

11/10/05 - 10 AM

05-378893

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/4/05

PERMIT

P 521640-B

APPROVAL DATE: 2/4/05

A (REPAIR) 24458

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg MD 20759 PHONE NUMBER: 410-531-2939

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 9427 Lovat Road PROPERTY OWNER: Carl Petchik

SEPTIC TANK CAPACITY (GALLONS): EX 1000

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 89' on contour

INDEXED

TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>4</u> feet below original grade. Bottom maximum depth <u>9.5</u> feet below original grade. Effective area begins at <u>4</u> feet below original grade. <u>4.5</u> feet of stone below distribution pipe.
LOCATION:	<u>Keep D.W., come out of D.W. to trench</u>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

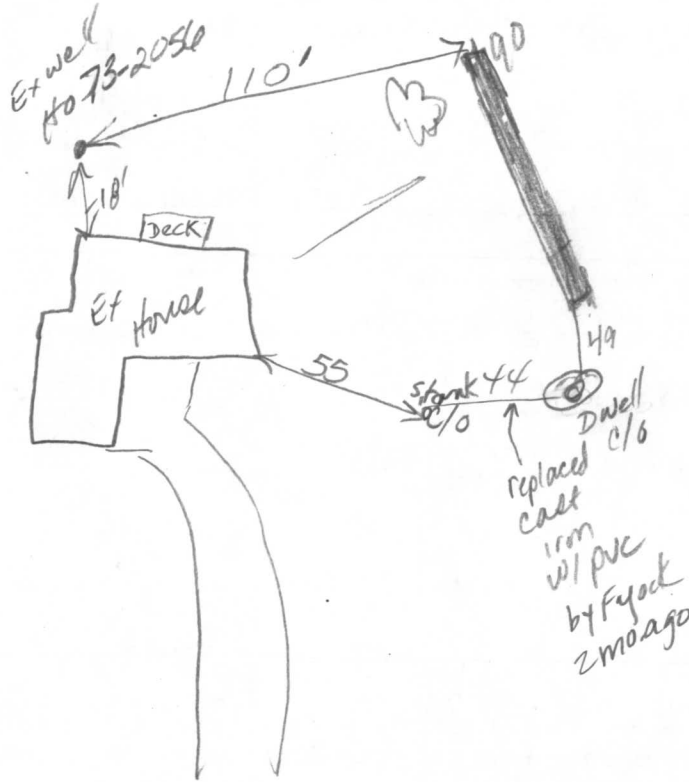
PLANS APPROVED: [Signature] DATE: 11/10/05

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR 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

A 24458

NOT TO SCALE



LOVAT

ROAD

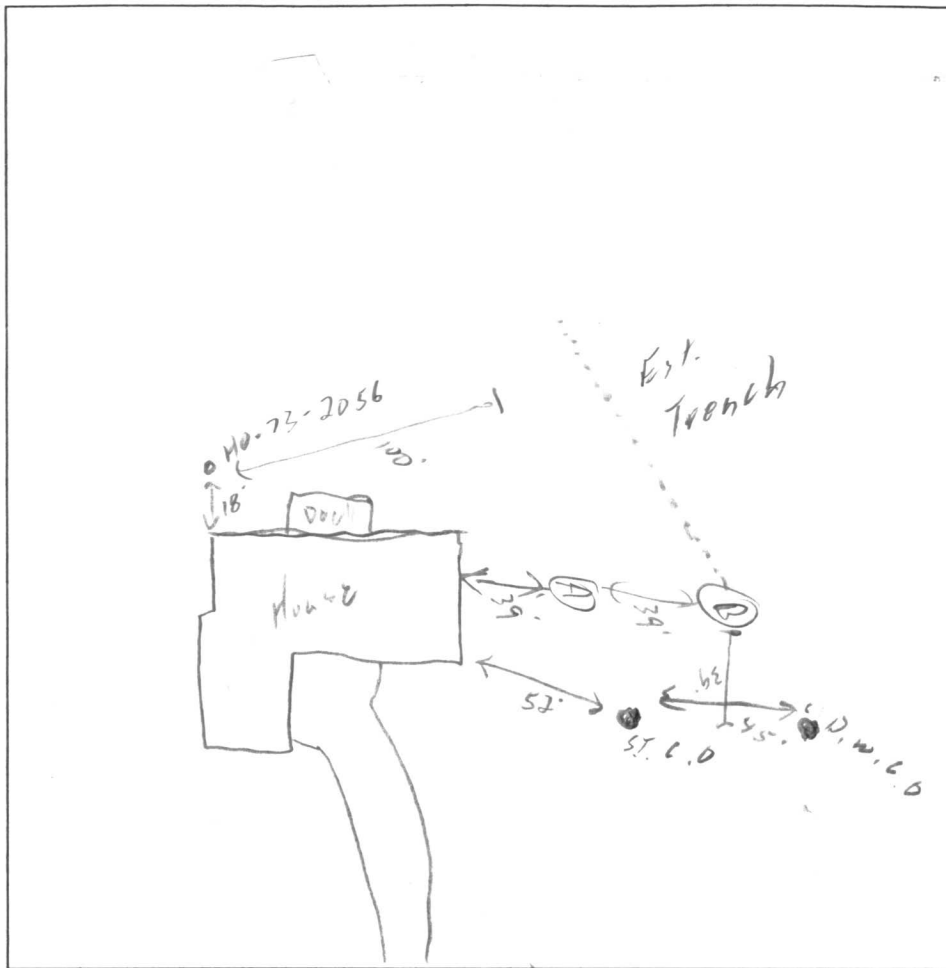
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	4	9.5
NUMBER OF TRENCHES		1
TOTAL LENGTH		90
ABSORPTION AREA		540ft ²
DISTRIBUTION BOX LEVEL		None
DISTRIBUTION BOX BAFFLE		Drywell
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	4000 GAL
SEAM LOC	dry well
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	✓

