

11/10/84  
AND WPI 11/15/84

approved  
11/15/84  
CW

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 34277

A 33117

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

ELLICOTT CITY  
DISTRICT 4th.

INDEXED

DATE 8/28/84

Frail Development IS PERMITTED TO INSTALL  ALTER

ADDRESS Woodbine, MD PHONE \_\_\_\_\_

SUBDIVISION Wakefield Farm Estates ROAD 3320 Florence Rd. LOT out parcel

PROPERTY OWNER Mr. & Mrs. Michael Dunigan

ADDRESS 2619 Wellworth Way  
West Friendship, Maryland 21764

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 - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade with 6 feet of stone below distribution pipe. LOCATION: Start the trench 395 feet from the right (348.11 ft. long) side line and 70 feet from the rear (704.74 ft. long) lot line. Continue to dig the trench on level ground running towards the right rear corner of lot 4 Wakefield Farm Estates (re-sub, Lot 2) as seen when facing the lot from Florence Road. 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 two inspections - before and after gravel is installed. Provide 6" - 8" diameter of cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Frank Skinner DATE 5/2/84

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 APPROVAL ON THIS PERMIT**

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 53112



# APPLICATION

*Paul*  
*9/15/83*  
*9:30 A.M.*

A 33117  
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, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4TH  
DATE 9-7-83

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 MRS ALBERT G. WARFIELD  
ADDRESS 3300 FLORENCE RD. PHONE 442-2241

PROPERTY LOCATION:

SUBDIVISION MRS ALBERT G. WARFIELD PROPERTY LOT NO. LOT ~~X~~ out parcel  
ROAD AND DESCRIPTION FLORENCE RD. 1700' N.W. OF THE INTERSECTION  
OF FLORENCE RD. & ED WARFIELD RD  
SIZE OF LOT 11 AC± TYPE BLDG. SINGLE FAMILY DWELL.

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.

SIGNATURE OF APPLICANT Anthony J. Bogdan

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 9/15/83 PERC OK HOLD FOR PLAT

BLDG. PERMIT SIGNED  
AND RETURNED 5/21/84  
Serial 459073  
SFD.

# THIS IS NOT A PERMIT

SOIL PROFILE

0


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

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

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33117

P \_\_\_\_\_

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

DISTRICT 4TH

DATE 9-7-83

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 MRS. ALBERT G. WARFIELD

ADDRESS 3300 FLORENCE RD. PHONE 442-2241

PROPERTY LOCATION:

SUBDIVISION MRS. ALBERT G. WARFIELD PROP. LOT NO. LOT 4 out parcel

ROAD AND DESCRIPTION FLORENCE RD. 1700' N.W. OF THE INTERSECTION  
OF FLORENCE RD. & ED WARFIELD RD.

SIZE OF LOT 11 AC I TYPE BLDG. SINGLE FAMILY DWELL.

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

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ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT Anthony J. Boyden

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

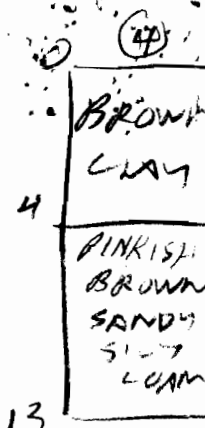
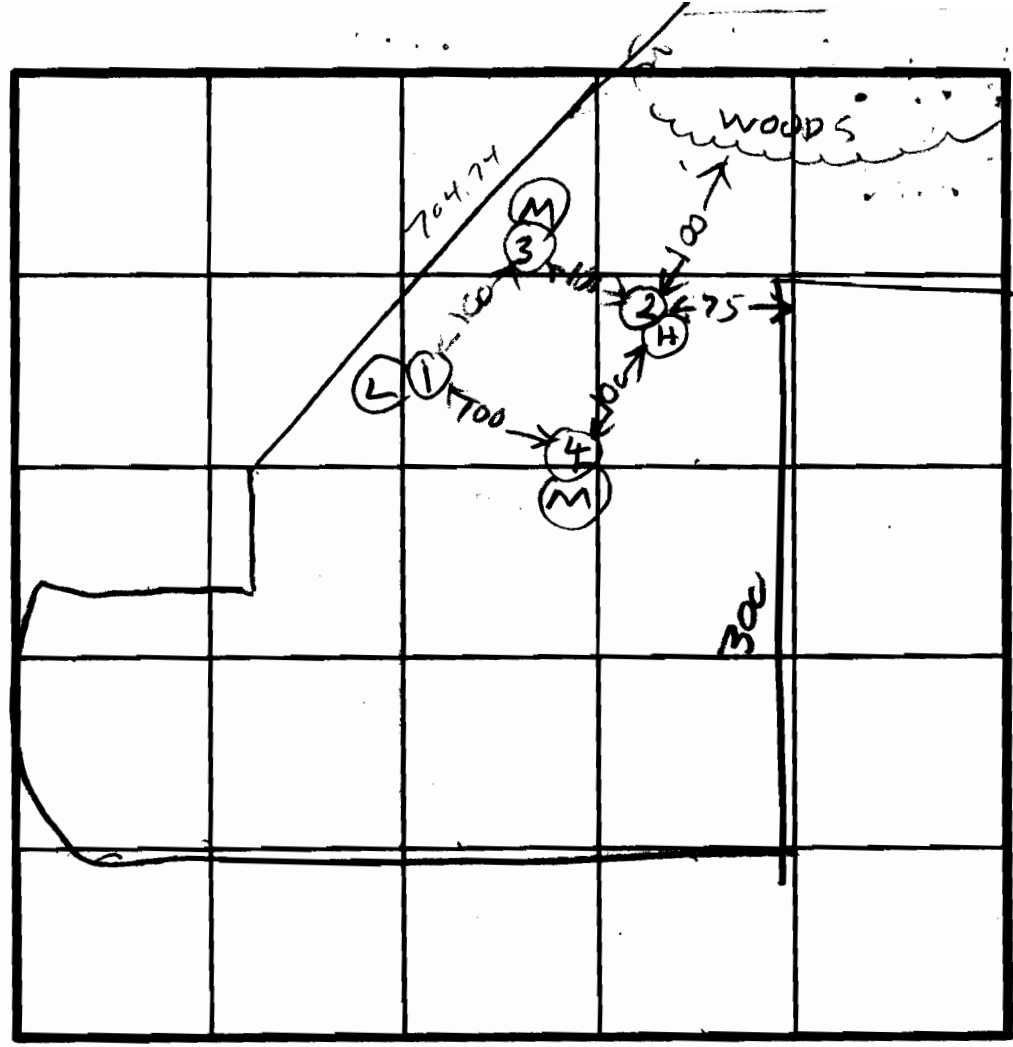
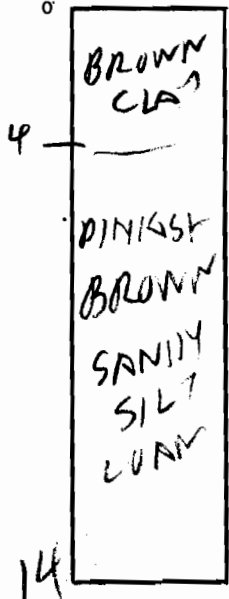
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

