

3/17/88 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-291464

P 41919

A Repair

DISTRICT _____

DATE 4/10/88

DATE SYSTEM APPROVED 3/17/88

INSPECTOR (Signature)

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 13284 Folly Quarter LOT _____

PROPERTY OWNER Marie Miller
13284 Folly Quarter Road

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

Red/orange clay loam (some silt) top 3'
mostly orange fine silty mica loam to 5-6' w/few
Feet hole hit H₂O 12' scattered
system is 21 years old manhole
frags.

PLANS APPROVED BY C. Williams DATE 3/17/88

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**BUILDING PERMIT SIGNED
AND RETURNED**

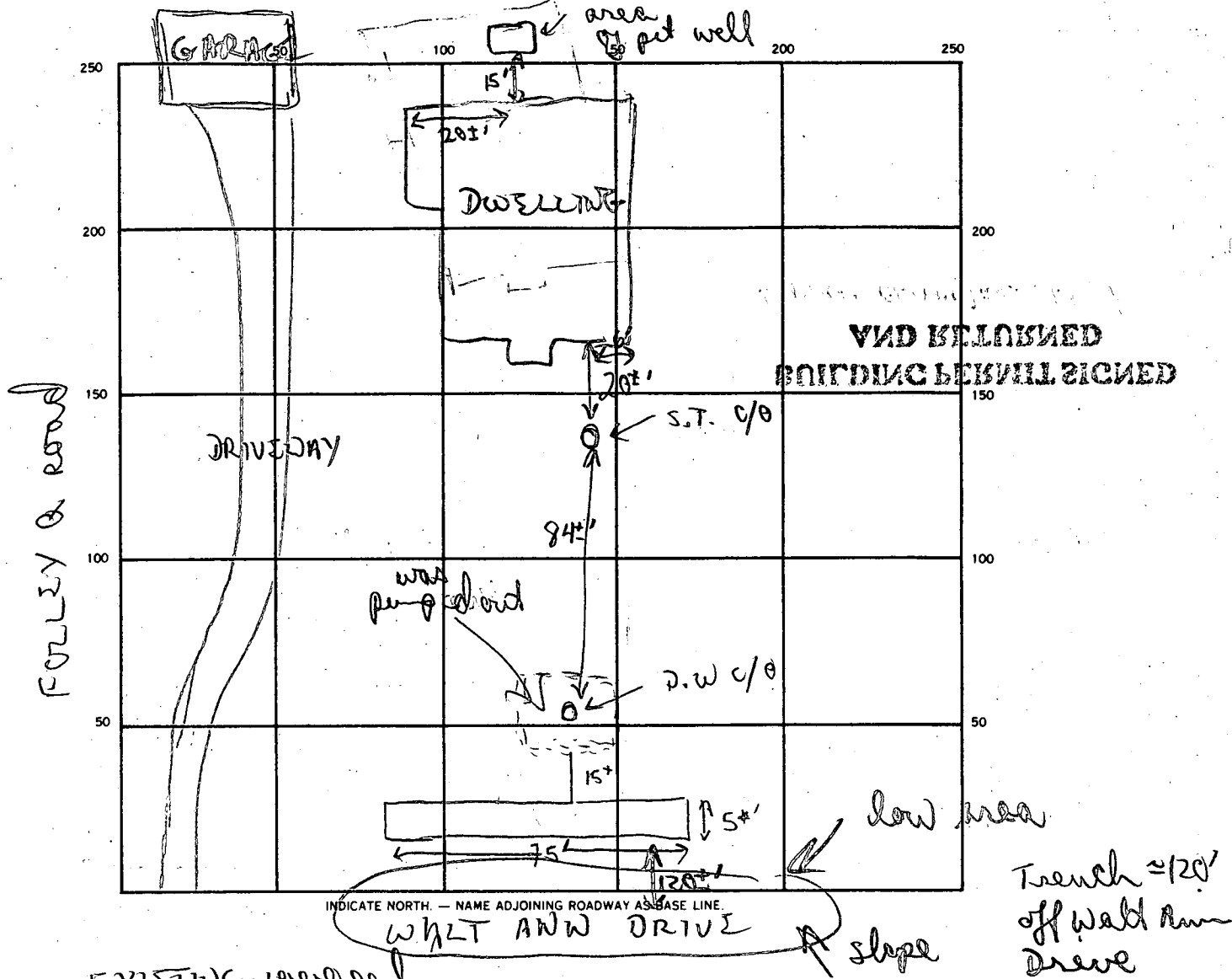
4-14-04 BOD 147106-DECK

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

41919



EXISTING 1000 gal

SEPTIC TANK LEVEL _____ CLEANOUTS 1 S.T. 1 Dry well

DISTRIBUTION BOX LEVEL _____ N/A

DRAIN FIELD/TILE FIELD DEPTH 5' FT. TRENCH WIDTH 5' FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 375 SQ. FT.

DRYWELL INSIDE DIAMETER UNKNOWN FT. EFFECTIVE DEPTH BELOW INLET 2-3' FT.

ABSORBENT AREA 375 SQ. FT.

REMARKS 3/17/88 Driveway on Wald Run though address F.B. road
 OK to go 3-5' deep w/ 5' wide trench (12' dia at 12')

OK to finish adding pipe + paper to trench, OK to cover trench + all work.

DATE SYSTEM APPROVED 3/17/88 INSPECTOR B Nylon

