

PERMIT

SEWAGE DISPOSAL SYSTEM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 58451

C

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~

410-313-2640

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 13155 Rt. 144

PROPERTY OWNER Moxley

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

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

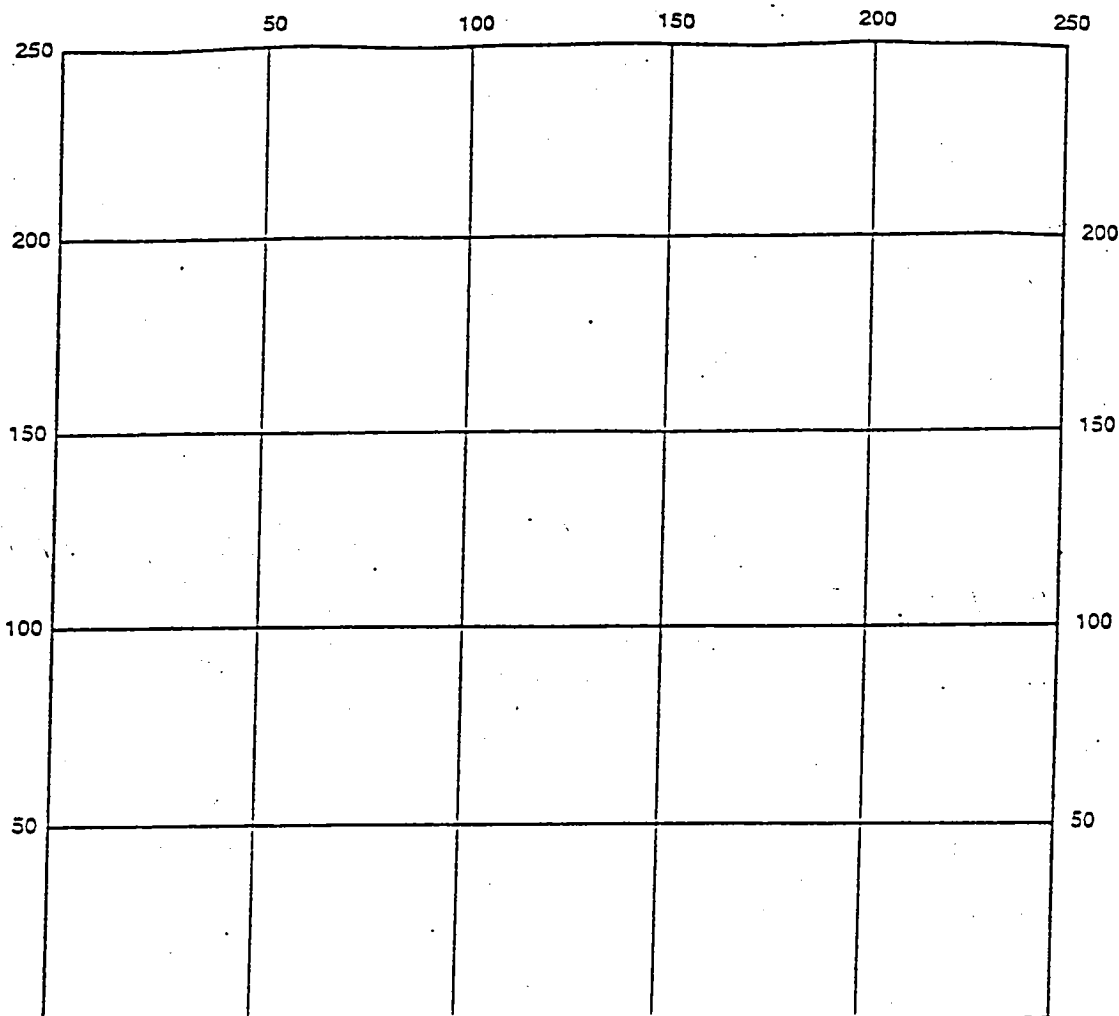
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

58451C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Check
10-17-66

11-1-66
11-2

PERMIT

SEWAGE DISPOSAL SYSTEM

P 12232

A 11977

MARYLAND STATE DEPARTMENT OF HEALTH

14/66
Howard
11/1/66

HOWARD COUNTY

INDEXED

ELLCOTT CITY

DISTRICT 3

DATE 10/7/66

Browning Construction Co.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS Cedar Grove, Maryland

PHONE GL 3-2875

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

13153
ROAD Rt. 144 - 3/4 mile LOT

PROPERTY OWNER James H. Hoxley, Jr.

from Rt. 32 & Rt. 144 -
going West

ADDRESS West Friendship, Maryland

SPECIFICATIONS - 5 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

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

OTHER 2 dry wells - Each 390 sq. ft. absorbent sidewall area below the inlet pipe. First dry well to be located 72 ft. from left rear corner of proposed house and 80 ft. from left front corner of proposed house as seen when facing house from Rt. 144. Second dry well to be at least 40 ft. from first one measured edge to edge. Discount first 4 ft. of soil below original grade.

