

7/14/95 AM.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50790E

A REPAIR

DISTRICT _____

DATE 7/29/95

DATE SYSTEM APPROVED 7/11/95

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock Septic Services IS PERMITTED TO INSTALL _____ ALTER X

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

SUBDIVISION _____ LOT _____ ROAD 12202 Rt. 108

PROPERTY OWNER Robert Foster

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 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.

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

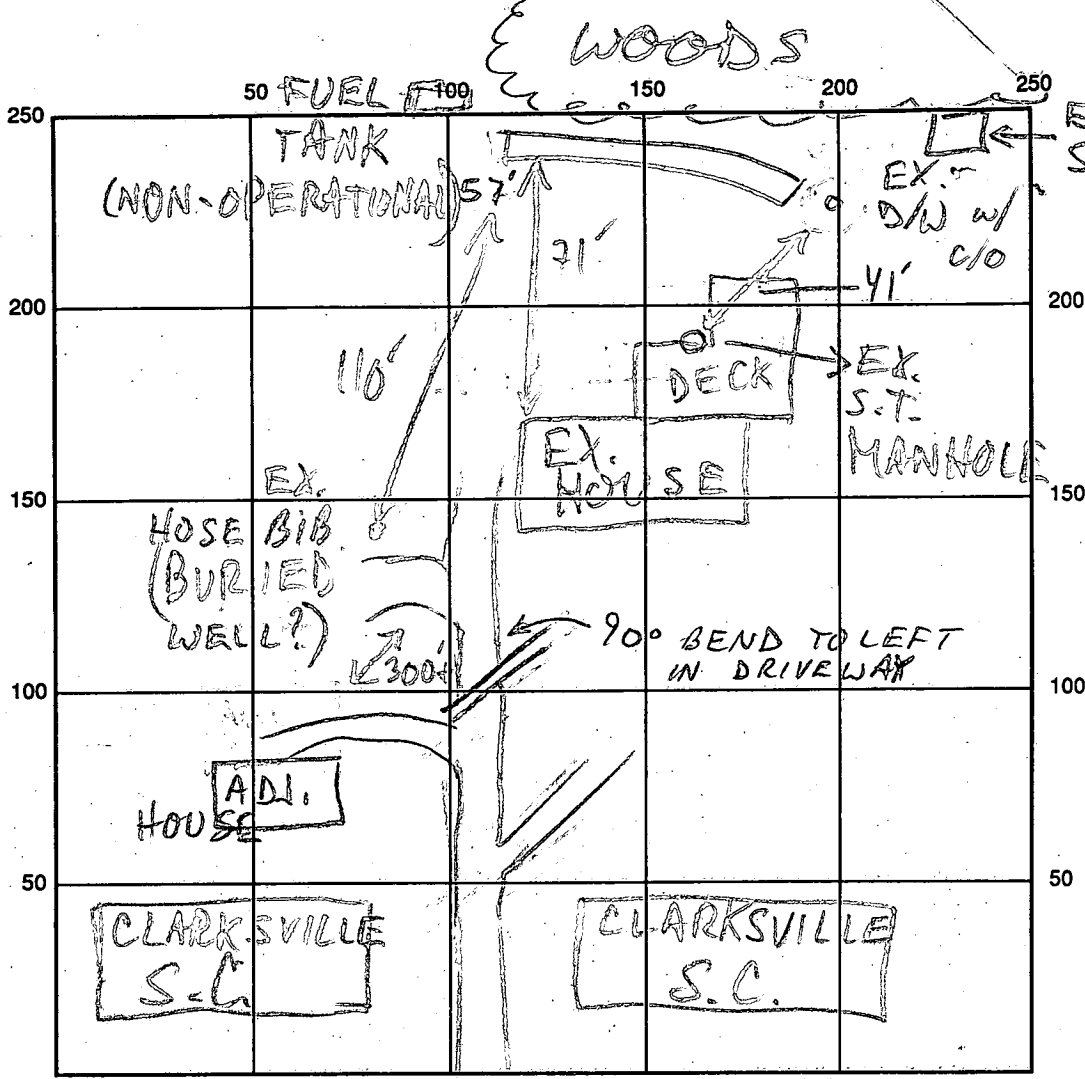
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

ENTER NEXT TO CURB STRIP CUR
- SECOND HOUSE BACK.