B 1 **03363**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HA-92-0199
fill in this form completely

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

please print or type

Date Received (APA)

300992

OWNER INFORMATION

Miller Marie
Last Name Owner First Name

13284 Folly Quarter
Street or RFD

Cllicott City MD 21043
Town State Zip

B 3

LOCATION OF WELL

Howard
COUNTY

TN22P159
SUBDIVISION

SECTION LOT

Glencig
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION

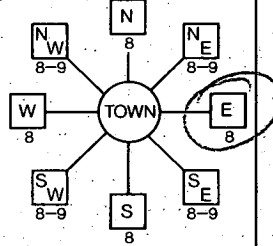
George P. ...
Driller's Name License No. 80

7055 Riden ...
Firm Name Address

George P. ...
Signature Date 10-5-92

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folly Quarter Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



150
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 **PL11919** COUNTY/NO.

STATE SIGNATURE DATE ISSUED **100992** EXP. DATE **4-9-92**

NORTH GRID **520000** EAST GRID **807000**

APPROXIMATE DEPTH OF WELL **222** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

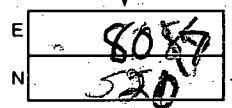
- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- DRive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

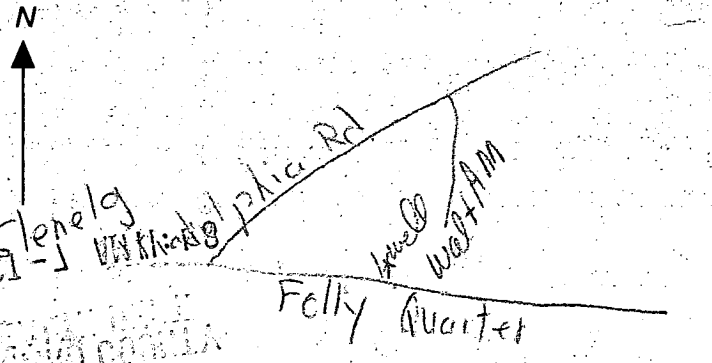
SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX-NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.



