

03-283216

APPROVED
7/17/86

P 3/3/87

A REPAIR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

7/17/86
ASAP

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

992-2330
461-9933

INDEXED

DATE 7/18/86

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Woodmark ROAD 12146 Mt. Albert RD LOT 45, Sec. 1, BK C Part B

PROPERTY OWNER ~~Beggenford~~ Discepulo, Alfred

ADDRESS 12146 Mt. Albert Road
Ellicott City, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1200 GALLONS NUMBER OF BEDROOMS 4

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

AND RETURNED 3-2-98
Sent to BWH 170709
midwest Cabana

PLANS APPROVED BY C. Williams DATE 7/16/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

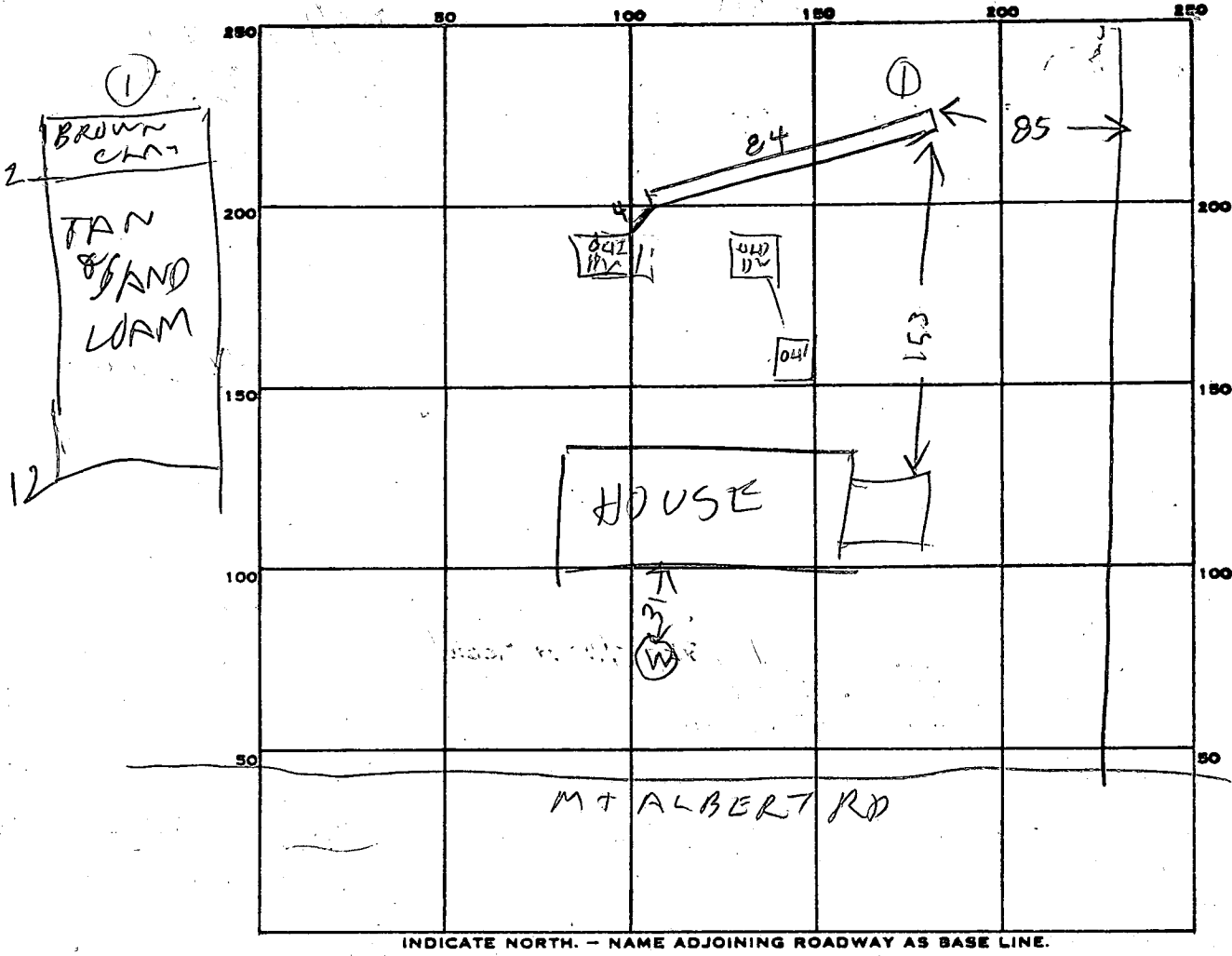
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A REPAIR
57367



PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 84 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 504

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/17/86 - 1010AM TRENCH DUG & SOME STONE

ADDED

7/17/86 - 1049AM REST OF STONE ADDED

DATE SYSTEM APPROVED 7/17/86 INSPECTOR Raymond Hodges

11/17/72

File

PERMIT

Final
11/17/72
R. Toner

P 17651
A 12910

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 11/14/72

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenelg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Woodmark ROAD Mt. Albert Road LOT 45, Blk. C,
Sect. 1

PROPERTY OWNER Mark Wakefield, Jr.

ADDRESS 231 Chatham Road, Ellicott City, Md.

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1200 GALLONS

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

OTHER DRY WELL - 125 sq. ft. absorbent sidewall area per bedroom below inlet pipe. Inlet pipe 4 ft. below original grade. Maximum depth permitted for dry well below original grade is 12 ft. Place dry well 175 ft. from front lot line and 80 ft. from left sideline as seen when facing from Mt. Albert Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

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

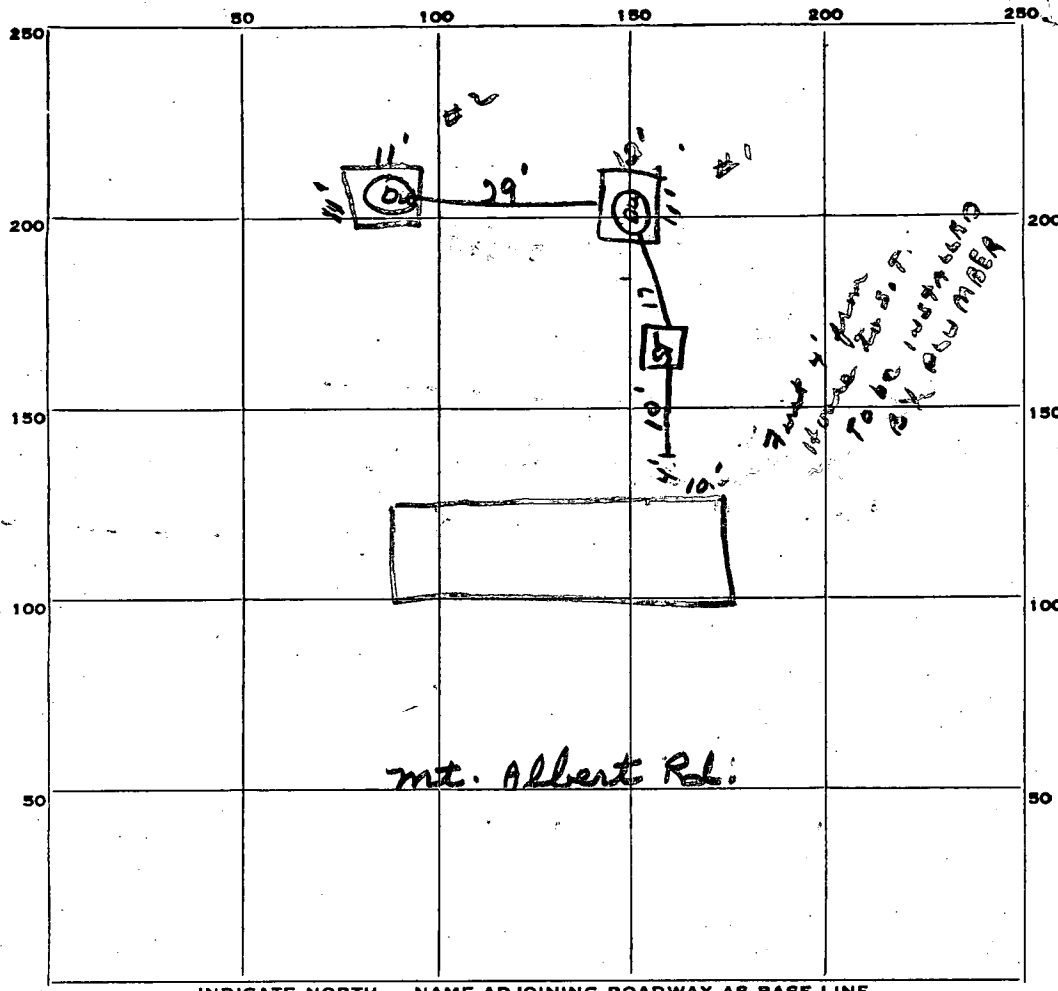
PLANS APPROVED BY Donald W. Monaghan DATE 3/4/68

