

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-317858

P 48281

A REPAIR

DISTRICT _____

DATE 6/24/92

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 15110 Frederick Road LOT _____

PROPERTY OWNER Daedalean
15110 Frederick 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 2000 GALLONS ~~NUMBER OF BEDROOMS XXXXXXXX~~ HOLDING TANK WITH BELL ALARM FOR HIGH WATER

Permitted to use tank for the use of domestic sewage and the effluent generated by the washing of photo plates. No concentrated batch chemicals to be discharge into this tank.

PLANS APPROVED BY Sid Abel DATE 10/08/87

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.

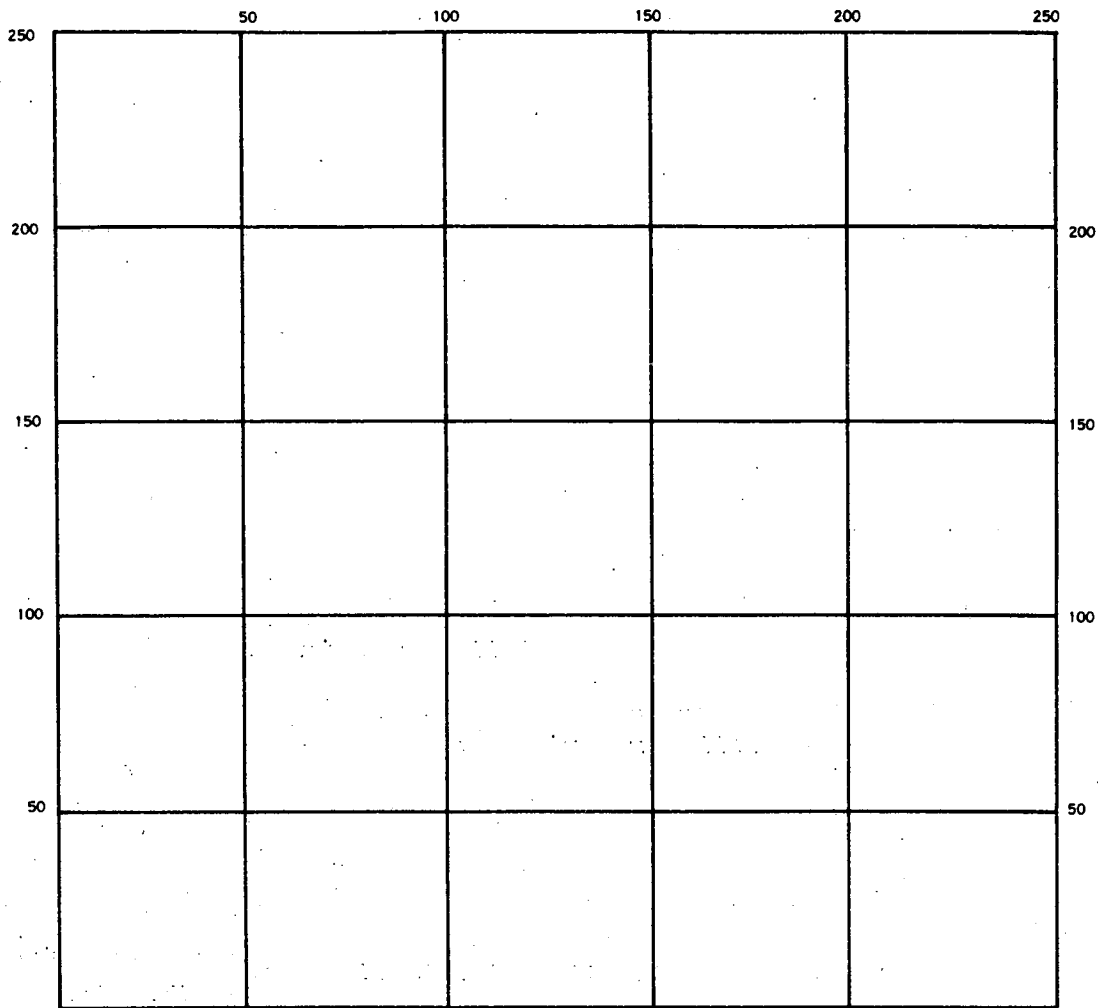
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

48281



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

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 _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Howard County Health Department

To: DAEDALEAN
15110 Frederick Rd.