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)

APPROX. PERMIT NUMBER **GAP**

FORCE **00** PERMIT No. **HA-92-0199**

SPECIAL CONDITIONS **531-5485**

SITE INSPECTION SHEET

OWNER: Marie Miller

DATE REQUESTED: 10/8/92

ADDRESS: 13284 Folly Quarter Rd

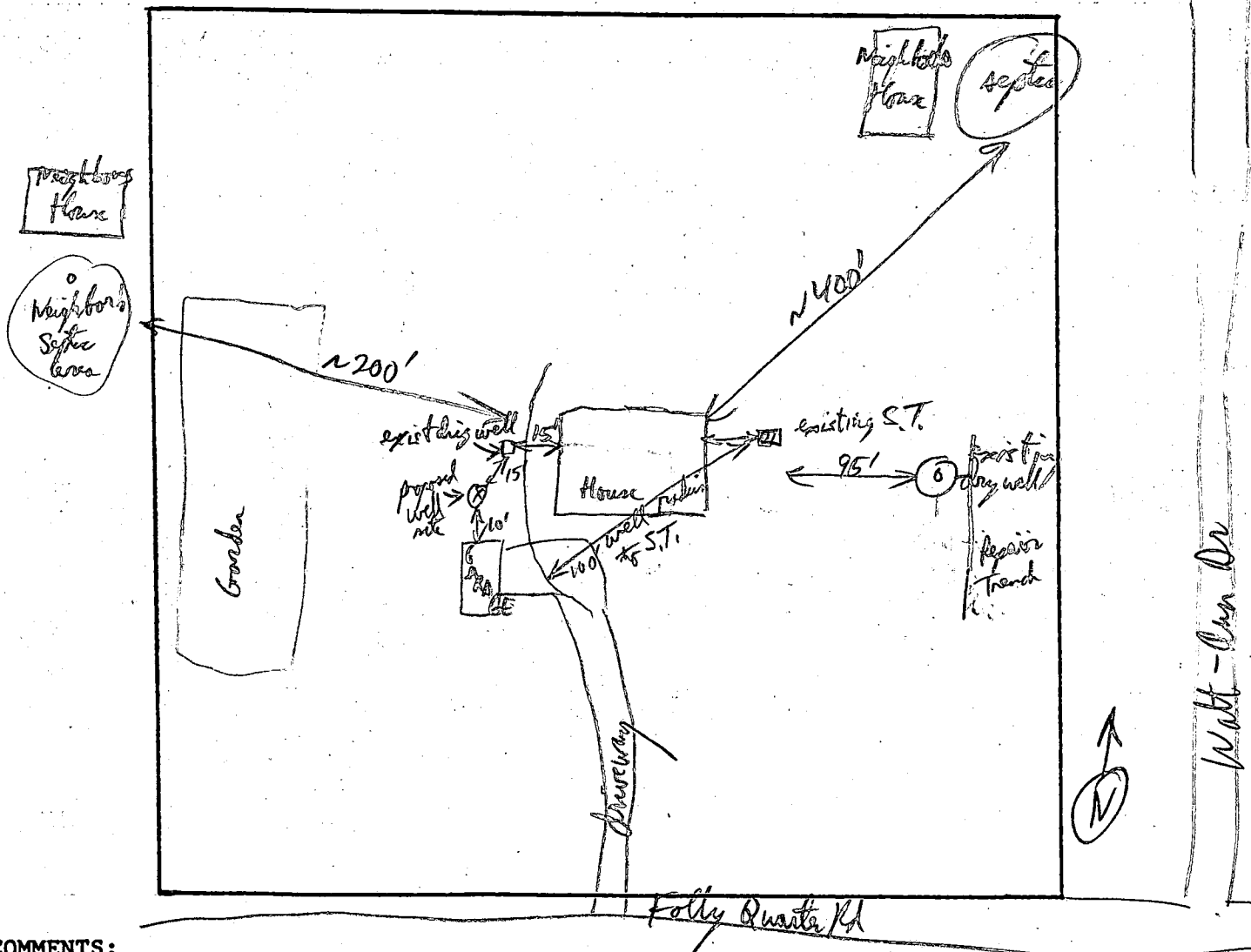
DRILLER: Easterday

WELL TAG # _____

COUNTY # P41919

PROPOSAL: H₂O quantity insufficient, + quality poor as well, replacement well requested

LOCATION DIAGRAM



COMMENTS:

Plenty of well & septic distance - anywhere as stated or around garage or between garage + Folly Quarter Rd would be acceptable.

DATE: 10-9-92

INSPECTOR: Ronald P. [Signature]

