

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

approved 6/1/84
Stanger

P 33901

A 28823

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

ELLICOTT CITY 4

DISTRICT 4th.

DATE 5/18/84

04-339142

Claude Cissell IS PERMITTED TO INSTALL ALTER

ADDRESS Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Ellen O. Warfield Property ROAD 3660 Daisy Road LOT

PROPERTY OWNER Jon A. Miller

ADDRESS

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 205 sq. ft. absorbant sidewall 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 with 5 feet of stone below distribution pipe. LOCATION: Start the trench 428 feet from the 997.44 ft. long lot line and 322 ft. from the juncture of the 118.30 feet long lot line and the 793.27 ft. long lot line. Continue to dig the trench on level ground running towards the rear of the lot. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.

5/22/84 Drywell with 170 sq. ft. abs. area / Bedroom O.K. F.S.

PLANS APPROVED BY Frank Skinner DATE 5/18, 1984

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.

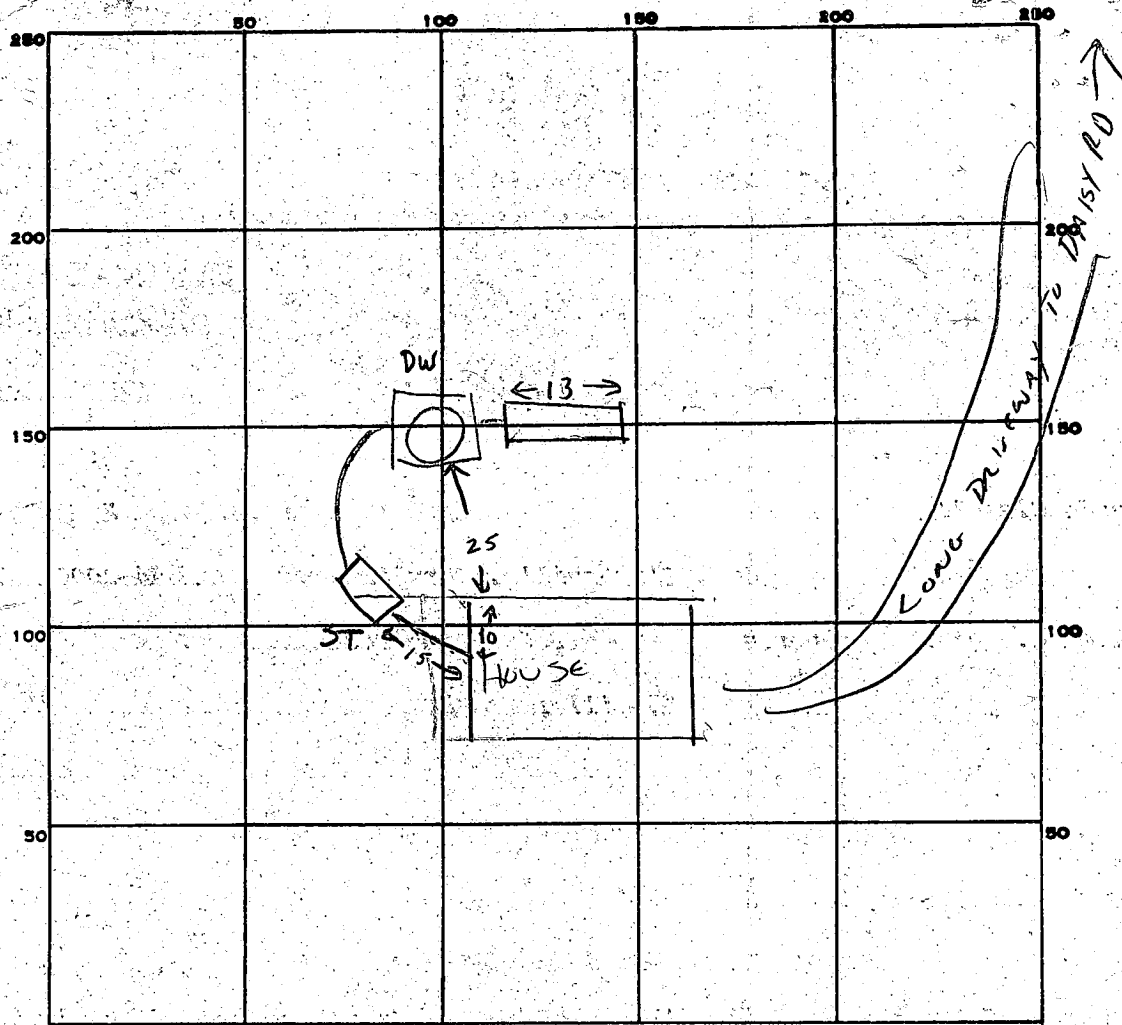
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.
- PERMIT VOID AFTER 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 28823



