2/9/925

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P_	48896			
	2/27	-0		

DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT

 INDEXED

DATE 2/03/93

DATE SYSTEM APPROVED

INSPECTOR

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R B		A.	
	V	A	
ALTER			

Whitworth Excavating ISPE	RMITTED TO INSTALL X ALTER
ADDRESS 12680 Clarksville pike, Columbia, Maryland 21029	PHONE 531-5033
SUBDIVISION St. Francis of Assisi LOT 2 ROAD	
PROPERTY OWNER Sally Teague	
ADDRESS	
SEPTIC TANK CAPACITY 1500 GALLONS	•
NUMBER OF BEDROOMS 5	
220 SQUARE FEET PER BEDROOM (Chapt for two trenches 116 feet	ti enchi:
LINEAR FEET OF TRENCH REQUIRED 220 (Okay for two trenches 110	feet each)
TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below or depth 8 feet below original grade. Effective ar original grade. 5 feet of stone below distribut LOCATION - Place the distribution box approximately 180 feet line and 145 feet from the left (357') lot line. from the closest corner of the house, and 85 feet of the swimming pool. But trenches along contour.	ion pipe. t from the left-rear (503') lot This location should be 100 fee t from the closest corner of the
of the swimming pool. Run trenches along contou NOTES - Provide 6" - 8" diameter cleanout and cap to gra	de or above on septic tank.
PLANS APROVED BY Raymond Hodges/C. Williams	REVISED DATE 2/03/93
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE S	UCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES ACCEPTABLE.	FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEI AUTHORIZED)	ET FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IF	N TRENCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 F	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 DIA PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE	METER CAST IRON. CONCRETE OR TERRA COTTA OR REQUIRED.
NOTE. DISTRIBUTION POVES MUST HAVE BAFFLES	ا

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3/3/93	2 1					
250 Plum on must 100 plum	m/150/1 200					
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200	200					
	150					
150	7130					
	and ,					
60	3					
100	100					
1002432						
50	50					
	ANTENNA CONTRACTOR CON					
INDICATE NORTH - NAME ADJO	DINING ROADWAY AS BASE LINE					
	LEANOUTS					
DISTRIBUTION BOX LEVEL OK						
DRAIN FIELD/TITLE DEPTH 8 FT TRENCH WIDT	TH A FT. INLET DEPTH 3 FT.					
EFFECTIVE GRAVEL DEPTHFT. TOTAL LENGT	H 90 132 FT.					
NUMBER OF TRENCHES ONE SIDE	EWALL/BOTTOMAREA 22180. FT.					
DRYWALL INSIDE DIAMETERFT. EFFECTIVE DEPTH BELOW INLET 1/10 FT.						
ABSORBENT AREASQ. FT.						
	I INTERSECTED RAIN					
	· · · · · · · · · · · · · · · · · · ·					
SOUTS CHANGE TO ONE LOS						
	FILONG, FINISH DIGGING					
TRENCHES & ADD STONE R	y ·					
15 193 IRBNCHUS FINISH	ED					
1-1						
DATE SYSTEM APPROVED 2/5/13	ISPECTOR Traymond HOUSE					

APPLICATION

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SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36320

