

05-407087

5-20-87
2 PM
5-27-88
1:52 AM

PERMIT

P 41217
A 37593

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 5/2/88

DATE SYSTEM APPROVED 5/2/88

INSPECTOR RH

Alan Whitworth Excavating IS PERMITTED TO INSTALL ALTER _____

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 531-5033

SUBDIVISION Hickory Hill Farm ROAD 12506 Marlow Road LOT 8

PROPERTY OWNER Sayed Sadiq

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 228 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from the left front lot corner, place 1st trench 200 feet down the left (571.14') lot line and 90 feet off the left lot line as seen when facing property from Marlow Drive. Run trenches along contour back towards the left line.

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

PLANS APPROVED BY Bert Nixon DATE 6/05/87

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.

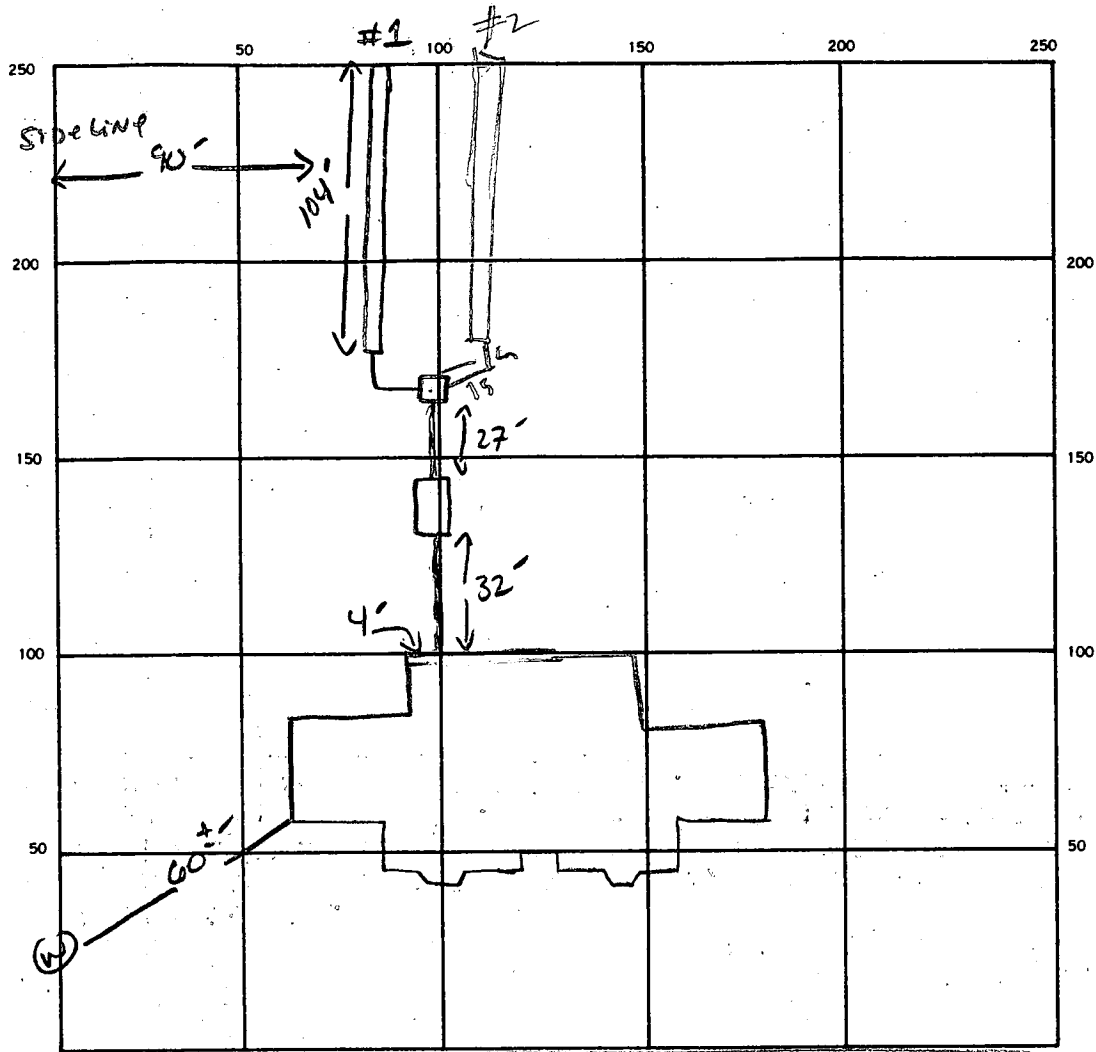
228
952

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

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37593



3 1/2
95

SEPTIC TANK LEVEL ✓ 2000 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH ① 8.0 ② 8.5 FT. TRENCH WIDTH ① 2 ② 2 FT. INLET DEPTH ① 3.5 ② 3.5 FT.

EFFECTIVE GRAVEL DEPTH ① 4.5 ② 5 FT. TOTAL LENGTH ① 104 ② 95 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA ① 468 ② 475 SQ. FT. 43 INSTALLED / 953 REQUIRED

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT. 478

ABSORBENT AREA _____ SQ. FT.

REMARKS 5-26-88 OK TO START #1 DIG #2 - OK TO COVER CENTER OF #2 IF NECESSARY WHILE DIGGING

#2: ON TO COVER CENTER OF PIPE FROM HOUSE TO TANK TO DO FINAL GRADING. SAW

5/27/88 ¹⁰³⁰ - TRENCH #1 OK TRENCH #2 HALF DONE

FINISH TRENCH #2

5/27/88 ¹²³⁰ TRENCH #2 OK

DATE SYSTEM APPROVED 5/27/88 INSPECTOR Raymond Hodges

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511391

A REPAIR

DISTRICT _____

DATE 2/8/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland 21784 PHONE 410-461-9282

