5/21/97
11:00 CO.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58472A

A REPAIR

DISTRICT 5th

DATE 5-20-97

DATE SYSTEM APPROVED 5/21/97

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXX 313-2640

353467
INDEXED

Hatfields Equipment IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 13785 Burntwoods Road, Glenelg, Maryland PHONE 410-854-6172

SUBDIVISION ____ LOT ____ ROAD 12003 Route 216

PROPERTY OWNER Norman Hill

ADDRESS 12003 Route 216
Fulton, Maryland 21059

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ____

REPAIR - PURPOSE - SEPTIC SYS TEM IS FAILING
Call for inspection when ground is opened so sanitarian can recommend repair.
05/14/97

PLANS APROVED 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

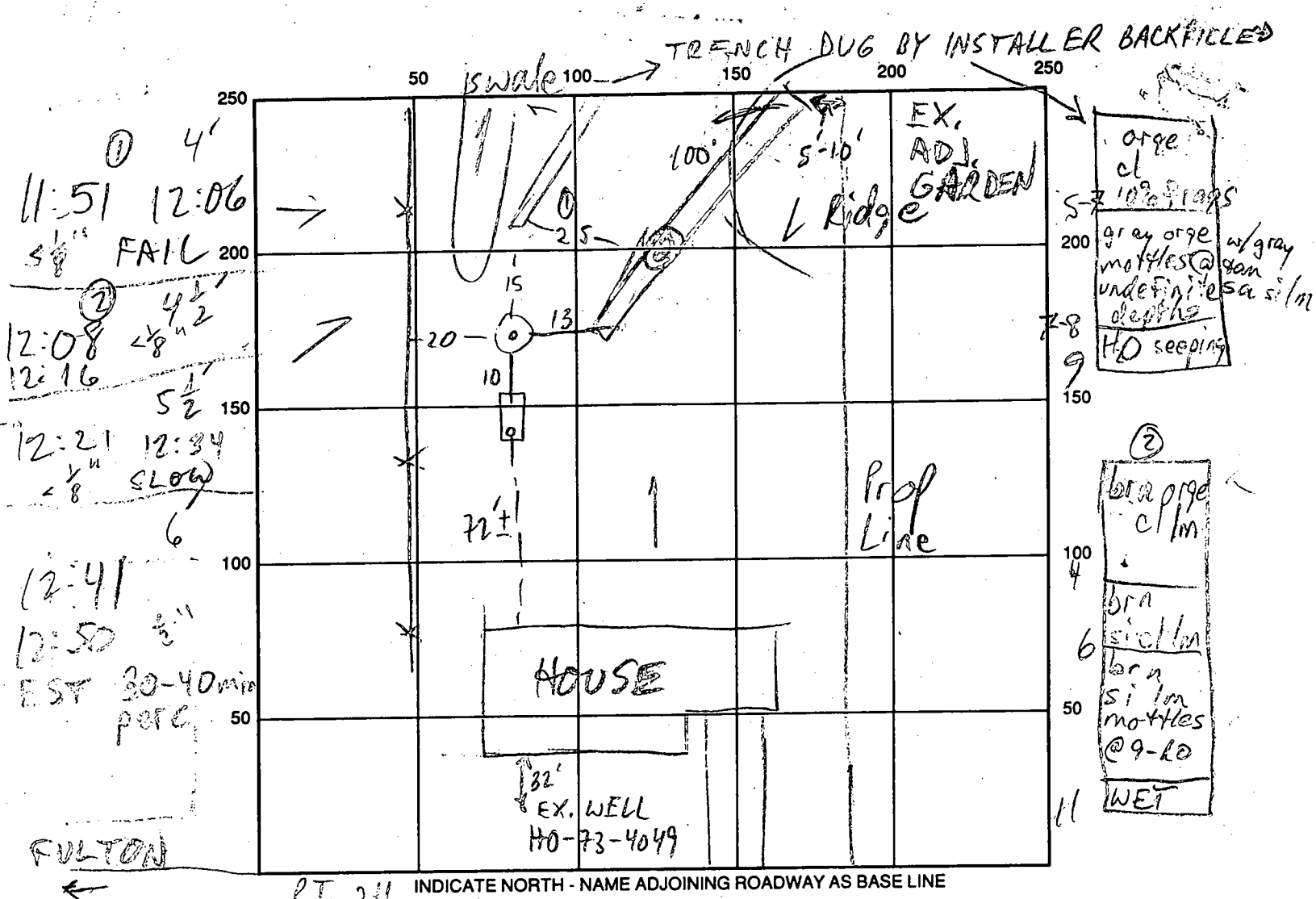
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 58472-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL CLEANOUTS S.T. T D/W - OK

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ~~ONE SIDEWALL~~/BOTTOM AREA 300 SQ. FT.

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

ABSORBENT AREA 300 SQ. FT.

REMARKS: 5/21/97 #1 OK TO START; DESIGN WAS BEST POSSIBLE IN LIMITED CIRCUMSTANCES; EX. D/W DEPTH 7' MR
5/21/97 #2 OK TO FINISH + COVER; EXTRA STONE ON TOP OF PIPE MR

DATE SYSTEM APPROVED 5/21/97 INSPECTOR M. Rifkin

9/28/71

off 9.22.71

INDEXED

PERMIT

P 16290

SEWAGE DISPOSAL SYSTEM

A

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 9/8/71

Jack Fyock IS PERMITTED TO INSTALL ALTER X

ADDRESS Ten Oaks Road, Glenelg, Md. PHONE 286-2830

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 12003 Route 216 LOT

PROPERTY OWNER Norman Hill 776-2965

ADDRESS

SPECIFICATIONS

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 25% & TANK CAPACITY 50%.

