

Tax ID -03-308065

12/9/87 3pm

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

(INDEXED)

DATE 12/2/87DATE SYSTEM APPROVED 12/9/87INSPECTOR RHDave HopkinsIS PERMITTED TO INSTALL X ALTER ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257SUBDIVISION Sandy Hill Estates ROAD 2425 Woodstream Circle LOT 8PROPERTY OWNER Judith O. & E. Dwayne SingleyADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO XSEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 340 feet down the left (838') lot line and 70 feet off the same lot line as seen when facing the lot from Woodstream Circle. Run trenches on contour toward front of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 7/21/87

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

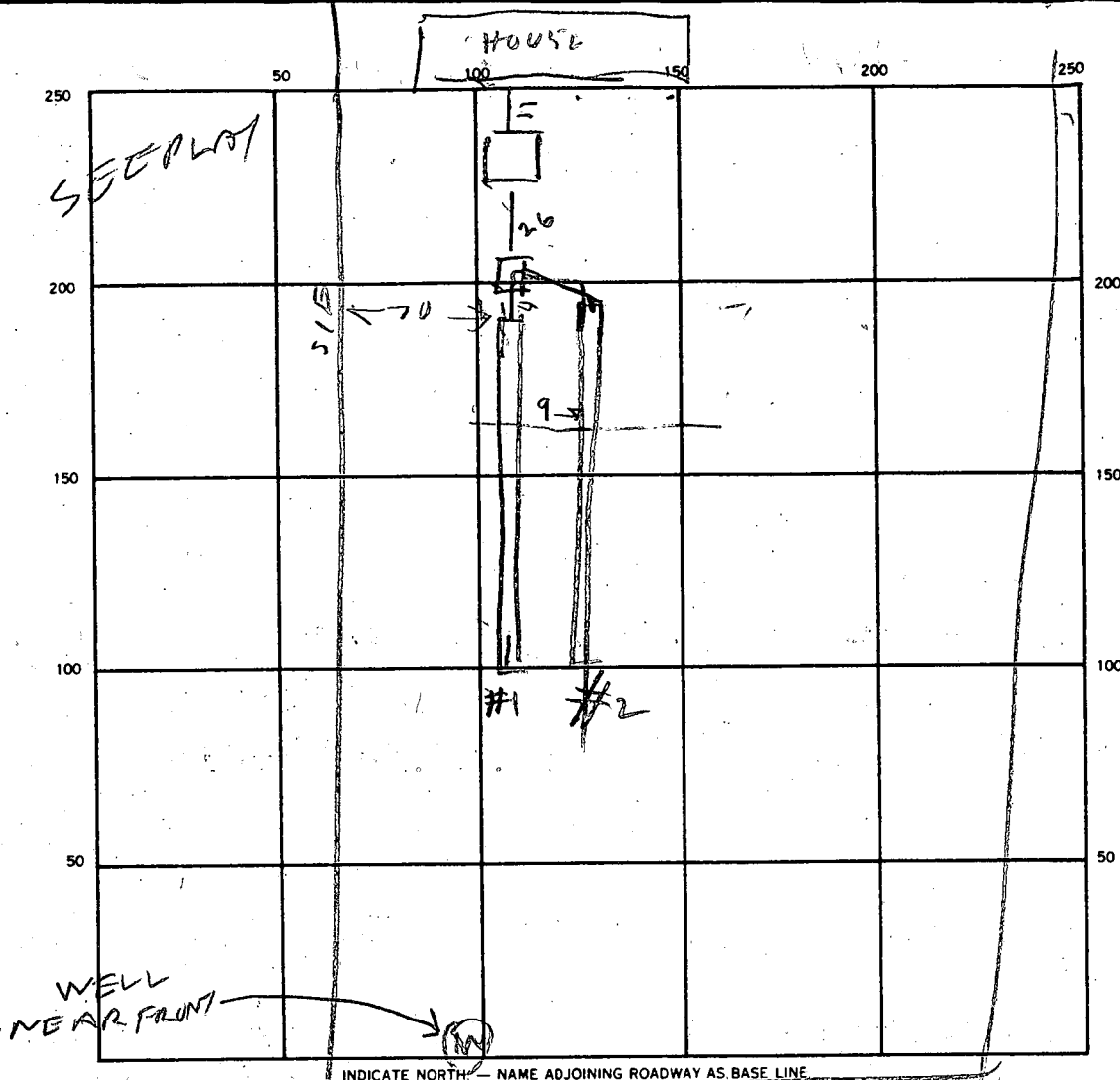
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 39768



