

12-8-88
AM asap
2 pm
12-9-88
asap am
2:30 pm

TAH 05405439

PERMIT

P 43585

SEWAGE DISPOSAL SYSTEM

A 37040

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 2/6/89

DATE SYSTEM APPROVED 12-9-88

INSPECTOR JEN

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION The Chase ROAD 11610 Log Jump Trail LOT 43

PROPERTY OWNER Ed Suit

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

256
4
5 | 1024
205 ft trench

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be ² feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth ² 4.5 feet below original grade. Effective area begins at ² 2.5 feet below original grade 2 feet of stone below distribution pipe. 3.0' cw 12-8-88

LOCATION - Place the distribution box 50 feet off the rear (260') lot line and 120 feet off the left lot line as seen when facing the lot from Log Jump Trail Run trenches on contour toward the right front of lot. ^{3.0' cw 12-8-88} ^{8.0' cw 12-8-88}

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

- SEE ALTERNATE LAYOUT ON B.P. DIAGRAM - c.w. 12-8-88

PLANS APPROVED BY Sid Abel DATE 6/15/87

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUDG. PERMIT SIGNED
AND RETURNED 10/26/89
Serial # 30370

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. 250 gal propane tank

A
37040

APPLICATION

PERCOLATION TESTING

A 37040
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE 5/15/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Wayback Corporation

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 48 43


ROAD AND DESCRIPTION Homewood Road

**BLDG. PERMIT SIGNED
AND RETURNED**

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT) 

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

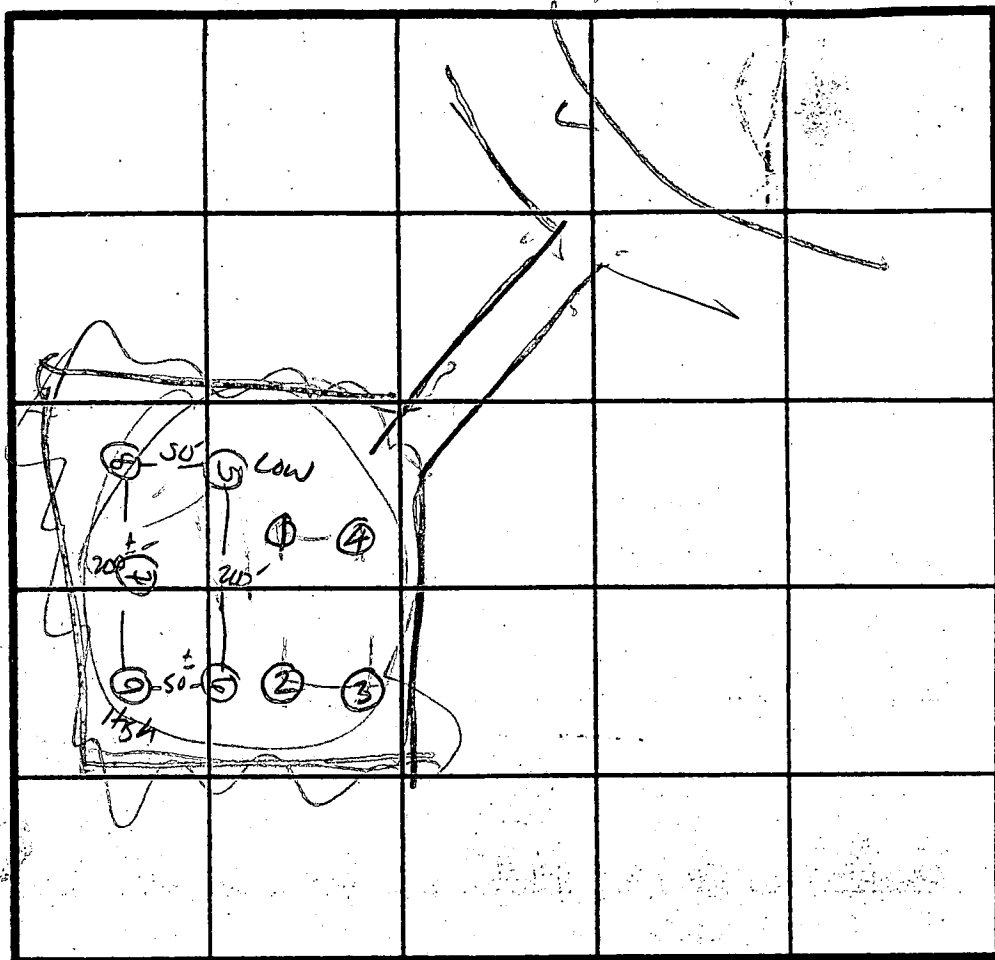
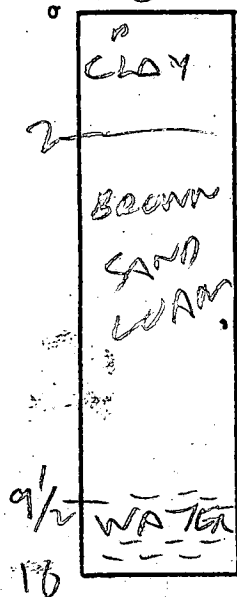
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 48

