9/10/87 AM

HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH 461-9933

## PERMIT

SEWAGE DISPOSAL SYSTEM

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<b>MARYLAND</b>	STATE	DEPAR	<b>TMENT</b>	OF HEA	LTH'

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A 29790

ISTRICT \_\_\_\_4th

DATE SYSTEM APPROVED 4//5/8

INSPECTOR COURSE

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Dale Fogle	IS PERMITTED TO INSTALLX ALTER
	IS TERMITTED TO MOTALE ALTER
DDRESS	PHONE
UNESS	
UBDIVISION CountrysideROAD 3621 Po.	int Hitch Rd LOT 13
OPERTY OWNER Vincent DeIuli:	is
DDRESS	
GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND	ABSORPTION AREA BY 22%.
	ADJUSTED  MS_3 \( \int \)  SEE NEXT  DAGE
ARBAGE GRINDER? YES NOX	1 - ATEXA
	V SEE NEAT
PTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOF	MS_3 PAGE
TRENCHES - 180 sq. ft. per bedroom. Trench to be	· · · · · · · · · · · · · · · · · · ·
grade. Bottom maximum denth 6 feet he	low original grade. Effective area begin
at 3 feet below original grade. 3 feet	of stone below distribution nine
LOCATION - Place the distribution box 180 feet from	om the front (260') lot line and 75 feet
from the right (510') lot line as seen	when facing the lot from Point Hitch
Road Run trenches on contour toward 1	eft lot line.
NOTE - No trench to exceed 100 feet in length.	Provide 6" - 8" diameter cleanout and
cap to grade or above on septic tank.	
ON.	15k
	3
ANS APPROVED BY	DATE3/04/87
VER NO WORK UNTIL INSPECTED AND APPROVED.	
ITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR T	THE SUCCESSEUL OPERATION OF ANY SYSTEM
THER THE HOWARD COUNTY COUNCIL WOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR I	THE SUCCESSION OF ARTISTS IN.
TE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES	FROM HOUSE TO DRAIN FIELDS.

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 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 PVC 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 APROVAL ON THIS PERMIT

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\$ 5.5°		***		AN AC DACE LINE	<u> </u>	<b>.</b>
CONTRACTOR AND THE PROPERTY OF			- NAME ADJOINING ROADW	AT AS BASE LINE.		
	•	POINT HI	CH PC		•	
		40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			•	
SEPTIC TANK, LEVEL		DO GAL	CLEANOUTS .	51		
DISTRIBUTION BOX, LEVE				. ,		
DRAIN FIELD/TILE FIELD.	DEPTH	FT. TRENCH V	VIDTH F	T. INLET DEPTH	ı <u> </u> гт	
*	/ .					
EFFECTIVE GRAVEL DEP		•	TOTAL LENGTH 2			
NIIMPI	ED OF TOFNOHES A	(100+100)	ONE SIDEWALL/ <del>BÓT</del>	TOM AREA 60	o so i	т.
· IAOMDI	ER OF TREMCHES					
DRYWELL INSIDE DIAMET	ER	FT.	EFFECTIVE DEPTH B	ELOW INLET	FT.	
		l a a :				
	RBENT AREA				<u>-</u>	
REMARKS 9/10/	F7 157 Ta	such ok, e	INASCO TU	MAKE FOLLOW	-UP INSPECT	Tow,
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	CONTRACTOR T	3 30(10)		7 65 (1		
9/15/87	545TOM	conflot			·	
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DATE SYSTEM APPROVE	(//>	10/	INSPECT	OR	~~~	· · · · · · · · · · · · · · · · · · ·

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### PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH\*

