

4-8-91  
asap + P.M.

(see back)  
File

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-284425

P 417259

A REPAIR

DISTRICT \_\_\_\_\_

DATE 4/25/91

DATE SYSTEM APPROVED 4/25/91

INSPECTOR C. Bell

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

### INDEXED

Jack Fyock \_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Woodmark LOT 53, Blk E Sec. 3 ROAD 12224 Ioka Court

PROPERTY OWNER Dressel

ADDRESS 12224 Ioka Court  
Ellicott City, Maryland

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

REPAIR - PURPOSE - DRYWELL HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.

4/8/91 } Recommend trench off existing drywell to front of lot; limited repair based. (Gas line (?) in area)  
C. Bell for

PLANS APPROVED BY C. Williams DATE 3/21/91

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

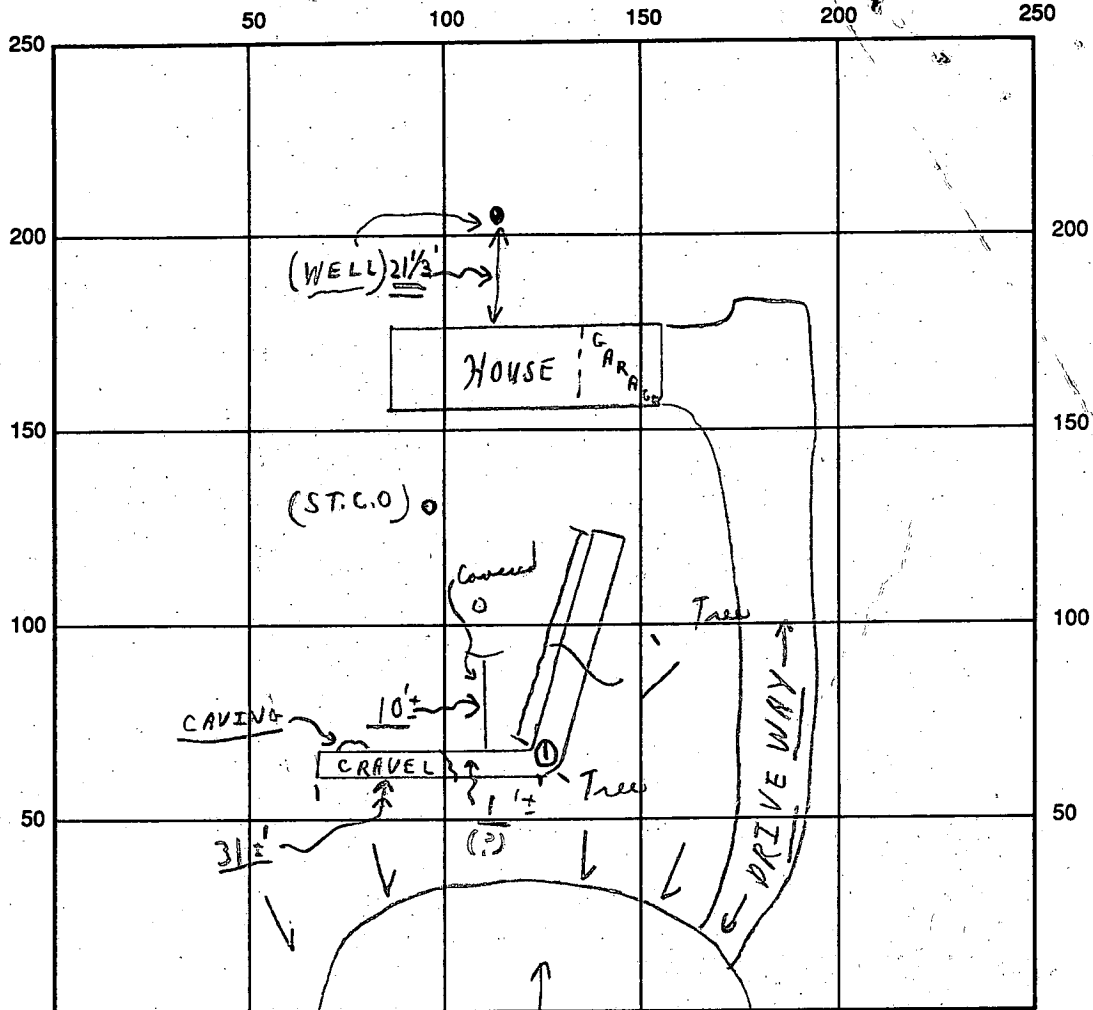
PERMIT VOID AFTER TWO YEARS

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**

417259



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
IOKA COURT

SEPTIC TANK LEVEL Existing CLEANOUTS Existing  
 DISTRIBUTION BOX LEVEL (Using old dugwell)  
 DRAIN FIELD/TITLE DEPTH (HOLD FOR DRAWING + cover) FT. per (contractor) TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 9 FT. TOTAL LENGTH 62 FT. (31' Long so per old 4/8/91 1:00 P.M.)  
