

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~

313-2640

INDEXED

P 50205N

A19476

A REPAIR

DISTRICT 5th

DATE 8/10/94

DATE SYSTEM APPROVED 7/7/94

INSPECTOR [Signature]

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ LOT 2 ROAD 13855 Highland Road

PROPERTY OWNER Ronald Clements

ADDRESS 13855 Highland Road

Clarksville, Maryland 21029

SEPTIC TANK CAPACITY ^{1000 2415 Gall} ~~1250~~ GALLONS

NUMBER OF BEDROOMS 13

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - Septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 06/05/94

Install one 80 Ft Long, 12 Ft deep, Inlet at 3 Ft, 9 Ft Stone Fill, 2 Ft wide

Trench. Connect to existing dry well. App 7/7/94

PLANS APPROVED BY [Signature] DATE 7/7/94

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.

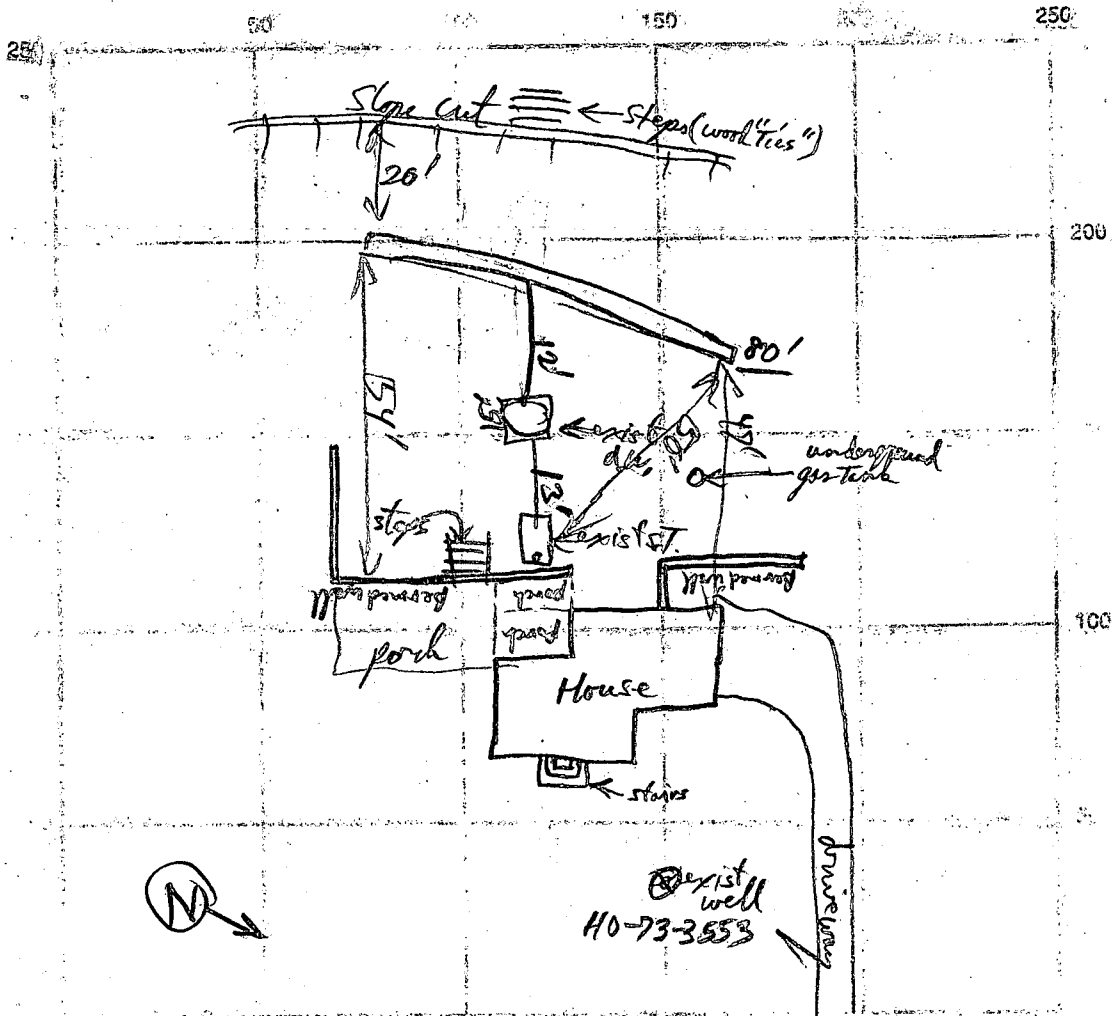
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 50205N

