

6/22
426
6(27)
15-438

03-285529

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 44624

A REPAIR

DATE 4/28/89

DATE SYSTEM APPROVED 6/26/89

INSPECTOR C. Williams

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION _____ ROAD 3465 East Ivory Rd LOT _____

PROPERTY OWNER Frye
3465 East Ivory Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

PLANS APPROVED BY C. Williams DATE 6/26/89

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

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

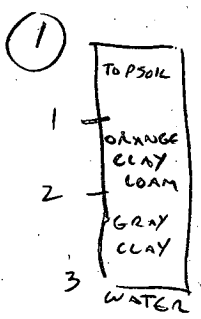
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

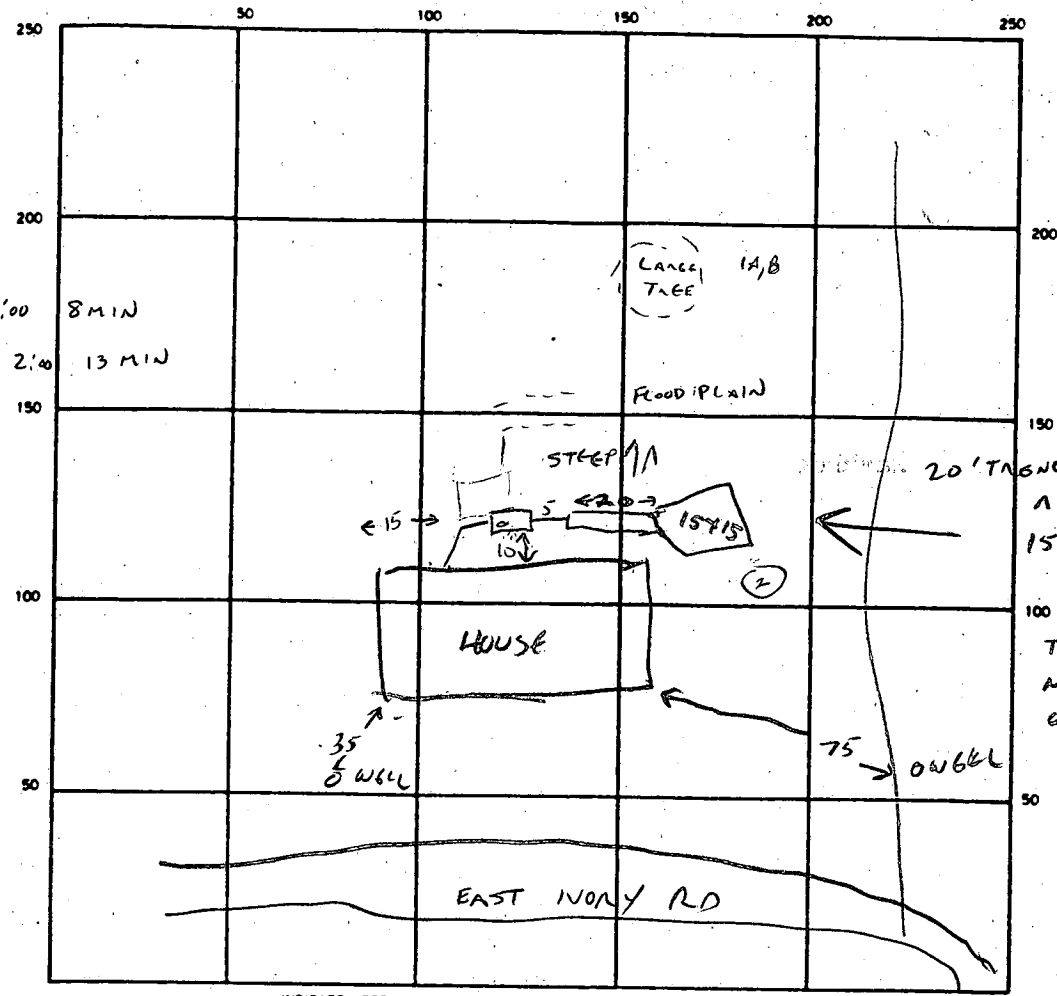
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 44624

