

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 4/8/26
A A11433
REPAIR

DISTRICT 3rd

DATE 5/19/92

DATE SYSTEM APPROVED 5-21-92

INSPECTOR PIP

Zepp Plumbing & Heating, Inc. IS PERMITTED TO INSTALL ALTER X

ADDRESS 12447 Route 108, Clarksville, Maryland 21029 PHONE 531-6712

SUBDIVISION Green Henge LOT 14, Sec. 3 ROAD 2917 Ordway Drive

PROPERTY OWNER Yankel
2917 Ordway Drive

ADDRESS _____

SEPTIC TANK CAPACITY 1000 ^{existing} GALLONS

NUMBER OF BEDROOMS 3

94 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 282.39 ft effective curb wall

$\begin{array}{r} 4 \cancel{1} 19 \\ \underline{51} 375 \\ 26 \\ \hline 125 \end{array}$	$\begin{array}{r} 14 \\ \underline{4} \\ 56 \end{array} \quad \begin{array}{r} 7 \\ \underline{375} \end{array}$	$\begin{array}{r} 4 \cancel{1} 375 \\ \underline{51} 94 \\ 19 \\ \hline 19 \end{array}$	$\begin{array}{r} 14' \text{ wide} \\ \underline{5} \\ 190 \end{array}$
			$\begin{array}{r} 3 \overline{) 2804} \\ \underline{9} 400 \text{ ft / dia.} \\ \hline \end{array}$

REPAIR - PURPOSE - SEPTIC SYSTEM FAILURE.

Call for inspection when ground is opened so sanitarian can recommend repair. 5/19/92

Install one dry well 14 ft by 14 ft by 8 ft total depth. Inlet at 3 ft below grade. 5 ft of stone fill minimum. Put in a distribution box or bullrun valve to connect both old + new drywells to existing septic tank. Set dial-a-flow or valve to favor new dry well. ^{Keep} 26 ft separation between nearest dry well walls. _{Need a "T" baffle in septic tank}

PLANS APPROVED BY R/Plumley DATE 5/20/92

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.

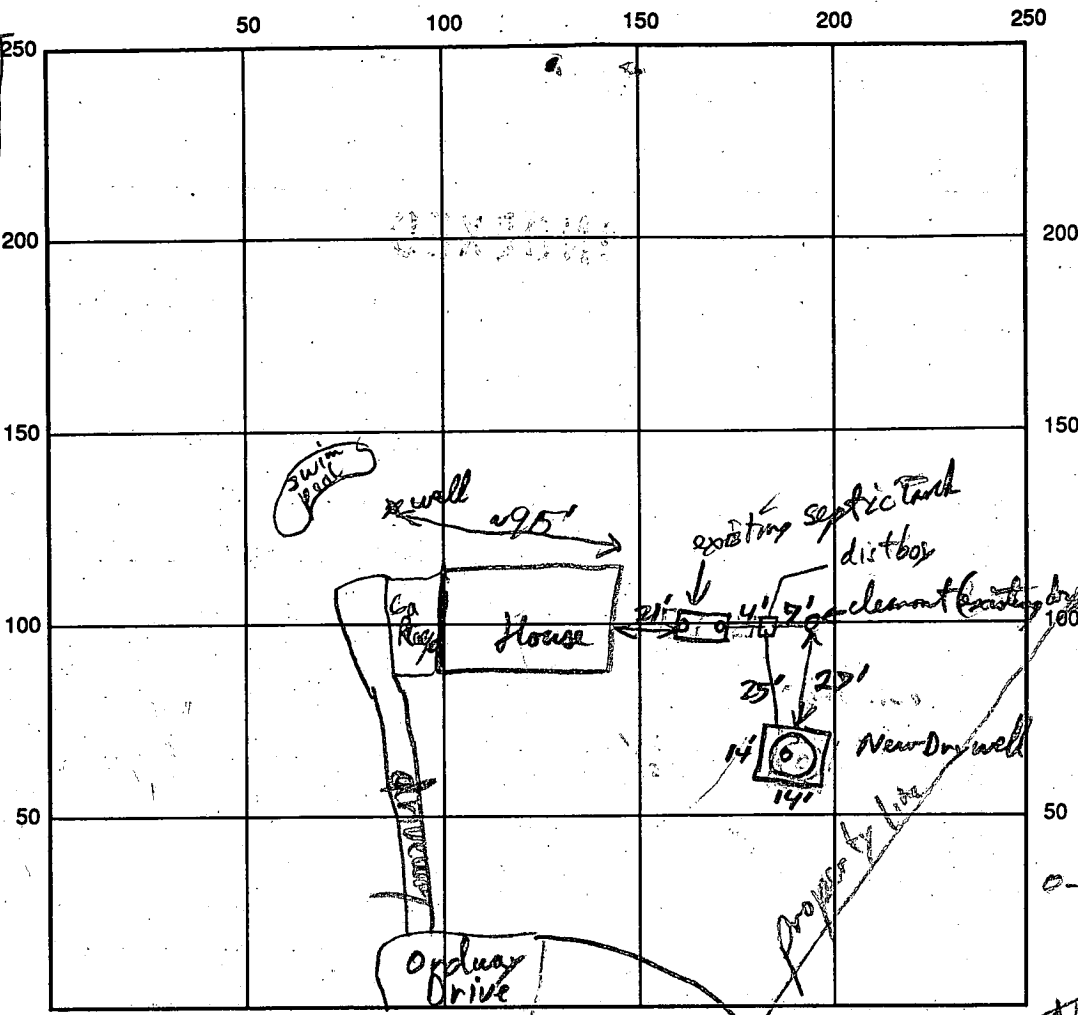
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

