

6/14/99
10/00

PERMIT

P 5 11922-B

SEWAGE DISPOSAL SYSTEM

A REPAIR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-291065

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 6/2/99

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 6/15/99

INSPECTOR Au

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION _____ LOT 14 ROAD 2155 McKendree Road

PROPERTY OWNER CARTER MCFARLAND

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS 6/14/99

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

Install trench, 9.0' deep & inlet where possible - length will depend on stone depth
5' stone - 75' 6 stone - 63'
4' stone - 94'

REPAIR - PURPOSE - Existing septic system has failed. Au

Call for inspection when ground is opened so sanitarian can recommend repair. 6-1-99

BUILDING PERMIT SIGNED

AND RETURNED

1/2 doz BOO 156042 - Family Room

PLANS APPROVED BY _____ DATE _____

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

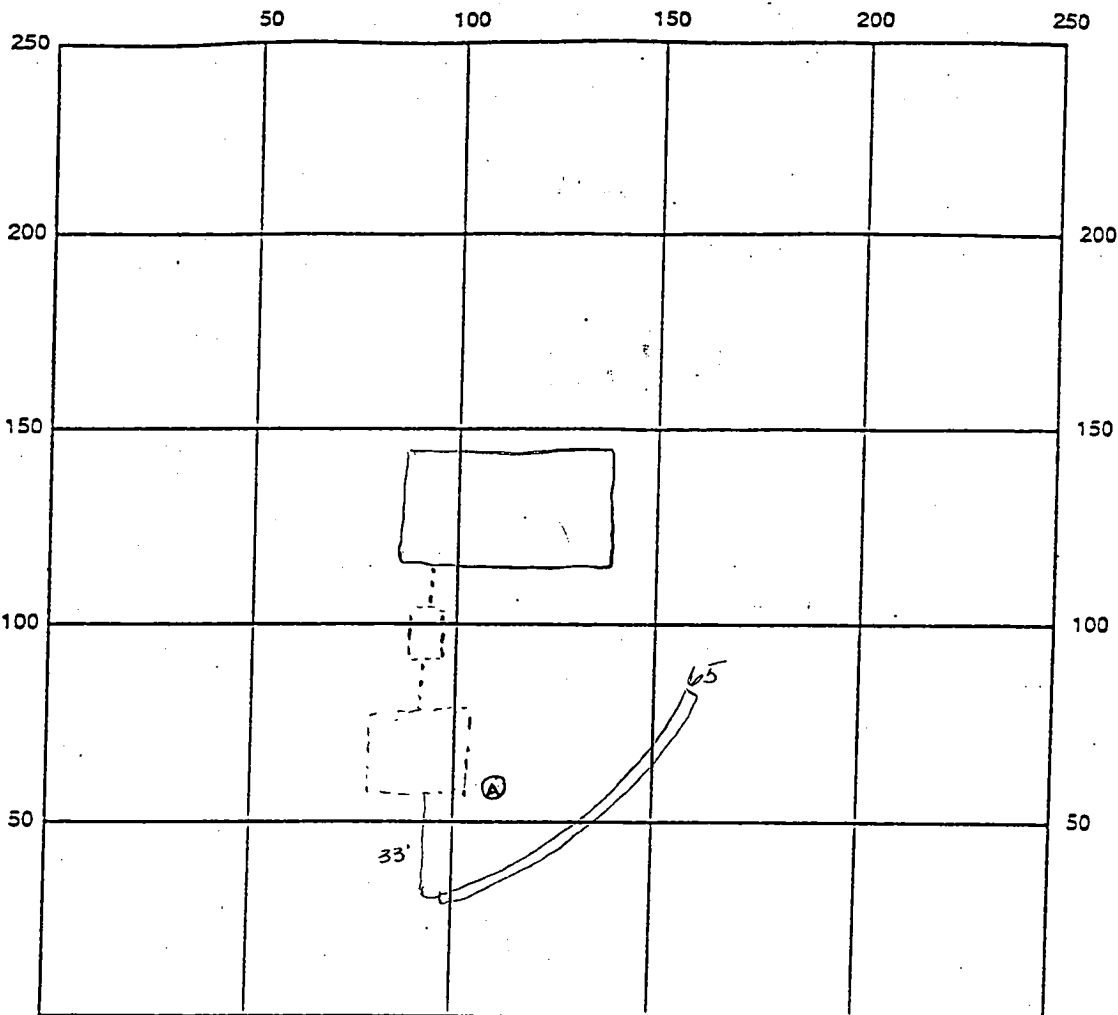
PERMIT VOID AFTER TWO YEARS

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 5 11922-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE

SEPTIC TANK LEVEL N/A

CLEANOUTS N/A

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 9.0 FT.

TRENCH WIDTH 2.0 FT.

INLET DEPTH 2.0 FT.

EFFECTIVE GRAVEL DEPTH 7.0 FT.

TOTAL LENGTH 455 FT.