2000 GAL Holding TANK.
w/ Bell Alarm for high H₂O
Permitted TO use TANK
for the use of Domestic sewage
AND the effluent generated
by the washing of photo plates.
NO CONCENTRATED BATCH chemicals
to be discharge into this
TANK. /

From: SN

Date: _____

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P _____

A REPAIR

DISTRICT _____

DATE _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 15110 Frederick Road LOT _____

PROPERTY OWNER Daedalean
15110 Frederick Road

ADDRESS _____

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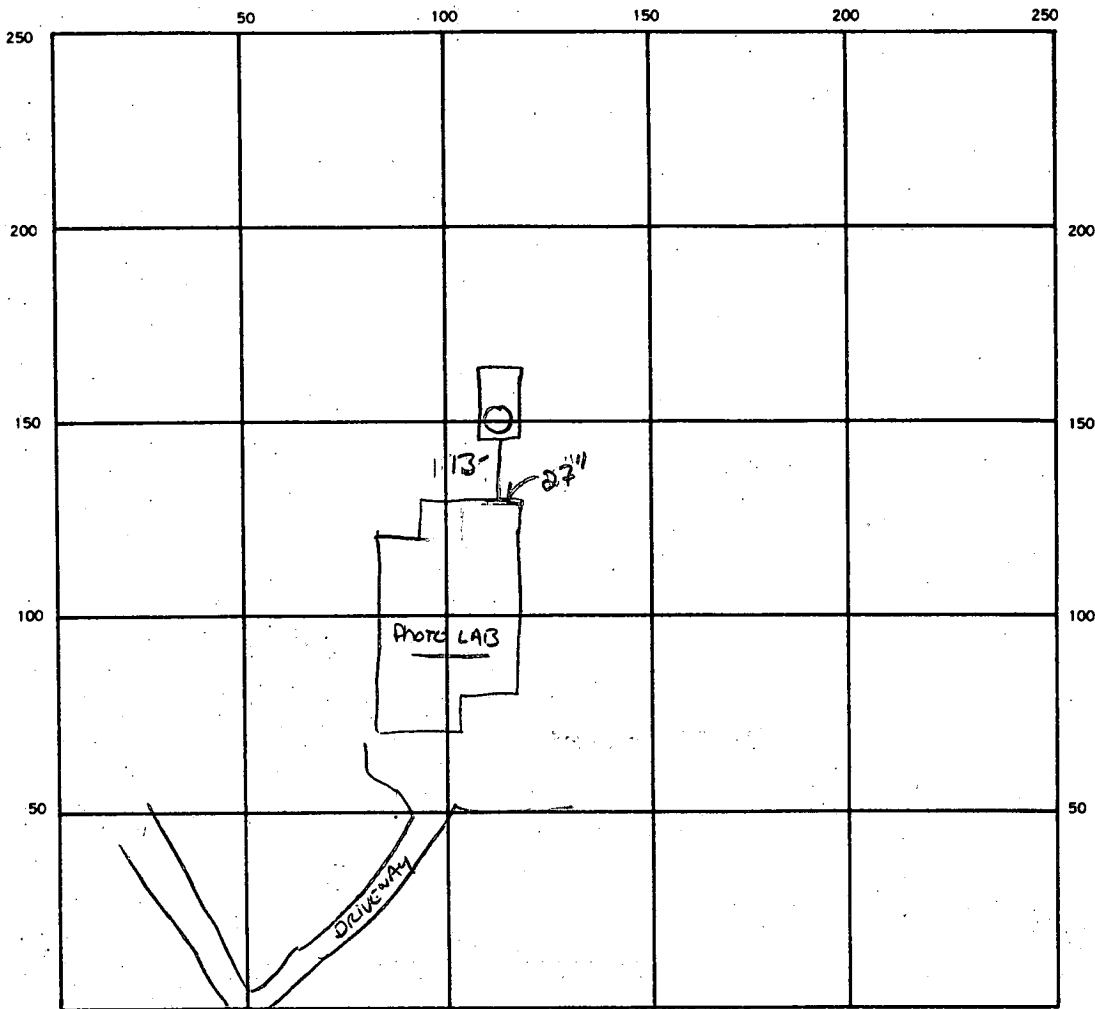
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EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

15110

SEPTIC TANK. LEVEL 2000 GAL ✓ CLEANOUTS well Rings x2 3' High

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 _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

