

6-26-95
c/o pm ✓
6-27-95
c/o ASAP
6-30-95
c/o ASAP

Needs Final Hse Connection
when Bldg. Alder. Ready.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 570-790C

A REPAIR

DISTRICT 5th

DATE 7/24/95

DATE SYSTEM APPROVED 6/28/95

INSPECTOR R. Kelly

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~X760993X~~ 313-2640

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Linden Chapel Hills, Sec 2 LOT 6, Blk.B ROAD 4979 Morningstar Drive

PROPERTY OWNER Mroz
4979 Morningstar Drive

ADDRESS _____

SEPTIC TANK CAPACITY 2 x 1000gal new 2 in parallel - both connected thru dry well.
1000gal GALLONS

NUMBER OF BEDROOMS 3H = 4 Bdr

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - DRYWELL HAS FAILED.

TRENCH - Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. 5 feet of stone below distribution pipe. Install 100 linear feet of trench.

LOCATION - Trench to be off the drywell.

PLANS APPROVED BY Jane Nadeau/Bryan Streaker DATE 07/25/94-02/28/95

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

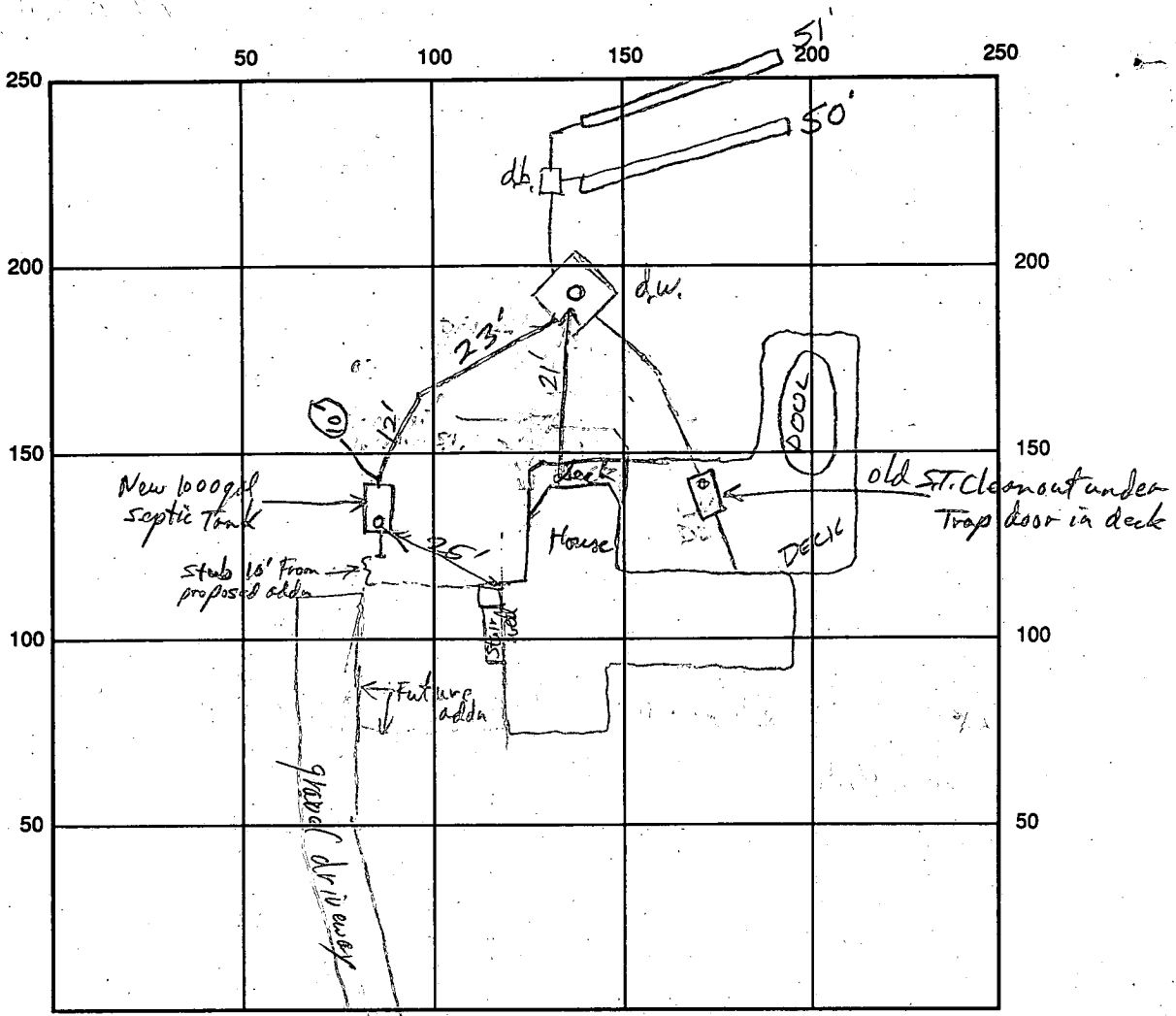
PERMIT VOID AFTER TWO YEARS

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**

P 570-790C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

2nd S.T. (Don Near Bldg Addn) 1000gal

SEPTIC TANK LEVEL Existing 1000gal

CLEANOUTS DW - OK, New ST. OK

DISTRIBUTION BOX LEVEL OK BALK 15 10

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH $\frac{50}{2} \frac{51}{2} = 101$ linear ft

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 6-26-95 Repair complete at time of insp - no deep trenches insp
OK to cover - call when additional septic tank is set and
stopped by 6/28/95 Bldg No addition work done. Second S.T. and connection to dry well OK to
cover. Needs floor connection for Bldg addition when ready. RP 6/30/95

DATE SYSTEM APPROVED 9/28/95

INSPECTOR [Signature]

10/4/74 File Final F.S.

PERMIT

P 20352

A 15763

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 7/17/74

10/4/74

Pat Lendrim IS PERMITTED TO INSTALL ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Maryland PHONE 442-2416

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Linden Chapel Hills ROAD 4979 Morningstar Drive LOT 6, Blk. B, Sec. 2

PROPERTY OWNER Robert Mroz

ADDRESS _____

SPECIFICATIONS ~~1 1/2~~ - 3 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 be 100 sq. ft. absorbent sidewall area below the inlet pipe per bedroom. Inlet pipe to be 3 ft. below original grade. Maximum depth of dry well to be 12 ft. below original grade. Locate dry well 75 ft. from rear lot line and 55 ft. from left lot line as seen when facing from front lot line.

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.

