

9/10/01 ASAP
Repair

03-282309

ISSUE DATE: 9/10/01

APPROVAL DATE: _____

PERMIT
INDEXED

P
No Repair - No Fee Collection
A REPAIR P31961

Probably a blocked pipe which
was replaced, 9/10/01

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Jenkins Brothers _____ IS PERMITTED TO INSTALL ALTER

ADDRESS: 7670 Smith's Private Road PHONE NUMBER: 410-461-9282

SUBDIVISION: Woodmark LOT NUMBER: 67

ADDRESS: 12248 Mt Albert Road PROPERTY OWNER: Pongsiri

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

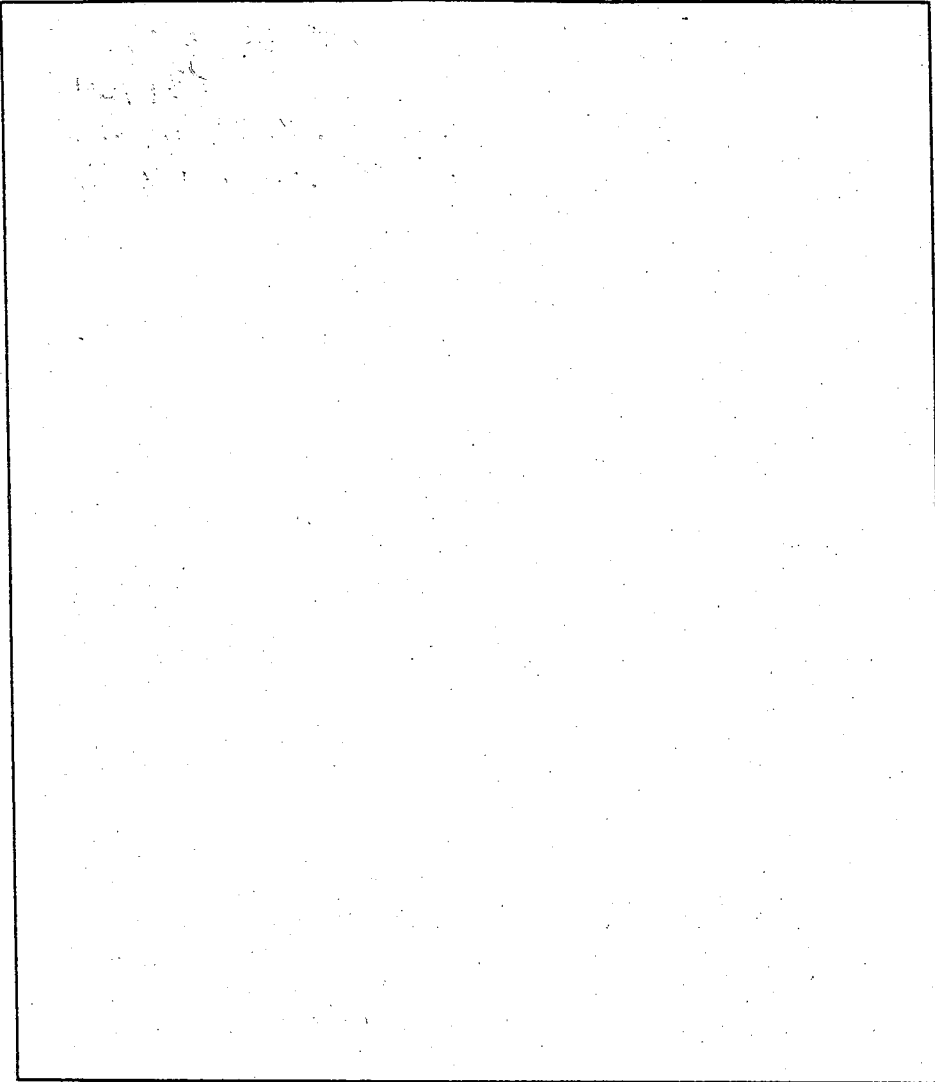
PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P31961

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: *Inspection Not Needed - problem was blocked line only - Drywell +
Drainage trench still functional. Replaced old blocked pipe with new pvc pipe. No fee collected. P/P 9/19/01
+ No inspection made.*

INSPECTOR _____ DATE SYSTEM APPROVED _____

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

7/19/82

ELLICOTT CITY

DISTRICT 2nd

DATE 6/1/82

31961
18873

INDEX

Paul Schissler - South Carroll Backhoe Service IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Harriottsville, Md. 21104 PHONE 795-2643

SUBDIVISION Woodmark ROAD 12248 Mt. Albert Road LOT 67, Blk. C, Sec. 7

PROPERTY OWNER Dr. and Mrs. Dhara Pongolri

ADDRESS 1014 Pleasant Valley Drive, Baltimore, Md. 21226 Phone: 788-6644

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET. BOTTOM AREA SQ. FT.

