

10/11/00 ASAP

PERMIT

P 514278

SEWAGE DISPOSAL SYSTEM

A REPAIR

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

ISSUE DATE 9/28/2000

RPS 313100

APPROVAL DATE 10/11/00

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER X

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

UBDIVISION Warfields Estates LOT NUMBER 23A ADDRESS 14514 MacClintock Drive

PROPERTY OWNER Donna Deming PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY EX. 1000 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 125

DEEPEST FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth
11 feet below original grade. 6 feet of stone below distribution box.

LOCATION: _____

REPAIR - PURPOSE - Existing septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 9/29/00

INSTALL D.B. ON EX. SOLID LINE (MR) 10/10/00

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

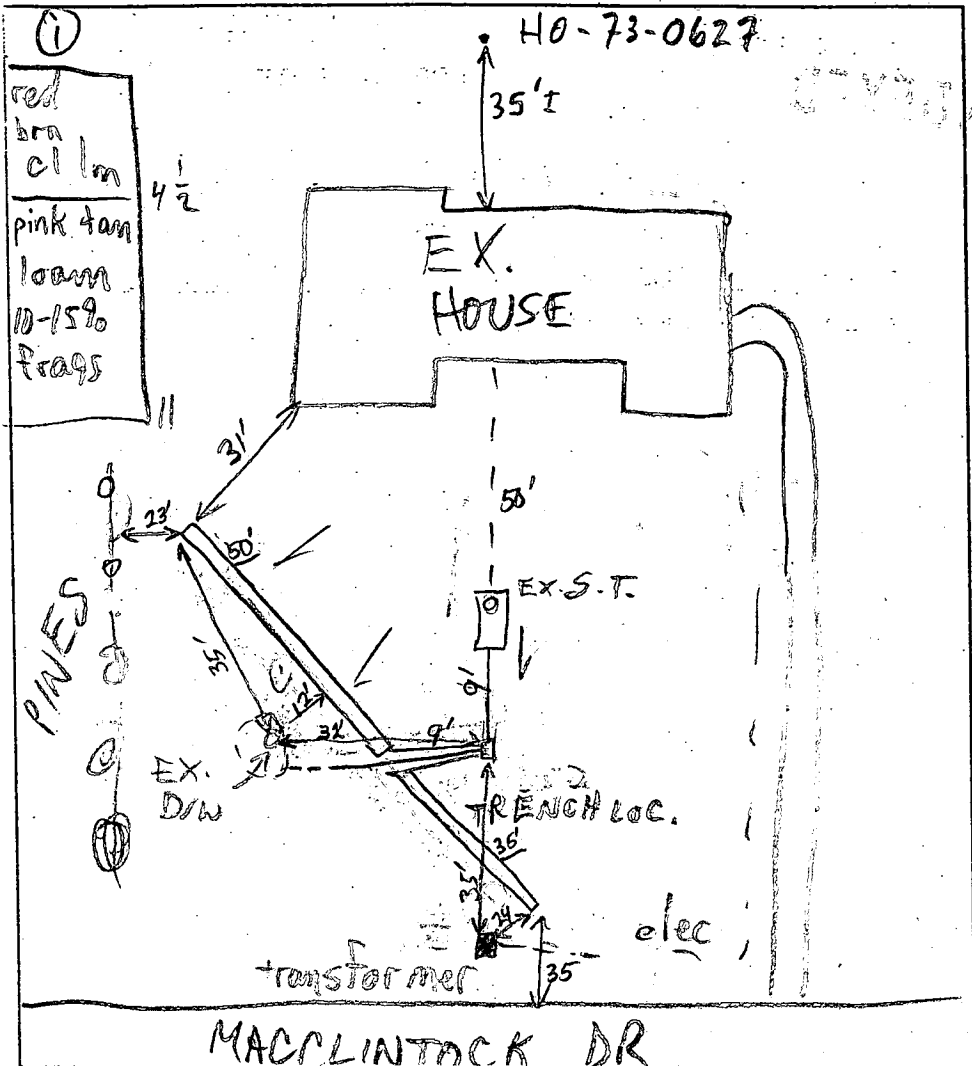
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A514278

