

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 8/30/76

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT On right side

SUBDIVISION Hemlock Hill ROAD Byefield Road and Route LOT 19
108

PROPERTY OWNER Mr. Hamby

ADDRESS _____

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Deep Ditch - 100 ft. long 1 1/2 ft. wide 8 ft. deep filled with 4 ft. of stone for 3 bedroom house of 5 ft. of stone for a 4 bedroom house. Two inspections of Ditch needed. Place the ditch between 40 ft. and 60 ft. from the front lot line and run the ditch to follow the contour of the ground.

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 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Robert Torre DATE 1/28/71

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

*Building Permit
Signed 9/1/76*

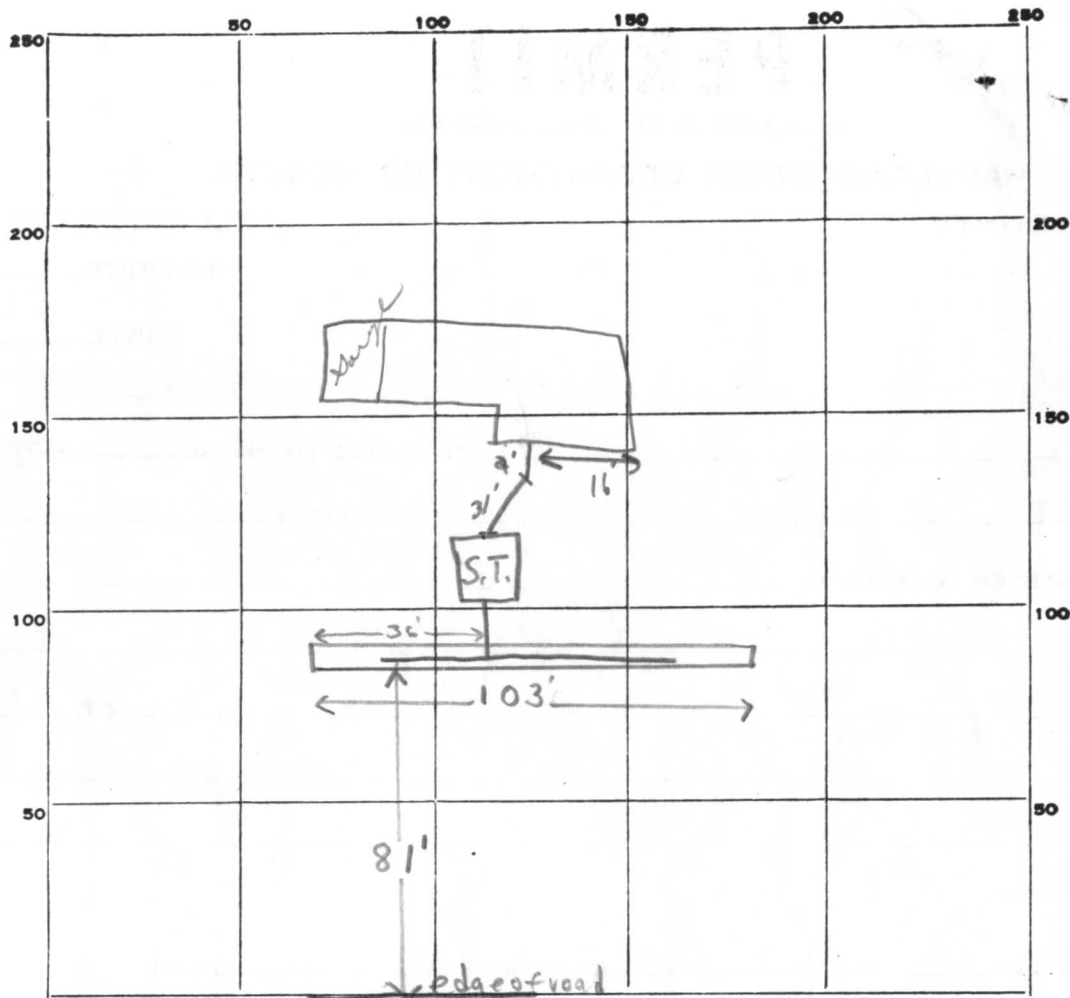
P 23801

File

P 23801

A _____

9/1/76 3/14/77



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Bye field Rd

PERMIT CARD verbal ok given to Fyock

SEPTIC TANK, LEVEL ✓

CLEANOUTS

S.T.	trench
O.K.	n.a.