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 558 SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 558 SQ. FT. (per drawing)

REMARKS: A.M. 4/8/91 Trench caving - ok to stone as dig; partial;  
4/8/91 P.M. -> OK TO COVER AS FINISH - DRAWING TO BE SUBMITTED  
TO MR. C. WILLIAMS BY MR. J. FROCK = {FINAL} NOT TO BE  
APPROVED TIL DRAWING SUBMITTED - HOLD FOR SAME.

DATE SYSTEM APPROVED 4/25/91 INSPECTOR (See Drawing)

8/2/74

File Final

# PERMIT

P 20408

SEWAGE DISPOSAL SYSTEM

A 13069

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

## INDEXED

DISTRICT 3

DATE 7/25/74

Jack Fyock IS PERMITTED TO INSTALL  ALTER

ADDRESS Ten Oaks Road, Dayton, Md. PHONE 286-2939

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Woodmark ROAD Ioka Court LOT 53, Blk. E, Sec. 3

PROPERTY OWNER Dressel

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS covered

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

OTHER Dry well - 100 sq. ft. absorbent sidewall area per bedroom to begin below

inlet pipe. Inlet pipe at 4 ft. below original grade. Max. depth permitted for dry well below original grade is 12 ft.

Place dry well 33 ft. from front lot line and 60 ft. from left side line as seen when facing from Ioka Court.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

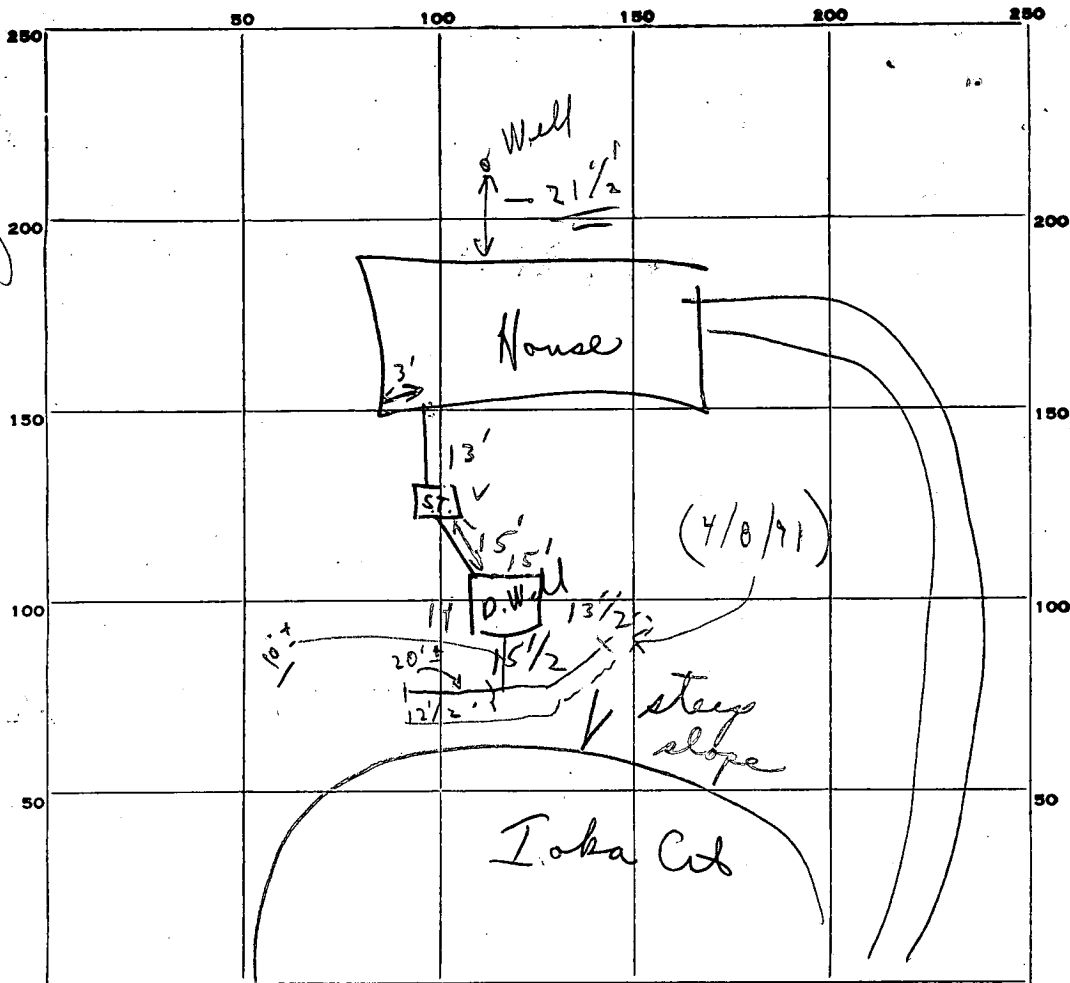
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY D. W. Monaghan DATE 7/25/74

