

4/3/85
A.M.

APPROVED
4/3/85
RH
1st

PERMIT

P 35230
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEXED
05-368367

DISTRICT _____
DATE 4/3/85

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Haviland Hills ROAD 13828 Wayside Drive LOT _____

PROPERTY OWNER Mr. & Mrs. Strats
13828 Wayside Drive

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO 10 PURPOSE OF REPAIR IS TO STOP OVERFLOW SEWAGE
SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

DEEP TRENCH 12 FT DEEP 24 FT
FT LONG 6 FT STONE INLET
5-6 FT BELOW GRADE RUN TRENCH
OFF OLD DRY WELL

PLANS APPROVED BY Craig Williams DATE 4/02/85

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.

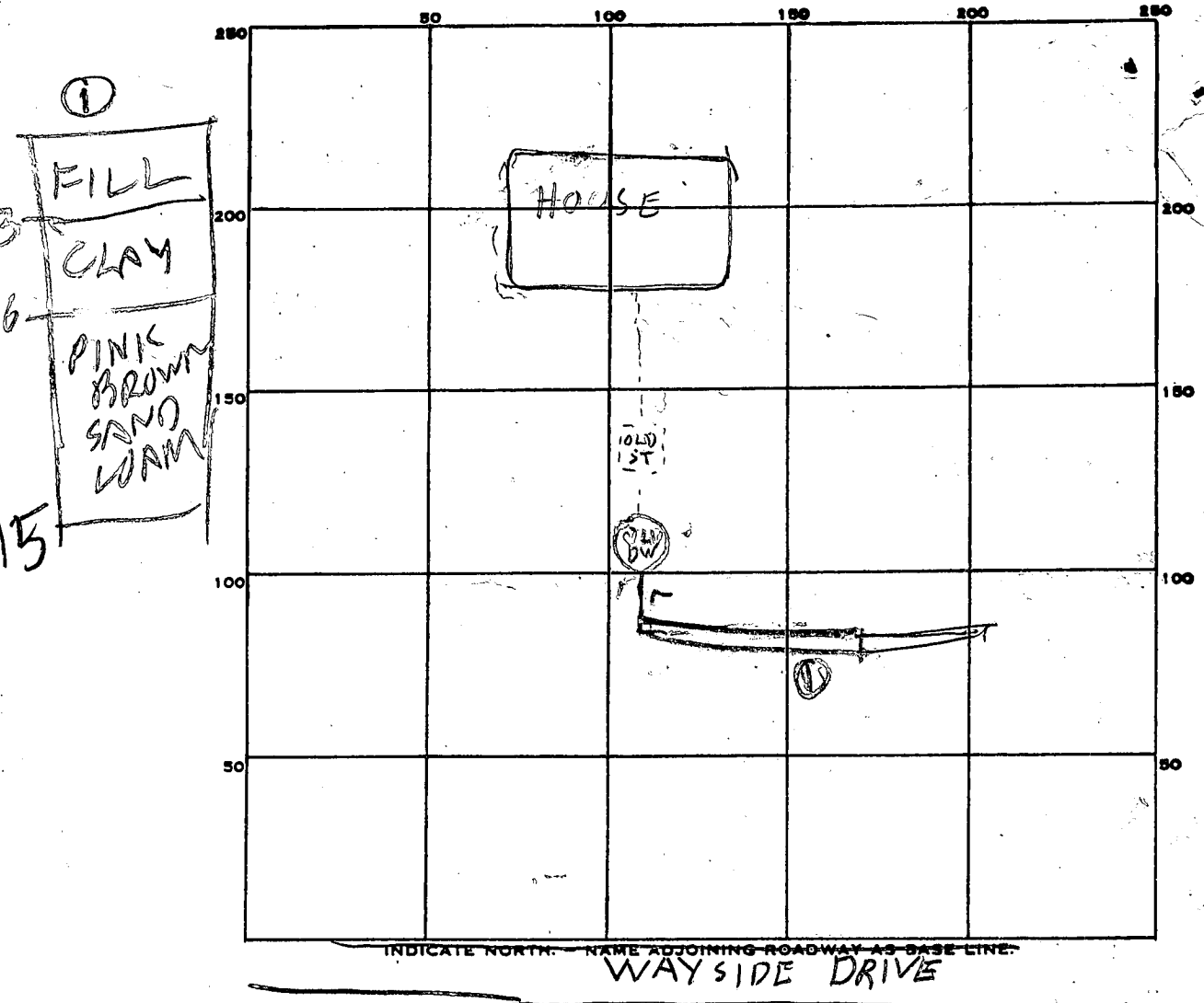
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A REPAIR
P-35230



PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH ~~50~~ 82 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/3/95^{AM} TRENCH PARTLY DUG VISUAL
HOLE DUG & IS OK. FINISH TRENCH & ADD
REST OF STONE
4/2/95¹²¹⁵ TRENCH LENGTHENED 82 FT
4/3/95 1248PM - MOST OF STONE ADDED
ADD REST OF STONE

DATE SYSTEM APPROVED 4/3/95 INSPECTOR Raymond Hodges

1/20/72

File
CBS.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 9/20/71

P 163165

A 15692

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenelg, Maryland PHONE 286-3546

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

Take 108 to Clarksville Ten Oaks to Brighton Park Road

SUBDIVISION Haviland Hills ROAD 13828 Wayside Drive LOT 8

PROPERTY OWNER Harry & Caroline Strats 854-2162

ADDRESS Zip. 21029

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,200 GALLONS

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

OTHER Dry well to be 100 sq. ft. of absorbent sidewall area below the inlet pipe per bedroom. Inlet to be begin 4 ft. below original grade. Maximum depth of dry well to be 12 ft. below original grade. Locate dry well 160 ft. from front property line and 32 ft. from right side line as lot is seen standing on wayside Dr., facing lot.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

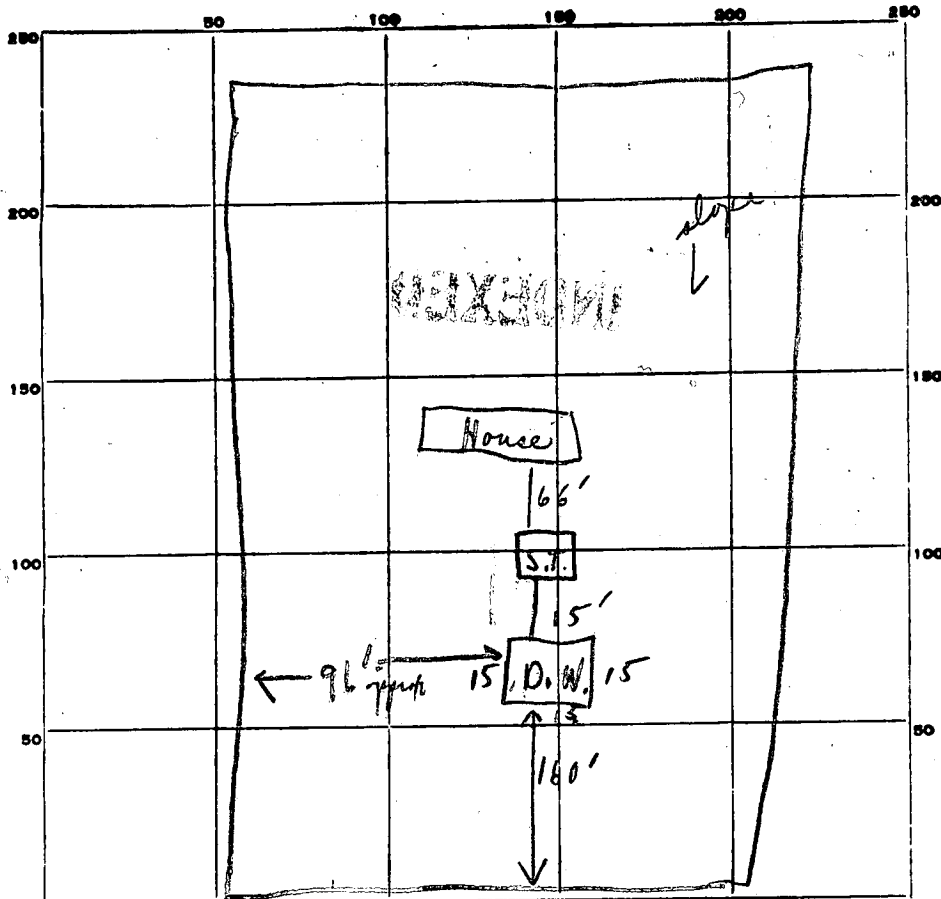
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.
PLANS APPROVED BY James T. Wright DATE 2/10/71

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.

AND RETURNED 9/18/74
Serial # 784-3998-4
Brick Chimney

A 15692



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Signed

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH FT. TRENCH WIDTH FT.