SUBDIVISION Hickory Hill Farm LOT 8 ROAD 12506 Marlow Road

PROPERTY OWNER Sadig

ADDRESS 12506 Marlow Road
Fulton, Maryland

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 02/05/99

12/10/99 No inspection ever called in

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

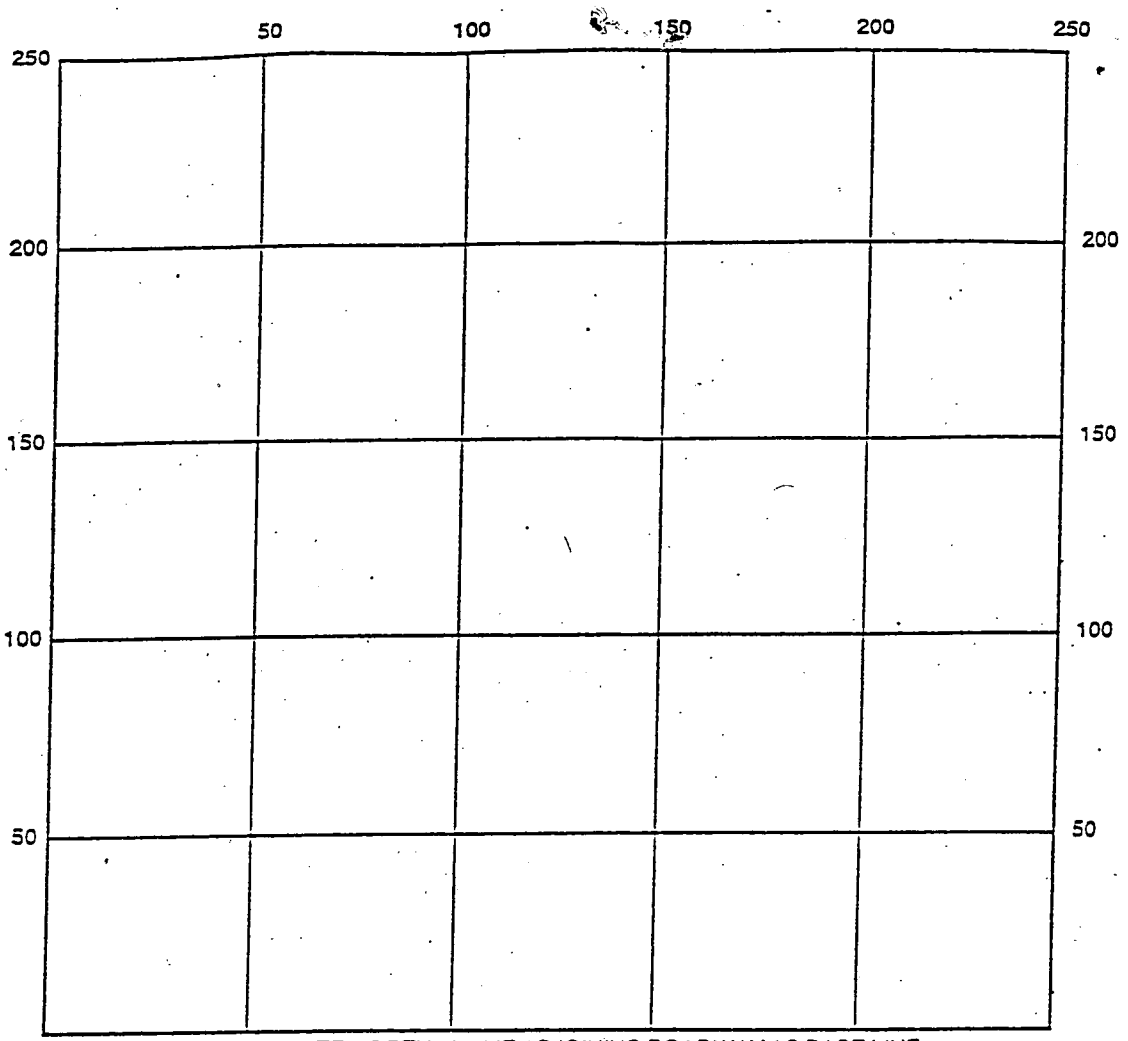
PERMIT VOID AFTER TWO YEARS

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

37593

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 # 41746
Date 5/17/88

Name of Installer G DONALD DEWENT Telephone 384-6493

License Number #276
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner SAVED SADID Telephone 982-1333
Subdivision HICKORY HILL FM Lot # 8 Well Tag # ---
Site Address 12506 MARLOW RD FULTON MD
MARLOW RD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>---</u>	1. Make <u>---</u>
a. Deep well jet <u>---</u>	2. RPM <u>---</u>	2. Model # <u>---</u>
b. Shallow well jet <u>---</u>	3. Voltage <u>---</u>	3. Depth <u>---</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <u>---</u>	
2. Make <u>EDULLD</u>	b. 220 <u>---</u>	
3. Model # <u>7EHD5422</u>		
4. Capacity <u>6</u> GPM		
5. Pump exceeds well capacity Yes <u>---</u> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <u>---</u> No <u>---</u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <u>---</u>		

Tank	Piping	Well data
1. Capacity <u>60</u>	1. Type <u>POLY</u>	1. Depth <u>---</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield <u>---</u> GPM
	3. NSF and/or BOCA Code approved <u>---</u>	3. Static water level <u>---</u> ft.
	4. Depth of supply line <u>50" - 60"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

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: G Donald Dewent

Date: 4-19-88

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

4/20/88

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

4/20/88
OK to cover
outside trench
(sticker attached)
(BCE)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date _____

Name of Installer Demmitt H Telephone _____

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

Name of Property Owner Sayed Sadig Telephone 776-6061
Subdivision Hickory Hill Farm Lot # 8 Well Tag # HO-81-2702
Site Address 12506 Marlow Road

Pump Installation not witnessed
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
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 _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 44" below grade
power line in - OK
no ground wire - plastic casing

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size 1" black
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 44-36"
(grade changing)

Well data
1. Depth 265 ft.
2. Yield 3 GPM
3. Static water level 14 ft.
4. Will water supply be disinfected by installer? _____

4/20/88
not yet installed

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: _____

Date: _____

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

APPLICATION

PERCOLATION TESTING

A 37593

P _____

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

DISTRICT _____

DATE 8/28/86

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 ~~Winkler Joint Venture~~ SAYED SADIQ

ADDRESS 3775 Shady Lane Glenwood, MD 21738 PHONE (301) 854-6655

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hickory Hill Farm LOT NO. 8

ROAD AND DESCRIPTION Off Lime Kiln Road in Fulton, MD 12506 MARLOW Rd.

