

8/25/88 AM

Tax ID - 05-~~497223~~
350840

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42399

A REPAIR

DISTRICT _____

DATE 8/22/88

DATE SYSTEM APPROVED 8-25-88

INSPECTOR S. Allen

Jenkins Brothers IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Route 144, Ellicott City, Maryland 21043 PHONE 465-6646

SUBDIVISION _____ ROAD 5199 Ten Oaks Rd LOT _____

PROPERTY OWNER Gebhart 5205 MDRt. 32

ADDRESS 5199 Ten Oaks Road (Tax system says address 5195 Ten Oaks)
Clarksville, Maryland 21029

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - To replace failing drywell

PLANS APPROVED BY C. Williams DATE 8/19/88

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.

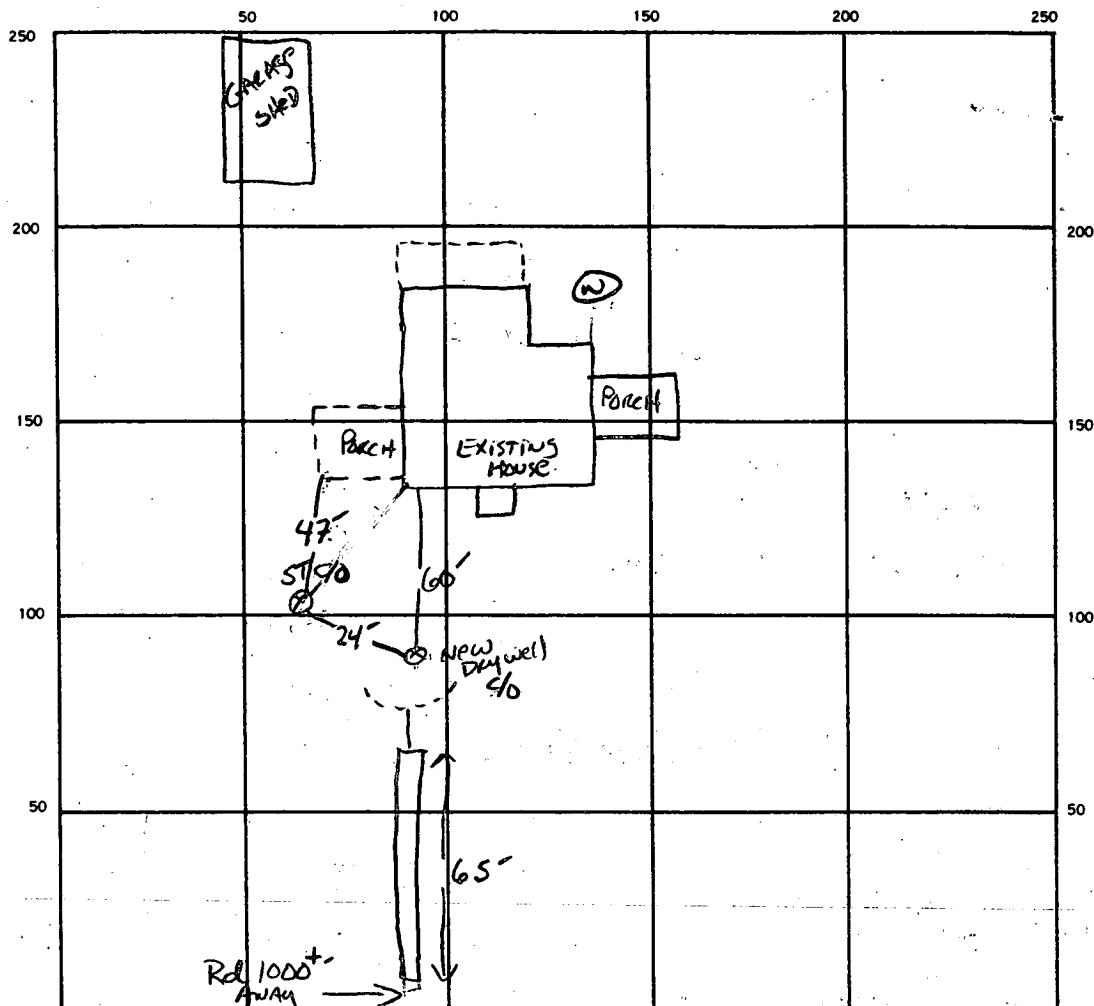
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

42399



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS

SEPTIC TANK. LEVEL Existing CLEANOUTS 4/0 NEW ON DW EXISTING ST

DISTRIBUTION BOX. LEVEL N/A

DRAIN FIELD TILE FIELD. DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 65' FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 390 SQ. FT.

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

ABSORBENT AREA 390 + DW SQ. FT.

REMARKS 8-25-88 OK TO ADD STONE. S. Alu

8-25-88 OK TO COVER S. Alu

DATE SYSTEM APPROVED 8-25-88

INSPECTOR S. Alu

B 1 2 3 6 8404	SEQUENCE NO. (MDE USE ONLY) 518005	STATE OF MARYLAND PERMIT TO DRILL WELL Please print or type	STATE PERMIT NUMBER H0-94-3597 <small>fill in this form completely</small>
Date Received (APA) 12/02 <small>8 MM DD YY 13</small> OWNER INFORMATION Last Name Kaplan Owner First Name Barry Street or RFD 5199 Ten Oaks Rd Town Clarksville Md State 21029 Zip 21029		LOCATION OF WELL COUNTY Howard SUBDIVISION SECTION 44 LOT 46 NEAREST TOWN Clarksville MILES FROM TOWN (enter 0 if in town) 2 1/2 M I	
DRILLER INFORMATION Driller's Name Joseph L. Wayne License No. MS D 24 Firm Name Joseph L. Wayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Md 21771 Signature Joseph L. Wayne Date 12-3-02		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD 5199 Ten Oaks Rd DISTANCE FROM ROAD 350 FT ENTER FT OR MI FT TAX MAP: 25 BLK: 15 PARCEL 144	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. P 42399 STATE SIGNATURE _____ INSERT S → DATE ISSUED 12/5/02 CO SIGNATURE Racu Noman EXP. DATE 12/5/03 NORTH GRID 508 000 EAST GRID 807 000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. well 3. well WRITE THE BOX NUMBER FROM THE MAP HERE 508	
APPROXIMATE DEPTH OF WELL 280 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & Driven <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRILL-POINT <input type="checkbox"/> other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ PERMIT No. H0-94-3597			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			