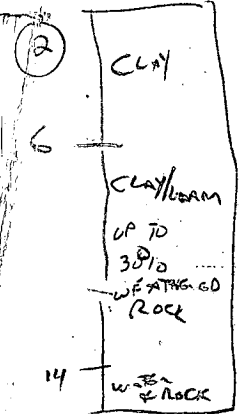


A 9" 1:46-1:52-2:00 8 MIN
 B 22" 1:42-1:50-2:00 13 MIN



20' TRENCH 3' WIDE AND 15 X 15 LEACHING BED INSTALLED TO MAKE MAXIMUM UTILITY OF VERY LIMITED AREA.
 CW...
 75' → ON GEL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE



SEPTIC TANK LEVEL ✓ CLEANOUTS ST

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TILE FIELD DEPTH 9 FT. TRENCH WIDTH 3 FT. INLET DEPTH 7 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 20 FT. NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 60 SQ FT. 2' WIDE TRENCH 3' STONE 20' LONG

LEACHING BED DRYWELL INSIDE DIAMETER 15 X 15 FT. EFFECTIVE DEPTH BELOW INLET 2 FT. ABSORBENT AREA 225 SQ FT. 285 TOTAL SQ FT SYSTEM INSTALLED

REMARKS 6/26/89 INSTALL GRAVEL BED APPROX 15' X 15' AS SPACE ALLOWS
BOTTOM OF TRENCH AT 10'. ADD GRAVEL FILLED TRENCH BETWEEN TANK AND GRAVEL BED. REPLACE SEPTIC TANK WITH 1500 GAL TANK.

DATE SYSTEM APPROVED 6/26/89 INSPECTOR CW...

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 7/29/70

INDEXED

*app - 8.3.70
DWM*

P 15438

A _____

*7/30/70
after 12 noon
partial
ok'd*

8/3/70

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Ten Oaks Road, Glenelg, Maryland PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD East Ivory Rd. (see application for better directions) LOT _____

PROPERTY OWNER Vernon Frye

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - Leaching bed - 20 x 20 - ³ft. deep shallow ~~side~~ - 4 ft. of gravel under pipe. *as much gravel as possible*

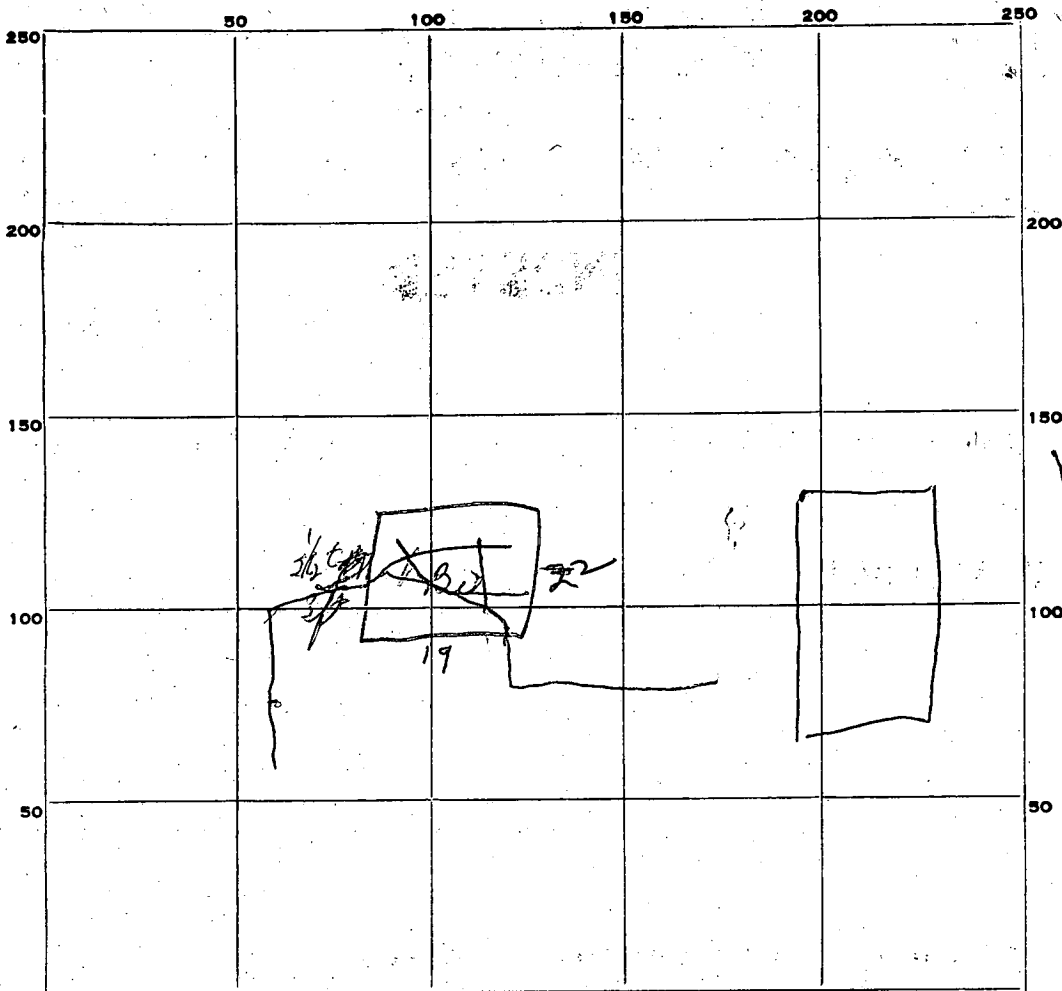
NOTE: CALL FOR INSPECTION OF LEACHING BED BEFORE GRAVEL IS INSTALLED.