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

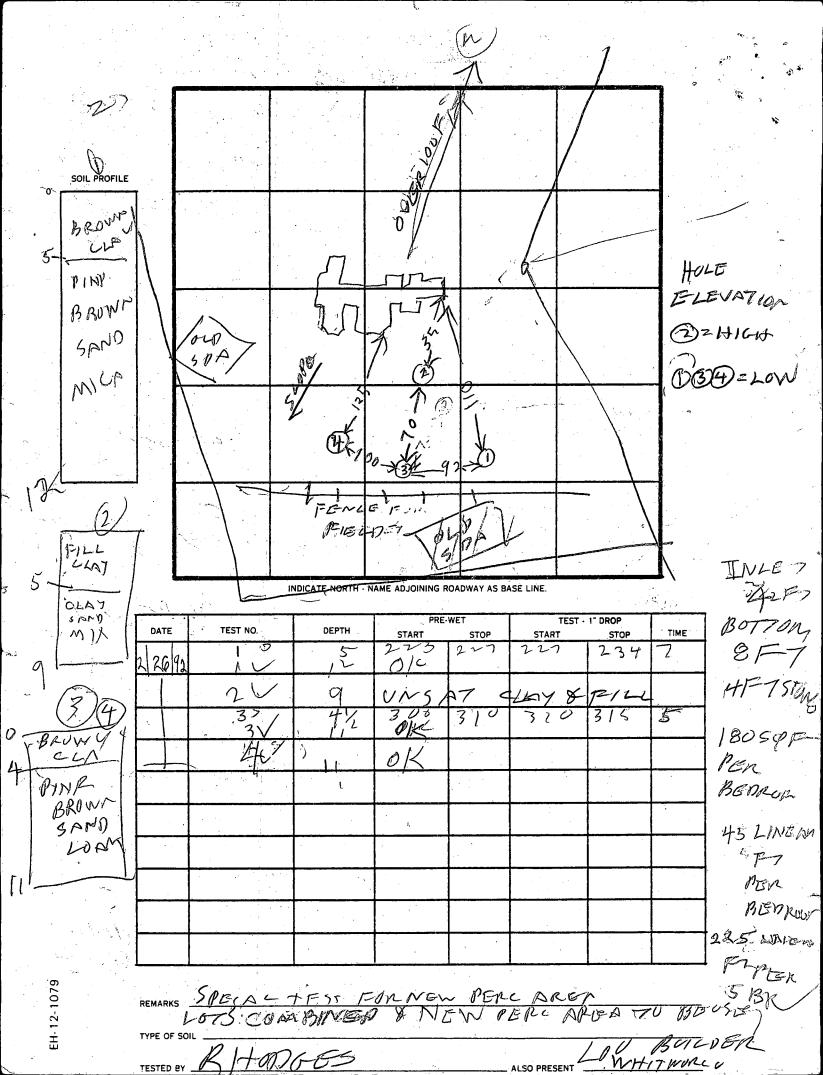
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

STRICT

DATE NOV. 27, 1985

[- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT OR RECONSTRUCT) A SEWAGE DI	SPOSAL SYSTEM
PROPERTY OWNER - HAMET SETBETT BRUCE GREV	vell
ADDRESS 12027 Rte 216, Fulton MD. 20759	PHONE 596-0450
PROPERTY LOCATION:	ST FAMACIS OF ASSISS &U
PROPERTY LOCATION: SETBETT Property GAGWELL SOFEN	
	NO
ROAD AND DESCRIPTION MD- Ple 216 800 t West of	Ple 29
no road into sub. 11405 Scaggs	ville Rd.
SIZE OF LOT 3.27 AC TYPE BL	
	/ (NUMBER OF BEDROOMS)
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 NOW REFUNDABLE UNDER	ANY CHAPLINST ANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	Willy for FOI
	RE OF APPLICANT)
APPROVED BY Sin Moel FOR Deep trenche	DATE 8 28 87
REJECTED BYFOR	DATE
FOR	DATE
HOLD PENDING FURTHER TESTS	DATE
REASONS FOR REJECTION OR HOLDING 12/20/85 GIRC. SATISFACTORY / HOLD	E CILL DISE ON
REASONS FOR REJECTION OR HOLDING	187 JUDOLIVISION PLAN SINGO
- 현실 10 (1992년) 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	

