

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49171

A REPAIR

DISTRICT _____

DATE 4/22/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 4/14/93

INSPECTOR RH

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Doughoregan Manor Farm LOT _____ ROAD 4510 Manor Lane

PROPERTY OWNER Advance Property Management/Philip Carroll

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 48

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 4/14/93

4/14/93 - TRENCH OFF OLD DRY WELL
1 FT DEEP, 2 FT WIDE, INLET 3 FT 8 FT STONE
RH

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

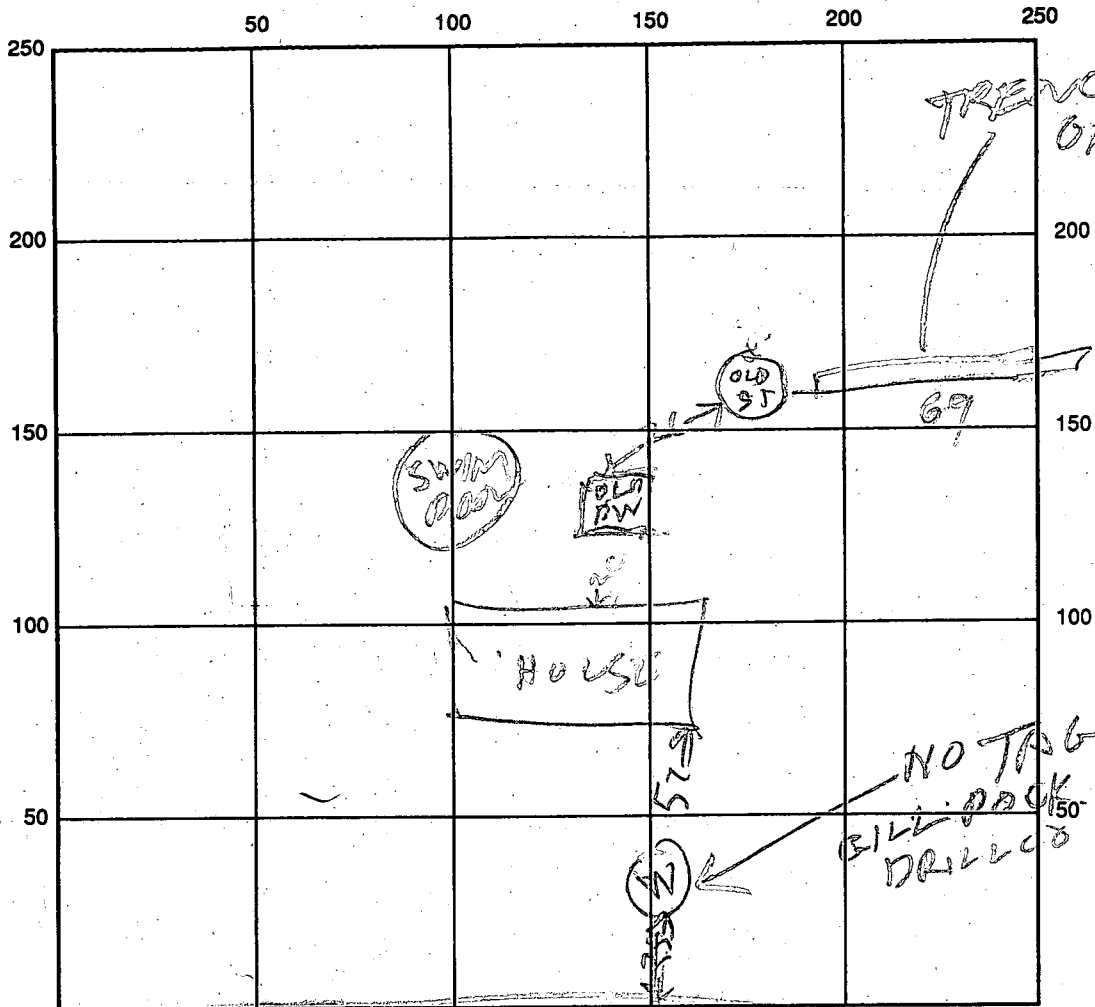
PERMIT VOID AFTER TWO YEARS

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**

49171



← TO R 108 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MANOR LANE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 3 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 8 FT. TOTAL LENGTH 69 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/14/93 SOIL LOOKS OK STONE BORDER
BEFORE INSPECTION BECAUSE OF CAVE IN
Got INFORMATION FROM OPERATOR

DATE SYSTEM APPROVED 4/14/93 INSPECTOR Raymond Hodger

2/2/67
ready

PERMIT

P 12417

SEWAGE DISPOSAL SYSTEM

A 12291

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

DATE 1/31/67

Excavating Contractors, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS Autumn Hill Drive, Ellicott City, Maryland PHONE HO 5-3849

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

1100077

SUBDIVISION _____ ROAD Manor - North Side LOT _____

Lane

PROPERTY OWNER Phillip Carroll

ADDRESS _____

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 22% & TANK CAPACITY 50%.