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 13069



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

10 1/2'  
- 2 1/2'  
8

PERMIT CARD Yes

SEPTIC TANK, LEVEL Yes CLEANOUTS S.T. / D.W. OK / OK

DISTRIBUTION BOX, LEVEL ↔

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

GRAVEL DEPTH ↔ IN. TOTAL LENGTH ↔ FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 1

SEEPAGE PITS, INSIDE DIAMETER outside perimeter 58 ± FT. DEPTH BELOW INLET 8 ± FT.

ABSORBENT AREA 464 ± SQ. FT.

REMARKS ① Satisfactory to pt. checked; ② Finished job after getting tapes etc.

DATE SYSTEM APPROVED 8/2/74 INSPECTOR C. Sheaker

(High lot)  
No hole (A.G.W.)  
advised

# APPLICATION

A 13069  
P \_\_\_\_\_

12 ft. hole  
4/23/74 - No hole A.G.W.

SEWAGE DISPOSAL TESTING  
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
Septic Tank - 3 bedroom - <sup>1000</sup>250 gal  
4 " " <sup>1000</sup>1000 gal.  
1-100

ELLICOTT CITY  
DISTRICT 3

DATE 9/6/67

Dry Well - 100 sq ft absorbent and well area per bedroom to begin below inlet pipe  
Max depth permitted for dry well below original grade is 12 ft.

Place Dry Well 33 ft from front lot line, 60 ft from left side line  
as seen when flying from East I to be OK.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc. - M. A. Wakefield

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 53, Blk. E, Sec. 3

ROAD AND DESCRIPTION Court I

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 40' x 20' x 250' x 145' x 80' x 355' TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ M. A. Wakefield

APPROVED BY W. M. Money FOR Dry Well DATE 10/11/68  
(KIND OF SYSTEM)