7/7/94
40 pm

05-373468



Hightland Rd

existing 100gal

NA

Nue

12 FT.

2

3

9 FT.

TOTAL LENGTH 80'

ONE SIDEWALK EXTENSION AREA 720

Open trench OK to gravel fill, OK to cover when finished. *7/7/94*

7/7/94

Riff

8/22/80
a.m. if possible

Approved: 8-22-80
Stephen Reil + C.B.D.
P 30835

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th.

DATE 8/11/80

A 19476

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 13938 Highland, Maryland Clarksville, Md. 21029 PHONE 596-9394

SUBDIVISION _____ ROAD 13855 Highland, Road LOT 7

PROPERTY OWNER Ronald Clements

ADDRESS 11909 New Hampshire Avenue, Silver Springs, Md. 20904

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS.

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

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

Dry Well

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 138 SQ. FT. per bedroom

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE

LOCATE DISPOSAL AREA 245 FT. FROM front LOT LINE AND 72 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM Highland Road

Septic tank need manhole type cleanout to final grade level.

NOTE: OAKY TO USE TRENCH OFF DRY WELL TO MAKE UP ABSORBENT SIDEWALL AREA IN SYSTEM.
LEAVE 5 FT. EARTH BUFFER BETWEEN TRENCH AND DRY WELL. TRENCH TO FOLLOW CONTOUR OF THE LAND.

PLANS APPROVED BY H. ZBAR + C. B. Streaker DATE 3/22/74

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

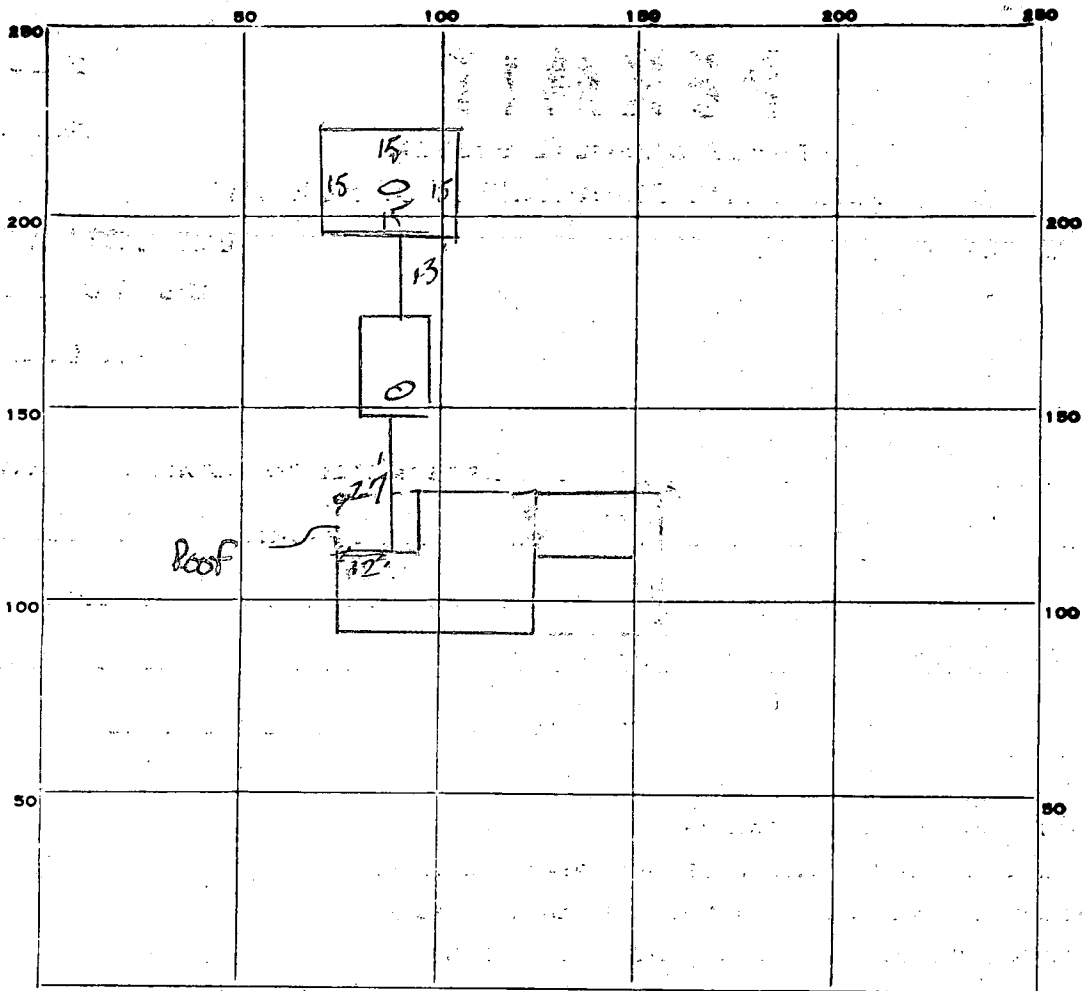
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

