

4/14/85  
10:10 AM + PM Inspection  
approved 1-14-85 Carllian  
after lunch

# PERMIT

P 34717

A 28300

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

03-306828

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 12/28/84

Robert L. Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS 7469 Flamewood Drive, Clarksville, MD 21029 PHONE 776-0444

SUBDIVISION Farside ROAD 11689 Farside LOT 8

PROPERTY OWNER Mr. & Mrs. Daniel Bissontz

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start the first trench 150 feet from the front lot line and 80 feet from the right lot line as seen when facing the property from Oakspine Court. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Craig Williams DATE 12/21/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

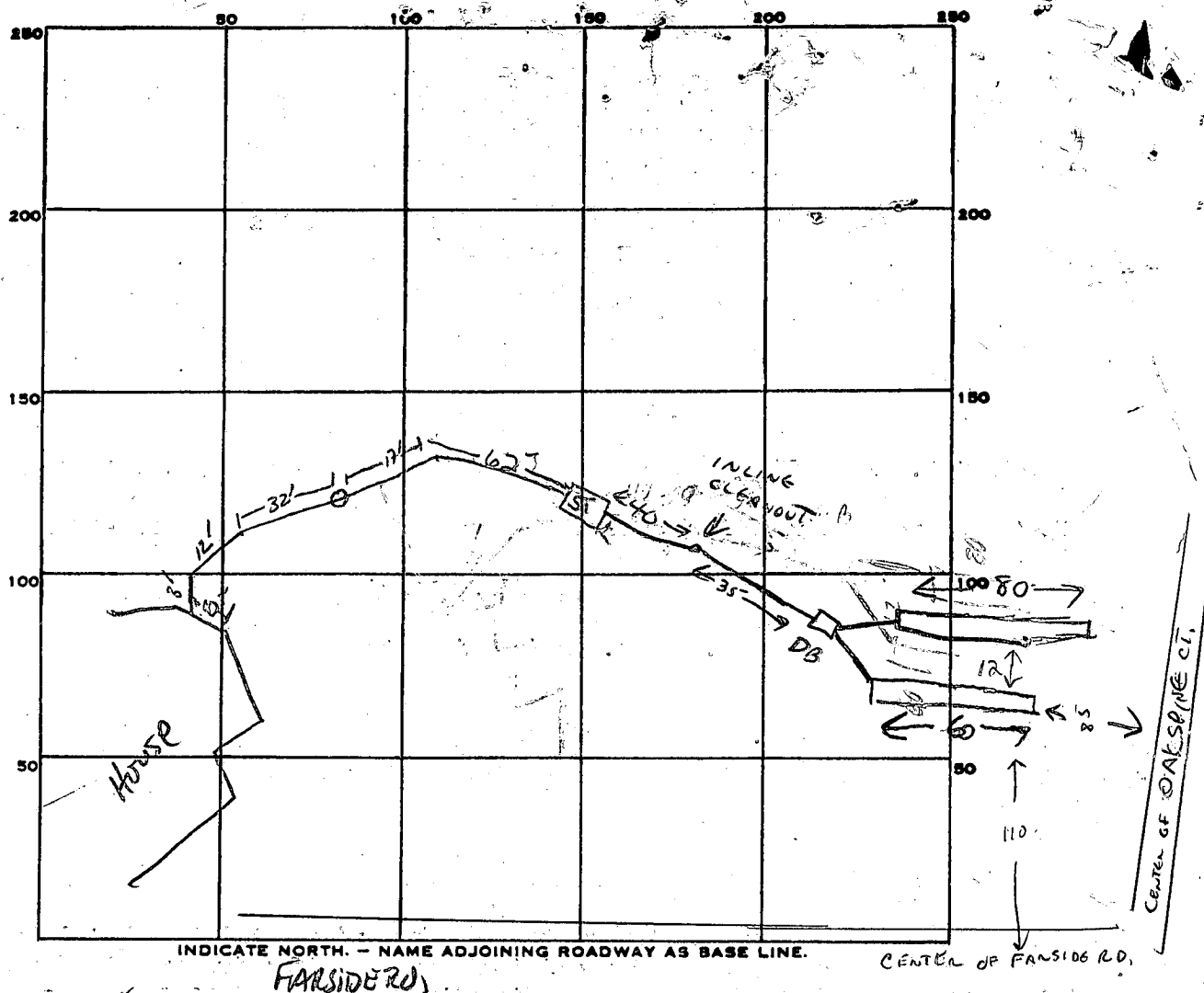
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 28300



PERMIT CARD ☒

SEPTIC TANK; LEVEL ☒ 1500 G.M.

