9/4/90 2000 A/5/20 2000

PERMIT

File

P46504

35833

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

ISTRICT 5th

HOWARD COUNTY
DUREAU OF ENVIRONMENTAL HEALT

05-375371

DATE /22/3/

INDEXED

Jack Fyock	IS PERMITTED TO INSTALL X ALTER
ADDRESS	PHONE
SUBDIVISION Abe N. Weissbrodt Property ROAD 45	11 Ten Oaks Road LOT 1
PROPERTY OWNER	
ADDRESS	
NOTE: Contractor must request sanitari	an to inspect a visual hole at rea prior to trench installation. Add to Pool
SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF E	
TRENCHES - 180 sq. ft. per bedroom. Trench t	o be 2 feet wide. Inlet 4 feet below
original grade. Bottom maximum de Effective area begins at 4 feet be	pth 8 feet below original grade. Low original grade. 4 feet of stone
below distribution pipe.	
LOCATION - Start first trench 220 feet from t	the west (507.00) lot line and 100 feet
from the north (340.00) lot line.	Run trenches along contour toward east
	ength. Provide 6" - 8" diameter cleanout c tank. 5-31-90 JEN
PLANS APPROVED BY Raymond Hod	iges cm DATE 12/12/89
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSI	BLE 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 DRAIM FIELDS
NOTE ALL PARTS OF SEPTIC SYSTEMS II E., TANK DISTRIBUTION BOX TRENCHESI TO BE	100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLA	CING GRAVEL IN TRENCHIES)
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 IF ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRA	NCHES IN DIAMETER CAST IRON CONCRETE OR TERRA COTTA OR PVC OR AGS
NOTE DISTRIBUTION BOXES MUST MAKE BASELSE	

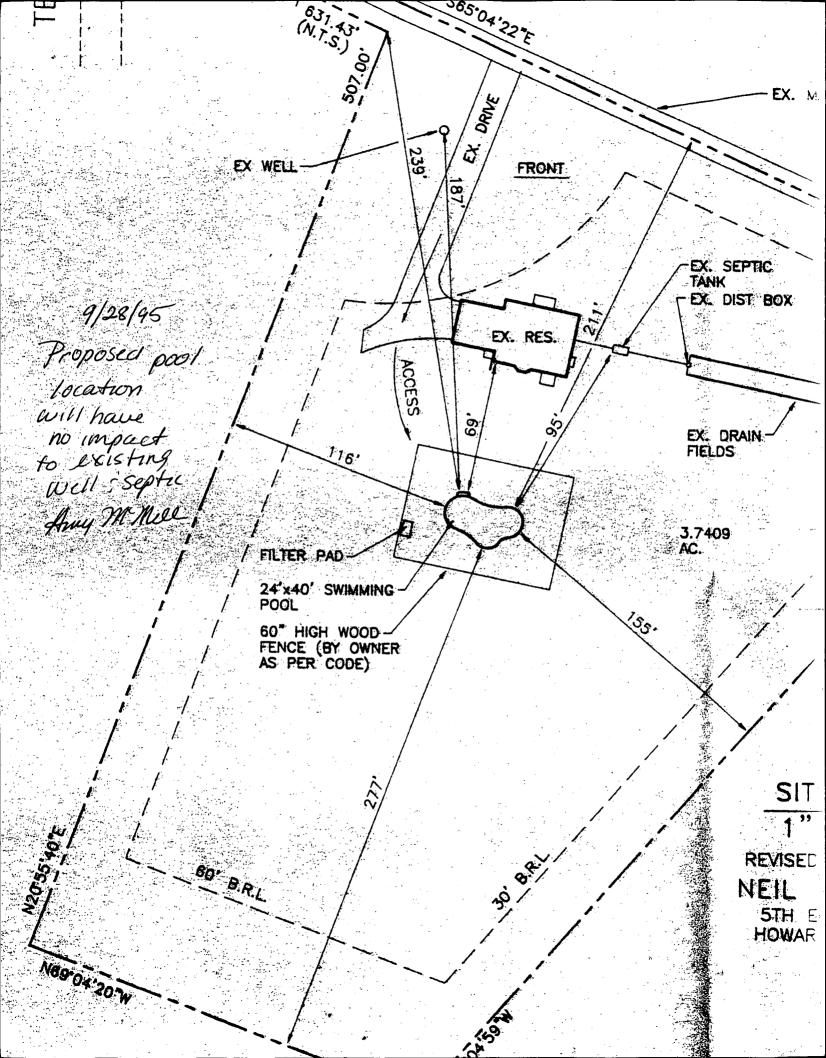
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

