

6/13/97
3-80

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58504B

A REPAIR

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

INDEXED

DATE 6/6/97

DATE SYSTEM APPROVED 6/13/97

INSPECTOR DKS

386683

Jack Fyock Septic Services _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 4105 Ten Oaks Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Kalmia Farms LOT 20 ROAD 5240 Ilex Way

PROPERTY OWNER Joe Privitera

ADDRESS 5240 Ilex Way
Glenwood, Maryland 21738

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 108

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so that a sanitarian can recommend and approve repair. 6/2/97

Install trenches off existing system w/ dist. box along contour.

Trenches to be 3' wide, inlet 2', bottom 6', slope 4'.

PLANS APPROVED BY Donna K. Roe DATE 6/12/97

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 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 35/40 PVC OR ABS

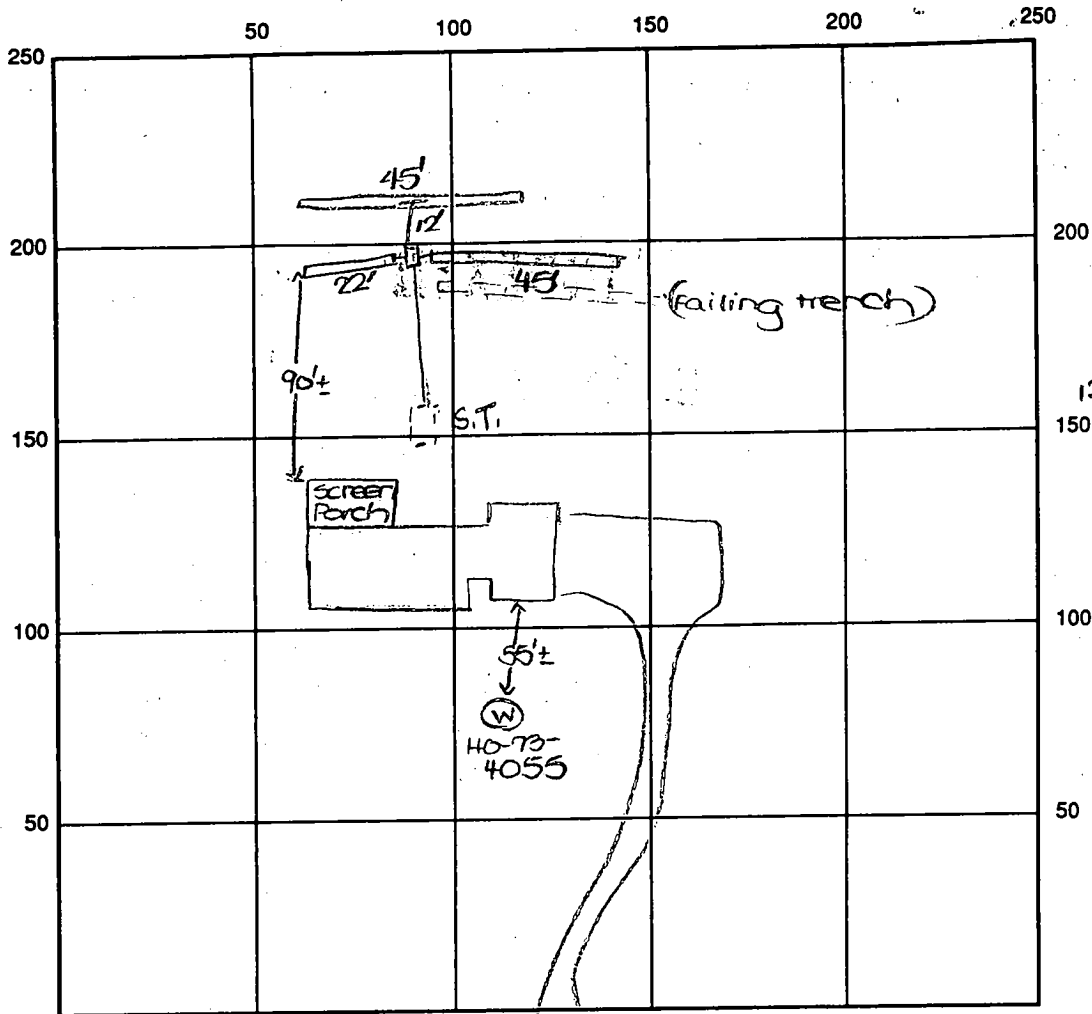
PERMIT VOID AFTER TWO YEARS

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

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

P 58504-B



(A)

topsoil
red brn
cl m

11 org.
brn s
sa m

10' band wh
crumbly
15% s
fogs

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

flex way

SEPTIC TANK LEVEL Existing CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 112'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 560 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 560 SQ. FT. + EXISTING

