

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50759B

A REPAIR

DISTRICT \_\_\_\_\_

DATE 6/30/95

DATE SYSTEM APPROVED 5/31/95

INSPECTOR [Signature]

INDEXED

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 313-2640

03-295184

Jack Fyock Septic Service IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Woodmark LOT 66 ROAD 12244 Mt. Albert Road

PROPERTY OWNER Scalara  
12244 Mt. Albert Road

ADDRESS Ellicott City, Maryland 21042

**BUILDING PERMIT SIGNED**

**AND RETURNED**  
5/29/05 800 154149 - IG POOL

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so that a sanitarian can recommend repair.  
05/24/95

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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

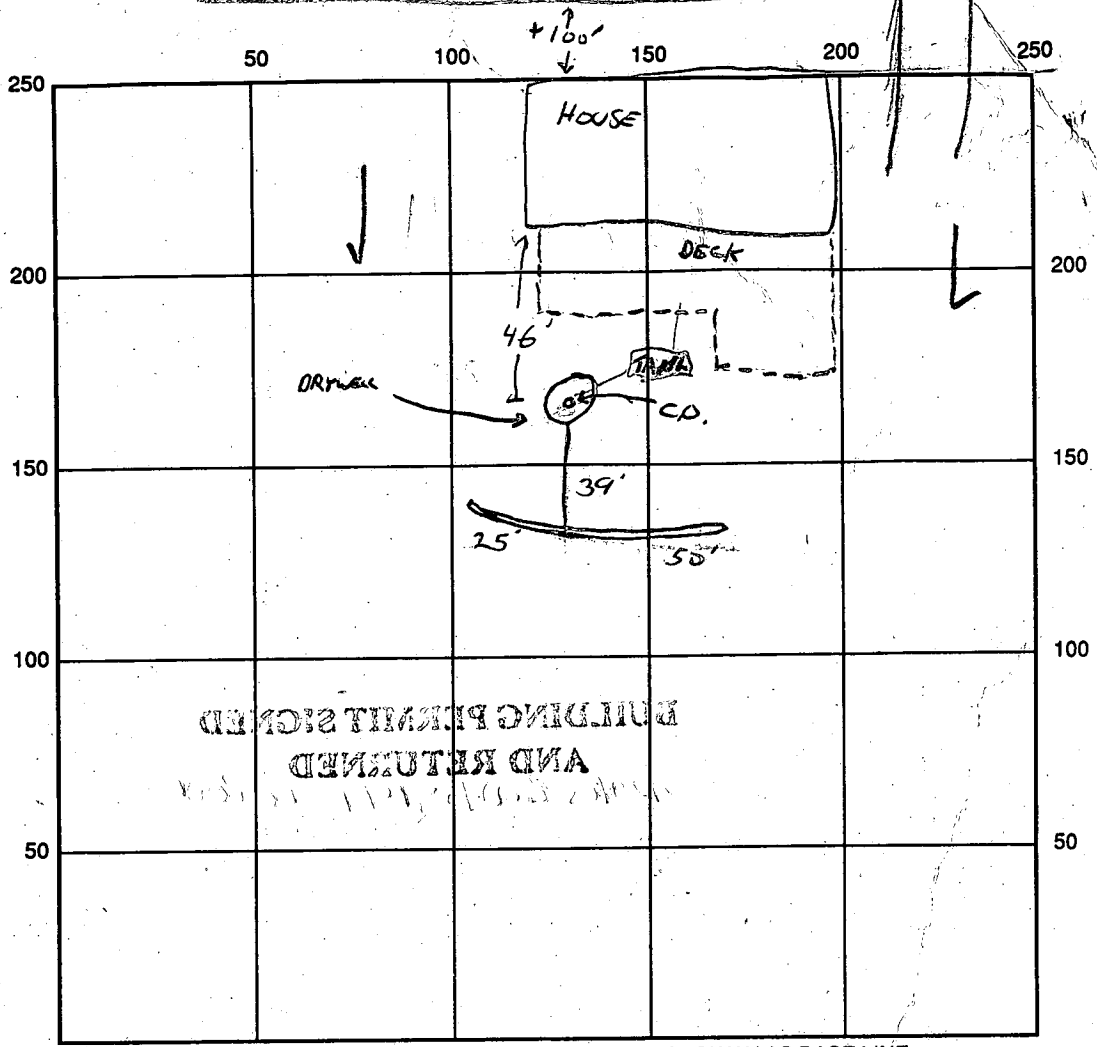
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 50759B