P 50790E



RT. 108

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX: 1000 GAL

CLEANOUTS EX S.T. - OK; D/W - OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 57 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 418 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 418 SQ. FT.

REMARKS: 7/11/95 OK TO COVER ALL MR

DATE SYSTEM APPROVED 7/11/95

INSPECTOR M. Ritkin

12/1/61 approved
PERMIT

P 04526

A 04510

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

INDEXED

DATE 11/22/61

Hi-Lowe IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED on Rt. 108, 1 mile from Rt. 32, between Clarksville and Sheppard's Lane Intersection.
1521 feet from Sheppard's Lane

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER O. E. Foster

ADDRESS 6804 Rhode Island Ave. College Park

SPECIFICATIONS

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

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 300 SQ. FT. below the inlet

SEPTIC TANK CAPACITY 750 GALLONS

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

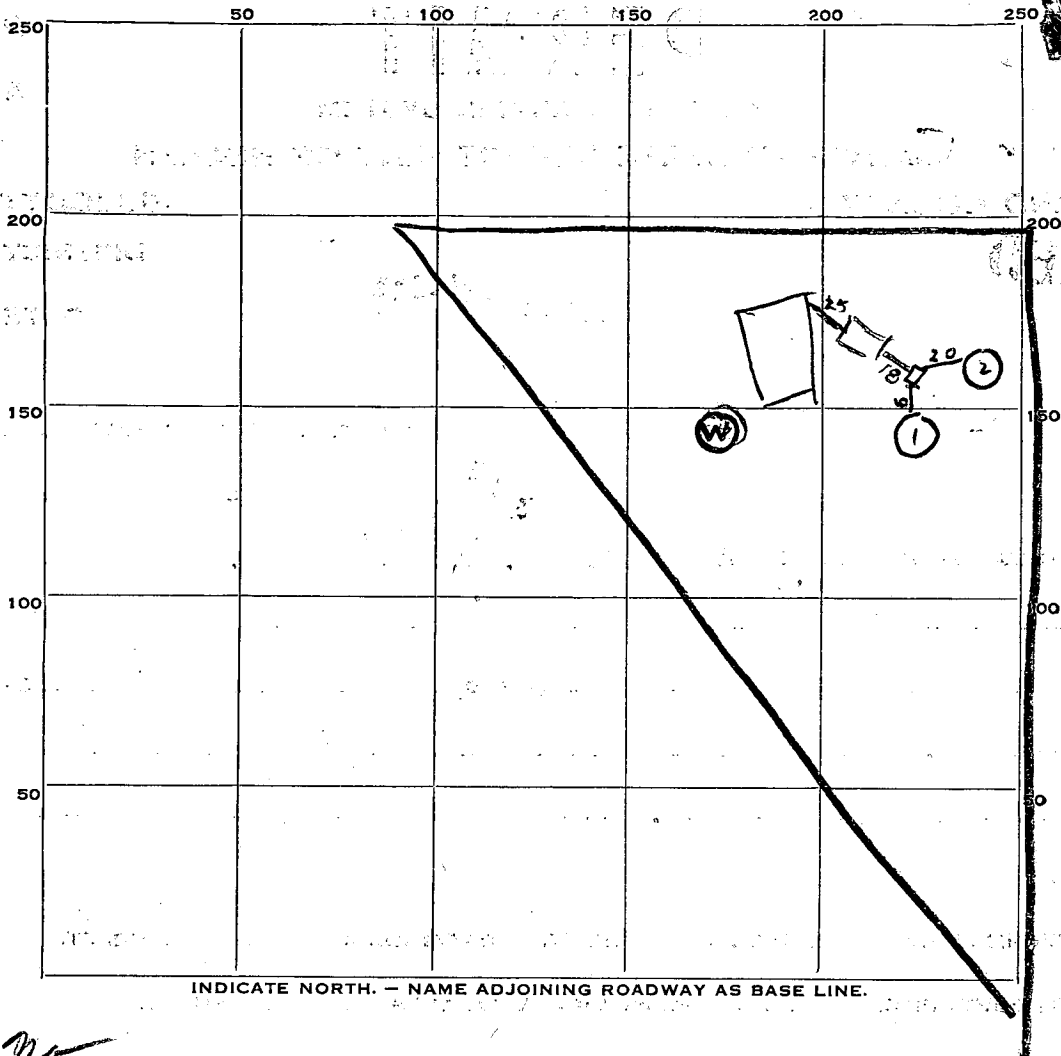
OTHER Place the dry well about 20 ft. from the septic tank.

