

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 41835
27434
A REPAIR

DISTRICT 5th

DATE 5/23/88

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Donald Parlette

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 531-2140

SUBDIVISION Fox Pause ROAD 6582 Route 32 LOT 6

PROPERTY OWNER Richard E. Wilson Roy & Lucy Turner

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - 120 sq. ft. per bedroom. Trench to be connected to existing drywell. Inlet to be determined. Bottom maximum depth 9 feet. ok cw

PLANS APPROVED BY C. Williams DATE 5/20/88

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(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.

BLDG. PERMIT SIGNED
AND RETURNED 11/19/93

Serial # 57502-2804
addition

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 41835

	50	100	150	200	250
250					
200					200
150					150
100					100
50					50

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

300
12/10 AM
5/31/88
ORIGINAL PERMIT NOT LOCATED.

OLD P# 30351
OLD A# 27434 P 305

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE _____

DATE SYSTEM APPROVED

INSPECTOR

DON PARLETTE

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____

PHONE _____

SUBDIVISION

FOX LAUSE

6582 ROAD

ROUTE 32

LOT

6

PROPERTY OWNER

RICHARD WILSON

854-0322

ADDRESS

6582 ~~ROUTE 32~~ GULF ROAD RD

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

GARBAGE GRINDER?

YES

NO

SEPTIC TANK CAPACITY

1500

GALLONS

NUMBER OF BEDROOMS

4

120
480
61480

EXISTING DAYWELL FULL ADD 400 360 TRENCH TOTAL

WITH 5' STONE BELOW INLET. C.W.

8'0" FT LONG 6' FT 5" STONE

INLET 5 FT BOTTOM 11 FT RUN

OFF OLD DN TOWARD ROUTE 32

PLANS APPROVED 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.

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

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

PERMIT VOID AFTER TWO YEARS.

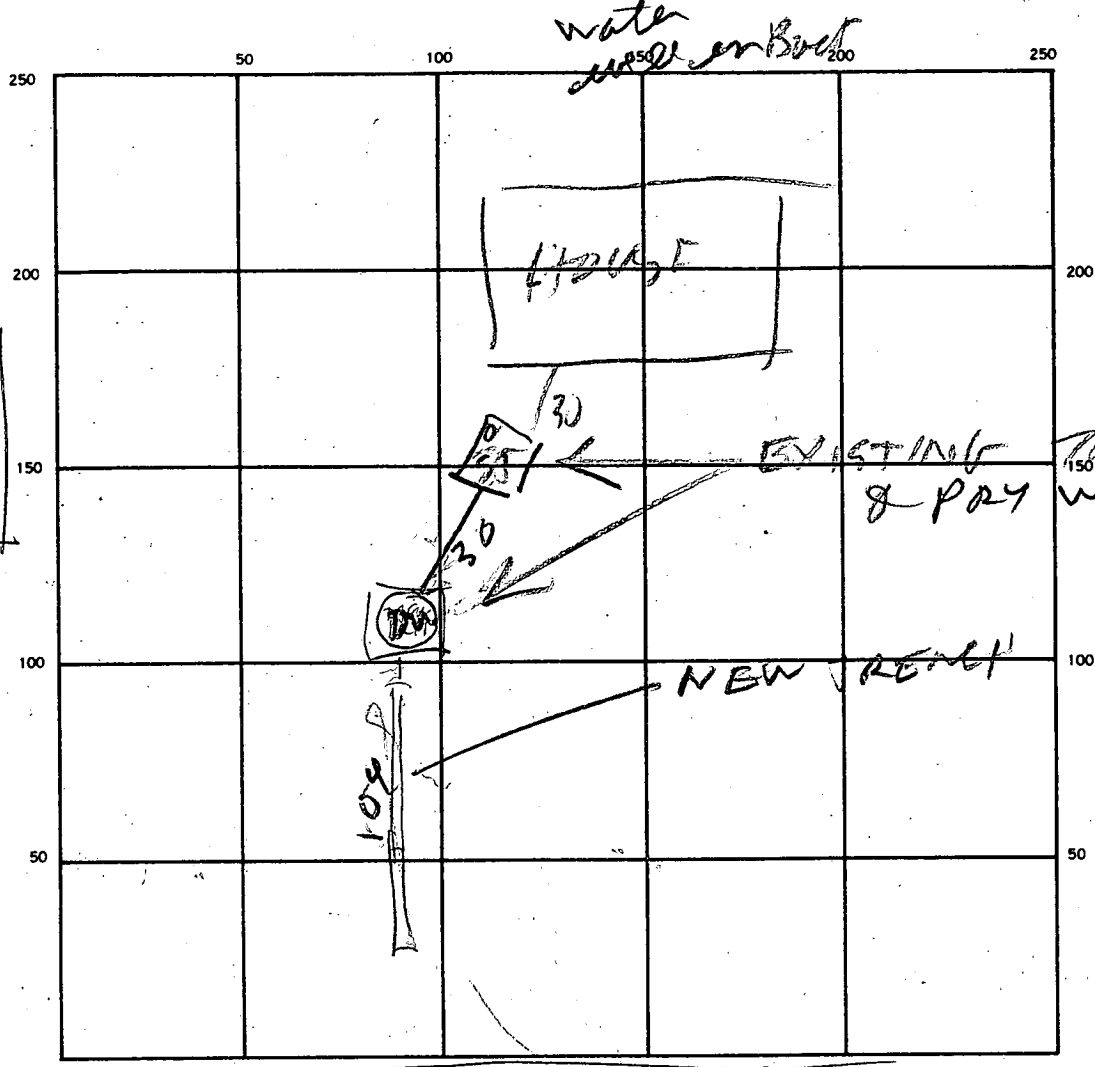
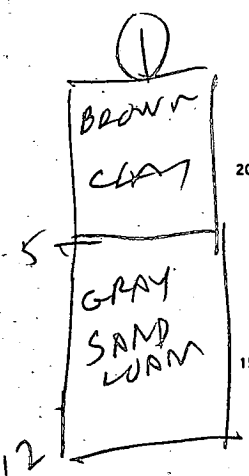
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*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE
 ROUTE 32 TO CLARKSVILLE

