

PERMIT

05-40684p

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 46467

A 39160

DISTRICT 5th

DATE 10/9/90

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 2/1/91

INSPECTOR D. Buggs

INDEXED

Alan Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland 21029 PHONE 531-5033

SUBDIVISION Waterman Estates LOT 7, Sec. 1 ROAD 12463 Petrillo Drive

PROPERTY OWNER Leo H. & Li-Shia Lee

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 200 feet from the front lot line and 150 feet from the right lot line as seen when facing the lot from Petrillo Drive. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 10/10/90 OK RJB

PLANS APPROVED BY Sid Abel DATE 5/15/89

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

BLDG. PERMIT SIGNED

AND RETURNED 3/5/92

PERMIT VOID AFTER TWO YEARS

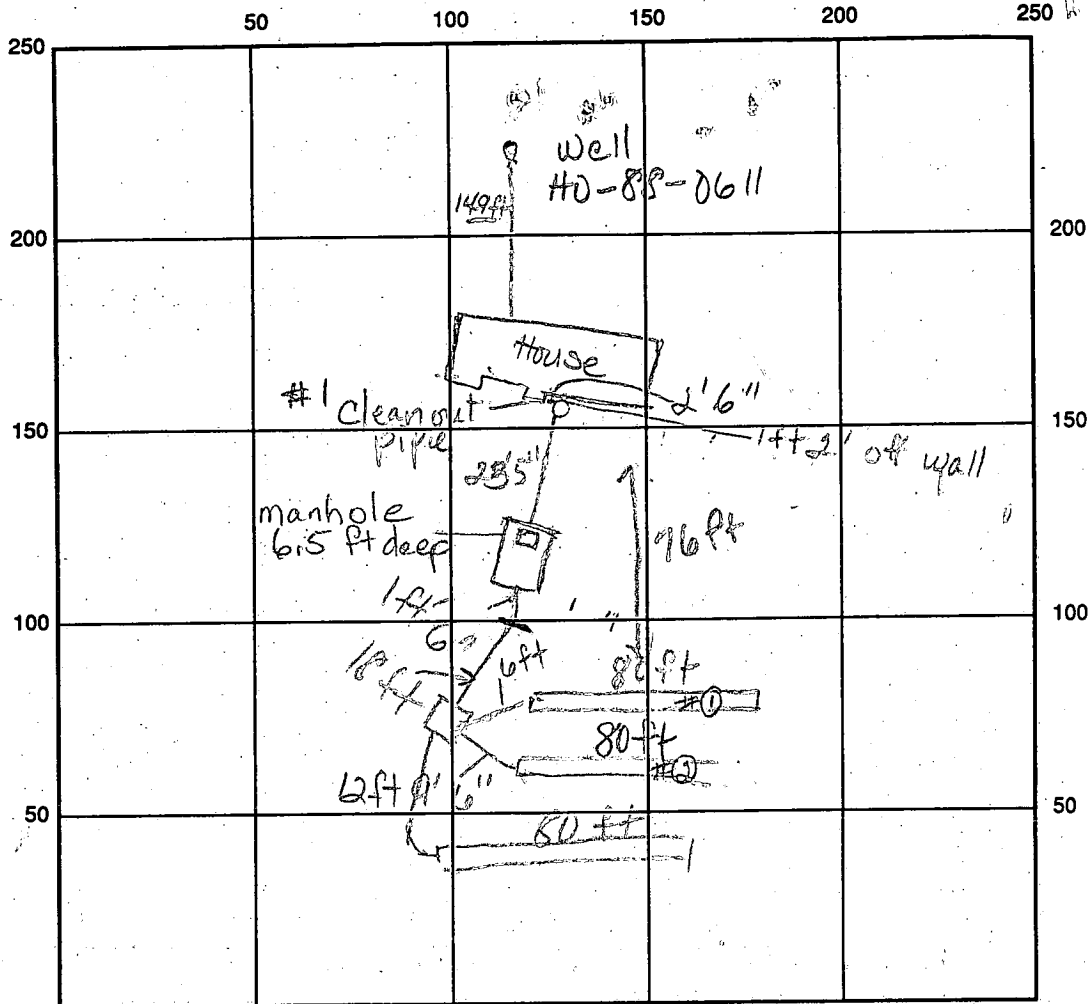
Sid Abel # 41449 - P.M.

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 39160



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

*O.C.S.

SEPTIC TANK LEVEL OK 2,000 gal CLEANOUTS 1 at house Manhole In
 DISTRIBUTION BOX LEVEL OK Baffle in 6.5 ft. deep
 DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4ft FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80 ft FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 1/31/91 am. Partial, OK for stone in all 3 trenches
leave ends and middle open for inspection.
1/31/91 pm OK to cover trenches. Call for final.
Manhole on septic not installed. Install baffle in DB & seal
entry hole s DB
2/1/91 Final, OK to cover manhole & DB.

DATE SYSTEM APPROVED 2/1/91 INSPECTOR Duramea Bugas
 tank 5 ft x 10 1/2

APPLICATION

PERCOLATION TESTING

A 39160

P _____

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

DISTRICT 5

DATE 4/2/87

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 ~~W.L. Research, Inc.~~ Hilltop Development Corp.

ADDRESS 7625 Brown Bridge Road PHONE 531-5539

PROSPECTIVE BUYER Richard J. Demmitt

ADDRESS P.O. Box 208, Clarksville, Md. 21029 PHONE 301-531-5539

PROPERTY LOCATION:

SUBDIVISION Waterman Estates, Section One LOT NO. Three (2) LOT 7
ON
FINAL

ROAD AND DESCRIPTION ~~7625 Brown's Bridge Road~~ 12463 Petrillo Drive

TAX MAP 40 PARCEL # 250

SIZE OF LOT 3 acres TYPE BLDG. _____
(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.