CLEANOUTS ☒ on line to ST ☒ ST

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 140 FT.

NUMBER OF TRENCHES 2 (60' x 80') ONE SIDEWALL  
TOTAL BOTTOM AREA 700

SEEPAGE PITS, INSIDE DIAMETER 1 FT. DEPTH BELOW INLET 1 FT.

ABSORBENT AREA 700 SQ. FT.

REMARKS 1-10-85 OK TO COVER trench from house to ST, need to see cleanout + cement on inlet + outlet from ST, house connection made needs cement, call from trench inspec. in AM SA.  
1-14-85 TRENCHES OK TO ADD GRAVEL. CW  
1-14-85 SYSTEM COMPLETE. OK TO COVER. CW

DATE SYSTEM APPROVED 1-14-85

INSPECTOR C. Williams



# APPLICATION

A 28300

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1000 gallons  
3

DATE May 12, 1978

*Septic Tank*  
Dry well to have 150 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3' below original grade and maximum depth 9'. Location per engineer's plat: 80' in from right property line and up right property line 150' from right front corner point when facing lot from Oakpine Court

TO: 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 OWNER Mr. & Mrs. Daniel Bissontz  
Woodmark, Inc.

ADDRESS 5042 Teal Court  
9207 Balto. Nat'l. Pike  
Columbia, Md 21044

PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside  
11689 Farside Road

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 144, left on Folly Quarter, left on  
Homewood, 1 mile to property on left

SIZE OF LOT 3 plus acres

TYPE BLDG. 5B, 2 p. BPG 13K

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]

APPROVED BY C. B. Vrecker

FOR

(KIND OF SYSTEM)

DATE

12/14/79

REJECTED BY \_\_\_\_\_

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS \_\_\_\_\_

DATE

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT, SIGNED  
AND RETURNED 12/27/84

Serial # 61346 SFD

# THIS IS NOT A PERMIT

[illegible]

Below  
clay  
sandy  
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/13/78	1	3'	9:32	9:33	9:33	9:35	2m
	(H) 2	11'	9:32	9:33	9:33	9:36	3m
	3	5'	9:23	9:25	9:25	9:27	2m
	(L) 4	12'	9:23	9:25	9:25	9:34	9m
	5					4	16
	6	2	holes ok		P.F.W		
	7						

Toats  
Per stake  
Inlet 3'  
4 min avg  
150' app.  
per bedroom

REMARKS

TYPE OF SOIL

TESTED BY

C. B. S.

**ALSO PRESENT:**

Y. A. D.

+ Steve Young

Review H9774

Page 1 of 1  
Date October 19, 1984

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-81-0754

Location of property (road) FAR SIDE RD

Subdivision FANSIDE Lot 8 Block      Plat      Sec.     

Well Driller RALPH MAYNE Owner DANIEL BISSONZ

Depth of well 225

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 35'

1. High rate pumping -- reservoir drawdown

Time pump started 11:45 Pumping rate 9

Total time 15 min to reach pumping water level 60 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