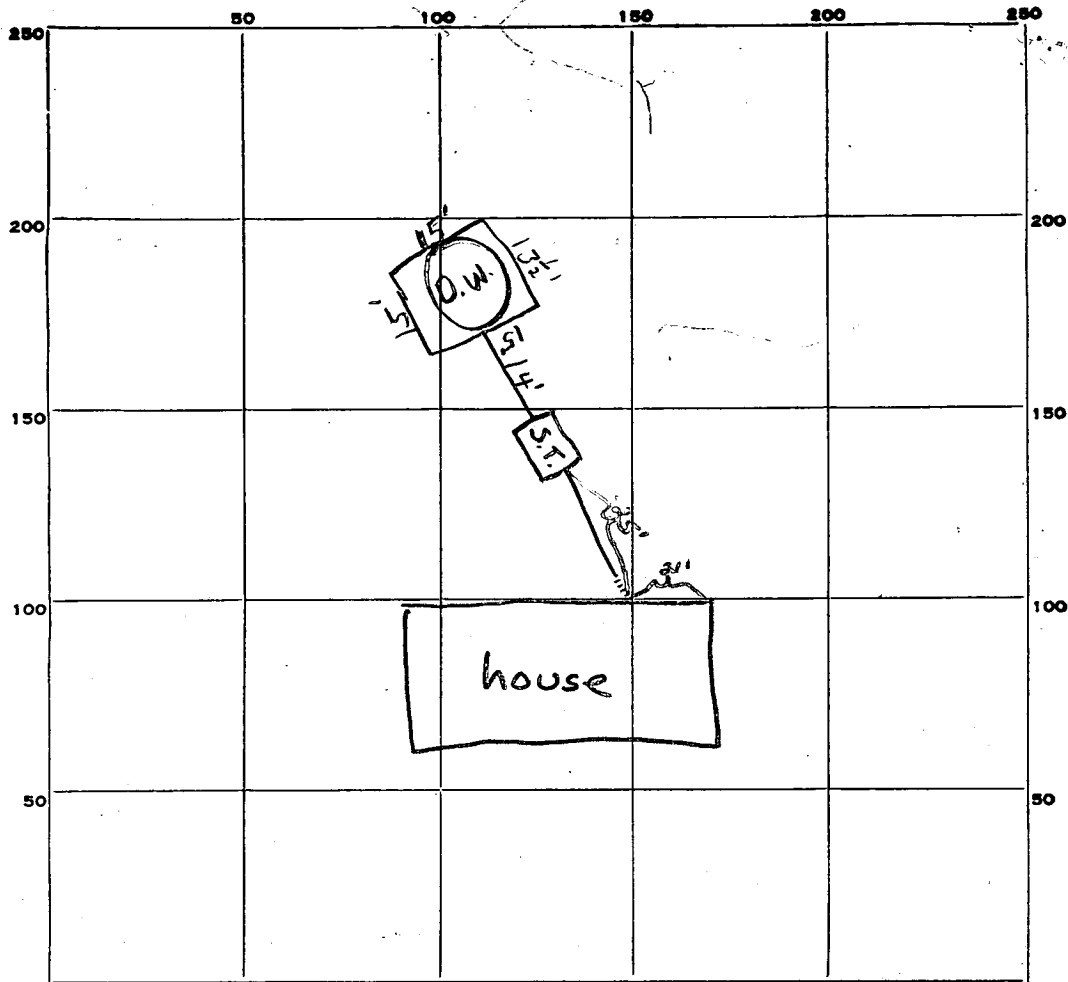
PLANS APPROVED BY James T. Wright DATE 4/22/71

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.

BLDG. PERMIT SIGNED AND RETURNED 6/19/74
Smith # 71193 PMH.

A 15763



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Morningstar Dr.

PERMIT CARD signed cover all work

SEPTIC TANK, LEVEL 1250 gal

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, INSIDE DIAMETER 58 1/2 FT. DEPTH BELOW INLET 8 FT.

58.5
8
468.0

ABSORBENT AREA ±468 SQ. FT.

REMARKS 10/4/74 House not yet connected, pipe begins 5' from house
D. well inlet at 3' below grade S.S.

DATE SYSTEM APPROVED 10/4/74

INSPECTOR Frank Schinner

EMERGENCY NO. (If any) -

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER **A 15763**

DATE RECEIVED (WRA USE ONLY) **12/17/74**
10:30 AM

OWNER **MROZ**
COL 15 LAST NAME

STREET OR RFD
COL 36

POST OFFICE **DAYTON MD.**
COL 57

SEQUENCE NO. (WRA USE ONLY) **0914**

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY

B 1 CONTINUED DRILLER INFORMATION

DATE **11-6-74** LICENSE NUMBER **217**

C.A. CROMWELL
FIRST NAME DRILLER LAST NAME

SIGNATURE *C.A. Cromwell*

B 3 LOCATION OF WELL

COUNTY **HOWARD**

SUBDIVISION **Spinden Chapel Hills**

SECTION **6, Ber. 12** LOT **6, Ber. 12**

NEAREST TOWN **DAYTON MD.**

MILES FROM TOWN (ENTER 0 IF IN TOWN) **73** MI

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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)

NORTH EAST NORTHWEST SOUTHWEST

SOUTH WEST NORTHWEST SOUTHWEST

NEAR WHAT ROAD **MORNING STAR DR.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **45** MI

APPROXIMATE DEPTH OF WELL **175** FEET

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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 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)

