PERMI

SEWAGE DISPOSAL SYSTEM

P5727-L

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	•
DISTRICT	

A REPAIR

02-320685

HOWARD COUNTY HEALTH DEPARTMENT SUREAU OF ENVIRONMENTAL HEALTH XXXXXXXXX 410-313-2640

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

Jack Fyock Septic Service	·	IS PE	צאו סד לבדדואהב	TALL	ALTERX
DDRESS P. O. Box 89, Triadelphia	Road, Glenelg, Maryland	21737	7 PHONE	410-988-9	270
SUBDIVISION Heyn Property	LOT3	_ROAD 1	642 Woodstoo	ck Road	
PROPERTY OWNER	Friedman 1642 Woodstock Roa	ıd	·	<u></u>	
ADDRESS	Woodstock, Marylan				
SEPTIC TANK CAPACITY 1000 GALLOI	NS				
NUMBER OF BEDROOMS 3				•	
SQUARE FEET PER BEDROOM			•		
INEAR FEET OF TRENCH REQUIRED	 .				
REPAIR - PURPOSE - Collapsed Met					
Call for inspection whe location.	en tank is in place so th	at a sa	anitarian car 10-27-1999	n approve	size and
•					
· ·					-
TANS APROVED BY	>			DATE	11/1/0
			· · · · · · · · · · · · · · · · · · ·		77
OVER 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 (GEZIROHTUA

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION SEFORE 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

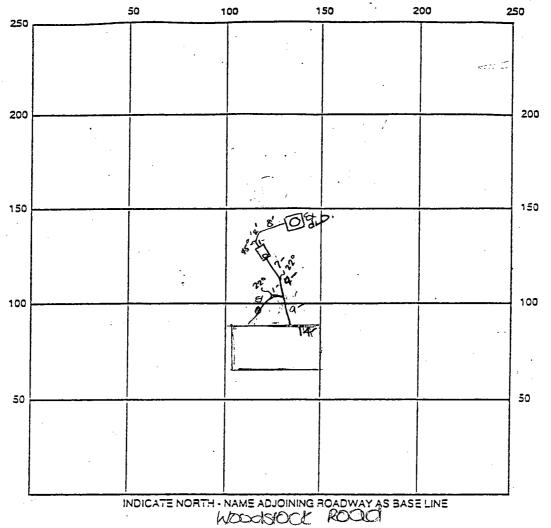
NOTE: ALL PIPE FROM HOUSE TO REPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST SE'S 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 "CALL 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.



SEPTIC TANK LEVEL OK - 1260 GOL CLEANOUTS one in line, one on Sit.
DISTRIBUTION BOX LEVEL N/A
DRAIN FIELD/TITLE DEPTHFT. TRENCH WIDTHFT. INLET DEPTHFT.
EFFECTIVE GRAVEL DEPTHFT. TOTAL LENGTHFT.
NUMBER OF TRENCHES ONE SIDEWALL/BOTTOMAREASQ. FT.
DRYWALL INSIDE DIAMETERFT. EFFECTIVE DEPTH BELOW INLETFT.
ABSORBENT AREASQ. FT. REMARKS: 11/1/99 Final insp- DK to cover new septic teark.
Drywell and trenches appear undamaged - DKS
DATE SYSTEM APPROVED 11/199 INSPECTOR 1-000

PERMIT

SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50696J

DISTRICT	
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HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