← MT. ALBERT RD. →



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EXISTING CLEANOUTS PRESENT ON DRYWELL & TANK

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 1 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 7 1/2 FT. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 562 SQ. FT.

DRYWELL INSIDE DIAMETER NA FT. EFFECTIVE DEPTH BELOW INLET NA FT.

ABSORBENT AREA NA SQ. FT.

REMARKS: REPAIR - 1 TRENCH RUN OFF DRYWELL. TRENCH DUG TO 11,  
MOST OF STONE, 1/2 OF PIPE INSTALLED. OK TO COVER AS COMPLETED.

DATE SYSTEM APPROVED 5/31/95 INSPECTOR GLEN SAUSAGE

Partial check-out 7/15/74 F.S.

7/5/73  
7/8/73 App'd. w/h

# PERMIT

P 20223  
A 15822

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

## INDEXED

DISTRICT 3rd

DATE 6/26/74

Pat Lendrim IS PERMITTED TO INSTALL  ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Md. PHONE 442-2416

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Woodmark ROAD Mt. Albert Road LOT 66, Blk. C, Sec. 7

PROPERTY OWNER Mark Wakefield

ADDRESS Carroll Mill Road, Ellicott City, Maryland

SPECIFICATIONS  
3 bedrooms - 1000 gallon tank  
4 bedrooms - 1250 gallon tank

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

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

OTHER DRY WELL - 100 sq. ft. sidewall area per bedroom below inlet. Dry well inlet to be no deeper than 4 ft. and dry well bottom to be no deeper than 11 ft. Place the dry well 185 ft. from the front lot line and 30 ft. from the right side of the lot as seen when facing the lot from Mt. Albert Road.