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

2
170
x3
510

13
7190

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TREX
TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 25 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

DIAGRAM
15x15x15
SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 420 SQ. FT.

REMARKS DRYWELL, TANK, TRENCH IN PLACE. NO PIPING OR CLEANOUTS INSTALLED YET.

OK TO ADD GRAVEL 5/25/84 CW

5/28/84 - TRENCH DUG 25 FT LONG NOT FINISHED

GIBBELL SICK (ADMITTED TO) MILNER RD

6/1/84 Final OK JS

DATE SYSTEM APPROVED 6/1/84

INSPECTOR Stana

APPLICATION

Recorded 2/28/78

A 28823

Liber 873, Folio 32 SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

9/25/78

9:30 A

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Septic tank 1000 gal

DISTRICT 4th

Dry Well 172 sq ft absorbent
sidewall area per bedroom to begin
below the first 4 ft of ground grade.

DATE 9/8/78

BLDG. PERMIT SIGNED
AND RETURNED 3/27/80
Serial # 41229

Place Dry Well 428' from the 997.44 lot line
& 322' off juncture of 118.30 line & 793.27 line

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 Ellen O. Warfield property (Contract Purchaser - Jon A. Miller)

ADDRESS 13905 Wayside Drive, Clarksville, Md. 21029 PHONE 774-3386 or 774-7584

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 3660 Daisy Road & Jennings Chapel Road - 1/4 mile from intersection of

Daisy & Jennings Chapel on left hand side * 4/1

SIZE OF LOT 19.596 acres m/1 TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

GO BACK DRIVE WAY LOCATED
4/10 MILE FROM SMALL STREAM CROSSING
Jon A. Miller DAISY RD. START AT STREAM &
GO AWAY FROM JENNINGS CHAPEL RD
DRIVEWAY FOR IS ON LEFT

