

03-290484

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

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

## INDEXED

P 46128

A REPAIR

DATE 7/6/90

DATE SYSTEM APPROVED 10/28/90

INSPECTOR BAD

DISTRICT \_\_\_\_\_

\_\_\_\_\_ Jack Fyock, Jr., Septice Service \_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION \_\_\_\_\_ ROAD 2891 Ordway Drive LOT \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ Harris Mager \_\_\_\_\_

ADDRESS \_\_\_\_\_

~~FOR CARRIAGE GRINDER IS USED TO CHECK SEPTIC TANK CAPACITY BY 60% AND ABSORPTION AREA BY 12%~~

~~GARBAGE GRINDER~~  YES  NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

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

PLANS APPROVED BY \_\_\_\_\_ Craig Williams \_\_\_\_\_ cm DATE 06/28/90

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

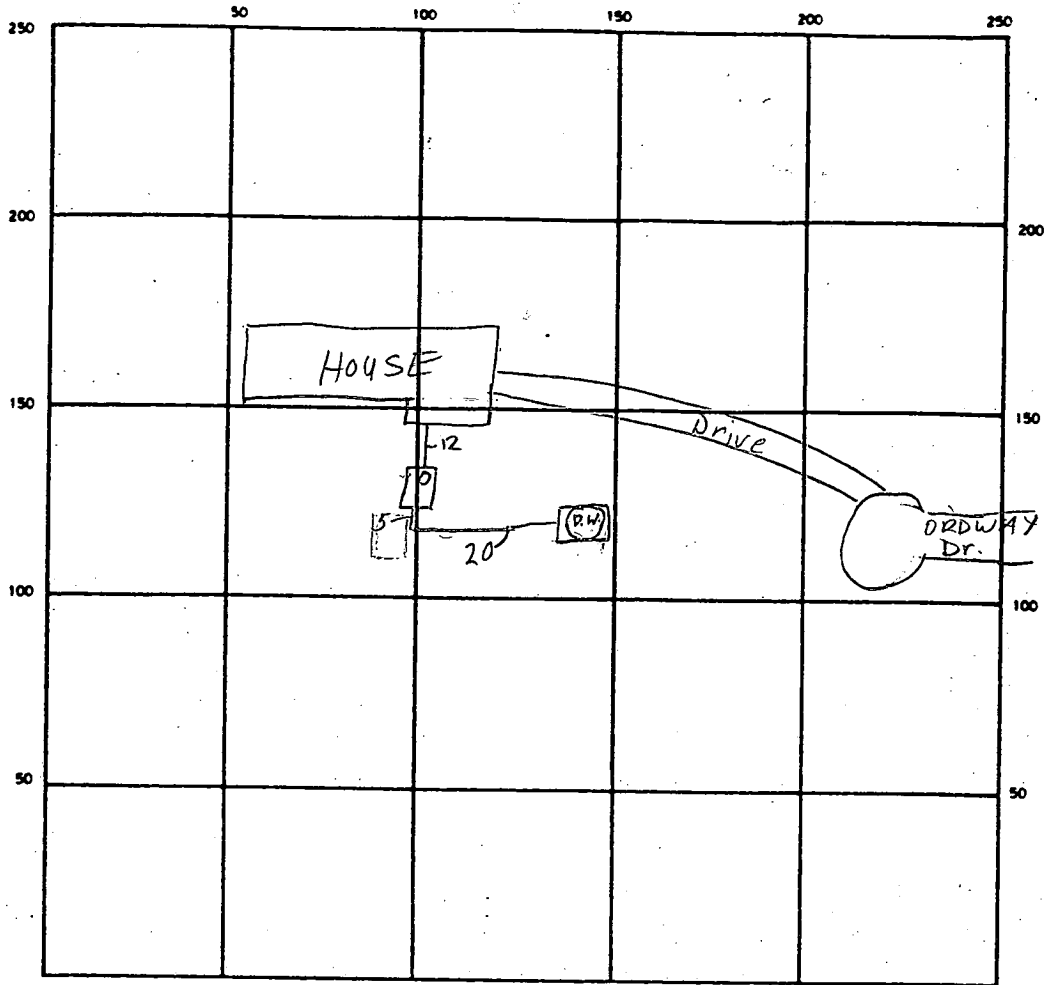
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

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 46128*



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL 1000 gal ✓ CLEANOUTS O.K. at S.T

DISTRIBUTION BOX. LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD. DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT. INLET DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 10-28-90 Old steel S.T. was replaced with  
1,000 gal concrete tank. BDA all lines and to DW.  
and tank OK, OK to cover. BDA

DATE SYSTEM APPROVED 6/28/90 INSPECTOR Benny D. Adam

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

18436

ELLCUTT CITY

DISTRICT 1

INDEXED

DATE 7/20/73

V. E. Sapp, Inc. IS PERMITTED TO INSTALL 2 ALTER  
ADDRESS 409 Wilson Rd., Landon Heights, Md. PHONE 720-1770

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ROAD 2591 Ordway (see lot 12 application for better directions)

PROPERTY OWNER Harris E. Hager & Barbara L. Hager

ADDRESS \_\_\_\_\_

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1,200 GALLONS

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

OTHER Dry well - maximum depth 11 ft. inlet no larger than 4 in. Dia. 100 sq. ft. per bedroom. Located in center 1-0 hole. Location shown on plan.