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

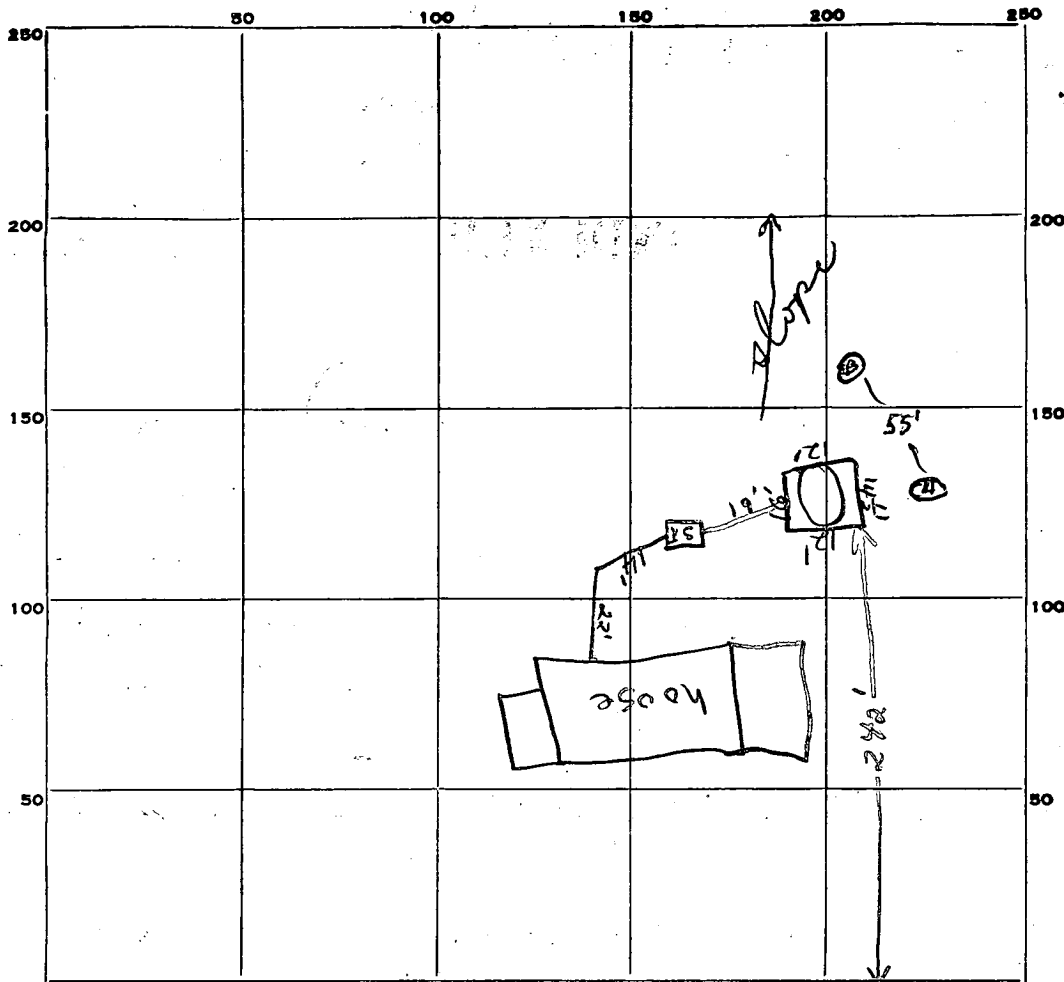
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges & Robert Torre DATE 6/25/73 & 8/14/73

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/5822



12  
12  
14  
12  
44.5  
8  
436.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Mt. Albert Road

PERMIT CARD  Signed stop construction

SEPTIC TANK, LEVEL

CLEANOUTS S.T.  | D.W.

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, <sup>OUTSIDE PERIMETER</sup> ~~INSIDE DIAMETER~~ 54.5 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 436 SQ. FT.

REMARKS 7/5/74 Draywell not in proper location is 5 ft further back on lot F.S. Lot must be retested; Partial checkout only! F.S.  
7/8/74 Hole "A" is 18' to right of D.W. Perc in E of 5 minutes

DATE SYSTEM APPROVED 7/8/74 INSPECTOR William H. Zepp

*Re-test*

# APPLICATION

A 20304

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3

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

DATE 7/8/74

*7/8/74*

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 Mark Wakefield

ADDRESS Carroll Mill Road, Ellicott City, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. 66, Blk. C, Sec. 7

ROAD AND DESCRIPTION Mount Albert Road

SIZE OF LOT 94,800 sq. ft. TYPE BLDG. 4

NUMBER OF BEDROOMS  
(Single Fmly. Dwllg.)

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)