PRE-CONSTRUCTION 1/10/05 - See perc sheet (50)

INSTALLATION 2/4/05 OK to cover trench - below clay layer. Largest 2's poured in trench (KN)

FINAL INSPECTOR Kacie Norman DATE OF APPROVAL 2/4/05



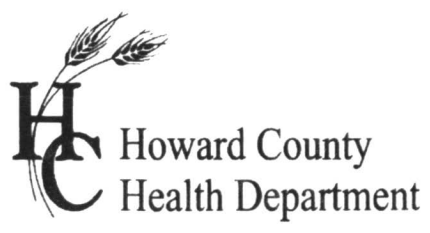
LOG # (1)

(A)
 Fill?
 5'
 6'
 DK Brown
 Orange Red M. clay
 ↓
 11'
 13.5'
 Orange clay loam
 (B)
 6"
 Topsoil!
 Orange M. clay
 ↓
 3'
 Orange/Brown Loam M. clay
 ↓
 13.5'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/10/05	(A)	7.5 / 13.5	10:40	10:55		Bottom of 1st log - Pulled	
	(B)	4' 3" / 13.5	11:01	11:06	11:12	6	P

REMARKS _____
 SANITARIAN SO. BACKHOE Robert F. OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 6 SQ. FT/BR 180
 TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 9.5 EFFECTIVE SW 4.5

08330



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ APR 5 21640
AGENCY REVIEW: _____ DATE 1/4/2005

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

- CHECK AS NEEDED:
- CONSTRUCT NEW SEPTIC SYSTEM(S)
 - REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
 - REPLACE AN EXISTING SEPTIC SYSTEM

- CHECK AS NEEDED:
- NEW STRUCTURE(S)
 - ADDITION TO AN EXISTING STRUCTURE
 - REPLACE AN EXISTING STRUCTURE

- CHECK ONE:
- CREATE NEW LOT(S)
 - BUILD ON AN EXISTING LOT IN A SUBDIVISION
 - BUILD ON AN EXISTING PARCEL OF RECORD

- IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- YES
 - NO

THE TYPE OF STRUCTURE IS: 5 bms

- RESIDENTIAL WITH 5 bms PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Carl Petch PK

DAYTIME PHONE (202) 319-5516 CELL (301) 910-2942 FAX _____

MAILING ADDRESS 9427 Lovat Rd. Fulton MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT Fyock Septic

DAYTIME PHONE 410 531-2939 CELL _____ FAX _____

MAILING ADDRESS P.O. Box 89 Glenelg MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS Same as Above
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 18 GRID E-5 PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Michael Skypor
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

12/16/77

PERMIT

*File - appl letter
pers attached.*

P 27122

A ~~17956~~ A24458

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-378893

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 10/27/77

Awkard Septic Tank Service

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 44, Sandy Spring, Md.

PHONE 421-1093

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

near Siefert Ct.

SUBDIVISION Williams Contrivance Estates

ROAD Lovat Road

LOT 1, Sect. 2

PROPERTY OWNER Malcolm Brothers

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 - 125 sq. ft. of absorbent sidewall area per bedroom below inlet. Inlet to be 3 ft. below original grade. Maximum depth for dry well is 11 ft. below original grade. Locate dry well 135 ft. from rear lot line and 20 ft. from right side line as seen when facing lot from road.