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.

Mr. Fyock had to install 2 dry wells to get 500 sq. ft.

A 12910



$$\begin{array}{r} 46 \\ 6 \\ \hline 296 \end{array}$$

$$\begin{array}{r} 44 \\ 6 \\ \hline 264 \\ 296 \\ \hline 540 \end{array}$$

PERMIT CARD Signed
 SEPTIC TANK, LEVEL 1200 gal. 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 diameter #1 11x12} INSIDE DIAMETER #2 11x11 FT. DEPTH BELOW INLET #1 6 ft #2 6 ft FT.
 Total for both O.W. ABSORBENT AREA 540 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11/17/72 INSPECTOR R. Tone

APPLICATION

A 12910

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank 3 bedroom - ¹⁰⁰⁰ 250 gal
H " - ¹⁴⁰⁰ 1000 gal

DISTRICT 3

DATE 7/21/67

Dry Well - 125 sq. ft absorbent sidewall area per bedroom below inlet pipe. Inlet pipe 4 ft below orig. grade. Max depth permitted for dry well below orig. grade is 12 ft.

Place Dry Well - 175 ft from front lot line and 80 ft from left sideline as seen when facing from Mt. Allentown

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. 45, Blk. C, Sec. 2

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 165' x 455' x 300' x 460' TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Mark A. Wakefield

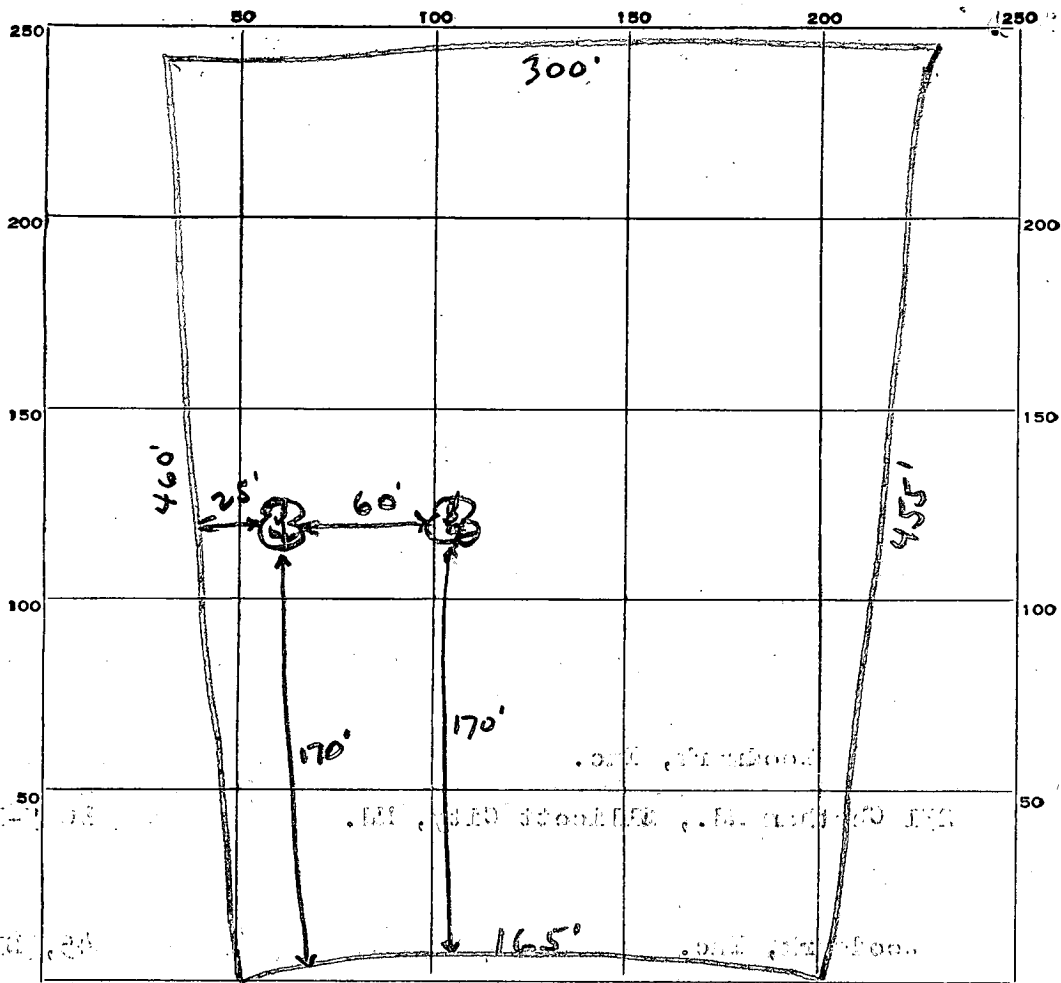
APPROVED BY [Signature] FOR [Signature] DATE 7/4/67