GRAVEL DEPTH IN. TOTAL LENGTH FT.

NUMBER OF TRENCHES TOTAL BOTTOM AREA

SEEPAGE PITS OUTSIDE PERIMETER INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 420 SQ. FT.

9
2
7

REMARKS 1/20/92 20' of pipe from S.T. to House bulldozed and
when inspecting S.T. covered partially, C.B.S.

DATE SYSTEM APPROVED 1/20/92 INSPECTOR C. Straker

Boundary Plat must be signed by Registered Engineer and attached to this application

Fill out 3 triplicates.
Make \$15.00 check payable to Howard County Health Dept., Sanitation

APPLICATION

A 15692

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 1/22/71

Septic tank to be 1200 gal
dry well to be 100 sq ft of apron at sidewalk
area below the inlet pipe per bed room inlet to be 4 ft below original grade. Maximum depth of dry well to be 12 ft below original grade. Locate dry well 160 ft from front property line and 32 ft from right side line as lot is seen standing on way side on facing lot

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 HARRY & CAROLINE STRATS
ADDRESS 102 OSAGE ST. Silver Spring Md. PHONE 434-4333

PROPERTY LOCATION:

SUBDIVISION HAWKANO HILLS LOT NO. 8

✓ ROAD AND DESCRIPTION Way S. of Dr. Black Top

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

✓ SIZE OF LOT 59,410 sq ft TYPE BLDG. 4 Bed Room House
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

✓ SIGNATURE OF APPLICANT Harry Strats

APPROVED BY James T. Wright FOR Dry Well DATE 2/10/71
(KIND OF SYSTEM)

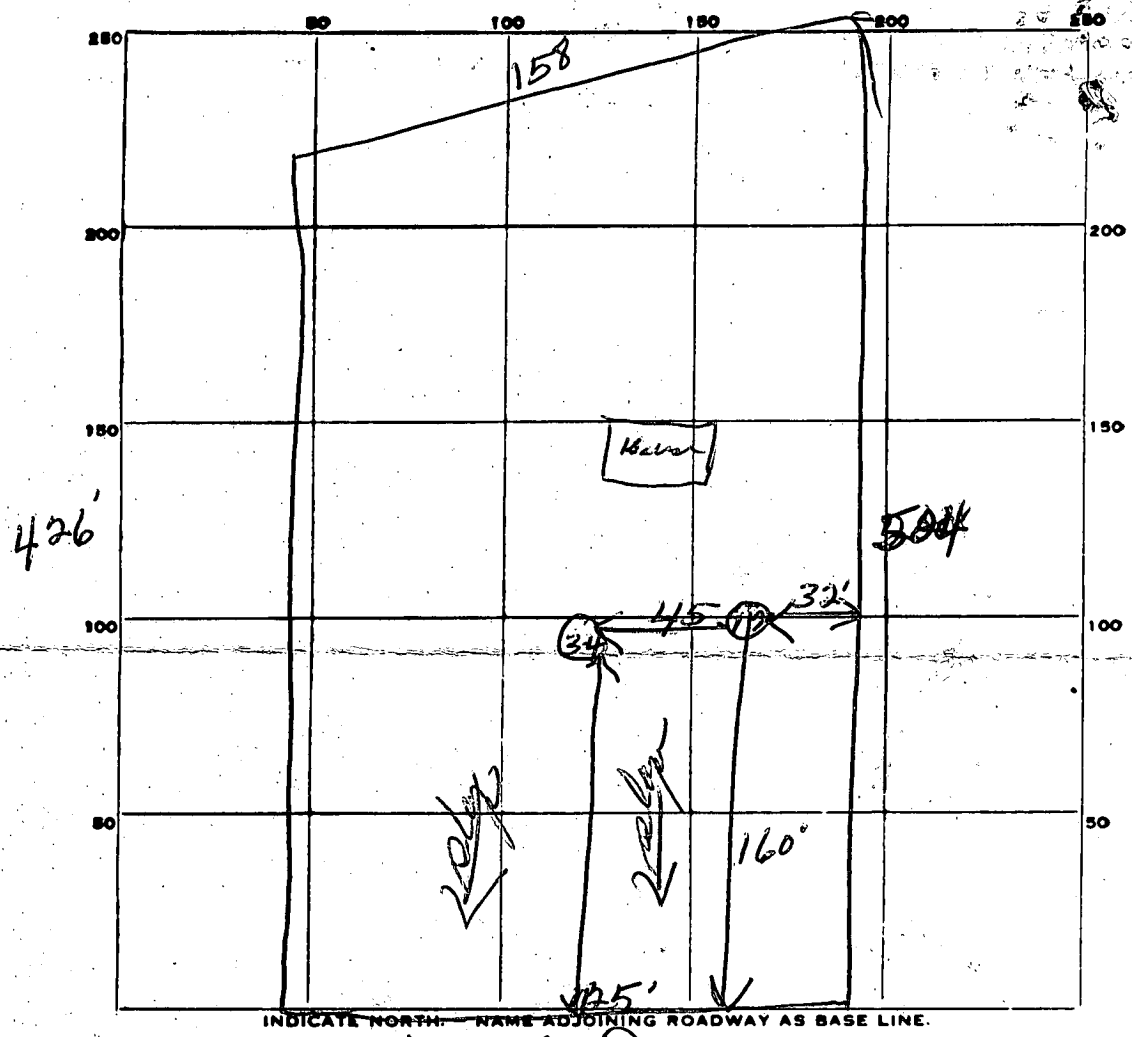
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