Lot 4

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/15/83	1S	5	957	1001	1001	1002	7
	2D	9	957	1001	1001	1006	5
	1V	14	LOOKS	OK			
	2S	5	1009	1010	1010	1012	2
	2D	9	1009	1010	1010	1012	2
	2V	15	LOOKS	OK			
	3V	13	LOOKS	OK			
	4S	5	1018	1016	1016	1019	3
	4V	13	LOOKS	OK			

REMARKS \_\_\_\_\_

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

TESTED BY B. H. HIGGINS BACKLOG JACK FLOCK  
ALSO PRESENT BEAL EDDIE JACK BITNER  
7303456

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH  
TIBER PLACE  
63008 FORREST STREET  
ELLCOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

May 23, 1984

Mr. & Mrs. Michael Dunigan  
2619 Wellworth Way  
West Friend, Maryland 21764

RE: Building Permit Serial  
Number 59073  
3320 Florence Road

Dear Mr. & Mrs. Dunigan:

This office has received the above referenced building permit application, but cannot sign-off our approval until a more detailed site plan with elevations is received and reviewed.

I have enclosed information useful in preparing this plan.

If you have any questions regarding this matter, please call me at 992-2330.

Very truly yours,

*Frank Skinner*

Frank Skinner, Director  
Water and Sewerage Program

FS: jr

Enclosures

cc: Bureau of Licenses, Inspections and Permits  
Pridemark Enterprises

*Any questions contact Jane  
987-1100  
Pridemark Ent*

12/26/84

3/18/85

PROPERTY OWNER Cindy Dunigan DATE OF REQUEST 12/11/84  
TELEPHONE 531-2115 NEW WELL NUMBER \_\_\_\_\_

DIRECTIONS OR INSTRUCTIONS Send results to same address  
grey house in woods 2400' off Florence Rd. Signs says Frall Developers

NAME Dunigan  
ADDRESS 3320 Florence Road  
Wilmington, MA

<u>  </u> Health Hazard	<u>  </u> Physician's Advice
<input checked="" type="checkbox"/> U & O	<input checked="" type="checkbox"/> New Residence
<u>  </u> Real Estate	<u>  </u> Nitrate Monitoring
<u>  </u> Pond or Stream	<u>  </u> Taste or Odor
<u>  </u> Sewage	<u>  </u> Treatment System Necessity
<u>  </u> Other	<u>  </u> Plumbing or Well Repair
	<u>  </u> Replacement Well
	<u>  </u> Curiosity

SETTLEMENT DATE \_\_\_/\_\_\_/\_\_\_

SEPTIC SYSTEM:    Approved    Disapproved DATE \_\_\_/\_\_\_/\_\_\_

CONDITION: \_\_\_\_\_

SUPPLY TYPE:  Drilled Well    Hand Dug    Spring    Public

CONDITION:    well OK

FIRST SAMPLE COLLECTOR \_\_\_\_\_ TIME \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, VOC \_\_\_\_\_

CHEMICAL \_\_\_\_\_, LEAD & COPPER \_\_\_\_\_, NITRATES \_\_\_\_\_, PESTICIDE \_\_\_\_\_

ACTION: 12/12/84 12<sup>30</sup> No sample taken Chlorine still present ~10ppm. J.S.  
12/17/84 - same as above JS

RESAMPLE COLLECTOR Stayer DATE 12/26/84

BACTERIA Y 1576, pH 6.3, Free Cl<sup>-</sup> 00, Res. Cl<sup>-</sup> 00, TIME 10:10

CHEMICAL G 27, Other \_\_\_\_\_

ACTION: (I COP) C1, C4, (.05) C6

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 3/18/85

BACTERIA Q 309 pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME 11:15

ACTION: sample outside COP JS 3/22/85

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

   BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



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TIBER PLACE  
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Very truly yours,

Frank Skinner, Director  
Water and Sewerage Program

FS:jr

ELEVATIONS APPROVED 5/22/84 *C. Williams*

Enclosures

cc: Bureau of Licenses, Inspections and Permits  
Pridemark Enterprises