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5-6 FT. TOTAL LENGTH 103 FT.

NUMBER OF TRENCHES 1

1/2 SIDEWALL
TOTAL BOTTOM AREA ~ 515 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET 5-6 FT.

ABSORBENT AREA ± 515 SQ. FT.

REMARKS 9/1/76 Call for final inspection when house connection is made F.S.

3/14/77 Checked cast iron pipe from house to septic tank ok - did not see permit sign. Hold call.

Found ^{C.B.S.} house - carpenter had work sheet with: Hornely
on it. C.B.S. left card in kitchen cabinet

DATE SYSTEM APPROVED

3/14/77

INSPECTOR

C.B. Struck

C 1 7584

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A23801

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

3/28/77

DEPTH OF WELL

150

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37

8-13

DATE WELL COMPLETED

22 (TO NEAREST FOOT) 26

DRILLERS IDENTIFICATION NO.

OWNER FISHER LAST NAME 10341 Cavy Lane

Jack FIRST NAME Woodstock, Md. 21163

WELL DESCRIPTION

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING

Clay 0 23 Mica Rock 23 150 X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 8 NO. OF POUNDS 760

GALLONS OF WATER 64

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 23 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES INSERT APPROPRIATE CODE BELOW (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER

MAIN CASING TYPE (S) NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 23

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW (S) STEEL (B) BRASS OR BRONZE (H) OPEN HOLE (P) PLASTIC (O) OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 23 TO 150

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 (F)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 75 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

(A) AIR (P) PISTON (T) TURBINE (C) CENTRIFUGAL (R) ROTARY (O) OTHER (DESCRIBE BELOW) (J) JET (S) SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT

(+) ABOVE (LAND SURFACE) (-) BELOW (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

- (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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