48126

@ RPPindy well
Test Hole #1

- 0-16" Black-Brown Loom Topsoil
- 10" Red-Brown Cl
- 3" Brn-grey Brn Eo Micaceous Light loam
- 6" Banked off white Mt loam Sandy loam Slightly
- 8" Siltstone



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 gal existing CLEANOUTS both dry wells

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER 14 FT. EFFECTIVE DEPTH BELOW INLET 5 FT.

ABSORBENT AREA 280 SQ. FT.

REMARKS: pit excavation is 14' x 14' x 8' deep. Concrete Block ring is 10 levels of Block high x 12 ft outside diameter (1/2 - 2 1/2 ft to nearest earthen wall sides). Setting lid now; gravel dia > 1/4" - continue work, OK to cover if it can't return by 3 PM RPP 5-21-92 OK to cover (db installed & line to new pit) about 1" lower than old RPP 5/21/92

DATE SYSTEM APPROVED 5/21/92 INSPECTOR RPP [signature]

app - 4/25/68
Dunn
P 13344
A 11433

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 2/5/68

John Hornick IS PERMITTED TO INSTALL ALTER

ADDRESS 14 Belleview Dr., Ellicott City, Md. PHONE 531-5661

A SEWAGE DISPOSAL SYSTEM LOCATED AT Green Henge

SUBDIVISION Green Henge ROAD Ordway Dr. LOT 14, Sec. 3

PROPERTY OWNER John Stephen Suter

ADDRESS _____

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry Well - 400 sq. ft. absorbent sidewall area below the inlet pipe
located 90 ft. from front lot line and 18 ft. from right side lot line
as seen when facing lot from Ordway Dr.

PLANS APPROVED BY J. H. Kilmore DATE 3/28/67

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.