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A 29790

STRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

ATE	SYSTEM	APPROVED		 ************
,				
	•	INSPECTOR		

<u> </u>	Dale Fogle		IS PERMITTED TO INSTALL X ALTER
ADDRE	ESS		PHONE
٠٠٠٠			
SUBDI	VISION <u>Countryside</u>	ROAD <u>362</u>	1 Point Hitch Rd LOT 13-
PROPE	ERTY OWNER	Vincent De	Iuliis
ADDRE	ESS		8.31-8472
		*	
IF GAR	RBAGE GRINDER IS USED INCREASE SEPTIC TAM	NK CAPACITY BY 50%	AND ABSORPTION AREA BY 22%
GARBA	AGE GRINDER? YESNOX		
SEPTIC	TANK CAPACITY 1000- GALLONS		DROOMS3
TF			o be 2 feet wide. Inlet 3 feet below orio
:	·	<del>-</del>	t below original grade. Effective area be feet of stone below distribution pipe.
TI			t from the front (260') lot line and 75 fe
	the state of the s		seen when facing the lot from Point Hitch
	Road. Run trenches o		
NC	OTF - No trench to exceed 1	00 feet in le	nath Provide 6" - 8" diameter aleanout
	cap to grade or above	On sentic tel	ny
•	oup to grade or above	on sepere tar	in o Year
		·	
			<del></del>
PLANS A	APPROVED BY	S. Abel	DATE3/04/87
COVER	NO WORK UNTIL INSPECTED AND APPROVED.		
NEITHE	R THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPA	ARTMENT IS RESPONSIBLI	E FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM:
NOTE:	CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE A	ND/OR AT 90° SWEEPS IN	LINES FROM HOUSE TO DRAIN FIELDS.
NOTE:	ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION E	BOX, TRENCHES) TO BE 10	OFEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
NOTE:	IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BE	EFORE AND AFTER PLACE	NG 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 II	RON OR SCHEDULE 40 PV	/C OR ABS.
PERMIT	VOID AFTER TWO YEARS.		
	INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. ST. ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FE		HES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS E REQUIRED.
NOTE:	DISTRIBUTION BOXES MUST HAVE BAFFLES.		

Clean out Gal Stand pipo 60° Z/2' silk Fence 1500 tank 200' fields 6' deep 3' stone 21 wide Point Hitch

## APPLICATION

Α	$\mathcal{A}^{\circ}$	17	90	)

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES** 

P.O. BOX 476 ELLICOTT, MARYLAND 21043

TELEPHONE: 992-2330

DISTRICT

5/3/79

THE COUNTY HEALTH OFFICER TO ELLICOTT CITY, MARYLAND

I, HERBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PHONE PROPERTY LOCATION

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.

SIGNATURE OF APPLICANT /S/ Bernard Rome

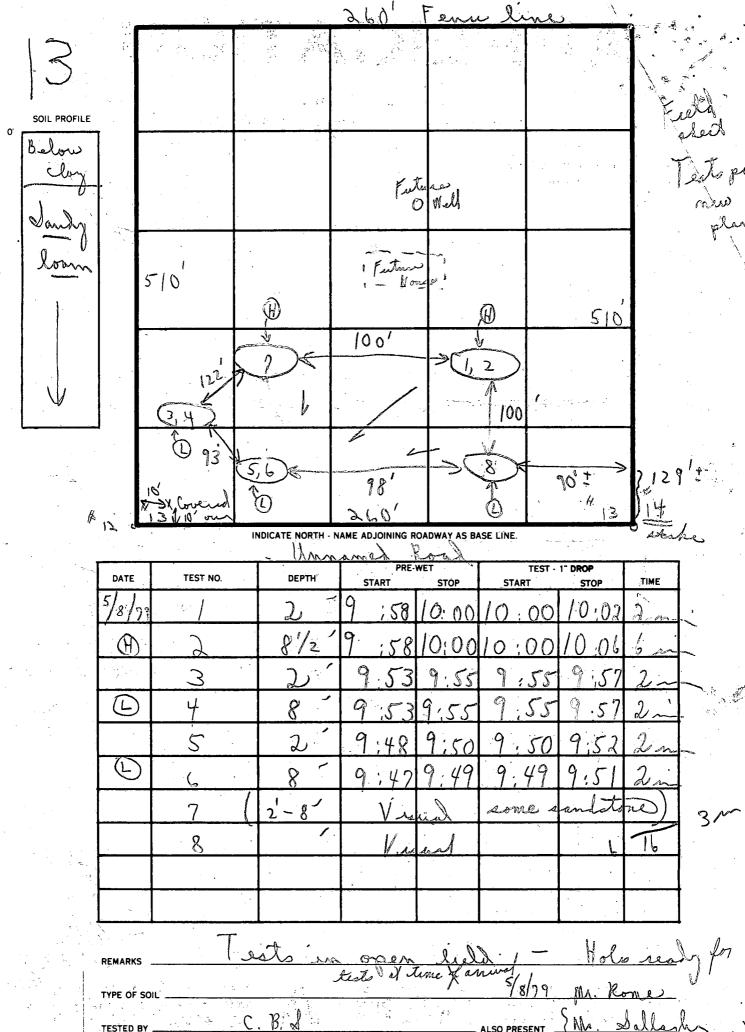
APPROVED BY

REJECTED BY

HOLD PENDING FURTHER TESTS

BLDG. PERMIT SIGN AND RETURNED

THIS IS NOT A PE



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# APPLICATION

SEWAGE DISPOSAL TEST	

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Α_	28866	

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043

TELEPHONE: 992-2330

DISTRICT

9/15/78

THE COUNTY HEALTH OFFICER **ELLICOTT CITY, MARYLAND** 

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

Estate of Sylvan Manger PROPERTY OWNER

ADDRESS

PROPERTY LOCATION:

Countryside S/D

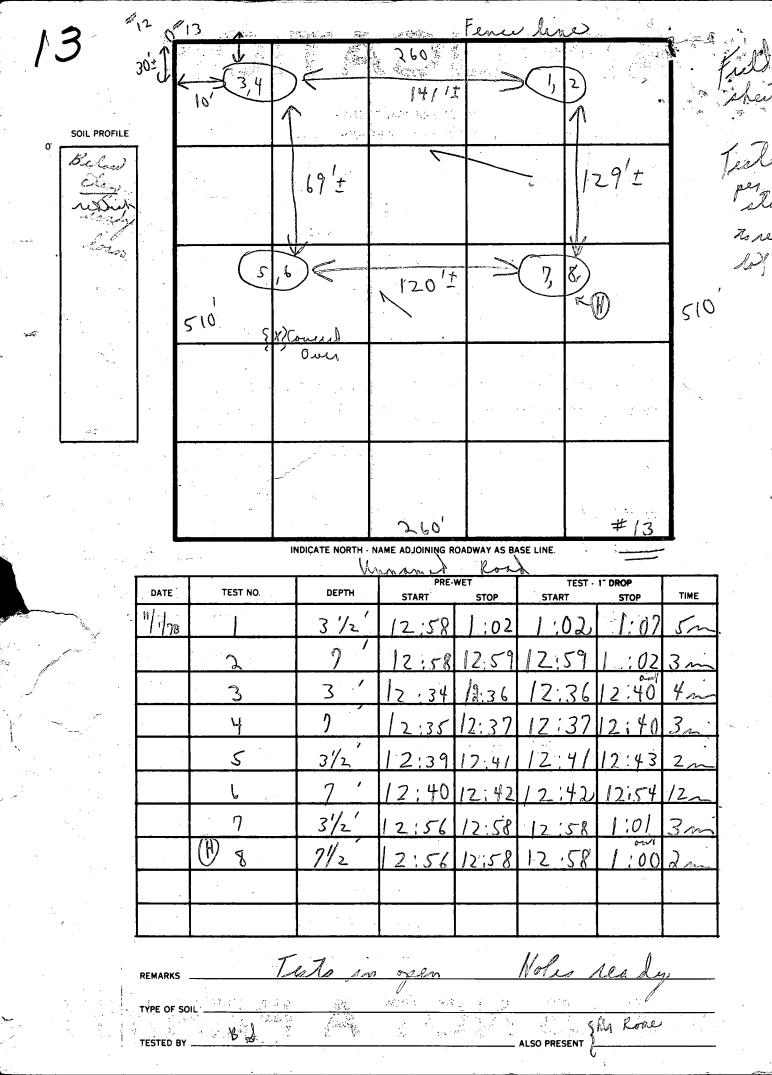
Route 97

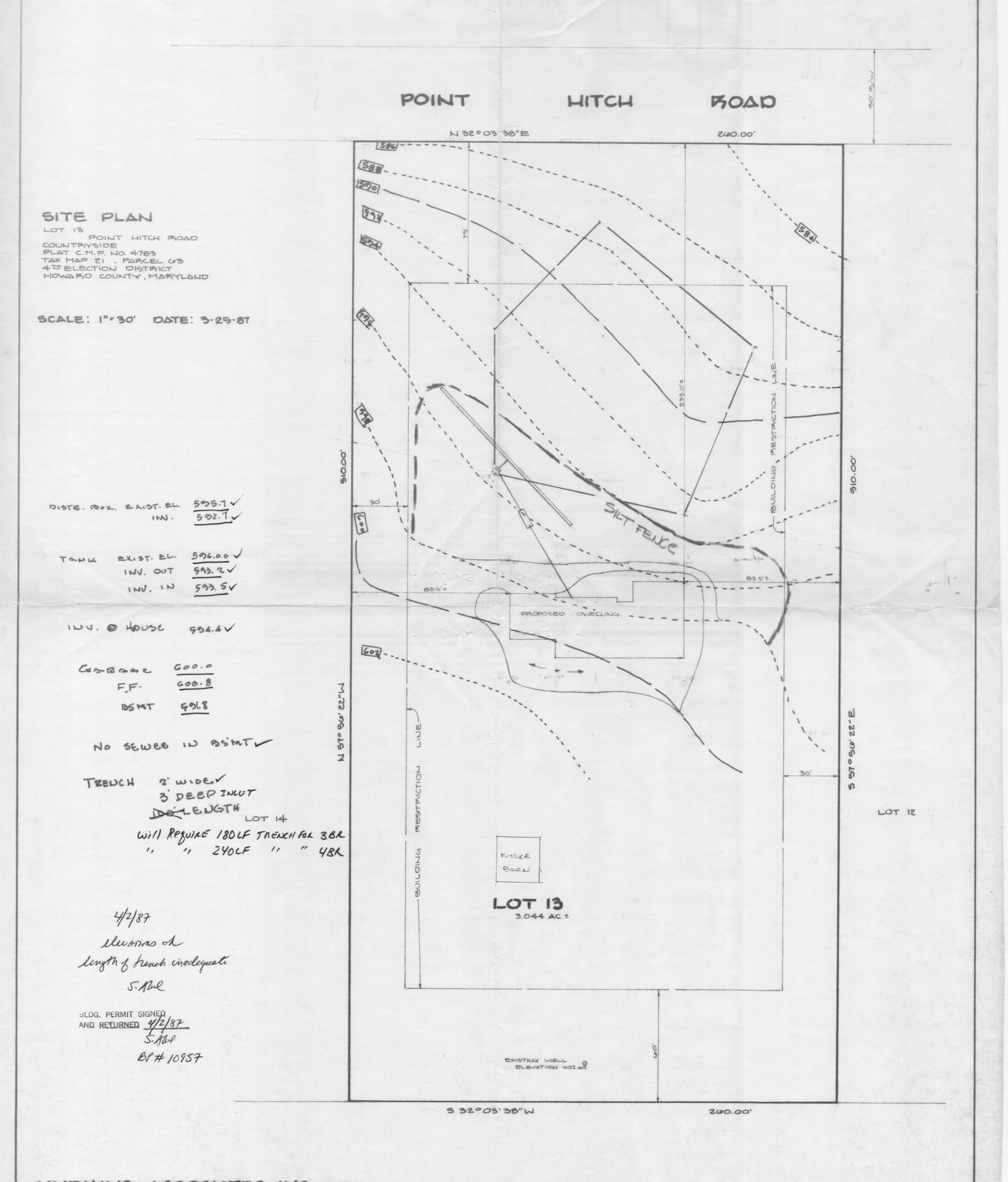
ROAD AND DESCRIPTION

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.