REMARKS: 6/12/97 OK to begin repair as specified. DKS
6/13/97 FINAL INSP - OK to cover all work. JS

DATE SYSTEM APPROVED 6/13/97 INSPECTOR [Signature]

C1 1337

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 26963

(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

Date Received (OEP use only)

DATE WELL COMPLETED 1/23/87

Depth of Well 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-73-4055

OWNER: PODE, last name; Richard E., first name

STREET OR RFD: Ilex Way; TOWN: Dayton

SUBDIVISION: Kalmia Farms; SECTION: 1; LOT: 20

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Brown Shale (0-30), Sand (30-62), Gray mica sand (62-340).

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC. NO. OF BAGS 11, NO. OF POUNDS 1034. GALLONS OF WATER 66. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE: S. Nominal diameter top(main) casing (nearest inch): 6. Total depth of main casing (nearest foot): 67.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD screen type or open hole

insert appropriate code below: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.): 65, 340

SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST

HOURS PUMPED: 4. PUMPING RATE (gal. per min. to nearest gal.): 15. METHOD USED TO MEASURE PUMPING RATE: [unclear]. WATER LEVEL (distance from land surface) BEFORE PUMPING: [unclear]. WHEN PUMPING: [unclear]. TYPE OF PUMP USED (for test): A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible).

PUMP INSTALLED YES NO

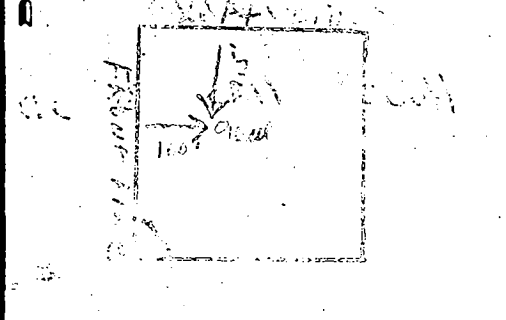
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N. IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.

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/below LAND SURFACE (nearest foot).

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).



CIRCLE APPROPRIATE BOX: 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. [unclear]. DRILLERS SIGNATURE: [unclear]. (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (TELESCOPE CASING), E.P.O.S. (LOG INDICATOR), W.Q. (OTHER DATA).

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 3/5/82

INDEX

Mr. Richard Pope (Robert Whetzel) Well Driller PERMITTED TO INSTALL ALTER

ADDRESS 310 Northwest Dr., Silver Spring, Md. 20901 PHONE 301-593-2058

SUBDIVISION Kalmia Farms Sec. 1 ROAD 5240 Ilex Way LOT 20

PROPERTY OWNER Mr. Richard Pope

ADDRESS 310 Northwest Dr., Silver Spring, Md.

SPECIFICATIONS 3 Bedroom 1500 with disposal, 4 Bedroom with disposal 1850

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA 130 SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 150 SQ. FT. Per bedroom below inlet.

INLET PIPE 2 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 240 FT. FROM down Ilex Way AND 75 FT. FROM in left LOT LINE AS SEEN WHEN

FACING LOT FROM lot from Ilex Way. 4 Bedroom - 120 linear ft. trench required with disposal, 146 linear ft. of trench required.

NOTE: No trench to exceed 100 ft. Must use distribution box connect trenches to septic tank

PLANS APPROVED BY C. B. Streaker DATE 2/13/79

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 15 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.

