

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 513213-H

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

RPS# 359163

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Howe Farm LOT Pc1. 22 ROAD 12193 Lime Kiln Road

PROPERTY OWNER _____

ADDRESS _____

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**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 513213H

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLCOTT CITY

DISTRICT

DATE 5/22/62

Stanley Martin

IS PERMITTED TO INSTALL AND ALTER

ADDRESS 810 Beards Ave., Belton Park, Maryland

PHONE 301-289-0000

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Home Park

ROAD

8 mile past Belton post office on the left side of road
14th ELLCOTT ROAD (Dist. 215)

PROPERTY OWNER Stanley Martin

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry well - 500 sq. ft. absorbent sidewall area to be installed in inlet pipe. The first 5 ft. of original ground has to be removed in sidewall area. Place dry well in area that passes percolation test.

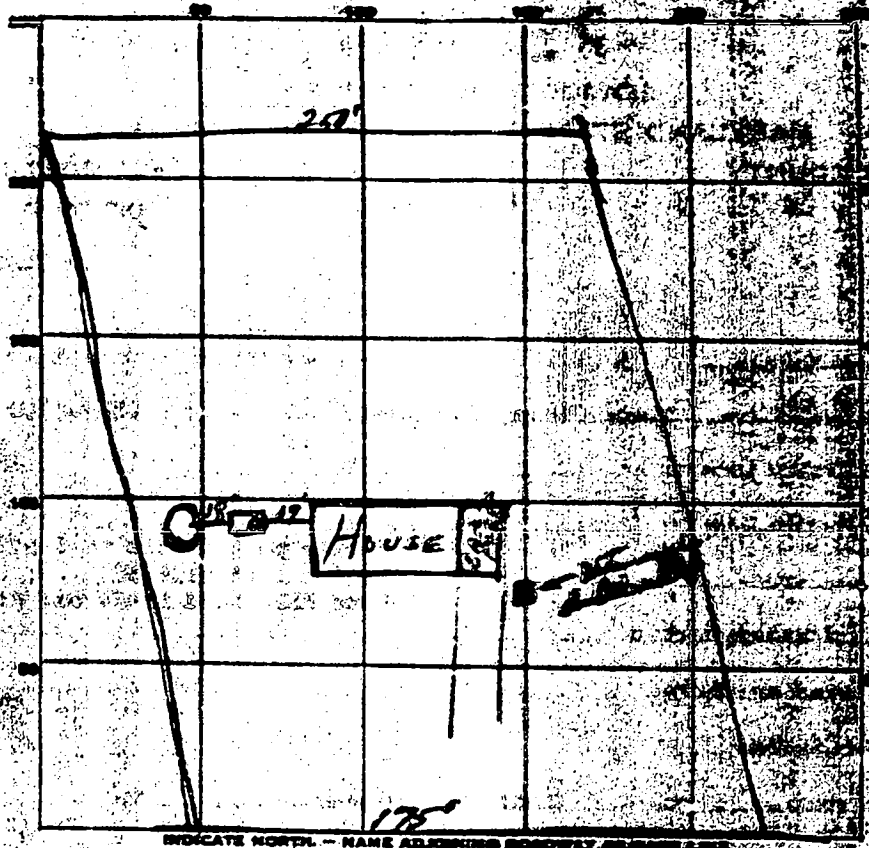
Re-tested 9-10-64. Dry well 12 ft. in dia by 8 ft. deep. Located 150 ft. from the front property line on the left side. Sufficient of water off above surface during heavy rain. Depth to water 4 ft. below ground surface.

PLANS APPROVED BY Donald N. Henshaw

DATE 7/20/62

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.