481+9982

AL HEALTH INDEXED

DATE <u>5/18/95</u>

DATE SYSTEM APPROVED 4/26/95

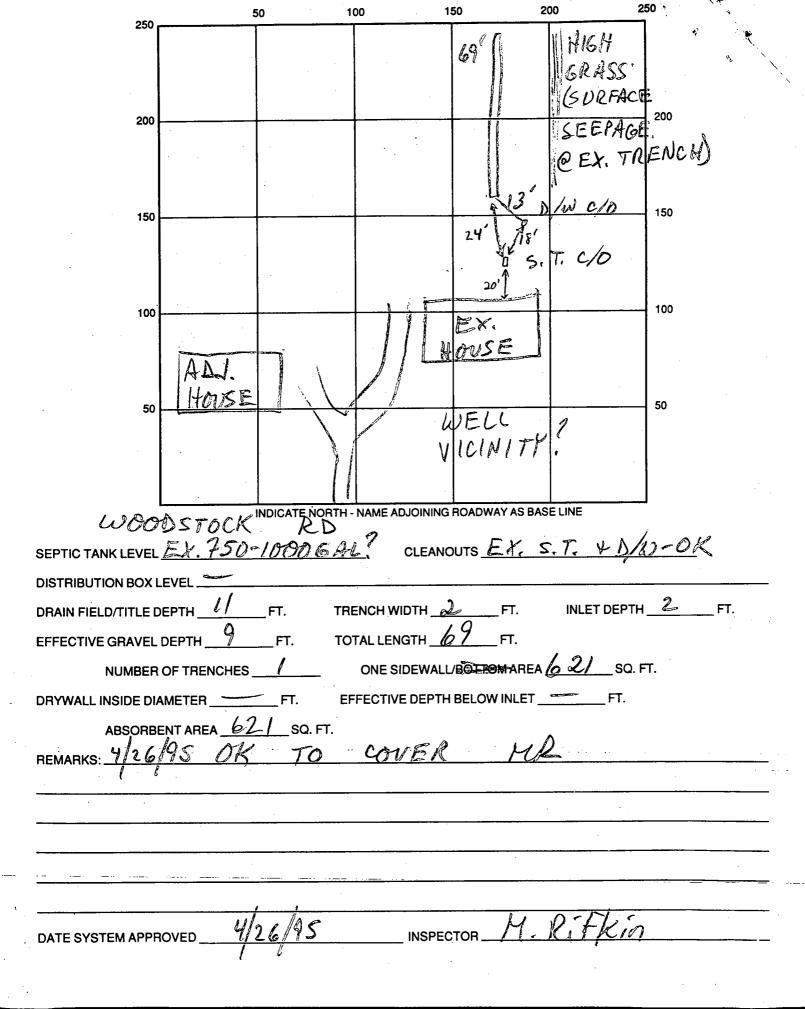
INSPECTOR M. Rifkin

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER
ADDRESS 13776 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270
SUBDIVISION Heyn Properties LOT (A50626B) ROAD 1642 Woodstock Road
PROPERTY OWNER Daniel Heyn
1642 Woodstock Road
ADDRESS
SEPTIC TANK CAPACITY 1000 GALLONS
NUMBER OF BEDROOMS 3
125 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 45#
REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for inspection when ground is opened so sanitarian can recommend repair.04/
PLANS APROVED 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
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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)
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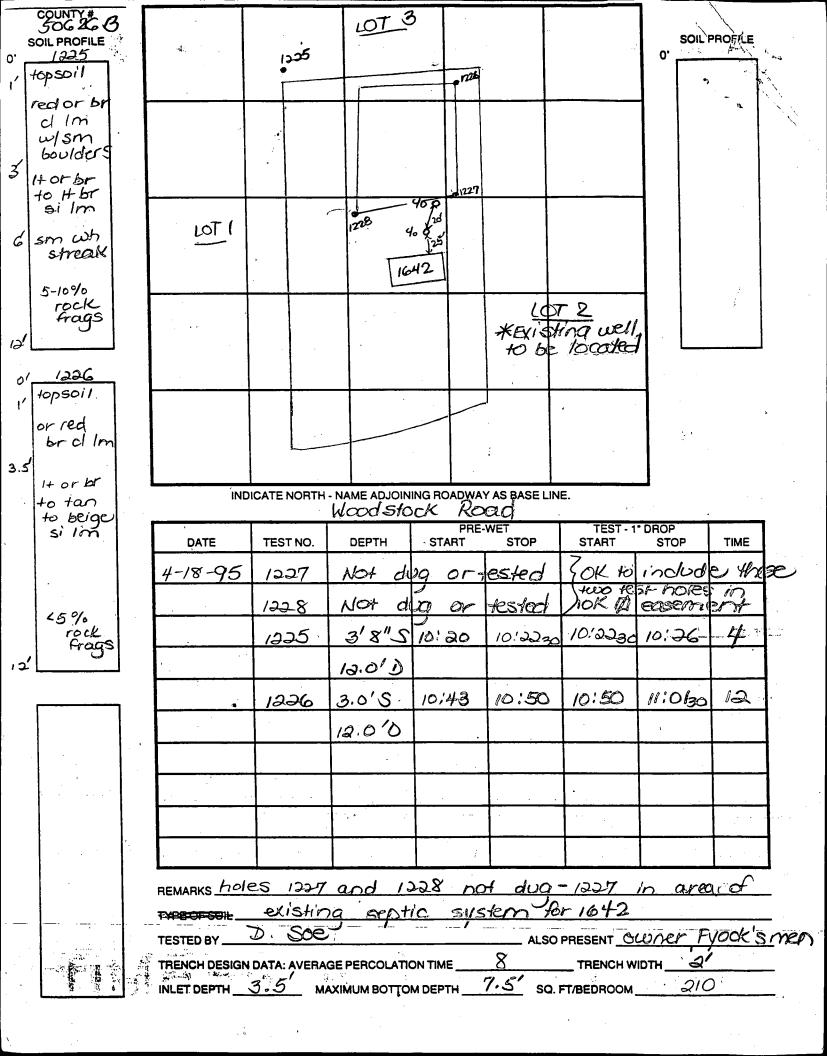
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