MAXIMUM DEPTH PERMITTED 12' below original grade.

PLANS APPROVED BY J. H. Kilgore

DATE 7/21/66

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.

ILLUSTRATION
AND RETURNED 4/7/66
Serial # 69562 Kildin

NOTIFY THE HEALTH DEPARTMENT 48 HOURS
BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

11977

5/27/97
10:00

APPLICATION

PERCOLATION TESTING

A 58451C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

5/13/97
2 agricultural lots -
preview of
ALM

DISTRICT _____

DATE 5/13/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER James R. Moxley, Jr. c/o SDC Group, Inc.

ADDRESS 8480 Baltimore National Pike Suite 417 PHONE 410-465-4244

AGENT OR PROSPECTIVE BUYER Ellicott City, Md, 21043

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Knoll View LOT NO. Land 2 existing house

ROAD AND DESCRIPTION Port of "Dawn Acres" - Ag. Preservation Parcels
So. Side of Frederick Pike, 3/4 mi. West of Rte. 32

TAX MAP 15 PARCEL # 8

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. James R. Moxley, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A58451 C

COUNTY #

SOIL PROFILE

0'

(9)

orange
brown
clay lm

5.0'

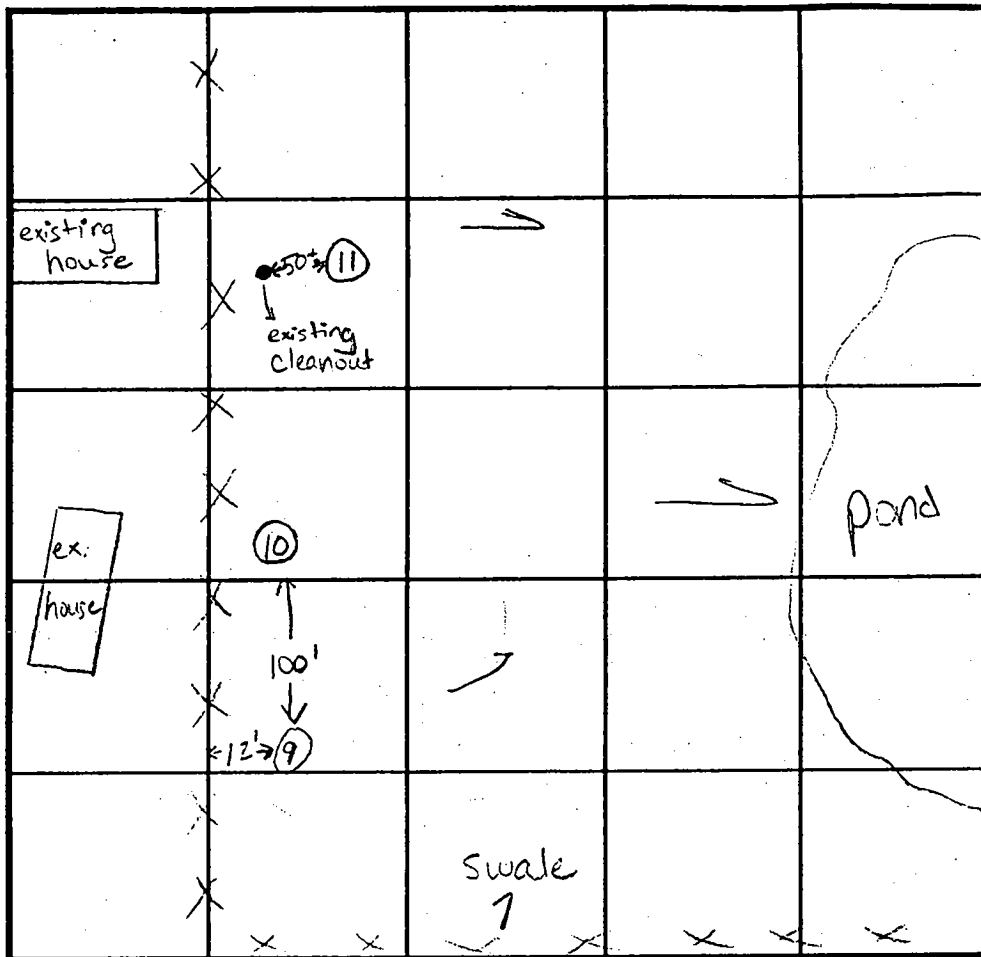
tan / br
orange
silty
loam
10%
shale
fragments