COTTA ACCEPTED.

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

A 19476



PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST/DW

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 60 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 180 SQ. FT.

REMARKS 8/22/80 OK To cover all work

DATE SYSTEM APPROVED 8-27-80

INSPECTOR Stephen Kiel + C. B. Straker

APPLICATION

PRELIMINARY

A 19476

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

Septic tank
1-3 bedrooms 1000 gallons
4 bedrooms 1250 gallons

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 1/29/74

BLDG. PERMIT SIGNED

AND RETURNED 3/5/80

Serial # 42434
(Blouse)
max depth of well is 14'

Dry well to have ~~138~~ square feet effective
absorbent sidewalk area per bedroom below inlet.
Inlet to be 4 feet below original grade and maximum
depth of 12 feet. Location ~~215~~ feet from the front
property line and ~~12~~ feet the left property line when
facing lot from Highland Rd

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Septic Tank needs mandatory type cleanout to
final grade level.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Russell B. Zepp

Russell B. Zepp
11909 New Hampshire Avenue
Silver Spring, Md 20904
phone: 422-0659

ADDRESS Highland Road, Clarksville, Md

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #7

ROAD AND DESCRIPTION Highland Macadam
13855
Corner of Highland Road and Triadelphia Mill Road

SIZE OF LOT 6.000 Acres TYPE BLDG. 3 or 4 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 *Russell B. Zepp*

APPROVED BY *[Signature]* FOR *Dry Well* DATE *3/22/74*
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING *Needs certified. Colas. plot with holes*
renewed ok 3/23 CBS 2-13-74

BLDG. PERMIT SIGNED
AND RETURNED *8/24/79*
Serial No. 41031
Storage/Barn

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

APPLICATION

PRELIMINARY

A 19476

SEWAGE DISPOSAL TESTING

P _____

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: 465-8000, EXT. 356

DISTRICT 5th

DATE 1/29/74

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 Russell B. Zepp

ADDRESS Highland Road, Clarksville, Md PHONE 286-2797

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #7

ROAD AND DESCRIPTION Highland Macadam
Corner of Highland Road and Triadelphia Mill Road

SIZE OF LOT 6.000 Acres TYPE BLDG. 3 or 4bedrooms
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 _____