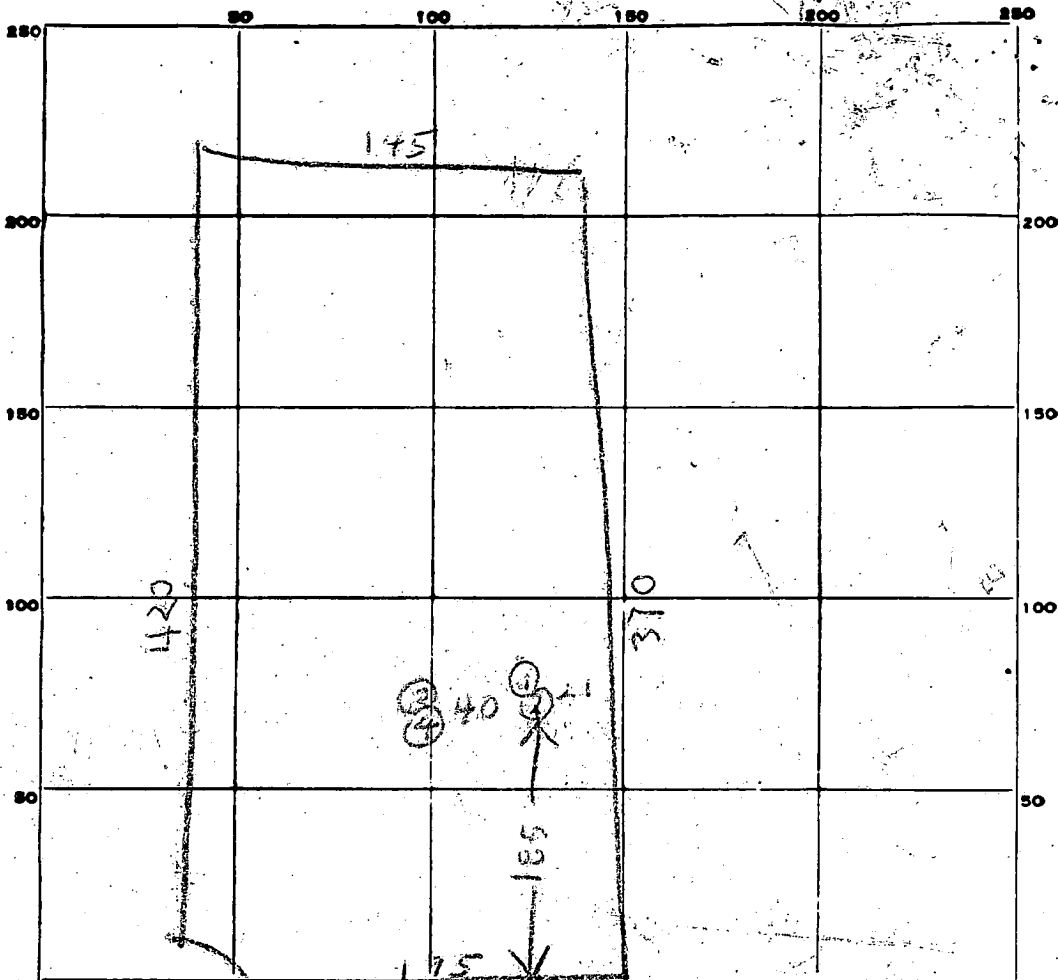
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT







INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MT ALBERT RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/11	1	1 1/2	1109	1110	1110	1112	2
	2	5	1109	1110	1110	1112	2
	3	5	1110	1110 1/2	1110 1/2	1112	2
	4	11	1110	1113	1113	1116	3

SOIL AUGER FINDING

TESTED BY

REMARKS

*B. Hodges*

1 of 66

# APPLICATION

A 15822

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 4/5/71

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 Mark Wakefield

Ron Carter

ADDRESS Carroll Mill Road, Ellicott City, Maryland

PHONE 465-1636

PROPERTY LOCATION:

SUBDIVISION Woodmark

LOT NO. 66, Blk. C, Sec. 7

ROAD AND DESCRIPTION Mount Albert Road

OCCUPANT \_\_\_\_\_

PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SIZE OF LOT 94,800 sq. ft. (195' x 420' x 285' x 370') TYPE BLDG: 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Mark Wakefield