Front line and across 58' E. from left side line as seen from N.E. end. Disposal area to begin at 4 ft.

8/23/73 - ok to note to highway authority, as to be inspected 50'

NOTE: ALL PIPES FROM HOUSE TO DRY WELLS MUST BE CIPED INCH.

PERMIT VOID AFTER THREE YEARS

NOTE: INSTALL STRONG PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY V. E. Sapp, P.E. DATE 7/20/73

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.



# APPLICATION

1973

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 286-2004, EXT. 555

DISTRICT 3rd Election  
DATE 4/25/73

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 ✓ Harris R Mager & Barbara L Mager

ADDRESS ✓ 235 Altament Ave Balto Md 21228 PHONE ✓ 744-5853

### PROPERTY LOCATION:

SUBDIVISION ✓ Mayfield Manor LOT NO. ✓ 12

ROAD AND DESCRIPTION ✓ North from Ordway Drive, Green Henge, Triadelphia Rd

SIZE OF LOT ✓ 5.048 acres TYPE BLDG. ✓ 2 story 3 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Harris R Mager, Barbara L Mager

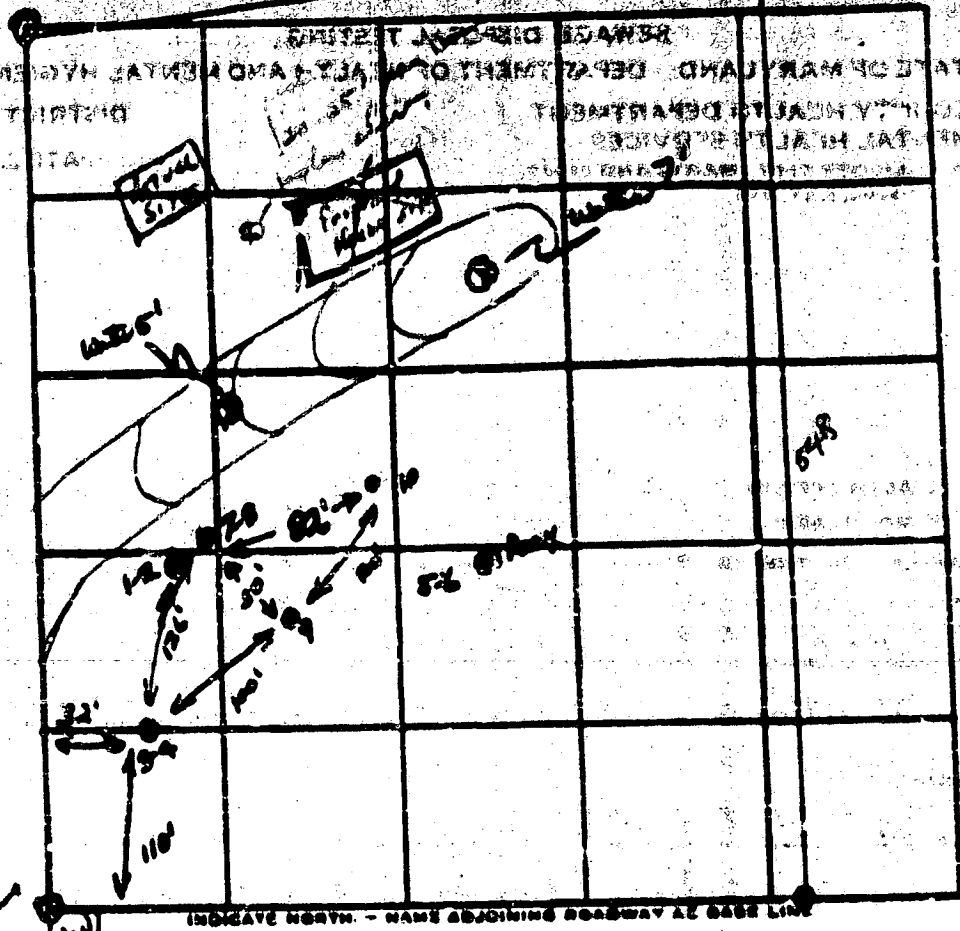
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT



7 inlets  
4 1/2'  
Clay barrier

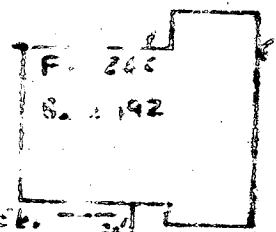
Use 7.8  
Off. Area  
@ 4'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DOOR		TIME	
			START	STOP	START	STOP		
5/14/73	1	4'	1:59	2:01	2:01	2:03	2	
	2	11'	No test - water					
	3	3 1/2'	2:07	2:17	2:17	2:37	20	
	4	10 1/2'	2:09	2:10	2:10	2:12	2	
	5	3'	2:53	3:10				
	6	10'	2:33	3:10	No test			
	7	4'	3:13	3:14	3:14	3:15	1	
	8	11'	3:19	3:22	3:22	3:26	4	
	9	10'	Visual; sandy					
	10	13'	Visual;					

REMARKS: Clay barrier 4' Gullies 4 1/2'  
TYPE OF SOIL: sandy loam

120° 150°

East El. 203'



152'

— Exist Elev. 199'  
Tank — Int Elev. 19'

98'

Elev at time of pipe test  
Exist Elev. 195'  
Int Elev. 194'

42'

225'

*Mr. Meyer*



TARRANT COUNTY OFFICE OF HEALTH ADMINISTRATION  
WELL COMPLETION REPORT

COUNTY NUMBER 10  
CITY NUMBER

DATE WELL COMPLETED 4/2/73  
DEPTH OF WELL 250  
PERMIT NO. FROM TARRANT COUNTY HEALTH DEPT. 43-73-0496  
DRILLER IDENTIFICATION NO. 209

OWNER MAGER HARRIS  
STREET OR RFD 235 ALTA MONT ST POST OFFICE 71221

WELL LOG

DATA AND KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, IN' FEET AND IF WATER BEARING.

DESCRIPTION	DEPTH	THICKNESS
Gravel	0	35
Granite Rock	35	250

BRIDGE RECORD

WELL HAS BEEN CEMENTED  
TYPE OF CEMENT MATERIAL (CIRCLE ONE)  
CEMENT [X] SYNTHETIC CLAY [ ]  
NO. OF DAYS [ ] OF CURE [ ]  
DEPTH OF CROUT SEAL (NEAREST FOOT)  
FROM 0 TO 35

CASING RECORD  
MADE CEMENT TYPE [S] [T]  
NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH) 6  
TOTAL LENGTH OF MAIN CASING (NEAREST FOOT) 35

OTHER CASING (IF USED)  
DIALECTER (INCH) [ ] [ ]  
DEPTH (FEET) [ ] [ ]

SCREEN RECORD  
MATERIAL (CIRCLE ONE)  
STEEL [X] BRASS [ ] COPPER [ ]  
PLASTIC [ ] OTHER [ ]

DEPTH (NEAREST WHOLE FOOT)  
FROM 0 TO 250

PUMPING TEST

WATER LEVEL (DISTANCE FROM LAND SURFACE)  
BEFORE PUMPING 50  
DURING PUMPING [ ]  
TYPE OF PUMPER USED (CIRCLE APPROPRIATE ONE)  
[X] AIR [ ] DIAPHRAGM [ ] RECIPROCATING  
[ ] CENTRIFUGAL [ ] ROTARY [ ] OTHER (DESCRIBE BELOW)

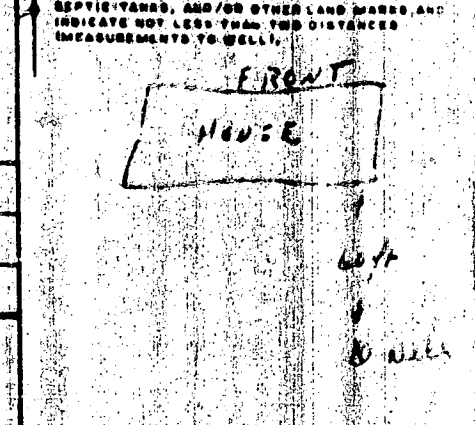
PUMP INSTALLER

TYPE OF PUMP (WRITE APPROPRIATE SYSTEM OR SEE ABOVE: A, C, J, P, Q, R, S, T, U)  
CAPACITY [ ]  
PUMP HEAD, FEET [ ]  
PUMP RUNNING LENGTH (NEAREST FOOT) [ ]

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
[X] ABOVE [ ] BELOW  
LAND SURFACE [ ]  
HEIGHT (NEAREST FOOT) 3

LOCATION OF WELL ON LOT



CIRCLE APPROPRIATE BOXES

- 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.

DRILLER'S NAME  
SIGNATURE HOWARD D. HILL  
TELESCOPE CASING [ ] LOG INDICATOR [ ] OTHER DATA AVAILABLE [ ]