

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50702B

A REPAIR

DISTRICT _____

DATE 5-22-95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

299562

DATE SYSTEM APPROVED 5/16/95

INDEXED

INSPECTOR G. SAVAGE

Jenkins Brothers IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland 21784 PHONE 461-9282

SUBDIVISION Woodmark, II LOT 19, Blk. F ROAD 12194 Etchison Road

PROPERTY OWNER Gloria Pinkney
ADDRESS 12194 Etchison Road
Ellicott City, Maryland

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - DRYWELL HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 05/09/95

5/16/95 INSTALL 60' TRENCH ON CENTER, BETWEEN DRYWELL & SEPTIC TANK. INLET AT 4.5
BOTTOM AT 11' - 6.5 FEET OF STONE BELOW DISTRIBUTION PIPE. DRYWELL TO BE RE-CONNECTED.

PLANS APPROVED BY G. Savage DATE 5/16/95

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

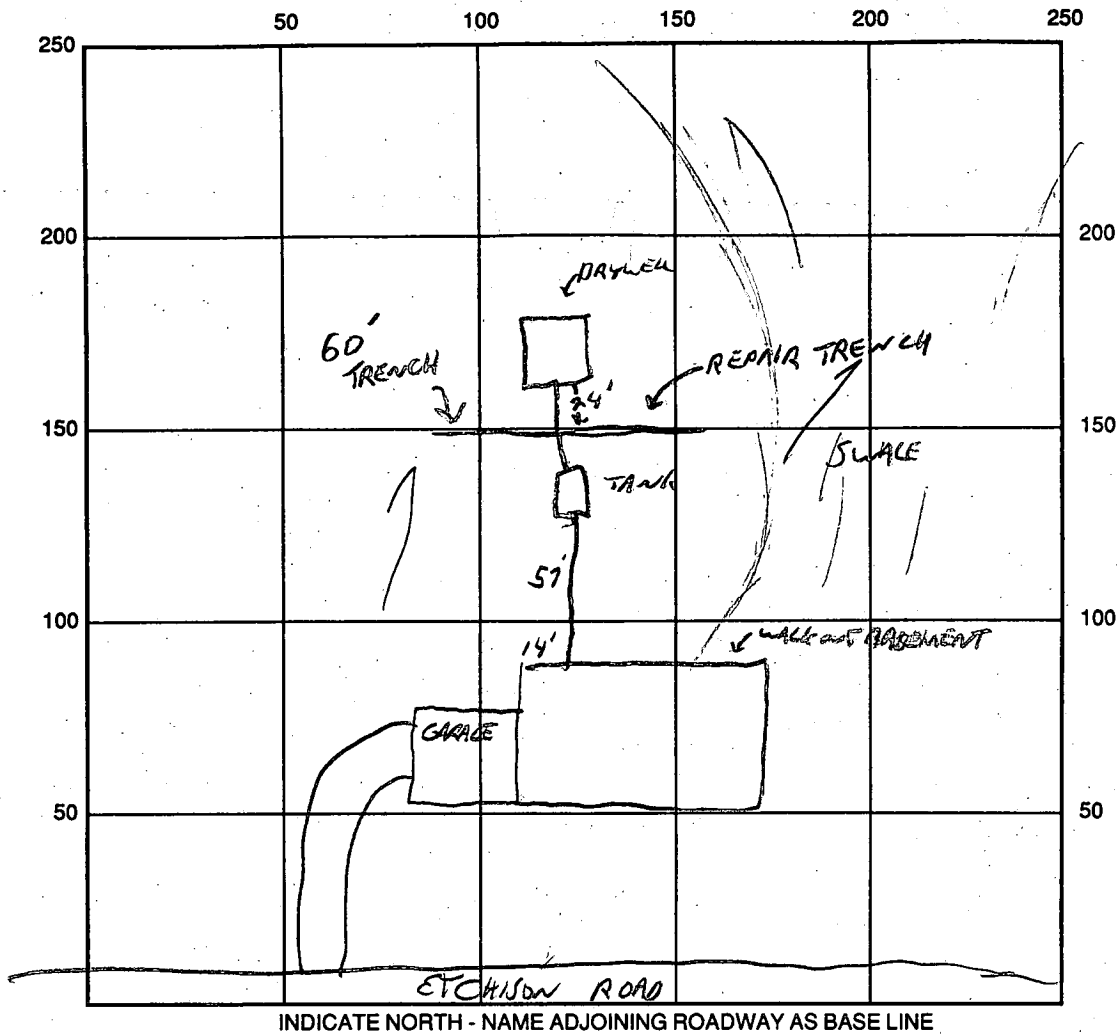
PERMIT VOID AFTER TWO YEARS

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**

R50702B



SEPTIC TANK LEVEL REPAIR CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 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: 5/16/95 INTENDED REPAIR WAS INLET @ 2' (PER OLD WORK) BOTTOM @ 9' (OLD BOTTOM @ 11')