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2'
TRENCH INLET DEPTH	3 (existing) - 4 (new)
TRENCH BOTTOM DEPTH	11'
DEPTH OF STONE	6-7'
NUMBER OF TRENCHES	2 (50' + 35')
TOTAL TRENCH LENGTH	85'
ABSORBENT AREA	596 sq/ft
DISTRIBUTION BOX LEVEL	_____
BAFFLE IN DISTRIBUTION BOX	_____

SEPTIC TANK DATA	
SEPTIC TANK	existing 1000 GALLONS
MANHOLE RISER	✓
6 INCH INSPECTION PORT	existing
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	_____
MANHOLE RISER	_____
ALARM	_____
PUMP PERFORMANCE TEST	_____

PRE-CONSTRUCTION INSPECTION: OK TO START 10/10/00 (MR)

INSPECTION COMMENTS: Trenches OK to cover, New sch 40 piping, New Dist Box, New Baffle (PVC) "T" in outlet side of Septic Tank (existing). Used auto-levelers in Dist Box, level for new trenches and set high for existing dry well (to be kept as alternate drainfield when new trenches begin to fail. OK to cover all work R/P 10/11/00

INSPECTOR AP [Signature] DATE SYSTEM APPROVED 10/11/00

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 11/29/72

Donald S. Watts

IS PERMITTED TO INSTALL ALTER

ADDRESS Route 3, Box 118, Finksburg, Maryland

PHONE 833-1733

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Warfield Estates

ROAD 14514 MacClintock Drive

LOT 23A, Sect. 4

PROPERTY OWNER Clyde Daming

ADDRESS

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%

OTHER DRY WELL - 330 sq. ft. sidewall area. Dry well inlet to be no deeper than 4 ft. and dry well bottom to be no deeper than 11 ft. Place the dry well 78 ft. from the front lot line and 50 ft. from the left side of the lot as seen when facing lot from Mac Clintock Drive.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

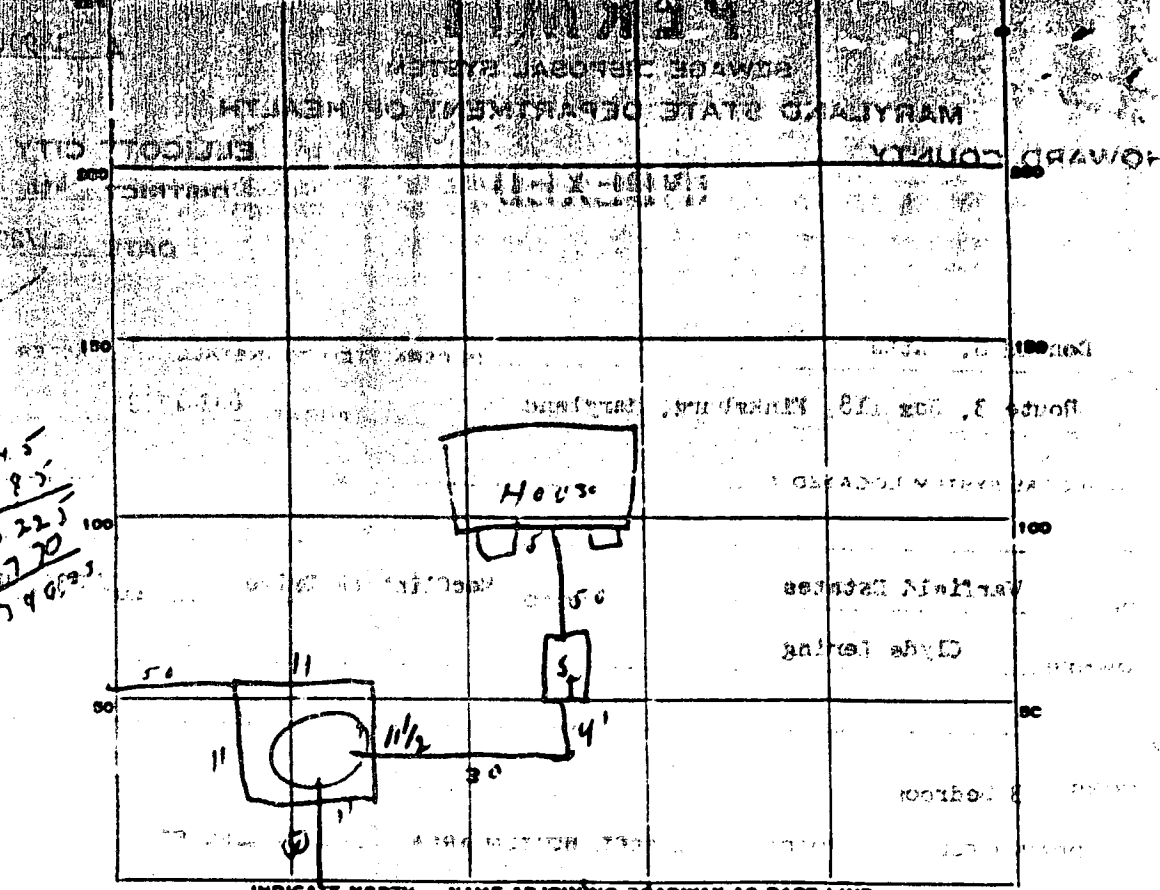
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges

DATE 10/31/72

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.



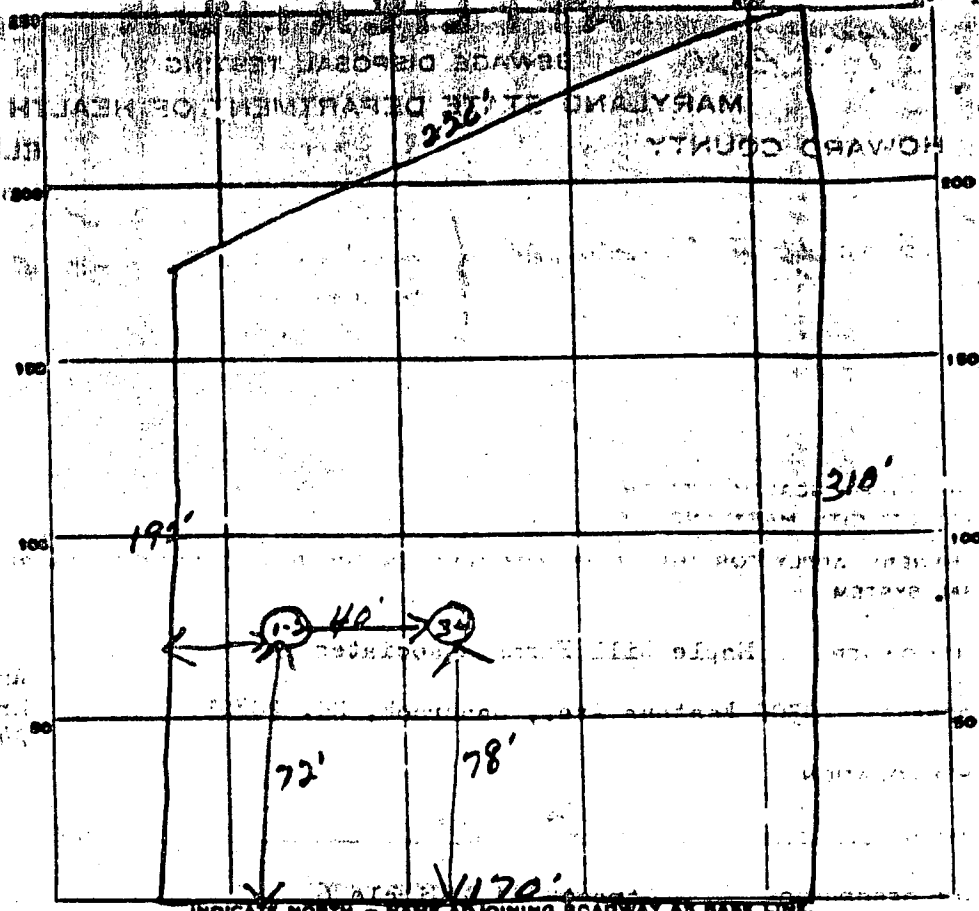
44
 8
 22
 30
 34
 44.5
 8.5
 22
 30
 34