11433

$14\frac{1}{2}$
 $13\frac{1}{2}$

 3.14
 14

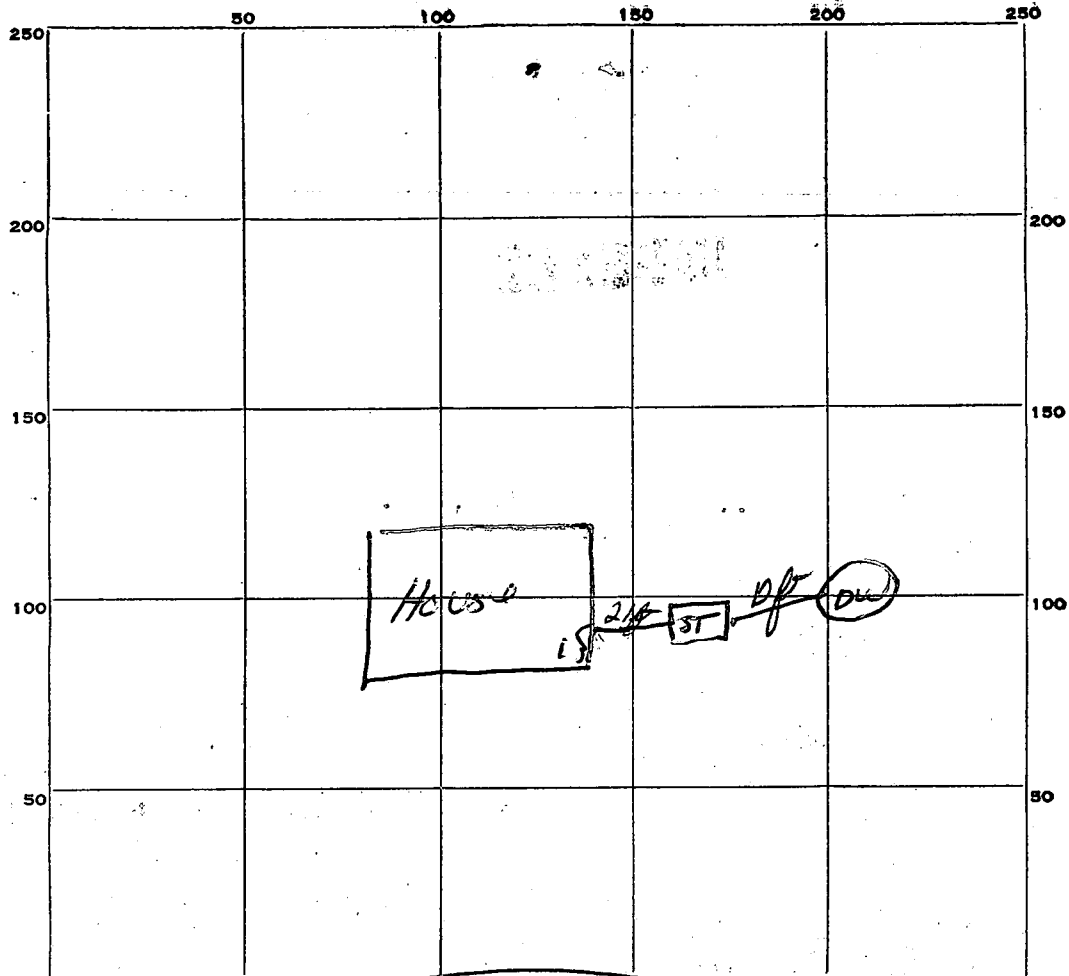
 12.56
 3.14

 43.96
 9.44

 34.52
 10.9

 39.51

 406.0



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Ordeyway Drive

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, ^{outside} INSIDE DIAMETER 14 ft FT. DEPTH BELOW INLET 9 1/4 FT.

ABSORBENT AREA 406 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/25/68

INSPECTOR Dw. Monaghan

APPLICATION

A 11433

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

3 bedrooms - Septic Tank. 750 gallons

DISTRICT 3

Dry well - 300 sq. ft. absorbent sidewall area below the inlet pipe located 90 ft. from front lot line and 18 ft. from right side lot line as seen when facing lot from Unnamed Rd.

DATE 1/20/66

4 bedrooms - Septic Tank. 1000 gallons.

Dry well - 400 sq. ft. absorbent sidewall area below the inlet pipe located same as above.

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 Carwell, Inc.

ADDRESS Chatham Rd., Ellicott City, Md. PHONE HO 5-2677

PROPERTY LOCATION:

SUBDIVISION Green Henge LOT NO. 14, Sec. 3

ROAD AND DESCRIPTION Road Unnamed

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 250' x 68' x 200' x 144.56' x 138.98 TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Carl C. Hall, President