Richard J. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

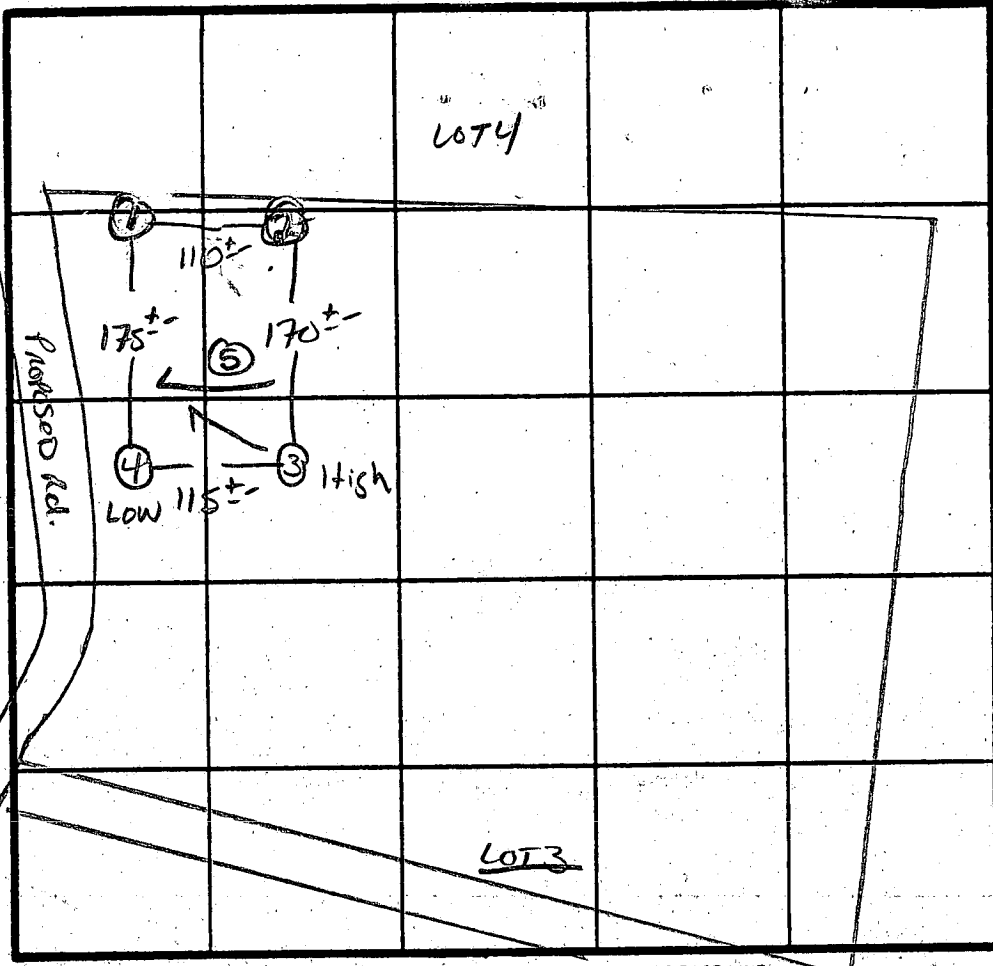
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-12-87 Percol satisfactory hold for DEPT. SAUR

BLDG. PERMIT SIGNED
AND RETURNED 5/11/87
Serial # 26995-SFD-
3 Bedroom

THIS IS NOT A PERMIT

1+2 Lot Line holes
LOT 3+4



X Perc 16min
240 φ BR
INLET 4"
BOTTOM 6"

① → ④
SOIL PROFILE

8"
AP
DK RED
CLAY LOAM
MANY
QUARTZ FRAGS
15% CLAY

4.5"
Red to
Light Red
Silt loam
to loam
Highly
micaceous
15-25%
FRAGS

13"
H₂O ± 13"
Hole 1+5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BROWN BRIDGE Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/12/87	1 S	4.5"	12:02	12:06	12:06	12:12	6min	
	1 V	13"	UNIFORM Soil below 4.5"					
	2 S	4"	12:12	12:20	12:20	12:40	20min	
	2 M	9"	12:12	12:20	12:20	12:35	15min	
	2 V	13"	UNIFORM Soil below 4.0-4.5"					
	3 S	4.5"	11:55	12:10	12:10	12:40	30min	
	3 M	9"	11:55	11:59	11:59	12:06	7min	
	3 V	14"	UNIFORM SOIL below 4.5"					
	4 V	WATER 13" UNIFORM Soil below 4.5"						
	5 V	WATER 13" UNIFORM Soil below 4.5"						