PLANS APPROVED BY Raymond H dges DATE 11/17/61

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
04510



PERMIT CARD NO

SEPTIC TANK, LEVEL ok cement top 1 ft below grade CLEANOUTS OK

28
19

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 500 SQ. FT.

REMARKS DW# 1 9 ft dished wall to dished wall x 9 ft below inlet = 252 sq ft sidewall. Inlet 3 ft below grade. Stone OK

DW# 2 9 ft dished wall to dished wall x 9 ft below inlet = 252 sq ft sidewall. Inlet 2 ft below grade. Stone around outside OK

DATE SYSTEM APPROVED 1 Dec 61 INSPECTOR Raymond Holz

retest
9:30
11/17/61

APPLICATION

A 04510

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

750 Ballou tank
Dry Well - 300 sq ft sidewalk
area below the inlet

DISTRICT 5

DATE 11/18/61

Please the dry well about 20 ft from
the septic tank

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 O. E. Foster
ADDRESS 6804 Rhode Island Ave. PHONE _____
College Park

PROPERTY LOCATION: _____
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION on Rt 108 1 mile from Rt 32 - between
Clarksville & Sheppard's Lane Intersection ^{1521 feet} from Sheppard's Lane

OCCUPANT _____ PHONE _____
PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 1/2 acre TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Rebecca Malcolm