40



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

WAYSIDE DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/91	1	12'	1055	1100	1100	1108	8 in
	2	5 1/2'	1058	1100	1100	1105	5 in
	3	11'	1106	1109	1109	1114	5 in
	4	6'	1107	1110	1110	1115	5 in

SOIL AUGER FINDING *max depth 12 ft*

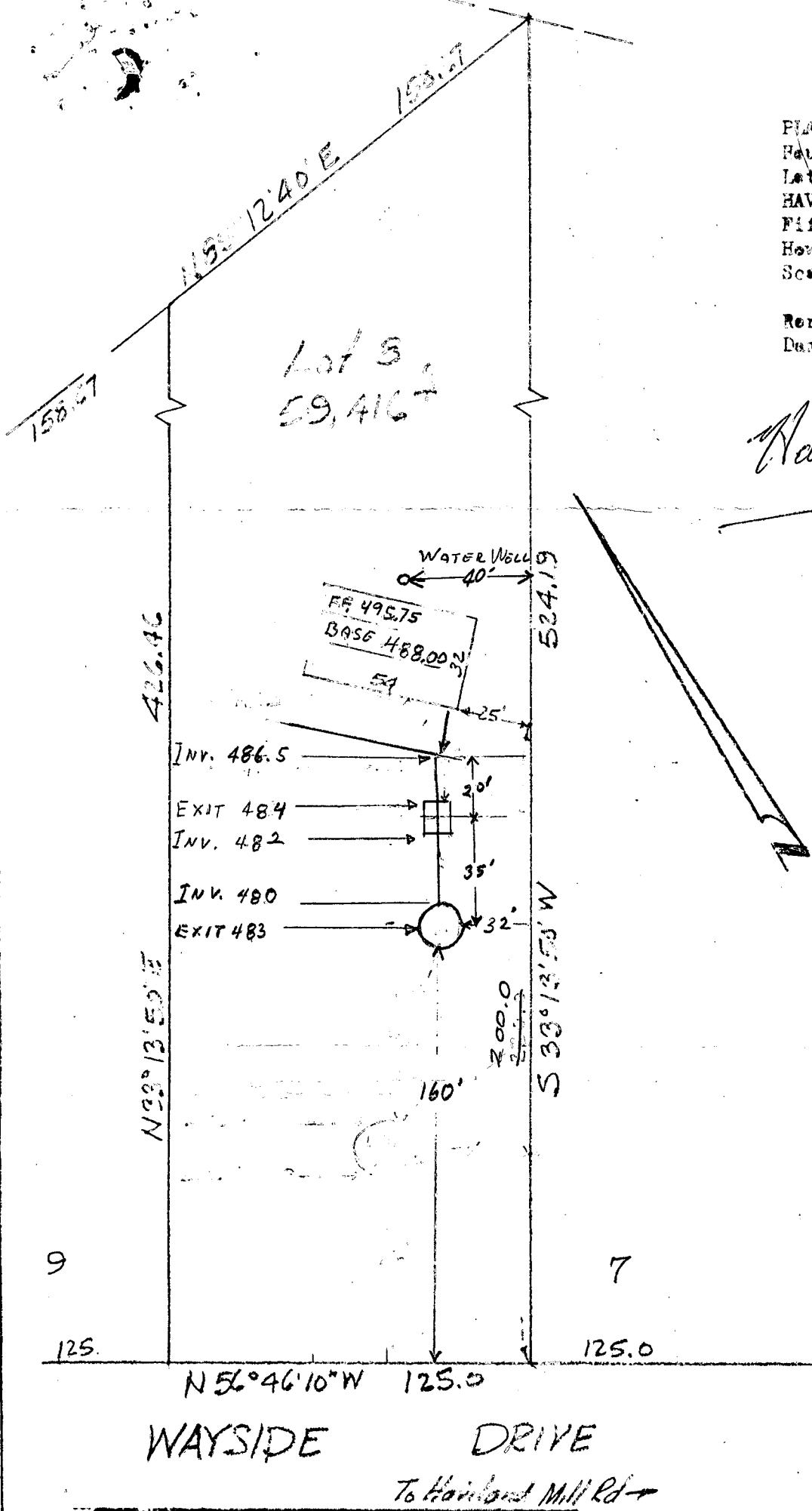
TESTED BY *[Signature]*

REMARKS

PLAT OF
 House Location
 Lot 8
 HAVILAND HILLS Plat One
 Fifth District
 Howard County, Maryland
 Scale: 1"=40'

Renn Surveys
 Damascus, Md.

Harry Hunt



Elwood L. Renna
 Elwood L. Renna
 R.S.S. No. # 3883

3-26-71
 et. etc. #8

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

SEQUENCE NO. (DWR USE ONLY) **00412**

DWR PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) **7/31/72**

OWNER **ST MATS, Harry**

COL 15 LAST NAME **ST MATS** FIRST NAME **Harry** COL. 34

STREET OR RFD **Wayside Dr** COL. 36 COL. 55

POST OFFICE **Brinklow MD** COL. 57 COL. 76

DRILLER INFORMATION