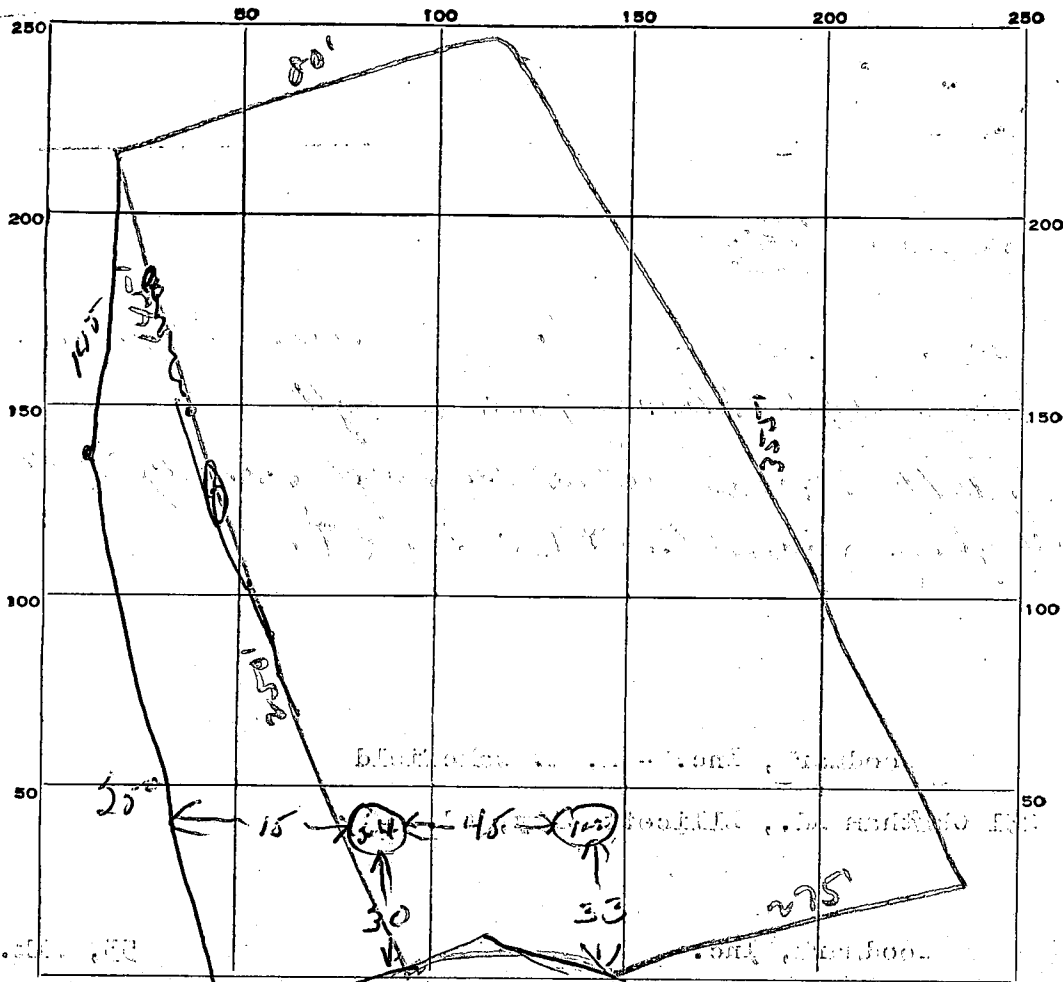
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 5/7/74

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Court I

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/7/67	1	4 1/2	11 19	11 21	11 21	11 24	3 min
	2	10 1/2	11 19	11 20	11 20	11 22	2 min
	3	4 1/2	11 21	11 22	11 22	11 27	5 min
9/10/67	4	10 1/2	11 21	11 23	11 23	11 25	2 min

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY DWB

REMARKS \_\_\_\_\_

53 East

**B 1** 4140 SEQUENCE NO. (WRA USE ONLY) *HSV* **STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER *110-72-0715*  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) *6/25/74 1:30 P.M.*

OWNER DRESSEL MICHAEL  
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 4808 CARMELLA DR.  
 COL 36 COL. 55

POST OFFICE BALTO MD 212 27  
 COL 57 COL. 76

**B 1** CONTINUED **DRILLER INFORMATION**

DATE 5/14/74 LICENSE NUMBER 209  
 77 80

HOWARD DILLON  
 FIRST NAME DRILLER LAST NAME

SIGNATURE *Howard Dillon*

**B 3** LOCATION OF WELL

COUNTY HOWARD  
 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION WOOD MARK  
 23 42

SECTION 3 LOT 53  
 44 46 48 50

NEAREST TOWN MAYFIELD  
 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 5 M. I. 73 76 77 78

**B 2** WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5  
 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300  
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

**B 4** DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH  EAST  NE  SE  SOUTHEAST

SOUTH  WEST  NW  SW  SOUTHWEST

NEAR WHAT ROAD LOCKRA CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  NORTH  SOUTH  EAST  WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 M. I. 34 37 38 39

APPROXIMATE DEPTH OF WELL 200 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE):