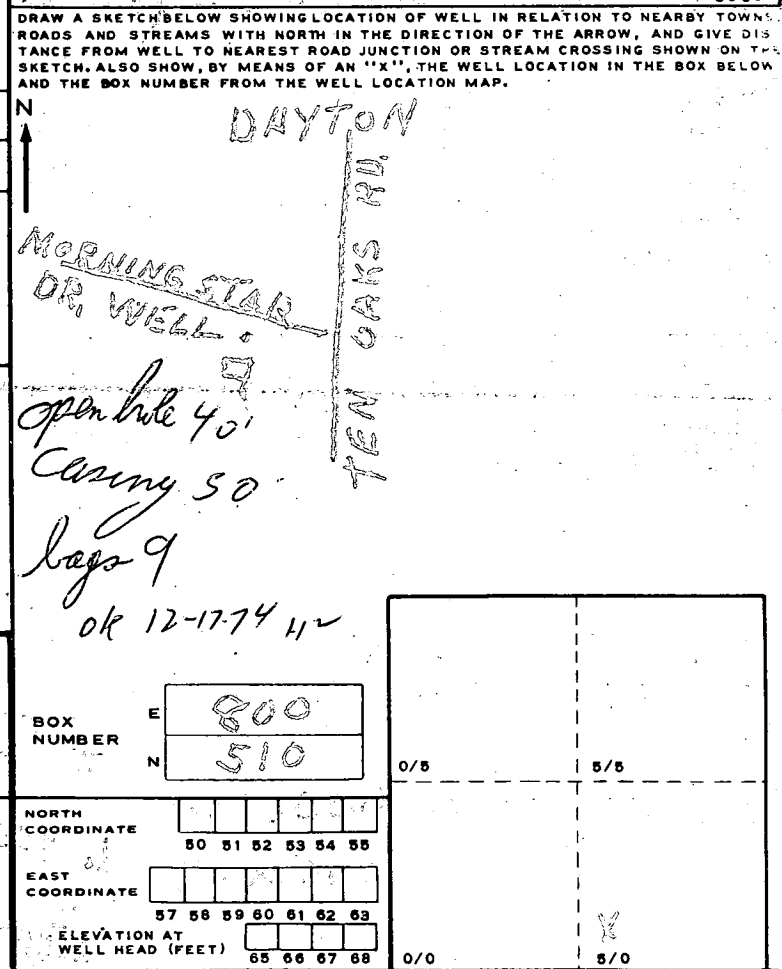
APPROPRIATION PERMIT NUMBER **800** ENGINEER REVIEW DISTRICT NO. **510**

FORCE **800** WRITE INITIALS IN BOX **510** CONDITIONS **800**

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **HOWARD** COUNTY NO. **12**

DATE **12 15 74** APPROVED BY *Imelda M. ...*



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 **2497** SEQUENCE NO. (WRA USE ONLY)

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) 12-23-74 DATE WELL COMPLETED

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 217

DRILLERS IDENTIFICATION NO. 217

OWNER LAST NAME Mroy FIRST NAME Robert

STREET OR RFD Newton, Md 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	
SAND	0	40	<input checked="" type="checkbox"/>
GRAY SAND	40	200	<input checked="" type="checkbox"/>
STONE			

Well 200 ft

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 846

GALLONS OF WATER 55

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 45 FT.

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 48

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OPEN HOLE OR BRONZE

PLASTIC OTHER

EACH SCREEN

1 HO DEPTH (NEAREST WHOLE FOOT) FROM 0 TO 45

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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) 4

METHOD USED TO MEASURE PUMPING RATE ROTARY

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 195 (NEAREST FOOT)

TYPE OF PUMPED 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) 35

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE (NEAREST FOOT) 50

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).

Newton

Moving Test

will

Jan 2000

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: C.A. Cromwell & Son

(PLEASE PRINT) C.A. Cromwell & Son

SIGNATURE C.A. Cromwell & Son

3/26/73
Review
date
needed.
F.Z.

APPLICATION

A 15763

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic tank to be 1200 gall* ELLICOTT CITY

DISTRICT 5

DATE 3/9/71

Dry well to be 100 sq ft of asphalt sidewalk
area below the inlet pipe per bedroom. Inlet pipe to
be 3 ft below original grade. Max depth of dry well to be 12 ft
below original grade. Locate dry well 55 ft from rear lot line
and 55 ft from left lot line as seen when facing from
front lot line

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 Frank F. & Linda Willson et al *Robert Mroz*

ADDRESS Ashton, Maryland 20702 PHONE Mr. Johnson 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills LOT NO. 6, Blk. B Sec. 2