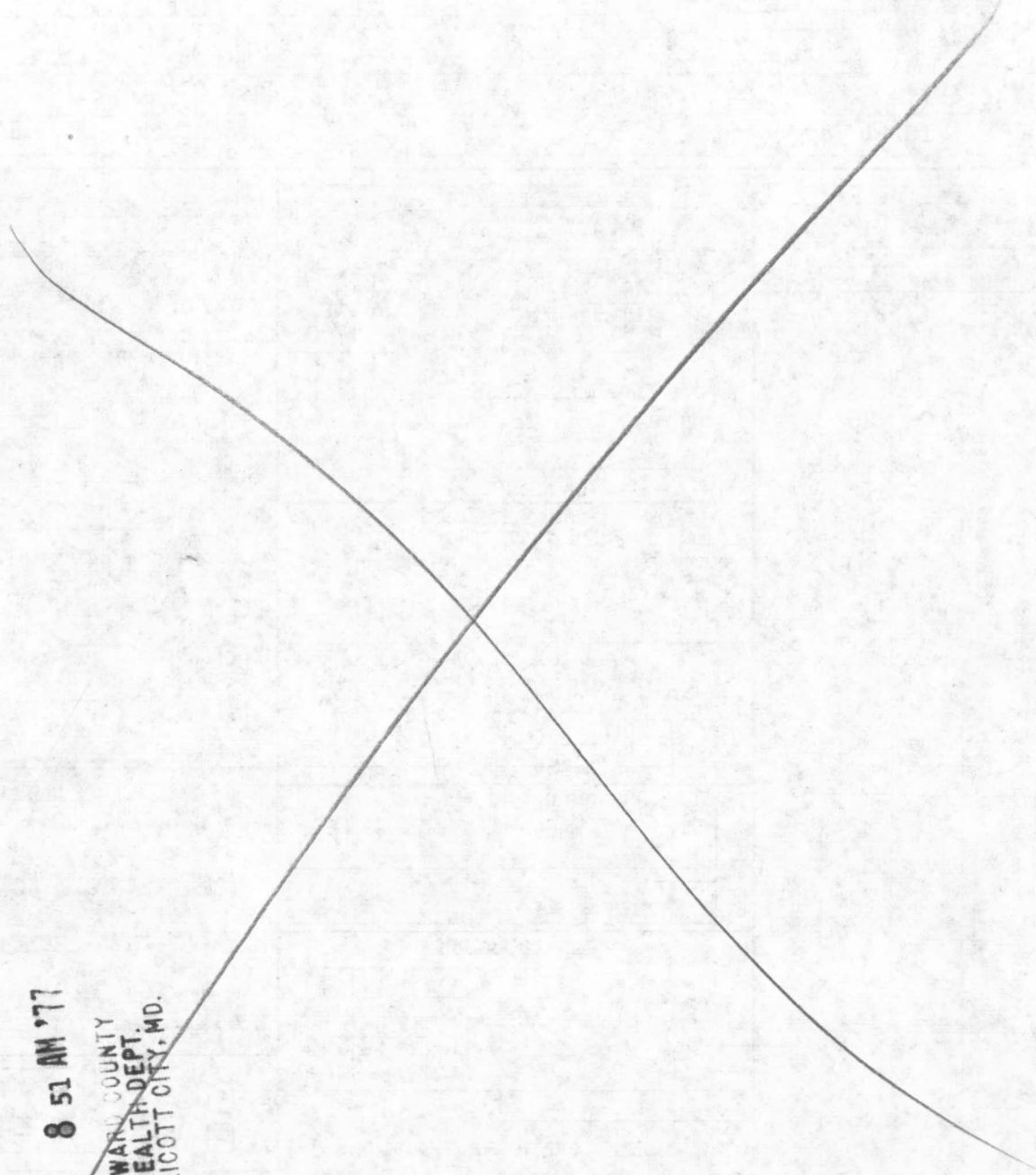
(PLEASE PRINT) Howard Dillon

SIGNATURE

RECEIVED

APR 1 8 51 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.



Information Only - 25801

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 000125489
Building Address <u>12925 Byefield Dr. Highland, Md. 20777</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>005101</u> Subdivision <u>Hemlock Hill</u> Section _____ Area _____ Lot <u>19</u> Tax Map <u>40</u> Parcel <u>278</u> Grid <u>4</u> Zoning _____ Map Coordinates <u>14813</u> Lot size _____	Property Owner's Name <u>Robert & Judith Hamby</u> Address <u>12925 Byefield Dr.</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Home Phone <u>301-854-2237</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____	
Existing Use <u>Single Family Dwelling</u> Proposed Use <u>remove tank</u> Estimated Construction Cost \$ <u>500.00</u> Description of Work <u>remove oil tank underground 500 gal. tank. Replace with aboveground oil tank. (275 gal)</u>	Contractor Company <u>MDIC 18-0062</u> Contact Person <u>Robert Bennett</u> Address <u>1918 Ridgewille Rd.</u> City <u>Edgewater</u> State <u>MD</u> Zip Code <u>21027</u> License No. _____ Phone <u>410-721-0372</u> Fax _____	
Occupant or Tenant <u>same</u> Contact Name _____ 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																																															
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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.