CONTRACTOR HIT OLD LINE (TANK TO DRYWELL) @ 4.5' CAUSING 1/2" OF WATER IN 1ST 20'
OF TRENCH. NOT PRACTICABLE TO EXTEND TEST DIG TO 14'. BOTTOM OF TRENCH MOVED TO
11'. 5/16/95 TRENCH COMPLETED, PAPER IN, EXTRA STONE AROUND
Y CONNECTION TO FEED LINE. DID NOT OBSERVE CONNECTION.
OK TO COVER

DATE SYSTEM APPROVED 5/16/95 INSPECTOR G. SAUSAGE

7-8-76. App. H.H.

7/8/76
afternoon please

PERMIT

P 23519

SEWAGE DISPOSAL SYSTEM

A 18397

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 7/2/76

Jim Brittingham

IS PERMITTED TO INSTALL ALTER

ADDRESS 3004 N. Rogers Avenue, Ellicott City, Md. 21043 PHONE 461-1870

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Woodmark ROAD 12194 Etchison Road LOT 19, Blk. F, Sec. 11

PROPERTY OWNER Montgomery Company, Inc. *Gloria Pickney*

ADDRESS 2878 Evergreen Court, Ellicott City, Md. Phone: 531-5666

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - To have 125 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 2 ft. below original grade and maximum depth is 11 ft. Locate dry well 10 ft. off left property line and 105 ft. from rear property line as seen when facing lot from road. (Perc hole 1 & 2.)