PLANS APPROVED BY D. W. Monaghan DATE 7/28/70

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.

15438



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD 0 12

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 3 to 6 FT. TRENCH WIDTH 19 FT.

GRAVEL DEPTH 24 IN. TOTAL LENGTH 22 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA 418

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/31/70 - 0.12' of gravel in bed also 24

DATE SYSTEM APPROVED 8-3-70 INSPECTOR Steve Manning

*Repairs
paid
7/28/70
11:00 AM*

APPLICATION

A _____
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 7/27/70

*L. Bed. 20 by 20 -
2ft deep shallow hole
4ft of gravel under pipe.
call for inspector of bed before
gravel is installed.*

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 Verson Frye

ADDRESS East Ivory Rd. - West Friendship PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION East Ivory Rd. - off Rt. 32 coming from
Rt. 144 - right across from Apperborn Rd. - 3rd house in
look for back lot

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT _____ TYPE BLDG. Existing house
NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Jack Frye

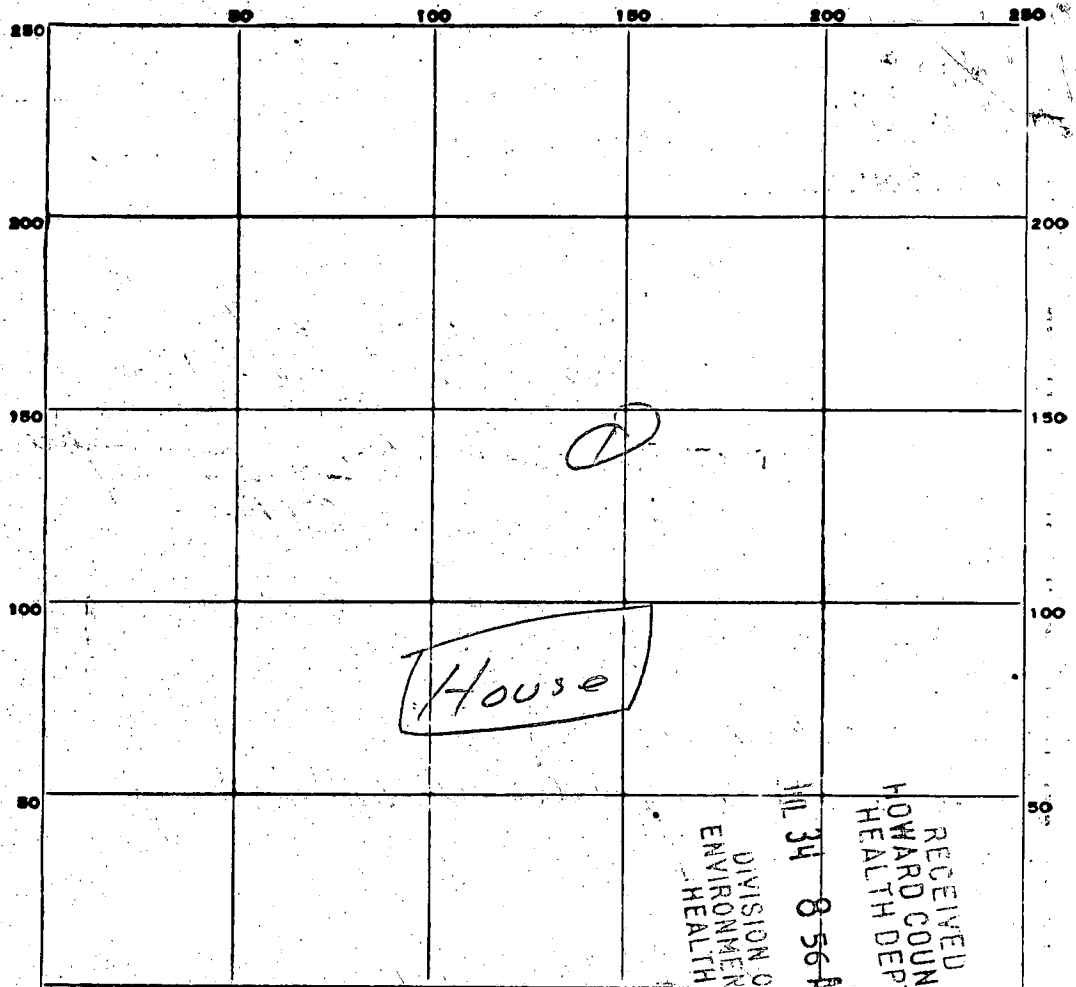
APPROVED BY D.W. Hough FOR L. Bed. DATE 7/28/70
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|---------|----------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 7/25/71 | 1 | 6ft | None | Sealed - | | | |
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SOIL AUGER FINDING _____
 TESTED BY _____
 REMARKS _____

1 2 3 (SEQ. NO.) 6
 2391
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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
 COUNTY NUMBER 1123912
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1604

