

11-16-30
7/15/92
7/20/92
Ready
A.M.

Tax ID - ~~04-323238~~ 04-323238

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47976
10553
A REPAIR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DISTRICT _____

DATE 3-31-92

DATE SYSTEM APPROVED 7/20/92

INSPECTOR RH

_____ Herman Sirk _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2555 Jennings Chapel Road, Woodbine, MD PHONE 489-4724

SUBDIVISION _____ LOT _____ ROAD 707 Ridge Road

PROPERTY OWNER _____ Mildred Murphy

ADDRESS _____ 707 Ridge Road

_____ Mt. Airy, Maryland

SEPTIC TANK CAPACITY 1000 GALLONS OLD TANK

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 6

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED 3/31/92

Call for inspection when ground is opened so sanitarian can recommend repair.

7/15/92 TRENCH 2 FT WIDE 8 FT DEEP INLET
2 FT DEEP 6 FT STONE 90 FT LONG
RUN TRENCH OFF OLD TANK TOWARD THE BACK
OF THE LOT. TO KEEP TRENCH 100 FT FROM
THE 3 WELLS MAKE IT L SHAPED
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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

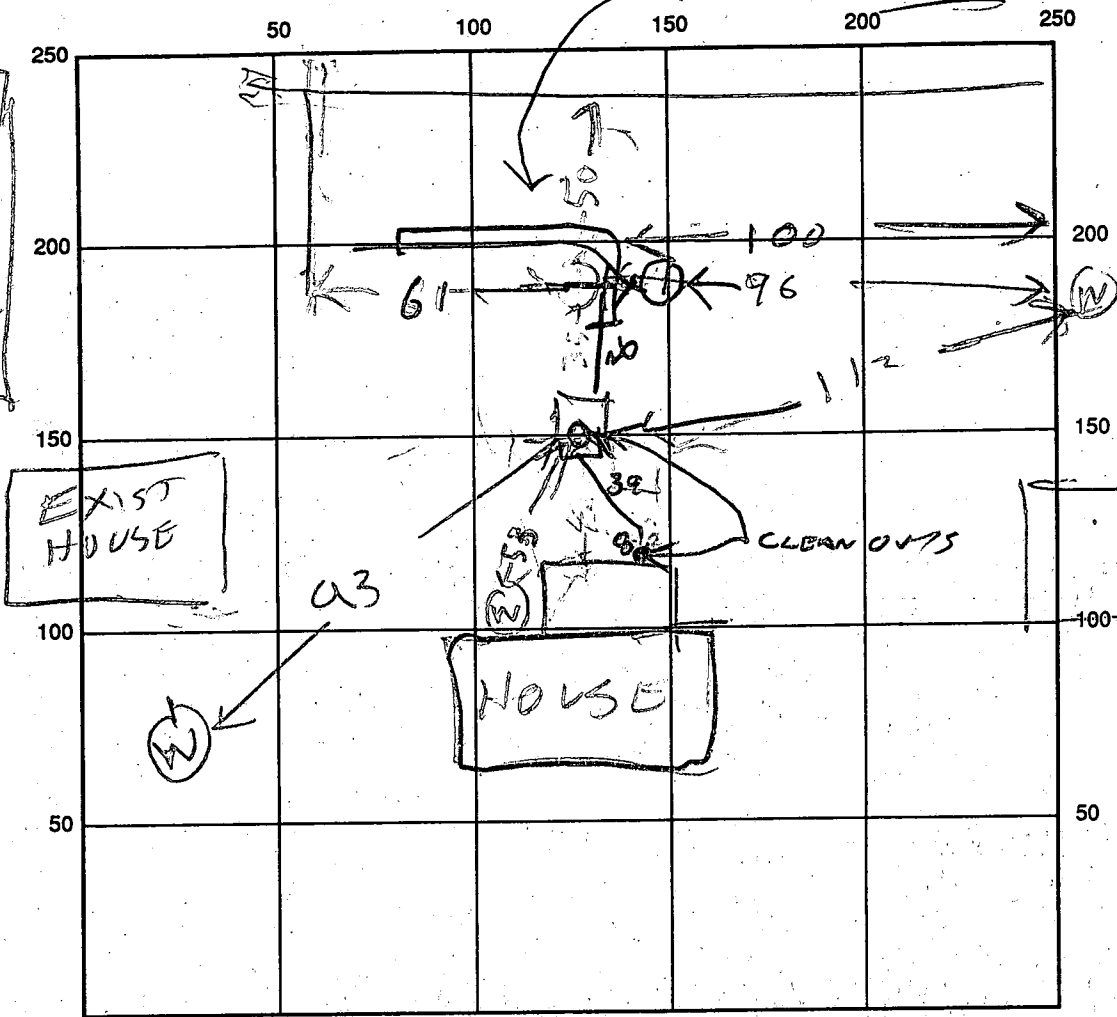
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

