

PERMIT NUMBER: B 22004580

DATE ACCEPTED:



# RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4  
www.howardcountymd.gov

### BUILDING SITE ADDRESS REQUIRED

Street Address: 6630 Hwylard Mill Rd		Unit:
City: Clarksville	State: MD	Zip Code: 21029
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

### DESCRIPTION OF WORK REQUIRED

Existing Use: Residential	Proposed Use: Residential	Estimated Cost: \$ 18,500
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Extending house 16' (right side) basement 1st & 2nd floor 16' x 34 1/2' all 3 levels		

### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Carol Flores & Dicky Flores	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 6630 Hwylard Mill Rd	
City: Clarksville	State: MD
Phone: 202-558-8585	Email: witedcc@live.com
	Zip Code: 21029

### APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Dicky	Contact Name:
Street Address:	
City:	State:
Phone:	Email:
	Zip Code:

### CONTRACTOR INFORMATION REQUIRED

Business Name: Carol Flores	License #:
Licensee's Name:	
Street Address: 6630 Hwylard Mill Rd	
City: Clarksville MD	State: MD
Phone: 202-558-8585	Email: witedcc@live.com
	Zip Code: 21029

### ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:
	Zip Code:

### BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas   Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

### ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:	# of Bedrooms (SF): 04	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths: 04	# Half Baths: 01	# Fireplaces: 01		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI			Gross Area: 1656 sq ft	Occupiable Area: 1656 sq ft	

### AGREEMENT/ DISCALIMER REQUIRED

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.

APPLICANT'S ORIGINAL SIGNATURE: <i>[Signature]</i>	DATE SIGNED: 12/19/2022
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### FOR OFFICE USE ONLY

AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>1/12/23 approved MPE</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:			PAYMENT: 10000		ACCEPTED BY:

11/17/92

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X  
Replacement \_\_\_\_\_

Receipt # 48297  
Date 4/26/92

Name of Installer John M. GASKER III

Telephone (410) 247-6963

License Number #3189  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner Ron + Carole Brooks Telephone (301)-680-0169  
Subdivision MOUNT ORANGE ESTATES Lot # 6 Well Tag # HO-88-2095  
Site Address 6632 Harland mill Rd.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <u>X</u>	a. 110 _____	
2. Make <u>Goulds</u>	b. 220 <u>X</u>	
3. Model # _____		
4. Capacity <u>4 1/2</u> GPM		
5. Pump exceeds well capacity Yes <u>X</u> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes <u>X</u> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u>X</u> Cable guards <u>X</u> Other <u>TAPE</u>		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>202X</u>	1. Type <u>Quest</u>	1. Depth <u>360</u> ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>1"</u>	2. Yield <u>4</u> GPM
	3. NSF and/or BOCA Code approved <u>yes</u>	3. Static water level <u>1</u> ft.
	4. Depth of supply line <u>340</u>	4. Will water supply be disinfected by installer? <u>NO</u>