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

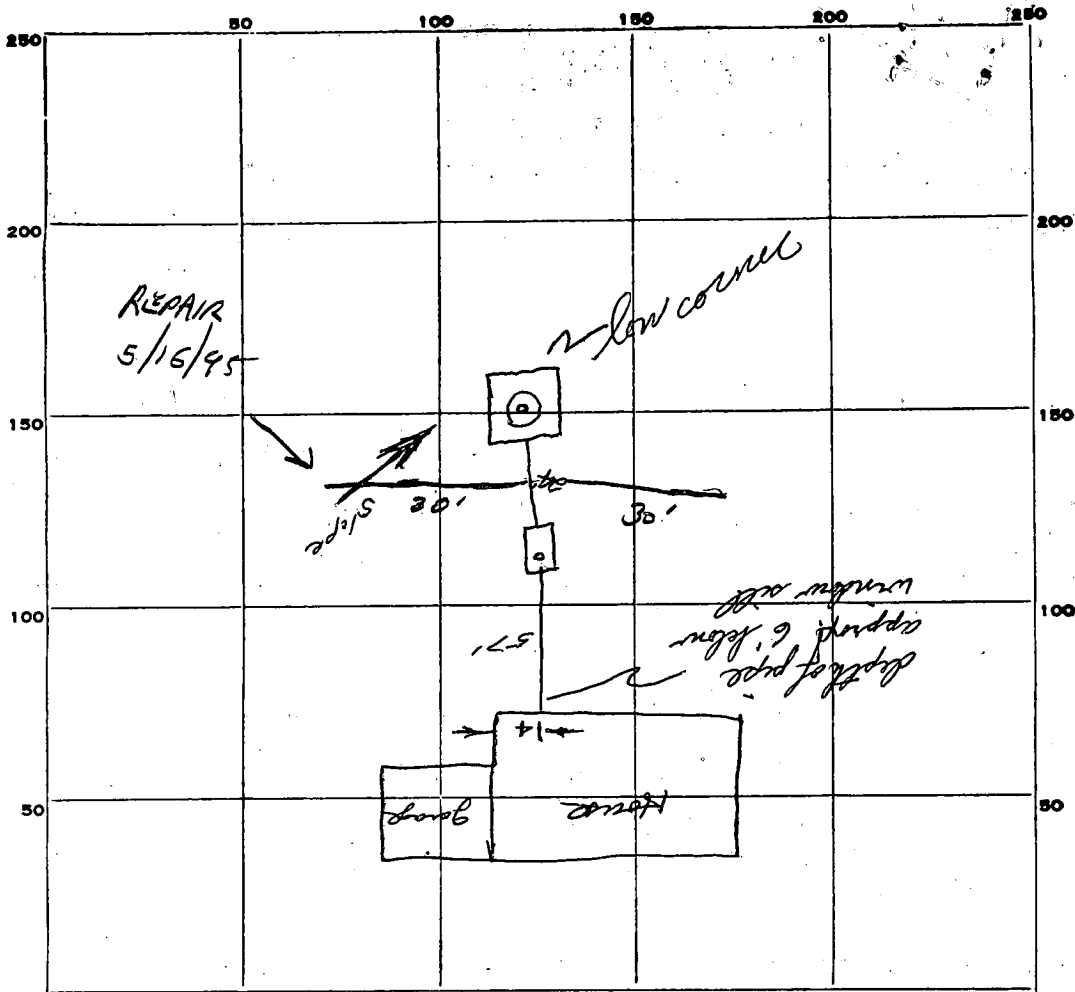
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Charles B. Streaker DATE 9/4/75

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.

A
18397



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ETCHINSON RD.

13
16
14
15
58
9
522

PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS

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 58 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 500 + SQ. FT.

REMARKS

7-8-76. Very little cores < 1ft. at low corner - given ok

DATE SYSTEM APPROVED 7-8-76 INSPECTOR [Signature]

APPLICATION

A 18397

P _____

SEWAGE DISPOSAL TESTING

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: 465-5000, EXT. 356

Septic Tank { ^{1-3 Bedrooms} 1000 gallons
 { 4 Bedrooms 3rd 1250 gallons
DATE 4-30-73

*Dry well to have 125 sq ft.
effective absorbent sidewall area per bedroom
below inlet. Inlet to be 2' below original
grades and maximum depth 11'. Location
10' off left property line and 105' from rear
property line when facing lot from
road. (Whole 142)*

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 Mark Wakefield

ADDRESS Carroll Mill Rd., E.C. PHONE 531-5072

PROPERTY LOCATION: OK

SUBDIVISION Woodmark LOT NO. 19, Sec. 11, ~~1000~~

ROAD AND DESCRIPTION Etchinson Rd.

SIZE OF LOT 46,200 sq. ft. 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 Mark Wakefield /s/ BLDG. PERMIT SIGNED AND RETURNED 4/8/76

✓ APPROVED BY C. S. Stueker FOR Dry Well DATE 9/4/75
(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

APPLICATION

A 18397

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: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4-30-73

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 Mark Wakefield

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SIGNATURE OF APPLICANT Mark Wakefield /s/