NOTE: NO DRY WELL IS TO 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.

PLANS APPROVED BY Robert V. Torre

DATE 12/5/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

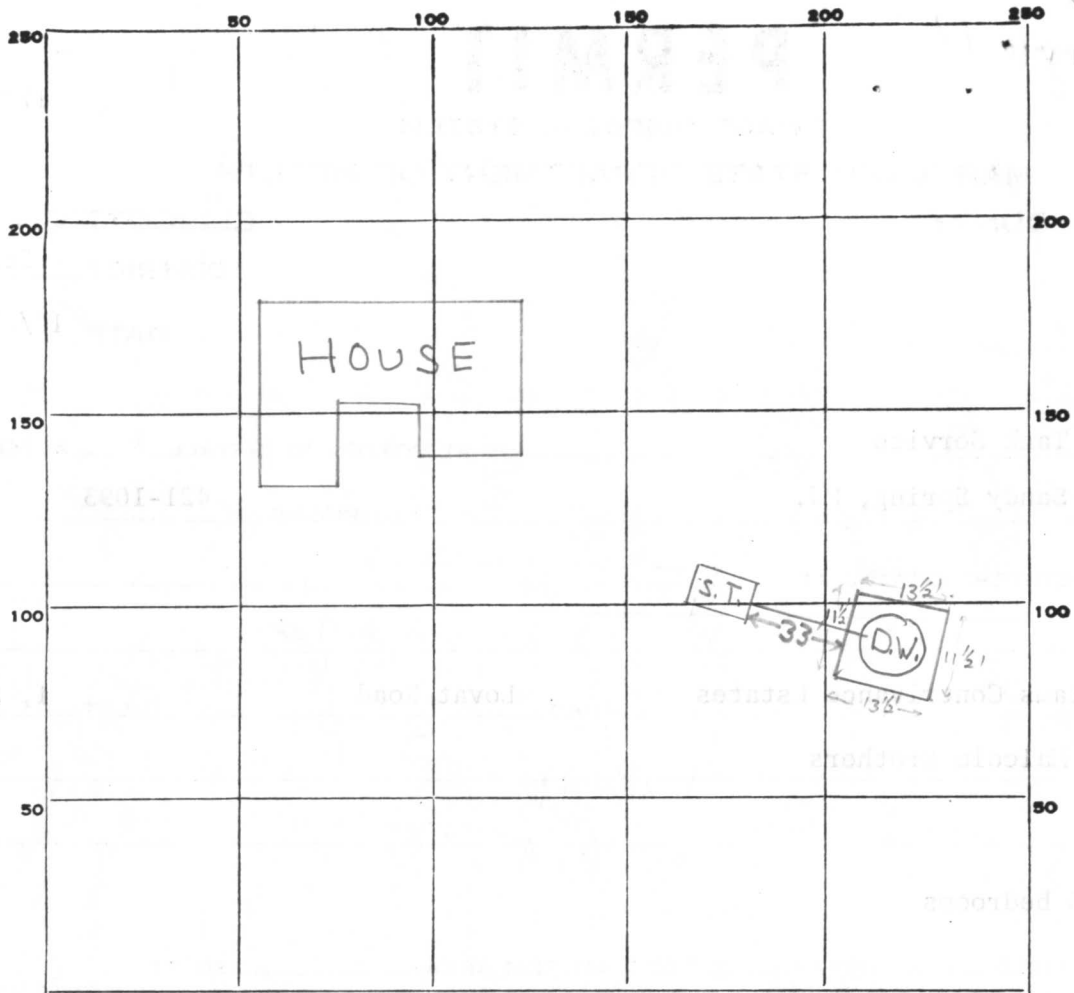
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED

AND RETURNED 1/26/77

Serial # 32726

*A 17956
A 24458*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Lovat Road

PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ 1000gal.

S.T.	D.W.
✓	✓

DISTRIBUTION BOX, LEVEL n.a.

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, ^{OUTSIDE PERIMETER} INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA ±400 SQ. FT.

