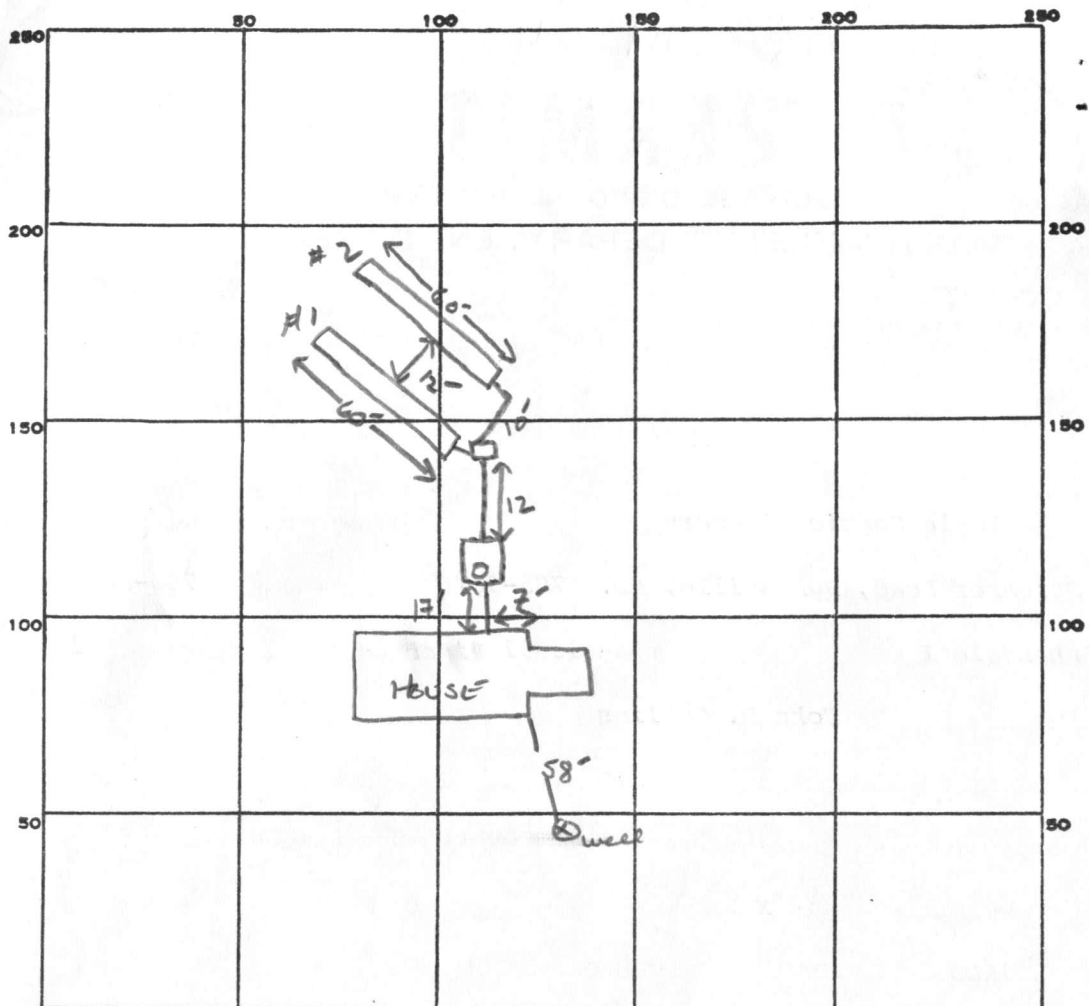
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 24608



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
PIPES LANE

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1000 GAL CLEANOUTS ✓ 5T

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 9 FT. TRENCH WIDTH 2 FT. INLET 4"

GRAVEL DEPTH 5 5 IN. TOTAL LENGTH 60 60 FT. TOTAL 120"

NUMBER OF TRENCHES 2 ONLY SIDE WALL TOTAL BOTTOM AREA 600

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

ABSORBENT AREA 600 SQ. FT.

REMARKS 10-25-85 OK TO ADD STONE TO BOTH TRENCHES; OK TO COVER MIDDLE OF
TRENCH #2 TO STONE #1 SA.

DATE SYSTEM APPROVED 10-25-85 INSPECTOR S. Abel

Preliminary
4-13' holes
in 10,000 #

APPLICATION

A 24608

SEWAGE DISPOSAL TESTING

P _____

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 John D. Collins

ADDRESS 13555 Old Frederick Rd., Sykesville, Md. 21784 PHONE _____
6298 Ducketts Lane

PROPERTY LOCATION: E1Kridge, Md 21227 Sec 1, 13

SUBDIVISION Ammandale LOT NO. 52 52

ROAD AND DESCRIPTION 13391 Pipes Lane

SIZE OF LOT 40,560 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 A J O'Neill FOR 8/16/90 DATE DW + T...
(KIND OF SYSTEM)