APPROVED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

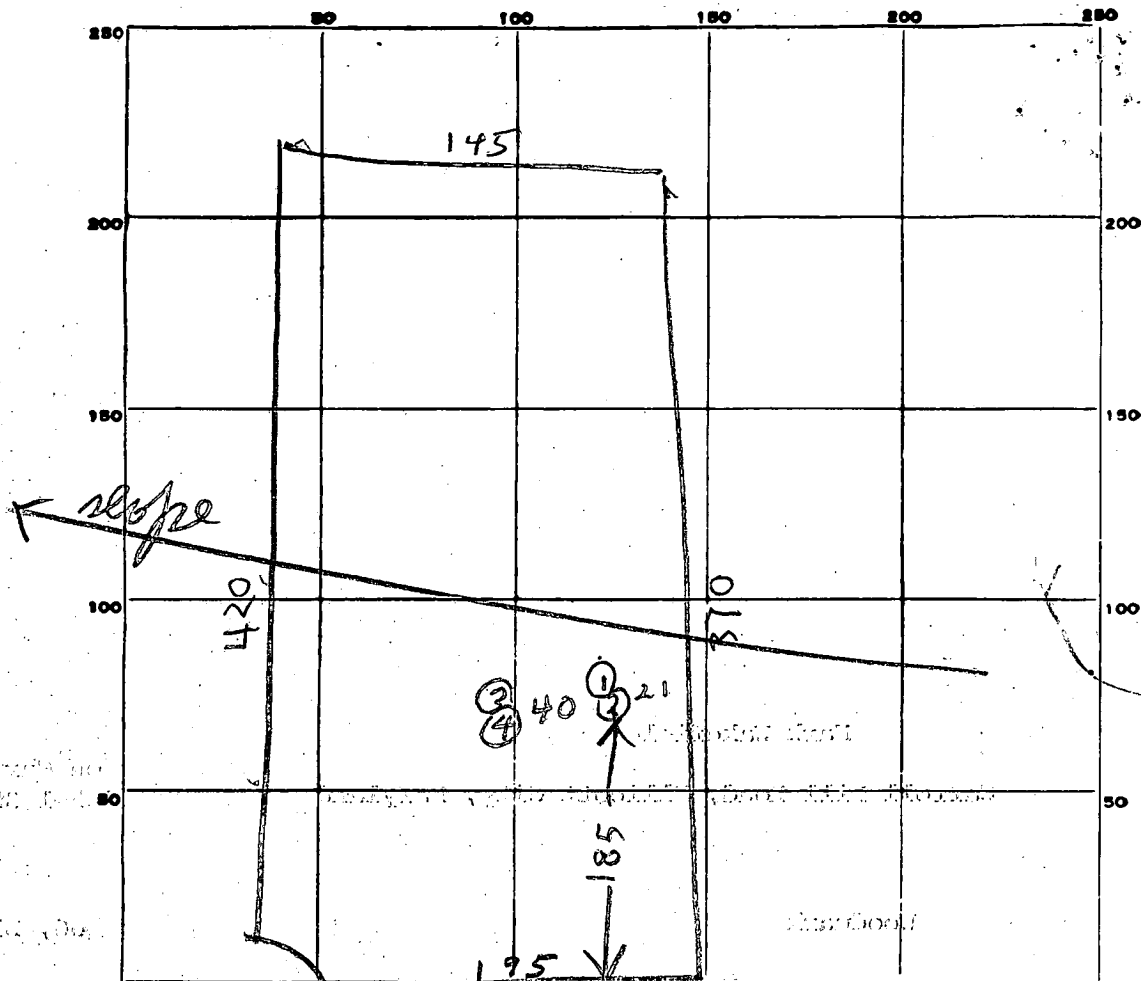
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_

DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MT ALBERT RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/14/71	1	1 1/2	1109	1110	1110	1112	2	
	2	5	1109	1110	1110	1112	2	
	3	5	1110	1110 1/2	1110 1/2	1112	2	
	4	11	1110	1113	1113	1116	3	
7/8/74	A	12'	2:55	2:58	2:58	3:04	6	
	B	12'	Visual; sim to A					

SOIL AUGER FINDING: sandy soil fr. 4 1/2 - 5' → 12'

TESTED BY

*J. Hodgson* & WWZ on 7/8/74

REMARKS

1 of 66



STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
9/17/74  
1:30 P.M.