SEPTIC TANK. LEVEL _____
 DISTRIBUTION BOX. LEVEL _____
 DRAIN FIELD/TILE FIELD. DEPTH 11.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 16.5 FT. TOTAL LENGTH 104 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 6.5 SQ. FT.
 DRYWELL INSIDE DIAMETER EXISTING FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 676 SQ. FT.

REMARKS 5/31/88 - TRENCH DUG MOSTLY FINISH DIGGING
TRENCH & ADD STONE RT
5/31/89 - 73 FT OF TRENCH STONE 104 FT
DUG STONE TO BE ADDED TO LAST OF TRENCH
WHEN TRUCK ARRIVES

DATE SYSTEM APPROVED 5/31/88 INSPECTOR Raymond Roddy

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 11/8/79

INDEXED

Mr. Richard H. Wilson

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 5613 Selford Road, Arbutus, Md.

PHONE

SUBDIVISION Fox Pause

ROAD 6582 Route 32

LOT 6

PROPERTY OWNER Richard H. Wilson

ADDRESS 5613 Selford Road, Arbutus, Md.

SPECIFICATIONS 3 bedrooms - 1000 gal. tank
4 bedrooms - 1250 gal. tank

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom in system.

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 200 FT. FROM front LOT LINE AND 50 FT. FROM left LOT LINE AS SEEN WHEN
FACING LOT FROM Route 32.

Ok to have a ditch of dry well 12 ft. deep and contain 7 ft. of stone. 5 ft. earth
between ditch and dry well and 2 inspections required.

Trench to follow the contour of the land.

PLANS APPROVED BY Raymond Hodges

DATE 10/17/79

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA
COTTA ACCEPTED.