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

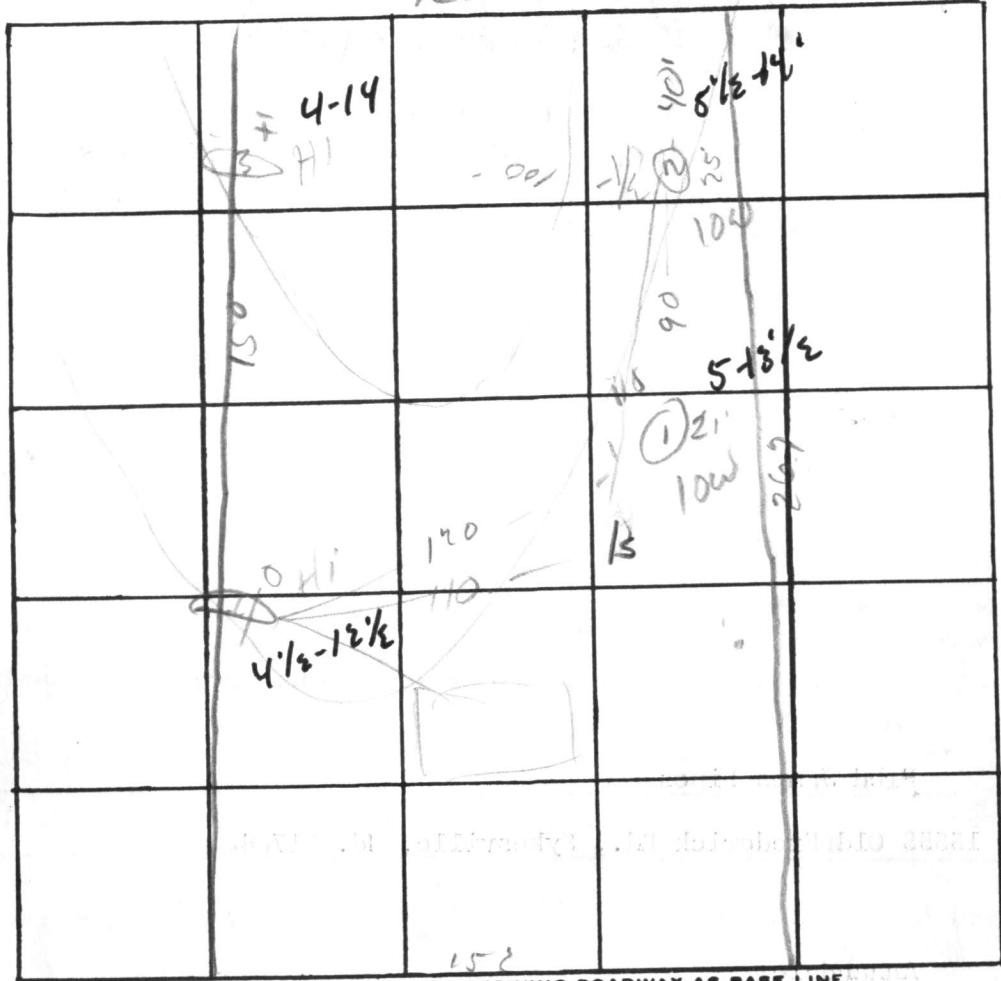
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 8/18/76
Serial # 66352

THIS IS NOT A PERMIT

52
120



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Pipes Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/26/92	1s	5'	10 ²⁵	10 ³⁰	10 ³⁰		
	1d	13 1/2'	10 ³⁵	10 ⁴⁴	10 ⁴⁴	10 ⁵⁵	24
	2s	5 1/2'	10 ³⁸	10 ³³	10 ³³	10 ⁴⁰	7
	2d	14'	10 ³⁸	10 ⁴³	10 ⁴³	11 ⁰⁹	24
	4s	4 1/2'	10 ⁴²	10 ⁴⁵	10 ⁴⁵	10 ⁵⁰	
	4d	18 1/2'	10 ⁴²	10 ⁴⁶	10 ⁴⁶	11 ⁰⁰	14
	3	14' 0"	10 ⁴¹	4-14'			
	4s	6'	1 ⁴⁵	2 ⁰⁵	2 ⁰⁵	2 ³²	27
	1s	5'	1 ⁵⁴	1 ⁵⁸	1 ⁵⁸	2 ⁰⁴	6

REMARKS good soil starts between 4+6'

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

C1 0828

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 ALL CARDS)

COUNTY NUMBER A24608

DATE RECEIVED DATE WELL COMPLETED

Grid for dates: 1/2/83

Depth of Well 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0314

OWNER Pipes Fred STREET OR RFD Pipes Lane TOWN Sykesville SUBDIVISION Annandale SECTION 1 LOT 13

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, Granite, etc.

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 17 NO. OF POUNDS 1398

CASING RECORD casing types insert appropriate code below STEEL ST CONCRETE CO PLASTIC PL OTHER OT

MAIN CASING TYPE ST Nominal diameter 6 Total depth 66

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below STEEL ST BRASS BR BRONZE BR PLASTIC PL OTHER OT

DEPTH (nearest ft.) HO 64 145

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 308 DRILLERS SIGNATURE

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

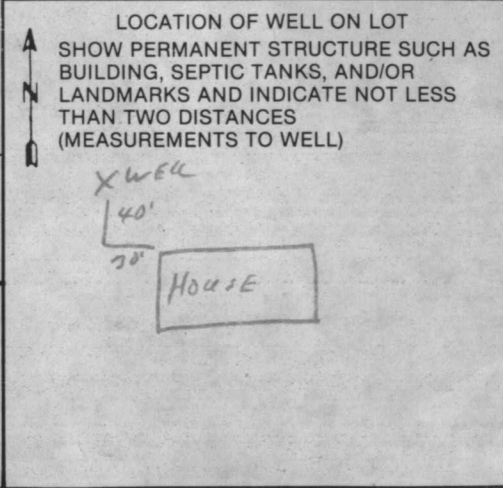
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)



1984 JUL 16 4 09 PM '84
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DIVISION OF
ENVIRONMENTAL
HEALTH

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