10.5'

(10)

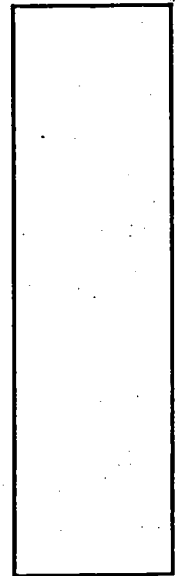
test
hole
same
as
hole
#9

(11)

test
hole
same
as
hole
#9

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-27-97	9	10.5'	Visual	only - ok	see	profile	
	10	10.5'	Visual	only - ok	see	profile	
	11	10.0'	Visual	only - ok	see	profile	

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY Kim Phiste

ALSO PRESENT Amy McMillen

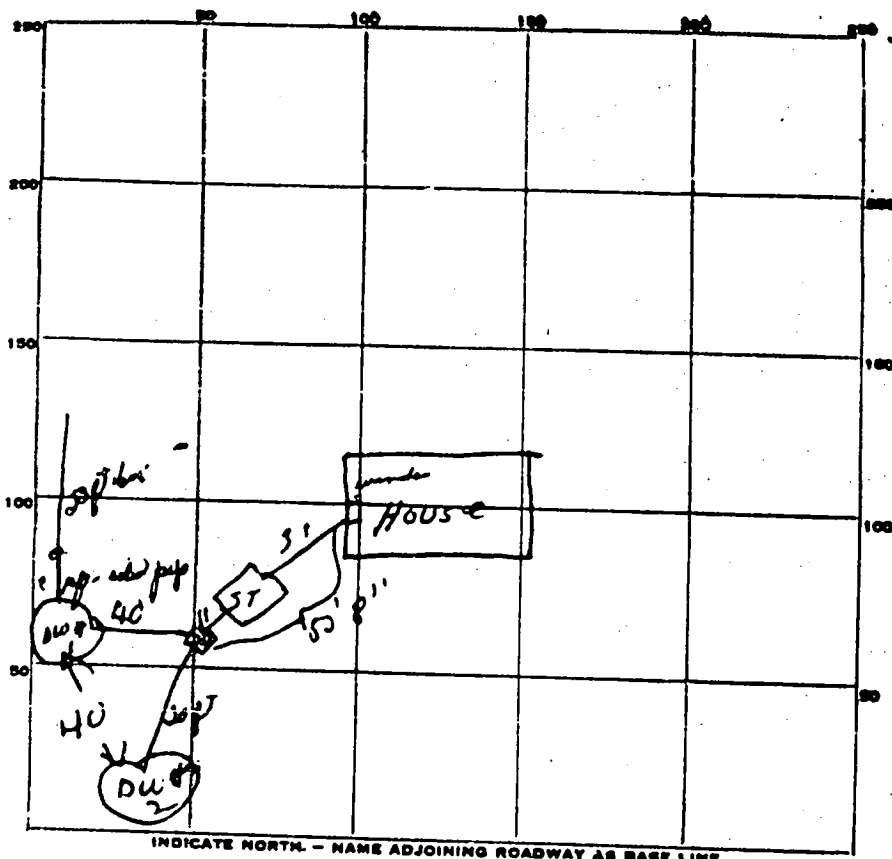
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

$$\begin{array}{r} 314 \\ 12 \overline{) 942} \\ \underline{942} \\ 314 \\ 408 \overline{) 2} \\ 8 \frac{1}{2} \end{array}$$


INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Q. 140

CLEANOUTS ~~on order -~~
to be installed by building when necessary

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 _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

ABSORBENT AREA _____ SQ. FT.
 REMARKS #1 - Dist. Wall to dist. wall diameter 13 ft \times $\frac{1}{2}$ ft deep = 346 sq ft
 #2 | | | 12 $\frac{1}{2}$ ft \times $\frac{1}{2}$ ft deep = 313 sq ft

10/17/66 - needs drainout pipe for tank. 679 of
system not in operation per permit - Hammer Dry Well #2 is
in test over. System is 100 ft short of required annular & add 2 inch
20 ft long - 9 ft deep with 4 ft gravel under pipe & t began 10 ft from Dry Well #2
& 9 ft away from left, OK to cover, as much as the two as needed. OK
11/1/66 - tank 23 ft long - 4 ft gravel under pipe - 13 ft off and small over.