10/2/87

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 DAEDALEAN

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

①
SOIL PROFILE

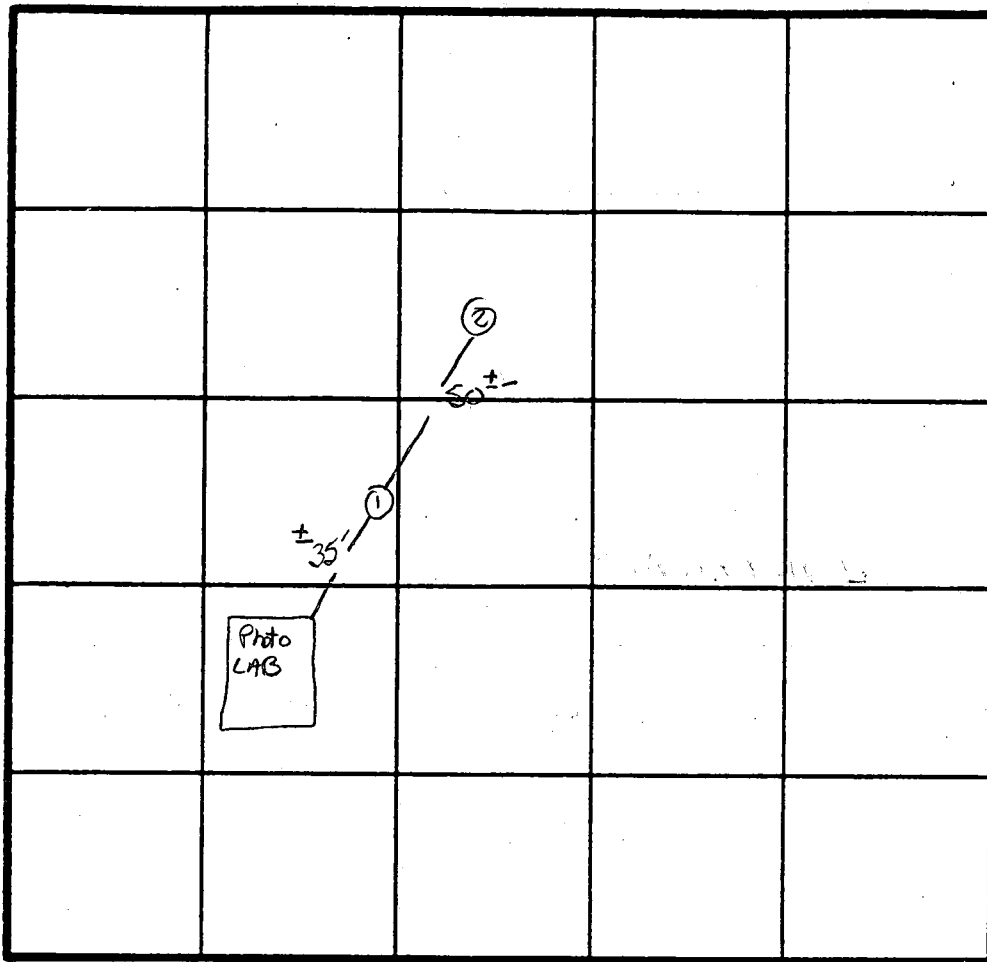
0
±5" OM/LITTER
A 2-3

±13" Yellow Red
Silty CLAY
LOAM
SHALE
FRAGS
30-40%
Some LARGE
73"

±30" Layered
Silt LOAM
Silt CLAY
LOAM
Yell brown/
Red Brown

49" MASSIVE SHALE
FRAGS >50%

88" MASSIVE TO
STRUCTURED
SAPROLITE
Mt Airy
SHALE
ANGLE 30° FLAT
BOTTOM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 144

NOTE HOLE #2
SIMILAR w/ slight
DIFF. IN DEPTH
TO STRUCTURED
SAPROLITE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
NO TEST CONDUCTED							

REMARKS UNsuitable for CONVENTIONAL Syst.

TYPE OF SOIL Mt Airy

TESTED BY S. Abel

ALSO PRESENT JACK FLOCK & CO. Rep. from DATEM/len

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

September 28, 1987

Mr. Dave Slick
Daedalean Inc.
15110 Frederick Road
Woodbine, MD 21797

Dear Dave:

In regards to Daedalean's proposal to install a septic system at the former explosives lab in order to convert this location to a photo/graphics lab; it has been determined that this system may be implemented if certain requisites are fulfilled.

In order to assure that Daedalean Inc. is in compliance with all state regulations pertaining to discharges to groundwater; it is imperative that Daedalean submit permit application DENV 106 for each septic system currently in use, servicing any buildings' where commercial/industrial activities are conducted. These applications must be submitted to the:

State Department of the Environment
Waste Management Administration
201 W. Preston Street
Baltimore, MD 21201
c/o Eric Dougherty

The Waste Management Administration will determine if any discharge permit is required, and is so what conditions must be achieved and maintained.

Enclosed are copies of form DENV 106 and the Code of Maryland Regulations Section 10.50.01.04, pertaining to "Groundwater Quality Standards."

If I can be of assistance in helping you further with this matter contact me at 461-9955.

Sincerely,

Michael J. Caughlin, Acting Director
Technical Services Program

MJC:vf

cc: Craig Williams, Howard County Bureau of Environmental Health
Eric Dougherty, Waste Management Administration

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ALLEN M. VAN SANT INC Telephone #: 410-442-2221
Address: 12630 FREDERICK ROAD
WEST FRIENDSHIP, MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MICHAEL J. KOTMAN License# 6501

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: DEBRA VAN FOCHIOS Telephone #: 410-442-2681
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3490
Site Address: 15329 AE MULLINIX ROAD
WOODBINE, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Connell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5E5054R</u>	Model#: <u>54R</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>34</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>27</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>20</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<u>Torque arrestors</u> or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>P</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2ft</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Michael Kotman date: 8-19-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____

Inspection Data: Pitless adapter and water supply line at least 36" below grade _____

Two piece cap installed and attached to casing securely _____

Elec. conduit extends at least 18" below grade/attached to cap properly _____

Safety rope installed inside of well casing _____

Correct well tag attached properly and casing 8" above finished grade _____

Water supply line sleeved adequately at house connection _____

Adequate grout observed below pitless adapter _____