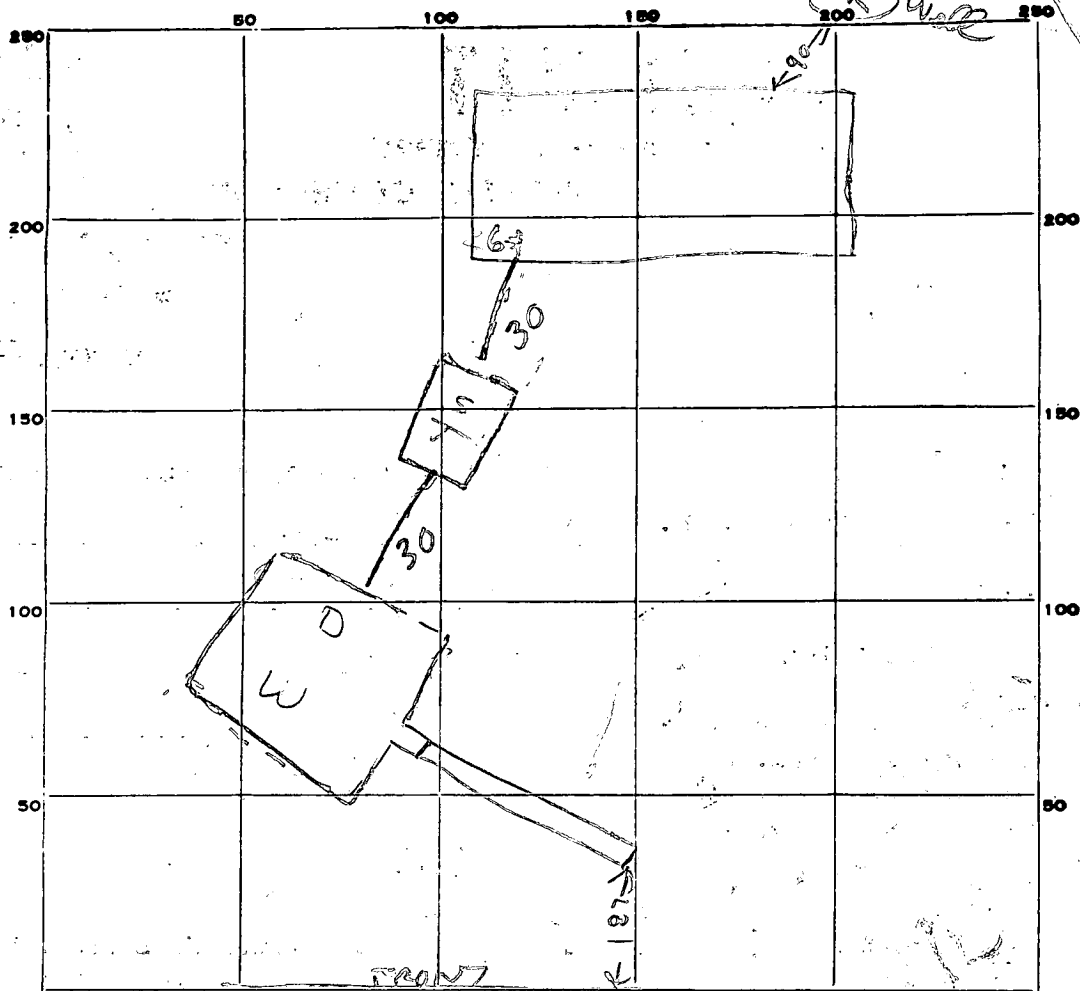
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

EDGE PERMIT SIGNED

AND RETURNED

5/20/80
Smith 1/8/308.
pod

A 27434



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

RT # 32

SEPTIC TANK, LEVEL 1500

CLEANOUTS OK ST & DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 9 FT IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 240

SEEPAGE PITS, INSIDE ^{PERIMETER} DIAMETER 57 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 456 SQ. FT.

