

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 1/20/1998

APPROVAL DATE: _____

PERMIT

INDEXED

P _____

A 46461-C

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 11183 Douglas Avenue PROPERTY OWNER: James E Saunders

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 46461-C

6/19/65 ready

PERMIT

SEWAGE DISPOSAL SYSTEM

A 10012

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

INDEXED

DATE 5/25/65

H. W. VANCE *Raymond Hodges* PERMITTED TO INSTALL ALTER
 ADDRESS 20807 Rd., Fishers, Maryland PHONE 7-0300

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 11183 Douglas Ave. LOT _____

PROPERTY OWNER James E. Saunders & Mary E. Klodgett Geary

ADDRESS 2 Douglas St., Harriottville, Md.

SPECIFICATIONS 2 of 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

OTHER Dry well - 300 sq. ft. sidewall area below the inlet,

Place the dry well 15 ft. to 35 ft. from the back lot line and 10 ft. to 35 ft.

from the right side of the lot as seen when facing the lot from Douglas Ave.

NO FLUSHING TOILETS.

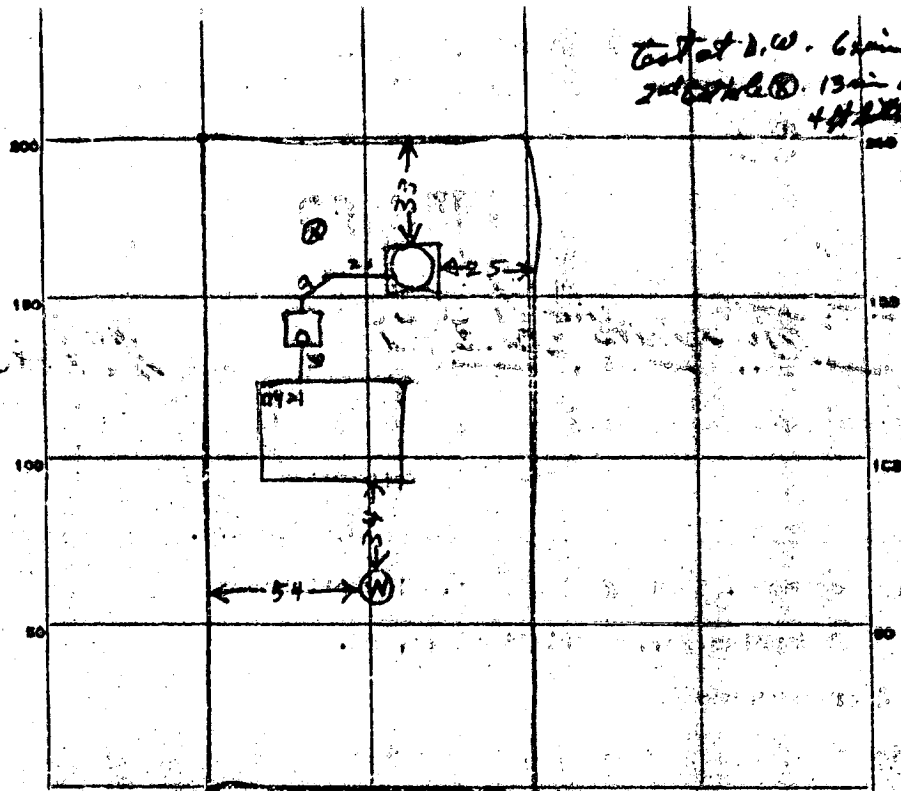
PLANS APPROVED BY Raymond Hodges DATE 4/23/65

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.

A 10012

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$$\begin{array}{r} 13.5 \\ 3.1 \\ \hline 13.5 \\ 0.5 \\ \hline 14.0 \end{array}$$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BLUE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 24.75 2' above
 Top is 1' below grade
 DISTRIBUTION BOX, LEVEL _____

CLEANOUTS 0/1

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 9.5 FT. DEPTH BELOW INLET 11 FT.

ABSORBENT AREA 319 SQ. FT. counting stone

REMARKS Ray Well Inlet is 1' below grade
Part Wall or Part Wall Diameter is 13.5 ft 13.5 x 5.1
2.11 = 462 sqft surface area counting stone