SIGNATURE OF APPLICANT _____

APPROVED BY _____ BLDG. PERMIT SIGNED _____ DATE _____

REJECTED BY _____ AND RETURNED 3/21/79 FOR _____ DATE _____

Serial No. 38715 for barn

HOLD PENDING FURTHER TESTS _____ DATE _____

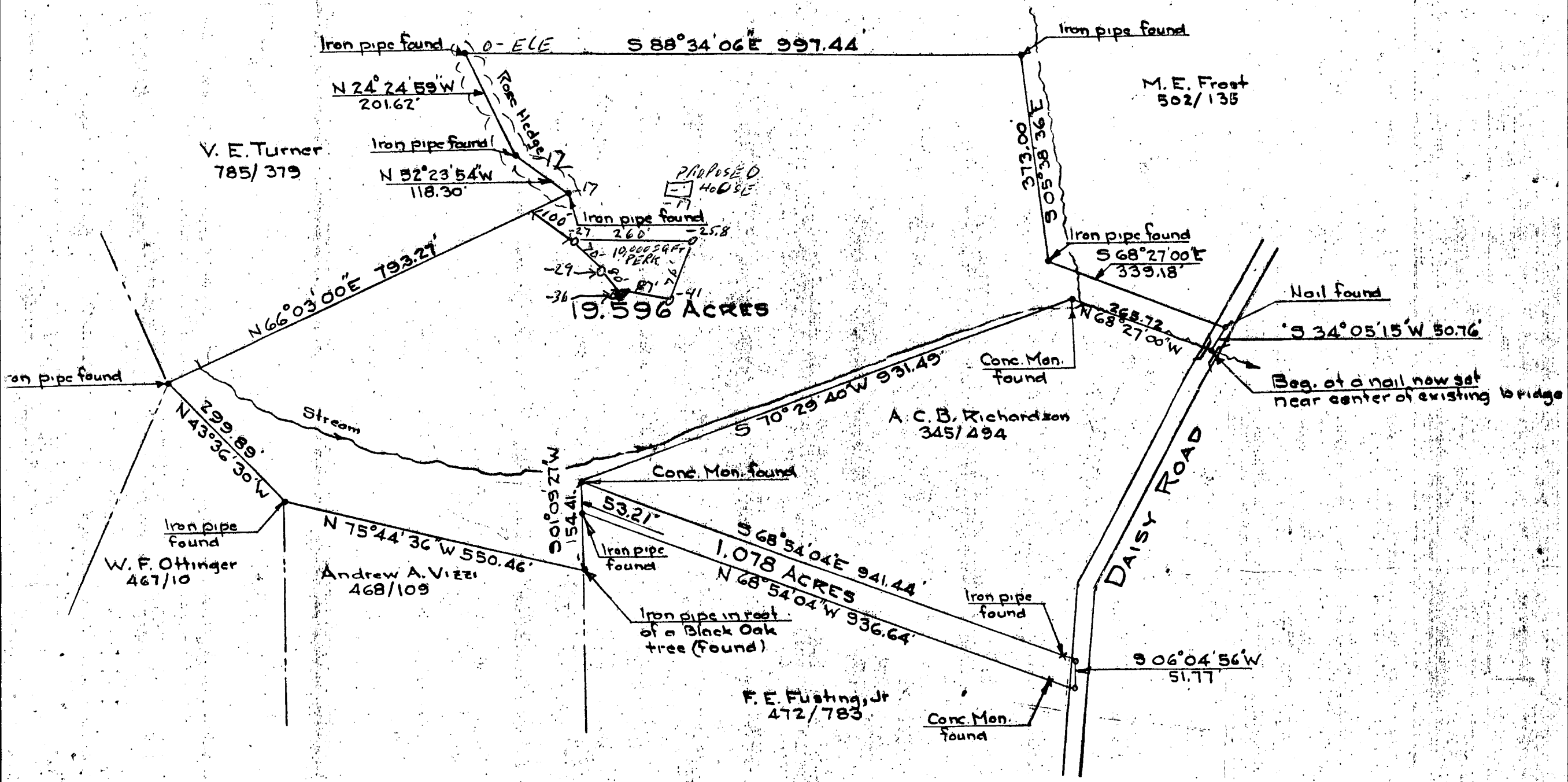
REASONS FOR REJECTION OR HOLDING 9/28/78 PERC OK BUT (1) MUST DETERMINE

IF LOT RECORDED BEFORE OR AFTER SUB DIVISION

REGULATIONS & (2) PERC TEST - WHAT NEEDED

Recorded after subdivision Regulations of 1972

THIS IS NOT A PERMIT



B 1	4676	<small>SEQUENCE NO. (WRA USE ONLY)</small>	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO 73 3204
<small>1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)</small>			FILL IN THIS FORM COMPLETELY	

<small>DATE RECEIVED (WRA USE ONLY)</small> 4/25/79 10:00	OWNER COL 15 LAST NAME <u>Millon</u>	FIRST NAME COL. 34 <u>Joe</u>
STREET OR RFD COL 36 <u>18225 New Cut Rd.</u>		COL. 58
POST OFFICE COL 57 <u>Mt. Airy Md. 21771</u>		COL. 76

B 1	CONTINUED	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>		
DATE <u>Mar 20, 1979</u>		LICENSE NUMBER <u>238</u> 77 80
FIRST NAME <u>Joseph H. Mayne</u> DRILLER LAST NAME		
SIGNATURE <u>Joseph H. Mayne</u>		