11-17-92 No opportunity to observe ten

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

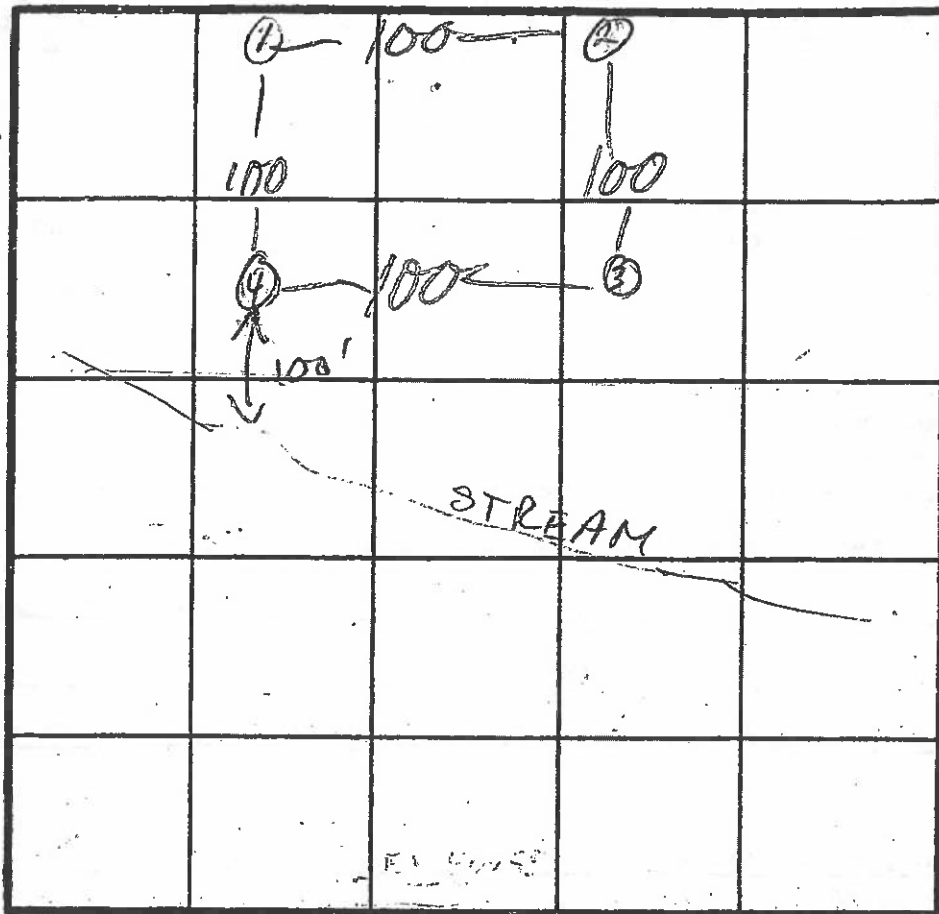
Signature of Applicant: John Gasker  
Date: 6-26-92

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



ALL HOLES  
SOIL PROFILE

6"	topsoil
3'	silty clay loam
40'	yellow, brn sandy loam 10% frags



$\bar{x} = 4$   
180 BR  
Inlet 3'  
Bottom 5'

HAVILAND MILL RD  
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
11/20/89	1 S	5'	11:27	11:29	11:29	11:32	3
		8 1/2'	11:27	11:29	11:29	11:32	3
	VISUAL	10'					
	2 S	5'	11:35	11:40	11:40	11:47	7
	M	11'	Sim to (1)				
	VISUAL	10'	20% frags	3' clay			
	3 S	4'	11:49	11:50	11:50	11:52	2
	M	4'	Sim to (1)				
	VISUAL	11'	20% frags	3' clay			
	4 S	4 1/2'	11:51	11:54	11:54	11:56	2
	M	4 1/2'	Sim to (1)				
	VISUAL	12'	15% frags	3' clay			

1/2  
LR

REMARKS HOLES DUG PER PLAT

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

TESTED BY M. Rifkin ALSO PRESENT D. Hopkins  
S. Abel

# APPLICATION

PERCOLATION TESTING

A 43308

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5

DATE 12-29-88

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 ~~A. Nelson Waller~~ Ronald C. + Carol V. Brooks

ADDRESS Rt. 1 Box 520, Partlow, VA 22534 PHONE 301-680-0169

PROSPECTIVE BUYER Polaris Development Corp.

ADDRESS 3414 Morningwood Dr., Suite 1, Olney, Md 20832 PHONE 301-774-8082

PROPERTY LOCATION:

SUBDIVISION Mount Orange Estates LOT NO. 6

ROAD AND DESCRIPTION ~~6620~~ Haviland Mill Rd., Highland, Md 20777

TAX MAP 34 PARCEL # 144

SIZE OF LOT approx. 3 acres TYPE BLDG. Single Family Dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Ronald C. Brooks  
(SIGNATURE OF APPLICANT)

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

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

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

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

BLDG. PERMIT SEARCHED  
AND RETURNED 5/1/92  
Serial # 42342 - SFD.