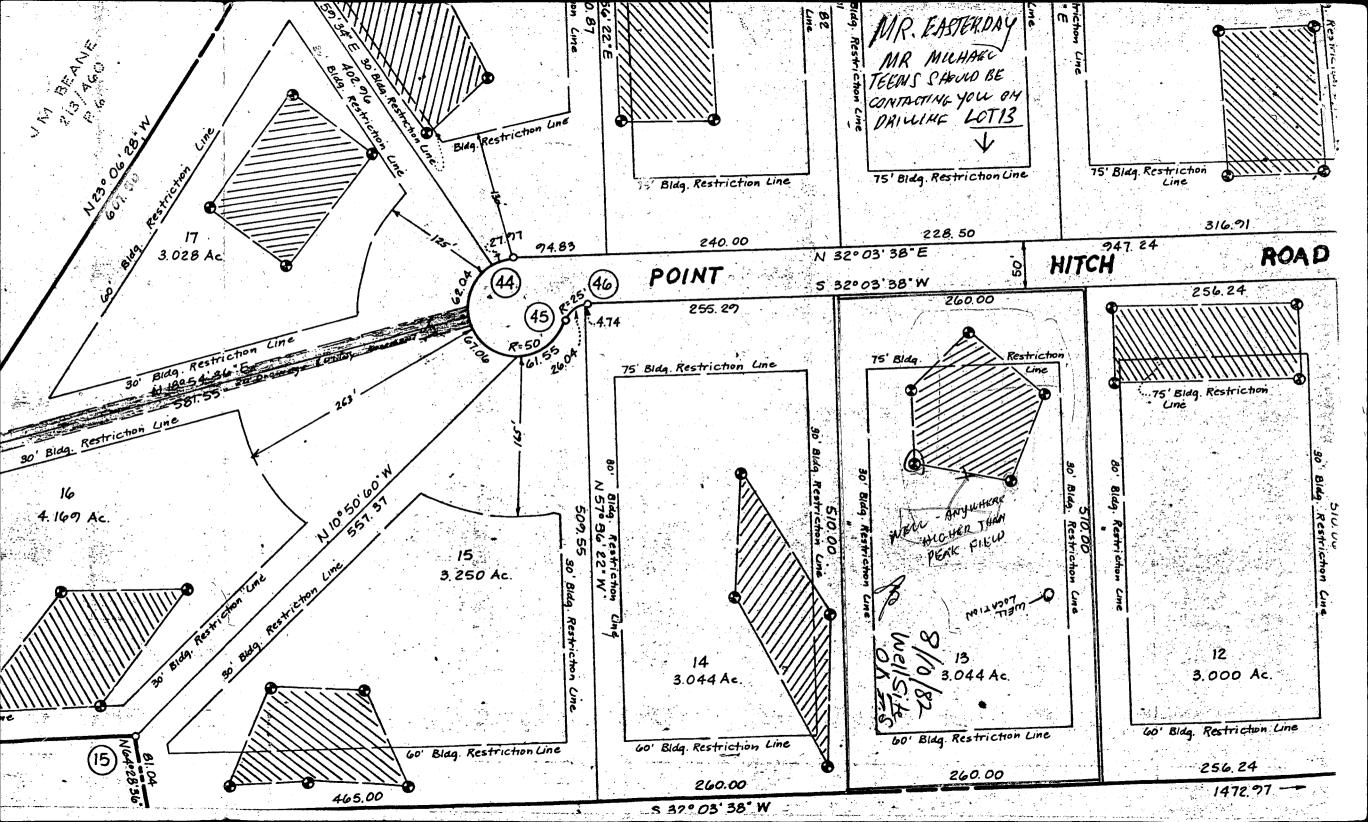
## THIS IS NOT A PERMIT





### HUDKINS ASSOCIATES INC.

ENGINEERS AND SURVEYORS
SUITE 231 HAMPERS CHOICE VIL. CTM.
5485 HAMPERS FARM BOAD
COLUMBIA, MARYLAND 21044
PHONE: 730-9060



SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS 36 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 29790.
Date Received (OEP use only)  DATE WELL COMPLETED  20 20 20 20 20 20 20 20 20 20 20 20 20	Depth of Well  (TO NEAREST FOOT)	PERMIT NO.  FROM PERMIT TO DRILL WELL
OWNER TEEMS	Michael	28 29 30 3 37 33 34 35 36 37
STREET OR RFD	Hitch Rd. first name TOWN G	***
SUBDIVISION COURTINGINE WELL LOG	SECTION  GROUTING RECORD	LOT R
Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	C 3   Seq not pumping test 3
DESCRIPTION (Use additional sheets if needed)  FROM TO bearing	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
	NO. OF BAGS 13 NO. OF POUNDS 1300 GALLONS OF WATER 15	PUMPING RATE (gal. per min. 12
10p 5011 0 0	DEPTH OF GROUT SEAL (to nearest foot)  fromft. to	METHOD USED TO MEASURE PUMPING RATE BUPKET
REB ShALE 5 30	casing CASING RECORD	WATER LEVEL (distance from land surface)  BEFORE PUMPING 33
CORAY MIRE 30 38 L	insert STEEL CONCRETE	WHEN PUMPING 361313
13/UE MIRH 38 111	below PLASTIC OTHER	TYPE OF PUMP USED (for test)
CEREW MICH 111 115 -	MAIN Nominal diameter Total depth	A air. P piston T turbine