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

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	
7/12/77	1	5ft	2 06	2 07	2 07	2 10	3 min
	2	10ft	2 06	2 08	2 08	2 17	9 min
	3	4 1/2 ft	2 07	2 16	2 16	2 32	16 min
	4	10ft	2 08	2 10	2 10	2 15	5 min

SOIL AUGER FINDING _____

TESTED BY

J. M. H. K.

REMARKS

use pit for system - wide shallow DW

45C

Preliminary

APPLICATION

A 12910

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 7/21/67

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. 45, Blk. C, Sec. 2¹

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 165' x 455' x 300' x 460' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

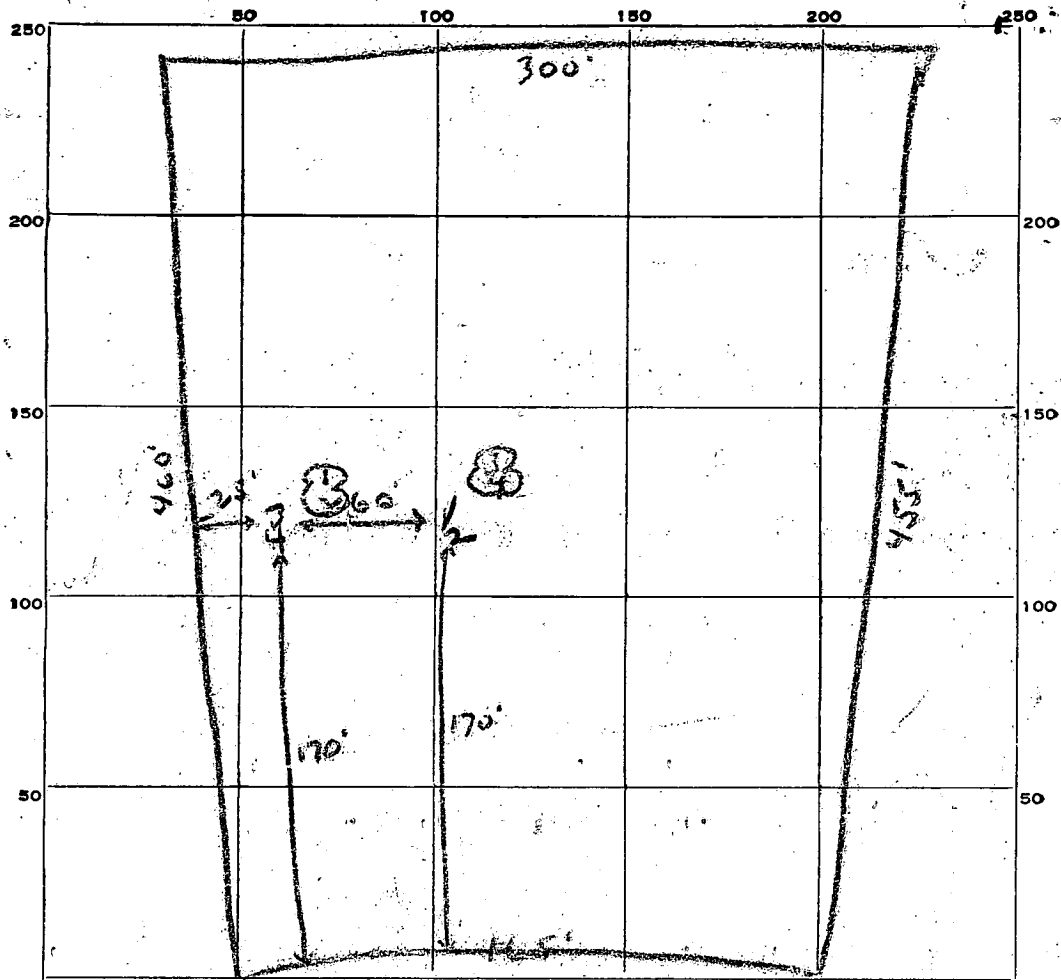
APPROVED BY [Signature] FOR [Signature] DATE 5-4-68
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Road A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/12/77	1	5ft	2 06	2 07	2 07	2 10	3 min
	2	10ft	2 06	2 08	2 08	2 11	9 min
	3	4 1/2 ft	2 07	2 16	2 16	2 32	16 min
	4	10ft	2 08	2 10	2 10	2 15	5 min

