**HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH** 

XXGOXGOXX

### PERMIT

### SEWAGE DISPOSAL SYSTEM

#### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50137	
<b>▲</b> 50021	

3rd DISTRICT

DATE \_07/07/94

**DATE SYSTEM APPROVED** 

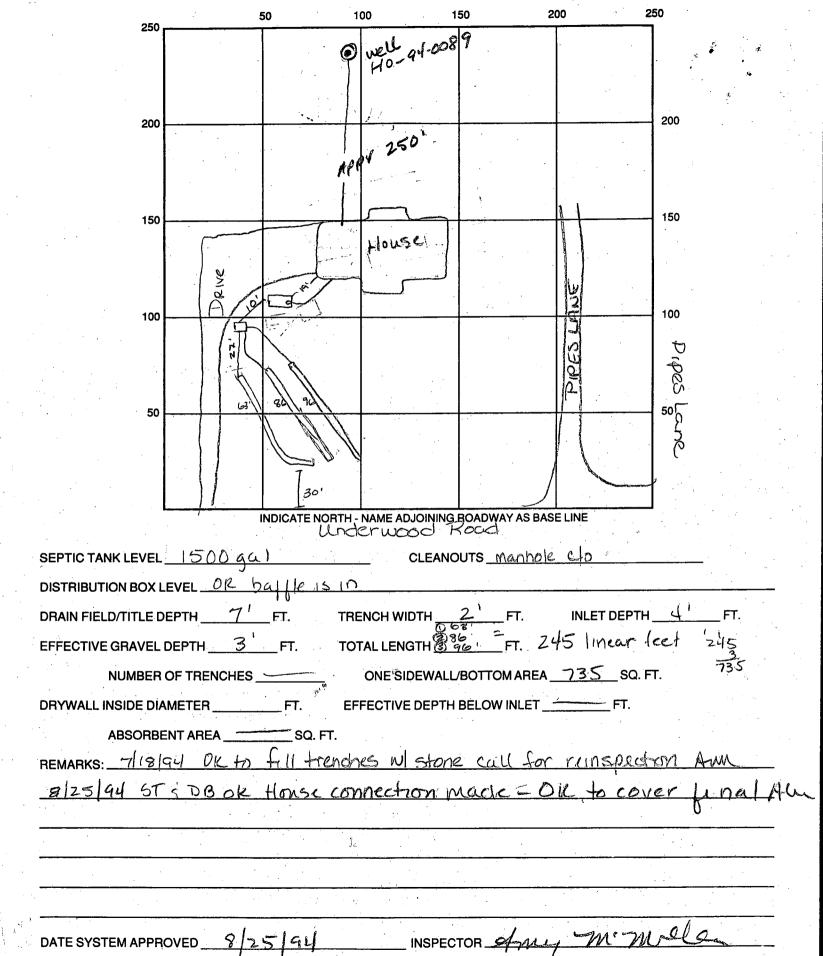
INDEVED

INDEXED INSPECTOR ACCOUNT
John Jones IS PERMITTED TO INSTALL X ALTER
ADDRESS 2409 229th Street, Pasadena, Maryland 21122PHONE 410-437-6366
SUBDIVISION Annandale LOT 7 ROAD 1723 Underwood Road
PROPERTY OWNER John A. Jones/Patricia Wallace
ADDRESS
SEPTIC TANK CAPACITY 1000 GALLONS  NUMBER OF BEDROOMS 3 240 240 37720  240 SQUARE FEET PER BEDROOM 720
LINEAR FEET OF TRENCH REQUIRED 240
TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 3 feet of stone below distribution pipe.
LOCATION - Start first trench 60 feet from front lot line and 10 feet from left lot line.  Run trenches along contour toward front of property.  NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. Ok ALM
PLANS APROVED BY C. Williams/Charles B. StreakerDATE 11/08/93-05/18/9
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: 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 AUTHORIZED)
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
NOTE: NO DEVINEU CHAIL SYSTEM AS FOOT IN DIAMETER NO ARROPRION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC 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 BE 6 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



