



Howard County
Health Department

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 4/27/22 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 571522

APPROVAL DATE: 3/19/22 **PERMIT: CONSTRUCTION**

A _____

PROPERTY ADDRESS: 8224 Reservoir Road

SUBDIVISION: Mauk Farm Estates LOT: 2 TAX ID: _____

CONTRACTOR: K&T Plumbing - BRTA EMAIL: _____

CONTRACTOR ADDRESS: PO BOX 2151, Westminster MD 21157 PHONE: 717-524-9530

PROPERTY OWNER: Sarah and Vincent Pompey EMAIL: ktplumbing08@gmail.com

OWNER ADDRESS: 8224 Reservoir Road PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2,000 TANK MANUFACTURER: MBI

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>172 LF</u>	INLET DEPTH: <u>3 FT</u>
	TRENCH WIDTH: <u>3 FT</u>	MAXIMUM BOTTOM DEPTH: <u>7.5 FT</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10 FT</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4 FT</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:		

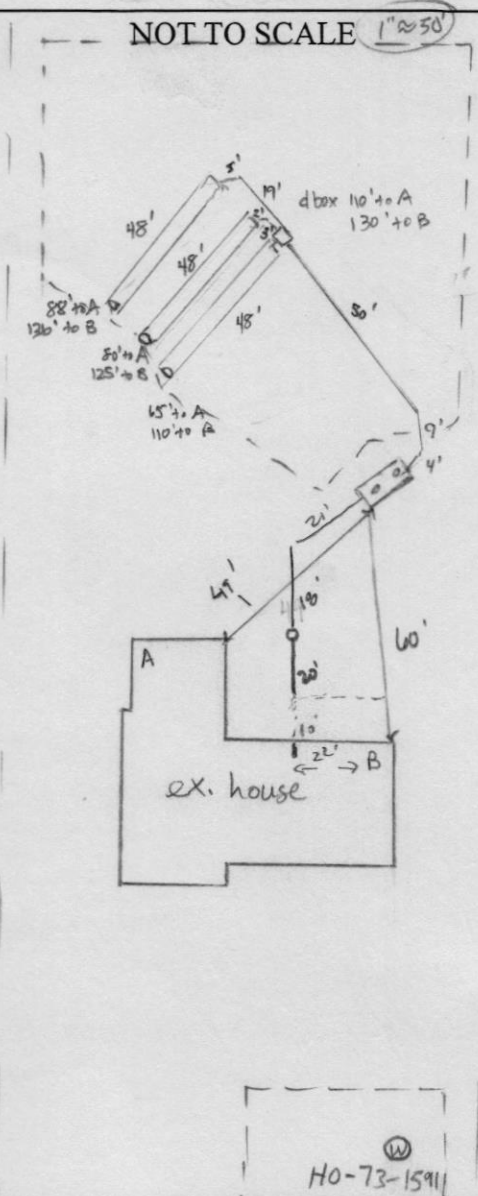
ISSUED BY: Zack Silvest
Hank Oswald ISSUE DATE: 4/27/22 EXPIRATION DATE: 4/27/23

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- ELECTRICAL PERMIT ISSUED E _____
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 410-313-1771 TO SCHEDULE INSPECTIONS.



ROAD NAME
Reservoir Rd

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	7.5'
NUMBER OF TRENCHES	3	
TOTAL LENGTH	144'	
ABSORPTION AREA	432 sqft + sidewall	
DISTRIBUTION BOX LEVEL	yes	
DISTRIBUTION BOX BAFFLE	yes	
DISTRIBUTION BOX PORT	yes	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	YES
MANUFACTURER	BAUSTAR
CAPACITY	2000 GAL
SEAM LOC	TBP
TANK LID DEPTH	4' ?
BAFFLES	
BAFFLE FILTER	-
MANHOLE LOC	FRONT / BACK
6" PORT LOC	-
WATERTIGHT TEST	-
SLOTTED	YES
DATE ON LID	01/18/2021
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

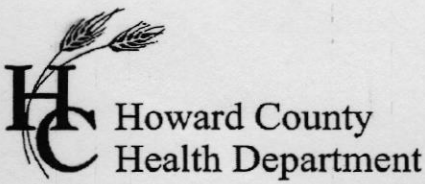
PRE-CONSTRUCTION:

5/9/22 Tank and SDA staked. Contractor did not have laser level. Approved to install tank; call for another inspection layout for trenches (ST) 8/2/22 - met contractor onsite to layout 3 trenches but there was a large bush's filing completely in the way. Call back for another layout once that part of the SDA has been cleared. 8/5/22 - lay out for trenches not possible SDA missing one stake, and the others onsite are not located in the right place. Contacted Benchmark while onsite and their engineer said the wrong plan was used during the survey. Restake SDA's call for trench layout. 8/8/22 - bid out 3x48' trenches along on tour.