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	
COUNTY <u>Howard</u> <small>(DO NOT ABBREVIATE COUNTY NAME)</small>	
SUBDIVISION <u>Ellen O. Warfield</u>	21
SECTION <u>1/4</u> LOT <u>83</u>	42
NEAREST TOWN <u>Daisy</u>	50
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u>	MI 76 77 78

B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u>	

B 4	DIRECTION FROM TOWN		
<small>1 2 3 (SEQ. NO.) 6</small>			
(CIRCLE APPROPRIATE BOX)			
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST
<input checked="" type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
NEAR WHAT ROAD <u>Daisy Road</u>			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N NORTH <input type="checkbox"/> S SOUTH <input type="checkbox"/> E EAST <input type="checkbox"/> W WEST			
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>110</u>			

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> PRIVATE WATER COMPANY	
<input type="checkbox"/> TEST	

APPROXIMATE DEPTH OF WELL 140 FEET

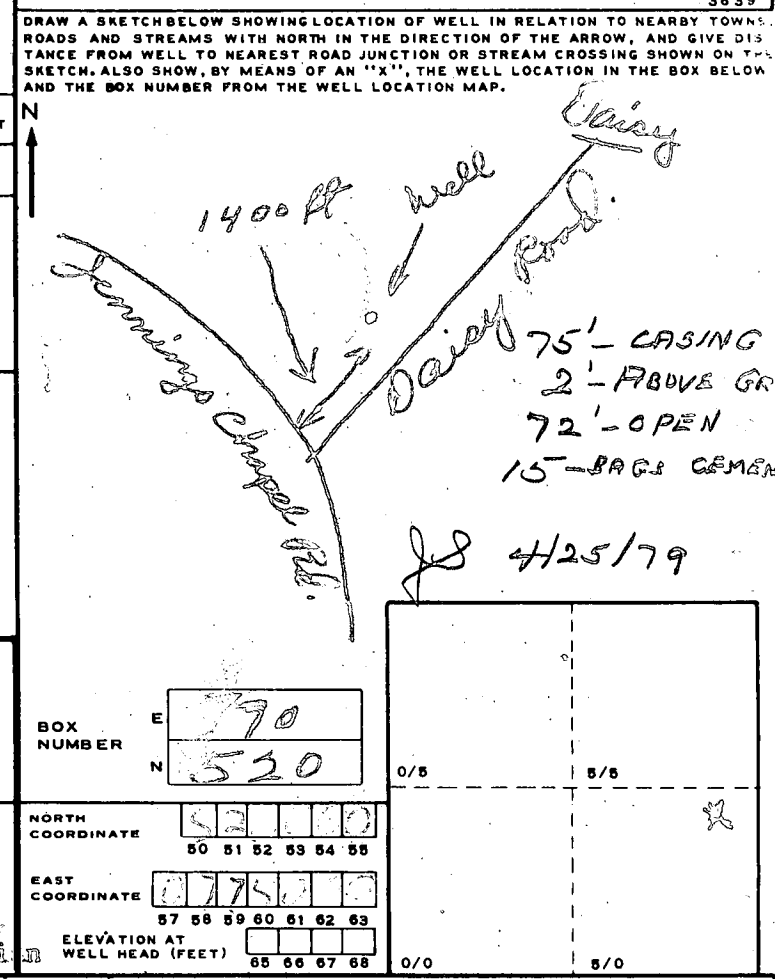
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE)		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