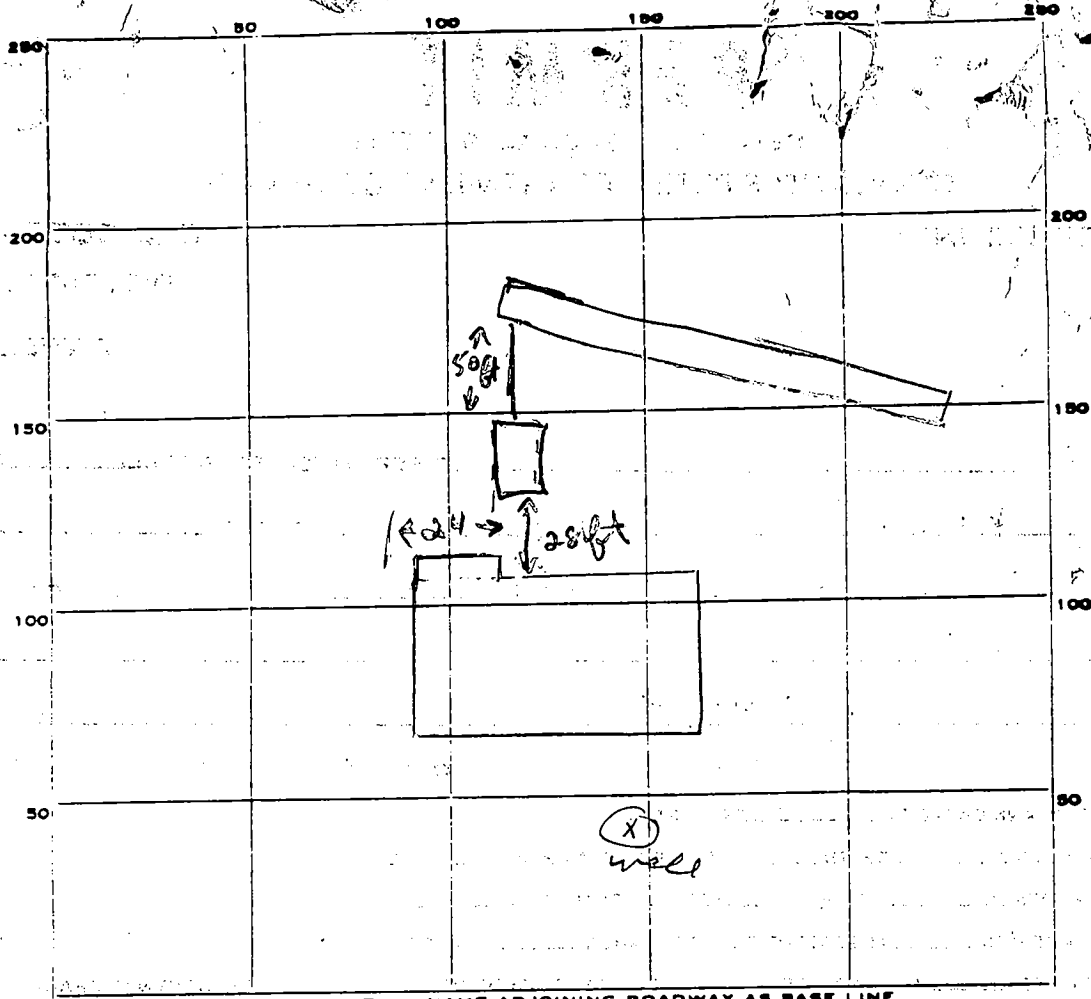
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

A 26963

Checked
4/2/82
9/24/82 - AMP/lean

approved 6/24/82
C. Williams P 31822

A 26963



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Ilex way

PERMIT CARD ✓

SEPTIC TANK, LEVEL OK / 1500 G.

CLEANOUTS ST-YES 6-22-82

DISTRIBUTION BOX, LEVEL _____

DITCH

DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT. IN. TOTAL LENGTH 85 FT.

NUMBER OF TRENCHES 1 TOTAL ^{SIDEWALL} BOTTOM AREA 595

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

ABSORBENT AREA 595 SQ. FT.