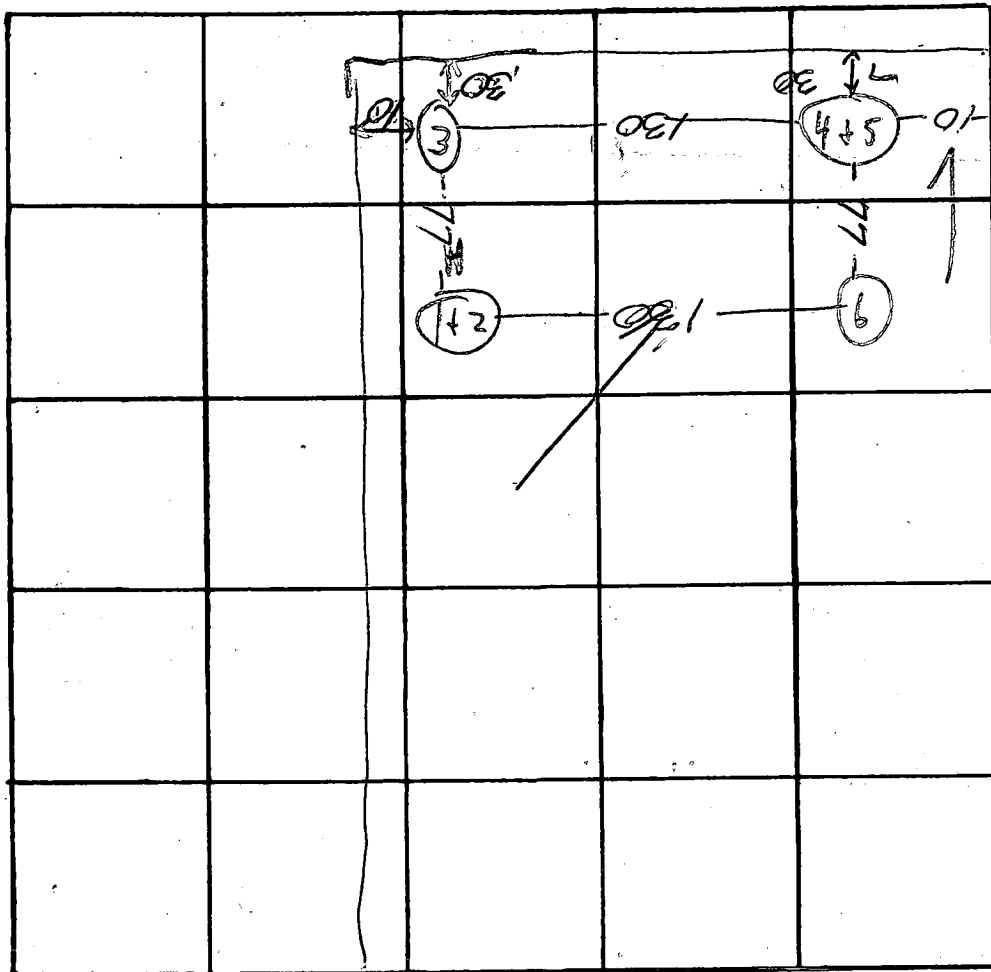
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD L 2819

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/17	1	2'	10:04	10:06	10:06	10:08	2 m
	2	11'	10:04	10:07	10:07	10:11	4 m
	3	10'	Visual		Similar to 1 & 2		
	4	3 1/2'	10:12	10:14	10:14	10:16	2 m
	5	11'	10:12	10:14	10:14	10:16	2 m
	6	9 1/2'	Visual		Similar to 4 & 5		
						4 10	3 m
							Outlet 2'
							125 ccf/ft per bedroom