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK 1001
 SEPTIC TANK, LEVEL _____ CLEANOUTS _____
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER Perimeter 44 1/2 FT. DEPTH BELOW INLET 9 1/2 FT.
 ABSORBENT AREA 399+ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 1-10-74 D.M. L



Street = B =

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/29/69	1	11'	155	201	201	210	9 min
	2	5'	156	159	159	207	8 min
	3	11'	203	210	210	220	10 min
	4	5'	203	208	208	215	7 min

SOIL AUGER FINDING _____

TESTED BY JW

REMARKS _____

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TATEL STATE BLDG. ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED
 THIS USE ONLY
 DATE WELL COMPLETED
 8-10

DEPTH OF WELL
 120
 FEET TO NEAREST FOOT

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 70-33-00-01-02-00-00-01
 DRILLER'S IDENTIFICATION NO. 42

OWNER Dunning LAST NAME
 CITY/TOWN Yale
 STREET OR RFD
 POST OFFICE Rockville

WELL LOGS

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

DESCRIPTION (USE APPROPRIATE SHEETS)	FEET		WATER BEARING
	FROM	TO	
TOP SOIL	0	3	
SANDY	3	60	✓
GRAY SLAG	60	120	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)
 CEMENT BENTONITE CLAY

NO. OF BAGS 20 NO. OF POUNDS 2000

GALLONS OF WATER 115

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 50 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 63

OTHER CASING (IF USED)

DIA. (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

SCREEN DEPTHS

SCREEN NO.	DEPTH (NEAREST WHOLE FOOT)
1	61
2	120
3	
4	
5	
6	
7	
8	
9	
10	

DIAMETER OF SCREEN (NEAREST INCH) 4 FROM 0 TO 0

GRAVEL PACK 0 TO 0

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX YES NO

WHA USE ONLY (DO NOT BE FILLED IN BY DRILLER)

(C.R.D.S.)

TO 70 72 74

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL (DISTANCE FROM LAND SURFACE BEFORE PUMPING) 30 FT (NEAREST FOOT)

WHEN PUMPING 120 FT (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER IDENT. NO.
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

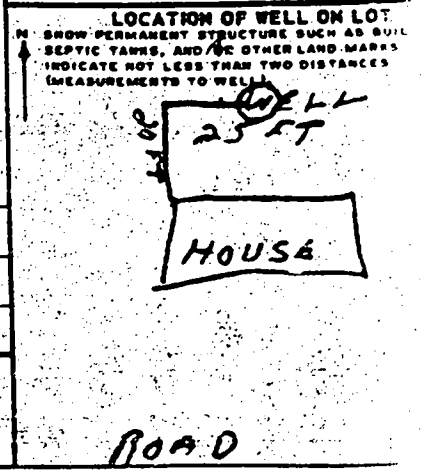
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 0

PUMP HORSEPOWER 0

PUMP COLUMN LENGTH (NEAREST FOOT) 0

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE LAND SURFACE 2 FT (NEAREST FOOT)
 BELOW