REMARKS 6/21/82 OK to add stone in trench JS
6/22/82 OK to cover trench, ok to cover septic tank & house sewer pipe,
call when ready to inspect house connection CW + Rtb
6/24/82 OK to cover all work. CW + Rtb

HOUSE HAS 3 BDRM + GARBAGE GRINDER 6-22-82 CW + Rtb

DATE SYSTEM APPROVED 6-24-82

INSPECTOR CW

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 26963

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Septic Tank { 1-3 Bedrooms - 1000 gallons
4 Bedrooms - 1250 gallons
50' dia. concrete for disposal

system dry well to have 18" dia. ft. effective absorption
sidewall area per bedroom below inlet. DATE Inlet to be 2 1/2'
below original grade and maximum depth 78'. Location
per engineer's plat: 220' down left property line
left property line when facing lot from Alex Way

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

4 B.R. - 120 ft. trench - disposal 146 ft.
6" stone under pipe

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

B.P. 48325
w/hold file
11/17/81

PROPERTY OWNER ^{FOR} (?) KALMIA FARMS SEC. I

ADDRESS _____ PHONE _____

PROPERTY LOCATION _____

SUBDIVISION KALMIA FARMS SEC. I. LOT NO. 20

ROAD AND DESCRIPTION TRIADELPHIA MILL RD.

SIZE OF LOT _____ TYPE BLDG. _____

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT _____

APPROVED BY C. B. Straker FOR Dry Well DATE 2/13/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

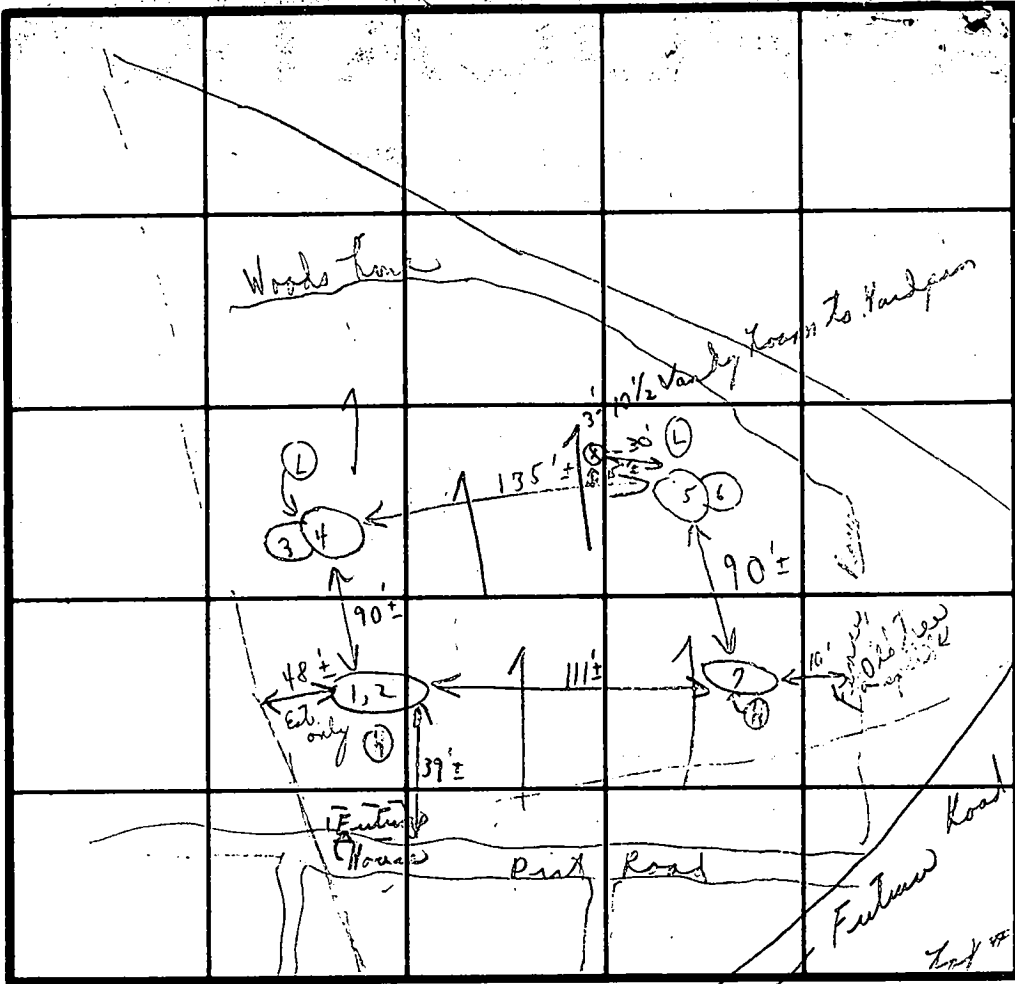
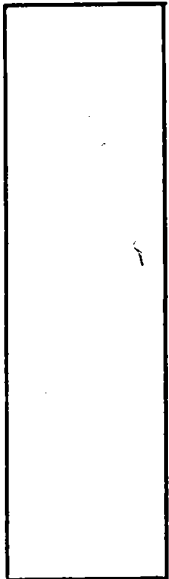
REASONS FOR REJECTION OR HOLDING Tests of 10/19/78 lot #20
C.B.S.

