

8/8/91 AM

TRAIL ID - 03 - 299864

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47430

A REPAIR

DISTRICT _____

DATE 8/28/91

DATE SYSTEM APPROVED 8/21/91

INSPECTOR RH

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL _____ ALTER

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

SUBDIVISION Woodmark LOT 33 ROAD 12185 Mt. Albert Road

PROPERTY OWNER Mary Ellen Schaffer

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM 375 FOR 3 BEDROOM

LINEAR FEET OF TRENCH REQUIRED 60

REPAIR - DRYWELL IS FULL. Call for inspection when ground is opened so sanitarian can recommend repair.

8/18/91 TRENCH 1 1/2 FT DEEP INLET
5 FT DEEP 5 1/2 FT STONE 5 FT LONG

PLANS APPROVED BY Craig Williams cm DATE 08/08/91

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

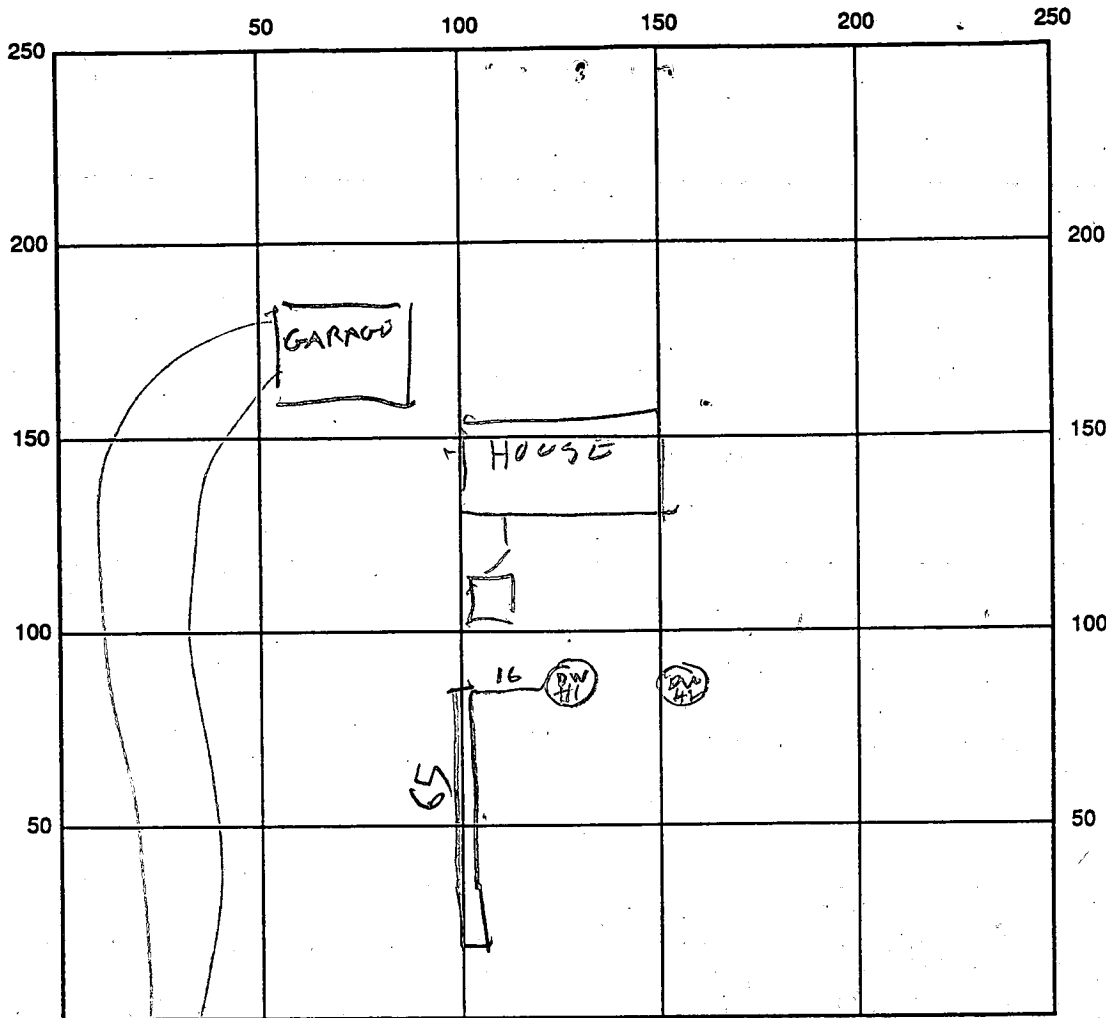
PERMIT VOID AFTER TWO YEARS

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**

47430



65
65
325
390
4225
6.5
60
3900

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL N/A NEW ST DW#1
CLEANOUTS OK