SOIL AUGER FINDING

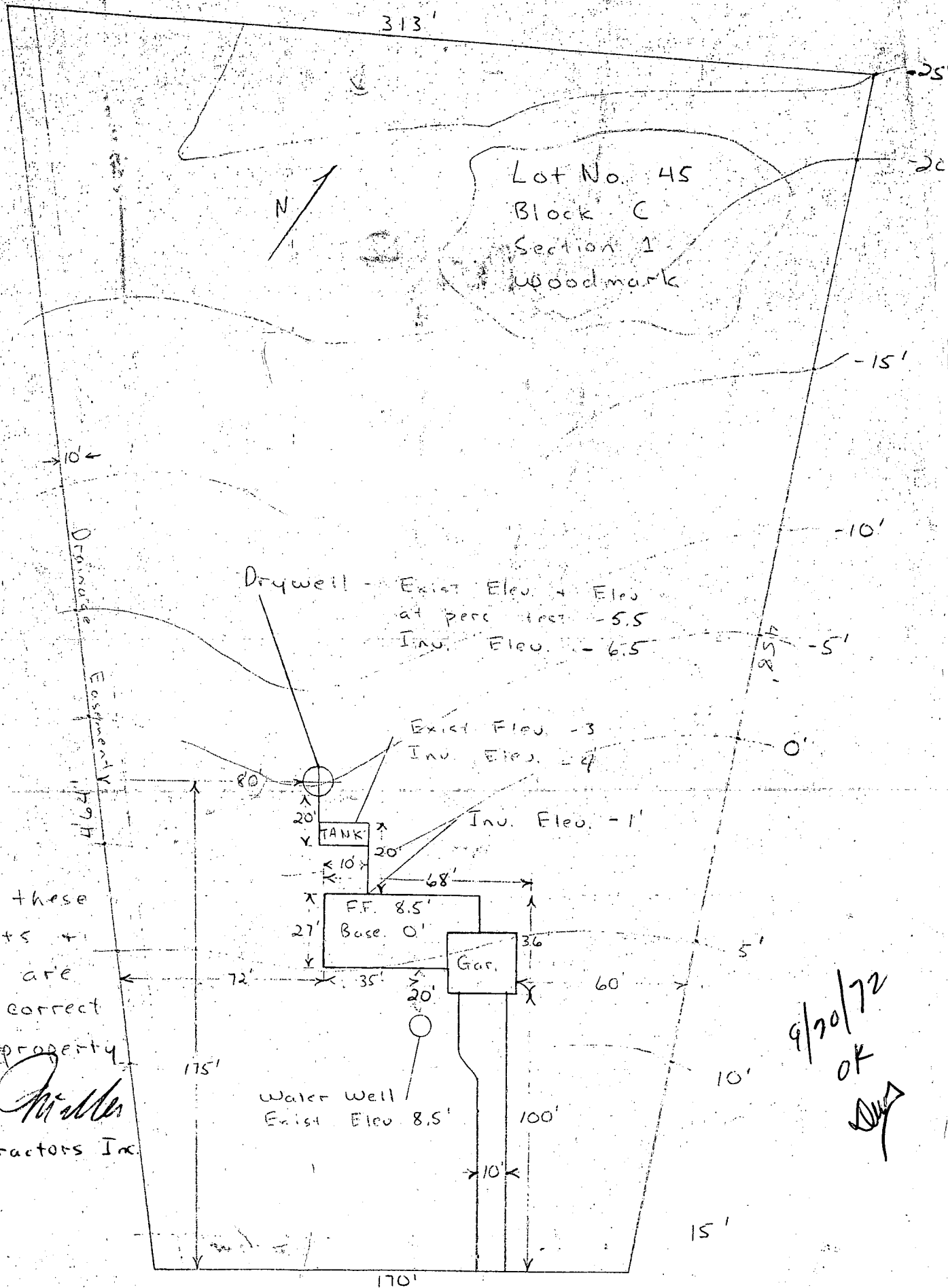
TESTED BY

J. J. ...

45C

REMARKS

no pt in ft system - wide shallow ...



I certify these measurements + elevations are actual + correct for this property.

Christian Miller
Hillen Contractors Inc

9/20/72
OK
[Signature]

B 1 08256 SEQUENCE NO. (DWR USE ONLY) **STATE OF MARYLAND**
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER *40-73-1006*
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) *11/3/72*
 OWNER **DE GEE W FORD EDWARD**
 COL 15 LAST NAME FIRST NAME COL 34
 STREET OR RFD **504 BREATWOOD AVE**
 COL 36 COL 55
 POST OFFICE **SEVERNA PARK MD 21146**
 COL 57 COL 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
 DATE *9/25/72* LICENSE NUMBER *209*