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

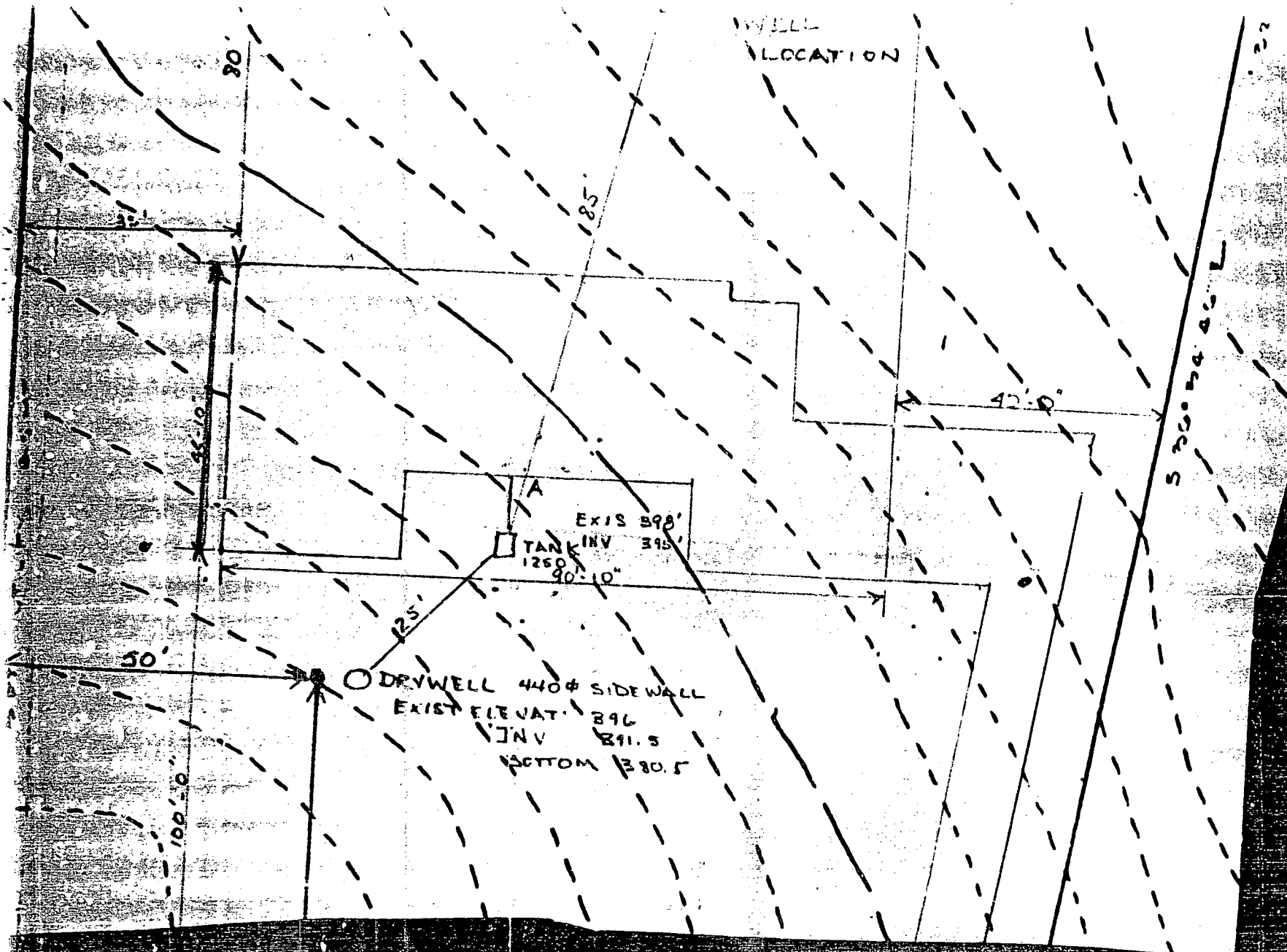
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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 J. Century

SIGNATURE _____

WELL
LOCATION



EXIS 590'
TANK INV 395'
1250'
90'-10"

○ DRYWELL 440# SIDEWALL
EXIST ELEVAT. 396
INV 391.5
BOTTOM 380.5

5 300 40 40 L

22