DATE SYSTEM APPROVED 11-1-66 INSPECTOR Det. Manayba

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

A 11972

P

Septic Tank - 1250 gallons.

2 Dry wells. Each 390 sq. ft. absorbent area below the inlet pipe. First dry well to be located 72 ft from left rear corner of proposed house and 80 ft from left front corner of proposed house as seen in plan. Facing house from Rte 144. Second dry well to be at least 40 ft from first one measured edge to edge. Discount first 4 ft of soil below original grade.

DATE 7/8/66

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 James R. Koxley, Jr.

ADDRESS West Friendship, Maryland

PHONE Hill 9-4463

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION Rt. 144 - 3/4 mile from intersection of Rt. 144 & Rt. 32
going West - left hand side

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT 200 acres

TYPE BLDG.

5

IF NOT SINGLE RESIDENCE DESCRIBE

NUMBER OF BEDROOMS
(Single Family)

SIGNATURE OF APPLICANT James R. Koxley, Jr.

✓ APPROVED BY J. H. K. Moore

FOR Dry Wells

(KIND OF SYSTEM)

DATE 7/21/66

REJECTED BY

FOR

(KIND OF SYSTEM)

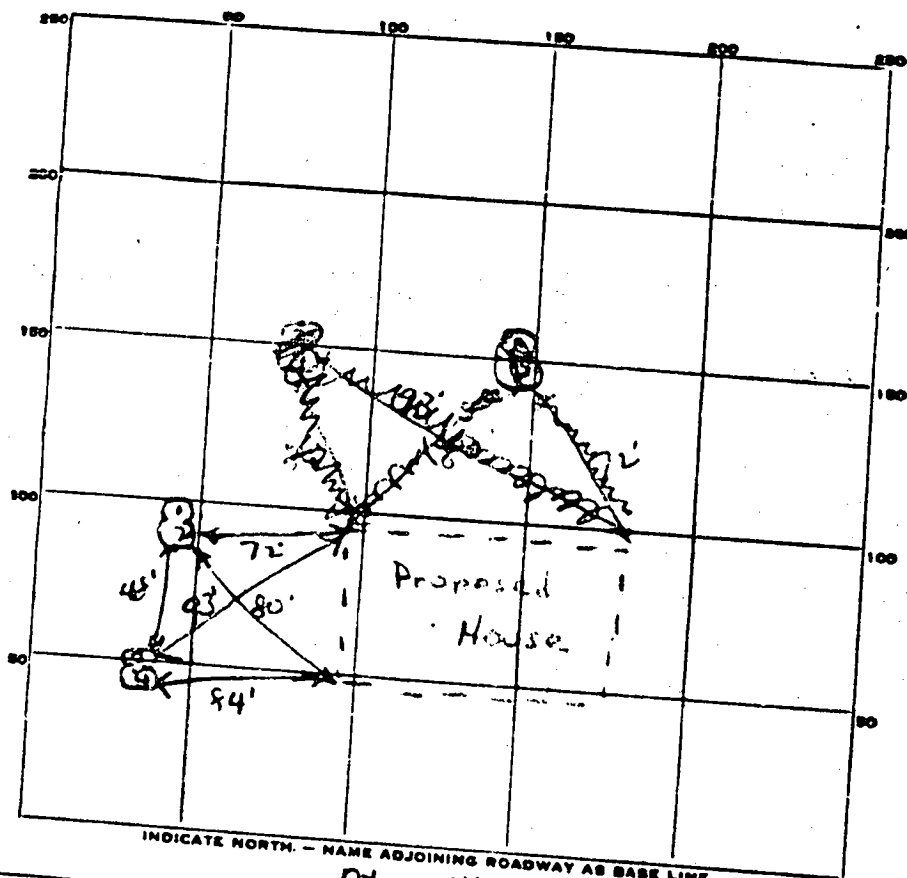
DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