Holly Certified

REMARKS _____

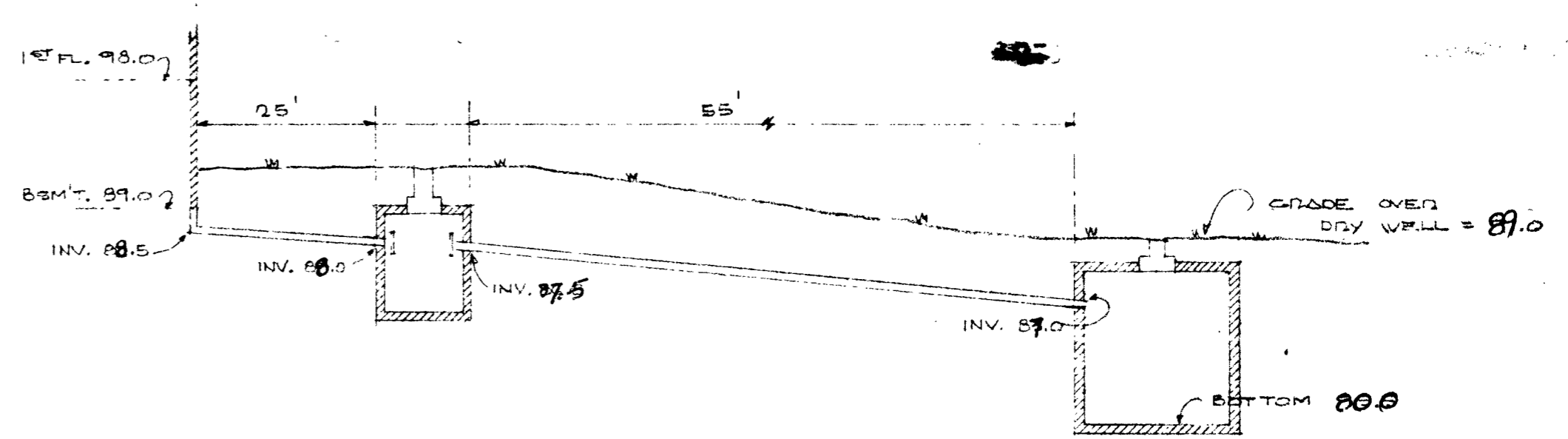
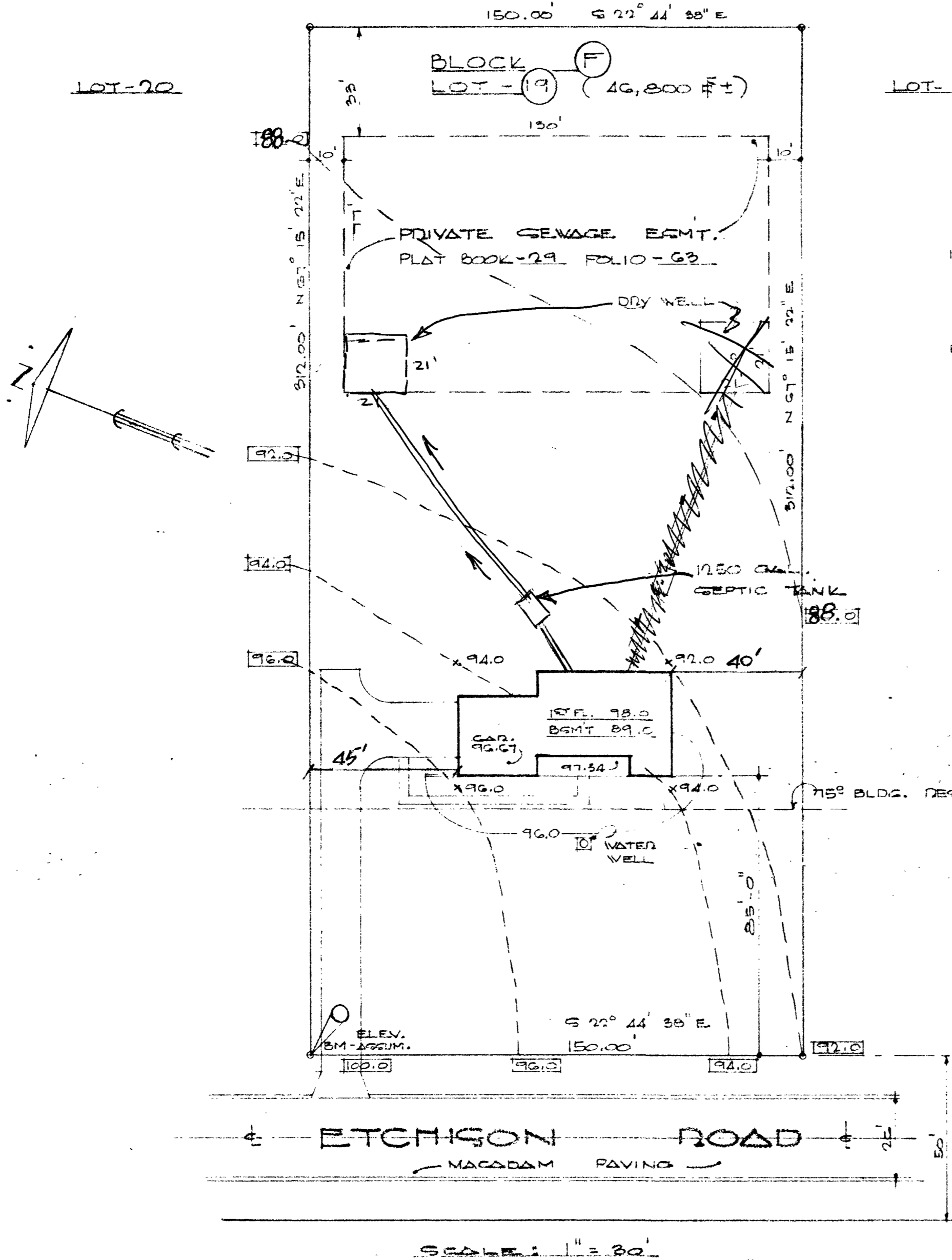
TYPE OF SOIL _____