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 11.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 6.5 FT. TOTAL LENGTH 5065 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 422 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 8/8/91 9:30AM OK TO COVER 1ST 20 FT OF TRENCH FINISH DIGGING TRENCH & ADD STONE R#
8/9/91 11:45AM TRENCH FINISHED

DATE SYSTEM APPROVED 8/8/91 INSPECTOR Raymond Hodges

off-1-28-68

1/28/69

PERMIT

P 14191

A 12919

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

INDEXED

DATE 12/30/68

Robert Dubin Co. IS PERMITTED TO INSTALL ALTER

ADDRESS Rt. 2, Haviland Mill Rd., Clarksville PHONE _____

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION Woodmark, Inc. ROAD Road "A" LOT 33, Blk. D,
Sec. 1

PROPERTY OWNER Woodmark, Inc.

ADDRESS 231 Chatham Rd., Ellicott City, Md.

SPECIFICATIONS

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 22% & TANK CAPACITY 50%.

OTHER Dry Well - 151 sq. ft. absorbent sidewall area to begin below inlet pipe per bedroom. Inlet pipe 5 ft. below original grade. Maximum depth permitted for dry well below original grade is 14 ft. Place dry well 70 ft. from front lot line and 100 ft. from left sideline as seen when facing from Mt. Albert Rd.

PLANS APPROVED BY D. W. Monaghan DATE 3/4/68

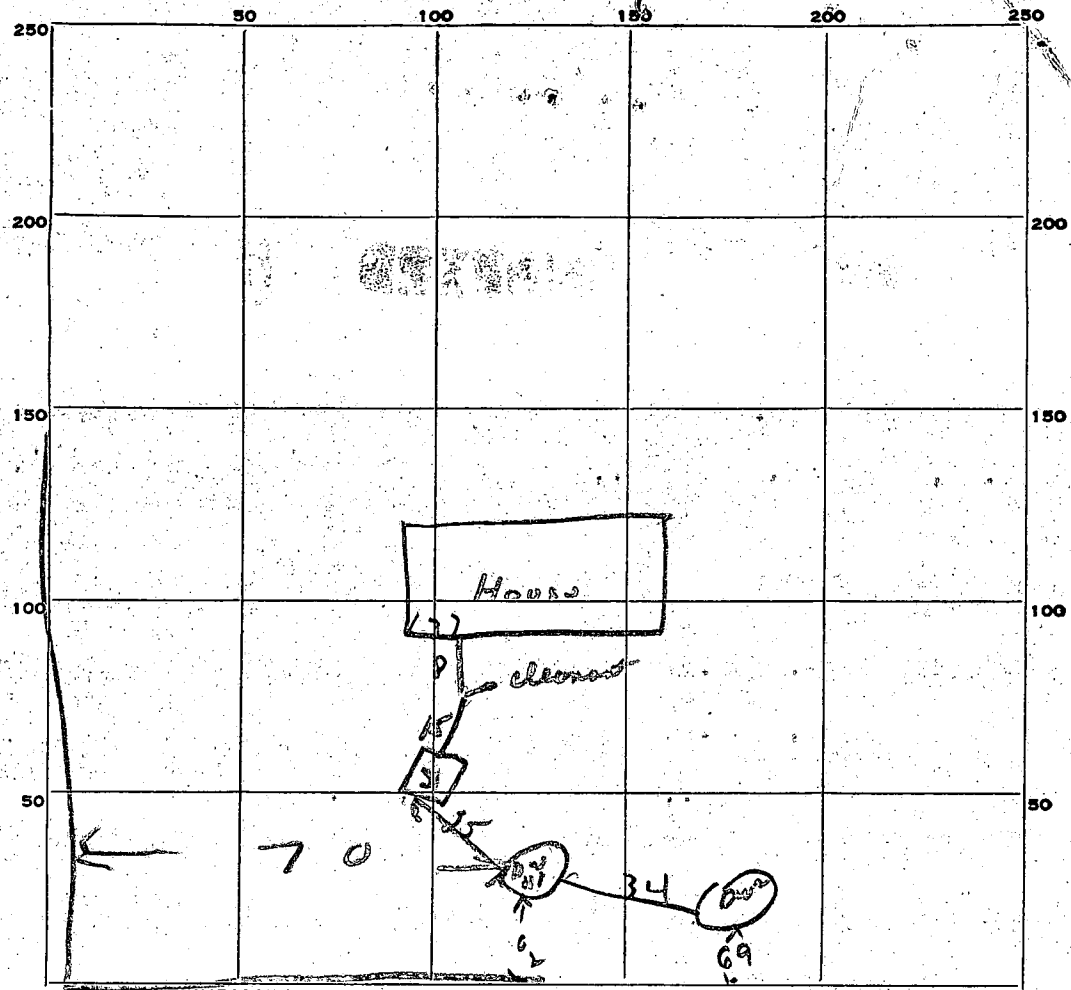
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