OTHER Dry well 14 ft. in dia. by 7 ft. deep below the inlet located 135 ft. from the front property line and 270 ft. off the left side imaginary property line, a line drawn perpendicular to C & P Telephone pole #16 which is located on the east side of Manor Lane. System must be installed in place tested. Locate inlet 3 ft. below original grade.

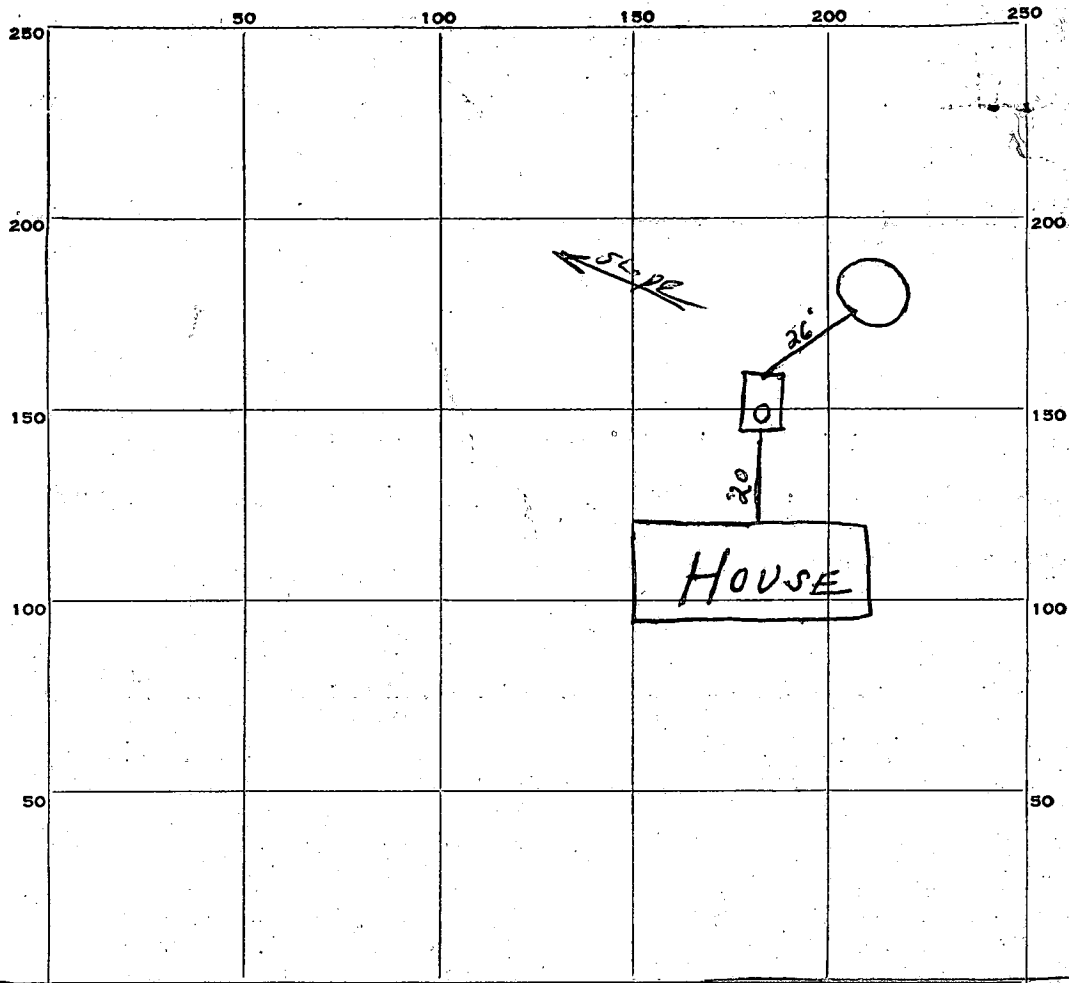
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY J. Hennigan DATE 11/7/66

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 12291



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

C+P Telephone
Pole #16
MANOR LANE

PERMIT CARD _____

SEPTIC TANK, LEVEL Concrete 750 gal CLEANOUTS 8" stand pipe

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 15 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 012 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED

2-2-67

INSPECTOR

J. Henninger

APPLICATION

A 12291

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 10/25/66

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 Phillip Carroll

ADDRESS Manor Lane, Ellicott City, Maryland PHONE HO 5-3536

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Manor Lane - North Side - 1/4 mile East of Rt. 108

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.500 acres more or less TYPE BLDG. land mark NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Gordon F. Walker