35
7
455

NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 7.0 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/15/99 OK to cover all work A/A

DATE SYSTEM APPROVED 6/15/99

INSPECTOR Amey McMillan

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

P. 21173
A. 20887

ELLICOTT CITY
DISTRICT 3rd & 4th
DATE 3/3/75

INDEXED

3/20/75

Pat Lendrin

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14010 Foreythe Road, Sykesville, Md. 21784 PHONE 442-2416

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 2155 McKendree Road LOT 14

PROPERTY OWNER Carter McFarland

ADDRESS 10214 Burnside Drive, Ellicott City, Md. Phone: 469-0793

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL - 480 sq. ft. sidewall area absorbent sidewall area covered below top 4 ft. clay. Dry well inlet no deeper than 6 ft. Bottom of dry well no deeper than 12 ft. Place the dry well 135 ft. from the front lot line and 95 ft. from the left side of the lot as seen from the road.

* Septic tank must have manhole type clearext to grade.

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

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER, CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

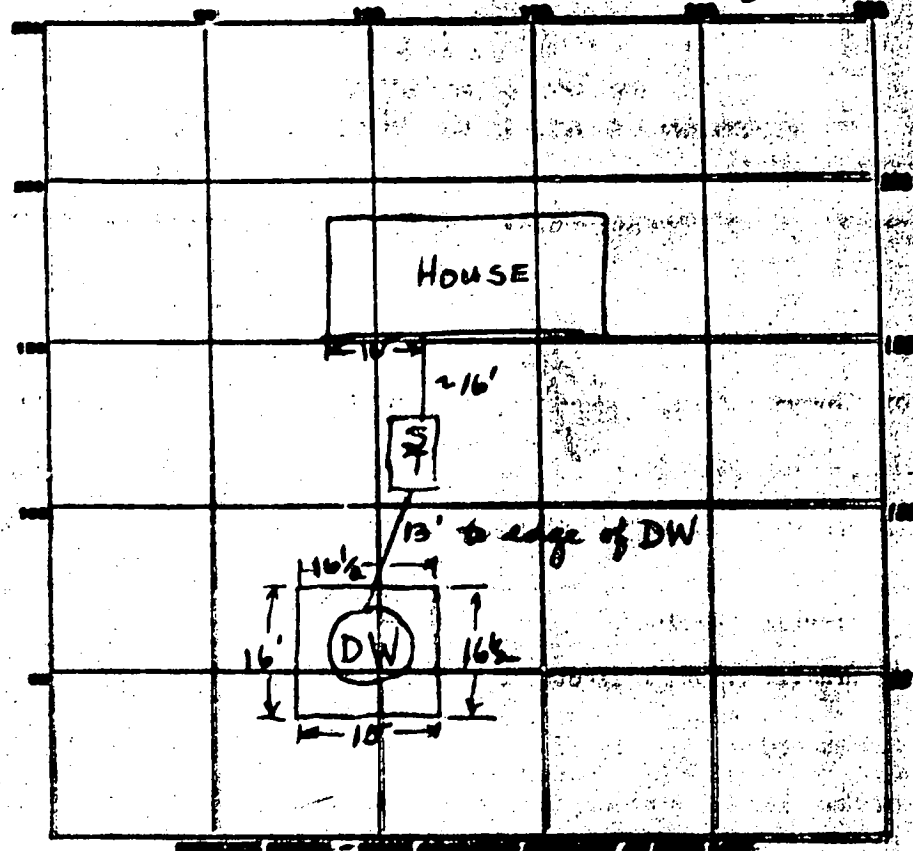
PLANS APPROVED BY Raymond Hodges DATE 11/8/74

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 20887

20887



INDICATE DIRECTION - THIS REMAINS VALID TO THIS DATE

POINT CAME none seen ROAD

SEPTIC TANK, LINES 1250 gal; OK CLEANING OK; ST cleaned 6" ST about 3-3 1/2 hrs per gal