INSTALLATION:

07/14/2022 TANK IS 4" OF COVER. C/O CONTRACTOR TO ADD 1' OF 57 STONE TO RAISE TANK. CALCULATIONS WERE DONE IN FIELD TO CONFIRM 2% FALL IN SEWER LINE FROM HOUSE TO INV TANK INLET. 7/15/22 - contractor onsite, tank raised out of ground, 12" of 57 Stone added to hole to raise the tank, cover now @ 3" baffles not installed yet ok to continue (contractor will call in trench layout at a later date) Reinspect baffles 08/09/2022 lower + MID TRS 7' ETC. CONFIRMATION UPPER WILL BE 10' ETC w/ MID. 08/11/2022 OK TO MOVE D BOX TO TR1. 8/12/22 - line from ST to D box and to the 3 trenches completed, ok to continue. 8/19/22 SDC backfilled east manholes from contractor, pictures to be sent in. For SDC pump collected. Asked to take about FINAL INSPECTOR [Signature] DATE OF APPROVAL 8/15/2022

4" fill around tank, ok to cover all areas



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 4/27/22 ONSITE SEWAGE DISPOSAL SYSTEM

P 571522

APPROVAL DATE: PERMIT: CONSTRUCTION

A

PROPERTY ADDRESS: 8224 Reservoir Road

SUBDIVISION: Mauck Farm Estates LOT: 2 TAX ID:

CONTRACTOR: K & T Plumbing EMAIL:

CONTRACTOR ADDRESS: PO BOX 2191, Westminster MD 21157 PHONE: 717-524-9530

PROPERTY OWNER: Sarah and Vincent Pompey EMAIL: ktplumbing08@gmail.com

OWNER ADDRESS: 8224 Reservoir Road PHONE:

SEPTIC TANK SIZE (GALLONS): 2,000 TANK MANUFACTURER: MBI

PUMP MODEL: PUMP SIZE PUMP TANK CAPACITY:

DISTRIBUTION SYSTEM: [X] GRAVITY [] PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED:	172 LF	INLET DEPTH:	3 FT
	TRENCH WIDTH:	3 FT	MAXIMUM BOTTOM DEPTH:	7.5 FT
	MINIMUM SPACE BETWEEN TRENCHES:	10 FT	EFFECTIVE AREA BEGINNING DEPTH:	4 FT
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.			
NOTES:				

ISSUED BY: Zack Silvast Hank Oswald ISSUE DATE: 4/27/22 EXPIRATION DATE: 4/27/23

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- ELECTRICAL PERMIT ISSUED E
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 410-313-1771 TO SCHEDULE INSPECTIONS.

- 5/9/22. Tank + trenches staked. No laser level. Tank approved,
call for insp for trenches

10/19/77
before lunch

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

INDEXED

P 26259
A 16819

ELLICOTT CITY

DISTRICT 5th

DATE 6/29/77

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. PHONE 988-9720

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Mauck Farm Estates ROAD 8224 Reservoir Road LOT 2

PROPERTY OWNER Jesse C. Strickland

ADDRESS

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - 120 sq. ft. absorbent sidewall area per bedrooms below inlet. Inlet to be 4 ft. below original grade and maximum depth 11 1/2 ft. below original grade. Locate dry well 75 ft. from right property line and 50 ft. from back property line as seen from Reservoir Road.

NOTE: NO DRY WELL IS TO EXCEED 15 FOOT IN DIAMETER.

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 Charles B. Streaker DATE 3/22/72

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.