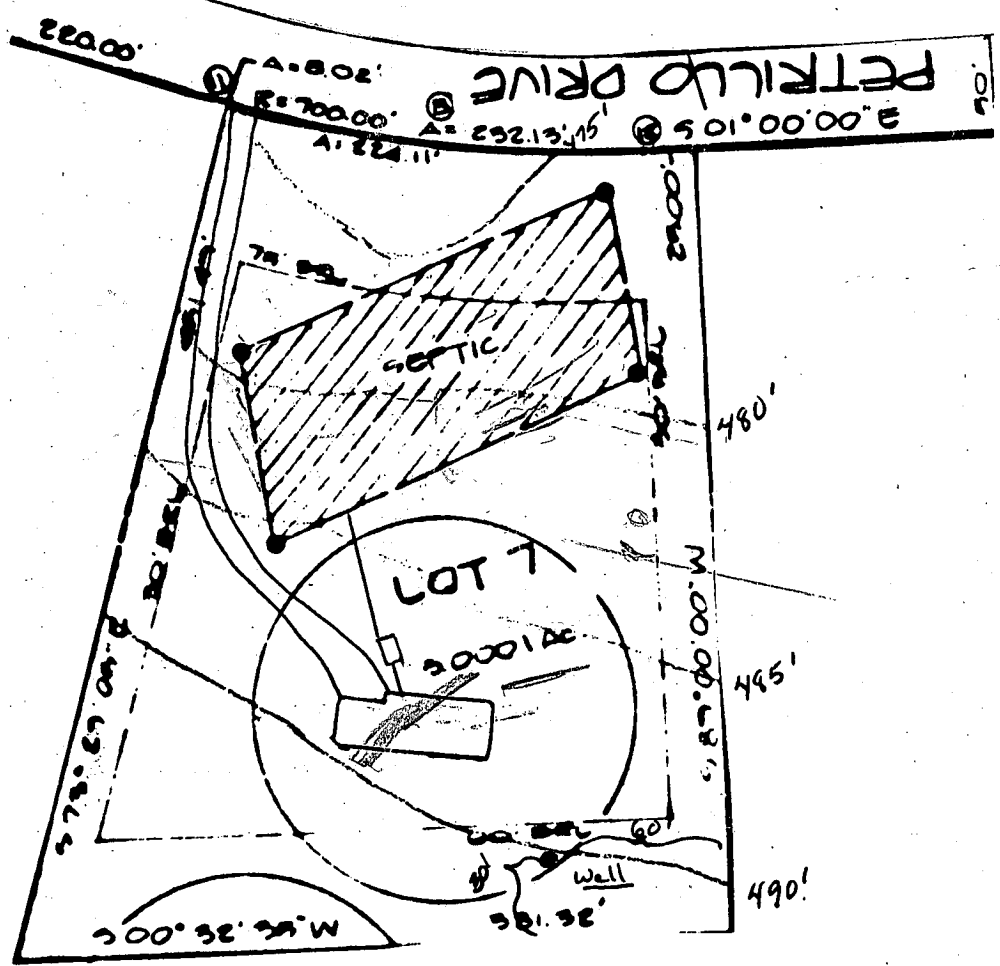
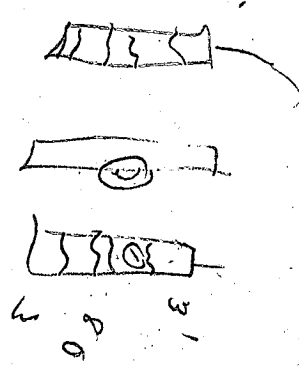
REMARKS Holes DIFF THAN PERT / SHALLOW Syst. only

TYPE OF SOIL ELIOAK

TESTED BY S. Abel ALSO PRESENT R. DEMMITT
Allen BARKHOE

EH-12-1079

Lot 7
 Hilltop Development Corporation
 P.O. Box 208, Clarksville, MD 21029
 (301) 531-5539
 Scale 1" = 100'
 Contour Interval = 5'
3.0001 Acres



- Ground at Well 491.0
- Ground at Field 484.0
- Into Field 481.0
- Out of Tank 483.0
- Into Tank 483.2
- Out of House 483.4
- Basement 483.9
- First Floor 485.9

7/11/89
 PLANS: OK
 OK TO SIGN
 RH

Well

Trench length and detail
 to be determined by HCHD.

AREA TABULATION FOR ALL SHEETS

	SHEET 1	SHEET 2	SHEET 3	TOTAL
TOTAL NO. OF LOTS TO BE RECORDED	5	4	6	15
TOTAL AREA OF LOTS TO BE RECORDED	684,735 sq ft OR 15.7193 AC.	602,790 sq ft 13.8372 AC.	820,084 sq ft 18.8264 AC.	2,107,609 sq ft 48.3829 AC.
TOTAL AREA OF ROAD WAY TO BE RECORDED	0	0	67099 sq ft 1.5394 AC.	67099 sq ft 1.5394 AC.
TOTAL AREA OF SUBDIVISION TO BE RECORDED	684,735 sq ft 15.7193 AC.	602,790 sq ft 13.8372 AC.	887,183 sq ft 20.3658 AC.	2,174,708 sq ft 49.9223 AC.

BROWN'S BRIDGE ROAD (60' R/W)

N 37° 43' 35" E
26.62'

SEC 2
LOT 20

LOT 17

LOT 16

309° 12' 58" E

616.86'

N 09° 12' 58" W

LOT 15

WATER

OWNER'S COVENANTS

APPROVED: FOR HOWARD COUNTY HEALTH DEPARTMENT FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM.

Joseph Boyle
HOWARD COUNTY HEALTH OFFICER DATE 11-6-87

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.

W. A. ...
DIRECTOR DATE 11.16.87

APPROVED: FOR STORM DRAINAGE SYSTEMS & PUBLIC ROAD. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

WE, HILLTOP DEVELOPMENT CORPORATION, RICHARD WIGGERS, SHOWING AND DESCRIBED HEREON HEREBY ADOPT THIS THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF MUNICIPAL BUILDING RESTRICTION LINES AND GRANT UNIFORM AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT, AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE BEDS OF THE STREET AND/OR ROADS AND FLOOD FOR GOOD AND OTHER VALUABLE CONSIDERATION, COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE FLOOD PLAINS, STORM DRAINAGE FACILITIES AND TO REQUIRE DEDICATION OF WATER WAYS AND DRAINAGE THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND

WELL

590.12'
483.62' W. BEC

⑦

83

1/4/91

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
Replacement

Receipt # 46782
Date 01/30/91

Name of Installer E. DONALD DEMENT

Telephone 301-384-1493

License Number 276

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner LOD LEE

Telephone 982-1333

Subdivision WATERMAN EST Lot # 7 Well Tag # HO-88-064

Site Address 2422 PATRICK DR HIGHLAND
MD 20777

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make GOULD
- Model # _____
- Capacity 600 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 3/4
- RPM _____
- Voltage 270
 - 110 _____
 - 220

Pitless Adapter

- Make MART
- Model # RP10
- Depth 50"

Tank

- Capacity 60
- Pressure relief valve? YES

Piping

- Type Poly
- Size 1" #160
- NSF and/or BOCA Code approved
- Depth of supply line 4 1/2'

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer?