HD-216

# THIS IS NOT A PERMIT

B 1 **5064** SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

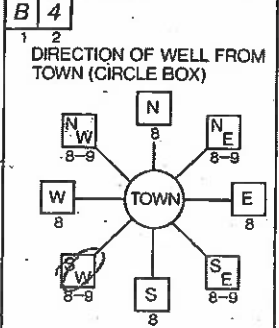
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-88-2045**  
fill in this form completely

Date Received (APA) **01/10/92**  
**BROOKS CAROL & RONALD**  
15 Last Name 13 Owner 34 First Name  
**608 FLORIDA DRIVE**  
36 Street or RFD 55  
**SILVER SPRING MD 20904**  
57 town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
1 **HOWARD** 2  
8 COUNTY 21  
**MOUNT BRANCE ESTATES** 42  
23 SUBDIVISION  
SECTION  44  46 LOT **6** 50  
**CLARKSVILLE** 71  
52 NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **4** 73    MI 76 77 78

DRILLER INFORMATION  
**Joseph R. Wayne** 77 License No. **80**  
**Joseph L. Wayne Well Drilling**  
5512 Ridge Rd. Mt. Airy, Md. 21771  
**Joseph L. Wayne** 1/10/92



**Howland Mill Road** 30  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  N  W  E   
WEST SOUTH EAST  
34 **1100** 37  
DISTANCE FROM ROAD  
ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**A43308** COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S   
DATE ISSUED **012892** **Mark E. Rolin** 7/28/92  
43 NORTH GRID **494000** 48 CO SIGNATURE 55 EAST GRID **0800000** 57 EXP. DATE 63

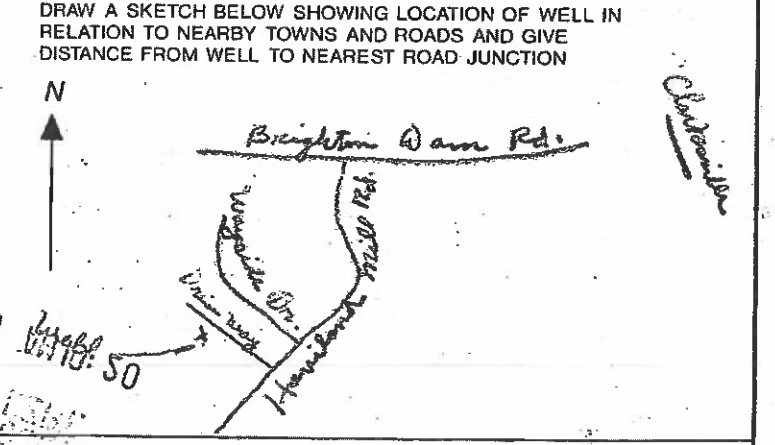
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **WELL**  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E **800**  
N **49X4**  
2/4/92 9:30 GROUT OR NOT  
39' OPEN NOT  
60' CASING OBS'D MR  
13 BAGS 2/4/92  
2' CASING A.G.  
LOC. OK  
TAG OK

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER **GAP**  
FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-88-2045**  
SPECIAL CONDITIONS

C1 5127 SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY.  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 43308

ST/CG USE ONLY  
 DATE RECEIVED

DATE WELL COMPLETED  
020492

Depth of Well  
360  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
HO-88-2045

OWNER Brooks Carol last name first name  
 STREET OR RFD Haviland Hill Rd  
 SUBDIVISION MT. ORANGE ESTATES SECTION SECTION TOWN Clarksville LOT 6

WELL LOG  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND slow	0	55	
Gr My Mic Rock	55	360	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 13 NO. OF POUNDS 1200  
 GALLONS OF WATER 75  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 39 ft.  
 (enter 0 if from surface)

CASING RECORD

ST CO  
 STEEL CONCRETE  
 PL OT  
 PLASTIC OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60  
 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below  
 ST BR HO  
 STEEL BRASS OPEN HOLE  
 PL OT  
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>110</u>	<u>360</u>
2		
3		

CIRCLE APPROPRIATE LETTER  
 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238  
 DRILLER'S SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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

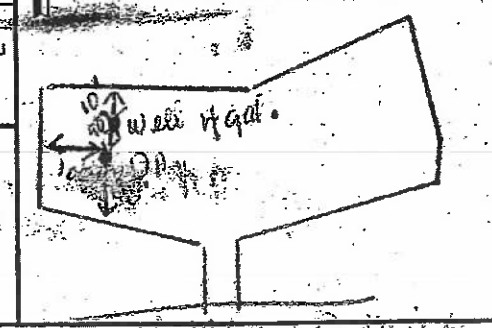
C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 7  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 52  
 WHEN PUMPING 27.5  
 TYPE OF PUMP USED (for test)  
 A air P piston T turbine  
 C centrifugal R rotary O other (describe below)  
 J jet S submersible

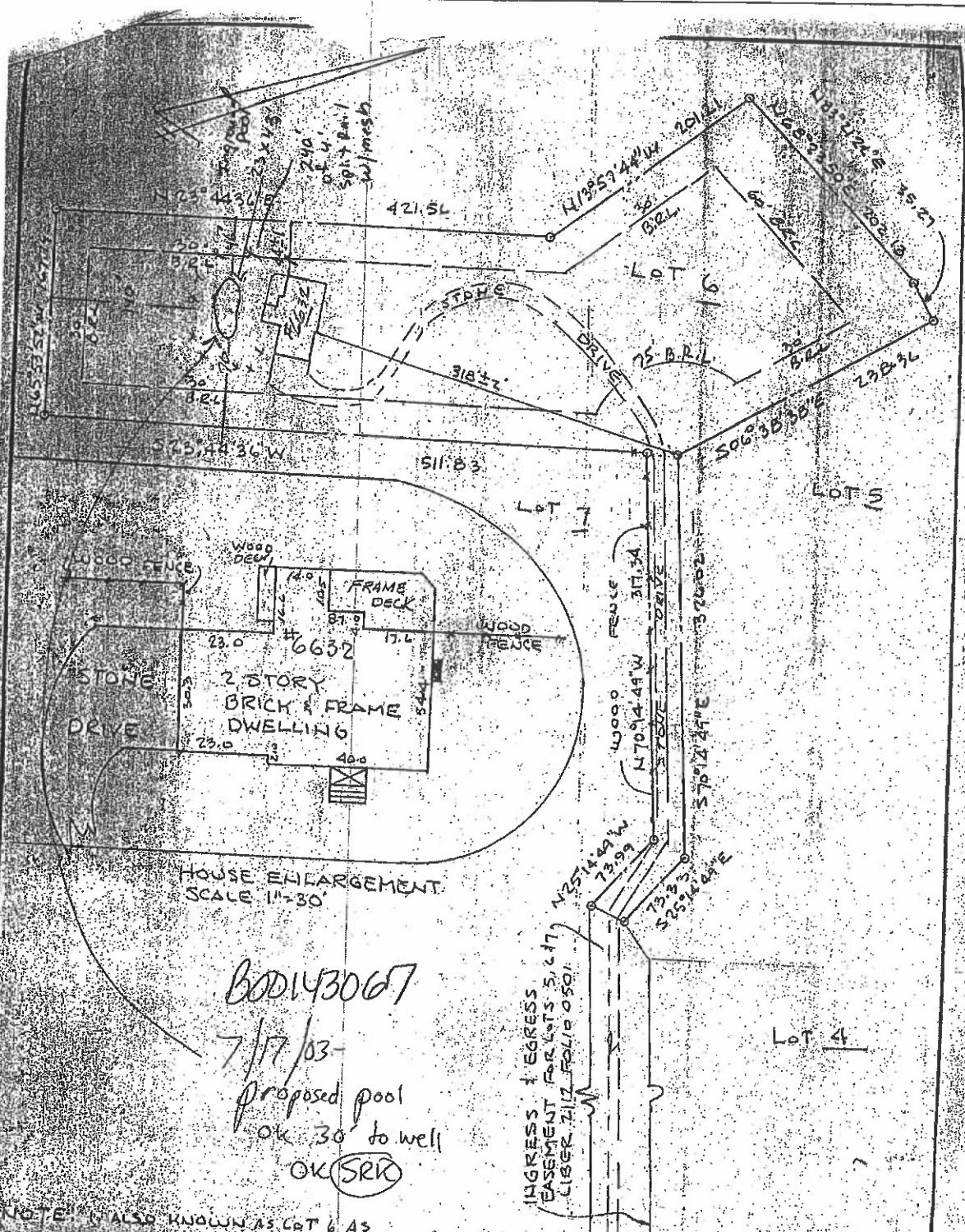
PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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)  
 (+) above } LAND SURFACE (nearest foot)  
 (-) below }

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DRILLER County



600143067  
 7/17/03  
 proposed pool  
 ok 30' to well  
 OK (SRK)

NOTE: IS ALSO KNOWN AS LOT 6 AS SHOWN ON A PLAT ENTITLED 'MOUNT ORANGE ESTATES AND RECORDED IN HOWARD CO, MD ON PLAT No. 9242

HAVILAND MILL RD

- 1) The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing;
- 2) The plat is not to be relied upon for the establishment or location of fences, garages, building, or other existing or future improvements;
- 3) The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.



<b>LOCATION DRAWING</b>	
6632 HAVILAND MILL RD. HOWARD CO, MD.	
<b>JOHN C. MELLEMA SR., INC.</b> LAND SURVEYORS	
8409 EAST DRIVE - BALTIMORE, MARYLAND 21227 (410) 247-7488	
SCALE: 1" = 100'	DATE: 6/22/06
JOB NO: 98284	

11/4/92 1 pm

Filed

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-412536

P 48614

A 43308

DISTRICT 5th

DATE 10/23/92

DATE SYSTEM APPROVED 11/4/92

INSPECTOR C. B. D.

**HOWARD COUNTY HEALTH DEPARTMENT**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

# INDEXED

Polaris Development Corporation IS PERMITTED TO INSTALL X ALTER

ADDRESS 608 Eldrid Drive, Silver Spring, MD 20904-3343 PHONE 301-680-9569

SUBDIVISION Mt. Orange Estates LOT 6 ROAD 6632 Haviland Mill Road

PROPERTY OWNER Ronald C. & Carol V. Brooks

ADDRESS \_\_\_\_\_

**BUILDING PERMIT SIGNED  
AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

7/17/03 800 143067 - JG POOL

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the left corner at end of Flagstem, place distribution box 250 feet up the 511.83' lot line and 45 feet off this same lot line. Run trenches on contour toward the same (511.83') lot line. Future trenches in both directions

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/12/92 RH

45'