OWNER Scallara COL 15 LAST NAME  
John A COL. 34 FIRST NAME  
STREET OR RFD Mount Albert Dr COL 36  
POST OFFICE Woodmark, Howard County, MD COL 57

B 1 CONTINUED DRILLER INFORMATION  
1 2 3 (SEQ. NO.) 6  
DATE May 1, 1974 LICENSE NUMBER 273  
FIRST NAME Ralph DRILLER LAST NAME Wayne  
SIGNATURE Ralph Wayne

B 3 LOCATION OF WELL  
1 2 3 (SEQ. NO.) 6  
COUNTY Howard  
SUBDIVISION Woodmark  
SECTION C LOT 166  
NEAREST TOWN Glenely  
MILES FROM TOWN 3

B 2 WELL INFORMATION  
1 2 3 (SEQ. NO.) 6  
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5  
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500  
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING, AGRICULTURE, IRRIGATION  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT  
M MUNICIPAL WATER SUPPLY  
P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
T TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)  
1 2 3 (SEQ. NO.) 6  
N NORTH E EAST NE NORTHEAST SE SOUTHEAST  
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST  
NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32  
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 160

APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

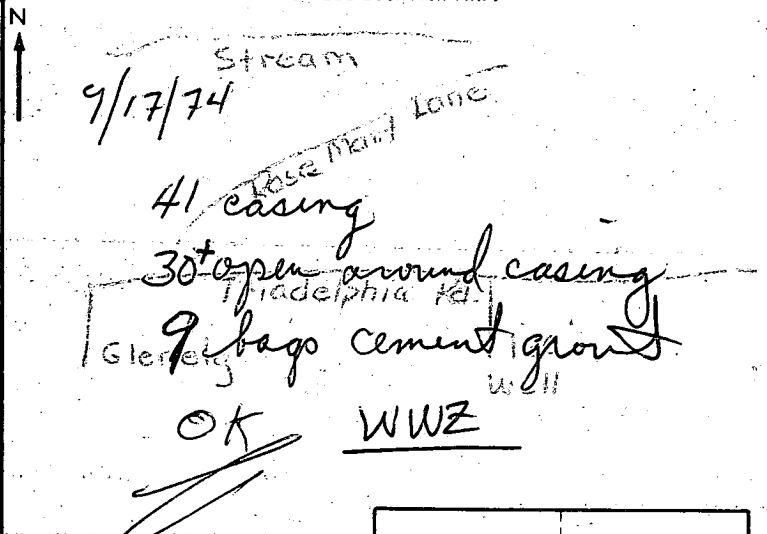
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
BORED (OR AUGERED) JETTED DRIVEN  
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
CABLE REVERSE-ROTARY DRIVE-POINT  
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)  
APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63  
FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G C W Q C L U

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL  
1 2 3 (SEQ. NO.) 6  
41 S STATE HEALTH (CIRCLE BOX) HOWARD COUNTY NAME  
DATE 05 08 74 APPROVED BY Palmer F. Wine Director

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.



BOX NUMBER E 810 N 530  
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

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

SEQUENCE NO. (WRA USE ONLY)  
**4095**  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED 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) Apr. 19-74 DATE WELL COMPLETED 200 DEPTH OF WELL (TO NEAREST FOOT) 200  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-1-1-1-1-1-1  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 27.3

OWNER Sealdara John LAST NAME FIRST NAME Woodmark rd.  
 STREET OR RFD POST OFFICE

**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>Top soil</u>	<u>0</u>	<u>2</u>	
<u>Sandy</u>	<u>2</u>	<u>34</u>	
<u>Sand Stone</u>	<u>34</u>	<u>60</u>	<input checked="" type="checkbox"/>
<u>Granite</u>	<u>60</u>	<u>200</u>	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 9 NO. OF POUNDS 900  
 GALLONS OF WATER 50  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 39 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 MAIN CASING TYPE  STEEL  CONCRETE  
 PLASTIC  OTHER  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40