LOT-20

LOT-19

LEGEND

- 1. CONTOUR INTERVAL 2 FT.
- 2. EXISTING CONTOURS [---] 190
- 3. PROPOSED CONTOURS [---] 290
- 4. SPOT ELEVATIONS x 90.0
- 5. DIRECTION OF DRAINAGE [--->]



SECTION THRU SEPTIC SYSTEM

SCALE: HORIZ. 1" = 20'
VERT. 1" = 10'

C 1 **9235** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE RUNCHED IN COLS. 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)

DATE WELL COMPLETED Apr. 1, 1976

DEPTH OF WELL 165
 22 (TO NEAREST FOOT) 26

8-13 15 20

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-83-13883
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Montgomery LAST NAME Paul FIRST NAME

STREET OR RFD 3874 F. Chapman Ct. POST OFFICE Ellicott City

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	
<u>Sand</u>	<u>0</u>	<u>40</u>	
<u>Gray Mica Rock</u>	<u>40</u>	<u>165</u>	<input checked="" type="checkbox"/>

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

NO. OF BAGS 13 NO. OF POUNDS 1722

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 40 FT. TO 44 FT.
 (ENTER 0 IF FROM SURFACE)

PUMPING TEST

1 2 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE dir

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 53 (NEAREST FOOT)
 WHEN PUMPING 8 (NEAREST FOOT)

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

CASING RECORD

INSERT APPROPRIATE CODE BELOW

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

MAIN CASING TYPE S 7 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 49

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

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

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2
 BELOW }

SCREEN

1 2 3 (SEQ. NO.) 6

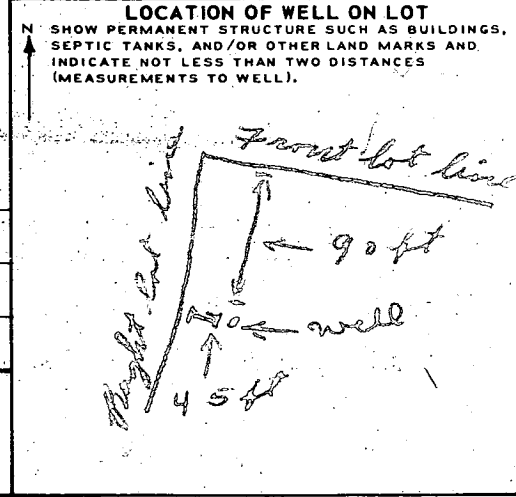
DEPTH (NEAREST WHOLE FOOT) FROM TO

1 40 47 165

2

3

SLOT SIZE 1. 2. 3.



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

DIAMETER OF SCREEN 56 60 (NEAREST INCH)
 FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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 Joseph M. Maguire

(PLEASE PRINT) Joseph M. Maguire

SIGNATURE Joseph M. Maguire

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

(E.R.O.S.)

TELESCOPE CASING 70 72

LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE