

11/8/00 ASAP

RPS# 334612

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

P 514620

A REPAIR

ISSUE DATE 11/1/2000

APPROVAL DATE 11/8/00

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Gwenlee Estates LOT NUMBER 10-C ADDRESS 3269 Sharp Road

PROPERTY OWNER Goodwin PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

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:

REPAIR - PURPOSE - To accomodate building permit
Call for inspection when ground is opened so sanitarian can recommend repair. 10/24/00

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

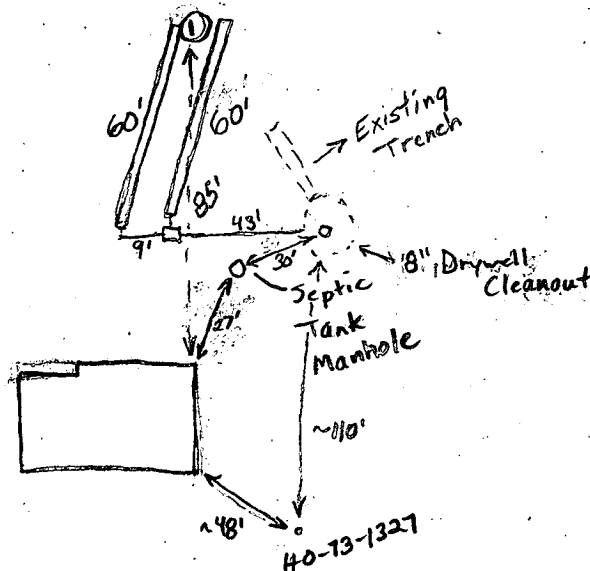
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A 514620

15'	Red Brown Cl Loam
2.5'	Light + Red Brown Silty Loam
14.5'	~10% Rock

NOT TO SCALE



Sharp Road

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 11/8/00 System satisfactory. OK to cover. Line replaced between tank and drywell. (BB)

TRENCH DATA

TRENCH WIDTH 2.0'
 TRENCH INLET DEPTH 3.5'-4.0'
 TRENCH BOTTOM DEPTH 9.5'
 DEPTH OF STONE 6'
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 120'
 ABSORBENT AREA 720 sq. ft.
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1000? GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT No
~~PUMP CHAMBER DATA~~ N/A
 PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

INSPECTOR B. Baker

DATE SYSTEM APPROVED 11/8/00

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3rd & 4th

DATE 5/5/76

School

Albert ~~SKINNER~~, Jr.

IS PERMITTED TO INSTALL ALTER

ADDRESS Triadelphia Road, Ellicott City, Maryland

PHONE 531-6677

SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Ovenlike Estates

3269 Sharp Road

LOT 10, Blk. C, S

PROPERTY OWNER Albert School, Jr.

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

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

~~OTHER DRY WELL AND TRENCH - To have 156 sq. ft. effective sidewall area per bedroom, to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for dry well is 12 ft. below original grade. Locate the dry well 130 ft. from the front lot line and 50 ft. from the right rear lot line (which is 141.00 ft. long). Start the trench after a 5 ft. earth buffer and run it the needed distance on level ground, as seen when facing the property from Sharp Road. CALL FOR INSPECTION OF TRENCH BEFORE GRINDER IS INSTALLED.~~

~~NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.~~

~~PERMIT VOID AFTER THREE YEARS. NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. S~~
~~PIPS MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.~~

PLANS APPROVED BY Frank Skinner

DATE 2/3/76

~~ALL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.~~

~~EITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.~~

APPLICATION

1913

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 485-8000, EXT. 386

DISTRICT ~~Edel & Fox~~

DATE October 30

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWA
DISPOSAL SYSTEM.

PROPERTY OWNER Mr. Weldon I. Worling

ADDRESS Burntwoods Rd., Glenwood, Maryland PHONE 442-2433

PROPERTY LOCATION:

SUBDIVISION Crofton Estates, Section II LOT NO. 10, Block C

ROAD AND DESCRIPTION _____

East of Sharp Road

SIZE OF LOT 125' x 350' TYPE BLDG. For 4

NUMBER OF BED ROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUB
FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT William R. Hopkin

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A DEED

WELL COMPLETION REPORT

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-15-18

20 21 22 23 24 25 26 27

DRILLERS IDENTIFICATION NO. 42

OWNER: School District
STREET OR RFD: Washington St.

POST OFFICE: [blank]

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET	FEET
50' Soil	0	2
hard sand	2	40
hard - fine	40	60
clay	60	70
red clay	70	75
clay	75	140

WELL DESCRIPTION

ROUTING RECORD

WELL HAS DEBRIS (YES) [X] NO []

TYPE OF MATERIAL (CIRCLE ONE)

CEMENT [X] DEBRIS CLAY []

NO. OF BAGS 1100

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 40 FT.

ENTERED IF FROM SURFACE

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL [X] CONCRETE []

PLASTIC [] OTHER []

MAIN CASING TYPE

NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 52

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL [X] BRASS OR BRONZE []

PLASTIC [] OTHER []

DEPTH (NEAREST WHOLE FOOT)

FROM 50 TO 140

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH)

FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX []

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

TELESCOPE CASING [] LOG INDICATOR []

74 TO 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: DISTANCE FROM LAND SURFACE

BEFORE PUMPING 30

WHEN PUMPING 140

TYPE OF PUMP USED (CIRCLE APPROPRIATE FOR PUMPING TEST)

AIR [X] PISTON []

CENTRIFUGAL [] ROTARY []

JET [] SUBMERSIBLE []

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) [X]

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE AND ENTER CASING)

ABOVE [X] BELOW []

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS SEPTIC TANKS, AND/OR OTHER LAND MARKS. INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Well 20'

60'

Runoff

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

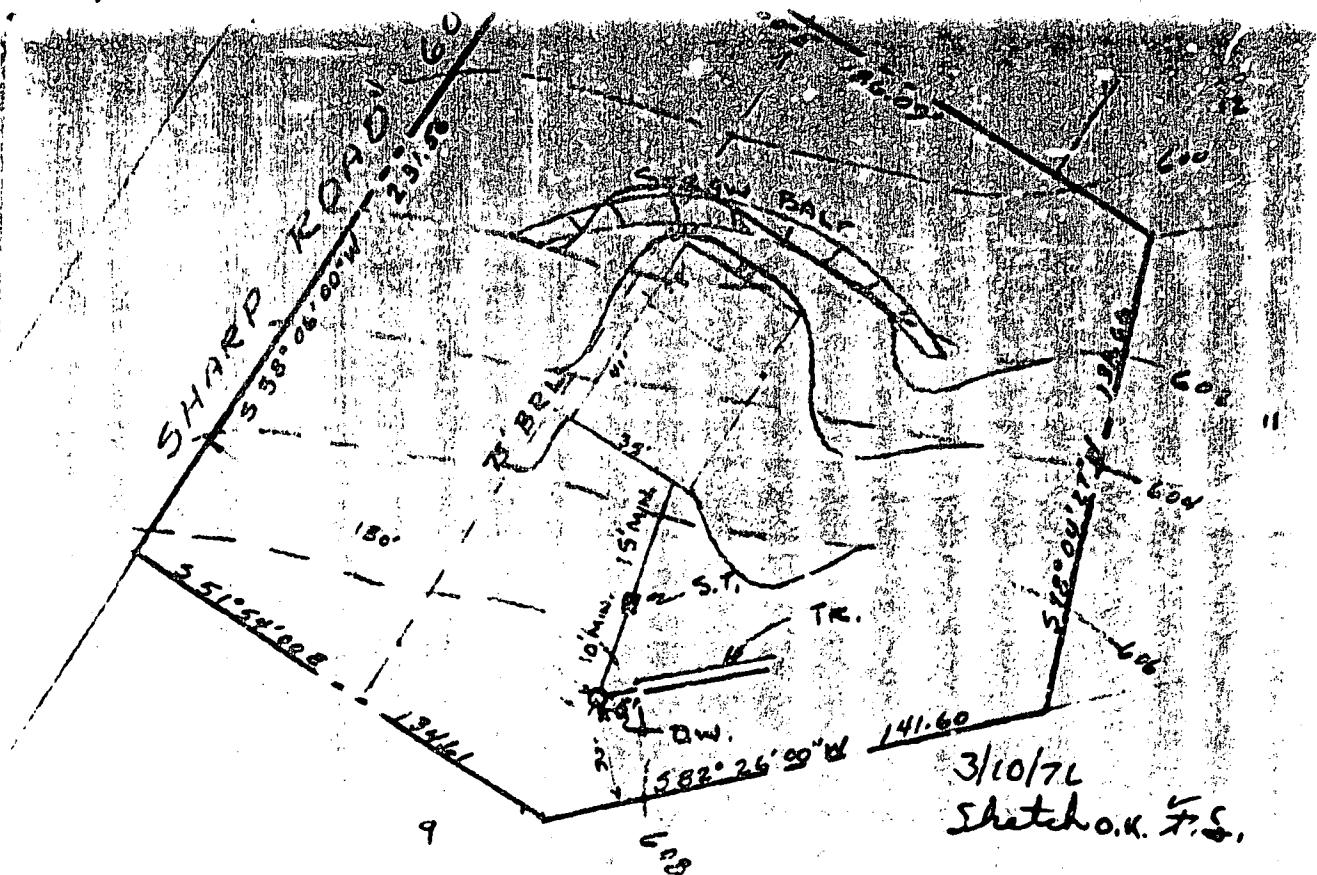
TEST WELL CONVERTED TO PRODUCTION WELL

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.

DRILLER'S NAME

PLEASE PRINT

SIGNATURE



3/10/76
Sketch o.k. F.S.

DRY WELL
 EX GR - 608.5
 FIN GR - 608.5
 INV IN - 604.5
 INV OUT - 603.3
 12'x12'x7'DEEP

SEPTIC TANK
 EX GR - 607
 FIN GR - 607
 INV IN - 603.5
 INV OUT - 603.2
 1000 GAL.

TRANCH
 EX GR - 607.0
 FIN GR - 607.0
 INV IN - 608.0
~~9'x12'x7'DEEP~~
 9'x6'x12'DEEP

HOUSE
 BASE - 597.0
 CF - 606.0
 INV OUT - 603.0

Changes by J.L.S.

TITLE

GRADING STUDY

OBJECT

LOT 10 BLK C GWENLEE SECTION 2

ENGINEERING
 PLANNING
 SURVEYING
 BY

BOENDER