DATE **March 29 1972** LICENSE NUMBER **77**

FIRST NAME **Harry** DRILLER LAST NAME **STEEN**

SIGNATURE *[Signature]*

LOCATION OF WELL

COUNTY **Harford** (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION **Harford Hills**

SECTION **19** LOT **8**

NEAREST TOWN **Br**

MILES FROM TOWN (ENTER 0 IF IN TOWN) **1.4** (MI)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **450**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL

TEST

DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)

NORTH EAST NORTHEAST SOUTHEAST

SOUTH WEST NORTHWEST SOUTHWEST

NEAR WHAT ROAD **Wayside Drive**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **150** (MI)

APPROXIMATE DEPTH OF WELL **165** FEET

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE **67** WRITE INITIALS IN BOX **68** CONDITIONS **70 71 72 73 74 75 76 77 78 79**

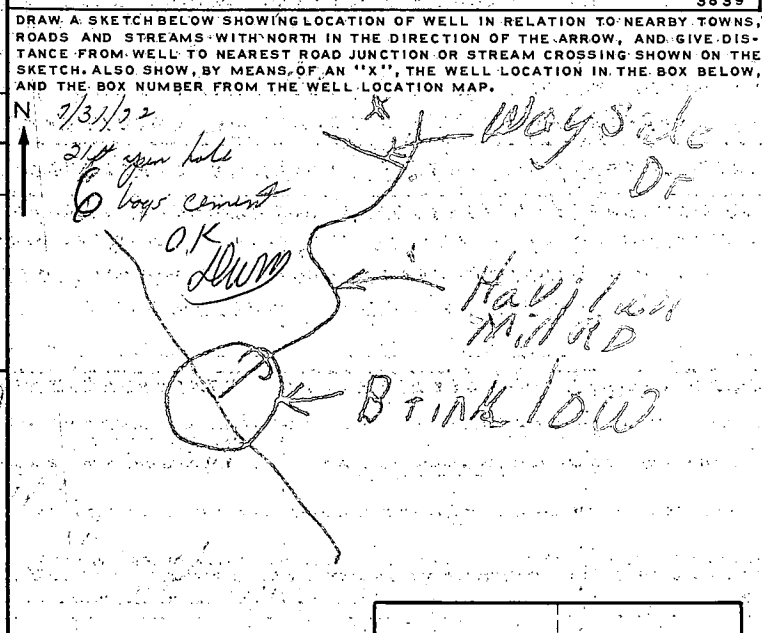
HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) **S**