TAX MAP 40 PARCEL # _____

SIZE OF LOT 3 acres TYPE BLDG. single-family dwelling
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

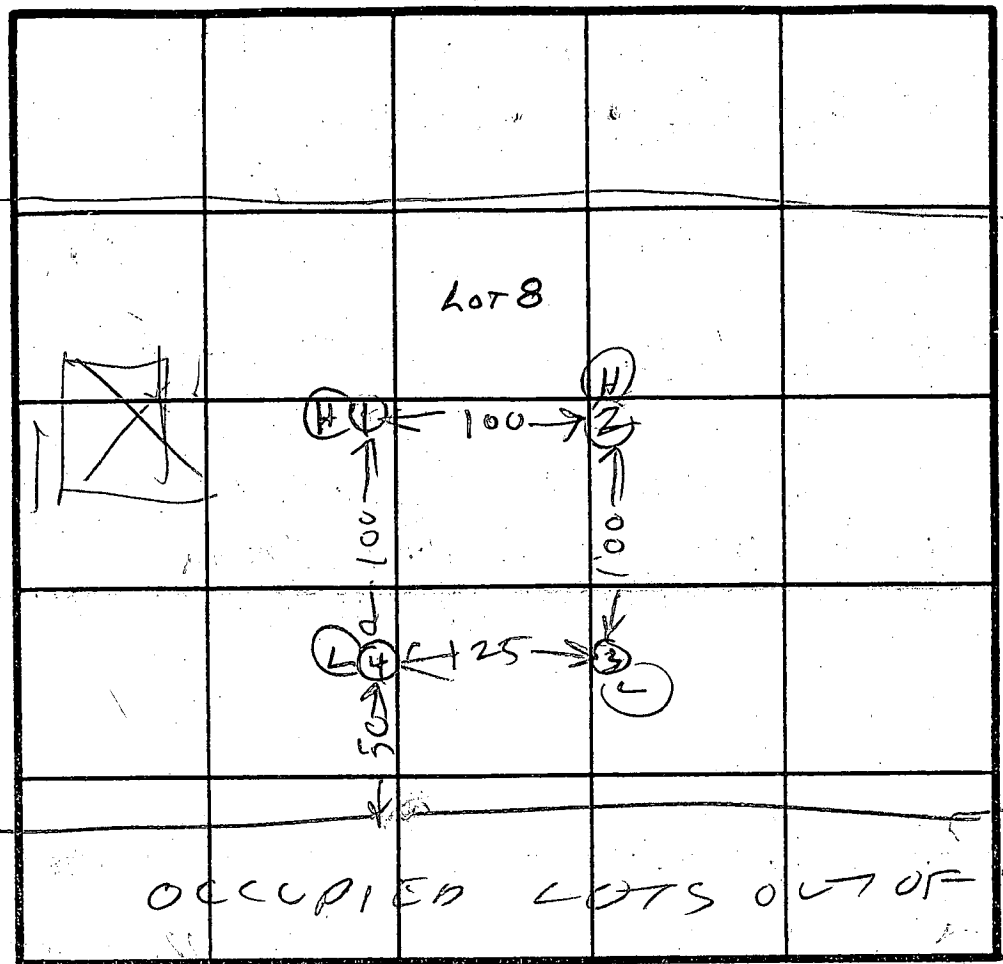
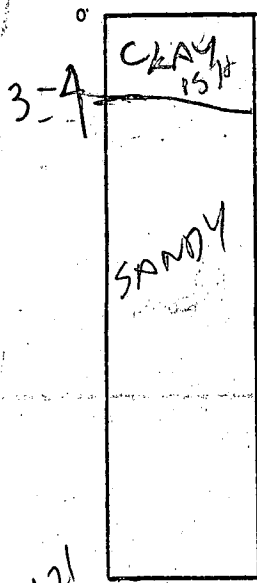
REASONS FOR REJECTION OR HOLDING 9/19/86 - PERC OK HOLD FOR PLAT

