Tax ID - 03 -324648

PERMIT

P _____

SEWAGE DISPOSAL SYSTEM

A 42975-A

VOIDED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

ISSUE DATE _____

APPROVAL DATE _____

Jack Fyock IS PERMITTED TO INSTALL ___ ALTER ___

ADDRESS _____ PHONE _____

SUBDIVISION Gossage Property LOT NUMBER _____ ADDRESS 3045 Route 32

PROPERTY OWNER Fred Gossage PROPERTY OWNER'S ADDRESS 3045 Route 32

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:

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

A42975A

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: _____

_____

_____

_____

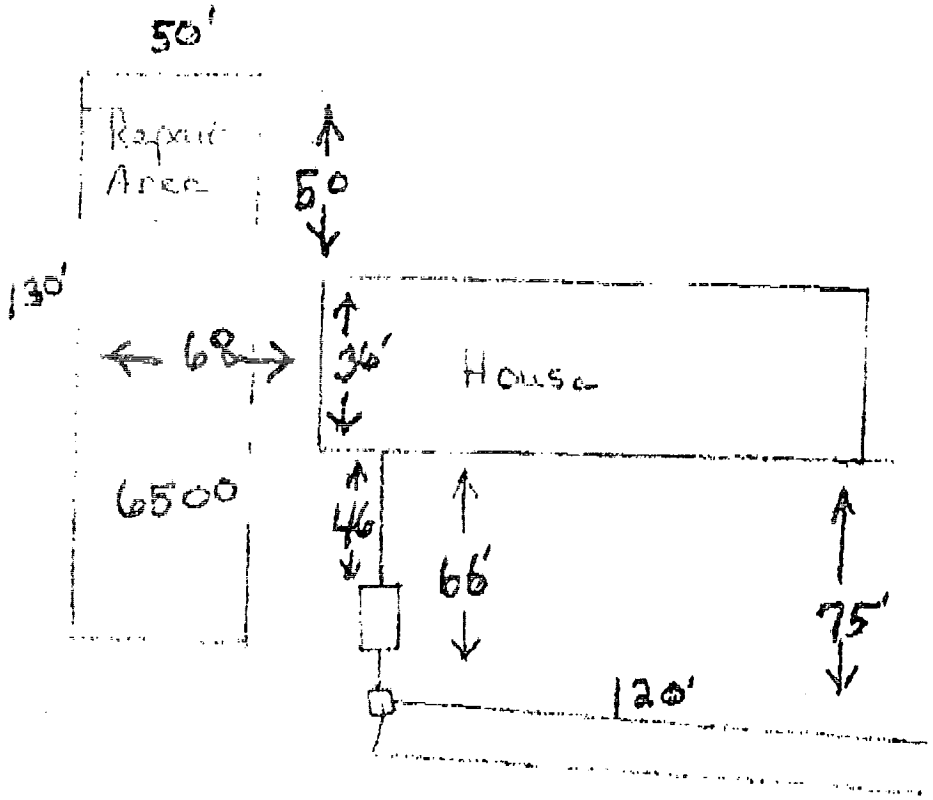
_____

_____

_____

INSPECTOR _____ DATE SYSTEM APPROVED _____

(W)



Repair Area

Gossage
3045 R#. 32
4-bdrm.

STATE FARM INSURANCE
William F. Gossage Jr
Auto-Life-Health Home and Business
3121 Eastern Avenue
Baltimore, MD 21224
Office: 410 675-1200 Fax: 410 675-1462

3/17/99

TO: Amy

FROM: Fred

RE: Water Dist.

NUMBER OF PAGES INCLUDING THIS ONE:

IF ANY QUESTIONS PLEASE CALL 410 675-1200
FAX # 410 675 1462

Amy,

Thanks for all your help.

Fred

5/25/00- Amy thanks! My Fax # is 410 554 4516

Elaine

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
MICROBIOLOGICAL * CHEMICAL * PHYSICAL WATER ANALYSIS

113 Old Taneytown Road
Westminster, MD 21158

MD State Certification #133
(410) 848-1014 or 876-4554

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995
LABORATORY ID NUMBER: 29341
LOCATION: 3045 Route 32
WEST FRIENDSH, MD, MD, 21794
DATE/TIME COLLECTED: 11/09/1998, 0902
DATE/TIME RCV'D LAB: 11/09/1998, 1346
WELL NUMBER: HO-94-1210 * pH:5.6

COMPANY: CACH ACCOUNT
REQUESTED BY: Fred Cossate
SOURCE: Well
SITE: Kitchen Tap
COLLECTED BY: J.Y. 9907 00446 FU
* RESIDUAL CHLORINE: None Detected
WATER SUPPLY TREATED: NO
TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
NITRATES	6.10	10 OR LESS	mg/L (PPM)
Quanti-Tray:			
COLIFORMS, TOTAL	0. <1.0	0 wells out of 51 <1.0	MPN/100 ml
COLIFORMS, FECAL	0. <1.0	0 wells out of 51 <1.0	MPN/100 ml

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS
Turbidity	0.4	Less Than 10	NTU
Lead	<5	Less Than 5	mg/L

NOTES: 1) Results within the reference range are considered satisfactory and are within potable water limits at the time of sampling. 2) Bacteriological method: SM 9223 B. Nitrate method:601 (ISE). 3) MPN/100 ml= Most Probable Number (of viable bacteria) per 100 ml sample. 4) NTU= Nephelometric Turbidity Units. 5) mg/L= milligrams per liter or parts per million.

* DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 11/10/1998 LABORATORY DIRECTOR: Charles Mooshian, BS, MT(HHS)

COMMENTS: Use & Occupancy.

Sample Analyzed As Received

5/24/00

File lost as of this date - owner reports county is ~~[illegible]~~ sueing her for moving in u/o U & O

ALM inspected and approved septic system & adjustment to same (due to house being built in SDA) in May 1998. No record - but ~~[illegible]~~ I remembered approving actual installation we may have been waiting for revised Perc Cert. but it is not essential for ICOP.

ICOP issued based upon H_2O sample results taken when they moved in - ~~this was~~ (our office appears to have lost these too) in order to prevent legal action by the Co. on Mrs. Gossage

AL