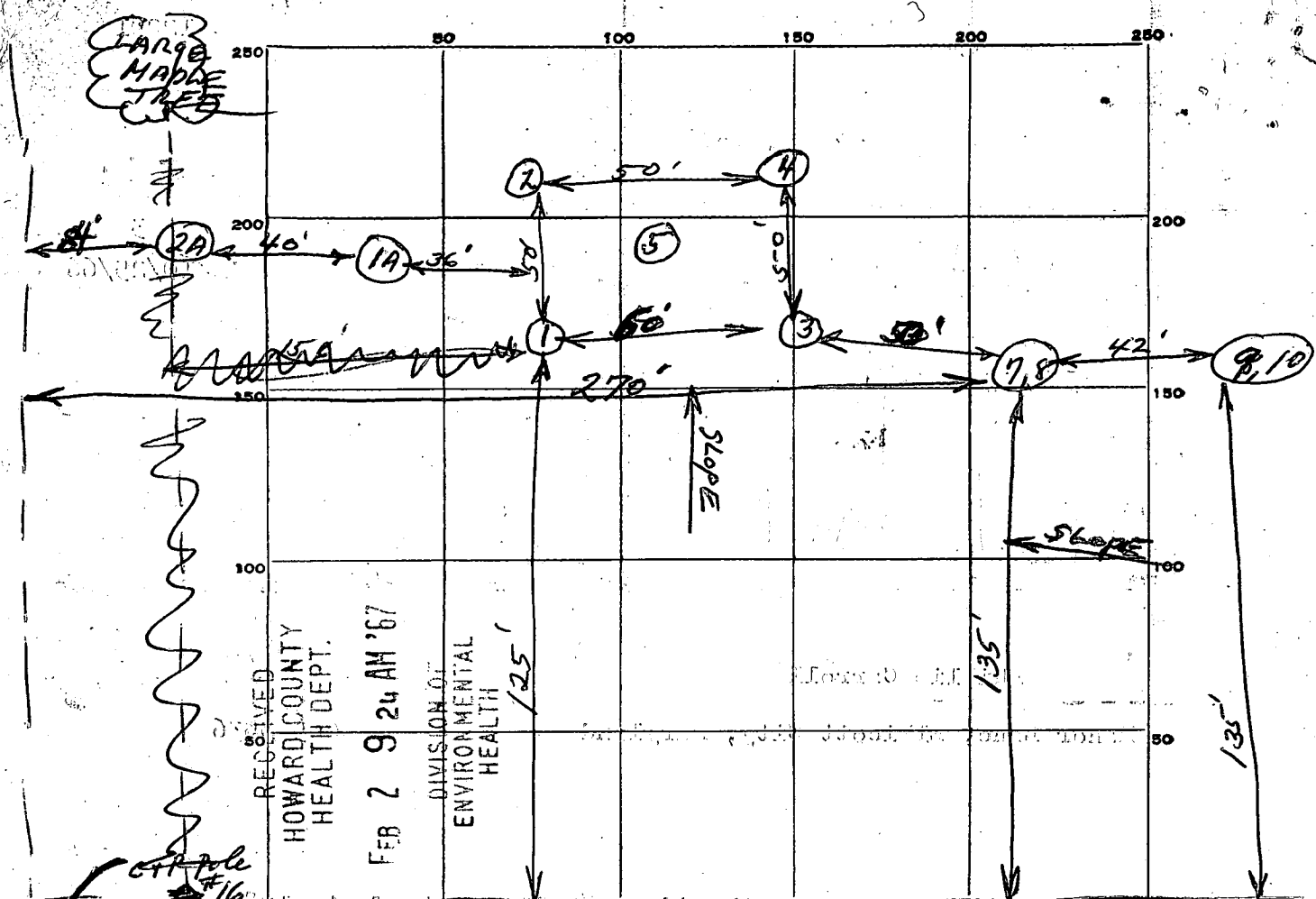
APPROVED BY J. Hennigan FOR Ray Nell DATE 11-4-66

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 10-27-66 JH. DATE _____

REASONS FOR REJECTION OR HOLDING 10-27-66 May move house location to test on higher ground or in front in present location JH.

THIS IS NOT A PERMIT



INDICATE NORTH. -- NAME ADJOINING ROADWAY AS BASE LINE.
 ← TO RT 108 MANOR LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10-27-66	1	3 1/2'	10:52	11:06	11:06	11:36	20 min.	
	2	3'	10:54	overtime.				
	3	3'	10:56	11:01	11:01	11:08	7 min.	
	4	3 1/2'	10:58	11:12	11:12	overtime.		
	5	8'	11:15	11:19	11:19	11:27	8 min.	
	1A + 2A	9'	Water came in test holes at 9 FT.					
11-4-66	6	9 1/2'	10:32	10:35	10:35	10:46	10.7 min	
	7	4'	10:35	10:36	10:36	10:39	3 min	
	8	9 1/2'	10:38	10:39	10:39	10:40	1 min	
	9	4 1/2'	10:42	10:45	10:45	10:48	3 min	

SOIL AUGER FINDING

TESTED BY J.H.