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				S. 7º		
SEPTIC TANK LEVEL _	OK	\	CLEANOUTS -	<u>S.T.</u> 0K		
327 116 17HH, 62762 2	/	A1/ V2 /		<u>l</u>		· · · ·
DISTRIBUTION BOX. LEV	/EL	OK - Kel	les io in	J	· ·	
DRAIN FIELD/TILE FIELD	D. DEPTH 8 + 2	TRENCH W	отн <u>2</u> г	T. INLET DEPTI	4 _	
	11 7 8	, incher	(D 923101	† F1	
EFFECTIVE GRAVEL DE	р тн <u> </u>	FT T	OTAL LENGTH	89'5181	FT 1 1	e de la companya de l
	BER OF TRENCHES				7 24 t so F	
NUMI	BER OF TRENCHES		NE SIDEWALL/BOR	MOM AREA	SQ F	7
DRYWELL INSIDE DIAME	TER	FT E	FFECTIVE DEPTH 8	ELOW INLET	FT FT	
	DRBENT AREA	9211 +			•	•
ABSO	RBENT AREA	SO	. FT.		•	
PEMAPKS 9/4/9	U TANKE DI	ST BOX OK	12'0856 AVATA	IND TEST HOLE	of MICA	ERIALS ON SITE
9/00/00	9 4 1 1				TRENCH)	
1/3/70 /	-LNNL -	OR TO co	WER AS	FINISH	(+ 2(2) + MAT	ERIALS ON SITE
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9/5/90 W.	PY	X 1	1	and .	201	

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DATE SYSTEM APPROVED



C 1 00526 SEQUENCE NO. (OEP USE ONLY)		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.				
(THIS NUMBER IS TO BE PU IN COLS. 3-6 ON ALL CARDS	INCHED	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A-35833				
	DATE WELL COMPLETE	Depth of Well 22 2 0 5 26	PERMIT NO. FROM "PERMIT TO DRILL WELL"				
B 13	15 20 h ENGEL	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37				
	last name and all tirst name I) AV III						
SUBDIVISION (II) W							
WELL LO Not required for a	driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3				
STATE THE KIND OF PENETRATED, THEIR		(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST				
THICKNESS AND IF V	VATER BEARING FEET Check	CEMENT CM BC	HOURS PUMPED (nearest hour)				
DESCRIPTION (Use additional sheets if needed)	if water	NO. OF BAGS 13 NO. OF POUNDS 135 46	PUMPING RATE (gal. per min. to nearest gal.)				
TOP Soil	0	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Locket				
Top Soil Sandy		from O ft. to 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING				
		casing CASING RECORD	WHEN PUMPING 17 20				
1	40 45	insert appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)				
	45 75	code below PLASTIC OTHER	A air P piston T turbine				
1 -	75 80 -	グライ MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe 27 below)				
Micka	80 205	TYPE (nearest inch) (nearest foot)	J jet Ssubmersible				
		60 61 63 64 66 70	27 27				
i k		E OTHER CASING (if used) A diameter depth (feet) H inch from to	PUMP INSTALLED				
		C A S	DRILLER WILL INSTALL PUMP YES (NO)				
		N C C C C C C C C C C C C C C C C C C C	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE				
·		screen type SCREEN RECORD or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: 29				
		(appropriate code steel appropriate code code code code code code code cod	CAPACITY: GALLONS PER MINUTE				
		PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 37 41				
		DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)				
		E 1 1 0 48 1 205 11 20 5 11	CASING HEIGHT (circle appropriate box and enter casing height)				
		H ₂ 2 3 24 26 30 32 36	LAND SURFACE (nearest				
CIRCLE APPROP			49 50 51 1001)				
WHEN THIS WELL WA	AS COMPLETED	N 38 39 41 45 47 51 SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR				
P TEST WELL CONVERT		DIAMETER (NEAREST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES				
THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 10.17	7.13 "WELL CONSTRUCTION"	56 60 from to	(MEASUREMENTS TO WELL)				
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION IF WELL D		GRAVEL PACK	In of line				
DRILLERS IDENT NO . 273 . FI		F IN BOX 68 68 OEP USE ONLY	The 20' 136'				
Massa M	lune	(NOT:TO BE FILLED IN BY DRILLER)	o per				
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		T (E.R.O.S.) WQ	l'account de l'acc				
SITE SUPERVISOR (sign. of		TELESCOPE LOG OTHER DATA					
responsible for sitework if d	lifferent from permittee)	CASING INDICATOR	u .				