 77 80
HOWARD *Dilled*
 FIRST NAME DRILLER LAST NAME
 SIGNATURE *Howard Tilton*

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY **HOWARD**
 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION **WOOD MARK**
 23 42
 SECTION **1** LOT **45**
 44 48 50
 NEAREST TOWN **MAYFIELD**
 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) **2** M I
 73 76 77 78

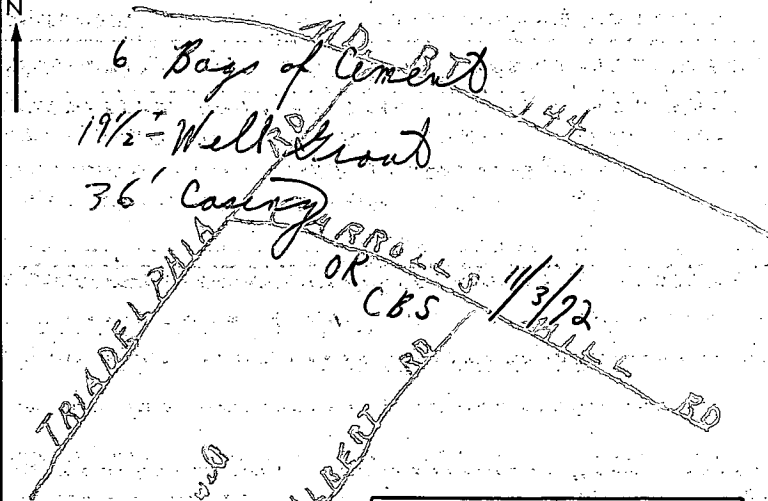
B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **300**
 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST
 8 8 8 9 8 9
 NEAR WHAT ROAD **MT ALBERT RD**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30
 32 32 32 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **100** M I
 34 37 38 39