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).

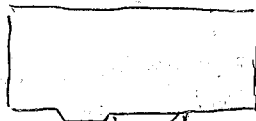
All information given above is true to the best of my knowledge.

Pitless Adapter OK
Pump Not Installed,
OK to Cover
DBuggs 2/4/91

Signature of Applicant: E. Donald Dement

Date: 1-31-91

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



19ft

4.5ft
to
well line

149ft.

5ft - 0 HO-88-0611
to
Pitless adapter

C1 2462

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A-39160

DATE Received

DATE WELL COMPLETED 060289

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" AC-88-0011

OWNER HILTOP DEVELOPMENT last name first name TOWN FIXTON STREET OR RFD PERMITO DR. SUBDIVISION WARDMAN EST SECTION 1 LOT 7

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 FROM TO Check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD casing types insert appropriate code below MAIN CASING Nominal diameter Total depth top (main) casing of main casing TYPE (nearest inch) (nearest foot)

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) EACH SCREEN SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

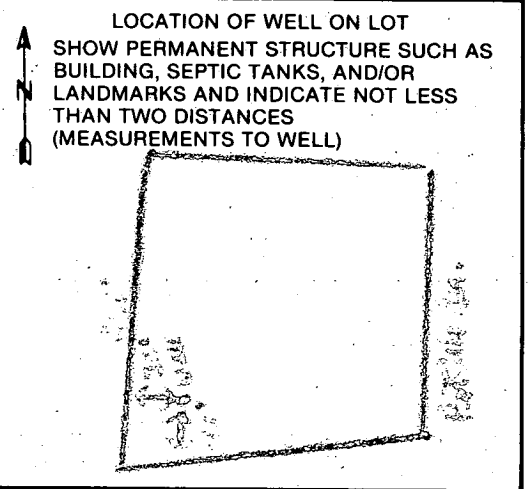
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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) 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) LAND SURFACE (nearest foot)



COUNTY

B 1 **2241** SEQUENCE NO. (DP USE ONLY)

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-88-0611

fill in this form completely

Date Received (APA) **050989**

OWNER INFORMATION

HILLTOP DEVELOPMENT

PO BOX 208

CLARKSVILLE MD 21029

B' 3 LOCATION OF WELL

HOWARD COUNTY

WATERMAN ESTATES SUBDIVISION

SECTION **1** LOT **7**

FULTON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION

Joseph L. Mayne Driller's Name

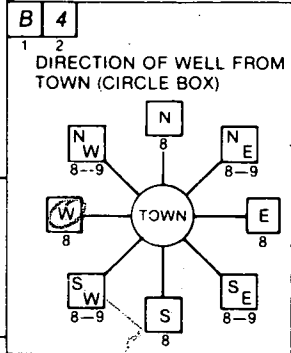
238 License No.

Joseph L. Mayne Well Drilling Firm Name

5512 Rilke Rd. Mt. Airy 21771 Address

Joseph L. Mayne Signature

5/1/89 Date



petrillo Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W (circled)

325 DISTANCE FROM ROAD

ENTER FT or MI **FT**

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

A-39160 COUNTY NO.

STATE SIGNATURE _____ INSERT S

051589 DATE ISSUED

Sidney Abel CO SIGNATURE

11-14-89 EXP. DATE

NORTH GRID **481000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted & DRIVEN

AIR-ROTary

AIR-PERCussion

ROTARY (Hydraulic Rotary)

CABLE

REVERSE-ROTary

DRIVE-POINT

other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **SA** WRITE INITIALS IN BOX