INDICATE NORTH - NAME ADJOINING ROADWAY OR BOUNDARY

175
LIVE KIZU Rd.

PERMIT CARD None Seen

SEPTIC TANK, LEVEL 1000 gal - concrete concrete stand by

DISTRIBUTION BOX, LEVEL None

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

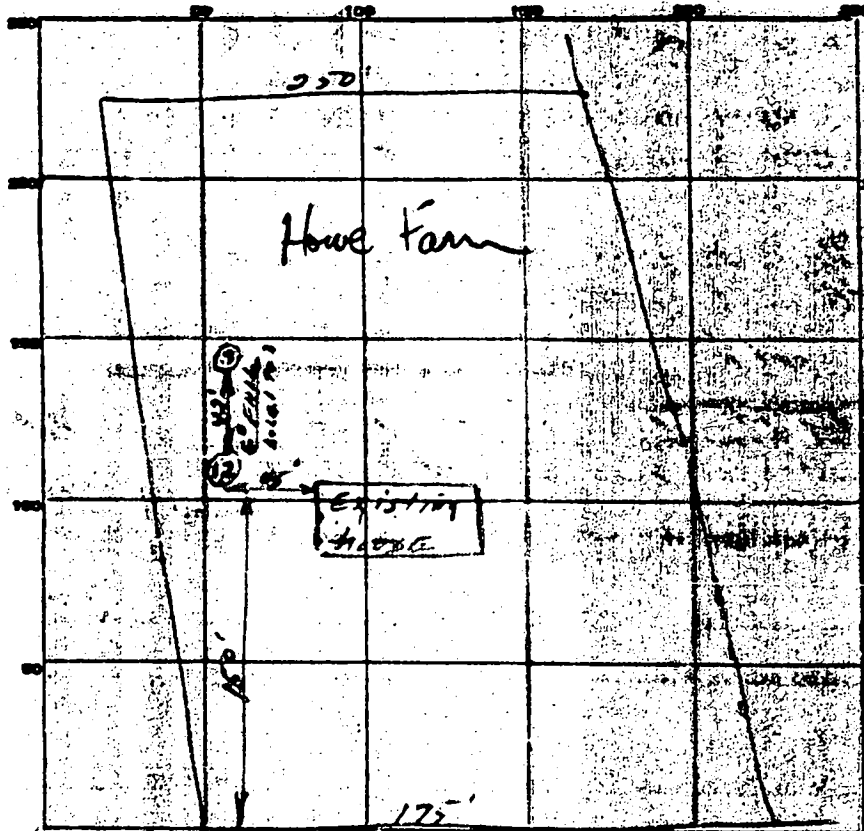
SEEPAGE PITS, INSIDE DIAMETER 1 1/2 FT. DEPTH BELOW INLET 8 1/2

ABSORBENT AREA 300 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 1-12-65

INSPECTOR J. Heninger



INDICATE NORTH - NAME ADJOINING ROADWAY AS SHOWN ABOVE

LINE KILN Rd

DATE	TEST NO.	DEPTH	PREPARED		TESTED		TIME	
			START	STOP	START	STOP		
9-10-64	1	10' 2"	9:41	9:46	9:46	10:52	7:30	
	2	5'	9:43	9:44	9:44	9:48	4:00	
	3	10'	No water at 10 ft.					
			select A 08 934					