**OTHER CASING (IF USED)**  
 DIAMETER (INCH) FROM TO  
 DEPTH (FEET) FROM TO

**SCREEN RECORD**  
 SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)  
 STEEL  BRASS OR BRONZE  OPEN HOLE  
 PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**  
 FROM TO  
 1 8 9 11 15 17 21  
 2 23 24 26 30 32 36  
 3 38 39 41 45 47 51  
 SLOTSIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO  
 GRAVEL PACK  
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

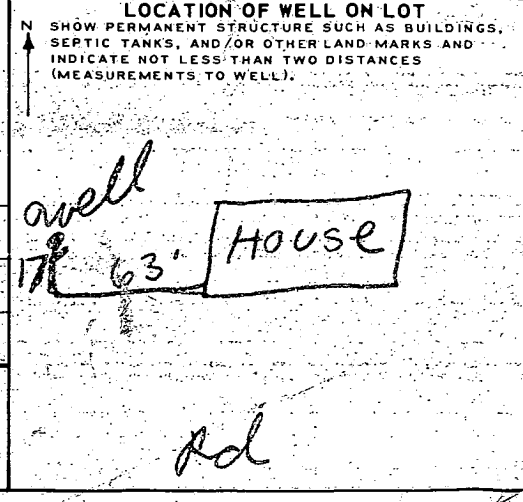
**PUMPING TEST**  
 HOURS PUMPED (TO NEAREST HOUR) 2  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 25  
 METHOD USED TO MEASURE PUMPING RATE bucket  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 35 (NEAREST FOOT)  
 WHEN PUMPING 200 (NEAREST FOOT)  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

**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)  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  BELOW LAND SURFACE  
2 (NEAREST FOOT)

**CIRCLE APPROPRIATE BOXES.**  
 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  
 (PLEASE PRINT) RALPH MAYE  
 SIGNATURE Ralph Maye



# FILE INQUIRY FORM

Property Address: 12244 - Mt. Alder

Any SUELOS for pool.

Stake pool & locate trench from dry well.

Apply for perc to establish repair area

Lorane Paehni

410-531-5570 Cell - 410 707 5291

confirm  
20'  
Setback

House - 410 531-5520

SUELOS - Proposed pool is within 100'