PLANS APPROVED BY Mark Rifkin DATE 1/28/92

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

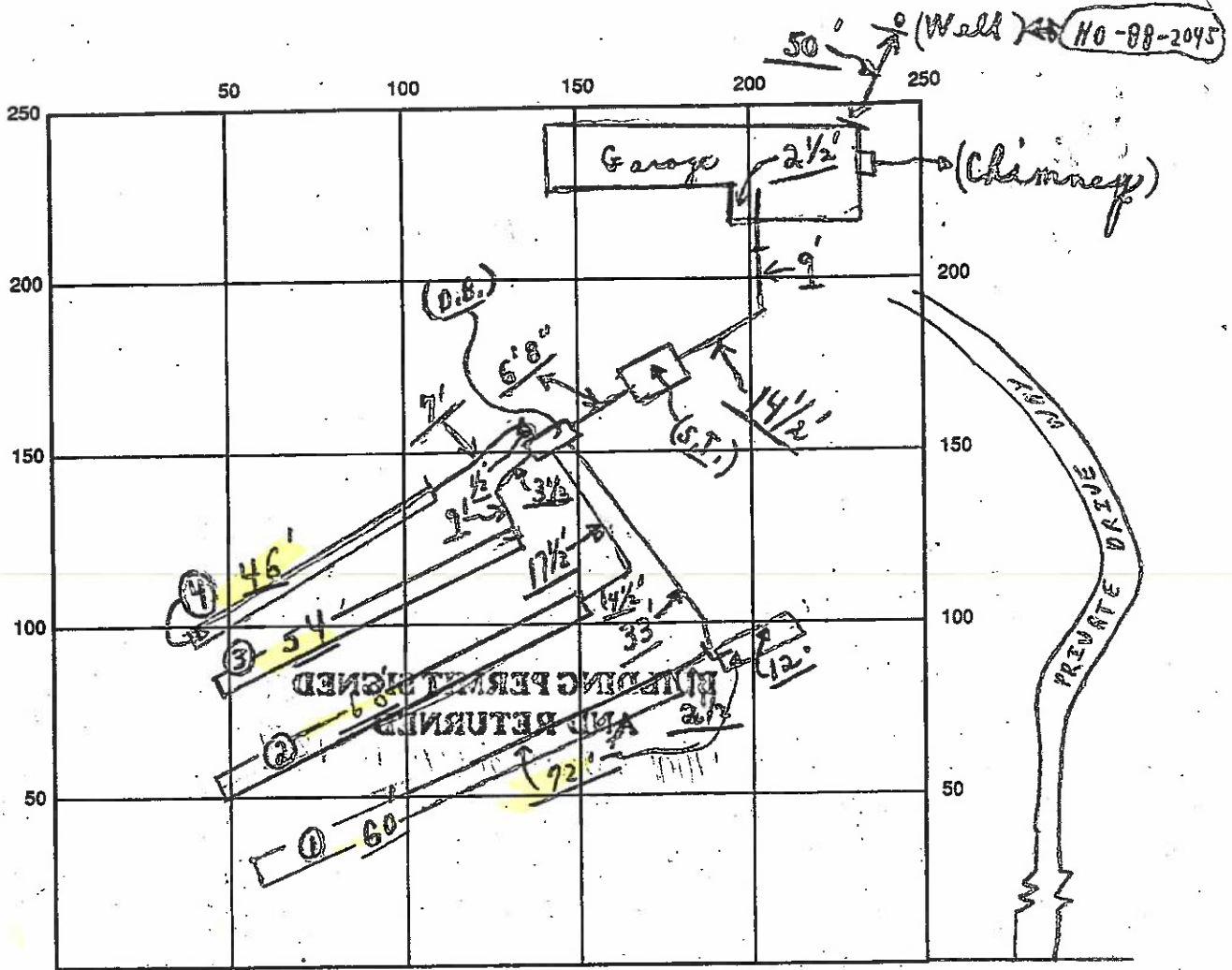
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A  
43308



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS (S.T. No) (Needs Plug)

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT. 150

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH (1) 72' (2) 68' (3) 54' (4) 46' FT. } = 240 + 112

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720<sup>+</sup> SQ. FT. 5 x 208.33

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT. 104.2

ABSORBENT AREA 720<sup>+</sup> SQ. FT. 625 sq. ft.

REMARKS: Final P.M. 11/4/92 12' added on to #1 trench to have adequate system; material on-site; Final 11/4 OK to cover as finish; C.B.D.

11/4 No W.P.I. C.B.D

DATE SYSTEM APPROVED 11/4/92 INSPECTOR Charles Bryan Stricker  
(as per above.)