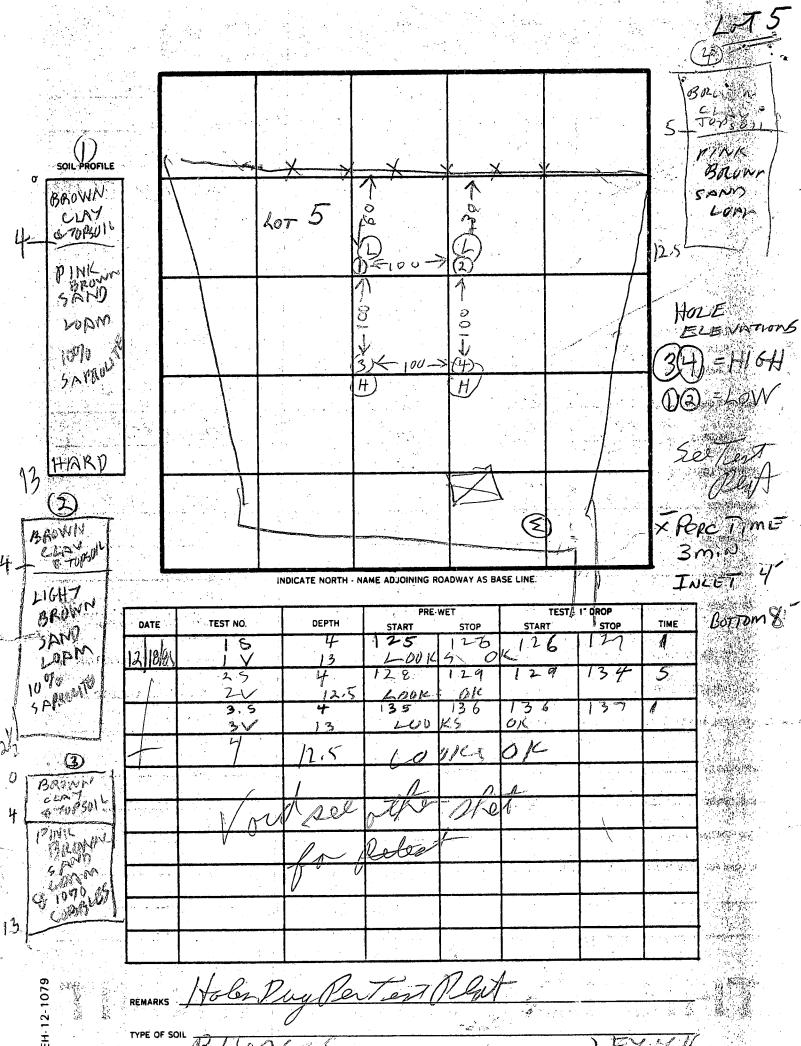
THIS IS NOT A PERMIT

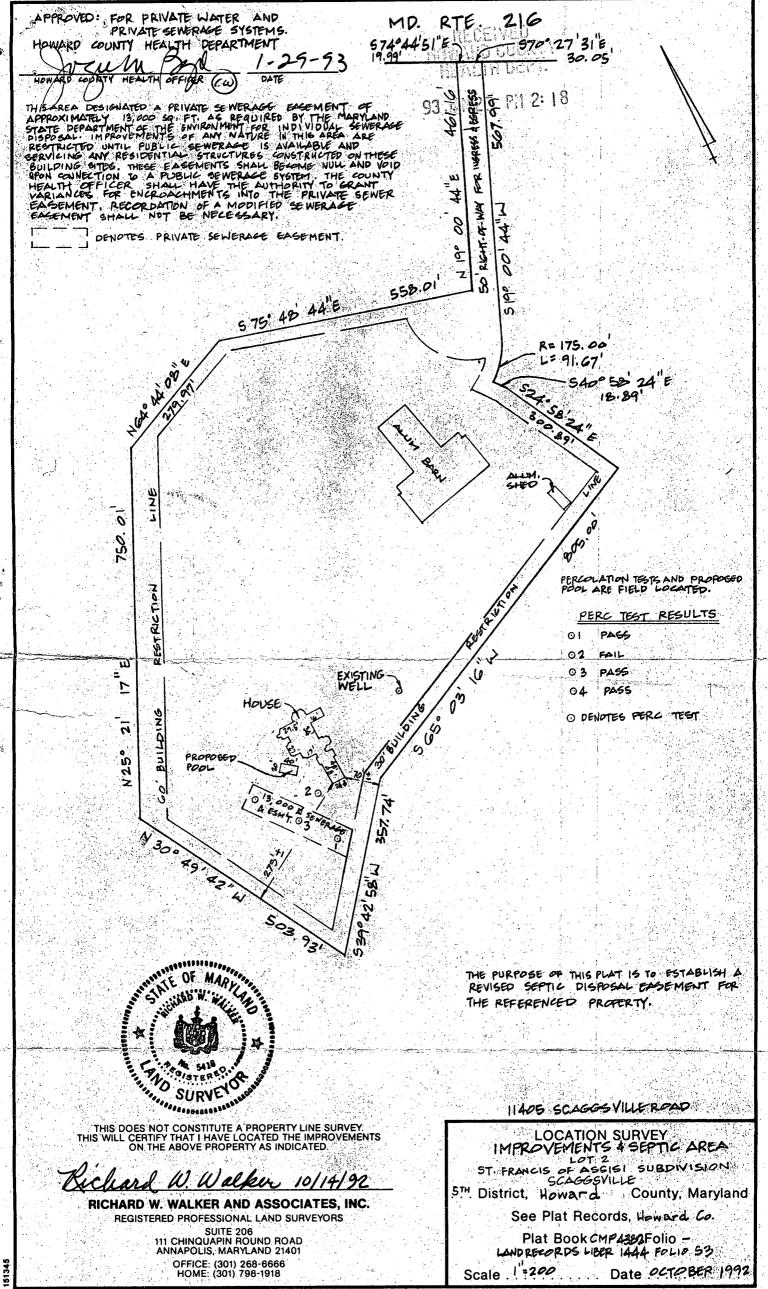


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3				As a second second	The Property of the Control			The state of the state of	and the state of the	أماه مناه الما
							11.0		*	