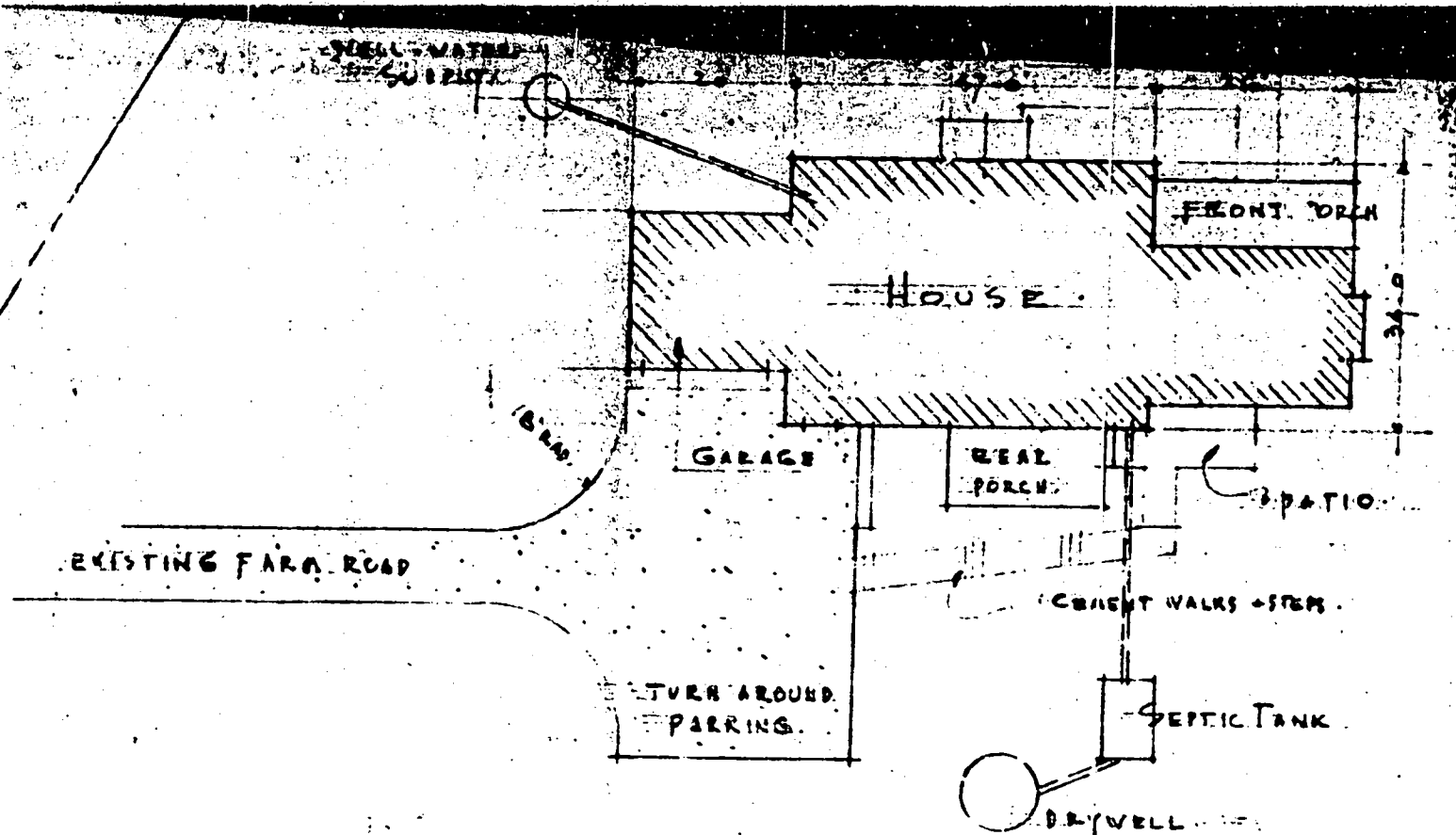
156
5
720

[illegible]
$$\begin{array}{r} 42 \\ \times 4 \\ \hline 168 \end{array}$$

SOIL AUGER FINDING

TESTED BY 4110

REMARKS



P L O T P L A N
S C A L E 1" = 20 FEET.

PROPERTY OF
JAMES D. MOXLEY, JR. & WIFE
3rd ELECTION DIST. - HOWARD COUNTY MD.
16 MAY 1962 SCALE 1" = 300'

1010 7th Map

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET from ___ to ___		D:AM. (inches)	FEET from ___ to ___
clay 75 Sand + gravel			
30 Granite Rock		6 1/4"	78
WELL 108			

Permit Number H-67-4-82
Owner James M. Taylor
Address West Island Rd
Subdivision _____
Section _____ Lot _____

PUMPING TEST

Hours Pumped 2
Type of Pump Used air
Pumping Rate _____
Gallons per Minute 6

WATER LEVEL

Distance from land surface to water) _____
Before Pumping 12 Ft.
When Pumping _____ Ft.

APPEARANCE OF WATER

Clear X Cloudy _____
Taste _____
Odor None
Height of Casing Above Land
Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH

DATE
WELL WAS
COMPLETED

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Ed. Brown, Well Driller

Well Driller License No. 81

10/27/66

HEALTH