PERMIT NO. **40-88-0611**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

810 4

459 1

6-2-89

GROUT GROUT

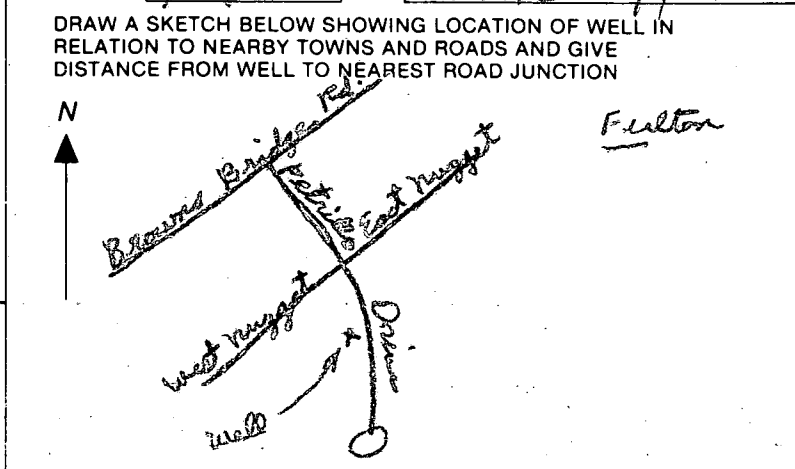
15 BAGS OBS'D

40' OPEN

51' CASING

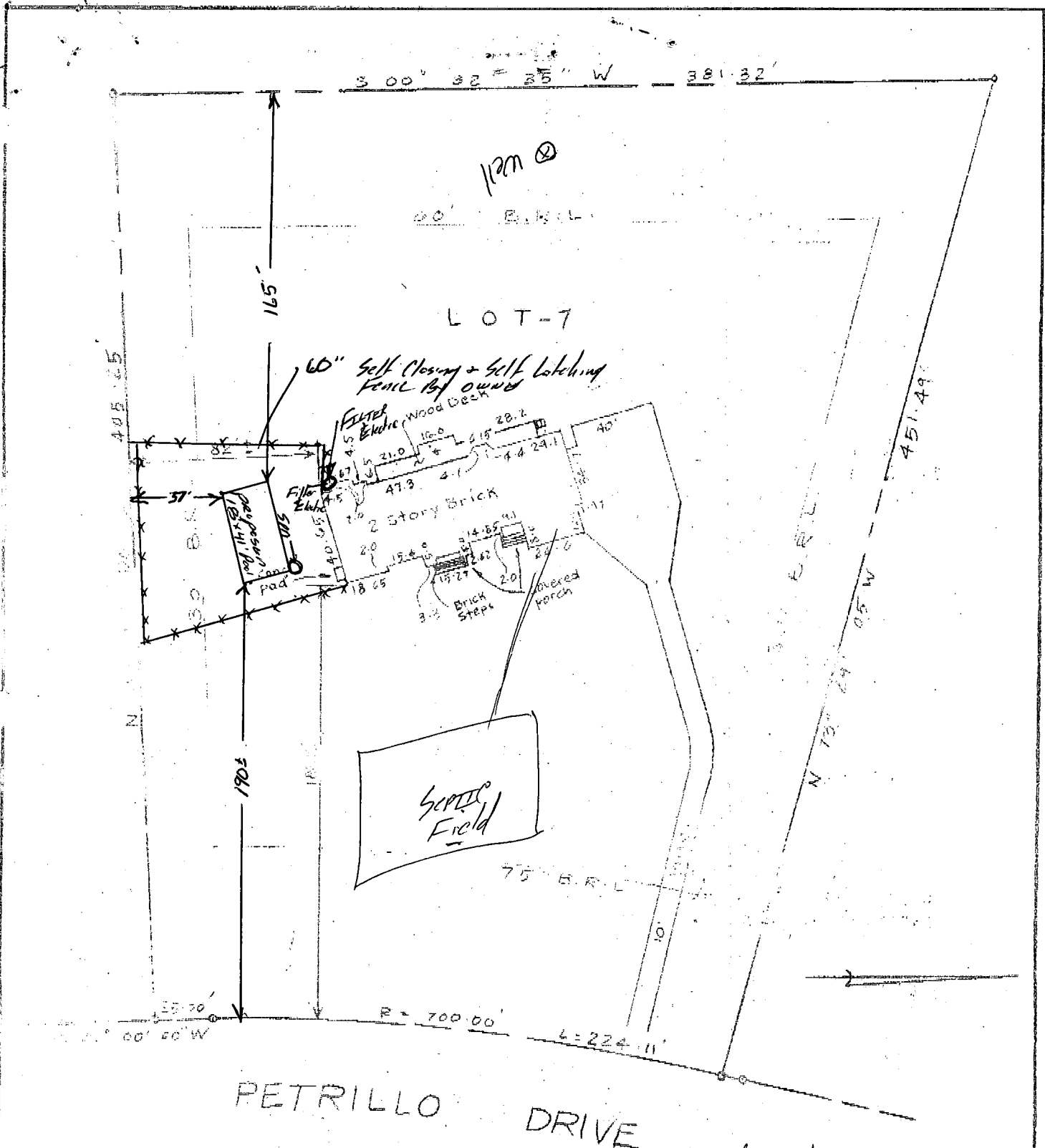
1 1/2' CASING

NTAG 6/1/89



SPECIAL CONDITIONS

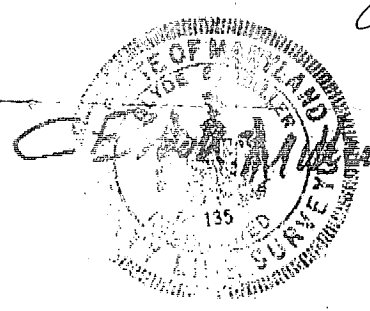
COUNTY



PETRILLO DRIVE

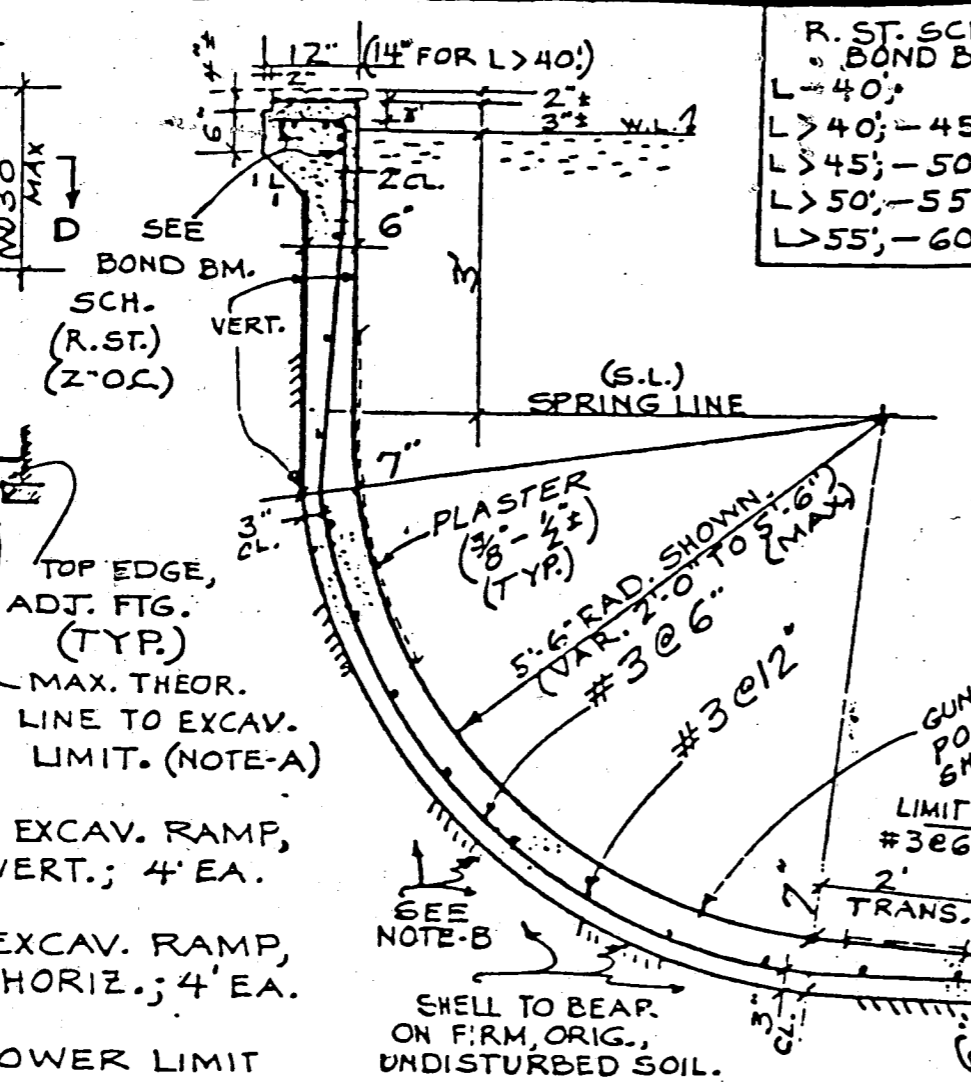
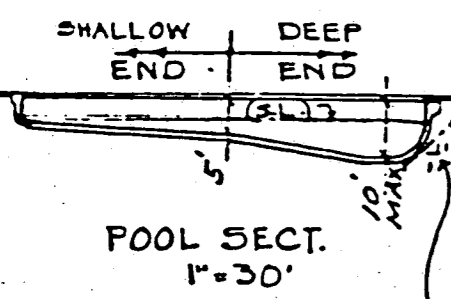
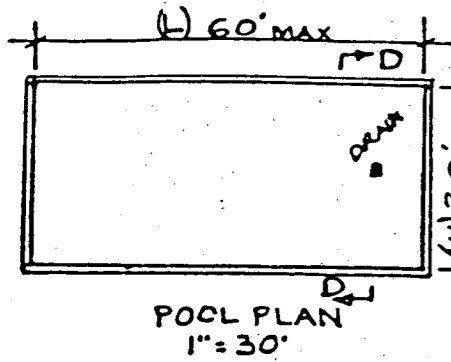
I hereby certify that the information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.