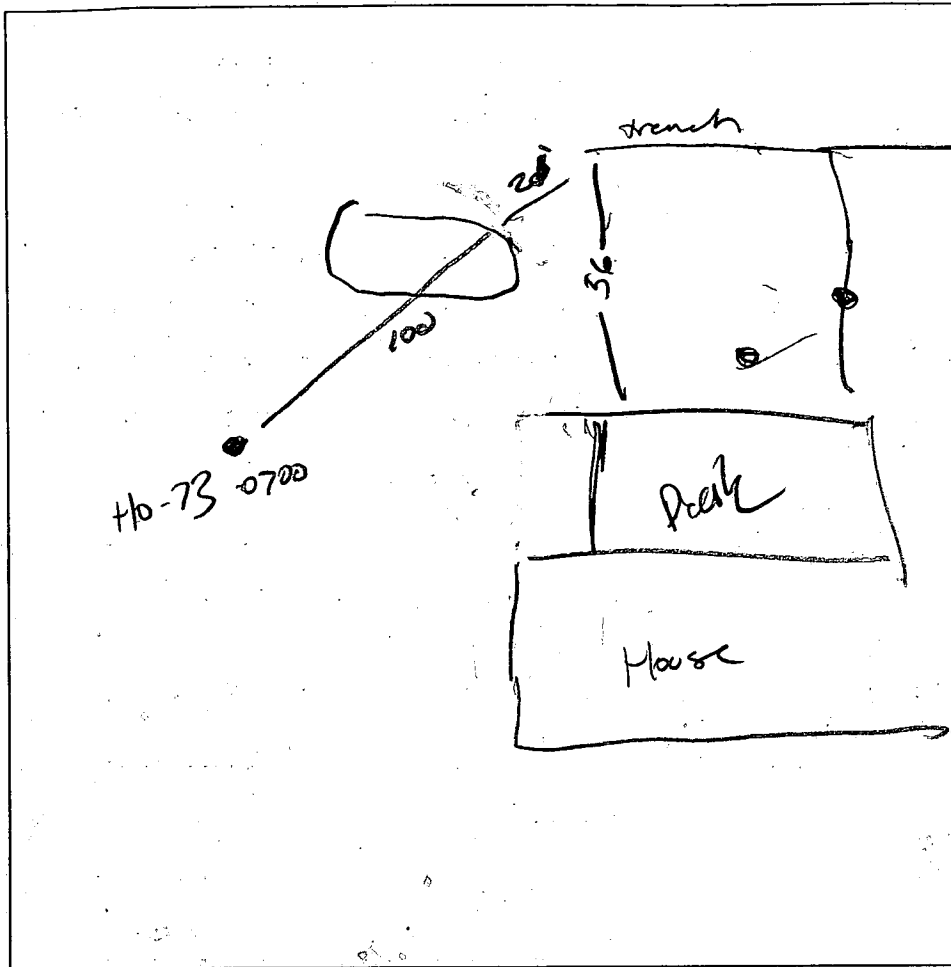
well radius. Existing trench is

21' from pool which was staked

at time of inspection

Auger broken at time, O.K. to

sign



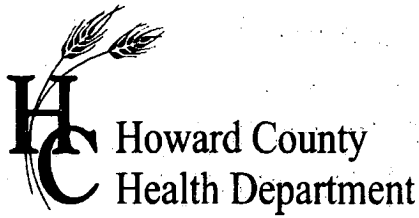
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS \_\_\_\_\_

SANITARIAN \_\_\_\_\_ BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

AGENCY REVIEW: \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE ABOVE THIS LINE**

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH \_\_\_\_\_ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND

"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

505' 32' 33" W. 159.91      519' 39' 48" W. 257.72'

90' Drainage Easmt

67

66

100,108± of 2.50 AC±

290.61  
110.50'

585' 22' 30" E

285'

GRAIN FIELD

N 18° 00' 00" W

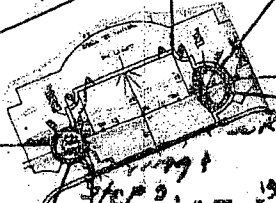
### APPROVED

WALK-THRU BUILDING PERMIT  
BP# 600154149 A# P50754B  
APP. SAN PAM DATE: 5/27/05  
DESC. OF WORK: 20x47 inground  
post - depth - 3-6 fence.

437.44'

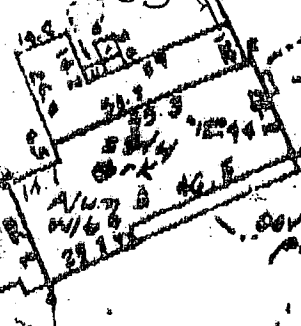
52'

188'  
100'  
WELL  
ACCESS



551'

SEPTIC TANK



ch4  
0.125.0

44'

1.00 brick porch

6x1

R=50' A=60.13

R=25' A=30.77

R=557.59 A=115.81

SCALE 1" = 50'

## MOUNT ALBERT R (50')

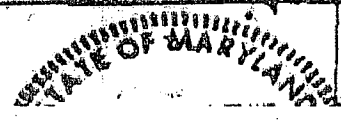
490.00'

NOTICE: Located in a N.A.D. designated Flood Hazard Zone as per F.E.M.A. Community Panel No. 2400440021B  
This survey was prepared without the benefit of a title report.  
Information shown herein should not be relied upon for construction of improvements.

TAX MAP GR.

### SURVEYOR'S CERTIFICATE

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements



LOT IMPROVE  
12244 Mount,