BLOS. PERMIT SIGNED

AND RETURNED 11/5/77

Serial # 40815
addition

BLOG. PERMIT SIGNED

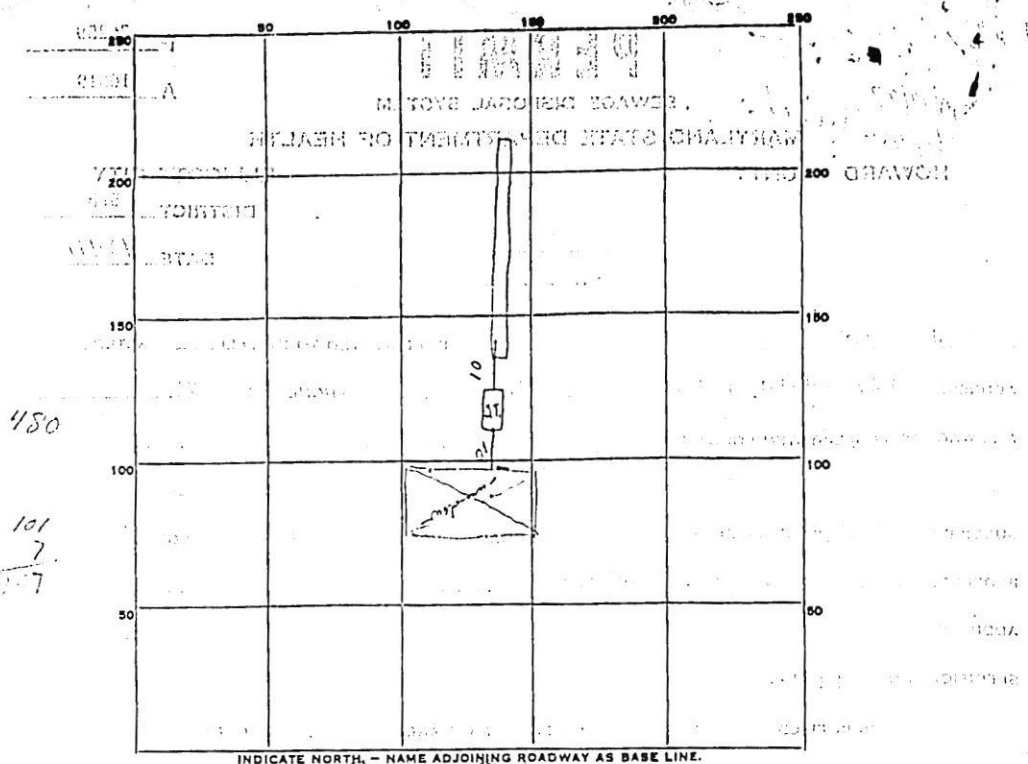
AND RETURNED 5/2/79

Serial # 25251
deck-12x12

16819

RECEIVED

DATE SYSTEM APPROVED



PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS BT

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 101 FT.

NUMBER OF TRENCHES 1 1/2 SIDEWALL TOTAL BOTTOM AREA 707

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED Oct 20, 77 INSPECTOR R. BIGGS

APPLICATION

A 16819
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank {1000 sq ft 3 Bedrooms or less 1200 sq ft 4 Bedrooms} ELLICOTT CITY

Dry Well 100 sq ft. abundant sidewalk access per bedroom below inlet. Inlets to be 4' below original grade and minimum depth 11 1/2 ft. Location 75' from right property line and 35' from back property line as seen from Reservoir Road.

DISTRICT 5th

DATE 3-72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Otis A. Mauck, Seymour W. Mauck, Herman E. Mauck, Bernard L. Mauck and Linda Jones Blyton

ADDRESS Lime Kiln Road, Fulton, Md PHONE 725-4628

PROPERTY LOCATION:

SUBDIVISION Mauck Farm Estates LOT NO. No. 2

ROAD AND DESCRIPTION Reservoir Road - Macadam

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,000 sq feet TYPE BLDG. Dwelling
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Otis Mauck

APPROVED BY C. Stricker FOR Dry Well DATE 3/22/72
(KIND OF SYSTEM)