DATE SYSTEM APPROVED\_

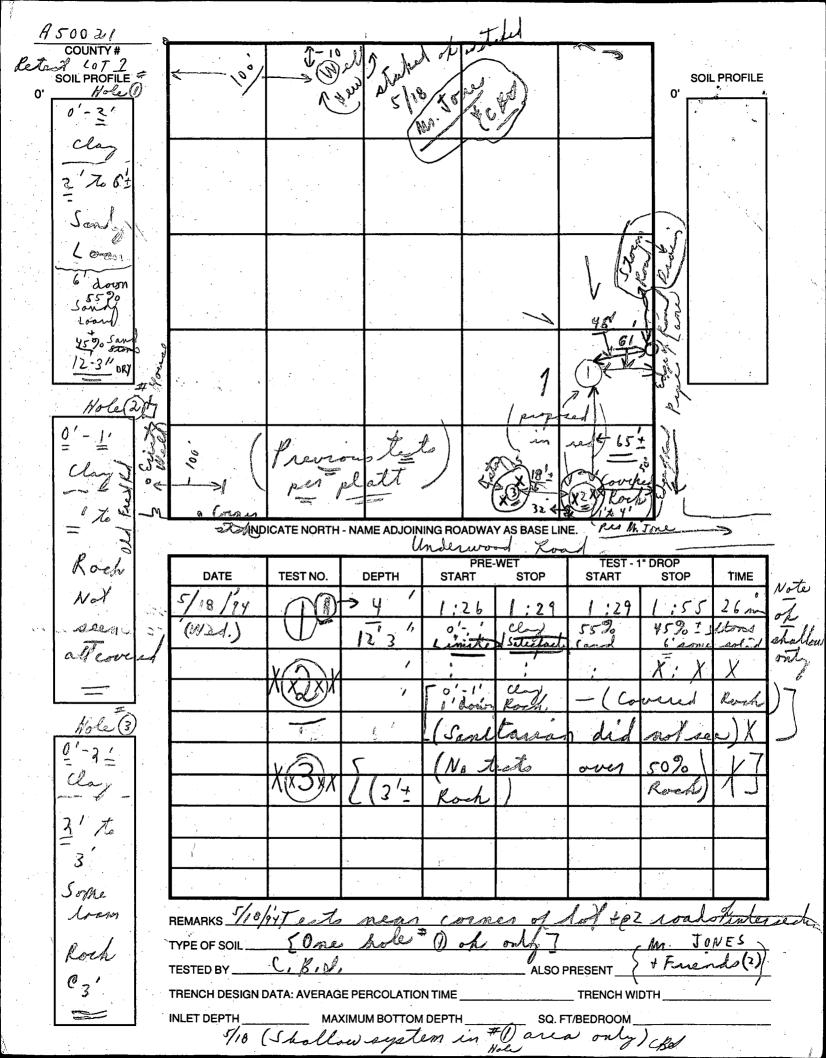
5/18/94

# APPLICATION

PERC	OLATION TESTING		A 5005/
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640	PROPOSACISTO PROPOSACISTO SEPTICAMENTO SEPTICAMENTO POSSIS	APSUST  TO SITE! DISTRIC	P ET3 TE_ <u>5 \$/94</u>
TO: THE COUNTY HEALTH OFFICER  ELLICOTT CITY, MARYLAND  I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICAT	CONFICE SITE	µ5₽	FWAGE DISPOSAL SYSTEM.
PROPERTY OWNER KEITH - A. MULLINIX	IONY CAN ELIMIN TO CONC.		
ADDRESS	PHONE	4/0-489-	9742
AGENT OR PROSPECTIVE BUYER JOHN A JOHN A JOHN ADDRESS 2409 229 TH ST PASADENA, MD, 21122		410-437-	366
PASADENA, MO, ZIIZZ PROPERTY LOCATION:			
SUBDIVISION ANNAWOALE SECT. I	LOT NO	)	
ROAD AND DESCRIPTION UNDERWOOD RO	\$ PIPES	LAME	• .
TAX MAPPARCEL#		BLUG. PERMIT	
SIZE OF LOT	TYPE BLDG	(SINGLE FAMILY DWELLI	
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTAB	BLE ONLY UNTIL PUBLIC FAC	CILITIES BECOME AVAILABLE	E. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPI	LICATION IS NON-HEFUNDAE	LE UNDER ANY CIRCUMS	ANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS L	of the lety	(SIGNATURE OF APPLICA	
APPROVED BY	FOR	· · · · · · ·	· 
DISAPPROVED BY	FOR	DATI	
HOLD PENDING FURTHER TESTS		7	
REASONS FOR RESESTION OR HOLDING 1/18 LAT. 101	ised percep	lax Chol	1 4 1 1 1 1
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	3 - wase 361	- from Rights L	ane + 96 1/2 from Under
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #	· · · · · · · · · · · · · · · · · · ·	DATE	
<u> </u>	·		