SEPTIC TANK. LEVEL 1000 1 COUNT CLEANOUTS 51
015

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 1 1/2 FT. TRENCH WIDTH 3 1/2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 95 1/2 FT. 70 70 1/2

NUMBER OF TRENCHES 2 ~~ONE SIDEWALL~~ BOTTOM AREA 570 540 SQ. FT. INSTALL RED WIRE

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/9/87 LOCATION OK PER PLANS

DATE SYSTEM APPROVED

12 / 9 / 87

INSPECTOR

Raymond Hodges

APPLICATION

PERCOLATION TESTING

A 39768

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 6/24/87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER SANDY HILL PROPERTIES

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER JUDITH O. + E. DWAYNE SINGLEY

ADDRESS 10810 HUNTING LANE PHONE 596 9425
EMOVING 13 JULY

PROPERTY LOCATION: 6717 Swells OAKHARD Rd. DWAYNE WORK 5963355
Col. 21045

SUBDIVISION SANDHILL LOT NO. 8

ROAD AND DESCRIPTION 2425 WOODSTREAM Circle

TAX MAP _____ PARCEL # _____

SIZE OF LOT 9.5851 TYPE BLDG _____
(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.

Judith Singley
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

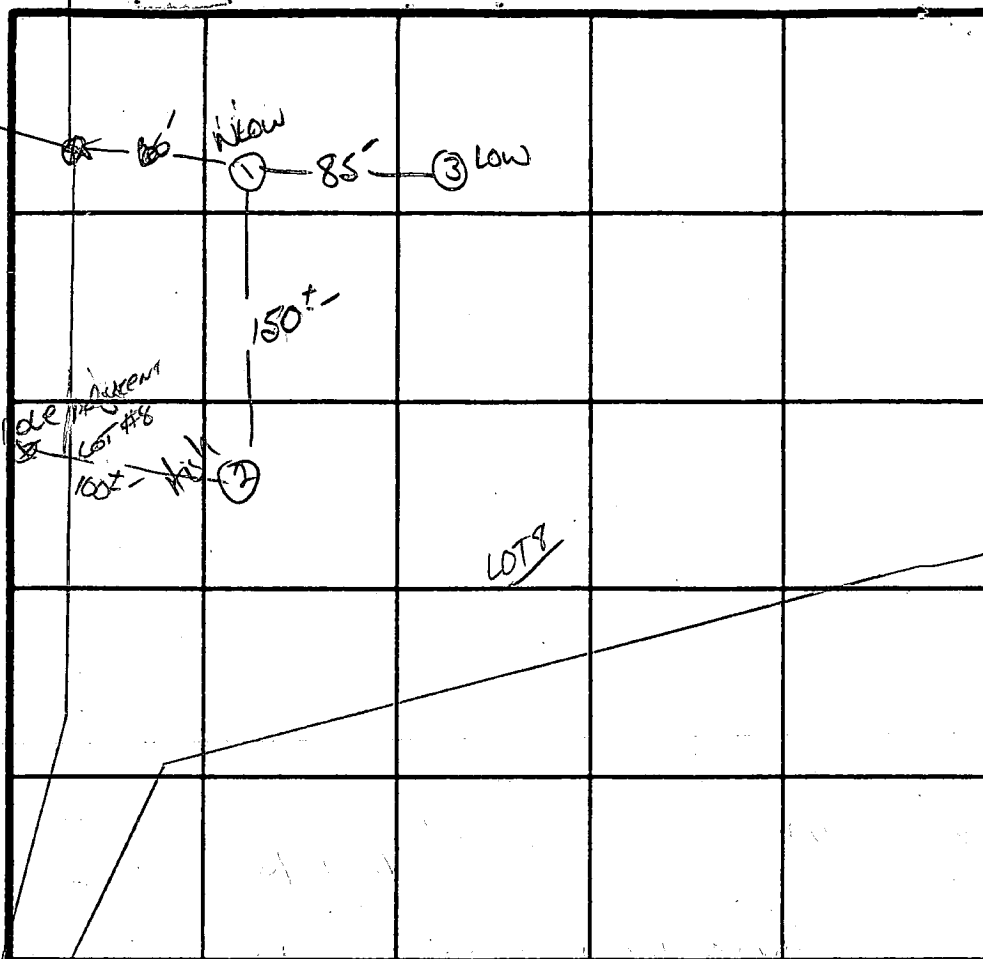
REASONS FOR REJECTION OR HOLDING 7-10-87 Rene Satisf. Hold for perc. 16/15. SA