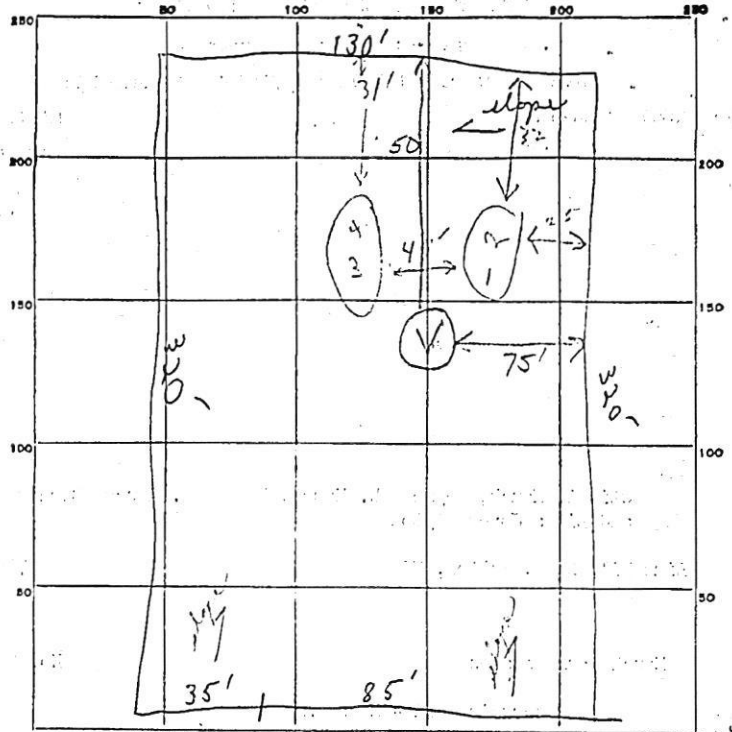
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

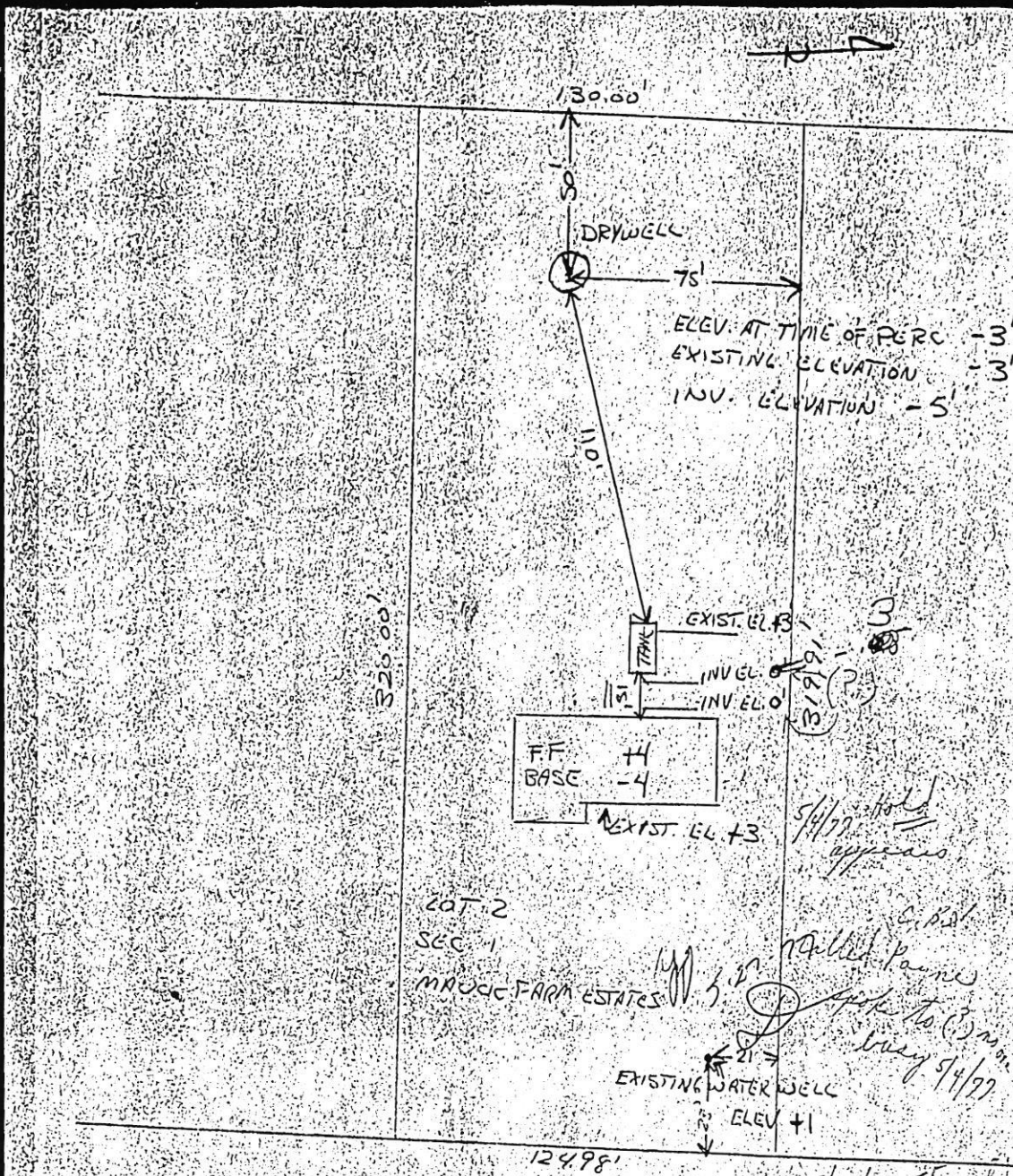
Plan
 Visual hole
 1/2 - Sandy clay
 Sandy micr
 Also present