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

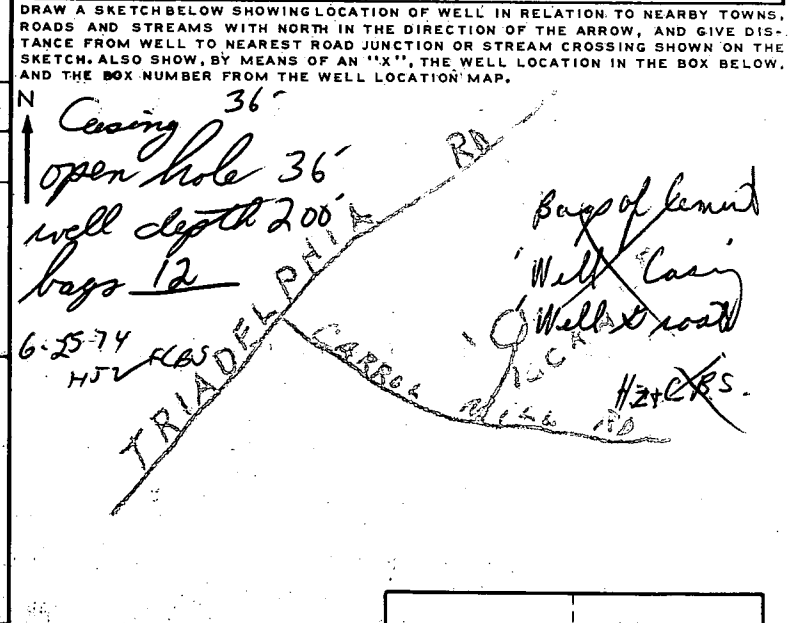
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER [ ] ENGINEER REVIEW DISTRICT NO. [ ]

FORCE [ ] WRITE INITIALS IN BOX [ ] CONDITIONS [ ]



BOX NUMBER 810  
520

NORTH COORDINATE 045000  
 50 81 82 83 84 85

EAST COORDINATE 057000  
 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 65 66 67 68 0/0 5/0

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX) S

COUNTY NAME HOWARD COUNTY NO. 02014

DATE 05 11 74

APPROVED BY Palmer F. Wine, Director

**B 5** SPECIAL CONDITIONS 8-83 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

SEQUENCE NO. (WRA USE ONLY) **4773**

1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COUS. 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) **6/30/74** DEPTH OF WELL **200** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-0713**

DATE WELL COMPLETED **6/30/74** (TO NEAREST FOOT) **26** **28 29 30 31 32 33 34 35 36 37**

DRILLERS IDENTIFICATION NO. **209**

OWNER **DRESSSEL** **MICHAEL**  
 LAST NAME FIRST NAME

STREET OR RFD **4808 CARMELLA** POST OFFICE **BALTO 21227**

**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	
<i>Mica Soil</i>	0	40	
<i>HARD White Rock</i>	40	200	X

**GROUTING RECORD** YES  NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **O** **N**

TYPE OF GROUTING MATERIAL (CIRCLE BOX) **44** **44**

CEMENT  BENTONITE CLAY   
 45 46 45 46

NO. OF BAGS **11** NO. OF POUNDS **106**

GALLONS OF WATER **120**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **0** FT. TO **30** FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE **S** **T** **L** **O** **T**

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** **35**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

**OTHER CASING (IF USED)**

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

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN	FROM		TO	
	1	2	3	4
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

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) (E.R.O.S.)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **2**

METHOD USED TO MEASURE PUMPING RATE **TIME**

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **40** (NEAREST FOOT)

WHEN PUMPING **OUT** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)

**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) **Y** **N**

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

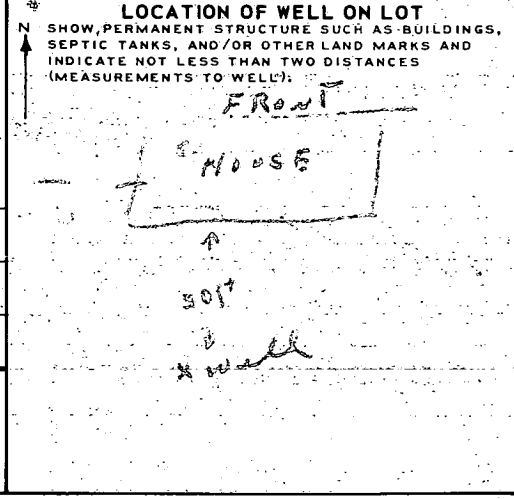
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

ABOVE } LAND SURFACE (NEAREST FOOT) **2**

BELOW }



**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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 **HOWARD DILLON**

(PLEASE PRINT) **Howard Dillon**

SIGNATURE