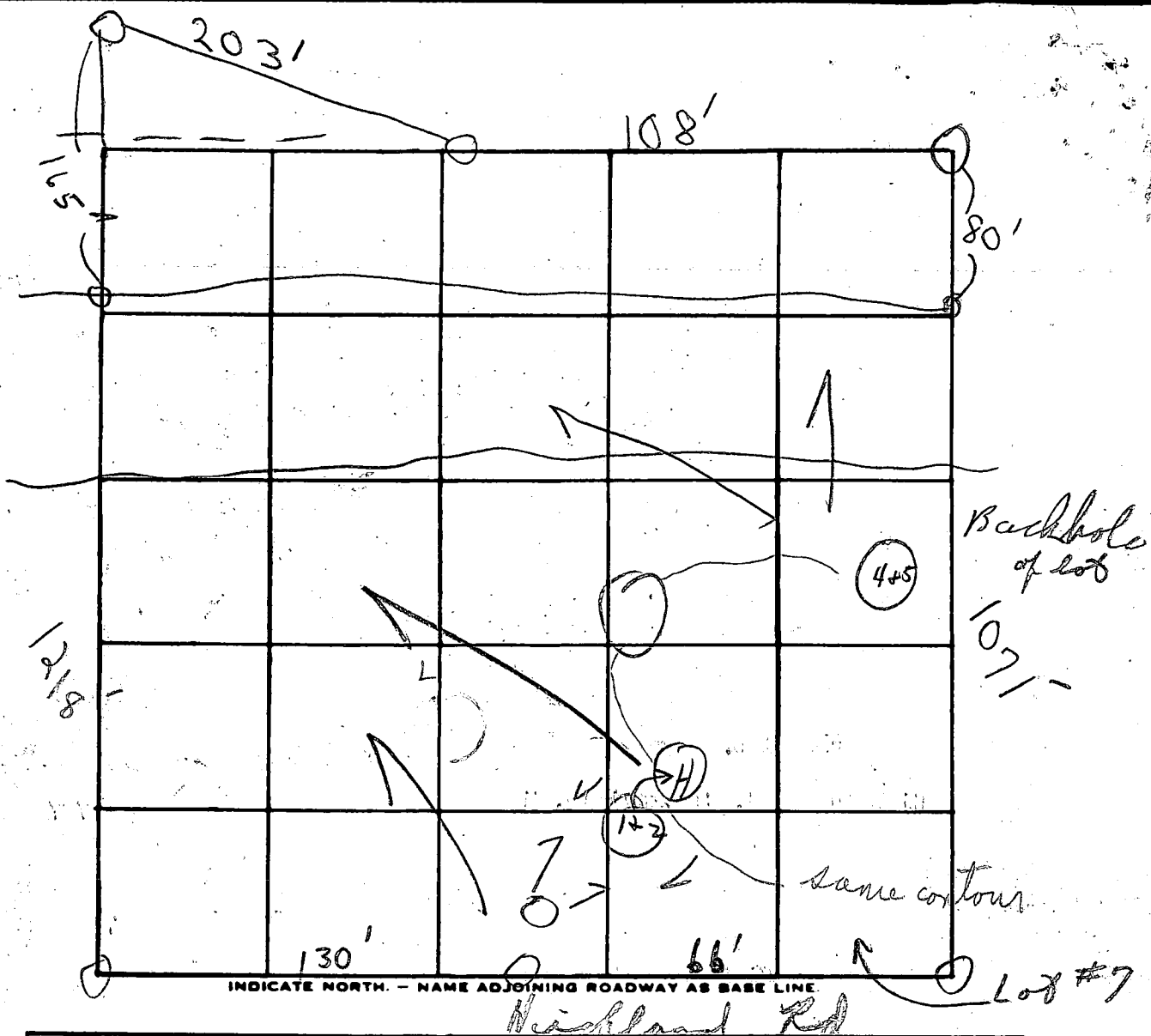
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