<u>Judith O. Hamby</u> Applicant's Signature Title/Company _____	<u>Judith Hamby</u> Print Name <u>7-18-00</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

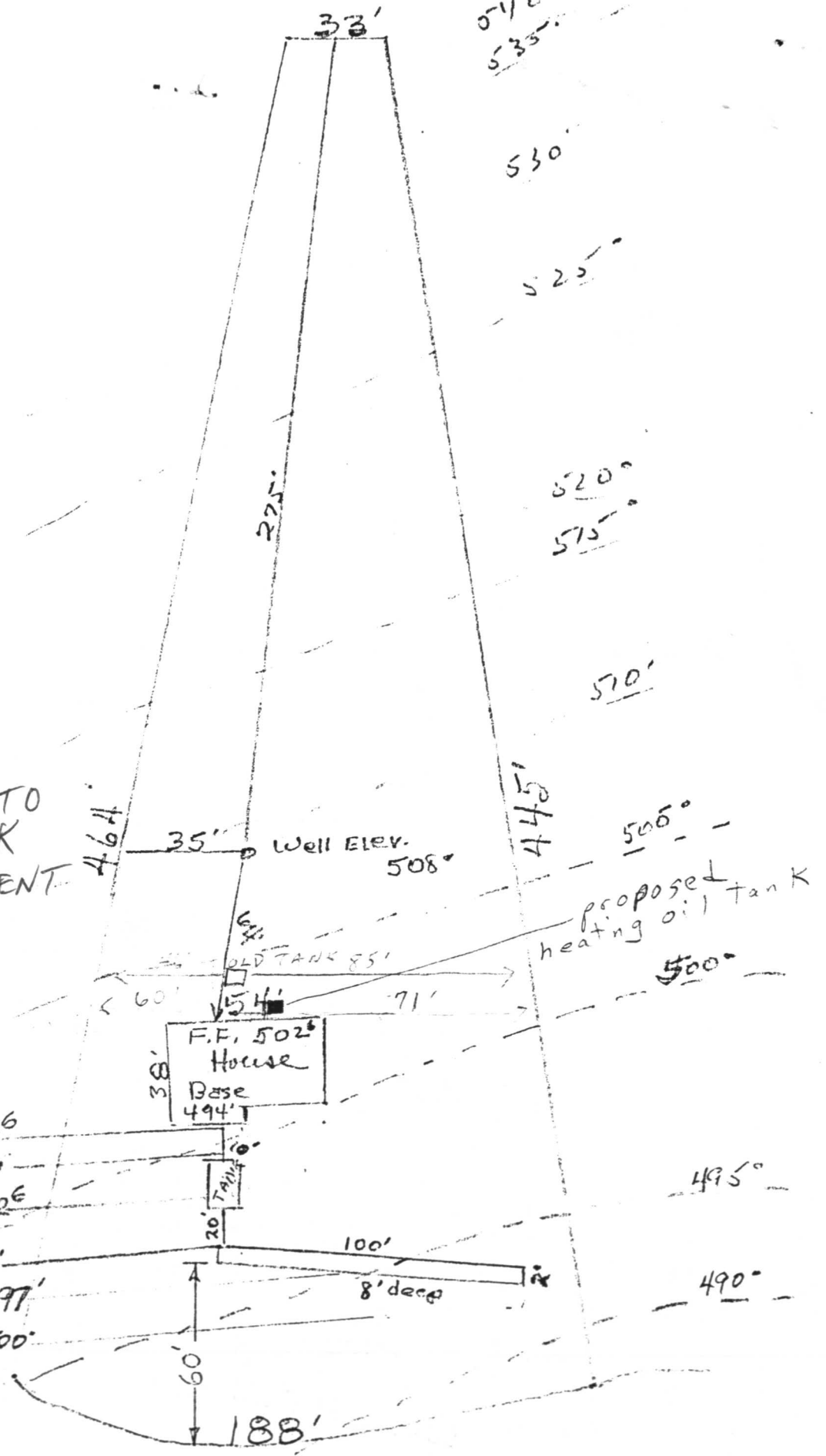
AGENCY _____ DATE _____ SIGNATURE APPROVAL _____ <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID#: <u>4792</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>100</u> Balance due \$ _____ Check # <u>3556</u> Validation # <u>53355</u>
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7/25/00
NO OBJ. TO
FUEL TANK
REPLACEMENT

MR

STONE

Inv. Elev. 500.6
Inv. Elev. 500
Exist. Elev. 502.6
Inv. Elev. 499'
Exist. Elev. 497'
Elev. Time 500'
Test



BYEFIELD RD