## THIS IS NOT A PERMIT

HD-216 (3/92)



Preliminary 4-13' haled on 10,000 \$

## APPLICATION

A24596

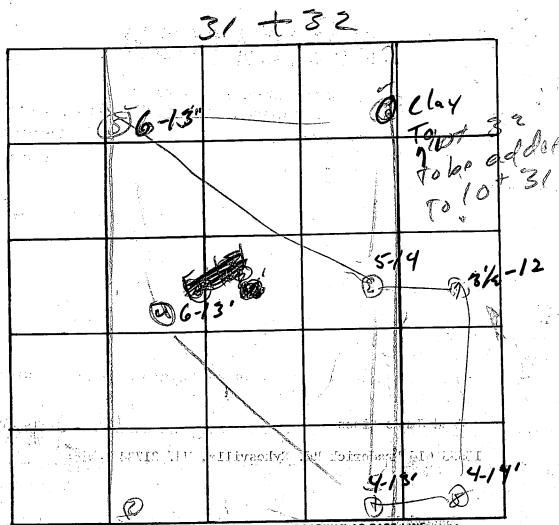
SEWAGE DISPOSAL TESTING

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 3rd 9/24/76

TO: THE COUNTY	Y HEALTH OFFICER		• • • • •		
<i>a</i> .	ITY, MARYLAND	Υ			
	APPLY FOR THE NECES	SARY TEST IN ORD	ER TO CONSTR	UCT (OR RECON	STRUCT) A SEWAGE
PROPERTY OWNE	Fred James Pip	es			
ADDRESS	13555 Old Freder	ick Rd. Sykesvil	lle, Md. 21784	PHONE	· · · · · · · · · · · · · · · · · · ·
PROPERTY LOCA	TION:			New 1	ota Seul
SUBDIVISION	Annandale	Que .		LOT NO.	5/-31
ROAD AND DESC	ERIPTION Underwood	Road			
	40,100 sq. ft.		TYP	,	or 4 BER OF BEDROOMS Mily dwelling
THE SYST	TEM INSTALLED UND ECOME AVAILABLE.	DER!THIS APPLIC	ATION IS AC	CEPTABLE ON	LY UNTIL PUBLIC
SIGNATURE OF	APPLICANT /s/ Fre	d James Pipes	·		
	MOA. As No		Ay WILL T	DATE_	12/8/2
REJECTED BY		FOR_	(KIND OF SY	DATE.	1/6/5
HOLD PENDING I		Agon Needs	additi	onal av	ea Combin
lut &	1188 ac	, in the second second		m/	

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-	BTAB	TEST - 1	" DROP STOP	TIME
	13.	<i>()</i>	320	332	338	350	18
40.5 6 000	d	13	3/1/	3 70	3.50	330	10
r in the second second	3	1810	ir 50	16/1.	Y,	. "	
•	4	13"0	15		्रक स		
	65	6	D.20	Faile	Plin	30 m	*
	God.	13"	\$ 30	3 42	345	410	25
	75	31/5	1055	11/2	1/12	1128	16
· Mariana da santa d Santa da santa da sa	2 d	12'	1100	1131	1134	1203	29
	5-	see lot	3/				
	8	14:5	imilau	160	101		

# closurd

REMARKS	<u> </u>	 	6 1	
TYPE OF SOIL				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TESTED BY			_ ALSO PRESENT:	