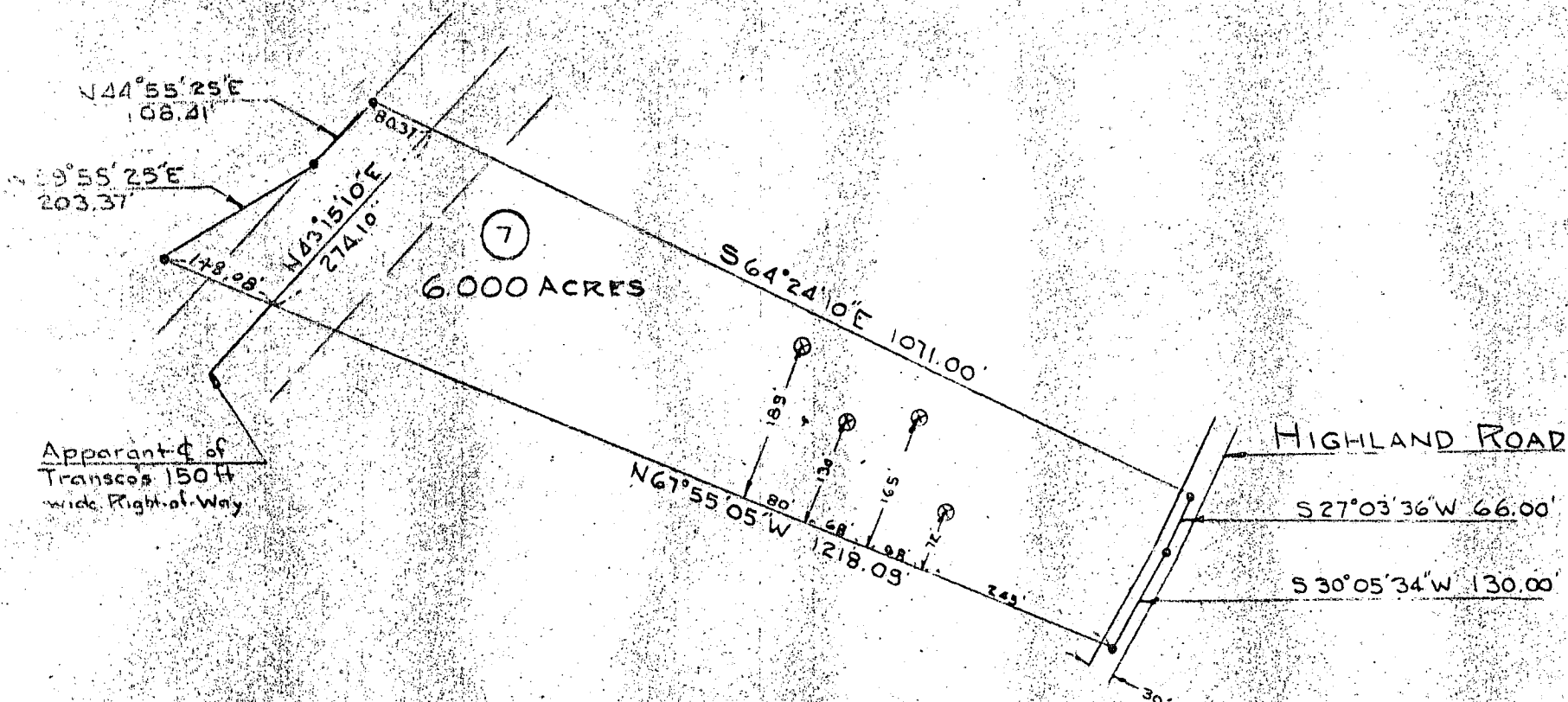
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/5/74	1	14'	11:26	11:30	11:30	11:32	2M	
	(H) 2	12'	11:32	11:33	11:33	11:36	3M	
	3	11'	Visual similar to 1+2					
	4	4'	11:38	11:40	11:40	11:45	5M	
	(V) 5	12'	11:38	11:40	11:40	11:46	6M	
	6	10'	Visual similar to 4+5					