ROAD AND DESCRIPTION Corner of Road "A" and Road "B"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 43,750 sq. ft. TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Robert Johnson

APPROVED BY *James T. Wright* FOR Dry well DATE 4/22/71
(KIND OF SYSTEM)

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

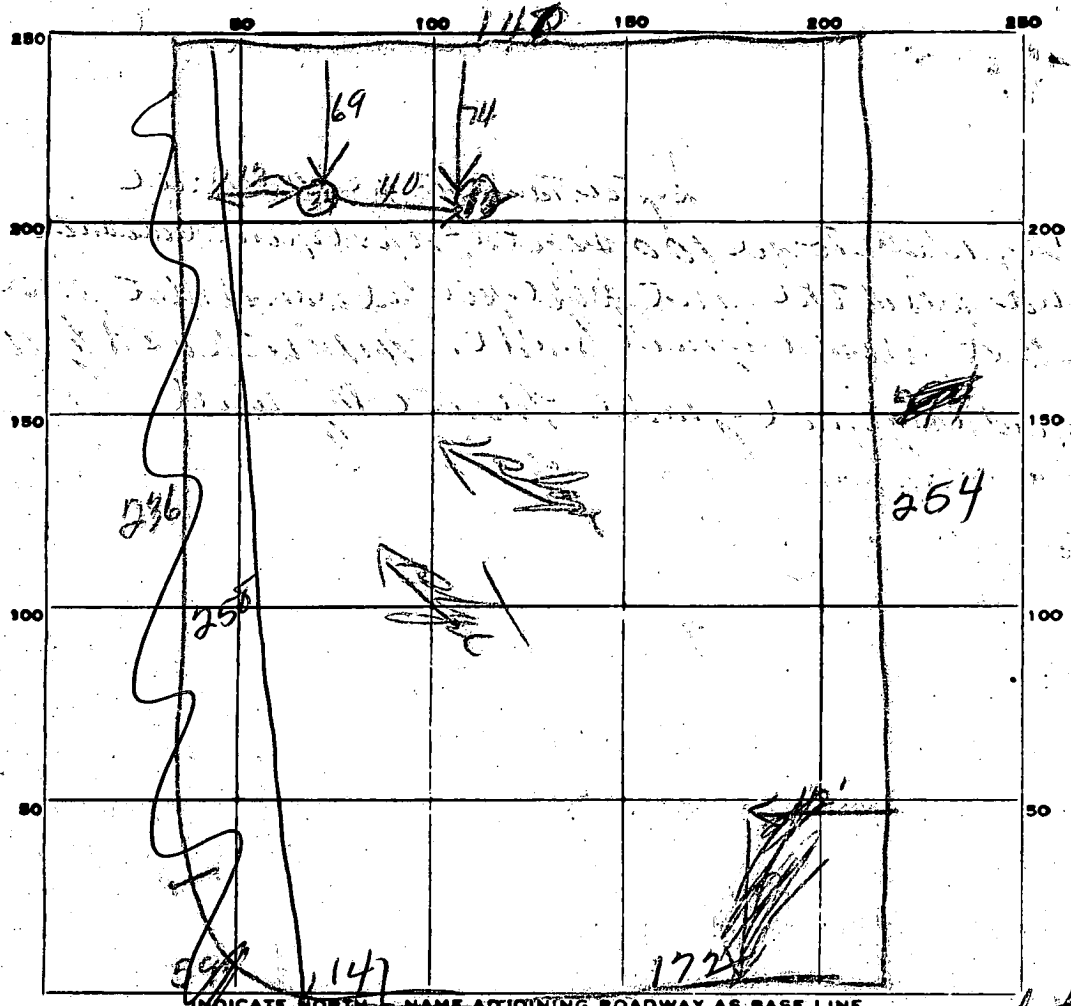
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6/10/74

THIS IS NOT A PERMIT

2/9



lot 6-B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/11/72	1	12'	142	142	142	144	2 min
	2	4'	141	143	143	145	2 min
	3	10'	145	146	146	148	2 min
	4	3'	146	148	148	150	3 min

SOIL AUGER FINDING _____
 TESTED BY JHU
 REMARKS _____