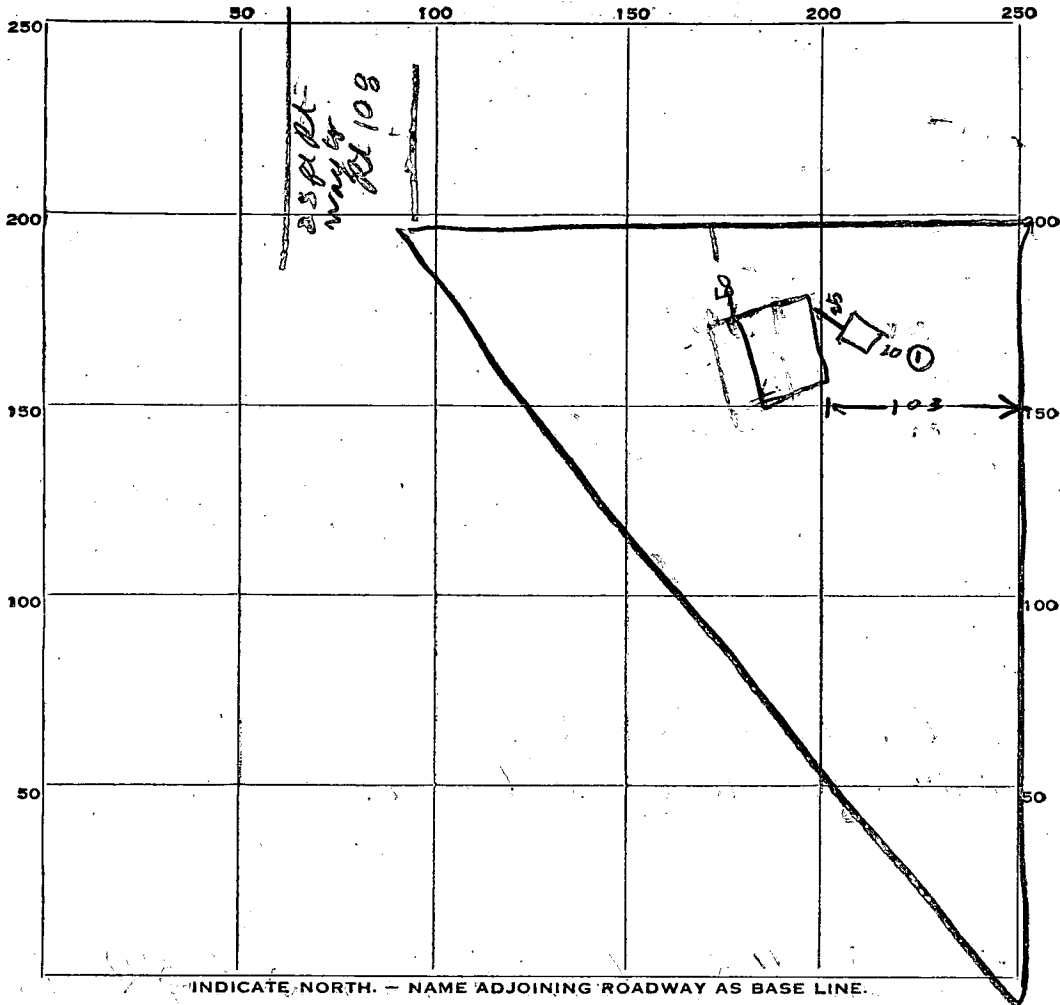
APPROVED BY Raymond Hodger FOR Dry Well DATE 11/17/61
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



50
100

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
17 Nov 11	1	11	925	927	927	931	4 min

SOIL AUGER FINDING _____

TESTED BY Raymond Hodges

REMARKS _____

ALSO PRESENT Wallace J. Malis LOT NO. _____

APPLICATION

A 04377

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

Tile Field - 390 sq. ft bottom area

DISTRICT 5

DATE 10/13/61

Please place the tile field about 120 ft to 150 ft from the side of the lot which is closest to Clarksville and 80 ft to 150 ft from the side of the lot that is closest to Route 108 and parallel to Route 108

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 O. E. Foster

ADDRESS 6804 Rhode Island Ave. College Park PHONE EV 4-1865

PROPERTY LOCATION:

SUBDIVISION Route 108 LOT NO. _____

ROAD AND DESCRIPTION 1 mile off Route 32 going north - between Clarksville intersection and Sheppard's Lane 1/4 of mile from Sheppard's Lane.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 1/2 acres TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT [Signature]