<p><b>B 1</b> <span style="font-size: 2em; font-weight: bold;">6442</span> SEQUENCE NO. (OEP USE ONLY)</p> <p>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</p>	<p><b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b></p> <p>please print or type</p>	<p>OEP PERMIT NUMBER</p> <p style="font-size: 1.5em; font-weight: bold;">40-81-0754</p> <p>fill in this form completely</p>
<p><b>Date Received</b> <span style="font-size: 1.2em;">120489</span></p> <p><b>OWNER INFORMATION</b></p> <p><span style="font-size: 1.2em;">BISSONTZ</span> <span style="font-size: 1.2em;">DANIEL</span></p> <p>15 Last Name Owner First Name</p> <p><span style="font-size: 1.2em;">5042 TEAL COURT</span></p> <p>36 Street or RFD</p> <p><span style="font-size: 1.2em;">COLUMBIA</span> <span style="font-size: 1.2em;">MD21094</span></p> <p>57 Town 70 State 72 Zip 76</p>	<p><b>B 3</b> <b>LOCATION OF WELL</b></p> <p><span style="font-size: 1.2em;">HOWARD</span></p> <p>8 COUNTY 21</p> <p><span style="font-size: 1.2em;">FARSI DE</span></p> <p>23 SUBDIVISION 42</p> <p>SECTION <span style="font-size: 1.2em;">44</span> <span style="font-size: 1.2em;">46</span> LOT <span style="font-size: 1.2em;">8</span> <span style="font-size: 1.2em;">50</span></p> <p><span style="font-size: 1.2em;">GLEBEWELS</span></p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) <span style="font-size: 1.2em;">3</span> <span style="font-size: 1.2em;">MI</span></p> <p>73 76 77 78</p>	<p><b>B 4</b></p> <p><b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b></p> <div style="text-align: center;"> </div> <p><b>NEAR WHAT ROAD</b></p> <p><span style="font-size: 1.2em;">FARSI DE Rd.</span></p> <p>11 30</p> <p><b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b></p> <div style="text-align: center;"> </div> <p><b>DISTANCE FROM ROAD</b></p> <p><span style="font-size: 1.2em;">200</span></p> <p>34 37</p> <p>ENTER FT or MI <span style="font-size: 1.2em;">FY</span></p> <p>38 39</p>
<p><b>B 2</b> <b>WELL INFORMATION</b></p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <span style="font-size: 1.2em;">5</span></p> <p>8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="font-size: 1.2em;">500</span></p> <p>14 20</p>	<p><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>	
<p><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p><span style="font-size: 1.5em;">HOWARD</span> <span style="font-size: 1.5em;">A 28300</span></p> <p>COUNTY NAME COUNTY NO.</p> <p>OEP SIGNATURE STATE HEALTH INSERT S <span style="font-size: 1.2em;">41</span></p> <p>DATE ISSUED <span style="font-size: 1.2em;">100984</span> <span style="font-size: 1.2em;">Frank Shuman</span> <span style="font-size: 1.2em;">4/9/85</span></p> <p>43 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID <span style="font-size: 1.2em;">515000</span> EAST GRID <span style="font-size: 1.2em;">082200</span></p> <p>50 55 57 63</p>		
<p>APPROXIMATE DEPTH OF WELL <span style="font-size: 1.2em;">150</span> FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL <span style="font-size: 1.2em;">6</span> INCH</p> <p>NEAREST</p>	<p><b>METHOD OF DRILLING (circle one)</b></p> <p><input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted &amp; DRIVEN</p> <p><input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)</p> <p><input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT</p> <p>other _____</p>	
<p><b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <span style="font-size: 1.2em;">41</span> <span style="font-size: 1.2em;">52</span></p>		
<p><b>Not to be filled in by driller (OEP USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER <span style="font-size: 1.2em;">54</span> <span style="font-size: 1.2em;">GAP</span> <span style="font-size: 1.2em;">63</span></p> <p>FORCE <span style="font-size: 1.2em;">FS</span> WRITE INITIALS IN BOX PERMIT No. <span style="font-size: 1.2em;">40-81-0754</span></p> <p>67 68 70 71 72 73 74 75 76 77 78 79</p> <p>SPECIAL CONDITIONS</p>		
<p><b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b></p> <p><b>SOURCES OF DRILLING WATER</b></p> <p>1. well</p> <p>2.</p> <p>3.</p> <p><b>WRITE THE BOX NUMBER FROM THE MAP HERE</b></p> <div style="text-align: center;"> </div> <p><b>LOCATED OK</b></p> <p><span style="font-size: 1.2em;">42' CASING</span></p> <p><span style="font-size: 1.2em;">2' AB. GR.</span></p> <p><span style="font-size: 1.2em;">35' DEEPEMED</span></p> <p><span style="font-size: 1.2em;">10 BAGS CEMENT</span></p> <p><span style="font-size: 1.2em;">10/18/84 Clavel</span></p> <p><b>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</b></p> <div style="text-align: center;"> </div>		