DISTRIBUTION WELL, LINES _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

CHANNEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

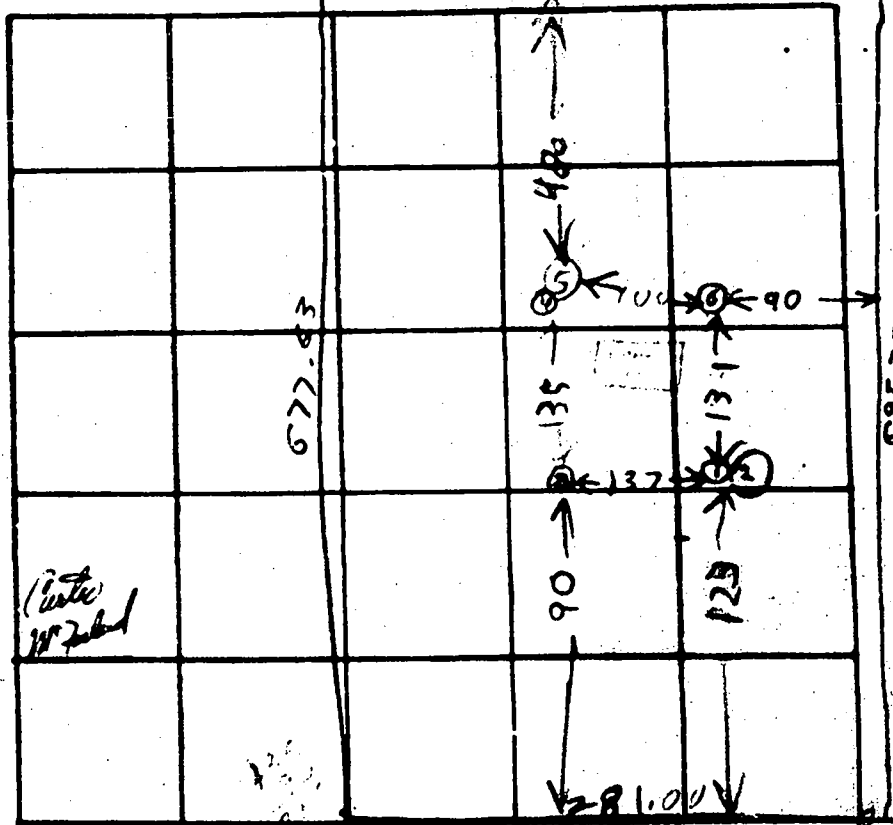
outside permits 64 FT. DEPTH BELOW INLET 7 1/2 FT.

3/20/75 480 SQ. FT.

REMARKS: DW ~ 12' deep; inlet @ 4-4 1/2'

64
7 1/2
480
32
180

DATE SYSTEM APPROVED: 3/20/75 INSPECTOR: William H. [Signature]



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 2155 McVicker Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	HOLE ELEV
			START	STOP	START	STOP		
A 20442 7/11/74	1	4 1/2	1046	1041	1042	1045	3	2041104
	2	12	1040	1045	1045	1050	13	
	3	11	TOP 4 FT CLAY	4 FT SAND DRY				NEXT LOWES
ALL SAND	4	1	1109	1112	112	1115	3	111005
	5	1 1/2	1109	1113	1113	1118	5	HOLE USE FORI
7/11/74	6	10	TOP 2 FT CLAY	10 FT SAND				NEXT HIGHER
A 20587 11-8-74	7	12	1021	22	1022	1029	7	
	8	5	1021	42	1st inch	2nd inch	X	
	9	5	1053	66	50	104	8	
	10	12	all sand					
	11	7	1107	18	18	1192	24	

REMARKS _____

TYPE OF SOIL Sand

TESTED BY B. Hodge ALSO PRESENT: P. Rome
H.Y.

DATE RECEIVED (WELL USE ONLY) **2/15/75**
 DEPTH OF WELL **150**
 (TO NEAREST FOOT)
 PERMIT NO. PERMIT TO DRILL WELL
HO-72-10000
 DRILLER'S IDENTIFICATION NO. **309**

OWNER **McFARLIN CARTER**
 STREET OR RFD **2155 MCKENDREE**
 POST OFFICE **WAST FRIENDS MD 21794**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET	
	FROM	TO
Sand	0	30
Sand stone	30	50
Shale Rock	50	150

25 casing
 20' open
 2 dyke logs
 12 logs
 OK Durr

ROUTING RECORD
 WELL HAS BEEN ROUTED (CIRCLE APPROPRIATE BOX)
 YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT GENTLE CLAY
 NO. OF BAGS **12** NO. OF POUNDS **1135**
 GALLONS OF WATER **123**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **25** FT.
 ENTERED IN FROM SURVEYS

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE S T
 NOMINAL DIAMETER TOP (NEAREST INCH) **6**
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **25**

OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL BRASS WOOD
 PLASTIC OTHER

SCREEN DEPTH
 DEPTH (NEAREST WHOLE FOOT) FROM **25** TO **150**

SCREEN DATA
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 GRAVEL PACK _____
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)
 (WELL USE ONLY - NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST
 (REG. NO. 1)
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **10**
 METHOD USED TO MEASURE PUMPING RATE **TIME**
 WATER LEVEL (DISTANCE FROM LAND SURFACE) DEPTH **30**
 TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX)
 AIR DRY TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, L, P, R, S, T, U
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY: _____ GALLONS PER MINUTE (TO NEAREST GALLON)
 PUMP HORSE POWER: _____
 PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE LAND SURFACE BELOW
LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR OTHER LAND MARKS (NO INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL))

CIRCLE APPROPRIATE BOXES
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 B ELECTRIC LOG OBTAINED
 C TEST WELL CONVERTED TO PRODUCTION WELL
 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 BELIEF.
 DRILLER'S NAME
 PLEASE PRINT **HOWARD DILLON**
 SIGNATURE *Howard Dillon*