SEWAGE DISPOSAL TESTING STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... HOWARD COUNTY HEALTH DEPARTMENT DISTRICT **ENVIRONMENTAL HEALTH SERVICES** P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330 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 LOCATION: 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 NOW FUNDABLE UNDER ANY CIRCUMSTANCES I ALSO AGREE TO COMPLY REJECTED BY REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT





المتعدا	C 1 5963 SEQUENC		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1	1 23 କୁ କିଟି (THIS NUMBER IS TO BE PUNCHED IN ତ୍ରୟେ ଓଡ଼େ ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 36328
	3	L COMPLETE		PERMIT NO.
	B 13		22 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37
	OWNER CREE	Mitr	first name	5/0//5/13/5
	STREET OR RED	17-5	STATES SECTIONTOWN	SCAGGSVILLE LOT OLD 16 CHOUSE)
	WELL LOG	,	GROUTING RECORD yes no	C 3
	Not required for driven well STATE THE KIND OF FORMATION		WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
	PENETRATED, THEIR COLOR, D THICKNESS AND IF WATER BEA		TYPE OF GROUTING MATERIAL	HOURS PUMPED (nearest hour)
	DESCRIPTION (Use FEET additional sheets if needed) FROM T	Check if water	CEMENT C M BENTONITE CLAY B C	PUMPING RATE (gal. per min.
		O bearing.	NO. OF BAGS NO. OF POUNDS 1336	to nearest gal.)
	SAND O	7	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE LAMAST L
, č			from 6t. to 65 BOTTOM 58	BEFORE PUMPING 4
	CAND ON AT 2	SV	(enter 0 if from surface) casing CASING RECORD	WHEN PUMPING
	CORMY THICK WOOD		types insert ST CO	22 25
			appropriate STEEL CONCRETE CODE	TYPE OF PUMP USED (for test) A air P piston T turbine
			below PLASTIC OTHER	27 27
			MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O other (describe
			TYPE (nearest inch) (nearest foot)	27 27 below) J jet S submersible
			60 61 63 64 66 70	27
			E OTHER CASING (if used)	
			diameter depth (feet) inch from to	PUMP INSTALLED
			CAS	DRILLER WILL INSTALL PUMP YES (NO (CIRCLE) (YES or NO)
			k G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
			screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
		•		PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
	Duy well 400	i i jas	appropriate code below PL OT	CAPACITY: GALLONS PER MINUTE
b	Filled in with com	ent	below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
1	Defluent 400' Filled in with earl + Drink ing MA	ERIAS	C 2	PUMP COLUMN LENGTH
	A Dr ma		DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
			E 4 9 11 15 17 21	+ above and enter casing height)
		.,	H ₂	LAND SURFACE (nearest
1.4	CIRCLE APPROPRIATE LET		C 23 24 26 30 32 36 R R R R R R R R R R R R R R R R R R	49 foot)
	A WELL WAS ABANDONED AND WHEN THIS WELL WAS COMPLE		E 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
	E ELECTRIC LOG OBTAINED		SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
` '	P TEST WELL CONVERTED TO PROWELL	DUCTION	OF SCREEN 56 60 (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	HEREBY CERTIFY THAT THIS WELL HAS BEEN CO ACCORDANCE WITH COMAR 10.17.13 "WELL CO AND IN CONFORMANCE WITH ALL CONDITIONS S	NSTRUCTION"	GRAVEL PACK	
4	ABOVE CAPTIONED PERMIT, AND THAT THE PRESENTED HEREIN IS ACCURATE AND COMPLET	INFORMATION	IF WELL DRILLED WAS FLOWING WELL INSERT	
	DRILLERS IDENT. NO.	,	F IN BOX 68 68	SAR HE
	A 1 M	7	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	LE 10 Not
	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLIC	CATION)	T (E.R.O.S.) W Q	1. 8t
	A. S.		70 72	
	SITE SUPERVISOR (sign. of driller or jo responsible for sitework if different from		TELESCOPE LOG OTHER DATA CASING INDICATOR	Sale scripting
	South the state of		HEALTH	V NOTTED BUT U SOURCE OF FI