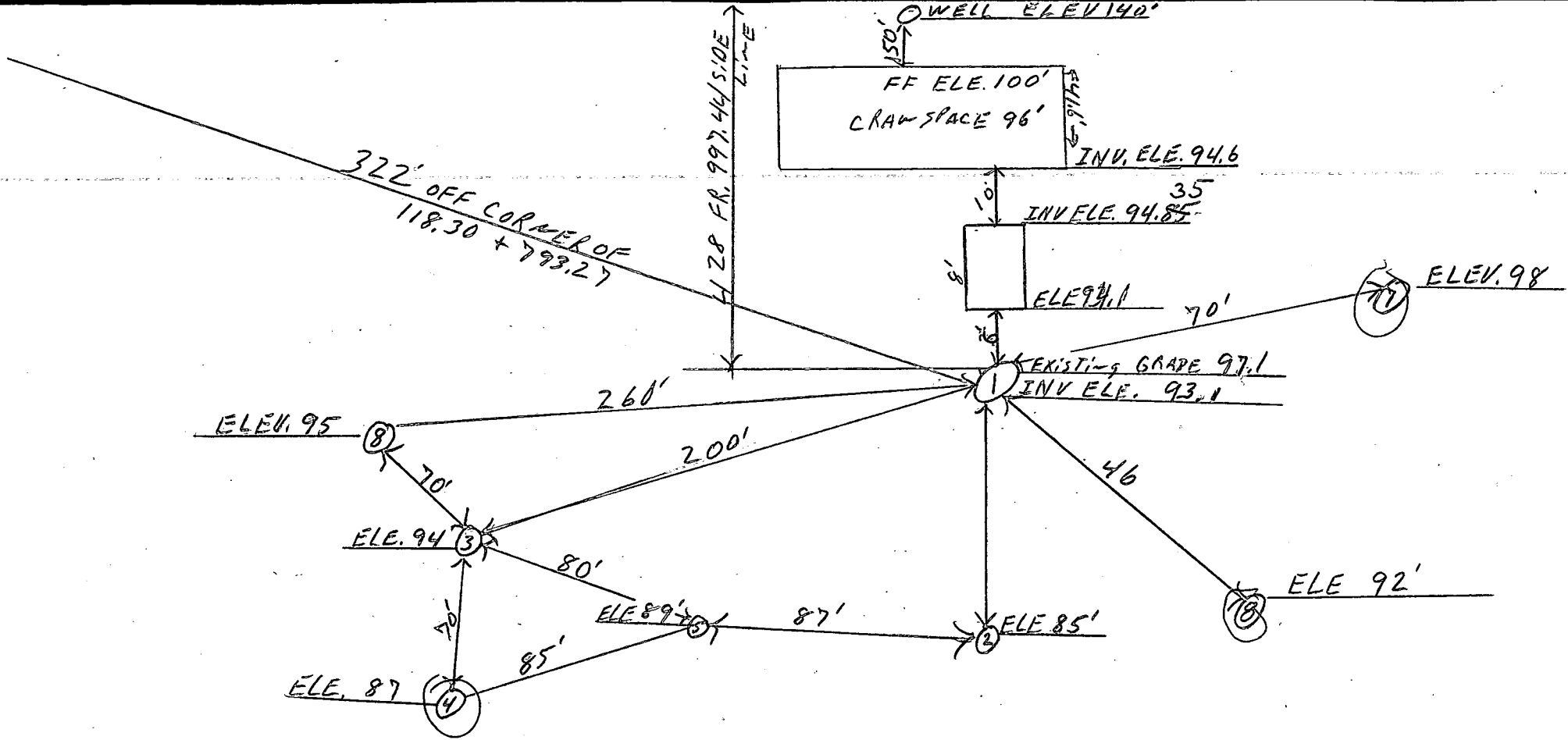
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
<input type="checkbox"/> 54	<input type="checkbox"/> 63
FORCE	CONDITIONS
<input type="checkbox"/> 67 <input type="checkbox"/> 68	<input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
<small>1 2 3 (SEQ. NO.) 6</small>		
STATE HEALTH (CIRCLE BOX) <u>5</u>		COUNTY NAME <u>Howard</u>
DATE <u>03 22 79</u>		COUNTY NO. <u>W2961?</u>
APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>		



B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
<small>1 2 3 (SEQ. NO.) 6</small>	

A 28823



*elevation located
OK 3-54-80
D*

JON MILLER
3660 PAISY Rd
WOODBINE MD
21797