

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P REPLACEMENT WELL

A 514748-D

ISSUE DATE \_\_\_\_\_

**INDEXED**

APPROVAL DATE 12/07/1998

RPS# ~~32~~ 328272

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PROPERTY OWNER'S ADDRESS \_\_\_\_\_

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

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

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

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

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

Charles Snouffer

1725 Route 94

aka woodbine Rd

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

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

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

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

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

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

December 10, 1998

Mr. Charles Snouffer  
1725 Rt. 94  
Woodbine, MD. 21797

RE: **REPLACEMENT WELL**  
1725 Rt. 94  
Well Permit #HO-94-1959

Dear Mr. Charles Snouffer:

This office is requesting that you contact **Ms. Vicki Fellas at (410) 313-2644** to schedule an initial water sample to be taken as required by Maryland Well Construction Regulation (COMAR 26.04.04) for the above referenced replacement well.

It is preferred that the sample be collected from an indoor tap. However, if we do not hear from you, we may elect to obtain water samples from an outside tap in order to complete your required sampling obligation.

Failure to confirm the potability of this well water supply by completing water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with Maryland Well Construction Regulation (COMAR 26.04.04).

Thank you in advance for your prompt attention to this important matter.

Very truly yours,

*Kimberly Maiste*  
Kimberly Maiste, Sanitarian  
Water and Sewerage Program

KM  
cc: file

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer George Baker

Telephone 410-788-3080

License Number 2214

Certified as Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ☒

Name of Property Owner Charles Snodgrass

Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot 8

Well Tag # MO-99-1959

Site Address 1725 Rt 94 Woodbine

Pump

1. Type
  - a. Deep well \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible ☒

Motor

1. Horsepower 3/4
2. RPM \_\_\_\_\_
3. Voltage 220
  - a. 110 \_\_\_\_\_
  - b. 220 ☒

Pitless Adapter

1. Make Martinson
2. Model # B101X
3. Depth 78

2. Make Murray

3. Model # 15-150

4. Capacity 4 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_

6. If Yes, is a pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_

7. What methods are used to protect the pump and electrical wiring from vibration? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank

1. Capacity 5
2. Pressure relief valve 12"

Piping

1. Type Galv 1600
2. Size 1 1/2"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 78

Well data

1. Depth 330 ft.
2. Yield \_\_\_\_\_ GPM
3. Static water level \_\_\_\_\_ ft.
4. Will water supply be disinfected by installer? yes

well line P.A. 4'6" b.g.  
well casing 1' a.g.  
2 pc cap installed  
Grout settled to 6'6" b.g. - driller regouted (6+5)

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: George Baker

Date: 11-23-98

Note: A permit indicating approval/status of the installation will be placed on the well at the time of the inspection.

1 2 3 6  
9777  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY COMPLETION  
NUMBER OK 13

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 .13

DATE WELL COMPLETED  
MM DD YY  
11 19 98

Depth of Well  
22 320 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
12/18/98  
HO - 94 - 1959

OWNER Charles  
STREET OR RFD 1725 Rt 941  
SUBDIVISION  
TOWN Lisbon  
SECTION  
LOT

WELL LOG  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)

FEET  
FROM TO

check if water bearing

Brown Shale 0 57  
Blue Rock 57 320

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 19 NO. OF POUNDS 1786  
GALLONS OF WATER 114  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 50 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
STEEL ST CONCRETE CO  
PLASTIC PL OTHER OT  
MAIN CASING TYPE ST  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 60

OTHER CASING (if used)  
diameter depth (feet)  
inch from to

SCREEN RECORD  
screen type or open hole  
(insert appropriate code below)  
STEEL ST BRASS BR OPEN HOLE HO  
BRONZE PL PLASTIC OT

DEPTH (nearest ft.)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER  
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 26.04.04 "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 LIC. NO. M 50021  
DRILLERS SIGNATURE Joseph M. Wayne  
LIC. NO. M D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 7  
METHOD USED TO MEASURE PUMPING RATE air  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 49 ft.  
WHEN PUMPING 280 ft.  
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 INSTALLED  
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29  
CAPACITY:  
GALLONS PER MINUTE (to nearest gallon) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT: (circle appropriate box and enter casing height)  
+ above LAND SURFACE  
- below (nearest foot) 49 50 51

