

7/19/71

app 7-19-71
swm

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 7/14/71

P 16108

A 15939

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS Ten Oaks Road, Glonellg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Underwood Rd. LOT _____

(see application for better directions)

PROPERTY OWNER John Jones

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well - dig pit 16 ft. sq. - set block and top for 12 ft. diameter

and fill in rest of pit with gravel. Dry well to have 6 ft. absorbent area below the first 5 1/2 ft. of non-absorbent ground. Max. depth permitted for dry well is 12 ft. below original grade.

Place dry well 65 ft. from rear lot line and 26 ft. from left side line as seen when facing from Underwood Road. Min. 12" diameter cleanout to the surface of the ground.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. W. Monaghan DATE 5/20/71

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 15939

11/11

INDICATE NORTH. - NAME ADJOINING ROADWAY AS CASE LINE.
Underwood Road

DATE SYSTEM APPROVED 7-19-71 INSPECTOR Dwight M. [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 5/11/71

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 John Jones

ADDRESS 4 Ridgely Jones, Old Frederick Rd., PHONE 489-4805
Sykesville, Maryland

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Underwood Road - 1/4 mile from Old Frederick Rd.
corners of lot with yellow ribbon plus markers

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.000 acre TYPE BLDG. 3

NUMBER OF BEDROOMS
(Single Fmly. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT William Thomas Hard

APPROVED BY [Signature]

FOR [Signature]

(KIND OF SYSTEM)

DATE 5-10-71

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

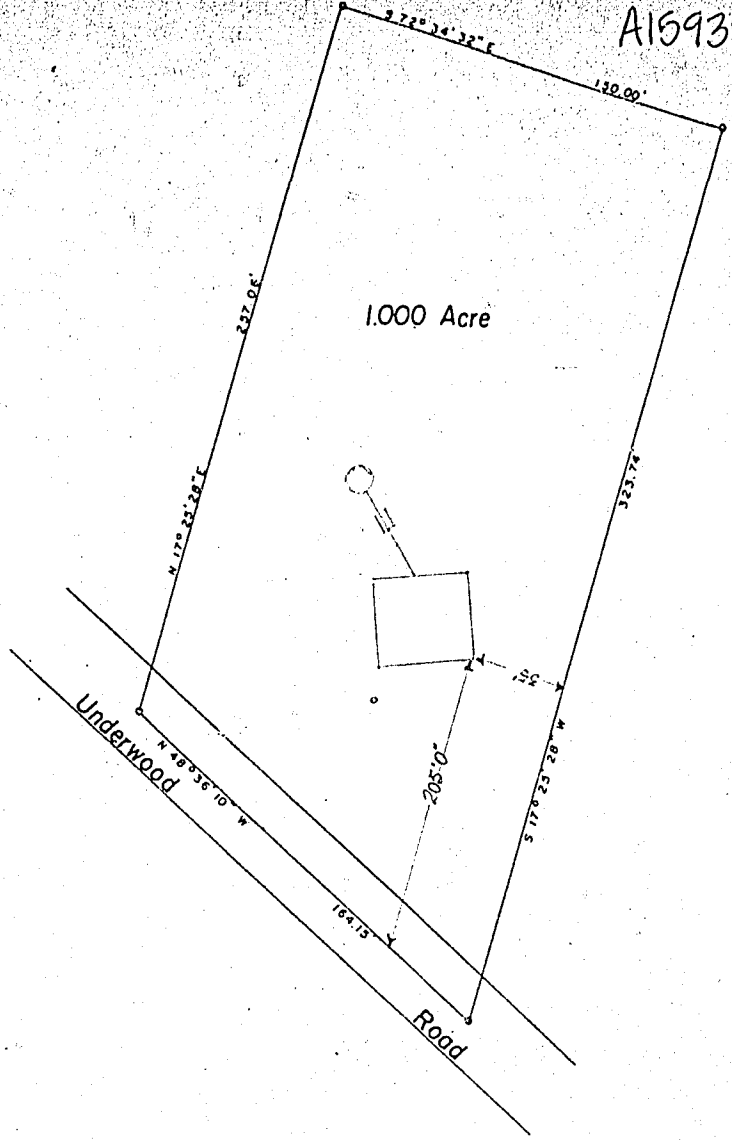
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

TESTED BY

REMARKS

A15939



NOTE: The lot shown hereon complies with the minimum ownership width and lot area as required by the Md. State Dept. of Health Regulations.

Approved: Private Water and Private Sewer

County Health Officer _____ Date _____

[illegible]

I certify the above measurements and elevations differences are actual and correct for this property

489-4605

Wm S. Hood Jr
Box 205 Mt. Airy Md

WR-W-4 9/70

C 1-3299
SEQUENCE NO.
(OWNERS ONLY)1 2 3 (SEQ. NO.) 4
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

A15939

DATE RECEIVED
(OWNERS ONLY)

DATE WELL COMPLETED

DEPTH OF WELL

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-72-0031
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO.

OWNER

LAST NAME

FIRST NAME

STREET OR RFD

POST OFFICE

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION
(USE ADDITIONAL SHEETS
IF NECESSARY)

FEET

FROM TO

CHECK IF
WATER
BEARING

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)

YES

NO

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 23 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING
TYPE
(INSERT
APPROPRIATE
CODE
BELOW)

STEEL

CONCRETE

PLASTIC

OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

SF 6 26

OTHER CASING (IF USED)

DIAMETER (INCH)

DEPTH (FEET)

FROM TO

SCREEN RECORD

SCREEN TYPE
(INSERT
APPROPRIATE
CODE
BELOW)

STEEL

BRASS

OPEN HOLE

PLASTIC

OTHER

C 2

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS
WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL
CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT
TO DRILL WELL", AND THAT INFORMATION CONTAINED
IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE
TO THE BEST OF MY KNOWLEDGE, INFORMATION AND
RELIEF.

DRILLERS NAME

(PLEASE
PRINT)

SIGNATURE

DNR USE ONLY (NOT TO BE FILLED IN BY DRILLER)

W O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

HEALTH