3/5/92
 OK 703161
 BP 41449
 Pool
 B. Hodger



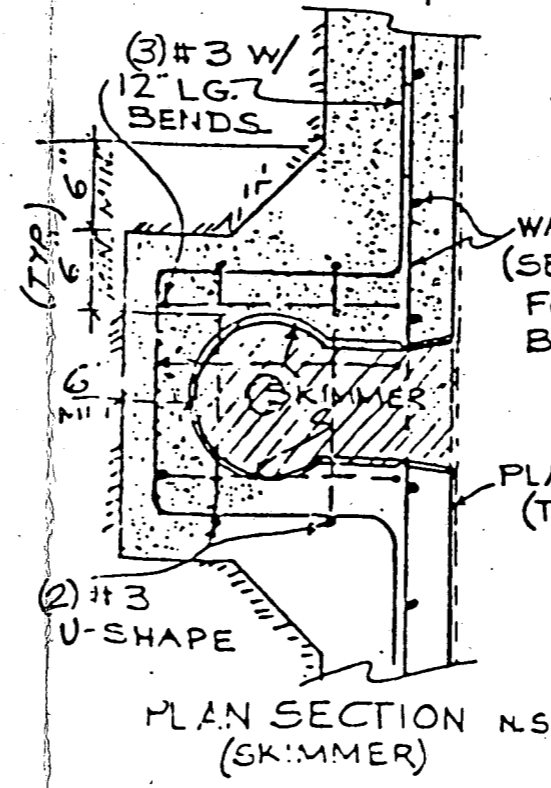
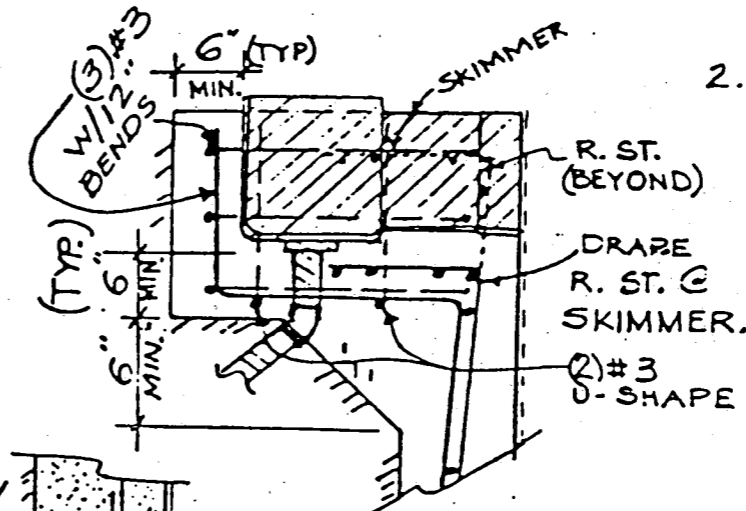
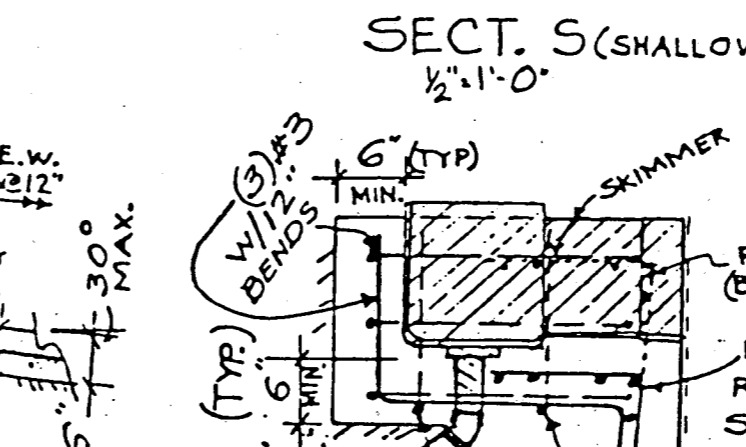
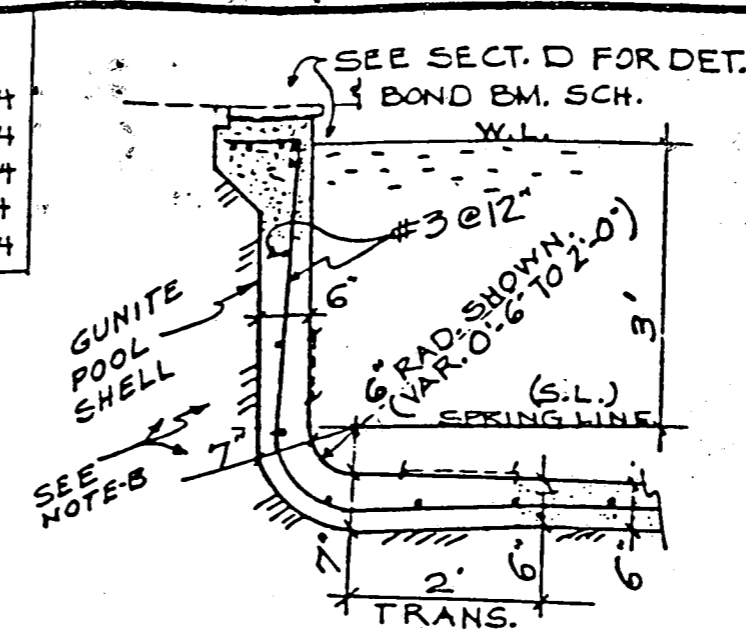
Final Survey
 LOT - 7
 WATERMAN ESTATES
 Plat Ref. No. 7480
 Update 5-2-91
 Election Dist. - Howard Co. Md.
 Scale: 1" = 60' Date: 9-14-90