BluE Mien 115 144	CASING top(main)casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary (describe 27 below)
COREEN MICH 144 150 -	57 6 36	J jet (S) submersible
Blue Mien 150 160	E OTHER CASING (if used) A diameter depth (feet)	
	inch from 19	PUMP INSTALLED YES NO
		ORILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
	screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	or open hole	TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE:
	code STEEL BRASS OPEN BRONZE HOLE	(A, C, J, P, R, S, T, O)  CAPACITY:  29
	PL OT PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon)
	C 2 3 (Seq.no)	PUMP HORSE POWER L
	E HO 3-4 /60	CASING HEIGHT (circle appropriate box
	B 9 11 15 17 21 S	and enter casing height)  LAND SURFACE
	R 23 24 26 30 32 36	(nearest
CIRCLE APPROPRIATE BOX  A WELL WAS ABANDONED AND SEALED		below 50 51 foot)  LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED	38 39 4 45 47 51 SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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	56 60 from 10	DOWE WELL
IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMA- TION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	GRAVEL PACK	2
DRILLERS IDENT NO.	FLOWING WELL CIRCLE BOX  OEP USE ONLY	5
DRILLERS/SIGNATURE	(NOT TO BE FILLED IN BY DRILLER)	*
(MUST MATCH SIGNATURE ON APPLICATION	T (E.R.O.S.) W Q	Ţ.
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	