SEWAGE PITS ABSORBENT SIDE-WALL AREA 135 SQ. FT. PER BEDROOM (Total area in dry well is 336 sq. ft.)

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 160 FT. FROM front LOT LINE AND 60 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM Mt. Albert Road. Add trench off dry well after leaving 5 ft. earth buffer. Trench to be 45 ft. long (208 sq. ft. absorbent area in trench); inlet at 24 ft. below original grade and maximum depth 9 ft. below original grade. Come off left side of dry wall. Keep trench on level ground and in the direction of the right lot line.

NOTE: IF GARBAGE DISPOSAL IS INSTALLED INCREASE TANK CAPACITY BY 50% and DISPOSAL AREA BY 22%.

PLANS APPROVED BY Raymond Hodges DATE 6/25/73

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 PLACING GRAVEL IN TRENCH.

NOTE NO DRY WELL SHALL EXCEED 16 FOOT IN DIAMETER.

NOTE ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON

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 ACCEPTED

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

APPLICATION

SEWAGE DISPOSAL TESTING

A 15923

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

1-3
my 9

DISTRICT 2

DATE 4/5/71

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 Mark Wakefield

ADDRESS Carroll Hill Road, Ellicott City, Maryland PHONE NO 5-1635

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. 67, Blk. C, Sec. 7

ROAD AND DESCRIPTION Mount Albert Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 165,800 sq. ft. (65' x 400' x 440' x 350' x 420') BLOC 3 or 4
NUMBER OF BUILDINGS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark Wakefield

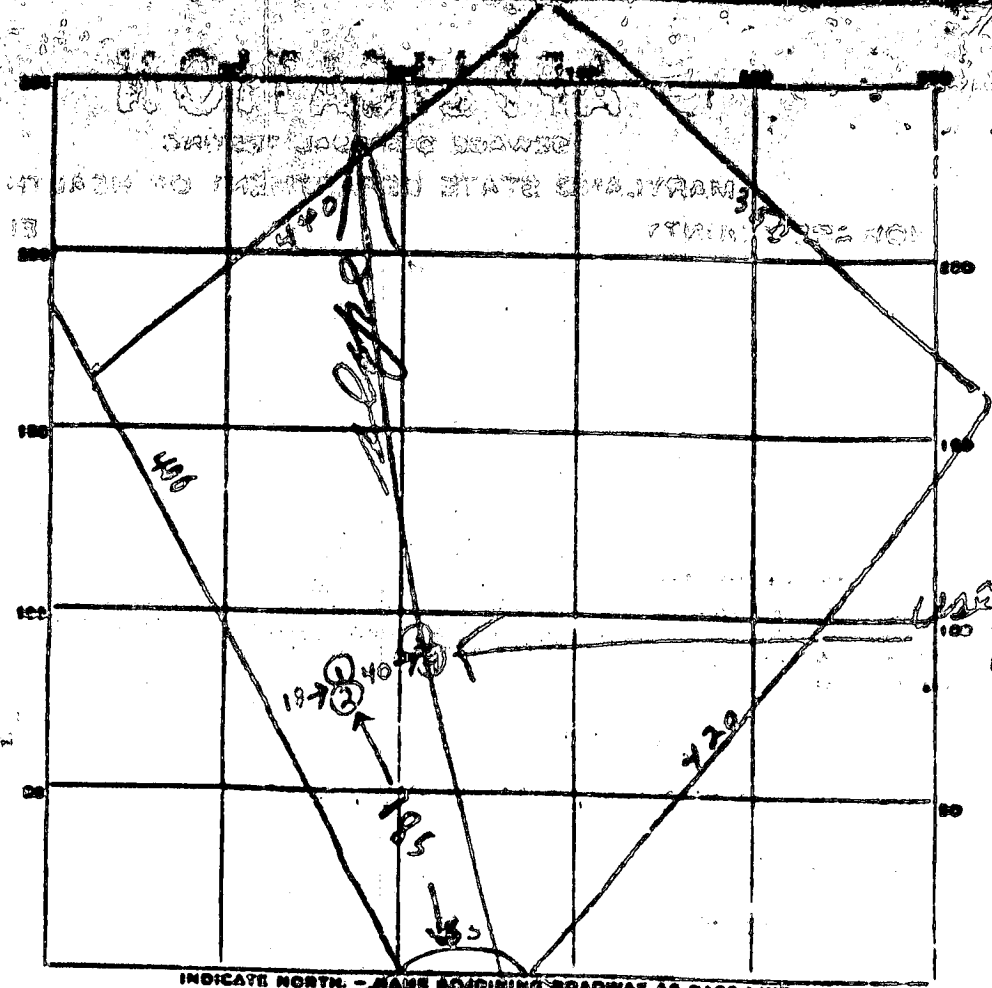
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