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)  
House 38' o well

COMPLETED  
MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224 (410) 631-1374

\*\*\*\*\*  
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: 12/1/98 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) hand dug - none

\* PERMIT NUMBER OF REPLACEMENT WELL None

\* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Charles Smouffas

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Leshan

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

NEAREST ROAD: 1725 Rt 94

MARYLAND GRID COORDINATES

E 770

BOX NUMBER

N 540

	X
000	
000	

SHOW WELL LOCATION  
BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

☐ DRILLED ☐ JETTED  
☐ BORED/AUGURED ☒ HAND DUG 3 ft. round  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION

\* TYPE OF CASING:

☐ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) none

\* SIZE OF CASING: \_\_\_\_\_ INCHES IN DIAMETER

\* DEPTH OF WELL: 35 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

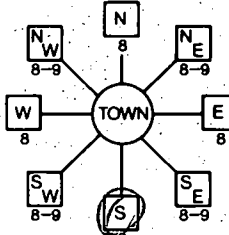
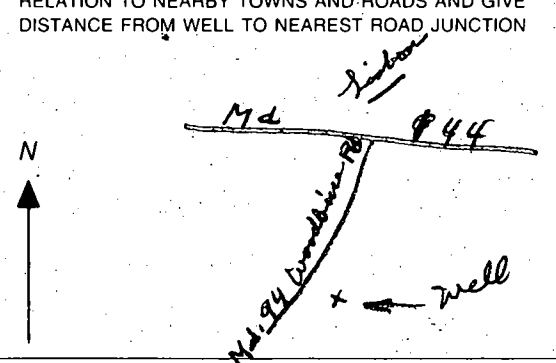
MATERIAL	FEET	
	FROM	TO
Cement	0	5
Washed gravel	5	35

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph Mayne

LICENSE # 024

CIRCLE ONE MWD/MSD/MGD

DATE 12/4/98

B 4 1 2 3 6 <b>0387</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO - 94 - 1959</b> <small>70 fill in this form completely 79</small>
Date Received (APA) <b>11/6/98</b> 8 MM DD YY 13 <b>Snouffer</b> 15 Last Name <b>Charles</b> 34 First Name <b>1725 Rt 94</b> 36 Street or RFD <b>Woodbine</b> 55 <b>MD</b> 70 State <b>21797</b> 76 Zip		B 3 <b>Howard</b> 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <b>Lisbon</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> <b>Joseph E. Mayne</b> Driller's Name <b>M S D 24</b> 76 License No. 81 <b>Joseph E. Mayne Well Drilling</b> Firm Name <b>5512 Ridge Rd. Mt. Airy Md. 21771</b> Address <b>Joseph E. Mayne</b> Signature <b>11/5/98</b> Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <b>1725 Woodbine Road</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 900 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>7</u> BLK: <u>17</u> PARCEL <u>134</u>	
B 2 1 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <u>200</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>Howard</b> COUNTY NAME COUNTY NO. <u>13</u> STATE SIGNATURE DATE ISSUED <u>11/6/98</u> <u>Kim Maisto</u> <u>11/6/99</u> 43 MM DD YY 48 CO SIGNATURE NORTH GRID <u>548</u> 000 EAST GRID <u>779</u> 000 50 55 57 63	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>779</u> N <u>548</u> 000 000	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER _____ GAP _____ 54 63 PERMIT No. <u>HO - 94 - 1959</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