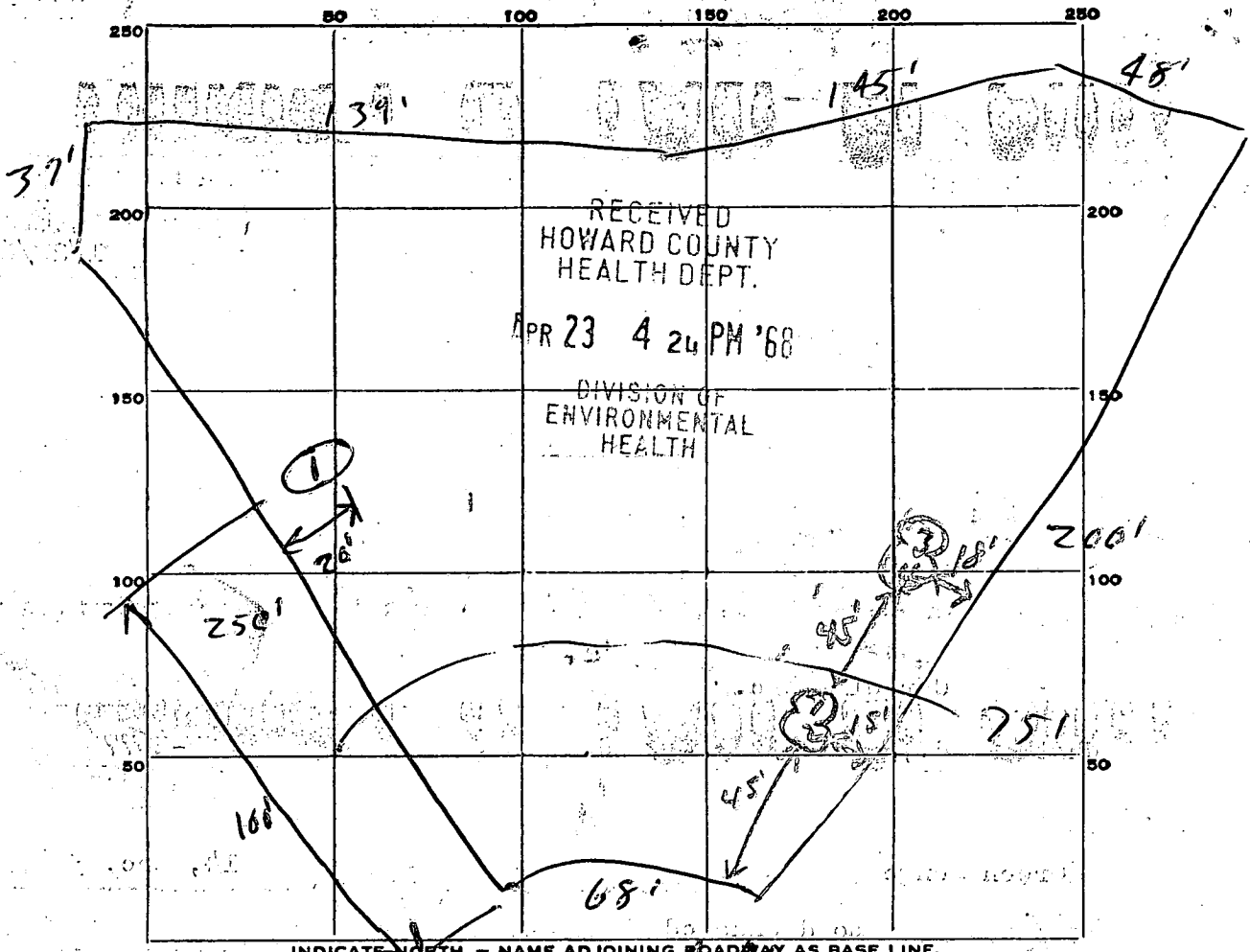
APPROVED BY J. H. Kishore FOR Dry well DATE 3/28/67
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Unnamed Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/21/66	1	Water at 8 ft.					
8/2/66	1	9 1/2'	9:45	9:50	9:50	9:56	6 min
	2	5'	9:48	9:56	9:56	10:00	4 min
	3	9 1/2'	9:58	10:00	10:00	10:03	3 min
	4	5'	9:57	10:00	10:00	10:03	3 min

Av. Time
6 min
Depth below
inlet 3'

#1A

SOIL AUGER FINDING

TESTED BY: JHK 11/21/65 8/2/66 - JHK

REMARKS: Carl C Hall

**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		DIAM. (inches)	FEET	
	from	to		from	to
dirt granite	0	18	6 1/4	0	20
	18	30			
			Steel		

Permit Number H0684139
 Owner Arthur Horvick
 Address 14 Bellevue Drive
 Subdivision Green Hedge
 Section _____ Lot 14
 County Permit Number _____

PUMPING TEST
 Hours Pumped 2
 Type of Pump Used Subirrigation
 Pumping Rate _____
 Gallons per Minute 30

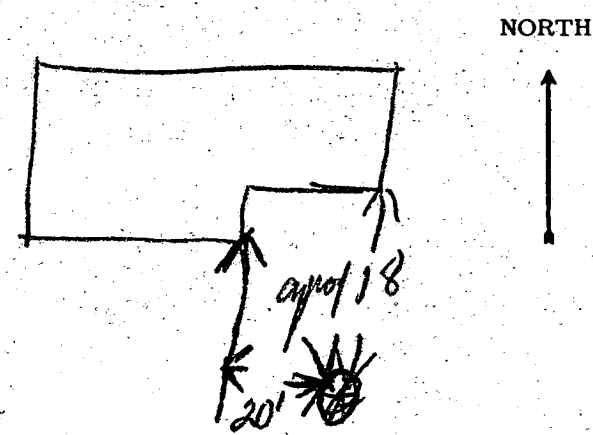
WATER LEVEL
 (Distance from land surface to water)
 Before Pumping 4 Ft.
 When Pumping 10 Ft.

APPEARANCE OF WATER
 Clear Cloudy _____
 Taste good
 Odor none

Height of Casing Above Land
 Surface 2 Ft.

PUMP INSTALLED
 Type None
 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
4/24/68

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.
Russell Feester, Well Driller
 Well Driller License No.: 119