BLDG. PERMIT SIGNED
AND RETURNED 12/11/87
BP 15914
SM

THIS IS NOT A PERMIT

See Plot

①②③④
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE ELEVATIONS

①② = HIGH

④③ = LOW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/19/86	1S	4	1039	1043	1043	1051	8
	1D	8	1039	1041	1041	1043	4
	1V	12 1/2	OK				
	2S	3 1/2	1042	1045	1045	1056	9
	2W	1 1/2	OK				
	3S	3 1/2	1046	1048	1048	1052	4
	2V	1 1/2	OK				
	4S	5	1054	1056	1056	1100	9
	4V	12	OK				

REMARKS DETAILED SOIL PROFILE NOT NEEDED HERE PER RH
ARRIVED LATE BUT LATE START FROM OFFICE

TYPE OF SOIL _____
TESTED BY RHODGES

ALSO PRESENT SKIP & ROCK ^{ROCK}

EH-12-1079

B 7 1928

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-2102

fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN C.C.S. 3-6 ON ALL CARDS)

Date Received

8 13

OWNER INFORMATION

15 Last Name 34 Owner First Name

5520 CEDAR LA

36 Street or RFD 55 COLUMBIA 57 Town 70 State 72 MD 21044 76 Zip

DRILLER INFORMATION

Driller's Name Ralph MAYNE 77 License No. 80 273

Firm Name Ralph MAYNE (well Drilling)

Address 9170 Brown Church Rd. Mt. Airy

Signature Ralph Mayne Date 3/31/87

WELL INFORMATION

APPROX. PUMPING-RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE 100 PERMIT No. HO-81-2102

SPECIAL CONDITIONS 995-0133

B 3

LOCATION OF WELL

HOWARD 8 COUNTY 21

HICKORY MILL FARM 23 SUBDIVISION 42

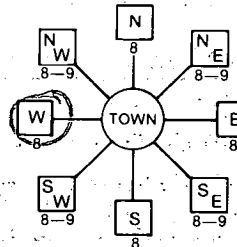
SECTION 1 44 46 LOT 8 48 50

AULTON 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MARLOW ROAD 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 50 34 37

ENTER FT or MI 54 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 37593 COUNTY NAME COUNTY NO.

OEP SIGNATURE DATE ISSUED STATE HEALTH INSPECTOR

060287 B. Nylon 12/02/87 CO SIGNATURE EXP. DATE

NORTH GRID 818000 EAST GRID 0815000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

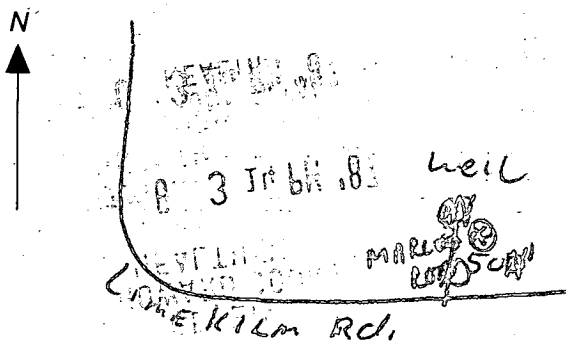
- 1. well
2. well
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8165 8008

6/15/87 22" Pipe 20' OPEN 5 BAGS locat ch not print for grant SHW

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Well Permit

Dr SA01A

LOT 8, Block 24

SECT 1 - Limekiln Rd

Hickory Hill Farm

Taxmap 40, Parcel 134, Block 24

SL4-45B

Boys

Limekiln Rd