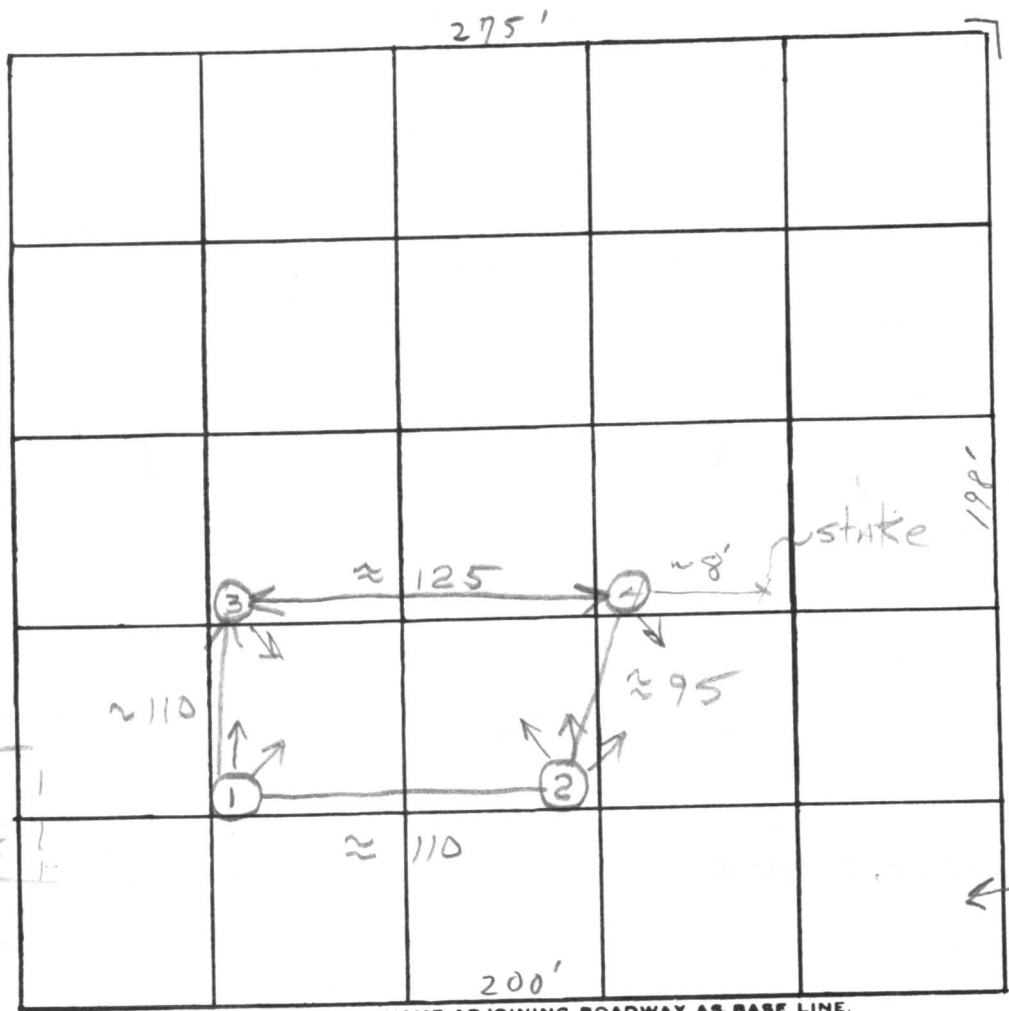
REMARKS 12/14/77 No pipe between house and septic tank, yet call for final inspection when tank is connected to house; O.K. to cover from drywell to septic tank S.E.

App'd per attached letter of 11/28/78.

DATE SYSTEM APPROVED _____

INSPECTOR _____

1



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Elleworth Drive *Lowell Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
MAY 25	1s	4	10:29	10:35	10:35	10:50	15
	1d	12.5	10:29	10:31	10:31	10:35	4
	2s	5	10:32	10:33	10:33	10:35	2
	2d	12.5	10:32	10:40	10:40	10:51	11
	3u	12'	SIMILAR		SOIL; dry		
	4s	4	10:50	10:56	10:56	11:11	15
	4d	12.5	10:38	10:44	10:44	10:53	9
						6/56	