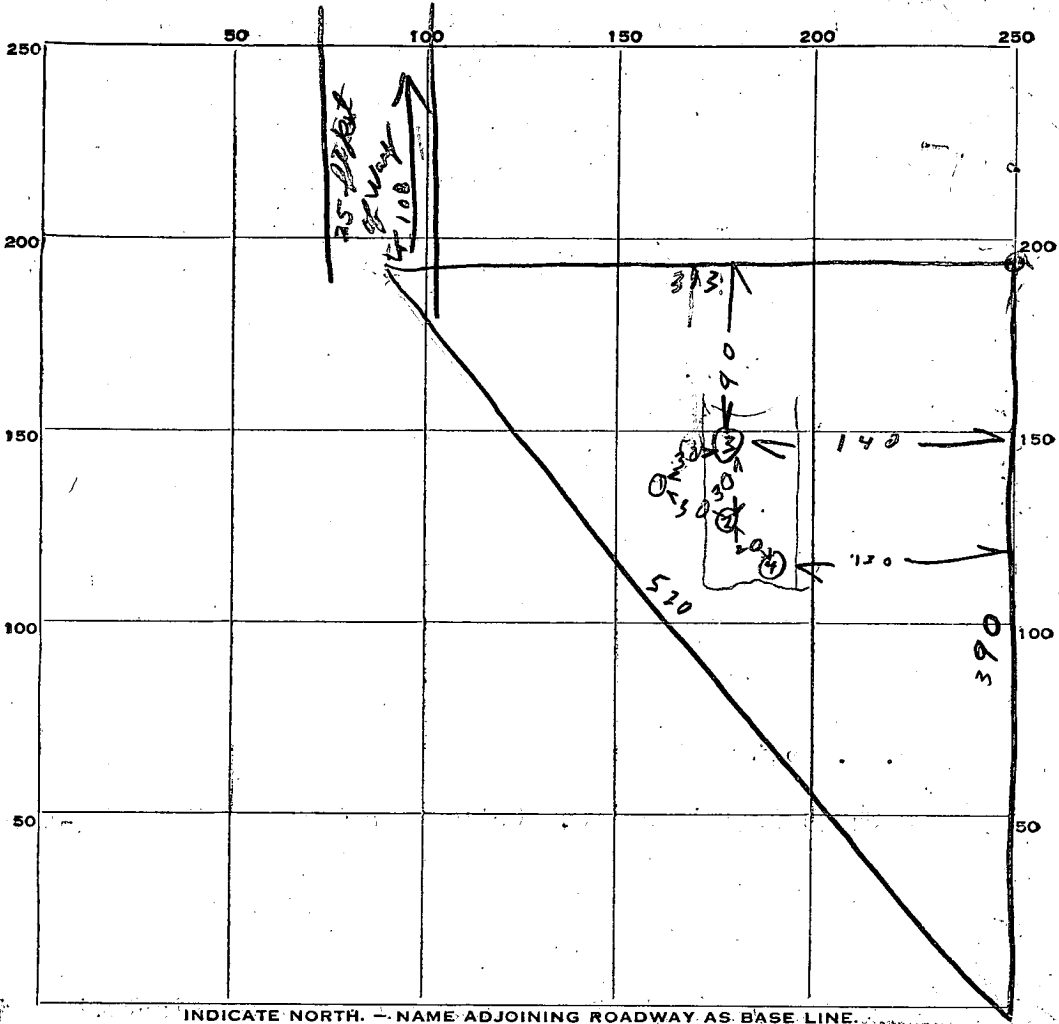
APPROVED BY [Signature] FOR Tile Field DATE 10/17/61
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