SOIL PROFILE



HOLE ELEVATIONS

①② = HIGH
③④ = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/9/16	1V	10	WATER		9 1/2		
	2 S		1205	1207	1207	1210	3
	2V	10 1/2	ROCK		CUT TO		
	3V	8	WATER		6 FT		
	4V	9	WATER		5 FT		
	5	43" 10.5'	11:46	11:58	11:58	12:18	20 min
			WATER AT 11'9"		uniform soil below		32"
	6	33" 12'	11:33	11:36	11:36	11:44	8 min
			uniform soil below		25"		
	7 S	39" 10.5'	11:30	11:36	11:36	11:50	14 min
			uniform soil below		34"		
	8 S	31" 10.5'	11:12	11:19	11:19	11:31	12 min
			uniform soil below		27"		
	9 V		uniform soil below		4'		

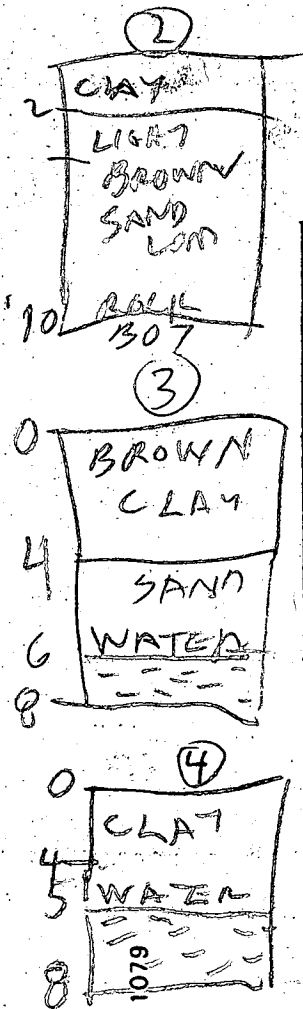
REMARKS

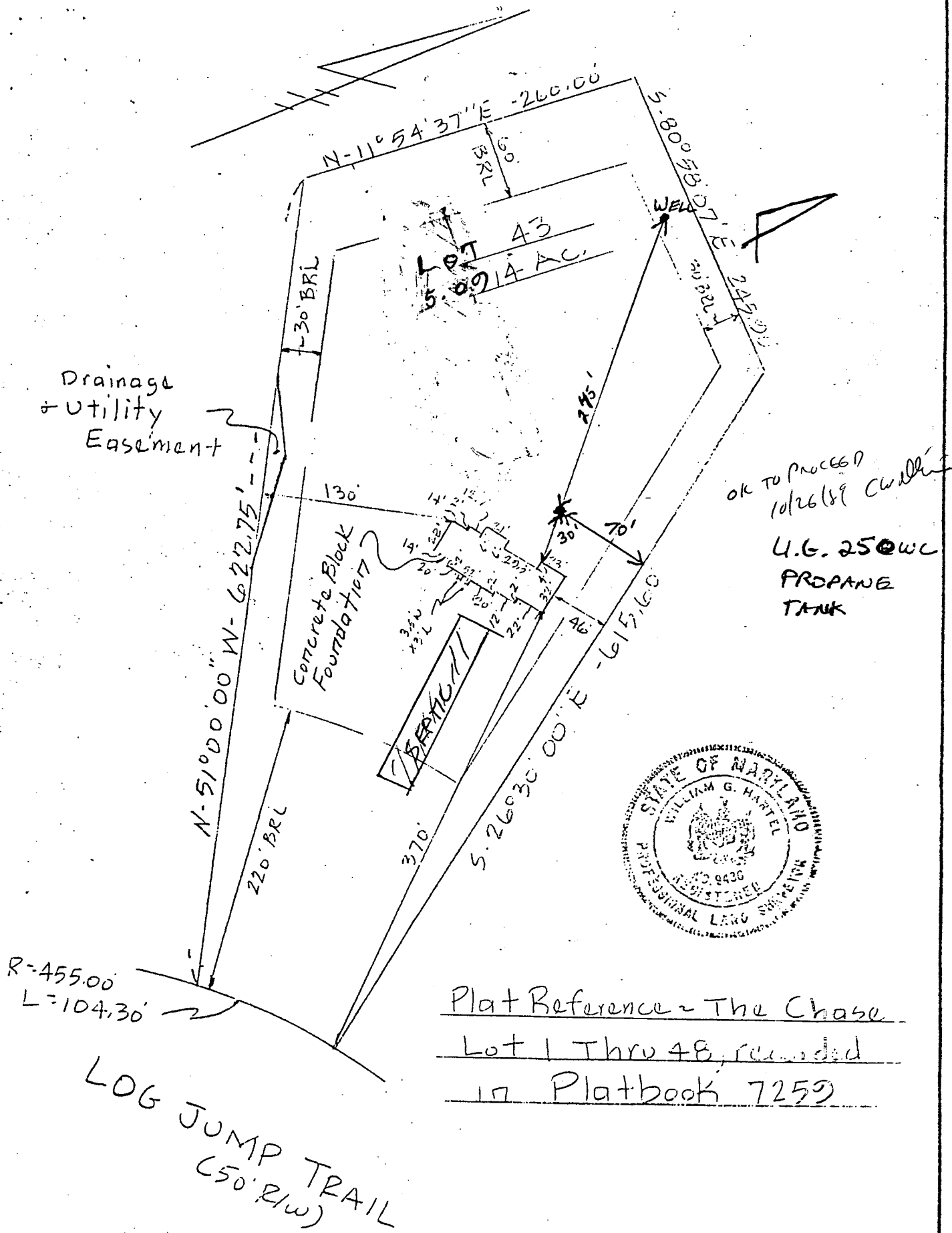
Cham or Pen Area of Retard in Wet Season