The **RBA** Group
 ENGINEERS • ARCHITECTS • PLANNERS
 5560 STERNEBT PLACE, SUITE 300, COLUMBIA, MD 21044 (301) 730-7950



R. ST. SCH. BOND BM.

L < 40'	4 #4
L > 40'; - 45'	5 #4
L > 45'; - 50'	6 #4
L > 50'; - 55'	7 #4
L > 55'; - 60'	8 #4



GENERAL NOTES:

1. ALL WORK PER APPLICABLE LOCAL & STATE CODE.
2. POOL DESIGN TO ALLOW POOL WALLS TO PROJECT 2' MAX. ABOVE FIRM, ORIGINAL, UNDISTURBED SOIL.
3. SEE OTHER POOL DRAWINGS FOR PIPING, ELECTRICAL, EQUIP., DRAINAGE, & OTHER INFORMATION NOT SHOWN.
4. THIS DESIGN NOT APPLICABLE FOR EXPANSIVE CLAY SOIL.

MATERIALS:

1. GUNITÉ: PNEUMATICALLY PLACED, 3500 PSI STRENGTH, 28 DAYS. PROPORTIONED; 1:3 1/2 c/s
2. REINF. STEEL: ASTM-A615, GRADE 60.; DEFORMED.

NOTE: POOL MAY BE OF FREE FORM TYPE, WITH THE ABOVE MAX. DIM'S.

NOTE-E: AT SHALLOW END EXCAV. RAMP, ADD #3 @ 12", VERT.; 4' EA. SIDE OF RAMP. AT DEEP END EXCAV. RAMP, ADD #3 @ 12", HORIZ.; 4' EA. SIDE OF RAMP. FOR BOTH CASES, LOWER LIMIT TO BE @ END OF TRANSITION.

NOTE-A: KEEP EXCAV. PUMPED, FREE OF PONDING WATER. KEEP TIME BETWEEN EXCAV. & GUNITÉ TO MINIMUM.

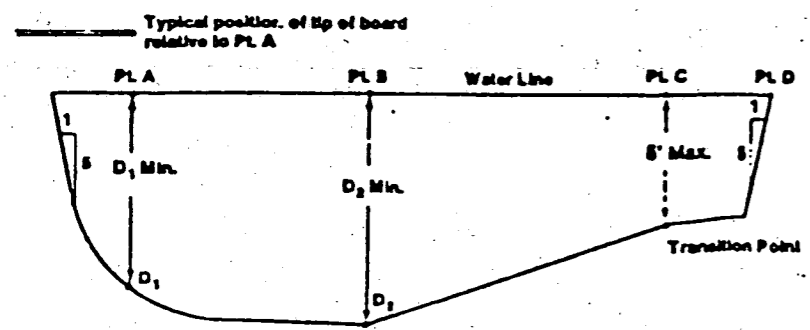
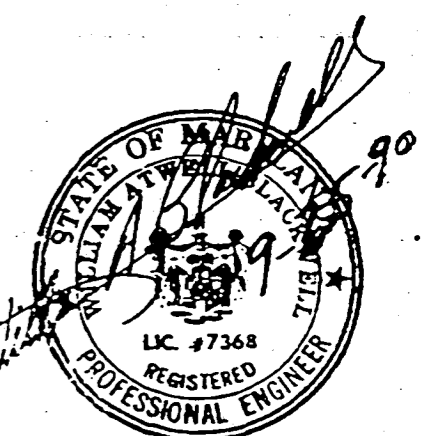


Figure 625
MINIMUM WATER DEPTHS AND DISTANCE BASED ON BOARD HEIGHT FOR PUBLIC AND PRIVATE POOLS

Table 625
MINIMUM WATER DEPTHS AND DISTANCE BASED ON BOARD HEIGHT FOR PUBLIC POOLS

Board height	Minimum depth at D ₁ ^a directly under end of board	Distance ^a between D ₁ and D ₂	Minimum depth at ^a D ₂
22" (2/3 meter)	70"	80"	86"
26" (2/3 meter)	76"	90"	90"
1 meter	86"	100"	100"
3 meter	11'0"	108"	120"