Reservoir Rd. Lot #2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	1	4'	10:14	10:17	10:17	10:20	3 min	
	2	11/2'	10:14	10:19	10:19	10:26	7 min	
	3	4'	10:16	10:21	10:21	10:25	4 min	
	4	11'	10:16	10:26	10:26	10:43	17 min	
June 15 1976	V	13	Sandy micr	soil -	drif -	see profile		
			Design system 60 ft from rear property line					

SOIL AUGER FINDING _____
 TESTED BY B.S.
 REMARKS _____



320.00'

LOT 2
 SEC 1
 MAJIC FARM ESTATES

EXISTING WATER WELL
 ELEV +1

124.98'
 RESERVOIR RD.

5/4/77
 appears
 5/10/77
 call David Payne
 to verify
 busy 5/4/77
 5/10/77
 "I'm not
 call David Payne
 to verify
 busy 5/4/77"

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

David W. Payne

3848871 DAVID W. PAYNE
 109 PINE ROCK DR.
 SILVER SPRING, MD 209

SEQUENCE NO. (WRA USE ONLY) **8762**

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

DATE RECEIVED (WRA USE ONLY) **11/20/76**

DATE WELL COMPLETED **11/17/76**

DEPTH OF WELL **57** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **11-7-111**

DRILLERS IDENTIFICATION NO. **238**

OWNER **Strickland** LAST NAME **Strickland** FIRST NAME **Joseph**

STREET OR RFD **15516 Strickland Ave.** POST OFFICE

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
<i>Shale</i>	0 57	
<i>Gravelly sand</i>	57 365	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **(Y)** **(N)**

TYPE OF GROUTING MATERIAL (CIRCLE BOX) **(C M)** **(B C)**

CEMENT 44-48 BENTONITE CLAY 45-46

NO. OF BAGS **111** NO. OF POUNDS **1266**

GALLONS OF WATER **126**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **42** FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

(S T) STEEL **(C O)** CONCRETE

(P L) PLASTIC **(O Y)** OTHER

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

(1) **(6)** **(11)**

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

(S T) STEEL **(B R)** BRASS OR BRONZE **(H O)** OPEN HOLE

(P L) PLASTIC **(O Y)** OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

(1) **(57)** **(365)**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON **11** **15**

METHOD USED TO MEASURE PUMPING RATE **111**

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **115** (NEAREST FOOT)

WHEN PUMPING **5** (NEAREST FOOT)

TYPE OF PUMPED 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) **(Y)** **(N)**

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE LAND SURFACE

(-) BELOW **50** **51** (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 **Joseph Wagner**