COUNTY NAME **Harford** COUNTY NO. **2062**

DATE **7 19 72**

APPROVED BY **Palmer F. Wino, Director**



BOX NUMBER **300**

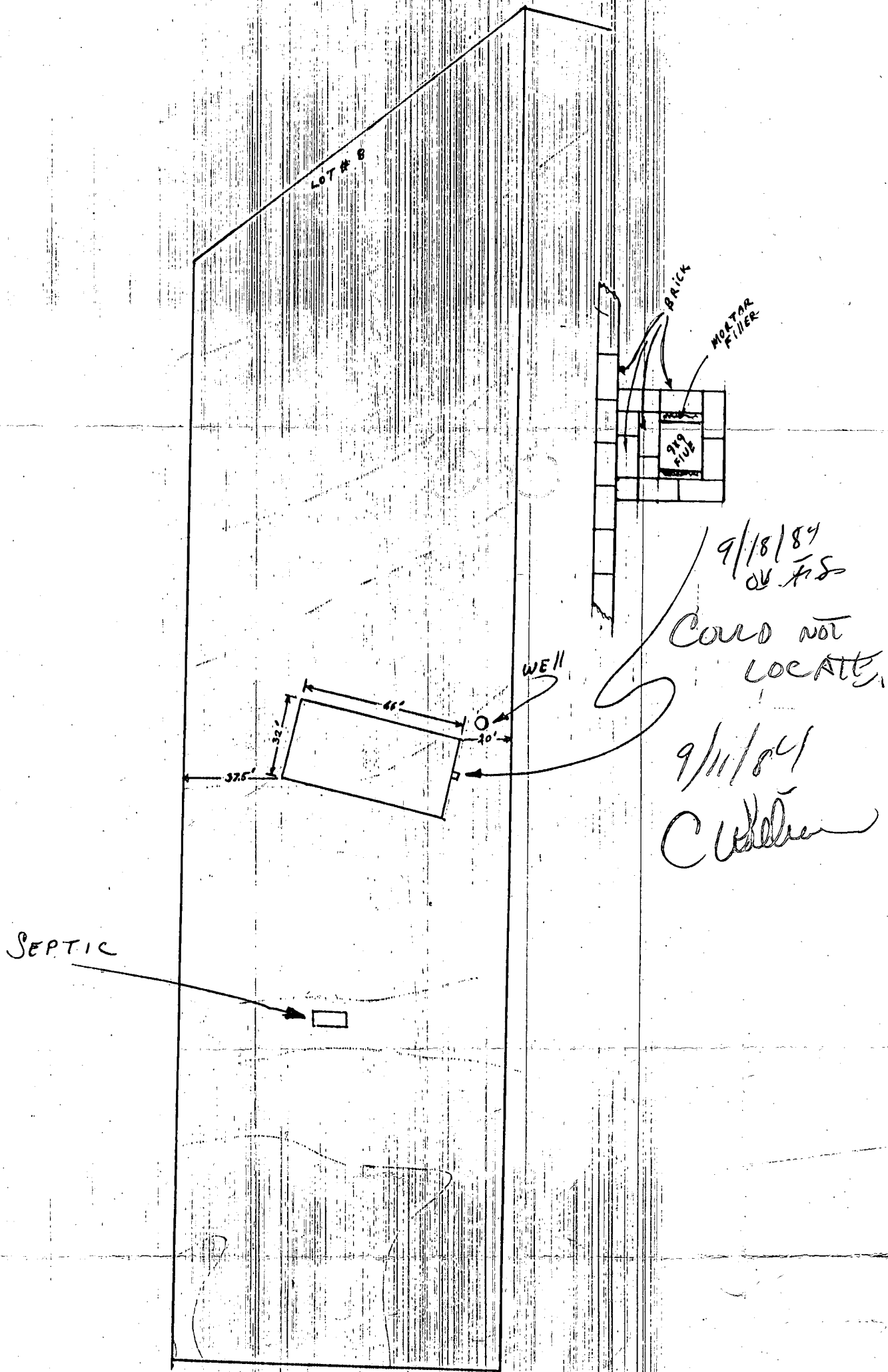
NORTH COORDINATE **50 51 52 53 54 55**

EAST COORDINATE **57 58 59 60 61 62 63**

ELEVATION AT WELL HEAD (FEET) **65 66 67 68**

SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6



HAVLAND HILLS SUB DIVISION
 13828 WAYSIDE DR. CLARKSVILLE, MD. 21029
 LOT #8 SCALE=1-600 1/2 inch = 5 feet