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
 41 52



NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**
 FORCE **67** WRITE INITIALS IN BOX **PL** CONDITIONS **70 71 72 73 74 75 76 77 78 79**

BOX NUMBER **E 810**
N 520
 NORTH COORDINATE **50 51 52 53 54 55**
 EAST COORDINATE **57 58 59 60 61 62 63**
 ELEVATION AT WELL HEAD (FEET) **65 66 67 68**
 0/5 5/5
 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **Howard** COUNTY NO. **3024**
 DATE **09 28 72**
 APPROVED BY *Palmer F. Williams*
Palmer F. Williams Director

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6

06953

SEQUENCE NO. (DWR USE ONLY)

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 3/26

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3, 5 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY)

DATE WELL COMPLETED 11/2/72

DEPTH OF WELL 150

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-73-0046

OWNER DEGENFORD EDWARD LAST NAME

STREET OR RFD 504 BRENTWOOD AVE POST OFFICE BALTO 21146

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY), FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: SAND Stone, Clay, Sand Stone, Onica Rock.

GROUTING RECORD

Form for grouting record including: YES/NO, WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

Form for casing record including: CASING TYPES, INSERT APPROPRIATE CODE BELOW, MAIN CASING TYPE, NOMINAL DIAMETER, TOTAL DEPTH OF MAIN CASING.

OTHER CASING (IF USED)

Form for other casing including: DIAMETER (INCH), DEPTH (FEET) FROM TO.

SCREEN RECORD

Form for screen record including: SCREEN TYPE OR OPEN HOLE, INSERT APPROPRIATE CODE BELOW, STEEL, BRASS OR BRONZE, OPEN HOLE, PLASTIC, OTHER.

DEPTH (NEAREST WHOLE FOOT)

Form for depth record including: FROM TO, SLOT SIZE 1, 2, 3.

DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) 68 F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

Form for DWR use only including: TELESCOPE CASING, LOG INDICATOR, OTHER DATA AVAILABLE.

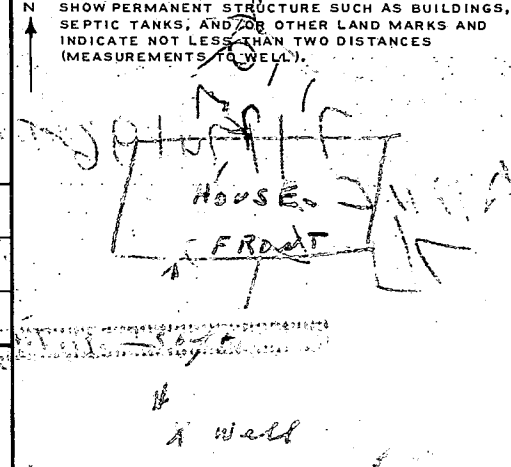
PUMPING TEST

Form for pumping test including: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMPED USED.

PUMP INSTALLED

Form for pump installed including: TYPE OF PUMP, DRILLER WILL INSTALL PUMP, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