4/19/45 APPLICATION

	PERCOLATION TESTING		A 50626B
, in the second of the second			Р .
HOWARD COUNTY HEALTH DEPARTMENT			·
BUREAU OF ENVIRONMENTAL HEALTH		DISTRICT_	
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARY TELEPHONE: 313-2840	'LAND 21043	DATE	<u> </u>
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR	:	STRUCT (OR RECONSTRUCT) A SEWA	GE DISPOSAL SYSTEM.
PROPERTY OWNER DANGEL HE			
ADDRESS 1112 CYSTER GRASON VILLE AGENT OR PROSPECTIVE BUYER	COVE DRIVE P	HONE (4/6) 827	4970
AGENT OR PROSPECTIVE BUYER	7 MD 21636		
ADDRESS	PI	10NE	
PROPERTY LOCATION:		V 7(2
SUBDIVISION HEYN PROPER	ry Lo	OT NO	
111 TERSECTION CE	ATELY 390 = MD REUTE FROM INTE LANE + ACRETYPE BLDG.	99 ANDU	F WCCDS- CAVEY STOCK RC-
THE SYSTEM INSTALLED UNDER THIS APPLICATION			
FEE CONNECTED WITH THE FILING OF THIS PER COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TE	1 -	<i>//</i> 1	.1
APPROVED BY	FOR	DATE _	
DISAPPROVED BY	FOR		
HOLD PENDING FURTHER TESTS	· · · · · · · · · · · · · · · · · · ·		
REASONS FOR REJECTION OR HOLDING			
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OF	R I.D. #	DATE	
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		DATE	