SOIL AUGER FINDING

TESTED BY *J.P.*

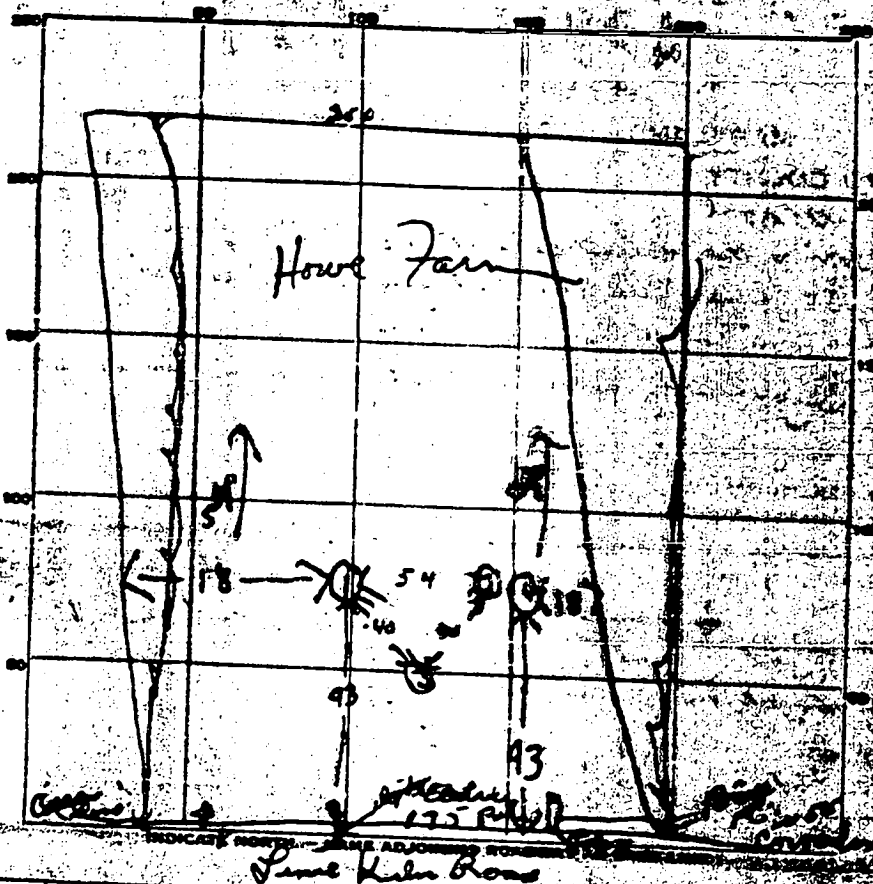
REMARKS

12 ft. dia. by 8 ft. deep below - 12' dia. by 8 ft.

ALSO PRESENT

Stanley M. Wheaton

LOT NO.



DATE	TEST NO.	DEPTH	PRE-WET		TEST DROP		VAL. (INCHES)	
			START	STOP	START	STOP		
7-17-62	1	3	1253	106	106	125	19	
	2	3	1258	continued				
	3	3	100	118	118	148	30	
7-20-62	4	10	137	139	139	145	6	
A 05474								

SOIL AUGER FINDING *first 5 ft is clay.*

TESTED BY *DWM 7-17-62* *DWM 7-20-62*

REMARKS

ALSO PRESENT *Stanley M. Martin* LOT NO.

U0577

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT CITY, MARYLAND

HO 65-W-173

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 1 1/4" Pipe 56 ft.
2. Total depth of well 90
3. Type, diameter and length of strainer None Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 88 lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 95 ft.
7. Yield of well in gallons per minute 20; elevation of water surface when pumped at the designated rate _____
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 4 ft. Clay, 57 Sand & gravel 34 ft. Mica Rock
11. Physical appearance of water at end of final pumping test Clear
12. Variation in vertical alignment (how much the well casing varies from a true plumb line) throughout its depth _____
13. Disinfected by 2 ounces of quarts % Chlorine (Brand name Clorox)

Property Owner Stanley Martin Address Fulton
Location of property Stone Hill Rd.

Health Department Number _____ Dept. of Water Resources Permit No. _____

Date: 12/7/64, 1964. Edo. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

N66°07'00"E
23.9'

S 11° 12' 00" E

488.62'

LIME KILN ROAD
12193 Limekiln Rd

S 70° 00' 00" E
27.12'

N 78° 49' 00" E
68.11'

80'±
MAC. DRIVE

9'x5.2'
CONG. STOOP

PROPOSED 6'x9'
FRONT COVERED STOOP

#12193
1 STORY
BRICK
W/BALIT.

PROPOSED 16'x16' OPEN PORCH
W/A 6'x11' DECK W/ STAIRS

8'x8'
UNDER GR.
WELL ROOM

GARAGE
W/ ROOM
BELOW

N 01° 17' 00" W

B 00118029

for Deck + Stairs

Proposed Construction is NOT
in conflict with well or Septic
Received Approval
App 6/14/99

LOT 18

379.78'

N 69° 36' 00" W

GEARHART

372/513



LAND SURVEYOR'S CERTIFICATION

This is in accordance with the Plat of Subdivision and/or deed of
accepted field practices and include permanent visible structures and
showing property lines, but prepared for exclusive use of present
mortgage, or guarantee the title thereto, within six months from
of this Plat. No title report furnished

Jefferson D. Lawrence
Professional Land Surveyor No 5216

1964
A05474
P 8870

SCALE 1" = 50'

HOUSE LOCATION PLAT

DATE
4-14-86

DRAWN

SHEET

DEVELOPMENT