12919

310
 56.0
 1
 581.2



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 Mt. Albert Rd

PERMIT CARD OK

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS DW #1 outside cleanout 10ft x 8 ft below ground = 251.2 } 56.2 sq ft
with 1/4 ft = 251.5 } sidewalk

DATE SYSTEM APPROVED 1/28/69 INSPECTOR D.W. Managh

APPLICATION

A 12919

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedroom - 750 gal
4 - 1000 gal.

DISTRICT 3

DATE 7/21/67

Dry Well - 151 sq. ft. absorbent sidewall area to begin below inlet pipe for bedroom. Inlet pipe 8 ft below original grade. Max depth permitted for Dry Well below orig. grade is 14 ft.

Place Dry Well 70 ft from front lot line and 100 ft from left sideline as seen when facing from Mt. Albert Rd.

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 Woodmark, Inc.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 33, Blk. D, Sec. 2

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 168' x 520' x 265' x 482' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

APPROVED BY [Signature] FOR Dry Well DATE 3-4-68
(KIND OF SYSTEM)

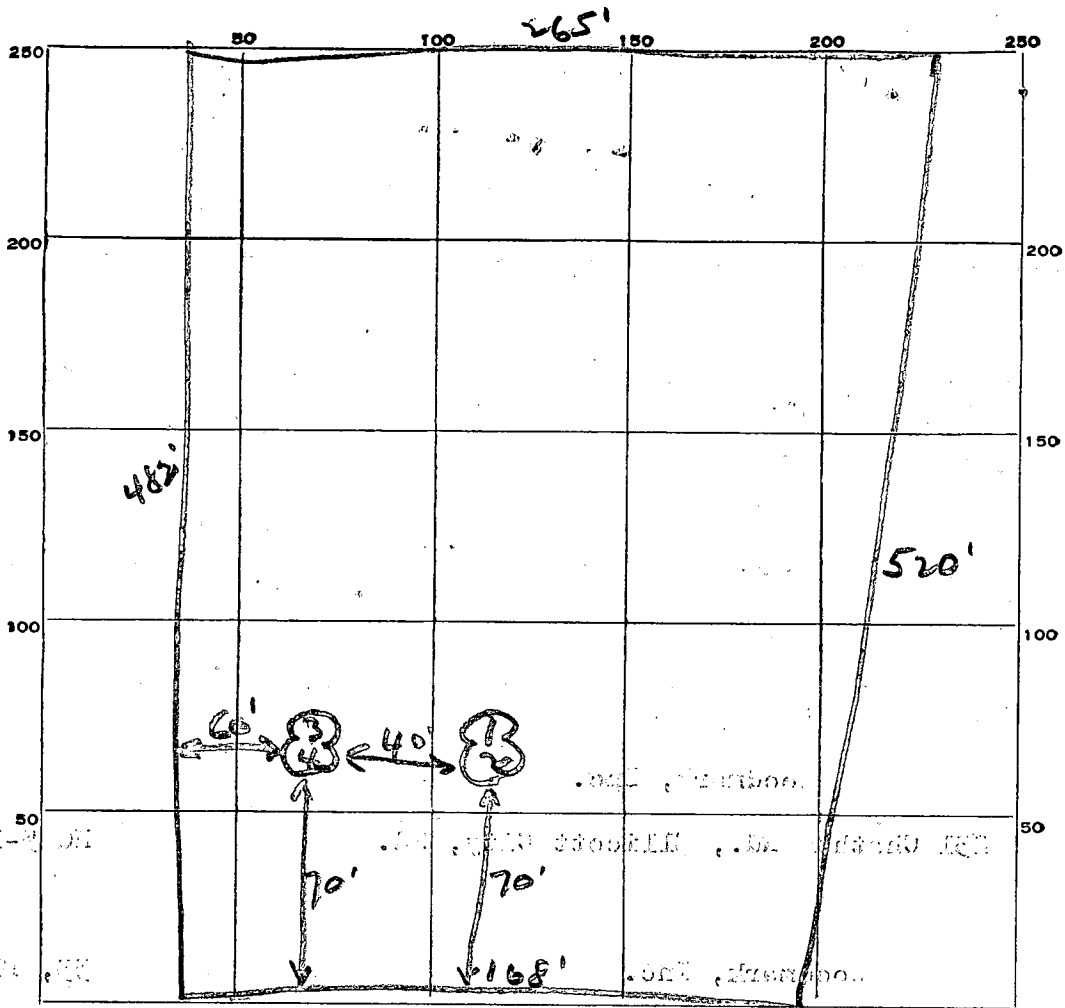
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE 6 9