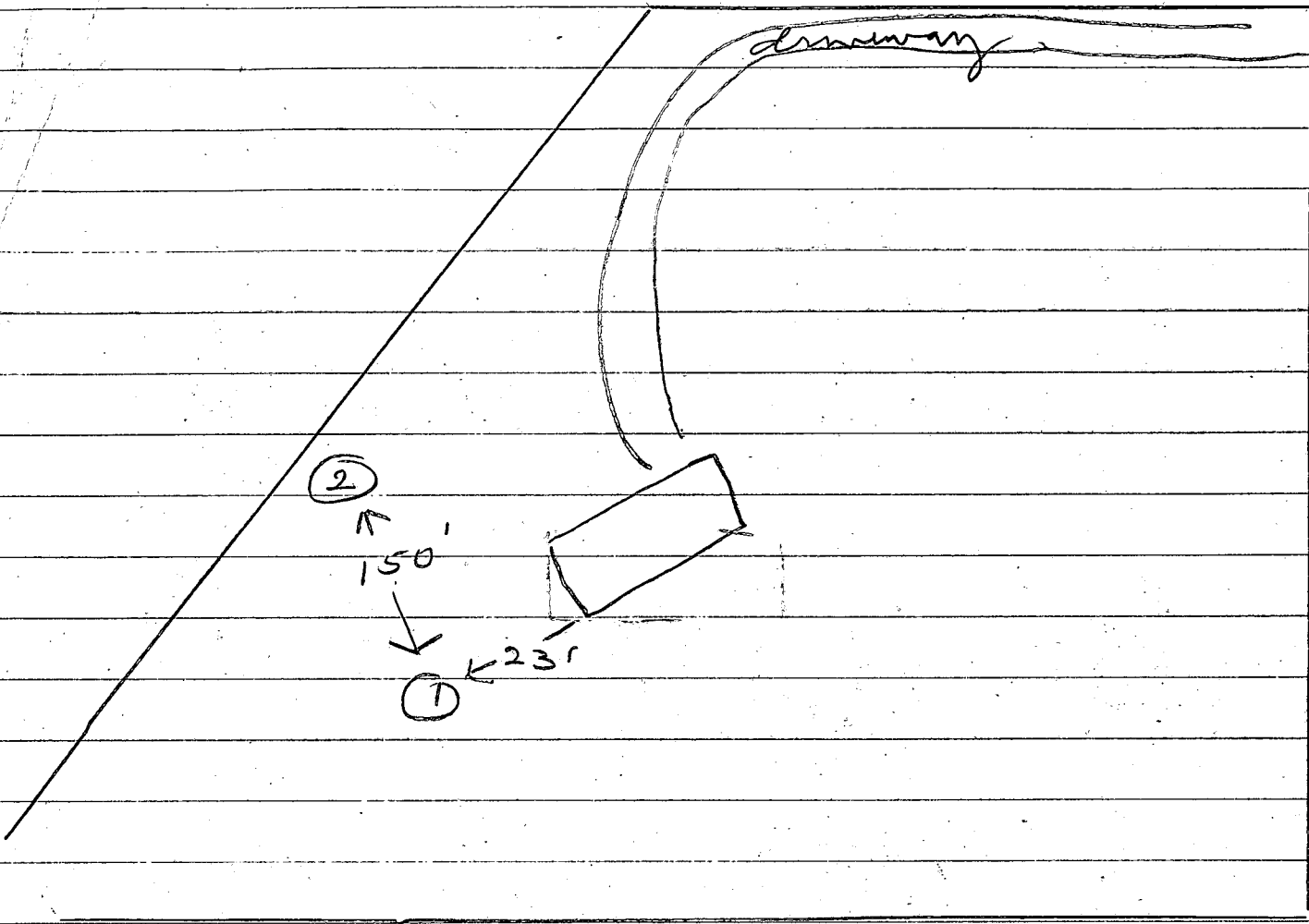
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/61	1	3	120	2:05	no perc.		
"	2	3	121	127	127	141	14 min
"	3	3	122	141	141	2:25	little perc
"	4	3	159	2:02	2:02	2:05	3 min

14
3
46
3) 57
5

SOIL AUGER FINDING _____
 TESTED BY R. Hodges & D. Monaghan
 REMARKS _____
 ALSO PRESENT William J. Mulvaney LOT NO. _____

A04510

LOT 3



- ① - 15' - deep
- ② 4' - clay - then sandy loam

J

J 4/23/81

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/2/2000 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any): none

* PERMIT NUMBER OF REPLACEMENT WELL _____

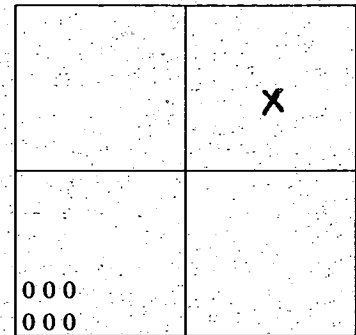
* PERSON ABANDONING WELL: Joseph L. Magne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Luck Stone

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 12202 Clarksville Pike



SHOW WELL LOCATION
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 810
 N 490

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 70 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>50</u>
<u>Washed gravel</u>	<u>50</u>	<u>70</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Magne LICENSE #: 024 CIRCLE ONE: MWD / MSD / MGD DATE: 6/2/2000