c <sub>1</sub> 5172	SEQUENCE NO. (DENV USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(7HIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY 6= 34596
ST/CO USE ONLY	DATE WELL COMP	CTE	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
DATE Received		₹ U	22 1 / C 26	HO - 9 4 - 0 0 8 9
8 13	15	4 7	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	JUNES		JOHN A. JR.	
ISIREET OR RED			EWOSE RESEN first name TOWN	W. FRIENDSMIP
SUBDIVISION	RNUSDERLE		SECTION	LOT
WELL L Not required for			GROUTING RECORD  WELL HAS BEEN GROUTED  MODELL HAS BEEN GROUTED	C 3
STATE THE KIND OF			(Circle Appropriate Box)	1 2
PENETRATED, THEIR THICKNESS AND IF V			TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use	FEET Çh	neck water	CEMENT C M BENTONITE CLAY B C	8 9
additional sheets if needed)	FROM TO be	aring	NO. OF BAGS NO, OF POUNDS FOU	PUMPING RATE (gal. per min. 17 7 15 to nearest gal.)
····			GALLONS OF WATER	METHOD USED TO
Tou Soil	0 2			MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
Top Soil			48 TOP 52 54 BOTTOM 58	
			(enter 0 if from surface)  casing CASING RECORD	BEFORE PUMPING 2 2
S4~03	2 30		tunos	WHEN PUMPING
			insert STEL CONCRETE	22 25 TYPE OF PUMP USED (for test)
010	30 35 4	/	Code DI OT	A air P piston T turbine
SAND STONE	30 35 6		below PLASTIC OTHER	27 27 27
	. "		MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
MICKA	35 60	-	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 below)
	l I - I.	1	(nearest mon) (nearest root)	J jet Submersible
Stuck Stone	60 65		$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	27 27
			E OTHER CASING (if used)	
MickA	65 145	•	diameter depth (feet)  diameter depth (feet)  from to	PUMP INSTALLED
MICKA	65 145		c IIII	DRILLER WILL INSTALL PUMP YES (NO)
- AMES TO THE STATE OF THE STAT			\$ [] [] [	(CIRCLE) (YES or NO)
			N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
			screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
			or open hole ST BR (HO)	PLACE (A,C,J,P,R,S,T,O)
			insert appropriate STEEL BRASS OREN BRONZE HOLE	IN BOX - SEE ABOVE: 29 CAPACITY: TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
719			code below PL OT	GALLONS PER MINUTE
E.d., )			PLASTIC OTHER	(to nearest gallon)
	(F. 1		C2	* PUMP COLUMN LENGTH
, )			DEPTH (nearest ft.)	(nearest ft.)
			E   H   O   U   O   T   T   U   ST	CASING HEIGHT (circle appropriate box and enter casing height)
			A 8 9 11 15 17 21	LAND SURFACE
			s <sup>2</sup>	helow (nearest
CIRCLE APPROPE	I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		C 23 24 26 30 32 36 R 3 S	49 50 51 foot)
A A WELL WAS ABAND		)	E 29 20 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL W			N	A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION			SLOT SIZE 123 DIAMETER TTTTT (NEAREST	LANDMARKS AND INDICATE NOT LESS
P WELL			OF SCREEN (NCH) (NCH)	THAN TWO DISTANCES  (MEASUREMENTS TO WELL)
THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.0	4.04 "WELL CONSTRUCT	TION"	from to	I so well of
AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT, AND	THAT THE INFORMATION	PRE-	GRAVEL PACK L L IF WELL DRILLED WAS	4 C 3001 (8) 15 116p
SENTED HEREIN IS ACCURATE AND MY KNOWLEDGE.	COMPLETE TO THE BES	SI OF	FLOWING WELL INSERT	" Deal Line
DRILLERS IDENT. NO.	116			(400)
Sill M	large 1		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	RO
DRILLERS SIGNATURE			T (E.R.O.S.) W Q	
(MUST MATCH SIGNATURE	ON APPLICATION)	•	74 75 76	
OUTE OF INCOME.	£ 4:11-		TELESCOPE LOG OTHER DATA	
SITE SUPERVISOR (sign. or responsible for sitework if d	t driller or journeyma lifferent from permitt	an ee)	CASING INDICATOR	PIPES LAWE

COUNTY

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

signed William E. Doyle

LENGTH OF TRENCH TO BE DETERMINED BY HEALTH DEPARTMENT ATTIME OF SEPTIC SYSTEM PERMIT APPROVAL.



PURPOSE OF THIS PLAN

17 TO MODIEY THE

RECORDED SEWAGE ESSEMENT

FOR THE SUBJECT PROPERTY.

6/23/94.



PERCOLATION CERTIFICATION PLAT LOT 7, UNDERWOOD ROAD SECTION ONE, ANNANDALE PLAT NO, 3704 3RD. ELECTION DISTRICT HOWARD COUNTY, MD. SCALE: 1"= 50

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

signed William E. Doyle

- DENOTES ORIGINAL PERC, HOLE - DENOTES NEW PERC, HOLE

> DRAWN: JUNE 15,1994 REVISED: JUNE 20,1994

This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as ""."

The lot shown hereon comply with the minimim ownership width and lot area as required by the Maryland State Department of Health and Mental Hygiene.

Pertoletion areas and water wells for adjoining loss have been shown where pertinent.

APPROXED: For Private Water and Private Sewage Systems

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FILE NO. 1001