M T G L B C

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/71	1	11	1118	1119	1119	1124	5
	2	3 1/2	1118	1119	1119	1122	3
	3	10	1119	1120	1120	1121	1
	4	4	1119	1120	1120	1121	1
1/72	5	10					

SOIL AUGER FINDING _____

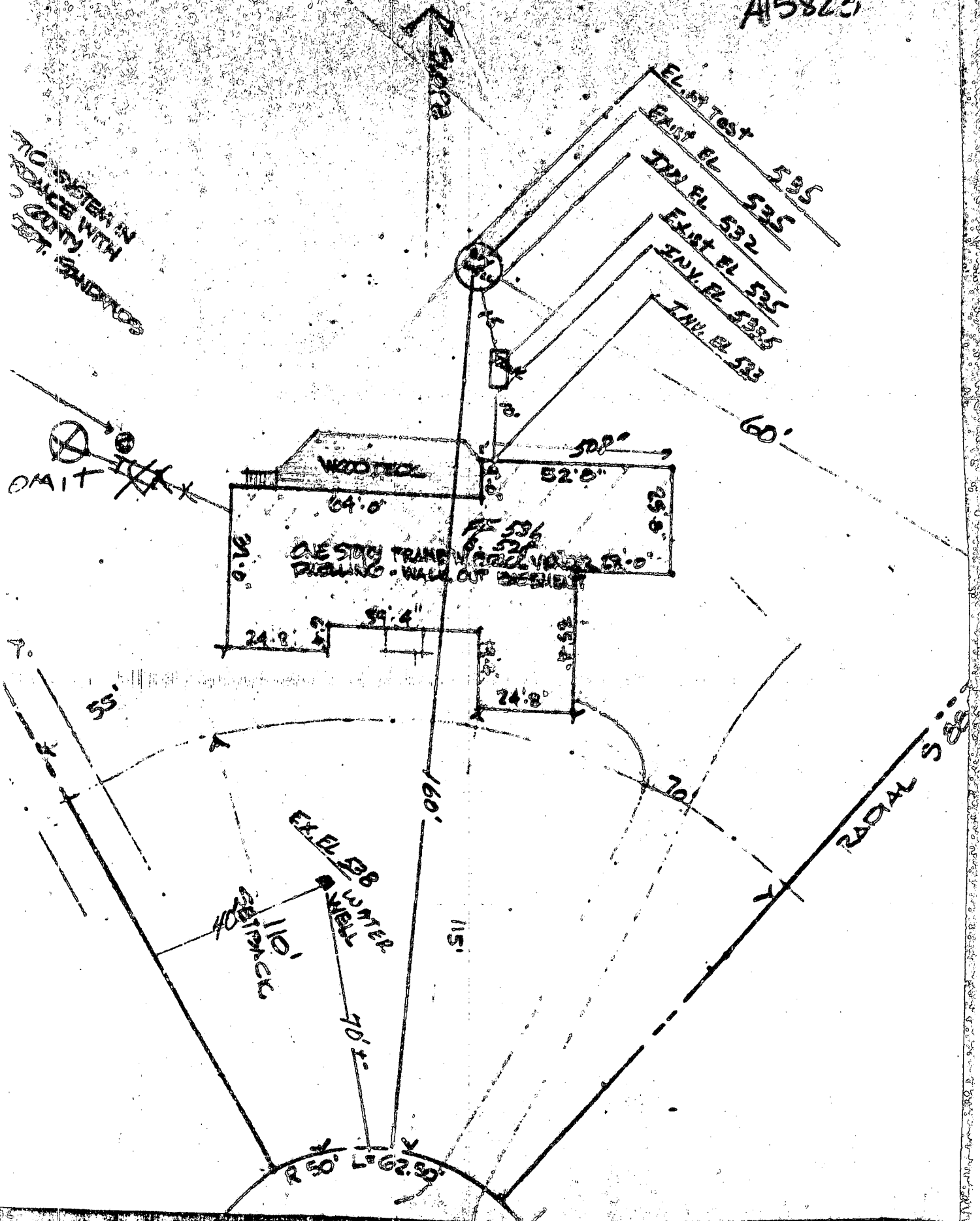
TESTED BY W. J. [unclear]