BLDG. PERMIT SIGNED
AND RETURNED 11/23/81
48325 for S.F.D.

* 150# on org. time of holes used for system

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Soil Profile
Below
sandy s.s. 2000

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/19/78	1	2 1/2'	1:46	1:55	1:55	2:12	17m
	(A) 2	12 1/2'	1:49	1:50	1:50	1:55	5m
	3 More sand	3'	1:59	2:02	2:02	2:10	8m
	(L) 4	14'	1:59	2:01	2:01	2:04	3m
	5	4'	2:27	2:31	2:31	2:39	8m
	6	12'	2:28	2:33	2:33	2:38	5m
	7	12'	slimmed in to (1+2)			6	46

Waited for drying of small holes in (5+6) 8m
Mr. Ratchell built office base

REMARKS: 3 of the holes dug. Re Tests in open field - some small shales. Hold for certification of holes. Debris of Boender

TESTED BY: C. B. A.

ALSO PRESENT: Dennis Mark, Howard + crew, etc. also.

APPLICATION

*Nonbuildable until hole location
A verified*

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 _____

DATE _____

*SEE ATTACHED
NOTE SHEET*

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SECI LOT NO. New #20

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

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

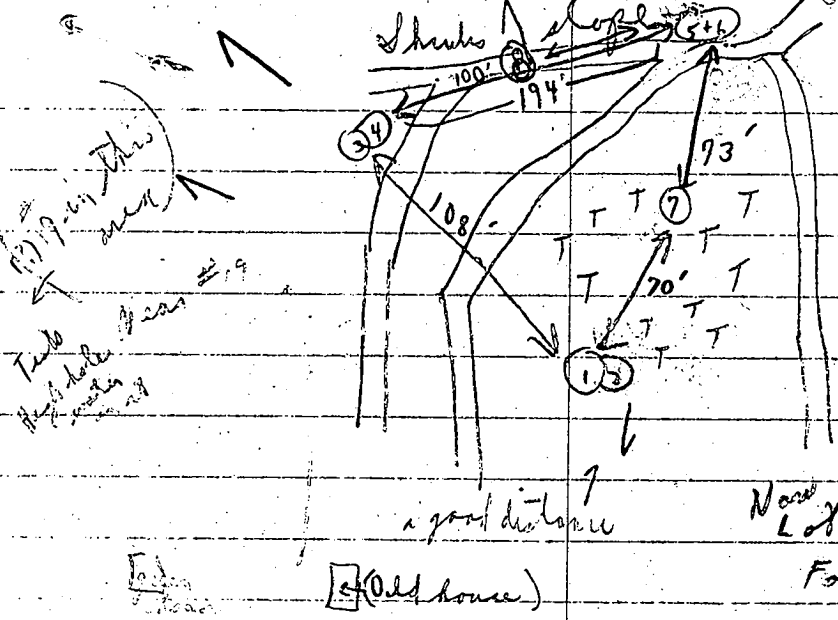
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____



Philadelphia Mill Rd

Soil Profile	# of Holes	Depth	1 st Sample	2 nd Sample	Final	Total
	1	5'	10:13	10:17	10:24	7m
Use	2	13' 3"	10:14	10:17	10:25	8m
	3	5'	10:56	10:58	11:05	7m
clay	4A	13 1/2'	10:59	11:16	11:25	5' dirt fill 3m 11:40
	5	5'	10:27	10:33	10:41	8m
below clay	6	13'	10:29	10:31	10:35	4m
	7	(12')	Similar to others			
	8	12 1/2'	Visual 5' down loam			
	4B	14 1/2'	1:16	1:25	1:40	15m finished
	6	49'	already finished			7m away

Field sheet (Trees in area tested)

11/15/78 + C. B. B.