BLDG. PERMIT SIGNED _____
AND RETURNED: 7/21/87
BP # 13521
8/16/87

THIS IS NOT A PERMIT

SOIL PROFILE

0"
4" A1-3
Red yellow
silty CLAY
LOAM
10-15%
FRAGS
4"
Yellow BL
Highly
micaceous
LOAM
15-20%
FRAGS
7' in to
30%
AT
BOTTOM



X Perc ~ 9 min
180 φ 1 BL
Inlet 3.5'
Bottom 5.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/10/87	1 S ✓	4.5' 13'	10:16 UNIFORM	10:17 Soil below 4"	10:17	10:22	5 min
	2 S ✓	4.5' 13'	11:14 WATER AT 13'	11:18	11:18	11:30	12 min
	3 V	13'	UNIFORM Soil below 4" SAME AS #1				
	4 S						
	INFO From Perc Hole # 2 ON LOT 9						
		4' 1.4'	2 min PERC				
			5 min PERC				

REMARKS

Shallow Syst. only

TYPE OF SOIL

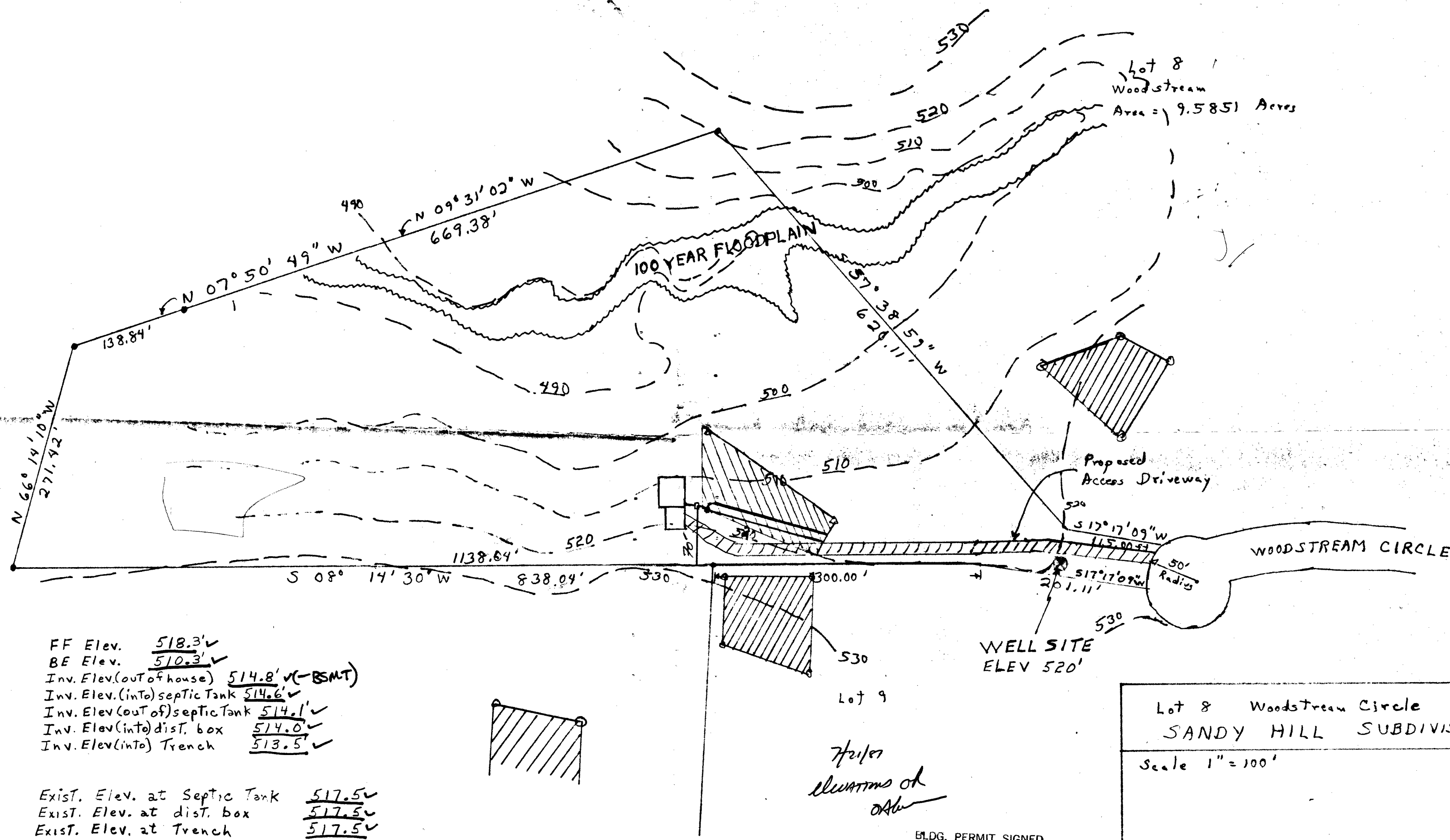
Glennel / Chester

TESTED BY

S. Abel

ALSO PRESENT

Singley, Pat C.