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL

DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

Mr. and Mrs. Daniel Bissontz  
(Name)

5042 Teal Court  
Columbia, Maryland 21044

(Address)

H0-81-0754

(OEP Well Permit Number)

September 18, 1984

(Date)

*Officer, architect*

C1 2964 SEQUENCE NO. (OEP USE ONLY)

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER A 28300

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

101884

22 225 26  
(TO NEAREST FOOT)40-81-0754  
28 29 30 31 32 33 34 35 36 37OWNER BISSONTR DANIEL  
STREET OR RFD last name FARNSIDE RD first name TOWN GLENELG  
SUBDIVISION FARNSIDE SECTION LOT 8

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOCheck  
if water  
bearing

Top Soil	0	2	
Sandy	2	25	
Sand Stone	25	40	✓
Micka	40	55	
Sand Stone	55	60	✓
Micka	60	225	

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes ☒ no ☐  
44 44

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST	CO
STEEL	CONCRETE
PL	OT
PLASTIC	OTHER

MAIN Nominal diameter Total depth  
CASING top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)

PL	6	42
60 61	63 64	66 67 70

EACH  
CAS  
ING

## OTHER CASING (if used)

diameter depth (feet)  
inch from to


screen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
below

ST	BR	HO
STEEL	BRASS	OPEN
	BRONZE	HOLE
PL	OT	
PLASTIC	OTHER	

C2

DEPTH (nearest ft.)	
1 140	2 40
3 225	
8 9	11 15 17 21
23 24	26 30 32 36
38 39	41 45 47 51

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60GRAVEL PACK from to  
IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68OEP USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T	(E.R.O.S.)	WQ
70	72	74 75 76
TELESCOPE	LOG	OTHER DATA
CASING	INDICATOR	

C3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 60

TYPE OF PUMP USED (for test)

A	P	T
air	piston	turbine
27	27	27
C	R	O
centrifugal	rotary	other (describe below)
27	27	27
J	S	
jet	submersible	
27	27	

## PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES ☒ NO ☐IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS  
EXCEPT HOME USE  
TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX - SEE ABOVE: 29CAPACITY:  
GALLONS PER MINUTE (to nearest gallon) 31 35

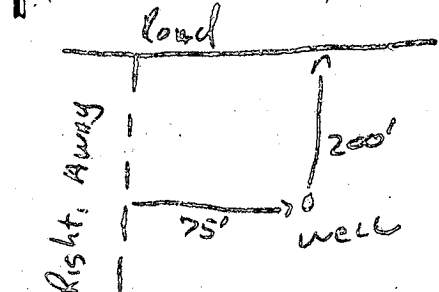
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+	LAND SURFACE
above	2 (nearest foot)
-	below
49	50 51

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND/OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"  
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE  
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION  
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST  
OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

HEALTH

Well Permit No. HO - 81-0754  
Location of property (road) FARSHIDE ROAD  
Subdivision FARSHIDE Lot 8 Block        Plat        Sec.         
Well Driller RAULPH MAYNE Owner DAVIDEL BISSOWITZ

Depth of well 225 ft  
Distance of measuring point (M.P.) above ground 2 ft  
Static water level (S.W.L.) below M.P. 35 ft

Time pump started 11:45 Pumping rate 9 G.P.M  
Total time 15 min to reach pumping water level 60 ft. below M.P.