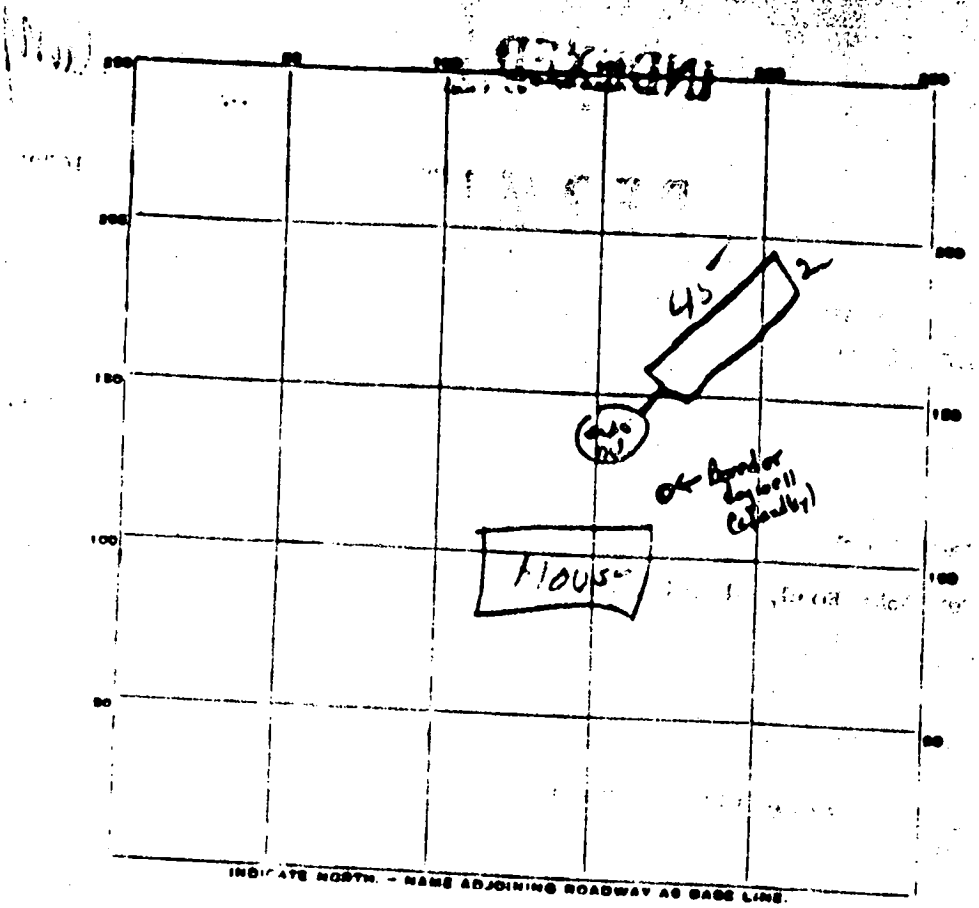
OTHER REPAIR - Call for inspection of ground when opened up and Sanitarian will recommend repair system.

PLANS APPROVED BY Palmer F. Wine DATE 9/8/71

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

P 16290



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD 0 1 2

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

TILE FIELD. DEPTH 2 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 12 IN. TOTAL LENGTH 45 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 90

SEEPAGE PITS. INSIDE DIAMETER _____ FT. DEPTH BELOW INVERT _____ FT

ABSORBENT AREA 540 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 10/27/71 INSPECTOR [signature]

WELL CONSTRUCTION RECORD
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER A 16290

Date Received (OEP use only)

DATE WELL COMPLETED 4/1/1951

Depth of Well 165 TO NEAREST FOOT

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Hill (LAST NAME) Norman (FIRST NAME)

STREET OR RFD 2023 Mt. Rte 216 TOWN Fulton

SUBDIVISION SECTION LOT

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	FEET if water bearing
Top Soil	0	30	
Rock	30	68	
Sandy Shale	68	165	✓

CIRCLE APPROPRIATE BOX

A — 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS IDENT NO

DRILLERS SIGNATURE
MUST MATCH SIGNATURE ON APPLICATION

SITE SUPERVISOR: sign of driller or journeyman responsible for sitework if different from permittee

WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 10 NO. OF POUNDS 94/0

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 21 ft.
(enter 0 if from surface)

CASING MATERIAL

Casing Type (insert appropriate code below)

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE: ST

Nominal diameter (casing/screen) (nearest inch): 6

Total depth of main casing (nearest foot): 73

OTHER CASING (if used)

BACK CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

Screen type or openings (insert appropriate code below)

ST STEEL BR BRASS, BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

BACK SCREEN	DEPTH (nearest ft.)	
1	40	71
2		165
3		

SLOT SIZE 1 2

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

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

T (E.R.O.S.)

TELESCOPE CASING

LOG INDICATOR

W O OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 15

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 90

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLER

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY:
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

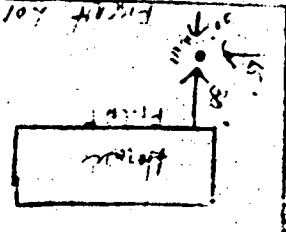
CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE

- below 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HEALTH