DATE SYSTEM APPROVED 17 JUNE 65 INSPECTOR Raymond Hodge

SITE INSPECTION SHEET

INDEXED

OWNER: Jim Saunders

DATE REQUESTED: 1/20/98 @ 1:00

ADDRESS: 111⁸³ Douglass Ave -

CONTRACTOR: _____
DRILLER: Chuck Tepp

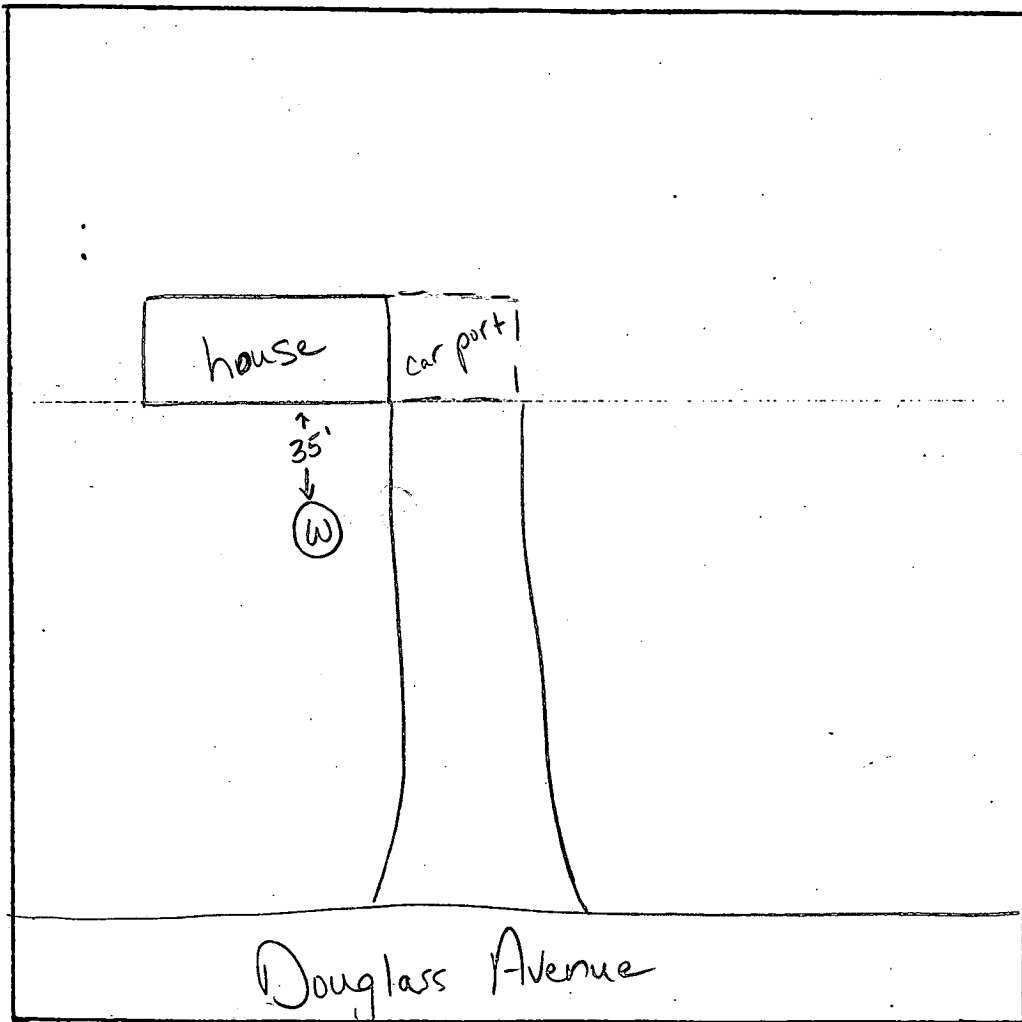
only house on right
(off marriottsville rd)

WELL TAG # _____

COUNTY # (NO records found)

PROPOSAL: Abandonment of buried drilled well - house hooked
up to public water (Tax map 16, Grid 16, Parcel 97)

LOCATION DIAGRAM



COMMENTS: buried drilled well 130' deep, 110' of stone put in hole (2 tons)
20' Sakrete concrete mix added to grade, covered with topsoil to grade

DATE: 1/20/98

INSPECTOR: Kimberly [Signature]

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2-17697

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1/20/98 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

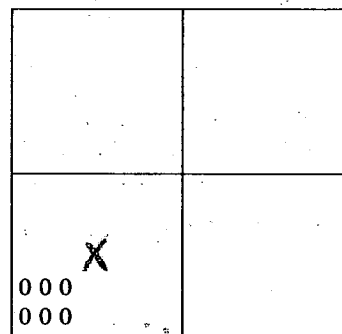
* PERSON ABANDONING WELL: Chuck Zupp

WELL DRILLERS LICENSE NUMBER: _____
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Jim Saunders

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Marristown
 TAX MAP 16 BLOCK 16 PARCEL 97
 SUBDIVISION: _____
 SECTION: _____ LOT: 1103 Ditch Ave.



MARYLAND GRID COORDINATES:

BOX NUMBER E 828
 N 531 ←

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
topsoil	3'	0'
concrete	2'	3'
stone (plaster stone)	20'	100'

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 130 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL/DRILLER OR SUPERVISING SANITARIAN Kimberly Phisik

LICENSE # _____

MWD/MSD/MGD

CIRCLE ONE

DATE 1/20/98