REMARKS Castings holes G.B.S. + H2

TYPE OF SOIL _____

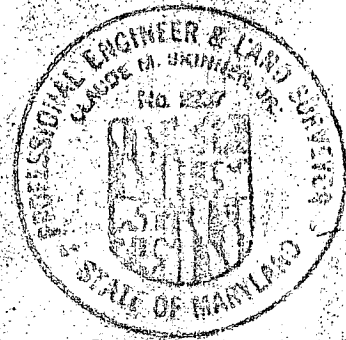
3 min air

6
5 min air



LOCATION SURVEY
 FOR
 RUSSELL B. ZEPP
 FIFTH ELECTION DIST., HOWARD CO.
 CLARKSVILLE, MARYLAND
 SCALE: 1 IN. = 200 FT. JANUARY 10, 1974

⊗ Denotes actual percolation test location on this land. 2/16/74
 Note: The lot shown herein complies with the
 minimum ownership and lot area as required by
 the Maryland State Health Department.
 Approved: Private Water and Private Sewer



Claude M. Brunner, Jr.

W. H. Hagan, M.D. *2/14/74*

SEQUENCE NO. (WRA USE ONLY) **2585**
 (SEQ. NO.) **6**
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) **2/25/80** DEPTH OF WELL **100** PERMIT NO. FROM "PERMIT TO DRILL WELL" **41-77-355**
 DATE WELL COMPLETED **2/25/80** (TO NEAREST FOOT) **22** DRILLERS IDENTIFICATION NO. **405**

OWNER **CLEMENTS RONALD G** LAST NAME FIRST NAME
 STREET OR RFD **11709 NEW HAMPSHIRE** POST OFFICE **SILVER SPRING, MD.**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	2	
CLAY	2	4	
SHALEY	4	10	
LOOSE GRAVEL	10	65	<input checked="" type="checkbox"/>
GRAVELLED SHALEY	65	80	<input checked="" type="checkbox"/>
SHALEY	80	100	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT M. BENTONITE CLAY B.C.

NO. OF BAGS **21** NO. OF POUNDS **2100**

GALLONS OF WATER **105**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **15+** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S.T. CONCRETE C.O.
 PLASTIC P.L. OTHER O.T.

MAIN CASING TYPE **S.T.** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **87**

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S.T. BRASS OR BRONZE B.R. OPEN HOLE H.O.
 PLASTIC P.L. OTHER O.T.

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 **H.O.** **85** **100**

2

3

SLOT SIZE: 1, 2, 3

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **60** TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T 70 LOG. INDICATOR (E.R.O.S.) 72

W O 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **8**

METHOD USED TO MEASURE PUMPING RATE **BUCKET**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **20** (NEAREST FOOT)
 WHEN PUMPING **100** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A. ATR P. PISTON T. TURBINE
 C. CENTRIFUGAL R. ROTARY O. OTHER (DESCRIBE BELOW)
 J. JET S. SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) **29**

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE
 - BELOW } **2** (NEAREST FOOT)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).
 75' WELL X
 150'