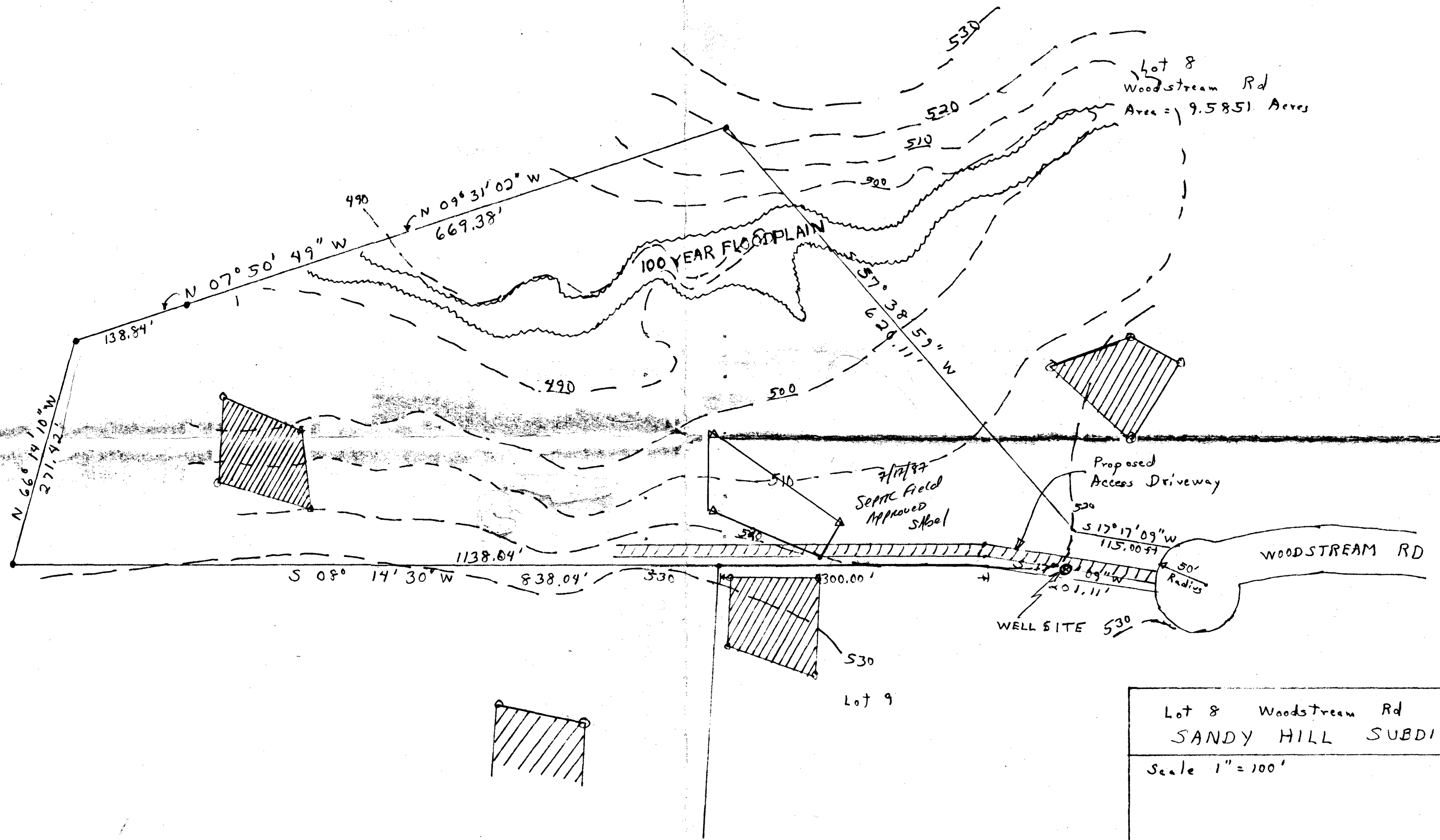


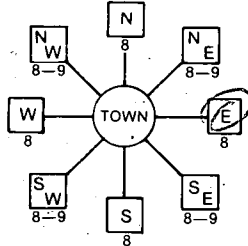
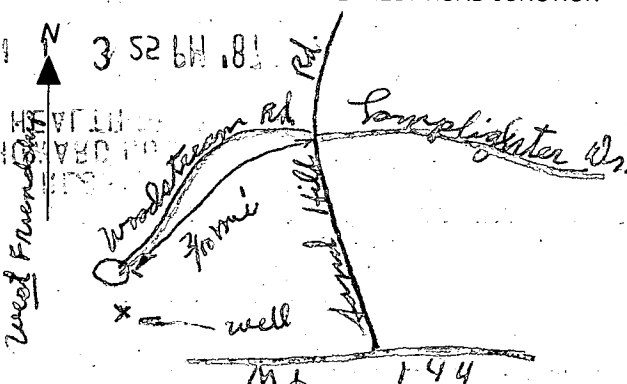
FF Elev. 518.3'✓
 BE Elev. 510.3'✓
 Inv. Elev.(out of house) 514.8'✓(-BSMT)
 Inv. Elev.(into) septic Tank 514.6'✓
 Inv. Elev.(out of) septic Tank 514.1'✓
 Inv. Elev.(into) dist. box 514.0'✓
 Inv. Elev.(into) Trench 513.5'✓

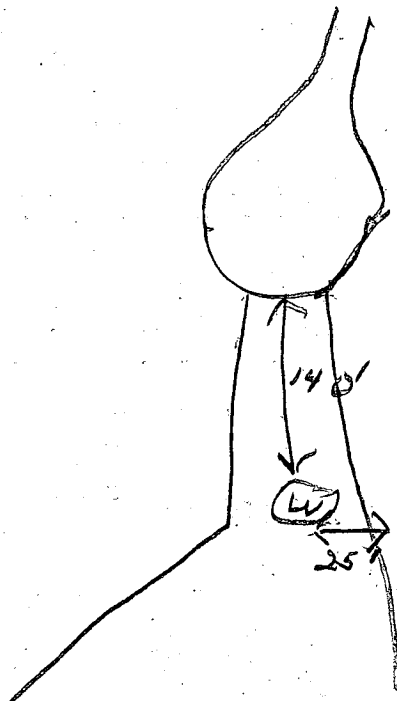
Exist. Elev. at Septic Tank 517.5'✓
 Exist. Elev. at dist. box 517.5'✓
 Exist. Elev. at Trench 517.5'✓

Lot 8 Woodstream Circle
 SANDY HILL SUBDIVISION

Scale 1" = 100'



B 7 1 2 3 4 5 6 8300 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HC-81-1829 <small>fill in this form completely</small>
Date Received [] [] [] [] [] [] OWNER INFORMATION 15 Last Name: SINGLEY Owner: [] [] [] [] First Name: DWAYNE 34 36 Street or RFD: 10810 HUNTING LANE 55 57 Town: COLUMBIA 70 State: MD 72 Zip: 21044 76		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 SANDY HILL ESTATES 23 SUBDIVISION 42 SECTION [] [] 44 46 LOT 8 48 50 WEST FRIENDSHIP 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 1/4 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name: Joseph L. Mayne 77 License No. 80 Firm Name: Joseph L. Mayne WELL DRILLING Address: 5512 Ridge Rd. Mt. Airy, Md. 217 Signature: Joseph L. Mayne Date: 6/1/87		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH [] [] [] [] WEST [] [] [] [] SOUTH [] [] [] [] EAST [] [] [] [] 11 2425 Woodstream Rd 30 NEAR WHAT ROAD 34 760 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A25672 COUNTY NO. OEP SIGNATURE _____ STATE HEALTH INSERT S [] 41 DATE ISSUED 060387 B Nylor 12/03/87 EXP. DATE NORTH GRID 534000 50 55 EAST GRID 0818000 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. Filled dry hole 3. None WRITE THE BOX NUMBER FROM THE MAP HERE E 810 8 N 530 4 000 000	
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____	
REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input 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 <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (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 (OEP USE ONLY) APPROP. PERMIT NUMBER [] [] [] [] GAP [] [] 54 63 FORCE 1A WRITE INITIALS IN BOX PERMIT NO. HC-81-1829 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS REISSUE SAME TAG, SAME PROPERTY/ DIFFERENT DRILLER			



Lot 8

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 1 3 25 PM '87
DIVISION OF
ENVIRONMENTAL
HEALTH