11/6/98 1pm meet driller

OWNER: Charles Snuffer

ADDRESS: 1725 Route 94

PROPOSAL: Replacement Well

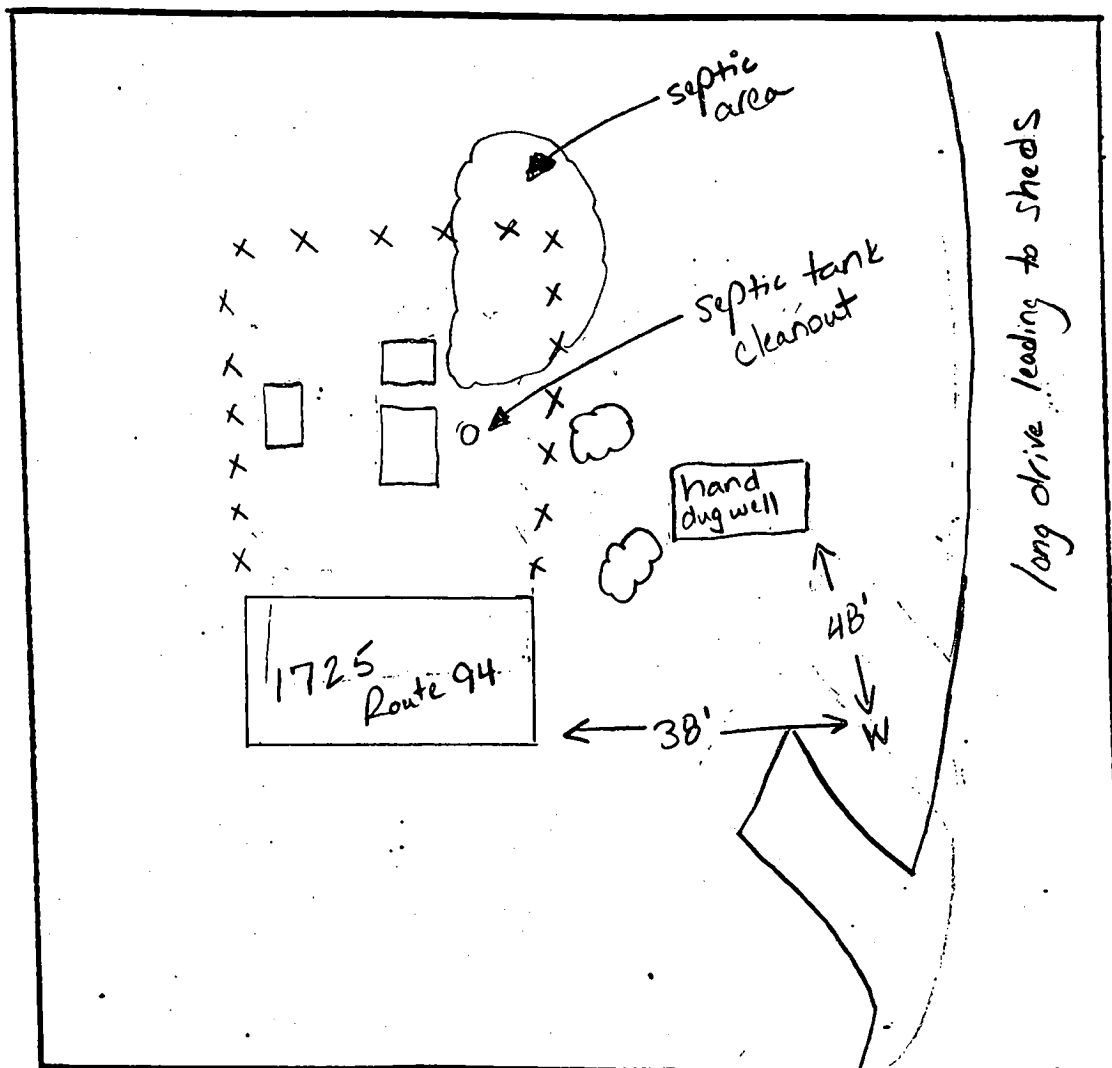
DATE REQUESTED: 11/5/98

DRILLER: Joseph Mayne

WELL TAG #

COUNTY # Howard

LOCATION DIAGRAM



COMMENTS: 11/6/98 Replacement well site ok as staked. Existing hand dug well to be abandoned by Joe Mayne.