TYPE OF SOIL

Holes dug per Survey of Plot

EH-12-1079





Drainage
+ Utility
Easement

OK TO PROCEED
10/26/89 CW
U.G. 250WL
PROPANE
TANK



Plat Reference - The Chase
Lot 1 Thru 48, recorded
in Platbook 7259

LOG JUMP TRAIL
(50' R/W)

TITLE

LOCATION SURVEY

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED
A LOCATION SURVEY OF THE IMPROVEMENTS
AND THAT THEY ARE

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement _____

Receipt # 43192
 Date 2/12/82

Name of Installer Dennison Plumbing & Heating, Inc. Telephone _____

License Number 10040
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Edward Suit Telephone _____

Subdivision The Chase Lot # 43 Well Tag # HD-B1-2293

Site Address ~~5614 Walnut St~~ 11610 LOG JUMP TRAIL
ELLICOTT CITY, MD.

- | Pump | Motor | Pitless Adapter |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No _____ | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____ | | |

- | Tank | Piping | Well data |
|---------------------------------|----------------------------------------|---------------------------------------------------------|
| 1. Capacity _____ | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? _____ |

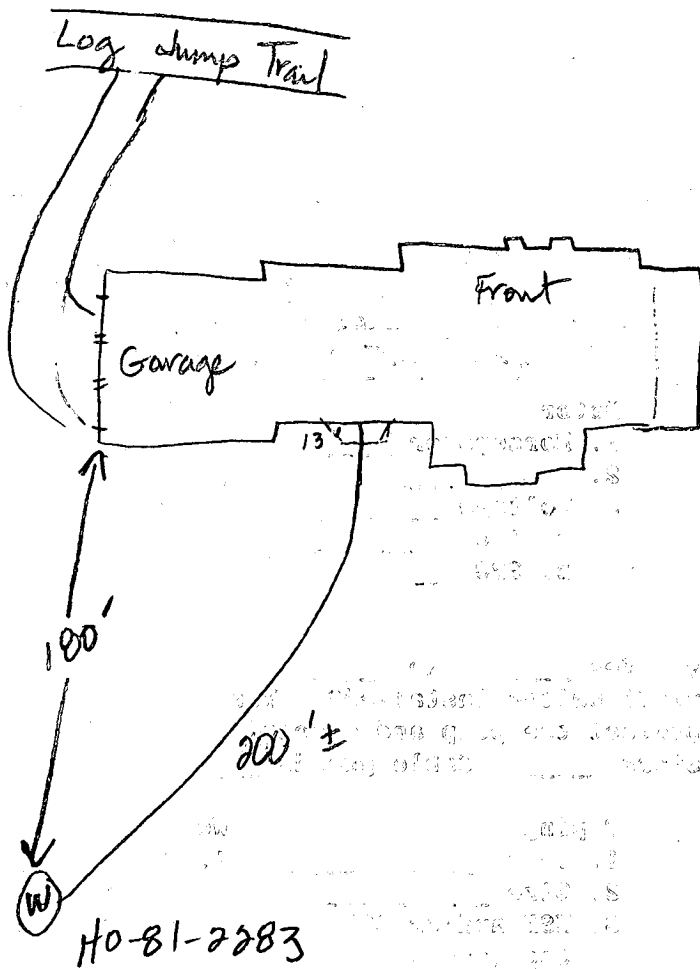
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge

Signature of Applicant: Robert M. Dennison, Jr.

Date: EC 8 15 05 PM '82

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



1-5-89

Well line covered in trench but at least 48 inches underground. Pitless adaptor at 44 inches. House connection above grade at this time. To be 36 inches below grade. JENadeau.

RECEIVED
 HOWARD COBBIN
 HEALTH DEPT.
 EC 8 12 02 PM '83
 ENVIRONMENTAL
 HEALTH