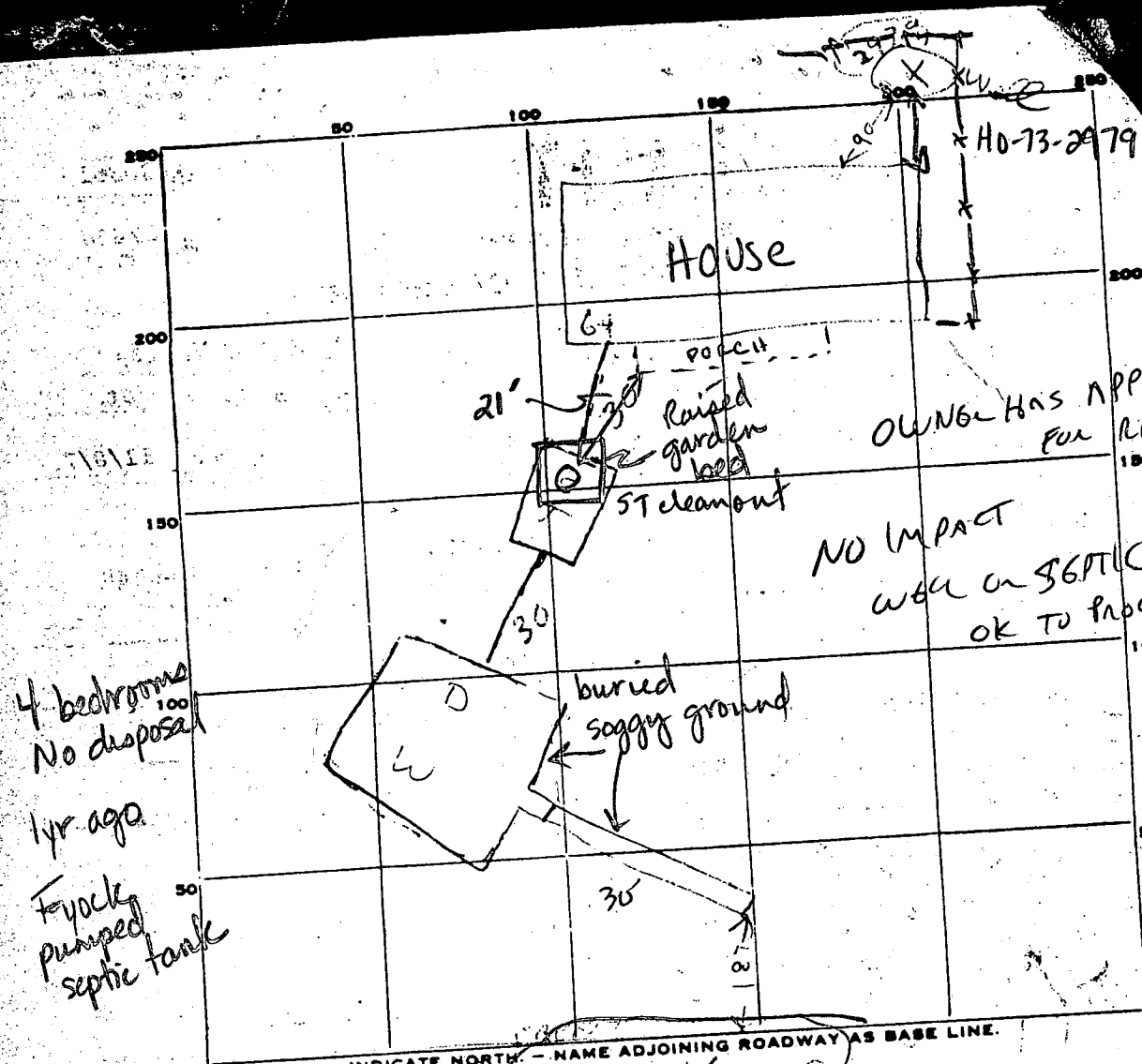
REMARKS 11/9/79 OK to add gravel to trench. JL
11/14/79 - DW INLET IS 5 FT BELOW GRADE

DATE SYSTEM APPROVED

11/14/79

INSPECTOR

Raymond Hodges



PERMIT CARD

SEPTIC TANK, LEVEL 1500 CLEANOUTS OK ST & DW

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 210

SEEPAGE PITS, INSIDE PERIMETER 57 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 456 SQ. FT.

REMARKS 11/9/79 OK to add gravel to trench. fl

11/14/79 - DW INLET IS 5 FT BELOW GRADE

5-19-88 Septic tank was pumped several times and only 1 yr ago,

because of overflow by Fyock. This date tank was full of solids & liquid

to within 6 inches of top. Low spot at tank had standing water. Rain?

Soggy ground around drywell and trench. Area downhill should allow rain to run off here.