DATE: 11/6/98

INSPECTOR: Kim Maister



# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY

DISTRICT 4

DATE 5/25/72

INDEXED

Harman Birk

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS Annapolis Rock Road, Woodbine, Md.

PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD Route 94 (see appl. for better directions) LOT

PROPERTY OWNER Charles A. Snuffer

ADDRESS

SPECIFICATIONS - 2 bedrooms - trailer

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDEWALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER Dry well - 470 sq. ft. absorbent sidewall area to begin below the first

3 1/2 ft. of non porous soil. Maximum depth permitted for dry well is 1 1/2 ft. below

original grade. Locate dry well 30 ft. to the left of trailer as seen from existing house.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

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

PLANS APPROVED BY

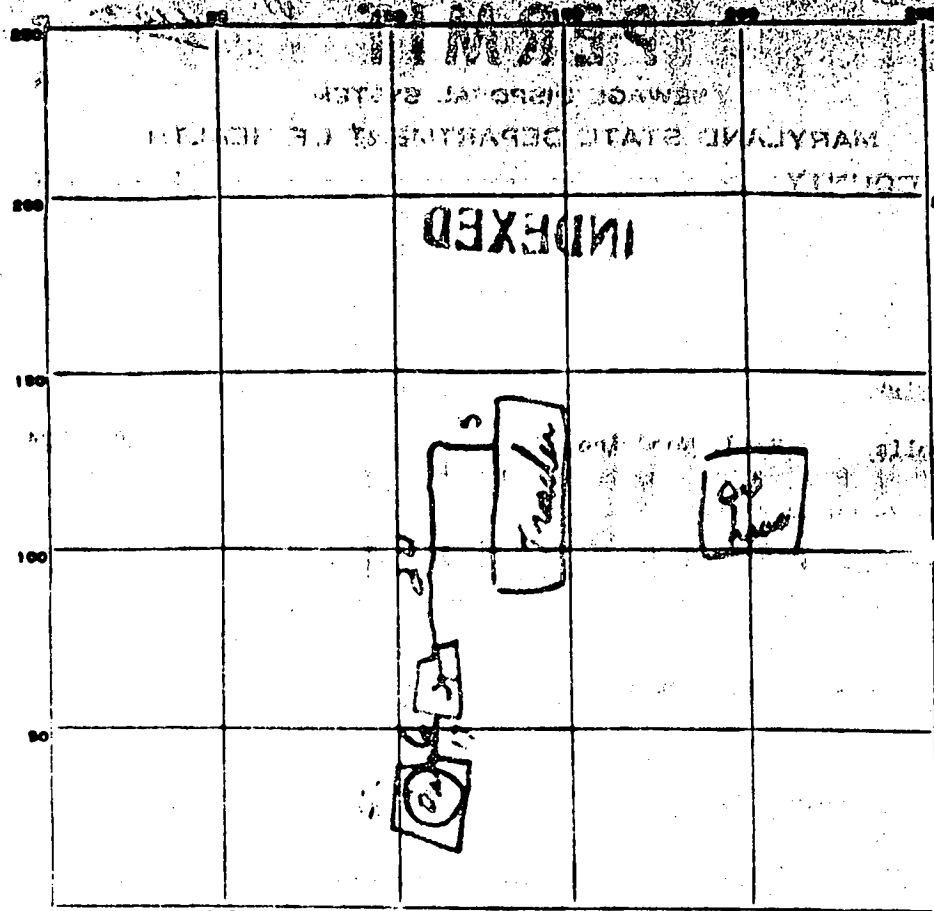
DATE

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.

16882

STATE  
COUNTY



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD not filed Be 94

SEPTIC TANK, LEVEL OK CLEANOUTS none/OK

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 Perimeter 16 in FT. DEPTH BELOW INLET 6 ft + FT.

ABSORBENT AREA 400 + SQ. FT.

REMARKS 6-13-77 need replacement on Sewer Tank & measure depth  
sewer treatment on Sewer Tank

6-13-77

DATE SYSTEM APPROVED 6-13-77 INSPECTOR Bill Monegan