THIS IS NOT A PERMIT



-	EMERGENCY/TEMP N	IO. IF ANY		E STATE USE BIDUSTRIES JESSUP, MD 20794
В	(MDE USE ONLY) PE	RMIT TO	MARYLAND DRILL WELL int or type	STATE PERMIT NUMBER HO-94-0695 70 fill in this form completely 79
	Date Received (APA)	34 174 35 36 36	B 3 PHOMPINE 8 COUNTY PHOME 23 SUBDIVISION SECTION 44 44 44 44 44 44 44 44 44	LOCATION OF WELL 21 LOT 42 48 50
	DRILLER INFORMATION RAYL MAYNE Driller's Name RAIPL MAYNE (NECLE: MSD/MC 77 Lices RAIPL MAYNE (NECLE: MSD/MC 77 Lices 77 Lices Poly Name 9/12 O Rown (hunch M. M.) Address Tell Mayne Signature Date	nse No. 80	B 4 DIRECTION OF WELL FR TOWN (CIRCLE BOX)	OM WHICH SIDE OF ROAD ON WHICH SIDE OF ROAD OCIRCLE APPROPRIATE BOX OCIRCLE APPROPRIATE BOX WEEL
B	2 WELL INFORMATION APPROX PUMPING RATE (GAL PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)			E DISTANCE FROM ROAD 8 ENTER FT OR MI
	USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTM APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	•		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL A 50G2GB COUNTY NO INSERT S B CO SIGNATURE EXP. DATE O 0 EAST GRID S7/ 63
		NEAREST INCH	SHOW MAJOR FEA BOX & LOCATE WE WITH AN X SOURCES OF DRILL	11 100116
	30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulid	DRIVEN C Rotary) re- <u>POINT</u>	RELATION TO NEAF	
	THIS WELL WILL REPLACE A WELL THAT WILL BE USED A A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) Not to be filled in by driller (MDE OR COUNTY USE ON APPROP PERMIT NUMBER 54	OR 52		Ext House vell
	FORCE 5 WRITE INITIALS PERMIT No. #0 - 9 4 - 0 6	78 79	wo	oD Stock RD.
ſ	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

C 1 2854 SEQUENCE N		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL, S COMPLETED.
(MDE USE ON (THIS NUMBER IS TO BE PUNCHED IN COLS 3.6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE WELL C		PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 15	9 5 22 3 65 26 04	19 - 9 4 - 0 6 9 5 28 29 30 31 32 33 34 35 36 37
OWNER HEYO	Daniel first name Town	Jonatelno!
STREET OR RFD 1642 WO SUBDIVISION	MSTOCK RA first name TOWN TOWN	Voodstock
WELL LOG	GROUTING RECORD YES NO WELL HAS BEEN GROUTED N	C 3
Not-required for driven wells STATE THE KIND OF FORMATIONS	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS FUMILED (Hearest Hour)
DESCRIPTION (USE	NO. OF BAGS NO. OF POUNDS CONTINUE GALLONS OF WATER	PUMPING RATE (gal. per min.) 7 15 METHOD USED TO 15
760 Soil 0 3	DEPTH OF GROUT SEAL (to nearest foot) from ft. to 28 ft.	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
1/9/50	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 58 1. 1. 1. 20 ft.
	types ST CO	WHEN PUMPING 345 ft.
Shud Stone 20 25	appropriate STEEL CONCRETE CONCRETE DELOW	TYPE OF PUMP USED (for test)
MICK 4 25 55	RLASTIC OTHER	P piston T turbine
SANCE STONE 55 60 L	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)
MICK4 60 290		jet Submersible
	60 61 63 64 66 70 E OTHER CASING (if used)	27 27
Flint Mack 290 295 6 Mick A 295 365	diameter depth (feet) inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO
MUCH	S I	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD or open hole	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A.C. LP.R.S.T.O.)
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: CAPACITY:
WHITE OF THE COLORS IN THE COLOR	code below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35
NUMBER OF UNSUCCESSFUL WELLS:	≪ 1€ 12 11	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH
WELL HYDROFRACTURED Y CIRCLE APPROPRIATE LETTER	DEPTH (nearest ft.)	(nearest ft.) 43 47
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	A	CASING HEIGHT (circle appropriate box and enter casing height)
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	H S 2 C 23 24 26 30 32 36	LAND SURFACE (nearest)
P WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCT	D IN E 3	LOCATION OF WELL ON LOT
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE A CAPTIONED PERMIT, AND THAT THE INFORMATION PRESE	AND N 38 39 41 45 47 51 OVE TED SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF KNOWLEDGE.	OF SCREEN (NEARLEST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 1	J from to	(MEASUREMENTS TO WELL)
Rath Mayre	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT	Ext 45' 45'
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	F IN BOX 68 68 68	1things
LIC. NO. L 117	(NOT TO BE FILLED IN BY DRILLER)" T (E.R.O.S.) W Q	lond
Hall E. Wayne	70 72 76	
SITE SUPERVISOR (sign. of driller or journeyr responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	