high
low

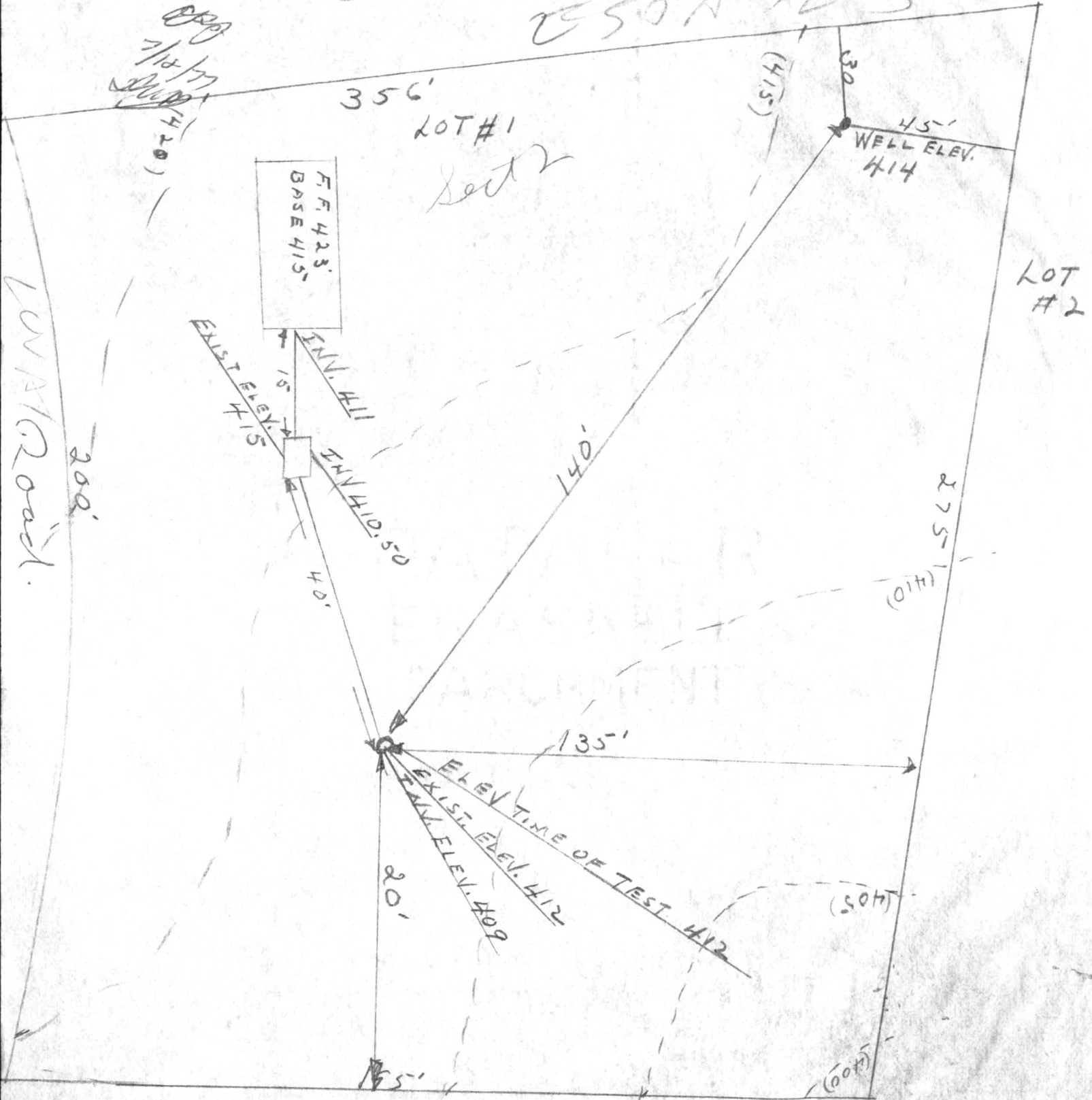
1354 ft
inlet 4
10 min
average

REMARKS open field - high grass - certify holes

TYPE OF SOIL _____

TESTED BY hal benson ALSO PRESENT: Frank & men

WILLIAMS CONTRIVANCE ESTATES



I CERTIFY MEASUREMENTS AND ELEVATIONS ARE CORRECT
 MALCOLM BROS. Van S Malcolm

C 1 **5936** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 4/16/77

DEPTH OF WELL 140 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-73-2054
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 92

OWNER LAST NAME W. J. Egan FIRST NAME W. J.

STREET OR RFD 101 Budds Church Rd POST OFFICE Sevier Springs

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shaley	2	20	
SAND STONE	20	60	✓
M.S.A	60	140	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS _____ NO. OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 23 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 26

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
1	<u>10</u>	<u>29</u>	<u>190</u>	
2				
3				

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 9

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT) WHEN PUMPING 140 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) 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) _____ PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

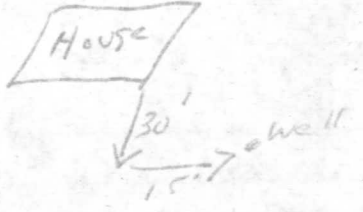
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2

BELOW } _____

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A 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.

DRILLERS NAME _____

(PLEASE PRINT) J. E. Easterday

SIGNATURE _____

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

116 15 10 20 AM '77

DIVISION OF
ENVIRONMENTAL
HEALTH