(PLEASE PRINT) **Joseph Wagner**

SIGNATURE **Joseph Wagner**

SCREEN TYPE OR OPEN HOLE

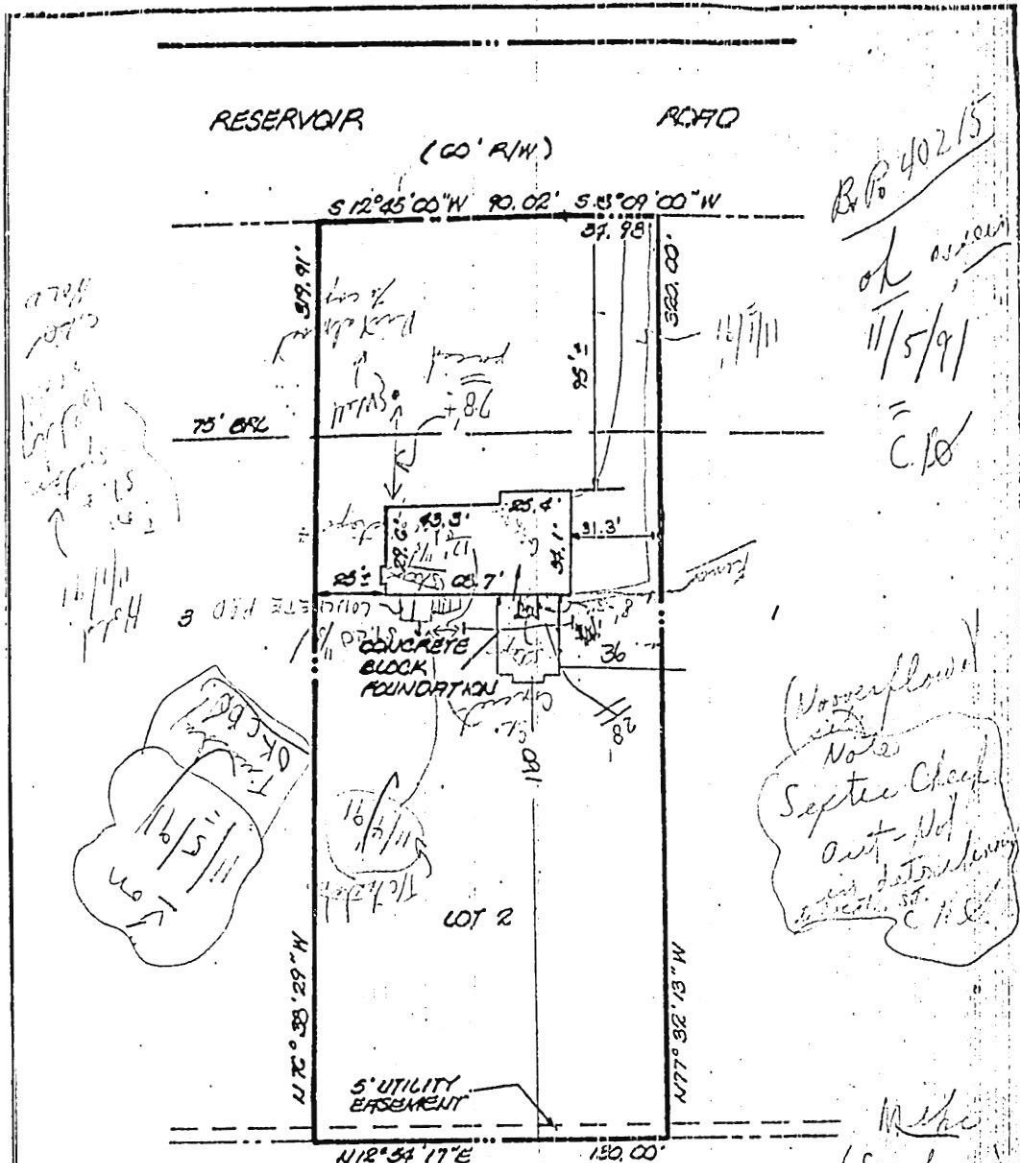
DIAMETER OF SCREEN **56** (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) **(F)**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

(T) TELESCOPE CASING **(72)** LOG INDICATOR **(74 75 76)** OTHER DATA AVAILABLE



B.P. 40215
 ok as shown
 11/5/91
 C.H.S.

(Waterflow)
 Note
 Septic Check
 out - Not
 in district
 C.H.S.

M.H.S.
 (S.M. Home)

THIS IS TO CERTIFY THAT WE HAVE