[illegible]

DEPARTMENT OF HEALTH\*

**A 28300**

DISTRICT 3rd

DATE 12/28/84

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 7469 Flamewood Drive, Clarksville, MD 21029 PHONE 776-0444

SUBDIVISION Farside ROAD 11689 Farside LOT 8

PROPERTY OWNER Mr. & Mrs. Daniel Bissontz

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS      NUMBER OF BEDROOMS 4

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PLANS APPROVED BY Craig Williams DATE 12/21/84

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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 THREE 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

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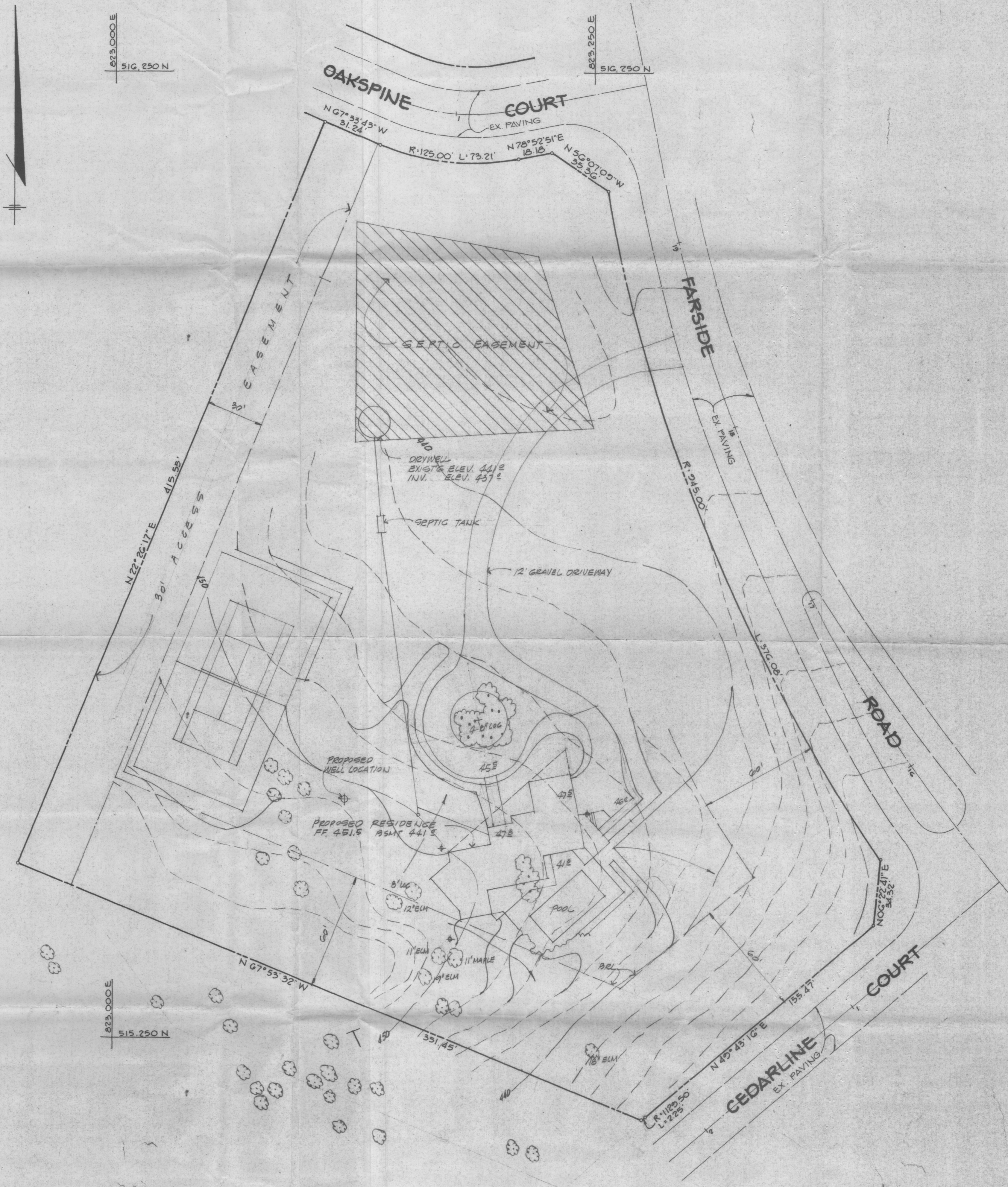
**\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082









DIVISION OF ENVIRONMENTAL HEALTH  
JUL 4 1 45 PM '04  
HOWARD COUNTY HEALTH DEPT.