REASONS FOR REJECTION OR HOLDING _____

180
3
140
1540
5.5 / 375 0
330
450
245

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
Road A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11/67	1	6'	1:57	2:00	2:00	2:10	10 min
	2	13'	1:58	2:00	2:00	2:05	5 min
	3	6'	2:00	overtime			40 9/67
	4	13'	2:01	2:08	2:08	2:20	12 min '7

SOIL AUGER FINDING _____
 TESTED BY JHK + DWM
 REMARKS _____

330

**THIS REPORT
 MUST BE SUBMITTED
 WITHIN 30 DAYS
 AFTER COMPLETION
 OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

A WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

B CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Overburden	0-5'	Black Steel	6 1/4"	30 ft.
Brown Shale	5-28'			
Soft Grog Rock	28-150'			
Water Formations -	35 ft. - 50 ft. - 121 ft.			

Permit Number HO-69-0062
 Owner Luther Gennig Co
 Address Baltimore, Md.
 Subdivision Woodmark Dev.
 Section _____ Lot 33
 County Permit Number _____
PUMPING TEST
 Hours Pumped 4
 Type of Pump Used Air
 Pumping Rate _____
 Gallons per Minute 3

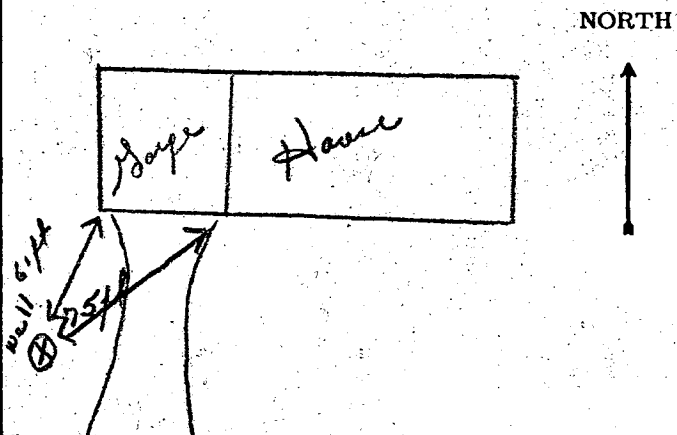
WATER LEVEL
 (Distance from land surface to water)
 Before Pumping 35 Ft.
 When Pumping 140 Ft.

APPEARANCE OF WATER
 Clear yes Cloudy no
 Taste ok
 Odor none

Height of Casing Above Land
 Surface 1 Ft.

PUMP INSTALLED
 Type _____
 Capacity _____
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
 Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED
9-26-68

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

G. Edgan Harr Sons' Corp, Well Driller
 Well Driller License No.: 215