Note: 1 foot = 304.8 mm



Carefree Pools (STRUCTURAL) RESIDENTIAL POOL	INSPECTION BY OTHERS SCALE: SHOWN = 1/4" = 1'-0" DWG. W.A. BLACKWELL, P.E. CLIFTON, VA.
	DATE:
	DWG: 90-124

JENKINS

REPAIR PERMIT REQUEST
FOR 6 BEDROOMS

TO: REPAIR FAILING SEWAGE SYSTEM,

CURRENT SYSTEM WAS SPEC'D FOR
FOR A 3 BRM HOUSE. POTENTIAL
CAUSE OF PREMATURE FAILURE
IS PRESUMED TO BE OVER USE
OF UNDERSIZED SYSTEM,

1000 GAL ADDITIONAL SEWAGE TANK
CAPACITY TO BE PROVIDED,

DIG ^{DEEP} OBSERVATION HOLE AT
LOW END OF SEWAGE MAIN

TO CONFIRM WITH TABLE

PRIOR TO SANITATION RECOMMENDATIONS
FOR REPAIR SYSTEM,

5/10/94 AM

FOR INSP 5/19/94 ASAP



MONTHS 1994

INSPECTIONS

WELLS

GROUP CANS

SIGNED

oone
5/19/94

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____
A39160
A REPAIR _____

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jenkins Brothers IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland PHONE 461-9282

SUBDIVISION Waterman Estates LOT 7, Sec. 1 ROAD 12463 Petrillo Drive

PROPERTY OWNER Leo H. & Li-Shia Lee
ADDRESS 12463 Petrillo Drive
Highland, Maryland 20777

SEPTIC TANK CAPACITY 1750 GALLONS

NUMBER OF BEDROOMS 6

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO REPAIR FAILING SEPTIC SYSTEM. Current system was sized for a 3 bedroom house. Potential cause of premature failure is presumed to be overuse of undersized system. 1000 gal additional septic tank capacity to be provided. Dig deep observation hole at low end of septic area to confirm water table prior to sanitarian recommendation for repair system.

12/10/99 No inspection called in Fall

PLANS APPROVED BY C. Williams DATE 05/19/94

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

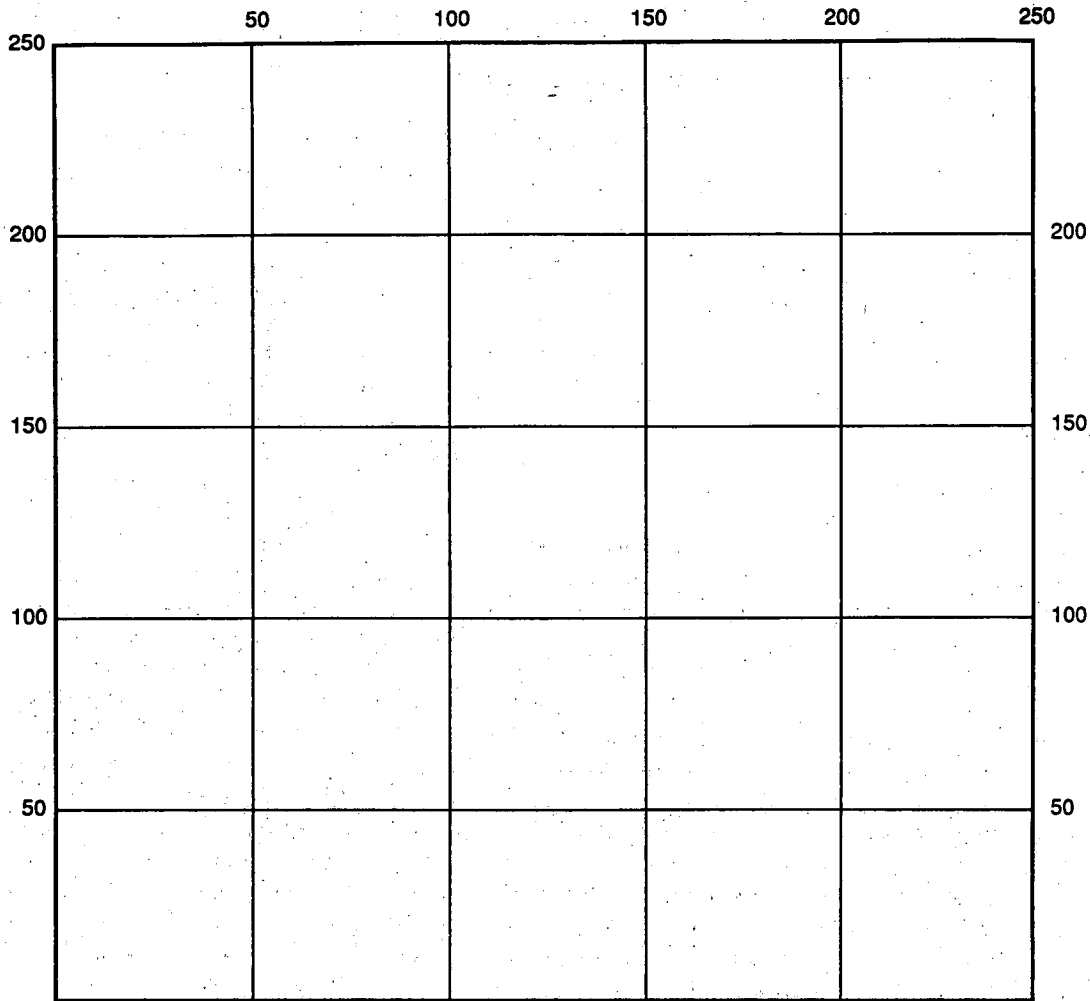
PERMIT VOID AFTER TWO YEARS

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____