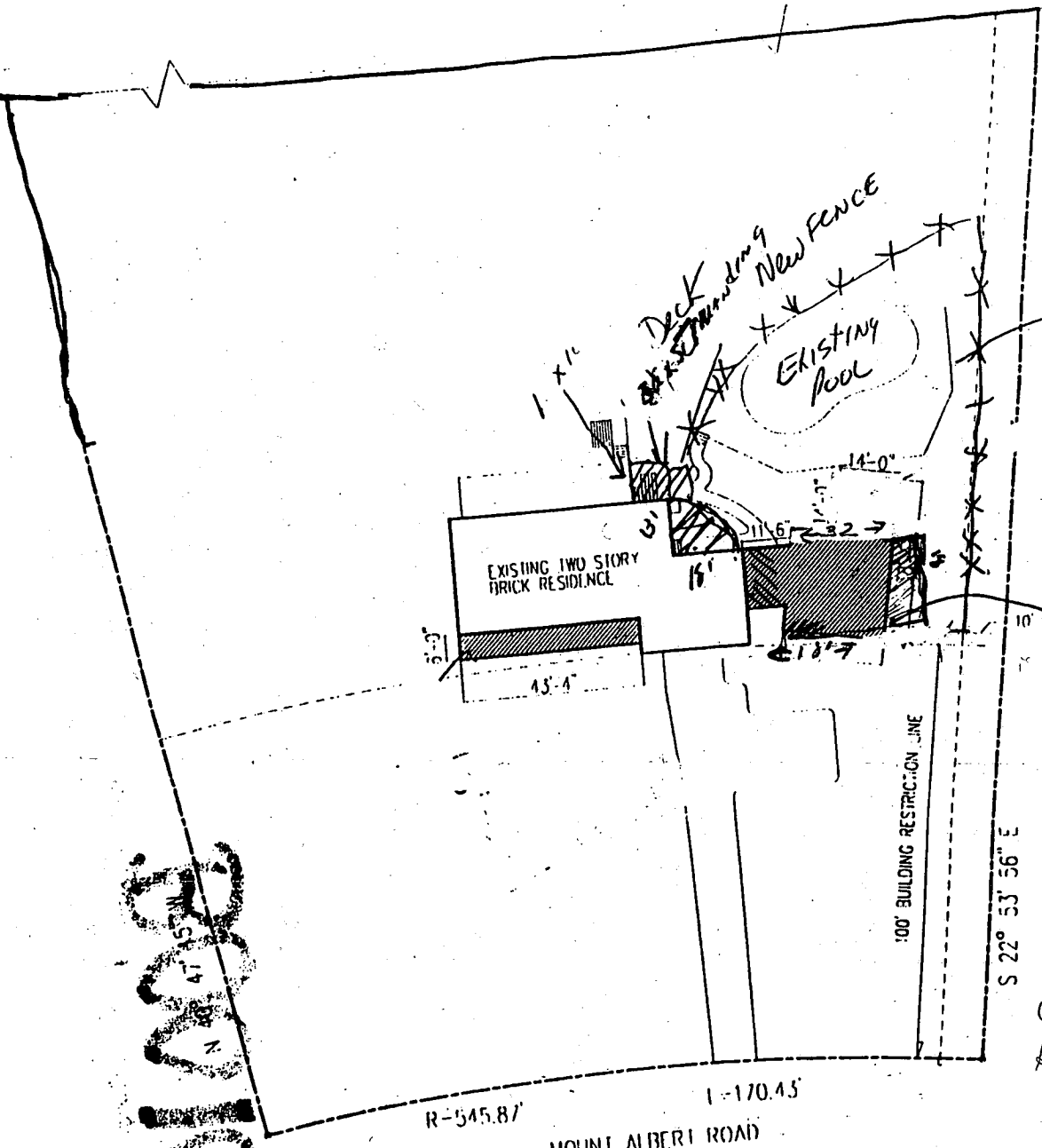
LOCATION OF WELL ON LOT



CIRCLE APPROPRIATE BOXES: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, 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.

DRILLERS NAME: HOWARD D. HODSON, SIGNATURE: Howard D. Hodson



EXISTING
RETAINING
WALL

Proposed
New
MPP ROOM
AND CABINETS

3/2/18
Proposed addition
OK as shown -
shall not impact
well or septic
systems. JKS

ARCHITECTURAL SITE PLAN
SCALE 1"=40'

SQUARE FOOTAGE TOTALS

BASEMENT	1240 (EXIST)
FIRST FLOOR	1510 (EXIST)
SECOND FLOOR	1240 (EXIST)
TOTAL	3990 (EXIST)

SYMBOLS