Recommend pumping and possible repair if necessary before approval sent

FOY PAUSE
APPLICATION

A 27434

P _____

SEWAGE DISPOSAL TESTING

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: 465-5000, EXT. 356

DISTRICT 5th

DATE 1/13/78

SYSTEM FIRST

SEE SEPARATE SHEET FOR SPECS

BLDG. PERMIT SIGNED

~~AND RETURNED 6-8-78~~

Serial # 39288

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 Edwin G. Willson property

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Pause LOT NO. 6

6582
ROAD AND DESCRIPTION Route 32

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Edwin G. Willson

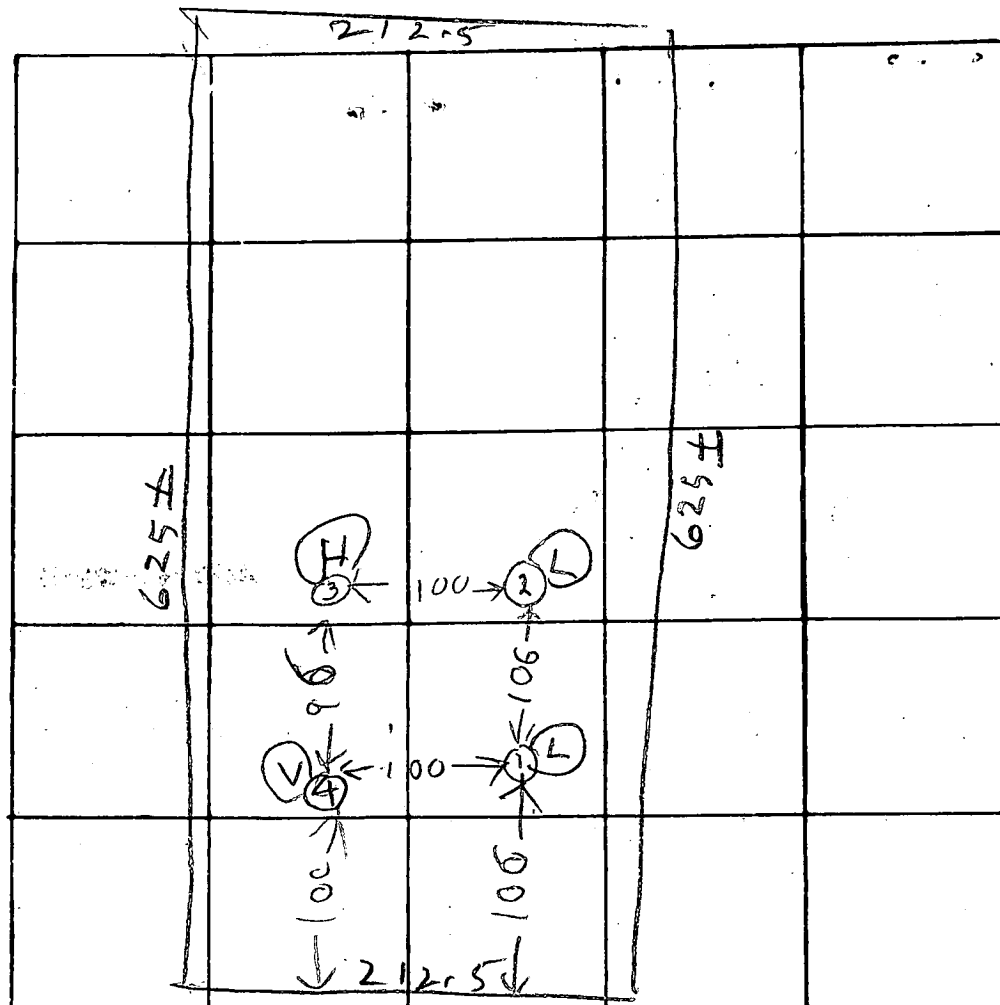
APPROVED BY Raymond Hodges FOR DRY WELL DATE 10/17/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/31/78 - Perc. OK Hold for Certified Holder R/H
R/H 10/17/78 FINAL PLAT OK R/H

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

At 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/31/78	1S	4	1012	1030	little perc		
1/31/78	1D	14	1012	1014	1014	1018	4
	2S	4	1015	1030	little perc		
	2D	14	1015	1019	1017	1020	3
	3D	14	1024	1027	1027	1:033	6
	3S	4 1/2	1024	1026	1026	1027	1
	4V	13	TOP BOT	5 FT 8 SANDY	CLAY		
	2MS	5 1/2	1036	little perc			
	1M	6	1037	1044	1044	1050	6
1/31/78	2MD	6 1/2	1041	1051	1051	1106	15

REMARKS

Holes not deep in pattern shown on Test plot
at time 6 min. than depth 5 ft

TYPE OF SOIL

TESTED BY

R. HODGES

ALSO PRESENT:

FYOCIL & RICK
WILSON

B 1	4460	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-8979
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY) 10/17/78 9:30 10/20/78 9:30	<table style="width:100%;"> <tr> <td style="width:50%;">OWNER</td> <td style="width:50%;">FIRST NAME</td> </tr> <tr> <td>COL 15 LAST NAME</td> <td>COL. 34</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 18pt; font-family: cursive;">Wilson Ed.</td> </tr> <tr> <td>STREET OR RFD</td> <td></td> </tr> <tr> <td>COL 36</td> <td>COL. 55</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 18pt; font-family: cursive;">Box 32</td> </tr> <tr> <td>POST OFFICE</td> <td></td> </tr> <tr> <td>COL 57</td> <td>COL. 76</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 18pt; font-family: cursive;">Ashton end.</td> </tr> </table>	OWNER	FIRST NAME	COL 15 LAST NAME	COL. 34	Wilson Ed.		STREET OR RFD		COL 36	COL. 55	Box 32		POST OFFICE		COL 57	COL. 76	Ashton end.	
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COL 15 LAST NAME	COL. 34																		
Wilson Ed.																			
STREET OR RFD																			
COL 36	COL. 55																		
Box 32																			
POST OFFICE																			
COL 57	COL. 76																		
Ashton end.																			

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	LICENSE NUMBER	
7/1/78	40	
FIRST NAME DRILLER LAST NAME		
J. F. Eastman		
SIGNATURE		
J. F. Eastman		

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	
5	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	
600	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST	
MUST HAVE STATE HEALTH DEPT. APPROVAL	

APPROXIMATE DEPTH OF WELL	FEET
24	150
APPROXIMATE DIAMETER OF WELL	
6 (NEAREST INCH)	

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
BORED (OR AUGERED)	JETTED	DRIVEN
30-37 AIR-ROTARY	AIR-PERCUSSION	ROTARY (HYDRAULIC ROTARY)
<u>CABLE</u>	REVERSE-ROTARY	DRIVE-POINT
OTHER (DESCRIBE)		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
54	65
FORCE	CONDITIONS
67 68	70 71 72 73 74 75 76 77 78 79

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX)		
Howard		
COUNTY NAME		
W28826		
COUNTY NO.		
DATE		
090875		
APPROVED BY		
Fred Frommelt, Sanitarian		

B 5	SPECIAL CONDITIONS 8-83 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

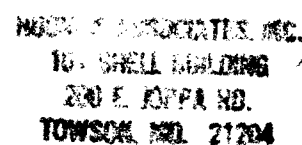
B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	
Howard	
(DO NOT ABBREVIATE COUNTY NAME)	
SUBDIVISION	
73	
SECTION	
6	
NEAREST TOWN	
Clarksville	
MILES FROM TOWN (ENTER 0 IF IN TOWN)	
2	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	
☐ NORTH ☒ EAST ☐ NORTHWEST ☐ SOUTHWEST ☐ SOUTH ☐ WEST ☐ NORTHWEST ☐ SOUTHWEST	
NEAR WHAT ROAD	
Rt 32	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
S	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	
150	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N ↑ Clarksville Rt 32 37'- CASING 2'- ABOVE GR 34'- OPEN HOLE 14'- BAGS CEMENT OK 10/20/78	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">BOX NUMBER</td> <td style="width:50%;">E</td> </tr> <tr> <td></td> <td>820</td> </tr> <tr> <td></td> <td>N</td> </tr> <tr> <td></td> <td>490</td> </tr> </table>	BOX NUMBER	E		820		N		490
BOX NUMBER	E								
	820								
	N								
	490								

NORTH COORDINATE	EAST COORDINATE
50 51 52 53 54 55	57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET)	
65 66 67 68	





11/19/93
OK TO SIGN
BP 51502
Rlt

SURVEYOR'S CERTIFICATE

REFERENCES

PLAT NO. 4047

FOLIO

**7 Brooking Avenue
Gaithersburg, Maryland 20877
(301) 840-9010**

SCALE 1"=60'

DRAWN BY:

JOB NO.: 97084

BOUNDARY:

JEFFERSON D. LAWRENCE

REGISTERED LAND SURVEYOR MARYLAND # 5216

41835