47976

"L" SHAPED TRENCH - 92' LENGTH

①
BROWN CLAY
GRAY
BROWN
SAND
LOAM
1570 SMALL
SHALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ROUTE 27

SEPTIC TANK LEVEL NA CLEANOUTS NA

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 92 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 552 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED 7/20/92 INSPECTOR Raymond J. Hodge

10/13/65

approved
10/13/65
dun

PERMIT

SEWAGE DISPOSAL SYSTEM

P 10992

A 10535

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4

DATE 10/4/65

Courtney Layton IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS Damascus, Maryland PHONE

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION ROAD Rt. 27 LOT

PROPERTY OWNER Lucy V. Molesworth & Mildred E. Murphy

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 14 ft. diameter and 7 ft. deep below inlet pipe.

Place dry well about 51 ft. from front property line and either 18 ft. or 63

ft. from right side line as seen when facing lot from Route 27.

PLANS APPROVED BY D. W. Monaghan DATE 7/30/65

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 10535

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 7/14/65

Septic Tank - 750 gal

Dry Well - 14 ft diameter and 7 ft deep below inlet pipe

Place Dry Well - about 51 ft from front property line and either 18 ft or 63 ft from right sideline as seen when facing lot from Route 27

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Lucy V. Molesworth & Mildred E. Murphy

Rt. 3

M. A.

ADDRESS Mt. Airy, Md.

PHONE 724

PROPERTY LOCATION:

SUBDIVISION James Molesworth Prop. (Deceased) LOT NO. 1

ROAD AND DESCRIPTION Rt. 27 - Corner of Penn Shop Rd. & Md. Rt. 27

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 20,000 sq. ft. TYPE BLDG. 3 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Mildred E. Murphy

APPROVED BY Dee Monaghan

FOR Dry Well (1 or 2)

(KIND OF SYSTEM)

DATE 7/30/65

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING 7/20/65 - test hole not properly dug. No effluent in container. 2 shallow holes in area where house is to go, over

7/20/65 - test hole not properly dug. No effluent in container. 2 shallow holes in area where house is to go, over

THIS IS NOT A PERMIT

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

Top Soil
Shaley
Brown Slate
Blue SlateFEET
from ___ to ___0-3
3-15
15-80
80-100

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Steel

DIAM.
(inches)

6" I.D.

FEET
from ___ to ___

0-23

Permit Number 10-66-2-58
Owner James D. Bantleworth
Address 1111 W. 1st St., Md.
Subdivision _____
Section _____ Lot _____

PUMPING TEST

Hours Pumped 2
Type of Pump Used 1 1/2"
Pumping Rate _____
Gallons per Minute 8

WATER LEVEL

Distance from land surface to water:

Before Pumping 20 Ft.When Pumping 100 Ft.

APPEARANCE OF WATER

Clear _____ Cloudy _____

Taste _____

Odor _____

Height of Casing Above Land

Surface 2 Ft.

PUMP INSTALLED

Type _____

Capacity _____

Gallons per Minute _____

Gallons per Hour _____

Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

15' Well

House

NORTH

Date Well

Was Completed 9/22/65

Well Driller

Signature [Signature]

TRIPLICATE