REMARKS

C+P #16
 11-4-66
 10-27-66
 J. Walker

**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

A WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

B CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___
Tap Soil	0-3
Sandy	3-45'
Sand Rock	45-60
<i>water ss</i>	

Steel

DIAM. (inches)	FEET from ___ to ___
<i>6 1/4</i>	<i>0-53</i>

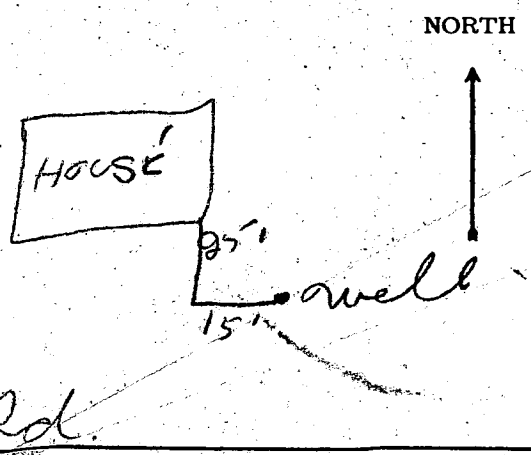
Permit Number 20690194
 Owner Dougherty Manor
 Address Rockville City
 Subdivision _____
 Section _____ Lot _____
 County Permit Number _____
PUMPING TEST
 Hours Pumped 5
 Type of Pump Used air
 Pumping Rate 200-PM
 Gallons per Minute _____

WATER LEVEL
 (Distance from land surface to water)
 Before Pumping 30 Ft.
 When Pumping 60 Ft.

APPEARANCE OF WATER
 Clear _____ Cloudy _____
 Taste _____
 Odor _____
 Height of Casing Above Land
 Surface 1 Ft.

PUMP INSTALLED
 Type _____
 Capacity
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
 Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED

Jan 13-69

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.
Dan Costaday, Well Driller
 Well Driller License No.: 41

**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

A WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

	FEET from ___ to ___
Top Soil	0-3
Brown Shale	3-20
Gravel	20-200
water 160	

B CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

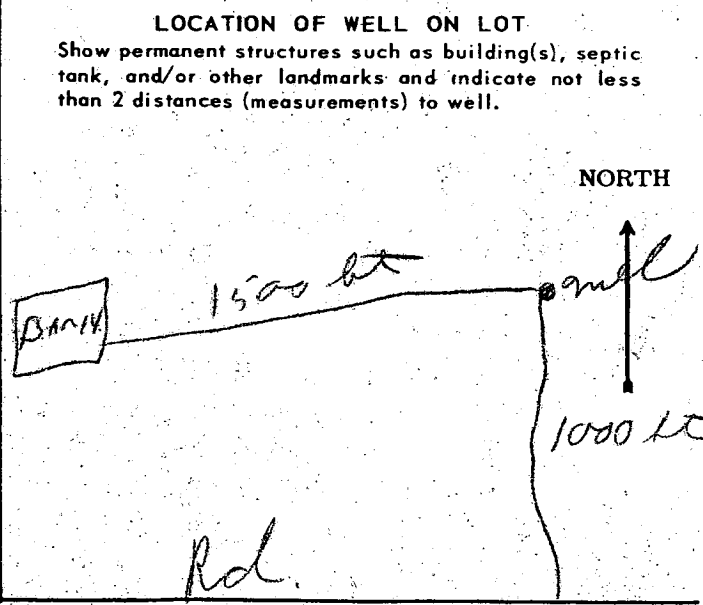
	DIAM. (inches)	FEET from ___ to ___
#2 Steel	6 1/4 ID	0-26

Permit Number 170680122
 Owner Deborah Ann Johnson
 Address 10111 Park Lane
 Subdivision _____
 Section _____ Lot _____
 County Permit Number _____
PUMPING TEST
 Hours Pumped 5
 Type of Pump Used air
 Pumping Rate 12 GPM
 Gallons per Minute _____

WATER LEVEL
 (Distance from land surface to water)
 Before Pumping 60 Ft.
 When Pumping 200 Ft.

APPEARANCE OF WATER
 Clear _____ Cloudy _____
 Taste _____
 Odor _____
 Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED
 Type _____
 Capacity _____
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft.



DATE WELL WAS COMPLETED

Feb 6 - 69

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.
J. F. Eastman, Well Driller
 Well Driller License No.: 78