DATE RECEIVED (WRA USE ONLY)
 DATE WELL COMPLETED 10-22-76
 8-13 15 20

DEPTH OF WELL 283
 22 (TO NEAREST FOOT) 26
 DRILLERS IDENTIFICATION NO. 1123

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1604
 28 29 30 31 32 33 34 35 36 37

OWNER: Frye, Merlin
 LAST NAME: Frye, Merlin
 STREET OR RFD: 3465 E. Ivory Rd.
 POST OFFICE: Friendship, Md.

WELL LOG

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

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING |
|--|------|-----|------------------------|
| | FROM | TO | |
| Dirt | 0 | 3 | |
| Flint | 3 | 15 | |
| Slate | 15 | 283 | |

Streams: 23 ft, 168 ft

Casing: 6 1/4" ID

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT CM BENTONITE-CLAY BC

NO. OF BAGS 4 NO. OF POUNDS 400

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 16 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST CONCRETE CO

PLASTIC PL OTHER OT

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 46

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST BRASS OR BRONZE BR HO

PLASTIC PL OTHER OT

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM 46 TO 283

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

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

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 15 (NEAREST FOOT) WHEN PUMPING 25 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR AIR PISTON P TURBINE T CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O JET J SUBMERSIBLE S

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

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE + BELOW -

LAND SURFACE 50 (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: Kupper-Garner, Inc

SIGNATURE: [Signature]