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

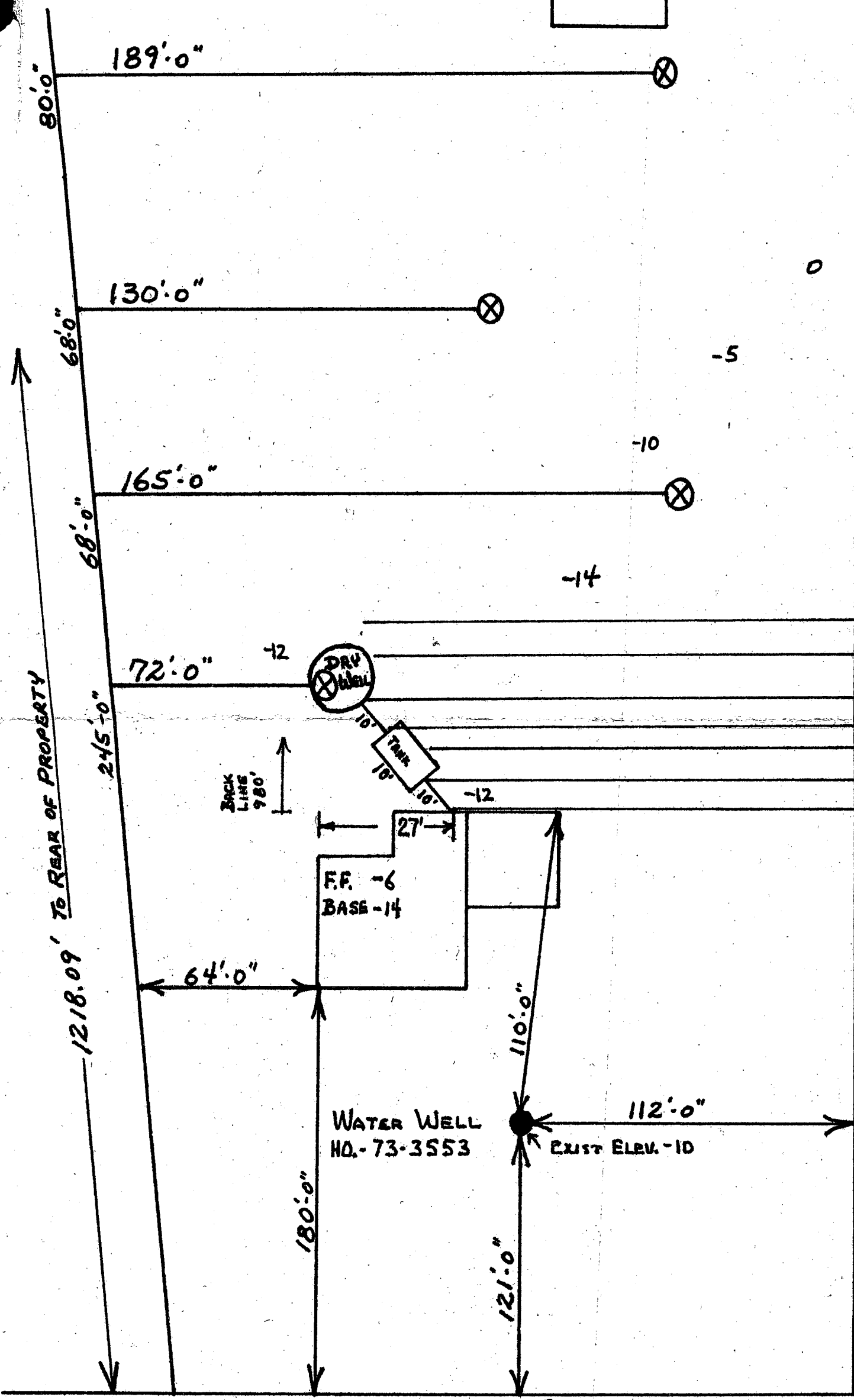
E ELECTRIC LOG OBTAINED

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.

DRILLERS NAME **George F. Esterday**
 SIGNATURE **George F. Esterday**

BARN



ELEV. TIME OF PERCOLATION TEST -12
 EXIST. ELEV. -12
 INV. ELEV. -16
 INV. OUT -15.75
 EXIST. ELEV. -12
 INV. ELEV. -15.50
 INV. ELEV. -15.25

G. RONALD CLEMENTS
 11909 NEW HAMPSHIRE AVE
 SILVER SPRING, MD. 20904
 H. 622-0659
 B. 840-2330
 BUILDING PERMIT APPL. #42434

*elevation
 &
 locations
 OK 3-4-80
 [Signature]*

13855 HIGHLAND RD.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL / CORRECT FOR THIS PROPERTY. *G. Ronald Clements*