REMARKS _____ 67' soil

A15823

NO SYSTEM IN PLACE WITH 10 FT SANDS

OMIT ~~XXXX~~



THIS PERMIT IS TO BE PLACED IN COILS ON ALL CANS
 FILE BY THIS OFFICE COMPLETELY
 PLEASE PRINT OR TYPE
 COUNTY NUMBER **A 158-23**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-7-41727**

DATE WELL COMPLETED **12/2/27**
 Depth of Well **220**
 TO NEAREST FOOT
 OWNER **Pongasiri Obara**
 STREET OR RFD **Mt. Albert Road** TOWN **Mayfield**
 SUBDIVISION **Woodmark** SECTION **7** LOT **67**

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		CRACKS or water bearing
	FROM	TO	
7' to 10'	0	2	
10' to 12'	2	10	
Hard sand	10	39	
12' to 14'	12	40	
14' to 16'	14	46	
16' to 18'	16	55	
18' to 20'	18	165	
20' to 22'	20	168	
22' to 24'	22	168	
24' to 26'	24	168	
26' to 28'	26	168	
28' to 30'	28	168	
30' to 32'	30	168	
32' to 34'	32	168	
34' to 36'	34	168	
36' to 38'	36	168	
38' to 40'	38	168	
40' to 42'	40	168	
42' to 44'	42	168	
44' to 46'	44	168	
46' to 48'	46	168	
48' to 50'	48	168	
50' to 52'	50	168	
52' to 54'	52	168	
54' to 56'	54	168	
56' to 58'	56	168	
58' to 60'	58	168	
60' to 62'	60	168	
62' to 64'	62	168	
64' to 66'	64	168	
66' to 68'	66	168	
68' to 70'	68	168	
70' to 72'	70	168	
72' to 74'	72	168	
74' to 76'	74	168	
76' to 78'	76	168	
78' to 80'	78	168	
80' to 82'	80	168	
82' to 84'	82	168	
84' to 86'	84	168	
86' to 88'	86	168	
88' to 90'	88	168	
90' to 92'	90	168	
92' to 94'	92	168	
94' to 96'	94	168	
96' to 98'	96	168	
98' to 100'	98	168	

WELL HAS BEEN GROUTED (Y) (N)
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS **9** NO. OF POUNDS **775**
 GALLONS OF WATER **75**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **27** ft.
 (enter 8 ft from surface)

CASING RECORD
 (insert appropriate code below)
 (ST) STEEL (CO) CONCRETE
 (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE
 Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **30**

OTHER CASING (if wood) diameter (inch) _____ depth (feet) from _____ to _____

SCREEN RECORD
 (insert appropriate code below)
 (ST) STEEL (BR) BRASS (HO) OPEN MOLE
 (PL) PLASTIC (OT) OTHER

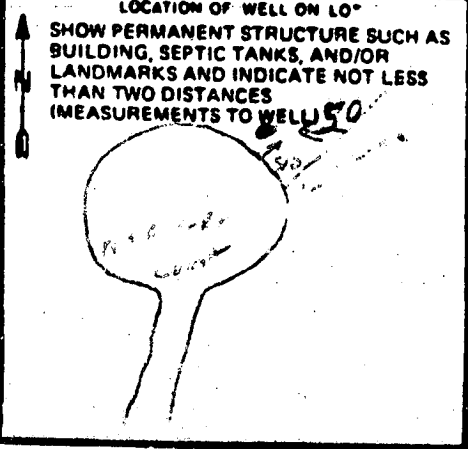
DEPTH (nearest ft.) **28** **220**
 SLOT SIZE _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST **3**
 HOURS PUMPED (nearest hour)
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE: **BULLOCK**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **16**
 WHEN PUMPING **40**
 TYPE OF PUMP USED (use tool)
 (S) submersible

PUMP INSTALLED YES (Y) NO (N)
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above LAND SURFACE
 (-) below (nearest foot)



CIRCLE APPROPRIATE BOX
 (A) A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 (E) ELECTRIC LOG OBTAINED
 (P) TEST WELL CONVERTED TO PRODUCTION 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 _____
 DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for stakework if different from permittee)